

Training Site Assessment – Emergency Obstetric Care Interview and Assessment Guide

Facility Name: _____ District: _____
 Facility Administration (G=Government; P=Private; M=Mission): _____
 Date: _____

1. Clinic/ward space		<i>Rate/record the following in each ward/clinic. Write N/A if not applicable.</i>				
	ANC Clinic	ANC Ward	Labour Ward	Delivery Ward	Postpartum ward	Gynae Ward/PAC
Number of rooms						
Number of beds						
Examination room						
Airflow (none, average, excellent)						
Windows (none, average, excellent)						
Lighting for procedures (yes/no)						
Space for easy movement — during training (yes/no)						
Space for privacy (yes/no)						
Evidence of duty roster on daily basis (yes/no)						
Running water available at all times (yes/no)						
Functioning toilet facilities (yes/no)						
Handwashing facilities (yes/no)						
Adequate waste collection/disposal (yes/no)						
Cleanliness (poor, average, excellent)						
Comments						

**Training Site Assessment – Emergency Obstetric Care
Interview and Assessment Guide**

2. Clinic/ward Staffing						
<i>Record the number of midwives/clinical officers/physicians on staff during each shift in each ward. Write N/A if not applicable.</i>						
	ANC Clinic	ANC Ward	Labour Ward	Delivery Ward	Postpartum ward	Gynae Ward/PAC
Day shift						
Evening shift						
Night shift						
<p>Please note if any staff in any of the wards have been trained in either Life-Saving Skills (2- week course) or in Postabortion Care). List trained staff individually.</p>						

Training Site Assessment – Emergency Obstetric Care Interview and Assessment Guide

3. If given orientation in LSS, how many staff in various wards could serve as trainers and supervisors during LSS training sessions?						
<i>Record the number of each cadre of staff in various wards who could serve as Trainers (T) and Supervisors (S). Write N/A if not applicable.</i>						
	ANC Clinic	ANC Ward	Labour Ward	Delivery Ward	Postpartum ward	Gynae Ward/PAC
Physicians	(T): (S):	(T): (S):	(T): (S):	(T): (S):	(T): (S):	(T): (S):
Registered midwives/nurse-midwives	(T): (S):	(T): (S):	(T): (S):	(T): (S):	(T): (S):	(T): (S):
Enrolled midwives/nurse-midwives	(T): (S):	(T): (S):	(T): (S):	(T): (S):	(T): (S):	(T): (S):
Other (specify)	(T): (S):	(T): (S):	(T): (S):	(T): (S):	(T): (S):	(T): (S):
Comments:						
Provide details on any providers (at this facility or in the region) who are already trained/qualified/identified to serve as master LSS trainers for this facility:						

Training Site Assessment – Emergency Obstetric Care Interview and Assessment Guide

5. Facilities for training & accommodation Near this Hospital, is there....	
<i>Record YES/NO and describe arrangements</i>	
Accommodation for students near the hospital?	If yes: Distance from the training site: How many can be accommodated: Cost per person: If no: What other options available?
Meals/catering for training participants available near the hospital?	If yes: Cost per person: If no: What other options available?
Classroom space for 15-20 persons?	If yes, Cost per day: If no, What other options available?
A vehicle available to transport training participants to/from hospital?	If yes, Cost per day: If no, What other options available?

**Training Site Assessment – Emergency Obstetric Care
Interview and Assessment Guide**

6. What training institutions/schools use this hospital as a training site?			
<i>Training institute:</i>	<i>Course of study:</i>	<i>Ward(s) used (ANC Clinic, ANC Ward, L&D, PPC, etc.)</i>	<i>Frequency/duration of use</i>
#1			
#2			
#3			
#4			
<p>What trainings are currently scheduled at this facility for the next six months (either for site staff or for outside staff)? Please list all trainings scheduled.</p>			

**Training Site Assessment – Emergency Obstetric Care
Interview and Assessment Guide**

7. Are the following training materials/equipment/models available?			
	<i>Availability (Yes/No)</i>	<i>If available, record quantity in working order/satisfactory condition</i>	<i>Comments</i>
Pelvis/foetus set			
Bony pelvic model			
Foetal model			
Placenta/cord model			
Cloth pelvic model			
Episiotomy Practice Set			
Repair model			
Suture/thread			
Suture needles			
Needle holder			
Tissue forceps			
Suture scissors			
Cervical dilatation chart			
Partograph (Laminated)			
APGAR scoring chart			

Training Site Assessment – Emergency Obstetric Care Interview and Assessment Guide

8. Are the following equipment and supplies available?	<i>Availability (Yes/No)</i>	<i>If available, record quantity in working order/complete/satisfactory condition</i>	<i>Comments</i>
1. Delivery kits			
2. Hemostat/artery forceps			
3. Cord/episiotomy scissors			
4. Foetal scope			
5. Blood pressure apparatus			
6. Stethoscope			
7. Bulb mucus syringe			
8. Urinary catheters			
9. Rectal tubes			
10. Delivery apron			
11. Sterile surgical gloves			
12. Long gloves (for manual removal of placenta)			
13. Utility/heavy duty gloves			
14. Surgical towels			
15. Lab sponges			
16. Injection syringes			
17. Needles			
18. Stainless steel containers with lids			
19. Kidney shaped/placenta basin			

**Training Site Assessment – Emergency Obstetric Care
Interview and Assessment Guide**

8. Are the following equipment and supplies available?	<i>Availability (Yes/No)</i>	<i>If available, record quantity in working order/complete/satisfactory condition</i>	<i>Comments</i>
20. Reflex hammer			
21. Tape measure			
22. Vaginal speculum, small			
23. Vaginal speculum, medium			
24. Sponge holding forceps			
25. Airway, adult & infant			
26. Urine testing set			
27. Towels			
28. Baby weighing scale			
29. Adult weighing scale			
30. Height measure			
31. Haemoglobin measure			
32. IV giving sets			
33. Autoclaves sterilizer			
34. Cheatle forceps			
35. Cheatle forceps jar			
36. Sterilisation drums			
37. Large pot/container with lid for boiling equipments			
38. Kerosene stove			
39. Boiling electrical sterilizer			
40. Plastic pan or bucket for soaking soiled equipment			

**Training Site Assessment – Emergency Obstetric Care
Interview and Assessment Guide**

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	<i>Availability (Yes/No)</i>	<i>If available, record quantity in working order/complete/satisfactory condition</i>	<i>Comments</i>
41. Clock or timer			
42. Puncture resistant container (to hold sharp items)			
43. Vacuum extractor			
44. Scalpel with No 20 blade			
45. Manual vacuum aspirator			
46. Tenaculum forceps			
47. Jik			