

Scale up of
SKILLED BIRTH ATTENDANT
Training in Uttar Pradesh

A Cluster-based Model Approach



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ABBREVIATIONS

ACMO RCH	Additional Chief Medical Officer Reproductive and Child Health
AD	Aspirational Districts
AMTSL	Active Management of Third Stage of Labour
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy
BPHC	Block Primary Health Centre
CHC	Community Health Centre
CMO	Chief Medical Officer
CMS	Chief Medical Superintendent
CRM	Common Review Mission
DCH	District Combined Hospital
DCPM	District Community Process Manager
DG	Director General
DGFW	Director General Family Welfare
DM	District Magistrate
DNS	District Nursing Specialist
DPM	District Program Manager
DSS	District Senior Specialist
DWH	District Women's Hospital
EDL	Essential Drug List
eHRMS	Electronic Human Resource Management System
EmOC	Emergency Obstetric Care
ENBC	Essential New-born Care
FRU	First Referral Unit
GM	General Manager
GoI	Government of India
GoUP	Government of Uttar Pradesh
HPD	High Priority District
HR	Human Resource
ICMR	Indian Council of Medical Research
IGPH	Institute of Global Public Health



IM	Intramuscular
KMC	Kangaroo Mother Care
LHV	Lady Health Visitor
LMO	Lady Medical Officer
LR	Labour Room
LSAS	Life Saving Anaesthesia Skills
MBBS	Bachelor of Medicine and Bachelor of Surgery
MD	Doctor of Medicine
MH	Maternal Health
MMR	Maternal Mortality Ratio
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
MOIC	Medical Officer In Charge
NBR	New-born Resuscitation
NBSU	New-born Stabilization Unit
NCD	Non Communicable Diseases
NFHS	National Family Health Survey
NHM	National Health Mission
NM	Nurse Mentor
NMR	Neonatal Mortality Rate
OBG	Obstetrician–Gynaecologist
ODK	Open Data Kit
OSCE	Objective Structured Clinical Examination
PHC	Primary Health Centre
PMSMA	Pradhan Mantri Surakshit Matritva Abhiyan
PNC	Postnatal Care
PPH	Postpartum Haemorrhage
PROM	Prelabour Rupture Of Membrane
QI	Quality Improvement
RBSK	Rashtriya Bal Swasthya Karyakram
RL	Ringer Lactate
SBA	Skilled Birth Attendant
SIHFW	State Institute of Health & Family Welfare
SN	Staff Nurse
SNCU	Special/Sick New-born Care Unit



BACKGROUND

In 2010, the Government of India (GoI) defined a Skilled Birth Attendant (SBA) as an “accredited health professional such as midwife, doctor or nurse who has been educated and trained to achieve proficiency in the skills to manage normal (un-complicated) pregnancies, child birth and the immediate postnatal period and in the identification, management and referral of complications in women and new-born to a First Referral Unit (FRU) or appropriate facility without delay”.

Pregnancy and childbirth are normal events in the life of a woman. However, it is estimated that about 15% of pregnant women may develop complications, which are often not predictable, some of which may be life threatening.

The presence of a SBA is crucial for



Conducting normal delivery



Early detection, appropriate and timely management of maternal and new-born complications.

The Government of India (GoI) is highly committed to ensure universal coverage of all births with skilled attendance, both at the institutional and community level and thereby reduce the number of maternal and new-born deaths in the country. Since any woman with pregnancy can develop complications at any stage, timely provision of skilled obstetric services is extremely important for management of such complications. GoI envisions that every pregnant woman should be cared for by a SBA during pregnancy, childbirth and post-partum period.

The guidelines for Antenatal Care and Skilled Birth Attendance by an auxiliary nurse midwife (ANM)/Lady Health Visitor (LHV) and Staff Nurse (SN) were first issued in 2005 and subsequently updated in 2010, based on feedback from the field and technical advancements. The guidelines are to assist the health workers involved in labour room services, particularly at sub-centres and 24*7 PHCs, to effectively provide quality services to women and new-born nearest to their place of residence.

A cross sectional study using multistage stratified random sampling methods, conducted from 2014 to 2015 in Madhya Pradesh, evaluated trained SBAs. Of the total 335 SBAs selected, 41.8% were ANMs, 47.8% were SNs, and 10.4% were LHVs. Grouping all providers for knowledge, SBAs provided correct responses to 75.4% of the questions. By topic, results ranged from 77.9% correct responses for the management of normal pregnancy and childbirth to 70.2% correct responses for intra-natal care. The skill evaluation score was 88.1% for infection prevention practices and 74.3% for postnatal care (Evaluation of Competency and Skills of Skilled Birth Attendants in Madhya Pradesh, Central India, Indian Journal of Public Health, vol. 62, issue 1 Jan-Mar 2018 Surya Bali et al).

Based on the recommendations of an ICMR study on the competencies of AYUSH doctors after SBA training, the GoI in February 2014 permitted AYUSH doctors (Ayurveda and Homeopathy) as well to conduct deliveries and provide basic treatment of complications before referral, after being SBA trained.



Accordingly, policy decisions were taken by GoI for empowering SBA trained SN/ANMs/LHVs and AYUSH doctors (Ayurveda and Homeopathy) to give certain allopathic injections and undertake interventions for conducting normal deliveries and handling common complications including new-born resuscitation.

TABLE 1

Procedures and Drugs permitted by GOI for use by SBAs

CONDITION	DRUGS/PROCEDURES
Active Management of Third Stage of Labour (AMTSL)	<p>SBA should be proficient in AMTSL:</p> <ul style="list-style-type: none"> Administration of uterotonics (Injection Oxytocin/Tablet Misoprostol) Controlled cord traction Uterine Massage
Diagnosis of prolonged labour	Plotting a Partograph for every woman in labour
Prevention of Post-Partum Haemorrhage (PPH) Management of PPH	<p>Active Management of 3rd stage of labour:</p> <ul style="list-style-type: none"> Administering oxytocin injection (10 IU, IM), if not given during AMTSL Administering 20 IU oxytocin in 500 ml of Ringer Lactate (RL), intravenous at the rate of 40-60 drops per minute Referring to FRU (if intravenous cannot be given, referring after administering oxytocin injection 10 IU, IM)
Management of eclampsia	<ul style="list-style-type: none"> Giving one dose of Inj. Magnesium sulphate (10ml) of 5 g (total 10gm) deep intramuscular in each buttock Referring to an FRU
Vaginal or perineal tears	<ul style="list-style-type: none"> Identifying different degrees of tears Managing 1st degree tears by applying pad and pressure Referring for 2nd and 3rd degree tears
Management of puerperal infections/ Premature Rapture Of Membranes (PROM)/Delayed (secondary PPH)	<p>Giving 1st dose of following antibiotics and referring:</p> <ul style="list-style-type: none"> Gentamicin Inj. (80 mg, intramuscular) Ampicillin capsule (1000 mg, orally) Metronidazole tablet (400 mg, Orally)
Incomplete abortion with bleeding Per Vagina (P/V)	<ul style="list-style-type: none"> Digital removal of retained products of conception



GUIDELINES FOR THE SBA TRAINING PROGRAM



Duration

The duration of the training is three weeks (21 days) for all SN/ANM/LHVs. If proficiency is still not achieved, the trainee can be called back to attend in a subsequent batch, after she has practiced the skills learnt either at the same institution or at her place of work. Such decisions can be taken by the district Chief Medical Officer (CMO) on the recommendation of the master trainers of the institute. For AYUSH doctors, an extra 7 days is prescribed for hands on practice (total 28 days).



Venue

The training sites include:

- (a) District Women's Hospital (DWH)
- (b) Community Health Centres – First Referral Units (CHC FRU) and
- (c) Community Health Centres (CHC).



Contents

The training covers the following topics:

- (a) Antenatal care
- (b) Intrapartum care
- (c) Postpartum care
- (d) Management of maternal and new-born complications
- (e) Family Planning
- (f) Infection Prevention



Trainer's Profile

The trainer should have worked in the training centre/district hospital in one of the following capacities, and should have received two to three days' orientation training at the State Institute of Health and Family Welfare or at any other site designated by the state/district.

- An Obstetrician-Gynaecologist (OBG) (MD/Diploma) as master trainer/trainer
- A Paediatrician (MD/Diploma) as co-trainer/trainer for sections pertaining to neonatal health or a Medical Officer (MO) trained in essential and emergency new-born care (ENBC) and resuscitation
- MO, nursing teacher or SN of the district hospital/training institute.



Trainees' Profile

All ANMs/LHVs/SNs are to be trained as SBAs, giving preference to those who are actively involved in midwifery practices, particularly at SCs and 24-hour PHCs. AYUSH doctors (Ayurveda and Homeopathy) posted at delivery points or at sub-centres where ANC and PNC are conducted may be trained as SBAs after addition of 7 days hands on practice in the existing 21 days curriculum of the SBA training¹. The trainees should be involved in providing basic care during pregnancy, labour, delivery and the postpartum period.

¹ As per MoHFW, Gol office memorandum dated 19th Feb 2014

Batch Size

The standard batch size is of 4 participants to be trained by 4 trainers. The size of a batch can be increased only if there are a higher number of deliveries, i.e. after the initial 250 deliveries, for every additional 50 deliveries an extra trainee can be inducted.

Number of deliveries per month	Recommended batch size
150	2
150-250	3
>250	4

Type of Training

Day 1 to 3

Theory

Day 4 to 6

Hands-on practice on models/
mannequins and bed-side
examination/teaching

Day 7 to 21

The trainers can draw a schedule from 7th day onward as per the case load in LR Wards, ANC/PNC rooms.

The first three days of the training will focus on theoretical issues, while from the fourth day onwards, the focus will be on hands-on practice on models/mannequins and bed-side examination/teaching. The trainers can draw a schedule from 7th day onward as per the case load in LR Wards, ANC/PNC rooms.

Method of Evaluation



Evaluation of the training is done using a logbook which is provided to the participants at the time of theory training. Checklists in the log book are to be filled by the participants during their practical training on 5 cases observed/assisted/performed by them under the headings of antenatal care, intra partum care, post-partum care, maternal and newborn complications and infection prevention practices.

At the end of the 21 days training, the trainers also evaluate the participants based on standard checklists provided in the facilitator module developed by Gol

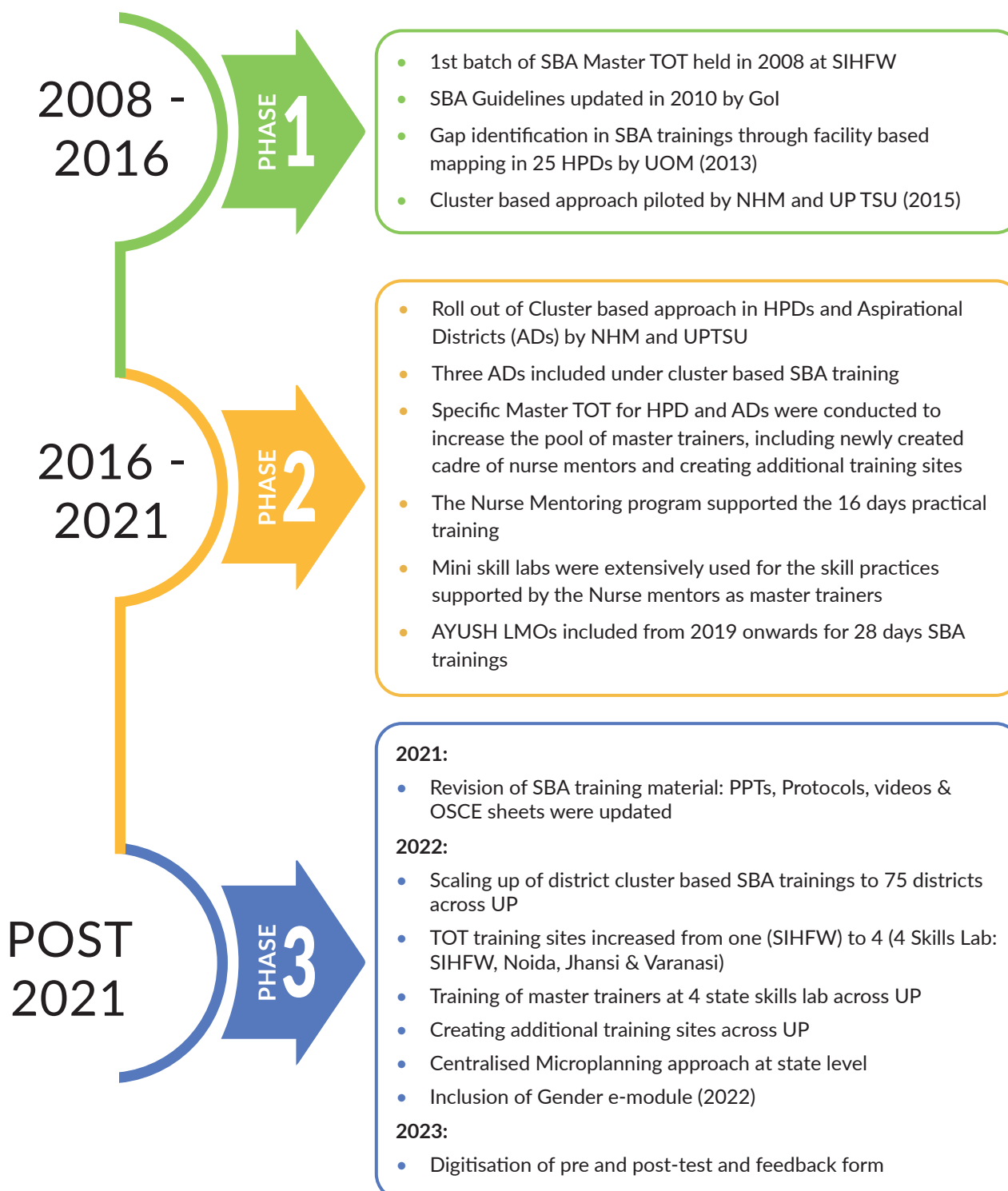
- Antenatal care
- Intra partum care
- Post-partum care
- Maternal complications
- Newborn complications
- Infection prevention practices.

Background of SBA training in UP

The journey of SBA training in UP is described in three phases.

- **PHASE 1:** Between 2008-2016
- **PHASE 2:** Between 2016-2021
- **PHASE 3:** Post 2021

SBA TRAINING TIMELINE





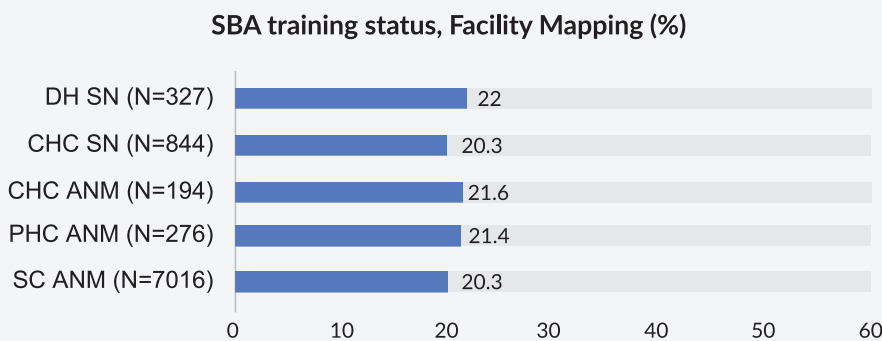
2008-2016

The State Institute of Health and Family Welfare (SIHFW), Lucknow started 2 days Training of trainers (ToT) with the 1st batch being held in Feb 2008. Since then the SIHFW had conducted about 56 batches of ToT till 2019 creating more than 1,400 master trainers comprising of trained specialists/medical officers/staff nurses/DCPMs/ ANM training centre coordinators, etc., The district level trainings in UP were initiated after the initial ToTs in alignment with the norms and parameters set above.

In 2013, the Institute for Global Public Health, University of Manitoba (IGPH, UoM) carried out a Facility Mapping in 25 High Priority Districts. The mapping data highlighted that a substantial proportion of institutional deliveries in the public sector were being conducted at the primary care level, in sub centres (SCs) (17%) and Block Primary Health Centres/Community Health Centres (BPHCs/non-FRU CHCs (52%).

The mapping assessment highlighted that approximately around 20% of SNs and ANMs were trained in skilled birth attendance in the high priority districts and that there was inadequate quality of primary care services (intrapartum and immediate postpartum), weak clinical, managerial, and administrative competencies among health workers that adversely influenced their ability to deliver critical health interventions and services.

FIGURE 1
SBA training status in 25 HPDs as per Facility Mapping 2013



Gaps identified in SBA training in the initial facility mapping.

In addition to the very low numbers of SBA trained staff found, the mapping assessment also identified the extremely slow pace of training in the 5 years post-initiation, in addition to several other gaps.

1. It was challenging to find from the government officials the names of the staff who had been trained since 2008 and where they were currently posted. Information on whether the trained staff was conducting deliveries or were assigned some other role was not readily available.
2. The quality of the training seemed to be an issue as even those who claimed to be trained had very weak clinical competency scores.
3. There was no denominator to ascertain how many service providers were posted at delivery points and were conducting deliveries. But @4 nurses/ANMs per month X12 months sequentially, it would take decades for UP to train all its work force. Uttar Pradesh is one of the highest MMR and NMR states in India and therefore pace of training needed to be accelerated to address the training gap.
4. Though there seemed to be significant number of trainers who were trained at SIHFW, they couldn't be traced easily due to change of phone numbers, place of posting, resignation, retirement, etc.,

In 2014, the nurse mentoring (NM) program² was initiated by the Uttar Pradesh Technical Support Unit (UPTSU), led by the UoM in collaboration with India Health Action Trust, to address the gaps of knowledge, skills and competencies of the labour room service providers in the 25 HPDs.

In 2015, UPTSU suggested NM as one of the first innovations for the Government of Uttar Pradesh (GoUP) to scale-up and fast track the SBA training, using the “Cluster” model in HPDs.

Need for an innovation of SBA training -Cluster model

1. The SBA training involves sequential training of 4 service providers by 4 trainers every month for 21 days. Hence, even at the best possible rate, it would not be possible to train more than 48 providers every year in a given district. This was one of the reasons for the low coverage of the training across UP which needed to be addressed. By Cluster model, TSU envisioned to accelerate the process by conducting 8 batches simultaneously.
2. There was a shortage of master trainers as most of them were concentrated in the district hospitals. This reduced the number of batches that could be held in any district. The cluster model bridged this gap by holding theory together for 8 batches at a divisional level district hospital where adequate trainers were available and then splitting them to their respective districts for the practical training.

² Read more on the Nurse Mentoring Program: <https://www.ihat.in/resources/the-nurse-mentoring-program/>



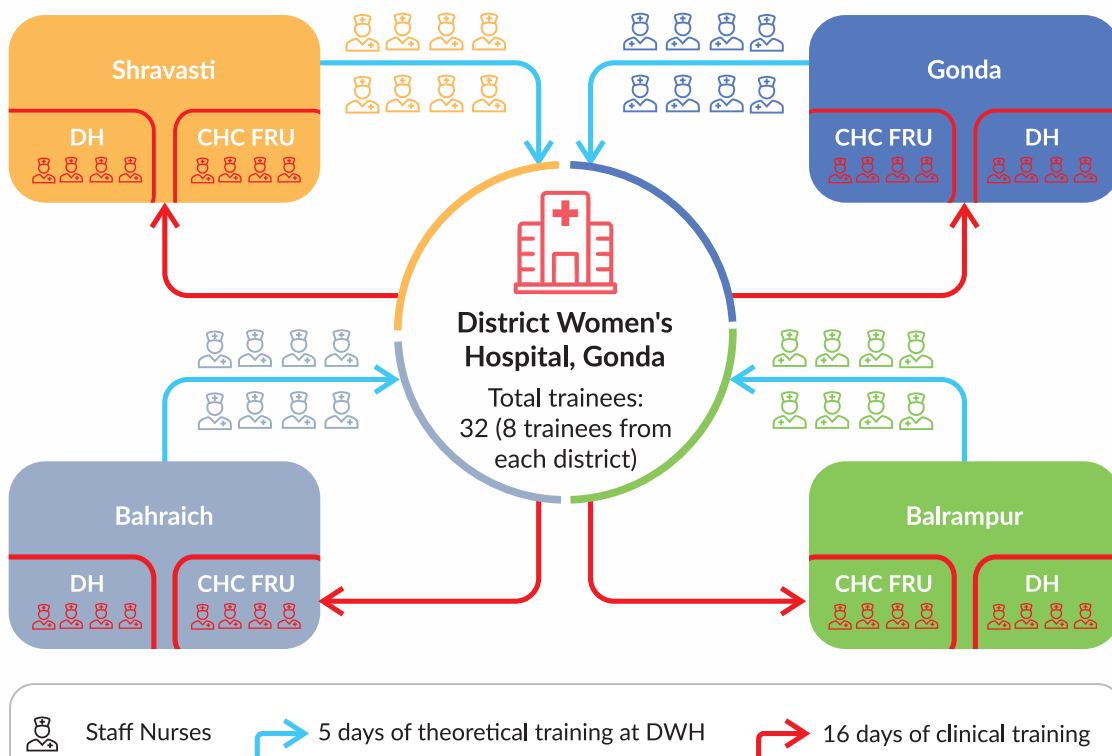
3. Gradually as more master trainers for HPDs were also readied at SIHFW with TSU support, the Nurse mentors and their mini-skill labs became an important advantage as their facilities could become additional training sites for providing hands-on practice hands-on practice. As there were 200 such block level facilities in the 25 HPDs, several batches could be held simultaneously in the Cluster model.

Design of the cluster model for SBA training

Cluster model proposed bringing a cluster of 8 batches or 32 participants together from 4 -5 different high priority districts for training to the divisional district hospital every month. The 21 days curriculum was split into 5 days theory, held collectively for all 32 participants at a divisional district hospital, followed by 16 days practical training in batches of 4 each in different facilities in the respective districts. This training methodology increased the number of staff trained from 4 to 32 in a month without any extra financial expenditure to the already approved Gol budget.

The pilot was initiated with GoUP approval in Devipatan division in Sep 2015. A ToT of 4 master trainers from each of the 8 facilities of the 4 districts (2 in each district) was held at SIHFW, Lucknow following which the training was started in the 4 districts of the pilot division.

The 1st cluster was rolled out in early 2016 and 8 participants each were called from the 4 districts of Devipatan division to create a cluster of 32 trainees for 5 days theoretical training at District Women Hospital Gonda, following which they returned to their respective districts for 16 days clinical training at 2 training sites in batches of 4 each.





2016-2021

Expansion of cluster based model in 25 HPDs and 3 Aspirational Districts (2016-2021)

TSU supported maternal health division of NHM to prepare a concept note to inform Gol that the SBA trainings in HPDs would be conducted using the cluster model at 5 divisional hospitals at no extra cost. SIHFW helped to prepare the budgetary details and the cluster model was rolled out across HPDs and select ADs.

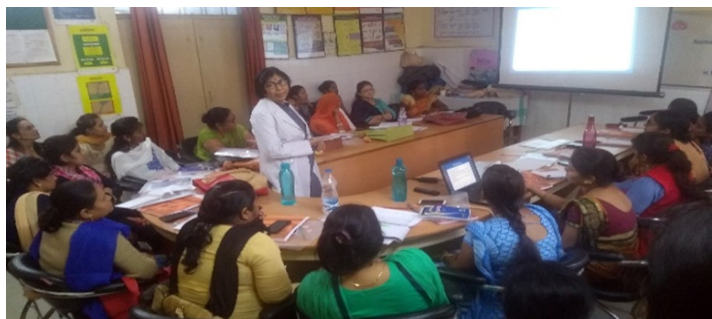
UPTSU supported the SBA training with cluster model in 25 HPDs through 2016-2018 by creating divisional level theoretical training sites at divisional DWH and practical sites at both DWH and CHCs in the districts. TSU provided technical support to SIHFW to create master trainers at these HPDs and 2 batches ToT were each conducted in 2018 and 2019 specifically for HPDs.

The well-established Nurse Mentoring program played an important role in the quality of these trainings as the nurse mentors were also trained as trainers at SIHFW. They then trained the 4 participants in their facility with elaborate use of mini-skills labs and mannequins for hands-on practice in the respective DWH and CHCs.

With the launch of the Aspirational districts program, the 3 non- HPD aspirational districts Chandauli, Fatehpur and Chitrakoot were also included in the “Cluster based” SBA training model, with the theoretical training conducted at DWH Prayagraj.

The AYUSH LMOs were roped -in for training from 2019 onwards.

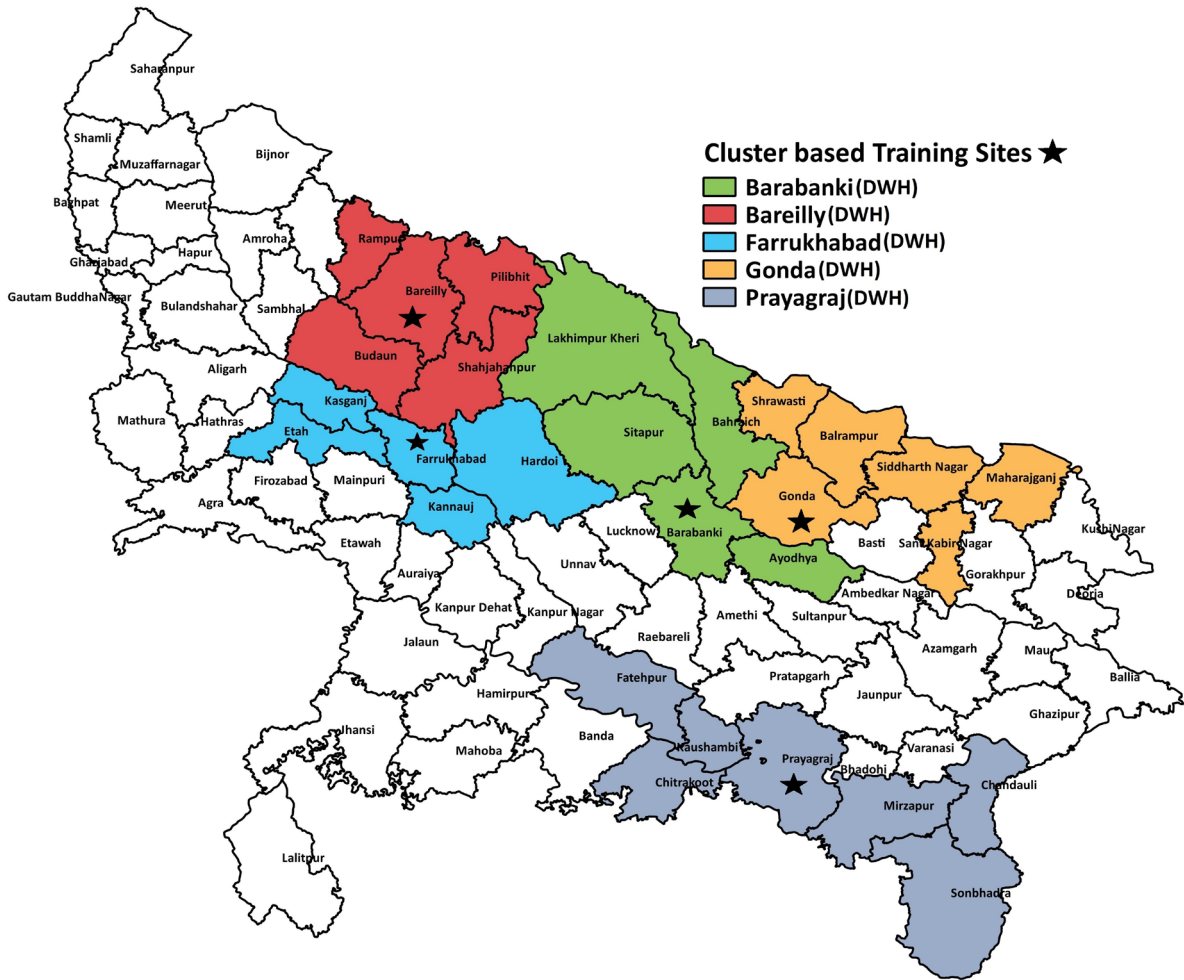
Thus, trainings were carried out in 28 HPDs and ADs with intensive TSU support until 2020 when the training came to a halt due to Covid19. Some of the trainings restarted in 2021 but by then most districts were facing a shortfall of trainers due to transfers/ retirements and resignations.



SBA theoretical training in cluster -based model taken by Superintendent Incharge DWH Prayagraj in 2019.



Cluster based training sites map



The state trained a total of about 2680 staff, including about 100 AYUSH LMOs between 2016-2021.





POST 2021

Vision 2024

While the SBA training gained momentum in the 28 HPDs and ADs, the situation in the rest of UP remained unchanged. With the GoUP committed to reducing MMR and NMR in the state and achieving the SDG targets, the GoUP renewed interest in SBA training in 2021. The main reasons for this were:

1. The coverage of the training remained poor at the State level across UP.
2. SBA training was an important indicator that Common Review Mission (CRM) teams from GoI used during annual visits to the State. Several districts had very low numbers trained in SBA.
3. The institutional delivery rates had risen exponentially in UP over the last decade reaching more than 83.4% (NFHS 5 UP Fact Sheet), out of which 57.7% (NFHS 5) was contributed by the public sector. The increased work-load on public health facilities made it necessary to train all available relevant public service providers on SBA.
4. The state has been recruiting large numbers of nurses both contractual and permanent. Hence, this increased the demand for SBA training in public health facilities.

Keeping all this in mind, **the GoUP decided to train all staff conducting deliveries across facilities from the sub-center to DWH in SBA by the year 2023-2024.**

Challenges foreseen to achieve this goal

The goal to cover all healthcare providers in delivery points on SBA is highly ambitious. There were several challenges to achieving this:

1. There were almost no master trainers available outside HPDs and ADs and neither was there a budget to train them.
2. The SBA curriculum had not been revised since 2010, though several clinical protocols had changed since then.
3. The exact denominator of number of SN/ANM/LHV was not known but was estimated to be in several thousands.



Opportunities that were not available earlier

SBA training scale-up in UP has not been a simple scale-up but an amalgamation and success story of a confluence of different initiatives of UPTSU as mentioned below and detailed out later.

1. Several new FRUs had become functional in UP with the innovation of Buddy-Buddy model of EmOC-LSAS doctors and the joining of specialists at these FRUs.
2. Almost 90% of the block-level facilities across UP had a Government Nurse Mentor selected from among the labour room staff of that facility, trained in Daksh³ and Dakshata⁴ packages. She could now become a master trainer in her facility after SBA TOT.
3. Mini skills labs were being established by NHM in all DWH and block facilities and these could be used extensively for the training.
4. The Manav Sampada with its unique eHRMS code was able to tell exactly who was posted where and what was their qualification and designation.
5. UP Medical Supplies Corporation ensured that all essential drugs as per Essential Drugs List (EDL) was available in the labour room for the training.
6. UP Ke Swasthya Kendra (UPKSK) provided precise location of the training sites and helped to develop realistic micro-plans for assigning the training sites to the trainees closest to their place of posting.

Strategy - Robust Microplanning

UP TSU proposed the scale-up of the “Cluster based” SBA training model across UP to achieve this goal. The total staff estimated to be trained was 13,500 based on the delivery point mapping from Manav Sampada which is a UP specific online HR portal including all government health providers, permanent and contractual.

Microplanning took up the maximum time of the team in the initial period as it was never done earlier and there was no template to begin with. Micro-plans were developed and gradually improvised.

TSU wanted the micro plan to be simple, easy to understand, easier to implement, and able to summarize the whole training at a glance. Several points were kept in mind while preparing the micro-plans, first for the ToT and then for the district trainings.



- 1. Identification of training sites** - It was decided that 2-4 training sites would be created in each district. District level training sites were identified in each district based on an intensive desk review as well as a discussion with the district officials. Some of the criteria for the selection of district training sites included:
 - All DWH/DCH would be the main training site with 1-3 satellite centres (depending on the number of blocks and a number of untrained staff in the district) which would be CHC FRU/CHC.
 - High delivery load facility (200-250)

³ As per Gol guideline, Daksh training is provided to the service providers to upgrade the LR & OT to ensure quality health services. DAKSH training is a hands on training for 6 days. It ensures skill building of service providers working at LR & OT

⁴ Dakshata training is a strategic training program by Government of India for rapid improvement of competency in providing quality-based care for women and new-born around the peripartum period.



- CHC FRU with Obstetrician /EmOC/Paediatrician in place
- Availability of Nurse mentor
- Connectivity from the district headquarter



2. Identification of master trainers from the identified training sites - Each site would have 5 master trainers as the training period was long and 4 trainers are needed at any given time. The trainers could be the doctors, nurses and nurse mentors of that facility and not from any random facility.

In this way, 2-4 training sites and 10-20 master trainers would be prepared at each district depending on the size of the district in terms of number of blocks and number of untrained staff. Keeping an average of 20 trainers at each district, it was estimated that UP would need 1,500 master trainers for the 75 districts.



3. Decentralize the ToT from SIHFW Lucknow - It was decided to decentralize the ToT by engaging the State Skills labs established at Gautam Budh Nagar, Jhansi and Varanasi in addition to the Skills lab at SIHFW, Lucknow so that multiple batches of ToT could run concurrently.



4. Re-appropriation of funds for ToT - Since there was no budget available for the same, GoUP re-appropriated the training funds and sanctioned a budget for 51 batches of ToT in December 2021 (15 batches for SIHFW and 12 each for the remaining 3 skills lab)



5. Revision of the SBA curriculum - The training content was more than 10 years old and had not been updated since then. Several clinical protocols and quality of care had been revised since then. TSU reviewed the entire content including presentations and videos and revised the 5-day theoretical agenda, created updated training materials (PowerPoint presentations, Gol videos) on various skills and the Objective Structured Clinical Examination (OSCE) checklists for key skills from the mini skills lab guidelines.

Some of the main contents that were revised/edited/added were:

- Inclusion of ANC counselling, including gestational diabetes.
- Services and counselling under PMSMA (Pradhan Mantri Surakshit Matritva Abhiyan), a new initiative.
- Inclusion of hypothyroidism screening in high risk cases.
- Substituting Injection Tetanus Toxoid (TT) with Injection Tetanus diphtheria (Td).
- Inclusion of Respectful Maternity Care (RMC) and patient rights.
- Revision of protocol for PPH management.
- Inclusion of Maa Navjaat Tracking App (MaNTRa) and Safe Delivery App.



The content in the form of a Google drive was shared with NHM who then sent it to all stakeholders including DGFW, DWH like Veerangana Avanti Bai and Veerangana Jhalkaribai Bai hospitals, Lucknow, GMs Maternal health, child health and family planning NHM and partners like Jhpiego and UNICEF for their inputs.

The revised training content was reviewed by the technical committee formed above and their inputs were incorporated in a meeting chaired by DG training in December 2021. Thus, UP revised the entire training content with the help of TSU using standard Gol guidelines and protocols and uploaded the same on the link below for use by districts.



SBA training technical content being revised by Technical group under DG training on 9th Dec 2021.

https://drive.google.com/drive/folders/16Viz5NNM2-e7fis-jOZelha_21R3H5Zd?usp=sharing

Implementation - February 2022 onwards

Training of master trainers

1. Creating pool of State skills-lab master trainers. A set of 6 trainers (Obstetrician and Paediatrician) were called from districts where the 4 State skills labs are located i.e. Lucknow, Gautam Budh Nagar, Varanasi and Jhansi for a 2-day ToT at Skills-lab Lucknow in Feb 2022. In addition, the District Senior Specialists and District Nursing Specialists of these 4 districts from UPTSU were also trained.



Pool of Skill lab master trainers created at Skill lab Lucknow in Feb 2022

A total of 29 trainers including 6 TSU team members were trained as master trainers for the 4 skills labs.

Designation of trainers	Total
Gynecologist	10
Pediatrician	8
MBBS	11
Total	29

During the ToT, they were provided an overview of the initiative and the google drive and were familiarized with the key changes in the presentations, the OSCE checklists, videos and other training materials, including the revised agenda. They were provided hands-on clinical training on the mannequins and made to practice the key clinical skills.



These state level master trainers then trained the district level master trainers from other districts in their assigned state skills-labs.

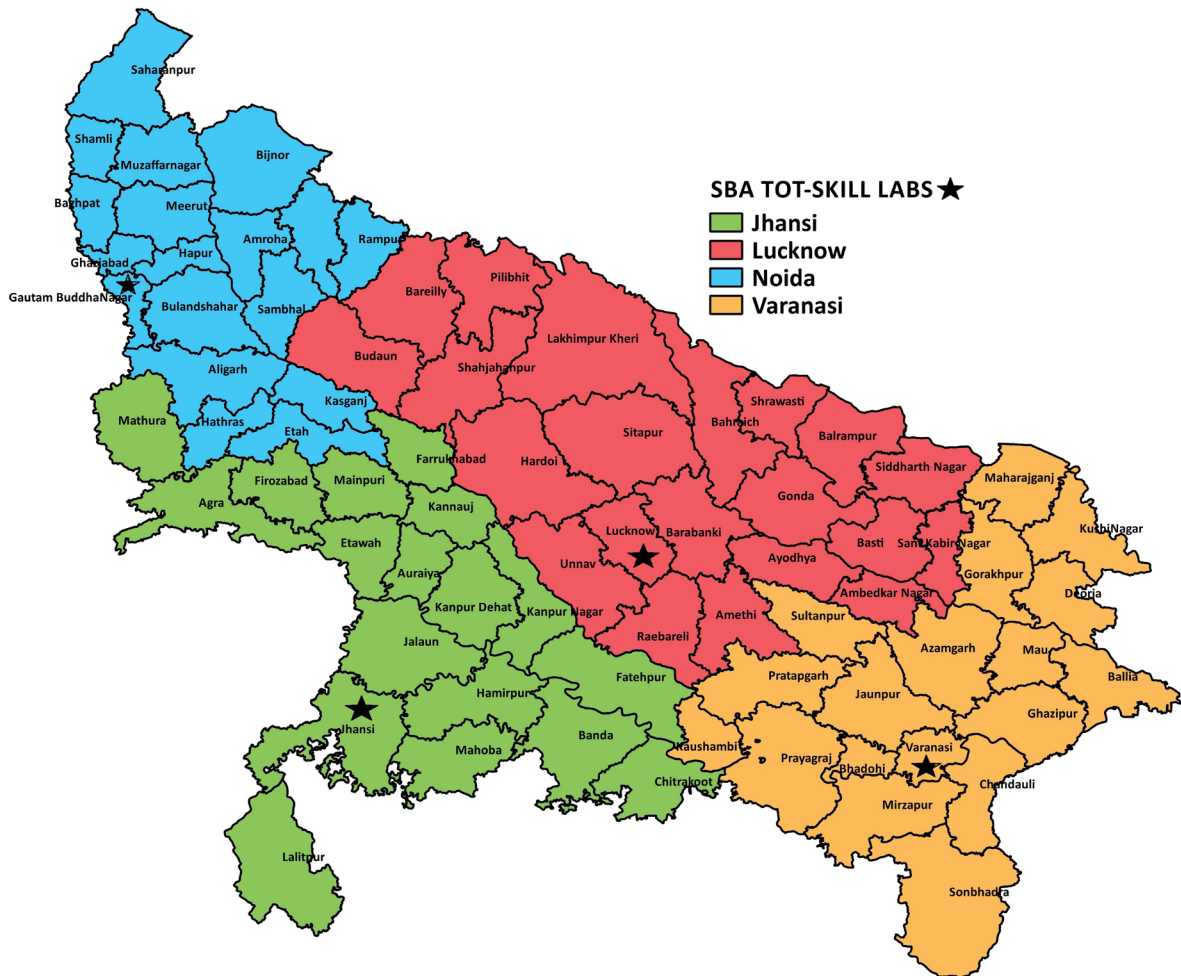
2. Training of District Master Trainers



Tagging of districts to nearest State skills lab. All 75 districts were tagged to the 4 State skills-labs according to their distance and the number of batches budgeted for each lab.

Name of Skills-lab	Divisions tagged
Lucknow	Lucknow, Devipatan, Ayodhya, Bareilly, Basti
Noida	Meerut, Saharanpur, Moradabad, Aligarh,
Varanasi	Varanasi, Gorakhpur, Vindhyachal, Azamgarh, Prayagraj
Jhansi	Jhansi, Agra, Kanpur, Chitrakoot

SBA TOT SKILLS LAB Map





Identification of training sites in the district. DWH/DCH was identified as training site in all districts for the 5 days theoretical training as well as 16 days clinical training. In addition, 2-3 CHC FRUs/CHCs were identified based on criteria such as delivery load, presence of Obstetrician/Paediatrician/EmONC/Nurse mentor, distance from district head quarter etc., only for the 16 days practical training. The training sites were identified in concurrence with district officials.



Identification of trainers from the training site. 5 trainers including Obstetrician / Paediatrician/ EmONC/MBBS MOs/2 SNs/Nurse mentor were identified from each of these training sites and called in batches to the skills-lab (the requirement is of 4 but 5 were called to ensure that absence of any one trainer would not hamper the continuity in the conduct of the training, which was expected to run for more than 1 year). **A total of 265 training sites were thus prepared in the 75 districts.**



Microplanning for the ToT - For the first time ever, a ToT micro-plan was prepared at the state level in a state specific designed format. There was a felt need to prepare a centralized micro-plan because:

- (i) The specific participants for the ToT were pre-identified based on the desk review and having a micro-plan would minimize substitution.
- (ii) The micro-plan served as a pre-information tool sent well in advance so that the assigned participants could adjust their clinical commitments to participate in the ToT.
- (iii) The GM sending the training micro-plan lent credibility and seriousness to the activity.
- (iv) For the first time ever, the eHRMS codes of the doctors and nurses taken from Manav Sampada were also incorporated in the micro-plan, having learnt from the previous experience that master trainers are often lost to follow-up consequent to transfers or for other reasons.

The names identified for training from each district were assigned batches in such a way that moving the trainers for the 2-day training would not disturb the functioning of the facility.

Accordingly,

batches 1,5,9 were assigned colour green	
batches 2,6,10 were assigned colour Pink	
batches 3,7,11 were assigned colour blue	
batches 4,8,12 were assigned colour yellow	

The purpose of this colour coding was dual:

1. The State was able to assign separate batches to the staff of a facility without disturbing the facility and to keep a track as to which staff was expected in which batch to follow up with them to attend their assigned batch.
2. The State was also able to identify which batch had fewer participants to accommodate any absentees or replacements.



Sample of batch allocation to the participants of districts

Basti				Ayodhya			
DWH	CHC FRU 1	CHC FRU 2	CHC	DWH	CHC FRU 1	CHC FRU 2	CHC
Dr S K	Dr P C	Dr A K	Dr S S	Dr P J	Dr A	Dr PY	Dr P K
Dr V K	Dr M S	Dr S I	Dr A O	Dr V A	Dr P M	Dr P G	Dr K B
Ms M Z	Mr A G	Ms S G	Ms M S	Ms N U	Ms P F	Ms S M	Ms R S
Ms B C	Ms S V	Ms S L	Ms N L	Ms A B	Ms G C	Dr P V	Ms Y T
Ms P S	Mr J N	Ms A K	Ms S M	Ms A R	Ms P P	Mr B K	Ms S L

Ambedkar Nagar				S.K.Nagar			
DWH	CHC FRU 1	CHC FRU 2	CHC	DWH	CHC FRU 1	CHC FRU 2	CHC
Dr B T	Dr D R	Dr R H	Dr K K	Dr. S S	Dr R P	Dr V K S	Dr A M
Dr R S	Dr R K	Dr P D	Dr B B	Dr S K	Dr S U	Dr N S	Dr S L
Ms S S	Ms G Y	Ms N Y	Ms A R	Ms N C	Ms P C	Ms J P	Ms P J
Ms S D	Ms K K	Ms S A	MS A Y	Ms R P	Ms S T	Ms S B	M P H
Ms M V	Ms S Y	Ms S D	Ms P N	Ms S Y	Mr N V	Ms A Y	Ms P J

	Batch 1	Batch 5	Batch 9
	Batch 2	Batch 6	Batch 10
	Batch 3	Batch 7	Batch 11
	Batch 4	Batch 8	Batch 12

Division	District	Block Name	Facility name	Facility type	Employee Name	FRU)	Standard Specialization
Basti	Basti	Basti Sader	DWH	DH	Dr S C	FRU	Gynaecologist
Basti	Basti	Basti Sader	DWH	DH	Dr V K	FRU	Paediatrician
Basti	Basti	Basti Sader	DWH	DH	Ms B C	FRU	Staff Nurse
Basti	Basti	Basti Sader	DWH	DH	Ms M Z	FRU	Staff Nurse
Basti	Basti	Basti Sader	DWH	DH	Ms P S	FRU	Nurse Mentor TSU

6 districts were covered concurrently in 4 batches of ToT with each batch having 28-30 participants. Hence, after every 4 batches of ToT, 6 districts each had a set of 15-20 master trainers ready to take the training forward in their districts.

The detailed micro-plans were shared with GM training who sent it to the districts to relieve the participants for the training on the assigned dates at the assigned skills lab.

Rigorous follow-ups were done with district officials and the individual participants to ensure their participation in the ToT.





Hands-on training to trainers in the State skills lab.

ToTs were initiated in Feb 2022 at 3 Skills-labs (Lucknow, Varanasi and Noida) and all sanctioned batches were completed on 31st March 2022. ToT could not be initiated in Jhansi due to the unavailability of a functional hostel. ToT was started in Jhansi in December 2022 and completed on 31st Jan 2023.

All district trainers were trained by Skills-lab trainers on the GoUP case sheet, triaging, partograph, normal delivery, Essential New Born Care, Kangaroo Mother Care (KMC), birth dose vaccination, and maternal and newborn complications, over 2 days with hands-on practice using mannequins. They were also trained on infection prevention including handwashing, bio-medical segregation, operating an autoclave, etc., using the standard presentations, videos and check-lists on the Google drive. Pre-test and post-test were conducted for all participants in the training.

Each individual trainer was made to practice new-born resuscitation, including use of bag and mask and radiant warmer, in the skills lab with mannequins to gain confidence.

The doctors from UP TSU state team supported all 50 batches of ToT in all 4 skills labs to keep a check on the quality of the training, track the attendance, fill in for issues in technical component of the training, etc.,



District trainers practicing Partograph filling



Practicing NBR with bag and mask in Lucknow



District master trainer practicing controlled cord traction in AMTSL in ToT at Varanasi Skills lab in March 2022



District trainers learning how to operate an autoclave in Jhansi



TABLE 2

Status of district level SBA TOT across 75 districts

Name of skills lab	Assigned districts	Sanctioned batches	Completed batches	District master trainers trained
Lucknow	21	15	15	392
Noida	18	12	12	291
Varanasi	18	12	12	286
Jhansi	18	12	11	303
Total	75	51	50	1272

TABLE 3

Cadre of District Trainers

Cadre of District Trainers	Total
Gynecologists	148
Pediatricians	121
MBBS doctors	212
Staff nurses	506
Nurse mentors & QI mentors	158
DNS, DSS and State specialist from TSU	127
Total	1272

The average attendance of each batch of ToT was 87%.

UP now has a total of 265 SBA training sites across the State after these 50 batches of ToT.

The name-wise attendance with the designation, eHRMS code, mobile number and place of posting of all 1272 master trainers was shared by the Principals of the 4 skills lab with the GM training and the same was tagged in Manav Sampada by NHM with the help of the UPTSU.



Group photo of Batch 3 ToT of district trainers of Lucknow division with Skills-lab Master trainers from SIHFW and TSU State team in March 2022



Inclusion of gender e-module in SBA ToT

UPTSU advocated with MD NHM for gender sensitization of all health care providers at all levels with an understanding that the health service providers come from the same gendered communities, and gender bias is evident in their services. It was agreed to make a beginning by including an e-module for the same in the SBA training. An e-module was chosen as the medium to maintain consistent messaging throughout all gender sessions conducted as part of the SBA training across the state. The design of the e-module allowed the depiction of real-life case studies, discussions, and actionable points for the training participants to take back to their workplaces. This design of the e-module helped the participants relate to the situations and reflect on their actions with minimal facilitator engagement. This 2-hour gender training e-module was presented to the Managing Director of the National Health Mission, and the integration into the SBA training from November 2022 was approved.

The module was scheduled on day 05 of the theoretical training and uploaded to Google Drive.

However, the ToTs were completed at all skills labs except Jhansi by then. Hence, the UPTSU district staff and DNS were trained to facilitate the e-module. They were provided a facilitator guide and oriented to the pre and post-test tools.

The SBA ToT at Jhansi, began only in December 2022, and therefore incorporated the gender module. The UPTSU State team supported the initial three batches to run the same. However, the subsequent batches were taken by the Skills-lab master trainers from the government.



Jhansi Skills-lab master trainer facilitating session on gender e-module.



Challenges in conducting the ToT

- It was difficult to identify master trainers for skills-lab especially pediatricians as there is a shortage in districts. The pediatricians from neighboring districts were roped in to resolve this challenge.
- Several doctors posted in the districts had never conducted trainings before and were not confident about giving it to 12 batches in a modern skills-lab. These fears were overcome after they conducted the first 2-3 batches of training with UPTSU support. The use of check-lists and standard presentations also helped, as they reduced subjective errors and standardized the quality of trainings being given simultaneously at the skills labs.
- There were state elections and festivals in Feb-March 2022. However, the mandate to complete the trainings by 31st March 2022 led to intensive microplanning keeping in mind the phase-wise elections, travel restrictions, etc., and the ToTs were completed on the stipulated date without any glitches.



- The hostel of Regional Health and Family Welfare Training Centre (RHFWTC), Jhansi was made functional only by November 2022. Hence, the training started there in Dec 2022. This delayed the district trainings in the districts assigned to Jhansi.
- No gynaecologist turned up for the ToT as per the micro-plan from several districts in spite of repeated reminders from NHM and the CMO. Several joined in later batches when stern warnings were sent from the State.

3. SBA training roll-out at the districts



LR gap assessment of training sites

The training sites identified for the purpose of ToT were primarily based on desk review and discussion with district authorities. However, before the actual initiation of trainings at these training sites, it was important to assess these facilities and close any gaps so that the standards for quality of training could be met.

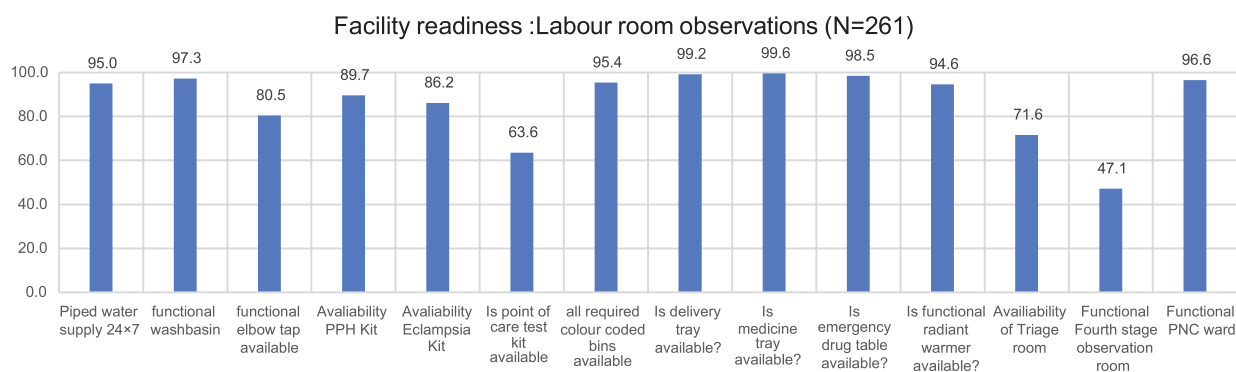
In June-July 2022, TSU DSS and DNS conducted an ODK based gap assessment of the LR of the identified training sites in DWH and CHCs to identify issues which needed corrections before the actual trainings could begin. For this purpose, a standardized LR gap assessment check-list covering all the relevant skills was used and data was collated at the state level. For example;

- Infection prevention related readiness such as water supply, elbow taps, bio-medical waste segregation facilities, etc.,
- Clinical services related readiness such as availability of essential drugs, PPH and eclampsia kits, availability of functional triage for initial assessment on arrival and functional postnatal wards for postpartum monitoring of mother and new-born and stay in the facility, etc.,

Most facilities were up to the required standards, but few gaps were identified in isolated facilities. These issues were shared with the MOICs and CMO of the districts who were requested to address the gaps before the actual trainings started.

FIGURE 2

Facility Readiness: Labour Room Observations





OSCE of SN trainers

It was expected that there would be a long gap between completion of ToT (March 2022) and initiation of trainings, due to administrative and budgetary delays (Oct-Nov 2022). Hence, in order to make sure that the trainers especially the nurses did not forget the ToT content, the DNS took regular OSCE and mentoring sessions for them during their field visits to these CHCs. This ensured that the competencies acquired during the ToT were not forgotten and that any identified gap in competencies was corrected by the DNS.

The OSCE conducted by the DNS shows some good results in terms of skill development of the trainer nurses. The OSCE scores on key topics, viz. 1. Partograph (average score 73%) 2. Per vagina examination (72%) 3. Conducting Normal Delivery and AMTSL (70%) 4. Essential Newborn Care (65%) and Monitoring of Mother and Newborn in Fourth Stage of Labour (65%),



Microplanning

The backbone of the training has been robust microplanning keeping in line with the strategy that was proposed to GoUP.

- i. **Getting the line-list of SBA untrained staff:** DG training asked for a line-list of SBA untrained staff posted at delivery points and conducting deliveries. This list included Ayurveda and Homeopathic LMOs and was collected by the CMOs in a prescribed format in July 2022.

Nurses and ANMs who were posted at delivery points through other programs such as NBSU/ SNCU/ RBSK/ NCD staff, etc., and were not conducting deliveries were excluded from the list.

- ii. **Developing the micro-plan format:** The micro-plan is an integrated set of components that are crucial for a program and helps in smooth implementation due to the detailing of all points that would affect an activity.

SBA training micro-plan for the district level training had never been made in UP. However, given the quantum of the activity, it was decided to develop a format so as to capture all information in a user-friendly single page for the districts and facilities to visualize the progress in implementation of the plan. The following steps were followed in designing it:

- All trainings were planned across UP from the 1st to 21st of every month. Day 22 to 30 of the month would be used by the districts to complete reporting and prepare for the next batches.
- The gender e-module training was scheduled on the 5th of every month.
- The start and end dates for theory and practical training, the training site and the name of the trainers at that site were clearly mentioned along with the names, mobile numbers, designation and e-HRMS codes of the trainees.
- The micro-plans were prepared centrally at the TSU state office in consultation with the district DSS, MH consultant, DPM and ACOMO RCH and then sent to the districts through GM training.
- The plans for 5 months together (Nov 22-Mar 23) were mailed to each district by GM training.



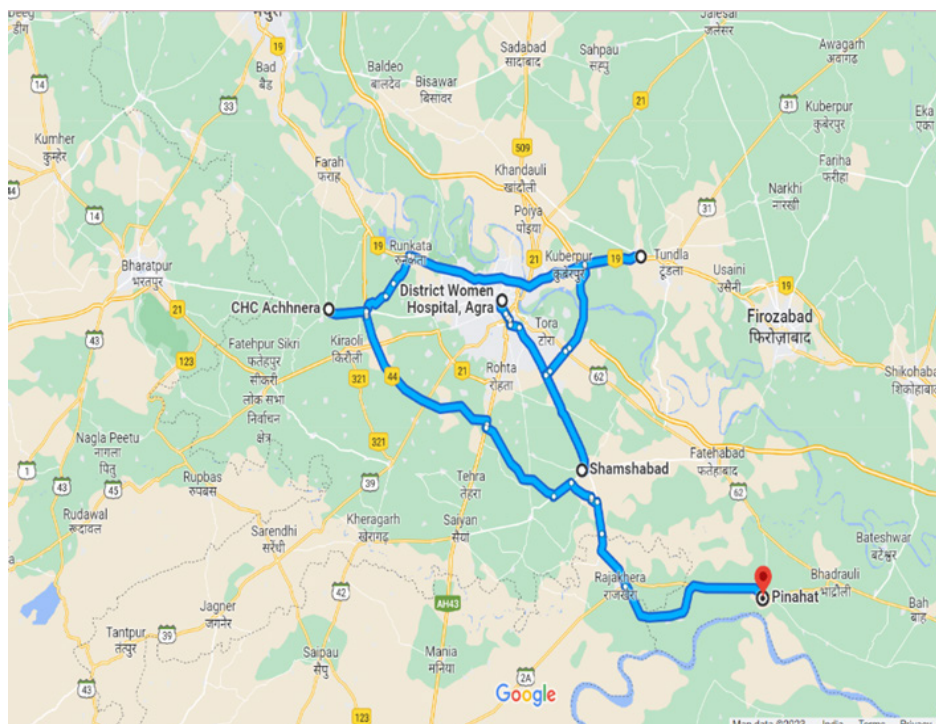
- For the 20 districts, where ToT happened in Jhansi Dec 22 onwards, the micro-plans were prepared for Jan-Mar 2023.

Though each district sent hundreds of names, the trainees were prioritized based on criteria described below. The prioritization was important so that it aligned with the ultimate goal of the training, viz., reduction in maternal and new-born morbidity and mortality. Accordingly, the trainees were prioritized as follows: -

- Staff nurses first, followed by sub-center ANMs, as staff nurses are always placed at higher level facilities such as CHCs and district hospitals where maximum deliveries occur.
 - SNs posted at high delivery load facilities such as DWH and FRUs first, followed by SNs in other facilities because the high load facilities also have the maximum maternal and new born complications as per the available program data.
 - All nurse mentors and DWH SNs were posted for clinical training at the DWH instead of sending them to the CHCs in view of the higher load for them to practice. They were trained under the direct supervision of OBG specialist and district nursing specialist.
 - The clinical posting for the block staff was done keeping in mind the distance of the training site from the place of posting using Google maps.
 - Training for the AYUSH LMOs as a single batch was planned separately, in the month of March 2023, to maintain the uniformity in the profile of participants. They were trained only in the DWH, so that they could be trained directly under the supervision of specialist doctors.

FIGURE 3

Sample of how Google map was used to send participants from a block to the nearest CHC training site for 16 days practical training.



In Agra there are 4 training sites:

- CHC Achhnera
- CHC Etmadpur
- CHC Shamshabad
- DWH Agra

Participant from CHC Pinahat mapped in CHC Shamshabad training site

Sample of the district training micro plan is attached in Annexure 3.



- iii. **Letters including budgetary guidelines:** TSU helped NHM to prepare the guidelines to be sent to the districts for initiation of training including advocacy to nominate ACOMO RCH of the district as the nodal officer of the training at the district.

Following approval by the Executive Committee, the budgetary and training guidelines were sent out to the districts along with the micro-plans.

Accordingly, the DWH were allotted budget for both theoretical and practical training while the CHCs were allotted budget only for the practical training.

The DSS were oriented in detail about the guidelines to help them facilitate the trainings smoothly at the district.

- iv. **Implementation:** Just before the actual initiation of district trainings, all DSS and DNS were re-oriented online to align them on the methodology to be followed.

A check-list was prepared which they filled to ensure training site preparedness for theoretical and practical training including the logistics that would be required.

The Government letter with training and budgetary guidelines was also discussed with them.

The trainees in batches of 8, 12 or 16 as per the micro-plan would come to DWH on 1st of every month where the pre and post- test would be conducted and between 6th and 21st of the month they would go their respective assigned facilities for the clinical training. After the 21st, the MOICs would send the attendance duly signed by the facility trainers to the CMS of the DWH for certificate distribution.

The DSS from TSU made regular phone calls to the trainers/trainees and visited sites in order to keep track of the training at the CHC sites, during the 16 days period.

The DNS supported the trainers in the 5-day theory training as well as in conducting the OSCEs, hands-on practice on mannequins and in facilitating the gender sessions.

- v. **Information and follow-up with the participants:** The district UPTSU team followed up with each participant and their facility in-charge to ensure their timely participation in the trainings as per their assigned batches every month.

- vi. **Inclusion of gender e-module and roll out:** The gender e-module was introduced on day 5 of the theoretical training at the DWH. Since the ToT was already completed for 50 districts before the introduction of the gender e-module, it was decided that the UPTSU DSS and DNS would be trained on the module via online mode and they would conduct the initial few batches until the



Gender e-module training in progression at DWH, Ghaziabad, Uttar Pradesh

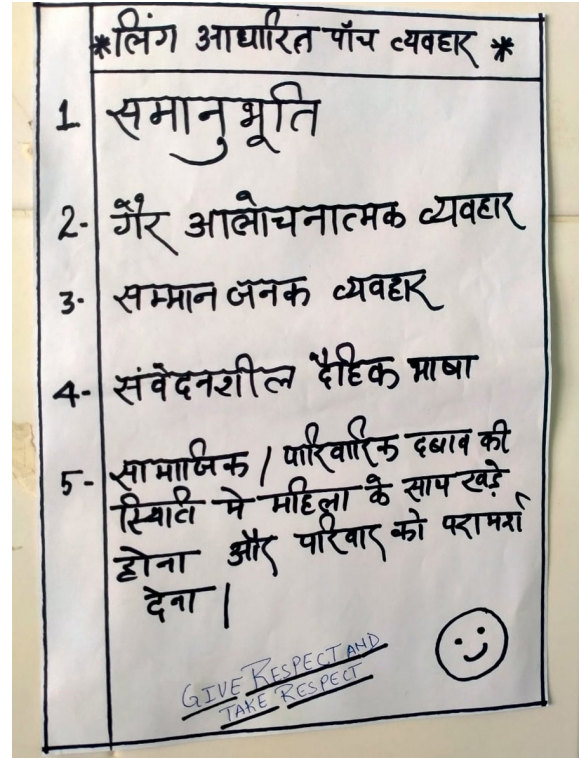
time that the district trainers were confident to take the same forward.

All the DSS and DNS were trained on the Zoom platform by the state team and they then conducted the 2-hour training in their respective districts on day 5 of the theory training.

The gender champions from the state visited the districts on the 5th of every month to participate in the training and also to get a feedback about the module from the trainees and trainers.

The pretest and post-test were also conducted for the gender training and the scores were shared with the state by the district team.

In the districts tagged to the Jhansi skills lab, the district training was conducted by the district trainers as the module had become a part of the ToT by then.



Key take aways activity during the gender e-module training

vii. Digitization of pre and post tests and

trainers' feedback on gender e-module: The pre and post-tests for SBA training has been traditionally done by a paper-based method. When the gender e-module was introduced, the pre and post-tests for the same were also made paper based. However, there were disadvantages with the paper-based method of testing.

- Requires cost of printing.
- The papers need to be manually corrected by the trainers which is time-consuming for cluster batches having up to 20 participants.
- The results of the tests have to be tabulated at the end of every batch on excel sheet and sent to state.
- The cumulative scores do not tell us which answers of each questions were still not clear to the participants after the completion of the training.

Hence, it was decided to digitize these tests after seeking permission from the government. The digitized question papers for the technical part and gender along with the feedback of trainers were put on a software and rolled out in Sep 2023. The answer key to the question paper was also uploaded on the software for auto-correction of the paper and auto-calculation of scores immediately. The DSS, DNS and ZNS were oriented online on how the software would run. A link is sent by the DSS of the districts to the phone numbers of the participants on day 1 of the training and then on day 5. The score sheet generated by the software is printed and shared by



the DSS with the CMS of the DWH while at the same time, the scores of all participants are available at a glance at the central dashboard at the state.

viii. **Monitoring and quality checks:** Since, the scale of the training was huge and happening across UP simultaneously, it was important to monitor the quality of the training including punctuality, attendance, quality of sessions, active participation of trainers/trainees etc.,

- The ACMO RCH of the district was assigned as the nodal officer for the SBA training by the NHM to ensure that trainings happened as per the micro-plan, budgets were allocated timely to the training sites, letters for the relieving the trainees were released on time, attendance was complete and sent to the state in a timely manner, etc.,
- The trainings were inaugurated by DMs/CMOs/CMSs in several places which lent seriousness and sincerity among trainers and trainees.
- The training sites were visited by ADs/ CMO/ ACMOs/DPMs for supportive supervision and for interaction with the participants to know the quality of the training and for resolving issues.
- Two members from the State NHM office were assigned to make calls to few training sites on a daily basis to know the progress and issues related the quality of trainings.
- The DSS from UPTSU attended the trainings both at DWH and CHCs to ensure the smooth implementation, monitor attendance and raised the issues such as unavailability of essential logistics/printing material/deviation from micro-plan, etc., to the state team for immediate trouble-shooting with the help of state NHM office.
- OSCEs were conducted at both DWH and CHCs based on the checklists in the Google drive by the trainer NMs to ensure skills enhancement of skills of the trainee nurses.





CMO Muzaffarnagar in SBA training at DWH Muzaffarnagar and interacted with the trainee nurses



DM Jalaun visited SBA training site DWH Jalaun, interacted with the trainee nurses and viewed the gender e-module



CMO Amroha visiting SBA training site: CHC Gajraula



CMO Sambhal visited SBA training site at CHC Gunnaur and assessed quality of training



SBA certificate distribution to batch 5 by CMO and CMS at Bulandshahar



SBA training certificates distributed by CMS Azamgarh



Snippets from the District level SBA trainings



Demonstration on 3rd stage of labour (delivery of placenta)



Hands on practice on urine examination



Demonstration on Partograph



Hands on practice for abdominal examination



Demonstration on Kangaroo Mother Care (KMC)

ix. **Media Coverage:** There was extensive media coverage specially in the non HPDs where SBA trainings had re-started after a gap of several years.

एसबीए के प्रशिक्षण पर सुरक्षित प्रसव के सिखाए जाएंगे गुरु



संवाद न्यूज़ एजेंसी

संवाद न्यूज़ एजेंसी के अनुसार, राष्ट्रीय स्वास्थ्य मिशन के तहत मातृ-शिशु मृत्यु दर को कम करने के उद्देश्य से शिक्षण एवं अटेंडेंट-एसबीए का प्रशिक्षण कार्यक्रम शुरू किया गया है। एसबीए प्रशिक्षण के तहत, बच्चे को जन्म देने के 16 दिनों तक प्रशिक्षण प्रदान की जायेगी। प्रशिक्षण के दौरान, प्रशिक्षण के तहत, बच्चे को जन्म देने के 16 दिनों तक प्रशिक्षण प्रदान की जायेगी। प्रशिक्षण के तहत, बच्चे को जन्म देने के 16 दिनों तक प्रशिक्षण प्रदान की जायेगी।

प्रशिक्षण के दौरान, प्रशिक्षण के तहत, बच्चे को जन्म देने के 16 दिनों तक प्रशिक्षण प्रदान की जायेगी। प्रशिक्षण के तहत, बच्चे को जन्म देने के 16 दिनों तक प्रशिक्षण प्रदान की जायेगी।

Media Coverage Kanpur Nagar

संस्थागत प्रसव बढ़ाने पर दें जोर : सीएमओ

संवाद न्यूज़ एजेंसी

महिला अस्पताल में एसबीए प्रशिक्षण का हुआ आयोजन

जगरत है। हाईस्कूल प्रेनेसी को सेंटर के लिए रेफर करना चाहिए। महिलाओं का प्रसव चिकित्सक के परामर्श के अनुसार पर्यटन सुविधाओं वाले उपचार प्रदायक प्रदायक पर होना चाहिए। प्रशिक्षण के दौरान, प्रशिक्षण के तहत, बच्चे को जन्म देने के 16 दिनों तक प्रशिक्षण प्रदान की जायेगी। प्रशिक्षण के तहत, बच्चे को जन्म देने के 16 दिनों तक प्रशिक्षण प्रदान की जायेगी।

Media coverage of SBA Basti Training

जच्चा-बच्चा की मृत्यु दर कम करने की कवायद

संवाद न्यूज़ एजेंसी

जच्चा-बच्चा की मृत्यु दर कम करने की कवायद में मंजूरी देना

प्रशिक्षण के दौरान, प्रशिक्षण के तहत, बच्चे को जन्म देने के 16 दिनों तक प्रशिक्षण प्रदान की जायेगी। प्रशिक्षण के तहत, बच्चे को जन्म देने के 16 दिनों तक प्रशिक्षण प्रदान की जायेगी।

Media Coverage SBA Pratappgarh

मातृ-शिशु मृत्यु दर में कमी लाने को हुई एसबीए ट्रेनिंग

गाऊर स्ट्रो

आगरा। मातृ-शिशु मृत्यु दर को कम करने के उद्देश्य से जिला महिला अस्पताल में प्रशिक्षण कार्यक्रम हुआ। कार्यक्रम में प्रशिक्षण के दौरान, प्रशिक्षण के तहत, बच्चे को जन्म देने के 16 दिनों तक प्रशिक्षण प्रदान की जायेगी। प्रशिक्षण के तहत, बच्चे को जन्म देने के 16 दिनों तक प्रशिक्षण प्रदान की जायेगी।

Media Coverage Agra

एनएम, स्टाफ नर्स को दिया प्रशिक्षण

संवाद न्यूज़ एजेंसी

शामली। राष्ट्रीय स्वास्थ्य मिशन के तहत एनएम और स्टाफ नर्स को सुशिक्षित प्रसव करने और जच्चा-बच्चा को सही देखभाल के लिए प्रशिक्षण दिया गया। प्रशिक्षण के दौरान, प्रशिक्षण के तहत, बच्चे को जन्म देने के 16 दिनों तक प्रशिक्षण प्रदान की जायेगी। प्रशिक्षण के तहत, बच्चे को जन्म देने के 16 दिनों तक प्रशिक्षण प्रदान की जायेगी।

Media Coverage SBA Shamli

प्रसव कराने में स्टाफ नर्स और एनएम की भूमिका महत्वपूर्ण: सीएमओ

जिले की 12 स्टाफ नर्स और एनएम को दिया गया स्किल बर्थ अटेंडेंट प्रशिक्षण

संवाद न्यूज़ एजेंसी

देवरिया जिले के प्राथमिक क्षेत्रों में स्वास्थ्य मिशन द्वारा प्रदान की गई अटेंडेंट (एसबीए) के तहत, बच्चे को जन्म देने के 16 दिनों तक प्रशिक्षण प्रदान की जायेगी। प्रशिक्षण के तहत, बच्चे को जन्म देने के 16 दिनों तक प्रशिक्षण प्रदान की जायेगी।

Media Coverage SBA Deoria

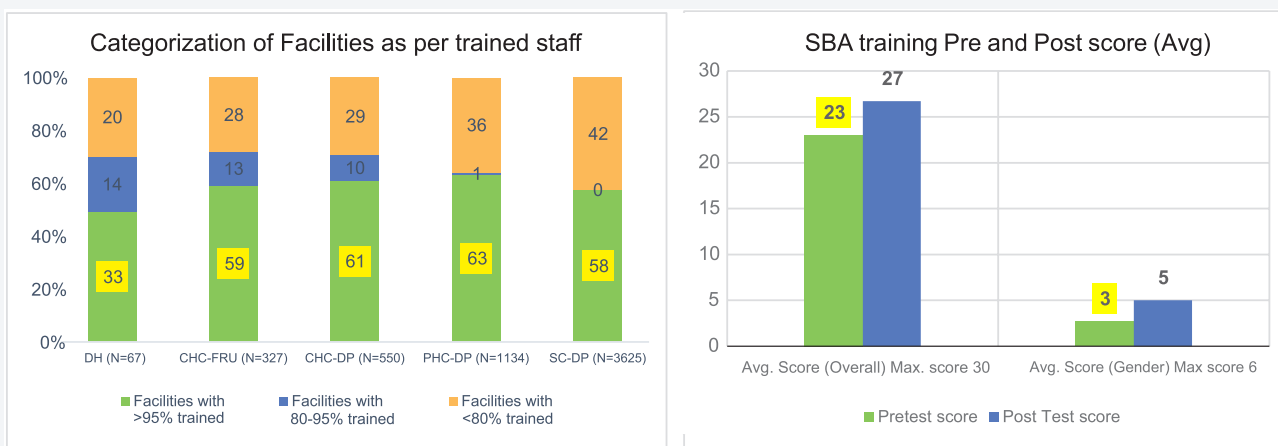
x. Challenges

- Several doctors got transferred in June 2022 after the ToT were completed, but before the district trainings could start. As a result of this, several training sites had incomplete set of master trainers and the 16 days training could not be held in those sites.
- The SBA trainers when tracked through the Manav Sampada were posted in non-training site facilities in their new districts.
- A few specialist doctors resigned after the transfers and did not join back.
- Districts like Deoria where the DWH has become a part of the medical college, training could not be initiated due to lack of space and the district leadership's inability to find an alternative arrangement.
- Several new staff nurses joined the permanent services at the districts while the existing ones got relocated to new districts. Hence, there were local level changes in the micro-plans to include them in the plan replacing the earlier nominations. Hence, tracking attendance was difficult.

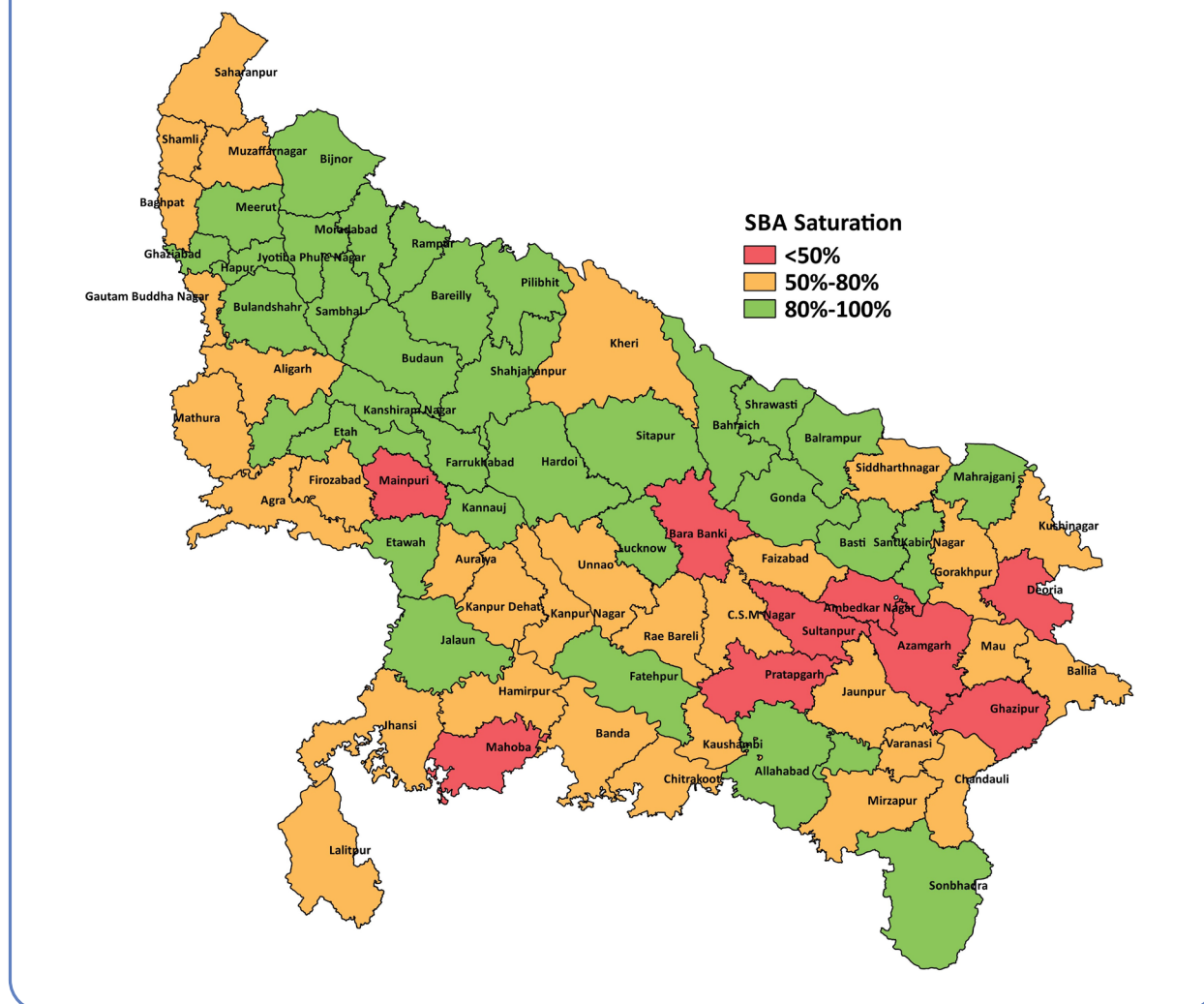
xi. Results

- As per Microplan overall **6318 (89%)** staff were SBA trained against the expected 7114 staff across UP, from Nov 22 till Mar 24. This includes 45 AYUSH LMOs.
- The average scores between pre-test and post-test scores improved from 22/30 to 27/30.

FIGURE 4
SBA Training Status



SBA Saturation Map



Parallel gains from the training --Activation of new delivery points in Ghaziabad.

SBA training was initiated in Ghaziabad on Nov 22 and 80 SNs/ANMs have been trained till March 2023. Following this, new delivery points have been activated by these nurses for conducting deliveries.

TABLE 4

Delivery point activation in Ghaziabad after SBA training

Name of SBA trained ANMs	Name of Facility	Date of 1st delivery
ABC	SC Banthala (Loni)	05-12-2022
DEF	UPHC Maharajpur	17-11-2022
GHI	UPHC Saraswati Colony	25-11-2022
JKL	UPHC Arthala	26-11-2022
MNO	SC Teela (Loni)	17-12-2022
PQR	UPHC Rajbagh	15-01-2023
STU	UPHC Bhopura	25-12-2022
VWX	SC Niwari (Muradnagar)	14-05-2023



VOICES FROM THE FIELD



I attended SBA ToT for 2 days at SIHFW Lucknow. I learnt several new things during this ToT and I want that we should be trained from time to time so that we stay updated. I have trained 5 batches of nurses from PHC, CHC and DWH. SBA training has improved their practices especially in the management of birth asphyxia.



Ms Sarojini
Nursing officer, SBA trainer
DWH Rae Bareilly



After receiving SBA training, I conducted delivery of a mother named Reena r/o Hathiyakheda, in which the baby did not cry immediately after birth. I immediately resuscitated the baby and stabilized it. After the infant was stable, I referred the baby to SNCU for additional observation and management. The baby is fine now. I am therefore more competent in identifying and managing new born complications as a result of my SBA training.



Ms Jahan Ara
S/N CHC Hasanpur
District Amroha



I found the SBA ToT workshop at Jhansi refreshing and motivating. The instructors were thoughtful, very knowledgeable and willing to answer questions as they came up. I feel better equipped to manage after completing the course. There was a great balance between theory and practice and the concepts were clearly and professionally explained.



Dr. Priti Bhagunde Bhasin
Senior Consultant Kanpur Dehat
SBA Trainer



My experience at SBA ToT workshop in Jhansi Skill Lab was very enriching. It helped me to brush up my skills as per the latest protocols. I was then involved in providing SBA trainings at District Women Hospital, Orai (Jalaun). I really appreciate the initiative undertaken by the government and I believe these trainings will go a long way in achieving our goal of reducing maternal mortality, neonate and Infant mortality within the state and ultimately at National level.



Dr S.K. Pal
MBBS, MD, Paediatrician
District Women Hospital, Orai

ANNEXURES

ANNEXURE 1: Revised SBA Master ToT Agenda with integration of Gender

SKILLS LAB REGIONAL HEALTH AND FAMILY WELFARE TRAINING CENTRE, DISTRICT				
Skilled Birth Attendant (SBA): Training of District Trainers				
Date	Session	Time	Topic	Resource Person
18.01.2023		09.00-09.15	Registration	Subject Experts from UP TSU and the Government
Tuesday	0	09.15-9.45	Inauguration/Introduction of participants/Pre-Test	
	I	09.45-10.30	Introduction to SBA Training & Cluster Based SBA Training	
	II	10.30-11.00	Modules and Training Materials of SBA Training	
	III	11.15-12.30	ANC- History taking, examination, investigations and interventions	
	IV	12.30-13.45	Use of Partographs	
	V	14.30-15.15	Conducting normal delivery, case sheets and LR documentation	
	VI	15.30-17.30	Essential New Born Care & Resuscitation, KMC	
19.01.2023	0	09.30-9.45	Recap	
Wednesday	I	09.45-11.00	Management of Maternal Complications	
		11.15-12.00		
	II	12.00-13.45	Quality of care- RMC, birth companion, Gender sensitivity	
	III	14.30-16.30	Quality of care- Infection Prevention	
	IV	16.45-17.30	Use of mannequins for SBA training and Post Test	
			Valediction	



ANNEXURE 2: Sample of SBA TOT Microplan at SIHFW, Skills Lab Lucknow

SBA Master TOT at SIHFW, Skills Lab Lucknow									
Batch 1: 25th and 26th Feb 2022									
S.no	Division	District	Block Name	Facility name	Facility type	Employee Name	eHRMS Code	FRU (Y/N)	Standard Specialization
1	Lucknow	Sitapur	Biswan	BCHC Biswan	CHC	Dr P C		FRU	Medical Officer
2	Lucknow	Sitapur	Biswan	BCHC Biswan	CHC	Ms K P		FRU	Nurse Mentor
3	Lucknow	Sitapur	Sidhauli	BCHC Sidhauli	CHC	Ms R S		FRU	Staff Nurse
4	Lucknow	Sitapur	District Head Quarter	District Women Hospital Sitapur	DH	Dr S K		FRU	Gynaecologist
5	Lucknow	Sitapur	District Head Quarter	District Women Hospital Sitapur	DH	Ms P D		FRU	Nurse Mentor TSU
6	Lucknow	Unnav	Nawabganj	BCHC Nawabganj	CHC	Ms R Y		FRU	Staff Nurse
7	Lucknow	Unnav	Safipur	BCHC Safipur	CHC	Dr A T		FRU	Gynaecologist
8	Lucknow	Unnav	Safipur	BCHC Safipur	CHC	Ms V S		FRU	Nurse Mentor
9	Lucknow	Unnav	District Head Quarter	DH Uma Shankar Female Hospital	DWH	Dr G A		DWH	Gynaecologist
10	Lucknow	Unnav	District Head Quarter	DH Uma Shankar Female Hospital	DWH	Ms P K		DWH	Nurse Mentor TSU
11	Lucknow	Lakhimpur Kheri	Kumbhi	BCHC Gola	CHC-FRU	Ms S B		FRU	Staff Nurse
12	Lucknow	Lakhimpur Kheri	District Head Quarter	District Women Hospital Lakhimpur Kheri	DH	Dr S S		FRU	Gynaecologist
13	Lucknow	Lakhimpur Kheri	District Head Quarter	District Women Hospital Lakhimpur Kheri	DH	Ms S D		FRU	Nurse Mentor TSU
14	Lucknow	Lakhimpur Kheri	Dhaurahara	Dhaurahara	CHC	Dr S V		FRU	Medical Officer



SBA Master TOT at SIHFW, Skills Lab Lucknow									
Batch 1: 25th and 26th Feb 2022									
S.no	Division	District	Block Name	Facility name	Facility type	Employee Name	eHRMS Code	FRU (Y/N)	Standard Specialization
15	Lucknow	Lakhimpur Kheri	Dhaurahara	Dhaurahara	CHC	Ms V J		FRU	Nurse Mentor
16	Lucknow	Lucknow	Mall	CHC Itaunja	CHC	Ms T D		FRU	Staff Nurse
17	Lucknow	Lucknow	Bakshi Ka Talab	CHC Itaunja	CHC	Dr M P		FRU	Gynaecologist
18	Lucknow	Lucknow	District Head Quarter	DH Awanti Bai Mahila Hospital	DH	Ms M H		FRU	Staff Nurse
19	Lucknow	Lucknow	District Head Quarter	DH Awanti Bai Mahila Hospital	DH	Ms N S		FRU	Staff Nurse
20	Lucknow	Rae Bareli	Lalganj	BCHC Lalganj	CHC	Ms A K		FRU	Staff Nurse
21	Lucknow	Rae Bareli	District Head Quarter	DH District Women Hospital	DH	Dr S P		FRU	Gynaecologist
22	Lucknow	Rae Bareli	District Head Quarter	DH District Women Hospital	DH	Ms S G		FRU	Staff Nurse
23	Lucknow	Rae Bareli	Uchahar	BCHC Unchahar	CHC	Dr PG		FRU	Medical Officer
24	Lucknow	Hardoi	Bilgram	BCHC Bilgram	CHC	Ms S B		FRU	Staff Nurse
25	Lucknow	Hardoi	District Head Quarter	District Women Hospital Hardoi	DH	Dr S T		NFRU	Medical Officer
26	Lucknow	Hardoi	District Head Quarter	District Women Hospital Hardoi	DH	Ms N M		FRU	Nurse Mentor TSU
27	Lucknow	Hardoi	Sandila	BCHC Sandila	CHC	Dr S L		FRU	Gynaecologist
28	Lucknow	Hardoi	Sandila	BCHC Sandila	CHC	Ms P A		FRU	Nurse Mentor



ANNEXURE 3: SBA district Micro-plan – Bagpat

SBA Training Microplan - Bagpat																		
Batch 1 (01-11-2022 to 21-11-2022)																		
S. No	Division Name	District Name	Block Name	Facility Name	Facility type (CHC,DH, PHC, SC, UPHC)	Staff Name	Staff Designation (SN/NM/ ANM / CHO)	Staff EHRMS code	Staff Mobile Number	Batch	Theory Batch site	Name of trainers	Theory Start date	Theory End Date	Practical Batch site	Name of trainers	Practical Start date	Practical End Date
1	Meerut	Baghpat	Baghpat	Faizpur Naiana	PHC	Ms S D	ANM			1	DCH Bagpat		01-11-2022	05-11-2022	CHC Baghpat		06-11-2022	21-11-2022
2	Meerut	Baghpat	Baghpat	Sisana	SC	Ms R	CHO			1	DCH Bagpat		01-11-2022	05-11-2022	CHC Baghpat		06-11-2022	21-11-2022
3	Meerut	Baghpat	Baghpat	Sultanpur Hatana	SC	Ms B S	CHO			1	DCH Bagpat		01-11-2022	05-11-2022	CHC Baghpat		06-11-2022	21-11-2022
4	Meerut	Baghpat	Baghpat	Sarooorpur	CHC	Ms G	SN			1	DCH Bagpat		01-11-2022	05-11-2022	CHC Baghpat		06-11-2022	21-11-2022
5	Meerut	Baghpat	Chhaprauli	Kurdi	SC	Ms T	ANM			1	DCH Bagpat		01-11-2022	05-11-2022	CHC Baraut		06-11-2022	21-11-2022
6	Meerut	Baghpat	Chhaprauli	Asara	SC	Ms Ge	ANM			1	DCH Bagpat		01-11-2022	05-11-2022	CHC Baraut		06-11-2022	21-11-2022
7	Meerut	Baghpat	Chhaprauli	Taande	SC	Ms P	ANM			1	DCH Bagpat		01-11-2022	05-11-2022	CHC Baraut		06-11-2022	21-11-2022
8	Meerut	Baghpat	Chhaprauli	Loom	SC	Ms M	ANM			1	DCH Bagpat		01-11-2022	05-11-2022	CHC Baraut		06-11-2022	21-11-2022
9	Meerut	Baghpat	Baghpat	Bali	SC	Ms D	ANM			1	DCH Bagpat		01-11-2022	05-11-2022	DCH		06-11-2022	21-11-2022
10	Meerut	Baghpat	Baghpat	Sultanpur Hatana	SC	Ms Su	ANM			1	DCH Bagpat		01-11-2022	05-11-2022	DCH		06-11-2022	21-11-2022
11	Meerut	Baghpat	Baghpat	Padra	SC	Ms Pr	ANM			1	DCH Bagpat		01-11-2022	05-11-2022	DCH		06-11-2022	21-11-2022
12	Meerut	Baghpat	Baghpat	Gwalikhera	PHC	Ms Se	ANM			1	DCH Bagpat		01-11-2022	05-11-2022	DCH		06-11-2022	21-11-2022



SBA Training Microplan - Bagpat

S. No	Division Name	District Name	Block Name	Facility Name	Facility type (CHC/DH, PHC, SC, UPHC)	Staff Name	Staff Designation (SN/NM/ANM/CHO)	Staff EHRMS code	Staff Mobile Number	Batch	Theory Batch site	Name of trainers	Theory Start date	Theory End Date	Practical Batch site	Name of trainers	Practical Start date	Practical End Date
Batch 2 (01-12-2022 to 21-12-2022)																		
1	Meerut	Baghpat	Khekra	Khekra	CHC	Ms Sn	ANM			2	DCH Bagpat		01-12-2022	05-12-2022	CHC Baghpat		06-12-2022	21-12-2022
2	Meerut	Baghpat	Khekra	basi	SC	Ms So	ANM			2	DCH Bagpat		01-12-2022	05-12-2022	CHC Baghpat		06-12-2022	21-12-2022
3	Meerut	Baghpat	Khekra	Ratoul	PHC	Ms An	ANM			2	DCH Bagpat		01-12-2022	05-12-2022	CHC Baghpat		06-12-2022	21-12-2022
4	Meerut	Baghpat	Khekra	sarfabad	SC	Ms Re	ANM			2	DCH Bagpat		01-12-2022	05-12-2022	CHC Baghpat		06-12-2022	21-12-2022
5	Meerut	Baghpat	Baraut	Baraut	CHC	Ms Ar	SN			2	DCH Bagpat		01-12-2022	05-12-2022	DCH		06-12-2022	21-12-2022
6	Meerut	Baghpat	Baghpat	Bali	SC	Ms Jy	CHO			2	DCH Bagpat		01-12-2022	05-12-2022	DCH		06-12-2022	21-12-2022
7	Meerut	Baghpat	Baghpat	Sisana	SC	Ms He	ANM			2	DCH Bagpat		01-12-2022	05-12-2022	DCH		06-12-2022	21-12-2022
8	Meerut	Baghpat	Pilana	pilana	CHC	Ms Pr	SN			2	DCH Bagpat		01-12-2022	05-12-2022	DCH		06-12-2022	21-12-2022
Batch 3 (02-01-2023 to 22-01-2023)																		
1	Meerut	Baghpat	Khekra	ratoul	SC	Ms Be	ANM			3	DCH Bagpat		02-01-2023	06-01-2023	CHC Bagpat		07-01-2023	22-01-2023
2	Meerut	Baghpat	Khekra	ratoul	SC	Ms As	ANM			3	DCH Bagpat		02-01-2023	06-01-2023	CHC Bagpat		07-01-2023	22-01-2023
3	Meerut	Baghpat	Khekra	ghitora	SC	Ms Ra	ANM			3	DCH Bagpat		02-01-2023	06-01-2023	CHC Bagpat		07-01-2023	22-01-2023
4	Meerut	Baghpat	Khekra	fhulera	SC	Ms Sa	ANM			3	DCH Bagpat		02-01-2023	06-01-2023	CHC Bagpat		07-01-2023	22-01-2023
5	Meerut	Baghpat	Baghpat	Baghu	SC	Ms Va	ANM			3	DCH Bagpat		02-01-2023	06-01-2023	DCH		07-01-2023	22-01-2023
6	Meerut	Baghpat	Chhaprauli	Chhaprauli	CHC	Ms An	SN			3	DCH Bagpat		02-01-2023	06-01-2023	DCH		07-01-2023	22-01-2023
7	Meerut	Baghpat	Pilana	Amipur	SC	Ms Su	ANM			3	DCH Bagpat		02-01-2023	06-01-2023	DCH		07-01-2023	22-01-2023
8	Meerut	Baghpat	Pilana	Pilana	CHC	Ms Ma	SN			3	DCH Bagpat		02-01-2023	06-01-2023	DCH		07-01-2023	22-01-2023



Uttar Pradesh Technical Support Unit

Uttar Pradesh Technical Support Unit (UP TSU) was established in 2013 under a Memorandum of Cooperation signed between the Government of Uttar Pradesh (GoUP) and Bill & Melinda Gates Foundation (BMGF) to strengthen the Reproductive, Maternal, New-born, Child, Adolescence Health and Nutrition (RMNCAH+N). University of Manitoba's India-based partner, India Health Action Trust (IHAT) is the lead implementing organization.

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