PN-ACJ-718
106244

MOTHERCARE INDONESIA

TRAINING NEEDS ASSESSMENT REPORT
SOUTH KALIMANTAN
NOVEMBER 9 - 18, 1995

PREPARED BY:

DIANA BECK
MOTHERCARE/ACNM
LONG TERM ADVISOR

and

Yanna Annas
IKATAN BIDAN INDONESIA
PUSAT - KETUA II
MOTHERCARE/IBI PROJECT COORDINATOR

in collaboration with

Ministry of Health (DepKes/KanWil)
Ikatan Bidan Indonesia (IBI)
Provincial Haleht Office (Dinas)

U.S. Agency for
International Development
Office of Health

MotherCare
John Snow, Inc.

201 A

This publication was made possible through support provided by the Office of Health.
United States Agency for International Development, under the terms of:
Contract No. HRN-5966-C-00-3038-00 and John Snow, Inc.

The opinions expressed herein are those of the author(s) and do not
necessarily reflect the views of USAID and JSI.

B

TABLE OF CONTENTS

I. BACKGROUND 1

II. OBJECTIVES OF TRAINING NEEDS ASSESSMENT 1

III. DESCRIPTION OF ACTIVITIES 3

IV. FINDINGS AND OBSERVATIONS 4

V. RECOMMENDATIONS 14

APPENDICES

I. Timeline
II. Team Schedule
III. Team Members
IV. Training Needs Assessment Tool
V. Training Needs Assessment Data

C

I. BACKGROUND

The Government of Indonesia recognizes the important role that Bidan and Bidan di Desa have in the delivery of health care to women and babies. This is evident in their policy to have a Bidan di Desa in every village throughout the country. Strategies to maximize the Bidan's provision of health care are considered an important priority in the effort to reduce maternal and perinatal mortality and morbidity. MotherCare has been asked to develop a strategy in collaboration with Depkes and IBI (Ikatan Bidan Indonesia - National Midwifery Association) in South Kalimantan's three districts of Banjar, Barito Kuala, and Hulu Sungai Selatan. This strategy would assist in further strengthening the quality of maternal and perinatal care offered by Bidan and Bidan di Desa, assist with the integration of the Bidan di Desa into the village, promote linkages between the village and higher referral centers, and incorporate the services of both Depkes and IBI in order to carry out this strategy. One major activity under this strategy will be a training/continuing education program for Bidan and Bidan di Desa.

MotherCare and ACNM have collaborated in the past to conduct Life Saving Skills for Midwives training programs in several other countries. These programs have focused on some or all of the five major killers of women (pregnancy induced hypertension, sepsis, hemorrhage, obstructed labor and unsafe abortion) and neonatal resuscitation and sepsis. Skills and knowledge that could be utilized to prevent or treat these conditions are reviewed in this program, using a competency-based training format. The program is designed to be easily divided into modules according to health problem area. This provides the freedom for each country to consider which areas will be incorporated into the training program, based on Ministry of Health priorities and results of training needs determined through a Training Needs Assessment (TNA).

Depkes/IBI/MotherCare/ACNM carried out such a Training Needs Assessment in the three designated districts of South Kalimantan from November 6 - 18, 1995. Based on results and recommendations arising from the TNA, discussions will be conducted with Depkes/IBI to finalize training objectives and program design for the establishment of two provincial training centers and the training of 10 Master Trainers, 40 Bidan, and 230 Bidan di Desa.

II. OBJECTIVES

Conducting of the TNA had three broad-ranged objectives:

1. CONFIRM FOCUS OF THE TRAINING PROGRAM CONTENT AND CURRICULUM. Many thoughts exist on the part of health care professional and organizations regarding what are the training needs of Bidan and Bidan di Desa. This Training Needs Assessment will confirm the reality of those needs and then guide the development of needed training materials.

2. PROVIDE INFORMATION THAT WILL BE USED IN DEVELOPING THE DESIGN OF THE TRAINING PROGRAM. That information includes training site characteristics and needs, clinical experience availability, possibilities for collaboration with other schools of Bidan, and the relationship between Bidan and Bidan di Desa with the goal of encouraging closer contact.

3. DETERMINE EQUIPMENT/SUPPLY NEEDS is the other major area for which information will help in decision-making. Three areas that must be considered include: needs of the training center (what equipment/supplies are already there that the hospital would be willing to share

with the training center or otherwise need to be ordered), needs of the hospital in order to provide the highest level of care appropriate as a training site, and needs of the Bidan and Bidan di Desa at their practice sites to apply what they learn during the training program.

The following specific objectives, however, provided the basis for conducting the TNA. The objectives were divided according to different areas of information needed and reflect the various sections (Part I - VII) of the collection tool (Appendix IV).

PART I - BASELINE INFORMATION

1. Determine background information on Bidan and Bidan di Desa
2. Determine the length of time a Bidan or Bidan di Desa expects to stay at her work site
3. Determine if many "clusters" of Bidan di Desa around a Bidan (both from a supervision and distance perspective) exist in the population interviewed

PART II - STATISTICS (SERVICE AND REFERRAL)

1. Assess the practice of Bidan and Bidan di Desa as to their practice size and the most frequently offered services
2. Assess the referral system used by Bidan and Bidan di Desa as to the number of referrals, types of referrals , to whom referrals are sent, and client transport cost for referral

PART III - CLINICAL SKILLS

1. Determine Bidan and Bidan di Desa perceptions as to areas of reproductive health in which they received basic training
2. Determine which reproductive health skills Bidan and Bidan di Desa now use in their practices
3. Determine in which areas of reproductive health Bidan and Bidan di Desa desire additional training or refresher

PART IV - PROVIDER KNOWLEDGE

Assess Bidan and Bidan di Desa level of knowledge of management for five major complications that contribute to maternal mortality (antenatal bleeding, postpartum sepsis, pre-eclampsia, obstructed labor, and postpartum bleeding)

PART V - EQUIPMENT

Determine basic reproductive health equipment and supplies needed by Bidan and Bidan di Desa

PART VI - HOSPITAL TRAINING SITE

1. Begin to develop lines of communication with hospital administration/staff
2. Provide an introduction to the training program for hospital administration/staff
3. Assess possible training sites as to:

    a. Willingness of hospital to be used as a training site
    b. Other schools that use the hospital as a training site

c. Staffing patterns
d. Records used
e. Handling of instruments
f. Antenatal patients
g. Labor and delivery patients
h. Antenatal space
I. Labor and delivery space
j. Postpartum space
k. Logistic options for participants (classroom, sleep areas, food, etc)
l. Hospital staff training needs
m. Hospital equipment/supply needs

PART VII - MIDWIFERY SCHOOLS

1. Assess schools for Bidan and Bidan di Desa as to:

   a. Numbers of schools
   b. Student/teacher numbers
   c. Availability of training materials
   d. Incorporation of partograph as part of the curriculum
   e. Present system for communication/cooperation between schools

2. Assess school's willingness/ways to collaborate with the LSS training program:

   a. Inclusion of one teacher from each school in the LSS training program
   b. Be a potential site for a training materials storage and check-out system that could be used by hospitals, and other schools

III. DESCRIPTION OF ACTIVITIES

The Training Needs Assessment was conducted from November 9 - 18, 1995 (Appendix I [Timeline] and Appendix II [Team Schedule]), in the Province of South Kalimantan focusing on the 3 districts of Banjar, Hulu Sungai Selatan, and Barito Kuala. A total of 22 people participated as team members (Appendix III) in the assessment including consultants from University of Indonesia, IBI representatives, 16 Senior Bidan from the 3 districts of South Kalimantan and MotherCare staff.

The sample selection focused on three distinct areas: practicing Bidan (31) and Bidan di Desa (106) from the three districts, the two hospitals to become training centers (Ulin and Banjar Baru Hospitals), and the five schools for Bidan and Bidan di Desa in the Province. The number of Bidan and Bidan di Desa interviewed according to district were selected by random sampling as follows:

CATEGORY BIDAN	BARITO KUALA TOTAL (SAMPLE)		BANJAR TOTAL (SAMPLE)		HSS TOTAL (SAMPLE)		TOTALS TOTAL (SAMPLE)	
BIDAN	15	(6)	41	(16)	22	(9)	78	(31)
BIDAN DI DESA	128	(40)	185	(51)	60	(15)	373	(106)

Several methodologies were used in conducting the TNA. For Part I - V, which was carried out by the 16 senior Bidan, methodologies included interviewing of the Bidan and Bidan di Desa, review of their practice records, and observation of equipment and supplies they use in their practice. For Part VI - VII (Training Site Evaluation and Midwifery Schools), which was done by IBI project coordinator and MotherCare/ACNM long term advisor, methodologies included interview of Bidan staff and Obstetrician/Gynecologists, review of institution records and observation.

Once courtesy/orientation visits were held with Depkes/Kanwil administrators in South Kalimantan, one day was spent in orienting team members. The TNA tool and methods of data collection were reviewed, as well as details on number/location of people to be visited by each interviewer. During initial visits, the Senior Bidan interviewers received spot checks by TNA team leaders to ensure that the collection of data proceeded smoothly and that no other concerns were arising. Upon completion of the data collection on November 18, 1995, another meeting was held. The purpose of that meeting was to collect TNA tools, review initial impressions and to share with Provincial Depkes/Kanwil administrators information on the objectives, process and initial impressions found. The meeting served as a preliminary forum for discussion of the project, with the understanding that a more in-depth meeting would follow once the TNA results were tabulated.

IV. FINDINGS AND OBSERVATIONS

PART I - BASELINE INFORMATION

- **AGE:**

  Bidan tend to be older than Bidan di Desa (60.6% of Bidan di Desa are between ages of 20 - 24, while 87% of Bidan are 25 years or older)

- **TYPE OF FACILITY FOR WORKSITE:**

  Bidan di Desa do work in closer contact with a village (93.5% of Bidan interviewed work in a Health Center, while 94.4% of Bidan di Desa work in a Sub Health Center, Village Maternity Home or have a village midwife practice). This is consistent with Kanwil policy regarding work site for Bidan di Desa.

- **LENGTH OF TIME WILL STAY AT WORKSITE:**

  50 % of Bidan di Desa plan to leave their work site in 1 - 3 years

- **CLUSTERING OF BIDAN DI DESA AROUND BIDAN:**

  61% of Bidan do supervise 4 - 7 Bidan di Desa, but many may be greater than two hours distance from the Bidan. This is consistent with Depkes policy regarding a Bidan Coordinataor.

PART II - STATISTICS

- **TYPES OF SERVICES OFFERED:**

  * Bidan di Desa attend very few deliveries (63% attend 1 or less per month) and also provide limited antenatal and postnatal care

  * Bidan attend more deliveries than Bidan di Desa (55% attend 13 - 60 per year) and also provide more antenatal and postnatal care

  * Both Bidan and Bidan di Desa see many clients for general health services (52% see more than 181 clients per year)

  * Bidan see many clients for family planning and child care services (64% see more than 181 FP clients and 45% see more than 181 children per year)

- **REFERRALS**

  * Bidan di Desa usually refer clients either to a health center or to the hospital, not to another Bidan

  * Most referrals are made for antenatal or labor and delivery complications, and fewer for postpartum and neonatal complications

PART III - CLINICAL SKILLS

- In general, A SLIGHTLY HIGHER PERCENTAGE OF BIDAN IN COMPARISON TO BIDAN DI DESA ARE REQUESTING REFRESHER TRAINING for most categories of reproductive health care

- **AREAS OF REPRODUCTIVE HEALTH CARE WHERE ADDITIONAL FOCUS/TRAINING IS DESIRED:**

  * Aspects of antenatal risk screening (especially medical, surgical, obstetrical history)
  * Aspects of infection control (especially self protection and use/understanding of decontamination step in handling equipment)
  * Sexually transmitted diseases (STD's) and HIV/AIDS counseling, diagnosis, management (58% of Bidan and Bidan di Desa received training on STD's, while 19.4% of Bidan and 30.2% of Bidan di Desa received training on HIV)
  * Long term methods of family planning (counseling, insertion, removal of IUD and Norplant)
  * Examination skills including checking for kidney tenderness, bimanual and speculum exam, and knee reflex testing
  * Gynecological procedures (menstrual regulation, abortion, dilatation and curettage requested by approximately 50 % of Bidan and Bidan di Desa)
  * Use of partograph to manage labor (requested by 87% of Bidan and 71% of Bidan di Desa)

* Examination for lacerations after delivery and repair of those lacerations
* Bimanual compression of the uterus (external and internal)
* Manual removal of the placenta
* Resuscitation of mother and baby
* Circumcision (male and female circumcision requested by approximately 50 % of Bidan and Bidan di Desa)

PART IV - PROVIDER KNOWLEDGE

- **ANTENATAL BLEEDING**

  * The range of Bidan answers were correct from 51.6 to 100% of the time
  * The range of Bidan di Desa answers were correct from 39.6 to 98.1 % of the time
  * Bidan responded correctly, in comparison to Bidan di Desa, consistently 10 - 20 % more of the time
  * 30% of Bidan di Desa said they would perform a vaginal exam on a woman with heavy antenatal vaginal bleeding (this is contraindicated)

- **POSTPARTUM SEPSIS**

  * The range of Bidan answers were correct from 41.9 to 96.8% of the time
  * The range of Bidan di Desa answers were correct from 28.3 to 98.6 % of the time
  * Bidan responded correctly, in comparison to Bidan di Desa, consistently 10 - 20 % more of the time
  * Urinary tract infection/thrombophlebitis was often overlooked as a cause of postpartum infection

- **PRE-ECLAMPSIA**

  * Over 92 % of Bidan and Bidan di Desa responded correctly to the need to check a women's BP and make proper referral with worsening signs of pre-eclampsia
  * Only 67% of Bidan di Desa considered checking for knee reflexes and urine protein to determine a woman's status

- **OBSTRUCTED LABOR**

  * The range of Bidan answers were correct from 77 to 97% of the time
  * The range of Bidan di Desa answers were correct from 66 to 74 % of the time
  * Bidan responded correctly, in comparison to Bidan di Desa, consistently 10 - 20 % more of the time

- **POSTPARTUM BLEEDING**

  * The knowledge of some aspects of postpartum bleeding management are well known (need for IV and appropriate referral)
  * The knowledge of other aspects of postpartum bleeding management needs to be strongly reinforced (fundal massage, controlled cord traction, application of oxytocin, etc)

PART V - EQUIPMENT

- The availability of most equipment and supplies varies from 60 - 97 %
- Equipment and instruments that 70% or less of Bidan di Desa have include:

  * Ambu Bag
  * Light Source
  * Time Piece (clock or watch)
  * Sponge Clamps
  * Vaginal Speculum

- Only 39% of Bidan and 21% of Bidan di Desa have a way to sterilize equipment
- More protective covering for universal precautions are needed (mackintosh, apron, gloves for cleaning contaminated areas, feet covering)
- 77 - 81 % of Bidan and Bidan di Desa have antenatal record forms
- 7 - 13% of Bidan and Bidan di Desa have partograph forms
- 83% of Bidan di Desa received their delivery kits

PART VI - HOSPITAL TRAINING SITE

AREA OF INFORMATION	ULIN HOSPITAL	BANJAR BARU HOSPITAL
Willingness to be used as training site	Yes	Yes
Other schools using hospital as a training site	- SPK - Depkes (Ulin) - TPT - Army - Catholic Hospital School - Also have general nursing students	SPK - Academy of Nursing (Banjar Baru)
Staffing Patterns	- Labor & Delivery: 2 - 4 Bidan per shift (Only 2 if some on home leave) - Postpartum Ward: 2 Bidan per shift - Antenatal Clinic: 2 Bidan	- Labor & Delivery: 2 Bidan per shift - Postpartum Ward: 1 Bidan per shift - Antenatal Clinic: 2 Bidan - Family Planning Clinic: 1 Bidan
Student Staffing Pattern	- Every school uses a "block" system (students are in school for 3 days and in hospital for 3 days) - Antenatal Clinic: 10 - 16 students per day - Labor & Delivery: Work all 3 shifts - No students during examination times	- Antenatal Clinic: 2 Bidan students and 2 Nursing students per day - Labor and Delivery: 2 - 4 students per day
Records Used	- Forms different from Banjar Baru Hospital - Has begun to use part of partograph form for 1 month) - An Antenatal Record that client could keep not used	- Forms different from Ulin Hospital - Not using partograph form - Antenatal Record that client keeps not used
Handling of Instruments, etc.	Process: 1) Wash with gloves on 2) Soak in Biclean x 10 minutes 3) Wet (Boil) autoclave or dry autoclave 4) Store in Formalin Vapor Linen and gloves (dry autoclave)	Process: 1) Wash (no gloves) 2) Wet autoclave (Boil) 3) Store in Formalin Vapor
Number of Antenatal Patients	7 - 8 per day	- New: 883 in 1994 (3 - 4 per day) - Return: 2324 in 1994 (10 per day) - Almost 100 % K4 (many patients have more than 4 visits)

PART VI - HOSPITAL TRAINING SITE (CONT.)

AREA OF INFORMATION	ULIN HOSPITAL	BANJAR BARU HOSPITAL
Number of Labor & Delivery Patients	- 1495 normal deliveries in 1994 (4 - 5 per day or 125 per month) - 207 C/S in 1994 (about 17 per month)	- Approximately 80 deliveries per month (2 - 3 per day) with 60 of them normal
Antenatal Space	- 2 Antenatal beds (1 room) - 2 GYN beds (1 room) - 1 Lactation Consultant area/bed - 1 Bed for patient with problems (in GYN room) - Hours of Operation: 8AM - 1:30PM * LSS Program offered use of GYN beds and Lactation Consultant area/bed	- 2 Antenatal beds (1 room) - 1 GYN bed (for speculum exams) - Hours of Operation: Every day between 8AM - 12 Noon (Highest volume days are Monday and Thursday)
Labor and Delivery Space	- One large room holding 5 labor beds and 2 GYN beds - One labor room for private patient - Sink with running water (water often flows only in AM)	- One room with 3 beds - Sink but most of time water does not run
Postpartum Space	- 35 PP beds with 1st class rooms (2 beds), 2nd class rooms (4 beds), and 3rd class rooms (10 beds) - Rooming-In for all patients - Discharge 3 days after normal delivery and 7 days after a C/S	- 12 beds that can be used for PP or GYN patients - 1st class has bed for patient and bed for family member - 2nd class has 2 patient beds - 3rd class has 4 patient beds - Discharge 2 days after normal delivery with scheduled return within 5-7 days
Logistic Options for Participants	Space available for sleep rooms (was ICU and is near labor and delivery) and classrooms	Space available for sleep and classrooms
Hospital Staff Training Needs	Partograph	- Partograph - OB/GYN would like training in oncology surgery
Hospital Equipment/Supply Needs	- References: Book on Suturing Classic OB/GYN Books(2 each) - Training slides - GYN model - Infant resuscitation model	- Visual Aids: Breastfeeding/Care Antenatal Care - Breast self-exam model

PART VII - MIDWIFERY SCHOOLS

- **COLLABORATION OF SCHOOLS WITH LSS TRAINING PROGRAM**

  * All schools visited were very gracious in providing information and expressed interest in collaborating with the LSS Training Program

  * Each school expressed desire to send one faculty person to LSS training

  * Each school expressed interest in a central training materials storage site located at one or two of the schools that uses a "check-out" system for sharing of the training materials with other schools and hospitals

- **OVERVIEW OF SCHOOLS**

  * All schools collaborate with each other through monthly meetings where all aspects of training are discussed (curriculum, clinical sites, evaluation of students, etc)

  * Program classification:

TYPE PROGRAM	YEARS BASIC SCHOOL	YEARS NURSING	YEARS MIDWIFERY
A	9	3	1
B*	12	3	1
C	9	0	3

* South Kalimantan has no "B" type program

  * All schools describe the same concerns:

    < Not enough clinical experience for students to gain competency

    < Concerns regarding models used for training:

      - Not in good condition (rubber/plastic tears easily and storage in hot/humid climate conducive to deterioration)
      - Not enough of each model
      - No model available for infant resuscitation

    < Equipment not available or not functioning: Ambu bags and vacuum extractors

    < Libraries have poor range of books, old editions, as well as few numbers of each book

< Training films/videos are lacking (i.e., normal delivery, manual removal of placenta, infant resuscitation)

< "C" type program is problematic. Curriculum is similar to other midwifery program but students enter at a very young age (15 - 16 years) and therefore complete their training by age 18 - 19 years. These graduates, even though very young, still are given responsibly to work alone in a village. They often do not have maturity to make good decisions and are not well accepted in their villages.

< Clinical instructors receive limited support in working with students (refresher, upgrading of skills and knowledge)

< Number of teachers on staff not enough

* All schools stated they want to introduce use of partograph for labor management (Catholic Midwifery School indicated they will introduce it next year into the 3rd year of their program). Unfamiliarity with the partograph and indicated management based on findings, as well as no money for partograph forms, makes introduction of partograph management difficult.

* Overview of schools noted below:

OVERVIEW OF SCHOOL OF MIDWIFERY

SCHOOL	LOCATION	HOSPITAL DIRECTOR	PERSON IN CHARGE OF SCHOOL	DOCTOR	NO. OF TEACHERS	STUDENTS				CLINICAL SITES USED	OTHER COMMENTS
						A	B	C	NURSING		
TPT (Army)	Banjarmasin	Dr. Sutarto Subarjo	Ibu Swarti	Dr. Sutarto Ob/Gyn	5 Full Time	40	-	80	-	- Army Hospital - Private Midwife	- Students do 5 deliveries in Army Hospital and the rest outside of hospital (total 10 - 12) - Hospital has 30 - 40 deliveries / month
SPK (DEPKES) (Associated with Ulin Hospital)	Banjarmasin	Dr. Sudarto (Ulin Hospital)	Ibu Nurhayati, Curriculum - Ibu Chairiyah Community Service - Ibu Ermi Setiawati Student Program - Ibu Hirwana	Dr. Suharto Ob/Gyn Dr. Sudarto Ob/Gyn Dr. Susanto Gen. Pract.	6 Full Time 2 Part Time	84	-	80	-	- Ulin Hospital - IBI Clinic - Puskesmas - Private Midwife	
- Catholic Hospital School - Rumah Sakit Suaka Insan	Banjarmasin	Dr. A.J. Djohan (Administrator Sister Florian Sabio)	Sister Merced		3 Full Time 3 Part Time	-	-	71	-	- Catholic Hospital - Ulin Hospital - Private Midwives - Puskesmas	- Cathollic Hospital had 164 deliveries last year (12 - 15 / month) - Students do 5 births at Catholic Hospital then 10 births outside of hospital
SPK - Academy of Nursing	Banjar Baru	Dr. Farida Djafar	Ibu Sugian Noor	Dr. Anjar	4 Full Time (Midwifery) 13 (Nursing)	39	-	-	208	- Banjar Baru Hospital - Martapura Hospital - Puskesmas - Private Midwives	- Students do 10 births in hospital and then 5 with private midwives
SPK	Martapura	Administered Under Governor	Ibu Gusti Masniah	Dr. Ariono Ob/Gyn.	3 (Midwifery) 5 Full Time (Nursing)	40	-	82	128	- Martapura Hospital - Puskesmas - Private Midwives	- Hospital (Martapura) does 50 deliveries / month

V. RECOMMENDATIONS

RECOMMENDATIONS ARE BASED ON THE FOLLOWING ASSUMPTIONS:

1. A program that will continue to strengthen the relationship between Bidan and Bidan di Desa could be beneficial

   a. Bidan presently supervise Bidan di Desa
   b. Bidan often have clusters of Bidan di Desa around them

2. A program that will support the Bidan di Desa to develop a closer relationship with the mothers and families of her community could be beneficial

   a. Presently Bidan di Desa attend very few births
   b. 50% of Bidan di Desa indicated a desire to stay at work site for only 1 - 3 years

3. A program that will continue to strengthen the relationship between Bidan di Desa and Dukun Bayi could be beneficial

4. Concerns faced by Bidan and Bidan di Desa are often very different. A training program that better meets each group's needs will be more beneficial

5. Any program that involves training of Bidan and Bidan di Desa should also aim to maintain close ties and mechanisms of collaboration with schools that educate Bidan and Bidan di Desa

6. A training program design should include more than just the actual training. Ways to continue to support the knowledge and skills of a participant after completion of a program are just as important as the actual training program (peer review, continuing education, and MIS system)

7. Developing a model for a training/continuing education program incorporating the support of collaborating institutions will result in a stronger program (Depkes/Kanwil/Dinas/IBI)

RECOMMENDED TRAINING PROGRAM CURRICULUM AND DESIGN

1. FOR BIDAN:

   The full Life-Saving Skills (LSS) training program is recommended for Bidan and includes:

   Infection Prevention
   Antenatal Risk Assessment
   Monitoring of Labor (Partograph)
   Episiotomies and Repair of Laceration
   Prevention and Treatment of Hemorrhage
   Infant Resuscitation
   Prevention and Management of Sepsis
   Hydration and Rehydration
   Vacuum Extraction (to be determined after site preparation)

In addition Bidan will be trained in peer-review techniques that they will apply in conducting peer-review visits to Bidan di Desa.

2. FOR BIDAN DI DESA

A training program that more reflects the needs of the Bidan di Desa is recommended. Bidan di Desa attend very few births (one or less per month). Training in all areas of LSS would serve limited purpose. To maintain most of the skills that are taught in a LSS program, a Bidan di Desa must be attending more births. In addition, a program that would assist the Bidan di Desa to become more fully and sooner integrated, than indicated by the TNA, into her village would better serve both her and the community. It is recommended that a separate manual ("Healthy Mother Healthy Baby Care") be developed that would include topic areas/chapters noted below:

Infection Prevention
Working with Community Members (Community Outreach)
Review of Reproductive Anatomy
Antenatal Care (includes risk screening and a full range of advise and counseling)
Labor Care (includes partograph)
Delivery Care
Postpartum Hemorrhage
Postpartum Care

These topics would have numerous reproductive health themes that would be interwoven throughout (including but not limited to anemia, family planning, reproductive tract infections, and breastfeeding). Another main emphasis will be the review of "normal" midwifery care, with focus on abnormal primarily in the area of postpartum hemorrhage. "Working with Community Members" and " Postpartum Care" sections outline a program that supports community outreach by the Bidan di Desa through providing health education in her community and a Postpartum Care Program. In this program the Bidan di Desa will be encouraged to find ways to increase her communication with community members (Dukun Bayi and other health cadre, families, and village leaders), as well as to visit EVERY mother who has delivered in her village. Minimum visits will be recommended as follows:

A. 6 - 8 hours postpartum (most maternal deaths occur within 24 hours postpartum and this visit gives the Bidan di Desa an opportunity to also do a detailed baby exam/evaluation)

B. 3 days postpartum (this is usually a critical time for both mother's initial recovery, and baby/breastfeeding concerns and provides the Bidan di Desa an opportunity to encourage the mother to take iron tablets for 40 days postpartum which is consistent with a current Depkes pilot policy)

C. 2 weeks postpartum (to ensure that recovery is proceeding normally, baby is doing well, and introduce aspects of family planning)

D. 6 weeks postpartum (to ensure that recovery has proceeded normally, baby is doing well, and continue with family planning services)

Visiting the mother postpartum will give the Bidan di Desa an opportunity to have more contact with the Dukun Bayi in her community at a time when she will not be seen as a competitor (after the mother has delivered). It will also allow her to provide a service to mothers and families in THEIR homes (for at least the first two visits, if not more). It is well known that mothers prefer to deliver and stay at home. They feel safe in their home surrounded by family and friends. It is hoped that with the Bidan di Desa coming into the families' environment to provide a service the family finds valuable, she will more easily be able to develop a trusting relationship with families and their Dukun Bayi.

3. OTHER TRAINING

IBI has been successful in establishing a provincial/district package for a training program in seven other provinces. This package incorporates other training/continuing education that will prepare Bidan and Bidan di Desa to participate in systems that contribute to a total training program. These systems include:

A. PEER REVIEW/SUPERVISION SYSTEM that reinforces training and provides information for continuing education

B. MIS SYSTEM that provides information on clinical services being offered and continuing education needs of Bidan and Bidan di Desa that is used in planning continuing education activities

C. FUNDRAISING SYSTEM that supports peer review/continuing education activities

D. CONTINUING EDUCATION SYSTEM that uses information from the MIS system and peer review system in developing continuing education topics and curriculum that is presented at IBI chapter meetings

This report recommends utilization of this model in the design of the over-all training program in South Kalimantan, with a number of modifications:

1. The total program will not just be an IBI activity, but will be seen as a collaborative effort between IBI, Depkes, and Kanwil/Dinas

    a. IBI will be responsible for funding the Peer Review, Continuing Education, MIS and Fundraising activities

    b. Depkes will be responsible for funding the LSS training and the Maternal - Perinatal Audit activities

2. Collaboration with schools of midwifery will be an important priority so that the clinical information distributed will impact on all levels of Bidan education

3. Information from the Depkes Maternal - Perinatal Audit activities will be distributed through the Depkes/Kanwil system, and also through IBI Chapter Meetings as part of the role of IBI Continuing Education Trainers

4. Province level Peer Review Meetings will be held twice per year. The following people will be divided into two groups and asked to attend (Training Coordinator, 10 LSS Trainers, 40 LSS-trained Bidan, 12 Continuing Education Trainers, 2 province level MIS Trainers, 2 province level Fundraising Trainers, Depkes and Kanwil/Dinas representatives, and an IBI Pusat representative). Agenda to be covered will include:

   a. Reports from all training program groups (LSS, Fundraising, MIS, Peer Review, and Continuing Education)

   b. Assessment of main clinical problem areas identified through Peer Review visits and the Maternal-Perinatal Audit

   c. Any concerns regarding the functioning of the over-all training program and mechanisms to deal with those concerns

   d. Future activities

   e. Distribution of needed forms

   f. Distribution of funds for activities

5. Only those people who receive training (40 Bidan and 230 Bidan di Desa) will receive peer review visits

6. Private clinics of private practice midwives will be included as potential additional clinical sites for participants

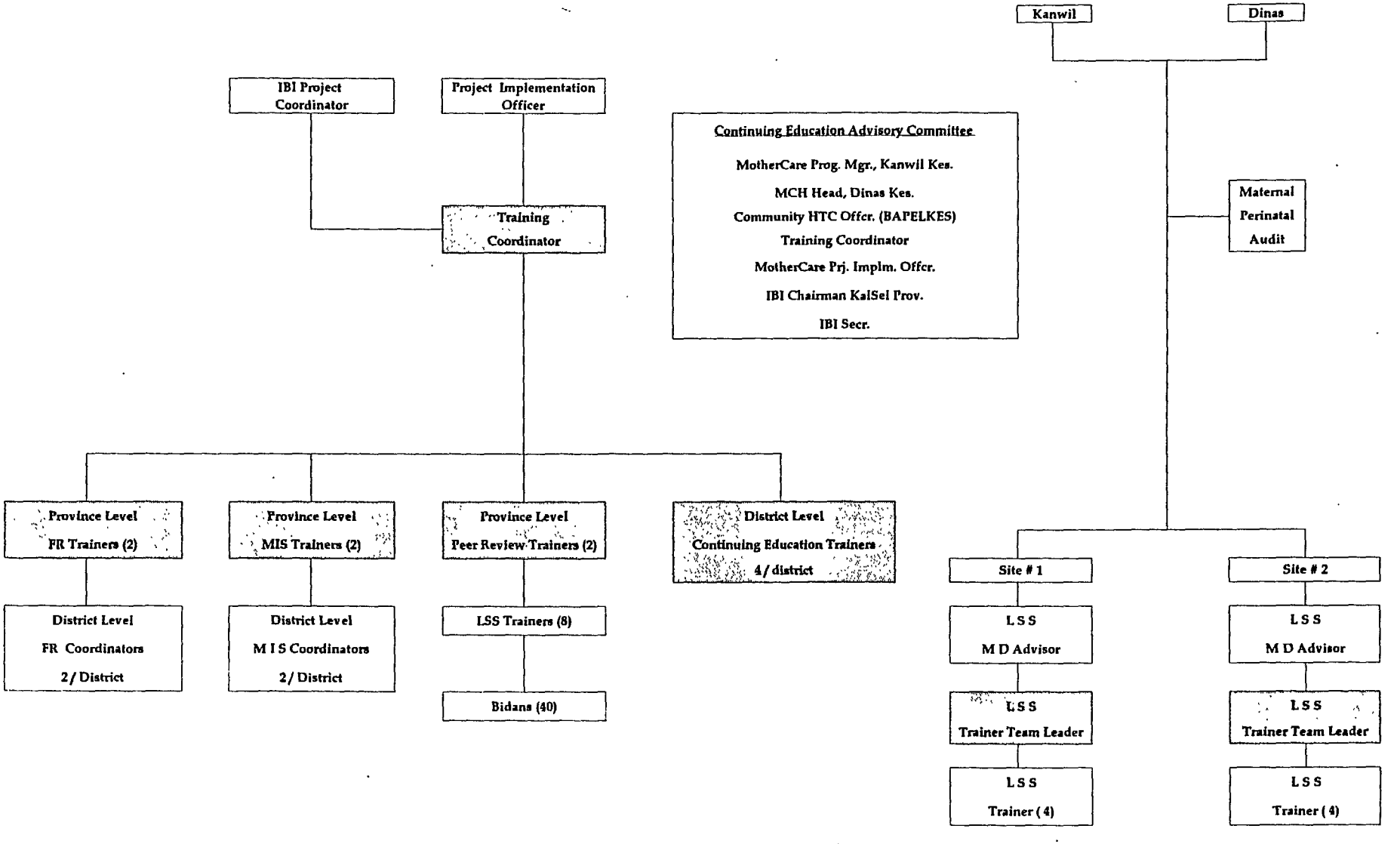
7. Clinical orientation for all hospitals in the three project districts will be planned (includes antenatal risk assessment, partograph, and infection control), in addition to the preparation at the actual hospital training sites

8. Closer collaboration between Bidan and Bidan di Desa will be encouraged (cluster systems of Bidan supervising 4 - 6 Bidan di Desa in her vicinity will be built into the peer review system)

RECOMMENDED TRAINING PROGRAM STRUCTURE

On the following pages the Training Program structure is graphically presented:

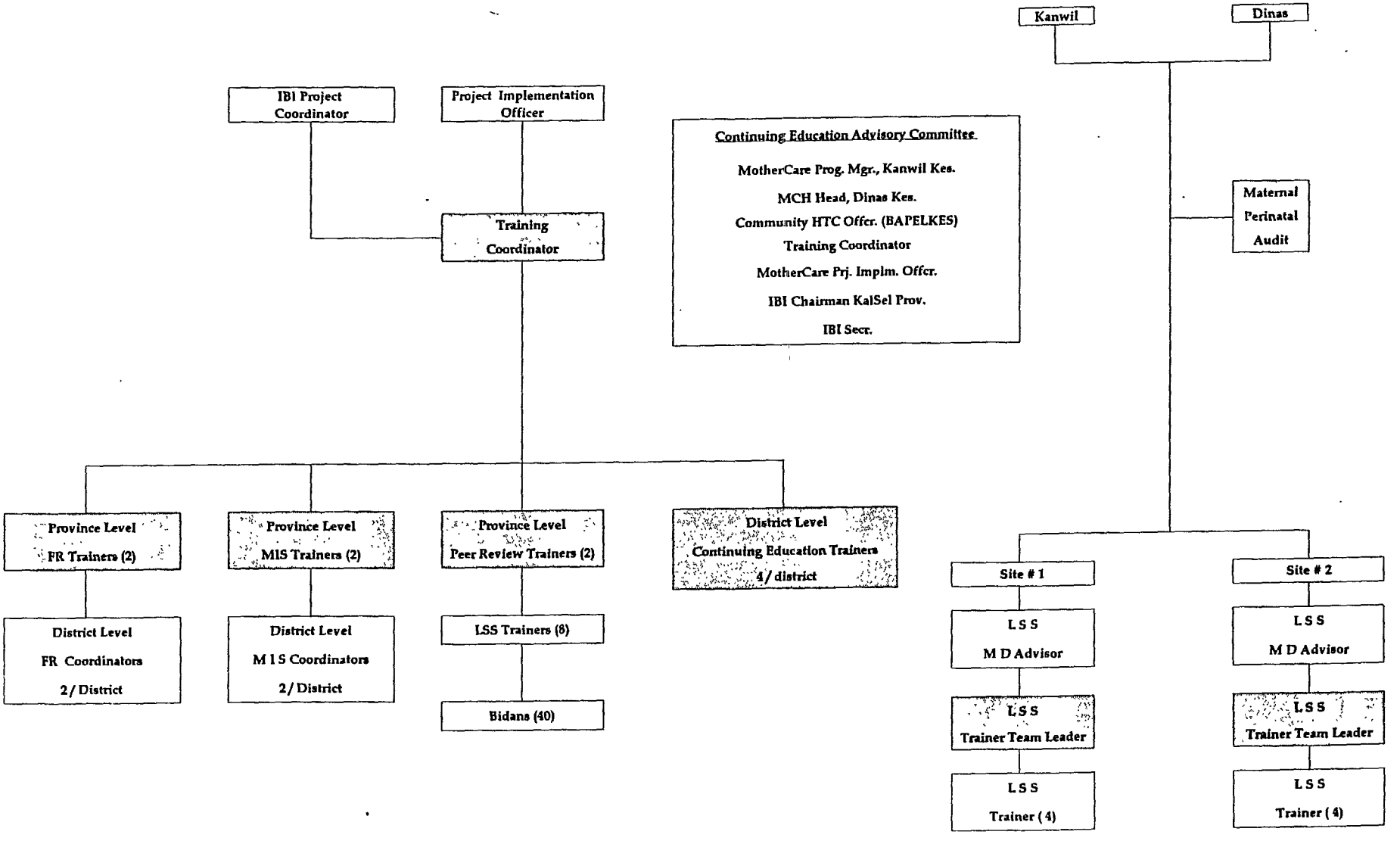
TRAINING PROGRAM ORGANOGRAM



Remarks : Meet regularly to coordinate peer review, overall coordination and problem solving.

BEST AVAILABLE COPY

TRAINING PROGRAM ORGANOGRAM



Remarks : [ ] : Meet regularly to coordinate peer review, overall coordination and problem solving.

C:\DYW\TR-DGMJA.WK4

RECOMMENDED TENTATIVE TRAINING PROGRAM SCHEDULE

The following tentative schedule is recommended for the training program in its entirety:

Training Needs Assessment:		
Conduct		9 - 18 November 1995
Workshop to Discuss Results/Plans		17 January 1996
LSS Training Site Preparation		8 - 25 January 1996
Prepare "Health Mother Health Baby" first draft		December 1995 - February 1996
LSS Training of Trainers (10 trainers)		18 March - 6 April 1996
LSS Training of Bidan (40 Bidan + 5 faculty)		
Training Center #1	#1	8 - 20 April 1996
(Total 28 participants)	#2	6 - 18 May 1996
	#3	27 May - 8 June 1996
	#4	17 - 29 June 1996
Training Center #2	#1	15 - 27 April 1996
(Total 17 participants)	#2	13 - 25 May 1996
	#3	3 - 15 June 1996
	#4	24 June - 6 July 1996
MIS and Fundraising		
Planning		May and 10 - 13 June 1996
MIS Training (17 participants)		17 - 21 June 1996
Fundraising Training (17 participants)		23 - 24 June 1996
Begin MIS/Fundraising activities in districts		July 1996
Peer Review		
Planning		June and 8 - 20 July 1996
Peer Review Training		
Group #1		22 - 24 July 1996
Group #2		25 - 27 July 1996
Start Peer Review		
Trainers review Bidan		October 1996
Bidan review Bidan di Desa		November 1996
Biannual Meetings		
#1		January 1997
#2		July 1997
Bidan di Desa Training		
Training Center #1 (First training)		12 - 17 August 1996
Training Center #2 (First training)		12 - 17 August 1996
Final training		May 1997
Continuing Education (CE) Training of Trainers		7 - 12 October 1996
MPA Meetings (formally attended by CE Trainers)		October 1996

RECOMMENDED EQUIPMENT/SUPPLIES

The following equipment/supplies are recommended to conduct the training program that would be needed at the training centers, for each participant, and each school for Bidan/Bidan di Desa.

GENERAL TRAINING EQUIPMENT AND SUPPLIES PER TRAINING CENTER

1. Videos:
   a. 1 - Why Did Mrs. X Died?
   b. 1 - Alternate birthing positions

2. Models :
   a. 1 - Pelvic model (delivery model)
   b. 1 - Boney pelvis
   c. 1 - Soft fetus with hard landmarked head
   d. 1 - Soft pelvis for above fetus
   e. 1 - Placenta and membranes for above fetus
   f. 1 - Episiotomy repair model
   g. 1 - Infant resusitation model
   h. 2 - Air conditioners (to increase life of models)

3. Equipment for practice episiotomy:
   a. 4 Rolls/spools thread
   b. 48 Reuseable round body 1/2 circle suture needles
   c. 4 Needle holders
   d. 4 Tissue forceps without teeth
   e. 4 Pair suture scissors
   f. Sponge (foam) cushion to practice episiotomy repair (1 per LSS participant)

4. Laminated Posters:
   a. 1 - Laminated poster:muscles of the pelvic floor
   b. 1 - Laminated poster:episiotomy repair
   c. 1 - Laminated partograph and marking pens

5. 1 - Cervical dilatation model

6. 1 - Measuring device and tape for making height measures

7. Selected references from Mothercare, Intrah and JHPIEGO

8. A/V Equipment
   a. Film projector
   b. Video machine (to be further evaluated during site preparation)

9. Each trainer to receive:

   a. 1 - Myles Textbook for Midwives (paperback)
   b. 1 - Life-Saving Skills for Midwives Manual (10 Modules in Indonesian)

LSS EQUIPMENT (KIT) FOR EACH BIDAN AND BIDAN DI DESA TRAINED:

1. Bidan and Bidan di Desa LSS Training:

   a. 2 Hemostats/artery forceps 7 inches
   b. 1 Cord/bandage scissors 6 inches
   c. 1 Pinard fetalscope
   d. 1 Blood pressure machine
   e. 1 Stethescope
   f. 2 Bulb or ear syringes, 2 oz, rubber
   g. 2 Urinary straight catheters, rubber, size 12 french
   h. 1 Urine testing set (2 test tubes, 1 test tube holder, 1 local spirit burner, 1 dropper bottle with acetic acid)
   i. 1 Heavy cotton/canvas apron
   j. 12 Pair surgical latex gloves, reuseable size 7
   k. 1 Pair heavy rubber cleaning gloves
   l. 6 Surgical lap sponges, reuseable
   m. 100 Disposable 2 cc syringes with 23 guage needle 1 1/2 inches long or 5 nondisposable 3 cc nylon or glass syringes or
   n. 12 Nondisposable 23 guage needles 1 1/2 inches long
   o. 1 Stainless steel container with lid, 12 inches x 12 inches, 4 inches deep to keep equipment.
   p. 1 Gestation Calendar

2. Bidan LSS Training Additional Needs:

   a. 1 Small vaginal speculum
   b. 1 Medium vaginal speculum
   c. 1 Episiotomy scissors, 6 inches, sharp/blunt
   d. 1 Needle holder, 7 inches
   e. 1 Tissue/dissecting forceps without teeth, 6 inches
   e. 1 Smooth sponge holding forceps, 10 inches
   f. 1 Adult airway
   g. 1 Infant airway
   h. 20 Packets absorbable suture without needle
   i. 6 Round body, 1/2 circle nondisposable suture needles
   j. 4 Drapes for suturing

FOR SCHOOLS OF BIDAN/BIDAN DI DESA

2 - Life-Saving Skills Manual for Midwives (in Indonesian)
1 - Laminated partograph

APPENDIX I

SITUATIONAL ANALYSIS (SA)
TRAINING NEEDS ASSESSMENT (TNA)
TIMELINE OF EVENTS

ACTIVITIES	PERSONS RESPONSIBLE	NOVEMBER 1995													
		5 SUN	6 MON	7 TUES	8 WEDS	9 THURS	10 FRI	11 SAT	12 SUN	13 MON	14 TUES	15 WEDS	16 THURS	17 FRI	18 SAT
Arrive Kalimantan Selatan	S, Y, D														
Official visits	A, S, Y, D		AM												
Briefing on SA	N, G, S, Y, D		PM												
Ulin Hospital - TNA (BM)	Y, D														
Ulin Hospital - SA (BM)	S, SB			PM											
Banjar Baru Hospital - TNA + SA (B)	Y, D					PM	X								
PMI - Blood Bank Visit	S			AM				AM							
Martapura Hospital - SA (BB)	G														
Puskesmas Visits - (B)	G														
Kandangan Hospital - SA (HSS)	N														
Puskesmas Visits - (HSS)	N														
Orientation of IBI Province Officers	Y, D				4 PM										
Marabahan Hospital - (BK)	S					PM									
Puskesmas Visits - (BK)	S										PM				
Training for TNA	D, Y, S					AM									
Send Completed forms to Statistician	S, A							PM							
TNA - B	BI														
Spot Checks of TNA - (B)	C (13) Y, D (15)														
TNA - BK	BI														
Spot Checks of TNA - (BK)	S								PM						
TNA - HSS	BI														
Spot Checks of TNA - (HSS)	Y, D								PM						
Visit to Midwifery Schools	Y, D														
Visit to Private Maternity Home - (BM)	Y, D														
Final Meeting with TNA Bidans - (BM)	Y, S, A, D														

KEY: ARVIN = A
GUNAWAN = G
NANA = N
SONY = S
YANNE = Y
DIANA = D
BIDANS = BI
SENIOR BIDAN = SB

BANJARMASIN = BM
BANJAR DISTRICT = B
BARITO KUALA = BK
HULU SUNGAI SELATAN = HSS

BEST AVAILABLE COPY

APPENDIX II

SITUATIONAL ANALYSIS
TRAINING NEEDS ASSESSMENT
TEAM SCHEDULE

PERSON	TRAINING NEEDS ASSESSMENT (TNA)	SITUATIONAL ANALYSIS (SA)
Dr. SONY / SENIOR BIDAN	9th (AM) - Train IB for TNA 14th (PM) + 15th - Spot Check TNA BK 15th (PM) - Return to B 16th - Spot Check TNA B 18th - Sum Up Meeting IB	6th (AM) - Official Visits 6th - Briefing on SA to G + N 7th (AM) + 11th (AM)- Visit to PMI 7th (PM) + 8th - SA Ulin Hospital 9th (PM) - Travel to Marabahan 10th - SA Marabahan Hospital 11th (AM) - Return to Banjarmarsin 12th (PM) - Travel to BK 13th + 14th (AM)- Visits Puskesmas BK
Dr. GUNAWAN		6th (PM) - Briefing on SA in MC office 7th (PM) - Martarpura Hospital SA 8th, 9th, 10th - Visits Puskesmas B
Dr. NANA		6th (PM) - Briefing on SA in MC office 8th - Kandangan Hospital SA 9th/10th/13th/14th - Visit Puskesmas HSS
YANNE / DIANA	7th +8th - Ulin Hospital - TNA 8th (4PM) Orientation IBI Officers 9th (AM) - Train IB for TNA 12th - Travel to HSS 13th + 14th - Spot Checks TNA HSS 14th (PM) - Return to B 15th - Spot Checks TNA B 16th + 17th (AM) - Visit Midwifery Schools 17th (PM) - Visit Private Maternity Hospital 18th - Sum Up Meeting IB	6th (AM) - Official Visits 6th - Briefing on SA to G + N 9th (PM) + 10th - Banjar Baru Hospital - SA
SENIOR BIDAN (16 TOTAL)	9TH (AM) Attend training for TNA 13 - 17TH - TNA in each district (3) 18th - Sum UP Meeting for TNA	

BEST AVAILABLE COPY

APPENDIX III

TRAINING NEEDS ASSESSMENT TEAM MEMBERS

Pak Arvin, MotherCare South Kalimantan Project Implementation Officer
Dr. Sony, Consultant, Social Scientist and Physician, University of Indonesia (FKM)
Ibu Yanne Annas, IBI Pusat Board Member and IBI MotherCare Project Coordinator
Dr. Gunawan, MotherCare Health System Specialist, Banjar District
Dr. Septiana Widyandari, MotherCare Health System Specialist, HSS District
Ir. Yusran Nasution, Research Associate, Center for Child Survival, University of Indonesia
Diana Beck, MotherCare/ACNM, Long Term Advisor
Senior Bidan (16):

Barito Kuala District:

- Hj. Radiah (Head of Environmental Health Section, Dinas Kesehatan and IBI District Chairperson Barito Kuala)
- Hj. Sulkartini (Head of Mother's Health Subsection, Dinas Kesehatan and IBI District Vice Chairperson)
- Ibu Lailawardati (Puskesmas Bidan and IBI member)
- Hj. Muflihah (Puskesmas Bidan and IBI member)

Banjar District:

- Hj. NoorJannah (Head of Child Health Subsection, Dinas Kesehatan)
- Ibu Raihana (Puskesmas Bidan and IBI member)
- Ibu Djamil Fatimah (Puskesmas Bidan and IBI member)
- Ibu Pernamawat (Puskesmas Bidan and IBI member)
- Ibu Jainah (Puskesmas Bidan and IBI member)
- Ibu Rabiatul Adawiyah (Puskesmas Bidan and IBI member)

Hulu Sungai Seletan District:

- Hj. Sadariah (Head of MCH Section, District Dinas Kesehatan and IBI District Chairperson for HSS)
- Hj. Marhamah Rusli (Head of Mother's Health Subsection, District Dinas Kesehatan)
- Ibu Satriana (Head of Child Health Subsection , District Dinas Kesehatan)
- Ibu Agustriyana (Head of Delivery Ward, Rumah Sakit Kandangan)

IBI Province Board:

- Ibu Rosida (Head of Division of Community Health Education, Dinas Kesehatan and IBI Province Chairperson)
- Hj. Mursyidah Adi (Head of Hospital Section, Dinas Kesehatan and IBI Province Head of Professional Development Committee)

SOUTH KALIMANTAN TRAINING NEEDS ASSESSMENT TOOL
INDONESIA
PART I - VII

I. Baseline Information
II. Statistics
III. Clinical Skills
IV. Knowledge
V. Equipment
VI. Life Saving Skills Training Site Evaluation
VII. Midwifery Schools

MOTHERCARE PROJECT
In Cooperation with:
DEPKES
IKATAN BIDAN INDONESIA

TRAINING NEEDS ASSESSMENT (TNA)
SOUTH KALIMANTAN
INSTRUCTION TO INTERVIEWERS

1. INTRODUCTION - SET THE ENVIRONMENT FOR THE INTERVIEW

It is always important that when you first meet the person you are interviewing, you take some time to speak with the person to try to make them feel COMFORTABLE. You also need to let them know why you are doing this interview. Many times a person being interviewed will feel like they are being tested. THIS IS NOT A TEST.

2. EXPLAIN WHY YOU ARE DOING THIS INTERVIEW

This interview will give us information to plan a training program for Bidans and Bidan di Desa in three Districts of Kalimantan (Barito Kuala, Banjar, and Hulu Sungai Selatan). When we get the information on WHAT knowledge and skills Bidan and Bidan di Desa need, we can plan the training program. The focus of the training will be to STRENGTHEN the LIFE SAVING SKILLS of each Bidan. It is hoped that the training will be don at two to three hospitals in Kalimantan Selatan and that training will begin in March 1996.

3. PARTS OF THE TRAINING NEEDS ASSESSMENT

The Training Needs Assessment (TNA) has five parts. Each part is important. They include:

Part I:	BASELINE INFORMATION
Part II:	STATISTICS
Part III:	CLINICAL SKILLS
Part IV:	KNOWLEDGE
Part V:	EQUIPMENT

4. TO COMPLETE PART I, PART III, AND PART IV

To answer the questions in the 3 parts of the assessment mentioned above you will need to talk with the Bidan di Desa or Bidan.

In Part I you will be asking her questions that will tell us where she lives, works, and about her educational background. Question number 12 is to be answered only by Bidan, as we are trying to find some Bidan who have 4 - 6 Bidan di Desa close to them.

In Part III you will be asking her what skills she had learned in school, what skills she uses and in which skills she wants more training

In Part IV you will give the person you are interviewing a situation involving an obstetrical complication and then ask her to tell you how she would manage the situation

5. TO COMPLETE PART II

Part II is about statistics and includes such information as number of different kinds of clients (antenatal, delivery, postpartum, family planning, etc.) Also there are many questions about referrals. This will help us to understand numbers of people being referred, why people are being referred, to whom, mode of transport, and length of travel time to referral site. You will need to ask to look at the "Big Book" and review it together with the Bidan or Bidan di Desa.

6. TO COMPLETE PART V

Part V is about equipment. Instructions to ask the questions are at the beginning of Part V. It will be important to SEE everything the Bidan/Bidan di Desa has to check that it is there, what condition it is in, and that it is working. You should also check if items need to be repaired or replaced and record that.

One question you should ask EVERY BIDAN DI DESA (not necessary with Bidan) is if she received a "Bidan di Desa Delivery Kit" from Depkes to use in her village. That will be the last question under Part V.

7. SAYING GOOD-BYE

When you have finished collecting all you information, please thank the Bidan or Bidan di Desa for her time and patience in answering all the questions. Let her know that she will be able to get more information about the results of the assessment through the IBI chapter meetings.

TRAINING NEEDS ASSESSMENT
PART I
BASELINE INFORMATION

INTERVIEWER NUMBER_____ QUESTIONAIRE NUMBER_____ DATE OF INTERVIEW_____

1. NAME_____ 2. AGE_____

3. HOME ADDRESS_____

4. EDUCATIONAL BACKGROUND_____

5. HOW LONG WILL YOU STAY AT THE WORK SITE YOU ARE NOW:_____(YEARS)

6. DISTRICT_____ 7. VILLAGE_____

8. NAME AND ADDRESS OF FACILITY_____
_____

9. NAME AND ADDRESS OF SECOND JOB (IF HAVE ONE):_____
_____

10. POSITION OF PERSON BEING INTERVIEWED (Circle one):

Bidan (a) Bidan di Desa (b) Physician (c)

11. TYPE OF FACILITY (Circle one):

Province Hospital (a) District Hospital (b) Puskesmas with Beds (c)

Puskesmas without Beds (d) Puskesmas Pembantu (e) Polindes (Village Maternity Home (f)

Private Maternity Home (g) Bidan Di Desa Practice (h)

12. (ANSWER ONLY IF A BIDAN)

A. HOW MANY BIDAN DI DESA DO YOU SUPERVISE (Give names and location):
_____
_____
_____
_____
_____
_____

B. HOW MANY BIDAN DI DESA CAN VISIT YOU TRAVELING UP TO 2 HOURS TO REACH YOU? (Give Names and Location):
_____
_____
_____
_____
_____
_____

TRAINING NEEDS ASSESSMENT
PART II
STATISTIC

1. NUMBER OF PATIENTS SEEN FOR :	PER MONTH	LAST YEAR (if worked less than 1 year state # months)
A. ANTENATAL NEW		
B. ANTENATAL REVISIT		
C. DELIVERIES		
D. POSTPARTUM		
E. FAMILY PLANNING		
F. CHILD CARE		
G. GENERAL HEALTH SERVICES		

2. NUMBER OF REFERAL	PER MONTH	LAST YEAR (if worked less than 1 year state # months)
A. ANTENATAL		
1). From Bidan/Bidan di Desa to Hospital		
2). From Bidan/Bidan di Desa to Puskesmas		
3). From Bidan di Desa to Bidan (Answer only if Bidan di Desa)		
B. LABOR AND DELIVERY		
1). From Bidan/Bidan di Desa to Hospital		
2). From Bidan/Bidan di Desa to Puskesmas		
3). From Bidan di Desa to Bidan (Answer only if Bidan di Desa)		

C. POST PARTUM		
1). From Bidan/Bidan di Desa to Hospital		
2). From Bidan/Bidan di Desa to Puskesmas		
3). From Bidan di Desa to Bidan (Answer only if Bidan di Desa)		
D. NEONATAL		
1). From Bidan/Bidan di Desa to Hospital		
2). From Bidan/Bidan di Desa to Puskesmas		
3). From Bidan di Desa to Bidan (Answer only if Bidan di Desa)		

3. REFERRALS IN 1994	NUMBER REFERRED	REASON FOR REFERRAL
A. ANTENATAL		
B. LABOR AND DELIVERY		

3. REFERRALS IN 1994	NUMBER REFERRED	REASON FOR REFERRAL
C. POSTPARTUM		
D. NEONATAL		

4. REFERRAL SITE	NAME OF THE NEAREST REFERRAL CENTER	DISTANCE TO REFERRAL CENTER
A. HOSPITAL		
B. PUSKESMAS		

5. METHODS OF TRANSPORTATION (Circle most used method)	HOW MUCH TIME TO REFERRAL CENTER BY	COST TO REFERAL CENTER
A. CAR		
B. BUS		
C. MOTORBIKE		
D. BOAT		
E. HORSE		
F. WALKING		
G. OTHER		

6. APROXIMATELY WHAT PERCENTAGE OF THE TIME DOES A PATIENT REFUSE TO GO TO A REFERRAL CENTER BECAUSE THEY CAN NOT PAY COST OF TRANSPORT ? (PROBE THE ANSWER SUCH AS "UP TO 10%, UP TO 25 %, OR MORE) :

TRAINING NEEDS ASSESSMENT
PART III - CLINICAL SKILLS

Instructions :

1 First ask the person you are interviewing if they were TRAINED to perform the clinical skills in the list. Please make a check mark in the TRAINED column if they answer "yes".

2. Next ask to the person you are interviewing if they USE the clinical skills in the list during their daily work. Please make a check mark in the "USE" column if they answer "yes".

3 Next ask the person you are interviewing if they WANT/NEED TRAINING or REFRESHER in the clinical skills in the list. Please make a check mark in the "WANT TRAINING / REFRESHER" column.

CLINICAL SKILL	TRAINED	USE	WANT TRAINING / REFRESHER
1. Perform Antenatal Risk Screening			
Includes Antenatal Riview of :			
a. Medical History			
b. Surgical History			
c. OB History			
d. Menstrual History			
e. BP Checks			
f. Measures Uterus			
g. Fetal Heart Rate Checks			
h. Weight Gain Checks			
2. Uses Universal Precautions :			
a. Wear Protective Clothing			
1). gloves			
2). apron			
3). eye covering			
4). feet covering			

CLINICAL SKILL	TRAINED	USE	WANT TRAINING/ REFRESHER
b. Care with Sharp Objects			
c. Avoid Contact with Body Fluids			
d. Equipment			
1). decontaminate (in Chlorine Solution x 10 min)			
2). clean (in soap and water)			
3). disinfect or sterilize			
e. Clean Rooms and Furniture with Disinfection Solution			
f. Proper Disposal of Waste			
(Burn or bury placenta, needles)			
3. Do Counseling For :			
a. Antenatal Care			
b. Anemia			
c. Prevention of STD's, HIV, RTTs			
d. STD Treatment			
e. Nutrition			
f. Breast-feeding			
g. Family Planning (FP)			
1). When counsel on FP			
a). Antenatal			
b). Postpartum			
2). Counsel on FP Methods :			
a). Condom			
b). Lactation Amenorrhea Methods (LAM)			
c). Vaginal Tablets			
d). Combined Oral Pills			
e). Progestin Only Pills			
f). IUD			
g). Norplant			
h). Injection : - Depo Provera			
- Depo Geston			
i). Tubal Ligation			
j). Vasectomy			

CLINICAL SKILL	TRAINED	USE	WANT TRAINING/ REFRESHER
4. Provide FP Method :			
a. Insert :			
1). IUD			
2). Screen for STD's before inserting IUDs			
3). Norplant			
b. Remove :			
1). IUD			
2). Norplant			
c. Prescribe / give :			
1). Condom			
2). Vaginal Tablets			
3). Combined Oral Pills			
4). Progestin Only Pills			
5). Injection (Depo) : - Depo Provera			
- Depo Geston			
5. Infection			
a. Check for and diagnose infections of :			
1). STD's			
2). HIV			
3). Breast			
4). Uterus			
5). Bladder / Kidney			
6). Opthalmia Neonatorum			
7). Neonatal Septecemia			
8). Tetanus			
b. Give Antibiotics for Infection :			
1). Pills			
2). Injection IM			
3). Injection IV			
6. Perform Reflex Testing			
7. Perform Testing to Check Kidney Tenderness			

CLINICAL SKILL	TRAINED	USE	WANT TRAINING/ REFRESHER
8. Fluid Replacement:			
a. Start IV Infusion			
b. Give Rectal Infusion			
c. Give Intraperitoneal Infusion			
9. Check Hemoglobin			
a. If Doing State Method Used :			
10. Perform Speculum Exam			
11. Perform Bimanual Exam			
12. Gynecological Procedures :			
a. Perform Menstrual Regulation			
b. Perform Abortion			
c. Perform Dilitation and Correttage			
13. Labor and Delivery :			
a. Use Partograph to Manage Labor			
b. Perform External Version			
c. Perform Internal Version			
d. Perform Low Forceps Delivery			
e. Perform Vacuum Extraction			
f. Perform Symphysiotomy			
g. Cut an Episotomy :			
1). Median			
2). Mediolateral			
h. Give Local Anesthesia for Suturing			
i. Examine for :			
1). Lacerations of the Vagina / Perineum			
2). Lacerations of the Cervix			
3). Completeness of the Placenta			
j. Suture / Repair :			

CLINICAL SKILL	TRAINED	USE	WANT TRAINING/ REFRESHER
1). Episiotomy			
2). Cervical Laceration			
3). Vaginal Laceration			
4). 3rd and 4th Degree Lacerations			
k. Bimanual Compression of Uterus :			
1). External			
2). Internal			
l. Manually Remove Placenta			
m. Give Oxytocics :			
1). IM			
2). IV			
14. Resusitation :			
a. Mother			
b. Infant			
15. Cesarean Section			
a. Set up for ELS			
b. First Assist at Cesarean Section			
16. Perform Circumcision			
a. Female			
b. Male			

TRAINING NEEDS ASSESSMENT
PART IV
PROVIDER KNOWLEDGE

The following questions were designed to assess the skill level of the provider interviewed. Please ask the question listed and check off responses mentioned. Note that not all of the actions listed would be correct in the situation described in the question. Wrong answers will be scored appropriately. If other reactions besides the ones listed are mentioned, please specify them under "other".

(SAY) I am going to ask you to describe what would you do if a patient came to this health station with certain conditions.

1 (SAY) When a woman comes to the health station at 28 weeks gestation with heavy vaginal bleeding, what conditions or signs do you look for ? (Check any answers mentioned)

LOOK FOR :	MENTIONED	
	Yes	No
a. Presentation of fetus		
b. Signs of labor		
c. Tenderness (palpate)		
d. Signs of shock		
e. Signs of anemia		
f Whether blood is clotting		
g. Amount of external bleeding		
h. Other (specify)		

PROVIDER KNOWLEDGE

2 (SAY) When a woman comes to the health station at 28 weeks gestation with heavy vaginal bleeding, what do you do ? (check any answer mentioned)

ACTION	MENTIONED	
	Yes	No
a. Perform a vaginal examination		
b. Refer to a doctor or hospital		
c. Take blood for grouping, cross matching, haemoglobin		
d. Organize donors for blood supply		
e. Check vital signs		
f Set up intravenous infusion		
g. Other (specify)		

3 (SAY) When a woman complains of malaise 48 hours after delivery, what do you ask her ? (Check any answers mentioned)

ASK ABOUT HER	MENTIONED	
	Yes	No
a. Abdominal pain		
b. Chills		
c. A feeling of extreme body warmth		
d. Foul odor or discharge		
e. Back pain or trouble voiding		
f Pain in the calf of her legs or thighs		
g. Pain in breast		
h. Other (specify)		

PROVIDER KNOWLEDGE

4 (SAY) When a woman complains of malaise 48 hours after delivery, what do you do ? (Check any answers mentioned)

ACTION	MENTIONED	
	Yes	No
a. Palpate abdomen		
b. Examine lochia		
c. Examine perineum		
d. Examine breasts		
e. Refer to physician		
f. Give stat ampicillin 1 g IM before referral		
g. Put up IV fluids (normal saline)		
h. For pain relief, administer simple analgesic		
i. Administer oxytocin		
j. Keep the woman well-hydrated		
k. Consider prophylatic treatment of malaria in endemic areas		
l. Other (specify)		

5 (SAY) When a woman complains of malaise 48 hours after delivery, what do you do for follow up ? (Check any answer mentioned)

ACTION	MENTIONED	
	Yes	No
a. Monitor the women daily to exclude worsening signs of infection		
b. If no improvement in condition after 48 hours, refer ...		
c. Other (specify)		

PROVIDER KNOWLEDGE

6 (SAY) When a pregnant woman for an antenatal visit at 32 weeks gestation and complains to you of having swollen hands and increasing headaches, what do you do ? (Check any answers mentioned)

ACTION	MENTIONED	
	Yes	No
a. Take the woman's blood pressure		
b. Check the woman's urine for proteinuria		
c. Do reflex testing		
d. Other (specify)		

7 (SAY) When a pregnant woman for an antenatal visit at 32 weeks gestation and complains to you of having swollen hands and feet and increasing headaches, what do you do if the woman has signs of eclampsia ? (Check any answers mentioned)

ACTION	MENTIONED	
	Yes	No
a. Give the woman aspirin		
b. Keep the woman quiet and away from activity		
c. Prepare a tongue blade for emergency seizure		
d. Administer hypertensive		
e. Administer anticonvulsant		
f. Transport the woman to the nearest hospital/doctor		
g. Tell her to return in 24 hours		
h. Other (specify)		

PROVIDER KNOWLEDGE

8 (SAY) When you are caring for a woman in labor, how do you recognize that her labor is not proceeding normally ? (Check any answers mentioned)

SIGNS	MENTIONED	
	Yes	No
a. The latent phase (early labor) lasts longer than 8 hours		
b. The first stage of labor exceeds 12 hours		
c. The second stage is longer than 2 hours		
d. Other (specify)		

9 (SAY) A woman you have just delivered passes more than 500 mls of blood from the genital tract shortly after delivery. What action would you take ? (Check any answers mentioned)

ACTION	MENTIONED	
	Yes	No
a. Call for help		
b. Massage the fundus		
c. Give ergometrine IM or IV		
d. Empty the woman's bladder		
e. Examine the women for laceratons of the perineum, vagina and cervix		
f. Start IV fluids		
g. Take blood for grouping and cross-matching		
h. Other (specify)		

PROVIDER KNOWLEDGE

10 (SAY) When a woman you have just delivered passes more than 500 mls of blood from the genital tract shortly after delivery and has not yet been able to deliver the placenta, what action do you take ? (Check any answers mentioned)

ACTION	MENTIONED	
	Yes	No
a. Controlled cord traction		
b. Give oxytocin		
c. Manually remove placenta		
d. Watch for signs of shock		
e. Other (specify)		

11 (SAY) When a woman you have just delivered passes more than 500 mls of blood from the genital tract shortly after delivery and bleeding does not stop, what actions do you take ? (Check if the answers mentioned)

ACTION	MENTIONED	
	Yes	No
a. Remove to hospital immediately		
b. Other (specify)		

TRAINING NEEDS ASSESSMENT
PART V - EQUIPMENT

Please ask if the equipment and supplies listed are available. If yes, please mark the appropriate box and ask if it is in working condition, and whether it needs repair or replacement. If the equipment or supplies are not available, please mark "no" to the next item listed below it.

IS THE FOLLOWING	AVAILABLE		WORKING		IN NEED OF REPAIR OR REPLACEMENT	
	Yes	No	Yes	No	Yes	No
A. EQUIPMENT						
1 Fetascope						
2 Blood Pressure Apparatus						
3 Stethoscope						
4 Adult Scale						
5 Baby Scale						
6 Thermometer						
7 Oxygen Tank With Regulator						
8 Ambu Bag						
9 DeLee Secretion Extractor						
10 Bulb Syringe						
11 Light Source						
12 Time Piece						
13 Way To Sterilize Instruments						
B. INSTRUMENT						
1 Hemostat Clamps (Artery)						
2 Kellys Clamps (Kocher)						
3 Sponge Clamps						
4 Episotomy Scissors						
5 Umbilical Cord Scissors						
6 Suture Scissors						
7 Vaginal Speculum						
8 Needle Holder						
9 Metal Bowls						

IS THE FOLLOWING	AVAILABLE		WORKING		IN NEED OF REPAIR OR REPLACEMENT	
	Yes	No	Yes	No	Yes	No
C. SUPPLIES						
1 Syringes						
2 Needles						
3 Suture Needle						
4 Suture						
5 Cotton Wool						
6 Anteseptic						
7 Sterile Gloves						
8 Oral Rehydration Fluid						
9 IV Fluids						
10 Urethreal Catheter						
D. PROTECTIVE COVERING						
1 Mackintosh (Plastic Covering)						
2 Apron						
3 Boots or Feet Covering						
4 Eye Protection						
5 Heavy Rubber Cleaning Gloves						
E. RECORDS						
1 Antenatal Forms						
2 Partograph Forms						
3 Antenatal Record Book						
4 Delivery Book						
F. LABORATORY TESTING						
1 Urine Testing Equipment						
2 Hemoglobin Testing Equipment						
G. BIDAN DI DESA DELIVERY KIT						

TRAINING NEEDS ASSESSMENT
PART VI - HOSPITAL TRAINING SITE

FOR HOSPITALS THAT ARE POSSIBLE TRAINING SITES ONLY:

1. Organogram of hospital - names and positions of administrative and MCH staff (write on separate sheet):

2. Schools using hospital as a training site in MCH?

   a. Names of schools

      School # 1 _____

      School # 2 _____

      School #3 _____

      School # 4 _____

   b. Percent of time students use:

      1) Antenatal Clinic

         School # 1 _____

         School # 2 _____

         School #3 _____

         School # 4 _____

      2) Postnatal Clinic/Ward

         School # 1 _____

         School # 2 _____

         School #3 _____

         School # 4 _____

      3) Labor and Delivery Ward

         School # 1 _____

         School # 2 _____

         School #3 _____

         School # 4 _____

3. Clinical Space:

a. Antenatal Clinic

1) Number of Rooms _____

2) Airflow (none, average, excellent) _____

3) Windows (none, average, excellent) _____

4) Lighting for Procedures (yes, no) _____

5) Running Water (yes, no) _____

6) Cleanliness (poor, average ,excellent) _____

7) Space for privacy (yes, no) _____

b. Labor Rooms

1) Number of Rooms _____

2) Airflow (none, average, excellent) _____

3) Windows (none, average, excellent) _____

4) Lighting for Procedures (yes, no) _____

5) Running Water (yes, no) _____

6) Cleanliness (poor, average ,excellent) _____

7) Space for privacy (yes, no) _____

c. Delivery Rooms

1) Number of Rooms _____

2) Airflow (none, average, excellent) _____

3) Windows (none, average, excellent) _____

4) Lighting for Procedures (yes, no) _____

5) Running Water (yes, no) _____

6) Cleanliness (poor, average ,excellent) _____

7) Space for privacy (yes, no) _____

4. Number of Bidans on Labor and Delivery Ward during:

a. Day Shift _____

b. Evening Shift _____

c. Night Shift _____

5. Number of Bidans in Antenatal Clinic per shift: _____

6. Number of Bidans in Postpartum Clinic per shift: _____

7. Copies available of:

a. Antenatal form (given/not given) _____

b. Partograph form (given/not given) _____

c. Delivery record (given/not given) _____

d. Well-Baby card/record (given/not given) _____

e. Document given to mother to take home after delivery (given/not given) _____

8. If LSS training site opened at Hospital is there:

a. Lodging for students near to hospital _____

b. Catering for student meals available _____

c. Space for classroom near Labor Ward _____

d. On-call sleep room available for student/teacher _____

e. Training equipment available (yes/no):

1) Film Projector _____
2) Video Machine _____
3) Slide Projector _____

f. Training models/materials available (yes/no):

1) Delivery model _____

2) Bony pelvis _____

3) Infant resuscitation model _____

4) Adult resuscitation model _____

5) Teaching Charts/posters _____

6) Books _____

7) Films/Videos/slides _____

8) Other _____

g. Clinical Equipment

1) Number of delivery packs _____

2) Suture needle _____

3) Suture _____

4) Needle Holders _____

5) Tissue Forceps _____

6) Suture Scissors _____

7) Vacuum Extractors (type/number) _____

9. Hospital Equipment/Supply Needs?

_____

_____

_____

_____

10. Training Needs Expressed by Staff and Administrators?

_____

_____

_____

_____

TRAINING NEEDS ASSESSMENT - BASELINE INFORMATION

Charactersitics	Midwives (N=31)	Village Midwives (N=106)
1. District		
o. Banjar	16 (51.6)	51 (48.1)
o. Hulu Sungai Selatan	6 (19.4)	15 (142)
o. Barito Kuala	9 (29.0)	40 (37.7)
2. Age		
o. 20-24 years	4 (12.9)	64 (60.4)
o. 25-30 years	19 (61.3)	32 (30.2)
o. >30 years	8 (25.8)	10 (9.4)
3. Type of Facility		
o. Health Center with Beds	8 (25.8)	1 (0.9)
o. Helath Center without Beds	21 (67.7)	5 (4.7)
o. Sub Health Center	1 (3.2)	22 (20.8)
o. Village Maternity Home	0 (0.0)	26 (24.5)
o. Private Maternity Home	1 (3.2)	0 (0.0)
o. Village Midwives Practice	0 (0.0)	52 (49.1)
4. How long will you stay at the work site you are now		
o. 0-1 years	2 (6.5)	9 (8.5)
o. 2-3 years	1 (3.2)	44 (41.5)
o. 4-5 years	3 (9.7)	2 (1.9)
o. >5 years	12 (38.7)	11 (10.4)
o. No Plan	10 (32.3)	27 (25.5)
o. Blank	3 (9.7)	13 (12.3)
5. How many village midwives do you supervise		
o. 0-1 village midwife	7 (22.6)	
o. 2-3 village midwives	6 (19.4)	
o. 4-5 village midwives	8 (25.8)	
o. 6-7 village midwives	2 (6.5)	
o. >7 village midwives	8 (25.8)	
6. How many village midwives can visit you travelling up to 2 hours to reach you		
o. 0-1 village midwife	10 (32.3)	
o. 2-3 village midwives	8 (25.8)	
o. 4-5 village midwives	7 (22.6)	
o. 6-7 village midwives	1 (3.2)	
o. >7 village midwives	5 (16.1)	

TRAINING NEEDS ASSESSMENT - STATISTIC

	Midwives N=31	Village Midwives N=106
1. Number of Patients Seen For Antenatal New, Antenatal Revisit, Deliveries and Postpartum in Last Year		
A. Antenatal New		
o. 0-12	2 (6.5)	26 (24.5)
o. 13-36	2 (6.5)	44 (41.5)
o. 37-60	4 (12.9)	22 (20.8)
o. 61-84	3 (9.7)	7 (6.6)
o. 85-108	4 (12.9)	3 (2.8)
o. 109-132	3 (9.7)	0 (0.0)
o. 133-156	2 (6.5)	1 (0.9)
o. 157-180	0 (0.0)	1 (0.9)
o. >181	11 (35.5)	2 (1.9)
B. Antenatal Revisit		
o. 0-12	3 (9.7)	20 (18.9)
o. 13-36	3 (9.7)	34 (32.1)
o. 37-60	3 (9.7)	25 (23.6)
o. 61-84	1 (3.2)	6 (5.7)
o. 85-108	1 (3.2)	5 (4.7)
o. 109-132	4 (12.9)	7 (6.6)
o. 133-156	0 (0.0)	2 (1.9)
o. 157-180	1 (3.2)	0 (0.0)
o. >181	15 (48.4)	7 (6.6)
C. Deliveries		
o. 0-12	4 (12.9)	67 (63.2)
o. 13-36	10 (32.3)	29 (27.4)
o. 37-60	7 (22.6)	8 (7.5)
o. 61-84	1 (3.2)	2 (1.9)
o. 85-108	0 (0.0)	0 (0.0)
o. 109-132	0 (0.0)	0 (0.0)
o. 133-156	5 (16.1)	0 (0.0)
o. 157-180	1 (3.2)	0 (0.0)
o. >181	3 (9.7)	0 (0.0)
D. Postpartum		
o. 0-12	6 (19.4)	54 (50.9)
o. 13-36	7 (22.6)	32 (30.2)
o. 37-60	5 (16.1)	15 (14.2)
o. 61-84	3 (9.7)	3 (2.8)
o. 85-108	2 (6.5)	2 (1.9)
o. 109-132	0 (0.0)	0 (0.0)
o. 133-156	3 (9.7)	0 (0.0)
o. 157-180	3 (9.7)	0 (0.0)
o. >181	2 (6.5)	0 (0.0)

	Midwives N=31	Village Midwives N=106
1. Number of Patients Seen For Family Planning, Child Care and General Health Services in Last Year		
E. Family Planning		
o. 0-12	3 (9.7)	15 (14.2)
o. 13-36	0 (0.0)	11 (10.4)
o. 37-60	2 (6.5)	12 (11.3)
o. 61-84	1 (3.2)	14 (13.2)
o. 85-108	1 (3.2)	8 (7.5)
o. 109-132	1 (3.2)	13 (12.3)
o. 133-156	2 (6.5)	5 (4.7)
o. 157-180	1 (3.2)	11 (10.4)
o. >181	20 (64.5)	17 (16.0)
F. Child Care		
o. 0-12	2 (6.5)	20 (18.9)
o. 13-36	5 (16.1)	13 (12.3)
o. 37-60	1 (3.2)	16 (15.1)
o. 61-84	2 (6.5)	14 (13.2)
o. 85-108	2 (6.5)	5 (4.7)
o. 109-132	3 (9.7)	8 (7.5)
o. 133-156	1 (3.2)	5 (4.7)
o. 157-180	1 (3.2)	1 (0.9)
o. >181	14 (45.2)	24 (22.6)
G. General Health Services		
o. 0-12	6 (19.4)	21 (19.8)
o. 13-36	1 (3.2)	3 (2.8)
o. 37-60	2 (6.5)	8 (7.5)
o. 61-84	2 (6.5)	3 (2.8)
o. 85-108	1 (3.2)	1 (0.9)
o. 109-132	0 (0.0)	6 (5.7)
o. 133-156	0 (0.0)	2 (1.9)
o. 157-180	3 (9.7)	6 (5.7)
o. >181	16 (51.6)	56 (52.8)

	Midwives N=31	Village Midwives N=106
2. Number of Referal in Last Year		
A. Antenatal New		
1. From Midwives/Village Midwives to Hospital		
o. 0	17 (54.8)	92 (86.8)
o. 1-5	7 (22.6)	10 (9.4)
o. 6-10	4 (12.9)	1 (0.9)
o. >10	3 (9.7)	3 (2.8)
2. From Midwives/Village Midwives to HC		
o. 0	20 (64.5)	99 (93.4)
o. 1-5	5 (16.1)	4 (3.8)
o. 6-10	2 (6.5)	2 (1.9)
o. >10	4 (12.9)	1 (0.9)
3. From Village Midwives to Midwives		
o. 0	na	101 (95.3)
o. 1-5	na	5 (4.7)
o. 6-10	na	0 (0.0)
o. >10	na	0 (0.0)
B. Labor And Delivery		
1. From Midwives/Village Midwives to Hospital		
o. 0	13 (41.9)	90 (84.9)
o. 1-5	15 (48.4)	14 (13.2)
o. 6-10	2 (6.5)	1 (0.9)
o. >10	1 (3.2)	1 (0.9)
2. From Midwives/Village Midwives to HC		
o. 0	24 (77.4)	105 (99.1)
o. 1-5	6 (19.4)	1 (0.9)
o. 6-10	1 (3.2)	0 (0.0)
o. >10	0 (0.0)	0 (0.0)
3. From Village Midwives to Midwives		
o. 0	na	104 (98.1)
o. 1-5	na	2 (1.9)
o. 6-10	na	0 (0.0)
o. >10	na	0 (0.0)

	Midwives N=31	Village Midwives N=106
2. Number of Referal in Last Year		
C. Postpartum		
1. From Midwives/Village Midwives to Hospital		
o. 0	22 (71.0)	102 (96.2)
o. 1-5	8 (25.8)	3 (2.8)
o. 6-10	0 (0.0)	0 (0.0)
o. >10	1 (3.2)	1 (0.9)
2. From Midwives/Village Midwives to HC		
o. 0	25 (80.6)	102 (96.2)
o. 1-5	3 (9.7)	3 (2.8)
o. 6-10	2 (6.5)	0 (0.0)
o. >10	1 (3.2)	1 (0.9)
3. From Village Midwives to Midwives		
o. 0	na	104 (98.1)
o. 1-5	na	2 (1.9)
o. 6-10	na	0 (0.0)
o. >10	na	0 (0.0)
D. Neonatal		
1. From Midwives/Village Midwives to Hospital		
o. 0	25 (80.6)	103 (97.2)
o. 1-5	6 (19.4)	2 (1.9)
o. 6-10	0 (0.0)	0 (0.0)
o. >10	0 (0.0)	1 (0.9)
2. From Midwives/Village Midwives to HC		
o. 0	28 (90.3)	104 (98.1)
o. 1-5	2 (6.5)	2 (1.9)
o. 6-10	0 (0.0)	0 (0.0)
o. >10	1 (3.2)	0 (0.0)
3. From Village Midwives to Midwives		
o. 0	na	106 (100.0)
o. 1-5	na	0 (0.0)
o. 6-10	na	0 (0.0)
o. >10	na	0 (0.0)

TRAINING NEEDS ASSESSMENT
CLINICAL SKILLS

CLINICAL SKILL	MIDWIVES (N=31)			VILLAGE MIDWIVES (N=106)		
	TRAINED (%)	USE (%)	WANT TRAINING/ REFRESHER (%)	TRAINED (%)	USE (%)	WANT TRAINING/ REFRESHER (%)
1. Perform Antenatal Risk Screening	80.6	77.4	**58.1**	73.6	65.1	**37.7**
Include Antenatal Riview of:						
a. Medical History	90.3	90.3	**45.2**	86.8	81.1	**36.8**
b. Surgical History	67.7	58.1	**48.4**	74.5	55.7	**36.8**
c. OB History	77.4	80.6	**51.6**	86.8	79.2	**32.1**
d. Menstrual History	93.5	93.5	**35.5**	89.6	91.5	24.5
e. BP Checks	96.8	90.3	16.1	92.5	93.4	15.1
f. Measures Uterus	96.8	90.3	**29.0**	92.5	94.3	15.1
g. Fetal Heart Rate Chekcs	93.5	90.3	**25.8**	91.5	94.3	15.1
h. Weight Gain Checks	93.5	90.3	16.1	91.5	94.3	17.0

CLINICAL SKILL	MIDWIVES (N=31)			VILLAGE MIDWIVES (N=106)		
	TRAINED (%)	USE (%)	WANT TRAINING/ REFRESHER (%)	TRAINED (%)	USE (%)	WANT TRAINING/ REFRESHER (%)
2. Uses Universal Precautions:						
a. Wear Protective Clothing:						
1. Gloves	93.5	83.9	16.1	88.7	80.2	16.0
2. Apron	74.2	32.2	19.4	76.4	46.2	16.0
3. Eye Covering	16.1	6.5	48.4	17.0	4.7	36.8
4. Feet Covering	3.2	0.0	48.4	4.7	0.9	41.5
b. Care with Sharp Objects	93.5	80.6	25.8	90.6	87.7	17.0
c. Avoid Contact with Body Fluids	83.9	58.1	29.0	86.8	77.4	25.5
d. Equipment						
1. Decontaminate	35.1	22.6	54.8	42.5	31.1	46.2
2. Clean (sopa an water)	90.3	90.3	19.4	89.6	89.6	15.1
3. Disinfect or strerilize	90.3	90.3	29.0	90.6	85.8	20.8
e. Clean Rooms/Furniture with Des	87.1	74.2	19.4	80.2	62.3	17.9
f. Proper Disposal of Waste	93.5	90.3	19.4	88.7	87.7	12.3

CLINICAL SKILL	MIDWIVES (N=31)			VILLAGE MIDWIVES (N=106)		
	TRAINED (%)	USE (%)	WANT TRAINING/ REFRESHER (%)	TRAINED (%)	USE (%)	WANT TRAINING/ REFRESHER (%)
3. Do Counseling For:						
a. Antenatal Care	93.5	83.9	35.5	91.5	93.4	26.4
b. Anemia	83.9	90.3	35.5	86.7	93.4	25.5
c. Prevent. of STD's,HIV, RTIs	67.7	61.3	67.7	60.4	42.5	51.9
d. STD Treatment	58.1	58.1	67.7	51.9	32.1	52.8
e. Nutrition	87.1	93.5	25.8	91.5	95.3	25.5
f. Breast-feeding	87.1	93.5	25.8	91.5	97.2	25.5
g. Family Planning (FP):						
1. When counsel on FP:						
a. Antenatal	87.1	87.1	29.0	84.9	88.7	21.7
b. Postpartum	93.5	83.9	29.0	87.7	94.3	23.6
2. Counsel on FP Methods:						
a. Condom	93.5	87.1	22.6	87.7	92.5	16.0
b. LAM	90.3	83.9	25.8	84.0	85.8	21.7
c. Vaginal tablets	71.0	54.8	16.1	71.7	48.1	22.6
d. Combined oral pills	93.5	87.1	16.1	93.4	95.3	17.9
e. Progestin only pills	90.3	83.9	19.4	86.8	92.5	17.9
f. IUD	87.1	77.4	32.3	84.0	73.6	39.6
g. Norplant	90.3	80.6	32.3	84.0	78.3	37.7
h. Injection -Depo Provera	93.5	87.1	19.4	92.5	94.3	19.8
Injection -Depo Geston	96.8	87.1	19.4	91.5	91.5	19.8
i. Tubal ligation	54.8	35.5	45.2	60.4	34.9	52.8
j. Vasectomy	51.6	29.0	45.2	57.5	33.0	53.8

CLINICAL SKILL	MIDWIVES (N=31)			VILLAGE MIDWIVES (N=106)		
	TRAINED (%)	USE (%)	WANT TRAINING/ REFRESHER (%)	TRAINED (%)	USE (%)	WANT TRAINING/ REFRESHER (%)
4. Provide FP Method:						
a. Insert:						
1. IUD	77.4	61.3	54.8	78.3	41.5	62.3
2. Screen STD's before IUD's	67.7	58.1	58.1	49.1	22.6	60.4
3. Norplant	71.0	61.3	58.1	65.1	45.7	57.5
b. Remove:						
1. IUD	77.4	64.5	54.8	76.4	40.6	63.2
2. Norplant	77.4	58.1	54.8	69.8	38.7	66.0
c. Prescribe/give:						
1. Condom	93.5	83.9	22.6	88.7	75.5	17.9
2. Vaginal tablets	83.9	58.1	22.6	68.9	49.1	26.4
3. Combined oral pills	93.5	83.9	22.6	89.6	90.6	16.0
4. Progestine only pills	87.1	77.4	22.6	85.8	89.6	17.0
5. Injection-depo provera	93.5	87.1	19.4	90.6	94.3	15.1
injection -depo geston	90.3	90.3	19.4	86.8	91.5	14.2

CLINICAL SKILL	MIDWIVES (N=31)			VILLAGE MIDWIVES (N=106)		
	TRAINED (%)	USE (%)	WANT TRAINING/ REFRESHER (%)	TRAINED (%)	USE (%)	WANT TRAINING/ REFRESHER (%)
5. Infection:						
a. Check for and diagnose infection of:						
1. STD's	58.1	38.7	77.4	57.5	24.5	58.5
2. HIV	19.4	12.9	83.9	30.2	9.4	67.0
3. Breast	90.3	77.4	35.5	87.7	81.1	33.3
4. Uterus	83.9	64.5	48.4	79.2	56.6	41.5
5. Bladder/Kidney	67.7	48.4	48.4	72.6	48.1	45.3
6. Opthalmia neonatorum	83.9	61.3	51.6	75.5	48.1	44.3
7. Neonatal Septecemia	74.2	48.4	54.8	69.8	39.6	46.2
8. tètanus	87.1	61.3	48.4	83.0	62.3	34.9
b. Give Antibiotics for Infection:						
1. Pills	93.5	80.6	32.3	92.5	86.8	24.5
2. Injection IM	87.1	77.4	35.5	88.7	84.9	27.4
3. Injection IV	77.4	45.2	35.5	65.1	38.7	29.2
6. Perform Reflex Testing	83.9	80.6	35.5	85.8	80.2	24.5
7. Perform Testing to Checks Kidney	22.6	25.8	67.7	26.4	15.1	58.5

CLINICAL SKILL	MIDWIVES (N=31)			VILLAGE MIDWIVES (N=106)		
	TRAINED (%)	USE (%)	WANT TRAINING/ REFRESHER (%)	TRAINED (%)	USE (%)	WANT TRAINING/ REFRESHER (%)
8. Fluid Replacement:						
a. Start IV Infusion	93.5	90.3	35.5	95.3	92.5	24.5
b. Give Rectal Infusion	9.7	12.9	58.1	16.0	14.2	56.6
c. Give Intraoeritoneal Infusion	3.2	3.2	61.3	14.2	4.7	54.7
9. Check Hemoglobin	93.5	71.0	32.3	88.7	77.4	29.2
10. Perform Speculum Exam	90.3	74.2	35.5	82.1	56.6	41.5
11. Perform Bimanual Exam	80.6	67.7	45.2	79.2	64.2	36.8
12. Gynecological Procedure:						
a. Perform Menstrual Regulation	9.7	9.7	48.4	23.6	2.8	47.2
b. Perform Abortion	9.7	3.2	48.4	18.9	0.0	44.3
c. Perform Dilitation &Corretage	32.3	3.2	64.5	27.4	2.8	57.5

CLINICAL SKILL	MIDWIVES (N=31)			VILLAGE MIDWIVES (N=106)		
	TRAINED (%)	USE (%)	WANT TRAINING/ REFRESHER (%)	TRAINED (%)	USE (%)	WANT TRAINING/ REFRESHER (%)
13. Labor and Delivery:						
j. Suture/Repair:						
1. Episotomy	87.1	74.2	58.1	85.8	78.3	36.8
2. Cervical Laceration	48.4	12.9	67.7	35.8	10.4	58.5
3. Vaginal Laceration	80.6	48.4	58.1	52.8	24.5	54.7
4. 3rd and 4th degree laceration	48.4	22.6	64.5	34.0	6.6	51.9
k. Bimanual compression of Uterus:						
1. External	67.7	38.7	54.8	67.9	34.0	46.2
2. Internal	54.8	29.0	54.8	50.0	13.2	53.8
l. Manually remove placenta	83.9	71.0	48.4	82.1	63.2	39.6
m. Give oxytocics:						
1. IM	90.0	87.1	41.9	85.8	82.1	32.1
2. IV	71.0	61.3	38.7	69.8	38.7	34.0
14. Resusitation:						
a. Mother	67.7	35.5	51.6	58.5	35.8	41.5
b. Infatn	90.3	80.6	58.1	84.9	78.3	39.6
15. Cesarean Section						
a. Set up for ELS	58.1	12.9	45.2	50.9	8.5	59.4
b. First Assist at cesarean section	41.9	6.5	51.6	44.3	4.7	63.2
16. Perform Circumcision						
a. Female	64.5	61.3	54.8	65.1	39.6	59.4
b. Male	48.4	25.8	51.6	56.6	36.8	50.0

TRAINING NEEDS ASSESSMENT
PROVIDER KNOWLEDGE

1. When a women comes to the health station at 28 weeks with heavy vaginal bleeding, what condition or sign do you look for?

Look for	Mentioned (True)	
	Midwives (N=31) (%)	Village Midwives (N=106) (%)
a. Presentation of fetus	80.6	69.8
b. Signs of labor	77.4	63.2
c. Tenderness (palpate)	90.3	67.0
d. Signs of shocks	96.8	86.8
e. Signs of anemia	93.5	82.1
f. Whether blood is clotting	90.3	82.1
g. Amount of external bleeding	100.0	88.7
h. Others	35.5	41.5

2. When a women comes to the health station at 28 weeks with heavy vaginal bleeding, what do you do?

Action	Mentioned (True)	
	Midwives (N=31) (%)	Village Midwives (N=106) %
a. Perform a vaginal examination	90.3	71.7
b. Refer to a doctor or hospital	96.8	95.3
c. Take blood for grouping, cross matching, Hb	51.6	39.6
d. Organize donors for blood supply	83.9	58.5
e. Check vital signs	96.8	84.0
f. Set up intravenous infusion	96.8	98.1
g. Others	32.3	43.4

3. When a women complains of malaise 48 hours after delivery, what do you ask her?

Ask about her	Mentioned (True)	
	Midwives (N=31) (%)	Village Midwives (N=106) %
a. Abdominal pain	90.3	84.0
b. Chills	90.3	72.6
c. A feeling of extreme body warmth	96.8	85.8
d. Foul odor or discharge	93.5	84.9
e. Back pain or touble voiding	77.4	53.8
f. Pain in the calf of her legs or things	71.0	52.8
g. Pain in breast	90.3	86.8
h. Others	33.5	50.0

4. When a women complains of malaise 48 hours after delivery, what do you do?

Action	Mentioned (True)	
	Midwives (N=31) (%)	Village Midwives N=106 (%)
a. Palpate abdomen	93.5	84.0
b. Examine lochia	93.5	80.0
c. Examine perineum	90.3	75.5
d. Examine breast	90.3	79.2
e. Refer to a physician	61.3	41.5
f. Give stat ampicillin 1 g IM before referaral	67.7	59.4
g. Put up IV fluids (normal saline)	45.2	51.9
h. For pain relief, administer simple analgesic	93.5	77.4
i. Administer oxytocin	64.5	70.8
j. Keep the women well-hydrated	80.6	68.9
k. Consider prophylactic treatment of malaria in endemic areas	41.9	28.3
l. Other	32.3	50.0

5. When a women complains of malaise 48 hours after delivery, what do you do for follow up?

Action	Mentioned (True)	
	Midwives N=31 (%)	Village Midwives N=106 (%)
a. Monitor the women daily to exclude worsening signs of infection	93.5	76.4
b. If no improvement in condition after 48 hours, refer	93.5	90.6
c. Other	19.4	18.9

6. When a pregnant woman for an antenatal visit at 32 weeks gestation and complains to you of having swollen hands and feet and increasing headches, waht do you do?

Action	Mentioned (True)	
	Midwives N=31 (%)	Village Midwives N=106 (%)
a. Take the woman's blood pressure	96.8	97.2
b. Check the woman's urine for proteinuria	93.5	67.9
c. Do reflex testing	83.9	67.0
d. Other	45.2	38.7

7. When a pregnant woman for an antenatal visit at 32 weeks gestation and complains to you of having swollen hands and feet and increasing headches, waht do you do if the woman has signs of eclampsia?

Action	Mentioned (True)	
	Midwives N=31 (%)	Village Midwives N=106 (%)
a. Give the woman aspirin	67.7	74.5
b. Keep the woman quiet and away from the activity	96.8	82.1
c. Prepare a tongue blade for emergency seizure	96.8	82.1
d. Administer hypertensive	25.8	42.5
e. Administer anticonsulvant	71.0	67.0
f. Transport the women to the nearest hospital	96.8	92.5
g. Tell her to return in 24 hours	45.2	67.9
h. Other	16.1	24.5

8. When you are caring for a woman in labor, how do you recognize that her labor is not preceeding normally?

Signs	Mentioned (True)	
	Midwives N=31 (%)	Village Midwives N=106 (%)
a. The latent phase (early labor) last longer than 8 hours	83.4	66.0
b. The first stage of labor exceeds 12 hours	77.4	67.9
c. The second stage is longer than 12 hours	96.8	73.6
d. Other	25.8	26.4

9. When a woman you have just delivered passes more than 500 mls of blood from the genital tract shortly after delivery. What action would you take?

Action	Mentioned (True)	
	Midwives N=31 (%)	Village Midwives N=106 (%)
a. Call for help	67.7	61.3
b. Massage the fundus	87.1	70.8
c. Give ergometrine IM or IV	12.9	21.7
d. Empty the woman's bladder	9.7	28.3
e. Examine the women for laceratons of perineum, vagina and cervix	87.1	76.4
f. Start IV fluids	96.8	97.2
g. Take blood for grouping and cross-matching	45.2	65.1
h. Other	38.7	50.9

10. When a woman you have just delivered passes more than 500 mls of blood from the genital tract shortly after delivery and has not yet been able to deliver the placenta, what actions do you take?

Action	Mentioned (True)	
	Midwives N=31 (%)	Village Midwives N=106 (%)
a. Controlled cord traction	74.2	66.0
b. Give oxytocin	16.1	32.1
c. Manually remove placenta	83.9	88.7
d. Watch for signs of shock	96.8	84.0
e. Other	48.1	53.8

11. **When a woman you have just delivered passes more than 500 mls of blood from the genital tract shortly after delivery and bleeding does not stop, what actions do you take?**

Action	Mentioned (True)	
	Midwives N=31 (%)	Village Midwives N=106 (%)
a. Remove to hospital immediately	96.8	97.2
b. Otehr	48.4	44.3

TRAINING NEEDS ASSESSMENT
EQUIPMENT

EQUIPMENT/INSTRUMENTS	MIDWIVE S (N=31)			VILLAGE MIDWIVES (N=106)		
	Available n (%)	Working n (%)	Repair n (%)	Available n (%)	Working n (%)	Repair n (%)
A. EQUIPMENT						
1. Fetascope	27 (87.1)	26 (96.3)	5 (18.5)	99 (93.4)	95(96.0)	11(11.1)
2. Blood Pressure Apparatus	30 (96.8)	25 (83.3)	12 (40.0)	103 (97.2)	89(86.4)	24(23.3)
3. Stethoscope	29 (93.5)	26 (89.7)	7 (24.1)	103 (97.2)	93(90.3)	14(13.6)
4. Adult Scale	26 (83.9)	23 (88.5)	4 (15.4)	79 (74.5)	69((87.3)	8(10.1)
5. baby Scale	26 (83.9)	24 (92.3)	7 (26.9)	81 (76.4)	67(82.7)	14(17.3)
6. Thermometer	23 (74.2)	20 (87.0)	1 (4.3)	101 (95.3)	89(88.1)	15(14.9)
7. Oxygen Tank with Regulator	0 (0.0)	-	-	7 (6.6)	4(57.1)	2(28.6)
8. Ambu Bag	4 (12.9)	4 (100.0)	2 (50.0)	11 (10.4)	10(90.9)	2(18.2)
9. DeLee Secretion Exctractor	23 (74.2)	21 (91.3)	7 (30.4)	93 (87.7)	80(86.0)	20(21.5)
10. Bulb Syringe	4 (12.9)	3 (75.0)	1 (25.0)	18 (17.0)	10(55.6)	3(16.7)
11. Light Source	20 (64.5)	20 (100.0)	3 (15.0)	59 (55.7)	49(83.1)	2(3.4)
12. Time Piece	25 (80.6)	24 (77.4)	4 (16.0)	64 (60.4)	54(50.9)	8(12.5)
13. Way To Strelize Instrument	12 (38.7)	11 (91.7)	2 (16.7)	22 (20.8)	22(20.8)	4(18.2)
B. INSTRUMENT						
1. Hemostat Clamp (Artery)	27 (87.1)	25 (92.6)	6 (22.2)	92 (86.8)	77(83.7)	14(15.2)
2. Kellys Clamp (Kocher)	21 (67.7)	19 (90.5)	3 (14.3)	93 (87.7)	82(88.2)	7(7.5)
3. Sponge Clamps	17 (54.8)	15 (88.2)	5 (29.4)	57 (53.80	52(91.2)	6(10..5)
4. Episotomy Scissor	22 (71.0)	21 (95.5)	4 (18.2)	97 (91.5)	84(86.6)	9(9.3)
5. Umbilical Cord Scissor	26 (83.9)	24 (92.3)	3 (11.5)	104 (98.1)	93(89.4)	8(7.7)
6. Suture Scissor	21 (67.7)	20 (95.2)	2 (9.5)	90 (84.9)	81(90.0)	8(8.9)
7. Vaginal Speculum	27 (87.1)	24 (88.9)	4 (14.8)	75 (70.8)	62(82.7)	8(10.7)
8. Needle Holder	23 (74.2)	22 (95.7)	3 (13.0)	95 (89.6)	85(89.5)	11(11.6)
9. Metal Bowls	25 (80.6)	24 (96.0)	5 (20.0)	98 (92.5)	84(85.7)	9(9.2)

SUPLIES/PROTECTIVE COVERING/ RECORDS/LABOLATORY TESTING	MIDWIVES (N=31)			VILLAGE MIDWIVES (N=106)		
	Available n (%)	Working n (%)	Repair n (%)	Available n (%)	Working n (%)	Repair n (%)
C. SUPPLIES						
1. Syringes	30 (96.8)	29 (96.7)	14 (46.7)	105 (99.1)	97(92.4)	39(37.1)
2. Needles	31 (100.0)	30 (96.8)	13 (41.9)	100 (94.3)	93(93.0)	40(40.0)
3. Suture Needle	29 (93.5)	28 (96.6)	10 (34.5)	98 (92.5)	90(91.8)	35(35.7)
4. Suture	22 (71.0)	21 (95.5)	8 (36.4)	90 (84.9)	82(91.1)	38(42.2)
5. Cotton Wool	31 (100.0)	30 (96.8)	11 (35.5)	103 (97.2)	94(91.3)	40(38.8)
6. Anteseptic	30 (96.8)	28 (93.3)	14 (46.7)	102 (96.2)	92(90.2)	48(47.1)
7. Sterile Gloves	29 (93.5)	29 (100.0)	15 (51.7)	102 (96.2)	93(91.2)	40(39.2)
8. Oral Rehydration Fluid	25 (80.6)	24 (96.0)	11 (44.0)	92 (86.8)	85(92.4)	35(38.0)
9. IV Fluids	27 (87.1)	24 (88.9)	7 (25.9)	92 (86.8)	82(89.1)	32(34.8)
10. Urethereal Catheter	31 (100.0)	29 (93.5)	10 (32.3)	102 (96.2)	95(93.1)	27(26.5)
D. PROTECTIVE COVERING						
1. Mackintosh	24 (77.4)	21 (87.5)	5 (20.8)	83 (78.3)	65(78.3)	16(19.3)
2. Apron	21 (67.7)	15 (71.4)	3 (14.3)	75 (70.8)	46(61.3)	15(20.0)
3. Boots or Feet Covering	1 (3.2)	1 (100.0)	0 (0.0)	4 (3.8)	1(25.0)	1(25.5)
4. Eye Protection	0 (0.0)	-	-	2 (1.9)	1(50.0)	1(50.0)
5. Heavy Rubber Cleaning Glv	1 (3.2)	1 (100.0)	0 (0.0)	8 (7.5)	6(75.0)	3(37.5)
E. RECORDS						
1. Antenatal Forms	24 (77.4)	21 (87.5)	na	86 (81.1)	75(87.2)	na
2. Partograph Forms	4 (12.9)	3 (75.0)	na	7 (6.6)	6(85.7)	na
3. Antenatal Record Book	26 (83.9)	23 (88.5)	na	97 (91.5)	84(86.6)	na
4. Delivery Book	30 (96.8)	26 (86.7)	na	96 (90.6)	83(86.5)	na
F. LABOLATORY TESTING						
1. Urine Testing Equipment	20 (64.5)	19 (95.0)	9 (45.0)	43 (40.6)	33(76.7)5	18(41.9)
2. hemoglobin testing Equip.	26 (83.9)	24 (92.3)	10 (38.5)	69 (65.1)	8(84.1)	22(31.9)
G. BIDAN DI DESA DELIVER KIT	na	na	na	88 (83.0)	73(83.0)	13(14.8)