

Report on District Skilled Birth Attendant Training, Coordination, Supervision and Training Follow up: Barisal, Bangladesh

Skilled Birth Attendant Training Pilot Program

*A collaborative pilot project to provide skilled attendance at birth in Bangladesh
Implemented by MOHFW, supported by WHO and UNFPA with technical support by OGSB*

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Chapter 1

Introduction

Like the developing countries, Bangladesh still has a very high maternal mortality ratio of 3 per 1000 live births. Over 90% of deliveries occur at home attended by traditional birth attendants (TBA) and relatives. The efforts in TBA (traditional birth attendants) Training in last decades in Bangladesh could not change much in maternal health situation. Since the coverage by institutional delivery is not enough to reduce MMR at this moment, Government of Bangladesh with his development partners took the decision to introduce Skilled Birth Attendants (SBA) in the community. Initially, it was decided that MOHFW would conduct a one-year SBA Training pilot project in six districts/Upazilla supported by WHO and UNFPA with the technical assistance from OGSB. Among the selected Upazilas, WHO is funding in Daudkandi, Sakhipur & Banaripara Upazilas of Comilla, Tangail and Barishal Districts respectively.

Family Welfare Assistants and female Health Assistants in the selected Upazila were trained (6 months) in pregnancy care, neonatal care and referral of complications. The training includes the preparatory phase, implementation phase and quality assurance & performance evaluation phase. The training site was selected and improved through site assessment and recommendations from site visits by national team. District trainers were selected through personal interview and undergone 2 weeks TOT by National Trainers at Dhaka. The capacity of the piloting Districts (six) were strengthened through national/district level Stakeholder Workshop, building up of supervision and coordination mechanism through district level SBA Training coordination committees. The district was

equipped with required training materials (including trainee's and Trainer's module). A selection committee for SBA Training selected 15 FWA and FeHA.

Like all other piloting districts, the SBA Training started at Barisal from 1st March 2003. The class room sessions held at FWVTI, Barisal from 1st March 2003 to 31st March 2003; the clinical practice in the DH and MCWC from 1st April 2003 to 28th July 2003 and the community practice in their respective place of posting in Banaripara upazilla for next 8 weeks. Three Field Instructors (Nurse midwife) constantly provided supportive supervision during community practice. National team consisting of members from DGHS, DFP, NIPORT, ICMH, MCHTI, Focal Point, National Consultants and Quality Assurance team members did continued supervision and monitoring of SBA Training.

15 SBA trainees successfully completed their Training on 31st August 2003. Bangladesh Nursing Council at district level conducted Final examination and provided the Certificate as SBA. Honorable Minister of the Ministry of Health and Family Welfare gave the certificates in a "Certificate Giving Ceremony" on the 4th September 2003 at Conference Room, Hotel Sonargoan, Dhaka.

The SBA Training was implemented in Barisal under the **WHO/APW/BAN MPS 001/SE /02/277184**. Program Manager, BAN MPS 001 was responsible for the APW. WHO also signed other necessary APWs with implementation guidelines with concerned official/authority to support the District SBA training in 3 WHO districts (Barisal, Comilla, Tangail).

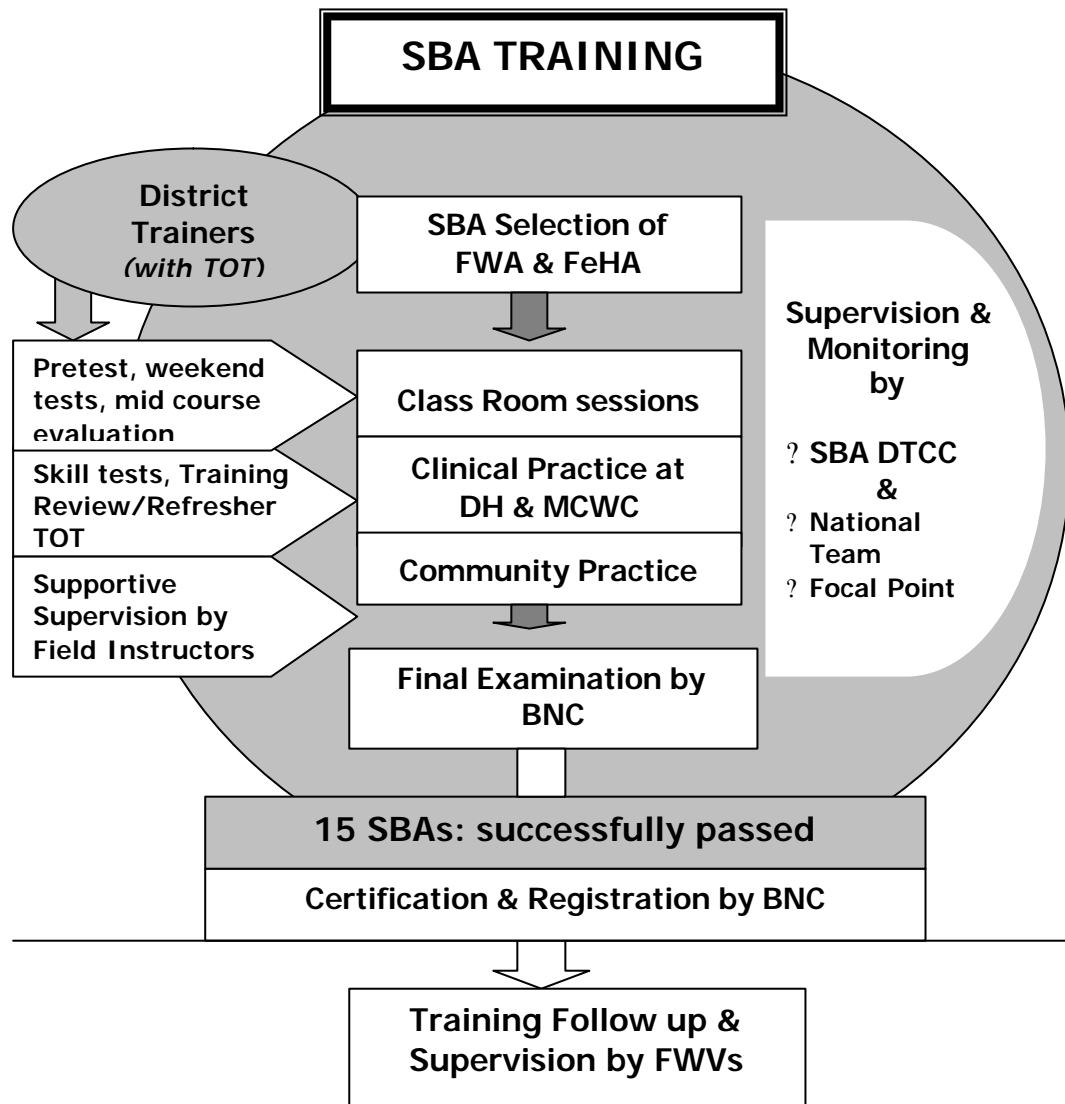
<p>Title: SBA District Training, Coordination, Supervision and Training Follow up</p> <p>Ref. File: BAN MPS 001/APW</p> <p>Project ID No: SE /02/277184</p>
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However, this APW **BAN MPS 001/SE /02/277184** was carried out with the following objectives:

- i. To conduct District training co-ordination meetings and implement the district training mechanism;
- ii. To conduct the district SBA Stakeholders Planning Workshop;

- iii. To conduct training site improvement based on the recommendations of the site visit team.
- iv. To develop the district training mechanism and conduct the SBA Training as per approved training curriculum.
- v. To support the National level implementers and Program Managers.
- vi. To submit expenditure reports and progress reports of implementation to the National level.

Frame Work for conducting SBA Training in District



The role and responsibility of the district authority was set by the national SBA Training coordination committee (*annex-1*). Civil surgeon as the chairperson of the district SBA Training coordination committee carried out a major role in implementing the SBA training. The whole program had been structurally monitored and evaluated for further action.

This report has been prepared analyzing the activities in SBA Training in Barisal district to compile the strengths, challenges, lessons learnt and recommendations for future utilization.

Supportive Activities

2.1 Selection of SBA Trainees (FWA and Female HA)

In the “National Training coordination committee meeting” held on 27th Jan. 2003 the selection criteria of the participants in SBA Training were finalized and a selection committee was formed. It was decided that the committee would select 15 FWA and FeHAs from 4-5 selected unions of the Upazilla according to set criteria at Upazilla level through interview at Upazilla level by the selection committee.

SBA Selection committee consisted of following members:

UHFPO Of the selected upazilla	Chairman
Assistant Director (CC)	Member
Medical officer (CS)	“
Senior FWV	“
Nursing supervisor	“
Representative from UNFPA/WHO	“
One National consultant of SBA training	“
MO (MCH&FP) of the selected district	Member secretary

Selection criteria for SBA Trainees were:

Age	up to 40 years
Sex	Female
Marital status	Married
Education	minimum SSC
Experience	At least 5 years
Residing in the locality where she is posted	
Willing to stay for 6 months whole time at the training site	
Willing to work in the community for at least 5 years after completion of training	
Willing to attend patient at delivery when they are called for.	

Selection of SBA Trainees was done on 5th February 2003 at Banaripara upazilla Health complex, Banaripara, Barishal. 29 FWA and FeHAs were interviewed and it was difficult to select 15 participants following the selection criteria. Some of them do not want to

join because it was difficult for them to stay six months at district level leaving their family. So, more call up was given from other three unions and 15 participants were selected. Finally participants were selected from 6 unions. 5 participants were kept for waiting lists. FeHAs were less in number. In few cases, age limit was extended upto 45 years instead of 40 years.

Distribution of SBA Trainees selected

Upazilla /District	Union	FWA	FeHA
Banaripara, Barisal	6	13	2

2.2 District SBA Training Coordination Committee

For SBA Training Pilot Program a District Training Coordination Committee (DTCC) was formed in each pilot district consisting of 15 members. In addition to the existing 6 DTCC members, the rest of the members have been selected on the basis of local and SBA training need. The SBA DTCC was responsible for the management and coordination of the SBA Training at district. The SBA DTCC held meeting on regular basis keeping the issues related in agenda.

Agenda in SBA DTCC Meeting

- ? Review of Progress of the SBA Training
- ? Management Issues
- ? Financial issues
- ? Logistic and supplies
- ? Performance Evaluation
- ? Miscellaneous

Members from District Trainers and Non Trainers District authority were included in the DTCC. Since the SBA Training was in piloting phase, the committee had to take immediate necessary decision for facing the problem in accommodation, training site preparation etc.

Barisal SBA DTCC conducted 12 meetings (minutes are attached) at different interval. Some of the meetings were on urgent notification. The DTCC had rightly taken some necessary action to make the FWVTI Hostel comfortable for the Trainees regarding water and power supply. Schedule for classes and clinical practice was reviewed and implemented through DTCC. The meeting minutes are recorded and sent to the PM, BAN MPS 001 & Focal Point.

Important Decisions, by SBA DTCC, Barisal

- ? To improve FWVTI accommodation with some renovation
- ? To distribute responsibilities to supervise training in different institution
- ? To select participants in district/upazila Stakeholders/advocacy meetings
- ? To place FWAs and FeHA for NID program and rescheduling the training schedule to fill up the gaps

Logistics and Supplies for SBA Training at Six Districts had sent to the district and handed over to Civil surgeon for District Hospitals, DDFP for MCWC. Consultant (Obs & Gyn) and MO (clinic) were responsible to ensure supply of those items under supervision of CS & DDFP.

Members, SBA DTCC

Chairperson: Civil Surgeon
Members: Deputy Civil Surgeon, Deputy Director Family Planning, Assistant Director (CC), Consultant (Obs Gyn), Medical Officer (clinic), Instructor, FWVTI; Health Education Officer, Public Health Nurse, UHFPO of Banaripara, MO (MCH) of Banaripara Upazila
Member Secretary: Principal, FWVTI

For financial management for SBA Training under this APW in Barisal was done by Program manager, BAN-MPS-001. Civil surgeon, Barisal was identified as the key person for distribution and accountability under the budgetary guidelines of the APW (as per the decision in the national SBA Training Coordination Committee Meeting **(annex-1)**). Civil surgeon as the chairperson of the SBA DTCC successfully performed his assignment with concurrence to the DTCC under SBA Guidelines.

2.3 SBA Advocacy and Stakeholder Planning Workshop

As a part of the “Skilled Birth Attendants Training Pilot Program” in 6 divisional districts and 6 upazillas with the support from UNFPA and WHO Bangladesh, Government of the People’s republic of Bangladesh has under taken advocacy and stakeholders planning workshops in each piloting district to raise the support of all key personnel at district level and below toward SBA activity. The guidelines **(annex-2)** for this activity were provided from the national level to the DTCC committee. National consultants and QA team members provided technical assistance.

The District Training Coordination Committee selected venue and participants as per guidelines. The workshop was conducted with the following objectives:

Objectives:

1. To orient the participants about the SBA Training Pilot Program
2. To take decision regarding management issues and coordination
3. To plan for the community support and advocacy regarding the acceptance of SBA in the community
4. To plan for supervision and monitoring mechanism
5. To plan for referral linkage

Participants:

List of participants was made by the DTCC with the assistance from National Consultants according to the guidelines developed in the National Level Stakeholders Planning Workshop. Approximately 60 participants were invited from the district and selected upazilla. were Focal Point invited the national level resource persons. Members from National Level attended those workshops and provided encouragement and input in the workshop.

Barisal SBA DTCC organized the Stakeholders planning workshop in a later date compared to other piloting districts due to busy schedule of the Key persons like Director General (DG), DGHS, DG, DFP and Mayor & hon'ble District Minister of Barisal. However, the Stakeholder workshop was finally organized on 18th August, 2003 at 11 am at FWVTI, Barisal. The stakeholder and advocacy workshop started with registration of the participants. The total program was divided into four sessions: inaugural session, group work, presentation & discussion and closing session.

The workshop was chaired by Civil surgeon of Barisal. Mr. Mojibur Rahman Sorwar MP, Honorable Minister from Barisal District, Mayor City Corporation, Barisal kindly attended the workshop as chief guest. Mr. Md. Fazlur Rahman Director General family planning was the special guest. Dr. Jafar Ahmed Hakim , Director (MCH) and LD (ESP-RH), Dr. Moshiur Rahman, Consultant, WHO, Principal Barisal Medical college, Director, Barisal

Medical college Hospital, Dr. Aziz Rahim, President BMA, general Secretary of BMA , Barisal were also present as guest of honour. In the inaugural session, First CS welcomes all and discussed the objective of the workshop. There were presentations on SBA Training pilot program, Course curriculum, progress on SBA training at districts, supervision and monitoring. There was a plenary discussion.

All specialists, Professors, and obstetricians are concentrated at cities and provide their best services to the privileged people, whereas the poor villagers staying at remote places always faces troubles, even dies due to childbirth without proper care. This is due to lack of adequate number of doctors, nurses and so on at community level. I strongly believe that the Government's efforts by training the FWA and FeHA will provide the services to these poor women of our country and thus save many lives from unwanted death from childbirth.

- Mr. Mojibur Rahman Sorwar MP,
Honorable Minister from Barisal District,
Mayor, City corporation, Barisal

In the speech of the chief guest, special guests and guest of honors and chairperson everybody appreciated this program very much and thanked the organizer to select Barisal district for piloting this program and wish success of this program. The honorable minister of the District (Barisal) in his speech as the Chief guest expressed his commitment to provide all sorts of support and help if needed for the implementation of such a program to save the mothers and newborns life. He promised his full cooperation. He also mentioned that under the leadership of present Health minister many initiatives have been taken to improve the health sector.

<p><i>Nasima Pervin, Firoza Begum, Smriti Mistri, Minu Chakrabarti.....FeHA/FWAs: are now SBA in their community</i></p> <p>Are committed</p> <ul style="list-style-type: none"> ? to provide service to pregnant mother ? to conduct home delivery ? to respond the call for any emergencies <p>Have questions about</p> <ul style="list-style-type: none"> ? supplies for the poor patients ? social security during night calls ? community support <p>Are proud of</p> <ul style="list-style-type: none"> ? being a SBA with a new job where they get satisfaction ? as community already recognized their services to humanity <p><i>They expect continuous support and more cooperation from Government like training time</i></p>	
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Mrs. Nasima Khatun, Female Health Assistant, now a SBA trainee shared her experience in this training program. She feels very proud to get the opportunity to attend this training. During her community practice she already conducted 5 home deliveries and she was well accepted by the community and she also feel proud in such a noble work. She also referred some of the patients. She learned many things from this training and now she is confident and ready to serve the rural poor mothers and children of this country and she need all the stakeholders' support.

There was a plenary session where all participants took part actively and provided recommendations regarding the training and its future challenges. The important recommendation are compiled in the box here below:

Important Recommendations

- ? Stakeholder workshop should be organized earlier at least before the trainees would go to the community for field practice
- ? As Barisal is a division city, there are medical college, so budget for the stakeholder workshop should be more in compared to other districts
- ? The trainees need to be back from the field at least 2 weeks before the final examination to prepare them for the examination
- ? SBA can be provided with a mobile phone so that they can communicate with the DH and MCWC when they face any problem and during referral time
- ? Signboard of SBA including the services they provide can be displayed in front of the union parishad chairman's office, in front of the SBA's house so that people know about them.
- ? As the number of delivery is less in MCWC Trainees were requested to place in DH for more duration.

At the end of plenary discussion DDFP, Barisal delivered his votes of thanks. He thanked all the participants for active participation in the workshop followed by closing of the sessions by chairperson.

2.3 Supervision and Monitoring of SBA Training

From National Level:

Team for supervision and monitoring of SBA Training was made with representative from DGHS, DFP, OGSB, MCHTI, ICMH, Bangladesh Nursing Council, DNS, NIPORT and National Trainers.

Tool for supervision and monitoring were developed through 5 days workshop held at OGSB office on the 24th May to 28th May 2003. Checklist were developed and utilized by supervision-Team members while visited the training sites at district level and upazila level. They had provided feedback whenever necessary.

From District Level:

Supervisory Teams were also made in district level for supervision and monitoring of SBA Community Practice at union and upazilla level taking members of DTCC committee and District trainers. Each team conducted fortnightly visit to the field using format and checklist.

From Upazilla level:

UHFPO, MO MCH FP, TFPO and FWVs in the selected unions of Banaripara played important role in supervision during community practice through their routine supervisory mechanism. However the supervisory mechanism should be finalized for future adoption.

2.4 Fund Distributions

Based on signed APW with the Program Manager, BAN MPS 001, Making Pregnancy Safer, the responsibilities was given to PM BAN MPS 001 to meet up the expenses of SBA District training & Coordination with a definite budgetary breakdown. PM, BAN MPS 001 also provided the Implementation guideline and budgetary breakdown for SBA training in the district. Upon submission of the report and documentation of lessons learned from the SBA training management, supervision and trainee follow up for SBA policy formulation, including a financial statement of expenditure in the prescribed format, the fund was released under 4 installments with an agreement of any unspent balance should be returned to WHO through Program Manager, BAN MPS 001.

Fund was received by civil surgeon Barisal and later he distributed according to implementation guidelines to the training sites (FWVTI, DDFP, MCWC, District Hospital) as per the decision taken in National Coordination committee Meeting. The civil surgeon made the financial statements. Expenditure statements with original vouchers were sent to the Program Manager (BAN MPS 001), Making Pregnancy Safer along with Progress Report.

2.5 Distribution of Supply and Equipments

According to the recommendation from the district site assessment for SBA training program logistics were supplied for the clinical site improvement at hospitals to all the piloting districts. Training materials like, models, posters, SBA curriculum, logbook, prepared transparencies for the lecture sessions etc. were also supplied to the districts. Lists of supply and equipments for each districts is in **Annex-3**.

All the supplies were handed over to the Civil surgeon. After receiving the supplies he distributed it to the respective institutes. There were also funds for site up-gradation for

DH, MCWC and FWVTI. According to the recommendations from site assessment reports National consultants prepared lists of equipments/supplies as upgrading package (see **annex-4**) which were locally purchased according to the decision of the DTCC meeting. Part of the up-gradation fund was also utilized to meet some other local requirement essential to implement the training in the district; however the decision was duly agreed by the DTCC and National SBA Consultants with concurrence to the Focal Point. National consultants constantly maintain the liaison with Focal Point, PM-BAN MPS 001 and MO (RH), WHO to provide any input to any modification for utilization of the fund as per local demand following the agreed SBA guidelines.

2.6 Clinical Orientation of of FWVs on SBA Training

Clinical orientation of FWVs has been conducted in districts following a set schedule at district level. The FWVs working in the Piloting unions in the upazilla were selected. It was assumed that the SBAs would be supervised and assisted (clinical) by the FWVs while working in their area. Therefore, the orientation course was designed to orient the FWVs with the SBA training course, curriculum and skills. The following objectives were set for the activity:

Objectives

1. To orient FWVs on SBA Training
2. To Train FWVs on the essential Knowledge & skills included in SBA curriculum
3. To orient FWVs for supportive supervision (technical support) of the SBAs working in their areas
4. To orient FWVs to participate in SBA community advocacy/ support
5. To orient FWVs for proper referral system
6. To orient FWVs for Birth Planning, and Community awareness for Birth Preparedness

Clinical orientation of FWVs has been conducted in districts following a set schedule (**annex-5**) at district level. The FWVs working in the Piloting unions in Banripara, Barisal district were selected. Call up was made accordingly for training at district level by the District trainers based on the SBA training module. In the field, the SBAs will be later supervised and assisted (clinical) technically by the FWVs working in their area.

Therefore, the FWVs working in the SBA Pilot areas were oriented with the SBA training course, curriculum and skills. The 3 days orientation course was held in Barisal FWVTI during 23rd to 25th August 2003. The 3 days orientation of FWVs on SBA Training was attended by 8 FWVs: 5 FWVs from the SBA unions and 2 from Banaripara UHC. They expressed satisfaction for this orientation and they want further training also. They had conducted 3-6 deliveries during last month 70% of them at home. They never used or knew partograph. In this day they first informed about it and they need further training and practice on partograph and they requested for it. They are satisfied with the performance of the SBAs working in their area.

2.6 Quality Assurance:

The SBA Training Pilot Program comprises three Phases¹ preparatory, implementation and evaluation phase. Quality assurance in all the activities was ensured through National consultants and a Quality assurance team consisting of 4 members (two doctors, two nurse midwives). The OGSB and GOB experts did orientation of the QAT members at OGSB office. Checklists and tool had been developed through expert meeting and workshop. Checklist and tools were utilized during the district training. Findings were discussed and Feedback was prepared in monthly and quarterly QA meetings. National consultants and QA team members visited repeatedly in Barisal district, also attended DTCC meeting, identified the problems and tried to solve them, gave feedback to both the focal point and the district authority.

Quality assurance of the classroom session:

The member of the Quality assurance Team attended most of the classroom sessions. Performance of each trainer was evaluated simultaneously by appropriate checklists during classroom session and feedback was given time to time to the trainers. The checklist is in the **Annex-6**.

Quality assurance of the clinical practice:

Quality of the clinical training was assured by weekly visit of the QA Team members and frequent visit of National Consultants and team from National level. The performance in terms of attainment of the selected skills by the SBA trainees was

assessed on regular basis. They also checked the log book, Attended review session, case presentation by the trainees and gave feedback to both the trainers and trainees. National consultants provide technical assistance for site strengthening to the hospital especially for the care providing area like use of partograph in labour ward, Infection prevention practices, practice of deliveries in squatting position, active management of third stage of labour etc.

Quality assurance of the community practice:

Field instructors ensure quality assurance during community practice. Trainees used Separate logbook for community practice. They used to keep all the records in the Logbook which was signed by FIs. UHFPO from Daudkandi Upazilla, District trainers From Tangail district, National consultants and QA Team members and supervision and Monitoring team from National level visited time to time, checked the records, interviewed the community leaders, beneficiaries and gave feedback to the trainees and field instructors.

Quality of the clinical training was assured by weekly visit of the members of the quality assurance team and frequent visit of National Consultants and team from National level. Supervision and monitoring was done in all districts, the 3 members of QA Team and 3 National consultants using checklists. The performance in terms of attainment of the selected skills was assessed on regular basis. The team members had a weekly visit to each district for Quality assurance. Moreover, UHFPO and MO (MCH-FP) from the respective Upazilla, FWVs from the respective unions supervised the SBA training during the eight weeks community practice and provided enormous positive input to fill the gaps during community practice.

SBA Training: Barisal District

SBA training was started from 1st March 2003 in six districts and completed on 31st August 2003. Accordingly 15 FWA and Female HA (FeHA) has been selected according to the set criteria from Banaripara, Upazilla. The list of the trainees is in the **annex-7**.

The duration of the training was six months that includes 4 weeks of classroom sessions and model practice followed by 13 weeks hands on clinical training in hospitals. After the clinical training the Trainees had been placed in their own villages for practicing in home settings under supervision for another 8 weeks.

Site of Training	Class Room	Clinical Training in District Hospital & MCWC	Community Practice	*
Duration Weeks	4	13	8	1

* Final examination at district level

The classroom session were conducted in the Family Welfare visitor Training Institute (FWVTI), Barisal. This institute also has hostel facility. As it was residential training so all the trainees stayed in the FWVTI hostel. The clinical training was conducted in District Hospital and MCWC. Fifteen district trainers (**annex-8**) taken TOT on SBA Training at Dhaka conducted the SBA Training in Barisal.

Before starting SBA training in district, a meeting was held with SBA DTCC and district trainers. A member from National SBA Team was present. Decisions regarding training management: reception of trainees at FWVTI, accommodation, distribution of classes among district trainers etc. was taken. Responsibilities regarding various activities related to inaugural session of SBA Training and conduction of SBA Training were distributed among the members. Classroom at FWVTI, Barisal was prepared according to SBA guideline. The required training materials like models, posters, transparencies etc. were supplied to the training site from the central level. Training Materials for Classroom sessions were handed over to Principal, FWVTI, Barisal. Responsibility for each activity

during classroom session has been identified in presence of National consultant and QA team member in the district. Lecture schedule were prepared for the classroom session and distributed.

3.1 Inaugural Ceremony

An Inaugural session was organized by the SBA DTCC members and district trainers on the 2nd March 2003. The very first day was scheduled for inaugural ceremony and the participants were the district SBA trainers, the SBA Trainees and the DTCC members. Civil Surgeon, Barisal, chaired the inaugural ceremony. DDFP, Barisal was chief guest. Among others, Principal, FWVTI, ADCC, MO Clinic, Obs-Gyn Consultant and other district trainers were present. Civil Surgeon, Barisal expressed his commitment to work with team to make it a success. Principal of Barisal FWVTI briefed about the objectives and expectations of the Program and requested everybody to render their sincere effort to make the program successful.

The major activities in the inaugural session were as follows:

- ? Registration of SBA trainees
- ? Introduction of the trainers and the trainees
- ? Briefing about the SBA Training Pilot Program and its aim & objectives
- ? Briefing the SBA course curriculum to the trainees
- ? Briefing about roles and regulations in dormitory,
- ? Distribution of training materials

The session was very much effective in developing commitment and encouraged every body to make this program successful. Confidence of the SBA Trainees was raised by that occasion.

3.2 Classroom Session

On the 1st day of the training all SBA Trainees attended the inaugural session. After the session, a Pretest was taken for each trainee. Each participant was allowed to express her expectations in this training program. Some of them has been written in wallpaper and held pasted in wall for display. Result of the pretest was displayed as matrix

(**annex-9**). After that the trainees were taken to MCWC and district hospital for orientation of the training site. Duration of classroom session was 4 weeks (24 working days). The actual theoretical started from the 2nd March according to the schedule. Classroom session of each day used to start from 8.30 PM with warm up session followed by lecture sessions up to 11.00 AM. After a Tea break, the rest of the sessions continued up to 2.00 PM.

Place of theoretical sessions: Class Room, FWVTI, Barisal

Class distribution among the trainers:

The theoretical sessions were 90 in number. The theoretical sessions were distributed among the trainers in presence of all the trainers and DTCC members. During session distribution choice of the individual trainer, level of knowledge and skill, attitude, performance in TOT and current attachment with clinical or managerial job was considered. Each trainer conducted on an average six sessions.

Models and materials used in theoretical sessions:

The following items were used for classroom sessions as per Trainees and trainer's manual:

- ? **Training materials:** OHP and transparency, flipchart and marker, isle board, black board, VIPP card with display board, poster, pictorial with display apron
- ? **Training models:** Obstetric phantom with fetal head, articulated pelvis, section through female pelvis, fetal head, models of placenta with cord, breast, uterus, cervix, fetus.
- ? **Instruments:** Obstetric instruments, instruments for infection prevention, drugs used in pregnancy and labour, instruments for home simulation of delivery.

The trainers and trainees used all the training models, materials and instruments successfully during the theoretical sessions.

Content of the classroom session:

A variety of learning methods, which complement the learning approach, was adopted in the training. During the classroom session, the A description of each learning methods is provided below:

Content	Number
? Lecture session	36
? Role play with checklist	13
? Model practice with checklist	9
? Skill Practice	7
? Case study	4
? Video show	6
? Demonstration and practice	2
? Review session	3
? Weekly evaluation	3
? Feedback	3

Review, weekly evaluation and feedback:

Total 3-review class was conducted at the end of 1st, 2nd and 3rd week respectively and in the review session every session of that week was reviewed. After review session a weekly evaluation examination was taken at the end of each week on Thursday covering the topics already discussed. The results of the weekly evaluation tests were discussed with the trainees and necessary feedback was given on Saturdays. There was a midterm evaluation test (knowledge Test) at the end of 3^d month. The result of the weekly evaluation tests and mid course evaluation tests are in the **Annex-10**.

After completing the clinical practice in the hospital before going to the Community for field practice a training review was done by the National trainers from 28th June 2003 ~ 30th June 2003. During this training review a knowledge assessment test was taken. Their

skills were also assessed following the checklists (One major skill like Perform normal delivery and 2 minor skills like partograph plotting, Gloves wearing and removal, ANC, catheterization etc.). Feedback was given to the trainees and the trainers. The National trainers also did coaching and tutoring. The knowledge test result is in the **annex-11**.

All the participants did well in all the examination. Their skill performance was also satisfactory. Final evaluation was done by a final examination conducted by BNC

Revision classes

After completing the regular lecture session total twenty six-revision class was conducted. The most important topics were selected for revision classes like partograph, normal labour, ANC, PNC, newborn care, infection prevention etc. Most of this revision classes were conducted during the clinical practice at hospital and at the end before the final examination.

Attendance:

Attendance of the trainees in classroom session was almost 100%. Trainers followed the class schedule regularly without any interruption.

Quality assurance of the classroom session

The member of the Quality assurance Team attended most of the classroom sessions in each district. Performance of each trainer was evaluated simultaneously by appropriate checklists during classroom session and feedback was given time to time by Trainers, QA Team members and National consultants.

Clinical practice during 1st month of classroom session

The trainees were divided into two groups consisting of 7 and 8 members respectively and placed in district hospital and MCWC for a period of 15 days on rotation basis to observe and practice basic clinical and obstetric skill on patient like measurement of pulse, BP, temperature, weight, height, edema, FHR, aseptic measures and gloves wearing etc.

3.3 Clinical Practice in District Hospital and MCWC

Objective of the clinical practice session was to acquire clinical experience with patient under supervision of the district clinical trainers in District hospital and MCWC. Starting from 5th week it extends up to 17th week so that the duration was 13 weeks. In each district the clinical practice session started from 1st April'2003 and now ongoing.

During this period the SBA trainees are on 24 hours roaster duty and acquiring skill according to the following steps:

- ? Observation
- ? Assistance
- ? Conducting delivery

Grouping and Roaster of the SBA trainees:

Consultant (Obs & Gynae) and MO (Clinic) made the Grouping and Roaster of the SBA trainees. The trainees are divided into two groups consisting of 7 & 8 members respectively. One group was placed in district hospital and another group in MCWC for 6.5 week. After completion of 6.5 week this two group had been interchanged between the two training site.

The 24 hours of a day was divided into 3 shifts and a prototype roaster was as follows

Shift	Time	No. of Trainees
Morning	09.00 AM – 02.00 PM	All (Compulsory)
Evening	02.00 AM – 08.00PM	4
Night	08.00PM – 09.00 AM	4

Arrangement for the roaster/night duty and the their rest area during duty time nearby labor room was prepared by the SBA DTCC. Consultant (Obs Gyn) and MO Clinic were given the main/overall responsibility for monitoring and supervising the clinical training. Duty Roster of the clinical instructors for supportive supervision in both District Hospital and MCWC were also prepared. The role and responsibility of the clinical instructors during clinical practice were discussed in presence of QAT members and national consultants. Tasks for supportive supervision were identified and explained.

The Schedule of placement in District hospital and MCWC:

Trainee	Week						
	1st	2nd	3 rd	4th	5th	6th	6.5th
2	ANC	PNC Newborn	LA	B	O	UR	Abortion FP
2	LA	ANC	PNC Newborn	B	O	UR	Abortion FP
2	LA	B	ANC	PNC Newborn	O	UR	Abortion FP
2	LA	B	O	UR	ANC	PNC Newborn	Abortion FP

Review Class during Clinical Practice Session:

The Doctors are conducting two-review class per week in each training site at bedside on important topics selected by considering the result of evaluation exam and trainees performance. They also discussed important case study. They achieved all the target performance except conduction of Normal delivery. As the number of delivery varies in districts and also at MCWC and District hospitals. The average number of delivery by the participant is 12 (range 8 to 20).

Case presentation

During the clinical practice in the Hospital each trainees presented an interesting case once in a week rotationally (preeclampsia, Eclampsia, Retained placenta, PPH, Obstructed labour etc.) which they have observed, primarily managed by themselves. Consultant (Obs– Gyn) and MO Clinic present in this session and gave feedback to them. Some of the sessions were also attended by the National consultants and Quality Assurance Team members. These sessions were very effective because it helped them to develop decision making skills in case of complications.

Record keeping, logbook

Each of the trainees was provided with 2 logbooks for record keeping. One is for keeping the records of the hospital practice and one is for the records of the community practice. All the activities they performed during the clinical practice both in hospital and community are recorded in these logbooks. Consultant (Obs – Gyn) and MO Clinic and

other clinical trainers checked the logbooks time to time. Final checking was done and signed by both Consultant (Obs – Gyn) and MO Clinic. During the community practice the logbook was checked by the field instructors.

3.4 SBA Training: Community Practice

It was started from 1st July 2003 in Banaripara upazilla of Barisal and it ended on 22nd July 2003 (total 8 weeks). 15 Trainees were placed in their previous working place (ward, union) under supervision of the three Field Instructors. Everybody provided activities like Birth registration, ANC, PNC, Newborn care, FP services and delivery at home as per SBA guidelines (***annex-12***). They had set target for community performance during 8 weeks. They finally attained their target and performed more than 5 deliveries at home by each trainee. Total number of deliveries by 15 SBA Trainees in the district was about 120. They have also referred a good number of cases to the referral centres. There were monitoring, supervision, and evaluation with timed feedback by national team, district team, National consultant, QA team members.

The following graph shows the numbers of ANC, Deliveries Conducted and PNC done by individual trainee during July 2003 to August 2003. Actually they started to provide services after one week of return to community because of preparatory activities like introducing themselves as new professional: SBA in the community through advocacy, *Uthan Shava*, health education meetings and Birth registration.

Each SBA Trainee was given a target of 3 Advocacy Meetings with local community leaders like UP chairman, members, teachers, Imam, so on and 3 Health Education sessions with the pregnant mothers, relatives, and TBAs in their locality

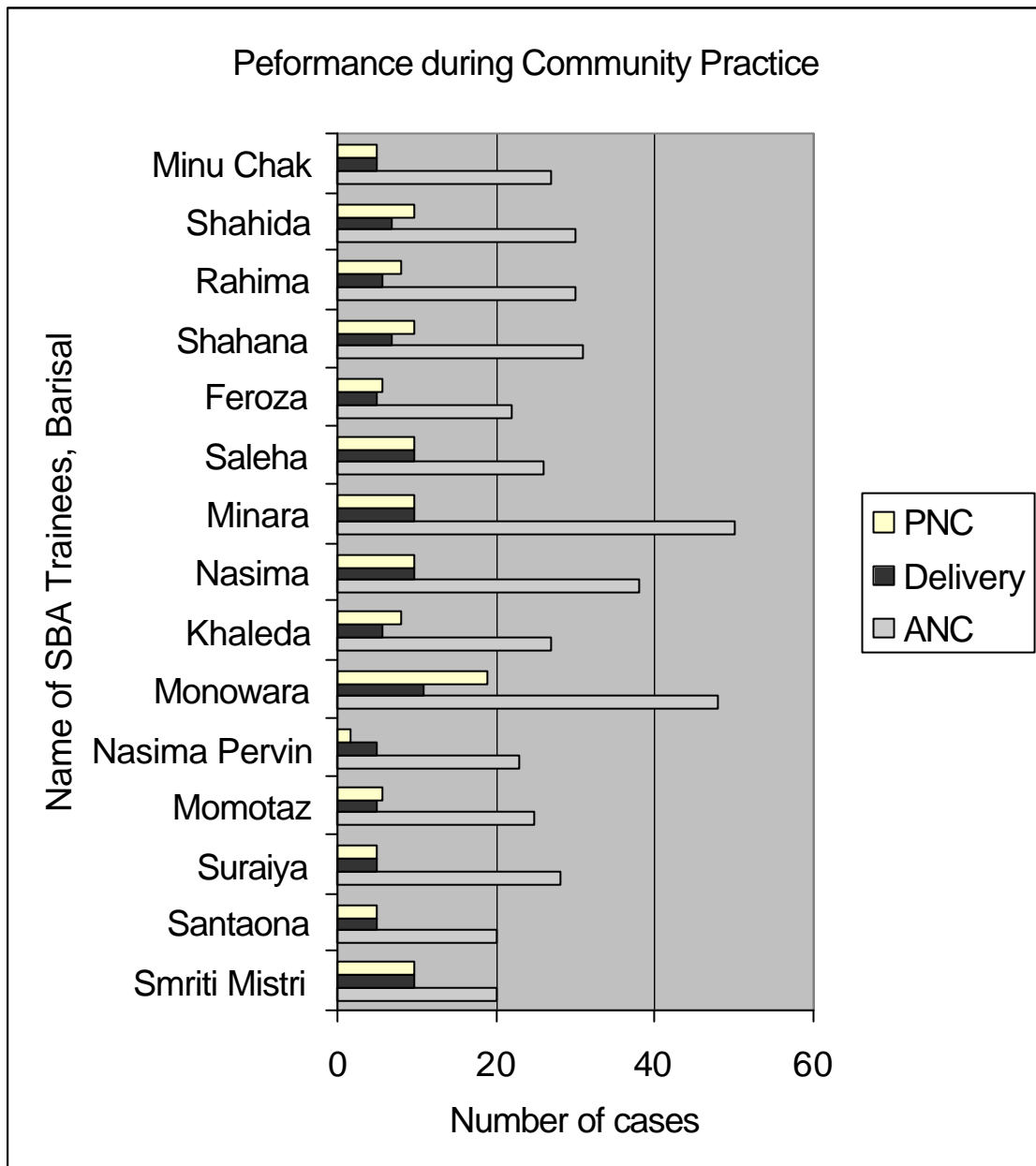
"I was a TBA and conducted many deliveries. Now I am a Female UP members. I know how community people recognize and respect such help in delivery."

***-a female UP member
in an advocacy meeting***

They were provided with guidelines and practice during Training review at district. Field Instructors assisted them to organize such activity. Through such activity the SBA trainees earned the confidence of the community. Female members of the Union Parisad

were found to be very enthusiastic regarding the SBA Program and many of them said that they are ready to help the program whenever and wherever it is necessary.

Graph: Numbers of ANC, PNC and Deliveries Conducted by trainees.



They had conducted a total of 264 meetings: Health education sessions with pregnant mothers, in laws, relatives, female Union Parisad (UP) members, chairman, teachers, others as SBA advocacy meeting in UP office, uthan, school premises etc. Field Instructors were present along with respective SBA of the area.

Total number of deliveries conducted by SBAs in Banaripara during the period of (actual) 6-7 weeks was **124**. They did Birth registration and ANC to 445 pregnancies, post natal care to 107 mothers, and newborn care to 119 cases.

Referral from community

Transportation in Banaripara is very difficult due to its geographical character. Boat is the only way to transfer the referred cases particularly during the rainy season. However, by Boat and then by road, the patient has to travel for long time to reach nearby EOC facilities at district level.

During the 8 weeks community practice, the SBA trainees referred **41** cases to UHC or District hospitals at Barisal. The common reasons for referral were as follows:

Previous C-section = 5 cases

Breech presentation = 4 cases

Prolonged labor = 3 cases

PROM = 2 cases

Preeclampsia = 1 case

Short Stature, CPD = 2 cases

Post partum eclampsia = 1

Postdate pregnancy = 6 cases

Transverse lie = 1 case

Abortions = 2 cases etc.

Achievement from community practice

Roughly, 15 SBA covers a community area with an estimated population of 90,000 (One FWA covers a population of 6000 in a unit; so $6000 \times 15 = 90000$) where there could be roughly 300 deliveries per month. SBA trainees conducted 124 deliveries out of estimated 450 deliveries during that 6 weeks period. So they had covered about 27.7% of the deliveries occurred in the intervention area of Banaripara upazilla.

3.5 Training Review and Refresher TOT

Three days program on "Training Review and Refresher TOT for the District Trainers" was planned to conduct before the trainees to be placed for community practice to assess the competency and knowledge of each trainee.

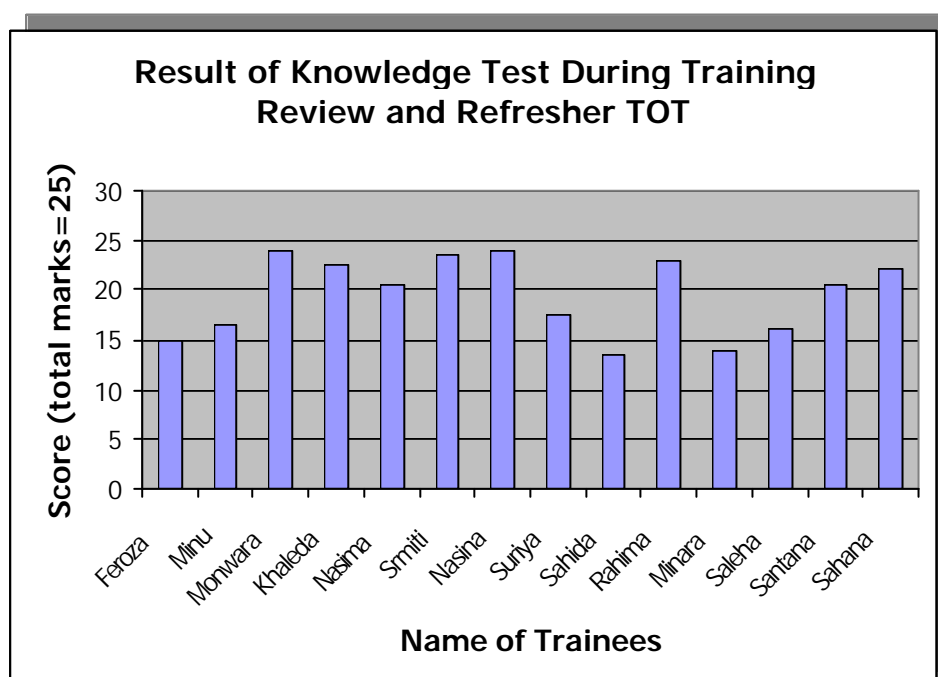
The following objectives were set for the activity.

Objectives of the "Training Review and Refresher TOT"

- ? To review the ongoing training at district level
- ? To identify the gaps between the set standards of the training and the achievements
- ? To plan to utilize the rest of the time to achieve the performance target by each trainee
- ? To prepare and plan for community practice
- ? To evaluate the performance (skill) of District Trainers and Field Instructors

This activity had already been completed in 6 districts. Accordingly, 3 days training review and refresher TOT was conducted by in Barisal from the 28th June 2003 to 30th June 2003. The guidelines and the program schedule (**annex-13**) were supplied from national level. National SBA Consultant and two National Trainers facilitated the activities. All SBA district trainers, trainees, Field Instructors participated in the event.

All the District trainers, trainees and FIs were evaluated with written test, skill test, and Classroom presentation skill. Most of the DT and trainees were found to be satisfactory in their performance where as the most of the FIs were found to be inadequate in knowledge and skill.



The results in a written test conducted for the trainees showed that all of them secured more than 50% marks. Since the writing skill is relatively poor for their age and poor education level. However, they performed well (satisfactory) in oral and skill tests. The national trainers were satisfied with their performance and recommended to conduct CME program for them even after the training period to keep them updated.

The SBA Trainees were found to be confident in answering the questions during knowledge and skill test by the national trainers. They also raised their problems or difficulties during their hands on clinical training at district hospital and MCWC. National trainers took all effort to discuss their questions. At the end of the 3 days activities the national trainers expressed with their hope and confidence that all the trainees would be able to provide the similar services in their own community with adequate experience and expertise.

Further training of FIs were also recommended. Through participation of SBA Trainees and DTs, detail discussion took place regarding the possible problems during community practice. The Guidelines for community practice and development of community support was also discussed in a session. Plan of action for community practice was prepared with the suggestion and recommendations from the participants. This activity was found to be very effective to identify the

gaps and fill up those with appropriate feedback by the National Consultant and National Trainers.

Activities in Training Review and Refresher TOT

- ? To review the reports of the district trainers
- ? Assessment of District Trainers and Field Instructors
- ? Assessment of Trainees (Knowledge & Skill)
- ? To practice Health education session for community awareness, birth preparedness and emergency drill
- ? Couching, tutoring and provide feedback to the trainers and trainees
- ? Preparation for community Practice

Certification and Registration by Bangladesh Nursing Council

4.1 Final Evaluation of SBA Trainees

For final evaluation, all trainees returned back to FWVTI, Barisal. The district trainers took preparatory sessions to prepare the trainees for final examination, certification and registration by Bangladesh Nursing Council.

Final examination

Final examination was conducted by BNC. There was both written test and practical examination. There were internal and external examiners.

Written test:

Paper – I (Total marks= 100)

Paper – II (Total marks= 100)

Practical test: (Total marks= 100)

Grand total marks= 300.

Pass mark 50%

Schedule of the final examination:	Paper – I	on	26 -8-2003
	Paper – II	on	27-8-2003
	Practical Examination	on	28-8-2003

All the trainees from Barisal district did well in the examinations and passed successfully. (The mark sheets are in the **Annex-14**)

4.2 Certification by Bangladesh Nursing Council (BNC)

Certificate was prepared by BNC. On 4th September at Hotel Sonargaon, Dhaka, Honorable Minister, Ministry of Health and Family welfare distributed the certificates to all the trainees from six districts. Hon'ble State Minister, Ministry of Health and Family welfare; Secretary, MOHFW, Director General, DGHS, President and Secretary General of Bangladesh Medical association, WHO representative, UNFPA Representative, Division Directors (Health & Family Planning) and Civil surgeons, DDFPs and trainers from the respective districts were also present in that occasion.

4.3 Registration by BNC

The FWA and FeHA, who gets SBA certification from BNC, should be eligible for registration. Then, they can apply to BNC for registration. Finally BNC would provide the license to practice in the community as skilled birth attendant (SBA) for 5 years. Renewal of registration will be done every five years. As part of the Nursing, Midwifery profession, those who are registered by BNC need to comply with the Code of Ethics & Professional Conduct of BNC, 2003. All 15 trainees from Barisal district already got the registration.

Discussion

SBA training was conducted in Barisal during March 2003 to August 2003 as a part of Skilled Birth Attendant Training Pilot Program. 15 SBA trainees successfully completed the training and have been certified as SBA by Bangladesh Nursing Council. In part it is a great success for the district team to complete the piloting. As a pilot program there were various challenges in implementing the training at district Level. The District trainers were not enough aware of the new training methods and skills. The TOT could adequately orientated and trained the district trainers. Combination of clinical and non-clinical trainers made an excellent pool of recourse persons who ultimately provided appropriate input in the training program. Beside the technical part, the district trainers also took active part to solve the management issues like accommodation, supervision, monitoring, evaluation, and reporting including financial management. The actively involved SBA Training coordination committee at Barisal took immediate necessary steps to solve the challenges. The coordination and liaison between central and field management was the key to this success. Supervision and monitoring by DGHS, DFP, OGSB, MCHTI, ICMH, Focal Point, National Consultants, Quality Assurance team members had very important effect on the progress of the program.

Family Welfare Assistants and female Health Assistants are the community/lowest level government health workers mainly providing preventive health care: EPI, ARI, FP services etc. To achieve the Millennium Development Goal in the light of Bangladesh National Health Strategy, MOHFW has taken the decision to train this huge manpower with appropriate knowledge and skills for ultimate reduction in maternal mortality by increasing skilled attendance from 12% to 50% by 2010. The piloting of the SBA Training utilized the Government health resources (manpower and infrastructure) and increased the capacity of the district to run a well-organized competency based training at district level. The district team in Barisal successfully completed the first batch training yielding 15 confident and socially accepted SBAs. The FWA and FeHAs had no basic training on midwifery. The Duration of the training is six months and the course content is large for that duration. 74 skills were also identified for them to learn. The sincerity

and devotion of all concern made it possible to complete the course content within the stipulated time. Moreover, the trainees are very enthusiastic and eager to learn. And within this short period of time with their maximum efforts they learned many things and acquired knowledge and skill an attitude to perform home deliveries, ANC, PNC, Newborn care referral etc. The methodology was also proved to be very effective for learning. For clinical practice there were some challenges.

The number of deliveries in MCWC, Barisal was less. Hence it was difficult to achieve the minimum performance target of 20 normal deliveries being conducted by each trainee during the 13 weeks of clinical practice. However the trainees conducted sufficient number of deliveries and a good number of assistance to practice normal deliveries. The competence of each trainee was judged before placing her to the community. Supervision during community practice was challenging as the trainees are from widely spread areas/villages/unions from Banaripara. There are only 3 Field instructors for the 15 trainees to supervise. They performed sufficient number of home deliveries during community practice.

CHALLENGES
<ul style="list-style-type: none"> ? Medical equipments and Supplies could not be provided in due time due to lengthy S&E procurement process. ? The district trainers due to daily busy official schedule could not provide proper supportive supervision during clinical practice at evening and night. ? Field Instructors were not adequately trained. ? Transportation, communication, referral, supervision, and service was difficult widely spread villages surrounded by rivers and water lakes in Banaripara were important hindrance for provision etc. during community practice. ? To make the time more efficiently utilized for Knowledge and skill acquirement by the trainees through increased capacity of district trainers. ? Teaching Capacity of DT with individual variation is a challenge. Two National SBA Consultants have provided the technical back up support during the piloting to fill in the identified gaps. However, for expansion, this needs to be addressed/better planned.

Trainers were very committed and always tried to do better than other districts. As the duration was short they gave their extra support to teach the entire course content to the trainees. They always keep an eye so that all the trainees should perform the minimum performance target by rearranging and rescheduling their roster duties. There was a very good coordination between the Civil Surgeon, DDFP and the training institute (FWVTI, DH, MCWC). Civil surgeon and DDFP, Principal, FWVTI supervise the training, discussed with the trainees for any difficulties and try to solve them irrespective of their busy schedule. The National consultants, and Quality Assurance team members provided

continuous supervision and monitoring during the training. One QA Team member was continuously present during the classroom session, evaluate the session gave feedback. Also help the trainers for the conduction of the session. National consultants also visited time to time throughout the course, supervised the training, discussed with the coordinators , trainers on different issues gave feedback. National consultants under direct guidance of the Focal point formulated all possible implementation guidelines in details as per implementation guidelines. All training materials specially the transparencies for the 30 lecture sessions for this training were prepared following the SBA curriculum and provided from the project office to all the districts to maintain the standard of the training. All the models, posters and other materials were also provided from the project to all the districts.

Community participation was a key factor for achieving a success in the piloting of the SBA training in Banaripara. The FIs and SBAs conducted more than 100 advocacy and health education sessions in the selected villages/unions. Though such close interaction with the community people and pregnant mothers, the trainees earned the confidence of the society and became able to perform a good number of deliveries during and after training. Involvement of the stakeholders from National, District, Upazilla and community level create awareness. Stakeholders came to know about this program, became aware about the maternal health situation in Bangladesh. They appreciated this program and committed to support for the acceptability of the SBAs.

Strengths

- ? The trainees are very enthusiastic and eager to learn. And within this short period of time they learned many things and acquired knowledge and skill an attitude to perform home deliveries, ANC, PNC, Newborn care referral etc. They performed sufficient number of home deliveries during community practice.
- ? There was a very good coordination between the Civil Surgeon, DDFP and the training institute (FWVTI, DH, MCWC)
- ? Trainers were very committed and always try to do better than other districts
- ? Continuous supervision and monitoring by the National consultants, Quality Assurance team members during the training
- ? All training materials specially the transparencies for the 30 lecture sessions were provided from the project

The activities under "Training review" at the end of clinical training at district level were found very effective to conduct the community practice successfully. The national consultant, National trainers and the District trainers worked for 3 days to plan and assess the knowledge and skill of the trainees with appropriate feedback before going to the community to provide care/services to pregnant mother as apprentices. The work-plan and guidelines developed for supportive supervision by field instructor based on local demand during this period gave proper directives to make community practice successful.

The activities under the head of Training follow up is under implementation. In a initial meeting with national level representative from DGHS, DFP, OGSB, ICMH, MCHTI, WHO, UNFPA it has been decided that there would be after training follow up at 3rd and 6th Month of completion of SBA Training which will held on 1st week of December 2003 and March 2003. The report on that activity will be later attached with this report. However, QA team member visited Banaripara to follow up the performance of SBAs in the upazilla. It was found to be satisfactory. However, it needs further support and follow up. The table below shows the performance of 11 trainees during the period September 2003.

Name	No. of Pregnancy provided ANC	No. of Delivery Conducted	No. of Cases Referred
Minu chakrabarti	30	1	Nil
Suriya Akter	22	2	1
Momtaz Begum	24	1	2
Sreeti Mistry	20	2	Nil
Santona Haldar	18	1	Nil
Monwara Khanom	40	6	4
Nasima Pervin	22	1	2
Shahana Pervin	20	1	2
Khaleda Khanom	28	3	3
Saleha Siddika	28	5	Nil
Rahima Khanom	25	2	2
Total	277	25	16

The SBA Training was successfully completed in Barisal, all the activities under this APW were completely implemented except the training follow up which is suppose to implement at 3rd month and 6th month after the district SBA training (31st August 2003).

This report furnished the results from the activities completed under this APW and the report on the Training Follow up will be added to it after completion of that activity.

Role and Responsibility of the District Authority

FWVTI Superintendent

- ? Manage the class-room session training and provide accommodation for the participants.
- ? Coordinate the implementation of the hands on clinical sessions in the hospitals, MCWCs, UHC.
- ? Prepare and conduct the hands on training for ANC, delivery and postpartum care at the field training centres in the community.
- ? Coordinate the field based training with the UHPO

Civil Surgeon

- ? Conduct the bimonthly coordination meetings of the SBA training.
- ? Ensure that the Consultant Obs-gyn, MO and clinical instructors make the quality attention and time available.
- ? Ensure the quality of the clinical sessions at the district hospitals and UHC.
- ? Ensure the involvement of the UHFPC staff in the efforts for advocacy and community support for the trained FWA' and female HAs.
- ? Coordinate the district supervision of the FWV's during.

DD FP

- ? Ensure the quality of the clinical sessions at the MCWC.
- ? Ensure that the MO and clinical instructors make the necessary time available.

Guidelines for District Advocacy & Stakeholders Planning Workshop

Tentative Period : 3rd week –4th week of June, 2003

Venue: at district level, to be decided by Coordination committee

Time: 9.00 Am to 4.00 PM

Objectives:

1. To orient about the SBA Training Pilot Program
2. To take decision regarding management issues and coordination
3. To plan for the community support and advocacy regarding the acceptance of SBA in the community
4. To plan for supervision and monitoring mechanism
5. To plan for referral linkage
- 6.

Number of Participants: Local = 40,
Non-local = 5

Proposed Participants: (As per the decision in National level Stakeholder Workshop on SBA Training Pilot Program, the following participants were suggested for District level Stakeholder Workshop)

<ol style="list-style-type: none"> 1. CS, 2. DCS, 3. RMO 4. ObsGyn-Consultant 5. Matron 6. Paediatric Consultant 7. MO (CS)/ (CC), 8. Public Health Nurse 9. District Health Education Officer 10. Principal, FWVTI 11. Principal Nursing Institute 12. DDFP, 13. ADCC, 14. MO (clinic) 15. MO (MCH) 16. DC, 	<ol style="list-style-type: none"> 17. SP, 18. Social Welfare Official at District level 19. President & Secretary, BMA 20. Members of women organizations 21. Representative from Press/Media 22. Political Leaders 23. Proprietor of Private clinic 24. NGO working in Maternal and Child Health 25. UHFPO, 26. MO (MCH) 27. TFPO 28. EOC Trained Medical officers
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- ? Rest of the participants will be selected by Coordination Committee as per local requirement.
- ? Non-Local Participants will be invited from DGHS, TTU, DFP, OGSB, MCHTI, ICMH, National Level. TA/DA will be provided by CS as per SBA-guideline

Tentative Program

One day Stakeholder/Advocacy workshop on SBA Training Pilot Program in

Date:

Venue:

Time: 9.00 Am to 4.00 PM

Time	Topics	Resource Person
9.00 – 9.15 AM	Registration	
	Inaugural Session	
9.15 – 9.20 AM	Talwat- a -Quran	
9.20 – 9.25 AM	Welcome address	
9.25-9.35 AM	Briefing of the SBA training	
9.35 – 9.45 AM	SBA training course curriculum, certification, registration	
9.45-9.55 AM	Progress in SBA training	
9.55 -10.05 AM	Community support and advocacy	
10.05-10.15 AM	Supervision monitoring	
10.15 –10.25 AM	Speech by guest of honour	
10.25-10.35 AM	Speech by special guests	
10.35-10.45 AM	Speech by Chief guest	
10.45-11.05 AM	Speech by Chairperson	
11.05-11.15 AM	Vote of thanks	
11.15-11.45 AM	Tea break	
	Group work	
11.45- 1.30 PM		
1.30 – 2.00 PM	LUNCH	
2.00-3.00 PM	Presentation and Discussion	
3.00-3.30 PM	Closing Session	

Group Work

There will be 4 groups consisting 10-13 participants.

Proposed Topics for group work are:

1. Management and Coordination of SBA Training at district level
2. Supportive supervision and Monitoring of SBA activity in their place of posting
3. Community support for the acceptance of SBAs in the community
4. Referral mechanism for SBAs

Annex-3

Lists of supply and equipments for each district

Item Name	Quantity
OBSTETRIC PHANTOM WITH FOETAL DOLL Phantom made of fibre glass reinforced-polyesther-resin. The manikin is made of soft durable leather, with a placenta and cord attached.	7 sets
FEMALE PELVIS WITH FOETAL SKULL The foetal skull made of unbreakable fiber glass re-inforced-polyesther-resin. To be used with the ligamented female pelvis	7 sets
SECTION THROUGH FEMALE PELVIS Model showing clearly and well the female reproductive health organs	4 pieces
BABY DUMMY , Materials: cloth, foam, cotton, ball, rope	32 piece
PLACENTA MODEL shatin cloth, foam, cotton, rope, buttons, net	32 pieces
BREAST MODEL , Cloth, cotton, foam, hard board, plastic sheet	32 pieces
BAG (UTERINE) with STRINGS , Cloth, cotton, foam, rope	32 pieces
Cervix Model Board with several stages of cervix dilatation	32 pieces
WHO Modified Partograph	10,000 pieces

Medical Renewable Supplies for delivery at Training sites

Item Name	Origin	Quantity
Gloves, surgical, 6.5, disp, pair/EA	Malaysia Comfit	600 pairs
Gloves, surgical, 7, disp, pair/EA	Malaysia Comfit	450 pairs
Catheter, urethral, plain H12, ster, disp/EA	India	50 Pieces
Catheter, urethral, Foley's CH12, ster, disp/EA	WRP Malaysia	50 Pieces
Catheter, urethral, Foley's CH14, ster, disp/EA	WRP Malaysia	50 Pieces
Canula, IV short, 20G, ster, disp/EA X	Germany	300 Pieces
Canula, IV short, 22G, ster, disp/EA	Germany	300 Pieces
Syringe, dispos, luer, 10ml, ster/EA/BOX-100	JME, Bangladesh	3 Boxes
Syringe, dispos, luer, 5ml, ster/EA/BOX-100	JME, Bangladesh	18 Boxes

Medical Equipment

(District Hospital, MCWC)

Brush, hand, scrubbing, plastic/EA	Forand	30 pieces
Apron, protection, plastic/EA	BD	45 pieces
Drawsheet, plastic, 90x180cm/EA	BD	30 pieces
Spygmanometer w/cuff, aneroid/EA	Japan	18 pieces
Stethoscope binaural complete/EA	Japan	18 pieces
Fetoscope/EA	BD	18 pieces
Weighing Scale, infant, clinic, metric 16 kgx10g/ EA	Camry	6 pieces
Basin, kidney, stainless steel, 825ml/EA	BD	30 pieces
Tray, dressing, ss, 300x200x30mm/EA	BD 250X30	30 pieces
Instrument tray with lid (10-12" long, 4-6" wide, 3-4" deep), stainless steel	BD	36 sets
Artery forceps	Hillbro PAK	72 pieces
Cord cutting scissors	Hillbro PAK	36 pieces
Threat cutting scissors	PAK	36 pieces
Sponge holding forceps	PAK	36 pieces
Draping sheet	BD	72 pieces
Mucous sucker	China	6 pieces
Urine testing for Albumin and Sugar,	BD	10

1.Candle/ Kerosine Burner		
2. Test Tube	BD	200
3. Test Tube holder	BD	30
4. 5% Acetic Acid bottle	BD	6 bottles
5.Benedict Solution	BD	20 bottles

Delivery Kit: 16 sets (15 for SBAs+ 1 for classroom demonstration)/ District (Comilla, Tangail, Barisal)

Sl. No.	Item Name	Quantity
1.	Gloves, surgical, 6.5, disp,pair/EA	10 Pairs
2.	Catheter, urethral, plain CH12,ster,disp/EA	1
3.	Catheter,urethral, Foley's CH14,ster,disp/EA	2
4.	Canula,IV short, 20G, ster,disp/EA	5
5.	Canula,IV short, 22G, ster,disp/EA	5
6.	Apron (Makintosh) PVC with neckband washable	1
7.	Spygmanometer w/cuff, aneroid/EA	1
8.	Stethoscope	1
9.	Fetal Stethoscope binaural complete/EA	1
10.	Weighing Scale, infant, clinic, metric 16 kgx10g/ EA	1
11.	Instrument tray with lid (31x19.5x6.3 cm), stainless steel, Flat overlapping cover with centre recessed crossbar handle	1
12.	Artery forceps	2
13.	Cord cutting scissors	1
14.	Suture Scissor (Thread cutting scissors)	1
15.	Sponge holding forceps	1
16.	Kidney basin	1
17.	Plastic sheets	1
18.	Measuring Tape	1
19.	Flush light and 2 Batteries	1
20.	Bag	1
21.	Oxytocin Injection, 5 unit/cc –1cc per amp	10 amp
22.	Magnesium sulphate	10 amp
23.	Disp. Syringe, 10 cc	10
24.	Disp. Syringe, 5 cc	30

Rest of the items after distribution for delivery kits would be supplied equally to DH and MCWC for SBA clinical Training.

Lists of equipments/supplies as upgrading package for MCWC

Item Name	Unit Cost (Tk)	Quantity	Amount (Tk)
Sphygmomanometer (Japan)	720	4	2880
Stethoscope (Japan)	300	4	1200
Measuring Tape	20	4	80
Macintosh	120	4	480
Utility globes	100	4	400
Melamine spoon	30	4	120
Polar Ice cream cup	10	4	40
Plastic Mug	10	4	40
Draping sheet	30	40	1200
Sterile gloves	16	150	2400
Wooden stool	100	2	200
Rubber sheet	150	3	450
Safety box for used syringes/needles			0
Tape, adhesive, Z.O.,2.5x5mm / EA	35	20	700
Compress, gauze, 10x10cm, ster /PAC-5	5	70	350
Gauze, roll,90cmsx100mm,non-ster/EA	5	100	500
Cotton wool,500g,roll,non-ster/EA	5	100	500
Torch (3 batteries)	350	2	700
Infection Prevention			0
i) chlorine	100	3	300
ii) hand or laundry soap	12	40	480
iii) buckets 10 l, red-green and yellow colour	200	3	600
iv) Strainer	50	3	150
v) plastic basins (6-8L measuring capacity)	50	3	150
vi) scrub brush to clean the instruments	50	3	150
Thermometer	20	3	60
Wall clock	300	1	300
Linen Clothing			0
i) hand towels	20	8	160
ii) baby towels (sheet)	30	50	1500
iv) Transparent goggles	100	2	200
Plastic sheets	100	20	2000
Cotton curtains	60	4	240
Cotton bedsheets	100	20	2000
<i>Approximate costing</i>			20530

The rest of the amount for upgrading package will be spect as per local training need following SBA guideline

Dr. M A Jalil Mondal
Program Manager BAN MPS 001
Deputy Program Manager (RH)

Annex-4

Lists of equipments/supplies as upgrading package for District Hospital

Item Name	Est. Rate (Tk)	Quantity	Est. Amount (Tk)
Sphygmomanometer (Japan)	720	6	4320
Stethoscope (Japan)	300	6	1800
Measuring Tape	20	6	120
Macintosh	120	6	720
Utility globes	100	6	600
Melamine spoon	30	6	180
Polar Ice cream cup	10	6	60
Plastic Mug	10	6	60
Draping sheet	30	60	1800
Sterile gloves	16	250	4000
Wooden stool	100	3	300
Rubber sheet	150	6	900
Safety box for used syringes/needles			0
Tape, adhesive, Z.O.,2.5x5mm / EA	35	30	1050
Compress, gauze, 10x10cm, ster /PAC-5	5	250	1250
Gauze, roll,90cmsx100mm,non-ster/EA	5	200	1000
Cotton wool,500g,roll,non-ster/EA	5	250	1250
Torch (3 batteries)	350	3	1050
Infection Prevention			0
i) chlorine	100	3	300
ii) hand or laundry soap	12	60	720
iii) buckets 10 l, red-green and yellow colour	200	4	800
iv) Strainer	50	4	200
v) plastic basins (6-8L measuring capacity)	50	6	300
vi) scrub brush to clean the instruments	50	3	150
Thermometer	20	6	120
Wall clock	300	1	300
Linen Clothing			0
i) hand towels	20	10	200
ii) baby towels (sheet)	30	100	3000
iv) Transparent goggles	100	4	400
Plastic sheets	100	30	3000
Cotton curtains	60	6	360
Cotton bedsheets	200	30	6000
<i>Approximate costing</i>			36310

The rest of the amount for upgrading package will be spect as per local training need following SBA guideline

Dr. M A Jalil Mondal
Program Manager BAN MPS 001
Deputy Program Manager (RH)

Schedule of 3 days Clinical Orientation of FWVs on SBA Training

Day –1

Time	Topics	Facilitators
08.00-09.00	Registration	
09.00–9.30	Inauguration	
9.30-10.30	Orientation on SBA Training	
10.30-10.45	<u>Tea Break</u>	
10.45-11.45	Maternal Health Situation in Bangladesh	
11.45-12.45	Counseling	
12.45-1.45	Antenatal care (ANC)	
1.45-2.30	Domiciliary Practice	

Day –2

Time	Topics	Facilitators
08.30-10.00	Partograph	
10.00-11.00	ANC Practice	
11.00-11.15	<u>Tea Break</u>	
11.15-12.15	Major problems in pregnancy	
12.15-1.30	Normal Delivery & practice on model	
1.30-2.30	Post natal care	

Day –3

Time	Topics	Facilitators
08.00-09.00	Partograph practice	
09.00–10.00	Newborn care and resuscitation	
10.00-10.30	Tea Break	
10.30-11.30	Infection prevention	
11.30-12.30	Referral system	
12.30- 1.30	Log book/checklists	
1.30-2.30	Closing Session	

Checklists for Classroom presentation skill

**CHECKLIST FOR CLASSROOM PRESENTATION SKILLS
Skilled Birth Attendant Training Pilot Program**

Place a " v " in the box if task/activity is performed satisfactorily , an " X " if it is not performed satisfactorily , or N/O if not observed

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

Unsatisfactory: Unable to Perform the step or task according to the standard procedure or Guidelines

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

Participant **Date Observed**

CHECKLIST FOR CLASSROOM PRESENTATION SKILLS	
STEP/TASK	OBSERVATION
1. Present an effective introduction	
2. State the objective(s) as part of the introduction	
3. Ask questions of the entire group	
4. Target questions to individual	
5. Ask questions at a variety of level	
6. Use participant names	
7. Provide positive feedback	
8. Respond to participant questions	
9. Follow trainer's note	
10. Maintain eye contact	
11. Project voice so that all participants can hear	
12. Move about the room	
13. Use audiovisual effectively	
14. Display a positive use of humor	
15. Present an effective summery	
16. Provide for application or practice of presentation content	

Name of Observer

Signature

Annex-7**List of the SBA Trainees**

Sl no	Name	Designation
1	Mamataz Khanom	FWA
2	Firoza Begum	FWA
3	Minu Rani Chakraborty	FWA
4	Monowara Khanom	FWA
5	Mpsamot Khaleda Khanom	FWA
6	Nasima Pervin	FeHA
7	Smriti Mistry	FWA
8	Mosamod Nasima Khanom	FWA
9	Suriya Akter	FWA
10	Shahida Begum	FWA
11	Rahima Khanam	FWA
12	Minara Khanam	FWA
13	Mrs. Saleha Siddika	FWA
14	Santana Howlader	FWA
15	Sahana Pervin	FeHA

Annex-8**List of District Trainers, Barisal**

Sl No.	Name	Place of Posting
1.	Dr. Hawa akter Jahan ,Consultant (Obs. & Gynae)	District Hospital
2.	Mrs. Selina Akter, SSN	
3.	Mrs. Shamsunnahar, SSN	
4.	Mrs. Namita Dutt, SSN	
5.	Mrs. Farzana Akter, SSN	
6.	Mrs. Sitara Yasmin, SSN	
7.	Dr. Gazi Shamsul Alam, Principal	FWVTI, Barisal
8.	Mrs.Kohinoor Begum, Field Instructor	
9.	Mrs. Momtaz, Field Instructor	
10.	Dr. Taiabur Rahman, MO (Clinic)	MCWC, Barisal
11.	Dr. Afroza Begum, Asst. Surgeon	
12.	Mrs. Farida, FWV	
13.	Mrs. Shahana Begum, FWV	
14.	Mrs. Jahanara Begum, FWV	
15.	Dr. Md. Rafiqul Islam, ADCC	DDFP Office, Barisal

Sample Matrix for displaying Pretest Results

Name of the District:

Date:

Ques. Number	Name of SBA Trainees														
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															
13.															
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15.															
16.															
17.															
18.															
19.															
20.															
21.															
22.															
23.															
24.															
25.															

Correct Answer Incorrect Answer

Annex-10

Results of the pretest, weekly evaluation tests and mid course evaluation test

District: Barisal

Date: 1st March to 31st March 2003

#	Name of Trainee	Score				
		Pretest	1 st week	2 nd week	3 rd week	4 th week
		50	50	50	50	100
1	Momtaj Begum	36	70	44	40	61
2	Feroza Begum	36	85	41	36	56
3	Minu Chakravarty	40	86	40	41	61
4	Monwara	40	82	41	41	99
5	Khaleda Khanam	24	88	44	38	89
6	Nasima Parvin	40	86	*	39	79
7	Srmiti Mistri	42	86	41	43	93
8	Nasina Khanam	38	82	41	43	98
9	Suriya Akter	28	72	41	42	66
10	Sahida Khanam	30	84	42	42	51
11	Rahima Begum	36	68	40	42	95
12	Minara Khanam	37	88	41	42	52
13	Saleha Siddika	36	72	41	42	51
14	Santana Haldar	40	90	43	38	77
15	Sahana Parvin	38	68	39	40	84

Result of Knowledge Test of SBA Trainees during Training Review

RESULT OF KNOWLEDGE ASSESSMENT OF THE TRAINEES
District-Barisal

SL. NO.	NAME	TOTAL MARKS	MARKS OBTAINED
1.	Momtaj Begum	25	16..5
2.	Feroza Begum	25	15
3.	Minu Chakravarty	25	16.5
4.	Monwara	25	24
5.	Khaleda Khanam	25	22.5
6.	Nasima Parvin	25	20.5
7.	Srmiti Mistri	25	23.5
8.	Nasina Khanam	25	24
9.	Suriya Akter	25	17.5
10.	Sahida Khanam	25	13.5
11.	Rahima Begum	25	23
12.	Minara Khanam	25	14
13.	Saleha Siddika	25	16
14.	Santana Haldar	25	20.5
15.	Sahana Parvin	25	22

Principles and Guideline for Community Practice by SBA Trainees (FWA/FeHA) and Field Instructors (FI)

1. Field instructor will reside in the community throughout the whole period preferably along with FWV or one of the centrally placed SBA Trainees.
2. Before going to the community, FI and SBAs will meet with the UH&FPO, MO (MCH) and other related officials at Upazilla level.
3. F.I will collect the information of the pregnant women along with EDD from FWV of the concerned union.
4. F.I shall arrange ANC visit along with SBA in satellite clinic/Uthan Shava/Community (Home visit)
5. F.I shall return weekly report of Birth planning, ANC, PNC, Newborn care and delivery conducted jointly with SBAs to Focal Point, OGSB office through a format.
6. F.I. and SBAs shall identify the cases approaching to EDD in their area and will plan how best and quickly they can respond to any emergency call to attend those deliveries.
7. F.I and SBA shall make Frequent Visit to pregnant mother whose EDD falls with in three weeks on wards.
8. F.I along with SBA shall plan for referral if required in consultation with husband or in-laws and stakeholder to make easy availability of transport, fund and blood transfusion. (Birth Planning)
9. F.I shall assess the patient along with SBA in case of referral to see whether SBA should accompany to hospital.
10. All the F.I and SBA shall attend the stakeholder meeting at upazilla.
11. Q/A Team shall visit F.I once in every fortnight to monitor the progress of program
12. F.I shall follow the member of the stakeholder to ensure community participation as per SBA- BCC Module.
13. Conduct community meeting at union and community level with key persons (community leaders /TBA)

Schedule of Training Review and Three days Refresher TOT for District Trainers of SBA Training pilot Program

Day –1: Review of the SBA Training activities

Time	Topics	Facilitators
08.00-09.00	Registration and inauguration	
09.00–10.00	Training methodology	
10.00-10.30	<u>Tea Break</u>	
10.30-11.30	Lesson learned	
11.30-12.30	Queries and their solutions	
12.30- 1.30	Review of the training activities & report	
1.30-2.30	Review of the trainees performance individually and identification of the gap	

Day –2 Assessment of the Trainees, Trainers and Field Instructors

Time	Topics	Facilitators
08.00-09.00	Class Room Performance Assessment of District Trainers (ANC)	
09.00–10.00	Class Room Performance Assessment of District Trainers (Newborn Care)	
10.00-10.30	<u>Tea Break</u>	
10.30-11.30	Clinical session Performance Assessment of District Trainers	
11.30-12.30	Clinical session Performance Assessment of District Trainers	
12.30- 1.30	Identification of the tasks in community practice by SBA and FI	
1.30-2.30	Skill Practice/assessments by FI and District Trainers	

Day –3 Preparation for the community practice

Time	Topics	Facilitators
08.00-09.00	Supervision and monitoring of the community practice by National team and district team (with checklist)	
09.00–10.00	Community awareness for birth preparedness	
10.00-10.30	Tea Break	
10.30-11.30	Emergency drill practice	
11.30-12.30	Evaluation and Feedback from National Team	
12.30- 1.30	Recommendation	
1.30-2.30	Closing Session	

Marks sheet of trainees in Final Examination by BNC

District: Barisal

SI no	Name	Paper-I Written test	Paper-II Written test	Oral & Practical	Grand Total
	Total Marks	100	100	100	300
	Pass marks	50	50	50	
1	Mamataz Khanom	85	79	80	244
2	Firoja Begum	83	84	79	246
3	Minu Rani Chakraborty	82	80	73	235
4	Monowara Khanom	86	84	76	246
5	Mosammat Khaleda Khanom	85	81	77	243
6	Nasima Pervin	89	84	82	255
7	Smriti Mistry	90	85	72	247
8	Mosamod Nasima Khanom	85	86	76	247
9	Suriya Akter	82	79	77	238
10	Shahida Begum	83	80	79	242
11	Rahima Khanam	89	88	81	258
12	Minara Khanam	88	85	81	254
13	Mrs. Saleha Siddika	83	80	76	239
14	Santana Howlader	90	88	77	255
15	Sahana Pervin	85	89	81	255