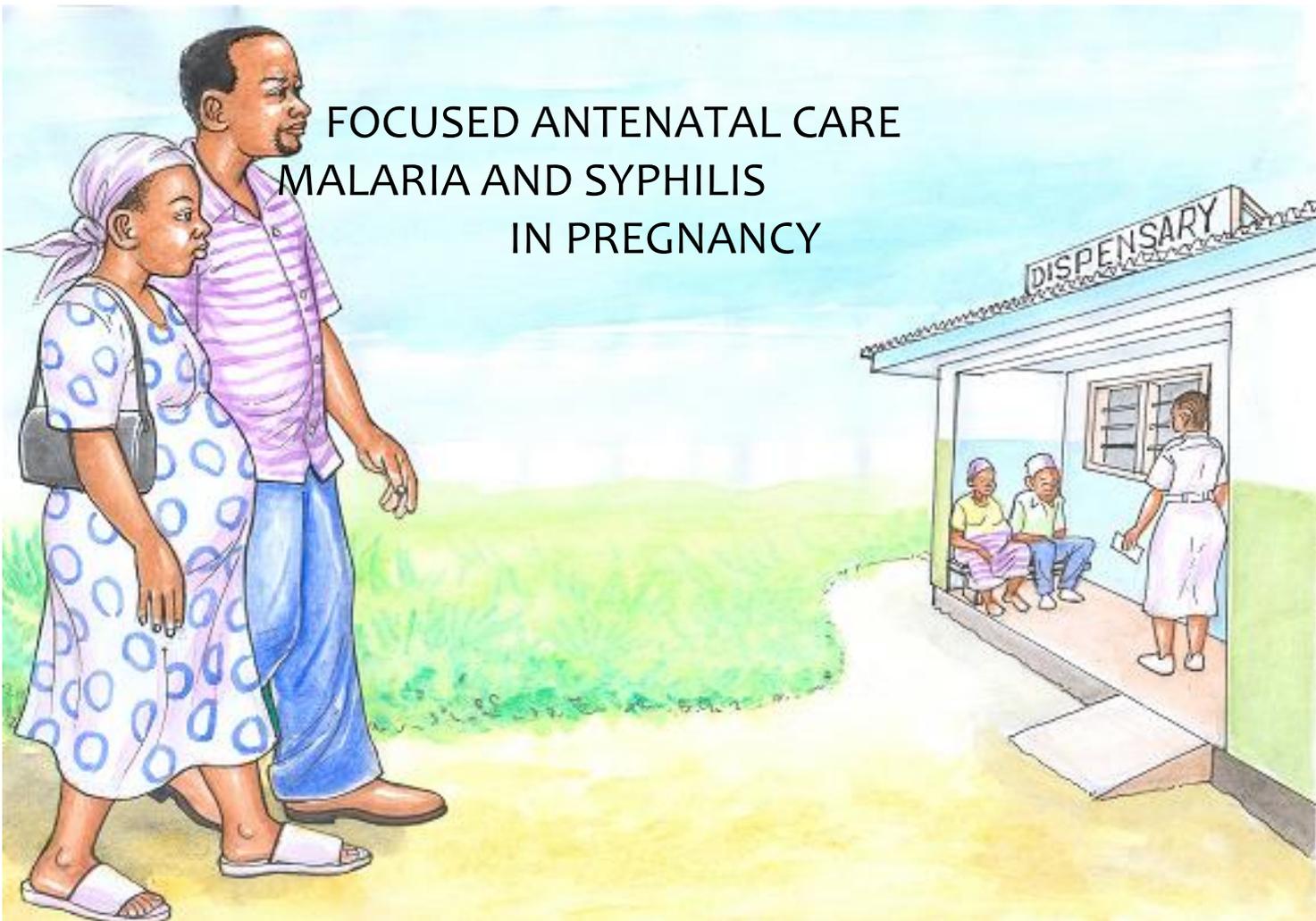




THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH AND SOCIAL WELFARE



FOCUSED ANTENATAL CARE MALARIA AND SYPHILIS IN PREGNANCY

Facilitator's Guide for Training

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January 2009



FACILITATOR’S GUIDE FOR TRAINING FOCUSED ANTENATAL CARE MALARIA AND SYPHILIS IN PREGNANCY

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ABBREVIATIONS

ABC	-	Abstinence, Be faithful and Condom use
AIDS	-	Acquired Immune Deficiency syndrome
ALu	-	Artemether-Lumefantrine
ANC	-	Antenatal care
APH	-	Ante Partum Haemorrhage
ARM	-	Artificial Rupture of Membranes
ARV	-	Antiretroviral
BFP	-	Biologic False Positive tests
BS	-	Blood Smear
CB	-	Closing Balance
DHS	-	Demographic Health Survey
DOT	-	Direct Observed Treatment
EDD	-	Expected date of delivery
FANC	-	Focused Antenatal Care
FBOs	-	Faith Based Organisations
FeFo	-	First Expiry First Out
FGM	-	Female Genital Mutilation
FTA-ABS	-	Fluorescent Treponemal Antibody Absorption
Hb	-	Haemoglobin
HIV	-	Human Immunodeficiency Virus
HLD	-	High Level Disinfectant
HMIS	-	Health Management Information System
IBP	-	Individual Birth Plan
IEC	-	Information Education and Communication
IM	-	Intra Muscular
IPT	-	Intermittent Preventive Treatment
ITN	-	Insecticide Treated Nets
IV	-	Intra venous
JHPIEGO	-	Johns Hopkins Program for International Educaiton in Gynaecology and Obstetrics
LNMP	-	Last Normal Menstrual Period
MIP	-	Malaria in Pregnancy
MOHSW	-	Ministry of Health and Social Welfare
MS	-	Management System
MTCT	-	Mother to Child Transmission
MTUHA	-	Mfumo wa Taarifa za Utekelezaji wa Huduma za Afya
NACP	-	National AIDS Control Programme
NMCP	-	National Malaria Control Progeramme
NPERCHI	-	National Package of Essential Reproductive and Child Health
PMTCT	-	Prevention of Mother to Child Transmission of HIV
PPE	-	Personal Protective Equipment
PPH	-	Post Partum Haemorrhage
QI	-	Quality Improvement
RCH	-	Reproductive and Child Health
RCHS	-	Reproductive and Child Health Section
RDT	-	Rapid Diagnostic Test
Rh	-	Rhesus
RPR	-	Rapid Plasma Reagin

SIP	-	Syphilis in Pregnancy
SJS	-	Steven-Johnson Syndrome
SP	-	Sulfadoxine/Pyrimethamine
STIs	-	Sexually Transmitted Infections
TB	-	Tuberculosis
TDHS	-	Tanzania Demographic Health Survey
TFNC	-	Tanzania Food and Nutrition Centre
TPHA	-	Treponemal Haemagglutination test
TT	-	Tetanus Toxoid
USAID	-	United States Agency for International Development
VDRL	-	Venereal Disease Research Laboratory
VHW	-	Village Health Worker
WHO	-	World Health Organisation

FOREWORD

The vision of the Ministry of Health and Social Welfare Reproductive and Child Health Section (MOHSW/RCHS) is “A healthy and well informed Tanzania population with access to quality Reproductive and Child Health services, that are accessible, affordable and sustainable”.

Reduction of maternal and newborn deaths is a high priority for all, especially in view of the increased attention to the targets of the Millennium Development Goals.

In view of the persistently high maternal and newborn morbidity and mortality in Tanzania, MoHSW felt the need to strengthen the quality of RCH services by developing the National Package of Essential Reproductive and Child Health Interventions (NPERCHI). Focused Antenatal Care (FANC) including Quality Improvement strategies is one of the interventions in NPERCHI based on the fact that it is also one of the Safe Motherhood pillars.

In order to implement FANC at all reproductive and child health facilities in Tanzania, the MOHSW in collaboration with ACCESS/Jhpiego prepared a two-week Clinical and Training Skills course to train ANC supervisors and five trainers in each district who in turn will train other service providers in their respective districts. **FANC/MIP/SIP Facilitator’s Guide** has been developed for trainers to ensure effective, standardized evidenced based updates on FANC are delivered to providers and supervisors. The guide is useful and has standardized methodologies for imparting updates through acquisition of knowledge and skills for improved competencies.

Improving access to quality Antenatal Care services including referrals for the mother requires goal-oriented and evidence based training practices. This is crucial and can only be achieved through a standardized way of training directed by a facilitator’s guide.

The Ministry of Health and Social Welfare in collaboration with development partners is dedicated to support implementation of Focused Antenatal Care including quality improvement move at all levels of health settings in the country. The Ministry will appreciate receiving suggestions and comments to enrich this guide.

Blandina Nyoni
Permanent Secretary
Ministry of Health and Social Welfare

ACKNOWLEDGEMENT

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- Reproductive and Child Health Section, National Malaria Control Programme, National AIDS Control Programme including the PMTCT Secretariat for their guidance.
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The Ministry of Health and Social Welfare recognizes contributions of individual experts who represented the above mentioned institutions, see Appendix 10.

Dr. Deo M. Mtasiwa
Chief Medical Officer

SECTION 1

OVERVIEW OF COMPETENCY BASED TRAINING INTERVENTIONS¹

Training interventions to improve health care providers' performance are among the most important aspects of performance management and support for human resources development. Healthcare providers must have the knowledge, attitudes, and skills required to perform their jobs in a competent and caring manner. Clinical training deals primarily with making sure that participants acquire the knowledge, attitudes, and skills needed to carry out an activity (e.g. antenatal care, infection prevention and control, or counseling) and helps participants apply it on the job. The goal of clinical training is to assist healthcare providers in learning to provide quality reproductive healthcare services through improved work performance.

COMPETENCY-BASED TRAINING

This clinical training course is designed to enable participants to immediately apply, on the job, the new information and skill(s) they have learned, and thus improve their performance. **The course uses a competency-based learning approach** that focuses on the specific knowledge, attitudes, and skills needed to carry out a procedure or activity. Competency-based learning is learning by doing—learning that emphasizes how the participant performs (i.e., a combination of knowledge, attitudes, and, most important skills). The trainer assesses participants' skill competency by evaluating their overall performance.

Learning to perform a skill occurs in three stages:

Skill acquisition: The participant knows the steps and their sequence (if necessary) to perform the required skill or activity but needs assistance.

Skill competency: The participant knows the steps and their sequence (if necessary) and can perform the required skill or activity.

Skill proficiency: The participant knows the steps and their sequence (if necessary) and efficiently performs the required skill or activity.

In the first stage, **skill acquisition**, participants attend a series of interactive and participatory sessions conducted by the trainer. The trainer involves the participants through a variety of learning methods including the use of questions, role play, case studies, problem-solving activities and other exercises. In addition, the trainer demonstrates skills through the role play or emergency drill in a simulated setting as participants observe and follow the steps in a competency-based learning guide (see below). As participants practice these skills, the trainer observes, provides feedback, and encourages the participants to assess each other using the learning guides. Participants practice until they achieve **skill competency** and feel confident performing the procedure which is a second stage. The final stage, **skill proficiency**, occurs only with repeated practice over time.

¹ From the JHPIEGO Learning Resource Package materials. JHPIEGO is an affiliate of the Johns Hopkins University, Baltimore Maryland, USA.

The use of competency-based to measure clinical skills or other observable behaviors in comparison to a predetermined standard is an integral part of learning new skills. A checklist contains the individual steps or tasks in sequence (if necessary) required in performing a skill or activity in a standard way.

A clinical skill or activity is standardized by identification of its essential steps. Each step is 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 skills learning guide and checklists can be developed for it.

USING SKILLS LEARNING GUIDES AND CHECKLISTS

The checklist which is usually a summarized learning guide focuses on the key steps in the entire process. The learning guide:-

- Helps the participant learn the correct steps and sequence in which a skill should be performed (skill acquisition)
- Measures learning in small steps as the participant gains confidence and skill (skill competency).
- Allows the trainer to objectively assess a participant’s skill competency and overall performance

Checklists included in the course/training:

- Antenatal history taking, physical examination and basic care (reference from the FANC/MIP/SIP Learner’s Guide Annex 3)
- Goal oriented antenatal care (from the FANC/MIP/SIP Learner’s Guide Annex 4)
- RPR Test (from the FANC/MIP/SIP Learner’s Guide Annex 17).

Using Skills Learning Guides and Checklists for Practice

Participants practice following the learning guide step by step until they have learned the order of the steps and feel confident in performing them. The checklist can be used by the participant when providing services in a clinical situation to rate her/his own performance.

Using the Checklist for Evaluation

The clinical trainer uses the checklist (that has been summarized from related training guide) to evaluate the participant’s performance in providing basic antenatal care at the end of course. It may be used after finishing practice with models and with clients.

Criteria for assessment are included at the beginning of the checklist. It is important that each participant demonstrates the steps or tasks at least once for feedback and coaching prior to practice with the clients. If a step or task is not performed correctly, the participant should repeat the entire skill or activity sequence, **not** just the incorrect step. The facilitator should coach the participant in such a way that the participant is not embarrassed. The trainer should provide coaching and feedback to the participants before, during and after the procedure.

In determining whether the participant is qualified, the trainer(s) will observe and rate the participant’s performance on each step/task of a skill or procedure. The rating scale used is the following:

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

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

Not Observed: Step or task required but not performed by participant according to the standard procedure or guidelines during evaluation by trainer

Not Applicable: Step or task in the checklist not performed by participant during evaluation by trainer because it was not required

ASSESSMENT OF KNOWLEDGE AND SKILLS

Assessment of participants' knowledge and skills is an essential component of training and learning interventions. Participants should be aware of how and when they will be assessed. Assessment of their knowledge and skill performance should be made throughout the course using objective assessment methods, described below.

- **Knowledge assessment** occurs with the administration of a **pre-course questionnaire** on the first day of the course. The main objective of a pre-course questionnaire in the mastery learning approach is to assess what the participants, individually and as a group know about the course content. It allows the clinical trainers to identify topics that may need additional emphasis or, in some cases require less classroom time during the course. Providing the results of the pre-course assessment to the participants enables them to focus on their individual learning needs.
- **Individual and group assessment matrix** is used to record the scores of all course participants. Using this form, the clinical trainer and participants can quickly chart the number of correct answers for each of the questions. By examining the details of the matrix, the group can easily determine their collective strengths and weaknesses and jointly plan with the clinical trainer how best to use the course time to achieve the desired learning objectives.
- **Post-course questionnaire:** The trainer gives a Post-course questionnaire at the point during the course when all of the knowledge content has been presented to help each participant and the clinical trainer assess the participants' progress in mastering the course contents. Multiple-choice test items are used in this situation rather than true-false because they are a better measure of knowledge assessment, reduce the chance of guessing the correct answer and can cover a broader range of content areas.
- The trainer assesses **participants' skills using a performance checklist**. Once participants demonstrate skill competency during the role play and emergency drill in a simulated setting, they progress to learn other skills, or, in some courses, to gain additional skill practice in a clinical setting with clients.

This means that participants know, from the beginning of the course, the basis upon which the trainer will assess their competency. In addition, participants will have an

opportunity to practice the skill(s) using the same checklist the trainer will use. Assessment of learning in competency-based training is:

- Dynamic, because participants receive continual feedback and have ample opportunity for review and discussion with the trainer; and
- Less stressful, because participants know from the beginning what they are expected to learn.

The trainer uses interactive approach, the essence of competency-based training—and it is distinctly different from traditional training. In competency-based training, the participant is an active participant in the learning process. **The trainer acts as a coach and is also actively involved in transferring new knowledge, attitudes, and skills through demonstration and regular feedback:**

- **Before skills practice**—the trainer and participants meet briefly before each practice session to review the skill/activity, including the steps or tasks that will be emphasized during the session.
- **During skills practice**—the trainer observes, coaches, and provides feedback to the participant as s/he performs the steps or tasks outlined in the learning guide.

After skills practice—immediately after practice, the trainer uses the learning guide to discuss the strengths of the participant’s performance and also offer specific suggestions for improvement.

THE USE OF SIMULATIONS

Simulation is another key component of competency-based training. The use of simulations provides participants the opportunity to practice new skills before working in an actual clinical site. Practicing with the *role play or emergency drill* in a simulated setting reduces stress for the participant. Only when participants have demonstrated skill competency and some degree of skill proficiency should they be allowed to apply their new skills in a clinical setting. Work with simulations also provides ample opportunity for practice before final evaluation for qualification in the clinical skill or activity being learned.

A SUPPORTIVE ENVIRONMENT FOR LEARNING

Competency-based training is most effective when there is a supportive environment at the participant’s workplace. In addition to the healthcare provider who attends the course and the trainer who conducts it, supervisors and co-workers play a critical role in helping to create and maintain this environment. All of these individuals have responsibilities before, during, and after a training course. By working as partners, they can help sustain the knowledge and skills learned during training and, ultimately, the quality of clinical services. This process is called “transfer of learning.” It is described in the next section.

TRANSFER OF LEARNING² AND STANDARDS BASED MANAGEMENT AND RECOGNITION (SBM-R) APPROACH

Transfer of learning is defined as *ensuring that the knowledge and skills Acquired during a learning intervention are applied on the job.*

The clinical knowledge and skills of providers are a critical factor in providing high-quality healthcare services. However, providers may acquire new knowledge and skills only to find that they are unable to use, or transfer, these new skills at their workplace. There are three main aspects that support good performance in the workplace: know how to do it, be enabled to do it and have the willingness to do it. Therefore, the interventions to be implemented will depend on the identification of those aspects, such as training, development and/or update of protocols, job descriptions, satisfactory physical environment, maintenance of adequate supplies and equipment, providing for positive consequences for good performance, and so on.

Transfer of learning to the workplace is critical for improving job performance. The key individuals involved in this process must include the entire team as well as the description of each person's desired performance. The new knowledge and skills will facilitate the description of the desired performance for health providers as well as the health system requirements to support the expected clinical performance.

In order to measure and monitor these desired job performance improvement and standards for care the workplace team has first to define the standards. They then compare these standards with the actual performance. This comparison allows the team to identify specific gaps, the causes for the gaps, and, based on that analysis, propose specific interventions that are realistic, measurable, and attainable. At the same time they define roles, equipment, supplies, and dates to be accomplished. After implementing the interventions, the team has to evaluate the status of the gaps and continue the process until the standards are accomplished and new standards arise. This Quality Improvement (ANC QI) Tool for ANC performance has been successfully implemented in several countries as the Standards Based Management and Recognition (SBM-R) approach.

The ANC QI process is based on the providers' specific needs and use of international evidence-based recommendations for the clinical practices. The standardized reference in a practical tool also allow providers and managers to gain self satisfaction and external recognition when standards are accomplished, and the adoption of the process by providers and managers becomes a useful and routine tool for decision making and monitoring.

² Adapted from: PRIME II and JHPIEGO Corporation. 2002. *Transfer of Learning: A Guide for Strengthening the Performance of Health Care Workers*. Intra: Chapel Hill, NC.

TIPS FOR FACILITATOR

BEING AN EFFECTIVE TRAINER IN THE CLASSROOM

Health professionals conducting clinical training courses are continually changing roles. They are trainers or instructors when presenting illustrated lectures and giving classroom demonstrations. They act as facilitators when conducting small group discussions and using role plays, case studies, and clinical simulations (e.g., emergency drill in a summated setting). Once they have demonstrated a clinical procedure, they then shift to the role of the coach as the participants begin practicing.

CHARACTERISTICS OF AN EFFECTIVE TRAINER AND COACH

Coaching is a training technique in which the trainer:

- **Describes** the skills and client interactions that the participant is expected to learn
- **Demonstrates** (models) the skill in a clear and effective manner using learning aids such as slide sets, videotapes, and simulations
- Provides detailed, specific **feedback** to participants as they practice the skills and client interactions using the actual instruments in a simulated clinical setting and as they provide services to clients

An effective **trainer**:

- Is **proficient** in the skills to be taught
- **Encourages** participants in learning new skills
- Promotes **open (two-way) communication**
- Provides **immediate feedback**:
 - Informs participants whether they are meeting the objectives
 - Does not allow a skill or activity to be performed incorrectly
 - Gives positive feedback as often as possible
 - Avoids negative feedback and instead offers specific suggestions for improvement
- Is able to receive feedback:
 - **Asks for it.** Find trainers who will be direct with you. Ask them to be specific and descriptive.
 - **Directs it.** If you need information to answer a question or pursue a learning goal, ask for it.
 - **Accepts it.** Do not defend or justify your behavior. Listen to what people have to say and thank them. Use what is helpful; quietly discard the rest.
 - Recognizes that training can be stressful and knows how to **regulate participant as well as trainer stress**:
 - Uses appropriate humor
 - Observes participants and watches for signs of stress

- Provides for regular breaks
- Provides for changes in the training routine
- Focuses on participant success as opposed to failure
- The characteristics of an **effective coach** are the same as those of an **effective trainer**. Additional characteristics especially important for the coach include:
 - Being patient and supportive
 - Providing praise and positive reinforcement
 - Correcting participant errors while maintaining participant self-esteem
 - Listening and observing

SKILL TRANSFER AND ASSESSMENT: THE COACHING PROCESS

The process of learning a clinical skill within the coaching process has three basic phases: demonstration, practice and evaluation. These three phases can be broken down further into the following steps:

- First, during interactive classroom presentations, **explaining** the skill or activity to be learned
- Next, using a videotape or slide set, **showing** the skill or activity to be learned
- Following this, **demonstrating** the skill or activity using a role play (e.g., counseling demonstration) or clinical simulation
- Then, allowing the participants to **practice** the demonstrated skill or activity in a simulated environment (e.g., role play, clinical simulation) as the trainer functions as a coach
- After this, **reviewing** the practice session and giving constructive feedback
- After adequate practice, **assessing** each participant's performance of the skill or activity on models or in a **simulated situation**, using the competency-based checklist
- After competence is gained with models or practice in a simulated situation, having participants begin to **practice** the skill or activity with clients under a trainer's guidance
- Finally, **evaluating** the participant's ability to perform the skill according to the standardized procedure as outlined in the competency-based checklist

During initial skill acquisition, the trainer demonstrates the skill as the participant observes. As the participant practices the skill, the trainer functions as a coach and observes and assesses performance. When demonstrating skill competency, the participant is now the person performing the skill as the trainer evaluates performance.

CREATING A POSITIVE LEARNING ENVIRONMENT IN THE CLASSROOM

A successful training course does not come about by accident, but rather through careful planning. This planning takes thought, time, preparation and often some study on the part of the trainer. The trainer is responsible for ensuring that the course is carried out essentially as it was designed. The trainer must make sure that the clinical practice sessions, which are an integral part of a clinical skills course, as well as the classroom sessions, are conducted appropriately. In addition to taking responsibility for the organization of the course in general, the trainer must also be able to give presentations and demonstrations and lead other course activities, all of which require prior planning. Well-planned and executed classroom and clinical sessions will help to create a positive learning environment.

PREPARING FOR THE COURSE

To prepare for the course, the following steps are recommended:

- **Review the course syllabus**, including the course description, goals, learning methods, training materials, methods of evaluation, course duration and suggested course composition.
- **Review the course schedule.**
- **Study the course outline.** The course outline provides detailed suggestions regarding the teaching of each objective and the facilitation of each activity. Based on suggestions in the course outline and the trainer's own ideas, the trainer will gather the necessary equipment, supplies and materials. The trainer should also compare time estimates in the course outline to the schedule to ensure that sufficient time has been allotted for all sessions and activities.
- **Read and study the reference manual** to ensure complete familiarity with the content to be presented during the course.
- **Review the pre- and midcourse questionnaires** and make copies of the questionnaires, matrix and answer sheets if needed.
- **Check all audiovisual equipment** (e.g., overhead projector, video player, flipchart stand).
- **Practice all clinical procedures** using the learning guides and checklists found in the trainer's notebook and participant's handbook.
- **Obtain information about the participants who will be attending the course.** It is important for the trainer to know basic information about participants such as:
 - The **experience and educational background** of the participants. The trainer should attempt to gather as much information about participants as possible before training. If this is not possible, the trainer should inquire about their backgrounds and expectations during the first day of the course.
 - The types of **clinical activities** the participants will perform in their daily work after training. Knowing the exact nature of the work that participants will perform after training is critical for the trainer. The trainer must use appropriate, job-specific examples throughout the course so that participants can draw connections between what is being taught and what they will need to do. This is an excellent way to reinforce the importance of what is being learned.

- **Prepare the classroom and make sure that:**
 - Tables arranged in a U-shape or other formation that will allow as many of the participants as possible to see one another and the trainer (this may be difficult in a lecture hall where chairs are attached to the floor).
 - A table in the front of the room where the trainers can place their course materials.
 - Space for audiovisual equipment (e.g., flipchart, screen, overhead projector, video player and monitor); the trainer should make sure that participants will be able to see the projection screen and other audiovisuals.
 - Space for participants to work in small groups (i.e., either arrange chairs in small circles or work around the tables), unless separate breakout rooms (see below) are available.
 - Space to set up simulated clinics (e.g., for counseling practice).
 - Breakout rooms for small group work (e.g., case studies, role plays, clinical simulations, problem-solving activities) are available if necessary, and are set up with tables, chairs and any materials that the participants will need.
 - The room is properly heated or cooled and ventilated.
 - The lighting is adequate, and the room can be darkened enough to show audiovisuals and still permit participants to take notes or follow along in their learning materials.
 - There will be adequate electric power throughout the course, and contingency plans have been made in case the power fails.
 - Furniture such as tables, chairs and desks is available. The chairs are comfortable and tablecloths are available.
 - There is a writing board with chalk or marking pens, as well as an information board available for posting notes and messages for participants.
 - There is audiovisual equipment in working order, with spare parts such as bulbs readily available. The video monitor is large enough so that all participants can see it well. There are sufficient electrical connections, and extension cords, electrical adaptors and power strips (multi-plugs) are available, if necessary.
 - There are toilet facilities that are adequately maintained.
 - Telephones are accessible and in working order and emergency messages can be taken.

UNDERSTANDING HOW PEOPLE LEARN

Establishing a positive learning climate depends on understanding how adults learn. The trainer must have a clear understanding of what the participants need and expect, and the participants must have a clear understanding of why they are there. Adults who attend courses to acquire new knowledge, attitudes and skills share the characteristics described below:

- Require learning to be **relevant**. The trainer should offer participants learning experiences that **relate directly to their current or future job responsibilities**. At the beginning of the course, the objectives should be stated clearly and linked to job performance. The trainer should take time to explain how each learning experience relates to the successful accomplishment of the course objectives.
- Are highly **motivated** if they believe learning is relevant. People bring **high levels of motivation and interest** to learning. Motivation can be increased and channeled by the trainer who provides clear learning goals and objectives. To make the best use of a high level of participant interest, the trainer should explore ways to incorporate the needs of each participant into the learning sessions. This means that the trainer needs to know quite a bit about the participants, either from studying background information about them or by allowing participants to talk early in the course about their experience and learning needs.
- Need **participation** and **active involvement** in the learning process.
- Few individuals prefer just to sit back and listen. The effective trainer will design learning experiences that **actively involve the participants in the training process**. Examples of how the trainer may involve participants include:
 - Allowing participants to provide input regarding schedules, activities and other events
 - Questioning and feedback
 - Brainstorming and discussions
 - Hands-on work
 - Group and individual projects
 - Classroom activities
- Desire a **variety** of learning experiences.
- Participants attending courses **desire variety**. The trainer should use a variety of learning methods including:
 - Audiovisual aids
 - Illustrated lectures
 - Demonstrations
 - Brainstorming
 - Small group activities
 - Group discussions

- Role plays, case studies
 - Clinical simulations and hands-on skills practice
- Desire **positive feedback**. Participants need to know **how they are doing**, particularly in light of the objectives and expectations of the course. Is their progress in learning clinical skills meeting the trainer's expectations? Is their level of clinical performance meeting the standards established for the procedure? **Positive feedback provides this information**. Learning experiences should be designed to move from the known to the unknown or from simple activities to more complex ones. This progression provides positive experiences and feedback for the participant. To maintain positive feedback, the trainer can:
 - Give verbal praise either in front of other participants or in private
 - Use positive responses during questioning
 - Recognize appropriate skills while coaching in a clinical setting
 - Let the participants know how they are progressing toward achieving learning objectives

Have **personal concerns**. The trainer must recognize that many participants fear failure and embarrassment in front of their colleagues. Participants often have concerns about their ability to:

- Fit in with the other participants
 - Get along with the trainer
 - Understand the content of the training
 - Perform the skills being taught
- Need an **atmosphere of safety**. The trainer should open the course with an introductory activity that will help participants feel at ease. It should communicate an atmosphere of safety so that participants do not judge one another or themselves. For example, a good introductory activity is one that acquaints participants with one another and helps them to associate the names of the other participants with their faces. Such an activity can be followed by learning experiences that support and encourage the participants.
 - Need to be recognized as **individuals** with unique backgrounds, experiences and learning needs. People want to be **treated as individuals**, each of whom has a unique background, experience and learning needs. A person's past experiences is a good foundation upon which the trainer can base new learning. To help ensure that participants feel like individuals, the trainer should:
 - Use participant names as often as possible
 - Involve all participants as often as possible
 - Treat participants with respect
 - Allow participants to share information with others during classroom and clinical instruction
 - Must maintain their **self-esteem**. Participants need to **maintain high self-esteem** to deal with the demands of a clinical training course. Often the clinical methods used in training are different from clinical practices used in the participants' clinics. It is essential that the trainer show respect for the participants, no matter what practices and beliefs they hold to be correct, and continually support and challenge them. This requires the trainer to:
 - Reinforce those practices and beliefs embodied in the course content

- Provide corrective feedback when needed, in a way that the participants can accept and use with confidence and satisfaction
 - Provide training that adds to, rather than subtracts from, their sense of competence and self-esteem
 - Recognize participants' own career accomplishments
- Have **high expectations** for themselves and their trainer. People attending courses tend to set **high expectations both for the trainers and for themselves**. Getting to know their trainers is a real and important need. Trainers should be prepared to talk modestly, and within limits, about themselves, their abilities and their backgrounds.
 - Have **personal needs** that must be taken into consideration. All participants have **personal needs** during training. Taking timely breaks and providing the best possible ventilation, proper lighting and an environment as free from distraction as possible can help to reduce tension and contribute to a positive learning atmosphere.

USING EFFECTIVE PRESENTATION SKILLS

It is also important to use effective presentation skills. Establishing and maintaining a positive learning climate during training depends on how the trainer delivers information because the **trainer sets the tone** for the course. In any course, **how** something is said may be just as important as **what** is said. Some common techniques for effective presentations are listed below:

- **Follow a plan and use trainer's notes**, which include the session objectives, introduction, body, activity, audiovisual reminders, summary and evaluation.
- **Communicate in a way that is easy to understand**. Many participants will be unfamiliar with the terms, jargon and acronyms of a new subject. The trainer should use familiar words and expressions, explain new language and attempt to relate to the participants during the presentation.
- **Maintain eye contact with participants**. Use eye contact to "read" faces. This is an excellent technique for establishing rapport and getting feedback on how well participants understand the content.
- **Project your voice** so that those in the back of the room can hear clearly. Vary volume, voice pitch, tone and inflection to maintain participants' attention. Avoid using a monotone voice, which is guaranteed to put participants to sleep!
- **Avoid the use of slang or repetitive words, phrases or gestures** that may become distracting with extended use.
- **Display enthusiasm about the topic and its importance**. Smile, move with energy and interact with participants. The trainer's enthusiasm and excitement are contagious and directly affect the morale of the participants.
- **Move around the room**. Moving around the room helps ensure that the trainer is close to each participant at some time during the session. Participants are encouraged to interact when the trainer moves toward them and maintains eye contact.

- Use **appropriate audiovisual aids** during the presentation to reinforce key content or help simplify complex concepts.
- Be sure to ask both **simple and more challenging questions**.
- **Provide positive feedback** to participants during the presentation.
- Use **participants' names as often as possible**. This will foster a positive learning climate and help keep the participants focused on the presenter.
- Display a **positive use of humor** related to the topic (e.g., humorous stories, cartoons on transparency or flipchart, cartoons for which participants are asked to create captions).

Provide smooth transitions between topics. Within a given presentation, a number of separate yet related topics may be discussed. When shifts between topics are abrupt, participants may become confused and lose sight of how the different topics fit together in the bigger picture. Before moving on to the next topic, the trainer can ensure that the transition from one topic to the next is smooth by:

- providing a brief summary,
- asking a series of questions,
- relating content to practice, or
- using an application exercise (case study, role play, etc.).

Be an effective role model. The trainer should be a positive role model in appearance (appropriate dress) and attitude (enthusiasm for the course), and by beginning and ending the session at the scheduled times.

CONDUCTING LEARNING ACTIVITIES IN THE CLASSROOM

Every presentation (training session) should begin with an **introduction** to capture participant interest and prepare the participant for learning. After the introduction, the trainer may deliver content using an **illustrated lecture, demonstration, small group activity** or **other learning activity**. Throughout the presentation, **questioning** techniques can be used to encourage interaction and maintain participant interest. Finally, the trainer should conclude the presentation with a **summary** of the key points or steps.

DELIVERING INTERACTIVE PRESENTATIONS

Introducing Presentations

The first few minutes of any presentation are critical. Participants may be thinking about other matters, wondering what the session will be like, or have little interest in the topic. The **introduction** should:

- Capture the interest of the entire group and prepare participants for the information to follow
- Make participants aware of the trainer's expectations
- Help foster a positive learning climate

The trainer can select from a number of techniques to provide variety and ensure that participants are not bored. Many introductory techniques are available, including:

- **Reviewing the session objectives.** Introducing the topic by a simple restatement of the objectives keeps the participant aware of what is expected of her/him.
- **Asking a series of questions about the topic.** The effective trainer will recognize when participants have prior knowledge concerning the course content and encourage their contributions. The trainer can ask a few key questions, allow participants to respond, discuss answers and comments, and then move into the body of the presentation.
- **Relating the topic to previously covered content.** When a number of sessions are required to cover one subject, relate each session to previously covered content. This ensures that participants understand the continuity of the sessions and how each relates to the overall topic. Where possible, link topics so that the concluding review or summary of one presentation can introduce the next topic.
- **Sharing a personal experience.** There are times when the trainer can share a personal experience to create interest, emphasize a point or make a topic more job-related. Participants enjoy hearing these stories as long as they relate to the topic and are used only when appropriate.
- **Relating the topic to real-life experiences.** Many training topics can be related to situations most participants have experienced. This technique not only catches the participants' attention, but also facilitates learning because people learn best by "anchoring" new information to known material. The experience may be from the everyday world or relate to a specific process or piece of equipment.
- **Using a case study, clinical simulation or other problem-solving activity.** Problem-solving activities focus attention on a specific situation related to the training topic. Working in small groups generally increases interest in the topic.
- **Using a videotape or other audiovisual aid.** Use of appropriate audiovisuals can be stimulating and generate interest in a topic.

- **Giving a classroom demonstration.** Most clinical training courses involve equipment, instruments and techniques that lend themselves to demonstrations, which generally increase participant interest.
- **Using a game, role play or simulation.** Games, role plays and simulations generate tremendous interest through direct participant involvement and therefore are useful for introducing topics.
- **Relating the topic to future work experiences.** Participants' interest in a topic will increase when they see a relationship between training and their work. The trainer can capitalize on this by relating objectives, content and activities of the course to real work situations.

Using Questioning Techniques

Questions can be used at anytime to:

- Introduce a topic
- Increase the effectiveness of the illustrated lecture
- Promote brainstorming
- Supplement the discussion process

Use a variety of questioning techniques to maintain interest and avoid a repetitive style.

- **Ask a question of the entire group.** The advantage of this technique is that those who wish to volunteer may do so; however, some participants may dominate while others may not participate.
- **Target the question to a specific participant by using her/his name prior to asking the question.** The participant is aware that a question is coming, can concentrate on the question, and respond accordingly. The disadvantage is that once a specific participant is targeted, other participants may not concentrate on the question.

State the question, pause and then direct the question to a specific participant. All participants must listen to the question in the event that they are asked to respond. The primary disadvantage is that the participant receiving the question may be caught off guard and have to ask the trainer to repeat the question.

The key in asking questions is to avoid a pattern. The skilled trainer uses all three of the above techniques to provide variety and maintain the participants' attention.

Other techniques follow:

- Use participants' names during questioning. This is a powerful motivator and also helps ensure that all participants are involved.
- Repeat a participant's correct response. This provides positive reinforcement to the participant and ensures that the rest of the group heard the response.

- Provide positive reinforcement for correct responses to keep the participant involved in the topic. Positive reinforcement may take the form of praise, displaying a participant's work, using a participant as an assistant or using positive facial expressions, nods or other nonverbal actions.
- When a participant's response is partially correct, the trainer should reward the correct portion and then improve the incorrect portion or redirect a related question to that participant or to another participant.
- When a participant's response is incorrect, the trainer should make a no critical response and restate the question to lead the participant to the correct response.
- When a participant makes no attempt to respond, the trainer may wish to follow the above procedure or redirect the question to another participant. Come back to the first participant after receiving the desired response and involve her/him in the discussion.
- When participants ask questions, the trainer must determine an appropriate response by drawing upon personal experience and weighing the individual's needs against those of the group. If the question addresses a topic that is relevant but has not been previously discussed, the trainer can either:
 - answer the question and move on, or
 - respond with another question, thereby beginning a discussion about the topic.

Summarizing Presentations

A **summary** is used to reinforce the content of a presentation and provide a review of its main points. The summary should:

- Be **brief**
- Draw together the **main points**
- **Involve** the participants

Many summary techniques are available to the trainer:

- **Asking the participants for questions** gives participants an opportunity to clarify their understanding of the instructional content. This may result in a lively discussion focusing on those areas that seem to be the most troublesome.
- **Asking the participants questions** that focus on major points of the presentation
- **Administering a practice exercise or test** gives participants an opportunity to demonstrate their understanding of the material. After the exercise or test, use the questions as the basis for a discussion by asking for correct answers and explaining why each answer is correct.
- **Using a game to review main points** provides some variety, when time permits. One popular game is to divide participants into two teams, give each team time to develop

review questions, and then allow each team to ask questions of the other. The trainer serves as moderator by judging the acceptability of questions, clarifying answers and keeping a record of team scores. This game can be highly motivational and serve as an excellent summary at the same time.

FACILITATING GROUP DISCUSSIONS

The **group discussion** is a learning method in which most of the ideas, thoughts, questions and answers are developed by the participants. The trainer typically serves as the **facilitator** and guides the participants as the discussion develops.

Group discussion is useful:

- At the conclusion of a presentation
- After viewing a videotape
- Following a clinical demonstration or skills practice session
- After reviewing a case study or clinical simulation
- After a role play
- Any other time when participants have prior knowledge or experience
- related to the topic

Attempting to conduct a group discussion when participants have limited knowledge or experience with the topic often will result in little or no interaction and thus an ineffective discussion. When participants are familiar with the topic, the ensuing discussion is likely to **arouse participant interest, stimulate thinking and encourage active participation**. This interaction affords the facilitator an opportunity to:

- Provide positive feedback
- Stress key points
- Develop critical thinking skills
- Create a positive learning climate
- The facilitator must consider a number of factors when selecting group discussion as the learning strategy:
- Discussions involving **more than 15 to 20 participants** may be difficult both to lead and may not give each participant an opportunity to participate.
- Discussion requires **more time** than an illustrated lecture because of extensive interaction among the participants.
- **A poorly directed discussion may move off target** and never reach the objectives established by the facilitator.
- **If control is not maintained**, a few participants may dominate the discussion while others lose interest.

In addition to a **group discussion** that focuses on the session objectives, there are two other types of discussions that may be used in a training situation:

- **General discussion** that addresses participant questions about a learning event (e.g., why one type of episiotomy is preferred over another).
- **Panel discussion** in which a moderator conducts a question and answer session between panel members and participants

Follow these key points to ensure successful group discussion:

- **Arrange seating to encourage interaction** (e.g., tables and chairs set up in a U-shape or a square or circle so that participants face each other).
- **State the topic** as part of the introduction.
- **Shift the conversation** from the facilitator to the participants
- **Act as a referee** and intercede only when necessary.

Example: “It is obvious that Alain and Ilka are taking two sides in this discussion. Alain, let me see if I can clarify your position. You seem to feel that...”

- **Summarize the key points** of the discussion periodically.
Example: “Let’s stop here for a minute and summarize the main points of our discussion.”
- Ensure that the discussion stays on the topic.
- **Use the contributions of each participant** and provide positive reinforcement.
Example: “That is an excellent point, Rosminah. Thank you for sharing that with the group.”
- **Minimize arguments** among participants.
- **Encourage all participants to get involved.**
- **Ensure that no one participant dominates the discussion.**
- **Conclude the discussion with a summary** of the main ideas. The facilitator must relate the summary to the objective presented during the introduction.

FACILITATING A BRAINSTORMING SESSION

- Brainstorming is a learning strategy that **stimulates thought and creativity** and is often used in conjunction with group discussions. The primary purpose of brainstorming is to generate a list of ideas, thoughts or alternative solutions that focus on a specific topic or problem. This list may be used as the introduction to a topic or form the basis of a group discussion. Brainstorming requires that participants have some background related to the topic.

- The following guidelines will facilitate the use of brainstorming:

- **Establish ground rules.**

Example: “During this brainstorming session we will be following two basic rules. All ideas will be accepted and Alain will write them on the flipchart. Also, at no time will we discuss or criticize any idea. Later, after we have our list of suggestions, we will go back and discuss each one. Are there any questions? If not...”

- **Announce the topic or problem.**

Example: “During the next few minutes we will be brainstorming and will follow our usual rules. Our topic today is ‘Indications for cesarean section.’ I would like each of you to think of at least one indication. Maria will write these on the board so that we can discuss them later. Who would like to be first? Yes, Ilka....”

- **Maintain a written record** of the ideas and suggestions on a flipchart or writing board. This will prevent repetition and keep participants focused on the topic. In addition, this written record is useful when it is time to discuss each item.
- **Involve the participants and provide positive feedback** in order to encourage more input.
- **Review written ideas and suggestions periodically** to stimulate additional ideas.
- **Conclude brainstorming by reviewing all of the suggestions** and clarifying those that are acceptable.

FACILITATING SMALL GROUP ACTIVITIES

There are many times during training that the participants will be divided into several **small groups**, which usually consist of four to six participants. Examples of small group activities include:

- **Reacting to a case study**, which may be presented in writing, orally by the trainer or introduced through videotape or slides
- **Preparing a role play** within the small group and presenting it to the entire group as a whole
- **Dealing with a clinical situation/scenario**, such as in a **clinical simulation**, that has been presented by the trainer or another participant
- **Practicing a skill** that has been demonstrated by the trainer

Small group activities offer many advantages including:

- Providing participants an opportunity to learn from each other
- Involving all participants
- Creating a sense of teamwork among members as they get to know each other
- Providing for a variety of view points
- When small group activities are being conducted, it is important that participants are not in the same group every time. Different ways the trainer can create small groups include:
 - **Assigning** participants to groups
 - Asking participants to **count off** “1, 2, 3,” etc. and having all the “1s” meet together, all the “2s” meet together, etc.
 - Asking participants to **form their own groups**
 - Asking participants to **draw a group number** (or group name)

The room(s) used for small group activities should be large enough to allow different arrangements of tables, chairs and teaching aids (models, equipment) so that individual groups can work without disturbing one another. The trainer should be able to move easily about the room to visit each group. If available, consider using smaller rooms near the primary training room where small groups can go to work on their problem-solving activity, case studies, clinical simulations or role plays. Note that it will be difficult to conduct more than one clinical simulation at the same time in the same room/area.

Activities assigned to small groups should be **challenging, interesting, relevant**; should require **only a short time to complete**; and should be **appropriate for the background of the participants**. Each small group may be working on the same activity or each group may be taking on a different problem, case study, clinical simulation or role play. Regardless of the type of activity, there is usually a time limit. When this is the case, inform groups when there are 5 minutes left and when their time is up.

Instructions to the groups may be presented:

- In a **handout**
- On a **flipchart**
- On a **transparency**
- **Verbally** by the trainer

Instructions for small group activities typically include:

- Directions
- Time limit
- A situation or problem to discuss, resolve or role play
- Participant roles (if a role play)
- Questions for a group discussion

Once the groups have completed their activity, the clinical training facilitator will **bring them together** as a large group for a discussion of the activity. This discussion might involve:

- **Reports** from each group
- **Responses** to questions
- **Role plays** developed in each group and presented by participants in the small groups
- **Recommendations** from each group

- **Discussion of the experience** (if a clinical simulation)

It is important that the trainer provide an effective summary discussion following small group activities. This provides closure and ensures that participants understand the point of the activity.

CONDUCTING AN EFFECTIVE CLINICAL DEMONSTRATION

- When introducing a new clinical skill, a variety of methods can be used to demonstrate the procedure. For example:
 - Show **slides** or a **videotape** in which the steps and their sequence are demonstrated in accordance with the accepted performance standards.
 - Perform **role plays** in which a participant or surrogate client simulates a client and responds much as a real client would.
 - Demonstrate the procedure with **clients** in the clinical setting (clinic or hospital).
 - Whatever methods are used to demonstrate the procedure, the trainer should set up the activities using the “**whole-part-whole**” approach.
 - Demonstrate the **whole procedure** from beginning to end to give the participant a visual image of the entire procedure or activity.
 - **Isolate or break down the procedure** into activities (e.g., pre-operative counseling, getting the client ready, pre-operative tasks, performing the procedure, etc.) and allow practice of the individual activities of the procedure.
 - Demonstrate the **whole procedure** again and then allow participants to practice the procedure from beginning to end.
- When planning and giving a demonstration of a clinical procedure (with clients, if appropriate), the trainer should use the following guidelines:
 - Before beginning, **state the objectives** of the demonstration and point out what the participants should do (e.g., interrupt with questions, observe carefully, etc.).
 - Make sure that **everyone can see** the steps involved.
 - **Never** demonstrate the skill or activity incorrectly.
 - Demonstrate the procedure in as **realistic** a manner as possible, using instruments and materials in a simulated clinical setting.
 - Include **all steps** of the procedure in the **proper sequence** according to the approved performance standards. This includes demonstrating “no clinical” steps such as pre- and postoperative counseling and communication with the client during surgery, use of recommended infection prevention practices, etc.

- During the demonstration, **explain to participants what is being done**, especially any difficult or hard-to-observe steps.
- **Ask questions** of participants to keep them involved.
- Example: “What should I do next?” “What would happen if...?”
- **Encourage** questions and suggestions.
- **Take enough time** so that each step can be observed and understood. Remember that the objective of the demonstration is learning the skills, **not** for the trainer to show her/his dexterity and speed.
- **Use equipment and instruments properly** and make sure participants clearly see how they are handled.
- In addition, participants should use clinical skills **learning guide** developed specifically for the clinical procedure to observe the trainer’s performance during the initial demonstration. Doing this:
 - Familiarizes the participant with the use of competency-based learning guides
 - Reinforces the standard way of performing the procedure
 - Communicates to participants that the trainer, although very experienced, is not absolutely perfect and can accept constructive feedback on her/his performance

As the role model the participants will follow, the trainer must practice what s/he **demonstrates** (i.e., the approved **standard method** as detailed in the learning guide). Therefore, it is essential that the trainer use the standard method. During the demonstration, the trainer also should provide supportive behavior and cordial, effective communication with **the client** and **staff** to reinforce the desired outcome.

MANAGING CLINICAL PRACTICE

Getting the most out of clinical practice requires that the trainer be well acquainted with the clinical practice sites. Being familiar with the healthcare facility before training begins allows the trainer to develop a relationship with the staff, overcome any inadequacies in the situation, and prepare for the best possible learning experience for participants. Even the best planning, however, is not always enough to ensure a successful clinical practice experience. In the classroom, the trainer is able to control the schedule and activities to a large extent; whereas in the clinic, the trainer must always be alert to unplanned learning opportunities that may arise at any time, and be ready to modify the schedule accordingly.

PERFORMING CLINICAL PROCEDURES WITH CLIENTS

The final stage of clinical skill development involves practicing procedures with clients. When possible and appropriate, participants should be allowed to work with clients only after they have demonstrated skill competency and some degree of skill proficiency in a simulated situation.

- The **rights of clients** should be considered at all times during a clinical training course. The following practices will help ensure that clients' rights are routinely protected during clinical training.
 - The right to **bodily privacy** must be respected whenever a client is undergoing a physical examination or procedure.
 - The **confidentiality** of any client information obtained during counseling, history taking, physical examinations or procedures must be strictly observed. Clients should be reassured of this confidentiality. Confidentiality can be difficult to maintain when specific cases are used in learning exercises such as case studies and clinical meetings. Such discussions always should take place in a private area where other staff and clients cannot overhear and should be conducted without reference to the client by name.
 - When receiving counseling, undergoing a physical examination or receiving maternal and neonatal health services, **the client should be informed about the role of each person involved** (e.g., trainers, individuals undergoing training, support staff, researchers).
 - The **client's permission should be obtained** before having a clinician-in-training observe, assist with or perform any procedures. Understanding the right to refuse care from a clinician-in-training is important for every client. Furthermore, care should not be rescheduled or denied if the client does not permit a clinician-in-training to be present or provide services. In such cases, the trainer or other staff member should perform the procedure.
 - The **trainer should be present during any client contact** in a training situation and the client should be made aware of the trainer's role. Furthermore, the trainer should be ready to intervene if the client's safety is in jeopardy or if the client is experiencing severe discomfort.
 - The **trainer must be careful how coaching and feedback are given** during practice with clients. Corrective feedback in the presence of a client should be limited to errors that could harm or cause discomfort to the client. Excessive negative feedback can create anxiety for both the client and the clinician-in-training.
 - **Clients should be chosen carefully** to ensure that they are appropriate for clinical training purposes. For example, participants should not practice with "difficult" clients until they are proficient in performing the procedure.

CREATING OPPORTUNITIES FOR LEARNING

Planning for Learning

The trainer should **develop a plan for each day spent in the healthcare facility**. The plan will provide a daily focus that is consistent with the learning objectives and help to ensure that all required skills will be adequately addressed. When preparing the plan, the trainer should consider the following points.

- Clinical practice should progress from **basic to more complex skills**. This not only helps ensure the safety and quality of care provided by participants, but also allows them to gain self-confidence as they demonstrate competency in the basic skills.
- **There may be more participants than can be accommodated** comfortably in one area of the healthcare facility at the same time. Generally, three or four participants are the most that a specific area of a facility can absorb without affecting service delivery. If there are more, the trainer should plan a rotation system that allows each participant to have equal time and opportunity in each clinical area.
- Some clinical experiences, such as **obstetrical emergencies (e.g., eclampsia, postpartum hemorrhage, obstructed labor), cannot be planned or predicted**. The trainer must be alert to identify appropriate clinical situations and distribute them equally among the participants. Before each day's practice, the trainer should ask the staff to notify him/her of any clients that may be of particular interest, so that participants can be assigned to work with them.
- In addition to daily practice of specific clinical skills, the **trainer's plan should include other areas of focus** such as infection prevention, facility logistics or client flow. Although these topics may not be directly assessed with a checklist or other competency-based assessment tool, they play an important role in the provision of high quality maternal and neonatal health services. To make sure that participants give adequate attention to these topics, the trainer should design and develop activities that address each one, such as:
 - Observing the infection prevention practices used in the facility. Which recommended practices are being used, and which are not? Are they being used consistently and correctly? Why or why not?
 - Reviewing facility records for the past several months to identify the types of obstetrical clients seen. Additional information could be obtained, such as the most common complaints and, in individual cases, course of labor (partograph review), progression of a specific condition, treatment provided, response to treatment, etc.
 - Taking an inventory of the supplies, equipment and drugs available in the service provision area to ensure rapid access when needed.

Inevitably there will be **times when there are few or no clients in the facility**. The trainer should have ready additional activities, such as those described above, for the participants. Case studies and role plays also are very useful at such times. **Even without clients, learning must continue**. Taking extended breaks or leaving the clinical site early is not an acceptable option.

In the Healthcare Facility

As has been mentioned, planning alone is not sufficient to guarantee a successful clinical practice. There are several key strategies that a trainer can use in the healthcare facility to increase the likelihood of success.

- The trainer must **actively monitor** the skills each participant is able to practice, and with what frequency, so that each participant has adequate opportunities to develop competency. A participant who demonstrates competency in performing a cesarean section operation or in administering spinal anesthesia should not be assigned additional patients requiring this operation or procedure until other participants have had an opportunity to develop such competency.
- It is essential that the trainer **be flexible and constantly alert** to learning opportunities as they arise. This requires knowing about the healthcare facility—how it is set up and functions, the client population, etc.—as well as having a good working relationship with the staff. The trainer will need to rely on the staff's cooperation in notifying her/him of unique or unusual clients and allowing participants to provide services to these clients. This relationship is most easily established beforehand, during site preparation and other visits made by the trainer.
- The **participants also should be encouraged to watch** for such learning opportunities. The trainer may then decide which, and how many, of the participants will be assigned to a particular client. The trainer and participants should remember that clinical experiences need to be shared equally. Therefore, the participant who identifies a case may not be assigned to it if this participant has had a similar case before. It is not appropriate to subject the client to a procedure multiple times simply so that all participants can practice a skill.
- To take advantage of opportunities as they occur may require that the trainer **modify the plan for that day and subsequent days**, but with as little disruption as possible to the provision of services. Participants should be notified of any changes as soon as possible so that they can be well prepared for each clinical day.

Rarely will all participants have the opportunity to work with all types of clients. The trainer will need to supplement, with case studies and role plays, the work done with clients. The trainer should rapidly identify important but rare events or conditions, such as severe pre-eclampsia, and prepare activities in advance. Actual cases seen in the healthcare facility may also serve as the basis for such activities. These can then be used during clinical sessions to expand the participants' range of experiences.

CONDUCTING PRE- AND POST-CLINICAL PRACTICE MEETINGS

Although every healthcare facility will not have a meeting room, the trainer must make every effort to find a space that:

- Allows **free discussion**, small group work and practice on models
- Is **away from the client care area** if possible, so as to not interfere with efficient client care or other staff duties

Pre-Clinical Practice Meetings

The trainer and participants should meet at the beginning of each clinical practice session. The meeting should be brief. Items to be covered include:

- The learning objectives for that day
- Any scheduling changes that may be needed
- Participants' roles and responsibilities for that day, including the work assignments and rotation schedule if applicable
- Special assignments to be completed that day
- The topic for the post-clinical practice meeting, so that the participants can take special note of anything happening during the day that would contribute to the discussion
- Questions related to that day's activities or from previous days if they can be answered concisely; if not, they should be deferred until the post-clinical practice meeting.

Post-Clinical Practice Meetings

The trainer should end each clinical day with a meeting to review the day's events and build on them as learning experiences. A minimum of 1 hour is recommended. These meetings are used to:

- Review the day's learning objectives and assess progress toward their completion
- Present cases seen that day, particularly those that were interesting, unusual or difficult
- Respond to clinical questions concerning situations and clients in the healthcare facility or information in the reference manual
- Plan for the next clinical session, making changes in the schedule as necessary
- Conduct additional practice with models if needed
- Review and discuss case studies, role plays or assignments that have been prepared in advance by the participants. These activities should complement the sessions conducted during the classroom portion of the course, especially when classroom time is limited and clinical experience is necessary to gain a better understanding of the issues to be discussed. Topics for case studies, role plays and assignments include:

- Quality of care
- Clinical services provided
- Preventive care measures
- Medical barriers to providing high quality services
- Recommended follow up
- Assessment, diagnosis, planning, intervention, and evaluation in the care of an individual client

THE TRAINER AS SUPERVISOR

In the role of supervisor, the trainer must monitor participant activities in the healthcare facility so that:

- Each participant receives appropriate and adequate opportunities for skill practice,
- Participants do not disrupt the efficient provision of services within the facility or interfere with staff and their duties, and
- The care provided by each participant does not harm clients or place them in an unsafe situation.

The trainer must always be with participants when they are working with clients, especially when they are performing clinical procedures. Trainers may have more than one or two participants to supervise. Because the trainer cannot be with all of them at the same time, other methods of supervision must be used.

- Participants must understand what they can do independently and what requires trainer supervision, so that they can keep busy when the trainer is involved with another participant. Participants should be made responsible for ensuring that they are supervised when necessary. The trainer, however, still holds the ultimate responsibility.
- Additional activities that require no direct supervision will give participants the opportunity to be actively engaged in learning when they are not with clients.
- Clinical staff also can act as supervisors if the trainer is confident of their clinical skills and ability to provide appropriate feedback. The possibility of having clinical staff supervise participants is another reason why the trainer should get to know the staff before the training begins. During clinical site preparation, the trainer can observe the skills of the staff members, and verify that they are competent, if not proficient, service providers. The trainer may also have the opportunity to assess their coaching skills. There may even be time to work with staff members to improve their skills so that they can serve as role models and support participant learning.
- The more participants there are in the facility, the more the trainer relies upon the staff also to act as trainers. Nevertheless, the ultimate responsibility for each participant, including that of final assessment of skill competency, is the trainer's. For this reason, if multiple clinical sites are used during a course, a trainer must be assigned to each site.

- Because clinical staff may not be involved in the classroom portion of a course, they do not have an opportunity to get to know the participants and their abilities before they arrive at the facility. Therefore, it is a good idea to share such information with the clinical staff whenever they will have to take over a large part of the participant supervision. Clinical staff should also be encouraged to do an initial assessment of participants' skills before allowing them to work with clients so that they can feel confident that the participants are well prepared.
- Clinical staff should also be aware of the feedback the trainer would like to receive from them about participants.
 - Will it be oral, written or both? If written feedback is needed, the trainer should design an instrument or form to guide the clinical staff. The trainer should furnish a sufficient number of copies of the form and instruct the staff in its use. The trainer should develop a form that staff members can complete quickly and easily.
 - How frequently will feedback be provided? Daily? Weekly? Only at the end of training?
 - Should both positive and corrective feedback be provided?
 - Are there appropriate administrative channels through which the feedback should be transmitted? In some clinics, for example, staff members provide their feedback to the individual in charge of the healthcare facility who then prepares a report for the trainer.
- When designing the feedback system, the trainer should keep in mind the time required to prepare and provide feedback. This will be extra work for the clinical staff, who already have a very busy schedule. It is best to keep the system as simple and easy to use as possible.

THE TRAINER AS COACH

One of the most difficult tasks for the trainer, and one with which even experienced trainers struggle, is to be a good coach and provide feedback in the clinical setting. No matter how comfortable a trainer may be in giving feedback in the classroom or while working with models, the situation changes in the facility. The clients, staff and other participants are nearby and the emergency services need to keep running smoothly and efficiently. The trainer often feels pressured to keep things moving because other clients need to be seen and the trainer needs to be available to all the participants. Spending “too much time” with any one client or participant has an impact on everyone.

Feedback Sessions

The feedback sessions before and after practice are often skipped in an effort to save time. These sessions, however, are very important for the continued development of the participant’s psycho-motor or decision-making skills. Without adequate feedback and coaching, the participant may miss an important learning opportunity and take longer to achieve competency. Keep in mind that by this time the participant has already demonstrated competency on a model and may not need extensive feedback. To minimize disruption of services, the pre- and post-practice feedback sessions can take place in just a few minutes in a location away from the client care areas.

The structure of the feedback session is essentially the same regardless of whether the session takes place before or after practice, and whether it is for a participant’s performance with models or with clients.

- The participant should first identify personal strengths and the areas where improvement is needed.
- Next, the trainer should provide specific, descriptive feedback that includes suggestions of not only what, but also how, to improve.
- Finally, the participant and the trainer should agree on what will be the focus of the practice session, including how they will interact while they are with the client. For example, they may agree that if the trainer places a hand on the participant’s shoulder, it is a signal to stop and wait for further instructions.

The feedback session before practice should be given before entering the room to work with the client. The feedback session after practice can be delayed until the client’s care has been completed or the client is in stable condition so that continuous care is no longer needed. The trainer should try not to delay feedback any longer than necessary. Feedback is always more effective when given as soon after care as possible. This will also allow the participant to use the feedback with the next client for whom services are provided, if appropriate.

Feedback during a Procedure

Be sure the client knows that the participant, although already a service provider, is also a learner. Reassure the client that the participant has had extensive practice and mastered the skill on models. The client should expect to hear the trainer talk to the participant and understand that it does not mean that something is wrong. Finally, the client should clearly

understand that the trainer is a proficient service provider and is there to ensure that the procedure is completed safely and without delay.

Positive Feedback

Positive feedback is often easy to give and can be provided in the presence of the client. Trainers often think that hearing feedback, even positive feedback, will disturb the client. Many clients, however, find it comforting to hear the service provider being given positive feedback.

- Keep the feedback restrained and low-key; overly exuberant praise can be as worrisome to the client as hearing negative comments. Too much praise may cause the client to wonder, “What is being hidden?” “Why is it so surprising that this person is doing a good job?”
- Positive feedback can be conveyed by facial expression and tone of voice rather than words, and still be highly effective.

At the same time, the **absence** of feedback of any kind can be disturbing to the participant. By this phase of skill development the participant is expected to do a good job even with the first client, and is accustomed to hearing positive comments. Therefore, in order to maintain the participant’s confidence, it is still important to give positive feedback.

Corrective Feedback

Corrective feedback is difficult to give under any circumstances, but particularly when a client is present. It is important to keep such feedback low-key and restrained. There are a number of techniques that will make it easier.

- Often a look or hand gesture (e.g., a touch on the shoulder) can be as effective as words and less worrisome to the client.
- Simple suggestions to facilitate the procedure can be made in a quiet, direct manner. Do not go into lengthy explanations of why you are making the suggestion or offering an observation—save that for the post-practice feedback session.
- To help a participant avoid making a mistake, the trainer can calmly ask a simple, straightforward question about the procedure itself. If a step in a procedure is about to be missed, for example, asking the participant to name the next step **before** doing anything further could help avoid an error. This is **not** the time to ask hypothetical questions about potential side effects and complications, as this may distract the participant and alarm the client.
- Sometimes, even though they have had extensive practice on models, participants make mistakes that can potentially harm the client. In these instances, the trainer must be prepared to step in and take over the procedure at a moment’s notice. This should be done calmly and with complete control to avoid unnecessarily alarming the client.

SECTION 2

FANC TRAINING

Antenatal care (ANC) is the care provided throughout pregnancy to help ensure that women go through pregnancy and childbirth in good health and that their newborns are healthy. The emphasis in this training course is on focused ANC, which relies on evidence-based interventions provided to women during pregnancy by skilled healthcare providers such as midwives, doctors, and nurses midwives. Focused ANC includes assessment of maternal and foetal well-being, preventive measures, preparation of a birth plan including complication readiness, and health messages and counselling.

The training material for this course “Focused Ante Natal Care, Malaria and Syphilis in Pregnancy” has been developed by the Ministry of Health and Social Welfare (MOHSW) to orient health care providers nationwide in improving the quality of antenatal care services. In Tanzania, despite high antenatal attendance of pregnant women, maternal (578/100,000 live births) and infant (68/1,000 live births) mortality rate are still high. Although 94% of women attend ANC, only 47% of them give birth in health facilities (TDHS 2004-05). Focused antenatal care (FANC) is part of RCH big program of quality improvement and recognition initiative (QIRI) and one of the interventions spelled out in the National Package of Essential Reproductive and Child Health Interventions (NPERCHI).

FANC is one of the Safe Motherhood (SM) Pillars and its goal is to provide timely and appropriate care to the women during pregnancy to reduce the maternal morbidity and mortality as well as achieving a good outcome for the baby.

Supplemental training materials for this course also includes National Guides and job aids for FANC, managing Malaria and Syphilis during Pregnancy, National Infection Prevention and Control Guidelines, and the Basic Maternal and Newborn Manual (JHPIEGO, 2005) as comprehensive updated reference sources.

Course Goals

- To update knowledge and standardize clinical skills to provide FANC, including control and management of malaria and syphilis in pregnancy, use of interventions to prevent MTCT of HIV, and infection prevention measures according to the national guides.
- To enable the participant to recognize and respond to a pregnant woman who is experiencing life-threatening complications.
- To influence in a positive way the attitude of the participant toward improved quality of FANC/MIP/SIP services.

This Facilitator’s Guide contains the course syllabus and course schedule, as well as all supplemental printed materials needed during the course, skills practice learning guides, checklists, case studies and role plays. Other materials include instructions for various exercises and on the use of the tools; illustrated lecture handouts; and participant’s course evaluation and Action Plans for follow-up institutional development.

JOBS AND TASKS OF THE SERVICE PROVIDERS AFTER FANC TRAINING

The service providers will do the following:-

FANC

JOB 1:

Organizing the RCH clinic in order to provide quality and equitable FANC services

TASKS

- Establishing and maintaining conducive environment for friendly FANC services
- Organizing the RCH clinic in a way that enhances acceptance and continuity of FANC services.
- Ordering and keeping supplies and equipment for use in the provision of FANC services including emergencies.

JOB 2:

Establishing and maintaining interpersonal relationship with other health care providers, clients and relatives, community and society at large

TASKS:

- Establishing and maintaining health care provider/health care provider, client/health care provider, and health care provider/community/society, working relationship.
- Establishing and maintaining services that promote clients, family and community's rights.

JOB 3:

Promoting FANC education to colleagues, individual clients, couples, groups, community and society

TASKS:

The tasks involve the following:

- Planning, conducting and evaluating FANC educational sessions to target groups.
- Advocating first ANC visit before 16 weeks
- Advocating health seeking behaviour especially whenever there is a danger sign
- Promoting ante-natal, intra-natal and post-partum care provided by a skilled health care provider.

JOB 4:

Assess the client during ANC visits

TASKS

- Taking proper history
- Performing thorough physical examination
- Performing laboratory investigations

JOB 5:

Providing FANC care

TASKS

- Making accurate decisions based on proper findings

- Taking proper action –provide SP for IPTp, Mebendazole/Albendazole, ferrous sulphate, folic acid, TT vaccine and ITN Voucher.
- Providing dates for a return visit.

JOB 6:

Counseling individuals, couples and client’s relatives for health promotion

TASKS:

Using counseling skills to promote healthy habits and practices:

- Diversified diet.
- Health seeking behaviour.
- Breast feeding and family planning
- Develop IBP with the client and be prepared for complications.
- Refer cases that cannot be managed by her/him.

ANC QUALITY IMPROVEMENT

JOB 1:

Introduce ANC QI approach at workplace and elsewhere as opportunities arise

TASKS

- Guide implementation of ANC QI approach at worksite.
- Conduct advocacy meeting on ANC QI at workplace and elsewhere
- Support baseline and on-going quarterly ANC service assessments and reporting.
- Conduct supportive supervision.

MALARIA

JOB 1:

Manage Malaria in Pregnancy (MIP)

TASKS

- Take proper history, conduct physical examination and laboratory investigation (Blood Slide and Haemoglobin).
- Carry out health education sessions on importance of early health seeking behaviour.
- Administer anti malarial medicines accordingly.
- Encourage compliance of dosage schedule.
- Promote use of ITN
- Counsel and provide SP for IPTp.
- Promote environmental sanitation to reduce mosquito breeding sites.

JOB 2:

Manage Anaemia in Pregnancy

TASKS

- Promote diversified diet
- Promote personal hygiene
- Deworming
- Micro nutrient supplementation
- Promote personal protection against malaria e.g. ITN

- Provide chemoprophylaxis
- Advise on child spacing
- Treat anaemia in pregnancy accordingly

SYPHILIS

JOB 1:

Manage Syphilis in Pregnancy

TASKS

- Ensure availability of RPR testing kits and related supplies.
- Carry out RPR pre and post test counselling to pregnant mothers attending ANC for the first time during pregnancy.
- Screen pregnant mothers who attend the ANC at booking for syphilis by RPR.
- Treat all RPR reactive pregnant mothers according to the treatment guidelines.
- Trace and treat for syphilis all contacts of RPR reactive pregnant women.
- Record and keep all information of syphilis on relevant registers properly.
- Ask the RPR reactive woman to remind the service provider in the labour ward to treat the newborn immediately after birth.

PMTCT

JOB 1:

Establish and maintain positive interpersonal relationship with co-workers, clients, patients and community members to promote trust, participation and effective utilization of PMTCT services

TASKS

- Organise clinical setting for effective PMTCT service provision.
- Help clients feel at ease, respecting clients' rights, cultural, social and religious beliefs throughout the interaction.
- Set environment to maintain privacy and confidentiality.

JOB 2:

Counsel clients who attend antenatal, intranatal and post-natal care as part of PMTCT services

TASKS

- Conduct pre and post test counselling
- Facilitate couple/partner/family counselling
- Facilitate referral to care and treatment centres.

JOB 3:

Conduct essential laboratory tests for PMTCT services

TASKS

- Draw blood and test for HIV
- Perform quality control measures
- Handle laboratory results in confidentiality.

JOB 4:**Provide quality obstetric care of HIV positive pregnant women****TASKS**

- Provide modified care to HIV positive mother to prevent MTCT of HIV during antenatal, intranatal and postnatal stages.
- Instruct HIV positive pregnant women on how to use ARVs correctly.

JOB 5:**Manage infants born by HIV positive mothers****TASKS**

- Administer ARV syrup to the newborn babies of HIV positive mothers.
- Educate HIV positive mothers on how to breastfeed successfully.
- Counsel HIV positive mothers for breastfeeding options/feeding options.
- Educate mothers on proper preparation of replacement feeding.

JOB 6:**Manage ARVs used in PMTCT services****TASKS**

- Ensure availability of ARVs and other commodities
- Follow the tracking procedures for ARVs.

JOB 7:**Sensitise the community to participate in PMTCT services****TASKS**

- Carry out advocacy meetings with members of the community on basic facts about HIV/AIDS and PMTCT interventions.
- Counteract misconceptions and myth on HIV/AIDS in the community.
- Establish and maintain effective networking and collaboration with different stakeholders and the community on PMTCT services.

JOB 8:**Monitor and evaluate PMTCT services****TASKS**

- Collect, process, use and share PMTCT data in an effective way.
- Document key issues likely to strengthen or hinder PMTCT services.
- Ensure good storage of PMTCT information for confidentiality.
- Participate in evaluation of PMTCT services.

INFECTION PREVENTION AND CONTROL

JOB 1:

Improve and maintain Infection Prevention and Control Practices

TASKS

- Ensure availability of chlorine and related supplies all the time.
- Ensure availability of buckets and wash basins for hand washing.
- Ensure availability of safety boxes for disposal of sharps.
- Ensure cleanliness of the facility and its surroundings.
- Ensure availability of personal protective equipments (PPE).
- Adhere to infection prevention practices throughout according to the guidelines.
- Ensure proper collection and disposal of healthcare wastes.

DATA MANAGEMENT

JOB 1:

Management of Clients records

TASKS

- Ensure ANC client information are collected and recorded correctly.
- Compile monthly/quarterly reports and submit to appropriate levels accordingly.
- Ensure ANC record books/registers, cards including tally sheets are accessible and well kept.
- Make use of data information for planning and improving of ANC services.

MANAGE ANC SERVICES

JOB 1

Manage ANC clinic

TASKS

- Plan, organise, coordinate, supervise and evaluate ANC services.
- Supervise staff.
- Ensure availability of basic equipment and supplies.

5. COURSE DESIGN

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 involves theoretical review of new evidence and practice of skills as well. It emphasizes doing, not just knowing, and uses competency-based evaluation of performance.

Specific characteristics of this course are as follows:

During the morning of the first day, participants demonstrate their knowledge of FANC by completing a Pre-course Questionnaire.

- Classroom and clinical sessions focus on key aspects of Focused Antenatal Care, including Malaria and Syphilis during Pregnancy, Infection Prevention practices, and PMTCT of HIV.
- Progress in knowledge-based learning is measured during the course using a mid-course Knowledge Questionnaire.
- Participants practice first in a simulated setting, using learning guides that list the steps in performing skills using an anatomic model. In this way, they learn and/or update the skills needed more quickly and in a standardized way.
- Progress in practicing new skills is documented with the checklists.
- A clinical trainer uses the checklists to evaluate each participant's performance.
- Participants learn and are evaluated in clinical decision-making through case studies and simulated exercises and during clinical practice with clients.
- Participants learn appropriate interpersonal skills through behaviour modelling and role plays and are evaluated during clinical practice with clients.

Successful completion of the course is based on successful completion of the knowledge and skills components, as well as satisfactory overall performance in providing Focused ANC.

EVALUATION

This clinical training course is designed to produce healthcare providers with skills who are qualified to provide Focused ANC. Qualification is a statement by the MOHSW that the participant has met the requirements of the course in knowledge, skills, and practice. The participant and the facilitator share responsibility for the qualification of the participant.

The evaluation methods used in the course are:

- Knowledge Questionnaire. Knowledge will be assessed at the end of the course. A score of 85% or more indicates knowledge-based mastery of the material presented during classroom sessions. For those participants scoring less than 85% on their first attempt, the facilitator reviews the results with the participant individually and guides her/him on using the Learner's Guide to learn the required information, and after that, the participant has to complete the Knowledge Questionnaire again.

- **Clinical Skills.** The facilitator will use the FANC skills checklists included in the Learner's Guide to assess each participant as they perform the skills and procedures needed to provide antenatal care. Participants should be able to perform all of the steps/tasks for a particular skill/procedure. Assessment of competency may take place in the simulated setting and then at a clinical site. In addition, case studies will be used to assess problem-solving and decision-making skills. Evaluation of the interpersonal communication skills of each participant may take place at any time during the course through observation of participants during the role play.

Evaluation Tools

- Pre and post course knowledge assessment questionnaires
- Checklist for antenatal history, physical examination, laboratory tests and antenatal care
- Course Evaluation of which the form has to be completed by each participant at the end of the course.

COURSE SYLLABUS

This six-day clinical skills course is designed to update and standardize participants to provide FANC including prevention and control of Malaria and Syphilis in pregnancy. On the final day the participants will be introduced to the ANC Quality Improvement approach for reaching desired performance.

The objectives of the course are to update service providers on:

- Focused Antenatal Care (FANC)
- Malaria in Pregnancy (MIP)
- Syphilis in Pregnancy (SIP)
- Infection Prevention and Control (IPC)
- The four strategies (WHO) for prevention of Mother to Child Transmission of (PMTCT) HIV
- Antenatal Care Quality Improvement (ANC QI) approach

Participant Learning Objectives

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

1. Describe maternal and neonatal health situation in Tanzania
2. Describe focused antenatal care
3. Use the recommended clinical decision-making framework when providing antenatal care.
4. Use interpersonal communication techniques to develop a caring and trusting relationship while providing antenatal care.
5. Apply the recommended Infection Prevention and Control practices while providing antenatal care.
6. Conduct a Quick Check
7. Assess a pregnant woman through history taking and physical examination.
8. Perform basic laboratory investigations.
9. Help the woman develop individual birth plan and complication readiness.
10. Provide health messages and counselling.

11. Provide tetanus toxoid immunization, iron/folate, and SP (intermittent preventive treatment for malaria) and Mebendazole/Albendazole
12. Identify and manage MIP, SIP and anaemia during pregnancy
13. Describe the four strategies to PMTCT of HIV
14. Support the implementation of ANC quality improvement in their facility.

Training/Learning participatory Methods

- Illustrated lectures and group discussions
- Brainstorming
- Demonstration.
- Simulated practice using anatomic model
- Case studies
- Role play
- Games
- Guided clinical activities (assessing and providing care for women requiring antenatal care)

Equipment and supplies

- For general classroom activities: flipchart stands, flipcharts, with markers, overhead projector, LCD, laptop and screen
- For clinical learning activities: pregnancy calculators (wheels), calendars, RCH Card No. 4, ANC register (MTUHA Book 6), anatomical pelvis, breast models (Zoë's)
- For the infection prevention demonstrations: soap, gloves, plastic apron, instruments, needles and syringes, plastic receptacles, chlorine solution or powder, antiseptic hand rub, safety box and paper towels.

Participant Selection Criteria

- Priority should be given to service providers intended to provide ANC services such as
 - Nurse Midwives (Certificate, Diploma, Advanced or Degree)
 - Maternal and Child Health Aider and other unskilled staff if selected for training should receive special attention.

Course Duration

- 6-day course, 10 hours per day

Course Composition and Trainers Trainee Ratio

- Up to 25 participants, males and females
- 1 clinical trainer for every 4 to 5 participants

Learning and Reference Materials

- *Focused Antenatal Care, Malaria and Syphilis in Pregnancy – Learner’s Guide for Service Providers and Supervisors – Tanzania MOHSW 2007*
- *National Guidelines for Malaria Diagnosis and Treatment – Tanzania MoHSW, 2006*
- *National Infection Prevention and Control Guidelines for Healthcare Services in Tanzania MOH, 2004*
- *National Guidelines for Screening and Treatment of Syphilis in Pregnancy in Tanzania MOH, 2004*
- *Job Aids for FANC, Malaria and Syphilis in Pregnancy*
- *Infection Prevention Manual – JHPIEGO, 2005*
- *Basic Maternal and Newborn Care: A Guide for Skilled Providers JHPIEGO, 2005*

SECTION 3 COURSE SCHEDULE		FANC/ MIP/ SIP CLINICAL SKILLS		Date:.....	Venue:.....
DAY 1 (Monday) – 10 HRS	DAY 2 (Tuesday) – 10 HRS	DAY 3 (Wednesday) – 10 HRS	DAY 4 (Thursday) – 10 HRS	DAY 5 (Friday)-10 HRS	DAY 6 (Saturday)- 10 HRS
Agenda Opening: <ul style="list-style-type: none"> • Welcome remarks • Introductions • Expectations , Norms, leadership and logistics <ul style="list-style-type: none"> • Course overview (Goals, Objectives, Schedule) • Review materials • Official opening Pre course questionnaire Why clients give birth at home Analysis of the Matrix CHAPTER 1: FOCUSED ANTENATAL CARE <ul style="list-style-type: none"> • Introduction to FANC • Elements of FANC <ul style="list-style-type: none"> - Early detection and diagnosis of Diseases/ Abnormalities 	Agenda and opening activities EXERCISES: Calculation of <ul style="list-style-type: none"> - EDD - GA CHAPTER 2: MALARIA AND ANAEMIA IN PREGNANCY <ul style="list-style-type: none"> • Malaria In Pregnancy <ul style="list-style-type: none"> - Situation in Tanzania - Effects - Prevention: Use of SP and ITNs • Case management <ul style="list-style-type: none"> - Uncomplicated malaria - Severe malaria DEMONSTRATION: How to treat a mosquito net with insecticide (ITN)	Agenda and opening activity DEMONSTRATION AND PRACTICE <ul style="list-style-type: none"> - Performing RPR test CHAPTER 4.1: INFECTION PREVENTION AND CONTROL IN FANC <ul style="list-style-type: none"> - Standards precautions - IPC practices DEMONSTRATION : <ul style="list-style-type: none"> - How to prepare chlorine solution 0,5% - Hand hygiene, use of gloves - Injection safety 	Agenda and opening activity DEMONSTRATION AND PRACTICE: FANC clinical skills using Learning guide and checklist <ul style="list-style-type: none"> • Demonstrations • Use of Models • Role Play 	CLINICAL PRACTICE	Agenda and opening activity CHAPTER 4.2: FANC QUALITY IMPROVEMENT PROCESS <ul style="list-style-type: none"> • ANC QI Process • ANC QI Performance standards Demonstration and practice <ul style="list-style-type: none"> • Use ANC QI Tool for <ul style="list-style-type: none"> - History taking - Physical exam - Provision of care Post Course Questionnaire
LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
Chapter 1: cont... <ul style="list-style-type: none"> - Counseling on health promotion Individual Birth Plan and Complication Readiness - Danger Signs in the mother and new born - Focused ANC visits referral and follow-up - PMTCT of HIV - Management of client's records Discuss pre questionnaire results Review and evaluate activities of the day	<ul style="list-style-type: none"> • Anaemia in pregnancy <ul style="list-style-type: none"> - Symptoms and signs - Management and Prevention CHAPTER 3: SYPHILIS IN PREGNANCY <ul style="list-style-type: none"> - overview of syphilis - laboratory investigations - treatment, management and referral of pregnancy women with syphilis Review and evaluate activities of the day	CASE STUDIES <ul style="list-style-type: none"> - Normal pregnancy - Malaria in pregnancy - HIV/AIDS in pregnancy Review and evaluate activities of the day	Continued... <ul style="list-style-type: none"> ▪ PRACTICE FANC clinical skills using checklists and Learning guide Emergency Drill Plan for clinical Practice at the practicum Review and evaluate activities of the day	CLINICAL PRACTICE Clinical practice report by groups Review and evaluate activities of the day	ACTION PLAN: <ul style="list-style-type: none"> ▪ Participants make knowledge and skills application plans Course Summary Goals, objectives, learners objectives and expectations Course Evaluation Closure
Assignment: Read Chapter 1, 2 & 3 of FANC/MIP/SIP Learner's Guide Review Best Maternal and Neonatal Care Manual	Assignment: Read Chapter 4 – session 4.1 of FANC/MIP/SIP Learner's Guide. Review BMNC Manual	Assignment: Review learning guide & checklist for ANC, from the FANC /MIP/SIP Learner's Guide. Review BMNC Manual	Assignment: Read Checklist for ANC Review BMNC Manual	Assignment: Read session 4.2 ANC QI Develop action plans	Assignment: Implement knowledge and skills application plans

SECTION 4

MODEL COURSE OUTLINE

The course outline presented here is a model plan for the training to be delivered. It presents participant learning objectives to be accomplished which are also described in the course syllabus. For each enabling objective, there are suggestions regarding appropriate learning activities, resources and materials needed.

The course outline is divided into **four columns**.

- **Time.** This column of the outline indicates the approximate amount of time to be devoted to each learning activity.
- **Objectives and /or Activities.** This column lists the enabling objectives and learning activities, which are presented here in order. The combination of the objectives and activities (introductory activities, small-group exercises, clinical practice, breaks, etc.) outlines the **flow** of training.
- **Training/Learning Methods.** This column describes the various methods and strategies to be used to deliver the content and skills related to each enabling objective and activities.
- **Resources/Materials.** The fourth column in the course outline lists the resources and materials needed to support the learning activities.

DAY 1 – 10 HOURS**FOCUSED ANTENATAL CARE COURSE OUTLINE**

TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
10 minutes	Activity: Welcome remarks and introductions Create a conducive learning environment	Welcome remarks by the local authority or facilitators. Have participants divided into pairs, interview, and then introduce each other by name, position, and one wishful thinking in order to provide quality ANC services at work station. The trainers should also be involved in this activity.	Flipchart, marker pens, masking tape
10 minutes	Activity: Identify participants' expectations	Ask each participant to write her/his expectations of the course and on a piece of paper (during 5 minutes) then read the expectations and put them on a flip chart. Paste the flip chart page to the wall for reference throughout the course.	Pieces of paper/poster boards, flipchart marker pens and masking tape.
10 minutes	Activity: Outline norms. Selection of leaders. Logistics.	Ask participants to list norms or rules they want to follow during the course and put them on a flip chart and paste it on the wall. Ask participants to select the leadership/representatives of the group. Explain logistics (payments and operational issues).	Flipchart, marker pens and masking tape
10 minutes	Activity: Provide an overview of the course; goal, objectives and schedule	Discuss the goals of the course and participant learning objectives. Review briefly and comment the coherence (or not) between expectations and objectives of the course. Clarify if some expectations will not be covered during the course. Outline the course schedule.	Flipchart, marker pens and masking tape Handouts, text books
5 minutes	Activity: Review course components, materials and methodology.	Distribute, review, and discuss materials to be used in the course. Outline competency-based training, assessment of knowledge and skills, use of simulations and anatomic models, supportive environment for learning, and clinical practice.	FANC/MIP/SIP Learner's Guide National Guides for Syphilis and IPC
30 minutes	Activity: Assess participants' pre-course knowledge	Ask each participant to pick one paper with a number and use it to identify his/her questionnaire. Then ask participants to answer the Pre-course Questionnaire only with what they really know, without guessing or copying. Clarify that results will allow trainer and participants to prioritize course contents.	Pieces of paper with numbers written on each according to number of participants. Precourse Questionnaires

DAY 1 – 10 HOURS

FOCUSED ANTENATAL CARE COURSE OUTLINE

TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
10 minutes 15 minutes	<p>Introductory activity: Identify reasons why clients give birth at home</p> <p>CHAPTER 1.0 FOCUSED ANC</p> <p>Objective: Explain the background of Focused Antenatal care</p>	<p>Brainstorming: ask participants why women give birth at home. List reasons given and group them in themes and summarize the main points. Write groups of reasons on a flipchart and paste them on the wall for reference throughout the training.</p> <p>SESSION 1.1. INTRODUCTION TO FOCUSED ANC</p> <p>Give participants 3 minutes to read objectives for chapter one</p>	<p>Flipchart, marker pens, masking tapes</p> <p>FANC/MIP/SIP Learner’s Guide</p>
10 minutes	<p>Activity: Explain current maternal and infant health status</p>	<p>Illustrated presentation and discussion: Explain current MMR, IMR, ANC coverage and facility deliveries. Ask selected participants to share regional/district maternal and infant current annual deaths, facility deliveries and ANC attendance.</p>	<p>FANC/MIP/SIP Learner’s Guide Flipchart, marker pens, masking tape</p>
10 minutes	<p>Activity: Describe The Safe Motherhood (SM) Pillars</p>	<p>Illustrated presentation and discussion: Show Safe Motherhood Pillars drawing from FANC/MIP/SIP Learner’s Guide, mention the pillars and the strategies/interventions in rows in order to accomplish a Safe Motherhood. Emphasize the role of FANC in this frame and how it is connected with the other pillars and components.</p>	<p>FANC/MIP/SIP Learner’s Guide</p>
10 minutes	<p>Objective: Explain the Overview of Pregnancy</p>	<p>Illustrated presentation and discussion: Explain overview of pregnancy. Ask participants to share experiences related to physiological changes in the three trimesters. Summarize generated information and compare it with notes in the FANC/MIP/SIP Learner’s Guide on Overview of Pregnancy.</p>	<p>FANC/MIP/SIP Learner’s Guide</p>
15 minutes		TEA BREAK	

DAY 1 – 10 HOURS

FOCUSED ANTENATAL CARE COURSE OUTLINE

TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
5 minutes	Objective : Define Focused ANC	Small group work: Divide participants in 2 groups using a participatory methodology. Group 1 to define what is Focused ANC, another group to define traditional ANC approach. Summarize answers, differentiating between traditional ANC and FANC approaches referring to FANC/MIP/SIP Learner’s Guide.	FANC/MIP/SIP Learner’s Guide Flip chart, marker pens, masking tapes
5 minutes	Activity: Explain the goal for Focused ANC	Explain the goal for FANC/MIP/SIP referring to notes in the Learner’s Guide. Present the points on the flip chart.	
10 minutes	Objective: Discuss aims of Focused ANC	Illustrated presentation and discussion: Explain the aims of Focused ANC. Ask participants to share experiences giving examples of how each aim is translated into services.	FANC/MIP/SIP Learner’s Guide
	Activity: Identify individual and group learning needs	During the break one or two trainers review the Pre Course Questionnaires and complete the Individual and Group Assessment Matrix	Pre course Questionnaire Answer Guide Individual and Group Assessment Matrix, marker pens, masking tape
10 minutes	Activity: Revise answers with participants using the Individual and Group Assessment Matrix	Each participant receives his/her questionnaire back and reviews the answers and analyzes the individual and group results with the trainer. Avoid discussion in depth and mention the section where the topic will be discussed. Put the matrix on the wall to be used throughout the course.	Completed Individual and Group Assessment Matrix Flipchart, marker pens, masking tape
10 minutes	Objective: Identify characteristics of effective focused ANC Objective: Explain woman friendly care	Brainstorming: Ask participants to list characteristics of an effective ANC clinic and list them on the flip chart. Compare generated list with content in the FANC/MIP/SIP Learner’s Guide. Facilitator to explain the generated list expounded by woman friendly care content from the FANC/MIP/SIP Learner’s Guide.	Flip chart, masking tape, marker pens Annex 2.1 Preparation of ANC site

10 minutes	Objective: Discuss related performance standard and verification criteria from ANC QI Tool	Note: Refer to Performance standards 1, 2 and 6 of the ANC quality improvement tool	QI Tool		
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DAY 1 – 10 HOURS

FOCUSED ANTENATAL CARE COURSE OUTLINE

TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
10 minutes	<p>Objective: Describe Elements of FANC</p> <p>Activity: List elements of FANC</p>	<p>SESSION 1.2: ELEMENTS OF FANC</p> <p>Brainstorming: Introduce the session by asking participants to list elements of FANC. Use open and specific questions to the group and individuals to ensure all elements are mentioned. Compare generated list of elements with those in the FANC/MIP/SIP Learner’s Guide.</p>	<p>FANC/MIP/SIP Learner’s Guide</p> <p>Flip chart, marker pens, masking tape</p>
10 minutes	<p>Objective: Describe assessment of an ANC client</p> <p>Activity: Explain Early detection and diagnosis of diseases/abnormalities</p>	<p>Element 1 (Session 1.2.1): Early detection and diagnosis of diseases/abnormalities</p> <p>Illustrated Presentation: Outline Quick Check, history taking, physical examination, laboratory investigations and decision making as activities to be done during the ANC visit to detect diseases and abnormalities.</p>	<p>FANC/MIP/SIP Learner’s Guide</p> <p>Flip chart, marker pens, masking tape</p>
10 minutes	<p>Activity: Explain History taking</p>	<p>Small group work: Divide participants in 5 groups. Give 5 minutes to read history taking notes in the FANC/MIP/SIP Learner’s Guide. Each group to share constraints in history taking at work place. Trainer to summarize components of history taking using Learner’s Guide.</p>	<p>Flipchart, marker pens, masking tape</p> <p>FANC/MIP/SIP Learner’s Guide</p>
10 minutes	<p>Activity: Exercise to practice calculation of EDD and gestational age</p>	<p>Exercise: To calculate EDD and GA. Use directions and written samples from Annex 12 Job Aid on calculation of EDD and GA</p>	<p>Flipchart, marker pens, masking tape</p> <p>FANC/MIP/SIP Learner’s Guide</p> <p>Pregnancy calculator for each participant (if available)</p>

DAY 1 – 10 HOURS

FOCUSED ANTENATAL CARE COURSE OUTLINE

TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
15 minutes	Activity: Describe components of ANC Physical Examination	Illustrated Interactive Presentation: How to conduct general examination, checking well being and vital signs, performing breast examination, abdomen and genital inspection following checklist Annex 3 in the FANC/MIP/SIP Learner’s Guide. Ask participants to share constraints in performing physical examination at work place.	FANC/MIP/SIP Learner’s Guide - Checklist Annex 3
10 minutes	Activity: Describe ANC laboratory investigations and their interpretations.	Game: Prepare pieces of paper in advance according to the number of participants. Ask each participant to select one. Only 7 pieces of paper have a laboratory test written on each; Hemoglobin, RPR/VDRL, Blood group and RH factor, Urine for albumen, urine for sugar, HIV Test and CD4, Blood Slide (BS) for malaria parasite or Rapid Diagnostic Test (RDT). The remaining pieces of paper are blank or have an activity written (sing a song, dance, recite a poem etc). Participants who choose a piece of paper with a laboratory test have to explain what that test is for (when and how it is taken, interpretation of results, etc.). The participant able to do so without reading the FANC/MIP/SIP Learner’s Guide is a winner, otherwise she is designated “a learner.” Give positive feedback in both cases.	FANC/MIP/SIP Learner’s Guide Pieces of paper
10 Minutes	Objective: Discuss related performance standard(s) and verification criteria from the ANC QI tool	Refer to performance standard 5, 7, 8 and 9 of the ANC QI Tool	ANC QI Tool
10 minutes	Activity: Describe the decision-making steps	Brainstorm: Ask participants to outline the steps in decision making in attending ANC client; review Appendix No. 1 in the Facilitator’s Guide (Gathering information, interpretation, develop and implement a care plan, evaluate the plan and re-plan). Give a summary of Element 1.	Appendix 1 in the Facilitator’s Guide Flipchart, marker pens, masking tape

DAY 1 – 10 HOURS

FOCUSED ANTENATAL CARE COURSE OUTLINE

TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
15 minutes	<p>Objective: Describe counseling and health promotion in ANC</p> <p>Activities:</p> <ul style="list-style-type: none">- Define counseling in ANC.- Explain GATHER steps- Explain health promotion messages	<p>Element 2 (Session 1.2.2): Counseling and Health Promotion in ANC</p> <p>Illustrated Lecture and Discussion: Introduce counseling using the GATHER steps Job Aid (Annex 13) and CARE skills</p> <p>Explain main topics to be addressed in health education and promotion as listed in the FANC/MIP/SIP Learner’s Guide.</p> <p>Divide participants in five groups by using a participatory method (use numbers, fruits or colors, etc). Assign topics to each group based on the FANC/MIP/SIP Learner’s Guide Element 2. Ask participants to agree, list and present 2 main messages given to clients under each topic in 5 minutes. Compare generated list of messages with the notes in the Learner’s Guide. Make clarifications as necessary. Give a summary of Element 2.</p>	<p>FANC/MIP/SIP Learner’s Guide (Job Aid on GATHER Steps)</p> <p>Flip chart, marker pens, masking tape</p>
5 minutes	<p>Objective: Discuss related performance standard(s) and verification criteria from the ANC QI tool</p>	<p>Refer to performance standard 10 of the ANC QI Tool</p>	<p>ANC QI Tool</p>
15 minutes	<p>Objective: Explain components of Individual</p>	<p>Element 3 (Session 1.2.3): Individual Birth Plan and Complications Preparedness</p>	

	<p>Birth Plan</p> <p>Activity:</p> <ul style="list-style-type: none"> - Illustrate components of Individual Birth Plan - Role play on Individual Birth Plan (IBP) and Complications Preparedness 	<p>Illustrated Lecture and Discussion: Introduce components of IBP through questions and answers.</p> <p>Role play: Give 5 minutes to participants to read the topic: Then ask 3 volunteers, one to act as a pregnant woman, one as a mother in law; one as health care provider helping the client to develop IBP in 10 minutes. Encourage other participants to add information if needed or make comments. Assure all components are included. Emphasize on the use of interpersonal skills. Make a summary of the main elements in IBP from FANC/MIP/SIP Learner's Guide.</p>	<p>FANC/MIP/SIP Learner's Guide</p> <p>Role Play Script</p> <p>Section 5 Facilitators Guide</p>
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DAY 1 - 10 HOURS

FOCUSED ANTENATAL CARE COURSE OUTLINE

TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
20 minutes	<p>Objective: Identify danger signs during pregnancy, labour, post partum, and new born</p> <p>Activity: Outline danger signs during pregnancy, labour, post partum and new born</p>	<p>Element 4 (Session 1.2.4): Danger signs in the woman and the new born</p> <p>Game: Identifying danger signs. Divide the participants in two rows. Put flipcharts on the walls and titled each one with the following periods: pregnancy, labour, post partum, and new born. Write one danger signs on a piece of paper. Allow participants from alternative row chose one by one a piece of paper and put it under one corresponding flipchart on the walls. The point belongs to the participant and his or her row, which correctly put the sign. Row that got more points is the winner.</p> <p>Emphasize that some signs and symptoms such as fever, severe abdominal pain, and severe headache signs of pre eclampsia/ eclampsia can be present during pregnancy, labour and post partum. Prepare additional pieces of paper of these signs. Give summary of element 4.</p>	<p>FANC/MIP/SIP Learner's Guide for Flipcharts, marker pens, masking tape</p>

DAY 1 - 10 HOURS

FOCUSED ANTENATAL CARE COURSE OUTLINE

TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
	Objective: Discuss related performance standard(s) and verification criteria from the ANC QI tool	Refer to performance standard 10 of the ANC QI Tool	ANC QI Tool
20 minutes	<p>Objective: Describe focused ANC visits</p> <p>Activities:</p> <ul style="list-style-type: none"> - Explain main tasks of the first and the following FANC visits - Review checking question 	<p>Element 5 (Session 1.2.5): ANC Visits, Referral and Follow-up</p> <p>Illustrated Lecture and Discussion: Introduce the topic by explaining the objectives. Explain scope of ANC and schedule of FANC visits. Ask participants whether schedule of FANC visits is feasible in their locality, if not; discuss what they can do to accomplish it.</p> <p>Brainstorming: Ask participants to list activities done to ANC client by visit- 1st ANC visit, the 2nd, 3rd and 4th. Ensure all activities are mentioned; refer to Annex 4 in the FANC/MIP/SIP Learner's Guide (Job Aid).</p>	<p>FANC/MIP/SIP Learner's Guide Annex 14</p> <p>FANC/MIP/SIP Learner's Guide Annex 4</p>
60 minutes		LUNCH	
10 minutes	<p>Objective: Explain referral and follow up of ANC client.</p> <p>Activity: Identify common indications for referral</p>	<p>Referral and Follow-up of ANC client</p> <p>Brainstorming: Ask experiences on Referral and Follow-up Procedures. Ask participants to list common indications for referral.</p> <p>Present a summary for Element 5.</p>	FANC/MIP/SIP Learner's Guide

DAY 1 - 10 HOURS

FOCUSED ANTENATAL CARE COURSE OUTLINE

TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
10 minutes	<p>Objective: Explain an overview of HIV prevalence globally, and in Tanzania</p> <p>Activity: Give overview of PMTCT</p>	<p>Element 6 (Session 1.2.6): PMTCT of HIV</p> <p>Illustrated Lecture and Discussion: Present overview of HIV/AIDS information from the Learner's Guide.</p>	FANC/MIP/SIP Learner's Guide
5 minutes	<p>Objective: Define MTCT and PMTCT of HIV</p>	<p>Questions and answers: Definition of MTCT and PMTCT of HIV</p>	FANC/MIP/SIP Learner's Guide
10 minutes	<p>Objective: List factors increasing MTCT of HIV</p>	<p>Game: Divide participants into two groups. Assign group members each with a factor known to increasing MTCT of HIV written on a piece of paper. Ask them to read and paste the factor under relevant category of factors increasing MTCT (maternal, infant and breastfeeding)</p>	FANC/MIP/SIP Learner's Guide
15 minutes	<p>Objective: Explain strategies of PMTCT of HIV.</p> <p>Activity: Describe the four strategies of PMTCT</p>	<p>Game: Divide participants in 4 groups using numbers from one to four. Give 5 minutes to read and 5 minutes to each group to present. Group 1 will read strategy One, group 2, will read strategy Two, and so on. They are in an international meeting with Bill Gates and other millionaire donors. Their role is to get money to implement their strategy in their country. Facilitators to form a team of donors. Encourage participants to make a convincing presentation using advocacy skills to illustrate the importance of the strategy in order to get the money. Who will get the money? The best seller! Give summary of element 6 and emphasize integration of four strategies in order to reduce MTCT of HIV.</p>	FANC/MIP/SIP Learner's Guide Flipchart, marker pens, masking tape
5 minutes	<p>Objective: Discuss related performance standard(s) and verification criteria</p>	<p>Refer to performance standard 14 of the ANC QI Tool</p>	ANC QI Tool

DAY 1 - 10 HOURS

FOCUSED ANTENATAL CARE COURSE OUTLINE

TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
	from the ANC QI tool		
10 minutes	Objective: Explain rationale for accurate record keeping Activity: Review record keeping	Element 7 (Session 1.2.7): Management of client's records Illustrated Lecture and Discussion: Introduce management of client's records through questions and answers. Summarize rationale for accurate record keeping.	FANC/MIP/SIP Learner's Guide RCH 4 Card (Annex 3B)
10 minutes	Activity: Outline roles of health care providers in the management of ANC client's records.	Brainstorming: Ask the participants the roles of health care providers in the management of ANC client's records. Ask them to share the barriers in meeting the roles. Summarize generated information.	ANC record keeping books: MTUHA 6, 2, 10, 12 Flipchart, markers pens, masking tape
10 minutes	Activity: Explain how ANC data is recorded, compiled and reported	Small groups: Divide participants in small groups and let them/participants discuss for 5 minutes on how ANC data is recorded, compiled and reported.	FANC/MIP/SIP Learner's Guide MTUHA 6, 2, 10, 12 Flipchart, markers pens, masking tape
15 minutes	Objective: Explain FANC/MIP/SIP indicators Activity: Explain calculation of ANC indicators	Game: Facilitator distributes 8 pieces of papers randomly each with an ANC indicator. Ask each participant with the paper to read it and list sources of information to get each indicator. The co-facilitator to list the information on a flipchart. Emphasize the data collection that is needed to calculate the indicators.	FANC/MIP/SIP Learner's Guide Flipchart, marker pens, masking tape
10 minutes	Activity: Review of the clinical forms and criteria for referral and follow-up	Illustrated Lecture and Discussion: Describe key principles and show the documents for clinical record currently used at health facilities. Ask for questions about the use of registers. Review criteria for referral and follow up. Summarize points using FANC/MIP/SIP Learner's Guide.	ANC record keeping books; MTUHA 6, 2, 10, 12, RCH 4 Card

DAY 1 - 10 HOURS

FOCUSED ANTENATAL CARE COURSE OUTLINE

TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
5 minutes	Objective: Discuss related performance standard(s) and verification criteria from the ANC QI tool	Refer to performance standards 15 and 20 of the ANC QI Tool	ANC QI Tool
10 minutes	Activity: Discuss Pre Course Questionnaire	Show the matrix to participants and comments the results by group and individually. Identify areas that need to be reinforced. Encourage them to review their own result pasted on the wall in the classroom.	Matrix of Pre Course Questionnaire filled out
10 minutes	Activity: Review of the day's activities	Questions and answers: Involve participants in a brief review of the topics and activities covered during the day. Clarify topics if needed. Ask participants to: volunteer to write the agenda for next day on a flipchart, plan an opening activity or warm up for next day and give feedback about the day.	Course Schedule Flipchart, marker pens, masking tape

DAY 2 – 10 HOURS			
FOCUSED ANTENATAL CARE COURSE OUTLINE			
TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
10 minutes	Activity: Agenda and opening activity	Agenda and opening activity: Facilitate participant to present/ review the days agenda outlined on the flipchart. Have participant(s) according to the sign up sheet.	Flipchart, marker pens, masking tape
40 minutes	CHAPTER 2.0: MALARIA AND ANAEMIA IN PREGNANCY Objectives: Describe malaria situation, why pregnant women are vulnerable to malaria, effects of MIP, to the pregnant woman and the newborn and strategies to reduce morbidity and mortality from malaria in pregnancy	SESSION 2.1: MALARIA IN PREGNANCY (MIP) Discussion: Ask participants, using open and individual questions, about: - Malaria Situation in Tanzania - Characteristics of MIP - Why pregnant women are more vulnerable - Effects of MIP on pregnant women, foetus and new born, how to reduce morbidity and mortality from MIP. Encourage participants to ask questions and to give comments.	FANC/MIP/SIP Learner’s Guide Flipchart, marker pens, masking tape
20 minutes	Activities: - Describe ways to prevent MIP - Demonstrate ability on how to treat mosquito nets with insecticide (ITNs)	Demonstration: Trainers to demonstrate how to treat a mosquito net with insecticide following the steps for the procedure described by the manufactures, in the FANC/MIP/SIP Learner’s Guide	FANC/MIP/SIP Learner’s Guide Insecticide packet with instructions Mosquito net (clean and dry), gloves, clean water, container
30 minutes	Activity: Described Intermittent Preventive Treatment (IPTp).	Illustrated Lecture and Discussion: Intermittent Preventive Treatment (IPTp). Encourage discussion. For example, ask participants to consider the differences and similarities between the information presented and their present practices. Summarize the topic and clarify points as needed	FANC/MIP/SIP Learner’s Guide

DAY 2 – 10 HOURS**FOCUSED ANTENATAL CARE COURSE OUTLINE**

TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
50 minutes	Objective Describe management of uncomplicated malaria emphasizing clinical decision making.	SESSION 2.2: CASE MANAGEMENT OF UNCOMPLICATED MALARIA AND SEVERE MALARIA IN PREGNANCY Brain storming: Facilitators to ask participants current practices of the management of uncomplicated malaria. Co-facilitator to list responses. Conduct guided discussion comparing participants practices and what is in the FANC/MIP/SIP Learner’s Guide and present the whole session. Emphasize use of new drug, Alu.	Flipchart, marker pens, masking tape FANC/MIP/SIP Learner’s Guide
15 minutes		TEA BREAK	
50 minutes	Activity: Describe treatment of severe malaria emphasizing clinical decision making	Small group work. Facilitator to divide participants in 4 groups. Each group to discuss and present what they think is the effective management of severe malaria. Facilitator encourages participants to share their experiences, clarifies information as necessary, provides updates as per FANC/MIP/SIP Learner’s Guide. Asks participants to practice calculation and dilution of quinine injection on the flip chart.	Flipchart, marker pens, masking tape FANC/MIP/SIP Learner’s Guide
15 minutes	Activity: Discuss the role of the community in the prevention and control of malaria in pregnancy.	Brain storming: Facilitator to ask participants to list on a flip chart the different roles of the community in the control of malaria in pregnancy. Compare the list with what is in the FANC/MIP/SIP Learner’s Guide and makes a summary.	Flipchart, marker pens, masking tape FANC/MIP/SIP Learner’s Guide
5 minutes	Objective: Discuss related performance standard(s) and verification criteria from the ANC QI tool	Refer to performance standard 11 of the ANC QI Tool	ANC QI Tool

DAY 2 – 10 HOURS**FOCUSED ANTENATAL CARE COURSE OUTLINE**

TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
30 minutes	<p>Objective: Give an overview of Anaemia in Pregnancy</p> <p>Activity: Describe anaemia and its causes</p>	<p>SESSION 2.3 ANAEMIA IN PREGNANCY Brainstorm: Ask participants what is considered anaemia in pregnancy. List all the answers. Summarize the definition. Ensure the key elements are described. Participants describe the causes of anaemia in pregnancy. List all the answers. Summarize. Give positive feedback.</p>	<p>Flipchart, marker pens, masking tape</p> <p>FANC/MIP/SIP Learner’s Guide</p>
35 minutes	<p>Activity: Describe management and prevention of anaemia in pregnancy emphasizing clinical decision making</p>	<p>Illustrated Lecture and Discussion: Explain management and prevention of anaemia in pregnancy. Pause at appropriate intervals to emphasize particular points and encourage discussion. For example, ask participants to consider the differences and similarities between the information presented and their present practices. Summarize anaemia in pregnancy.</p>	<p>Flipchart, marker pens, masking tape</p> <p>FANC/MIP/SIP Learner’s Guide</p>
5 minutes	<p>Objective: Discuss related performance standard(s) and verification criteria from the ANC QI tool</p>	<p>Refer to performance standard 12 of the ANC QI Tool</p>	<p>ANC QI Tool</p>
60 minutes		LUNCH	
60 minutes	<p>CHAPTER 3.0 : SIP Objectives: Explain Overview of Syphilis in Tanzania, mode of transmission, signs/symptoms, and effects of syphilis pregnancy.</p>	<p>SESSION 3.1 OVERVIEW OF SYPHILIS IN PREGNANCY Illustrated Lecture and Discussion: Briefly Explain overview of syphilis in Tanzania, definition, mode of transmission, signs and symptoms (primary, secondary, tertiary), effects of syphilis, congenital syphilis.</p>	<p>Flipchart, marker pens, masking tape</p> <p>FANC/MIP/SIP Learner’s Guide</p>

DAY 2 – 10 HOURS**FOCUSED ANTENATAL CARE COURSE OUTLINE**

TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
30 minutes	Objective: Describe laboratory investigations for syphilis in pregnancy	SESSION 3.2 LABORATORY INVESTIGATIONS Illustrated interactive presentation: Describe different laboratory investigations used for detecting syphilis in pregnancy	FANC/MIP/SIP Learner's Guide
50 minutes	Objective : Describe treatment, preventive, control measures of syphilis, follow up and referral	SESSION 3.3: TREATMENT, MANAGEMENT AND REFERRAL OF PREGNANCY WOMEN WITH SYPHILIS Illustrated interactive presentation Describe treatment of woman and her partner(s), new born, follow up, referral and prevention of syphilis, management of allergies due to Penicillin and toxins from the dying treponema palladium. Facilitator to review flow chart for screening and treatment of syphilis in pregnancy and summarize the session.	Flipchart, marker pens, masking tape FANC/MIP/SIP Learner's Guide
10 minutes	Activity: Review of the day's activities	Encourage participants to review the activities covered during the day. Facilitate a brief evaluation of the day.	Flipchart, marker pens, masking tape FANC/MIP/SIP Learner's Guide

DAY 3 – 10 HOURS			
FOCUSED ANTENATAL CARE COURSE OUTLINE			
TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
10 minutes	Activity: Agenda and opening activity	Facilitate participant to present the agenda on the flipchart. Have the participant(s) according to the sign up sheet for the opening activities.	Flipchart, marker pens, masking tape
85 minutes	Activity: Performing RPR test	Skill Demonstration and Practice: The skill is to be demonstrated by trainers and participants to do return demonstration following a check list/manufactures instructions. Give priority to participants who don't have the skill. Refer to Annex 12	FANC/MIP/SIP Learner's Guide Checklist for RPR test, Gloves, RPR kit (tube, pipette, test card, antigen, needle and syringe) 0.5% chlorine solution, decontamination container Annex #12
5 minutes	Objective: Discuss related performance standard(s) and verification criteria from the ANC QI tool	Refer to performance standard 13 of the ANC QI Tool	ANC QI Tool
15 minutes	CHAPTER 4.0 ANC QUALITY IMPROVEMENT Activity: Introduce Infection prevention and control	SESSION 4.1: INFECTION PREVENTION AND CONTROL Introduce the topic: Divide participants according to their geographical environment and give them 10 minutes to discuss constrains in the implementation of infection prevention in regard to hand washing. Use of personal protective equipment (PPE), handling of sharps including injection safety processing instruments, healthcare waste management, traffic flow and activity pattern, house keeping. Summarize the information gathered.	Flipchart, marker pens, masking tape FANC/MIP/SIP Learner's Guide
5 minutes	Activity: Define the term standard precautions	Illustrated Lecture and Discussion; Explain about standard precaution with real examples which reflecting to infection prevention practices.	Flipchart, marker pens, masking tape FANC/MIP/SIP Learner's Guide

DAY 3 – 10 HOURS			
FOCUSED ANTENATAL CARE COURSE OUTLINE			
TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
15 minutes		TEA BREAK	

DAY 3- 10 HOURS			
FOCUSED ANTENATAL CARE COURSE OUTLINE			
TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
10 minutes	Activity: Identify components of standard precautions, demonstrate IP practices related to ANC services-Instruments processing steps, Waste disposal, Traffic flow and Housekeeping	Brainstorming; Ask participants to list components of standard precaution. Summarize the answers reflecting to the content in the Learner’s Guide Skill Demonstration: skills are to be demonstrated by trainers and practiced by participants in a simulated setting in the classroom using the appropriate equipment including running water. Demonstrate each of the practices, provide an explanation of the steps involved and encourage participants to ask questions.	Flipchart, marker pens, masking tape FANC/MIP/SIP Learner’s Guide
120 minutes	Activity: Demonstrate selected infection prevention practices	Prepare four stations for demonstration and discussion: - hand hygiene and use of gloves, preparation of 0.5% chlorine solution, and proper waste disposal, handling sharp instruments and injection safety, traffic flow and housekeeping. Each station has a trainer/seller. Divide participants into four groups using a participatory method. Groups will rotate for 30 minutes by stations. Each trainer explains and discusses his/her topic. One of the trainers is the time keeper. Facilitator demonstrates one skill and sees to it that participants gain the skill.	FANC/MIP/SIP Learner’s Guide 1. Hand hygiene and use of gloves 2. Preparation of 0.5% chlorine solution, and proper waste disposal 3. Handling sharp instruments and injection safety 4. Traffic flow and housekeeping 5. Flip chart with additional information, drawing and or Job aid if needed
	Objective: Discuss related performance standard(s) and verification criteria from the ANC QI tool	Refer to performance standards 2, 9, 17, 18 of the ANC QI Tool	ANC QI Tool

60 minutes		LUNCH	
120 minutes	Activity: Orientation to Clinical Decision Making	Divide participants in 3 groups using participatory method each group will rotate for 40 minutes for each station under guidance of trainer for working on the selected case studies.	Case studies Instructions
10 minutes	Activity: Review of the day's activities	Encourage participants to review the activities covered during the day. Facilitate a brief evaluation of the day.	Agenda of day 4

DAY 4 – 10 HOURS

FOCUSED ANTENATAL CARE COURSE OUTLINE

TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
10 minutes	Activity: Agenda and opening activity	Facilitate participant to present the agenda on the flipchart. Have the participant(s) according to the sign up sheet for the opening activity or warm up conduct it.	Flipchart, marker pens, masking tape
60 minutes	Activity: Demonstrate taking antenatal history	Following the ANC checklist demonstrate how to take an antenatal history (one of the trainers as a client): including quick check, interpersonal communications skills and calculation of the EDD and GA (Refer Annex 3A). Encourage discussion and give positive feedback.	FANC/MIP/SIP Learner's Guide Childbirth simulator (anatomic model) ANC register Pregnancy calculator, pen TT card, examination couch
30 minutes	Activity: Demonstrate antenatal physical examination	Demonstration on - physical examination , interpersonal communication skills, ensure privacy and IP practices. Assess general well being, conjunctiva inspection, and blood pressure measurement, visual inspection of breast, abdominal examination, fundal height and genital inspection. Pause at appropriate intervals and encourage discussion. Ask participants to consider whether they cover each of the components presented	Flipchart, marker pens, masking tape FANC/MIP/SIP Learner's Guide (Annex 3A)

DAY 4 – 10 HOURS			
FOCUSED ANTENATAL CARE COURSE OUTLINE			
TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
		when doing an ANC physical examination. If there are components that they do not include, ask them to explain.	
40 minutes	Activity: Demonstrate antenatal care provision	Demonstrate antenatal care provision: Present and discuss clinical decision-making. Explain that after gathering information by the first steps (history taking, physical examination and the laboratory test results if available) the identification of problems or individual needs must be done. Based of this information, basic antenatal care is provided: specific treatment if needed, vaccinations, counseling, IPT for malaria, iron and folic acid/folate, Mebendazole/Albendazole individualized birth preparedness, danger signs and schedule return visits.	Flipchart, marker pens, masking tape FANC/MIP/SIP Learner’s Guide (Annex 3A)
15 minutes		TEA BREAK	
60 minutes	Activity: Practice FANC using models and the ANC checklist	Demonstration: Clinical Practice continue.	Flipchart, marker pens, masking tape FANC/MIP/SIP Learner’s Guide (Annex 3A)
15 minutes	Activity: Skill competency acquisition	Preparations for FANC skills competency evaluation using ANC checklist and anatomic model.	ANC skills supplies and equipment FANC/MIP/SIP Learner’s Guide
60 minutes	Activity: Evaluate competency in FANC using ANC checklist and anatomic model	Demonstrations: Practice continue. All participants should be evaluated by trainers demonstrate competency in models before practicing with real clients.	ANC checklist guide (Annex 3A) Anatomic model (childbirth simulator)
60 minutes		LUNCH	
60 minutes	Objective: Prepare for clinical practicum practices Activity: Discuss clinical objectives, logistic and supplies	Illustrative Lecture discussion: Present plans for clinical practice. Ask for questions and make sure all participants understood the activities. Discuss clinical objectives, logistics and supplies. Refer FANC/MIP/SIP Learner’s Guide	Flipchart, marker pens, masking tape ANC checklist Blood pressure machine, tape measure, gloves, 0.5% chlorine solution, individual towel and hand washing solution. FANC/MIP/SIP Learner’s Guide

DAY 4 – 10 HOURS**FOCUSED ANTENATAL CARE COURSE OUTLINE**

TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
		Annex 6: Guidelines for FANC/MIP/SIP Clinical Skills Practice	
30 minutes	Activity: Demonstrate ability to manage an ANC emergency	Trainers to decide on a scenario such as one in which a woman suffers an eclamptic seizure/fit. In the first drill, trainers play all roles as reflected in Section 10 . Trainers should practice their roles prior to conducting the drill.	ANC emergency supplies FANC/MIP/SIP Learner's Guide Annex 2 Essential Equipment and Supplies for FANC
10 minutes	Activity: Review of the day's activities	Encourage participants to review the activities covered during the day. Facilitate a brief evaluation of the day.	FANC/MIP/SIP Learner's Guide

DAY 5 – 10 HOURS			
FOCUSED ANTENATAL CARE COURSE OUTLINE			
TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
60 minutes	Activity: FANC Clinical Practice	Trainers to guide participants in the clinical sites.	List of participants by group Drinking water and snacks for participants and trainers
240 minutes	Activity: Clinical Practice with clients at the clinic under guidance of trainers	Clinical Practice with clients at the clinic: Introduce participants to the clinic staff (maternal care staff) While the trainer is monitoring to one participant, other participants of the group should continue to work in pairs and practice taking an antenatal history, performing an antenatal physical examination and providing care. Encourage them to use FANC/MIP/SIP Learner's Guide checklist and give feedback to facilitator.	FANC/MIP/SIP Learner's Guide (Annex 3A, 4)
60 minutes	Activity: Preparation of the Clinical practice report by groups	Discussion: Each group to give brief feedback to RCH clinic staff at their clinical practical area.	Notebooks and pens
60 minutes		LUNCH BREAK	
60 minutes	Activity: Presentation of the Clinical practice report by groups to participants.	Presentations: One representative of each group presents the report about the clinical practice experience. Discuss their clinical experience, including history, physical examination and care provision. Also discuss factors that facilitated and barriers that hindered the provision of care. Encourage participants to give recommendations to improve the practice.	Flipchart, marker pens, masking tape
10 minutes	Activity: Review of the day's activities	Encourage participants to review the activities covered during the day. Facilitate a brief evaluation of the day.	Flipchart, marker pens, masking tape FANC/MIP/SIP Learner's Guide

DAY 6 – 10 HOURS

FOCUSED ANTENATAL CARE COURSE OUTLINE

TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
10 minutes	Activity: Agenda and opening activity	Facilitate participant to present the agenda on the flipchart. Have the participant(s) who volunteered for the opening activity or warm up conduct it.	Flipchart, marker pens, masking tape
35 minutes	Objective: Orient on the use of Antenatal care QI (ANC QI tool).	SESSION 4.2 FANC QUALITY IMPROVEMENT PROCESS Illustrated Lecture and Discussion: explain and discuss the ANC QI model and the implementation process in health facilities. Encourage discussion. Ask participants whether they are implementing a performance and quality process in their facilities. Ask whether ANC QI tool can complement it or improve the quality of FANC.	FANC/MIP/SIP Learner’s Guide ANC QI Power point presentation
20 minutes	Activity: Describe the ANC QI Model and process	Illustrate Lecture Discussion: Describe the ANC QI Process and give examples on how to identify gaps, cause analysis and interventions.	ANC QI Power point presentation FANC/MIP/SIP Learner’s Guide
15 minutes	Activity: Review ANC QI tool	SESSION 4.3: FOCUSED ANC PERFORMANCE STANDARDS Group Discussion: Introduce briefly the ANC QI tool (Sections and number of standards by section). Notice the coherence of standards with the checklists. Review instructions with participants Ask for questions and comments	Flipchart, marker pens, masking tape Four samples of the ANC QI uncompleted tool
35 minutes	Activity: Review ANC QI tool (cont.)	Small group: Divide participants in four groups and give them instructions to review ANC QI tool. Invite them to review how the tools are filled out using the completed sample of the tool as well as the uncompleted ones for 20 minutes. Ask for comments and questions.	Samples of the ANC QI uncompleted tool and completed

DAY 6 – 10 HOURS**FOCUSED ANTENATAL CARE COURSE OUTLINE**

TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
60 minutes	Activity: Use of the ANC QI tool.	<p>Small Group: Divide participants in two groups, one will observe a simulation of ANC physical examination, and the other group will observe a role play about basic care provision during ANC.</p> <p>Simulation: Trainers will conduct a simulated physical examination during ANC, using anatomic model and equipment. Participants will observe and record observations on the ANC QI tools.</p> <p>Role play: Trainers will perform provision of basic care during ANC. Participants will observe and record observations on the ANC QI tools.</p>	Samples of ANC QI uncompleted tool of physical examination and provision of basic care during ANC
15 minutes		TEA BREAK	
50 minutes	Activity: Analyze the practice of using the tool, and quantitative results	Discussion: Explain how to summarize the quantitative results of the standards observed. Ask about using the tool. Encourage discussion about the feasibility to implement the ANC QI process in their facility.	ANC QI tools completed on selected sections. Summary Form
50 minutes	Activity: Assess participants' knowledge	Provide post course questionnaires and use real names (instead of numbers).	Post course questionnaires Post course questionnaire guide
25 minutes	Activity: Review the post-test questionnaire and analyze level of knowledge achieved	Discussion: The results of the knowledge assessment post-test questionnaire should be reviewed with the class as a whole, emphasizing collective strengths and weaknesses. The trainer can review any previous presentation topic that the majority of participants missed questions on. Trainers must then meet with individual participants who scored less than 85% and discuss missed items and/or incorrect responses, and plan a time to repeat it until he/she get 100%.	Flipchart, marker pens, masking tape

DAY 6 – 10 HOURS**FOCUSED ANTENATAL CARE COURSE OUTLINE**

TIME	OBJECTIVES/ ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
40 minutes	Objective: Develop an Action Plan	Small group: Pair of participants from same facility	Action plan forms

	implementation at work site to address identified gaps in the provision of ANC.	will develop an action plan to improve FANC in their work site.	Appendix 5 in Facilitator's Guide
60 minutes	Activity: Presentation of action plans	Presentation: Each pair of participants presents to other participants their action plan in 5 minutes and will leave a copy of it with trainers. This copy will be used to do the follow up.	Completed Action Plans
60 minutes		LUNCH BREAK	
20 minutes	Activity: Identify course strengths and weaknesses	Course Evaluation: Have participants complete the course evaluation form. Trainers will prepare a report-summary of this evaluation.	Course Evaluation Forms Sample - Appendix 7 in Facilitator's Guide
20 minutes	Activity: Summarize the training	Discussion: discuss briefly with participants whether the course has met their expectations, as outlined on Day 1. Review course objectives.	Flipchart with the expectations outlined on Day 1 Flipchart with course objectives
60 minutes	Closing Ceremony	Certificates are handed out and congratulations given	List of participants Signed certificates Flipchart, marker pens, masking tape

SECTION 5

Role Play

INTRODUCTION FOR USING THE ROLE PLAY

The purpose of the role play is to provide an opportunity for learners to understand the importance of **good interpersonal communication skills when providing antenatal care**. The emphasis in the role play is on good listening skills. There are directions for the facilitator together with discussion questions to facilitate discussion after the role play. There is also an answer guide. It is important for the trainer to become familiar with the answer guide before conducting the role play. Although the key contains “most probable” responses, other responses provided by participants may be equally acceptable.

ROLE PLAY: LISTENING TO THE ANTENATAL CLIENT

Instructions

Select three participants to perform the following roles: healthcare provider, mother-in-law, and antenatal client. The two participants 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 participants, who will observe the role play, should also read the background information before the role play begins. The purpose of the role play is to provide an opportunity for participants to understand the importance of good listening skills when providing antenatal care.

Participant Roles

Healthcare provider: The healthcare provider is an experienced midwife who has good listening skills.

Client: Mrs. Amani is 19 years old. This is her second pregnancy.

Mother in law: Mrs Amani and husband live with the mother-in-law.

Situation

Mrs. Amani is 30 weeks pregnant and generally healthy. This is her second antenatal visit for this pregnancy. She has not had any pregnancy-related problems so far. Her first pregnancy was uncomplicated and she gave birth at home, in her mother’s house. She is not comfortable about being at the clinic because the midwife who provided antenatal care in her first pregnancy never listened to what she had to say. In addition, the midwife she saw on her first visit for this pregnancy was hurried and did not listen to her. She wanted to give birth at home, like her first baby. However, her mother-in-law convinced Mrs. Amani to deliver at the health facility. The midwife senses the client's concern as she starts taking antenatal history. She decides to use listening skills to make Mrs. Amani feel comfortable.

Instructions to the Facilitator

1. Scene 1
 - At ANC clinic where Mrs. Amani, during her first pregnancy was attended by a nurse who did not listen to what she was saying.
2. Scene 2
 - At home where Mrs. Amani during her second pregnancy is with her mother in law who is convincing her to go and deliver at a health facility with a skilled health provider.
3. Scene 3
 - At ANC clinic where Mrs. Amani during her second visit is with a skilled, friendly and motivated health service provider and her mother in law. She explains that she is not comfortable about being at the clinic because the midwife who provided antenatal care in her first pregnancy never listened to what she had to say. In addition, the midwife she saw on her first visit for this pregnancy was hurried and did not listen to her.

Participants' Role

Observe interpersonal interaction, language and communication skills between the midwife and the woman, specifically appropriate listening skills.

ROLE PLAY ANSWER GUIDE: LISTENING TO THE ANTENATAL CLIENT

Use the following outline to guide discussion after the role play. Although these are “most probable” answers, other answers provided by participants during the discussion may be equally acceptable.

1. Midwife should welcome the client and mother in law, provide a seat, greet Mrs. Amani and her mother in law respectfully and with kindness. She should then give her full attention to Mrs. Amani and avoid giving the impression that she has other work to do/clients to see. Conveying the message that you are available and that you have time to listen are important characteristics of good listening.
2. The midwife should sit facing Mrs. Amani, and lean slightly forward to show interest. She should maintain eye contact and appear relaxed and comfortable with the interaction. These nonverbal or attending behaviours convey to the client the midwife's readiness to and interest in listening to her.
3. The midwife should listen to everything Mrs. Amani says and not just what she wants to hear. In addition, she should avoid interrupting Mrs. Amani. These listening behaviours acknowledge clients as people with important things to say.
4. The midwife should acknowledge what Mrs. Amani has said (e.g., by repeating it) and should be open and non-judgmental about it. Seeing things from the client's perspective encourages understanding and trust between the healthcare provider and client, and helps ensure that the client will follow the midwife's recommendations and return for continued care.
5. After finish the role play, discuss the influence that providers have on clients when they use good listening skills to improve FANC. For example, supporting pregnant

women for having an individual birth plan. Ask whether all components of an IPB were mentioned, if not, what were missed?

6. Service provider should give opportunity to Mrs. Amani to ask any questions.

SECTION 6

EXERCISE: CALCULATING THE ESTIMATED

EXPECTED DATE OF DELIVERY (EDD) AND GESTATIONAL AGE (GA)

The purpose of this exercise is to enable participants to practice calculating the estimated date of delivery (EDD).

INSTRUCTIONS TO FACILITATORS

- The exercise can be done in small groups or individually.
- Review the method for calculating the EDD and GA using the questions below *before* practice with participants
- Participants answer questions 1 through 5 below without using gestational age calculators.
- Distribute gestational age calculators (gestational wheels) if available, to participants and demonstrate how to use them.
- Let participants answer questions 1 through 5 again, this time using gestational age calculators. Then they should compare the results with their original calculations.
- If gestational age calculators are not available, review participants' original calculations for accuracy.

RESOURCES

- Calendars
- Pregnancy calculators (gestational wheels)
- Guidelines for calculating the EDD (FANC/MIP/SIP Learner's Guide page 18)
- Questions 1 through 5 (next page)
- Answer Key to Questions 1 through 5
- Job Aids (EDD and GA)

METHODS FOR CALCULATING THE EDD AND GA

1. EDD
 - Know the first date of the Last Normal Menstrual Period (LNMP)
 - Add 7 days to the date
 - Subtract 3 months *from* the months (if the month is above March)
 - Add 9 months to the month if the month is below April
 - Add 1 to the year if it is above April.
2. Gestation Age
 - Know the first date of the LNMP
 - Add up all the days from the LNMP to the date of visit.
 - Divide by 7 to get gestational age in weeks.
3. Use Pregnancy Calculator (gestational wheel) to calculate EDD and GA

QUESTIONS

Instructions

Facilitator to give individual assignment to work on the following questions;

1. Mrs. Amani comes to antenatal clinic on 3 January. She tells you that her last normal menstrual period started on 10 October. What are her EDD and GA?
2. Mrs. Bruno comes to antenatal clinic on 25 May. She tells you that her last normal menstrual period started on 10 March. What are her EDD and GA?
3. Mrs. Chuma comes to antenatal clinic on July 13. She tells you that her last normal menstrual period started on 10 March. What are her EDD and GA?
4. Mrs. Damas comes to antenatal clinic on 10 September. She tells you that her last normal menstrual period started on 1 January. What are her EDD and GA?
5. Mrs. Ezekiel comes to antenatal clinic on 5 April. She tells you that her last normal menstrual period started on 15 December. What are her EDD and GA?

ANSWER GUIDE, GESTATION AGE AND EDD

Give instructions on days

1. Mrs. Amani comes to antenatal clinic on 3 January. She tells you that her last normal menstrual period started on 10 October. What are her EDD and GA? **Answer: EDD: July 17 – GA: 12 weeks + 1 day**
2. Mrs. Bruno comes to antenatal clinic on 25 May. She tells you that her last normal menstrual period started on 10 March. What are her EDD and GA? **Answer: EDD: December 16 - GA: 11 weeks**
3. Mrs. Chuma comes to antenatal clinic on 13 July. She tells you that her last normal menstrual period started on 10 March. What are her EDD and GA? **Answer: EDD: December 16 - GA: 18 weeks**
4. Mrs. Damas comes to antenatal clinic on 10 September. She tells you that her last normal menstrual period started on 1 January. What are her EDD and GA? **Answer: EDD: October 8- GA: 36 weeks**
5. Mrs. Ezekiel comes to antenatal clinic on 5 April. She tells you that her last normal menstrual period started on 15 December. What are her EDD and GA? **Answer: EDD: September 22 - GA: 16 weeks**

NOTE:

Emphasize the importance of concordance between the GA and the fundal height measurement during the ANC

SECTION 7

CASE STUDY 1: NORMAL PREGNANCY

INSTRUCTIONS

Divide participants in 3 groups using participatory method. Each group will rotate for 40 minutes for each station under guidance of trainer for working on the selected case study. Participants will read and analyze the case study then answer questions in group, considering the steps in clinical decision-making as they answer the questions.

SCENARIO

Mrs. Rashid is 25 years old and is a primigravida. She reported at your health facility for the first time on 21st December 2007 escorted by her husband. You are attending her during this visit. Her last normal menstrual period was 1st June 2007.

QUESTIONS

1. What activities will you consider carrying out to Mrs. Rashid during this particular visit? Categorize answers under assessment (History, Physical and Laboratory investigations) and provision of care including counselling

Answer:

This is her 1st visit so do the following:

- History
- Physical examination
- Weight, Height, BP
- Urine for albumin, sugar
- Hb
- Blood group, RH
- Syphilis screening
- PMTCT for HIV
- Tetanus Toxoid
- Iron, Folic acid
- Mebendazole/Albendazole
- SP for IPTp1
- Counseling and Health Education
- IBP
- ITN/Voucher

2. What is her Expected Date of Delivery (EDD)?

Answer:

EDD is 8th March 2008

3. What is her Gestation Age (GA)?

Answer:

GA 29+¹ weeks of gestation

4. What will you include in the provision of care for Mrs. Rashid?

Answer:

- Provide tetanus immunization based on the schedule.
- Give advice about topics on diversified diet, personal hygiene, etc.
- Give advice about the use of insecticide-treated nets.
- Dispense SP for IPTp for malaria according to national guidelines.
- Dispense other medications such as iron, folic acid and Mebendazole/Albendazole.
- Develop or review individualized birth plan (IBP) with the woman.
- Discuss danger signs and what to do if any occurs.
- Record the relevant details of care on the woman's record/antenatal card.
- Ask the woman if she has any questions or concerns.
- Use checking questions "STOP" to establish whether the woman has received the necessary care for the visit.
- Thank the woman for coming and remind her for the next antenatal visit.

5. When will you schedule Mrs. Rashid to return for her next visit and why?

Answer:

Mrs. Rashid will come back for her next visit after 4 weeks for the 2nd TT vaccine (The facilitator should give a specific date of return.) But will be advised to come back any time if there are any danger sign or other concerns.

6. Where will you record information on Mrs. Rashid's care?

Answer:

The information will be recorded in the following documents:

- MTUHA book No.6
- RCH Card No.4
- TT Card
- ITN Voucher Register
- PMTCT Register
- ANC Tally Sheet

CASE STUDY 2: MALARIA IN PREGNANCY

INSTRUCTIONS

Divide participants in 3 groups using participatory method. Each group will rotate for 40 minutes for each station under guidance of trainer for working on the selected case study. Participants will read and analyze the case study then answer questions in group, considering the steps in clinical decision-making as they answer the questions.

SCENARIO

Mrs. Amani is 20 years old, currently lives in the coastal area, she is 26 weeks pregnant complained of fever, chills and headache to the relative two days ago, she went to the drug store and bought Paracetamol. Three days later her condition changed and was sent to the ANC clinic being restless and mentally confused. All this information was reported by relatives.

Physical examination reveals

- Semiconscious woman.
- Unable to converse.
- She withdraws her hand from a painful stimulus.
- Cannot localize a stimulus applied to the sternum.
- There is no neck stiffness, Jaundice or Pallor.
- Auxilliary Temperature is 39.5°C.
- Pulse rate 90/min
- Blood Pressure 110/70 mmHg
- Uterine fundus is palpable 26 weeks
- Foetal heart rates were heard.

1. What could be the possible diagnosis of Mrs. Amani?

Answer:

Severe malaria in pregnancy.

2. How would you manage this patient at dispensary and higher levels?

Answer:

AT DISPENSARY LEVEL

- Take history from the relatives.
- Give Pre-referral treatment.
 - Give Intramuscular Quinine 10mg/kg body weight stat.
 - Sedate patient.
 - Set IV fluid ringers lactate if available.

AT HIGH LEVEL (HEALTH CENTRE/HOSPITAL)

- Admit the patient
- Take history from the relatives
- Read the referral note concerning pre-medication and time given

- Request laboratory investigations
 - Blood smear for parasites
 - Blood glucose
 - Cerebral spinal fluid examination
 - Check Haemoglobin.

OTHER INVESTIGATIONS

- Blood group and Rhesus factor
- Urine for Albumin and Sugar
- HIV Test
- RPR Test

LABORATORY FINDINGS revealed the following:

- 2,500 asexual parasites of *P. Falciparum* per 200 WBC
- Cerebral spinal fluid examination was normal.
- Blood glucose was 1.2 mmol/L.
- Haemoglobin level was 11.5 g/dl.
- Blood group “A” Rhesus “Positive”.
- HIV test – Negative.
- RPR non-reactive.

4. Based on the above laboratory findings what is the proper management for Mrs. Amani?

Answer:

Besides severe malaria Mrs. Amani is also hypoglycaemic therefore her management is as follows:

- Quinine dehydrochloride salt 10mg/kg body weight intra-venously as follows:
 - Dilute in 5-10 mls per kg/body weight in 5% Dextrose
 - Infuse over 4 hours and rest 4 hours, repeated every 8 hours until the patient can take orally
 - Take Quinine tablets to complete 7 days or ALu tablets full course if in second or third trimesters.
 - When taking Quinine tablets orally, patient should be instructed to complete the treatment course for a total of seven (7) days, e.g. if the Quinine IV was given for 2 days, then Quinine oral medication should be given for 5 days to make the total dose of 7 days.
- Give 5 mls/kg/body weight of 25% dextrose solution as bolus or give 50 mls or 50% Dextrose IV as bolus.
- Close monitoring of vital signs and blood sugar.
- Encourage feeding.
- Give 1 gm. of Paracetamol tablets 6 hourly for 3 days.

5. What precautions should be observed during IV Quinine administration to this patient?

Answer

- Control of the rate of Infusion since if allowed to run too rapidly hypotension and hypoglycaemia may develop.
- Close monitoring of vital signs and blood sugar

Note: Hypoglycaemia is a common problem in severe malaria. Also use of Quinine may worsen the condition so remember to monitor the blood glucose level frequently.

6. Since the patient is pregnant, do you think it is advisable to prescribe an alternative drug other than Quinine and why?

Answer

NO

Reasons

- Because the patient has severe malaria Quinine is the drug of choice.
- Quinine does not cause abortion at therapeutic doses.
- It is severe malaria which can cause abortion or premature delivery.

7. What other observation is particularly important in this patient and why?

Answer

- Foetal heart rate.

Reason

Foetal distress is common in malaria especially if there is high fever like in this patient.

8. Based on this diagnosis what is your plan of care after being discharged?

Answer

- If she has not completed anti malarial treatment course she should continue the treatment.
- Encourage diversified diet.
- Advise on the use of ITN.
- To continue for routine ANC services
- Advice on environmental sanitation

CASE STUDY 3: HIV/AIDS IN PREGNANCY

INSTRUCTIONS

Divide participants in 3 groups using participatory method. Each group will rotate for 40 minutes for each station under guidance of trainer for working on the selected case study. Participants will read and analyze the case study then answer questions in group, considering the steps in clinical decision-making as they answer the questions.

SCENARIO

Mrs. Damas, a 27-year-old Gravida 3 Para 2, presents for her second regularly scheduled antenatal care visit at 26 weeks' gestation. Her first visit was at 16 weeks. At that time, Mrs. Damas chose not to be tested for HIV, a test that is recommended for all pregnant women. Her other laboratory tests were normal. She lives with her husband and children in a suburb of the capital city of a country where the prevalence of HIV infection in pregnant women has increased over the past few years. You note that she looks anxious and unhappy.

ASSESSMENT (history taking, physical examination, and laboratory investigation)

1. Before beginning your assessment, what should you do for and ask Mrs. Damas?

Answer

- Quick check
 - Observation of the women general appearance
 - Ask general screening questions to identify danger signs
 - Mrs. Damas should be welcomed, greeted respectfully and with kindness and offered a seat to help her feel comfortable, establish rapport, and build trust. A good relationship helps to ensure that the client will adhere to the care plan and return for continued care.
2. What history will you include in your assessment of Mrs. Damas and why?

Answer

- She should be asked if there is anything worrying her or anything that she would like to talk about. Her response may point toward the underlying reason for her apparent anxiety/unhappiness.

Reason: Because

- Mrs. Damas appears anxious and unhappy.
- This is Mrs. Damas's second visit and her first visit was normal, present history can be taken.
 - Mrs. Damas should be asked if anything has changed or if she has experienced any danger signs or had any problems since her last visit.
 - She should also be asked if she has received care from any other care giver/health care provider since her last visit, and if she has been able to follow the plan of care discussed at her first visit.

- Some responses may point toward the underlying reason for her apparent anxiety/unhappiness, or may indicate a special need/condition that requires additional care or a life-threatening complication that requires immediate attention.
 - Ask the woman if she is ready for voluntary counselling and testing for HIV.
3. What physical examination will you include in your assessment of Mrs. Damas and why?

Answer

- Perform a physical examination (i.e., well-being, blood pressure, fundal height, lie, presentation, foetal heart rate, breast examination and genital inspection) to guide further assessment and help individualized care provision.

Reason

- Because this is Mrs. Damas second visit and her first visit was normal and some findings may indicate a special need/condition that requires additional care or a life-threatening complication that requires immediate attention.

4. What laboratory investigations will you include in your assessment of Mrs. Damas and why?

Answer

- You should counsel Mrs. Damas to be tested for HIV.

Note: *HIV testing should be offered at every visit, even if the woman has chosen not to be tested in the past. This is especially important given Mrs. Damas’s history.*

Reason

- Because she “opted out” of HIV testing during the first visit.
- Because this is Mrs. Damas’s second visit and at her first visit laboratory investigations were normal, you do not need to conduct other tests.

You have completed your assessment of Mrs. Damas and your main findings include the following:

History:

- During the first antenatal visit, all aspects of Mrs. Damas’s history were normal, except that she opted out of HIV testing.
- During this visit, when you ask whether there is anything worrying her or anything that she would like to talk about, she reports that:
 - She is very concerned about her family history of HIV: Her brother-in-law has AIDS and his wife and their youngest child are both HIV-positive.
 - She felt embarrassed to talk about this with you at her first antenatal visit, even though you provided an opportunity for her to do so when you asked about her HIV status, offered HIV testing and provided HIV counselling.
 - She knows that her husband has sexual relations with at least one other woman;

however, he refuses to use a condom during intercourse with her. Mrs. Damas has no sexual partners other than her husband.

- She is very distressed/upset, as she fears that she may be HIV-positive.
- During this visit, all other aspects of Mrs. Damas's history are normal.

Physical Examination:

During the first antenatal visit, and this visit all findings on physical examination was within normal range.

Laboratory investigation: During the first antenatal visit, she “opted out” of HIV testing; all other test results were normal as mentioned above in client profile: Haemoglobin 11 gm/dL., RPR non-reactive and Blood Group O, Rh positive.

5. Based on these findings, what is Mrs. Damas's diagnosis (problem/need) and why?

Answer

- Anxiety

Reason

- Mrs. Damas's has a real fear of being HIV-positive, especially given the prevalence of HIV in her country and the fact that her husband is not monogamous and does not practice safer sex with her.

After several counselling sessions eventually Mrs. Damas agreed to HIV testing on this visit and now comes back to see you with the result of her HIV test, which is positive. She tells you that some counselling was provided at the testing site, which was helpful, but she wants to discuss her situation further with you. She is very distressed.

6. What is the diagnosis of Mrs. Damas?

Answer:

- HIV in pregnancy.

PROVISION OF CARE

7. What is your plan of care for Mrs. Damas and why?

Answer

- Provide emotional support.
- Discuss the possibility of disclosure of her HIV status to her partner/family.
- Assess for signs and symptoms of complications related to HIV infection e.g., opportunistic infections.
- Refer for comprehensive care and treatment for HIV.
- Provide quality obstetric care for HIV positive pregnant woman.
 - Provide modified care to HIV positive pregnant woman to prevent MTCT of HIV during antenatal, intra partum and post natal period

- Instruct Mrs. Damas on how to use ARV drug correctly.
- Provide information on:
 - Administration of ARV syrup to her new born baby
 - Breastfeeding/feeding options.
- Monitor and evaluate PMTCT services.
 - Document all necessary information in PMTCT registers.
- A follow-up appointment should be made. It will also be important to emphasize the need for a skilled provider to attend the birth and having the birth at a facility where PMTCT services, including ARV prophylaxis for Mrs. Damas and her newborn, are available.
- After the next visit, if Mrs. Damas is coping well with her situation, has appropriate support, shows no signs of complications related to the HIV infection e.g., opportunistic infections and adhering to the care plan, she can resume the normal schedule of antenatal visits.

SECTION 8

SKILLS PRACTICE SESSIONS

Conducting Skills Practice Sessions

Skills practice sessions provide participants with **opportunities to observe and practice clinical skills**, either in a simulated setting or at a clinical site. The outline for each skills practice session includes the purpose of the particular session, instructions for the facilitators, and the resources needed to conduct the session, such as anatomic models, supplies, equipment, learning guides, and checklists. Before conducting a skills practice session, the facilitators should review the session and ensure that they can perform the skill or activity. It will also be important to ensure that the necessary resources are available and that an appropriate site has been reserved.

The first step in a skills practice session requires that participants review the relevant **checklist** which contains the key steps or tasks, in sequence (if necessary), required to perform a skill or activity in a standardized way. The learning guides are designed to help learn the correct steps and the sequence in which they should be performed (skill acquisition), and measure progressive learning in small steps as the participant gains confidence (skill competency).

Next, the facilitator demonstrates the steps/tasks, several times if necessary, for the particular skill or activity and then has participants work in groups of two or three to practice the steps/tasks and observe each other's performance, using the relevant **checklist**. The facilitators should be available throughout the session to observe the performance of participants and provide guidance. Participants should be able to perform all of the steps/tasks in the **checklist** before the facilitators assesses skill competency using the same **checklist**.

There are four skills practice sessions in the course, all of them are components of the FANC: It's recommended to practice each one separately until the participant feel confident in performing the skills.

- **Practice 1: Antenatal History taking**
- **Practice 2: Physical Examination**
- **Practice 3: RPR test for syphilis**
- **Practice 4: Provision of care**

PURPOSE OF CONDUCTING SKILLS PRACTICE

The purpose of this activity is to enable participants to practice taking an antenatal history, physical examination, RPR test for syphilis and provision of care and achieve competence in the skills required.

INSTRUCTIONS

This activity should be conducted in a simulated situation using a model. Participants should review the steps/tasks under “History”, “Physical Examination”, “Screening Procedures”, “Identify problems/needs” and “Provide Care/Take action” in the checklist Antenatal History, Physical Examination and Basic Care (Annex 3, FANC/MIP/SIP Learner’s Guide) before beginning the activity.

Participants should also review the content for these topics in the FANC/MIP/SIP Learner’s Guide for (pages 15 through 55).

Facilitators should prepare four “clinical stations” for the four practices (one in each station). In this way participants can rotate and practice simultaneously the four components of FANC

A facilitator is responsible for one station and for demonstrating the steps/tasks.

Under the guidance of the facilitators, participants should then work in groups to practice the steps/tasks and observe each other’s performance:

- While one participant takes a history from another, other participants should use the checklist to observe performance.
- Participants should then reverse roles until each has had an opportunity to practice and be observed.

RESOURCES

- Antenatal record cards (sufficient for each participant to practice history taking several times)
- The FANC/MIP/SIP Learner’s Guide.
- The **checklists** for Antenatal History, Physical Examination and Basic Care (included in the FANC/MIP/SIP Learner’s Guide)
- Model (childbirth simulator is useful) and towel to cover it
- Blood pressure machine
- Tape measure
- Disposable gloves
- Chlorine solution, sink and running water (can use a drawing)
- Buckets (3) one marked “chlorine solution”, “soapy water” and the other marked “rinse water”
 - Individual clean towels/paper towels/tissue papers
 - Foetoscopes
 - Wheels for calculating Gestational Age and EDD (if available)
 - RPR kits
 - Medicine: SP, Iron Folate, Mebendazole/Albendazole (refer Annex 2).

SECTION 9

EMERGENCY DRILL

The purpose of a simulated emergency drill is to provide participants with an opportunity to observe and take part in an emergency drill. By the end of the course, they should acquire skills to handle obstetric emergencies in their respective facilities. Drills can be conducted several times throughout the course, and involve trainers and participants. The steps involved in setting up and conducting a drill are as described below.

Facilitators decide on a scenario, such as one in which a woman suffers an eclampsia seizure/fit. In the first drill, facilitators play all roles. Facilitators should practice their roles prior to conducting the drill. The roles are as follows:

Role 1: First health provider in contact with the client

- Conduct rapid initial assessment.
- Stabilizes client (clear and maintain airway, give Magnesium Sulphate, start IV to keep the vein patent).
- Request assistance from other health care providers (shout for help).

Role 2: Runner

- Look for other skilled health care providers for support.
- Returns to bedside and assists as needed: takes vital signs, gathers equipment, etc.
- Follows additional instructions of charge person.
- Transfer to appropriate place/area for continuum of care.

Role 3: Skilled health care provider - Provision of care

- Ensure availability of emergency tray.
- Brings emergency tray to bedside during emergency.
- Administer medications to the patient
- Request relevant laboratory investigations
- Monitor vital signs and foetal heart including foetal movement
- Monitor intake and output
- Replenishes supplies/medications after use.
- Records all interventions in observation charts which shows time, drugs, amount and route, who did what, etc.

Role 4: Assistant

- Assists with crowd control.
- Escorts family members away from bed.
- Keeps client and family informed of situation.

At a pre-designated time, the participant selected to play the role of client enters the ANC clinic accompanied by relatives. While the service provider is welcoming them the client and her relatives, suddenly the client loses consciousness, collapses and starts fitting. First health provider in contact with the client (Role 1) immediately goes to the client who has fallen down and begins rapid initial assessment while shouting for help.

The runner (Role 2) arrives and goes to look for other skilled health care providers for help. Skilled health care provider (Role 3) brings the emergency tray, administers magnesium sulphate and starts an IV drip preferably Ringers Lactate.

The assistant (Role 4) tells the family what is happening and asks them to wait outside. All of this is happening simultaneously, as though it were a real situation. The person in charge protects the woman from injury without restraining her and turns her on her left side; the runner takes BP, pulse, and respiration and reports to the person in charge. After the emergency, the supplies are replenished and equipment is disposed of using correct infection prevention procedures. The recorded information is reviewed by the team involved for its accuracy.

SECOND AND SUBSEQUENT DRILLS

At each subsequent drill, a participant takes one more of the trainer's roles. At the beginning of the day, one or more participants are assigned a role, an emergency, roles are assumed and played. By the end of the course, the drill should be run entirely by participants. Different scenarios can be used for each drill.

Ask participants

1. What did you see and hear?
2. What they have learned from the drill?
3. Whether they have experienced such a situation in their facilities?

The facilitator summarises the purpose of the drill.

APPENDICES

APPENDIX 1

CLINICAL DECISION MAKING

Definition

Clinical decision-making is the systematic process by which skilled providers make Judgments regarding a patient's condition, diagnosis and treatment

Clinical decision-making follows a process that can be clearly described, taught and practiced.

The whole process does not depend entirely on the gathering of information but on the ability to organize, interpret and act upon the collected information
That ability to act upon the information collected is highly depend on experience, knowledge and practice. These are, in fact, the most influential factors in decision-making.

That ability to act upon the information collected is highly depend on experience, knowledge and practice. These are, in fact, the most influential factors in decision-making.

Terms used in Clinical Decision Making

- **Differential Diagnosis**

When a patient presents with a specific clinical sign or symptom, the provider creates a differential diagnosis, or a list of all the possible explanations for this sign or symptom. The list may be short or long and may include common as well as rare conditions. Clinical sign or symptom and serves as the basis for gathering information through history taking, physical examination and laboratory investigations (if possible). By creating a list of differential diagnoses, the provider tries to find out the possible problems of the client.

- **Hypothesis Testing**

Through a process known as hypothesis testing, a provider accepts or rejects as quickly as possible the diagnoses that are on the list to come out with a specific diagnosis. The provider consider on many factors to come up with a workable diagnosis.

- **Working diagnosis**

After evaluating the differential diagnosis list in consistence with the available information gathered form history, physical and laboratory data, the provider reaches a working diagnosis. This diagnosis is known as provisional or initial diagnosis. The provider may continue to gather information at this point or may begin to plan treatment

- **Final diagnosis**

A final diagnosis is reached after more definitive or confirming information becomes available. This information may be a pathology specimen in a patient with a tumor, or a blood test in a patient with suspected malaria.

Steps in Clinical Decision Making

1. Assessment (Gathering Information)

This is the first step in clinical decision-making is completed by both the patient, through self-assessment, and the provider. Providers obtain information through history taking, physical examination and possibly diagnostic testing, if available and appropriate.

2. Diagnosis (Interpreting the Information)

After gathering some information, the provider begins to formulate a differential diagnosis. Additional information is gathered to help identify the problem and move toward a working diagnosis from the list of all possible differential diagnoses. Through the process of hypothesis testing, the provider chooses a working diagnosis as a basis for planning treatment.

3. Planning (Developing the Care Plan)

After deciding on a working diagnosis, the provider chooses a treatment plan, if several options are available, using the data collected in the previous steps.

4. Intervention (Implementing the Care Plan)

The next step in clinical decision-making is implementing the solution or treatment option chosen. Implementation requires certain clinical skills. Some actions will have to be carried out simultaneously and others in a specific order, one immediately after the other.

5. Evaluation (Evaluating the Care Plan)

In the evaluation step of clinical decision-making the treatment plan chosen for the diagnosis is evaluated for its effectiveness.

Evaluation of the treatment can also lead the provider to a final diagnosis

Although there is a sequence of steps for clinical decision-making, movement through the steps is rarely linear or sequential. Rather, it is an ongoing, circular process, in which the provider moves back and forth between the steps as the clinical situation changes and different needs or problems emerge.

Understanding, reasoning, experience in clinical practice and judgments are the key component for successful decision-making. How a decision is made is as important as what decision is made.

SUMMARY

The process of clinical decision-making can be broken down into a series of steps that help to gather the information needed for accurate judgments. It begins with appropriate **Assessment Diagnosis, Planning, Intervention, and evaluation** of effectiveness of care.

APPENDIX 2

Facility ACTION PLAN

(TO BE COMPLETED OUT BY PARTICIPANTS INDIVIDUAL OR AS A TEAM)

PURPOSE

After completing the course, participants will elaborate an Action Plan to be put into use during the next three to six months for improving FANC, MIP and SIP in their facilities.

The Action Plan will

- Be developed by facility representative(s)
- Be realistic according to the local situation

The MOHSW will follow up and monitor the implementation of the Action Plan on quarterly basis

Areas to act on may include

1. Debriefing health facility and or district management
2. Social mobilization including community involvement for safe motherhood with or without WRATZ
3. Strengthening FANC skills at your site through central and on-job training as well as implementing national FANC/MIP/SIP service standards
4. Introducing ANC quality improvement approach at the facility and or to CHMT or RHMT or PSE institution.
5. Facilitating focused ANC baseline assessment with dates
6. First ANC quality improvement facility assessment with dates

ACTION PLAN

Activity	Output	Resources/Source	Responsible person	Time frame	Remark

APPENDIX 3

FANC/MIP/SIP CLINICAL SKILLS PRACTICE AT PRACTICUM SITES

OBJECTIVES

1. Demonstrate ability to organize integrated IPT, counseling on ITN, focused ANC and PMTCT service provision in a RCH clinic
2. Demonstrate adherence to infection prevention practices at a ANC clinic
3. Take proper history of a client in a ANC visit
4. Perform thoroughly physical examination to a pregnant women
5. Demonstrate ability to carry out/facilitate laboratory test related to ANC
6. Demonstrate ability to provide basic care including counseling for health promotion of a pregnant woman with partner/companion/relative
7. Practice recommended record keeping
8. Compile and present in 15 minutes a field report covering items listed below.
 - Facility name, type and ownership,
 - Staffing number and qualifications including those with ANC updates
 - The facility environment; readiness to provide ANC
 - Client flow
 - Waiting area, space, privacy, cleanliness
 - Supplies
 - Equipment
 - Actual services
 - Reception of clients
 - Communication process
 - Interpersonal relations between staff, staff with clients and with community members
 - IEC- FANC and other RCH messages
 - RPR screening test for syphilis

- Provision of SP by DOT
- De-worming – Mebendazole/Albendazole
- Level of services integration
- Voucher system
- Routine drugs e.g. Iron
- Observe record keeping; MTUHA Number 2, 6, 10, RCH 4 Card
- Referral system
- Infection prevention practices
 - Hand washing and hygiene in general, decontamination, HLD, sterilization, use of PPE (e.g. gloves, boots, aprons, masks)
 - Disposal of sharps, medical wastes
- What did you like most about the facility?
- What did you like least about the facility?

Good Luck!

**APPENDIX 4
EVALUATION FORM**

(To be completed by **Participants**)

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

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

COURSE COMPONENT	RATING				
	5	4	3	2	1
1. The Pre-course questionnaire helped me to study effectively the course content.					
2. Illustrated lecture discussions helped me to understand course contents.					
3. The role play on interpersonal skills was helpful.					
4. The exercises on calculating the EDD and GA were helpful.					
5. The case studies were useful for practicing clinical decision-making.					
6. The skills practice sessions made it easier for me to perform ANC skills - antenatal history taking, assessment, physical examination and care provision.					
7. The emergency drill helped me understand the different roles of emergency team members and how to respond in an emergency situation.					
8. There was sufficient time scheduled for practising at ANC clinic.					
9. I feel confident about providing focused antenatal care.					
10. I feel confidence to prevent and identify malaria in pregnancy					
11. I feel confident to perform RPR test					
12. I feel confident about applying infection prevention practices and interpersonal skills.					
13. The interactive learning approach used in this course made it easier for me to learn how to provide focused antenatal care.					
14. I can describe the Antenatal Care Quality Improvement (ANC QI) process					

15. What should be changed to improve the course?

16. What topic(s) should be eliminated from the course?

17. What topic(s) should be added to the course?

18. What are your suggestions for the facilitators?

Date:

THANKS!

ANTENATAL CARE

QUALITY IMPROVEMENT TOOL

**Using the Standards-Based Management and Recognition process
(SBM-R)**

TANZANIA – MOHSW
10 March 2008

ANC QUALITY IMPROVEMENT TOOL
FOR ESTABLISHING FACILITY PERFORMANCE

INTRODUCTION

The Tool for establishing facility level performance has 20 key standards for Focused Antenatal Care including Malaria, Anaemia and Syphilis in Pregnancy and Prevention of Maternal to Child Transmission of HIV. The tool includes direct clinical care to clients as well as the support functions needed for delivery of care. Each standard has verification criteria that are observable and must be recorded with one of the following options: Yes (Y), No (N), or Not Applicable (NA)

The ANC Quality Improvement Tool:

- Establishes the desired level of performance objectively and expresses it using standards
- Serves to measure actual performance during the baseline as well as in the internal monitoring and external assessment visits
- Helps identify the gaps between actual and desired performance.

ALL STANDARDS MUST BE ASSESSED EITHER BY OBSERVATION OR INTERVIEW OR RECORD REVIEW

The tool also has:

- Instructions for completing it.
- Summary of results by standard
- Form to consolidate the total results

INSTRUCTIONS FOR COMPLETING THE ANC QUALITY IMPROVEMENT TOOL

USING THE ANC QUALITY IMPROVEMENT TOOL

Each standard has instructions about the way that information is collected and the number of cases to be observed. Collection of information is based upon:

- Direct structured observation,
- Guided interviews.
- Revision of administrative documents and medical histories/records

COMPLETING THE ANC QUALITY IMPROVEMENT TOOL

- Record information collected immediately.
- Write Yes (Y), No (N) or Not Applicable (NA) in the column provided (third column).
- Record all relevant comments, clearly and briefly, trying to highlight the gaps and possible causes you observe during the visit assessment. This helps to identify causes of gaps, and plan for proper interventions.

ALL criteria of verification must be completed using Y, N or NA. DO NOT LEAVE ANY blank criteria.

- Write **Y** if the **item is performed or meets the description of the verification criteria.**
- Write **N** if the **item is not performed or does not meet the description (incorrect or incomplete or not done but was required).** For instance:

1. A criteria not performed

In case you are observing a provider conducting physical examination and does not wash her/his hands

2. Does not meet the description of the verification criteria:

In the case you are observing, the provider washes her/his hands with water but does not use soap, or dries her/his hands on her/his own clothes. Therefore, you should write **N** for this criteria

3. Verification criteria has components not performed:

- Takes vital signs:
 - Pulse for one whole minute
 - Respiration for one whole minute
 - Blood pressure

In the case you are observing, the provider does not take the vital signs, none of them or one of them. Therefore, you should write **N** for each of the component that was not performed.

4. Data or information is incomplete or missed

- Write **NA** only when the verification criteria **specifies a condition that does not apply to the case you are assessing**. For instance:
The case you are observing involves a woman who is 18 weeks pregnant and the provider does not check for foetal heart rate, therefore, you should write **NA** for this criteria

SCORING THE POINTS

- Each verification criteria is worth 1 point.
- To mark a standard as accomplished, all verification criteria must be marked with **Y** or **NA**. Even if only one verification criteria has a **N**, the standard cannot be marked accomplished

CONSOLIDATION OF RESULTS FORMS (included in the tool)

- Fill in the form Summary of Standards. Put Y if the standard was achieved and N if not in the correspondent column. Fill out the number of total standards achieved by section..
- Fill in the Consolidation of Results form the number of standards achieved. Calculate the total percentage

OPERATIONAL ACTION PLAN (included in the tool)

- Fill in the matrix Operational Action Plan included in this tool
 - List all the verification criteria marked with N (those are founded gaps)
 - Select gaps to start if there are many
 - Find the cause(s) of the gap (until reach the more specific cause if possible)
 - Identify the proper intervention to decrease the gaps, responsible person and date to be accomplished.

STEPS TO IMPLEMENT THE ANC QUALITY IMPROVEMENT PROCESS

Steps	Activities
1. Advocacy Promotion/consensus	Inform and motivate facility management, staff, community representatives and DMO's office regarding the objectives and methodology of the process; reach consensus on its implementation including identification of Quality Improvement Team members as well as a team to receive feedback.
2. Identification of actual performance using the ANC Quality improvement tool	Baseline/regular internal (recommended every three months during the first year and then twice a year) Consolidation of results Feedback meeting
3. Cause analysis	Meeting to discuss cause analysis
4. Identification and design of interventions	Intervention planning meeting
5. Implementation of the interventions	Technical assistance Resource mobilization and coordination with Technical Groups Monitoring of progress using the ANC Quality Improvement Tool Feedback meeting
6. Verification	External assessments according to requisition of the QI team to verify new level of performance using the ANC Quality Improvement Tool, Official recognition of progress (recommended at least once a year) Feedback meeting, cause analysis and intervention identification as needed
7. Accreditation	Coordination between official recognition and community campaign.

**ANC QUALITY IMPROVEMENT TOOL
TANZANIA MOHSW**

SUMMARY OF STANDARDS

NAME OF FACILITY..... BASELINE.....INTERNAL ASSESSMENT.....EXTERNAL ASSESSMENT.....

DATE..... RESPONSIBLE PERSON.....

Serial #	Performance Standard	Yes (Y)	No (N)
1.	The facility has the minimum skilled human resources with appropriate language for providing FANC.		
2.	The physical structure is adequate, clean and safe for providing FANC		
3.	Information about maternal and newborn care , including malaria, HIV/AIDS, PMTCT, syphilis and other STIs, and is available in the clinic.		
4.	The health facility offers pregnant women group educational sessions about maternal and child health using group education skills.		
5.	The health care provider prepares necessary supplies and equipment including registers and cards to perform ANC		
6.	The provider receives and treats the pregnant women cordially , and conducts a quick check at the first contact.		
7.	The health care provider takes the clinical history , including obstetric, medical, surgical, social aspects and HIV/AIDS status.		
8.	The health provider properly conducts a physical and obstetric examination		
9.	The health care provider requests or checks for laboratory tests and observes infection prevention standard precautions according to the national guidelines		
10.	The health care provider makes clinical decisions based on findings from the history, physical examination and laboratory investigation results and properly conducts individualized care, including provision of IPTp and ITN voucher against malaria , based on national guidelines		
11.	The health care provider manages uncomplicated and severe malaria according to the national guides		

12.	The health care provider manages moderate and severe anemia according to the national guidelines		
13.	The health care provider manages Syphilis of all stages according to the national guidelines		
14.	The provider manages HIV positive woman according to the PMTCT national guidelines.		
15.	The health care provider evaluates the care given, plans the return visit with the pregnant woman and ensures proper filling of findings in the appropriate registers and cards		
16.	The pharmacy and or the equivalent has written procedures for ordering, receiving, storing, controlling and issuing of medicines and medical supplies and has a one month storage of essential FANC medicines		
17.	The laboratory and or the equivalent is adequate, correctly performs ANC basic laboratory investigations , has written procedures and observes infection prevention standard precautions		
18.	The facility has in place an appropriate system for final medical waste disposal		
19.	The facility promotes teamwork and periodically evaluates ANC services , including client satisfaction		
20.	The clinic records summarizes and reports data on maternal and child health on quarterly basis according to the standards, and analyses and uses the information for decision making purposes		

CONSOLIDATED OF RESULTS

Name of Facility: _____

Responsible person(s): _____

Type of assessment: Baseline _____

Internal Assessment #: _____

External Assessment #: _____

Date: _____

$\% \text{ ACHIEVED} = \text{ACHIEVED STANDARDS} / \text{ASSESSED STANDARDS} \times 100$

NB ALL STANDARDS MUST BE ASSESSED BY OBSERVATION OR INTERVIEW OR RECORD REVIEW

Performance Standards	Achieved standards	% Achieved
20		

**QUALITY IMPROVEMENT TOOL FOR ANTENATAL CARE
MOHSW - TANZANIA**

Name of Facility _____ Type _____ Owned by _____
 District _____ Region _____ Date of assessment _____
 Individual responsible for assessment _____

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N or NA		COMMENTS
1. The facility has the minimum skilled human resources with appropriate language for providing FANC.	Verify the existence of at least			
	• 1 general physician/AMO/CO	_____	_____	
	• 1 nurse midwife	_____	_____	
	• (Certificate/Dipl/Adv.Dipl/Degree)	_____	_____	
	• 1 laboratory technician/assistant	_____	_____	
	• 1 pharmacist/pharmaceutical assistant	_____	_____	
	• 1 medical attendant	_____	_____	
2. The physical structure is adequate, Clean, attractive and safe for providing FANC	Verify if the following areas are big enough, safe and clean to allow provider to conduct FANC procedures in a comfortable manner for clients and staff:			
	• Reception/waiting area	_____	_____	
	○ Adequate shade if outdoors	_____	_____	
	○ Well ventilated	_____	_____	
	○ A sufficient number of chairs and benches in the waiting area	_____	_____	
	○ Clean	_____	_____	
	• Materials for group education	_____	_____	
	• Counseling/consultation/lab test room	_____	_____	
	○ Clean	_____	_____	
	○ Desk and chairs for provider, client and Companion	_____	_____	
○ Privacy with a screen or curtain to separate the woman from others during the attention	_____	_____		
○ Adequate source of light	_____	_____		
○ Well ventilated	_____	_____		

	<ul style="list-style-type: none"> ○ Examination couch(s) ○ Safe drinking water and clean/disposable cups for clients ○ Running water and soap for hand washing and individual hand towel/drier ● Toilets for clients <ul style="list-style-type: none"> - Running water and soap for hand washing - Clean ● Toilets for staff <ul style="list-style-type: none"> ○ Running water and soap for hand washing and individual hand towel/drier - Clean 	_____	_____	
3. Information about maternal and newborn care, including malaria, HIV/AIDS, PMTCT, syphilis and other STIs is available in the clinic.	<p>Observe in the ANC area (reception, waiting area and consultation rooms) whether:</p> <ul style="list-style-type: none"> ● Culturally appropriate materials are available and visible with regard to maternal and newborn health including messages on malaria; HIV/AIDS, PMTCT, Syphilis and other STIs . ● Materials are written clearly, using simple local language, and include pictures or drawings for those who cannot read ● Technical contents of the information is up to date ● There is information available on where to go in the event of complaints or problems related to the care received (suggestion box) ● Reception, waiting room, ANC clinic laboratory, and pharmacy have visible and clear signals to identify where they are and how to get them 	_____	_____	
4. The health facility offers pregnant women group educational sessions about maternal and child health using group education skills .	<ul style="list-style-type: none"> ● Establish if the facility has a list of topics to be taught for a specific period ● There is a component of FANC in the day's educational session ● Determine whether educational sessions include the following topics: 	_____	_____	
	<ul style="list-style-type: none"> - Birth preparedness and complications readiness plan - Where birth will take place 	_____	_____	

	- Who will assist the birth	_____	_____	
	- Availability of transportation and funds	_____	_____	
	- Support person/decision maker	_____	_____	
	- Danger symptoms and signs in pregnancy and what to do	_____	_____	
	- Vaginal bleeding	_____	_____	
	- Difficulty breathing	_____	_____	
	- Severe headache/blurred vision	_____	_____	
	- Fever	_____	_____	
	- Severe abdominal pain – convulsions or loss of consciousness	_____	_____	
	- Risks and, prevention of	_____	_____	
	- HIV/AIDS	_____	_____	
	- STIs	_____	_____	
	- Malaria	_____	_____	
	- Anemia	_____	_____	
	- Family planning	_____	_____	
	-Benefits of having birth in a facility	_____	_____	
	- Breastfeeding and infant feeding	_____	_____	
	- PMTCT and VCT services availability	_____	_____	
	- Condom use	_____	_____	
5. The health care provider prepares necessary supplies and equipment including registers and cards to perform ANC	Determine whether the provider has prepared:			
	BASIC EQUIPMENT:			
	• Blood pressure equipment in good condition	_____	_____	
	• Thermometer	_____	_____	
	• Tape to measure fundal height	_____	_____	
	• Fetoscope	_____	_____	
	• Weighing machine	_____	_____	
• Scale for measuring height	_____	_____		
	EMERGENCY TRAY			
	• adrenaline, diazepam 10mg. injection	_____	_____	
	• dextrose 5% solution, Normal saline	_____	_____	
	• quinine IM and Ringer's lactate solution	_____	_____	
	• delivery kit for emergency, oxytocin, Magnesium sulphate	_____	_____	
	SUPPLIES			

	<ul style="list-style-type: none"> • Examination gloves • Containers for urine sample • Strips for testing albumin and sugar in urine 	_____	_____	
	<ul style="list-style-type: none"> • RPR test kits • HIV test kits • Taliquist/Hemoglobinometer • Disposable syringes (2, 5 and 10ml) • puncture proof/safety box 	_____	_____	
	DRUGS AND VACCINES			
	<ul style="list-style-type: none"> • SP tablets (Sulfadoxine 500 mg plus Pyrimethamine 25mg) 	_____	_____	
	<ul style="list-style-type: none"> • Ferrous sulphate 200 mg tablets or FEFOL 400 mg 	_____	_____	
	<ul style="list-style-type: none"> • Folic Acid 5mg or FEFOL 400 mg 	_____	_____	
	<ul style="list-style-type: none"> • Benzathine Penicillin • Erythromycin tablets 500mg • Mebendazole/Albendazole • TT vaccine in a cold box/vaccine carrier 	_____	_____	
	PRINTS AND CLINICAL RECORDS			
	<ul style="list-style-type: none"> • ITN vouchers • Pre and post HIV counseling records • National guidelines for ANC, Malaria, PMTCT, STIs, SIP, infant feeding • Clinical records (RCH 4 Card book Nos 2, 6, 10, 12 ,TT card) 	_____	_____	
6. The provider receives and treats the pregnant women cordially , and conducts a quick check at the first contact.	Observe during care whether the provider:			
	<ul style="list-style-type: none"> • Greets the woman and her companion/relative with respect • Introduces him/herself • Offers the woman a seat 	_____	_____	
<i>Observations to be made of interactions with two pregnant women(At least one of them must be her first visit)</i>	Determine whether the provider/receptionist asks the pregnant woman upon her arrival in the clinic whether she has or has had the following danger symptoms and signs:			
	<ul style="list-style-type: none"> • Severe abdominal pain • Vaginal bleeding • Respiratory difficulty, fatigue, lethargy • Fever, chills and vomits 	_____	_____	

	<ul style="list-style-type: none"> • Severe headache/ blurred vision • Loss of consciousness/convulsions • Assures immediate attention in the event of any of the above signs • Does rapid initial assessment in case of any danger sign and responds accordingly 	_____	_____	
	Observe during care whether the provider:			
	<ul style="list-style-type: none"> • Speaks using easy- understandable local language • Addresses the woman by her name • Encourages the woman to allow her companion to remain at her side, as appropriate • Explains to the woman and her companion what she is going to do • Encourages her to ask questions • Responds to questions accordingly • Opens/reviews RCH card no. 4 	_____	_____	
7. The health care provider takes the clinical history , including obstetric, medical, surgical, social aspects and HIV/AIDS status. <i>Observations of care provided to two pregnant women (at least one of them must be her first visit)</i>	Observe whether the provider asks the women for the following, per RCH card No 4:			
	PERSONAL INFORMATION			
	<ul style="list-style-type: none"> • Name, age, address, education, occupation, marital status, spouse 	_____	_____	
	OBSTETRIC INFORMATION			
	<ul style="list-style-type: none"> • Number of previous pregnancies (mode and place of delivery), abortions, number of children live/dead • Date of last delivery/abortion • Use of contraceptive • Use of condom • Date of LNMP and regularity of menses • Calculates gestational age • Calculates expected date of delivery (EDD) • Ask previous pregnancy complications e.g. PIH, eclampsia, PPH 	_____	_____	
	MEDICAL/SURGICAL HISTORY			
	<ul style="list-style-type: none"> • Any general or chronic health problem (e.g. 			

	heart disease, hypertension, and diabetes mellitus).	___	___	
	• Any previous surgery	___	___	
	• Any medication, any allergy specifically to penicillin or sulfur	___	___	
	• Use of ITN (Insecticides treated net)	___	___	
	• Has received IPT – when and how many doses	___	___	
	• Has been screened and treated for syphilis (when and how)	___	___	
	• Has received full or partial tetanus toxoid immunization, refer to card	___	___	
	• Uses alcohol and/or tobacco	___	___	
	• Is aware of her HIV status	___	___	
	FAMILY AND SOCIAL HISTORY			
	Ask about:			
	• Her and family feeling in regard to this pregnancy	___	___	
	• Her social and financial support	___	___	
	• Presence of a reliable transport in her community	___	___	
	• Records all required information in the RCH card No 4	___	___	
8. The health provider properly conducts a physical and obstetric examination	Observe whether the provider:	___	___	
Observations during care of two pregnant women (at least one of them must be her first visit)	• Explains each stage of the examination to the woman using easy-to-understand language	___	___	
	• Asks the woman to urinate	___	___	
	• If test are done in ANC room save the urine for albumin and sugar	___	___	
	• Helps the woman to climb up into the examining bed if necessary	___	___	
	• Places a pillow under her head where necessary and ensure she remains covered	___	___	
	PHYSICAL EXAMINATION			
	• Observe the woman's general appearance exclude signs of HIV/AIDS	___	___	
	• Takes height, weight, blood pressure, pulse,	___	___	

	respiratory rate,	___	___	
	• Washes hands with soap and water, dries them with a clean individual towel or applies alcohol-based solution for hand rub	___	___	
	• Checks conjunctiva and palms for anemia	___	___	
	• Checks for facial and hands oedema	___	___	
	• Examines breast	___	___	
	ABDOMINAL EXAMINATION			
	• Inspection of the abdomen	___	___	
	• Measures fundal height using a tape measure beginning after 22 weeks	___	___	
	• Ask the mother if she has felt fetal movement. (from 20 weeks)	___	___	
	• Determines fetal lie and presentation (of concern after 36 weeks), carrying out	___	___	
	• fundal, lateral and abdominal palpation. Detect any abnormal mass	___	___	
	• Listens and count foetal heart beats (beginning at 24 weeks)	___	___	
	GENITAL INSPECTION	___	___	
	• Tells the woman what she is going to do	___	___	
	• Washes hands with soap and water, dries them with a disposable towel/air dry	___	___	
	• Puts on clean examination gloves on both hands	___	___	
	• Asks woman to inspect external genitalia for ulcers, sores, swelling and FGM	___	___	
	• Inspects vaginal orifice for bleeding or abnormal discharge	___	___	
	• Communicates with the mother about the findings.	___	___	
	• Helps the client to get down from the examination bed if needed	___	___	
	• Records all required finding in the RCH 4 Card	___	___	
9. The health care provider requests or checks for laboratory tests and observes	Observe whether the provider requests or checks for:			

infection prevention standard precautions according to the national FANC guide <i>Observations during care of two pregnant women (at least one of them must be her first visit)</i>	<ul style="list-style-type: none"> • Hemoglobin 	_____	_____	
	<ul style="list-style-type: none"> • Blood grouping and Rh factor 	_____	_____	
	<ul style="list-style-type: none"> • Urine test for albumin 	_____	_____	
	<ul style="list-style-type: none"> • Urine test for sugar 	_____	_____	
	<ul style="list-style-type: none"> • RPR test 	_____	_____	
	<ul style="list-style-type: none"> • HIV including CD4 count when indicated Health provider 	_____	_____	
	<ul style="list-style-type: none"> • Uses personal protective equipments (PPE) 	_____	_____	
	<ul style="list-style-type: none"> • Uses syringes and needles are disposed immediately without recapping or taken apart 	_____	_____	
	<ul style="list-style-type: none"> • Collectors are closed and disposed of when filled (3/4 full) 	_____	_____	
	<ul style="list-style-type: none"> • Removes/disposes them in a leak proof container lined with plastic bag 	_____	_____	
	<ul style="list-style-type: none"> • Washes hands with soap and water, dries them with an individual towel/air dry 	_____	_____	
10. The health care provider makes clinical decisions based on findings from the history, physical examination and laboratory investigation results and properly conducts individualized care including counseling and provision of IPTp and ITN voucher against malaria , based on national guidelines <i>Observations during care of two pregnant women (1st visit and revisit).</i>	Observe whether the provider:			
	IDENTIFIES PROBLEMS AND NEEDS			
	<ul style="list-style-type: none"> • Explains findings from the clinical history, physical examination and laboratory investigations using a simple language 	_____	_____	
	PROVIDE ROUTINE CARE – TAKE ACTION Gives Routine medication and Vaccination	_____	_____	
	<ul style="list-style-type: none"> • Gives on DOT 3 tablets of SP according to the national guidelines (if woman is not allergic, has 16 weeks and above of gestation, AND at least four weeks apart from the previous doses) 	_____	_____	
<ul style="list-style-type: none"> • Explains that in case she vomits within 30 				

	minutes, the dose should be repeated	_____	_____
	• Provides ferrous sulfate and folic acid or FEFOL in enough amounts to last until next visit.	_____	_____
	• Mebendazole /Albendazole on DOT once by chewing after first trimester	_____	_____
	• Give Tetanus toxoid (TT) based on woman's need according to standard guidelines	_____	_____
	INDIVIDUAL BIRTH PLAN (IBP) Supports the woman to develop an IBP, including all preparations for normal birth and plan in case of emergency:		
	• Identifying a place of birth	_____	_____
	• Identifying a skilled health service provider	_____	_____
	• Symptoms and signs of normal labor and when she has to go to the hospital	_____	_____
	• Emergency transportation and funds	_____	_____
	• Essential items necessary for a clean birth and warmth for both mother and baby such as khangas or vitenge	_____	_____
	• Decision making person in case complication occurred at home	_____	_____
	• Danger symptoms and signs during pregnancy ,labor, post partum period and to the new born	_____	_____
	• Identify at least two blood donors	_____	_____
	• Community has a transport in case of emergency	_____	_____
	• Identifying someone to take care of her family in her absence	_____	_____
	COUNSELING AND HEALTH PROMOTION		
	• Provides specific advice and counseling as needed (e.g. common discomforts, rest, safe sex, nutrition, hygiene, breastfeeding)	_____	_____
	• Encourages use of ITN and provides the ITN voucher	_____	_____
	• Explains side effects of taking ferrous sulfate	_____	_____
	• Counsels about eating food rich in Vit C and avoiding tea, coffee and cola drinks when	_____	_____

	eating		
	<ul style="list-style-type: none"> Encourage eating 3 meals and a snack/bite in between meals every day 	___	___
	<ul style="list-style-type: none"> Gives the client IEC materials to enhance understanding 	___	___
<p>11. The health care provider manages uncomplicated and severe malaria according to the national guides</p> <p><i>If there is a case during the assessment use Direct Observations criteria. Otherwise, conduct an interview.</i></p> <p><i>Two providers need to be observed /interviewed.</i></p> <p><i>It can be one direct observation and one interview</i></p> <p><i>If there is only one provider in the facility, fill in only the first column. Note this in the comments column</i></p>	<p>Circle the method used: DIRECT OBSERVATION / INTERVIEW IF the woman has <u>uncomplicated</u> Malaria ask (if interview is used) or observe how the provider treats the client:</p>		
	<p>IF PREGNANCY IS IN FIRST TRIMESTER</p> <ul style="list-style-type: none"> Gives oral Quinine 10 mg base per kg body weight, eight hourly for 7 days 	___	___
	<p>IF PREGNANCY IS IN SECOND OR THIRD TRIMESTER</p> <ul style="list-style-type: none"> Gives the first dose of ALu at the health facility as DOT 	___	___
	<ul style="list-style-type: none"> Explain to the woman how to administer the following doses: <ul style="list-style-type: none"> 2nd dose strictly 8 hours after first dose 3rd dose 12 hours after 2nd dose and it must be taken in the morning. -3rd and 4th doses must be taken on the same day not less than 10 hours apart until completion of 6 doses 	___	___
	<ul style="list-style-type: none"> Uses clean cups and safe water for administering medicine on DOT 	___	___
	<ul style="list-style-type: none"> Counselling 	___	___
	<ul style="list-style-type: none"> If the drug is vomited or spat out within 30 minutes after administration, the dose should be repeated 	___	___
	<ul style="list-style-type: none"> ALu should be taken with fat meals or drinks such as milk to enhance its absorption 	___	___
	<ul style="list-style-type: none"> Use of ITN and other protection measures 	___	___
	<ul style="list-style-type: none"> Environmental sanitation 	___	___
<ul style="list-style-type: none"> Asks to the woman to return to the clinic if there is no response after 3 days of 	___	___	

	ALu/quinine treatment			
	IF WITHIN 3 DAYS AFTER TREATMENT WITH ALU A PATIENT RETURNS COMPLAINING OF CONTINUED SYMPTOMS OF MALARIA Takes a blood smear (and not RDT) for malaria parasites			
	If malaria parasites are not found • Investigates other causes for symptoms	_____	_____	
	If malaria parasites are present • Gives Quinine tablets for 7-10 days, at a dose of 10mg/kg every 8 hours	_____	_____	
	• Refers the woman to the hospital if there is no improvement in three days	_____	_____	
12. The health care provider manages moderate and severe anemia according to the national guidelines <i>If there is a case during the assessment use Direct Observations criteria. Otherwise, conduct an interview.</i> <i>Two providers need to be observed /interviewed.</i> <i>It can be one direct observation and one interview</i> <i>If there is only one provider in the facility, fill in only the first column. Note this in the comments column</i>	Circle the method used: DIRECT OBSERVATION / INTERVIEW <i>IF the woman has <u>moderate Anemia</u> (Hb 7 to 11g/dL) ask (if interview is used) how the provider treats the woman:</i> • Identifies and treats cause of anemia • Gives ferrous sulfate 200 mg tds and 5 mg of folic acid daily by mouth. Gives enough amount until next visit. The treatment to continue until three months after delivery. • Uses clean cups and safe water for administering medicine on DOT • Gives Mebendazole/Albendazole on DOT by chewing after the first trimester once if not previously de-wormed • Advises about nutrition • Treats as in severe malaria	_____	_____	
	If the woman has <u>severe Anaemia</u> (Hb less than 7g/dL) ask (if interview is used) or observe if the provider • Then refer to hospital with donors	_____	_____	
13. The health care provider manages Syphilis of all stages according to the national guidelines	Circle the method used: DIRECT OBSERVATION / INTERVIEW <i>If the woman is reactive to RPR ask (if interview</i>	_____	_____	

<p><i>If there is a case during the assessment use Direct Observations criteria. Otherwise, conduct an interview.</i></p> <p><i>Two providers need to be observed /interviewed.</i></p> <p><i>It can be one direct observation and one interview</i></p> <p><i>If there is only one provider in the facility, fill in only the first column. Note this in the comments column</i></p>	<p><i>is used) or observe how provider manages Syphilis :</i></p>			
	<ul style="list-style-type: none"> • Gives single doses of Benzathine Penicillin 2.4 MU intramuscular 1.2 MU in each buttock observing IP standard precaution practices (refer to verification criteria for performance standard no.8) OR 	_____	_____	
	<ul style="list-style-type: none"> • If woman is allergic to Penicillin, Erythromycin tablets 500 mg 6 hourly for 15 days 	_____	_____	
	<ul style="list-style-type: none"> • Explains to her that her partner(s) must receive treatment 	_____	_____	
	<p>IF TERTIARY SYPHILIS IS SUSPECTED</p>			
	<ul style="list-style-type: none"> • Gives three doses of Benzathine Penicillin 2.4 MU, seven days apart OR 	_____	_____	
	<ul style="list-style-type: none"> • If woman is allergic to Penicillin give Erythromycin tablets 500 mg 6 hourly for 30 days 	_____	_____	
	<ul style="list-style-type: none"> • Gives to the woman a follow up schedule in 7 days (if primary syphilis) and two appointments seven days apart if late syphilis 	_____	_____	
<p>14. The provider manages HIV positive woman according to the national PMTCT guidelines.</p> <p><i>If there is a case during the assessment use Direct Observations criteria. Otherwise, conduct an interview. Two providers need to be observed /interviewed. It can be one direct observation and one interview</i></p> <p><i>If there is only one provider in the facility, fill in only the first column. Note this in the comments column</i></p>	<p>Circle the method used: DIRECT OBSERVATION / INTERVIEW</p> <p>IF the woman is HIV positive ask (if interview is used) or observe how the provider treats the woman:</p> <ul style="list-style-type: none"> • Assures she has received post test counseling • Requests or refer or checks laboratory tests, if available 	_____	_____	
	<ul style="list-style-type: none"> - Complete blood counts 	_____	_____	
	<ul style="list-style-type: none"> - Simple diagnostic for gonorrhea, T vaginalis 	_____	_____	
	<ul style="list-style-type: none"> - CD4 and CD8 counts and CD4/CD8 ratio and Viral load 	_____	_____	
	<ul style="list-style-type: none"> - Encourage Life style and behavioral change 	_____	_____	
	<ul style="list-style-type: none"> - Safe sex practices, explain how to use 	_____	_____	

	condom			
	• Assure prophylaxis	_____	_____	
	- Iron and folate supplementation	_____	_____	
	- Multivitamin supplementation	_____	_____	
	- Mebendazole/Albendazole for deworming	_____	_____	
	- IPT and ITN	_____	_____	
	-Tetanus toxoid immunization	_____	_____	
	-Cotrimoxazole if CD4 is less than 350 or in 3 rd or 4 th stage of AIDS	_____	_____	
	ARVs			
	• After 28 weeks of gestation provides take home Nevirapine tablet 200 mg	_____	_____	
	• Instruct how and when to take it (at the onset of true labour) including what to do if vomiting occurs. Encourage getting early to the facility for safe delivery.	_____	_____	
15. The health care provider evaluates the care given, plans the return visit with the pregnant woman and ensures proper filling of findings in the appropriate registers and cards	• The facility has functioning incinerator/deep protected pit for final medical waste disposal	_____		
	Observes whether the provider:			
	• Asks the woman to repeat back the most important points of the counseling	_____		
	• Asks about, and responds to, any question that the woman asked	_____		
	• Sets a date for the next visit with the client	_____		
	• Encourage her to return to the next planned visit	_____		
	• Tells the woman that she can come anytime if she has any of the danger symptoms and signs or any concerns	_____		
	• Legibly records all required information on RCH Card No.4, TT Cards, MTUHA Book 6 and other registers	_____		
	• Thanks the woman for coming	_____		
	• Stores the MTUHA books on shelves, in	_____		

	chronological order	_____	
16. The pharmacy has written procedures for ordering, receiving, storing, controlling and issuing of medicines and medical supplies and has a one month storage of essential FANC medicines.	Verify whether there are written procedures for		
	• Ordering medicines and medical supplies	_____	
	• Receiving medicines and medical supplies	_____	
	• Issuing medicines and medical supplies	_____	
	Verify whether:		
	• Medicines are organized in accordance with the FEFO system (First to Expire, First Out)	_____	
	• All medicines are within their expiry date	_____	
	• A daily record exists for recording in/out medicines (ledger)	_____	
	• A record exists of OS (out of stock or unsatisfied demand)	_____	
	Verify on the monthly drug monitoring form for the preceding month (in accordance with the bill of sale or medicines receipt voucher), the nonexistence of unsatisfied demand for each of the following medicines		
	• Paracetamol (tablets)	_____	
	• Benzathine penicillin (injection)	_____	
	• Erythromycin 500 mg (capsules)	_____	
	• Magnesium sulfate (injection)	_____	
	• Calcium Gluconate (injection)	_____	
	• Diazepam 10 mg (injection)	_____	
	• Saline and Hartmann's solution	_____	
	• 5% glucose, isotonic (solution)	_____	
	• Dextrose solution 25%, dextrose saline	_____	
	• Distilled water (injection)	_____	
	• Tetanus toxoid (vaccine)	_____	
• Amoxicillin (tablets)	_____		
• Cotrimazole	_____		
• Metronidazol 200 mg (tablets)	_____		
• Quinine 300 mg (tablets)	_____		
• Quinine IM	_____		
• Alcohol 60-90%	_____		
• Bleach to prepare chlorine solution	_____		
• Oxytocin	_____		

	Verify in the storeroom, by comparison with consumption for the previous month as indicated on the stock control form, the existence and amounts of the following consumable materials:			
	• Examining gloves	_____		
	• Heavy-duty gloves	_____		
	• Cotton or gauze	_____		
	• Linen or papers for the examination bed/couch	_____		
	• Syringes and disposables needles	_____		
	• Towels or paper towels	_____		
	• Soap or detergent	_____		
	• Hand soap	_____		
	• Cups and safe drinking water	_____		
	• Plastic bags	_____		
	• Brushes for washing materials	_____		
	• RPR test kits	_____		
	• HIV test kit	_____		
	• Container for urine sample	_____		
	• Delivery kits for emergency delivery	_____		
	Verify in the storeroom or administrative office, by observing mean monthly consumption on the control form, the existence of the following printed forms:			
	• RCH4, book 6 and TT card	_____		
	• Form for requesting tests	_____		
	• Daily record of ANC clients	_____		
	• IPT record for pregnant women (MTUHA Book 6)	_____		
	• Monthly consolidated vaccination report	_____		
	• Weekly epidemiological surveillance report for	_____		
	• STI, HIV/AIDS and malaria	_____		
	• ANC supplies stock out forms	_____		
	• ANC service statistics forms	_____		
17. The laboratory is adequate, correctly performs ANC basic laboratory investigations, has written procedures	Verify whether the physical environment is adequate:			
	• Contains a sturdy bench and shelf	_____		

and observes infection prevention standard precautions			
	• Has good source of light	_____	
	• There is running water	_____	
	• There is a working wash basin with faucet	_____	
	• The refrigerator temperature is kept stable between 2 to 8 °C	_____	
	Verify whether there is appropriate equipment, in working condition, supplies, and solutions for each type of test required:		
	• Hemoglobin	_____	
	• Group and Rh factor	_____	
	• HIV test	_____	
	• RPR test	_____	
	• Urinalysis for albumin	_____	
	• Urinalysis for sugar	_____	
	• Parasites (malaria)	_____	
	Verify the existence of written procedure for performing		
	• Hemoglobin	_____	
	• Group and Rh factor	_____	
	• HIV test	_____	
	• RPR test	_____	
	• Urinalysis for albumin	_____	
	• Urinalysis for sugar	_____	
	• Parasites (malaria)	_____	
	Observe whether:		
	Concentration of the chlorine solution is correct:		
• 0.5% (6 parts water to 1 part of bleach, for liquid or powder of 3.5% bleach)	_____		
• The chlorine solution is prepared and changed daily	_____		
• The chlorine solution is clear (not cloudy) Note if powder is used	_____		
• The materials/instruments remain in the solution for at least 10 minutes but no longer than 1 hour	_____		
Observe how sharps are being handled:			
• The collectors are appropriate: Cardboard box, hard plastic containers, or cans	_____		
• The container is closed with only a small	_____		

	opening	_____		
	<ul style="list-style-type: none"> The collectors are located in dry and clean places near procedure areas 	_____		
	<ul style="list-style-type: none"> Syringes with needles are disposed of immediately after use, without being re-capped and taken apart 	_____		
	<ul style="list-style-type: none"> Collectors are closed and disposed of when filled (3/4 full) 	_____		
18. The facility has in place an appropriate system for final waste disposal .	Determine whether:			
	<ul style="list-style-type: none"> The ANC room has a separate containers for contaminated items (e.g. gloves, clothes with blood and organic matter) and trash (not contaminated) 	_____		
	<ul style="list-style-type: none"> Handler of medical wastes put on personal protective equipment 	_____		
	<ul style="list-style-type: none"> Solid waste (used dressings and other materials contaminated with blood and organic matter) are incinerated/burnt and buried 	_____		
	<ul style="list-style-type: none"> The responsible individual washes his/her hands with soap and water after handling or transporting waste 	_____		
19. The facility promotes teamwork and periodically evaluates ANC services, including client satisfaction	Verify whether:			
	<ul style="list-style-type: none"> Existence of FANC, IP, MIP, SIP, PMTCT up to date guidelines and standards/checklists 	_____		
	- Maternal and newborn health team conducts periodic meetings and has action plan to improve care	_____		
	<ul style="list-style-type: none"> Exit interviews were conducted or opinions obtained from maternal-newborn health clients during the three preceding months 	_____		
	<ul style="list-style-type: none"> Results obtained are graphically posted in a visible place to both the team and clients 	_____		
	<ul style="list-style-type: none"> Action plan is made based on client/community suggestions 	_____		
	<ul style="list-style-type: none"> Presence of minutes of the previous village health committee meetings, ward health committees, district health board and full council. 	_____		

<p>20. The clinic records summarizes and reports data on maternal and child health on quarterly basis according to the standards, and analyzes and uses the information for decision making purposes</p>	<p>Verify that the following reports have been properly completed:</p> <ul style="list-style-type: none"> • Proportion of women of reproductive age (for programmatic year) 	<p>_____</p>		
	<ul style="list-style-type: none"> • Expected pregnant women (for programmatic year) 	<p>_____</p>		
	<ul style="list-style-type: none"> • Daily record of ANC attendance (separated by 1st visits and revisits) 	<p>_____</p>		
	<ul style="list-style-type: none"> • Daily record of women attending ANC before 16 weeks of gestation 	<p>_____</p>		
	<ul style="list-style-type: none"> • Daily vaccination record for pregnant women 	<p>_____</p>		
	<ul style="list-style-type: none"> • Daily record of IPTp given: first and second doses 	<p>_____</p>		
	<ul style="list-style-type: none"> • Daily record of ALu doses given 	<p>_____</p>		
	<ul style="list-style-type: none"> • Report of maternal morbidity including HIV/AIDS, STIs, malaria and anemia 	<p>_____</p>		
	<ul style="list-style-type: none"> • Daily record of women tested for syphilis 	<p>_____</p>		
	<ul style="list-style-type: none"> • Daily record of RPR positive women 	<p>_____</p>		
	<ul style="list-style-type: none"> • Daily record of RPR positive treated women 	<p>_____</p>		
	<ul style="list-style-type: none"> • Daily record of partners of treated RPR positive women 	<p>_____</p>		
	<ul style="list-style-type: none"> • Maternal, perinatal and neonatal death records 	<p>_____</p>		
	<p>Verify the existence of:</p> <ul style="list-style-type: none"> • Maternal, perinatal and neonatal death review meetings (minutes) 	<p>_____</p>		
<ul style="list-style-type: none"> • Analysis meetings of maternal and neonatal morbidity 	<p>_____</p>			
<ul style="list-style-type: none"> • Decisions and interventions made following data analysis meetings on maternal and neonatal are recorded and acted upon (verify-with staff, review records like minutes of relevant meetings) 	<p>_____</p>			

MINISTRY OF HEALTH AND SOCIAL WELFARE MONTHLY FACILITY ANC SUPPLIES STOCK-OUT TALLY SHEET



Region: _____ District: _____

Facility Name: _____ Facility Code: _____

- January February March April May June
 July August September October November
 December

First date: ____/____/20____

Last Date: ____/____/20____

ITEM (DAYS)	Number of DAYS of Stock-out	TOTAL
SP	○○○○○○○○○○○○○○○○○○○○○ ○○○○○○○○○○○○○○○○○○○○○	
RPR kits	○○○○○○○○○○○○○○○○○○○○○ ○○○○○○○○○○○○○○○○○○○○○	
Iron	○○○○○○○○○○○○○○○○○○○○○ ○○○○○○○○○○○○○○○○○○○○○	
FeFo	○○○○○○○○○○○○○○○○○○○○○ ○○○○○○○○○○○○○○○○○○○○○	
Folic Acid	○○○○○○○○○○○○○○○○○○○○○ ○○○○○○○○○○○○○○○○○○○○○	
Tetanus Toxoid	○○○○○○○○○○○○○○○○○○○○○ ○○○○○○○○○○○○○○○○○○○○○	

TANZANIA ANTENATAL CARE QUARTERLY SERVICE STATISTICS FORM FOR HEALTH FACILITIES

Facility Name: _____

District Name: _____ region Name: _____

Type of Facility

- Hospital
- Health Center
- Dispensary

Ownership/Affiliation of Facility

- Central government/Ministry/Zonal or Regional government
- Local Government/District
- FBO
- Private/commercial for profit

Total Population in Facility Service Area: _____ # of Women of Reproductive Age (15-49) in Service Area: _____ # of Expected Pregnant women _____

Year: 20__ Jan – March Apr – Jun Jul – Sep Oct – Dec

Total # of ANC visits	# of 1 st ANC visits	# of 1 st visits < 16 weeks	# of ANC revisits (2 nd or higher)	# received IPT 1	# received IPT2	# of days SP was out of stock in ANC clinic	# ITN vouchers given	# of TT 2	# received iron	<i>Syphilis Testing and Treatment</i>				
										Total # tested	# tested positive	# of days RPR kits were out of stock in ANC clinic	# of women treated	# of women whose partner(s)/ spouse(s) treated