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Training of Trainers in WHO Essential Newborn Care Course

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Introduction

Nearly 1.4 million children do not survive beyond the neonatal stage in the World Health Organization's (WHO) South-East Asia (SEA) Region every year. More than 40% of all cases of deaths of children below the age of five happen in the newborn stage. Moreover, approximately a million stillbirths occur every year in the Region. The Millennium Development Goal (MDG) 4, which seeks to reduce under-five mortality by two-thirds, cannot be met unless neonatal mortality is at least halved.

Neonatal outcomes are affected by maternal health and by the level of care during pregnancy, childbirth and immediately after birth. Globally, about three-fourths of all deaths at this stage occur during the early neonatal period (0-7 days). Further, 25-45% of all neonatal deaths occur in the first 24 hours after birth. Maternal complications particularly in the early neonatal period carry a high risk of neonatal death. A large proportion of deaths due to asphyxia and complications of premature birth occur in this stage, while the majority of deaths caused by infections and tetanus take place during the late neonatal period (7-28 days).

The capacity of skilled attendants, especially those working in peripheral health institutions or at the community level, in newborn care is limited. The misplaced perception that care of the newborn involves technology further compounds the problem as these workers give up on newborn care too easily at the slightest complication. Most of the problems with newborn occur due to lack of basic and essential newborn care such as ensuring proper breathing, temperature control, hygiene and proper feeding. Countries of the WHO, SEA Region have articulated the need for strengthening public health initiatives for neonatal health in several forums, including at the Regional Committee of the WHO SEA Region and the World Health Assembly. These include Health of the Newborn (SEA/RC56/R9); Skilled Care at Every Birth (SEA/RC58/R2); and Working Towards Universal Coverage of Maternal, Newborn and Child Health Interventions (WHA 58.31).

The Regional Office also collaborated with its Member States and partners to develop a Regional Strategy for Neonatal Health in 2004. The World Health Report 2005, titled “Make Every Mother and Child Count”, highlighted the need for maintaining a continuum of care to ensure optimal maternal, neonatal and child health outcomes. Member States along with national and international partners have reaffirmed their commitment to further reduce infant and child mortality through the MDGs.

In June 2006, the first regional training on Essential Newborn Care Course (ENCC) was organized in Yangon, Myanmar, where participants from the six tsunami-affected countries, namely India, Indonesia, Maldives, Myanmar, Sri Lanka and Thailand were trained. The regional training was followed by training at the national level for health workers from Myanmar which was led by the team from that country during the regional course.

The current training was organized for the remaining five member states of the Region, namely Bangladesh, Bhutan, DPR Korea, Nepal and Timor-Leste. The Regional office and ACCESS have been collaborating in expanding evidence-based maternal and newborn care in the Region since November 2005. This regional training was also held in collaboration with ACCESS.

General objectives

To develop/strengthen training capacities of trainers in essential newborn care

Specific learning objectives

To ensure that at the end of the course the participants:

- (1) Are well versed with the objectives and basic principles of the WHO ENCC package.
- (2) Have the knowledge and skills on conducting competency-based training for newborn care.
- (3) Are able to demonstrate and teach the essential skills within the ENCC package that include feeding, temperature control, resuscitation and care in special circumstances.

Expected outcomes

The participants would be familiarized with the WHO ENCC package and will be equipped to organize competency-based training for essential newborn care at the country level.

Inaugural session

The training was organized at the Institute for Child and Mother Health (ICMH), Mutuail, Dhaka. Seventeen health care professionals engaged in newborn health from five Member States – Bangladesh, Bhutan, DPRK, Nepal and Timor-Leste participated. Three observers from Bangladesh also joined the course. WHO staff from MPS-HQ, RHR and NUR from the Regional Office and WR Bangladesh facilitated the training. Ms Sandra Lang from the United Kingdom, who had developed the course, was invited as chief facilitator. List of participants is at Annex 2.

The course was inaugurated by the Additional Secretary, Ministry of health, Bangladesh, the Director of ICMH and the Programme Manager for MPS at MoH. Due to unavoidable circumstances, WR Bangladesh could not attend the inaugural session and the address of Dr Samlee Plianbangchang, Regional Director, WHO SEA Region, was read out by Regional Adviser, Nursing, WHO/SEARO, Dr Prakin Suchaxaya.

In his address, the Regional Director said that, over the past two or three decades Member States have made significant progress in reducing child mortality though the advancements in reducing mortality during the neonatal period have been relatively modest. He emphasized the fact that a large number of neonatal deaths could be averted through simple, low-cost public health interventions. These include immediate newborn care, early and exclusive breastfeeding, temperature control, prevention of infections and early diagnosis and management of problems of the newborn. He also stressed the need to scale up evidence-based interventions for improving newborn health, especially at the primary care level.

The ENCC has been developed by the MPS department at WHO headquarters and is based on the “WHO Pregnancy, Childbirth, Postpartum and Newborn Care – A Guide for Essential Practice”. It aims to train health care providers at the community level on how to take care of the newborn during birth and thereafter.

The training course

The course is skill-based and conducted in line with the adult participatory learning techniques using a variety of teaching aids that includes demonstrations, presentations, clinical practice, role play and discussions, etc.

The course covered main areas of neonatal care including care at birth, initiating and supporting early breastfeeding, thermal control, examination of the normal newborn, neonatal resuscitation, 'Kangaroo mother care', communication skills and special care for the low birth-weight baby. The theory and simulation teachings were conducted in the morning session and clinical practice sessions with mother-and-baby pairs were held in the afternoon.

As the course is in modular form, it provides flexibility to trainers to run it in various ways. Participants were introduced to the course content and teaching methodology on the first day. To familiarize them with the hospital setting so as to facilitate the clinical practice sessions, an orientation involving the concerned departments and wards was also held. The training course for trainers is designed to enable the participants to conduct the training sessions with facilitation from international trainers. This ensured hands-on training for the participants who would eventually themselves impart training at the national and sub-national level. The country teams agreed on the topics that they would prepare for the course and divided the responsibility among themselves. By the end of the first day it was clear as to who would conduct which session. The international facilitators were available to the participants for the preparation of the session whenever needed.

It was decided to conduct the course simultaneously in two groups to ensure that each participant gets enough opportunities to practice all the teaching methodologies.

The participants took over the training sessions from Day 2. For the clinical practice sessions, task sheets and check lists provided in the course were used extensively to ensure that all practical aspects were taken care of. The participants were divided into four groups for the clinical practice sessions and the course director ensured that everything was in place. After the clinical practice sessions concluded, the participants discussed the observations in smaller groups. The participants from Bangladesh doubled

up as interpreters as language was a barrier for the international participants and facilitators. Some of the participants from Bangladesh, DPR Korea, and Timor-Leste were not conversant in English and conducted their sessions in their own languages with one of their colleagues acting as interpreters. The participants were continuously monitored and evaluated by the international facilitators on their grasp of knowledge and their ability to transfer their knowledge and skills to the audience. Back-up support was provided by the facilitators as and when required to ensure smooth and efficient conduct of the course.

Course evaluation

Structured evaluation forms were used to receive feedback from the participants on the course content and methodology as also the utility of the course and what they plan to do to change existing practices at the individual and country level. The feedback from the participants was positive in as much that all of them found the course to be very useful and felt that it could be implemented at the country level after necessary adaptations to meet specific-country needs. The modules on resuscitation and breastfeeding were especially appreciated. The clinical practice sessions were also appreciated by all participants. Suggestions on simplification of the course design were offered since it uses many references and cross-references.

Future action plans

Bangladesh has planned a training course for newborn health providers from various health facilities in and outside Dhaka. The national course, held back-to-back with the regional course and financially supported by WR Bangladesh aimed to train 16 health-care providers. The training course was to be led by the participants at the international training session. After conduct of the national course supervised by international facilitators the successful candidates would be certified as master trainers who become eligible to train trainers and health workers at the national level. There are also plans for the training for trainers course to get more master trainers in order to percolate the gains to the primary care level. Bangladesh has already accorded high priority to newborn care in the current work plan for Making Pregnancy Safer (MPS).

The other four participating Member States also revealed the following plans for expansion of newborn care training:

Bhutan – A national course tentatively scheduled for January 2007. The participants would discuss the issue with the WR Bhutan and the Ministry of Health (MoH) and send a proposed plan to The Regional Office.

DPRK – Plans for expansion of newborn care in the country are already in place. WR DPR Korea has already identified a Short-term Consultant (STC) who participated in the course with the national team and would be assisting the country in November-December 2006 in conducting national training and drawing up expansion plans.

Nepal – National-level training is tentatively planned for December 2006. The participants would discuss with WR Nepal and the Family Health Division to firm up plans for national training and further expansion. A detailed proposal will be sent to RHR/SEARO.

Timor-Leste – Plans to expand newborn care to all the districts have been finalized within the country. Country adaptation of the training course is underway. WR Timor-Leste has already identified a Short-term Professional (STP) for this activity who would begin work in January 2007.

Conclusion

In the concluding session the Director of ICMH expressed appreciation for WHO for its decision to select his institution for the international training course and requested that it be considered for designation as WHO Collaborating Centre in the area of human resource development. A certificate of participation was distributed to all international participants. The RA-NUR thanked the organizers and participants on behalf of WR Bangladesh who could not attend the concluding session.

Annex 1

Course time table

Day 1

08:30	Welcome address and opening session
09:30	Introduction to PCPNC
10:30	Break
11:00	Universal precautions
11:30	Keeping the baby warm (alternative session outline) in clinical area/deliveries
13:00	Lunch
14:00	Care of the newborn baby at the time of delivery
15:00	Break
15:30	Care of the baby at the time of delivery
16:00	Facilitators/trainers meeting

Day 2

08:30	Review of Day 1
09:00	Communication skills
10:30	Break
11:00	Clinical practice 1: Deliveries
13:00	Lunch
14:00	Practice review
15:00	Break
15:30	Breastfeeding and the newborn baby: Ensuring a good start
16:30	Facilitators'/trainers' meeting

Day 3

08:30	Review of Day 2
09:00	Examination of the newborn baby
10:30	Break
11:00	Clinical practice 2
12:30	Practice review
13:00	Lunch
14:00	Resuscitation
15:00	Break
15:30	Resuscitation
16:30	Facilitators'/trainers' meeting

Day 4

08:30	Review of Day 3
09:00	Routine care of the newborn baby
10:30	Break
11:00	Clinical practice 3
13:00	Lunch
14:00	Practice review
15:00	Break
15:30	Alternative methods of feeding
16:30	Facilitators/trainers meeting

Day 5

08:30	Review of Day 4
08:45	The small baby
09:45	Kangaroo mother care
10:45	Break

11:15	Clinical practice 4
13:00	Lunch
14:00	Practice review and action plans
15:00	Break
15:30	Certificate distribution and closing ceremony
16:30	Facilitators'/trainers' meeting

Annex 2

List of participants

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