

MOTHERCARE PROJECT

TRIP REPORT: NIGERIA
MEETING TO DEVELOP A NATIONAL
TBA/VHW CURRICULUM

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December 8 through December 13, 1991

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ACKNOWLEDGMENTS

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Thanks is also extended to Dr. A.A. Adeyemi and Mrs. Lola Payne for their gracious assistance throughout.

ABBREVIATIONS

ACNM	American College of Nurse-Midwives
AIDS	Acquired Immune Deficiency Syndrome
CHEW	Community Health Extension Worker
CHO	Community Health Officer
FMOH	Federal Ministry of Health
LGA	Local Government Area
LSS	Life Saving Skills
NMC	Nursing and Midwifery Council
PET	Pre-eclamptic Toxemia
PIH	Pregnancy Induced Hypertension
PPH	Post-partum Hemorrhage
TBA	Traditional Birth Attendant
VHW	Village Health Worker

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D. Job Description for the PHC Assistant Coordinator	
E. Family Planning In-Service Training Curriculum for Voluntary Health Workers, Federal Ministry of Health Primary Health Care Department Yaba, Lagos, June, 1991.	
F. Syllabus for the Training of TBA's, not dated, author not noted.	
G. Introduction to Systematic Course Design, Paskoto, April 1991.	
H. Federal MInistry of Health Primary Health Care, Curriculum for Volunteer Village Health Workers, not dated.	
I. Nigeria Village Health Worker, A Visual Manual, Federal Ministry of Health, Lagos, not dated.	

Appendices E through I are available on file at ACNM.

I. EXECUTIVE SUMMARY

ACNM Project Coordinator Margaret Marshall travelled to Nigeria December 8 through December 13, 1991 to work with the Federal Ministry of Health on developing a national curriculum for Traditional Birth Attendants (TBAs) and Village Health Workers (VHWs). Meetings were also held with FHS staff and MOH staff regarding the MotherCare project to start in 1992.

Accomplishments this trip include:

1. Very preliminary progress towards a revised national TBA curriculum.
2. Discussion of MotherCare project start up and needs assessment scheduled for February, 1992 with staff from FHS and Mrs. Delano and Mrs. Payne.

II. PURPOSE

The purpose of this visit was to participate in the National TBA/VHW Curriculum Development Workshop. The workshop was held at the Sango Plaza Hotel, Otta, Ogun State from December 9th through 13th.

III. BACKGROUND

Nigeria has been training traditional birth attendants for almost twenty years. TBA training started in 1974 as a pilot project with assistance from WHO. It became a national project in 1978. Village health workers have been trained since 1976. Extensive curricula already exist and have been extensively field tested in the various zones.

The current attempt is to combine existing curricula into one national plan which can be implemented in the LGAs with modifications to suit local need. For example iodine deficiency disorders are quite geographically circumscribed and need not be taught to all community health workers.

IV. WORK ACCOMPLISHED

On day one the group was oriented to the task and existing curricula were reviewed. On the second day the groups broke down into small groups and a refined job description for the Traditional Birth Attendant/Village Health Worker (TBA/VHW) was developed. The sub-sections were then assigned to small groups to develop the topics and content areas. On Wednesday the TBA Coordinator job description was refined and some progress was made on development of specific topic areas. It was not until Thursday morning that the format which was to be used was finally agreed upon and further explained to the group.

Prior to the workshop a lot of work had already been done developing topic areas in the zones; and it was seen that a lot of the work done thus far was redundant. It was requested that materials be made available to the group so topics already developed could be strengthened, modified, et cetera rather than reinventing the wheel.

Because workshop members were double and triple booked with meetings, the makeup of the work group kept shifting and slowed the progress of the group.

V. PLAN OF ACTION

Although some of the PHC staff felt the newly compiled national curriculum would be ready to present to the state TBA training coordinators in January 1992, that would seem premature. Because these materials are put together by a very large committee, it will be necessary for a very small committee or excellent editor to put all together and coordinate level of language and content areas. My recommendations would be:

1. Have all materials edited by a very small expert committee (no more than three people) or professional editor prior to pilot testing. The pilot test should occur on a small scale so revisions/corrections to the curricula can be incorporated before the final printing and retraining of state TBA coordinators.
2. Emphasis should be placed on achieving mastery of the safe delivery content during the three week basic training. Other family planning and PHC content can be taught at monthly inservice trainings as TBAs meet with their supervisors for their monthly sessions. Class sessions need to be kept to a minimum with lots of demonstrations and clinical simulations. Material not well understood will need to be repeated before continuing on with new topics. Number of hours of teaching per day may vary but probably is best limited to under four hours per day. We at ACNM would be happy to review the edited curricula for input if that would be of value.

Appendix A. Individuals/Organizations Contacted

Federal Ministry of Health

Dr. A.A. Adeyemi, Assistant Director Primary Health Care Services

Agency for International Development

Dr. John Mc William, Director Family Health Services

Mrs. Susan Krenn, FHS/PCS

Mr. Philippe Maglois, FHS/PCS

Mr. George Oligbo, FHS Logistics Officer

Appendix B

Participants at the National Curriculum Development Planning Meeting:

Dr. A.A. Adeyemi, Assistant Director Primary Health Care Services

Mrs. Yoka Omoloja, Senior Nutrition Officer

Mrs. Titilola I. Koleoso, State Coordinator WID/CBD

Mrs. Esther O. Fadele, Maternal and Child Health Officer

Mrs. E.O. Ladipo, Senior Community Midwife Sister

Ms. C.K. Osinaike, Principal Nursing Officer I

Dr. D.O Shonibare, Research Officer/Consultant

Mrs. B.N. Isichei, Principal Nutrition Officer I

Mrs. A.O. Payne, MCH Consultant

Mrs. F.F. Gbadamosi, Assistant Chief Health Planning Officer

Mrs. Adesola Kila, PHC Consultant

Mrs. Grace Delano, UCH, Director of Family Planning Programs

Mrs. Jolaoso, representative of the Department of Population Activities, FMOH

Dr. Margaret Marshall, American College of Nurse-Midwives

Appendix C

JOB DESCRIPTION FOR TRADITIONAL BIRTH ATTENDANTS AND VILLAGE HEALTH WORKERS

Job Title: Traditional Birth Attendant/Village Health Worker

Location of the Job: Sponsoring Village or Neighborhood

Duration of the Job: As long as they are willing to serve and performance is satisfactory.

Summary of Function: Promote and maintain personal and community Health. Manage minor ailments and provide good antenatal, natal, postnatal, child health , nutrition, family planning services and keep accurate monitoring and evaluation records and accounting for drugs, materials, and commodities used.

Relationship within health care system:

Superiors

1. Community Health Extension Worker
2. Village Development Committee

Personal Qualities:

Must be willing to serve the community at all times;
Must understand and speak the local language;
Must be knowledgeable about and share the community's culture, attitudes, and beliefs;
Must command the respect of the community and be accessible to the people;
Must be preferably married with children;
Must have other means of livelihood within the community;
Must be matured, age 30 years and above

Qualifications for the job:

Must reside permanently in the community;
Where two volunteers come from one village/neighborhood, one must be a woman;
May be literate preferably, or illiterate if necessary;
Must be already practicing and well known if a TBA
Must be fully trained and certified by the MOH.

Remuneration:

In cash or kind as determined by the Village Development Committee

Hours of Work:

As determined after agreement between the VHW/ATBA and by the Village Development Committee

Other Benefits:

As determined by the Village Development Committee.

GENERAL RESPONSIBILITIES

1. Mobilize the community for developmental and health action.
2. Conduct outreach and motivation activities related to family planning, antenatal care, immunization, environmental health.
3. Provide ongoing health information on common health conditions in the community, and ways of preventing and controlling them.
4. Provide basic curative care for common minor ailments using Standing Orders.
5. Recognize abnormalities and refer.
6. Maintain the "Record of Work" for TBA and VHW which includes birth, death, treatment of minor ailments, referrals, growth monitoring, antenatal care, family planning, immunizations, home visits, water and sanitation activities, and attends village development committee meetings.
7. Order drugs, commodities, and supplies from community Health Extension Workers and submit money ensuring accountability.
8. Keep accurate records of drugs and commodities supplied.
9. Attend meetings of the Village Health Committee regularly and supervisors meetings every 2 months.
10. Collaborate with other Village Health Workers and others such as agricultural extension worker, social workers, et cetera, carrying out various health and development activities in the community.
11. Mobilize the community to provide family life education.

MATERNAL HEALTH**Tasks****Antenatal Care**

1. Identify pregnant women in the community.
2. Give antenatal care to normal (low risk) pregnant women.
3. Identify and refer high risk antenatal women to appropriate

level of health system using colour codes for dire emergencies and routine referral.

4. Mobilize women of childbearing age and antenatal women for tetanus immunization.

5. Provide following of defaulters and encourage continued antenatal care.

Natal (Intrapartum) Care

1. Recognize onset of labour.

2. Manage normal labour in a safe and hygienic manner.

3. Identify deviations from normal and refer immediately.

4. Conduct Normal deliveries.

5. Provide initial care of the newborn.

Postnatal Care

1. Arrange for immunization of the newborn.

2. Supervise physical care of the mother and newborn in initial postnatal period.

3. Provide needed information and support regarding nutrition, breastfeeding, family planning, child care.

4. Recognize complications and refer to appropriate level health care system.

5. Counsel against harmful practices.

CHILD HEALTH

1. Provide education and counseling regarding nutrition;, child care, and treatment of minor ailments

2. Monitor growth and development of the child.

3. Mobilize community for immunization progress and other activities which promote children's health.

FAMILY PLANNING

Tasks

1. Counsel clients for family planning services

2. Take family planning history

3. Provide selected family planning methods (condoms and foaming tablets)

4. Resupply oral contraceptives to clients on pills.

5. Refer clients for other family planning methods (e.g. injectables, VSC, IUCD, OC)side effects and complications.

6. Identify and refer infertile couples.

7. Educate clients on STD prevention

8. Trace family planning defaulters and refers them to clinics.

Appendix D

**JOB DESCRIPTION FOR ASSISTANT
COORDINATOR MCH/FP AND NUTRITION**

Job Title: Assistant PHC Coordinator MCH/FP and Nutrition

Location of the Job: LGA PHC Department

Duration of the Job: Continuous with high quality performance

Summary of Functions:

Develop, sustain, supervise, and evaluate the implementation of MCH/FP and Nutrition activities in all health districts.. Health Districts develop an annual work plan with budgetary allocation for MCH/FP and Nutrition activities in all Health Districts; set up logistic support for these activities and develop the skills of existing and newly appointed staff in MCH/FP and Nutrition activities.

Relationship within LGA Health Care System:

**Superior: Head of Department/LGA PHC Coordinator
Deputy LGA PHC Coordinator**

Subordinates:

District supervisors
Facility Health Staff
VHW/TBA's

Personal Qualities:

Should be knowledgeable and skillful in MCH/FP and Nutrition activities
Should be hard working and dedicated to duties
Should be honest and reliable
Should command respect
Should have the ability to lead and be receptive to being led
Should live by example
Should have good interpersonal relationships
Should have initiative and be tolerant
Should be able to make decisions independently
Should be punctual to duty
Should be able to initiate development of staff

Qualifications:

Nurse/Midwife/CHO
Nurse/Midwife
SCHEW

Previous Experience:

Must have had at least five years experience in clinical/field practice.

Remuneration:

According to civil service condition of service

Hours of work:

7:30 to 3:30 or as determined by the LGA PHC Department
Is available in case of emergencies

Other Benefits:

Annual increment
Annual leave/leave grant
Course allowance

Job Constraints:

Frequent travel required
Long hours of work

Technical Duties

1. Upgrade the existing health facilities to provide effective MCH/FP and nutrition services in terms of staff, equipment and supplies.
2. Develop the knowledge and skill of the District Supervisors, clinic staff, various Development Committees on MCH/FP and nutrition services.
3. Assist the District Supervisors in setting up MCH/FP and nutrition services in the District health facilities.
4. Distribute family planning commodities according to needs and on District Supervisor's request.
5. Check District Supervisor's and health facility's tally cards for FP commodities and drugs, to make sure balance corresponds to the stock.
6. Monitor MCH/FP and nutritional activities according to objectives set by the LGA.

Administrative Duties

1. Develop LGA PHC health objectives with the HOD and the Deputy HOD.
2. Interpret LGA policy on MCH/FP and Nutrition services to the District Supervisors and Non-governmental Organizations (NGO).
3. Develop work plan with budgetary allocation to be submitted end of September every year.
4. Distribute MCH/FP and Nutrition equipment, commodities, and tally sheets to District Supervisors.
5. Organize seminars, workshops, and training for District supervisors and health staff in the LGA.
6. Assist with posting of skilled manpower to appropriate places in the LGA.
7. Supervise government and non-government health institutions and nursing homes, in the LGA to maintain the standard.
8. Collect and compile records of deliveries and family planning from all health facilities and hospitals in the LGA the first week of the month and submit to the Assistant Coordinator, monitoring and evaluation.
9. Collect and compile records of growth monitoring, malnourished children, and tracer diseases from all health facilities in the LGA the first week of the month.
10. Submit monthly, quarterly, and yearly report to Assistant Coordinator Planning, Monitoring, and Evaluation Unit in the LGA.
11. Display in graphical form MCH/FP and Nutrition data.
12. Perform administrative responsibilities as assigned by the PHC Coordinator/Head of District (HOD) or Deputy Head of District.
13. Organize orientation for the maintenance of weighing scales and other MCH/FP equipment in the health facilities.
14. Develop an inventory and monitor all the MCH/FP and Nutrition equipment given to the health facilities.
15. Responsible to Deputy Head Of District.

Training Responsibilities

1. Identify training needs for health staff on MCH/FP and Nutrition.
2. Conduct on the job training for all health staff on MCH/FP and nutrition services.
3. Orientate the existing staff from time to time on changes in MCH/FP and Nutrition services.
4. Conduct in-service training for Health staff at least once a year.