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# Use of the MCH Handbook Orientation for Health Providers Facilitator's Notebook



Ministry of Health, Republic of Indonesia in cooperation with Japan International Cooperation Agency 2008

# **FOREWORD**

According to Indonesian Health Demographic Survey (IHDS) in year of 2002-2003, the Indonesian maternal mortality rate (MMR) was 307/100,000 Live Birth, infant mortality rate (IMR) was 35/1000 Live Birth and under five children mortality-rate (U-5 CMR) was 46/1000 Live Birth, the condition is still far from reaching the *Millennium Development Goals* (MDGs) 2015 in which targeting the U-5 CMR of 23/1000 LB and MMR of 125/100,000 LB.

To achieve success in reducing maternal mortality, infant mortality and U-5 Child mortality needs inter-sectors, professionals, academicians, community, family, non-government organizations, donor agencies and private role and cooperation.

MCH Handbook forming family and community active participation in maternal and child health. The success of utilization of MCH Handbook as a tool of improving MCH service coverage is closely related to the roles of those sides in maternal, newborn, infant and U-5 Children health.

MCH Handbook currently is used in 33 provinces and known among health providers in the field, but most of them are still lack of standard used of utilizing MCH Handbook and compliance of filling it up. In view of the condition, Ministry of Health (MOH) Republic of Indonesia cooperating with Japan International Cooperation Agency (JICA) in "The Project for Ensuring Maternal and Child Health Services with the MCH Handbook, Phase II", with one of the activity is developed Orientation of the Use of MCH Handbook for health providers. The activity is also using the packet reference manual which was produced earlier such as: MCH Handbook, Technical Guide on the use of MCH Handbook and General Guideline Management of Implementing MCH Handbook.

Packet document of Orientation of the use of MCH Handbook for health providers consist of Participant's guide book and trainer's note book, including MCH Handbook Post orientation evaluation tool for health provider at service site.

Concerning efficiently and various budget availability at different area, this MCH Handbook orientation for health provider's may be implemented as whole packet according to the schedule or in phases suited to the local scheduled program activities as long as the content and the method of orientation are conducted according to the guidance.

Sincerely appreciation convey to the editorial and working team including other supporters who gave their contribution to the production of the documents. We are aware that the book might not be perfect at first; therefore any critic and suggestion are welcomed.

Have a good worked.

Director of Child Health Directorate

Dr. Hj. Fatni Sulani, DTM&H, MSi

# Use of MCH Handbook Orientation For Health Providers

# **Facilitator's Note Book**

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# **ORIENTATION OVERVIEW**

# 1. Introduction

Maternal Child Health (MCH) Handbook is the only comprehensive family book contains of mother and child health essential information and records. MCH Handbook is kept by mother or family and use as communication tool between mother or her family and health provider during providing health services. Advice, counselling and services given is documented in MCH Handbook. Mothers whom motivated by MCH Handbook will return to health facility for follow up or referral. To understand the use of MCH Handbook, health provider should read MCH Handbook and Technical Guidance of the use of MCH Handbook.

Since MCH Handbook is an "entry point" for mother/family to access comprehensive health services, health providers should be competent on utilizing MCH Handbook in MCH services. Health providers using MCH Handbook also expected to be able to relate the book with other services needed by mother/child such as:

- 1. Antenatal Care
- 2. Delivery by trained health providers
- 3. Emergency Obstetric Neonatal Care by competent health providers
- 4. Basic neonatal and essential newborn care, including early breastfeeding initiation, Vitamin K1 injection for newborn and exclusive breastfeeding
- 5. Postnatal and neonatal visit
- 6. Basic immunization and Vitamin A
- 7. MCH Handbook linked to: Birth Registration, Early age children development and education program (PAUD), Balita Family, Management malnutrition, IMCI, Early stimulation-detection and intervention of child growth and development, Desa siaga campaign, Making Pregnancy safer, Safe Motherhood, BEONC/CEONC/Normal Delivery Care, Social safety net for health, Posyandu and other local condition.
- 8. Mother's Class and Under Five Children Mother's class
- 9. Audit Maternal Perinatal (AMP), disease surveilance, infectious disease eradication activities and other audits.

# 2. Orientation Approach

Based on assumption that all participants can learn the required knowledge, attitudes and skills provided sufficient time is allowed and appropriate orientation methods are used.

The expected goal of this approached is that those being oriented will learn the lessons on which the orientation is based. This learning approach enables the participants to have a self-directed learning experience.

The philosophy underlying this approach is continual facilitation of participant learning, that facilitator regularly inform participants of their progress in learning new information and skills.

With this learning approach, assessment of learning is:

- Competency-based, which means assessment is keyed to the course objectives and emphasizes acquiring the essential knowledge, attitudinal concepts and skills needed in utilization of MCH Handbook, not simply acquiring new knowledge.
- Dynamic, because it enables facilitator to provide participants with continual feedback on how successful they are in meeting the orientation objectives and, when appropriate, to meet learning needs
- Less stressful, because from the outset participants, both individually and as a group, know what they are expected to learn and where to find the information, and have ample opportunity for discussion with the facilitator/s.

# **Different between Orientation and Training**

Because MCH health providers are providing MCH services as daily activities, there is no need to have a special training for them to understand of use of MCH handbook, only an orientation required for them, thus activity needed won't be too long:

- For the beginning of the orientation evaluation of the participants knowledge on MCH Handbook would be assessed using early-orientation questionairre.
- Knowledge and coaching session using MCH Handbook will be presented in simple, more
  practical technique or method, high level effectiveness focusing on the learning need of
  the participants.
- Progress of learning process and knowledge understanding are evaluated using midorientation questionnairre to ensure that all participants acquirred the essential knowledge for utilization MCH Handbook

Thefore MCH Handbook orientation is designed to deliver a **competent** health provider in using MCH Handbook at all level of health facilitites to provide quality MCH services.

Then, the two aspects needed to fulfill the required competency, are:

- Knowledge-participants answered correctly at least 85% of total orientation midquestionnaire questions.
- Skills-participants are competently filling up MCH Handbook correctly and having result of
  practical clinical examination related to MCH handbook according to service standard and
  satisfactorily completed the exercise questions of filling up MCH Handbook.

Both facilitators and participants are having the same responsibility to achieve the objective/s of the orientation

# **Adult Learning Principles**

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The training techniques and approaches discussed throughout this manual are based on the following eight principles:

- Learning is most productive when participants are ready to learn. Although motivation is internal, it is up to the facilitator to create a climate that will nurture motivation in participants.
- Learning is more effective when it builds on what the participants already know or have experienced.
- Learning is more effective when participants are aware of what they need to learn.
- Learning is made easier by using a variety of training methods and techniques.
- Opportunities for practicing skills initially in controlled or simulated situations (e.g., through role play) are essential for skill acquisition and for development of skill competency.
- Repetition is necessary for participants to become competent or proficient in a skill.
- The more **realistic** the learning situation, the more effective the learning.
- To be effective, feedback should be immediate, positive and nonjudgmental

# Coaching

To use coaching, the facilitator should first explain the skill or activity and then demonstrate it using training aid such as computer. Once the procedure has been demonstrated and discussed, the trainer/coach then observes and interacts with the participant to provide guidance learning the skill or activity, monitors progress and helps the participant overcome problems.

The coaching process ensures that the participant receives feedback regarding performance:

- Before practice-The facilitator and participant should meet briefly before each
  practice session to review the skill/activity including the steps/tasks that will be emphasized
  during the session.
- **During practice**-The facilitator observes, coaches and provides feedback to the participant as s/he performs the steps/tasks as outlined in the learning guide.
- After practice-This feedback session should take place immediately after practice using the learning guide, the facilitator discusses the strengths of the participant's performance and also offers specific suggestions for improvement.

### Effective Facilitator

Facilitator should understand the need and expectation also the presert of the participants in the orientation. In order a participant who is attending an orientation to get new knowledge, experience, behavior and skills:

- 1. Need a relevant learning process
- 2. Highly motivated if they convinced the relevance of the orientation with their job
- 3. Participation and active participation in the orientation process
- 4. Prefers to have variety in learning experience
- 5. Appreciate **positive feedback**
- 6. Having an individual apprehension and need a secure environment
- 7. Recognized as individual with unique background, experience and learning need
- 8. Keeping personal respect
- 9. Having high expectation for him/herself and from facilitator/s
- 10. Personal need to be considered

# 3. Orientation Syllabus

# **Description of orientation**

At the end of this 3 (three) days MCH Handbook orientation for health providers, the participants will acquired knowledge, understanding and skill improvement to use MCH Handbook at all level health facilities which providing maternal and child health services.

In this orientation, both facilitator and participant, are using the same material for learning process. With acquired previous experiences, knowledges and skills, facilitator guided participan in acquiring essential knowledge and understanding of using MCH Handbook. Competency based approached applied in this orientation activities is focusing on the effective use of communication skills, applied learning technology and suitable presentation techniques. Therefore, facilitator is using mid-questionairre and checklists to objectively evaluate the knowledge and understanding of each participant.

# Participant learning objectives:

After this orientation, all participants will be able to:

- 1. Described the MCH Handbook
- 2. Understand the benefit of MCH Handbook
- 3. Described on how to use MCH Handbook
- 4. Able to fill in MCH handbook properly
- 5. Describe on monitoring and supervision on the use of MCH Handbook
- 6. Describe link of MCH handbook with MCH program

# **Learning Method**

- Participative illustrated lecture
- Discussion

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- · Practice and assignments
- Individual and group activity
- Role play
- Demo and Coaching

# **Orientation Materials**

Reference Book: MCH Handbook,

Technical Guideline on the Use of MCH Handbook,

- Participant Guide Book
- Facilitator Note Book
- Guideline of using Under-Five Health Card (KMS) for Health Providers
- · Other learning materials

# Participant selection criteria

Are:

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- 1. Participants for this orientation are practicing health provider in MCH services or related services.
- The candidate should get recommendation and support from their supervisor in order to be able to apply the newly acquired knowledges and skills from the orientation course at their practising site.
- 3. Having possible opportunity to continue provide guidance, advice and follow up evaluation on improving the use of MCH handbook at the health facility.

This MCH Handbook orientation conducted according to the assumption that people participate in training courses because they:

- Are interested on the use of MCH Handbook in maternal and child health services
- Wish to improve their performance, to provide quality health services
- Actively involved to MCH Handbook activities at their practicing site

Considering these, all orientation sessions are focused to the participant's learning need.

# **Evaluation method**

# **Participants**

- Pre- and Mid Orientation Questionnairre
- Performance evaluation (during orientation) towards the skill of the use of MCH Handbook and filled up MCH Handbook

# Orientation

- Evaluation of the orientation (filled by participants)
- Evaluation of the facilitator (filled by participants)

# **Duration**

5 session within two and half (2½) days

# Participant and Facilitator Composition

Minimum of 10 participants and maximum 20 participants in a class. Ratio between facilitator and participant is 1:5

MCH HANDBOO	OK ORIENTATION for HEALTH PROVIDERS (3 days, 5 session)	5 session)
PRE-ORIENTATION	DAY-2	DAY-3
	Morning: 08:00 am-12:00 noon	Morning: 08:00 am-12:00 noon
	Warm up and Agenda	Warm up and Agenda
	<ul><li>Presentation: What is MCH Handbook</li><li>Integrated MCH services using MCH Handbook</li></ul>	Mid-Questionairre Discuss on result of Mid-Questionairre
	Presentation: Benefit of MCH Handbook	Practice: Simulation assessment
	Presentation: How to use MCH Handbook  Used by mother and family	Filling up delivery notes, birth report, child identity
	<ul> <li>Used by dadres</li> <li>Used by health staffs</li> <li>MCH Handbook monitoring</li> </ul>	<ul> <li>Filling up postpartum note, Health Card, Child health (including newborn and immunization)</li> </ul>
	Activity: Communication using MCH Handbook	
	Practice: Filling up MCH Handbook	
	LUNCH	
Afternoon: 1:00 - 5:00 pm	Afternoon: 1:00-4:00 pm	Afternoon: 1:00-4:00 pm
Participant Registration	Presentation & Practice: Plotting Health Card Chart	Follow up plan
Opening and Introduction	<ul> <li>weigning and measure length/neight</li> <li>Plotting health card chart</li> </ul>	Orientation evaluation
Presentation: Orientation Overview Participant's expectant identification	Mesurement result interpretation     Practice skill assessment	Closing
Pre-Questionairre Matrix of individual and group learning need identification	<ol> <li>Antenatal check and Newborn/Child exam</li> <li>Examination result filled in MCH Handbook</li> </ol>	
Presentation: Use of MCH Handbook in Province/District/Subdistrict/Field'		
Summary of the day	Summary of the day	
Reading Assignments: MCH Handbook and , Technical Guide on the use of MCH Handbook	Reading Assignment: Technical Guide on the use of MCH Handbook	

# COURSE OUTLINE MCH Handbook Orientation

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(30 minutes)	(15 minutes)	Pre -Orientation, (30 minutes) OPEI Obje • Ra cc • Fa ar • Pa INTR Obje • Ki • O	TIME	
ORIENTATION OVERVIEW  Objectives:  To explain the orientation back ground & objective  To describe the activities and materials used  To identify the area of activities	BREAKS	OPENING Objective:  Report from organizer on preparation and coordination Facilitators welcoming, starting communication and observing motivation of participants Passing information and messages  INTRODUCTION Objectives:  Knowing facilitators-participants each other Orientation process sharing responsibility begin Creating positive environtment	TOPIC and OBJECTIVE ACTIVITIES	
Illustrative Lecture with question and answer Overview introduction (games, question etc) for (5 min). Content material presentation for (35 min). Summary with Q & A in (5 min). Inform the classroom and related surrounding area including toilet etc. Introduce logistic support staffs and		Activities:  1. Organizer requesting guests and attendees to have a seat  2. Master ceremony starts according to agenda  3. Speech by: - Implementing organizer - Official government representative (officiating the opening of the orientation)  4. MC handed over to facilitators to start the orientation session  Small group activity and interactive communication Activities: Distribute tiny roller papers to each of participants and facilitator. Allow (5 min) for each of the participant and facilitator to find their partner. When found ask Name(N), Qualification (Q) and Institution (I) wherehe/she is working(5 min). Then, each of the participant and facilitator introducing their partner's N,Q,I to all (15 min). After all having the turn, ask in random a participant to named 5 persons. Move to other participant if unable to get five. Lastly, ask all to write their name in front and back of the available paper folded at each of their desk	LEARNING METHOD	
<ul> <li>PPT Presentation # 1</li> <li>Computer+LCD+Screen</li> <li>Transparency # 1 (if prefer)</li> <li>OHP</li> <li>Laser pointer</li> </ul>		<ul> <li>Table, chairs</li> <li>Audio system</li> <li>1 long table with 3 chairs for Guest of Honours/Speakers facing towards participants</li> <li>Arrange participant's table in Ushape</li> <li>Speech-text</li> <li>Organizer Report Text</li> <li>Opening ceremony schedule</li> <li>Registered forms</li> <li>Arrange free space along the Ushape table and back of chairs</li> <li>Arrange free space along the Ushape table and back of chairs</li> <li>Marker pen as much as number of participants</li> <li>Tiny roller papers contain pairwords such as: High-Low, Big-Small, Hot-Cold, Black-White etc as much as the number of participants and facilitators</li> </ul>	SOURCE/MATERIALS	

# COURSE OUTLINE MCH Handbook Orientation

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TIME	TOPIC and OBJECTIVE ACTIVITIES	LEARNING METHOD	SOURCE/MATERIALS
	IDENTIFICATION OF PARTICIPANT'S  EXPECTATION  Objectives:  To identify participant's expectation on attending the orientation  To identify participant's apprehensions during participant's apprehensions during participating the orientation  To get mutual agreement between participants and facilitator on the conduct, duration and schedule of the orientation  To get written learning agreement as a result of the mutual agreement mentioned above	Brain stroming Activity: Distribute 2 plain paper a half of poscard size each to each participant. Ask participant to write in each od the paper: one expectation and in other paper: one apprehension in attending this orientation (2 min). Ask to past the filled paper to two flipchart each (3 min). Offer any participant who is willing to volunteer reading the accumulated written expectation (5 min) and other participant for apprehension (5 min)	<ul> <li>Two flipcharts+papers</li> <li>Plain paper half postcard size 2Xnumber of participants</li> <li>Gum/double tape/masking tape</li> <li>Marker pen</li> <li>Orientation package (bag or plastic map) contains: <ul> <li>MCH Handbook</li> <li>MCH HB Technical Guidebook</li> <li>Participant Guide book</li> <li>PPT presentation materials</li> <li>Notepad</li> <li>Sharp pencil</li> <li>Ballpoint</li> <li>4 pieces plain A4 paper</li> </ul> </li> </ul>
(30 minutes)	PRE-ORIENTATION QUESTIONAIRRE Objectives:      Identifying the participant's knowledge of MCH Handbook     Identifying individual and group learning needs	Written answer to questions objectively. Participant answering the question in participant guide book (25 min). Named each book. Exchanged the book when finished. Facilitator read the answer and participant corrected the book on each of them, sum up correct answer and return to owner. Fill up matrix.	<ul> <li>Pre-Orientation questionaire</li> <li>Matrix form</li> <li>Projector (LCD/OHP)</li> <li>Marker pen</li> <li>Calculator</li> </ul>
(60 menit)	FIELD-CHALLENGE ON USING MCH HANDBOOK Objectives:  • Identifying problems at Districts/Municipals • Explaining problems in the field	Illustrated lecture with Q & A Describing problems on using MCH Handbook at participant service area by local health office representative, local hospital administrator etc. Including the problem of printing, distribution, health providers, local community and local government in related to the use of MCH handbook	<ul> <li>Two filpcharts</li> <li>Transparency # 2</li> <li>OHP</li> <li>Screen</li> <li>Computer+LCD projector</li> <li>PPT Presentation # 2</li> </ul>

# Assignments:

Using distributed copy of blank MCH Handbook of antenatal, delivery, post natal, immunization and child health, ask participants to fill up the form (write name on the right top of each form)

Read: MCH Handbook, Technical Guide of the use of MCH Handbook, Participant Guide Book

# COURSEOUTLINE MCH Handbook Orientation

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Copy of pages from MCH Handbook	Exchanged the assignment forms filled up a night before and discussed	Practice: Using MCH Handbook	(60 minutes)
		BREAKS	(15 minutes)
<ul> <li>MCH Handbook   echnical Guide book</li> <li>Facilitator Notebook</li> </ul>	3. Group health providers who use MCH Handbook Presentation and simulation by each groups (20 min) Discuss communication and counselling skills (10 min)	<ul> <li>Use of MCH Handbook by other health providers COMMUNICATION using MCH Handbook</li> <li>To evaluate the skill of using the book</li> </ul>	
Participant guide book	Group morners who use MICH Handbook     Group cadres who use MICH Handbook	<ul> <li>Use of MCH Handbook by mother and family</li> <li>Use of MCH Handbook by cadres</li> </ul>	
MCH Handbook     Pencil	their pair as representative (10 min)	Objectives:	(30 111111111111111111111111111111111111
	Group discussion: Divide into 3 groups cach group change	HOW TO LIVE MOR BANDBOOK	(80 minutes)
	Each group presentation (5 min).  Presentation-sum up (10 min) and O & A (5 min)		
			•
Marker pen	3. Early detection tool on MCH problems		
<ul> <li>Two flipcharts+paper</li> </ul>	and community on MCH and putritional continues, family		
PPT Presentation # 4	Monitoring and documentation MCH services		
Computer+   CD Projector	Group discussion: Divide into 4 groups, discuss(10 min):	Special benefits	
• Screen	clear notes/document (write answer in the flipchart)-(5 min)	Main benefits	_
Transparency # 4	Brain storm: Ask benefit of having short, informative and	Objectives:	
• OHP	Brain storming and Group discussion	BENEFIT OF MCH HANDBOOK	(45 minutes)
<ul> <li>PPT Presentation # 3</li> </ul>	Sum up presentation by Q & A (5 min)	Integrated tool of MCH service	
• Screen	Presentation: Content material (20 min).	Quality MCH services	
OHP/ Computer/LCD projector	down participant answer in the flipchart paper (5 min).	Record document	
• Transparancy # 3	Introduction: Brain storming on quality MCH services. Write	Objectives:	
• Two flipcharts	Brain Storming, Illustrated Lecture with Q & A	WHAT IS MCH HANDBOOK?	(30 minutes)
Games equipment accordingly	mind exercise in the class led by participant.	<ul> <li>Preparing participant for learning activity this day</li> </ul>	
Elipchart/Papers/Marker pen	Game use to warm up can be a light physical activity or	Agreeing on the schedule agenda for the day	
and reading agenda	Agenda read by participant	Objectives:	
Darticipant accioned for warm in	Presentation and game	WARM UP AND AGENDA	(10 minute)
		Day 1, Session Two: Morning (240 minutes)	Day 1, Sess
SOURCE/MATERIALS	LEARNING METHOD	IUPIC and UBJECTIVE ACTIVITIES	IMI
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# COURSE OUTLINE Facilitator Note MCH Handbook Orientation

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SOURCE/MATERIALS		<ul> <li>MCH Handbook</li> <li>Participant Guide Book</li> <li>Guidance on the use of KMS</li> <li>Weighing and Length measuring equipment</li> <li>OHP+Transparency # 4</li> <li>Screen</li> <li>Computer+ LCD Projector</li> <li>PPT Presentation # 4</li> <li>Two flipcharts+paper</li> <li>Marker pen</li> </ul>	<ul> <li>MCH Handbook</li> <li>Participant guidebook</li> <li>Facilitator guidebook</li> <li>Stationeries and notepad</li> <li>BP meter, measuring equipment, bed, cheet cover, fetoscope</li> <li>Simulation equipment</li> </ul>	<ul> <li>Daily note (participant)</li> <li>Daily evaluation form (facilitator)</li> <li>PPT presentation 6 topics</li> <li>MCH Handbook and MCH</li> <li>Handbook Technical Guidebook</li> </ul>	sentation handouts
LEARNING METHOD		Brain stroming, Practice and interactive presentation Introduction: ask participant to measure a volunteer weight and height. Discuss the standard, method and result.  Practice: Plotting value into the KMS chart and analyzing the graph  Presentation: KMS  Question and amswer	Practice: Divide class into two:  1. Antenatal group  2. Newborn and Children Group Demonstrate on the use, communication and counselling of MCH Handbook in service including related physical examination	Verbal information For the day 1 done by facilitator and the following day will be selected from participant according to the schedule agreed upon earlier (preferable voluntary) Selecting topic: Distribute 6 presentation topic to participants and each participant will choose a topic to be presented by them during practice	Reading Assignment :MCH Handbook, Participant's Guide Book, Technical Guide book and Powerpoint presentation handouts
TOPIC and OBJECTIVE ACTIVITIES	(60 minutes) LUNCH BREARS Day 1, Session Three: Affernoon (240 minutes)	<ul> <li>HEALTH CARD</li> <li>How to measure and weight baby/children</li> <li>How to plact KMS data correctly</li> <li>How to interprete the result correctly</li> </ul>	<ul> <li>Practice:</li> <li>Related Antenatal check to documentation in MCH Handbook</li> <li>Child/Baby examination in related to documentation using MCH Handbook</li> </ul>	Summary of the day Objectives: ( briefly)  To asses how much knowledge had been absorb and how far the process had achieved Identifying essential points from the presented materials and the participant's understanding	Reading Assignment : MCH Handbook, Participar
TIME	(60 minutes)  Day 1, Sessic	(60 minutes)	(165 minutes)	(15 minutes)	

# COURSE OUTLINE MCH Handbook Orientation

TIME	TOPIC and OBJECTIVE ACTIVITIES	LEARNING METHOD	SOURCE/MATERIALS
Day 2 Session	Day 2 Session Four: Morning (240 minutes)		
(10 minutes)	WARM UP AND AGENDA Objectives:	Presentation and game Agenda is developed from grientation schedule on	Refer to participant assignment
	<ul> <li>Reconfirm and agree upon the schedule agenda for this day</li> </ul>	participant guide presented by participant Game use to warm up can be a light physical activity or	Flipchart+Papers
	<ul> <li>Preparing participant to receive learning activity this day</li> </ul>	mind exercise in the class led by participant ( selected earlier by their leader)	Marker pen     Games equipment accordingly
(90 minutes)	MID-QUESTIONAIRRE	Individual participant activity: Answering questionalire	MCH Handbook
	Dijective: Assesing achievement on knowledge based on the expected knowledge Discussion: on any doubt or still unclear of the result of the mid-questionnairre		<ul><li>Fasilitator guidebook</li><li>Matrix learning</li></ul>
(15 minutes)	BREAKS		
(125 min)	SKILL ASSESSMENT: Objective: Assessment the use of MCH Handbook by the participant	Practice and evaluation using checklist Communication, examination skills and completing MCH Handbook	<ul><li>Facilitator Note Book</li><li>MCH Handbook</li></ul>
(60 minutes)	LUNCH BREAKS		
(60 minutes)	FOLLOW UP PLAN	Every participant submit their own follow up plan and collected for report and follow up activity by supervisor	Follow up plan form
(15 minutes)	EVALUATION of FACILITATOR	Using the form, every participant expressing their own impression of the particular facilitator	Facilitator evaluation form
(15 minutes)	ORIENTATION EVALUATION	Using the available form, each participant express their opinion about the orientation	Orientation evaluation form
(15 minutes)	FACILTATOR REPORT	Facilitator present the result of the orientation	Facilitator note
(30 minute)	CLOSED	Officially the orientation is ended	

# PRE-ORIENTATION QUESTIONNAIRE

Pre-Orientation Questionnairre designed as an aid to assist both the trainer and the participant as they begin their work together in the orientation. The questionnaire is focused on key knowledge and the required attitude concept to orientate the use of MCH Handbook.

The questions are presented in the true-false format. A special form, the individual and group assessment matrix, is provided to record the scores of all course participants. Using this for sheet, the trainer and participants can quickly chart the number of correct answers for each of the questions. By examining the data in the matrix, the group members can easily determine their collective strengths and weaknesses and jointly plan with the facilitator on how to best use the course time to achieve the desired learning objectives.

For the trainer, the questionnaire will help to identify particular topics that may need additional emphasis during the learning sessions. Conversely, for those categories where 70% or more of participants answer the questions correctly, the facilitator may elect to use some of the allotted time for other purposes.

For the participants, the learning objectives related to each question and the corresponding chapters in the reference manual are noted beside the answer column. To make the best use of the limited course time, participants are encouraged to address their individual learning needs by studying the designated chapters

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# **KEY ANSWER PRE-ORIENTATION QUESTIONNAIRE**

Direction: Circle T if you think the statement next to it is TRUE, or circle F if you think FALSE

# WHAT IS MCH HANDBOOK

1.	One of the objective of maternal and child health (MCH) ptogram is strengthening family self-support for maternal and child health	J
2.	One MCH Handbook is given to every pregnant mother	F
3.	Maternal and child health information on MCH Handbook is only given to pregnant mother for them to read.	F
4.	Cadre as health assistant may explain and treat maternal and child health problems	F
5.	Mothers should carried along maternal and child health document (MCH Handbook) where ever received MCH services from health providers at any health facilities	Т
В	ENEFIT OF MCH HANDBOOK	
6.	Benefit of having MCH Handbook that mother and her child are having their own a complete health document since the mother was pregnant until the child reached five years old	F
7.	MCH Handbook is use as a tool for communication and counseling to mother, her family and community on MCH	Т
8.	MCH Handbook is use to detect any early maternal and child health abnormality or problem	T
9.	Nutritional services and MCH referral are not available in MCH Handbook	F
10.	MCH Handbook is use as a tool to monitor maternal and child health	Т
НО	W TO USE MCH HANDBOOK	
11.	Encourage mother to read information of health services, nutrition, child growth and development according to specific age and child home treatment on MCH Handbook	Т
12.	Health provider facilitate and encourage mother to be actively involved in the discussion on content of MCH Handbook	Т
13.	Cadre is using MCH Handbook as promotion tool to mobilized community to come and use of the health facilities	F
14.	Role of a cadre is to assist and accompany family/community	F

To understand the use of the book, health providers should

read MCH Handbook and Technical Guide Book

Т

15.

to come to health facility

# INFORMATION ON MATERNAL HEALTH

16.	Immediate and frequent antenatal check according to health providers advice is recommended	Т
17.	Check mother's weight every time seeing health providers	F
18.	Take iron tablet once a day during pregnancy	F
19.	Tetanus vaccination is given to prevent maternal tetanus	F
20.	Skin and dental hygiene are part of maternal health	Т
21.	Avoid sexual relation after 6 month pregnant	F
22.	Bleeding early pregnancy may be dangerous to mother and her fetus life	Т
23.	Fever is one of the dangerous sign in pregnancy	Т
24.	Decrease fetal movement is a maternal dangerous sign	T
25.	Mother and her family considered as having birth preparedness and complication readiness if they had selected their birth attendant earlier	Т
26.	Sign of labor is discharging 'show' or liquor from birth canal	Т
27.	Danger sign in labor is when the baby still not delivered within 12 hours since the onset of labor	Т
28.	Advice at least 3 times puerperal check by midwife/doctor	T
29.	Breast feed immediately within 30 minute after delivery	Т
30.	Mental instability is danger sign during puerperium	Т
INFO	DRMATION ON NEWBORN/CHILD HEALTH	
31.	Birth weight of 2500 g or more is a sign of a healthy newborn	Т
32.	Breast fed newborn every 4 hours	F
33.	Bath newborn immediate after birth to clean up the body	F
34.	Keep newborn's umbilical cord clean and dry	Т
35.	Mother or family should bring baby to the midwife or doctor when the baby's skin become yellowish in color	Т
36.	The child is healthy when his/her body weight increased along the green line according to health card chart	F
37.	Avoid giving vaccination when the child is having cough, cold, diarrhea and skin problem	F
38.	Routine newborn check up is at least twice such as once at 1-7 days and once at 8-28 days old	Т
39.	Body cleanliness and dental hygiene are part of child health	T
40.	Unable or slow to drink is danger sign of the sick child	Т

# MCH HANDBOOK MONITORING AND DEVELOPMENT

F Health provider may give education to mother on the use of MCH Handbook during providing services F Educate cadre of using MCH Handbook is given by health provider during providing MCH services in posyandu Т Coverage rate of pregnant women who have MCH Handbook is Total number of pregnant women who have MCH Handbook divided by total number of targeted pregnant women at working area in a year times by 100% F 44. Mother's compliance rate of bringing MCH Handbook is: Total number of pregnant women, delivered and post partum who present with MCH Handbook divided by total number of pregnant women at specific time times by 100% T Fill in completely MCH Handbook means that health provider recorded identification and health record in MCH Handbook completely and correctly

# MATRIX LARNING NEED: INDIVIDUAL AND GROUP MCH HANDBOOK ORIENTATION

Orientation Date:

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# **USING LEARNING GUIDE**

Use of MCH Handbook learning guide is designed to assist participant to learn the skills/activities covered in:

- Introduction of MCH Handbook content sections
- Description of each section to be inform to mother with/or family
- How to fill in MCH Handbook properly

For participants to perform the skill correctly need repeated practice which is not expected to be perfect for the first time. The purpose of this learning guide is to assist the participants to learn the essential aspects of the orientation.

Learning guide should be used by the participants to follow steps of the demonstration of the related orientation technical/method given by facilitator. Then, participants could use this learning guide during orientation as a guide to give feedback during practice use of MCH handbook with other participants. Content of this learning guide is similar to skill performance evaluation checklist use by facilitator to evaluate each participant performance.

Because this learning guide is use to facilitate the skill development, assessment should be done carefully and objectively. Each participant skill performance will be evaluated using the scale as follow:

- **Need improvement**: Steps/activities perform in-correctly and irregular (if should be consecutive) or missed a step.
- **Competent**: Steps/activities perform correctly and consecutively (if should be consecutive), but still not accurate and/or need reminder or assistance from facilitator for a small matter
- N/A Not applicable: Step or activity is not related to the purpose of the use of the MCH Handbook

# LEARNING GUIDE USING MCH HANDBOOK

(To be filled in by Participant)

- 1 Need improvement: Incorrect steps/activities and inconsecutively done or missed a step.
- **Competent**: Correct steps/activities and consecutively done, but inaccurate and need reminder or assistance from facilitator for a small matter.
- N/A Not Applicable: Step or activity is not related to the purpose of the use of MCH Handbook

PARTICIPANT:	ORIENTATION DATE	 

		OBSI	ERVA	TION	1
DESCRIPTION*	T	II	III	١٧	٧
1. Great mother/child					
2. Display kindness and politeness					
3. Using mother/child name					
4. Explain clearly the objective and benefit of using MCH handbook					
5. Describe how to read MCH Handbook					
6. Describe sections of MCH Handbook					
7. Complete registration section					
8. Complete family identification					
9. Able to calculate expected date of delivery (EDD)					
Able to calculate expected date of delivery (EDD) without knowing the first day of the last normal menstrual period (LNMP)					- <del></del> -
11. Complete delivery note					
12. Complete referral information					
13. Complete the feedback referral information					
14. Complete birth notification					
15. Complete child identification					
14. Complete postpartum note			•		
16. Complete postnatal mother condition					
17. Complete newborn condition					
18. Complete neonatal examination note					

19. Complete vaccination note			
20. Providing counseling and giving vitamin A			
21. Explain and time record of explanation on child growth stimulation			
22. Complete disease and growth problem document			
23. Complete document with clear, readable and clean writing	T		
24. Complete document according to filling up instruction and using signs accordingly			
25. Allow mother and family to ask any related matter			
26. Advice mother to put a mark on the section after completed reading with pencil/pen			
27. Friendly reminder to mother to bring MCH Handbook in every visit or consultation with health providers			
28. Friendly reminder to keep the book properly			
29. Return the book to mother politely and orderly			
30. Thanking mother/family for cooperating			

<sup>\* =</sup> Select steps according to situation

# CHECKLIST FOR COMPETENCY OF COMPLETING MCH HANDBOOK

# **USING THE CHECKLIST**

The **Checklist** for competency of completing MCH Handbook contains similar steps/activities with **Learning Guide** for Completing MCH Handbook. These checklists are derived from the information provided in the **MCH Handbook Technical Guidance** (**Petunjuk Teknis Penggunaan Buku KIA**).

Criteris for satisfactory performance by the participants are based on the knowledge, attitudes and skills set forth in the MCH Handbook Technical Guidance and practiced during orientation. In preparing for formal evaluation by nthe facilitator/s, participants can familiarize themselves with the content of the checklist by critiquing each other's performanced.

Scale used to assses skill performance of completing MCH Handbook are:

- Satisfactory Perform the step or task according to standard procedure or guidelines
- Unsatisfactory unable to perform the step or task according to standard procedure or guidelines
- N/A Not applicable steps/activities not related during evaluation by facilitator

When determining competence, the judgement of a skilled facilitator is the most important factor. Thus, in the final analysis, competence carries more weight than the number of practice (which may be only two or less depend on the number of participants attending the orientation). Because the goal of this orientation is to enable every participant to achieve competency, additional orientation or practice in completing MCH Handbook skills may be necessary.

# CHECKLIST USING MCH HANDBOOK

(To be filled in by Participant)

X	Need improvement: Incorrect steps/activities and inconsecutively done or missed a step.
<b>1</b>	<b>Competent</b> : Correct steps/activities and consecutively done, but inaccurate and need reminder or assistance from facilitator for a small matter.
N/A	Not Applicable: Step or activity is not related to the purpose of the use of MCH Handbook
PARTIC	CIPANT: ORIENTATION DATE

		OBS	ERV	ATIO	N
DESCRIPTION		11	III	IV	٧
1. Great mother/child					
2. Display kindness and politeness					
Using mother/child name	1				
4. Explain clearly the objective and benefit of using MCH handbook	-			-	
5. Describe how to read MCH Handbook					
6. Describe sections of MCH Handbook					
7. Complete registration section		_			
8. Complete family identification					
Able to calculate expected date of delivery (EDD)					
<ol> <li>Able to calculate expected date of delivery (EDD) without knowing the first day of the last normal menstrual period (LNMP)</li> </ol>					
11. Complete delivery note		Ī			
12. Complete referral information		i			
13. Complete the feedback referral information					
14. Complete birth notification					
15. Complete child identification					
14. Complete postpartum note				,	
16. Complete postnatal mother condition			7	$\dashv$	
17. Complete newborn condition		$\dashv$			
18. Complete neonatal examination note			1	1	

19. Complete vaccination note				
20. Providing counseling and giving vitamin A				
21. Explain and time record of explanation on child growth stimulation				
22. Complete disease and growth problem document				
23. Complete document with clear, readable and clean writing				
24. Complete document according to filling up instruction and using signs accordingly				
25. Allow mother and family to ask any related matter				
26. Advice mother to put a mark on the section after completed reading with pencil/pen			!	
27. Friendly reminder to mother to bring MCH Handbook in every visit or consultation with health providers				
28. Friendly reminder to keep the book properly		<u></u>		
29. Return the book to mother politely and orderly				
30. Thanking mother/family for cooperating	<u></u>	l <u>.</u>		

# Instruction of USING THE QUESTIONNAIRE

This knowledge assessment is designed to help the participants monitor their progress during the course. By the end of the course, **all** participants are expected to achieve a score of 85% or better.

The questionnaire should be given at the time in the course when all subject areas have been presented. A score of 85% or more correct indicates knowledge-based mastery of the material presented in the reference manual. For those scoring less than 85% on their first attempt, the facilitator should review the results with the participant individually and guide her/him on using the reference manual to learn the required information. Participants scoring less than 85% can retake the questionnaire at any time during the remainder of the course.

Repeat testing should be done only after the participant has had sufficient time to study the reference manual.

# MID-ORIENTATION QUESTIONNAIRE

*Instruction*: Only one correct answer for every statement bellowed. Circle the letter indicate the correct statement which is the correct answer

# WEATSWOTTHANDED AT THE BEST TO

- 1. Objective of the maternal and child health program is:
  - a. Mother informal education
  - b. To train cadre to be able to give maternal and child health services
  - c. Attracting community to visit health facility
  - d. Increase family self-care on keeping the health of mother and children
- 2. One MCH Handbook is for:
  - a. A pregnant woman
  - b. A baby/child
  - c. A mother and a baby
  - d. One family
- 3. Maternal and child health information in MCH Handbook is exclusively to be read by::
  - a. Mother only
  - b. Mother, her husband and other family members
  - c. Health provider
  - d. Cadre
- 4. Expalining including treatment on maternal and child health problem is given by:
  - a. Cadre
  - b. Health Provider
  - c. Community Leader
  - d. Spouse
- 5. Mother should always bring along the MCH Handbook everytime seeking services at:
  - a. Puskesmas
  - b. Private midwife/doctor practice
  - c. Hospital
  - d. All health facilities

- 6. Benefit of MCH Handbook is:
  - a. A maternal and child health recording and monitoring tool of
  - b. Mother and her child is having complete health record since pregnancy until the child reach age of five years.
  - c. Communication and counselling tool equiped with important information for mother
  - d. Early detection tool for maternal and child health problem or disturbance

- 7. MCH Handbook as Communications and counselling tool for mother, family and community contains:
  - a. Health, Nutrition and MCH service standard
  - b. Health, MCH emergency treatment
  - c. Health, normal pregnancy, safe and clean delivery
  - d. Health, Child intelegence and intelectual
- 8. MCH Handbook used to detect early on:
  - a. Non-quality MCH services
  - b. Problem of having MCH services at health facility
  - c. Abnormality on process of Pregnancy and Delivery
  - d. Maternal and Child Health problem
- 9. Nutrition, maternal and child health record including referral are found in:
  - a. Health Card (KMS)
  - b. Maternal and Baby Cohort
  - c. Antenatal Card
  - d. MCH Handbook
- 10. MCH Handbook is used to documented and monitored:
  - a. Maternal and Child Health
  - b. Maternal, family and community health
  - c. Mother and her husband health
  - d. Health providers within health facility

# TIOWITO USE MOSTHANDBOOK!

- 11. MCH Handbook used by mother and family:
  - a. as secret information for mother
  - b. to be read by mother and kept by cadre
  - c. as birth certificate
  - d. to follow adviced given in the book
- 12. Simple but important message for mother on MCH Handbook:
  - a. always bring the book everytime seeking health service from health provider
  - b. not to loose it by keeping in the tightly lock safety box
  - c. ask only services mentioned in the book
  - d. to read the information on managing emergency obstetric during delivery, postpartum and newborn care.
- 13. The use of MCH Handbook by cadre:
  - a. as counselling tool and encourage community to come and use the health facility
  - b. to train traditional birth attendance to provide MCH services
  - c. to refer mother/child to hospital after examination
  - d. as an evidence that mother is not compliance with the message given in the book and should be punished

- 14. Cadre's role of using MCH handbook is:
  - a. Distributing MCH Handbook to all level of community
  - b. To assist and accompany family/community to get quality MCH serivces
  - c. To use MCH handbook as community education tool
  - d. To check MCH handbook and fined those family which have not using the book
- 15. Use of MCH Handbook by health provider:
  - a. Health provider documenting any message of MCH Handbook which is not done by mother
  - b. To understand, health provider should read MCH Handbook and Technical Guide Book
  - c. Health provider should not linked MCH handbook with other health services.
  - d. As referral document to hospital everytime mother or family ask or seeking explanation.

- 16. Following statement is advisable for pregnant women:
  - a. To have early and regular antenatal check up
  - b. Weighing for everytime meet providers
  - c. Tetanus toxoid Vaccine should always be given
  - d. Ask for additional nutrition formula for better health
- 17. During pregnancy:
  - a. Bathing as much as possible to avoid body smell
  - b. Brushing teeth regularly to keep the teeth shining and glow
  - c. More rest and less work in order to ensuring the fetal growth
  - d. Allow husband and wife sexual relationship, if there is no contra indication
- 18. Adequate food during pregnancy:
  - a. Nutritious food according to the People Welfare Department
  - b. To improve apetite, encourage mother to take more cake, ice cream, salad and durian
  - c. No food restriction
  - d. Eat as before
- 19. Danger sign specifically in pregnancy:
  - a. Discharging "show" from birth canal
  - b. Bilateral leg swelling
  - c. Vomiting
  - d. Headache with seizure
- 20. High fever in pregnancy can:
  - a. Cause death among family
  - b. Prevent spontaneous abortion
  - c. Warming the fetus at room temperature
  - d. Cause premature delivery
- 21. One of preparedness for mother's delivery is:
  - a. Delivery plan by trained health providers
  - b. Transport schedule which is passing mother's house
  - c. Getting Blood Bank address, in case needed
  - d. Borrow neighbour's money when in labor

# 22. Sign of labor::

- a. Sudden abdominal cramp
- b. Blood discharged from birth canal
- c. Regular uterine contraction which is more frequent and stronger
- d. Frequent to toilet

# 23. During early delivery process, mother is:

- a. not allowed to eat, drink or walk
- b. to bear down for every contraction
- c. to go to toilet everytime having urgency to beardown
- d. to ask provider for any doubt

# 24. Danger signs in labor:

- a. Baby is not delivered within 12 hours since the onset of labor
- b. Mucous mixed with blood from vagina
- c. Mother refuse to beardown
- d. No leaking liquor

# 25. Postpartum mother should do:

- a. Give breast feeding only after baby had been cleaned and bath
- b. Breast fed baby regularly every 4 hour
- c. that the care of her newborn only by midwife/nurses or traditional attendant
- d. have postpartum follow up by provider at least 3 times during postpartum period

# 26. Keeping postpartum mother healthy:

- a. Eat nutritious food twice than usual
- b. Take high dose Vitamin A once a day during postpartum
- c. Take high ferrous tablet once a day
- d. Adequate rest and drink plenty of water

# 27. Danger sign of postpartum mother:

- a. Brownish discharge from vagina 10 days after delivery
- b. Breast engorgement and no milk out
- c. Suffers mental illness
- d. Uterine involuted pain

# 28. Unusually present in postpartum mother:

- a. Clear, non-smelly vagina discharge
- b. Mild Fever
- c. Light leg swelling
- d. Bleeding per vagina

# 29. Post partum contraception is necessary for mother:

- a. To avoid being scolded by midwife, nurse or doctor
- b. To return the body shape immediately
- c Spacing the pregnancy
- d. To stop breast milk in avoiding possibility of breast engorgement

- 30. Men contraception is:
  - a. Contraceptive pill
  - b. Vasectomy
  - c. Implant
  - d. Injection

# THORN WHON O' TO HUNCHENGE

- 31. Sign of unhealthy baby is:
  - a. Birth weight more than 4.0 kg
  - b. Immediately cry after birth
  - c. Active movement
  - d. Reddish body coloured
- 32. Mother's breast milk for newborn:
  - a. Give only after the newborn body temperature is stable (usually after 2 hours)
  - b. Give regular breast milk every 4 hours
  - c. Exclusive breast feeding means adding other formula to breast feeding
  - d. First drops of breast milk contains antibody
- 33. Keep the baby warm:
  - a. Bath baby immediately after birth to clean the baby before wrapped with clean cloth
  - b. Put the baby at the windy area for fresh air
  - c. Dry the baby by hold it nakedly closed to mother
  - d. For weight less than 2500 gram, embrassed baby with skin to skin contact on mother chest (Kangoro method)
- 34. Infection prevention in the newborn:
  - a. Give routine antibiotic to newborn
  - b. Wrapped cord stump with cloth wet with antiseptik solution
  - c. Give antitetanus immunization within 7 days after birth
  - d. Give antibiotic eye ointment at birth
- 35. Following is a healthy newborn:
  - a. Refuse feeding
  - b. Fitting
  - c. Have been examined by midwife/nurse/doctor at least twice and found no abnormality
  - d. Yellowish sclerae
- 36. Healthy Under-Five Children::
  - a. Child development along the green tape in Health Card every month
  - b. Growth and skill increase everyday
  - c. Never talk, but active, happy and playaround
  - d. Obese

- 37. BCG immunization given at the age:
  - a. at birth
  - b. 1 month
  - c. 2 month
  - d. 3 month
- 38. Vitamin A for under five children:
  - a. Not available in posyandu
  - b. Stronger bone, body and prevent diseases
  - c. Taken everyday between birth until 5 tahun
  - d. Available in capsule form
- 39. Important to do to uncer five children:
  - a. Regular health check up weekly
  - b. Hair shampooing two-three times daily
  - c. Always use pampers to allow children pass out stool in the pampers
  - d. Away from smoke
- 40. Important information for mother/family about under five children sickness:
  - a. Common illness are cough, diarrhea, fever, body ache and skin lesion
  - b. Danger sign of under five children sickness are refused feeding, vomiting, convulsion
  - d. The children should immediately bring to health facility when having mild cough and fever
  - e. Bring the child only during specialist consultation time at the health facility

- 41. Educate mother to always use MCH Handbook.
  - a. Always ask and remind mother of MCH Handbook to bring the book everytime seeking treatment
  - b. Gathered mother at home and give lecture on MCH Handbook
  - c. Ask mother to go back if not bringing MCH Handbook
  - d. Fine mother if loosed or did not bring the book
- 42. Educate cadre to always help mother to use MCH Handbook
  - a. Ensuring cadre read and fill up MCH Handbook, encourage to form maternity group
  - b. Fundung cadre to accompany mother wherever they goi
  - c. Train cadre to explain MCH Handbook toother
  - d. Provide room for cadre to examine pregnant women
- 43. In MCH Handbook filling up rate less thani 60%:
  - Improve provider's performance
  - b. Educate mother and family to read and write
  - c. Prepare cadre to help filling up MCH Handbook
  - d. Print more MCH handbook

- 44. Evaluation of mother's compliance is for:
  - a. Quality evaluation of the use of MCH Handbook
  - b. Assess mother's discipline
  - c. Assess health provider influenced to mother
  - d. Evaluate the number of mother who have MCh Handbook
- 45. If mother compliance rate of bringing MCH Handbook less thani 80%:
  - a. Less than 80% mothers are discipline
  - b. Cadre and provider need more effort to convince mother
  - c. Need more MCH Handbook
  - d. Mother showing disrespect to provider

# **MID-QUESTIONNAIRE KEY ANSWER**

# WHAT IS MCH HANDBOOK

# **INFORMATION OF CHILD HEALTH**

- 1. d
- 2. b
- b 3.
- 4. b
- 5. d

# **BENEFIT OF MCH HANDBOOK**

- 6. b
- 7. а
- 8. d
- 9. d
- 10. а

# **USE OF MCH HANDBOOK**

- 11. d
- 12. а
- 13. а
- 14. b
- **15.** b

# MONITORING AND EDUCATION OF THE USE OF MCH HANDBOOK

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- 42. а
- 43. а
- 44. a
- 45. b

# INFORMATION ON MATERNAL HEALTH

- 16. d
- **17.** d
- 18. C
- 19. d
- 20. d
- 21. а 22. C
- d
- 23. 24. а
- 25. d
- 26. d
- 27. C
- d 28.
- 29. C
- 30.

# **EVALUATION ON FACILITATOR** (To be completed by **Participants**)

Instructions: Please indicate on a	1 to 5 scale your	opinion of the perf	ormance of the F	acilitator.
5-Strongly Agree Disagree	4-Agree	3-No opinion	2-Disagree	1-Strongly

	FACILITATOR:	RATING	COMMENTS/ SUGGESTIONS
1.	Made me feel welcome when I entered the course		
2.	Showed sensitivity to my natural feelings of fear and anxiety when learning new skills		
3.	Showed or admitted her/his limitations on the subject		
4.	Encouraged interaction with all participants		
5.	Made it easy for me to ask questions and express my concerns		
6.	Assessed my skills before training		
7.	Clearly stated objectives of the new skills or activities to be learned		
8.	Established clear standards for the performance expected of me		
9.	Gave reasons why each step of the skill or activity is important		
10.	Demonstrated each new skill or activity following the learning guide		
11.	Demonstrated the skill or activity through role play or by using simulation before demo on client(s)		
12.	Provided me with enough opportunities to practice and achieve competence in the new skills or activities		
13.	Gave me specific and immediate feedback so I knew how well I was performing		
14.	Met with me to discuss my performance following each practice session		

Other Comments:

Name of Facilitator:

# **CONTRIBUTORS**

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# **PROVIDING INPUTS**

METRA SASTRA, SKM

dr. NENY RETNASIH, MKM dr. R. ENDANG dr. TUTIK ISBARIAH, MKes ND EUIS AISYAH DWI ORLEANTI

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