

# MotherCare

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**NIGERIA TRIP REPORT #4**

February 9 - March 1, 1993

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MotherCare/ISI

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## **Acknowledgements**

Sincere appreciation is extended to the Deputy Director of PHC, FMOH and particularly the Hon. Commissioners of Health and other members of the State Ministries of Health for the States of Bauchi and Oyo for their continued endorsement and efforts directed towards the implementation of the MotherCare Nigerian Maternal Care Project.

Sincere appreciation is also extended to the Bauchi Training Coordinator and master trainers (clinical and I.E.C. trainers) for their enthusiasm and diligent efforts to make the training happen, regardless of abiding constraints. Many thanks also goes to the MotherCare Project Coordinator, the MotherCare Administrator and the MotherCare/ACNM staff... who never give up.

My thanks goes to the AID Affairs Officer and members of FHS staff, particularly JHU/PCS staff and consultants and FHS administrative and support staff --- all of whom are always available to help and to share in the effort.

All of these individuals are to be commended for bringing the focus of maternal health to the forefront in Nigeria.

## **I. Executive Summary**

The purpose of this fourth visit to Nigeria by Ms. Conroy was to work with the MotherCare Nigerian Project Coordinator and others as appropriate - JHU/PCS staff, FMOH and State government representatives - on project priorities, specifically to finalize the project workplan and budget for the remainder of the project through August, 1993; finalize the implementation plan and budget for the Evaluation Framework for the midwife training and I.E.C. strategies to be conducted in the two targeted States; make a final decision regarding the assignment of Adeoyo Hospital, Oyo State as one of the two Training Centers and to finalize plans and State agreements and to address pressing project administrative issues.

Unfortunately, due to the nation-wide strike of all civil servants which lasted the duration of Ms. Conroy's visit, she was not able to complete all aspects of her scope of work to total satisfaction. Specifically, all proposed activities and observations which necessitated entry into the hospital were not possible - that is, the start of the clinical training for the LSS midwives at Bauchi Specialist Hospital and the travel of master trainers from Oyo to Bauchi to participate with the Bauchi trainers in the conduct of the training; travel of some of the midwives from LGAs who were selected to attend this training course; collection of baseline evaluation data from the two Training Centers; the final decision about the assignment of Oyo as a target State. Regardless of this serious constraint to project activities, Ms. Conroy's visit was timely and successful in accomplishing other major aspects of her scope, particularly as related to - the implementation plans and budget for the Evaluation Framework; finalizing the State Memorandum of Understanding in preparation for the States' review and approval; observing the first day of the training course in Bauchi; meeting with JHU/PCS staff and consultants to review and provide input as appropriate to proposed evaluation tools (antenatal and postpartum exit interviews) and the Interpersonal Communications and Community Outreach sessions of the midwifery training curriculum.

Although the project workplan could not be completed due to the uncertainty of the duration of the strike, there was ample opportunity to review and discuss scheduled activities and to prepare budget projections through the life of the project. There was also the opportunity to identify and clarify with the FMOH and other representatives, MotherCare's support to the TBA curriculum and pilot of the curriculum as well as to discuss possible activities which MotherCare might undertake as a follow-up to the Breastfeeding Policy meeting which was held in June, 1992.

## II. Purpose of Visit

During this visit, Ms. Conroy worked with the MotherCare Project Coordinator and others as designated to:

- finalize the project workplan outlining all scheduled activities for the remainder of the project through August, 1993;
- discuss and finalize the implementation plan and budget for the Evaluation Framework for the midwife training and I.E.C. strategies to be conducted in the two targeted States;
- identify and hire a research consultant to design a strategy for the collection and analysis of hospital-based data from the Training Center hospitals and Subcenter hospitals;
- make a final decision regarding the assignment of Adeoyo Hospital, Oyo State as one of the two Training Centers;
- finalize plans and agreements for the assignment of Bauchi and Oyo as the sites for the Training Centers for training state midwives and prepare Memorandum of Understanding which outlines the MotherCare and the target States responsibilities and commitments to the project;
- visit Bauchi to observe the master trainers (clinical and I.E.C. trainers) conduct their first LSS training course;
- review and discuss the I.E.C. strategy in the two targeted States;
- prepare plan and content for the final MotherCare project report, including the involvement of the JHU/PCS staff to complete the I.E.C. sections of the report and to prepare an outline for the "Project Policy" paper for CCCD meeting in Dakar and a chapter for the proposed MotherCare book;
- discuss other components of the MotherCare proposal - TBA training and the support to the promotion of a national breastfeeding strategy - with the FMOH officials and other involved individuals;
- address project administrative and management issues.

## III. Trip Activities

- 1.0. The Evaluation Framework is ready for implementation (see Evaluation Framework for Nigeria, Appendix 1). A considerable amount of time was spent with the Project Coordinator and the JHU/PCS team in Nigeria, discussing the evaluation tools and clarifying responsibilities and the time frame for the collection of data. Since the data collection has

been scaled back to a scope which is more compatible to the project time frame, the budget required for the implementation of the evaluation components can be covered under the existing MotherCare project budget.

- 1.1. Because of the anticipated complexity to monitor the component objectives of the Evaluation Framework, Ms. Payne will coordinate all project evaluation activities. To this end, she will designate the individuals responsible to collect specific information and will ensure the timely collection and recording of all data on the forms developed for this purpose. This information will be analyzed and presented at the final project policy meeting in July, 1993. It is intended, to the degree possible, that Ms. Payne also accompany the trainers on some of the support/supervisory visits.
- 1.2. A research consultant for the Evaluation Framework, Dr. Abosede, has been hired for a period not to exceed 64 working days. Her major responsibility will be to devise a strategy for the collection of hospital data (Training Center hospitals and Subcenter hospitals) and the analysis and presentation of the data as specified in the project Evaluation Framework (Objectives B 4 and B 6). Unfortunately, Dr. Abosede will not be able to begin her scope until after the strike since she needs to visit the Training Center(s) and Subcenters. It is hoped that she will be able to begin work the week of March 8th with subsequent visits to Bauchi and Oyo States (if determination regarding the latter has been made).
- 1.3. Ms. Payne and Conroy met with the JHU/PCS staff and consultants to review the Evaluation Framework and to define/clarify those objectives and tools for which JHU/PCS would assume responsibility...specifically, B. 5 Objective - "To increase the % of women who understand the nature of their complication and required follow-up"; Tools - Client exit antenatal and postpartum interviews. Numerous drafts of these exits interviews were reviewed and revised. It was decided that the counseling observation checklist would be completed by the trainers and Ms. Payne during the support/supervisory visits.
- 1.4. Ms. Payne will prepare inventory cards for all supplies and equipment provided to the hospital and midwives in Bauchi and Oyo, according to B. 3 Objective - "To establish completeness of equipment inventory compared to initial inputs." The availability and functional status of this equipment will be noted during each support/supervisory visit. This inventory list will also be attached to the Memorandum of Understanding.
- 1.5. Ms. Payne and Conroy developed a management questionnaire to be used for in-depth interviews with Chief Nursing and Chief Matrons (Evaluation Framework, Objective 7.2 - "To expand scope of midwifery practice by LSS-trained midwives placed in delivery positions"; Tool 2.2- Interviews with Management). This questionnaire will be completed during in-depth interviews with the Chief Nursing Officers and Chief Matrons at the time of the support/supervisory visits.

2.0. Status of Life Savings Training (LSS) for Midwives and I.E.C. Strategy Development in the two Targeted States

After the original assessments, Oyo State and Bauchi State were chosen as the project target States for the LSS training, I.E.C. and policy interventions. As of this writing, Bauchi has fulfilled the commitments as expressed in the communique generated during the Bauchi State policy meeting (revolving drug system in place, blood screening and storage is on site, infection control system is in place) and thus is ready to move forward with the State training and I.E.C. interventions. The status of Oyo was to be determined and announced during this visit but a final assessment was not possible due to the strike.

2.1. Bauchi LSS Training

Bauchi training began as scheduled on February 11th, but at the hotel rather than in the Bauchi Specialist Hospital since the hospital is closed until the strike is resolved. Until that time, only the theory can be covered (interpersonal communication skills and theory on antenatal care and management of labor with the partograph); the clinical training will begin as soon as the hospital opens.

One midwife from each of the three LGAs -Toro, Misau and Dazaro arrived for the course and since the midwives from other LGAs were not approved for travel, the balance was filled with midwives from Bauchi, giving a total of 8 midwife trainees. Ms. Payne and Conroy observed the first day of theoretical training and were extremely pleased with the master trainers' enthusiasm and expertise. Unfortunately, the Oyo master trainers could not participate in the Bauchi training (as originally planned) because their travel could not be approved while the strike was still on.

2.2. Bauchi Specialist Hospital Training Center

Essential systems (drugs, blood, infection control) have been put into place in preparation for the designation of this hospital as a State Training Center for LSS training. According to the Chief Matron, a drug revolving fund for essential drugs is operational. Drug orders are made and filled once a week at the hospital pharmacy store. Maternity staff may go to the store at any time in case of shortfall. Also an emergency stock of essential drugs is kept in the unit by the Chief Matron. Bauchi Specialist has a blood bank; therefore, typing and screening is possible on site. The Chief Matron has put infection control standards into operation.

### 2.3. Bauchi I.E.C. Strategy

The JHU/PCS team (including the I.E.C. Coordinator for MotherCare) visited Bauchi, just prior to Ms. Conroy's arrival in Nigeria, to review Bauchi's I.E.C. proposal with the State team. During this meeting, the midwives stated that they did not feel that they need visuals to accompany their client counseling since they are aware of the major counseling points. Rather, they feel that the problem lies not in the lack of knowledge but the lack of time they have for client counseling. Therefore, it is still unresolved as to whether it will be necessary to schedule additional "refresher" counseling training sessions for midwives in the use of counseling materials (as originally proposed). The issue of counseling materials was to be further queried with the trainers and participants during the present training session in Bauchi. The revised Bauchi Strategy Proposal is presently being reviewed by JHU/PCS/Baltimore and will be sent back to JHU/PCS Nigeria so that the latter can finalize and sign the contract for the Bauchi State MotherCare I.E.C. project with the Bauchi State Ministry of Health.

The POP Formative Research Report, February, 1993, was distributed to the Bauchi master trainers so that they could integrate some of the information into the Interpersonal Communication and Clinical LSS training sessions.

The Interpersonal Communication Curriculum has been revised and was piloted in Bauchi during this training. The Community Outreach session has undergone another revision and will be used by Ms. Mako, I.E.C. consultant during the Bauchi training. Ms. Mako also discussed the issue of counseling cards with the midwives during this training and the trainers and midwife participants offered useful suggestions regarding counseling materials to be used by midwives. However, due to conditions beyond her control, Ms. Mako was not able to bring these suggestions to Lagos for review and discussion prior to Ms. Conroy's departure.

### 2.4. Bauchi Continuing Education for Physicians

The Continuing Education course for Bauchi physicians was held at the hotel in Bauchi from March 3-5. Dr. John Taylor, Obstetric Consultant from Ghana and Dr. Shola Franklin, Senior Consultant Obstetrician, Adeoyo Hospital, along with Dr. Margaret Marshall, MotherCare/ACNM were responsible for the agenda and actual conduct of this seminar.

### 2.5. Oyo LSS Training

The LSS training course for Oyo had previously been postponed until March 22-April 9th in order to give time for Oyo to achieve the terms of their commitment - i.e. complete hospital cleaning and hostel cleaning and readiness, set up system for on-going supply of essential drugs, set up blood bank for blood typing, screening and storage, put

in place standards for infection control. Ms.' Payne and Conroy visited the Oyo State Commissioner in order to discuss the present status. The Commissioner remains strong in his endorsement of the project and according to Ms. Ladipo, the Deputy Director, PHC, State Ministry of Health and also the Training Coordinator for LSS training, systems are in place for the drug supply, a lab technician has been hired for the blood bank and the bank will be open for 24 hours a day. Also, a State MotherCare Project Committee has been established which includes a multi-disciplined team - Dr. Shola Franklin, the hospital pharmacist, the accountant, the lab technologist, Chief Matron, State MCH and I.E.C. Coordinator, representative of local women's organization. This committee will provide oversight and "trouble shoot" for the project in order to maintain the management systems required for the on-going training and practice of the midwives at Adeoyo Hospital post training. Also, according to Ms. Ladipo, infection control standards have been initiated by the master trainers and an additional 43 midwives at Adeoyo Hospital have undergone the site prep training (antenatal risk assessment and partograph theory; time did not allow for clinical training).

A final determination about the designation of Adeoyo Hospital as a targeted State Training Center will be made as soon as the strike is over and Ms. Payne and Dr. Marshall can enter the hospital. Hopefully, that will be possible the week of March 8th.

#### 2.6. Oyo I.E.C. Strategy

Although the Oyo I.E.C. team had developed a I.E.C. proposal during the I.E.C. strategy workshop held in Nov.- Dec., 1992, no follow-up action will be taken regarding this proposal until the determination is made regarding Oyo as a target State.

Copies of the POP Formative Research Report have been prepared for distribution to the Oyo master trainers so that they can integrate this information into the Interpersonal Communications and LSS Training sessions.

#### 2.7. Oyo Continuing Education Seminars for Physicians

This course will be conducted in Oyo March 16-19 using the same agenda and facilitators as in Bauchi.

#### 2.8. Bauchi and Oyo Continuing Education Seminars for Chief Matrons

Upon talking to the master trainers during our visit to Bauchi, it was determined that seminars for Chief Matrons would be very useful since their roles are vital to the function of maternal services and the administrative and managerial systems which are in place to support midwifery practice. Ms. Payne is in the process of developing a preliminary agenda for this seminar which will include such issues as systems development, the evaluation tools, the use of the partograph and antenatal risk assessment. A seminar for Chief Matrons from Bauchi

Specialist Hospital and Adeoyo Hospital has been tentatively scheduled for April 14-15, eventually Chief Matrons from all hospitals which have sent midwives to the LSS training should attend such a seminar.

#### 2.9. Memorandum of Understanding for Bauchi and Oyo

A Memorandum of Understanding has been drawn up which outlines MotherCare's and States' roles and responsibilities in this project. The points described in this memorandum have already been agreed upon, in principle, during the State Policy meetings (see draft Memorandum of Understanding, Appendix 3 ). Therefore, once the strike is over, Ms. Payne will take the Memorandum to the Commissioner in Bauchi for his review and approval and will do the same in Oyo, once the Oyo status is determined.

#### 3.0. Cost Study on LSS Training

Ms. Payne and Conroy met with Dr. Biyi Edun, Director of B.E. Medical Services (BEMS), to discuss the recently conducted MotherCare Cost Study of training and policy costs. During this meeting it was agreed that BEMS has provided sufficient cost information in their second submission of the study. However, MotherCare/JSI feels that the information would be more useful and acceptable if broken down according to LSS training costs/trainee; costs for institutional upgrading; policy and administrative support costs. Given the information now available through the BEMS study, MotherCare/JSI can package the information in this way for the presentation at the final policy meeting scheduled for July, 1993.

#### 4.0. TBA Curriculum and Pilot of Curriculum

Ms. Payne and Conroy met with Dr. Patrick Okungbowa, Deputy Director PHC/FMOH, and his staff to discuss the status of the MotherCare activities. During this meeting the point was made that although the national TBA curriculum had been completed by the working committee, it is still not ready for distribution and pilot because the writers, as a committee, need to review it a final time. Because only one copy of this manuscript exists, MotherCare offered to facilitate the review and finalization process by entering the curriculum into the computer (the FMOH, Yaba does not have computer capability) and to provide funds to conduct the final review meeting. MotherCare also stated that, based on the availability of project funds, it might be possible to support two pilots of the curriculum -one in Bauchi and one in Oyo. This would offer another opportunity to tighten the linkages between the midwives in the hospitals and maternities and the community TBAs. To this end, MotherCare requested the FMOH to submit two proposals for consideration - one to finalize the curriculum (transcribe the document to the computer and hold a meeting) and one for the conduct of pilots in two States.

#### 5.0 MotherCare Support to National Breastfeeding Policy and Strategy

Ms.' Payne and Conroy met with Dr. A.O. Grange, Pediatrician, Luth Hospital and MotherCare consultant for the Breastfeeding Policy meeting which was held in Nigeria in June, 1992. Unfortunately, the release of the proceedings of this meeting has been delayed due to the absence of secretarial support. In reviewing the next steps after the release of this report, which is anticipated within the next several weeks, Dr. Grange said that the draft breastfeeding policy would first have to be reviewed by the FMOH. The Nutrition Division of the FMOH will respond to the action plan based on the availability of resources and the ability to integrate the strategies into existing programs.

MotherCare has offered to assist in the preparation and the final distribution of the proceedings and to fund, if appropriate, the FMOH strategy meeting. Future technical support for breastfeeding activities in Nigeria should be directed to Wellstart.

#### 6.0 MotherCare Final Report and other Products

Ms.' Payne and Conroy discussed the outline for the final MotherCare Nigerian report, the first draft of which Ms. Payne will bring to the MotherCare TAG meeting in Washington in May, 1993. It was agreed during our meeting on this subject with the JHU/PCS staff that Data Phido would prepare the I.E.C. sections in readiness for Ms. Payne's report submission to MotherCare.

In addition, Ms.' Payne and Conroy discussed the outline for the policy paper which will be useful for Ms. Payne's presentation at the CCCD meetings in Dakar and for the MotherCare book.

#### 7.0. MotherCare Nigeria Administrative Issues

Mr. USA Nnanta has been on sick leave since Christmas Eve. During his absence, the financial reports have been prepared jointly by Ms. Payne in Lagos and Ms. Daunas in Washington. Because this dual arrangement across the seas is very time consuming and not totally satisfactory, it was decided to hire a consultant from Arthur Anderson (the latter has just completed a JSI audit in Nigeria and is familiar with the JSI accounting and reporting system) for a period, not to exceed 8 working days - 4 days for the February accounts and reports; 4 days for the March accounts and reports. This consultant will start work the week of March 8th to prepare the February financial reports.

#### 8.0 The Future of the "MotherCare Strategy" in Nigeria

Maternal health and nutrition have been included under the CCCD project paper rather than FHS 2. In reviewing this paper, MotherCare made recommendations for strengthening the maternal health component description (Safe Motherhood) of this child survival paper.

In discussing the proposed maternal health and nutrition interventions

with the CCCD Representative in Lagos, it was agreed that there is still a need to maintain the present "MotherCare strategy" along with the community based components outlined in the CCCD paper - TBA training and maternal nutrition. However, according to the AID/AAO, the maternal care interventions will not be clearly defined until a decision has been made about the MotherCare 2 contract, at which time a consultant will be requested to assist in this design.

#### **IV. Recommendations and Follow-Up Activities**

##### **1.0. Evaluation Framework**

Ms. Payne will collect the results of the pre- and post-test for the Bauchi midwife trainees and enter these results on Score Card A. She will also enter the results of the case study tests completed by the master trainers (post-practicum) on Score Card A (please refer to Dr. Barbara Kwast's MotherCare Nigeria Trip Report Sept.- Oct., 1992 for copies of the Score Card A and other evaluation tools referred to in this report).

- 1.1. Ms. Payne will assist in the preparations for Dr. Abosede's trip to Bauchi and later Oyo (as so determined). During her visit to the Training Centers and Subcenters, Dr. Abosede will assess the availability of hospital record information to complete Score Card B, to assess the completeness of the information available on the delivery registries and to make recommendations regarding the possibility of adding other informational columns to the registry. During her visits to the Training Centers and Subcenters, Dr. Abosede will collect baseline information on Score Card B (reviewing a maximum of 100 delivery records for the previous month of October or November). She will also meet with the State Statisticians to discuss monthly reporting information sent from LGA to State and from State to National.
- 1.2. Ms. Payne will continue to coordinate the collection of the evaluation information during the life of the project, ensuring that the proper information is collected on a timely basis and that the correct forms are completed following the training courses and at the time of the support/supervisory visits. It may be necessary and advisable to extend Dr. Abosede's present consultancy to assist in the analysis and preparation of all of this information (not just the hospital data as stated in her present consultant subcontract) for presentation at the national policy meeting to be held in July, 1993.
- 1.3. Both MotherCare/JSI and Nigeria and JHU/PCS/Nigeria reviewed the antenatal and postpartum exit interview questionnaires developed by JHU/PCS/Baltimore and revised these forms accordingly. Copies were also sent to Peg Marshall, who was still in Bauchi for the training. It is important that Dr. Marshall meets with the JHU/PCS staff prior to her departure from Nigeria to ensure that the midwives are actually receiving training in those areas on which their counseling skills will

be tested in the exit interviews. In the review of the LSS manual it appears as though they are, but it would be useful to have confirmation from Dr. Margaret Marshall before her departure.

2.0 Determination of Training Center Status and Final Memorandum of Understanding between the target States and MotherCare

2.1 Oyo Training

Ms. Payne will visit Oyo as soon as the strike is over, tentatively the week of March 8th. At that time she will make an initial recommendation (with a final decision made after a discussion with Mr. Chiavaroli) as to whether to proceed with Adeoyo as a Training Center. At this point in time, it seems recommendable to at least do some training in Adeoyo for the Oyo and Osun midwives, even if it is a modified LSS training. This issue should be discussed with Dr. Marshall and the Oyo master trainers.

If the training is on, MotherCare will send Dr. Kwast, MotherCare Women's Health Advisor, to provide support to the master trainers during their first LSS training course in Adeoyo. It is also recommended that at least two trainers from Bauchi - one clinical LSS trainer and one I.E.C trainer attend the first Adeoyo training course to provide additional support to the Oyo master trainers.

2.2. Bauchi and Oyo Continuing Education Seminars for Chief Matrons

Once Ms. Payne has drafted a preliminary agenda for this seminar, she should pass it to the master trainers for their review and also pass it to Drs. Marshall and Kwast while they are in country. Copies should also be sent to MotherCare/JSI. This agenda should also include the proposed facilitators and resources required as well as a final budget (a preliminary budget has already been drawn up by Ms. Payne and submitted to MotherCare/JSI).

2.3. Proposal Review for TBA Curriculum and Pilots

Ms. Payne will submit the FMOH TBA proposals to MotherCare/JSI for review and comment about funding.

2.4. Follow-up to Breastfeeding Strategy Meeting Proceedings

As soon as Mr. Nnanta returns he will meet with Dr. Grange to finalize the proceedings. Ms. Payne and Dr. Grange will determine the follow-up activities to be covered by MotherCare. Ms. Payne will advise MotherCare/JSI of the proposed activities and budget.

## **CONTACTS**

### **Federal Ministry of Health**

Dr. P.O. Okungbowa, Deputy Director, PHC,

### **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

Mr. George Oligbo, Director, Operations Division

Mrs. Abimbola Payne, MotherCare Project Coordinator

Mr. Uzoma S.A. Nnanta, MotherCare Administrative Officer

Mrs. Susan Krenn, Resident Advisor, JHU/PCS

Mrs. Data Phido, MotherCare I.E.C. Coordinator, JHU/PCS,

Ms. Beth Crane, Path Program Officer, subcontractor to JHU/PCS

Mrs. Mako, Consultant, JHU/PCS

### **Oyo State**

Mr. A.J. Bankole, Commissioner for Health

Mrs. A.O. Ladipo, Deputy Director, PHC, SMOH (Training Coordinator for  
MotherCare in Oyo State)

Dr. Iyun, Chief Consultant, Adeoyo Maternity Hospital

Dr. Shola Franklin, Senior Consultant Obstetrician, Adeoyo Maternity Hospital

### **Bauchi State**

Mr. Bello Jama'are, Commissioner for Health

Dr. S. Mahamed, Director General

Mr. Caleb Maina, State Coordinator for PHC

Mrs. Helen Jammal, Asst. Chief Health Sister, PHC (Training Coordinator,  
MotherCare)

Mrs. Habiba Ali, MCH Coordinator

Mrs. Margaret Nde, I.E.C Coordinator, State MOH

Bauchi Specialist Hospital

Mrs. Salome Sambo, Chief Matron IC, Ob/Gyn Department (Chief Trainer, MotherCare)

Mrs. Hafsa Sugra Mahmood, Principle School of Midwifery, (master trainer, MotherCare)

Mrs. Dorcas Ikpe, Principal Nursing Sister, IC Maternity, (master trainer, MotherCare)

Mrs. Paulina Akante, Nursing Sister, Maternity (master trainer, MotherCare)

Mrs. Emily Medina, Newborn Specialist, (master trainer, MotherCare)

Others

Dr. Adebisi Edun, Chairman and Chief Executive, B.E. Medical Services (BEMS) Inc.

Dr. A.O. Abosede, ICHPC, College of Medicine, Lagos

Dr. A.O. Grange, Pediatrician, Luth, Lagos

Dr. A.O.O. Sorungbe, Director PHC Agency

**FRAMEWORK FOR EVALUATING LIFESAVING SKILLS (LSS) TRAINING\***

**BASED ON THE NIGERIA PROJECT**

<b>QUESTION: Can <i>maternity services be improved by teaching lifesaving skills to midwives?</i></b>					
<b><u>DEFINITION</u></b>	<b><u>OBJECTIVE</u></b>	<b><u>INDICATOR</u></b>	<b><u>TOOL</u></b>	<b><u>COMMENTS/ RATIONALE</u></b>	<b><u>BY WHOM/WHEN</u></b>
<b>A. <i>Teaching LSS</i></b>					
1. Development of LSS program	To adapt LSS program to country situation	1. Policy support 2. Workplan and budget 3. Adaptation of modules 4. Master Trainer curriculum 5. Framework for evaluation	Policy meetings and participants Workplan and budget Revised modules  Master Trainer curriculum Revised framework for evaluation		

\*This framework was developed by Kim Winnard and Barbara Kwast of the MotherCare project and revised with Mary Ellen Stanton and Margaret Marshall of ACNM.

**QUESTION: Can maternity services be improved by teaching lifesaving skills to midwives?**

<u>DEFINITION</u>	<u>OBJECTIVE</u>	<u>INDICATOR</u>	<u>TOOL</u>	<u>COMMENTS/ RATIONALE</u>	<u>BY WHOM/WHEN</u>
2. Preparing Master Trainers in LSS	<p>1. To increase knowledge of selected LSS procedures among 10 Master Trainer trainees to 80%</p> <p>2. To ensure clinical skill levels are maintained during practicum (period between master training and training).</p>	<p>Knowledge of selected LSS procedures</p> <p>2.1 Placement in clinical position</p> <p>2.1.2 Actual skills practiced</p> <p>2.2 Duration of practicum</p> <p>2.3 Post-practicum assessment</p>	<p>Pre-Post test scores during TOT training</p> <p>Scorecard A</p> <p>Personnel and time sheets/interviews</p> <p>Check list (Freq. of Skill Use Form)</p> <p>3 case studies to assess knowledge of LSS procedures</p>	<p>ACNM has test</p> <p>Practicum must assume clinical setting of master training to practice LSS (N.B. selection of trainers)</p>	<p>PM</p> <p>PM Feb.</p> <p>PM, BK Feb.</p>
3. Conducting LSS training to selected midwife trainees	To increase the knowledge of selected LSS procedures among 160 selected midwives in 2 institutions to 70%	Knowledge of LSS-trained midwives of selected LSS procedures	Pre- and post-testing during LSS training	This assumes that 70% is the minimum acceptable level of knowledge tested of lifesaving skills	PM + Trainers at each training

14.

QUESTION: Can *maternity services be improved by teaching lifesaving skills to midwives?*

<u>DEFINITION</u>	<u>OBJECTIVE</u>	<u>INDICATOR</u>	<u>TOOL</u>	<u>COMMENTS/ RATIONALE</u>	<u>BY WHOM/WHEN</u>
<p>4. Having LSS-trained midwives conduct formal, on-the-job or apprentice training with non-trained midwives at training centers and subcenters</p>	<p>To increase the knowledge of selected LSS procedures among a sample of midwives who did and who did not receive LSS training</p>	<p>% of LSS-trained midwives providing on-the-job training to midwives (or % of midwives receiving on-job-trng. from LSS midwives)</p> <p>Knowledge of midwives without direct LSS training of selected LSS procedures</p>	<p>3 case studies and interview of trained and non-trained midwives 3 months after LSS training</p> <p>Pretest at centers (done), pretest subcenters midwives who did not attend training prior to on the job training and training and post-testing 3 months after LSS training</p>	<p>5 interview questions added to 3 case studies (Did they train? How well? How did they feel?)</p> <p>Post-test all midwives attending workshops of site preparation (done)</p>	<p>PM, LP / June Posttest Site Prep - 9-10/92            Pretest Center-10/92            Pretest Subcenter- 2 -6/93 - (80)            Posttest Centers 10-11/92            2-6/93            Subcenters (after diffusion) 6/93</p> <p>Training Coordinators, LP</p>

<b>QUESTION: Can <i>maternity services be improved by teaching lifesaving skills to midwives?</i></b>					
<u>DEFINITION</u>	<u>OBJECTIVE</u>	<u>INDICATOR</u>	<u>TOOL</u>	<u>COMMENTS/ RATIONALE</u>	<u>BY WHOM/ WHEN</u>
<b>B. <i>Improved Maternity Services</i></b>					
1. Midwives practicing LSS.	To identify the proportion and type of LSS being practiced over time.	% of all LSS being practiced over time.	Frequency count of all LSS being practiced (1, 3 months after LSS training) 1. Incidence Reporting Form 2. Freq. Count Use of Skills Form	LSS Trained Midwife must receive form from February	Core Trainer/Trng Coord/LP - April Visit to first group trained and one month following training groups thereafter
2. Proper case-management (including equipment and supplies)	Review a random sample of 20 partograph and 20 risk assessment tools. (Proper case management includes aseptic/antiseptic techniques, correct drug administration, using functioning equipment.)	% of appropriately managed cases according to evaluation tool.	Support Visit Checklist: 1) procedures 2) drug availability 3) equipment  Risk Assess. and Partograph	Dependent upon: -site prep trng, -PM's assess. -CC's assess. If necessary, training teams in both sites then evaluate in June	BK/March  PM
3. Availability of equipment	To establish completeness of equipment inventory compared to initial inputs.	% of equipment in place at end of project.	Inventory list of equipment.	Inventory will be put on cards so that supervisory team can follow during support visits	LP and Chief Trainers will prep. inventory list (list will also be attached to State Memo of Understanding)  Core Trainer, Trng. Coord., LP -April visit and after sequential trainings

**QUESTION:** *Can maternity services be improved by teaching lifesaving skills to midwives?*

<u>DEFINITION</u>	<u>OBJECTIVE</u>	<u>INDICATOR</u>	<u>TOOL</u>	<u>COMMENTS/ RATIONALE</u>	<u>BY WHOM/WHEN</u>
<p>4. More midwives with LSS means more availability of midwives providing emergency services</p>	<p>To increase the proportion of deliveries attended by LSS-trained midwives over time from 0%-70%</p>	<p>% of deliveries attended by LSS-trained midwives.</p>	<p>Assessment Format "B" (see attached). Info. obtained from 1) delivery register; 2) Duty Roster for Matron in labor and delivery To be used for one month x 3</p>	<p>This assumes 0% of births attended by LSS-trained midwives before training. Assumes LSS-trained midwives are properly assigned by management and will be present on all shifts and during complicated deliveries. (Matron will star LSS trained midwives on duty) To be completed by a senior midwifery student or Research Consultant</p>	<p>CC, LP, Research Consultant - review registers and rosters for 1 month - Oct. or Nov. registers and rosters</p>

QUESTION: Can *maternity services be improved by teaching lifesaving skills to midwives?*

<u>DEFINITION</u>	<u>OBJECTIVE</u>	<u>INDICATOR</u>	<u>TOOL</u>	<u>COMMENTS/ RATIONALE</u>	<u>BY WHOM/WHEN</u>
5. Clients with complications counseled about follow-up	To increase the % of women who understand the nature of their complication and required follow-up.	% of women with knowledge	Client exit interviews -antenatal and postpartum questionnaire  Observation checklist for midwives	**Johns Hopkins will repeat exit interviews pre- & post LSS training. Pre-interviews will be done before completion of first training	Johns Hopkins (KK and others)  Observations on counseling skills made during support visits by trainers
6. Improved services leads to greater utilization	To increase the number of pregnant women using the facility for treatment of complications and/or delivery	1. % increase in clinic and delivery attendance  2. % increase in general public's awareness of improved service	1. Registers and forms transmitted from hospitals, health centers, private midwives and LGAs to state  2. Home-based small-scale KAP survey	1. Register must have column for the referred or self-referred. Hopkins also looking for ways to collect additional referral info for antenatal and delivery	1. CC, LP, Research consultant  2. Johns Hopkins April/May

**QUESTION: Can maternity services be improved by teaching lifesaving skills to midwives?**

<u>DEFINITION</u>	<u>OBJECTIVE</u>	<u>INDICATOR</u>	<u>TOOL</u>	<u>COMMENTS/ RATIONALE</u>	<u>BY WHOM/WHEN</u>
7.1 Supportive management and supervision in place	<p>1. To apply LSS protocols and risk assessment</p> <p>2. To expand scope of midwifery practice by LSS-trained midwives in workplace</p>	<p>1. Protocols in use (% of patients managed appropriately)</p> <p>2.1 % of LSS-trained midwives using LSS skills; 2.2 % of LSS-trained midwives placed in delivery positions</p> <p>2.3 % of LSS-trained out of all midwives</p>	<p>1.1 Text of protocols 1.2 Support Visit Checklist (see B2) 1.3 post-practicum test</p> <p>2.1 Records/registers Incidence Report</p> <p>2.2 In-depth interviews with 1) management (Chief Nursing Officer and Chief Matron) 2) midwives</p> <p>Tools from other objectives. Format for B4 for midwives</p> <p>2.3 List of numbers trained and their place of practice</p>	<p>Partograph Review (# 1-6)</p> <p>Antenatal Risk (select a minimum of 10 at each subcenter)</p> <p>Scorecard B</p> <p>Management questionnaire</p>	<p>PM, LP(Trainers), BK, ?Dr. S. Franklin</p> <p>Training Coordinators</p> <p>CC, LP prepared 2/93</p> <p>LP, July</p>

**QUESTION:** *Can maternity services be improved by teaching lifesaving skills to midwives?*

<u>DEFINITION</u>	<u>OBJECTIVE</u>	<u>INDICATOR</u>	<u>TOOL</u>	<u>COMMENTS/ RATIONALE</u>	<u>BY WHOM/WHEN</u>
7.2 Having LSS-trained midwives in the services improves the management of clients and institutions	To assess quality of service in institutions which have LSS-trained midwives	<p>1. % of complications as reported by midwives correctly managed</p> <p>2.1 % of clinics which have adequate supplies, equipment, commodities, records</p> <p>2.2 % of clinics providing satisfactory antenatal, labor and postpartum care</p>	<p>Incidence reporting form</p> <p>Support visit form</p>		<p>PM, LP</p> <p>PM, LP</p>

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**MANAGEMENT QUESTIONNAIRE**

**EVALUATION FRAMEWORK TOOL FOR INDEPTH INTERVIEWS WITH HOSPITAL MANAGEMENT - CHIEF NURSING OFFICERS AND CHIEF MATRONS**

(Refer to Tool for In-depth Interviews with Management 2.2. page 7 of Evaluation Framework)

1. How many midwives from your hospital received LSS training and this represents what percentage of all midwives working in your hospital?

\_\_\_ number trained

\_\_\_ percentage of LSS trained midwives (LSS trained/Total Midwives)

2. How many of those originally trained are presently working in the antenatal clinic, in labor and delivery?

\_\_\_ number in antenatal

\_\_\_ number in labor and delivery

3. Have you promoted on-the-job training for those midwives working in antenatal clinic and labor and delivery who did not attend the LSS training? If so how many trained, if not, why not?

\_\_\_ number trained during on-the -job training in antenatal

\_\_\_ number trained during on-the -job training in labor and delivery

If not, explain why not. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Have you updated patient management practices in the areas of antenatal and labor and delivery services through the implementation of such tools as the antenatal risk assessment and the partograph and improved record keeping? If yes, check below; if not, why not?

\_\_\_ use of antenatal risk assessment forms

\_\_\_ use of partograph

\_\_\_ updated delivery registry

\_\_\_ other

If not explain why not. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you instituted a system to provide patient follow-up in the community during the antenatal and/or postpartum periods? If yes check below and specify how.

- antenatal follow-up \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- postpartum follow-up \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If not, explain why not. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What mechanisms or systems have you put into place which strengthen communications, support and supervision between midwives and medical officers?  
Describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you have adequate systems and funds to provide essential drugs and equipment to support the practice of basic obstetrics and to handle obstetrical emergencies? If yes, please check below. If not, why not?

- \_\_\_ drugs
- \_\_\_ consumables
- \_\_\_ equipment

Describe the systems you have put into place. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have not put any systems in place to ensure these activities, describe the barriers preventing such action.

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8. Have you initiated activities which enhance or establish linkages between the midwives and medical officers; and between the midwives/medical officers and the community, specifically, TBAs and traditional healers? If so, please identify, if not why not?

Explain activities to enhance linkages. \_\_\_\_\_

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If not explain why not. \_\_\_\_\_

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9. In general, do you think that the quality of maternal care services has improved since the midwives at your hospital have received LSS training. Please check below.

\_\_\_ yes

\_\_\_ no

If yes, give specific examples of how you have enhanced the quality of your services. \_\_\_\_\_

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10. Have you experienced an increase in the numbers of women attending antenatal clinic and delivery in your hospital since the LSS midwives have been trained and since the I.E.C. campaign was launched? If yes, please indicate the percentage of increase in the last two months -

\_\_\_ percentage of increase antepartum

\_\_\_ percentage of increase labor and delivery

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## MEMORANDUM OF UNDERSTANDING

SUBJECT: Maternal Health Care Program

1. PURPOSE

The purpose of this memorandum is to set forth the understandings of the Federal Ministry of Health (FMOH) of Nigeria, the State Government, the U.S. Agency for International Development (A.I.D.), and MotherCare/John Snow, Inc. (JSI) with respect to a program to reduce maternal and neonatal mortality in Nigeria by upgrading maternal care services and increasing community awareness of the need for and appropriate use of such services.

- 1.1. The State shall provide cooperation in support of the program described herein. A.I.D., through MotherCare/JSI, shall provide technical assistance and funds to support the activities described in this memorandum, subject to the availability of funds.
- 1.2. The State program described in this memorandum is expected to cover a period of 11 months, starting on/about September, 1992 with a completion date of July 31, 1993.

2.0 BACKGROUND: Maternal Health Care and Family Planning in Nigeria

- 2.1 If maternal morbidity and mortality are to be reduced, women must be aware of their own health needs and must be assured of some control over their reproductive lives. They must have access to family planning services and quality maternal care, and must be knowledgeable about their own health needs during pregnancy.
- 2.2. A.I.D. funds the Family Health Services (FHS) project to provide family planning programs complementing FMOH primary health care programs. FHS cooperates with the public and private health sectors and conducts an information, education, and communication (IEC) program, as well as cooperating in development of family planning

policy.

- 2.3. Although preventing pregnancy through family planning reduces the risk of maternal death, women who want to have children must be assured of safe deliveries and, in the event of complications, must have timely access to quality obstetrical care.
- 2.4. According to hospital reports and National Population Commission projections, the maternal mortality rate in Nigeria ranges from 600 to 1,500 per 100,000 live births. About 75,000 Nigerian women die yearly from pregnancy-related causes; for every woman who dies, 20 more are deformed, disabled, or diseased.
- 2.5. A doctor, nurse, or trained midwife provides prenatal care for 57 percent of births in Nigeria. However, only 32 percent of these women deliver their babies with the assistance of a trained health worker (DHS, 1990). Other women rely on untrained traditional birth attendants (TBAs), deliver with a family member's assistance, or deliver alone.
- 2.6. The high level of obstetrical emergencies and serious complications arriving at secondary and tertiary centers implies that neither the providers nor the system can identify problems effectively and respond quickly with appropriate treatment or referral. Health providers (formal and informal), expectant mothers, and families must be aware of early signs of obstetrical complications and must be able to respond appropriately to prevent unnecessary maternal and neonatal deaths and/or chronic maternal disabilities.
- 2.7. Furthermore, there is a steady erosion of breastfeeding practices throughout Nigeria, posing a potential threat to the health and nutritional status of infants and to the well-being of mothers, particularly with regard to fertility control. There appears to be a general lack of awareness among health personnel and the populace of the benefits of breastfeeding early (within one hour of birth) and exclusively (for the first four to six months of infancy).

### 3.0 MATERNAL HEALTH CARE PROGRAM DESCRIPTION

- 3.1 In response to a request by the FMOH for technical cooperation in maternal health, in May 1991 A.I.D. financed an assessment by MotherCare/JSI of the status of maternal and neonatal health in Nigeria. The assessment is the basis of a proposal for technical cooperation in

maternal health care between the FMOH and A.I.D. through MotherCare/JSI. The long-term goal of the Maternal Health Care Program is to reduce maternal and neonatal mortality and morbidity in Nigeria by improving the knowledge and skills of clinical midwives and by increasing the awareness and response of the community (women, families, community health workers including traditional birth attendants, traditional healers) to the problems and complications of pregnancy, particularly to increase the appropriate and timely use of maternal health services. The short-term goal is to upgrade the quality of maternal and neonatal services by increasing midwives' knowledge and skills in maternal care, in responding to obstetrical emergencies, and in providing appropriate newborn care during the immediate postpartum period. This goal shall be supported and promoted by a national policy promulgated by the FMOH and with the commitment of select State governments to elevate standard of performance for midwives and upgrade the quality of maternal care services, specifically antenatal, labor and delivery services.

#### 4.0 PROGRAM COMPONENTS

4.1 The program shall include five major components with interventions designed to: improve maternal care services; upgrade maternal care infrastructures; promote and impact national and state policy regarding the quality of maternal care; promote tighter linkages between Traditional Birth Attendants (TBAs) and hospitals where midwives have received LSS training; a community-based Information, Education and Communication (I.E.C.) strategy.

#### 4.2 Improved Maternal Care Services

4.21 Midwife Training: To improve the quality of maternal services, midwives shall be offered refresher training (clinical and theoretical) in components of basic obstetrics, in responding to obstetrical emergencies (life saving skills); in interpersonal communications - counseling clients in such areas as risk signs during pregnancy, care of the newborn, family planning, and early and exclusive breastfeeding and in communicating with TBAs and community health workers to provide maternal health care.

4.22 Upgrade Maternal Care Infrastructures - Management and Facilities: The participating hospitals in this project, Training Centers and "Subcenters", will ensure that their antenatal clinics, labor and delivery suites are clean and equipped with the

necessary and essential furnishings, supplies, drugs and medical equipment to carry out quality maternal care services. They shall also ensure that there are management and logistical systems in place to support these services.

- 4.3 Policy Meetings: Two national-level policy meetings, convened by the FMOH, shall be conducted to explain, to justify, and to promote an upgraded standard of practice for midwives. The first FMOH policy meeting was held July, 1992 and has been used as the model for the State policy meetings held in Oyo and Bauchi. The second national-level policy meeting, including major representation from the participating States, shall be held toward the close of the project in July, 1993. At this meeting, final reports and findings of the States' activities shall be presented and recommendations for future activities in these and/or other States will be made. The final policy meeting will offer the opportunity to share the model of the strategy as well as the cost to implement such a strategy.
- 4.4 Traditional Birth Attendants (TBAs): States will include in their approach to improve the quality of maternal care services a strategy to promote tighter linkages between the hospitals (where midwives have received LSS training) and the community, particularly TBAs. Most typically, this will include training of TBAs, particularly in recognizing the danger signs of pregnancy (obstetrical emergencies and complications) and in making appropriate referrals.
- 4.5 Information, Education, and Communication (IEC): A series of health messages aimed at women and their families shall be designed to increase their awareness of problems that may arise during pregnancy and how to respond to protect the health of the mother and the health and nutrition of the newborn.
- 4.51 Breastfeeding Strategy: Based on knowledge, attitudes, and practices at the community level affecting the prevalence of early and exclusive breastfeeding, messages to promote early and exclusive breastfeeding will be included in States' IEC strategies.
- 4.6 Evaluation: An evaluation framework will be put into place which will evaluate whether maternity services can be improved by teaching Life Saving Skills to midwives and will assess the performance of midwives pre and post training and the ability of the hospitals to appropriately use and support the activities of the LSS midwives post training.

## 5.0 PROGRAM INTERVENTIONS THROUGH MOTHERCARE

5.1 Program interventions through MotherCare will primarily involve funding for and technical assistance in the implementation of the major interventions - midwife training, continuing education courses for physicians and chief matrons, I.E.C. community and clinic-based strategies, and support of activities to influence policy regarding the quality of maternal care services.

### 5.2 Improved Maternal Care Services

5.21 Midwife Training: A minimum of 10 midwives (or 5 midwives per State) shall be trained as master trainers to conduct life saving skills training and to serve as resources to states and LGAs for continuing in-service training and technical assistance for midwives. A minimum of 80 clinical service midwives shall be trained at each State training centers. The midwives shall receive refresher training in essential obstetrics and in responding to obstetrical emergencies, to counsel clients, and to interact with TBAs and other community health workers. MotherCare shall provide expert technical assistance in the preparation of the master trainers (one Trainer of Trainers course) and technical support to the master LSS trainers (technical support and supervision as the master trainers conduct their first LSS training course) and will assume the costs of the training courses for the master trainers and midwives attending the LSS training courses at the two training sites (a total of four training courses per site).

5.22 Upgrade Maternal Care Infrastructure: MotherCare will also provide each trained midwife with an LSS training manual and a kit of essential instruments to carry out obstetrical activities at their respective hospitals. While the essential instruments are given to the LSS trained midwives at the completion of their training, the instruments will ultimately be assigned to the hospital at which the LSS midwife is working. Therefore, if the midwife leaves this employment and/or is assigned to another department, her instruments will be handed over to the Chief Matron and added to the inventory of supplies in labor and delivery. MotherCare will provide the training centers with select medical and training equipment.

5.23 Continuing Education Seminars for Physicians and Chief Matrons: MotherCare will provide technical expertise for input into these meetings and will assume all costs for

the seminars and the travel and per diem for the participants.

- 5.3 Information, Education, and Communication (IEC): IEC campaigns shall be designed to enhance the quality and supply of prenatal and intrapartum services in the States where training centers are located, and to generate demand for services. The messages also shall promote self-care techniques aimed at the general population of women, their families, and TBAs. The messages shall include information about early and exclusive breastfeeding.
- 5.4 Traditional Birth Attendants: TBAs shall be trained to recognize and to respond appropriately to danger signs of pregnancy, delivery, and postpartum complications; to monitor pregnant women in their communities; to promote appropriate use of maternal health and nutrition services. This is an intervention which will may receive technical assistance and support through Population Communication Systems, The Johns Hopkins University through the State I.E.C. strategies and will be coordinated with all other MotherCare Nigerian Maternal Care Project activities.
- 5.5 State Policy Meetings: MotherCare will provide technical assistance to the State Policy Meetings and other related activities as required and requested.
- 5.6 Evaluation: MotherCare will design and provide technical assistance for the implementation of the evaluation framework. This will include hiring a research consultant who will design the strategy to collect specific information from the Training Centers and "Subcenters".
- 6.0 PROGRAM INTERVENTIONS THROUGH STATE GOVERNMENTS AND STATE INSTITUTIONS
- 6.1 The State Governments and Institutions will endorse the MotherCare Nigeria Maternal Care Project strategy and will ensure that management and logistical systems are in place to support the training and performance of the LSS midwives at the Training Centers and "Subcenters" and to enable on-the-job training for those midwives from the "Subcenters" who did not attend the training at the Training Centers.
- 6.2 State Coordinator and State MotherCare Project Committees: There shall be one LSS Training Coordinator for each State to ensure proper implementation of the LSS training intervention. Salary compensation for the

Training Coordinator will be the responsibility of their respective institutions. The LSS midwife training intervention will be guided by State MotherCare Project Committees which will provide oversight and direction for technical and policy issues. Salary compensation for these Committee members will be the responsibility of their respective agencies/employers. The cost (travel and per diem) for the Project Committee members to attend meetings and training courses will be covered through their respective States.

- 6.3 Upgrade Maternal Care Infrastructure - Management and Facility: Each State will be responsible to ensure that the Training Center has essential furnishing, equipment, consumables and drugs to effectively provide maternal care services, particularly obstetrical emergencies. States will also ensure that a blood bank will be in or immediately near the Training Center and that there is a functioning system for blood screening, typing and storage. States will also ensure that there are systems in place for the ordering, storing and dispensing drugs and for the maintenance and repair of equipment.
- 6.31 Retention and Appropriate Utilization of Trained Midwives in the Clinical Areas: The State Training Centers and "Subcenters" will ensure that those midwives who have attended the LSS training continue to work in antenatal and delivery services for at least one year post training; that they are supported to use their newly acquired skills and knowledge as well as the transfer of skills and practices to other clinical midwives at their hospital(s) who did not attend the LSS course.
- 6.4 Policy Meetings: The States will be responsible for the agenda and for the conduct of the State Policy Meetings and related activities. The cost of all of these activities will be assumed by the individual States.
- 6.5 Evaluation: The State Training Centers and "Subcenters" will ensure that Chief Matrons and others so designated will use the appropriate forms and collect and submit the accurate data according to the evaluation framework and schedule. The State Training Centers and "Subcenters" will also allow this information to be analyzed and presented at the final national policy meeting.
- 7.0 Appendices:
- A. List of Essential Supplies and Equipment supplied by the State
  - B. List of Essential Supplies and Equipment supplied by MotherCare

Memorandum of Understanding  
as agreed by:

Signed:

\_\_\_\_\_  
Deputy Director, PHC, FMOH

Date\_\_\_\_\_

\_\_\_\_\_  
State Commissioner  
Date\_\_\_\_\_

\_\_\_\_\_  
Director, State Hospital  
Management Board  
Date\_\_\_\_\_

\_\_\_\_\_  
Project Coordinator  
MotherCare Nigeria

Date\_\_\_\_\_

\_\_\_\_\_  
MotherCare/John Snow, Inc.

Date\_\_\_\_\_