

# Facilitator cum Organizer Guide

## For Conducting Refresher Training on Home Based Newborn Care



Management of newborn sepsis to improve newborn survival  
under IFHI project in District Saharsa - Bihar



Save the Children



# FOREWARD

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## PREFACE AND PURPOSE OF THE GUIDE

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The Facilitator cum Organizer guide is intended for the use of trainers who are responsible for refresher training of Accredited Social Health Activist (ASHA) and ASHA facilitators on Home Based Newborn Care (HBNC) knowledge and skills. It contains all information that the trainer needs in order to plan, prepare, organize and lead the participants through the HBNC refresher course. The training is expected to be dynamic and participatory programme in which facilitators actively engage the participants in the teaching/learning process. Use of a series of videos on HBNC knowledge and skills as the main training resource supplemented with other interactive methods enables this to happen in an effective manner.

The guide is divided into 3 sections; the first part gives an overview of the HBNC programme initiated by Government of India (GOI) in 2011 followed by a brief on the need and purpose for conducting HBNC refresher for ASHAs under New-born sepsis pilot. The second part details out the process of the refresher based on the cascade model of training. Sample training agendas, pre and post-test questionnaires and checklist of materials and equipments needed for the training sessions at all levels have been attached as annexures to the manual. The last section gives a session wise description of the different activities and methods used for facilitation of the refresher training. Step by step instructions helps the trainer to establish the required dialogue and discussion with the participants.



## ACKNOWLEDGEMENTS

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Many people and organizations have contributed to successful implementation of New born sepsis pilot in District Saharsa, Bihar. The Facilitator cum Organizer Guide for HBNC Refresher Course is a result of the experiences and learnings gathered from the pilot.

First and foremost, special acknowledgement is expressed to all the ASHAs and ASHA facilitators who participated in the HBNC refresher training undertaken as a part of the pilot. All adaptations and refinements to the guide were based on the needs expressed by and advices given by the training audience.

Sincere thanks to the officials of District Health Society, District ASHA Resource Centre and Block Management Units of 5 pilot blocks of District Saharsa for their immense support and participation in the implementation of the training activities.

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Use of the resource kit on HBNC knowledge and skills developed under the NIPI programme is duly acknowledged. The kit forms the core of the HBNC refresher course.

A special mention to New born sepsis implementation team members- Mr. Arunendu Jha, District Coordinator and Block coordinators of 5 Pilot blocks- Mr. Raunaq, Ms. Jyoti, Dr. Gaurav, Mr. Ajit and Mr. Chandan who have used this guide and provided their experience of implementing it in the field .

The pilot study has been throughout guided and supported by the core team of SNL led by Dr Rajesh Khanna, Senior Technical Advisor, Health and Nutrition, Save the Children, India. Much thanks is expressed to him and his team members including Dr Vinod Kumar Anand, Technical Advisor, Newborn Health; Dr Shiv Shankar, Senior Manager, Implementation Research; Mr Ratan Kumar, Innovation Coordinator; Mr. Sabyasachi Behera, Monitoring & Evaluation Coordinator and Dr Gursimran Kaur, Health Officer. They have all contributed to the concept, writing, development, translation and production of this guide.

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## GLOSSARY

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ANM	Auxiliary Nurse Midwifery
ASHA	Accredited Social Health Activist
BCM	Block Community Mobilizer
BMO	Block Medical Officer
BPM	Block Programme Manager
DCM	District Community Mobilizer
ENBC	Essential New-born Care
GOI	Government of India
HBNC	Home Based New-born Care
IMNCI	Integrated Management of Neonatal & Childhood Illnesses
IMR	Infant Mortality Rate
JSSY	Janani evam Shishu Suraksha Yojna
JSY	Janani Suraksha Yojna
KMC	Kangaroo Mother Care
LBW	Low Birth Weight
MO	Medical Officer
MT	Master Trainer
TOT	Training of Trainer
VHND	Village Health Nutrition Day

# I. BACKGROUND

## Home Based New-born Care (HBNC)

Two major schemes of Government of India's National Rural Health Mission, the Janani Suraksha Yojana (JSY) and Janani evam Shishu Suraksha Yojana (JSSY) led to a decline in the Infant Mortality Rates (IMR) from 58 in 2005 to 42 in 2011. To further reduce the IMR it was necessary to focus on the mortality rates of neonates which still remained high at 31, thereby constituting nearly 69% of the total IMR. Therefore, a dedicated program of Home Based Newborn Care (HBNC) was initiated in 2011 especially focused on newborns with the objective of decreasing neonatal mortality and morbidity.

### Objectives

The major objective of HBNC is to decrease neonatal mortality and morbidity through:

- The provision of essential newborn care to all newborns and prevention of complications
- Early detection and special care of preterm and low birth weight newborns
- Early identification of illness in the newborn and provision of appropriate care and referral
- Support the family members for adoption of healthy practices and build confidence and skills of the mother to safeguard her health and that of new-born



For the HBNC program, operational guidelines developed by experts served as reference tool, which the states used to plan and implement activities based on public health evidence for effectiveness, efficiency and equity. Though all peripheral service providers were included in HBNC, it was the Accredited Social Health Activist (ASHA) who was scheduled as the main vehicle of service provision in the first six weeks of a neonate's life. ASHAs would help detect early signs of illness in new-born and provide appropriate care at home or refer the sick new-born to nearest health facility for treatment. The ASHAs were mandated to make six home visits on days 3, 7, 14, 21, 28 and 42 after birth to assess the new-born and mother, for which she was to be equipped with knowledge and skills.

### Rationale for refresher course on HBNC under New-born sepsis pilot

Formative assessment conducted at the initiation of the pilot identified serious lapse of services at the ground level despite completion of HBNC training of ASHAs through Module 6 and 7. There was inability of ASHAs to identify sick newborns, counsel mothers to come to Village Health Nutrition Days (VHNDs) along with inefficient record maintenance, overall signaling a lack of knowledge, skills and motivation required to provide HBNC services. A six monthly refresher course was therefore planned as a capacity building process under the pilot to support the trained ASHAs by helping them revisit their learnt skills and feel motivated towards their tasks for HBNC. The refresher course includes updation of knowledge and skills on HBNC along with implementation support at different levels.

### Objectives of the HBNC refresher

1. Refresh skills and technical knowledge of ASHA on Home Based New-born Care at regular interval.
2. To involve and build capacity of ASHA supervisory chain- Block Community Mobilizer (BCM) and ASHA facilitator on HBNC.

1 [http://www.censusindia.gov.in/vital\\_statistics/SRS\\_Report/11Chap%204%20-%202011.pdf](http://www.censusindia.gov.in/vital_statistics/SRS_Report/11Chap%204%20-%202011.pdf)

## II. HBNC REFRESHER TRAINING COURSE

### Process involved

HBNC refresher training is based on a cascade model where in the local supervisory system including ASHA facilitator, Block Community Mobilizer and District Community Mobilizer (DCM) trained as Master Trainers (MTs) are used as facilitators for the ASHA training sessions. Every six months, BCM of the respective block prepares a micro-plan under the guidance of the Block Medical Officer (BMO) and Block Health Manager. (BHM) The micro-plan essentially includes information on logistics- participant's details and list of key resources including training materials required during the training. 3 ASHA facilitators are nominated by block to facilitate the refresher course. The training is organized in batches formed on the basis of total number of ASHAs and ASHA supervisors in each block, each batch not having more than 25-30 participants. All ASHAs/ASHA supervisors are provided TA as per Government norms along with refreshments.



#### Training of Trainers

- DCM, BCM and ASHA facilitator from every block trained as Master Trainers



#### Preparation of a Block micro-plan

- Block-wise preparation of a micro-plan by BCM
- Nomination of 3 ASHA facilitators in each block for facilitation of next level of training



#### Refresher training on HBNC for ASHAs

- Batch wise training of ASHAs and ASHA facilitators by Master Trainers



## 1. Training of Trainers

### Objectives:

- To re-orient the government supervisory system (DCM, BCM,ASHA facilitators) on the HBNC programme
- To train the Master Trainers for next level of training of ASHAs
- To prepare the Master Trainers for implementation of HBNC refresher training at the block level



A pool of trainers comprising of 1 BCM and 3 ASHA facilitators from each block are trained as Master Trainers through a 2 days Training of Trainers (TOT) organized at the District level. Facilitators for the training are a mix of the Medical Officer (MO) previously trained in Integrated Management of Neonatal & Childhood Illnesses (IMNCI), MO who has received training in Module 6 and 7 and Master Trainer for Module 6 and 7.

The training focusses on providing an overall orientation to the participants on the post-natal care package covering different components of post-natal maternal and new-born care. Developing an understanding on the GOI guidelines on HBNC, its need and importance for public health care service providers and policy makers forms an integral part of the training. It also covers sessions on participatory training principles, communication and facilitation skills.

At the end of the training, a planning exercise is conducted where all the participants prepare and present a block wise micro-plan for next level of training of ASHAs. The training methodology include group discussions, presentations, role plays, use of video clips and demonstrations and practice exercises through case studies and field situations.

Sample agenda for TOT on HBNC refresher and checklist of materials required for the TOT – attached as Annexure 1 and 2 respectively.

## 2. Micro-planning at the block level

In continuation of the planning exercise conducted during the TOT, BCM of respective blocks formalizes the micro-plan for ASHA training sessions. The micro-planning is done based on the programmatic and logistics requirements and includes information on –

- Trainers profile
- Participants details – number and names of ASHA and ASHA facilitators
- Training calendar – batch wise training dates
- Logistics requirement summary sheet



A sample format for block-level micro-plan is attached as annexure 3.

## 3. Training of ASHAs on HBNC refresher

Based on the micro-plan, Master Trainers trained from every block organize a one day HBNC refresher for all ASHAs and ASHA supervisors in their respective blocks. The training happens in batches, each batch comprising of 25-30 participants. At initiation, the refresher meetings can happen as a separate



training activity at the block level to prevent dilution of messages later to be integrated within the regular system conducted during weekly/sector/block meetings of ASHAs.

The refresher training focusses on reinforcing the existing knowledge and skills of ASHAs on various components of HBNC. The core of the training syllabus is contained in the video series on HBNC skills and knowledge, originally developed under the NIPI programme. Video dissemination is supplemented by discussions, demonstrations and group assignments/ practice exercises for the participants.

Refresher training is also used as an opportunity for appraisal of ASHAs based on the monthly performance reports. This requires pre-training preparation of monthly and quarterly ASHA reports by BCM in support of Block Programme Manager (BPM)/BMO. Performance feedback is followed by felicitation of best performing ASHA and ASHA supervisor. Based on the criteria decided by the State, one ASHA and one ASHA supervisor is selected and felicitated by BMO during the training.

### Suggested criteria for performance appraisal

- Coverage
- Timeliness of visits
- Completeness and accuracy of record keeping
- Feedback from supervisor

Sample agenda and checklist of materials needed for HBNC refresher training – attached as annexure 4 and 5 respectively. Pre and Post-test questionnaires are attached as annexure 6.



### Innovative Approaches For HBNC Refresher Training

Use of standardized videos on HBNC knowledge and skills as key training tool	Periodical (6 monthly) refresher course	Engagement of ASHA supervisory chain to ensure greater accountability	Engagement of the existing Government platform to conduct the refresher course
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## Video series on HBNC knowledge & skills

### Developed by-NIPI programme

‘If a picture is worth a thousand words, then a video is worth a million’.

Following the above idiom, entire HBNC refresher training is based on use of a series of videos as a training tool for rebuilding knowledge and skills of the targeted audience. Acting as a self-explanatory resource, the videos help in facilitating the sessions with minimum support thereby simplifying the capacity building process.

Originally developed under the NIPI programme, the videos cover various aspects of new-born health including post-delivery mother and new-born care, breastfeeding, care of Low Birth Weight (LBW) babies, and assessment of danger signs in newborns: skills expected to be provided by an ASHA during her home visits.

Each video uses an interactive medium wherein doctors and ANMs explain and demonstrate technical concepts and methods on new-born care to the participants. Demonstration exercises at specific points in the videos help the participants practice and rehearse their skills. Keeping the content short and crisp, each video serves as an effective tool in helping the participants revisit the concepts along with developing a greater clarity on their roles and responsibilities.

**Birth preparedness-** the video teaches why and how to help mothers prepare for birth. It enlists a checklist of things that should be kept ready in advance for delivery and child care taking place either at home or in an institution.

**Essential New-born Care –** the video describes the role of ASHA in new-born care immediately after delivery. Steps of washing hands as an infection control measure and correct method of taking weight have been elaborately demonstrated in the video.

**Breastfeeding –** the video shows how to help mothers initiate breastfeeding demonstrating the signs of good attachment and positioning. Importance of early and exclusive breastfeeding has also been highlighted in the video.

**Management of Low Birth Weight babies-** the video focuses on role of ASHA in effective care and management of low birth weight babies. It covers various components including correct method of wrapping the baby, weighing the baby, providing Kangaroo Mother Care (KMC), prevention of infections, and cord care in LBW babies.

**New-born danger signs –** the video demonstrates how to assess danger signs in new-born and referral action needed to be taken by ASHAs post- assessment.



## III. SESSION DESCRIPTION

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### Session 1: Inauguration

#### Objective:

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1. To introduce ASHAs in the training workshop to one another
2. To outline the objectives of the refresher training to the participants

#### Activities

1. Introduce yourself and your co-facilitator(s).
2. Welcome all the participants to the training. Acknowledge that they have been working as ASHAs for a number of years and because of their efforts and dedication there has been significant improvements in the health outcomes
3. Ask each participant to introduce themselves by telling : a) their name , b) village they work in, c) how long have they been working as ASHA and/or d) what they like most in their work
4. Provide a brief outline of the HBNC refresher training to the participants – purpose and objectives of the training and expected outcomes
5. Distribute pre-test questionnaire to each participant. Explain them that pre-test is mainly to assess existing knowledge and skills of the participants on HBNC and areas which needs to be strengthened through the training.

### Session 2: Overview of HBNC programme

#### Objective:

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1. To give an overview of the GOI HBNC programme
2. To define role and responsibilities of ASHA under HBNC

#### Activities

1. Initiate the discussion by asking the participants what they know about HBNC programme initiated by Government of India? Have they received training on the same? What all they do during their home visits? Encourage few participants to share their experiences
2. Describe in brief the HBNC programme to the participants highlighting the main components of maternal and new born care
3. Outline key role and responsibilities expected from ASHAs under the programme. Stress upon the skills needed for providing HBNC

## Session 3: Birth preparedness

**Objective: At the end of the session, the ASHA will be able to:**

1. Emphasize the importance of preparedness for birth
2. Understand how to effectively counsel mothers and other family members on birth preparedness

### Activities:

1. Start the discussion by asking the group why according them is it important for the mother and other family members to prepare for the delivery? What preparations are to be done by them?



### Video exercise

2. Tell the group that they will watch a video on birth preparedness wherein they will understand how can an ASHA help a family prepare for birth.
3. Pause the video in between to discuss the list of things needed to be kept ready before birth, both for deliveries taking place in the hospital or at home.
4. At the end of the video, lead a discussion on importance of birth preparedness and role of ASHAs in the same.



## Session 4: Essential New-born Care

**Objective: At the end of the session, the ASHA will be able to:**

1. Understand components of Essential New-born Care and role of ASHA in ENBC
2. Emphasise importance of following clean practices when touching/holding a new-born
3. Demonstrate all steps of hand-washing and method of taking weight of a new-born

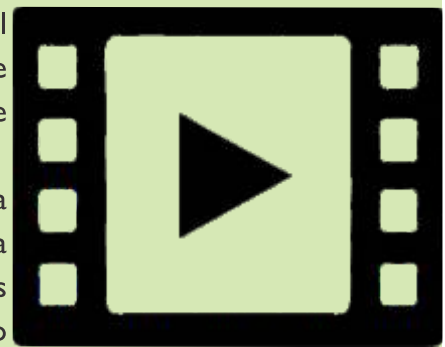
### Activities:

1. Start the discussion on the role of ASHAs in post-delivery maternal and new-born care. Ask the group what are the essential components of post-delivery care of mother and new-born? What all they see in a mother and her new-born when they visit a household after delivery?



## Video exercise

2. Inform the group that they will now see a video on Essential care of mother and new-born post-delivery. Ask the participants to carefully observe the video and note down the key points in their notebooks.
3. Pause the video after hand-washing part is over. Initiate a discussion on importance of hand-washing before touching a newborn. Ask them why according to them hand-washing is being covered here? Re-iterate the hand-washing steps. Also discuss when all to wash hands. Stress that not only herself, it is also important for ASHA to teach the family members the correct method of washing hands.
4. Facilitate a demonstration exercise on washing hands as shown below under demonstration and practice exercise (pts. 9 to 11). This exercise can be done either here or after the video is over.
5. Discuss about the essential components of post-delivery maternal and new-born care. Ask few participants to repeat the key points as shown in the video.
6. Pause the video after the weighing part is over. Initiate a discussion on importance of taking weight of all newborns. Re-iterate the steps of measuring weight as shown in the video. Emphasize on the significance of color-codes marked on the Salter scale.
7. Conduct a demonstration exercise on weighing method as shown below (pts. 12 To 14). This exercise can be done either here or after the video is over.
8. Conclude the session by repeating the key points from the video on all 3 parts- Essential New-born Care, hand-washing and weighing of newborns



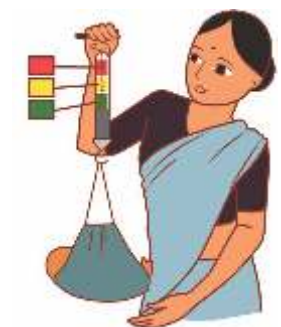
### Demonstration and practice exercise for hand-washing

9. Ask 2 participants to volunteer for a demonstration exercise on hand-washing. Provide them a bucket of water, mug, soap and clean towel. Tell them to demonstrate to the rest of the group all the steps of washing hands as shown in the video.
10. Ask the rest of the group to observe and give their feedback.
11. Give some time to the group if they wish to practice the steps.



### Measuring weight of a new-born as shown in the video.

12. Ask 2 other participants to volunteer for a demonstration exercise on weight measurement. Provide them a Salter scale and a doll. Tell them to demonstrate to the rest of the group the steps of measuring weight of a new-born as shown in the video.
13. Ask the rest of the group to carefully observe the steps. Ask them what according to them is the weight of the doll when measured using the scale? Does it imply any action by ASHA?
14. Give some time to the group if they wish to practice the steps.



## Session 5: Breastfeeding

**Objective: At the end of the session, the ASHA will be able to:**

1. Emphasize importance of early and exclusive breastfeeding
2. Demonstrate correct attachment and positioning
3. Understand how to effectively counsel mothers on breastfeeding including discussion on early initiation

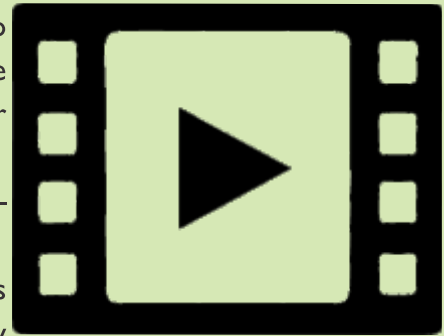


### Activities:

1. Initiate the discussion on the role of ASHAs in breastfeeding support. Ask the group what do they see during a home visit and how do they counsel the mothers on breastfeeding. Encourage few participants to share their experiences.

### Video exercise

2. Tell the participants that they will watch a video covering different aspects of breastfeeding – early initiation, good attachment, correct positioning. Also point out that while watching the video, they should note down the points they are currently missing out during their home visits.
3. Pause the video in between to reiterate the check-points – 4 signs indicating good attachment and correct positioning.
4. At the end of the video, lead a discussion on effective ways of counselling mothers on breastfeeding. Ask them how the 'ASHA' in the video was counselling the mother. Share some counselling tips with the group



### Demonstration and practice exercise

5. Ask 2 participants to volunteer for a demonstration exercise, one playing the role of mother and the other one ASHA.
6. Using dolls or rolled-up towels/materials, 'ASHA' demonstrate helping 'mother' to use good positioning and attachment.
7. Ask the rest of the group to observe and provide their feedback at the end. Remind them that they need to carefully note that 'actors' are following all required steps (4 steps) for positioning and attachment. Also observe the counselling method.
8. Summarize the key points in large group.
9. Conclude the entire session. Ask the group if they have any related questions and/or any challenges they face during their home visits which have not been covered here. Provide answers to their queries.



## Session 6: Management of Low Birth Weight baby

**Objective: At the end of the session, the ASHA will be able to:**

1. Understand how to identify Low Birth Weight babies
2. Demonstrate correct method of wrapping a new-born and providing Kangaroo Mother Care
3. Understand how to effectively counsel mothers on management of LBW babies

### Activities

1. Start the discussion by asking the participants what according to them is a Low Birth Weight baby? Have they come across any such cases during home visits? If yes, how did the ASHA identify the baby as Low Birth Weight? How did she counsel the mother/family members for proper care and management of the LBW baby? Encourage few participants to share their experiences.



### Video exercise

2. Tell the participants that they are going to see a video which will help them understand how to identify and manage a Low Birth Weight baby.
3. Once the video is over, facilitate a discussion on the different aspects shown in the video – identification of LBW babies by using Salter scale, care and management of LBW including providing warmth to the baby, KMC, exclusive breastfeeding, expression of breast milk, and cord care. Ask few participants to repeat the key points shown in the video.
4. Emphasize the importance of providing special care to LBW babies.



### Demonstration and practice exercise

5. Call some participants for demonstration of the method of wrapping a baby using a doll and a clean cloth. Ask remaining group to carefully observe and reiterate the steps. If the method is half-correct/incorrect, demonstrate the correct method.



6. Conduct a demonstration exercise on KMC also. Ask 2 participants to volunteer for the exercise, one playing the role of ASHA and other mother. 'ASHA' will counsel and teach the 'mother' about KMC- what is KMC and how to provide KMC. Ask other participants to observe the role play and provide their feedback.
7. Conclude the session by reinforcing the role of ASHA in helping the mother and other family members in effective care and management of LBW babies



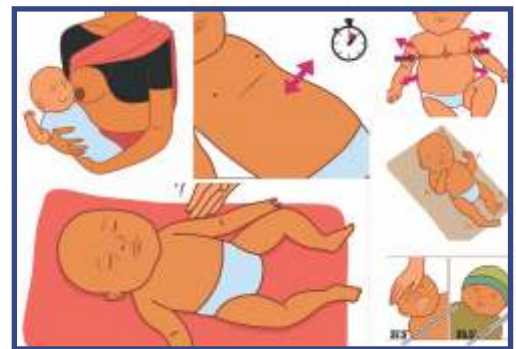
## Session 7: New-born danger signs

**Objective: At the end of the session ASHA will be able to:**

1. Identify danger signs in neonates
2. Understand how to assess a sick neonate and ensure prompt referral
3. Demonstrate correct method of measuring temperature and counting breaths in new-born

### Activities:

1. Initiate the discussion by asking: what all signs indicate that a new-born is sick? Have they come across any such cases in their area? If yes, what was the action taken by ASHA? Encourage few participants to share their experiences.



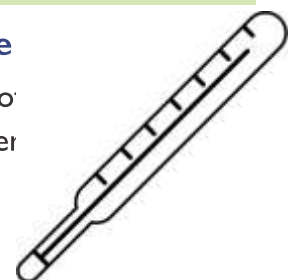
### Video exercise

2. Tell the participants that they will now see a video showing danger signs in a new-born. Ask them to carefully observe each and every sign and its method of assessment.
3. Pause the video after every sign and facilitate a discussion with the group.
4. Encourage all the participants to participate in the exercise of counting breaths of a new-born when shown in the video.
5. Conduct a demonstration exercise for measuring temperature with a group as shown below (pts. 8-10)
6. At the end of the video, ask the group to reiterate all danger signs. Highlight that identification of a danger sign will require both asking the mother certain questions as well as observation and examination by ASHA. After identification, ASHA must arrange for an immediate referral of the baby to a higher facility.
7. Emphasize on the importance of identification of danger signs by ASHA.



### Demonstration and practice exercise for measuring temperature

8. Ask few participants to come forward and demonstrate the method of measuring temperature on a doll both by touch and using a thermometer. Ask the rest of the group to observe and provide their feedback.
9. Demonstrate the steps again emphasizing on the importance of measuring



the temperature. Point out the ranges when we say the baby has fever or is becoming cold if measuring by thermometer.

10. Divide the participants into smaller groups and give them some time to practice the method.

## Session 8: Post-test and conclusion

### Objective:

1. To redefine role and responsibilities of ASHA under HBNC programme
2. To provide performance feedback to ASHAs/ASHA facilitators

### Activities

1. Summarise the entire training by highlighting the key points from all sessions. Encourage every participant to share their learnings from the training
2. Emphasize and re-iterate the role and responsibilities of ASHA under the HBNC programme
3. Ask the group if they have any queries from today's discussions or if they want to share any other experiences/ challenges they face during home visits. Provide answers to all their queries
4. Tell the participants that the refresher is also used as a platform to review performance of ASHAs and ASHA facilitators. Discuss the performance criteria and performance reports analysis with the group. Felicitate and acknowledge the best performing ASHA and ASHA facilitator.
5. Distribute post-test questionnaires to the participants and thank them for showing active participation throughout the training.

**Agenda for TOT on HBNC refresher training**  
Duration – 2 days

S.No	Technical Session	Methods and tools	Duration
<b>DAY I</b>			
1	<b>Introduction</b> <ul style="list-style-type: none"> <li>- Introduction to new-born health and PNC package</li> <li>- Reviewing traditional new-born care practices</li> <li>- Developing effective communication skills</li> </ul>	Facilitation and discussion by using PPT, role play, group discussion	45 mins
<b>Tea break – 15 mins</b>			
2	<b>Post-natal care visit</b> <ul style="list-style-type: none"> <li>- Schedule of home visit</li> <li>- Components of postnatal care               <ul style="list-style-type: none"> <li>▪ Recording weight</li> <li>▪ Temperature maintenance</li> <li>▪ Breastfeeding</li> <li>▪ Prevention of infection</li> <li>▪ Identification of sick neonate</li> </ul> </li> </ul>	Demonstration and practice using HBNC card, discussion	45 mins
3	<b>Keeping the baby warm</b> <ul style="list-style-type: none"> <li>- Measuring temperature – by touch, by thermometer</li> <li>- Prevention of hypothermia including bathing practices</li> <li>- Identifying hypothermia</li> <li>- Management of hypothermia (How to rewarm a new-born)</li> </ul>	Demonstration and practice, group discussion	60 mins
<b>Lunch – 60 mins</b>			
4	<b>Supporting breastfeeding</b> <ul style="list-style-type: none"> <li>- Local customs and practices related to breast feeding</li> <li>- Advantages of breast feeding</li> <li>- Early initiation of breast feeding, correct attachment &amp; positioning</li> </ul>	Group discussion, presentation, breastfeeding video, demonstration and practice	60 mins



5	Prevention of infection - Hand-washing - Clean practices (including cord care)	Video on hand washing/clean practices, demonstration and practice, discussion	45 mins
<b>DAY 2</b>			
6	Recap of Day I	Discussion	30 mins
7	Identifying sick neonate through IMNCI approach	Video on danger signs, discussion	60 mins
<b>Tea break – 15 mins</b>			
8	Immunization of infants	Group discussion	30 mins
9	Family planning options	Group discussion	30 mins
<b>Lunch – 60 mins</b>			
10	Maintaining visit records and stock register	Demonstration and discussion using HBNC card	60 mins
11	Orientation on supportive supervision of ASHAs	Discussion	30 mins
12	Conclusion – summarization of the 2 days training	Discussion	30 mins

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**Checklist of materials required for TOT on HBNC refresher training**

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- ▶ One room to accommodate 25-30 participants.
- ▶ One LCD and laptop.
- ▶ Stationary for each participant: note pad, ball pen, and marker, name tag.
- ▶ Facilitator cum Organizer guide for refresher training on HBNC– I for every participant
- ▶ HBNC kit- Home visit Post Natal Care Card, thermometer, weighing machine
- ▶ Videos on HBNC knowledge and skills
- ▶ Doll, dry towels
- ▶ Flipcharts, blackboard, pens, markers, adhesive tape
- ▶ Bucket, soap
- ▶ Training reference material for each participant
- ▶ ASHA home visit job aid, if any
- ▶ Copies of pre-test and post-test questionnaire

## Format for Block level micro-plan

Participant Details							Trainer details				Other details		
S.No.	Name of the block PHC	Name	Designation	Village	Contact No.	Name	Designation	Contact No.	Name and contact no. of the nodal person/s for logistic requirements	Date of training	Batch no.	Venue	Additional information

**Agenda for HBNC refresher training**  
**Duration -5- 6 hrs**

<b>S. No.</b>	<b>Topics covered</b>	<b>Materials and methods</b>	<b>Duration</b>
1	Session inauguration including pre-test	Pre-test questionnaire	10:00 am- 10:15 am
2	Snap description of HBNC programme	Discussion	10:15 am-10:30 am
3	Birth Preparedness	Video on birth preparedness & group discussion	10:30 am -11:00 am
4	Essential New Born Care <ul style="list-style-type: none"> <li>- Hand washing</li> <li>- New born care</li> <li>- Weighing of new born</li> </ul>	Video on Essential New-born Care, group discussion, demonstration	11:00 am -11:45 am
<b>Tea Break</b>			<b>11:45 am -12:00 pm</b>
5	Breastfeeding	Video on breastfeeding, demonstration and discussion	12:00 pm–12:45 pm
6	Management of Low Birth Weight Baby	Video on LBW management, group discussion, wrapping demonstration and practice	12:45 pm – 1:45 pm
<b>Lunch</b>			<b>1:45 pm – 2:30 pm</b>
7	New-born danger signs	Video on danger signs, measuring of temperature, breathing measurement, discussion, demonstration	2:30 pm – 4:00 pm
8	Post-test and conclusion including performance feedback	Post-test questionnaire	4:00 pm - 4.30 pm

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### Checklist of materials required for HBNC refresher training

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- ▶ One room to accommodate 25-30 participants.
- ▶ One LCD and laptop.
- ▶ Stationary for each participant: note pad, ball pen, and marker, name tag.
- ▶ HBNC kit- Home visit PNC Card, thermometer, weighing machine (Salter scale)
- ▶ Videos on HBNC knowledge and skills
- ▶ Doll, dry towels
- ▶ Flipcharts, blackboard, pens, markers, adhesive tape
- ▶ Bucket, soap
- ▶ Felicitation award/certificate for best performing ASHA and ASHA facilitator
- ▶ ASHA home visit job aid, if any
- ▶ Copies of pre and post-test questionnaire
- ▶ Performance feedback reports – monthly and quarterly field reports

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## Pre and post-test questionnaire for HBNC refresher training

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This questionnaire is mainly to assess behavior and knowledge of ASHA on various aspects of Post-delivery maternal and newborn care. As participants of the refresher training, you are the responsible to answer this questionnaire which will help us understand the future understanding about your knowledge. We are positive that you will give all the answers confidently and honestly. We assure you that the information provided by you will remain confidential.

There are in all 16 questions. Tick mark the correct option/s against every question. Please fill the questionnaire in 20 minutes.

1. How will you measure the temperature of a newborn?
  - By touching sole and abdomen of the newborn
  - By only touching the forehead
  - Using a thermometer
  - By touching hands of the newborn
2. What are the methods of keeping the newborn warm?
  - Properly wrapping the newborn
  - By putting the newborn near a heater
  - There is no need to keep the newborn warm in summers
  - Kangaroo Mother Care
3. How will you know that the newborn is cold?
  - Newborn turns blue
  - Feet of the newborn are cold to touch
  - Newborn cries a lot
  - All the above
4. When will you wash your hands?
  - After using the toilet
  - Before touching the newborn
  - Before preparing food
  - All the above
5. What should be applied on the cord?
  - Gentian violet
  - Spirit
  - Turmeric
  - Nothing should be applied
6. When should be the newborn given bath?
  - Immediately after birth
  - One day after birth
  - Third day after birth
  - After 7 days of birth
7. Where will you measure the temperature in a newborn using a thermometer?
  - Mouth
  - Buttocks
  - Arm pit
  - Neck

8. What is given to a newborn immediately after birth?
  - Mother's milk only
  - Goat's milk
  - Honey
  - Ghutti
  - Water
9. When should a newborn given his/her first feed?
  - On the second day of birth
  - On the third day of birth
  - After completing all the customs and traditions related to birth
  - Within one hour of birth
10. When should you pay home visit for post-delivery newborn care?
  - On the day of the birth, 3rd, 7th, 14th, 21st, 28th, 42nd day post-birth
  - When the newborn is 1 day old, 3 days after that, 7 days after that, 14 days after that and 28 days after that
  - On 1st, 14th and 20th day post-birth
  - None of the above
11. What all will you check in a newborn during first day of your home visit post-delivery?
  - Weight
  - Eyes for presence of any discharge / swelling
  - Temperature
  - Immunization status – received BCG /not
  - All the above
12. What all will you examine in a mother during first day of your home visit post-delivery?
  - Temperature
  - Breast examination for cracked nipples/engorged breast
  - Presence of fits
  - All the above
13. Which of the following newborn is Low Birth Weight?
  - Less than 3.0 kgs
  - Less than 2.5 kgs
  - Less than 2.0 kgs
  - Less than 1.5 kgs
14. According to you, why do families have preference for a son?
15. What all should families have with them when taking a woman to a hospital for delivery (birth – preparedness?)
16. For how many days mother should not carry heavy weight post-delivery?
  - She can start carrying it immediately after delivery
  - 2 days
  - 7 days
  - 42 days

## Answers key for the Pre/Post-test questionnaire

1. By touching sole and abdomen of newborn and using a thermometer
2. Properly wrapping the newborn and Kangaroo Mother Care
3. Newborn turns blue and feet of the newborn are cold to touch
4. All the above
5. Nothing should be applied
6. One day after birth
7. Armpit
8. Mother's milk only
9. Within one hour of birth
10. On the day of the birth, 3rd, 7th, 14th, 21st, 28th, 42nd day post-birth
11. All the above
12. All the above
13. Less than 2.5 kgs
16. 42 days





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