

MINISTRY OF HEALTH AND SANITATION



Maternal and Child Health Aide  
Training Curriculum

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Second edition

CHILD HEALTH/EPI PROGRAMME

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Rev. Dr. Thomas T. Samba  
Programme Manager  
Child Health/EPI

## **Foreword**

This National Maternal and Child Health Aide Training Curriculum is a document produced by the Ministry of Health and Sanitation, Child Health EPI Programme to provide a focused agenda for the training of Maternal and Child Health Aides in Sierra Leone.

The curriculum has been prepared on the foundation of the Reproductive and Child Health (RCH) strategy within the context of the National Health Sector Strategic Plan (NHSSP). The document is also based on the core competencies for Maternal and Child Health Aides working in Sierra Leone.

This is the second edition of a document of this nature for which I wish to congratulate the team that has worked so relentlessly to produce it. Let me also hasten to insinuate that this document will be subjected to periodic authorized reviews, as and when the Ministry of Health and Sanitation deems it prudent. Comments and suggestions on ways to improve various aspects of the document are very much welcome.

As Sierra Leone continues to explore avenues for improving the health indicators, the availability of quality human resource at all levels of service delivery becomes very crucial. As front line workers, Maternal and Child Health Aides deserve to acquire adequate training that equips them with the requisite skills to deliver services efficiently to individuals and families in communities at all levels of society.

I love to cherish the hope that this curriculum will prove to be a useful tool in the course of our strive to ensure an adequate human resource for health at the community level.

Dr. K. S. Daoh  
Chief Medical Officer  
Ministry of Health and Sanitation

## List of Abbreviations

AIDS	Acquired Immuned Deficiency Syndrome
BEmONC	Basic Emergency Obstetric and Neonatal Care
BP	Blood Pressure
BPEHS	Basic Package of Health Services
CH	Child Health
CPD	Cephalo-Pelvic Disproportion
DHMT	District Health Management Team
DHS	District Health Sister
EPI	Expanded Programme on Immunisation
HB	Haemoglobin
HIV	Human Immune Deficiency Virus
IDSR	Integrated Disease surveillance and Response
IMNCI	Integrated Management of Neonatal and Childhood
Illnesses	
IUD	Intra uterine Device
IV	Intravenous
MCH	Maternal and Child Health
MCHA	Maternal and Child Health Aide
MOHS	Ministry of Health and Sanitation
MP	Malaria Parasite
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child Transmission
RCH	Reproductive and Child Health
SLNMB	Sierra Leone Nurse and Midwives Board
STI	Sexually Transmitted Infections
TBA	Traditional Birth Attendant
UNICEF	United Nations Children's Fund
UTI	Urinary Tract Infections
VDRL	Venereal Disease Research Laboratory
VMA	Village Maternity Assistant
WHO	World Health Organization

## **Introduction**

It is internationally recognized that maternal and child health care is important and must feature prominently in the health care delivery system. The problems of mothers and children, and those of the population as a whole, are deeply rooted in and dependent on the environment in which they live. The increased vulnerability of women stems from the physiological problems connected with reproduction and growth; therefore women need special services to take care of their reproductive health needs. Sierra Leone, like most developing countries which have attained self-determination, continues to be faced with the challenges of improving the health status of her people, particularly in the rural communities.

Sierra Leone has survived a decade of conflict, is still experiencing economic recession and insecurity. These factors continue to impact negatively on her economic growth and expenditure on the social sector.

Fortunately, the newly formed Reproductive and Child Health (RCH) Directorate offers tremendous opportunities and renewed commitment. The goal of the RCH Directorate is to reduce maternal, under-five, infant and neonatal mortality rates by providing comprehensive, quality reproductive and child health services and strengthening of the health system.

The Ministry of Health and Sanitation (MOHS) is aware that, given its current severe constraints, it cannot meet with the huge demands of providing RCH services in its entirety to all target beneficiaries at the same time. Accordingly, it has decided to make the Basic Package of Essential Health Services (BPEHS) the cornerstone of the national health plan. The concept of the Basic Package of Essential Health Services is that, all of the services in the package should be available as an integrated whole, rather than being available in piecemeal or as individual services or only through vertical programs with the right health personnel in the right way. According to the current Ministry of Health and Sanitation human resource profile, skilled personnel including doctors and midwife are still inadequate and mal distributed like in many other African country. Maternal and Child Health Aides (MCH Aides) form the bulk of the front line health workers in the majority of health facilities. Strategies implemented by the countries are multi- prong and phases and include the training of core doctors out of country to be trainers for the in-country postgraduate medical education, the training of more midwives in a second midwifery school and the upgrading of skills of the current MCH Aides. The training of Maternal and Child Health (MCH) Aides is a big step toward addressing the gaps in the human resource situation within the country, especially in the remote areas where such services are inadequate and/or inaccessible



## **History of Maternal Child Health Aide Training**

The Maternal and Child Health division which was established in February 1974 within the Ministry of Health and Sanitation had as its main objective promotion of the health of women in their reproductive years, under-fives children and their families. The training of MCH Aides to provide quality primary health care at community level is an important strategy to achieve this objective. Through recent structural and programmatic readjustments within the MOHS, the unit has been transformed into the Child Health/EPI Programme.

## **Training of Village Maternity Assistants (VMAs)**

The late Dr Milton Margai in the late thirties in an attempt to cover the population with at least minimum basics services due to lack of trained personnel, started the training of Village Maternity Assistants (VMAs) These elderly women were trained to perform clean deliveries in the villages among their own people. They were mostly illiterate; this adversely affected their scope of practice and performance. In the early 1970's most of these VMA's had become old and/or dead but were not replaced and the training phased itself out, thus creating a vacuum in service delivery. Maternal and infant mortality were on the increase especially in rural area where most of the population lives. The remedial measure was to identify and train reasonably matured women who lived in rural areas, with some degree of literacy skills and who preferably had been performing deliveries in a traditional setting. They were expected to be willing to return to their village on completion of their training thus the origin of the Maternal and Child Health Aides Training.

Formal Maternal and Child Health aide training commenced in 1974. It was initiated by Dr. Belmont Williams, a Sierra Leonean Consultant Obstetrician/ Gynaecologist, then Director of MCH services and Dr. Bhinder, a WHO Consultant.

The training syllabus was developed and the training was initially designed to last for 18 months, covering all aspects of midwifery and child care. It was conducted in the headquarter towns of the three regions – Bo, Makeni and Kenema as well as Freetown in the Western. The Midwifery Tutors, Ms Angela Massally and Mrs. Gloria Betts played a pivotal role in the development of the syllabus for the implementation of the training and provided some degree of supervision. They were assisted by senior midwives such as Sister Rosa Porter, Sister, Edna Carew and Sister Nora Bell in the Western Area, Sister Onita Samai- Bo and Kenema, Sis. Lois Fallah – Makeni.

## **Course Title**

A 2-year training course in Maternal and Child health care for Maternal and Child Health Aides in Sierra Leone

## **Overall goal**

The goal of training of this cadre of health care is to reduce morbidity and mortality among the women of child bearing age and children under 5 years, by increasing access to quality Maternal and Child Health services in sierra Leone.

## **Specific objectives**

At the end of the course, the trainee will be able to:

- Manage pregnancy, normal labour, and offer basic postnatal services including family planning according to standard guidelines.
- Identify and manage some maternal complications and refer to the appropriate level promptly
- Manage newborn and under five health and refer to next level where necessary
- Offer friendly adolescent services
- Provide basic care to survivors of Gender Based Violence and refer.

## **Entry requirement**

1. Must have completed primary school so that they are able to keep simple records and write reports.
2. Preferably multi-parous women who had been performing deliveries in their area
3. Age 26-40 years
4. Must be recommended by community elders after consultation with child bearing women in the community.

With the commencement of Primary Health Care (PHC), new concepts in trends of midwifery and child health practice emerged; the curriculum is constantly reviewed and updated; the length of training was increased and entry requirements changed to accommodate the expanding role of the MCH Aide.

## **The Philosophy**

The Reproductive Health services in Sierra Leone believe in the social nature of mankind with its implication for life in communities. Every individual is entitled to continuous good quality health care especially during the reproductive health period.

- The maternal and child health service focuses on the care of women during the child bearing years, under five children, adolescents and their families
- Maternal and child morbidity and mortality are high; an important Intervention/strategy to address this situation is the provision of skilled attendants at the primary level of service delivery.
- Appropriate care in the child bearing period is crucial in promoting the health of the community therefore MCH Aide, who have been identified as 1<sup>st</sup> level skilled service provider, must be equipped with knowledge and skills to enable them provide comprehensive, high quality care; detect deviations from the normal early and promptly refer to the next level.
- Services provided must be culturally sensitive promotive, preventive, curative, rehabilitative and easily accessible, thereby promoting health family lives and enhancing the health and well bearing of the community.
- MCH Aides collaborate with other health service provides to improve on the welfare of women and communities.
- They are important change agents and a vital link between the primary and secondary level service provision

## **Modern Concept of MCH Aide Services**

The role of the MCH aides in the service delivery at community level has expanded greatly to meet emergency obstetric care/basic emergency and new born care standard as recommended in the Basic Package of Essential Health Services and according to the core competencies for Nurses and Midwives. The training has been extended to 24 months; 18 months theory and 6 months practical. This is followed by a 6 month internship. Their knowledge and skills are continually upgraded so that they can provide relevant, appropriate care for women, new born, and provide community health care, first aid and emergency treatment.

The training of the MCHAs should be fundamentally focused on the principles of primary health care, with emphasis on the provision of quality health services and in particular safe motherhood services available at the peripheral levels of the health system.

The key elements included in the Basic Package of Essential Health Services (BPEHS) should be the focus in their training and these are:

- Services which would have the greatest impact on the major health problems
- Services that were cost-effective in addressing the problems faced by many people
- Services which could be delivered to give equal access to both rural and urban populations.

The Basic Package of Essential Health Services provides a standardized package of basic services which forms the core of service delivery in all primary health care facilities and to promote provision of equitable access, especially in underserved areas.

At the community level, basic health services will be delivered by MCH Aides. A health post staffed by one MCH Aide and one TBA will cover a catchment area of about **1000 to 1500** people, equivalent to **100 to 150** families.

## **1. Programme details**

### **1.1 The MCH Aide**

Is a female who has been trained in an officially recognized training institution of the Ministry of Health and Sanitation for a period of 24 months. She is registered and licensed to promote the health of women and children as prescribed by the BPEHS and in accordance to the core competencies.

She works under the direct supervision of the District Health Team specifically the District Health Sister. She is a vital link between the community and the health care service delivery in her catchment area, specifically in the promotion of safe Motherhood and contributes to the reduction of maternal and infant mortality/morbidity.

An MCH aide trains and supervises all TBA activities in their various localities. She is a multipurpose health worker and acts as a vital link between the community and the health staff in her chieftdom.

### **1.2 Entry requirements**

- a. Age between 25-35 years
- b. Sex – female
- c. Educational level –Completed SSS 3/form 5 and attempted WASSCE or GCE O Level
- d. Resident in relevant district/chieftdom
- e. Must be interested in caring for women during their reproductive age, under-fives children and their families.

- f. Willing to work in the rural areas

**1.3: Duration of training-** 24 months (18 months theory and 6 months practical 6 months Internship)

**1.4: Intake**

- Every 2 years in September
- Number of student per intake – 50 per intake per District.

**1.5: Admission Process**

- a. Completed application and Duplicates of Certificates with a written letter sent through District Health Sister
- b. Written examination – conducted by CH/EPI Programme
- c. Referees 2 - A senior health worker and a Community member
- d. Personal interview by an interview panel.

**1.6: Composition of the Interview panel**

1. National Maternal and Child Health Aide Training Coordinator CH/EPI
2. Representative of the District council/city council
3. District Health Sister/District Medical Officer
4. Deputy Chief Nursing Officer (Public Health)
5. District Training coordinator serve as the secretary to the panel
6. Representative Human Resource – MoHS

**1.7: Requirement for interview**

- Testimonial of last school attended
- Original Copy of Certificate

**Successful candidates will undergo health screening by government employed medical officer for fitness**

**1.8: Uniform:** By funding Agency

- Prescribed uniform (sky blue) should be below the knees
- 2 Sets per year
- Brown shoes – low heel

### **1.9: Interruption during training**

- Prolong sickness
- Prolong absenteeism (more than 30 days within the period of training)
- Unable to continue due to pregnancy

Trainees are allowed 14 days holidays per year. A day in excess must be made up for prior to final assessment. If sick, a medical report must be submitted on resumption of training.

### **1.10: Discontinuation of training**

The Programme will discontinue the training of the MCH:

- After absenteeism for more than 1 month for whatever reason. Re-entry will be determined by the DHMT and CH/EPI Programme.
- Failure to attain 50% at the end of the introductory examination.
- Total Failure in Mid Training assessment/examination
- Prolong absence due to ill health
- Gross misconduct – fighting, dishonesty, misbehaviour or insubordination to authority.
- Criminal offences

**TRANSFER OF TRAINEE FROM ONE TRAINING CENTRE TO ANOTHER WILL NOT BE PERMITTED**

### **1.12: Vacation leave**

- 14 Days per year
- 24 days for 2 years

### **1.13: Indexing of students**

This will be done by the Nurses and Midwives Board of Sierra Leone after the introductory examination results.

**1.14: Training schedule** – To be prepared by CH/EPI programme **to maintain uniformity in all training centres.**

### **1.15: Disciplinary committee**

The committee will address issues of discipline for the training centres.

#### **1.15.1: Membership**

- Registrar of Nurses and Midwives Board
- Deputy Chief Nursing Officer (Public Health)

- National MCH Aide Training Coordinator
- District Health Sister of the respective training centre
- Chairperson of the District Health Committee
- MCH Aide class representative

## **2. Resources**

### **2.1: Human resource**

To be provided by Ministry of Health and Sanitation, Council and other health related partners. The District Health Sister 11 will support the approved Midwifery Coordinator who is responsible for the day-to-day implementation of the theory and clinical aspect of the curriculum. Trainers and Guest trainers will be drawn from other Health disciplines:

A training Centre should have

- Minimum of 2 Midwives with training Skills
- Clinical Instructors/Experienced Community Health Personnel
- Public Health Sisters/Matrons
- Guest Trainers for specialized areas; Anatomy and Physiology, Child Health/ EPI. Community Health. Drugs, Nutrition, Family Planning, Adolescent Health, Health Education, IMNCI, PMTCT, NTDs etc
- Secretary (Computer Literate)
- Support Staff (cleaner, messenger, etc)

### **2.2: Physical structure**

- Adequate well ventilated classroom space for 50 Trainees.
- Well equipped Library
- Clinical Skills Laboratory(Demonstration room)
- Offices for Coordinator and Trainers
- Secretary's office
- Common Room
- Stores
- Toilet facilities(student and staff)
- Adequate water supply
- Constant electricity (Generator)
- Telephone line
- Computer with Internet facilities and Accessories
- LCD Projectors

- Video and Television

### **2.3: Clinical facilities**

Clinical experience can be gained at Maternity Units, under five's clinics, Community Health Centres, and MCHPs and private coordinated clinics providing maternal and Child Health services.

### **2.4: Library**

- The School Library and that of the DHMT should be accessible to all staff and Trainees

### **2.5: Logistics**

- Models and Teaching aids
- Transportation and other facilities (utility vehicles, bus for field trips and supervision)

### **2.6: Learning/teaching resources**

In addition to theoretical instruction, trainees will be given clinical instruction and tutorials. Material resources and equipments for demonstration needed to enhance this include flip chart, markers, white board, chalk board and audio visual projectors screens

### **2.5: Teaching methods**

Didactic and interactive participatory teaching methods.

- Lecture / Discussion
- Clinical practice(Objective, Structural Clinical Examination methodology)
- Group work, peer teaching, role play, songs
- Home visiting,
- Brain storming and Discussion,
- Guided field trips
- Demonstration/ return Demonstration
- Case presentation
- Audio visual



### **3.0: Assessment/Evaluation**

- Continuous assessment throughout training (class test, assignment and end of unit assessment).
- End of Introductory period examination – this is very important, because it determines trainee's suitability to continue training
- Mid training assessment to be conducted by CH/EPI programme
- Final National examination conducted at district level, by the Nurses and Midwives Board of Sierra Leone.

#### **3.1: Requirement for State Board Examination**

- Submission of completed schedule book of practical experience
- Case study
- Completed entry forms to the examination endorsed by the training coordinator

This assessment will be done after the 100th week of training. It comprises of written and practical examination using the Objective Structural Clinical Examination methodology

## 4.0: Competencies of the MCH Aide

The MCH Aide performs the following competencies under the supervision of a midwife/ In charge or DHMT at the primary care level:

<b>General Knowledge skills and behavior from the social sciences, public health and the health professions</b>
<b>Competency #1:</b> MCH Aides have the requisite knowledge and skills that form the basis of quality, cultural relevant, appropriate care for women, newborn and childbearing family.
<b>Pre-pregnancy care and family planning methods</b>
<b>Competency # 2:</b> the MCH Aide provide quality culturally sensitive health information and educational services to all with emphasis on adolescents, women and the community in order to promote healthy family life, planned pregnancies and positive parenting. MCH Aides should be able to provide education, treatment and care to adolescent and young people in an adolescent friendly manner according to set standards.
<b>Care and counseling during pregnancy</b>
<b>Competency #3:</b> The MCH Aide provides quality antenatal care to maximize health during pregnancy. It includes early detection, treatment or referral of selected complications. In additions intervention such as testing for HIV, HB, Syphilis, MPs and treatment should reflected
<b>Care during labour and birth</b>
<b>Competency # 4:</b> MCH Aides provides quality culturally sensitive care during labour, conduct a clean and safe delivery and give basic obstetric care to complicated cases pending referral to maximize the health of the woman and newborn. This must including infection control procedures, routine use of partograph and monitoring of vitals.
<b>Postnatal care of women and newborn</b>
<b>Competency # 5:</b> MCH Aide provides comprehensive quality culturally sensitive postnatal care for women and newborn. It includes PNC package, HIV/PMTCT and skilled in at least two methods of family planning.
<b>Infant and under fives care</b>
<b>Competency # 6:</b> MCH Aides provides quality comprehensive essential care for infants and children up-to five years of age. They must be able to identify sick children and initiate care for prompt referral to the next level. This should include skills in malaria testing and treatment, pneumonia, diarrhea and nutritional interventions.

## **5.0: Professional behaviour**

### **The MCH Aide:**

- Must have access to continuing educational programme
- Maintain knowledge and skills in order to remain current in practice.
- Uses universal/standard precautions, infection control strategies and clean techniques
- Performs appropriate consultation at community level and referral during care.
- Is non-judgmental and culturally respectful.
- Works in partnership with women and supports them in making informed choices about their health especially on child spacing.
- Works collaboratively with other health workers to improve the delivery of services to women and families.

MCHAs have been performing the task mentioned below at their centres to save the lives of women, so would recommend further refresher training if they should perform this task competently.

- Perform manual removal of Placenta
- Establish intravenous line on a pregnant woman prior to referral considering the level of education

## **6.0: Course Title: Introduction to the course**

### **Course Description:**

This course is designed to give trainees an insight to the course package.

### **Objective**

1. Become familiar with the course schedule and work place, including her ethical and work responsibilities relating to her as MCH Aides.
2. Understand the concept of Primary Health Care and the structure of the Sierra Leone Health Care Delivery System.
3. Understand the basic elements of infection control and how diseases are spread.
4. Recognize the importance of the community in her role as a health worker.
5. Be able to differentiate between curative and preventive medicine, including the role of the tradition healer.
6. Increase her level of competence in the area of communication skills, teaching skills, and record keeping.
7. Gain an understanding of the anatomy and physiology of the human body, especially in

terms of practical application to her specific role as an MCH Aide.

8. The student will gain an overview of the units to be taught in the course as a whole.

## **Course Content**

- Historical Background And Current Status of The MCH Aide Training Programme In Sierra Leone
  - History of MCH Aide Training
  - Training of VMAs
  - Modern concept of MCH Aide services
  - The philosophy of Nursing and Midwifery
  - Professional behaviours
  
- Introduction To The Health Systems In Sierra Leone
  - Health Care Delivery System in Sierra Leone
  - Primary Health Care
  
- Introduction To Disease Process And Prevention
  - Healthy individuals and prevention concept
  - Germ theory
  - Universal Precautionary Measures (Hand washing plus)
  - Introduction to Environmental Sanitation
  - Introduction to EPI
  - Introduction to Nutrition (CMAM, IYCF)
  
- Introduction To Anatomy And Physiology
  - Female reproductive system
  - Male reproductive system
  
- Overview Of MCH Service Delivery
  - Role of the MCH Aide in Health Care Delivery in Sierra Leone
  - Introduction to problem solving skills
  - Overview of maternal care
  - Leading causes of maternal mortality and morbidity
  - Overview of child care
  - Leading causes of childhood mortality and morbidity
  
- Overview of Basic Nursing and First Aid

- Observation and monitoring of vital signs (BP, T, P, R)
- Introduction to medical abbreviations
- Overview of drug management, administration and pharmaco-vigilance
- Introduction to record keeping and reporting (MCH, General)
- Introduction to communication and training skills

## **7.0: Course Title: Basic Nursing and First Aid**

### **7.1: Basic Nursing**

#### **Course Description:**

This course is designed to help trainees acquire knowledge and skills in basic nursing procedures and care.

#### **Objectives:**

At the end of the course, trainees will be able to:

1. Identify the various beds in nursing
2. Demonstrate proper bed-making
3. Monitor and record vital signs correctly
4. Apply infection control using universal precaution and strict aseptic technique in the management of client and the environment.
5. Demonstrate skills in Barrier Nursing in caring for patients
6. Catheterize a client using aseptic technique
7. Observe and monitor input and output
8. Provide first aid treatment to an unconscious client before referral
9. Identify equipments, trays, trolleys and medical supplies
10. Apply the principles of Drug Administration
11. Describe the various forms and types of drugs
12. Bed bathing a patient

#### **Course Content**

- Basic nursing procedures - bed making, types of beds and accessories, bed bathing procedures and personal hygiene,  
Vital signs – Temperature, Pulse, Respiration, Blood Pressure, recording input and output.
- Universal Precautionary measures in Infection Control: Aseptic Technique, Sterilization, Barrier Nursing, Waste management Etc.
- Catheterization

- Collection of Specimen: Urine, stool, sputum, and swabs
- Admission and Discharge of Patients
- Equipments, Trays and Trolleys, medical supplies
- Principles of Drug Administration
- Types and Forms of drugs, Routes of Administration

## **7.2: First Aid**

This course is designed to equip trainee with knowledge and skills to render first aid care in common emergency in the community

### **Objectives**

At the end of the course the trainee will be able to:

- Define first aid
- State the principles of wound care
- Care for Injuries – in the community e.g. fractures, head injuries, chest and abdominal injuries
- Care of the unconscious casualty
- Administer first aid prior to referral for Emergency Conditions e.g. poisons (ingested and inhaled), snake bites, dog bites (Rabies)

### **Course content**

- Definition of first aid
- Principles of wound care
- Care of injuries eg fractures, head injuries etc
- First aid to the unconscious casualty
- First aid for emergency conditions
- First aid care and management before referral

## **8.0: Course Title: Anatomy and Physiology**

### **8.1: Female Reproductive System**

#### **Course Description**

This course is designed to help trainees acquire the basic requisite knowledge in anatomy and physiology of the female reproductive system and other related structures.

#### **Objective**

At the end of the course, the trainee will be able to:

1. Demonstrate a clear understanding of the anatomy and physiology of the female reproductive and other related structures
2. Apply this knowledge in the provision of reproductive health care.

#### **Course Content**

- The female reproductive system:- external genital, vagina, cervix, uterus, fallopian tubes, ovaries,- menstrual cycle, , pelvic floor and perineal body.
- The bony pelvis – types and measurements
- Urinary system, especially the bladder
- The female breast –in pregnancy and lactation
- Fertilization, embedding and growth of foetus & placenta, development of the foetus
- The placenta at term, its functions and abnormalities.
- Physiological changes in the reproductive system during pregnancy

#### **Abnormal conditions of the female reproductive organ**

- Vulva/vagina – inflammation, cysts, warts, STIs, fistulae (RVF/VVF)
- Cervix/uterus – polyps, erosions, laceration, in-competencies & inversion.
- Ovaries/Fallopian tubes – cysts, PID, ectopic pregnancy & others
- Pelvic floor – rectocele, cystocele, uterine prolapsed
- Breast – Inflammation, engorgement, flat nipples, inverted nipples. Lumps etc.

### **8.1: Foetal Skull and its measurements**

### **8.2: The Placenta**

### **8.3: Male Reproductive System**

#### **Course Description**

This course is designed to give trainees the requisite knowledge in the anatomy and physiology of the male reproductive system.

#### **Objective**

At the end of the course, trainee will able to:

1. Demonstrate a clear understanding of the male reproductive system
2. Apply this knowledge in the provision of the reproductive health care

#### **Course Content**

- The penis, urethra, scrotum, testes, vas deferens,etc

#### **Abnormal conditions of the male reproductive system**

- Penis – discharge, sores, inflammation, painful micturition, Hypospadias, erectile dysfunction etc
- Urethra – inflammation- stricture etc
- Testes – Undescended testes
- Scrotum – enlargement (Hydrocele)



## **9.0: Course title: Antenatal Care**

### **Course description:**

This course is designed to enable trainee acquire and apply basic knowledge and skills in all aspect of antenatal care.

### **Objectives:**

At the end of the course, the trainee will be able to:

1. Diagnose normal pregnancy
2. Outline the aims of ANC care
3. Motivate mothers to attend ante-natal clinic
4. Organize and conduct ante-natal clinic
5. Provide focus antenatal care and manage normal pregnancies
6. Recognize and treat minor ailments of pregnancy
7. Detect abnormal conditions in pregnant women and refer promptly.
8. Detect and manage STI / HIV positive pregnant women
9. Detect and manage uncomplicated malaria cases

### **Course Content**

- Diagnosis of pregnancy
- Aims of ante-natal care
- Health education topics
- Cultural aspects of Antenatal care
  - Examination of the pregnant woman
  - History Taking
  - Calculation of EDD
  - Physical assessment / general obstetric examination
  - Specific examination B/P, weight and height
  - Stool test, urine test (sugar, protein, bacteria)
  - Non engagement of the fetal head, pelvic assessment(CPD)
  - Blood test – MP, HB grouping, VDRL, HIV test, sickling test.
  - Vaginal discharges
  - Nutrition in pregnancy
  - Immunization in pregnancy
  - Personal hygiene

- Exclusive and early breast feeding
- Counseling on prevention of mother to child of HIV/AIDS (PMTCT)
- Birth preparedness and complication readiness plan
- **Minor ailments in pregnancy**
  - Morning sickness,
  - Indigestion
  - Ptyalism
  - Frequency of micturition
  - Craving or dislike of certain foods
  - Varicose vein
  - Haemorrhoids/constipation
  - Backache/leg cramping
  - Fainting attacks etc.
- **Complications of pregnancy**
  - Hyperemesis gravidarum
- **Warning signs in pregnancy**
  - Bleeding in Early pregnancy – Ectopic pregnancy, Abortions
  - Bleeding in Late pregnancy – Ante- Partum Haemorrhage, Ruptured Uterus
  - Pre-eclampsia and eclampsia
  - Premature rupture of membranes
  - Multiple pregnancy
  - Poly-Hydramnios
  - Hydatidiform mole
  - Incompetent cervix
- **Vaginal discharge & STI including PMTCT/HIV/AIDS**
- **Other conditions**
- Common medical conditions in pregnancy
  - Hypertension
  - Tuberculosis
  - Diabetes
  - Malaria
  - Cardiac diseases
  - Anaemia including sickle cell diseases,
  - Urinary tract infections cystitis and others

- **Tropical illness in pregnancy**
  - Worm infestation
  - Amoebic and bacillary dysentery
  - Skin infection e.g. ringworm
  
- **Mal-presentation and malposition**
  - Occipital posterior position
  - Transverse lie, oblique lie, breech presentation,
  - Cephalo-Pelvic Disproportion (CPD)

## **10.0: Course title: Labour, delivery, postnatal and newborn care**

### **10.1: Labour**

#### **Course Description**

This course is designed to enable trainee acquire and apply basic knowledge and skills in all aspects of the management of the different stages of labour

#### **Objectives**

At the end of the course, the trainee will be able to:

1. Define labour & understand the physiology and mechanism of 4 stages of labour
2. Differentiate between normal and abnormal labour
3. Monitor progress of labour using the partograph
4. Recognize the signs of the onset of labour
5. Care for the woman during labour and the immediate post delivery period
6. Administer appropriate analgesic drugs for the relief of pain during labour
7. Retain placenta
8. Recognize deviation from normal progress & refer for further management

#### **Course Content**

- Definition of labour
- Management of 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> and 4<sup>th</sup> stage labour: Use of partograph
- Vaginal examination in labour
- Pain relief in labour
- Emotional support
- Active Management of 3<sup>rd</sup> Stage of Labour
- Abnormal labour – referral for e.g.
  - Pre term/post maturity
  - Abnormal uterine action
  - Prolong 1<sup>st</sup> stage
  - Delay 2<sup>nd</sup> stage
  - Obstructed labour
  - Fetal distress
  - Cord prolapse / presentation
  - Mal-presentation
  - Abnormal lie

## **10.2: Postpartum Care**

### **Course Description**

This course is designed to prepare trainee to provide appropriate care to mother child and family after delivery

### **Objectives**

At the end of the course trainee will be able to:

1. Define the Puerperium.
2. Give appropriate care to the mother and child after delivery
3. Recognized deviation from normal in the Puerperium.
4. Refer promptly for further management of cases with complication and abnormalities (for both mother and child)

### **Course content**

- Definition of Puerperium.
- Management of the Puerperium
- Control of bleeding
- Bladder and perineal care
- Post natal examination
- Process of lactation, early and exclusive breast feeding
- Perineal laceration/Episiotomy care
- Maternal nutrition, rest – sleep
- Family planning

### **Abnormalities in the puepurium and their management**

- Engorgement problems with breastfeeding, mastitis, cracked nipples, Puerperal pyrexia, Puerperal sepsis, abnormal nipples, Thrombosis, Post partum eclampsia, severe anaemia.
- Depression and puerperal psychosis, urinary complication, retention, incontinence urine ,Obstetric fistula (vesico/recto vaginal fistulae)

## 11.0: Emergency obstetrics

**Course description:** This course is designed to upgrade the knowledge and skills on emergency conditions.

### **Objectives:**

At the end of this course, trainees will be able to:

1. Define emergency obstetrics
2. List the types of emergency obstetrics conditions
3. State the signal functions in emergency obstetrics
4. List causes of maternal mortalities
5. Provide pre-referral management of emergency obstetric cases

### **Course content**

- Definition of emergency obstetrics
- Emergency obstetric conditions
- Pre-referral management
- Signal functions in emergency obstetrics
- Causes of maternal mortalities

## **12.0: Course title: Newborn and Child health care**

### **Course description:**

This course is designed to prepare trainees to provide appropriate care to the New Born up to five years

### **Objectives:**

At the end of the course the trainees will be able to:

1. Define New Born Care
2. Define Neonatal resuscitation
3. Perform Neonatal resuscitation
4. Manage low birth weight
5. Identify congenital abnormalities and birth injuries
6. Care for the sick new born
7. Care for the child born to HIV positive mother

### **Course Content**

- Essential newborn care
- Neonatal Resuscitation
- Management of Low birth weight and preterm babies
- Congenital abnormalities and birth injuries
- Care of the sick new born
- Care of the child born to HIV positive mother
- Immunization
- Growth and development (milestone)
- Growth monitoring and health promotion
- Child nutrition – early & exclusive breast feeding
- Common nutritional disorders
- Normal feeding pattern and types of feeding methods (exclusive breastfeeding and complimentary feeding)
- Common illness in under fives
- Integrated Management of Childhood Illness (IMNCI) for the under fives
- Common communicable diseases in children
- Supportive Care
- Management of pain and fever (including common causes of fever)
- Malaria, ARI and Diarrhoea
- Meningitis

- Urinary tract Infection (UTI)
- Ear/ Nose and throat Infection
- Typhoid
- Lassa Fever
- Measles/ Chicken Pox



## **13.0: Course Title: Family Planning**

### **Course description**

This course is designed to enable trainee acquire basic knowledge in family planning for effective participation in the delivery of family planning services.

### **Objectives**

At the end of the course the trainee will be able to:

1. Apply the knowledge of anatomy and physiology of the human reproductive sexuality in the provision of family planning services
2. Obtain and administer family planning commodities based on needs of client.
3. Sensitize community for family planning
4. Educate and counsel clients and community about Sexual Transmitted Infections (STIs) including HIV/AIDS
5. Identify and manage side effect
6. Identify and refer cases for long term and permanent methods of family planning
7. Refer clients who need special services e.g. Infertility, Reproductive health cancer

### **Course Content**

- **Review of anatomy physiology in relation to family planning**
- Overview of family planning
  - History of family planning
  - Rationale and benefits of family planning
  - Socio/economic, cultural, religious beliefs and customs that affect family planning
  - Community sensitization and mobilization for family planning
- Contraceptive technology (methods, mode of action, myths and misconceptions)
- Family planning information and counseling
  - Assessment of clients for family planning services
  - Management of common side effects
  - Prevention and treatment of reproductive tract infections including HIV/AIDS

## **14.0: Course title: Immunization/EPI**

### **Course description:**

The course is designed to enable trainees to acquire and skills in the management of cold chain and administration of vaccines.

### **Course objective:**

At the end of the course, trainees will be able to:

1. Define immunity and immunization
2. Identify the various types of immunity
3. List the vaccine preventable diseases in Sierra Leone
4. Acquire knowledge on the types of vaccine, schedule and their route of administration
5. Maintain the cold chain
6. Plan and conduct immunization sessions
7. Identify adverse effects following immunization (AEFIs)
8. Document and refer cases of AEFIs

### **Course content :**

- Immunity and Immunization
- Types of immunity
- Vaccines, schedule and routes of administration.
- Target Diseases, case Definition and their vaccines
- Cold Chain
- Planning for and conducting Immunization Sessions
- Adverse effect following immunization
- Record keeping and reporting
- Monitoring and Evaluation

## **15.0: Administration of drugs**

### **Course description**

The course is designed to enable trainees acquire knowledge and skills on drug administration – content, indication and use, side effect

**NOTE: MCH Aide in training - MCH Aide in training should not administer any drug including analgesics, during the course of her training, before enrolment as an MCH Aide unless she has been thoroughly instructed on its use, dosage and method of administration under supervision.**

### **Course objective:**

At the end of the course, trainees will be able to:

1. Identify common drugs used in MCH practice
2. Calculate and administer common drugs according to standard guideline and protocol
3. Identify adverse drug reaction and refer
4. Report and keep records
5. Administer and manage drugs

### **Course content**

- Common drug used in MCH practice
- Drug administration and management
- Reporting and record keeping

## **16.0: Adolescent Reproductive Health**

### **Course description:**

This course is designed to help trainees acquire the basic knowledge and skills for effective management of Adolescent reproductive health.

### **Objective:**

At the end of the course, the trainee will be able to:

1. Define adolescence
2. Define who is an Adolescent/Youth
3. Describe stages of adolescents
4. Identify the common reproductive health problems of Adolescent and young people
5. Manage common RH problems in adolescents and young people.
6. Provide an adolescent-friendly atmosphere
7. List approaches and services available adolescents

### **Course content**

- Definitions – Adolescence, adolescent, young people, youth.
- Developmental stages of adolescents
- Characteristics of an adolescent
- Reproductive health need of the adolescent
- Adolescent reproductive health problems and their management
- Communication and counselling adolescent
- Management of Adolescent survivors of sexual violence/assault.
- Post abortion care
- Adolescent pregnancy
- STIs including HIV and AIDs
- Drugs / substance abuse
- Mental health problems
- Adolescent / Youth Friendly Services
- Provision of Youth Friendly Services

## **17.0: Community Health/Primary Health Care**

### **Course Description**

This course is designed to equip the trainee with basic knowledge and skills in community primary health care services that will enhance good relationship with the community and enable her to provide appropriate health care services

### **Objectives**

At the end of the course the trainee will be able to:

1. Define community and community health
2. Identify health problems in the community
3. Define primary health care
4. List the element and principles of primary health care
5. Explain the concept of primary health care
6. Plan and work with the community to take appropriate action to address their health needs
7. Supervising and reporting health activities in the community
8. Conduct ongoing supportive supervision of the community

### **Course Content**

- Definition of community and community health/PHC
- Elements of primary health care
- Concept and principles of primary health care
- Community entry and mobilization
- Community assessment
- Community analysis
- Prioritization of health problems in the community; planning and implementation of health and other related programmes
- Community Involvement and participation
- Ongoing supportive supervision

## **18.0: Gender Based Violence**

**Course description:** This course is designed to equip the MCHA trainees with knowledge and skills in coping with gender base violence in the community.

### **Objectives**

At the end of the course, trainees will be able to:

1. Define Gender based violence
2. List the various types of Gender based violence
3. Identify the causes of Gender based violence
4. Participate in the management of Gender based violence (GBV) survivors
5. Advocate on the prevention of GBV in communities
6. Refer survivors to the appropriate bodies and Organizations

### **Course content**

- Definition of Gender based violence
- Types and causes of Gender based violence
- Management of GBV survivors
- Referral of GBV survivors to appropriate bodies.
- Sensitization of communities on GBV

## **19.0: Eye Care**

**Course Description:** This course is designed to equip trainees with knowledge and skills in basic eye care

### **Objectives:**

At the end of the course, the MCH Aide trainee will be able to:

1. Identify common diseases affecting the eye
2. Acquire knowledge in the principles of management of minor ophthalmic emergencies.
3. List the main systemic diseases affecting the eye.
4. Know the magnitude of blindness in Sierra Leone and its main causes.
5. Identify the role of Peripheral Health units in organizations of eye camps.
6. Organize Primary Health Care and the functioning of the MCHA Posts.

### **Course content**

- Common diseases affecting the eye
- Management of minor ophthalmic emergencies
- Main systemic diseases affecting the eye
- Causes of blindness in Sierra Leone
- Role of PHUs in organization of eye camps
- Organization of Primary Health Care and the function of PHUs
- History taking pertinent to general health and ocular status
- Measuring of Visual Acuity
- Diagnose and treatment of common problems affecting the eyes
- Refer eye cases to appropriate eye centres

## **20.0: Environmental health**

### **Course description:**

This course is designed to enable trainees acquire knowledge in environmental sanitation.

### **Course objective:**

At the end of the course trainees will be able to:

1. Define environmental sanitation
2. Describe the components of environmental health in any community
3. List the types of environmental health hazards
4. describe the relationship between air, water and soil pollution and human health
5. List the types of water wash diseases, identify proper housing and solid waste excreta disposal methods.
6. Describe various harmful vectors

### **Course content:**

- Environmental sanitation
- Component and type of Environmental Health
- Waste and excreta disposal
- Food hygiene
- Housing
- Control of vectors
- Rodents
- Pollution



## **21.0: Integrated Disease Surveillance and Response (IDSR)**

**Course description:** This course is designed to enable the trainee have knowledge and skills in disease surveillance and response.

### **Objective:**

At the end of the course, the trainee will be able to :

1. Identify priority diseases in Sierra Leone
2. Report on priority diseases in Sierra Leone
3. Manage common diseases.

### **Course content:**

- Priority diseases in Sierra Leone
- Reporting on priority diseases
- Management of common diseases

## **22.0: Referral**

### **Course description**

The course is designed to equip trainees with knowledge and skills necessary for the referral of cases that are beyond the scope of her practice.

### **Objective:**

At the end of the course, the trainee will be able to:

1. Define referral
2. List cases in her practice that should be referred
3. Explain the process involved in referral of a patient

### **Course content**

- Definition of referral
- Indication for referral
- Steps involved in referrals
  - Decision to refer and preparation of patient
  - Seek consent/cooperation of patient and responsible relative
  - Decide who should accompany patient
  - Equipment, health personnel needed to accompany patients
  - Follow up of patients that are referred

## **23.0: Recording and reporting**

**Course description:** This course is designed to help trainees acquire knowledge and skills in keeping records

### **Objectives:**

At the end of the course, trainees will be able to :

1. Define recording and reporting
2. State the importance of recording and reporting
3. Know the types of records to be kept and how to report
4. Acquire skills on recording and reporting

### **Course content**

- Definition of records and reporting
- Importance of record keeping
- Types of records to be kept
- Skills in recording and reporting

## **24.0: Rules regulating the practice of the MCH Aide**

The trained MCH Aide is responsible for providing maternal, neonatal, child health, family care and other basic community health services at primary level. This includes community motivation and mobilization, teaching community members about health and well being as well as environmental sanitation. In addition, the trained MCH Aide will help identify, conduct refresher training for TBAs and supervise other chiefdom health workers.

### **Common ailments which MCH Aides are allowed to treat**

- Mild anaemia
- Uncomplicated malaria
- Diarrhoea and vomiting
- Simple infections (ARI, Sores, etc.)
- Worm/s infestation
- Minor wounds

**NOTE:** Any drug that is not mentioned in this curriculum should not be used by an MCH Aide

## **25.0: Annexes**

### **Annexe 1: Conditions of service after training, registration and licensing of trained MCHAs**

#### **Registration**

All trained MCHAs MUST register with the Nurses and Midwives Board within one month of qualification and before start of professional practice.

#### **License**

License issued to the MCH Aides by the Nurses and Midwives Board MUST be renewed every 3 years.

#### **Title**

After successful completion of training and registration, the title of Maternal and Child Health Assistant (MCHA) can be used.

#### **Uniform**

It is recommended that MCHAs be attired in the prescribed uniform before postings. Brown low heel shoes are to be worn with the uniform.

#### **Salary**

It is recommended that the MCHAs receive a salary on scale H2, with provision for annual increments. The new MCHAs should be uniformed about this scale during absorption into civil service.

#### **Continuing Education**

Opportunities must be offered to MCHAs to upgrade their knowledge and skills and improve on their competences to meet their expanding role in service delivery. This will create an avenue to empower the MCH Aide to provide effective, appropriate care for women, new born, under fives and their families.

## **Annexe 2: Job Description of the MCHAs**

The training and services of the MCHAs should be fundamentally based on the principles of primary health care and the Basic Passage for Essential Health Services (BPEHS), which emphasizes on the provision of quality health services to Women and Children at the peripheral levels of the health system.

### **General Care - (includes first aid and emergency management)**

The first function of MCH Aides is General Care, which includes:

- Care of sick patients prior to referral – ward procedure bed making, general toilet/ hygiene bathing
- Careful lying of patients
- Attention to pressure areas
- Observation of urine/ disposal of urine

### **Maternal care**

- Diagnoses of pregnancy
- Motivate pregnant women to attend antenatal clinic
- Organise and conduct Ante natal clinic including nutrition education
- Screen and detect high risk and abnormal cases and refer promptly
- Birth preparedness and emergency readiness plans
- Conduct clean and safe delivery
- Care for the new born with emphasis on hygiene and cord care (Essential Newborn Care)
- Postnatal care and family planning services

### **Child care**

- Motivate mothers to take their children to the under fives clinic
- Organise and conduct under fives clinics
- Counsel mothers on exclusive breast feeding
- Treat minor ailments
- Refer cases beyond their level of competence or scope of practice.

### **Record keeping**

- Write reports and keep accurate record of all MCH activities including births and deaths
- Keep records of supplies and their distribution
- Keep inventory of equipment etc

## **Primary health care**

- Motivate and teach community members about primary health care
- Mobilize community for participation in PHC
- Conduct health education and environment sanitation
- Assess and manage community health programmes {case finding}
- Home Visiting

### **Annexe: 3 Indications for referral**

The MCH Aide must refer conditions which are not within her scope of practice for further management. These conditions include; deviation from the normal in the ante-partum, intra-partum post-partum, neonatal and under fives period.

#### **Ante partum period**

- Severe hyperemesis gravidarum
- Vaginal bleeding during pregnancy
- Severe anaemia in pregnancy
- Loss of Foetal Movements
- Pre eclampsia and eclampsia
- Poly Hydramnios
- HIV positive patients
- Premature rupture of membranes
- Multiple pregnancy
- Non-engagement of the head at 36<sup>th</sup> weeks gestation in Primi-gravida Abnormal gait, small pelvis
- Abnormal lie – breech transverse, unstable lie
- Urinary tract infections
- Prematurity
- Post maturity

#### **Medical conditions in pregnancy**

- Hypertension, tuberculosis, diabetes mellitus, Severe or complicated malaria, cardiac disease, sickle cell disease
- Amoebic and bacillary dysentery
- Typhoid

#### **Intra partum period**

- Early rupture of membranes
- Prolonged labour
- Persistent occipito posterior position
- Mal-presentation – breech, face, Cord prolapse and cord presentation
- Abnormal uterine action
- Prematurity
- Intra-partum bleeding

### **Other obstetrical emergencies**

- Obstructed labour
- Ruptured Uterus
- Prolapsed hand

### **Post partum period**

- Post partum haemorrhage
- Severe perineal laceration/tears
- Puerperal sepsis
- Puerperal psychosis
- Urinary tract infection
- Breast complications – mastitis, abscess
- Venous thrombosis
- Obstetric fistula: vesico- vaginal fistula and/or recto- vaginal fistula

### **Neonatal period**

- Severe Asphyxia Neonatarum ( Birth Asphyxia)
- Birth injures
- Neonatal infection
- Congenital abnormalities
- Low birth weight babies( premature/small for date)
- Failure to thrive
- Infections

**\* In the event of obstetric emergencies, give pre-referral management and refer immediately to the next level. If there is no improvement or if there is a sudden change in the patient's condition, she must be referred to the appropriate level for further management.**



## Annexe 4: Course Duration, Assessment & Clinical Practice

Maternal and child health course for MCH Aides - 24 months (104 weeks)

**Table 1: Theory Sessions and Duration**

No	Course	Time Allotted (Weeks)	Hours
1	Introductory	12 weeks	330
2	First Aid/Basic Nursing	3 weeks	82.5
3	Anatomy & Physiology and Ante Natal Care	6 weeks	165
4	Labour, delivery postnatal and newborn care	6 weeks	165
5	Emergency Obstetrics Care	1week	27.5
6	Newborn and Child Health	1week	27.5
7	Family Planning/STIs	1.5week	31.25
8	Immunization	3weeks	82.5
9	Drug Administration	2weeks	55
10	Adolescent Sexual and Reproductive Health	4 weeks	110
11	Community Health/Primary Health Care/GBV /Eye Care	5.5 weeks	151.25
12	Environmental Health	1week	27.5
	TOTAL	42 weeks	1255

### Practical Sessions and Duration

No	Practical	Week	Hours
1	Basic Nursing and First Aid	1	27.5
2	ANC	12	330
3	Midwifery and Newborn	16	440
4	Childhealth	9	247.5
5	Holiday	4	110
		42	1595

**Table 2: Periods of Assessment**

No	Assessment	Period
1	End of introduction examinations theory only	12 weeks
2	Mid training assessment	50 <sup>th</sup> weeks

## Theory and Practical set by CH/EPI Division

**Table 3: Summary of Examination Time Frames**

<b>No</b>	<b>Session</b>	<b>Period</b>
1	First theory	51 <sup>st</sup> – 53 weeks
2	Revision study block	97 <sup>th</sup> week
3	Final Examinations (All Training Centres)	98 <sup>th</sup> – 100 <sup>th</sup> weeks
4	State Finals	100 <sup>th</sup> week
5	Final Holiday	100 <sup>th</sup> – 104 <sup>th</sup> weeks

## Clinical Rotation

**Table 4: Day Duty**

<b>No</b>	<b>Session</b>	<b>Duration</b>
1	Basic nursing/First Aid	1 week
2	Antenatal Clinic	8 weeks
3	Antenatal ward	4 weeks
4	1 <sup>st</sup> stage labour	6 weeks
5	Delivery room/home deliveries, newborn care	12 weeks
6	Post natal including family	6 weeks
7	Child health and under fives clinic	8 weeks
8	Community/primary health care	6 weeks
9	Home visiting	2 weeks

**Table 5: Night Duty**

<b>No</b>	<b>Session</b>	<b>Duration</b>
1	Ante natal ward	1 week
2	1 <sup>st</sup> stage	1 week
3	Delivery room	3 weeks
4	Special areas	1 weeks

The programme is one-third theory and two-thirds practical

Total weeks of training is 104

**NB:**

- Trainees are rotated to cover 24 hour services (both day night duty) in BEmONC facilities and field areas for their practical experience.
- External examiners must be used to conduct State Board final examinations at district level.
- End of training postings: Trainees will be posted for 6 months internship to acquire post basic practical experience in PHUs prior to permanent postings

**Annexe: 5 Drugs used by Maternal and Child Health Aides  
Analgesics, Anti pyretic and Anti inflammatory**

- Paracetamol (100mg tabs)
- Paracetamol, 500mg tabs
- Paracetamol, 125mg tabs/5mls syrup
- Paracetamol, 125mg suppositories
- Ibuprofen- 200mg tabs

**Anti-allergics, anti pruritis and drugs used in Anaphylaxis**

- Adrenaline(epinephrine) 10mg/ml injection
- Chlorpheniramine 10mg/ml injection
- Chlorpheniramine 4mg tablets
- Hydrocortisone sodium succinate 100mg powder for injection
- Promethazine 25 mg tablets
- Promethazine 5mg /5ml syrup
- Promethazine 25mg/ml injection
- Calamine lotion
- Hydrocortisone Bp
- Zinc oxide 10% ointment

**Anti Helminthics**

- Mebendazole 100mg
- Mebendazole 100mg/10ml suspension
- Albendazole 200mg tablets
- Piperazine 300mg tablets
- Livamisole 50mg tablets)

**Anti Amoebic**

- Metronidazole 250mg Tablets
- Metronidazole 125/5ml powder for syrup
- Metronidazole 500mg vaginal tablets

## **Anti Bacterial**

- Penicillin
- Amoxicillin 250 mg capsule/tablets
- Amoxicillin 125mg/Powder for syrup
- Ampicillin 500mg Powder for Injection
- Benzathine penicillin benzyl penicillin 1.44g/2.4MU powder for injection
- Benzyl penicillin 600mg/MU powder for injection
- Cloxacillin 250 mg tablets/capsules
- Cloxacillin 500mg powder for injection
- Cloxacillin 125 mg/5ml for syrup
- Phenoxymethyl penicillin (penicillin V) 250mg tablets
- Procaine penicillin fortified 4 MU powder for injection(3MU+1MUj)
- Chloramphenicol 250mg Capsules
- Cotrimozazole (Tabs/syrup)
- Tetracycline 250mg tablets/ capsules
- Doxycycline 100mg tablets/capsules
- Erythromycin 250mg tablets/ capsules
- Erythromycin 125mg/5ml(as ethyl succinate) syrup
- Metronidazole 125 mg tablets
- Metronidazole 125/5ml Powder for syrup
- Metronidazole 500mg tablets
- Ciprofloxacin (Tabs)
- TB drugs

## **Anti Fungal**

- Nystatin 100,000iu oral suspension
- Nystatin 500,000iu tablets
- Nystatin 100,000 tablets
- Benzoic acid 6% Salicylic acid 3% Ointment(Whitefield's ointment)
- Clotrimazole 1%
- Miconazole 2% cream
- Nyatatin 100,000iu/g Ointment

## **Anti Malarials**

- Artesunate suppositories

- Artesunate+Amodiaquine50mg/150mg base tablet
- Artesunate+Amodiaquine200mg/150mg base tablet
- Quinine300mg (as sulphate) tablets
- Sulphadoxine 500mg/pyrimethamine25mg tablets

### **Haematinics drugs**

- Ferrous fumerate 45mg Ferrous iron/5ml syrup
- Ferrous sulphate 200mg (60mg Ferrous iron) tablets
- Ferrous sulphate 200mg/ folic acid 0.25mg tablets
- Folic acid 5mg tablets

### **Vitamins and Minerals**

- Ascobic acid (vitaminC) 50mg
- Ascobic acid (vitaminC) 250mg
- Multivitamin tablets
- Retinol(vitamin A)200,000IU/6mg capsules
- VitaminB Compound tablets
- Vitamin K

### **Anti Infective/ Antiseptics/ Disinfectant**

- Crystal violet (Gentian Violet) paint
- Chlohexidine 1%antiseptic cream
- Neomycin 0.5/bacitracin5000u/g ointment
- Tetracycline
- Spirit
- Chlorine
- Dettol
- Cetrimide 15%/chlorhexidine1.5% concentrate
- Chlohexidine 5 % concentrate
- Povidine iodine10% aqueous

### **Eye care**

- Chloramphenicol 0.5%eye drops
- Chloramphenicol 1% eye drops
- Gentamycin 0.3% eye drops
- Tetracycline 1% eye ointment

**Fluids and Electrolyte**

- ORS
- IV Fluids (Ringers lactate, Normal Saline, 5% Dextrose/saline, etc)
- Water for injection

**Antacids**

- Magnesium hydroxide + Aluminium Hydroxide oral suspension
- Aluminum Hydroxide 500mg tablets
- Magnesium trisilicate compound tablets

**Anti asthmatic drugs**

- Adrenaline (Epinephrine) 1mg/ml injection
- Salbutamol 4mg tablets
- Salbutamol 2mg tablets
- Salbutamol 2mg/5ml syrup
- Salbutamol 100mg/dos inhaler

**Anti Tussives**

- Diphenhydramine 6.25/5ml paediatric syrup

**Anti convulsant and anti Epileptic drugs**

- Magnesium Sulphate
- Phenobarbital 100mg/ml
- Diazepam 5mg /ml injection

**Oxytocic drugs**

- Oxytocin 10 iu /ml
- Ergometrine 0.5mg/ml injection

**Family Planning commodities**

- Pill
- Injectable
- Condom

**Vaccines**

- BCG
- Pentavalent
- Tetanus Toxoid
- Measles
- Yellow fever
- Pneumococcal
- Polio
- Any additional vaccines introduced

**Scabicides and Pediculocides (Scabies and lice)**

- Benzyl benzoate 25% application
- Benzyl benzoate 90% saponated solution
- Lindane 1% lotion
- Melathion 1% hair shampoo

**Anti Emetic and Emollient drugs**

- Promethazine 25mg tablets
- Promethazine 5mg/5ml syrup
- Promethazine 25mg/ml injection 1ml
- Lubricating Jelly
- Paraffin soft white jelly Bp

**Miscellaneous/others**

- Oncho drugs Anti Viral Drugs
- Anti viral drugs



#### **Annexe 4: The role of MCH Aide Training Coordinator**

- As a member of the DHMT Co-ordinates the training programme with the Child Health/EPI Division
- Work closely with DHS to implement all MCH Aides Basic Training activities
- Spend over 85% of her time with the trainees taking into consideration their educational needs and social welfare
- Ensures the availability of resources for the Basic MCH Aide training programme
- Goes over the days work with Trainees especially with technical topics
- Ensures early and regular liquidation of funds provided for the training programme
- Prepares timetable in collaboration with DHS
- Writes progress report of the training programme to the Child Health/EPI Division
- With support the DHMT and other stakeholders conduct supervisory visits to MCH Aide trainees during practical experiences
- Ensure field trips are carried out according to schedule
- Ensure effective monitoring and evaluation of the training programme
- Maintain a register of trainees daily attendance

## **26.0: References**

1. Basic Package for Essential Health Services.
2. Core Competencies for MCH Aides in Sierra Leone
3. Core competencies for Nurses and Midwives – Ministry of Health and Sanitation 2010
4. MCH Aides Manual MCH Division
5. Nurses and Midwives Act, Sierra Leone
6. Revised Essential Medicines list for CHP/MCHP 2012
7. The ICM/ Afro Essential Competencies For Maternal and Child Health Aides (Auxiliary Midwives) Practicing.