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NIGERIA TRIP REPORT

SEPTEMBER 25 - OCTOBER 16, 1992

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MotherCare/John Snow, Inc.**

**Report Prepared for
The Agency for International Development
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ACRONYMS

American College of Nurse Midwives	ACNM
Family Health Services Project	FHS
Information, Education, Communication	IEC
The Johns Hopkins University/Population Communication Services	JHU/PCS
John Snow, Inc.	JSI
Local Government Administration	LGA
Primary Health Care	PHC
Public Opinion Polls, Inc.	POP
State Ministry of Health	SMOH
State Health Management Board	SHMB
Traditional Birth Attendant	TBA

ACKNOWLEDGEMENTS

Appreciation is expressed to the Hon. Commissioners for Health and the Staff of the Ministry of Health, Oyo and Bauchi State for the support to the MotherCare project. Special thanks for the organization of the seminars for the site preparation in Oyo State: to Mrs. A.D. Ladipo, Deputy Director, PHC, Oyo State; Mrs. E.I. Apatira-Jawando, Hospital Secretary, Adeoyo Hospital, Ibadan; Mrs. Ayinde, Matron Adeoyo Hospital; Dr. S. Franklin, Consultant Obstetrician/Gynecologist, Adeoyo Hospital; Mrs. Comfort F. Akindele, Matron Labor ward, Adeoyo Hospital and Mrs. Ebun F. Oyediji, Principal of Midwifery School, Adeoyo Hospital; in Bauchi State: Mrs. Helen Riad Jammal, Asst. Chief Health Sister, PHC; Mrs. Salome Sambo, Matron Obs/Gyn Dept. Bauchi Hospital; Mr. K.B. Tula, Chief Nursing Officer, Bauchi Hospital; Mrs. Hafsa S. Mahmood, Principal of Midwifery School, Bauchi Hospital; Dr. Chima, Physician i/c Maternity Department.

Thanks are extended to Mr. Gene Chiavaroli, AAO/USAID; Dr. John McWilliam, Project Administrator, FHS; Mr. Rudolph Thomas, PO, USAID; Mrs. Susan Krenn, Country Representative, JHU/PCS/FHS; Mrs. Lola Payne, MotherCare Country Co-ordinator; Mrs. Data Phido, MotherCare IEC Country Co-ordinator; Mr. U.S.A. Nnanta, MotherCare Administrator; Mr. George Oligbo, Director of Operations and His Staff, FHS for their assistance during the preparations for the life saving skills training of midwives in Oyo and Bauchi States.

The writer wishes to express warm gratitude to Dr. Margaret Marshall for the intensive preparations for this project and the excellent organization and guidance to all staff involved in the site preparation for life saving skills training. Without her untiring effort and commitment to this project we could not have adhered to the tight schedule and achieved so much. I am grateful for this excellent experience of collaboration with the American College of Nurse Midwives.

I. Executive Summary

The main objective of the MotherCare Women's Health Advisor's trip to Nigeria was to assist in the site preparation for the Life Saving Skills Project in Adeoyo Hospital, Ibadan, Oyo State and Bauchi State Hospital, Bauchi, Bauchi State.

Antepartum and Intrapartum Seminars

Two antepartum and intrapartum seminars of 2 1/2 - 3 days duration were conducted in both Adeoyo Hospital, Ibadan and Bauchi State Hospital, Bauchi. Dr. Margaret Marshall taught the antepartum seminars and the writer taught the intrapartum seminars. Every seminar had ten to fifteen participants and the subjects were taught both in the classroom and the clinical areas. Each seminar was started with an introduction to the global and Nigerian situation of maternal mortality and morbidity. Pre- and post-tests were administered. Daily and final evaluations were completed.

Counseling materials and counseling training for January LSS training

The development of counseling cue cards for use during the January Life Saving Skills training for midwives was discussed with MotherCare and JHU/PCS/FHS staff following a meeting with Cathy Church, Kate Wilcox, Kim Winnard, Colleen Conroy and the writer in Washington on 24 September 1992 prior to the writer's departure. The agreement during the meeting in Washington not to prepare counseling cue cards for and introduced at the January midwifery training but instead at a special 2-3 day "refresher" session on counseling and use of counselor and client materials about four months after the January meeting, was discussed and agreed with by the staff involved in Lagos.

Maternal Health Project Formative Research by POP

Public Opinion Polls, Inc. was still in the process of conducting focus group discussions and in depth interviews during the time of the seminars in Ibadan. As the writer had assisted in the qualitative research for the I.E.C. component of the MotherCare Maternal Health Project in April/May 1992, she was briefed on the progress of the research in Oyo State and invited to attend focus group discussions. It was possible to attend one such focus group discussion by women who had delivered within the last two months.

The evaluation framework for the LSS Training

A meeting was held with USAID, MotherCare and JHU/PCS/FHS staff regarding the specific component of the evaluation framework which is to assess changes in utilization of services following the LSS training of midwives working in LGA maternities. This part requires a community-based retrospective survey in two or more LGAs in Bauchi State. Options for the execution of this research were discussed and recommendations made.

II. Purpose of the Visit

The primary objective of this trip to Nigeria was:

- * To assist in the site preparation for the Life Saving Skills project in Adeoyo Hospital, Ibadan, Oyo State and Bauchi State Hospital, Bauchi.

To this end specific tasks included:

1. To present the global situation of maternal mortality and morbidity during the introductory session of the seminars
2. To facilitate the discussion on the film 'Why did Mrs. X die' and the role play performed by the various groups alternating with Dr. M. Marshall
3. To conduct four 2 1/2 to 3-day seminars on the management of labour and the application of the partograph
4. To hold lecture/seminars for the remaining staff not included in the site preparation in Adeoyo Hospital
5. To work with midwives in the labor ward in order to implement partographic management of labor
6. To give a lecture on the WHO partograph and the results of the multicentre trial of the WHO partograph to physicians in Bauchi State Hospital
7. To develop a poster for the application of the partograph for the labor wards in Adeoyo and Bauchi State hospital

Other objectives:

- * To discuss one specific component of the evaluation framework for the life saving skills training with MotherCare and USAID Staff in FHS, Lagos
- * To discuss with MotherCare and JHU/PCS/FHS Staff the issue of counseling cue cards for use during the LSS training of midwives in January 1993

III. Trip Activities

1. Intrapartum Seminars

Seminar 1: September 30 - October 2, 1992 (Saturday October 3, in the labor ward)

Seminar 2: October 7 - 9, 1992

Lecture x 2: October 10, 1992

Seminar 3: October 12 - 14, 1992

Seminar 4: October 14 - 16, 1992

As the intrapartum and antepartum seminars were conducted simultaneously by Barbara Kwast and Margaret Marshall, the introduction was held for both groups together.

Each group consisted of ten midwives practicing in the respective clinical area. This meant that midwives working in the labor ward did not receive a seminar on antenatal risk assessment nor were the midwives working in antenatal clinic taught the management of labor and the partograph. Midwifery tutors and clinical instructors were additional participants. In Adeoyo hospital, several matrons were observers in the seminar.

The introduction consisted of an overview of global maternal mortality and morbidity, the Nigeria situation and the showing of the film 'Why did Mrs. X die'. In Adeoyo hospital, Dr. S. Franklin participated by discussing the Nigerian maternal mortality and its causes.

The reaction to the film was different among the groups and the States. Very few staff (only the two who had attended the State Policy Meetings) had seen the film before. Maternal Mortality is a phenomenon which the midwives know well and are confronted with regularly. There appears to be a coping mechanism by the staff in the presence of such serious shortages of drugs and supplies which obscures insights into initiatives which midwives could develop, for instance through women's organizations or contact with TBAs, to reduce the calamities of maternal deaths. Much is blamed on the victims and their ignorance. In Bauchi a sense of desperation was expressed, as if all the hard work throughout the years had been to no avail. Even the Consultant Obstetrician, who had seen the film several times, was able to highlight new aspects from which opportunities for prevention could be devised. It is obvious that this film is as relevant today as it was when it was presented at the first Safe Motherhood Conference in Nairobi in 1987.

The facilitators presented the participants with a true story of a woman in prolonged obstructed labour in a village who was attended by a TBA but was prevented from being transferred due to certain cultural factors. The primary health care coordinator was called to visit and was able to effect a transfer to hospital. Participants were asked which role they wanted to play and

given ten minutes to prepare the role play. This episode in the seminar was very well done by the participants and the ensuing discussion was revealing and instructive.

Discussions on quality of care, counseling and interpersonal relationships were related to the learning experience gained from the film and role play in the first session and interwoven in subsequent clinical situations. It was interesting to learn that contact between TBAs and midwives is minimal to non-existent. Neither is counseling of husbands or relatives about complications encountered by the patients.

The teaching of the management of labor and the application of the partograph used as much as possible the problem solving method and was mostly participatory. This meant that revision of the management of labor, discussion of several ingrained 'old-fashioned' concepts on diagnostic issues and treatment and clinical sessions had to be fitted into a tight schedule of two-and-a-half days in addition to which the charting and interpretation of a new management tool had to be mastered.

The participants enjoyed the method of teaching and the new knowledge to be acquired. However, the gap between actual theoretical knowledge and clinical application became most apparent during clinical sessions. For example: While the midwives said that cervical dilatation was assessed in centimeters, actual dilatation was not assessed in centimeters but the staff used the old system of assessing dilatation in fingers' width and simply multiplied the number of fingers to centimeters. As the commencement of the partograph (Appendix A) is based on assessment of dilatation in centimeters and subsequent interpretation of progress needs to rely on accurate initial assessment, problems with implementation are obvious.

Midwives are not routinely taught to perform pelvic assessment. The ischial spines are not found on pelvic examination and yet the descent of the head is related to the level of the ischial spines. A beginning was made to teach midwives pelvic assessment as this is an essential skill required in the diagnosis of cephalo-pelvic disproportion and the prevention of ruptured uterus and vesico-vaginal fistula.

Other vital observations, such as descent of head, uterine contractions, fetal heart and maternal vital signs, even though they were written down on an hourly basis, were in reality not observed with either regularity or accuracy. This was particularly worrying in Adeoyo hospital as the patient load is enormous and staff is under great pressure to cope with a stream of complications throughout day and night. At the time of the seminar, the physicians were on strike and all complications had to be referred to the University College Hospital, Ibadan. It was not uncommon to find women in prolonged or obstructed labor while they have been attended in the hospital labor ward simply because interpretive skills are lacking. On the other hand, women spend days in the labor ward actually not in labor and because the midwives are not allowed to discharge women, they were at a particular disadvantage at the time of the seminar. The situation may be less distressing when physicians are not on strike.

In Ibadan, the intrapartum seminars prepared 20 out of 50 midwives working in labor and delivery wards. The original idea that these 20 midwives would form a critical mass who would then teach the others, seemed problematic. Firstly, because the midwives who had attended the seminar needed much more continuous support to bring their basic midwifery skills up to date. Secondly, the workload is so heavy, that the few midwives on duty at any one time in first stage room hardly have time to teach others or even start a partograph when 15 women are in labor at any one time.

In order to ameliorate this situation, the writer gave a lecture to the remaining midwives (twice for 15-20 midwives at a time) who had not attended the seminar as she could stay on one day longer in Ibadan after the closing of the seminars. However, these lectures are hardly a substitute for a three day seminar of which the process, the clinical application, the acquisition of a Life-Saving Skills Manual and a certificate of attendance were motivating factors for safe motherhood for their colleagues.

In Bauchi, the intrapartum seminars could accommodate nearly all midwives working in the labor ward as staff numbers are less than in Ibadan. The clinical skill level was similar to that found in Adeoyo hospital but the enthusiasm to learn and assimilate new knowledge was most inspiring.

With regard to the midwifery tutors it was found (as elsewhere in Africa) that their clinical skills have not been updated for many years and that they do not participate in clinical teaching, which means that the generation of future midwives will not know or practice more up-to-date midwifery. Continuing education programmes for midwives are a priority if maternal health is to be improved and mortality lowered by half by the year 2000.

2. Counseling materials and counseling training for January LSS training

On Monday 28 September a meeting was held with Mrs. Susan Krenn, Mrs. Data Phido, Mrs. Lola Payne and I to convey the agreement reached during a meeting in Washington on September 24, 1992 with Cathy Church, Kate Wilcox, Kim Winnard and Colleen Conroy not to prepare counseling cue cards for and introduced at the January midwifery training (Appendix B). Instead, these materials would be introduced at a special 2-3 day "refresher" session on counseling and use of counselor and client materials about four months after the January training. The MotherCare and JHU/PCS/FHS Staff in Lagos was in agreement.

3. Maternal Health Project Formative Research by POP

Public Opinion Polls, Inc. was still in the process of conducting focus group discussions (FGD) and in depth interviews (IDI) during the time of the intrapartum seminars in Ibadan. The writer had assisted in the qualitative research for the IEC component of the MotherCare Maternal Health Project in April/May 1992. Comments on the preliminary report of POP's formative research from MotherCare, Arlington and Dr. M. Marshall were carried to Ibadan to convey these to POP (Appendix C). Mr. Goke Otegbade was in regular

discussions (FGD) and in depth interviews (IDI) during the time of the intrapartum seminars in Ibadan. The writer had assisted in the qualitative research for the IEC component of the MotherCare Maternal Health Project in April/May 1992. Comments on the preliminary report of POP's formative research from MotherCare, Arlington and Dr. M. Marshall were carried to Ibadan to convey these to POP (Appendix C). Mr. Goke Otegbade was in regular contact about the progress of the research and invited the writer to attend several FGDs which was unfortunately not possible due to the tight teaching schedule. However, I managed to attend one FGD lead by Mrs. Simpson, Consultant to POP. Participants were women who had delivered 2 months previously. They were very open about the dangers they knew could occur during pregnancy and childbirth and also about the attitude of midwifery staff in the hospital which was at times rather negative. However, the women who attended the FGD were of the opinion that they could cope with these factors as they felt safer in hospital for delivery than at home. Getting supplies to deliver in hospital would cost them between 200 and 1000 Naira and as they know this, they are saving for these expenses. When asked about improvements that could be made, they were requesting availability of toilets and water as the most urgent facilities.

Mr. Otegbade and Mr. Benson Olubodun came one evening for a briefing and related some of their experiences with the research. They have kept to schedule very well in spite of unforeseen obstacles.

3. The evaluation framework for the LSS Training (Appendix D)

3.1 Exit interviews

In order to assess whether women have been counseled about type of delivery, complications, breastfeeding, family planning and follow-up, exit interviews are to be conducted before and after the LSS training. Due to the short time frame of the project implementation, Margaret Marshall, Lola Payne and the writer constructed a simple questionnaire of 14 questions which was to be administered by Mrs. Lola Payne before the site preparation in Adeoyo and Bauchi State Hospitals. Women were selected at random and Mrs. Payne conducted ten exit interviews at both sites. Unfortunately, there were no women with complications at Adeoyo because of the physicians' strike.

Mrs. Payne will write a narrative of the findings and share the questionnaire with the JHU/PCS/FHS team as agreed during the debriefing meeting on 16 October 1992.

3.2 KAP Survey by JHU/PCS/FHS

Dr. Karungari Kigaru, Research and Evaluation Officer, JHU/PCS was present during the debriefing meeting with Mrs. Susan Krenn and Mrs. Lola Payne on 16 November 1992. As JHU/PCS/FHS is conducting a community-based KAP survey as part of the IEC evaluation, inclusion of some of the areas to be surveyed in the retrospective survey on utilization of services in areas where LSS trained midwives are working was considered. This would have the added advantage that some results about attitudes towards the LSS trained midwives

3.3 Change in utilization of services

Additional funding is being requested for this part of the evaluation. Preliminary discussions were held in Washington DC between Mr. E. Chiavaroli, Mrs. Colleen Conroy and Mr. Kim Winnard. The writer was to follow up these discussions during briefing and debriefing with Mr. R. Thomas and Dr. J. McWilliam in Lagos on 28 September and 16 October 1992. In order to assess changes in utilization of services following the LSS training of midwives working in LGA maternities a community-based retrospective survey is proposed both before and after training takes place. The period before training would cover one full year and the post-training survey only 6 months due to the time constraint of the project. Dr. J. McWilliam requested that a concept paper be submitted to USAID, Lagos as soon as possible. At the same time, Mrs. Lola Payne would explore which institutions could be contacted to execute this research.

IV. Major Findings and Recommendations

Ibadan, Oyo State:

#1. Finding

Renovation of the Maternity Unit of Adeoyo Hospital has not progressed considerably since the last visit of the writer in May 1992. The wards have not been repainted even though the paint was bought, but the painters refuse to use the paint. The hostel is nearing completion and is scheduled to be ready when the LSS training starts in January 1993.

#1. Recommendation

Mrs. Lola Payne, MotherCare's Resident Advisor needs to follow progress with regular visits and meetings with the Hospital Authorities and the State Health Management Board.

#2. Finding

As twenty of the 50 midwives working in the labor and delivery wards had the intrapartum seminar during the site preparation and the basic midwifery skills need a great deal of reinforcement, it is doubtful whether this site will be ready for the LSS training unless more support is provided, particularly as the physicians were on strike during the seminars.

#2. Recommendation

During the debriefing with Mrs. Lola Payne, MotherCare Country Coordinator, the possibility of additional training sessions for those midwives who had not participated in the seminars was discussed. Mrs. Payne would see whether the five trainers upon completion of the trainers' training in Bauchi, could be helped to organize such seminars in December.

Dr. Margaret Marshall will visit Adeoyo Hospital at the end of the TOT to assess the situation and see what progress had been made and whether the partograph was implemented.

The writer would recommend that an extra technical assistance visit of at least one week be made to Adeoyo Hospital in early January to give support to the trainers in the clinical area prior to the LSS training.

LSS training needs to be seriously reconsidered if Physicians remain on strike in Adeoyo Hospital.

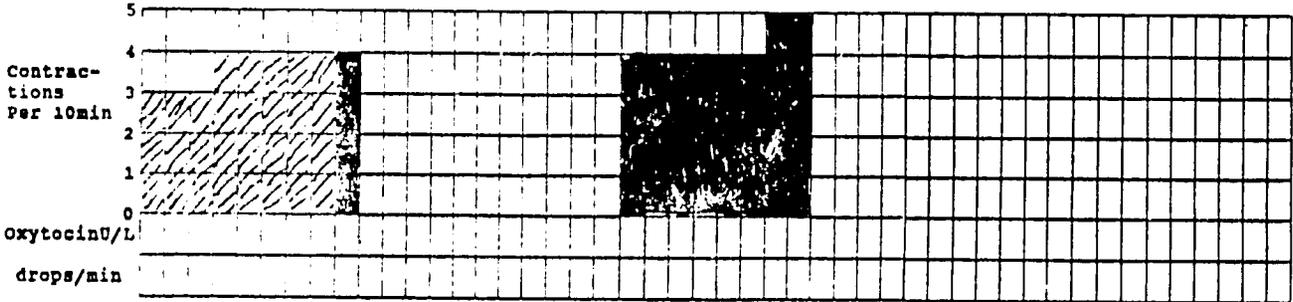
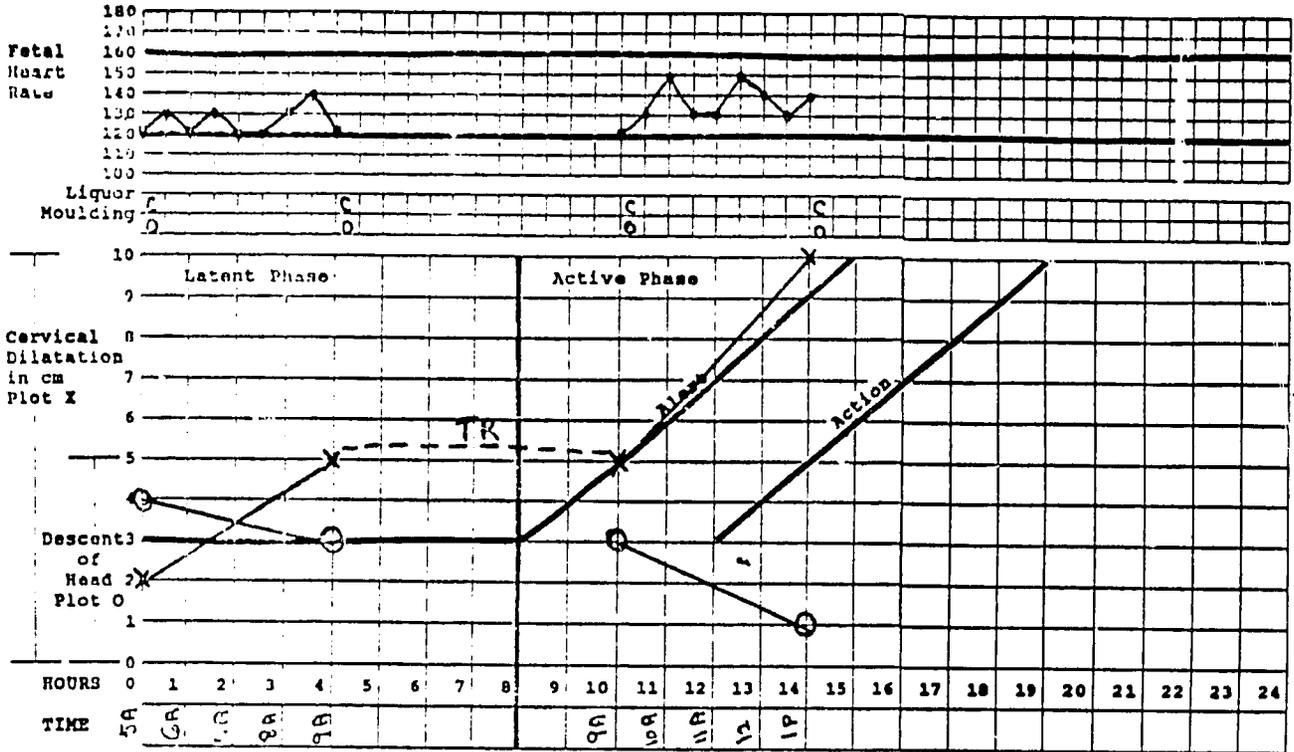
V. Summary of Follow-Up Activities

1. Follow-up visits to Adeoyo Hospital to assess progress with completion of the hostel and the renovation of the labor and delivery wards.
2. Support visit by a Midwifery Consultant to help implement the partograph and antenatal risk assessment in early January.
3. Concept paper to be written by MotherCare, Arlington, for community-based survey in Bauchi State to evaluate changes in utilization of maternity services in LGAs where midwives have been trained in LSS.

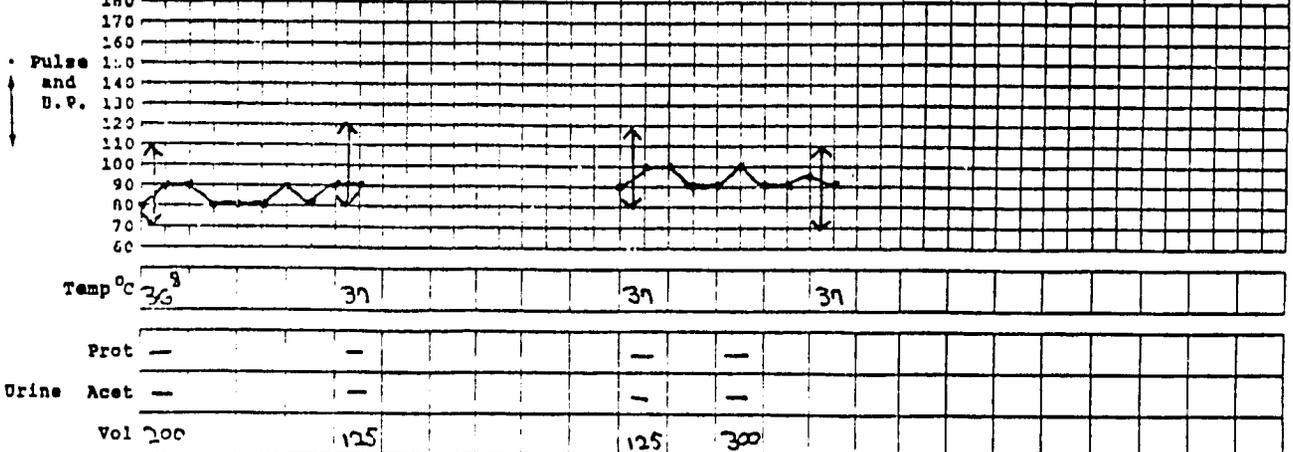
PARTOGRAPH

APPENDIX A

NAME Mrs. Tobi GRAVIDA 1 PARA 0 HOSPITAL NO. 123
 DATE OF ADMISSION 21-8-90 TIME OF ADMISSION 5 Am RUPTURED MEMBRANES 2 HRS



Drugs Given and I.V. fluids.



To: Lola, Data, Nnanta
 Re: MotherCare Meeting with JHU/PCS Cathy Church and Kate Wilcox
 Fr: Kim *W*
 Date: 24 September 1992

Colleen, Barbara and I met with Cathy and Kate to review the progress of the MotherCare/Nigeria project. After unanimously agreeing that you all were doing a great job (!), we discussed the following issues (without the benefit of your suggestions and advice, which we would like after you read this memo):

Formative Research:

It seems that all is going well with POP and the research, especially thanks to Data and Mini's guidance. MotherCare had sent some additional comments about including more probing questions, especially about breastfeeding and colostrum, but in general, the question guides were very good. A final report, according to POP's timeline, will be submitted no later than November 7, 1992.

IEC Message Strategy Workshops:

The research results and analysis will be reviewed by the FMOH and state MOHs and participating state health institutions during IEC message strategy workshops scheduled for Bauchi and for Oyo in mid/late November (after the POP report is received). The FHS IEC Division would be paying for the workshops as well as working with MotherCare to organize the logistics of them. The principal objective of the workshops would be to identify prioritized messages for key audiences, channels of communication and appropriate media through which to convey those messages. The outcome of the workshops would aid JHU/PCS, the FMOH and the state health institutions to draft overall state IEC strategies and workplans in Bauchi and in Oyo.

Cathy said she was planning to go to Nigeria to help facilitate the workshops, and I said I may be able to go to Nigeria as appropriate to help co-facilitate with MotherCare/Nigeria and the FHS IEC Division.

I told Cathy I would send her some notes about goals, objectives, agenda, scheduling and activities that could be a part of an IEC Message Strategy Workshop, similar to what MotherCare has conducted in Bolivia, Indonesia and Bangladesh. I'll send copies of those notes to you all as well.

Counseling materials and counseling training for January training:

Cathy brought up the issue that you have developed counseling cue cards for use during the January Life Saving Skills training of midwives. After much discussion on the type and utility of information on a cue card, and the appropriateness of counseling cue cards without adequate time to incorporate key messages from the formative research, it was agreed that counseling cue cards should not be prepared for and introduced at the January midwifery training, but should instead be prepared for and introduced at a special 2-3 day "refresher" session on counseling and the

use of counselor and client materials about four months after the January training.

This would allow more time (4 months) to develop counselor and client take-home materials by using the formative research results. It was also felt that these materials should be primarily developed with the FMOH and the appropriate state health IEC institutions as part of the overall IEC strategy.

On the other hand, so that we can distribute some helpful materials during the interpersonal skills/counseling component of the January midwifery training, it was suggested that the "GATHER" cue card/poster developed for family planning (but generic enough for any counselor), other general counseling materials, and certain lists of information from the formative research could be handed out. These "lists" would be made to help trainees better understanding clients' as well as service providers' beliefs and behaviors regarding maternal health care. For instance, these lists could include hausa, fulani or yoruba terms for labor, bleeding, swelling, etc., as well as how women define or practice key events during pregnancy, delivery and breastfeeding. This type of information could also be incorporated into value clarifications sessions and any role playing being done.

(Barbara Kvast can discuss this further w' th you during her visit.)

Evaluation activities for IEC:

Under the Nigeria Maternal Health evaluation framework, two IEC evaluation activities are mentioned: client exit interviews/counseling observations to measure the effectiveness of counseling; KAP baseline and end-of-project community survey to measure the impact on KAP of these various interventions. It was understood that JHU/PCS would conduct both with MotherCare/Nigeria input and technical assistance.

(Barbara Kvast can discuss this further with you during her visit.)

Scheduling:

The new workplan/schedule (not due to delays but because the good things take additional time to do) for some key IEC activities could tentatively look like this:

<u>Activity</u>	<u>Re-scheduled Date</u>
IEC strategic development workshops	mid/late November 1992
"Approval of State subagreements" (or however JHU/PCS is going to administer IEC activities):	January 1993
Baseline IEC KAP surveys	April 1993
Refresher session for counselors on the use of newly developed counselor	

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and client materials

May 1993

Barbara will be in Nigeria and hopefully has some time to discuss these issues in more detail with you. Please let us know your thoughts and suggestions on the above issues. Keep up the good works!

(cc: Colleen Conroy, Barbara Kwast, Cathy Church, Kate Wilcox, Susan Krenn)

TO: DUPE AMODU ADEOSUN/BENSON OLUBODUN (P. O. P)
FR: DATA PHIDO (FHS/IEC)
SU: MORE COMMENTS ON THE GUIDES.
DA: 28 SEPT. 1992

ee

Hi guys! It was very nice of you to call me in order to let me know how the field work is going. I was pleased to hear about the progress you are making with the rural FGDs in particular. I am really proud of your hard work and wish to send you encouragement and thanks.

I have just received some comments from our colleagues in Wash. D. C. and would like to urgently share same with you. I realise that you have carried out several groups and interviews already and should not have to recall them. However, for the remaining ones, please endeavor to incorporate these additional questions. It seems to me that on the whole we would like to request that you probe more deeply to discover reasons for behaviors, and practices, and also what they really do as opposed to what is the cultural practice.

I am sorry for any inconvenience this may cause but feel that any step taken to enhance our project is effort well-spent. Fortunately there is still time to improve on the guides. I hope that you have had the flexibility of revising the guides and research plans based on your findings as you went along.

Due to the priority which communicating urgently with you demands, I am taking the liberty to write you directly since I know that Biodun Odubola may be away from the office, and also since my colleagues are coming to Ibadan today. These additions have been discussed fully and so, if you have any need for clarification or further discussion please feel free to contact Barbara, Lola and Peggy, either at Adeoyo Maternity Hospital, Ibadan or at The Kakanfo Inn in the evenings.

I shall endeavor to visit Oyo/Osun one of these days to participate and observe some of the field work. Until then I will appreciate calls or notes if you need my assistance or presence.

Thank you and goodluck.

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To: Mrs. Data Phido and Mrs. 'Lola Payne

From: Peg Marshall

Date: September 27, 1992

Re: POP preliminary feedback and FGD and IDI forms

I have read the packet of material from Public Opinion Polls and have the following comments for your consideration.

- this was pointed out to POP and I believe this is in all the FGDs now.*
1. Why are questions regarding sex during pregnancy only addressed to men? I am interested in women's thoughts as well.
 2. Why are we not asking women who deliver at home about their decision to not deliver in hospital? This would be very important to know as it effects utilization. *this question is #6 in the guide*
 3. We should ask women how maternity services in her area can be improved. I see it only under the men's section.
 4. Why are there no questions regarding maternal deaths, which are preventable, which does the community have an ability to decrease?
 5. It seems the questions directed to the men are generally better worded and crisper. Why?
 6. There are many questions related to child survival but maternal mortality is not even mentioned until page 57 under traditional healers and pharmacists. Maternal mortality questions should be directed (see comment 4) to all cadres of interviewees. *not women who are pregnant though - is alarmist.*
 7. The midwife's interview seems too diffuse and simplistic. Does not require synthesis and analysis. For example, don't just ask what do you do for a woman who is hemorrhaging? After that ask, "What is needed to give more effective care in your environment to hemorrhaging women?"
 8. Traditional healers questions also weak. See comment number 7.
 9. The issue of abortion is not addressed until page 59. It should be included in multiple categories of interviews.
 10. The obstetricians are asked how to eliminate unsafe abortions. Why not also ask how to obtain safe abortions for women.
 11. We should ask people other than just the obstetricians what Safe Motherhood messages should be offered to the community.

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FAX MACHINE TRANSMISSION RECORD

DATE: September 25, 1992
URGENT MESSAGE: Yes
NUMBER OF PAGES, INCLUDING THIS PAGE: 1

FROM: Kim Winnard
PROJECT: MotherCare
PROJECT NO.: 1659

TO:

FAX PHONE NO.: 011-234-1-612815
NAME/ADDRESS : Lola, Data, Hini, POP
MotherCare/Nigeria

RE: Two last comments on the POP question guides

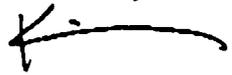
1. During the interviewing, can respondents try to distinguish between what they say is "traditional practice" and what is really practiced? For example, do respondents know that the "pepper-on-the-fire" treatment is still being used?

2. On the subject of breastfeeding and colostrum: can POP probe about the woman's feeling about colostrum. Do they really believe that colostrum is dirty, or do they passively accept this idea because they are told it is true?

Do women squeeze alot? When do they try to squeeze? How do they know when the "dirty" milk is gone? Is the issue that they want to wait a certain period of time before breastfeeding, as it seems to be with the Fulani? Or is the issue the colostrum itself?

How would women feel if they are advised to begin breastfeeding immediately? Are there prelacteals that continue after lactation starts?

Let me know what you think.

Cheers, 

From Patricia: sorry but am unable to send adaptor for computer and copy holder with Barbara. I had to call Sweethill for the adaptor. They have asked that you please send me a description of the plug on the mouse and on the computer. Do you know if it is a PS2 style plug (that's lingo for a round plug with spikes in it)? How does it compare to the keyboard plug? Sorry, these are questions Sweethill asked me. The copy holder arrived too late to go with Barbara. Will forward somehow... Regards and thank you!!

FRAMEWORK FOR EVALUATING LIFESAVING SKILLS (LSS) TRAINING*

BASED ON THE NIGERIA PROJECT

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>
A. Teaching LSS				
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.

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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>
2. Preparing Master Trainers in LSS	<p>1. To increase knowledge of all case management procedures of LSS among x number of trainees from 50 to 80%.</p> <p>2. To ensure clinical skill levels are maintained during practicum (period between master training and training).</p>	<p>Knowledge of all case management procedures of LSS</p> <p>2.1 Placement in clinical position</p> <p>2.2 Duration of practicum</p> <p>2.3 Pre-training assessment</p>	<p>Pre-Post test/observation scores during LSS training</p> <p>Personnel and time sheets</p> <p>Scorecard "A"</p> <p>Scorecard "A"</p>	<p>ACNM has observation format</p> <p>Practicum must assume clinical setting of master training to practice LSS (N.B. selection of trainers)</p>
3. Conducting LSS training to selected midwives	To increase the knowledge of 5 case management procedures among 160 selected midwives in 2 institutions from 30% to 100%.	Knowledge of LSS-trained midwives of 5 key management procedures	Pre- and post-testing during LSS training	This assumes that 70% is the minimum acceptable level of lifesaving skills.

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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>
<p>4. Having LSS-trained midwives conduct formal, on-the-job or apprentice training with non-trained midwives.</p>	<p>To increase the knowledge of 5 case management procedures among an equal number of midwives who did not receive direct LSS training.</p>	<p>% of LSS-trained midwives providing on-the-job training to midwives.</p> <p>Knowledge of midwives without direct LSS training of 5 case management procedures</p>	<p>Interview of trained and non-trained midwives 3 months after LSS training</p> <p>Pre- and post-testing 3 months after LSS training</p>	<p>Pre-test to all midwives attending workshops of site preparation.</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>
B. Improved Maternity Services				
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, 6, 9 months after LSS training)	LSS Trained Midwife (ACNM has Part I of tool. Further modification.)
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.	Case management score checklist: 1) procedures 2) drug availability 3) equipment	
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.	

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>
4. More midwives with LSS means more availability of midwives providing emergency services	To increase the proportion of deliveries attended by LSS-trained midwives over time from 0%-70%	% of deliveries attended by LSS-trained midwives.	Assessment Format "B" (see attached). To be used for one month x 3	This assumes 0% of births attended by LSS-trained midwives before training. Assumes LSS-trained midwives are properly assigned by management. To be completed by a senior midwifery student.
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 interview Postpartum questionnaire for midwives	Will be done during site preparation. Questionnaire to be made in Sept. '92. (PM and BK)
6. Improved services means greater utilization	To increase the number of pregnant women using the facility for treatment of complications and/or delivery	% increase in clinic and delivery attendance % increase in general public's awareness of improved service	Records/registers Home-based small-scale KAP survey	Sample LGA (Probably Research Company) Before and after by Johns Hopkins

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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>
<p>7. Supportive management and supervision in place</p>	<p>1. To revise LSS protocols for lifesaving skills and risk assessment</p> <p>2. To apply LSS protocols and risk assessment</p> <p>3. To expand scope of midwifery practice by LSS-trained midwives in workplace</p>	<p>1. Revision of protocols</p> <p>2.1 Protocols approved by appropriate health authorities: A: N&Mw Council B: MoH</p> <p>2.2 Protocols introduced: A: Training session B: Published protocols</p> <p>2.3 Protocols in use (% of patients managed appropriately):</p> <p>3.1 % of LSS-trained midwives using LSS skills;</p> <p>3.2 % of LSS-trained midwives placed in delivery positions</p> <p>3.3 % of LSS-trained out of all midwives</p>	<p>Text</p> <p>Approvals</p> <p>Record of orientation training Observation of clinical setting for documents Sample of records (LSS assessment format)</p> <p>Records/registers Incidence Report</p> <p>In-depth interviews with management and midwives</p> <p>Tools from other objectives. Format B</p>	

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MIDWIFE TRAINEES SCORECARD "A"

	<u>Name</u>	PRETEST		POST-TEST	POST-PRACTICUM
		LSS		LSS	LSS
		<u>Knowledge</u>	<u>Skills</u>	<u>Knowledge</u>	<u>Knowledge</u>
1.					
2.					
3.					
4.					
5.					
6.					
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9.					
10.					
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25.					
26.					
27.					
28.					
29.					
30.					

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MIDWIFERY STAFF SCORECARD "A"

	PRETEST		POST-TEST		POST-PRACTICUM	
	LSS		LSS		LSS	
	<u>Name</u>	<u>Knowledge</u>	<u>Skills</u>	<u>Knowledge</u>	<u>Skills</u>	<u>Knowledge</u>
1.						
2.						
3.						
4.						
5.						
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28.						
29.						
30.						

MASTER TRAINER SCORECARD "A"

	PRETEST		POST-TEST		<u>POST-PRACTICUM</u>		<u>OBSERVATIONS DURING REGULAR TRAINING</u>
	<u>LSS</u>		<u>LSS</u>		<u>LSS</u>		<u>LSS</u>
<u>Name</u>	<u>Knowledge</u>	<u>Skills</u>	<u>Knowledge</u>	<u>Skills</u>	<u>Knowledge</u>	<u>Skills</u>	<u>Skills</u>
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2.							
3.							
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11.							
12.							
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14.							
15.							

A
B

Training Centers (only)

FORMAT "B"
ASSESSMENT FORMAT TO CORRELATE AVAILABILITY OF
LSS-TRAINED MIDWIVES TO OUTCOME OF DELIVERIES

October 1992
 Before LSS Training

Date	Deliveries	Women		Outcome of Delivery		Delivery Shift	Total Midwives on Duty	Number LSS Trained Midwives
		Type of Delivery	Complications	Mother	Baby			
	1.							
	2.							
	3.							
	4.							
	5.							
	6.							
	7.							
	8.							
	9.							
	10.							
KEY		R = Routine C = Complication (accompanied by description)		Mother: + = positive - = negative 0 = fatal Baby: APGAR Score		AM = 12Mid-8a DAY= 8a-4p PM = 4p-12Mid		

This form will show:
 % of deliveries by LSS trained Midwives
 outcome correlated to degree of training of LSS Midwife

ID = LSS or NLSS

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FORMAT "B"
ASSESSMENT FORMAT TO CORRELATE AVAILABILITY OF
LSS-TRAINED MIDWIVES TO OUTCOME OF DELIVERIES

January 1993
 One Month After LSS Training

Date	Deliveries	Women		Outcome of Delivery		Delivery Shift	Total Midwives on Duty	Number LSS Trained Midwives
		Type of Delivery	Complications	Mother	Baby			
	1.							
	2.							
	3.							
	4.							
	5.							
	6.							
	7.							
	8.							
	9.							
	10.							
KEY		R = Routine C = Complication (accompanied by description)		Mother: + = positive - = negative 0 = fatal Baby: APGAR Score		AM = 12Mid-8a DAY= 8a-4p PM = 4p-12Mid		

This form will show:
 % of deliveries by LSS trained Midwives
 outcome correlated to degree of training of LSS Midwife

ID = LSS or NLSS

Handwritten mark

FORMAT "B"
ASSESSMENT FORMAT TO CORRELATE AVAILABILITY OF
LSS-TRAINED MIDWIVES TO OUTCOME OF DELIVERIES

July 1993
 Six Months After LSS Training

Date	Deliveries	Women		Outcome of Delivery		Delivery Shift	Total Midwives on Duty	Number LSS Trained Midwives
		Type of Delivery	Complications	Mother	Baby			
	1.							
	2.							
	3.							
	4.							
	5.							
	6.							
	7.							
	8.							
	9.							
	10.							
KEY		R = Routine C = Complication (accompanied by description)		Mother: + = positive - = negative 0 = fatal Baby: APGAR Score		AM = 12Mid-8a DAY= 8a-4p PM = 4p-12Mid		

This form will show:
 % of deliveries by LSS trained Midwives
 outcome correlated to degree of training of LSS Midwife

ID = LSS or NLSS

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APPENDIX F

A ONE-DAY WORKSHOP ON
MOTHECARE PROGRAMME
ORGANISED BY
OYO STATE MINISTRY OF HEALTH

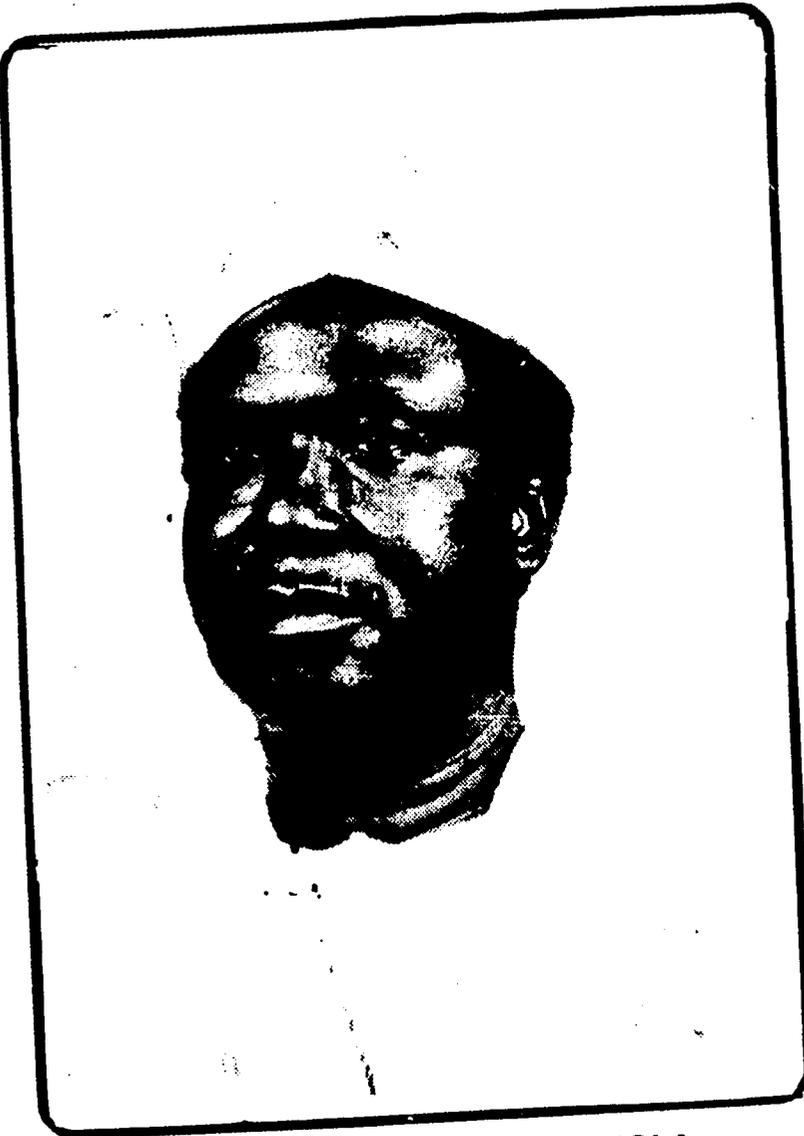


Venue:- Cultural Centre, Mokola Ibadan.
Date:- 11th September, 1992.
Time:- 9.00. a.m.



MINISTRY OF HEALTH
IBADAN, OYO STATE
NIGERIA

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CHIEF KOLAPO OLAWUYI ISHOLA
Executive Governor Of Oyo State Of Nigeria.



MR. A. J. BANKOLE
Commissioner for Health



MR. BIMBO ADEPOJU
Chairman, Oyo State Hospitals Management Board

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WRITE UP
MOTHER CARE PROGRAMME IN OYO STATE
(English Version)

Mothercare Programme is one of the in-built programmes of the "Family Health Services" It is a programme that intends to cater for safe motherhood and which also gears towards reducing maternal and infant mortality and morbidity rates.

SOME OF THE OBJECTIVES ARE:

- (1) To assist Communities and individuals to identify and implement solutions to the widespread problems affecting maternal and neonatal health and nutrition.
- (2) To improve life-saving skills especially during childbirth.
- (3) To initiate early exclusive breastfeeding.
- (4) To promote clean and safe deliveries.

SOME OF THE ADVANTAGES ARE:

- (1) Upgrading of midwifery skills.
- (2) Promotion of better quality of health care providers' interaction with women most especially of childbearing age.
- (3) Promotion of case management, screening and referral through life saving skills of health workers.
- (4) Intensification of family and community awareness of the problems and solutions related to health.
- (5) Improvement of Case Management on the part of health workers.

ETO ITOJU ABIYAMO
(Yoruba Version)

Itọju abiyamọ jẹ opomulero eto ilera fun gbogbo ẹbi. Eto toni leero lati ma fi gbogbo igba wa alafia abiyamọ ati eyiti o lakaka lati ri pe adẹkun iku abiyamọ ati awọn omọ wẹwẹ wa.

DIE NINU ERO NGBA ETO YI NIYI

- (1) Lati ran ilu lọwọ ati ẹni kọọkan lona ti isoro ko fi ni ma pọ si lori oun to jẹ mọ ibi ati wiwa ọna ati dena arun kosọkọ.
- (2) Lati Sagbega igbe aye to dara paapa lasiko ibi omọ.
- (3) Lati ri si fifun omọ ọwọ lomu lati ibere pẹpẹ.
- (4) Lati Sagbega to mọ ati ibi lai ni ipalara.

ARA AWỌN ANFANI TI ALERI NIYI:

- (1) Igbega ọna ti angba gbẹbi?
- (2) Igbelarugẹ to peye laarin awọn eleto ilera ati awọn obinrin papa julọ awọn ti ọjọ ori wọn ti to bimọ.
- (3) Igbelaruge lona to dara fun itọju to peye.
- (4) Itẹpẹlẹ ẹbi ati ara ilu lati mọ isoro ati kini a le se si oun to jẹ mọ ti ilera.
- (5) Atunse lori oun koun to jẹ mọ osise llera.

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OPENING CEREMONY OF A ONE-DAY WORKSHOP ON MOTHERCARE PROGRAMME
ORGANISED BY OYO STATE MINISTRY OF HEALTH.

Programme Of Events.

8.30 — 9.00 am	Arrival of Guests
9.00 — 9.10 am	Arrival of Local Government Chairmen/ Directors
9.10 — 9.20 am	Arrival of Directors General
9.20 — 9.30 am	Arrival of Commissioners and other Dignitaries
9.30 — 9.40 am	Arrival of The Special Guest of Honour — Chief Kolapo Olawuyi Isola (<i>The Executive Governor of Oyo State</i>).
9.45 — am	National Anthem
9.50 — am	Introduction of the Executive Governor and other Dignitaries — By Director General, Min. of Health
9.55 am —	Welcome Address — By Commissioner for Health — Mr. A.J. Bankole.

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10.05 am —	A FILM SHOW titled "Why did Mrs. X die?"
10.15 am —	A Short Drama on Mother Care/Role play by — <i>Student School of Midwifery, Yemetu, Ibadan.</i>
10.20 am —	Opening Address By the Executive Governor of Oyo State — <i>Chief Kolapo Olawuyi Isola.</i>
10.30 am —	Vote of thanks — <i>By Chairman SHMB</i>
10.35 am —	National Anthem.
10.40 am —	Photograph — Special Guest of Honour and important dignitaries.
10.50 am —	Departure.
11.00 am —	Refreshment.

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SCIENTIFIC SESSIONS

1ST SCIENTIFIC SESSION

11.00 a.m. —	1 00 p.m	
Chairperson —	DPHC	
Rapporteur —	Mrs. M.M. Oyelami	
TOPIC		
11.00 — 11.15 am.	(1)	Overview of World Trends in Maternal Mortality with Particular reference to Nigeria. — <i>Dr. Ayandiran Chief Consultant Jericho Nursing Home Hospital. Ibadan.</i>
11.15 — 11.30 am	(2)	Key Causes of Maternal Mortality in Oyo State — <i>Dr. S. Franklin.</i>
11.30 — 11.45 am	(3)	Prevention of Maternal Mortality — (a) Community Based Strategies (b) Role of PHC — <i>Dr. B. Adeyefa</i> — Director PHC/Dc - MOH, Osun State.
11.45 — 12 noon	(4)	Mothercare — <i>Mrs. Lola Payne</i>
12 — 12.15 p.m	(5)	I.E.C. Strategy — Information, Education and Communication — <i>Mrs Data Fido (FHS)</i>
12.15 — 12.30 p.m	(6)	Life Saving Skill role — <i>Mrs. Lola Payne</i>

12.30 — 1.00 p.m

General Discussion.

1.00 — 2.00 p.m

Lunch Break

2ND SCIENTIFIC SESSION

2.00 —	4.30	
Chairperson —	Dr. Laseinde. Dms (SHMB)	
Rapporteur —	Mrs. E.F. Oyediji	
TOPIC		
2.00 — 2.15	(1)	Monitoring and Evaluation — <i>Dr. E. Sonibare</i>
2.15 — 3.00 pm	—	Group Briefing/Group Discussions.
3.00 — 3.30 pm	—	Report from Group Finalization.
3.30 — 4.30 pm	—	Presentation of Communique.
Vote Of Thanks	—	<i>Mrs. Adebisi Ladipo (DDPHC)</i> Programme Coordinator.

MOTHECARE PROGRAMME OYO STATE
NAMES OF MEMBERS OF THE STATE PROGRAMME
PLANNING COMMITTEE

1. Mrs. Adebisi Ladipo — *Chairperson/Deputy Director Primary Health Care Ministry of Health.*
2. Mr. L. Akande — *Deputy Director, Nursing Services, SHMB*
3. Mrs. E.F. Adejuwon — *MOH. PHC, Ibadan*
4. Mrs J.A. Amoo — *- - CBD/FP Unit,*
5. Mrs. S.I. Adepegba — *CBD/FP Unit,*
6. Alhaji Wole Lawal — *Health Education Unit, Eleyele Ib.*
7. Mrs. J.Y. Obisesan — *CBD/FP Units, MoH, Ibadan.*
8. Mrs. M.M. Oyelami — *CBD/FP Units, MoH, Ibadan.*
9. Mrs. S.O. Faleye — *CBD/FP Units, MoH, Ibadan.*
10. Mrs. E.F. Adegbola — *PHC, MOH Ibadan*
11. Mrs. V.A. Odugbesan — *PHC, MOH Ibadan*
12. Mrs F.E. Adedoyin — *Secretary CBP/FP Unit, MOH, Ibadan*
13. Mrs. C.F. Akindele — *Adeoyo Maternity Hosp. Ib.*
14. Mrs. E.F. Oyediji — *School of Midwifery, Yemetu Ib.*
15. Mrs. E.A. Akangbe — *CBD/FP Unit, MOH, Ib.*
16. Mrs. M.M. Ojedirani — *CBD/FP Unit, MOH, Ib.*
17. Mr. Dairo — *Press Officer, MOH, Ib.*
18. Mrs. M.O. Salami — *Health Education Unit, Ibadan.*

STATE POLICY MEETING ON LIFE SAVING SKILLS
(LSS) HELD IN IBADAN, OYO STATE ON FRIDAY 11TH
SEPTEMBER, 1992 COMMUNIQUE

At the above named policy meeting it was agreed that:-

1. The Mother-Care Project be endorsed.
2. The criteria set by Mother-Care Programme i.e.
 - Criteria for selection of trainees
 - Criteria for selection of trainers
 - Criteria for selection of training sites be endorsed.
3. The State should provide vital drugs, supplies and equipment for training sites.
4. Midwives be given re-orientation on record-keeping analysis of information about the patients and be skilled in collation of statistics e.g. death from abortion, PPH & APH and this should be included in maternal mortality.
5. Midwives be given lectures on counseling skills.
6. Essential unit e.g. blood bank should exist near the training centres.
7. Midwives be given intervention skills to tackle Obstetric emergencies.
8. The state should encourage pelvic assessment and routine blood examination of all antenatal patients.
9. The state should encourage patients' attendance at the post natal examinations.
10. The midwives be introduced to community health work so as to form a linkage with TBAs and VHWS.
11. There should be dissemination of information on available health facilities.
12. The importance of proper care during ante-partum, intra-partum and post -partum periods be emphasized.

An ADDRESS DELIVERED BY HIS EXCELLENCY, CHIEF KOLAPO OLAWUYI
ISHOLA THE EXECUTIVE GOVERNOR OF OYO STATE AT THE OPENING
CEREMONY OF MOTHERCARE WORKSHOP ON THE 11TH SEPTEMBER, 1992
AT CULTURAL CENTRE, MOKOLA, IBADAN

The Representative of John Snow Inc. USA,
The Director of United States Agency, for
Internation Development (USAID)
The Family Health Services representatives,
My Lords Spiritual and Temporal,
Imminent Personalities,
Ladies and Gentlemen,

It affords me great pleasure to witness the 'birth of Mother-Care Programme in Oyo State.

2. MotherCare Programme has come at the appropriate time in the life of the State when skillful intervention in the care of mother and child by seasoned health care providers has been realised to be of immense value in promoting the health of Mother and Child throughout life.

3. The state is highly privileged to have been one of the two initial training centres in the country i.e. Oyo and Bauchi States, where when well established will serve as training centres for trainers from other states of the Federation.

4. The programme will offer opportunity for the training of Nurse/Midwives currently practising in the maternity sections in the states who will in turn train others in these Life Saving skills.

5. MotherCare Programme involves a whole system of interrelated factors geared towards improving the quality of life through provision of essential obstetric care, grooming the health staff involved, provision of needed facilities and equipment/supplies. Also research into all facets of midwifery services, supervision, monitoring and evaluation together with the adaptation of such services to changing circumstances.

6. The programme is a bundle of goodness from the almighty God to our dear state. Going by the current high maternal and infant mortality and morbidity rates of the country, Oyo State inclusive will benefit from this highly rewarding programme aimed at assisting communities and individuals to identify and implement solutions to the wide spread problems affecting maternal and neonatal health and nutrition thereby bringing reduction in the rates. One of our maternity hospitals - Adeoyo Maternity Hospital has been chosen as the 'Training Ground' for this laudable programme.

7. Ladies and gentlemen, I am confident that this programme will go a long way in promoting the health of the mother and child and the entire populace.

I hereby declare the workshop open.

Thank you.

8th August, 1992.

NEWS RELEASE

Local Government Chairmen Supervisory Councillor for Health and one practising Midwives working in the labour and delivery room of State Hospitals Comprehensive/Primary Health Centre and the 25 Local Governments Maternity Centres in Oyo State are invited to MotherCare Workshop at the cultural Centre, Mokola, Ibadan on September, 11th 1992 at 9.00 a.m.

The midwives will participate in the scientific section after the opening.

Oyo - Radio

Wednesday - 8.10 a.m.
- 8.10 p.m.

B.C.O.S.T.V.

WEDNESDAY - 6.25 p.m.
Thursday = 6.25 p.m.

SGD.

Biodun Ogundairo
Senior Press Officer

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APPENDIX F

CONTACT LIST

USAID

Mr. Eugene Chiavaroli, AAO, USAID
Mrs. Elizabeth Lule, Program Analyst, USAID
Dr. John McWilliam, Project Administrator, FHS
Mr. George Oligbo, Director of Operations, FHS
Ms. Susan Krenn, Country Representative, FHS/JHU/PCS
Mrs. Lola Payne, Country Co-ordinator, MotherCare
Mr. U.S.A. Nnanta, MotherCare/FHS/JHU/PCS Administrator
Dr. Karungari Kiragu, Research and Evaluation Officer JHS/PCS

Public Opinion Polls (POP)

Mr. Benson Olunbodun
Mr. Goke Otegbade
Mrs. A. Simpson, Counsultant

STATES

OYO

Mr. J.A. Bankole, Hon. Commissioner for Health
Mrs. A.D. Ladipo, Deputy Director, PHC
Dr. K.A. Iyun, Chief Consultant, Adeoyo Hospital
Mrs. Ayinde, Matron, Adeoyo Hospital
Dr. S. Franklin, Consultant Obstetrician/Gynecologist, Adeoyo Hospital
Mrs. C.F. Akindele, Matron, Labor and Delivery Ward, Adeoyo Hospital
Mrs. E.F. Oyediji, Principal, Midwifery School, Adeoyo Hospital
Mrs. E.I. Apatina-Jawando, Hospital Secretary, Adeoyo Hospital
Matron and Midwifery Staff, Maternity Unit, Adeoyo Hospital

BAUCHI

Mrs. Helen Riad Jammal, Asst. Chief Health Sister, PHC
Mrs. Salome Sambo, Matron Obs/Gyn Dept., Bauchi Hospital
Mr. K.B. Tula, Chief Nursing Officer, Bauchi Hospital
Dr. Chima, Physician i/c Obs/Gyn Department
Mrs. Hafsa S. Mahmood, Principal, Midwifery School

ACNM

Dr. Margaret Marshall
Miss. Gail Allison, MotherCare/ACNM Consultant

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Site Preparation Antenatal Workshop

Session I

Welcome

Registration

Introductions

Introduction to Maternal Mortality Worldwide, Maternal Mortality in Nigeria, and the Mission and Scope of the MotherCare Project

Film: Why Did Mrs. X Die?

Discussion: What are barriers to care? What are the barriers to care you see in your work place? What solutions do you see that can be introduced into your own work place?

Communications exercise

Session II

Introduction to the Antenatal Risk Assessment Tool

What is risk? Who is at high risk? How should high risk women be treated differently?

Update on Pregnancy Induced Hypertension

drugs to used in hospital versus the home or maternity
role of reflex testing in triage of referrals

Prevention and Treatment of Anemias

Role of nutrition counselling
protocol for haemoglobin testing and referral

Practicals:

1. reflex testing using percussion hammer and fetascope
2. haemoglobin testing using the Tallquist method
3. use of the gestational wheel and calculation of weeks pregnant

Session III

Refresher on important points in taking antenatal histories

Introduction to the tool and practice filling out

Practice use of antenatal risk assessment tool in the clinical area

Session IV

Practice use of antenatal risk assessment tool in the clinical area

Session V

Use of the problem solving approach in the antenatal clinic.

How to move from making observations to managing care.

Review of charts

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Materials Needed:

Module 2 from Life Saving Skills Manual
antenatal risk assessment teaching chart
erasable markers
acetone
antenatal risk assessment practice forms
reflex hammers
fetoscope
centimeter tapes
gestation wheels
Population Reports- Mothers Lives Matter
Tallquist books
sterile lancets or needles
mentholated spirits
cotton wool or squares of cloth
daily and final evaluation tools
40 copies each of five different Population Reports

4/6

Site Preparation Intrapartum Workshop

Session I

Welcome

Registration

Introductions

Introduction to Maternal Mortality Worldwide, Maternal Mortality in Nigeria, and the Mission and Scope of the MotherCare Project

Film: Why Did Mrs. X Die?

Discussion: What are barriers to care? What are the barriers to care you see in your work place? What solutions do you see that can be introduced into your own work place?

Communications exercise

Session II

History of the Partograph

Use of the partograph

Introduction to maternal monitoring

Practice maternal monitoring

Session III

Introduction to fetal monitoring through use of the partograph

Practice fetal monitoring

Protocols for use of the partograph. How does management differ based on delivery site and resources available?

Session IV

Practice use of partograph in the clinical area

Session V

Practice use of partograph in the clinical area

Wrap up. How can consistent use of the partograph improve clinical practice? Which patients should be managed on the partograph?

Materials Needed:

Module 3 from the Life Saving Skills Manual
Partograph laminated chart
erasable pens
acetone
rulers
partograph practice forms
slide projector, carousel, extra lamp bulb
partograph slides
samples of correct and incorrect usage of partographs
daily and final evaluation tools
40 copies each of 5 different Population Reports

Schedule for Next Several Months

Week of August 3rd POP conducts pilot focus group discussions in both states simultaneously, Mini from FHS IEC covers

Week of August 10th- Lola travels to Oyo State to check on progress POP pilot work continues, Data works with POP

Week of August 17th- Lola travels to Bauchi State to check on progress
POP conducts focus groups and in depth interviews-Data and FMOH people to give input

Week of August 31st- Work on follow up and organizing supplies and send to training sites
POP starts analysis of research findings, should be ready by end of September
Lola goes on vacation

Monday Sept 14 Peg leaves D.C.

Tues 15th arrives Lagos

Wed 16th brief with Chiavaroli, Mc William, and MC staff

Thurs and Fri do preparations for trainings.

Monday Sept 21 travel to Ibadan, prep for trainings

Tues. Sept 22 finish prep. in Ibadan

Wed.-Fri. Start site prep (training #1) training 1/2 antenatal personnel

Monday Sept. 28th (training #2) start second 1/2 antenatal personnel

Wednesday afternoon (training #3) start first 1/2 intrapartum personnel

Monday October 5th (training #4) start second 1/2 intrapartum staff

Wednesday Oct. 7 finish training

Thursday wrapup and finish any details getting Ibadan trainers ready for TOT in Bauchi

Friday Oct. 9 travel to Bauchi

Monday Oct. 12 (training #5) train first 1/2 of antenatal staff

Wednesday PM Oct. 14 (training #6) train second 1/2 antenatal staff

Monday Oct. 19th (training #7) train first 1/2 of intrapartum staff

Wed. PM Oct. 21 (training #8) train second 1/2 of intrapartum staff

Monday Oct 26th start TOT First three weeks are clinical intensive with communications and community visits integrated into the program plus two days devoted to breastfeeding training. The fourth week is to learn how to administer the training, how to conduct support visits, principles of adult learning, choosing appropriate trainees, lesson plans, etc.

Friday Nov. 20th fly from Bauchi to Lagos.

Monday Nov. 23 debrief USAID and fly out.

Tuesday Nov. 24 arrive D.C. in time to enjoy turkey with you all.

Gail Allison comes from October 14 through November 17. She would leave US Oct 14th, arrive 15th. Brief with USAID 16 and travel to Ibadan 16th. Travel from Bauchi to Lagos Sat or Sun Nov. 14 or 15. Nov. 16 debrief USAID and fly out the same day.

Yet to be scheduled: IEC workshops, State level policy meetings