

Job Description: Roving Auxiliary Nurse Midwife (RANM)

Major Roles and Responsibilities:

The major role of the RANM will be concentrated on increasing fertility awareness, promoting, delivering and referring for family planning services, raising awareness around social norms that inhibit family planning use, and focusing on bridging the service gaps for marginalized populations in their working area. She will also reach out to influential people and groups in the wider community to address family planning and relevant social norms, with the support from local health facility/mothers group/HFOMC and FCHVs. Additionally, they will provide home level newborn and postnatal care including postnatal family planning. They will also provide antenatal counselling involving husbands/in-laws and make referrals for health facility checkups; and nutrition education including measuring upper arm circumferences (MUAC) of under-five children in their clusters.

Responsibilities:

Planning:

- Prepare and update client tracking profiles for respective areas especially on family planning, maternal & newborn health (pregnant and postnatal mothers).
- Identify individuals/couples/groups of marginalized populations in the community with family planning needs and prepare a plan to provide family planning information and services to them.
- Prepare referral plans for other long acting and permanent methods if couple wish to use those services and keep the track of referred clients.
- Prepare the list the households for pregnant and postpartum mothers, newborns, under-five children and migrants of the cluster. Make referral plan for the antenatal care visits & institutional delivery.
- Prepare monthly work plans in consultation with Health Facility In-charge.

Service delivery and promotions:

- **Promotions:**
 - Identify and mobilize influential people for promotional activities.
 - Carry out group activities as per the work plan stated in the Client Logbook including playing games or other promotional activities.
 - Promote awareness regarding Fertility Awareness, Family planning, Postnatal Family planning, Maternal Newborn and Child Health (MNCH) which includes antenatal care (ANC), postnatal care (PNC) including essential newborn care, healthy timing and spacing of pregnancy (HTSP), birth preparedness and complication readiness plan (BPP), institutional delivery and Ama program and nutrition at individual and community level.

- Support FCHVs/Health mother groups (HMG) and male champions in implementing Pragati games in her cluster for diffusion of fertility and FAMILY PLANNING messages. Coach and mentor FCHVs/champions as per their need.
- Promote linkages between the health facility and community people in terms of services available at the health facility.
- Tap opportunities such as immunization clinic to provide FAMILY PLANNING counseling.

• **Services delivery:**

Family planning (FAMILY PLANNING):

- Provide FAMILY PLANNING counseling and services at individual household level. The family planning service includes provision of Depo-Provera, Standard Days Method/CycleBeads, condoms, and oral pills in her cluster.
- Manage and maintain waste disposal/products from provision of Depo-Provera by proper disposal system agreed with health facility.
- Make referral for long acting reversible methods and permanent methods and follow up of those clients.
- Obtain FAMILY PLANNING commodities from health facility.
- Do follow up of those who discontinued use of FAMILY PLANNING and counsel them.

Antenatal care (ANC):

- Provide ANC counseling specifically on importance of ANC checkups; danger signs of pregnancy, labor, delivery and neonatal; essential newborn care; family planning; birth preparedness and complication readiness; institutional delivery and Ama program; nutrition and rest. Counseling should be more individualized based on the information and history taking (e.g. if woman does heavy work then advise for rest.)
- Do at least two ANC visit to provide counseling services and provide care on the request of client.
- Facilitate to involve husbands and in-law during visits and counseling.
- Make referrals for ANC checkups as per the protocol and follow up on them.
- Referral for health facility delivery and follow up for postnatal care.
- Do immediate referrals in case of any danger signs.

Postnatal care (PNC):

- Do two PNC home visits to provide postnatal care to mother and newborn as per the protocol. Provide care as per the assessment findings.
- Counsel on newborn care – warmth, cleanliness, exclusive breastfeeding, cord care, eye care, immunization; post-partum FAMILY PLANNING; danger signs of postnatal and neonatal; and nutrition.
- Refer in case of danger signs and follow up of referral cases.
- Facilitate to involve husbands and in-law during visits and counseling.

Other health services:

- Measure upper arm circumference (MUAC) of under-five children to figure out nutritional status and counsel.
- Counsel on exclusive breast feeding, immunization, nutrition, danger signs, and hygiene.
- Referral as needed.
- Provide first aid services and refer as needed.

Coordination:

- Coordinate and mobilize the relevant influential people and groups in the community to promote fertility, family planning and supportive social norms around family planning use as well as for wider community awareness and service access under RANM program in order to diffuse information. This will depend on the specific stakeholders and barriers identified in the community, but might include religious leaders and other influential people, and might include groups where people participate.
- Partner with other health stakeholders in the community to enhance diffusion and coverage including the FCHVs, Male and HMG champions, HMGs, and any other health service providers.
- Coordinate and collaborate with health facility staff for referrals, promotion of each other's services, coordinated work planning, mutual accountability, manage commodities, possible solution of the problems occurred at community level during work and provide FAMILY PLANNING user follow up.
- Assure coordination of information and services between themselves and the health facility. Examples include promotion of each other's services, cross referrals for services and follow-up, coordinated work planning, mutual accountability, and management of commodities.
- Coordinate and work with FCHVs in a team to provide community level family planning services. FCHVs refer for Depo-Provera and Standard days Method-CycleBeads and FCHVs will continue to promotion of family planning methods and distribution of oral pills and condoms as usual.
- Coordinate and conduct group discussion on related to barriers of family planning such as fertility, social norms with influential people and other groups.
- Serve as bridge among the health facility staff, HMGs, and targeted community people.

Follow up:

- Routine follow up of the individual/couples receiving RANM services in the community as per their Client Logbook.
- Evaluation of the program activities according to the plan.

- Ensure all their services are reported on monthly basis in HMIS.

Recording and Reporting:

- Prepare monthly work plan and work accomplished report and submit to health facility.
- Maintain records of individual and group activity and report on monthly basis. Submit Individual Activity Sheet and Group Activity Sheet to health facility.
- Maintain Client Logbook.
- Submit monthly report to health facility and work with health facility staff to transfer service delivery reports into HMIS.

Logistics management:

- As per need, make requests and collect family planning devices, Malachakra leaflets, puncture proof box etc. and submit the expenses of these materials on monthly basis to health facility.
- Maintain and ensure stock out of the commodities.

Waste management:

- Follow the system of health facility for waste management protocol to prevent infection, specifically after providing Depo-Provera services.

Others:

- Be familiar with local language and culture to be effective in providing counseling related to fertility, family planning and social norms.
- Be accountable to work at identified marginalized clusters at ward level and submit reports to the respective representative of the ward.



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