

# **Intensive Training Programme – Training for “All”**

## **(Training Need Assessment of 3 Tribal Districts of Rajasthan)**



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## **Intensive Training Programme –Training for “All”**

### **(Training Need Assessment of 3 Tribal Districts of Rajasthan)**

#### **Introduction**

The quality of healthcare services rendered to the citizens especially to the weaker and marginalized sections of the society is primarily dependant on the knowledge; skill, confidence and attitude of the frontline personnel and the performance of an organization are generally determined by the citizens by the quality of the personnel at various delivery points. These personnel are the citizen-interface of the government and citizens, citizens interact with these personnel as customer either regularly or at the time of need. As such, the orientation and motivation of these personnel is of critical importance for percolation of gains of economic growth. While incentive do help in keeping the motivation levels high, the attitudinal orientation and knowledge levels required for effective service delivery, can be managed only through appropriately designed training interventions.

The National Training Policy (NTP) stipulated that the “Training would be imparted to all rungs of the civil services starting from lowest and cutting – edge to the highest in policy making. In its vision for Training for All NTP also acknowledges that the incidence of training is significantly low at the frontline levels of the civil service. It further adds that concerted efforts have to be made to equip these functionaries to be more responsive to citizens

Efforts are made by the Department of Personnel and Training (DoPT), GoI, to sensitize the cutting edge level officials through Intensive district level training programmes. Based on earlier programmes’ success, this ITP for “ALL” is being planned for saturation training of all frontline functionaries.

The basic objective of the intensive Training Programme is to conduct saturation training of frontline personnel manning the public service delivery chain, in identified sectors, in specific geographical areas. Following four sectors have been identified for trainings-

- ▶ Health & Nutrition
- ▶ Women empowerment including ICDS
- ▶ Panchayati Raj and Rural Development
- ▶ Tribal Area Development

The success of the Programme depends on the change that can be brought about with the positive change in efficiency, effectiveness, motivation, attitude, competency and orientation of the personnel at the delivery points

The unique feature of ITP is that it covers the entire service delivery chain of the identified sector to bring about change in values and culture of an organization as a whole. This aims at ushering a citizen-centric governance regime by strengthening the supply side of public service chain by empowering all the grassroots level personnel in the chain in terms of the attitudinal orientation and knowledge level.

The Centre for Good Governance (CGG), HCM RIPA is implementing Intensive Training Programme (ITP) sanctioned by the DoP, GoI. The institute shall conduct training of frontline government functionaries to make the public service delivery system effective, efficient and citizen friendly. The project will cover three districts

of Udaipur Divisions namely- Banswara, Dungarpur and Pratapgarh. HCM-RIPA will undertake saturation training of frontline workers manning public service delivery chain.

### **Rational Behind ITP**

- ▶ With changing time, technology advancement and government programmes it has become important to assess the frontline workers, find gap and train them to overcome these prevailing gaps and design a comprehensive module for their trainings
- ▶ The society is primarily dependent on the knowledge, skill, motivation and attitude of the frontline personnel and the performance of an organization is generally determined by the citizens by the quality of the personnel at the delivery points
- ▶ It is not enough to train a select group of frontline personnel, to achieve bigger results, hence, saturation trainings are needed i.e. train all of them.

### **Objectives of ITP pertaining to health Department**

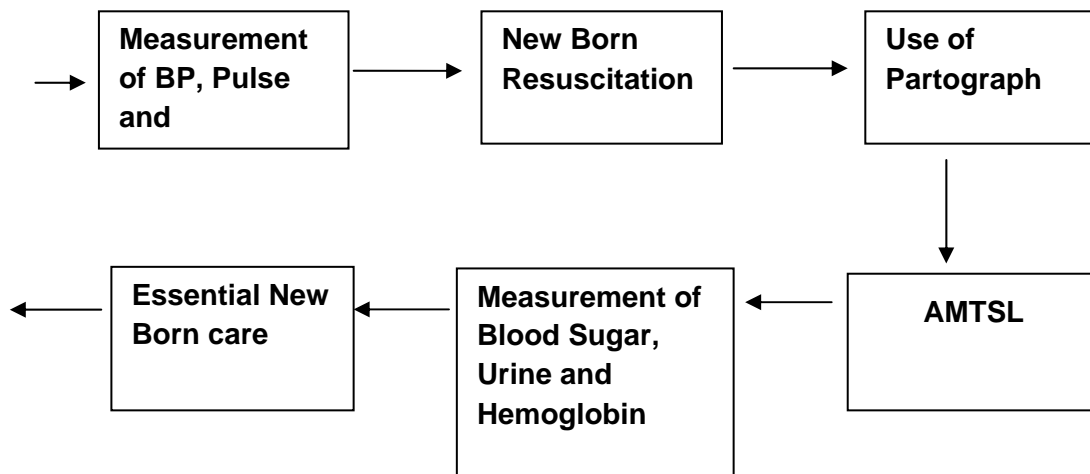
- ▶ To build capacity of ANMs to achieve improvement in health indicators related to mother and child health (IMR, MMR; MDGs).
- ▶ To enhance clinical and technical skills of ANMs for better Primary Health Care delivery at grass roots.

### **Plan of Action**

- ▶ Sectors identified for ITP are-
  - Health & Nutrition
  - Women empowerment including ICDS
  - Panchayati Raj and Rural Development
  - Tribal Area Development
- ▶ The District Collector would be the Nodal Officer for district level trainings and for the medical component; the CM&HO would be the link officer to the District Collector.
- ▶ ToT for developing Master Trainers would be held in the month of July in Udaipur.
- ▶ Preferably trainings will be held at Block level in the districts and if travelling and residential facilities are provided then district level training may be preferred.
- ▶ From Each district 15 faculties would be developed as master trainers to be trained in two batches.
- ▶ There will also be presentations by the successful field workers (Success Stories) who have performed commendable jobs; they will be used as resource person for sharing knowledge and experiences of field.
- ▶ Video presentations will be used for teaching and giving training to frontline workers during saturation training.
- ▶ The ToTs could be identified from young professionals from NGO, In-Service Govt. Employees, and Retired Personnel from relevant fields.

- ▶ A module will be developed in Hindi language to impart three day training to all the functionaries of the identified sectors comprising following core areas-
  - ▶ Attitudinal training for new work culture
  - ▶ Awareness about MDGs
  - ▶ Information about programmes and sectors
  - ▶ Programme specific best practices for best service delivery
  
- ▶ Day 1 and 3 would be for combined training for briefing and debriefing using audio visual aids on basics of service delivery; and would cover topics like motivation, counseling, behavior, convergence, etc. The day 2 would be sector specific and core departmental issues will be addressed as per the departmental requirements of trainings based on Training Needs Assessment (TNA).

**Model for OSCE (Objective Structured Clinical Examination) Approach for skill based assessment**



### **Training Needs Assessment (TNA)**

Training needs Assessment is the process to determine the existence of a training need. It looks at each aspect of an operational domain so that the initial skills, concepts and attitudes of the human elements of a system can be effectively identified and appropriate training can be specified.

### **Objectives of TNA**

The objective of the Training need assessment study conducted by SIHFW was to assess the theoretical and practical knowledge of ANMs pertaining to day to day activities involved in the process of healthcare service delivery to the community and identify the specific areas where ANMs actually require training.

### **Study Setting**

The TNA was conducted in following three target districts-

1. Banswara District (Team 1)
2. Dungarpur District (Team 2)
3. Pratapgarh District (Team 3)

### **Study Populations**

		Sanctioned	Working	Vacant
<b>Banswara</b>	ANM regular	898	460	438
	ANM additional	316	215	101
<b>Dungarpur</b>	ANM regular	403	382	21
	ANM additional	212	184	28
<b>Pratapgarh</b>	ANM	345	171	174
<b>GRAND TOTAL</b>		<b>2174</b>	<b>1412</b>	<b>762</b>

### **Reference period for Data collection –**

28<sup>th</sup> April 14 to 30<sup>th</sup> April 14

### **Methodology**

**Sampling Procedure:** - Non Probability Convenience sample

**Sample Size:** - 10% of total ANMs of the entire three district. n=162

**Sources of data:** - Primary data through observation and structured questionnaire.

**Tools of the study:** -

<b>Tool</b>	<b>Technique</b>
<b>To assess Theoretical Knowledge</b>	
Structured Questionnaire	Interview
<b>To assess Practical Knowledge</b>	
Self- Assessment format	Self assessment by ANM
Assessment by the Supervisor format	Assessment by MO I/C – on the basis of day to day experience with the ANM
Assessment by the investigator format	Observation & Interview

### Data Analysis plan

The information collected during study was entered into the excel sheet in tabulated columns, coding was done.

There were 28 questions in structured questionnaire and 35 skills were assessed in observation format.

#### **Coding for the questionnaire**

Coding	Decoding
0	Correct Answer
1	Incorrect Answer

#### **Coding for the Observation format**

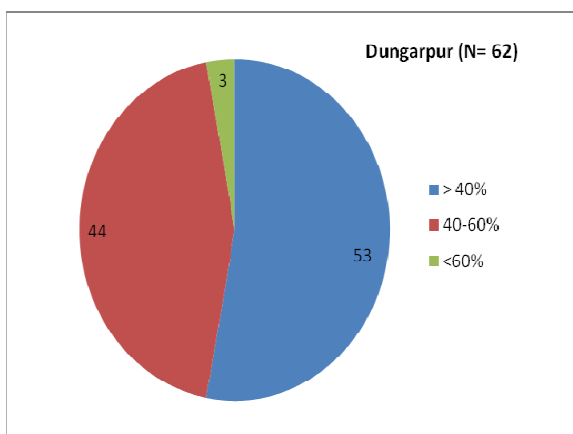
Coding	Decoding
0	Cannot perform
1	Can perform with a lot of difficulty
2	Can perform with a little difficulty
3	Can perform thoroughly

### Key Findings

Overall scoring of ANMs of all the three districts was done on the basis of structured questionnaires. Multiple choice questions were asked from the ANM's and then their skill assessment was done in three levels.

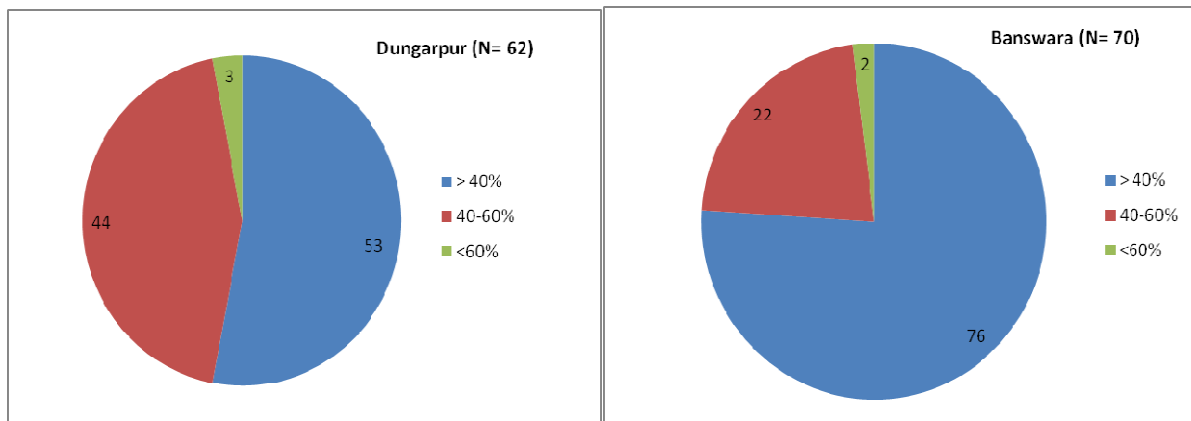
The data on further analysis shows the inter-district variations in scoring pattern of ANMs of Zone – Udaipur.

1. Graph 1.2, 1.3 & 1.4 show the scores of ANMs in percent of all three districts of Udaipur Division – Banswara, Dungarpur and Pratapgarh respectively. We can easily interpret the variation in knowledge of the ANMs by looking into the pie-charts.



In Banswara District 2% of total ANMs scored above 80 per cent whereas in Dungarpur District 3% of ANMs fall in this category and in Pratapgarh 9% of the ANMs scored above 70 percent.

If we see scoring category of 40-70 percent we can analyze that percentage of ANMs were 22% , 44% & 10% of District Banswara, Dungarpur and Pratapgarh respectively



Similarly, 76% ANMs of Banswara District, 53% of Dungarpur District and 81% of Pratapgarh District scored below 40%.

**By looking at this data, it clearly shows that skill up gradation of all ANMs is required.**

2. The analysis of data of all the three district shows that more than 50% of all the assessed ANMs do not possess the knowledge regarding-
  - a) Fully-dilated Cervix,
  - b) Plotting of Partographs,
  - c) Dose of a single measles vaccination,
  - d) Management of pre-eclampsia at sub centre level,
  - e) Diagnosis of PPH,
  - f) Prevention of PPH by AMTSL,
  - g) PPIUCD,
  - h) Recommended number of home visits by ASHA in case of institutional deliveries,

Similarly, **between 30-50% of them did not know about Use of**

- a.) Oxytocin Inj.,
- b.) Dose of zinc supplement to infant below 6 months in diarrhoea,
- c.) Identification of symptoms to refer
- d.) Management of undelivered placenta
- e.) Breast feeding by HIV positive mother,
- f.) RTI/STI, Grade of severe malnutrition,

**Almost all the ANMs (80-100%) were aware about**

- a) TT dose & IFA supplementation,
- b) Breast feeding,
- c) Vaccinations to neonates,
- d) Healthy baby weight,
- e) Benefits of birth spacing,
- f) Importance of vitamin A,
- g) Treatable blindness,



- h) Measures to reduce MMR,
- i) Importance of 4 ANC's and institutional deliveries,
- j) Recommended no. of house visits in case of home deliveries

Here, also we can clearly identify the inter district variation in knowledge the ANMs possess. Below given table 2.1 presents the district wise key area of concern:-

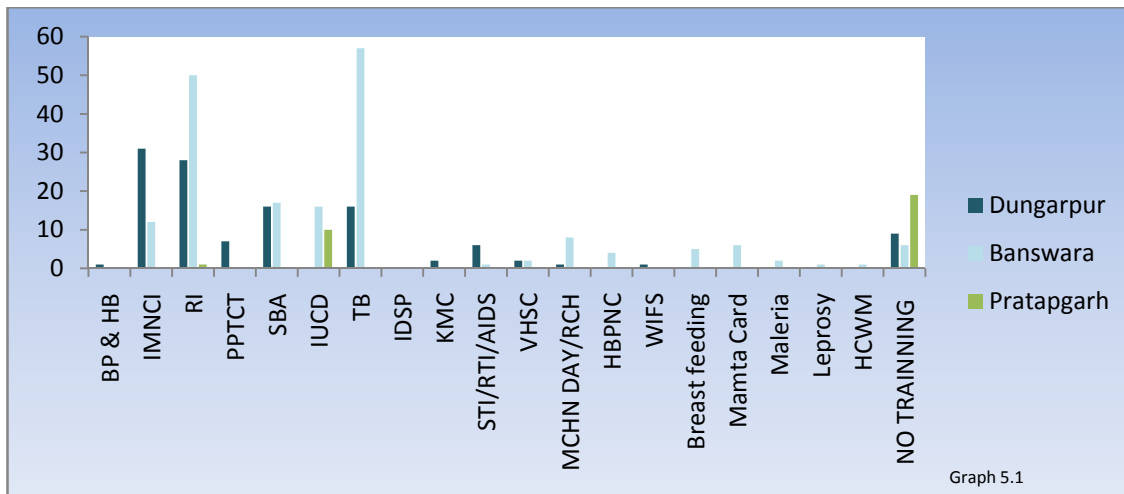
**Table 2.1**

Percentage of ANMs	Banswara District	Dungarpur District	Pratapgarh District
More than 50% of ANMs not having knowledge of →	Plotting of partograph, single dose of measles vaccine, zinc dose for below 6 months infant in case of diarrhea, management of pre eclampsia at sub center, diagnosis of PPH, prevention of PPH by AMTSL, PPIUCD, number of recommended home visits by ASHA after an institutional delivery	Normal Fetal Heart Rate, Full Dilated Cervix, partograph, pre-eclampsia management, identification of indications to refer a pregnant woman, diagnosis of PPH, management of PPH by AMTSL procedure, PPIUCD, number of home visit by ASHA in case of institutional delivery	Normal Fetal Heart Rate, plotting of partograph, single dose of vaccine, zinc dose for below 6 month infants in diarrhoea, management of pre eclampsia at sub center, diagnosis of PPH,
20% to 50% of ANMs not having knowledge of →	Normal fetal heart rate, fully dilated cervix, Oxytocin inj., identification of indications that suggest to refer a patient, management of undelivered placenta, BREAST FEEDING BY HIV positive mother, RTI/STI, importance of home visits after institutional deliveries, identification of Severe malnourishment	Oxytocin inj., Zinc dose to be given to an infant below 6 months in diarrhea, benefits of birth spacing, Motivation to prevent RTI/CTI, importance of home visits after an institutional delivery, identification of severe mal nourishment	Fully-dilated cervix, Oxytocin inj., identification of symptom to refer, prevention of PPH by AMTSL, PPIUCD, recommended number of home visits by ASHA after institutional deliveries and home deliveries
Up to 20% of ANMs not having knowledge of →	TT dose and IFA supplementation to a primy, breast feeding after delivery, vaccination to a newborn, normal baby weight, benefits of birth spacing, blindness control, measures to reduce MMR, importance of 4 ANC's, recommended number of home visit by ASHA after home delivery.	TT dose & IFA supplementation, Breast feeding after delivery , Vaccinations to neo-nates, healthy baby weight, management of undelivered placenta, benefits of birth spacing , breast feeding by HIV positive mother, RTI/STI, importance of vitamin A, treatable blindness, Measures to reduce MMR, importance of 4 ANC's , importance of home visit after institutional delivery, identification of severe malnourishment, Recommended no. of home visits in case of home deliveries	TT dose & IFA supplementation, Breast feeding after delivery , Vaccinations to neo-nates, healthy baby weight, management of undelivered placenta, benefits of birth spacing , breast feeding by HIV positive mother, RTI/STI, importance of vitamin A, treatable blindness, Measures to reduce MMR, importance of 4 ANC's , importance of home visit after institutional delivery, identification of severe malnourishment, Recommended number of home visits in case of home deliveries

3. On the basis of observational assessment, key areas that require thorough training are identified as follows; Use of BP Apparatus, Rapid test for Malaria & Dengue, Auscultation of fetal heart sound, IUD insertion with no touch technique, identification of malnourishment in children, use of partograph, radiant warmer, administration of inj. Magsulph, Making sputum

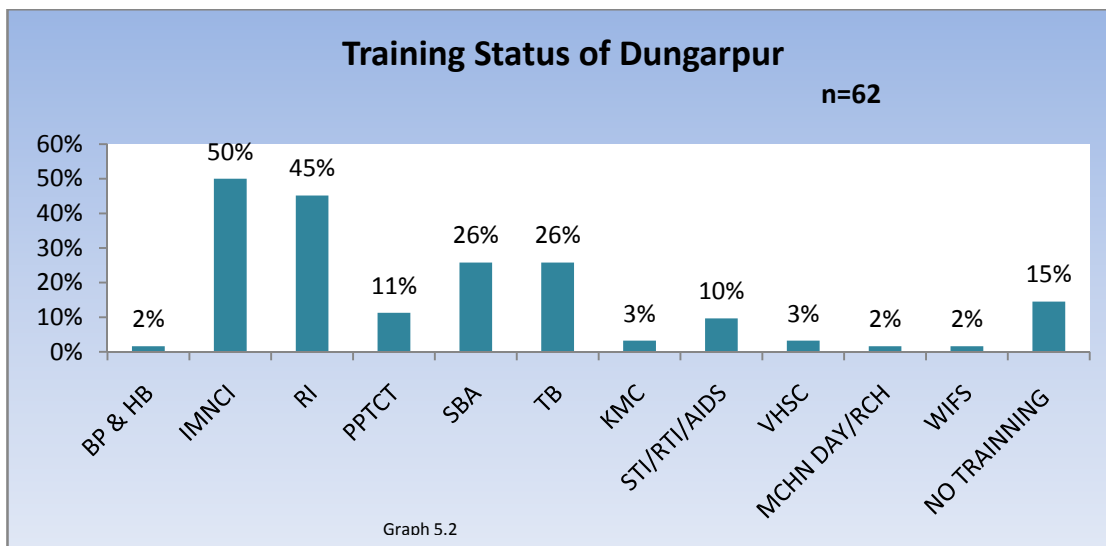
Smear, Normal Delivery, Health care waste management, use of blood sugar testing kit, Neonatal Ambubag and Accounting.

4. **Key areas which require training for skill improvement and increase in efficiency** are as follows; identification of at risk pregnancies, nutritional advise to pregnant & lactating mothers, early diagnosis of pneumonia cases, record keeping, and convergence with other departments.
5. The graph 5.1 shows the training Status of ANMs of the three districts of Udaipur division.

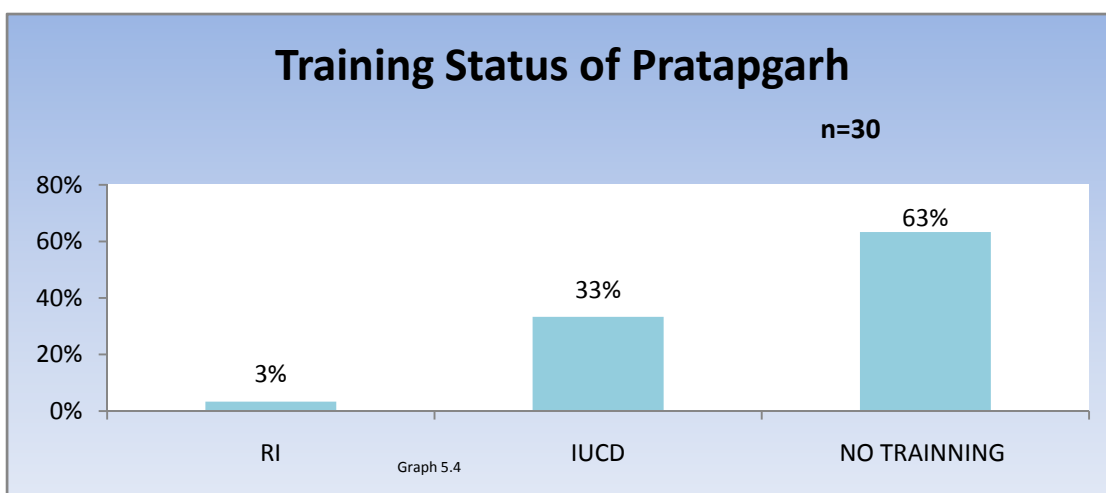
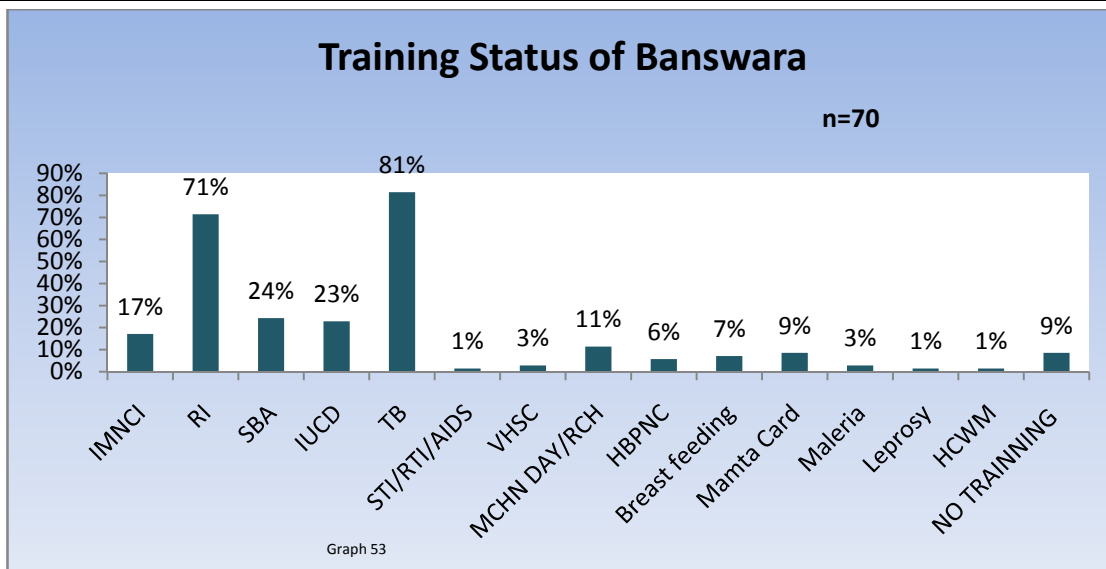


Graph 5.1

We can clearly make assumption from the graph that ANMs of Banswara District have received more trainings than those of Dungarpur District and Pratapgarh District. None of the assessed ANMs of Dungarpur district has received training in IUCD, IDSP, Breast feeding, Mamta card, Malaria, leprosy, HBPNC and HCWM. 15% of ANMs of Dungarpur have not received training at all. Only 36 % of ANMs of Pratapgarh district are trained that too only in RI and IUCD, rest 64% ANMs are not trained at all. ANMs of Banswara district have received training majorly in SBA, RI, TB, and IUCD. None of the ANMs of Banswara district has received training in IDSP, PPTCT and KMC. 9% ANMs of Banswara District have not received any training. Graph 5.2, 5.3, & 5.4 shows district wise training status of ANMs.



Graph 5.2



## Discussions

Maternal, New-born and Child Health are one of the important and priority areas under the Department of Medical and Health. Govt. of India has also deployed ANMs and provided for improving infrastructure under National Health Mission and also through the State Government budget. However, it has been observed in various assessments and also Bottleneck Analysis done by UNICEF that the skills and knowledge of frontline functionaries is very poor and needs to improve. In view of the above State Institute of Health and Family welfare has conducted a training needs assessment and also UNICEF conducted bottleneck analysis in partnership with department of Medical and Health. Multiple assessment studies have shown sub-optimal competency levels of health care providers, especially ANMs & SNs; also documented by CRM & the JRM teams that the skills need improvement. It is suggested that need-based competency enhancement of nursing staff across the country to be undertaken.

It was observed during both the assessments that the key skills and knowledge which matter the most for survival and development of women and children are not up to the desired level and needs special attention.

## Conclusion

**Intense training programme** is one of the opportunities to build the capacity of frontline functionaries in an integrated manner, particularly for the services provided through the common platform of MCHN Sessions. The skills that matter during MCHN sessions are-

1. Focused Antenatal Care :
  - a. BP Measurement
  - b. Urine examination
  - c. Interpretation of Information
  - d. Monitoring of weight gain
  - e. Per abdominal examination and interpretation of information
  - f. HB Estimation and interpretation of information, facilitation of actions
  - g. Inter person communication for health care , diet and rest during pregnancy
  - h. Counseling for identification of danger signs and actions
2. Immunization Services
  - a. Schedule of vaccines , which vaccine to be given to unimmunized child
  - b. Site of vaccination
  - c. Diluents
  - d. Duration for vaccine can be kept
  - e. Tracking of children and women
  - f. Communicating 4 key messages to the mother for Immunization including adverse effects
3. Childhood Illnesses and Growth monitoring
  - a. Identification, classification and management of children with childhood illnesses
  - b. Counseling on feeding during childhood illnesses and also for identification of danger signs
  - c. Age appropriate counseling for Infant and young child feeding
4. Family Planning services
  - a. Counseling and motivating beneficiaries for using contraceptives for preventing unwanted pregnancy.
  - b. How to administer oral contraceptive and IUD.
5. Apart from MCHN services, skills in following National Programmes also need strengthening at the grass root level –
  - a. Revised National Tuberculosis Programme
  - b. National Malaria Control Programme
  - c. National Blindness Control Programme
  - d. HIV/AIDS Control Programme

These are some of the critical priority areas around which Theoretical and Practical knowledge and skills of ANM and in some areas of AWW are very important. At the same time skills of all the frontline functionaries in community mobilization and communication are also very important.

## Recommendations

In view of the above an expert group has been constituted to deliberate and develop and intense package for ANMs and AWW. The package will cover the all the technical areas. The training will be transacted by following adult participatory learning methodology and will have reading, group works, skill stations, role plays and simulation exercises.

A meeting was held to discuss the findings of the TNA on 02.05.14 at SIHFW, Jaipur under the Chairperson ship of **Dr. B. R Meena**, Director Public Health. Other participants were-

1. Dr. M.L. Jain, Director SIHFW, Jaipur
2. Dr. Sanjaya Saxena, Registrar, SIHFW, Jaipur
3. Dr. Mamta Chauhan, Faculty SIHFW, Jaipur
4. Dr. Vishal Singh Faculty SIHFW, Jaipur
5. Dr. Anil Agarwal, Health Specialist, UNICEF
6. Mrs. Vaidehi, Agnihotri Consultant, UNFPA

After deliberations in the meeting, the participants proposed that-

1. The day 2 of the training meant for core departmental issues can be divided into 4 sessions of equal duration (90-120 mnts). The first session may include theoretical information and rest three sessions would be based on hands on skills up-gradation.
2. The module should be in the form FAQs covering all relevant topics for better and relevant understating of frontline workers and for practical competence enhancement the dos and don'ts may be included.
3. The module may comprise theory and practical aspects of the topics which can be categorized as follows-

### 1. Maternal Health

- Measurement of Blood Pressure, Pulse and temperature
- Weigh measurement
- Measurement of Blood Sugar, Urine and Hemoglobin
- Referral Linkage
- Use of Partograph
- Mamta Card
- Nishchay Kit
- AMTSL
- Interval IUCD Insertion
- Perinatal Care
- IUCD insertion

### 2. Child Health

- Growth chart
- New Born Resuscitation
- Breastfeeding
- Child nutrition

- Childhood illnesses like Diarrhoea, Pneumonia, Worms

### **3. Disease Control /Other Health Related Topics**

- Blindness/T.B
- Dengue/Malaria
- Tuberculosis and HIV/AIDS
- Sanitation and hygiene

### **4. Managerial Topics (Soft Skills**

- Counseling (Interpersonal Communication Skills)
- Leadership & Motivation
- District Action plan
- Disaster Management
- Convergence
- Records keeping/Report writing
- Funds utilization

4. For development of practical skills, a work station will be developed to impart practical knowledge and hands on skills to the ANMs by giving the situations on each work station and observing the steps followed and situation handled by them given at the respective work station.
5. It was recommended that the above mentioned skills will be assessed using the Objective Structured Clinical Examination Approach (OSCE). The OSCE approach is designed to measure knowledge and skills required for competency in a given domain.
6. For the OSCE mechanism, separate stations may be established for each skill with individual resource person at each station assessing that particular skill. The exercise may be carried out by case study approach, in which they may be given a situation and according to the given situation, they should be asked to perform the skill. Each resource person standing at each station should have a checklist with him/her that will be have important steps, which are needed to be followed by the ANMs. On the basis of this hands-on experience only, further capacities of the ANMs will be developed at the same time during the training itself.
7. Apart from this, a general session on record keeping, maintenance of track registers of all the services given will also be undertaken for the ANMs.

## Recommendation mode of Trainings

### A. ANC Skill Station

Skill Station	Type of Skill	Teaching/Training Aid Practice at Skill Station	Skill	Type of Mannequins required
ANC	Calculation of EDD	<ul style="list-style-type: none"> <li>Power Point Presentation</li> </ul>		
	Recording BP and Weight	<ul style="list-style-type: none"> <li>Power Point Presentation</li> <li>Video</li> </ul>		1. Practical
	Abdominal Examination and auscultating Foetal Heart Sound (FHS)	<ul style="list-style-type: none"> <li>Power Point Presentation</li> <li>Video</li> <li>Skill Practice on Mannequin</li> </ul>		1. Human Fetus Replica 2. Abdominal Palpitation Mannequin for Leopold manoeuvres during pregnancy 3. Dictaphone
	Laboratory investigations Haemoglobin estimation- Hb Sahli's	<ul style="list-style-type: none"> <li>Power Point Presentation</li> <li>Video</li> </ul>		1. Practical
	Hb Colour Strips	<ul style="list-style-type: none"> <li>Power Point Presentation</li> <li>Video</li> </ul>		1. Practical
	Urine test for protein and sugar by uristix	<ul style="list-style-type: none"> <li>Power Point Presentation</li> <li>Video</li> </ul>		1. Practical
	Urine Pregnancy Detection by using Kit	<ul style="list-style-type: none"> <li>Power Point Presentation</li> <li>Video</li> </ul>		1. Practical
	Rapid Diagnostic Test for Malaria	<ul style="list-style-type: none"> <li>Power Point Presentation</li> <li>Video</li> </ul>		1. Practical
	Testing Blood Sugar using Glucometer	<ul style="list-style-type: none"> <li>Power Point Presentation</li> <li>Video</li> </ul>		1. Practical

## B. INC Skill Station

Skill Station	Type of Skill	Teaching/Training Aid Practice at Skill Station	Skill Point	Type of Mannequins required
INC	Preparation of Labour Room (organise a LR, trays, delivery instrument kit, privacy and dignity, NBCC)	<ul style="list-style-type: none"> <li>Power Presentation</li> <li>Video</li> </ul>	Point	1. Ideal skill Lab at Training Site
	Pelvic examination includes cervical dilatation and pelvic assessment	<ul style="list-style-type: none"> <li>Power Presentation</li> <li>Video</li> <li>Skill Practice on Mannequin</li> </ul>	Point	1. Child birth simulator 2. Cervical Dilatation Attachment (closed OS, 4cm, 6cm, 8cm, fully dilated cervix)
	Plotting and interpreting Partograph	<ul style="list-style-type: none"> <li>Power Presentation</li> <li>Video</li> </ul>	Point	1. Partograph
	Normal Delivery	<ul style="list-style-type: none"> <li>Power Presentation</li> <li>Video</li> <li>Skill Practice on Mannequin</li> </ul>	Point	1. Mannequin
	AMTSL and Checking Placenta	<ul style="list-style-type: none"> <li>Power Presentation</li> <li>Video</li> <li>Skill Practice on Mannequin</li> </ul>	Point	1. Mannequin
	Providing initial dose of MgSO <sub>4</sub> for severe pre-eclampsia and eclampsia management	<ul style="list-style-type: none"> <li>Power Presentation</li> <li>Skill Practice on Mannequin</li> </ul>	Point	
	Initial Management of atonic PPH	<ul style="list-style-type: none"> <li>Power Presentation</li> <li>Video</li> <li>Skill Practice on Mannequin</li> </ul>	Point	1. Mannequin for simulation and management of PPH



Complication Management	CAB Approach	<ul style="list-style-type: none"> <li>• Power Presentation</li> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	Point	1. Adult CPR Mannequin
	Identification and Management of Shock (IV Line and Blood Transfusion, catheterization)	<ul style="list-style-type: none"> <li>• Power Presentation</li> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	Point	1. Adult IV arm training kit 2. Female Catheterization mannequin

**C. NBCC Skill Station**

Skill Station	Type of Skill	Teaching/Training Aid	Skill Practice at Skill Station	Type of Mannequins required
NBCC	Essential New Born Care for normal, crying baby	<ul style="list-style-type: none"> <li>• Power Presentation</li> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	Point	1. Essential New Born and Resuscitation Model
	New born resuscitation	<ul style="list-style-type: none"> <li>• Power Presentation</li> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	Point	1. Essential New Born and Resuscitation Model
	KMC	<ul style="list-style-type: none"> <li>• Power Presentation</li> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	Point	1. Normal new born baby mannequin
	Temperature Recording	<ul style="list-style-type: none"> <li>• Power Presentation</li> <li>• Video</li> </ul>	Point	1. Digital Thermometer
	Maintaining Temperature using Radiant Warmer	<ul style="list-style-type: none"> <li>• Power Presentation</li> <li>• Video</li> <li>• Skill Practice on Mannequin</li> </ul>	Point	1. Radiant Warmer

	Use of Suction Machine	<ul style="list-style-type: none"> <li>• Power Presentation</li> <li>• Video</li> <li>• Skill Practice on Equipment</li> </ul>	Point	<ol style="list-style-type: none"> <li>1. Electric suction machine</li> <li>2. Foot operated suction machine</li> </ol>
	Counting Respiratory Rate	<ul style="list-style-type: none"> <li>• Power Presentation</li> <li>• Video</li> </ul>	Point	ARI Timer
	Oxygen administration	<ul style="list-style-type: none"> <li>• Power Presentation</li> <li>• Video</li> <li>• Skill Practice on Equipment</li> </ul>	Point	1. Oxygen concentrator
	Preparation and Use of ORS	<ul style="list-style-type: none"> <li>• Power Presentation</li> <li>• Skill Practice</li> </ul>	Point	
	Administration of Zinc tablet	<ul style="list-style-type: none"> <li>• Power Presentation</li> <li>• Skill Practice</li> </ul>	Point	