

GLOBAL ACTION IN NURSING (GAIN) PROJECT

Operations Manual
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Developed at the University of California, San Francisco
Institute for Global Health Sciences



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INTRODUCTION

- Background and Overview
- The GAIN Model



GAIN BACKGROUND AND OVERVIEW

Giving birth should be safe for all women. We provide intensive training, year-long mentorship and scholarships for continued education for nurse-midwives around the common goal of preventing unnecessary complications during childbirth.

Our vision is that every nurse and midwife will have the skills to support women giving birth in a manner that supports their health and dignity.

Our mission is to prevent maternal and infant complications and death during childbirth by increasing the number of nurses and midwives and providing clinical and leadership training and mentorship to those working in high-risk communities.



GAIN-GAIA MNCH Program Coordinator, Oveka Jana, comforts a newborn at Bwaila Hospital in Lilongwe, Malawi.



Nurse midwives in Blantyre, Malawi jump in celebration after completing the week-long maternal and neonatal health training course.

2017

Launch of GAIN partnership with **PIH in Neno, Malawi**

2018

Expansion of partnership in **Neno, Malawi**

2019

Launch of GAIN partnership with **GAIA in Blantyre, Malawi**

2020

Expansion of GAIN partnership with **PIH in Liberia and Sierra Leone**

2021

Launch of partnership with **CHOICES in Memphis, TN**

Launch of fellowship program in **Liberia**

GAIN Co-Director hired to oversee **Neno, Malawi, Liberia, and Sierra Leone**

2022

GAIN Co-Director hired to oversee **Blantyre, Malawi**

2023

Complete handover of GAIN activities to local leadership in **Neno, Malawi**

2025

Expansion of GAIN partnership with **PIH in Lesotho**

OUR PARTNERS



University of California
San Francisco



GAIN MODEL: International

Our international site model:

- Leadership and clinical training for nurse-midwives
- Longitudinal clinical mentorship in primary health centres and district hospitals
- Scholarships for new and upgrading nurses and midwives



PROJECT OBJECTIVES

This comprehensive project focuses on a three-part solution to **decrease maternal and neonatal morbidity and mortality** in Lesotho, Liberia, Malawi and Sierra Leone:

- 1 Expanding the nursing workforce
- 2 Establishing an educational pathway for nurses to advance their career
- 3 Creating cadres of expert clinicians skilled in childbirth and leadership

GAIN MODEL: Domestic

Our domestic site model:

- Fellowship program for newly graduated midwives
- Longitudinal clinical mentorship at the CHOICES Center for Reproductive Health



The Memphis CHOICES team welcomes UCSF GAIN in June 2021.

PROJECT OBJECTIVES

The goal of this project is to create the first **Midwifery Fellowship for Midwives of Color** in Memphis, Tennessee through:

- 1 Supporting new midwives for six months with a fellowship guided by principles of Reproductive Justice
- 2 Creating pathways for new GAIN-CHOICES midwives to bring the model to their own communities

IMPLEMENTATION

- Preparation
- Training
- Longitudinal Mentorship
- QI
- Fellowship





PREPARATION

ENGAGEMENT OF STAKEHOLDERS Stakeholder engagement is the initial step of exploring the potential value of GAIN in every new site. We know that nursing and midwifery training & mentorship strategy for improving health outcomes of pregnant women and their children will only be possible with strong stakeholder engagement and involvement a priority. Development and buy-in of the program goals and objectives by key in-country internal and external stakeholders to plan and deliver site specific interventions is critical. These stakeholders will include but are not limited to the Ministries of Health, Nursing and Midwifery Boards, local universities, to name a few. You can use the following stakeholder engagement guide:

1. Ensure internal buy-in across teams and departments (e.g. NGO/ partner leadership, M&E, finance, etc.)
2. Generate interest for the initiative through group meetings and one on-one meetings with key external stakeholders and organizational leaders (e.g. MoH, county/district health team, Nursing & Midwifery board, hospital administration)
3. Get necessary support/ buy-in for a nursing & midwifery skill gap analysis/needs assessment survey (See Needs Assessment section)
4. Initiate planning for mentorship, and include key stakeholders in the planning
5. Adapt & implement strategies as per the country specific needs



PREPARATION

ESTABLISHING PARTNERSHIPS The GAIN project strongly believes that reduction of preventable maternal and neonatal death is only possible through strong partnerships with key implementing partners and stakeholders. Below are some of our current partners:

Implementing partners

1. Partners In Health (Malawi, Liberia and Sierra Leone)
2. Global AIDS Interfaith Alliance
3. Seed Global Health

Educational Institute Partners

1. Mother Patern College of Health Sciences, Liberia
2. William V.S. Tubman University, Liberia
3. Dianne K. Isaacson School of midwifery, Liberia
4. Kamuzu University of Health Sciences, Malawi
5. Mzuzu University, Malawi

Public Sector Partners

1. Ministry of Health and Sanitation, Liberia
2. Ministry of Health, Malawi
3. Ministry of Health and Sanitation, Sierra Leone



PREPARATION

HUMAN SUBJECTS RESEARCH APPROVAL The role of an IRB application is to receive a critical eye on a proposed research project and get external approval that the reasoning for it, approaches used, and ultimate outcomes are sound and do not cause undo harm. In cases where an IRB is needed, no project-level work can begin until all relevant institutions have given explicit written approval for the project.

Seeking and receiving IRB approval is generally required in any instance where research engages directly with individuals or their private/personal information. In healthcare settings many organizational agreements provide for the accessing of de-identified data (that which is grouped and cannot be linked back to an individual in any way) for quality assurance and quality improvement (QA/QI) purposes, and at times for research.

If UCSF GAIN personnel will engage with any human subjects for the collections of survey data or qualitative interviews, they should reach out to the UCSF IRB office prior to any activities to assess whether an IRB is required.



PREPARATION

Prior to conducting any project, it is critical to assess whether or not a separate IRB is needed, and in most cases it is beneficial to err on the safer side and assume that one should be sought. Some initial questions to ask are:

1. Does the project involve human subjects?
2. Is the project outside the scope of the operating and/or research agreements already in place by the host institution/clinic/hospital/NGO?
3. Is there any intervention being offered that is outside of normal care and/or practice?
4. Is any private information on an individual/individuals being accessed or collected?
5. Are any biological samples being taken or accesses as part of the research?

If the answer to any of the questions above was 'yes' then you likely need an IRB. There are likely multiple organizations that will be involved with the process, from the individual institutional where the research will take place (eg. clinic/hospital/etc), to those at the regional and/or national level, to those at any partner organization.

It is important to note that individual researchers are not allowed to make their own decision as to whether their project requires an IRB. GAIN staff should engage with the UCSF IRB office prior to conducting any project activities to assess whether one is required.

PREPARATION

Once you decide that an IRB will be needed for a given project there are some documents and steps to consider in the process, many of which are listed below:

1 **What institutions(s) will the IRB be submitted to:**

- ☐ What are their deadlines?
- ☐ What documents do they require?
- ☐ Who is allowed to submit an IRB?
- ☐ What fees do they charge?

2 **Preparing the documents**

- ☐ Research Strategy: The largest section details exactly the why, who, where, and how of a project down to the finest detail
- ☐ Timeline: What happens when
- ☐ Consent/Assent forms: These forms provide information on the scope of the study, contact information for the researchers and IRB office(s), and risk/benefits. They will need to be submitted in all languages in which they will be given
- ☐ Staff roles and responsibilities: In all cases there is one or two Primary Investigators (PIs) who oversee the study
- ☐ Data collection forms: The full version of any questionnaires, interview guides, database variables and the like
- ☐ Budget: the proposed expenses. In many cases an IRB office's fees will be based off of this document
- ☐ Letters of support: From organizational and/or community leadership verifying the value of the research

[UCSF IRB application portal \(iRIS\)](#)

[Malawi NHSRC checklist](#)

[Malawi COMREC checklist](#)

PREPARATION

- 3 **Renewing studies:** In most cases IRBs expire after a year and need to be closed out or renewed. In both cases IRB boards often require an update on the work done, data collected, and outcomes
- 4 **Knowledge translation:** Research should never be done for the sake of research alone, and disseminating results to those whose data was used is critical. Consider the varying venues and approaches that can be used
- 5 **Adverse events:** Problems occur in studies. This may be that a laptop with private information on it was stolen, a participant had an accident while participating, or anything in between. The safety and security of participants and research staff is the first priority, and so any study which engages directly with individuals or sees research staff at any risk should consider this in the application process. When an adverse event occurs, it must be recorded and reported to the relevant IRB institutions overseeing the project. This should be done by the PIs but can also be reported by any member of the staff/community who engages with the study (see consent/assent forms above)

In many cases it can be helpful to review prior submitted IRBs for similar projects in the preparation of these documents, while making sure to write them for the project at hand. In many ways these IRBs form the backbone for a project by clearly laying out the roles and responsibilities as well as procedures by which the project will ultimately take shape. They are not as robust as a standard operating procedure (SOP), but contain many of the same elements. The best IRBs are developed collaboratively, drawing on the strengths of different team members to ensure the quality of the overall work.



PREPARATION

NEEDS ASSESSMENT The GAIN model of implementation is different from site to site based on the site specific needs/gaps. The needs assessment consists of qualitative interviews with key informants, shadowing at pre-arranged facility sites, and quantitative surveys to explore knowledge deficits. Conduct the needs assessment to identify existing skill gaps in maternal and neonatal health care, midwifery/nursing training needs and other system challenges contributing to preventable maternal and neonatal mortality.

Interviews Ensure your interview questions are open ended to allow participants to elaborate on details, express thoughts, and offer opinions. Aim for at least 8-10 individuals who are willing to be interviewed. They can be registered nurses, registered midwives, and nurse midwife technicians. For interviews please do not collect names. Simply include title and department or participant.

Surveys Use the CommCare supplies assessment and mentorship tools to gather baseline data. The surveys will be helpful in evaluating the pre-existing knowledge level, which useful for planning your mentorship.

Shadowing (at least 1 shadowing experience if time allows). Spend 1 hour with a nurse/midwife following him/her while performing duties with no interruptions in care. Ideally this would be repeated with other nurses and midwives to allow for at least 5 shadowing experiences. Take brief notes during the shadowing exercise but save detailed note writing after the visit.



PREPARATION

NEEDS ASSESSMENT DOCUMENTS

[Malawi Needs Assessment Interview Questions](#)

[Malawi Example Needs Assessment Report](#)

[Liberia SCC Needs Assessment](#)

[Liberia Provider Knowledge Needs Assessment](#)

[Liberia Bag and Mask Skills Assessment](#)



PREPARATION

BUDGETS Text about budgets here.

International budget template

	Annual Totals (local currency)	Annual Totals (USD)
Personnel		
Training		
Mentorship and Meetings		
Supplies and Miscellaneous		
Scholarships		
Cost Sharing		

UCSF budget template

	Annual Totals (USD)
Personnel	
Scholarships	
Travel	
Dissemination costs	

▶ TRAINING MODULES



Nurse midwives in Neno, Malawi collaborate on a Safe Childbirth Checklist activity during the maternal and neonatal training short course.

Maternal Health Modules List

Country Health Profile
Introduction to the WHO Safe Childbirth Checklist
Respectful Maternity Care
Using the SCC: Pause Points
Effective Communication and Documentation
Team Based Care
Introduction to Assessment of the Newborn
Assessment and Care of the Newborn

Management of Common Neonatal Conditions
Management of Postpartum Hemorrhage
Management of Pre-eclampsia and Eclampsia
Prevention and Management of Peripartum Infections
Preterm Birth
Fetal Distress
Estimating Due Dates

TRAINING MODULES

Neonatal Health Modules List

Country Health Profile	Generating Change Ideas in QI
Principles of Adult Learning	Birth Asphyxia and Convulsions
Respectful Maternity Care(RMC)	Neonatal Resuscitation Updates
Team Based Care	Sepsis and Jaundice
Effective Communication and Documentation	Respiratory Disorders in Neonate
Principles for Triage and Task Allocation	Fluids, Electrolytes and Nutrition
Advocacy and Resource Mobilization	Introduction to WHO Safe Childbirth Checklist
Care and Assessment of the Normal Newborn	Identification and Management of Fetal Distress
Care of Preterm Neonate	Preterm Births
Fundamentals of Quality Improvement	

Mentorship Modules List

Principles of Adult Learning
Clinical Teaching Strategies for Nurse Mentors
How to Make an Effective Presentation
Mentor Lead Presentations
Clinical Mentorship Roles and Professional Accountability
Qualities of a Good Mentor: Challenging Cases
Evidence Based Practice
How to Give Feedback

TRAINING MATERIALS

Maternal and Neonatal Health

Sample Agenda

Day 1: Introduction & Leadership	Day 2: Leadership & Normal Newborn	Day 3: Quality Improvement
Registration	Announcements and Recap	Announcements and Recap
Welcome and Introductions	Effective Communication and Documentation	Fundamentals of Quality Improvement (QI)
Pretest and Consent forms	Principles for Triage and Task Allocation	How to Design and Implement a QI Project
Course Overview	Advocacy and Resource Mobilization	Generating Change Ideas in QI
Country Health Profile	Care and Assessment of the Normal Newborn	QI Practice
Principles of Adult Learning	Care of Preterm Neonate	Closing and Daily Evaluations
Respectful Maternity Care (RMC)	Skills Practice: Newborn exam	
Team Based Care	Closing and Daily Evaluations	
Closing and Daily Evaluations		

TRAINING MATERIALS

Maternal and Neonatal Health

Sample Agenda Cont.

Day 4: Nursery Topics	Day 5: Nursery Topics & Closing	Day 6: Midwifery Topics
Announcements and Recap	Announcements and Recap	Announcements and Pre-test
Birth Asphyxia and Convulsions	Respiratory Disorders in Neonate	Introduction to WHO Safe Childbirth Checklist
Neonatal Resuscitation Updates	Fluids, Electrolytes and Nutrition	Laboring Mother and Using the SCC
Neonatal Resuscitation Practice	Fluid and Feeding Calculations	Identification and Management of Fetal Distress
Sepsis and Jaundice	Post-test	Preterm Births
Preterm/LBW Practice	Closing remarks and certificates	Updates on Pre-eclampsia and PPH Management
Closing and Daily Evaluations	Closing and Daily Evaluations	Post-test
		Closing and Daily Evaluations

TRAINING LOGISTICS

- ☐ **Logistics Schedule**
 - [Sample Logistics Schedule](#)
- ☐ **Informed Consent**
 - [Blantyre Research Consent Form](#)
 - [Liberia Research Consent Form](#)
- ☐ **Media Consent**
 - [UCSF Non-Patient Media Consent Form](#)
- ☐ **Daily Course Evaluations**
 - [Blantyre Daily Course Evaluation form](#)
 - [Liberia Daily Course Evaluation Form](#)
- ☐ **Short Course Evaluations**
 - [Blantyre Short Course Evaluation Form](#)
 - [Liberia Short Course Evaluation Form](#)
- ☐ **Pre- and Post-Training Tests**
 - [Blantyre MNH Knowledge Test](#)
 - [Blantyre MNH Knowledge Test \(with answers\)](#)
 - [Liberia MNH Knowledge Test](#)
 - [Liberia MNH Knowledge Test \(with answers\)](#)
 - [Liberia Midwifery Knowledge Test](#)
 - [Liberia Midwifery Knowledge Test \(with answers\)](#)
 - [Sierra Leone NNH Knowledge Test](#)
- ☐ **Graduation Certificates**
 - [Blantyre MNH Training Certificate Template](#)
 - [Liberia MNH Training Completion Certificate Template](#)
 - [Liberia MNH Training CPD Credit Certificate Template](#)
 - [Liberia Fellowship Training Certificate Template](#)



▶ TRAINING HANDBOOK

[Blantyre Malawi Sample Handbook Cover Pages](#)

[Sierra Leone Sample Training Handbook](#)

LONGITUDINAL MENTORSHIP



GAIN Co-Director, Daniel Maweu, assists a GAIN mentee with a newborn in the intensive care unit in Maryland County, Liberia



LONGITUDINAL MENTORSHIP

SAMPLE JOB DESCRIPTIONS

[Blantyre Expert Nurse Midwife Mentor](#)

[Nursing Center of Excellence & GAIN Africa Lead](#)

SAMPLE MENTORSHIP COMPETENCY

[Mentorship Competency Grid](#)

SAMPLE MENTORSHIP SCHEDULES

[Example Blantyre Malawi Mentorship Schedule](#)

[Example Liberia Mentorship Schedule](#)

[Example Sierra Leone Mentorship Schedule](#)

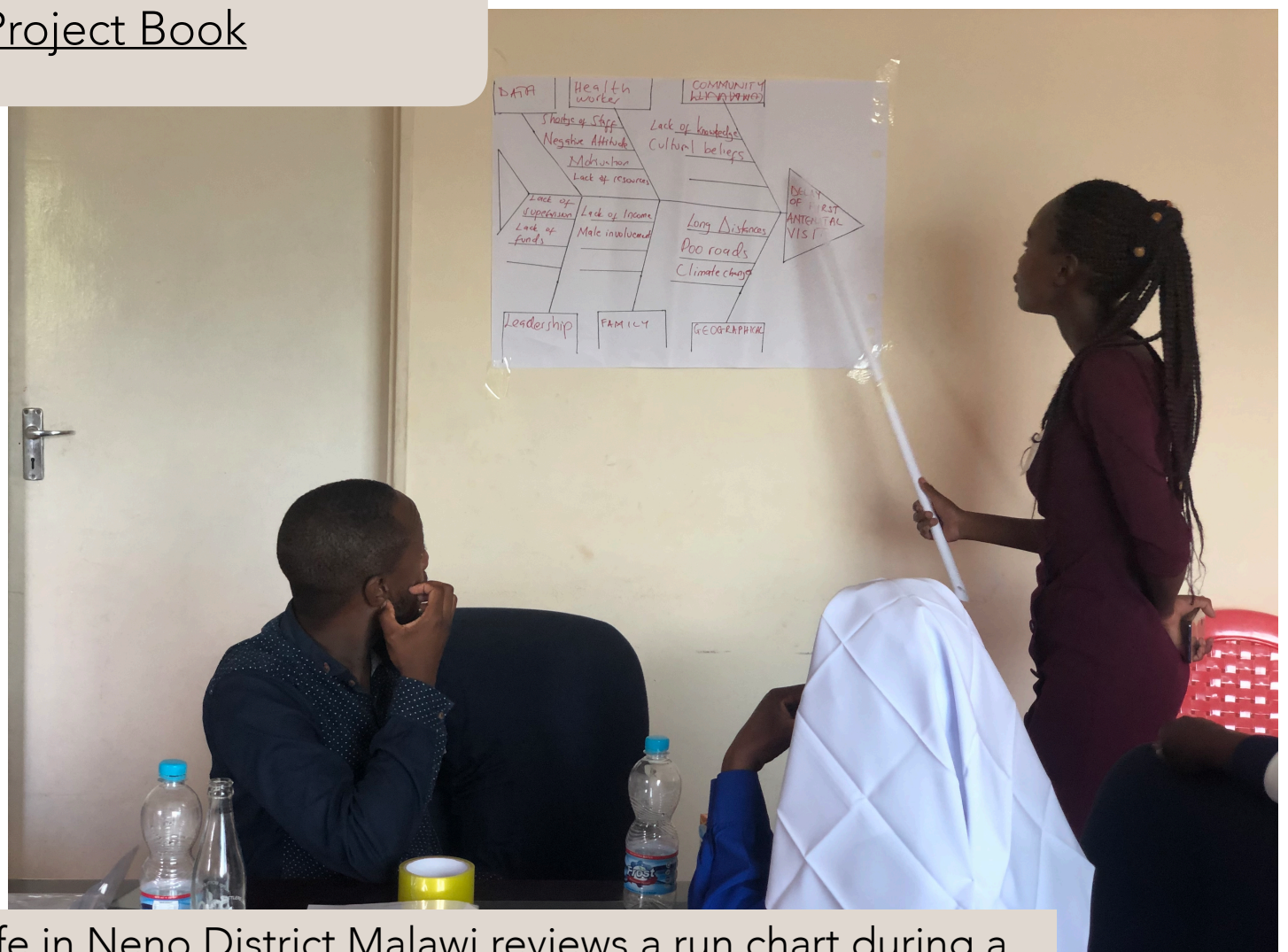
QUALITY IMPROVEMENT TOOLS

Run Chart Poster

Fundamentals of Quality Improvement

QI Activity Sheet

GAIN QI Project Book



A nurse midwife in Neno District Malawi reviews a run chart during a group QI activity.

FELLOWSHIP



Marshall Sackey, a GAIN mentor in Liberia, teaches GAIN fellows how to use a neonatal bubble CPAP machine during a training session.



FELLOWSHIP

Sample Fellowship Training Agenda
Registration
Opening remarks
Group distributions
Orientation to fellowship passport
Quality improvement progress updates, run chart completion
PACU staff IV fluid and transfusion provision in PACU Medication dilution and dosing Respiratory nursing care (suctioning) Post-operative care followup and handover plan
Obstetrics staff Preterm labor updates (post-training experience sharing) PPH readiness updates Pre/eclampsia kit and monitoring updates Asphyxia and APGAR review
Pediatrics/ER staff EMTCT updates Newborn neurological exam Asphyxia management

FELLOWSHIP PASSPORT

GAIN Midwifery Fellowship Passport

Name: _____ Facility: _____

	Classroom/Didactic	Hands-on	Hands-on	Hands-on	Hands-on
Admission of woman in labor	History taking & RMC Date: ____ Int: ____	Obstetric triage 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	History taking & documentation 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Respectful maternity care 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Orientation to the ward and health education 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____
Examination of a woman in labor	Obstetric examination 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	General examination 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Abdominal examination 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Vaginal examination 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Pelvic examination 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____
Management of labor	Management of normal labor Date: ____ Int: ____	Use of partographs & complication readiness 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Nursing care of a woman in labor 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Management of pain in labor 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Basic use of a midwifery POCUS 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____
Use of Safe Childbirth Checklist (SCC)	Modified WHO SCC Date: ____ Int: ____	Admission 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Just before delivery 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Immediately after delivery 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Before discharge 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____
Hypertensive disorders in pregnancy	Management of hypertension disorders in pregnancy 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Diagnoses of preeclampsia/eclampsia 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Correctly calculate & administer oral antihypertensive 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Calculate & administer MgSO ₄ 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Diagnose & correctly manage eclampsia 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____

Neonatal Nursing Care

Name: _____ Facility: _____

	Classroom/Didactic	Hands-on	Hands-on	Hands-on	Hands-on
Newborn resuscitation	Helping Babies Breathe (HBB) Date: ____ Int: ____	Rescue breathing within golden minute 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Effective rescue breathing 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Initiate additional evidence-based resuscitation 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Post-resuscitation care 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____
Neonatal sepsis	Risk factors Warming signs Treatment Date: ____ Int: ____	Identify baby for sepsis based on maternal factors 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Identifies baby with signs of sepsis 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Establishes IV 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Give correct antibiotics based on weight 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____
Neonatal jaundice & phototherapy	Risk factors Definition Treatment Date: ____ Int: ____	Identify newborn jaundice 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Identifies risk factors for jaundice 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Use machine to check TcB 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Start phototherapy 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____
Birth asphyxia	Risk factors Diagnosis Management Date: ____ Int: ____	Assign APGARs in depressed infant 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Start all supportive treatment for asphyxia 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Perform neuro exam of depressed newborn 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____	Counsel family of a baby with asphyxia 1) Date: ____ Int: ____ 2) Date: ____ Int: ____ 3) Date: ____ Int: ____ 4) Date: ____ Int: ____ 5) Date: ____ Int: ____

Notes:

FELLOWSHIP EXIT SURVEY

Neno Fellowship Exit Survey



EVALUATION

- Frameworks
- Evaluating Short Course Trainings
- Evaluating Mentorship
- Mentor Feedback Evaluation





EVALUATION FRAMEWORK

[Blantyre Sample Evaluation Framework 2023](#)

[Liberia Sample Evaluation Framework 2023](#)

[Sierra Leone Sample Evaluation Framework 2024](#)



EVALUATION OF SHORT COURSE TRAININGS

Knowledge Assessment How to analyze knowledge test scores pre- and post-short course training

[Sample Template for Analyzing Knowledge Test Scores](#)

Short Course Evaluations How to analyze trainee evaluations of the five-day short course

[Sample Template for Analyzing Course Evaluations](#)

Maternal and Neonatal Health Training Report How to compile training data into a succinct report to share with local stakeholders

[Sample Training Report](#)



EVALUATION OF MENTORSHIP

CommCare Evaluation Tools (Hard Copy)

[Liberia Mentor Activities Log](#)

[Blantyre Mentor Activities Log](#)

[Liberia Essential Birth Supplies Checklist](#)

[Blantyre Functional Birth Supplies Checklist](#)

[Healthy Newborn Safe Childbirth Checklist Observations](#)

CommCare Data Analysis & Reporting

[Blantyre CommCare Quarterly Analysis Excel Template](#)

[Sierra Leone CommCare Quarterly Analysis Excel Template](#)

[Liberia CommCare Monthly Analysis Excel Template](#)

[Neno CommCare Quarterly Analysis Excel Template](#)

[Blantyre Quarterly Report Template](#)

[Sierra Leone Quarterly Report Template](#)

[Liberia Monthly Report Template](#)

[Neno Quarterly Report Template](#)

Mentorship Evaluation Form

[Sample Blantyre Mentor Evaluation Form](#)

[Sample Liberia Mentor Evaluation Form](#)

INTRODUCTION TO COMM CARE

1 **Add mentor profiles:** Users > Mobile Workers > "+ Create Mobile Workers"

[Users](#) > Mobile Workers

APPLICATION USERS

Mobile Workers

Groups

PROJECT USERS

Web Users

Roles & Permissions

Mobile Workers can log into applications in this project space and submit data.

Their activity and form submissions can be monitored in the Reports section of this CommCare HQ project space. Read more about managing mobile workers on our [Help Site](#).

+ Create Mobile Worker

Download Mobile Workers

Bulk Upload

Edit User Fields

Mobile Workers

2 **Create tool:** Applications > New Application

3 **Export CommCare Data:** Data > Export Form Data > "+ Add Export"

[Data](#) > Export Form Data

EXPORT DATA

Export Form Data

Export Case Data

Export SMS Messages

Exports are a way to download data in a variety of formats (CSV, Excel, etc.) for use in third-party data analysis tools.

+ Add Export

Exports

4 **Analyze CommCare Data:** Copy-paste CommCare data into excel template



MENTOR FEEDBACK

[GAIN Mentor Feedback Evaluation Survey Guide](#)

[GAIN Mentor Feedback Evaluation Survey Form](#)

[GAIN Mentor Feedback FGD Guide](#)

APPENDIX

- Sample Budget
- IRB Application Examples





SAMPLE BUDGET

Sample Budget Template



SAMPLE IRBs

[Blantyre Malawi UCSF IRB Application](#)

[Blantyre Malawi NHSRC Application](#)

[Liberia UCSF IRB Application](#)



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