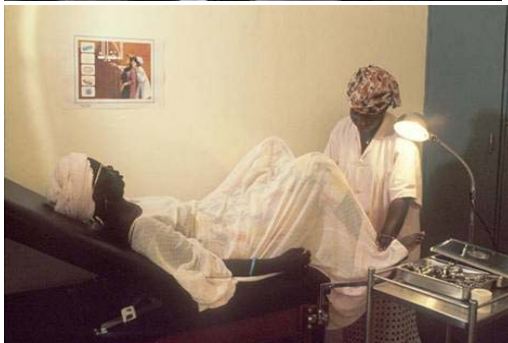


Report of regional Consultation
Brazzaville, 27th February-1st March 2006

Consensus on Essential Competencies of
Skilled attendant in the African Region



BUREAU RÉGIONAL DE L'

Organisation
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Afrique

Acronyms and abbreviations

ANC	Antenatal care
CHEW	Community Health Extension Worker
EOC	Essential obstetric care
ESR	Economic Recovery Strategy
FASFACO	
FIGO	International Federation of Gynaecologists & Obstetricians
ICM	International Confederation of Midwives
LSS	Life Saving Skills
MDG	Millennium Development Goal
MNCH	Maternal newborn and child health
PRSP	Poverty Reduction Strategy Paper
RESAR	
SWAp	Sector Wide Approach
TBAs	Traditional Birth Attendants
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
WAHO	West Africa Health Organization
WHO	World Health Organization

A. Introduction

All the African countries are signatories of the Millennium Development Goals and have the obligation to contribute to the attainment of the MDGs. To provide guidance to member states towards the achievement of the MDGs related to maternal and newborn health, WHO in collaboration with partners developed in 2004 the Road Map for accelerating the attainment of the MDGs related to maternal and newborn health in the African Region. One of the objectives of the "Road Map" is to increase access to skilled care.

The "Road Map" was adopted as a regional strategy for maternal and newborn mortality reduction at the 54th session of the Regional Committee of ministers of Health (resolution AFR/RC54/R10). The 54th Session of the Regional Committee of Ministers of Health recommended the training of middle level cadres for emergency obstetric care in order to increase access to skilled care.

Currently, in the African region about 42% of the childbirths are assisted by a skilled attendant, on the average. In some countries the proportion of women assisted by a skilled attendant at childbirth is as low as 5%. The MDGs call for a target of 80% of births assisted by a skilled attendant by 2015.

This consultative meeting was preceded by two sub-regional meetings, one in September 2004 in Johannesburg and another in December 2005 in Ouagadougou to address the lack of access to skilled attendants and the gaps in the competencies of cadres providing care to women during pregnancy, childbirth and post partum period.

B. Opening Session

The Regional Consultation on Consensus on essential competencies of a skilled attendant in the African Region brought together experts involved in the education, training and practice of midwives, nurses and doctors at country and regional level.

Dr. Paul-Simon Lusamba-Dikissa, the Director of Programme and Management opened the meeting. In his keynote address, he deplored the unacceptably high maternal and newborn morbidity and mortality especially the fact that all the majority of these deaths could be averted through timely provision quality maternal and newborn health care. The lack of maternal and newborn care is both in terms of the quality and quantity. He emphasized the need for adequate training of maternal and newborn health care providers to ensure the acquisition of the essential competencies for skilled care. He noted that the Regional Consultation on essential competencies for a skilled attendant was organized in the context of the implementation of the Road Map.

C. Objectives and expected results

The general objective was to reach consensus on the essential competencies of a skilled attendant in the African Region.

The specific objectives

- 1.i. Review the scope of work and competencies of a skilled attendant in the context of the African Region.
- 2.ii. Identify and agree on the essential minimum competencies for quality maternal and newborn care.
- 3.iii. Discuss modalities to improve quality and availability of skilled attendants.
- 4.iv. Formulate recommendations for increasing coverage in quality skilled attendants.

Expected results were:

1. Minimum Essential competencies for a skilled attendant agreed upon.
2. Recommendations for increasing coverage in skilled attendants formulated and adopted.

Method of work

The meeting methodology consisted of presentations in plenary followed by discussion and consultations in small groups.

D. Overview

The technical sessions commenced with a presentation on skilled care as a strategy for maternal mortality reduction. Skilled care is defined as care to the woman during pregnancy, childbirth and postpartum and her infant provided by a *skilled attendant* supported by an enabling environment (necessary equipment, supplies and medicines and infrastructure) and a functional referral system.

At the centre of skilled care is a skilled attendant who is *a health professional (midwife, nurse, doctor etc) educated and trained to proficiency in the skills needed to manage normal pregnancy, childbirth and the immediate post partum and in the identification and management or referral of complications.*

Available evidence shows that countries with high levels of deliveries by a skilled attendant have low levels of maternal deaths. In these countries midwifery is professionalized through legislation and certification.

In the African Region, a skilled attendant attends only 42% of deliveries.

E. Scope of work and competencies of a skilled attendant in the context of the African Region

Session 1: Delegation of tasks.

To bridge the gap in the lack of skilled attendants the performance of deliveries is often delegated to other cadres without the necessary competencies. The delegation of tasks to other cadres i.e. by midwives to nurses, obstetricians to midwives and general practitioners and by neonatologists to midwives, should be guided by principles that include the clear definition of roles and responsibilities for each category of professionals, recognition of limitations in competencies of each category of health professionals, training to proficiency in the necessary competencies and provision of constant supervision.

Discussions and key issues raised

- 1. Need for the definition of essential package of services provided at each level to guide definition of the different skills required to deliver the services
- 2. Facilitative supervision and quality control systems should be put in place to ensure that the qualities of services are delivered within the competencies, as well as the post description of the health provider.
- 3. The delegation or transfer of tasks should be governed by clear guidelines and regulations defining who should delegate; what tasks to delegate and to whom to delegate. This should be recognized as a short term measure while long term solution should be the development of the critical mass of appropriate health professionals for the provision of skilled care.

Session 2: Group work on the scope of work of health providers at different levels of MNH service delivery

The purpose of the group work was to define the scope of work of health providers in Maternal and newborn care at different levels of health service delivery taking into account the continuum of care from pre-pregnancy care, pregnancy, childbirth and post partum. The reports from Johannesburg and Ouadougou sub-regional meetings on strengthening skilled care were used as background documents.

The definition of scope and functions of the health provider at the different levels of care was essential in order to determine the competencies and possible skills mix needed at each level.

The following table outlines the tasks and functions at the different levels of the health system that were identified and agreed upon.

LEVEL	PRE-PREGNANCY AND FAMILY PLANNING	CARE AND COUNSELLING DURING PREGNANCY	CARE DURING LABOUR AND CHILDBIRTH	POSTPARTUM POSTNATAL CARE OF WOMEN AND NEWBORN	CADRE OF HEALTH PROVIDERS
*Community	Health promotion including counseling	Health promotion including counseling; identification of danger signs and appropriate referral	**Normal delivery where adequate linkages between the community and the health system exist	Health promotion and counseling; identification of danger signs and appropriate referral	Community Health Extension Workers (CHEWs)
Health Centre	Health promotion and preventive functions Family Planning – Oral contraception, IUD, implants; testing and counseling for HIV	Focused ANC Diagnosis of complications and referrals	Normal deliveries including Basic emergency obstetric care Diagnosis of complications and referrals Newborn resuscitation	Routine postnatal care including referral	CHEWS Midwives General practitioners
Hospital	Health promotion and preventive functions Family Planning– all methods	Focused ANC Diagnosis and management of complications	Normal deliveries including Comprehensive Emergency Obstetric and Neonatal Care	Routine postnatal care including Family planning and management of postpartum complications	Midwives General practitioners Specialists: obstetricians and paediatricians

*Definition of the community - The community level here refers to health posts managed by community health workers.

**Deliveries at community level – In some countries; home deliveries performed by professional midwives living in the community are accepted practice. However, the experts concluded that this should be done where a functional referral system linking the community and the health facilities and the regulatory framework for the practice of domiciliary/community midwifery are in place.

F. Consensus on essential competencies for skilled attendant

Session 3: Country experiences in improving quality of maternal and newborn health care

Experiences from Nigeria and Benin on improving health providers' skills to that of a skilled birth attendant including newborn care were shared.

In Nigeria where 50% of facilities at the Primary Health Care level required to offer midwifery services do not have midwives, the services are provided mainly by the Community Health Extension Workers (CHEWs) who, though initially established to provide back up support to the community based health workers and TBAs, they spend 80% of their time in facilities instead of in the community. To address the shortage of skilled attendants the experienced CHEWs are given modified LSS and NYSC doctors trained in EOC skills and basic midwifery course including compulsory internship after basic midwifery was reinstated in all the states and LSS institutionalised in midwifery schools.

Pediatricians and midwives are the primary providers of newborn health care. However in Benin, there are insufficient numbers of qualified personnel (1 pediatrician for 120.000 inhabitants and 1 midwife for 5000 inhabitants), therefore the care of the newborn is often undertaken by auxiliary staff without the necessary competencies. To address the poor access to quality newborn care, training modules in Emergency Obstetric and Newborn care for in-service training of midwives and doctors and standards in early newborn care have been developed. In addition newborn care has been integrated into pre service training curriculum of midwives, nurses and doctors.

Discussions and key issues raised

1. While taking into account the local context it is important to remember that the quality of services require qualified health personnel and an enabling environment that ensures the availability of the necessary infrastructure, medicines and supplies.
2. Quality service delivery and a continuum of care linking the community and the health facilities that provide a full package of maternal and newborn health care services at all levels should be supported by a functional referral system and appropriate guidelines.
3. Promote and support evidence-based interventions that may be implemented in the context of limited resources to ensure availability of emergency obstetric and neonatal care.
4. Need to take into consideration public and private partnerships and put in place a functional accreditation system including regulatory framework for the provision of services.
5. All skilled attendants, whether they provide services in the community (community midwives) or in any health facility must have access to regular supportive supervision including updating of skills to maintain their competencies and ensure quality of services.

Session 4: Group work on reaching consensus on essential competencies for skilled attendant

The purpose of the group work was to further review the draft list of competencies for a skilled attendant proposed by the two sub regional meetings

as well as by the expert group in order to reach consensus on minimum essential competencies for a skilled attendant in the African region.

The review and consensus took into consideration the organization of MNCH services, the scope of work of a health provider, the epidemiological and socio – economic context in the African Region and the profile of the different health personnel that provide maternal health services.

Consensus was reached on the following:

- 1. The adoption of the modified ICM/WHO/FIGO midwifery competencies¹ by countries will allow harmonized and standardized education and training in midwifery.
2. Competencies in basic maternal and newborn healthcare should be considered as necessary for all health personnel who provide maternal and newborn health care and defined as a skilled attendant. These should include competencies to provide quality culturally sensitive:
 - a. Health education, counselling and family planning services in order to promote birth and emergency preparedness, healthy family life, planned pregnancies and positive parenting.
 - b. Care during pregnancy, detect early and treat any complications which may arise and refer if specialist attention is required
 - c. Care during labour, conduct a clean, safe delivery, give immediate care to the newborn and manage emergencies effectively to prevent maternal and neonatal mortality and morbidity.
 - d. Care during the postnatal period for women and newborns to detect and treat any complications that may arise.
3. All health personnel should receive training in essential midwifery care during their initial/pre service training as they can provide some care to mothers and newborns. However these health personnel will not be considered as skilled attendants.
- 4. Considering the lack of specialised cadres and the broad scope of work of midwives who are the first line workers and the role of other cadres such as medical assistant and surgical technicians in the provision of maternal and newborn health care, relevant emergency obstetric and newborn care should be considered as essential skills and not optional additional skills at all levels to ensure adequate management of pregnancy related complications.
 - a. Basic emergency obstetric care at health center level should include:
 - Administration of oxytocics
 - Administration of antibiotics
 - Administration of anticonvulsants

¹ Core midwifery skills have been defined by the International Confederation of Midwives in a document entitled Essential Competencies for Basic Midwifery Practice, available at <http://www.internationalmidwives.org>

- Manual removal of placenta
 - Manual Intra Uterine Aspiration
 - Vacuum Extraction
- b. Comprehensive emergency obstetric care at the referral level includes the above plus:
 - Blood transfusion
 - Cesarean section
- 5. Taking into account the burden of malaria in pregnancy, TB and HIV infection including maternal to child transmission of HIV, skilled attendants should have competencies in prevention and control of malaria and TB in pregnancy and in the provision of PMTCT services.
- 6. All midwifery and medical training institutions should integrate competency-based training in emergency obstetric and newborn care into the pre-service training curricula so that on graduation midwives and general practitioners have the competencies to manage pregnancy related complications.
- 7. In-service training in emergency obstetric and newborn care for health providers based on skills assessment and training needs (supervision), should be provided to maintain the competencies.
- 8. Supportive supervision framework for all health personnel to ensure quality of care and maintain the competencies should be in place.

The full list of the agreed upon competencies for a skilled attendant are attached (Annex 1).

G. Modalities proposed to improve the availability and coverage of skilled attendants.

Session 5: Innovative Initiatives for increasing the availability of skilled attendants

Innovative initiatives to increase the availability of skilled attendants in Kenya and Zimbabwe were presented.

Community Midwifery training initiative is one of the strategies implemented in Kenya to increase the availability and coverage of skilled attendants. The main objective of the strategy is to improve maternal and newborn care by taking midwifery skills and care to women within their own homes through the provision of domiciliary midwifery. The strategy focuses on empowering retired midwives and out of work midwives, already living in the communities to assist women during pregnancy, childbirth and the postpartum period within their homes, manage minor complications and facilitate prompt referral when necessary through the provision of continuing skills updates and supervision. Problems related to the licensing and certification of community midwifery and

the availability of transport and communication when obstetric complications occur pose challenges to the scaling up and sustainability of this initiative.

Zimbabwe boasted a functional health system with a strong human resources force composed mostly of personnel with basic education. To improve their career options majority of the fundamental personnel went for higher education and moved away from the primary health care level facilities and the rural areas. However, these specialised personnel have fallen prey to migration and today Zimbabwe is turning towards the training of primary health nurses without skills for emergency obstetric and neonatal care. To increase access to emergency obstetric and neonatal care a project training midwives to perform caesarean section, going beyond professional boundaries, is being implemented.

Discussions and key issues raised

- 1. While the prospect of supporting community midwives seems an attractive initiative for improving the coverage of births assisted by a skilled attendant, concerns are raised in relation to: i) supervision and ensuring the quality of care provided, ii) performing home deliveries in the absence of a functional referral system, would expose pregnant women to risk of death when complications arise, iii) potential of creating confusion between qualified community midwives and Traditional Birth Attendants.
- 2. Expanding the functions of midwives, such as training midwives to perform caesareans will need more than skills training. It will need the establishment of adequate practice regulations including the review of post descriptions. This approach could be considered as an urgent response to address the insufficiency of doctors but it whether it can be a sustainable long-term solution is debatable.
- 3. The involvement of professional bodies is important to facilitate the delegation or transfer of skills and guard against conflict between the doctors and midwives

Session 6: Panel discussion on modalities to increase the availability and coverage of skilled attendants

The panelists composed of WAHO, UNICEF, UNFPA, RESAR, FASFACO and WHO/AFRO presented different perspectives for increasing the availability of skilled attendants. The proposed modalities include:

- i. Undertaking *reforms in the education and training* of health providers in view of adapting the training programmes to the realities and needs in the African region. Currently, the education and training of health professionals in the African Region follow the models in the developed countries,
- ii. *Promoting competency based training*. Presently the training curricula put much emphasis on cognitive acquisition as opposed to acquisition of skills,

- iii. *Improving human resources planning and management.* While there is an outcry of lack of staff in the facilities, there are more and more qualified professionals who are unemployed and many that are leaving the country due to poor working conditions.
- iv. *Poverty reduction.* Most countries in the African region are under structural adjustment programmes to service the heavy national debt and the social services such as health and education are inadequately funded.

Discussions and key issues raised

- ⊕1. Need to elaborate a plan of action to increase the number of skilled attendants as short and long-term solutions. In the short term efforts should be made to improve the skills of the in service health professionals. The long-term solutions should address pre-service training to step up the production of skilled attendants through the revision of the duration of training and curricula to integrate emergency obstetric and newborn care.
- ⊕2. Need to advocate for the support of training institutions through the collaboration between governments, development partners including UN agencies and professional associations for the mobilization of resources to improve the quality of education and training. Many training institutions lack the necessary materials and equipment.
- ⊕3. The decentralization of training and recruitment of health professionals in line with current health system reforms. Local governments should be encouraged to establish local training institutions and include the recruitment and deployment of qualified health professionals including incentive packages into the local government development plans.
- ⊕4. Beyond the quality and quantity of human resources there is a need to deploy efforts for the improvement of the working conditions such as ensuring adequate and appropriate infrastructure, equipment, medicines and supplies.
- 5. There is a critical need for supportive supervision to ensure quality of care. A supervision system is required to assess: i) equipment and maintenance issues ii) to assess and improve skills iii) identify needs for in-service training, iv) to reinforce the links between the community and the health worker, v) to collect and analyze data vi) improve the data collection mechanism, vii) to evaluate the performance of skilled attendants and facilities viii) to decide jointly on clear objectives for improvement ix) To ensure that the role of supportive supervision improves motivation in the health professional.
- ⊕6. The weaknesses in the management and planning of human resources - the disequilibrium in the deployment and distribution of health personnel and the lack of motivation and incentive measures are a challenge. Need for all countries to undertake a situation analysis to identify the needs in human resources: type of personnel, type of competencies, what personnel is available and type of motivation and incentive approaches.
- 7. Need to put in place an evaluation system to monitor the actions taken by countries in the implementation of the recommendations of the Regional

- committee and the WHA to improve maternal and newborn health and the commitment of governments to increase funding for health.
- ⊕8. WHO in collaboration with other partners and professional bodies should increase advocacy for reforms in the production and management of human resources for health.
 - ⊕9. Advocacy for the inclusion of maternal and newborn health particularly the funding of skilled care including emergency obstetric and newborn care into the national poverty reduction programmes and processes such as Poverty Reduction Strategy Papers (PRSPs), Economic Recovery Strategies (ERS), Sector Wide Approaches (SWAPs) etc to ensure adequate funding.
 - ⊕10. Strengthening of the public and private sector collaboration. Governments need to put in place regulatory frameworks to ensure the respect of ethical and quality health care service delivery.
 - ⊕11. The importance of the interaction between maternal health and socio-economic development were underscored.

H. Conclusion

In the interest of upholding the quality of care and ensure that women and their newborns receive the appropriate care they need when complications arise, the expert consultation recommended that only those health providers that have been trained to proficiency in midwifery skills and appropriate emergency obstetric and newborn care should be considered as skilled attendants. To this end, all midwifery and medical training institutions should integrate emergency obstetric and newborn care into the pre – service training curricula. Governments, WHO and partners are requested to support the strengthening of midwifery and medical training institutions for the production of a critical mass of qualified skilled attendants.

Due to the human resources crisis, certain functions reserved to recognize skilled attendants (midwives, nurse-midwives and Obstetricians) are performed by other categories of health providers such as registered nurses, auxiliary nurses and general practitioners without midwifery skills and community extension workers, These are potential skilled attendants who should be trained to proficiency level in basic midwifery and relevant emergency obstetric and newborn care to increase the number and availability of quality skilled attendants.

In a few countries community midwives, are recognized as part of the formal health system. However challenges remain due to weak referral systems and insufficient regulatory frameworks in place.

The importance of health education including counseling was emphasized and should be part and parcel of maternal health services through pregnancy, child birth and postpartum period to provide appropriate information and help pregnant women and their families make emergency birth plans and informed decisions on the utilization of services.

References

Essential Competencies for Basic Midwifery Practice, available at <http://www.internationalmidwives.org>

Making Pregnancy Safer: the critical role of the skilled attendant A joint statement by WHO, ICM and FIGO 2004

Road Map for accelerating the attainment of the MDGs WHO/AFRO 2004

Reduction of maternal mortality A joint WHO/UNFPA/UNICEF/World Bank Statement. WHO Geneva 1999

Background papers:

Strengthening Skilled Care in the African Region: Review of Midwifery Competencies and Practice
13 - 17 September 2004 Rose Bank Hotel Johannesburg, South Africa

Réunion Régionale des revues des competencies et standards pour la formation et la pratique de la profession de sage femme. 13 - 15 décembre 2005 Ouagadougou, Cameroun.

Annex 1

Essential Competencies for the Skilled Attendant in the Africa Region

Background

Improving women's access to a continuum of skilled care throughout pregnancy, at birth and during the postpartum period, at all levels of the health care system is key to the reduction of maternal and perinatal/neonatal mortality. All the African countries are signatories of the Millennium Development Goals and have the obligation to contribute to the attainment of the MDGs. The MDG 5 on maternal health calls for a target of 80% of births assisted by a skilled attendant by 2015, however only around 42% of births are currently assisted by skilled personnel in the Africa Region. There are wide disparities both between and within countries. In some areas only 5% of women are assisted by a skilled attendant during childbirth.

In 2004, WHO and partners developed the Road Map for "*Accelerating the attainment of the MDGs related to maternal and newborn health in the African Region*". This provides guidance to member states towards the achievement of the MDGs related to maternal and newborn health. One of the key objectives of the "Road Map" is to increase access to skilled care at birth. The "Road Map" was adopted as a regional strategy for maternal and newborn mortality reduction at the 54th session of the Regional Committee of Ministers of Health (resolution AFR/RC54/R10). The Ministers of Health also recommended the training of middle level cadres for emergency obstetric care in order to increase access to skilled care.

Subsequently two consultative sub regional meetings were held to discuss the lack of access to skilled attendants and – given the diversity of cadres trained in formal health care, identify the gaps in competencies in the provision of care to women during pregnancy, childbirth and the postpartum/postnatal period. These two meetings held in Johannesburg, South Africa in September 2004 and in Ouagadougou Cameroon, December 2005, brought together health professionals, programmers, educators, trainers and policy makers in maternal and newborn health at both country and sub regional level. A final regional meeting was held in February 2006 in Brazzaville to build consensus on the essential competencies of the skilled attendant in the African Region. The review and consensus took into consideration the organization of MNCH services, the scope of work of a health care provider, the epidemiological and socio economic context of the African Region and the profile of the different health personnel that provide the health services.

The expert consultation recommended that only those health providers that have been trained to proficiency in midwifery skills and appropriate emergency obstetric and newborn care should be considered as skilled attendants. To this end, all midwifery and medical training institutions should integrate emergency obstetric and newborn care in the pre-service training curricula.

Governments, WHO and partners are requested to support the strengthening of midwifery and medical training institutions for the production of a critical mass of qualified skilled attendants.

Challenge

Due to the human resources crisis, certain functions reserved to recognize skilled attendants (midwives, nurse-midwives and Obstetricians) are often performed by

other categories of health providers such as registered nurses, auxiliary nurses, general practitioners and community extension workers without midwifery skills.

These are potential skilled attendants who can be trained to proficiency level in basic midwifery and relevant emergency obstetric and newborn care to increase both the number and availability of quality skilled attendants.

GUIDING PRINCIPLES FOR ESSENTIAL COMPETENCIES FOR A SKILLED ATTENDANT IN THE AFRICAN REGION:

The consensus on the six essential competencies for skilled birth attendant in the African Region is guided by the following principles:

Human rights approach – The right to health and life is a basic human right and women and the newborns have a right to universal access to appropriate quality care.

Public health approach – Essential maternal and newborn health care services should be an integral component of the minimum package services at all levels of the health care delivery system

A continuum of care – All women should receive appropriate quality care before and during pregnancy, childbirth and postpartum period

The inseparable dyad of mother and newborn – Interventions for maternal and newborn health should be provided as a package at all levels of the health care service delivery system.

Integration with other relevant programmes – Due importance should be accorded to the need for the prevention and management of indirect causes of maternal and newborn morbidity and mortality such as malaria, nutrition, TB and HIV/AIDS.

Essential competencies for the skilled birth attendant in the African Region

There are six essential competencies for the skilled attendant as follows.

		Competency
1.	Competency in Social, Epidemiologic & Cultural Context of Maternal and Newborn Health	The skilled attendant should have knowledge about the socio-cultural determinants and epidemiological context of maternal and newborn health and ethics that form the basis of appropriate care
2.	Competency in Pre-pregnancy Care and Family Planning	The skilled attendant should provide high quality, culturally sensitive health education and family planning services in order to promote healthy family life, planned pregnancies and positive parenting
3.	Competency in Care and Counselling During Pregnancy	The skilled attendant should provide high quality antenatal care to maximise the woman's health during pregnancy, detect early and treat any complications which may arise and refer if specialist attention is required
4.	Competency in care during labour and birth	The skilled attendant should provide high quality, culturally sensitive care during labour, conduct a clean, safe delivery, give immediate care to the newborn and manage emergencies effectively to prevent maternal and neonatal mortality and morbidity.
5.	Competency in Postpartum Care of Women	The skilled attendant should provide comprehensive, high quality, culturally sensitive postpartum care for women
6.	Competency in Postnatal Newborn Care	The skilled attendant should provide high quality postnatal care for the newborn

1. COMPETENCY IN SOCIAL, EPIDEMIOLOGIC AND CULTURAL CONTEXT OF MATERNAL AND NEWBORN HEALTH

The skilled attendant should have knowledge about the socio-cultural determinants and epidemiological context of maternal and newborn health and ethics that form the basis of appropriate care

Knowledge is required on:

1. Demography and epidemiology of the local community, including vital statistics of births and deaths, and indicators for health and disease
2. Direct and indirect causes of maternal, perinatal and neonatal mortality and morbidity, and strategies for reducing them
3. Social determinants for health such as income, water, sanitation, housing, food security, level of literacy and education, environmental hazards, access to health facilities, local culture and beliefs, including religious beliefs, gender roles and traditional practices
4. National and local health services including policies, plans and legal framework that regulates provision of and access to essential health package for MNCH at each level in the context of the continuum of care
5. Communication/counseling techniques to enhance health promotion / disease prevention
6. Referral system to higher health facility levels including transport mechanisms
7. The role and function of relevant national programmes such as HIV, Malaria, TB and Immunizations
8. Ethical principles and appropriate attitude that promote equitable access, respect of and inclusion of the patient in decision making and maintain confidentiality
9. Principles of good management including effective teamwork with other health care professionals and the community.

Essential skills:

1. Compile a community health profile
2. Responsible practice and accountability to client and health sector for clinical decisions or actions
3. Recognize the signs and symptoms of complications and the need for consultation with other medical staff and/or referral and takes appropriate and timely action
4. Behave in a courteous, respectful, non-judgmental and culturally appropriate manner with all clients, regardless of status, ethnic origin or religious beliefs
5. Ensure equitable access to services according to need
6. Promote involvement of whole community with emphasis on men and women of reproductive age: to make informed choices on all aspects of their care and encouragement to take responsibility for their own health
7. Use appropriate communication and counseling techniques/skills and provide health education relevant for the local community and information about available health services.
8. Work in liaison with individuals, families and communities and other key stakeholders to promote and advocate for safe maternal and newborn health
9. Ensure collaboration with other health workers for effective team work in the provision of high quality health services to women and their families
10. Monitoring and evaluation, record keeping and report writing.

2. COMPETENCY IN PRE-PREGNANCY CARE AND FAMILY PLANNING

The skilled attendant should provide high quality, culturally sensitive health education and family planning services in order to promote healthy family life, planned pregnancies and positive parenting.

Knowledge of:

1. Female and male anatomy and physiology related to sexuality, fertility and reproduction
2. Cultural beliefs and practices surrounding sexuality, sexual practices and childbearing including FGM
3. Relevant components of a health and family history
4. Health education content targeted at reproductive health, sexually transmitted diseases HIV/AIDS, nutrition and promotion of general health and well-being
5. Methods for child spacing and family planning namely: natural methods, barrier, steroidal, mechanical, chemical and surgical methods of contraception including emergency contraception,
6. Advantages and disadvantages of different methods of child spacing and family planning and details for their effective use
7. Policies and legislation on family planning including factors involved in decision-making related to unplanned or unwanted pregnancies
8. Signs and symptoms, screening methods and appropriate treatment of urinary tract infection and common sexually transmitted diseases, including post-exposure preventive treatment

Essential skills:

1. Obtain a relevant and comprehensive health and gyn-obstetric history and knowledge on the socio-economic, family and cultural woman's context in a sensitive and friendly manner, assuring confidentiality for the woman
2. Perform a general physical examination of the woman and identify, and appreciate the significance of any abnormal findings.
3. Request and/or perform and interpret accurately common laboratory tests such as full blood picture and microscopy.
4. Take a cervical smear correctly for cytology (Papanicolaou).
5. Correlate all data obtained from the history, physical examination and any laboratory tests and interpret the findings in preparation for giving appropriate information and care to the woman.
6. Record all findings from history, physical examination and tests as well as advice, counselling, treatment and recommendations for follow-up.
7. Provide a full range of family planning counseling and services including the insertion of an intrauterine contraceptive device and implants, provide post-exposure preventive treatment in accordance with the woman's choice, and appropriate referral for surgical methods
8. Record the contraceptive methods provided and give appropriate advice and care for any adverse side effects and advice on follow-up.
9. Appropriate counseling and interpersonal communication skills including health education when giving information and advice.

3. COMPETENCY IN CARE AND COUNSELLING DURING PREGNANCY

The skilled attendant should provide high quality antenatal care to maximise a woman's health during pregnancy, detect early and treat any problem and/or complications which may arise and refer if specialist attention is required

Knowledge of:

1. The biology of human reproduction, e.g. the neuro-hormonal regulation of human reproduction and foetal development.
2. Signs and symptoms of pregnancy including physiological changes and advice on the minor disorders, which may result from some of them.
3. Examinations and tests for confirmation of pregnancy.
4. Dating pregnancy by menstrual history, size of uterus by palpation and ultrasound if necessary (and available).
5. Medical complications and their effect on pregnancy, e.g. severe anaemia, diabetes, cardiac or respiratory conditions, essential hypertension, renal disease.
6. How to take a comprehensive and relevant history of the current pregnancy, the woman's health, her obstetric and medical history and her family health history.
7. Components of a general physical examination to assess the well-being of the mother and the significance of the findings.
8. Components of a general physical examination to assess the well-being of the fetus including fundal height, fetal activity and heart rate and, in the latter weeks, the lie, presentation, position and descent of the fetus and the significance of the findings.
9. Screening tests in pregnancy, including the interpretation of findings, e.g. haemoglobin, urinalysis for protein, tests for syphilis, e.g. rapid plasma reagin (RPR), HIV testing, screening for TB and laboratory tests for asymptomatic bacteriuria.
10. Nutritional requirements of the pregnant woman and her fetus.
11. Health education and counselling regarding hygiene, nutrition, sexuality including safer sex, risks of HIV and contraception, the dangers associated with smoking, alcohol and un-prescribed drugs.
12. The importance of birth planning and emergency preparedness including place for birth, funds, transportation and social support
13. Infant feeding, including the advantages of exclusive breast-feeding, and replacement feeding in the context of HIV.
14. Education of women and their families about danger signs during pregnancy and the need to seek immediate help from a skilled health worker.
15. Recognition and management of serious conditions in pregnancy which require immediate attention: e.g. pre-eclampsia and eclampsia, vaginal bleeding, preterm labour, preterm rupture of the membranes, severe anaemia, abortion, ectopic or multiple pregnancy, malpresentations at term, e.g. breech and shoulder.
16. Appropriate care for the HIV-positive pregnant woman and interventions to prevent mother-to child-transmission.
17. Measures for prevention of malaria in pregnancy

Essential skills:

1. Take an initial and ongoing history at each ANC visit, record findings of history, examinations, tests and give advice and instructions for follow-up.
2. Calculate the estimated date of delivery from the date of the woman's last menstrual period, if known; otherwise assess gestational age from onset of fetal movements and assessment of fundal height or by using ultrasound
3. Perform a full general physical examination and explain the findings to the woman.
4. Assess maternal vital signs including temperature, blood pressure and pulse.
5. perform and interpret screening tests in pregnancy, e.g. haemoglobin, urinalysis for protein, tests for syphilis, HIV, screening for TB and asymptomatic bacteriuria
6. Assess maternal nutrition and give appropriate advice on nutritional requirements in pregnancy and how to achieve them.
7. Perform an abdominal examination, including measurement of the fundal height and comparison with gestational age to assess fetal growth and stage of pregnancy; in the latter weeks of pregnancy, identify the lie, presentation, position and descent of fetus and auscultate the fetal heart.
8. Correlate all data obtained from the history, examination of the woman and results of any laboratory tests and interpret the findings in preparation for giving appropriate information, advice and care to the woman.
9. Educate and counsel women about health issues; e.g. nutrition, hygiene, exercise, dangers of smoking and taking unprescribed drugs, safer sex and risks of HIV.
10. Give preventive care and treat: malaria, sexually transmitted diseases, and urinary tract infections.
11. Provide counselling, care, treatment and support for the HIV positive pregnant woman including measures to prevent mother-to-child transmission i.e infant feeding options
12. Educate women and families about the need to seek immediate help from a skilled health worker if danger signs develop: severe headache, visual disturbances, epigastric pain, vaginal bleeding, abdominal pain associated with episodes of fainting, severe vomiting, preterm rupture of the membranes, fever, offensive or irritating vaginal discharge.
13. Diagnose complications and risk conditions for early management in pregnancy for referral to more specialized care such as:
 - Elevated blood pressure and proteinuria, and/or severe headaches, visual changes and epigastric pain associated with elevated blood pressure
 - High fever
 - Heavy vaginal bleeding in early pregnancy or after 22 weeks
 - Abdominal pain associated with episodes of fainting in early pregnancy, with or without vaginal bleeding
 - Multi-fetal pregnancy
 - Mal-presentation at term, e.g. breech, shoulder
 - Preterm rupture of the membranes
 - Suspected oligo- or polyhydramnios
 - Intrauterine fetal death

4. COMPETENCY IN CARE DURING LABOUR AND BIRTH

The skilled attendant should provide high quality, culturally sensitive care during labour, conduct a clean, safe delivery, give immediate care to the newborn and manage emergencies effectively to prevent maternal and neonatal mortality and morbidity.

Knowledge of:

1. Onset, physiology and mechanisms of labour.
2. Anatomy of fetal skull, including main diameters and landmarks.
3. Cultural issues concerning labour and birth.
4. Assessment of progress in labour and use of the partograph.
5. Measures to assess fetal well-being in labour.
6. Measures to ensure maternal well-being in labour, hygiene and bladder care, hydration and nutrition, mobility and positions of the woman's choice, emotional support, massage.
7. Universal precautions to prevent infections.
8. Diagnosis and management of the second stage of labour including delivery of the baby,
9. Indications and technique for making and repairing an episiotomy, including the technique for local anaesthesia of the perineum.
10. Immediate care of the newborn, Procedures for maintaining warmth: clearing of airways and assessing breathing, methods of resuscitation, cord care, early initiation of exclusive breastfeeding, or replacement feeding if the mother is HIV positive and that is her choice.
11. Use, action and indications of uterotonics.
12. Management of the third stage of labour including active management of the third stage of labour.
13. Reasons and method for examination and safe disposal of the placenta and membranes.
14. Technique for examination of the perineum, vulva and lower vagina for tears and grading of perineal tears.
15. Methods of suturing second degree perineal and lower vaginal tears.
16. Measures to assess the woman's condition after birth
17. Complications in labour and management of complications requiring emergency care and/or referral, e.g. intra-partum haemorrhage, multi-fetal pregnancy, malpresentations, fetal distress including the risk associated with premature rupture of membranes (PROM) and meconium-stained liquor cord prolapse, prolonged or obstructed labour, shoulder dystocia, retained placenta, postpartum haemorrhage, severe vaginal and cervical tears, Serious infections.
18. Operative delivery, especially vacuum extraction (VE).
19. Cardio-pulmonary resuscitation
20. PMTCT including HIV screening in women with unknown HIV status
21. Care, treatment and support in labour and birth for the HIV-positive woman and her newborn

Essential skills:

1. Take full history of pregnancy and labour including the review of maternal pregnancy records.
2. Perform a general physical examination to assess the woman's condition.
3. Perform an abdominal examination to confirm the period of gestation, identify the lie, presentation, position and descent of the fetus, and auscultate the fetal heart.
4. Assess the frequency, duration and strength of uterine contractions.
5. Perform a vaginal examination to determine cervical effacement and dilatation, confirm whether or not the membranes have ruptured, identify the presenting part and position of the fetus, the moulding, the station and level of the head and rule out CPD.
6. Accurately record the progress of labour and monitor maternal and fetal condition regularly throughout labour using the partograph, identifying deviations from normal and taking timely, appropriate action.
7. Provide emotional support for the woman and her family, ensuring that the woman has a companion of her choice to stay with her throughout labour, and keep her fully informed of progress, involving her in all decisions related to her care and encourage her to adopt the positions of her choice
8. Keep the woman in optimum condition during labour, maintaining adequate hydration and nutrition, ensuring that the bladder is emptied regularly, promoting high standards of infection prevention and appreciate the importance of pain relief
9. Recognize the signs and symptoms of the second stage of labour and provide constant care, observation and support, allowing non-directive pushing, providing support of the perineum and avoid interference with the normal mechanism of labour
10. Make an episiotomy where indicated, apply a local anesthesia to the perineum prior to repair
11. Provide immediate care for the newborn, including drying, clearing airways, ensuring that breathing is established, and skin-to-skin contact with mother and covering to provide warmth.
12. Conduct correctly management of the third stage of labour including the active management of the third stage of labour, using oxytocin
13. After delivery of the placenta and membranes, ensure that the uterus is well contracted by rubbing up a contraction and expelling clots, if necessary, and check that vaginal bleeding is minimal.
14. Examine the vulva, perineum and lower vagina for lacerations, repair second-degree tears of the perineum, but refer women with third degree perineal tears and cervical tears to specialized care.
15. Estimate and record all blood loss as accurately as possible.
16. Examine the placenta and membranes for completeness and normality and dispose of them safely as appropriate.
17. Monitor the mother's condition, ensuring that vital signs and vaginal bleeding are within normal limits and that the uterus remains well contracted.
18. Manage postpartum haemorrhage urgently, if it occurs, by massaging the uterus, administration of oxytocin, emptying the bladder, establishing an intravenous infusion and, if still bleeding, aortic or bimanual compression and preparation for referral.

19. Perform urinary catheterisation using an aseptic technique to prevent the introduction of infection.
20. Monitor the condition of the newborn, ensuring that breathing and colour are normal, warmth is maintained and that there is no bleeding from the umbilical cord
21. Resuscitate the asphyxiated newborn and give appropriate care before referral
22. Keep mother and baby together to promote attachment and support early initiation (within one hour) of exclusive breastfeeding
23. Record all details of the birth, care given to the mother and baby and advice about follow-up
24. Provide HIV testing for women with unknown HIV-status
25. Give appropriate care and support to the HIV-positive woman and the newborn including PMTCT interventions
26. Refer women presenting with FGM stage III
27. Diagnose and safely deliver breech presentation
28. Manage cord presentation or prolapse correctly
29. Infiltrate local anaesthetic
30. Perform Vacuum extraction when indicated
31. Manage shoulder dystocia correctly
32. Perform manual removal of the placenta and membranes correctly
33. Insert intravenous line when indicated, draw blood for tests
34. Prescribe and administer certain drugs, e.g. magnesium sulphate, diazepam, antibiotics and analgesics
35. Arrange for and undertake timely referral and transfer of women with serious complications to a higher level health facility, taking appropriate drugs and equipment and accompanying them on the journey in order to continue giving emergency care, as required

5. COMPETENCY OF CARE FOR WOMEN IN POSTPARTUM PERIOD

The skilled attendant should provide comprehensive, high quality, culturally sensitive postpartum care for women.

Knowledge of:

1. Physiological changes in the puerperium.
2. The physiology of lactation, the initiation and management of breastfeeding and the recognition and management of common problems, which may occur.
3. Recognition, monitoring and management of the psychological and emotional changes, which may occur in the puerperium.
4. Parent-infant attachment and factors, which promote and hinder it.
5. The risks of infection and measures taken to prevent infection in mother and newborn after childbirth.
6. Health education and counselling on self-care, adequate sleep, rest, good nutrition, personal hygiene including perineal care and care of the newborn infant.
7. Procedure and reasons for postnatal examinations of the mother during the first 12-24 hours, within one week and at six weeks after the birth, or sooner if required.
8. Diagnosis and treatment of anaemia after childbirth.
9. Diagnosis, management and referral of complications e.g. infection and disorders of the reproductive and/or urinary tract breast infections, thrombo-embolic disorders, eclampsia, secondary postpartum haemorrhage and psychiatric disorders.
10. The grief process following stillbirth or neonatal death, or the birth of an abnormal child, counselling, comforting and supporting the mother and her family.
11. Medical conditions, which may complicate the puerperium, e.g. cardiac, lung and renal diseases, hypertensive disorders and diabetes.
12. Special support for adolescents, HIV positive women and living with violence, including rape,
13. Care, support and treatment for the HIV positive mother and her newborn including continuing monitoring and follow up of women on ARVs
14. Family planning and birth spacing methods appropriate in the postpartum period.

Essential skills:

1. Take full history of pregnancy, birth and the earlier postpartum period, identifying factors which will influence the care and advice given.
2. Perform a systematic postpartum examination of the mother identifying any actual or potential problems.
3. Provide appropriate and timely treatment for any complications detected during the postpartum examination i.e detection and treatment of anemia.
4. Facilitate and support the early initiation and maintenance of exclusive breastfeeding.
5. use universal precautions for the prevention of infection to prevent the spread of infection after childbirth
6. Educate and counsel the woman on care for herself and for her baby.
7. Facilitate psychosocial family and community based supportive measures.

8. Emergency treatment of uncomplicated PPH with MVA including preparation for referral where necessary
9. Emergency care of a woman during and after an eclamptic fit, including preparation for referral.
10. Emergency treatment of severe puerperal sepsis and preparation for referral.
11. Counsel, comfort and support the mother and father if the baby is stillborn, born with abnormalities or dies in the neonatal period.
12. Provide care, support and treatment for the HIV positive woman and HIV counselling and testing for women who don't know their status
13. Counsel the woman on family planning and safer sex and provide appropriate family planning services in accordance with the woman's choice including information on advantages and disadvantages of the chosen method.
14. Record the contraceptive method provided and give appropriate advice and care for any adverse side effects and advice on follow-up.
15. Keep accurate records on postnatal care (including home based records) and make arrangements for follow-up or referral, as appropriate.

6. COMPETENCY IN POSTNATAL CARE OF THE NEWBORN

The skilled attendant should provide high quality postnatal care for the newborn

Knowledge of:

1. Physiological changes at birth.
2. Assessment of the newborn using Apgar score.
3. Neonatal resuscitation
4. Parent/infant attachment.
5. Procedure for examination of the newborn at birth and subsequently.
6. Infant feeding options for babies born to HIV positive and negative mothers :exclusive breastfeeding and replacement feeding and nutritional requirements of the infant.
7. Traditional practices as they relate to newborn care.
8. Essential elements of daily care of the newborn, e.g. warmth, skin care, prevention of infection: care of the umbilical cord, observation for signs of infection, jaundice, frequency and character of stools, feeding and signs of thriving and failure to thrive.
9. Programme for immunisations and vaccinations during the first five years.
10. Common disorders of the newborn, e.g. skin rashes, minor vomiting, minor infections, minor feeding problems and physiological jaundice.
11. Serious disorders of the newborn, e.g. major infections, respiratory difficulties, cardiac conditions, congenital malformations, neonatal convulsions.
12. Low birth weight babies, e.g. preterm and small-for-gestational age including management of the very low birth weight infant - Kangaroo mother care for low birth weight babies
13. Growth and development monitoring
14. Birth registration
15. Follow-up of the newborn using correct records.
16. Monitoring, testing and follow up of newborns born to a HIV-positive mother.

Essential skills:

1. Apply aspiration of the airways when head is delivered if meconium stained liquor
2. Clear airways at birth, to facilitate breathing.
3. Assess the condition of the newborn at birth
4. Use bag and mask correctly to resuscitate the asphyxiated newborn.
5. Dry the newborn at birth, place in skin-to-skin contact on the mother's abdomen or chest and cover to keep the baby warm. If skin-to-skin contact is not possible, place the baby on a clean, warm surface and wrap warmly.
6. Clamp and cut the umbilical cord, taking appropriate measures to prevent infection.
7. Label the newborn for correct identification
8. Examine the newborn systematically from head to feet to detect any congenital malformations, birth injuries or signs of infection.
9. Administration of vitamin K and eye drops.

10. Assist the new mother to initiate exclusive breastfeeding within one hour,
11. Educate the mother and her family about all aspects of infant feeding, especially the importance of exclusive breast feeding for the first six months of life
12. Teach and supervise the mother in making up feeds correctly and the technique of cup-feeding her baby, if replacement feeding is selected
13. Teach the mother about the general care and hygiene of the baby, e.g. skin, eyes and cord to prevent infection
14. Monitor the growth and development of the baby during the postnatal period
15. Recognise minor and serious disorders in the newborn and treat appropriately, including arranging for referral, if necessary.
16. Give appropriate care including kangaroo mother care to the low birthweight baby, and arrange for referral if potentially serious complications arise, or very low birth weight.
17. Educate the parents about the signs of potentially serious conditions in the newborn and the need to seek immediate help from a skilled health worker.
18. Give immunisations correctly at the optimum time and advise the parents of any possible adverse effects and when to return for further immunisations.
19. Keep full and accurate records
20. Manage bereavement and loss in the event of neonatal death and prepare the dead neonate.
21. Care for baby born to an HIV positive mother e.g administration of ARV and replacement feeding
22. Emergency management of life-threatening conditions, e.g. establishing an intravenous infusion, the administration of appropriate drugs, monitoring the condition of the baby, and preparing the mother and newborn for referral.

Annexe 2 List of participants

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