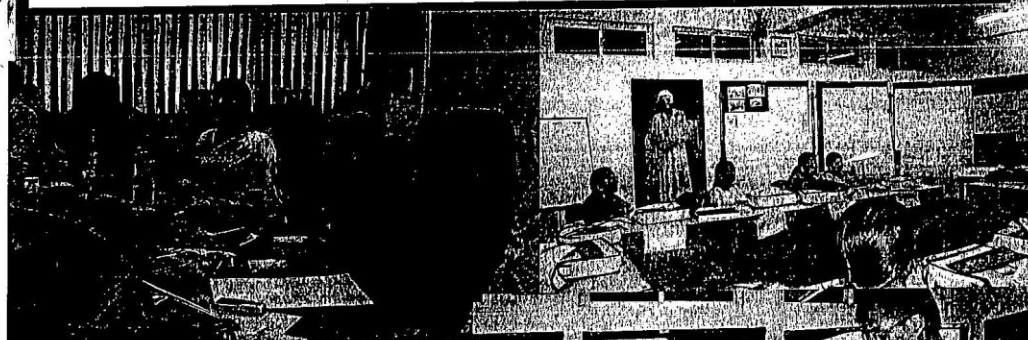


Saving Maternal lives...Every mother counts....



OPERATIONAL PLAN – EMOC
2006



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

27 27

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

TABLE OF CONTENTS

S.No	Content	Page No.
1	CONTEXT	6
2	FOGSI and ICOG - Institutional history	10
3	EMergency Obstetric Care OBJECTIVE	13
4	EMOC - ACTIVITY FLOW CHART	15
5	EMOC – RESPONSIBILITY CHART FOR ALL STAKEHOLDERS	21
6	TRAINING CAPACITY – NODAL CENTER/TERTIARY CENTER, SCHEDULES, PROPOSED TARGETS	28
7	TIMELINE - DESCRIPTION OF THE TRAINING PLAN	30
8	DETAILED PLAN DESCRIPTION with REFERENCE to the ACTIVITY FLOW CHART	33
9	STATE GOVERNMENT WILL APPOINT NODAL OFFICER for EMOC	34
10	STEERING COMMITTEE FORMATION	34
11	FOGSI WILL APPOINT CHIEF COORDINATOR/ TERTIARY CENTER TECHNICAL CONSULTANT • Responsibility of the Chief Coordinator- Responsibility of the Tertiary Center Technical Consultant	35

For clarifications contact: AVNI HEALTH FOUNDATION – National Coordinator, 022 65766365 2

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

For clarifications contact: AVNI HEALTH FOUNDATION – National Coordinator, 022 65766365 3

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

ABBREVIATIONS

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

CONTEXT

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

CONTEXT

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

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

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

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

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

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

Table 1

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

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

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

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

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

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

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

FOGSI – ICOG
INSTITUTIONAL HISTORY

For clarifications contact: AVNI HEALTH FOUNDATION – National Coordinator, 022 65766365 10

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

FOGSI and ICOG - Institutional history

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

The specific objectives of FOGSI are:

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

Current activities:

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

2003 – Population stabilization and rural women's health
2004 – Technological advances for under privileged
2005- Optimizing labor management to reduce maternal mortality
2006- Youth Health

For clarifications contact: AVNI HEALTH FOUNDATION – National Coordinator, 022 65766365 11

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

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

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

EMOC

OBJECTIVES

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

Emergency Obstetric Care

OBJECTIVE

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

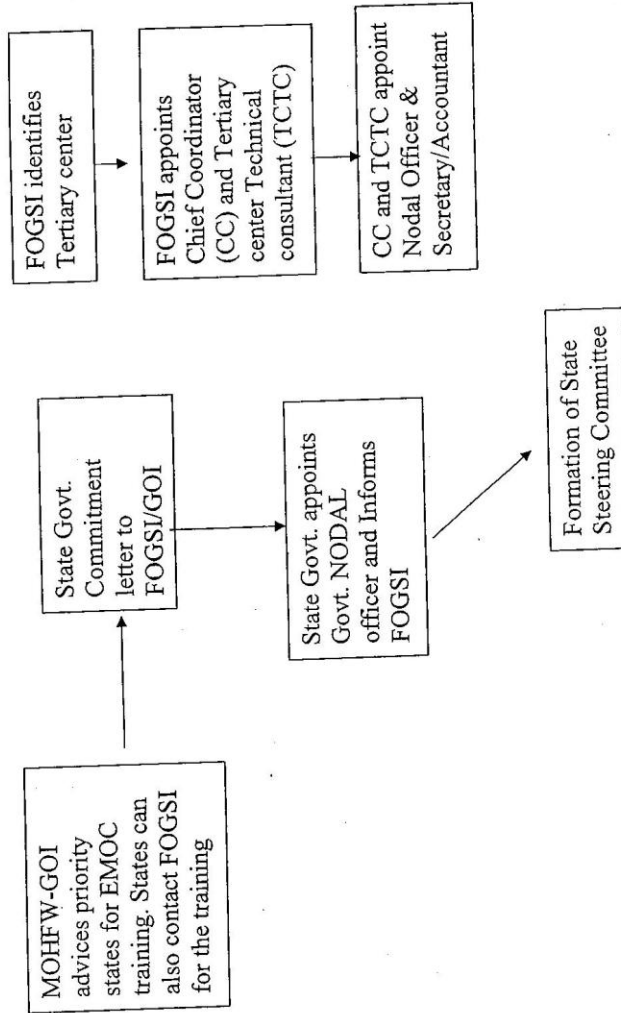
The specific objectives of the project are:

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

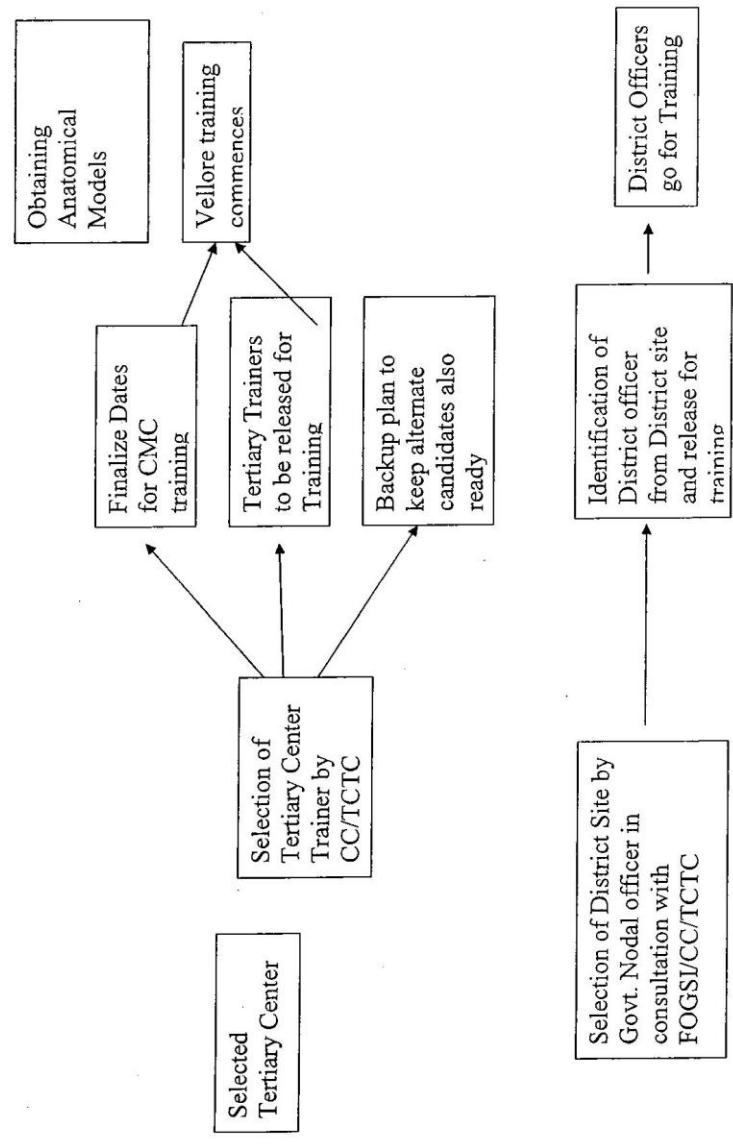
EMOC

ACTIVITY FLOW CHART

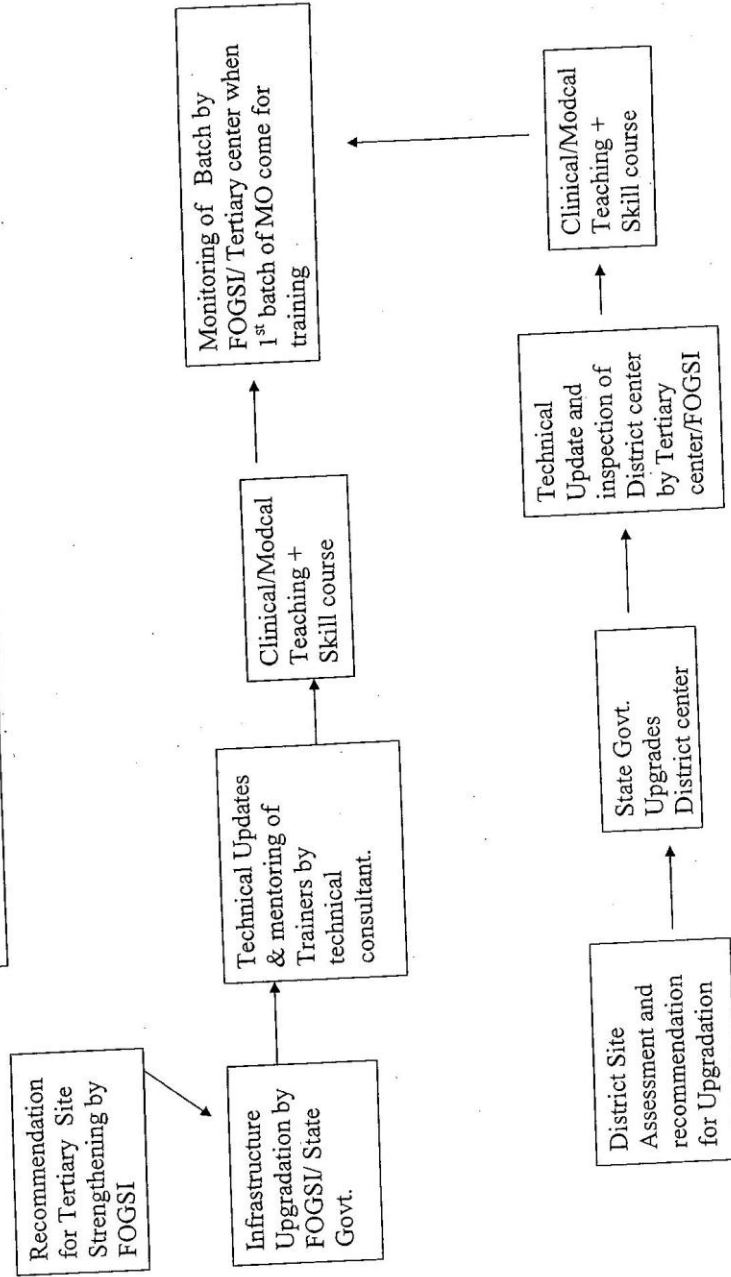
ACTIVITY FLOW CHART



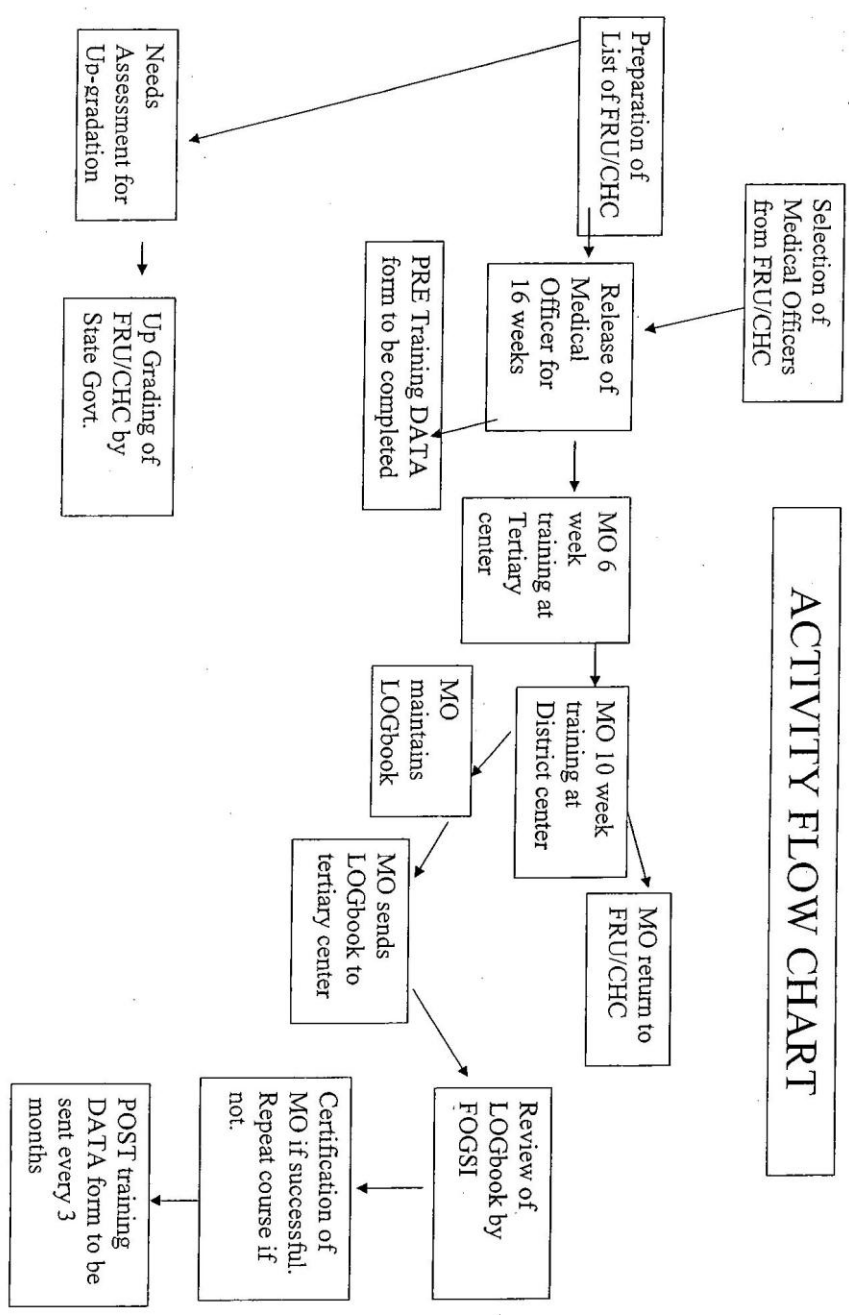
ACTIVITY FLOW CHART



ACTIVITY FLOW CHART



ACTIVITY FLOW CHART



Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

EMOC

RESPONSIBILITY CHART FOR ALL STAKEHOLDERS

For clarifications contact: AVNI HEALTH FOUNDATION – National Coordinator, 022 65766365 21

(21)

KEY STAKEHOLDER RESPONSIBILITY CHART

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

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

Emergency Obstetric Care – A FOGSI and GOI-MOHFW Project

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

23

Emergency Obstetric Care – A FOGSI and GOI-MOHFW Project

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

24

Emergency Obstetric Care – A FOGSI and GOI-MOHFW Project

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

(25)

Emergency Obstetric Care - A FOGSI and GOI- MOHFW Project

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

Emergency Obstetric Care – A FOGSI and GOI-MOHFW Project

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

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

EMOC

TRAINING CAPACITY – NODAL CENTER/TERTIARY CENTER

SCHEDULES

PROPOSED TARGETS

For clarifications contact: AVNI HEALTH FOUNDATION – National Coordinator, 022 65766365 28

28

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

PROPOSED TRAINING DETAILS

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

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

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

For clarifications contact: AVNI HEALTH FOUNDATION – National Coordinator, 022 65766365 29

EMOC

TIMELINE

DESCRIPTION OF THE TRAINING

PLAN

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

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

For clarifications contact: AVNI HEALTH FOUNDATION – National Coordinator, 022 65766365 31

Emergency Obstetric Care - A FOGSI and GOI-MOHFW Project

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

TIME LINES FOR TRAINING PROGRAM	
ONE CALENDER YEAR	
MONTH 10	MONTH 12
<p>FROM MEDICAL OFFICER TRAINING 10 WEEKS AT DISTRICT HOSPITAL ASSESSMENT</p>	<p>FROM MEDICAL OFFICER RETURNS OF LA FOR GOI ASSESSMENT DATA COLLECTIONS OF THE PLU MEDICAL OFFICER A SPARTANS FOLLOW UP</p>

31

EMOC

DETAILED PLAN DESCRIPTION with REFERENCE to the ACTIVITY FLOW CHART

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

STATE GOVERNMENT WILL APPOINT NODAL OFFICER for EMOG

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

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

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

STEERING COMMITTEE FORMATION

Responsibility- STATE GOVERNMENT NODAL OFFICER

Inform- FOGSI/STAKEHOLDER/AVNI

For clarifications contact: AVNI HEALTH FOUNDATION – National Coordinator, 022 65766365 34

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

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

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

Responsibility- FOGSI

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

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

For clarifications contact: AVNI HEALTH FOUNDATION – National Coordinator, 022 65766365 35

35

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

Responsibility of the Chief Coordinator-

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

Responsibility of the Tertiary Center Technical Consultant

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

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

SELECT TERTIARY TRAINING CENTER

Responsibility- FOGSI and the Chief Coordinator.

Supported by - State Government HFW Deptt.

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

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

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

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

SELECTION and RESPONSIBILITIES OF TERTIARY CENTER TRAINERS

Responsibility of- Chief Coordinators / Tertiary Center Technical Consultant

Information to - FOGSI/AVNI

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

Criteria for Selection of tertiary center trainers

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

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

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

Responsibilities of tertiary center trainers

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

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

FINALISE DATES FOR TRAINING of the Tertiary Center Master trainers

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

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

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

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

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

CMC TRAINING of TERTIARY CENTER MASTER TRAINERS

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

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

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

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

SEE ANNEXURE 4 FOR ACTION PLAN FORMAT

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

SEE ANNEXURE 6 MASTER TRAINER TOOL FOLDER

SEE ANNEXURE 7 TRAVEL CLAIM FORMAT

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

Responsibility- FOGSI

Supported by- CC/TCTC

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

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

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

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

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

Criteria For Site Assessment

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

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

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

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

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

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

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

INFRASTRUCTURE UPGRADATION BY STATE GOVERNMENT – HFW Deptt.
--

Responsibility- State Government – HFW Deptt.

Supported by- Chief Coordinator, Tertiary Center technical Consultant

Information to - AVNI, FOGSI

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

Tasks-

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

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

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

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

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

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

Information to - AVNI, FOGSI

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

Tasks-

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

ENCLOSED: COPY OF THE MODCAL CD SOFT COPY

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

Responsibility- Nodal officer of State Government

Supported by- Chief Coordinator, Tertiary center Technical Consultant

Information to - FOGSI, AVNI

Criteria for selection of District Hospital site for Training

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

For clarifications contact: AVNI HEALTH FOUNDATION – National Coordinator, 022 65766365 43

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

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

IDENTIFICATION OF DISTRICT OFFICER FROM A DISTRICT HOSPITAL

Responsibility- Nodal officer of State Government

Supported by- Chief Coordinator, Tertiary center Technical Consultant

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

Criteria for identification of the DO

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

ROLE OF THE DISTRICT SUPERVISOR/ TRAINER

Responsibility - District Hospital Trainer

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

Tasks-

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

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

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

CMC TRAINING of DISTRICT HOSPITAL CENTER MASTER TRAINERS

Role and responsibility- Nodal Officer State Government

Supported by – Chief Coordinator/ Tertiary Center Technical Consultant

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

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

For clarifications contact: AVNI HEALTH FOUNDATION – National Coordinator, 022 65766365 45

45

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

SEE ANNEXURE 4 FOR ACTION PLAN FORMAT

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

SEE ANNEXURE 12 DISTRICT HOSPITAL TRAINER TOOL FOLDER

SEE ANNEXURE 7 TRAVEL CLAIM FORMAT

ANATOMICAL TRAINING MODEL

Responsibility- FOGSI

Information to – CC/TCTC

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

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

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

Responsibility- FOGSI

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

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

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

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

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

Criteria For Site Assessment

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

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

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

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

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

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

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

INFRASTRUCTURE UPGRADATION BY STATE GOVERNMENT – HFW Deptt.

Responsibility- State Government – HFW Deptt.

Supported by- Chief Coordinator, Tertiary Center technical Consultant

Information to - AVNI, FOGSI

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

Tasks-

For clarifications contact: AVNI HEALTH FOUNDATION – National Coordinator, 022 65766365 48

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

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

<p style="text-align: center;"><u>MODIFIED COMPUTER – ASSISTED LEARNING CLINICAL TEACHING SKILLS COURSE (MODCAL)</u></p>

Responsibility- MASTER TRAINERS of the DISTRICT HOSPITAL

Information to - AVNI, FOGSI

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

Tasks-

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

Enclosed: Copy of the MODCAL CD soft copy

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

Responsibility- Nodal officer of the State Government

Supported by- Chief Coordinator/ Tertiary Center Technical consultant

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

Tasks-

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

TRAINING of MEDICAL OFFICER FOR 16 WEEKS

Responsibility- CC/TCTC/District Hospital Trainer

Information to – FOGSI/AVNI

Training Supported by –FOGSI/AVNI

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

For clarifications contact: AVNI HEALTH FOUNDATION – National Coordinator, 022 65766365 50

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

SEE **ANNEXURE 13** FOR READING MATERIALS

SEE **ANNEXURE 14** FOR CONTENTS OF THE TRAINEE TOOL FOLDER

<u>THE FIRST 6 WEEK TRAINING of MEDICAL OFFICER AT THE TERTIARY CENTER (OUT OF 16 WEEKS)</u>
--

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

For clarifications contact: AVNI HEALTH FOUNDATION – National Coordinator, 022 65766365 51

(51)

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

- Participant commitment form
- Base line data sheet

SEE **ANNEXURE 15** FOR CURRICULUM FOR 6 WEEKS

SEE **ANNEXURE 16** FOR REGISTRATION FORMS

SEE **ANNEXURE 17** FOR FEEDBACK FORMS.

SEE **ANNEXURE 4** FOR ACTION PLAN FORM.

SEE **ANNEXURE 18** FOR INSTITUTIONAL COMMITMENT FORM.

SEE **ANNEXURE 19** FOR PARTICIPANT COMMITMENT FORM.

SEE **ANNEXURE 20** FOR FORMAT FOR BASELINE DATA COLLECTION.

SEE **ANNEXURE 21** FOR FORMAT FOR QUARTERLY DATA COLLECTION.

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

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

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

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

Responsibility- FOGSI, CMC Vellore

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

Tasks-

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

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

trainers can become more interesting.

Responsibility- CC/TCTC/FOGSI

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

Tasks-

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

Emergency Obstetric Care – A FOGSI and GOI- MOHFW Project

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

MONITORING and CERTIFICATION OF MEDICAL OFFICERS BY ICOG

Responsibility- ICOG

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

Tasks-

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

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

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

(55)

CERTIFIED MOs OF EMERGENCY OBSTETRICS CARE(EmOC) TRAINING : 2008-12

Center : Deptt. Of Obs. & Gyn.,CSMMU, Lucknow

Course Details	Course Duration	No. of MO's	Sr. No.	Name of the participants	Place of Posting at time of Training	District	Certification Status
Long Course - I	11/02/2008 To 01/06/2008	8	1	Dr. Archana Verma	Veerangana JB Women	Lucknow	Certified
			2	Dr. Nishi Mishra	District Women Hospital	Allahabad	Certified
			3	Dr. Vinita Rai Verma	CHC Bikapur	Faizabad	Certified
			4	Dr. Sushmita Verma	B.M.C., Chandernagar	Lucknow	Certified
			5	Dr. Anjali Singh	PHC Safipur	Unnao	Certified
			6	Dr. Rekha Rani	District Women Hospital	Lalitpur	Certified
			7	Dr. Usha Shrivastav	CHC Badlapur	Jaunpur	Certified
			8	Dr. Mahendra K. Verma	CHC Rath	Hammirpur	Certified
Long Course - II	24/11/2008 To 15/03/09	8	9	Dr. Kailash Chandra	New CHC Bojla	Jhansi	Certified
			10	Dr. Ranjana Srivastava	CHC Kaiserganj	Behraich	Certified
			11	Dr. Alka Shukla	District Women Hospital	Basti	Certified
			12	Dr. Sunita Kumari	CHC Fatehpur	Barabanki	Certified
			13	Dr. Meena Chaturvedi	CHC Nawabganj	Unnao	Certified
			14	Dr. Anju Srivastava	District Women Hospital	Behraich	Certified
Long Course III	24 SEPT 09 - 14 JAN 10	8	15	Dr Neeta Verma	Under CMO	Kheeri	Certified
			16	Dr Nahida Siddiqui	District ComB. Hospital	Kaushambi	Certified
			17	Dr Sudha Gangawar	CHC, Chunar	Mirzapur	Certified
			18	Dr Reeta Verma	CHC Kernailganj	Gonda	Certified
			19	Dr Sushma Verma	CHC Nawabganj	Unnao	Certified
			20	Dr Anupama Sonkar	CHC Lalganj	Mirzapur	Certified
			21	Dr Kusum Kala	District Women Hospital	Unnao	Certified
			22	Dr Naushada Khatoon	CHC Rudauli	Faizabad	Certified
Long Course IV	4/10/10 TO 23/1/2011	8	23	Dr. Kamlesh Kumari	CHC, Mishrikh	Sitapur	Certified
			24	Dr. Vandana Singh	CHC Sohawal	Faizabad	Certified
			25	Dr. Rabeah Sultana	Distt. Women Hospital	Bahraich	Certified
			26	Dr. Reena Verma	CHC Mohammdi	Khiri	Certified
			27	Dr. Manjula Gupta	Female Hospital, Charwa	Kaushambi	Certified
			28	Dr. Rekha Singh	CHC Rassulabad,	Kanpur Dehat	Certified
			29	Dr. Archana Bharti	BMC, Indira Nagar	Lucknow	Certified
30	Dr. Suresh Kumar Singh	PHC Sagamai,	Mainpuri	Certified			
LC V	24/3/11 to	8	31	Dr.Jyoti Kamle	CHC Malihabad	Lucknow	Certified

	13/7/11		32	Dr.Tasneem Kausar	PPC Mughalsarai	Chandauli	Certified
			33	Dr.Pramila Yadav	D Type Health Post, Govindpur	Allahabad	Certified
			34	Dr.Sayeed fatima	District Women Hospital	Shahjahanpur	Certified
			35	Dr.Alka Singh	CHC Tanda	Ambedkarnagar	Certified
			36	Dr.Anju Mishra	CHC Haiser Bazar	Sant Kabir Nagar	Certified
			37	Dr.Shrawan Kumar Singh	New PHC Lalanagar	Sant Ravidasnagar	Certified
			38	Dr.Poonam Tiwari	CHC Kaiserganj	Behraich	Certified
LC VI	28/11/11 to 18/3/12		39	Dr. Shiv Sagar Singh	PHC Babai	Jalaun	Certified
			40	Dr. Radha Dixit	CHC Pihani	Hardoi	Certified
			41	Dr. Renu Singh	District Women Hospital	Kanpur	Certified
			42	Dr. Nilima Thaigal	District Combined Hospital	Kannauj	Certified
			43	Dr Bibha Sinha	CHC Sikanderpur	Ballia	Certified
			44	Dr. Ram Chandra Patel	PHC Andawa, Kotwa	Allahabad	Certified
			45	Dr. Navin Kumar Mishra	CHC, Khaga	Fatehpur	Certified
			46	Dr. Mamta Tripathi	CHC Balsar	Gonda	Certified

Center : Deptt. Of Obs. & Gyn., JNU, Aligarh Muslim University, Aligarh

Long Course - I	25/02/2008 To 24/05/2008	8	1	Dr. Manju Agarwal	CHC Iglas	Aligarh	Certified
			2	Dr. Rajni Gupta	DTHC Shahganj	Agra	Certified
			3	Dr. Kanchan Agarwal	MCV	Agra	Certified
			4	Dr. Leelawati Arya	District Women Hospital	Agra	Certified
			5	Dr. Talat Jahan	District Women Hospital	Pratapgarh	Certified
			6	Dr. Saulat Z. Rizvi	CHC Sandeela	Hardoi	Certified
			7	Dr. Karuna Gaur	CHC Patwari	Mahoba	Certified
			8	Dr. Nisha Srivastav	District Women Hospital	Jalaun	Certified
Long Course - II		2	9	Dr.Murli Bhaskar	CHC Fatehpur	Saharanpur	Certified
			10	Dr.Nimmi Begum	CHC Karhal	Mainpuri	Certified
Long course III	12/10/09 TO 31/01/10	4	11	Dr Anuradha Porwal	CHC Auraiya	Auraiya	Certified
			12	Dr Anita Dutt	CHC Atrauli	Aligarh	Certified
			13	Dr Mamta kiran	CHC Govardhan	Mathura	Certified
			14	Dr Usha shrivastav	CHC Khalilabad	S.K.Nagar	Certified
Long Course IV	15/11/2010 TO 4/3/11	7	15	Dr. Sudha Yadav	District Women Hospital	Moradabad	Certified
			16	Dr. Nishi Singh	Under CMO	Muzaffarnagar	Certified
			17	Dr. Sharmeen Ahmad	District Women Hospital	Allahabad	Certified
			18	Dr. Neelam Singh	Under CMO	Sant Kabeer Nagar	Certified
			19	Dr. Anjana Singh	Under CMO	Agra	Certified
			20	Dr. Thakur Das	Under CMO	Pilibhit	Certified

			21	Dr. Subodh Kumar Singh	CHC Chopan	Sonbhadra	Certified
LC V	26-03-2011 to 15-07- 2011	5	22	Dr. Savita Gupta	Comb.Hospital, Sanjay Nagar	Ghaziabad	Certified
			23	Dr. Vijay Laxmi	District Women Hospital	Bulandshahar	Certified
			24	Dr. Kiran Singh	District Women Hospital	Aligarh	Certified
			25	Dr. Sudha Rani	District Women Hospital	Bijnor	Certified
			26	Dr. Beena Saxena	PHC Nuria	Pilibhit	Certified
LC VI	29.11.11- 19.03.12	5	27	Dr.Omvati	CHC Wazirganj	Badaun	Certified
			28	Dr.Reeta Singh	Under CMO	Bulandshahar	Certified
			29	Dr.N.K.Dwivedi	NPHC Malav, Kauriram	Gorakhpur	Certified
			30	Dr.Shobha Agarwal	CHC Gajraula	J.P.Nagar	Certified
			31	Dr.Gulab S Yadav	CHC Deegh	SRN(Bhadohi)	Certified