Essential Care for Every Baby
Africa Regional Workshop

26–29 MAY 2014 | ADDIS ABABA, ETHIOPIA
MEETING REPORT

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This report was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Leader with Associates Cooperative Agreement GHS-A-00-08-00002-00 and Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of MCHIP and The Maternal and Child Survival Program (MCSP), and do not necessarily reflect the views of USAID or the United States Government.

MCHIP is the USAID Bureau for Global Health's flagship maternal, neonatal, and child health program. MCHIP supports programming in maternal, newborn, and child health, immunization, family planning, malaria, nutrition, and HIV/AIDS, and strongly encourages opportunities for integration. Cross-cutting technical areas include water, sanitation, hygiene, urban health, and health systems strengthening.

MCSP is a global USAID cooperative agreement to introduce and support high-impact health interventions in 24 priority countries with the ultimate goal of ending preventable child and maternal deaths (EPCMD) within a generation. MCSP supports programming in maternal, newborn and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment. MCSP will tackle these issues through approaches that also focus on health systems strengthening, household and community mobilization, gender integration and eHealth, among others. Visit www.mcsprogram.org to learn more.

Table of Contents

Abbreviations

AAP	American Academy of Pediatrics
BEmONC	Basic Emergency Obstetrics and Newborn Care
ECEB	Essential Care for Every Baby
ECSA	East Central Southern Africa
EmONC	Emergency Obstetrics and Newborn Care
ENC	Essential Newborn Care
FMOH	Federal Ministry of Health
HBB	Helping Babies Breathe
MCHIP	Maternal and Child Health Integrated Program
MNH	Maternal and Neonatal Health
MOH	Ministry of Health
MOHSW	Ministry of Health and Social Welfare
OSCE	Observed Structural Clinical Exam
RCQHC	Regional Center for Quality of Health Care
UNICEF	United Nation's Children's Fund
URC-CHS	University Research Co. Center for Human Services
USAID	United States Agency for International Development
WHO	World Health Organization

Background

The American Academy of Pediatrics (AAP), under the auspices of the Survive and Thrive Global Development Alliance, has led the development of a series of newborn training modules, focusing on Helping Babies Survive. The United States Agency for International Development (USAID) Maternal and Child Health Integrated Program (MCHIP) was a key contributor to the development of these materials. The Essential Care for Every Baby (ECEB) module within this Helping Babies Survive series of learning materials was developed as a response to several countries' expressed need for a user-friendly training module for training health providers in essential newborn care (ENC). This module incorporates guidelines for ENC from the existing World Health Organization (WHO)-United Nation's Children's Fund (UNICEF) ENC curriculum and was specifically designed to be easily integrated into existing programs that provide knowledge and skills on newborn care, most notably the Helping Babies Breathe (HBB) module.

In 2013, ECEB materials were beta-tested in Kenya and India, and the first demonstration training was conducted in Uganda in January 2014 where WHO was represented. The primary purpose of the Uganda demonstration was to provide representatives from WHO Geneva and WHO Regional Office for Africa an opportunity to observe and learn more about these materials, their use, content and flow of information, application and uptake by trainees, and resultant impact on knowledge and skills learning. The ECEB materials were finalized with input from WHO in May 2014.

The ECEB Africa Regional Workshop provided an opportunity for dialogue with select countries implementing HBB at scale on the potential use of the ECEB learning materials to strengthen current newborn health programs and to develop a larger regional pool of ECEB Master Trainers and champions.

Workshop objectives were to:

1. Introduce ECEB materials to select countries and discuss how these complement the existing WHO ENC curriculum.
2. Share and discuss HBB implementation program experiences.
3. Train ECEB Master Trainers and champions and discuss the potential integration of ECEB into HBB and/or other ENC trainings.

The regional workshop was hosted by MCHIP and Save the Children Ethiopia in collaboration with AAP and with sponsorship from USAID, Laerdal Global Health, Save the Children's Saving Newborn Lives and Children's Investment Fund Foundation. A total of 85 participants attended, including six ECEB trainers from the Africa region and country teams from 11 countries: Ethiopia, Ghana, Kenya, Liberia, Malawi, Nigeria, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe. The participants comprised Ministry of Health (MOH) representatives, maternal, neonatal and child health national program managers, technical advisors, national HBB trainers, implementing partners and professional associations. Several implementing partners/donors supporting newborn health programs in Africa participated in the workshop as observers, including representatives from USAID, Laerdal Global Health, Elma Foundation, Children's Investment Fund Foundation, Clinton Health Access Initiative, Massachusetts General Hospital for Children, UNICEF, WHO, the Regional Center for Quality of Health Care (RCQHC) and the East Central Southern Africa (ECSA) Health Community.

DAY 1: 26 MAY 2014

Dr. Abeba Bekele, Director of Thematic Programs for Save the Children Ethiopia, Smita Kumar, Child Health Cluster Lead for USAID/Ethiopia, and Dr. Tewodros Bekele, Maternal and Child Health Directorate of the Ethiopian Federal Ministry of Health (FMOH), graced the workshop with opening remarks and introductory messages. Thereafter, Dr. Carl Bose from AAP reviewed the purpose and objectives of the workshop, and country delegations were introduced.

Several countries shared their experiences of HBB training and implementation:

- Ghana: Preparatory Mechanisms for Introduction and Implementation of HBB
  - Isabella Sagoe-Moses, National Deputy Director Child Health, Ghana Health Services
- Malawi: HBB Implementation – Preparatory Mechanism toward Initiation of HBB and Processes toward Scale-up, In-service and Pre-service Training, Monitoring and Evaluation and Resource Mobilization
  - Eneles Kachule, Maternal and Neonatal Health Program Officer, Reproductive Health Department, Malawi Ministry of Health
- Tanzania: HBB Quality of Care/Services and Quality Improvement Mechanisms
  - Mary Mmweteni Azayo, National Child Health Coordinator, Tanzania Ministry of Health and Social Welfare
- Zimbabwe: HBB Integration into Emergency Obstetric and Neonatal Care (EmONC) and Quality Improvement
  - Elizabeth Dangaiso, Newborn Technical Officer, MCHIP Zimbabwe

The afternoon session focused on a panel discussion on quality improvement with Dr. Nalini Singhal, AAP; Dr. Jorge Hermida, Director, USAID Applying Science to Strengthen Health Systems Project; and Dr. Wamuyu Maina, Child Health and Nutrition Technical Advisor, RCQHC; with Dr. Grace Miheso, Senior Maternal and Neonatal Health (MNH) Advisor, USAID East Africa, serving as the session moderator. Thereafter, Dr. Hermida presented the introduction of quality improvement within newborn care, gave an overview of quality improvement models and team building, including information on measuring quality and continuous improvement processes.

DAY 2: 27 MAY 2014

This day was dedicated to ECEB training, with sessions focused on: care within the first 90 minutes (GREY ZONE) and care for the well baby (GREEN ZONE). The training methodology included skills demonstration, group discussions and simulated practice of the interventions needed in caring for every newborn. Eleven (11) Master Trainers each facilitated group learning for six learners. The learners were given time to familiarize themselves with the content within the learner materials and flip chart. Then, they were given the opportunity to simulate and practice their skills in caring for a newborn using the appropriate essential supplies and equipment provided for training.

Two focus group discussions regarding HBB were conducted with a select group of participants (12 in each group). The purpose was to obtain key information and feedback regarding ongoing implementation, content and use of HBB materials, to discuss ideas for future modifications for these materials, and to gain an understanding of any quality improvement initiatives currently underway regarding HBB.

DAY 3: 28 MAY 2014

On the third day, the workshop encompassed two final sessions of ECEB training: care of the baby with an abnormal temperature or feeding problem (YELLOW ZONE) and care of the baby with a danger sign or need for advanced care (RED ZONE).

Following the completion of the training sessions, participants took a multiple choice test and two observed structural clinical exams (OSCEs) to test their clinical skills and competence in caring for a newborn based on a stated scenario.

Subsequent to the test activities, Dr. Carl Bose conducted a wrap-up session that included a question and answer session regarding the training and the ECEB curriculum. An overview was given of additional training materials being drafted within the Helping Babies Survive series and additional resource materials, including a brief introduction of online newborn health videos that are available through the Global Health Media Project.

DAY 4: 29 MAY 2014

The final workshop day kicked off with a country poster review session showcasing progress made with HBB implementation. Thereafter, a second quality improvement panel discussion focused on country implementation of components and equipment needs to support quality improvement within respective newborn health services.

The afternoon focused on country team working sessions to strategize on strengthening and improving quality within ENC implementation and on the integration of HBB and ECEB within respective countries. Following the group discussions, Ethiopia, Nigeria and Zambia delegations presented their country highlights to the overall group.

Dr. Carl Bose gave the final workshop closing remarks and the trained participants were each presented with the ECEB Master Trainer Certificate of Completion.

Post-Workshop Activities

Subsequent to the ECEB Africa Regional Workshop, it is anticipated that the trained participants, in discussion with maternal, neonatal and child health program implementing partners and MOHs, will collaborate and support in-country consultations for potential post-workshop activities, such as sharing ECEB materials and discussing their potential use and developing ECEB implementation plans with timeframes, as appropriate. Implementation plans may include relevant start-up or strengthening of ECEB/HBB implementation within existing newborn health programs; promotion of systems strengthening, including procurement of supplies, supervision and monitoring; and identification and use of indicators to strengthen ongoing newborn health programs that incorporate ECEB/HBB. External technical support

could potentially be made available through existing global newborn health projects, as applicable. Mechanisms to establish regular information sharing are also to be explored further.

During the workshop, country teams held preliminary discussions to decide on the adoption/adaptation of ECEB materials to strengthen respective country newborn health programs. All 11 countries identified key next steps they would need to take in deciding whether to move forward with using the materials in their respective countries. This decision will also depend on ongoing and future programs and the availability of implementation support and resources from respective partners, other stakeholders, donors and agencies.

Appendix I: Workshop Agenda

Essential Care for Every Baby Workshop Agenda

26–29 May 2014, Addis Ababa, Ethiopia

MONDAY, 26 MAY 2014 BALLROOM I		
OPENING SESSION		
Session Moderator: Joseph de-Graft Johnson – Newborn Health Team Lead/Maternal and Child Health Integrated Program (MCHIP)		
9:00 am–9:10 am	Welcome Address	Abeba Bekele—Director, Thematic Programs, Save the Children Ethiopia
9:10 am–9:30 am	Opening Remarks	Smita Kumar—Cluster Lead-Child Health, United States Agency for International Development (USAID)/Ethiopia
9:30 am–9:45 am	Purpose and Objectives of Essential Care for Every Baby (ECEB) Workshop	Carl Bose and Nalini Singhal—American Academy of Pediatrics (AAP)
9:45 am–10:00 am	Introduction of Country Teams	Joseph de-Graft Johnson—Newborn Health Team Lead, MCHIP
10:00 am–10:30 am	Speech - Guest of Honor	Dr. Tewodros Bekele, Maternal and Child Health Directorate, Federal Ministry of Health, Ethiopia
10:30 am–10:50 am	**BREAK**	
10:50 am–11:00 am	Security Briefing	Save the Children Security Officer **Security**
Session Moderator: Abeba Bekele, Director, Thematic Programs		
Country Presentations – Helping Babies Breathe Experiences		
11:00 am–11:30 am	**Ghana:** Preparatory Mechanisms for Introduction and Implementation of Helping Babies Breathe (HBB)	Isabella Sagoe-Moses—National Deputy Director Child Health, Ghana Health Services
11:30 am–12:00 pm	**Malawi:** HBB Implementation – Preparatory Mechanisms toward Initiation of HBB and Processes toward Scale-up, In-service and Pre-service Training, Monitoring and Evaluation, and Resource Mobilization	Eneles Kachule—Maternal and Neonatal Health (MNH) Program Officer Ministry of Health (MOH), Reproductive Health Department
12:00 pm–12:30 pm	**Tanzania:** HBB Quality of Care/Services and Quality Improvement Mechanisms	Mary Mmweteni Azayo—National Child Health Coordinator, Ministry of Health and Social Welfare
12:30 pm–1:00 pm	**Zimbabwe:** HBB Integration into Emergency Obstetrics and Newborn Care (EmONC) and Quality Improvement	Elizabeth Dangaiso—Newborn Technical Officer, MCHIP Zimbabwe
1:00–2:00 pm	**LUNCH**	
Session Moderator: Grace Miheso— Senior MNH Advisor/USAID East Africa		
2:00 pm–4:00 pm	**Introduction to Quality Improvement – Presentation & Discussion** • Introduction of Quality of Care/Quality Improvement within Newborn Care, Quality Improvement and Improvement Models, Team Building • Measuring Quality and Continuous Improvement Processes (+ Homework Assignment)	Nalini Singhal—AAP Jorge Hermida—University Research Co.- Center for Human Services (URC-CHS) Wamuyu Maina—Regional Center for Quality of Health Care (RCQHC)
4:00 pm–4:30 pm	**BREAK**	
4:30 pm–5:00 pm	**Moderated Plenary Discussion Session: Highlights of Day 1** Main successes, common challenges, lessons learned, etc.	Stella Abwao—MCHIP Victoria Shaba- Save the Children

Essential Care for Every Baby Workshop Agenda

TUESDAY, 27 MAY 2014 BALLROOM I		
ESSENTIAL CARE FOR EVERY BABY		
8:00 am – 8:30 am	**Introduction**	Carl Bose
8:30 am – 10:30 am	**Care in the First 90 minutes (GREY ZONE)** Providing treatments that prevent disease and categorizing babies as normal, having a problem that requires additional care, or having a danger sign or other problem that requires advanced care **Skills:** • Maintaining warmth with skin-to-skin care after birth • Initiating early breastfeeding • Performing a physical examination • Weighing • Measuring temperature • Giving vitamin K • Providing eye care • Providing cord care	Small Group Facilitators
10:30 am – 11:00 am	**BREAK**	
11:00 am – 1:00 pm	**Care in the First 90 minutes (GREY ZONE) - continued**	Small Group Facilitators
1:00 pm – 2:00 pm	**LUNCH**	
2:00 pm – 4:00 pm	**Care of the Well Baby (GREEN ZONE)** Care and assessment of the well baby and preparation for home care **Skills:** • Supporting breastfeeding • Advising about breastfeeding problems • Maintaining normal temperature • Reassessing prior to discharge • Giving guidance to the family for home care	Small Group Facilitators
4:00 pm – 4:30 pm	**BREAK**	
4:30 pm – 5:30 pm	**HBB Focus Group Discussion— BY INVITATION ONLY**	**FGD 1:** Winnie Mwebesa *Ballroom I* **FGD 2:** Data Santorino *Ballroom II*

Essential Care for Every Baby Workshop Agenda

WEDNESDAY, 28 MAY 2014 BALLROOM I		
ESSENTIAL CARE FOR EVERY BABY		
8:00 am – 10:00 am	**Care of the Baby with an Abnormal Temperature or Feeding Problem (YELLOW ZONE)** Care and assessment of the baby who needs extra support Skills: • Improving thermal care • Prolonging skin-to-skin care • Expressing breast milk • Using alternative methods of feeding breast milk cup or spoon)	Small Group Facilitators
10:00 am – 10:30 am	**BREAK**	
10:30 am – 1:00 pm	**Care of the Baby with a Danger Sign or Need for Advanced Care (RED ZONE)** Recognizing the baby who needs advanced care (birth weight < 1500 grams, severe jaundice, or a danger sign) and referral for advanced care **Skills:** • Recognizing danger signs • Giving antibiotics • Recognizing jaundice • Preparing for referral to advanced care	Small Group Facilitators
1:00 pm – 2:00 pm	**LUNCH**	
2:00 pm – 4:00 pm	**Multiple Choice Question Evaluation and Observed Structured Clinical Exams**	All
4:00 pm – 4:30 pm	**Wrap-up**	Carl Bose/Nalini Singhal

Essential Care for Every Baby Workshop Agenda

THURSDAY, 29 MAY 2014 *BALLROOM I*		
QUALITY IMPROVEMENT		
8:30 am – 9:30 am	**Poster Session**	Country teams
9:30 am – 10:30 am	**Quality Improvement 2— Country Implementation** • Quality improvement within newborn health services • Components/supplies needed to support quality improvement	Nalini Singhal—AAP Jorge Hermida—URC- CHS Wamuyu Maina—RCQHC
10:30 am –11:00 am	**BREAK**	
Session Moderator: Gloria Asare, Deputy Director General, Ghana Health Services		
11:00 pm – 1:00 pm	**Group Work—Country Team Discussions** Strategies and activities to strengthen and improve the quality of Essential Newborn Care implementation (Integration of ECEB and HBB) **(Country team to assign own moderator and note taker)**	All country teams
1:00 pm – 2:00 pm	**LUNCH**	
2:00 pm – 3:00 pm	**Highlights from Group Discussion** Ethiopia, Nigeria and Zambia country teams	Country team representative
3:00 pm – 4:00 pm	**Presentation of Certificates** **and** **Workshop Closure**	Hannah Gibson—Project Director, MCHIP Ethiopia Carl Bose—AAP Stella Abwao—Newborn Health Advisor, MCHIP

Appendix II: Participant List

Ethiopia
Abeba Bekele, Save the Children Ethiopia
Bogale Worku, Ethiopia Pediatrics Association
Efrem Teferi, Integrated Family Health Program
Hannah Gibson, Save the Children Ethiopia
Hone Belete Fenta, Jhpiego
Hillena Kebede, Federal Ministry of Health (FMOH)
Mihret Negash, Save the Children Ethiopia
Sirak Hailu, World Health Organization
Smita Kumar, United States Agency for International Development (USAID) Ethiopia
Tewodros Bekele, FMOH
Thewodros Zwede, Maternal and Child Health Integrated Program (MCHIP) Ethiopia
Yenalem Tadess, Saving Newborn Lives/Save the Children Ethiopia

Ghana
Gloria Asare, Ghana Health Service
Isabella Sagoe-Moses, Ghana Health Service
Juliana Ameh, Ghana Health Service
Margaret Amanua Chinbuah, PATH
Salamatu Futa, USAID Ghana

Kenya
Allan Govoga, Division of Family Health, MOH
Jack Onyando, Save the Children Kenya
John Wachira, Kenya Paediatrics Association
Rachel Nyamai, Division of Family Health, MOH
Roselyn Akinyi Koech, Nursing Council of Kenya: Midwives Chapter
Ruth Muthoni Kariuki, MCHIP Kenya

Liberia
Mandain P. Jallah, Ministry of Health and Social Welfare (MOHSW)
Olusola Oladeji, Save the Children Liberia
Ruth Mondae, Liberia Midwives Association
Stephen Dzisi, USAID Liberia
Veronica Neblett-Siafa, MOHSW

Malawi
Eneles Kachule, Reproductive Health Department, MOH
Evelyn Zimba, USAID Malawi
Thokozire Lipato, Nurses and Midwives Council of Malawi
Victoria Lwesha, Save the Children Malawi
Victoria Shaba, Save the Children Malawi

Nigeria
Abimbola Williams, Save the Children Nigeria
Chinyere Ezeaka, Nigerian Society of Neonatal Medicine
Maryam Abubakar Kaoje, MOH Kebbi State
Nnenna Ihebuzor, National Primary Healthcare Development Agency

South Sudan
Basilica Modi, USAID South Sudan
Morris Timothy Ama, MCHIP/Save the Children South Sudan
Robert Lobor, MOH

Tanzania
Erica Thomas, Jhpiego
Mary Mmweteni Azayo, MOHSW
Mary Beatrice Kokubanza, Muhimbili National Hospital
Rachel Makunde, Save the Children Tanzania

Uganda
Jesca Nsungwa-Sabiiti

United States
Brett Nelson, Massachusetts General Hospital for Children
Joseph de-Graft Johnson, MCHIP
Magdalena Serpa, MCHIP
Stella Abwao, MCHIP

Zambia
Beatrice Musamba, General Nursing Council of Zambia
Chipoya Chipoya, MOH
Gertrude M Sibuchi Kampekete, Ministry of Community Development Mother and Child Health
Lango Lameck Simbeye, Pediatric Association of Zambia
Miriam Libetwa, Save the Children Zambia

Zimbabwe
Alice Mashizha, Zimbabwe Confederation of Midwives
Elizabeth Dangaiso, MCHIP Zimbabwe
Eveline Muvirimi, MCHIP Zimbabwe
Mektilda Chimedza, MOH
Simbarashe Chimhuya, University of Zimbabwe

Also in attendance:
Alyssa Om'Iniabohs, MCHIP
Angela Tobin, American Academy of Pediatrics (AAP)
Carl Bose, AAP
Data Santorino
Doug McMillan, AAP
Christime Omondi, Regional Center for Quality of Health Care (RCQHC)
Flavia B. Namiiro
Francis Oriokot
Wamuyu Maina, RCQHC
Grace Miheso, USAID East Africa
Ida Neuman, Laerdal Global Health
Janet Rukunga
Jessicah Anyoso
Jorge Hermida, USAID Applying Science to Strengthen Health Systems
Juliet Namukasa
Karoline Linde Myklebust, Laerdal Global Health
Linda Weisert, Children's Investment Fund Foundation
Lora du Moulin, Elma Philanthropies

Nalini Singhal, AAP
Odongo Odiyo, East Central Southern Africa Health Community
Olawale Ajose, Clinton Health Access Initiative
Sara Berkelhamer, AAP
Samira Aboubaker, World Health Organization
Tore Laerdal, Laerdal Global Health
Winnie Mwebesa, Save the Children

Appendix III: Notes from Helping Babies Breathe Focus Groups

FOCUS GROUP DISCUSSIONS—GROUP 1 AND 2

Date: 27 May 2014
Venue: Hilton Hotel, Addis Ababa
Facilitators: Winnie Mwebesa, Data Santorini
Notetakers: Stella Abwao, Angela Tobin, Rachel Makunde, Christine Omondi, Grace Miheso
Participants: See Appendix V
Purpose: Discuss Helping Babies Breathe (HBB) training and implementation, successes and challenges, use of HBB materials and suggestions and recommendations for revision/changes.

1. Feedback on HBB Training in Various Countries

Malawi

- Master trainers trained for two days—First day on HBB followed by second day trained on how to train.
- Provider's HBB training is also conducted over two days—1.5 days focused on HBB and 0.5 day focused on HBB monitoring tools, registers and reporting forms.
- Have one facilitator for six learners.
- Appropriate equipment/supplies/materials are provided for each training.
- Pretests/observed structural clinical exam (OSCEs) are done before actual training, then repeated thereafter to determine if trainees successfully completed the course.
- OSCEs have to be passed at more than 80% score on the post-test, with a pass on the critical areas.
- The Ministry of Health (MOH) has integrated HBB into the maternal and neonatal health (MNH) training content.

Ethiopia

- There isn't one way of conducting HBB training as it is adapted to a specific situation and newborn health content being taught.
- The HBB content has been integrated into other newborn health content—Basic emergency obstetric and newborn care (BEmONC), Integrated Management of Neonatal and Childhood Illnesses, essential newborn care (ENC), World Health Organization (WHO) emergency pediatric care program and community-based newborn care
- 4000 providers trained through BEmONC and 1800 through ENC. BEmONC is 4 days training and ENC 3 days training. More HBB is done in ENC training than in BEMOC. There is, however, a challenge with quality issues.
- HBB training conducted over one full day, with one trainer for eight learners, so three facilitators for 24 learners.
- A skills test is done and 70% is the set pass mark, and post-tests are done through administering the OSCEs only.
- BEmONC training and other courses only allocate one day to HBB, although the recommended is three days for learners to gain what is needed.

Latin American and Caribbean (LAC)

- HBB is structured within a LAC regional framework
- A day before training, a pre-meeting is held with master trainers to ensure all understand the country-specific issues, content of HBB materials and prepare before participants arrive.
- Ratio of trainer/learner is 1:6.
- Learners complete the training with either pass/fail, depending on their performance.

South Sudan

- HBB has not yet been adopted by the Government of South Sudan-MOH.
- Maternal and Child Health Integrated Program MCHIP is implementing HBB, and has conducted training in 2 of 10 states.
- HBB training is conducted by various different nongovernmental organizations.
- HBB training is done over one day as linked to clean and safe delivery training. However, this is inadequate and, unlike other countries in the region, targets a cadre of midwives that have not received training through a standardized curriculum.
- There is need for a standardized HBB training, so BEmONC training is being designed to include two days of HBB training within the five-day training.

Zambia

- Before HBB was introduced, providers were trained in emergency obstetric and newborn care (EmONC). HBB is incorporated into EmONC training.
- EmONC trainers are oriented in HBB. The EmONC full package training is conducted for 21 days: first five days on theory followed by 10 days of skills training. HBB training is conducted over 2.5 days.
- The additional half day is used to strengthen data reporting and recordkeeping using a form that captures data on asphyxia, resuscitation and outcome.
- Trainer/learner ratio is 1:6.
- BEmONC targets everybody while comprehensive emergency obstetric and newborn care targets doctors and clinical officers.
- There are five training sites in the country.

Nigeria

- Initial HBB training was conducted in 2010, and the government adopted the two-day HBB training for service providers after its integration with ENC.
- One facilitator per 6 participants.
- HBB training is preceded with a day and a half preparation, plus an overview of ENC including kangaroo mother care and breastfeeding.
- Since initial trainings, no NeoNatalies were available to use in cascading HBB. So most providers previously trained will need refresher training to update their skills and perform resuscitation.

Kenya

- HBB is incorporated into the ENC guidelines and into a three-day training of trainers and providers, with HBB done for one day.
- HBB Trainer/learner ratio is 1:6, but if done with EmONC then there are 2 facilitators per 8 participants.
- HBB is integrated into EmONC and providers receive follow-up and mentorship at six weeks, post-training.
- At six months post-training, another review and mentorship is conducted.

Tanzania

- In 2009, initial training was conducted followed by district-level trainings.
- HBB rollout has recently been achieved on national-level scale.
- Master trainers (national, zonal and districts) trained in HBB for two days: first day HBB, and second day facilitation skills.
- Health providers trained up to health center level, targeting all at primary level.
- In the hospitals, 20 providers are trained, including theater nurses and anesthetists.
- Providers working in the labor ward/delivery rooms are oriented or trained, with two sessions held, one to refresh district trainers.
- Trainer to learner ratio is 1:6.
- A facilitation guide is used for demonstration and presentation and other ENC practices are included in training to also include OSCEs.
- Follow-up at facility level is conducted after 4 to 6 weeks, OSCEs are repeated and feedback provided immediately to the provider.
- Feedback on provider performance, equipment needs and observations of the resuscitation space are also shared with the facility in-charge, district health management team and regional health management team for follow-up purposes.
- HBB data are collected in the available delivery registers and HBB data are included in the health management information system.
- Efforts are in place to address equipment and material needs continuously.

Ghana

- Not implementing HBB fully yet, although any training done uses the required HBB materials.
- General doctors, obstetricians/gynecologists, pediatricians, general nurses and midwives are being trained in HBB.
- HBB is taught at pre-service level in midwifery schools.

Democratic Republic of Congo

- HBB training is combined with other trainings, with at least one full day of HBB.
- One facilitator per 8 participants.
- 70% pass on skills test required.

Zimbabwe

- Eighty trainers trained (training of trainers) specifically in HBB.
- Trainer/participant ratio is 1:6 and duration of training is 2.5 days.
- Each training is expected to cascade training to a minimum of 10 people in their respective facilities/institutions.
- Ongoing mentorship support is provided, including observations with supervision.
- Fifty trainers are trained in EmONC and later trained as HBB/EmONC facilitators.
- Trainer to participant ratio is either 1:6 or 1:4.
- Providers are trained in clinical skills first then trained as trainers and mentored and supported to rollout the training.
- Within the five-day training in HBB/EmONC, two days are dedicated to HBB.
- Selection criteria for participant pairs is one from a hospital and another from the training school.

2. What Worked Well With HBB

- Involving districts in managing implementation of HBB has resulted in ownership by district managers to follow up on those trained and manage any related issues (Zambia).
- Some midwives have been trained in HBB (Ethiopia).
- Conducting two-day HBB training is sufficient.
- Two days HBB training is adequate, but at least two days preparation is also needed before training starts (Malawi).
- The "eyes closed scenario while holding one's breath" at the beginning of the training brings realization to learners on "not breathing for that long" and the need to do something quickly.
- Training has built up the confidence of first-line caregivers.
- HBB action plan is excellent and easy to use.
- HBB training is impactful.
- The flip chart is good and content is appropriate.
- Air works better than water to inflate/fill the dolls.
- Translations of materials are accurate and helpful.

3. How Quality of HBB Training Has Been Assured

- Supportive supervision and mentorship programs have been put in place.
- Quality of care indicators are incorporated into the registers (e.g., number of asphyxiated newborns successfully resuscitated).
- Checklist developed to assess health provider HBB competencies.
- Rigorous training of master trainers is important.

4. What Changed Since Initiation of HBB Implementation

- The penguin suction is easy to use and clean, so this helped health providers' work a lot easier. Before the penguin suction, health providers were unsure of the suction catheter size to use and how far to pass the suction catheter in a newborn.
- Anecdotal stories were shared of how newborns have been successfully resuscitated following HBB training, whereas prior to training, the same providers rushed to refer the newborn without offering any support.
- The "golden minute" has given providers a sense of urgency, so health providers are responding much faster to newborn needs, having understood the critical window within the "golden minute."
- There is realization by health providers that cerebral palsy is associated to birth asphyxia
- Correct and increased reporting of fresh stillbirths is done, whereas previously, deaths were reported as macerated stillbirths.
- Realism has been brought to the classroom, through HBB simulation-based training, particularly in pre-service training.
- Improved reporting on neonatal deaths.
- Doctors now agree to be trained together with nurses.
- Newborn care corners improved outcomes, and the use of a newborn register also improved (Zimbabwe).
- Tracking the cause of death and birth outcomes now occurs (Kenya).

5. HBB-Related Challenges

- Government is supposed to supply partners with equipment when HBB training is done. This has not been possible, so those trained do not have opportunity to practice without the equipment. Some pediatricians feel that HBB has been emphasized a lot, so other newborn health care practices have been forgotten (Malawi).
- Data collection and documentation is a challenge as there are too many registers for different programs.
- HBB emphasizes within one minute after birth as the critical period, so has posed some conflict and confusion with Apgar scoring at one minute and five minutes.
- Emphasis on also monitoring the mother with baby is missing.
- HBB would be better if combined with essential care for every baby (ECEB) and other trainings rather than stand-alone, since government hasn't been forthcoming with supplies for health facilities
- Action Plan poster can be made bigger --registries are in silos (HBB, kangaroo mother care, etc.)
- Not clear who HBB is for (e.g., in Nigeria, docs won't do it, only nurses do it)
- ENC umbrella was left behind, but its good now that ECEB is available.
- Advanced resuscitation training is missing.
- Clocks are needed to help with timing of resuscitation.

- The guide and action plan needs to highlight the 10 minutes of resuscitation and when to stop.
- The size of the flip chart is good, but it's heavy and hard to keep it standing.
- Really like the workbook, it is handy and action-directed, but expensive to give one to each person
- How best to integrate the various training packages –HBB, Helping Mothers Survive (HMS) and now ECEB into existing national policies and training curricula.
- Materials procurement has been challenging in some countries.
- First batch of NeoNatalies produced are not strong enough, so they are leaking and have to be replaced.
- Quality is now better, and sustained quality assurance is requested.
- In some facilities/institutions, training materials were provided and not utilized.
- Not easy to procure materials needed, so Uganda has had some challenges.
- Audit reviews depend on capacity, and it gets more limited the lower you go on the training level.

6. Current Access to HBB Materials/Equipments

- Countries have generally accessed materials through the programs supporting newborn health and/or using the sell sheets and made procurements through available procurement processes within the region in line with respective country requirements. This has been challenging in some countries due to issues regarding national-level procurement procedures, need to pay duty and other logistical considerations. Adequate training materials are not always available due to limited funds.
- In general, facilitators may receive the HBB materials a day before the training but most focus group participants indicated that HBB trainees get the materials-learner workbooks during the training, not after and only sometimes beforehand.
- Trainers/facilitators receive the materials ahead of the training and trainees receive a learner workbook at the start of the training. Training materials are shared by trainees at the end of the training. Training of trainers are expected to conduct continuing professional development/continuing medical education using the materials received following the training. Training materials retained in the skills labs for practice after the training. Getting the right people in a training is a challenge (Kenya).
- Equipment usually gets shared among facilities.

7. Feedback on HBB Materials (Content, Use and Need for Any Changes/Additions)

- The HBB Action Plan is excellent and easy to use. It can be updated or enriched to add other relevant components of ENC/ECEB (Ethiopia).
- HBB implementation guide found to be useful with good technical content (Latin American and Caribbean).
- If HBB materials can include sample case references or studies, that would provide good learning options.
- The flip chart is not used as much because HBB training is not usually done alone.

- Flip chart is heavy and difficult to handle and keep standing upright.
- The action plan could be made larger for use in the maternity wards for ease of reference (Malawi).
- HBB material is not very clear on the issue of heartbeat and what actions to take at specific points in time (Kenya).
- Better clarity is needed on whether to suction or not suction the newborn.
- In some settings, doctors believe HBB is only for use by nurses or for primary health care settings, so need to know what cadre is HBB most suited to (Nigeria).
- HBB action plan could change the title to "newborn resuscitation" because resuscitation was already being done even before HBB. Also, HBB did not include ENC so a disadvantage of being a stand-alone. It is also not incorporated into medical school for doctors, so not included in their practices.
- HBB may also be seen as incomplete without information on use of chest compressions (Zambia, Kenya).
- Need to emphasize when resuscitation should stop, better guidance needed within the HBB materials.
- The OSCEs are found to be long and tedious to conduct, in some cases unclear, and the scoring found to be cumbersome.
- Can a data collection and monitoring tool be included with these materials?
- HBB action plan – change suction bulb to show the penguin suction device.
- There is a need to more directly link HBB to ECEB, combine it somehow.
- Need an action plan that has both ECEB/HBB incorporated.
- Most countries are moving toward an integrated MNCH training package and would like to see the following information included in the HBB materials: postnatal care; HIV/AIDS–early infant diagnosis; family planning.
- It would be helpful if the various training materials particularly the posters could be integrated rather than having them stand alone (i.e., HMS, HBB and ECEB).
- ECEB materials lack some information like postnatal care, yet this is now a priority in many countries.
- The discharge form does not discuss the mother.
- The instructions on cleaning of materials can be improved.
- The green area on the action poster can be enriched with necessary additional content.
- There is no linkage with HIV issues and early infant diagnosis
- Need to separate well and sick child
- American Academy of Pediatrics (AAP) to engage WHO more, especially to facilitate endorsement by MOHs.
- There are too many guidelines churning out but not much on actual implementation.

8. Modifications Made To the HBB Materials by Countries

- Definition and description of "advanced care" has been added to the HBB guideline because it was very vague (country?). What is stipulated under WHO guidelines?
- Three additional charts developed –examining the newborn, preterm and the sick child – Integrated Management of Neonatal and Childhood Illnesses (Uganda).
- HBB poster was distributed in over 100 facilities but they are worried that this poster may be confused with the ECEB poster because they look too similar (Ethiopia).

9. ECEB Materials

- Learner workbook is user friendly, simple and action oriented.
- Nice design and colors of materials.
- Could merge the ECEB and HBB for one user-friendly booklet.
- Could tailor both HBB/ECEB materials to self-learning materials with accompanying self-assessments.
- Monitoring and evaluation components are needed to focus on standardized minimum indicators related to length of training, retention of skills and recommended timing of refresher trainings (Six weeks? Six months?)
- How can materials be made available online or in the form of CDs because it is difficult to get enough for the demand that has been created in countries?
- Would countries be able to print materials from electronic sources if available?

10. How Countries Would Like To Access Revised/New Materials

- Online on the Laerdal website.
- Through ministries of health.
- Through professional health associations.
- From lead organizations.
- It would be best if countries could be supported to produce these resources locally.

Appendix IV: Helping Babies Breathe Focus Group Participant List

FOCUS GROUP 1

COUNTRY	NAME	AFFILIATION
Ethiopia	Professor Bogale Worku	Ethiopia Pediatrics Association
Ghana	Dr. Juliana Ameh	Ghana Health Service
Kenya	Mr. Allan Govoga	Division of Family Health - Ministry of Health
Kenya	Roselyn Akinyi Koech	Nursing Council of Kenya: Midwives Chapter
Liberia	Dr. Olusola Oladeji	Save the Children
Malawi	Eneles Kachule	Ministry of Health - Reproductive Health Department
Malawi	Evelyn Zimba	United States Agency for International Development (USAID)
Nigeria	Chinyere Ezeaka	Nigerian Society of Neonatal Medicine
South Sudan	Dr. Morris Timothy Ama	Maternal and Child Health Integrated Program (MCHIP)/Save the Children
Tanzania	Dr. Erica Thomas	Jhpiego
Zambia	Dr. Lango Lameck Simbeye	Pediatric Association of Zambia
Zambia	Dr. Miriam Libetwa	Save the Children
Zimbabwe	Dr. Simbarashe Chimhuya	University of Zimbabwe
Washington, DC, USA	Magdelena Serpa	MCHIP

FOCUS GROUP 2

COUNTRY	NAME	AFFILIATION
Ethiopia	Thewodros Zewde	MCHIP Ethiopia
Ghana	Dr. Margaret Amanua Chinbuah	PATH
Ghana	Dr. Lonna Renner	Newborn Steering Committee
Kenya	Roselyn Akinyi Koech	Nursing Council of Kenya: Midwives Chapter
Kenya	Dr. John Wachira	Kenya Paediatrics Association
Malawi	Victoria Shaba	Save the Children
Malawi	Evelyn Zimba	USAID
Tanzania	Mary Mmweteni Azayo	Ministry of Health and Social Welfare
Zambia	Chipoya Chipoya	Ministry of Health
Zimbabwe	Elizabeth Dangaiso	MCHIP Zimbabwe
Zimbabwe	Mektilda Chimedza	Ministry of Health
Regional	Dr. Gakenia Wamuyu Maina	Regional Center for Quality of Health Care
Uganda	Jesca Nsungwa - Sabiiti	Ministry of Health