

# TRAINING PLAN

FOR TRADITIONAL BIRTH ATTENDANTS AND MATERNAL HEALTH AIDES



## *TRAINING INTERVENTION MODULES*

*CATHOLIC RELIEF SERVICES  
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## CONTENTS

| No.  | Description                                    | Page |
|------|--|------|
| I.   | Introduction                                   | 3    |
| II.  | Training Plan for Traditional Birth Attendants | 4    |
| III. | Training Programs                              | 11   |
| IV.  | Annexes  | 23   |
| V.   | Bibliography                                   | 26   |

## I. INTRODUCTION

The training of traditional birth attendants (TBAs) is conducted by a team of institution-based facilitators with up-to-date training, and entails at least two training modules. The first covers general information about pregnancy, childbirth, postpartum, and the newborn. It is based on Ministry of Health standards of comprehensive women's care, and emphasizes referral and information systems. In the second module, the TBA receives specific instruction on what to do in case of an obstetrical and/or neonatal emergency.

Both modules use adult education approaches, including reflection and analysis of the TBAs' experiences in their communities. It focuses primarily on the TBAs' habitual practices in order to reinforce the positive and discourage the negative; this is not accomplished through criticism, but rather by reflecting on the reasons for changing detrimental practices and offering alternatives.

This document is a tool to support facilitators. It includes: the objectives, plan, daily sessions with a description of each topic, its contents or sub-topics, the methods and/or techniques to use, audiovisual aids, and activities. It also discusses equipping TBAs with the basic supplies and equipment they require to provide timely, risk-free care; these supplies are distributed during the second training module.



## II. SPECIFIC TRAINING PLAN FOR TRADITIONAL BIRTH ATTENDANTS AND MATERNAL HEALTH ASSISTANTS

### A. TBA PROFILE

#### a) Requirements for entering the program

- Experience in assisting childbirth
- Recognized by the community
- Desire to learn and to share knowledge

(Note: These three requirements were the only ones considered. While in some places, age, level of schooling, and years working as a TBA are considered important, this was not the case in Intibucá, Honduras.)

#### b) Requirements for successful program completion

- Knowledge in the following areas: the role of the TBA; assisting a clean delivery; risk factors/danger signs and the first aid the TBA should provide in an emergency during pregnancy, childbirth, postpartum, and in the newborn; the information and referral system; and, transport committees for obstetrical emergencies
- Hand washing skills
- Skills in the proper use and management of the materials and equipment used for a clean delivery. Cleaning, decontamination, and sterilization of delivery equipment
- Skills in applying external bimanual compression of the uterus and infant resuscitation
- Using the information and referral system: timely identification and referral of pregnant women, with and without complications; delivery, postpartum, and newborn referral (appropriate decision-making)
- Attitudes: Excellent interpersonal relations; a vocation for service; ability to listen to and ask questions of the woman and her family
- Knowledge of where and when to seek help

- Commitment to sharing the knowledge acquired with other women in the community, and particularly with pregnant women (how to take care of themselves during pregnancy, where to seek help, encouragement to visit the health clinic and to prevent complications)
- Commitment to promote community participation
- Commitment to establish and promote mechanisms for coordination with local health units

## **B. CONTENTS**

### **a) General Objectives**

To contribute to the prevention of maternal-infant morbidity and mortality by training TBAs in skills for managing obstetrical and neonatal emergencies in order to save lives in their communities.

### **b) Specific Objectives**

To provide training so that TBAs can effectively:

- Assist clean deliveries (without risk of infection), including safe delivery of the placenta
- Evaluate pregnant women; detect danger signs before, during, and following childbirth; and provide timely referral
- Use the information and referral system properly
- Give first aid in obstetrical and neonatal emergencies in the community
- Provide immediate care to the normal newborn and apply infant first aid should a complication occur

## C. CONTENTS

| Module  | Length in hours | Teaching materials or resources   |
|---|-----------------|---|
| <b>Module I</b><br>Care of high risk pregnant women, care during delivery newborn care, using the information and referral system | 40              | Figures for analysis divided into pairs, poster board, a tree or branch, and poster board drawings representing people; fruits, kitchen utensils, sleeping mat or cot, sheet, doll, red liquid, water, plastic bags, thin ribbons to represent veins, bandages<br>Gauze packet, umbilical tape, delivery equipment, 3 palm hats, red cloth, hemp/cotton thread for referral forms, list of pregnant women   |
| <b>Module II</b><br>Care during obstetrical or neonatal emergencies in the community  | 40              | Hand washing kit:<br>Nail clippers, small nail scissors, nail stick, water, water pitcher, soap solution or soap, 3 plastic buckets (one with a chlorine and water solution, another with a soap solution, and the third filled with water.)<br>One large pot and one small pot with lids, plastic apron, plastic bags, delivery equipment (scissors, 2 umbilical cord clamps, gloves, clean cloths to wrap equipment, masking tape, cooking stove, and soap.<br>Sterile kit, alcohol, boiled water, bucket for the placenta, models of placenta and pelvis, an infant mannequin, a trash container ( box or bag), referral sheet, cloth uterus, red aniline dye, water, transparent plastic containers, sheets, rags, cloths for cleaning and wrapping the newborn, a baby hat, gauze, packaged umbilical tape, observation sheet for each skill |

#### D. TEACHING STRATEGIES

- a) The training process starts with a situational analysis of the TBAS' home communities and the practices that they are familiar with and use.
- b) The training methodology includes reflection, analysis, and experiential learning, along with demonstration and practice sessions that facilitate the learn-by-doing process. Participatory techniques should be used to keep the group motivated, with an emphasis on the importance of each person's participation.
- c) The TBA training includes two 5-day workshops. The first workshop covers general concepts about pregnancy, childbirth, the postpartum period, and the newborn. The content focuses on normal situations as well as the potential risk that the woman or newborn could become ill or die; the importance of referral and institutional birth; how to fill out the list of pregnant women in the community; and the importance of attending monthly meetings and meetings with community leaders. This workshop is held in the home of a TBA or at a Health Unit (HU), with a group of no more than 12 people, including a nursing aide and local pregnant women interested in participating, especially in the practice sessions on prenatal care.
- d) After the first workshop, there is a period of individual follow-up. This is conducted during TBA home visits for prenatal care, childbirth, postpartum care, and newborn care, and also includes filling out referral forms, the list of pregnant women, and TBA reports.
- e) The second workshop focuses on emergency situations that occur during pregnancy, childbirth, postpartum, and in the newborn. Topics are covered with an emphasis on prevention methods, the first aid to be given by the TBA in an emergency, the organization of transport committees in each community, and the importance of referral and reporting. Following the training program, the TBAs should receive follow-up in their communities to reinforce emergency management skills not covered during the workshop.

- f) The second workshop should include up to 20 community members involved in maternal health (TBAs, Maternal Health Aides - MHAs); four Ministry of Health facilitators also participate (physicians, nursing staff, technical staff).
- g) Each workshop uses audiovisual aids and adult education methods, particularly role plays and demonstrations using mannequins, dolls, and models of the pelvis, placenta, and uterus made with local materials.
- h) On the fourth day of the first workshop, a meeting is held with community leaders and where possible, with the general community, to examine the maternal health situation and seek solutions to local problems, such as organizing emergency transport committees and developing birth plans.
- i) Skills evaluation guides are used during the second workshop and also are used later for monitoring what the TBA should do in each skills area, in a logical sequence.
- j) During the first workshop, practice sessions are conducted with pregnant women in the community. Ideally, this includes a visit to the local health unit to observe the care given by institutional staff in order to differentiate and establish the importance of institutional maternal care, particularly in cases of referrals.
- k) Participating staff from health care institutions actively serve as facilitators and organizers throughout the workshop, establishing a horizontal relationship with the participants (breaking down barriers by dispensing with the use of titles and facilitating community meetings using a previously established agenda that includes agreements and commitments).
- l) During each workshop, the team of institutional staff should keep in mind the following:
  - Every topic may not be covered fully. The important thing is that each topic covered is understood and assimilated by the TBA and the MHA. The follow-up period can be used to fill in topics that remained incomplete or were not covered during the workshop.
  - The content should be covered using clear, simple (non technical) language, and should seek to the experiences of the participants. When listening to an inappropriate practice,



avoid expressions or gestures indicating disagreement with the TBAs approach; instead, encourage the group to analyze the reasons for using other practices in the case at hand and facilitate the identification of innocuous and beneficial practices.

- During each session, participants and facilitators alike should arrange themselves in a circle; avoid traditional school seating arrangements.
- Follow-up of the TBAs and maternal health aides should provide continuity to the activities carried out during the workshop by evaluating progress made and changes in attitudes and practices, and by reinforcing the knowledge acquired. It also might be possible to conduct an assessment of the local maternal/neonatal situation by visiting pregnant women and their families, and by visiting health units to look at coverage, referrals, and information systems. Institutional staff, TBAs, and MHAs should hold monthly meetings to reinforce knowledge, check the supply of materials and equipment, and prepare sterile kits.

## E. EVALUATION

During each workshop, the group's experiences in each session should be explored and discussion and sharing encouraged. Meanwhile, the facilitator's team should evaluate continuously the level of assimilation of the topics covered.

- a) During the first workshop, each topic is evaluated using oral questions. The second workshop is evaluated using the checklist in the evaluation or observation guides; these help verify the application of skills in light of each TBA's personal experience before and after sharing knowledge through participatory methods.
- b) The facilitator group regularly observes participants to ascertain their level of motivation. At the end of each day, sessions are reviewed with respect to contents, methodologies, and techniques in order to reaffirm or adjust the following day's activities.
- c) A final evaluation is conducted at the end of each workshop to review the activities and to ascertain the degree to which knowledge and methods have been assimilated.

- d) The follow-up period includes an evaluation of the degree of assimilation of knowledge, changes in attitudes and practices, and coverage of care provided by TBAs and health care providers. Supplies are reviewed and distributed at the same time.
- e) The program's impact is evaluated through measurements of indicators such as: referrals, coverage of prenatal care, morbidity, maternal-perinatal mortality by health unit, and the number of committees organized for emergency transport.

#### **F. OPERATIONAL SUGGESTIONS**

- a) Follow the workshop schedule and avoid improvising.
- b) Prepare in advance all technical content, aids or resources to be used during each workshop based on the stated outcomes and objectives, so as to avoid improvisation.
- c) The logistical aspects of each workshop and follow-up activity scheduled should be prepared in advance, with a view toward participants' comfort and proximity to their home environment.
- d) Follow-up should be conducted through visits to TBAs and maternal health aides, taking along the guides to individually support and reinforce the skills they need to improve care of the mother and baby.
- e) Monthly meetings should be held, preferably in the Health Unit, using previously prepared agendas that encourage ongoing, regular attendance by the TBAs.
- f) Distribution of supplies and paperwork should occur on an ongoing basis.
- g) During the last workshop, basic delivery equipment/supplies should be distributed and workshop sessions should promote their proper use and management.
- h) Community meetings to analyze the maternal/child health situation should be held to involve community leaders and other local organizations in support of the TBA's work.

### III. TRAINING PROGRAMAS

#### A. MODULE 1

The first TBA training module lasts for five days and the core topic is comprehensive women's health care. This workshop is based on the Honduran Ministry of Health's TBA training manual with a reproductive risk approach. It employs an adult education methodology including exercises such as role plays, reflective games, and situational evaluation. Since most TBAs cannot read and write, the learning that has taken place during the workshop is evaluated through direct questioning.

| DAY            | TOPICS                    | CONTENT   | METHODOLOGY/TECHNIQUE   |
|----------------|---------------------------|---|---|
| <i>8 hours</i> | Introduction              | <ul style="list-style-type: none"> <li>• Opening session</li> <li>• Participant introductions</li> <li>• Internal organization of the group</li> </ul>  | <ul style="list-style-type: none"> <li>• Group exercises</li> </ul>   |
|                | Definition of concepts    | <ul style="list-style-type: none"> <li>• Reproductive risk factors during pregnancy, childbirth, and postpartum.</li> <li>• Referral at the community level</li> <li>• The care provided by the TBA in the community</li> </ul>                             | <ul style="list-style-type: none"> <li>• Analysis of experiences</li> <li>• Expository</li> </ul>                 |
|                | Operational definitions   | <ul style="list-style-type: none"> <li>• Birth Attendant, trained Traditional Birth Attendant (TBA), active TBA, women of childbearing age</li> <li>• Gender and sex</li> <li>• Comprehensive women's care</li> <li>• Reproductive risk approach</li> </ul> | <ul style="list-style-type: none"> <li>• Role play</li> <li>• Group exercises</li> <li>• Brainstorming</li> </ul> |
| <i>8 Hours</i> | Reproductive risk factors | <ul style="list-style-type: none"> <li>• Obstetrical reproductive risk approach</li> <li>• Obstetrical reproductive risk approach</li> </ul>  | <ul style="list-style-type: none"> <li>• Expository</li> <li>• Group exercises</li> </ul>                         |

| DAY     | TOPICS  | CONTENT   | METHODOLOGY/TECHNIQUE  |
|---------|---|---|--|
| 8 Hours | Pregnancy   | <ul style="list-style-type: none"> <li>• High risk pregnancy</li> <li>• Prenatal care</li> <li>• Tetanus vaccination</li> <li>• Evaluation</li> </ul>                   | <ul style="list-style-type: none"> <li>• Demonstration and practice with pregnant women</li> <li>• Group exercise</li> </ul> |
| 8 Hours | Danger signs during the postpartum period               | <ul style="list-style-type: none"> <li>• Heavy uterine bleeding</li> <li>• Fever with foul-smelling lochia</li> </ul>   | <ul style="list-style-type: none"> <li>• Group exercise</li> <li>• Analysis of experiences</li> </ul>                        |
|         | Breastfeeding   | <ul style="list-style-type: none"> <li>• Early bonding, exclusive breastfeeding, lactational amenorrhea</li> </ul>  | <ul style="list-style-type: none"> <li>• Demonstration/practice</li> <li>• Brainstorming</li> <li>• Presentation</li> </ul>  |
| 8 Hours | Maternal death  | <ul style="list-style-type: none"> <li>• Maternal death</li> </ul>  | <ul style="list-style-type: none"> <li>• Role play</li> </ul>  |
|         | Perinatal mortality                                     | <ul style="list-style-type: none"> <li>• Jaundice, fetal death, sepsis</li> </ul>   | <ul style="list-style-type: none"> <li>• Group exercise</li> </ul>   |
|         | Importance and functioning of the maternal-child clinic | <ul style="list-style-type: none"> <li>• Importance and functioning of the maternal-child clinic</li> </ul>   | <ul style="list-style-type: none"> <li>• Drawing of the health center</li> </ul>   |
|         | Information and Referral System                         | <ul style="list-style-type: none"> <li>• Using the information and referral system</li> </ul>   | <ul style="list-style-type: none"> <li>• Demonstration</li> </ul>  |
|         | Evaluation and Closing                                  | <ul style="list-style-type: none"> <li>• Evaluation of participants' learning</li> <li>• Participants' evaluation of the workshop</li> <li>• Closing session</li> </ul> | <ul style="list-style-type: none"> <li>• Group exercise</li> <li>• Direct questions</li> </ul>                               |

## B. MODULE 2

The Workshop on First Aid for Obstetrical and Newborn Emergencies should be held as a “second” training module for Traditional Birth Attendants. Its aim is to contribute to reducing maternal and perinatal mortality by identifying danger signs and improving the first aid skills that TBAs should apply during an obstetrical or newborn emergency.

TBAs wishing to attend this workshop should have participated in the previous one on Maternal and Perinatal Health to enhance understanding of the content and practices that will be reinforced in this module.

## MODULE 2

### PLAN FOR TRAINING TRADITIONAL BIRTH ATTENDANTS IN OBSTETRICAL AND NEWBORN EMERGENCIES

| DAY /TIME       | OBJECTIVE   | TOPIC   | CONTENTS  | METHODOLOGY/<br>TECHNIQUE  | RESOURCES/ MATERIALS<br>AND EQUIPMENT  |
|-----------------|---|---|---|--|--|
| Day 1, One hour | Create an atmosphere of trust among workshop participants   | Greeting, welcome, and introduction<br><br>Objectives and methodology of the workshop | <ul style="list-style-type: none"> <li>✓ Introduction activity</li> <li>✓ Internal organization of the group</li> </ul>                     | <ul style="list-style-type: none"> <li>✓ Expository/presentation</li> <li>✓ Brainstorming</li> </ul> | <ul style="list-style-type: none"> <li>✓ Flipcharts,</li> <li>✓ Markers</li> <li>✓ Notebooks</li> <li>✓ Participants list</li> <li>✓ Forms</li> <li>✓ Masking tape</li> <li>✓ Program</li> <li>✓ Pencils</li> <li>✓ Name tags</li> </ul>         |
| One hour        | Hand out the traditional birth attendants manual as a tool to reinforce the topics covered during the workshop  | Topic 1: How to Use the Manual for Traditional Birth Attendants                       | <ul style="list-style-type: none"> <li>✓ Objective of the manual</li> <li>✓ Content</li> <li>✓ Instructions for using the manual</li> </ul> | Demonstrative  | <ul style="list-style-type: none"> <li>✓ Manual for Traditional Birth Attendants Trained in the Management of Obstetrical Emergencies in the Community</li> </ul>  |
| 15 Minutes      | B R E A K   |   |   |  |  |
| One hour        | Identify the most common causes of maternal mortality and obstetrical emergencies in your community, department, and the country, so that traditional birth attendants can prevent them and provide first aid and timely referral in obstetrical emergencies. | Topic 2: Causes of Maternal deaths in the country                                     | <ul style="list-style-type: none"> <li>✓ Causes of maternal deaths in the country.</li> <li>✓ Most common types of emergencies</li> </ul>   | <ul style="list-style-type: none"> <li>✓ Discussion questions</li> <li>✓ Case studies</li> </ul>     | <p>Question cards</p> <ol style="list-style-type: none"> <li>1. Why do women die in the community and what else can happen during childbirth?</li> <li>2. What types of emergencies occur during pregnancy, delivery, and postpartum?</li> </ol> |

| DAY /TIME            | OBJECTIVE  | TOPIC                         | CONTENTS   | METHODOLOGY/ TECHNIQUE   | RESOURCES/ MATERIALS AND EQUIPMENT   |
|----------------------|--|-------------------------------|--|--|--|
| One hour             |  |                               | <ul style="list-style-type: none"> <li>✓ Preparing the TBA for emergencies</li> <li>✓ What to do in case of emergency</li> </ul>   | <ul style="list-style-type: none"> <li>✓ Group work, role play, songs, poetry</li> <li>✓ Plenary</li> </ul>  | Question cards<br>3. What should be done in case of an obstetrical emergency?<br>4. As a traditional birth attendant, how can I be prepared for an emergency?  |
| One hour             | L U N C H  |                               |  |  |  |
| One hour, 45 minutes | After covering this topic, the TBA should be able to identify and apply first aid and obstetrical emergency management principles; basically, the TBA should understand what constitutes an emergency, the objectives of giving first aid, the steps for evaluating an emergency, and how to manage a referral | Topic 3: First aid principles | <ul style="list-style-type: none"> <li>✓ What is an obstetrical emergency and what are the first aid procedures</li> <li>✓ What are the objectives of emergency management and first aid</li> </ul>    | <ul style="list-style-type: none"> <li>✓ Role play</li> <li>✓ Songs</li> <li>✓ Poetry</li> </ul>   | Masking tape, flip chart paper with exploratory questions:<br>What is first aid?<br>What are the objectives of first aid?  |
| 15 Minutes           | B R E A K  |                               |  |  |  |
| 2 Hours              |  | Continuation of topic 3       | <ul style="list-style-type: none"> <li>✓ Steps for evaluating an obstetrical emergency</li> <li>✓ Giving first aid during an obstetrical emergency</li> <li>✓ Steps for emergency referrals</li> </ul> | <ul style="list-style-type: none"> <li>✓ Reflection and analysis of the obstetrical emergency and the provision of first aid</li> <li>✓ Demonstration</li> </ul> | Masking tape, flip chart with exploratory questions:<br>What steps should we follow in evaluating an obstetrical emergency?<br>Reference forms/Checklists (Quantity based on number of participants) |

| DAY /TIME               | OBJECTIVE   | TOPIC                                      | CONTENTS   | METHODOLOGY/<br>TECHNIQUE  | RESOURCES/ MATERIALS<br>AND EQUIPMENT   |
|-------------------------|---|--|--|--|---|
| Day Two<br>15 Minutes   | Reinforce the preceding day's topic with the TBAs   | Reinforcement of the preceding day's topic | <ul style="list-style-type: none"> <li>✓ TBA Manual</li> <li>✓ Maternal deaths in the country or region.</li> <li>✓ First aid principles</li> </ul>  | <ul style="list-style-type: none"> <li>✓ Brainstorming</li> </ul>  | Exploratory question:<br>What was the main thing I learned yesterday?                 |
| One hour,<br>45 minutes | At the end of the topic, the TBA will be able to identify danger signs and apply first aid when they occur during pregnancy     | Topic 4: Danger signs during pregnancy     | <ul style="list-style-type: none"> <li>✓ The 4 danger signs during pregnancy</li> <li>✓ Causes of each danger sign during pregnancy</li> </ul>   | <ul style="list-style-type: none"> <li>✓ Group work</li> <li>✓ Demonstration</li> <li>✓ Role play</li> <li>✓ Brainstorming</li> </ul>  | Pregnancy flow chart from the TBA Manual  |
| 15 Minutes              | B R E A K   |  |  |  |   |
| One hour,<br>45 minutes |   | Continuation of topic 4                    | <ul style="list-style-type: none"> <li>✓ Symptoms observed in the pregnant woman for each danger sign</li> <li>✓ The first aid to be given by the TBA upon observing any of the danger signs during pregnancy</li> </ul> | <ul style="list-style-type: none"> <li>✓ Group work</li> <li>✓ Demonstration</li> <li>✓ Role play</li> <li>✓ Brainstorming</li> </ul>  | Page on danger signs during pregnancy from the TBA manual<br>(Pregnancy flowchart)    |
| One hour                | L U N C H   |  |  |  |   |
| One hour 45 minutes     | After covering the topic, the TBA will be able to identify danger signs and apply first aid should they occur during childbirth | Topic 5: Danger signs during childbirth    | <ul style="list-style-type: none"> <li>✓ The 4 danger signs during childbirth</li> <li>✓ Causes of each danger sign during childbirth</li> </ul>   | <ul style="list-style-type: none"> <li>✓ Group work</li> <li>✓ Demonstration</li> <li>✓ Role play</li> <li>✓ Brainstorming.</li> </ul> | Page on danger signs during childbirth from the TBA manual<br>(childbirth flow chart) |
| 15 Minutes              | B R E A K   |  |  |  |   |



| DAY /TIME             | OBJECTIVE  | TOPIC  | CONTENTS  | METHODOLOGY/ TECHNIQUE   | RESOURCES/ MATERIALS AND EQUIPMENT  |   |
|-----------------------|--|--|---|--|---|---|
| 2 Hours               |  |  | <ul style="list-style-type: none"> <li>✓ The first aid to be given by the TBA upon observing any of the danger signs during childbirth</li> <li>✓ Calculating the amount of blood loss</li> </ul>   | <ul style="list-style-type: none"> <li>✓ Group work</li> <li>✓ Demonstration</li> <li>✓ Role play</li> <li>✓ Brainstorming</li> </ul>                            | Red dye, water, transparent containers, uterus made of red fabric, old rags, childbirth flow chart from the TBA manual  |   |
| Day three<br>One hour | After covering the topic, the TBA will be able to assist a clean delivery, provide immediate care to the newborn, and provide follow-up during the postpartum period | Topic 6: Clean delivery, newborn care, and postpartum care | Preventing infections during delivery <ul style="list-style-type: none"> <li>✓ Causes of infection during delivery</li> <li>✓ Preventing infections during delivery</li> <li>✓ Practicing good hygiene during delivery</li> <li>✓ How the TBA can prepare for a clean delivery</li> </ul> | Demonstrations   | Questions: <ol style="list-style-type: none"> <li>1. How can we prevent infections in the mother during childbirth?</li> <li>2. How should the TBA prepare for assisting childbirth?</li> <li>3. What hygiene methods should be used during delivery?</li> <li>4. Why do women get infections during delivery?</li> </ol> |   |
| 45 minutes            |  |  | Handwashing <ul style="list-style-type: none"> <li>✓ Handwashing procedures:</li> <li>✓ Used by the TBA</li> <li>✓ <i>The procedure to follow</i></li> </ul>  | <ul style="list-style-type: none"> <li>✓ Pre and post evaluation of the procedures followed by the TBA</li> <li>✓ Demonstration</li> <li>✓ Group work</li> </ul> | Enough for four groups: Basin, pitchers, water, brush, nail clippers, nail stick, nail file, soap<br>Question:<br>What hygiene methods should be used during delivery?<br>Evaluation guide for handwashing skills   |   |
| 15 Minutes            |  | B  | R   | E  | A   | K |
| One hour              |  |  | Handwashing continued <ul style="list-style-type: none"> <li>✓ Handwashing procedure:</li> <li>✓ Used by the TBA</li> <li>✓ The procedure to follow</li> </ul>  | <ul style="list-style-type: none"> <li>✓ Pre and post evaluation of the procedures used by TBAs</li> <li>✓ Demonstration</li> <li>✓ Group work</li> </ul>        | Enough for four groups: basin, pitchers, water, brush, nail clipper, nail stick, nail file, soap<br>Question:<br>¿What hygiene methods  |   |

| DAY /TIME  | OBJECTIVE | TOPIC | CONTENTS  | METHODOLOGY/<br>TECHNIQUE  | RESOURCES/ MATERIALS<br>AND EQUIPMENT   |
|------------|-----------|-------|---|--|---|
|            |           |       |   |  | should be used during delivery?<br>Evaluation guide for handwashing skills  |
| One hour   |           |       | Introduce the topic:<br>✓ Decontamination of delivery equipment<br>✓ Steps: decontamination, cleaning | <ul style="list-style-type: none"> <li>✓ Demonstration</li> <li>✓ Group work</li> <li>✓ Individual practice</li> </ul> | <p>Question:<br/>¿What do we understand by decontamination?</p> <p>Materials for 4 groups:<br/>Two medium-sized basins, plastic pitcher, brush, nail clipper, nail stick, nail file, soap powder, plastic apron, chlorine, water, 2 umbilical cord clamps, clamps, scissors, gloves, gauze</p> <p>Evaluation guide for decontamination and cleaning skills.</p> |
| 15 Minutes | L U N C H |       |   |  |   |
| One hour   |           |       | Continuation:<br>Decontamination of delivery equipment<br>✓ Steps: decontamination, cleaning.         | <ul style="list-style-type: none"> <li>✓ Demonstration</li> <li>✓ Group work</li> <li>✓ Individual practice</li> </ul> | <p>Question:<br/>What do we understand by decontamination?</p> <p>Materials for 4 groups:<br/>2 medium-sized basins, plastic pitcher, brush, nail clipper, nail stick, nail file, soap powder, plastic apron, chlorine, water, 2 umbilical cord clamps, clamps, scissors, gloves, gauze</p> <p>Evaluation guide for decontamination and cleaning skills</p>     |

| DAY /TIME        | OBJECTIVE   | TOPIC        | CONTENTS   | METHODOLOGY/<br>TECHNIQUE   | RESOURCES/ MATERIALS<br>AND EQUIPMENT  |
|------------------|---|--------------|--|---|--|
| 30 minutes       |   |              | Review the topic of infection  | Evaluation  | Repeat the questions in the plenary:<br>1. How can we prevent infections during childbirth?<br>2. What is the correct handwashing procedure?   |
| 15 Minutes       |   | B R          | E A K  |   |  |
| One hour         | To develop the TBAs' skills in the immediate care of the normal newborn, provision of first aid should problems occur, and timely referral of a newborn experiencing difficulties | Newborn care | a. Care of the normal newborn<br>✓ Steps in caring for the normal newborn: dry, cover, position, aspirate, stimulate<br>Procedures for immediate care of the newborn                         | ✓ Exploration of newborn management<br>✓ Demonstration<br>✓ Group work (individual practice of the procedures and evaluation) | ✓ Dolls, hat, baby clothes for the dolls, 2 newborn blankets per doll, towel, gauze package, gloves in a glove holder, uterus, pelvis<br>✓ Evaluation guides: care of the normal newborn |
| Day 4<br>2 hours |   |              | b. Resuscitating the newborn<br>Four steps:<br>Airways, respiration, heart function, prevent shock<br>✓ Resuscitation procedures<br>✓ Danger signs in the newborn<br>✓ Review all procedures | ✓ Exploration and reinforcement   | ✓ Gloves, baby sheets, towels, doll, hat, gauze<br>✓ Evaluation guide for newborn resuscitation  |
| 15 minutes       |   | B R          | E A K  |   |  |
| One hour         | To train the TBAs in the provision of appropriate care during childbirth without risk of infection and in the   | Childbirth   | ✓ Questions for the pregnant woman<br>✓ Cases that should be referred  | ✓ Explanation<br>✓ Exploration of key questions to ask the pregnant woman before childbirth<br>✓ Group work,                  | Questions:<br>1. Are you receiving prenatal care?<br>2. When did the contractions start?<br>3. How do you feel?  |

| DAY /TIME            | OBJECTIVE                                     | TOPIC | CONTENTS   | METHODOLOGY/ TECHNIQUE   | RESOURCES/ MATERIALS AND EQUIPMENT  |
|----------------------|---|-------|--|--|---|
|                      | early detection and referral of complications |       |  | participatory lecture and dialogue   | 4. Did your water break?<br>5. When was your last bowel movement?<br>6. Have you experienced bleeding?<br>7. Have you had any (liquid) discharge?   |
| One hour, 15 Minutes |   |       | Clean delivery<br>Stages of childbirth<br>First stage:<br>✓ Necessary material and equipment<br>✓ Questions for the patient<br>✓ Environment<br>✓ <i>Signs of imminent delivery (normal signs and danger signs)</i>              | ✓ Participatory lecture<br>✓ Activity for evaluating normal signs and danger signs | Evaluation guide for assisting a clean birth  |
| One hour             | L U N C H                                     |       |  |  |   |
| One hour, 30 minutes |   |       | Second stage of childbirth<br>✓ The TBAs practices during this stage<br>Preparing the essentials,<br>Signs during this stage:<br>✓ Procedures for assisting the birth<br>✓ Importance and use of sterile materials and equipment | Group work<br>Lecture  | Pelvis, placenta, equipment used earlier<br>(Repeat steps for handwashing, decontamination, cleaning, disinfection and sterilization of equipment, assisting the delivery and newborn care)<br>Evaluation guides for handwashing, decontamination, cleaning, disinfection and sterilization of equipment, assisting delivery, and newborn care, TBA manual. |
| 15 minutes           | B R E A K                                     |       |  |  |   |

| DAY /TIME                     | OBJECTIVE  | TOPIC                                      | CONTENTS  | METHODOLOGY/ TECHNIQUE   | RESOURCES/ MATERIALS AND EQUIPMENT   |
|-------------------------------|--|--|---|--|--|
| One hour 15 Minutes           |  |  | Third stage of childbirth<br>Normal signs during delivery of the placenta<br>✓ In the mother<br>✓ In the baby<br>Danger signs<br>✓ In the mother<br>✓ In the baby<br>What to do during the third stage of childbirth                  | Exploration and reinforcement  | Placenta, TBA manual   |
| DAY 5<br>One hour, 45 minutes | After covering the topic, the TBA will be able to detect danger signs and give first aid should a problem occur in the postpartum period | Topic 7: Danger signs following childbirth | <ul style="list-style-type: none"> <li>✓ 4 postpartum danger signs</li> <li>✓ Causes of postpartum danger signs</li> <li>✓ First aid to be given by the TBA in case any postpartum danger sign is present</li> </ul>                  | <ul style="list-style-type: none"> <li>✓ Group work</li> <li>✓ Demonstration</li> <li>✓ Role play</li> <li>✓ <b>Brainstorming</b></li> </ul> | Page on danger signs following childbirth from the TBA manual (postpartum flow chart)<br><b><i>A mixture of red dye and water in a pitcher, three transparent containers</i></b> |
| 15 Minutes                    | B R E A K  |  |   |  |  |
| 2 hours                       | After covering the topic, the TBA will be able to identify the danger signs and give first aid should they occur in the newborn          | Topic 8: Danger signs in the newborn       | <ul style="list-style-type: none"> <li>✓ The 4 danger signs in a newborn</li> <li>✓ Causes of each danger sign in a newborn</li> <li>✓ First aid to be given by the TBA in case any danger sign is observed in the newborn</li> </ul> | <ul style="list-style-type: none"> <li>✓ Group work</li> <li>✓ Demonstration</li> <li>✓ Role play</li> <li>✓ Brainstorming</li> </ul>        | Page on danger signs in the newborn from the TBA manual (Newborn flow chart)<br>Dolls, baby clothes, sheets, gauze, towel or cloth   |
| One hour                      | L U N C H  |  |   |  |  |
| One hour                      | Evaluate the degree to which participants have assimilated theoretical and practical knowledge   | Evaluation                                 | Direct questions and practice of the topics covered during the workshop   | ✓ Exploration, demonstration   | ✓ The questions posed during each topic  |

| DAY /TIME  | OBJECTIVE   | TOPIC  | CONTENTS                                  | METHODOLOGY/<br>TECHNIQUE | RESOURCES/ MATERIALS<br>AND EQUIPMENT   |
|------------|---|--|---|---------------------------|---|
| One hour   | Provide the basic, essential equipment so that each TBA can offer adequate assistance during childbirth | Distribute materials and equipment to each TBA | ✓ Distribution of materials and equipment |                           | Equipment for the TBA:<br>1 backpack containing 1 plastic bag, 1 apron, a medium-sized basin, plastic pitcher, brush, nail clippers, nail stick, nail file, soap, apron, chlorine, water, 2 umbilical cord clamps, clamps, scissors, gloves, gauze, one medium sized aluminum pot, one large aluminum pot |
| 30 Minutes |   | Closing session                                | ✓ Closing session program                 |                           | ✓ Closing program   |

## IV. ANNEXES

### TECHNICAL REVIEW COLLABORATORS

|  |   |   |
|--|---|---|
| <b>Dr. Juan Alexander Flores</b><br>Director, CESAMO, San Miguelito                  | <b>A/E. Eva Gómez</b><br>CESAMO, Camasca Intibucá   | <b>Dr. Marylena Arita de Fu</b><br>National Institute for Women<br>INAM Honduras                          |
| <b>Dr. Martín Velásquez</b><br>Ministry of Health<br>Concepción, Intibucá            | <b>A/E. Reina Vásquez</b><br>Maternal-Child Clinic<br>Camasca, Intibucá                         | <b>Dr. Melvin Berrios</b><br>Director CESAMO, Camasca   |
| <b>Dr. Natanael Martínez</b><br>Ministry of Health<br>Colomocagua, Intibucá          | <b>A/E. Maribel Amaya</b><br>Maternal-Child Clinic<br>Camasca, Intibucá                         | <b>Dr. Fidelina Mejia</b><br>CESAMO, San Juan   |
| <b>Dr. Helmuth Castro</b><br>Peace Corps Honduras                                    | <b>A/E. Maria Marcos Mejia</b><br>Maternal-Child Clinic (CMI)<br>Camasca, Intibucá              | <b>Dr. Sócrates Varela</b><br>Pediatrician, Enrique Aguilar Cerrato Hospital.<br>La Esperanza, Intibucá   |
| <b>Dr. José Isidro Maradiaga</b><br>CESAMO, Camasca, Intibucá                        | <b>A/E. Dilvia Xiomara Ramos</b><br>Ministry of Health<br>San Miguelito, Colomocagua, Intibucá. | <b>A/E. Corina Ramos</b><br>Maternal-Child Clinic<br>Camasca, Intibucá                                    |
| <b>Dr. Laura Lemus</b><br>Dentist<br>CESAMO, Camasca, Intibucá                       | <b>A/E. Cesar A. Argueta</b><br>Maternal-Child Clinic<br>Camasca, Intibucá                      | <b>Lic. Suyapa Cruz</b><br>Chief of Nursing<br>Enrique Aguilar Cerrato Hospital<br>La Esperanza, Intibucá |
| <b>Lic. Saida Gutiérrez</b><br>Sector Supervising Nurse, Intibucá<br>Department Area | <b>A/E. María Rosa Díaz</b><br>Maternal-Child Clinic<br>Camasca, Intibucá                       | <b>A/E. Concepción del Cid</b><br>Municipal Corporation Colomocagua                                       |
| <b>A/E Dunia Rosibel Méndez</b><br>CESAMO, Camasca                                   | <b>A/E. María Marcos</b><br>Maternal-Child Clinic<br>Camasca, Intibucá                          |   |
| <b>T. S. A Antonio Rodríguez</b><br>CESAMO, Camasca, Intibucá                        | <b>T. S. A. Javier Santiago Vásquez</b><br>CESAMO Colomocagua                                   |   |

### SPECIAL COLLABORATORS Association of Border Municipalities of Intibucá (AMFI)

| Municipal Corporation | Name                          |
|-----------------------|-------------------------------|
| Colomocagua           | Professor Alexis Danilo Trejo |
| Concepción            | Professor Alfredo Cardona     |
| Camasca               | A/E. Luz Esperanza Ramos      |
| San Antonio           | Professor Elvira Girón        |
| Magdalena             | Professor Francis Hernández   |

**EQUIPO TÉCNICO DEL PROYECTO SUPERVIVENCIA INFANTIL DE BASE COMUNITARIA DE INTIBUCÁ**

| <b>CRS</b>  | <b>MINISTRY OF HEALTH</b>   | <b>MINISTRY OF HEALTH</b>  |
|---|---|--|
| <p><b>Lic. Judith Galindo</b><br/>Manager</p> <p><b>Jalkin Ochoa Mendes</b><br/>Driver</p>  | <p><b>Dr. José Isidro Maradiaga</b><br/>Director CESAMO<br/>Camasca Intibucá</p> <p><b>A/E Dilsa Marina Vásquez</b><br/>CESAR, Santo Domingo</p>  | <p><b>Dr. Laura Lemus</b><br/>CESAMO, Camasca</p> <p><b>Dr. Rina Pineda</b><br/>CESAMO, Colomocagua</p>  |
| <b>COCEPRADII</b>   | <p><b>A/E Dunia Rosibel Méndez</b><br/>CESAMO, Colomocagua</p> <p><b>A/E Marta Corina Argueta</b><br/>CESAMO, Colomocagua</p> <p><b>A/E Dilvia Xiomara Ramos</b><br/>CESAR, San Miguelito</p> <p><b>A/E Sonia Maribel Coello</b><br/>CESAR, Santa Ana</p> <p><b>A/E Juan Luis Díaz</b><br/>CESAR, San Marcos</p> <p><b>A/E Julio Ramos</b><br/>CESAR, Magdalena</p> <p><b>A/E Hortensia Ramos</b><br/>CESAMO, San Antonio</p> <p><b>A/E Juana Dolores Barrera</b><br/>CESAMO, San Antonio</p> <p><b>A/E Dilcia Cantarero</b><br/>CESAR, Santa Teresa</p> <p><b>A/E Eva Gómez</b><br/>CESAMO, Camasca</p> <p><b>A/E Reina Vásquez</b><br/>CESAMO, Camasca</p> <p><b>A/E Corina Ramos</b><br/>CMI, Camasca</p> <p><b>A/E Gladys Isabel Lainez</b><br/>CMI, Camasca</p> <p><b>A/E Antonio Del Cid</b><br/>CESAMO, Concepción</p> <p><b>A/E Israel Amaya</b><br/>CESAMO, Concepción</p> <p><b>TSA Roberto Aguilar</b><br/>CESAMO, Concepción</p> <p><b>TSA Javier Santiago Vásquez</b><br/>CESAMO, Colomocagua</p> <p><b>TSA Oswaldo López</b><br/>CESAR, Magdalena</p> <p><b>A/E Bertilia Mejía Chicas</b><br/>CESAR, Guanigiquil</p> <p><b>A/E Toribia Gámez</b><br/>CESAR, Jiquinlaca</p> <p><b>A/E Maribel Amaya</b><br/>CMI, Camasca</p> <p><b>A/E Maria Marcos Mejia</b><br/>CMI, Camasca</p> | <p><b>A/E Cesar Augusto Argueta</b><br/>CMI, Camasca</p> <p><b>A/E Maria Rosa Mejia</b><br/>CMI, Camasca</p> <p><b>A/E Adalinda Zuniga</b><br/>CESAR, Santa Lucía</p> <p><b>T. S. A. Antonio Rodríguez</b><br/>CESAMO, Camasca</p> |
| <p><b>Dr. Juan Alexander Flores</b><br/>Coordinator</p> <p><b>Concepción del Cid</b><br/>Asst. Coordinator</p> <p><b>Neftalí Díaz</b><br/>Asst. Coordinator</p> <p><b>Ermes Iván Cruz</b><br/>Asst. Coordinator</p> <p><b>Ondina Nolasco</b><br/>Field Trainer</p> <p><b>Johnny Gomez</b><br/>Field Trainer</p> <p><b>Wilma Gladys Díaz</b><br/>Field Trainer</p> <p><b>Ubaldo Ramos</b><br/>Field Trainer</p> <p><b>Edgar Nolasco</b><br/>Field Trainer</p> <p><b>Adolfo Díaz</b><br/>Field Trainer</p> <p><b>Suyapa Gomes</b><br/>Field Trainer</p> <p><b>Milton Villanueva</b><br/>Field Trainer</p> <p><b>Dolores Barrera</b><br/>Field Trainer</p> <p><b>Yobany Matute</b><br/>Field Trainer</p> <p><b>Joel Márquez</b><br/>Field Trainer</p> <p><b>Oscar Yáñez</b><br/>Field Trainer</p> <p><b>Doris Yáñez</b><br/>Field Trainer</p> <p><b>Arnulfo Portillo</b><br/>Field Trainer</p> <p><b>Alexis Reyes</b><br/>Administrator</p> <p><b>Hernán Leonel López</b><br/>Driver</p> |   |  |



**TECHNICAL TEAM THAT PARTICIPATED IN THE COMMUNITY-BASED CHILD SURVIVAL PROJECT OF INTIBUCÁ**

| <b>CATHOLIC RELIEF SERVICES<br/>(CRS)</b>   | <b>CENTRAL COMMITTEE FOR WATER PROJECTS AND<br/>INTEGRATIVE DEVELOPMENT IN INTIBUCÁ (COCEPRADII)</b>  |  |
|---|---|--|
| <p><b>Lic. Glenda Hernández</b><br/>Manager Child Survival Pilot Project</p> <p><b>Dr. Marylena Arita de Fu</b><br/>Manager, PSII</p> | <p><b>Prof. Norma Araceli Coello</b><br/>President COCEPRADII</p> <p><b>Lic. Adela Flores</b><br/>Coordinator</p> <p><b>Dr. Helmut Castro</b><br/>Coordinator</p> <p><b>Dr. Marvin Arístides Rodríguez</b><br/>Coordinator</p> <p><b>Lic. Mirna Núñez</b><br/>Coordinator</p> <p><b>José María Santos</b><br/>Asst. Coordinator</p> <p><b>Mario Lagos</b><br/>Asst. Coordinator</p> <p><b>María Elena Lanza</b><br/>Asst. Coordinator</p> <p><b>Ruth Orellana</b><br/>Asst. Coordinator</p> <p><b>Astenia Medina</b><br/>Field Trainer</p> <p><b>José Santos Lemus</b><br/>Field Trainer</p> <p><b>Salma Díaz</b><br/>Field Trainer</p> | <p><b>Eliseo Cantarero</b><br/>Field Trainer</p> <p><b>Roney Isidro Díaz</b><br/>Field Trainer</p> <p><b>Indira Cardona</b><br/>Field Trainer</p> <p><b>Marvin Zuniga</b><br/>Field Trainer</p> <p><b>Mariana Osorio</b><br/>Field Trainer</p> <p><b>Elvira Ramos</b><br/>Field Trainer</p> <p><b>Berta Lillian Castillo</b><br/>Field Trainer</p> <p><b>Juan Carlos Ortiz</b><br/>Field Trainer</p> <p><b>Roberto Castillo</b><br/>Field Trainer</p> <p><b>Darwin Flores</b><br/>Field Trainer</p> <p><b>Mauro Tulio López</b><br/>Field Trainer</p> <p><b>Susana Argueta</b><br/>Field Trainer</p> |

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