Report of Training of Trainers Course on Helping Babies Breath and Essential Neonatal Care for Nurse Tutors and Preceptors
Held at Mazsons Hotel in Zanzibar 8 – 10 May, 2012
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### Acronyms

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<th>Description</th>
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<tbody>
<tr>
<td>CNO</td>
<td>Chief Nursing officer</td>
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<tr>
<td>CNR</td>
<td>ECSACON Country National Representative</td>
</tr>
<tr>
<td>ECSACON</td>
<td>East, Central and Southern Africa College of Nursing</td>
</tr>
<tr>
<td>ECSA-HC</td>
<td>East, Central and Southern Africa – Health Community</td>
</tr>
<tr>
<td>ENC</td>
<td>Essential Newborn Care</td>
</tr>
<tr>
<td>HBB</td>
<td>Helping Babies Breathe</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health Zanzibar</td>
</tr>
</tbody>
</table>
| MOHSW   | Ministry of Health and Social Welfare for Tanzania  
          | Mainland |
| RCQHC   | Regional Center for Quality of Health Care |
| TNMC    | Tanzania Nursing and Midwifery Council |
| ZNMC    | Zanzibar Nurses and Midwives Council |
Acknowledgements

The following organisations are recognised by the East, Central and Southern African – Health Community, (ECSA - HC) for their contribution; The East, Central and Southern African College of Nursing, (ECSACON) for organising the workshop, the Ministry of Health of Zanzibar and the Ministry of Health and Social Welfare of Tanzania for co-organizing the workshop and allowing the tutors and midwives to participate in the training activity. In addition, ECSA -HC would like to thank USAID/EA who provided financial support for this activity. The American Academy of Paediatrics and the Laerdal Foundation are also deserve to be recognised for ensuring timely supply of the training materials that were used successfully during the actual training sessions. Further appreciation is extended to the Regional Centre for Quality in Health Care (RCQHC) for partnering with ECSACON in facilitating the workshop and availed a senior officer to be involved in the actual training.

The workshop wouldn’t be successful without the commitment of the following individuals who worked tirelessly in order to ensure that this training is successful:

Mr Alponse Kalula, Senior program Officer at ECSACON for his role in organising this workshop as a lead person. Implementing his role as the workshop manager, Mr. Kalula was assisted by Mary Mhomi and Doatel Kanza from ECSA-HC.

Mr. Hadji H. Khamisi, the Registrar of Zanzibar Nursing and Midwifery Council who worked as a local contact person ensuring all logistical issues are in order

Ms. Joyce Kamdonyo and Ms. Christine Omondi who were regional facilitators supported by Ms. Jane Mazigo, Juliet Sizya and Bridgiter Cheyo who are national facilitators of HBB. The commitment and enthusiasm from facilitators is highly commendable.

Lastly, but not the least, appreciation goes to all the participants for their commitment, hard work and dedication they have shown during the training.
Executive Summary

Background

The East, Central and Southern Africa Health Community (ECSA-HC) in collaboration with the Regional Center for Quality of Health Care (RCQHC) with support from USAID/EA, and Laerdal Foundation and American Academy of Pediatrics, organized a Training of Trainers Workshop on Helping Babies Breathe HBB) held from 8 – 10 May 2012 at Mazsons Hotel in Zanzibar. The workshop was organized in order to train midwifery tutors and preceptors on how to prevent asphyxia at birth leading to reduced number of newborns deaths in Tanzania.

Statistics have shown that in 2009, 8.1 million children across the world died before their fifth birthday and of the 8.1 million child deaths the vast majority occurred in just two regions, Sub-Saharan Africa and South Asia. Africa has the highest rates of child mortality were 1 child out of 8 children dies before the age of 5 years. The newborn deaths constitute of 29% of under-fives mortality and the main causes for almost 90% of the newborn deaths are infections (32), prematurity and low birth weight (29) and birth asphyxia and birth trauma (27). Birth asphyxia contributes 9% and need to be dealt with in the first minute of life.

Furthermore, it has been shown that about 75% of neonatal deaths are in the first week of birth, and up to 50% of neonatal deaths are in the first 24 hours following birth and about a quarter is on the day of birth\(^1\). It has been proved that the majority of causes of newborn deaths are treatable and preventable. Effective interventions are available to address the causes but coverage of this is unacceptable low. This training is among the interventions recommended in order to address the problem of the newborn deaths due to asphyxia.

A total of 30 participants attended this workshop of which, 15 were from Zanzibar and the other 15 were from Tanzania mainland. Some of the participants were midwifery tutors at the schools they were coming from and others were preceptors for midwifery students at the hospitals used by midwifery students for clinical learning sessions. Also present were, Alphonce Kalula, Senior Programme Officer – ECSACON, Christine Omondi, Programme Officer – Child Health and Nutrition, RCQHC and Joyce Kamdoyo, Midwifery Training Coordinator – ECSA-HC

The training method used was mostly lecture methods, group discussion and practicing using the neonatal simulators.

**Main outcomes and achievements**

The workshop has the following main outcomes and achievements:

1. A total of 30 participants comprising of midwifery tutors and preceptors attended this workshop of which, 15 were from Zanzibar and the other 15 were from Tanzania mainland.

2. Participants, working in groups comprised of a tutor and a preceptor, developed action plans that they will implement at their institution upon their return.

3. Participants agreed on mechanism that they will be required to submit feedback to ECSA through CNR on status of implementation process of their plans

4. All participants were given learning materials and the simulator in order to make their teaching more effective

**Overview of the Workshop**

Training of Trainers Workshop on Helping Babies Breathe HBB) was held from 8 – 10 May 2012 at Mazsons Hotel in Zanzibar

**Official Opening**

![Deputy Minister of Health for Zanzibar, Dr. Sira Mamboya, delivering workshop opening speech as the guest of honour](image)
The workshop was officially opened by the Deputy Minister of Health of Zanzibar, Dr Sira Mamboya who was accompanied by Zanzibar Chief Nursing Officer. Participants and representatives of RCQHC and that of ECSA-HC were introduced to the guest of honour. The organisers provided information about this training and including why there was a need for the training and what are the expectations from this training. In her opening speech, the Honourable Deputy Minister, took the opportunity to welcome participants to Zanzibar. She expressed exceptional gratitude to ECASA – HC for deciding to conduct the training in Zanzibar. Also, she was pleased with the number of midwives from Zanzibar who got the opportunity to participate in this training. She argued participants to take this training serious in order minimise the number of deaths due to new born asphyxia.

Figure 2: Ms. Christine Omondi, Program Officer - Child Health and Nutrition from Regional Centre for Quality of Health Care giving remarks during the official opening session

Speaking on behalf of RCQHC, Ms. Omondi thanked the Government of Zanzibar for support it has offered to the organisers and she noted that they have conducted this training in three other countries and this is the first time a guest honour of such a senior level as deputy Minister managed to come to attend official opening. This shows how much the government of Zanzibar is determined to improve health of its citizens.
Inviting the guest of honour to speak, Mr. Alphonce Kalula further thanked the participants who managed to find time to attend and also the Deputy Minister who accepted request from ECSA-CH to support the agenda of improving neonatal health by being a guest of honour during the official opening. On behalf of ECSA- HC he also thanked USAID East Africa, Laerdal Foundation and American Academy of Paediatrics for their material and logistical support. He clarified that participants of this training are expected to train other midwives and students at the places they are working and that all of them will be provided with a set of training materials.

**Handing Over of the Training Materials to the Ministry of Health Zanzibar**

The guest of honour was asked to receive, on behalf of Tanzania, 35 sets of NeoNatalie that were provided by development partners. Mr. Alphonce Kalula handed over the sets and noted that they will be distributed to all participants although they were asked to hand them to the management of the institutions they are representing.
Figure 4: Mr. Kalula from ECSA-HC handing over to the Hon. Deputy Minister boxes with training materials. Witnessing are Mr. Khaji Hamis, Registrar - Zanzibar Nurses and Midwives Council and Ms. Omondi from RCQHC

Figure 5: Mr. Kalula displaying contents of the boxes to the Guest of Honour. Standing on his right is Mr. Othman Musa Haji - Zanzibar Chief Nursing Officer and standing on his left is Mr. Gustav Moyo, Registrar, Tanzania Nursing and Midwifery Council and ECSACON CNR for Tanzania
Workshop  Goal and Objectives

Goal
The goal of the training of trainers on essential newborn care including neonatal resuscitation was to reduce neonatal morbidity and morbidity resulting from birth asphyxia in the ECSA region.

Main Objective
To increase the pool of available trainers who can transfer quality competency-based training skills in Essential Newborn Care, including newborn resuscitation.

Specific Objectives
- To describe the components of essential new born care (ENC) and describe the relationship between ENC and HBB/newborn resuscitation.
- To equip pool of Tanzanian trainers with knowledge and skills to be able to facilitate future national and regional trainings.
- To develop work plans for cascade training within their institutions and in the country.
- To discuss monitoring and evaluation strategy related to cascading the knowledge and skills and share monitoring and evaluation tools.

Participants
A total of 30 participants attended this workshop of which, 15 were from Zanzibar and the other 15 were from Tanzania mainland. Some of the participants were midwifery tutors at the schools they were coming teaching and others were preceptors for midwifery students at the hospitals used by midwifery students for clinical learning sessions.

Course Coordinator
Mr. Alphonce Kalula, Senior Program Officer - ECSACON was the coordinator of this training.

Facilitators
The following were individuals who facilitated this TOT:
- Ms. Christine Omondi - RCQHC - Regional HBB trainer
- Ms. Jane Mazigo - TNMC - National HBB Trainer
- Ms. Joyce Kamdoyo - ECSA-HC - Regional HBB trainer
- Mr Alphonce Kalula – ECSA-HC Regional HBB trainer
Methods, Tools and Process

The main tool for this training was the use of manikins for simulation and practice of skills for HBB. The manikins known as neonatalie was simple to assemble and just need water to fill it before it is used for practice purposes. All the main presentations involved a lecture covering key concept and principles followed by demonstration by the facilitator. This was followed by return demonstration accompanied by objective structured clinical evaluation session for each participant.

Pre and Post Test

In order to determine the level of understanding of the topics to be taught, participants were asked to take a pre-test. After the training, they were asked to take the same test so as to determine how successful is the training. The results of the post test show significant improvement after the training as reflected in the figure below.

Table 1: Results of pre and post training assessment

Table 2 below, provides analysis of the findings of the assessment of the participants before and after the training. The minimum a candidate got during the pre-test was 65% and after training the minimum was 71%. The mean and mode improved from 85% to 91% and 82% to 94% respectively and this showed overall general improvement of the knowledge of the participants. The variance and standard deviation narrowed after training
indicating there was less difference of understanding and knowledge between the participants after training.

<table>
<thead>
<tr>
<th>Item no.</th>
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<th>Post-test</th>
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<tbody>
<tr>
<td>1.</td>
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<td>71</td>
</tr>
<tr>
<td>2.</td>
<td>Maximum</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>3.</td>
<td>Mean</td>
<td>85</td>
<td>91</td>
</tr>
<tr>
<td>4.</td>
<td>Mode</td>
<td>82</td>
<td>94</td>
</tr>
<tr>
<td>5.</td>
<td>Median</td>
<td>82</td>
<td>94</td>
</tr>
<tr>
<td>6.</td>
<td>Standard Deviation</td>
<td>8.81</td>
<td>7.45</td>
</tr>
<tr>
<td>7.</td>
<td>Variance</td>
<td>77.68</td>
<td>55.57</td>
</tr>
</tbody>
</table>

Table 2: Analysis of results of pre and post training assessment

### Plenary Sessions and Interactive Exercises

Recognising that this training was provided to practising midwives and midwifery tutors, facilitators took into consideration knowledge the participants already possess hence the learning approach was more participatory and interactive. However, the topic was usually proceeded by presentation from the facilitator to remind participants of the key principles of the subject. This was followed by group works whereby participants were grouped in a group of six members with a facilitator and were practising with the manikins. After the group practice there was again a plenary discussion to clarify on issues that participants were not clear about.
Fortunately, most of issues got answers from participants themselves and this made this training very engaging and appealing.

**Process**

**Planning**
This training of HBB conducted in Tanzania is a among the implementation activities developed by countries participated in the Africa Regional Meeting on Interventions for Impact in Essential Obstetric and Newborn Care held in Addis Ababa, Ethiopia on 21 -25 February, 2011. That meeting was organised by Maternal and Child Health Integrated Program (MCHIP) of the USAID. It brought together policy leaders, experienced clinicians and program managers with a goal to support accelerated implementation and expansion of maternal and newborn health programs in countries throughout Africa, with a specific focus on Prevention and Management of Postpartum Hemorrhage, Pre-Eclampsia/Eclampsia and Newborn Asphyxia. Participating countries developed implementation plans and among the strategy was to develop experts and advocates to address newborn asphyxia by expanding their knowledge and skills in newborn resuscitation technique and state of the-art newborn care interventions. In collaboration USAID East Africa, Laedral Foundation and RCQHC; ECSACON arranged for this three day training in Zanzibar to create trainers for HBB initiative for Tanzania.

The implementation process involved the ECSACON CNR for Tanzania together with the Registrar of Zanzibar Nursing Council who handled administrative and logistical matters to facilitate smooth conduct of the training.

![Figure 7: Ms. Jane Mazigo the officer from TNMC who had attended HBB training in Ethiopia representing ECSACON Tanzania chapter](image)
Training

Training leadership, norms and expectations
In order to make the training effective, participants selected Mr. Samson Msokwa from Nachingwea School of Nursing be the training chairperson. Also, they developed the following norms to be observed by all participants; punctuality, mobile phones be switched off or put in vibration mode, respect contribution from other participants and active participation. Participants were asked about their expectations and many of them mentioned gaining new knowledge on HBB, being able to recognise a baby with asphyxia promptly, improving their teaching skills and meeting new friends.

Improved labour care to reduce neonatal asphyxia
This presentation was made by Ms. Joyce Kamdonyo who tried to link neonatal mortality with maternal mortality. She showed that improved maternal care will result in improved newborn outcomes and that quality intra-partum care can reduce of incidences of neonatal asphyxia. The availability of skilled attendant and the use of partograph for vigilant labour monitoring was emphasized. Participants were also reminded of proper use of partograph, pre-enclampsia management, active management of third stage of labour (AMTSL) second stage of labour management, cleaning birthing materials and how to prevent asphyxia

Rationale for ENC including new born resuscitation training
Ms. Omondi from RCQHC presented on this topic whereby she tried to show the magnitude of this problem in Africa, actions needed, key components of Essential Newborn Care and training newborn resuscitation in the context of
essential new born care. This presentation generated a lot of interest from the participants as it was supported by a lot of data and figures. He listed eight components of Essential Newborn Care and reminded participants that newborn resuscitation is only one of the eight components. He urged countries to review the module of neonatal resuscitation and adopt the HBB approach. Participants raised concerns on the care of pre-term babies with hypothermia, infection and failure to thrive. Also wanted to know how does a partograph assist to prevent infections in new born babies.

Overview of Tanzania newborn care/neonatal resuscitation program
This topic was presented by Ms. Cheyo, a national facilitator for HBB for Tanzania Mainland. In her presentation, she showed that the status of newborn health in Tanzania not in preferable state whereby nearly 50% of neonatal deaths occurs in the first 24 hours of life, and that 75% of the deaths occur in the first week of life. She showed that the primary causes of these deaths in Tanzania are infections, which accounting for 29%, births asphyxia 27% and complications of pre term babies 23%. She showed that resuscitation should be anticipated at each birth and that risk factors are poor predictor of birth asphyxia because nearly half of babies who require resuscitation have no identifiable risk factors before births. She reiterated that it is essential for health professionals who attend mothers at birth to be skilled at resuscitation and recognize babies at risk. Basic resuscitation must begin within one minute of life if a baby has breathing difficulties.

Introduction of HBB training Materials and Agenda
This exercise was intended to make participants experience the feeling when a person does not breath for one minute. They were asked to close their eyes and imagine that there is a baby who was born with breathing problems and there was no any help that could be provided to the baby. In another
situation, similar problem has occurred but the difference being there was some help from skilled attendant. Participants were asked to share what were their feelings in these two scenarios. The third exercise involved asking participants to stop breathing for a minute so as to feel how the baby feels when it fails to breathe in the first minute. Participants appreciated the importance of having skilled attend in every delivery situation. They practised filling the neonatalie and assembling other devices.

Figure 10: facilitator showing learning materials  
Figure 11: Participants familiarize with neonatalie

Figure 12: Participants familiarizing with the equipments

**Preparation for a Birth**

This training session aimed emphasizing the need to identify support when you prepare for helping mothers give births. Any person may be a helper, including the relatives. The helper should be prepared to provide the
expected assistance to the service provider. The helper may include anybody. The importance of emergence action plan was emphasized and the area for delivery must be prepared in advance. Participants continued to work in groups trying to master the art of identifying a helper and how to prepare the place for delivery properly.

**Hand washing Technique**

Recognising that dirty hands are among the leading source of infection, participants were reminded of proper hand washing as recommended by Tanzania Infection Prevention and Control guideline. The facilitators demonstrated and all participants were required to practise while being supported by the facilitators.

![Facilitators demonstrating how to wash hands](image)

**Routine care of a new born at birth**

Facilitators demonstrated the routine care of the baby by showing them the need to dry the baby thoroughly, keep warm and then cut the cord. They were reminded that contrary to the general practice, the cord should be cut after 3 minutes. There is no need to rush to cut the cord before ensuring other important needs are addressed. Also, there is no need to rush to weigh the baby and it is practised most of the time. Always get help from others even from relative and remember to document. Emphasis was placed on clearing the airway and stimulation. Participants were reminded that a baby who is breathing well will be crying and breathing quietly and regularly.
Golden Minute Part I
The session intended to educate the learners on the importance of evaluating the condition of the baby after birth. Key points included positioning the head appropriately, clearing the airway, stimulating breathing and evaluating breathing. The use of the penguin sucker was demonstrated.

Objective Structured Clinical Evaluation Session I
Participants worked in pairs practising with mannequin and in the process they swapped roles as they learn. While one would practice as nurse the other my act as a helper and sometimes responding as a baby. They practised how to clear airway, to dry the baby, keeping the baby warm, positioning the head. Using a tool, facilitators were evaluating each of them and scoring. Although the last to be evaluated usually performed better but it improved the level of understanding of all participants in the group in general.
Golden Minute Part II
This session focused on what intervention should be done when there is a need for prolonged ventilation with normal and slow heart rate. A facilitator first demonstrated to the whole group emphasizing a need to continue ventilation, calling for help and improving ventilation, evaluating heart rate and activating emergence plan. Learners were reminded to stand at baby’s head in order to be able to control the position of the head and see chest movement. Effective ventilation is achieved if a correct size of the mask is applied and the bag is squeezed properly. The counting of one . . two . . three was practised to get used to the recommended breathing rate of 30-50 cycles per minute.

Objective Structured Clinical Evaluation Session II
Facilitators evaluated all participants as they practiced the scenario guiding OSCE B. They were assessed on how they position the head of the baby during ventilation, how they checked the mouth, squeezed the bag and how they called for help. Also, participants were assessed how they checked the heart rate.

Cleaning and Disassembling the HBB Equipment
In order to ensure that the HBB equipment is used for long time participants were taught on how to dismantle and clean and assemble again after every use. Facilitators showed how to do it and participants practiced in pairs under the guidance of the group facilitators. Emphasis was placed on ensuring cleanliness of the equipments hence washing hands before using the simulator and avoiding using mouth-to-mouth breathing. When removing water from the bag; ensure the hands, legs and the body is fully drained. If contaminated, participants were told to wash the equipment with
soap and water followed by rinsing with clean water. The equipment should always be kept in the storage container for transportation and storage.

**Monitoring and Evaluation of HBB and Follow up plans**

This training was conducted in order to increase the pool of available trainers who can transfer quality competency-based training skills in Essential Newborn Care, including newborn resuscitation hence participants were asked to develop work plans for cascading the training within their institutions and in the country at large. Considering that most of participants were invited in pairs coming from the same institution, one being a member teaching staff and the other a clinical preceptor; it was agreed that the work plan should be developed according to the specific training institutions convenience.

Majority of the plans showed participants will share with the other staff members about this training within 10 days after their return. They will train staff and students within the first three months and according to the students’ curriculum implementation plan.

It was agreed that participants should produce report to ECSA through ECSACON country CNR after six months. The ECSA will find mechanism to monitor implementation of the plan through ECSACON CNR.

**Procurement of HBB Materials**

Participants were educated about how and where the HBB training materials can be ordered. There are three categories of the materials; HBB facilitator set, HBB learner workbook and HBB facilitator flip chart set. Additional information on how to order the material and including order forms were available in the handbook including website contact. Participants were encouraged to explore different sources of funding for procurement of the learning materials.

**Workshop evaluation**

The workshop was evaluated and it indicated that all participants had acquired skills on newborn care with emphasis on how to resuscitate the baby who is not breathing during the golden minute of life.

**Official closure**

The closing of this training workshop involved awarding of certificates to participants, speech by the guest of honour and remark from representative of the participants.
Awarding certificates

Mr. Alphonce Kalula, ECSACON who was coordinating the activity was the guest of honour during the closing session. All participants were awarded with certificates of attendance signed by ECSA-CH, RCQHC and ECSACON CNR.

![Figure 16 Mr. Kalula presenting certificate of attendance to one of the participants](image)

Remarks from Participants

Representatives of the participants had opportunity to give some remarks regarding the training. Considering that this training involved two parts of the government of Tanzania, which are Tanzania Mainland and Zanzibar, a representative from each of these countries had opportunity to say a word. In their remarks, they thanked ECSA-HC and other supporters who facilitated the implementation of this program and they declared their commitment to work the plans they have developed.

![Figure 17: A representative from Tanzania Mainland](image)  ![Figure 18: A representative from Tanzania Zanzibar](image)
Remarks from Officials

Mr. Alphonce Kalula had opportunity to speak on behalf of organisers of this training workshop during the closing session. He thanked the Government of Tanzania for its willingness to host this event in Zanzibar and its logistical support. The Government of Zanzibar demonstrated high level of commitment to the program whereby a Deputy Minister was the guest of honour at the opening ceremony despite competing priorities at the Ministry. He commended participants for the devotion and interest they have showed during the training period as evidenced by results of post training knowledge assessment. He argued participants to implement their plans and produce reports as agreed. He wished all participants safe journey hope.

Figure 19: Mr. Alphonce Kalula speaking at the closing session

Figure 20: Participants with their training kits after the workshop
Annexes;

**Annex 1: Groups for HBB Training - Practical Sessions**

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
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<tbody>
<tr>
<td>1. Maryam Othman Mussa</td>
<td>1. Bhai Ibrahim Khamis</td>
</tr>
<tr>
<td>2. Adeline Kayombo</td>
<td>2. Agnes Raphael Mbumila</td>
</tr>
<tr>
<td>5. Mary Florence Chambulilo</td>
<td>5. Esther W. Haule</td>
</tr>
<tr>
<td>7. Bridget Cheyo - Facilitator</td>
<td>7. Alphonce Kalula - Facilitator</td>
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<table>
<thead>
<tr>
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<tr>
<td>1. valeria R. Harub</td>
<td>1. Mauwa Bakari Khamis</td>
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<tr>
<td>5. Mapenzi Ghasia</td>
<td>5. Achilles Kiwanuka</td>
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<td>7. Jane Mazigo - Facilitator</td>
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<table>
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<tbody>
<tr>
<td>1. Lucy R. Issaro</td>
</tr>
<tr>
<td>2. Winfrida C. Newa</td>
</tr>
<tr>
<td>3. Tatu F. Salum</td>
</tr>
<tr>
<td>4. Fatma Mzee Mohamed</td>
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<td>5. Hadji H. Khamis</td>
</tr>
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<td>6. Christine Omondi - Facilitator</td>
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</table>
## Annex 2: List of Participants

**Training of Trainers Workshop on Helping Babies Breathe (HBB)**  
for Nurse Tutors and Preceptors: Mazsons Hotel, Zanzibar  
8 - 10 May 2012

### List of participants

1. **Ghanima Shehe Saleh**  
   Nurse Midwife  
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7. **Mapenzi Ghasia**  
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   Nachingwea Nursing School  
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   Fax: 0732 933353  
   Mobile: 0718 133869  
   Email: ghasiamapenzi@yahoo.com

8. **Winfrida Charles Newa**  
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   Lugalo Military Hospital  
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   Dar es Salaam  
   Mobile: 0754 304339  
   Email: winewa70@yahoo.com

9. **Paulina Mjema**  
   Registered Nurse  
   Korogwe Hospital  
   P O Box 571  
   Korongwe, Tanga  
   Fax: 027 2640706  
   Mobile: 784 279499

10. **Mustafa Ahmadi**  
    Registered Nurse  
    P O Box 48  
    Newala, Mtwara
11. Nassra Ali Saggaf  
Nursing Officer/Social Worker  
P O Box 201  
Chake Chake, Pemba  
Mobile: 0773 504585  
Email: nassrasaggaf@yahoo.com

12. Maryam Othman Mussa  
Nurse Midwife  
Kivunge Cottage Hospital  
Zanzibar  
Mobile: 0773 330160  
Email: mamOthmuss@hotmail.com

13. Wahida M. Idrisa  
Nurse Midwife  
Mnazimoja Hospital  
Zanzibar  
Mobile: 0777 853147

14. Mwajuma Khatib Seif  
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## Annex 3: Workshop Programme

**HELPING BABIES BREATHE (HBB) TRAINING OF TRAINERS**  
8 – 10 May 2012  
MAZSONS HOTEL ZANZIBAR, TANZANIA

<table>
<thead>
<tr>
<th>Session/Activity</th>
<th>Time</th>
<th>Responsible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>0800-0830</td>
<td>Dotael</td>
</tr>
<tr>
<td>Introductions, participant expectations and group norms</td>
<td>0830-0930</td>
<td>Mary Mhomi</td>
</tr>
<tr>
<td>Administrative announcements</td>
<td></td>
<td>Juliet</td>
</tr>
<tr>
<td>Trainee knowledge assessment: pre-test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Official Opening</td>
<td>0930-1030</td>
<td>Alphonce</td>
</tr>
<tr>
<td>Registrar Nursing Council</td>
<td></td>
<td></td>
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<tr>
<td>Chief Nursing Officer</td>
<td></td>
<td></td>
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<tr>
<td>Ministry of Health Rwanda</td>
<td></td>
<td></td>
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<tr>
<td>Partners</td>
<td></td>
<td></td>
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<tr>
<td>Director General ECSA-HC</td>
<td></td>
<td></td>
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<tr>
<td>Guest of Honour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Photo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEALTH BREAK</td>
<td>10.00-1030</td>
<td></td>
</tr>
<tr>
<td>Participant expectations and group norms</td>
<td>10.30-1100</td>
<td>Jane</td>
</tr>
<tr>
<td>Course Introduction</td>
<td>1100-1130</td>
<td>Alphonce</td>
</tr>
<tr>
<td>Objectives of the HBB Training Course</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal Resuscitation in the context of Essential Newborn Care</td>
<td>1130-1300</td>
<td>Bridgiter</td>
</tr>
<tr>
<td>Rationale for ENC including new born resuscitation training</td>
<td></td>
<td>Christine</td>
</tr>
<tr>
<td>Improved Labour Care to reduce Neonatal Asphyxia</td>
<td></td>
<td>Joyce</td>
</tr>
<tr>
<td>Overview of Tanzania newborn care/neonatal resuscitation programme</td>
<td></td>
<td></td>
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<tr>
<td>LUNCH BREAK</td>
<td>1300-1400</td>
<td></td>
</tr>
<tr>
<td>Preparation for a birth</td>
<td>1400-1430</td>
<td>Juliet</td>
</tr>
<tr>
<td>Importance of a skilled attendant at birth</td>
<td></td>
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<tr>
<td>Identification of the helper</td>
<td></td>
<td></td>
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<tr>
<td>Development/review of an emergency plan (outline specific aspects of the emergency plan)</td>
<td></td>
<td></td>
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<tr>
<td>Preparation of area for delivery</td>
<td></td>
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<tr>
<td>Hand washing techniques and infection prevention measures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine care: Overview of routine care components</td>
<td>1430-1530</td>
<td>Bridgiter</td>
</tr>
</tbody>
</table>
- Drying thoroughly
- Evaluate crying and checking breathing
- Keeping baby warm
- Facilitating breastfeeding
- Clamping/tying and cutting the cord

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Activity</th>
<th>Responsible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>1530-1600</td>
<td>HEALTHY BREAK</td>
<td></td>
</tr>
<tr>
<td>1600-1700</td>
<td><strong>Preparation for small group learning</strong></td>
<td>Juliet</td>
</tr>
<tr>
<td></td>
<td>- Opening Visualization</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Introduction of the HBB training materials and agenda</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Equipment familiarization</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Filling the neonatalie</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Principles of bagging</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Fitting the mask on the bag</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Testing the bag and mask</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Suction device/penguin - characteristics, principles of use.</td>
<td></td>
</tr>
<tr>
<td>1700-1730</td>
<td><strong>FACILITATORS MEETING</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Day Two

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Activity</th>
<th>Responsible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>0830-0900</td>
<td>Recap of Day One</td>
<td>Rapporteur(s)</td>
</tr>
<tr>
<td>0900 - 0945</td>
<td><strong>The Golden Minute Part I</strong> (clear airway and stimulate breathing)</td>
<td>Juliet</td>
</tr>
<tr>
<td></td>
<td>- Positioning the head</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Clearing the airway</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Stimulating breathing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Evaluate breathing</td>
<td></td>
</tr>
<tr>
<td>0945 - 1030</td>
<td><strong>Trainee Skills Assessment</strong> (Objective structured Clinical Evaluation (OSCE) Session A)</td>
<td>All facilitators</td>
</tr>
<tr>
<td>1030 - 1100</td>
<td>HEALTHY BREAK</td>
<td></td>
</tr>
<tr>
<td>1100 - 1145</td>
<td><strong>The Golden Minute Part II (Ventilation)</strong></td>
<td>Bridgeter</td>
</tr>
<tr>
<td></td>
<td>Prolonged Ventilation with Normal or Slow Heart Rate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Initiate ventilation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Ventilating with bag and mask</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Evaluate breathing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Continue/prolonged ventilation with normal and slow heart rate</td>
<td></td>
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<tr>
<td></td>
<td>- Continue ventilation</td>
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<tr>
<td></td>
<td>- Call for help and improve ventilation</td>
<td></td>
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<tr>
<td></td>
<td>- Evaluate heart rate</td>
<td></td>
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<tr>
<td></td>
<td>- Continue ventilation</td>
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<td></td>
<td>- Activate emergency plan (care after successful ventilation; seeking)</td>
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</tr>
<tr>
<td>Time</td>
<td>Session/Activity</td>
<td>Responsible Person</td>
</tr>
<tr>
<td>----------</td>
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</tr>
<tr>
<td>1145 - 1300</td>
<td><strong>Trainee Skills Assessment</strong> Objective Structured Clinical Evaluation (OSCE) Section B</td>
<td>All facilitators</td>
</tr>
<tr>
<td>1300 - 14</td>
<td>LUNCH BREAK</td>
<td></td>
</tr>
<tr>
<td>1400 - 1500</td>
<td>Continue evaluation of trainee skills assessment (OSCE A &amp; B) and mastering the action plan</td>
<td>All facilitators</td>
</tr>
</tbody>
</table>
| 1500 - 1530 | **Cleaning the Resuscitation Equipment**  
- Disassembling of resuscitation equipment  
- Sterilization or high-level disinfection  
- Reassembling of resuscitation equipment | Juliet             |
| 1530 - 16 | HEALTHY BREAK                                                                    |                    |
| 16 - 1630  | Trainee knowledge assessment: Post test                                          | Joyce              |
| 1630 - 1700 | M&E of HBB follow-up activities  
Action Plan Development                     | Alphonce           |
| 1700--     | FACILITATORS MEETING                                                            |                    |

### Day Three

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Activity</th>
<th>Responsible Person</th>
</tr>
</thead>
</table>
| 0830 - 0900 | Becoming a Trainer  
- Presentation of the content of the Facilitator flip Chart  
- Practice exercise in use of the Facilitator Flip chart | Joyce              |
| 0900 - 0930 | Presentation of Action Plans                                                      | Gustav             |
| 0930 - 1000 | Procurement of HBB training Materials                                             | Christine          |
| 1000 - 1030 | Workshop Evaluation                                                              | Juliet             |
| 1030 - 1100 | HEALTHY BREAK                                                                    |                    |
| 1100 - 1130 | Feedback of pre and post test knowledge assessments                              | Alphonce           |
| 1130 - 1300 | **Official Closure**  
- Awarding Certificates  
- Remarks from  
  - Participant representative  
  - Officials/partners | Gustav/Haji |
| 1300-1400  | LUNCH                                                                           |                    |