



UNIVERSITY OF
ALBERTA

Training Curriculum

The Lady Health Visitor Continuous Professional Development Program in Punjab, Pakistan

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WHO Standard of Care	General Curriculum Topic	Sub-topics/Specifics on what to cover in training for this topic	Recommended Schedule	Evaluation Indicators
1	<i>Every woman and newborn receive routine, evidence-based care and management of complications during labour, childbirth and early postnatal period according to WHO guidelines</i>			
1.1a	Routine assessment on admission, during labour and childbirth with timely and appropriate care	<ul style="list-style-type: none"> - Review of antenatal, past pregnancy and labour history - Identify high risk pregnancies, complications of pregnancy and manage/refer - Intrapartum maternal care and support - Assessing maternal and foetal vital signs and recording on a partograph - Identify signs of maternal and foetal distress - Guidance for resource limited setting - Know when to refer 	Once every 12 months	<p>Knowledge:</p> <ul style="list-style-type: none"> - LHV can identify high risk pregnancies, signs of maternal and foetal distress <p>Attitude:</p> <ul style="list-style-type: none"> - LHV Is caring and supportive to the mother and the accompanying people - LHV reports status and progress of pregnancy in a timely manner to relevant parties <p>Skills:</p> <ul style="list-style-type: none"> - LHV can assist spontaneous vaginal deliveries for uncomplicated pregnancies with active management of third stage of labour - LHV can correctly fill and plot a partograph - LHV knows when to refer - LHV can take appropriate actions in low resource settings
1.1b	Newborns receive routine care immediately after birth	<ul style="list-style-type: none"> - APGAR scoring and neonatal resuscitation (see Topic 1.5) - Delayed clamping and proper care of the cord - Head to toe assessment to identify birth defects - Routine care and breastfeeding within first 	Once every 12 months	<p>Knowledge:</p> <ul style="list-style-type: none"> - LHV can correctly assign an APGAR score and knows when to perform neonatal resuscitation - LHV can describe the importance of early breastfeeding and skin to skin contact - LHV can identify visible birth defects and signs/symptoms of birth defects needing urgent referral <p>Attitude:</p>

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		hour		<ul style="list-style-type: none"> - LHV ensures there is no delay in care of the newborn <p>Skills:</p> <ul style="list-style-type: none"> - LHV can clamp and cut the cord with all aseptic precautions -LHV practices early referral for children born with birth defects
1.1c	Mothers and newborns receive routine postnatal care	<ul style="list-style-type: none"> - Following up during visits in early postpartum period - Common postpartum complications and their management - Exclusive breastfeeding for the newborn and timely referral for non-lactating mothers - Counseling and guidance to the mother and the family for general and special care of the newborn - Vaccination and Vitamin K injection as per national guidelines, counseling for neonatal jaundice - Referral for family planning counseling 	Once every 12 months	<p>Knowledge:</p> <ul style="list-style-type: none"> - LHV can describe common postpartum complications and their management - LHV has knowledge of exclusive breastfeeding - LHV has a good knowledge of newborn care and vaccination guidelines <p>Attitude:</p> <ul style="list-style-type: none"> - LHV is supportive and is open to questions the mother and the family have for the care of the mother, newborn or for any issue needing counseling <p>Skills:</p> <ul style="list-style-type: none"> - LHV can counsel confidently on each topic
1.2	Eclampsia and pre-eclampsia	<ul style="list-style-type: none"> - Signs of eclampsia and pre-eclampsia - Pre-referral management 	Once every 12 months	<p>Knowledge:</p> <ul style="list-style-type: none"> - LHV can identify the danger signs of eclampsia and pre-eclampsia <p>Attitude:</p>

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				<ul style="list-style-type: none"> - LHV recognizes these life-threatening conditions and maintains a proper chain of communication with the Medical Officer or the Ob/Gyn on call <p>Skills:</p> <ul style="list-style-type: none"> - LHV can load and administer the proper intramuscular loading dose of Magnesium Sulphate to the patient
1.3	Postpartum Haemorrhage	<ul style="list-style-type: none"> - Active management of the third stage of labour - Manual removal of retained placenta - Uterine massage and bi-manual uterine compression 	Once every 12 months	<p>Knowledge:</p> <ul style="list-style-type: none"> - LHV can describe active management of the third stage of labour - LHV knows the proper dose of Oxytocin or other available/recommended uterotonic agents <p>Attitude:</p> <ul style="list-style-type: none"> - LHV takes early and appropriate action for any post-partum complication - LHV provides support to the pregnant woman and seeks guidance from Ob/Gyn on call <p>Skills:</p> <ul style="list-style-type: none"> - LHV practices active management of the third stage of labour - LHV can identify retained placenta and perform manual removal with all aseptic precautions - LHV can perform uterine massage and bi-manual uterine compression with all aseptic precautions -LHV refers the patient only after initial bleeding control measures have been undertaken
1.4	Prolonged labour and obstructed	<ul style="list-style-type: none"> - Identification of obstructed and/or prolonged labour -Pre-referral management 	Once every 6 months	<p>Knowledge:</p> <ul style="list-style-type: none"> - LHV can identify obstructed and prolonged labour <p>Attitude:</p>

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	labour			<ul style="list-style-type: none"> - LHV provides support to the pregnant woman and seeks guidance from Ob/Gyn on call <p>Skills:</p> <ul style="list-style-type: none"> - LHV keeps a progress/regress of labour record through a partograph - LHV can identify signs of maternal and fetal distress
1.5	Neonatal resuscitation	<ul style="list-style-type: none"> - APGAR scoring - Assessment of signs of life in a newborn 	Once every 12 months	<p>Knowledge:</p> <ul style="list-style-type: none"> - LHV can correctly assign an APGAR score and knows when to perform neonatal resuscitation and for how long <p>Attitude:</p> <ul style="list-style-type: none"> - LHV ensures there is no delay in the care of the newborn - LHV has all the resuscitation resources ready and available at hand before delivery <p>Skills:</p> <ul style="list-style-type: none"> - LHV follows all the steps of neonatal resuscitation in the correct order - LHV can perform correct and effective bag and mask ventilation
1.6	Pre-term labour	<ul style="list-style-type: none"> - Identification of pre-term labour 	Once every 12 months	<p>Knowledge:</p> <ul style="list-style-type: none"> - LHV can identify pre-term labour and differentiate from false labour pain <p>Attitude:</p> <ul style="list-style-type: none"> - LHV maintains a proper chain of communication with the Medical Officer or the Ob/Gyn on call <p>Skills:</p> <ul style="list-style-type: none"> - LHV refers the patient to the appropriate facility without delay

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1.7	Common maternal and neonatal infections	<ul style="list-style-type: none"> -Identification and non-pharmacological management of common maternal and neonatal infections - Early identification of maternal and neonatal sepsis -Know when to refer 	Once every 12 months	<p>Knowledge:</p> <ul style="list-style-type: none"> - LHV has knowledge of common maternal and neonatal infections <p>Attitude:</p> <ul style="list-style-type: none"> - LHV maintains a proper chain of communication with the Medical Officer or the Ob/Gyn on call <p>Skills:</p> <ul style="list-style-type: none"> - LHV can identify signs and symptoms of maternal and neonatal infections - LHV can identify early signs of maternal neonatal sepsis - LHV can counsel pregnant women, mothers and family members on proper sanitary and hygienic practices including practices for the newborn
1.8	No woman or newborn is subjected to unnecessary or harmful practices during labour, childbirth and the early postnatal period	<ul style="list-style-type: none"> -Standard practices and protocols -Medical jurisdiction -Medical ethics 	Once every 12 months	<p>Knowledge:</p> <ul style="list-style-type: none"> - LHVs have knowledge of national/regional protocols, guidelines, and correct & harmful practices <p>Attitude:</p> <ul style="list-style-type: none"> - LHVs work within their jurisdiction and are aware of the latest protocols <p>Skills:</p> <ul style="list-style-type: none"> - LHVs proactively comply with national standards and work within the medical ethics boundary
2	<i>The health information system enables use of data to ensure early, appropriate action to improve the care of every woman and newborn</i>			
2.1	Every woman and newborn	<ul style="list-style-type: none"> -Patient Registration -History taking - Knowledge of relevant 	At orientation and once every two years	<p>Knowledge:</p> <ul style="list-style-type: none"> - LHV can identify relevant forms, charts and graphs

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	have a complete, accurate, standardized medical record during labour, childbirth and the early postnatal period	medical forms, charts, graphs, communication and referral notes		<ul style="list-style-type: none"> - LHV can describe the importance of medical record-keeping <p>Attitude:</p> <ul style="list-style-type: none"> -LHV adheres to the standards of practice of medical documentation and record-keeping <p>Skills:</p> <ul style="list-style-type: none"> - LHV can complete the record-keeping in an accurate and timely manner - LHV can write referral and communication notes in a standard format
2.2	Every health facility has a mechanism for data collection, analysis and feedback as part of its activities for monitoring and improving performance around the time of childbirth.	<ul style="list-style-type: none"> - Data collection - Record keeping and documentation - Standard, accurate and timely recording and reporting - Familiarity with the data platform in use (manual/digital/online) 	<p>At orientation and once every two years</p> <p>Repeat during orientation of new or updated method of data collection</p>	<p>Knowledge:</p> <ul style="list-style-type: none"> - LHV can describe the importance of data collection and recording <p>Attitude:</p> <ul style="list-style-type: none"> - LHV has a sense of responsibility in the accurate and timely recording of data <p>Skills:</p> <ul style="list-style-type: none"> - LHV can collect and/or record/enter data on the current platform being used for data recording
3	<i>Every woman and newborn with condition(s) that cannot be dealt with effectively with the available resource is appropriately referred</i>			
3.1	Clinical protocols and guidelines for providing pre-	Clinical assessment of newly admitted mothers and newborn, women in labour	At least once in 6 months	<p>Knowledge:</p> <p>LHVs can describe the components of rapid assessments for mothers and newborns received at</p>

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	referral care and referrals to complicated Maternal and Newborn cases	and early postnatal period		<p>triage, mothers in labour and mothers in the early postnatal period.</p> <p>LHVs can identify warning signs of complicated maternal and newborn cases that require referrals</p> <p>Attitude: LHVs recognize the importance of carrying out rapid clinical assessments for newly admitted mothers and newborns, women in labor and early postnatal period</p> <p>Skills: LHVs can successfully conduct rapid clinical assessments of newly admitted mothers and newborns, mothers in labor and early postnatal period.</p>
3.2	Referrals of Mothers and Newborns	<p>Factors causing unnecessary delays in patient referrals</p> <p>Protocols and guidelines to be followed for providing referrals to mothers and newborns to referral facilities</p>	At least once in 12 months	<p>Knowledge: LHVs can describe clinical protocols for transporting women and newborns to referral facilities</p> <p>LHVs can identify network facilities where patients can be referred</p> <p>LHVs can discuss the factors that can cause unnecessary delays in the referrals</p> <p>Attitude: LHVs acknowledges the importance of following evidence-based patient referral protocols while</p>

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				<p>transporting patients to the referral facilities</p> <p>LHVs recognizes the importance of 24/7 well-equipped transport facilities at BHUs for transporting patients from BHUs to the referral facilities</p> <p>Skills: LHVs are able to practice and follow protocols created for transporting patients to the referral facilities</p>
3.3	Communication Protocols for Patient Referrals	Nursing Documentation for referrals. This may include documenting relevant demographics of patients and clinical information including patient's history, clinical findings, diagnosis, pre-referral interventions & treatment and reasons for referrals	At least once in 12 months	<p>Knowledge: LHVs can explain the important aspects of nursing documentation for referring a patient to another facility</p> <p>Attitude: LHVs recognizes the importance of proper nursing documentation while referring a patient to another healthcare facility</p> <p>Skills: LHVs can fill out all necessary nursing documentation required for referring a patient to a healthcare facility</p>
4	<i>Communication with women and their families is effective and responds to their needs and preferences</i>			
4.1	Information about care and effective	After discharge care information for newborn and	Orientation for new staff	<p>Knowledge: LHVs can provide aftercare information in a</p>

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	interaction with staff	<p>mother:</p> <ul style="list-style-type: none"> - Nutrition and hygiene - Counselling on birth spacing and family planning options - Exclusive breastfeeding and maintaining lactation - How to keep the baby warm and clean - Understanding danger signs for the mother and newborn - How to communicate and play with the baby - Information on where to go in case of complications <p>Interpersonal communication, counselling skills and cultural competency:</p> <ul style="list-style-type: none"> - Effective interpersonal communication - Effective counselling skills - Communicating in simple and clear language 	<p>In-service training at least once every 12 months</p> <p>Orientation for new staff</p> <p>In-service training at least once every 12 months</p> <p>Supportive supervision every 3 months</p>	<p>a manner that takes into account the needs and preferences of women and their families. LHVs can provide women all the necessary information and answer questions about decisions taken about care.</p> <p>Attitude: LHVs have a positive, welcoming attitude and are readily approachable. They communicate using simple, clear language that women and families can easily understand</p> <p>Skills: LHVs have good interpersonal and counselling skills. They demonstrate active listening skills, ask and respond to questions and ensure the women and families understand the information they have provided. This will be evaluated through observation by a supervisor who scores LHVs against the following criteria:</p> <ol style="list-style-type: none"> 1. ability to work creatively with others, 2. ability to communicate clearly and 3. ability to collaborate with others

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		<ul style="list-style-type: none"> - Recognizing the communication needs and preferences of women and their families 		
4.2	Coordinated care, timely and accurate information exchange between relevant health and social care professionals	<p>Use of standard form of clinical progress notes</p> <p>Clinical hand-over policy and protocols for:</p> <ul style="list-style-type: none"> - shift changes, - intra-facility transfer, - referrals to other facilities and - Discharge <p>Service provider information exchange system</p>	<p>Orientation</p> <p>In-service training at least once every 12 months</p>	<p>Knowledge: LHVs can understand clinical progress notes and show good knowledge of women’s history and care that had been given before taking over their shifts.</p> <p>LHVs have a good understanding of protocols for transfer to maintain continuity of patient care and discharge.</p> <p>Attitude: LHVs demonstrate timely reporting of results of critical diagnostic tests to physicians and other health care providers without delay while also keeping the family members informed so they are not anxious</p> <p>Skills: LHVs effectively communicate important information verbally or through writing to other members of the healthcare team to avoid unnecessary delays in treatment.</p>
5	<i>Women and newborns receive care with respect and preservation of their dignity</i>			
5.1	Privacy &	Privacy and confidentiality	-Orientation for all	Knowledge:

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	Confidentiality	<p>definitions, meaning, and in practice.</p> <p>The physical environment is conducive to privacy in and during care. ex: Provision of curtains, screens, partitions, and sufficient bed capacity for patients.</p> <p>Training on the current protocols for their health facility on providing confidential and private care to clients.</p> <p>The consequences of not adhering to protocols for privacy and confidentiality.</p>	<p>new staff -Once a year for existing staff</p>	<p>LHV can define and explain privacy and confidentiality.</p> <p>LHV realizes the importance of a private physical environment, and how to create one.</p> <p>LHV knows and understands the current recommended practices for privacy and confidentiality</p> <p>Attitude: LHV respects the privacy of women and babies and acts in a professional manner that ensures confidentiality</p> <p>Skills: LHV actively ensures that the environment is private with the use of curtains, screens, partitions, etc.</p>
5.2	Preventing Mistreatment and Discrimination	<p>Health facilities non-discrimination policies.</p> <p>Consequences for discriminatory actions or mistreatment.</p> <p>Respecting the rights of</p>	<p>-Orientation for all new staff -Once a year for existing staff</p>	<p>Knowledge: LHV is familiar with the non-discrimination policies</p> <p>LHV is aware of the consequences for discriminatory actions or mistreatment</p> <p>LHV can define and give examples of discrimination and mistreatment. LHV understands why discrimination and mistreatment is</p>

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		<p>mothers and newborns</p> <p>Respectful care -LHV is aware they cannot detain a woman or baby because payment is unable to be made.</p> <p>Definitions and examples of discrimination and mistreatment. (ex: extortion, denial of services, neglect, sexual or verbal abuse, etc).</p>		<p>unacceptable</p> <p>Attitude: LHV treats mothers and newborns with respect</p> <p>Skills: LHV adheres to the set policies for non-discrimination</p> <p>LHV's services and care are respectful</p>
5.3	Assisting clients in Informed Decision-making	<p>Consent and consent procedures</p> <p>Women's right to choose care at childbirth -Women are a part of the decision-making process. Women can accept or refuse treatment. If a cesarean section is needed, the woman understands why.</p>	<p>-Orientation for all new staff -Once a year for existing staff</p>	<p>Knowledge: LHV can define consent and apply the term to practical examples of when consent is required.</p> <p>Attitude: LHV recognizes the importance of consent.</p> <p>LHV prioritizes the needs and decisions of the woman giving birth and respects her right to choose care.</p> <p>Skills: LHV involves the woman in the decision-making process for her care and birth and listens to what the mother wants.</p>

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				<p>LHV receives consent prior to procedures</p> <p>LHV follows appropriate consent procedures</p> <p>If a cesarean section is needed, the LHV explains the reasoning to the woman.</p>
6	<i>Every woman and her family are provided with the emotional support that is sensitive to their needs and strengthens the women's capability</i>			
6.1	Companionship during Childbirth	<p>Health facility protocols that encourage women to have at least one companion of their choice</p> <p>Providing adequate and private space for mother and companion at the time of birth (ex: provision of curtains or partitions to give mother and companion a sense of privacy)</p> <p>Provision of written or pictorial orientation for a companion to encourage active participation during labour, childbirth, and immediate postnatal care</p>	<p>Orientation for all new staff</p> <p>At least once every 12 months</p>	<p>Knowledge: LHV is familiar with companionship protocol and can ensure private space for the mother and her companion of choice.</p> <p>Attitude: LHV understands the importance of active participation by the companion.</p> <p>Skills: LHV can ensure adequate private space exists for the mother and her companion.</p> <p>LHV provides the companion with orientation during labour.</p>
6.2	Supporting Clients to Strengthen	Non-pharmacological and pharmacological pain relief	Orientation for all new staff	Knowledge: LHV can identify steps for the provision of non-

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	Capabilities	<p>Health facility protocols that minimize unnecessary interventions</p> <ul style="list-style-type: none"> - Women feel in control and capable of their childbirth experience <p>Adequate nutrition and hydration</p> <p>Emotional Support</p> <ul style="list-style-type: none"> - Interpersonal competence - Culturally sensitive <p>Specialist referral for complex emotional needs</p> <p>Grief Support</p>	At least once every 12 months	<p>pharmacological and pharmacological pain relief.</p> <p>LHV is aware of the referral policy and mechanism.</p> <p>Attitude: LHV understands the importance of a mother's empowerment during childbirth.</p> <p>Skills: LHV is capable of providing non-pharmacological and pharmacological pain relief.</p> <p>LHV encourages adequate hydration and nutrition during labour.</p> <p>LHV provides competent interpersonal and culturally sensitive emotional and grief support.</p>
7	<i>For every woman and newborn, competent, motivated staff are consistently available to provide routine care and manage complications</i>			
7.1	Availability and accessibility for routine care and management of complications	<p>Roles and responsibilities of LHVs in 24/7 BHUs.</p> <p>Effective reporting through the use of timesheets/registers</p>	<p>Orientation for all new staff</p> <p>Once a year for existing staff</p>	<p>Knowledge LHVs are aware of their roles and responsibilities including policies for absence at work/filling in for another LHV LHVs have a good knowledge of referral pathways and systems for better management of complications.</p>

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		Policies for absence at work/filling in for other LHVs' shifts.		<p>Attitude LHVs demonstrate an understanding of their roles, BHU's policies on absence at work/filling in for others</p> <p>Skills LHVs can use timesheets and attendance registers to sign in and sign out. LHV refers to a medical doctor when there are pregnancy or birth complications that cannot be effectively addressed by the LHV</p>
7.2	Competence and skills for labour, childbirth and early postnatal period	<p>Hands-on sessions on the management of pregnancy and childbirth such as hemorrhage, hypertensive disorders, sepsis and abortion and their complications</p> <p>Hands-on sessions on the management of preterm birth, asphyxia, intrapartum perinatal death and neonatal infections and their complications.</p> <p>Hands-on sessions on newborn resuscitation</p> <p>Hands-on sessions on the</p>	<p>Orientation for all new staff</p> <p>Once a year for existing staff</p>	<p>Knowledge LHVs understand the management of pregnancy and birth complications. LHVs know the right doses of medication to administer to patients.</p> <p>Attitude LHVs can apply knowledge to adequately manage labour, childbirth and early postnatal</p> <p>Skills LHVs can conduct spontaneous vaginal deliveries for uncomplicated pregnancies LHVs can accurately assess maternal and foetal vital signs using a partograph LHV can clamp and cut the cord with all aseptic precautions LHV administer right doses of medication to the patient</p>

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		<p>management of preterm labour, birth and appropriate care for preterm and small babies.</p> <p>Management of maternal and newborn infections.</p>		
7.3	Managerial and clinical leadership	<p>Workplace ethics and policies</p> <p>Planning and budgeting</p> <p>Organogram, Organization of services</p> <p>LHVs performance management</p> <p>Decision making</p>	Once a year for existing staff	<p>Knowledge Awareness of organization structures and services, workplace ethics and politics.</p> <p>Attitude LHVs recognize the importance of management including planning and efficient performance</p> <p>Skills LHVs are capable of assuming some leadership responsibilities e.g. decision making</p>
8	<i>The health facility has an appropriate physical environment, with adequate water, sanitation and energy supplies, medicines, supplies and equipment for routine maternal and newborn care and management of complications</i>			
8.1	Hand Hygiene and Waste Disposal Management	<p>Introduction to hand hygiene and waste disposal management</p> <p>Importance of hand hygiene and proper waste disposal management In a clinical environment</p>	At least once in two years	<p>Knowledge: LHVs can identify steps of hand hygiene</p> <p>LHVs can explain processes involved in Waste Disposal Management</p> <p>Attitude LHVs recognizes the importance of performing</p>

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				<p>hand hygiene while caring for the patients</p> <p>LHVs acknowledges the significance of proper waste disposal management</p> <p>Skills: LHVs demonstrate all 5 steps of hand hygiene</p>
8.2	Introduction to 24/7 BHUs	<p>Introduction to BHU, its role and purpose</p> <p>Introduction to Roles and Functions of service areas in BHUs including reception, triage and assessment area, immediate postnatal high care area, newborn care areas and operation theatres for caesarean sections</p>	Orientation to new staff	<p>Knowledge: LHVs can explain the functions of BHUs and each service area in a BHU</p> <p>Attitude: LHVs recognizes the importance of each service area in BHU</p> <p>Skills: LHVs are able to provide services to the patients as per the roles and functions of each service area in BHUs</p>
8.3	Stock Management for Routine Care and Complication Management	<p>Introduction to essential medicines and supplies, their usage, secure storage and routine stock management.</p> <p>Importance of routine stock management</p>	At least once in 12 months	<p>Knowledge: LHVs can identify essential medicines and supplies for providing routine care and complication management to the patients</p> <p>LHVs can explain the usage of essential medicines and supplies</p> <p>LHVs can explain the concept of stock management</p>

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				<p>Attitude: LHVs recognizes the importance of keeping stock up to date for essential medicines and supplies</p> <p>Skills: LHVs can perform a regular stock check for essential medicines and supplies at BHUs</p>

Reference: World Health Organization. (2016). Standards for Improving Quality of Maternal and Newborn Care in Health Facilities. Retrieved from: https://www.who.int/maternal_child_adolescent/documents/improving-maternal-newborn-care-quality/en/