

# **Strengthening Pre-Service Education for Nursing Midwifery Cadre in India**

## **Revised Operational Guidelines**

**August 2017**



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





# **Strengthening Pre-Service Education for Nursing Midwifery Cadre in India**

## **Revised Operational Guidelines**

August 2017



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







*Arun Kumar Panda*

Additional Secretary &  
Mission Director, NHM

Tele : 23063155, Fax : 23063156

E-mail : asmd-mohfw@nic.in



भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

स्वास्थ्य एवं परिवार कल्याण विभाग

निर्माण भवन, नई दिल्ली-110011

GOVERNMENT OF INDIA

MINISTRY OF HEALTH & FAMILY WELFARE

DEPARTMENT OF HEALTH & FAMILY WELFARE

NIRMAN BHAVAN, NEW DELHI - 110011

## PREFACE

Skilled and motivated Human Resource at the health facilities is one of the most critical determinants for provision of quality healthcare. The latest National Health Policy emphasizes on strengthening public healthcare infrastructure, addressing the shortage human resources, especially nurse midwives and building their capacities through education on training, thereby, leading to improved competence of health workforce for a better public healthcare system in India.

Notwithstanding the progress already achieved in the field of education of Nurse Midwives, there is a constant need of training for skill development and confidence building in real life application of skills. In the current circumstances, task shifting and entrusting ANMs and GNM's with a wider range of responsibilities are becoming imperative to combat the acute shortage of skilled manpower particularly, doctors and specialists.

In-service trainings have been the conventional thrust area for enhancing the knowledge and clinical skills of nurse midwives with little focus on the quality of pre-service education. However, the Government of India (GoI) has realized that the desired outcome cannot be achieved without strengthening the pre service component of training of nurse midwives. If the right kinds of skills are developed in the nurse midwives at initial learning phase, the effects are much more consistent and long lasting. Therefore, GoI has developed a roadmap for strengthening nursing midwifery cadre, with improvement in quality of pre-service education as one of its major components.

These revised operational guidelines for "Strengthening Pre-Service Education for Nursing Midwifery Cadre in India" by the Maternal Health Division, Ministry of Health & Family Welfare aim to provide clear direction to all key stakeholders for planning and implementing interventions for strengthening pre-service education. The guidelines are applicable to all states in India and have been based on experiences and learnings from successful implementation of pre-service education strengthening initiative in the high focus states.

I am confident that all states will take up this program as priority and ensure the implementation of these guidelines by establishing appropriate institutional mechanisms.

  
(Dr. Arun K. Panda)

**Healthy Village, Healthy Nation**





वन्दना गुरनानी, भा.प्र.से.  
संयुक्त सचिव

**VANDANA GURNANI, I.A.S.**  
JOINT SECRETARY  
Tel. : 011-23061706  
E-mail : vandana.g@ias.nic.in



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110011  
Government of India  
Ministry of Health & Family Welfare  
Nirman Bhavan, New Delhi - 110011

## FOREWORD

Reproductive, Maternal and Child Health has always been a priority for the Government of India (GoI) through its extensive health programmes under National Health Mission and RMNCH+A strategic approach. These programmes have benefitted a large number of women and children by providing access to comprehensive RMNCH+A services resulting in an impressive improvement of Health indicators in the country. However, the quality of service delivery, especially availability of skilled workforce still remains a concern.

To improve upon skill and competence of available human resource of health facilities, GoI has taken requisite steps for strengthening nursing midwifery cadre including the introduction of Pre-Service Education (PSE) strengthening programme and competency based trainings for nurse midwives. Besides strengthening the quality of PSE, efforts have been made towards creating an enabling policy environment for nursing, improving the leadership and management capacity of the nursing cadre through establishment of nursing directorates, and ensuring a greater role for nurse midwives in clinical and programmatic decision making.

This revised operational guideline for "Strengthening Pre-Service Education for Nursing Midwifery Cadre in India" articulate and detail the technical and operational aspects of pre-service education strengthening programme. These guidelines are expected to be used by programme managers, state nursing nodal officers, state nursing directorates, nursing midwifery institutions and other key stakeholders. These will be used as guiding document for planning, implementing and monitoring the programme interventions and strengthening the targeted nursing institutions in a uniform and standardized manner across the country.

I appreciate the commendable efforts of Maternal Health Division and contributing experts in developing these guidelines. I am sure this programme will result in production of competent and confident nurse midwives who will actively contribute towards strengthening country's public health system in India.

  
(Vandana Gurnani)







**DR. SUMITA GHOSH**

DY. COMMISSIONER

Telefax No. : 011-23063178

E-mail : sumita.ghosh@nic.in



GOVERNMENT OF INDIA  
MINISTRY OF HEALTH & FAMILY WELFARE  
MATERNAL HEALTH DIV.  
NIRMAN BHAWAN, MAULANA AZAD ROAD  
NEW DELHI - 110108

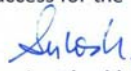
### Program Officer's message

The pivotal role played by the Nurse - midwifery cadre in delivery of quality care in Public Health System cannot be overstated. The National Health Policy 2017 by Government of India has envisioned provision of assured quality care in the public facilities. Also, the attainment of Sustainable Development Goals by the year 2030, necessitate skilled, competent and motivated Nursing midwifery cadre. Strengthening of Pre service Education of ANM and GNM nursing schools and nursing colleges by each state is of vital importance in the present context. Strengthening of these training schools and colleges ensure high quality of education. The operational Guidelines are prepared with a view to guide the Programme Managers, State Nursing Council/Directorate, Faculty of Nursing Schools & College; and other stakeholders in Strengthening Pre-Service-Education.

I would like to express my sincere gratitude to Dr. Arun Kumar Panda, AS&MD, NHM, GOI for steering the process of strengthening the nursing midwifery institutions & constantly guiding us in preparing this road-map. I would like to thank Ms. Vandana Gurnani, JS (RCH) and Mr. Manoj Jhalani, JS(P), MOHFW for their regular guidance in initiating this process. I also thank my colleague Dr. Dinesh Baswal, Deputy Commissioner, I/c (Maternal Health) for his regular support in firming up the guideline.

I would like to acknowledge the contribution of Mr. T. Dileep Kumar, President, Indian Nursing Council for his valuable support in framing these guidelines. Dr. Bulbul Sood, Country Director, Jhpiego extended her proactive support. The technical support given by Dr. Somesh Kumar & Dr. Neeraj Agrawal from Jhpiego has been vital while the guidelines were being prepared. Lastly, I would like to appreciate the effort put forth by Ms Jenita, Dr. Tarun, Dr Salima, Dr. Narender and other Consultants of MH Division in bringing out this document.

Finally my earnest request to all State Mission Directors and program officers for taking personal initiative and interest in the implementation of the road-map for strengthening nursing & midwifery teaching and training. I wish great success for the programme.

  
(Dr. Sumita Ghosh) 24/7/2017

### Healthy Village, Healthy Nation



एड्स - जानकारी ही बचाव है

Talking about AIDS is taking care of each other



## List of Contributors

---

1	Mr. C.K Mishra	Secretary (NHM), MoHFW
2	Dr. Arun Kumar Panda	Additional Secretary & Mission Director (NHM), MoHFW
3	Ms. Vandana Gurnani	Joint Secretary (RCH), MOHFW
4	Dr. Dinesh Baswal	Deputy Commissioner In-charge (Maternal Health), MoHFW
5	Dr. Sumita Ghosh	Deputy Commissioner (Maternal Health), MoHFW
6	Ms. Rathi Balachandran	ADG Nursing, MoHFW
7	Dr. Bulbul Sood	Country Director, Jhpiego
8	Dr. Somesh Kumar	Deputy Country Director & Head of Programs, Jhpiego
9	Dr. Neeraj Agrawal	Associate Director- HRH, Jhpiego
10	Dr. Swati Mahajan	National Program Officer –HRH, Jhpiego
11	Dr. Manju Chuggani	Principal, Rufaida College of Nursing
12	Dr. Nanthini Subbiah	Reader, NIHFW
13	Ms. Ancy Ramesh	Principal, Kasturba Nursing College, Sewagram
14	Dr. V. Kumari	Principal, College of Nursing MMC, Chennai
15	Dr. Leila Varkey	Project Director, White Ribbon Alliance for Safe Motherhood India
16	Dr. Evita Fernandez	Managing Director, Fernandez Hospital
17	Dr. Rajeev Agrawal	Senior Management Consultant (Maternal Health), MoHFW
18	Ms. Jenita Khwairakpam	Consultant (Maternal Health), MoHFW
19	Dr. Tarun Singh Sodha	Consultant (Maternal Health), MoHFW
20	Dr. Salima Bhatia	Senior Consultant (Maternal Health), MoHFW
21	Dr. Narender Goswami	Consultant (Maternal Health), MoHFW
22	Mr. Eldho Baslin Rajan	Program Officer, Jhpiego
23	Ms. Bright Mary	Program Officer, Jhpiego
24	Dr. Akanksha Gautam	Program Officer, Jhpiego
25	Mohd. Shoeb Alam	Architect (Supported by UNICEF)



## List of Abbreviations and Acronyms

---

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ANMTC	Auxiliary Nurse Midwife Training Center
BPCR	Birth Preparedness and Complications Readiness
CoE	Centers of Excellence
CoN	College of Nursing
CNE	Continuing Nursing Education
CPD	Continued Professional Development
CSS	Clinical Skills Standardization
DHS	Directorate of Health Services
DP	Development Partner
DME	Directorate of Medical Education
ETS	Effective Teaching Skills
FP	Family Planning
FRU	First Referral Unit
GNM	General Nursing and Midwifery
GoI	Government of India
HR	Human Resources
IEC	Information, Education and Communication
IMNCI	Integrated Management of Neonatal and Childhood Illness
IMR	Infant Mortality Rate
INC	Indian Nursing Council
IP	Infection Prevention
IUCD	Intra Uterine Contraceptive Device
JSY	Janani Suraksha Yojana
JSSK	Janani Shishu Suraksha Karykram
LHV	Lady Health Visitor
LR	Labor Room
LRP	Learning Resource Package
MMR	Maternal Mortality Ratio
MNH	Maternal and Newborn Health
MNCH	Maternal, Newborn and Child Health
MoHFW	Ministry of Health and Family Welfare

NIHFW	National Institute of Health and Family Welfare
NHM	National Health Mission
NMT	Nursing-Midwifery Tutor
NNC	National Nodal Center
NNMP	National Nursing-Midwifery Portal
PC	Program Coordinator
PHC	Primary Health Center
PIP	Program Implementation Plan
PNC	Postnatal Care
PSE	Pre -Service Education
RBSK	Rashtriya Bal Swasthya Karyakram
RKSK	Rashtriya Kishor Swasthya Karyakram
RMNCH+A	Reproductive, Maternal, Newborn, Child and Adolescent Health
SBA	Skilled Birth Attendant
SBMR	Standards Based Management and Recognition
SDG	Sustainable Development Goals
SHS	State Health Society
SNC	State Nodal Center
TAG	Technical Advisory Group
ToRs	Terms of Reference
ToT	Training of Trainers

## Contents

---

Topic	Page No.
<b>Operational Guidelines</b>	
Introduction	1
Strategic Approach	2
Programmatic Approach	4
Program Implementation Plan	5
Chapter 1: National Nodal Centers (NNCs)	11
Chapter 2: Establishing State Nursing Directorate	13
Chapter 3: Setting-up of State Nodal Centers	16
Chapter 4: Strengthening PSE in Nursing Institutions	24
Chapter 5: Program Management for PSE Strengthening	28
<b>Annexures</b>	
Annexure 1: Terms of Reference (TORs): Job Descriptions	33
Annexure 2: Guidance for Establishing Skills Labs and Mini-Skills Labs	51
Annexure 3: 6-Weeks Training for Nursing Faculty	60
Annexure 4: Equipment for other Nursing Laboratories	63
Annexure 5: SOP for Mentoring Visit by faculty of National/ State Nodal Center to Nursing Institutions for Strengthening Nursing-Midwifery Pre-Service Education	78
Annexure 6: Composition and TORs of Technical Advisory Group (TAG)	86
Annexure 7: Supportive Supervision Checklist for Strengthening Pre-Service Education	89
Annexure 8: Quarterly Monitoring and Reporting Format for PSE Strengthening	91
Annexure 9: Evaluation Checklist for 6-Weeks Training	94
Annexure 10: Budget-Planning Template	95
Annexure 11: Indicative Budget for various Components of PSE Strengthening	97





## Introduction

As we march towards a healthier India, the Government of India (GoI) is concentrating achieving the globally expected health outcomes and improving the quality of the public healthcare systems. The recently unveiled National Health Policy 2017 intends to achieve maximum standards of good health and well-being, by providing assured and wide access to quality healthcare services. One of the major focus areas of this policy is to develop the capacities of healthcare professionals, especially nurse midwives by developing and conductive specialized nursing training courses and curriculum, establishing nursing schools and centers of nursing, eventually developing a force of Nurse Practitioners and Public Health Nurses and increasing their availability in most needed areas.

Among key targets, the policy intends to support maternal and child survival at birth, reduce Maternal Mortality Ratio (MMR) from current levels to 100 by 2020 and Infant Mortality Rate (IMR) to 28 by 2019. The Ministry of Health and Family Welfare (MoHFW), GoI, is also committed to achieving the Sustainable Development Goals (SDGs) which aim at reducing the MMR to less than 70 per 100,000 livebirths by 2030.

To achieve these goals, GoI is implementing several programs and initiatives such as National Health Mission (NHM), Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK), Rashtriya Bal Swasthya Karyakram (RBSK) and Rashtriya Kishor Swasthya Karyakram (RKSK) which aim to deliver essential Reproductive, Maternal, New-born and Child health and Adolescent (RMNCH+A) interventions comprehensively at public health facilities. Despite commendable increase in rates of institutional deliveries, the maternal mortality, infant mortality and still birth rates continue to remain high due to quality of care issues at the health facilities. The major factors

responsible for failure to reach the desired level of quality of care include an acute shortage of trained human resources, especially the nurse midwives, coupled with the sub-optimal competency of service providers.

Therefore, an increase in capacity of the states to produce sufficient number of competent, confident and skilled nurses is crucial for the success of the various GoI programs. This is all the more important because the nurse midwives are often the providers of basic health care at the lowest level of the health system. They provide the first level of health and also identify patients at risk and refer for higher level of health care. Availability of competent nurse midwives in the country is a critical determinant to accessibility of quality RMNCH+A services.

In order to ensure availability of adequate number of skilled nurse midwives, MoHFW in collaboration with the Indian Nursing Council (INC), is undertaking a comprehensive initiative to strengthen the quality of pre-service education (PSE) for nursing-midwifery cadre in India. It is envisaged that the efforts in this direction will ensure availability of a highly skilled and competent nursing workforce and steer India towards its commitment to Universal Health Coverage.

## Strategic Approach

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

However, though 10 states have been identified for implementation of this program, it is strongly recommended that this program for strengthening quality of pre-service education for nursing-midwifery cadre should be adopted by the remaining states for their nursing-midwifery institutions.

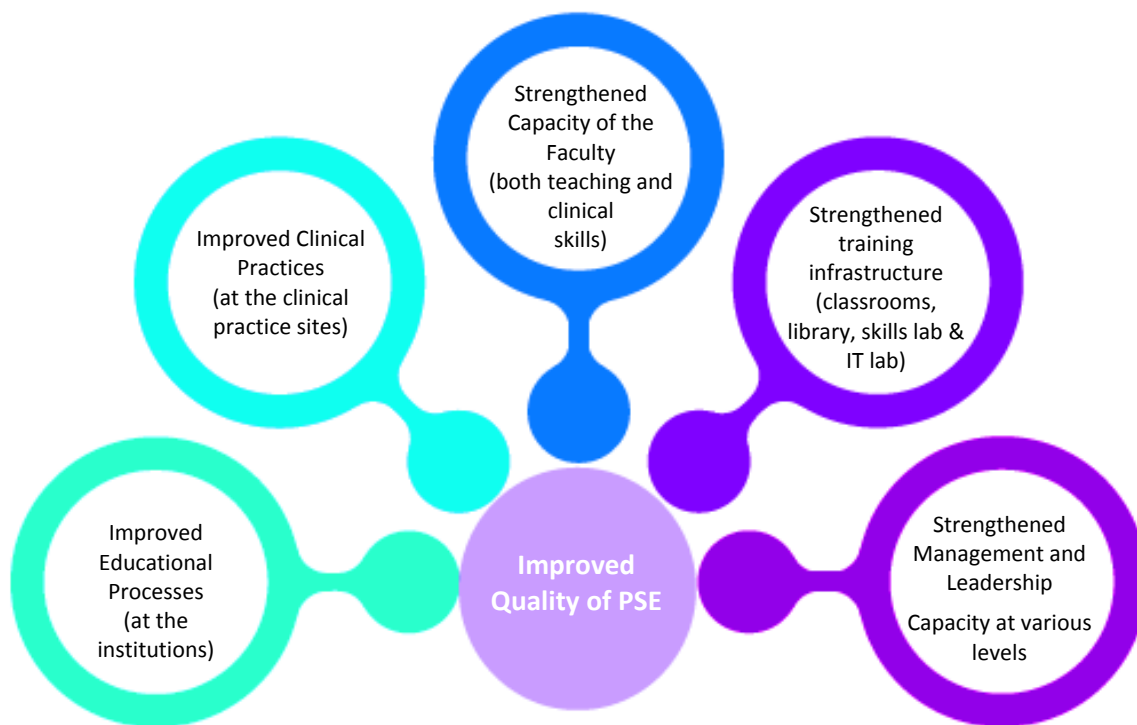
The strategic approach for strengthening GNM Schools and ANM Training Centers (ANMTCs) includes establishment of a number of National and State Nodal Centers (upgraded Colleges of Nursing) to steer the process. It is envisioned that these Nodal Centers, besides serving as model teaching institutions,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

The national/state nodal centers are being set up to act as intermediaries of MoHFW, for bringing about this improvement in the quality of education at the ANM and GNM Schools. Therefore, the setting up of national/state nodal centers should be viewed in the perspective of strengthening pre-service education at the ANMTCs and GNM Schools and not as a standalone deliverable.

The approach adopted for this program includes a combination of top down and bottom up programmatic activities where in the setting up of national/state nodal centers has been initiated at the national or state levels. Concurrently, the strengthening of the ANMTCs and GNM Schools has also been initiated at the state and district levels to minimize the interval between the setting up of nodal centers and strengthening of ANM and GNM Schools.

Towards this objective, the initiative will work on strengthening five of the most critical dimensions of pre-service education at the ANM and GNM Schools, which include the following:

- Educational processes at the schools
- Clinical practices at the respective clinical practice sites of the schools
- Capacity of the faculty in clinical as well as teaching skills
- Training infrastructure of the schools, including the Skills Laboratory, Library and the Computer Lab oratory
- Leadership and managerial capacity for overall strengthening of nursing-midwifery cadre



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

## Programmatic Approach

### Goal

Strengthen the foundation of nursing-midwifery education in the selected 10 high focus states of India, resulting in higher number of functioning educational institutions and better prepared service providers such as ANMs and nurse-midwives who are competent, confident and motivated to work.

### Objectives

- To strengthen the educational and clinical standards and processes in National Nodal Centers of Pre-Service Nursing-Midwifery Education, to enable them for training and mentoring of master trainers of State Nodal Centers in their catchment areas.
- To strengthen the educational and clinical standards and processes in State Nodal Centers of Pre-service Nursing-Midwifery Education, to enable them for training and mentoring faculty of ANM/GNM Schools.
- To strengthen the quality of Pre-Service Nursing-Midwifery Education at the ANM/GNM Schools by improving the Maternal, Newborn and Child Health (MNCH) and Family Planning (FP) knowledge and clinical skills of nursing faculty and implementing the quality improvement process for strengthening educational processes and clinical practices at all ANM/GNM Schools.

The identified NNCs/SNCs will be established as per INC endorsed PSE performance standards for the National and State Nodal Centers through the quality improvement process and

standardization. It is expected that an institution can be recognized as a nodal center once it achieves more than 70% of the performance standards. This ultimately helps in strengthening of the educational and clinical processes, training infrastructure such as establishing skills lab, IT/computer lab, library and reinforcing the managerial, teaching and institutions.

The ANM/GNM Schools also will be strengthened simultaneously through the use of simple, measurable performance standards, which serve as a quality improvement guide. These performance standards provide a structure for program support and a criterion-based quality improvement system which will allow the MoHFW, through its Nodal Centers (State/ National level), to provide specific ongoing technical support for strengthening the quality of education at these institutions.

### Expected Outcomes

- National Nodal Centers and State Nodal Centers established at pre-determined Colleges of Nursing.
- Improved quality of PSE at the ANM/GNM Schools in the 10 states.
  - GNM Schools and ANMTCs strengthened with regard to faculty positions, training infrastructure, educational processes, and clinical practices and achieving and sustaining at least 70% of the INC approved PSE performance standards.
  - Strengthened capacity of the faculty of the GNM Schools and ANMTCs by focused refresher training in teaching and clinical skills.
- Strengthened capacity at the national and state levels for better management of the nursing-midwifery education in the country, especially focusing on the ten high focus states.

## Program Implementation Plan

### Setting up of National Technical Advisory Group/Task Force

MoHFW, GoI jointly with the INC will create a national technical advisory group/task force for advising and steering this initiative to strengthen the quality of pre-service education for the nursing-midwifery cadre in India. This group will include representatives from GoI, INC, NIHFW, representatives of the State Governments, representatives of the National & State Nodal Centers and Development Agencies. The role of this group will include the following:

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

### Setting up of National Nodal Centers

#### Objectives of a National Nodal Center:

- 1) To conduct the 6-weeks Training course for ANM/GNM faculty to strengthen their teaching skills, knowledge and clinical skills in MNCH and FP.
- 2) To conduct post-training mentorship visits for providing support to the trained faculty.
- 3) To lead the overall PSE strengthening for nursing-midwifery cadre by supporting the implementation of standards based PSE quality improvement process in all State

Nodal Centers and nursing schools within its catchment.

- 4) To act as 'Center of Excellence' for PSE of nursing-midwifery cadre by acting as a resource center for research, capacity building, innovations, monitoring and evaluation etc.

For more details on the National Nodal Centers, refer to Chapter 1.

### Establishment of State Nursing Directorate

The Nursing Directorate aims at strengthening the overall administration and management of nursing-midwifery cadre. It is expected that the establishment of Nursing Directorate in every state will:

- 1) Strengthen the administration of nursing workforce by ensuring prompt postings and transfers, timely objective career progression and redressal of personnel issues.
- 2) Strengthen nursing education system and in the long run help in reducing infant mortality rate (IMR), maternal mortality ratio (MMR) and morbidity and mortality due to communicable and non-communicable diseases.
- 3) Strengthen the nursing service delivery at health facilities.
- 4) Strengthen the State Nursing Regulatory Councils and Examination Boards to improve the regulatory functions.
- 5) Improve motivation and morale of the nursing workforce.

For more details about the Nursing Directorate, refer to Chapter 2.

## Setting up of State Nodal Centers

### Objectives of a State Nodal Center

- 1) To conduct the 6-weeks training course for ANM/GNM faculty to strengthen their teaching skills, knowledge and clinical skills in MNCH and FP.
- 2) To conduct post training mentorship visits in order to provide support to the trained faculty.
- 3) To lead the overall PSE strengthening for nursing-midwifery cadre by supporting the implementation of standards based PSE quality improvement process in nursing schools within its catchment.

For details about the state nodal centers, refer to Chapter 3.

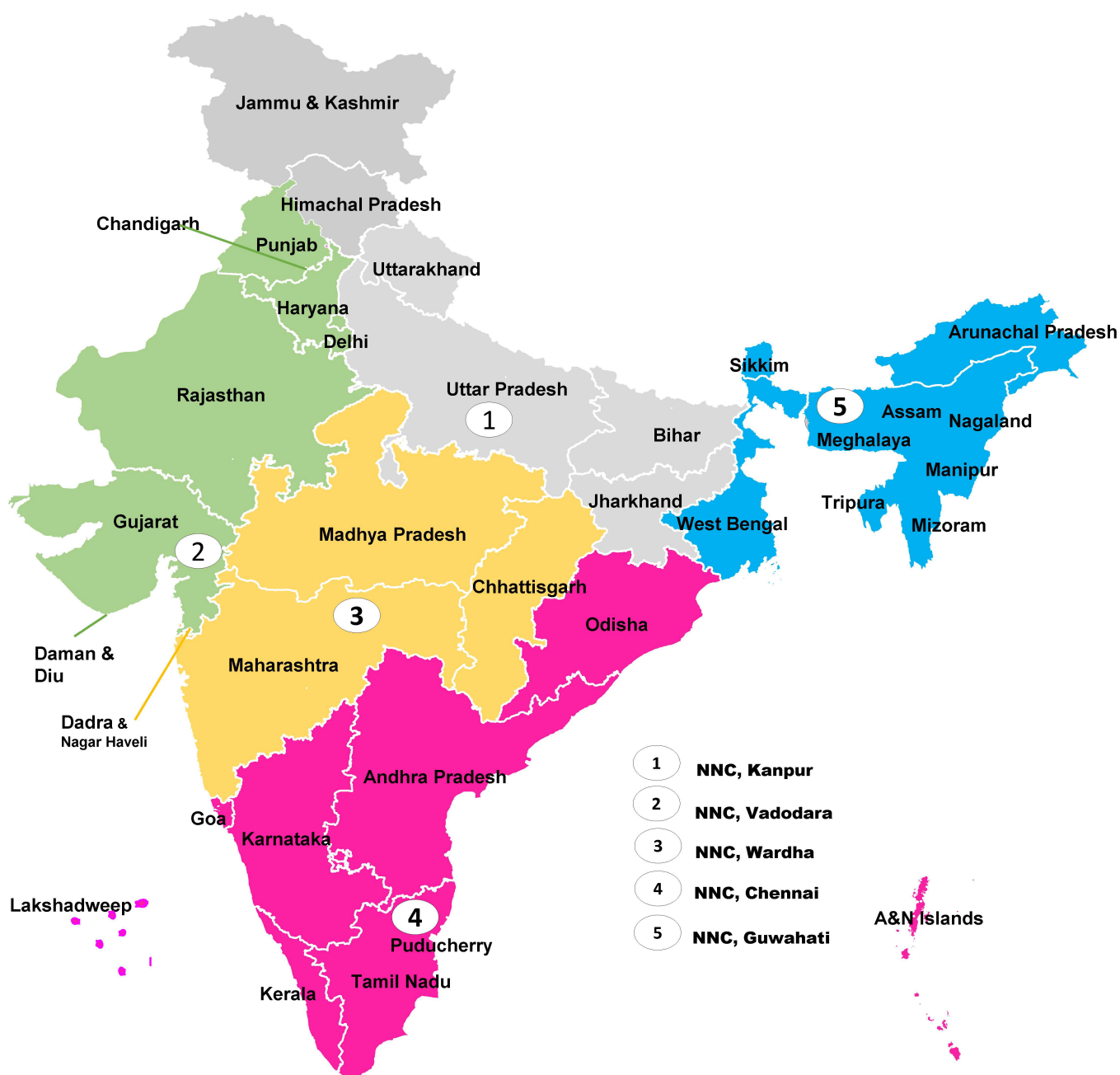
### National/ State Nodal Centers currently identified by GoI and states

- 1) National Nodal Centers: Till now, the following five colleges of nursing have been identified by the MoHFW and GoI for developing into National Nodal Centers:
  - College of Nursing, Kanpur, Uttar Pradesh
  - College of Nursing, Madras Medical College, Chennai, Tamil Nadu
  - Government College of Nursing, Vadodara, Gujarat
  - Kasturba Nursing College, Sewagram, Wardha, Maharashtra
  - Regional College of Nursing, Guwahati, Assam
- 2) State Nodal Centers: Till now, the following colleges of nursing have been identified by the MoHFW, GoI and the respective state governments, for developing into State Nodal Centers:

- AMT School SMHS Hospital, Srinagar, Jammu & Kashmir
- AMT School, Government Medical College, Jammu, Jammu & Kashmir
- College of Nursing, ID & BG Hospital, Kolkata, West Bengal
- College of Nursing, IGIMS Patna, Bihar
- College of Nursing, MKCG Medical College, Berhampur, Odisha
- College of Nursing, North Bengal Medical College & Hospital, Darjeeling, West Bengal
- College of Nursing, SBVP Medical College, Meerut, Uttar Pradesh
- College of Nursing, Varanasi, Banaras Hindu University, Uttar Pradesh
- Government College of Nursing, Ujjain, Madhya Pradesh
- Government Nursing College, J. N. M. Medical College, Raipur, Chhattisgarh
- M.B.G Hospital College of Nursing, Udaipur, Rajasthan
- PG Government College of Nursing, MBS Hospital, Kota, Rajasthan
- Pt. B.D. Sharma PGIMS College of Nursing, Rohtak, Haryana
- Rani Durgawati College of Nursing, Jabalpur, Madhya Pradesh
- RIMS College Of Nursing, Ranchi, Jharkhand
- State College of Nursing, Dehradun, Uttarakhand



The demarcation of catchment areas of the National Nodal Centers (NNCs), as decided by MoHFW is depicted in the map below:



Catchment area of the National Nodal Centers (NNCs)

## Standards Based Management and Recognition Approach (SBM-R Approach)

The strengthening of the ANM/GNM Schools follows the SBM-R approach, which is based on the use of a set of simple, measurable performance standards, which serve as a guide to quality improvement. These standards are a performance improvement tool intended for periodic use by the service providers, supervisors and managers for criteria-based monitoring and improving the quality of PSE at the ANM/GNM Schools. The standards are organized in five sections that include classroom teaching, clinical instruction, school management practices, physical and training infrastructure and the clinical site practices.

### Performance Standards for the Nodal Centers, ANM and GNM Schools

These are set of performance and quality improvement standards for the provision of pre-service nursing-midwifery education in India. This initiative of GoI is aimed towards reducing maternal and child deaths in the country under the Sustainable Development Goals (SDGs) by 2030.

### What Are These Standards

As a step towards addressing the quality pre-service nursing-midwifery education, INC, with technical assistance from Jhpiego has developed these 'Performance Standards' for nodal centers and ANM/GNM Schools for strengthening the pre-service education. These standards are a performance improvement tool intended for periodic use by the service providers, supervisors and managers to monitor and improve the quality of pre-service education at the nodal centers and ANM/GNM Schools.

### Who Can Use These Standards

All sections of the 'Performance Standards' are relevant for all the tutors at the Nodal center



ANM/GNM Schools. Through these standards, tutors can identify whether their method of teaching and demonstration is according to standards, whether the clinical teaching is done in a proper way, whether the infrastructure of the training center is conducive for student teaching and the clinical practices of the attached clinical site are as per the GoI standards. The tutors need to refer these sections of the standards tool for self-assessing their performance, using the tool as a checklist to ensure that all tasks are being accomplished.



Number of Pre-Service Education Performance Standards				
Section	Areas	ANM Schools	GNM Schools	NNCs & SNCs
1	Class Room and Practical Instruction	15	15	15
2	Clinical Instruction and Practice	16	16	17
3	School Infrastructure and Training Materials	12	13	13
4	School Management	16	16	16
5	Clinical Site Practices	20	20	20
<b>TOTAL</b>		<b>79</b>	<b>80</b>	<b>81</b>

The nursing and non-nursing supervisors and managers of the training center, district, region or state can use the same tool to assess the quality of pre-service education at the training centers periodically. As every institution will use the same tool for the services, a high degree of objectivity and standardization of the assessment can be expected.

### How to Record Findings

There are four columns to record the assessment findings along with date. This will allow periodic assessment on the same tool to identify the progress over time to discuss observations with the concerned team and to assess the reasons why standards and criteria not being met, and to help resolve them for future improvement. During the assessment the assessor needs to write 'Y' for 'YES' if the task is accomplished as per standards, 'N' for tasks 'NOT DONE' or 'NOT DONE AS PER STANDARDS' and 'NA' if the task is 'NOT APPLICABLE' for the situation being observed. A standard will be considered achieved only if all the criteria of it are accomplished ('Y' and 'NA'). The 'NA' in a standard will be considered with 'YES' and as achieved. If there is any specific qualitative finding for any criteria, the assessor may mention it in the column of comments with date in brackets.

### Scoring

At the end of each section, a table with the total number of standards has been developed for that section. The number of standards observed and the number of standards met for that section can be recorded with date of observation in the table. List the standards accordingly in this table. Each achieved standard with all criteria 'YES' and 'NA' scores one point. If the criteria are not achieved (N) then the score will be zero. Write the sum of the points achieved for the section in row three at the appropriate place.

At the end of the tool is a summary sheet of scores. Note the total number of standards observed and total standards met in rows 2 and 3 respectively of column 2. Mark the score % by calculating the total number of standards met divided by total number of standards observed multiplied by 100. For example, if the total standards observed are 50 and the total standards met are 30, then the Score % will be =  $30/50 \times 100 = 60\%$ . Note this score in column number 3 adjacent to the total number of standards met.

The purpose of this tool is to find and improve gaps at various levels and to work as a team with different roles to accomplish the achievement of the standards of quality pre-service education. The service providers, supervisors and managers

of the facilities will find these standards useful for improving quality of nursing-midwifery PSE at nodal centers and ANM/GNM Schools of the country.

The performance standards used for improving the quality of pre-service nursing-midwifery education can be referred to in the 'Operational Guidelines for Strengthening Pre-Service Education for the Nursing-Midwifery Cadre In India' published by Maternal Health Division,

MoHFW, GoI in January 2013. These guidelines have been uploaded on the website of the Ministry of Health & Family Welfare (MoHFW), GoI and can be downloaded from the following link:

[http://nhm.gov.in/images/pdf/programmes/maternal-health/guidelines/Operational\\_Guideline-pre-service\\_education\\_\(PSE\)-Nursing.pdf](http://nhm.gov.in/images/pdf/programmes/maternal-health/guidelines/Operational_Guideline-pre-service_education_(PSE)-Nursing.pdf)

## Chapter 1: National Nodal Centers (NNCs)

### Roles and responsibilities of the National Nodal Centers

#### 1) Centers of Excellence

NNCs would act as the 'Centers of Nursing Excellence' at the regional level. It is envisaged that the NNCs would further be strengthened through collaborations and forging partnerships with various international institutions of repute for transfer of expertise, student exchange programs, faculty learning, research activities, innovations etc. While identifying international institutions for establishing linkages with the NNC, not-for-profit institutions and those willing to establish long-term collaborations, that is at least for three years, would be preferred.

#### 2) Support the State Nursing Directorates

NNC will support the State Nursing Directorates in developing the 'Roadmap for Strengthening Pre-Service Nursing-Midwifery Education' and budgeting for the same.

#### 3) Strengthening of State Nodal Centers, ANM Training Centers and GNM Schools in their catchment

NNCs would provide overall leadership and guidance for establishment and operationalization of the SNCs in their catchment states; and the SNCs in turn will support the strengthening of ANMTCs and GNM Schools. However, until all SNCs are established and become fully functional, NNCs may bear the additional responsibility of directly supporting the ANMTCs and GNM Schools in the interim duration.

NNCs would undertake PSE strengthening through:

- Budgeting for faculty development initiatives like 6-weeks Training and

specialized courses under the NHM PIPs of parent and catchment states.

- Post-training follow-up and mentorship visits to provide onsite mentoring and handholding support to trained faculty.
- Monitoring progress of PSE strengthening activities at the SNCs and targeted institutions.
- Sharing regular feedback with MoHFW and initiating corrective actions if required.

#### 4) Faculty Development

One of the most important activities to be undertaken by the NNCs would be the 6-weeks Training of the nursing faculty to strengthen their technical knowledge, clinical skills and facilitation skills. It is assumed that NNCs will focus on building the capacity of nursing faculty from their parent state and the catchment states whose State Nodal Centers (SNCs) are not fully operational or the states which don't have their own dedicated SNCs.

Initially NNCs will exclusively focus on completing 6-weeks Training as a faculty development initiative along with the State Nodal Centers. However, after the saturation of faculty with 6-weeks Training, NNCs will offer specialized courses such as leadership and management for nursing personnel, research methodology, monitoring and evaluation, data analysis etc. for continued professional development (CPD) of nursing faculty.

#### 5) Sharing regular feedback with MoHFW

All data from ANMTCs & GNM Schools (including percentage of standards achieved, number of faculties trained, utilization data of training infrastructure etc.) would be

collated at the respective SNCs. The state level data would be reported to the MH division, MOHFW through the concerned NNC. Hence, NNCs would play a significant role in collating and reporting of data for action from their catchment areas.

## 6) Research

NNCs will position themselves as Centers of Excellence (CoEs) in fields of both basic and applied research. They will be epicentre for strengthening of nursing and nursing-led research by:

- Teaching research principles
- Participating in cross learning research programs with other research institutions
- Providing small grants or scholarships to budding student researchers
- Undertaking fellowship programs for nursing graduates and postgraduates

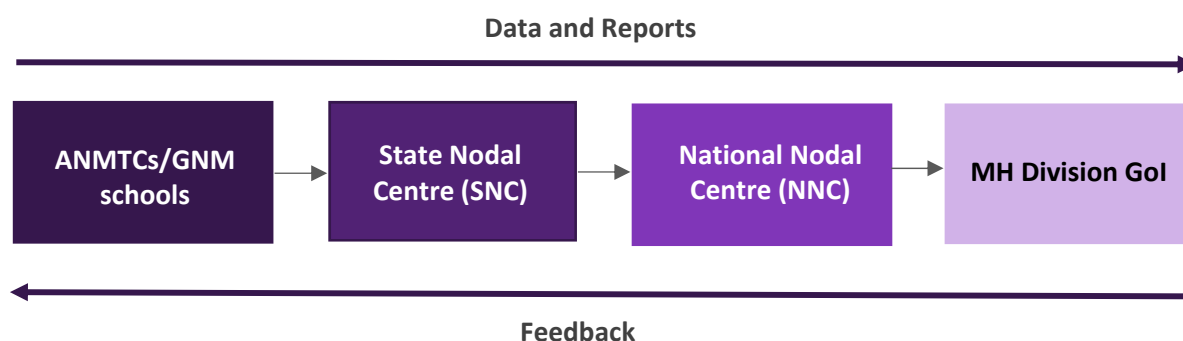
## Funding Mechanism

The funds required for the NNCs can be divided into two major heads:

- 1) Operational & Programmatic costs:** All operational and programmatic costs of the NNCs including salary and travel of additional HR will be budgeted under NHM PIP of the parent state.
- 2) 6-weeks Training and other faculty development initiatives:** Funds for organizing 6-weeks Training and other faculty development initiatives at the NNCs will be budgeted under the PIP of the parent state while the participant/trainee costs will be budgeted under the NHM PIP of their respective state.

## Indicative Budget

The indicative budget for operationalization of NNCs is attached as Annexure 11.



**Reporting + Feedback Mechanism for PSE Strengthening**

## Chapter 2: Establishing State Nursing Directorate

### Need for State Nursing Directorate

MoHFW, GoI is committed to strengthen nursing-midwifery cadre by improving its leadership and management capacity. Currently most states do not have a functional Nursing Directorate owing to which the nursing institutions become mere appendages of Directorate of Health Services (DHS) or Directorate of Medical Education (DME). Moreover, it has been observed over the years that lack of a unified structure, shortage of ground health work force (ANMs/staff nurses), fewer positions at the supervisory and managerial levels, inadequate career progression and promotional avenues result in low level of motivation, and high attrition rate resulting in poor health outcomes.

Taking into consideration the situation, MoHFW proposed to restructure the nursing cadre and strengthen its administration and management by setting up Nursing Directorates in all states. A directive (D.O no. M- 12015/ 84/ 2010-MCH) was issued by the Joint Secretary (HR), GoI to all states on December 24, 2012 for establishment of separate nursing directorates for strengthening the nursing cadre.

### Role of State Nursing Directorate

Nursing Directorate aims at strengthening the overall administration and management of nursing-midwifery cadre for improved recruitment, placement, retention and systematic performance assessments; rationalized pay and incentives, grievance redressal and assured career tracks for competency-based professional advancement.

It is expected that that establishment of nursing directorate in every state will have the following benefits:

- Strengthen the administration of nursing workforce by ensuring prompt transfers and

postings, timely and objective career progression and redressal of personnel issues.

- Strengthen the quality of Nursing Education by implementing PSE standards, thereby leading to production of competent and confident nurses; in the end, this will contribute to improved health services and reduced IMR, MMR and morbidity and mortality due to communicable and non-communicable diseases.
- Strengthen the nursing service delivery at health facilities.
- Strengthen the state nursing regulatory councils and boards to improve the regulatory functions.
- Improve motivation and morale of the nursing workforce.

### Proposed Structure

The 2012 GoI directive endorsed a normative structure for state nursing directorate headed by Joint Director Nursing, assisted by at least 1 Deputy Director and 3 Assistant Directors who would be responsible for 'Nursing Education', 'Public Health' and 'Clinical Services' respectively. However, the smaller states and Union Territories may customize and adopt a leaner structure based on the local context and need.

In addition, the State Nursing Directorate may be strengthened by hiring of additional human resources such as Consultants, Program Assistant and Data Assistant. The detailed Terms of Reference (ToRs) of all these positions are enclosed as Annexure 1A.

## Funding Mechanism

Establishment of State Nursing Directorate would require funds for mainly three types of activities:

**1) Salaries for Human Resources:** The salary of regular staff would be from borne from the state budgets. However, salaries of additional HR like Consultants, Program Assistant and Data Assistant may be budgeted under the NHM PIP, for which, a strong justification will have to be provided

by the state and multitasking personnel will be preferred.

**2) Operational and program management costs:** The operational and program management costs of state nursing directorate may be incorporated under the NHM PIPs.

**3) Travel costs:** Travel cost of monitoring & supervision visits of consultants and other officials of nursing directorate will be budgeted under the NHM PIPs.

## Anticipated challenges and proposed solutions

S. No.	Anticipated Challenge	Proposed Solution/Mitigation Measure
1	Lack of sanctioned positions for the State Nursing Directorate	<p>All states may not have existing positions for State Nursing Directorate (as indicated above) but preliminary discussions reveal that most states have 2-3 sanctioned posts for Director/Joint Director/Additional Director Nursing and Assistant Director Nursing.</p> <p>To create a full-fledged structure, the states may either create new positions or any existing sanctioned positions that are defunct may be identified and re-designated as nursing posts. For example, Uttar Pradesh did not have a Director Nursing Position so the existing post of Director Mahila, which was defunct, was re-designated as Director Nursing.</p>
2	Lack of senior nursing personnel	<p>In many states, senior nursing personnel with requisite experience and qualifications may not be available for taking up the positions in the nursing directorate.</p> <p>In such situations, state would need to adopt a multi-pronged approach by giving the responsibility of posts like Joint Director and Deputy Director Nursing to doctors from State Medical Services Cadre in the interim and by identifying appropriate nursing personnel and promote them to the posts of Assistant Directors through DPC (Departmental Promotion Committee). The state would then need to make efforts to ensure that gradually over a period of 3-5 years all posts in the nursing directorate are filled by nursing cadre.</p>

S. No.	Anticipated Challenge	Proposed Solution/Mitigation Measure
3	Lack of space and furniture, fixtures and equipment to establish the nursing directorate	Space for setting up the nursing directorate may be allocated in any of the existing state directorates and the State TAG in this regard may take a formal decision. The state may also decide to create new space or physical infrastructure for housing the nursing directorate depending upon the availability of funds. While funds required for procurement of necessary furniture, fixtures and equipment for the nursing directorate may be mobilized under the state NHM PIP.



## Chapter 3: Setting-up of State Nodal Centers

### Need for establishment of State Nodal Center

The strategic approach for strengthening GNM Schools and ANM Training Centers (ANMTCs) as per the GoI roadmap for nursing includes establishment of Nodal Centers (upgraded College of Nursing) at the state level. It is envisioned that these Nodal Centers, will serve as model teaching institutions and pedagogic resource centers for strengthening PSE at the GNM Schools and ANMTCs in their respective states and provide support in the concurrent strengthening of these ANMTCs and GNM Schools.

### Roles and responsibilities of State Nodal Center

SNCs will lead the implementation of PSE strengthening interventions at the state level, provide overall technical guidance and support to the ANM/GNM Schools and undertake capacity building of nursing faculty in their parent state.

#### 1. Faculty Development

SNCs will undertake capacity-building efforts for the nursing faculty in their respective parent state such as:

- **6-weeks Trainings** will be undertaken at the SNC to build on and sustain the pool of trained staff and to train the newly appointed faculties in both public and private sector institutions.
- **Other trainings for faculty development** to help the faculty comply with regulatory requirements for Continuing Nursing Education (CNE).

#### 2. Strengthening of ANMTCs and GNM Schools

SNCs will be responsible for guiding and backstopping the strengthening of ANMTCs and GNM Schools of their parent state. All the

nursing schools in a state would be linked to the SNC for technical guidance and faculty development.

SNCs would undertake strengthening of the ANM/GNM Schools through:

- i) Budgeting for faculty development initiatives: 6-weeks Training and specialized courses under the NHM PIP of parent state.
- ii) Post training follow up and mentorship visits to provide onsite mentoring and handholding support to trained faculty.
- iii) Monitoring progress of PSE strengthening activities in targeted institutions of their catchment.
- iv) Sharing regular feedback with MoHFW and NNCs and initiating corrective actions if required.

#### 3. Supporting the State Nursing Council and State Nursing Directorate

SNCs will work in close coordination with the State Nursing Councils and State Nursing Directorates for developing and implementing PSE strengthening interventions in their respective state like strengthening the regulatory capacity, faculty development, implementing standards based quality improvement model and introduction of competency based examinations.

### Criteria for identification of State Nodal Centers

The criteria for selection of these Colleges of Nursing are as follows:

- The institution should be a college of nursing, preferably located at a central location in the state.
- The management of the institution should be willing to accept the additional responsibilities of a nodal center.



- The institution should have physical space/infrastructure to undertake the responsibilities of the nodal center, like housing the additional nodal center staff, training the faculty of the GNM Schools and ANMTCs.
- The institution should have access to a well functional Department of Obstetrics and Gynaecology at its own/close by institution with permission to the nurse midwives to conduct deliveries.
- The institution should be ready to follow the norms and guidelines of the program

### Objectives of a State Nodal Center

1. To conduct the 6-weeks Training course for ANM/GNM faculty to strengthen their teaching skills, knowledge and clinical skills in MNCH and FP.
2. To conduct post training mentorship visit\* in order to provide support to the trained faculty.
3. To lead the overall PSE strengthening for nursing-midwifery cadre by supporting the implementation of standards based PSE quality improvement process in nursing schools within its catchment.

*\* SoP of the mentoring visit of faculty of state nodal center to ANM/GNM Schools for strengthening the nursing-midwifery pre-service education is annexed as Annexure 5.*

### Requirements for a State Nodal Center

#### I. Infrastructural Requirements:

The College of Nursing where SNC is being established should comply with infrastructural requirements of CoN as defined below:

- i. For establishing the SNC there will be an additional requirement of the following:**
  - One additional classroom/seminar room for conducting the 6-weeks Training.
  - One additional room as office of SNC staff

- Accommodation facilities for 12-15 faculties attending the 6-weeks Training course (provision of hotel accommodation also can be considered)

#### ii. SNC will share the following training infrastructure of the CoN:

- Skills Laboratory equipped with all models, mannequins and equipment required for 6-weeks Training
- Library with all the necessary books and GoI modules as per the PSE Operational Guidelines
- Computer Laboratory with all necessary equipment
- Clinical practice site attached to the College of Nursing so that the trainees can practice all what they have learnt theoretically.

The list of all the models, mannequins and equipment for Skills Laboratory and Computer Laboratory, books and GoI modules for library can be downloaded from the following link (PSE guidelines on the website of MoHFW, GoI).

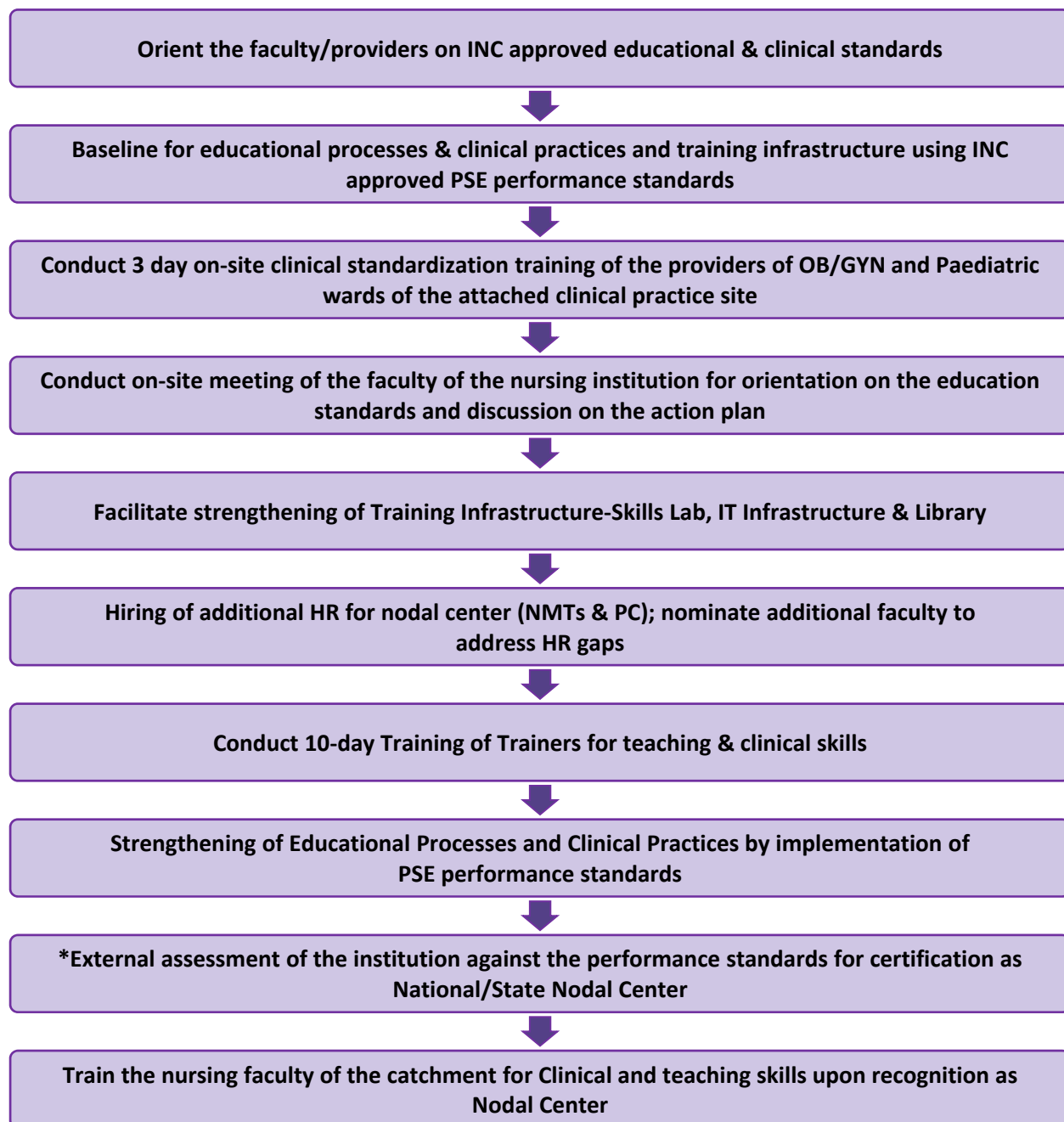
[http://nhm.gov.in/images/pdf/programmes/maternal-health/guidelines/Operational\\_Guideline-pre-service\\_education\\_\(PSE\)-Nursing.pdf](http://nhm.gov.in/images/pdf/programmes/maternal-health/guidelines/Operational_Guideline-pre-service_education_(PSE)-Nursing.pdf)

#### II. Human Resource Requirement:

- Two Nursing-Midwifery Tutors (NMTs) – Detailed ToRs are enclosed as Annexure 1B
- One Program Coordinator (PC) - Detailed ToRs attached as Annexure 1B

## Operational Strategy for setting up of State Nodal Centers

### Critical steps for setting up of State Nodal Centers



*\* External assessment of Nodal centers shall be jointly conducted by GoI and state government and after the first assessment, repeat assessments to be conducted every two years.*

*\* For ANM/GNM Schools - No external assessment is to be done, only validation of the internal assessment scores to be done jointly by state nursing directorate and state nursing council once every three years*

Activity	Operational Plan
<b>National level orientation on standards</b>	<p><b>Activity detail:</b> A national level orientation will be undertaken for all the states on GoI's roadmap for strengthening pre-service nursing education in the country. The key representatives of Nursing Directorate and Nursing Councils will be oriented on the operational strategy for setting up of nodal centers and strengthening of GNM Schools and ANMTCs including INC approved educational and clinical standards</p> <p><b>Who will do this activity?</b> This national level orientation will be undertaken by MoHFW with technical support from Jhpiego</p>
<b>State level orientation on standards</b>	<p><b>Activity detail:</b> After the national level orientation, states will undertake state level orientation on operational strategy for setting up of nodal center and strengthening of GNM Schools and ANMTCs in their respective states including INC approved educational and clinical standards. The selected representatives of Nursing Directorate, State Nursing Councils, master facilitators and institutional heads (Principal/Principal In-charge) will be the part of this state level orientation.</p> <p><b>Who will do this activity?</b> The key representatives who have undertaken national level orientation</p> <p><b>Note:</b></p> <p>Every state may constitute a pool of '<b>master facilitators</b>' for providing orientation and handholding support in implementation of PSE performance standards at scale. These 'master facilitators' will include NMTs placed at the SNCs, faculty already trained in SBMR approach, 10 days Training of Trainers, 6-weeks Training and existing skill lab nurse trainers. The number of nursing institutions in the state will determine the number of master facilitators required. Ideally, one master facilitator will provide handholding and technical support to at least 10 nursing institutions and their attached clinical practice sites.</p>
<b>Onsite orientation of faculty/provider s on standards</b>	<p><b>Activity detail:</b> Onsite orientation on educational and clinical standards will be undertaken for faculty (Principal, tutors, NMTs), and service providers (HOD –OBG, LR in-charge, Nursing Superintendent/Matron) of attached clinical practice sites of the identified SNC by the master facilitators.</p> <p>While first two days of the workshop will be dedicated to the educational standards corresponding to the sections 1 to 4 of Performance Standards (see the table below), the third day of the workshop is committed to orientation on the clinical standards. Faculty of the State Nodal Centers will attend the first two days of orientation while representatives of clinical practice sites will also attend third day of the meeting.</p>

<b>Baseline Assessment</b>	<p><b>Activity detail:</b> Baseline assessment will be undertaken for SNC. This will be as per the INC approved performance standards.</p> <p><b>Who will do this activity:</b> Master facilitator (NMTs placed at SNC) along with institutional head (Principal/Principal In-charge) and/or faculty will conduct the baseline assessments.</p>
<b>Conduct on-site clinical standardization training</b>	<p><b>Activity detail:</b> Training of the faculty of SNC and providers (OBGY Paediatrics) of the attached clinical practice sites will be undertaken on key MNH skills.</p> <p><b>Who will do this activity:</b> Master Facilitators</p>
<b>Facilitate strengthening of Training Infrastructure- Skill Labs, IT infrastructure &amp; Library</b>	<p><b>Activity detail:</b> To strengthen the training infrastructure, of the SNC skills laboratory, library and computer laboratory will be established/strengthened in all the public and private sector nursing institutions. The existing infrastructure of the College of Nursing may have to be strengthened for setting up of the skills laboratory, library and computer laboratory for enabling the College of Nursing to assume the responsibilities of nodal center.</p> <p><b>Who will do this activity:</b> Master Facilitators will provide the technical assistance in setting up of training infrastructure.</p> <p><b>Note:</b> For Public Sector, nursing institutions the funds for training infrastructure will be proposed in state NHM PIP. Private sector institutions will self-fund for their training infrastructure. Guidance for establishment of skills lab is attached as Annexure 2. List of all models, mannequins and equipment for skills lab and computer lab, books and GoI modules for library can be downloaded from the following link (PSE guidelines on website of MoHFW, GoI)</p> <p><a href="http://nhm.gov.in/images/pdf/programmes/maternal-health/guidelines/Operational_Guideline-pre-service_education_(PSE)-Nursing.pdf">http://nhm.gov.in/images/pdf/programmes/maternal-health/guidelines/Operational_Guideline-pre-service_education_(PSE)-Nursing.pdf</a></p>
<b>Hiring of additional HR for SNC and nominate additional faculty to address HR gaps</b>	<p><b>Activity detail:</b></p> <ul style="list-style-type: none"> <li>• Additional HR (2 NMTs and 1 PC) will be hired for the SNC.</li> <li>• Additional nursing faculty will be hired to meet a faculty-student ratio of at least 1:20 as per the GoI roadmap.</li> </ul> <p><b>Who will do this activity:</b> The SNC will share their respective technical HR gap analysis with the Nursing Directorate, which will then be verified as per the GoI roadmap for nursing cadre.</p> <p>ToRs for Principal, NMT and PC attached as Annexure 1B.</p>

<p><b>Conduct 10 day training of trainers for teaching and clinical skills</b></p>	<p><b>Activity detail:</b> A 10-day Training of Trainers will be conducted for the faculty of SNC for creating a pool of trainers. These trainers will then facilitate the capacity building training of the faculty of ANM/GNM nursing institutions in teaching and clinical skills.</p> <p><b>Who will do this activity:</b> Master Facilitators (NMTs)</p> <p><b>Note:</b> Funds for conducting the 10-day training of trainers will be proposed in state NHM PIP for public sector nursing institutions.</p>
<p><b>Strengthening of Educational Processes and Clinical Practices by implementation of INC approved standards</b></p>	<p><b>Activity detail:</b> Once baseline assessment will be completed at the SNC, strengthening processes as per the developed action plans will be initiated. Periodic technical assistance and handholding will be undertaken along discussion and follow up on the action plan</p> <p><b>Who will do this activity?</b> Principal/Principal In-charge and faculty with handholding support from Master Facilitators (NMTs).</p>
<p><b>External assessment of the institution for certification as nodal center</b></p>	<p><b>Activity detail:</b> Once the proposed SNC (selected CoN) is strengthened to more than 70% of performance standards external assessment will be undertaken for certification.</p> <p><b>Who will do this activity?</b> The external assessment will be undertaken by pool of senior resource identified by nursing council/directorate of the respective state.</p>
<p><b>Train the GNM School and ANMTC faculty for Clinical and teaching skills upon recognition as State Nodal Center</b></p>	<p><b>Activity detail:</b> Post certification of SNC, the GNM School and ANMTC faculty will be trained for clinical and teaching skills by the trainers at the nodal centers.</p> <p><b>Who will do this activity?</b> Trainers at the nodal centers.</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>Funds for training faculty of public sector nursing institutions will be proposed in respective state NHM PIP <ul style="list-style-type: none"> <li>Organization cost: To be borne by parent state of NNC/SNC</li> <li>Participant cost: To be borne by respective states of nursing institutions whose faculty will undertake the training</li> </ul> </li> <li>The private sector nursing institutions will self-fund for training their faculty.</li> </ul>

### Strategy for establishment of State Nodal Centers in non-high focus states

All states except few small states would need to identify and upgrade at least one College of Nursing (preferably in the public sector) into a State Nodal Center of Nursing Excellence. Smaller states not having a college of nursing may link their PSE strengthening activities with the nearest National/State Nodal Center based on operational ease and geographical accessibility.

On the contrary, for the larger states or the states with large number of nursing institutions, one SNC may not be enough for providing overall technical support and guidance for PSE strengthening. In such cases, the state may decide to establish more than one SNC.

### Expected Outcomes from setting up of State Nodal Centers

- Strengthened educational processes and infrastructure at the SNC
- Strengthened clinical practices at the clinical practice sites of the SNC
- Improved knowledge & clinical skills of the faculty of the nodal centers for MNCH/FP

- Strengthened teaching and clinical skills of the faculty
- Well-functioning College of Nursing identified and strengthened as SNC

### Budgetary Guidance

The funds required for the SNCs can be divided into following heads:

- 1) **Operational & Programmatic costs:** All operational and programmatic costs of the SNCs including salary and travel of additional HR will be budgeted under NHM PIP of the parent state.
- 2) **6-weeks Training and other faculty development initiatives:** Funds for organizing 6-weeks Training at SNCs as well as the trainee costs will be budgeted under NHM PIP of parent state.

*SNCs may offer trainings to the faculty of private institutions on a user-fee basis. However, this would solely depend upon the discretion of the concerned state government.*

### Anticipated challenges and proposed solutions

Challenge	Proposed Solution
<ul style="list-style-type: none"> <li>• <b>Recruitment of nursing faculty and additional HR</b></li> </ul>	<p><b>Nursing Faculty</b></p> <p>In order to meet the requirement of <i>faculty to at least student ratio of 1:20</i> as per Gol roadmap, state may;</p> <ul style="list-style-type: none"> <li>• Propose contractual post under NHM PIP</li> <li>• Deputation of existing faculty from other institutions</li> <li>• Fill up the vacant sanctioned positions</li> <li>• Creation of new positions based on HR gap</li> </ul> <p><b>Non-Teaching HR</b></p> <p>State government may also fill the positions of non-teaching HR (warden, security, librarian etc.) to meet the INC norms for nursing institutions.</p>

Challenge	Proposed Solution
	<b>Additional HR</b> State will also propose funds for salary of NMTs and PC in NHM PIP
<ul style="list-style-type: none"> <li>• <b>Procurement of training infrastructure (Skill lab, IT lab equipment and library books)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Funds for strengthening the training infrastructure of SNC can be mobilized under NHM PIP in line with the PSE operational guidelines.</li> <li>• To facilitate procurement, the existing RFPs and other related documents including vendor databases may be sourced from other states where PSE strengthening is already ongoing such as Rajasthan, Odisha, Bihar, Uttar Pradesh and Madhya Pradesh.</li> </ul>



## Chapter 4: Strengthening PSE in Nursing Institutions

### Need for strengthening PSE in ANMTCs and GNM Schools

Strengthening nursing-midwifery education is a cornerstone in the overall efforts for improvement in maternal, newborn and child health in India. In 2008-2009, the National Health Systems Resource Center (NHSRC) conducted a study on the nursing services in the states of Bihar, Odisha and Rajasthan and identified that overall quality of nursing-midwifery education in existing institutions is grossly sub-optimal.

The other key concerns highlighted in the report were inadequate professional strength, infrastructure, lack of skills and training and poor structural management in the existing system. To meet these identified gaps, MoHFW, GoI, in collaboration with INC with Technical Assistance from Jhpiego is working towards strengthening quality of pre-service education (PSE) for the nursing and midwifery cadre in high focus states.

### Operational Strategy for PSE strengthening in ANMTCs and GNM Schools

Once the national and state level orientations for PSE strengthening will be undertaken, the respective states will initiate institutional level PSE strengthening through pool of master facilitators. The key steps towards strengthening of ANMTCs and GNM School are:

#### 1. Onsite orientation of faculty/providers on standards

Onsite orientation on PSE Performance Standards (educational and clinical standards) will be undertaken for faculty of the institutions and service providers of attached clinical practice sites by the master facilitators.

#### 2. Baseline for educational processes, clinical practices and training infrastructure using INC approved PSE Performance Standards

Baseline assessments will be undertaken for all the nursing institutions. Principal and faculty will conduct baseline assessments as per the INC approved performance standards and action plan will be developed to meet the identified gaps. The scores of the baseline assessments will be shared with the State Nursing Directorate & State Nursing Councils and the master facilitators will do timely validation of the data.

#### 3. On-site meeting of the faculty of the nursing institutions for orientation on the educational standards and discussion on the action plan

On site meeting will be conducted with the Principal and faculty to discuss on the baseline assessment findings and finalization of the action plan for strengthening of educational processes. The action plan with timelines for implementation of standards, along with the roles and responsibilities, will also be discussed during this meeting.

#### 4. 3 day on-site Clinical Standardization Training of the providers

The master facilitators will facilitate on-site training for standardization and updating the clinical skills and knowledge of clinical staff from the OBG and Paediatrics Department of these sites along with the identified faculty. The action plan with timelines for implementation of clinical standards, along with the roles and responsibilities, will also be discussed with the stakeholders during this training. Master Facilitators will support and handhold the institutions in implementation of standards and achieving the unmet criteria.



### 5. Strengthening of Educational Processes and Clinical Practices by implementation of PSE performance standards

Once baseline assessment will be completed in the targeted institutions, they will initiate the strengthening processes as per the developed action plans. The faculty will do implementation of the action plan.

### Strengthening of Training Infrastructure

Initiatives to strengthen the training infrastructure also need to be initiated simultaneously. The GoI has developed the guidelines for -

- **Setting up the skills laboratory** for the nursing institutions.

List of mannequins, instruments and charts of skill labs of ANMTC and GNM School can be downloaded from following link (PSE guidelines on website of MoHFW, GoI)

[http://nhm.gov.in/images/pdf/programmes/maternal-health/guidelines/Operational\\_Guideline-pre-service\\_education\\_\(PSE\)-Nursing.pdf](http://nhm.gov.in/images/pdf/programmes/maternal-health/guidelines/Operational_Guideline-pre-service_education_(PSE)-Nursing.pdf)

- **List of books for the library and equipment for the computer laboratory** for guiding the strengthening of the library and computer lab in the nursing institutions.

*List of the books for the library and GoI guidelines on RMNCH+A services at ANMTC and GNM school and specifications for the computer laboratory of ANMTC and GNM School can be downloaded from the above mentioned link.*

- **List of equipment/model for other labs** - Foundation of nursing, community and nutrition lab (*enclosed as Annexure 4A, 4B, 4C, 4D*)

Once the training infrastructure is established as per the guidelines, it is the responsibility of the principal and faculty to ensure efficient and effective utilization of the training infrastructure for student trainings, practice and evaluation. Utilization of the library, skills laboratory and IT laboratory should be documented and reported to the state authorities

### Documentation Guide for the Nursing Institutions

S. No.	Registers/files/documents to be maintained by each nursing institution	Periodicity of recording/ updating
1	Movement register	Daily
2	Question paper and answer keys	Before every exam
3	Internal mark register	After every exam
4	Peer/Supervisor evaluation	Annually
5	Student evaluation	Annually
6	Faculty clinical site meeting register	Quarterly
7	Academic file (MRP, CRP, Course plan, Unit Plans, Clinical posting objectives, Evaluation forms, Academic Calendar)	Once (At the beginning of every academic year)
8	Clinical evaluations	Bi-annually
9	Stock or inventory register for all labs and library	Every month
10	Utilization register for training infrastructure	Utilization report of training

S. No.	Registers/files/documents to be maintained by each nursing institution	Periodicity of recording/ updating
	(Library, Skills lab, IT lab)	infrastructure to be shared with state every month
11	Mess committee/meeting register	Quarterly
12	Admission policy	Annually
13	Academic policy	Annually (at the beginning of academic year)
14	Staff meeting register	Every month
15	Student counselling/grievance file	Need based
16	Health record	Every month
17	Cumulative register	Bi-annually (at the beginning and the end of the academic year)
18	Admission register	At the time of admission

### Periodic Assessments of the Institution using the Performance Standards

Principal and faculty will conduct periodic internal assessments at regular intervals to monitor the progress of strengthening of their respective institutions. It is envisaged that institutional strengthening should be done within 9 to 12 months of initiation of the process and findings of the assessments will be shared with the nursing directorate. Once the institution achieves more than 70% of the performance standards, it will be reported to SNRC and nursing directorate. External validation of the self-declared status will be done once in three years. The representatives from the nursing council/directorate may undertake monitoring and supervision visits once in a year to the institutions.

### Funding Mechanism

The following types of funds are required for strengthening of public sector nursing institutions:

#### 1. Salaries for Human Resources

The salary of contractual teaching faculty to achieve faculty student ratio of at least 1:20

and of non-teaching human resources like Program Coordinators, Librarian etc. may be proposed under the NHM PIPs in the interim duration.

However, states must provide adequate justification for proposing HR costs under the PIP and multitasking personnel will be preferred. The NHM support would be for an initial duration of only 1-3 years and the state would need to fill its vacant sanctioned posts or create additional posts (based on need and context) to address the HR gaps.

#### 2. Establishment of physical and training infrastructure

Funds for minor repair and renovation of physical infrastructure and establishment of well-equipped training infrastructure (skill laboratory, computer laboratory, library and other learning laboratories) can also be mobilized under the NHM PIPs.

#### 3. Operational and program management costs

The operational and program management costs of the government nursing institutions may be incorporated under the NHM PIPs.

### Anticipated Challenges and Proposed Solutions

S. No.	Anticipated Challenge	Proposed Solution/Mitigation Measure
1	Inadequate space for establishing training infrastructure in the institutions	Most of the nursing institutions have space constraints resulting in unavailability of space for establishing well-equipped skills lab and IT lab. In most of the institutions, this challenge can be addressed by co-locating the MCH and skills lab because skills lab mostly has models & mannequins related to midwifery and child health. Further, wherever possible efforts must be made to identify any vacant rooms or space for setting up of the laboratory. In some cases, additional space may be identified in nearby premises in consultation with the district level officials.
2	Lack of existing mechanisms for disbursement of NHM funds to nursing institutions	Most of the districts may not have existing mechanism for disbursement of NHM funds to nursing institutions. In such cases, the state may decide to route the funds either through the respective District Health Society or in states where Principals of nursing institutions are vested with DDO (drawing and disbursing) power, the funds may be directly transferred from the state to their accounts.
3	Limited capacity for effective utilization of NHM funds at institutional level	The program implementation experience in high-focus states reveals that in most cases the financial management capacity at the institutional level is weak resulting in inadequate fund utilization. In such cases, the state may need to conduct a detailed orientation of the principals on NHM fund utilization and accounting norms for effective utilization of sanctioned funds.
4	Shortage of human resources	Issues of HR shortage (faculty & non-teaching HR) may be addressed by adopting a two-staged approach. As an initial measure the shortage may be addressed by requesting for contractual positions under the NHM PIP; followed by filling up of vacant sanctioned posts by the state over a period of 1-3 years.

## Chapter 5: Program Management for PSE Strengthening

### Program Management Plan for Strengthening Process

Program Management is the consistent management of a set of interrelated activities to accomplish a single outcome.

#### Key components of PSE Program Management:

- Creation of institutional mechanism: Constitution of TAG, appointment of nodal officer
- Monitoring and supervision
- Quality assurance: 6-weeks Training and Assessments
- Coordination with SNRC
- Budget planning for PSE strengthening

Activity	Operational Plan
<b>Constitution of Technical Advisory Group (TAG)</b>	<ol style="list-style-type: none"> <li>1. Each state has to constitute state level Technical Advisory Group <b><i>Details and terms of reference for TAG are given in Annexure 6</i></b></li> <li>2. Proposed Members of TAG: Chairman- PS/MD NHM, key members will be Director nursing, officials from NHM, SNRC, SNC, MH Division and any other proposed by Chair.</li> <li>3. Frequency of meetings: Quarterly to review the progress</li> </ol>
<b>Identification of State Nursing Nodal Officer for program planning, monitoring and budgeting</b>	<ol style="list-style-type: none"> <li>1. State will need to designate one person as the Nodal Officer (State Program Officer) for PSE strengthening activities. Ideally, the charge may be handed over to an existing official from the State Nursing Directorate or state NHM with relevant experience in program management (ToR of SPO Annexure 1D).</li> <li>2. State may hire 1-2 Consultants based on the number of nursing institutions and need of the state in the interim period till the time the nursing directorate becomes fully functional.</li> <li>3. State Nursing Nodal Officer will be responsible for liaising with the State Nursing Directorate and the State Nursing Council for streamlining various activities related to PSE strengthening.</li> </ol>

Activity	Operational Plan								
<b>Monitoring and supervision mechanisms</b>	<p>To measure the progress of the program and identify gaps for PSE strengthening periodic monitoring and supervision would be essential. The findings of individual institution should be shared with the respective institution and the concerned district level officials within a week of completion of the monitoring visit.</p> <p><b>Who will do monitoring &amp; supervision</b></p> <ol style="list-style-type: none"><li>1. Monitoring and supervision will be responsibility of all officials from Nursing Directorate, SNRC, Nursing Nodal Officer, Consultants and other staff from NHM or SNRC.</li><li>2. State should also integrate monitoring of PSE program with existing RMNCH+A monitoring mechanism. The Divisional Program Managers and District Program Managers may also be engaged in monitoring by PSE during their regular RMNCH+A monitoring visits, using the PSE checklist (Annexure 7).</li></ol> <p><b>Frequency of visit</b></p> <ol style="list-style-type: none"><li>1. State Nursing Nodal officer will develop a schedule and frequency of monitoring and supervision visits in a manner to ensure that each nursing institution in the state is visited at least once a year.</li><li>2. Self-reporting by institutions on quarterly basis on various aspects of PSE strengthening. The format is enclosed as Annexure 8.</li></ol> <p><b>Budget for Monitoring visit</b> Budget will be proposed in NHM PIP (details in budget section)</p> <p><b>Data Entry and Collation</b> Data on PSE strengthening interventions will be submitted for data entry, collation and analysis to the Nursing Directorate, where the Data Assistant will be responsible for data handling.</p>								
<b>Quality assurance of PSE program and 6-weeks Trainings</b>	<p>All nursing institutions in the state including public and private sector shall be periodically assessed based on the PSE performance standards developed jointly by INC and Government of India.</p> <p><b>Who will do this activity</b></p> <p>Category of assessment and periodicity proposed</p> <table><tr><th>S. No</th><th>Assessment Type</th><th>Members of assessment Committee</th><th>Periodicity</th></tr><tr><td>1</td><td>Self-assessment</td><td>Principal of Institutions, Two faculty (one must be from OBG or paediatrics), One person from Administration</td><td>Yearly</td></tr></table>	S. No	Assessment Type	Members of assessment Committee	Periodicity	1	Self-assessment	Principal of Institutions, Two faculty (one must be from OBG or paediatrics), One person from Administration	Yearly
S. No	Assessment Type	Members of assessment Committee	Periodicity						
1	Self-assessment	Principal of Institutions, Two faculty (one must be from OBG or paediatrics), One person from Administration	Yearly						

Activity	Operational Plan				
	2	External validation of institutions	Every state will create a pool of master facilitators for PSE strengthening including orientation, clinical trainings, periodic assessments and external validation. These “master facilitators” will include representatives from SNRC, state Nursing Directorate, NMTs placed at the SNCs, faculty already trained in SBMR approach, 10 days ToT, 6-weeks Training or 6 day Daksh training and existing skill lab nurse trainers. The number of nursing institutions in the state will determine number of master facilitators required. Ideally, one master facilitator would provide handholding and technical support to at least ten nursing institutions and their attached clinical sites.	Once in 3 years	
		External validation of nodal centers	Representatives from GoI and state government	Once in 2 years	
	<p><b>6-weeks Training:</b></p> <p>Principal of Nodal Center should monitor quality of 6-weeks Trainings, officials from Nursing Directorate, NHM or SNRC using the checklist attached as Annexure 9.</p> <p><b>Frequency:</b> Once during each batch of training</p>				

Activity	Operational Plan
<b>Coordination with SNRC</b>	<p>As SNRC is regularity authority, nursing directorate should coordinate with SNRC for PSE strengthening activities like implementation of PSE standards and implementation of Competency Based Examinations (CBEs) in all public and private sector nursing institutions. SNRC should be a part of TAG and regular PSE review meetings. State Nursing Nodal Officer will coordinate with SNRC for all PSE activities.</p> <p>For strengthening 1 or 2 consultant may be placed at the SNRC. The salaries of these consultants may be mobilized from NHM or may be self-financed by the SNRC.</p>
<b>Budget planning for PSE strengthening</b>	Key activities to be included in the NHM PIP and a draft template with guidance on indicative FMR codes and unit costs are enclosed as Annexure 10.



# ANNEXURES

## ANNEXURE 1: Terms of Reference (ToRs): Job Descriptions

### A. TERMS OF REFERENCE (ToRs) for State Nursing Directorate

#### I. Job Description for Director/ Joint Director Nursing

- Lead the development and implementation of a state roadmap for strengthening of nursing-midwifery cadre in line with the GoI roadmap.
- Participate actively in policymaking and strategize for improving health outcomes in the state.
- Ensure that a capacitated nursing workforce synergizes its efforts with other health workforce cadres for improved health outcomes in the state.
- Provide leadership, guidance and supervision for the activities related to strengthening of pre-service education (PSE) in the state including quality assurance.
- Meet regularly with the National Health Mission (NHM), Directorate of Health & Family Welfare, MD NHM and SNC staff for all activities related to strengthening of nursing cadre.
- Provide leadership and coordination for all issues related to services and cadre development.
- Provide leadership and oversight for rational placement of nursing personnel including postings, promotions, transfers, career progression pathways etc.
- Cadre management of nursing personnel i.e. nursing service personnel, tutors, administrators and Public Health Nurses like ANM, LHVs and PHNs etc.
- Coordinate with Government of India with regard to planning and implementation of Schemes under Development of Nursing Services.
- Provide leadership, guidance and supervision for the activities related in-service trainings for building competencies of the in-service staff.
- Collaborate and coordinate with the State Nursing Council and various professional associations.
- Represent the nursing profession and their interests' at all national and international forums that the state is invited to.
- Appoint committees to implement nursing department functions and maintains the necessary reports and records related to the work of these committees.
- Conduct regular review meetings to assess the progress of various pre-service and in-service strengthening interventions along with other office bearers of the State Nursing Directorate, state govt. and NHM officials.
- Share the activity reports, statistical data and various training reports with the PS (H & FW) and MD NHM as required.

#### II. Job Description for Deputy Director Nursing

- Assist the Director / Joint Director Nursing in administration and management of nursing cadre.
- Participate actively in policymaking and management of the nursing cadre.

- Act as an advisor to the state government on all nursing matters.
- Strategize and implement career progression pathways for nursing cadre
- Assist in coordination and placement of nursing personnel in the state.
- Adhere to rules and regulations of all applicable state and central govt. and accrediting bodies.
- Utilize knowledge of current trends and nursing practices in the hospitals and community.
- Establish a Nursing Human Resource Information System (HRIS) on nursing educational institutions along with their admission capacity, number of nursing teaching faculty in the educational institutions along with their specialization, training related activities and sanctioned versus vacant posts for various positions and review data.
- Facilitate in-service training for skills up-gradation for nursing cadre along with all the assistant directors.
- Accountable for continuous quality improvement in the nursing institutions of the state by ensuring implementation of performance standards at CON/GNM/ANM schools.
- Ensure that all pre-service and in-service skills labs and state nodal centers (SNCs) for nursing-midwifery cadre are set up and function with quality throughout the state.
- Oversee the admission and counselling process for all the nursing-midwifery courses including ANM, GNM, BSc, MSc and P.B. BSc. Nursing.
- Establish and maintain a grievance redressal mechanism for the nursing cadre.
- Delegate tasks to nursing personnel as appropriate to their level of knowledge, skills and abilities, offering support and guidance accordingly.
- Collect the activity reports, statistical data and various training reports and share them with the Director/Joint Director Nursing.

### **III a. Job Description for Assistant Director Nursing- Education**

- Decision making authority for the nursing educational institutions in the state.
- Monitor state's nursing institutions as per the guidance of the Director/Joint Director/Deputy Director Nursing.
- Work with state government officials, development partners, State Nodal Centers (SNCs), Colleges of Nursing, GNM and ANM schools to plan, implement, monitor and report on PSE strengthening activities including M&E frameworks.
- Liaise with State Nursing Council for regulatory mechanism of educational institutions and ensure affiliation of nursing-midwifery institutions with Indian Nursing Council.
- Coordinate the admission and counselling process for all the nursing-midwifery courses including ANM, GNM, BSc, MSc and P.B. BSc. Nursing.
- Facilitate the selection and hiring of the training coordinators/nursing and midwifery tutors (NMTs) at the SNCs.
- Conduct monitoring visits to the SNCs for quality assurance of the 6-weeks Trainings.

- Work with the State Nursing Directorate for releasing the ANM/GNM faculty for the 6-weeks Training.
- Facilitate achievement of performance standards at the nursing institutions of the state.
- Facilitate the procurement process for the skills labs, IT labs, libraries and other physical and training infrastructure at CON/GNM/ANM Schools.
- Facilitate the recruitment of faculty at CON/GNM/ANM Schools as per INC norms.
- Respond in a timely manner to requests for meetings, reports and other requests.

### **III b. Job description for Assistant Director Nursing – Clinical Services**

- Decision making authority for the nursing clinical services in the state.
- Monitor the state's nursing establishments as per the guidance of the Director / Joint Director/ Deputy Director Nursing.
- Lead and direct patient care delivery systems in the hospital settings.
- Responsible to undertake all administrative functions concerned with deployment of nursing staff in clinical areas and hospital services.
- Support the Joint Director in administration of nursing establishments and clinical services cadre.
- Coordinate with the state govt. and MoHFW, GOI for planning in-service trainings of clinical nursing personnel in the state in line with GoI initiatives/ directives.
- Prepare and implement appropriate annual budget for the department.
- Respond in a timely manner to requests for meetings, reports and other requests.

### **III c. Job Description for Assistant Director Nursing – Public Health**

- Participate actively in policymaking and management of the nursing cadre in public health areas.
- Coordinate deployment of nursing personnel including ANMs, LHVs and PHNs for delivery of public health services in the state.
- Forecast requirement of public health nursing cadres in the state and assist the Joint Director Nursing in managing transfers, promotions and other administrative issues related to public health nursing cadre.
- Coordinate with the state govt. and MoHFW, GOI for in-service trainings of public health nursing personnel and provide opportunities for their professional development.
- Monitor the state's nursing establishments as per the guidance of the Director/ Joint Director / Deputy Director Nursing
- Prepare and implement appropriate annual budget for the department.
- Respond in a timely manner to requests for meetings, reports and other requests.

#### IV. Job Description for Consultants- Nursing Directorate

##### **Management Duties:**

- Assist the Joint/ Deputy Director Nursing in the overall management of the Nursing Directorate and its various units.
- Responsible for all procurement related processes in the Nursing Directorate and providing technical advice to CoN/ANM/GNM Schools on procurement issues.
- Monitor the quality of construction activities and coordinate with various stakeholders, including NHM, other government departments and civil construction agencies for ensuring physical and financial progress of infrastructure related activities.
- Ensure the data management systems are established at the Nursing Directorate and regular data updating, analysis and feedback is given.
- Coordinate with various stakeholders and other staff at the Nursing Directorate for ensuring smooth management of activities related to strengthening of nursing cadre.
- Coordinate with all concerned stakeholders and for planning and organizing review meetings for nursing activities in the state.

##### **Technical Duties:**

- Works with State Nodal Centers (SNCs), development partners and government counterparts to implement, monitor and report on pre-service education (PSE) strengthening activities including M&E framework and reports.
- Address the specific needs of SNCs for smooth conduction of 6-weeks Trainings.
- Backstop the 6-weeks Trainings at the SNCs.
- Visit the CON/ ANM/GNM Schools to identify needs and monitor the achievement of performance standards.
- Advocate with the state government to plan for the infrastructural strengthening of the CON/ANM/GNM Schools.
- Provide technical assistance in the refurbishment of the CON/ANM/GNM Schools in the state.
- Plan and conduct training needs assessment for the in-service personnel (teaching, clinical & public health cadres) to determine their training needs.
- Support skill development of in-service staff and coordinate with various districts for enabling it.
- Monitor and ensure the quality of in-service trainings conducted for nursing personnel and faculties across the state.
- Support NHM and Nursing Directorate in disbursement of sanctioned funds to various districts/ nursing institutions for their strengthening and infrastructural requirements.
- Focal point for research studies on nursing.

**Qualifications:** Nurse-Midwife with Masters' level degree in Obstetric and Gynaecological Nursing/ Paediatric Nursing/ Community Health Nursing.

**Experience:** 3-5 years of experience working with educational institutions or clinical services along with technical knowledge focusing on Skilled Birth Attendance, IMNCI and Family Planning.

**Position reports to:** Joint Director Nursing

#### V. Job Description for Program Assistant

- Facilitate project activities including workshop planning, logistic and travel arrangements, and other activity support to ensure smooth implementation.
- Assist with financial management, reporting on expenditure on a timely basis and other finance tasks as assigned.
- Work in coordination with the state health societies/ state nursing directorates in the specified regions to help release ANM/GNM faculty for the trainings.
- Work to ensure efficient and effective office operations, maximizing the input and support of all personnel as appropriate.
- Maintain up-to-date program and training data of the Nodal centers and the ANM/GNM faculty, clinical nurses and public health nurses in the state.
- Maintain program and office files electronically and physical files in the office.
- Coordinate with other departments within Directorate of Medical and Health Services when required.
- Respond in a timely manner to requests for meetings, reports and other requests.

**Qualifications:** University graduate with computer knowledge. Advanced computer competency (Microsoft Word, Power Point, Excel and Outlook) is essential for this position.

**Experience:** 3-5 years of relevant work experience in office management and/or project support. Understanding of training issues and familiarity with the Indian public health system and National Health Mission (NHM) is desirable.

**Position reports to:** Joint Director Nursing

#### VI. Job Description for Data Assistant

- Coordinate the collection of data from its point of origin; compilation of records, documentation and drafting of letters for nursing related activities
- Follow-up with nursing institutions, departments and program staff for completeness of data as necessary and enter the data in the assigned formats.
- Perform data entry efficiently and systematically and regularly maintain back-up of data.
- Verify accuracy of the data entered into the computer with the help Nursing Directorate officials.
- Assist Assistant Directors, Joint Directors and consultants in data entry of different formats or records as and when required.
- Maintain timelines and accuracy in submitting up-to-date activity logs and completed data entries and follow-ups.

- Share regular progress updates with the State government, INC and MoHFW as and when required.
- The Data Assistant will communicate and coordinate on a daily basis with Director/ Joint Director Nursing and other nursing directorate officials to support activities related to strengthening of nursing- midwifery cadre in the state.
- S/he should be able to manage multiple tasks, meet deadlines, and have working knowledge of data compilation.

**Qualifications:** Bachelor's degree with at least a post graduate Diploma in Computer Applications along with computer competency (Microsoft Word, Power Point, Excel, and Outlook). Working knowledge of statistical packages like Epi-Info, SPSS etc. would be preferable.

**Experience:** 1-3 years of relevant work experience in public health data handling and management.

**Position reports to:** Joint Director Nursing



## ***B. TERMS OF REFERENCE (ToRs) for State Nodal Center (SNC)***

### **1. Terms of Reference (ToRs) of Principal:**

The existing Principal or Principal In charge of the College of Nursing (CoN) identified to be strengthened into a State Nodal Center (SNC) would be the overall in-charge or Head of the State Nodal Center.

The Principal of the CoN would be responsible for overall planning, implementation and oversight of the functioning of the SNC including coordination with the key stakeholders. She/he would also be responsible for quality assurance of the 6-weeks Trainings, mentorship and supportive supervision visits as well as representing the work of the SNC at various platforms.

The Principal will be responsible for the following key actions at the SNC:

#### **I. Supervision & Management:**

- Supervise and manage the work towards quality improvement of educational processes and clinical practices at the college of nursing through implementation of PSE standards and monitoring their sustenance. This would also entail establishment of well-equipped Skills lab, Library, Computer lab and other learning laboratories in line with the PSE operational guidelines.
- Facilitate the hiring of two Nursing-Midwifery Tutors (NMTs) and one Program Coordinator (PC) for the SNC.
- Supervise the NMTs and PC and guide them for implementation of the action plan and addressing the gaps identified in the CoN during the baseline assessment
- Identify and designate one faculty as a nodal person for routine coordination and management of all activities related to the SNC. This nodal person would work closely with the faculties and NMTs for strengthening the CoN into a SNC under the guidance of the Principal.
- Ensure the maintenance and regular updating of all records, registers and necessary documentation pertaining to students, faculty, 6-weeks Trainings and the routine functioning of SNC as per the prescribed norms.
- Conduct regular review meetings with the NMTs, nodal faculty and Jhpiego program team to assess the progress and functioning of the SNC.
- Facilitate the conduction of periodic internal assessments and action planning for addressing the persistent gaps.
- Represent the work of the SNC at various platforms including state, national and international forums.
- Organize regular knowledge and technical updates for the CoN faculty as a part of their capacity building initiatives.

#### **II. Coordination with the major stakeholders:**

- Collaborate effectively with all the major stakeholders including MoHFW, INC, state governments and development partners for PSE strengthening interventions.

- Supervise the collection and reporting of all programmatic, training and financial data as required by the MoHFW/ state government/ INC through the NMTs.
- Keep the MoHFW, INC and state governments informed of successes, challenges and lessons learned.
- Coordinate with the State Nursing Directorate and the State Nursing Council as per need and keep them informed about the progress of the SNC.

### **III. Training Related:**

- Facilitate the creation of a pool of master trainers at their respective institution for facilitating the 6-weeks Training and ensure that they undergo a 10 days Training of trainers (ToT) at a functional nodal center.
- Lead and supervise the conduction of 6-weeks Trainings for the ANM/GNM faculties of the states in their allotted catchment, using the INC approved six-week curriculum.
- Supervise and ensure the quality of 6-weeks Training at their respective institution. This would involve direct observation and assessment of at least one day of training.
- Oversee the maintenance of training database, training reports and other documents related to 6-weeks Trainings by the NMTs and PC and analyse the feedback forms of the trainings to take corrective measures.
- Share the training database, pre-post training assessment results, analyzed feedback summary and training reports with all the major stakeholders on a regular basis.
- Ensure that the NMTs undertake mentoring visits for supporting the trained faculty in post training transfer of knowledge and skills at their respective institutions.
- Ensure timely availability of funding, logistics, etc. for the trainings as well as mentoring visits.

### **IV. Financial:**

- Principal of the SNC would be the account holder and signatory of the bank account for PSE strengthening activities funded under NHM.
- Work closely with the state govt. officials for drafting financial proposal for establishment/ operationalization of their respective SNC and its incorporation in the state NHM PIP.
- Coordinate with the state govt. officials for ensuring the release of approved NHM funds to their respective SNC.
- Ensure effective utilization of NHM funds sanctioned for the SNC as per the RoP and financial guidelines from the state:
  - Funds for strengthening and operationalizing the SNC
  - Funds for conducting 6-weeks Training and post training mentorship visits
- Submit the Statement of Expenditure (SoE) / Utilization Certificate (UC) for the funds expended during the financial year to the state government.
- Ensure that the procurement of training materials, equipment, furniture, etc. is done as per existing NHM/ DGS&D rate contracts and necessary documentation is completed.

- Oversee the maintenance and regular updating of all financial records.

**V. Other responsibilities:**

- Organize capacity-building activities for the nursing-midwifery cadre from time to time in the form of seminars, workshops, conferences at their respective SNC.
- Plan and facilitate specialized training programs for nursing faculties on basic or add on skills.

**2. TOR / Job Description for the Nursing-Midwifery Tutor (NMT)**

**Title: Nursing-Midwifery Tutor**

**Duty Station: National/State Nodal Center at various locations**

**Summary Job Description:**

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

**Reporting Structure:**

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

**Salary (not to be advertised):** Rs. 40,000 - 60,000 per month (depending on experience).

**Technical and Training responsibilities:**

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

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

**Management:**

- Work in close coordination with state governments in implementation of the state specific road map for strengthening nursing-midwifery education, particularly its technical aspects.
- Regularly report on state specific training plans in advance for the upcoming year and also the quarterly activities and achievements.
- Travel to ANMTCs / GNM Schools of the assigned states for supporting the identification of gaps, implementation of the standards, undertake need based monitoring, and report on the same.
- Meet regularly with the other staff of the College of Nursing and affiliated clinical site, including administrative and management staff, for setting up skill labs, computer labs, library etc. and implementation of technical protocols in a time bound manner.
- Facilitate all associated activities and logistics related to the trainings at national/state nodal centers.
- Work in coordination with the state nursing directorates in the specified regions to facilitate nomination of nursing faculty for the trainings.
- Work as a faculty of college of nursing in a regular activities related to teaching and clinical supervision as assigned by the Principal of the Nodal Center, until the time when SNC is not operational.
- Perform or assume other duties as assigned by the Principal of the Nodal Center, to ensure the smooth functioning of the Nodal center as a whole.

### **Experience/ Qualifications/Knowledge:**

#### **Essential:**

- BSc Degree in nursing.
- Technical competency in Nursing / Midwifery Education, focusing on Skilled Birth Attendance, New born, Child Health and Family Planning

#### **Desirable:**

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

#### **Skills:**

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

### **3. TOR / Job Description for the Program Coordinator**

**Title:** Program Coordinator

**Duty Station:** National/State Nodal Center at various locations

#### **Summary Job Description:**

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

**Reporting Structure:**

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

**Salary (not to be advertised):** Rs. 20,000 - 30,000 per month (depending on experience).

**Responsibilities:****Training:**

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

**Management:**

- Collect data from the clinical service sites of the nodal center and the ANMTCs/GNM Schools and report it to the relevant authorities for program management.
- Undertake record keeping duties for 6-weeks Trainings conducted at the nodal center.
- Work with National/State Nodal center, state government and development partners to implement, monitor and report on training activities including M&E frameworks and reports.
- Develop computerized tracking plan for mentoring visits in consultation with the faculty for the ANMTCs and GNM Schools whose staff have been trained.
- Meet regularly with Nodal center staff including the college and clinical site staff for smooth project management and respond in a timely manner to requests for meetings, reports and other requests.
- Facilitate activities including training planning, logistic arrangements and other activity support to ensure smooth conduction of trainings and mentorship visits.
- Assist the Principal of the institute with day to day administrative and financial management related to the training and technical activities of the nodal center.
- Travel to ANMTCs/ GNM Schools at the specified regions for monitoring of IT equipment as required.

**Experience/Qualifications/Knowledge:**

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

**Desirable:**

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

**Abilities/Skills:**

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



### ***C. TERMS OF REFERENCE (ToRs) for Nursing Institutions (ANMTCs & GNM Schools)***

#### **1. TOR / Job Description for the ANM/GNM school faculty**

**Title:** Nursing Tutor

**Duty Station:** ANM/GNM School, Various Locations

##### **Summary Job Description:**

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

##### **Reporting Structure:**

- Position is Supervised by: The Principal, ANM/GNM School
- Position Reports to: The Principal, ANM/GNM School

##### **Responsibilities:**

###### **Academic:**

- Train the ANM/GNM students in nursing -midwifery courses as per the latest INC syllabus, Government of India protocols for Reproductive, Maternal, New born and Child Health (RMNCH+A).
- Coordinate with Principal in planning, implementation and evaluation of the educational programs.
- Assist in the development, implementation and evaluation of staff and student welfare programs.
- Function as the class coordinator for a particular group of students during the academic year.
- Develop master rotation plan, clinical rotation plan and time table for the smoothing coordination and conduction of the course components.
- Participate in staff development programs.
- Participate in teaching in various educational programs.
- Prepare teaching materials and arrange for external lectures.
- Participate in clinical teaching.
- Conduct evaluation of the student's progress as per the norms of the statutory body.
- Is available for consultation with the Principal for day-to-day academic activities
- Conducting, constructing and evaluating the tests, assignments and final examinations.
- Helping students in extracurricular activities.
- Maintenance of classroom and laboratory equipment, supplies and teaching aids.

- Maintain all students' records including cumulative record, practical record, health record etc.
- Facilitate the quality improvement process in the ANM/GNM School by implementing the performance standards.

#### **Supervisory:**

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

#### **Human Relations:**

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

#### **Knowledge Management/Knowledge Sharing:**

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

#### **Experience:**

#### **Qualifications/Knowledge:**

- **ANM School:** B.Sc. Nursing (Basic/Post Basic) or GNM with Diploma in Nursing Education & Administration /Diploma in Public Health Nursing. **GNM School:** M.Sc. Nursing, B.Sc. Nursing (Basic/Post Basic), or Diploma in Nursing Education and Administration.
- Experience: 2 years of clinical working experience.

- Technical knowledge and field experience in Nursing / Midwifery Education focusing on Skilled Birth Attendance, IMNCI and Family Planning

**Abilities/Skills:**

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

## **2. TOR / Job Description for the Program Assistant**

**Title: Program Assistant**

**Duty Station: ANM/GNM Schools (Various Locations)**

**Summary Job Description:**

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

**Reporting Structure:**

- Position Reports to: The Principal, ANM/GNM school

**Responsibilities:**

- Work as computer trainer, imparting basic computer training to ANM/GNM students.
- Make entry of data in different formats as required in the school.
- Assist Principal of ANM/GNM Schools and other officials in carrying out activities related to data management.
- Assist in preparing correspondence, documents as well as training material such as manuals and audio-visual aids.
- Handle procurement of training/education related material including training models, books, and manuals etc. as per procurement guidelines.
- Manage logistic arrangements of all events related to training/education (such as educational trips, external clinical postings, celebrations of world health day., etc.) including budgeting, planning the event, collating material, making arrangements for students/tutors travel and reimbursements in consultation with Finance.
- Review and maintain stock inventory of training and program related material periodically at the skills lab, Library and IT lab.

- Assist in maintaining proper documentation of all financial transactions related to workshops, trainings and procurement at the ANM/GNM school.
- Assist in conducting staff meetings, including preparing agenda, taking and circulating minutes of the meeting.
- Maintain program and office files both electronic and physical documentation.
- Perform other duties as assigned by the supervisor.

**Age Limit: 18-45 years**

**Qualifications/ Experience:**

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

**D. TERMS OF REFERENCE (TORs) for State Nursing Nodal Officer**

**General Responsibilities:**

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

- Work with NNC, SNC, state government, development partners, GNM and ANM schools to implement, monitor and report on training activities including M&E frameworks.
- Meet regularly with the state health society, SNC staff for smooth project management and respond in a timely manner to requests for meetings, reports and other requests.
- Facilitate selection and hiring of the training coordinators/nursing-midwifery tutors at the SNC.
- Facilitate the logistics for the trainings at the SNC.
- Work with the state nursing directorates for releasing the ANM/GNM faculty for the 6-weeks Training.
- Backstop the 6-weeks Trainings at the SNCs.
- Oversee the implementation of the performance standards at the GNM/ANM schools for quality improvement.
- Visit the ANM/GNM Schools to identify needs and facilitate the achievement of standards.
- Advocate with the state government to plan for the infrastructural strengthening of the GNM/ANM schools.

- Provide technical assistance in the refurbishment of the GNM/ANM Schools in the state.
- Facilitate the procurement process for the skills labs and educational infrastructure at the GNM/ANM Schools.
- Facilitate the recruitment of faculty at the GNM/ANM Schools as per the INC norms.
- Conduct monitoring visits to the SNC for quality assurance of the trainings.
- Look into the specific needs of the SNC and rectify them for the smooth conduction of the trainings.
- Perform other duties as per program needs as assigned by the national program manager.

**Qualification:** Nurse-Midwife with Masters' level degree in Obstetric and Gynaecological nursing field required. Community health nursing/ Paediatric nursing field can also be considered.

- **Desirable:** 3-5 years of experience working with educational or clinical training programs, working in ANM training center / GNM School or community health.
- Technical knowledge and field experience in Nursing / Midwifery Education focusing on Skilled Birth Attendance, IMNCI and Family Planning.
- Knowledge of pre-service education systems for Nurses /ANMs.

**Position reports to:** Director/ Additional Director (Health Services)/ MD, NHM

## ANNEXURE 2: Guidance for Establishing Skills Labs and Mini-Skills Labs

### Setting up skill stations

The sequence of the stations in the skills lab is arranged in a way, so that the training sessions and practice can be conducted in the sequence of procedures beginning from antenatal care to family planning. The skill stations should be serially arranged and numbered as follows:

S. No	Theme	Basic Skills	Add- on Skills (Only for Nodal Centers)	Models	Equipment	Consumables
1	Ante-natal Care	<ul style="list-style-type: none"> <li>• Calculation of EDD</li> <li>• Recording BP and weight</li> <li>• Abdominal examination and auscultation of Fetal Heart Sounds (FHS)</li> <li>• Laboratory Investigations: Hemoglobin estimation               <ul style="list-style-type: none"> <li>– Sahli's &amp; Hb Color strips</li> <li>– Urine test for albumin and sugar by Uristix</li> <li>– Urine pregnancy detection by using kit</li> <li>– Rapid Diagnostic Test for malaria</li> <li>– Testing blood sugar</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>• Abdominal Palpation mannequin with Leopold manoeuvre</li> <li>• Human foetus replicas</li> </ul>	<ul style="list-style-type: none"> <li>• BP apparatus (digital)</li> <li>• Stethoscope</li> <li>• Fetoscope</li> <li>• Thermometer (Digital)</li> <li>• Measuring tape</li> <li>• Dictaphone</li> <li>• Watch with seconds hand</li> <li>• Adult Weighing scale</li> <li>• Sahli's Hemoglobino meter</li> <li>• Glucometer (Plasma)</li> <li>• Pipette and stirrer</li> <li>• Steel bowl</li> <li>• Examination gloves</li> <li>• EDD calculator chart</li> <li>• Family planning kit</li> <li>• Family Planning flip book</li> <li>• BPCR flip book</li> <li>• Kidney tray</li> <li>• Hub cutter</li> <li>• Puncture proof container</li> <li>• Spirit lamp</li> <li>• Test tube</li> </ul>	<ul style="list-style-type: none"> <li>• Lancets</li> <li>• Distilled water</li> <li>• N/10 HCL</li> <li>• Dropper</li> <li>• Test strips &amp; Lancets</li> <li>• RDT Malaria Kit</li> <li>• Glucometer strips</li> <li>• Gloves</li> <li>• 2ml and 5ml syringes</li> <li>• Pregnancy detection kit</li> <li>• Specimen container</li> <li>• Benedict's solution</li> <li>• Acetic acid</li> <li>• Match box</li> <li>• Uristix</li> <li>• Spirit</li> <li>• Cotton swabs</li> </ul>

S. No	Theme	Basic Skills	Add- on Skills (Only for Nodal Centers)	Models	Equipment	Consumables
					<ul style="list-style-type: none"> <li>• Test tube holder</li> <li>• Steel tray</li> </ul>	
2	Labor room and NBCC	<ul style="list-style-type: none"> <li>• Preparation of Labor room (organise LR, trays, delivery (instrument) kit, privacy and dignity, NBCC )</li> <li>• Plotting &amp; interpreting partograph</li> <li>• Cervical dilatation</li> <li>• Normal delivery</li> <li>• Active Management of Third Stage of Labor</li> <li>• Providing initial dose of MgSO<sub>4</sub> for severe pre-eclampsia / eclampsia management</li> <li>• Initial management of atonic PPH</li> <li>• Essential newborn care for a normal crying baby</li> <li>• Newborn resuscitation</li> <li>• Temperature recording</li> <li>• Operating radiant warmer</li> <li>• Use of suction machine</li> <li>• Counting</li> </ul>	<ul style="list-style-type: none"> <li>• Management of incomplete abortion (MVA)</li> <li>• Episiotomy and repair</li> <li>• Complicated delivery (Twin, breech)</li> <li>• Assisted delivery (forceps, ventouse)</li> <li>• Cord prolapse</li> <li>• Manual removal of placenta</li> <li>• Chest compression and medication- New Born Resuscitation</li> <li>• Use of phototherapy machine for new-borns with Jaundice</li> <li>• Inserting feeding tube in a baby</li> </ul>	<ul style="list-style-type: none"> <li>• Child birth simulator with episiotomy repair attachments</li> <li>• Cervical dilatation board</li> <li>• Cervical dilatation block</li> <li>• Pelvis</li> <li>• Foetal skull model</li> <li>• Neo Natalie</li> <li>• Baby doll</li> </ul>	<ul style="list-style-type: none"> <li>• Artery forceps</li> <li>• Straight scissors</li> <li>• Curved scissor (Episiotomy scissors)</li> <li>• Kidney tray</li> <li>• Needle holder</li> <li>• Toothed dissecting forceps</li> <li>• Cheatle forceps</li> <li>• Cheatle forceps holder</li> <li>• Radiant warmer</li> <li>• Foot operated suction machine</li> <li>• NR bag</li> <li>• Baby weighing machine</li> <li>• Infantometer/ Penguin mucus sucker</li> <li>• Shoulder roll</li> <li>• Stop watch</li> <li>• Self-inflating resuscitation bag (500 &amp; 250 MI capacity)</li> <li>• Mask 0 and 1 size</li> <li>• Oxygen Hood</li> <li>• Hanging weigher</li> <li>• Trays to be kept in the labor room: Delivery tray, Episiotomy tray, Baby tray, Medicine tray, Emergency drug</li> </ul>	<ul style="list-style-type: none"> <li>• Cotton swabs and gauze pieces</li> <li>• Cord clamp</li> <li>• Adhesive tape</li> <li>• Plain catheter</li> <li>• Catgut</li> <li>• Sterile pads</li> <li>• Oxytocin ampules</li> <li>• Misoprostol tablets (600 mcg)</li> <li>• 2% Xylocaine</li> <li>• 2ml and 5ml syringes</li> <li>• Povidone iodine</li> <li>• PPE(Apron, Cap, Mask, Goggles, Sterile gloves, examination gloves)</li> <li>• Bleaching solution</li> <li>• Marker pens (blue, red, green and black)</li> <li>• Two warm clean sheets approx. 1 metre size</li> <li>• Sterile suction catheters (New born size)</li> <li>• Disposable nasal prongs</li> <li>• Caps, socks, diaper, mitten and blanket</li> <li>• KMC dress</li> <li>• De Lees mucous extractor</li> <li>• Identification tag</li> </ul>



S. No	Theme	Basic Skills	Add- on Skills (Only for Nodal Centers)	Models	Equipment	Consumables
		respiratory rate • Oxygen administration • Using glucometer • Setting up an IV line on child arm • Using pulse oximeter • Using nebulizer and multi dose inhaler with spacer			tray, MVA tray and PPIUCD tray • Steel bowl • Hub cutter • Puncture proof container	• Cord clamp
3.	Post-natal Care	• Postnatal assessment • Breast feeding & KMC • Episiotomy and perineal care		• Child Birth Simulator with 48 hr postpartum uterus attachment and episiotomy repair attachments • Neo Natalie • Baby doll	• KMC wrap • Artery forceps • Kidney Tray • Straight Scissors • Curved Scissor (Episiotomy scissors) • Needle holder • Toothed dissecting forceps • Plastic basin • Kelly's Pad • Cheatle forceps • Cheatle forceps holder • Steel bowl • Puncture proof container	• 5 ml syringe with needle • Cotton balls & gauze pieces • IV cannula, IV set • Cord clamp • IV fluids (RL/NS) • Adhesive tape • Sterile gloves • Betadine solution • PPE (Apron, Mask, goggles, shoe cover) • Catgut • Sterile pads • Oxytocin ampules/ Misoprostol tablets • 2% Xylocaine • Bleaching solution • Two warm clean sheets approx. 1 metre size • Caps, socks, diaper, mitten

S. No	Theme	Basic Skills	Add- on Skills (Only for Nodal Centers)	Models	Equipment	Consumables
						and blanket
4.	Complication Management (MNH)	<ul style="list-style-type: none"> <li>CAB approach</li> <li>Identification &amp; management of shock (IV line &amp; blood transfusion, catheterization)</li> <li>Administration of IM injection</li> <li>Management of PPH</li> </ul>		<ul style="list-style-type: none"> <li>Adult IV arm training Kit</li> <li>IM Injection Training mannequin</li> <li>Catheterization model</li> <li>Mannequin for simulation and Management of PPH (Mama Natalie)</li> <li>Adult CPR mannequin</li> </ul>	<ul style="list-style-type: none"> <li>Scissors</li> <li>Kidney Tray</li> <li>Artery forceps</li> <li>Steel bowl</li> </ul>	<ul style="list-style-type: none"> <li>Adhesive tape</li> <li>IV fluids-RL/NS</li> <li>Tourniquet</li> <li>Cotton swabs</li> <li>Betadine</li> <li>Spirit</li> <li>Examination gloves</li> <li>10 ml, 5 ml and 2ml syringes with needle</li> <li>Ampules of Inj. Mgso4 50%</li> <li>Povidone iodine solution</li> <li>Inj. Oxytocin 5 IU</li> <li>Sterile Gloves</li> <li>Intravenous Catheter (Venflon 16, 18, 20, 22, 24 size needle)</li> <li>Foleys and plain catheter</li> <li>Uro bag</li> </ul>
5.	Family Planning	<ul style="list-style-type: none"> <li>Interval IUCD</li> <li>Family planning counselling techniques</li> </ul>	<ul style="list-style-type: none"> <li>PPIUCD</li> </ul>	<ul style="list-style-type: none"> <li>Zoe model with post-partum uterus</li> <li>Anteverted and retroverted uterus</li> <li>Hand held uterus model</li> <li>Penile model</li> </ul>	<ul style="list-style-type: none"> <li>FP counselling kit</li> <li>Contraceptive basket: 1 plastic basin containing               <ul style="list-style-type: none"> <li>OCP (Mala-N),</li> <li>Cu-T 380A,</li> <li>Cu 375 (Multi-load)</li> <li>Male/Female condoms</li> <li>Emergency pills</li> </ul> </li> <li>Family planning flipchart</li> <li>MEC wheel</li> </ul>	<ul style="list-style-type: none"> <li>Cu-T 380A and Cu 375</li> <li>Antiseptic (Povidone iodine) solution</li> <li>Sterile gloves</li> <li>PPE (plastic apron, cap, mask, shoe cover)</li> <li>Cotton swabs</li> </ul>

S. No	Theme	Basic Skills	Add- on Skills (Only for Nodal Centers)	Models	Equipment	Consumables
					<ul style="list-style-type: none"> <li>• EDD calculation chart</li> <li>• Sims speculum</li> <li>• Cuscus speculum</li> <li>• Long artery forceps</li> <li>• Mayo's scissors</li> <li>• Vulsellum/ Tenaculum</li> <li>• Uterine sound</li> <li>• Anterior vaginal wall retractor</li> <li>• Steel bowl</li> <li>• Sponge holder</li> <li>• PPIUCD forceps</li> <li>• Kidney tray</li> </ul>	
6.	Infection Pre-vention	<ul style="list-style-type: none"> <li>• Hand washing</li> <li>• Use of personal protective attires</li> <li>• Preparation of 0.5% chlorine solution</li> <li>• Processing of equipment's – decontamination, cleaning, steam sterilization or HLD (High Level Disinfection), chemical sterilization of instruments, autoclaving disinfection and disposal of sharps and needles</li> <li>• Segregation of bio medical waste</li> </ul>			<ul style="list-style-type: none"> <li>• Water Source</li> <li>• Large plastic tub</li> <li>• Clean cloth</li> <li>• SS drum</li> <li>• Hub Cutter</li> <li>• Puncture proof, leak proof, tamper proof container</li> <li>• Cheatle forceps</li> <li>• Cheatle forceps holder</li> <li>• Boiler</li> <li>• Autoclave</li> <li>• Big steam steriliser</li> <li>• Plastic container (Closed)</li> </ul>	<ul style="list-style-type: none"> <li>• Plastic teaspoon</li> <li>• Red and yellow (chlorinated and non-chlorinated) coloured plastic bags or containers</li> <li>• Cardboard boxes with white and blue coloured marking</li> <li>• Autoclave safe plastic bags/ container</li> <li>• Cap and Mask</li> <li>• Gloves (sterile and HLD)</li> <li>• Utility gloves</li> <li>• Plastic aprons</li> <li>• Goggles</li> <li>• Shoe cover dispenser</li> <li>• Soft brush</li> <li>• Liquid/powder detergent</li> </ul>

S. No	Theme	Basic Skills	Add- on Skills (Only for Nodal Centers)	Models	Equipment	Consumables
		<ul style="list-style-type: none"> <li>Labor room / Operation Theatre sterilization</li> </ul>				<ul style="list-style-type: none"> <li>Chemicals like bleaching powder</li> <li>Wooden stirrer/stick</li> <li>Plastic mug</li> <li>Measuring jar</li> </ul>

## Specifications for the conceptual layout

### Infrastructural set up (civil works):

#### a) Walls

- Walls of the skills lab should be intact, well painted and waterproof.
- It is best to have calm and neutral colours (green/blue) on the walls to maximize the retention of information and stimulate participation by students.
- Cladding with Wooden/tiles up to 8 ft. from the floor can be considered in case there is any seepage in the wall. Wall tile size can be 12 X 12 inch for bigger size hall or 8 X 16 inch for smaller halls. The colour should match the thematic colour and design of floor tiles (light colours preferred).

#### b) Flooring

- Should be intact, smooth, easy to clean and maintain.
- Type of flooring – Tiles or linoleum flooring is most suitable as it is cleaned properly, easy to maintain and lasts for years. It is highly suitable for high footfall areas. Tiles with specification of 2 X 2 size, non skid, scratch resistant vitrified tile (preferably matt finish) are recommended.

#### c) Ceiling

- Ceiling should be strong, fully water proofed with height not less than ten feet above the finished floor
- Budgets permitting, false ceiling can also be made

### Electrical set-up:

#### a) Electric power points

Each station should be provisioned with electric power points. The power points should be at the height of at least 3 feet from the floor. The power points and switches should be of good quality conforming to acceptable standards (ISI Standards).

S. No.	Stations	No. of power points required
1	Antenatal care	1
2	Labor room & NBCC	4
3	Complication management	1
4	Post- natal care	1
5	Infection prevention	4
6	Family Planning	1

**b) Wiring**

- Good quality copper wirings should be used for the electrical wiring and the wiring should be suitably concealed.
- Earthing/Grounding should be available to prevent electric shocks
- Switchgear and Control Gear
- All items of switchgears and distribution boards shall be metal clad type except those forming part of cubicle type switch boards.
- RCCBs (ELCBs) conforming to acceptable standards (ISI) should be used.
- MCB type distribution boards shall be either single phase or 3 – phase type horizontal or vertical, depending upon whether outgoing circuits are single phase or 3 phased / 1 phase.

**Mechanical set up**

**a) Air conditioning** – split ACs preferred @ roughly 1.5 ton per 200 Sq. ft. floor area of skill lab

**b) Vents/Ducts –**

In case air condition is not available, arrangements for proper ventilation should be made to ensure proper air movement and control of heat .This can be achieved by ensuring the following:

- Availability of adequately sized windows for aiding natural and cross ventilation.
- Mechanical ventilation by installation of ceiling fans and exhaust fans on walls.

**Plumbing**

- Facility for hand washing should be ensured with availability of running water and adequate drainage
- Even if running water cannot be arranged, tap and wash basin should be installed for simulation.
- Hand washing area required in the following stations
  - Labor room
  - Infection prevention station
- All taps should be elbow operated

**Lighting**

- Adequate lighting should be present in all stations.
- LED lights are preferable

## Security

Adequate measures should be taken for ensuring safety and security of the expensive skills lab models and equipment's. Some of the recommended measures include:-

- Installing locks on all storage spaces and strong iron grills on all windows and iron ducts.
- Ensuring windows can be closed completely and locked from the inside.
- Ensuring all entrance to the skill lab (and seminar room) has adequately strong doors, latching and locking system.

## Furniture and storage

- All storage spaces suggested in conceptual lay out plans should be made from wood/plywood.
- The front openings of storage space should be made up of glass.

### c) Table –

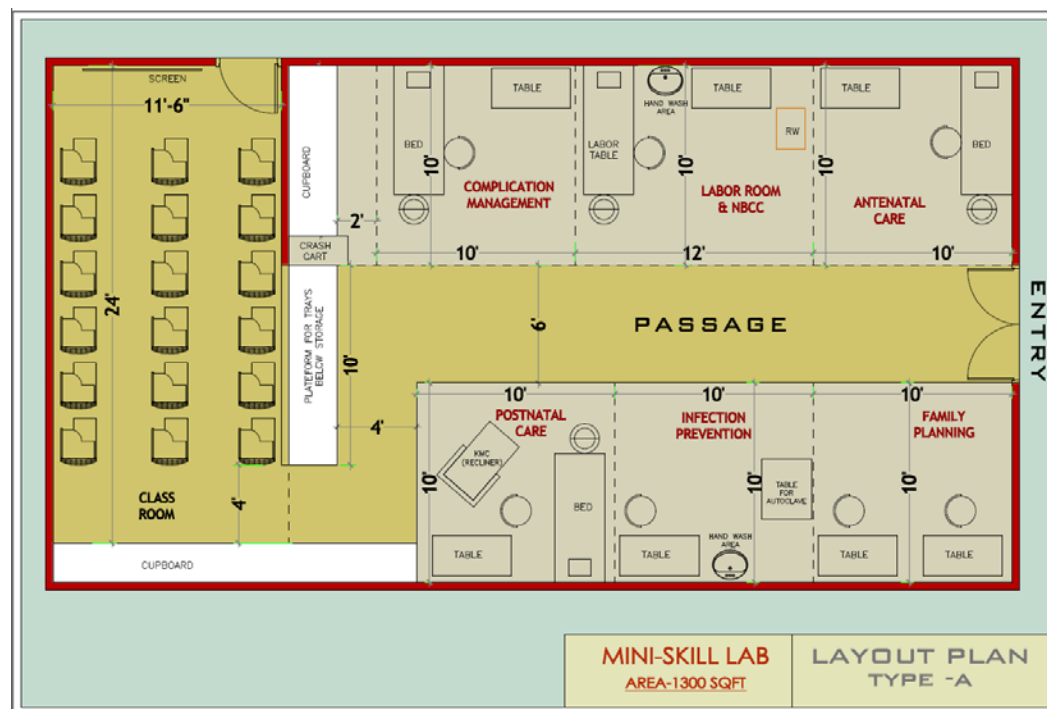
- Table Material: Made up of Wood (Not of Marble/Granite), Board of Teak / Plywood
- The Top of the Table should be Smooth and waterproof.
- Table should not have any wheel

### d) Cupboard -

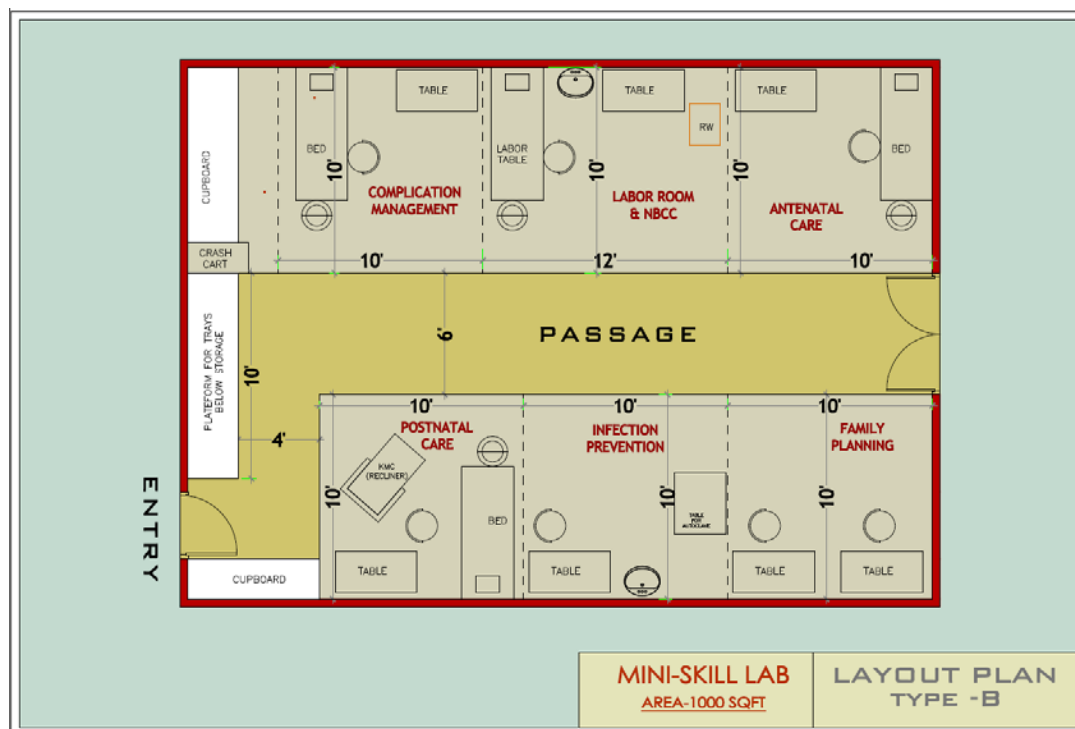
- 1 cup board each in one cabin with ideally 2 partitions
- Distance between two racks inside the cupboard should be approx. 2ft

## Infrastructural Layout for establishing Mini-skills lab for ANM and GNM Schools

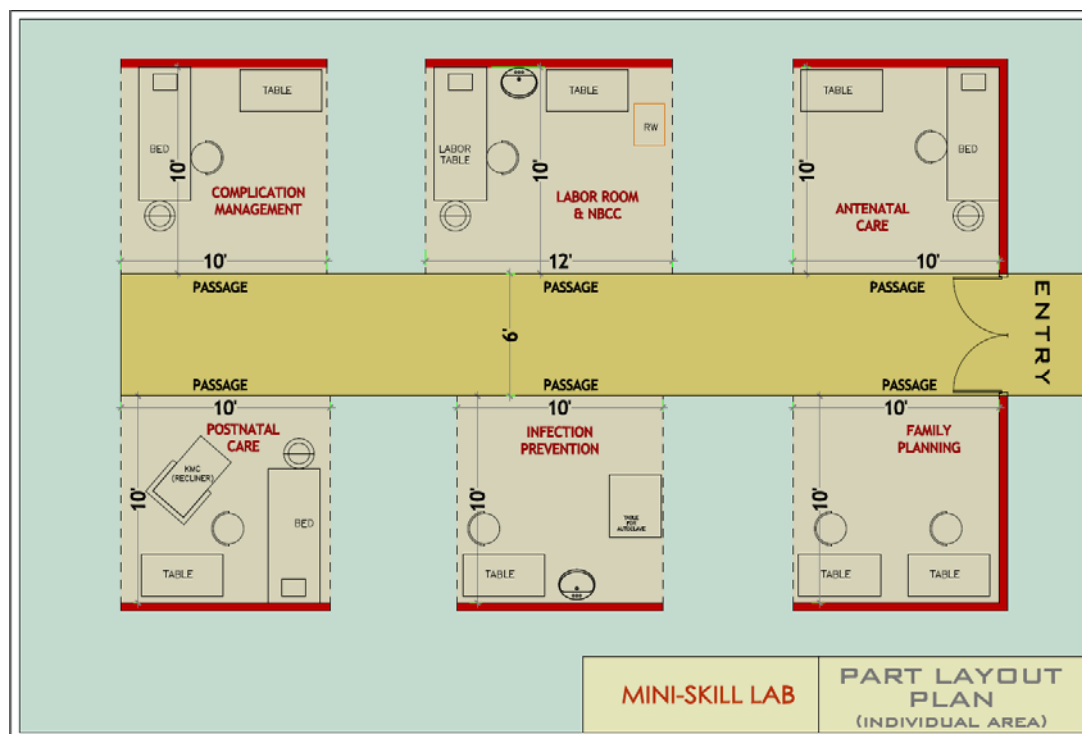
### Option 1 (Suitable for institution where an area of 1000 Sq. ft. is available)



**Option 2 (Suitable for institution where an area of 1300 Sq. ft. is available)**



**Option 3 (Suitable for institutions where suitable single room not available)**



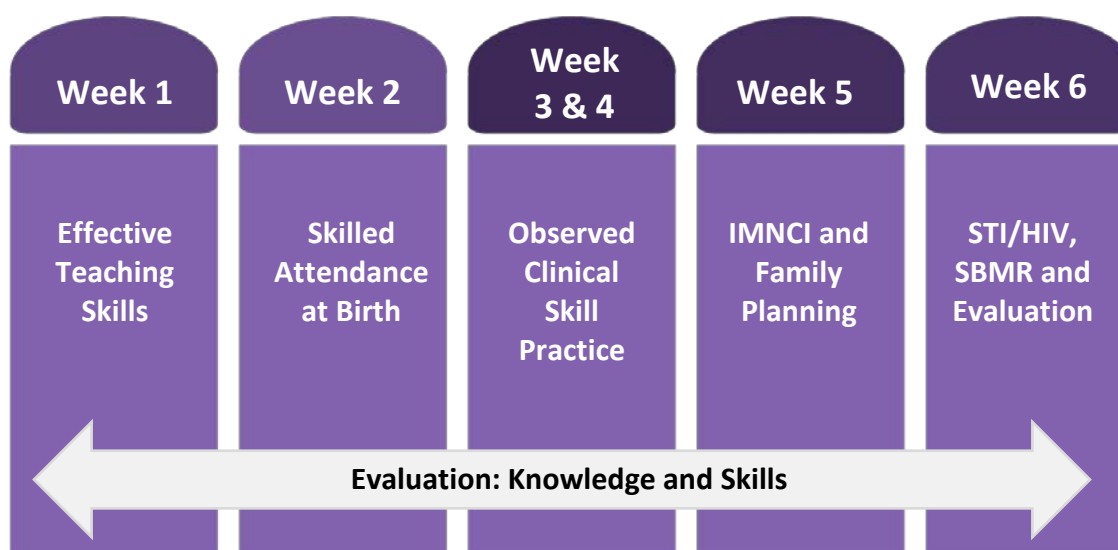
## ANNEXURE 3: 6-weeks Training for Nursing Faculty

Faculty of nursing institutions (Colleges of Nursing, GNM Schools and ANMTCs) are trained in 6-weeks Training at established National/State Nodal Centers.

### Purpose and Structure of 6-weeks Training

The six week course is designed to strengthen the teaching and facilitation skills of the nursing faculty in the areas of maternal, newborn and child health, family planning, RTI/STI and standards for quality of care. This training emphasizes learning by doing through mock sessions and uses competency-based evaluation of performance. During the training, the faculty is prepared to use the participatory training methodology and materials-Learning Resource Package (LRP) and updated GOI guidelines that includes MNCH, FP and RTI/STIs, which they will implement during teaching nursing students at their institutions after this training.

A total of 12-15 participants are included in one batch of training. The training curriculum distributed across six weeks provides comprehensive training and updates for the nursing faculty on Effective Teaching Skills, Skilled Birth Attendance, Integrated Management of Neonatal and Childhood Illness, Prevention of STI, HIV and Parent to Child Transmission of HIV, Family Planning and the Performance Standards for Nursing- Midwifery Education for Quality Improvement.



The training is followed by assessment of knowledge and skills through a questionnaire and OSCE respectively. The participatory teaching methods and use of different teaching aids are assessed through mock sessions with constructive feedback from the facilitators and peers.

### Details of costing: 6-weeks Training

The cost of 6-weeks Training of nursing faculty includes two types of cost:



**ii) 6-weeks Training participation cost:**

This includes all expenses borne by a faculty member attending 6-weeks Training at a nodal center. The trainee cost is borne by NHM of the respective state nominating nursing faculty for training.

<b>Training organization cost for conducting one batch of 6-weeks Training (To be borne by NNC/SNC)</b>					<b>INR 1,44, 400</b>
<b>Cost Head</b>	<b>Unit cost (INR)</b>	<b>No. of days</b>	<b>Units</b>	<b>Total amount (INR)</b>	
1. Principal-Coordinator	5,000	-	-	5,000	
2. NNC/SNC Clinical Preceptors (INR 500 per session/half day)	1,000	12	2	24,000	
3. Support Staff – Office Boy	100	36	1	3,600	
4. Support Staff – Sweeper	50	36	1	1,800	
5. Workshop Kit (Bag and Stationary)	200	-	15	3,000	
6. Learning Resource Package	6,000	-	15	90,000	
7. Teaching aids: flip charts, markers, VIPP cards etc.	-	-	-	2,000	
8. Miscellaneous expenses (including banner, printing & photocopying etc.)	-	-	-	5,000	
9. *Mobility/ Travel cost for participants	10,000	-	-	10,000	
<b>Total cost of organizing one batch of 6-weeks Training at NNC/SNC (for 15 participants)</b>					<b>144,400</b>

<b>Training cost per participant (to be borne by the nominating state)</b>					<b>INR 69,000</b>
<b>Cost Head</b>	<b>Unit cost (INR)</b>	<b>No. of days</b>	<b>Units</b>	<b>Total amount (INR)</b>	
1. Travel Allowance (TA)*- to and fro	5,000	-	1	5,000	
2. Daily Allowance (DA)*	500	44	1	22,000	
3. Accommodation	750	42	1	31,500	
4. Refreshments	250	42	1	10,500	
<b>Total cost per participant</b>					<b>69,000</b>

- *\*Mobility/ Travel cost may vary depending on the distance between the hotel and training venue and between the institution and clinical site.*
- *\*TA & DA to be paid to faculties will be in line with the state norms.*

## Updated Learning Resources Package (LRP) for 6-weeks Training

(available on <https://drive.google.com/drive/folders/0B4G3NohVrv3WdE8xMVBiVi1RRiE?usp=sharing>)

- SBA- Handbook for ANM, LHV & Staff Nurses 2010
- Guidelines for Antenatal Care and Skilled Attendance at Birth by ANMs/LHVs/SNs
- SBA- Trainers Guide
- Effective Teaching full manual
- Navjat Shishu Suraksha Karyakram Basic-Facilitators Guide
- Navjat Shishu Suraksha Karyakram Basic- Training Manual
- IMNCI- Chart Booklet
- IMNCI- Training Module
- IMNCI- Photo Booklet
- IMNCI Facilitator Guide for Training of Health Workers
- Routine Immunization Handbook for Health Workers English 2011
- Family Planning Global Handbook for Providers
- Postpartum FP handbook for Service Providers
- National Guidelines on PMC of RTI including STI
- Participants Handout on Training of Nursing Personnel to deliver STI/RTI Services
- Infection Management and Environment Plan Guidelines for Health workers
- SBMR Field Guide
- SBMR PSE Supplement
- Computer Skills Booklet
- Facilitators guide- Strengthening the Pre-Service Nursing and Midwifery Education in India- Learning Resource Package for ANM Faculty Training
- Participants' Handbook- Strengthening the Pre-Service Nursing and Midwifery Education in India- Learning Resource Package for ANM Faculty Training
- IUCD reference manual for medical officers and nursing personnel
- Operational guidelines: Introduction of Haemophilus influenza b (Hib) as Pentavalent Vaccine in Universal Immunization Program of India
- Use of antenatal corticosteroids in preterm labor
- Facility based IMNCI(F-IMNCI)- Participants manual and chart booklet
- Guidance note on use of Uterotonics during labor
- Vitamin K prophylaxis at birth (in facilities)
- National Guidelines for Diagnosis & Management of Gestational Diabetes Mellitus
- National Guidelines for Calcium Supplementation During Pregnancy and Lactation

## ANNEXURE 4: Equipment for other Nursing Laboratories

### Annexure 4A: Nursing Foundation Laboratory

#### Models and equipment required for Nursing Foundation laboratory

S. No.	Items	Quantity
<b>Furniture</b>		
1	Patient cots (adult)	6
2	Patient cots ( child)	2
3	Bed side locker	8
4	Stool/chair	8
<b>Mannequins and Models</b>		
5	Adult male	3
6	Adult female	3
7	Child	2
8	Newborn	2
9	CPR	1
<b>Instruments</b>		
10	Trays of different Sizes	
	• 24"*16"	6
	• 14"*10"	6
	• 11"*9"	6
	• 8"*5"	6
11	Trays with cover-Assorted sizes	6
12	Bowls with cover	
	• 6" diameter	12
	• 4" diameter	12
13	Enema can	
	• 1 litre capacity	4
	• ½ litre capacity	4
14	Kidney trays of assorted sizes	15
15	Measuring Jugs	
	• 1000 ml	6
	• 500 ml	6
	• 250 ml	6
16	Basins:	
	• Assorted size basins	12
17	Catheter dish with cover	4
18	Knife dish with cover	6
19	Feeding cups	6

S. No.	Items	Quantity
20	Douche can	6
21	Sputum mugs	6
22	Bed pans	6
23	Urinal-male	6
24	Funnel	
	• 4" diameter	6
	• 2" diameter	6
25	Jars with covers	
	• 12"*8"	2
	• 6"*4"	2
26	Dressing drums	
	• 8"* 4"	2
	• 12"*9"	2
27	Tub for Sitz bath	1
28	Sauce pan with lid	
	• 1 litre capacity	2
	• 2 litre capacity	2
29	Kettle	
	• 1 litre capacity	1
	• 2 litre capacity	1
30	Trolleys with upper and lower shelves	1
31	Pint measure	2
32	Gallipots	2
33	Mugs	2
34	Bottle brush	2
<b>Instruments</b>		
35	Cheatele forceps	4
36	Sponge holding forceps	4
37	Artery clamps	
	• Straight 6"	6
	• Curved 6"	4
38	Dissecting forceps	
	• Toothed	6
	• Non-Toothed	6
39	Mosquito forceps	4
40	Kockers	4
41	Scissors	
	• Surgical 8"	4
	• Bandage	4
	• Mayo's Cutting scissors	4

S. No.	Items	Quantity
42	Tissue forceps	4
43	Sinus forceps	4
44	Biopsy forceps	4
45	Liver biopsy needle	4
46	Allis forceps	4
47	Probe	4
48	Groove director with probe	4
49	Mouth Gag	4
50	Tongue depressor	4
51	Tongue holding forceps	4
52	Nasal speculum	4
53	Aural speculum	4
54	Re-tractors	
	• Single Hook	2
	• Double Hook	2
55	Bladder sound	2
56	Male urethral dilator	1 set
57	Packing forceps	
	• Nasal	2
	• Oral	2
58	Ear irrigation syringe	2
59	Ear speculum	3
60	Shaving set	2
61	Safety razor with blades	1
62	Bard parker knife handle	2
63	Surgical blades different sizes	1 set
64	Catheters	4
65	Airway	4
66	Laryngoscope	
	• Small	2
	• Big	2
67	Proctoscope	1
68	Infusion set	6
69	Otoscope	1
70	Ophthalmoscope	1
71	Tracheostomy set with various size of tracheal tubes	1 set
72	Head mirror	1
73	Tuning fork	1
74	Infusion set	1

S. No.	Items	Quantity
75	Oxygen cylinder with stand	1
76	Oxygen mask	1
<b>Glassware</b>		
77	Measuring cups	
	• 240 ml	6
	• 120 ml	6
	• 30 ml	6
78	Undine	2
79	Eye bath-cup	2
80	Pipettes and droppers	2
81	Glass connections	
	• Different Types e.g.: Y.T.L.	6 each
82	Wolfs bottle	2
83	Conical flasks	2
84	Ounce glass	6
85	Dram glass	6
86	Thermometers	
	• Oral	6
	• Rectal	6
	• Bath	2
	• Room	2
	• Lotion	2
87	Pulse meter	4
88	Urinometer	6
89	Lactometer	6
90	Haemoglobinometer	6
91	Specimen glasses	6
92	Test tubes	24
93	Glass slides with cover	2 boxes
94	Bottles 500 ml capacity for lotions and mixtures	10
95	Atomizer	2
96	Manometer	2
97	Glucometer	2
98	Head mirror	1
<b>Syringes and Needles</b>		
99	Syringes	
	• 2 ml	12
	• 5 ml	12
	• 10 ml	12

S. No.	Items	Quantity
	• 20 ml	12
100	Tuberculin syringe	6
101	Insulin syringe with needle	6
102	Needles-All sizes	1 dozen each
103	Lumbar puncture needle	2
104	Trocar, cannula for abdominal paracentesis	2
105	IV cannulas different types and sizes	12
	Biopsy needle	
106	• Adult	2
	• Children	2
107	Sternal puncture needle	2
<b>Suture Materials</b>		
108	Needle holder Xx 6", 7", 8"	6 each
109	Suture cutting scissors	6
	Suture Needle	
110	• Straight	6
	• Curved	6
	Suture thread	
111	• Silks	6 tubes
	• Cotton	6 tubes
112	Catgut tube breaker	2
113	Suture clip	1 packet
114	Suture clip applier and remover	2
<b>Rubber Goods</b>		
	Mackintosh roll	
115	• Full bed length	5
	• Draw mackintosh	5
	• Extra for treatment and dressing	12
116	Hot water bag	5
	Ice Caps	
117	• Ice collar	6
	• Corrugated rubber sheet	
118	Gloves different sizes	5
	Catheters	
119	• Urinary catheter	6
	• Foley's catheter	6
	• Nasal catheter	6
	• Plain catheter	6

S. No.	Items	Quantity
	• Rectal catheter	6
120	Finger stalls different sizes	6 sets each
121	Air rings	6
122	Mucus sucker	6
123	Breast pump	2
124	Nipple shield	2
125	Gastric lavage tube	2
126	Ryle's tube	6
127	Flatus tube	6
128	Blakemore Sengstaken tube	6
129	Rubber tubes with different diameter and size	
130	Rectal syringe with nozzle	2
131	Ring Pessaries all sizes	2 each
132	Douche nozzle different sizes	2
<b>Miscellaneous Items</b>		
133	Mortar and pestle	6
134	Nelson's inhaler	6
135	Wooden shock blocks	2 pairs
136	Spirit lamp	6
137	Test tube stand	6
138	Test tube holder	12
139	Steriliser small	2
140	Portable autoclave	1
141	Torch	2
142	Nail brush	6
143	Adult weighing scale	2
144	Baby weighing scale	2
145	Back rest	2
146	Splints different sizes	12
147	Bandages different sizes	12 each
148	Adhesive tapes	2
149	I.V stand	2
150	Tape measure	6
151	Bucket with cover	6
152	Comb	6
153	Microscopes	2
154	Sphygmomanometer	
	• Regular	6
	• Electronic	2
155	Stethoscope	6



S. No.	Items	Quantity
156	Soap and soap dish	12
157	Dust bins	6
158	Over bed table (Heart table)	2
159	Screen/bed side curtains	2
160	Three way adapter	
161	Dettol	1
162	Phenyl	1
163	Methylated spirit	1
164	Benedict's solution	1
165	Tr. Iodine /Betadine	1
166	Tr. Benzoin	1
167	Nitric acid	1
168	Acetic acid	1
169	Sulphur powder	Half kg
170	Ammonium sulphate crystals	Half Kg
171	Vaseline	1
172	Glycerine	1 bottle
173	Liquid paraffin	1
174	Potassium permanganate crystals	200 gm
175	Boric solution	1 bottle
176	Hydrogen peroxide	1
177	Sodium bicarbonate powder	200 gm
178	Litmus paper strips red and blue	2
<b>Linen</b>		
179	Mattress	
	• Adult	6
	• Child	2
180	Mattress cover	
	• Adult	6
	• Child	2
181	Bed sheets	30
	• Baby cot sheets	12
182	Draw sheets	12
183	Pillows	
	• Large	12
	• Small	6
184	Pillow covers	
	• Large	24
	• Small	12
185	Sand bag with covers	6

S. No.	Items	Quantity
186	Blankets	12
187	Bed spreads	12
188	Towels	
	• Bath	12
	• Hand	12
	• Surgical	12
	• Packing	12
	• Towel clips	6
189	Sponge cloth	12
190	Hot water bag cover	12
191	Ice cap covers	12
192	Air ring/cushion covers	6
193	Gowns and mask	12 each
194	Patients clothes	
	• Male	12 sets
	• Female	12 sets
	• Baby dresses of different sizes	6 sets
	• Diapers different sizes	12
195	Trolley cover	5
196	Dirty linen bag/box	1
197	Leggings	2 pairs
198	Perineal sheets	5
199	Triangular bandages	12
200	Many tailed bandages	12
201	Eye shield	5
202	Dusters	24
203	Slings	6
204	'T' binder	2
205	Screen curtains	2 sets

**Annexure 4B: Community Health Nursing Laboratory****Equipment and consumables required in Community Health Nursing Laboratory**

S. No.	Items	Quantity
1	Eligible couple and child register	1
2	Diary	2
3	Community bags	12
4	Tables one for four students	12
5	Chairs	50
6	Sterilizer	1
7	Infant weighing scale	5
8	Salter scale	1
9	Spring balance	1
10	Weighing machine	2
11	Sphygmomanometers	5
12	Stethoscopes	5
13	Dari/mats for health education purpose	2
14	A.V Aids on different topics in the form of posters	
	<ul style="list-style-type: none"> <li>Flip charts and Flash cards</li> </ul>	
15	Community bag, should contain following articles:	
	<ul style="list-style-type: none"> <li>The bag should have separate compartments for clean articles, urine testing kit and hand washing kit</li> </ul>	
	<ul style="list-style-type: none"> <li>Assessment articles</li> </ul>	
	- Thermometer	1
	- Tape measure	1
	- Stethoscope	1
	- Fetus scope	1
	<ul style="list-style-type: none"> <li>Hand washing articles:</li> </ul>	
	- Soap dish with soap	1
	- Hand towel	1
	- Nail brush	1
	- Water proof bag	1
	<ul style="list-style-type: none"> <li>Urine testing Kit:</li> </ul>	
	- Test tubes	2
	- Test tube holder	1
	- Spirit lamp	1
	- Dropper	1
	- Benedict's solution in a bottle	1
	- Glass syringe	1

S. No.	Items	Quantity
	• Dressing Kit:	
	- Bag of sterilised dressing	1
	- Antiseptic in a bottle	1
	- Artery forceps	1
	- Disserting forceps non-toothed	1
	- Dissecting forceps toothed	1
	- Small bowl	1
	- Small kidney tray	1
	- Suture cutting scissors/dressing scissors	1
16	• Medicines (Labelled medicines for essential treatment for minor ailments)	

**Annexure 4C: Nutrition Laboratory****Equipment and consumables required for a Nutrition Laboratory**

S. No.	Item	Quantity
1	Gas stoves with cylinders/pipe line tubings	6
2	Gas lighters	6
3	Pressure cookers of different sizes -2 kg	6
4	Pressure cooker -1 kg	6
5	Steel cooking vessels big, medium and small sizes	12
6	Cutlery set	1
7	Juice squeezer	1
8	Water reservoir	1
9	Sauce pan with handle medium and small size	6
10	Spoons -serving spoons	6
11	Tea spoons	24
12	Table spoons	12
13	Dessert spoons	12
14	Soup spoons	12
15	Rice serving spoons	4
16	Bowls (Wati)	25
17	Soup bowls	36
18	Forks	36
19	Sieve	2
20	Tongs	6
21	Knives	6
22	Peeler	6
23	Vegetable cutters	6
24	Vegetable cutting plates	6
25	Water filter/Aqua guard	1
26	Flask	2
27	Frying pans	6
28	Tawa	6
29	Vessel holders (Chimta)	6
30	Mixer with accessories	1

S. No.	Item	Quantity
31	Glasses for drinking water (steel)	24
32	Glasses for drinking water (glass)	24
33	Kitchen weighing scale	1
34	Chapatti making plate and rolling pin	6
35	Measuring scoops	2 sets
36	Napkins	24
37	Glass bowls	24
38	Tea strainer	6
39	Egg beater	6
40	Toaster	2
41	Microwave with appropriate cooking vessels	1
42	Dinner set (12 persons)	2
43	Tea set (12 persons)	2

**Annexure 4D: Anatomy and Physiology Laboratory****Equipment, models and consumables required for Anatomy and Physiology Laboratory**

S. No.	Items	Quantity
1	Adult human articulated skeleton with hanging facility in a glass cupboard with locking facility	2
2	Full set of dis-articulated adult human Skeleton	2
<b>Models</b>		
3	Full size human body showing all muscles and arteries	2
4	Human Torso	
	• Male	2
	• Female	2
5	Skin cross section	2
6	Heart and large blood vessels	2
7	Ear with different sections	2
8	Eye with different sections	2
9	Heart with detachable parts on a stand	2
10	Human brain with spinal cord	2
11	Lungs and trachea	2
12	Larynx	2
13	Digestive system	
	• Stomach	2
	• Small Intestine	2
	• Large Intestine	2
14	Female reproductive system	
	• Uterus on stand	2
	• Ovaries	
	- Microscopic structure	2
	- Macroscopic structure	2
15	Male reproductive system	2
16	Urinary system	
	• Kidney	2
	- Macroscopic structure	
	- Microscopic structure	2
17	Joints and ligaments	
	• Wrist	2
	• Elbow	2
	• Shoulder	2
	• Ankle	2
	• Knee	2
	• Hip	2

S. No.	Items	Quantity
18	Teeth	2
<b>Charts</b>		
19	Skeleton system	2
20	Muscular system	2
	Showing different muscles of body	2
21	Joints and Ligaments	2
22	Nervous system	
	• Brain	2
	• Spinal cord	2
23	Cardiovascular system	2
24	Respiratory system	2
25	Lungs	2
26	Trachea	2
27	Larynx	2
28	Digestive system	2
28	Oral cavity	2
29	Teeth	2
30	Stomach, Pancreas and Spleen	2
31	Small intestine	2
32	Large intestine	2
33	Liver and gall bladder	2
34	Kidney macroscopic structure	2
35	Kidney microscopic structure	2
36	Skin	2
37	Eye	2
38	Ear	2
39	Female reproductive system	2
40	Menstrual Cycle	2
41	Male reproductive system	2
42	Endocrine gland	2
43	Charts on First-Aid	
	• First Aid for burns	1
	• Cardiac Pulmonary Resuscitation	
	- Adults	1
	- Children	1
	- Infant	1
	• First Aid chart for emergencies such as fracture, drowning, wounds, poisoning, bites	1
	• Bandaging	1



**Annexure 4E: Costing for Skills Lab, Library, IT Lab and other labs (CoN/ANMTC/GNM School)**

Training Infrastructure	College of Nursing	GNM School	ANM Training Center
<b>Skills Lab as per PSE OG</b>	INR 40,00,000	INR 27,00,000	INR 23,00,000
<b>Library including GoI guidelines as per PSE OG</b>	INR 20,00,000	INR 7,50,000	INR 2,50,000
<b>Computer Lab as per PSE OG</b>	INR 6,00,000	INR 5,00,000	INR 4,00,000

Training Infrastructure	CoN/GNM school/ANM Training Center
<b>Fundamentals Of Nursing Lab/ Nursing Foundation Lab (Fon)</b>	INR 8,00,000
<b>Community Health Nursing Lab</b>	INR 2,00,000
<b>Nutrition Lab</b>	INR 1,50,000
<b>Pre-Clinical Lab</b>	INR 1,50,000

## ANNEXURE 5: SOP for Mentoring Visit by Faculty of National/ State Nodal Center to Nursing Institutions for Strengthening Nursing-Midwifery Pre-Service Education

### Introduction

After completing the 6-weeks Training on ‘Strengthening the Pre Service Nursing-Midwifery Education’, the trained nursing faculty are expected to deliver quality competency-based trainings (in classrooms as well as clinical sites) using the latest GoI guidelines. They should also implement the PSE performance standards in their institutions resulting in production of competent and confident nurses who are enabled to deliver appropriate maternal and newborn care in communities and health care facilities. To achieve the above, provision of post training follow up through mentoring visits is mandatory. This SOP helps and guides the Nursing-Midwifery Tutors/Training Coordinator/Faculty to plan and conduct the mentoring visits to achieve the desired outputs.

### Objectives of the Mentoring Visits:

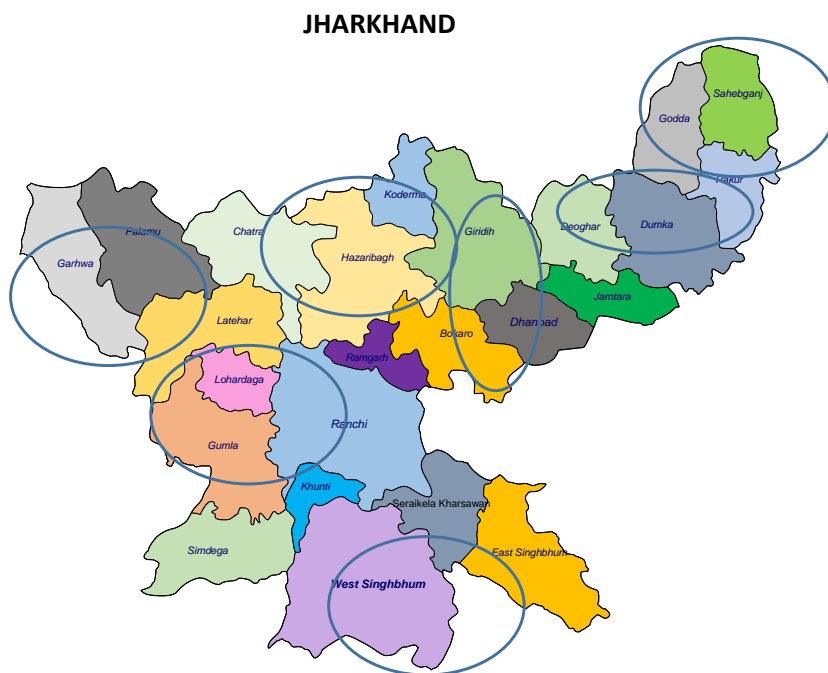
1. Facilitate the implementation of performance standards in nursing institutions
  - Review the latest performance standards assessment and score
  - Support in identifying the gaps and planning of corrective measures to address the gaps
2. Reinforce the effective facilitation skills and key clinical skills in the following competencies for all nursing faculty and clinical site service providers:
  - AMTSL
  - Partograph
  - Newborn Resuscitation
  - ENBC
  - Initial management of AN and PN complications
  - Infection Prevention
  - FP counselling
3. Orient the stakeholders on purpose & outcome of the visit and way forward.

### Activities to Be Performed:

#### Visit Plan:

1. Identify 2 or 3 nursing institutions, which are geographically adjacent and group them.  
**Example:** The ANM/GNM Schools Dumka and Deoghar District at Jharkhand (Between 67 Kms) can be grouped for single visit. Likewise, the other ANM/GNM Schools in other districts (as shown in a circle in below map) can be grouped.
2. Plan the date of the visit by checking convenience of respective nursing institution faculty.
3. Send a letter to the identified nursing institution in-charge with copy to Superintendent/Civil Surgeon- District Hospital and State Nursing Nodal Officer of the concerned state regarding the proposed mentoring visit explaining the objective and support required at least a week prior. The letter should be sent in the name of Principal of the nodal center.
4. Have a copy of the PSE performance standards, which are endorsed by MoHFW, GoI and INC.

5. Inform the in-charge/ trained nursing faculty of the institution to conduct the preliminary assessment and arrange a stakeholders meetings during the visit period.



### During Visit:

1. Meet the stakeholders and brief them on the objective of the mentoring visit.  
**Stakeholders:** Civil Surgeon/ Superintendent, DPM, All faculties of College of Nursing/ ANM/GNM training centers, clinical site representatives and store In-charge.
2. Use the supportive supervision checklist (Annexure 5A) to assess the key requirements of the institution for providing quality pre-service education.
3. Review and discuss the existing assessment findings and the latest score on performance standards with all faculties and clinical site representatives.
4. Facilitate the achievement of the standards by identifying the gaps and planning to meet them.
5. Finalize the action plan focused on interventions that will help to fill the gaps by utilizing existing resources and identifying potential resource and support (encourage starting with small changes, “Low hanging fruits”).
6. Observe the teaching skills (Facilitation, clinical demonstration and coaching- skill lab or clinical site as feasible) of faculty using the checklists as guide and provide constructive feedback for further improvement.
7. Demonstrate the key clinical skills per latest GoI protocols to all faculty and clinical staff.
  - AMTSL
  - Partograph
  - Newborn resuscitation
  - ENBC

- Initial management of AN and PN complications
  - Infection Prevention
  - Family Planning counselling
8. Fill the feedback form for improvement and share it with in-charge of the nursing institution
  9. Make a copy of findings in the performance standards, action plan and feedback form.
  10. Debrief all the key stakeholders:

**Objective:** Provide feedback on implementation of performance standards to strengthen the pre-service nursing-midwifery education and to gain their cooperation and commitment in the further implementation of the standards.

**Facilitator:** Nursing-Midwifery Tutor/ Training coordinator/Faculty of nodal center.

**Participants:** Civil Surgeon/ Superintendent, DPM, faculty of nursing institutions and representatives from its clinical site.

**Meeting Points:**

- Congratulate them for initiating the standards based quality improvement approach for strengthening pre-service education at their nursing institution.
- Discuss the key assessment findings and major interventions planned for quality improvement based on the gaps identified in the assessment
- Fix the date for next periodic assessment using performance standards

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

**Post Visit:**

- Regular follow up once in a month to facilitate the achievement of the standards by identifying the gaps and planning to meet them via e-mail or telephone.
- Submit the trip summary (highlighting the key observations, feedback for improvements, action plan to meet the unachieved standards and next steps) to the State Nursing Nodal Officer. The copies of trip summary should be copied to the Principal of the nodal center.

**Logistics Required:**

- Prior information to the nursing institution (Principal, Superintendent /Civil Surgeon, District Hospital, trained faculty)
- Travel arrangements for mentoring visit

**ANNEXURE 5A: Checklist for Mentoring and Post-training follow up visits***To be used by NMTs/ Training Coordinators/ Faculty of the nodal centers*

Name of person conducting mentoring visit:			
Designation:			
Name of the institution:			
Type of institution (ANMTC/ GNM School/CoN):			
Date of Visit:			
District:			
State:			
<b>S. No.</b>	<b>Particulars</b>	<b>Remarks</b>	
<b>HR</b>			
1.	Availability of Principal:	<input type="checkbox"/> Post filled <input type="checkbox"/> Post vacant	
2.	No. of faculty posted in school	Permanent	.....
		Contractual	.....
<b>Classroom</b>			
3.	No. of Students year wise break up *ANM course of 2 years; GNM course of 3 years; BSc Nursing course of 4 years	1 <sup>st</sup> Year	
		2 <sup>nd</sup> Year	
		3 <sup>rd</sup> Year	
		4 <sup>th</sup> Year	
		Internship	
4.	No. of class rooms available (check physically)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more	
5	Is the faculty prepared for facilitation of the session		
a)	Presents in an effective introduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b)	States the objective as a part of the introduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c)	Ask question of the entire group	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d)	Targets questions to individuals	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e)	Uses learner names	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f)	Provides positive feed back	<input type="checkbox"/> Yes <input type="checkbox"/> No	

g)	Responds to learners questions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h)	Follow trainers notes and/ or a personalised reference manual	<input type="checkbox"/> Yes <input type="checkbox"/> No	
i)	Maintains eye contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	
j)	Projects voice so that all learners can hear	<input type="checkbox"/> Yes <input type="checkbox"/> No	
k)	Moves about the room	<input type="checkbox"/> Yes <input type="checkbox"/> No	
l)	Uses audio visuals effectively	<input type="checkbox"/> Yes <input type="checkbox"/> No	
m)	Presents an effective summary	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Are final exams conducts on time? (end of every year)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Skilled delivery of facilitating a learning activity or demonstration	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a)	Presents an effective introduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b)	Arranges demonstration area so that learners are able to see each step in the procedure clearly	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c)	Simulates clinical setting as much as possible	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d)	Demonstrates skill accurately using checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e)	Ensures that each student follows using a checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f)	Summarizes and allows students to ask questions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g)	Provides learners opportunities to practice the skill/activity under direct supervision.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Skills lab</b>			
8.	Availability of skill demonstration & practice lab	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.	If present, what is the functionality status of skill demonstration & practice lab	<input type="checkbox"/> Functional <input type="checkbox"/> Non functional	
10.	Is skill lab utilization register being maintained? Specify no. of hours for which the skills lab were utilized last month	<input type="checkbox"/> Yes <input type="checkbox"/> No .....	

11.	Have the trainings been initiated in the skill lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12.	What is the skill lab being utilized for? (multiple choices allowed)	<input type="checkbox"/> Student demonstration <input type="checkbox"/> Student practice <input type="checkbox"/> Student evaluation <input type="checkbox"/> 6-week faculty training <input type="checkbox"/> 6-day training of staff nurses and faculty <input type="checkbox"/> Other in-service training (Please specify) <input type="checkbox"/> Not utilized	
13	Whether skills lab is accessible to students for independent practice beyond college hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	Are all models, instruments, equipment available as per PSE Operational Guidelines? *Look for all the anatomical models, contraception basket, kits & equipment for delivery, newborn care – essential & resuscitation, infection prevention etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Library</b>			
15	Availability of library	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16	Designation of accountable person for library *Verify with library register	.....	
17	Is the library accessible to students beyond class hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18	Cataloguing of library books done?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	Number of journals available	Hardcopy..... E journal.....	
<b>Hostel</b>			
20	Availability of hostel for students	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	If present, is it adequate as per the total students in school/ college?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22	Availability of mess facility for students	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23	If present, is there a dining hall?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

24	Sitting capacity of dining hall:	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate		
25	Availability of security guard/ personnel at hostel (especially at night time)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
26	Availability of adequate washroom facility for students at hostel (1 washroom per 10 users)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
27	Whether the school premises, hostel, mess and dining facilities are clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
28	Provision of safe drinking water is available in the school/college and hostel	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Computer/IT lab</b>				
29	Availability of AV aids & computer lab with internet facility for learning	<input type="checkbox"/> Yes <input type="checkbox"/> No		
30	Electricity back up for institute	<input type="checkbox"/> Yes <input type="checkbox"/> No		
31	Electricity Back up for hostel	<input type="checkbox"/> Yes <input type="checkbox"/> No		
32	Whether utilization register for IT lab has been developed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
33	Total no. of hours for which the IT lab were utilized last month	.....		
<b>Clinical Site</b>				
34	Name of the clinical site attached to the nursing institution	.....		
35	Case load for deliveries per month in the clinical facility:	.....		
36	Status of hands-on practice by students on clients?	<input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed		
37	Transportation facility available for community practice/ visit	<input type="checkbox"/> Yes <input type="checkbox"/> No		
38	Family planning/RMNCH+A counsellor available?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
39	Availability of essential drugs and equipment at labor room	Inj. Oxytocin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Inj. Mg So4 50%	<input type="checkbox"/> Yes <input type="checkbox"/> No	



		Ambu Bag, Mask Size 0 and 1, mucous sucker available for New born resuscitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>40</b>	<b>Clinical Coaching skills of faculties going for clinical supervision</b>			
	<b>Before practice session</b>			
a)	Clinical objectives and requirements are shared with the learners		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b)	Works with learner to set specific goals for the practice session		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>During practice session</b>			
c)	Observes the learner, providing positive reinforcement or constructive feedback (when necessary for client comfort or safety) as s/he practices the procedure		<input type="checkbox"/> Yes <input type="checkbox"/> No	
d)	Refers to the checklist during observation		<input type="checkbox"/> Yes <input type="checkbox"/> No	
e)	Records notes about learners performance during the observation		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>After Practice Feedback session</b>			
f)	Greets the learner and ask to share perception of the practice session		<input type="checkbox"/> Yes <input type="checkbox"/> No	
g)	Ask the learner to identify those steps where performance could be improved		<input type="checkbox"/> Yes <input type="checkbox"/> No	
h)	Provides positive reinforcement and corrective feedback		<input type="checkbox"/> Yes <input type="checkbox"/> No	
i)	Works with the learner to establish goals for the next practice session		<input type="checkbox"/> Yes <input type="checkbox"/> No	
39.	<b>Any other issues (Please elaborate):</b>			

## ANNEXURE 6: Composition and TORs of Technical Advisory Group (TAG)

### Composition of TAG

<b>Chairperson</b>	Mission Director NHM
<b>Secretary</b>	Director, Nursing or equivalent
<b>Members</b>	DG Medical Health
	Director, SIHFW
	Registrar, State Nursing Council
	GM/PO Training
	GM/PO Planning NHM
	Representative from DG Medical Education
	Principals of State Nodal Centers
	Representative from Nursing Directorates
	State Nursing Nodal Officer
<b>Invitees</b>	Development Partners
	Principal(s) from selected nursing institutions

### Terms of Reference (ToRs)

The overarching goal is to improve quality of Pre-service Education (PSE) at the targeted nursing institutions mostly in the public sector, thereby, leading to production of competent and confident nurse midwives.

### Objectives

1. To provide overall guidance to the ANM /GNM PSE Strengthening Program; play a technical advisory role.
2. To carry out periodic review of the program activities.
3. To support and coordinate the efforts made in the state for improving nursing PSE.
4. To represent PSE strengthening program of the state at various platforms.

### Structure of TAG

TAG is accountable to the State Health Society (SHS) / State NHM and will have a chairperson, advisor, secretary, assistant secretary, members and invitees as suggested by SHS / State NHM.

## **Working Procedure**

1. The TAG will have regular meetings once every three months for the first 2 years until the program gets streamlined, and once every six months in the later phases of the program.
2. The TAG will communicate meeting proceedings, deliberations and recommendations to appropriate authorities.
3. Quorum of each TAG meeting shall be fifty percent or more of the total number of members.

## **Specific Activities**

The following activities / interventions will fall under the purview of the TAG and it may give guidance and recommendations these PSE related issues:

1. Review the ANM/GNM training curriculum and syllabi and suggest improvements to make it relevant to the state.
2. Review and approve the nursing PSE Performance Standards for application to the nursing educational institutions in the state.
3. Provide inputs on the development of nursing faculty, school infrastructure and processes.
4. Provide inputs on the use of clinical facilities for ANM/GNM students' clinical practicum.
5. Advise the principals of nursing institutions on how to seek support from the districts and state officials.
6. Establish collaborating mechanism for information and effort sharing in relation to nursing PSE in the state.
7. Review reports and other materials developed under the program as requested.
8. Visit the nursing institutions for program monitoring as appropriate.

## **Roles and Responsibilities of TAG:**

The TAG has the responsibility of making technical recommendations with regard to planning, implementation, monitoring and evaluation of the PSE strengthening program.

### **• Roles and Responsibilities of Members:**

1. Identify the major issues or challenges affecting the progress of the program and address the systemic issues to facilitate progress.
2. Review the findings of the baseline and subsequent periodic assessments and recommend changes to be incorporated for improving the quality of teaching.
3. Make recommendations on monitoring and evaluation of nursing Pre-Service Education program.

### **• Roles and Responsibilities of the Chair:**

1. Call regular meetings of the TAG as scheduled; Call urgent meetings as necessary
2. Ensure that members have access to information regarding the policies and guidelines related to nursing training in the state.

3. Ensure the discussions and deliberations of during the TAG meeting are well moderated and points of view addressed by each of the members are accurately represented to the other members of the TAG.
  4. Ensure that the major issues raised in the forum are addressed and feasible solutions to the major challenges are provided to expedite the PSE strengthening interventions.
  5. Represent the nursing Pre-Service Education program at the National and the State level.
- **Roles and Responsibilities of the Secretary:**
    1. Announce the TAG meeting schedule
    2. Take the minutes of the TAG meetings and forward to members
    3. Organize preparatory works for the TAG meetings
    4. Coordinate site visits to the targeted nursing institutions as and when required

**Amendment of the TORs:**

These TORs will be reviewed and amended every year. However, any section or part of the TOR is subjected to change at any time based on the decision or recommendation of the TAG.

## ANNEXURE 7: Supportive Supervision Checklist for Strengthening Pre-Service Education

*To be used by the State/ Divisional/ District level officials for program monitoring*

Name of person conducting visit:		
Designation:		
Name of the institution:		
Type of institution: (ANMTC / GNM School / CoN)		
Date of Visit:		
District:		
State:		
S. No.	Particulars	
1	No. of allotted seats per batch	Batch Size .....
2	No. of faculty in school	Sanctioned .....
		Vacant .....
3	Are any audio visual aids being used for classroom teaching	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	No. of classrooms available <i>*Check physically</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more
5	Is the skill lab established?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, does it have adequate - <i>*Look for all the anatomical models, contraception basket, kits &amp; equipment for delivery, new born care – essential &amp; resuscitation, infection prevention etc.</i>	<input type="checkbox"/> Space <input type="checkbox"/> Models <input type="checkbox"/> Functional Equipment <input type="checkbox"/> Consumables
6	If present, is the skill lab being regularly used to teach students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Availability of the following in library	<input type="checkbox"/> Adequate space <input type="checkbox"/> Recommended books / Guidelines <input type="checkbox"/> Computer and internet <input type="checkbox"/> Journal subscription (in current year)
8	Is any person accountable for the library? <i>*Verify with library register</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name: ..... Designation: .....
9	Average number of students per room in the hostel	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more

10	Does the mess facility have	<input type="checkbox"/> Adequately spacious dining hall <input type="checkbox"/> Adequate tables and chairs <input type="checkbox"/> Clean kitchen <input type="checkbox"/> Safe drinking water <input type="checkbox"/> Weekly menu displayed
11	Availability of security guard/ personnel at hostel (especially at night time)	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Is electricity back up available for institute	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Is electricity back up available for hostel	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Availability of adequate toilet facility for students at hostel (1 toilet per 10 users)	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Name of the clinical site attached to school	.....
16	Case load for deliveries per month in the clinical facility:	.....
17	Are students allowed hands-on practice on clients at the hospital under supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Are students using checklist for learning clinical skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Distance of clinical facility from the Nursing institution	<input type="checkbox"/> Within school premise <input type="checkbox"/> Distant (in Kms.).....
20	Transportation facility available for community practice/ visit	<input type="checkbox"/> Yes <input type="checkbox"/> No

## ANNEXURE 8: Quarterly Monitoring and Reporting Format for PSE Strengthening

*To be used by the institutions for self-reporting*

Name of person conducting visit:			
Date of visit:			
Name of the institution:			
Total No. of students:			
Total No. of faculty including Principal:			
<b>Educational and clinical processes</b>			
<b>I. Educational Processes</b>			
1	Are the teachers teaching students according to lesson plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Teachers are using AV aids during classroom sessions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Procedure checklists are available and are using for?	<input type="checkbox"/> Demonstration	
		<input type="checkbox"/> Practice	
		<input type="checkbox"/> Evaluation	
		<input type="checkbox"/> Not used	
<b>II. Infrastructure</b>			
<b>a) Skills Lab</b>			
4	Whether skill lab established as per skill lab operational guidelines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Are all models, instruments, equipment available as per PSE operational guidelines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Is skill lab utilization register being maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Whether skills lab is accessible to students for independent practice beyond college hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b) IT Lab</b>			
8	Whether IT lab has been established as per PSE operational guidelines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Is internet connection available for computers in IT lab?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Whether utilization registers for IT lab being maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c) Library</b>			
11	Is a functional library available in the school? (books, storage, seating available)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12	Is the library accessible to students beyond college hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Cataloguing of library books done?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>d) Classroom</b>			
14	Is adequate no of classrooms are available as per the batch size?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15	Do classrooms have adequate furniture and well equipped for teaching?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>III. School Management</b>			
16	Is the Master Rotation Plan (MRP) & Clinical Rotation Plan (CRP) of current academic year displayed on notice board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17	Has an entry-exit (cumulative record) register been maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>IV. Clinical Practice Site</b>			
18	Do faculties spend at least 4 Hours per day at clinical site during clinical posting of students for teaching and supervision?		
19	Are students allowed to conduct deliveries and other procedures under supervision?		
20	Record total number of deliveries conducted in facility last 3 month ( <i>Review delivery register of labor room</i> )		
	a. Normal vaginal deliveries		
	b. Caesarean section deliveries		
	c. Assisted vaginal deliveries (write <b>NA</b> if data not available)		
21	Put ( <b>v</b> ) mark if the below mentioned are available in clinical site (including Labor room/ SBA site)		
	a. Bio Medical Waste bins		
	b. PPE (plastic apron, goggles, shoes, mask, cap, gloves)		
	c. Magnesium sulphate injection		
	d. Self-inflating resuscitation bag and mask		
	e. Emergency drug tray		
	f. Delivery trays (6)		
	g. Fetal stethoscope		
	h. Mucous extractor		
	i. Oxygen hood and oxygen cylinder		
j. Blankets, clean towels			



	k. Methylated spirit	
	l. Povidone Iodine	
	m. Inj. Oxytocin	
	n. Foley's and plain catheters and uro- bag	
	o. Labor Tables available ( <b>write number</b> )	
	p. Partition/curtains/screens between labor tables (Y/N)	
	q. Kelly's Pad	
	r. Mattress & mackintosh on labor table	
	s. 0.5% chlorine solution	
22	Functional New-Born Care Corner available?	
<b>V. Funds for PSE Strengthening</b>		
23	Total fund allocation (Annual) <i>*For current Financial Year</i>	State
		NHM
24	Amount of funds approved for establishment of	
	a) Skills lab (equipment and renovation)	
	b) IT lab	
	c) Library	
	d) Contingency	
	e) POL/Mobility	
25	Review of fund utilization status till the last quarter	State
		NHM
26	Contingency expenses to the institution for the last quarter (in INR)	Allocated .....
		Utilized .....

## ANNEXURE 9: Evaluation Checklist for 6-weeks Training

Score each component by circling the number that best reflects your opinion about that component; with 1 being the minimum score (worst) and 5 being the maximum score (best).

(Codes: 5= Very Good; 4= Good; 3= Average; 2= Poor; 1 = Very poor)

S. No.	Component	Score					
I	General organization (Quality of training environment)						
	• Availability of logistics including training kit and LRP	5	4	3	2	1	
	• Training venue is adequate and comfortable	5	4	3	2	1	
	• Functional Audio-Visual equipment and other training aids are in place	5	4	3	2	1	
	• Skill stations with necessary supplies are set up	5	4	3	2	1	
II	Quality of training						
	• Sequence of content and activities	5	4	3	2	1	
	• Presentations	5	4	3	2	1	
	• Use of Audio-Visual equipment/training aids	5	4	3	2	1	
	• Time management	5	4	3	2	1	
	• Query resolution	5	4	3	2	1	
III	Group work /class room learning activities						
	• Group work is planned and conducted as per schedule	5	4	3	2	1	
	• Participation of trainees	5	4	3	2	1	
	• Trainers facilitate the group work by offering suggestions	5	4	3	2	1	
IV	Organization of skills lab and clinical practice sessions						
	• Sufficient time for practice in skills lab and at clinical site	5	4	3	2	1	
	• Supervision & support by trainers	5	4	3	2	1	

## ANNEXURE 10: Budget-Planning Template

Budget Head	Indicative unit cost (in INR)	PSE Activities that can be proposed
<b>Staff for Training Institutes/ SIHFW/ Nursing Training</b>	40,000-60,000 per month	Nursing faculty
	40,000-60,000 per month	Nursing-Midwifery Tutor
	20,000- 30,000 per month	Program Coordinator for nodal centers
	20,000- 30,000 per month	Program Assistant for each school
	15,000- 20,000 per month	Librarian/ DEO
	40,000-60,000 per month	Any consultant for Nursing Directorate/ SNRC
<b>Setting up of Skill Lab</b>	20 lakhs for SNC 2-3 lakhs for ANM/GNM school	Cost of Setting up, Civil Work/ Partitioning etc.
	37 lakhs -SNC	Skill Lab mannequins, equipment, instruments etc. only for SNC or in-service skills lab
	3 lakhs (only for SNC)	Skills Lab- Teaching learning materials, Furniture for Seminar Room of SNC
	50,000 per year- SNC 10,000 per year- ANM/GNM school	Recurring costs of Skills Lab consumables
<b>Training Motivation and follow up visits</b>	Around 7,000 per visit	Visits (mentorship and follow-up) by NMTs to ANM/GNM Schools after 6-weeks Training
<b>Strengthening of Existing Training Institutions/ Nursing School excluding infrastructure and HR</b>	27 lakhs- GNMTC 23 lakhs -ANMTC	Skill Lab mannequins, equipment, instruments etc. for GNM/ANM schools
	6 lakhs- SNC 5 lakhs- GNMTC 4 lakhs- ANMTC	IT Lab- Furniture & Equipment
	20 lakhs - SNC 7.5 lakhs- GNMTC 2.5 lakhs- ANMTC	Library - Books, GoI guidelines
	5-6 lakhs- SNC 3 lakhs- GNMTC 2 lakhs- ANMTC	Library Furniture

Budget Head	Indicative unit cost (in INR)	PSE Activities that can be proposed
	Need based (Rs. 2-4 lakhs per institution)	Classroom – Assets & furniture
	Need based (Rs. 2-3 lakhs per institution)	AV Aids
	25,000 per month	POL for generator/community visits
	7,500 per month- SNC 7,500 per month Nursing directorate 5,000 per month- ANM/GNM school	Contingency for ANM/GNM Schools, SNCs/NNCs and Nursing Directorate
<b>Other training and capacity building programmes (nursing tutors etc.)</b>	1.44 lakhs (organization cost per batch) 69,000 per participant as training cost	6-weeks Training
	13,500 per participant	6 days training
	Around 1 lakh per batch	ToT for master trainers
<b>Monitoring of progress at Nursing Schools (SSVs)</b>	7,000- 11,000 per visit	Supportive Supervision Visits of govt. officials (Nursing Directorate/ State Govt.)
	10,000 per meeting	TAG Meetings
	2-3 lakhs per meeting	State level nursing review meetings
<b>Equipment for training institutes</b>	Need Based	One time office set up cost for Nursing Directorate/Nursing School
	FON- 8 lakhs CHN- 2 lakhs Nutrition- 1.5 lakhs Pre-clinical- 1.5 lakhs	Equipment related to other laboratories of nursing college like Community lab, FON lab etc.

## ANNEXURE 11: Indicative budget for various components of PSE strengthening

### a) National Nodal Centres

Name of the activity	Indicative Unit Cost (in INR)	Details
<b>Operational &amp; Programmatic costs</b>		
<b>Salaries of additional HR for the NNC</b> <ul style="list-style-type: none"> <li>Nursing-Midwifery Tutors (NMTs -2)</li> <li>Program Coordinator (PC-1)</li> </ul>	40,000-60,000 per month 20,000-30,000 per month	The proposed salaries are indicated in INR per month. However, the remuneration may vary from state to state depending upon the state norms and pay scale parity.
<b>Mentorship visit cost</b>	7,000 per visit	NMTs posted at the National Nodal Centers are supposed to conduct post-training follow up visits for onsite mentoring of faculties. It is envisaged that NMTs will conduct mentoring visits between two batches of training. Each visit may be budgeted at Rs. 7,000/- (TA – 4,000, DA - 750 per day for 2 days, Accommodation – 1,500 for one night). However, per unit costs may vary from state to state based on state norms.
<b>Monthly Contingency expenses for NNC</b>	7,500 per month	Includes stationery cost, office supplies, minor printing and photocopying, internet and telephone expenses, AMC, subscription fees for journals and other miscellaneous expenses.
<b>Mobility/POL expenses</b>	25,000 per month	Mobility/POL expenses for undertaking community and clinical site visits by nursing students.
<b>Consumables for skills lab</b>	50,000 per year	Annual recurring cost for skills lab consumables and supplies as per GoI skill lab operational guidelines.
<b>Equipment for training institutes</b>	Need-based	This may include cost of equipment for office set up, hostel, power back up (or equipment for other learning labs of the NNC.

Name of the activity	Indicative Unit Cost (in INR)	Details
<b>6-weeks Training Cost</b>		
<b>6-weeks Training organization cost</b>	1,44,400 per batch	Includes all expenses borne by a NNC for organizing one batch of 6-weeks Training, estimated as per approved INC norms for trainings of nursing personnel. Details & break up are in the Annexure 3.
<b>6-weeks Training participation cost</b>	69,000 per participant	Includes expenses to be borne by a nursing faculty attending 6-weeks Training at a NNC. The parent state of NNC will budget training cost for its own participants while for out-of-state participants, the training cost will be transferred to the NNC by NHM of the nominating state. Details and break up are in the Annexure 3

#### ***b) State Nursing Directorate***

Name of the activity	Indicative Unit Cost (in INR)	Details
<b>Operational &amp; Programmatic costs</b>		
<b><i>Salaries of additional HR for State Nursing Directorate:</i></b> <ul style="list-style-type: none"> <li>• Consultants</li> <li>• Program Assistant</li> <li>• Data Assistant</li> </ul>	40,000-60,000 20,000-30,000 12,000-18,000	The proposed salaries are indicated in INR per month. However, the remuneration may vary from state to state depending upon the state norms and pay scale parity.
<b>6-weeks Training Cost</b>		
<b>Cost of furniture, fixtures and equipment</b>	-	It would be one-time cost depending upon the state's requirement.
<b>Monthly Contingency expenses for State Nursing Directorate</b>	7,500 per month	Includes stationery cost, office supplies, internet and telephone expenses, AMC, and other miscellaneous expenses.
<b>State level review meeting</b>	1.00-2.5 lakhs per meeting (depending upon no. of participants)	These meetings would help to assess the progress of PSE strengthening activities and promote cross learning among representatives of various nursing institutions and clinical sites.

Name of the activity	Indicative Unit Cost (in INR)	Details
<b>Travel Costs</b>		
Supportive Supervision visit by officials of nursing directorate	7,000-12,000 per visit	This would include cost of travel, lodging (one night) and DA (2 days) based on state norms. At least one visit per month is recommended.

### c) State Nodal Centres

Budget Head	Indicative Unit Cost (in INR)	PSE Activities for SNC that can be proposed
<b>Salaries</b>		
Salaries for additional HR <ul style="list-style-type: none"> <li>NMTs (2)</li> <li>PC (1)</li> </ul>	40,000-60,000 20,000-30,000	The proposed salaries are indicated in INR per month. However, the remuneration may vary from state to state depending upon the state norms and pay scale parity.
<b>Establishment of Physical and Training Infrastructure</b>		
<b>Skills Laboratory:</b> <ul style="list-style-type: none"> <li>Cost of Setting up, Civil Work etc. including seminar room furniture</li> <li>Skill Lab mannequins, equipment etc.</li> <li>Recurring costs of Skills Lab (consumables)</li> <li>Teaching learning materials for Seminar Room</li> </ul>	20,00,000  37,00,000  50,000  3,00,000	Cost for setting up a skills lab would include one-time cost of setting up a skills lab in the form of partitioning/ repair and renovation of skills lab including seminar room furniture. It will also include an annual cost for replenishment of consumables and PPE required for skills lab. Cost of procuring all models, mannequins and skill lab equipment as per GoI's guidelines (Annexure 4E) is around Rs. 37 lakhs for SNC. Teaching learning materials for skills lab seminar room will also be proposed under this head.
IT Laboratory- Furniture & Equipment	6,00,000	List of equipment and furniture can be downloaded from the following link (PSE guidelines on website of MoHFW, GoI) <a href="http://nhm.gov.in/images/pdf/programmes/maternalhealth/guidelines/Operational_Guideline-pre-service_education_(PSE)-Nursing.pdf">http://nhm.gov.in/images/pdf/programmes/maternalhealth/guidelines/Operational_Guideline-pre-service_education_(PSE)-Nursing.pdf</a>

Budget Head	Indicative Unit Cost (in INR)	PSE Activities for SNC that can be proposed
Library - Books, GoI guidelines, Furniture	20,00,000	The list of books and guidelines can be downloaded from the above mentioned link (PSE guidelines on website of MoHFW, GoI) <a href="http://nhm.gov.in/images/pdf/programmes/maternal-health/guidelines/Operational_Guideline-pre-service_education_(PSE)-Nursing.pdf">http://nhm.gov.in/images/pdf/programmes/maternal-health/guidelines/Operational_Guideline-pre-service_education_(PSE)-Nursing.pdf</a>
Classroom-AV Aids	2,00,000	Funds for Classroom AV aids may be proposed based on gap analysis
Classroom furniture	2,00,000	Funds to be proposed based on gap analysis
Setting up/ strengthening of other learning labs	FON- 8 lakhs CHN- 2 lakhs Nutrition- 1.5 lakhs Pre-clinical- 1.5 lakhs	The list of equipment and instruments for other learning labs like Fundamentals of Nursing lab (FON), Community Health Nursing lab (CHN), Nutrition and Pre-clinical lab (as per the INC norms) is enclosed as Annexure 4A, 4B, 4C, 4D)
<b>Training and Capacity Building</b>		
6-weeks Training organization cost for the nodal center	1,44,400 per batch	Details and breakup in Annexure 3
6-weeks Training trainee cost for ANM/GNM faculty	69,000 per participant	Details and breakup in Annexure 3
Mentorship and post training follow-up visits by NMTs to ANM/GNM Schools	7,000	One mentorship visit for post training hand holding by two trainers for two days at Rs. 7000 per trainer (TA - 4000, DA - 750 per day for 2 days, accommodation - 1500 for one night).
<b>Operational Costs</b>		
Mobility/ POL for clinical site/ community visits	25000 per month	Includes cost incurred on POL or arranging transportation for clinical site and community visits of nursing students.
Monthly contingency expenses for SNCs	7500 per month	Contingency includes: <ul style="list-style-type: none"> <li>• Office consumables like paper, stationary</li> <li>• Minor repairs</li> <li>• AMC of computers and other equipment</li> <li>• Internet expenses</li> <li>• Subscription fees for journals</li> <li>• Miscellaneous expenses</li> </ul>



**d) Strengthening PSE in Nursing Institutions**

Name of the activity	Indicative Unit cost	Details
<b>Salaries for Human Resources</b>		
<ul style="list-style-type: none"> <li><b>Contractual faculty</b></li> <li><b>Program Coordinator/ DEO</b></li> <li><b>Librarian</b></li> </ul>	30,000-40,000 20,000-30,000 15,000-20,000	<p>The proposed salaries are indicated in INR per month. However, the remuneration may vary from state to state depending upon the state norms and pay scale parity.</p> <p><i>ToRs enclosed as Annexure 1C</i></p> <p><i>*NHM will only support contractual HR for initial period on two to three years. Subsequently, state to create regular positions to meet the HR requirements.</i></p>
<b>Establishment of Physical and Training Infrastructure</b>		
<b>Setting up of skill lab:</b> <ul style="list-style-type: none"> <li>Cost of models &amp; equipment including furniture</li> <li>Consumables</li> <li>Partitioning/ skill lab repair &amp; renovation</li> </ul>	27 lakhs -GNMTC 23 lakhs -ANMTC  10,000 per year 2-3 lakhs (one-time)	<p>Cost for setting up a skills lab would include one-time cost of setting up a skills lab in the form of partitioning/ repair and renovation of skills lab along with an annual cost for replenishment of consumables and PPE required for skills lab. Cost of procuring all models, mannequins and skill lab equipment as per GoI's guidelines are around Rs. 27 lakhs for a GNM Schools and Rs. 23 lakhs for an ANMTC.</p> <p>The list can be downloaded from following link (PSE guidelines on website of MoHFW, GoI):</p> <p><a href="http://nhm.gov.in/images/pdf/programmes/maternal-health/guidelines/Operational_Guideline-pre-service_education_(PSE)-Nursing.pdf">http://nhm.gov.in/images/pdf/programmes/maternal-health/guidelines/Operational_Guideline-pre-service_education_(PSE)-Nursing.pdf</a></p>
<b>Setting up of IT lab (Furniture &amp; Equipment)</b>	5 lakhs- GNMTC 4 lakhs- ANMTC	The list of equipment and furniture can be downloaded from the link given above
<b>Setting up of library including GoI guidelines</b>	7.5 lakhs- GNMTC 2.5 lakhs- ANMTC	The list of books and GoI guidelines can be downloaded from the link given above
<b>Library furniture</b>	3 lakhs- GNMTC 2 lakhs- ANMTC	This includes cost of library furniture for storing books (bookshelves & cabinets) and seating of students.
<b>Setting up/ strengthening of other learning labs</b>	FON- 8 lakhs CHN- 2 lakhs	The list of equipment and instruments for each of other learning labs like FON lab, Community Health Nursing lab, Nutrition and

	Nutrition- 1.5 lakhs Pre-clinical- 1.5 lakhs	Pre-clinical lab (as per the INC norms) is enclosed as Annexure 4A, 4B, 4C, 4D
<b>Classroom furniture</b>	Need based (2-4 lakhs per institution)	Based on a gap analysis
<b>AV aids</b>	Need based (2-3 lakhs per institution)	Based on a gap analysis
<b>Equipment for training institutes</b>	Need based	This may include cost of equipment for office set up, hostel , power back up (in form of generator/ inverter)
<b>Operational and Program Management Costs</b>		
<b>Monthly contingency expenses</b>	5,000 per month	Includes stationery cost, office supplies, internet and telephone expenses, AMC, recurring costs for labs, subscription of journals and other miscellaneous expenses.
<b>Monthly POL/ mobility expenses</b>	25,000 per month	Includes cost incurred on POL or arranging transportation for clinical site and community visits of nursing students.



