

Guidelines for Operationalizing SBA Training in RCH II

**For Programme Managers, I/c Training
Institutions at State and District Level**



Maternal Health Division
Ministry of Health and Family Welfare
March, 2008



Foreword

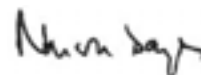
Reduction in Maternal Mortality Ratio is one of the goals of the National Population Policy and the Reproductive and Child Health programme (RCH-II). Ensuring skilled attendance at every birth and access to quality emergency obstetric care for timely management of complications are critical interventions to achieve programme goals. Keeping this in view, a skill based training programme of 2-3 .weeks' duration for SNs and 3-6 weeks' duration for ANMs/LHVs has been designed. This training involves acquisition of skills like abdominal examination, pelvic assessment, managing all the stages of labour involving intrapartum care, newborn resuscitation, timely identification and management of complications, etc.

To accelerate the pace of SBA training and guide the State and District Programme Managers, Trainers and I/c of the identified training institutes in effective implementation of this training and its interventions as well as enable them to define their specific roles and responsibilities in conducting this training, Maternal Health Division, MOHFW, has come out with a concise and user-friendly Operational Guidelines with technical inputs from the Training Division, NIHFW and UNFPA.

It is envisaged that all the stakeholders at different levels would make optimal use of this document in effective implementation of the training in their districts, so as to achieve the goal of having skilled attendance at every birth.

I would like to express my sincere appreciation for the hard work and contribution put by Dr. N. Namshum (DC-MH), Dr. Himanshu Bhushan (AC-MH), Dr. Manisha Malhotra (AC-MH), Dr. Avani Pathak (Technical Consultant-MH) and Dr. Rajeev Aggarwal (Management Consultant-MH) to bring out these guidelines. Technical support received from NIHFW and Dr. Dinesh Agarwal, UNFPA is also highly appreciated.

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(SHRI NARESH DAYAL)

Secretary,

Ministry of Health & Family Welfare,
Government of India



Abbreviations

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ANMTC	Auxiliary Nurse Midwife Training College
AMTSL	Active Management of Third Stage of Labour.
CHC	Community Health Centre.
CMHO	Chief Medical Health Officer.
CMO	Chief Medical Officer.
CTI	Central Training Institute.
DH	District Hospital.
DPM	District Programme Managers
DPMU	District Programme Management Unit
ENBC	Essential New Born Care
FG	Facilitators Guide
FRU	First Referral Unit
GO	Government Order
GoI	Government of India
I/C	In Charge
IEC	Information, Education and Communication
LHV	Lady Health Visitor
LR	Labour Room
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
NIHFW	National Institute of Health and Family Welfare
Ob/Gyn	Obstetrician and Gynecologists
OPD	Out Patient Department
PHC	Primary Health Centre
PIP	Project Implementation Plan
PNC	Post Natal Care
PPH	Post Partum Haemorrhage
QA	Quality Assurance
RCH	Reproductive and Child Health Programme
RCHO	Reproductive and Child Health Officer
SBA	Skilled Birth Attendant
SCs	Sub Centre
SIHFW	State Institute of Health and Family Welfare
SN	Staff Nurse
SPMU	State Programme Management Unit
TA/DA	Travel Allowance/Dearness Allowance



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Guidelines for Operationalizing SBA Training in RCH II

I Introduction

Maternal mortality in India continues to remain unacceptably high. The majority of births in India take place at home and a large proportion are assisted by unskilled persons. It is estimated that nearly 15 percent mothers will develop one or other life threatening obstetric complications during intra partum and immediate post partum period but which mother will develop complications cannot be predicted. Keeping this in view, it is essential that all mothers have access to a birth attendant, who has requisite midwifery skills to recognize complications, manage as per scope of practise and refer if needed. Government of India is committed to ensure universal coverage of all births with skilled attendance both in the institution and at community level and to provide access to emergency obstetric care services for women experiencing serious complications.

2 Role of SBA in Reducing MMR

A **Skilled Birth Attendant (SBA)** is defined as "an accredited health professional - such as midwife, doctor or nurse - who has been educated and trained to achieve proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and immediate postnatal period and in the identification, management and referral of complications in women and newborns." Government of India considers the "Skilled Birth Attendant" as a person who can handle common obstetric and neonatal emergencies, recognize when the situation reaches a point beyond his/her capability and refers the woman or the newborn to a FRU/appropriate facility without delay (Ref: Government of India Guidelines For ANC and Skilled Attendance at Birth by ANMs and LHV's).

Government of India has taken policy initiatives to empower the ANMs/LHVs/SNs to make them competent for undertaking certain life saving measures. These measures are as follows:

- Permission to use Uterotonic drugs for prevention of PPH.
- Permission to use drugs in emergency situations prior to referral for stabilizing the patient.
- Permission to perform basic procedures at community level in emergency situations.

3 Target Audience

These guidelines have been developed keeping in mind the specific information needs of the following stakeholders:

1. Programme managers in states and districts such as Maternal Health Nodal Officers, State Programme Managers, CMHOs, RCHOs, District Nodal Officers of Maternal Health and DPMs.
2. I/C of training institutions such as NIHF, SIHF, CTIs, ANMTCs and I/C of identified training institutes for conducting SBA trainings.

3. Training focal points at state and district level.
4. Master and District Trainers of the SBA training.

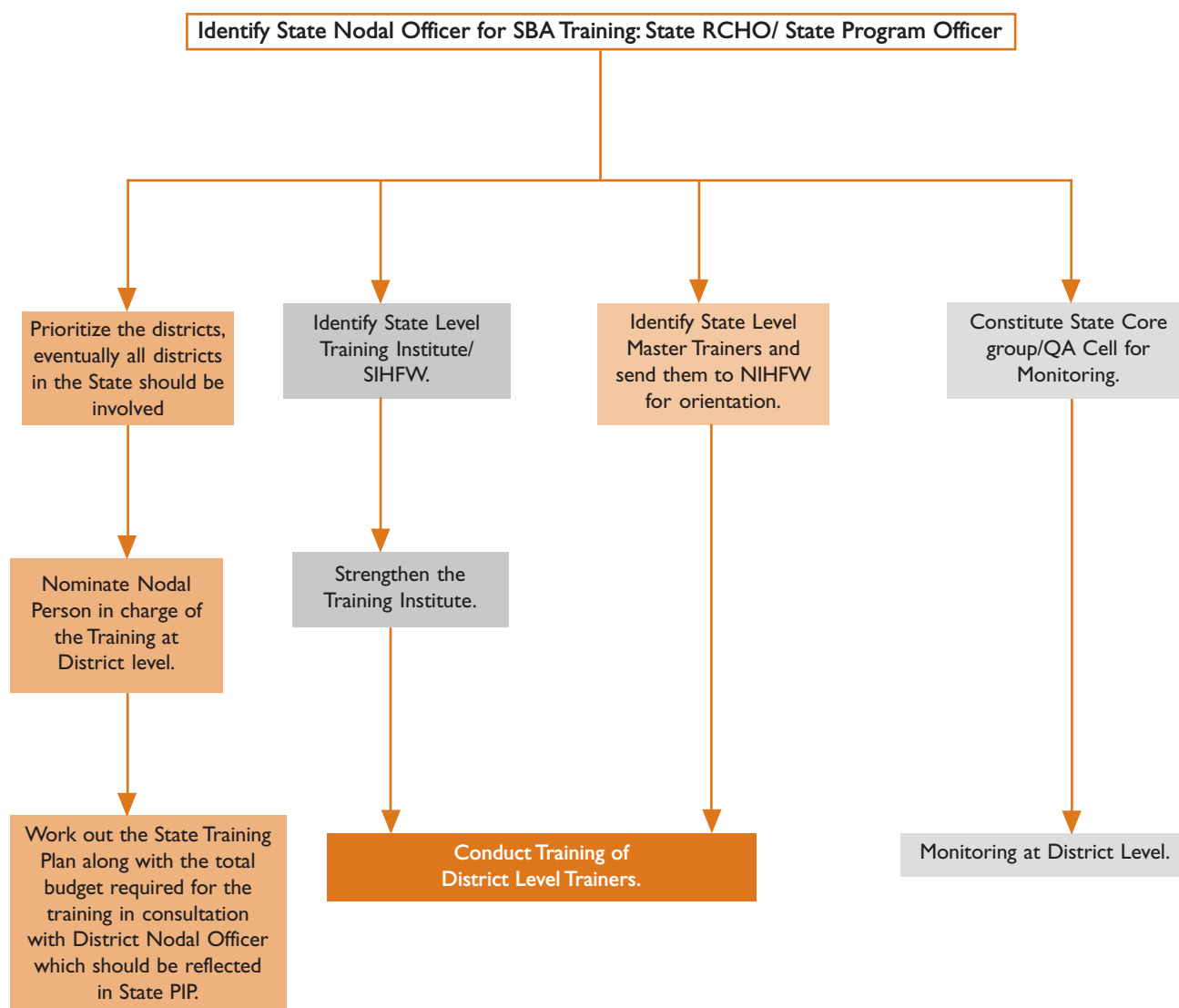
4 Objectives

These guidelines have been developed with following objectives:

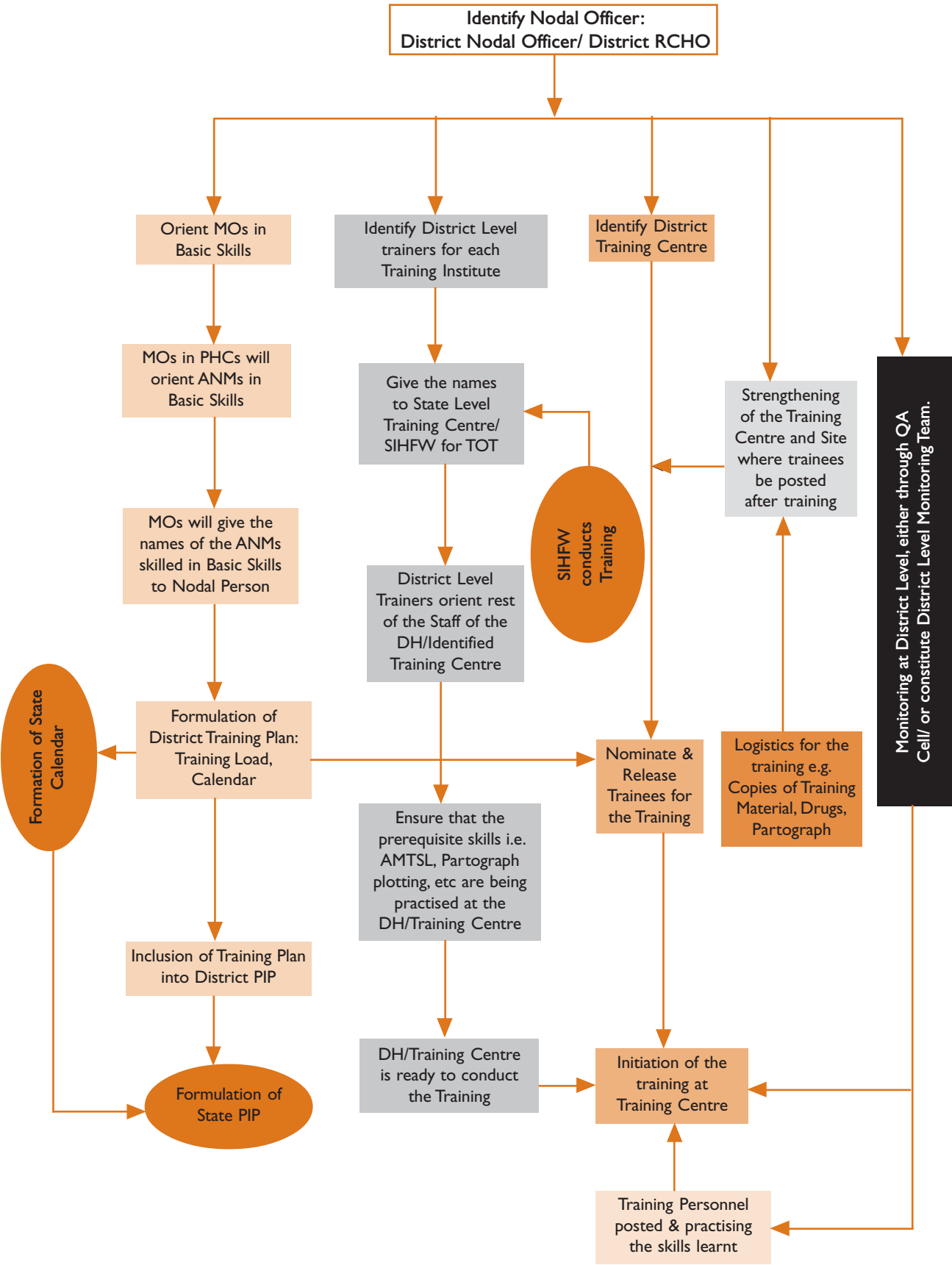
1. To ensure effective management for SBA training at district and state level.
2. To help programme managers, nodal persons and I/C training institutes at state and district level to identify their specific roles in conducting the training.
3. To standardize planning of SBA trainings in district & State so as to retain focus on coverage and quality.

5 Training Plan

State Level



District Level



6 Role of Different Stake Holders

	Technical Division	Training Division	Finance Division
National Level	<p>MH Division:</p> <ul style="list-style-type: none"> • Taking policy decisions. • Facilitating training division, NIHFW and states in implementation of SBA training. <p>NIHFW:</p> <ul style="list-style-type: none"> • Orientation and facilitating implementation of training: States/SIHFW/CTIs • Supervision and monitoring the quality of training. • Keeping a track of progress achieved, compiling feedback and suggesting remedial action. • Co-ordination with states and Government of India to scale up training in the states. 	<p>Training Division:</p> <ul style="list-style-type: none"> • Coordinating with NIHFW and states for smooth implementation. • Monitoring. • Taking feedback from NIHFW and initiating corrective action. 	<p>Finance Division:</p> <ul style="list-style-type: none"> • Framing Financial Norms. • Release of funds. • Monitoring fund utilization.
	Nodal person/ RCH Officer	SIHFW/CTIs	SPMU
State Level	<ul style="list-style-type: none"> • Adopting GOI guidelines on SBA training, translating them into the local language and assuring they are disseminated to the trainees. • Formulating District, State Training Plan and Training Strategy. • Linking of the SBA training with the operationalization of the facilities. • Ensuring that training in each district is conducted in accordance with the district's plan. • Issuing necessary "GO" for conducting training. • Monitoring and supportive supervision in the districts. • Facilitating and ensuring availability of required supplies such as drugs, equipment partograph, training material, teaching aids, etc. at the training site and where ANMs will be posted. • Involving Medical Colleges for supportive supervision. • Taking corrective steps to overcome the bottlenecks observed during the training process/ feedback received by the SIHFW/ Training centres, etc. • Giving six monthly feedbacks on progress of training to GOI and NIHFW. • Co-ordinating and ensuring timely release of funds. 	<ul style="list-style-type: none"> • Implementation of SBA training in all the identified training centres of the state. • Orientation of personnel from OBG, Paediatrics, MOs, faculty of Nursing Schools and Senior SNs both at state and district level to be trainers. • Coordination of the training at the district training institutes along with District and State Programme Officer. • Ensure site readiness at the training centres. • In coordination with State Nodal person, review the appropriateness of training plan chalked out at district level. • In coordination with State Nodal person monitor the training and the personnel trained as SBA in the field. 	<ul style="list-style-type: none"> • Release of funds for conducting training. • Ensuring operationalization of facilities both for training and where trained personnel will be posted. • Monitoring and supportive supervision in the Districts. • Co-ordination with nodal person and SIHFW.

Contd...

	CMO	MS	DPMU
District Level	<ul style="list-style-type: none"> Dissemination of guidelines and orientation of all MOs of PHCs/CHCs of districts on SBA Guidelines. Issuing necessary "GO" for imparting basic skills to ANMs/LHVs/SNs by the MO. Ensuring the supply of essential equipment, drugs and forms including partograph as per RCH norms at district Hospitals/CHCs/ PHCs and SCs (where trained ANMs are posted). Ensuring that training centre fulfills the requisite criteria for site readiness checklist. Administrative and financial steps to speed up the training. Timely deputation of staff for training and keeping a list of reserve personnel for immediate deputation in case of no show. Facilitating accommodation to the trainees. Formulating District Plan for the year, in coordination with DPM and sending it to SIHFW. Monitoring of the training and trained personnel. Ensuring quality in the training. Taking steps to scale up the training & ensuring timely release of funds including TA/DA. 	<ul style="list-style-type: none"> Ensuring readiness of training site. Timely initiation of planned batches for SBA training, monitoring of SBA trainings and ensuring quality of the training. To coordinate with CMO for planning the training calendar To identify the trainer and keep a close watch on quality of training being imparted. Monitoring of the training sessions on regular basis. Pre- and post- training evaluation. 	<ul style="list-style-type: none"> Linking of the SBA training with the operationalization of the facilities Ensuring availability of necessary supplies at the training site and deciding where trained personnel be posted. Budgeting of the training and operationalization of facilities. Facilitate release of funds to training centre. Co-ordinating with CMOs for scaling up the training.

7 Key Steps in Rolling out of the Training (District level)

a) Selection of District Trainers for each Training Institute:

- Trainers will be the following staff of the training centre/ District Hospital who have received the orientation training:
 - Ob/Gyn doctors as Master Trainers/facilitators.
 - Paediatricians as co-trainers/facilitators for sections pertaining to neonatal health/MOs trained in ENBC & Resuscitation.
 - MOs, Nursing Teachers/SNs of the District Hospital/Training Institute.
- Pre-Requisite to be a trainer:

As it is a skill based training, the following qualities are a pre-requisite for the trainer:

 - Should have interest in imparting training.
 - Should understand clinic based training approach and also the components of SBA trainings.
 - Should have good communication skills.
 - Should be practicing the skills which are to be imparted to the trainees.

- Responsibilities of the trainer:

The success of SBA training depends mainly on the trainer/facilitators training skills as s/he has tremendous influence on the trainees. The trainer should be able to:

- Demonstrate effective counselling skills.
- Understand clinic based training approach and also the components of SBA trainings.
- Adopt the protocols of SBA Training and implement it at the health facility/Training Centre.
- Ensure that all required materials for training are available
- Create a positive learning atmosphere.
- Use interactive training techniques, role plays and models.
- Assess the clinical skills of the trainee.

- Training of trainers:

- Trainers will undergo 2-3 days orientation training at SIHFW/ any other site selected by the state. The duration of the training may be flexible and can be customised according to the profile of potential trainers in the districts.
- Though the MS of the training institutes is not an active trainer, however it is advised that she/ he should also attend this training to understand the programme issues and also to ensure quality in the training.
- Although the details of operational plan are given in this document, the CMO/DPM may also attend the first day of the ToT to understand the design of training and follow-up actions that may be required.

b) Identification of training site

- The following criteria should be kept in mind while selecting the training site using an assessment checklist:
 - Practising the skills as mentioned in the Government of India guideline for SBA.
 - Preferably 150 deliveries per month for a batch of 2 trainees.
 - Required staff for training (Specialist-Ob/Gyn, Paediatrician, MOs, Nursing tutors/SNs) are in position at the institution and are practicing SBA skills.
 - Infrastructure and practices, especially use of Partograph, and availability of required drugs in the labour room of the training centre as mentioned in Annexure I is necessary.
- If some gaps are found during the assessment, the CMO/MS will try to upgrade and strengthen the site so that it can be used as training site.
- *More training sites can be certified incorporating Sub DHs/FRUs/any other facility where adequate infrastructure and human resources are already present and also deliveries are conducted in sufficient number so as to train at least 1-2 trainees.*

c) Batch Size

- Batch size will depend upon the delivery load per month at the training site, so that trainees can have adequate hands on practice.

If the no. of deliveries per month is	Recommended batch size
150	2
150 - 250	3
> 250	4-8

d) Identification of the potential trainees

- Each trainee is expected to be well versed in a set of basic skills (Annexure II) before attending this training.
- If trainees are being nominated without possessing these basic skills, then the In Charge, Training Institute can intimate District CMO about such nominations, with a request for nominating persons well versed in basic skills.
- Since SBA training is a skilled based training, it is desirable that each trainee must:
 - Possess basic skills.
 - Possess general counselling skills.
 - Be interested in providing the new/upgraded midwifery services.
 - Be willing to attend the residential training.
 - Be interested in learning and willing to provide service at outreach and sub-centres/PHCs.
- The Medical Officer of a PHC will be responsible for identifying trainees, assessing them for presence of basic skills (Annexure II) and re-orienting them in basic skills before nominating them for the training. It is desirable that a proper Government Order is issued by the competent authority in the districts to ensure that this takes place. MOs will communicate the names of the trainees who are competent in basic skills to the District CMO/District Nodal Officer.
- A one day orientation of MOs of the PHCs on basic skills to be imparted to ANMs/LHVs/SNs before nominating them for SBA training should be conducted at District Headquarters by the District CMO/Nodal Officer. This activity can be combined with orientation and dissemination of Maternal Health strategies and guidelines.
- Prioritization of ANMs/LHVs/SNs to be nominated for training as SBAs is given below:
 - SCs with LR in remote areas and ANMs staying and not commuting from outstation.
 - ANMs/LHVs/SNs from 24 hour PHCs conducting delivery.

e) Estimation of Training Load

- It is expected that the proficiency of ANMs/LHVs/SNs may differ depending on the level of the Health Facility where they are posted and their previous experience in handling deliveries.
- So it is advised that training load be divided in two separate groups (Annexure III):
 - Group I: Includes trainees from District Hospital to CHCs.
 - Group II: Includes trainees from PHCs to SCs.

- The training load should be calculated as per the format at Annexure III.
- To ensure that trainees working at the sub-centre along with those posted at the health facilities are trained in SBA skills, training calendar at the district level should sequence the batches (Trainees from Group I & II as above) depending on the trainee load. *Eg. in 1st Batch, trainees from Group 1 can be taken and then in the next 2 batches, trainees from Group 2 can be taken or vice versa depending upon the load of both the groups.* However, states should prioritize their selection, giving preference to those health facilities & sub-centres where deliveries are being conducted.

f) Training Calendar

- Each district will prepare a training calendar (Annexure IV) (based on the training load of the district) with a fixed time line and submit it to SIHFW, which will compile the same for state level. This "State Calendar" should be shared with Government of India and NIHFV.
- Batches **should not be** constituted with more than 1 trainee from a particular health facility, as it will hamper functioning of that health facility for that period. So it is suggested that only one trainee from a particular health facility should be selected at a time and then other trainees from the same facility should be sequenced in consecutive batches so that facilities become operational, at the earliest.

g) Training Duration

- Trainees have to join the training on the first day of the training. Duration shall be:
 - For staff nurses: Two to three weeks.
 - For ANMs and LHV: The total duration of the course will be for a minimum of three weeks which can be extended to six weeks.

However, it is suggested that extension should ideally not be for more than 1 week. If proficiency is still not achieved, the trainee can be called in the subsequent batches, after practicing the skills either at the same institution or at her place of work. Such decisions can be taken by district CMO on the recommendation of Master Trainers of the Institute. It is advised that continuity of the training has to be maintained for extension. TA and DA as per state rules can be provided. Extension for such trainees can be undertaken on the advice of the Master Trainer, who will inform the MS, with a copy of the communication to the CMO of the district, for necessary action including payment of TA/DA.

Since it is a residential training, arrangement for accommodation/payment for hiring of accommodation should be provided. Approval/funds for the same can be taken from DHS.

h) Training Methodology

- Preference to case based learning and skill acquisition.
- Residential training of ANMs, LHV and Staff nurses will be conducted at the identified district training site using the required training material.

- Emphasis should be given to hands-on practice and skill acquisition for which the SN/ANM/LHV should be posted for at least 6- 8 hrs. daily (besides the lectures/bed side teaching) in the Ante-natal OPD, Labour room (LR), Obstetric Wards, Post-natal Wards etc, which will include night duties in LR.
- Trainers should prepare a roster for the posting of the trainees in obstetric OPDs/LRs/Wards and trainees, along with the concerned staff, should be informed about this schedule.
- Lectures/bedside teaching can be scheduled according to the availability of the trainer and the case.
- If a client comes during a theory session, then the lecture can be postponed and the trainees should focus on activities being done for attending to the client. In case the theoretical session for which the patient is being attended to has not taken place, then the key steps should be highlighted and referred to when the relevant session takes place.
- Ongoing lecture/bedside teaching should be continued after attending to the client/s.
- Teaching aids such as models/mannequins/charts should be made available wherever possible.

i) Certification of the Trainees

- Certification is to be given after trainees perform the recommended number of client practices as per the standards laid down.
- Norms of certification have been given in the Facilitators' Guide and should be followed prior to certification.

j) Monitoring of the Training

1. Utilize Quality Assurance Cell at both state and district level involving SIHFW/CTIs and District Training Institute respectively to ensure quality during training and post-training follow-up of the trained personnel.
2. Involvement of Medical Colleges including department of Ob/Gyn, Paediatrics and Community Medicine for supportive supervision after orientation on SBA.
3. Monitoring Plan (Annexure V-A, V-B) should involve assessment of the training along with the post-training follow-up and should be a part of the district training plan for SBA.
4. Monitoring should be done by members of QA cells/Core Group at state/district level in coordination with SIHFW/SPMU/District Nodal Officer/DPMU.

k) Budgeting of SBA Training

- The budget shall be based on the number of days for which the training is planned. This can vary from 2-6 weeks.
- The amount can be calculated as per the budget indicated at Annexure VI.
- *There may be some expenses under other heads which might not have been reflected at Annexure VI, such as refresher course, expenditure on accommodation of trainees etc., which have to be thought of beforehand and be reflected in PIP for approval.*

- District and state PIP should reflect the budget for SBA training and can be drawn from RCH flexi pool fund placed at the disposal of the states. Annual training plan should guide the numbers to be trained and budget required. SPMU will ensure adequate budget being transferred to the districts ahead of trainings. Similarly DPMU should ensure release of funds to the identified training institution/s ahead of training.
- Adequate funds for monitoring of training at the training institute and also for post-training follow-up should be placed in the respective PIPs.
- Funds should be released for training site maintenance, supply of drugs, equipment, training material, etc.
- The training institute will submit the Statement of Expenditure to the district immediately after the expenditure is incurred.
- Training institute will maintain logistics of the training.
- Ensure that TA/DA of the participants is distributed in time.

8 Checklists Available

- Training site readiness (in Facilitators' Guide and Operational Guidelines as Annexure I).
- Basic Skills (Operational Guidelines-Annexure II).
- Cumulative Client Practice record for SBA training (in Facilitators' Guide as Annexure III).
- Final Assessment Record Form for SBA Training of ANMs/LHVs/SNs (in Facilitators' Guide as Annexure IV).
- SBA Training Plan (in Operational Guidelines as Annexure III).
- Training Calendar (in Operational Guidelines as Annexure IV).
- Monitoring Format (in Operational Guidelines as Annexure VA & VB).

9 Involvement of Private Facilities in SBA Training

In many districts there is not sufficient delivery load in district hospitals, to accredit them as training institutes. In such cases, and otherwise also, initiative should be taken to rope in the private health facilities such as Mission/Trust Hospitals, Hospitals of Central Government Undertakings, private nursing homes, etc. However, while selecting the institutes the criteria as indicated in Annexure I must be fulfilled. The only relaxation can be delivery load, which can be at least 40 delivery cases per month for taking up 1 trainee. A comprehensive guideline on this is being formulated by Government of India and shall be disseminated to the states after approval.

Annexures



Checklist for Training Site Readiness

(For use by Nodal RCH Officer for Certification of Training Institute)

(For use by CMO/MS/DPMU for upgradation of Training Institute)

Name of training site _____

District and State _____

Date of assessment _____

Name and designation of Assessor _____

S. No.	Item	Observation Yes/No/Number	Remarks
A	*No. of deliveries taking place at the Institute (>150/month):		
B	*Availability of Key Trainers: (1) Ob/Gyn Specialist (2) Paediatrician/M.O. trained in ENBC & Resuscitation		
C.	*The training site practising SBA skills as per GOI Guidelines (monitoring labour using partograph, active management of III stage of labour, providing deep IM Magsulph		
D	Place and Furniture (especially in the labour room) 1. *Privacy maintained 2. *Electricity supply with back-up facility (generator with POL) 3. *Attached toilet facilities 4. *Delivery table with mattress and macintosh and Kelly's pad 5. *Area marked for newborn care and newborn resuscitation 6. Table (1) and chairs (5) in the side room of the labour room		
E	*Infection Prevention Equipment Bucket (10 litres) with tap or running water Plain plastic tub 12" at base for 0.5% chlorine solution Autoclave/Boiler Stove in working condition Plastic mug 1 litre Surgical gloves No. 7 Utility gloves (thick rubber) Colour coded bins for waste collection		

S. No.	Item	Observation Yes/No/Number	Remarks
F	* Emergency Drug Tray <ol style="list-style-type: none"> 1. Injection Oxytocin 2. Injection Diazepam 3. Tablet Nifedipine 4. Injection Magnesium sulphate 5. Injection Lignocaine Hydrochloride 6. Tablet Misoprostol 7. Sterilized cotton and gauze 8. At least 2 pairs of gloves 9. Sterile syringes and needles (different sizes) 10. Sterile I/V sets (at least 2) 		
G	Equipment, Supplies and Other Drugs <ol style="list-style-type: none"> 1. *Delivery kits including those for normal deliveries and assisted deliveries (forceps and Ventouse extraction) - at least two each 2. *Cheattle forceps in a dry bottle 3. *Foetal stethoscope 4. *Baby weighing scale 5. *Radiant warmer 6. Table lamp with 200 watt bulb 7. Phototherapy unit 8. *Self inflating bag and mask (neonatal size) 9. Oxygen hood (neonatal) 10. Laryngoscope and endotracheal tubes 11. *Mucus extractor with suction tube and foot operated suction machine 12. Feeding tubes 13. *Blankets 14. *Clean towels 15. Baby feeding cup 16. *BP apparatus and stethoscope 17. *Sterile/clean pads 18. *Bleaching powder 19. *Providone Iodine solution 20. *Spirit 21. *Micropore tape 22. *Antenatal card 23. *Partograph 24. *Inj. Gentamycin 25. *Inj. Ampicillin 26. *Oral Metronidazole 		

Note: Items marked with an asterisk (*) are critical for the training of ANMs, LHVs and SNs and should be available at the training site prior to initiation of training.

All the items mentioned in the list are critical for the functioning of the district Women's Hospital and should be available at the training site after the orientation of district level trainers.

Checklist for Basic Skills

(For use by MO/CMO to Assess & Certify the Trainee)

Name of training site and district _____

Name of Trainee _____

Date of Assessment (Date/month/year) _____

Sl. No.	A) Basic Skills (essential for selection of trainees)	No. supervised by the MO	No. in which competency found
1.	Antenatal history taking		
2.	Antenatal physical examination:		
	i. Measure Height		
	ii. Measure weight		
	iii. Measuring BP		
	iv. Pallor		
3.	Abdominal examination:		
	i. Measuring symphiso-fundal height		
	ii. Measuring fundal height in weeks		
	iii. Measuring abdominal girth		
	iv. Identifying foetal lie & presentation other than normal		
	v. Hearing foetal heart sound		
4.	Haemoglobin estimation		
5.	Urine examination		
6.	Ante-natal counselling and interventions		
7.	Identification of danger signs during pregnancy, labour, delivery and postpartum period.		
8.	Fill client card and referral slip		
9.	Health Education and Counselling		
	B) Additional Skills (desirable)		
1.	Conducting normal delivery and newborn care		
2.	Providing postpartum care to normal delivery mothers and newborns		
3.	Giving deep intramuscular injections		
4.	Establishing I/V line and giving fluids		
5.	Trainer's remarks and signatures		

#: Trainee will be nominated if found competent in Skills A) 1 to 9 as mentioned in above table.

##: Individual forms have to be submitted for each Trainee nominated by MO.

SBA Training Plan

(For use by State and District Program Officers, to work out the training load and plan).

Group I: Trainees from District to CHC level**

Name of the District:

Group I

Name of the facility	Name. of facility	Prioritizing the facilities as per delivery load	No. of SNs/ LHV/ ANMs posted	No. of training institute in the district	No of Batches each training institute can accommodate in a Year	No. of batches for SNs and for ANMs/ LHV (X) (will depend on the delivery load of the institute)	Timeline for completion of all batches as in(X)
District level health facility (DH/Women-Child Hospital)		1. – 2. – 3. –	SNs LHV ANMs				
Sub-District level health facility (other than FRU/ CHCs)		1. – 2. – 3. – 4. –					
FRU		1. – 2. – 3. –					
CHC		1. – 2. – 3. –					

Group II: Trainees from 24 X 7 PHCs to SC level**

Name of the District:

Group II

Name of the facility	Name. of facility	Prioritizing the facilities as per delivery load	No. of SNs/ LHV/ ANMs posted	No. of training institute in the district	No of Batches each training institute can accommodate in a Year	No. of batches for SNs and for ANMs/ LHV (X) (will depend on the delivery load of the institute)	Timeline for completion of all batches as in(X)
24 X 7 PHC		1. – 2. – 3. –					
SCs		1. – 2. – 3. –					
PHCs (other than 24 X 7 PHC)		1. – 2. – 3. –					

** Refer to the estimation of training load and training calendar of the operational guideline.

Training Calendar (SAMPLE)

SBA Training Plan for the District _____ for the Year 2008-09.

Date:

Officer:

S.No	Activity	Time Duration	Aug' 08	Sep' 08	Oct' 08	Nov' 08	Dec' 08	Jan' 09	Identify Responsible Person
1.	Working out the training load in the District (Annexure III) *								
2.	Identification of training institutes as per the criteria (Annexure I) *								
3.	Certification of site readiness by State/District Nodal Officer**								
4.	Estimate number of batches to be trained in a year.*								
5.	Start Basic Skills training at PHCs.*								
6.	Get name of ANMs/SNs certified in basic skills training at PHCs.								
7.	Arrange training material for trainees. **								
8.	Post-training Follow-up plans								

* Concurrent activities to be undertaken simultaneously with a fixed timeline.

** Concurrent activities to be undertaken simultaneously with a fixed timeline.

*** Similar plan should be developed for coming year also.

Monitoring Checklist for the Training

(Programme Officers/DPMU/CTIs/Other designated officers)

(To be administered during monitoring visit to a training site)

	Monitoring Components	Y/N
A	Trainers: <ol style="list-style-type: none"> Does the group of trainers chosen for the training include an Ob/Gyn and Paed. Specialist? Are the “Facilitators’ Guide” and “Guidelines for SBA” available with these trainers? Has the training schedule/roster been drafted for the training? Is the trainer aware of the checklist in the handbook, by which he/she will mark the trainee as “Perform to Standard” (PTS) Is the trainer using these checklists to assess the trainees? Is the checklist and Annexure for Assessment forms (Annexure 3, 4 in Facilitators Guide) available with the trainer? 	
B	Trainees (Ask any 1 of the trainee) <ol style="list-style-type: none"> Did she join the training on the first day of the training schedule? Does she possess both Guidelines and Handbook? Is she staying at the facility provided by the institute or at any nearby location? Has she been provided her duty/posting schedules in LR/OPD/PP Ward/ANC Clinics etc. Has she been posted for night duties at LR? Is she practising the skills using the checklist available in the Handbook? Is her checklist being evaluated by the trainers? Does she know how to use Partograph? If no, then skip to question 11. Ask her, has she ever independently monitored labour using Partograph during the training? (Reconfirm from her handbook- whether the activity is countersigned by the trainer). Ask her, when Tab Misoprostol/ Injection Oxytocin should be administered? If her response is “After delivery of Baby”, then tick “Yes”. Ask her, has she ever given Tab Misoprostol/ Injection Oxytocin independently during the training? (Reconfirm from her handbook whether the activity is countersigned by the trainer). Ask the trainee, whether she has learnt when to do Controlled Cord Traction? If no, then skip to question 15. Ask her, has she ever given Controlled Cord Traction independently during the training? (Reconfirm from her handbook whether the activity is countersigned by the trainer). Ask the trainee whether she has learnt, how to do uterine massage? If no, then skip to question 17. Ask her, has she ever given uterine massage independently during the training? (Reconfirm from her handbook whether the activity is countersigned by the trainer). Ask the trainee, whether she has learnt, how to do Newborn Resuscitation? Ask her, has she ever done Newborn Resuscitation independently during the training? (Reconfirm from her handbook whether the activity is countersigned by the trainer). 	
C	Training Site <ol style="list-style-type: none"> Are the drugs as in Annexure I of Facilitators Guide available? Is the equipment as in Annexure I of Facilitators Guide available? Is the partograph being maintained in every delivery? Is the staff (other than the trainers) involved in conducting of delivery/LR following the SBA training protocol? Is the staff in LR aware of any training being conducted for SBA? Is the teaching/session schedule posted at LR/Wards/OPDs? Is the duty roster for the trainees posted at the LR/Wards/OPDs? Is a functional New Born Corner with at least ambu bag, baby warmer, suction etc. available in the L.R. 	

Field Level Monitoring Checklist for the Trainees Who Have Been Trained as SBA

(To be administered during monitoring visits at the facilities)

1	Is she/trained personnel posted at the facility where there is a functional Labour Room?	
2	How many days' training was received by her?	
3	Has she/ trained personnel received certificate of being a Skilled Birth Attendant?	
4	Is Partograph available at the facility?	
5	Are the health personnel using the partographs?	
6	Ask her to show you the partographs of the last delivery she conducted? Is she able to make them available?	
7	Is Tab. Miosoprostol/Inj. Oxytocin available in the facility?	
8	Does the facility have newborn corner within the LR?	
9	Is the newborn corner functional?	
10	Is Ambu bag present near the newborn corner?	
11	Is the Ambu bag functional?	
12	No. of deliveries conducted at the facility by the SBA in last 1 month	
13	No. of deliveries conducted at home by the SBA in last 1 month	
14	No. of cases referred by the SBA in last 1 month	
15	Ask her the key steps of Active Management of Third Stage of Labour. (If she answers Tab Miosoprostol/ Inj. Oxytocin, Controlled Cord traction and Uterine massage, then mark "Yes").	
16	Are all the ANC /Intra Natal, PNC records being maintained?	
17	Has any supervisor visited her last month?	

Budget

Illustrated Budget per Batch for Training of Skilled Birth Attendant*

	Batch size of 2	Batch size of 3	Batch size of 4
Honorarium to participants (Rate x No. of Participant x no. of days)	Rs. 125 x 2 x 21 = Rs.5250/-	Rs. 125 x 3 x 21 = Rs. 7875/-	Rs. 125 x 4 x 21 = Rs. 10500/-
Honorarium to training team of trainers **	200 x 21 x 4 = Rs.16800/-	200 x 21 x 4 = Rs.16800/-	200 x 21 x 4 = Rs.16800/-
Contingency per participant (Teaching Material, Course Material & Miscellaneous Ex- penses = Participants x 21 x 100)	Rs. 4200/-	Rs. 6300/-	Rs. 8400/-
Lunch and Tea for the Trainee (Rs.100/participant x 21 days)	Rs. 4200/-	Rs. 6300/-	Rs. 8400/-
Sub Total	Rs. 30450/-	Rs. 37275/-	Rs.44100/-
IOH @15% of Sub Total	Rs. 4567.5/-	Rs. 5591.25/-	Rs. 6615/-
TA	As per State Rules		

- One time grant of Rs 40,000/- shall be given to each identified training centre for purchase of computer, printer, UPS etc.
- Funds for establishment of the training cells shall be provided @ Rs.15,000/- per centre(one time) to District and Sub-District training institutions for procuring stationeries, different monitoring forms, Partograph and other day to day required items for establishing cell shall be released by the State Health Society/SCOVA to the District Health Societies, which in turn will place the funds at the disposal of the training institutions. For conducting training of SNs/LHVs and ANMs, at the designated training institutions similar mechanism of funds flow will be adopted.
- Honorarium to the Trainers:
 - Rs 200/day for 4 persons X actual duration of the training.
 - Suggested Honorarium Plan for the trainers:
 - 1 OBG (Master Trainer).
 - 1 Nursing Personnel In charge Labour Room/ On duty Supervisor at LR.
 - 2 x Co Trainers such as Paediatrician/MO/Nursing Tutor/ Any other Trainer as per the conduction of sessions.
- Adequate fund for monitoring of this training i.e. training institute and also the place where the trainees are posted should be put in the respective PIPs.
- Funds for conducting 3 days training of trainers at SIHFWs and also for monitoring of training programmes in Districts shall be provided to the concerned SIHFW from the RCH – Flexi Funds placed with the State Health Society/SCOVA.
- The entire cost of SBA training shall be met out of the RCH- flexible pool placed at the disposal of States and this should also be reflected in the States PIP.
- The National level orientation training at NIHFW will be met out of RCH training funds.

* In case of extension of the training duration for some trainees, the Honorarium (for the trainee only) along with expenditure on lunch/tea for the added days can be calculated accordingly.



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