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## OUTPUTS- LESOTHO (by December, 1976)

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- A. Project sponsored surveys, demographic and health survey data will be analyzed, reported and incorporated into localized planning and teaching programs.
- B. Continue to expand family and community health services at Tsakholo and neighbouring clinics in Scott Hospital Region and at two MOH/MCH expansion areas (Boiketsiso, Mphaki).
- C. The MCH/FP portion of nurse practitioner training will be localized.
- D. The routine MOH records and data collection system in health statistics will reflect basic means of monitoring on-going MCH/FP activities in the country.
- E. 11 PHN's and 40 government nurses serving in rural areas will have received training in organization, implementation and supervision of MCH services including health education, nutrition and family planning.
- F. Project staff and counterparts will continue to provide long and short term MCH/FP training including health education motivation as requested to the following:
  - 40 teachers
  - 10 pupil health assistants
  - 10 pupil dispensers
  - 10 pupil home economics extension workers
  - 10 student nurses
  - 10 student midwives
  - 100 others
- G. A post be filled within the Ministry which outlines responsibilities for continued coordination, program planning, implementation and evaluation of MCH activities within the country including specific responsibilities in expansion of the rural demonstration teaching centre at Tsakholo.
- H. Integration of all administrative and logistical support will have been accomplished.
- I. Health education activities
- J. Final project report completed

## OUTPUTS - LESOTHO

- A. Project sponsored surveys, demographic and health survey data will be analyzed, reported and incorporated into localized planning and teaching programs.
  1. Orientation --  
Review resources: existing health statistics data collection system (WHO); other bureau statistics data pertinent to Tsakholo; related ongoing surveys pertinent to KCH; other local resources.
  2. Determining statistics presentation (tables, linear regressions) for utilizing existing data; desired cross correlations. and implement need for computer programming, card punching and/or hand tabulations regarding survey and implementation. Outline presentation of report (survey).  
Coding - Model Village
  3. Analyze - process - analyze
  4. Report - publish - circulate  
Rough draft for GOL circulation  
Finalize report - publish (duplicate)
  5. Both professional and nono-professional reports will be finished for circulation and incorporation into all health planning and health teaching.

## OUTPUTS - LESOTHO

- B. Continue to expand family health services at Tsakholo at neighbouring clinics in Scott hospital Region, and two MOH MCH expansion areas (Boiketsiso Mphaki).

The following (1-8) will be coordinated with the Scott Hospital Regional programs.

1. Team and community: Analyze model village data; develop implementation and evaluation plan for model village; begin implementation of model village and incorporate into field training.
2. Support CRS/MOH plan for expansion of MCH services to substations in demonstration zone, in cooperation with neighbouring regional program.
3. Continue to expand MCH/FP services to two other government health centres (Malealea, Thabana-Morena) in Mafeteng District.
4. Identify and train at least 5 community health volunteers in basic health motivation and preventive health concepts at Tsakholo, Boiketsiso, Mphaki, Malealea Thabana-Morena and in conjunction with neighbouring programs.
5. Demonstrate a system of supervision of volunteer health motivators.
6. Continue to train 2 demonstration area nurses in expanded teaching and nurse practitioner skills.
7. Demonstrate school health program at 1 school in demonstration zone and incorporate into field teaching.
8. Continue to develop community health aide training program at Tsakholo.
9. Continue to support training needs, equipment and supplies to other expansion clinics (Mphaki, Boiketsiso, Mpharane, Tsatsane)
  - a. 2 nurse practitioners on site - January 76
  - b. Equipment inventories, deficits supplied
  - c. CMS providing routine supplies on request
  - d. Health education of volunteer village health motivators continues
  - e. System of supervision tested.
10. Consolidate and institutionalize family and community health services at Tsakholo to extent possible and transfer responsibility to local personnel early enough to assure a smooth transition.
11. Continue to assist the MOH in development of training facilities at Tsakholo. (Dormitory, Curtains, Clinic Renovations).

## OUTPUTS - LESOTHO

### C. Localize MCH/FP Nurse practitioner training

1. Continue to provide rural team field training at Tsakholo and Mafeteng to no more than 3 students at a time unless accompanied by Instructors or suitable staff.
2. Continue to develop capability of Queen Elizabeth II MCH Clinic and Polyclinic as future training resources in practical application.
3. Continue to develop the necessary supporting system (materials and resources) in localizing nurse practitioner training.
4. Review existing curriculum of student nurses and midwives with regard to MCH/FP input.
5. Complete training and provide certification of LFPA FP practitioners.
6. Localize responsibility for coordination of nurse practitioner training in MCH/FP, including nutrition education.
7. Incorporate with existing resources, develop and test curriculum for localized MCH/FP practitioner level training.
8. Finalize a working curriculum and resources for localized MCH nurse practitioner training.

## OUTPUTS - LESOTHO

D. The routine MOH records and data collection system in health statistics will reflect basic means of monitoring ongoing MCH/FP activities in the country including health education.

1. Continue to assist in development of a system for continued provision of MCH related health records.
2. Continue to assist in the development of official (health statistics) data collection system in MCH services.
3. Teach use of data in planning and implementation of MCH/FP services.
4. Localize responsibility for monitoring
5. Evaluate and modify data system as may be required for continuation by local personnel.
6. Continue to statistically document the health education outputs.

E. Nurses serving in rural areas will receive short and/or long term training in organization, implementation and/or supervision of comprehensive MCH/FP services including health education, improved nutrition, FP.

1. 3 PHNs and/or district matrons trained as practitioners will sponsor weekend or on the job training in their districts including MCH related topics.
2. 8 PHNs will receive inservice training in utilization of local data in planning and supervision of preventive MCH services.
3. 20 student nurses and student midwives will continue to receive MCH/FP input into their regular syllabus, including health education, with field training at Tsakholo, 3 at a time unless accompanied by instructor or appropriate staff personnel.
4. Continue to support the development of health education activities in providing technical assistance in MCH/FP training at all levels. (Unit leadership, nurses, teachers, volunteers, etc.)

## OUTPUTS - LESOTHO

F. Additional health or health-related personnel will receive MCH/FP input, including improved techniques in health education, in on-going training programs and community & education programs countrywide.

1. Project staff and counterparts will continue to provide long and short term MCH/FP training including health education and motivation to the following:

- 250 student teachers
- 6 pupil health assistants
- 10 pupil dispensers
- 28 pupil econ. extension workers
- 20 student nurses
- 100 others
- 38 vocational school students

G. A post be filled within the Ministry which outlines responsibilities for continued coordination, program planning, implementation and evaluation of MCH activities within the country including specific responsibilities in expansion of the rural demonstration training center at Ts'akholo.

1. Out of country training MCH counterpart.
2. Plan presented by counterpart to MCH for localizing responsibilities.
3. Continued development of Ts'akholo functionally related to MCH.
4. Post documented.

## OUTPUTS - LESOTHO

### H. Integration of administrative, logistical support completed.

1. Assist the Ministry of Health to establish a plan for continuing coordination, program planning, implementation, and evaluation of MCH activities. This should include plans for organization, job descriptions, etc., as may be required for continuing effective MCH activities.
2. Assist Ministry to establish effective administrative and logistical support systems.
3. Identify specific work plan for each technician to achieve orderly termination of activities.
4. GOL absorbs all salaries.
5. All project equipment, supplies in GOL inventory.
6. Maintenance, reoccurring costs absorbed by GOL.

### I. Health Education activities

1. Arrange for participant training of health education counterparts.
2. Project future health education activities.
3. Consolidate and integrate health education activities into MCH program.

### J. Final project report completed

1. Rough draft
2. Final draft