SUKSHEMA
Facilitator's Manual
Volume: 1
Part A & B

Approaches to Improving Quality of MNCH Services in Primary Health Centres

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

KHPT
Karnataka Health Promotion Trust

SUKSHEMA Trainer Manual Volume Part A & B

1

Approaches to Improving Quality of MNCH Services in Primary Health Centres

Sukshema

Nurse Mentors Tra

An overview of the On – Site mentoring intervention to institutionalize quality improvement strategy within 24/7 Primary Health Care centers in Karnataka state. The philosophy, design, The philosophy, design, implementation process and results are detailed herein.

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Government of Karnataka
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PREFACE

Institutional deliveries in Karnataka have risen over recent years due to the efforts by the state health directorate which were strongly complemented by various innovations and schemes implemented under the National Rural Health Mission (NRHM) such as Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK), ASHA support, 108 ambulance services, etc. There has been a reduction in maternal and newborn mortality rates (MMR, NMR), but not enough to achieve the proposed state targets. With over 80% of pregnant women now delivering in facilities, it is critical that these deliveries are conducted as per the highest standards for quality of care. To accommodate this rising demand, government had prioritized upgradation of Primary Health Centres into 24/7 facilities to provide delivery services in rural areas and reduce the burden on district and larger hospitals enabling them to function more appropriately as first referral units (FRU) to provide emergency care. To achieve good quality of services provided in public health facilities it is important that the service providers working at these facilities are proficient in skills and practices that are appropriate particularly with reference to pregnant women, mothers and new-borns. To facilitate this, the need for dedicated teams to improve and monitor quality is crucial.

As a part of technical assistance to NRHM, Karnataka Health Promotion Trust and its consortium of partners developed an innovative nurse mentor led quality improvement program after detailed situation assessment and consultations with government. It was pilot tested in Bellary and Gulbarga during 2012-2013 where trained Nurse Mentors worked with 24/7 primary health centres (PHCs) staff to improve the quality of delivery and postpartum care. The mentoring programme integrated elements of clinical mentoring with facility-based quality improvement processes. Another critical component of the intervention was the use of revised case sheets by the staff that helped them in multiple ways, i.e. as job aid to adhere to standard practices, as a simple case documentation tool and as a tool to monitor and audit quality of care. The intervention results showed marked improvements in facility readiness and provider preparedness to deal with institutional deliveries and associated complications. Subsequently the program was scaled up in the remaining high priority districts of northern Karnataka and further taken up both within and outside the country.

As a part of this intervention, several technical products and training material were developed; they consist of 1) process documentation of the intervention that details the process of planning, implementing and monitoring the mentoring program, 2) Facilitator/ Trainer and Participant manuals. These materials have as annexures within them, various tools including the case sheets that were implemented under this initiative. We sincerely hope that these resources will be found useful by program managers in terms of gaining an in-depth understanding of the intervention and replicating it in their respective contexts.

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Abbreviations

ABO	-	Blood groups A, B, O
A.M.M.A	-	Assessing and diagnosing, managing, measuring and advocating
AMTSL	-	Active management of the third stage of labour
ANC	-	Antenatal care
ANM	-	Auxiliary nurse midwife
APH	-	Antepartum hemorrhage
ASHA	-	Accredited social health activist
ART	-	Antiretroviral therapy
AWW	-	Anganwadi worker
AZT	-	Zidovudine
BCC	-	Behaviour change communication
BEmONC	-	Basic emergency obstetric and neonatal care
BM	-	Breast milk
BMV	-	Bag and mask ventilation
BPL	-	Below poverty line
CBO	-	Community-based organisation
CCT	-	Controlled cord traction
CEmONC	-	Comprehensive emergency obstetric and neonatal care
CHC	-	Community health centre
CBMWTF	-	Common bio-medical waste treatment facilities
CMO	-	Chief medical officer
COC	-	Combined oral contraceptive
CPD	-	Cephalopelvic disproportion
CVS	-	Cardiovascular system
DBF	-	Direct breast feeding
DDK	-	Disposable delivery kit
DHO	-	District health officer
DMPA	-	Depot medroxyprogesterone acetate
DNS	-	Dextrose normal saline
DPS	-	District programme specialist
EBM	-	Expressed breast milk
ECP	-	Emergency contraceptive pill
EDD	-	Expected date of delivery
FEFO	-	First expired, first out
FHR	-	Fetal heart rate
FHS	-	Fetal heart sound
FIFO	-	First in, first out
FRU	-	First referral unit
FS	-	Female sterilisation
GoI	-	Government of India
H/O	-	History of
Hb	-	Haemoglobin
HBV	-	Hepatitis B virus
HCP	-	Health care providers
Hg	-	Mercury
HBsAg	-	Hepatitis B surface antigen
HCG	-	Human chorionic gonadotrophin

HIV	-	Human immuno deficiency virus
HLD	-	High level disinfection
HMIS	-	Health management information system
HR	-	Heart rate
H_2O	-	Water
IM	-	Intramuscular
Inj	-	Injection
IV	-	Intravenous
ICTC	-	Integrated counselling and testing centre
IFA	-	Iron and folic acid (supplements)
IMNCI	-	Integrated management of neonatal and childhood illness
IUCD	-	Intrauterine contraceptive device
IUD	-	Intrauterine deat
IUGR	-	Intrauterine growth retardation
JSY	-	Janani Suraksha Yojana
JHFA	-	Junior health female assistant
KMC	-	Kangaroo mother care
LAM	-	Lactational amenorrhea method
LBW	-	Low birth weight
LHV	-	Lady health visitor
LMP	-	Last menstrual period
$MgSO_4$	-	Magnesium sulfate
MM	-	MNCH mentor
MMR	-	Maternal mortality ratio
MNCH	-	Maternal neonatal and child health
MO	-	Medical officer
MoHFW	-	Ministry of Health and Family Welfare
MoWCD	-	Ministry of Women and Child Development
MPHW	-	Multipurpose health worker
MRP	-	Manual removal of placenta
MTP	-	Medical termination of pregnancy
MVA	-	Manual vacuum aspiration
NFHS	-	National Family Health Survey
NGO	-	Non-governmental organisation
NRHM	-	National Rural Health Mission
NS	-	Normal saline
NSSK	-	Navjaat Shishu Suraksha Karyakram
NSV	-	No-scalpel vasectomy
PEP	-	Post-exposure prophylaxis
PHC	-	Primary health centre
PIH	-	Pregnancy induced hypertension
PIP	-	Project implementation plan
PNC	-	Postnatal check-up
POC	-	Products of conception
PPE	-	Personal protective equipment
PPH	-	Postpartum hemorrhage
PPTCT	-	Prevention of parent-to-child transmission
PPV	-	Positive pressure ventilation
PRI	-	Panchayati Raj Institution
PROM	-	Premature or pre-labour rupture of membranes
P/A	-	Per abdomen
P/S	-	Per speculum
P/V	-	Per vaginum
QI	-	Quality improvement
RCH	-	Reproductive and child health

RDK - Rapid diagnostic kit
Rh - Rhesus factor
RL - Ringer lactate
RPR - Rapid plasma reagin
RR - Respiratory rate
RTI - Reproductive tract infection
SBA - Skilled birth attendant
SC - Sub-centre
SDM - Standard days method
SN - Staff nurse
STI - Sexually transmitted infection
TBA - Traditional birth attendant
TT - Tetanus toxoid
UTI - Urinary tract infection
VDRL - Venereal Disease Research Laboratory
VHND - Village health and nutrition day
WBC - White blood cell
WHO - World Health Organization
3TC - Lamivudine

Units of measurement

@ - At the rate of – to measure speed
% - Percent – to compare anything to 100
°C - Degree celsius – for temperature
cc - Cubic centimetre – to measure volume
cm - Centimetre – to measure length
dl - Decilitre – to measure volume
°F - Degree Fahrenheit – for temperature
gm - Gram – to measure weight
hrs - Hours - to measure time
IU - International units – to measure dose
KCal - Kilocalories- to measure energy produced
Kg - Kilogram - to measure weight
L - Litre to measure volume
lb - Pound to measure pressure
mcg - Microgram to measure weight
mg - Milligram to measure weight
min - Minute
ml - Millilitre to measure volume
mm - Millimetre to measure length
mmHg - Millimetre of mercury to measure BP
secs - Seconds
U - Units to measure dose

Glossary of Terminology

Abortion: Termination of pregnancy by the removal or expulsion of a foetus or embryo from the uterus before 20 weeks of pregnancy

Abscess: A localized collection of pus in any part of the body, with pain and redness.

Amniotic fluid: Fluid present in the uterus during pregnancy which protects the fetal inside

Amnionitis: Infection of the protective lining around the baby (amnion or inner lining); occurs in PROM

Anaemia: Condition caused by low hemoglobin in blood

ANC: Check up done during pregnancy to determine the condition of the woman and fetus

APGAR: The APGAR score indicates the newborn's well-being. It will be calculated at 1 minute and at 5 minutes after birth. An APGAR score of more than 7 is considered satisfactory. Less than 7 APGAR babies need referral to a higher centre for further management

APH: Bleeding in pregnancy (before delivery)

Asphyxia: Condition in a newborn due to severely deficient supply of oxygen to the body when the baby is unable to breathe normally

Atonic: Lack of muscle tone; loose or soft

Assisted deliveries: Vaginal delivery when the baby's delivery has to be assisted/helped out by using forceps or vacuum extraction applied to the baby's head

Blurred vision: Unclear or hazy vision, associated with high blood pressure, weakness

Breech presentation: When the buttocks of the fetus are in the lower area of the uterus

Chorioamnionitis: Infection of the protective lining around the fetus (amnion or inner lining and chorion or outer lining); occurs in premature rupture of membranes (PROM)

Clammy skin: When the skin is cool, moist, and pale. Sign of emergency such as shock, dehydration

CPD: Size or space of pelvis is narrow and does not allow baby to pass through

CVS: System related to heart and circulatory system

Diastolic blood pressure: Lower reading of blood pressure

Depressed/depression: Sadness, no interest in surroundings; may be seen in postnatal period

DMPA: Injectable contraceptive whose action lasts for 6 months

ECP: To be taken by a woman within 72 hours of unprotected, unplanned sexual contact to prevent a pregnancy

Effacement: Thinning of cervix at the time of labour

Endometritis: Infection of uterus; after PROM, repeated per vaginal (PV examination, unsterile conditions, after abortion/ MTP done in unsterile conditions

Engorgement: Filling up/ swelling

Flank pain: Pain in the side of the abdomen below the ribs

Fluctuant: Moving

Floppy: Poor muscle tone, limp

Fetal: Developing unborn baby inside the uterus

Fetal distress: Condition when the fetus is having some problem inside the uterus; detected by abnormal heart rate (FHR more than 160/min or less than 120/min), or irregular FHR

Fundal height: Height of the uterus which increases with pregnancy and decreases after delivery; measuring the upper border of the uterus and comparing with the standard in weeks of pregnancy gives the approximate duration of pregnancy

Gestation: Pregnancy / the period of development of the fetus in the uterus from conception until birth

Gestational age: Age of an embryo or fetus; calculated in weeks

Gravidity/gravid: The number of times the woman has been pregnant

Icterus: Jaundice or yellowish discolouration of sclera (white part of eye) in adult or skin in newborn

Infant: Baby from one month after birth to one year of age

IUGR: Inadequate/ slow growth of a fetus inside the uterus

Jerky movement: Fast movements which are not controlled and that have no purpose. Seen in fits

KMC: Care given to small baby by placing over the chest of mother/parent to provide extra warmth to the baby

LAM: Used as a traditional temporary method of contraception, when a woman does not have her monthly periods due to breast feeding

Latent: Developing or present but not visible

LBW: When the baby weight is below 2500gms (standard weight)

Lump: A localised swelling; may be hard or soft

Lochia: Discharge from the vagina from delivery up to a week

Liquor: Same as amniotic fluid

LMP: First day of last menstrual period a woman had before pregnancy, used to calculate EDD

Madilu kit: This is a postnatal kit given to mothers after delivery under a government scheme for postnatal care of mother and baby

Mastitis: Infection of breast; seen as pain and redness

Meconium: Yellow or green coloured stools passed by the fetal inside uterus or by newborn at birth

MRP: Done by removing the placenta by hand in condition of retained placenta

Murmur: An abnormal sound of the heart

MVA: Method of performing MTP where suction is created by a manual pump to remove contents in uterus

Misoprostol: Drug used to cause contraction of uterus and thereby prevent or treat postpartum hemorrhage; available as tablets of 200mcg; not given to women with asthma

Magnesium sulfate: An anti-convulsant drug used for preventing/treating eclampsia/severe pre eclampsia without causing sedation in mother or baby

Monitoring: Observe and check the progress or quality over a period of time

Nasal flaring: An increase in nostril size due to any difficulty in breathing

Newborn: A recently born baby

Obstetric: Related to pregnancy

Obstructed: Blocked; unable to come out

Oedema: Swelling due to accumulation of water

Outcome: End result

Pallor: Lack of colour especially in the face; seen in anaemia and long standing diseases

Parity/Para: Total number of deliveries and abortions a woman has had till present pregnancy

Pelvis: Cavity formed by joining together of the two hip bones and sacrum; contains, protects and supports the intestines, bladder and internal reproductive organs

Perineum: Area around vagina and the anus in females

PIH: Increased blood pressure (more than 140/90 mmHg) without proteinuria in a woman after 20 weeks gestation

Preterm: Pregnancy less than 37 completed weeks gestation

Pre-referral management: Activities carried out to stabilise the complicated cases before referring to a higher centre

Presentation: That part of the fetal lying over the pelvic inlet which would be first to come out at delivery

P/S: Using the speculum to view the vagina and cervix

P/V: Vaginal examination

Prolonged: Long duration/delayed

PROM: Rupture of membranes (bag of waters) before labour has begun; can be before 37 weeks – premature or before delivery – term or mature

Puerperal: The period immediately after delivery to 42 days

Purulent: Containing pus

Pustule: A small boil over skin filled with pus; a pimple

Retained: To hold in a particular place; not coming out

RPR: A newer blood test to screen routinely for syphilis in pregnant women

RR: Rate of breathing in one minute

Respiratory distress: Condition in which patients are not able to breathe properly and get enough oxygen

SBA: Person (doctor, nurse, ANM) trained in pregnancy, delivery, postnatal and newborn care

SDM: Used as a traditional temporary method of contraception where a woman tracks the days of her menstrual cycle and avoids unprotected sexual contact on fertile days of the cycle

Sepsis: Condition where infection from any site spreads throughout the body

Seizures: Convulsions, fits

Spontaneous: Without any effort or natural

Sterilization: A procedure to make free from live bacteria, virus or other microorganisms, used for cleaning needles and surgical instruments

Stillbirth: Birth of a dead fetus any time after the completion of 20 weeks of gestation.

Syphilis: A sexually transmitted disease which in pregnancy may cause congenital defects in the fetus

Systolic blood pressure: The upper level of blood pressure

Tender/tenderness: Pain felt if touched

Term: State of pregnancy which has completed 37 weeks

Transverse: Lying across

Traction: Pulling force

Tubectomy: It is a female sterilization procedure where a part of the fallopian tubes is cut. It is a permanent method of female sterilization

Umbilicus: A scar where an umbilical cord was attached

Unconsciousness: Person not responding to calls, stimulus

Uterine massage: Gently rubbing the uterus after the delivery of placenta to help the uterus contract and become hard

Uterine tone: Tightness of uterine muscles

Vasectomy: A surgical procedure performed on males in which the vas deferens (male tubes) are cut. It is a permanent method of male sterilization

VDRL: Blood test done routinely for syphilis in pregnant women; similar to RPR test

Vertex: Normal presentation of the fetus in which the head lies at the opening of the uterus

Voiding: Emptying the urinary bladder

Methods used for Training

Several participatory methods will be used for training. This is necessary since all participants are adults and thus following the principles of learning, it will be experiential and thus presumably more permanent.

Method	What is it	When to use	Other important points
Case Scenarios/Case studies	Participants study briefly a situation that either describes a problem and then develops possible steps to solve the problem Participants discuss related issues that arise from the case scenario	To encourage participants to apply their knowledge and skills to similar to problems and situations that they may encounter on the job or elsewhere	The situation presented in the case scenarios is comparable to one experience by participants. Details in the scenario will be just enough to enable participants to recommend solutions/ discuss related issues or actions Generally case scenarios are more extensive than hypothetical situations and raise more issues. Give enough time to facilitate as much discussion as possible within the predetermined objectives

Demonstration	Facilitator demonstrated the steps of a procedure in an artificial situation to familiarise participants with it.	To improve the skills or competencies	This method follows the principle – learning by doing is more permanent. A major part of the training is dependent on demonstration of how to do certain procedures on the mother, new born or how to document information on the case sheets. It is important that time is given to participants to practice the same so that they are confident in doing the procedure especially if it is a new skill. Checklists could be used to assist them to monitor their own progress.
Discussion	Facilitators exchange ideas for the purpose of reaching a specified set of objectives	To increase knowledge To improve communication skills To test progress towards learning objectives	This method could be most useful if predetermined objectives are made. It could allow the participants to openly express their opinions on a subject as well as listen to the opinions of others thus facilitating learning through exchange of ideas This method is one of the commonest methods used in training. It is important to ensure that all participants take part in the discussion. This is best done by dividing the whole lot into smaller groups.

Mini lecture / presentation	Facilitator speaks to a group from prepared notes or using slides	To increase knowledge and to convey information, facts or concepts	Mini lectures are an efficient way to deliver information. The biggest disadvantage of this method is that communications is usually one way – flowing from the facilitator to the participants. The participation of the participants is limited. It is used when a new concept is introduced to the participants.
Question answer session / brainstorming / quiz	Facilitator prepared questions pertaining to a topic; then asks questions in a series to the participants in order to reach the predefined objectives	To increase the participants introspections and internal inquiry To increase the participants ability to collect information through analysis	This is an efficient way to encourage self-learning and participation. It helps to generate ideas quickly and fluidly while permitting freedom to express any idea or thought. It could have a snowball effect as one person's thought may help another person's thought process and thus increase learning. It is important to pay attention to every response of participants as this will encourage their participation
Role plays	This is a simulation technique and involves participants to imitate or act out a situation	To increase one's own awareness of one's thought processes To encourage participants to apply their knowledge and skills to problems like those they may encounter in the real life To sensitise participants to issues that they may be uncomfortable to address	It allows participants to practice and thus think about situations even before they encounter such situations in real life. It could be interesting to participants. It may take time and thus clear guidelines must be given to participants of what is expected of them

		To provide an opportunity for participants to practice how they would communicate on the job to the patients	(preferably a day before the role play is to be enacted) and how much time is allotted for the role play. It is best if feedback is taken from the participants who enacted as well as from those who observed the role play on what worked well and what could be improved.
videos	Facilitator uses videos to help participants comprehend a concept / procedure better	To sensitize participants on issues / demonstrate procedures that are best learnt by seeing and hearing	It is an efficient way to get participants to reflect on concepts that seem abstract or difficult to comprehend or to reinforce steps of a procedure that is vital. It is important to check for sound and need for other equipment such as DVD player, speakers, etc to be effective It is also important to be familiar with the video for it to be used efficiently.

Introduction

Materials: LCD, PowerPoints, Flip chart, Marker pens, baseline assessment of knowledge forms, participants' manual, SBA Handbook, NSSK.

Session time: 2 Hours 10 minutes

Training methods: Ice-breaker, introduction of group members through a game

Session Objectives:

By the end of the session participants will have

- ✓ Introduced themselves to other participants and trainers
- ✓ Reviewed course core competencies
- ✓ Reviewed participant training material, the schedule and logistics for the training
- ✓ Set ground rules to be followed during the length of the course
- ✓ Completed the pre-test
- ✓ Participated in a short exercise to determine previous knowledge about care during labour/delivery/postnatal and neonatal period

	Teaching steps	Duration
Introduce the reason for the training	1. Introduce yourself. Welcome participants. Ask participants to introduce themselves using either one of the below methods ❖ You would need a ball or a paper made ball. Ask participants to stand, stretch and form a circle as this is known to increase learning. Pass the ball to the participant next to you/throw the ball in any direction. Ask the person who received the ball to introduce herself mentioning her name, qualifications, place from where she comes, nursing experience and an interesting experience she has had in her workand end by finding some "adjective" to describe herself based on the name, e.g. Swathi-Sweet/Simple/Silent. Then ask him/her to throw the ball randomly to another person. The same continues till all have introduced themselves. 2. Ask them "What are your goals for training?" **(Slide 3)**. Wait for responses. Affirm their points and highlight that it is important as mentors that they	30 minutes

	❖ Are confident in provision of care during delivery, labour, postnatal and neonatal period – theory and practical ❖ Become familiar with the tools and techniques used for effective mentoring ❖ Use skills for mentoring based on need on a one to one basis or as a group ❖ Monitor progress made 3. Inform participants the core competencies expected after the training (Slide 4). Highlight objectives of the training. Ask participants if they had any added objectives. Note the same in the flip chart.	
Training logistics	1. Orient them to logistics such a food times, toilet facilities, training sites, expectations etc with them 2. Explain to participants that "ground rules" are the expectations of both the participants and facilitators on what they will do to help the training go smoothly and meet the course objectives (Slide 10). Reinforce that the ground rules will be used throughout the training. New rules can be added to the training as needed. Brainstorm ground rules with participants. Record the responses on a flip chart or blackboard and post where everyone can see. Possible ground rules: ❖ Arrive on time for the beginning of each session and after each break. ❖ Keep each session on time. ❖ Switch off mobile phones while in the training room ❖ See each other as equals in the training room. ❖ Share experience and expertise. ❖ Feel free to ask questions at any time. ❖ Only one person will speak at a time. ❖ Provide everyone the opportunity to contribute to ensure that the quieter voices are heard. ❖ No sidebar conversations or sub-sessions. Comments will be made to the whole group. ❖ Provide constructive feedback to each other. ❖ No smoking in the training room ❖ Agree on when to use Hindi or other local language. ❖ Check often to see that everyone comprehends the information.	30 minutes

	3. Explain the concept of "parking lot" is a way of acknowledging and recording discussion themes or ideas that might take too much time to fully explore, or are related to, but not critical for the discussion. These topics are usually important to the participants. Paste a piece of flipchart paper at the front of the room. Tell participants that this is the parking lot, where the group will put interesting topics or questions that are taking up too much time or are related to but not critical for the discussion. The topics are written on paper and sit in the "parking lot" until time is available to discuss them at the end of the training, during breaks, or in a later session. Once a "parking lot" topic has been addressed, it will be crossed off the list.	
Pre-test	4. Distribute the baseline assessment (pre-test) and personal profile sheets. Instruct participants to circle the single best option or complete the needed information. 5. Collect the same after 60 minutes and try and evaluate their performance within an hour of the same. This will give an idea of how much the participants know about the topics.	60 minutes
Summarize	6. Reinforce that they already know a lot and that the training would only build on what they know 7. Distribute the training materials: SBA Handbook, NSSK, Hand-outs and participants manual. Inform them that the materials will serve as references for the training. Orient them briefly on how to use the handbook	

Section A
Quality Improvement

Session 1A: Sukshema Project

Materials: LCD, Power point presentation

Session time: 1 Hour

Training methods: Didactic lecture

Session Objectives:

By the end of the session the participant will be able to:

- ✓ Explain the goals and objectives of project Sukshema in the context of NRHM
- ✓ Comprehend the broad gaps identified in the project during planning phase
- ✓ Describe the interventions (solution levers) implemented as a part of implementation design

	Teaching steps	Duration
Introduction	1. Ask any participant to read out the objectives of the session **(Slide 6)**	2 minutes
Project goals	2. Explain the goals, objectives of Sukshema project **(Slide 7-8)**	20 minutes
Project phases	3. Highlight the project phases **(Slide 7)** ❖ Planning phase ❖ Implementation phase in which the project is presently in, with special focus of the technical package through mentoring	20 minutes
Summarise	4. Invite participants to seek clarifications 5. Conclude with key messages	8 minutes

Session 1B: MNCH Situation An Overview

Materials: LCD, Power point presentation, hand-out

Training methods: Didactic lecture + individual exercise + group discussion

Session time: 60 minutes

Session Objectives:

By the end of the session, the participant will be able to:

- ✓ List the common causes of deaths in mothers and newborns
- ✓ Identify the timing of the common causes of maternal and neonatal deaths
- ✓ Describe the urgency needed in attending to these causes of deaths
- ✓ comprehend the maternal and neonatal health situation in Karnataka state and in the specific northern districts
- ✓ Identify the role of a nurse mentor in assisting PHC staff to improve quality of maternal and neonatal care

	Teaching steps	Duration
Introduction	1. Ask the participants to read out the objectives of the session (Slide 11).	2 minutes
Underlying reasons	2. Brainstorm with participants , "what are common causes of deaths of mothers and newborns in India?" Note points on the flip chart. 3. Highlight with power point main causes of death of mothers and newborns (slide 12-13); Differentiate between direct and indirect causes of maternal deaths ❖ Direct maternal causes: related to the fact that the mother is pregnant ❖ Indirect maternal cause: mother dies due to an accident or a major injury or sickness not related to her pregnancy ❖ Cause of neonatal death: hypothermia, low birth weight or born before term (preterm)	12 minutes

	4. What is the timing of these deaths in mothers and newborns? Explain to them the timing of these deaths (**Slide 14**) ❖ more than 70% of deaths among mothers occur in the first week of which half occur in the first day (day of delivery) ❖ 90% of deaths among newborns occur in the first week of life of which most occur in the first day of life.	6 minutes
Delivery location	5. Ask the participants if they are aware of what are the different types of deliveries based on the location where it happens and list it on the board. Now with the help of (**Slide 15**) explain the different locations.	10 minutes
Local context	6. Explain why we in Sukshema project must act to improve maternal and newborn health Explain to the participants that Sukshema project conducted an in-depth situation needs assessment at all levels of MNCH care and the results of the assessment showed various gaps. Explain the levels of the gaps, the objective fd change and the Solution category. (**Slide 16**)	20 minutes
Summarize	7. Invite participants to share their comprehending of the session content and summarize at the end	5 minutes

Session 1C: MNCH Mentoring Intervention

Materials: LCD, Power point presentation

Session time: 50 minutes

Training methods: Didactic lecture and discussion using PPT.

Session Objectives:

By the end of the session the Participant will be able to:

- ✓ Understand the rationale and goals of RMNCHA Mentoring Intervention
- ✓ Reflect on the broad roles of the mentor in the Nurse mentor intervention

	Teaching steps	Duration
Introduction	1. Ask one participant to read aloud the objectives of the session **(Slide 18)**	10 minutes
Goals of RMNCHA Mentoring	2. Revisit the assessment findings regarding the quality of RMNCHA care in North Karnataka and the various factors influencing the design of the intervention. **(Slide 19 - 23)** 3. Explain the goals and Objectives of the On-Site Mentoring Intervention **(Slide 24)**	15 minutes
Interventions	4. Explain to the Participants the...various the various stages of the intervention planned. Specifically, explain the details of the roll out of field visits soon after the training, the requirements of mentors in terms of PHC allocation, frequency of visits, duration of visit, broad activities during the visit, etc. **(Slide 25-26).**	20 minutes
Summarize	5. Ask participants if they have any doubts or clarifications	5 minutes

Session 2A: Quality Improvement

Materials: Case study, colour markers, chart paper, LCD, power point presentation

Session time: 1 hour

Training methods: Case study Group activity, discussion and PPT.

Session Objectives:

At the end of the session the Participant will be able to understand:

- ✓ What is Quality Improvement in Northern Karnataka context?
- ✓ Why is it important to focus on quality improvement?
- ✓ The focus and approach of QI efforts in Northern Karnataka context.

	Teaching steps	Duration
Introduction	1. Review the objectives of the session. **(Slide 28)**	5 minutes
Case study: what and why, Quality Improvement?	2. Ask them to go through the Case study **(Slide 29)** while one volunteer reads aloud the case study. A district X reported high number of maternal and newborn deaths during the year 2010-11. The Annual Health Survey data showed that there was high proportion of home deliveries in the district during the same year. The district officials prioritized the following three areas in the annual plans (PIP) for the year 2011-12 ❖ Increasing the number of facilities in the district ❖ Hiring and training of contractual staff for the facilities ❖ Improved transportation 3. years after the intervention (2013-14), the institutional delivery rates improve significantly from 40% to 65%; yet the reductions of deaths were slow and less than what was expected. What could be the possible reasons why the maternal and newborn deaths in the district did not reduce as expected?	30 minutes

	4. Allow the participants to discuss in small groups. Facilitate the discussion and sharing in a way that all groups are able to share their understanding of the reasons for deaths. Facilitate thinking and discussion about different areas pertaining to quality that was missed out in the district plans. Finally, categorize them all under the three areas – Provider, Client and Systems. Reinforce that quality improvement has to address all the three facets to really make a difference in terms of outcomes **(Slide 30)**. 5. Follow up with the evidence around the importance of quality; invite sharing of their understanding about the terms 'access' and 'coverage'. Emphasize that quality improvement efforts have to complement efforts toward improving access and coverage in order to impact mortality. **(Slide 31)**.	
Karnataka context, QI strategy and focus	6. Check with the participants if they know of any other quality improvement initiatives in the region and country. List them and facilitate discussion on what facets of quality are addressed as well as the approach, scope and focus in these initiatives. At the end, reinforce that each initiative has its own place, there is no one best model to address quality and we are attempting to address quality in a very comprehensive way; we have to acknowledge and appreciate other initiatives but we as nurse mentors should be convinced why we are addressing quality under all the three facets. **(slide 32)** 7. Share the context and focus of mentor in the North Karnataka context; the use of onsite mentoring with the help of dedicated nurse mentors as the strategy to improve quality in North Karnataka context. 8. Emphasize the focus on 5*5 matrix as well as the critical services during delivery and postpartum period. **(slide 33)** Finally reinforce the overall focus of quality improvement efforts, the approach and tools. **(slide 34 - 36)**	20 minutes
Summarize	Share the slide on key messages and invite the participants to read the slide. Check if they have any questions and clarifications regarding the topic. **(slide 37)**	5 minutes

Session 2B: Quality Improvement

Materials: Scrap paper, materials, sticks and waste bottles, etc.; Fevecol glue, Chart paper strips, cello tape (1 inch), colour markers, chart paper, LCD, Power point presentation

Session time: 2 Hours 30 minutes

Training methods: Group activity, discussion and PPT.

Session Objectives:

At the end of the session the Participant will be able to:

- ✓ Explain what 'Quality Improvement' is and its role in RMNCHA mentoring intervention at the health facilities.
- ✓ Explain the advantages of adopting Quality Improvement process.
- ✓ Enumerate and understand the Quality Improvement Principles.
- ✓ Understand that Client's and Provider's Rights are critical to improve quality services.
- ✓ Understand Self-Assessment and teamwork empowers providers.
- ✓ Understand the benefits of adopting a mentoring approach.

	Teaching steps	Duration
Introduction	1. Ask any participant to read out the objectives of the session with the help of **(Slide 39).**	2 minutes
Quality Improvement	2. Divide the participants into four groups and inform them that they will do a group activity for 15 minutes. ❖ Ask them to take a photo with their mobile of all the scrap that they have been given. ❖ They are then given 25 minutes to make a colourful object / doll or any other object. They can take the equipment from the facilitator table at any time during the activity. If a group has already taken any of these items, they can request the other group for it. ❖ Once they have completed the activity ask them to take another photo of the finished product.	40 minutes

	❖ Now ask them to share their results and inform that they have adopted a very simple basic quality improvement process. Discuss the process they went through during this exercise. All participants can now focus on the process of using simple daily articles that when put together in a creative manner results in a decorative article. Similarly the process of mentoring a facility requires the nurse mentor to help the facility staff understand that improvements can be made with simple reorganizing their functioning systems and in-house clinical knowledge, skills and practice. 3. Ask one of the participants to read the definition of Quality Improvement from the PPT **(Slide 40)** and ask them to relate it to their activity. 4. Explain with the help of **(Slide 41)** that QI is a process of improvement and it is importantly an on-going process that has scope to go on improving. 5. Explain that there are two terms used in the intervention name that they need to have a good understanding of: 'On-Site' and 'Mentoring'. Ask the participants what they understand by 'On-Site' and write it on the board. Now repeat the question for 'mentoring' and do the same. Once they have given their answers, with the help of **(Slide 42)**; explain the concept and relevance of to the participants. Explain to the participants **(Slide 43)** what is a principle?	
Quality Improvement Principles	6. Inform the participants that there are certain principles of Quality Improvement and ask them to read it from **(Slide 44).**	10 minutes
Client's and Provider's Rights	7. Inform the participants that they will do a group work. ❖ Tell them to imagine that they need to go to the PHC for some medical help (not only RMNCHA related). Each group will require a group leader and someone who represents PHC staff. Stick two postings "client rights" and "patient rights" on the wall so that all can see it. ❖ Ask them to list out on chart paper all the things they expect from that PHC (7 Minutes). ❖ Then ask the group leader (role play the sick person) and the other person (role play a facility staff) from each group to stand up. Request the Sick person leader to hand over the chart paper to the PHC staff person. ❖ Now the group should work together to list on chart paper what they as facility staff need to provide the services listed in the first chart (7 Minutes). ❖ Once they have competed this ask each group leader to come forward, share their answers and place them according to the Clients rights (sick person chart) and Provider Rights (Facility staff chart) posting.	60 minutes

	8. Remind participants that the exercise reflects the components that need to be attended to have satisfied Clients and Providers. 9. Now explain that there are many expectations from any person who walks into a health facility and to remember it easily they can be classified into 5 Client's Rights and three Providers" rights as shown in **(Slide 45)**. Ask the participants if they have any questions on the different classifications and answer doubts.	
Self-Assessment: (Definition Process Benefits)	10. Ask participants what they understand of 'Self-assessment' and then get a participant to read the definition from **(Slide 46)**. Explain the process of Self – Assessment using **(slide 46)**. 11. Brainstorm with the participants the benefits of self-Assessment and then get a participant to read the benefits from **(slide 47)**.	10 minutes
Teamwork	12. To introduce the concept of benefits of Teamwork divide the participants into 3 groups and get them to stand in a line about 10 meters away from the tables. Place a set of jigsaw puzzles (one for each group) and let do a relay with each participant getting 30 seconds with the jigsaw. Once a round is finished for allparticipants get them to look at their jigsaw. Now give them 7 minutes as a group to do it together. After 7 minutes ask them what was different. To solve the problem. 13. Emphasis the principle that when they work together, they discuss and understand the problem better and have a faster way to solve their problems. Ask the participants what they see in **(Slide 48)**. Ask the participants what they think of this picture in the context of 'Teamwork'. Discuss this further with the participants recalling points from participant manual on teamwork. 14. Show **(Slide 49)** and ask the participants if this is teamwork. Then explain that each staff doing their own work DOES NOT result in quality but show **(slide 50)** it is when all staff considers 'all work is their work'. Explain that like in the 1st picture when staffs help each other as a team, some may get the direct benefit while other may not. 15. Ask a participant to read **(Slide 51)** on the benefits of Teamwork.	30 minutes
Advantages of adopting Quality Improvement	16. Ask the participants to list the advantages that they can identify with the process of QI and list it on the board. Request one participant to read the PPT **(Slide 52)** and ask them to identify the points they have missed. 17. Ask any participant to summarize the advantages.	8 minutes
Summarize	18. Summarize the session by asking participants to highlight the main points covered in the session and if review the session objectives to see if all have been met.	5 minutes

Session 3: A.M.M.A Approach for QualityImprovement

Materials: Colour markers, chart paper, LCD, Hand - out - A.M.M.A. approach Table, Power point presentation

Session time: 1 Hour 15 minutes

Training methods: Modular reading, discussion and PPT.

Session Objectives:

By the end of the session the participant will be able to:

- ✓ Understand and explain the components of A.M.M.A. approach for Quality Improvement.
- ✓ Describe the different functional levels at which the A.M.M.A. approach will be implemented.

	Teaching steps	Duration
Introduction	1. Ask any participant to read out the objectives of the session (**Slide 54**). Let the participants to sit in 4 groups.	2 minutes
A.M.M.A. approach	2. With the help of the PPT (**Slide 55**) introduce the A.M.M.A. approach to the participants and ask them if they have any questions.	10 minutes
Functional levels of A.M.M.A. approach	3. Ask them to think of the discussion they had on client and provider rights and try to identify where this approach could be directed? List their answers on the board / flip chart and then show them the PPT (**Slide 56**) on the levels of A.M.M.A. approach. 4. Group activity: ❖ Distribute Hand Out 3.1: How to use the A.M.M.A. approach at different levels: ❖ Ask participants within their groups to identify any simple problem at a health facility and discuss how they could apply the A.M.M.A. approach to handle the problem. ❖ After 15 minutes get a representative of each group to come up and share. Explain any doubts they may have. ❖ Congratulate them for the good effort and hard work.	60 minutes
Summarize	5. Ask any one to summarize what they understood on the A.M.M.A approach and another on the level of A.M.M.A. approach. Review the Session Objectives to see if both objectives were understood.	3 minutes

Table 3.1: The A.M.M.A Approach: Assess and diagnose, Manage, Measure and Advocate

What to do?	PHC level	Individual staff level	Community level	System level
ASSESS & DIAGNOSE quality gaps	Assess and diagnose by identifying the gaps in service provision and using the process of a root cause analysis, diagnose the probable causes of those problems	Assess and diagnose by screening for danger signs among women in labour, during delivery, women in the postpartum period and neonates	Assess and diagnose how linkages are currently working, identify the gaps and probable causes for these gaps	Assess and diagnose by identifying the problems and the probable cause of those problems that need to be addressed at a higher level
MANAGE solutions to address gaps	Manage by beginning to identify potential solutions in an action plan and implement them according to the timing and responsibilities outlined in the action plan	Manage by providing routine care or pre-referral management for complications in a rational and timely manner	Manage by identifying solutions to the problems and implement the solutions identified in a timely and rational manner	Manage the issues to be addressed at district level – these have to be discussed in fora such as monthly review meetings.
MEASURE progress	Measure by constantly monitor their progress in addressing issues in the action plan	Measure by monitor progress in improving patient care	Measure by constantly reviewing the progress made in strengthening linkages	Measure any changes due to action at the higher levels
ADVOCATE for client & provider rights to quality services	Advocate by become champions for further quality improvement in different areas	Advocate to create a safe and client-centred environment for women and neonates	Advocate for a continuum of care for mothers and newborns from home to facility and back	Advocate constantly for quality improvement which itself can increase accountability at higher levels.

Session 4A: MNCH Mentor – Skills Attitudes Tools

Materials: Colour markers, chart paper, LCD, Power point presentation

Session time: 1 Hour 15 Minutes

Training methods: Brainstorming and discussion.

Session Objectives:

By the end of the session the Participant will be able to:

- ✓ Understand the basic skills and attitudes required to be an effective mentor.
- ✓ Identify the basic skills and attitudes of a mentor at each functional level.

	Teaching steps	Duration
Introduction	1. Ask any participant to read out the objectives of the session (**Slide 58**) 2. Tell the participants to recollect what they learnt about mentorship and write key points on the board.	2 minutes
Skills and Attitude of a Mentor	3. Brainstorm with the participants "what are the skills and attitudes the participants think they will require to be a successful mentor". Write their answers on the board. 4. If they have not mentioned then ask them if the mentor could be a FRIEND? Discuss this point with them. 5. Explain to the participants that a mentor (as discussed earlier in A.M.M.A approach) has to function at four levels and to be successful at all these levels she may have to use different skills each time. Ask the participants if they can identify different skills and with the help of (**Slide 59**) discuss the skills and attitudes. 6. Ask the participants to turn to their manual; Table 4 - The A.M.M.A Approach: Assess and diagnose, Manage, Measure, Advocate for Quality Improvement: Knowledge, skills, tools and resources for RMNCH+A mentors to implement the A.M.M.A approach for quality improvement at different levels. Ask the participants in turn to read the Knowledge, skills, Job aids and Resources sections for each of the levels and inform them that they need to get very familiar with this content.	70 minutes
Summarize	7. Ask any one to summarize what they understood on skills and attitudes of a mentor and ask them if they are ready to learn more on these skills and attitudes.	3 minutes

Session 4B: Adult Learning Principles

Materials: LCD, Power point presentation, Hand-out on Adult learning (Hand-out 4B-2.1 and 4B-2.2)

Session time: 60 minutes

Training methods: Interactive PPT,Group activity, with brainstorming

Session Objectives:

By the end of the session the Participant will be able to:

- ✓ Understand that children and adults have a different learning style.
- ✓ Enumerate and explain the basic adult learning principles.

	Teaching steps	Duration
Introduction	1. Ask any participant to read out the objectives of the session (**Slide 61**).	3 minutes
Children and adults have a different learning style	2. Use the story of the "puddle of water" to explain this (**slide 62**) ❖ Imagine it had rained heavily yesterday. You are walking on the street and you encounter a large puddle of water... what will you do....and how will you get across? ❖ The usual responses would be "we would walk around it to get across".... ❖ Now ask... "Imagine the same scenario... but now imagine a child with his school back pack walking along the street and encounters the same puddle of water... what do you think the child will do?" ❖ The usual response would be "The child will jump into the water...." ❖ Ask " why the difference in the responses from the adult and the child?"... brainstorm ❖ Conclude with the key message "There is a difference.... the way adults learn is different from the way children learn".	5 minutes
Assumptions of Adult Learning	3. Explain the adult learning principles using the PPT (**Slide 63**) and distribute Hand-out 4B.1: About Adult Learning. Ask participants to read out each point and discuss the information with them. Ask the participant what they as mentors can do to observe these guidelines while working with facility staff.	

	4. Group Activity: Let participants sit in their groups. Give them Handout 4.B-2. ❖ Ask them to discuss in their groups and identify to which of the assumptions does the statement relate to. ❖ After 5 minutes project **(Slide 64)** with each statement and check with participants whether they have understood the assumptions of Adult learning. 5. Summarise "Treat adult learners with respect. Encourage discussion and participation. Rather than being the teacher with all the answers, try and be the facilitator who helps them to learn for themselves. Both you and they will then have a much more rewarding and enjoyable teaching-learning session"	50 minutes
Summarize	6. Ask any one to summarize what they understood on adult learning principles and ask them if the session objectives have been covered.	2 minutes

Hand-out 4 B.1: About Adult Learning

Part of being an effective instructor involves understanding how adults learn best. Compared to children, adults have special needs and requirements as learners. Andragogy (adult learning) is a theory, pioneered by Malcom Knowles, that holds a set of assumptions about how adults learn. This section will describe these principles and how they can be applied to improve the effectiveness of teaching-learning sessions.

1. Adults are internally motivated and self-directed

Adult learners resist learning when they feel others are imposing information, ideas or actions on them. Your role is to facilitate a staffs'/participants' movement toward more self-directed and responsible learning as well as to foster the staff's internal motivation to learn.

For learning to occur, adults have to do things. They must get involved and work at tasks andexercises. They learn by doing and making mistakes and then discovering solutions for themselves. Adults want to be consulted and listened to. Although trainers need to give direction at times, this should be the exception rather than the rule.

1. Adults bring life experiences and knowledge to learning experiences

Adults like to be given opportunity to use their existing foundation of knowledge and experiences gained from life experience and apply it to their new learning experiences.

2. Adults are goal oriented

Adult learners become ready to learn when "they experience a need to learn it .... in order to cope more satisfyingly with real-life tasks or problems" (Knowles, 1980).

3. Adults are relevancy oriented

Adult learners want to know the relevance of what they are learning to what they want to achieve. Adults prefer to focus on real life, immediate problems rather than on theoretical situations. Adults see learning as a means to an end, rather than an end in itself.

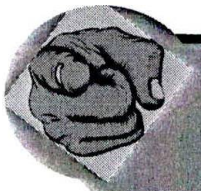
4. Adults are practical

By interacting with real patients and their real life situations, staffs move from classroom and text book mode to hands-on problem solving where they can recognize first-hand how their learning applies to life and the work context.

5. Adult learners like to be respected

Respect can be demonstrated to staff by mentors by showing interest, acknowledging the experiences that the staff, regard them as a colleague who are equal in life experience and encouraging expression of ideas, reasoning and feedback at every opportunity.

Hand-out 4B.2: Six Assumptions of Adult Learning – Group Activity



The six principles of adult learning:

1. Self-directed
2. Bring life experiences
3. Goal oriented
4. Relevancy oriented
5. Practical
6. To be respected

Discuss in your groups and identify: to which of the above principles does the below mentioned relate to.

1	Lead the staff toward inquiry before supplying them with too many facts.	
2	Provide real case-studies as a basis from which to learn	
3	Encourage them to answer questions from their own experience	
4	Encourage questioning and discussion	
5	Tell adults about the purpose and benefits of the session and about the process you intend to follow.	
6	Increase the staff's awareness of the need for the knowledge or skill presented	
7	Encourage use of resources such as library, journals, internet and other department resources.	
8	Promote active participation by allowing staffs to try things rather than observe.	
9	Encouraging expression of ideas, reasoning and feedback at every opportunity	

Session 4C: Mentoring Skills
(Psychological, Interpersonal and Communicative)

Materials: Colour markers, board/flip chart, LCD, Power point presentation

Session time: 2 Hours 50 minutes

Training methods: Group activity, discussion and PPT.

Session Objectives:

At the end of the session the Participant will be able to:

- ✓ Understand the difference between Teaching and Mentoring
- ✓ Understand the qualities of an effective mentor.
- ✓ Understand the importance of rapport building and ways to build rapport with staff
- ✓ Learn interpersonal communication skills for effective mentoring.
- ✓ Identify within the mentor characteristics that contribute or can be negative to effective mentoring

	Teaching steps	Duration
Introduction	1. Ask any participant to read out the objectives of the session **(Slide 66)** 2. Ask the participants to recollect what they learnt about mentorship and write key points on the board.	3 minutes
Difference between a teacher and a mentor	3. Ask the participants if they know what the difference between a Teacher and a Mentor is. Write their answers on the board and then with the help of the **(Slide 67)**, discuss the differences. Congratulate them if they were able to get some point correct.	10 minutes
Importance of rapport building	4. Inform the participants that to be a good mentor there is a basic step required. Ask them I they know what it is. If any participant says 'building rapport or making friends with staff' congratulate the person. If not tell them it is 'RAPPORT BUILDING'. Ask them to list the ways they think they can show the facility staff that they want to be a friend to them. Write their answers on the board. Then with the help of **(Slide 68)**, explain the ways they can build rapport.	15 minutes
Mentoring skills- essentials	5. Use PPT **(Slide 69)** to introduce the essential mentoring skills. Distribute Hand-out **4 C.1** and discuss each point in detail for the participants to have an in-depth understanding.	15 minutes

Mentoring skills	6. Group Activity: ❖ Divide all participants into 4 groups: A, B, C, & D ❖ Allot the skill sections mentioned in the participants manual to each of the groups as follows: **Group 1:** Attending, Listening & appropriate use of names **Group 2:** Speaking, Responding and Exploring skills **Group 3:** Giving feedback, summarizing and Evaluation skills **Group 4:** Problem sloving and conflict management ❖ Ask the groups to: Read through the notes on mentoring skills from the participants manual and discuss within the groups. Then tell them to develop a skit/role play to depict the skills allotted to the respective groups. Give them 30-45 minutes to plan this. ❖ Allot 10 minutes to each of the groups – 10 minutes for the skit and 5 minutes for explaining the elements of the skills enacted in the skit 7. Brainstorm with the entire participant group what they learnt.	120 minutes
Summarize	8. Ask participants to highlight 3 main learnings from the session. Review the session objectives with the participants.	5 minutes

Hand-out 14 C.1: Essentials of Mentoring

Knowledge Base

Your job, as a mentor, is to help the staff be the best they can be, professionally and personally. You are already an expert in your specialty to help patients. Your core knowledge base is at the center of you being a great mentor.

Relationship

What you do as a mentor is really all about building a relationship. You are creating a special relationship where you truly care about the mentee. You are fully present, empathetic and finding the ways to connect truly with another human being. Think about the core values you share with this human being..... A commitment to optimal patient care, to lifelong learning, to basic human rights and women's rights, ... etc

Observation over time

As a mentor, you begin by paying attention. As a mentor you make careful observations about what the mentee is doing, saying, feeling...etc. These observations when mentoring staff include history and physical exam skills, diagnostic ability and how appropriate treatment is chosen. For each staff there are skills to observe. How does the staff educate the patient? How does the staff help the new patient feel comfortable? There are many such areas to observe. By these observations you identify not only the weaknesses but also the strengths of the mentee and therefore be able to encourage, support, or assist the mentee in their professional development.

Active listening

Beyond our observations we are ACTIVELY Listening. This means we have shown up and are paying attention and we listen carefully to what is going on.

Interacting

You are a role model, and how you are with patients and colleagues will be noticed. You may from moment to moment be teaching, questioning, learning yourself, coaching, supporting, serving as a sounding board, encouraging, pointing the way in problem solving, be an advocate...etc. You may be inspired by what you see and/or you may be the inspiration.

In each interaction your relationship and coNurse Mentor unication skills are crucial. These interactions also include seeking and receiving feedback on the mentoring process.

Continuity

Relationships occur over time. Growth and development occur over time. There should be continuity in the mentoring process.

Session 4D: Mentoring Skills – Cultural Considerations

Materials: Participants manual

Lesson time: 45 minutes

Training methods: Interactive Powerpoint, group work with brainstorming

Session Objectives:

At the end of the session the participants should be able to:

- ✓ Understand the importance of considering cultural influences on mentoring
- ✓ Identify from experience certain cultural issues that must be considered when mentoring staff at PHCs

	Teaching steps	Duration
Introduction	1. Ask any participant to read out the objectives of the session (Slide 71)	2 minutes
Rationale for cultural considerations in mentoring	2. Brainstorm with participants "why is it important to consider cultural aspects when mentoring?" After the participants have given answers, discuss with the help of (Slide 72) ❖ Mentoring is about building relationships ❖ This relationship must be respectful, reciprocal and responsive if it has to be successful ❖ For this it becomes important to consider cultural aspects of the mentee that might influence the relationship 3. Reinforce that personal growth could be enhanced when the mentor and mentee are from different cultural backgrounds 4. Inform participants that if as a mentor they are sensitive to the cultural values of the society, they would be more accepted. A simple example.....it is expected that all women who are married dress in a particular manner. 5. Individual Activity (Reflection): ask participants to complete this statement thinking of what a woman can or cannot do during pregnancy, child birth or child rearing. "In my culture, the women must.....". After 2 minutes ask volunteers to come out with statements that they had written. Write the main points in the flip chart/board for all to see.	20 minutes

Reflection on challenges mentors might face	6. Brainstorm: "what factors do you think can influence how you develop your relationship with the mentee?" ❖ Come from a different place ❖ Might not have so much of experience as the staff ❖ Might be considered an outsider ❖ Might be from a different religion, language have different accent, may use different words with entirely different meanings 7. Reinforce that being aware of these challenges is the first step in the mentoring process of developing a mutual relationship of trust 8. Inform participants that they must be aware of these practices since it could influence what the staff might or might not do based on their own cultural values.	15 minutes
Summarize	9. Summarize with the key messages. Clarify any doubts	5 minutes

Session 5A: Managing a Mentoring Visit – Using A.M.M.A Approach at facility Level

Materials: Colour markers, chart paper, LCD, Power point presentation

Session time: 3 Hours 30 minutes

Training methods: Group activity, discussion and PPT.

Session Objectives:

At the end of the session the participant will be able to:

- ✓ Get familiar with the schedule and outline of mentors' visits to designated Facilities.
- ✓ Understand the broad stages in the process of mentoring visits.
- ✓ Learn and practice the importance of the 'Pre – Meeting'.
- ✓ Learn and practice how to introduce Quality Improvement principles to the facility staff.
- ✓ Learn and Practice facilitating Quality Improvement exercise using 'self-Assessment guides'.
- ✓ Learn and Practice developing an effective Action plan.

	Teaching steps	Duration
Introduction	1. Ask any participant to read out the objectives of the session **(Slide 74)** 2. Explain to the participants with the help **(Slide 75)** the goal of mentoring at the facility level.	2 minutes
Schedule and outline of Mentors' visits to the designated PHCs	3. Explain to the that the facility visit consists of three steps that include: a. Pre Visit / Meeting Plans **(Slide 76)** b. Managing the first and subsequent visit meetings c. Identifying the Site Co-ordinator d. Debriefing after completing the visit	8 minutes
Broad stages in the process of mentoring visits	4. Ask them to list why Pre Meeting preparation is required. Then ask one of the participants to read from the manual the 'Pre Meeting'. Explain and check if they have any questions.	15 minutes

Introduce Quality Improvement to the PHC staff	5. Explain to the participants that when they start their visit at the PHC it is important to: a. Introduce themselves and explain how often they will visit; for how long; what they are going to do while in the facility and that they will interact together and individually with all staff during the visit. b. Introduce the concept of QI; three QI principles and what is the impact of good and poor quality within the facility. c. Lead the facility staff in a self-assessment exercise using certain tools from which the staff will identify areas that are working well and areas that they can improve. d. The mentor will facilitate a process of analysis for cause and solution for each area to be improved and fix responsibility and their timelines covering system areas including supply chain management, Infection control and referrals. e. Identify an active facility staff to measure if the solutions are implemented as per schedule. f. The mentor will work alongside the staff and use every opportunity to role model and influence clinical practice that is in accordance with National/UP state guidelines. 6. Inform the participants that they will go through each of these steps by reading the manual to understand how they will actually implement these activities. 7. Divide them into four groups and ask them to read from the beginning of chapter 5 to the end of the Pre-Meeting section. Check if they have any questions and then ask them to read subsequent sections as given below stopping to ask a volunteer in each group to role play that section and members can take turns to be the mentor. Encourage the rest to observe and provide positive feedback and areas for improvement: a. Till the next section till 'Talk about poor quality'. b. Till the end of 'Introduce the A.M.M.A approach'. c. Till the end of Case sheet review. d. Till the before 'Facilitate the collective action planning meeting' e. Till the end of the chapter.	45 minutes

Quality Improvement exercise	8. Explain to them that they now look at how as mentors they could Assess and Diagnose (A.M.M.A. approach) PHC level gaps using three self-assessment guides. Ask them to recall about Self-Assessment and then explain for better comprehending. 9. Distribute the 'Self-Assessment Guides' and ask the participants to read the first guide, and then tell them to explain how this will improve the quality of the services in the PHC. Continue this for each of the guides till all are completed. 10. Now distribute the Client interview and Record reviews formats and ask the participants to identify what are the gaps that staff will be able to identify by using these two guides. 11. Explain what is 'root cause analyses' to participants. 12. Group Activity: ❖ Divide them into 3 groups ❖ Ask them to analyse the causes of two or three scenarios in 5 minutes to discuss ❖ Call a representative to present their points in 3 minutes. ❖ Summarize importance of 'multiple WHY' to identify the root cause and other causes. 13. Explain how staff will develop and finalize an Action plan to address gaps identified.	90 minutes
	14. Ask them to read subsequent sections as given below stopping to ask a volunteer in each group to role play that section and members can take turns to be the mentor. Encourage the rest to observe and provide positive feedback and areas for improvement: a. Till the before 'Facilitate the collective action planning meeting' b. Till the end of the chapter.	45 minutes
Summarize	15. Ask any one to summarize what they understood on applying the A.M.M.A approach to improve quality at the facility level.	5 minutes

Session 5B: Managing a Mentoring Visit – Using A.M.M.A Approach at Individual Clinical Level

Material: Chart paper strips, cello tape (1 inch), colour markers, chart paper, LCD, Power point presentation

Session time: 1 hour 50 minutes

Training methods: Group activity, discussion and PPT.

Session Objectives:

At the end of the session the participant will be able to:

- ✓ Learn the activities for preparing for the visit.
- ✓ Understand how to identify staff clinical mentoring needs in the facility.
- ✓ Classify learning objectives into appropriate domains
- ✓ Select appropriate Teaching-Learning methods for each domain
- ✓ Understand and practice one to one mentoring.
- ✓ Understand and practice immediate responsive methods.
- ✓ Understand and practice delayed reinforcement methods.
- ✓ Understand and practice distance mentoring

	Teaching steps	Duration
Introduction	1. Ask any participant to read out the objectives of the session from **(slide 78)**	2 minutes
Preparation and site visit	2. Review with participants how they should prepare for a site visit ❖ Review site details and on subsequent visits review the clinical topics covered including topics for this visit. ❖ Communicate the purpose, schedule, arrangements and the monitoring checklist.	8minutes
Sources of On-site staff clinical mentoring needs	3. Discuss with the participants 'Mentor Visit Checklist' in participant manual annexure. 4. Brainstorm: "How would you be able to identify what the mentoring needs of a particular facility would be?" Wait for responses. 5. Highlight the sources of individual clinical mentoring i.e. how they can identify mentoring needs. ❖ Self-Assessment guides ❖ Auditing Case sheets ❖ Observation of staff practices 6. Reinforce that this is "assess" part of a Nurse Mentor approach.	8 minutes

Specific learning objectives into domains	7. Explain the meaning of specific learning objectives, its importance and the difference between 'knowledge', 'Practice' and 'Affective' **(Slide 79).** 8. Interactive discussion: (Hand-out 5 B.1) ❖ Ask the participants to individually read through all the listed Learning Objectives and share what they think is the predominate domain.	10 minutes
Domain directed teaching learning (T-L) method	9. Briefly explain how it is important to select teaching learning methods based on the domain identified. ❖ Group Activity: (Hand-out 5B-2.2) Ask participants to decide, as a mentor how (what method) they would use for the mentee.	10 minutes
One to one mentoring	10. Explain to the participants that Role Play is a method of one to one mentoring. 11. Role play: Ask participants to demonstrate, using a role play format, how they would teach on individual observations or bedside rounds with a single staff who is new to the facility. The scenario being "The staff has just completed the initial assessment of a woman who is presenting with labour". After the role play is over, get a feedback from the participants who acted it out first and then from the rest of the participants. Discuss, brainstorm and summarize the sequence of a One on One Mentoring with the help of **(slide 80):** ❖ Clinical Work Place attachment ❖ Observation and Identification of strengths and weakness (gaps) ❖ Immediate Responsive Methods ❖ Delayed Reinforcement Methods	15 minutes
Immediate response methods	12. Briefly introduce the meaning of immediate response methods, Discuss with theparticipants with the help of Hand-out 5B.3, each listed T-L method to the suitability of the predominant domain gap in practice.	15 minutes
Delayed responsive methods	13. Explain using **(Slide 81)** different ways delayed response mentoring could be done: ❖ Case based discussion and the mini-lecture ❖ Case sheet/ register review discussions ❖ Skills demonstrations ❖ Role plays/ video clips ❖ Workplace aids	10 minutes

Modelling	14. Briefly introduce the meaning of modelling 15. **Activity:** Invite participants to spend a minute or two individually thinking back on their own past encounters when as students or when they were first registered. Request a few to share these instances with the larger group from the past or present where role models demonstrated positive or negative influenced. . Encourage a discussion to demonstrate whether the participants have understood the concept.	10 minutes
Distance mentoring	16. Briefly introduce the meaning of distance mentoring. 17. **Activity:** Inform participants to think of a situation where after leaving the facility a staff has a doubt about what should be done for a baby who cried soon after birth, but now refusing to feed. The staff called the mentor. How could the mentor help?	10 minutes
Post visit	18. Explain the activities that they would need to complete after the mentoring visit that was planned ❖ Documentation: reinforce there will be specific documents that they would be expected to complete after each visit for the project. ❖ Action plan: brainstorm how they could develop the action plan. Reiterate the principle of adult learning and ensure that the staff at the PHC gets involved in deciding aspects that are important for them. ❖ Follow up ❖ Thank you	10 minutes
Summarize	19. Ask any one to summarize what they understood on applying the A.M.M.A approach to improve quality at the individual facility staff level.	5 minutes

Hand-out 5B.1

Individually read through all the below listed Learning Objectives and tick the appropriate box to its right that indicates the predominate domain.

Discuss the same among your group and be prepared to present the same when asked to the entire audience.

No.	Learning Objective. At the end of the session, the student should be able to	Knowledge	Practical	Affective (value/ attitude/ interest)
1	To diagnose Iron Deficiency Anemia given relevant blood laboratory reports.			
2	To create, implement and interpret a survey of a sample of a village population's to determine their health seeking behaviour for febrile illnesses.			
3	To measure the weight of a newborn given an electronic weigh scale			
4	To pre-test counsel a pregnant woman at her first ANC visit requiring an HIV Rapid Screening test			
5	To respect the choice of the couple on a FP method			
6	Identify using a light microscope stained sputum samples of the following three bacteria: Mycobacterium TB, Hemophilus influenza and Pneumococcus.			
7	To detect by palpation of the abdomen a splenomegaly more than 2 cm in size			
8	To sensitize the facility staff on the need to ensure at all times that the rights of the clients are always safeguarded while they are at the PHC.			

Hand-out 5B.2

Individually read through the same listed Learning Objectives which now have the predominate domain identified. Using the list of potential T-L methods listed above decide how (what method) you intend to use for your student to learn as a mentor.

Discuss the same among your group and be prepared to present the same when asked to the entire audience.

No.	Learning Objective. At the end of the session, the student should be able	Knowledge/ Practical/ Affective	T-L Method Plan
1	To diagnose Iron Deficiency Anemia given relevant blood laboratory reports.		
2	To create, implement and interpret a survey of a sample of a village population's to determine their health seeking behaviour for febrile illnesses.		
3	To measure the weight of a newborn given an electronic weigh scale		
4	To pre-test counsel a pregnant woman at her first ANC visit requiring an HIV Rapid Screening test		
5	To respect the choice of the couple on a FP method		
6	Identify using a light microscope stained sputum samples of the following three bacteria: Mycobacterium TB, Hemophilus influenza and Pneumococcus.		
7	To detect by palpation of the abdomen a splenomegaly more than 2 cm in size		
8	To sensitize the facility staff on the need to ensure at all times that the rights of the clients are always safeguarded while they are at the PHC.		

Hand-out 5B.3

Match each listed teaching-learning method to the predominant domain gap in practice.

Teaching – Learning Method	Gap identified
Incidental Learning	Growth chart incomplete
Modelling	Partograph incomplete
Case based Discussion	Iron and Folic acid tablets not prescribed at exit from ANC
Chart/Register Review	High drop out for post-test (HIV) counselling
Mini Lecture-Demonstration	Hypothermic neonates during immediate newborn period
Role Play/Video clips	Child with features of bloody Diarrhoea not prescribed ORS
Workplace aids	Weights of Mothers not checked periodically at ANC visits
	Irrational Antibiotic usage in the wards for community acquired pneumonias CAPs

Section B
PHC Systems Strengthening

Session 1: Infection Control

Materials: Power Point slides, Posters of Standard Precautions and Bio medical waste segregation/ disposal protocols, Videos of Hand washing and PPE use if available, needle hub cutter and needles, gloves and SBA manual.

Session time: 60 minutes

Training methods: Lecture, Videos, Group discussion

Session Objectives:

By the end of the session participants will be able to:

- ✓ Comprehend the need for strengthening infection control practices
- ✓ List the components of effective infection control practices
- ✓ Appreciate mentor's role in strengthening infection control practices

	Teaching steps	Duration
Introduction and Importance of infection control	1. Introduce the topic of the session (**Slide 1-2**), and then ask the participants Highlight the sources of infection, and"Why will infection be prevented?" Explain how (**Slide 3-5**) ❖ Infection transmission affects maternal and neonatal outcomes with specific emphasis on postpartum fever/sepsis and neonatal sepsis. ❖ Standard precautions have been adopted to reduce risk of infection and that they are based on principles. 2. Ask the participants about personal experiences of needle-stick injuries, splashes and spills and anecdotes of health providers getting infected with HIV/HBV 3. Emphasize that simple practices by the health providers can prevent a majority of these infections and thus save lives	10 minutes
Components of infection control	4. Show standard precautions poster and ask a participant to list the components. Stress on the importance of following all components listed (**Slide 6-8**). 5. Hand Hygiene (**Slide 9-14**): Ask a volunteer to come forward and show a mock demonstration of hand washing. Ask participants to comment on the technique.	

	❖ Reinforce areas likely missed. Discuss forms of hand hygiene and the then conduct a Drill on occasions what hand hygiene would be required: o Takingblood pressure – Routine o inserting a ryles tube - Careful o Monitoring the fetal heart with a fetoscope/stethoscope -Routine o Giving oral medication –Carefully o Assisting / conducting a delivery –Surgical o Cleaning a newborn soon after birth –Surgical o Before and after giving an injection – Hygienic o Giving a feed to a newborn - Hygienic o Stitching the perineal tear/episiotomy –Surgical o Suctioning the newborn –Surgical 6. PPE (**Slide 15-17**): Ask the participants about what PPEare available in their health centre and how they are routinely used. Explain that PPE use is determined based on risk involved in being in contact with infectious body fluids. The risk is higher when there is greater chance of large areas of the body getting in contact with these fluids. ❖ Conduct a drill on determining the PPE that would be needed for specific procedures: ❖ Starting an IV – Medium risk (gloves) ❖ Giving an injection – Medium risk (gloves) ❖ Removing a ryle's tube (gloves) ❖ Cleaning the baby soon after birth: Medium risk (gloves) ❖ Removing soiled linen – Medium risk (gloves) ❖ Assisting in surgery: high risk (gloves, mask, cap, gowns, eye wear, foot wear) ❖ Conducting a vaginal examination: medium risk (gloves/ mask optional) ❖ Measuring temperature – low risk (nil) ❖ Assisting in / conducting a delivery: high risk (all) ❖ Checking BP (none)	40 minutes

- ❖ Delivering the placenta- high risk (All)

Highlight the "do's and don'ts with regards to PPE.

7. Demonstrate /ask a participant to come forward to show how gloves; mask will be used and removed.
8. Processing of instruments (**Slide 18-24**): Discuss the proper techniques of processing of articles in the hospital, with emphasis on linen, dressings and instruments.
9. Explain about the
    - ❖ Equipment (autoclave/steam sterilizer) and supplies (hypochlorite solution, bleach, heavy duty gloves) required for disinfection of articles and ask about their availability in the trainees' work places.
    - ❖ Procedures for cleaning and disinfection of surfaces (including labour room) and handling of spills.
10. Handling of sharps and needles (**Slide 25-34**): Discuss the do's and don'ts for handling used needles and other sharps and their proper disposal. Conduct a drill (**Slide 26**) on the same. Divide the participants into four groups and ask them to answer on their note books "true or false" as and when the statement is projected
    - ❖ Sharp and needles can be kept with other biological waste -False
    - ❖ Use a needle cutter or burner can be used to dispose needles-true
    - ❖ It is safe to reuse disposable needles -False
    - ❖ Sharps/needles can be safely discarded in a card board box -False
    - ❖ Sharps are best destroyed by incineration –True
    - ❖ Empty sharps containers when full –False (3/4th full)
    - ❖ Passing sharps to another person during suturing can help prevent sharp injuries - False(greater risk of needle stick injury.)
    - ❖ Only needles that are used for the HIV infected must be destroyed carefully –False (we do not know always who has HIV and who does not have)

	11. Ask a volunteer to demonstrate the use of a needle hub cutter if available. 12. Maintain a clean environment (**Slide 34-43**): Discuss how surfaces, equipment can be cleaned; preparation of disinfectant, management of linen and spills on floor. 13. Waste management (**Slide 44-61**): Provide an overview of the different categories of waste that are generated in a health centre, using appropriate pictures. ❖ Emphasize the significance of segregation of wastes at the source to prevent improper handling and further infection transmission 14. Show pictures of colour-coded bins and asks participants about their availability in their health centres (inform them the colour codes might be different compared to what is shown in the picture. It is important they follow the colour codes according to their State). Conduct a drill to check the practice of the trainees on segregation of waste, if time is available 15. Briefly discuss about how the different categories of wastes are disposed of in the trainees' health centres and reinforce correct practices.	
Mentor's role in strengthening infection control practices in the facility	16. Discuss the role of a nurse mentor for infection control practices strengthening in the facility (**Slide 62**) • Assess and diagnose the problems related to infection control practices ❖ use of self-assessment tools to diagnose issues ❖ identify solutions and develop action plan • (M) Manage the problem ❖ sensitization/ onsite orientation on setting up effective infection control practices ❖ Set up regular meetings to discuss root causes and ways to solve issues related to infection control practices • (M) Measure ❖ Follow up on action plan ❖ Audit infection control practices • Advocate ❖ Champion for the cause ❖ Strive for constant refinement ❖ Leverage support from higher level systems for better infection control practices	5 minutes
Summarize	17. Summarise the components of infection control. 18. Clarify any doubts, highlight key points (**Slide 63-64**) and suggest the SBA manual and the mentor's manual as a reference.	5 minutes

Session 2: Strengthening Referral System

Materials: Power-point slides, participant manual, Hand-outs, Referral form

Session time: 1 Hour

Training methods: Lecture, Group discussion, Review of Referral form and register

Session Objectives: by the end of the session participants will be able to:

- ✓ Comprehend the need for strengthening referral systems
- ✓ List the components of effective referral system
- ✓ Appreciate mentor's role in strengthening the referral systems

	Teaching steps	Duration
Rationale for referral systems strengthening	1. Introduce the session and objectives (**Slide 1-2**) 2. Ask them to go through the Case study (**Slide 3**) while one volunteer participant reads aloud the case study ❖ Kala is 20 years old, primi, delivers a live female baby weighing 2.2 kgs. Post-delivery, she bleeds continuously. The staff nurse detects low BP and high rising pulse. She gets nervous and quickly asks the family members to take the woman to the taluka hospital. In an hour, the woman is taken to the hospital. The hospital staff do not admit the woman saying that they do not have blood transfusion facility and so they refer to a private facility. 3. Elicit responses from the participants to the questions given under the case study (**Slide 4**): ❖ If you were the staff nurse at the 24/7 PHC, how would you have done things differently? ❖ If you detect a complication, what is the first thing that you have to do? ❖ Whenever you refer any complication, what do you want to ensure? ❖ What is your major learning from this experience? ❖ How do you want to be prepared to better handle these situations? ❖ As a mentor, how would you like to support the staff nurse in this regard?	5 minutes 15 minutes

	4. Highlight the relevance of establishing a referral system in the facilities (**Slide 5-7**): ❖ Continuum of MNCH care ❖ Leading causes of deaths / time of deaths ❖ Introduce the 3 delays framework and explain how timely identification of complications-common cause of maternal and neonatal death and referral to higher health facilities saves lives of mothers and newborns 5. Ask participants to share personal or anecdotal examples where timely referral resulted in positive outcomes or delays resulted in adverse outcomes	
Components of effective referral system	6. List and discuss components of referral chain (**Slide 8-9**) • Map MNCH service providers ❖ in the PHC area that are the source of referrals • Establish a referral directory ❖ Of the referral centers that PHCs have to link up with for emergency care. Display the contact details. ❖ Update the status of referral centers regularly • Formalize the communication ❖ through frequent interactions and regular coordination meetings ❖ Call up before you refer to find out availability of beds, services and supplies • Handle emergencies skillfully ❖ Emergency preparedness, complication identification and pre-referral management ❖ Use of case sheets, job-aid and protocol • Document accurately and comprehensively ❖ Case sheets, Referral sheets and register ❖ Keep track of logistics and supplies • Follow up on all referrals ❖ Continued follow up to know the final outcome ❖ Keep track of referrals back to the community ❖ Appraise telephonically the front line workers of the cases discharged from the facility	20 minutes

Mentor's role in strengthening referral systems	7. Explain how the mentor can use the A.M.M.A approach in strengthening the referral systems in the health facility **(Slide 8 -11)** • (A) Assess and diagnose the problems related to referral systems a. use of self-assessment tools to diagnose issues b. identify solutions and develop action plan • (M) Manage the problem a. sensitization/ onsite orientation on setting up effective referral system b. Set up referral directory/ pre-referral management using case sheets / follow up • (M) Measure a. Follow up on action plan b. Audit complication case sheets and referral registers • (A) Advocate a. Championing for the cause b. strive for constant refinement c. Leverage support from higher level systems	15 minutes
Summarize	8. Review the objectives once again and invite any questions/ clarifications	5 minutes

Session 3: Supply chain management

Materials: Powerpoint slides, participant manual, case study

Session time: 60 minutes

Training methods: Lecture, Group discussion, case study review

Session Objectives:

By the end of the session participants will be able to:

- ✓ Comprehend the need for strengthening supply chain systems
- ✓ List the components of effective supply chain system
- ✓ Appreciate Mentor's role in strengthening the supply chain systems

	Teaching steps	Duration
Introduction	1. Review with participants what they mean by supply chain. Ask them "what are some examples of supplies they come across daily". Review the objectives of the session. **(Slide 1-2).**	5 minutes
Case study	2. Ask them to go through the Case study **(Slide 3)** while one volunteer participant reads aloud the case study ❖ On the night of 1st of August 2012 at 8:00 pm, Belagola PHC receives a woman with history of labor pain. The staff nurse on duty during the initial assessment finds out high BP (150/100 mm of Hg) and proteinurea (2+). She decides to refer the woman to an higher facility and attempts the pre-referral management. She runs to the pharmacy and finds out that Inj. Hydralazine is not found. Later she remembers pharmacist mentioning that Hydralazine has been in nil stock since a week. She panics and now tries to find Tab. Nifedepine which is an alternative. She does find few boxes of Nifedepine, but discovers that the entire batch had expired almost two months ago. By now, the woman's BP shoots further up and develops convulsions. The staff nurse quickly administers 10 gm of Inj Magnesium Sulfate and refers urgently to the higher facility. 3. Elicit responses from the participants to the questions given under the case study **(Slide 4):** ❖ Did the woman receive good quality service in this PHC? ❖ What could have contributed to nil stock situation of Inj. Hydralazine?	15 minutes

	❖ How could we have prevented this? ❖ What contributed to expiry date situation of Tab. Nifedipine? ❖ How does a staff nurse get prepared to avoid getting into this situation? ❖ How do you think this instance will impact on the mindsets of family / community? 4. Highlight the relevance of maintaining supplies in the PHC at all times **(Slide 5 - 6).**	
Supply chain management components	5. List an discuss the components of supply chain management components **(Slide 7 - 17)** 6. Have an open discussion with them to understand what they are practicing in the setting they have come from. Reaffirm them for their contribution. Clarify any wrong practices.	20 minutes
Mentor's role in strengthening supply chain	7. Explain how the mentor can use the A.M.M.A approach in strengthening the supply chain in the health facility **(Slide 18 -19)** • (A) Assess and diagnose the problems related to supplies a. use of self-assessment tools to diagnose issues b. identify solutions and develop action plan • (M) Manage the problem by implementing the action plan a. sensitization/ onsite orientation on setting up effective supply system b. Clarify roles c. Share essential drug list/ use of case sheets / checking stocks regularly / indenting timely to avoid stock out • (M) Measure a. Follow up on action plan b. Audit complication case sheets, assess stocks and registers • (M) Advocate a. Championing for the cause b. strive for constant refinement c. Leverage support from higher level systems	15 minutes
Summarize	8. Review the objectives once again and invite any questions/ clarifications	5 minutes

Workshop Evaluation

Nurse Mentor Training Program

Session Feedback From

Name of Session: .....

Date: .....

1. What did you find to be most helpful in the session?

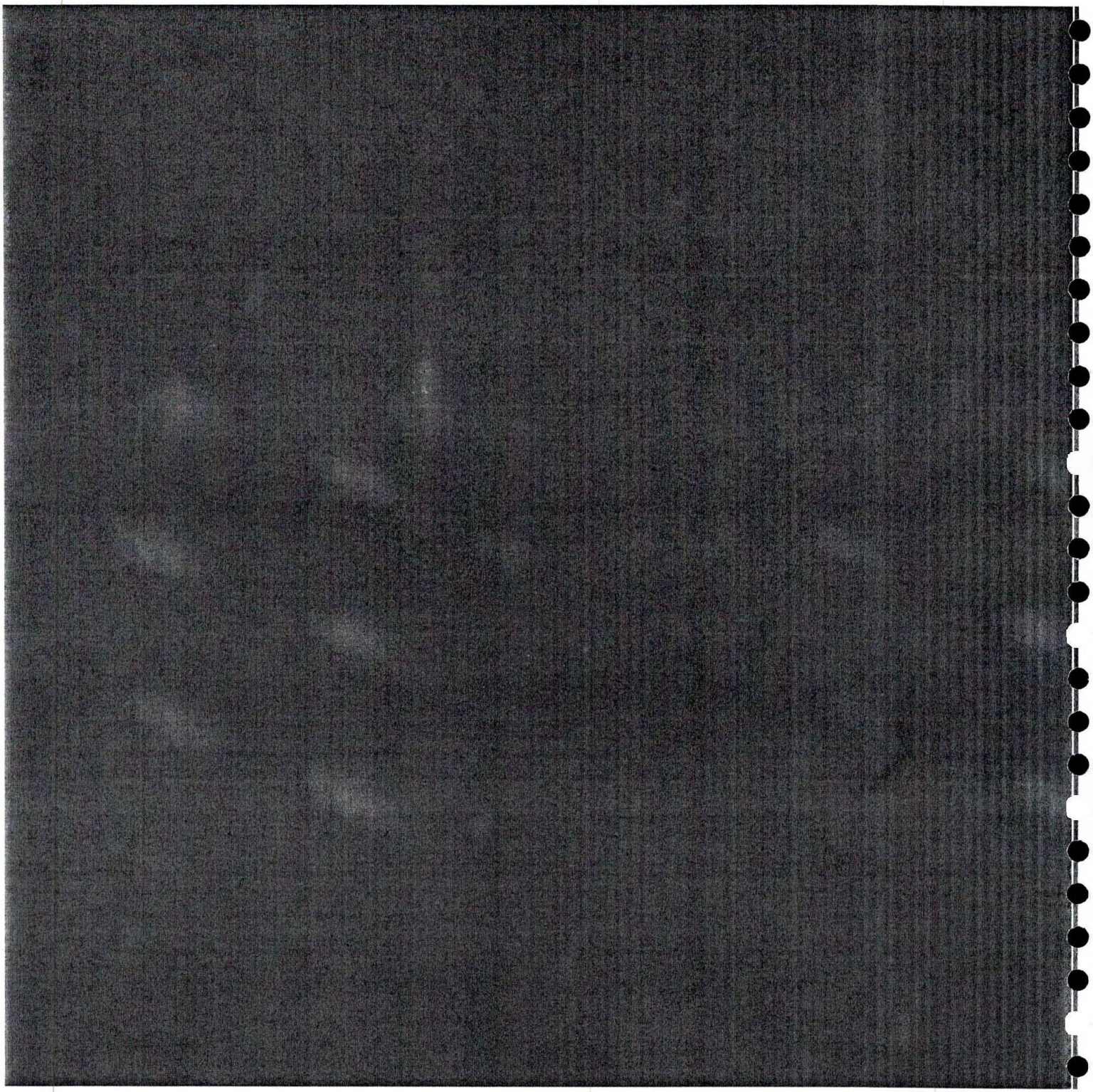
2. What did you find to be least helpful in this session?

3. How could we improve the session?

4. Please rate the following

	Poor		Average		Excellent
Effectiveness of facilitator	1	2	3	4	5
Training room / area	1	2	3	4	5
Materials	1	2	3	4	5
Content	1	2	3	4	5
Exercises and activity	1	2	3	4	5
Session overall	1	2	3	4	5

Comments:



ಸುಕ್ಷೇಮ
sukshema
Improved Maternal, Newborn & Child Health

Centre for
Global Public Health
University of Manitoba

UNIVERSITY OF MANITOBA

HE SHALL LIVE BECAUSE OF ME
जीविष्यति मयैवासौ
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Because Health Workers Save Lives.

karuna trust
20 years of Integrated Rural Development