



Towards a Strengthened Nursing Cadre in India

Inspiring Stories of Success

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September 2016

This photobook has been developed by Jhpiego- an affiliate of Johns Hopkins University.

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Introduction

Nurses comprise around 30% of the total healthcare workforce of India and are an integral part of India's public health system. Recognizing the critical role of the nursing cadre in reducing maternal and infant mortality, and in achieving universal health coverage, India has prioritized the deployment, empowerment and overall strengthening of nurses through the development of a roadmap.

The Indian Nursing Council (INC) has played a pioneering role in spearheading this process in the country. Taking cognizance of the sub-optimal quality of nursing institutions, especially in the high focus states, the INC, in 2009, made coordinated efforts to bring key stakeholders like Ministry of Health and Family Welfare (MoHFW), GoI, Jhpiego, WHO, UNFPA, UNICEF and various technical and development partners together for strengthening the quality of pre-service education (PSE) for nursing in India.

With the vision of improving the quality of nursing education, INC led the development of the strategy and provided technical guidance for piloting PSE strengthening at identified nursing institutions. INC adopted the Standards Based Management and Recognition (SBMR) approach and led the process of developing a set of performance standards for guiding quality improvement. The strategy involved development of five National Nodal Centers (NNCs) of excellence, implementation of PSE standards for strengthening of educational, clinical processes and teaching infrastructure at the nursing institutions along with building the teaching skills of faculty through the specialized 6-week trainings.

For this, the INC mobilized resources, opinions as well as participation by key stakeholders and piloted the PSE strengthening program with Jhpiego as the implementing partner. Encouraged by the results of this pilot, MoHFW, GoI, decided to implement the PSE strengthening program at scale across the public sector institutions of high focus

states and started allocating funds to states for strengthening of training infrastructure, provision of logistics and HR and capacity building efforts.

Jhpiego- an affiliate of Johns Hopkins University has been working closely with MoHFW, GoI and INC by providing Technical Assistance (TA) for strengthening the nursing cadre in the country. Besides improving the quality of pre-service education by strengthening the nursing institutions in high focus states, Jhpiego's TA also includes efforts towards creating an enabling policy environment for nursing, improving the leadership and management capacity of the nursing cadre by creation of nursing directorates at national and state levels, and ensuring a greater role for nurses in clinical and programmatic decision making in the country.

In the journey that started in 2009, several milestones have been achieved so far. Nodal centers of excellence for nursing education have been established at the national and state levels. These nodal centers, besides serving as model teaching institutions, also act as pedagogic resource centers for the ANM/ GNM schools in their region and also provide support in the concurrent strengthening of these schools. Five National Nodal Centers and nine State Nodal Centers have already been established. More than 200 public sector nursing institutions in the states of Rajasthan, Uttarakhand, Uttar Pradesh, Bihar, Jharkhand, Odisha and Madhya Pradesh are being strengthened to provide quality pre-service education through a standards-based quality improvement approach. More than 3,300 nursing educators and clinical-site service providers have been oriented on Government of India's latest guidelines through competency based trainings.

Building competence and skill is the nucleus of our nursing work. Therefore, Jhpiego has provided technical assistance (TA) in the development of operational guidelines and resource materials, competency assessments and trainings of in-service staff nurses and ANMs, pre-recruitment competency assessment and in-service training of nurses. Jhpiego has also provided TA for skill lab establishment in states other than its direct intervention states.

In Bihar, Jhpiego has leveraged information technology to overcome the handicap of severe shortage of faculty and achieved standardized training across all its ANM/GNM schools. Close to 1,200 students from these schools have already received training through virtual classrooms.

Jhpiego recognizes that it is important to build a conducive environment and advocate for policies that will allow nurses to perform to their potential and provide them with opportunities for career growth. To achieve this, Jhpiego has worked to establish Nursing Directorates, which will strengthen the administration and management capabilities for the nursing cadre. Jhpiego has also conducted assessments and held consultations on enhancement of clinical autonomy of the Nurse Practitioners in Midwifery; advocated for developing career pathways for nursing personnel and for their inclusion in State and District Program Management Units of the National Health Mission (NHM).

Jhpiego has worked closely with the National Health Mission (NHM) to leverage funds needed for strengthening the nursing cadre. The fund allocation for this cadre has increased from about 550 million rupees in year 2013-14 to almost 2,300 million rupees in year 2015-16, a whopping four-fold increase in just three years.

This photobook is a compilation of stories and testimonials that highlight the transformational change that is coming about in people, systems and processes which, in turn, is strengthening India's nursing cadre. These efforts are helping build the country's capacity to provide quality healthcare to all— not just to those living in the cities, but also to those who reside in remote pockets of our vast country.

There is still a lot to be achieved. We hope that these stories of change inspire you to join in. We can together accelerate efforts to make our nurses a force to reckon with—a force that can better the lives of millions through skillful and quality care.

¹ANM/GNM schools: Auxiliary Nursing Midwifery/ General Nursing Midwifery Schools

This photobook is a compilation of stories and testimonials that highlight the transformational change that is coming about in people, systems and processes which, in turn, is strengthening India's human resources for health. These efforts are helping build the country's capacity to provide quality healthcare to all— not just to those living in the cities, but also to those who reside in remote pockets of our vast country.

All photographs used in this photobook are courtesy Jhpiego.



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A Critical Workforce for Achieving the World's Health Development Goals: Nurse–Midwives

Bajju, Rajasthan

Kiran Khatri is a nurse-midwife. She represents a health workforce that holds within its hands the ability to improve the health and wellbeing of mothers, babies and families across the globe. The Sustainable Development Goals (SDGs) officially came into effect from this year. Along with committing to drastically reduce maternal and infant mortality, the SDG for health commits to increase health financing and the recruitment, development, training and retention of health workforce, especially in countries that face great health human resource challenges, like India. Therefore, as world leaders, policy makers, health experts, community advocates and researchers formulate strategies to achieve these SDGs, nurse–midwives like Kiran Khatri must inform their plans.

Though we have known for some time and research has proved that nurse–midwives, when empowered with skills and knowledge, are capable of delivering 87% of the sexual, reproductive, maternal and newborn health service needs across the developing world², glaring gaps continue to exist in their

availability. In a country like India—with 1.2 billion people and 69% of its population living in villages (Census 2011)—the need for a strong nurse midwifery workforce cannot be undervalued. Faced with a shortage of human resources for health³ especially in the remote pockets of the country, nurse–midwives are often shouldering the biggest responsibility of delivering quality RMNCH⁴ services. These health providers overcome many odds—working in difficult conditions, in understaffed facilities with limited resources—in their efforts to save lives.

Nurse-midwife Khatri is a fine example of this cadre. She works at a remote Community Health Center (CHC) in village Bajju, 110 kilometers from Bikaner in the state of Rajasthan. Bajju's CHC is the only public health facility serving the entire village and those who live within a 70 kilometer radius of it. Nurse Khatri is a one woman army. Often the only nurse on duty at this facility, she helps deliver babies, vaccinates children, attends to mothers following birth, provides family planning counseling and does the official paperwork required of her with exemplary

²The State of the World's Midwifery 2014: A Universal Pathway, A woman's right to health. UNFPA

³India ranked 52 of the 57 countries facing an HRH crisis. (WHO. Global Atlas of the Health Workforce. Geneva: WHO; 2010.)

⁴Reproductive, Maternal, Newborn and Child Health



proress. Her skills help her manage cases of severe bleeding after birth – one of the top causes of maternal deaths —and save newborns who are struggling to breathe. Not only does Nurse Khatri’s work ensure quality healthcare services at the grassroots, it also frees the only doctor at this facility to focus on other needs, like conducting health check-ups and tending to the sick at the busy outpatient department, where he sees an average of 200 people daily.

India is making a concerted effort to build and support thousands of Kiran Khatri—through strengthening institutions that educate and train nurse-midwifery students, revising the curricula to improve skills and competence of students, giving greater responsibilities to nurse-midwives and expanding their scope of work through task shifting, improve their working conditions and increasing retention by developing appropriate career pathways and ensuring representation of this cadre at the leadership and policy level. Women like Kiran Khatri are inspirational. They are the backbone of a strong healthcare system and investing in them can catapult our healthcare agenda towards success. It is time we throw the spotlight on them.



“Every morning, what pulls me back to work is the woman who is on the delivery table. I want to help her bring the new life into this world and put a healthy and safe baby into her arms.”

Leelamma Lodh, Staff Nurse, Madhya Pradesh





A life dedicated to pushing India's Nurses Forward: Mr. T Dileep Kumar

Bangalore, India. September 2015

In a career that spans more than 40 years, Shri T. Dileep Kumar has remained a determined and fearless advocate for advancing the education and status of nurses in India. Now in his 15th year as President of the Indian Nursing Council (INC) — the national nursing midwifery regulatory body, Mr. Kumar has succeeded at nearly every turn in his efforts to reform a system that oversees hundreds of thousands of nurses. He has held several prominent positions in his career, including that of Deputy Nursing Advisor as well as Nursing Advisor to the Ministry of Health and Family Welfare, Government of India. He is also a member of the World Health Organization's Global Advisory Committee for Nursing Midwifery.

Mr. Kumar's calling for the profession came early. "My father was a homeopathic practitioner. Day in and day out I used to see patients visit our house, especially from the rural area where we were staying. That motivated me to do something in the field of healthcare. The core function of a nurse is to care and that made me opt for nursing".

Even in his initial days as a nurse, Mr. Kumar stood out for his efforts to strengthen the profession. As a young nursing

superintendent, he proposed a series of continuing education classes for his 250 nursing colleagues at the remote rural hospital where he was posted. A supervisor told him to stay out of it, but Mr. Kumar wasn't deterred. He shared his suggestion with an administrator who embraced his idea and moved it forward. This helped Mr. Kumar organize lectures for the in-house nurses on topics ranging from infection prevention practices to diabetes management.

As Deputy Nursing Advisor in the Ministry of Health, Mr. Kumar led the charge of the national Auxiliary Nurse-Midwifery (ANM) training program and the sub-center program. This experience, he says, helped sow the seeds of his deep involvement with the rural healthcare system and the pivotal role that he saw nurses playing in it.

In 1994, he became Nursing Advisor. Back then, nursing was a much neglected cadre in the country, with a meagre fund of 40 lakh rupees allocated to develop nursing services for the whole country. He worked hard to bring prominence to this cadre. By the time Mr. Kumar retired from this position in 2011, the budget allocation for the development of nursing services had



increased to 3,200 crore rupees. Not only that, he conceived several schemes that boosted nursing education along the way. To name a few—opening of nursing schools in hard to reach areas, providing continuing education for in-service nurses, strengthening of government run nursing schools and colleges, greater focus on improving the working conditions of nurses, emphasizing improvements in their salary and accommodation facilities.

As the President of INC, Mr. Kumar re-dedicated himself to reforming and strengthening the cadre. Among the many interventions that he led were — devising operational guidelines and use of standards for improving the quality of nursing education at government nursing institutions, and development of six weeks’ training curriculum for building the capacity of nursing faculty.

Envisioning the need to focus on specialization of nurses, Mr. Kumar was able to shift the attention of the policy makers in this direction and in 2002, specialization in nursing became one of the important guidelines in the National Health Policy.

Not one to rest on his laurels, Mr. Kumar feels there is much more to be achieved. “We still have a long way to go. Many

of the states are yet to adopt the nurse-midwifery practitioner program. I think the recent study by Jhpiego⁵ on the nurse-midwifery practitioner is definitely going to throw light and also motivate other state governments to adopt this nurse-midwifery practitioner program”, he says.

Under his leadership, INC has also developed curricula for introducing Nurse Practitioner in Critical Care and Nurse Practitioner in Primary Health Care and these have already been approved by Government of India. Nurse Practitioner’s Act is being drafted for defining the scope and standards of nursing practice in India. INC is also focusing on continuous faculty development and continuing professional development for in-service nursing personnel.

With the strengthening of the nursing cadre witnessing a momentum like never before, Mr. Kumar is positive about the future of nursing in the country. “The Government of India realizes the importance of nursing. Specializations (are) going to open up more doors for Indian nurses in the years to come. So definitely they have a big future. Nurses are going to be very important members in the health care team of the country”, he concludes.

⁵Since 2009, Jhpiego has been providing technical assistance to the Government of India and Indian Nursing Council in strengthening nursing education as well as the in-service nursing cadre at the national level as well as across several states of the country.

“The Government of India realizes the importance of nursing. Specializations (are) going to open up more doors for Indian nurses in the years to come. So definitely they have a big future. Nurses are going to be very important members in the health care team of the country.”

Shri T. Dileep Kumar, President, Indian Nursing Council





Nursing tutors gear up to inspire the next generation of nurses in India

Wardha, Maharashtra

‘A good teacher can inspire hope, ignite the imagination, and instill a love for learning’ - Brad Henry

“When nursing students come to learn, they are like clay. It is our job to mold them into something of value for the society”, says Ashish Kumar Sharma, Nursing Tutor at ANMTC⁶, Kota, Rajasthan. Ashish realizes the importance of his role in preparing India’s next generation of nurse–midwives – a cadre that has the ability to save and transform the lives of thousands of mothers, children and families through the provision of quality healthcare services.

Sharma, along with thirteen nursing tutors from various districts of Rajasthan, was recently part of a six-week intensive training held at the NNC⁷, Wardha, housed in the Kasturba Nursing College, Sewagram. Through the six weeks, these tutors learnt effective teaching and computer skills, and based on the latest Government of India protocols, refreshed their knowledge and skills on essential maternal and child health interventions, including skilled birth attendance, integrated management of neonatal and childhood illnesses and updates on family planning

methods. Over the past five years, 309 nursing tutors have been trained over 24 such six-week trainings held across the country.

The Indian government is strongly committed to strengthen the nursing cadre in the country. Several steps have been taken in this direction– from devising policies to build a supportive environment for nurses, investing in their skills and competence, and strengthening the institutions that nurture students to become nurses. Jhpiego has been providing technical assistance to the national and state governments in this entire initiative.

The crucial role of the nursing tutors in preparing the next generation of nurse–midwives cannot be undermined. It was with the objective of building the capacity of these nursing tutors that Jhpiego provided technical support to the Ministry of Health and Family Welfare (MoHFW), Government of India and the Indian Nursing Council to carve out a customized six weeks training package for nursing tutors. Based on this package, Jhpiego has been conducting these six weeks trainings for nursing faculty and building Master Trainers from within the system to carry forward these trainings in the future. The six week trainings are

⁶ANMTC- Auxiliary Nurse-midwife Training Centre. Also called ANM school

⁷NNC: National Nodal Center for nursing excellence



conducted at the National and State Nodal Centers and aim at holistic development of nursing tutors to enable them to become knowledgeable, skilled and impactful teachers.

Sharma senses a change in his capacity as a nursing tutor after undertaking the training, “I have attended several trainings before. But all those were like broken pieces while this training is like a collection of all of those pieces in a single training module. All the doubts I had over these past years have been cleared and this has, in turn, made me more confident to teach”.

A pre and post assessment of the participants to assess the effectiveness of the six weeks training corroborates Tutor Sharma’s claims. An objective structured clinical examination (OSCE)⁸ showed significant improvement in the scores of essential practices like active management of third stage of labor (increased from 15% to 100%), infection prevention practices (increased from 35% to 96%), and plotting of partograph (increased from 7% to 96%), among others. Another participant from this training, Suman, a nursing tutor from ANMTC, Rajsamand, Rajasthan says, “Now when I will go to a class full of nursing students, I will have a plan with my objectives set. I will know what I need to read-up before the class, what doubts can arise, what audio visual aids I can use, what clinical skills need to be developed in my students... I will be better prepared and certainly more confident”.

“A teacher is a very impactful person. Students absorb our teachings and remember them for life. So it is essential to be a good teacher in order to effectively influence lives”, says

Nursing Tutor Ashish Sharma, as he heads back to his ANMTC, determined to apply his new learnings in shaping his students into skilled, competent and committed nurse–midwives of tomorrow.



⁸OSCE (Objective Structured Clinical Examination) is a method of assessing the knowledge and skills of students/service providers on pre-identified competencies. The participants are required to demonstrate the said competency on models/mannequins and are simultaneously assessed by the observer using a pre-validated checklist.

“The six-week training has been extremely beneficial to us. As soon as we got trained, (the) skill lab was established at our College. We are demonstrating all the procedures that we learnt during our training to the students and the sessions on effective teaching skills have really helped us in taking classes.”

Ms. Gargi, Sister Tutor, Bihar





Strengthening nursing education in Bihar—through the eyes of a Principal

Hajipur, Bihar

As students fill up the classes in the Auxiliary Nurse-midwifery (ANM) School at Hajipur, located about 20 kilometers off Bihar’s capital city Patna, one gets the sense of being in a well-functioning educational institution.

The building that houses the school is not new, but seems well attended to. The freshly painted walls carry neatly lined posters on maternal and newborn health. The passage has spacious classrooms on either side, leading up to newly set up skill and computer labs. On the other end is a well-appointed library with uniform cupboards lined with tidily catalogued books. The students’ hostel and canteen lie behind the main school building, within the campus walls.

As one walks into the Principal’s office, one notices a picture of Florence Nightingale right above the notice board. Premlata Kumari Singh, the Principal of the nursing school is happy to talk about the many changes that have come about in her school in the last few years. “In my 35 year career in nursing education, I would always wonder how to lift the standard of nursing education in Bihar, but never imagined this level of

progress. It is like a dream come true”, she says the Principal. Though building a knowledgeable and skilled cadre of grassroots healthcare workers should be the mainstay of any strong healthcare system, nursing education had suffered several decades of neglect in many high focus states, including Bihar, bringing about a feeling of despondency in staff and





students alike. An assessment conducted by the Human Resources Division, NHSRC⁹, Government of India, in 2008-09 had found several inadequacies in nursing education, including lack of skilled nursing personnel, severe shortage of nursing tutors, poor infrastructure at teaching institutions and an overall “stagnation and apathy among nursing personnel at all levels”.

From 2011, Jhpiego, with support from the Norway India Partnership Initiative and in partnership with the State Health Society, Government of Bihar, started working on strengthening nursing midwifery pre-service education in the state using a proactive, practical management methodology that focuses on the streamlined standardization and implementation of best practices called Standards-Based Management and Recognition. The last few years have seen transformational changes at several levels, including the much neglected ANM schools.

Principal Premlata is glad she was able to witness this transformation at her own school during her tenure. Ask her what’s new and she promptly replies, “So many things have changed—in our teaching methodology, facilities being given to students to hone their skills, and even administratively. Now whenever a teacher goes to take a class, she goes with a proper lesson plan so she is better prepared. Earlier we relied on theory to teach clinical procedures, now we practically demonstrate these procedures in the

⁹National Health Systems Resource Centre





skill lab, and then take the students for clinical practice. My students are learning (to use the) computer. Virtual classes have started”. Walking towards the library, she continues, “In the name of a library, there was an almirah with some really old books in it. We have now got new text books. We have learnt what is cataloguing, seating arrangements and how to set a time for the students to use the library. We now have 760 books in the library and they are all new editions” she says and adds, “We used to go for community visit earlier also, but now we have become more capable as we’ve been given Rs. 1,20,000 annually to facilitate community visits. This has helped in taking the students as per syllabus to the community in our district. As a Principal, I have also been given a disbursement fund of Rs. 5,000/- per month. Many small things can now get done—like photocopying, changing the printer’s ink, or say if a tap breaks or a bulb needs to be replaced, all these expenses can come out from that monthly amount. This is a huge help to us”. The nursing tutors have also received a six week training wherein they learnt effective teaching skills, and based on the latest Government of India and Indian Nursing Council guidelines, they refreshed their knowledge and skills on essential maternal and child health interventions, including skilled attendance at birth, integrated

management of neonatal and childhood illnesses and updates on family planning methods.

This wind of change that is coming over nursing education in Bihar is being felt far and wide. Its most tenable impact is on the quality of nursing students emerging from these institutions. Principal Premlata states, “I get to hear from people where my students go to work that they see a huge difference in the student’s skill, confidence and competence—that is what my students have now!” says the Principal with pride. In fact, the ANM school at Hajipur was also among the schools recently visited by a nursing delegation from Myanmar during their cross learning visit to India.



“In my 35 year career in nursing education, I would always wonder how to lift the standard of nursing education in Bihar, but never imagined this level of progress. It is like a dream come true.”

Premlata Kumari Singh, Principal, ANMTC, Hajipur, Bihar





Odisha takes a giant step towards strengthening nursing education—gets a State Nodal Center of Nursing Excellence

Brahmapur, Odisha

Two decades ago, when Krutidipa Mohanty, a nursing professor, was studying to be a nurse at the only government run College of Nursing in Odisha at Brahmapur, she never imagined that in a few years' time, she would not only return to the same College as a lecturer but also become one of the prominent figures working to transform the College into a State Nodal Center of Excellence for nursing education. Mohanty doesn't shy away from admitting her reason for stepping up as one of the change makers, "This is my institution—I studied here. I wanted it to be the best".

The College of Nursing at Brahmapur is still the only government run nursing college in the entire state. Established in 1983 with support from UKAid, the College had not seen any physical upgradation despite the number of students swelling to four times the initial capacity. More importantly, the stagnant teaching methodology and lack of clinical exposure was severely impacting the capacity and skills of the students graduating from here. A baseline assessment of the





College conducted in September 2013 revealed a low score of 29%.

With the Government of India (GoI) and the state government committed to strengthen the nursing cadre, Jhpiego, with support from the Norway India Partnership Initiative, began the process of strengthening this College and developing it into a State Nodal Center in mid-2013. Performance Standards¹⁰ approved by the GoI and Indian Nursing Council were used as the means to bring about this change.

“As teachers, when we prepare students, we need some guidelines to help us bring out the best in them so that they can effectively perform in future. Standards help us a lot in achieving that. They tell us where we are and where we should reach,” says Professor Mohanty. She gives examples of the many changes that have come about as a result, “Today, every member of the faculty is required to prepare a masterplan for all the classes he/she takes. Teachers are using electronic audio visual aids like projectors while taking classes. We are ensuring clinical practice not only for the students but also for the faculty because if we want to strengthen the students’ skills we have to strengthen the same in our faculty first. We have worked towards developing our IT lab which now has internet connection. It makes it easier for the faculty to prepare classes for the students and

for the students to research material for their submissions”. Along with all these changes, the biggest achievements in the past three years, she says, have been setting up of the skills lab, upgradation of the library and initiation of checklists and log book for the students which were not there in the entire history of the College.

A visit to the skill lab makes Mohanty’s claim crystal clear. Students are seen at various skill stations practicing on



¹⁰Performance Standards are statements of the expected level of performance by the institution for the delivery of quality education. They are divided into five sections and cover every aspect of the institution’s strengthening process, from classroom and practical instruction, to clinical instruction and practice, to school infrastructure and training materials, to school management as well as the clinical site practices.



anatomical models. The skill lab in-charge, Professor Usha Kanti Mahapatra explains that the simulation exercises on the models help the students gain skills in antenatal care, labor room procedures and newborn care, postnatal care, complication management, family planning services and infection prevention practices. The procedures are demonstrated using a detailed checklist and after practicing, the students are made to re-demonstrate these procedures and are assessed on their skills. A logbook maintains a record of the skills the students have successfully been able to demonstrate.

A senior nursing professor with 35 years of experience, Ms. Mahapatra led the charge of setting up the skills lab. “In our time (as a student), we didn’t even know what a skill lab was! Today, the training that we are giving to the students and the faculty (during six weeks faculty training) is totally skill based. If 20 years back we had these skill labs in our nursing schools and colleges, we would have been able to achieve the Millennium Development Goal of reducing the MMR and IMR,” she says.

The hard work and dedication of the faculty has borne results. The College secured 78% in the external assessment conducted by representatives from the state’s nursing division and the Ministry of Health and Family Welfare, GoI in April 2016 and has been declared a State Nodal Center.

The strengthening of the College of Nursing at Brahmapur is a part of a national initiative to build a robust cadre of nurse-midwives in the country. A key component of this initiative



is establishing national and state nodal centers of excellence in high focus states to provide pedagogic and technical support to the nursing institutions in their region. Six national nodal centers have been strengthened across the country. Similarly at the state level, nine state nodal centers have been strengthened, including the nodal center at Brahmapur.

The faculty at Brahmapur’s College of Nursing is elated with this recognition and completely geared to take on the responsibility entrusted by the state. Prof Mohanty sums it up well, “Since this is a Nodal Center, the students who pass out from here should possess a certain standard of knowledge and skills. Whatever we are doing here is aimed at that. Wherever they get posted or choose to work, they should do their work so skillfully that people say, “What great nurses come out of Odisha”!

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Krutidipa Mohanty, Nursing Professor, College of Nursing, Brahmapur, Odisha





Clinical Skills Standardization trainings: Achieving two objectives at one go

Kota, Rajasthan

When Dr. Rajendra Prasad Rawat, the Head of Obstetrics and Gynecology at Kota's JK Lon Maternal and Child Care Hospital, first attended Jhpiego's Clinical Skills Standardization (CSS) training back in November 2013, he immediately saw the potential it had to improve the functioning and quality of his hospital's busy labor room which conducts almost 13,000 deliveries every year.

Dr. Rawat took immediate action to ensure that similar trainings become institutionalized at his facility. The decision has shown great results. The hospital's providers can recount several instances where their CSS training came handy. Like the case of the woman pregnant with her fifth child who had arrived at the labor room in full dilatation. The baby was not descending. Plotting the partograph helped the labor room staff track the progress of labor closely. She finally delivered. But almost immediately, she started showing signs of postpartum hemorrhage. Having learnt active management of third stage of labor during the CSS training, the providers managed the complication efficiently.

Having also learnt to arrange the labor room as per standards and follow proper infection prevention practices during the training, the providers brought about many changes which led to the hospital being honored by the local medical college administration with a certification for its cleanliness and maintenance in 2014.

CSS trainings are an integral part of the process of strengthening pre-service education for nurse-midwives. They ensure that the GNM and ANM¹¹ students get to observe and practice maternal and newborn health (MNH) related clinical skills at the hospitals attached to their nursing schools, like JK Lon Maternal and Child Care Hospital, in the same manner as they have been taught in their institute's skill lab. But CSS trainings have another big benefit. They help in orienting the in-service healthcare staff at the hospitals on clinical standards and the latest GoI protocols. They bring about uniformity in the practice of key MNH skills across all government health care delivery points in line with GoI's SBA guidelines¹².

¹¹GNM and ANM: General Nursing Midwifery and Auxiliary Nursing Midwifery

¹²GoI's SBA guidelines: Government of India's Skilled Birth Attendance guidelines



These two-day intensive trainings cover all critical procedures to be followed in labor rooms, including plotting partographs, implementing infection prevention procedures, managing pre-eclampsia/ eclampsia, conducting active management of the third stage of labor, managing postpartum hemorrhage and providing family planning counseling services.

Jhpiego has been providing technical assistance to the government at the national level and across several high focus states, including Rajasthan, in strengthening its human resources for health. Jhpiego conducted the first CSS training at JK Lon Maternal and Child Care Hospital in November 2013, preparing eight clinical care providers who now train nursing students and in-service staff of the obstetrics and gynecology department. A “skills corner” featuring MamaNatalie® and NeoNatalie® simulators was also established adjacent to the labor room to provide opportunities to service providers for brushing up the skills they’ve learned. Structured checklists outlining the key clinical skills covered during the training were also shared to guide hands-on practice and learning.

In Rajasthan, CSS trainings were conducted at 41 ANM/ GNM schools and 1 College of Nursing. Refresher trainings were subsequently conducted to ensure institutionalization of practices.

Ms. Uma Meena, a 34 year old nurse who went through this training, says, “I have learnt the proper way to care for mothers and newborns—how to keep the baby warm and place him/her on the mother’s abdomen. I know how important proper



disinfection of instruments and waste disposal is to prevent infections in the mother, the child and us.”

With a large proportion of maternal and newborn deaths occurring during the intrapartum and immediate postpartum period, the need for today’s and tomorrow’s healthcare workers to be skilled in their care holds paramount significance. The CSS trainings are helping exactly that. So far, Jhpiego has conducted 246 CSS trainings across 11 states of India, training 3,579 providers in the process.

As Dr. Rawat concludes, “They (the providers) already know the basics, but the CSS training helps them follow proper protocols and refreshes their knowledge and skills. Such periodic refresher trainings are very important.”

“Time and again, revision and refreshment of education, especially in the nursing profession (is important) - as we are dealing with human beings- their life, not paper and pencil. So the trainings have to be updated to bring the teaching up to a certain standard, to look after the client. We need to update our information, knowledge and skills.”

*Prof. Pennemma Ranadive, Principal, College of Nursing,
St. Stephens Hospital, New Delhi*



Technology helps future nurses strengthen skills to save lives

Purnia, Bihar

Bhanu Priya still remembers the nervousness she felt when she attended her first virtual class. But she also remembers how quickly her nervousness changed to amazement. It was last year, during the second year of her ANM course at the government run ANM¹³ School- Purnia. The topic was the various stages of labor. It was being taught using the worldwide web by a professor from the State Nodal Center (SNC) at College of Nursing, IGIMS¹⁴ Patna- 300 kilometers away from her school.

For a young girl who hailed from a remote village in Bihar's Munger district, where people often suffer neglect, disabilities and even death due to lack of quality care and timely treatment, to be a part of an education system where her skills were being honed by the best tutors using the latest in information technology was way beyond her imagination.

Bhanu recalls the first moments of her very first virtual class, "We were told that it was going to be a class where, through the internet, we would be taught by faculty from the SNC and we would be connected with students from other schools, who would be attending the same class with us virtually. We had never heard of anything like that before. Initially,

we were all nervous but as the class started, we began enjoying it".

The main reason the Government of Bihar had for setting up the virtual classrooms was the severe shortage of nursing faculty in the state. Even the latest figures show an astounding statistic of 289 faculty posts vacant out of a total of 370¹⁵ posts (a total of regular and NHM schemed posts). The worldwide web helped to reach the remotest of government nursing



¹³ANM- Auxiliary Nurse-midwifery

¹⁴IGIMS- Indira Gandhi Institute of Medical Science

¹⁵Source: SHS Bihar recruitment data 2016



schools in the state and have the students receive training from competent faculty. In 2013, the Government of Bihar started this initiative with technical assistance from Jhpiego. DFID and CARE UK-BTAST supported the establishment of these virtual classrooms in a phased manner.

Now covering all the 28 government run nursing institutions, the virtual classrooms provide real time video training from the instructor location (at IGIMS, Patna) to these trainee locations. Students are also able to interact in real time over virtual space with other students present at various geographically spread locations and clear doubts, discuss topics of interest and indulge in a healthy competitive environment. With only three faculty members at ANM School- Purnia, the virtual class platform has been beneficial for Bhanu Priya and her batch mates who got the opportunity to learn from experts and interact and share their learnings with over 1,500 students from different ANM and GNM schools of Bihar.

Having just completed her ANM course, Bhanu explains the enthusiasm for learning that these virtual classes infused in the entire batch, “There used to be times when even post a night shift (as part of their clinical site practice) we would sit through a virtual session because we did not want to miss a single class”. She also credits the virtual classes for adding to the quality of skills that she and her batch mates gained from their course, “We would attend the virtual class, then go to the skills lab and demonstrate on mannequins, then practice the skills during our shifts at the clinical site. This would make us



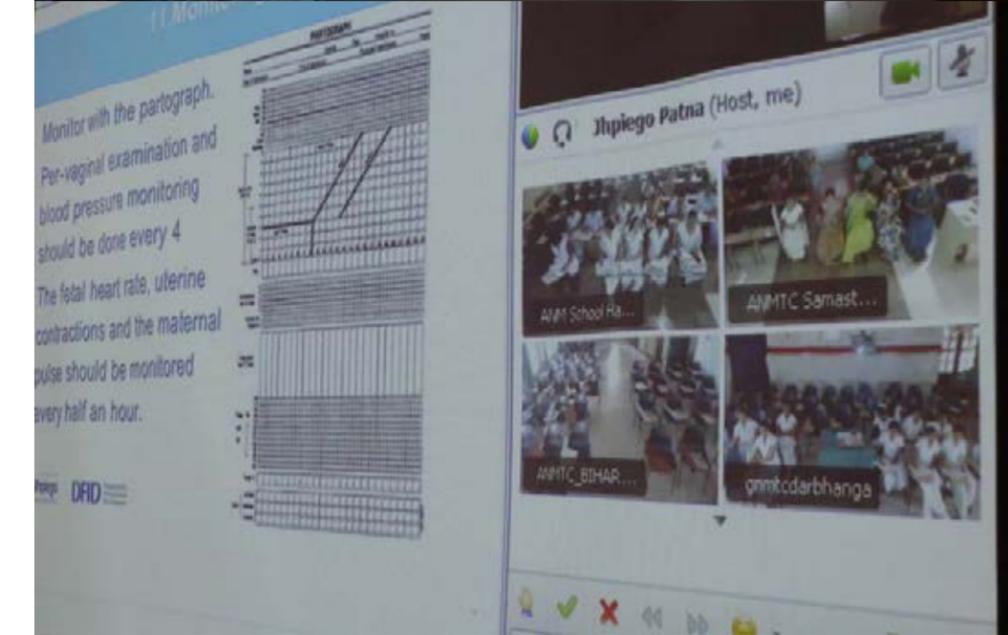


feel more confident because our concepts became totally clear in the process”.

“Using this technology, with less expenditure and less manpower, nursing education can be strengthened. This will ensure respectful and quality services to mothers, safeguard their health as well as that of their newborn”, says Mr. Sanjay Kumar- Former Secretary Health cum Executive Director, State Health Society Bihar, one of the key figures behind this initiative. Bhanu Priya is not alone in finding merit in the virtual classrooms. In an Objective Structured Clinical Examination (OSCE)¹⁶ that was conducted between the period of June to September 2015, the competency of ANM and GNM students showed an astounding increase from 12.5% and 22.5% at the baseline to 85% and 80% at the end line, respectively.

The virtual classes are packaged by Jhpiego into a 72 hour learning model which has a customized design of theory and conceptual knowledge and skill that focuses on intrapartum and immediate postpartum components of ANM/GNM curriculum. Seven rounds of virtual classes have already been conducted. High priority has been given to build competencies in Maternal and Newborn Health (MNH) to prepare these students in their future role as nurse-midwives in the health system.

Bhanu Priya, who is now preparing to become a GNM with the hope of improving the health conditions of people back in her village, concludes with these words, “My concepts are crystal clear and I am confident. I hope to, one day, save lives with my knowledge and skills”.



¹⁶OSCE - (Objective Structured Clinical Examination) is a method of assessing the knowledge and skills of students/service providers on pre-identified competencies. The Participants are required to demonstrate the said competency on models/mannequins and are simultaneously assessed by the observer using a pre-validated checklist.

“It’s hard to believe that through this (virtual) technology, we are sitting in our classroom and getting trained by experts sitting somewhere else. Both the teachers and students are benefiting from this training. The virtual classes have also sparked the students’ interest. It is like a cinema hall where they love to come. When a virtual class is on, no student wants to stay in her hostel; they all want to attend it.”

Amit Kumar Singhal, Nursing Tutor, Bihar





Nursing training institution and clinical practice-site work in tandem to optimize student learning

Wardha, Maharashtra

Kasturba Nursing College (KNC) is located in Sewagram, Wardha. It is a place one cannot easily miss. Khadi clad staff, obedience to rules, respect and affection for all. There is an inexplicable calmness about the institute.

This nursing college was established in 1997 within the compounds of the much renowned Mahatma Gandhi Institute of Medical Science (MGIMS), Sewagram. It is said that when the health statistics were falling in Wardha in the pre-independence era, Gandhi Ji started this 2- bedded hospital for the benefit of the district's people. Today, MGIMS is a 982 bedded multi-speciality rural hospital conducting about 350 deliveries a month.

Despite its relatively newer existence, KNC has already acceded to become a National Nodal Center (NNC) for nursing excellence- a model for the rigorous education that young nursing students must receive in order to provide quality health services to the communities they will serve.

Professor Ancy Ramesh, Principal, KNC, talks about the journey to being declared an NNC, “When the (baseline)

assessment was conducted in November 2014, the College secured just 54%. We decided to do something about this low score. With Jhpiego's technical support, we worked to improve our standards—strengthening our library, our IT lab, our skills lab, and improved the quality of teaching at the institute. We reached 75% standards within a period of 10 months”.

While this NNC is already playing its role as a model teaching institution providing pedagogic support to the ANM/ GNM schools across the country, it stands out in one particular respect—the exemplary synchronization that exists between this institute and its clinical practice-site, MGIMS. “In Sewagram we have a different culture. We live like a family. We help and learn from each other. That is how we have maintained the synergy”, says Dr. B. S. Garg, Secretary, Kasturba Health Society, Sewagram, who oversees the functioning of the hospital as well as the College. This coordination, which stems from the Gandhian ideology of ‘respect for all’, is providing great benefit to the entire process of teaching and learning.



The role of a clinical practice-site is to enable the nursing students to observe and practice in real life settings, the clinical skills learnt in their curriculum. This assures their competence and skill on procedures essential for providing quality healthcare. For nursing students to truly benefit from the clinical site training, it is essential that the students get to observe the same procedures and practices as taught in their College and get to practice the skills in the way they have learnt them in theory. KNC sets the perfect example of working in tandem with the clinical site.

The faculty of the College explains how this synchronization is achieved. The institute and the clinical site prepare a roster of students with details of the topics that are already taught to them in College. Based on that roster, the students are posted in specific clinical areas for supervised clinical practice. Regular coordination meetings among the staff members are conducted to discuss the objectives of every clinical site practice and feedback is shared. The institute and clinical site then work in complete harmony to ensure that these joint objectives are met. With the process of learning completely regulated, the overall education system has proved extremely



advantageous for the nursing students who are being able to reap the benefits of a well-equipped institution to study in, a state of art skills lab to build competence and skill, and a synchronized clinical site to practice these learnt skills.

Principal Ancy feels proud that students are receiving such an environment to learn in, and has high aspirations from her students. “I want my girls to be the best skilled care givers so that every time they take care of a patient they raise the name of the institute they graduate from”, she says.

With Kasturba Nursing College setting the benchmark, it is hoped that all nursing schools and colleges give a similar learning experience to its students, paving the way for future nurses to come out as competent and confident providers, contributing towards strengthening India’s health system.

“To sum up in one line what is it that we aspire to see—it is holistic and compassionate patient care to be provided by our nurses along with our doctors at public health facilities which are usually perceived as facilities where nobody cares; we would want to change the identity of these health facilities, and for that to be a reality, it is only nurses who can drive the way.”

Ms Roopa Mishra, IAS, Former Mission Director, NHM Odisha





Harnessing Information Technology to bridge gaps and build capacity in Bihar

Patna, Bihar

It takes more than seven hours by road to traverse the 280 kilometers distance from Bihar's capital Patna, to reach the ANM school at Kishanganj, a border district nestled in the foothills of the Himalayas. Imagine reaching this remote ANM school at the click of a button! And not just that, imagine reaching all the 28 government run ANM/GNM schools in Bihar simultaneously with the same click!! That is the power of virtual technology and the state of Bihar has led the way in tapping it to bring transformational change in building capacity, especially in nursing education.

Initially planned to overcome the challenge of very few trained nursing faculty in the state, this unique innovation took flight in August, 2013, and was the brainchild of the State Health Society, Bihar (SHSB). Supported by UKAid (under DFID and BTAST¹⁷), Jhpiego provided the technical assistance to SHSB in this initiative and by June, 2015, all the 28 ANM/GNM schools were linked by virtual technology to the State Nodal Center housed at College of Nursing (CoN), Indira Gandhi Institute of Medical Sciences (IGIMS), Patna—the instructor

location. Specialized faculty conducts live lectures from the classroom as well as skill lab which are beamed directly to all the trainee locations and the two-way communication allows students to interact with the instructor location faculty, ask questions and clear doubts.

Today, these virtual classrooms have gone beyond their initial mandate of establishing a standardized nursing educational system. They have opened doors for other training endeavors in the state to extract maximum gains from this virtual cover. In the month of October, 2015, the state conducted a capacity building training for district health officials on Public Financial Management System (PFMS). On the suggestion of the Joint Secretary, Policy, MoHFW, GoI, the training was conducted at IGIMS, Patna and beamed simultaneously across 23 identified locations for over three days. Facilitated and assisted by Jhpiego, the training was aimed to provide technical orientation to the officials from the finance cell at the district and block level across Bihar. With more than 1,500 participants being trained from over 38 districts, the

¹⁷DFID: UK Government, Department for International Development

BTAST: Bihar Technical Assistance and Support Team (BTAST) supported by the UK Government



state, building capacities in multifarious ways. It has also been visited by dignitaries from other states and countries—Odisha, West Bengal, Uttar Pradesh, Rajasthan, Myanmar—to understand and learn from this model. Professor Anuja Daniel, the Principal of the the SNC says, “I feel happy that Bihar has taken the lead in this unique innovation and selected IGIMS as instructor location. This is benefiting the entire state in so many ways for training of student nurses, medical officer and DHS officials. It has a very important role in maintaining uniform standards in nursing education and development of skills at a large scale with minimum human resource and material. As the Principal, I feel proud that this SNC is playing such a prominent role in capacity building in the state, especially for faculty and nursing students. I hope that other states, will also take advantage of virtual technology and benefit from it, like we are today.”



virtual platform not only ensured optimal utilization of time, minimized operational costs, manpower involved and travel of participants, but also imparted quality and standardized training across all the locations.

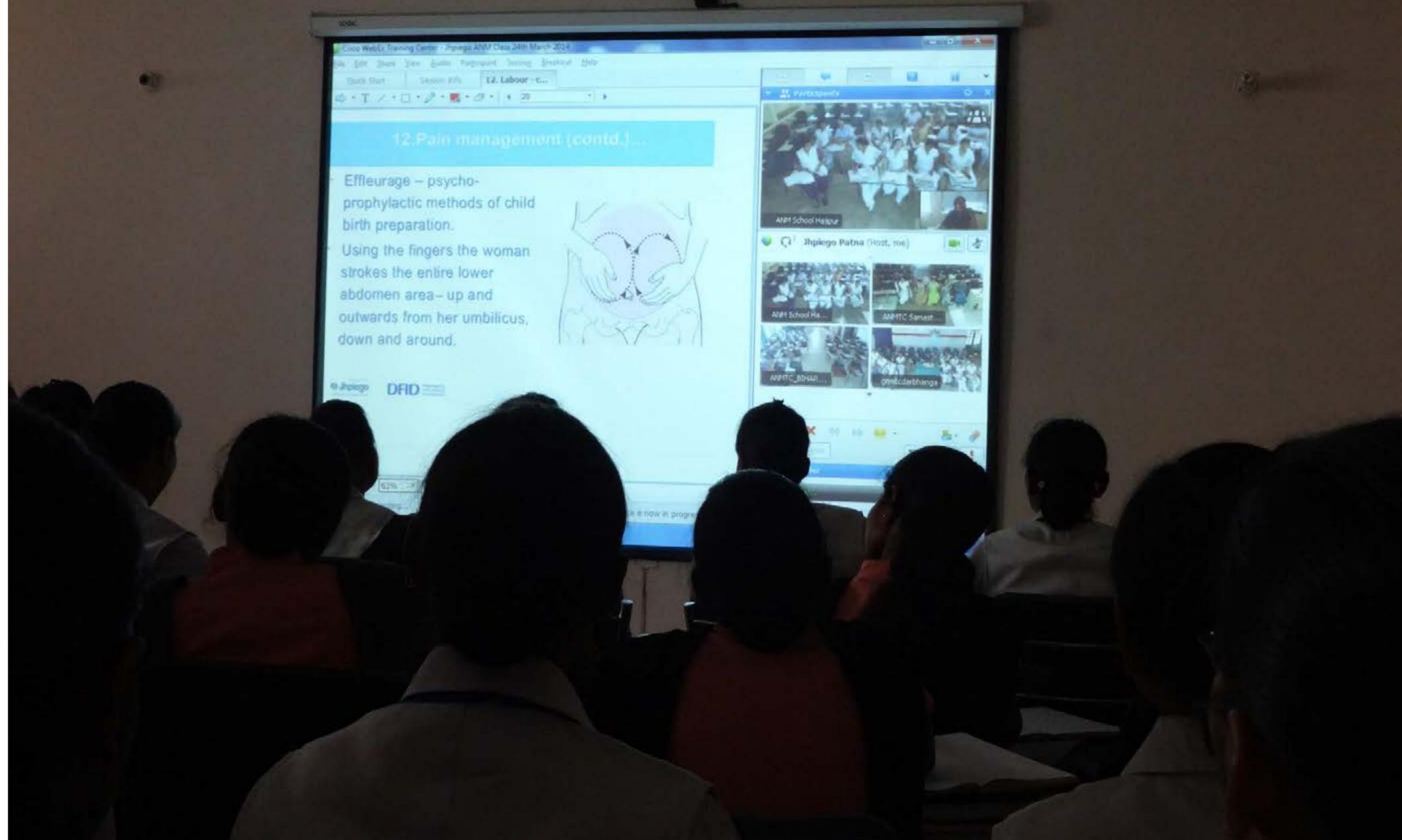
Making further use of the virtual platform, Jhpiego, in close partnership with SHSB and with support from Boston Scientific, initiated a pilot program to enhance skills of public health physicians on non- communicable diseases (NCDs) in two districts of Bihar- Vaishali and Muzaffarpur in February 2016.

NCDs are silently killing millions and robbing people of several productive years of their life. While awareness about NCD's, their detection and management is comparatively higher in the big cities, there is a glaring gap when it comes to smaller towns and villages. With the aim of reaching a large audience with minimal resources, the objective of this training was to sensitize in-service medical professionals from the two districts on key NCDs, update their knowledge and skills to enable them to prevent and control NCDs in the communities they serve. The result was that within a short period of time, 214 medical officers from primary health centers, community health centers, sub-divisional hospitals, district hospitals and medical colleges of the two intervention districts were able to receive training from expert physicians. Three major NCDs—Diabetes, Coronary Artery Disease (CAD) and Hypertension, were covered using specially designed training modules.

The SNC at College of Nursing is today a hub of activity and has come up as one of the premier institutes of the

“It’s a good opportunity for us, as we are getting to know about recent developments in the selected thematic areas like Hypertension, CAD and Diabetes, which are very common and alarming. These (virtual) trainings are also successfully creating an engaging learning experience in which the role of a trainer is phenomenal. These types of trainings should be repeated periodically to keep us updated.”

Dr. K. K. Vidyarthi, Medical Officer, Patepur PHC, Vaishali



Another step in the right direction: Odisha goes the online way with nursing admissions

Brahmapur, Odisha

18 year old Dibyashree Behara did not let her humble background stop her from following her dream of becoming a nurse. Daughter of a farmer from a village in Baleswar district, she secured admission this year in the GNM course at Brahmapur's GNM School. Dibyashree says luck was on her side. She was lucky to have enrolled in a year when the entire ANM/GNM admission process in the state became online. It saved Dibyashree and her father precious time and resources it would have cost them to travel to Bhubaneswar multiple times for the admission process, as was required till last year. "If I had to apply in the earlier process, and needed to travel up and down to Bhubaneswar from my village, it would have become very difficult for me. Every student doesn't have the economic power to undertake the cost of travel again and again. The online admission process saved a lot of trouble for me and my family", she says.

Dibyashree was one of more than 6,700 students who were able to secure admission through the online process across 200 ANM/GNM schools in the state, which includes all the seats at the 27 government nursing schools and 85% of the seats

at the 173 privately run nursing schools. The state received a record number of more than 50,000 applications for these seats.

Achieving this commendable milestone of being the first state in India to offer online admission to nursing students was





backed by systematic planning and organization. The National Informatics Center, which already provides technical support to online admissions for courses like engineering and medicine in the state, was roped in. 21 district level Nodal Centers were established at various public sector ANM/GNM schools, wherein the faculty was trained to verify documents, fill in the choice of institutions and facilitate the online admission process. Jhpiego, a technical partner to the Government of Odisha in strengthening its human resources for health, provided the technical assistance for the entire initiative.

Despite some hiccups natural for a first time process of this nature, the online admission checked several important boxes – transparency, accuracy, accountability, convenience and cost-efficiency. Dr L.R. Mishra, Director Nursing, feels this has been a big step in the right direction, “The tremendous response we received in terms of number of applicants, that’s almost more than four times compared to previous years, has indicated that more bright students are ready to join (the) nursing–midwifery profession. This would surely improve the nursing–midwifery care in the coming years. There was exceptional increase in the number of applications received from tribal areas and this will ensure retention of nursing–midwifery workforce at these hard-to-reach areas, once these students join the health services”.

Dr Mishra feels a big reason for the state being able to take this giant step is the existence of a fully functional Nursing Directorate—again a first in the country. The Nursing



Directorate ensures unwavering focus on strengthening the nursing cadre in the state at all times. Established in 2013, the Directorate already has several achievements to boast of, “Filling up of vacancies of nursing faculty, using Competency Based Skills Tests to recruit ANMs/Staff nurses, College of Nursing at Brahmapur being declared a State Nodal Center of Excellence, competence of nursing faculty being built through six-weeks trainings, implementing a Career Progression Pathway for nursing cadre in the state and now, online admission for ANM and GNM courses introduced from academic session 2015-16”, enumerates the Director with pride. Ask about why the state has been dedicated to strengthening the nursing cadre and Dr Mishra responds with ease, “Nurses are the pillars of the health care delivery system.



Therefore, the strengthening of this cadre needs utmost importance. It is only a dedicated nursing directorate that can address the issues in nursing and find out the ways and means for improvement. IMR and MMR in our state are higher than the national average. These can be reduced with the help of better healthcare services by qualified nurses.”

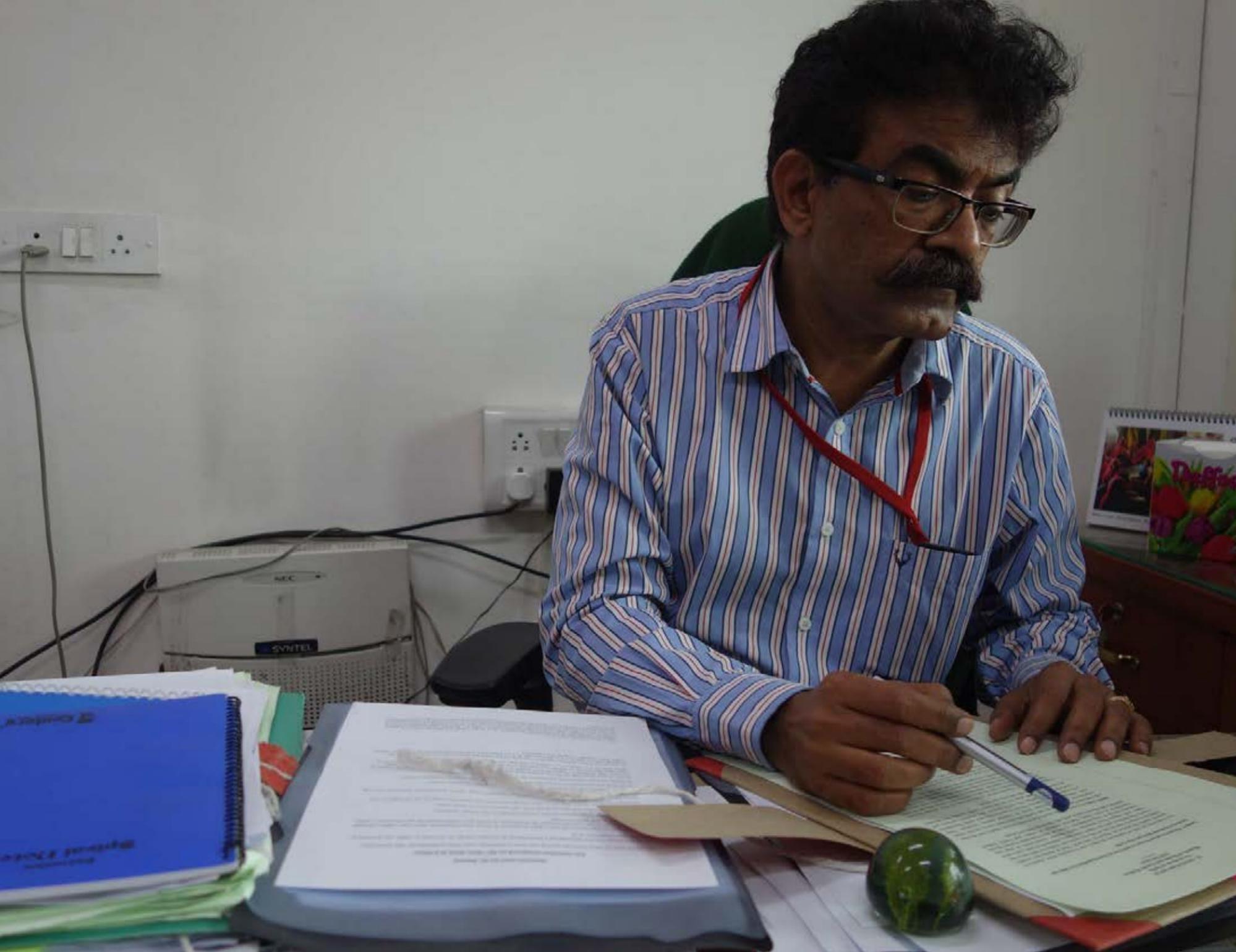
Dibyashree, who has already started studying at the GNM school in Brahmapur, which was her institute of choice, is loving her course. “We are studying the Fundamentals of Nursing at present and I love it. It is related to so many subjects- anatomy, physiology, psychology. I did not expect this course to be so educative. It has surpassed my expectations”, says the enthusiastic learner and adds, “I am really grateful to have got this chance. I want to do everything in my capacity to be of help and make valuable use of my education to help my community and my family members in the future”. With students like Dibyashree and a state strongly committed to strengthen the competence, skill and career prospects of its nurses, the health and wellbeing of Odisha’s mothers, children and families is surely set to be in safe hands.



“The tremendous response we received in terms of number of applicants (to the on-line admission for nursing courses), that’s almost more than four times compared to previous years, has indicated that more bright students are ready to join (the) nursing–midwifery profession. This would surely improve the nursing–midwifery care in the coming years.”

Dr L.R. Mishra, Director Nursing (In-Charge), Odisha





From the eyes of the policy maker: In conversation with Dr. Dinesh Baswal, Deputy Commissioner (In-charge), Maternal Health, Government of India

New Delhi, India. June, 2016

In this exclusive interview given to Jhpiego, Dr. Baswal speaks about the role of nurse–midwives in the Indian healthcare system, the thrust being given to strengthen this cadre and the vision he has for the future nurse–midwives of the country.

On the importance of nurse–midwives in India

Nurse–midwives are very, very important. It has been proved that in developing countries, more than 80% of the childbirth related services can be handled by them. Even in developed countries, only the complicated delivery cases are referred to the physician or obstetrician, rest are handled by nurse–midwives.

In a vast country like India, we have many areas which are very difficult to reach, where connectivity is an issue. Our problem is that many a times, the Medical Officers do not go to such areas. In such cases, our frontline health workers—our nurse–midwives can be a huge support. If they are well

trained and have the necessary skillset, they can significantly contribute to reducing our neonatal and maternal mortality—which is very crucial.

On some of the key areas that the government has been focusing to strengthen the nursing midwifery cadre

The first thing I would say is that we have been focusing on improving the skills of nurse–midwives. The government is giving a lot of focus on strengthening their pre-service education. The reason is that if the nurse–midwives coming out of nursing schools have a good set of skills, we will not require much investment in training them at a later stage and they will perform well on their job. We have developed a roadmap for strengthening the nursing cadre and have established national and state nodal centers of excellence which are like model resource centers for nursing education. Alongside, we have supported the trainings of faculty from ANM and GNM schools and also strengthened their IT labs, libraries and mini

skill labs. For both pre-service nursing students and in-service nurse–midwives, we are rolling out skill labs in a big way so that our frontline health workers, who form a very key health functionary, have a very well developed skillset. We have set up National Skill labs at premier institutions for training of in-service providers and nursing faculty, where they get trained on a “6 days Daksh training package”.

Also, about 200 state-of-art Maternal and Child Health (MCH) wings with inbuilt skills labs are being set up for strengthening maternal and newborn health services across various states. These specialized units will provide dedicated maternal and child health services, with a focus to reduce maternal and child mortality.

We have also worked towards establishing nursing directorates for improving nursing administration and management. Some of the states have willingly accepted it as a full-fledged directorate while some states have accepted it as a nursing cell. Nevertheless, these have helped streamline the management of nursing services and accelerate the pace of program interventions.

Another area in which we are moving is task shifting—having nurse–midwives take on more responsibilities. We are also encouraging states to start advanced nursing courses on Nurse Practitioner in Midwifery—which will help us overcome the challenge of lack of doctors and specialists in many remote areas of the country. We are also trying to create a very enabling environment for nurse–midwives, whether it is in teaching or in service. We are moving very fast in that

direction. We are standardizing labor rooms and establishing new MCH wings for improved service delivery. So, we are trying to ensure that once the nursing students get ready to join service, they get a good environment where they like to work and their output actually increases.

On the biggest successes so far in the direction of strengthening the nursing midwifery cadre

I would say the biggest success has been the establishment of a path of excellence and benchmarks for assessing the skills and competence of nurse–midwives. This has been possible through setting up of model nursing midwifery institutions across the country. This has set the trajectory for improved nursing education as well as for assuring the skills of pre–service as well as in–service nurse–midwives.

Another innovation which I would like to point out here, that has been a great success, is the establishment of virtual classrooms in Bihar. Virtual technology has been put to excellent use in connecting nursing schools across the state to receive quality, standardized training and, through this method of training, we have been able to overcome the lack of trained faculty in the state. Other states like Madhya Pradesh are also considering using this virtual platform for training.

On the need for strengthening nursing education and in service skills of nurse–midwives in the private sector

The private sector plays a great role and it needs to move in the same direction as government run nursing schools and hospitals. Pre–service education at the government nursing institutions was lagging behind so we wanted to first improve



the government sector. We’ve now moved on the right track and I think now it is very, very important to take on the private sector as well. I would like to begin the process of assessing their skills through OSCE¹⁸. The practical examinations of nursing graduates from both private and public sector should be competency based using the OSCE methodology.

On the future for the nursing midwifery cadre in India

Our aim is that India’s nurse–midwives should be second to none.



¹⁸OSCE (Objective Structured Clinical Examination) is a method of assessing the knowledge and skills of students/service providers on pre-identified competencies. The students are required to demonstrate the said competency on models/mannequins and are simultaneously assessed by the observer using a pre-validated checklist.

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*Dr. Dinesh Baswal, Deputy Commissioner (In-charge), Maternal Health,
Government of India*







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