

LUGINA AFRICA MIDWIVES RESEARCH  
NETWORK



TANZANIA WORKSHOP ON STRENGTHENING EVIDENCE  
BASED MIDWIFERY PRACTICE 1

PEACOCK HOTEL DAR ES SALAAM

12<sup>TH</sup> -15<sup>TH</sup> AUGUST 2013

**ACTIVITY REPORT**

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## Acknowledgement

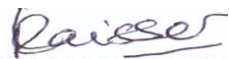
The training on evidence based midwifery practice to 20 clinical and health training institutions midwives in Tanzania has been possible by commitment of several people. I would first like to acknowledge the support from THET for funding LAMRN project for without them would not have been able to conduct the workshop. Thank you

I highly appreciate the efforts made by Prof Dame Tina Lavender, Project lead at the University of Manchester; Dr Grace Omoni Coordinator in Nairobi and other team members for their great vision, and continued guidance since the inception of LAMRN to date.

I would like to recognize the work of Mr Roy A Daley; Research and development coordinator, Global health initiative and other team for ensuring that the necessary materials and funding is in place for the workshop timely. My sincere gratitude should also go to the Dr Carol Bedwell for her commitment and cooperation during the training. Thank you for your tireless efforts, you worked hard despite the new and different environment in Tanzania.

I would also like to extend my sincere appreciation to all participants for their enthusiasm and learning commitment

Last but not least I acknowledge the support of Dr Tumaini Nyamhanga for giving prompt assistance when needed to ensure smooth running of the workshop



Dr Rose Mjawa Laisser  
Country Focal Lead Tanzania

## **Executive Summary:**

Strengthening evidence based workshop 1 to 20 (4M & 16F) midwives from clinical and health training settings was conducted at Peacock Hotel Dar es Salaam Tanzania .

Participants were derived from different geographical regions of Tanzania namely Lindi and Mtwara in the Southern part; Dar salaam and Tanga in the eastern part; Kilimanjaro in the North east; Mbeya in the Southern Highlands and Mwanza in the Northern part of the Country.

The workshop was made possible through a multi-country partnership with Manchester University and other six African countries' aiming at building research capacity of midwives in evidence based practice. In Tanzania the training involved inviting midwives one day before the actual two days training to ensure the 20 midwives have a common understanding of the literature including responding to their needs related to the training before the actual two days workshop. The third day was utilized for 3 midwives to prepare literature review protocol for 3 months.

The workshop was delivered by the focal person with great support from a UK partner. It involved several participatory methods and variety of evaluation activities including, group discussions, literature searching and use of handouts given during sessions such as critiquing research tools. All the sessions started by slide presentations to illustrate the activity or as a lecture. Participants filled in evaluation forms for the training but also to give their opinions on the importance of midwifery evidences in quality midwifery services for the reduction of maternal mortality in Tanzania.

Critical issues raised by participants included; the need for more time in subsequent workshops and their appreciation of the importance of the workshop acknowledging the timely need for evidence based midwifery practices where MMR in Tanzania is still high.

The workshop ended successfully on 15<sup>th</sup> August 2013.

## Introduction and Background

Lugina Africa Midwives Research Network (LAMRN) is a network which was formed in April 2013 by 6 partners from Africa (Kenya, Malawi, Uganda, Tanzania, Zambia and Zimbabwe) and one UK based partner – (Manchester University). The network follows the vision from a previous network -Africa Midwives Research Network (AMRN) and it was named so in memorial of the founder of AMRN Prof. Helen Lugina. Initially 8 countries were involved in AMRN but it was dormant for some years after her death.

The goal of LAMRN is to develop a thriving, collaborative, sustainable, midwifery research network with the capacity and skills to strengthen evidence-based practice, thus improving care for women and babies. In the year 2013-2015 LAMRN has secured a project on capacity building to 120 midwives (20 for each African partner) on evidence based midwifery practice. The objectives of the training strategy is to identify research priorities (based on MDGs), through a Delphi approach, to use the priorities to conduct research activities, with 'alongside' training, to provide research leadership training, develop mentoring plans for career progression and to provide UK researchers with experience of researching in low-resourced settings. The workshops are planned to be carried out in 4 phases. During the first workshop midwives were exposed to the content of introduction to evidence base practice, obtaining and critiquing evidence, translating evidence guidelines and assessing of evidences around research priorities. The second is expected to be in November 2013 about developing research ideas into workable questions, ethics, and development for sharing research knowledge in clinical area. The third is planned for May 2014 where practical approaches to data collection, how to analyze data, how to write an abstract, sharing of research experience in the clinical area will be shared. The last phase is proposed to be in January 2015 where participants will be exposed to presentation skills and writing for publication.

This report informs about the first phase where 20 midwives were introduced to evidence based practice,. Thereafter 3 among the 20 midwives were selected to later mentor others. These were subjected to one further day training on how to conduct literature review and developed literature review protocol to work over for 3 months (Mid August to Mid October 2013).

## Training Process

Prior the workshop facilitators prepared a tentative 2/3 days agenda for all countries to adapt. For Tanzania we started with an additional day prior the 2 days workshop to 20 midwives because there was a need for participants to meet , get prepared for the workshop and importantly for clarification of literature and other documents which were sent to them earlier. There were also few new participants who were selected to replace others who were not able to attend. These needed some time for briefing prior actual training

During the first day important issues to set the workshop scene were made, such as such as setting up of ground rules and noting participant's expectations as follows:

- Ground Rules set by participants as below:-
  - Active participation
  - Phones to be in silence mode or switched off
  - Punctuality
  - Active listening
  - Flexibility
  - Respect of each other's ideas
- Participants expected to:-
  - Learn more on evidence based midwifery practice
  - Gain experiences from others

This was followed by selection of local leadership among participants: Mr Denis Kashaija was selected as the chairperson , Ms Maridhawa Hojaji and Ms Getrude Mangosongo were recorders for the first day while Fatma Khatau and Elimina Swai recorded proceedings for the second day. Ms Happiness Lyimo was selected to remind members on the time keeping as per time table.

The first session continued by the facilitator announcing for a one minute silent prayer for the memorial of the founder

Following the presentation of project objectives and content on the series of 4 workshops actual sessions for workshop 1 was then started by the facilitator assigning groups and tasks were given to each group regarding evidence base midwifery practice as indicated on the table below

Table 1: Groupings, tasks and responses for selected sessions during Tanzania workshop 1

Group # and Names	Tasks/questions to respond by all groups	Summary of Group responses
<p><i>Group 1</i></p> <ul style="list-style-type: none"> <li>○ S. Manangwa</li> <li>○ N. Kagya</li> <li>○ E. Swai</li> <li>○ M. Kimweri</li> <li>○ E. Mwakalinga.</li> </ul>	<p><i>Task one: Role in LAMRN</i></p> <p>Q1: How do you see your role in LAMRN?</p> <p>Q2: How will you contribute?</p> <p>Q3: What do you want to gain?</p>	<p><i>Roles ,contributions and participants' gains from LAMRN:</i></p> <ul style="list-style-type: none"> <li>i. To build capacity within ourselves and to other midwives.</li> <li>ii. Self awareness and development in research by doing write ups.</li> <li>ii. To identify priorities in midwifery issues and to do research</li> <li>v. To utilize research findings</li> <li>v. To share our experiences with other midwives</li> <li>vi. To ensure quality care to mothers and children.</li> </ul> <p><i>Contributions:</i></p> <ul style="list-style-type: none"> <li>i. Conduct different researches in order to improve and strengthen midwifery practices</li> </ul>
<p><i>Group 2</i></p> <ul style="list-style-type: none"> <li>○ D. Kashaija</li> <li>○ C. Benedict</li> <li>○ M. Hojaji</li> <li>○ M. Bakari</li> </ul>		
<p><i>Group 3</i></p> <ul style="list-style-type: none"> <li>○ F. Khatau</li> <li>○ B. Mkwela</li> <li>○ H. Lyimo</li> </ul>		

<ul style="list-style-type: none"> <li>○ B. Mwansasu</li> </ul>		<ul style="list-style-type: none"> <li>ii. Sharing information with other researchers using LAMRN umbrella through network communication.</li> </ul>
<p><i>Group 4</i></p> <ul style="list-style-type: none"> <li>○ G. Mangosongo,</li> <li>○ Mlowola,</li> <li>○ E. Kilimba</li> <li>○ D. Bagenda</li> </ul>		<ul style="list-style-type: none"> <li>iii. Fully committed with LAMRN activities.</li> <li>iv. To involve colleagues on evidence based practice in working areas</li> <li>v. To be role models in practical areas.</li> <li>vi. To discuss with other stake holders on how to improve midwifery practice in the community</li> </ul>
<p><i>Group 5</i></p> <ul style="list-style-type: none"> <li>○ E. Libaba</li> <li>○ L. Mkolea</li> <li>○ M. Mmuni</li> </ul>		<p><i>Gains:</i></p> <ul style="list-style-type: none"> <li>i. To acquire knowledge and skills on practical area aiming at reaching MDG 4 and 5</li> <li>ii. To gain competence in writing midwifery research</li> <li>iii. Networking with other partners.</li> <li>v. Share challenges among members</li> </ul>
<p><i>Groups 1-5</i></p>	<p><i>Task 2: Evidence based practice</i>  Q1: What is evidence?  Q2: What do you base your decisions on in practice?  Q 3. Think of three clinical practices that you do which are evidence based.  Q 4 Barriers to evidence based practice and how to overcome</p>	<ul style="list-style-type: none"> <li>i. Evidence is something obtained after assessing / study and get some findings</li> <li>ii. Evidence is something obtained from proof, experience</li> </ul> <p><i>My decisions are based on:</i></p> <ul style="list-style-type: none"> <li>i. Guidelines</li> <li>ii. Non human requirements and available materials.</li> <li>ii. Human resources (knowledge skills and experience.</li> <li>iv. The importance in practice.</li> </ul> <p><i>Clinical practice evidences</i></p> <ul style="list-style-type: none"> <li>i. No fundal pressure</li> <li>ii. No induction of labour to multiparous</li> <li>iii. Use of magnesium sulphate in eclampsia</li> </ul> <p><i>Barriers to Evidence based practice</i></p> <ul style="list-style-type: none"> <li>i. Lack of current guidelines</li> <li>ii. Tradition in providing care( routine works)</li> <li>iii. Shortage of manpower in overcrowded units</li> <li>iv. Lack of skilled attendants</li> <li>v. Negligence</li> <li>vi. Lack of motivation</li> <li>vii. Attitudes of staffs</li> <li>viii. Low confidence and lack of resources</li> </ul>

The last session of the day was about Delphi technique (Appendix II: Time table) whereby the facilitator elaborated that a Delphi technique is building consensus. Participants were informed that a chosen research priority was the one that should be

ethical and legalized in the country. The phases of Delhi techniques include brainstorming, narrowing down and ranking. An example of the Dephi technique method was the circles of Tanzania national constitution which was undergoing a second round during the time of workshop 1.

On the second day participants started by watching one of the film which was prepared by AMRN aiming to continue advocating for better midwifery services in Africa. The film illustrating shortages of staff, working in hardship areas, lack of equipment and supplies but also efforts of healthcare staff in support of women. The sessions on conducting literature continued where participants were guided on techniques for literature search such as use of key words (MESH) and hand searching, while participants did hands on from different free data base such as Cochrane, WHO, Pub Med and others. Participants worked in groups and shared their experiences in plenary. Other sessions led were about developing a protocol for a narrative and a systematic review where reasons for review and the process of review were highlighted. Three participants for the day 3 training were Saturine Managwa, Margareth Kimweri and Evance Libaba was selected.

## Hands on Literature search



Figure I Participants of one of the group exercises

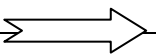
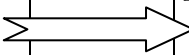
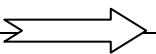
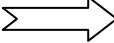
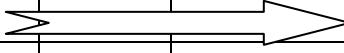

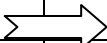

The 3 midwives in their workshop selected one research priority question to work. Members selected item number 27 stating *“What are the problems related to delay in transfer of labouring women from the health centres and sub-district hospitals to a fully functional maternity unit?”*(Appendix 5)

Thereafter discussions on how to go about the literature among the three members was conducted and each one had an assigned role. A gant chart below indicate 3 midwives plan for 3 months.

## Literature Review on

### *Factors associated with delay in transfer of laboring women with complication from the health Centre to district hospital in Tanzania*

#### Gant Chart

Compilation of the final version (All 3)								
Document review(All 3)								
Compilation of the literature review from others(SM)								
Production of the literature review document (All 3)								
Compilation of the searched literatures (ALL 3)								
Searching relevant literature (ALL 3)								
Formulating of title, identifying key words and scope, identifying list of sources (ALL 3)								
Dates	19 <sup>th</sup> -23 <sup>rd</sup> Aug 2013	26 <sup>th</sup> -30 <sup>th</sup> Aug, 2013	2 <sup>nd</sup> -6 <sup>th</sup> Sept, 2013	9 <sup>th</sup> -13 <sup>th</sup> Sept, 2013	16 <sup>th</sup> -20 <sup>th</sup> Sept, 2013	23 <sup>rd</sup> -27 <sup>th</sup> Sept, 2013	30 <sup>th</sup> Sept-4 <sup>th</sup> Oct, 2013	7 <sup>th</sup> -25 <sup>th</sup> Oct, 2013



## Resources for Workshop 1

### i. Participants Handouts

The participants were given handouts for all the sessions. These handouts had notes for all taught sessions and exercises which consist of exercises highlights for example on questions to respond in groups shown on table 1 above

### ii. Evaluation Forms

Evaluation forms used to assess each sessions. The participants filled the evaluation forms after the end of each session and wrote comments for improvement

### iii. Teaching Aids

Lab tops, digital cameras, LCD projector and modems

### iv. Others

Refreshments and per diems

## Training Evaluation

Some reactions by participants on the training as recorded from their evaluation forms according to questions asked

### **How would you rate the workshops overall?**

Poor – 0

Average - 0

Good – 7

Excellent – 13

### **How would you rate the venue for the workshops?**

Poor – 0

Average – 0

Good – 4

Excellent – 16

### **How would you rate the organization of the workshops?**

Poor – 0

Average - 0

Good – 6

Excellent – 14

### **Has attending the workshop benefitted you?**

Yes – 20 (100%)

## **Were the workshop sessions relevant?**

Yes – 20 (100%)

## **What did you find most useful from attending?**

- Critiquing the research papers.
- I gained many things, importance of midwives network.
- I have been enjoying with the Cochrane database.
- I will be equipped with current knowledge on conducting research and evidence based practice.
- Session. Organization, teaching approach (participatory)
- Joining LAMRN is most useful and not only getting knowledge of seminar content was most useful to me.
- Knowledge on evidence and update on skills.
- All topics are useful.
- Evidence based practice.
- Importance of evidence based practice. Sharing different ideas with others.
- Gain more knowledge about research.
- Literature review by using websites and how to critique research.
- How to critique research. Hands on searching for literature. Review.
- Evidence based practice.
- Delphi Technique.
- Systematic and narrative review.
- Learning on research related issues.
- Exchanging ideas from my colleagues.
- Literature search.
- To perform critique, especially exercise of critique.

## **What did you find least useful from attending?**

- Nothing/none.
- There were no least useful from attending the workshop.
- Nothing, all were very useful.

## **Is there anything you would have liked more of?**

- Literature review.
- More exercises and time.
- Many exercises kept us busy and active. Teachers are organised and helpful. Thank you, to increase more in other workshops.
- More time (2 days is not enough) to cover more research topics eg constructing title, writing methodologies and referencing, how to prepare manuscript.
- Everything was learning to me.
- More group discussion following each session.
- Evidence based practice.

- All sessions presented were good and will be useful.
- Literature review conducting and searching.
- Literature review, conducting searches, critiquing, research methodology.
- Presentation skills.
- More time for critiquing papers.
- Dr Carol's sessions especially. Critiquing the paper and conducting a literature review.
- The way you organize the activity (two days with lot of materials/contents).

### **Is there anything you would have liked less of?**

- Time frame is short.
- Nothing/none.

### **Any other comments about the workshops?**

- Congratulations to presenters. Keep it up!
- Two days is not enough for the learning purpose.
- Everything was excellent, participants, facilitators were good.
- It is a very interested session.
- Every point which I have been taught is very useful to us learners (researchers) but the workshop too short, 3 days. Maybe next workshops should be elongated to 5 days or more.
- I am waiting anxiously to proceed with LAMRN activities.
- Good workshop. Just keep time for coming workshop.
- The sessions were good. Keep it up.
- Workshop is very useful in midwifery practice (evidence based practice). Research results may improve midwifery practice and makes midwives work with confidence.
- Time of workshop is maybe three to four days.
- Comprehensive five days is important.
- Workshop is very useful in improving midwifery practice that can reduce maternal/neonatal morbidity and mortality rate.
- It was wonderful. Hope to gain more knowledge and skills in the coming workshops.
- It has been well done.
- Keep it up!
- Very useful workshop, reminds me of many things like literature search by using different method in the computer and critiquing studies.
- It increased knowledge on research. Sessions related to the aim of the workshop and LAMRN
- Excellent, well done!

## Appendices

### Appendix I: List of Participants and their contacts

NAME	Contact details: email, phone no, address	Place of Work	Qualifications & number of years experience
Mr Denis Kashaija	<a href="mailto:kashaijadk@gmail.com">kashaijadk@gmail.com</a> P.O.Box 132 Mwanza	Sekou Toure Hospital Mwanza Tanzania	Registered Midwife ( Bachelors Degree in Midwifery) 12 yrs experience
Margareth Kimweri	<a href="mailto:maggiekimweri@yahoo.co.uk">maggiekimweri@yahoo.co.uk</a>	KCMC School of Pediatric Nursing, MOSHH-Kilimanjaro	Registered Nurse Midwife ( Masters degree in Public health) 16 yrs experience
Ms Albertina Hamisi Mlowola	<a href="mailto:albertinamlowola@yahoo.com">albertinamlowola@yahoo.com</a> P O Box 520 Mtwara Tanzania	Reproductive Health section Lugala Hospital Mtwara	Registered Midwife ( advance diploma in Midwifery) for 13 years
Ms Lucy Mkolea	<a href="mailto:mkolealucy@yahoo.com">mkolealucy@yahoo.com</a> P O Box 520 Ligula Mtwara +255 784364184	Labour Ward Ligula Hospital Mtwara	Registered Midwife ( advance diploma in Midwifery) for 25 years
Ms Getruda Mwangosongo	<a href="mailto:getruder@yahoo.co.uk">getruder@yahoo.co.uk</a> P O Box 520 Ligula Mtwara + 255 784365828	Outpatient Department Ligala Hospital Mtwara	Registred Nurse Midwife ( Advance diploma in Midwifery) for 18 years
Evance C. Libaba	NTC Mtwara P O Box 668 Mtwara Tanzania <a href="mailto:Libaba_evancecyprian@yahoo.co.uk">Libaba_evancecyprian@yahoo.co.uk</a>	Mtwara Nurses and Midwives Training Centre	Registered Nurse (ADNE) Tutor for 8 years
Ms Christina Benedict Kaliga	<a href="mailto:Benedictchristine215@yahoo.com">Benedictchristine215@yahoo.com</a> P O Box 668 Mtwara Tanzania	Mtwara Nurses and Midwives Training Centre	Registred Nurse Midwife ( Diploma in Nursing and Midwifery) & ADNE Tutor for 2 years

Ms Magdalena Mmuni	P O Box 1011 Lindi <a href="mailto:magdalenammuni@yahoo.com">magdalenammuni@yahoo.com</a>	Sokoine Hospital Paediatric Ward	Registered Nurse Midwife ( advance diploma in paediatric nursing) 4 years
Ms Beatrice Mkwela	Box 1011 Lindi Tel: +255 787203134. <a href="mailto:bmkwella@yahoo.com">bmkwella@yahoo.com</a>	Sokoine Hospital Lindi	Registered Nurse Midwife ( diploma in Nursing and Midwifery) for 22 years
Mr Benson G. Mwansasu	0784219849 <a href="mailto:bensonmwansasu@yahoo.com">bensonmwansasu@yahoo.com</a>	Mbeya University of Science & Technology	Registered Nurse ( BSC Nursing and advance diploma in Midwifery)
Mr Saturine Managwa	+ 255 784715825 <a href="mailto:saturinem@yahoo.co.uk">saturinem@yahoo.co.uk</a> P O Box 65006 Dar es salaam	Midwifery School Muhimbili DSM	Registered Nurse for 6 yrs
Naomi Kagya	+ 255 784419949 <a href="mailto:comfort_kagya@yahoo.com">comfort_kagya@yahoo.com</a> P O Box 65006 Dar es salaam	Midwifery School Muhimbili DSM	Registered Nurse (Bsc Nursing) for 6 years
Maridhawa Hojaji	+ 255 15442976/0754442976 <a href="mailto:maridhawahs@yahoo.com">maridhawahs@yahoo.com</a> P O Box 65006 Dar es salaam	Midwifery School Muhimbili DSM	Registered Nurse ( Bsc Nursing) for 6 years
Happiness Lymo	<a href="mailto:happinesslymo@yahoo.com">happinesslymo@yahoo.com</a> 0754667918 0655667918	Freelance Nurse midwife in Dar es Salaam	Registered Nurse Midwife ( Advance Diploma in Public Health Nursing)for 26 yrs (retired midwife)
Jane Kavishe	+ 255 754311896 P O Box 65006 Dar es Salaam	Muhimbili National Hospital	Registered Nurse Midwife (diploma level) for 10 years
Mwajuma Bakari	Box 452 Tanga 0784626847	Bombo Reg. Hospital	Registered Nurse ( Advanced Diploma in Midwifery)
Everlyn Jonathan Kilimba	+255 755503357 <a href="mailto:evykilimba@yahoo.com">evykilimba@yahoo.com</a> P O Box 65000 Dar es Salaam	Muhimbili National Hospital	Registered Nurse Midwife (Diploma level) for 22 yrs
Ducresia Kamzora Bagenda	+255 713248132 P O Box 65000 Dar es Salaam	Muhimbili National Hospital	Registered Nurse Midwife (diploma level) for 22 years
Elimina Swai	<a href="mailto:eliminac@yahoo.com">eliminac@yahoo.com</a> ;+255 754 599098; +255 658 599098	Muhimbili School of Nursing	Registered Nurse (Masters level)
Elizabeth Mwakalinga	<a href="mailto:elizamulakalinga@yahoo.com">elizamulakalinga@yahoo.com</a>	Muhimbili School of Nursing	Registered Nurse (Bachelor degree in Nursing)

## Appendix II: LAMRN Tanzania Workshop 1: Time Table

<b>Day One – Monday: 12<sup>th</sup> August 2013</b>		
TIME	ACTIVITY	RESPONSIBLE PERSON
08.30 – 09.00	Arrival and registration	Secretariat
09.00 – 10.30	Session 0: Orientation of participants to AMRN membership structure v/s LAMRN structure- Issues for membership	Rose /Tumaini
10.30 - 11.00	Health Break	All
11.00-1.00	Clarification to participants on literature sent to 20 research midwives	All/Tumaini
01.00.02.030	Lunch	All
2.00-3.00	Completion of questionnaire for replaced participants	Rose/Tumaini
3.00-4.00	Orientation of replaced participants and closure	Tumaini

<b>Day Two – Tuesday 13<sup>th</sup> August 2013 ( Actual Training Day 1)</b>		
TIME	ACTIVITY	RESPONSIBLE PERSON
08.30 – 09.00	Registration	
09.00 – 10.30	Welcome and introduction to LAMRN Introduction to LAMRN and progress to date including Workshops Formulation of ground rules, participants expectations and logistics	Rose
10.30 -11.00	Nutritional Break	ALL
11-13.00	What is evidence based practice? What informs practice?	Carol /groups
13.00 - 14.00	Lunch	All
14.00 - 15.00	What is evidence based practice? Examples of evidence based practice.	<i>Carol/Rose /Groups</i>
15.00 - 15.15	Afternoon Break	All
15.15 - 16.30	Translating evidence into practice – clinical guidelines	<i>Carol/Rose /Group</i>
16.30	Closure of the day	Participants
16.30 -17.00	Organizers and Facilitators meeting	Rose, Tumaini and Daily secretariat

<b>Day three – Wednesday 14<sup>th</sup> August 2013</b>		
TIME	ACTIVITY	RESPONSIBLE PERSON
08.30 – 09.00	Recap day two	Secretariat
09.00 – 10.00	Narrative v systematic review - overview	Carol
10.00-10.30	Health Break	All
10.30-1.30	Conducting a literature review (based on priorities)	Carol/Rose
01.30-02.30	Lunch	All
02.30-03.30	Critiquing the literature (theory)	Carol
03.30-04.30	Critiquing the literature (practice) Based on research priorities	Carol/Rose/Groups
04.30-05.00	Feedback from critique , way forward and workshop Evaluation	All
05.00-05.30	Organizers and meeting with 3 midwives	Rose/Tumaini

<b>Day four – Thursday 15<sup>th</sup> August 2013 (Three midwives training Day 1)</b>		
TIME	ACTIVITY	RESPONSIBLE PERSON
08.30 – 09.00	Introduction to role	Rose
09.00 – 11.00	Developing a protocol for systematic/narrative review (selection of priority )	Rose
11.00-11.30	Health Break	All
		Rose /3 midwives
11.30-1.30	Developing a protocol for systematic/narrative review (based on priority # 27)	Rose/3 midwives
01.30-02.30	Lunch	All
02.30-04.30	Developing a research protocol - outline (gant chart)	3 midwives /Rose
04.30-04.50	Evening refreshments	ALL
04.50-05.00	Developing a research protocol - outline for priority # 27	3 midwives /Rose

### Appendix III: Workshop Evaluation Form

How would you rate the workshops overall? (Please circle)

Very poor      Poor      Average      Good      Excellent

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How would you rate the venue for the workshops? (Please circle)

Very poor      Poor      Average      Good      Excellent

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How would you rate the organization of the workshops? (Please circle)

Very poor      Poor      Average      Good      Excellent

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Has attending the workshop benefitted you?    Yes/No (please circle)

Were the workshop sessions relevant?    Yes/No (please circle)

What did you find most useful from attending?

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What did you find least useful from attending?

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Is there anything you would have liked more of?

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Is there anything you would have liked less of?

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Any other comments about the workshop?

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#### Appendix 4: First Round of LAMRN Research Priorities

	Questions	✓ / x	Comments
1.	What is the best partograph / labour graph format?		
2.	How can we ensure successful implementation of the partograph?		
3.	What are the experiences of men who support their wives during labour and birth?		
4.	What are the experiences of teen mothers during labour and birth?		
5.	What is the knowledge and practice of boys and girls of STIs?		
6.	Why do men and women present at clinics with recurrent STIs?		
7.	How can we improve access to reproductive and child health services?		
8.	How do women experience care during labour and birth?		
9.	What are the barriers and facilitators to meeting labour and birth standards?		
10.	What interventions reduce sepsis in intrapartum and postnatal care?		
11.	What are the most effective interventions prenatally and postnatally to prepare women for the care of the neonate?		
12.	How do we ensure the quality and effectiveness of family planning services provided to women?		
13.	What is the role of the nurse/midwife in the prevention of reproductive health cancers?		
14.	What is the impact of the past experience of sexual abuse on a woman in labour and birth?		
15.	What factors affect women's childbirth satisfaction?		
16.	What are the barriers that hinder effective documentation by midwives during labour and birth?		
17.	What factors improve respectful practices and communication with women in reproductive healthcare?		
18.	What factors improve effective communication between midwives?		
19.	What is the impact of using less qualified health workers in family planning services at community level?		
20.	What is the knowledge and practice gap of school health nurses in the provision of adolescent sexual and reproductive health services?		
21.	What is the role of the head teacher in schools in the promotion of adolescent sexual and reproductive health services?		
22.	What factors influence the level of job satisfaction		

	for midwives?		
23.	What interventions may improve job satisfaction for midwives?		
24.	What is the most effective support for women who decide to give a baby up for adoption?		
25.	What do teenagers and young adults in schools know about reproductive health (safe sex, family planning, abortion and post abortion care)?		
26.	What interventions are effective in supporting male partner involvement in labor care?		
27.	What are the problems related to delay in transfer of laboring women from the health centres and sub-district hospitals to a fully functional maternity unit?		Selected priority by the 3 midwives in Tanzania
28.	Is catheter insertion by midwives immediately after delivery in prolonged labor a viable method of prevention of VVF?		
29.	What methods can be used to improve midwifery competencies?		
30.	How can midwives time be used more effectively?		
31.	How effective is the implementation of misoprostol in PPH?		
32.	How can we promote midwifery as a career?		
33.	What is the role of masculinity/male involvement in the family planning practice?		
34.	How can we ensure successful implementation of the partograph?		
35.	How prepared are the midwives for competency-based clinical practice?		
36.	What are the priority areas for continuing professional development and/or strengthening midwifery education?		
37.	Is midwifery education supporting midwives working in rural areas?		
38.	What are midwives perceptions and experiences of research?		
39.	How does an understanding of research evidence enhance midwifery practice?		
40.	What are the barriers to effective implementation of focused antenatal care?		
41.	How can midwives best serve women through the PMTCT programme?		
42.	What is the impact of previous perinatal loss on women's experiences of current pregnancy?		
43.	What interventions successfully prepare midwives for obstetric and neonatal emergencies in rural/hard to reach areas?		
44.	What interventions assist women and their partners to sustain exclusive breastfeeding?		
45.	What factors are associated with HIV counseling		

	and testing uptake among adolescents?		
46.	What form of support do working breast feeding mothers need in order to exclusively breast feed for 6 months?		
47.	What knowledge do childbearing women have of stillbirth preventive measures?		
48.	What are the experiences of women after giving birth to a premature baby?		
49.	What are women's attitudes, knowledge and experiences of obstetric fistulas?		
50.	What interventions may assist women in the prevention and reoccurrence of obstetric fistula?		
51.	What is the quality of care for women during and after treatment of breast and cervical cancer?		
52.	What are the lived experiences of health care personnel caring for women with advanced reproductive cancers?		
53.	How can Reproductive Health Services be improved through Health Promotion Activities?		
54.	What is the impact of using less qualified health workers on Maternal and Child Health?		
55.	What are the experiences of HPV vaccinations in young girls?		
56.	What interventions may increase the uptake of HPV vaccinations in young girls?		
57.	What interventions increase the utilization of the Youth Friendly Health Services by adolescents?		
58.	What are the experiences of pregnant women suffering Non-Communicable Diseases (NCDs)?		
59.	What are the lived experiences of women that have undergone gender based violence?		
60.	What contributes to workforce violence within maternity units?		
61.	What is the impact of safe motherhood objectives on maternal and child health?		
62.	What is the impact of the shortage of midwives in the maternity unit?		
63.	Does focused antenatal care improve clinical outcomes?		

Are there any additional questions that you believe are important?

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