Abstract G150(P) Table 1 Mortality rates pre and post ETAT training

	Pre-ETAT +		Post-ETAT +	
	Deaths (%)	Total no patients	Deaths (%)	Total no patients
Tertiary	20 (14.6%)	137	2 (3.4%)*	58
District	17 (8.5%)	200	0 (0%)*	26

(Pearson Chi-squared, $p = 0.03$, though this has reduced power due to values of less than 5 in the boxes marked with *)

Conclusions Though these results are limited by the relatively small number of children in the post-intervention group and the lack of a control hospital (without ETAT+ intervention) they do provide evidence that the mortality rate in children with malnutrition has reduced since the implementation of the ETAT+ course.

G151(P) IMPACT OF A TRAINING PROGRAMME ON NON-MEDICAL HEALTH WORKERS CONFIDENCE IN MANAGING COMMON NEONATAL PROBLEMS IN SIERRA LEONE

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Background and Aims Sierra Leone has one of the highest infant mortality rates in the world, with 113 out of every 1000 live births dying in their first year of life. Many of these deaths occur in the first month of life from birth asphyxia, complications of low birth weight and prematurity and neonatal sepsis. Sierra Leone has a critical shortage of health workers, especially those with skills in neonatal care. We aimed to develop and evaluate the impact of a two-day training programme designed to give non-medical health workers the knowledge and skills required to provide essential neonatal care to sick and low birth weight neonates.

Methods Twenty-six health workers completed the training programme which was run in the central government hospitals in two neighbouring districts in Sierra Leone. The programme included interactive lectures, practical demonstrations and small-group facilitated sessions, which gave participants the opportunity to practise their newly acquired skills in simulated clinical scenarios. Simplified neonatal treatment guidelines, based on World Health Organisation best practise, were developed and given to each participant to be used during the workshop and as an ongoing reference. Participants were asked to complete a confidence questionnaire before and after the programme: pre and post course confidence scores were analysed.

Results Participants included 18 nursing staff, 5 community health officers and 3 nursing aides. In one district a neonatal unit had just

opened in the central government hospital, and in the other district a neonatal unit was planned with the opening of a new Africa Development Bank funded maternity unit. Health workers showed a significant ($p < 0.001$) increase in their confidence in managing common neonatal problems as illustrated in Table 1.

Conclusion A two-day training programme, coupled with the provision of clinical guidelines, significantly increased the confidence of non-medical health workers in managing the most commonly encountered neonatal problems in Sierra Leone. This demonstrates the potential of the task-shifting approach to expand access to essential neonatal services in similar resource-constrained settings. Further work is required to assess whether changes to practise are sustained, and to evaluate their effects on neonatal outcomes.

G152(P) MULTIDISCIPLINARY NEWBORN RESUSCITATION TRAINING IN ETHIOPIA AND THE RCPCH VSO FELLOWSHIP SCHEME

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Aims In Ethiopia the neonatal mortality rate is 37/1000 live births and perinatal asphyxia is an important contributor. Like many African countries Ethiopia has made significant progress towards millennium development goal 4 but on present trends is still likely to fall short. Neonatal deaths account for 32% of the under 5 mortality, improving neonatal resuscitation and newborn care is thus key to achieving this goal. Newborn resuscitation is often not a priority in Ethiopia, even in hospitals there is often no provision for skilled resuscitators to attend high risk deliveries. Various programmes have been developed to address this shortfall but in the authors' experience they often emphasise theoretical training and fail to reach front line staff.

Methods A 'Train the Trainers' model was used to train motivated local staff in methods of teaching, facilitation, practical demonstration and simulation based training, using manikins and real life scenarios. These local trainers were then used to facilitate subsequent training courses with a view to making the project sustainable. All courses were multidisciplinary and emphasised team working and practical skills. Small grant funding from VSO Ethiopia was used to fund the project. In Bahar Dar NLS training was integrated with practical training in managing obstetric emergencies.

Materials 'Neonatalies' (Baby manikins) were kindly donated by UNICEF. Teaching materials were adapted from Ethiopian WHO guidelines, NLS guidelines from ALSG and Helping Babies Breathe from the USA.

Results Across two large towns in Ethiopia a total of 124 staff were trained in Newborn Resuscitation, 33 staff were trained as instructors. Instructors included obstetric doctors, paediatric

Abstract G151(P) Table 1

Topic	Pre-course			Post-course		
	Confident	Partly Confident	Not confident	Confident	Partly Confident	Not confident
Neonatal Resuscitation	28%	67%	6%	100%	0%	0%
Caring for LBW and premature babies	17%	50%	33%	73%	27%	0%
Calculating fluid and feed requirements	6%	56%	39%	85%	15%	0%
Drug calculations	6%	50%	44%	70%	30%	0%
Managing neonatal sepsis	13%	44%	44%	69%	31%	0%
Managing neonatal convulsions	11%	67%	22%	73%	27%	0%