GOVERNMENT OF KERALA

Abstract

Health and Family Welfare Department - Learning Management System - Operations Guidelines- Orders issued.

HEALTH AND FAMILY WELFARE (M) DEPARTMENT

G.O.(Rt)No.1565/2022/H&FWD Dated,Thiruvananthapuram, 29-06-2022

Read: 1) Order No. NHM/6021/CONSULT (Training) 2019/SPMSU dated 02/01/2020

2) G.O (Rt) No. 1484/2020/H&FWD dated 12/08/2020

3) Order No. NHM/327/CONSULT (Training) 2020/SPMSU dated 16/07/2021

ORDER

The Department of Health and Family Welfare has been taking many initiatives to strengthen the capacities of the human resource working in health sector. As the learning has been moved to electronic platform, it was decided to establish Learning Management System for the Department.

The primary objective of Learning Management System is to ensure capacity building of each and every functionaries. The advantage of the system is that the functionaries can revisit the module at their convenience and refresh the knowledge.

Government have examined the matter in detail and are pleased to constitute the following committees for proper management of capacity building through Learning Management System.

1. State level advisory group for training and capacity building in health services.

1. Principal secretary - Chairperson
2. State Mission Director, NHM- Co Chairperson
3. Director of Health Services
4. DME
5. Addl. DHS (A & T)- Convener
6. Dr Aravind, HOD, Infectious Disease Dept, MCH TV PM

7. Dr Sheeja Sugunan, Associate Professor paediatrics, SATH,TVPM
8. JDNE
9. Registrar - KSMC
10. Registrar - KNMC
11. Registrar - Paramedical council
12. State Nodal Officer Training
13. Nodal Officer DNB
14. Principal KSIHFW
15. ED, SHSRC

Responsibilities of State level advisory group for training and capacity building in health services

i. The state committee shall be convened once in every 3 months and coordinate and monitor the district-level activities. One meeting shall be towards the end of the financial year before submitting the consolidated district training proposals for approval in plan fund and NHM PIP.

ii. The state committee shall advise regarding the activities from a futuristic perspective, focusing on online training, LMS courses, regular training, training related to research papers and operational research, and regular courses of KSIHFW and regional institute of H & FW, SHSRC
iii. The state committee shall confirm the changes in the curriculum for the training of the JHI training institute and PHN training institute.

iv. The state committee shall advise on the curriculum for the training of various program divisions and the academic quality of the DNB program and new DNB approvals.

v. Program divisions/ State Nodal Officer/ NHM State Level Nodal Officers shall report to the state advisory group regarding national-level training and resource person/participant for the national training.

2. Constitute a district-level advisory group on training and capacity building in health services.

1.District Medical Officer (Health)

2. District Program Manager, NHM

3. HOD Community Medicine MCH of the district

4. RCH officer

5. District Nodal Officer- Training-districts shall depute a nodal officer

training from the cadre of JAMO/ JCs

6. District Nodal Officer, Aardram Mission

7. Superintendents of teach •ng institutions and institutions catering to house surgeons (GH/DH)

8. Principal school of nursing

9. Specialist doctors nominated by DMO from medicine, paediatrics, Obstetrics & Gynaecology, ENT, Ophthalmology, Oncology and RT.

Responsibilities

i. The District Committee s all convene every month and assess the district level training activities.

ii. The district committee shall identify and address the gaps identified.

iii. The district committee shall prepare and submit the yearly district proposal to expand training and capacity building through PIP and other grants/Funds.

iv. The district committee shall monitor the functioning of the maternal health & Child health skill training entre in the state and also the academic quality of the DNB in the district

v. The district committee shall report to the state committee.

1. General Mandates

a. At the beginning of each financial year, the Addl. Director (A&T) shall convene a workshop including all state level program officers, state nodal officers, Principal, Kerla State Institute of Health & Family Welfare (KSIHFWJ and ExecutivDirector, State Health Systems Resource Centre, Kerala (SHSRC-K). Thetraining calendar for the financial year shall be prepared in this workshp. This training calendar shall then be disseminated to the districts. SHSRC should prepare a training calendar of training as mentioned in the state's budget plan.

b. Prepare comprehensive training plans which include all levels of training implementation (Traini g plan, Curriculum, district plans, Course plans, Lesson plans)

c. All districts, KSIHFW, Regional Training Centres, Skill labs and other training facilities shall also si ilarly prepare a training calendar. The training calendar shall be update in the digital repository and it should be verified by ADHS A&T well before th financial year.

d. Training shall only be conducted based on this training calendar so that overlap of training doesn't occur and, if possible, club the training to ensure optimal use of resources in terms of man, money and material.

e. The training calendar should be published online. If any training is rescheduled, the same should be updated in the online training calendar.

f. Continuity of training in each domain should be ensured.

g. All trainings shall be conducted on the online platform as far as possible.

h. A panel of experts in each health domain shall be identified and delegated for national-level trainings. After attending the national level training, officers shall report before the concerned program officer for debriefing and shall be the resource person for the training at the state level and also at the district level or at any levels as demanded by the program division.

i. They shall constitute the core faculty team in that-domain and be entrusted With the conduct of state level trainings.

j. The core faculty team shall conduct a preliminary planning workshop at the state level within two weeks following each national training programme.

k. The core team shall adapt the training modules provided from the national level to suit the requirements at the state level and prepare course content for the same. The core faculty team shall identify master trainers for implementing the state level training in the planning workshop. The schedule of training of master trainers shall be finalized.

l. The core faculty team shall prepare lesson plans, curriculum, and schedule of state-level TOT and district training. The prepared materials shall be shared with the master trainers and all districts.

m. All the materials along with the recorded TOT sessions shall be made available in the learning management system of the state.

n. The core team faculty shall conduct training for master trainers as a state level programme. Training of master trainers shall be conducted within one month after attending the national training programme.

o. Master trainers shall conduct training for trainers at regional/ district levels based on the module prepared by the core faculty team. Training of trainers should focus more on participatory learning methods instead of didactic methods. Trainers shall be provided with access to master trainers for problem-solving and clearing doubts regarding the training to enable them to conduct training efficiently at the peripheral levels.

p. District/ Peripheral level training shall be conducted by the trainers

strictly according to the lesson p ans provided by the master trainers. Uniformity of structure and content of the different trainings conducted across the state shall be ensured. Mast r trainers shall supervise the same to ensure adherence to training modules.

q. Feedback from trainers and trainees at various levels of training shall be obtained to evaluate the raining programme.

r. The possibility of integrating multiple trainings pertaining to the same health domain shall also be explored instead of conducting each training individually.

s. Refresher TOT sessions shall also be conducted regularly. New trainers shall be identified at least once in two years.

t. Performance evaluations shall be conducted mandatory, and appraisals of trainers shall be made after each training programme.

u. Periodic speciality trainings should be organized for Doctors, Nurses, Pharmacists and Lab technicians (Concept, hands-on, refresher).

v. Mandatory training for e ch category, as per promotion post/ higher grade duration and timeline to be fixed for mandatory training and the list shall be amended as needed or demanded by the concerned nodal officer.

w. Periodic Administrative trainings shall be conducted for officers working at the State level, District level, and Head of the Institutions. Support staff in the administration wing should also be trained periodically based on the updates.

x. All district level training should be coordinated by the RCH officer, District Training Nodal Officer, District Nodal Officer (Aardram Mission), or the concerned program officers.

y. KSIHFW, SHSRC, State ,training. division, and state program officers shall prepare, update & modi the current content for adaptation to the online platform.

z. Training evaluation shall be conducted after each training and report submitted to the concerned program officer/core faculty team. The officials trained by various national agencies like [CMR, NCDC, NIE shall be utilized for various training and capacity building/ mentoring activities in corresponding areas.

aa. District RCH officers, concerned program officers, state institutes and all agencies engaged with health training should prepare and share the annual training plan.

ab. A detailed line list of the training beneficiaries shall be maintained at the district, training institutions and skill training centres.

2. Training management timeline

National Level Training : 2 weeks

Preliminary planning workshop (Core Faculty team) : 2 weeks

Training of master trainers (Core Faculty team) : 2weeks

Training of trainers (Master trainers) : 2weeks

Peripheral level trainings

3. For training conduction

a. Online training conduction

i. Training and capacity building played a key role in the COVID control and flood control activities of the state. This has led to a paradigm shift in the mode of training conduction in the state. In collaboration with C-DIT, the State Training Division of the National Health Mission built an online Learning Management System (LMS) to simplify learning experiences for health professionals, employees, and volunteers working in Kerala's health care system. The platform is currently running on the Moodle platform (https://keralahealthtraining.kerala.gov.in/)

ii. An LMS management team has been constituted under the chairmanship of the State Programme Manager (SPM) NHM, Additional Director (A&T), and State Nodal Officer, Training for the smooth functioning of the LMS platform. The LMS management team shall also include t e virtual knowledge management team members.

iii. A virtual knowledge management team shall be created to ensure the smooth conduction of online training. They shall assist the ADHS (A&T) and State Nodal Officer (Training) in setting up the online training platform and providing technical support and assistance.

iv. The virtual knowledge management team shall report to ADHS (A&T) and State Nodal Officer (Training).

v. The members of the virtual management team can be revised by ADHS (A&T) and State Nodal Officer (Training) with the concurrence of SMD every 2 years.

vi. A training console to attend training from district shall be created in all districts from a available fund.

vii. All institutions shall ensure the availability of equipments to attend online training.

viii. The trainers and participants shall observe the following online training etiquette for live training sessions.

1. Login sufficiently early

2. Avoid distractions

3. Start with video on

4. Stay on mute unless asked by the trainer

5. Speak slowly and clearly

6. Come prepared and dress appropriately

7. Have an appropriate background and surroundings

8. Avoid dist action and multi-tasking

ix. Standard operating procedure of the Learning management system is annexed.

b. Physical training conduct

i. The list of physical trainings shall be prepared in advance. Physical training can be conducted for skill training or team training (if personnel from multiple disciplines are needed for a training session).

ii. As far as possible, venues should be identified while preparing the training calendar.

iii. Priority should be given to conducting the physical training within the district itself.

iv. Suitable classrooms/halls/auditoriums available within the department/other govt. agencies are to be identified for conducting trainings whenever possible.

v. Training schedules are to be designed in such a way as to ensure maximal utilization of training halls in govt. institutions/agencies vi. The selection of venues should be based on accessibility, availability of necessary infrastructure, and the capacity to accommodate a specific number of trainees.

vii. Green protocol shall be strictly followed while conducting trainings.

c. Skill Training

i. Each district should have a Maternal & child health Skill training centres/ Skill lab.

ii. Women & Children hospitals / GH/DH should act as clinical training centres and awareness creation centres for health care providers, field staff, community health volunteers, and the general public.

iii. Online theory sessions followed by 3-5 days skill enhancement program should be the training mode.

iv. Maternal health skill training curriculum may be taught by the identified gynecologists and a team of staff nurses while child health training shall be taught by pediatricians and relevant subject experts.

v. The trainees for maternal health skill lab training shall be the team of doctors and nurses working in the labour rooms of the hospitals in the district.

vi. The trainees for child health skill lab training shall be the team of doctors and nurses working in the labour rooms. Pediatric ICU, NBSUs, SNCUs of the hospitals in their district.

vii. Mentoring visits shall be conducted l at the institutions as a part of the Maternal & child health Skill training.

viii. There should be separate online modules for each training program in LMS for easy access and revision of materials by trainees. These online modules can be utilised during online training.

ix. Reorientation of the personnel during in-service training and continuing medical education of health care providers for MCH services.

x. BLS and ACLS training should be offered to the maximum possible staff and volunteers.

xi. Identify a pool of trainers for conducting maternal health skill trainings, BLS and ACLS trainings.

d. Speciality training

i. Many specialities, specially the surgical ones, require constant practise to polish he skills. Periodic training sessions (Concept, hands-on and refresher) should be organised and conducted in speciality institutions (DH/GH/speciality institutions- chest hospitals,

W& C, other specialty institutions).

ii. All District/General hospitals have been envisaged to function as

District level training facilities.

iii. These district training facilities shall also be equipped to train doctors entering the specialty cadre & requesting training.

iv. junior consultants shall undergo a mandatory induction training course of not less than two weeks duration before posting to their respective institution . They shall only be posted to their parent institutions after successfully completing the induction training.

v. The Superintendent shall be responsible for the supervision of the induction training programme in the institution.

vi. The senior most consultant in each specialty shall be in charge of the induction training pr gramme in their department. They are to function as mentors for the newly recruited junior consultants.

vii. A fixed module for training has to be developed for each specialty, and the junior consultants are to be trained accordingly.

viii. During the training period, they shall discharge all the duties expected from a specialist in the concerned specialty, but under the supervision of the mentor

ix. Specialty trainings should also be delivered to health care professionals such as Nurses, Pharmacists and Lab technicians.

x. Periodic trainings should be given to these categories also in different specialty areas and

xi. Super specialists in the health service department, as well as those who have recently joined, should be Sent for regular refresher training at the nearby medical colleges where the super-specialty is offered.

e. Administrative training

i. The State level officers, District level officers and Heads of the institutions must undergo periodic training (Administrative concepts,

Updates, Legal, Hands-on and Observation visits).

ii. Officers above the rank of Deputy Director can be sent to national centres for managerial and administrative training, and all the cadre upto Deputy Directors shall attend the managerial and administrative training at the state level centre.

iii. Supportive staff in the administrative wing should be supported with periodic refresher training and change management training.

iv. Administrative trainings shall be conducted through online modality through the LMS platform.

4. For training monitoring

a. All training and capacity building activities conducted in the Health Service Department shall be reported to ADHS (A&T).

b. Training conducted in the district shall be monitored by following

i. KSIHFW shall monitor Thiruvananthapuram, Kollam, Pathanamthitta, and Alappuzha districts

ii. The state training division of NHM shall monitor Kottayam, Idukki, Ernakulam, Thrissur and Palakkad districts

iii. SHSRC shall monitor Malappuram, Kozhikode, Wayanad, Kannur and Kasaragod districts

c. KSIHFW, SHSRC, State tr ining division shall support the district in training planning and implementation.

d. KSIHFW, SHSRC, State raining division shall support the district in identifying resource persons for various training programs as demanded by the district.

e. KSIHFW, SHSRC, State training division shall collect, consolidate and submit a training report to ADHS (A&T) every 2 months.

5. Fund flow and management

a. Fund flow for the conduct is training from Plan funds/ PIP/ROP

b. All district level trainings (Online & Physical) should be coordinated by the RCH officer/concerned program officers.

c. After the physical training has concluded, a Statement of expenditure shall be prepared, and bills settled against the concerned nodal agency issuing fund.

d. For the conduct of trainings RCH norms shall be adhered.

e. Existing TA/ DA norms shall be adhered.

f. For the conduct of online trai ing TA/ DA for the trainers will be disbursed as following

i. The concerned program officer shall give the trainer a duty certificate for the online training if the trainer is conducting the training from his/her Headquarters.

ii. If the trainer is called to a training centre/ training console designated by the concerned prog am officer, then TA shall be provided to the trainer as per the existing norms.

g. SIHFW, RIHFW, SHSRC shall btain their funds from and settle their bills against the concerned nodal ag ncy issuing fund.

6. Training, capacity building & Spark Integration

a. Details of the training attend d shall be integrated and uploaded to the profile of the staff.

b. The certificate obtained by th participant shall be produced before the

concerned superior officer.

c. The head of the institution shall ensure that all employee training details are uploaded to the spark platform irrespective of their job cadre.

7. Responsibility mapping

S. No.	Officer	Responsibility
1.	Director of Health Services	• Approving DHS training plan • Relieving participants to attend the training. • Relieving trainers to conduct the training. • Issuing relevant certificate for the participants and trainers. • Monitor training of program officers.
2.	Director of Medical Education	• Approving DME training plan • Relieving participants to attend the training. • Relieving trainers to conduct the training. • Issuing relevant certificate for the participants and trainers. • Monitor training of various medical colleges and department
3.	Additional Director (A&T)	• Convene workshop for preparing training calendar • Deputing officers to attend trainings • Performance evaluation of the core faculty team

		• Monitoring, Evaluation and Documentation of all state-level trainings • Ensuring continuity of trainings • Ensuring adherence to state training calendar; approval of any changes in the same • Ensuring adherence to state training guidelines • Preparing quarterly and annual report of trainings at state level • Supervision: • state level training material preparation • Uploading of training materials to the online training platform
4.	Principal, SIHFW RIHFWs	• Preparation of training calendar for SIHFWs/RIHFW • Performance evaluation of the core faculty team • Monitoring, Evaluation and Documentation of all trainings conducted • Ensuring continuity of trainings • Integration of trainings to avoid overlap/wastage of resources • Conducting training courses in the eLearning platform • Financial management with respect to trainings as per their ROP/ plan fund activities Ensuring adherence to the

		training calendar • Ensuring adherence to state training guidelines • Obtaining feedback on all trainings • Appraisal of core faculty team and master trainers • Preparing quarterly and annual report of trainings and submit to Additional DHS (A&T) • Establishing and maintaining of infrastructure necessary for conducting online training. • Preparation of LMS modules of the training conducted by the institute.
5.	Principal, Medical College Hospitals	• Preparing quarterly and annual reports of trainings • Monitoring, Evaluation and Documentation of all trainings conducted • Ensuring continuity of trainings • Identifying faculty for super specialty training of super specialist from HS. • Establishing and maintaining of infrastructure necessary for conducting online training and super specialty training
6.	Executive Director, SHSRC	• Preparation of training calendar for SHSRC • Performance evaluation of core faculty team & master trainers Monitoring, Evaluation and Documentation of all

		trainings conducted • Ensuring continuity of trainings • Integration of trainings to avoid overlap/wastage of resources • Financial management with respect to trainings as per their • ROP plan fund activities Ensuring adherence to the training calendar • Ensuring adherence to state training guidelines • Appraisal of core faculty team and master trainers • Preparing quarterly and annual reports of trainings • Establishing and maintaining of infrastructure necessary for conducting online training • Preparing quarterly and annual report of trainings and submit to Additional DHS (A&T) • Preparation of LMS modules of operational research, AMR, AARDRAM. • Operational research / training data analysis of overall health trainings
7.	State Programme Officers State Nodal Officers	• Performance evaluation of concerned core faculty team & master trainers • Adaptation of training materials in the context of state

		• Preparation of content for online training programs • Ensuring continuity of concerned trainings • Financial management with respect to trainings as per their ROP/ plan fund activities Ensuring adherence to state training guidelines • Ensuring adherence to concerned training modules • Appraisal of core faculty team and master trainers • Preparing quarterly and annual reports of concerned trainings • Monitoring, Evaluation and Documentation of all trainings conducted • Preparation of LMS modules of concerned program video materials.
8.	State Nodal Officers (Training)	• Performance evaluation of core faculty team • Ensuring continuity of trainings • Ensuring LMS content for all program officers and when they handover materials. • Management of LMS knowledge team • Financial management with respect to trainings as per the ROP • Ensuring adherence to state training guidelines

		• Ensuring adherence to training modules • Preparing quarterly and annual reports of NHM trainings • Monitoring, Evaluation and Documentation of all trainings conducted • Training need assessment in district • Supervision: • Preparation of NHM training calendar • Preparation of training materials related to NHM trainings
9.	District Programme Managers District Nodal Officers RCH Officers	• Monitoring, Evaluation and Documentation of all trainings conducted • Ensuring continuity of trainings • Integration of trainings to avoid overlap/wastage of resources • Financial management with respect to trainings as per their ROP/PIan fund activities proposed in the district. Ensuring adherence to training calendar • Ensuring adherence to state training guidelines • Preparing quarterly and annual report of district trainings

(By order of the Governor)
RAJAN NAMDEV KHOBRAGADE
PRINCIPAL SECRETARY

To

The Director of Health Services, Thiruvananthapuram.
The Director of Medical Education, Thiruvananthapuram.

The State Mission Director, National Health Mission, Thiruvananthapuram.
The Executive Director, State Health Agency, Thiruvananthapuram.
The Director, Regional Cancer Centre, Thiruvananthapuram.
The Director, Malabar Cancer Centre, Thalassery, Kannur.
The Director, Cochin Cancer Care and Research Centre, Kalamassery Ernakulam, Pin 683505
The Director, State Institute of Medical Education and Technology (SI-MET), Thiruvananthapuram.
The Project Director,Institute of Communicative and Cognitive Neuro, Sciences, Amritha, Pettah, Thiruvananthapuram.
The Director, Indian Institute of Diabetes, Thiruvananthapuram.
The Director, Institute of Mental Health and Neuro Sciences (IMHANS), Kuthiravattom, Kozhikode, Pin 673016.
The Director, Kerala State Institute of Health and Family Welfare, Thycaud, Thiruvananthapuram.
The Executive Director, State Health Systems Resource Centre, Thiruvananthapuram.
The Principal Accountant General (Audit) Kerala, Thiruvananthapuram
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Forwarded /By order

Signed by Hari G S
Date: 29-06-2022 18:12:17
Section Officer

Copy to
Private Secretary to the Hon'ble Minister (Health, Woman and Child Development)
PA to the Principal Secretary, Health and Family Welfare Department.
PA to the Additional Chief Secretary, Health and Family Welfare Department.

Annexure -1 – SOP of LMS

STANDARD OPERATING PROCEDURE FOR LEARNINGMANAGEMENTSYSTEM– STATETRAININGDIVISION,NATIONAL HEALTH MISSION KERALA

INTRODUCTION

The state of Kerala has achieved better health indicators when compared to other states of India. Many of its health indicators surpass those of other Indian States, some of them are even at par with developed countries. The first step towards achieving this goal is initiating the capacity building of all categories of employees in the system. Since Health services is a dynamic system with ever-changing services, guidelines, protocols, and technologies, all staff need to be oriented to the periodical changes in the system. Capacity building in healthcare should be a continuous process to maintain the quality of services provided across the state.

State training division, national health mission, Kerala in association with C-DIT developed an online platform for making the learning experiences easier for health professionals, health care personnel's and volunteers who cater to the health care system in Kerala. The platform is currently running in Moodle platform available in this link- https://keralahealthtraining.kerala.gov.in/.TheLMSofthestatetrainingdivision, NHM offers the best user-friendly experience in the learning management system platform.

PURPOSEOFTHISDOCUMENT

To define the Standard Procedures and Guidelines that governs and promotes the efficient use of the Kerala health training learning management system and ensures compliance with the policies of department and government.

SCOPEOFLMS

Learning management system is an online learning platform, where healthcare workers can enrol for e-learning courses without any limit and get better and easy learning experience, along with an e-certificate.

AIM

The main aim of Kerala health training learning management system is to enhance the learning process, not only delivers content, but also handles registering

courses, course administration, skill gap analysis, tracking, and reporting.

OBJECTIVES

- Plan the training activities calendar which can share with learners, trainer, and co-administrators.
- Enhancesthelearningprocesseasilyanddeliverscontent,registeringcourses, course administration, tracking and reporting.
- Encompasses employee appraisal, competency management, and skill gap analysis.
- Evaluate courses before joining, and employers can keep a track of the retention levels and real time performance by periodically scheduling assignments.
- Provideaninnovativeandaccessiblemodeofcoursedevelopmentanddelivery.
- Provide e-learning certificate.

DEFENITIONS

I. Learning management system

A learning management system is a software application for the administration, documentation, tracking, reporting, automation and delivery of educational courses, training programs, or learning and development programs. The learning management system concept emerged directly from e-Learning. Learning management system here refers to the Kerala health training learning management system.

II. Course Creator

"CourseCreator" means, state training division of national health mission, health service department faculty, staff, or the person designated by the state training division or the health service department who are the author or have provisioned the source of materials for use in the Learning Management System.

III. Employee

"Employee" means faculty or staff employed under health and family welfare department Government of Kerala.

IV. Health care professionals

Health care professionals maintain health in humans through the application of

the principles and procedures of evidence-based medicine and caring.

V. Health care personnel

Health care personnel include all paid and unpaid persons/voluntary workers serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials.

VI. User

User means any employee, student, staff member, voluntary health workers or guest of the department of health services accessing the LMS.

VII. Material/content

Material/content means a work, a performer's performance, a sound recording, or a communication signal, presentations or any substantial portion used for training.

VIII. Guest Account

Guest Account means an account created by the LMS Administrator in order to grant an external user affiliated with the state training division NHM to access to the LMS.

IX. Editing teacher

The Manger or Admin will enrol certain persons into the course and assign them as 'editing teacher', Once they enrol as a editing teacher to a particular course, have all permissionforeditandaddcoursematerialsintothecourse.Asofnowtrainingdivision holds the credentials of editing teacher.

X. Non-editing teacher

The Manger or Admin will enrol certain persons into the course and assign them as ' Non-Editing Teacher,' once they enrol as a non-editing teacher to a particular course, will have all permission to view the participants and don't have permission to add user or content to the Course. As of now one person from each district with a designated email id is added as non editing teacher.

XI. Inactivity Date

Inactivity Date means in regard to a course offered through the LMS, the date on which a course is made inaccessible to students enrolled in the course.

XII. APPLICABILITY

These Standard Processes and Guidelines apply to all Users of the LMS.

ROLESANDRESPONSIBILITIES

LMS management and administration

- State training division, national health mission, Kerala in association with C- DIT is responsible for the administration of the LMS.
- Manager will have all privileges of the Platform.
- The LMS Administrator is responsible for the management and administration of all aspects of the LMS including:
    a. User interface components and design, navigation links, and tool configuration and availability.
    b. Course components including site design and structure, course codes and term designations.
    c. External Learning Tools and other services integration.
- Requests for changes to standard templates and configurations within the LMS shall be made to the LMS Administrator.
- Manager can add different language to the website with help of Developer for embedding the font.
- Redesign the block of front page designed by a developer by 'turn editing on' as well re-design the dashboard of participants. As well as re-design the tour of each User.
- Requests will be assessed by the LMS Administrator, and if approved will follow standard web design practices and principles for usability and accessibility.
- Add user to the LMS Platform and assign each user into the cohort (group) and can assign them into each course.
- Manager have the permission to delete the user from platform they can also provide permission to each user or assign user as faculty, course creator, editing teacher, non-editing teacher and so on.
- Manager can add categories and courses and design the course materials along with they can take the backup of course modules.
- If Grade is enabled in course they can view the grader report and send message to user according to it.

- They can view the course performance of each category.
- The administrator can see and analyse the cases of
    - Courses at risk of not starting
    - Students at risk of dropping out
    - Students at risk of not meeting the course completion conditions
    - Students who have not accessed the course recently
    - Students who have not accessed the course yet
    - Upcoming activities due
- All the technical aspect is done in collaboration with CDIT.

Role of Course-Creator

- A course Creator can add course to the categories assigned by the Manager/Admin.
- They are the basic designers of HOW Courses should apply in big screen.
- A Course Creator can add course materials and enroll users into the assigned course.
- They have full privilege of how the course will project on big Screen.
- A course creator can see the overview performance of participants.

Role of' Editing Teacher'

- The Manger or Admin will enrol/assign editing teacher into the course
- Editing teacher can edit and add course materials into the course.
- Add user in to the course and see the performance of each course.
- Monitor the activity and course completion of users.
- Send bulk notification message to users regarding the course materials.

Role of' Non-Editing Teacher'

- The Manager or Admin will enrol/assign non-editing teacher into the course
- View the participants and see the activity and course completion of users.
- Send bulk messaging of a user regarding course materials

USERMANAGEMENTANDACCESS

- All users must be authenticated with unique credentials, and use the LMS for HEALTH SERVICES department training purposes only.
- All users must access the system through an assigned LMS account.
- An authenticated email with username and password, by which log into the platform via 'https://keralahealthtraining.kerala.gov.in/
- The very first step is to change user password according to your credit(We will have a password privacy policy)
- After logging into account, will have a small tour for familiarizing the platform functionality.
- The very first page the user visits the dashboard, where you will get to see a small description of LMS.
- There will have a notification News area, where all the site updation will be provided.
- The user will be able to see the course you are enrolled in and percentage of completion of each course.
- The LMS provided the messaging platform by which communicate with the participants enrolled in the course.
- User can directly communicate with the site admin/manager in chat session "Health Mission'
- By clicking into the course, user will get into the course page where again the user will have a small tour familiarizing the course patterns.
- Each course module will have an introduction part, syllabus and faculty details.
- Each session will have course materials and at the end of the session user will have to perform an assessment test
- After successfully completing the test, the admin will provide a certificate to the user.
- The performance of each candidate and the time spending on each course is monitored by the Faculty/ Admin/ Manager.
- In order to ensure privacy, protection of intellectual property and the integrity of materials, access to courses in the LMS is regulated.
- Employees may be granted access to courses when requested by the course creators for pedagogical and advisory purposes.

- These requests for access must be forwarded in writing to the LMS Administrator.
- In certain circumstances a person, group, or organisation, other than users or employees, who are affiliated with the department may request access to the LMS for approved training programmes. When deemed, appropriate and within the licensing limitations of the LMS, a guest account with a defined LMS user role may be created.
- All requests for a guest account must be received and approved by the LMS administrator.
- Employees other than the LMS administrator are responsible for obtaining written permission from the course creator of record in order to receive access to another course creator's LMS course.
- A user's account is deemed "inactive" if they have not logged into the LMS at least once over a period. Inactive accounts will be deleted.
- All Users are required to comply with the "Acceptable Use of IT Policy".

CONFIDENTIALITYANDPRIVACYOFINFORMATION

- Confidentiality and privacy of information within the LMS are maintained via authentication using an assigned or authorised network account.
- All Users are required to comply with the "Privacy Policy".

COURSECREATIONPROCESS

Course creators in the learning management system

Various agencies and divisions in the health care system of KERALA were identified as the course creators of the learning management system. All courses developed under this.

List of identified course creators for LMS

- State Training division, NHM Kerala
- All program division in NHM/All state level program officers
- Kerala state institute of health and family welfare
- State Health system resource center, Kerala
- District Medical officer

- DPMSU/District Program Managers

PROCESSOFCOURSECREATIONINLMS

The preparation of e-course module contains the following sessions.

- Mapping of the trainings

Prepare a list of training carried out by the training division/program officer. The listed training should be prioritized as per the requirements and demand.

- Designing the course

Designing the individual course will help the online platform conversion. Gather the available information regarding the course and use standardised formats for the course design preparation.

- Preparation of the detailed course plan

A detailed course plan should be prepared for every course which will make the conversion process easier. (Refer to the format for course plan)

- Preparation of session plan(Blue print of the session)

The session plan should contain the objective of the session, the content of the session, plan, learning experiences, module type, and associated materials. Every session should be planned in detail in such a manner that the wastage of man, money &material can be avoided.

- Content creation

The contents of the course should be created as per the plan/requirement/module of the course. The type of content delivery (Video module, live sessions, Image, chart, diagrams, etc.)can be decided as per the pre-fixed plan in the course plan. The prepared content should be vetted by a team of experts in the field.

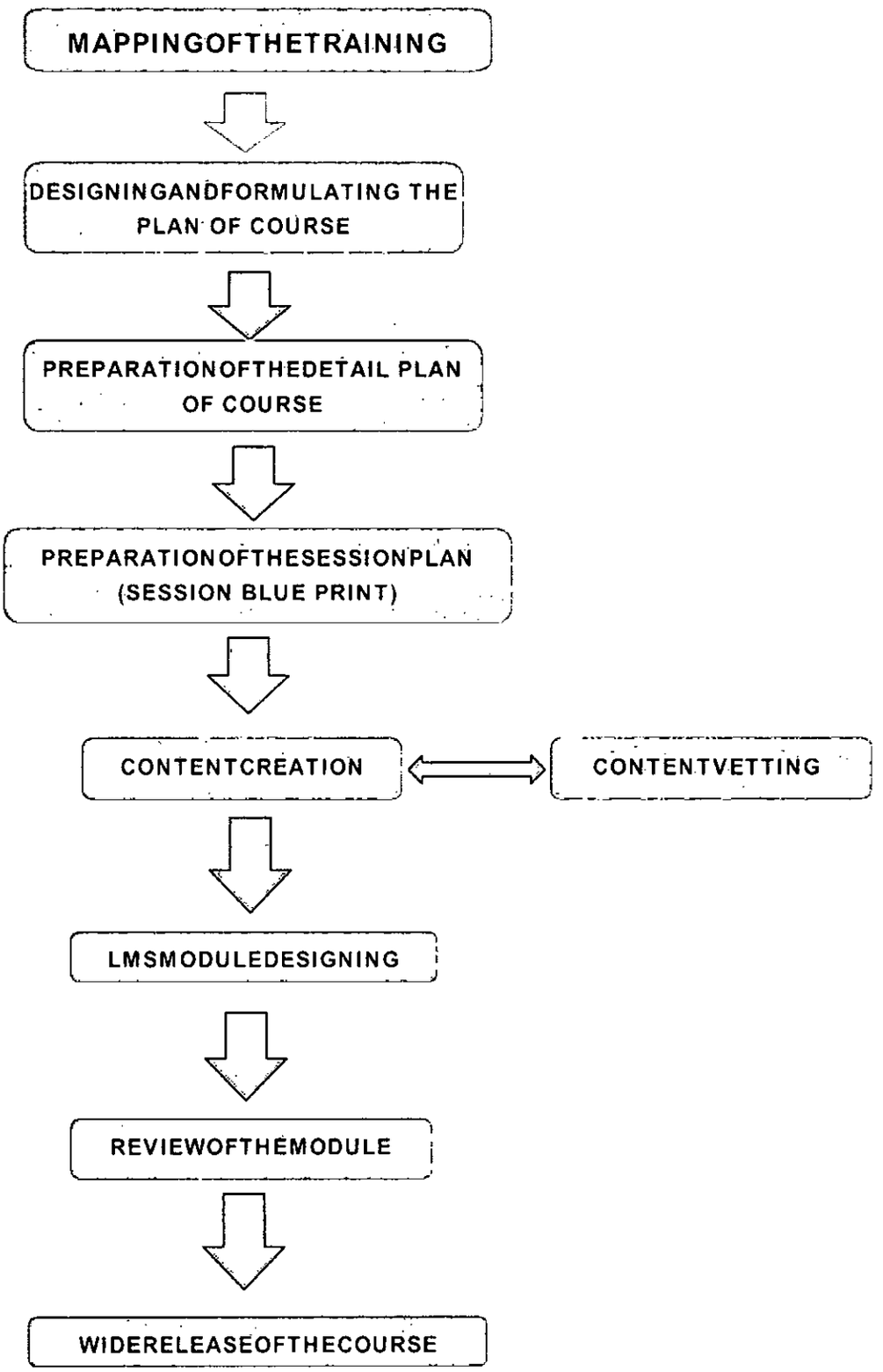
- LMS Upload

The created content/module should be handed over to the state training division, NHM, Kerala. Training Division will examine the module and hand over the module to the technical team to upload in the LMS.

- Review of the session

The uploaded sessions should be reviewed by the state training division and concerned program division before piloting/on boarding the session.

PROCESSOFCONTENTCREATIONANDFLOWINLMSCONTENT UPLOAD



CONTENTCREATIONGUIDELINES

We are now living in the age of information technology, where visual content plays a key role in every walk of life. Visual content like pictures, animations, charts, maps, videos, and info graphics can be used to deliver content in a very short time. It also can improve comprehension, trigger emotions, and motivate learners. Visual content is also retained in memory for a longer duration and easily recalled. As a major part of the population is visual learners, visual content is key to engaging people in eLearning. But used incorrectly, visual content can also deter learners. Poor quality generic content or content that is used purely for decorative purposes can divert the learner from the actual content. Hence any visual content used for e-learning must be selected carefully. The following guidelines shall be used in creating visual content for the online training platform

- It is the responsibility of the concerned program division to create PowerPoint presentations for the online training platform. The concerned program officer shall, if needed, arrange a workshop for the preparation of training modules and PowerPoint presentations with the help of master trainers and other subject experts.
- If any other visual content like animations, videos, etc are required for the training, they shall provide the details of such content required to the content creation team, well in advance. Once the draft content is received, the program division should arrange for a vetting workshop to finalise the content. Only the finalised content shall be used in the online training platform.

Power Point Presentation Guidelines

Slide size:

- The slides should be designed with a slide size of 16:9 as most screens and projectors are optimised for widescreen of 16:9 ratio.
- Do not use custom slide sizes
- In order to display well on all screens, text and images should only be placed within 95% area of the PowerPoint slide

Background

- Use uniform background for all the slides.
- Use dark text on a light background as it is easier to read.
- If you must use a dark background, make sure your text is of a light color and increase the font size by two or three points.

Fonts

- Use the same fonts, font size, color scheme and spacing in all slides for layout continuity as it makes it easier for the audience to follow the slides.
- Use sans-serif fonts only (e.g., Arial, Calibri, Helvetica, Tahoma, Verdana) as they project better and are easier to read. Avoid using custom fonts or stylised fonts
- The font sizes should not be less than 18. Ideally, use 40 font size for slide headings, 32 font size for sub headings and 24 font size for body text
- Slide numbers and footers can have smaller font sizes

Slide Content

- Short and to the point. Do not use long sentences; instead use key words and phrases
- Use bullet points .Keep each bullet to one or maximum two lines
- Do not type more than 8 lines of text per slide

Number of Slides

- Keep the slide count to a minimum
- Not more than eight slides per10minutes of presentation

Transitions & Animations

- Use slide transitions and animations only if they are absolutely required
- Use only simple slide transitions/animation
- Avoid complex transitions/animations that require long time to play

Media

- Use only high-resolution media. Low resolution media can look blurry or pixelated in large screens
- Do not use screenshots of texts or charts as the text size will be hard to read

- Use media of proper size
- If multiple media are being used in a slide, arrange them properly
- Use only media which you have copyright or are free to use
- Don't use images with watermarks

Other content

- Only use high resolution images. If videos are used, they should have a minimum resolution of 1920 x 1080.
- Media should only be used if there is a key message to be delivered
- Graphics shall not be used randomly for decorative purposes
- Use media of proper size
- Use only media which you have copyright to are free to use
- Don't use media with watermarks
- Don't use stock photographs/images

COPYING COURSE CONTENT FROM LEARNINGMANAGEMENT SYSTEM COURSES

Course Materials, including slides, notes, outlines, presentations, handouts, tests, exams, and other course and lecture Materials, shall not be copied to another course without the written consent of the Course Creator.

BACKUPANDDELETIONOFLEARNINGMANAGEMENTSYSTEM COURSES

- Course Creators are responsible for creating and maintaining backups of their own LMS courses.
- The LMS Administrator will on request provide instruction to Course Creator regarding how to create backups of LMS course content.
- All courses stored in the LMS, will be deleted by the training division after the course Inactivity Date.
- Course Creators may request their own course deletions provided the request date is at least one year after the course Inactivity Date and all appeal deadlines have passed.
- All requests for course deletions must be sent to the LMS

Administrator in writing.

- Once courses and course content have been deleted, retrieval of course materials will not be possible.

SYSTEM MAINTENANCE, OUTAGES AND UPGRADES

- The LMS Administrator will notify all users in advance of any LMS outages for regularly scheduled maintenance or upgrades.
- Outages will be scheduled during specific time periods such that the impact (or inconvenience) on users is kept to a minimum.
- It is the responsibility of users to read all notifications posted by the LMS Administrator.
- Faculty should consider planned outages when scheduling assignments and tests.

SUPPORT AND TROUBLESHOOTING

- All requests for support or assistance should be sent to the email address:
- Student support is offered through a dedicated Student support website/you tube channel
- Training workshops for Course creators are offered throughout the Academic term.
- Training for specific departments is also available upon request.

ACCESSIBILITY

The training division national health mission Kerala is committed to providing staff and students and health volunteers with equal access to courses online. The LMS meets Accessibility Standards Compliance and, where possible, the training division follows web accessibility guidelines for online content as set out by the World Wide Web Consortium.

CONCLUSION

The failure or success of an LMS depends on how we handle governance. At post-implementation, if there are no processes in place, the system can get distorted very

quickly. It is important to not just write the policies but to implement them. A Learning Management System requires training for its members with regards to the governance policies within the system.

Annexure – 2- Operational guidelines foe district level maternal health & child health skill training centers

OPERATIONAL GUIDELINES FOR DISTRICT LEVEL MATERNAL HEALTH & CHILD HEALTH SKILL TRAINING CENTRES

INTRODUCTION

The Government of India prioritises MMR, IMR, and NMR reduction as part of Sustainable Development Goal 3 on good health and well-being. Various steps have been taken by GOI and the State Governments to accelerate the pace of decline of key indicators and to achieve the goals & targets set under SDG. As a result, interventions are required to enhance the capacity of health care workers for them to be proficient in technical skills and knowledge. It was observed that a lack of focus on assessing the competencies acquired by trainees during training, insufficient exposure/opportunity to practice, a lack of post-training mentoring, and underutilisation of trained manpower at functional health facilities compromised skill acquisition practices and sustenance.

WHAT ARE MATERNAL HEALTH SKILL TRAINING CENTRES?

A Skills training centres comprises of skill stations where the trainees learn through practicing skills on mannequins, simulation exercises, a demonstration by faculties, re-demonstration by trainees, and discussion. There Should be provision to see the live patients in all maternal health related procedures

Objectives

1. Ensures the availability of skilled personnel at health facilities.
2. Improves the quality of services
3. Will aid in identifying trainees who are lacking in a specific skill and providing them with the opportunity to have their skills reinforced through periodic reorientation.
4. Provides continuing maternal health skill education / continuing medical/ nursing education.
5. The identified specialist and team of staff nurses may teach the customised skill training curriculum according to the state needs.
6. Obstetric/ new born/ paediatric emergencies may be incorporated into all curriculums.

7. A minimum of 50% of specialists, casualty medical officers, and staff nurses working in labour rooms, paediatric ICUS, SNCUs, NBSUs throughout the district should be trained in the first year.
8. Conduct mentorship visits to institutions where 30 percent of workers in the labour room are trained.
9. Provide frequent refresher training for the trained personnel based on demand or need identified by the district machinery.

TRAINING METHODOLOGY

1. The training methodology is a mix of theory and skills sessions which will be taught using mannequins, training videos, skills checklists, case scenarios, role plays, and PowerPoint presentations under the guidance of the trainer.
2. Every session must be prepared with specific objectives, activities to be carried out, formats to be used, and station evaluation. The trainee's performance at each station must be noted separately.
3. There should be an online module of each training in the learning management system of the state training division for easy access and revision of materials as required by the trainees.
4. District resource persons should provide onsite mentorship to institutions where more than half of the labour room personnel are trained.

TRAINING PLAN

- Combined training for 3 batches each month. A maximum of 10 participants per batch
- Each batch shall include a team of doctors, staff nurses from the district
- Mentoring visits may be planned every month

Before the training

1. Schedule the batch for dates and communicate with participants accordingly
2. Check the functionality of the centre about seating arrangements, electricity, drinking water, equipment and instruments, and replenishment of consumables

3. Check that the training kits and other materials such as the pre-test questionnaires, case scenarios, and role-plays are ready and available in sufficient quantities

During the training

1. The Skills Stations/ live patient are available/ arranged as per the session plan before the day's session starts
2. Consumables are available in sufficient quantities
3. Sessions are conducted in a disciplined and coordinated manner
4. The training starts on time
5. Individual competencies of each learner are measured and recorded
6. Sufficient time for skills practice is given to the learners

After the training /mentoring visits

When 50% of staff from institution is trained district maternal health skill training centres can conduct mentoring visit to the particular institutions

- Pre preparation
  - Communication to be sent to the respective institution with the list of participants trained in that particular institution.
  - Inform DMO, DPM, and RCH of particular districts before going for a mentoring visit.
  - Carry checklist and necessary mannequins corresponding to the procedure going to be assessed
- During visit
  - Take permission from medical Superintendent
  - Intimate nursing superintendent, hospital infection control nurse to accompany with
  - Assess the skills of trained staff
  - Prepare a detailed report, the same must be discussed with the institutional head, nursing superintendent, and the hospital infection control nurse.
  - The final report must be signed by the institutional head and the mentors.
- After visit
  - Share report to the respective authorities and stateresource team

Trainer Selection for maternal health skill training centres

1. Medical officer – Specialist (Gynaecologist, paediatrician,) – the specialised doctor trained in prescribed curriculum either at the national level or at the state. The trainers from private sector / medical colleges can also be identified
2. Nursing officer – Postgraduate nurses specialised in Obstetrics and gynaecology nursing / Child health Nursing- preferably trained in prescribed curriculum either at the national level or at the state.
3. Multipurpose worker - preferably trained in prescribed curriculum either at the national level or at the state skill lab.

Trainers of maternal health skill training centres

Number of staff	5
Medical officer	designated specialists (gynaecologists, paediatrician) in rotation as per the order of the DMOH
Nursing officer	3 postgraduate Nurses preferably specialised in Obstetrics and gynaecology nursing/ Child health Nursing
Multipurpose worker	1

Once the trainers are selected, they will be trained by the state level trainers

Trainee selection criteria

1. Priority is given for team from delivery points gynaecologists, casualty medical officers, and labour room staff nurses of W& C hospital>Tribal specialty hospital>GH/DH>THQH/TH. While identifying beneficiaries' private institutions should also be included. In areas requiring special focus, all FHC/PHC/CHC team should also be trained in quality maternal health practices
2. Gynaecologist, medical officers and staff nurses of CHC & speciality hospital in the district.

SETTING UP OF IDEAL MATERNAL HEALTH SKILL TRAINING CENTRES

Physical setting

1. There should be enough space to accommodate all skill stations in one big hall or 4 individual cabins
2. There should be a seminar room

3. Model of ideal labour room setting
4. Place should be identified for the resource person to wait/ discuss etc

Furniture and other accessories

1. Adequate chairs and tables to accommodate 10-15 participants
2. Cupboard -1: for keeping records

   2: large for storing mannequins with front opening of

Glass (Height: approx 5.5 ft, Width: 5 ft, Depth: 2 ft, Distance between last and second last racks, inside the cupboard should be approx 2ft).

3. Laptop-1/Desktop with printer and internet connection
4. The office infrastructure of the institution identified can be utilised
5. The overhead expense of the institution can be utilised for further development of training ambience

DOCUMENTATION

a. Quarterly training calendar
b. Attendance sheet/register of the participants
c. Scoring record of pre- and post-test (including knowledge and OSCE)
d. Follow-up database for supportive supervision
e. Training report of each batch
f. Maintain Stock register
g. Mentoring visit data
h. Feedback forms collected from participants

All these records should be shared withdistrict RCH Officers

Role of DMO

1. Appointing of skill training medical officer in the identified institution
2. Deputing other trainers to the maternal& child health skill training centres.
3. Review the activities of the maternal& child health skill training centres half yearly

Role of DPM

1. Make provisions in the PIP to ensure smooth functioning of the maternal& child health skill
2. Review the activities of the maternal& child health skill training centres half yearly.

3. If any HR like maternal& child health skill training centres medical officer/staff nurse is already recruited by existing ROP Provisions, they may be posted to the skill training institution instead of identified specialist trainers.
4. Make postings as per available ROP provisions to ensure trainings.
5. Making provision for mentoring visits

Role of RCH officer

1. Prepare a training schedule for the maternal& child health skill training centres
2. Ensure smooth functioning of the maternal& child health skill training centres.
3. Review the activities of the maternal& child health skill training centres once in every 2 months.
4. Identifying new sets of resource person to ensure smooth functioning of the maternal& child health skill training centres.
5. Identifying the trainees from priority institutions for the maternal& child health skill training centres training
6. Verify monthly training schedule for the maternal& child health skill training centres.
7. Monitoring and evaluation of maternal& child health skill training centres training
8. Shall identify the areas where the convergence in maternal& child health skill trainings can be done.

Role of Superintendent/ principals of training institution

1. In districts where maternal care specialty hospitals/Women and child hospitals are there the maternal& child health skill training centres shall work in concurrence with the institutions preferably in the institution.
2. Provide ample and conducive space to ensure smooth conduct of maternal& child health skill training centres training
3. Ensure safe keep of the equipment, appliances, gadgets, and other items of the maternal& child health skill training centres.
4. A nodal person may be identified in the institute to liaison with the team and take the activity forward.
5. Pooling the resource persons, communication to the DMO and resource persons.
6. Financial management of funds allotted.
7. Liaison with DPMSU/SPMSU and submission of Statement of expenditure

Role of district skill resource persons

1. **Role of medical officer**
    a. Shall act as the main resource person and coordinate the TOT workshops. The maternal& child health skill training centres medical officer (gynaecologist/paediatrician) if given as additional charge may inform the action plan via DMO/DPM to the parent institution for arranging the regular duties.
    b. Ensure smooth and conducive training to the trainees.
    c. Monthly report consolidation
2. **Role of trainers**
    a. Conducting online training.
    b. Conducting training of nursing student UG and PG.
    c. Conduct mentoring visits to institutions as a team
    d. Documentation of reports collected from all district maternal& child health skill training centres
    e. Arrange premises and space for the maternal& child health skill training centres.
    f. Ensure safe keep of the equipment, appliances, gadgets, and other items of the maternal& child health skill training centres.
    g. Provide ample and conducive space to ensure smooth conduct of the maternal& child health skill training centres training.

ROLE OF STATE LEVEL RESOURSE PERSONS

1. Conducting TOT for district level trainers.
2. Preparation of training material for online and physical training
3. Customising the training content as per the recommendations of the MMR committee
4. Conducting online training.
5. Quarterly mentoring visits to district maternal& child health skill training centres.
6. Gap analysis of mentoring visit report submitted by district maternal& child health skill training centres.

SAMPLE PLAN

Maternal Health Skill Training						
Sl. No	**Date**	**Time**	**Content**	**A-V aids**	**Teacher/learner activity**	**Evaluation**
Day 1						
Section 1: Introduction to the concept of quality of care and SCC						
1		30mts	Registration , Welcome and opening session (ice breaking, training norms, goal and objectives of training, agenda, orientation to training package)		• Interactive presentation and facilitation	
2		30mts	Pre-training knowledge assessment		• Learners activity observed and presented by trainers	
3		20mts	Importance of ensuring quality care in labor room		• Interactive presentation	What do you mean by quality care?
4		20mts	Current practices in client management in labor rooms at worksite of learners (flow of client care)		• Brain storming and group discussion using flipchart/chart/ chalk board	What is the client flow in labor ward?
5		20mts	Understanding stages of labor in relation to flow of client care		• Interactive presentation	List down the stages of labor?
Tea break						
6		30 mts (10mts+ 20mts)	Introduction to the Safe Childbirth Checklist (SCC)–A simple tool to improve quality of care Orientation to the layout of SCC		• Interactive presentation	What do you mean by safe child birth?
Section 2: Care at the time of admission						

7		1hr	Triaging based on history, examination and decision for level of care Demonstration of critical assessment skills– a. Correct estimation of gestational age b. Appropriate assessment of uterine contractions c. Localizing and appropriate recording of FHR d. Vital signs monitoring e. PV examination f. Investigations g. Infection control practices (standard precautions)		• Interactive presentation • Videos • Demonstration on mannequin, OSCE • Live sessions	• How to calculate gestational age? • What are the routine investigations for a client in labor?
		30mts	**Lunch**			
8		30mts	Immediate actions for prevention of major complications in the mother: a. Antibiotics for infection prevention and management b. Antenatal corticosteroids in pre-term delivery c. Antiretroviral therapy for HIV management		• Interactive presentation and discussion	• What do you mean by preterm delivery & its management?
9		30mts	Prevention, identification and management of preeclampsia and eclampsia		• Interactive presentation and discussion • Video on management of PE/E	• How to manage pre-eclampsia?
10		45mts	Monitoring the progress of labor–plotting and		• Interactive presentation	• What is

			interpreting partographs		• live demonstration & practice in the labor room	partogram?
Tea break						
11		30mts	Timely identification and management of prolonged and obstructed labor		• Interactive presentation and discussion • Video	• What is obstructed labor?
12		30mts	Empowering birth companions for participation in care of the mother and the baby		• Interactive presentation and discussion with SCC	Verbalize the meaning of a birth companion?
13		15mts	Over view of 1st day session		• presentation by training coordinator	
Day 2						
Section 3: Essential practices just before, during and after delivery						
14		30mts	Reflection		• Review by the learners (new knowledge acquired from the first day sessions)	
15		30mts	Preparing for safe delivery: a. Personal protective equipment (PPE) b. Trays relevant for safe delivery as per MNH toolkit c. Importance of pre-filled oxytocin in sterile syringe		• Demonstration &return demonstration of setting of delivery tray, baby tray & other relevant trays according to the need.	How to arrange the delivery set?
16		30mts	Normal delivery and active management of third stage of labor (AMTSL)		• Interactive presentation and discussion • Video	
17		30mts	Essential new born care (ENBC)		• Interactive presentation • Video	What do you mean by

			Preventing complications in newborn			ENBC?
		15mts	**Tea**			
18		2hrs	Management of second and third stage of labor a. Conducting normal delivery (ND) b. ENBC and AMTSL c. New Born Resuscitation (NBR)		• Demonstration by using mannequin • Live session in labor room	
		30mts	**Lunch break**			
19		30mts	Prevention, identification and management of postpartum hemorrhage (PPH) a. Prevention of PPH–AMTSL b. Initial management of shock and PPH c. Bimanual compression		• Interactive presentation • Video on PPH (SBA module 5)	How to manage PPH?
20		30mts	Review of care of mother and newborn soon after birth a. Regular assessment of clinical condition of mother and newborn (Routine care) b. Early initiation of breast feeding c. Prevention of hypothermia		• Interactive presentation • Video • Live sessions in the labor room	How to assess the newborn?
21		15mts	Prevention, identification and management of newborn infections a. Antibiotics and referral b. ART for newborn		• Interactive presentation and discussion based on SCC	
		15mts	**Tea**			

22		30mts	Special care for pre-term and LBW babies: a. Thermal management including KMC b. Assisted feeding c. Infection prevention		• Interactive presentation • Demonstration and return demonstration of technique of breastfeeding (mannequin& live sessions) • Demonstration & return demonstration of KMC and assisted feeding(OGT insertion)	• What is KMC? • What do you mean by assisted feeding?
23		15mts	Over view of 2nd day session		• Presentation by training coordinator	
Day 3						
Section 4: Essential practices at the time of discharge						
24		30mts	Reflection		• Review by the learners (new knowledge acquired from the second day sessions)	
25		30mts	Assessing and managing postpartum complications in mothers a. Puerperal sepsis b. Delayed PPH		• Interactive presentation	What is puerperal sepsis?
26		30mts	Postpartum family planning counseling (return to fertility, healthy timing and spacing of pregnancy, postpartum family planning options)		• Interactive presentation • Video • Role play	

27		30mts	Discharge counseling on danger signs for mother and baby and seeking care		• Interactive presentation • Video	What are the points included in the discharge plan?
		15mt	**Tea**			
28		30mts	Respectful maternity care		• Interactive presentation • Video	What do you mean by respectful maternity care?
29		45mts	Do's and Don'ts for all four stages of labor		• Activity	
Section 5: Creating a quality enabling environment in labor rooms						
30		45mts	Infection prevention practices and biomedical waste management		• Interactive presentation, discussion • Video • Demonstration & return demonstration of standard precautions	What are the components of standard precautions?
31		45mts	Organization of labor room as per Standard guidelines		• Interactive presentation, discussion	
		15mts	**Tea**			
32		30mts	Recording and reporting LR Register Monthly Reporting Format		• Interactive presentation • Discussion about different report formats	
33		30mts	Post test		• Learners activity observed and presented by trainers	

34		45mts	Certificate distribution and closing ceremony		• Trainer/ official	
			Tea			