



## **Training Traditional Birth Attendants to become specialised CHWs (supplementary compilation)**

### **Community perceptions of a policy promoting exclusive skilled birth attendance and banning traditional birth attendants (1)**

25 May, 2019

Dear HIFA colleagues,

Here are the key messages of this new study:

- Skilled birth attendance is globally recommended to reduce maternal mortality and Malawi has adopted such policies.
- In 2007, the Malawi government issued a policy promoting exclusive skilled birth attendance and banning the use of traditional birth attendants for routine deliveries.
- A bottom-up analysis of the perceived effects of the implementation of this policy shows that it has aggravated the barriers faced by the poorest rural women weighing their options for delivery care.
- Promoting exclusive skilled birth attendance may be misguided in LMICs contexts and there is a need for more contextualized and socially accountable policymaking.

Citation, abstract and comment from me below.

CITATION: Weighing the options for delivery care in rural Malawi: community perceptions of a policy promoting exclusive skilled birth attendance and banning traditional birth attendants

Isabelle Uny Bregje de Kok Suzanne Fustukian

Health Policy and Planning, Volume 34, Issue 3, April 2019, Pages 161–169, <https://doi.org/10.1093/heapol/czz020>[restricted access]

#### **ABSTRACT**

To address its persistently high maternal mortality, the Malawi government has prioritized strategies promoting skilled birth attendance and institutional delivery. However, in a country where 80% of the population resides in rural areas, the barriers to institutional deliveries are considerable. As a response, Malawi issued Community Guidelines in 2007 that both promoted skilled birth attendance and banned the utilization of traditional birth attendants for routine deliveries. This grounded theory study used interviews and focus groups to explore community actors' perceptions regarding the implementation of this policy and the related affects that arose from its implementation. The results

revealed the complexity of decision-making and delivery care-seeking behaviours in rural areas of Malawi in the context of this policy. Although women and other actors seemed to agree that institutional deliveries were safer when complications occurred, this did not necessarily ensure their compliance. Furthermore, implementation of the 2007 Community Policy aggravated some of the barriers women already faced. This innovative bottom-up analysis of policy implementation showed that the policy had further ruptured linkages between community and health facilities, which were ultimately detrimental to the continuum of care. This study helps fill an important gap in research concerning maternal health policy implementation in Low and middle income countries (LMICs), by focusing on the perceptions of those at the receiving end of policy change. It highlights the need for globally promoted policies and strategies to take better account of local realities.

COMMENT (Neil): The authors of this study conclude that TBAs should be engaged into non-delivery tasks such as referring women to a health facility, but do not discuss the possibility that some TBAs might be trained to more safely deal with emergencies such as a woman who is already in advanced labour where facility-based delivery may not be possible. As we have asked previously on HIFA: Is there a place for training of lay health workers (including selected TBAs) to become specialised CHWs? Part of this training would be on the importance of referral to a health facility, but trainees would also be trained on how to manage cases where referral is not possible. Do any HIFA members have experience or knowledge of such approaches?

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Community perceptions of a policy promoting exclusive skilled birth attendance and banning traditional birth attendants (2)**

25 May, 2019

Nobody should be surprised at the outcome of the 'exclusive skilled birth policy in Malawi': increased lack/poor access for pregnant women and families during pregnancy and birth.

It should be considered unethical to ban TBAs before adequate number and equitable distribution of skilled birth attendants have become a reality in any country. How many women and babies have died while such a policy is in place? Infact it is executive manslaughter, at least!

On this forum at least the role of TBAs has been so extensively discussed and evidence adduced by the majority that, yes untrained TBAs are a problem, but that engaging TBAs, training them and equipping them with basic knowledge about reproductive anatomy and physiology and equipping them with basic single use or sterilisable equipment, and monitoring them and their practice is definitely better than banning them.

Joseph Ana

HIFA Profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007.

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## **Community perceptions of a policy promoting exclusive skilled birth attendance and banning traditional birth attendants (3)**

26 May, 2019

The study: Weighing the options for delivery care in rural Malawi: community perceptions of a policy promoting exclusive skilled birth attendance and banning traditional birth attendant (TBA) is remarkable in depth and in the consideration of the communities impacted. Most studies of TBA training look only at immediate outcomes of maternal and newborn mortality and morbidity and not at the systems women and birth attendants endure.

Regardless of resources available woman around the world not only need access to medical care for pregnancy related emergencies but also practical help in mothering and post-partum recovery. Help with the postpartum year has to be done in the community. Banning care by community members does not facilitate this. Much research is needed on how systems of care can be optimized for access to emergency care when needed but minimizing overuse of care. How can respect be developed between facilities and communities? More comprehensive research is desperately needed.

Rosemary Bolza, certified nurse midwife  
USA

HIFA Profile: Rosemary Bolza is a Midwife with the United States Public Health Service Indian Health Service, USA.

Professional interests: maternal child health.

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## **Community perceptions of a policy promoting exclusive skilled birth attendance and banning traditional birth attendants (4)**

26 May, 2019

Agree. And suggest that all individuals and organizations on this list who support this perspective should write to the Malawian MoH.

Mickey Rostoker

Jean-Francois (Mickey) Rostoker, BA, MD, CCFP, FCFP

Associate Clinical Professor/Family Practice/University of British Columbia/Vancouver

Assistant Professor/Family Medicine/University of Saskatchewan/Regina

HIFA Profile: Mickey Rostoker, MD, FCFP, is Associate Clinical Professor, Family Practice, University of British Columbia, Vancouver, and Assistant Professor, Family Medicine, University of Saskatchewan, Regina, Canada. He is a HIFA Country

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## **Community perceptions of a policy promoting exclusive skilled birth attendance and banning traditional birth attendants (5)**

26 May, 2019

A community-based emergency referral system needs to be established for geographically marginalized women even if lay health workers (including selected TBAs) are equipped with misoprostol and other life-saving tools.

Data suggesting that most women are within two-hour transport time from a life-saving institutional delivery is specious data. For thousands of women, the only public transport is the weekly market lorry that departs early in the morning and returns late in the evening. Neither normal deliveries nor maternal emergencies can be timed to this narrow window. Poor road systems and frequent road wash-outs combine with poverty and ignorance to sustain high maternal mortality ratios. A UK aid health system strengthening programme in Northern Nigeria reduced maternal mortality by 16.7% within four years. Significantly, one third of the lives saved were women evacuated in a timely manner from geographically marginalized communities where we catalysed the establishment of Community Communication Emergency Referrals.

Our innovative communication body tools empowered low and non-literate peers to saturate their communities with small, informed discussion groups. Communities established their own maternal savings schemes along with volunteer transporters and blood donors. It is unconscionable to continue to insist that the life-saving solution for these marginalized women is assisted delivery or widespread

education and/or poverty reduction when these solutions remain clearly in their distant future. Please see Aradeon, SB. and Doctor, HV. Reducing rural maternal mortality and the equity gap in Northern Nigeria: the public health evidence for the Community Communication Emergency Referral strategy. International Journal of Women's Health 2016:8 77–92.

Susan B. Aradeon,  
International Social and Behavioral Change Consultant

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HIFA Profile: Susan B Aradeonis an International Consultant, Social and Behavior Change Communication, in the USA.

Professional interests: community communication integrated with mobilization, Maternal Newborn and Child Health, Reproductive and Sexual Health, including Adolescents. Susan led the development and scaled up implementation of Community Communication—a health promotion approach based on empowering community volunteer health promoters and community members to become the communicators reaching deep into their own communities. Innovative communication body tools and rapid entertainment education tools empower health workers, community volunteers and health session participants to become community communicators regardless of their literacy level or social status. The Community Communication MNCH e-Manual: Participatory Health Sessions and the associated Job Aids serve as an implementation guide for trainers. Susan advocates for expansion of the SDG3.1 Skilled Birth Attendant strategy to include safer home deliveries and rural community mobilization for timely emergency evacuation on behalf of the over 100 million women who will continue to deliver at home in the near and intermediate term. More background information is freely available on LinkedIn.

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## **Community perceptions of a policy promoting exclusive skilled birth attendance and banning traditional birth attendants (6)**

27 May, 2019

Mickey Rostoker wrote: "suggest that all individuals and organizations on this list who support this perspective should write to the Malawian MoH".

This raises the question 'How?' and wider questions: 'What are the options for health professionals in Malawi (and other countries) to raise health-related issues with policymakers at local and national levels? With regards to direct messages to ministers of health: how should this be done for maximum effectiveness?'

The Malawi MoH website

[[http://www.malawi.gov.mw/index.php?option=com\\_content&view=article&id=50...](http://www.malawi.gov.mw/index.php?option=com_content&view=article&id=50...) provides the following contact details:

Ministry of Health P. O. Box 30377, Capital City, Lilongwe 3, Malawi, Central Africa.

Tel: (+265) 1 789 400, 1 788 849, 1 789 195

Fax: (+265) 1 789 431

Email: [doccentre@malawi.net](mailto:doccentre@malawi.net)

Do any of our colleagues have experience of advocacy with Malawi MoH, or indeed experience of representing Malawi MoH in response to advocacy?

(Meanwhile I have written to the lead author of the study, Isabelle Uni [[isabelle.uny@stir.ac.uk](mailto:isabelle.uny@stir.ac.uk)] to ask if the study has stimulated any advocacy efforts. Has the community been sufficiently mobilised by this research to take action?)

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org)), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## **Community perceptions of a policy promoting exclusive skilled birth attendance and banning traditional birth attendants (7) Writing to the Malawian MoH**

27 May, 2019

My original note to HIFA had (?address) at the end of it. This was essentially a request for HIFA members to share an email address to be able to follow up with writing to the Malawian MoH.

Even though there are some 20,000 members, perhaps only a few will have an interest in promoting traditional midwives as an integral component of a health system. That said, letters from those who are supportive can still make a difference.

Thank you.

Mickey Rostoker

Jean-Francois (Mickey) Rostoker

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## Training Traditional Birth Attendants in Nigeria (1)

25 May, 2019

Dear HIFA colleagues,

In a message I sent to HIFA just a few minutes ago I asked: Is there a place for training of lay health workers (including selected TBAs) to become specialised CHWs?

Thanks to the excellent news service Nigeria Health Watch I am reminded that Nigeria is already effectively doing this, and at scale. Below are extracts from their article: Training for Quality Delivery: Brown Button's drive to improve TBAs skills in Lagos

Full text here:

<https://nigeriahealthwatch.com/training-for-quality-delivery-brown-butto...>

'Alhaji Sulaimon Junaid wakes up at 5:30 a.m. every day to spend time with pregnant women waiting to deliver their babies in his birthing home ♦ a brown concrete block bungalow in the rural suburb of Epe on the north of Lekki Lagoon in Nigeria's commercial capital, Lagos. His birthing home has an office space, an antenatal and delivery room, and a section where he combines herbs for the women...

Today he has improved on his father's craft in a significant way; He is one of over 5,000 Traditional Birth Attendants who have been trained by the Brown Button Foundation, a non-governmental organization which provides "safe delivery and contraceptive options, training of healthcare providers, and provision of maternal health tools to health facilities." The World Health Organisation defines a trained TBA as one who has received a short training course through the formal health sector.

Brown Button Foundation was founded in 2011 by Adepeju Jaiyeoba, a lawyer who lost a friend that year, after undergoing an elective Caesarean section. While looking into the causes of maternal deaths in Nigeria, Jaiyeoba learnt that lack of access to sterile supplies during delivery, especially in rural communities, could be one factor contributing to the large number of women dying during childbirth...

So far, Brown Button Foundation has trained a total of 5,200 TBAs across the country, including Alhaji Junaid. Prior to the training, Junaid used to take deliveries of babies on the bare floor with the aid of herbs, using nylon bags as gloves, with unsterilized blades and scissors—a clearly unhygienic practice that could pose danger to both the mother and baby. Today, the training has improved his work - having learnt that his old practice was 'unhygienic,' he now uses sterile gloves, surgical blades and scissors provided in Brown Button's Mother's Delivery Kit, while taking deliveries...

Dr. Ephraim Ohazurike, an obstetrician and gynecologic oncologist at the Lagos University Teaching Hospital (LUTH), notes that having a skilled birth attendant is still best practice, but concedes that trained TBAs have become a necessity due to an inadequate number of skilled birth attendants, especially in rural areas...

The Lagos State Government through the Lagos State Traditional Medicine Board (LSTMB), established under the Lagos Ministry of Health to oversee the activities of the TBAs, is also making efforts to improve the capacities of the TBAs in the areas of hygiene and standard practice. The Board has three separate courses designed to orientate and expose TBAs to a code of ethics and help familiarize them with harmful practices that could be dangerous to pregnant women and their newborns. Two of the courses are mandatory courses created to teach TBAs basic human anatomy and physiology, health statistics, primary health care, traditional medicine and food nutrition for nutritional medicine, and each course runs for six weeks. Junaid has completed all three courses as his certificates, license and awards show...

Where there's a breach of the code of conduct; the Lagos State Health Sector Reforms Law 2006 ensures that offenders are fined. The LSTMB has a monitoring task force which goes round birthing homes in search of unregistered/untrained attendants. The code of ethics also bars TBAs from attending to any pregnant woman who has had a miscarriage or undergone a caesarean section before or if they see danger signs like oedema (swelling of the hands and feet), high blood pressure, and bleeding. The code of ethics authorizes them in these cases to refer these women to the nearest general hospital for proper care. The TBAs are also mandated to alert the nearest General Hospital in case of any emergencies while conducting deliveries, and an ambulance will be dispatched from the hospital to their birthing homes...

Other states are also finding innovative ways to address how TBAs function. In Ogun State, TBAs are being trained in the area of pregnancy complications like prolonged labour, bleeding during pregnancy and pre-eclampsia. The state recently launched a free community-based health insurance scheme called Araya Scale-up for expectant mothers and children under 5. Araya means "stay healthy," in Yoruba.

It would be interesting indeed to do rigorous research (comparison of intervention versus control?) to assess the impact of this approach.

Best wishes, Neil

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## **Training Traditional Birth Attendants in Nigeria (2)**

25 May, 2019

I am not surprised, infact I am thrilled and joyed, that Lagos state is infact promoting proper and practical solution to the matter of the role of TBAs in child birth in Nigeria. We piloted the similar policy in Cross River state in 2005 and received a visitation from the ministry of health of Lagos state when we launched the post pilot TBA policy. It is gratifying to read that the current commissioner for health, also a friend, continued the policy when he took over all those years ago. Pregnant women and their babies and families are better cared for through the policy.

Another lesson for all of Nigiris is the benefit of continuity and sustainability both of policies that are shown to work and for the personnel in certain positions. The current commissioner for health is the longest serving commissioner for health in Nigeria: in that position having been there for almost 12 years: he has had time to design/inherit workable policies and implement them and now can see them to fruition, monitoring and evaluation.

Lagis state example is worthy of emulation by all other states and the FCT in Nigeria.

Joseph Ana.

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## **Training Traditional Birth Attendants in Nigeria (3) CHWs: Training Traditional Birth Attendants to become specialised CHWs**

1 June, 2019

[\*Note from HIFA moderator (NPW): This message is in response to the question: Is there a place for training of lay health workers (including selected TBAs) to become specialised CHWs? One might

ask as a sub-question: does such training include safe childbirth (in situations where referral to a health facility is not possible)?]

Yes in Zambia we have a place in Ndola where we train community workers at Ndola Central hospital.

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## **Training Traditional Birth Attendants in Nigeria (4) CHWs: Training Traditional Birth Attendants to become specialised CHWs (2)**

1 June, 2019

Thanks for the documentation. I am sure we would get those same results and conclusions if a study was done here in Liberia or other countries like Liberia. I doubt that there would be any countries like Liberia, who would reduce maternal mortality by ignoring this very valuable resource, the traditional midwife, as we called them in Liberia. In Liberia in the late 1980s, the traditional midwifery training program had a national policy and training manual with clear training and supervision processes. All could see the need for resources to ensure the program was effective. With the war, there were much dilution of the program and of course, the onset by experts on no support for traditional midwives. I am sure, that program was not perfect and there were a need for improvement, but instead of building on that and making it better, we have decided to start over with what the experts are saying. Skilled birth Attendant and only facility delivery when we have less than half the number of SBAs at these facilities and facilities do not meet readiness standards. Now the question that that is being asked is, facility births have increase and so is maternal mortality. So? We are discussing, the role of the traditional midwife, including in referral and being a companion at the facility birth, even in the provision of supportive services like walking with the women, giving back rubs and even serving as a coach or advocate/link between the women and the professionals.

With over 30 years of working with traditional midwives, I do not think it is one or the other. Countries like Liberia, need to look at issues at all levels and realizing that utilization of quality services is the key to reduction of maternal and newborn mortality, make and implement appropriate policies, strategies and activities that include looking at all resources, especially at the community, focusing on the community level ones led by the activities of the traditional midwife and ensuring that facilities are ready.

Peace,

Marion

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## **Training Traditional Birth Attendants in Nigeria (5) CHWs: Training Traditional Birth Attendants to become specialised CHWs (3)**

2 June, 2019

I want to appreciate your concern towards women at child bearing age, this is to safe lives of the mother and that if the child. In Nigeria their has not been a special institutions for training and retraining of Traditional Birth Attendant but their has been training or catch up training, workshops for them in the usual regular centers

As a Nigerian and a Community Health Worker, I'm currently doing my CHO with Lagos University Teaching Hospital, the issue of having a permanent, equipped, stocked and arranged center for training of Traditional Birth Attendant, Traditional medical practitioners and other interest groups in health is now my interest.

Government alone can not do it, it calls for individuals to come out creatively to rescue increasing maternal mortality and morbidity. Its not time to stigmatize some group or a group as "quack" but time to make uninformed informed to safe lives of people in the middle or low income countries like Nigeria, those who are far away from available health facilities, those whom could not be seen by medical doctors, somebody trained must be prepared to attend to them and that is my areas of interest. It needs funding.

I will be glad to have a way out through any means to get grant at achieving this for humanity.

Owolabi Adebayo

Nigeria

HIFA profile: Owolabi Sunday Adebayo is a Health Officer (CHW) with special interest in Herbal medicine at Ilera Eda Herbal World in Nigeria. Professional interests: Trained Community Health Extension Worker, has cert in Health Administration and Mgt and a Bsc in Health Edu. Professional interest in Traditional medicine. I operate a traditional medicine center, produce Herbal medicine....

currently treating patients with High blood pressure, stroke and breast cancer. Email address: oasisofcreative AT yahoo.com

## **Training Traditional Birth Attendants in Nigeria (6) CHWs: Training Traditional Birth Attendants to become specialised CHWs (4)**

2 June, 2019

Owolabi through his posting adds to the calls for training, equipping and monitoring of Traditional Birth Attendants in Nigeria. We welcome the posting.

I was looking to see the state in Nigeria where his 'Ilera Eda Herbal World' is located, registered and licensed. Is it a hospital or herbal medicine center? I also noted with interest that he is 'treating high blood pressure, stroke and breast cancer', all of which are major non communicable diseases in Nigeria.

Stroke and breast cancer (all cancers) especially, are generally poorly managed in the country, even in orthodox medical centers/hospitals, so it will be useful for him to share how he 'treats' them and the outcome of his approach so far. 'Learning never stops' therefore the weak Nigeria health system may benefit from his approach.

Joseph Ana

HIFA Profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007.

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## **Training Traditional Birth Attendants in Nigeria (6) CHWs: Training Traditional Birth Attendants to become specialised CHWs (4)**

3 June, 2019

Hello Dr Adebayo, [\*see note below]

This is Dr Udochukwu Asonye, a long time practicing Neonatologists in the USA and current Chair of Association of Nigerian Physicians in the Americas (ANPA) Maternal Child Health Committee.

We're very interested in partnering with our counterpart professionals back home; just concluded massive Medical Educational Mission in Abuja & Nasarawa State April 5-12, 2019. We certified >100 health professionals in the Global Helping Babies Breathe (GHBB) Facilitators Program. Over the past few years we had conducted similar Programs in Abia, Imo, Anambra & Cross Rivers States.

We would like to establish ongoing GHBB Programs, expanded as deemed necessary and appropriate.

I'll try to make contact with you in this effort.

Udochukwu O. Asonye, MD, FAAP.  
630 330 1451 (USA)

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HIFA profile: Udochukwu O Asonye is Executive Vice President/ Chief Operating Officer of Optimus Hospitalists & Pediatric Subspecialists Ltd. in the USA. Professional interests: Initiatives to achieve a life-long goal of organized and accessible Maternal/Child Health Care System in his native Nigeria. uasonye AT yahoo.com

[\*Note from HIFA moderator (Neil PW): Thank you Dr Asonye. I would like to encourage you to re-send this message to our sister forum CHIFA, which supports global child health and rights. You can join here: <http://www.hifa.org/join/join-chifa-child-health-and-rights> ]

## **Training Traditional Birth Attendants in Nigeria (7) CHWs: Training Traditional Birth Attendants to become specialised CHWs (5)**

3 June, 2019

For the Zambian practice Yes there are places for training lay health workers including TBAs. Current policy does not allow or include training them for safe delivery. It only allows to train them in identifying danger signs, early identification and prompt referral to The health facility where there is skilled birth attendant. Unless engaging MOH to include basic skills to attend to in emergency delivery.

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## **Training Traditional Birth Attendants in Nigeria (8) CHWs: Training Traditional Birth Attendants to become specialised CHWs (6)**

3 June, 2019

Good to see the Nigerian diaspora stepping up to the plate ... stating they are ready to work with their home country pediatrician counterparts.

It doesn't however, address the issue of what their position is re: TBAs (TM =Traditional Midwife), which is the title of this topic.

Do they support the position of Dr. Joseph Ana and the Brown Button project?

What happens in such a populated country when one area is going one direction and the other states are not. How does the disconnect manifest itself?

Would be great to have the perspective of Dr Asonye.

Thank you.

Mickey

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On Mon, Jun 3, 2019 at 1:21 PM Udochukwu O Asonye, USA via HIFA Forums <

[HIFA@hifaforums.org](mailto:HIFA@hifaforums.org)> wrote:

- > Hello Dr Adebayo, [\*see note below]
- > This is Dr Udochukwu Asonye, a long time practicing Neonatologists in the
- > USA and current Chair of Association of Nigerian Physicians in the Americas
- > (ANPA) Maternal Child Health Committee.
  
- > We're very interested in partnering with our counterpart professionals
- > back home; just concluded massive Medical Educational Mission in Abuja &
- > Nasarawa State April 5-12,2019. We certified >100 health professionals in
- > the Global Helping Babies Breathe (GHBB) Facilitators Program. Over the
- > past few years we had conducted similar Programs in Abia, Imo, Anambra &
- > Cross Rivers States.
  
- > We would like to establish ongoing GHBB Programs, expanded as deemed
- > necessary and appropriate.
  
- > I'll try to make contact with you in this effort.
  
  
- > Udochukwu O.Asonye,MD,FAAP.
- > 630 330 1451(USA)
- > [uasonye@neoped.com](mailto:uasonye@neoped.com)
  
- > HIFA profile: Udochukwu O Asonye is Executive Vice President/ Chief
- > Operating Officer of Optimus Hospitalists & Pediatric Subspecialists Ltd.
- > in the USA. Professional interests: Initiatives to achieve a life-long goal
- > of organized and accessible Maternal/Child Health Care System in his native
- > Nigeria. uasonye AT yahoo.com
  
- > [\*Note from HIFA moderator (Neil PW): Thank you Dr Asonye. I would like to
- > encourage you to re-send this message to our sister forum CHIFA, which

- > supports global child health and rights. You can join here:
- > <http://www.hifa.org/join/join-chifa-child-health-and-rights> ]
  
- > Follow the lead of WHO, TDR, The Lancet, London School of Hygiene and
- > Tropical Medicine, K4Health... support HIFA by sponsoring a HIFA
- > Project/global health discussion. [www.hifa.org/projects](http://www.hifa.org/projects)
  
- > We need £75k for our work in 2019. To date, we have raised £38k. Major
- > funders 2019: British Medical Association, Chartered Society of
- > Physiotherapy, Elsevier, The George Institute for Global Health, Health
- > Research Advisory Board (Pakistan), International Child Health Group,
- > Joanna Briggs Institute, Nagasaki University, Network for Information and
- > Digital Access, London School of Hygiene and Tropical Medicine, The Lancet,
- > YourMD, International Society for Social Paediatrics and Child Health. See
- > the full list of contributors: [www.hifa.org/support/donate](http://www.hifa.org/support/donate)
  
- > To send a message to the HIFA forum, simply send an email to:
- > [hifa@dgroups.org](mailto:hifa@dgroups.org)
  
- > HIFA: Healthcare Information For All: [www.hifa.org](http://www.hifa.org)
- > You are receiving this message because you're a member of the community
- > HIFA - Healthcare Information For All.
- > View this contribution on the web site [https://hifaforums.org/\\_/txfhcw0l](https://hifaforums.org/_/txfhcw0l)
- > A reply to this message will be sent to all members of HIFA - Healthcare
- > Information For All.
- > To reply to sender, send a message to [uasonye@yahoo.com](mailto:uasonye@yahoo.com).
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