

Helping Babies Breathe - Implementation Evaluation Training Program

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To be filled in by course facilitator. One form for each course

1. Number of Instructors:

Master Facilitator

Trainer

2. Total number of participants:

Doctors

Nurses

Midwives

Traditional Birth Attendant

Other:

3. Total number of providers attending births

4. Course design:

Number of hours

Pair Teaching Yes No

Skills Practice Yes No

Learner to mannequin ratio 2 to 1 3 to 1 4 to 1 > 4 to 1

Any changes for subsequent training/courses? Yes No

If yes, what changes?

5. Percentage of participants successfully completing this course %



Helping Babies Breathe - Implementation Evaluation

Training Program - Participant

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One form per participant

1. Written score

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2. Skills Pass Yes No Attempt number

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3. OSCE Station A Pass Yes No Attempt number

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4. OSCE Station B Pass Yes No Attempt number

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Helping Babies Breathe - Implementation Evaluation Administrative Data (Pre Training)

To be filled in by hospital administrator

1. Geographic region _____

2. a) Total number of births in prior year

b) Total number of facility births in prior year

3. Participating facilities and communities: *(select all that apply)*

Facility with NICU; number of births per year

Facility with a designated area to care for baby; number of births per year

Facility with no separate area to care for baby; number of births per year

Home; number of births per year

4. a) Number of neonatal deaths per year b) NMR

c) Stillbirth # died at birth #

died later #

d) If possible, causes of death (in the year reporting deaths):

5. Resuscitation

a) Equipment (facility): Bag and mask Suction Heat source
 Yes No Yes No Yes No

b) Equipment (home birth): Bag and mask Suction Heat source
 Yes No Yes No Yes No

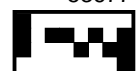
c) Training Yes No

If yes, who are trained? *(select all that apply)* Doctors Nurses Midwives TBA

6. Person or Committee to review outcomes following resuscitation Yes No

7. Have the providers been previously exposed to neonatal resuscitation training? Yes No

8. Total number of providers that attend deliveries in the study area, both in the facility and community



Helping Babies Breathe - Implementation Evaluation

Administrative Data (Post HBB)

To be done 18 months after implementation of HBB

1. Person or Committee to review outcomes following resuscitations Yes No

If yes, composition _____

2. a) Total number of bag and mask devices distributed for clinical care

b) How distributed? _____

- c) Total number of bag and mask devices distributed for home delivery

d) How distributed? _____

3. Retraining program Yes No

If yes, how long after initial program? months

4. a) Number of bag and mask devices to be replaced

b) Number of suction devices to be replaced

c) Number of mannequins to be replaced

5. Financial data

Costs

From (Example: Government donation, etc.)

a) Personnel

b) Travel

c) Venue

d) Teaching materials
equipment, supplies, etc.

e) Other

6. Changes resulting from HBB made in the units (Example, system to call early for help, etc.)

7. Percentage of people trained in HBB attending births, including community TBAs %

8. Percentage of births attended by someone trained in HBB %

9. a) Total number of trainers trained

b) Number of trainers who conducted training last 12 months

c) Number of trainers no longer conducting training

