**Trial registration data**

* Primary registry and trial identifying number: NCT03210194
* URL: <https://clinicaltrials.gov/ct2/show/NCT03210194>
* Date of registration in primary registry: June 30th, 2016
* Secondary identifying numbers: SIDISI - 100651
* Source of monetary or material support: Grand Challenges Canada
* Primary sponsor: Universidad Peruana Cayetano Heredia
* Contact for public queries: Dr. Luis Huicho and Dr. Carlos Delgado
* Contact for scientific queries: Dr. Carlos Delgado and Dr. Luis Huicho
* Public title: RCPNEOPERU project
* Brief title: Randomized Cluster Trial on Innovative and Standard Strategies for Neonatal Resuscitation Training (RCPNEOPERU Project)
* Scientific title: Continuous training and certification in neonatal resuscitation in remote areas using a multi-platform information and communication technology intervention compared to standard training: A randomized cluster trial study protocol
* Country of recruitment: Perú
* Problem studied: Health Care Personnel training alternatives in neonatal resuscitation on remote areas.
* Intervention: Training and certification using a multi-platform information and communication technology intervention
* Key inclusion and exclusion criteria:
	+ - Inclusion criteria:
			* Primary and secondary level facilities located in Ayacucho and Cusco that have a neonatal mortality rate higher than 15 per 1,000 live births will be eligible
		- Exclusion criteria:
			* Health facilities whose authorities refuse participation of their health professionals; facilities with less than 290 births a year; facilities located at more than 210 kilometres from the department capital; and those located in high risk areas due to social unrest will be excluded

**Trial registration data (continuation)**

* Study type: cluster randomized trial
* Date of first enrolment: August, 2017
* Target sample size: 12 health centres
* Recruitment status: Not yet recruiting
* Primary outcome: Percentage of infants with heart rate equal or greater than 100 per minute at 2 minutes of life
* Key secondary outcomes: 1) time to start positive pressure ventilation; 2) time to achieve heart rate greater than 100 per minute; 3) Apgar at 1 minute and at 5 minutes; 4) use of supplemental oxygen after 10 minutes of life; 5) inspiratory oxygen fraction needed by the new-born at 30 minutes after birth; 6) early neonatal mortality, will be gathered until to the day 7 of life; 7) number of referrals to health facilities with greater resolution capacity, monitored until the day 7 of life; and 8) number of certified health professionals.