

PD-AEH-159

**ACNM/MOTHERCARE NIGERIAN
TRAINING NEEDS ASSESSMENT TRIP REPORT**

April 6 - 30, 1992

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ACNM/ MotherCare Consultant**

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LIST OF ABBREVIATIONS

CHO	Chief Health Officer
FHS	Family Health Services
JHU	Johns Hopkins University
LSS	Life Saving Skills
MCH	Maternal and Child Health
MOH	Ministry of Health
PHC	Primary Health Care
PNS	Principal Nursing Sister
SHMB	State Hospital Management Board
SMOH	State Ministry of Health

I. EXECUTIVE SUMMARY

The ACNM/MotherCare consultant, Gail Allison, travelled to Nigeria April 6 to April 30, 1992 to work with the MotherCare Project Coordinator, Mrs, Lola Payne, to conduct a training needs assessment of potential sites in three states for future midwife training in Life Saving Skills (LSS). The states visited had been identified/selected during a previous visit by Colleen Conroy, the Deputy Director MotherCare, and Mrs. Payne as states containing hospitals meeting the selection criteria for potential training centers. Meetings were held with the Ministry of Health (MOH) and the State Hospital Management Board (SHMB) in each state to determine the level of administrative support and commitment that the primary training center would receive over the life of the project. Potential sub-centers were identified to be visited from which to pull midwives from throughout the state in order to ensure spread of knowledge of LSS. The hospitals (and sub-centers) were visited for an in-depth look at their capability for providing emergency obstetrical services particularly regarding human and material resources, their strengths and weaknesses as a potential training center (sub-center), and their level of interest in serving as a model for advanced life saving skills. An attempt was made to identify the major causes of maternal mortality at the institutions visited. Lists of personnel's skills and interests, material resources such as equipment, supplies, and drugs were drawn up and from these needed additional essential resources were identified. Training Center criteria were then developed from these lists and discussions began with the administrative heads about these additional resources that need to be in place in order for the training center to be functional. They will form the basis for developing memorandums of understanding with the two states selected. Criteria for the selection of midwives as trainers were also identified and need to be discussed further after the agreements are signed.

Bauchi was identified as the Northern state with four initial sub-

centers identified from which to draw the forty midwives to receive the LSS. The memorandum of understanding now needs to be drawn up between the FMOH, State and FHS/MotherCare/JSI in that state. Additional time needs to be spent in further assessment and discussion of the training center criteria in the Southern state of Oyo which time did not permit this visit. If the criteria cannot not be met then an additional state will need to be visited before the southern site is selected.

Availability of classroom space and living accommodations were also looked at and will be included in the agreements drawn up. Finally, training and audiovisual equipment were reviewed and sources identified within country for borrowing them. An amended list of medical equipment that needs to be purchased in the U.S. is included in the report.

II. PURPOSE

The purpose of the trip to Nigeria was to:

- A. Conduct a training needs assessment of potential sites in three States including assessing the major problems related to maternal mortality, clinical performance of midwives in the labor, delivery and postpartum wards, condition of the facilities, availability of drugs and equipment, level of support from State government, the hospital medical and nursing support for advanced training of midwives and level of interest of midwives in learning and sharing new skills with others, and availability of classroom facilities and living accommodations.
- B. Select the final two sites to be designated as the primary training centers and the institutions in the LGAs to be designated as the sub-centers from which the midwives will be drawn and, if applicable, receive approval for this function from the SHMBs.
- C. Identify potential LSS trainer candidates based upon criteria developed in collaboration with the MotherCare coordinator.
- D. Get commitment from administrators that trainers will not be

posted to other clinical areas or projects during the life of the LSS training program and that those midwives who have been trained as master trainers will be excused from other responsibilities in order to provide training at the training site and travel to the sub-centers to provide technical assistance to midwives who have already completed training.

- E. Draft a list of proposed contributions to the training program which the host institutions are able and willing to commit to the project over time, in preparation for the development of a Memorandum of Understanding between FMOH, State and FHS/Mother-Care/JSI.
- F. Review training equipment and audiovisual needs for training and determine if some equipment is available on a loan basis from other resources and/or if such equipment could be purchased locally.
- G. Collaborate with the training institution representatives and PCS staff on valuable information to glean during the IEC formative research phase.

III. BACKGROUND

The MotherCare Nigerian Maternal Care Project proposes to join the FMOH/PHC in efforts to address the problems related to the high maternal and neonatal mortality and morbidity in Nigeria by strengthening the quality of maternal care services, particularly labor and delivery services. To this end, the project proposes to upgrade knowledge and skills of clinical midwives in responding to obstetrical emergencies and in counseling clients about the complications which might arise during pregnancy and the appropriate course of action to be taken by the woman and her family. This goal shall be supported and promoted by a national policy promulgated by the endorsement by the FMOH to elevate the standard of performance for midwives.

The project shall be focused in two States, one northern and one southern, and will include the following components:

Midwife Training: To improve the quality of maternal services, a minimum of 160 clinical midwives shall be trained at two State hospitals (which will be identified as State Training Centers) in response to obstetrical emergencies (LSS); in counseling clients in such areas as the risk of pregnancy, care of the newborn, family planning and early and exclusive breastfeeding. A minimum of 160 clinical midwives will be trained as Master Trainers to conduct the LSS training

and technical assistance to clinical midwives in rural hospitals and maternity centers in LGAs.

Policy Meetings: Two policy meetings will be hosted by the FMOH in order to justify and promote an upgraded standard of performance for midwives. The first meeting will be held after this training needs assessment and the second will be held toward the close of the project in 1993.

Information, Education, and Communication (I.E.C.): I.E.C. campaigns specific to each of the two states will focus on women, their families, and communities. The campaigns shall be designed:

1. to increase their awareness of problems that may arise during pregnancy and how to respond to protect and promote the health of mothers and the newborn, and
2. to generate a demand for services

The campaigns will also include interpersonal communications activities at the clinic level to enhance the quality of prenatal and intrapartum services in States where the Training Centers are located. The messages will also promote self-care and information about early and exclusive breastfeeding.

Traditional Birth Attendants: MotherCare will collaborate with traditional birth attendants to provide technical support in one of the focus States.

During a recent trip to Nigeria (February 14-March 7, 1992) the MotherCare representative, in collaboration with the FHS project, established an office for the project within the FHS/USAID office compound. Mrs. Lola Payne, who recently retired from the position of Chief Nurse, Hospital Services and Training Division, FMOH, was hired as the Project Coordinator and Mr. USA Nnanta will be hired as the Administrative Assistant subject to approval. The Memorandum of Understanding for the MotherCare Project which specifies project components and details the responsibilities of all concerned parties was drafted, submitted, approved and signed by the FMOH, USAID, and MotherCare/JSI. The Workplan and Budget were finalized and submitted for approval. The FMOH's priorities regarding national breastfeeding activities were clarified and activities which could be supported under the MotherCare Nigeria Project were identified. Finally visits to 3-5 states were made 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. Criteria for state selection were developed and three states were recommended to visit during the training needs assessment in order to select the two final training center sites. (See Appendix A)

IV. TRIP ACTIVITIES

A. Conduct Needs Assessment

During the first two days the consultant had meetings with the people at FHS, USAID, and FMOH about conducting the needs assessment in Bauchi, Osun and OYO states. The agenda was reviewed and the schedule of activities is outlined in Appendix B and the list of people contacted is in Appendix C. The ACNM consultant and Mrs. Payne then developed/adapted questionnaires from the Uganda MotherCare LSS Program for assessing the Antenatal Clinics and Labor and Delivery Units (Appendix D) and Midwives LSS Skills (Appendix E). They also prepared a list of criteria/talents for choosing midwives as LSS trainers (Appendix F).

The needs assessment began in each state by meeting with representatives from the SMOH and SHMB who had been contacted during the previous visit to set an agenda for the visit and to identify potential sub-centers. Preliminary discussion about their needed support and commitment to the project began and the details were delineated in the debriefing meetings with them after the training needs assessment was completed in their state. Visits were then made to the two hospitals proposed to be the Training Center Sites (Bauchi Specialist Hospital and Adeoyo Maternity Hospital in Oyo) to meet with the administrative heads to determine their level of interest in having a training center in their facility; to discuss with the obstetricians or general practitioners and the nursing supervisors and matrons whether they were willing to support and supervise midwives in actively using LSS skills; to review the medical charts of maternal deaths, the delivery book, and any other statistics to determine the causes of maternal mortality; to talk with as many midwives as possible about their clinical skills and practices and their wish list for continuing education programs to improve their practice; to see the actual facilities and inspect the equipment and supplies available to the staff to determine additional needs to support the project; to discuss clinical management and availability of drugs in

providing emergency obstetric services; and to observe the day to day delivery of services once the data gathering information was obtained. Sub-centers were also inspected to gather the same type of information as above.

B. Select Two Training Center Sites and Identify Sub-centers

After reviewing the last trip report and looking at the selection criteria it appeared to the consultant and Mrs. Payne that Bauchi and Oyo state facilities met the initial criteria and due to time constraints and the size of the task that we would proceed as if these two State Hospitals were going to be the training centers. Then we could also identify and visit more sub-centers at this time. Five potential sub-centers were visited in Bauchi: Darazo, Misau, Gombe General Hospital, Urban Gombe, and Toro. An additional hospital in Azare was too far to visit at this time but would make the geographical/political delineations more equitable. In the south Oshogbo Hospital in Osun state was visited as a potential sub-center because in the preliminary visits it had been part of Oyo state and were very keen on being a part of the project before the two separate states were formed. Time did not allow us to visit any other sub-centers in the south.

C. Identify Potential Trainer Candidates

An attempt was made to have discussions and/or informal observation time with as many midwives on labor and delivery at the two Training Center Sites with the selection criteria for Midwife Trainers in mind.

D. Getting Commitment From Administration for Midwife Retention for the Duration of the Project

At length discussions were held with the appropriate representatives from the SMOH and SHMB about posting midwives to the maternity units that they feel would be good candidates for LSS training and agreeing to keeping them there. These discussions were held in Bauchi and Osun State but they have not been approached in Oyo state because the administrative heads were on familiarization tours and were not able to meet with us during this visit.

E. Draft List of Proposed Hosting Institutions Contributions to the Training Center

After reviewing the data collected for the needs assessment and compiled in Appendices A and D, the ACNM Consultant, Mrs. Payne, and Mrs. Fadele (FMOH) drafted a list of criteria that needed to be met for the institution to qualify as a training center. This list (Appendix G) included detailed items that need to be in place in order for the hospital to provide the emergency obstetric services. The LSS Training would then increase the number of skilled providers to round out these necessary services to truly combat the high maternal mortality rate in Nigeria.

F. Review Training Equipment and Audio-visual Equipment

Before the site visits lists of needed equipment were developed and included in the questionnaires so that during the site visits lists of the equipment not available in the potential training centers and sub-centers could be made and presented to the SHMB to be included in the list of their proposed contributions to the training course (Appendix G). The proposed list of equipment that MotherCare will provide was also reviewed, compared, and revised based on the results of the needs assessment (Appendix H)

G. Collaborate with the PCS staff for IEC Formative Research

Meetings were held with Mrs. Susan Krenn, Mrs. Data Fhido, and Ms. Cathy Church on several occasions to discuss the IEC component of this project. Mrs. Fhido and Ms. Church accompanied the team on the needs assessment in Bauchi state. Theoretical discussions of topics to include in the IEC materials were had. Results of the training needs assessment were shared with the IEC people. The ACNM consultant and Mrs. Payne were also included in discussions with P.O.P., the firm hired to conduct the research. They were involved in presentation of the results to this group at a one day seminar conducted by Dr. Barbara Kwast from MotherCare. Prior to this seminar at length discussion of the progress of the project,

analysis of the results, and implications/projections/recommendations for the future were had with Dr.Kwast before the ACNM Consultant returned to the States.

V. MAJOR FINDINGS AND RECOMMENDATIONS

FINDING #1

Assessing the causes of maternal mortality proved difficult due to inaccurate/inadequate record keeping and statistics. Information on patient charts was not recorded in a systematic or chronological order or was missing; most charts consisted of loose pieces of paper. The latter was discussed with the MOH and SHMB.

RECOMMENDATION #1

Include in the training program a module on the rationale for and setting up a Management Information System. Provision of appropriate forms for charting and reporting by the MOH and SHMB should be included in the Memorandum of Understanding.

FINDING #2

As well as could be assessed, the major causes of maternal deaths are due to direct obstetrical causes with the majority being due to hemorrhage. See Appendix I for breakdown of causes by Center site/sub-center. Samples of statistics kept at a few of the places visited are also included in this appendix. Anecdotally, the providers at all of the places visited noted problems with unbooked cases coming in with severe complications too late.

RECOMMENDATION #2

Further investigation/research needs to be done related to why no prenatal care, late seeking of care, causes of the hemorrhages. This is and should be incorporated into the formative research.

FINDING #3

The condition of emergency obstetric services needs to be

upgraded at all of the places visited. Vital obstetrical supplies, equipment, and drugs are not available on the maternity units (but are available on the hospital premises in the north, but not even available on the premises at Adeoyo Hospital in the south) in order to act in a timely fashion to prevent complications and/or deaths (Appendix D).

RECOMMENDATION #3

The list of the essential criteria (which includes the vital obstetrical supplies, equipment and drugs noted above) needed for being considered as providing functional emergency services and, therefore, eligible to be designated a training center has been drawn up (Appendix G). It needs to be discussed, agreed to, and incorporated into the Memorandum of Understandings with the SMOH, SHMB, FMOH, FHS/USAID and JSI/MotherCare. Also, these things need to be in place before the training begins so immediate attention is needed.

FINDING #4

In all the states visited the number of practitioners with LSS is limited to physicians. There is a great need for mid-level practitioners to have these skills. Fortunately, there is enthusiastic support from the medical staff at all the sites for this training and a willingness to help in what ever way is necessary. The midwives are eager to receive further training. Because the States were just learning of being selected not all of the midwives who could benefit from the training and who may make excellent trainers are not currently posted to the Maternity Unit. The SMOH and SHMB also need to be involved in the selection process so it was not appropriate to identify candidates at this time. The Criteria Checklist (Appendix F) was left with the Matron.

RECOMMENDATION #4

Mrs. Payne and the ACNM Consultant, Peg Marshall should assist the states selected to identify the midwives to be relocated to maternity and use the criteria to help select the Master Trainers (this probably will be done at the site preparation visit).

FINDING #5

Regarding site selection we were pleased that discussion with Bauchi Specialist Hospital and the SMOH and SHMB are going well. They have agreed in principle to the list of things needing attention, so we don't foresee any problem with their being designated the northern training center. Toro, Darazo,

and Misau will be sub-centers. Gombe Urban Maternity was an excellent site but there is no physician assigned there and they refer all there complicated cases to Gombe General. Many of the criteria for a site were not met by Gombe General so some discussion was directed to the possibility of having a physician be assigned to the Urban Maternity especially if Gombe General can't be upgraded in a timely fashion. Unfortunately, the situation in Oyo State at Adeoyo Hospital still needs to be discussed and assessed further. Fortunately a last minute meeting was had with Dr. Adeyemi from the FMOH/PHC about the need for major upgrading of that facility for it to qualify as a training center and we were encouraged by the prompt attention given to it. After reviewing the statistics we received, the low number of deliveries at the other major hospital in Oyo town would not make it feasible to have it be the training center. Oshogbo Hospital in Osun will be one of the sub-centers but other centers still need to be identified and visited.

RECOMMENDATION #5

A meeting for May 7th has been scheduled in Oyo State. Representatives from the FMOH, MotherCare, the SMOH and the SHMB need to discuss in great detail the feasibility of upgrading Adeoyo Hospital to meet the criteria for site selection. At this point the only other southern state with adequate deliveries is Edo but no other assessment has been done there. Time is of the essence so MotherCare Arlington should keep in daily contact with Mrs. Payne regarding resolution of this issue. Further "in-the-field" technical assistance may be needed before the next scheduled visit in June so the project does not fall so far behind the time schedule that the program will not be able to be implemented in a realistic fashion.

FINDING #6

In talking with the SMOH and HSMB in the three states we find that they are all amidst reorganization and looking at prioritizing services. It is very timely that our visits coincide with this. They are committed to reducing maternal deaths and wish to cooperate with us in any way feasible.

RECOMMENDATION #6

With MotherCare's assistance, Mrs. Payne should proceed with drawing up Memorandum of Understanding with the selected states and institutions using the Training Center Criteria as a basis for writing the document (APPENDIX G)

FINDING #7

Based on the results of the needs assessment the training equipment list needed to be revised. Audio-visual equipment is available through FHS/Lagos office or the zonal offices to be borrowed for any FHS related training program (Appendix J)

RECOMMENDATION #7

In order for the equipment to get to the training sights in a timely fashion and because of the devaluation of the Naira it is recommended that the equipment be purchased in the United States. Some new items were added and some numbers of proposed items were reduced so, hopefully, the two will cancel each other out! Regarding the AV equipment, the ACNM consultant, Mrs. Payne, and/or the Administrative Assistant should follow-up on ordering/reserving the equipment in a timely fashion

FINDING #8

Based on discussions with the physicians, matrons, and midwives, the observations that I made on the units and causes of maternal deaths all of the topics included in the LSS Modules 1 - 9 are important.

RECOMMENDATION #8

In addition to all the topics included in the LSS modules and the MIS module recommended above, additional topics for the curriculum committee to consider are Methods of Sterilization and counselling skills.

FINDING #9

The MotherCare workplan schedule is very tight and requires keeping to a rigorous schedule. Not much room is built in for unanticipated events that always occur. Setting up the office, hiring and getting the administrative assistant on board, opening the bank account have all been a slow process. Unavailability of important administrative figures, petrol shortages, further unanticipated assessment in the field all have created time delays for everyone concerned with the MotherCare Project.

RECOMMENDATION #9

Most startup programs require more intensive labor and technical assistance at the beginning to ensure a strong foundation. Unfortunately, the delays noted above have resulted in creating enough work for two Lola Paynes at this

time. She needs more technical support to a) set up a financial management system in the office, b) set up a realistic detailed day-to-day, month-to-month workplan. Given that taking time out to do this would appear to only put her further behind, I would recommend that in person help is needed at this time to set up these key foundational systems. Also, frequent contact with MotherCare Arlington is needed and probably should be initiated from the US given the difficulty of phoning or faxing from Nigeria. Also, given the short time duration of the Project (19 months) attention should be given to what is realistic to try to implement in this time frame and what will inevitably go beyond this time if a quality product is expected.

A P P E N D I X A

Criteria for State Selection

21 Feb., 1992

MOTHCARE

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).

APPENDIX A

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.

A P P E N D I X B

Schedule

APPENDIX B

MOTHERCARE TRAINING NEEDS ASSESSMENT SCHEDULE

- Tues, March 31, 1992 -- Travel Day
- Wednes, April 1, 1992 -- Briefing in D.C. with Peg Marshall, Mary Ellen Stanton and Colleen Conroy
- Thurs, April 2, 1992 -- Continued briefing in D.C.
- Monday April 6, 1992 -- Introductory meetings at Family Health Services, USAID; Agenda preparation with Lola Payne
- Tuesday April 7, 1992 -- Meeting with FMOH PHC Division: discussion of the IEC component; preparation of questionnaires for needs assessment
- Wednes. April 8, 1992 -- Fly to Bauchi State; meeting with MOH and HSMB; discussion to identify potential sub-centers and agenda for visit
- Thurs. April 9, 1992 -- Needs assessment conducted in Darazo and Misau (sub-centers)
- Fri. April 10, 1992 -- Needs assessment conducted in Gombe at Urban Gombe Maternity Center and Gombe General Hospital (sub-centers)
- Sat. April 11, 1992 -- Meeting with Cathy Church re: topics for IEC materials (brief meeting-not work day)
- Sun. April 12, 1992 -- Training Center - Bauchi Specialist Hospital: introduction to maternity staff; preliminary review of patient charts of maternal deaths; visit to labor, delivery, postnatal, post-op wards
- Monday April 13, 1992 -- Debriefing meeting with representatives of MOH and HSMB: discussion of preliminary findings of needs assessment and identification of host institutions support needed to setup training program
- Tuesday April 14, 1992 - Continued assessment at Bauchi Specialist Hospital: charts, labor ward, interviews with staff; visit to School of Midwifery
- Wednes. April 15, 1992 - Continued assessment: antenatal clinic, SOM library, labor and delivery ward

Thurs. April 16, 1992 -- Visit to Toro General Hospital (sub-center) for needs assessment

Friday April 17, 1992 -- Return to Lagos

Sat. April 18, 1992 -- Work at FHS office

Sunday April 19, 1992 -- Revision of Questionnaire

Monday April 20, 1992 -- Preliminary data compilation

Tuesday April 21, 1992 - Meeting with IEC and POP to discuss research proposal; visit to Oyo State MOH and HSMB

Wed. April 22, 1992 -- Meeting with MOH and HSMB for Osun State; needs assessment at Oshogbo General Hospital (sub-center); debriefing meeting with MOH and HSMB to discuss preliminary findings and needed support from state for project

Thurs. April 23, 1992 -- Training Center - Adeoyo Hospital review of maternal death charts; introduction to hospital staff, maternity wards, including antenatal labor, delivery, nursery, postnatal; meeting with MOH Director General to setup followup meeting

Friday, April 24, 1992 - Continued needs assessment on labor and delivery unit; debriefing meeting with MOH and HSMB to discuss preliminary findings and needed support from state for project

Sat., April 25, 1992 -- Revision of forms and creation of compilation tables

Monday, April 27, 1992 - Consolidate findings

Tuesday, April 28, 1992 - Meeting with IEC members, Barbara Kwast and Mrs. Payne to discuss P.O.P. proposal and results of needs assessment

Wed., April 29, 1992 -- Consolidate findings

Thurs., April 30, 1992 - Presentation at P.O.P. Seminar, debriefing with Dr. Adeyemi, FHS and USAID

May 1 to 6, 1992 -- Travel Day plus 3 days report writing

A P P E N D I X C

List of Contacts

APPENDIX C
CONTACT LIST

FEDERAL MINISTRY OF HEALTH

Dr. A.A. Adeyemi, Assistant Director, PHC Division
Dr. Shehu Mahdi, Zonal PHC Coordinator, D Zone

USAID

Mr.
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
Ms. Cathy Church, Program Officer, JHU/PCS
Mrs. Data Fhido, Mothercare Program Officer, JHU/PCS
Mrs. Rachel Adediji, IEC AV Coordinator, FHS

UNFPA

Dr. Alphonse MacDonald, Country Director

NURSING AND MIDWIFERY COUNCIL OF NIGERIA

Ms. Opara, Chief Education Officer

STATES

BAUCHI

Mr. Y.B. Misau, Directorate General, Health and Human Services
Mr. Kalib Mina, Ministry of Health
Dr. Sulei, Director of Planning, Research, and Statistics, MOH
Dr. Mohammed Magaji, OB/GYN, MOH
Mr. Inuwa Dattijo, Director of Finance and Supplies, HSMB
Mr. Yakubu Iliya, Director of Nursing Services, HSMB
Mrs. Helen Jammal, Public Health Nurse
Mrs. Paulina Dogo, Family Planning Coordinator, FHS
Mrs. Bilah Bashirka, Chief Matron, Darazo Hospital
Mrs. Helen Silas, PNS, Darazo Hospital
Mrs. Abiatu Umaru, Chief Matron, Misau Hospital
Mrs. Caroline Dogo, CHO, Gombe Urban Maternity
Mr. A.A. Tukka, Chief Nursing Superintendent, Gombe General Hospital
Mrs. Ruth Bitrus, PNS, Gombe General Hospital
Mrs. Hayiya Ahmed, Registered Midwife, Gombe General Hospital
Dr. Hassan Gagare, Medical Superintendent, General Hospital Toro
Mr. Abay A. Baliere, Chief Nursing Officer, General Hospital Toro
Mrs. Rose Chirowa, Chief Matron Maternity, General Hospital Toro
Mrs. Lois Moses, Midwife, General Hospital Toro
Mrs. Asabe Yakubu Adams, Midwife, General Hospital Toro

Bauchi Specialist Hospital

Dr. Manjak, Director
Mr. M. Tula, Chief Nursing Superintendent
Mrs. Salome Sambo, Assistant Chief Nursing Sister, Maternity Unit
Mrs. Dorcas Ikpi, PNS, Matron Maternity
Mrs. Sintiki Henry, Chief Nursing Sister, Antenatal Clinic
Dr. Ajali, Resident Physician, Maternity Unit
Dr. Chima, Resident Physician, Maternity Unit
Dr. Adamu, Resident Physician, Maternity Unit

Bauchi School of Midwifery

Mrs. Janet Ibinola, Vice Principal
Mrs. Itabiba M. Dhamina, Vice Principal

OSUN

Dr. Adeyefa, Director PHC, MOH
Mrs. Ebo, Chief Health Sister, Community Health Services
Mrs. Abiona, Chief Health Sister, Community Health Services
Mr. Bisi Atilola, IEC Officer
Mrs. Edu, CHO, School Health Services
Mrs. Ijisakin, CHO, Community Health Services
Mrs. Odetola CHO, Family Planning Unit
Mrs. J.M. Akinlade, CHO, MCH Coordinator
Mrs. M. Adewoye, CHO, MCH Unit
Dr. Akinsoya, Chief Consultant, Oshogbo Hospital
Mrs. Rachel Afolayan, Senior Matron, Maternity Unit
Mr. , Chief Nursing Superintendent, Oshogbo Hospital
Mr. J.A. Afolabi, Secretary General, Health Services Management Board

OYO

Mr. A. Oni, Director General, MOH
Dr. E.O. Babajide, Senior Consultant, Directorate of PHC
Mrs. A.O. Lapido, Assistant Director, PHC
Mrs F. Sotunde, Assistant Director, Pharmacy Services
Mr. Olawode, Assistant Director, Personnel, HSMB
Dr. Laseinde, Director of Medical Services, HSMB
Mrs. Grace Delano, Family Planning Services, Dept. of OB/GYN, UCH Ibadan
Dr. K. Iyun, Chief Consultant, Adeoyo Hospital
Dr. O. Franklin, OG/GYN Consultant, Adeoyo Hospital
Dr. I.E. Adedokun, Senior Medical Officer, Adeoyo Hospital
Mrs. E.I. Ayinde, Matron In-Charge, Nursing Section, Adeoyo Hospital
Mrs. C.A. Adewusi, SNS, In-Charge Antenatal Clinic
Mrs. M.A. Olojede, SNS, Antenatal Clinic
Mrs. O.O. Adigun, NS, Antenatal Clinic
Mrs. F.A. Ola, SNS, In-Charge Labor Ward
Mrs. Oladoja, SNS, In-Charge Lying-In Ward

A P P E N D I X D

Training Site Assessment Questionnaires

APPENDIX D
TRAINING SITE ASSESSMENT - LABOR AND DELIVERY

NAME OF SITE: BAUCHI SPECIALIST HOSPITAL

ACCESSIBILITY

Catchment area _____

Cost of delivery

normal delivery 15 N
postpartum ergometrine 5
syringe and needle 1
disposable glove 1
complicated delivery
vacuum delivery 50
retained placenta 50
Episiotomy 50
caesarian section 150
IV infusion
1000 cc 16
500 cc 8
tubing 7

List of supplies/medicine to bring

supplies MOTHERCARE: 4 wrapper, 1 bath towel, 1 flask,
sanitary pads, cup and spoon, glucose powder.

BABY: dresses, 2 sweaters, 4 napkins,
2 plastic pants, baby towel, powder, hair bowl,
cotton gauze, blanket.

medicines 1. sometimes must purchase outside
2. cotton gauze
3. methylated spirits.

Number of deliveries per year 4,449 (1991)

Number/% of booked cases 3,952 (87.3%)

Number/% of unbooked cases 575 (12.7%)

Cleanliness, number, and location of toilets:

3 toilets, 3 showers, 1 bath, moderately clean

Number of beds:

Delivery 3

Labor 6

Antenatal 15

Postnatal 22

Post-op 8

Isolation 4

Disposal of wastes:

bins on unit Saw one; not enough

covered disposal unknown

Health Education materials and/or talks

L&D none

Postnatal posters on ORT, EPI, F.P., Breastfeeding

Primiparas antepartum health talk; breastfeeding

Family Planning clinic on site, F.P. counselor gives
health talk on postnatal unit.

LABOR AND DELIVERY MANAGEMENT

- | 1. Staffing | Labor/Del | Postnatal | Post-op | AP |
|----------------|---------------|-----------|---------|----|
| Charge | 5 | 3 | 1 | 1 |
| RN/midwife | 1 | 2 | 2 | 0 |
| midwives | | | | |
| experienced | 5 | 8 | 4 | 4 |
| < 1 year | 15 | 5 | 5 | 3 |
| ward orderlies | 11 for L/D/FP | | | |
2. Doctors on staff 3 resident general doctors, 3 house (newly qualified)
 Students midwifery/nursing students
3. Are all positions filled No
4. Routine/standing orders available on unit admission protocol: standard questions typed and posted on wall i.e. Intake room.
5. Job descriptions unknown
6. Record forms
 admissions not always available
 labor record/partograph mostly loose papers / none
 birth certificate unknown
 other _____
7. Laboratory tests: not routinely done; must be sent to lab.
 hemoglobin apparatus -
 urine protein -
 sugar -
 other _____
8. Medicines available: not always on unit; order/non-pharmacy
 local anesthesia none

syringe/needle sometimes

oxytocics sometimes

analgesics no

IV fluids, tubing order from dispensary and
sometimes from outside.

antibiotics Pharmacy

suture: order from dispensary; mostly available

9. Blood transfusion

HIV testing Yes

On loan available Only in dire emergency

Relative must give first Yes

SUPPLIES

EQUIPMENT AND

1. General

Water most of time

Soap none

disinfectant none

Wall clock with second hand none

Light overhead

gooseneck none

torch none

ceiling Yes

Delivery trolley use trays

Stool for suturing, VE none

Containers with lids for instruments 2 sets

Drums for sterilizing dry materials told available
Cotton wool patient brings
Gauze none
MacIntosh on delivery beds not every bed
Baby beds some

PROTECTIVE

goggles/glasses 0
mask 0
apron 0
gloves patient must pay for
AUTOCLAVE in theater
STERILIZER medium size [one]

DELIVERY/POSTNATAL/LABOR

Stethoscope 3
Blood pressure cuff 2
Fetal Scope 7
Thermometer student nurses bring
Urinary Catheter 1
Bulb syringe 0
Infant scales 2
Suction machine Catheter- 1 extra tubing not available
Mucous extractors 0
Complete set delivery tray 4
Hemostat/forceps 0
Scissors 0
Episiotomy 6

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cord _____ use thread _____
 suture _____ order from dispensary _____
 other _____
 Thumb/tissue forceps, no teeth _____ 2 _____
 Needle holder _____ 2 _____
 Sponge, forceps, smooth _____ 0 _____
 Solution bowl, small _____ 0 _____
 cottonwood bowl, medium _____ 0 _____
 Receiver for placenta _____ 0 _____
 Splash basin/pail _____ 2 _____
 Module 7: Sepsis
 scalpel, size 11 blade _____ unknown _____
 packing material _____ unknown _____
 Module 8: Hydration
 tape/plaster _____ plaster / not adequate _____
 padded arm board _____ none _____
 tourniquet _____ use IV tubing _____
 IV stand/nail in wall _____ 0 / improvise _____
 enema can/funnel _____ 1 _____
 enema tubing _____ 1 _____
 gauze pads _____ 0 _____
 Module 9: Vacuum Extraction
 Vacuum Extractor _____ 1 _____
 Module 10: Symphysiotomy
 2 assistants _____ Not done _____

RESOURCES/DRUGS AVAILABLE FOR

APPENDIX D

TRAINING SITE ASSESSMENT - LABOR AND DELIVERY

NAME OF SITE: ADEOYO MATERNITY

ACCESSIBILITY
Catchment area _____

Cost of delivery _____

normal delivery 40 N

postpartum ergometrine *

syringe and needle *

disposable glove *

complicated delivery
vacuum delivery 50

retained placenta 50

Episiotomy 50

caesarian section 150

IV infusion
1000 cc *

500 cc *

tubing *

*patient must bring all of these with her

List of supplies/medicine to bring

supplies gloves (no emergency shipping supplies on ward); suture
dettol; pads; cotton wool;
syringe; and needle; all IV supplies

medicines ergometrine; any additional medication the
patient's relatives must go and purchase.

Number of deliveries per year 7,000

Number/% of booked cases unknown

Number/% of unbooked cases unknown

Cleanliness, number, and location of toilets:

2 for all of the labor and delivery units; not clean

Number of beds:

Delivery 3

Labor 3

Antenatal 14

Postnatal 20

Post-op 22

Isolation 1

Disposal of wastes:

bins on unit did not see any

covered disposal do not know

Health Education materials and/or talks

L&D none

Postnatal gives talk on hygiene, breastfeeding, F.P. and immunization

Primiparas an postnatal ward give talk

Family Planning talk

1. Staffing Labor/Del Postnatal Post-op AP
- Charge 1 rotate to all of these
- RN/midwife 24
- midwives
- experienced) don't know breakdown
- < 1 year
- ward orderlies 8
2. Doctors on staff 2 consultants, medical officer 4;
house officer 6
- Students midwifery students
3. Are all positions filled don't know
4. Routine/standing orders available on unit no
- _____
- _____
5. Job descriptions no
6. Record forms
- admissions patient chart
- labor record/partograph loose papers / no
- birth certificate don't know
- other _____
7. Laboratory tests: sent to lab.
- hemoglobin apparatus 0
- urine protein 0
- sugar 0
- other 0

8. Medicines available: patient must bring all with them
 local anesthesia none
 syringe/needle none
 oxytocics none
 analgesics none
 IV fluids,tubing none

 antibiotics none

 suture: none

9. Blood transfusion blood bank 15 minutes away by car
 HIV testing Yes
 On loan available not really
 Relative must give first Yes

SUPPLIES

EQUIPMENT AND

1. General

Water Yes
 Soap none
 disinfectant patient brings
 Wall clock with second hand in delivery room
 Light -
 gooseneck broken
 torch none
 ceiling Yes
 Delivery trolley 2; one with broken leg

Stool for suturing, VE none

Containers with lids for instruments one !

Drums for sterilizing dry materials locked in closet

Cotton wool 0

Gauze 0

MacIntosh on delivery beds none

Baby beds nursery has 4 beds; observer 35; babies on these four beds

PROTECTIVE

goggles/glasses 0

mask 0

apron 0

gloves 0

AUTOCLAVE in theater only

STERILIZER very small one

DELIVERY/POSTNATAL/LABOR

Stethoscope 2

Blood pressure cuff 2

Fetal Scope 2 1st stage, 2 2nd stage

Thermometer 0

Urinary Catheter 1 disposable retention catheter

Bulb syringe 0

Infant scales 1

Suction machine none

Mucous extractors none

Complete set delivery tray none

Hemostat/forceps one

Scissors _____ one _____
 Episiotomy _____ none _____
 cord _____ patient must bring _____
 suture _____ relative must go out and buy _____
 other _____
 Thumb/tissue forceps, no teeth _____ 1 _____
 Needle holder _____ 1 _____
 Sponge, forceps, smooth _____ 1 _____
 Solution bowl, small _____ 1 _____
 cottonwood bowl, medium _____ 1 _____
 Receiver for placenta _____ could use bowls in storage _____
 Splash basin/pail _____ 3-4 _____
 Module 7: Sepsis
 scalpel, size 11 blade _____ unknown _____
 packing material _____ unknown _____
 Module 8: Hydration
 tape/plaster _____ patient must provide _____
 padded arm board _____ none _____
 tourniquet _____ use IV tubing _____
 IV stand/nail in wall _____ 0 / improvise _____
 enema can/funnel _____ 1 _____
 enema tubing _____ 1 _____
 gauze pads _____ 0 _____
 Module 9: Vacuum Extraction
 Vacuum Extractor _____ 1 _____
 Module 10: Symphysiotomy

2 assistants _____ Not done _____

RESOURCES/DRUGS AVAILABLE FOR none available routinely all
drugs listed must be purchased by patient or their relative

- pregnancy induced hypertension (pre-eclamptic toxemia)

_____ valium _____

- postpartum hemorrhage Ergometrine oxytocin not available

- urinary tract infection Ampicillin, Macroclantin, Septrin

- sexually transmitted diseases Flagyl

- malaria Daraprim

- postpartum infections: _____

breast Ampicillin, Aspirin, Vitamin C

bladder Ampicillin, macroclantin, Septrin

uterus Ampicillin and Flagyl

anemia Blood Transfusion

- dehydration IV solution; glucose powder

A P P E N D I X E

Midwife LSS Skills Checklist

APPENDIX E

TRAINING ASSESSMENT [OSUN STATE]

HAVE THE <u>MIDWIVES</u> BEEN TRAINED TO:	TRAINED YES	TO DO NO	DO REGULARLY	EMERGENCY
MANUALLY REMOVE PLACENTAS		X		X
START IV INFUSIONS	X			
BIMANUALLY COMPRESS THE UTERUS (CREDE)	X			
SUTURE (REPAIR) EPISIOTOMIES	X			
SUTURE (REPAIR) CERVICAL LACERATIONS		X		
SUTURE (REPAIR) VAGINAL LACERATIONS		X		
SUTURE (REPAIR) 4TH DEGREE LACERATIONS		X		
PERFORM EXTERNAL VERSIONS		X		
PERFORM INTERNAL VERSIONS		X		
PERFORM VACUUM EXTRACTIONS		X		
PERFORM SPECULUM EXAMINATIONS		X		
PERFORM BIMANUAL EXAMINATIONS	X			
PARTOGRAPH		X		
PERFORM CONTROLLED CORD TRACTION	X			
PERFORM ADULT CARDIOPULMONARY RESUSCITATION		X		
PERFORM INFANT CARDIOPULMONARY RESUSCITATION		X		
PERFORM RECTAL INFUSION		X		
PERFORM INTRAPERITONEAL INFUSION		X		
PERFORM PELVIMETRY	X			

APPENDIX E
 TRAINING ASSESSMENT [BAUCHI SPECIALIST HOSP.]

HAVE THE <u>MIDWIVES</u> BEEN TRAINED TO:	TRAINED YES	TO DO NO	DO REGULARLY	EMERGENCY
MANUALLY REMOVE PLACENTAS		X		X
START IV INFUSIONS	X		X	
BIMANUALLY COMPRESS THE UTERUS (CREDE)	X			
SUTURE (REPAIR) EPISIOTOMIES	X		X	
SUTURE (REPAIR) CERVICAL LACERATIONS		X		
SUTURE (REPAIR) VAGINAL LACERATIONS		X		
SUTURE (REPAIR) 4TH DEGREE LACERATIONS		X		
PERFORM EXTERNAL VERSIONS		X		
PERFORM INTERNAL VERSIONS		X		
PERFORM VACUUM EXTRACTIONS		X		
PERFORM SPECULUM EXAMINATIONS		X		
PERFORM BIMANUAL EXAMINATIONS	X			
MONITOR LABOR PROGRESS/ USE PARTOGRAPH		X		
PERFORM CONTROLLED CORD TRACTION	X			
PERFORM ADULT CARDIOPULMONARY RESUSCITATION		X		
PERFORM INFANT CARDIOPULMONARY RESUSCITATION		X		
PERFORM RECTAL INFUSION		X		
PERFORM INTRAPERITONEAL INFUSION		X		
PERFORM PELVIMETRY	X			

APPENDIX E

TRAINING ASSESSMENT [ADEOYO STATE]

HAVE THE <u>MIDWIVES</u> BEEN TRAINED TO:	TRAINED YES	TO DO NO	DO REGULARLY	EMERGENCY
MANUALLY REMOVE PLACENTAS		X		X
START IV INFUSIONS	X			
BIMANUALLY COMPRESS THE UTERUS (CREDE)	X			
SUTURE (REPAIR) EPISIOTOMIES		X		
SUTURE (REPAIR) CERVICAL LACERATIONS		X		
SUTURE (REPAIR) VAGINAL LACERATIONS		X		
SUTURE (REPAIR) 4TH DEGREE LACERATIONS		X		
PERFORM EXTERNAL VERSIONS		X		
PERFORM INTERNAL VERSIONS		X		
PERFORM VACUUM EXTRACTIONS		X		
PERFORM SPECULUM EXAMINATIONS		X		
PERFORM BIMANUAL EXAMINATIONS	X			
PARTOGRAPH		X		
PERFORM CONTROLLED CORD TRACTION	X			
PERFORM ADULT CARDIOPULMONARY RESUSCITATION		X		
PERFORM INFANT CARDIOPULMONARY RESUSCITATION		X		
PERFORM RECTAL INFUSION		X		
PERFORM INTRAPERITONEAL INFUSION		X		
PERFORM PELVIMETRY	X			

APPENDIX E

TRAINING ASSESSMENT [DARAZO]

HAVE THE <u> MIDWIVES </u> BEEN TRAINED TO:	TRAINED YES	TO DO NO	DO REGULARLY	EMERGENCY
MANUALLY REMOVE PLACENTAS	X			
START IV INFUSIONS	X			
BIMANUALLY COMPRESS THE UTERUS (CREDE)	X			
SUTURE (REPAIR) EPISIOTOMIES		X		
SUTURE (REPAIR) CERVICAL LACERATIONS		X		
SUTURE (REPAIR) VAGINAL LACERATIONS		X		
SUTURE (REPAIR) 4TH DEGREE LACERATIONS		X		
PERFORM EXTERNAL VERSIONS		X		
PERFORM INTERNAL VERSIONS		X		
PERFORM VACUUM EXTRACTIONS		X		
PERFORM SPECULUM EXAMINATIONS	X			
PERFORM BIMANUAL EXAMINATIONS	X			
MONITOR LABOR PROGRESS/ USE PARTOGRAPH		X		
PERFORM CONTROLLED CORD TRACTION	X			
PERFORM ADULT CARDIOPULMONARY RESUSCITATION		X		
PERFORM INFANT CARDIOPULMONARY RESUSCITATION		X		
PERFORM RECTAL INFUSION		X		
PERFORM INTRAPERITONEAL INFUSION		X		
PERFORM PELVIMETRY	X			

A P P E N D I X F

Midwife Talent/Criteria Checklist

APPENDIX F
MIDWIFE SKILLS/TALENTS FOR TRAINER

1. Clinical skills _____

2. Leadership ability _____

3. Willingness to learn new skills _____

4. Willingness to share with others _____

5. Teaching ability _____

6. Counselling skills _____

7. Management skills _____

8. Interpersonal skills _____

A P P E N D I X G

Training Center Criteria

APPENDIX G

NIGERIA PROJECT
 TRAINING CENTER CRITERIA
 BAUCHI SPECIALIST HOSPITAL

	YES	NO	UNKNOWN
. Adequate number of nurse-midwives to train	X		
. Adequate volume of deliveries per month	X		
. Serious problem of maternal mortality ie. high maternal mortality ratio	X		
. Obstetrician(s) supportive of expanded role for midwives	X		
. Matron supportive of training program	X		
. Midwife staff with sound clinical skills, eager to expand their scope of practice and both capable and willing to share their knowledge	X		
. Coordination between SMOH and SMHB	X		
. Commitment from hospital administration that trainers and key labor and delivery personnel would not be transferred to other jobs during the duration of the project	X		
. Provision of complete patient charts including appropriate forms for charting and reporting, e.g. progress notes, nurses notes, etc.		X	
. Provision of Seminar/conference/call rooms			X
. Facility equipped to provide emergency obstetrical services 24 hours/day		X	
ON HOSPITAL PREMISES			
- Essential revolving drug program operational	X		
- Blood bank with "on loan" blood available			X
- Vital obstetric drugs available		X	
- Vital obstetric supplies available		X	
- Vital sterilization equipment	X		

- Vital sterilization equipment available	X	
- Vital disinfectant/cleaning supplies and equipment available		X
- Blood, urine, and other lab tests available	X	
- Maintain good/appropriate patient toilet facilities		X
ON LABOR/DELIVERY UNIT (always available)		
- Emergency drugs		X
- Pitocin/Syntocin		X
- Ergometrine		X
- Valium		X
- Syringes/needles		X
- IV Infusion Equipment (minimum number)		
- 1000cc/500cc infusion solution		X
- infusion tubing		X
- butterfly needles		X
- tape/plaster		X
- drip stand		X
- Resuscitation equipment/supplies		
- Oxygen cylinder (full on unit)		X
- gauge and flow meter		X
- mask and tubing		X
- suction machine with tubing	X	X
- mucous extractors		X
- Sterilization Equipment		
- sterilizer (medium to large)		Sm
- drums		X
- instrument trays/lids and/or wrappers		2
- bowls		X
- high level disinfectants		X
- 2% glutaraldehyde (Cidex)		X
- Instrument strength Dettol or equivalent		X

-	Delivery equipment				
-	delivery beds with clean MacIntoshes		2		
-	delivery trolleys		X		
-	complete delivery instrument set	2	X		
-	urine catheters		1		
-	vacuum extractor	1			
-	catgut suture with needle		X		
-	angle-poised lamp with bulb		X		
-	torch		X		
-	sterile gloves		X		
-	cotton wool		X		
-	gauze		X		
-	kidney bowls		X		
-	apron		X		
-	antiseptic solution		X		
-	wall clock/watches with 2nd hand		X		
-	privacy screens	1	X		
-	infant scales	2			
-	stool for suturing episiotomy		X		
-	Other equipment				
-	enema catheters		1		
-	kidney bowls		2		
-	other bowls		3		
-	Clean/adequate patient toilet facilities	X			
-	Cleaning equipment/supplies				
-	intact MacIntoshes for all beds		X		
-	mop, pail, broom and brush	X			
-	continuous water supply				X
-	soap and cleaning cloths		X		
-	decontaminant solutions		X		
-	chlorine solution and other liquids containing bleach		X		
-	Savlon		X		
-	rubbish bins	X			
-	outdoor dust bins with lids				X
-	Equipment for vital signs				
-	thermometer		X		
-	BP apparatus		2		
-	Stethoscopes		2		
-	fetal stethoscopes		4		
-	Residence for Trainees				
-	Close to maternity unit or permanent				X

transport assigned to training project for 24 hour a day transport			
- Call room available 24 hours per day	X		
- Make available or upgrade residential facility to accommodate at least 15 trainees plus 2 trainers with a minimum of:			X
3 showers			
3 wash hand basins (separate from toilets)			
good lighting			
well-ventilated and comfortable environment			
good water supply			
cleaners on duty			
radio/T.V.			
- Meals available for purchase			X
- Laundry facilities available or services available			X

APPENDIX G

NIGERIA PROJECT
 TRAINING CENTER CRITERIA
 ADEOYO MATERNITY HOSPITAL

	YES	NO	UNKNOWN
. Adequate number of nurse-midwives to train	X		
. Adequate volume of deliveries per month	X		
. Serious problem of maternal mortality ie. high maternal mortality ratio		X	
. Obstetrician(s) supportive of expanded role for midwives	X		
. Matron supportive of training program	X		
. Midwife staff with sound clinical skills, eager to expand their scope of practice and both capable and willing to share their knowledge			X
. Coordination between SMOH and SMHB			X
. Commitment for hospital administration that trainers and key labor and delivery personnel would not be transferred to other jobs during the duration of the project			X
. Provision of complete patient charts including appropriate forms for charting and reporting, e.g. progress notes, nurses notes, etc.		X	
. Provision of Seminar/conference/call rooms	X		
. Facility equipped to provide emergency obstetrical services 24 hours/day		X	
ON HOSPITAL PREMISES			
- Essential revolving drug program operational		X	
- Blood bank with "on loan" blood available		X	
- Vital obstetric drugs available		X	
- Vital obstetric supplies available		X	

- Vital sterilization equipment available		X
- Vital disinfectant/cleaning supplies and equipment available		X
- Blood, urine, and other lab tests available	X	
- Maintain good/appropriate patient toilet facilities		X
ON LABOR/DELIVERY UNIT (always available)		
- Emergency drugs		X
- Pitocin/Syntocin		X
- Ergometrine		X
- Valium		X
- Syringes/needles		X
- IV Infusion Equipment (minimum number)		X
- 1000cc/500cc infusion solution		X
- infusion tubing		X
- butterfly needles		X
- tape/plaster		X
- drip stand		X
- Resuscitation equipment/supplies		X
- Oxygen cylinder (full on unit)		X
- gauge and flow meter		X
- mask and tubing		X
- suction machine with tubing		X
- mucous extractors		X
- Sterilization Equipment		
- sterilizer (medium to large)		X
- drums	X	
- instrument trays/lids and/or wrappers		X
- bowls		
- high level disinfectants	X	
- 2% glutaraldehyde (Cidex)		X
- Instrument strength Dettol or equivalent		X
- Delivery equipment		

-	delivery beds with clean MacIntoshes		2	
-	delivery trolleys		1	
-	complete delivery instrument set		0	
-	urine catheters		1	
-	vacuum extractor	X		
-	catgut suture with needle		X	
-	angle-poised lamp with bulb		X	
-	torch		X	
-	sterile gloves		X	
-	cotton wool		X	
-	gauze		X	
-	kidney bowls		X	
-	apron		X	
-	antiseptic solution		X	
-	wall clock/watches with 2nd hand	X		
-	privacy screens		X	
-	infant scales	X		
-	stool for suturing Episiotomy		X	
-	Other equipment			
-	enema catheters		X	
-	kidney bowls		X	
-	other bowls	X		
-	Clean/adequate patient toilet facilities		X	
-	Cleaning equipment/supplies			
-	intact MacIntoshes for all beds		X	
-	mop, pail, broom and brush		X	
-	continuous water supply			X
-	soap and cleaning cloths		X	
-	decontaminant solutions		X	
-	- chlorine solution and other liquids containing bleach		X	
-	- Savlon		X	
-	rubbish bins		X	
-	outdoor dust bins with lids			X
-	Equipment for vital signs			
-	thermometer		X	
-	BP apparatus		1	
-	Stethoscopes		1	
-	fetal stethoscopes		4	
-	Residence for Trainees			
-	Close to maternity unit or permanent transport assigned to training			X

project for 24 hour a day transport			
- Call room available 24 hours per day			X
- Make available or upgrade residential facility to accommodate at least 15 trainees plus 2 trainers with a minimum of:			X
3 showers		X	
3 wash hand basins (separate from toilets)		X	
good lighting		X	
well-ventilated and comfortable environment		X	
good water supply		X	
cleaners on duty		X	
radio/T.V.		X	
- Meals available for purchase			X
- Laundry facilities available or services available			X

A P P E N D I X H

Non-expendable Equipment

APPENDIX H
NON-EXPENDABLE EQUIPMENT

ITEMS	TRAINING SITES (2)	SUB-CENTERS (10)	UNITS PROPOSED	UNITS RECOMMENDED
1. DELIVERY SETS				
- Instrument trays with lids	75	100	0	175
- Cord scissors	75	100	0	175
- Kochers forceps	150	200	350	350
- Episiotomy scissors	75	100	175	175
- Gloves	960	1140	2100	2100
2. SUTURE SET				
- Chromic suture with needle	80	95	175	175
- Needle holder	40	50	175	90
- Suture scissors	40	50	0	90
- Tissue forceps	40	50	175	90
- Sponge Epis Pkg	80	95	175	175
- Small bowls	40	50	0	90
3. INDIVIDUAL ITEMS				
- Weighted speculum	2	?	0	2
- Long needle holder	6	20	0	26
- Speculums	10	10	0	20
- Mucous extractors	320	380	700	700
- Infant scales	2	10	175	12
- Sponge forceps	40	50	175	90
- Thermometers	40	60	175	100
- BP apparatus	40	60	175	100
- Stethoscopes	40	60	175	100
- Reflex hammers	40	60	175	100
- Fetal stethoscopes	40	60	175	100
- Aprons	80	95	175	175
- Tallquist scales	80	95	175	175
- Centimeter tapes	80	95	175	175
- Urine dipsticks	80	95	175	175

A P P E N D I X I

Causes of Maternal Deaths and other Statistics

APPENDIX I

MEDICAL CAUSES OF DIRECT OBSTETRIC DEATHS, 1991

Direct Causes	Bauchi Special-ist Hospital	Darazo	Misau	Urban Gombe	Toro	Osun	Adeoyo
Hemorrhage (including pp. anemia, and retained placenta)	38%	20%	75%		43%	100%	40%
Infection/Sepsis	34%	0%	6%		29%		
Hypertension	11.5%	60%	19%		14%		20%
Obstructed Labour							
Ruptured Uterus	15%	20%			14%		40%
Induced Abortion							
Percent of Total Maternal deaths due to direct causes	a) 50%* b) 92%*	31%	70%		87.5%	40%	83%

*NOTE: Maternal death statistics = 52 but only have 28 charts for review, 26 of these deaths were due to direct causes.

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APPENDIX I

CAUSES OF MATERNAL DEATHS	Bauchi Specialist Hospital	Darazo	Misau	Urban Gombe	Toro	Osun	Adeoyo
1. <u>DIRECT</u> (due to complications of pregnancy delivery or postpartum)							
Antenatal hemorrhage	3 (1)f		1		1		
Postpartum anemia	1		6				
Postpartum hemorrhage	2(3)a	(1)a			1(1)a	1	2
Retained placenta	4	1	5		1	1	
Eclampsia/PIH	3	3	3		1		1
Ruptured uterus	4	1			1		2
Sepsis:			1				
- Post-up complications (ovarian cyst, C-section, ectopic)							
- Hypovolemic shock					2		
- Paralytic ileus	9(5)b						
TOTAL	26	5	16		7	2	5

B/1

2. <u>INDIRECT</u> (Pre-existing medical conditions)							
Anemia of pregnancy	1	1	1		1		
Disease							
- Malaria	(1)b						
- Meningitis		2					
- Tetanus		1					
- Gastroenteritis			1				
- Hepatitis			1				
Other	1	2					1
TOTAL	2	6	3		1		1
3. <u>UNKNOWN</u>	24 (d)	5	4		0	3	0
<u>GRAND TOTAL</u>	52	16	23	0	8	5	6

- a = Retained placenta also noted
 b = Post-op Septicemia/complications also noted
 c = Postpartum hemorrhage also noted
 d = Charts not available for review

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BAUCHI MATERNITY WARD STATISTICS 1992

FROM JANUARY - MARCH 1992

ADMISSIONS	-	1,355	PERINEAL LAC	-	18
BOOKED	-	972	BROKEN EPISIOTOMY	-	20
UNBOOKED	-	191	DRAINING	-	20
DISCHARGES	-	964	RUPTURED UTERUS	-	5
NORMAL DELIVERY	-	834	U. U. F	-	8
ALIVE BABIES	-	803	BEST OPERATION	-	NIL
M A L E	-	459	G. ENT.	-	3
FEMALE	-	449	BATHOUN CYST.	-	NIL
R/PLACENTA	-	27	PEUP PSYCHISIS	-	4
V A C U U M	-	20	INT. OBST.	-	NIL
C/SECTION	-	28	POST PARTUM ANEAMIA	-	5
B. B. A.	-	38	FRESH S. BIRTH	-	38
T W I N S	-	22	MACERATED BABIES	-	20
A. P. H.	-	36	PREMATURE BABIES	-	15
P. P. H.	-	15	CORD PROLAPSE	-	2
ECLAPSIA	-	15	REFERRED CASES	-	18
PUEP SEPSIS	-	15	BREACH	-	19
ANAEMIA IN PREG-	-	7	BURST ABDOMAN	-	2
MALARIA IN PREG	-	14	PNEUMONIA	-	1
PRENATAL DEATH	-	19	C C F	-	3
NEONATAL DEART	-	10	MATERNAL DEATH	-	9
CON ABNORMALITY	-	3	TRIPLETS	-	2

a: (statistics)

OSUN STATE - STATISTICS

ADMISSION	1,417
DELIVERIES	1,080
LIVE BIRTHS	1,030
P. T. L.	27
FORCEPTS	13
VACUUM	0
P. P. H.	33
SOPSIS	9
D E A T H S	5
ANEAMIA OF PREGNANCY	10
A P H	20
C - SECTOR	13
B B A	29

A P P E N D I X J

Audio-visual Equipment

APPENDIX J

FHS AUDIOVISUAL EQUIPMENT AVAILABLE

IEC ZONAL DIVISION

16 mm film projector

35 mm camera

Flip Chart stand

Projector screen

Slide Projector

Sony TV Monitor

Umatic Video Recorder

VHS Video Recorder

IEC DIVISION - FHS OFFICE - LAGOS

Materials available to be loaned to any FHS program with advanced notice (usually 1-2 months lead time)

3 Overhead projectors

Flip chart paper

1 Extra slide carousel/per projector

POP Reports (all copies can be obtained with the advanced notice noted above)