



EVERY WOMAN
EVERY CHILD

Every Newborn Action Plan Metrics
linked with
Ending Preventable Maternal Mortality

Module 9: Training Summary

Summary of the week & planning
for next week

#EveryNewborn #Endingstillbirths
#maternalhealth



World Health
Organization

unicef

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Session Planning

- **Purpose:**
To provide a recap of key information taught over the week and ensure data collectors feel prepared for data collection next week and onward
- **Target Audience:** All data collectors
- **Length of session:**
Presentation (60 mins)
Activity (60 mins)
- **Type of session:** classroom
- **Resources / tools required:**
Projector, slide deck, timetable for following week

Aims & Learning Outcomes

1. To refresh in data collector's minds the purpose and importance of the research and their roles
2. To ensure all data collectors understand their position within the team and the process of data collection
3. To remind data collectors how to collect high quality data while ensuring confidentiality
4. To ensure all data collectors feel comfortable using the tablet and app for data collection to collect high quality data
5. To recap on the protocol for life threatening events without appropriate response
6. To give the team an opportunity to pull together everything learnt over the week and role play data collection as a team



A woman wearing a headscarf is holding a newborn baby. The image is overlaid with a teal gradient. The text is white and positioned on the left side of the image.

PART I: RECAP OF CLASS-ROOM BASED TRAINING

(40 MINUTES)

THE LANCET

At the end of the MDG era...



No woman
should die
while
giving life

~ 303,000 die



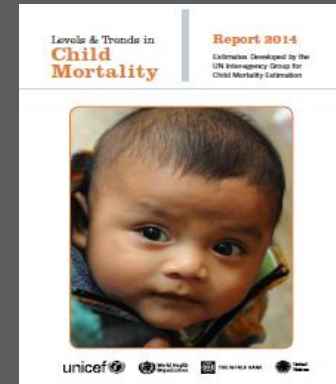
No
newborn is
born to die

2.7 million die



No
baby
stillborn

2.6 million die



No child
dying or
stunted

3.2 million die

Progress much slower than
for child or maternal mortality

Over 9 million deaths, two-thirds related to birth
Marker of equity, especially quality of care

Local Context

NATIONAL	BANGLADESH (2015)	NEPAL (2015)	TANZANIA (2015)
POPULATION (000)	160,996	28,514	53,470
TOTAL MATERNAL DEATHS	5,200 ('13)	1,100 ('13)	7,900 ('13)
NMR /1000 LIVE BIRTHS	23	22	19
STILLBIRTH RATE /1000 LIVE BIRTHS	36 ('09)	23 ('09)	26 ('09)

Study Objectives

- To assess the quality of maternal and newborn health care in order to provide recommendations to national and global health facility monitoring systems.

Without this, investors (both governments and partners), program managers and advocates lack the reliable information needed to monitor the quality of care, prioritize use of resources, and hold the health system to account.

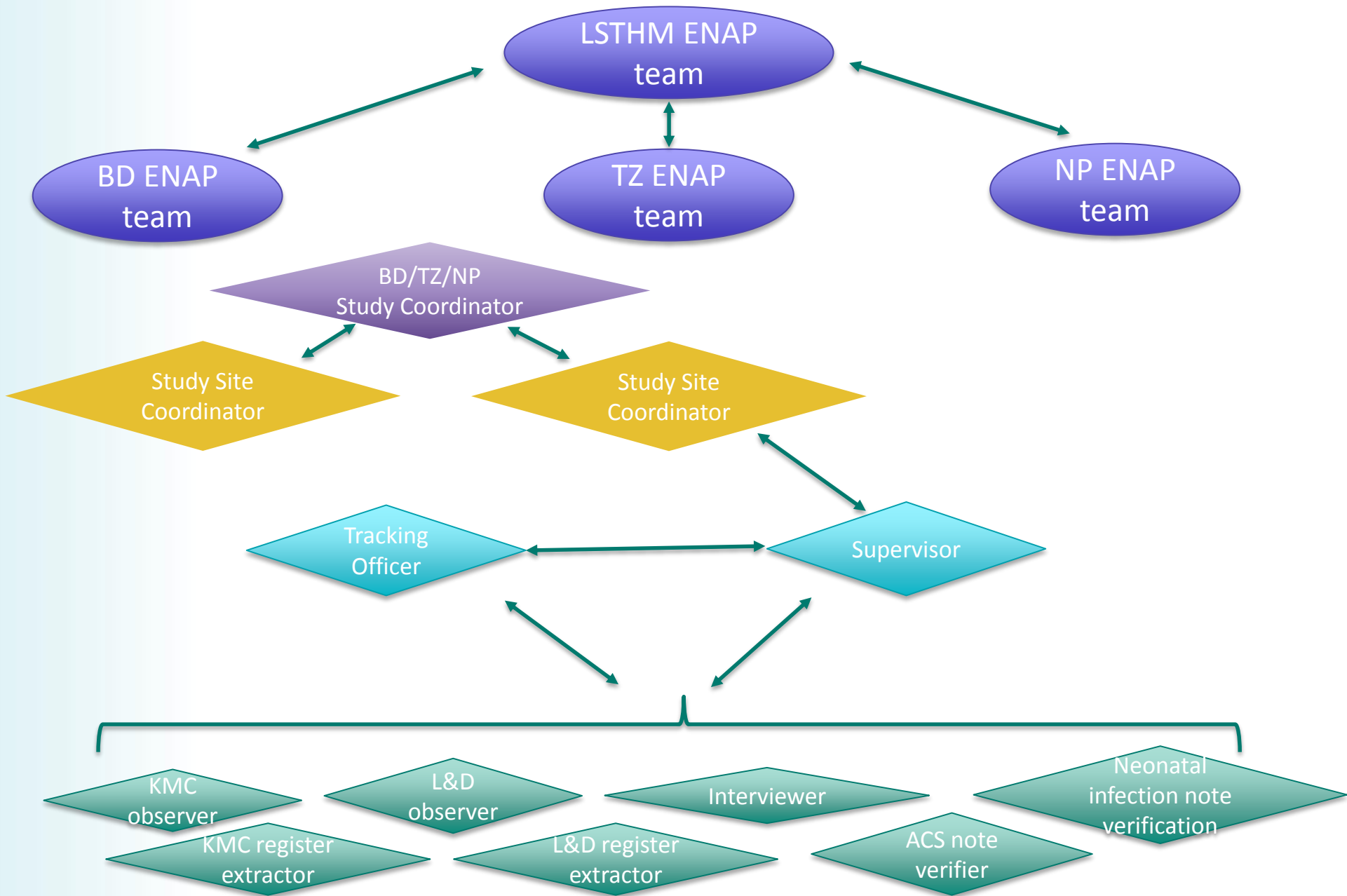
Communication & Implementation

How long will it take?

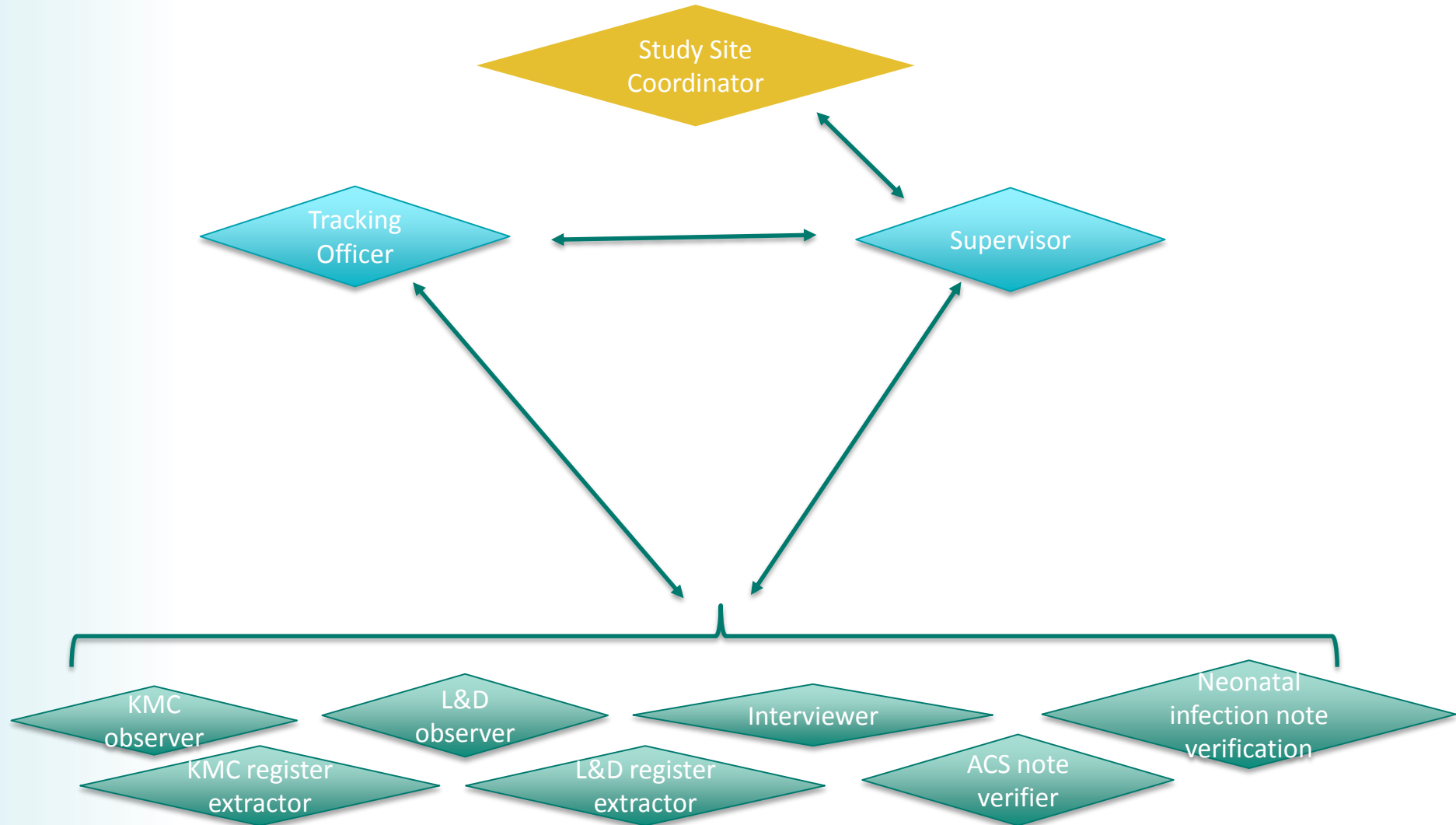
- Facility-based observation data collection completed by March 2018
- Overall research programme including feasibility testing completed by December 2018

How will the results be shared?

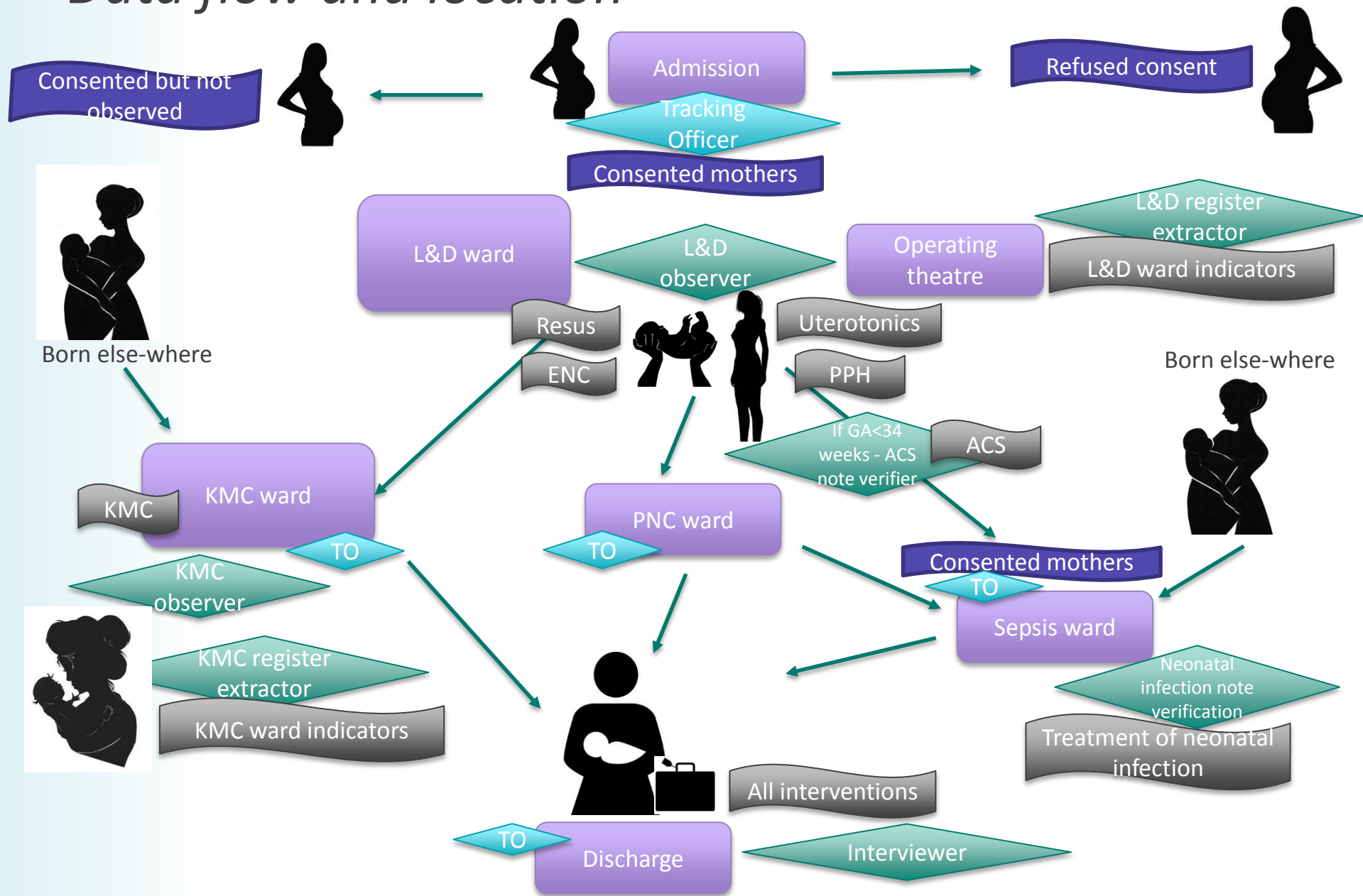
- Local
Research team: internal webpage, information seminars, team meetings, workshops
Participants: hospital notice board, simple language summary, hospital periodic journal, local news paper etc.
- National
Internal webpage, national and regional conferences, webinars, meetings and workshops, policy briefs, national advisory committee.
- International
Peer reviewed journals, blogs, news updates, consortium websites, reports, briefing summaries, conferences, webinars, UN events and key global meetings including the World Health Assembly.



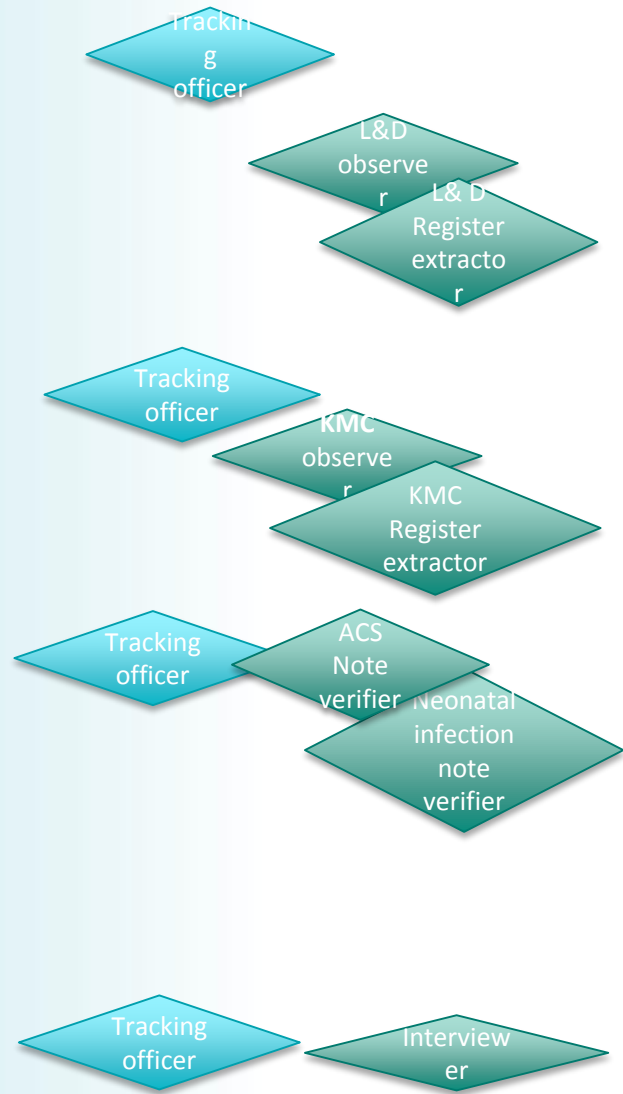
Structure of data collection team



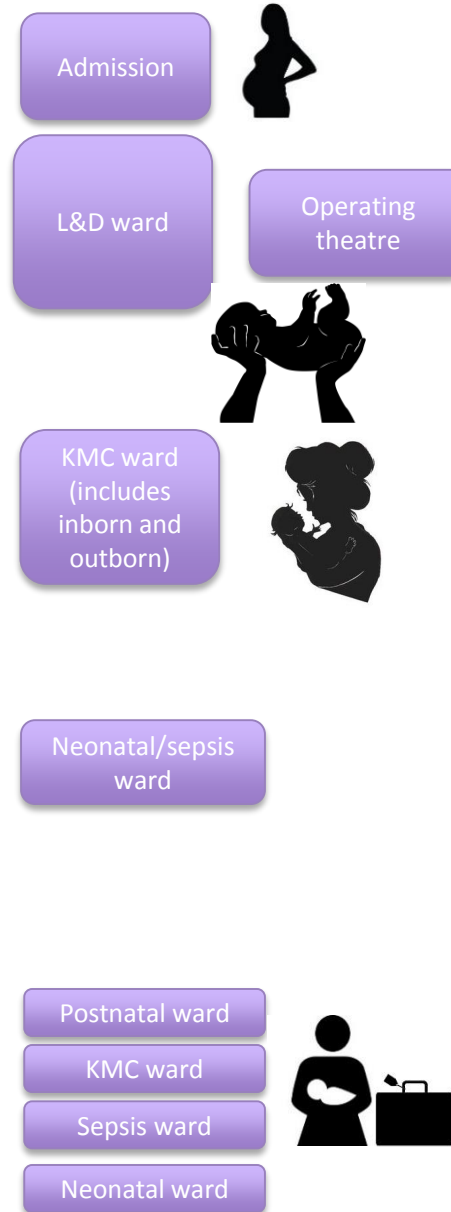
Data flow and location



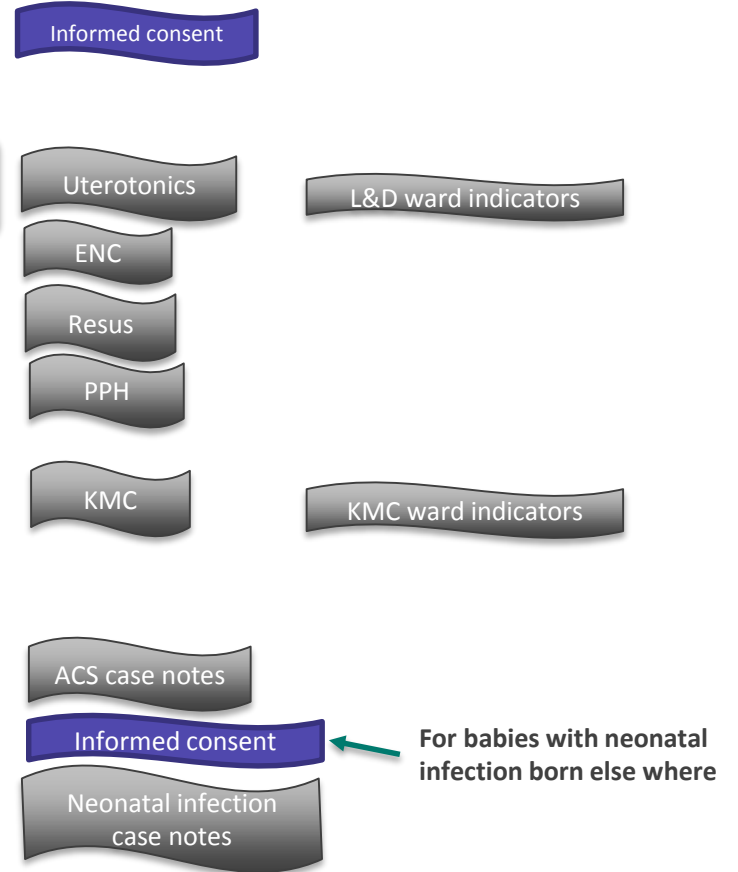
Data collector



Location



Data collected



1 Goal:

Observations/interviews/data
extraction/data verification is valid
and reliable !

Common Data Collection Errors

- **Misunderstanding the difference between “Didn’t happen” or “Don’t know” —**
 - **Know the difference between Didn’t happen & don’t know**
- **Take your time when reviewing data in case notes/registers- it is easy to misread it!**
- **Be careful when entering data on the tablet- check you have entered it correctly**
- **Missing/unavailable data**
- **Enter data in to app as you collect data- if you wait until later you may have forgotten it!**
- **Data entered incorrectly**
- **Delay in data entry**

Inter-rater reliability

- Supervisors will sometimes enter data on the same observation/interviews/data extractions/verifications as you are carrying out
- This will allow for comparison of your data entry with the supervisors data entry
- If the level of agreement between your data entry and the supervisors data entry is below a certain level you may be required to do refresher training

Confidentiality

- Find quiet places for discussions if they are of a sensitive nature
- Don't collect data on mothers/HWs/family members you know
- Use study IDs not names
- Do not discuss with other data collectors information about a mother/baby unless you need to for the study.

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No photos!
No video or voice recordings!
No data collection unless for the study!

Tablet and App use

- All data collection to be carried out on either a 7” or 10” tablet
- Tablets are to be kept in the health facility at all times and only used for study data collection
- Take good care of your tablet- make sure it is charged, clean, and working well
- Switch the tablet off when not using it

App Use

- Log in to the app with your specific ID and password
- Make sure you understand the flow and order of data in your specific section of the app- you will most likely need to enter data in a slightly different order to how it appears in the app (except for MRS)
- There are different data entry buttons for different types of data: dates/times/single choice/multiple choice/text/drop down

What is a life threatening event in this context?

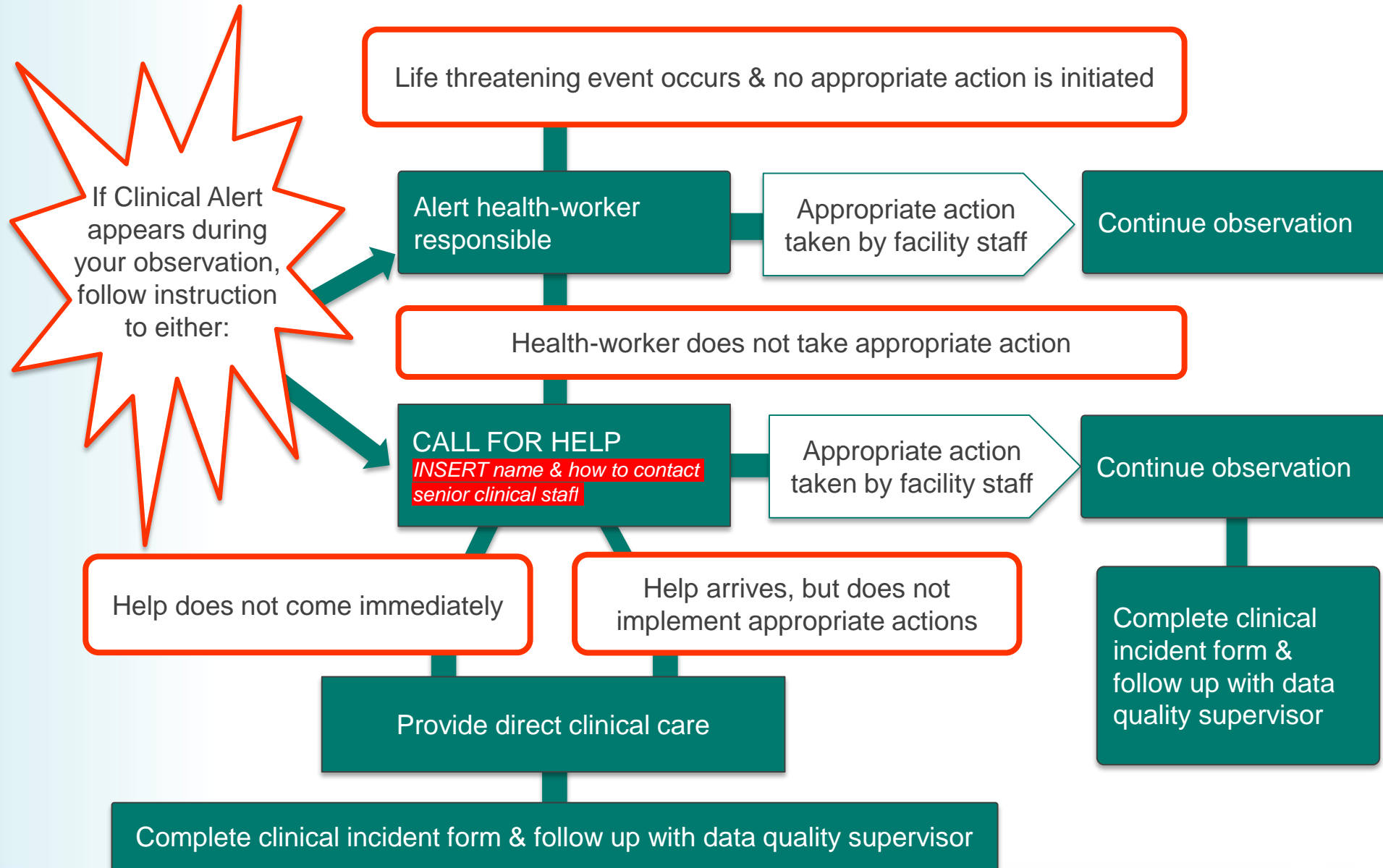
This is any life threatening clinical incident that occurs in the absence of direct and appropriate care from facility healthcare providers.

- **To who do you have a duty of care?**
 - research study participants
 - other patients admitted to the study facilities
- **What is direct and appropriate care?**

Care should be given by qualified registered healthcare providers and in accordance with local clinical guidelines

(these will be agreed at facility level ahead of commencing data collection)

Procedure



Summary:

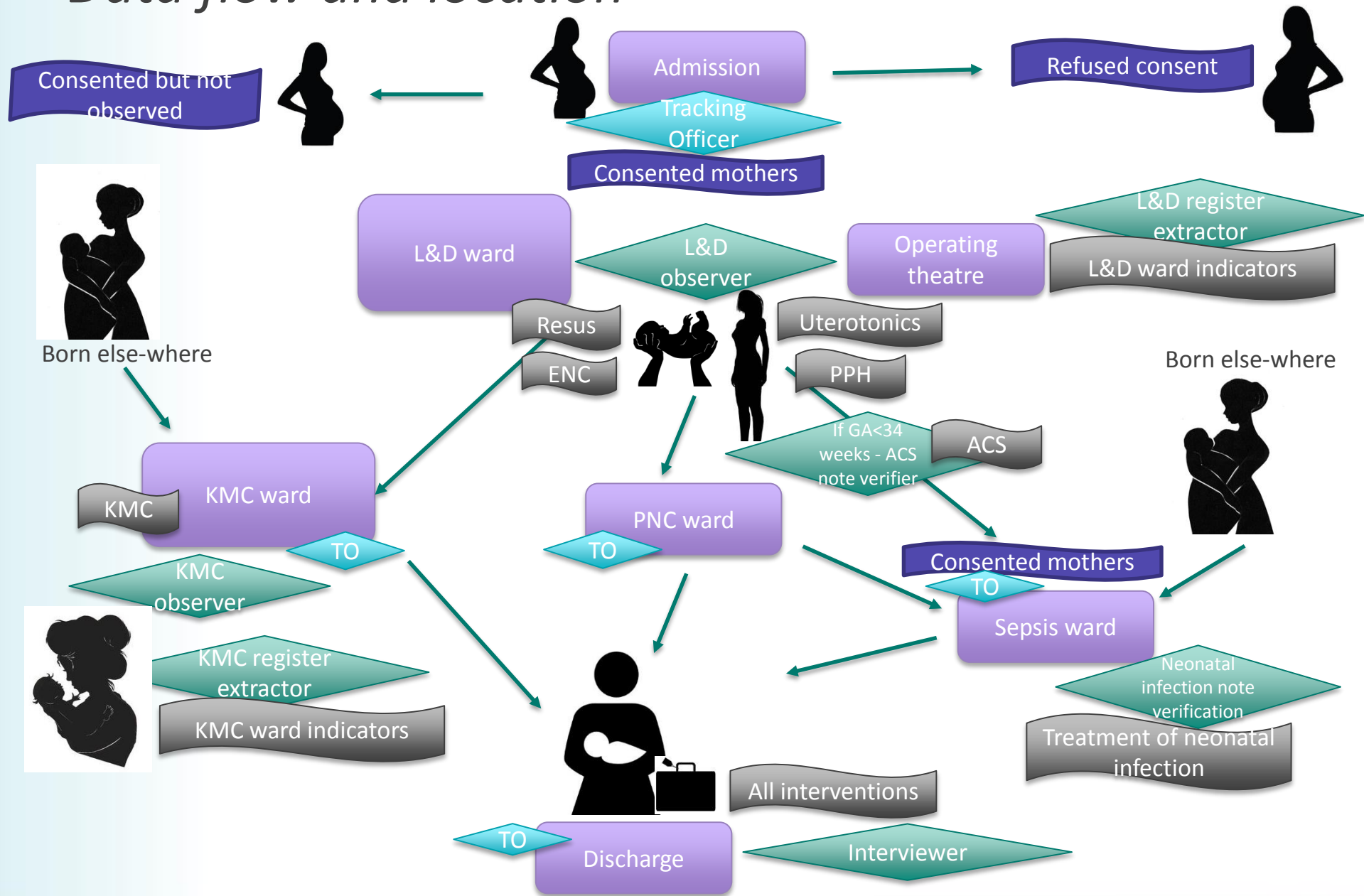
Life-Threatening Event where no appropriate action is being taken

- **When should I intervene?**
During any life threatening scenario where local staff are not taking the appropriate action, or when instructed by a clinical alert.
- **What should I do?**
You should follow the procedure algorithm for these events, instructions provided by a clinical alert will direct you to the correct part of the algorithm.
- **What is a clinical incident form?**
This is a mandatory form that should be completed with support from your supervisor and in all cases indicated by the procedure algorithm.
- **What next?**
Your supervisor will contact the named responsible from hospital management team and ensure they have a copy of the clinical incident form. This form will also be used as part of incident review management at facility, country and international level.

Roles and Responsibilities

Role	Key responsibilities	Location
Supervisors	Ensure all stages of data collection are conducted smoothly and to high quality	Everywhere
Tracking officers (TO)	Enrol mother/babies, collect informed consent, assign to observers, ensure smooth data collection and flow	Admission to L&D ward/OT and admission to KMC ward
L&D ward observers	Observe mothers on L&D ward/OT and collect all relevant data	L&D ward/operating theatre
KMC ward observers	Observe mothers on KMC ward and collect all relevant data	KMC ward
Register data extractors	Complete the L&D/KMC data extraction forms	L&D and/or KMC ward
Case note verifiers	Complete the ACS/neonatal infection verification forms	PNC and sepsis ward
Interviewers	Interview consented mothers pre-discharge	PNC ward
Video data extractors (Nepal)	Extract data from videos	Office...

Data flow and location



Activity S: Data collection run through (45 mins)

The trainers will now lead you through the same group work activity (B) you did at the beginning of the training to consolidate what you have learnt over the week and simulate all stages of data collection working as a team

Objective: To give you the opportunity to have a practise run-through of the stages of data collection.

Handouts:

Title badges: for each data collector you have in your team e.g. L&D observer, data extractor, tracking office. NB. Tablets are not needed.

Place markers: printed sign for each location of data collection, e.g. “Admission”, “L&D ward”, “KMC ward”, “PNC ward”, “Sepsis ward”

Time: 60 minute (roughly 45 minutes walking through different scenarios and 15 minutes for questions and discussion)



PART II: PREPARING FOR FACILITY-BASED TRAINING

(20 MINUTES)

THE LANCET

www.lancet.com/series/everynewborn

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#EveryNewborn

Facility-based training

Objectives:

- To introduce data collectors to the health-facility setting including the hospital management team and a tour of the facility
- To provide an opportunity to do a walk through of the stages of data collection
- To provide an opportunity for a walk through of procedures for life threatening events
- To practise using the apps for data collection with real study participants
- To troubleshoot as a group any practical or logistical challenges that may arise



Facility-based training

Things to remember while in the health facility:

- Be respectful of the patients and health workers in the facility- do not get in their way, do not make excessive noise, always speak in a respectful and calm manner
- You are representing the ENAP metrics study at all times while in the health facility so make sure you are doing so in a positive way
- You are part of a team- be considerate of your colleagues, make sure you communicate information to make their jobs easier, support one another and let the supervisor know if anyone is struggling

QUESTIONS?

