



**T.O. 505**

SOUTIEN POUR  
L'ANALYSE ET LA RECHERCHE  
EN AFRIQUE

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**Development of Operational  
Strategies for Reduction of  
Maternal and Neonatal Mortality in  
West and Central Africa**

*October 12-16, 1998  
Abidjan, Côte d'Ivoire*

**MAQ Technical Advisory Group Meeting**

*October 19-21, 1998  
Dakar, Senegal*

**Lalla Touré  
SARA Reproductive Health Advisor**





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*ACRONYMS*

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AED	Academy for Educational Development
AFR/SD	Africa Bureau Office of Sustainable Development
AVSC	Access to Voluntary and Safe Contraception
BOC	Basic Obstetric Care
CA	Cooperating Agency
CEFOREP	Centre de Formation et Recherche en Santé de la Reproduction
EOC	Essential Obstetric Care
EmOC	Emergency Obstetric Care
FHI	Family Health International
IEC	Information, education and communication
IMCI	Integrated Management of Childhood Illness
INTRAH	International Training in Health
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
MAQ	Maximizing Access to Quality
SANA	Sustainable Approaches to Nutrition in Africa
SARA	Support for Analysis and Research in Africa
SDG	Service delivery guidelines
STD	Sexually transmitted disease
TAG	Technical Advisory Group
UNFPA	United Nations Fund for Population Activities
UNICEF/ESAR	United Nations Childrens Fund/East and Southern Africa Region
USAID	United States Agency for International Development
UWC	University of the Western Cape
WHO/AFRO	World Health Organization/Africa Regional Office

### **Introduction**

Dr Lalla Touré attended two meetings in West Africa, October 12-21, 1998 first with UNICEF regional office in Abidjan on essential obstetric care (EOC), and then in Dakar to prepare a regional conference on maximizing access and quality of care (MAQ)

### **UNICEF Meeting in Abidjan on EOC**

Dr Touré attended a UNICEF meeting on “Development of Operational Strategies for Reduction of Maternal and Neonatal Mortality in West and Central Africa” in Abidjan, Côte d’Ivoire. The meeting which took place from October 12 to 15, was attended by approximately 40 participants from 13 countries (Benin, Burkina Faso, Côte d’Ivoire, Gambia, Ghana, Guinea, Liberia, Mauritania, Niger, Nigeria, Senegal, Chad, Togo). Participants were project coordinators (Ministry of Health), representatives from UNICEF country offices, UNICEF regional office for West and Central Africa and headquarters in New York, WHO/AFRO and Burkina, UNFPA/CST in Senegal and UNFPA/Abidjan, the French Cooperation from Senegal, the Family Health and AIDS Prevention project in Abidjan, and SARA.

The objectives of the meeting were to share experiences from countries that have pilot projects on emergency obstetric care (EmOC), develop a regional strategy to reduce maternal mortality, identify mechanisms to scale-up pilot projects at a national level, and explore how advocacy could be used to support the implementation of activities at different levels of the health system pyramid, including fund raising.

The format of the meeting was plenary, followed by working group sessions (see agenda in annex).

### **Plenary Sessions**

The plenary sessions consisted of presentations and discussions, and mainly focused on

- ◆ Technical updates
  - the safe motherhood initiative, prevention, efficacy of prenatal consultation, collaboration with partners, and international experiences from other regions,
  - the WHO reproductive health strategy for Africa, 1998 to 2007, adopted by ministers of health in Sun City, South Africa, in 1997,
  - the role of child spacing in maternal mortality reduction strategies, and the role of health system reform in maternal mortality reduction

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## *PLENARY SESSIONS*

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Discussions highlighted the need for a coordinated global strategy rather than a separate WHO or UNICEF strategy, a general operational strategy in which each player would focus on its comparative advantage

- ◆ Country experiences in maternal mortality reduction pilot projects were presented, including Benin, Mali, Senegal, Togo, and Guinea  
Interesting issues emerged related to critical revision of what is being done within the framework. These include gaps in the service delivery, issues at the community level, links between service provision at first level and community, and between first level and first referral level, manpower development issues, the need for baseline information for progress assessment, focus on process indicators rather than result indicators, integration into other services, and the need for multi-sectorial approaches
- ◆ A review of UNICEF funded EOC programs in five West African countries was also presented

In all experiences presented some common points were raised

The positive points that had been accomplished were

- ◆ a reinforced technical plateau at the first referral level
- ◆ a strengthened district health system,
- ◆ reinforced technical (capacity) competence, and
- ◆ increased financial accessibility for patients

But many weaknesses still remain

- ◆ lack of blood banks
- ◆ lack of policies for equipment maintenance and replacement,
- ◆ lack of guidelines for taking the new born in charge,
- ◆ lack of social mobilization around the topic,
- ◆ absence of women (interested parties) in the community participation process,
- ◆ very fragile system for cost sharing,
- ◆ poor internal organization within first referral services,
- ◆ lack of information systems,
- ◆ lack of integration of services such as STDs and breast-feeding, and low motivation of personnel leading to low quality of services

Based on these findings, recommendations were made. The most important were

- ◆ promoting integrated activities,
- ◆ pushing the decentralization process,
- ◆ the need for more operational research and better IEC strategies,
- ◆ encouraging inter-country and South to South collaboration, and
- ◆ the need for strong coordination among development agencies

Other presentations and discussion in plenary included

- ◆ The results of multi-country research done by the French Cooperation to study risk factors in maternal morbidity. The only risk factor that came out strongly and positively related to severe morbidity was lack of education among women, showing that the risk approach was not successful
- ◆ A new UNICEF initiative called “Mother Friendly Health Services Initiative” that used the baby-friendly hospital model. This new strategy will be a multi-agency approach between WHO, UNICEF, and UNFPA and will promote mother-friendly societies by
  - considering maternal mortality as a social injustice,
  - invest in basic social services,
  - promote women friendly health services and communities
- ◆ Integrating maternal mortality reduction actions into community-based activities. It is vital to take advantage of different current experiences to systematize the approach. Moreover, there is a need to coordinate maternal mortality reduction activities at different levels and integrate all community-level activities (e.g. maternal health, child health, nutrition, agriculture, income generating activities, etc), and to involve communities (women’s groups, community leaders) in assessing and monitoring activities, and developing IEC strategies
- ◆ Finally the importance of involving men in maternal mortality issues and programs was stressed. Recommendations were made not only to look at medical aspects, but to look for cultural realities, especially since one such reality is that women do not have economic power, or decision making power to seek care for obstetric emergencies

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## **WORKING GROUP SESSIONS**

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As a summary of plenary sessions, the meeting noted

- ◆ The maternal mortality rates in the 23 countries within the region are unacceptably high. And, in some cases, current rates are unknown and possibly even higher than reported.

- ◆ There is a need to move rapidly to prevent these mortalities and associated morbidities.

Cost-recovery schemes add to deepening poverty of the community. However, the reverse is also true—deepening poverty thwarts cost-recovery schemes.

- ◆ There is a need to conscientize policy makers and the public about the social injustice that high maternal mortality represents.

- ◆ There is a need to move from needs-based programming to rights-based programming.

### **Working Group Sessions**

The following areas of emphasis, identified at the end of the plenary sessions, formed the themes for group work.

- ◆ Going to scale from pilot project to national program.
- ◆ Identifying relevant and appropriate process indicators for monitoring success and quality of essential obstetric care (EOC) and basic obstetric care (BOC).
- ◆ Identifying feasible funding mechanisms.

Each group analyzed its theme, using the following elements:

- ◆ Lessons learned—best, good and bad practices.
- ◆ Constraints identified as impeding the full implementation of pilot projects.
- ◆ The complete way forward—given the first two elements, make complete, practical and actionable recommendations for the rapid reduction of maternal mortality. (Results are in the annex.)

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## *MAQ TECHNICAL ADVISORY GROUP MEETING*

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### **MAQ Technical Advisory Group Meeting**

USAID has asked JHPIEGO to take the lead, in coordination with INTRAH/Prime and FHI, in organizing a second regional conference in Francophone Africa on Maximizing Access to Quality (MAQ) as a follow-up to the first 1995 conference held in Ouagadougou, Burkina Faso, and the May 1998 meeting hosted by USAID Washington SARA, among other CAs (Population Council, AVSC, and SFPS/FHA), was invited by JHPIEGO to be member of the technical advisory group (TAG)

The meeting was held in Dakar, October 19 - 21 at CEFORÉP. Eighteen people participated, including a representative from each of the nine target countries (Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Guinea, Mali, Niger, Senegal, and Togo) as TAG members

This MAQ meeting which is narrowly focused on a key element to access and quality of care—the implementation of service delivery guidelines (SDGs)—is scheduled for March 1-4, 1999 in Dakar, Senegal. The goal of this meeting is to improve access to and quality of reproductive health services through the effective application/implementation of service delivery guidelines within an enabling environment.

The objective of the TAG meeting was to gather input from Africans in planning the conference, thereby ensuring that the conference is appropriate and will address the most important issues related to SDGs and quality of care in the sub-region.

The three-day meeting was very productive. Participants were brought up to date about the MAQ concept, its history, and current status in different countries. The group then reviewed and discussed the objectives of the conference, discussed and agreed on important issues to be put onto the agenda, collected a participants' profile (country delegations, CAs, and donors), and outlined the responsibilities of each participant in the planning (between now and the conference) and implementing of the conference. Conference dissemination and follow-up were also discussed.

SARA was asked to take the lead in advocacy and to provide some input on male involvement.

# **APPENDIX I**

## **Agenda**



**AGENDA FOR A MEETING ON**

**Development of Operational Strategies for  
Reduction of Maternal and Neonatal Mortality  
in West and Central Africa**

**In French and English  
Venue Novotel Hotel, Abidjan  
12 - 15 October 1998**

## Objectives of the meeting

- i) To review exchange and document experiences from countries that are implementing emergency obstetric care activities
- ii) Based on experiences in the participating countries, arrive at a consensus for a regional strategy for maternal mortality reduction
- iii) Identify mechanisms that could facilitate acceleration of programme activities implementation in the field and enable them to go to scale
- iv) Explore opportunities for developing effective strategies for advocacy to support the implementation of activities at each level of the health system pyramid, including fund raising

## Expected outcomes

- Better understanding of key emergency obstetric care activities that are being implemented in six selected countries,
- Assessment of progress made on and constraints to achievement of the maternal mortality reduction goal for the year 2000,
- Clearly defined operational strategies, including types of support needed from WCARO and Headquarters, for improving and expanding activities (both geographical as well as programme elements) for maternal mortality reduction,
- Clearly defined mechanisms for strengthening UNICEF-supported activities for maternal mortality reduction as suggested in the "Programme Priorities 1998 - 2000", PRO/98-003

## Participants

- National Programme Directors and UNICEF Health Officers responsible for Maternal Health/Safe Motherhood from the following countries Mali, Senegal, Benin, Burkina Faso, Cameroon, Chad, Togo, Guinea, Mauritania, Niger, Ghana, Gambia, Nigeria, Côte d'Ivoire and Liberia, as well as selected partners and donors WHO, UNFPA, USAID, Project SARA, World Bank, and the French Cooperation
- Facilitators from Ministries of Health, UNICEF headquarters, West and Central African Regional Office (WCARO), WHO, UNFPA, RETRO-CI and the French Cooperation
- Selected WCARO Regional Advisers

## Preliminary agenda (open to comments)

**Monday, 12 October 1998**

<b>Time</b>	<b>Topic</b>	<b>Facilitator</b>
08h00	Registration of participants	Maimouna KONE
	<b>Chairperson</b> <b>Rapporteurs</b>	<b>Jean-Michel Ndiaye</b> <b>Juan Ortiz</b> <b>Issa Coulibaly</b>
08h30-08h50	Opening remarks	Martin MOGWANJA
08h50-09h30	Introductions, review of objectives and agenda, and discussion on expected outcomes	Flora Sibanda-Mulder

### **Session I Technical Update**

09h30-10h00	Safe Motherhood Initiative preventions, efficacy of prenatal consultation, collaboration with partners, and experiences from other regions	France DONNAY
10h00-10h30	Discussion	
10h30-10h45	Coffee/tea break	
10h45-11h00	Reproductive Health Strategy for Africa (WHO)	Alexis NTABONA WHO/AFRO
11h00-11h30	Discussion	
11h30-11h45	Role of child spacing in maternal mortality reduction	Monique RAKOTOMALALA UNFPA Representative
11h45-12h15	Discussion	
12h15-12h35	Maternal mortality reduction and health system reform/development	Abdel EI ABASSI
12h35-13h00	Discussion	
13h00-14h30	Lunch break	

## Session II Country experiences in maternal mortality reduction

	<b>Chairperson Rapporteurs</b>	<b>Luc de Bernis Gepke Hingst Maximin Ouaba</b>	
14h30-14h45	The Benin experience		Mehondo FATON
14h45-15h15	Discussion		
15h15-15h30	The Malian experience		Aïssata Ba SIDIBE
15h30-16h00	Discussion		
16h00-16h15	The Senegalese experience		Alioune GAYE
16h15-16h30	Coffee/tea break		
16h30-17h00	Discussion		
17h00-17h15	The Togolese experience		Latifou SALAMI
17h15-18h00	Discussion		
<b>18h00-19h30</b>	<b>Ice breaker at the Novotel Hotel</b>		

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Tuesday, 13 October 1998

## Session II Country experiences (contd )

	<b>Chairperson Rapporteurs</b>	<b>Lalla Toure Meba Kagone Stella Nyinah</b>	
08h30-08h45	The Guinean experience		Guinea
08h45-09h15	Discussion		
09h15-09h30	The Ghanaian experience		Stella NYINAH
09h30-10h00	Discussion		
10h00-10h15	The Nigerian experience		Adenike ADEYEMI
10h15-10h45	Discussion		
10h45-11h00	Coffee/tea break		

11h00-11h15	Review of RDH/EOC programmes in five countries in West Africa	Aliou ASSANI
11h15-11h45	Discussion	Dr TANDO-BIAN Philippe EONO French Cooperation Directeur Haute République
11h45-12h00	Abidjan situation analysis and results/implications of MOMA	
12h00-12h30	Discussion	
12h30-12h45	Challenges to implementation of antiretroviral regimen for prevention of mother-to-child transmission of HIV	Sibailly TOUSSAINT Projet RETRO-CI
12h45-13h15	Discussion	
13h15-14h30	Lunch break	

### Session III Integrating with other activities

	Chairperson Rapporteurs	Celestino Costa Latifou Salami Aissata Ba Sidibe
14h30-14h50	Mother Friendly Health Services Initiative	France DONNAY
14h50-15h20	Discussion	
15h20-15h35	Gender mainstreaming in maternal mortality reduction activities	Kate LIFANDA
15h35-16h05	Discussion	
16h05-16h20	Integrating maternal mortality reduction actions in community based activities	Jean-Michel NDIAYE
16h20-16h50	Discussion	
16h50-17h05	Coffee/tea break	

### Session IV Strengthening UNICEF-supported maternal mortality reduction activities

17h05-17h25	Programme Priorities 1998 - 2000 (PRO/98-003)	France DONNAY
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17h25-17h55 Discussion

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**Wednesday, 14 October 1998**

**Session V Group work**

08h30-09h15	Introduction to group work	Flora Sibanda-Mulder
09h15-10h30	Group work on maternal mortality reduction strategies for all levels of the health system pyramid	All
10h30-10h45	Coffee/tea break	
10h45-13h00	Group work (contd )	
13h00-14h30	Lunch break	
	<b>Chairperson</b>	<b>Alexis Ntabona</b>
	<b>Rapporteurs</b>	<b>Baba Danbappa</b>
		<b>Herve Peries</b> <i>Boubacar Toure</i>
14h30-16h30	Presentation of group reports including recommendations for follow up actions	All
16h30-16h45	Coffee/tea break	
16h45-17h30	Presentation of group reports Including recommendations for follow up actions (contd )	All

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**Thursday, 15 October 1998**

	<b>Chairperson</b>	<b>Mamadou Diallo</b>
	<b>Rapporteurs</b>	<b>Ebun Ekwune</b>
		<b>Herve Peries</b>
08h00-10h00	Presentation of group reports including recommendations of follow up actions (contd )	All
10h00-10h15	Synopsis	Ebun EKUNWE

10h15-10h30	Coffee/tea break	
10h30-10h45	Advocacy elements for maternal mortality reduction	Robert LUSSIER
10h45-11h15	Discussion	
11h15-13h00	Discussion with partners on regional strategies for collaboration and advocacy	Martin MOGWANJA
13h00-13h30	Closing session	France DONNAY Martin MOGWANJA

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## **APPENDIX 2**

### **Group Discussion:**

**- Guidelines**

**- Results**

# GUIDELINES FOR GROUP DISCUSSIONS

## **I DISCUSSIONS FRAMEWORK**

Analyse each topic using the following elements

- 1 1 Lessons learned in term of best, good and bad practices in the implementation of the pilots projects on EOS or national programmes on EOS or safe motherhood
- 1 2 Constraints and limitations that have hampered the implementation of pilots projects at district level
- 1 3 Recommendations for the way forward these will be the main elements of the upcoming operational strategy for the reduction of Maternal Mortality

## **II LEVELS OF ANALYSIS**

Analyze the implications of the operationalization for each level of the health care delivery system

- 2 1 National level
- 2 2 Regional/Provincial
- 2 3 District level
- 2 4 Community level

### 3. Results

#### 3.1 Going National With Pilot Projects

*Note that this applies equally even in countries that do not have pilot projects. Too many women will die before each country will have time to initiate and mature its own pilot project. We must all learn from those countries that do have pilot projects.*

##### 3.1.1 Lessons Learned Level

##### 1 Political will is mandatory National

- Existence of human resources
- Legislation that is favorable to women

##### 2 Conceptualization must take place with government involvement National

- Ownership
- Analysis of existing projects
- Dissemination of findings
- Distillation of conditions for success
- Identification of various steps in revitalization
- Identification of priority problems
- Identification of entry point
- Development of action plan

##### 3 Selection of zones of intervention based on National

- Human resources
- Infrastructure
- Equipment
- Health center network
- Community involvement
- Consultation and coordination with other players

##### 4 Implementation according to traditional methods Local

### 3 1 2 Constraints/Issues

#### **At National Level:**

- Poor political support
- Inadequately trained and
- Inadequate numbers of health personnel

#### **At Local Level**

- Inadequate personnel
- Lengthy process
- Inadequate facilities
- Inadequate equipment
- Non-functional blood bank
- Inadequate funding

### 3 1 2 The Way Forward

- Advocacy to secure political support
- Set up revitalized EOC/BOC services at district level
- Graft EOC/BOC onto revitalization of BI, where it exists
- Train adequate number of staff
- Carry out phased expansion of project
- Continue with expansion, learning as expansion progresses
- Ensure a cost-sharing mechanism for sustainability
- Design and provide transportation for evacuation
- Make provision for ancillary support, such as electricity

### 3 2 Identification of relevant and appropriate process indicators for measuring success and quality of EOC

#### 3 2 1 Lessons Learned

WHO basic minimum package of indicators and lessons learned from many projects/programs in Asia, Africa and other regions

Indicator	Level			
	Local	District	Regional	National
Number of centers with BOC		*	*	*
Number of centers with EOC		*	*	*
Availability of components of BOC (equip)	*	*	*	
Availability of components of EOC (equip)		*	*	*
% deliveries in centers with BOC & EOC	*	*	*	*
% complications managed in EOC centers		*	*	*
% evacuations managed in EOC centers	*	*	*	*
% C Sections/expected births		*	*	*
% CS/deliveries		*	*	*
% CS/ expected C Sections		*	*	*
Maternal Mortality rate		*	*	*
MM rate/complication		*	*	*
Average hospital stay for CS		*	*	*
Infection rate for CS		*	*	*

Availability of minimum care package	*	*	*	*
Availability of 24-hr service		*	*	*
Neonatal mortality rate		*	*	*
Time between arrival & receipt of service		*	*	*
% of anemic women transfused		*	*	*
% forceps extraction		*	*	*

### 3 2 2 Constraints/Issues

- Inability to include all desirable indicators
- Inadequate capacity to collect data to measure indicators
- Problem of fitting data into national framework
- Absence of protocols
- Need to convince the staff who will actually measure
- Some indicators, eg 24-hr service, need to be turned around to reflect hours that doctor is absent
- Cause of death may be difficult to obtain

### 3 2 3 The Way Forward

Design protocols

Train and motivate staff to collect data

Fit these into national framework

Calculate periodicity and cost implications

### 3.3 Identification of Feasible Funding Mechanisms

3.3.1 Lessons Learned +

3.3.2 Constraints/Issues +

3.3.3 The Way Forward

District Level				
Activity	Partners	Lessons	Constraints	Recommendations
Renovation	Government Donors Communities		Delay in funds release Delay in execution of work	Put a committee in place to implement
Equipment	Government Communities	Guaranteed quality with an agreed supplier	Delay is sometimes long	Take account of delay in planning
Medications and consumables	Government Donors Communities	Existence of a drug policy Enhances the use of health services	Drug list is not always related to health problems	Periodic revision of drug list
Training	Government Donors Communities		Inadequate trainees Inadequate training modules High turnover of staff	Decentralization of training
Staff	Government Communities	Results are linked with leadership	Absence of career plan, high turnover, no staff incentive	Identify mechanisms to motivate staff
Logistics	Government Donors Communities NGOs	Radio communication is effective	Misuse of equipment, high cost of maintenance	Regular maintenance of equipment, operational strategy for maintenance
Maintenance	Government Donors	Negligence	Not budgeted for Dependence on external aid	Budget for maintenance Decentralize management
Community Level				
Financing of Care	Various local and national partners	Involvement of community makes it better	Differences in definition of poverty Worsening of poverty and funding capacity of community	Community consensus on poverty alleviation Income generation for women Government to take responsibility for funding
Central Level				
Assistance	Government Donors	Political will	Increased poverty and lack of coordination	Advocacy

#### **4. Conclusion**

Reduction of maternal mortality will result from

- 1 Advocacy to secure political support
- 2 Setting up revitalized EOC/BOC services at district level
- 3 Grafting EOC/BOC onto revitalization of BI
- 4 Training adequate numbers of staff
- 5 Carrying out phased and continuing expansion of project
- 6 Instituting process indicators for monitoring success and quality of EOC/BOC
7. Ensuring a feasible cost-sharing mechanism for sustainability

**APPENDIX 3**

**Participant List**



**Bureau Régional pour l'Afrique de l'Ouest et du Centre**

RÉUNION REGIONALE SUR L'ELABORATION DE STRATÉGIES  
OPÉRATIONNELLES POUR LA REDUCTION DE LA MORTALITE MATERNELLE  
EN AFRIQUE DE L'OUEST ET DU CENTRE

Novotel-Abidjan, 12 au 15 octobre, 1998

**LISTE DES PARTICIPANTS**

PAYS	PARTICIPANT	FONCTION	ADRESSE
BENIN	Mehondo Faton	Administrateur National Sante	UNICEF Cotonou Tel (229) 30 02 66 Fax (229) 30 06 97
COTE D IVOIRE	Gepke Hingst	Project officer, health/ nutrition	UNICEF Cote d Ivoire Tel (225) 21 31 31 Fax (225) 22 46 48 E-mail ghingst@unicef.org
GAMBIE	Baba Danbappa	Administrateur Sante, Nutrition	UNICEF-Banjul 7 Clarkson street Banjul, The Gambia Tel (220)22 66 52 Fax (220) 22 89 64
	Ruben Mboge	Ass Director Family Health	Department of State for Health Medical Headquarters, Banjul The Gambia
GHANA	Stella Nyinah	Programme Officer Health	UNICEF Accra Ghana BOX 5051 Tel (223) 77 25 24 Fax (233)21 773147 e-mail snyinah@unicef.org
	Jama Gulaid	Programme Officer Health	UNICEF-Accra Ghana BOX 5051 Tel (223) 21 77 79 72 Fax (233)21-773147 e mail jgulaid@unicef.org
GUINEE	Facinet Yattara	Health Officer	UNICEF Conakry BP 222 Tel (224) 22 07 47

PAYS	PARTICIPANT	FONCTION	ADRESSF
	Toure Boubacar	Coordonnateur national/ programme maternite sans risque	Ministere de la Sante BP 585 - Conakry Rep De Guinee Tel (224) 41 13 78
LIBERIA	Ortiz Juan	Project Officer Health/Nutrition	UNICEF Monrovia Tel (213) 22 61 38 Fax (213) 22 61 36 E mail jwortiz@unicef.org
	Duworko Musu Julie	Medical Doctor-Director Family Health Division	Ministry of Health & Social Welfare PO Box 10 9009 1000 Monrovia 10 Liberia Tel (213)22 63 17
ALI	Aissata Ba Sidibe	Administrateur Sante	UNICEF Bamako Tel (223) 22 44 01 Fax (223) 22 44 24
MAURITANIE	Coulibaly Issa	Administrateur Sante	UNICEF-Ndjamena BP 620 Nouakchott Tel 25 37 60 Fax 25-13 47
NIGER	Ouoba Maximin	Administrateur Sante	UNICEF-Niamey BP 12481 Tel (227) 72 37 24 Fax (227) 73 34 68 E mail mouob@unicef.org
NIGERIA	Ebun Ekunwe	Project Officer, Health	UNICEF-Lagos 30, Oyinkan Abayomi Drive Ikoyi, Lagos Tel 01-2690276
	Adeyemi Adenike Aderemi	Deputy Director MCH/FP/RH	Dept Of Primary Healthcare and Disease Control, Federal Ministry of Health Federal Secretariat, Mattama Abuja NIGERIA Tel 5238150
SENEGAL	Celestino Costa	Charge de programme Sante	UNICEF Dakar 2, Rue Carnot & Salva BP 4299 Tel (221) 8 23 50 80 Fax 8 23 46 15/23 92 80
	Alioune Gave	Medecin Chef de District de Guedrawaye	Centre de Sante Roi Baudoin Guedrawaye BP 24055 Dakar Tel (221) 8 37 05 15

PAYS	PARTICIPANT	FONCTION	ADRESSE
TCHAD	Mohamed Azzedine Salah	Administrateur Sante	UNICEF Ndjamena Tel (235) 51 75 10
TOGO	Latifou Salami	Administrateur Sarte	UNICEF Lome TOGO Tel 21 53-90
SARA/USA	Lalla Toure	Reproductive Health Advisor/ SARA Project	AED 1255, 23 Rd Street N W Suite 400 Washington DC 20037 Tel 202 8848907 Fax 202 8848701 E mail ltoure@aed.org
Cooperation Française/Senegal	Luc Destanne de Bernis	Medecin- Conseiller Technique DSMI/PF Ministere de la Sante	BP 16 154 Dakar-Fann Tel (221) 8 25 68 44 Fax (221) 8 25 72 87 Email debernis@telecomplus.sn
OMS/Burkina Faso	Azara Bamba	Chargee du programme Sante de la Reproduction	OMS/Burkina Faso 03 BP 7019 Ouagadougou Tel (226) 30 65 09 Fax (226) 33 25 41
OMS/AFRO	Alexis Ntabona	Conseiller Regional	Bureau Reg OMS AFRO No BE 773 Belvedere Tel 263-4707493 Fax 1 407 7265062 E mail Ntabonaa@server.whoafr.org
FNUAP/Senegal Equipe Regionale d Appui Technique	Mamadou Pethe Diallo	Conseiller Regional en Santé de la Reproduction	FNUAP/EAT BP 21 090 Dakar-Ponty Tel (221) 8 21 31 80 Fax (221) 8 22 83 82 Email eat@sonatel.senet.net
FNUAP/Senegal Equipe Regionale d Appui Technique	Richard Dackam- Ngatchou	Conseiller Regional Analyses et Recherches	FNUAP/EAT BP 21 090 Dakar Ponty Tel (221) 8 21 31 80 Fax (221) 8 22 83 82 Email eat@sonatel.senet.net
FNUAP/Côte d Ivoire	Monique Rakotomalala	Representante	FNUAP/ABIDJAN 01 BP 1747 Abidjan 01 Tel (225) 22 08 86 Fax (225) 21 58 37

PAYS	PARTICIPANT	FONCTION	ADRESSE
SFPS/Côte d'Ivoire	Meba Kagone	Directeur des Prestataires de Services	SFPS/ABIDJAN 22 BP 1356 Abidjan 22 Tel (225) 47 10 18 Fax (225) 47 17 28 Email Mek@sfps or ci
GTZ/Côte d'Ivoire	Philippe Swennen	Conseiller Technique au Ministère de la Santé	GTZ/Abidjan Tel (225) 21 67 60 Fax (225) 2167 55
Ministère de la Santé/ Côte d'Ivoire	Tanoh Bian	Directeur Régional de la Santé Sud1 Abidjan	Direction Régionale Santé Sud1 Ministère de la Santé Tel (225) 22 60 45/47 Fax (225) 22 01 89
AFRICA N°1/ Côte d'Ivoire	Juliette Anzian Bile	Journaliste	AFRICA N°1- Abidjan
UNICEF NYHQ	France Donnay	Snr Advisor, women s health	UNICEF NYHQs Health section Programme Division New-York, 10017 Tel 212/824-6325 Fax 212/824-6464 E-mail fdonnay@unicef.org
UNICEF/BRAOC	Kate Lifanda	Conseiller Régional, Genre et Développement	UNICEF BRAOC 04 BP 443 Abidjan 04 Tél (225) 21 31 31 Fax (225) 22 76 07
	Jean-Michel Ndiaye	Conseiller Régional, Santé	UNICEF BRAOC 04 BP 443 Abidjan 04 Tél (225) 21 31 31 Fax (225) 22 76 07
	Robert Lussier	Chargé Régional de la Communication	UNICEF BRAOC 04 BP 443 Abidjan 04 Tél (225) 21 31 31 Fax (225) 22 76 07
	Martin Mogwan,a	Direction Régional Adjoint	UNICEF BRAOC 04 BP 443 Abidjan 04 Tel (225) 21 31 31 Fax (225) 22 76 07
	Herve Peries	Charge de Programme, Santé	UNICEF BRAOC 04 BP 443 Abidjan 04 Tel (225) 21 31 31 Fax (225) 22 76 07

PAYS	PARTICIPANT	FONCTION	ADRESSE
	Afefa Nyuadzı	Chargee Regionale de l'Information	UNICEF BRAOC 04 BP 443 Abıdjan 04 Tel (225) 21 31 31 Fax (225) 22 76 07
	Abdel El Abassi	Conseiller Regional Sante	UNICEF BRAOC 04 BP 443 Abıdjan 04 Tel (225) 21 31 31 Fax (225) 22 76 07
	Zoumana Kamagate	Consultant	UNICEF BRAOC 04 BP 443 Abıdjan 04 Tel (225) 21 31 31 Fax (225) 22 76 07
	Aliou Assani	Consultant	UNICEF BRAOC 04 BP 443 Abıdjan 04 Tel (225) 21 31 31 Fax (225) 22 76 07
	Flora Sibanda-Mulder	Conseiller Regional Nutrition/ Sante Maternelle	UNICEF BRAOC 04 BP 443 Abıdjan 04 Tel (225) 21 31 31 Fax (225) 22 76 07