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Trip Report

#0-324

Travelers: Lynn Knauff, INTRAH Deputy Director
Grace Mtawali, INTRAH E/SA Training Officer

Country Visited: BOTSWANA

Date of Trip: July 9-23, 1986

Purpose: To Conduct a Training Needs Assessment at the Request of USAID and the Ministry of Health

Program for International Training in Health
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The University of North Carolina
Chapel Hill, North Carolina 27514 USA

LIST OF ABBREVIATIONS USED IN THIS REPORT

ADMS	Assistant Director for Medical Services
EN	Enrolled Nurse
FHD	Family Health Division
FWE	Family Welfare Educator
GOB	Government of Botswana
MLGL	Ministry of Local Government and Lands
NHI	National Health Institute
PHN	Public Health Nurse
RHT	Regional Health Team
RMO	Regional Medical Officer
STD	Sexually Transmitted Disease
ULGS	Unified Local Government Services

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EXECUTIVE SUMMARY

A training needs assessment visit was conducted from July 9-23, 1986 in Botswana by Ms. Lynn Knauff, INTRAH Deputy Director, and Mrs. Grace Mtawali, INTRAH Regional Training Officer for ES/A, at the request of the Ministry of Health and USAID/Gaborone (Gaborone 1719, May 16, 1986).

In addition to orientation and briefing sessions held at the Family Health Division/Ministry of Health (FHD/MOH) headquarters, USAID, UNFPA, and with the Project Coordinator for the GOB/World Bank Family Health Project, the team met with about 70 senior staff and student midwives at nine main areas/facilities concerned with basic and post-basic training, service sites in urban (central government), suburban and rural (local government) areas representing the health facility organizational structure, and an NGO PHC-related project. Discussions were also held with the GOB/World Bank Training Coordinator, the Head of the Nursing Education Department of the University of Botswana, and the Research and Evaluation Officer of the Ministry of Health (see Appendix A for a complete list of persons contacted and met, and the team's schedule). The team was accompanied by Mrs. G.D. Mompoti, MCH Officer of the MCH Unit, FHD/MOH during all visits.

Separate debriefings of the team's observations and recommendations were held at USAID and the Ministry of Health. Training needs were identified at basic and post-basic levels, and for in-service, refresher and update training. A number of non-training recommendations were also made, which if adopted will ease certain planning and service problems, thereby enabling training outcomes to yield greater benefit.

INTRAH has requested that USAID and the Ministry of Health transmit a request for INTRAH's technical and training assistance, after they have more fully considered their requirements, and has proposed a project development visit in November 1986.

SCHEDULE DURING VISIT

Wednesday
July 9, 1986

9:45 am Departed from Nairobi for Gaborone via Harare, Zimbabwe.

6:00 pm Arrived at Gaborone Airport. Met by Ms. G. Dorcas Mompoti, MCH Officer, Family Health Division, Ministry of Health.

Thursday
July 10, 1986

Briefing with Mrs. W.G. Manyaneng, Head, FHD/MOH.

Briefing with and orientation from Dr. J.S. Moeti, Acting Permanent Secretary, Ministry of Health and Mrs. V. Ndiki Ngcongco, Under-Secretary, Health Manpower Department, Ministry of Health.

Briefing at USAID/Gaborone with Mr. John Roberts, Deputy Director.

Orientation and visit to MCH/FP service delivery and clinical training site at Princess Marina Hospital led by Mrs. Joyce Seitei, Matron, and supported by Dr. J. Mulwa, Medical Superintendent, and Sister Tadikure, Sister-in-Charge.

Friday
July 11, 1986

Observed group presentations during a workshop on Applied Health Systems Research Methodology for tutors.

Meeting with Mrs. Mary Kay Larson, Acting Head, MCH/FP Unit, FHD/MOH.

(CONTINUED)

SCHEDULE (CONT.)

Friday
July 11, 1986 (cont.)

Red Cross Society of Botswana

Meeting with:

- Mrs. Tembi Modise, Program Coordinator (PHC) and
- Mrs. Subani Kante, Project Coordinator and Supervisor of field project.

Bhontleng Clinic

Discussions with:

- Mrs. Grace Busang, Senior Sister;
 - Sister Margaret, Family Nurse Practitioner; and
- two post-final examination midwifery students doing MCH/FP.

Unified Local Government Services Office

Meeting with:

- Mrs. Keitumende Kokorwe, Training Officer and
- Mr. Peter Siele, Establishment Secretary.

Ministry of Health

Briefing with Mr. Chris Sharp, Project Coordinator for GOB/World Bank Family Health Project.

Sunday
July 13, 1986

Informal discussion/briefing (Knauff) with Mr. Lucas Omondi, Head, Research and Evaluation Unit, Ministry of Health.

Monday
July 14, 1986

Meeting with National Health

Institute Faculty:

- Mrs. K Gasannelwe, Principal Tutor;
- Mrs. Daisy S. Mosieman, Deputy Principal Tutor in Community Health Nursing;

(CONTINUED)

SCHEDULE (CONT.)

Monday
July 14, 1986 (cont.)

- Mrs. Magdalena Mabusu, Senior Midwifery Tutor;
- Mrs. Mabel Magowe, Midwifery Tutor;
- Mrs. Neo Mokgautsi, FP Trained Midwifery Tutor;
- Mrs. Maris Manzana, Midwifery Tutor;
- Mr. Ephraim Ncube, Midwifery Clinical Instructor (has attended INTRAH/UMATI TOT);
- Mrs. Radha Rai, Midwifery Tutor; and
- Mrs. Elkina Frederich, Midwifery Tutor.

Meeting at Family Health Division with Ms. Monica Dynowski, IEC Specialist Interne, University of Michigan.

- Meeting at FHD with MCH/FP Unit Team:
- Mrs. Mary Kay Larson, Acting Head;
 - Ms. G. Dorcas Mompoti, MCH/FP Officer;
 - Mrs. Theresa Shashane, Public Health Nurse; and
 - Ms. Monica Dynowski, IEC Specialist Interne.

Meeting with Health Education Unit staff:

- Mrs. Winnie Manyaneng, Director, FHD and
- Mr. Galani Gabriel Holonga (GG), Health Educator with four-month TOT training.

Briefing at UNFPA with Mr. James Kuria, UNFPA Resident Representative.

Meeting with Mrs. V.N. Ngcongco, Under-Secretary, Health Manpower Dept., MOH.

(CONTINUED)

SCHEDULE (CONT.)

Tuesday
July 15, 1986

Meeting at Ministry of Health to examine progress of visit chaired by Mrs. Ngcongco with:

- Mrs. Manyaneng;
- Mrs. Larson; and
- Ms. Mompoti.

Visit to Tlokweg Clinic to observe integrated MCH/FP and curative services and interview post-final examination midwifery students during their management practicum.

Wednesday
July 16, 1986

Meeting with Mrs. Grace Phumaphi, Nurse Tutor in-Charge of Continuing Education Program in Lobatse, National Health Institute.

Traveled by MOH vehicle to Francistown. In transit at Mahalapye during lunch stop, briefed with matron, and two staff including nurse/midwife in-charge of MCH/FP services.

Arrived in Francistown at the Motel Marang.

Thursday
July 17, 1986

Regional Administrative Offices, MOH. Confirmed arrival and appointment with Dr. J. M. Maillard, Regional Medical Officer, North East District and Regional Health Team.

Jubilee Hospital

Meeting with:

- Mrs. B. M. Moleele, Matron; and
- Dr. Kim, Senior Medical Officer.

Met with Principal and tutors of the School of Midwifery.

(CONTINUED)

SCHEDULE (CONT.)

Thursday
July 17, 1986 (cont.)

Met with staff of MCH/FP Clinic of Jubilee Hospital.

Visited maternity section and premature nursery of Jubilee Hospital.

Friday
July 18, 1986

Meeting with Dr. Maillard.

Tati Town Clinic

Meeting with:

- Mrs. Frida Mudongo, Matron;
- Mrs. O.J. Mululwane, Nursing Sister;
- Mrs. V.M. Ndzinge, Nursing Sister; and
- Ms. E. Selobale, Staff Nurse.

Visited the Blue Town Health Post.

Meeting with Regional Health Team representatives:

- Dr. J.M. Maillard, RMO, North East District;
- Mrs. Mabona, PHN, North East District and Francistown; and
- Ms. Regina Gaborone, Regional Health Educator and Nutrition Officer.

Tonota Clinic

Meeting with:

- Mrs. S.M. Motlogolwa, Sister-in-Charge;
- Mrs. N. Chopi, Enrolled Nurse; and one male midwife and one family welfare educator.

Saturday
July 19, 1986

Departed Francistown for Gaborone.

Arrived in Gaborone.

(CONTINUED)

SCHEDULE (CONT.)

Sunday

July 20, 1986

Identified, prioritized and grouped issues, findings and conclusions; and
Drafted recommendations.

Monday

July 21, 1986

(National Public Holiday)

Worked on debriefing presentations.

Meeting with Ms. Jill Tremlett, Training Coordinator, MOH/World Bank Family Health Project (Training Component).

Meeting with Dr. Marilyn Edmondson, Head, Nursing Education Division, University of Botswana.

Meeting at Mrs. V.N. Ngcongco's house to discuss observations and recommendations.

Tuesday

July 22, 1986

(National Public Holiday)

Continued planning for debriefings with USAID and MOH/NHI representatives.

Worked on trip report.

Wednesday

July 23, 1986

Debriefing at USAID/Gaborone with Mr. John Roberts, Deputy Director.

Debriefing with NHI's Principal and Deputy Principal Tutors, and Midwifery and Continuing Education Tutors.

(CONTINUED)

SCHEDULE (CONT.)

Wednesday

July 23, 1986 (cont.)

Debriefing with Ministry of Health
chaired by the Acting Permanent
Secretary, and attended by:

- ADMS: Primary Health Care
- ADMS: Hospital Services
- Under-Secretary: Department of
Health Manpower
- Principal Tutor: National Health
Institute
- Head: MCH/FP Unit, FHD
- Nursing Tutor In-Charge: Continu-
ing Education Unit

and tutors from NHI, staff of FP/MCH
Unit, and the World Bank Training
Coordinator.

3:00 pm

Departure of team from Botswana.

I. PURPOSE

The purpose of the visit was to conduct a training needs assessment.

II. ACCOMPLISHMENTS

- A. Reviewed more than 25 documents related to Botswana development plans, Ministry of Health organization and rationale for MCH/FP services, available procedural guidelines, and evaluations and surveys of Botswana MCH/FP program (see Appendix B).
- B. Briefings, interviews and discussions were held with more than 70 senior staff and student midwives from the Ministry of Health, ULGS, MOH referral and district hospitals, a Regional Health Office, and Local Government clinics and a health post.
- C. Briefings were also held with representatives of donor agencies: USAID, World Bank, and UNFPA.
- D. Discussions were held with persons with experience related to MCH/FP training: Head of Nursing Education Division, University of Botswana; a Research and Evaluation Officer, FHD/MOH; and the newly-arrived World Bank Training Coordinator.
- E. Field visits were made to seven service delivery facilities representing completed or incompletely integrated health services within the range of the health infrastructure.
- F. One observation visit was made to a session of a workshop held in Gaborone to train tutors of health and allied health schools in teaching of research methodology.

G. Identification/observation of training needs were made in the following areas:

1. Clinical family planning skills for NHI tutors, registered nurse/midwives, clinical instructors/preceptors, enrolled nurses and midwives.
2. Copper-T insertion skills.
3. Non-clinical family planning skills for FWEs and professional nurses.
4. Training skills planning for training including identification of post-training functions, and task oriented curriculum development.
5. Management skills with emphasis on team building for RHT members, hospital administrators and Local Government matrons.
6. Monitoring and evaluation skills for same cadres identified for management skills training and MCH/FP Unit, FHD/MOH. Skills in analysis and use of clinic/service data were also an observed need.
7. Supervisory skills especially for sisters-in-charge.
8. Development and use of visual communication materials.
9. Consultancy skills for RHT members and MCH/FP Unit staff.

H. Debriefings were held with USAID and MOH officials.

III. BACKGROUND

The visit reported herein was the first INTRAH assignment in Botswana, although INTRAH has sponsored Botswana participants to U.S.-based and regional training programs during the PAC I and current PAC II contracts. Additionally, during PAC I, Mrs. V.N. Ngcongco (currently Under-Secretary and Head of the Department of Health Manpower) was an active member of INTRAH's Regional Advisory Group in her capacity as Principal of the National Health Institute.

IV. DESCRIPTION OF ACTIVITIES

Since this was a needs assessment visit, a number of perspectives on training needs were sought, including those of:

- service providers (enrolled nurses, enrolled nurse-midwives, nurse-midwives, physicians);
- service supervisors in the field (sisters-in-charge, matrons, Regional Health Team members);
- program managers (Family Health Division and MCH/FP Unit staff within the Division);
- program policy-makers (the acting Permanent Secretary and ADMS for Primary Health Care);
- institutional staff who prepare service providers (faculty of the National Health Institute);
- project coordinators (World Bank, UNFPA, the Red Cross);
- health manpower planners (Department of Health Manpower and ULGS);
- research and evaluation staff (Research and Evaluation Division, and Workshop on Applied Research); and
- teachers of nurse tutors (Department of Nursing/ University of Botswana);

Visits were made to facilities which represented the service site types in the primary health care service network (health post, clinic, clinic with maternity, district hospital, referral hospital). No health center, mission or mine hospitals were visited.

A range of documents was reviewed covering plans, research, evaluation, guidance and policy, curricula, and descriptive material. These documents are listed in Appendix B.

The first week of the visit was spent in Gaborone, followed by a field trip to Francistown, a five-hour drive from Gaborone. Owing to public holidays during the latter part of the visit, the team was not able to

make visits to other pertinent health and health training facilities, or other non-governmental organizations with current or planned health components.

Before examining the findings, conclusions and recommendations of the team, the following should be noted as background:

- There is no official population policy.
- Family planning is positioned within the primary health care program headed by the ADMS for PHC, and is coordinated by the MCH/FP Unit of the Division of Family Health (see Appendix C for the MOH organizational chart).
- There are few, if any, restrictions on eligibility for family planning services (see Appendix D for MOH guidelines).
- Integration of primary health care services is proceeding rapidly which means that family planning services could be available daily everywhere in the country.
- The largest source of financial support for family planning is the World Bank, followed by UNFPA and USAID. NORAD supports facilities' construction, pharmaceuticals and personnel.
- There are many expatriates who fill staff positions, including that of the Regional Medical Officer.
- The Ministry of Health oversees hospitals and health centres. The Ministry of Local Government and Lands is responsible for clinics and health posts and the personnel who staff those facilities and provide family planning services (see Appendices E, F, G and H).
- All family planning methods are available in MOH and LGA facilities except natural family planning. The cost to the client for one year of service is 40 thebe (about 20 cents).
- TBAs appear not to be a prominent source of domiciliary deliveries (about 40 percent of deliveries occur at home), although traditional healers figure prominently as a source of health care.

- There is an interest in and proliferation of research, the results of which are seldom formally disseminated for possible application or further investigation.
- Results of the Botswana Family Health Survey conducted in 1984 by the Family Health Division and Westinghouse revealed that although 75 percent of ever in-union women approve of family planning, only 28% of all currently-in-union women use a method, and of these 8 percent practice abstinence and 10 percent use the pill. It was reported that among non-family planning users who were currently in-union, 42 percent were not exposed to pregnancy, and 14 percent wanted a pregnancy. Only 16 percent of non-users were considered at risk of an unwanted pregnancy (see Appendices I and J).
- There is a five-year MOH target for external long-term training and basic internal preparation of health personnel (see Appendix N for health manpower targets, 1985-91).
- The GOB/World Bank Family Health Project's Training Coordinator has just arrived; therefore, the training component is behind schedule as are certain other aspects of the project.

V. FINDINGS AND CONCLUSIONS

1. Finding

There is a health commitment to family planning as an essential MCH service, and there appears to be no political opposition to family planning. Family planning, however, does not appear to receive the same amount of service providers' attention as nutrition or antenatal care, and the targets and achievements are low, similar to those of postnatal care with which family planning could easily be linked as a service (see Appendix K for MCH/FP targets and coverage).

Conclusion

There is a sense of benevolent indifference to both postnatal care and family planning, which are preventive services. Emphasis and service coverage in MCH are on "curing" and medicine: antenatal care, labor and delivery, immunizations, and feeding malnourished children.

2. Finding

The preparation of nursing cadres in family planning is hampered by: lack of skill-building opportunities during the practicum; lack of background, experience and skills on the part of many tutors and clinical preceptors; limited attention to family planning in the nursing curricula; and priorities placed on other aspects of MCH (antenatal, labor and delivery, immunizations).

Conclusion

Although a comprehensive Teachers'/Tutors' Guidebook on family planning has been developed and is expected to be incorporated into all curricula, tutors may themselves be unprepared to teach the material and/or precept students confidently and competently.

3. Finding

The field-based practicum for midwifery has no explicit family planning objectives. The practicum occurs after exams, is poorly supervised and overall is far less demanding than hospital-based practice despite the probability that an increasing number of midwifery graduates will be posted in community-oriented work settings.

Conclusion

The midwifery field-based practicum has not kept pace with the high priority assigned to primary health care and community-orientation of health services.

4. Finding

Although a number of nurses have been sent outside (Zimbabwe, Kenya and New York) for clinical family planning training, and a core group of health personnel was trained for four months in TOT, there has been no observed use of these special resources, to date, as clinical trainers or trainers.

Conclusion

A critical mass of training resource persons is being developed, but the plan for using those individuals has not yet been formulated, thereby creating potential for diminished skill and enthusiasm.

5. Finding

The MCH/FP Unit of the Family Health Division has three Batswana staff members, one expatriate on contract and one interne from the University of Michigan. None has a job description. The Unit has no permanent head. Priorities are unclear as are expectations of the Unit, which does not have responsibility for nutrition,

health education or immunization, all of which are separate units.

Conclusion

The Unit was or is thought to be a good idea and/or means to give emphasis to FP/MCH within primary health care, but lacking a permanent head and clear direction the Unit cannot act decisively and purposefully. The areas of expertise of staff, therefore, cannot be strengthened until the operational purposes and channels for action of the Unit are clarified by the MOH (see Appendix L for the 1986 annual work plan for the FP/MCH Unit).

6. Finding

Clear leadership responsibilities for in-service training and monitoring and evaluation appeared unclear to the team. Each function has a planning and implementation aspect, but these were not clearly identified through documentation or during interviews. The Continuing Education section of the National Health Institute has designated responsibility for in-service education in all subjects for all health personnel, but RHTs also have responsibility, which they exercise through continuing education seminars, held twice-monthly. There is no overall training plan that contains details pertaining to service impact, the post-training function(s) of trainees, or a follow-up plan. Monitoring and evaluation are conducted in various ways and at several levels (regional and national) but there appeared to be little cohesion or direction to the overall effort.

Conclusion

There is a general scattering of experience and expertise in training and evaluation, but this has not been mobilized for preparation of action plans, targeting of providers for training and clear designation of responsibilities and specification of achievements. This may owe to turn-over among expatriate experts and staff members and/or as yet undefined expectations of the Ministry with regard to training and evaluation as useful and helpful toward achievement of objectives.

7. Finding

Management and supervisory functions are, as might be expected, decentralized but decision-making appeared to be centralized -- or the perception is that decisions are made at the top. The reality (or the perception) hampers management from pulling together as a team particularly in the regions, where MOH and District Councils have joint responsibilities for service provision.

Conclusion

It is hoped that the management team training that is being conducted will identify the means by which decision-making can decentralize with the same velocity as service integration.

8. Finding

There is no clinical family planning training being conducted, and non-clinical family planning training (through regional seminars or FWE training) does not appear to address client recruitment and follow-up or counselling. Clinical training sites are not evident owing to integration, which provides for a variety of services at the site, and lack of procedural guidelines and standards probably results in a range of varying practice/procedures with regard to clinical service.

Conclusion

It will be difficult to conduct clinical training in Botswana without modification of the current situation.

9. Finding

Contraceptive commodities are unevenly supplied, and without a clear definition and count of continuing acceptors, re-supply orders will never be accurate. Equipment appeared to be adequate.

Conclusion

Contraceptive commodity management training should include attention to continuing acceptor definition and counting.

10. Finding

There are family planning posters and pamphlets, but their use is not effective. Some of the materials that have been printed are not interesting and in one case, a booklet on the pill was misleading. The Health Education Unit of the FHD is responsible for media production and is supplemented by an IEC interne from the University of Michigan.

Conclusion

A PCS visit may help to formulate a plan for more effective development, production and use of media material.

11. Finding

Certain basic principles of training are lacking including needs assessments, appropriate selection of training candidates, specification of post-training functions, follow-up plans, use of adult learning techniques, behavioral objective-setting in very specific terms, and planning for skill-application. A

group of ten health personnel was trained for four months (October-January 1986) in a TOT workshop, conducted by two Filipino trainers, but neither the quality nor the yield was evident. No follow-up has been conducted, and the trainees have not yet been mobilized as training resources.

Conclusion

With the arrival of the World Bank Project's Training Coordinator, Jill Tremlett (see Appendix M for her job description), there is opportunity to review the current status of the TOT trainees and to develop a plan for using and/or strengthening their skills and their capacity to work in teams in the regions in order to develop the training skills of district-level health personnel. However, lack of an institutional locus for training and training leadership will continue to hamper a national training effort.

12. Finding

The incidence and prevalence of STDs are presumed to be high. There is limited capacity to screen, diagnose and treat STDs and there is difficulty in recruiting contacts for follow-up.

Conclusion

Any promotion of IUDs is to be considered ill-advised until there are more widely-available STD services, and clinic personnel will need to be more attentive to the relationship between STDs and infertility risks, and between IUDs and STDs and pelvic inflammatory disease.

VI. RECOMMENDATIONS

Training

A. General

1. Training resources (persons, institutions, facilities, materials) should be inventoried, and categorized according to relevance to current and proposed topics/areas of training.
2. Purposeful planning should take place to enable trained persons to put their training to use on-the-job, and where and when appropriate, to train others.
3. Post-training function(s) of persons to be trained should be specified prior to external or in-country training opportunities being acted on.

4. Orientation sessions on the objectives and plan for implementation for new approaches, new projects, new programs or organizational changes should be given to those involved in/responsible for implementation.
5. ULGS responsibilities and role in selection/ approval of trainees should be reviewed and consideration given to augmenting their health manpower expertise.

B. Basic and Post-Basic Training

1. The ratio of students to faculty in each of NHI's programs should be reviewed, an optimal ratio defined, and staffing or enrollment adjusted accordingly.
2. The clinical practicum should be reviewed and examined for its relevance to the post-training functions and MOH/LGA expectations of graduates. Practice opportunities should be increased, problem-solving with clinical instructors and faculty supervisors should be maximized, and major areas in MCH/FP (high-risk identification and referral, practical use of the obstetric record, patient assessment, counselling, patient follow-up, community diagnosis and use of community data for assessing/monitoring service needs) should be emphasized in practice under supervision.
3. Refresher training for tutors should be conducted in family planning clinical skills and in other topics which they feel inadequately prepared to teach and/or clinically precept.
4. Training for clinical preceptors/instructors should be conducted in clinical aspects of family planning and family planning counselling skills.
5. Training/teaching materials and references should be assessed from the tutors' points of view, and an inventory made of materials and references needed by them.
6. A workshop for tutors on practical integration of the MCH/FP Teachers' Guidebook should be held, using a training approach similar to the recently-conducted workshop on applied research.
7. Training of tutors in MCH/FP concepts and content, and contemporary teaching methodology, should be conducted to enable them to implement plans developed in the workshop (6., above).
8. Linkage between NHI faculty and their graduates should be developed as a means to obtain feedback on the relevance of the teaching program to the graduates' work situations.

9. The midwifery training curriculum should acknowledge the differing entry-level qualifications of general nurses and enrolled nurses and their differing post-training functions and work settings.
10. Midwifery training needs to be expanded -- numbers of institutions and students and faculty -- in acknowledgement of increasing numbers of integrated service sites.
11. The midwife's post-training function in family planning service delivery should be specified, and the curriculum (including the practicum) should be revised accordingly.
12. The ULGS should be more attentive to the selection criteria for midwifery candidates, and the selection criteria should be expanded to include factors related to post-training functions and expectations.

C. In-Service Training

1. An annual in-service training plan should be prepared and should include the following features:
 - objectives that are related to service objectives;
 - numbers, cadres, and geographic locales of persons to be trained;
 - topics and duration of training courses and workshops, and numbers and cadres to be trained per each topic;
 - the institution, facility or training team responsible for each course or workshop;
 - dates for each course or workshop;
 - the post-training function(s) of participants of each course or workshop;
 - the follow-up plan for each course or workshop, and designation of unit responsible for follow-up;
 - the budget for each course or workshop; and
 - a section to specify progress achieved on the plan.
2. Training needs assessments should be conducted from the points of view of those to be trained, their supervisors, and Regional Health Teams. Special attention should be given to the training

needs of FWEs, enrolled nurses and enrolled nurse/midwives.

3. Selection of participants for long or short-term training should be made on the basis of needs assessments, post-training function(s), and probable capacity to use newly-acquired skills. Supervisors of the proposed candidates should prepare a plan to use/apply the newly-acquired skills of the participant(s).
4. TOT group's skills should be inventoried and their needs assessed with regard to their use as trainers or training team members during courses or workshops.
5. Continuing education seminar designs should incorporate contemporary training methodology with attention to the practical application of content presented, opportunities for problem-solving, follow-up of the seminars, and feedback from participants. The objectives of each seminar should be clear.
6. Consideration should be given to training Regional Health Teams in contemporary training methodology, using the TOT group as trainers.
7. Training in consultant skills should be conducted for Regional Health Teams, supervisors, the TOT group, and Family Health Division staff.
8. Training in supervision should be especially targeted to sisters-in-charge. The training should emphasize:
 - preparation of supervisory workplans based on clinic returns/reports, expressed and observed needs of supervisees, and expected and actual service coverage of specific service sites;
 - problem identification and problem-solving;
 - on-the-job training opportunities;
 - interpersonal communications;
 - objective-setting prior to and after a supervisory visit; and
 - performance appraisal.
9. Team training in management should be encouraged/continued particularly emphasizing Regional Health Team members, the hospital administrators and LGA matrons.

10. Monitoring and evaluation training for Regional Health Teams, LGA matrons and MCH/FP staff should be conducted, and responsibilities for monitoring and evaluation should be specified.
11. Training in the systematic process of developing visual communications should be conducted for family welfare educators, enrolled nurses and enrolled nurse/midwives -- and possibly district public health nurses and health educators -- particularly emphasizing postnatal care and family planning as topics.
12. Non-clinical family planning training should be based on the results of training needs assessments and the expectations of MOH and MLGL regarding the tasks of health and non-health personnel in: recruitment of clients, counselling, contraceptive distribution, client follow-up, and STD education, referral and contact follow-up.
13. Clinical family planning training for nurses, nurse/midwives and enrolled nurse/midwives should be preceded by the following:
 - an inventory of qualified, clinically-prepared Margaret Sanger Center or Zimbabwe National Family Planning Council persons;
 - training of those persons in training methods;
 - preparation of a clinical curriculum, practice standards, and specification of post-training functions of clinical participants;
 - identification and preparation of clinical training sites;
 - orientation of clinic staff, Regional Health Teams, and communities that will be involved to the modifications that will be required in clinic operations during clinical training courses;
 - promotion of postnatal care and family planning in clinical sites' catchment areas; and
 - determination of numbers and geographic locales of persons to be trained.
14. Injectibles require more attention as a method for lactating women and those at a distance from health facilities.
15. Pill re-supply as a topic in FP refresher and update courses needs to be addressed from the point of view of clients' life styles and their

farming patterns rather than the supply available in the stock-room.

16. Copper IUD training should await the completion of the training of clinical trainers (in 13, above) and then should be conducted by them during clinical courses and on-the-job at selected sites.

Non-Training

A. MCH/Family Planning

1. Promotion of family planning needs to be examined and promotional strategies developed that are keyed to unserved, underserved or poorly served groups. Geographic factors should be carefully considered.
2. Family planning information and education for immediate post-partum patients should be emphasized.
3. Postnatal care, to include family planning, needs to be more heavily emphasized by all cadres of health personnel. The "message" for recruitment for PNC needs to be specified.
4. Contraceptive supply shortages need never occur. Commodities' management should be strengthened and regional depots should be considered as a means to reduce risks of supply shortages in outlying clinics.
5. Family planning references, including Family Planning Methods and Practices: Africa, should be available at every clinic and health post.
6. The definition of continuing family planning acceptor and the method for counting continuing acceptors should be given to all clinics by regional health officers.
7. Regarding family planning methods:
 - a) The injectible's low acceptance should be investigated to ascertain whether providers bias is hindering client acceptance.
 - b) Both the injectible and mini-pill should be promoted among lactating women.
 - c) Consideration of limiting IUD promotion should be discussed since STD screening/diagnosis/treatment/contact follow-up appear to be of very limited availability.
 - d) More stringent supervision of the policy on contra-indication of the IUD for nullipara should be made.

- e) Pill re-supply practices should be examined and policy formulated that reflects clients' life-styles and their farming patterns.
8. Standards and procedures for family planning services and each method, and for client follow-up should be made more comprehensive, and promulgated to every service provider.
9. Regarding STDs:
- a) Examine the STD service network for coverage and performance.
 - b) Identify service barriers.
 - c) Identify reasons why contact follow-up is successful and unsuccessful.
 - d) Promote condoms.
10. Regarding the MCH/FP Unit of the Family Health Division:
- a) Priorities, and program and specific objectives need to be sharpened to reflect staff capacity, and findings from service data analysis.
 - b) Augmentation of staff and staff capabilities needs to be considered and weighed against the advisability of adding regional or multi-regional MCH/FP coordinator(s) posted in the field.
 - c) Expectations of the Unit need to be articulated by MOH and the RHTs.
 - d) Job descriptions for each staff member need to be developed.
 - e) Monitoring and evaluation skills and capacity need to be strengthened, and more interaction should take place with RHTs on data analysis.
11. Regarding the MOH's MCH/FP training component of the GOB/World Bank Project:
- a) INTRAH requests that the MOH clarify the assistance required from INTRAH.
 - b) If assistance is requested, INTRAH would propose a visit to Botswana in November 1986 to develop an assistance package and training plan (with objectives, schedule, budget, evaluation plan).

B. General

1. Enrolled nurses: in considering whether this cadre should be phased-out the points of view of RHTs and service supervisors should be sought, and the current and proposed role and responsibilities of the FWE should be discussed.
2. Integration
 - a) The pre/post patient flow analysis appears to be helpful: successes could be used as case studies, sites for orientation/problem-solving, and as training sites.
 - b) The use of newly-found "free-time" in the afternoon needs to be programmed. Emphasis should be placed on community-based activities that are targeted to uncovered or poorly-covered services and low service uptake, and activities that promote health habits or behavior that will reduce health risks.
 - c) Personnel proficient and/or trained in a particular service or process should be training others on-the-job.
3. Planning
 - a) Before decisions are made by the MOH, improve the process of obtaining guidance, advice, information from those who will be affected by the decision.
 - b) Increased use of outlying facilities as a result of imposed restricted use of hospital out-patient departments requires an implementation plan, dissemination, and discussion among RHTs/hospital administration/LGAs.
4. Generally, there needs to be clear identification of who is empowered to make what kinds of decisions. This should reduce inaction and promote decentralization.
5. Investigation should be made of the adequacy and appropriateness of, and user-satisfaction with, formal communication channels for planning, implementation, feedback, and problem-solving.
6. Linkage among RHTs/hospital administration/District Councils needs to be strengthened to improve planning and problem-solving related to facilities, personnel, pharmaceuticals, and service coverage.

Skill-transfer opportunities (from trained to untrained persons) need to be planned and acted on, with encouragement from upper-level staff of health management units.

APPENDIX A

PERSONS CONTACTED/MET

USAID

Mr. John Roberts, Deputy Director

MINISTRY OF HEALTH

Headquarters:

Dr. J. S. Moeti, Acting Permanent Secretary

Mrs. V. Ndiki Ngcongco, Under-Secretary, Department of
Health Manpower

Dr. E. T. Magannu, Assistant Director for Medical Services,
Health Care

Mr. Lucas Omondi, Head, Research and Evaluation Unit

Mrs. E. Magappi, Assistant Director for Medical Services,
Hospital Services

Family Health Division:

Mrs. Winnie Manyaneng, Director

Mrs. Mary K. Larson, Acting Head, MCH/FP Unit

Ms. G. Dorcas Mompoti, MCH Officer, MCH/FP Unit

Mrs. Theresa Shashane, Public Health Nurse, MCH/FP Unit

Ms. Monica Dynowski, IEC Specialist Interne, University of
Michigan

Mrs. Batho Pilane, Tutor, for Family Welfare Educators
Program, MCH/FP Unit

Mr. Galani Gabriel Holonga, Health Educator

National Health Institute, Gaborone:

Mrs. K. Gasannelwe, Principal Tutor

Mrs. Daisy Sethunya Mosieman, Deputy Principal Tutor

Mrs. Grace Phumaphi, Nurse Tutor In-Charge, Continuing Education Program in Lobatse

Mrs. Magdalena Mabusu, Senior Midwifery Tutor

Mrs. Mabel Magowe, Midwifery Tutor

Mrs. Neo Mokgautsi, Midwifery Tutor

Mrs. Mavis Manzana, Midwifery Tutor

Mrs. Radha Rai, UN Volunteer and Midwifery Tutor

Mrs. Elkina Fredrick, UN Volunteer and Midwifery Tutor

Mr. Ephraim Ncube, Midwifery Clinical Instructor

Princess Marina Hospital, Gaborone:

Mrs. Joyce Seitei, Matron

Dr. J. K. M. Mulwa, Medical Superintendent

Sister Tadikwe, Sister-in-Charge

Jubilee Hospital, Francistown:

Mrs. B. Moleele, Matron

Dr. Kim, Senior Medical Officer

NHI (School of Midwifery for Enrolled Nurses, Francistown):

Mrs. Grace Sibanda, Assistant Principal, Tutor

Mrs. Sara Rathedi, Tutor

Mrs. Banonoki Sola, Tutor

Regional Health Team Members/Representatives, Francistown:

Dr. J. M. Maillard, RMO, North East District (based in Francistown)

Mrs. Mabona, Public Health Nurse, North East District and Francistown

Mrs. Kababonye, Public Health Nurse

Ms. Regina Gaborone, Regional Health Educator and Nutrition Officer

MINISTRY OF LOCAL GOVERNMENT AND LANDS

Unified Local Government Services, Gaborone:

Mrs. Keitumende Kokorwe, Training Officer, Training Department, ULGS, Gaborone

Mr. Peter Siele, Establishment Secretary, ULGS, Gaborone

Bhontleng Clinic, Gaborone:

Mrs. Grace Busang, Senior Sister

Sister Margaret, Family Nurse Practitioner

Tlokweng Clinic, Tlokweng, Gaborone:

Enrolled Nurse

Three Student Midwives

Two Family Welfare Educators

Tati Town Clinic, Francistown:

Mrs. Frida K. Mudongo, Matron

Ms. O. J. Mululwane, Nursing Sister

Ms. V. M. Ndzinge, Nursing Sister

Ms. E. Selobale, Staff Nurse

Blue Town Health Post, Francistown:

Miss Kgomotsego Letlhatshane, Enrolled Nurse Midwife

Tonota Clinic:

Mrs. S. M. Motlogolwa, Sister-in-Charge of Clinic

Mrs. N. Chopi, Enrolled Nurse

One Male Midwife

OTHER AGENCIES

World Bank:

Mr. Chris Sharp, GOB/World Bank Family Health Project
Coordinator

Ms. Jill Tremlett, Training Coordinator

UNFPA:

Mr. James Kuria, UNFPA Resident Representative

Red Cross:

Mrs. Tembi Modise, Program Coordinator (Primary Health Care)

Mrs. Subani Kante, Project Coordinator and Supervisor of
Field Project

University of Botswana:

Prof. David J. Rubadiri, Department of Education

Dr. Marilyn Edmondson, Head, Nursing Education Division

APPENDIX B

MATERIALS REVIEWED

Reports/MCH/FP Procedural Booklets/Implementation Plans

Ministry of Health:

Omondi N.O., National Health Status Evaluation Monograph Series No. 1: The Changing Role of Family Welfare Educators: An Evaluation of the Role of Family Welfare Educators in the Implementation of Primary Health Care in Botswana, Ministry of Health, Gaborone, Jan. 1986.

Botswana Obstetric Record: Instructions for Midwives.

Botswana Obstetric Record: MH022/Rev. 84

Family Planning Clinic Card. MH 1042/Rev. 82

Pre-School Card. MH 1040

Tuberculosis Card

Health Education Unit, MOH:

Report of the All-African Population and Development Conference for Parliamentarians, May 12-16, 1986, Harare, Zimbabwe.

Booklets/leaflets on:

1. 28-Day Oral Contraceptives. Title: Mmapula.
2. A Father Knows About FP. Title: Rre yo o siame.
3. The Truth About FP. An English written resource for FWE.
4. What Is the Best Method for You and Partner? (English)
5. Healthy Living: Everyone a Winner. World Health Day, 1986. (English)
6. Questions and Answers on Selected Family Planning Methods (oral, loop/copper T; injectable, and male and female sterilisation). Title: Katologanyo tsholo ya bana.
7. Use of Condoms. Title: Kitso o dirisa sekausu.

8. Questions and Answers on STDs. Title: Dipotso le dikakgela mabaysi le Malwetse a dikobo.
9. I Need to Know. (an FLE photo and story booklet)

Manpower Development Training Schedule (Annex I, Table 2 of MOH/World Bank Family Health Project Document)

Manpower Development and Training Under PY1 1985/86 and PY2 April 1986-March 1987 of the Family Health Project, GOB/World Bank.

MOH/World Bank: Consultancy Services for the Family Health Project.

MOH/World Bank: (Job Description) Scope of Work, Responsibilities and Duties and Professional Profile of the Training Coordinator, Family Health Project, Training Component.

MOH National Planning Unit: Part I: The Structure and Operation of Health Services in Botswana, July 1984.

Family Health Division, MOH:

Manyaneng, W. G.; Khulumani, P.; Larson, M. K.; Way, A. A., Botswana Family Health Survey 1984, Family Health Division, Ministry of Health. Sponsored by Contraceptive Prevalence Survey Project, Westinghouse Public Applied Systems.

Handouts on:

1. Traditional Health Care.
2. MCH/FP including GOB MCH/FP policy; risk approach for MCH; notification of maternal deaths system; effects of smoking and alcohol on foetus and children; family planning benefits and methods; guidelines to managing vaginal discharge, pre-ectamptic toxemia and eclampsia; hypertension.
3. List of teaching aids available for Public Health (Feb. 1986) and how to order them. Subject areas include general health, MCH, family planning, nutrition, environmental sanitation; 16mm Films on population education; MCH; on human physiology, reproduction, family planning education and oral contraceptives.
4. Primary Health Care.

5. Occupational health, focus on women workers.
6. Maternal and Child Health/Family Planning Unit Annual Plan 1986.
7. Health Education Unit Plan of Action 1986.

Ministry of Finance and Development:

Ministry of Finance and Development Planning: National Development Plan 1985-91, GOB.

NHI

NHI/MOH: Teachers guide in Integrating Family Planning into Curricula of the NHI. (This document was reviewed very briefly during visit to NHI Gaborone.)

NHI/Continuing Education Division: Report on the Workshop on Management and Supervision of MCH/FP Program, Jan 6-25, 1986: A Practicum Within the Four Months Long TOT. (This document was briefly reviewed during the visit with Mrs. Grace Phumaphi.)

Midwifery Training Curriculum, 1985/86, Botswana National Health Institute.

University of Botswana

Bachelor of Education (Nursing) Programme: Description of Courses, University of Botswana, Faculty of Education, Department of Nursing, 1986.

Other:

Enge M., Article on Botswana: Government Aims to Extend FP Services, People, Vol. 10, No.4, 1983, IPPF.

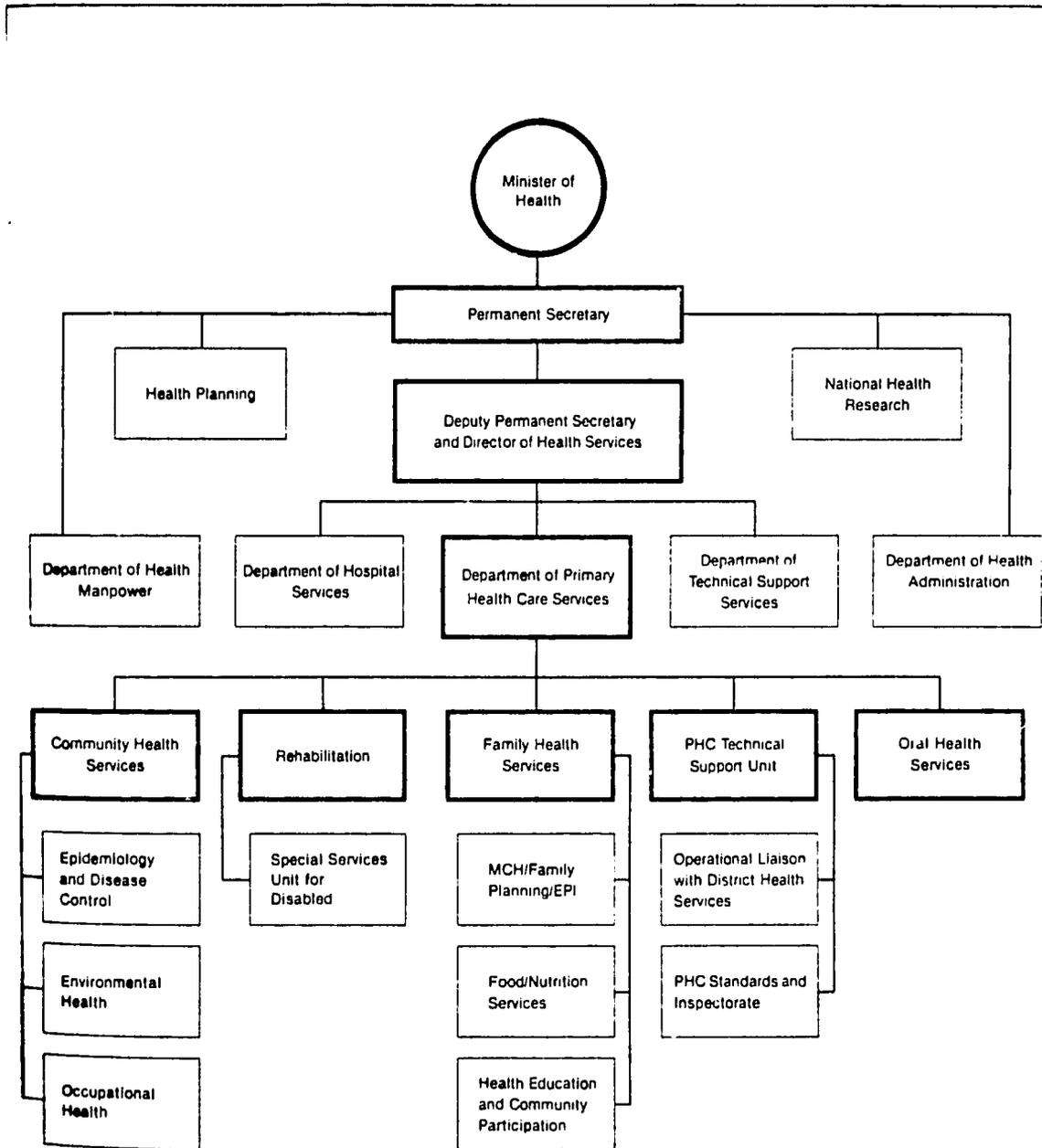
Hilsum L., Article on Africa: Getting the Health Message Through, People Vol. 13, No.2, 1986, IPPF, London.

Kennedy B., Memorandum from Barbara Kennedy, Regional Population Adviser, REDSO/ESA, to Allan Foose, Regional Population Officer, Swaziland on BOTSWANA TRIP REPORT, April 14-18, 1986.

Mackenzie, V. Paul; Allan Keller, A. Norman Scotney and Mari S. Simonen, Report of the Evaluation of Botswana's National Maternal and Child Health and FP Program and UNFPA Assistance to the Program, UNFPA, 1984.

APPENDIX C

Figure 1.2
ORGANIZATION OF THE DEPARTMENT OF PRIMARY HEALTH CARE SERVICES



Source: Ministry of Health, 1985b.

APPENDIX D

MINISTRY OF HEALTH GUIDELINES ON UTILIZATION OF CONTRACEPTIVE METHODS¹

- PILLS:** Pills are prescribed by registered nurses under the usual precautions, taking note of accepted contraindications and side effects which are made known by intending clients.
- I.U.D's:** Inserted by midwives after appropriate examination. Lippes loops are most commonly used. Copper T's are used for women of low parity and those women who have poor retention of loops. Lippes loops are left in for as long as contraception is desired. Copper T's have to be removed and replaced after a period of two years as the copper is by this time absorbed and the contraceptive effectiveness is lowered.
- INJECTABLES:** Depo provera is the injectable commonly used, although recently another injectable, Nuristerat, has come into the market and may be tried in selected cases. Doses of 150 mg in a 1 ml dose are given every three months.
- Depo Provera is used for a selective group of women, being:
- women who have had at least one child
 - women over the age of 25 years
 - preferably for women of over 35 years who have had all the children they desire.
- For those women between 25 years and 35 years the main consideration is the baby's milk supply. For this reason if the mother cannot be put on another form of contraception, she is advised to use depo provera not exceeding the vital period for the baby's nutrition. Usually they are advised to change to another

¹Manual of Health Services (1979).

method after 12 months and at the longest 18 months.

Clients are advised, as with other contraceptive methods, to report back to the health worker if side effects appear. The decision is then taken whether to discontinue or attempt to control the side effects.

SPERMICIDES: Are prescribed by nurses. Being a "non-medical" contraceptive they can be given by family welfare educators or health assistants. The kinds commonly used are foaming tablets, jellies, creams and foams. Commonly they are used as "interim" contraception if clients have to change from one method to another. Jellies and creams are also used in conjunction with diaphragms.

STERILIZATION: This, as an irreversible measure, is advocated only after conscientious consideration by the couple. Consent also has to be given by a husband for the wife's sterilization and vice versa. Tubal ligation and vasectomy are the forms of sterilization used.

APPENDIX F

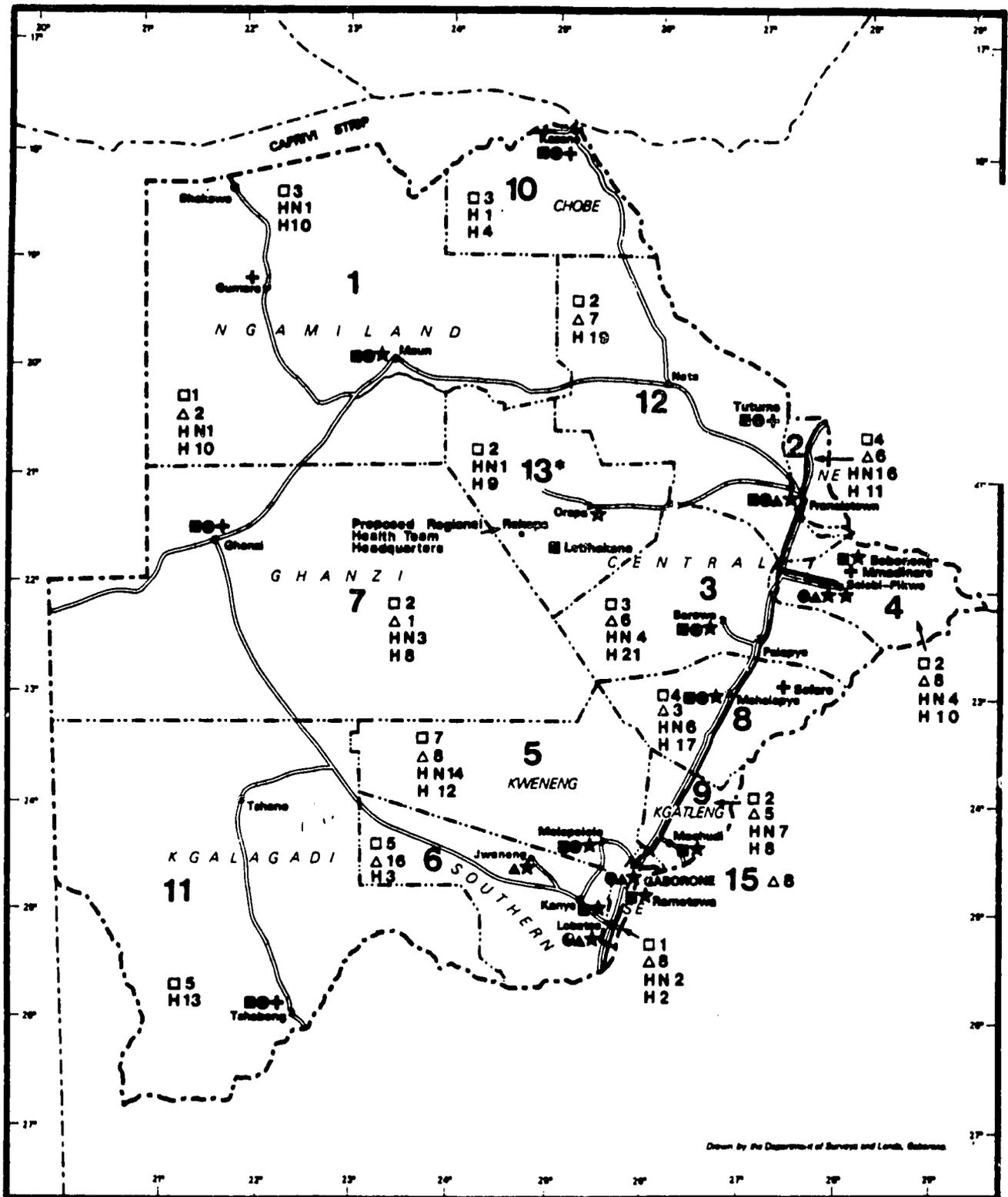
Table 14.1 Referral System and Criteria for Health Facilities

Facility	Services Provided	Description	Location and Population Coverage
Health Post	(Family Welfare Educator as first contact) <ul style="list-style-type: none"> — Primary health care services, i.e. health education, family planning, environmental health nutrition, maternal/child health, school health. — First aid and treatment of common diseases. — Case finding and follow-up. — Periodic visits by mobile health teams. 	3 rooms and toilet. House in remote areas.	500-1 000 in rural areas. 4 000-8 000 in major villages and towns.
Clinic/clinic with maternity	<ul style="list-style-type: none"> — Maternal/child health and deliveries. — Preventive work (as Health post). — First aid. — Diagnosis and treatment of common diseases. — Simple Laboratory examinations. — Case finding and follow-up, — with emphasis on TB. 	5 rooms, covered area, toilets. Vehicle, 2 staff houses. Clinic with Maternity ward — as for clinic plus maternity unit, vehicle, 3 staff houses.	5 000-10 000 in rural areas. 10 000 or more in major villages and towns. As for clinic, maternity ward subject to assessment of areas needs.
Health Centre	<ul style="list-style-type: none"> — As at clinic. — Supervision of clinics and health posts. — General in-patient care. — Laboratory examination. — X-rays. — Surgery 	Total beds 20-70. Delivery and maternity 4-12 beds; observation and curative 16-58 beds. Outpatient facilities as clinic.	Subject to assessment of areas needs. Mainly in villages and remote areas.
District/Regional Hospital	<ul style="list-style-type: none"> — As at health centre. — Specialist services for serious and complicated health problems. — Basic curative, preventive and promotive services. — In-patient care for more complicated health needs. 	Health centre on a larger scale. 70-400 beds.	Major villages and towns.
National Referral Hospital	<ul style="list-style-type: none"> — As at district hospital. — Specialist clinical services for serious and complicated health problems. — More specialist equipment. 	400 + beds.	National capital, Gaborone. Referral services for the whole country.

Source: Ministry of Health.

APPENDIX G

Map 14.1 Regional Health Team Boundaries and Existing Health Facilities



Drawn by the Department of Survey and Lands, Botswana

LEGEND

- District & Sub-District Headquarters
- Regional Health Team Headquarters
- ▲ Town Council
- ★ General Hospital
- + Health Centre
- 7 Regional Health Team
- Regional Health Team-District Council & Sub-District Boundaries.
- 13° Proposed New Regional Health Team
- 3 Denotes 3 Clinics with maternity wards in medical region.
- △4 Denotes 4 Clinics without maternity wards in medical region.
- HN3 Denotes 3 Health posts with nurses.
- H4 Denotes 4 Health posts without a nurse.

APPENDIX H

Family Planning Distribution Points and Service Provider Responsibilities

A. Distribution Points

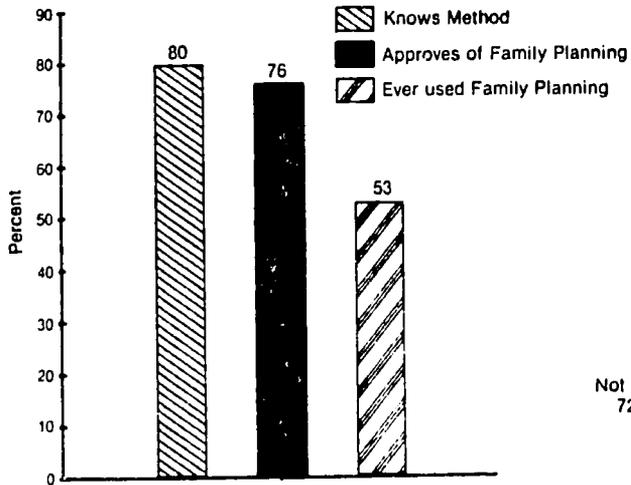
1. Hospitals: a full range of services including sterilization and infertility.
2. Health Center: a full range of family planning services.
3. Clinic: all methods available but depends on supplies.
4. Health Post: no IUD and, if not staffed by a midwife, no depo.
5. CBD: initial pill supply of one packet, re-supply of 3 packets, condoms.

B. Service Provider Responsibilities

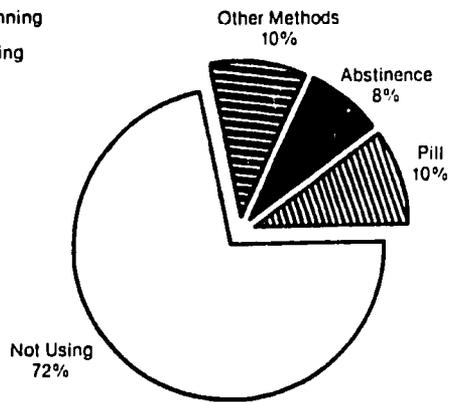
1. Family Welfare Educator: pill and condom distribution, IE & C, follow-up of "defaulters."
2. Enrolled Nurse: all methods except I.U.D.
3. Enrolled Nurse With Midwifery: all methods.
4. Registered Nurse With Midwifery: all methods and ordering of supplies.
5. Sister-In-Charge: supervisor of services.
6. Family Nurse Practitioner: all methods and diagnosis and treatment of complications.
7. Physician: referral source for complications, infertility cases, sterilizations.

APPENDIX I

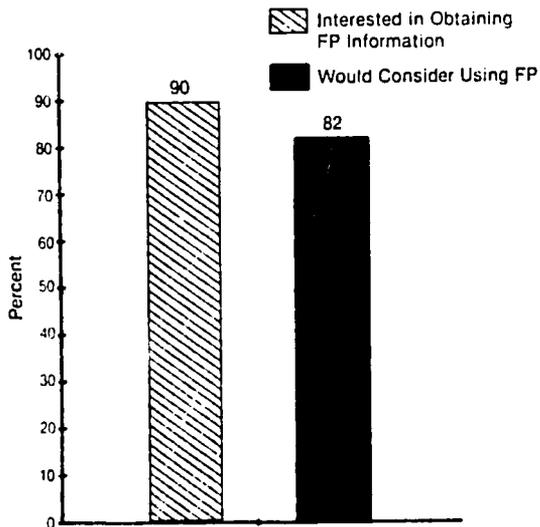
Data from Botswana Family Health Survey, 1984



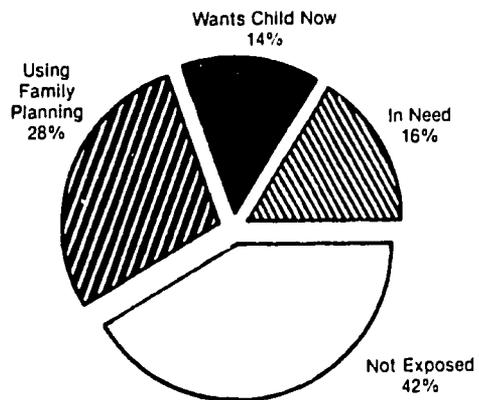
LEVELS OF KNOWLEDGE, APPROVAL AND EVER USE OF FAMILY PLANNING (EVER IN UNION WOMEN)



CURRENT USE OF FAMILY PLANNING BY METHOD (CURRENTLY IN UNION WOMEN)



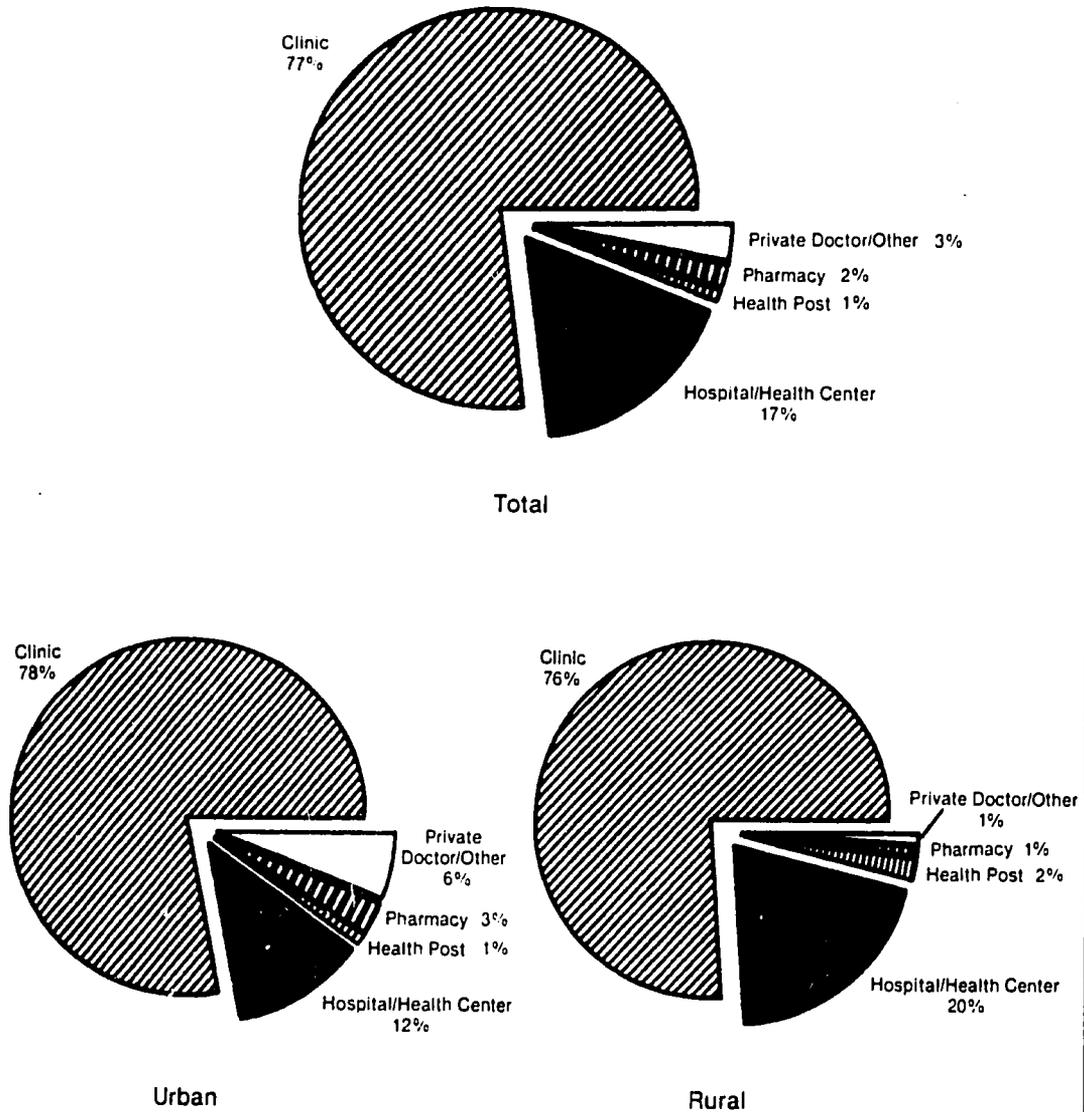
NONUSER ATTITUDES TOWARD FAMILY PLANNING



UNMET NEED FOR FAMILY PLANNING (CURRENTLY IN UNION WOMEN)

APPENDIX J

**PERCENT DISTRIBUTION OF CURRENT USERS BY THE SOURCE FOR
THEIR METHOD AND AREA OF RESIDENCE, BOTSWANA, 1984**



Source: Botswana Family Health Survey 1984

APPENDIX K

MCH/FP SERVICE TARGETS AND COVERAGE
(from National Development Plan 1985-91)

MCH/FP Service	1985 Target ^a	Achieved Coverage
Pregnant women attending antenatal clinic at least once	85%	90% ^b
Deliveries supervised by trained workers	70%	67% ^b
Women of reproductive age using family planning (modern methods)	15%	19% ^b
Immunization		
DPT (3 doses)	80%	82% ^c
Polio (3 doses)	80%	77% ^c
Measles	60%	75% ^a
BCG Vaccination	85%	94% ^c

SOURCES: ^a See Ministry of Finance, 1980, p. 275.
 ^b See Table 6.5, 6.6 and 8.2 in this report.
 ^c See Ministry of Health and World Health Organization, 1983, p. 64.

MATERNAL AND CHILD HEALTH/FAMILY PLANNING UNIT ANNUAL PLAN 1986

GENERAL OBJECTIVE 1: To improve the quality, efficiency and effectiveness of MCH/FP services.

<u>Specific Objective</u>	<u>Activities</u>	<u>Resources</u>	<u>Time</u>
1. To equip health workers with the knowledge and attitudes and skills to work effectively	One MCH/FP Officer to go for MPH in MCH/FP	UNFPA	8.86-8.87
	Training Family Welfare Educators (3 sessions)	MCH/UNICEF	
	Training course for District personnel in clinic management, patient flow analysis, and integration of services.	MCH/CDC/IBRD	2.86
	Training courses in MCH/FP IEC. Supervision, monitoring, and evaluation.	MCH/NHI/IBRD	7.86
	Participate in relevant NHI teaching and curriculum development.	MCH/NHI	ongoing
	Sessions for practical training in Copper IUD insertion in the Districts.	MCH/NHI/IBRD	by end of 86
	Distribute minimal library to health facilities	MCH/USAID/ WHO	as books arrive
	Family planning training externally for four nurses	MCH/UNFPA	May/June Sept/Nov.
	FP and management courses externally for nurses	Manpower/MCH/ UNFPA	ongoing
Develop a protocol for intervention/referral of pregnant women and problems during delivery based on the pregnancy risks as outlined in the Botswana Pregnancy Record (MH 022/REV 84)	MCH/WHO/ DHT/PMH/ UNDP		

	Technical assistance for a period of 2 weeks in development of protocol and manual based on the above as well as communication and counseling skills used in antenatal care; district level seminars on intervention protocol	MCH/DHT/WHO/ PMH/UNDP	86/87
	District level seminars on communication/counseling skills which promote high cultural sensitivity, empathy and social solidarity; exchange of ideas and experiences between traditional midwives and modern midwives.	DHT/MCH/WHO	ongoing
	Participation in RHENO inservice training to include IEC and MCH/FP (postpartum education, use of booklets, ORT)	MCH/DHT	
	Train FWEs in the use of post-partum booklets and in general postpartum education.	MCH/DHT	ongoing
2. To provide equipment to health facilities	Supplement supplies and equip 2 regional labs with microscopes etc. for proper diagnosis of STD and other treatable diseases affecting mothers and children.	MCH/WHO	by end of 86
	Provide all health facilities with delivery kits.	MCH/UNFPA	by end of 86
	Provide adequate cold chain equipment-refrigerators, cold boxes, vaccine carriers.	EPI/WHO/UNICEF	
	Scales, diagnostic sets etc. required for integrated health facilities	MCH/UNICEF/ GOI	
	Equipment for maternity wards and emergency transport.	MCH/WHO	86/87

3. To ensure an uninterrupted, consistent supply of modern contraceptives for programme use.	Develop a monitoring system for supplies at the clinic level(ESAMI Oct/Nov ,86)	MCH/DHT/ USAID(?)	end of 87
	Maintain an 12 month buffer safety margin at CMS.	MCH/USAID CMS/UNFPA	ongoing
	Improve contraceptive resupply system through a 2 week study tour for one officer from the MCH Unit	MCH/WHO	by July 86
	Formalize the Contraceptive Committee	MCH/CMS/ USAID/UNFPA	Jan. 1986
4. To develop a national cervical screening programme	A technician to go for cytology training	MCH/UNFPA	1986 for 1 yr.
	A second candidate to go for cytology training	MCH/UNFPA	end of 1986 for 1 yr.
	Incorporate pap smear technique in all aspects of training programmes	MCH/NHI/ DHT	by end of 1988
5. To introduce and promote breast self examination in the country.	Develop teaching materials and other audio-visual materials	FHD	by 1987
	Ensure that the teaching of BSE method in all basic training and in public seminars	MCH/NHI/DHT	by 1987

GENERAL OBJECTIVE II: To increase the accessibility and acceptability of MCH/FP Services.

<u>Specific Objective</u>	<u>Activities</u>	<u>Resources</u>	<u>Time</u>	
1. To provide comprehensive care for women and by fully integrating MCH/FP services.	Continue assisting integration of health facilities in the country	MCH/DHT	ongoing	
	Adopt integration in all clinics where staffing allows	MCH/DHT	end of 1986	
	Develop an integration plan and impact study	MCH/DHT/ CDC	by April, 1986	
2. To support and promote improved infrastructure	Provide shelters for expectant mothers awaiting delivery	NORAD/German AID	ongoing	
	Construction of maternity units in major villages	IBRD	ongoing	
3. To promote MCH/FP components in the PHC in the workplace programme	The expansion of the project from 44 workplaces (24 farms, 20 industrial)	MCH/OHU/DHT	ongoing	
	●Industrial	To increase knowledge of family health among workers, especially men, through the use of educational modules at the workplace	MCH/OHU/DHT	ongoing
		To provide condoms through vending machines (also through identified workers)	MCH/IPPF/OHU	ongoing
	●Agricultural	To liaise with OHU in further developing the MCH/FP components in the Health Aid programme on the Freehold Farms	MCH/OHU/.DHT	ongoing
●Botswana Civil Servants Association	Support the new BCSA project through IEC, contraceptives and technical assistance.	MCH./OHU/BCSA	ongoing	

4. To develop and implement a FWE routine for promotion of MCH/FP through periodic coverage of his/her entire community; to develop a consistent routine for following up by FWEs.	Short term consultant to be recruited to develop task oriented curriculum for FWE training in areas of TB, FP, ORT, sanitation, breastfeeding and nutrition	MCH/IBRD	August, 1986
	Print/distribute five flip charts of the above topics.	MCH/IBRD	May 1986

GENERAL OBJECTIVE III: To strengthen and develop MCH/FP information, data collection and feedback.

<u>Specific Objective</u>	<u>Activities</u>	<u>Resources</u>	<u>Time</u>
1. To initiate, conduct and participate in research relevant to MCH/FP	Spin off studies from Family Health Survey	FHD/UB/NHI	1986
	Perinatal and Infant Mortality and low birth weight studies	MCH/UNDP	1986/87
	Cervical cancer/STD study 1985-87	Dr. J. Pederson	
		Maun Hospital	
	Knowledge, attitudes and practices with respect to DD	MCH/EPI	
	Morbidity and mortality distribution of diarrhoeal disease	MCH/EPI	
2. To maintain the activities started by the FP Evaluation Officer	Recruit UN Expert to replace UNV	MCH/UNFPA	by July 86
3. To improve data processing and feedback through computerization	Purchase of computer for use of UN Expert	MCH/UNFPA	by July 86

GENERAL OBJECTIVE IV: To increase popular knowledge, support and participation in MCH/FP areas.

1. To strengthen and expand IEC activities.	Develop an overall IEC plan to include: specific target audiences, objectives, messages, activities, communication channels, time frame	FHD/IBRD	
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●MCH	Develop two booklets on postnatal care (One for the mother, and one on care of the newborn) for distribution in maternity wards and by FWEs in homes.	MCH/WHO	by Dec.86
	Prepare simple pictorial flyer on preparation of ORT to be distributed through clinics schools, YDCs, Newspapers, Churches, etc.	MCH/WHO/ EPI	
	Prepare and air spot announcement alerting to dangers of diarrhoea and explaining the flyer.	FHD/RB	
	Include ORT training in curricula of non health cadres	FHD	ongoing
	Promote ORT among traditional healers through Traditional Healers Seminars and supply ORS	MCH/DHT	ongoing
	Develop a poster on the danger of diarrhoea.	FHD	
●FP/STD	Finalize, print and evaluate the FWE booklet on misconceptions	MCH/PIACT	2/86
	Evaluate first youth booklet and complete second one	MCH/PIACT	5/86
	Revise and reprint STD booklet	MCH	4/86
	Revise FP methods poster; translate and print in Setswana.	MCH	5/86
	Produce 3 posters: one geared towards men, one towards teens and one on STD	MCH	by end of 86
	Produce simple pamphlet on population and development explaining consequences of rapid growth	MCH	5/86
	Work with newspapers and Radio Botswana to promote greater coverage of MCH/FP	MCH/HEU	ongoing
	Produce at least 6 spot announcements for RB on FP and STD	MCH./HEU RB	by end 86
	Sponsor an essay contest for youth on responsible parenthood or related topic.	MCH/HEU	June,86

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2. To ensure substantive population/FLE input into the school curriculum	Training of secondary school teachers to teach FLE	FHD/UNFPA./ MOE	1987
	Promote and support FLE through curriculum committee at primary and secondary school levels	FHD/MOE	ongoing
3. To encourage, support and monitor FP services and FLE at the University	Provide nurse with refresher courses in IUD insertion	MCH/UNFPA/ UB	April/May
	Promote inclusion of UB nurses in the local regular inservice training	MCH/DHT	Ongoing
4. To promote the formation of a Population Action Group	Promote the development and functioning of the high level Population Action Group and the FLE sub-committee		
5. To promote the teaching of FLE to parents and youths through NGOs	Hold 2 seminars at national level for BCC volunteers	FHD/BCC/IBRD	
	Hold 8 seminar in the districts for target population	FHD/BCC/IBRD/ DHT	
	Hold seminar/workshop for national leaders of NGOs (ie Scouts, 4B, Red Cross)	FHD	1987
6. To participate in teaching health to the various non-health cadres	Training of ACDOs, ADs, Police BDF, Tirelo S. Brigades, Polytechnic, BAC	FHD	ongoing
7. Improve distribution and use of visual aids.	Evaluate (questionnaire) and monitor distribution, use and effectiveness of visual aids	MCH	3/86

GENERAL OBJECTIVE Y: To strengthen the organization and management of the MCH/FP Unit and improve intersectoral communication.

<u>Specific Objective</u>	<u>Activities</u>	<u>Resources</u>	<u>Time</u>
1. To evaluate and monitor MCH/FP activities	Annual Plan, Report	MCH/FP	March, 86
	Weekly meetings	MCH/FP	every Friday
	Regular visits to the field	MCH/FP	ongoing
	Regular participation in seminars	MCH/FP	ongoing
2. To improve information transfer and communication at the national level	Attendance at various meetings	MCH/FP	ongoing
	*Breastfeeding Committee		
	*Medical Records Committee		
	*BCC		
	*WODPLAC		
	*School Science Curric. Dev.		
*Heads of PHC Units Meeting			
*FHD Programme Meeting			
3. To strengthen staffing of the MCH/FP Unit	Hire local IEC person		

APPENDIX M

JOB TITLE : Training Coordinator Family Health Project
TR Component
PROJECT : Family Health Project
STATUS : International
DATE FOR COMMENCEMENT OF DUTIES: 1985
DURATION : 24 - 36 months

SCOPE OF WORK - Will develop and coordinate the training activities of the entire training component of the Family Health Project to ensure that the (local and overseas) manpower development activities in MCH/FP, TB and STD Treatment and Control, Physicians' Training, Pharmaceutical Procedures and Management are implemented according to the GOB/World Bank loan agreement.

Duties and Responsibilities

- Will in conjunction with the Department of Health Manpower draw up a 3 year time schedule for the implementation of the training programme as outlined in the Appraisal Report.
- Will in conjunction with the Department of Health Manpower and the Family Health Division coordinate the development of training modules for the training of trainers in MCH/FP and also the training of all health workers on an in-service education basis.
- Will in conjunction with the Family Health Division and with the assistance of others coordinate a training needs assessment study in MCH/FP for each cadre.
- Will together with the trainers, and the National Health Institute develop evaluation procedures for assessing the effectiveness of the MCH/FP component of the training programme.
- Will in conjunction with the curriculum committee of the NHI and with practitioners and the Family Health Division, coordinate the integration of MCH/FP clinical and non-clinical skills into the curricula of all health workers.
- Will in conjunction with the Departments of Health Manpower, Health Administration and the Institute of Development Management coordinate a training needs assessment study of the different levels of health workers to strengthen the management capabilities of

the Ministry of Health and the Ministry of Local Government and Lands.

- In collaboration with national trainers, the Department of Health Administration and the Institute of Development Management will coordinate the development of training modules for the training in management for different levels of health workers.
- In collaboration with the Community Health Science Centre and the Health Education Unit will coordinate the development of methods for assessing the training needs of health workers in the treatment and control, and information education and communication for the management of tuberculosis and sexually transmitted diseases.
- Will in collaboration with Heads of Department, Divisions and Unit Heads identify and mobilise training resources for effective training in all aspects of the Family Health Project.
- Will evaluate the progress of training programmes to ascertain that training programmes are on schedule.
- Will be responsible for the planning and coordination for the logistical requirements for the implementation of the various components of the training programme; i.e., physical facilities, resource persons, teaching aids, teaching materials and stipends.
- Will carry out periodic reviews with Heads of Departments, Divisions, and Units of Ministry of Health and Ministry of Local Government and Lands to ensure that the training efforts are relevant.
- Will in collaboration with Heads of Divisions and Units plan for and implement a 3-month to 6-month follow-up of trained personnel to assess their task performance on the job, and will utilise this information for the redesign and strengthening of training modules, approaches and contact.
- Will assess organizational, material, and human barriers to providing effective MCH/FP, TB and STD services in Botswana.

LOCATION - GABORONE

Relationships

1. Will work with National Counterpart educators, practitioners, the Family Health Division and Heads of Departments, Divisions and Units.

2. Will work under the direction of the Under-Secretary, Manpower and Training, MOH Headquarters.

REQUIREMENTS

Academic Qualifications

- A post-graduate degree in Public Health or Health Administration Management

Work Experience

1. Teaching in Public Health or Community Health
2. Curriculum Development
3. Experience in some aspect of MCH/FP
4. Familiarity with evaluation research in education for health training desirable
5. Experience in development countries (preferably training in Africa)

(PREPARED 10/84)

(REVISED 7/85)

APPENDIX N

Table 14.7 NDP6 Projected Health Manpower Training Requirements

Health Personnel	Training Period	1985/86	1986/87	1987/88	1988/89	1989/90	1990/91	Total
Training in Botswana:								
Family Welfare Educators	10-12 wks	60	60	60	60	60	60	360
Enrolled Nurses	2 years	80	90	63	63	63	63	422
Enrolled Nurses Midwives	16 months	43	—	40	—	40	—	123
Registered Nurse Midwives	4 years	87	109	108	108	108	108	628
Nurse Anaesthetist	1 yr post RN/Mid	0	4	4	4	4	4	20
Community Health Nurses	1 yr post RN/Mid	18	18	18	18	—	—	72
Family Nurse Practitioner	1 yr post RN/Mid	18	18	18	18	to be	decided	72
Community Mental Health Nurse	1 yr post RN/Mid	0	10	10	10	10	10	50
Nurse Administrator	1-2 yrs post RN/Mid	—	8	8	8	8	8	40
Health Administrators	1 - 2 years	—	5	5	5	5	5	25
Senior Nurse Administrators	3 years	—	—	4	4	4	4	16
Dental Therapists	3 years	0	8	7	7	6	6	34
Laboratory Technicians	3 years	—	10	10	10	10	10	50
Pharmacy Technicians	3 years	9	11	10	12	9	6	57
Health Educators	4 years	2	1	1	1	1	1	7
Nutrition Officers	2 years	—	—	16	—	16	—	32
Social Welfare Officers*	2 - 3 years	—	—	—	8	8	6	22
Nurse Educators	Degree	8	8	8	8	8	8	48
Medical Records	9 months post JC	8	6	6	6	6	6	38
Subtotal		333	366	396	350	366	305	2 116
Training abroad:								
Health Inspectors	3 years	—	—	10	10	10	10	40
Medical Specialist	3 yrs post MB Ch.	2	3	2	3	2	4	16
Medical Officers	6 years	3	3	3	3	4	8	24
Pharmacists	4 — 5 years	4	2	4	5	0	0	15
Medical Technicians	2 years	2	2	2	2	2	2	12
Regional Medical Officers	Degree	1	2	2	1	2	4	12
Dentists	6 years	1	1	1	1	1	1	6
Health Lab. Tech. Tutors	3 years	—	—	2	1	1	4	—
Nutritionists	4 years	3	1	2	1	1	1	9
Specialist Nurses:								
Operating Theatre	1 year	1	3	2	2	2	2	12
Ophthalmic	Post	2	1	2	1	2	2	10
Orthopaedic	Basic	1	2	1	1	2	1	8
Pediatrics	Nursing	1	2	2	2	2	1	10
Intensive Care	"	2	2	2	2	2	—	10
Ear, nose, throat	"	2	2	2	2	—	—	8
Subtotal		25	26	39	37	33	36	196
Grand Total		358	392	435	387	399	341	2 312

Source: Ministry of Health, Planning Unit.

- Note:**
1. Attrition rate of 10% over entire life of each course taken into consideration in final figures.
 2. Specialist training targets for Medical and Nursing Personnel difficulty in securing placement abroad.
 3. NHI Training facilities can only accommodate 720 students at any given time.
 4. Distribution formula for NHI graduates between MOH and ULGS will be reviewed from time to time taking into consideration the overall manpower needs of the country.
 5. * Some social welfare officers may be trained abroad.