

**PROJECT AGREEMENT
BETWEEN AID AND**

Government of Botswana

AN AGENCY OF THE GOVERNMENT OF

1. Project/Activity No.

PAGE 2 OF 10 PAGES

2. Agreement No.

3. Original or
Revision No. _____

3. Project/Activity Title

Maternal and Child Health/Family
Planning Training

1. PROJECT OBJECTIVES:

The general purpose of this project shall be to support and assist the Government of Botswana (GOB) in the development of a cadre of public health personnel capable of staffing the urban and rural health facilities and providing essential health services - health promotion, maternal and child health/family planning (MCH/FP) and preventive health - for the country's population. This effort will be undertaken within the context of the development policy of the Botswana Government which gives priority emphasis to rural social and economic development within the country. The U.S. assistance will be coordinated with related assistance from other donors.

The basic objectives of the project will be to:

- A. Train or re-train personnel for staffing rural health facilities in public health, maternal and child health and family planning;
- B. Prepare an integrated curriculum (including appropriate public health and MCH/FP components) for use in the basic nurse training schools;
- C. Train a selected tutorial staff to continue use of the integrated health curriculum;
- D. Establish a functioning Health Education Unit with a trained local staff capable of serving health needs including MCH/FP services and preventive health;
- E. Develop field training facilities and field practice areas needed to support the health training program; and
- F. Establish an effective post-natal family planning service in the three Government training hospitals.

II. PROJECT DESCRIPTION:

The Government of Botswana, as part of its broader policy of giving priority emphasis to rural social and economic development, is planning to expand the rural health infrastructure of the country. In expanding its rural health program the Government will concentrate on extending maternal child health care and family planning (MCH/FP) services to a greater proportion of the population and will include health education,

For the Cooperating Government or Agency

For the Agency for International Development

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

TITLE:

TITLE: Regional Development Officer,

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PROJECT AGREEMENT BETWEEN AID AND Government of Botswana AN AGENCY OF THE GOVERNMENT OF	1. Project/Activity No.	PAGE <u>3</u> OF <u>10</u> PAGES
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improved communal hygiene and general preventive health services as part of the program.

Botswana, as other developing countries, suffer from shortages of adequately trained health manpower, relatively high infant and child mortality rates, problems of malnutrition, low standards of communal hygiene, respiratory diseases and other infectious and insect borne diseases. Added to these problems is a rapid rate of population growth, estimated at 3 per cent per annum.

The total population of Botswana is officially estimated at 626,000, with an overall population density of 3 persons per square mile. However, over 80 per cent of the population is concentrated in a narrow corridor paralleling the eastern border of the country. Of this 80 per cent, approximately half live in eleven population centers of between 10,000 to 35,000 each.

At the present time there are in Botswana seven Government and six mission hospitals with a total of 1,918 beds, i.e., 3.1 beds per 1,000 population. There are 41 physicians, 337 registered nurses, 169 enrolled nurses and 291 registered nurse midwives on the registers of the Botswana Nursing Council, who are for the most part involved in medical care rather than public health services. The rural areas are served by 10 health centers/clinics and 126 health posts which are operated by the Government Health Services, Missions, or District Councils.

In order to increase MCH/FP services to the rural population the Government proposes the expansion of rural health facilities staffed with personnel trained in disease prevention, maternal and child health and family planning. A request has been submitted to the Government of Norway for construction of 40 health clinics and 120 health posts over the period 1973-1978.

The Government plans to staff these health clinics with a minimum of one registered nurse and one enrolled nurse, one of whom will be a qualified midwife. A qualified Public Health Nurse, based at a Health Center in a District will be responsible for general supervision of Clinics and Health Posts. These will be visited at regular intervals by the District Medical Officer. The primary responsibilities of Clinics will be to provide MCH/FP services, follow-up and health education although some curative services will be provided.

While the available nursing manpower is well distributed over existing health facilities and is adequate in numbers to staff

For the Cooperating Government or Agency SIGNATURE: _____ DATE: _____ TITLE: _____	For the Agency for International Development SIGNATURE: _____ DATE: _____ TITLE: <u>Regional Development Officer</u>
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these facilities, at present the clinic staff have little or no public health orientation nor sufficient training in MCH/FP. If the availability of these services is to be rapidly expanded, there must be considerable input directed toward reorientation and retraining of existing health staff. In addition, if all future nurses trained in the country are to be prepared to function effectively in either the hospital or public health setting and serve in the expanded rural facilities which are planned for construction during the next five years, PH/MCH/FP must be incorporated into the basic training curricula of the country's nursing schools.

As outlined in the project proposal (attached as Appendix B), this project is intended to provide such in-service training for most of the nurses currently working in the country and to assist with revision of nursing curricula in order that future nurses will receive public health, maternal and child health and family planning as a part of their basic training. In addition, the project will help establish a Health Education Unit within the Department of Medical Services in support of the expanded rural health program and National Family Planning Program.

III. U.S. GOVERNMENT CONTRIBUTION:

A. Planned Life-Of-Project Support

Subject to the annual availability of funds and mutually satisfactory progress towards the objectives specified above, U.S. assistance for this project is scheduled to continue for approximately six years. During this period, A.I.D. will provide grant-financed technical assistance in the form of services of U.S. technical personnel, training of Botswana staff, and vehicles, other equipment, training materials and supplies in support of the program. This assistance is summarized in general terms below.

1. U.S. Technical Personnel will be provided for a period of approximately five years. Such personnel will include (a) three Public Health nurses to be stationed at training centers to be jointly agreed upon prior to their arrival in Botswana, (b) one Public Health educator to assist with development of a Health Education Unit within the Department of Health Services and who will also serve as team coordinator, (c) an administrative assistant stationed in Gaborone who will provide

For the Cooperating Government or Agency

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administrative support for the U.S. personnel and for project activities in general and who should arrive two to three months prior to arrival of the U.S. technical personnel, and (d) up to 12 man-months of specialized consultant visits to provide short-term expertise in specific areas.

2. Participant training and observation. AID will provide training for Botswana personnel in the United States in Health Education (to B.Sc or M.P.H. level) with an emphasis on health education techniques in the MCH/FP area and specialization, in at least one case, in communications media. Additional training ^{will be provided in Africa or other suitable places for} tutors. Short-term training may be provided for up to two people in MCH/FP administration and other tutorial or health services staff personnel may be sent to other African countries, as appropriate, for conferences, seminars, or observation visits to observe integrated health training programs.

3. Commodities. A.I.D. will provide (a) up to four vehicles for use of U.S. personnel in carrying out their activities in connection with the project, (b) books and periodicals to establish basic libraries at the selected training centers, (c) family planning equipment and commodities needed for the field practice facilities, (d) vaccines, and (e) necessary teaching aids including cine projectors, slide projectors, models and so forth.

4. Housing. Subject to the conditions specified in Section IV of the Agreement, A.I.D. will provide grant funds for construction of one house for use of the Administrative Assistant provided under this Agreement.

5. Other Costs. Limited funds may be available for meeting a portion of the costs arising from printing and reproduction requirements, visual aids construction, improvements to field teaching clinics and so forth.

B. Specific Fiscal Year 1972 Contribution: \$510,000

The present Agreement constitutes a firm commitment for only the initial phase of the project as specified below. Subsequent funding will be added by annual supplements to this Agreement contingent on mutually satisfactory progress and the availability of funds from the U.S. appropriation for foreign assistance activities.

For the Cooperating Government or Agency

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1. U.S. Technical Personnel: \$395,000

Under financing provided in this Agreement, A.I.D. will contract (or otherwise provide) for the services of five U.S. technicians and short-term consultants, listed below, and pay their full salaries plus certain allowances, benefits and contractor overhead costs for an estimated eighteen months to two years each. Financing beyond this initial period will be provided by subsequent Agreements.

- (a) Three (3) Public Health nurses
- (b) One (1) Public Health Educator
- (c) One (1) Administrative Assistant
- (d) Short term consultants as required

2. Commodities:

Under financing obligated by this Agreement, AID will provide up to \$60,000 for (a) the procurement of four field vehicles for the use of U.S. personnel (estimated cost \$20,000), (b) library materials (estimated cost \$20,000), (c) teaching aids (estimated cost \$13,000), and (d) MCH/FP supplies and equipment for project costs (estimated cost \$7,000). All vehicles, equipment and supplies will be titled in the Government of Botswana; however, the vehicles will be primarily for the use of and shall remain under the administrative control of the U.S. personnel until their departure, when appropriate administrative control will be transferred to the Ministry of Health for continued use in connection with the activities initiated under this project.

3. Participant Training: \$30,000

Under the financing provided hereunder, A.I.D. proposes to finance (a) the first year of training for a B.Sc. degree for a health educator, (b) two tutors for one year of training and one tutor for the first year of two years' training in Africa, (c) one person for short term training in the U.S. in administration, evaluation and supervision of midwifery and FP services, and (d) three persons for short-term observation/study tours in Africa.

4. Other Costs: \$25,000

Under the financing provided hereunder, A.I.D. will assist in defraying the costs of construction of one house for occupancy by U.S. personnel in accordance with the special provisions for

For the Cooperating Government or Agency

SIGNATURE: _____ DATE: _____
TITLE: _____

For the Agency for International Development

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TITLE: Regional Development Officer,
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PROAG
CONTINUATION
SHEET

ANNEX A

**PROJECT AGREEMENT
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housing on Section IV of this Agreement. In addition, up to \$5,000 of the amount obligated may be used for local procurement of materials and services, such as printing and reproduction, visual aids construction and minor improvements to physical facilities.

IV. SPECIAL PROVISIONS FOR HOUSING:

AID will provide up to \$20,000 under this Agreement to assist in defraying the cost of constructing one Type I house to be titled in the Government of Botswana but reserved for occupancy by U.S. technical personnel financed under this Agreement (i.e., the Administrative Assistant) or subsequent Project Agreements under the U.S. assistance program. Housing constructed hereunder will be occupied by U.S. financed technical assistance personnel on a rent-free basis. When not otherwise occupied by or required for such personnel, the house financed hereunder shall be available for assignment to members of the U.S. staff attached to the U.S. Office of Southern Africa Regional Activities Coordination or its successor organizations. At such time as AID determines that the house is no longer required for assignment exclusively to US project or official personnel and so notifies the Government of Botswana, the house will be available at the discretion of Government of Botswana for inclusion in the Government housing pool.

The house will be constructed in accordance with plans and specifications accepted and approved in advance by AID and will include, among other requirements, provisions for a hot water system with ancillary plumbing for bathrooms and kitchen. The Government of Botswana shall provide the land, connections for utilities, access road, and maintenance for the road and house. The Government shall also provide hard furnishings and appliances in accordance with the standards applicable to senior Government employees while the house is occupied by U.S. technical assistance personnel and will be responsible for maintenance, repair and/or replacement of such furnishings and appliances as required except in cases of negligence or misuse by the occupant, in which case the occupant himself may be held responsible for effecting necessary repair and/or replacements. The Government will make every endeavor to provide adequate temporary housing for the Administrative Assistant financed under this Agreement if he should arrive prior to completion of construction of the AID-financed house.

Disbursement and contracting procedures related to construction

For the Cooperating Government or Agency

For the Agency for International Development

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

TITLE: _____

TITLE: Regional Development Officer

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of the house will be developed and mutually agreed to by both Governments through subsequent amendment to this Agreement.

V. GOVERNMENT OF BOTSWANA CONTRIBUTIONS AND COMMITMENTS:

A. General:

The Government of Botswana agrees to continue its priority for rural health programs and MCH/FP services in accordance with its current policy and plans. Specifically, the Government of Botswana, subject to the annual availability of financial resources and mutually satisfactory progress toward achievement of project objectives, further agrees to make funds and personnel available on a timely basis for effective support and utilization of the AID inputs to this project.

B. Specific GOB Commitments under this Agreement:

1. For support of U.S. technical personnel, the Government of Botswana will provide:

A. Housing, hard furnishings and household appliances for the three Public Health nurses and the Public Health educator in accordance with the standards established by the Government of Botswana for its senior employees of comparable rank and family size. In accordance with GOB policy regarding Botswana civil servants and expatriate technical assistance personnel, the occupants of non-A.I.D. constructed housing will be responsible for paying the recurrent cost of utilities and the economic rent. The Administrative Assistant will be provided both temporary housing and subsequent AID -financed housing on a rent free basis, but will be responsible for recurrent utility costs.

B. Temporary lodging, if the technical personnel arrive in Botswana prior to the availability of suitable permanent housing or if they must remain in Gaborone prior to proceeding to permanent duty station.

C. Medical services, local transport, office facilities and supplies, and clerical/secretarial services as normally provided for Government employees of comparable rank.

D. Annual holidays and leave in accordance with Government provisions for its employees.

For the Cooperating Government or Agency

For the Agency for International Development

SIGNATURE: _____ DATE: _____

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TITLE:

TITLE: Regional Development Officer,

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E. Any other special benefits and allowances, miscellaneous services and facilities usually provided for GOB employees of comparable rank and not otherwise provided by AID contractual arrangements.

2. In connection with training, study or observational travel opportunities provided by the U.S. under the terms of this Agreement, the Government of Botswana agrees to:

A. Nominate qualified candidates on a timely basis and meet the internal transportation and incidental costs within Botswana prior to departure of participants from Botswana.

B. Continue the pay and allowances and provide special allowances (e.g., for clothing) in accordance with normal Government procedures for personnel going abroad for studies or training.

C. Take appropriate measures to assure that all participants trained under U.S. financing remain employed in the project for a minimum of three years after completion of training.

D. Meet the local costs, including appropriate salary and allowances, for all in-service training.

3. The Government of Botswana agrees to provide regular maintenance, operating costs (petrol, oil, etc.), and repair services for the vehicles provided for the use of the U.S. personnel, and further agrees that such vehicles will remain under the administrative control of the U.S. technicians for use within the project until such time as they are no longer required by the U.S. personnel. Such vehicles will be for official project use only and may not be used for personal transportation.

4. To assure successful continuity of project activities, the Government of Botswana agrees to appoint appropriately trained counterpart replacements for the U.S. technicians in time to allow a minimum overlap of six months to one year prior to departure of the U.S. personnel.

5. Since the success of this project is contingent on activities being carried out jointly between the Government of Botswana and other donors, specifically those activities involving construction and equipment for additional health clinics, nurses

For the Cooperating Government or Agency

For the Agency for International Development

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

TITLE:

TITLE: Regional Development Officer,

AID 1330-1A (8-70) PRO AG CONTINUATION SHEET ANNEX <u>A</u>	PROJECT AGREEMENT BETWEEN AID AND	1. Project/Activity No. 690-11-540-032	PAGE <u>10</u> OF <u>10</u> PAGES
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	AN AGENCY OF THE GOVERNMENT OF	3. Project/Activity Title Maternal and Child Health/Family Planning Training	

housing and health posts, the Government of Botswana agrees to assure completion of this construction. It is further understood by the Government of Botswana that any delay in or failure to carry out such construction activities will necessitate a re-evaluation by AID of its future support to this project.

For the Cooperating Government or Agency

For the Agency for International Development

SIGNATURE: _____ DATE: _____
 TITLE: _____

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 TITLE: _____

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AID 1320-1 (6-65)

PRO AG

PROJECT AGREEMENT BETWEEN THE DEPARTMENT OF STATE, AGENCY FOR INTERNATIONAL DEVELOPMENT (AID), AN AGENCY OF THE GOVERNMENT OF THE UNITED STATES OF AMERICA, AND Ministry of Finance and Development Planning

AN AGENCY OF THE GOVERNMENT OF Botswana

The above-named parties hereby mutually agree to carry out a project in accordance with the terms set forth herein and the terms set forth in any annexes attached hereto, as checked below:

1. PROJECT/ACTIVITY NO. 690-11-540-032 PAGE 1 OF 3 PAGES

2. AGREEMENT NO. 74-B-2 3. ORIGINAL OR REVISION NO. _____

4. PROJECT/ACTIVITY TITLE: Maternal and Child Health/Family Planning Training

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PROJECT DESCRIPTION ANNEX A FOREIGN CURRENCY STANDARD PROVISIONS ANNEX STANDARD PROVISIONS ANNEX SPECIAL LOAN PROVISIONS ANNEX

This Project Agreement is further subject to the terms of the following agreement between the two governments, as modified and supplemented:

GENERAL AGREEMENT FOR TECHNICAL COOPERATION DATE _____

ECONOMIC COOPERATION AGREEMENT DATE _____

(Other) DATE _____

5. PROJECT DESCRIPTION AND EXPLANATION (See Annex A attached)

6. AID APPROPRIATION SYMBOL 72-1141007 7. AID ALLOTMENT SYMBOL 407-52-690-00-44-41

C. AID FINANCING DOLLARS LOCAL CURRENCY PREVIOUS TOTAL (A) INCREASE (B) DECREASE (C) TOTAL TO DATE (D)

(a) Total \$74,000 \$74,000

(b) Contract Services (See page 2 for component breakdown)

(c) Commodities

(d) Other Costs

D. COOPERATING AGENCY FINANCING - DOLLAR EQUIVALENT \$1.00 =

(a) Total (See Section III, page 3)

(b) Technical and other Services

(c) Commodities

(d) Other Costs

10. SPECIAL PROVISIONS (Use Additional Contribution Sheet, if Necessary) The purpose of this Agreement is to provide additional U.S. funds required for implementation of the project in accordance with the original Agreement (ProAg No. 73-B-1 dated 25 July 1972) as subsequently revised. The use for which funds are herein made available is specified on page 3.

11. DATE OF ORIGINAL AGREEMENT 12. DATE OF THIS REVISION 13. ESTIMATED FINAL CONTRIBUTION DATE 28, 1973 June 30, 1976

14. FOR THE COOPERATING GOVERNMENT OR AGENCY 15. FOR THE AGENCY FOR INTERNATIONAL DEVELOPMENT Charles D. Ward Regional Development Officer DATE: 28/9/73 DATE: 28 Sep '73

Controller

Program Officer

1. PROJECT NO.
 2. FUNDING
 3. CONTRACT NO.
 4. SKEW
 5. AMOUNT

RECEIVED FROM THE
 DEPARTMENT OF
**Ministry of Finance and Develop-
 ment, Planning**
 AN AGENCY OF THE GOVERNMENT OF
Botswana

1. Project/Activity No.
690-11-540-032
 2. Agreement No.
74-B-2
 3. Project/Activity Title
**Maternal and Child Health/Family
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AID FINANCING

Details of U.S. Contribution by Cost Component and Method of
 Implementation

Cost Component Method of Implementation	Previous Total	Increase	Decrease	Total to Date
TOTAL		\$74,000		\$74,000
<u>Participants</u> Contract		51,000		51,000
<u>Commodities</u> Direct AID Contract		5,000 17,000		5,000 17,000
<u>Other Costs</u> Contract		1,000		1,000

For the Cooperating Government or Agency

 SIGNATURE: _____ DATE: _____
 TITLE: _____

For the Agency for International Development

 SIGNATURE: _____ DATE: _____
 TITLE: _____

PROCESSED
CONTRACT
SHEET
NUMBER

REPUBLIC OF BOTSWANA
Ministry of Finance and Development Planning
AS ASSISTANT TO THE MINISTER OF
Botswana

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74-B-2	<input checked="" type="checkbox"/> Original or Revision No. _____
Project/Activity Title Maternal and Child Health/Family Planning Training	

I. GENERAL

The project objectives and description and the mutually agreed upon commitments for implementation of the project contained in the original Project Agreement No. 73-B-1 dated July 25, 1972, as subsequently amended, remain valid and applicable to assistance provided hereunder.

II. SPECIFIC U.S. CONTRIBUTIONS UNDER THIS SUPPLEMENTAL AGREEMENT:

A. Contractor Services (\$69,000)

1. Participant Training. To permit the contractor to continue implementation of the training program specified in Section III A.2 of the original Agreement, AID herein agrees to provide an additional \$51,000.

2. Commodities. To permit the contractor to procure the publications, equipment and supplies necessary to implement the project as specified in Section III. A.5 (b) (c) (d) and (e) of the original Agreement, AID herein agrees to provide an additional \$17,000.

3. Other Costs. To permit the contractor to meet limited local costs for purposes specified in Section III. A.5 of the original Agreement, AID agrees to provide an additional \$1,000.

B. Commodities - Direct (\$5,000)

AID herein agrees to provide an additional \$5,000 to finance the increased cost of procurement of four vehicles as specified in Section III. B. 2(a) of the original Agreement.

III. GOVERNMENT OF BOTSWANA CONTRIBUTIONS AND COMMITMENTS

The Government of Botswana hereby agrees to continue to meet its contributions and commitments in support of this project as specified in Section V of the original Agreement.

For the Contracting Government or Agency	For the Agency for International Development
SIGNATURE: _____ DATE: _____	SIGNATURE: _____ DATE: _____
TITLE: _____	TITLE: _____

**PROAG
STANDARD
PROVISIONS
ANNEX**

**PROJECT AGREEMENT
BETWEEN AID AND
Ministry of Finance & Dev. Planning
AN AGENCY OF THE GOVERNMENT OF
Botswana**

1. Project/Activity No.
690-11-540-032

2. Agreement No.
74-B-2

3. Original or Revision No. _____

A. As used herein, the term "AID" refers to the Agency for International Development, any component agency, or any successor agency. References to "this Project Agreement" shall mean the original Project Agreement as modified by any revisions which have entered into effect.

B. (1) AID will make available the amounts specified in Block 8 of this Project Agreement, as necessary for the project, for use for the designated purposes and as may be further described in Annex A, as required by Block 5 hereof. In addition, as may be further specified in Annex A, AID will, subject to the availability of funds and (where required by AID procedures) as provided for in Project Implementation Orders (PIOs) issued by AID in accordance with its procedures, make available funds (a) to pay costs of furnishing technical services to be performed by United States Government employees in connection with the project, (b) to pay a share of the costs of providing training outside the cooperating country in connection with the project for qualified persons from the cooperating country, and (c) to pay such additional costs as may be specified.

(2) The Cooperating Government Agency will make available the amounts specified in Block 9 of this Project Agreement, as necessary for the project, for use for the designated purposes and as may further be described in Annex A. The Cooperating Government Agency will also make, or arrange to have made, additional contributions of property, services, facilities and funds required for carrying out the project as may be specified in Annex A, or as may subsequently be agreed upon by the two parties.

C. AID and the Cooperating Agency may obtain the assistance of other public and private agencies in carrying out their respective obligations under this Project Agreement. The two parties may agree to accept contributions of property, services, facilities and funds for purposes of this Project Agreement from other public and private agencies, and may agree upon the participation of any such third party in carrying out activities under this Project Agreement.

D. AID shall not be required to make any contribution after the expiration of six months following the estimated final contribution date (Block 13 of the Project Agreement form AID 1330-1) or any amended final contribution date specified herein. Except as otherwise specified herein or subsequently agreed

by the parties, all contributions of the Cooperating Agency pursuant to this Project Agreement shall be made on or before said estimated termination date, or amended date. A contribution of goods or services shall be considered to have been made when the goods or services, provided or financed by the contributing party, are delivered in accordance with commercial practice.

E. The procurement of commodities and contract services to be financed in whole or in part by AID may (where so required by AID procedures) be undertaken only pursuant to PIOs issued by AID in accordance with its procedures.

F. Unless otherwise specified in the applicable PIO, the procurement of commodities financed with the AID contribution referred to in Block 8 of this Project Agreement shall be subject to the provisions of AID Regulation 1.

G. Unless otherwise specified in the applicable PIO, title to all property procured through financing by AID pursuant to Block 8(c) of this Project Agreement shall be in the Cooperating Agency, or such public or private agency as it may authorize. This provision is inapplicable to any property which may be used in connection with the project but is not financed pursuant to said Block 8(c).

H. Any property furnished to either party through financing by the other party pursuant to this Project Agreement shall, unless otherwise agreed by the party which financed the procurement, be devoted to the project until completion of the project, and thereafter shall be used so as to further the objectives sought in carrying out the project. Either party shall offer to return to the other, or to reimburse the other for, any property which it obtains through financing by the other party pursuant to this Project Agreement which is not used in accordance with the preceding sentence.

I. (1) If AID and any public or private organization furnishing commodities through AID financing for operations hereunder in the cooperating country, is, under the laws, regulations or administrative procedures of the cooperating country, liable for customs duties and import taxes on commodities imported into the cooperating country for purposes of carrying out this Project Agreement, the Cooperating Agency will pay such duties and taxes unless exemption is otherwise provided by any applicable international agreement.

(2) If any personnel (other than citizens and residents of the cooperating country), whether United

States Government employees, or employees of public or private organizations under contract with, or individuals under contract with, AID, the Cooperating Agency or any agency authorized by the Cooperating Agency, who are present in the cooperating country to provide services which AID has agreed to furnish or finance under this Project Agreement, are, under the laws, regulations or administrative procedures of the cooperating country, liable for income and social security taxes with respect to income upon which they are obligated to pay income or social security taxes to the Government of the United States of America, for property taxes on personal property intended for their own use, or for the payment of any tariff or duty upon personal or household goods brought into the cooperating country for the personal use of themselves and members of their families (not including such personal or household goods as may be sold by any such personnel in the cooperating country), the Cooperating Agency will pay such taxes, tariff, or duty unless exemption is otherwise provided by any applicable international agreement.

J. Any personnel (other than citizens and residents of the cooperating country), whether United States Government employees, or employees of public or private organizations under contract with, or individuals under contract with, AID, the Cooperating Agency or any agency authorized by the Cooperating Agency, who are present in the cooperating country to provide services which AID has agreed to furnish or finance under this Project Agreement shall be subject to the approval of the Cooperating Agency and AID, and shall be under the general direction of the Director of the Mission to the cooperating country.

K. If any commodity is furnished to the Cooperating Agency, or any public or private agency authorized by the Cooperating Agency, on a grant basis through financing by AID pursuant to this Project Agreement under arrangements which will result in the accrual of proceeds to the Cooperating Agency or any authorized agency and if the applicable agreement between the two governments referred to on the first page of this Project Agreement does not provide for the establishment of a Special Account and the deposit therein of currency of the cooperating country, the Cooperating Agency will make such arrangements as may be necessary to establish a Special Account and to deposit therein currency of the cooperating country in amounts equal to such proceeds, in accordance with such terms and conditions as may be agreed upon. Funds in the Special Account may be used only as agreed upon by AID and the Cooperating Agency; provided, that such portion of the funds in the Special Account as may be designated by AID shall be made available to AID to meet the requirements of the United States.

L. The Cooperating Agency will make such arrangements as may be necessary so that funds intro-

duced into the cooperating country by AID or any public or private agency for purposes of carrying out obligations of AID hereunder shall be convertible into currency of the cooperating country at the highest rate which, at the time the conversion is made, is not unlawful in the cooperating country.

M. AID shall expend funds and carry on operations pursuant to this Project Agreement only in accordance with the applicable laws and regulations of the United States Government.

N. The two parties shall have the right at any time to observe operations carried out under this Project Agreement. Either party during the term of the Project and three years after the completion of the project, shall further have the right (1) to examine any property procured through financing by that party under this Project Agreement, wherever such property is located, and (2) to inspect and audit any records and accounts with respect to funds provided by, or any properties and contract services procured through financing by, that party under this Project Agreement, wherever such records may be located and maintained. Each party, in arranging for any disposition of any property procured through financing by the other party under this Project Agreement, shall assure that the rights of examination, inspection and audit described in the preceding sentence are reserved to the party which did the financing.

O. Upon completion of the project, a Completion Report shall be drawn up, signed by appropriate representatives of AID and the Cooperating Agency, and submitted to AID and the Cooperating Agency. The Completion Report shall include a summary of the actual contributions by both AID and the Cooperating Agency to the project, and shall provide a record of the activities carried out, the objectives achieved, and related basic data. AID and the Cooperating Agency shall each furnish the other with such information as may be needed to determine the nature and scope of operations under this Agreement and to evaluate the effectiveness of such operations.

P. The present Agreement shall enter into force when signed. Either party may terminate this Project Agreement by giving the other party 30 days written notice of intention to terminate it. Termination of this Project Agreement shall terminate any obligations of the two parties to make contributions pursuant to Blocks 8 and 9 of this Project Agreement, except for payments which they are committed to make pursuant to non-cancellable commitments entered into with third parties prior to the termination of the Project Agreement. It is expressly understood that the obligations under paragraph H relating to the use of property shall remain in force after such termination.

PUBLIC HEALTH INSERVICE EDUCATION

Objective-

To give the participants an understanding of Public Health, Maternal and Child Health, and Family Planning by providing classes and other learning activities geared to assisting the participants in acquiring the knowledge and skills necessary to prepare the nurse, so that she may assume her role in the prevention of disease, maintenance of health and promotion of health in the hospitals, out-reach clinics and community.

Course Description-

To provide knowledge of public health/preventive medicine through classes in theory and practice which will enable the learner to:-

- (a) Identify public health problems.
- (b) Construct solutions which may aid in eradicating health problems.
- (c) Identify social implications of disease in order to develop an effective plan of health education for the patient and family.

To provide courses in theory and practice which will increase the learner's knowledge of Maternal Child Health and Family Planning in order to enable the learner to:-

- (a) Identify and solve problems related to Maternal and Child Health.
- (b) Develop health education geared at promoting the health of mothers and children.
- (c) Carry out health education regarding all methods of child spacing as desired by the father and mother.
- (d) Implement family planning methods as desired by the individual in the community.

IN-SERVICE EDUCATION GUIDELINES

Objective-

To impart knowledge to the learner health professional which will enable the individual to provide preventive, maternal and child care, and family planning services in an urban and rural health facility in Botswana.

The program will be implemented with the assistance of the following professional staff:-

- (a) Public Health Nurse Educator
- (b) Health Educator
- (c) Tutors
- (d) Guest lecturer/consultants.

Teaching methods for individual classes will be selected to meet the needs of the learners, and in consideration of the subject matter to be taught in order to promote an optimum learning experience.

Learning activities will take place during each 8 week session in:-

- The class room
- Hospital
- Out-reach clinics

It is intended that all learning experience include:-

- Theory
- Practice
- Evaluation.

Cultural Patterns-

A man's culture influences the way he acts and interacts automatically in relationships with his fellow man. Cultures may bear similarities or differences from area to area and country to country. It is intended to give the student an awareness which may be demonstrated by explaining cultural occurrences in Botswana and how they affect health.

Objective

Content

- | | |
|--|--|
| 1. To be able to define culture and list the ways it influences man's behaviour. | 1. (a) Definitions - Culture
Status
Forms
Customs
Taboos
Traditions
Values
Attitudes

(b) How culture is learned
(c) How culture influences behaviour. |
| 2. To list and discuss cross cultural occurrences in the Botswana communities. | 2. (a) Traditional Botswana society
(b) Modernization/Urbanization
(c) Cultural conflict. |

Objectives

Content

- | | |
|--|---|
| 3. To understand and discuss traditional systems of medicine in Botswana. | 3. (a) Traditional doctors
(b) Local names for common diseases
(c) Practices which are harmful to health
(d) Practices which are beneficial to health
(e) Practices which have no effect on health. |
| 4. To know and explain concept of "wholeness" in relationship to cultures. | 4. Man/culture a part of the whole, and more than the sum of its parts. |
| 5. To understand and discuss how cultural change takes place. | 5. (a) Concept of changes in group behaviour
(b) Change geared to ideas harmful to health
(c) Importance of health education. |

NUTRITION (basic to Botswana)

Good nutrition provides a man with the components necessary to maintain and promote good health. The objective is to provide the learner with an understanding of the importance of good nutrition by providing her with knowledge which will enable her to list, explain, and encourage the individual, group, and community education.

Objective

Content

- | | |
|--|--|
| 1. To enable the learner to list and discuss the practical aspects of nutrition, and its application in the maintenance and improvement of health. | 1. (a) Definition:-
1. Food
2. Nutrition
3. Diet
4. Food habits and patterns
5. Modified diet
6. Nutrients
7. Essential nutrients
8. Metabolism
9. Basal metabolism
(b) Factors affecting food habits:-
1. Economics
2. Food supply
3. Customs. |
|--|--|

Objective

Content

- | | |
|--|--|
| 1. | 1. (c) Impact of illness on nutritional intake
1. Loss of appetite
2. Stress.
(d) Food misinformation as a deterrent to good nutrition.
(e) Factors affecting nutritional needs
1. Age
2. Body build
3. Activity
4. State of health
5. Pregnancy
6. Lactation
7. Sex.
(f) Periods of greatest needs
1. Growth and activity
2. Reproduction and Lactation
3. Illness
4. Childhood diseases and effect on growth patterns
(a) Importance of monitoring height and weight. |
| 2. To be able to list and discuss the basic 3 food group. | 2. Food is divided into 3 basic groups:-
1. Body building
2. Energy giving
3. Protective. |
| 3. To be able to explain the influence of habit on good nutrition. | 3. (a) Food habits begin in childhood
(b) Cultural influences
(c) Developing positive attitudes. |
| 4. To be able to list and discuss the 5 basic nutrients. | 4. (a) Fats
1. Function
2. Sources
3. Results of excessive intake. /5.. |

Objective

Content

- | | |
|---|--|
| 4. | 4. (a) 4. Results of inadequate intake
(b) Carbohydrates-
1. Function
2. Sources
3. Results of excessive intake
(c) Protein-
1. Function
2. Sources
3. Results of inadequate intake:-
(a) Malnutrition
(b) Undernutrition
(d) Minerals-
1. Function
2. Sources
3. Mineral deficiencies:-
(a) Calcium
(b) Iron
(c) Copper
(d) Iodine
(e) Vitamins-
1. A.D.C.
2. Thiamin
3. Riboflavine
4. Niacin

Sources
Vitamin deficiencies. |
| 5. To demonstrate knowledge and ability in counselling individuals and families in food management. | 5. (a) How to shop wisely
(b) Price comparison
(c) Good food buys |
| 6. To demonstrate the ability to develop menus from local food items. | 6. Millet, sorghum, maize, beans, oranges, paw-paw, ground-nuts, skimmed milk, meat, fish, eggs, dark green leaves, spinach, turnip and beet tops, carrots, cabbage, pumpkin. |

Objective

Content

- | | |
|--|--|
| 7. To be able to discuss and demonstrate the ability to evaluate the nutritional status of individuals and families. | 7. Information needed for evaluation of nutritional status:-
(a) Vital and health statistics
(b) Anthropometric studies
(c) Clinical nutritional surveys
(d) Dietary surveys
(e) Socio-economic data
(f) Food consumption patterns
(g) Additional medical information. |
| 8. To be able to list and discuss the principles of the weaning diet. | 8.(a) Significance of the weaning period
(b) Dangers
1. Kwashiorkor
2. Marasmus
(c) Improvement of weaning practices
(d) Education of mothers. |
| 9. To be able to demonstrate the ability to engage in nutritional health education. | 9.(a) Information about the people to be taught (community/individual diagnosis)
(b) Development of a nutritional education plan
1. What must be taught
2. To whom
3. How often
4. Where
5. Visual aids
6. Problems
7. Importance of teaching one thing at a time
8. Size of family
9. Available outside help
10. Family favourite food
11. Food likes and dislikes
12. Is there a kitchen garden
13. Storage facilities |

Objective

Content

9. Cont'd..

9. 14. Cooking vessels
- (c) Importance of finding out what people/group/community want to know
 - (d) 24 hour recall of individual or family meal
 - (e) Evaluating effectiveness.

Communication

Interpersonal relationships of any kind transmit messages which are communicated in verbal or non-verbal ways. It is intended to give the learner an appreciation of human communication which will assist her in describing and implementing learned concepts to aid her in meeting the total needs of the patient, family, and community.

Objective

1. To enable the learner to understand and explain the way people communicate to each other verbally and non-verbally.
1. (a) Concept of communication
- (b) Factors which interfere with communication i.e.
- 1. Pre-occupation
 - 2. Cultural differences
 - 3. Illness
 - 4. Language difficulties
- (c) Verbal communication i.e.
- 1. Speaking and listening
 - 2. Formal or informal
- (d) Non-verbal communication i.e.
- 1. Facial expressions
 - 2. Body movement
 - 3. Body posture
- (e) Written communication permanent records
- (f) Importance of written communication by nurses and other health professionals i.e. patient/family records.
2. To gain skill in developing effective inter-personal relationships.
2. (a) Interpersonal relationships and how they always involve responses to others

Communication

Objective

- 2.
 - 2. (b) Attitudes as a result of personal experiences and cultural beliefs
 - (c) How attitudes may help a relationship to grow or hinder its development.
 - (d) Importance of positive interpersonal relationships with patient, family and co-workers
 - (e) Learning to recognize the emotional needs of others.

- 3. To develop skill in establishing rapport.
 - 3. (a) Encouraging the patient to talk
 - (b) Being a good listener
 - (c) Observing for non-verbal communication
 - (d) Promoting a relaxing atmosphere.

Common Diseases

The health of a community is reflected in the health of the individuals who make up the community. Improvement in living conditions and prevention of disease helps to improve the health of man and communities. It is intended to give the learner an understanding of common diseases in the community of Botswana in order to enable the nurse and other professionals to participate in the treatment of disease, prevention of disease, and maintenance of health.

Objective

Content

- | | |
|---|---|
| <ul style="list-style-type: none"> 1. To list and explain learned respiratory disease-signs, symptoms, treatment and method of prevention. | <ul style="list-style-type: none"> 1. Pneumonia: Etiology
S & S
Treatment
Teaching/Prevention 2. Conjunctivitis: Causes
S & S
Treatment
Teaching/Prevention |
| <ul style="list-style-type: none"> 2. To know and explain learned communicable diseases and their effect upon the health of the community. | <ul style="list-style-type: none"> 2. Tuberculosis: Etiology
S & S
Treatment
Health/Education |

Common Diseases

Objective

Content

- 2.
- 2. (b) Smallpox: Etiology
S & S
Treatment
Health/education
 - (c) Hepatitis: Etiology
S & S
Treatment
Health/education
 - (d) Scabies: Etiology
S & S
Treatment
Health/education
 - (e) Venereal Disease-
 - 1. Yaws
 - 2. Chancroid
 - 3. Lymph Granuloma Inguinal
 - 4. Gonorrhoea
 - 5. Syphilis:- Etiology
S & S
Treatment
Health/education
 - (f) Rabies: Etiology
S & S
Treatment
Health/education
 - (g) Amoebic Dysentery:
Etiology
S & S
Treatment
Health education
 - (h) Cholera: Etiology
S & S
Treatment
Health education
 - (i) Intestinal Parasites:
 - 1. Ascaris
 - 2. Pinworm: Etiology
S & S
Treatment
Health education.

Objective

Content

- | | |
|---|--|
| 3. To list and explain learned diseases effecting children, including signs, symptoms, treatment and methods of prevention. | 3. (a) Measles
Chicken Pox
Whooping Cough:
Etiology
S & S
Treatment
Teaching |
| | (b) Pneumonia
Otitis Media:
Etiology
S & S
Treatment
Teaching |
| | (c) Gastro-enteritis:
Etiology
S & S
Treatment
Teaching |
| | (d) Ringworm Favus
Impetigo:
Etiology
S & S
Treatment
Teaching |

Tropical Medicine

Diseases in Botswana which are peculiar to Ngamiland. Ngamiland is a special case for Botswana because of its climate and geographical area. Most of Botswana is not tropical, but the diseases endemic to Ngamiland may occasionally spread south and affect other areas of the country.

Objectives

Content

- | | |
|---|--|
| 1. To list and be able to explain learned tropical diseases including signs, symptoms, treatment and methods of prevention. | 1. (a) Leprosy: Etiology
S & S
Treatment
Health education |
| | (b) Malaria: Etiology
S & S
Treatment
Health education |
| | (c) Bilharzia: Etiology
S & S
Treatment
Health education |

Tropical Medicine

Objective

Content

1. (d) Trypanosomiasis:
 - Etiology
 - S & S
 - Treatment
 - Health education
- (e) Snake Bite:
 - Treatment
 - Health education
- (f) Trachoma: Etiology
 - Treatment
 - Health education

Ambulatory Care Service

Outpatient care constitutes a large part of the total health care delivered to any community. It constitutes that portion of personal health care services delivered in a health facility to patients who do not remain overnight in the hospital.

It is intended to give the learner a knowledge and appreciation of those services rendered in the treatment and prevention of disease and in maintaining health. To impart skills necessary in order to deliver quality care in an adequate, dignified, and scientific way to all people in the community.

Objective

Content

1. To know and explain the concept of ambulatory care service.
 1. Definition and purpose of ambulatory care—role in treatment of disease.
 - Financial feasibility
2. To identify and discuss required staffing patterns for a clinic facility.
 2. (a) Disease patterns of the community
 - (b) Proper utilization of medical staff
 - Physician
 - Nurse
 - Health educator
 - Family welfare educator.
3. To identify and implement correct procedure for history taking.
 3. (a) Interviewing techniques
 - (b) Pertinent history
 - i.e. Family
 - Patient
 - Past illnesses
 - Current illness

Objective

Content

- | | |
|---|--|
| 4. To explain the importance of clinical assessment, and be able to identify patients based on acuteness. | 4. Priorities of care:
- Inspection
Screening
Diagnosing
Treatment
Patient assessment. |
| 5. To identify and develop clinical sessions based on community need. | 5.(a) Community assessment
(b) -Diagnosis
(c) Under 5 clinic
(d) Nutrition clinic
(e) Antenatal clinic
(f) Minimizing waiting time
(g) Evaluation. |
| 6. To identify and implement health education. | 6.(a) Importance of patient teaching
(b) Utilizing all opportunities to teach. |

Epidemiology

A basic epidemiological approach is imperative in the field of Public Health. It may be used to acquaint the learner with the basic tools used in investigating the occurrence of disease(s) and abnormal physiological states within the population.

The learner is expected to interpret past and current qualitative and quantitative clinical and laboratory data from the patient's hospital/clinic records.

As the learner acquires a better understanding of epidemiology he will be made aware that it is easier to prevent than treat and cure disease.

Epidemiology

Objectives

Course Content

- | | |
|--|---|
| 1. To define and discuss epidemiology and the use of the problem-solving approach. | 1. Definition of epidemiology
(a) Major categories of epidemiology
(b) Problem-solving approach used by epidemiologist
Epidemiological methods
Clinical
Laboratory
Field observation. |
|--|---|

Epidemiology

Objective

Course Content

- | | |
|--|---|
| 2. To define, discuss, and give examples of statistical rates and ratios. | 2. Knowledge of logic and mathematics in developing some skills in compiling qualitative and quantitative data, crude birth rate, infant mortality rate, maternal mortality rate, crude death rate, infant morbidity rate, neonatal and perinatal mortality rates. |
| 3. To define and explain population and its relationship to health and family planning. | 3. Definition of population:
(a) Positive effects
(b) Negative effects

1. Improved health - decrease in diseases = increased population growth

2. Family planning- longer life expectancy- healthy nation- change in disease patterns = improved socio-economic status.

3. Increase in children- depleted economic resources- poor nutrition, decreased education and poor health. |
| 4. To define and be able to discuss the epidemiological methods of assessing population. | 4. Define census:
(a) Birth and death records.
(b) Purpose of census gathering: increase of health facilities, schools, government representatives, teachers, industry. |

Environmental Health

As countries develop and experience the growing pains of technological advances more emphasis must be placed on the health of the community in relationship to the environment.

This course will emphasize conditions which prevail in the environment that interfere with the health status of the family and community. It is intended to create an awareness in the learner of the important role he can play in educating the family and community regarding his environmental health problems.

The implementation of elementary laboratory techniques in addition to personal and sanitary hygiene is to motivate the learner by strengthening his professional skills and growth.

Environmental Health

Objectives

Course Content

- | | |
|--|---|
| 1. To identify environmental health problems in the community and country which interfere with optimum health. | 1. (a) Definition of environmental health. |
| 2. To define and be able to discuss the relationship between man and his environment. | 2. (a) Man-animal and environment as inter-dependent forces
(b) Changes in one affects the other simultaneously. |
| 3. To list and explain the elements of personal and sanitary hygiene within a community. | 3. Air, ventilation, food, milk, water, meat, refuse and sewage disposal, adequate housing and space, personal hygiene etc. |

Maternal Health

To help the nurse develop a broader view of maternal health with a focus on education, prevention and maintenance rather than on treatment and cure. She should be able to place the woman in the child bearing period in her proper perspective in society as a person who is experiencing a special period in human biological development when certain cultural stipulations, psychological and economic factors influence her existence and well being. The nurse should be aware of, and understand the nature and effect of these factors and be able to recognise and translate them into every day discussion, so that she will be better equipped to guide a woman through this most important period of her life.

Objectives

Content

- | | |
|--|--|
| 1. To understand and be able to discuss the anatomy of the female and male reproductive system. | 1. (a) Anatomy and physiology of the female and male reproductive system.
(b) The menstrual cycle. |
| 2. To understand and be able to interpret the physiological and changes that take place during the child bearing period. | 2. Changes that occur between puberty and menopause
(a) Physiological changes
(b) Psycho-sociological changes. |

Maternal Health

Objectives

Content

- | | |
|--|--|
| 3. To know and be able to explain the added physiological and emotional changes that take place under the strain of pregnancy. | 3. The physiology of pregnancy
(a) Conception
(b) The reproductive system
(c) The cardio vascular system
(d) The urinary system
(e) The digestive system
(f) The endocrine system
(g) Puerperal psychosis. |
| 4. To provide the learner with a suitable method for physical examination which will enable her to make logical predictions for the outcome of pregnancy. | 4. 1. Examination of the pregnant woman.
(a) Evaluation by inspection. Significance of height and size
(b) Examination of the breast
(c) Examination of the limbs for oedema, varicosity, etc.
(d) Inspection of the external genitalia. |
| 5. To equip the nurse with knowledge of history taking which will enable her to elicit information necessary to ensure proper supervision of pregnancy and labour. | 5. History taking
(a) Social history
(b) Family history
(c) Past medical history
1. Past illnesses
2. Blood type and blood diseases
(d) Past obstetric history
1. Pregnancy
2. Labour and delivery and/or abortions
3. Puerperium
4. Lactation
(●) Present obstetric history
1. L.M.P.
2. Signs of pregnancy
3. Minor disorders of pregnancy
4. Quickening. |

6. To enable the nurse to identify, treat and/or refer for treatment common conditions that might complicate pregnancy.
6. Common conditions that might complicate pregnancy
- (a) Diabetes in pregnancy
 - 1) Signs and symptoms
 - 2) Diagnosis
 - 3) Treatment
 - 4) Danger to the fetus
 - 5) Risk to the mother
 - 6) Nursing care during labour and delivery
 - 7) Care during puerperium
 - (b) Anemia in pregnancy
 - 1) Haemoglobin tests
 - 2) Other signs and symptoms of anaemia
 - 3) Treatment of anaemia in pregnancy
 - 4) Possible dangers to mother and baby
 - 5) Nursing care during labour
 - 6) Nursing care during the puerperium
 - (c) Cardiac disease in pregnancy
 - 1) Management of pregnancy
 - 2) Conditions that worsen cardiac disease during pregnancy
 - 3) Complications - heart failure
 - 4) Medical Treatment
 - 5) Nursing care
 - 6) Management of labour
 - 7) Management of puerperium n.b. family planning.
 - (d) Pulmonary tuberculosis in pregnancy
 - 1) Management of pregnancy
 - 2) Specific treatment for T.B.
 - 3) Management of labour
 - 4) Management of puerperium
 - 5) Treatment of newborn.

Maternal Health

- 6.
6. (e) Renal disease in pregnancy
1) Management of pregnancy
2) Possible complications
- (f) Venereal disease in pregnancy
1) Diagnosis
2) Treatment
3) Risk to the fetus.
7. To know and be able to manage 7. High risk pregnancies
common conditions in the
mother which may place both
mother and fetus at risk
during pregnancy.
- (a) Elderly primigravida
1) Investigation for
infertility
2) Referral to M.D.
3) Management of pregnancy
(a) Advice to and moral
support of patient
(b) Early admission
4) Management of labour
- (b) Grandmultipara
1) Effects of multiparity
on patients general
health
2) Effects of multiparity on
wellbeing of the family
3) Management of pregnancy
4) Management of labour.
- (c) Multiple pregnancy
1) Diagnosis
2) Management of pregnancy
3) Management of labour
4) Management of puerperium
5) Possible complications
associated with multiple
pregnancy.
8. To equip the nurse with
knowledge of the physiological
changes that are likely to
take place during the post
partum period so that she will
be able to administer the
necessary immediate nursing
care.
8. The Puerperium
(a) Physiology of the puerperium
Involution
Autolysis
Ischemia
Lochia

Maternal Health

- 8.
8. (b) Lactation
 - (c) Return to general state of health (Pre-gravid state)
 - (d) Observation for and maintenance of contracted fundus
 - (e) Measurement of fundal height
 - (f) Maintenance of good hygiene during puerperium.
9. To provide the nurse with a suitable method for physical examination which will enable her to make accurate assessment of whether the woman has returned to her pre-gravid state and in condition to resume her reproductive functions.
9. Post natal examination
 - (a) Purpose
 - (b) Examination before discharge
 - (c) Examination after one month or six weeks.
 - 1) Preparation of patient for examination
 - 2) Equipment required
 - 3) Examination of breast
 - 4) Inspection of abdomen
 - 5) Examination of vagina
 - Speculum
 - Di-manual
 - 6) Inspection and palpation of legs for varicosity or phlebitis
 - (d) Advice on post natal exercises
 - (e) Introduction to family planning.
10. To demonstrate knowledge and skill in carrying out antenatal teaching in order to aid the mother in understanding her future role and responsibility as a mother
- 10.(a) Budgeting for the family
 - (b) Preparing for the baby
 - (c) Developing and implementing ante-natal courses.

Child Health

Infant mortality rate is the most important statistical index in assessing the health of any population. The first year of life is the most critical period in the development of any human being because of the high susceptibility to disease and the lack of acquired immunity to many diseases, but also that in this high risk period, irreparable damage to a child's health might be incurred due to unsatisfactory attention to health needs.

Objectives

Content

- | | |
|---|--|
| 1. The learner will know, understand, and be able to define and identify the different stages in fetal development. | 1. Fetal development
(a) The physiological and anatomical development of the fetus from conception to full term. |
| 2. The learner will understand the effects of inherited factors on fetal development. | 2. Inherited effects on development
(a) Genetic effect
(b) Genetic counselling |
| 3. The learner will identify and be able to explain learned intra uterine environmental and intramaternal factors which influence the outcome of pregnancy and the health of the child. | 3. Environmental influences
(a) Teratogens
1) Influence in embryonic phase
2) Influence in fetal phase
(b) Mechanical injuries
(c) Chemical injuries
(d) Nutritional disturbances
(e) Infections
1) German Measles
2) Infective Hepatitis
3) Typhoid
(f) Actinic injuries
(g) Other maternal conditions
1) Rh Incompatibility
1. Process of iso-immunization
2. Signs and symptoms of erythroblastosis fetalis
3. Nursing care of erythroblastosis fetalis |

Child Health

Objectives

3.

1. Content

3.(g) Rh Incompatibility

4. Kernicterus
5. Medical intervention during pregnancy
6. Management of baby after birth
7. Advice to parents.

2. Diabetic Baby

- (a) Immediate care
- (b) Hypoglycaemia in newborn
- (c) Management
- (d) Feeding
- (e) Observation & specific nursing

3. Caesarean Section Baby

- (a) Appearance
- (b) Observation
- (c) Nursing care

4. Premature or low birth-weight baby

- (a) Immediate care
- (b) Observation
- (c) Specific nursing care
- (d) Feeding
- (e) Possible complications.

4. The learner will be able to demonstrate the examination and resuscitation of the normal newborn baby.

4. Examination of the newborn
- (a) How to establish respiration
 - (b) How to resuscitate
 - (c) How to identify signs of possible congenital abnormalities
 - (d) How to observe the newborn to prevent incidents that might negatively affect the development of the child.

Child Health

<u>Objectives</u>	<u>Content</u>
4.	4. Examination of the newborn (e) How to check for normal reflexes.
5. To understand the importance of, and be able to explain, the need for breast feeding.	5. Feeding (a) Breast feeding (b) Nutritional needs 1. Premature infant 2. Full term infant
6. The learner should be aware of, and be able to plan for infant and pre-school care needs.	6. The needs of 1-5 year olds (a) How to use the growth chart (b) How to advise on nutrition etc., based on interpretation of the growth chart. (c) Immunizations.
7. The learner should be able to employ tactful techniques aimed at ensuring good history taking and physical examination.	7. History taking and physical examination (a) How to elicit pertinent information from patients (b) Important information that may be acquired from inspection (c) How to do a complete history and physical (d) Indications for referral.

Family Planning

Special instruction in family planning is necessary to prepare the nurse to effectively organize and administer family planning services which entail educational and comprehensive medical and social services necessary to enable individuals to freely determine the number and spacing of their children.

Family Planning

Objectives

Content

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| 1. To enable the learner to appreciate and discuss the growth and development of family planning. | 1. The history of family planning
(a) The need for contraceptives
(b) The invention of different methods of contraception
(c) Overall public attitude towards family planning
(d) Government attitude
(e) Patients attitudes. |
| 2. The learner should know the anatomy and physiology of the reproductive system, and be able to identify all parts by diagram, model, or on the patient. | 2. Review anatomy and
(a) physiology of female reproductive system and menstrual cycle
(b) Female reproductive system. |
| 3. To know and explain the endocrine activity related to the reproductive process. | 3. Endocrinology
(a) The action and secretion of the pituitary gland and placenta
(b) Estrogen
(c) Progesterone
(d) Infertility
(e) Habitual Abortions. |
| 4. The learner will understand and discuss the nature and effect of the pill. | 4. The pill -
(a) Its composition
(b) The different kinds of pills
(c) The side effects
(d) Mode of administration
(e) Contra-indications. |

Family Planning

Objectives

Content

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|--|---|
| 5. The learner will be able to identify the different types of I.U.C.D.'s and understand their function. | 5. I.U.C.D.'s <ul style="list-style-type: none">(a) The types of I.U.C.D.'s sizes, shapes etc.(b) Indications and contra-indications(c) It's possible side effects(d) It's effects(e) How it is inserted and removed. |
| 6. The learner will be able to identify the diaphragm by size and appearance, and will be able to select suitable patients and devices. | 6. The Diaphragm <ul style="list-style-type: none">(a) Physical and emotional evaluation of the patient(b) Assessing the integrity of the pelvic organs(c) Determining the presence of cystocele and rectocele(d) Correct choice of device, measuring and fitting(e) Proper care and use of the device. |
| 7. The learner will know and be able to advise patients about the function, reliability, and proper use of condoms, foams, and jellies. | 7. Condoms, foams and jellies <ul style="list-style-type: none">(a) What a condom is made of(b) The proper use and reliability of a condom(c) Different kinds of foams and jellies(d) How spermicides work(e) Reliability and proper use of spermicides. |
| 8. The learner will be able to set up the rhythm method for a patient, and give proper instructions regarding its use and effectiveness. | 8. The rhythm method <ul style="list-style-type: none">(a) Emotional stability of the patient(b) Choosing a suitable patient or recommending a different method(c) How to study the monthly cycle to map out safe period etc. |

Family Planning

<u>Objectives</u>	<u>Content</u>
9. That the learner will be able to conduct an adequate physical examination.	9.(d) Physical examination. (a) Examination of the breast for lactation or suppression of lactation. (b) Examination of vagina and cervix. 1. How to use a speculum 2. Diagnosing the presence of infection or erosion. (c) Bi-manual pelvic examination. (d) Screening for gross physical signs and symptoms. 1. Vital signs—significance 2. General health 3. Physical appearance 4. Emotional adjustment 5. Deviation from normal.
10. To prepare the learner to function in the capacity of a consultant in family planning.	10. Consultation. (a) Interviewing techniques (b) Diagnosis (c) Referrals.
11. The learner will be able to assess a post partum or post abortal patient.	11. Assessment after delivery. (a) Involution of the uterus (b) Breast examination for presence or absence of lactation (c) Healing of the perineum and the integrity of the abdominal and perineal muscles (d) Presence or absence of infection.
12. The learner will know and explain how and which method to initiate.	12. Choosing a contraceptive. (a) Counselling and imparting knowledge on all methods of contraception. (b) How to make the choice.

Family Planning

Objectives

13. The learner will be able to recognize the presence of learned vaginal infections by inspection and vaginal examination.

Content..

13. Vaginal discharges.
(a) Monoliasis
(b) Trichomona Vaginalis
(c) Gonorrhoea.