



Strengthening Pre-Service Education for the Nursing and Midwifery Cadre in India

Operational Guidelines

**Maternal Health Division
Ministry of Health & Family Welfare
Government of India**



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Edited Annexures 3,4, 6, 8, 9 and 13

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Nirman Bhavan, New Delhi - 110108

PREFACE

Since the launch of NRHM, impressive achievements have started to become visible in terms of strengthening of health systems and health outcomes. The demand for services in public sector has gone up substantially as is evident from surge in OPD & IPD attendance and institutional deliveries including Caesarean Sections. Availability of drugs, diet and assured referral has increased manifold. The contribution made by various initiatives taken up under RCH/NRHM especially JSY and JSSK is enormous.

Despite impressive progress, improving the quality of services remains a key challenge. Shortage of skilled manpower, particularly, doctors and specialists is a major bottleneck. I strongly believe that task shifting is not an option but an imperative and there is major scope for entrusting nurses and midwives a wider range of responsibilities backed by appropriate skill building.

ANMs and GNMs are the pillars of the primary health care and their empowerment and expertise are critical to improving quality of health care. Though in-service training for improving the knowledge and skills of ANMs and GNMs has been a thrust area under RCH, quality of pre-service nursing education has not received due attention. Hence, this initiative in collaboration with the Indian Nursing Council to prepare an exhaustive roadmap for strengthening pre-service nursing education.

It is heartening to note that steps have separately been taken by the Indian Nursing Council to improve the duration and curriculum of ANM / GNM courses, lay emphasis on development of key competencies and introduce reforms with regard to evaluation and competency-based certification.

These operational guidelines developed by Maternal Health Division are a major step forward and are intended to give an unambiguous and clear direction to all stakeholders with regard to the new path being charted out with the aim to equip ANMs and GNMs with right skills. The guidelines are applicable to all States and a beginning has already been made in high focus states.

I sincerely hope that Principal Secretaries and Health Secretaries will personally peruse these guidelines and take pro-active steps to ensure their implementation. I am confident that they will, in addition, take a variety of other innovative measures to empower and encourage Nurses and Midwives who hold the key to improved RMNCH outcomes.


(Anuradha Gupta)

New Delhi

Dated:5th December, 2012



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FOREWORD

The biggest challenge for the provision of health care services and attaining the MDG is the acute shortage of health personnel and disproportionate skill mix of the existing staff. An analysis of the trends of critical health indicators like infant mortality rate (IMR) & maternal mortality ratio (MMR) and availability of health personnel show a positive correlation where better availability of skilled health personnel also have lower mortality indicators

The State have been recruiting medical officers, ANMs, nurses etc on contractual basis. Compulsory rural posting for multiskilling doctors and allied health professionals has also been attempted by many States for overcoming the problem of availability of health professionals in rural areas. However, adequate knowledge and skills of ANMs and Staff Nurses working in the public sector facilities is one of the major bottlenecks in delivering quality RMNCH services particularly at primary and secondary level health facilities.

The guidelines provide a comprehensive road-map, which will facilitate program managers, state nursing cells, faculty of the mid-wifery institutions and other stakeholders in strengthening the pre-service nursing and midwifery education in the country particularly in the high focus states.

I hope the relevant stakeholders will make use of this guideline in planning for technical strengthening of ANM and GNM training institutions which will help ultimately help in availability of adequate number of competent and confident nurse-mid-wives in the public health institutions all over the country.


(Dr. Vishwas Mehta)

New-Delhi
Dated 4th Dec, 2012



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FOREWORD

With an increase in institutional delivery at the public health institutions under NRHM, there has been a supply side constraint in terms of shortage of the human resources for delivering quality services.

The capacity of the states to produce sufficient number of competent and confident nurses and ANMs providing quality midwifery services are crucial for the success of the various RMNCH programs being launched and implemented by the Govt. of India. So the role of ANMs and SNs has become a critical determinant for improving services to the vast rural population in the country.

This Operational Guideline prepared by MOHFW, in collaboration with Indian Nursing Council, and with support from various development partners, is a step in the right direction for strengthening the quality of pre-service education at the GNM Schools and ANM training centres in the 10 high focus states of Madhya Pradesh, Jharkhand, Bihar, Rajasthan, Uttar Pradesh, Uttarakhand, Chhattisgarh, Orissa, Assam and Jammu & Kashmir.

The various stakeholders including development partners can make use of this tool for implementing the road- map towards strengthening the pre-service education for nursing and mid-wifery. I am hopeful that the guidelines if implemented in a coordinated manner, will help improving the quality of pre-service nursing and mid-wifery and in turn improve the quality of RMNCH services at public health facilities especially in the rural areas.

(Dr. Rakesh Kumar)

New-Delhi
Dated 4th Dec, 2012

Healthy Village, Healthy Nation



एड्स - जानकारी ही बचाव है
Talking about AIDS is taking care of each other



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ACKNOWLEDGEMENT

Ministry of Health & FW is committed to improve the maternal, neonatal and child health outcomes in line with the Millennium Development Goals (MDGs). This document has been prepared with a view to facilitate the program managers, state nursing cells, faculty of the mid-wifery institutions and other stakeholders in strengthening the pre-service nursing and midwifery education.

The strategic approach adopted for this program includes a combination of top down and bottoms up programmatic activities where in the setting up of national/state nodal centers is initiated at the national or state levels, concurrently, the strengthening of the ANMTCs and GNM Schools is also initiated at the state and district levels, so as to minimize the time lag between the setting up of nodal centers and strengthening of ANM and GNM Schools


I would like to express my sincere gratitude to Ms Anuradha Gupta, AS& MD, NRHM, GOI for steering the process of strengthening the nursing mid-wifery institutions & constantly guiding us in preparing this road-map. I would also like to thank Dr Rakesh Kumar, JS (RCH), MOHFW & Dr. Vishwas Mehta, JS (Nursing), MOHFW for their regular guidance and support in initiating this process.

I would like to acknowledge the contribution of Mr. T. Dileep Kumar, President, INC & Dr Bulbul Sood, Country Director, JHPIEGO for their proactive support in framing these guidelines. The technical support given by Dr. Somesh Kumar & Ms. P. Princy Fernando of JHPIEGO has been vital while the guidelines were being prepared. The support and inputs given by the technical officers of UN and International agencies i.e. UNICEF, UNFPA, USAID, US Department of HHS, WHO, DFID, SIDA & NIPI has been valuable. The positive role & willingness of Dr J.K Das, Director, NIHFV for spearheading the institutional process of strengthening the pre-service midwifery teaching and training is a firm step in institutionalizing this effort. Lastly, I would like to appreciate the effort put forth by Dr Pushkar Kumar, Dr Ravinder Kaur & Dr Rajeev Agarwal, Senior Consultants, MH Division in bringing out this document.

There are many experts and institutions who have contributed and participated in the deliberations even at short notice & without fail, my sincere thanks to all of them for their untiring effort. Once the task is accomplished, this will be an expression of the combined efforts put by one and all.

Finally my earnest request to all State Mission Directors and program officers for taking personal initiative and interest in the implementation of the road- map for strengthening nursing and ANM teaching and training.

I wish success for the programme.


(Dr. Himanshu Bhushan)

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Dated 4th Dec, 2012

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LIST OF ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ANMTC	Auxiliary Nurse Midwife Training Center
BP/CR	Birth Preparedness and Complications Readiness
CBT	Competency Based Training
CSS	Clinical Skills Standardization
DP	Development Partner
ETS	Effective Teaching Skills
FP	Family Planning
FRU	First Referral Unit
GNM	General Nursing and Midwifery
GoI	Government of India
ICM	International Confederation of Midwives
IEC	Information, Education and Communication
IMNCI	Integrated Management of Neonatal and Childhood Illness
INC	Indian Nursing Council
IP	Infection Prevention
IUCD	Intra Uterine Contraceptive Device
JSY	Janani Suraksha Yojana
LHV	Lady Health Visitor
LRP	Learning Resource Package
MCHIP	Maternal and Child Health Integrated Program
MEC	Medical Eligibility Criteria
MNC	Maternal and Newborn Care
MNCH	Maternal, Newborn and Child health
NIHFW	National Institute of Health and Family Welfare
NNC	National Nodal Center
NRHM	National Rural Health Mission
PHC	Primary Health Center
PNC	Postnatal Care
PSE	Pre service Education
RCH	Reproductive and Child Health
SBA	Skilled Birth Attendant
SBMR	Standards Based Management and Recognition
SHS	State Health Society
SNC	State Nodal Center
ToT	Training of Trainers
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Strengthening Pre-Service Education for Nursing and Midwifery Cadre in India

Operational Guidelines

Introduction

The National Rural Health Mission (NRHM) of the Government of India (GoI) has brought back the focus on delivery of essential reproductive, maternal, newborn and child health (RMNCH) interventions at the level of Primary Health Centers. The overarching objective of NRHM is to increase the accessibility of these services to the vast rural population of India. The recent policies and programs, focusing on RMNCH, Janani Suraksha Yojana (JSY scheme), Janani Shishu Suraksha Karyakram (JSSK), Integrated Management of Newborn and Childhood Illnesses (IMNCI), Operationalization of 24/7 PHCs and First Referral Units; have put an increased emphasis on the role of the basic health worker, the Auxiliary Nurse Midwife (ANM), and General Nurse Midwife (GNM) in the provision of comprehensive RMNCH services in the country, especially in rural areas.

While the GoI has initiated the above mentioned programs like the JSY and JSSK to increase the access to institutional care for childbirth and other basic RMNCH services, the quality of care at the health facilities is not consistent throughout the country. One of the main contributing factors towards this inconsistent quality of care is the sub-optimal competency of the providers, especially the nurse-midwives, working in the public sector facilities. This problem is further aggravated by the shortage of the human resources, especially the nurse-midwives, at the public sector facilities. Therefore, capacity of the states to produce sufficient number of competent and confident nurse-midwives is crucial for the success of the various RMNCH programs being launched and implemented by the GoI. This is all the more important because the staff nurses and ANMs are the providers of basic health care at the lowest level of the health system and therefore the availability of adequate number of competent nurse-midwives in the country is a critical determinant to accessibility of quality RMNCH services to the vast rural population in the country.

To respond to this need for development of the adequate number of competent and confident basic healthcare service providers who can provide quality RMNCH services at the grassroots level, a comprehensive initiative to strengthen the foundation of pre-service education (PSE) for these nurse-midwives is being undertaken by the Ministry of Health and Family Welfare (MoHFW) in collaboration with the Indian Nursing Council (INC).

Strategic Approach

The MoHFW, GoI, in collaboration with INC, and with support from various development agencies, has initiated a national program for strengthening the quality of pre-service education at the GNM Schools and ANM training centers in the 10 high focus states of Madhya Pradesh, Jharkhand, Bihar, Rajasthan, Uttar Pradesh, Uttarakhand, Chhattisgarh, Orissa, Assam and Jammu & Kashmir.

However, though only 10 high focus states have been identified for implementation of this program, it is strongly recommended that other states also adopt/adapt this program for strengthening quality of pre-service education for the nursing midwifery cadre in their nursing-midwifery institutions.

The strategic approach for strengthening GNM Schools and ANMTCs include establishment of a number of National/State Nodal Centers (Upgraded Colleges of Nursing) to steer the process. It is envisioned that these Nodal Centers, besides serving as model teaching institutions, would also serve as pedagogic resource centers for strengthening PSE at the GNM Schools and ANM Training Centers

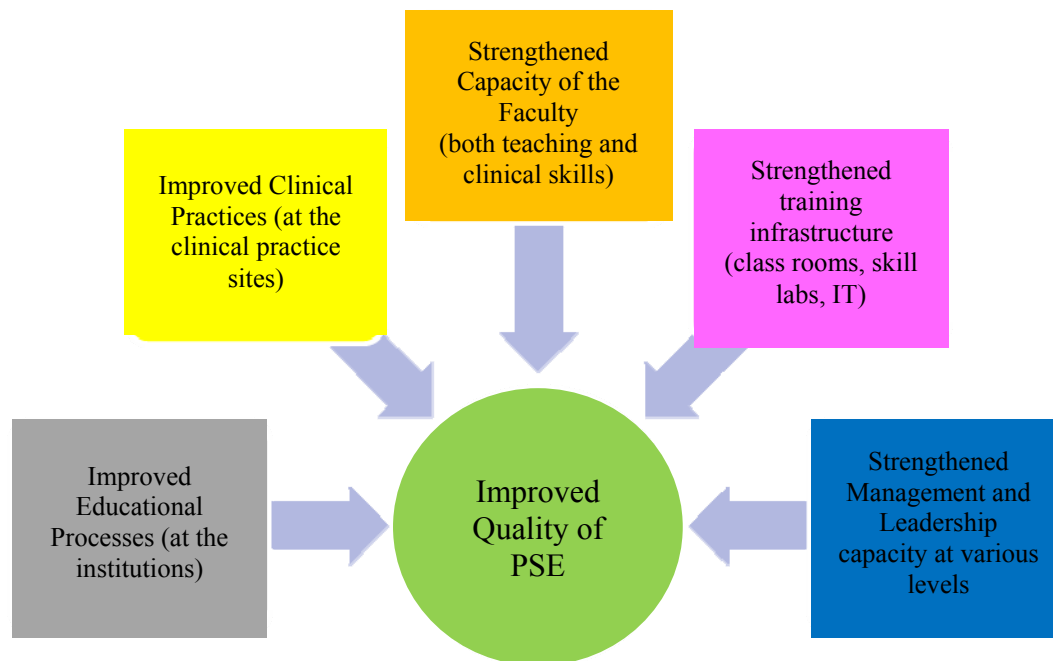
(ANMTCs) in their respective regions and assigned states and also provide support in the concurrent strengthening of these ANMTCs and GNM Schools. It is important to note that the goal of this initiative is to strengthen the quality of education at the ANM and GNM schools with special priority to high focus states of India. The national/state nodal centers are being set up to just act as intermediaries of the Nursing Division of MOHFW and the Indian Nursing Council, for bringing about this improvement in the quality of education at the ANM and GNM schools. Therefore, the setting up of national/state nodal centers should be viewed in the perspective of the strengthening of PSE at the ANM and GNM schools and not as standalone milestones or deliverables.

The approach adopted for this program includes a combination of top down and bottoms up programmatic activities where in the setting up of national/state nodal centers is initiated at the national or state levels, concurrently, the strengthening of the ANMTCs and GNM Schools is also initiated at the state and district levels, so as to minimize the time lag between the setting up of nodal centers and strengthening of ANM and GNM Schools.

Towards this objective, the initiative will work on strengthening of the five of the most critical dimensions of the Pre Service Education (PSE) at all the ANM and GNM schools, which include the following:

- ❖ Educational Processes at the schools
- ❖ Clinical practices at the respective clinical practice sites of the schools
- ❖ Capacity, including the clinical skills and teaching skills, of the faculty
- ❖ Training infrastructure of the schools, including the skill lab, library and the IT labs
- ❖ Management capacity for overall strengthening of the PSE for Nursing & Midwifery

Components of the initiative for improving quality of nursing-midwifery education



Programmatic Approach

Goal:

Strengthen the foundation of nursing and midwifery education in ten high focus states of India, resulting in higher functioning educational institutions and better prepared service providers i.e. ANMs and nurse midwives who are competent, confident and ready to work, especially in rural areas.

Priority states:

Madhya Pradesh, Jharkhand, Bihar, Rajasthan, Uttar Pradesh, Uttarakhand, Chhattisgarh, Orissa, Assam and Jammu & Kashmir. **However, though only 10 high focus states have been identified for implementation of this program, other states can also adopt/adapt this program for strengthening quality of pre-service education for the nursing midwifery cadre in their nursing-midwifery institutions.**

Objectives:

- ❖ To strengthen the educational and clinical standards and processes in National Nodal Centers of Pre-service Nursing and Midwifery Education (NME), towards enabling them to assume responsibility for the training and mentoring of master trainers of SNC and faculty of ANM/GNM Schools.
- ❖ To strengthen the educational and clinical standards and processes in State Nodal Centers of Pre-service Nursing and Midwifery Education (NME), towards enabling them to assume responsibility for the training and mentoring faculty of ANM/GNM Schools;
- ❖ To strengthen the quality of Pre-service Nursing and Midwifery Education at the ANM/GNM Schools by improving the MNCH/FP knowledge and clinical skills of ANM/GNM School faculty and implementing the quality improvement process for strengthening educational processes and clinical practices at all ANM/GNM Schools;

The identified NNCs/SNCs will be set up by the implementation of the INC endorsed performance standards for the national/state nodal centers through the quality improvement process and standardization. It is expected that an institution can be recognized as a nodal center once it achieves 70% to 80% of the performance standards which ultimately helps in strengthening of the educational and clinical processes; strengthening of the training infrastructure by establishment of the skills lab, computer lab, library and strengthening of the management, teaching and clinical capacity of the faculty of these institutions.

Concurrently the ANM/GNM schools also will be strengthened through the use of simple, measurable performance standards which serve as a quality improvement guide. These performance standards provide a structure for program support and a criterion-based quality improvement system which will allow the GoI/INC, through its nodal centers (State/National level) for nursing and midwifery education, to provide specific ongoing technical support for strengthening of the quality of education at these institutions.

Expected Outcomes:

- ❖ National Nodal Centers and State Nodal Centers established at pre-determined colleges of Nursing.
- ❖ Improved quality of pre-service education at the ANM/GNM Schools in the ten states:

- GNM Schools and ANMTCs strengthened in terms of faculty positions, training infrastructure, educational processes, clinical practices and achieving and sustaining at least 70% of the INC approved performance standards.
 - Strengthened capacity of the faculty of the GNM Schools and ANMTCs by focused refresher training in teaching and clinical skills.
- ❖ Strengthened capacity at the national and state levels to better manage the nursing and midwifery education in the country, especially focusing on these ten high focus states.

Program Implementation Plan

Setting up of National Technical Advisory Group/Task Force:

MOHFW, GoI, jointly with the INC, will assemble a national technical advisory group/task force for advising and steering this initiative to strengthen the quality of pre-service education for the nursing midwifery cadre in India. This group will include representative/s from MOHFW, GoI, INC, NIHF, representatives of the state governments, representatives of the national and state nodal centers and development Agencies. The role of this group will include the following:

- Meet on a semi-annual basis (more frequently if required) to review the status of implementation of the program,
- Advise the program on the strategic and operational directions for ensuring efficient and effective implementation,
- Advise the program on the broad timelines and its adherence to the implementation,
- Advise the program on new/additional interventions and or modifications in the current interventions, for ensuring effective implementation of the program and

Setting up of National/State Nodal Centers:

Major activities and steps:

- **Identification of National/State Nodal Centers:** Identification of the Colleges of Nursing to be strengthened as National/State Nodal Centers. The criteria for selection of these Colleges of Nursing are as follows:
 - The institution should be a college of nursing, preferably located at a central location in the state.
 - The management of the institution should be willing to accept the additional responsibilities of a nodal center.
 - The institution should have physical space/infrastructure to undertake the responsibilities of the nodal center, like housing the additional nodal center staff, training the faculty of the GNM schools and ANMTCs.
 - The institution should have access to a well functional Department of Obstetrics and gynecology at its own/close by institution with permission to the nurse-midwives to conduct deliveries.
 - The institution should be ready to follow the norms and guidelines of the program

Till now, the following colleges of nursing have been identified by the MOHFW, GoI and the INC, for developing them as national nodal centers:

- College of Nursing, NRS Medical College, Kolkata
 - College of Nursing, CMC Vellore.
 - College of Nursing, CMC Ludhiana
 - College of Nursing, St. Stephen’s Hospital, New Delhi
 - Government College of Nursing, Vadodara
 - College of Nursing, Safdarjung Hospital, New Delhi
 - RAK College of Nursing, New Delhi.
- **Identification of state nodal centers:** Every state will have at least one college of nursing identified as state nodal center on the criteria mentioned above. States like Bihar and Uttarakhand have already identified existing colleges of nursing for setting up of state nodal centers.

Other states need to identify the same on priority and send the names of the identified institutes to the MoHFW, GoI, with a copy to NIHFW, INC and supporting partners.

- **Orientation of faculty of nodal centers:** Three day orientation of the identified additional and regular faculty of the college of nursing (Principal, tutors), and the representatives from the clinical practice sites (HOD –OBG, LR in-charge, Nursing Superintendent/Matron) to the educational and clinical standards and its implementation, has to be undertaken at national nodal center. While the first two days of the workshop will be dedicated to the educational standards corresponding to the sections 1 to 4 of performance standards (see the table below), the third day of the workshop is committed to orientation on the clinical standards. The first two days of the orientation will be attended by faculty of the Nodal Centers while the third day of the meeting will also be attended by representatives of the clinical practice sites.

Performance standards for setting up of national /state nodal center (see Annexure 1)		
Sections	Areas	Number of Standards
1.	Class room and practical instruction	15
2.	Clinical instruction and practice	17
3.	School infrastructure and training materials	13
4.	School management	16
5.	Clinical site practices	21
TOTAL		82

- **Baseline assessment:** Baseline assessment of the college and the clinical site using the educational and clinical standards and preparation of an action plan for addressing the identified gaps, to be done by the faculty of the college oriented at the national nodal center with support from the development partner.
- **Three day on-site training for standardization of clinical practices :** Three day on-site training for standardization of clinical practices at the respective clinical practice sites of the identified national/state nodal centers for updating the clinical skills and knowledge of clinical staff from the OBG and pediatrics department of these sites along with the identified faculty of the nodal center, to facilitate the implementation of the clinical standards at these sites. The first day of the training will focus on orientation to the clinical standards and discussion on the gaps of the clinical practice site as assessed in the baseline assessment. The next two days of the training will be focused on clinical update and standardization of clinical skills and knowledge of the providers of the clinical practice sites and select faculty of the nodal center. The action plan with timelines for

implementation of standards, along with the roles and responsibilities, will also be discussed with the stake holders during this training.

- **Finalization of the action plan:** A two day on site meeting/orientation of the faculty of the college of nursing to orient them on the educational standards, discussion on the baseline assessment findings and finalization of the action plan for strengthening of educational processes at the college of nursing. The action plan with timelines for implementation of standards, along with the roles and responsibilities, will also be discussed during this meeting.
- **Implementation of action plan:** Implementation of the action plan developed as per the gaps identified during baseline assessments of clinical and educational processes, to be done by the faculty of the identified institutions. Periodic internal assessments to be done at an interval of every four weeks so that the standards are achieved at least upto 70% within six to nine months of initiation of the process. .
- **Hiring of Faculty:** Advertise, conduct interview and hire 2-3 additional faculty at the Nodal Centers (TOR in *Annexure 4*). The institution to also identify at least three-four existing faculty who would take up the responsibility for strengthening of the quality of education at these institutions and also conduct trainings for the faculty of ANM and GNM schools once the nodal center is established.
- **Strengthening of training infrastructure:** Strengthen the skills labs, library and IT infrastructure of the college of nursing for enabling it to assume additional responsibilities of the nodal center. The GoI has developed the guidelines for setting up the skill labs for the nodal centers (*Annexure 2: Specifications of mannequins and equipments for skills lab, Annexure 3: List of Skills station, Annexure 5: List of equipment's, Mannequins and charts of skill labs of Nodal Centers*) and these guidelines should be followed for setting up of skill labs for the nodal centers. The list of books for the library and equipments for the IT lab is also annexed for guiding the strengthening of the library and IT lab of the nodal center (*Annexure 7: List of the books for the library at NNC/SNC, Annexure 8: List of the books for the library at GNM School Annexure 9: List of the books for the library of ANMTC and Annexure 10: Specifications for the IT Lab of Nodal Centers*) The existing infrastructure of the college of nursing may have to be strengthened for setting up of the skill lab, library and IT lab for enabling the college of nursing to assume the responsibilities of nodal center.
- **Identification of additional faculty:** While the educational and clinical standards are being implemented, identified faculty from the NNC and SNC, including the additionally hired faculty, shall be sent to a functional National Nodal Center for a 10 day training to equip them as master trainers for the conduction of the six-week training for the faculty of the ANM and GNM schools.
- **External assessment:** On conducting the periodic internal assessments based on the performance standards (*Annexure 1: Performance standards of the Nodal Centers and GNM/ANM Schools*) as stated above, if the institution is confident that they have achieved 70-80% of the performance standards, the authorities of these nodal centers will call for external assessment of the educational and clinical standards of the college of nursing by the Indian Nursing Council, with intimation to NIHFW and Nursing Division, MoHFW, GoI, for assessing whether the college of nursing has achieved the score for certification by INC as a national nodal center. On conducting internal assessments, if the staff of the college of nursing feels that they have not achieved 70-80% clinical and educational standards, they should again take time bound steps to address the remaining gaps towards achieving these scores.

Expected Outcomes from setting up of national/state nodal centers:

- Strengthened educational processes and infrastructure in the NNC/SNC

- Strengthened clinical practices in the clinical practice sites of the National Nodal Centres (NNC)/ State Nodal Centres (SNC)
- Improved knowledge & clinical skills of the faculty of the nodal centers for MNCH/FP
- Strengthened teaching and clinical skills of the faculty of the nodal centers.
- Well-functioning College of Nursing identified and strengthened to function as national/state nodal center (SNC).

Roles and responsibilities of the established nodal centers:

- Support the state nursing cell for developing the roadmap for strengthening pre-service nursing midwifery education and for budgeting the same.
- Advertise, conduct interview and hire a program assistant to coordinate the 6 weeks trainings.
- Conduct 6 weeks trainings for the faculty of the GNM/ANM schools . Trainings to be planned so that not more than 2 faculty from an ANMTC participates in the same batch of training.
- Faculty of the NNC/SNC to conduct mentorship visit to the GNM Schools and ANMTCs, from which the faculty have been trained, to hand hold them in post training transfer of learning and onsite follow up. (Each ANMTC to be visited at least once every 6 months) (*Annexure 11: SOP of the mentoring visit of the faculty of the nodal center*).

Strengthening the quality of pre-service Nursing and Midwifery Education at the ANMTCs and GNM Schools:

Major activities and steps:

- **Sanctioning of faculty for GNM schools and ANMTCs:** Policy decision and budgeting at the state level to be made to sanction posts at the GNM schools and ANMTCs as per the INC requirements and plans for recruitment for the posts to be made.
- **Hiring of Faculty:** Advertise, conduct interview and recruit faculty for all the GNM Schools and ANMTCs so that the HR shortages can be addressed.
- **Orientation of faculty:** Three day orientation of the identified additional and regular faculty of the ANM/GNM Schools (Principal, tutors), and the representatives from the clinical practice sites (HOD –OBG, LR in-charge, NS) of these schools to the educational and clinical standards and its implementation. While the first two days of the workshop will be dedicated to the educational standards corresponding to the sections 1st to 4th of section of performance standards, the third day of the workshop is committed to orientation on the clinical standards. The first two days will be attended by faculty of the GNM/ANM Schools while the third day of the meeting will also be attended by representatives of the clinical practice sites.
- Based on the capacity of the state/development partner supporting the state, the state can stagger the strengthening of ANM/GNM Schools and can do it in a phased manner, selecting a select number of ANM/GNM Schools to be strengthened in the first phase and then undertake the strengthening of the rest of the ANM/GNM Schools in the subsequent phase. This planning process will be led by the state nursing cell and supported by state nodal center.
- **Baseline assessment :** Baseline assessments of the GNM and ANM schools and their affiliated clinical sites using the performance standards and preparation of an action plan for addressing the identified gaps to be conducted by the faculty of the ANMTC/ GNM School, supported by the faculty of SNC and respective development partners.
- **Three day on-site training for standardization of clinical practices :** Three day on-site training for standardization of clinical practices at the respective clinical practice sites of the ANM/GNM Schools for updating the clinical skills and knowledge of clinical staff from the OBG and

pediatrics department of these sites along with the identified faculty of the ANM/GNM School, to facilitate the implementation of the clinical standards at these sites. The first day of the training will focus on orientation to the clinical standards and discussion on the gaps of the clinical practice site as assessed in the baseline assessment. The next two days of the training will be focused on clinical update and standardization of clinical skills and knowledge of the providers of the clinical practice sites and select faculty of the ANM/GNM Schools. The action plan with timelines for implementation of standards, along with the roles and responsibilities, will also be discussed with the stake holders during this training.

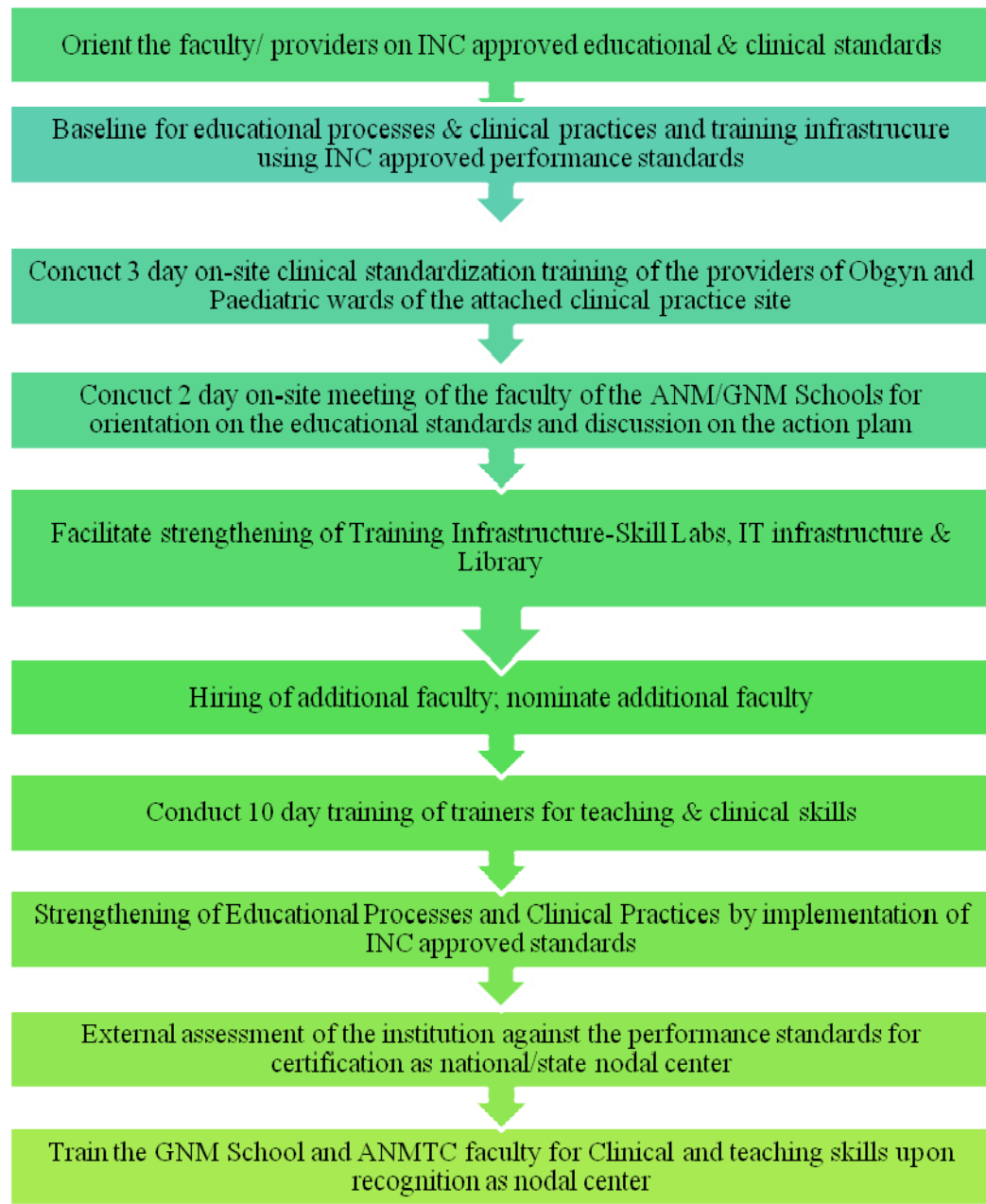
- **Finalization of the action plan:** A two day on site meeting/orientation of the faculty of the ANM/GNM Schools to orient them on the educational standards, discussion on the baseline assessment findings and finalization of the action plan for strengthening of educational processes at the ANM/GNM Schools. The action plan with timelines for implementation of standards, along with the roles and responsibilities, will also be discussed during this meeting.
- **Implementation of action plan:** Implementation of the action plan developed as per the gaps identified during baseline assessments of clinical and educational processes, to be done by the faculty of the ANM/GNM Schools. Periodic internal assessments to be done at an interval of every four weeks so that the standards are achieved at least upto 70% within six to nine months of initiation of the process.
- **Strengthening of training infrastructure:** Strengthen the skills labs, library and IT infrastructure of the ANM/GNM Schools. The existing infrastructure of the ANM/GNM Schools may have to be strengthened for setting up of the skill lab, library and IT labs.
- **Six weeks trainings:** Faculty from the ANMTC/ GNM School to be trained in the 6 weeks trainings at the SNC/NNC.

Main components of the 6 weeks curriculum:

- Effective teaching skills
- Skilled birth attendance
- Integrated Management of Neonatal and Childhood illness
- Prevention of Reproductive tract infections including prevention of Parent to Child Transmission of HIV
- Family Planning
- Quality improvement in nursing education (SBMR)

- **Implementation of action plan (contd.):** Implementation of the performance standards to strengthen the educational and clinical practices at these institutions to continue as per the action plans developed during baseline and subsequent internal assessments.
- Faculty at the ANMTCs/GNM Schools will start implementing competency based trainings at their ANMTC/ GNM School while teaching their students. The strengthened skills lab, library and computer labs should be fully utilized during the trainings.
- **Mentorship visits:** Faculty of the NNC/SNC to conduct mentorship visit to the GNM Schools and ANMTCs from which the faculty have been trained to hand hold them in post training transfer of learning and support the above mentioned steps for strengthening of GNM/ANM Schools. (Each GNM School/ANMTC to be visited at least once every 6 months) (*Annexure 11*: Standard Operating Procedure (SOP) of the mentoring visit of the faculty of the nodal center).

Critical steps for setting up of National/State Nodal Centers and strengthening of GNM schools and ANMTCs



**ANNEXURE 2:
SPECIFICATIONS OF MANNEQUINS AND EQUIPMENT'S FOR SKILLS LAB**

Specifications of Mannequins and Equipments for Skill Lab

General specifications desired for all Mannequins:

The color of the mannequin should be in Caucasian simulating Indian babies/adult in medium skin tones.

The material of the mannequin should be of polyvinyl and silicone rubber free from any carcinogenic agents.

The texture of the mannequin should be soft and smooth and close to the feel of baby/adult skin as relevant. The texture must be friction free to demonstrate the desired procedure

The internal parts of mannequin must be realistically sculpted, anatomically accurate and feel must be smooth/resilient/bony as relevant and suitable for simulation

The mannequins must be portable and any fittings used in mannequins must be of aluminum or polycarbonate or equivalent

The mannequin's durability must be of minimum 2 years.

The material of the mannequin should withstand extremes of temperature (upto 45 degree Celsius)

The supplier must ensure manufacturer's warranty/guarantee against for the specifications and also manufacturing defects.

The manufacturing units must have an internal system of quality control and supplier should produce the process and certificate from the manufacturers.

The supplier will be responsible for service, maintenance, replacement, etc. against any complaints up to the satisfactions of the users irrespective of the location of manufacturing unit.

The Lead time must not be more than 6 weeks after confirmation of written supply order

The supplier must ensure the availability of on- call service agent from state headquarters within 48 hours, from local within 24 hours, from outside state within 7 days and incase the problem is not rectified on site at the time of service then its need to be rectified with in next 7 days for minor defects and within 28 days for major defects.

Handwritten signatures and initials:
Dipen Agrawal, Bilal Sood, Hishar, Manisha, Ashu, Anshu, P.P.T, Anshu, Chaitan, Kishu, Akhya, Anshu, P.P.T, Anshu

The warranty for mannequins must be two years from the date of receiving at consignees address.

All mannequins should include a soft/Hard Carrying Case and study questions, Dos and Dont's, instructions manual, maintenance guide, , background information, videotape for demonstrating the use of mannequin, User manual with trouble shooting guidance, technical manual with maintenance and first line technical intervention instructions and any other relevant teaching/ training materials in English

The mannequins should have additional accessories as listed and also talcum powder or silicone gel to avoid friction, list of accessories and spare parts with cost and contact details of its supplier preferably within State/Delhi.

The supplier/manufacture should list the name and address of technical service providers in India.

The payment of the mannequin is linked with installation at consignee address, demonstration to service providers at consignee address and certification of installation and functionality by the head of the concerned department.

The suppliers should agree for 10% of payment to be released after 2 years (Warranty Period)

General specifications desired for all equipment's:

The material used for equipment's should be of rust proof, high quality PVC/stainless steel/polyvinyl and silicone rubber as applicable and free from any carcinogenic agents

The stainless steel composition must be of 8 to 10% nickel, 18 to 20% chromium.

The fittings of all equipment's must be of stainless steel/aluminum.

The equipment's should be durable of minimum 3 years for repeated use by trainers/trainees.

The supplier must ensure manufacturer's warranty/guarantee against for the specifications and also manufacturing defects.

Every manufacturing unit must have an internal system of quality control and supplier should produce the process and certificate from the manufacturers

The supplier will be responsible for service, maintenance, replacement, etc. against any complaints up to the satisfactions of the users irrespective of the location of manufacturing unit.

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Dipendra Kumar
Alakshya
Mishra
P.P. Singh
Anusha
Suresh

The lead time of all equipment's should not be more than 6 weeks after confirmation of written supply order

The supplier must ensure the availability of on- call service agent from state headquarters within 48 hours, from local within 24 hours, from outside state within 7 days and incase the problem is not rectified on site at the time of service then its need to be rectified with in next 7 days for minor defects and within 28 days for major defects.

The equipment's should have three years comprehensive warranty and two years of extended comprehensive warranty.

Equipment's should include a Hard Carrying Case and study questions, Dos and Dont's, maintenance guide, use of equipment's, background information, transparencies and videotape, User manual with trouble shooting guidance, Technical manual with maintenance and first line technical intervention instructions and any other relevant teaching/ training materials, in English.

The equipment's should have detailed information of the device features, functions, detection capabilities, method of operation, materials, alarm capabilities, software, specifications and operating ranges, power source, parameter detection ranges, etc wherever applicable. This description should contain engineering drawings, pictures, and all devices labeling, such as instructions for use and promotional materials

The equipment's should have additional accessories as listed and also material/gel/oil to avoid friction and enhance smooth function, list of accessories & spare parts with cost & contact details of its supplier preferably within State/Delhi

The payment of the equipment's is linked with installation of consignee address, demonstration to service providers at consignee address and certification of installation and functionality by the head of the concerned department.

The supplier/manufacture should list the name and address of technical service providers in India

The equipment's should have power cord wherever required, temperature electrode and fittings with at least 10 meters of standard wire and accessories

The suppliers should agree for receiving 10% of payment of equipment's after 3 years (Warranty Period)

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- ❖ The autoclave should have pre-set automatic cycles for unwrapped instruments, wrapped instruments/packs;
- ❖ The autoclave should have slow exhaust and drying cycles
- ❖ The autoclave should have two automatic programs, which are 2.2 bar at 134°C and 1.1 bar at 121°C
- ❖ The autoclave should be fitted with 5 L water reservoir could be manually filled, automatic for at least 10 cycles
- ❖ The autoclave should have auto power shut-off upon completion of each cycle
- ❖ The autoclave should have 3 removable shelves, instrument trays and double safety door locking device
- ❖ The autoclave should have safety feature to protect against over-pressure and over-temperature
- ❖ The autoclave should have audible and visual alert upon cycle interruption or completion
- ❖ The autoclave should have unwrapped cycle time: cold 30 min, hot 20 min
- ❖ The autoclave should have control panel with alpha-numerical display and cycle indicators
- ❖ The autoclave should have air vents situated laterally and need to be manually closed after sterilization
- ❖ TST (temperature steam time) control spot must be self-adhesive and the color changes must be irreversible when sterilized, attachable to steam sterilizing containers
- ❖ Power requirement for the autoclave must be 220 V/50 Hz single phase
- ❖ Power consumption of autoclave not more than 3000 W
- ❖ The autoclave should have device safety certification according CE 93/42, FDA 510k or equivalent
- ❖ Additional accessories:
 - Set of 3 matching instrument baskets
 - Set of 3 matching sterilizing drums
 - 3 roll of sterilization indicator TST control spots
 - 3 boxes paper sheet and crepe for sterilization pack
 - 3 rolls of adhesive tape for sterilization pack
 - 10 spare set of fuses
 - 1 box TST (temperature steam time) control spot, (box of 500 TST), plus 1 record sheet
 - 2 Stainless steel cylindrical sterilizing drum of 165mm diameter
 - Thickness steel: 0.8 mm
 - Diameter, approx: 165 mm
 - Height, approx: 100 mm

Theme 3: Family Planning

Skill Station:

1. Interval IUCD
2. Postpartum IUCD

Bulb Sood ^{18/8/2018}

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D. W. T. S. B. ^{Chhaya}

Manushi ^{Amisha}

P. P. T. S. B. ^{Amisha}

R. P. T. S. B. ^{Amisha}

S. P. T. S. B. ^{Amisha}

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X. P. T. S. B. ^{Amisha}

Y. P. T. S. B. ^{Amisha}

Z. P. T. S. B. ^{Amisha}

1. HAND HELD UTERUS MANNEQUIN

- Hand held uterus model should show coronal section of uterus, ovaries and fimbriae
- Hand held uterus model should have a clear plastic window permitting easy view of IUD
- Hand held uterus model should permit easy demo of inserting and removing of IUD
- Hand held uterus model should be Made of PVC

2. FEMALE LOWER TORSO MANNEQUIN WITH NORMAL AND POSTPARTUM UTERUS AND ACCESSORIES

- Should have full size adult female lower torso (abdomen and pelvis) with relevant internal landmarks
- Should have palpable normal and pregnant uteri with Realistically sculpted and anatomically accurate ovaries and fimbriae
- Should have accessories to enhance visual recognition of normal and abnormal cervixes
- Should have removable introits
- Should have "screw" design between Uterus and Cervix for fast and easy change-out
- Should be suitable for teaching/practicing bi-manual pelvic examination
- Should be suitable for vaginal examination, including insertion of speculum, uterine sounding and IUD insertion and removal
- Should have distal end of vagina to facilitate introduction of a female condom
- Should have features to demonstrate Minilaparotomy (both interval and postpartum tubal occlusion), Manual vacuum aspiration (MVA), visual recognition of normal and abnormal cervixes, 48 hours postpartum fundal massage
- Additional Accessories:
 - One anteverted uterus
 - One retroverted parous uterus
 - Five normal cervixes
 - Four abnormal cervixes
 - Ten fallopian tubes
 - 2 x 48 hour postpartum uterus with 'duckbill' cervix and fallopian tubes
 - 2 Extra locking pins and thin cervical locking ring

Theme 4: Intranatal care

Skill Station:

1. Pelvic examination includes cervical dilatation and pelvic assessment
2. Normal Delivery
3. AMTSL & Checking placenta
4. initial dose of MgSO₄ for severe pre-eclampsia/eclampsia management..yet to decide of having models

Dipen Agard *Bulbul Saad* *Ms. Khan*
Shruti *Shruti* *Shruti* *Shruti*
Manushi Mishra *P. Pratik*

5. Episiotomy repair
6. Initial Management of atonic PPH
7. Complicated delivery (Twin , breech, shoulder dystosia, ventose and Forceps)

1. CHILD BIRTH SIMULATOR ALONG WITH ATTACHMENT FOR CERVICAL DILATATION (CLOSED OS,4 CM, 6CM, 8CM, FULLY DILATED CERVIX)

Features:

- Should have hemi pelvis of adult female with anatomical landmarks like pelvic cavity, spine etc. Should have manual mechanical birthing system to enable the user to control the rotation and speed of fetus delivery etc.
- Should have articulating fetal baby with adaptors to fit with manual birthing system
- Should be versatile to change the position of the fetus during the process of birth including descend, flexion, extension, internal and external rotation, restitution.
- Should have features for training normal and breech deliveries
- Should have Inflatable cushions to lift fetus for Leopold maneuver during pregnancy
- Shall have adaptive birth canal to demonstrate dystocia and deal with its relief
- Should have features to demonstrate cord prolapse
- Shall allow demonstration and practice of placenta previa
- Should have cervical dilatation attachment for closed Os, 4cm, 6cm, 8cm and fully dilated cervix
- Should have features simulating represent conditions of the cervix and vagina prior to labor, during labor and at birth in a primigravid woman
- Additional Accessories :
 - One detachable padded stomach cover
 - Detachable Manual mechanical birthing system with mounting flange
 - One fully articulating fetal baby with adaptors to fit with manual birthing system
 - One elevating cushion for Leopold maneuvers
 - 6 detachable dilating cervixes
 - 6 detachable Vulva
 - 9 vulvar inserts
 - 6 placentas
 - 9 umbilical cords
 - One 48 hour postpartum uterine activity assembly
 - One postpartum perineal insert
 - Reusable episiotomy repair module (set of 3 including medial tears, mediolateral tears and standard mediolateral episiotomy)
 - 2 sets cervical dilatation attachment for closed Os, 4cm, 6cm, 8cm and fully dilated cervix .

2. POSTPARTUM SUTURING TRAINER

- Should enable use of standard needle holder with "00" or "000" chromic sutures

Tijen Akmal
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- ❖ Should have three separate modules for episiotomy
- ❖ Should have one model featuring medial episiotomy with tears in labia-minora
- ❖ Should have one model featuring mediolateral episiotomy with peri-urethral tears
- ❖ Should have one model featuring standard episiotomy
- ❖ Should have features to attach with child birth simulator
- ❖ Additional accessories:
 - 3 nos. of medial episiotomy model with tears in labia-minora
 - 3 nos. of mediolateral episiotomy model with peri-urethral tears
 - 3 nos. of mediolateral episiotomy model

3. MANNEQUIN FOR SIMULATION AND MANAGEMENT OF PPH:

- ❖ The mannequin should be highly realistic for simulating postpartum hemorrhage
- ❖ The mannequin should have features to manually control the amount of bleeding and the conditions of uterus.
- ❖ The mannequin should have features to control dilation of the cervix.
- ❖ The mannequin should have the following
 - Full term fetus with placenta and umbilical cord
 - Blood concentrate
 - Fluid collection tray
 - Fluid drain
 - Urine catheter
 - 20 ml syringe
 - Carrying bag
- ❖ The mannequin should have features for training the Following
 - Urine catheterization
 - Normal delivery
 - Complete and Incomplete placenta delivery
 - Oxytocin injection
 - Controlled cord traction
 - Bimanual compression of uterus

4. INTRAMUSCULAR INJECTION TRAINING MANNEQUIN

- ❖ Intramuscular injection training mannequin should have a Lifelike human lower torso with intramuscular injection site in upper outer quadrant of palpable gluteal region on both side (left and right).
- ❖ Intramuscular injection training mannequin should have facility such way to detach the upper portion and teach the anatomical details of posterior side of the simulator illustrating deep anatomic structure of the head of femur, the shaft of femur, the sciatic nerve, deep layers of muscles, major blood vessels and aspect of bony pelvis underlying the gluteus muscles at any one side by hand painted or molded as relevant.

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- ❖ Intramuscular injection training mannequin should have Intramuscular injection in ventrogluteal site below iliac crest on both side(left and right)
- ❖ Intramuscular injection training mannequin should have Intramuscular injection in lateral thigh at any one side

Theme 5: Complication Management

Skill Station:

1. BCA approach
2. Management of Shock (IV catheterization and Urinary catheterization)

1. ADULT CPR MANNEQUIN

- ❖ Adult CPR mannequin should have features to demonstrate opening of airway, head tilt/chin lift and/or jaw thrust techniques.
- ❖ Adult CPR mannequin should have disposable airways
- ❖ Adult CPR mannequin should have removable, reusable faces
- ❖ Adult CPR mannequin should have a "clicker" which confirms correct compression depth
- ❖ Adult CPR mannequin should have compression spring for consistent resistance
- ❖ Adult CPR mannequin Should have weight: 3.9 kg and H x W x D: 25 in x 8.5 in x 13.5 in
- ❖ Additional Accessories:
 - 6 Reusable manikin Faces
 - 6 Airways
 - 50 Manikin Wipes

2. ADULT IV TRAINING ARM KIT

- ❖ Adult IV training arm should have full adult arm with simulated clenched fist and tournique position
- ❖ Adult IV training arm should be suitable for practicing IV injections
- ❖ Adult IV training arm should have prominent venous network
- ❖ Adult IV training arm should have anatomically located venous grooves, fitted with soft latex tubes, closely simulating consistency of human veins
- ❖ Adult IV training arm must have a pliable translucent latex skin stretched over venous network
- ❖ Adult IV training arm should have Simulated cephalic, basic, antecubital, radial, and ulnar veins
- ❖ Adult IV training arm should have veins in dorsum of hand
- ❖ Adult IV training arm should feature Realistic "pop" as needle enters vein
- ❖ Adult IV training arm must have a smoked Lucite base with metal stand
- ❖ Adult IV training arm veins and skin must be replaceable

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- ❖ Additional Accessories:
 - 4 Set of kit with simulated blood concentrate, pressure bulb, blood dispensing bag
 - 4 sets of Spare arm skin for future replacement

3. FEMALE CATHETERIZATION MANNEQUIN

- ❖ Female catheterization mannequin should have adult female lower torso with realistic vulval area and urethral opening
- ❖ Female catheterization mannequin must have internal bladder reservoir for standard catheterization exercises
- ❖ Female catheterization mannequin should have external reservoir bladder mounted on smoked Lucite with metal stand
- ❖ Female catheterization mannequin should have modular urethral valve to prevent fluid leakage
- ❖ Female catheterization mannequin should have inflatable internal bag to lift the bladder anteriorly
- ❖ Female catheterization mannequin should have detachable upper skin to show bladder, inflatable bag and foam
- ❖ Female catheterization mannequin should show connection to bladder, vagina with locking ring and rectum
- ❖ Female catheterization mannequin should have removable urinary assembly
- ❖ Additional Accessories :
 - 6 spare bladder tanks
 - 6 two Urethra inserts

Theme 6: Essential Newborn care

Skill Stations:

- 1 Essential New Born care
2. New Born resuscitation
3. KMC
4. Measurement of Body Temperature –newborn
6. Radiant Warmer
7. Use of Suction machine
8. Setting up an IV line on child arm
9. Inserting NG Tube
10. Phototherapy
11. Glucometer
12. Oxygen administration
13. Nebulization and Multi dose inhaler

10/10/2020

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1. ESSENTIAL NEW BORN CARE & RESUSCITATION MANNEQUIN

- The Newborn mannequin should be realistic in size and appearance and also natural weight, feel and touch.
- Newborn mannequin should have features for training essential newborn care (ENBC) and newborn resuscitation.
- Newborn mannequin should facilitate effective bag and mask ventilation, chest rise only with correct technique.
- The newborn mannequin should include the following:
 - Squeeze bulbs for simulation of cord pulsation, spontaneous breathing, auscultation of heart sound and cry
 - 4 External umbilical cords and 6 umbilical ties
 - 4 baby sheets or towels
 - 2 Head cap
 - 2 Neonatal mucus sucker (easy to open, clean, autoclavable and reusable)
 - 2 Training Stethoscope

2. NORMAL NEW BORN BABY MANNEQUINE (KMC)

- Newborn mannequin should weigh close to normal newborn (2.5 – 3.5 kgs)
- Newborn mannequin should have actual size showing external development and growth
- Newborn mannequin should be close to normal skin colour, texture and bony feel
- Newborn mannequin should have moving head, flexible upper and lower limbs
- Newborn mannequin should have baby cap, nappy, mittens, socks, Kangaroo Mother Care (KMC) dress / shawl/ bed sheet, for wrapping the mother and baby

3. DIGITAL THERMOMETER (MEASUREMENT OF BODY TEMPERATURE)

Digital thermometer should have

- Celsius scale with switch to Fahrenheit
- Measurement range between: 32°C to 43°C
- Accurate measurement: +/- 0.10°C between 32°C to 43°C
- Liquid crystal display, easy to read
- Features to support manual switch on, with beep sound after the temperature is measured and Auto switch off after 10 seconds
- Water proof and easy to clean
- Battery powered
- Low battery indicator

Dipesh Aggarwal *Bullal Sood* *Wanshan*
Pr *Dashwan* *Jas*
Chait *Ravi* *Manisha* *Manya* *Anshu*
etc *Sub* *Amisha* *P. P. K.* *Aradhana*

- Certification of safety according CE 93/42, FDA 510k or equivalent
- Must be safe to use, no glass, no mercury

Additional Accessories:

- 5 x Nickel Cadmium battery

4. RADIANT WARMER

- Should have O₂ cylinder provision
- should have mobile newborn resuscitation table with fixed-height radiant warmer
- should have side trays for accessories
- should have four antistatic castors (Wheels) and 2 wheels with breaks
- should have table surface with mattress with infant head/shoulder support
- Mattress-padding should have foam density approx. 21 - 25 kg/m³
- Mattress cover should be removable with zipper, waterproof, washable, resistant to cleaning with chlorine based solution and flame retardant
- Side boards should be transparent acryl, drop down and lockable
- Hood suspended above the table should integrate heating element and overhead light
- Overhead light should have 2 x 50W halogen spot, with dimming function
- Heating element should have emitter with parabolic reflector and protected by metal grid and Should be with high quality heating element like ceramic
- Control unit should allow air and skin temperature preset (LCD indicator / Digital Indicator) and drives radiant heater output (servo and manual)
- Display should report system errors, sensor failure, shock proof with auto regulation for temperature maintenance.
- Power requirement: 220 V/50 Hz
- Power consumption: 800 W
- Should have electronically controlled sensors (Skin & Air) with digital display for temperature
- Should also have separate sensor for continuous digital display of room temperature
- Should have heavy duty and rust proof metal body
- Should have Servo and manual control facility
- Should have SET temperature display on FND/LCD by mode selection
- Must have all modes and Timer display on LCD
- Should have all safety alarms – visual display on LCD
- Should have Skin sensor fail alarm
- Additional Accessories :
 - 3 - mattress
 - 6 - spare skin temperature probe (including connection cable)
 - 3 - spare heating element
 - 10 - spare set of fuses
 - Power cord and fittings with at least 10 meters of wire

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5. ELECTRICAL SUCTION MACHINE

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 Ditya Anand, Parul, Food, Jans, Manisha, Sub, P. P. D., Anand, Rishi, Manisha, P. P. D., Anand

- Should have housing and Base: MS Powder coated cabinet with Stainless Steel top.
- Should be mounted on bearing castor wheels with brakes, completed with pressure regulator ½ H.P motor.
- Should have capacity: 0-700 mm Hg ± 10 regulatable, flutter free vacuum control knob (pressure regulator), 25 Ltrs / min.
- Should have Single rotary vane pump or other equivalent pump
- Should have wide mouthed 2 x 2 Liter jar (Polycarbonate) with self-sealing bungs and mechanical over flow safety device.
Should have 8 mm ID x 2 meter tubing (non-collapsible tube with adaptors - PVC)
- Should have bourden type 6.5cm Diameter, 0-760 mm Hg calibration Vacuum Gauge.
- Power should be 230 V, 50 Hz, 2 ± 0.5 Amps, 200 watts. (110 V on request)
- Should have Noise Level: 50 dB A ± 3 Almost whispers.
- Should have 43 x 30 x 68 cms Dimension and Weight of 27Kgs
- Should have safety certification according CE 93/42, FDA 510k or equivalent

6. FOOT-OPERATED SUCTION MACHINE

- Should have High performance suction pump for pharyngeal and tracheal suction
- Should have double acting piston pump provides a combination of large airflow and high vacuum
- Should have see-saw movement of pedal that generates suction every time, one side of the pedal is depressed
- Should have pump chassis complete with valve diaphragms, manifold pipe, bottom cover, cylinder with draw link and valve diaphragm, piston O-ring, pedal with retaining springs, aspirating tube with angle connector and combination suction tip
- Should have pump which is totally disassembled, is easy to clean and disinfect
- All parts should be autoclaved at 121°C
- Should have Vacuum maximum of 600 mmHg
- Should have free airflow at two pumping strokes per second, approximately 30 to 40 L/min.
- All the parts should be made of high-strength, long-life materials, not requiring specific maintenance or storage
- Should have transparent polycarbonate collection container capacity, approximately 1 Liter
- Should have thermoplastic rubber Bottom cover
- Manifold pipe: polypropylene Gasket, O-rings and valve diaphragm: silicone rubber
- Should have Teflon piston rings
- Should have aluminum foot pedal

Additional Accessories:

- 3 set of silicone rubber suction tubing, approx: diam. 10 mm, length 1.5 m
- 3 angle connector and combination acetal suction tip

18/8/2014

Dinesh Agrawal
Bullbul Sood
Basem
Mansha
Amisha
Arshad Raza
P. P. 10/10

- 2 spare valve diaphragms
- 2 spare piston O-ring
- 2 spare retaining springs,

7. PEDIATRIC IV ARM KIT

- Should have pediatric arm
- Should have replacement Skin and multi-vein system
- Should have simulated Blood pack
- Should have blood Bag with tubing and connector
- Should have clamp and hook
- Should have 5 Syringes
- Should have Manikin Lubricant

Additional Accessories:

- 5 – replacement skin
- 5 – multi – vein system
- 3- simulated blood pack
- 3 – blood bag with tubing and connector
- 3- lubricant

8. NG TUBE INSERTION MANNEQUIN:

- Should look like 0-8 weeks old and Caucasian colour (Dr, Anand- for age)
- Should have soft and flexible and replaceable face skin and upper body skin
- Should offer NG exercises to demonstrate tube feeding and gastric suction
- Placing NP/OP tubes must be possible
- Should have landmark for ear canal
- Should have removable internal

9. PHOTOTHERAPY UNIT:

- Should have heavy sturdy mobile stand phototherapy unit
- Should have four Antistatic castors, 2 with breaks
- Should have single head with surface size approximately: 0.50 x 0.75 m
- Should have head height adjustable approximately 1.40 to 1.75 m
- Should have blue light with 4 Compact Fluorescence Tubes (CFL) approximately: 20 W
- Should have white light with 2 Compact Fluorescence Tubes (CFL) approximately: 20 W
- Should have grills to protect the tubes

W. Ghosh

Manisha *Bulbul* *15* *Manisha* *Amisha* *Manisha* *Manisha* *Manisha* *Manisha* *Manisha*

- Should have Infant table surface with foam padded mattress with density approximately 21-25 Kg/m³ with infant head/shoulder support and
 - Mattress cover should be movable, with zipper, waterproof, washable, resistant to cleaning with chlorine based solution and flame retardant
 - Infant table should have side boards transparent acryl, drop down and lockable
- Should be Irradiance at skin level, up to: 40 UV/cm²/nm
- Should have wavelength: 420 to 500 nm, with highest intensity at 470 nm
Integrated cumulative hour timer;
- The power requirement not more than 220 V/50 Hz; and power consumption not more than: 250 W
- Phototherapy unit should have device safety certification according CE 93/42, FDA 510k or equivalent
- Additional Accessories:
 - 6 spare blue CFL tubes
 - 3 spare white CFL tube
 - 10 spare set of fuses

10. GLUCOMETER

- Should have direct reading and photometry determination of total amount of glucose in whole blood
- Should have on switch and auto switch -off
- Should have automatic zero on switching on the glucometer.
- Should have automatic indication for readiness for receiving of blood through strips
- Should have dual wavelength measurement, 660 and 840 nm
- Sample size: one drop of whole blood on disposable cuvette
- Measuring time, approximately: 10 seconds
- Measuring range, approximately: 0 to 20 mmol /L or 0 to 400 mg/dl
- Should have accuracy equivalent to laboratory spectrophotometer
- Should have large LED display readable in low light working situations, display cover durable plastic Display in mmol/L and mg/dl, easy switch between both measurements
- Memory for at least 100 previous test
- Device is safety certified according CE 93/42, FDA 510k or equivalent

Additional Accessories:

- 10 x box of 100 cuvettes
- 10 x box of 100 sterile lancets
- 3 x cleaning set
- 3 x calibration set
- 3 x dust cover
- 3 x storing case
- 10 x spare set of fuses

Digan Kumar
 Bullal Sood
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 P. P. P. P. P. P.
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11. Oxygen Administration (Oxygen Concentrator)

- Oxygen concentrator to provide oxygen from atmospheric air
- Oxygen concentration measured at the flow meter by oxygen sensing device (OSD)
- Sound level <15 dB
- Superior grade of molecular sieve with an indicator / sensor on the device indicating whether the sieve is functional or non-functional
- Maintenance free rotary proppet valve.
- Oxygen purity approximately 90%,
- Oxygen output approximately: 0 - 5 LPM,
- Pressure approximately: 8 psi
- Double outlet or flow splitter for oxygen Delivery
- Oxygen tube of 2 m length must be provided with facility for nebulization with tube & mask With two humidifier bottles and two cabinet filters
- Power requirements: 220 V/50 Hz
- Power consumption: 450 W
- Device is safety certified according CE 93/42, FDA 510k or equivalent

Additional Accessories:

- 3 spare set of tubing
- 3 spare set of internal and external filters (bacterial);
- 10 spare set of fuses

12. Oxygen Administration (Oxygen Hood)

- Should have round shape 3 - Medium size, approximately height 22 cm, diameter 25 cm, 3 small size , approximately: height 18 cm, diameter 20 cm
- Should be autoclavable polycarbonate
- Should be free from trauma of silicon neck, with adjustment flap
- Should have bilateral oxygen nozzle,
- Should have oxygen tube of 2 m length with one spare set of tubing
- Should have port for oxygen sensor
- Device is safety certified according CE 93/42, FDA 510k or equivalent

18/8/2018

13. Nebulizer

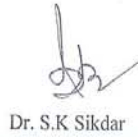
- Should be easy to use and clean
- Should deliver inhaled steroids, antibiotics and all commonly prescribed bronchodilators

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Dipen Kund
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Ahmad Pa
Rishi
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Chirag
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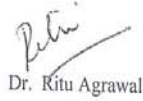
All the experts agreed on different skill stations, specifications of the mannequins, equipments and the decisions taken for operationalizing the skill stations as per the minutes enclosed..

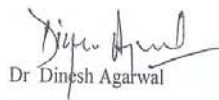

Dr. J.K. Das


Dr Himanshu Bhushan

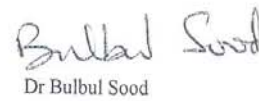

Dr. S.K. Sikdar

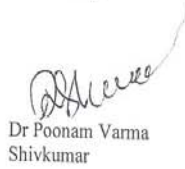

Dr Manisha Mallotra


Dr. Ritu Agrawal


Dr Dinesh Agarwal


Dr. Archana Mishra


Dr Bulbul Sood


Dr Poonam Varma
Shivkumar

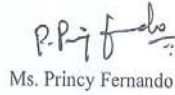

Dr Anand Rai

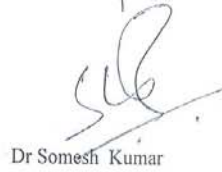

Dr Aboli Gore

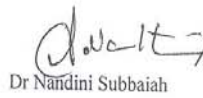

Dr Paul Francis

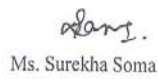

Mr K. Prasanth


Dr. Utsuk Dutta


Ms. Princy Fernando


Dr Somesh Kumar


Dr Nandini Subbaiah


Ms. Surekha Soma


Dr..Manju Chuggani

**ANNEXURE 3:
LIST OF SKILL STATIONS**

SI NO	The me	Basic Skills	Add- on Skills
1	Antenatal Care	<ul style="list-style-type: none"> • Calculation of EDD • Recording BP and weight • Abdominal examination and auscultation of Foetal Heart Sounds (FHS) • Laboratory Investigations <ul style="list-style-type: none"> - Haemoglobin estimation - Sahli's & Hb Color strips - Urine test for albumin and sugar by uristix - Urine pregnancy detection by using kit - Rapid Diagnostic Test for malaria -Testing blood sugar 	
2	Intra-natal Care	<ul style="list-style-type: none"> • Preparation of labour room (organise a LR, trays, delivery (instrument) kit, privacy and dignity, NBCC) • Plotting & Interpreting partograph • Cervical Dilatation • Normal Delivery • AMTSL • Providing initial dose of MgSO₄ for severe pre-eclampsia / eclampsia management • Initial Management of atonic PPH 	<ul style="list-style-type: none"> • Management of Incomplete abortion (MVA) • Eepisiotomy and repair • Complicated delivery (Twin, breech) • Assisted delivery (forceps, ventouse) • Cord Prolapse • Manual Removal of Placenta
3	Complication Management (MNH)	<ul style="list-style-type: none"> • CAB approach • Identification & management of shock (IV line & Blood transfusion, catheterization) 	
4	New Born Care	<ul style="list-style-type: none"> • Essential Newborn Care for a normal, crying baby • New Born resuscitation • Breast Feeding & KMC • Temperature Recording • Radiant warmer • Use of Suction machine • Counting respiratory rate • Oxygen administration 	<ul style="list-style-type: none"> • Chest compression and medication- New Born Resuscitation • Use of Phototherapy machine for new-borns with Jaundice • Inserting feeding tube in a baby

		<ul style="list-style-type: none"> • Using Glucometer • Setting up an IV line on child arm • Using Pulse oximeter • Using Nebulizer and Multi dose inhaler with spacer 	
5	Family Planning	Interval IUCD	PPIUCD
6	Infection Prevention	<ul style="list-style-type: none"> • Hand washing • Personal Protective attires • Preparation of 0.5% chlorine solution & Decontamination • Processing of equipment's – cleaning, steam sterilization or HLD (High Level Disinfection), Chemical sterilization of instruments, Autoclaving b) disinfection and disposal of sharps and needles • Segregation of bio medical waste • Labour room / Operation • Theatre sterilization 	
7	Counselling	Plenary*	
8	Documentation	Plenary*	

ANNEXURE 4:
ToRs FOR HR RECRUITMENT

State Nursing Cell under Directorate of Health Services/ Nursing Wing of the State

Overarching responsibilities of State Nursing Cell

- i. Cadre Management of Nursing Personnel i.e. Nursing Educators, Nursing Administrators, Nursing Service Personnel and Public Health Nurses like ANM, LHVs and PHNs etc.
- ii. Coordinate with Government of India with regard to Planning and Implementation Schemes under Development of Nursing Services.
- iii. Maintaining Nursing Management Information with regard to number of Nursing Personnel sanctioned/in-position with regard to Staff Nurses, Ward Sister, Assistant Nursing Superintendent, Nursing Superintendent and Chief Nursing Officer and Public Health Nurses like ANM, LHVs and PHNs
- iv. Maintain information about Nursing Educational Institutions like ANM, GNM, B.Sc. (N), M.Sc. (N) Nursing College along with their admission capacity
- v. Maintain number of nursing teaching faculty in the nurses education institutions along with their specialization
- vi. Maintain total number of nursing personnel required and number to be trained in the State
- vii. Supervision and Management of quality of Nursing Education in the State
- viii. Collaborate with State Nursing Council and professional association
- ix. Collaborate with other State level officers concerning with National and Health Family Welfare program
- x. The State Nursing Cell will submit quarterly report about the functioning of the nursing service and quarterly report on nursing management information system.

Responsibilities of the state nursing cell for the program to strengthen pre-service education for nursing-midwifery cadre in India

The State Nursing cell, housed at the state health society will function as the state level authority for the coordination and management of the program within the state. It will act as a liaison between the national program management cell at the NIHFW, national nursing cell at MOHFW, GoI and the NNC, SNC and the nursing educational institutions.

Human Resource:

- State Program Officer(Rank of Deputy Director)-1
- Program Coordinator - 2

State Program Officer

General Responsibilities

Job responsibilities related to management of the national program for strengthening pre-service education in the respective state:

- Work with NNC, SNC, state government, development partners, GNM and ANM schools to implement, monitor and report on training activities including M&E frameworks.
- Meet regularly with the state health society, SNC staff for smooth project management and respond in a timely manner to requests for meetings, reports and other requests.
- Facilitate the selection and hiring of the training coordinators/nursing and midwifery educators at the SNC.
- Facilitate the logistics for the trainings at the SNC.
- Work with the state nursing directorates for releasing the ANM/GNM faculty for the 6 weeks training.
- Backstop the 6 weeks trainings at the SNCs.
- Oversee the implementation of the performance standards at the GNM/ANM schools for quality improvement.
- Visit the ANM/GNM schools to identify needs and facilitate the achievement of standards.
- Advocate with the state government to plan for the infrastructural strengthening of the GNM/ANM schools.
- Provide technical assistance in the refurbishment of the GNM/ANM Schools in the state.
- Facilitate the procurement process for the skills labs and educational infrastructure at the GNM/ANM Schools.
- Facilitate the recruitment of faculty at the GNM/ANM Schools as per the INC norms.
- Conduct monitoring visits to the SNC for quality assurance of the trainings.
- Look into the specific needs of the SNC and rectify them for the smooth conduction of the trainings.
- Perform other duties as per program needs as assigned by the national program manager.
- Qualification: Nurse Midwife with Masters' level degree in Obstetric and Gynecological nursing field required. Community health nursing/ Pediatric nursing field can also be considered.
 - Desirable: 3-5 years of experience working with educational or clinical training programs, working in ANM training center/ GNM School or community health.
 - Technical knowledge and field experience in Nursing / Midwifery Education focusing on Skilled Birth Attendance, IMNCI and Family Planning
 - Knowledge of pre-service education systems development for Nurses / ANMs.

Position reports to: the Director/ Add. Director (Health Services)/ & MD, NRHM

Salary (not to be advertised): Rs. 60,000 -70,000 per month (depending on experience).

Program Coordinator (2)

Job Description/ Responsibilities of the Program Coordinator:

- Assist the SPO in the overall management of the state program management cell.
- Work with SNC, state government, development partners and government counterparts to implement, monitor and report on training activities including M&E frameworks and reports.
- Respond in a timely manner to requests for meetings, reports and other requests.

- Facilitate project activities including workshop planning, logistic arrangements and other activity support to ensure smooth conduction of trainings and supervisory visits.
- Assist with financial management, reporting on expenditure on a timely basis and other finance tasks as assigned.
- Work in coordination with the state health societies/state nursing directorates in the specified regions to help release ANM/GNM faculty for the trainings.
- Work to ensure efficient and effective program operations, maximizing the input and support of all personnel as appropriate.
- Collect data from the SNCs, ANMTCs and GNM Schools for reporting.
- Maintain up-to-date program and training data of the nodal centers and the ANM/GNM faculty in the state.
- Perform or assume other duties as assigned by the State Program Officer for the smooth running of the program.
- **Qualification:** A university graduate, preferably with a Bachelor's degree in Commerce/ accountancy with excellent computer knowledge.
 - 3-5 years relevant work experience in office management and/or project support
 - Advanced computer competency (Microsoft Word, Power Point, Excel, Outlook)
 - Experience working with projects and knowledge of health and training issues desired.
 - Familiarity with the Indian health system, key stakeholders and relevant government policies/strategies—particularly National Rural Health Mission and RCH II
- **Position reports to:** State Program Officer.
- **Salary (Not to be advertised)** Rs.30,000 per month, consolidated.
- **Duration of consultancy/ Position-** Initially for a period of 11 months can be extended depending upon the need and satisfactory performance of the selected candidate.

TOR / Job Description for the Nursing and Midwifery Tutor

Title: Nursing-Midwifery Senior Tutor

Duty Station: National/State Nodal Center at various locations

Summary Job Description

The nursing and midwifery educator will ensure timely provision of training and assistance in building the capacities of the faculty and service providers of their nodal center and the ANM/GNM faculty in the specified region. The educator will support the National/State Nodal Center and the specified GNM Schools and ANMTCs by conducting the trainings of the faculty of the ANMTCs and GNM schools of the assigned states and undertaking mentoring visits to these ANMTCs and GNM Schools to provide technical support for strengthening the educational and infrastructural processes at these institutions. This position requires midwifery education, experience and technical expertise in SBA, FP and/or Child Health, strong coordination skills and ability to develop positive, professional working relationships with various counterparts. Within the nodal center, primary working relationships include the principal, of the respective college of nursing, regular faculty of the college of nursing, administrators and providers of the clinical practice site, trainees and other personnel involved in this initiative for strengthening PSE (pre-service education) for nursing midwifery cadre. The educator will provide the necessary technical assistance and support program management for this program in the country.

Reporting Structure

- **Position is Supervised by:** The Principal, College of Nursing/ Nodal Center
- **Position Reports to:** The Principal, College of Nursing/ Nodal Center

Salary (not to be advertised): Rs. 60,000 -70,000 per month (depending on experience).

Responsibilities

Technical and Training responsibilities:

- Update the faculty and clinical service providers from the college of nursing and its clinical practice site, functioning as the National/State nodal center, on the Government of India protocols for Reproductive, Maternal, Newborn and Child Health (RMNCH).
- Facilitate the adherence to **clinical practices** in accordance with standard national protocols for RMNCH and Indian Nursing Council (INC) approved clinical standards at the clinical practice sites of the nodal center and monitoring the sustenance of these clinical practices/standards.
- Facilitate the quality improvement of the **educational and evaluation processes** at the respective college of nursing through the implementation of the educational standards and monitoring their sustenance.
- Conduct the training of the master trainers from the other nodal centers in the INC approved 10 day training module for subsequent trainings of the ANMTC/GNM school faculty.
- Conduct the training for the ANM/GNM faculty in clinical and teaching skills at the nodal center, using the INC approved six-week curriculum.

- Undertake mentoring visits at the assigned ANMTCs and GNM Schools of the respective states, for supporting the trained faculty in post training transfer of knowledge and skills to the students at the GNM Schools/ ANMTCs.
- During these mentoring visits, facilitate the implementation of the quality improvement process at the GNM Schools/ ANMTCs and their linked clinical practice site by assisting the implementation of the performance standards.
- During these mentoring visits Support the faculty in the establishment of skills lab, library and other educational infrastructure at the GNM Schools/ ANMTCs.
- Provide strong and innovative technical leadership and set priorities for all assigned duties, as well as coordinate with other stakeholders-MOHFW, NIHFW, INC and Development partners, for responsive technical support.
- Keep the MOHFW, NIHFW, INC, respective Development partners and state governments informed of successes, challenges and lessons learned.
- Work to keep up to date on technical programmatic priorities and approaches through self-study and liaising with technical staff in the NNC and INC.

Management

- Work in close coordination with state governments / state nursing cell/directorate in implementation of the state specific road map for strengthening nursing-midwifery education, particularly its technical aspects.
- Regularly report on state specific training plans in advance for the upcoming year and also the quarterly activities and achievements.
- Monitor the trainings in the state nodal center (applicable for tutors at national nodal center) and reporting on the same and other indicators of the M&E frameworks.
- Travel to ANMTCs of the assigned states for supporting the identification of gaps, implementation of the standards and undertake need based monitoring and report on the same.
- Meet regularly with the other staff of the College of Nursing and affiliated clinical site, including administrative and management staff, for placing skill labs, computer labs, library etc. and implementation of technical protocols in a time bound manner.
- Facilitate all associated activities and logistics related to the trainings at national/state nodal centers.
- Work in coordination with the state nursing cells and directorates in the specified regions to facilitate nomination of GNM/ANM faculty for the trainings.
- Perform or assume other duties as assigned by the Principal of the Nodal Center such as facilitation of a few sessions in the College of Nursing, to ensure the smooth functioning of the Nodal center as a whole.

Experience

Qualifications/Knowledge:

Essential:

- BSc Degree in nursing-midwifery.

- Technical competency in Nursing / Midwifery Education, focusing on Skilled Birth Attendance, Newborn, Child Health and Family Planning

Desirable:

- Masters' level degree in Obstetric and Gynecological nursing field preferred. Masters in Community health nursing/ Pediatric nursing field can also be considered.
- 3-5 years of experience working with educational or clinical training programs, working in ANM training center/ GNM Schools or community health.
- Knowledge of pre-service education systems development for Nurses / ANMs.

Skills:

- Experience and demonstrated ability working with pre-service education programs.
- Demonstrates good facilitation and coaching skills.
- Strong written and oral communication skills in English and Hindi.
- Technically proficient with up to date skills in SBA, Newborn and FP.
- Proficiency in writing technical and programmatic reports.
- Microsoft Office computer skills, proficiency in Word, Excel and PowerPoint.
- Ability to work within a national program team and communicate regularly with a variety of team members.
- Ability to travel up to 30% of his/her time.
- Willingness and flexibility to work on a wide range of tasks.

TOR / Job Description for the Program Coordinator

Title: Program Coordinator
Duty Station: National/State Nodal Center, Various locations

Summary Job Description

The program coordinator placed at the state/national nodal center would assist in the implementation of activities and support general functions of the provision of training and assistance in building the capacities of the ANM/GNM faculty in the specified region. The program coordinator will support the Nodal Center and the specified ANMTCs by conducting monitoring activities. This position requires competence on IT/computer skills; experience in data entry and analysis, handling of finance and account maintenance. Strong coordination skills and ability to develop positive, professional working relationships with various counterparts would be a requisite attribute.

Reporting Structure

- *Position is supervised by: Principal, College of Nursing/National/State Nodal Center.*
- *Position reports to: Principal, College of Nursing/National/State Nodal Center.*

Salary (not to be advertised): Rs. 30,000 -35,000 per month (depending on experience).

Responsibilities

Training

- Train the faculty of the Nodal Center and the ANM/GNM Faculty in computer applications/IT skills. These will include but not limited to MS Word, MS Excel, MS Power point, MS Outlook, using internet, sending/receiving/replying to e mails, using computer for showing videos of training material etc.
- Train the faculty in basics of maintenance of computers in the ANMTCs.
- In consultation with state nursing cell and principals of ANMTCs and GNM schools, identify one nodal person at each institution, either a faculty or administrative staff who will be responsible for operating and managing IT equipments at the institutions, and conducting group based training of these staff at the nodal center.

Management

- Collect data from the clinical service sites of the nodal center and the ANMTCs/GNM Schools and report it to the relevant authorities for program management.
- Undertake record keeping duties for trainings conducted at the nodal center.
- Work with National/State Nodal center, state government, development partners and government counterparts to implement, monitor and report on training activities including M&E frameworks and reports.
- Develop computerized tracking plan for mentoring visits in consultation with the faculty for the ANM and GNM Schools whose staff have been trained.

- Meet regularly with National/State Nodal center staff including the College and Clinical site staff for smooth project management and respond in a timely manner to requests for meetings, reports and other requests.
- Facilitate project activities and work including training planning, logistic arrangements and other activity support to ensure smooth conduction of trainings and mentorship visits.
- Assist the Principal of the institute with day to day administrative and financial management related to the training and technical activities of the nodal center.
- Travel to ANMTCs at the specified regions for monitoring of IT equipments at the ANM and GNM schools as needed.
- Perform or assume other duties as assigned by the Principal coordinator / nursing and midwifery educators, National/State Nodal Center to ensure the smooth functioning to achieve the project goals.

Experience

Qualifications/Knowledge:

- A university graduate, preferably with a Bachelor's degree in Commerce/ accountancy
- Degree/Diploma/distance learning certificate with excellent computer competency (Microsoft Word, Power Point, Excel, Outlook).
- Knowledge on basics of operating and maintaining computers, printers and related IT equipments.

Desirable:

- 3-5 years relevant work experience in office management and/or project support.
- Experience working with projects and knowledge of health and training issues desired.
- Familiarity with the Indian health system, key stakeholders and relevant government policies/strategies—particularly National Rural Health Mission and RCH II

Abilities/Skills:

- Demonstrate ability to coordinate several activities simultaneously
- Attentive to details and able to produce documents and coordinate activities with little supervision to a professional quality.
- Comfortable with working in a multicultural team.
- Able to manage/prioritize work from several sources. Ability to handle a variety of assignments under pressure of deadlines.
- Excellent organizational and logistical skills required
- Fluency in spoken and written Hindi and English required. Hindi typing skills desired.
- Ability to develop productive working relationships with other agencies, stakeholders and other organizations.
- Willingness and flexibility to work on a wide range of tasks.

TOR / Job Description for the ANM Faculty

Title: Nursing Tutor
Duty Station: ANMTC, Various Locations

Summary Job Description

The tutor at the ANM Training Center would function as a full time faculty of the institution leading and assisting the principal in planning, implementing and evaluating the ANM educational programs in the School. The tutor will train the ANM students as per the syllabus of the Indian Nursing Council and the latest RMNCH protocols of the MOHFW, GoI. This position requires nursing-midwifery education, experience and technical expertise in SBA, FP and/or Newborn and Child Health, coordination skills and ability to develop positive, professional working relationships with various counterparts.

Reporting Structure

- Position is Supervised by: The Principal, ANMTC
- Position Reports to: The Principal, ANMTC

Salary (not to be advertised): Rs. 30,000 per month consolidated.

Responsibilities

Academic:

- Train the ANM students in nursing and midwifery courses as per the latest INC syllabus, Government of India protocols for Reproductive, Maternal, Newborn and Child Health (RMNCH).
- Coordinate with Principal in planning, implementation and evaluation of the educational programs.
- Assist in the development, implementation and evaluation of staff and student welfare programs.
- Function as the class coordinator for a particular group of students during the academic year.
- Develop master rotation plan, clinical rotation plan and time table for the smoothing coordination and conduction of the course components.
- Participate in staff development programs.
- Participate in teaching in various educational programs.
- Prepare teaching materials and arrange for external lectures.
- Participate in clinical teaching.
- Conduct evaluation of the student's progress as per the norms of the statutory body.
- Is available for consultation with the Principal for day-to-day academic activities
- Conducting, constructing and evaluating the tests, assignments and final examinations.
- Helping students in extracurricular activities.
- Maintenance of class room and laboratory equipment, supplies and teaching aids.
- Maintain all students' records including cumulative record, practical record, health record etc.
- Facilitate the quality improvement process in the ANMTC by implementing the performance standards.

Supervisory:

- Share responsibility with Principal in supervision of students
- Prepare the academic calendar under the guidance of the principal.
- Participate in orientation programs for new students.
- Provide academic guidance to the students.
- Write students' performance report as assigned by Principal and reviews evaluation report of the assigned students.
- Coordinate with Medical Officer and hospital staff in the preparation of clinical rotation plans and clinical area postings for the students.
- Supervise and guide the students during clinical practice.
- Facilitate functioning of School Library in coordination with Senior Librarian.

Human Relations:

- Share responsibility with Principal and Vice-Principal in identifying conflicts among student and staff members and initiate solution, consult and inform when necessary.
- Share responsibility with Principal and Vice-Principal in informing parents about students' progress, problems etc.
- Facilitate guidance and counseling to students' as per need.

Knowledge Management/Knowledge Sharing

- Participate in the trainer's development program and update the knowledge and skills to function as full-fledged trainer for the ANM student.
- Constantly update the knowledge on the recent trends in health care with relation to Reproductive Maternal, Newborn and child health and family planning.
- Provide skills training for the student and staff trainees in the skills lab, evaluate for competency attainment and help in hands on practice in the clinical area under close supervision.
- Co-ordination and conducting in-service education programs.

Experience**Qualifications/Knowledge:**

- B.Sc. Nursing or GNM with Diploma in Nursing Education & Administration/Diploma in Public Health Nursing.
- Experience: 2 years of clinical working experience.
- Technical knowledge and field experience in Nursing / Midwifery Education focusing on Skilled Birth Attendance, IMNCI and Family Planning

Abilities/Skills:

- Experience and demonstrated ability working with pre-service education programs.
- Demonstrates good facilitation and coaching skills.
- Strong written and oral communication skills in English and Hindi.
- Technically proficient with up to date skills in SBA, IMNCI and FP.
- Microsoft Office computer skills, proficiency in Word, Excel and PowerPoint.

Performance Measures: (SMART: Simple, Measurable, Achievable, Results-oriented, Time bound)

TOR / Job Description for the Program Associate

Title: Program Associate

Duty Station: ANM/GNM Schools Various Locations

Summary Job Description

The program associate at the ANM Training Center would function as a full time staff of the institution. This position provides programmatic, administrative, and logistic support to the principal and nursing tutors in implementing the ANM educational programs in the School. This position requires a graduate in any discipline, experience and technical expertise in computer operations & training and ability to develop positive, professional working relationships with various counterparts.

Reporting Structure

- Position is Supervised by: The Principal, ANMTC
- Position Reports to: The Principal, ANMTC

Responsibilities

- Work as computer Trainer, imparting basic computer training to ANM/GNM students.
- Make entry of data in different formats as required in the school.
- Assist Principal of ANM/GNM Schools and other officials in carrying out activities related to data management.
- Assist in preparing correspondence, documents as well as training material such as manuals and audiovisual aids.
- Handle procurement of training/education related material including training models, books, and manuals etc. as per procurement guidelines.
- Manage logistic arrangements of all events related to training/education (such as educational trips, external clinical postings, celebrations of world health day., etc) including budgeting, planning the event, collating material, making arrangements for students/tutors travel and reimbursements in consultation with Finance.
- Review and maintain stock inventory of training and program related material periodically at the skills lab, Library and IT lab.
- Assist in maintaining proper documentation of all financial transactions related to workshops, trainings and procurement at the ANM/GNM School.
- Assist in conducting staff meetings, including preparing agenda, taking and circulating minutes of the meeting.
- Maintain program and office files both electronic and physical documentation.
- Perform other duties as assigned by the supervisor.

Age Limit: 18-45 years

Salary: Rs.10, 000-15,000/- Per Month Consolidated.

Qualifications/ Experience:

- Graduate in any discipline.
- 1 year Diploma in Computer Application.
- Excellent command over MS Office & Internet.
- Computer Typing speed of minimum 40 words per minute in English and 30 words per minute in Hindi.
- Good communication and writing skill in English & Hindi.
- Minimum 2 years of relevant experience as Computer/Data Entry Operator.
- Preference will be given to the female candidates and those who have teaching experience.

Performance Measures: (SMART: Simple, Measurable, Achievable, Results-oriented, Time bound)

**ANNEXURE 5:
LIST OF EQUIPMENTS, MANNEQUINS & CHARTS FOR SKILLS LAB OF
NODAL CENTERS**

List of Equipment and instruments for Nodal centers

SI #	ITEMS	Total Needed
Equipment		
1	BP Apparatus	4
2	Stethoscope	4
3	Adult weighing Scale	2
4	Measuring tape	4
5	Foot rest (1-2 feet height) Wooden	2
6	Watch with seconds hand	2
7	Hub cutter	4
8	Sahli's haemoglobinometer	4
9	Puncture proof Container	5
10	Specimen collection bottles – Plastic	50
11	Test Tube Holder	20
12	Spirit lamp	20
13	Draw Sheets/Covers	20
14	Blanket	10
15	Bed sheets	10
16	Pillow	4
17	Pillow Covers	10
18	Plastic Trays	10
19	Towel (1 meter)	20
20	Labour table with foam mattress -stainless steel	2
21	Kelly's pad	4
22	Delivery trolley	2
23	IV stand	5
24	Curtains (6 feet length)	20
25	Functional focus lamp	2
26	Spare Bulb for focus lamp	4
27	Digital Thermometer	10
28	Delivery gown(Half/ Full Hand)	2
29	Oxygen hood	2
30	Stamp pad (to keep papers for writing)	10
31	Infant weighing scale	1
32	Infantometer	1
33	Brass V drape	10
34	Stop watch	2
35	Foot operated Suction Machine (optional)	1
36	Electrical Suction Machine	1
37	Functional bag and mask with two sizes masks (0 and 1),	4

38	Baby Dress	4
39	Mittens	4
40	Socks	4
41	shawl/KMC dress	5
42	LCD TV 32"	1
43	DVD player	1
44	Glucometer kit	2
45	Pitcher (Capacity of 10-15 litres)	4
46	Oxygen cylinder with the opener	1
47	2 litre water Jar with Lid	4
48	Feeding Cup	4
49	Feeding Spoon	4
Instruments		
50	SS Kidney Tray 8"	20
51	Small S S steel bowl with lid	20
52	SS tray Big-12"x11" with lid	15
53	SIMS/Cuscus speculum	2
54	Mayo's scissor (curved) - 10"	2
55	Vulsulum/Tenaculum	2
56	Uterine sound	2
57	Anterior vaginal wall retractor	2
58	Sponge holder	2
59	Tourniquet	5
60	Cheattle forceps	4
61	SS bottle/ narrow mouth container to keep Cheattle forceps	4
62	Newborn ID tag	2
63	Cord clamp	20
64	Scissors – straight - 8 "	7
65	Artery Forceps 10 "	12
66	Foleys urinary catheter	25
67	Plain urinary catheter	25
68	Uro Bag	25
69	Dee Lees Mucous extractor/Penguin mucus sucker	5
70	Child size disposable nasal prongs and Nasal catheters	20
71	Adult size disposable nasal prongs and Nasal catheters	20
72	Needle holder	2
73	Toothed Dissecting forceps	2
74	Plain Dissecting forceps	2
75	Episiotomy scissor	2
76	Small artery forceps	2
77	Eye pads –Newborn	2
78	Feeding tube 5,6,7,8,9,10 fr (5 *6 size)	30
79	Nebulizer	1
80	Kellys /PPIUCD forceps	2

Infection Prevention Articles		
81	Sterile Gloves 6.5 (25 Pairs/Box)*	20
82	Sterile Gloves 7 (25 Pairs/ Box)*	20
83	Examination Gloves Medium Size (100/Box)	20
84	Examination Gloves Large Size (100/Box)	20
85	Plastic Aprons	25
86	Caps –disposable (100/pack)	15
87	Mask (100/pack)-Disposable	15
88	Shoe cover (1 pair)-Disposable	100
89	Goggles	10
90	1 liter plastic mug	10
91	Utility gloves-rubber	20
92	Medium size plastic Bowl (to make bleaching paste)	10
93	Wooden/plastic stirrer (Long wooden -plastic scale)	10
94	Boiler 10" x 6" x4"	1
95	Electric Stove/Induction Stove	1
96	SS or Aluminum Big Drum (size to accommodate one SS tray with instruments) with Lid to demonstrate HLD	2
97	Autoclave -small size portable	1
98	Drum for autoclave -small size	2
99	Soft brush	10
100	detergent powder/liquid (1 Kg/Pkt)	2
101	Small Size color coded Foot operated bins (Yellow)	4
102	Small Size color coded Foot operated bins (Red)	4
103	Small Size color coded Foot operated bins (Black)	4
104	Small Size color coded Foot operated bins (blue)	4
105	0.5% chlorine solution in a plastic container/Tub inner width 3 ft in diameter height 2 ft)	10
106	Air tight plastic container to store Bleaching powder/Detergent	5
107	Plastic measuring spoon (15 gms, 30 gms, 45gms,60gms and 75gms) 4 in each size	20
108	Mops	4
Consumables		
109	Lancets	200
110	Gauze (1 pkt)	5
111	Cotton roll (500 Gm)	10
112	Spirit (100 ml/Bottle)*	10
113	Povidone Iodine (100 ml Bottle) *	2
114	Distilled water *(1litre/Bottle)	20
115	N/10 HCl *(2/5 litre /Bottle)	4
116	Dropper	10
117	Hb Color stripes (If available in state practice)	10
118	Uristix *(100 strips/box)	2
119	Pregnancy detection kits *	40
120	RDT test packet *	40

121	Test Tube (10/15 ml)	50
122	Match Box	20
123	Benedict Solution (100 ml/Bottle)*	10
124	Acetic Acid (100 ml/Bottle)*	10
125	IUCD (Expired one also can be used)	20
126	Venflon size 16	10
127	Venflon size 18	10
128	Venflon size 20	10
129	Venflon size 24	10
130	IV sets	20
131	IV Fluids (Ringer lactate /Normal Saline)	20
132	Inj.Oxytocin 10IU *	20
133	Syringes 2 ml,(box of 25)	2
134	Syringes 5 ml,(box of 25)	2
135	Syringes 10 ml,(box of 25)	2
136	Syringes 20 ml,(box of 25)	2
137	Needles 22 gauze	50
138	Inj.Mgso4 50%(2ml/ampoule)	40
139	Adhesive tape (Roll)	10
140	Nappy (30 pcs/pkt)	1
141	Mounted catgut with round body needle*	25
142	2% Xylocaine(25 ml/Bottle)*	4
143	Salbutamol MDI with spacer	5
144	Salbutamol respules*	20
145	ORS packets*	
146	Zinc Sulphate dispersible tablets*	
147	Dry duster (Cloth)	25
Furniture		
148	Wooden Stool	10
149	Study Chair-Iron/Steel	15
150	Table - 2ft X 4ft –wooden	10
151	White Board Marker Pens 1 box (red, black, green, blue colors 2*4colors)	8
152	Flip Charts Stand	1
153	White Board	1
154	Tripod stand for white board	2

Models, charts and learning material for skills lab of nodal centers

All Charts must have rigid lamination on 12mm Board with Aluminum frame

Models:

1. Embryology set model - Model consists of 10 parts and shows the relationship between fetus and uterus during gestation period. Various models representing different gestation months included in the model are as below.

Part No.	Gestation month	Appearance/height of fetus
1st	Normal uterus	inner genitals
2nd	First	Placenta is shown
3rd	Second	Embryo looks like human
4th	third	Fetus is about 9 cms
5th	fourth	Fetus is about 16 cms
6th	fifth	Fetus is about 25 cms
7th	sixth	Fetus is about 30cms
8th	seventh	Fetus is about 35cms
9th	eighth	Fetus is about 40cms
10th	ninth	Fetus is about 45cms

2. Female pelvic section with baby model - Full size adult female pelvis made of fibre glass and hand painted with relevant anatomical landmarks and a cloth/rexine fetal doll with head made of fibre glass.

3. Female Reproductive system - Superior quality Model made of advanced PVC. Dissectible into a number of parts and mounted on a stand. Shows internal and external female genital organs.

1	Male Reproductive System Chart -51x66cms size	1
2	Female reproductive system Chart-51x66cms size	1
3	Fetal Development / Embryology Development Chart -70x100cms size	1
4	Stages of Labour (1,2 &3) Chart- 70x100cms size	3
5	Pregnancy & Birth Chart- 70x100cms size	1
6	Mechanism of Labor Chart-70x100cms size	1
7	Embryology Set- Model	1
8	Female Pelvic Section with Baby-Model	1
9	Model Female Reproductive System- Model	1
10	BP/CR Flipbook for counseling	4
11	Flip book -FP counseling	4
12	SBA Posters (16) VENYL, 24X36", GUMMING ON BACK SIDE	1 set
13	IMNCI-Chart (12 posters) The size of the chart must be of size: 24x36", must have PVC pipe on top and bottom and thread to hang the poster	1 set
14	Enlarged partograph (WHO, Simplified Partograph, as in SBA Guideline) on white board – Size 24x36"	1
15	FP Counseling kit (bag) <ul style="list-style-type: none"> ▪ Material of the folder kit: Jute or Tetron ▪ Folder size: 10''x14'' ▪ The inner right side of the kit should display the oral pills, IUCD, condom, 	5

	<p>ECP and printed messages on Permanent contraceptive methods under laminated transparent plastic sheet. The inner left side of the kit should have a pocket to hold the templates of FP IEC and the space in middle should be adequate enough to accommodate the FP counseling Flop book.</p> <ul style="list-style-type: none"> ▪ The outer back side of the kit to have small pocket of 8''x11'' size and should be adequate enough to accommodate the hand held uterine and penile model. ▪ The kit folder should have a zip facility to open/close the kit 	
16	Loose contraceptive samples (Mala -D, ECP, Mala -N, Condoms, Depo - Provera) Free Samples can be obtained from the Govt.	5 Each
17	<ul style="list-style-type: none"> (i) MCP card (ii) Labour room register (iii) Case sheet (iv) Partograph (v) Referral -in / referral out registers / referral slip (vi) Discharge slip (vii) MDR reporting (viii) Line listing Severe Anaemia (ix) Village wise register (x) Due list/VHND plans (xi) MTP format (xii) Eligible Couple register (xiii) IUCD insertion/follow up register and monthly reporting format <p>(Note: The item listed in S.N 17 should be as per state Government recommendation)</p>	1 Each
18	EDD and gestational age calculation Wheel	20
19	MEC wheel	20

Mannequins and Equipments for Skills Lab Nodal Centers	
Brief Description	Requirement
Abdominal Palpation Mannequin for Leopold Manoeuvres during pregnancy	2
Human Fetus Replicas (5 month and 7 month)	2
Dictaphone	1
Child Birth Simulator	4
Cervical dilatation attachment (Closed Os, 4 cm, 6 cm, 8cm and fully dilated)	2
Postpartum Suturing Trainer	2
Model with normal uterus and accessories and also with postpartum uterus attachment	2
Adult IV arm training kit	2
Female catheterization mannequin	2
Adult Intramuscular Injection Training Mannequin	2
NG tube trainer(Pediatric)	2
Essential Newborn care and newborn resuscitation Mannequin	4
Newborn Baby doll without clothes	2
Pediatric multi venous training arm kit	2
Mannequin for simulation and Management of PPH	4
Adult CPR mannequin	1
Fetal skull	5
Adult female pelvis made of synthetic material	5
Radiant Warmer	1
Phototherapy Unit	1
Nebulizer	1
Metered dose Inhaler with Spacer	1
Crash Cart (Optional)	1
Colour coded spring balance infant weighing scale	1
Pulse oximeter with probe	1
Hand held uterus model	2
Penile Model	2
Oxygen Concentrator Equipment- Portable and cylindrical (Optional)	1

**ANNEXURE 6:
LIST OF EQUIPMENTS, MANNEQUINS & CHARTS FOR MINI SKILLS LAB OF
ANM/GNM SCHOOL**

SI #	ITEMS	Total Needed
Equipment		
1	BP Apparatus	4
2	Stethoscope	4
3	Adult weighing Scale	2
4	Measuring tape	4
5	Foot rest (1-2 feet height) Wooden	2
6	Watch with seconds hand	2
7	Hub cutter	4
8	Sahli's haemoglobinometer	4
9	Puncture proof Container	5
10	Specimen collection bottles - Plastic	100
11	Test Tube Holder	20
12	Spirit lamp	20
13	Draw Sheets/Covers	20
14	Blanket	20
15	Bed sheets	20
16	Pillow	4
17	Pillow Covers	20
18	Plastic Trays	10
19	Towel (1 meter)	20
20	Labor table with foam mattress- stainless steel	2
21	Kelly's pad	4
22	Delivery trolley	2
23	IV stand	5
24	Curtains (6 feet length)	20
25	Functional focus lamp	2
26	Spare Bulb for focus lamp	4
27	Digital Thermometer	10
28	Delivery gown(Half/ Full Hand)	2
29	Oxygen hood	1
30	Stamp pad (to keep papers for writing)	10
31	Infant weighing scale	1
32	Infantometer	1
33	Brass V drape	2
34	Stop watch	2
35	Foot operated Suction Machine	1
36	Electrical Suction Machine	1
37	Functional bag and mask with two sizes masks (0 and 1),	4
38	Baby Dress	4

SI #	ITEMS	Total Needed
39	Mittens	4
40	Socks	4
41	Shawl/KMC dress	5
42	Glucometer kit	2
43	Pitcher (Capacity of 10-15 liters)	2
44	Oxygen cylinder with the opener	1
45	2 liter water Jar with Lid	4
46	Feeding Cup	4
47	Feeding Spoon	4
Instruments		
48	SS Kidney Tray 8"	20
49	Small SS steel bowl with lid	20
50	SS tray Big-12"x11" with lid	15
51	SIMS/Cuscus speculum	2
52	Mayo's scissor (curved) - 10"	2
53	Vulsulum/Tenaculum	2
54	Uterine sound	2
55	Anterior vaginal wall retractor	2
56	Sponge holder	2
57	Tourniquet	10
58	Cheattle forceps	4
59	SS bottle/ narrow mouth container to keep Cheattle forceps	4
60	Newborn ID tag	20
61	Cord clamp	20
62	Scissors – straight - 8 "	6
63	Artery Forceps 8/10"	12
64	Foleys urinary catheter	25
65	Plain urinary catheter	25
66	Uro Bag	25
67	Dee Lees Mucous extractor/Penguin mucus sucker	5
68	Child size disposable nasal prongs and Nasal catheters	40
69	Adult size disposable nasal prongs and Nasal catheters	40
Infection Prevention Articles		
70	Sterile Gloves 6.5 (25 Pairs/Box)*	20
71	Sterile Gloves 7 (25 Pairs/ Box)*	20
72	Examination Gloves Medium Size (100/Box)	25
73	Examination Gloves Large Size (100/Box)	25
74	Plastic Aprons	50
75	Caps -disposable(100/pack)	15
76	Mask (100/pack)-Disposable	15
77	Shoe cover (1 pair)-Disposable	200
78	Goggles	5
79	1 liter plastic mug	5
80	Utility gloves-rubber	10

SI #	ITEMS	Total Needed
81	Medium size plastic Bowl (to make bleaching paste)	10
82	Wooden/plastic stirrer (Long wooden -plastic scale)	10
83	Boiler 10" x 6" x4"	1
84	Electric Stove/Induction Stove	1
85	SS or Aluminum Big Drum (size to accommodate one SS tray with instruments) with Lid to demonstrate HLD	2
86	Autoclave -small size portable	1
87	Drum for autoclave -small size	2
88	Soft brush	10
89	Detergent powder/liquid(1 Kg/Pkt)	5
90	Small Size color coded Foot operated bins (Yellow)	4
91	Small Size color coded Foot operated bins (Red)	4
92	Small Size color coded Foot operated bins (Black)	4
93	Small Size color coded Foot operated bins (blue)	4
94	0.5% chlorine solution in a plastic container/Tub inner width 3 ft in diameter height 2 ft)	5
95	Air tight plastic container to store Bleaching powder/Detergent	10
96	Plastic measuring spoon (15 gms, 30 gms, 45gms,60gms and 75gms) 4 in each size	20
97	Floor Mops	4
98	Dry duster	25
Consumables		
99	Lancets	100
100	Gauze(1 pkt)	5
101	Cotton roll (500 Gm)	10
102	Spirit (100 ml/Bottle)*	30
103	Povidone Iodine (100 ml Bottle) *	2
104	Distilled water *(1 liter/Bottle)	20
105	N/10 HCL *(2/5 liters /Bottle)	4
106	Dropper	10
107	Hb Color stripes (If available in state practice)	10
108	Uristix *(100 strips/box)	2
109	Pregnancy detection kits *	40
110	RDT test packet *	40
111	Test Tube (10/15 ml)	100
112	Match Box	20
113	Benedict Solution (100 ml/Bottle)*	20
114	Acetic Acid (100 ml/Bottle)*	20
115	IUCD (Expired one also can be used)	50
116	Venflon size 16	50
117	Venflon size 18	50
118	Venflon size 20	50
119	Venflon size 24	50
120	IV sets	25
121	IV Fluids (Ringer lactate /Normal Saline)	25

SI #	ITEMS	Total Needed
122	Inj.Oxytocin 10IU *	20
123	Syringes 2 ml,(box)	25
124	Syringes 5 ml,(box)	25
125	Syringes 10 ml,(box)	25
126	Needles 22 gauze	50
127	Inj.Mgso4 50%(2ml/ampoule)	40
128	Adhesive tape	10
129	Nappy (30 pcs/pkt)	1
130	ORS packets*	10
131	Zinc Sulphate dispersible tablets*	
Furnitures		
132	Wooden Stool	10
133	Study Chair-Iron/Steel	15
134	Table - 2ft X 4ft -wooden	10
135	White Board Marker Pens 1 box(Red,Black,Green,Blue colors 2*4colors)	8
136	Tripod stand	1
137	White Board	1
138	Flip Charts	2

Procurement List for GNM School Skills Lab (Additional)

SI #	ITEMS	Total Needed
Instruments		
1	Needle holder	2
2	Toothed Desertering forceps	2
3	Plain Desertering forceps	2
4	Episiotomy scissor	2
5	Small artery forceps	2
6	Eye pads -Newborn	2
7	Feeding tube 5,6,7,8,9,10 fr (5 *6 size)	30
8	Nebulizer	1
9	Kelly's /PPIUCD forceps	2
Consumables		
10	Mounted catgut with round body needle*	50
11	2% Xylocaine (25 ml/Bottle)*	4
12	Salbutamol MDI with spacer	5
13	Salbutamol Respules*	20

MODELS, CHARTS AND LEARNING MATERIALS FOR ANM & GNM SCHOOL SKILL LAB

SI #	Items	Requirement
1	Fetal Development / Embryology Development	1
2	Embryology Set Model	1
3	Stages of Labor – framed charts	3
4	Male Reproductive System-framed Chart	1
5	Female reproductive system - framed chart	1
6	Pregnancy & Birth -framed Chart	1
7	BP/CR Flipbook	1
8	Model Female Pelvic Section with Baby	1
9	Model Female Reproductive System	1
10	Model first stage of labor	1
11	Hand held uterus model	2
12	Penile Model	2
13	MEC wheel	20
14	SBA Posters (16 posters)	16
16	(i) MCP card (ii) Labour room register (iii) Referral -in / referral out registers / referral slip (iv) Discharge slip (v) MDR reporting (vi) Line listing Severe Anaemia (vii) Villagewise register (viii) Due list/VHND plans (ix) MTP format (x) Eligible Couple register (xi) IUCD insertion/follow up register (xii) Monthly reporting format & (xiii) Partograph	13
17	FP Counseling kit (Bag)	10
18	Flip book -FP counseling	10
19	(EDD and gestational calculation) Wheel	20
20	MEC wheel	20
21	SBA Hand Book-GoI	40
22	SBA -Guidelines, GoI	40
23	Loose contraceptive samples (Mala -D, ECP, Mala -N, Condoms, Depo -Provera) Free Samples can be obtained from the Govt.	1
24	LCD TV 32"	1
25	DVD player	1
26	Enlarged partograph on white board	1

MANNEQUINS FOR ANM & GNM SCHOOL SKILLS LAB

S.N.	Items	Total Needed
1	Abdominal Palpation Mannequin during pregnancy	2
2	Child Birth Simulator	2
3	Model with normal uterus and accessories and also with postpartum uterus attachment	2
4	Cervical dilatation attachment (Closed Os, 4 cm, 6 cm, 8cm and fully dilated)	2
5	Dictaphone	1
6	Adult IV arm training kit	2
7	Female catheterization mannequin	2
8	Adult Intramuscular Injection Training Mannequin	2
9	Fetal skull.	5
10	Adult female pelvis	5
11	Newborn baby doll without clothes	2
12	Essential Newborn care and Resuscitation Mannequin	2
13	Mannequin for simulation and Management of PPH	4
14	Human Fetus Replicas (5 month and 7 month)	2
15	Radiant Warmer.	1
16	Colour coded spring balance infant weighing scale	1

MANNEQUINS FOR GNM SKILLS LAB (ADDITIONAL)

S.N.	Items	Total Needed
1	Postpartum Suturing Trainer	2
2	NG tube trainer	2
3	Pediatric multi venous training arm kit	2
4	Adult CPR mannequin	1
5	Phototherapy Unit	1
6	Nebulizer	1
7	Metered dose Inhaler with Spacer	1
8	Crash Cart (optional)	1
9	Pulse oximeter with probe	1
10	Oxygen concentrator equipment- portable and cylindrical	1

ANNEXURE 7: LIST OF BOOKS FOR LIBRARY AT NNC/SNC

NNC/SNC

SI #	Author	Name of the Book	Quantity
Fundamentals of Nursing			
1	Potter & Perry	Basic Nursing, 7 th Edition	10
2	Basavanthappa	Fundamentals of nursing, 1st Edition	10
3	Jacob, Rekha-R & Tarachand	Clinical Nursing procedure, 1st Edition	10
4	Prakash Nathan	Surgical and medical procedure for nurses and Par medical staff, 1st Edition	10
5	Gomez	Nursing at a glance, 1st edition	10
6	Esther sirra	Nursing process, 2nd edition	10
7	Sr. Nancy	Principles and practice of nursing, Vol-I, 6th Edition	10
8	Sr. Nancy	Principles and practice of nursing, Vol-II, 4th Edition	10
9	Gail B,Ladwincy, Bethy.J.Acley	Guide to nursing Diagnosis, 2nd Edition	10
10	Penelope Ann Hilton	Fundamentals of nursing skills, 1st Edition	10
11	Annamma Jacob,Rekha R, Jadav Sonali Tarachand	Clinical Nursing procedure, The art of nursing practice, 2nd Edition	10
12	B.T.Thappa	Theories and practice of nursing, 2nd Edition	10
13	Sheldon	Communication for nursing: Talking with patients	10
14	Lewenson	Decision Making in nursing, Thoughtful approaches for practice	10
15	Judit M Wilkinson & Karen Van Leuven	Fundamentals of Nursing, 1st Edition	10
16	Debra Lynn-Mchale, Wiegand	Procedure manual for critical care, 6th edition	10
17	Baumberger	Quick look Nursing: Fluids and Electrolytes	10
18	Dillon	Nursing health assessment clinical pocket guide	10
19	Sam M.	Nursing process a clinical guide	10
20	Gupta I.C.	Practical nursing procedures	10
21	Sharma S.	Principal & practice of nursing	10
22	Taylor C.	Fundamental of nursing the art & science of nursing care	10
23	Moyet	Hand book of nursing diagnosis	10
24	Sandra	Lippincott manual of nursing practice	10

25	Patal M.B	Ward procedures	10
26	Sirra E.	Nursing process	10

SI #	Author	Name of the Book	Quantity
Anatomy and Physiology			
1	Nelter's	Atlas of human physiology, 1st Edition	10
2	Guyton & Hall	Textbook of medical physiology, 11th Edition	10
3	Sujit Kumar Chowdhury	Concise medical Physiology, 6th Edition	10
4	Sabyasachi Sircar	Principles of medical physiology, 1st Edition	10
5	Dr.A.K.Jain	Physiology for nursing, 1st Edition	10
6	Dr.A.K.Jain	Manual of practical physiology for nurses, 1st edition	10
7	Chattergee	Human physiology vol. 1	10
8	Chattergee	Human physiology vol. 2	10
9	Grants	Atlas of Anatomy, 12th Edition	10
10	Anand & Verma	Human Anatomy for nursing and allied sciences, 1st edition	10
11	Dr.Renuchavhan	Anatomy for B.Sc Nursing, 1st Edition	10
12	Ross & Willson	Anatomy and physiology in Health and Illness, 10th Edition	10
13	Inderbir Singh	Anatomy and Physiology for nurses, 2nd edition	10
14	Sear's	Anatomy and Physiology for nurses, 6th edition	10
15	Sylvia S	Understanding anatomy and Physiology, 5th Edition	10
16	Prof.A.K.Jain	Anatomy and physiology for nurses, 2nd edition	10
17	Indu Khurana, Arushi	Textbook of Anatomy and Physiology for nurses and allied health sciences, 1st edition	10
18	Bansal	Anatomy and Physiology for Nursing (Hindi)	10
19	Ashalatha	Textbook of Anatomy and Physiology for Nursing	10
20	Rao	MCQs for BSc nursing in Anatomy and Physiology	10
21	Watson R.	Anatomy & physiology for nurses	10
22	Gupta	Anatomy & physiology for nurses	10
23	Tortora	Principal of anatomy & Physiology vol. 1	10
24	Tortora	Principal of anatomy & Physiology vol. 2	10

SI #	Author	Name of the Book	Quantity
Nutrition			
1	Rekha Sharma	Diet management, 4th Edition	10
2	Suvangini A Joshi	Nutrition and Dietetics, 3rd Edition	10
3	Dr.Shrinandam Bansal	Food & Nutrition, Vol-I, 1st Edition	10
4	Dr.M.Swaminathan	Food & Nutrition, Vol-I, 2nd Edition	10
5	T.K.Indrani	Nursing Managemnet of Nutrition and Theraputic Diet, 1st Edition	10
6	Kusum Samant	Nutrition for nurses(Q&A), 1st Edition	10
7	The educational planning group, Delhi, ARYA	Food and Nutrition for nurses, 1st Edition	10
8	Sam M	A textbook of nutrition for nursing	10
9	Gupta I.C.	Food & nutrition facts figures	10

SI #	Author	Name of the Book	Quantity
Biochemistry			
1	Dr.U.Styanarayan, U.Chakropani	Biochemistry, 3rd Edition	10
2	A.C. Deb	Fundamentals of biochemistry, 9th Edition	10
3	Raju & Madala	Biochemistry for nurses, 1st Edition	10
4	J.Koolman	Color atlas of niochemistry, 1st Edition	10
5	A.C Deb	Fundamentals of biochemistry, 9th Edition	10
6	Harbansal	Biochemistry for B.Sc nursing students, 1st Edition	10
7	Jacob Anthikad	Biochemistry for nurses, 2nd Edition	10
8	K.Thylam	Biomedical physics for nurses	10
9	Bindu	Biochemistry for nurses	10
10	Rao	A test book of biochemistry	10
11	Lal H.	Biochemistry for B.Sc.Nursing students	10

SI #	Author	Name of the Book	Quantity
Pharmacology			
1	Mosby	Mosby's Nursing drug references, 23rd Edition	10
2	S.M.Raju	Introduction to nursing pharmacology, 1st Edition	10
3	Kee Hayes, Mc Cuistion	Pharmacology for nurses, 6th Edition	10
4	Brenner Stevens	Pharmacology, 3rd Edition	10
5	Chaudhuri	Pharmacology for nurses & allied professions	10
6	Ashton	Pharmacology	10
7	Turkoshi	Drug information hand book of nursing	10
8	Deglin	Davis drug guide for nurse	10
9	A team	Nurse's hand book of behavioral and mental health drugs	10
10	McCann	Nursing rapid fire drug facts	10
11	Wilkes	Oncology nursing drug hand book	10
12	Tuhi	मेडिसिन की पाइयपुसतक	10

SI #	Author	Name of the Book	Quantity
Microbiology			
1	H.Ruth Ashbee, Mary S Mathewa	Anathanarayan & panikar's Textbook of microbiology for nurses	10
2	C.P.Bavega	Textbook of microbiology for nurses, 2nd Edition	10
3	WHO	Prevention of Hospital acquired infection, 2st Edition	10
4	Seema Sood	Microbiology for nurses, 2nd Edition	10
5	Paniker	Textbook of microbiology for nurses, 1st Edition	10
6	CP Baveza	Textbook of Microbiology for nurses, 3rd Edition	10
7	C P Baveza	Practical Microbiology for nurses, 1st Edition	10
8	Anatnarayan	Microbiology for nurses	10
9	Bansal	Microbiology for Nursing (Hindi)	10
10	Rao	Textbook of Microbiology for Nursing Student	10
11	TNAI	Simplified microbiology	10

SI #	Author	Name of the Book	Quantity
Medical Surgical Nursing			
1	Joyce M Black, Jane Hokanson Hawks	Medical Surgical Nursing Vol-I, 8th Edition	10
2	Brunner and Siddarth	Text book of Medical Surgical Nursing Vol-I, 11th Edition	10
3	Davidson	Principles and practice of medicine, 20th edition	10
4	Lewis Heitkemper	Medical Surgical Nursing, 7th Edition	10
5	Linton	Introduction of medical surgical nursing, 4th Edition	10
6	M.Black	Medical Surgical Nursing, Vol-II, 8th Edition	10
7	Vijayalakshmi	Medical Surgical Nursing	05
8	Basavanthappa	Medical Surgical Nursing	05
	Williams	Understanding Medical Surgical Nursing With CD	05
9	Chintamani	Morony's Surgery for nurses, 17th Edition	05
10	C.P.Thersyamma	Operating room technique and Anesthesia for nurses, 3rd Edition	05
11	T.K.Dutta	Fundamentals of operation theatre technics, 3rd Edition	05
12	John V Conte, W.A Baumagantner	The John Hopkins Manual for cardiac surgical care, 2nd Edition	05
13	Philip M hanno, S.B.Malkowicz	Penn Clinical manual of Urology, 1st Edition	05
14	Neil J Feiedman, Peter K.Kaisen	Essentials of ophthalmology, 1st Edition	05
15	PL Dhingra Shruti Dhingra	Disease of EAR, NOSE and THROAT, 5th Edition	05
16	Rupa vedandrum	Emergencies in ENT, 1st Edition	05
17	Doctor	Diabetes, 1st Edition	05
18	Yarbro	Cancer Nursing: Principles and Practice	05
19	Michael	Renal disease	05
20	Chowdhury	Respiratory nursing care	05
21	Tuli	Test book Ear, Nose & Throat	05
22	Luthra A	ECGg for nurses	05
23	Prema T.P	Ess. Of neurological & neurosurgical nursing	05
24	Vivek Tandon, Suneet Sood	Multiple Choice Questions in Medicine, 1st Edition	05
25	P.G.Raman	Multiple Choice Questions in Medicine, 1st Edition	05
26	Deborah, Addman & Timothy .J.	Disaster Nursing, 1st Edition	05
27	Lucita M.	Cardiovascular nursing	05

28	Sole M.L	Introduction to critical care nursing	05
29	Thomas N.	Diabetes mellitus	05
30	Nancy S.	A reference manual for nurses on coronary care nursing	05
31	Carnevali	Nursing management for the elderly	05
32	Holloway	Nursing the critically ill adult	05
33	Udaykumar	Pharmacology for Nursing	05
34	Herbert-Ashton	Quick Look Nursing: Pharmacology	05
35	Kennedy Sheldon	Quick Look Nursing: Oxygenation	05
36	Madara	Quick Look Nursing: Pathophysiology	05
37	Jones & Bartlett	Nursing Handbook of IV Drugs	05
38	Gupta	First aid	10
39	Indrani	First aid for nurses	10
40	Panda U.N.	First aid for nurses	10
41	Gupta	First aid(Hindi)	05
42	Singh A.	First aid & emergency	05
43	Shatner	First aid pocket guide	05

SI #	Author	Name of the Book	Quantity
Pathology			
1	Mohan H.	Test book of pathology	10
2	Huether	Understanding pathophysiology	10
3	Daniel's	Delmar's guide to laboratory & diagnostic test	10
4	Robbins	Pathologic basis of disease	10
5	Madara B.	Pathophysiology	10
6	Springho	Pathophysiology: made incredibly, easy	10
7	Hansen M.	Pathophysiology foundation of disease and clinical intervention	10

SI #	Author	Name of the Book	Quantity
Child Health Nursing			
1	Dorothy R.Marlow	Textbook of pediatric nursing,6th Edition	10
2	Parul Dutta	Pediatric Nursing, 2nd Edition	10
3	Hockenberry Wilson	Wong's Essential of pediatric Nursing,8th Edition	10
4	Suraj Gupta	The short text book of pediatric nursing	10
5	Meherban Singh	Essential Pediatric for nurses, 2nd Edition	10
6	Nelson	Textbook of pediatrics Vol-I, 18th Edition	10

7	Nelson	Textbook of pediatrics Vol-II, 18th Edition	10
8	D.K.Gupta	Pediatric Surgery, Diagnosis and Management Vol-I, 1st Edition	10
9	D.K.Gupta	Practical Newborn critical care nursing, 18th Edition	10
10	S.A.Kalaimathi	Nurses guide to neonatal procedure, 1st Edition	10
11	Swarna Rekha Bhat	Achar's Textbook of pediatrics, 4th Edition	10
12	Piyush Gupta	Essential od pediatric Nursing. 3rd Edition	10
13	Jacob Singh	Pediatric Nursing	10
14	Panda U.N.	Pediatric nursing	10
15	Alario A.J	Practical guide to the care of the pediatric patient	10
16	Beevi A.	Test book of paediatric nursing	10

SI #	Author	Name of the Book	Quantity
Sociology			
1	D.C.Bhattacharya	Sociology,7th Edition	10
2	S.K.Mangal	Essential of educational Pshchology,3rd Edition	10
3	Dr.Omprakash, B.Pal	Sociological foundation of education	10
4	Krishna Gowda	Sociology for nurses,5th Edition	10
5	Indrani	Sociology for Nurses	10
6	Jacob	Sociology for Nursing	10
7	Chakravarty	Sociology theory, methodology and concepts	10
9	Manelker	Sociology for Nurses	10

SI #	Author	Name of the Book	Quantity
Psychology			
1	Bhatia B.D.	Elements of psychology & mental hugience for nurses in india	10
2	Mangal	Abnormal psychology	10
3	Kundu C.L	Educational psychology	10
4	Mangal	General psychology	10
5	Fernald	Munn's introduction to psychology	10
6	Clement	Psychology perspective on pregnancy & childbirth	10
7	Aiken L.R	Psychological testing & assessment	10
8	Baron R.A.	Psychology	10
9	Anand	Psychology for nurses	10
10	Krishne Gowda	Psychology for nurses, 1st Edition	

SI #	Author	Name of the Book	Quantity
Mental Health Nursing (Psychiatric Nursing)			
1	Kethynee	Fundamentals of mental health nursing, 3rd Edition	10
2	Merry C.Town	Psychiatric Mental health nursing, 5th Edition	10
3	B.T.Basavan Thappa	Psychiatric mental health nursing, 1st Edition	10
4	Gail W. Stuart	Principles and practice of psychiatric nursing, 9th edition	10
5	Elizabeth M Varcadia	Psychiatric nursing care planning, 4th Edition	10
6	Dr.Bimla Kapoor	Psychiatric Nursing Vol-I, 3rd edition	10
7	Dr.Bimla Kapoor	Psychiatric Nursing Vol-II, 1st edition	10
8	R.Sreevani	Mental health Nursing, Practical record book, 1st Edition	10
9	Jacob	Psychology for Nursing	10
10	Jones & Bartlett	Nursing Handbook of Behavioral and Mental Health Drugs	10
11	Nambi	Psychiatry for Nursing	10
12	Sreevani	A guide to mental health and psychiatric nursing	10
13	Sreevani	Question bank mental health nursing for undergraduate nursing student	10
14	Shah I.P.	A hand book of psychiatry	10
15	Neeraja K.P.	Ess.of mental health & psychiatric nursing vol.I	10
16	Neeraja K.P.	Ess.of mental health & psychiatric nursing vol.II	10
17	M T Thresia	Psychiatric and mental health nursing, 1st Edition	10
18	K.Lalitha	Mental Health & Psychiatric nursing, 1st Edition	10

SI #	Author	Name of the Book	Quantity
Community Health Nursing			
1	K.Park	Textbook of preventive and social medicine, 21th Edition	10
2	M.C.Gupta, B.K Mahajam	Textbook of preventive and social medicine, 3rd Edition	10
3	S.Kamalam	Essential in community health nursing practice, 2nd Edition	10
4	J.Kishore	National health Programme	10
5	WHO, USAID	Family Planning	10
6	Neelam Kumari	Essential of community health nursing, 2011	10
7	Sood R.K.	A community health nursing manual	10

8	K.K.Gulani	Community health nursing,2nd Edition	10
9	Keshar Swarnkar	Community health nursing,3rd Edition	10
10	Sunita Patey	Textbook of community health nursing, 1st Edition	10
11	Basavanthappa	Community health Nursing	10
12	K.Park	Community health Nursing –Hindi	10

SI #	Author	Name of the Book	Quantity
Midwifery (Maternal Health Nursing)			
1	D.C.Dutta	Textbook of obstetrics, 6th Edition	10
2	Elizabeth Stepp Gilbert	Manual of high risk pregnancy, 4th Edition	10
3	D.M.Frases, M.A.Cooper	Myles Text book of midwives, 14th edition	10
4	C.S.Dawn	Textbook of gynecology, conyceptive and demography,14th Edition	10
5	S.K.Chattopodhya, M.Narayan Swami	Midwifery	10
6	Cunnighum Leveno Bloom	William’s Obstetrics, 23rd Edition	10
7	Konar & Dutta	Bedside clinics and viva voce in obstetrics and gynecology, 1st Edition	10
8	Kamini Rao	Textbook of midwifery & Obstetrics for nurses	10
9	Annamma Jacob	Maternal And neonatal nursing care plans,1st Edition	10
10	Marie Elezabeth	Midwifery for nurses, 1st Edition	10
11	Barbara Kintle & Patritia Gomez	Basic maternal and newborn care	10
12	Unicef & WHO	Managing Newborn problems	10
13	Stergard Dr	Atlas of gynecologic surgery	10
14	ILCA	Core Curriculum for Lactation Consultant Practice	10
15	Fahey	Varney’s Midwifery: Study Question Book	10
16	Ament	Professional Issues in Midwifery (HB)	10
17	Dutta D.C	Test book of gynecology	10
18	Rees M.	Gynaecology	10
19	Clarke M.	Health for all reproductive health	10
20	WHO	Managing newborn problems, a guide for doctors nurses & midwives	10
21	Littleton	Maternity nursing care	10
22	Cochard	Netter’s atlas of human embryology	10
23	Anderson	Reproductive health women & men’s shared responsibility	10

SI #	Author	Name of the Book	Quantity
Education			
1	K.P.Neeraja	Textbook of nursing education, 1st Edition	10
2	E.Sonatombi Devi	Nursing Education	10
3	Barbara A Mayer	Nursing education –foundation of practice education, 1st Edition	10
4	B.T.Thappa	Nursing Education, 1st Edition	10
5	S.K.Mangal, Uma Mangal	Essential of educational technology, 1st Edition	10
6	Carrol.L.Dolly	Curriculum development in nursing education, 2nd Edition	10
7	Indrani	History of nursing	10
8	Basavanttappa	Nursing education	10
9	Sampath	Introduction to educational technology	10
10	Kochhar	Methods & techniques of teaching	10
11	Parker	Nursing theories & nursing practice	10
12	Hadikin R.	Effective coaching in health care	10
13	Quinn's & F.M.	Quinn's principles & practice of nursing education	10
14	Thomas M.	Effective teaching	10
15	Radhakrishnan	History & trend in nursing in India	10

SI #	Author	Name of the Book	Quantity
Administration			
1	B.M.Sakharkar	Principles of hospital administration and planning, 2nd Edition	10
2	G.N.Pravakaran	Trends issue and management in nursing, 1st Edition	10
3	Marry Lucita	Nursing practice and public health administration, 1st Edition	10
4	G.M.Francis	Hospital Administration, 3rd Edition	10
5	Neelam Kumari, Madhu sharma	Nursing services & administration, 1st Edition	10
6	Lucita M.	Nursing practice & public health administration	10
7	I.Clement Elsever	Management and nursing services & education	10
8	Patal M.B.	Ward procedures	10
9	Finkbiner	Ward management	10
10	Ballabh C.	Hospital administration	10
11	Ballabh C.	Hospital & nursing homes	10
12	Ballabh C.	Hospital waste management	10

SI #	Author	Name of the Book	Quantity
Research			
1	B.T.Basvanthappa	Nursing Research,2nd Edition	10
2	Polit Beck	Nursing Research, 8th Edition	10
3	S.K.Sharma	Nursing Research and statistics,1st Edition	10
4	Bunn & Grove	Understanding Nursing Research, 4th Edition	10
5	Janet Houses	Nursing Research, 1st Edition	10
6	Carol Boswel, Sharan Cannon	Introduction to nursing research	10
7	Nancy Burns	Understanding nursing research-Building evidence based practice	10
8	Indrani	Research methodology for nurses	10
9	Brink P.L.	Basic steps in planning nursing research from question to proposal	10
10	Walsh M.	Introduction to nursing research	10
11	Pope C.	Qualitative research in health	10
Bio Statistics			
12	Prabhakan G.N.	Biostatistics	10
13	Kapil Sharma	Statistics methods	
14	Barida J.P.	Manual of biostatistics	10
15	Mahajan	Methods in biostatistics	10

SI #	Author	Name of the Book	Quantity
English & Computer, others			
1	Selva Rose	Career English for nurses, 2nd Edition	10
2	J.Sarumathi	English for nurses	10
3	M.C.Jain & MS Soakshi	Computer for nurses	10
4	Rajiv Khanna	Introduction to computer	10
5	Bhawana Puri	A Textbook of computer	10
6	Jain S.	Multimedia & web technology class xii vol.2	10
7	I.Clement	Practical Record/Cumulative Record for Basic B.Sc nursing course, 3rd Edition-2012	10
8	C.Manivannan	Clinical Record	10
9	Anthikad	Cumulative record for GNM	10
10	Pinto	Midwifery Record Book for B.Sc Nursing Students	10
11	Panda	Jaypee's Nursing Dictionary	10
12	Dorland	Illustrated Medical Dictionary	10

13	Mosby	Mosby's Pocket Dictionary of medical, nursing & health professionals	10
14	G.N.Prvakaran	Illustrated nurses dictionary	10
15	U.N Panda	Jaypees nurses dictionary	10
16	Jacintha D'souza	Dictionary for nurses, 1st Edition	10
17	Stedman	Stedman medical English Dictionary (power pack)	10
18	Tiran D.	Bailliers midwives dictionary	10
19	Weller	Bailliers nurses dictionary for nurses & health care workers	10
20	Panda U.N	Jaypee's nurses dictionary	10
21	Gupta	Illustrated nurses dictionary	10
22	Dorland	Dorlands illustrated medical dictionary	10
23	Team	Mosby's pocket dictionary of medicine nursing & health professions	10
24	Balliyers	Nurses dictionary (Hindi)	10
25	Kumar's	Oxford English-English-Hindi dictionary	10
26	O Brien	Spirituality in nursing: Standing on holy ground	10
27	Young	Spirituality,health and Healing: An integrative approach	10
28	Humber James M,et al	Privacy and health care	10
29	Zuzelo	The Clinical Nursing Specialist Handbook	10
30	Pushpa Biswas	Florence Nightingale,1st Edition	10
31	INC	Syllabus for nursing –Basic B.Sc	10
32	INC	Syllabus for nursing –Post Basic B.Sc	10
33	INC	Syllabus for nursing-ANM	10
34	INC	Syllabus for nursing-GNM	10
35	Clement	Nursing solved question papers for B.Sc nursing 2010-1999, 1st year	10
36	Clement	Nursing Solved Question Papers for BSc Nursing 2009-2000 2nd year	10
37	Clement	Nursing Solved Question Papers for BSc Nursing 2009-1999 3rd year	10
38	Clement	Nursing Solved Question Papers for Sse Nursing 2009-1999 4th year	10
39	Smith	Sandra Smith's Review for NCLEX-RN	10
40	Raju S.M	Comprehensive review for CGFNS	10
41	Lagerquis	NCLEX RN Success	10
42	Silvestri	Q & A review for the NCLEX RN examination	10
43	Lazo J.S	Review for USMLE Step-1	10
44	Ibsen K.	Review for USMLE Step-2	10

ANNEXURE 8: LIST OF BOOKS FOR LIBRARY AT GNM SCHOOLS

GNM SCHOOLS

Subject: Nursing principles and practice

S.No	Author	Name of the Book	Quantity
1	Weller	Bailliere's Nursing' Dictionary: For Nursing & Health Care Workers	10
2	Basavanthappa	Fundamentals of Nursing	10
3	Thresyamma	Fundamentals of Nursing Procedure Manual	10
4	Potter &Perry	Fundamental of nursing	10
5	Sheldon	Communication for Nursing: Talking with Patients (PB)	
6	Panda	Jaypee's Nursing Dictionary	10
7	Anthikad	Cumulative Record for General Nursing and Midwifery	10
8	Lewenson	Decision-Making in Nursing. Thoughtful Approaches for Practice	10
9	Nancy	Nursing Art procedures 2 (HINDI)	10
10	Nancy	Nursing Art procedures 2*	10
11	Nancy	Nursing Art procedures 1 (HINDI)*	10
12	Nancy	Nursing Art procedures 1*	10
13	O'Brien	Spirituality in Nursing: Standing on Holy Ground	10
14	Young	Spirituality, Health, and Healing: An Integrative Approach	10
15	Sharma	Principles and Practice of Nursing	10
16	Humber James m, et al	Privacy and health care	10
17	Brown	Quick Reference to Wound Care	10
18	Carpenito-Moyet	Nursing Diagnosis: Application to Clinical Practice nurse	10
19	Baumberger-Henry	Quick Look Nursing: Fluids and Electrolytes	10
20	Dillon	Nursing Health Assessment Clinical Pocket Guide	10
21	Annamma Jacob, Rekha R, Jadav Sonali Tarachand	Clinical Nursing procedure, The art of nursing practice, 2nd Edition	10
22	Dr.M.Swaminathan	Food & Nutrition, Vol-I, 2nd Edition	10
23	T.K.Indrani	Nursing Managemnet of Nutrition and Therapeutic Diet, 1st Edition	10

Subject: Microbiology

S.No	Author	Name of the Book	Quantity
1	Anatnarayan	Microbiology for nurses	10
2	Bansal	Microbiology for Nursing (Hindi)	10
3	Rao	Textbook of Microbiology for Nursing Student	10
4	Spencer	Public health microbiology	10
5	Sood S.	Microbiology for nurses	10
6	TNAI	Simplified microbiology	10

Subject: Sociology

S.No	Author	Name of the Book	Quantity
1	Indrani	Sociology for nurses	10
2	Gowda	Sociology for Nursing*	10
3	Jacob	Sociology for Nursing,	10

Subject: Psychology

S.No	Author	Name of the Book	Quantity
1	Anthikad	Psychology and Sociology for GNM and BPT Students	10
2	Jacob	Psychology for Nursing	10
3	Salgado	Introductory Psychology for Nursing	10

Subject: Anatomy and Physiology

S.No	Author	Name of the Book	Quantity
1	Yalayaswamy	Anatomy & Physiology for Nursing	10
2	Bansal	Anatomy and Physiology for Nursing (Hindi)	10
3	Ashalatha	Textbook of Anatomy and Physiology for Nursing	10
4	Gray's	Anatomy for students	10
5	Ross & Willson	Anatomy and physiology in health & illness	10
6	Anthony	Text book of anatomy and physiology	10
7	Waugh	Anatomy & Physiology in Health & Illness	10
8	Netter's	Atlas of Human Physiology	10

Subject: English and Computer

S.No	Author	Name of the Book	Quantity
1	Selva rose	Career English for nurses	10
2	J.Sarumathi	English for nurses	10
3	Bhawana Puri	A textbook of computer	10
4	N.C.Jain & MS Soakshi	Computer for nurses	10
5	Rajiv Khanna	Introduction to computer	10

6	Jacintha D'souza	Dictionary for nurses, 1st Edition	10
7	Stedman	Stedman medical English Dictionary (power pack)	10
8	Tiran D.	Bailliers midwives dictionary	10
9	Weller	Bailliers nurses dictionary for nurses & health care workers	10
10	Panda U.N	Jaypee's nurses dictionary	10
11	Gupta	Illustrated nurses dictionary	10
12	Dorland	Dorlands illustrated medical dictionary	10
13	Team	Mosby's pocket dictionary of medicine nursing & health professions	10
14	Balliyers	Nurses dictionary(Hindi)	10
15	Kumar's	Oxford English-English-Hindi dictionary	10

Subject: Medical Surgical Nursing

S.No	Author	Name of the Book	Quantity
1	Linton	Introduction to Medical-Surgical Nursing	10
2	Lippin Cott	Manual of nursing practice, 9th Edition	10
3	Joyce M Balck, Jane Hokanson Hawks	Medical Surgical Nursing Vol-I, 8th Edition	10
4	Lippincott	Critical Care –Handbook, 5th Edition	10
5	Grover I Malik	Textbook of Pharmacology for Nursing*	10
6	Jones & Bartlett	Nursing Drug Handbook	10
7	Grace	Nursing Ethics and Professional Responsibility in Advanced Practice	10
8	Thresyamma	Operating room technique and anesthesia for general nursing course	10
9	Goldman	Pocket guide to the operating room	10
10	Yalayyaswamy	First Aid & Emergency Nursing *	10
11	Gupta	First aid(hindi)	10
12	Chowdhury	Respiratory nursing care	10
13	Tuli	Test book Ear,Nose & Throat	10
14	Payne	Nursing Student's Guide to Clinical Success	10
15	Brunner	Medical surgical nursing	10
16	Yarbro	Cancer Nursing: Principles and Practice	10
17	Barker	Advanced Practice Nursing: Essential Knowledge for the Profession	10
18	Prescher-	Clinical Practice Protocols in Oncology Nursing	10

	Hughes		
19	Gupta	First aid (Hindi)	10
20	Vijayalakshmi	Medical Surgical Nursing	10
21	Basavanthappa	Medical Surgical Nursing	10
22	Yarbro	Oncology Nursing Review	10
23	Stedman	Stedman medical dictionary (power pack)	10
24	Williams	Understanding Medical Surgical Nursing With CD	10
25	Udaykumar	Pharmacology for Nursing	10
26	Michael	Renal disease	10
27	Herbert-Ashton	Quick Look Nursing: Pharmacology	10
28	Kennedy Sheldon	Quick Look Nursing: Oxygenation	10
29	Madara	Quick Look Nursing: Pathophysiology	10
30	Jones & Bartlett	Nursing Handbook of IV Drugs	10
31	Chintamani	Surgery for nurses	10
32	Yadav	प्रारम्भिक सवासयि	10
33	Tuhi	भेउिसिन की पाइयपुसतक	10

Subject: Mental Health Nursing

S.No	Author	Name of the Book	Quantity
1	Kapoor	Text Book of psychiatry for nurses vol 1*	10
2	Kapoor	Text book of psychiatry for nurses vol 2*	10
3	Basavanthappa	Psychiatric Mental Health Nursing	10
4	O'Brien	Psychiatric Mental Health Nursing: An Introduction to Theory and Practice, (PB)	10
5	Nambi	Psychiatry for Nursing	10
6	Lalitha	Mental Health & Psychiatric Nursing	10
7	Jones & Bartlett	Nursing Handbook of Behavioral and Mental Health Drugs	10
8	Sreevani	A guide to mental health and psychiatric nursing	10
9	Shah I.P.	A hand book of psychiatry	10
10	Neeraja K.P.	Ess.of mental health & psychiatric nursing vol.i	10
11	Neeraja K.P.	Ess.of mental health & psychiatric nursing vol.ii	10
12	Lalitha K.	Mental health & psychiatric nursing	10

Subject: Community Health Nursing

S.No	Author	Name of the Book	Quantity
1	Basavanthappa	Community Health Nursing	10
2	K.Park	Community health nursing	10
3	K.Park	Community health nursing (Hindi)	10
4	Swarnkar	Community health nursing *	10

Subject: Child Health Nursing

S.No	Author	Name of the Book	Quantity
1	Hatfield	Bradribb's Introductory Pediatric Nursing	10
2	Heiner	Manual therapy in children	10
3	Browne	Nursing Care of the Pediatric Surgical Patient	10
4	Jacob Singh	Pediatric Nursing	10
5	Suraj Gupta	The short text book of pediatric nursing	10
6	Meherban Singh	Essential Pediatric for nurses, 2nd Edition	10
7	Dorothy R.Marlow	Textbook of pediatric nursing,6th Edition	10
8	Beevi A.	Test book of paediatric nursing	10

Subject: Community Health Nursing

S.No	Author	Name of the Book	Quantity
1	Basavanthappa	Community Health Nursing	10
2	K.Park	Community health nursing	10
3	K.Park	Community health nursing (Hindi)	10
4	Swarnkar	Community health nursing *	10
5	Dayer-Berenson	Cultural Competencies for Nursing: Impact on Health and Illness	10
6	SIFPSA	Samudayik Swasthya SIFPSA (State innovation in Family planning services project agencies)	10
7	A M Chakle	Health worker ke liye pathyapustak	10

Subject: Midwifery

S.No	Author	Name of the book	Quantity
1	D.C.Dutta	Textbook of obstetrics, 6th Edition	10
2	S.K.Chattopodhya, M.Narayan Swami	Midwifery	10
3	Annamma Jacob	Maternal And neonatal nursing care plans,1st Edition	10
4	Pinto	Midwifery Record Book for B.Sc Nursing Students	10
5	Ament	Professional Issues in Midwifery (HB)	10
6	Myles	Text book of midwifery	10
7	Madara	Quick Look Nursing: Obstetric and Pediatric Pathophysiology	10
8	Beck	Postpartum Mood & Anxiety Disorders: Clinician Guide	10
9	Barbara Kintle & Patritia Gomes	Basic Maternal and newborn care	10
10	Marie Elezabeth	Midwifery for nurses, 1st Edition	10
11	Barbara Kintle & Patritia Gomez	Basic maternal and newborn care	10
12	Unicef & WHO	Managing Newborn problems	10

GOI GUIDELINES ON RMNCH FOR NNC/SNC AND GNM SCHOOLS

S.No	Title	Quantity
Maternal Health http://nrhm.gov.in/nrhm-components/rmnch-a/maternal-health/guidelines.html		
1.	SBA Guidelines for Skilled Attendance at Birth.	40
2.	SBA Handbook for ANM LHV and SN.	40
3.	My Safe Motherhood Booklet- English	05
4.	Comprehensive Abortion Care training & Service Delivery Guidelines	05
5.	Guidelines for JSSK	05
6.	Maternal Death Review Guidebook.	05
7.	Village Health & Nutrition Days	05
8.	JSY Guidelines	05
9.	24 hrs PHCs Guidelines	05
10.	National Guidelines on Prevention Management and Care-STI, HIV; GoI	10
11.	RMNCH+A operational guidelines and training manual	10
12.	Infection Prevention, IMEP Policy Framework, GoI	10
13.	Rural Health Statistics 2011 /(latest); GoI	05
14.	National Health Profile 2011 /(latest); GoI	05
15.	Operational Guidelines and reference manual for prevention of PPH through community based distribution of Misoprostal	
16.	ENBC module, WHO (http://whqlibdoc.who.int/hq/2010/WHO_MPS_10.1_Training_file_eng.pdf)	10
17.	Effective Teaching Skills, Jhpiego (http://www.jhpiego.org/files/EffTeach_man.pdf)	10
18.	Clinical Training Skills Manual, Jhpiego (http://www.jhpiego.org/files/CTS_ReferenceManual.pdf)	10
Reference for (10-15) http://nhsrindia.org/index.php?option=com_content&view=article&id=150&Itemid=700		
19.	Guidelines for maternal and newborn Health	05
20.	Guidelines for Rashtriya Bal Swasthya Karyakram	05
21.	Operational Guidelines on Facility Based Management of Children with Severe Acute Malnutrition	05
22.	Guidelines for Enhancing Optimal Infant & Young Child Feeding Practices	05
23.	Guidelines for Janani-Shishu Suraksha Karyakram	05
24.	Maternal & Newborn Health Toolkit	05

New Born and Child Health http://nrhm.gov.in/nrhm-components/rmnch-a/child-health-immunization/child-health/guidelines.html		
25.	IMNCI Module for basic health workers	10
26.	IMNCI Chart booklet	10
27.	IMNCI Photo booklet	10
28.	Guidelines for enhancing optimal Infant and Young Child Feeding (IYCF) practices	05
29.	Guidelines for Control of Iron Deficiency Anaemia	05
30.	Rastriya Bal Swasthya Karyakram (RBSK)- Child Health Screening and Early Intervention Services under NRHM	05
31.	Operational guidelines on Facility Based management of Children with Severe Acute Malnutrition.	05
32.	Facility Based Newborn Care (FBNC) operational guidelines	05
33.	Home Based Newborn Care (HBNC) operational guidelines	05
34.	Deworming guidelines	05
35.	Training manuals for Facility based management of SAM (Severe Acute Malnutrition) - Facilitator guide on Facility Based Care of SAM - Participant Manual on Facility Based Care of SAM	05
36.	Policy Guidelines for Vit A, Zinc and Iron and folic acid supplementation	05
Family Planning http://nrhm.gov.in/nrhm-components/rmnch-a/family-planning/guidelines.html		
37.	IUCD Reference Manual - Nursing Personnel	10
38.	PPIUCD Reference Manual	10
39.	Counseling for PPIUCD-Reference Manual	10
40.	Counseling for PPIUCD-Trainers Notebook	05
41.	FP Booklet-English	10
42.	Guidelines for administration of Emergency Contraceptive Pills (ECP) by health care providers	10
43.	Handbook for Reproductive, Maternal, Neonatal, and Child Health (RMNCH) Counsellors	10
44.	Facilitators' Guide for Training of Reproductive, Maternal, Neonatal, and Child Health (RMNCH) Counsellors	05
Adolescent Health		
Refer for (36-37) http://nrhm.gov.in/nrhm-components/rmnch-a/adolescent-health/menstrual-hygiene-scheme-mhs/training-materials.html		
45.	Menstrual Hygiene Scheme booklet	05
46.	Menstrual Hygiene Scheme Flipbook	05
Refer for (38-41) http://nrhm.gov.in/nrhm-components/rmnch-a/adolescent-health/weekly-iron-folic-acid-supplementation-wifs/training-material.html		
47.	Operational guidelines for school based WIFS Programme	05
48.	Operational guidelines for ICDS based WIFS Programme	05
49.	Technical handbook on Anaemia	05
50.	Guidelines for control of Iron Deficiency Aneamia	05

Note: Five sets of ANMTC library book list can be added to SNC library book list, for referral by 6 weeks ANMTC faculty training participants.

ANNEXURE 9: LIST OF BOOKS FOR LIBRARY AT ANMTC

Subject: Community Health Nursing

S.No	Authors	Name of the book	Quantity
1	Keshaw Swarnkar	Community Health Nursing for ANM (H & E)	10
2	A M Chakle	Health worker ke liye pathyapustak	10
3	K Park	Preventive & Social Medicine	10
4	SIFPSA	Samudayik Swasthya SIFPSA (State innovation in Family planning services project agencies)	10
5	Keshaw Swarnkar	Community Health Nursing for ANM (English)-	10

Subject: Health Promotion

S.No	Authors	Name of the book	Quantity
1	M. Swaminathan	Ahaar aur Poshan	10
2	Catherine Armstrong	Sharir Sambandi vigyaan (Human Anatomy and Physiology)	10
3	Pitman and Jewner	Bhartiya nurses keliya Pathyepuustak	10
4	Keshaw Swarnkar	Health Promotion for ANM	10
5	Ross and wilson	Anatomy and Physiology	10
6	Catherine Armstrong	Human Anatomy and Physiology	

Subject: Psychology

S.No	Authors	Name of the book	Quantity
1	Armnath Sharma	Nurses ke liya mano vigyan aur swasthya	10

Subject: Microbiology

S.No	Authors	Name of the book	Quantity
1	Parker	Microbiology	10

Subject: Primary Health Care

S.No	Authors	Name of the book	Quantity
1	Keshaw Swarnkar	Community Health Nursing for ANM (H & E)-	10
2	Ministry of Health and Family Welfare,GoI	Handbook of Immunization	10
3	Sister Nancy	Nursing ke mool sidant	10
4	A M Chakle	Health worker ke liye pathyapustak	10
5	Dr Om Prakash Yadav	Prathmik Sahayata avam Sankat kalin dekh baal,	10

6	SIFPSA	Foundation Course- Swasthya Karyakartha Female trainers manual	10
7	Mike Suji	Medicine ki pathayapustak	10
8	Potter and Perry	Fundamental of Nursing	10
9	JHPIEGO	Infection Prevention Guidelines	10
10	K Park	Preventive & Social Medicine	10
11	SIFPSA	Samudayik Swasthya	10
12	Keshaw Swarnkar	Health Promotion for ANM	10

Subject: Child Health Nursing

S.No	Authors	Name of the book	Quantity
1	A M Chakle	Health worker ke liye pathyapustak	10
2	SIFPSA	Bal Swasthya	10
3	Jacob & Singh	Shishu Parichariya	10

Subject: Nursing Midwifery

S.No	Authors	Name of the book	Quantity
1	A M Chakle	Auxillary Nurse ke liye Pathyepustak	10
2	Ministry of Health and family welfare, GoI	SBA Handbook and Guidelines, 2010	10
3	USAID, JHU, WHO	Family Planning: a Global Handbook for Providers, 2010 (Hindi)	10
4	SIFPSA	Prasav Karam sambandi gyaan ka saral adyan	10
5	Migrate Myles	Midwife ke liye pathyepustak	10
6	Migrate Myles	Text of midwives(English)	10
7	MoHFW,GoI	IMNCI module for basic health workers worker	10
8	WHO	ENBC module	10
9	WHO	Managing Newborn Problems: A Guide for Doctors, Nurses, and Midwives, 2003	10
10	WHO	Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors, 2000	10
11	JHPIEGO	Basic Maternal and Newborn Care, 2004	10

Subject: Health Center Management

S.No	Authors	Name of the book	Quantity
1	SIFPSA	Samudayik Swasthya	10
2	MOHFW, GOI	Mahila Health worker ke liye pustika	10

Other:

S.No	Authors	Name of the book	Quantity
1	Mosby	Nurses Dictionary –In Hindi	10
2	INC	ANM Syllabus	10
3	SIFPSA	Clinical Manual for mahila swasthya karya kartha	10
4	Oxford	English-English Dictionary	10
5		English – Hindi Dictionary	10
6		Medical/ Nursing Dictionary	10

S.No	Particulars	Quantity
1	IMNCI Module for basic health workers, 82 pages, GoI	20
	Chart booklet , 16 pages, GoI	20
	Photo booklet , 12 pages, GoI,	20
2	ENBC module, WHO, 138 pages	10
3	National Guidelines on Prevention Management and Care-STI, HIV; GoI, 108 pages,	10
4	SBA guidelines – GOI 2010 <ul style="list-style-type: none"> ▪ Guidelines for Antenatal Care and Skilled Birth Attendance, ▪ Hand Book for Auxiliary Nurse Midwives ▪ Facilitators Guide 	40 (10 Facilitators Guide)
5	Infection Prevention, IMEP Policy Framework, GoI 36 pages	10
6	Effective Teaching Skills, Jhpiego, 270 pages	10
7	Clinical Training Skills Manual, Jhpiego, 192 pages	10
8	Rural Health Statistics 2011; GoI	5
9	National Health Profile 2011; GoI	5
10	Safe Motherhood Booklet, MoHFW, GoI	20
11	RMNCH+A Counselor Handbook, MoHFW, GoI	10
12	Maternal & Newborn Health Toolkit	05
13	Operational guidelines and reference manual for prevention of PPH through community distribution of Misoprostal	05
12	RMNCH+A Skills lab training manual	10

14	<i>Book Shelves for library books storage-with Lock</i>	As per the number of books
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**ANNEXURE 10:
SPECIFICATIONS FOR IT LAB OF NODAL CENTER**

S.No	Item	Model/Specification	Unit
1	Desktop	The desktop must have - Intel Core i3 - 4GB RAM - 500GB Hard Disk Drive - Optical Drive - 19" TFT Monitor - Keyboard & Mouse - Windows 7 Professional - 1 Yr. Warranty	6
2	Laptop	The laptop must have -Intel Core i3 -4GB RAM - 500GB Hard Disk Drive - Wireless, Bluetooth, Webcam. - 3 USB ports - Windows 7 Professional - 1 Yr Warranty	1
3	LCD Projector	The LCD Projector must have 3000 ANSI lumens with 1024 x 768 Native Resolution	1
4	Computer Table	Standard Computer table (Width 1200mm, Depth 600mm, Height 750mm) with Keyboard Tray.	6
5	Multi-function Printer(B&W)	LaserJet Multifunction (Print, Copy, Scan) printer with: <ul style="list-style-type: none"> ▪ Up to 18 ppm speed ▪ Hi-Speed USB 2.0 ▪ 150-sheet input tray ▪ 8MB Memory ▪ 600 x 600 dpi Print Quality ▪ 1 Yr Warranty 	1
6	Fax	<ul style="list-style-type: none"> ▪ Laser Fax ▪ 10-ppm Laser Printing (A4) ▪ 600 x 600 dpi Print Resolution ▪ Super G3 Fax with 33.6 kbps Modem 	1
7	Internet (One time for one year)	(DSL broadband)	1
8	Hard Disk for computer back up	500 GB Hard Disk	1
9	Miscellaneous	(Installation & Configuration)	
10	Air conditioner		2

Nodal Center -Training Stationary

1	White Board - Big size	1
2	White Board Markers	15 boxes with all colors (5+10)
3	Duster	2
4	Tripod	1
5	Double sided tape	5
6	Glue stick	5
7	Scotch tape	5
8	Binder clips (big)	2 boxes
9	Binder clips (small)	2 boxes
10	Board pins-	1 box
11	L-folders	5 packets
12	U-clips	2 packets
13	Pens:	2 packets
14	A4 paper rims	3 packets
15	Staple pins	2 boxes
16	Index file	5
17	Punching machine	1
18	Ring binders	7
19	Plastic punched flaps (for the ring binders, in which pages can be inserted)	300
20	Flip chart markers	5 boxes
21	Scissors	2
22	Staplers	2
23	Plastic files	5
24	Envelopes	20
25	Stamp Pad (to keep papers for writing)	10
26	Flip chart (6/1Training/4 batch/1 yr)	24
27	White Papers (1 box of 100 papers)	7 boxes

Computer lab List for ANM & GNM School
(Specifications are as mentioned in IT lab for Nodal centers)

Sl. #	Items	ANM School	GNM School
		Unit	Unit
1	Desktop	2	4
2	Laptop	1	1
3	LCD Projector	1	1
4	Computer Table	2	4
5	Multi-function Printer(B&W), with scanner, copier and fax	1	1
6	Fax	1	1
7	Internet (One time for one year)	1	1
8	Miscellaneous(Installation & Configuration)	1	1
9	Air conditioner	2	2
10	Generator -7 kVA -Diesel	1	1
11	POL (1litre/hour) 4 liters/day * 22 working days =88 liters per month		

ANNEXURE 11:

SOP OF THE MENTORING VISIT OF THE FACULTY OF THE NODAL CENTER

**ANMTC faculty mentoring visit
Under INC initiative to
Strengthen the nursing and
Midwifery Pre-Service Education in India**

Standard Operating Procedure



INTRODUCTION

After completing the 6 week ANM Faculty Training on “Strengthening the pre service nursing and midwifery education in India”, ANM faculty is expected to use the new GOI guidelines when teaching midwifery and deliver quality competency –based clinical training and implement the performance standards in ANM school that results in sufficiently prepared ANMs able to deliver appropriate maternal and new born care in communities and health care facilities throughout India

To achieve the above, mentoring visit after training is mandatory. This document helps and guides the trainer/training coordinator to plan and implement the same for the desired goal.

OBJECTIVES OF THE MENTORING VISITS

1. Facilitate the implementation of performance standards for ANM pre service Education
 - Review the performance standards assessment and score
 - Support in identifying the gaps and planning to meet them
2. Reinforce key clinical skills as per GoI guidelines/standards and simultaneously the effective teaching skills on the following to all ANMTC faculty and representative from clinical site
 - AMTSL
 - Partograph
 - Newborn Resuscitation
 - ENBC
 - Initial management of AN and PN complications
 - Infection Prevention
 - FP counseling
3. Orient the stake holders on purpose & outcome of the visit and way forward.

ACTIVITIES TO BE PERFORMED

Visit Plan

1. Identify 2 or 3 ANMTC which are geographically nearby and group them.
Example: The ANMTCs Dumka and Deoghar District at Jharkhand (Between 67 Kms) can be grouped for single visit. Likewise the other ANMTCs in other districts (as shown in a circle in below map) can be grouped.



2. Plan the date of the visit by checking it with the respective ANMTC faculty convenience.
3. Send a letter to ANMTC in charge with copy to Superintendent/Civil Surgeon- District Hospital, Joint secretary-INC, Director & Chief of state Health Services, Respective State regarding the mentoring visit explaining the objective and support required at least a week prior from the Principal coordinator of NNC.
4. Have a copy of the performance standards for ANM pre service Education which was endorsed by INC.
5. Inform the ANMTC In charge/Trained ANMTC faculty to conduct the preliminary assessment before stakeholders meeting. And arrange stake holders meetings during the visit period.

DURING VISIT

1. Meet the stake holders and brief the objective of the visit.
Stakeholders: Civil Surgeon, District Hospital, All ANMTC faculty, clinical site representatives and store In-charge.
2. Use the supportive supervision check list to assess the facility key requirements for quality pre service nursing and midwifery education.
3. Review and discuss the existing assessment findings in the performance standards for ANM pre service education with all ANMTC faculties and clinical site representative.
4. Facilitate the achievement of the standards by identifying the gaps and planning to meet them.
5. Finalize the action plan focused on interventions that will help to fill the gaps by utilizing existing resources and identifying potential resource and support (encourage starting with small changes, “Low hanging fruits”).
6. Observe the teaching skills (Facilitation, clinical demonstration and coaching- skill lab or clinical site as feasible) of ANMTC faculty using the Check list as guide and **provide constructive feedback for further improvement only with respective faculty in private** to maintain esteem.
7. Demonstrate the key clinical skills per GoI guidelines/standards to all ANMTC faculty and clinical staff.
 - AMTSL
 - Partograph
 - Newborn Resuscitation
 - ENBC
 - Initial management of AN and PN complications
 - Infection Prevention
 - RMNCH counseling
8. Fill the Feedback form for improvement and share it with ANMTC in charge
9. Make a copy of findings in the performance standard, action plan and Feedback Form.
10. Debrief all stakeholder

Objective: Provide feedback on SBM-R approach to strengthen the pre service nursing and midwifery education and to gain their cooperation and commitment in the further implementation of the standard.

Facilitator: Training coordinator, NNC.

Participants: Civil Surgeon, District Hospital, Representatives from ANMTC and its clinical site.

Meeting Points:

- Congratulate them for initiating the standard based approach to strengthen the pre service nursing and midwifery education/ achievements
- Discuss the Key action plan for quality improvement based on the findings of the performance standards
- Next SBM –R assessment

Documentation: One ANMTC faculty to register key points of discussion in ANMTC meeting minutes register.

POST VISIT:

1. Regular follow up once in a month to facilitate the achievement of the standards by identifying the gaps and planning to meet them via e mail or Telephone.
2. Submit the trip summary (highlighting the key observations, feedback for improvements, action plan to meet the unachieved standards and next steps) to INC copy to Principal Coordinator, NNC and Supervisor, MCHIP.

LOGISTICS REQUIRED:

1. Prior information to the ANMTC In-Charge (Superintendent/Civil Surgeon, District Hospital)
2. Arrangement of travel on mentoring visit
3. Arrangement of local transport by coordinating it with the respective ANMTC trained faculty

SAMPLE LETTER FROM NNC TO DISTRICTS

From

Mrs. Anushila Sengupta,
Principal,
College of Nursing,
NRS Medical College and Hospital,
Kolkata.

To

Principal,
ANMTC,
Kathihar District,
Bihar.

Sub: Mentoring visit to trained ANMTC faculty from May 28-29, 2012

Dear Sir/Madam,

As you are aware, Mr. Rajiv Soni, Nursing Tutor, ANMTC, Kathihar, Bihar Jharkhand was trained for 6 weeks training "Strengthening the pre-service nursing and midwifery education in India" at National Nodal Centre, CON, NRS MCH, Kolkata under the project on "Strengthening the pre-service nursing and midwifery education in India" is an initiative of the Indian Nursing Council which is carried forward with the technical support of MCHIP. The project aims to strengthen the foundation of the ANM education in India, resulting in higher functioning educational institutes, better prepared service providers and ANMs who are competent, confident and ready to work upon graduation.

Thus we would like to provide mentorship to the trained faculty Mr. Rajiv Soni to implement the effective teaching skills and improve the quality of pre service education by applying the performance standards for ANM pre service education. The Training Coordinators of NNC, Ms.Labanya Nandy and Ms.Ruma Das are assigned for the above purpose.

This is to inform you that the mentorship visit is planned from May 28-29, 2012 at ANMTC, Kathihar. As a prerequisite to this visit I request the ANMTC to complete the assessment and develop action plan with the guidance from Mr.Rajiv Soni as he has been taught in the training using performance standards. Also I request your support to ANMTC under you for implementing the standards and to achieve the gaps in coming future. Your kind cooperation will be highly solicited.

Thanking You

Yours Faithfully,

Mrs. Anushila Sengupta



Copy to:

Civil Surgeon, District Hospital, Kathihar
Superintendent, District Hospital, Kathihar
Ms.Rajiv Soni, Nursing Tutor, ANMTC, Kathihar

CHECK LIST FOR EFFECTIVE TEACHING SKILLS

Place an “S” in case box if task/activity is performed **satisfactorily**, an “✖” if it is **not** performed **satisfactorily**, or “N/O” if not observed.

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

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed during evaluation

Skilled delivery of a learning activity: If you, as a mentor, believe that the person whom you assessed has achieved competency, place your **initials** (e.g., “PJ”) in the corresponding column.

EFFECTIVE FACILITATION SKILLS					
STEP/TASK	OBSERVATIONS				
1. Presents an effective introduction.					
2. States the objective(s) as part of the introduction.					
3. Asks questions of the entire group.					
4. Targets questions to individuals.					
5. Uses learner names.					
6. Provides positive feedback.					
7. Responds to learner questions.					
8. Follows trainer’s notes and/or a personalized reference manual.					
9. Maintains eye contact.					
10. Projects voice so that all learners can hear.					
11. Moves about the room.					
12. Uses audiovisuals effectively.					
13. Presents an effective summary.					
Skilled delivery of facilitating a learning activity or presentation					
CLINICAL DEMONSTRATION SKILLS					
STEP/TASK	OBSERVATIONS				
1. States the objective(s) as part of the introduction.					
2. Presents an effective introduction.					
3. Arranges demonstration area so that learners are able to see each step in the procedure clearly.					
4. Communicates with the model or client during demonstration of the skill/activity.					

5. Asks questions and encourages learners to ask questions.					
6. Demonstrates or simulates appropriate infection prevention practices.					
7. When using model, positions model as an actual client.					
8. Maintains eye contact with learners as much as possible.					
9. Projects voice so that all learners can hear.					
10. Provides learners opportunities to practice the skill/activity under direct supervision.					
Skilled delivery of a clinical demonstration					
CLINICAL COACHING SKILLS					
STEP/TASK			OBSERVATIONS		
BEFORE PRACTICE SESSION					
1. Greets learner and review previous performance when applicable.					
2. Works with the learner to set specific goals for the practice session.					
DURING PRACTICE SESSION					
3. Observes the learner, providing positive reinforcement or constructive feedback (when necessary for client comfort or safety) as s/he practices the procedure.					
4. Refers to the checklist or performance standards during observation.					
5. Records notes about learner performance during the observation.					
6. Is sensitive to the client when providing feedback to the learner during a clinical session with clients.					
AFTER PRACTICE FEEDBACK SESSION					
7. Reviews notes taken during the practice session.					
8. Greets the learner and asks to share perception of the practice session.					
9. Asks the learner to identify those steps performed well.					
10. Asks the learner to identify those steps where performance could be improved.					
11. Provides positive reinforcement and corrective feedback.					
12. Works with the learner to establish goals for the next practice session.					
SKILLED DELIVERY OF COACHING					

CHECK LIST FOR SUPPORTIVE SUPERVISION

ANM/GNM School -

District: _____ State: _____

Supervisor/Assessor/Mentor: _____ Date of the visit: _____

SI #	Supervisory Area	Findings	Remarks
1.	No. of Faculty	M.Sc Nursing _____ B.Sc Nursing _____ GNM with DNEA, or DPHN _____ Total _____	
2.	Name of the faculty members completed 6 weeks ANMTC faculty training by INC	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
3.	Class Room (circle as appropriate)		
a.	Observe if the classrooms have: ▪ Adequate light, either natural or electrical	Yes No	
b.	▪ Adequate ventilation (open windows or fan, air conditioner, fans)	Yes No	
c.	▪ Chairs and Desks/ arm chairs in sufficient numbers for the largest class size	Yes No	
d.	▪ Adequate and flexible space for group learning activities	Yes No	
e.	▪ Blackboard or whiteboard	Yes No	
f.	▪ Chalk or whiteboard markers	Yes No	
g.	▪ Electricity backup	Yes No	
h.	▪ Overhead projector with voltage stabilizer/LCD projection unit	Yes No	
i.	▪ Clock	Yes No	
j.	▪ Flipchart and tripod (as needed)	Yes No	
k.	▪ Notice board	Yes No	

l.	▪ Waste bin	Yes	No	
4.	Skill Lab (circle as appropriate)			
a.	Does the ANM/GNM school have functioning Skill lab for MCH	Yes	No	
b.	Check the availability of the following			
	▪ Anatomic models			
	- Child birth simulator	Yes	No	
	- Zoe model with different attachments	Yes	No	
	- Cervical dilatation model	Yes	No	
	- Episiotomy suturing model	Yes	No	
	- Female bony pelvis	Yes	No	
	- Fetal skull	Yes	No	
	- IUCD hand held model	Yes	No	
	- Condom demonstration model	Yes	No	
	- Newborn resuscitation model	Yes	No	
c.	▪ Contraceptive basket with- COCs, ECPs, Condoms, Cu-T	Yes	No	
d.	▪ Instrument kits – delivery kit (2 artery forceps, 1 scissor, bowl, kidney tray, sponge holder), newborn resuscitation kit, IUCD insertion and removal kit	Yes	No	
e.	▪ Ambu bag and mask of various sizes	Yes	No	
f.	▪ Consumable medical supplies	Yes	No	
g.	▪ BP apparatus and stethoscope, adult weighing machine, urine testing kit, HB testing kit	Yes	No	
h.	▪ Appropriate infection prevention (IP) supplies and equipment for hand washing (running water into sinks or buckets, soap, towel)	Yes	No	
i.	▪ Plastic buckets for decontamination, soiled linen, and waste	Yes	No	
j.	▪ Colour coded bins for biomedical waste management	Yes	No	
k.	▪ Educational posters and anatomical charts related to MNCH and FP	Yes	No	
5.	Verify if there is current year			
	▪ Master rotation plan	Yes	No	
	▪ Clinical rotation plan	Yes	No	

6.	Question bank exists as a teachers resource	Yes	No		
7.	A record of the formative assessments (internal mark register) is maintained	Yes	No		
8.	Computer (Yes as ✓ No as X)	1. _____	2. _____	3. _____	4. _____
a.	Is there a computer with internet facility available, accessible and functional in their GNM/ANM School				
b.	Is the information you receive from NNC group mail being useful. Any suggestions: (write it)				
c.	How often does she/he uses the internet or check email (write it)				
9.	At Labor room (Name of the clinical site: _____)				
	Circle as appropriate				Comments
a.	Inj. Oxytocin available for AMTSL	Yes	No		
b.	Inj. Mg So4 50%, 10 g(10Ampoules), 10 CC syringe -2, 22 gauge needle -2 available for initial management of Eclampsia	Yes	No		
c.	Ambu Bag, Mask Size 0 and 1, mucous sucker available for newborn resuscitation	Yes	No		
d.	Functioning O2 cylinder, Adult/neonate Mask, IV cannula -2, Ringer lactate/Normal Saline (4liters), IV Tube-2, adhesive tape, Inj. Oxytocin -20 Units for initial management of PPH.	Yes	No		
e.	Is Essential New Born Care practiced <ul style="list-style-type: none"> ▪ Calling out the time of birth ▪ Immediate Drying and wrapping of baby on mothers abdomen ▪ Clean clamping and cutting of cord (within 1-3 mins of the birth) ▪ Eye care ▪ Place identification bracelet ▪ Maintain Skin to Skin contact og mother and baby (Kangaroo Mother Care) ▪ And Initiation of breast feeding within one hour 	Yes	No		
f.	No. of staff nurses working at MCH area trained on SBA _____				

	Verify with at least two students if:		
g.	Students are aware of clinical rotation plan and her objective of clinical posting	Yes	No
h.	Students are allowed to conduct deliveries	Yes	No
i.	Students are achieved competency on models before clinical training on key clinical skills <ul style="list-style-type: none"> ▪ AN examination ▪ Partograph ▪ Assisting Normal Delivery including AMTSL ▪ Essential Newborn care ▪ PN examination ▪ FP counseling ▪ Hand washing ▪ Segregation of waste ▪ Processing of equipment's/instruments 	Yes	No
j.	Students are guided through checklist (as per SBA guidelines) for attaining competency on clinical skills	Yes	No
k.	Students are supervised at clinical site (By _____)	Yes	No

SBMR

10.	Section	Baseline	1IA	2IA	3IA
S1	Classroom and practical instruction				
S2	Clinical instruction and practice				
S3	School infrastructure and Training materials				
S4	School management				
S5	Clinical areas where student midwives undertake clinical experience				

FEEDBACK FORM

Name of the ANMTC: _____

Name of ANMTC In charge: _____

Name of the Training Coordinator, NNC: _____

Date of Mentorship Visit: _____

For Improving Teaching (Facilitation, Demonstration and coaching) Skills:

For achieving the standards and improving quality:

Date:

Signature of TC, NNC

Signature of ANMTC In charge

**ANNEXURE 12:
DIVISION OF RESPONSIBILITIES AMONG STAKEHOLDERS FOR STRENGTHENING PRE-SERVICE MIDWIFERY
EDUCATION COMPONENT IN ANM AND GNM TRAININGS**

INC	National Nodal Centre	State Nodal Centre	NIHFW	Nursing/MH Division	State Govt	Development Partners
<p>Establishing Standards</p> <p>Developing learning resource materials</p> <p>Accreditation of NNC/SNC/GNM/ANM schools for offering training as per standards</p> <p>Periodic review of trainings offered by NNC/SNC/GNM/ANM schools, on small sample basis</p>	<p>Training of staff from SNCs under their jurisdiction</p> <p>Develop work plan in consultation with NIHFW & respective State DPs</p> <p>Oversight & Guidance to SNC in co-ordination with NIHFW & respective DPs</p> <p>Practicing & adherence to Technical Protocols</p>	<p>Develop training plan in consultation with state counterparts</p> <p>Conduct Trainings for defined number of ANMTCs and GNMTCs Tutors</p> <p>Technical Oversight for upgradation of ANM/GNM schools</p> <p>Technical oversight of trainings at ANM/GNM schools</p> <p>Practicing & adherence to Technical Protocols</p>	<p>Technical and managerial oversight for work plan implementation of NNC/SNC/GNM/ANM schools</p> <p>Reporting to MOHFW on progress of the work plan</p>	<p>Overall coordination of the intervention and keep track on the progress</p> <p>Approve the plans from state govts. in the PIPs or later</p> <p>Seek feedback from NIHFW and initiate appropriate actions</p> <p>Organize periodic review meetings</p>	<p>Overall coordination of the intervention</p> <p>Establish the overall system of implementation</p> <p>Finalize the Road Map for training</p> <p>Release of funds to SNC and ANM schools</p> <p>Procure directly or through identified agency equipments for SNC and ANM schools</p> <p>Providing adequate infrastructure</p>	<p>Provide technical support at the national and state levels, in terms of additional manpower required.</p> <p>Interface with the MOHFW, NIHFW, INC and state levels institutions to facilitate smooth roll-out of the intervention in the initial years.</p> <p>On request of the MOHFW and state Govt. to conduct rapid assessments/evaluations on the initiative.</p> <p>Handholding & Guidance to NNC & SNC</p>

**ANNEXURE 13: GOI LETTERS AND POLICY DECISIONS OF PRE SERVICE NURSING
AND MIDWIFERY EDUCATION**
Letter No-1- Strengthening of State Directorate/ Nursing Cell/ Supervisory Structure



Dr. Vishwas Mehta, IAS
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भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली – 110108
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110108
D.O. No.M-12015/84/2010-MCH
Dated: 24.12.2012

Dear Shri

As you are aware, Ministry of Health & Family Welfare has undertaken a massive scheme to help States in establishing ANM/GNM/ Schools in various Districts to strengthen Human Resources in Health Services. Strengthening of Nursing and Midwifery “Pre-Service Teaching” and “In-service Training” is one of the key priorities of Government but can be achieved only if States provide administrative and technical support to strengthen Nursing Institutions.

Most States do not have separate Directorates of Nursing or even Nursing Cells as a result of which Nursing Institutions are merely relegated as appendages of DHS or DME. Government of India has sanctioned funds to strengthen Nursing Councils and Nursing Cells also but not much progress has been achieved.


Minimum HR support to State-level Nursing Cells/Directorates was discussed with INC and other experts. It is suggested to create a Nursing Cell with a Joint Director of Nursing as Incharge, assisted by one Deputy Director and 3 Assistant Directors, who can look after “Nursing Education”, “Public Health” and “Services” individually. This will ensure quality teaching and training at ANM/GNM Schools in your State and will help in all matters related to services, career growth and cadre development of Nursing professionals.

Similarly, we need to strengthen the supervisory structures at District and Block-level to enhance the technical capacity of Nurses and ANMs. To achieve this, there is a need to create posts of District and Block PHN and at least one LHB to supervise 6 ANMs. The structure/design can be placed and conversed with the existing Nursing Directorate and States are free to modify as per their situation and need.

....2/-

All the States are, therefore, requested to establish/develop the Nursing Directorates/Cells in accordance with the design proposed above and sanction necessary cadres/posts accordingly. Action taken by the State may kindly be intimated at the earliest. A copy of the same may also be marked to Dr. Himanshu Bhushan, Deputy Commissioner (MH), M/o Health & Family Welfare and Director, NIHFV.

Yours sincerely,


(Dr Vishwas Mehta)

Principal Secretaries (Health) (by names)
All States & UTs

Letter No.2- Career Path for in-service cadre of ANM/ GNM personnel working in the public health department



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निर्माण भवन, नई दिल्ली – 110108
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110108

D.O. No. M 12015/84/2010 -MCH
Dated: 19th December, 2012

Subject: Career path for in-service cadre of nursing personnel working in the public health department - Policy decision by Ministry of Health and Family Welfare – Communication – regarding.

Dear

ANMs are the most crucial service providers of basic health services at the grass root level. GNMs are critical cadre for facility based services. Under the NRHM task shifting is increasingly being given to this cadre of service providers. However the Career path of this crucial cadre is not yet adequately organized in most of the States. We should not expect a motivated and willing worker without a certain career path.

In the view of the above, Maternal Health Division, in consultation with nursing Division of this ministry and INC has developed a structured career path for ANMs and GNMs. The following suggested career development plan has been approved and States may like to adopted for strengthening ANM and GNM in service Cadre.


- a) **ANM career development as PHN**
 - After five years of service and 6 months of additional training, ANM will be eligible for becoming LHV.
 - LHV with four years of service and one year of additional training will be eligible for becoming Block PHN.
- b) **ANM career development as GNM**
 - ANM with five years of service and two and half years of additional training will be eligible for becoming GNM.
- c) **GNM career development as Nurse Midwife Practitioner**
 - Any GNM after 1 year training will be eligible for becoming Nurse Midwife practitioner but will be eligible for Block Nurse mid wife practitioner, only after putting in 5 years of service.
- d) **Convergence of ANM and GNM career path**
 - The block PHN and Block Nurse Midwife will be at same level and can be selected as District PHN. This selection will be based on competency and assessment of the same by a committee of professionals at district level.

.....2/-

To claim each carrier path by the nursing personnel, INC is in process of designing short training programmes with points for all types in service training which the ANM and GNM are receiving during in service.

It is requested to kindly adopt the path and sanction required post for ensuring it. Action taken by the State may kindly be intimated to me at the earliest. A copy of the same may also be marked to Dr. Himanshu Bhushan, Deputy Commissioner, Maternal Health, MOHFW and Director, NIHF. These shall be shortly put up on the website (www.mohfw.nic.in) of Ministry of Health & Family Welfare, Government of India for further reference.

Yours sincerely,


(Dr. Vishwas Mehta)

Principal Secretaries (Health) (by names)
All States & UTs

Letter No. 3- Road Map for strengthening ANM/ GNM training school to improve the quality of nursing and midwifery education



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Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110108

D.O. No. M 12015/84/2010 -MCH
Dated: 24th December, 2012

Subject : Road map for strengthening ANM / GNM training school to improve the quality of Nursing and Midwifery education- reg.

Dear

The National Rural Health Mission (NRHM) of the Government of India (GoI) has brought back the Focus on delivery of essential reproductive, maternal, newborn and child health (RMNCH) Interventions at the level of Primary Health Centres. The overarching objective of NRHM is to increase the accessibility of these services to the vast rural population of India.

With the launch of schemes like Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK) etc. have put an increased emphasis on the role of the basic health worker, the Auxiliary Nurse Midwife (ANM), and staff nurses in the provision of comprehensive RMNCH services in the country, especially in rural areas. However the quality of care at the health facilities is not consistent throughout the country. One of the main contributing factors towards this inconsistent quality of care is the sub-optimal competency of the providers, especially the nurse and midwives.

Therefore, capacity of the states to produce sufficient number of competent and confident nurse-midwives is crucial for the success of the various RMNCH programs being launched and implemented by the GoI. This is all the more important because the staff nurses and ANMs are the providers of basic health Care at the lowest level of the health system and therefore the availability of adequate number of Competent nurse-midwives in the country is a critical determinant to accessibility of quality RMNCH services to the vast rural population in the country.


To respond to this need a Comprehensive initiative to strengthen the foundation of pre-service education for these nurse and midwives is being undertaken by the MOHFW in collaboration with the Indian Nursing Council. Maternal Health Division of this Ministry has developed a comprehensive road map for strengthening the ANM and GNM training schools. Accordingly a guideline for developing National and States Nodal Centres with ultimate aim for strengthening pre service teaching and training of ANM and GNM schools has been developed and is attached with this letter for your perusal.

....2/-

-2-

You are requested to please go through these guidelines and follow the road map to strengthen the quality of ANM/GNM teaching and training in your States. These shall be shortly put up on the website (www.mohfw.nic.in) of Ministry of Health & Family Welfare, Government of India for further reference.

Yours sincerely,


lc (Dr. Vishwas Mehta)

Principal Secretaries (Health) (by names)
All States & UTs

Recommendations of Expert Group Deliberations Held at Goa on 12th- 13th April: Points for implementation by the State Government

- 1) Developing and strengthening ANM/ GNM schools and State Nodal Centers as per GOI Road-Map.
- 2) Making 6 weeks training compulsory as induction course for newly recruited faculty
- 3) State to give commitment on filling up of vacant positions on priority and sanctioning faculty positions as per INC guidelines
- 4) Incentives and higher salary can be given for attracting qualified faculty from other States to bridge the shortage
- 5) To mandate minimum 3-5 year service as faculty after recruited & trained
- 6) Regular and structured knowledge and Skills Upgradation of ANM and GNM faculty be organized by refresher courses/ CNE-
- 7) Utilize high case load facilities as clinical sites for training. CHC- FRUs with high case load may also be explored as clinical training sites for attaching the students for clinical experience since nursing schools attached with DHs & MCs do not get sufficient hands-on practice
- 8) Nursing faculty, OBG, Pediatrician and other clinicians should discuss and delegate for Clinical skill standardization of the hospital attached to the Nursing School to be provided by the Nurses
- 9) Nodal person at clinical site like matron, clinical preceptor/ instructor to supervise the students on the 'hands on skills' performed at clinical site. Nursing students should also be given enough opportunity for hands-on practice
- 10) Skills lab development in the states to be fast tracked
- 11) Grading of Institutions as A/B/C/D category – displayed on state website(in public domain)
- 12) DH to be the examination centre for all competency based certification and a GO to this effect needs to be issued and followed up by State Nursing Council for strict compliance
- 13) Creating and filling Posts of District and Block PHN
- 14) Monthly Meeting of ANMs to be utilized for knowledge and skills enhancement for the nursing staff by PHC MO
- 15) Implementation of career development path already shared with the states
- 16) Strengthening Nursing Cell in State Directorate.
- 17) Better coordination between directorate and nursing council for improved outcomes
- 18) Representation of Nursing Personnel in the Executive Committee Meetings under NRHM at all levels of institutions
- 19) District Nursing official/ PHN at district level to look after the administrative issues of field Nurses and provide supportive supervision and management of database.
- 20) Development of e-learning modules for nursing personnel in Management, Accounting and leadership
- 21) Soft skills trainings e.g. IPC, Motivation etc to be organized at state/district level to enhance the behaviour, attitude and motivation of nursing personnel's
- 22) Exposure visit for Mission Directors and State Nursing Officials to CMC Vellore for learning the model of nursing practices. Karnataka, Tamil Nadu, Kerala models also need to be studied
- 23) Geriatric care and mental health are 2 important areas where male nurses could contribute. Their role in nursing should be encouraged

**Maternal Health Division
Ministry of Health & Family Welfare
Government of India**



