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# MotherCare

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**TRIP REPORT**

**MOTHERCARE PROJECT**

**NIGERIA**

**June 17 - August 4, 1992**

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MotherCare/American College of Nurse Midwives**

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## TABLE OF CONTENTS

TABLE OF CONTENTS.....	i
ACKNOWLEDGMENTS.....	ii
ABBREVIATIONS.....	iii
I. EXECUTIVE SUMMARY .....	1
II. BACKGROUND .....	2
III. PURPOSE .....	3
IV. ACTIVITIES.....	4
A. POLICY MEETING.....	4
B. CURRICULUM DEVELOPMENT MEETINGS.....	5
C. ADEOYO TRAINING CENTER VISIT.....	6
D. BAUCHI TRAINING CENTER VISIT.....	7
E. MEETINGS WITH OTHERS.....	8
AFRICARE	
UNFPA	
FEDERAL MINISTRY OF HEALTH	
UNIVERSITY OF JOS TEACHING HOSPITAL	
USAID STAFF	
V. RECOMMENDATIONS.....	11
VI. APPENDICES .....	13
A. PERSONS AND INSTITUTIONS CONTACTED	
B. POLICY MEETING PROGRAM AND LIST OF INVITES	
C. POLICY MEETING SPEECH SUMMARIES AND HANDOUTS	
D. COMMUNIQUE AND ATTENDEES FROM POLICY MEETING	
E. POLICY ADVISORY COMM. FUNCTIONS AND MEMBERS	
F. TECHNICAL ADVISORY COMM. FUNCTIONS AND MEMBERS	
G. ADEOYO STAFF WISHING TO BE LSS TRAINERS	

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- H. EQUIPMENT REQUESTED BY ADEOYO AND BAUCHI STAFF
- I. CURRICULUM DEVELOPMENT MEETING
- J. CURRICULUM DEV. MEETING OBJECTIVES AND SCHEDULE
- K. CURRICULUM DEVELOPMENT PARTICIPANTS
- L. DAILY EVALUATION FORM
- M. FINAL EVALUATION FORM
- N. SUPPORT VISITS FORM
- O. INCIDENT REPORTING FORM AND TRAINEE LETTER
- P. ANTENATAL SITE PREPARATION WORKSHOP TIME TABLE
- Q. INTRAPARTUM SITE PREPARATION WORKSHOP TIME TABLE
- R. MOTHERCARE LSS TRAINING SCHEDULE
- S. LETTER TO MR. BANKOLE
- T. CRITERIA FOR SELECTION OF LSS TRAINERS
- U. DRAFT OF COMMUNICATION AND COMMUNITY OUTREACH CURRICULUM DEVELOPMENT (UNDER SEPARATE COVER)

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Mr. Gene Chiavaroli, Dr. John Mc William and their staffs at USAID and Family Health Services.

All the staff from Oyo, Osun, and Bauchi states who spent their time working with us and made the commitment to further work on the Safe Motherhood work.

## ABBREVIATIONS

ACNM	American College of Nurse-Midwives
AIDS	Acquired Immuno-deficiency Syndrome
CHO	Community Health Officer
FHS	Family Health Services Project
FMOH	Federal Ministry of Health
HIV	Human Immuno-virus
IC	In Charge
IEC	Information, Education, Communication
LGA	Local Government Area
LSS	Life Saving Skills
MCH	Maternal Child Health
NERDC	Natl. Educational Research Development Commission
NMC	Nursing and Midwifery Council
PHC	Primary Health Care
PIH	Pregnancy Induced Hypertension
PPH	Post-partum Hemorrhage
POP	Public Opinion Polls, Inc.
PSM	Problem Solving Method
SMOH	State Ministry of Health
SNS	Senior Nursing Sister
TBA	Traditional Birth Attendant
VVF	Vesico-vaginal Fistula

## **I. EXECUTIVE SUMMARY**

This seven week trip for traveller Margaret Marshall accomplished the following activities:

1. Both training sites for the Life Saving Skills trainings were visited. Inputs needed were discussed with staff and state level Hospital Management Board and Health Department personnel.
2. Two trainers and one course coordinator were chosen from each training center. Meetings were held with potential trainers to brief them on the project and outline the duties and responsibilities of the trainers. The rest of the training staff will be chosen next visit during the site assessment workshops.
3. Two of the subcenters were visited. Staff were informed of the upcoming training program and the sites were reviewed as to equipment in place which is in working order.
4. A two day national policy meeting was held June 29 and 30. Leaders were briefed as to the scope of the problem of maternal mortality in Nigeria and commitment sought to relieve equipment and personnel deficiencies at the two training sites. This took the form of a communique. The Life Saving Skills curriculum was also endorsed.
5. A two week Curriculum Development workshop was held with representatives from the Nursing and Midwifery Council, midwifery education, midwifery clinical practice, public health practice, plus several consultants. The group developed two drafts of new curriculum materials to be used in the LSS training program. The materials addressed values clarification, interpersonal communication skills, the problem solving method, and community assessment and outreach.
6. A meeting was held with Lagos MotherCare staff and the identified trainers and course coordinators from the two centers. The group developed a schedule for the next several months plus "To Do Lists" for the two centers, MotherCare Lagos, and ACNM Washington.
7. An inventory of training materials was made and log book established. A list of what training materials and forms should be sent to each training center was developed. Forms needed in large quantity were sent to a printer. Forms used for registration, testing, monitoring, and evaluation were developed.

## II. BACKGROUND

The MotherCare project is a collaborative effort among the Federal Ministry of Health Nigeria, the several state ministries of health, and the centrally funded USAID project named MotherCare. The project is funded from March of 1992 through August of 1993. The aim of the project is to address the high maternal mortality ratio seen in Nigeria by 1) updating and expanding the skills of midwives to address obstetrical emergencies, and 2) to address the information needs of communities so that they may better prevent and treat maternity health needs and eliminate barriers to good care.

Several needs assessments have been conducted over the past year seeking two states whose personnel are committed to improving maternity care. The state must also have a maternity service with sufficient volume of antenatal clients and deliveries to permit clinical continuing education for midwives.

The program was now ready to update national policy makers, finish development of the needed curriculum, obtain consensus that the curriculum already developed fits the education needs of midwives in Nigeria, and start to fit the designated training centers with needed equipment and supplies. Additionally, trainers were identified, a training schedule developed, and equipment ordered. Forms were printed and new forms developed to address evaluation, record keeping, and trainee handouts developed.

### III. PURPOSE

The purpose of this visit was to:

1. Assist the MotherCare Coordinator and Ministry of Health staff in the design, preparations, and conduct of the project Policy Meeting to take place June 29th and 30th.
2. Assist with the design, preparations, and conduct of the Curriculum Development workshop to review, modify and accept currently developed educational materials; and to develop new materials for the LSS training which will incorporate communications and community health.
3. Visit the two training sites and begin the process of selecting LSS trainers in collaboration with local staff using established criteria.
4. Finalize the equipment and models to be ordered after review with local MotherCare staff, training center staff, and Africare.
5. Develop a training schedule for the eight mini-workshops and TOT to occur in October/November with input from MotherCare local staff and training site staff. Seek input from local staff as to what additional topics they wish to include in the updating workshops.
6. Review (and modify if indicated) the local budget with the MotherCare Coordinator in preparation for the nine training events to occur in October/November.
7. Review progress made at the two training sites with MotherCare Coordinator and State Ministry of Health and local hospital staff on changes needed prior to the conduct of training.
8. Obtain permission from the Nursing and Midwifery Council of Nigeria to practice midwifery in the country.

## **IV. ACTIVITIES**

### **A. POLICY MEETING**

A national level policy meeting was organized by the Federal Ministry of Health with collaboration with MotherCare personnel from Lagos and Washington. On June 29th and 30th the meeting of high level policy makers was conducted at Gateway Hotel, Otta, Ogun State. The objectives of that meeting were:

1. To educate policy makers on the magnitude of maternal mortality and morbidity in Nigeria and the world.
2. To formulate strategies in order to overcome the problem of high maternal mortality and morbidity in Nigeria.
3. To endorse the Life Saving Skills curriculum already developed and approve the outline of curriculum to be developed.

Accomplishments of the meeting were:

1. Policy makers were well briefed on the strategy to be used to address maternal mortality including development of new materials and approaches to teach community members about self-care and possible community approaches to the betterment of maternity care.
2. The group endorsed the Life Saving Skills training with all included skills as well as approving the outline of the curriculum yet to be developed.
3. The group endorsed the criteria for selection of the training sites, the trainers, and the trainees. Emphasis was given to the requirement that midwives trained must be retained in the clinical care areas, and not detailed to administrative or non-maternity work sites.
4. The states (Oyo, Osun, and Bauchi) committed themselves to the provision of ongoing moral and material support to the program.
5. Policy advisory committees and technical advisory committees were established to provide ongoing support and advice to the program. See appendices E and F for a listing of the purpose and makeup of these advisory groups.

See appendix B for a complete listing of the meeting agenda and list of invites. See appendix C for summaries of speeches given and handouts utilized during the sessions. Appendix D contains the

text of the communique which was developed the second day of the workshop detailing the commitment of the states to the program.

The meeting was highly successful. Attendance was excellent. The level of participation was high. It was clear that members of the group had been experiencing frustration after the Abuja Safe Motherhood conferences held in 1990. Many had expressed the wish that concrete programs would have developed from those education and awareness raising sessions. Thus, the efforts of the MotherCare project were received with enthusiasm.

## **B. CURRICULUM DEVELOPMENT MEETINGS**

In preparation for the Life Saving Skills trainings for midwives, it was important to review materials developed previously, tailor existing materials to the needs and practices of Nigeria, and develop new materials (curricula) based on the outcome of the several needs assessments conducted previously by Ms. Colleen Conroy, Dr. A.A. Adeyemi, Mrs. 'Lola Payne, Ms. Gail Allison, Dr. Barbara Kwast, Mrs. Data Phido, and Dr. Peg Marshall.

The curriculum development workshop was conducted in two one week sessions with a week break between. This was to permit mothers to return home after one week and to permit participants to seek other resources needed to develop the new educational materials utilizing libraries and consulting colleagues and peers.

The first week of the workshop was held in Ogere Training and Conference Centre at Ogere, Oyo State from July 12th through 17th. The second session was held at Sango Plaza Hotel, Otta, Ogun State from July 26 through July 29th. The following day was devoted to a meeting of Chief Trainers and Course Coordinators from the two training centers as all people were gathered for the Curriculum Development workshop.

The workshop produced two drafts of course materials addressing values clarification, communication skills, use of the problem solving method, and community assessment and outreach. These drafts will undergo further revision with input from the participants, and PATH, MotherCare, and ACNM personnel. Editing and additions will be coordinated by MotherCare Lagos with Mrs. Data Phido taking lead responsibility.

The materials developed will utilize approximately three days of the three week LSS training program. They currently require more time than that to do well. More cuts in content will be made. It is possible that the longer version could be used at a future date

for either review with currently scheduled trainees or utilized for a follow on project.

### **C. ADEOYO TRAINING CENTER VISIT**

A four day trip was made to the Adeoyo Maternity Hospital, the Ministry of Health, and the Midwifery Training School to follow up on the previous needs assessment visit, to share the criteria for selection of trainers, to start the process of selecting trainers, and to brief maternity staff on the upcoming program.

In the meeting with the Director General of the Health Management Board Dr. T. Ipadeola, we were caught up on their progress in alleviating deficiencies noted in previous needs assessment visits. Time was also spent observing clinical practice on the maternity units.

Time was also spent visiting ministry of health officials in Oshogbo, Osun state. Since the MotherCare project was already in an advanced planning stage when these two states separated, it was decided that Osun would become a sub-center and contribute 20 participants to the LSS program. It is anticipated that in the next phase of the project that Osun will become a full fledged training center. This group was urged to include private sector midwives in their participant selection and to concentrate their selection of trainees in groups which would provide a critical mass for transfer of skills to their colleagues upon return to the work site.

The staff at Adeoyo have made serious efforts to improve conditions at the hospital. A lot of scrubbing of the labor and delivery unit has begun. They have also begun to clean the physiotherapy department which has been in disuse for some years. This will be used as a hostel for participants and as a secure locked storage area for training equipment and supplies. They have also obtained a new delivery bed (couch) and stretcher. They are also making arrangements for a refrigerator which can store blood on site.

Though the process has begun, there is still along way to go to bring the hospital to good hygienic standards. The staff are planning to paint labor and delivery and to hire commercial cleaners to clean cobwebs and filthy window screens which are too high to reach without ladders.

Further consideration needs to be given to staffing patterns. It appears too many matrons are scheduled on the day shift and too few on afternoons and nights. At one point it was noted that 17 laboring women (some three to a bed) had no staff member on the ward to care for them. High risk women often do not get more attention than normal women. A system whereby one midwife is

responsible for a reasonable number of patients and is also held accountable for the quality of care rendered would make a significant contribution to individualization of care and improving quality of care.

There is little awareness of the universal precautions for the prevention of AIDS. The quality of aseptic technique is very poor. Neither patients nor providers are protected. Staff go from patient (vaginal exam) to patient (vaginal exam) without washing their hands between. They also dip gloved hands into one instrument basin to retrieve instruments for three different deliveries going on simultaneously. They do not have perineal sheets, cover gowns, goggles, mackintosh aprons, gauntlet gloves, or separate delivery packs. Staff do deliveries in white uniforms which they then wear around the hospital, to meals, and into the street coming and going from home. Staff also clean up blood and amniotic fluid spills and wash instruments bare handed. Such practices can contribute markedly to sepsis among patients and spread of AIDS among staff and patients.

A meeting was held with those who wish to learn more about the LSS training program and wish to be considered as potential trainers. Response was good and twenty-one midwives ultimately wish to be considered. The local Chief Matron, Labor and Delivery Matron, and Obstetrician will collaborate on making a short list of their most qualified people. The final selection will be made during the site preparation workshops while observing the quality of their clinical performance.

Two trainers have already been chosen- one a matron from labor and delivery ( Mrs. C.F. Akindele) and the second the principal of the Yemetu Midwifery Training School (Mrs. E.F. Oyediji). The course coordinator was selected by the state health department. She is the state Deputy Director of PHC activities (Mrs. A.O. Ladipo).

#### **D. BAUCHI TRAINING CENTER VISIT**

A four day visit was made to Bauchi Specialty Hospital, the Midwifery Training School, Toro General Hospital, Azare General Hospital, and various zonal and state personnel. The purpose of the visit was to follow up on the previous needs assessment visit, to share the criteria for selection of trainers, to start the process of selecting trainers, to brief maternity staff on the upcoming program, and to visit selected sub-centers not previously visited.

The condition of the student hostel to be used as housing for trainees was visited. It is in very poor condition and needs serious inputs if it is to be ready and appropriate for trainings. Problems include security, lack of mosquito proofing, lack of water and insufficient lighting to permit study at night. Local staff

will either ensure renovations or selection of an alternative sight within walking distance of the labor and delivery unit.

Two trainers have already been chosen- one the Chief Matron from maternity ( Mrs. Salome Sambo) and the second the principal of the Bauchi Midwifery Training School (Mrs. Hafsa Sugra Mahmood). The course coordinator was selected by the state health department. She is the state PHC Coordinator (Mrs. Helen Jammal). The local Chief Matron and physician who covers obstetrics will collaborate on making a short list of their most qualified people. The final selection will be made during the site preparation workshops while observing the quality of their clinical performance.

The visit to the sub-center Azare Hospital revealed no running water for the hospital, no working resuscitation equipment, and only ergot available as an emergency drug for the maternity unit. Delivery instruments are boiled only once per week and disinfecting solution used is so scant that instruments are not covered. The water truck is broken; so the only supply of water is a well on the hospital property. Small rubber baskets of water are drawn from a depth of over 60 feet.

The physician in charge estimated their annual maternal mortality to be approximately 110 deaths (one third the number for all of the United States) per year. Not only did he not find that alarming; he noted "we don't have much maternal death here, rarely more than ten deaths per month". This is a hospital performing only 1,030 births per year. Sub-centers need to be involved in the state level policy meetings to sensitize staff to the scope and issues involved in maternal mortality.

## **E. MEETINGS WITH OTHERS**

### **AFRICARE**

Two meetings were held with Africare staff members Dr. J. Howard Teel, Country Representative and Mr. F. Ojikutu, Senior Program Officer to discuss the equipment needs of the two training centers and the ten sub-centers. Africare does not have discretionary monies available immediately to address these needs. They did however express active interest in seeking funding to address the needs of our current training centers including development of future centers over the next several years.

Africare does have some undesignated equipment under the family planning program including some privacy screens, basin trolleys, and a few surgical instruments. Dr. Teel noted that if the involved states send a letter requesting that they would like their state's share of this equipment to go to the training centers, this can be

done. Representatives from Bauchi and Oyo states have been requested to send these letters to Africare.

We will provide Africare, by the end of August, with a list of essential equipment needed in all maternity units. They will use this list in a concept paper and proposal to seek funding for additional equipment for the project.

#### **UNFPA**

A meeting was held with Dr. K. Babs Tagoe, UNFPA National Programme Officer to catch him up on the progress of the program. Dr. Mac Donald was not available to join this meeting. Dr. Tagoe shared with us a copy of their Safe Motherhood program which is starting up in Zone A. He again requested that we train the midwives from Zone A who are designated for updating and expansion of skills related to obstetrical emergencies (Life Saving Skills training). We reiterated our desire to help them with this suggesting that May or June of next year after completing training for our target midwives might be good timing. He noted that Dr. Okofor (Enugu) is currently traveling in Japan, but that upon her return we would urge her to contact us to further plans for possible collaboration.

#### **FEDERAL MINISTRY OF HEALTH**

In review of the Life Saving Skills manual, the several physicians reviewing it held diverse opinions on what the malaria protocol should be for both prophylaxis and treatment. Therefore, a meeting was held with Dr. Okokon J. Ekanem, Chief Consultant Malariologist for the Federal Ministry of Health. He shared with us the current national policy for treatment of malaria which will be incorporated into the protocols taught during LSS trainings.

The meetings were held with FMOH staff during this visit to prepare for the national policy meeting and brief and update them on the progress of the training site visits and curriculum development workshop. Dr. Okungbowa was not available for debriefing at the end of this visit. Mrs. 'Lola Payne will meet with him to apprise him of project progress during the week of August 3rd.

## **UNIVERSITY OF JOS TEACHING HOSPITAL**

A meeting was held with Dr. J.A.M. Otubu, Chief Consultant Ob/Gyn to discuss the problem of universal precautions against AIDS and how well our disinfection and sterilization procedures are for the elimination of HIV. We were seeking support from an established AIDS program with working laboratory facilities to perform cultures of DeLee mucus extractors, bulb syringes, and other equipment commonly used in maternity care. This is because we do not have good evidence that the level of disinfection currently in practice is sufficient to kill the HIV virus.

Dr. Otubu does not have the fully developed AIDS center we had been led to believe. However, he is very interested in culturing equipment and noted he would be happy to include such a proposal in a request for funding from the Federal Ministry of Health. He noted that in a recent convenience sample of one hundred antenatal clients of Jos Teaching Hospital that the incidence of HIV was 12%.

Clearly, improved protection of health workers with equipment and training is critical. The state AIDS Coordinator in Bauchi State would not share with us local HIV rates as it is seen as causing too much worry. If health workers are not informed of the reality and given the education and equipment necessary to protect themselves, the likely result will be fear, discrimination, and refusal to render service. We need to learn from other countries who have travelled this path before us.

### **USAID STAFF**

Meetings were held with Mr. Gene Chiavaroli and Mr. Rudolph Thomas upon arrival, mid-visit, and end of visit. Meetings were held with Dr. John Mc William mid-visit and end of visit. Briefings were given related to progress of the project. Our ideas were sought regarding how maternal health might be addressed in the follow on project currently being written. Our desires to further establish the current two training centers, plus expansion into the other two health zones was discussed. Mr. Chiavaroli emphasized his interest in seeing LSS included in pre-service training.

Mr. Chiavaroli also noted that teaching universal AIDS precautions to health workers is not part of the mandate of the new USAID funded AIDSCAP project. The serious need for such education was emphasized.

## V. RECOMMENDATIONS AND PLANS

Several recurring themes pervaded this visit. They were: need for accountability in clinical management of patient care, poor aseptic technique, lack of AIDS precautions, lack of awareness of the scope of the problem of maternal mortality in Nigeria.

### 1. Need for Accountability in Clinical Management of Patient Care

The problem at Adeoyo Maternity Hospital regarding distribution of midwives over the various shifts and need for assignment of patients in labor to specific individual midwives was addressed briefly with the matron of labor and delivery. This needs more work through Mrs. Payne's follow up site visit in August and during the site preparation workshops in September. The concept of accountability needs to be addressed at the staff and management levels. This is true for both antenatal and intrapartum clinical areas.

### 2. Poor Aseptic Technique

Very poor aseptic technique was observed in practice for both obstetricians and midwives. The site assessment workshops have been revised to include emphasis on this topic. Both demonstrations and discussions will be included. Manuals will be left on the wards as resources for how disinfection and sterilization should be achieved. This will be included in the basic training as well as the sub-centers also need this information.

### 3. Lack of AIDS Precautions for Health Workers

Teaching of AIDS precautions will be integrated into the site preparation and basic LSS trainings. Both states have been petitioned for basic inputs for the training centers which will permit good technique (e.g. perineal sheets, scrub gowns, surgical towels, etc). The inputs not available locally (e.g. goggles) will be purchased in Washington and brought in.

Much more awareness of this issue needs to be brought to the FMOH. At the briefing meeting with FMOH staff in September, this issue will be emphasized.

### 4. Lack of Awareness of the Scope of the Problem of Maternal Mortality in Nigeria.

Clearly staff at the state and local levels are often not aware of

1) their own levels of maternal mortality, 2) levels for Nigeria as a whole, 3) how this compares with other parts of Africa and the World, and 4) how much of this death is preventable. It is important that the state level policy meetings (listed in the workplan as IEC strategy meetings) include as many personnel from the state and sub-center levels as possible. Until people become aware of the scope of the problem, they will not become shocked and outraged. This process precedes organizing an effective local action plan.

## APPENDICES

**A. PERSONS AND INSTITUTIONS CONTACTED****United States Agency for International Development**

Mr. Eugene Chiavaroli, AID Affairs Officer  
 Mr. Rudolph Thomas, Program Officer AID

**Family Health Services**

Dr. John McWilliam, Project Administrator  
 Dr. Akin Akinyemi, Deputy Project Administrator

Mrs. Abimbola Payne, MotherCare Project Coordinator  
 Mrs. Data Phido, Program Officer (IEC)  
 Mr. Uzoma S.A. Nnanta, Administrative Secretary

Mr. George Oligbo, Director, Operations Division  
 Mr. Lukmon Kalejaiye, Store Officer  
 Mr. Mordi Goodluck, Transport Officer  
 Mr. Celestine Onwuyali, Expediter  
 Mr. Innocent Chukwu, Expediter

Mrs. Susan Krenn, Director IEC  
 Mr. Nosa Orabaton, Acting Director Program Evaluation  
 Mr. Michael Egboh, Director, Pathfinder Int.  
 Mrs. Bola Lana, Senior Program Officer

**Federal Ministry of Health**

Dr. A.A. Adeyemi, Asst. Director PHC  
 Ms. Oshinaike, Principal Nutrition Officer, PHC  
 Dr. Okokon J. Ekanem, Chief Consultant Malariologist  
 Mrs. Fadele, Staff Nurse-Midwife

**Nursing and Midwifery Council**

Mr. U.V. Udenze, Secretary General  
 Mrs. Yomi Abudu, Chief Examination Officer  
 Miss Rose Opara, Chief Education Officer

**Africare**

Dr.J.Howard Teel, Nigeria Country Representative  
 Mr. F. Ojikutu, Senior Program Officer

**UNFPA (United Nations Population Fund)**

Dr. K. Babs Sagoe, National Program Officer

## **Oyo State**

Mr. 'Bimbo Adepoju, Chairman of the Hospital Management Board  
Dr. Titi Ipadeola (Hematologist) Director General Hospital Management Board  
Mrs. A.O. Ladipo, Deputy Director PHC, SMOH  
Mrs. Elizabeth Adejuwon, Asst. Chief Health Sister PHC, SMOH

## **University of Ibadan College of Medicine**

Dr. Oladosu A. Ojengbede, Chairman, Dept of Ob/Gyn  
Mrs. Grace Ebun Delano, Director FP Services

## **Adeoyo Maternity Hospital, Yemetu, Ibadan**

Dr. Iyun, Chief Consultant (Radiologist)  
Dr. Shola Franklin, Chief Consultant Obstetrician  
Dr. (Mrs.) Williams, STD clinic  
Dr. Williams, Senior Consultant Obstetrics and Gynecology  
Mrs. Ronke Apatira-Jawando, Principal Hospital Secretary

Mrs. S.T. Akinwale, Senior Matron  
Mrs. R.O. Fadare, Matron  
Mrs. Juliana K. Ayansola, Matron IC, Labor and Delivery  
Mrs. D.O. Onipede, Matron, Labor and Delivery  
Mrs. C.F. Akindele, Matron Labor and Delivery  
Mrs. D.O. Peters, Matron Labor and Delivery

Mrs. C.A. Adewusi, Senior Sister IC Antenatal Clinic  
Mrs. M.A. Oladoja, Senior Sister IC Postnatal Clinic  
Mrs. A.O. Akindeji, Senior Sister IC AP Lying In Ward  
Mrs. S.M. Animashaun, Matron IC C/S Lying In Ward  
Mrs. E.O. Fawole, Senior Sister IC, Premies Ward  
Mrs. C.E. Ogundele, Senior Sister IC, GYN. Septic Ward

## **School of Midwifery Yemetu, Ibadan**

Mrs. E.F. Oyediji, Principal Midwifery Training School  
Mrs. V.F. Hanson, Vice Principal MTS

## **Oshogbo, Osun State**

Princess A. Taiye Adewakun, Hon. Commissioner of Health  
Mr. S.A. Alawode, Director General  
Dr. Adeyefa, Director PHC  
Mrs. Olaniyan, Asst. Dir. Family Planning Services  
Mrs. Akinlade, MCH Coordinator  
Mrs. Grace I. Edu, Prin. Comm. Health Officer  
Mrs. M.O. Adewole, MCH Department, SNS CHO  
Mrs. M.M. Ijisakin, TBA Coordinator, Prin. Health Sister/CHO  
Mr. J.A. Atilola, IEC State Coordinator  
Mrs. Victoria Folasade Odetola, Midwifery Tutor

124

### **Bauchi, Bauchi State**

Dr. Danjuma Sulai, Executive Secretary, State Health Management Board  
Dr. Mohammad Hussein, Director, Health Services State MOH  
Dr. Magaji Mohammad, Medical Officer, Health Management Board  
Mrs. Helen Jammal, Asst Chief Health Sister PHC  
Mr. Caleb Maina, State Coordinator for PHC  
Mrs. Habiba Ali, MCH Coordinator

### **Bauchi Specialty Hospital, Bauchi**

Mr. Kuli B. Tula, Chief Nursing Officer  
Mr. Alhaji Mohamed Danhali, Deputy Chief Nursing Superintendent  
Dr. Iliya Hassan Magaji, State Coordinator for AIDS

Mrs. Salome Sambo, Chief Matron IC Maternity Services  
Mrs. Binta Datti, Chief Health Sister, ANC  
Mrs. Regina Lee, Asst. Chief Health Sister, IC Gyn ward  
Mrs. Dorcas Ikpi, Principal Nursing Sister, IC Maternity  
Mrs. Hannatu Yarang, Reg. Nurse Midwife, IC Antenatal Ward  
Mrs. Talatu Sani, Nursing Sister, IC Postnatal Ward  
Mrs. Grace Pariola, Asst. Chief Nursing Sister, IC Postoperative Ward

Mrs. Halima A. Abdulsalam, Nursing Sister, Labor and Delivery  
Mrs. Agnes Knight, Principal Nursing Sister, IC Labor and Delivery Ward

### **Midwifery Training School, Bauchi**

Mrs. Hafsa Sugra Mahmood, Principal

### **Azare State Hospital**

Dr. S.T. Suleman, Actin Principal Medical Officer  
Dr. A.M. Bako, Medical Officer  
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### **University of Jos Teaching Hospital**

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