



# A MODEL FOR MENTORSHIP

Bihar Technical Support Program  
Innovation Brief NO.4  
Mobile Nurse Mentoring





## **THE CHALLENGE: UNLOCKING THE POTENTIAL OF NURSING STAFF IN PUBLIC FACILITIES**

Nurses and Auxiliary Nurse Midwives (ANMs) are female health workers who provide basic health services, including deliveries and newborn care, at public health facilities in India. ANMs are trained in skilled birth attendance and management of common life-threatening complications. Trainings are usually done over 21 days, with periodic refresher trainings. Despite their critical role in the health system, many ANMs lack competence and confidence in important skills. They often have heavy caseloads and must manage several laboring patients simultaneously, including some who develop serious complications. Inadequate training, a high patient load, and the complexity of intrapartum care may have exacerbated the poor quality of care in many facilities and contributed to the high maternal and newborn mortality rates in the state of Bihar, resulting in poor maternal and newborn health outcomes.



## **THE INNOVATION: MOBILE NURSE MENTORING TEAMS**

To improve the skills of these nurses and ANMs, CARE, working closely with the Government of Bihar, is implementing a nurse mentoring program called AMANAT.



The AMANAT program aims to build the capacity of facility nurses and ANMs to manage childbirth complications and provide basic emergency obstetric and newborn care and other reproductive health services including family planning.

### *Bringing the training to the facilities*

CARE created this training program within health facilities to enable more participation and ensure that ANMs and nurses do not have to take days off work to attend. To facilitate the training, CARE recruited a two-person team of highly skilled nurse mentors for each facility to provide both in-service and hands-on practical bedside mentoring and training on the management of labor and delivery, as well as maternal and newborn complications. CARE established a “mini skills lab” for ANMs and nurses to practice the skills they learn in the classroom on realistic patient mannequins.

### *Improving skills*

The training program is focused on proper implementation of evidence-based practices for activities such as infection prevention, active management of the third stage of labor, asphyxia management, along with stabilization and referral of obstetric complications. At the facility, nurse mentors observe deliveries and conduct assessments to help them identify and prioritize skills and clinical practices that need improvement. In basic emergency obstetric and newborn care facilities, nurse mentors offer the training program for six consecutive days each month for a total of eight or nine months. These mentors also coach and guide ANMs in comprehensive emergency obstetric and newborn care facilities for a period of six months.

Over time, as nurses and ANMs become more competent and confident, the mobile nurse teams develop into ‘trainers of trainers’: mentoring and training nurses and ANMs to become nurse trainers themselves. This strategy creates a sustainable training program and increases the coverage of the innovation across the state.

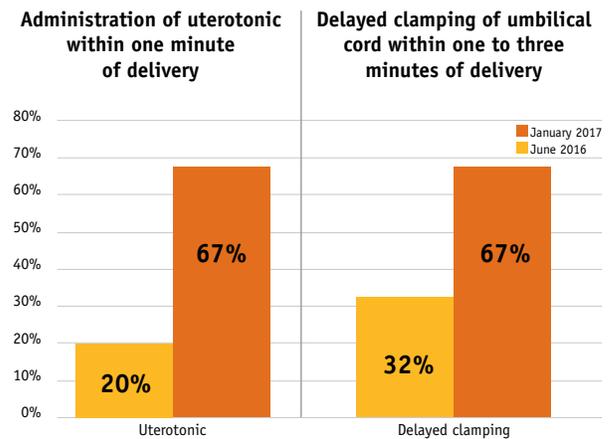
*At the public health center in Munger district in Bihar, ANMs Bharti and Sabila had recently delivered the baby of 19-year-old Sunita. Immediately after delivery the ANMs realized that Sunita's placenta had not been expelled. Using the skills and knowledge they had gained through AMANAT trainings, the ANMs adhered to standard protocol, and were able to prevent the complication from escalating further. Giving credit to AMANAT, both Bharti and Sabila have a renewed sense of confidence and feel proud of themselves and their work as ANMs.*



## RESULTS

Through this innovative training approach, CARE has rapidly and effectively strengthened the skills of nurses and ANMs that provide critical labor and delivery care to millions of mothers and newborns in Bihar. Nurses and ANMs have significantly increased their practice of evidence-based interventions, including improvement in active management of the third stage of labor and delayed clamping of the umbilical cord.

In facilities providing basic emergency obstetric and newborn care, administration of a uterotonic within one minute of delivery improved as well as delayed cord clamping (see graphs below).



Between April and November 2017, comprehensive emergency obstetric and newborn care facilities saw a decrease (from 26% to 13%) in negative maternal practices, such as applying pressure to the upper part of the uterus to accelerate the delivery process.



Anika, an ANM, describes how an unsafe practice in infection prevention declined after the AMANAT training. *“Before AMANAT, we only wore gloves on one hand and did pelvic examines for all clients with the same glove on. Now we put on clean gloves, on both hands, for all clients!”*

## ?? WHAT'S NEXT

Since 2015, the CARE and government team has trained more than 3,500 nurses and ANMs, and is now testing the model with doctors. The Government of Bihar and the national government are now supporting this scale up of AMANAT to the 30 other districts in the state. The nurses trained under the AMANAT program will become master trainers in the AMANAT Jyoti program (launched in 2018), and aim to train 20,000 nurses in Bihar by 2021.



This brief is part of the Bihar Innovation Series, which highlights some of the innovations that make up the Bihar Technical Support Program. In partnership with the Government of Bihar, CARE has developed innovative solutions that are increasing access to high quality health services in Bihar.

The Bihar Technical Support Program is helping the Health and Social Welfare Departments of Bihar to achieve their goals of reducing rates of maternal, newborn, and child mortality and malnutrition, and of improving immunization rates and reproductive health services statewide.

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