

PPIUD Training Checklist

Action	Month 1				Month 2				Month 3				Month 4				Month 5			
Sensitize high-level counterparts at MOH to merits of PPIUD to garner support for the project																				
Identify partner teaching hospital and solicit high-level support for initiative																				
Sign MOU with teaching hospital																				
Identify trainers and training date																				
Have trainers complete and submit any forms necessary for temporary license																				
Procure equipment (forceps/models, etc)																				
Develop client sensitization materials																				
Sensitize maternity ward staff to project to encourage collaboration/patient counseling &																				

referral pre-delivery	■	■	■	■					■	■	■	■					■	■	■	■
Begin Client Sensitization	■	■	■	■					■	■	■	■					■	■	■	■
Develop client consent form	■	■	■	■					■	■	■	■					■	■	■	■
Modify MIS/health service record form as needed	■	■	■	■					■	■	■	■					■	■	■	■
Select participants	■	■	■	■					■	■	■	■					■	■	■	■
Reserve venue for classroom training	■	■	■	■					■	■	■	■					■	■	■	■
Confirm dates for clinical training with teaching hospital	■	■	■	■					■	■	■	■					■	■	■	■
Conduct Classroom Training	■	■	■	■					■	■	■	■					■	■	■	■
Conduct Clinical Training	■	■	■	■					■	■	■	■					■	■	■	■