

7. प्रशिक्षण स्थल पर संक्रमण रोकथाम की समुचित व्यवस्था हो।

### ख-प्रशिक्षकों का चयन:-

प्रशिक्षण स्थल (चिकित्सालय) में कम से कम दो चिकित्सक, बालरोग विशेषज्ञ/दो स्टॉफ नर्स, स्किल्ड बर्थ अटेंडेन्ट के - प्रशिक्षकों के प्रशिक्षण (टी0ओ0टी0) प्राप्त अवश्य उपलब्ध हों। यदि किसी केन्द्र पर स्त्री या बाल रोग विशेषज्ञ की अनुपलब्धता हो तो अपरिहार्य परिस्थिति में किसी एम0बी0बी0एस0 चिकित्साधिकारी को प्रशिक्षक(राज्य स्वास्थ्य एवं परिवार कल्याण संस्थान में प्रशिक्षकों का प्रशिक्षण प्राप्त करने के बाद) बनाया जा सकता है।

### ग-प्रतिभागियों का चयन:-

1. प्रतिभागियों के रूप में केवल 24 X 7 प्रसव केन्द्रों पर कार्यरत स्टॉफ नर्स/एल0एच0वी0 एवं ए0एन0एम0, जो स्वयं प्रसव करती हों तथा उसे प्रसव सम्बन्धी प्रारम्भिक जानकारी(कोर कौशल) हो।
2. जनपदों में जिन उपकेन्द्रों को एकेडिटेड किया गया है उन एकेडिटेड उपकेन्द्रों पर तैनात ए0एन0एम0 को भी प्राथमिकता के आधार पर इस प्रशिक्षण में सम्मिलित किया जाए।
3. एस.बी.ए. प्रशिक्षण के लिये प्रशिक्षण से पूर्व प्रतिभागियों का साक्षात्कार कर उनमें आधारभूत प्रारम्भिक स्तर की निम्नलिखित जानकारी कर ली जाए :-

- प्रसव पूर्ण इतिहास की जानकारी लेना।
- प्रसव पूर्ण भौतिक जांच - रक्तचाप, खून की कमी और पेट की जांच।
- प्रसव पूर्व परामर्श और इन्टरवेन्शन।
- सामान्य प्रसव कराना और नवजात की देखभाल करना।
- सामान्य माताओं और नवजात को प्रसव पश्चात देखभाल प्रदान करना।
- गर्भावस्था, प्रसव पीड़ा, प्रसव और प्रसव पश्चात अवधि में खतरे के चिन्हों की पहचान।
- गहरे इन्ट्रा मस्क्युलर इंजेक्शन देना।
- आई/वी लाईन बनाना और द्रव चढ़ाना।
- क्लायंट कार्ड और सन्दर्भन पर्ची बनाना।
- स्वास्थ्य शिक्षा और परामर्श।

चयनित ईकार्ड के प्रभारी चिकित्साधिकारी को यह सुनिश्चित करना होगा कि 24 X 7 प्रसव केन्द्र पर तैनात प्रतिभागियों के पास न्यूनतम आवश्यक प्रारम्भिक जानकारी (कोर कौशल) है इसके पश्चात ही प्रतिभागियों को प्रशिक्षण हेतु भेजा जाय। यदि स्टॉफ नर्स/एल0एच0वी0 एवं ए0एन0एम0 के प्रारम्भिक जानकारी (कोर कौशल) में कोई कमी है तो उनके द्वारा दैनिक कार्य दिवस में उनको प्रारम्भिक जानकारी (कोर कौशल) प्रदान करें।

नोट : वर्तमान में एस0बी0ए0 प्रशिक्षण केवल 24 X 7 प्रसव केन्द्रों या एकेडिटेड उपकेन्द्रों पर तैनात कर्मियों को दिया जाना है। किसी भी दशा में उन ए0एन0एम0/एल0एच0वी0 को एस0बी0ए0 प्रशिक्षण न दिया जाए जो 24 X 7 प्रसव

केन्द्रों या एकेडिटेड उपकेन्द्रों पर तैनात नहीं है, प्रसव नहीं कराती हैं अथवा प्रतिभागियों में साक्षात्कार के समय कोर-स्किल की कमी है।

#### घ-प्रशिक्षण की अवधि:-

यह प्रशिक्षण आवासीय है तथा 21 दिन का है। प्रतिभागियों के प्रशिक्षण हेतु आने के पूर्व उनके ठहरने/भोजन आदि की समुचित व्यवस्था सुनिश्चित की जाए।

#### च-बैच का आकार :-

इस प्रशिक्षण के बैच का आकार 4 प्रतिभागी का है। किसी भी दशा में तीन प्रतिभागियों से कम होने पर बैच संचालित न किया जाए। प्रत्येक बैच में अलग-अलग केन्द्रों की स्टॉफ नर्स/ एल0एच0वी0 एवं ए0एन0एम0 ली जाएं ताकि वहां के नियमित कार्य प्रभावित न हों।

#### छ-प्रशिक्षण कलेन्डर :-

एस0बी0ए0 प्रशिक्षण का माह मार्च, 2013 तक का प्रशिक्षण कैलेन्डर नोडल अधिकारी एवं सम्बन्धित मुख्य/प्रमुख चिकित्सा अधीक्षिका के साथ समन्वय कर तैयार कर लिया जाय। (प्रारूप7संलग्नक-3) प्रशिक्षण कलेन्डर की सूचना निदेशक, राज्य स्वास्थ्य एवं परिवार कल्याण संस्थान, उ0प्र0, इन्दिरा नगर, लखनऊ को उपलब्ध करा दी जाय।

#### ज- नोडल अधिकारी(प्रशिक्षण) की भूमिका

1. हर जनपद को प्रशिक्षणों के आयोजन एवं समन्वय हेतु एक नोडल अधिकारी(प्रशिक्षण) बना लेना चाहिए एवं जनपद के मुख्य चिकित्साधिकारी को नोडल अधिकारी(प्रशिक्षण) का नाम, फोन नम्बर, मोबाईल नम्बर व ई मेल एड्रेस राज्य स्वास्थ्य एवं परिवार कल्याण संस्थान, उ0प्र0 के फ़ैक्स नम्बर-05222310679 या ई मेल [directorsihfw@gmail.com](mailto:directorsihfw@gmail.com) व एस0बी0ए0 नोडल अधिकारी की ईमेल [vijaykirti@rediffmail.com](mailto:vijaykirti@rediffmail.com) पर अवश्य भेज देना चाहिए।
2. जनपद में नोडल अधिकारी(प्रशिक्षण) का उत्तरदायित्व होगा की अपने जनपद के एस0बी0ए0 प्रशिक्षण केन्द्र(ज़िला महिला/ संयुक्त चिकित्सालय) के प्रभारी अधिकारी के साथ समन्वय स्थापित कर प्रशिक्षण कैलेन्डर बनाने, समय पर केन्द्र के लिए बजट अवमुक्त करने हेतु कार्यवाही कराने एवं प्रशिक्षण कैलेन्डर के अनुसार प्रतिभागियों का एस0बी0ए0 प्रशिक्षण में प्रतिभाग सुनिश्चित करने के लिए प्रभावी कार्यवाही करें।
3. नोडल अधिकारी को जनपद के जिला महिला अस्पताल की मुख्य/प्रमुख चिकित्सा अधीक्षिका को पूरे वर्ष के लिए कम से कम 6 बैचों में 4-4 प्रतिभागियों का नामांकन पूर्व में ही भेज देना होगा( प्रशिक्षण साईट पर कम लक्ष्य होने पर 4 बैचों हेतु)। इसके साथ ही उन्हें प्रत्येक बैच में 4 प्रतिभागियों द्वारा प्रतिभाग भी सुनिश्चित कराना होगा। (एस.बी. ए.-सी.टी.पी. : संलग्नक-1)

#### ज-प्रशिक्षण सामग्री :-

1. प्रशिक्षण हेतु भारत सरकार द्वारा नए माड्यूल उपलब्ध कराए गये हैं। इस सम्बन्ध में राज्य स्वास्थ्य एवं परिवार कल्याण संस्थान इन्दिरानगर लखनऊ में भारत सरकार द्वारा

उपलब्ध कराई गई सी.डी. का सेट उपलब्ध है जो प्रत्येक प्रशिक्षण साइट पर एक सेट के आधार पर संस्थान से प्राप्त किया जा सकता है। इसके अतिरिक्त कुछ चार्ट व एस0बी0ए0 प्रोटोकॉल की साफ्ट कॉपी भी उपलब्ध हैं जो कि एन0आर0एच0एम0 के प्रदेश के सभी संभागीय परियोजना प्रबन्धकों को साफ्ट कॉपी के रूप में उपलब्ध करा दिए गए हैं। प्रशिक्षण की कन्टिन्जेन्सी मद से इन्हें मुद्रित कराया जा सकता है। यह सभी चार्ट एस0बी0ए0 प्रशिक्षण साइट पर लगाए जाने हैं। केन्द्र के प्रभारी का उत्तरदायित्व है कि उन्हें अपने केन्द्र पर ऐसी जगह पर लगाए जिससे कि लोग उसे देख सकें।

2. यह प्रोटोकॉल, पोस्टर के रूप में हैं। एस0बी0ए0 प्रशिक्षण में आए प्रतिभागियों को 16 पोस्टर का एक-एक सेट अवश्य उपलब्ध करा दिया एवं जिस केन्द्र से ए0एन0एम0/स्टाफ नर्स/एल0एच0वी0 आए हैं उसके प्रभारी चिकित्साधिकारी को यह निर्देश दिया जाए कि वे अपने केन्द्र पर प्रमुख जगहों पर या चार्ट अवश्य लगवा दें।
3. प्रतिभागियों को भारत सरकार द्वारा प्रदत्त भारत सरकार की नवीनतम एस.बी.ए. प्रशिक्षण के दिशानिर्देश की पुस्तिका (जो जिला स्तरीय प्रशिक्षकों को वर्ष 2012-13 में उपलब्ध कराई गई हैं) एवं स्किल्ड बर्थ अटेन्डेन्ट- प्रशिक्षकों के प्रशिक्षण के दौरान उपलब्ध कराई गई पार्टोग्राफ की पुस्तिका की छायाप्रति एवं अन्य सूचियां प्रतिभागियों को दी जाएं।
4. राज्य स्वास्थ्य एवं परिवार कल्याण संस्थान द्वारा प्रशिक्षकों के प्रशिक्षण कार्यक्रम के दौरान मैनेक्विन(एडवान्स्ड पेल्विक सिमुलेटर) एवं एडवान्स्ड न्यूबार्न पेडी सिमुलेटर उपलब्ध कराए गए थे। इसका समुचित उपयोग किया जाय एवं प्रतिभागियों को अच्छा अभ्यास कराया जाए। कृपया अपनी साइट पर इसकी उपलब्धता सुनिश्चित कर लें। यदि इस सम्बन्ध में कोई परेशानी हो तो राज्य स्वास्थ्य एवं परिवार कल्याण संस्थान के दूरभाष संख्या 0522-2310679 पर सम्पर्क किया जा सकता है।
5. प्रशिक्षण की साइट पर ट्रे में आक्सीटोसिन, इंजेक्शन मैगसल्फ, मीजोप्रेस्ट्राल, डिस्पोजेबिल ग्लव्स, एवं अन्य आवश्यक दवाएं, बी0पी0 इन्स्ट्रूमेन्ट, वजन लेने की मशीन आदि की व्यवस्था प्रशिक्षण के आयोजन के पूर्व ही कर ली जानी चाहिए।

### (3) अन्य आवश्यक दिशा निर्देश

1. जिन जनपदों को कम बैच (1 से 3) दिए गए हैं वह प्रत्येक माह एक बैच रख सकते हैं। अन्य जनपद(जिन्हें अधिक बैच दिए गए हैं वह प्रथम बैच के समाप्त होने के 1 सप्ताह बाद दूसरा बैच रख सकते हैं।
2. प्रशिक्षण के आयोजन के पूर्व यह सुनिश्चित कर लें कि आपके प्रशिक्षण स्थल( ट्रेनिंग साइट) को कितने बैच दिए गए हैं।
3. इस वर्ष की पी0आई0पी0 के अनुसार वर्तमान वर्ष में 21 दिवसीय एस0बी0ए0 प्रशिक्षण जिला महिला एवं संयुक्त चिकित्सालयों एवं केवल गोरखपुर(सहजनवा) एवं झांसी(मउरानीपुर) में प्रथम सन्दर्भन केन्द्रों पर आयोजित होगा। किसी विशेष परिस्थिति में, यदि जिला महिला या संयुक्त चिकित्सालय में एस0बी0ए0 प्रशिक्षण का आयोजन सम्भव न हो एवं किसी सामुदायिक केन्द्र या अन्य प्रथम सन्दर्भन केन्द्र(एफ0आर0यू0) पर आयोजन सम्भव हो, तो राज्य स्वास्थ्य एवं परिवार कल्याण संस्थान इन्दिरानगर लखनऊ या एन0आर0एच0एम0-एस0पी0एम0यू0 को पूर्व सूचना देकर एवं अनुमति प्राप्त कर वहां पर 21 दिवसीय एस0बी0ए0 प्रशिक्षण का आयोजन किया जा सकता है।
4. प्रशिक्षण के पूर्व नोडल अधिकारी को देखना होगा कि प्रशिक्षण हेतु चयनित इकाई पर प्रशिक्षण सुचारु रूप से संचालित हो सकता है या नहीं। इसे बाद ही प्रशिक्षण प्रारम्भ किया जाए।
5. किसी भी दशा में तीन प्रतिभागियों से कम होने पर बैच न संचालित किया जाए। इससे कम पर बैच संचालित किए जाने का उत्तरदायित्व महिला अस्पताल की मुख्य/प्रमुख चिकित्सा अधीक्षिका एवं मुख्य चिकित्सा अधिकारी का होगा।

6. इस प्रशिक्षण के प्रथम चरण में ऐसा देखा गया कि प्रशिक्षण केन्द्रों पर प्रशिक्षण के दौरान पार्टोग्राफ्स के बारे में ठीक से नहीं समझाया गया और न ही महिलाओं की प्रसूति के दौरान उनके बेड साईड पर उससे सम्बन्धित पार्टोग्राफ लगाए गए। पार्टोग्राफ का प्रयोग इस एस0बी0ए0 प्रशिक्षण का अत्यन्त महत्वपूर्ण अंग है। अतः कोर्स कोआर्डिनेटर, सी0एम0एस0 एवं अन्य उच्चाधिकारी यह सुनिश्चित करें कि नए पार्टोग्राफ्स का प्रयोग किया जाए।
7. प्रत्येक बैच में प्रशिक्षण की समाप्ति के पूर्व प्रत्येक प्रतिभागी को पार्टोग्राफ्स की कम से कम 40 छाया प्रतियां(एक बुकलेट के रूप में) इस निर्देश के साथ उपलब्ध करानी होंगी कि वह उनका प्रयोग अपने केन्द्र पर वापस लौटने के बाद करेंगी एवं नोडल अधिकारी द्वारा सम्बन्धित केन्द्र(जहाँ प्रशिक्षित एस0बी0ए0 तैनात हैं) के प्रभारी को निर्देश दिया जाए कि वह पार्टोग्राफ के दिन प्रतिदिन प्रयोग को प्रोत्साहित करें।
8. इस प्रशिक्षण हेतु आए प्रतिभागियों को प्रमाणपत्र देने के पूर्व सुनिश्चित करना होगा कि वह निम्नलिखित आवश्यक जानकारी प्राप्त कर चुकी हैं :-
  - ब्लड प्रेशर ले सकना।
  - पैलर की जांच कर सकना।
  - आई0वी0 लाईन लगाना।
  - इन्ट्रा मस्क्युलर इंजेक्शन दे सकना।
  - एक्टिव मैनेजमेन्ट आफ थर्ड स्टेज आफ लेबर(AMTSL)
  - पार्टोग्राफ अच्छी तरह से बना सकना।
9. जिन 24 X 7 सेवा ईकाईयों की, ए0एन0एम0/स्टॉफ नर्स/एल0एच0वी0 यह प्रशिक्षण प्राप्त कर लेती हैं वहां के भ्रमण के दौरान प्रशिक्षक एवं अन्य उच्चाधिकारी यह देखें कि उस प्रशिक्षित एस0बी0ए0 ने अपने कार्य स्थल पर पार्टोग्राफ का प्रयोग करना प्रारम्भ किया है या नहीं।
10. प्रत्येक बैच के प्रशिक्षण की फोटोग्राफी एवं वीडियोग्राफी कराई जाएगी एवं प्रशिक्षण की रिपोर्ट के साथ यह एस0पी0एम0यू0 भेजी जा सके। फोटोग्राफ में बैनर व अधिक से अधिक प्रशिक्षण सम्बन्धित घटनाओं को आच्छादित किया जाना चाहिए( सम्बन्धित पत्र : संलग्नक-7 )।
11. प्रत्येक प्रतिभागी का विवरण संलग्न प्रारूप(संलग्नक-6) पर भरवा कर डी0पी0एम0 कार्यालय एवं जनपद के मुख्य चिकित्साधिकारी के माध्यम से राज्य स्वास्थ्य एवं परिवार कल्याण संस्थान, लखनऊ में ट्रेनिंग मैनेजमेन्ट इन्फर्मेशन सिस्टम(टी0एम0आई0एस0) पर प्रशिक्षित डेटा इन्ट्री आपरेटर को हर बैच के प्रारम्भ होने के एक सप्ताह के अन्दर अवश्य उपलब्ध करा देना होगा।
12. प्रशिक्षण का अनुश्रवण जनपद स्तरीय अधिकारियों/राज्य स्तरीय अधिकारियों/कार्यक्रम अधिकारियों द्वारा किया जाएगा। अतः कृपया प्रशिक्षण को अधिक से अधिक प्रभावी बनाने का प्रयास किया जाए।
13. प्रशिक्षण के उपरान्त बैचवार भौतिक एवं वित्तीय प्रगति संलग्न प्रारूप पर राज्य स्वास्थ्य एवं परिवार कल्याण संस्थान इन्दिरानगर लखनऊ को भेजी जाय। प्रशिक्षण का बैचवार व्यय विवरण मुख्य चिकित्साधिकारी के माध्यम से आर0सी0एच0 फ्लैक्सीपूल के सम्बन्धित एफ0एम0आर0कोड में अंकन कर भेजा जाय। (संलग्नक-2 व 3)।

### (3) वित्तीय व्यवस्थाओं हेतु दिशा निर्देश-

चयनित ईकाईयों की एस.बी.ए. प्रशिक्षण के आयोजन हेतु जिला स्वास्थ्य सोसाइटी को बजट प्रेषित किया जा रहा है। 21 दिवसीय एस.बी.ए. के प्रशिक्षण हेतु अनुमोदित वित्तीय

मानक निम्न तालिका पर प्रस्तुत हैं। प्रति बैच 04 प्रतिभागियों का प्राविधान रखा गया है। यह ध्यान रहे कि व्यय विवरण प्रतिभागियों के वास्तविक संख्या के आधार पर ही अनुमन्य होगा। प्रति बैच 04 प्रतिभागियों के आधार पर रु0 1,03,300.00 का आबंटन किया गया है, (जिसका भारत सरकार एवं एन0आर0एच0एम0 उत्तर प्रदेश के दिशानिर्देश के आधार पर ब्रेक अप बनाया गया है)। यह बजट जिला महिला चिकित्सालय में प्रशिक्षण होने की स्थिति में वहाँ की प्रमुख/ मुख्य चिकित्सा अधीक्षिका तथा संयुक्त चिकित्सालय की स्थिति में उसके प्रभारी (मुख्य चिकित्सा अधीक्षक/अधीक्षिका या अन्य पदनाम) को प्रस्तावित बैचों की संख्या के अनुसार बजट स्थानान्तरित किया जाएगा। (संलग्नक-1 व 2)

इसके अतिरिक्त प्रत्येक साईट को इस वर्ष प्रशिक्षण के स्थल के सुदृढीकरण हेतु रु0 25,000 (पच्चीस हजार) मात्र उपलब्ध कराए जा रहे हैं जिससे प्रशिक्षण कक्ष में कुछ कुर्शियाँ (यदि किसी और मद से उपलब्धता न हो सके तो), व्हाइट बोर्ड, ट्रे में कुछ आवश्यक दवाईयों जैसे आक्सीटोसिन, इंजेक्शन मैगसल्फ, मीजोप्रेस्ट्राल, डिस्पोजेबिल ग्लव्स, एवं अन्य आवश्यक दवाएं, बी0पी0 इन्स्ट्रुमेन्ट, वजन लेने की मशीन आदि की व्यवस्था की जा सकती है।

#### (4) अनुश्रवण एवं मूल्यांकन

मुख्य चिकित्साधिकारी/ नोडल अधिकारी प्रशिक्षण का यह दायित्व होगा कि वह प्रशिक्षण की गुणवत्ता सुनिश्चित करेंगे तथा प्रशिक्षण के समापन पर प्रतिभागियों से साक्षात्कार कर यह सुनिश्चित करेंगे कि भारत सरकार द्वारा दिए गए दिशानिर्देश के अनुसार प्रतिभागियों की दक्षता मानक के अनुरूप प्राप्त कर ली गई है तथा इन प्रतिभागियों की तैनाती 24 X 7 स्वास्थ्य इकाई पर की गई है। मुख्य चिकित्साधिकारी द्वारा जनपद की 24 X 7 स्वास्थ्य इकाई पर प्रसव कार्य के लिये तैनात स्टाफ प्रशिक्षित हों सुनिश्चित किया जाय।

#### (5) रिपोर्टिंग

प्रशिक्षण इकाई के प्रभारी प्रशिक्षण की रिपोर्ट (संलग्नक-5), फोटोग्राफ आदि के साथ डिस्ट्रिक्ट प्रोजेक्ट मैनेजर (डी0पी0एम0) कार्यालय को प्रस्तुत करेंगे। इसके पश्चात ही अगले प्रशिक्षण के लिए बजट उपलब्ध कराया जा सकेगा।

महानिदेशक

कृपया उपरोक्त पट्टे पर  
अनुमोदन करें।  
भवदीय  
(डा0आशुतोष गुप्ता)  
निदेशक

संलग्नक : उपरोक्तानुसार

स्किल्ड बर्थ अटेंडेंट (एस0बी0ए0) प्रशिक्षण वर्ष 2013-14 हेतु उपरोक्त दिशानिर्देशों को अनुमोदन प्रदान किया जाता है।

महानिदेशक  
परिवार कल्याण

४५

आलेख

संलग्नक-1

## SBA : Comprehensive Training Programme(CTP)

S.no	Name of District	SBA To Be Trained (ANM,LHV,Staff Nurse)	SBA Trained ANM,LHV, Staff Nurse	Remaining Trg. Load	Load For 2013-14	Final Load(In Multiple of 4)	Total Number of Batches (4 Per Batch)	Number of Batches(Rs.1.033 Lakhs/ Batch)(In Lakhs)	The Budget is to be sent to the
1	Agra	60	8	52	40	32	8	8.264	CMS(F)
2	Mathura	45	26	19	14.25	20	5	5.165	CMS(F)
3	Mainpuri	61	6	55	41.25	32	8	8.264	CMS(F)
4	Firozabad	42	20	22	16.5	20	5	5.165	CMS(F)
5	Aligarh	29		29	21.75	24	6	6.198	CMS(F)
6	Etah	25	23	2	1.5	20	5	5.165	CMS(F)
7	Hathras	32	0	32	24	24	6	6.198	CMS(F)
8	Kashi Ram Nagar	20	0	20	15	16	4	4.132	CMO
9	Allahabad	117	43	74	55.5	36	9	9.297	CMS(F)
10	Kaushambi	33	4	29	21.75	24	6	6.198	CMS(F)
11	Fatehpur	101	8	93	69.75	36	9	9.297	CMS(F)
12	Pratapgarh	84	72	12	9	20	5	5.165	CMS(F)
13	Azamgarh	67	20	47	35.25	36	9	9.297	CMS(F)
14	Mau	83	0	83	62.25	24	6	6.198	CMO
15	Ballia	80	104			20	5	5.165	CMS(F)
16	Bareilly	72	15	57	42.75	36	9	9.297	CMS(F)
17	Budaun	11	15			16	4	4.132	
18	Pilibhit	49	27	22	16.5	20	5	5.165	CMS(F)
19	Shajahanpur	18	15	3	2.25	16	4	4.132	CMS(F)
20	Basti	71	48	23	17.25	20	5	5.165	CMS(F)
21	Sidharth Nagar	68	19	49	36.75	36	9	9.297	CMS(F)
22	Sant Kabir Nagar	61	40	21	15.75	16	4	4.132	CMO
23	Banda	45	40	5	3.75	16	4	4.132	CMS(F)
24	Chitrakoot	17	24	0	0	8			
25	Hamirpur	84	48	36	27	32	8	8.264	CMS(F)
26	Mahoba	22	44	0	0	16	4	4.132	CMS(F)
27	Faizabad	72	0	72	54	36	9	9.297	CMS(F)
28	Barabanki	78	44	34	25.5	32	8	8.264	CMS(F)
29	Ambedkar Nagar	71	20	51	38.25	40	10	10.33	CMS(F)
30	Sultanpur	70	44	26	19.5	28	7	7.231	CMS(F)
31	CSM Nagar	26	0	26	19.5	20	5	5.165	CMO

32	Gonda	54	20	34	25.5	32	8	8.264	CMS(F)
33	Balrampur	67	12	55	41.25	32	8	8.264	CMS(F)
34	Shrawasti	22	0	22	16.5	16	4	4.132	CMS
35	Bahraich	56	15	41	30.75	32	8	8.264	CMS(F)
36	Gorakhpur	69	20	49	36.75	32	8	8.264	CMS(F)
	Sahjanwa					12	3	3.099	CMO
37	Deoria	41	16	25	18.75	20	5	5.165	CMS(F)
38	Kushinagar	38	20	18	13.5	16	4	4.132	CMS(F)
39	Maharajganj	47	8	39	29.25	24	6	6.198	CMS(F)
40	Jhansi(Mauranipur)	56	16	40	30	28	7	7.231	CMO
41	Lalitpur	48	0	48	36	32	8	8.264	CMS(F)
42	Jalaun	58	52	6	4.5	20	5	5.165	CMS(F)
43	Kanpur Nagar	38	20	18	13.5	24	6	6.198	CMS(F)
44	Etawah	50	76	0	0	16	4	4.132	CMS(F)
45	Auriya	27	0	27	20.25	20	5	5.165	CMS(F)
46	Farrukhabad	32	0	32	24	24	6	6.198	CMS(F)
47	Kanpur Dehat	36	0	36	27	28	7	7.231	CMS(F)
48	Kannauj	32	0	32	24	32	8	8.264	CMS(F)
49	Lucknow	50	31	19	14.25	32	8	8.264	CMS(F)
50	Sitapur	106	42	64	48	32	8	8.264	CMS(F)
51	Hardoi	65	63	2	1.5	16	4	4.132	CMS(F)
52	Unnao	58	51	7	5.25	16	4	4.132	CMS(F)
53	Raebareli	56	32	24	18	24	6	6.198	CMS(F)
54	Kheri	62	72		0	16	4	4.132	CMS(F)
55	Merrut	52	28	24	18	28	7	7.231	CMS(F)
56	Ghaziabad	56	16	40	30	24	6	6.198	CMS(F)
57	Bulandshair	60	44	16	12	28	7	7.231	CMS(F)
58	Baghpat	46	0	46	34.5	24	6	6.198	CMS(F)
59	GB Nagar	15	8	7	5.25	24	6	6.198	CMS(F)
60	Mirzapur	62	16	46	34.5	16	4	4.132	CMS(F)
61	Sonebhadra	94	0	94	70.5	20	5	5.165	CMS(F)
62	SRN - Bhadohi	30	0	30	22.5	20	5	5.165	CMO
63	Moradabad	41	60			36	9	9.297	CMS(F)
64	Rampur	44	32	12	9	20	5	5.165	CMS(F)
65	Bijnor	121	47	74	55.5	40	10	10.33	CMS(F)
66	JP Nagar	32	4	28	21	16	4	4.132	CMO
67	Saharanpur	60	32	28	21	24	6	6.198	CMS(F)
68	Muzaffer Nager	62	75			24	6	6.198	CMS(F)
69	Chandauli	61	0	61	45.75	12	3	3.099	CMS
70	Jaunpur	66	12	54	40.5	32	8	8.264	CMS(F)
71	Ghazipur	62	11	51	38.25	32	8	8.264	CMS(F)
72	Varanasi	91	47	44	33	32	8	8.264	CMS(F)

### Illustrated Budget per Batch for Training of Skilled Birth Attendants(SBA)

\*Batch Size(Number of Participants)

(As per the NRHM Norms from 2012)

Heads of Expenditure /Batch size	4	Total
DA* (Rate x No. of Days x No. of Participants) (Rs.200 x 21 x no. of participants)	200 x 21x 4= Rs 16800	16800.0
Honorarium (Trained Faculty) (Rate x Days of training x no. of trainers) (Rs.500 x 21 x No of trainers )** @ Rs.500 per day for Medical Officers and above @Rs.300 For Staff nurses	500 x 21 x 3= Rs 31500	31500.0
Contingency/ Incidental Exp. like study material , course material, Photo copying, job aids, flip charts, LCD etc. (Rate x Days of training x no. of trainees) (Rs.250 x 21 x no.of trainees)	250 x 21 x 4= Rs 21000	21000.0
Food (Rate x Days of training x no. of trainees) (Rs.200 x 21 x no.of trainees)	200 x 21 x 4 = Rs 16800	16800.0
Sub Total	Rs 86100/-	86100.0
IOH @10% of Sub Total	Rs 8000/-(up to)	8000.0
**TA(@Rs.300/participant/Batch)	1200.0	1200.0
***Monitoring for 2 Days	8000.0	8000.0
Total		103300.0

\* Batch has been calculated on Batch size of 4, But in any case it will not be run at less than 3 Participants

\*\*\*Monitoring visits by State Observers : TA/ DA(Per Diem) and Stay Expenditure will be paid as per the State Health Society(NRHM) Norms as per actuals (For 2 Days)

1. आकस्मिक व्यय (कन्टिन्जेंसी) – कन्टिन्जेंसी मद में मद संख्या-3 में धनराशि प्राविधानित है जिसका व्यय निम्न आवश्यकताओं के अनुसार किया जा सकता है परन्तु व्यय विवरण वास्तविक व्यय के आधार पर ही अनुमन्य होगा।

- प्रशिक्षण अवधि में आवश्यकतानुसार सफाई आदि कार्य हेतु पारिश्रमिक (अतिरिक्त स्टाफ) अन्य कोई व्यवस्था न होने की स्थिति में।
  - प्रशिक्षणार्थियों के लिए प्रशिक्षण सामग्री, फोटो कापी आदि
  - रजिस्टर, पेन, पेन्सिल, कटर, बैग आदि
  - पी.ओ.एल. : वाहन एवं जनरेटर हेतु (अन्य कोई व्यवस्था न होने की स्थिति में।)
  - मिस्लेनियस व्यय—फोटोग्राफी आदि
  - सर्टिफिकेट, स्केच पेन, ट्रांसपेरेंसी, चार्ट पेपर आदि
  - प्रशिक्षण के दौरान प्रयोग हेतु डिस्पोजेबिल उपस्कर (जैसे प्रतिभागियों हेतु ग्लव्स, कुछ दवाएं आदि)
2. इंस्टीटयूशनल ओवरहेड (आई.ओ.एच.)— इस मद में पहले, दूसरे, तीसरे, और चौथे पर हुए वास्तविक व्यय के योग की 15 प्रतिशत धनराशि प्राविधानित है। इस प्रकार यह प्रति बैच प्रतिभागियों की संख्या पर आधारित रहेगी। इस धनराशि से निम्नलिखित व्यय किए जा सकते हैं:—
    - प्रशिक्षण स्थल आदि की व्यवस्था
    - जनपदीय अधिकारियों से सम्पर्क हेतु दूरभाष आदि पर व्यय
    - जिला स्तर पर सूचनाओं के प्रेषण एवं संचार हेतु व्यय
    - प्रशिक्षण उपस्करों की मरम्मत आदि (अन्य कोई व्यवस्था न होने की स्थिति में।)
  3. टी0ए0 पर आए व्यय को छोड़ कर अन्य मदों पर व्यय वास्तविक व्यय के आधार पर निर्धारित बजट सीमा के अन्दर ही अनुमन्य होगा। बिन्दु 7 पर टी.ए. शासकीय नियमानुसार वास्तविक व्यय के आधार पर दिया जाएगा।
  4. यह प्रशिक्षण किसी भी दशा में 3 से कम प्रतिभागियों पर नहीं चलाया जाना चाहिए।
  5. 2 दिन हेतु अनुश्रवण के लिए राज्य स्तरीय पर्यवेक्षकों हेतु रु0 8000 (आठ हजार) की व्यवस्था की गई है जो एन0आर0एच0एम0 की राज्य स्वास्थ्य समिति द्वारा तय मानकों के आधार पर भुगतान किया जाएगा। इस मद के अन्तर्गत, प्रशिक्षण की गुणवत्ता बनाए रखने के लिए प्रत्येक बैच में राज्य स्तरीय पर्यवेक्षकों द्वारा अनुश्रवण दौरे की व्यवस्था है।
  6. उपरोक्त सभी आंगणन भारत सरकार एवं एन0आर0एच0एम0 उत्तर प्रदेश द्वारा एस0बी0ए0 प्रशिक्षण हेतु दिए गए नार्मस् के आधार पर किए गए हैं।
  7. सभी बिल वाउचर जिला स्तर पर भविष्य के आडिट आदि के लिए सुरक्षित रखे जायेंगे। प्रशिक्षण इकाई के प्रभारी प्रशिक्षण की रिपोर्ट, फोटोग्राफ आदि के साथ डिस्ट्रिक्ट प्रोजेक्ट मैनेजर (डी0पी0एम0) कार्यालय को प्रस्तुत करेंगे। इसके पश्चात ही अगले प्रशिक्षण के लिए बजट उपलब्ध कराया जा सकेगा।

88

आलेख  
संलग्नक-3

**Calendar preparation for SBA Training**  
**District Female Hospital/FRU-.....**

Batch No.	Date	Category of Trainee (ANM/LHV/SN)	Place of Posting(FRU/ 24X7 Delivery Centres)

Signature & Seal of Nodal Officer

Signature & Seal of Chief Medical Officer

# Participants List

संलग्नक-4

District Name

Training Name

Date of Training

Sr. No.	First Name	Middle Name	Last Name	Gender	Age	Qualifications	Specialization	Designation	Facility type	Location/Name Office	Mobile No.	Email Address	Id (PAN Card No, etc.)
1	2	3	4	5	6	7	8	9	10	11	12	13	14

## Trainers (Faculty) Details

District Name

Training Name

Date of Training

Sr. No.	First Name	Middle Name	Last Name	Gender	Age	Qualifications	Specialization	Designation	Facility type	Location/Name Office	Mobile No.	Email Address	Id (PAN Card No, etc.)
1	2	3	4	5	6	7	8	9	10	11	12	13	

## Training Format

Comprehensive Training Plan (District Name: ) PIP 2012-13 (Physical Progress)

Sr. No.	Area & Name of Training	Category of Training	Duration	No of Sites	Details of Training Sites	Comments	Total Batches of Trainees	Achievement during month of	Cumulative Achievement till date

84



आलेख

संलग्नक-5

**SOE Calculation sheet for SBA Training at District Female Hospital/FRU**

Name of District : -----

Duration : 21 days

Date of Training:-----

Batch Size : 04

Category of Trainees :

Staff Nurses, LHV, ANMs

Expenditure DetailBudgeted  
AmountActual  
Expend.

1. DA to participants

Rate x Days x No. of participants

Rs.200 x 21 x

:

2. Contingency (Incidental Expenses)

:

Rate x Days x No. of participants

Rs.250 x 21 x

3. Honorarium to trainers(Doctors)

Rate x Days x No. of trainers

500 x 21 x ....

:

300 x 21x .....

4. Working Lunch, Tea &amp; Snacks

Rate x Days x (No. of Participants)

200 x 21 x

:

5. Total

:

.....

6. Institutional overhead

@ 10 % of Total of 1,2,3,4 (Based on Actual):

8. TA to the participants and trainers as per

state government rules (actual)

:

Total Expenditure

A/c Clerk-----

C.M.S./Incharge-----

(Signature with seal)

88

आलेख  
संलग्नक-6

प्रतिभागियों द्वारा भरा जाने वाला विवरण प्रपत्र(अंग्रेजी में)

Name of Training : \_\_\_\_\_

First Name	
Middle Name	
Last Name	
Gender	
Age	
Qualifications	
Specialization	
Designation	
Facility type	
Location/ Name Office	
State	
District	
Phone Landline No.	
Email	
Mobile No.	
Id (PAN Card No, etc.)	

Signature



प्रेषक,

अपर मिशन निदेशक  
राज्य कार्यक्रम प्रबन्धन इकाई,  
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन,  
उत्तर प्रदेश, लखनऊ।

सेवा में,

1. निदेशक,

राज्य स्वास्थ्य एवं परिवार कल्याण संस्थान,  
इंदिरा नगर, लखनऊ

2. महाप्रबन्धक (पब्लिक सेक्टर)  
सिफसा, लखनऊ।

3. मुख्य चिकित्साधिकारी,  
समस्त जनपद, उत्तर प्रदेश।

4. चीफ एक्जीक्यूटिव ऑफिसर  
एच. एल. एफ. पी. पी. टी. संस्था  
9/316, विकास नगर, लखनऊ।

पत्रांक : एन.आर.एच.एम./एस.पी.एम.यू./FW-Trg./122/2013-14/1632-24

दिनांक : 05-06-2013

विषय : परिवार कल्याण प्रशिक्षण कार्यक्रमों की गुणवत्ता के सम्बन्ध में।

महोदय/महोदया,

अवगत कराना है कि दिनांक 26.04.2013 को सम्पन्न राज्य कार्यकारी समिति की बैठक में दिए गए निर्देशानुसार प्रशिक्षण कार्यक्रमों की गुणवत्ता में सुधार की आवश्यकता है। इसके लिए समस्त प्रशिक्षण गतिविधियों हेतु तिथि, स्थान एवं एजेण्डा का निर्धारण पूर्व में ही कर लिया जाए। प्रशिक्षणार्थी द्वारा फीडबैक फार्म पर प्रशिक्षण कार्यक्रम, प्रशिक्षकों द्वारा लिए गए सत्रों तथा अन्य व्यवस्थाओं के सम्बन्ध में टिप्पणी प्राप्त की जाए, जिससे समीक्षा उपरान्त कार्यक्रम की गुणवत्ता में सुधार किया जा सके। प्रशिक्षण में प्रतिभागित प्रशिक्षणार्थी एवं प्रशिक्षकों का रिकार्ड सुरक्षित रखा जाए। इसके अतिरिक्त सत्र का समापन किसी विशिष्ट स्थानीय अधिकारी द्वारा कराया जाए तथा एक ग्रुप फोटो अवश्य खींची जाए।

आपसे अनुरोध है कि आगामी प्रशिक्षण सत्रों की योजना तथा प्रशिक्षण के समय उपरोक्त निर्देशों का ध्यान रखा जाए।

भवदीया,

(डा० काजल)

अपर मिशन निदेशक

पत्रांक : एन.आर.एच.एम./एस.पी.एम.यू./FW-Trg./122/2013-14/

प्रतिलिपि : महानिदेशक, परिवार कल्याण, परिवार कल्याण महानिदेशालय, जगत नारायण रोड, लखनऊ,  
को सूचनाथ प्रेषित।

(डा० काजल)

अपर मिशन निदेशक



# **Skilled Birth Attendant Training Programme in U.P. 2008-13**

		DWH/Combined hosp.						FRU/24X7 training sites									
S.No.	Name of the District	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	TOTAL	S.No.	Name of The selected Training Site FRU/24X7	2008-09	2009-10	2010-11	2011-12	2012-13	Total	Grand Total
1	Meerut	28	0	15	0	0	0	43									43
2	Bagpat							0	1	Baraut							
3	Gaziabad	16	0	0	0	0	4	20									20
4	G.B.Nagar	8						8									8
5	Bulandshahr	32	0	12	0	0	0	44									44
	Meerut Mandal																
6	Saharanpur	20	3	4	8	12	4	51									51
7	Muzzafarnagar	28	20	28	0	0	12	88	2	Shanli							88
	Saharanpur Mandal							0									
8	Aligarh	90	28	0	0	0	0	118	3	Atrauli			3		3		121
9	Etah			23	7	20		50									50
10	Kanshiram Nagar(Kasganj)							0									
11	Mathuraya Nagar			8	12	12		32									32
	Aligarh Mandal																
12	Agra			8		4		12	4	Khairagarh			24		24		36
13	Mathpuri	6	9	0	0	8		23	5	Sarhal							23
14	Mathura	0	16	10	8	12	8	54	6	Farah							54
15	Firozabad	14	32	15	16	20	0	97	7	Tundla							97
	Agra Mandal																
16	Bareilly	15			0			15									15
17	Shahjahanpur	15						15									15





96

50	Azangath	0	0	20	0	16	0	36	31	Lalgang									36
61	Mau	0	0	0	0	16	0	16	32	Ghosi (for Mau)									16
62	Salha	36	20	48	0	0	0	104											104
	Azangath Mandal																		
63	Kampur Nagar	16	4	0	21	6	3	57											57
64	Kampur Dehal						8	8											8
65	Parichabad							0											
66	Kampur (DIED)							0											
67	Esawali	28	28	20	0	0	4	80											80
68	Auriya							0	33	Dhoyapur									
	Kampur Mandal																		
69	Jhansi	15	0	0	0	0	4	20	34	Mauranipur				12			12		32
70	Lalitpur	30	0	0	0	0	0	30											30
71	Jalaun	20	16	20	12	16	0	84											84
	Jhansi Mandal																		
	Grand Total							2957									139		3096

09

From:

Mission Director,  
National Rural Health Mission,  
State Programme Management Unit.  
9, Jagat Nrain Road.  
Lucknow.

To,

1. Head of the Department, Department of Anesthesia, G.S.V.M. Medical College, Kanpur
2. Head of the Department, Department of Anesthesia, L.L.R.M. Medical College, Meerut
3. Head of the Department, Department of Anesthesia, S.N. Medical College, Agra
4. Head of the Department, Department of Anesthesia, R.L.B. Medical College, Jhansi
5. Head of the Department, Department of Anesthesia, B.R.D. Medical College, Gorakhpur

No. SPMU/C.P/Life Saving Anesthesia Skill Trg./08-09/06/

Dated: Sept 08

**Sub: Guidelines for "Life Saving Anesthesia Skill Training for Medical Officers of Uttar Pradesh" Project.**

Sir,

1.0 It has been decided that Life Saving Anesthesia Skill training be provided to MBBS medical officers of Government of U.P., to address the shortage of anesthetist in the state. These training would be provided at five medical colleges namely Meerut, Kanpur, Jhansi, Agra and Gorakhpur in partnership. Detailed administrative and financial guidelines for these programme are given below :

**2.0 Nodal Officer**

Director, SIHFW shall be Nodal Officer for implementing this project and all funds would be released through State Institute of Health & Family Welfare (SIHFW) which would remain responsible for its utilization, monitoring of training programme as well as for reporting of physical and financial progress.

**3.0 Training Programme and Schedule**

- (a) Master trainers from these medical colleges have already been trained by Government of India in June 2007.
- (b) Training at each medical college would be imparted in batch of four medical officers fulfilling the eligibility criteria. The entire process of selection and nomination of participants for each training course would be coordinated by the Nodal Officer.
- © Trainings will be imparted as per guidelines and curriculum approved by Government of India and will consist of two parts.

- (i) **12 weeks training at medical colleges :** This will be a residential training and candidates will also do shift duties for maximum exposure.
- (ii) **6 weeks training at district level :** After completion of 12 weeks training at medical college, trainees will report to selected district hospitals for further training of 6 weeks in batches of two. This part of the training would be supervised and monitored by the HOD's of the concerned medical college. This training would also be residential training and candidates will have to do shift duties for maximum exposure.

The selection of district hospitals where second phase of training will be imparted would depend on the place of posting of officer as well as availability of proper infrastructure and case load for training. Wherever possible, preference will be given to district hospitals which are being upgraded as Divisional Clinical Training Centres (DCTC). The programme for training at district hospitals would be finalized by HODs of the medical colleges in consultation with the Nodal Officer, after trainees have joined at the medical college.

(d) **Training of District Trainers**

In view of the fact, that District level trainers would be new to this exercise, training of district level Anesthetists, who would impart 6 weeks training to MBBS doctors, would be organized at the concerned medical college for two days and preferably towards the end of the 12 week course. This will provide the District level trainers to get introduced to the trainees and will also facilitate their movement from medical college to District Hospitals for training.

- (e) It is to reiterate that training at both medical colleges and district hospitals would be done strictly as per guidelines and curriculum approved by the Government of India. Printed training material will be provided by the concerned medical college for this purpose.

4.0 **Certification**

The MBBS doctors would be certified on the basis of a system of regular assessment of theoretical and practical knowledge. A three tier examination process has been laid down by Government of India, as detailed below which would be strictly followed.

**Tier I :** Internal Assessment by Trainers at the Concerned Medical Colleges, which will be done in two Mid Term Internal Exams of 200 marks each, with 70% marks for theory and 30% marks for practical examination. One such assessment will be internal and another one will be linked with the visit of external expert. This will \_\_\_\_\_

**Tier II :** This will be Internal Assessment by the HOD Anesthesia at the District Hospitals. This will comprise 100% marks and will have practical component only \_\_\_\_\_ towards 20% marks \_\_\_\_\_. This activity will be linked with the district level monitoring visit by the faculty member at concerned District Hospital.

**Tier II :** The final assessment examination will be held at GSVM Medical College, Kanpur and will also be of 200% marks with 100% marks each for theory and practical examination. Assessment will be done by 3 or 4 external expert.

Upon successful completion, trainees would be awarded a certificate by concerned medical college which would enable them to practice as an Anesthetist for Emergency Obstetric Care.

Final Tabulation Sheet						
S.N.	Tier	Theory	Practical	Total	Weightage %	Passing Marks
1	Tier-I	140	60	200	40	56
2	Tier-II	-	100	100	20	14
3	Tier-III	100	100	200	100	140
		240	260	500		210

#### 5.0 Monitoring of Training Activities

All training activities will be monitored regularly by external experts nominated by GOI along with faculty members of Department of Anesthesia of various medical colleges of UP as detailed below :

#### 5.1 Monitoring at Medical College :

- (i) One visit by external expert (Faculty member of other state medical college) as nominated by GOI, will be made for monitoring of training activities at Medical College.
- (ii) This visit will be linked with one of the Tier-I examination.
- (iii) This visit will be of two days duration. On first day, assessment of training activities will be undertaken and on second day the examination as proposed in Tier-I system will be conducted.

#### 5.2 Monitoring at District DCTC/DH :

- (i) At least one visit by faculty member of concerned medical college will be made for monitoring of training activities at the district hospitals.
- (ii) This visit will be linked with Tier-II examination.
- (iii) Each of these visits will be of two days duration. On first day, assessment of training activities will be undertaken and on second day the examination as proposed in Tier-II system will be conducted.



- 5.3 In addition to the above officers from the Directorate of Family Welfare, SIHFW and State/ Divisional Programme Management Units are expected to visit the training institutes for monitoring the quality of training.

**6.0 Budget and Financial Management**

**6.1 Funds for Strengthening of Selected Medical Colleges**

A sum of Rs. 3,80,000 has been provided to medical colleges Meerut, Kanpur, Jhansi, Agra and Gorakhpur in 2007-08 as per details attached at Annexure-1. Concerned medical colleges are advised to immediately send utilization certificate for this amount and in case funds have not been fully utilized for the intended purpose, the same would be adjusted towards budget for conducting training programme.

- 6.2 Financial guidelines for the training programme at the medical colleges and at the district hospitals and for training of District trainers and monitoring visit and **final examination** etc., are given at Annexure-2.

- 6.3 In view of the fact, that expenditure for each batch would depend on the place of posting of trainees and the arrangement made for accommodation the actual expenditure would vary from batch to batch. However, an indicative budget for each training programme would be approved on the assumption listed out in the guidelines would be revised. Revised budget would be prepared by the HODs of the medical colleges in consultation with the Nodal Officer, after trainees have joined which would be finally approved and adjustment made as per requirement.

- 6.4 All funds for training programme would be released to Director, SIHFW who would thereafter release the money to the Medical Colleges for both the 12 weeks training at medical colleges, six week training at district hospitals and monitoring.

- 6.5 HODs of the Medical Colleges would release the money to the concerned district hospitals as per approved revised budget.

- 6.6 The budget for final examination will be retained at the level of SHIFW who would transfer it to GSVM Medical College, Kanpur for conduct of final examination.

- 6.7 Director, SIHFW will also be responsible for submitting the physical progress report as well as detailed statement of expenditure and Utilization Certificate for the entire money released for conducting of these programme.



**Budget for 7 th batch of 18 weeks L.S.A.S. Training(New Norms 2010-11)**

	Duration of training	18 weeks ( 126 days/ 112 training days)			
	Number of trainee per batch	4			
	Trainers	2 Master trainers			
	Trainees from districts				
S.No.	Particulars	Rate/day /participant	Number of participants (actuals)	Training Days	Total budget
<b>A</b>	<b>Training at Medical College</b>				
	<b>To be disbursed to HOD, Medical college</b>				
1	Travel Allowance (TA) For out station candidates- a total of Rs 3500 is allocated per candidate to be disbursed as per actuals.	3500	4	1	14000
	from place of posting to concerned medical college as per actual and as per entitlement.				
	From Medical college to district hospital after 12 weeks and from there to the place of posting				
2	Daily Allowance (DA) @Rs. 400/- per candidate for 84 days (including Sundays)	400	4	84	134400
3	Honorarium for Trainers of Medical College @Rs. 1000/- for 2 trainers for 72 training days (excluding Sundays).	1000	2	72	144000
4	Working Lunch & Refreshment @Rs.150/- per day at the maximum, for 72 training days for trainees & trainers.	150	6	72	64800
5	Arrangement of stay will be made for out station candidates at Family Welfare Training Centre (RHFUTC) which is free of cost for doctors. If it is not available then only, guest house may be hired @Rs.10000/- per month at the maximum for 2 candidates	10000	2	3	60000
6	Admn expenses	10000	1	1	10000
7	Material	1000	4	1	4000
	<b>Total A</b>				<b>431200</b>
<b>B</b>	<b>To be disbursed to 2 District training sites</b>				
B.1	Daily Allowance (DA) @Rs. 400/- per day for each trainee for 42 days (including Sundays).	400	4	42	67200
B.2	Honorarium to 2 District Trainers @Rs. 500/- each for 42 training days (including Sundays).at each of the 2 district training sites	500	2	42	42000
B.3	Working Lunch & Refreshment @Rs.150/- at the maximum, for 42 training days for trainees & trainers (including Sundays).	150	6	42	37800

970

B.4	Arrangement of stay will be made for out station candidates at Family Welfare Training Centre (RHFUTC) which is free of cost for doctors. If it is not available then only, guest house may be hired @Rs.10000/- per month at the maximum for 2 candidates	10000	2	1.5	30000
	<b>Total B</b>				<b>177000</b>
<b>C</b>	<b>Training of district trainer at Medical College</b>				
	<b>To be disbursed to HOD, Medical college</b>				
C.1	Travel Allowance (TA) for each participant (District Anesthetist) @Rs.2000/- to and fro from place of posting to medical college, as per actual and entitlement.	2000	4	1	8000
C.2	Daily Allowance (DA) @ Rs. 400/- per day for each participant for 3 days	400	4	3	4800
C.3	Working Lunch & Refreshment @Rs.150/- at the maximum, for 2 training days for trainees & trainees	150	6	2	1800
	<b>Total C</b>				<b>14600</b>
<b>D</b>	<b>Monitoring by Medical College Faculty and nominated person by GOI</b>				
	Funds for this activity are being disbursed to the concerned medical college. The statement of expenditure will be submitted by them based on actuals.				
D.1	<b>Monitoring at Medical College per training batch</b>				
	TA to External Faculty nominated by GOI @Rs. 2500/- from place of posting to medical college and back to place of posting & as per actual and entitlement	2500	1	1	2500
	Honorarium to external experts @Rs. 2000/- per day for 2 days	2000	1	2	4000
	Lodging and boarding to expert @Rs. 1500/- per day for 3 days	1500	1	3	4500
					<b>11000</b>
D.2	<b>Monitoring at district level per training batch</b>				
	a) Travel Allowance (TA) to Faculty @ Rs.2000/- to and fro and as per actual and entitlement.	2000	2	1	4000
	b) Honorarium to faculty @ Rs.1000/- per day for 2 days.	1000	2	2	4000
	c) Lodging and boarding to faculty @ Rs.1500/- at the maximum, per day for 3 days.	1500	2	3	9000
					<b>17000</b>
D.3	<b>Monitoring by Directorate/SHFW/SPMU officers at District Hospitals. This will be reimbursed at the state level as per approved norms.</b>				
	<b>Total D</b>				<b>28000</b>
	<b>Grand Total A+B+C+D</b>				<b>622800</b>

4198

A	To be disbursed to Medical College				431200
B	To be disbursed to District training sites				177000
C	To be disbursed to Medical College				14000
D	To be disbursed to Medical College				28000

The Statements of expenditure will be submitted by I/C of the site to SIHFW, which will later be submitted to SPMU, NRHM.

for 1 batch for 1 MC	650200
for 1 batch for 5 MC	3251000
Exam	300000
Grand Total	3551000

प्रेषक,

निदेशक,  
राज्य स्वास्थ्य एवं परिवार कल्याण संस्थान, उ०प्र०,  
इन्दिरा नगर,  
लखनऊ

सेवा में,

- 1-विभागाध्यक्ष,  
एनेस्थीसिया विभाग  
जी०एस०वी०एम० मेडिकल कालेज, कानपुर
- 2-विभागाध्यक्ष  
एनेस्थीसिया विभाग  
एल०एल०आर०एम० मेडिकल कालेज, मेरठ
- 3-विभागाध्यक्ष  
एनेस्थीसिया विभाग  
एस०एन० मेडिकल कालेज, आगरा
- 4-विभागाध्यक्ष  
एनेस्थीसिया विभाग  
क्षेत्रपति शाहूजी महाराज मेडिकल विश्वविद्यालय, लखनऊ।

प०सं०- संस्थान/प्रशिक्षण/जी.र.एने.प्र./०८-०९/०६/१२५५-५

दिनांक: 27 जनवरी, 09

विषय: जीवन रक्षक एनेस्थीसिया कौशल प्रशिक्षण के द्वितीय बैच की वित्तीय स्वीकृतियों में  
संशोधन के सम्बन्ध में।

महोदय,

जीवन रक्षक एनेस्थीसिया कौशल प्रशिक्षण के द्वितीय बैच की वित्तीय स्वीकृतियों हेतु पूर्व में जारी दिशा-निर्देश संख्या-एस.पी.एम.यू./ट्रे./जी.र.एने.प्र./०८-०९/०६/३७५४ दिनांक २४/२८ नवम्बर, २००८ का सन्दर्भ ग्रहण करें। आपके अनुरोध पर सम्यक विचारोपरान्त विभागाध्यक्षाओं तथा जनपदीय प्रशिक्षण इकाइयों को प्रशिक्षणार्थियों को पाठ्यसामग्री उपलब्ध कराने तथा प्रशासनिक व्यय के मद में प्रत्येक एनेस्थीसिया विभाग को धनराशि मिशन निदेशक के पत्र संख्या-एस.पी.एम.यू./एन.आर.एच.एम(लेखा)/२००८/५४५० दिनांक १४ जनवरी, २००८ द्वारा अनुमन्य कर दी गई है। सन्दर्भित पत्र संलग्न है।

भवदीया,

संलग्नक-उपरोक्तानुसार

१८ ( डा० नीरा जैन )  
निदेशक

प्रतिलिपि:-मिशन डायरेक्टर, एन.आर.एच.एम. राज्य कार्यक्रम प्रबन्धन इकाई, परिवार कल्याण महानिदेशालय परिसर, लखनऊ।

१८ ( डा० नीरा जैन )  
निदेशक

प्रेषक,

मिशन निदेशक,  
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन, उ०प्र०  
९, जगत नारायण रोड  
लखनऊ।

सेवा में,

निदेशक,  
राज्य स्वास्थ्य एवं परिवार कल्याण संस्थान,  
इन्दिरा नगर, लखनऊ।

प०सं०-एस.पी.एम.यू./एन.अंबार.एच.एम.(लेखा)2008/5458 दिनांक: 14 जनवरी, 2009

विषय: जीवन रक्षक एनेस्थीसिया कौशल प्रशिक्षण के द्वितीय बैच की वित्तीय स्वीकृतियों में संशोधन के सम्बन्ध में।

महोदया,

जीवन रक्षक एनेस्थीसिया कौशल प्रशिक्षण के द्वितीय बैच की वित्तीय स्वीकृतियों हेतु पूर्व में जारी दिशा-निर्देश संख्या-एस.पी.एम.यू./ट्रे./जी.र.एने.प्र./08-09/06/3754 दिनांक 24/28 नवम्बर, 2008 का सन्दर्भ ग्रहण करें। इस संबंध में अद्यतन दिशा-निर्देश प्रेषित किए जा रहे हैं जिसमें कतिपय संशोधन किए गए हैं। सम्यक विचारोपरान्त विभागाध्यक्षों तथा जनपदीय प्रशिक्षण इकाइयों को पाठ्यसामग्री उपलब्ध कराने तथा प्रशासनिक व्यय के मद में प्रत्येक एनेस्थीसिया विभाग को निम्नानुसार धनराशि अनुमन्य किये जाने का निर्णय लिया गया है:-

- प्रतिभागियों को पाठ्यक्रम से सम्बन्धित प्रशिक्षण सामग्री उपलब्ध कराये जाने हेतु रु० 1,000.00 प्रति बैच प्रति प्रतिभागी अनुमन्य किया जाता है। जो वास्तविक व्यय के आधार पर समायोजित किया जायेगा।
- प्रशिक्षण के दौरान किये जाने वाले प्रशासनिक व्यय वहन करने हेतु रु० 10,000.00 प्रति बैच की दर से धनराशि अनुमन्य की जाती है जिसका समायोजन भी वास्तविक व्यय के आधार पर किया जायेगा।
- इसी प्रकार जनपदीय प्रशिक्षण इकाइयों को, जहाँ प्रतिभागी 6 सप्ताह के अभ्यास कार्य हेतु सम्बद्ध रहेंगे, रु० 2,500.00 प्रति बैच (न्यूनतम 2 प्रतिभागियों के सम्बद्ध होने की स्थिति में) अनुमन्य किया जाता है जो कि सीधे चिकित्सालय प्रभारियों को प्रेषित किया जायेगा। इसका समायोजन भी वास्तविक व्यय के आधार पर अनुमन्य होगा।

2- यह व्यय सम्मिलित करते हुए झांसी मेडिकल कालेज पर 04 प्रतिभागियों का बैच संचालित किए जाने हेतु संशोधित दिशा-निर्देशानुसार रु० 3,75,000/- की प्रशासनिक एवं वित्तीय स्वीकृति प्रदान की जाती है। धनराशि की विस्तृत फाट तथा मानिट्रिंग फारमेट आदि दिशा-निर्देशों के साथ संलग्न हैं।

3- जिन चार मेडिकल कालेजों यथा- एस.एन. मेडिकल कालेज, आगरा, एल.एल.आर.एम. मेडिकल कालेज, मेरठ, जी.एस.वी.एम. मेडिकल कालेज, कानपुर तथा छत्रपति साहूजी महाराज मेडिकल यूनिवर्सिटी, लखनऊ पर द्वितीय बैच के प्रशिक्षण दिनांक 1 दिसम्बर 2008 से आरम्भ

101 (108)

किया जा चुका है वहां पर उपरोक्त वित्तीय स्वीकृतियों के सापेक्ष व्यय वर्तमान में उपलब्ध धनराशि से वहन किया जाएगा।

4- इस प्रकार रु0 3,75,000/- की धनराशि सदस्य सचिव, चार्ट के खाते में हस्तान्तरित कर दी गई है। इस धनराशि को उपरोक्तानुसार झांसी मेडिकल कालेज को प्रेषित करने का कष्ट करें। इसके साथ ही यह भी सुनिश्चित करें कि यह प्रशिक्षण दिशा-निर्देशों के अनुरूप गुणवत्तापूर्वक चलाये जायें व मासिक प्रगति की रिपोर्ट राज्य कार्यक्रम प्रबन्धन इकाई पर नियमित रूप से प्रेषित की जाय। जिसके लिए अलग से कैशबुक, लेजर, चेक इश्यू रजिस्टर आदि दोहरे लेखा प्रणाली के आधार पर तैयार किए जायेंगे।

5- आबंटित धनराशि से निम्न व्यय कदापि न करें:-

- (क) नए भवनों का निर्माण
- (ख) नए वाहनों का क्रय
- (ग) नियमित राजकीय कर्मचारियों के वेतन आदि का भुगतान।

6- उपरोक्त मानकों/शर्तों के अधीन मितव्ययता को ध्यान में रखते हुए व्यय करना सुनिश्चित करें। बाउचर्स व अन्य अभिलेख वार्षिक आडिट हेतु सुरक्षित रखे जायेंगे।

7- व्यय से पूर्व यह सुनिश्चित किया जाएगा कि मद में किया गया व्यय किसी अन्य स्रोत से मिलने वाली धनराशि/फण्ड से आच्छादित नहीं किया गया है।

भवदीय,

संलग्नक: उपरोक्तानुसार

(राजीव कपूर)  
मिशन निदेशक

प0सं0-एस.पी.एम.यू./एन.अबार.एच.एम.(लेखा)2008/545/-3 तददिनांक

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. महानिदेशक, चिकित्सा एवं स्वास्थ्य सेवायें, स्वास्थ्य भवन, लखनऊ
2. महानिदेशक, राष्ट्रीय कार्यक्रम मूल्यांकन एवं अनुश्रवण, परिवार कल्याण महानिदेशालय, जगतनारायण रोड़, लखनऊ।
3. गार्ड फाईल।

(राजीव कपूर)  
मिशन निदेशक

**Saving Maternal lives...Every mother counts....**



**OPERATIONAL PLAN – EMOC  
2006**

**Emergency Obstetric Care – A FOGSI and Ministry of Health and  
Family Welfare, Government of India project**  
**Prepared by Dr Sadhana Desai - FOGSI, Dr Prakash Bhatt - FOGSI and  
Ajey Bhardwaj - Avni Health Foundation**

25 2

**TABLE OF CONTENTS**

S.No	Content	Page No.
1	CONTEXT	6
2	FOGSI and ICOG - Institutional history	10
3	EMergency Obstetric Care OBJECTIVE	13
4	EMOC - ACTIVITY FLOW CHART	15
5	EMOC – RESPONSIBILITY CHART FOR ALL STAKEHOLDERS	21
6	TRAINING CAPACITY – NODAL CENTER/TERTIARY CENTER, SCHEDULES, PROPOSED TARGETS	28
7	TIMELINE - DESCRIPTION OF THE TRAINING PLAN	30
8	DETAILED PLAN DESCRIPTION with REFERENCE to the ACTIVITY FLOW CHART	33
9	STATE GOVERNMENT WILL APPOINT NODAL OFFICER for EMOC	34
10	STEERING COMMITTEE FORMATION	34
11	FOGSI WILL APPOINT CHIEF COORDINATOR/ TERTIARY CENTER TECHNICAL CONSULTANT <ul style="list-style-type: none"> <li>Responsibility of the Chief Coordinator-</li> <li>Responsibility of the Tertiary Center Technical Consultant</li> </ul>	35

(104) 104

12	SELECT TERTIARY TRAINING CENTER	37
13	SELECTION OF TERTIARY CENTER TRAINERS FINALISE DATES FOR TRAINING of the Tertiary Center Master trainers	37
14	CMC TRAINING of TERTIARY CENTER MASTER TRAINERS	39
15	SITE ASSESSMENT AND RECOMMENDATIONS FOR SITE STRENGTHENING of the TERTIARY CENTER.	40
16	INFRASTRUCTURE UPGRADATION BY STATE GOVERNMENT – HFW Dept t	41
17	MODIFIED COMPUTER – ASSISTED LEARNING CLINICAL TEACHING SKILLS COURSE (MODCAL)	42
18	SELECTION OF DISTRICT HOSPITAL SITE AND DOCTOR FOR MASTER TRAINING AT CMC VELLORE	43
19	IDENTIFICATION OF DISTRICT OFFICER FROM A DISTRICT HOSPITAL	43
20	ROLE OF THE DISTRICT SUPERVISOR/ TRAINER	44
21	CMC TRAINING of DISTRICT HOSPITAL CENTER MASTER TRAINERS	45
22	ANATOMICAL TRAINING MODEL	46
23	SITE ASSESSMENT AND RECOMMENDATIONS FOR SITE STRENGTHENING of the DISTRICT HOSPITAL	46
	INFRASTRUCTURE UPGRADATION BY STATE GOVERNMENT	48

(105)

**Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project**

24	– HFW Deptt.	
25	MODIFIED COMPUTER – ASSISTED LEARNING CLINICAL TEACHING SKILLS COURSE (MODCAL)	49
26	IDENTIFICATION OF FRU's and MEDICAL OFFICERS from FRU's	49
27	TRAINING of MEDICAL OFFICER FOR 16 WEEKS	50
28	THE FIRST 6 WEEK TRAINING of MEDICAL OFFICER AT THE TERTIARY CENTER (OUT OF 16 WEEKS)	51
29	THE SECOND 10 WEEKs TRAINING of MEDICAL OFFICER AT THE DISTRICT HOSPITAL (OUT OF 16 WEEKS)	52
30	MONITORING OF TRAINING BATCHES at TERTIARY CENTER BY FOGSI/CMC VELLORE	52
31	MONITORING OF TRAINING BATCHES at DISTRICT HOSPITAL by TERTIARY CENTER MASTER TRAINERS/ FOGSI	53
32	MONITORING and CERTIFICATION OF MEDICAL OFFICERS BY ICOG	53
33	ANNEXURES 1 TO 22	54

**ABBREVIATIONS**

AMDD	Averting Maternal Deaths and Disabilities
CC	Chief Coordinator
CMC	Christian Medical College, Vellore
CTS	Clinical Training Skill
EBP	Evidence Based Practices
EMOC	Emergency Maternal and Obstetric Care
FOGSI	Federation of Obstetrics and Gynaecologists Societies of India
FRU	First Referral Unit
GOI	Government of India
ICOG	Indian College of Obstetrics and Gynaecology
IP	Infection Prevention
JHPIEGO	Johns Hopkin University
MMR	Maternal Mortality Ratio
MODCAL	Modified Computer Aided Learning
MOHFW	Ministry of Health and Family Welfare- Government of India
MVA	Manual Vacuum Aspiration
NGO	Non Governmental Organization
NRHM	National Rural Health Mission
Obgyn	Obstetrician and Gynecologist
RCH II	Reproductive and Child Health Program Phase 2
TCTC	Tertiary Center Technical Consultant

## **CONTEXT**

## CONTEXT

India a large country with more than a billion people, most of who are living in rural areas has its own set of healthcare challenges. Since independence policy makers, planners, health workers and key stakeholders have been working overtime to improve the health indicators, however lot remains to be achieved as we continue to grapple with issues that contribute towards the current state of health.

Maternal mortality remains one of the most daunting health challenges in our country and reduction in the same has been one of the focus areas of work. As per RGI health report (98-99) MMR is estimated at 407 per 100,000 live births. An estimated 100,000 to 120,000 women die in our country which accounts for 20 to 25% of all maternal deaths in the world.

NRHM goal is to reduce MMR to 100 per 100,000 live births by 2012. India's position with reference to the Millennium Development Goal is to reduce maternal mortality (MMR) to 109 by 2015.

Over the last three years baseline assessments done in some districts in rural Rajasthan and Maharashtra states showed that the met need for emergency obstetric care was as low as 10-15%. This indicates those substantial portions of the expected obstetric emergencies are not reaching facilities, which can treat them. Many sub-district hospitals are not providing comprehensive emergency obstetric care including cesarean sections and blood transfusion. Most of the Primary Health Centres are also not providing full complement basic emergency obstetric care. The quality of services provided for maternal health including EmOC is quite poor. Simple evidence based practices such as active management of third stage of labour, treatment of eclampsia with magnesium sulphate, basic infection control procedures are not done in many health facilities in rural India.

The national facility survey conducted by Government of India showed that one of the critical bottlenecks for providing emergency obstetric care was serious shortage of specialist staff such as obstetricians and anesthesiologist at various levels. Table 1 below shows that not all district hospitals (each catering to about 2 million people) have obstetricians and anesthesiologist. At First Referral Unit level - which is one for 500,000

## Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

people less than half have at least one obstetrician. On the other hand most hospitals have more than one general duty medical officers and have operation theatres.

Table 1

Availability of Specialist, General Duty doctors and Operation theaters in Hospitals at different levels in India

Availability of Specialist, MO and OT	DH % n=210	FRU % n=760	CHC % n=886
Obstetrician/ Gynecologist	78	48	29
Anesthesiologist	70	22	10
General Duty Doctors	94	89	81
Operation Theater	98	93	86

Source: Facility Survey, Under RCH Project, Phase -I, 1999 by IIPS, Bombay.

The data from Health Information of India 1999 also substantiates this. There are just 771 government ObGyn specialists working in rural areas as compared to 25,506 PHC medical officers. At the sub district hospitals and at several district hospitals there is only one Obgyn specialist. If one adds annual leaves of all types including weekends allowed to a government officer it comes to about 42 per cent of the days in a year. Thus having a single obstetrician is never enough to provide 24 x 7 emergency obstetric services. Secondly the expected workload of EmOC services in an FRU (sub district hospital) is so high that one obstetrician alone will not be able to cope up.

Consequently lack of trained staff at the FRU and PHCs, lead to the situation where most FRUs and many PHCs were not providing EmOC services to women with complications of pregnancy and childbirth. The unmet need for EmOC continues to remain high.

Ministry of health and family welfare – Government of India through a Public –Private partnership with FOGSI/ICOG has embarked upon a unique program, through which 'Excellence centers' for EMOC will be setup across the country. These centers will serve as EMOC training sites for Medical officers based in the FRU's.

The ensuing pages give a complete overview of the operational plan, and a step forward towards fulfilling our commitment to the NRHM goals and more importantly our endeavor towards SAVING A MATERNAL LIVES...MAKING EVERY MOTHER COUNT....

## **FOGSI – ICOG**

# **INSTITUTIONAL HISTORY**

**FOGSI and ICOG - Institutional history**

The Federation of Obstetric and Gynecological Societies of India is a large federation of more than 170 individual city and state based societies of obstetricians and gynecologists spread throughout India. All the societies put together has a membership of 18,000 obstetricians and gynecologists. FOGSI's overall aim is to promote development of obstetrical and gynecological services in India and through it promote women's health and well-being.

**The specific objectives of FOGSI are:**

- (a) To impart education in supporting the character, the status and the interest of the medical profession in general and practitioners of Obstetrics and Gynecology in particular.
- (b) To promote the spread of knowledge, to foster education, to encourage study and research in the field of obstetrics and gynecology, human reproduction, maternal and child health, family welfare and allied subjects.
- (c) To promote services for betterment of health of the community, maternal and child health, prevention of ailments and diseases and management of disorders related to the practice of obstetrics and gynecology, human reproduction and family welfare.
- (d) To participate with other bodies, agencies and organizations – medical or non-medical, Govt. or non-Govt., Indian or foreign for advancement of above-mentioned objectives.

**Current activities:**

FOGSI undertakes various activities including a large annual National scientific conference, several short training courses, scientific seminars, lectures and discussions, publication of Indian Journal of Obstetric and Gynaecology, advisory and technical consulting activities to government and other organizations. Each year FOGSI focuses on a socially relevant programs related to Women's Health. Few of our recent programs include;

2003 – Population stabilization and rural women's health

2004 – Technological advances for under privileged

2005- Optimizing labor management to reduce maternal mortality

2006- Youth Health



## Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

113

Most important accomplishments of FOGSI include publication of several technical books, monographs and volumes; organizations of seminars and scientific training programs. Over the last three years FOGSI organized Reproductive and child Health orientation workshops for Government of India. FOGSI is working with IPAS and Government of India to promote Manual Vacuum Aspiration in the country. FOGSI organized the second international conference on rural women's health and population stabilization in 2003.

Some of the past presidents of FOGSI have become presidents of FIGO, Asia-Oceanic Federation of ObGyn, SAFOG – South Asian Federation of Obstetricians and Gynecologists and also received international acclaim.

ICOG was formed in 1984 as an academic wing of FOGSI to promote academic excellence within its fraternity. ICOG's Vision is to become a leader in the field of academics and to make scientific contributions nationally and internationally. ICOG's Mission is to develop a learning and service culture within its Fellows and members, who will make a worthwhile contribution to the health of the community. ICOG remains committed to improve the health status of women in india.

# **EMOC**

## **OBJECTIVES**

**Emergency Obstetric Care**

**OBJECTIVE**

The overall objective of the project is to develop capacity of doctors (General practitioners & Medical officers – non-specialists) in India to provide high quality emergency obstetric care services in underserved areas to prevent maternal mortality and morbidity.

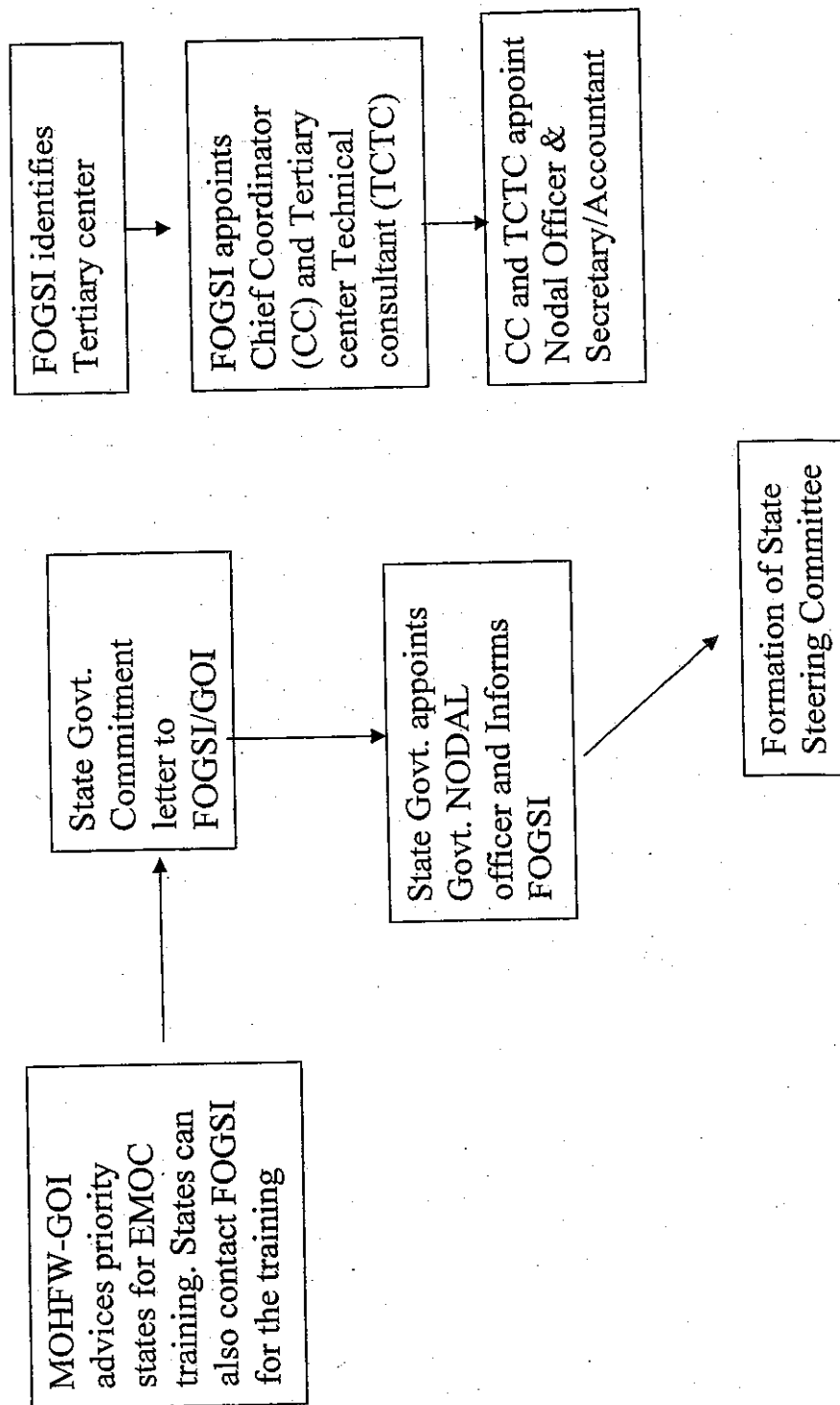
**The specific objectives of the project are:**

1. Set up 15 master training centers in EAG states in the initial phase and run 5 centers already setup by FOGSI. These centers will train medical officers to upgrade their skills and capacity to provide Emergency Obstetric Care (EmOC) services and related maternal health services in underserved areas using the Competency Based Training Methodology.
2. Conduct such trainings of medical officers from Government, NGO and private sectors.
3. Help the trained doctors to start providing EmOC in their facilities in rural and underserved areas through mentoring, technical support and referral support.
4. Undertake National and State level advocacy to improve the access, utilization and quality of EmOC services to prevent maternal mortality in India.
5. Work with state and national governments to develop and promote evidence based standards and protocols for EmOC facilities and services in rural and remote areas.

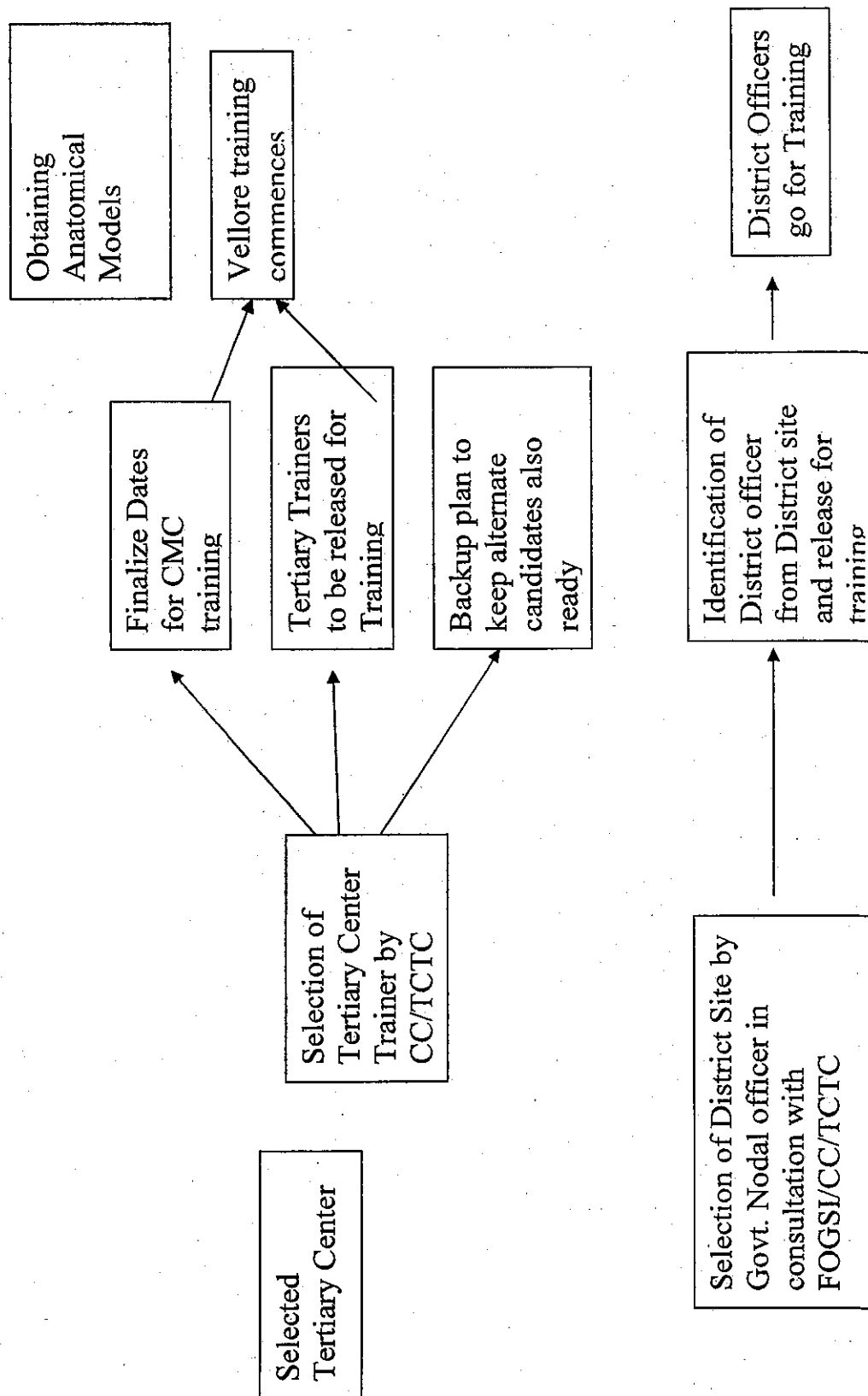
# **EMOC**

## **ACTIVITY FLOW CHART**

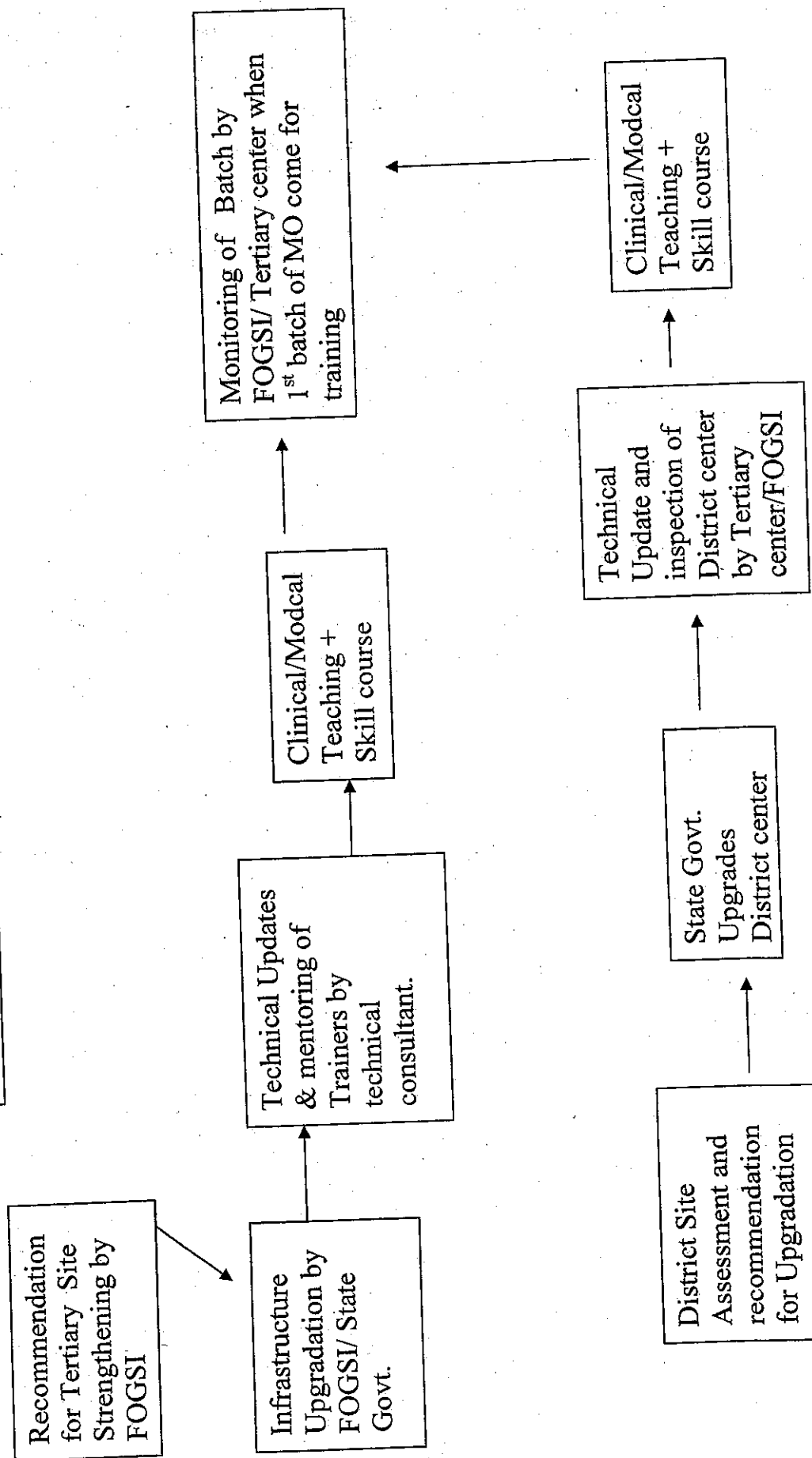
## ACTIVITY FLOW CHART



# ACTIVITY FLOW CHART



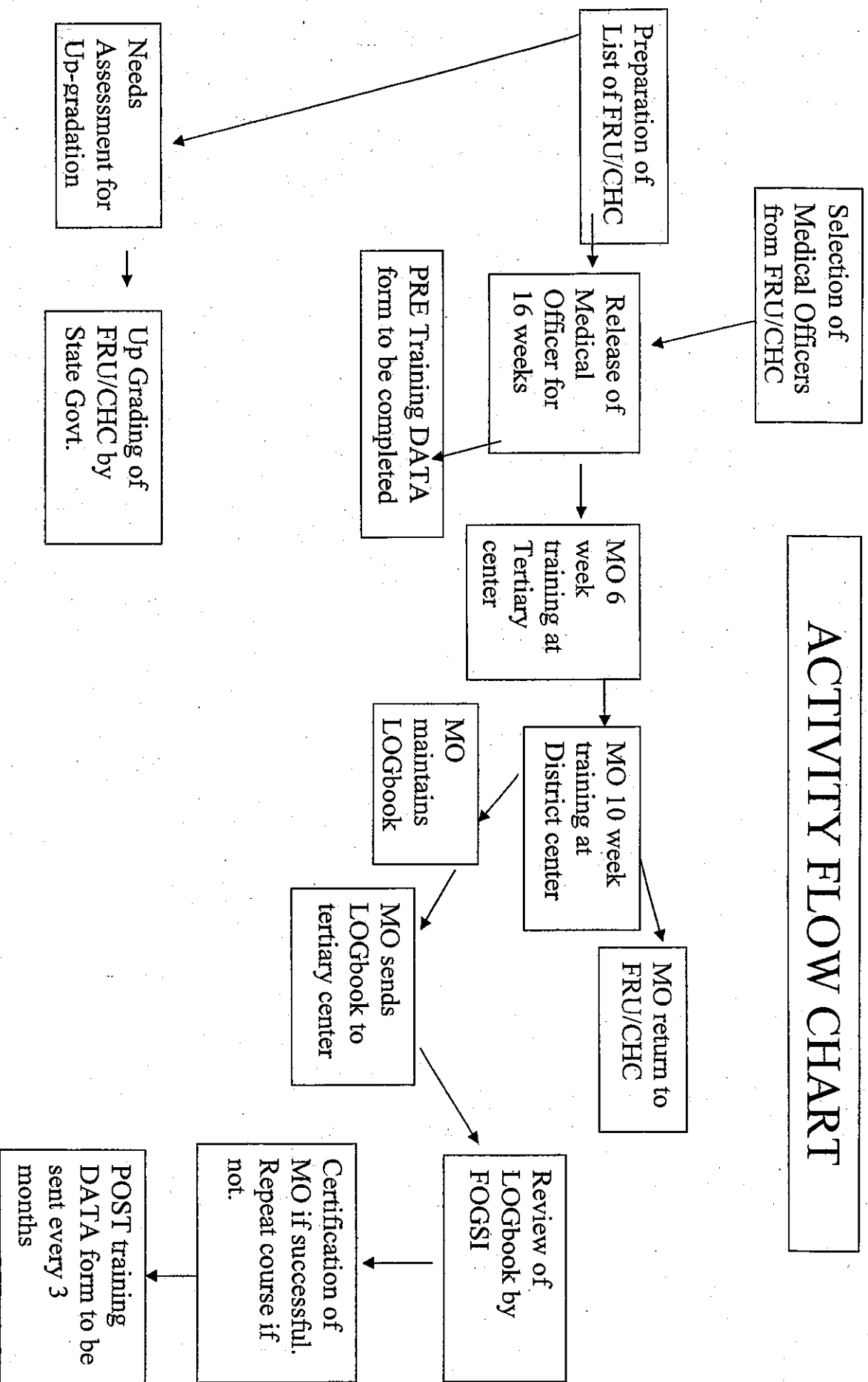
## ACTIVITY FLOW CHART



Emergency Obstetric Care -- A FOGSI and GOI- MOHFW Project

120

# ACTIVITY FLOW CHART



# **EMOC**

## **RESPONSIBILITY CHART FOR ALL** **STAKEHOLDERS**

## KEY STAKEHOLDER RESPONSIBILITY CHART

R= Responsible Party, I= For Information, S= Supporting role

ACTIVITIES	FOGSI/AVNI	CC?TCTC Medical College	STATE HEALTH /FW DEPTT	MOHFW- GOI	CMC VELLORE	DISTRICT TRAINER	FRU MED. OFFICER	ICOG
MOHFW-GOI advices priority states for EMOC training. States can also contact FOGSI for the training	R		I/S	R				
State Govt. Commitment letter to FOGSI/GOI	I		R	S				
State Govt. appoints Govt. NODAL officer and Informs FOGSI	I		R	I				
Formation of State Steering Committee	S		R	I				
FOGSI identifies Tertiary center	R		I/S	I				

# Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

ACTIVITIES	FOGSI/AVNI	CC/TCTC Medical College	STATE HEALTH /FW DEPT	MOHFW- GOI	CMC VELLORE	DISTRICT TRAINER	FRU MED. OFFICER	ICOG
FOGSI appoints Chief Coordinator (CC) and Tertiary center Technical consultant (TCTC)	R	I	I	I				
CC and TCTC appoint Nodal Officer & Secretary/Accountant	I	R	I					
Recommendation for Site Strengthening by FOGSI	R	I/S	I	I				
Infrastructure Upgradation by State Govt.	I	I	R					
Selection of Tertiary Center Trainer by CC/TCTC	R	R	S	I				
Finalize Dates for CMC training	I	I	I		R			
Tertiary Trainers to be released for Training	I	I/S	R		I			

123

**Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project**

ACTIVITIES	FOGSI/AVNI	CC/TCTC Medical College	STATE HEALTH /FW DEPTT	MOHFW- GOI	CMC VELLORE	DISTRICT TRAINER	FRU MED. OFFICER	ICOG
Backup plan to keep alternate candidates also ready	I	I/S	R		I			
Vellore training commences	I	I	I		R			
Selection of District Site by Govt. Nodal officer in consultation with FOGSI/CC/TCTC	I	I/S	R			I		
Identification of District officer from District site and release for training	I	I/S	R			I		
District Site Assessment and recommendation for Upgradation	R	R				I/S		
Obtaining Anatomical Models	R	I						

# Emergency Obstetric Care – A FOGSI and GOI-MOHFW Project

ACTIVITIES	FOGSI/AVNI	CC/TCTC Medical College	STATE HEALTH /FW/DEPTT	MOHFW-GOI	CMC VELLORE	DISTRICT TRAINER	FRU MED. OFFICER	ICOG
State Govt. Upgrades District center		I	R			I/S		
Technical Updates & mentoring of Trainers by technical consultant.	R	I/S	I/S			I/S		
Clinical/Modcal Teaching + Skill course	I	R				R		
Monitoring of 1 <sup>st</sup> Batch by FOGSI	R	I/R/S				I/S		
District Officers go for Training	I	I/S	I/S		R	R		
Technical Update and inspection of District center by FOGSI	R	I/S	I			I/S		
Preparation of List of FRU/CHC	I	I/S	R			R		

128 125

**Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project**

ACTIVITIES	FOGSI/AVNI	CC/TCTC Medical College	STATE HEALTH /FW DEPTT	MOHFW- GOI	CMC VELLORE	DISTRICT TRAINER	FRU MED. OFFICER	ICOG
Needs Assessment for Up-gradation	R	R	I			I/S		
Up Grading of FRU/CHC by State Govt.	I	I	R			I		
Selection of Medical Officers from FRU/CHC	I	I/S	R			I/S		
Release of Medical Officer for 16 weeks	I	I	I				R	
PRE Training DATA form to be completed	I	R	I/S			I	I	
MO 6 week training at Tertiary center	I	I/S	I/S			R	I	
MO 10 week training at District center	I	I/S				I/S	R	
MO maintains LOGbook	I	I/S				I/S	R	
MO sends LOGbook to tertiary center	I	I/S						

# Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

ACTIVITIES	FOGSI/AVNI	CC/TCTC Medical College	STATE HEALTH /FW DEPTT	MOHFW- GOI	CMC VELLORE	DISTRICT TRAINER	FRU MED. OFFICER	ICOG
Review of LOGbook by FOGSI	R	I/S						R
Certification of MO if successful. Repeat course if not.	I	I	I	I		I	I	R
POST training DATA form to be sent every 3 months	I	I/S				I/S	R	

127  
630

# **EMOC**

## **TRAINING CAPACITY – NODAL CENTER/TERTIARY CENTER**

### **SCHEDULES**

### **PROPOSED TARGETS**

632  
129

**PROPOSED TRAINING DETAILS**

<b><u>CURRENT CAPACITY</u></b>
CMC Vellore (MASTER TRAINING SITE): 3-4 Batches per Year
Medical College (Site for Part training of Medical Officers): 3-4 Batches per Year
District Hospital (Site for Practical training of Medical Officers): 3-4 Batches per Year

<b><u>TRAINING SCHEDULES</u></b>			
	Number of Persons to be trained per Batch	Training Duration (Days)	Training Site
Medical College Master Trainer	4	14-21	CMC Vellore
District Hospital Master Trainer	8	14-21	CMC Vellore
FRU Medical Officer	8	42	Medical College
		70	District Hospital

Year	Number of Medical Officers trained	Number of Operational Master Training sites
2006 – 07	144	8
2007 – 08	216	11
2008 – 09	288	14
2009 – 10	360	17
2010 - 11	432	20
TOTAL	1440	20

# **EMOC**

## **TIMELINE**

### **DESCRIPTION OF THE TRAINING** **PLAN**

# Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

TIME LINES FOR TRAINING PROGRAM		
ONE CALENDER YEAR		
MONTH 1	MONTH 2	MONTH 3
	IMPLEMENTATION OF CHANGES IN SITE AS PER LEARNING IN CMC. MODCAL TO BE CLEARED BY MASTER TRAINERS. APPOINT NODAL OFFICER AND SECRETARY. OPEN BANK ACCOUNT, PROCURE CLASSROOM MATERIALS, COMPUTER, PRINTER ETC	INFORM FOGSI FOR SITE INSPECTION AND UPGRADATION. UPGRADATION TO BE DONE AS PER RECOMMENDATION. START IDENTIFICATION OF FRU MEDICAL OFFICERS FOR TRAINING (8 MO PER BATCH)
	IDENTIFICATION OF 4 DISTRICT HOSPITAL MASTER TRAINERS PER TERTIARY CENTER. RELEASE OF TRAINERS FOR 2 WEEKS FOR CMC TRAINING.	

TIME LINES FOR TRAINING PROGRAM		
ONE CALENDER YEAR		
MONTH 4	MONTH 5	MONTH 6
UPGRADATION TO BE COMPLETED SO THAT SITE IS READY FOR TAKING THE MEDICAL OFFICERS FOR TRAINING. IDENTIFICATION OF FRU MEDICAL OFFICERS FOR TRAINING (8 MO PER BATCH)	IDENTIFICATION OF FRU MEDICAL OFFICERS FOR TRAINING (8 MO PER BATCH). RELEASE OF MO FOR TRAINING	RELEASE OF MO FOR TRAINING. SEND MODEL TOOL FOLDER AND READING MATERIALS TO ALL PARTICIPANTS.
	IMPLEMENTATION OF CHANGES IN SITE AS PER LEARNING IN CMC. MODCAL TO BE CLEARED BY MASTER TRAINERS.	INFORM TERTIARY CENTER/FOGSI FOR SITE INSPECTION AND UPGRADATION. UPGRADATION TO BE DONE AS PER RECOMMENDATION.

# Emergency Obstetric Care – A FOGSI and GOI-MOHFW Project

TIME LINES FOR TRAINING PROGRAM		
ONE CALENDER YEAR		
MONTH 7	MONTH 8	MONTH 9
<p>FRU MEDICAL OFFICER TRAINING 6 WEEKS AT TERTIARY CENTER FINAL INSPECTION OF SITE BY FOGSI AND 1ST BATCH TO BE MONITORING</p> <p>Monitoring of 1<sup>st</sup> batch by FOGSI</p>		
UPGRADATION TO BE COMPLETED SO THAT SITE IS READY FOR TAKING THE MEDICAL OFFICERS FOR TRAINING.	FINAL INSPECTION OF SITE BY TERTIARY CENTER	FRU MEDICAL OFFICER TRAINING 10 WEEKS AT DISTRICT HOSPITAL ASSESSMENT

TIME LINES FOR TRAINING PROGRAM		
ONE CALENDER YEAR		
MONTH 10	MONTH 11	MONTH 12
<p>FRU MEDICAL OFFICER TRAINING 10 WEEKS AT DISTRICT HOSPITAL ASSESSMENT</p>		
<p>FRU MEDICAL OFFICER RETURNS TO PLACE OF WORK FOR ASSESSMENT</p> <p>QUARTERLY DATA SUBMISSION BY THE FRU MEDICAL OFFICER AS PART OF FOLLOW UP</p>		

# **EMOC**

## **DETAILED PLAN DESCRIPTION with** **REFERENCE to the ACTIVITY FLOW** **CHART**

**STATE GOVERNMENT WILL APPOINT NODAL OFFICER for EMOC**

**Responsibility-** State Government - Health and Family Welfare Dept. (Principal Secretary, Director General Health & Family Welfare)

**Name of Nodal Officer to be sent to - FOGSI/ AVNI / GOI**

1. The Nodal Officer will be responsible for

- 1.1. Formation of a STEERING COMMITTEE for the program.
- 1.2. Organize regular update meeting of the steering committee to assess the progress made in the program and help in solving any challenges faced by the trainers and trainees.
- 1.3. Identifying District Hospital and Medical officers from First Referral Unit (FRU) for training.
- 1.4. Issuing suitable letters for release of District Hospital and Medical officers from FRU for training in CMC Vellore and Tertiary center as per the schedules.
- 1.5. Ensuring the doctors selected for training meet the criteria for selections.
- 1.6. Ensuring the up-gradation of District Hospital as per the recommendation of site assessors and also within the time frame specified during such assessments.
- 1.7. Ensure a trained person is NOT transferred for a minimum of 3 years.
- 1.8. Support the program in any other area as may be needed from time to time for the program to meet its objectives
- 1.9. Ensure timely release of funds to FOGSI for training.
- 1.10. Ensure Medical Officers, District Hospital Doctors and Medical College doctors are released in time for the trainings.

**STEERING COMMITTEE FORMATION**

**Responsibility-** STATE GOVERNMENT NODAL OFFICER

**Inform-** FOGSI/STAKEHOLDER/AVNI

128  
133

2. The Steering committee may comprise of Director of Medical Education, SIHFW, ICOG and FOGSI members, RCH Bureau, NGOs working in RCH, CC, TCTC State Rural health Mission Societies, Dean of Medical College, State commission for advocacy, State level donors- UNICEF/UNFPA and any other person connected with MMR. The committee should not be having more than 10 members.
  - 2.1. A multi-tier working group to review activities will be formed in every state where the EmOC program is on.
  - 2.2. SC meetings have to be held every Quarter
  - 2.3. The State Program Incharge / Govt. Nodal Officer will chair the meeting.
  - 2.4. The meeting should review the progress through presentations made by the CC and TCTC.
  - 2.5. The meeting should identify challenges faced and find solutions to overcome them by delegating responsibility and getting a time-bound commitment for completion.
  - 2.6. The meeting should plan objectives for the next quarter.
  - 2.7. Ensure coordination of activities between State Level and FRU/CHC
  - 2.8. Identify strategies to market the service into the community and other stakeholders.
  - 2.9. Resolve any challenges to the smooth implementation of the program.

SEE ANNEXURE 1 for the PRESENTATION FORMATS to be used for ITEMS 2.4, 2.5 and 2.6

**FOGSI WILL APPOINT CHIEF COORDINATOR/ TERTIARY CENTER  
TECHNICAL CONSULTANT**

**Responsibility- FOGSI**

**Information to –** State Government HFW Deptt. / AVNI / Government Nodal Officer

- Location- In the respective Tertiary Training centers. Located in the Medical college or an equivalent institution the CC will be in charge for the EmOC project in the state.

136

**Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project**

**Responsibility of the Chief Coordinator-**

- Located in the Medical college or an equivalent institution the CC will be In-charge for the EmOC project in the state.
- Coordination - Training dates with governments and institutes.
- Advocacy with the state governments
- Hire Tertiary center NODAL OFFICER for the State.
- Jointly operate the bank accounts with the TCTC
- Represent FOGSI in the state steering committees
- Reporting of all administrative and financial matters.
- To ensure Quality of training
- To interact with the trainees and solve any challenges
- To ensure trainers take adequate interest in imparting the training
- Identify Master and District Hospital trainers for CMC, Vellore training
- Support State Govt in identifying FRU medical officers for training
- Organize the training programs for the Medical Officers.
- Follow up and performance monitoring of trained staff.
- Liaison with AVNI for admin, financial and reporting.
- Support the State Govt., FOGSI, and ICOG in coordination and implementation of the training courses.
- Safekeeping and responsibility for all the equipment/anatomical models/class room equipment.

**Responsibility of the Tertiary Center Technical Consultant**

- The TCTC will get a monthly honorarium. TCTC will have to and pay tax as applicable when filing individual tax returns. FOGSI or any FOGSI office bearer will not be held accountable for the same.
- Support the CC for successful implementation of the course.
- Responsible for ensuring the Tertiary center is up-graded as recommended by the FOGSI/ICOG team.
- Identify District Trainers for CMC training and Medical officers for training at the tertiary center.

- Carry out site inspection of District hospital and FRU's and give recommendations for the Site Strengthening.
- Carry out site inspection once upgradation is done.
- Review Pre, Mid, Post -test score and also the Logbook of trainees and give a final recommendation for certification.
- Financial management- Management of expenses/banking and reporting.
- Complete operational management of course including arranging stay, food, honorarium to district trainees, organizing training material and travel logistics.
- Responsible for completion of all reporting/ feedback (financial, non-financial) formats, documentation, evaluation as per the needs of the program.

**SELECT TERTIARY TRAINING CENTER**

**Responsibility-** FOGSI and the Chief Coordinator.

**Supported by** - State Government HFW Deptt.

**Location-** The tertiary training center will be located at a Medical College of a center, where the following criteria are met-

- 8000-10,000 deliveries per year.
- Commitment to training, probably involved in a Preservice training.
- Classroom close to the labor site.
- Acceptable standard of care based on written guidelines and protocols and supported by regular audits.
- Willingness of the management and staff to convert it into a high quality-training center.

The Tertiary training center, once satisfied for the above mentioned criteria will be finalized and the trainings for Medical officers from FRU's will be conducted on a regular basis as per pre-decided plan.

**SELECTION and RESPONSIBILITIES OF TERTIARY CENTER TRAINERS**

**Responsibility of- Chief Coordinators / Tertiary Center Technical Consultant**

**Information to - FOGSI/AVNI**

**Tenure-** The selected tertiary center trainers shall continue to train Medical Officers throughout the period of the EmOC project.

**Criteria for Selection of tertiary center trainers**

- The Trainer should be committed to the cause of the project.
- Should be practicing at the Tertiary training center
- Should be actively involved in teaching at the college.

The Chief coordinator should inform FOGSI/AVNI, the details of every trainer who has been selected to be trainer from the Medical College.

The Master trainers have to be part of the Master training at CMC Vellore and thus have to be informed accordingly by the CC/TCTC.

**Responsibilities of tertiary center trainers**

- Preparation of training plan and execution of the same as per the curriculum
- Implementation of CMC Vellore learnings in day to day practice
- Monitoring of 1<sup>st</sup> batch at the district center
- Ensure the trainees are assessed from time to time as per the guidelines and the same is submitted for review by TCTC

SEE **ANNEXURE 2** FOR REPORTING THE FINAL NAMES OF THE TRAINERS IDENTIFIED

**FINALISE DATES FOR TRAINING of the Tertiary Center Master trainers**

**Responsibility-** CMC Vellore (Nodal Center for training Master trainers of Tertiary centers)

**Information to -** AVNI/FOGSI/CC/TCTC/ State Government – HFW Deptt./Master trainers

- AVNI will inform all CC/TCTC the CMC Vellore training dates

(142)  
139

- CC/TCTC will in turn inform the Government Nodal Officer (GNO).
- GNO will process papers for the release of the Master trainers for CMC training. This step should be done in time so as to avoid last minute cancellations or backing out of trainers due to non availability of departmental/local permission.
- CC/TCTC will advice participants to book tickets in one-month advance on APEX Fares.
- CC/TCTC will inform AVNI travel details, so that pick up and accommodation arrangements can be made.

SEE ANNEXURE 3 FOR REPORTING THE FINAL NAMES AND TRAVEL DETAILS OF THE TRAINERS FOR CMC VELLORE

**CMC TRAINING of TERTIARY CENTER MASTER TRAINERS**

**Responsibility-** CMC Vellore (Nodal Center for training Master trainers of Tertiary centers)

**Information to -** AVNI/FOGSI/CC/TCTC/ State Government – HFW Deptt.

- The Master Trainers should be released in time for the training. He/She should reach CMC Vellore one day prior to the commencement of the course.
- Master trainers should book their own APEX FARE tickets by Air and submit claims to FOGSI in the prescribed format for settlement. The amounts are settled by FOGSI during the training program itself.
- 2 week training program commences at CMC Vellore.
- Each participant undergoes a PRE TEST, MID TEST and a POST TEST.
- Candidates scoring less than 85 % have to repeat the test after receiving more inputs and technical help from the trainers at CMC.
- Each participant also fills up copy of the action plan. The action plan is activities that the participants will carry out in their place of work. The activity may be related to the implementation of the work changes they will initiative at their place of work specifically with reference to the training they have received at CMC.

**Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project**

- Copies of the action plan have to be sent to AVNI of record and follow-up.
- Each participant will get the following materials at the training program.
  - Manual: Managing complications in Pregnancy and Child Birth.
  - Clinical Training Skills for reproductive Health Professionals manual
  - Emergency Obstetric care for Doctors and Midwives course notebook for TRAINERS manual.
  - Emergency Obstetric care for Doctors and Midwives course notebook for PARTICIPANTS manual.
  - Infection Prevention and manual for healthcare providers.
  - MODCAL CD
  - EMOC Resource and Tools CD
  - CD containing Soft copies of the presentations made by the CMC team.

SEE ANNEXURE 4 FOR ACTION PLAN FORMAT

SEE ANNEXURE 5 AGENDA FOR 2 WEEK TRAINING AT CMC VELLORE.

SEE ANNEXURE 6 MASTER TRAINER TOOL FOLDER

SEE ANNEXURE 7 TRAVEL CLAIM FORMAT

**SITE ASSESSMENT AND RECOMMENDATIONS FOR SITE STRENGTHENING  
of the TERTIARY CENTER.**

**Responsibility-** FOGSI

**Supported by-** CC/TCTC

**Information to -** AVNI/ State Government – HFW Deptt. / State Steering Committee

**Frequency-** To be done prior to the commencement of the training at the tertiary training center.

**Site Assessment to be conducted by-** FOGSI member and/or the team of National Technical consultant. The site assessment to be carried out as per the guidelines spelt out in the following two books. (Copy enclosed)

1. EmOC site assessment tools and site assessment and strengthening for maternal and newborn health programs.

2. Facility assessment of Emergency Obstetric care and Individual assessment of EmOC.

**Criteria For Site Assessment**

A site assessment is undertaken to examine the clinical facilities, obstetric and midwifery practices, IP standards, OT rooms and Teaching areas.

- Technical and Clinical Decision Making skills.
- Organizational and Management issues
- Emergency preparedness.
- Mother and baby friendly practices.
- Equipment and supplies.
- Training facilities/ Training friendly practices.
- Trainers.

During the process of site assessment meetings are held with Key Stakeholders, Service providers, faculty, students and visits are held to all clinical areas, which will be involved in providing EmOC training.

For each of the above criteria, Strengths, weaknesses and challenges have to be indicated by the assessor. The purpose is not to find faults but to provide useful advice for purposes of setting up a recognized center. Site assessment and strengthening help to provide improved EmOC training sites, even when the training is not on.

The general measures, which may be suggested to every site, could revolve around the following,

- Improve Infection Practices
- Infection Prevention practices
- Introduce Uniform guidelines and procedures
- Strengthen clinical skills and practices.
- Improve patient flow to maximize training opportunities.
- Restore or provide equipment and supplies
- Introduce newer such as MVA etc. techniques
- Provide continual motivation to staff through discussions, updates and involvement in decision-making and implementing change.

 **Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project** 142

Site assessment may take five days, whereas Site strengthening may taken anywhere between 3- 6 months. After the Site assessment is completed, a site assessment and strengthening recommendation report should be sent to FOGSI, AVNI as the progress of every center can be traced accordingly.

**INFRASTRUCTURE UPGRADATION BY STATE GOVERNMENT – HFW  
Deptt.**

**Responsibility-** State Government – HFW Deptt.

**Supported by-** Chief Coordinator, Tertiary Center technical Consultant

**Information to -** AVNI, FOGSI

**Frequency-** Up-gradation of the site has to undertaken after the site assessment has been undertaken by FOGSI. All changes as proposed in the assessments have to be carried out for the site to be certified as a EmOC training site.

**Tasks-**

- The tentative plan to carry out changes should be discussed amongst the CC/TCTC/ Government Nodal officer. The budget, the time frame within which these plans will be implemented need to be firmed up amongst the three.
- Inform FOGSI once the center has been upgraded as per the suggestions of the FOGSI site assessment team.
- The expenses for upgrading the center will be borne by the State Government – HFW Deptt.
- The changes to be implemented at every site will happen over a period of 3- 6 months
- Post upgradation, another visit will be conducted by the expert team of FOGSI to review the changes made at the center and assess if the site is ready to conduct trainings.

SEE **ANNEXURE 8** FOR FORMAT TO BE USED FOR MAINTAINING THE UP-GRADATION RECORDS

SEE **ANNEXURE 9** FOR FORMAT IS A CHECK LISTS FOR MEDICINES AND SUPPLIES TO BE USED FOR MAINTAINING RECORDS

146  
143

SEE ANNEXURE 10 FOR FORMAT IS A CHECK LIST FOR FACILITIES TO BE USED FOR MAINTAINING RECORDS

**MODIFIED COMPUTER – ASSISTED LEARNING CLINICAL TEACHING  
SKILLS COURSE (MODCAL)**

**Responsibility-** CC/TCTC/ MASTER TRAINERS of the TERTIARY CELL.

**Information to -** AVNI, FOGSI

**Frequency-** MODCAL course has to be completed online by each master trainer after the CMC training and before the tertiary center commences the training program for the medical officers.

**Tasks-**

- Each Master trainer has to complete this online teaching skill course.
- The master trainer can undertake teaching of the FRU medical officer only after completing the course.
- The master trainer should score a minimum of 85% marks to qualify.

ENCLOSED: COPY OF THE MODCAL CD SOFT COPY

**SELECTION OF DISTRICT HOSPITAL SITE AND DOCTOR FOR MASTER  
TRAINING AT CMC VELLORE**

**Responsibility-** Nodal officer of State Government

**Supported by-** Chief Coordinator, Tertiary center Technical Consultant

**Information to -** FOGSI, AVNI

**Criteria for selection of District Hospital site for Training**

- Full time gynaecologist
- Complete OT facility
- Facilities for blood storage
- Anaesthesiologists available 24 hours
- District Hospital-Conduct at least 1500-2000 deliveries every year
- Wherever possible identify district hospitals in areas with high MMR.

**Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project**

The State HFW Deptt. is in possession of a list of District Hospitals in the State, where the population size served by the hospital, the facilities available in terms of storage etc are detailed. This list can be referred to while selecting the District Hospitals.

A format needs to be completed for each site selected and submitted to the CC/TCTC.

**IDENTIFICATION OF DISTRICT OFFICER FROM A DISTRICT HOSPITAL**

**Responsibility-** Nodal officer of State Government

**Supported by-** Chief Coordinator, Tertiary center Technical Consultant

**Information to -** FOGSI, AVNI, District trainer who has been identified

**Criteria for identification of the DO**

- Should be working at the identified District Hospital.
- Should be a practicing obstetrician.
- Should be willing to supervise the FRU Medical Officer Trainees for a period of ten weeks
- Should be willing to follow the entire documentation and post training follow-up requirements.
- Should be willing to submit reports and document the activities.
- An ideal person will be one who is self motivated to contribute efforts to improve MMR of the state.

**ROLE OF THE DISTRICT SUPERVISOR/ TRAINER**

**Responsibility -** District Hospital Trainer

**Information to -** Chief Coordinator, Tertiary Center Technical Consultant, AVNI

**Tasks-**

- Support site assessment and prepare the site as per the guidelines given.

145

- Supervise the Trainee who has enrolled for the Long course- is placed at the District hospital for 10 weeks, after completing 6 weeks of training at the Tertiary/ medical college center.
- Since the trainee is with the District Supervisor, the responsibility of providing the relevant experience to the trainee rests with the District Supervisor.
- Provide support in arranging the basic facilities of stay, accommodation and travel for the candidate during his tenure of ten weeks at the District Hospital.
- Should ensure that the candidate maintains the logbook and makes the entries accordingly.
- At the end of the ten-week posting, the District Supervisor/ trainer should review the work done by the trainee, evaluate his work and along with a copy of the log book-a formal note should be sent to the chief coordinator of the particular state.
- This formal note should include formal review of the candidate, his skill evaluation and his logbook entries Additional suggestions/ feedback should also be given.
- Follow up with the trainees for the post training formats completion on a quarterly basis - proforma inserted in the District trainers folders

SEE ANNEXURE 11 FOR FORMAT TO BE USED FOR REPORTING BY DISTRICT HOSPITAL TRAINER

**CMC TRAINING of DISTRICT HOSPITAL CENTER MASTER TRAINERS**

**Role and responsibility-** Nodal Officer State Government

**Supported by** – Chief Coordinator/ Tertiary Center Technical Consultant

**Information to** - AVNI/FOGSI/CC/TCTC/ State Government – HFW Deptt.

- The District Trainer should be released in time for the training. He/She should reach CMC Vellore one day prior to the commencement of the course.
- District trainer should book their own APEX FARE tickets by Air and submit claims to FOGSI in the prescribed format for settlement. The amounts are settled by FOGSI during the training program itself.
- 2 week training program commences at CMC Vellore.
- Each participant undergoes a PRE TEST, MID TEST and a POST TEST.

146

**Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project**

- Candidates scoring less than 85 % have to repeat the test after receiving more inputs and technical help from the trainers at CMC.
- Each participant also fills up copy of the action plan. The action plan is activities that the participants will carry out in their place of work. The activity may be related to the implementation of the work changes they will initiative at their place of work specifically with reference to the training they have received at CMC.
- Copies of the action plan have to be sent to AVNI of record and follow-up.
- Each participant will get the following materials at the training program.
  - IMPAC Manual: Managing complications in Pregnancy and Child Birth.
  - Clinical Training Skills for reproductive Health Professionals manual
  - Emergency Obstetric care for Doctors and Midwives course notebook for TRAINERS manual.
  - Emergency Obstetric care for Doctors and Midwives course notebook for PARTICIPANTS manual.
  - Infection Prevention and manual for healthcare providers.
  - MODCAL CD
  - EMOC Resource and Tools CD
  - CD containing Soft copies of the presentations made by the CMC team.

SEE ANNEXURE 4 FOR ACTION PLAN FORMAT

SEE ANNEXURE 5 AGENDA FOR 2 WEEK TRAINING AT CMC VELLORE.

SEE ANNEXURE 12 DISTRICT HOSPITAL TRAINER TOOL FOLDER

SEE ANNEXURE 7 TRAVEL CLAIM FORMAT

**ANATOMICAL TRAINING MODEL**

**Responsibility- FOGSI**

**Information to – CC/TCTC**

- The models for every center will be ordered while the process of tertiary center identification is in progress.
- Models will be sent to all the tertiary sites and have to kept under the charge of CC/TCTC.

For clarifications contact: AVNI HEALTH FOUNDATION – National Coordinator, 022 65766365 46

150  
197

**SITE ASSESSMENT AND RECOMMENDATIONS FOR SITE STRENGTHENING  
of the DISTRICT HOSPITAL**

**Responsibility-** FOGSI

**Supported by-** CC/TCTC/ Nodal Officer of the State Government

**Information to -** AVNI/ State Government – HFW Deptt. / State Steering Committee

**Frequency-** To be done prior to the commencement of the training at the District Hospital center.

**Site Assessment to be conducted by-** FOGSI member and/or the team of Tertiary Center Technical consultant. The site assessment to be carried out as per the guidelines spelt out in the following two books. (Copy enclosed)

1. EmOC site assessment tools and site assessment and strengthening for maternal and newborn health programs.
2. Facility assessment of Emergency Obstetric care and Individual assessment of EmOC.

**Criteria For Site Assessment**

A site assessment is undertaken to examine the clinical facilities, obstetric and midwifery practices, IP-standards, OT rooms and Teaching areas.

- Technical and Clinical Decision Making skills.
- Organizational and Management issues
- Emergency preparedness.
- Mother and baby friendly practices.
- Equipment and supplies.
- Training facilities/ Training friendly practices.
- Equipment and supplies.
- OT facilities available at the District Hospital
- Facilities available for blood storage
- Availability of Anaesthesiologists
- Number of deliveries per year

During the process of site assessment meetings are held with staff, who will be involved in providing EmOC training.

For each of the above criteria, Strengths, weaknesses and challenges have to be indicated by the assessor. The purpose is not to find faults but to provide useful advice for purposes of setting up a recognized center. Site assessment and strengthening help to provide improved EmOC training sites, even when the training is not on.

The general measures, which may be suggested to every site, could revolve around the following,

- Improve Infection Practices
- Introduce Uniform guidelines and procedures
- Strengthen clinical skills and practices.
- Improve patient flow to maximize training opportunities.
- Restore or provide equipment and supplies
- Introduce newer such as MVA etc. techniques
- Provide continual motivation to staff through discussions, updates and involvement in decision-making and implementing change.

Site assessment may take five days, whereas Site strengthening may taken anywhere between 3- 6 months. After the Site assessment is completed, a site assessment and strengthening recommendation report should be sent to FOGSI, AVNI as the progress of every center can be traced accordingly.

**INFRASTRUCTURE UPGRADATION BY STATE GOVERNMENT – HFW  
Deptt.**

**Responsibility-** State Government – HFW Deptt.

**Supported by-** Chief Coordinator, Tertiary Center technical Consultant

**Information to -** AVNI, FOGSI

**Frequency-** Ugradation of the site has to undertaken after the site assessment has been undertaken. All changes as proposed in the assessments have to be carried out for the site to be certified as a EmOC training site.

**Tasks-**

- The tentative plan to carry out changes should be discussed amongst the CC/TCTC/ Government Nodal officer. The budget, the time frame within which these plans will be implemented need to be firmed up amongst the three.
- Inform FOGSI once the center has been upgraded as per the suggestions of the FOGSI site assessment team.
- The expenses for upgrading the center will be borne by the State Government – HFW Deptt.
- The changes to be implemented at every site will happen over a period of 3- 6 months
- Post upgradation, another visit will be conducted by the expert team to review the changes made at the center and assess if the site is ready to conduct trainings.

SEE ANNEXURE 8 FOR FORMAT TO BE USED FOR MAINTAINING THE UP-GRADATION RECORDS

**MODIFIED COMPUTER – ASSISTED LEARNING CLINICAL TEACHING  
SKILLS COURSE (MODCAL)**

**Responsibility-** MASTER TRAINERS of the DISTRICT HOSPITAL

**Information to -** AVNI, FOGSI

**Frequency-** MODCAL course has to be completed online by each master trainer after the CMC training and before the tertiary center commences the training program for the medical officers.

**Tasks-**

- Each Master trainer has to complete this online teaching skill course.
- The master trainer can undertake training of the FRU medical officer only after completing the course.
- The master trainer should score a minimum of 85% marks to qualify.

Enclosed: Copy of the MODCAL CD soft copy

**IDENTIFICATION OF FRU's and MEDICAL OFFICERS from FRU's**

**Responsibility-** Nodal officer of the State Government

**Supported by-** Chief Coordinator/ Tertiary Center Technical consultant

**Information to** – FOGSI/AVNI/ FRU In-charge/Medical Officer identified for the training

**Tasks-**

- Identify FRU's, CHC's from where MO's can be trained. This list should detail all the facilities available at the FRU/CHC.
- The basic criteria for a FRU/CHC site selection are listed below.
  - Those FRU's and CHC's where full time obstetricians aren't available
  - 24 hour OT facility with staff available round the clock
  - 24 hours anaesthesia facilities available
  - A person trained in anaesthesia practice
  - Blood storage facilities available
- The Nodal officer of the State Government should handover a list of 15-20 FRU's /CHC's from where the MO's can be invited for training.
- Nodal Officer of the State Government should process papers for the release of the Medical Officers for the 16-week training.

**TRAINING of MEDICAL OFFICER FOR 16 WEEKS**

**Responsibility-** CC/TCTC/District Hospital Trainer

**Information to** – FOGSI/AVNI

**Training Supported by** –FOGSI/AVNI

- Prior to the commencement of the training each Medical Officer should receive reading materials and trainee tool folder for the course.

151

- It is the responsibility of the tertiary center to organize the reading materials photocopying and dispatch.
- Each Medical Officer trainee is to complete the following forms as part to completing the registration formalities.
  - Registration Form
  - Participant commitment form
  - Baseline Data form.
- AVNI will send you a copy of the Trainee tool folder to be given to your trainees.
- The TA/DA and accommodation will be as per State Government rules and will have to be facilitated by the Nodal Officer of the State Government.

SEE ANNEXURE 13 FOR READING MATERIALS

SEE ANNEXURE 14 FOR CONTENTS OF THE TRAINEE TOOL FOLDER

**THE FIRST 6 WEEK TRAINING of MEDICAL OFFICER AT THE  
TERTIARY CENTER (OUT OF 16 WEEKS)**

- The first 6 weeks include classroom training, Hands on the Anatomical Models and hospital rounds.
- Every MO is given a copy of the following documents-
  1. The Trainee Tool Folder given to the trainees.
  2. Materials as per ANNEXURE 13
  3. Log book
- During the training programme, the trainee has to fill in the following documents-
  - A Pre Course questionnaire
  - A Mid course questionnaire
  - A Post course questionnaire
  - Registration form with baseline information
  - Feedback form
  - Action plan sheet
  - Institutional commitment form

- Participant commitment form
- Base line data sheet

SEE ANNEXURE 15 FOR CURRICULUM FOR 6 WEEKS

SEE ANNEXURE 16 FOR REGISTRATION FORMS

SEE ANNEXURE 17 FOR FEEDBACK FORMS.

SEE ANNEXURE 4 FOR ACTION PLAN FORM.

SEE ANNEXURE 18 FOR INSTITUTIONAL COMMITMENT FORM.

SEE ANNEXURE 19 FOR PARTICIPANT COMMITMENT FORM.

SEE ANNEXURE 20 FOR FORMAT FOR BASELINE DATA COLLECTION.

SEE ANNEXURE 21 FOR FORMAT FOR QUARTERLY DATA COLLECTION.

**THE SECOND 10 WEEKs TRAINING of MEDICAL OFFICER AT THE  
DISTRICT HOSPITAL (OUT OF 16 WEEKS )**

- After the 6-week of training at the Tertiary Training Center, the MO's are sent to various District hospitals, where their 10-week comprehensive, hands on training will be practiced under the supervision of the District Hospital Master trainers.
- During this training, the MO is required to maintain his logbook given at the tertiary training center.
- The District Hospital supervisor will also have to maintain a detail on the candidate profile, which is given along with the District Hospital Tool folder at CMC Vellore.
- The training at the District Hospital is Hands on training and each Medical Officer is to fulfill the requirements as per the Minimum Competency Based Training Standards- Based On Data from **Safe Project- Aberdeen University**.

SEE ANNEXURE 22 FOR FORMAT OF LOGBOOK AND SAFE PROJECT DATA NORMS.

188  
133

**MONITORING OF TRAINING BATCHES at TERTIARY CENTER BY**  
**FOGSI/CMC VELLORE**

**Responsibility-** FOGSI, CMC Vellore

**Supported by** – Chief coordinators, Tertiary Center Technical Consultants, Tertiary Center Master trainers, District Hospital Trainers.

**Tasks-**

- The tertiary center master trainers are supervised by FOGSI when they commence the training of Medical Officers.
- This supervision is done to ascertain the confidence of trainers while imparting training to the MO's and also to identify techniques, which can help improve the learning of the MO's.
- During the sessions the observers make notes or identify areas of improvement for the Trainer, through which the training and the interaction between the MO's and the

**MONITORING OF TRAINING BATCHES at DISTRICT HOSPITAL by**  
**TERTIARY CENTER MASTER TRAINERS/ FOGSI**

trainers can become more interesting.

**Responsibility-** CC/TCTC/FOGSI

**Supported by** – Chief coordinators, Tertiary Center Technical Consultants, Tertiary Center Master trainers, District Hospital Trainers.

**Tasks-**

- The Medical Officers and District Hospitals are supervised by CC/TCTC/FOGSI when they commence the training of Medical Officers at the District Hospital.
- This supervision is done to ascertain the confidence of trainers while imparting training to the MO's and also to identify techniques, which can help improve the learning of the MO's.



## Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

1541

- During the sessions the observers make notes or identify areas of improvement for the Trainer, through which the training and the interaction between the MO's and the trainers can become more interesting.

### **MONITORING and CERTIFICATION OF MEDICAL OFFICERS BY ICOG**

#### **Responsibility- ICOG**

**Supported by** – FOGSI, Chief coordinators, Tertiary Center Technical Consultants, Tertiary Center Master trainers, District Hospital Trainers.

#### **Tasks-**

- Every batch of Medical Officer is followed up twice by ICOG members.
- Once while the hands on training is going on at the District Hospital and once when the Medical officer is working in the FRU and independently managing patients.
- ICOG reviews the LOGBOOKS of the medical officers and during the visit ascertains the abilities of the Medical Officer to independently implement the learning's they have got.
- ICOG certifies the Medical Officers who meet the certification criteria's.

158  
155

**STATE INSTITUTE OF HEALTH & FAMILY WELFARE, U.P., INDIRA NAGAR, LUCKNOW**  
**Emergency Obstetrics Care(EmOC) Training For Medical**  
**Officers' - Budget for 1 Batch at Two Sites**

S.No.	Particulars	Rate/day/ participant	Number per day	Days	Total Amount in Rs
	<b>Per batch training expenditure</b>				
<b>A</b>	<b>6 Weeks at Tertiary Training cell</b>				
1	Honorarium to Tertiary training cell faculty(excluding sundays)	500	4	36	72000
2	Lunch & tea ( for trainees only)	100	8	42	33600
	Training material( approx 4500 pages)	2000	8	1	16000
	<b>Total for Tertiary training center</b>				<b>121600</b>
<b>B</b>	<b>12 Weeks at District training center(DWH)</b>				
1	Honorarium to District training cell (round the clock/24hrs) faculty	300	8	70	168000
2	Lunch & tea ( for trainees only)	100	8	70	56000
	<b>Total for district training hospital</b>				<b>224000</b>
3	Institutional charges 15% of totals(8% to FOGSI+4% for Tertiary center+3% for District hospital)				51840
	<b>Total (To be Given to FOGSI)</b>				<b>397440</b>
<b>C</b>	<b>TA &amp; DA for the participants</b>				
	Travel cost (actuals) 2 visits to tertiary center	4000	8	1	32000
	DA	200	8	112	179200
	<b>Total</b>				<b>211200</b>
<b>D</b>	<b>Stay in twin sharing room</b>				
D.1	At Tertiary training site	400	8	49	156800
D.2	At district training site	400	8	70	224000
	<b>Funds to be released to</b>	<b>Training site</b>			
		CSMMU, LKO	AMU, Aligarh		<b>Total</b>
	FOGSI Mumbai	397440	397440		<b>794880</b>
	Deptt. Of Obs. & Gyn., CSMMU, LKO	368000			<b>368000</b>
	Deptt. Of Obs. & Gyn., JN Med. College, Aligarh	368000			<b>368000</b>
	District Site(During Attachment Phase)	224000	224000		<b>448000</b>
	<b>TOTAL</b>				<b>19,78,880.00</b>