

# **GLOBAL ACTION IN NURSING (GAIN) PROJECT**

Operations Manual  
March 2026

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 nurses and 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.



Former GAIN-GAIA Program Coordinator comforts a newborn at a hospital.



Nurse midwives in 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**

## 2019

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

## 2021

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

## 2023

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

## 2018

Expansion of partnership across ten health facilities in **Neno, Malawi**

## 2020

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

## 2022

Hosted first annual GAIN cross-site conference in **Blantyre, Malawi**

## 2025

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

# OUR PARTNERS



University of California  
San Francisco



**KAMUZU UNIVERSITY**  
OF HEALTH SCIENCES

# GAIN MODEL: International

## Our international site model:

- Leadership and clinical training for nurses and 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 by:

- 1 Expanding the nursing workforce.
- 2 Establishing educational pathways for nurses and midwives to advance their careers.
- 3 Creating cadres of expert clinical providers skilled in childbirth, mentorship, 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 was to create the first **Midwifery Fellowship for Midwives of Color** in Memphis, Tennessee by:

- 1 Supporting new midwives with a six-month 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 to exploring the potential value of GAIN in every new site. A nursing and midwifery training and mentorship strategy to improve health outcomes of pregnant women and their children will only be possible with strong stakeholder engagement and involvement. Development and buy-in of program goals and objectives by key in-country internal and external stakeholders is critical to plan and deliver site specific interventions. These stakeholders will include, but are not limited to, Ministries of Health (MoH), Nursing and Midwifery Boards, and 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 and Midwifery board, hospital administration).
3. Get necessary support/buy-in for a nursing and midwifery skills gap analysis/needs assessment survey (see Needs Assessment section).
4. Initiate planning for mentorship, and include key stakeholders in the planning.
5. Adapt and implement strategies per 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 (Lesotho, Liberia, Malawi, and Sierra Leone)
2. GAIA Global Health/Global Aids Interfaith Alliance

## **Educational institution partners:**

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

## **Public sector partners:**

1. Ministry of Health, Lesotho
2. Ministry of Health and Social Welfare, Liberia
3. Ministry of Health, Malawi
4. Ministry of Health and Sanitation, Sierra Leone
5. Liberia Board for Nursing and Midwifery
6. Nursing and Midwifery Council of Malawi



# PREPARATION

**HUMAN SUBJECTS RESEARCH APPROVAL** The role of an Institutional Review Board (IRB) application is to receive a critical eye on a proposed research project and get external approval that the purpose, 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 are 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 collection 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 side of caution 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 clinical practice?
4. Is any personal health information on an individual/individuals being accessed or collected?
5. Are any biological samples being taken or accessed 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 (i.e. clinic/hospital/etc.), to those at the regional and/or national level, and 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 risks/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.

[NHSRC checklist](#)

[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 were 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(s) 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.

In many cases it can be helpful to review prior submitted IRBs for similar projects in the preparation of these documents (see Appendix), 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 quality of the overall work.

# PREPARATION

**NEEDS ASSESSMENT** The GAIN model of implementation is different from site to site based on 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 skills gaps in maternal and neonatal health care, nursing/midwifery 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 of the 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 is useful for planning 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 for after the visit.



# PREPARATION

## **NEEDS ASSESSMENT DOCUMENTS**

[Needs Assessment Interview Questions](#)

[Example Needs Assessment Report](#)

[SCC Needs Assessment](#)

[Provider Knowledge Needs Assessment](#)

[Bag and Mask Skills Assessment](#)

# PREPARATION

## BUDGETS

### 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 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	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 and midwife 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

<b>Sample Maternal and Neonatal Health Training Agenda</b>		
<b>Day 1:</b> Introduction & leadership	<b>Day 2:</b> Leadership & normal newborn	<b>Day 3:</b> Quality improvement
Registration	Announcements and recap	Announcements and recap
Welcome and introductions	Effective communication and documentation	Fundamentals of quality improvement (QI)
Pre-test 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

<b>Sample Maternal and Neonatal Health Training Agenda, cont.</b>		
<b>Day 4:</b> Nursery topics	<b>Day 5:</b> Nursery topics & closing	<b>Day 6:</b> 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**
  - [Research Consent Form](#)
  - [Research Consent Form 2](#)
  
- Media consent**
  - [UCSF Non-Patient Media Consent Form](#)
  
- Daily course evaluations**
  - [Daily Course Evaluation Form](#)
  - [Daily Course Evaluation Form 2](#)
  
- Short course evaluations**
  - [Short Course Evaluation Form](#)
  - [Short Course Evaluation Form 2](#)
  
- Pre- and post-training tests**
  - [MNH Knowledge Test](#)
  - [MNH Knowledge Test \(with answers\)](#)
  - [MNH Knowledge Test 2](#)
  - [MNH Knowledge Test \(with answers\) 2](#)
  - [MNH Knowledge Test 3](#)
  - [Midwifery Knowledge Test](#)
  - [Midwifery Knowledge Test \(with answers\)](#)
  
- Graduation certificates**
  - [MNH Training Completion Certificate Template](#)
  - [MNH Training CPD Credit Certificate Template](#)
  - [Fellowship Training Certificate Template](#)



# ▶ TRAINING HANDBOOK

[Sample Handbook Cover Pages](#)

[Sample Training Handbook](#)

# ▶ LONGITUDINAL MENTORSHIP



Former GAIN Co-Director assists a GAIN mentee with a newborn in the neonatal intensive care unit.



# LONGITUDINAL MENTORSHIP

## **SAMPLE JOB DESCRIPTIONS**

[Expert Nurse Midwife Mentor](#)

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

[Data Clerk](#)

## **SAMPLE MENTORSHIP COMPETENCY**

[Mentorship Competency Grid](#)

## **SAMPLE MENTORSHIP SCHEDULES**

[Example Mentorship Schedule](#)

[Example Mentorship Schedule 2](#)

[Example Mentorship Schedule 3](#)

# QUALITY

# IMPROVEMENT TOOLS

[Run Chart Poster](#)

[Fundamentals of Quality Improvement](#)

[QI Activity Sheet](#)

[GAIN QI Project Book](#)



A nurse midwife reviews a run chart during a group QI activity.

# FELLOWSHIP



GAIN mentor 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
<b>Admission of woman in labor</b>	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: ___
<b>Examination of a woman in labor</b>	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: ___
<b>Management of labor</b>	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: ___
<b>Use of Safe Childbirth Checklist (SCC)</b>	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: ___
<b>Hypertensive disorders in pregnancy</b>	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 <sub>4</sub> 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
<b>Newborn resuscitation</b>	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: ___
<b>Neonatal sepsis</b>	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: ___
<b>Neonatal jaundice &amp; phototherapy</b>	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: ___
<b>Birth asphyxia</b>	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

Fellowship Exit Survey



Graduation of the first cohort of neonatal fellows.

# EVALUATION

- [Frameworks](#)
- [Evaluating Short Course Trainings](#)
- [Evaluating Mentorship](#)
- [Mentor Feedback Evaluation](#)





# EVALUATION FRAMEWORK

[Sample Evaluation Framework 2023](#)

[Sample Evaluation Framework 2023 2](#)

[Sample Evaluation Framework 2024](#)

[Cross-site Evaluation Frameworks 2025](#)



# 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 six-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)**

[Mentor Activities Log](#)

[Mentor Activities Log 2](#)

[Mentor Activities Log, Short Form](#)

[Essential Birth Supplies Checklist](#)

[Functional Birth Supplies Checklist](#)

[Healthy Newborn Safe Childbirth Checklist Observations](#)

## **CommCare data analysis and reporting**

[CommCare Quarterly Analysis Excel Template](#)

[CommCare Monthly Analysis Excel Template 2](#)

[CommCare Monthly Analysis Excel Template 3](#)

[CommCare Quarterly Analysis Excel Template 4](#)

[Quarterly Report Template](#)

[Quarterly Report Template 2](#)

[Monthly Report Template](#)

[Monthly Report Template 2](#)

## **Mentorship evaluation form**

[Sample Mentor Evaluation Form](#)

[Sample Mentor Evaluation Form 2](#)

# 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. Once in Excel, be sure to highlight all data and "convert to number" or else template equations will not work.



# 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

[UCSF IRB Application](#)

[UCSF IRB Application 2](#)

[NHSRC Application](#)



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