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MOTHERCARE NIGERIAN TRIP REPORT

February 14 - March 7, 1992

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ACRONYMS

| | |
|---|---------|
| A.I.D. Affairs Officer | AAO |
| American College of Nurse Midwives | ACNM |
| Family Health Services Project | FHS |
| Federal Ministry of Health | FMOH |
| Intra African Committee | IAC |
| Information, Education, Communications | IEC |
| The Johns Hopkins University/Population Communication Services | JHU/PCS |
| John Snow, Inc. | JSI |
| Primary Health Care | PHC |
| Public Opinion Polls, Inc. | POP |
| Research International | RI |
| Research and Marketing Services, Ltd. | RMS |

Acknowledgments

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I. Executive Summary

During this third trip to Nigeria, the MotherCare representative, in collaboration with the FHS project, established an office for the MotherCare Nigerian Maternal Care Project within the FHS/USAID office compound. Recruitment efforts were initiated for the two project staff positions - the Project Coordinator and the Administrative Assistant. MotherCare hired Mrs. Lola Payne, who recently retired from the position of Chief Nurse, Hospital Services and Training Division, FMOH, as a consultant until A.I.D. approval for the positions is granted.

A Memorandum of Understanding for the implementation of the MotherCare project was drafted during this visit. This memorandum details the commitments of the involved parties and will be agreed upon with signatures of the AAO, USAID; the Minister of Health, FMOH and JSI Vice President. The final copy for review and signatures was sent to Nigeria on March 13, 1992.

The initial drafts of MotherCare Nigerian Maternal Care Workplan and Budget were submitted to the AAO, USAID and the Assistant Director, PHC, FMOH during this visit. Final drafts, which included requests for approval for Mrs. Payne as the Project Coordinator and Mr. Nnanta as the Administrative Assistant, were returned to Nigeria on March 13, 1992 and were simultaneously submitted to A.I.D. Washington for approval.

During this visit, more progress was made on the project components:

Midwife Training in Life Saving Skills - The MotherCare representative and Mrs. Payne, in collaboration with the FMOH, initiated the process to identify potential training sites for the midwifery training. To that end, visits were made to Oyo, Osun, Kano and Kaduna and to Niger and Bauchi (after the MotherCare representative's departure). At this point, Oyo and Bauchi look like the best possibilities. The training needs assessment will be conducted by Mrs. Payne and a MotherCare/ACNM consultant during the month of April. The final determination of the two states and the state training sites will be made after the completion of the needs assessment. Thereafter, Memoranda of Understanding will be drafted for agreement by FMOH, USAID, the appropriate State Institutions and MotherCare/JSI.

I.E.C. Strategy - MotherCare/The Manoff Group prepared and sent to Nigeria a Request for Proposals (RFP) for the conduct of the formative research in the two project focus states - community-based maternal care services, practices, attitudes and breastfeeding practices among 5-6 different ethnic groups (the breastfeeding research was cancelled at the request of the Deputy Director, PHC/FMOH since it was thought to be redundant of research that has already taken place in Nigeria). The RFP was distributed by the

JHU/PCS/FHS Country Representative, prior to the MotherCare visit. Proposals have been submitted by three different research agencies - Public Opinion Polls, Ltd. (POP); Research and Marketing Services, Ltd. and Research International (RI). All three proposals are being reviewed by MotherCare/The Manoff Group staff and the JHU/PCS/FHS staff in Lagos. It is anticipated that the research agency proposal will be selected by the beginning of April with a fixed price subcontract submitted to Contracts for approval shortly thereafter.

Breastfeeding Strategy - Since additional breastfeeding research does not appear to be acceptable at this time, the MotherCare representative and the PHC/FMOH agreed to consider other options for utilizing MotherCare resources to promote a national breastfeeding strategy. To this end, the PHC/FMOH called a meeting of parties presently involved in breastfeeding activities from within the Ministry and from other Nigerian institutions. As an outcome of this meeting, it was suggested that MotherCare could fund a small technical committee meeting composed of approximately twenty-two high level breastfeeding experts pulled from various states in Nigeria as well as representatives from USAID, UNICEF, UNFPA and other cooperating agencies, such as MotherCare and Wellstart. The purpose of this meeting would be to identify research already conducted, discuss the findings and look for gaps in the research; review I.E.C. materials in circulation and identify inconsistencies and/or voids in the messages to promote early and exclusive breastfeeding; clarify the elements of the national breastfeeding policy and put forward a plan for a national breastfeeding strategy.

MotherCare requested the FMOH to submit a proposal for this technical committee meeting with a budget for the preparation for this meeting and the actual meeting (2 days). It is anticipated that this proposal will be submitted to MotherCare by the end of March or early April. It was suggested that the meeting be held in May or June, 1992.

II. Purpose

The purpose of this third trip to Nigeria was to accomplish the following tasks:

- * To draft a Memorandum of Understanding for the MotherCare Nigerian Maternal Care Project which specifies project components and details the responsibilities of all concerned parties to be agreed upon and approved by the FMOH, USAID, and MotherCare/JSI;
- * To finalize the MotherCare Nigerian Maternal Care Project Workplan and Budget and to prepare the document for approval by A.I.D. - R&D/H/HSD and the Mission;
- * To establish the MotherCare Nigerian Maternal Care Project Office within the FHS/USAID compound;

- * To clarify the FMOH priorities regarding national breastfeeding activities and identify those activities which could be supported under the MotherCare Nigerian Maternal Care Project;
- * To conduct visits to 3-5 states to assess interest and capability on the part of the states to be considered as potential state sites for the midwife training component and I.E.C. campaigns and to prioritize states to be considered according to this initial assessment visit.

III. Trip Activities

A. Draft Memorandum of Understanding

The MotherCare and USAID representatives prepared the Memorandum of Understanding to be agreed upon by the FMOH, USAID and MotherCare/JSI. The draft was prepared and submitted for review by all involved parties. The comments of all reviewers were incorporated into the text and the document was returned to Nigeria (13 March, 1992) for final approval and signatures of the Minister of Health, FMOH and the AAO, USAID.

B. Establish the MotherCare Nigerian Maternal Care Project Office

With the assistance of the African-American Institute (the FHS Administrative and Logistic Component), MotherCare has established a project office in the FHS/USAID building. Furnishings are being ordered and bids for a computer and printer (the only non-expendable equipment to be purchased by MotherCare for this project) are being prepared for approval by A.I.D. Washington (submitted to A.I.D. CTO, March 26, 1992).

C. Identify and Hire Project Staff

During this visit, the MotherCare representative placed an advertisement in three local papers for the Project Coordinator position and interviewed four candidates. As an outcome of these interviews, the MotherCare representative nominated Mrs. Lola Payne, who recently retired from the position of Chief Nurse, Hospital Services and Training Division in the FMOH, as the Project Coordinator. Mr. USA Nnanta was nominated as the Administrative Assistant for the Project. Mr. Nnanta has been working for JHU/PCS division of the FHS Project and has excellent accounting, administrative and secretarial skills. Both candidates have been presented with their biodata forms and their job descriptions in the MotherCare Nigerian Maternal Care Workplan, to be approved by the MotherCare CTO, A.I.D. Washington and the AAO, USAID Lagos. During the interim, MotherCare hired Mrs. Payne as a consultant for a period not to exceed 44 working days or until the approval for her appointment as Project Coordinator is granted, whichever comes first.

The Country Representative for JHU/PCS/FHS initiated the recruitment process for the I.E.C. Program Officer who will be hired by JHU/PCS/FHS to work with the MotherCare Project in the design and implementation of the I.E.C. Strategy to be carried out in the project's two focus States. Until

the I.E.C. Program Officer is identified and approved, the Country Representative, JHU/PCS, hired Mrs. Data Phido as a consultant to participate in the initial MotherCare Project start-up activities.

D. MotherCare Nigerian Maternal Care Workplan and Budget, March, 1992 - September, 1993.

The Workplan and Budget, which details the activities and time frame for the project start-up, the project staff (as mentioned above) and the activities included under the four project components - Midwife Training; I.E.C. Strategy; TBA Curriculum Development and Pilot; Breastfeeding Strategy - were submitted March 13, 1992 for review and approval by PMOH, USAID Lagos and A.I.D. Washington.

E. Update on Project Components

Midwife Training in Life Saving Skills

According to the project design, two states will be selected for the major project interventions - midwife training in life saving skills and the I.E.C. strategy designed to increase the awareness of women, their families and communities of the problems which may arise during pregnancy and the appropriate response to protect the health of the mother and the newborn. Within each state, one general hospital will be designated as the primary Training Center where at least 80 midwives will receive clinical training in "life saving skills" - including forty midwives working in Labor and Delivery at the Training Center and an additional forty midwives selected from rural general hospitals in that state.

Therefore, one of the major activities of this trip was to identify potential states, one in the north and one in the south, which might be considered as focus states for the project. In order to conduct this preliminary assessment, MotherCare, with Mrs. Payne, developed a selection criteria which included qualifying factors within the state environment - an awareness of the problems of maternal and neonatal mortality; a political will on the part of the state to address these problems; evidence of other safe motherhood activities within the state; the presence of other donors such as UNFPA and UNICEF who might be willing to fund midwives to attend the course; the presence of health educators trained by FHS/PCS. The criteria includes evidence of institutional capability - adequate volume of deliveries per annum (approximately 4,000) to afford an adequate clinical practicum; a functioning revolving drug scheme within the hospital or nearby in the community; the endorsement of local obstetricians to upgrade and expand midwives' practice in the management of obstetrical emergencies; the support of matrons and midwifery superintendents for on-going in-service training in their institution (see Attachment A., Criteria for State Selection for Training Centers).

The choice of the states to visit for this assessment was made easier thanks to the collaborative efforts of the Country Representative and staff of UNFPA. Since MotherCare's visit in October, 1991, they had collected hospital data from every state hospital - maternal mortality, volume of

deliveries, major complications, etc. This information allowed us to eliminate some state hospitals that had a low volume of deliveries, etc. In short, it saved us weeks of work!

During this visit, Mrs. Payne, Mrs. Balogun (representative of PHC, FMOH), and the MotherCare representative visited Oyo, Osun, Kano and Kaduna. In each state, the team met with State officials, including the zonal Primary Health Care Directors; visited the general state hospital and met with the hospital administrators, obstetricians, matrons and midwives. The team also interviewed midwives regarding their ability and training to perform certain clinical functions (see Attachment B, for hospital information and midwife function in Oyo, Osun, Kano and Kaduna). Based on these visits, the team recommended Oyo as a strong potential southern site with Osun (a new state which was originally part of Oyo) as the rural site from which midwives could be drawn. Neither Kano nor Kaduna seem to be optimal states since in the former, midwifery training is not a current priority and in the latter, the volume of deliveries is not high enough, considering that midwifery students and house officers also rotate through the maternity service.

Additional visits to other northern states - Bauchi and Niger - will be made by Mrs. Payne and a representative from the FMOH. It is hoped that there will be at least three strong potential sites in which to conduct the training needs assessment in April, 1992. (The training needs assessment will be conducted in Nigeria during the month of April by MotherCare/ACNM consultant, Gail Allison, and Mrs. Lola Payne.). The final selection and agreement between the FMOH, the State governments, USAID Lagos and MotherCare will be made after the completion of the training needs assessment.

I.E.C. Strategy

The I.E.C. campaigns in each state will be specific to the population in the state and will focus on women, their families and communities. The campaigns shall be designed to:

- * increase awareness of the problems which may arise during pregnancy and the appropriate and timely response by the women and families;
- * promote self-care and information about early and exclusive breastfeeding;
- * generate demand in the community for quality maternal care services.

In addition to the state-level campaigns, the communications and counseling skills for midwives will also be a part of the I.E.C. Strategy.

MotherCare/The Manoff Group prepared a Request for Proposal for the conduct of the formative research for maternal care (to be conducted in the two focus states of the project) and breastfeeding practices among 5-6 ethnic groups (the latter was cancelled, since the FMOH, PHC division feels that

enough research has already been conducted on this topic. See **Breastfeeding Strategy**, described below). The Country Representative, JHU/PCS/FHS sent this request for proposal to three research groups working in Nigeria as well as to other Nigerian consultants - Public Opinion Polls, Ltd. (POP); Research and Marketing Services, Ltd. (RMS); and Research International (RI). All three submitted proposals are being reviewed by MotherCare/The Manoff staff, the Country Representative and staff for JHU/PCS/FHS in Lagos. According to the Workplan, the agency will be selected and a fixed price subcontract will be prepared and approved by the end of April. At that time, MotherCare will send Dr. Barbara Kwast, MotherCare's Women's Health Advisor to Lagos to work with the research team as a technical informant for maternal care issues. She will also assist the research team in the design of the research tools and plan.

Breastfeeding Strategy

In the MotherCare Proposal, which was submitted to the FMOH in November, 1991, MotherCare proposed to conduct qualitative and quantitative research to elucidate perceptions and behaviors of breastfeeding among different ethnic groups in Nigeria. After initial meetings during this visit, it became quite clear that the FMOH was not interested in further research and preferred to use the MotherCare resources for program implementation.

In order to plan how MotherCare resources might be more effectively spent in Nigeria, the FMOH, PHC division called a meeting of parties involved in some aspects of breastfeeding from within the Ministry and from other Nigerian institutions. At this meeting, it was noted that many different groups are involved in breastfeeding activities - FMOH, divisions of Nutrition and PHC, UNICEF Baby Friendly, the National Food and Nutrition Committee and others. All agreed that qualitative and quantitative studies on breastfeeding have been conducted but specific terms of reference regarding these studies were not available. There are numerous messages in the community about breastfeeding practices and appropriate feeding of the neonate but in some cases, these messages are in direct conflict. Whereas a national policy for breastfeeding has been developed, it was the understanding of the representatives at the meeting that this policy was still in draft and that the final has not been circulated. On the other hand, it was the understanding that a national policy has been written for teaching hospitals.

As a result of the meeting and the discussion points as mentioned above, MotherCare, with the FMOH, offered to host a two day meeting for a technical working committee composed of approximately 22 high level breastfeeding experts pulled from all of Nigeria and international agencies - USAID, UNFPA, UNICEF and cooperating agencies, such as MotherCare and Wellstart - who would be interested in supporting national breastfeeding interventions. The purpose of this meeting would be to identify the research already conducted in Nigeria, discuss the findings and identify the gaps in research; review I.E.C. materials already in circulation and identify discrepancies and inconsistencies in messages; clarify the national breastfeeding policy and put forward a plan for the development of

a national breastfeeding strategy. In order to push the suggestion for a technical committee meeting further, MotherCare asked the FMOH to submit a proposal divided into two parts - preparation for the meeting (i.e. the percentage of someone's time to pull the materials together, draft the meeting agenda, invite nominated members for the committee and guests, etc.) It is anticipated that this proposal will be submitted to MotherCare by the end of March. It was suggested that the committee meeting be held in May or June, 1992.

TBA Curriculum Development and Pilot of the Curriculum

MotherCare/ACNM sent Peg Marshall to Nigeria in December, 1991, to participate in the initial review of existing TBA training curriculum and to begin the development of the revised national TBA curriculum. It is MotherCare's understanding that various individuals are still working on the content and MotherCare offered to review and critique the curriculum once it is in final draft. MotherCare has also offered to fund the pilot of the curriculum in at least one state, ideally one of the states in which MotherCare will be working with the Midwifery Training and I.E.C. components of the project. Neither the dates for the completion of the curriculum development nor the schedule for the initiation of the pilot have been fixed at this point.

IV. Summary of Follow-Up Activities

A. Memorandum of Understanding

The national level Memorandum of Understanding was returned to Nigeria on March 13th with a request for review, approval and signature by USAID and the FMOH.

The state level memoranda will be drafted in May, 1992 after the completion of the training needs assessment and the determination of the focus states for the MotherCare Nigerian Maternal Care Project.

B. MotherCare Nigerian Maternal Care Workplan and Budget

The Workplan and Budget, including request for approval of Mrs. Lola Payne as Project Coordinator was sent to Nigeria on March 13, 1992 for approval by USAID and the FMOH. Approval for the Workplan, Budget and the appointment of the Project Coordinator and the Administrative Assistant was signed by the CTO, A.I.D. Washington on March 26, 1992.

C. MotherCare Nigerian Maternal Care Project Office

The purchase of the computer and printer, as submitted by MotherCare/FHS, Lagos, has been approved by A.I.D. Washington. MotherCare will notify MotherCare/FHS and Sweet Hill Associates. The latter is actually purchasing and sending the equipment for MotherCare.

The notarized signature letter for opening the project bank account was faxed to Nigeria on 27 March, 1992. MotherCare is awaiting notification that the account has been opened. Once MotherCare receives the account number and name, the Safeguard Accounting start-up package for the project will be sent to Nigeria. If Mrs. Payne, the Project Coordinator so requests, MotherCare will provide additional technical assistance in financial management through the SEATS/JSI office in Togo.

D. MotherCare Nigerian Maternal Care Project Components

Midwife Training in Life Saving Skills

During the week of March 16, 1992, Mrs. Payne and Mrs. Fadele, representative of the FMOH, visited Niger and Bauchi States to assess interest and institutional capability for consideration as potential sites for the Training Centers. According to preliminary reports, Bauchi appears to be a strong possibility - 4,000 deliveries/year; maternal deaths 57/year (1991); the facility, particularly the clinical area, is good and has a dynamic staff in the labor room. With regards to the state environment - the drug revolving system is working; UNICEF, UNFPA, FHS and Intra African Committee (IAC) have activities in the state. The latter is also involved in TBA training. There is also a state Health Education Unit to support the I.E.C. component of the project.

By comparison, Niger State does not look as promising - the clinical area will require considerable physical and material upgrade to meet the standards of the LSS training. However, to their credit, they do have qualified obstetricians working at the hospital and UNFPA, CCCD and Africare are working in the state. JHU/PCS/FHS has conducted I.E.C. campaigns in the state and has trained I.E.C. teams.

Oyo State will be revisited during the week of March 29 in order to meet with the State Health Management Board. This board will have to agree to the designation of Ayeoyo Hospital in Oyo State as a Training Center prior to a final determination.

Gail Allison, MotherCare/ACNM consultant, will conduct the training needs assessment with Mrs. Payne, starting on April 6th through the end of April, 1992. Based on the above information, the training needs assessment will be carried out in Oyo, Osun and Bauchi. In all states, the assessment will be conducted in both the hospitals proposed as the primary Training Centers and also in the proposed rural hospitals from which the midwife will be selected for training. The final determination of sites and memoranda will be written after the completion of the training needs assessment.

I.E.C. Strategy

It is anticipated that MotherCare, with input from JHU/PCS/FHS, will select the research group who will conduct the formative research by the end of March. Thereafter, a fixed price subcontract will be prepared, agreed upon by the involved parties and submitted to the A.I.D. Contracts Office for approval. Hopefully, this will occur in the end of April or first week of

May. MotherCare will send Dr. Barbara Kwast, as a technical informant, to work with the research team as soon as the subcontract is finalized.

Breastfeeding Strategy

As soon as MotherCare receives the proposal for the technical committee meeting from the FMOH, MotherCare will complete the Workplan and Budget for the breastfeeding component of the project and provide the technical support required to put the plan into motion.

TBA Curriculum and State Pilot

MotherCare will honor the commitment to this component as soon as so advised by the FMOH.

21 Feb., 1992

MOTHERCARE

CRITERIA FOR STATE (LGA) SELECTION FOR TRAINING CENTERS

STATE (LGA) ENVIRONMENT:

There is a serious problem of maternal and neonatal mortality and there is a political will to address this problem.

The hospital is located in the state where there is some evidence of interest and apparent activities in addressing maternal mortality and morbidity (i.e. evidence of some safe motherhood activities, NMW partograph study state, Carnegie Corporation study state, UNFPA and UNICEF activities) and where there may be good baseline data from CCCD studies and or DHS.

States that are least disrupted by re-configuration of the original state.

States with FHS/I.E.C. presence (i.e. health educators trained in FP communications).

States where there is a School of Midwifery.

Both the employees at the State hospital and the LGA General hospital are state employees.

INSTITUTIONAL CAPABILITY:

There is evidence that the essential drugs program is operational, thus there is some insurance that there will be adequate drugs, supplies and equipment and a system which guarantees, to the degree possible, that these supplies will be maintained.

There is an adequate number of nurse-midwives to be trained to make a difference in practice.

There is an adequate volume of deliveries per month (approximately 4000 births per year) and there is adequate opportunity for clinical practice (i.e. the hospitals do not have medical and midwifery students for more than half of any month).

STAFF AND FACULTY SUPPORT:

The Obstetricians in charge are supportive of the expanded roles for midwives and perceive the upgrading of midwives' skills to be an important intervention to address maternal and neonatal mortality by improving the quality of maternal services.

These same Obstetricians are willing to-

- . support and supervise the midwives in their institution in the performance of these newly acquired, or updated skills, until these skills are mastered,
- . agree that once performance of these skills is satisfactory, the midwives will be allowed to perform these skills without direct supervision.

The Matron and Midwifery Superintendent are highly supportive of the training program and will be willing to support on-going training in their institutions. Also, they will agree, to the degree possible that the midwives who have received the LSS training-

- . will not be seconded from labor and delivery to other clinical areas,
- . will also agree that those trained as trainers will be released from their clinical duties to provide support, supervision and technical assistance to midwives who have completed the LSS training, particularly in setting up LSS training in their home institutions.

SELECTION OF MIDWIVES:

Midwives ideally must:

- .be registered nurse-midwives,
- .have strong practical (clinical) experience in the labor and delivery and a minimum of three years experience working in labor and delivery,
- .have adequate numbers of deliveries per month with experience working all shifts,
- .some are clinical instructors,
- .be willing and available to initiate training at their own institution.

ATTACHMENT B

| State | Oyo | Osun |
|--|--------------------------|--------------------------|
| State Hosp. | Ayeoyo | Oshogbo |
| MM | 14('90) 3('91) | 5('91) |
| NM | | 3('91) |
| Deliveries | 7748('91) | 1080('91) |
| Still Birth | 284('90) 335('91) | 46('91) |
| Nurse-MW all shifts rotate other services | 42.00 yes | 24.00 no |
| Obstetricians | 3.00 | on call |
| Maj. Complication | PPH | Obstructed Labor |
| Drugs/Equip. Drg. Rev. Fd. | problem yes | problem no |
| Sch. Midwifery | yes 40/yr. | requesting School |
| House Officers Accomodation | poss.? | yes |
| Cont. Ed. | yes/quarter | no |
| Interest in LSS | yes(hosp.) yes(State) | yes(hosp.) yes(State) |
| Approval SHMB | ? | NA |
| SM/IEC | FHS/PCS | FHS/PCS |

| State | Kano | Kaduna |
|--|------------------------------------|----------------------------|
| State Hosp. | MMH | Tudun Wada |
| MM | 30/month | 18('90) |
| NM | ? | ? |
| Deliveries | 1000/month | 3406('90) |
| Still Birth | ? | ? |
| Nurse-MW all shifts rotate other services | 35 yes 6mon.-yr. | 16 yes yes |
| Obstetrician | 5 MD | 3MDs |
| Major Compli. | PPH Eclampsia Prolong. Labor | PPH Sepsis |
| Drugs/Equip DRF | serious prob. ? | problems yes |
| Sch.MW | yes | yes |
| House Officers | yes | |
| Cont. ed. | yes/quarter | ? |
| Interest in LSS | yes(hosp) no(state) | yes(hosp) yes(state) |
| Approval SHMB | NA | ? |
| SM/IEC active | FHS/IEC | UNFPA UNICEF FHS/IEC |

MW PERFORMANCE

OYO

OSUN

KANO

KADUNA

| | | | | |
|---------------------|------|-----------|-------------|--------------|
| manual rem.plac. | yes | yes/don't | no | yes |
| IVinfusion | yes | yes/don't | yes | yes |
| bim.comp.uterus | yes | yes | yes | yes |
| suture epis. | no | yes | yes | yes |
| sut.cerv.lac. | no | yes | no | no |
| sut.vag.lac. | no | yes | some | yes |
| ext.version | no | no | no | no |
| int.version | no | no | no | no |
| vac.ext. | nc | no | no | no |
| symphyiotomy | no | no | no | no/no equip. |
| abortion | no | no | several | no |
| D&C | no | yes/don't | no | no |
| spec.exam | some | some | some | yes |
| bim.exam | no | yes | no | no |
| male circum. | yes | no | no | yes |
| infibulation | no | yes | ? | no |
| cardio.resus. | yes | no | ? | yes |
| partograph | no | no | some/probs. | no |
| control.cord tract. | yes | yes | yes | yes |
| pelvimetry | no | yes | no | no |

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Contacts during this Visit

Federal Ministry of Health

Dr. A.A. Adeyemi, Assistant Director, PHC Division
Mr. Aghasi Y.M. Anka, Zonal PHC Coordinator, C Zone
Mrs. E.B. Balogun, PNO, PHC
Mrs. O.E. Fadele, Staff Nurse/Midwife, PHC
Mrs. V. Ivagba, Senior Nutrition Officer
Dr. Lewis, Consultant MCH/FP, PHC
Dr. M.O. Ogundess, Zonal PHC Coordinator, B Zone
Dr. P.O. Okungbowa, Deputy Director, PHC Division
Dr. (Mrs.) V. Nnatuanya, Assistant Chief Nutrition Officer
Mr. Jones Utuk, Zonal PHC Coordinator, A Zone

USAID

Mr. Eugene Chiavaroli, AAO, USAID
Mrs. Elizabeth Lule, Program Analyst, USAID
Dr. John McWilliam, Project Administrator, FHS
Mr. George Oligbo, Director of Operations, FHS
Ms. Susan Krenn, Country Representative, FHS/JHU/PCS
Mrs. Bola Lana, Senior Program Officer, FHS/Pathfinder
Mrs. Kay Mayfield, USIS Fellow
Mr. Frank Nwaokolo, FPIA/JSI

CCCD

Mr. Jim Herrington, Country Representative, CCCD/CDC

UNICEF

Mrs. A.E. Abasiekong, National Program Officer

UNFPA

Dr. Alphonse MacDonald, Country Director

Nursing and Midwifery Council of Nigeria

Ms. Opara, Chief Education Officer
Mrs. Abudu, Deputy Secretary, Registrar

Lagos University College of Medicine

Dr. O.A. Abosede, Consultant

STATES

OYO

Mr. J.A. Bankole, Commissioner
Dr. Adebayo Oni, D.G.
Mrs. A.D. Ladipo, Deputy Director, PHC

Mrs. Ayansola, Matron Labor Ward, Adeoyo Hospital
Mrs. Akinwale, Senior Matron, Adeoyo Hospital
Dr. K.A. Iyun, Chief Consultant, Adeoyo Hospital
Mrs. R. Jawando, Hospital Secretary

OSUN

Dr. Akinsoya, Chief Consultant, Oshogbo Hospital
Mrs. R.T. Olaniyan, Assistant Director, Family Health
Mrs. Adetoro, Principal School of Midwifery (To be announced)
Mrs. Taninomo, Tutor, School of Midwifery (To be announced)
Mrs. B.F. Abona, Assistant Director, PLHC
Mrs. M.M. Ejisakin, Public Health Sister

KANO

Dr. Mohammed, Director Medical Services and PHC
Mrs. Fatima A. Inuwa, Kano State Coordinator, MCH Development Program, PHC
Dr. Abdullah, Medical Director, Kano Hospital
Mrs. Theresa Nya-Robert, Chief Matron, Kano Hospital

KADUNA

Dr. Lolo, Acting Director, PHC
Dr. Tanimu, Consultant, Kaduna State Hospital
Mrs. A. Madaki, Public Health Nurse