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# INTRAH

## Trip Report

# 0-384

**Travelers:** Miss Pauline Muhuhu, INTRAH/ESA Director  
Mrs. Jedida Wachira, INTRAH Consultant

**Country Visited:** BOTSWANA

**Date of Trip:** January 11 - 23, 1987

**Purpose:** To develop a family planning training project with the Ministry of Health.

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

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**LIST OF ABBREVIATIONS**

<b>BMC</b>	Botswana Meat Commission
<b>DHT</b>	District Health Team
<b>FHD</b>	Family Health Division
<b>MOPNP</b>	Ministry of Health Family Health Project
<b>NHI</b>	National Health Institute
<b>PHC</b>	Primary Health Care
<b>RNM</b>	Registered Nurse/Midwife
<b>STD</b>	Sexually Transmitted Disease
<b>ULGS</b>	United Local Government Services
<b>ZNFPC</b>	Zimbabwe National Family Planning Council

EXECUTIVE SUMMARY

INTRAH/ESA Director Miss Pauline Muhuhu and Mrs. Jedida Wachira conducted a project development visit for the Botswana Ministry of Health from January 11-23, 1987, pursuant to the training needs assessment which was conducted by INTRAH Deputy Director Ms. Lynn Knauif and INTRAH/ESA Regional Training Officer Mrs. Grace Mtawali (Trip Report #324) and at the invitation of the Government of Botswana Ministry of Health.

During the project development visit, the INTRAH team briefed and debriefed with USAID/Gaborone, the Ministry of Health, and World Bank Project Coordinator Mr. Chris Sharpe; worked with an MOH Reference Team of four tutors from the NHI Midwifery School of Continuing Education Unit and the MCH Officers from the Family Health Division (Appendix B); held several discussions at MOH headquarters, two government hospitals, two institutions responsible for health personnel training and service delivery; and met with staff of at least 5 government, NGO and ULGS service delivery facilities. The INTRAH team also reviewed thirteen documents (Appendix D) and a two-week clinical skills curriculum for nurses and midwives which was developed by midwifery/continuing education tutors at NHI. These activities were supported by two review meetings with Mrs. V.N. Ngcongco, Undersecretary, as chairman of each meeting; Ms. Winnie G. Manyaneng, Assistant Director, Primary Health Care; and senior personnel and tutors of NHI and DFH (Appendix E).

The outcome of the visit was a draft proposal for the period, July 1987 to May 1988, with fifteen major activities (Appendix H) which would be funded by the GOB/World Bank Family Health Project, as confirmed by Mr. Chris Sharpe, World Bank Project Coordinator. The INTRAH team was concerned with the premature departure in November 1986 of the Project's Training Coordinator, as her absence would

however, noted that plans were underway to recruit a replacement for the Training Coordinator.

Major recommendations include the following:

1. The MOH should designate a senior tutor to be the National Training Coordinator while awaiting the replacement of the GOB/World Bank Family Health Project Training Coordinator.
2. The MOH Reference Group should continue to be included in activities concerning the proposed training project while ensuring that the team's functions with the Continuing Education and MCH Division are clearly defined.
3. A series of Family Planning clinical skills refresher workshops should be developed to improve service providers' clinical skills.
4. The Task Force of three members identified in February 1986 should be involved during the MCH/FP Integration Workshops.
5. The MOH should identify clinical sites to be developed or upgraded for training purposes.



- January 22** Debriefed and presented proposed INTRAH-assisted workscope to MOH and NHI senior personnel.
- January 23** Mrs. Wachira departed for Geneva to attend a JHPIEGO Conference.
- Miss Muhuhu debriefed at USAID/Gaborone.
- Miss Muhuhu departed for Nairobi via Harare. (Transit)
- Miss Muhuhu debriefed with INTRAH/CH Deputy Director Ms. Lynn Knauff via telephone from Harare.
- January 24** Departed for Nairobi.

I. PURPOSE OF TRIP

The purpose of the visit was to develop a project proposal for training in family planning in collaboration with the Ministry of Health. Major objectives were to:

1. Identify MOH personnel to work with INTRAH throughout the project.
2. Assess potential human and institutional resources.
3. Design a sequence of training activities based on needs expressed and identified by the MOH and INTRAH.
4. Identify the type of technical assistance which will be required from INTRAH and the locus of training.

II. ACCOMPLISHMENTS

- A. The INTRAH team briefed and debriefed with USAID/Gaborone and MOH personnel. USAID/Gaborone had expected the team to develop a budget for the master training plan. As the INTRAH team had not expected to develop an in-country budget during the visit, the team was unable to submit a budget to USAID/Gaborone. However, the Ministry of Health team had begun to prepare a budget for submission when the INTRAH team departed Gaborone.
- B. Several discussions were conducted with personnel at MOH headquarters, Family Health Division, Princess Marina and Lobatse hospitals, and the National Health Institute.
- C. Visits and interviews were conducted at MCH/FP service delivery facilities in Gaborone (Princess Marina, Bhontleng Clinic and Gaborone West Clinics), the Lobatse MOH Hospital, the Botswana Meat Commission, and ULGS.

- D. Recommendations made by the previous INTRAH team (see Trip Report #0-324) during a July 1986 visit were reviewed with MOH senior personnel to assess the level of implementation of the recommendations.
- E. The INTRAH team worked with the MOH reference Group comprised of four tutors from the NHI Midwifery School and Continuing Education Unit and the MCH/FP officer from the Family Health Division to describe training activities identified in July 1986; to schedule training activities; and to assess clinical sites for family planning training.
- F. Several documents pertaining to the Family Health project were reviewed in preparation for the design of training activities.
- G. A two-week clinical skills curriculum for nurses/midwives was developed by midwifery/continuing education tutors at NHI was reviewed. Findings and suggestions for improvement were discussed with the reference team.
- H. Debriefing discussions with the REDSO/ESA Population Officer, Mr. Art Danart explored the possibilities of REDSO/ESA financial support to conduct a Reproductive Health seminar for MOH and ULGS senior personnel.

### III. BACKGROUND

This was the second INTRAH visit to Botswana. In July 1986, INTRAH/CH Deputy Director Ms. Lynn Knauff and INTRAH/ESA Regional Training Officer Mrs. Grace Mtawali conducted a training needs assessment (Trip Report #0-324). The visit was at the invitation of USAID/Gaborone and the Ministry of Health and requested INTRAH to conduct a training needs assessment with a view to developing a family

planning training program under the Family Health Project, which aims at strengthening family planning activities in the MCH program and Health Education Unit; establishment of the central statistics office; renovation and additions to existing health facilities; strengthening of MOH reorganization of the health care delivery system and expansion of population/MCH/FP activities; and improvement of the effectiveness and efficiency of existing communicable disease programs and development of new ones.

To facilitate organization of the health care delivery system, the Family Health project proposes to step up basic and in-service training activities to prepare various cadres of health service personnel. INTRAH was requested to provide technical assistance for this project component.

#### IV. DESCRIPTION OF ACTIVITIES

- A. Upon commencement of the assignment, the INTRAH team briefed with the USAID Mission Director and the Acting Population/Health Officer. The following points were discussed.
1. There was a need to obtain clarification from the MOH and Mr. Sharpe, World Bank Project Coordinator, regarding the source and availability of training funds as neither INTRAH nor USAID has budgeted funds for FP training in Botswana.
  2. The USAID Mission would receive updated information on the INTRAH team's progress during the following few days.
  3. The Mission Director expressed his desire to obtain information on FP training needs/activities in Botswana.
- B. In absence of the Undersecretary for Manpower Development and Deployment, a briefing meeting was held with the PHC Assistant Director and MCH/FP Officer.

During this meeting, the INTRAH team ascertained the progress made towards developing a FP training program and the reaction of senior MOH personnel to the needs assessment recommendations made by the INTRAH team in July 1986.

PHC Assistant Director Mrs. W. Manyeneng informed the INTRAH team that although no formal discussions had been held to deliberate the recommendations, they were acceptable. She also informed the INTRAH team that the GOB/World Bank Family Health Project's Training Coordinator had left the country due to ill health.

A brief meeting was held with the MOH Acting Permanent Secretary.

C. World Bank Funded Family Health Project

Discussions were held with Mr. Chris Sharpe, World Bank Health Project Coordinator, to review World Bank/MOH plans focusing on training for the MCH/FP program. It was confirmed that training would be funded from the Family Health project.

Adequate funds to support training activities for eighteen months, January 1987 to June 1988, were available.

It is anticipated that during review at the end of eighteen months, the MOH would present a proposal for renewed funding.

The INTRAH team expressed concern at the premature departure in November 1986 of the GOB/World Bank Family Health Project Training Coordinator, pointing out that the absence of a training coordinator may affect the training plan once developed.

Plans are under way to recruit a replacement for the Training Coordinator.

D. Meeting with Mrs. D. Mosieeman, Acting Principal, NHI  
During the briefing, four tutors from the NHI Midwifery School and Continuing Education Unit were introduced as the Reference Group the INTRAH team would collaborate with on developing an FP training plan with the MCH/FP officer as coordinator. The Reference group worked with the INTRAH Team on a day-to-day basis to develop the FP training plan (see Appendix B).

E. The first joint activity of the INTRAH Team and Reference Group was the development of a work plan for the period January 13-22 (Appendix C), followed by recommendations and identification of additional materials for review.

During the following two days the two teams jointly derived training activities from the needs assessment report and on the basis of MOH documents reviewed. A Master Training Plan (Appendix D) was compiled reflecting training area/activity, participants/trainees, training purpose and post-training functions, Part A (pre-service training) and Part B (in-service training).

F. The INTRAH Team and Reference Group met with MOH and NHI senior personnel under the chairmanship of Undersecretary for Manpower Development and Deployment, Mrs. V. Ndiki Ngcongco (Appendix F) to discuss progress made and receive further direction and recommendations. Copies of the draft Master Training Plan were distributed and the INTRAH team leader, presented an overview of the rationale for selection of activities

and clarifying the Master Training Plan. Attention was given to a number of specific training activities geared towards direct support and strengthening of pre-service training. The INTRAH Team and Reference Group informed those present that the next step for the joint workshop was development of a detailed training project proposal and work plan covering the training period July 1987 to June 1988.

Mrs. Ngcongco led the meeting through a quick but thorough review of the draft Master Training Plan. Adjustments were made to reflect Family Nurse Practitioner as interchangeable with Community Health Nurse under the participant column.

The Master Training Plan was accepted as a sound framework for developing a detailed training project proposal on a priority basis for a twelve-month training plan.

A memo, dated January 19, 1987, to Mr. Jack Brody, USAID/Gaborone, outlined the Master Training Plan and progress made by the INTRAH team (Appendix G).

**F. Clinic and Training Facilities in Lobatse and Gaborone**

**1. MOH Hospital:**

Discussions were held with the matron of the MOH hospital and the nurse in charge of the MCH/FP clinic in Lobatse. The matron felt that the clinic was inadequate for clinical skills training courses which include IUD insertion due to low numbers of FP users, inadequate space, lack of basic facilities such as toilets for clients, and inadequate equipment. The visit to the clinic confirmed the matron's concerns. Low FP client attendance at the clinic was attributed to the

fact that women attend clinics close to their homes. Nurses were observed providing general health education talks. The nurse/midwife who attends to family planning clients was trained at Meharry Medical Centre in the 1970s.

2. BMC Clinic:

The BMC Clinic, which belongs to a parastatal body, was under renovation and extension. This is a very promising clinic that provides curative services for BMC employees and their families but is open to non-employees for MCH/FP services. One nurse has attended a ZNFPC Clinical Skills workshop in Zimbabwe. This clinic should be reassessed for the number of trainees it could accommodate when renovations are complete and the MOH is ready to begin refresher training in Lobatse.

3. Peleng Health Center (ULGS):

Peleng Health Center has a large number of antenatal and child welfare clients. FP services are utilized fairly well but clinic space is very limited, therefore it is difficult to accommodate students and preceptors. At the time of the visit, there had been a shortage of personnel capable of providing all FP services. This situation was described as temporary as a number of nurses and field educators were undergoing further training.

4. Another clinic has a large family planning clientele. Although the team did not meet the registered nurse at the clinic, information obtained from enrolled nurses and family welfare educators and a review of nurses indicated this

center as a potential clinical training site. However, like Peleng, the clinic is very small with only one small MCH/FP room.

All Lobatse clinics visited except for the hospital would not, at present, be able to accommodate more than one trainee because of limited space. The learning opportunity at the hospital clinic is inadequate even for one trainee because of the low daily FP client attendance.

5. Lobatse National Health Institute:

Lobatse National Health Institute, formerly a school of nursing and presently a center for continuing education, has spacious classroom facilities and pleasant hostel accommodations. Presently, the center accommodates registered nurse trainees from other NHI departments. Thirty-two double occupancy rooms would be available twice a year for family planning training. There is a small library consisting mainly of nursing and community health publications. There are less than ten family planning and training publications. The center also lacks family planning teaching aids such as models.

This facility, with improved teaching materials, would provide an excellent training facility with its accommodations, accessibility to large community education and potential learning opportunities in Lobatse. The staff at this center have administrative responsibilities. Therefore, if used, MOH trainers should accompany trainees and not rely on Lobatse trainers.

A meeting scheduled with the matron of the local government hospital did not materialize.

6. Princess Marina Hospital MCH/FP Clinic, Gaborone:

The clinic in Gaborone is extensively utilized by NHI as a training site for basic students. It is a well-equipped and well-supplied clinic with appropriate health teaching posters for immunization, family life and child spacing, and breast feeding. A new MCH section is under construction. A Geny teaching model was stored in the storeroom while a reference book "Africa" was at the house of a senior nurse. The MCH/FP service providers who are also FP preceptors in conjunction with NHI tutors are:

1 senior sister in charge of Maternity and MCH clinic (trained MCH/FP Meharry Medical Centre)

1 staff nurse (NHI midwifery graduate 1983)

1 staff nurse (NHI midwifery graduate 1970, 2-week MCH/FP management course January 1986)

The clinic space is too small for the number of clients and students. The FP clinic is run twice a week alongside pre-natal and child welfare clinics. An infertility clinic was halted last year owing to the departure of the gynecologist.

This MCH/FP clinic provides essential clinical practice for pre-service students although the experience should continue to be complemented by other clinics within the town council. However, owing to the current client and pre-service student congestion, alternative training sites should be used for in-service FP training.

This training site could be further improved for pre-service FP training by providing MCH/FP updates, refreshers and preceptorship skills for the senior clinic and maternity nurse/midwives.

Establishment of a post-natal service at this clinic would provide needed MCH/FP service delivery and promote both the child welfare and family planning services.

Senior clinic registered nurse midwives expressed need for training in MCH/FP clinic management.

7. Bhontleng Clinic:

The Bhontleng clinic is situated about 3 km from Princess Marina Hospital and is operated under the auspices of the Gaborone City Council. It is a busy clinic with an average of 20 clients per day. There are two registered nurse midwives whose midwifery training in 1977 and 1986 respectively included family planning. They provide IUD services and receive client referrals from ENs for provision of other FP methods. Two ENs register new FP clients and resupply contraceptives. The space used for MCH/FP service delivery is too small for the present number of clients. A room for FP counseling, complete with changing facilities, is available but underutilized due to lack of personnel. Two midwifery students are often posted to the clinic to obtain practical experience.

This clinic has a radio cassette and pamphlets for client education. A copy of "Africa" for FP reference was available. This clinic has a potential for increased use but an additional

registered nurse midwife with FP clinical skills is required to staff the empty examination/ counseling room, thereby relieving congestion in the other two rooms. A proposal to keep the clinic open later in the afternoon to provide FP services to clients who work should be followed up and implemented. It would increase the client number to the benefit of learners.

All staff need training update for content and FP clinical skills, management of FP services (especially commodity storage), procurement and use of FP service records. Preceptorship skills training is essential for the two registered nurses/midwives.

8. Gaborone West Clinic:

This is also a newly-established City Council clinic. Opened in 1985, it has an adequate waiting area and an examination room, and a maternity wing which is not yet functioning. Two registered nurse midwives provide all FP methods using knowledge obtained in midwifery training in 1973 and 1977 respectively. They completed basic training in 1979 and 1981 respectively and have had no refresher or other training in FP since then. Two ENs provide the initial supply and resupply of oral contraceptives, repeat injectables (Depo Provera) and counseling, and referral to RNMs for IUD insertion. Four family welfare educators provide health education, and on the basis of weight, blood pressure, and history and give the initial supply and resupply of oral contraceptives.

Two midwives and two basic nursing students are posted to this clinic at different times to obtain MCH/FP experience. The clinic has an average of ten FP clients per day. Utilization of clinic training can be increased. However, the number of trainees should only be increased if matched by an increased number of registered nurse/midwives with FP training. As in the other two clinics, refresher courses for FP content, clinical skills and preceptorship skills development is much overdue.

9. Tlokweng and Tsholofelo City Council clinics were not visited owing to limited time.

G. Other Activities

The INTRAH Team held a consultation meeting with Undersecretary of Manpower Development and Deployment Mrs. Ngcongco to establish training activity priorities and determine the number of trainees for the twelve month training plan. The meeting was also attended by MCH/FP Unit officer Ms. Dorcas Mompoti.

Activities related to pre-service FP training and facilitation of both training and FP service delivery were accorded priority. In addition, out-of-country FP clinical skills training, to increase clinical skills expertise, was included in the priority list.

The INTRAH Team worked for two days with the MOH Reference Group in developing the workplan of training activities in order of priority and also in appropriate sequence for the 12-month training period which included number and category of participants and assigning training dates and trainers (see Appendix B).

Several relevant documents were reviewed by the INTRAH team prior to this activity (see Appendix E).

While the INTRAH Team refined the workplan and workscope, the Reference Group worked on identification of training materials for each activity and also developed a training budget required by the MOH for presentation to the World Bank.

The second review meeting was chaired by Mrs. Ngcongco and comprised of senior MOH and NHI personnel in addition to the INTRAH Team and MOH Reference Group (see Appendix F) at which time the INTRAH team also debriefed the MOH personnel.

Copies of the workplan and the INTRAH workscope were distributed to all attendees for review, comments and recommendations. INTRAH Team leader Miss Muhuhu outlined each activity in the proposed training plan, expressed its importance within the entire plan, explained the sequencing and highlighted INTRAH proposed inputs within the plan. Miss Muhuhu drew attention to the absence of a distinct in-service FP training program but indicated instead a training plan geared more towards strengthening the pre-service FP training capability which can then support FP clinical skills refresher workshops and the development of FP practice standards and protocols.

During the meeting, MOH and NHI personnel described the training plan as feasible and reflective of real needs given the available local resources and MCH/FP situation at this point in time. The interest and commitment of the MOH and NHI to accelerate expansion of MCH/FP services through training was noted. The MOH accepted the document, stating that the proposal would

be submitted to INTRAH as soon as possible. In a subsequent meeting, prior to departure, the proposal accompanied by a letter of request to INTRAH Director Dr. James Lea was submitted to the INTRAH Team leader (see Appendix H).

At the conclusion of the assignment, the INTRAH Team developed a projected training workplan with block dates running into 1990 for all activities which did not fit into the 12-month training period (see Appendix I). A copy was submitted to Mrs. Ngcongco.

III. USAID and REDSO/ESA Debriefings

Miss Mubaha debriefed with Mr. J. Hummon, Mission Director, and Mr. J. Brady, Acting Population/Health Officer at USAID/Gaborone. Copies of both the proposed training project and the projected training workplan were submitted to Mr. Brady and Mr. Hummon respectively.

Miss Mubaha also debriefed Mr. Art Danart, Regional Population Adviser at REDSO/ESA on her return to Nairobi.

IV. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

1. Findings/Conclusions

Within the GOB/World Bank Family Health project, training is very much behind schedule. This situation is likely to deteriorate with departure of the training coordinator and the heavy proposed training plan.

Recommendations

The MOH should designate a senior tutor to be the National Training Coordinator while awaiting recruitment of a replacement for Ms. Trimlett.

2. Findings/Conclusions

Princess Marina Hospital MCH/FP Clinic is providing much needed family planning clinical skills practice for pre-service students but the FP clinic operates

only two times a week with the child welfare clinic and clinic space is overcrowded. Sometimes midwifery students from the NHI are unable to reach city clinics for experience as transportation is not available.

**Recommendations**

The MOH/NHI should step up the clinical placement of students in City Council clinics to ease the congestion at Princess Marina MCH/FP Clinic.

The MOH should identify clinical sites and develop them, e.g., support City Council efforts to upgrade these sites for clinical training.

The MOH should accelerate planned physical expansion of Princess Marina MCH/FP Clinic.

**3. Findings/Conclusions**

The FP client load at any one clinic is insufficient to enable trainees to develop competency in clinical skills within the allotted training time.

**Recommendations**

The MOH/NHI should accelerate the provision of the two vehicles awaited to enable students to reach Bhotleng and Gaborone West Clinics in good time for clinical practice.

The ULGA and MOH should endeavor to increase client demand through motivation and increased recruitment of post-natal clients for FP services.

**4. Findings/Conclusions**

The INTRAH team worked with a talented reference group during project development.

**Recommendations**

The MOH Reference Group should continue to be included in activities concerning the proposed training project as often as possible. The Team's functions and relationship with the Continuing Education and MCH Divisions should be clearly defined.

**5. Findings/Conclusions**

The process of training the MOH Reference Group in the skills of project proposal development proved to be a positive learning experience for members of the Group.

6. Findings/Conclusions

A task force of three was identified in February 1986 to follow up integration of FP services into FHI programs. The task force has not yet done much.

Recommendations

The task force should be involved during the MCH/FP Integration manual workshops.

7. Findings/Conclusions

A majority of nurse/midwives currently providing FP services have not had any FP update or refresher courses since completing basic training. FP clinical skills developed were integrated into midwifery. Although they provide a full range of FP services, they need updates in knowledge and skills.

Recommendations

A system of FP refresher courses for FP service providers should be implemented to improve service providers' clinical skills.

**APPENDIX A**  
**LIST OF PERSONS CONTACTED/MET**

**APPENDIX A**

**LIST OF PERSONS CONTACTED/MET**

**USAID/Gaborone**

Mr. John HUMMON, Mission Director  
Mr. Jack BRODY, Acting Population/Health Officer

**Ministry of Health**

Dr. J.S. MOETI, Acting Permanent Secretary  
Mrs. V. Ndiki NGCONCO, Undersecretary for Manpower  
Development and Deployment  
Mrs. Winnie MANYANENG, Assistant Director, Primary Health  
Care  
Mr. Lucas OMONDI, Head, Research and Evaluation Unit  
Dr. NGONGORO, Head, MCH/FP Unit  
Ms. Dorcas MOMPATI, MCH/FP Officer, MCH Unit  
Mr. Chris SHARPE, Family Health Project Coordinator  
Mr. PETERSEN

**National Health Institute**

Mrs. Daisy Sethunga MOSIEMAN, Deputy Principal Tutor

**Princess Marina Hospital**

Mrs. Joyce SEITEI, Matron  
Mrs. D. MOREWANE, Senior Sister in-charge, Maternity  
and MCH Clinic.  
Mrs. S. MOILWA, Staff Nurse in-charge, MCH Clinic.

**Lobatse**

Head, Continuing Education Center  
Matron, Lobatse Ministry of Health Hospital  
Head, MCH/FP clinic  
Assistant Matron, Lobatse Ministry of Health hospital  
Head, BMC Health Centre  
Family Planning Nurse  
Head, Peleng Health Centre

**Bhontleng Clinic, Gaborone**

Mrs. Grace BUSANG, Nursing Sister in-charge, Bhontleng  
Sister Margaret, Community Health Nurse, Bhontleng area

**Gaborone West Clinic**

Nursing Sister in-charge

Nursing Sister

APPENDIX B

LIST OF REFERENCE GROUP MEMBERS

**APPENDIX B**

**List of Reference Group Members**

Dorcas G MOMPATI, MCH/FP Officer, Family Health Unit

Magdalene MABUTSE, Assistant Principal Tutor, Midwifery School  
(Midwifery Coordinator)

P NATA, Tutor, Continuing Education Unit

Neo MAKGAUTSI, Training Coordinator (FP-Trained at Margaret Sanger)

Ketty MOTALENG, Midwifery Tutor (FP-Trained ZNFPC)

APPENDIX C  
SUMMARY OF MCH/FP TRAINING ACTIVITIES  
BASED ON NEEDS ASSESSMENT

SUMMARY OF MCH/FP TRAINING ACTIVITIES BASED ON NEEDS ASSESSMENT

PART A: BASIC AND POST BASIC

TRAINING ACTIVITY	PARTICIPANT/TRAINEE	TRAINING PURPOSE	POST TRAINING FUNCTION
<p>Orientation to the Family Health Project and Training Plan.</p>	<p>38: 5 NHI Tutors (including Principal Tutor or her Deputy)</p> <p>: 14 Matrons and sisters In-charge of ULGS.</p> <p>: 14 Hospital Matrons</p> <p>: 3 MCH/FP Unit Personnel</p> <p>: 1 Nursing Council Representative</p> <p>: 1 UB Nursing Department Representative</p>	<ul style="list-style-type: none"> <li>◦ Familiarization with Population/ Demography and Health Development for Botswana</li> <li>◦ Familiarization with Training program objectives and service Implementation plan for MCH/FP</li> <li>◦ Identification/ description of groups roles in the implementation of the program plan.</li> <li>◦ Definition/clarification MCH/FP job description for various categories of trainees in the program/project.</li> </ul>	<ul style="list-style-type: none"> <li>◦ Facilitation of proper candidate selection</li> <li>◦ Appropriate deployment of personnel trained for various activities.</li> <li>◦ Provision of support to graduates of the training programme.</li> </ul>

		<ul style="list-style-type: none"> <li>◦ Development of Plans for trainee selection and post training deployment</li> <li>◦ Familiarization with FP Practice standards manual</li> </ul>	
Clinical FP Skills Development	<p>14 : 10 Midwifery Tutors from Gaborone and Francistown</p> <p>: 2 Tutōrs from Serowe National Health Institute.</p> <p>: 2 FNP/CHN Tutors</p>	<ul style="list-style-type: none"> <li>◦ Development of competency in FP service delivery skills</li> <li>◦ Orientation of Tutors to Botswana</li> </ul>	<ul style="list-style-type: none"> <li>◦ Training of Midwifery Students in clinical FP service delivery skills</li> <li>◦ Participation in FP Curriculum development reviews and revision as necessary.</li> <li>◦ Follow up of graduates</li> </ul>
Clinical FP Skills Refresher courses	<p>40: 10 NHI Tutors 30 Clinic RN/M</p>	<ul style="list-style-type: none"> <li>◦ Orientation of Tutors to Botswana population plan.</li> <li>◦ Update knowledge and skills in identified FP components.</li> </ul>	<ul style="list-style-type: none"> <li>◦ Teaching/training basic and post basic students for FP</li> <li>◦ Follow up of graduates</li> <li>◦ Participate in the continuous updates of FP components of the curriculum for the discipline they teach.</li> </ul>

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<p>Clinical Preceptorship Training</p>	<p>60: Sisters, Staff Nurses and EN/EM in-charge of Clinics</p>	<ul style="list-style-type: none"> <li>• Update FP Clinical skills and knowledge</li> <li>• Develop preceptorship skills</li> </ul>	<ul style="list-style-type: none"> <li>• Supervision and facilitation of learning experiences in clinical areas (clinics).</li> </ul>
<p>Workshop on use of</p>	<p>105:</p> <p>100 Tutors from NHI and Mission Hospital Schools.</p> <ul style="list-style-type: none"> <li>1 MCH/FP Unit person</li> <li>2 Food and Nutritionists from FHD</li> <li>1 Nursing Council Representative</li> <li>1 UB Nursing Department Representative</li> </ul>	<ul style="list-style-type: none"> <li>• Familiarise with MCH/FP Integration manual</li> <li>• Development of workplan for Integration of MCH/FP into pre-service curricula.</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of FP into all NHI programs.</li> <li>• Support the Pilot Study for FP Integration.</li> </ul>

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<p>Training of Trainers for FP Integration</p>	<p>25: 10 General Program Tutors : 5 FNP/CHN/Midwifery Tutors</p> <p>: 4 Allied Health Tutors</p> <p>: 2 EN Tutors</p> <p>: 2 Mission Hospital Tutors</p> <p>1 FWE</p>	<ul style="list-style-type: none"> <li>◦ Development/Strength- ening of participatory training techniques</li> <li>◦ Development of lesson plans or workplan for Integration</li> <li>◦ Development of plans for pilot study for FP Integration</li> </ul>	<ul style="list-style-type: none"> <li>◦ Integration of MCH/FP into NHI programs</li> <li>◦ Participation in Pilot study</li> </ul>
<p>Training Program Evaluation Skills develop- ment</p>	<p>62: 16 Hospital Matrons</p> <p>: 14 District and Town Council Matrons/ CHN/Senior Nurse Midwives</p> <p>10 Tutors- General</p>	<ul style="list-style-type: none"> <li>◦ Development/Strength- ening capability for monitoring and evalua- ting training program and the impact on service</li> </ul>	

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	<p>4 EN Schools Tutors                  2 Mission Hospital Tutors                  2 Midwifery Tutors                    1 Nursing Council Representative                    1 UB Nursing Department Representative                    6 Reference Group members                    6 National Training Team members</p>	<ul style="list-style-type: none"> <li>◦ Team building for service, education/training personnel</li> </ul>	<ul style="list-style-type: none"> <li>◦ Establish systems of monitoring and evaluating training and its impact on MCH/FP Service</li>   <li>◦ Foster Team Spirit</li> </ul>
<p>Training Needs Assessment:                  skills Development for MCH/FP</p>	<p>42:4 CHN Tutors                    :32 In-service Hospital Training Committee members.                    : 6 Reference Group members.</p>	<ul style="list-style-type: none"> <li>◦ Strengthen capability in identification of needs for In-service/continuing education</li> </ul>	<ul style="list-style-type: none"> <li>◦ Establish systematic training needs assessment.</li>   <li>◦ Plan and Implement curricula relevant to individual and services needs in MCH/FP.</li> </ul>

<p>Training of Trainers for Continuing Education for MCH/FP</p>	<p>75: 64 District Health Team Members (DHT) 8 FHD personnel (EPI, Nutrition, MCH/FP and Health Education)</p> <p>3 Continuing Education Tutors</p>	<ul style="list-style-type: none"><li>◦ Strengthening capability to design and implement continuing education seminars/workshop.</li> <li>◦ Strengthening practical application of FP content</li> <li>◦ Development of beginning consultation skills</li></ul>	<ul style="list-style-type: none"><li>◦ Plan, implement and evaluate continuing education seminars</li> <li>◦ Facilitating training</li></ul>
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PART B: INSERVICE TRAINING

TRAINING ACTIVITY	PARTICIPANTS/TRAINEES	TRAINING PURPOSE	POST TRAINING FUNCTION
Supervision skills Training in MCH/FP	149: 135 RN/M incharge of clinics and H/C  14 RN/M incharge of Maternity Wards	<ul style="list-style-type: none"> <li>◦ To strengthen personnel Management skills</li> </ul>	<ul style="list-style-type: none"> <li>◦ Use problem solving and Objective planning approach to personnel management.</li> <li>◦ To promote Staff development process</li> </ul>
MCH/FP Management . Skills development	113: 64 DHT members 14 ULGS Matrons  14 Hospital Matrons 21 Hospital Medical Officers Incharge of Hospitals and H/Centre	<ul style="list-style-type: none"> <li>◦ Improve Management capability</li> <li>◦ Promote Team Work</li> </ul>	<ul style="list-style-type: none"> <li>◦ Maximise use of resources</li> <li>◦ Enhance Coordination of MCH/FP services</li> </ul>
MCH/FP Service Monitoring	175: 32 DHT members (CHN & DMO) 14 ULGS Matrons 14 Hospital Matrons 135 RN/M incharge of clinics and Health Centres	<ul style="list-style-type: none"> <li>◦ To develop skills in monitoring, evaluating MCH/FP services.</li> </ul>	<ul style="list-style-type: none"> <li>◦ Establish a System of Monitoring and evaluating MCH/FP services</li> </ul>

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<p>Training of Trainers in Development of Visual Aids for MCH/FP</p>	<p>6 Clinical Core Training Team members 1 Health Education Officer</p>	<ul style="list-style-type: none"><li>◦ Develop capability in designing appropriate teaching visual aids</li><li>◦ Strengthen training skills in development and use of Visual Aids</li><li>◦ Strengthen skills of consultation in the development/use of visual Aids</li></ul>	<ul style="list-style-type: none"><li>◦ Establishment of a system of developing simple, relevant visual aids</li><li>◦ Train MCH/FP Service delivery/supervisory personnel in development and use of appropriate teaching visual aids.</li><li>◦ Promotion/Enhancement of a system for continued development of visual aids</li><li>◦ Facilitate establishment of a resource centre and distribution mechanisms for selected visual aids at district level.</li></ul>
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TRAINING ACTIVITY	PARTICIPANT/TRAINEE	TRAINING PURPOSE	POST-TRAINING FUNCTIONS
<p>VISUAL aids skills development for MCH/FP</p>	<p>514. 114.EN: EN/EM in MCH/FP clinics/ 14.EM: for maternity 245.FWE 135.RNs incharge of MCH/FP clinics 6.Tutors</p>	<ul style="list-style-type: none"> <li>• Develop skills in designing client/group teaching visual aids in MCH/FP.</li> <li>• Strengthen skills in teaching individuals, family, comm. groups in MCH/FP</li> </ul>	<ul style="list-style-type: none"> <li>• Educating community in MCH/FP using visual aids.</li> </ul>
<p>Community education skills for MCH/FP STD</p>	<p>259. 246 FWE (Based in Health Post) 14 RHENO</p>	<ul style="list-style-type: none"> <li>• To develop/improve client and group education/motivation skills for MCH/FP and STD.</li> </ul>	<ul style="list-style-type: none"> <li>• Education/motivation in MCH/FP.</li> <li>• Counselling for MCH/FP &amp; STD.</li> </ul>

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TRAINING ACTIVITY	PARTICIPANT/TRAINEE	TRAINING PURPOSE	POST-TRAINING FUNCTIONS
		<ul style="list-style-type: none"> <li>• Update knowledge on non-prescriptive FP methods and oral contraceptives.</li> <li>• Improve counselling skills for MCH/FP &amp; STD Familiarize part. with the systems. of referral &amp; follow up for MCH/FP.</li> <li>• Familiarize part. with the system of referral of STD.</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment of clients.</li> <li>• Provision of non prescriptive contraceptives.</li> <li>• Re-supply of oral contraceptives.</li> <li>• Referral for other methods.</li> <li>• Follow up: client, defaulter, contact.</li> <li>• Periodic reviews of client/progress</li> </ul>
<p>MCH/FP &amp; STD Community Education skills</p>	<p>142: 14 EN/EM 128 EN</p>	<ul style="list-style-type: none"> <li>• Improve client and group educ./motivation skills for MCH/FP and STD.</li> <li>• Update knowledge on all FP methods.</li> <li>• Strengthen counselling skills for MCH/FP &amp; STD.</li> <li>• Update information on referral system &amp; follow up for MCH/FP.</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct educ. and motivation for MCH/FP &amp; STD. within the catchment area.</li> <li>• Counselling of individuals &amp; couples.</li> <li>• Prescribe OCs and non- rescriptive contraceptives.</li> <li>• Establish a referral &amp; follow up systems with FWEs, for MCH/FP &amp; STD.</li> </ul>

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		<ul style="list-style-type: none"> <li>Update information treatment, referral &amp; follow up for STDs.</li> </ul>	<ul style="list-style-type: none"> <li>Treatment of STD according to STD Management protocol.</li> </ul>
<p>TRAINING of Trainers in Clinical MCH/FP skills</p>	<p>6 Clinical Core Training Team (CCTT) Members.</p>	<ul style="list-style-type: none"> <li>Update knowledge &amp; Skills of FP and concepts.</li> <li>Develop/strengthen skills in participatory training methods</li> <li>Develop FP skills curriculum.</li> </ul>	<ul style="list-style-type: none"> <li>Training in MCH/FP Clinical skills</li> <li>Establish a support system for Regional Training Teams.</li> </ul>
<p>Clinical FP Procedures Manual Development.</p>	<p>11: 6CCTT Members</p> <p>4 RN/M in charge of clinics.</p> <p>1 MCH/FP Community Health Nurse with FP Clinical skills.</p>	<ul style="list-style-type: none"> <li>Develop FP Clinical Procedures Manuals</li> <li>Develop knowledge and skills in procedures manual development process.</li> <li>Drawing plans for field testing review &amp; revision of the manual.</li> </ul>	<ul style="list-style-type: none"> <li>Use and Periodic Review of FP Clinical procedures manual.</li> </ul>

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TRAINING ACTIVITY	PARTICIPANT/TRAINEE	TRAINING PURPOSE	POST-TRAINING FUNCTIONS
Training of Trainers for Regional Clinical trainers	12 . 3 Lobatse . 3 Francistown . 3 Serowe . 3 Gaborone	. Develop lesson plans based on clinical skills curr. and field needs assesment.  . Update training methods and contraceptive technology  . Facilitate Regional trg. MCH/FP.	. Conduct clinical TP skills courses.  . Follow-up of graduates.  . Establish a system of periodic reviews with cott.  . Establishment of regional trg. activities.

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<p>FP Service delivery</p> <p>Skills update,</p>	<p>RN/RM CHN</p> <p>FNP EN/EM</p>	<ul style="list-style-type: none"> <li>• Update knowledge on all contraceptive methods</li> <li>• Strengthening, Counselling physical examination, IUD insertion, Management of clients already on contraceptive methods.</li> <li>• Develop skills in Laboratory Techniques for Wet and Pap smears.</li> <li>• Develop skills in screening of clients for STD, interpretation of Lab. screening results and Management of clients.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide full range Clini based family planning Services.</li> </ul>
<p>FP Service delivery skills update (without IUD insertion)</p>	<p>EN</p>	<p>As above except Lab. tests</p>	<ul style="list-style-type: none"> <li>• Provide O.C. and non-prescriptive methods .</li> <li>• Referral for IUD Voluntary Sterilization for STD screening)</li> </ul>

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<p>Male Education &amp;</p>	<p>Health Assistants</p>	<ul style="list-style-type: none"> <li>• Provide Information on Pop &amp; Health</li> </ul>	<ul style="list-style-type: none"> <li>• Establish educational programs for MCH/FP &amp;</li> </ul>
<p>Motivation in MCH/FP &amp; Educ. in STD Training</p>	<p>Health Inspectors Health Industry Workers (occupational health workers) (Trade Unions BCS Association) Mine Health Workers <u>EN/EM, RN/M Tutors</u></p>	<ul style="list-style-type: none"> <li>• Focusing on Botswana.</li> <li>• Develop strategies for Education &amp; Motivation for MCH/FP. ocusing on male Community.</li> <li>• Develop awareness of the extent of STD problem &amp; the role of men in prevention of STD.</li> <li>• Provide Information on available contraceptives.</li> </ul>	<p>STD for Integration the work setting. focusing on males.</p>
<p>Seminars for motivation and Education</p>	<p>60 Representatives from the following: NGO/S - Red Cross - YWCA - Sports &amp; Culture - BDF</p>	<p>To provide information and motivate members of NGOS to conduct peer education/information on FP and STDS</p>	<p>To facilitate/support national support national efforts for FP promotion and STD prevention &amp; control.</p>

APPENDIX D

LIST OF BOTSWANA DOCUMENTS REVIEWED

LIST OF BOTSWANA DOCUMENTS REVIEWED

1. REDSO: Trip Report April 14-18, 1986, (Barbara Kennedy and Alan Foose)
2. MOH: National Health Status Evaluation Monograph Series One, January 1986.
3. MOH: Manuals for District Level Health Management Training Part I and II December 1986.
4. MOH: Task Oriented Curriculum for Family Welfare Educators.
5. NHI: Integration of Family Planning Concepts and Principles in the Curriculum, 1986.
6. MOH/NHI: Curriculum for a "Workshop on Family Planning Technology".
7. University of Botswana: Bachelor of Education (Nursing) Program 1986.
8. Botswana Obstetric Record Instructions for Midwives.
9. MOH: The Structure and Operation of Health Services in Botswana. July 1984.
10. MOH: Consultant Final Report on Training of Trainers, October 7-February 2, 1986
11. MOF & DP: National Development Plans 5 & 6.
12. MOH: Job descriptions:
  - a) Family Welfare Educators
  - b) Family Welfare Continuing Education Manager.
13. MOH: Family Health Project Document paper.

APPENDIX E

FIRST AND SECOND REVIEW MEETINGS

1st Review Meeting on 16.1.87 2.15 - 4.00 p.m.:

Present:

Ndiki Ngcongco	Director, Manpower Development and Deployment, Under Secretary MOH (Chairperson)
Pauline Muhuhu	INTRAH Regional Director
Jedida Wachira	INTRAH Consultant
Winnie G. Manyeneng	Ag. Director, Primary Health Care, H/S MOH.
Mr. T. Lesetedi	Ag. Head, Family Health Division MOH.
Dr. H. Gongoro	Head, MCH/FP Unit.
Daisy S. Mosieman	Ag. Principal Tutor NHI.
Neo M. Mokgautsi	Reference Group Member
P. Nato	" "
Ketty K. Motlaleng	" "
Magdalene Mabutse	" "
G.D. Mompoti	FHD/MCH/FP Unit Officer.

2nd Review Meeting 22/1/87 2-4 p.m.:

Present:

All those who attended 1st review and in addition:

Tshire O. Maribe	Family Health Division
B.L. Pilane	Family Health Division
Grace Phumaphi	Nurse Tutor in-charge of Continuing Education NHI.

APPENDIX F

MEMO FROM MUHUU/WACHIRA TO J BRODY

M E M O

Fr: Pauline Muhuhu & Jedida Wachira

To: J. Brody, USAID Mission

Date: January 19, 1987.

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Subj: UPDATE ON INTRAH TEAM PROGRESS  
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The team made consultations with Mr. C. Sharp and Ndiki. Clarifications were made to the fact that training funds will come from Family Health Project under World Bank. A task force composed of NHI, Continuing Education Unit and MCH/FP Unit was assigned to work with us beginning January 14, 1987. The attached workschedule has guided our activities since then.

PROGRESS:

A general training plan identifying training activities listed below has been formulated:

- o Orientation to the family health project and the training plan.
- o Clinical FP skills development for tutors.
- o Clinical FP skills refresher courses for tutors.
- o Clinical preceptorship skills for Sisters and staff nurses incharge of MCH/FP clinics used as training sites.
- o Workshop on use of MCH/FP Manual for NHI tutors.
- o Training of trainers for integration of MCH/FP into NHI programs.
- o Training Program Evaluation Skills Development.
- o Training Needs Assessment skills development.
- o TOT for Continuing Education for MCH/FP.

IN-SERVICE TRAINING:

- o Supervision skills training in MCH/FP for clinic supervisors.

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- o MCH/FP Management skills Development for DHT.
- o MCH/FP Monitoring & Evaluation Skills Development for District and hospital and clinic staff.
- o Training of Trainers in Development of Visual Aids for MCH/FP.
- o Visual Aids Skills Development for MCH/FP personnel and FWE.
- o Community Education Skills Development for MCH/FP and STD for FWE, RHENO and EN/M.
- o TOT for MCH/FP Clinical Skills Development for Clinical Core training team.
- o TOT for Regional Clinical FP skills trainers.
- o Clinical FP skills Refresher Courses for service delivery personnel.
- o Male Motivation in FP and Education in STD training skills development for public health and occupational health workers including nine workers.
- o Male motivation in FP and Education on STD Seminars for NGOs and special occupational and welfare groups.
- o Development of FP Practice Standards workshop for Health Policy Makers, Medical/Nursing Practice legal bodies MCH/FP service personnel and training.

The plan was presented and reviewed on January 16 1987 by MOH team of Under Secretary Manpower Development and Deployment (Chairman), Heads of PHC, FHD, MCH Unit and NHI. The same was accepted in principle and green lights given to the INTRAH team and Task Force to prepare a detailed 18 months training plan.

Work continues according to attached copy of the workplan.

Due to unavailability of hotel accommodation, we are residing at the Government Guest House on Thornhill Rooms No. 9 and 11. No telephone. We operate from Mrs. Mompoti's office at MCH/FP Unit.

APPENDIX G

PROPOSAL FOR THE BOTSWANA MINISTRY OF HEALTH  
FAMILY PLANNING TRAINING PROJECT

COUNTRY: BOTSWANA

COSTS TO INTRAH: INTRAH Trainers

TITLE: Botswana Ministry of  
Health Family Planning  
Training Project.

SUBMITTING ORGANISATION: Ministry of Health

RESPONSIBLE OFFICIAL: Mrs. Vuyelwa N. Ngcongco  
Under Secretary for  
Manpower Development and  
Deployment Ministry of  
Health  
Private Bag 0038  
GABORONE  
Tel 355615  
Telex 2818 CARE BD

DURATION: Twelve months

NUMBER OF PARTICIPANTS: 323

NUMBER OF ACTIVITIES: 15

DATE SUBMITTED TO INTRAH: February, 1987

I. SUMMARY:

Ministry of Health of the Government of Botswana believes in integration of family planning service component into all maternal and Child Health Services in order to make family planning services accessible to all. A major primary health care program has been established in the country with assistance of the World Bank.

The National Health Institute and its satellites has a major responsibility for preparation of MCH/FP service personnel. MCH service delivery education and training has been integrated into the basic and post-basic programs. There is no FP in-service training yet but NHI has a newly formed continuing education Centre which may take on the FP in-service training responsibility.

One of the Ministry of Health strategies is to accelerate manpower development in the area of family planning by training about 2,500 health workers already serving with Ministry of Health and the Ministry of Local Government and Lands. The training is to be conducted by Botswana trainers at National and District levels.

The Government of Botswana Ministry of Health/INTRAH Training Project therefore proposes to strengthen the NHI capability for integration of Family Planning into basic and post basic programs; in-service training; and improvement of linkages between pre-service education and in-service training. This will enable NHI to prepare competent and effective family planning service providers. Over a period of twelve months, INTRAH proposes to train and educate 267 health personnel from Ministry of Health, Ministry of Local Government and Land; provide assistance in formulation of family planning service delivery policy guidelines, standards and protocols. It is anticipated that by the end of the project NHI schools, centre for continuing education and service sites in the locale of these institutions will have developed capacity to undertake in-service training.

## II. BACKGROUND:

Botswana, a landlocked country in the Centre of the Southern Africa Plateau has an area of 570,000 sq. kilometres, two thirds of which are in the Karahari Desert. The 1981 census showed a population of 941,020 with an estimated natural growth rate of 3.5%. There is no government population policy, however, senior officials are aware of the implications of the continued rapid population growth and efforts are being made to provide family planning information and materials. The government has proposed a number of new initiatives such as improving accessibility to services, increasing family planning service demand and targeting male groups. A major effort to strengthen existing maternal and child health/family planning services also exist.

In order to accelerate accessibility of services to all, the government has adopted a primary health care approach to service delivery and integration of MCH/FP. During the period 1985-1991 the government proposes in the National Development Plan No.6 to strengthen maternal Child Health and Family Planning through

- "Improvement of MCH/FP promotion, follow-up and participation at home level through strengthening of family welfare educators --
- Increased knowledge and support of MCH/FP in general population with special emphasis on the male population and youth.
- The identification of high-risk groups among pregnant women, mothers and children and appropriate interventions.
- The protection of the health of mothers and infants through planning services so that each family will be a reasonable size, corresponding with its socio-economic and health status".

Next to primary health care approach, manpower development is second on the government health priorities. To facilitate implementation of the primary health care service delivery, the government has entered a contractual agreement with World Bank. INTRAH was invited by Ministry of Health to take leadership in the expansion of family planning training in order to strengthen integration both in the National Health Institute programs and in service.

This proposal therefore addresses family planning training in basic, post basic and in-service programs.

### III. PROJECT GOAL:

To strengthen family planning training and service delivery in order to accelerate integration of family planning into MCH services and improve the health of the family.

### IV. PROJECT OBJECTIVES:

1. To develop capability of a Clinical Core Training Team to take leadership in planning, conducting and evaluating of family planning in-service training programs.
2. To develop the capability of midwifery tutors to strengthen the family planning component of the midwifery programs.
3. To increase the pool of family planning clinically trained NHI tutors.
4. To establish family planning service standards.
5. To develop family planning service procedures protocols.
6. To expand the knowledge and promote skills development for service providers of MCH/FP.

### V. OPERATIONAL OBJECTIVES:

1. To provide technical assistance to 11 health policy makers in development of Family Planning Service Standards.
2. To educate 100 Senior Medical, Nursing and Allied Health Personnel from the Ministry of Health service delivery and educational sites, and from United Local Government Services, in both current Reproductive Health technology and the Botswana Family Health Project and Training plan.
3. To prepare 6 clinical service providers and NHI tutors in provision of clinic based services in accordance with set practice standards.
4. To prepare 11 nurse/midwives in the procedures manual development process.

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5. To develop a clinical family planning procedures manual for standardization of practice.
6. To educate 105 NHI and FWE tutors in the use of the MCH/FP integration manual developed in January/February 1986.
7. To prepare 25 NHI and mission tutors to plan, implement and evaluate integration of FP training in other NHI training programs.
8. To develop preceptorship skills for 20 registered nurses/midwives from clinical training sites.
9. To perform semi-annual and annual reviews.

WORK SCOPE:VI. PROJECT ACTIVITIES:

- A. 1. TITLE: Reproductive Health and Orientation of Family Health Project and FP Training Plan Seminar
2. PURPOSE: To provide reproductive health update to Medical, Nursing and Allied Health professionals and familiarize them with the family health project in order to facilitate support and acceleration of FP service and training efforts of MOH.
3. OBJECTIVE:
- a) To update knowledge on contraceptive technology and major medical issues affecting reproductive health.
  - b) To review relevant FHP documents in order to identify FP objectives and implementation strategies.
  - c) To update information on population/demography, relevant to reproductive health with special emphasis on Botswana.
4. CONTENT:
- a) Overview of all hormonal and non-homonal contraceptive methods, safety and efficacy
  - b) New advances in fertility management technology.
  - c) Fertility patterns and high risk pregnancy
  - d) Worldwide impact of Sexually Transmitted Diseases on reproductive health and their implications for MCH/FP programs.
  - e) Uterine Cervical and Breast cancer and their implications for MCH/FP programs.
  - f) Adolescent reproductive health - national strategies.

- g) Overview of the FH Project with special emphasis to MCH/FP services and Training Plan.
- h) Overview of Botswana Population/ Demographic/vital health data.

5. EXPECTED OUTCOMES:

100 senior MOH and ULGA Medical, Nursing and Allied Health Training and service personnel will be knowledgeable on current reproductive health technology and information; and on Family Health Project and its relationship to Botswana Population Health Development.

5. TRAINING METHODOLOGIES:

- a) Lecture/discussion
- b) Group work.

7. PARTICIPANTS:

Total - 100 comprising of:

- 4 MOH Directors
  - 1 Manpower Development
  - 1 Primary Health CARE (PHC)
  - 1 Hospital Service
  - 1 Family Health Division (FHD)
- 16 Regional Medical Officers (RMO)
- 14 Medical Superintendents/Obs/Gynae or MD with Obs/Gynae responsibilities.
- 3 MCH Unit Personnel
  - 1 MCH Director
  - 2 MCH Officers
- 1 Regional Matron (PHC)
- 2 ULGA Training Officers
- 10 NHI Tutors
  - 1 Principal
  - 1 Deputy Principal
  - 1 Midwifery Co-ordinator
  - 1 General Nursing Co-ordinator
  - 1 NFP/CHN Co-ordinator
  - 1 Continuing Education Co-ordinator

- 18 Hospital Matrons and Health Centre/  
Maternity Senior Sisters.
  - 14 ULGA Matrons/Senior Sister.
  - 13 District Community Health Nurses (DCHN)
  - 3 Laboratory personnel
    - 1 Pathologist
    - 2 Senior Laboratory Technologists
  - 1 Nursing Council Representative
  - 1 University Department of Nursing  
Representative
8. TRAINERS:
- a) 2 INTRAH
  - b) 2 MOH
9. VENUE: Gaborone Sun or Oasis Hotel
10. EVALUATION:
- a) Daily feedback
  - b) Participants Biodata and Reaction forms.
11. TRAINING REFERENCE MATERIALS:
- a) NDP VI (Health Chapters) XIV chpt. 1 p 8-22
  - b) Botswana Family Health Contraceptive  
Prevalence Survey (1984)
  - c) MOH MCH/FP Training Plan
  - d) Contraceptive Technology 1986/87.
  - e) Family Planning Methods and Practice: Africa
  - f) STD Protocols - Botswana

- B. 1. TITLE: Formation of National Family Planning Guidelines and FP Technical Practice Standards:
2. PURPOSE: To facilitate establishment of general guidelines and practice standards for FP service delivery in Botswana.
3. OBJECTIVES:
- a) To review summaries of relevant national documents in order to identify policy guidelines pertinent to family planning service delivery.
  - b) To draft a set of general policy guidelines focusing on what FP services will comprise of; FP service delivery; system/modes including referral system; FP service providers at the various health care facilities; FP supplies and record keeping system; ethical issues for FP; focus groups for FP.
  - c) To draft a set of technical practice standards for FP focusing on contraceptive methods; client management; referral and follow up criteria; STD screening/management/referral; infertility management/referral; cancer screening/referral procedures and systems.
4. CONTENT:
- a) Summary of existing national policy guidelines pertinent to FP service delivery.
  - b) Draft set of general policy guidelines for FP service delivery including delivery systems; service providers, services of comprising FP; payment procedures if any; supply system; groups of high priority.
  - c) Types of contraceptive to be made available in Botswana at various levels of service delivery system.
  - d) Client general management procedures/systems respect of the different methods i.e. screening, referral and follow up.
  - e) Infertility as a service.
  - f) STD screening, management and contact tracing procedures/systems.

- g) Cancer screening, referral and management
- h) Ethical considerations for relevant methods systems/procedures for record keeping and ordering/storing supplies and commodities.

5. EXPECTED OUTCOMES:

- a) Draft general policy guidelines and FP practice standards manual.
- b) Adopted two part manual (i) general FP policy guidelines (ii) FP Practice standards.

6. TRAINING METHODOLOGY:

- a) Review by facilitators of existing documents and selection of those related to FP policies.
- b) Discussions
- c) Small working groups

The large group will break up after first two days. FP technical personnel will remain to formulate part II of the manual.

7. PARTICIPANTS:

For Part (i) of the manual (General guidelines):

11 Senior MOH professionals drawn from:

- Health Manpower
- Primary Health Care
- Hospital Services
- National Health Institute
- Medical and Dental Council
- Obs/Gynae Specialist
- National Standing Committee on Drugs
- ULGA
- National FP Training Co-ordinator
- MCH/FP Director
- 1 Selected Regional Medical Officer

For Part (ii) of the Manual (Technical Standards Formulation):

5 Senior MOH professionals with FP Clinical Skills expertise:

- 1 Obstetrician/Gynaecologists
- 1 MCH/FP Director
- 2 Reference Group Margaret Sanger/  
ZNFPC
- 1 National Trained FP Training  
Co-ordinator (Margaret Sanger  
Trained)
- 1 STD Research Representative)

8. FACILITATORS:

Part (i)

- a) 1 INTRAH
- b) 1 MOH

Part (ii)

- a) 1 INTRAH
- b) 1 MOH

9. VENUE: Gaberone

10. REFERENCE MATERIALS:

- a) Botswana Drug Catalogue and Treatment  
Guide 1986
- b) STD Protocols
- c) Job descriptions/various categories  
of service providers
- d) FP curriculum objectives of various  
programs
- e) Relevant procedure manuals
- f) National Development plan (NDP 5 and 6)  
MCH/FP plan Chapters.

- C.
1. TITLE: FP Clinical Skills Development
  2. PURPOSE:  
To develop capability of FP tutors and service personnel in providing clinic based FP services and FP community education.
  3. OBJECTIVES:
    - a) To acquire knowledge and develop skills in providing FP service.
    - b) To develop/strengthen skills in Community and group education for FP.
  4. CONTENT:  
The curriculum will be developed by ZNFPC trainers. Content will include but not limited to:
    - a) Population, health and family planning inter-relationships.
    - b) Family planning methods:
      - Oral contraception
      - IUCD
      - Natural family planning methods
      - Barrier and chemical methods
      - Injectable methods
      - Sterilization
    - c) Family planning client management/ counselling
    - d) Health education motivation techniques
    - e) Practicals
  5. EXPECTED OUTCOMES:  
Six training and service personnel will be competent in family planning service delivery. A certificate of Competency will be issued by ZNFPC
  6. TRAINING METHODOLOGY:
    - a) Lecture/discussion
    - b) Demonstration

- c) Role play
- d) Group/individual assignment
- e) Actual clinic practice and group education in community.

7. PARTICIPANTS:

Six training and service personnel, 3 in each workshop.

- 3 midwifery tutors (NHI)
- 1 tutor general nursing (NHI)
- 1 identified training clinic
- 1 clinic

8. TRAINERS/FACILITATORS:

ZNFPC

9. VENUE: Zimbabwe

10. EVALUATION:

- a) Pre and post test (comparison of scores)
- b) Mid course tests
- c) Attainment of practical requirements by ZNFPC
- d) Final written examination
- e) Final practical examination
- f) Participants Biodata and reaction forms (see Section VIII for details)
- g) Follow-up one Year post training to determine knowledge and skills retention and skills utilization.

11. TRAINING AND REFERENCE MATERIALS:

- a) Contraceptive Technology 1986 by Robert et al
- b) Family Planning Methods and Practice: Africa: CDC Atland 1983.
- c) Handbook of obstetrics and gynaecology by Ralph Benson

- d) Managing Contraceptive Pill Patients .  
by Richard P. Dickey, Creative Information  
Inc. 1986.
- e) Reproductive Health Care Manual by  
E. Connel and H. Tatum, Creative  
Information Inc.
- f) Managing Patients with IUCD by Howard  
J. Tatum and Elizabeth Connel.
- g) ZNFPC Procedure Manual

- D.
1. TITLE: Clinical FP Procedure Manual Development
  2. PURPOSE:
    - a) To develop capability of 11 training and service nursing personnel in formulation of procedure manual.
    - b) To design a family planning clinical procedures manual for Botswana.
  3. OBJECTIVES:
    - a) To update knowledge of contraceptive technology for 11 training and service nursing personnel.
    - b) To review available documents and protocols pertinent to family planning.
    - c) To draft a manual describing steps of performing FP procedures and equipment required.
    - d) To write manual users guide.
    - e) To draw a plan for field testing review and revision.
  4. CONTENT:

The curriculum will be developed by designated trainers, content will include but not limited to:

    - a) Contraceptive update on basis of needs assessment.
    - b) Content, process, users procedures manual FP practice standards.
  5. EXPECTED OUTCOME:
    - a) 11 training and service nursing personnel will acquire knowledge and develop skills in development of procedures manuals.
    - b) Draft FP clinical procedure manual.
    - c) Workplan for field testing, review and revision.

6. TRAINING METHODOLOGIES:

- a) Lecture/discussion
- b) Small group work

7. PARTICIPANTS:

11 training and service nursing personnel comprising of:

- 6 clinical core training team members
- RNM in-charge of MCH/FP clinics
- 1 hospital clinic based
- 1 health centre based
- 1 from clinic used for training
- 1 rural clinic
- 1 MCH/FP - CHN

All participants must be competent in FP clinical service delivery.

8. TRAINERS/FACILITATORS:

2 INTRAH

2 MOH - one FP Clinician in service  
- One trainer.

9. VENUE: Gaborone

10. EVALUATION:

- a) Comparison of pre and post test scores
- b) Use of daily feedback
- c) Participant Biodata and Reaction forms (see Section VIII for details)
- d) Feedback from draft manual field testing

11. TRAINING/REFERENCE MATERIALS:

- a) Family Planning Methods and Practice:  
Africa CDC. Atlanta. 1983.
- b) Contraceptive Technology 1986/87.
- c) Botswana Family Planning Practice Standards Manual.
- d) Botswana Drug Catalogue and Treatment Guide, GOB, 1986.
- e) FP clinic records.
- f) STD and infertility management protocols.

- E. 1. TITLE: Workshops on Use of FP Integration Manual (3 workshops)
2. PURPOSE: ..  
To facilitate implementation of FP into all NHI programmes.
3. OBJECTIVES:
- a) To update contraceptive knowledge and discuss the Botswana Family Planning Practice Standards as it relates to integration of MCH/FP into NHI programs.
  - b) To review and revise the schedule for implementation and evaluation developed during the January/February 1986 workshops on integration of FP into the curriculum.
  - c) Each NHI program/discipline will draw a scheme of work for integration indicating the entire content to be covered at various stages of training.
  - d) To review population development in the World, Africa and Botswana.
4. CONTENT:
- The workshop curriculum will be developed by the designated trainers and will include but not limited to:
- a) Contraceptive update.
  - b) Overview of the achievements in integration FP.
  - c) Problems and constraints in the use of the manual.
  - d) Review and phase skills development requirement for each cadre and level of trainees.
  - e) Appraisal of the schedule of implementation and evaluation schedule.
  - f) Development of scheme of work for integration of global overview of population.

5. EXPECTED OUTCOMES:

- a) Increased contraceptive knowledge of familiarization with FP practice standards and population issues.
- b) Updated schedule of implementation and evaluation of FP integration in NHI programs.
- c) Scheme of work for each discipline of the NHI program.

6. TRAINING METHODOLOGY:

- a) Lecture/discussion
- b) Small working groups

7. PARTICIPANTS:

Total 105 composed of:

- 100 NHI and Mission Hospital Schools
- 2 Nutritionists from MCH/FP Unit
- 1 Representative from Nursing Council (attended 1st workshop only)
- 1 Representative from University of Botswana Nursing Department (attend 1st workshop only)
- 1 MCH/FP Unit

Participants will be divided into three groups. Efforts will be made to have members of the smaller training programs in one group.

8. TRAINERS:

- 2 INTRAH
- 2 MOH, Members of task group Implementation identified during the development of the manual (February 1986)

9. VENUE: Lobatse10. EVALUATION:

- a) Administration of participant biodata and reaction forms.
- b) Use of daily feedback.
- c) Comparison of achievements in the integration.

11. REFERENCE MATERIALS:

- a) Integration of MCH/FP Manual
- b) Botswana Family Planning Practice Standards Manual
- c) Family Planning Methods and Practice: Africa

- F. 1. TITLE:
- a) Draft Clinical Family Planning Procedures Manual Field Testing, Review and Revision
2. PURPOSE:
- To validate appropriateness of the draft and produce the final version.
3. OBJECTIVES:
- a) To facilitate trial of the draft manual in the clinical setting and solicity comments and suggestions from potential manual users.
- b) On the basis of the comments and suggestions, make necessary adjustments and prepare final manual for production.
4. CONTENT:
- The curriculum will be developed by the designated trainers. Curriculum will include but not limited to:
- a) Orientation of selected groups of testers on use of the draft how to criticize and how to submit comments and suggestions.
- b) Analysis of the comments and suggestions.
- c) Revision and editing of draft manual.
5. ANTICIPATED OUTCOMES:
- Revised and final clinical procedures draft manual.
6. TRAINING METHODOLOGY:
- a) Orientation workshop.
- b) Field application in testing.
- c) Small working groups.
7. PARTICIPANTS:
- a) 30 service and training personnel.
- b) 11 health personnel who drafted the manual.

8. TRAINERS:
  - a) 3 MOH for Orientation workshop.
  - b) 2 INTRAH and 2 MOH for review and revision.
9. VENUE: Gaborone
10. EVALUATION METHODS:

Use of:

  - a) Daily Feedback
  - b) Participant biodata and reaction forms.
11. REFERENCE MATERIALS:
  - a) Draft clinical procedures manual.
  - b) Field testing guidelines.
  - c) Testing comments and suggestions

- G. 1. TITLE: Mid-Point Review of Program Implementation
2. PURPOSE: ..  
To assess the progress of the training project and make adjustments for remaining 5 months.
3. OBJECTIVES:
- a) To review project accomplishments.
  - b) To identify training project implementation constraints.
  - c) To formulate plans for minimizing project implementation constraints.
  - d) To review MOH funds availability for 1988/89 in order to begin planning year II of the project.
4. CONTENT:
- a) Comparison of the project training targets with the achievements.
  - b) Interviewing of FP trainers to determine the implementation constraints.
  - c) Discussions with MOH officials including World Bank project coordinator
5. EXPECTED OUTCOMES:
- a) A summary of achievements and constraints.
  - b) Recommendations
  - c) Plans for remaining 5 months.
6. REVIEW METHODS:  
Review of documents, interviews, observations.
7. PARTICIPANTS:
- 1 National FP Training Co-ordinator
  - 1 MCH/FP Director

- 2 Task force members
- 1 NHI Principal
- 4 Reference group members

8. FACILITATORS:

- 1 INTRAH
- 1 MOH (Convenor)

9. VENUE: Gaborone

10. REFERENCE MATERIALS:

- a) Main documents developed in various workshops
- b) Others to be determined.

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- H. 1. TITLE: Training of Trainers for Integration of FP
2. PURPOSE: ..  
To further strengthen the capability of 25 tutors for integration of FP into NHI programs.
3. OBJECTIVES:
- a) To develop/strengthen participatory techniques with emphasis to FP training.
  - b) To develop lesson plans that reflect integration of FP content into each course component for which FP is being integrated.
  - c) To develop a plan for conducting a pilot study on integration of FP.
4. CONTENTS:
- The curriculum will be developed by designated trainers. Content will include but not limited to:
- Participatory training methodologies
  - Review of scheme of work for integration of FP into NHI programs developed during the workshop on the use of integration of MCH/FP manual. (Activity F.in this document).
  - Development of workplan for conducting a pilot study on the integration.
5. EXPECTED OUTCOMES:
- a) 25 tutors will have improved capability in application of participatory training methods.
  - b) Lesson plans for integration FP concepts and skills for each of the NHI programs.
  - c) A detailed plan for conducting a pilot study on the integration.
6. TRAINING METHODOLOGIES:
- a) Participant try training techniques that include group discussions, exercises, role play, games, consultations etc.
  - b) Lecture/discussions.

7. TRAINERS:
- 2 INTRAH, the same that conducted the workshop on the Use of the Integration Manual if possible.
- 2 MOH, members of the Integration Implementation Task Force.
8. PARTICIPANTS:
- Total 25 comprising of:
- 1 5 midwifery, CHN/FNP tutors
  - 10 basic nursing tutors that include coordinators in first, second and third years; medical/surgical nursing/surgical nursing, anatomy and physiology, basic and midwifery programs.
  - 2 EN nursing tutors
  - 2 Mission hospital tutors
  - 1 Family welfare educator tutor
  - 4 Allied health tutors
9. VENUE: Lobatse
10. EVALUATION METHODS:
- a) Administration of participant biodata and reaction forms (see section VIII for details)
  - b) Comparison of pre and post test scores.
  - c) Monitoring of the pilot study.
11. TRAINING MATERIALS:
- a) MCH/FP integration manual
  - b) Teaching Adults in the Classroom (Management services resources)
  - c) Variqus NHI Curricula.

- I . 1. TITLE: Clinical Preceptorship Skills Development
2. PURPOSE:
- To prepare 20 clinic based nursing personnel to facilitate maximum learning experiences for FP students during clinical practice placement.
3. OBJECTIVES:
- To update contraceptive knowledge and FP client management skills.
- To develop FP clinical teaching and performance evaluation skills.
4. CONTENT:
- a) Contraceptive update.
  - b) Overview of adult learning/teaching process
  - c) Management of learning environment (physical, social, emotional)
  - d) Ways in which learning occurs in a clinical setting.
  - e) Methods of clinical teaching; their use and their selection in relation to FP.
  - f) Performance appraisal.
  - g) Practice.
5. EXPECTED OUTCOMES:
- a) 20 RN/RM will have acquired FP Clinical precepting skills.
  - b) Performance evaluation tool will be developed.
6. TRAINING METHODOLOGIES:
- Lecture/discussion  
 Group work  
 Demonstration  
 Practice

7. PARTICIPANTS:  
40 RN/M and EM in charge of MCH/FP clinics used for training.
8. TRAINERS:  
1 INTRAH  
1 MOH
9. VENUE: Gaborone
10. EVALUATION:
  - a) Administration of biodata and participant reaction forms (see section VIII for details)
  - b) Comparison of pre and post tests scores
  - c) Observation.
11. TEACHING/REFERENCE MATERIALS:
  - a) Hinchcliff, Clinical Teaching in Nursing. Others to be identified.
  - b) Reference materials developed in Kenya.

- J. 1. TITLE: Annual Review and Planning for Year II
2. PURPOSE:
- To assess the progress of the training project and make plans for year II.
3. OBJECTIVES:
- a) To review project accomplishments
  - b) To identify training project implementation constraints.
  - c) To identify unmet and view FP training needs.
  - d) To formulate plans to incorporate identified needs in year II training project plans.
4. CONTENT:
- a) Interviewing of all ZNFPC clinical skills graduates to determine the extent to which the newly acquired skills are utilized and the changes that occurred as a result of training.
  - b) Follow up 10% of participants of activities 8,9,10, & 13 to determine the extent to which the acquired skills are utilized and the changes that occurred as a result of training.
  - c) Comparison of the project training targets with the achievements.
  - d) Use of information on (a) (c) above in review and revision of year II plan.
5. EXPECTED OUTCOMES:
- a) A summary of achievements, unmet objectives and new needs.
  - b) Recommendations.
  - c) Year II plans.
6. REVIEW METHODS:
- Interviews, observations, review of documents.

7. PARTICIPANTS:

5 reference group members  
 1 NHI  
 1 MCH/FP  
 2 Task force members.

8. FACILITATORS:

2 INTRAH  
 1 MOH (Convenor)

9. VENUE: Gaborone10. REFERENCE MATERIALS:

- a) Main documents developed in various workshops.
- b) Others to be determined.

V. EVALUATION:

Evaluation of the GOB/INTRAH training project will take place throughout the life of the project and one year following the completion of the project.

1. Each training activity includes evaluation criteria designed to determine if participants achieved training activity objectives. Assessment tools are identified in the activity description.
2. Project reviews will occur at project mid-point and at the end of the project. Details of these are described in Items (G) and (I) of the workscope.
3. Project evaluation will occur one year after termination of GOB/INTRAH training project contract. The purpose of this evaluation will be to improve pre-service and in-service family planning training in Botswana through the use of knowledge and performance follow-up assessment of INTRAH trained family planning service providers and trainers to better understand the level of knowledge and skills retention and the need for additional training or other resource inputs to ensure a high quality performance of the family planning service providers.

At least 20% of trainees will be followed-up to determine the utilization of the trainees; retention and utilization of acquired knowledge and skills and the quality of service provided.

GOB/INTRAH TRAINING

WORKPLAN

ACTIVITY	PARTICIPANTS	TRAINING DATES	TRAINERS	SPONSOR*
1. Reproductive Health and orientation to FH Training Plan Seminar I.	50: 2 MOH Directors 7 Medical superintendents/ Obs/Gynae or M.D with Obs/Gynae responsibilities. 8 Regional Medical Officers. 1 MCH/FP Director 1 Regional Matron (PHC) 1 ULGA Training Officer 5 NII Tutors 9 Hospital Matrons/Health Centre and Maternity Centre Matrons or Senior Sisters. 7 ULGA Matron and Senior Sister. 8 DCHN (District Community Health Nurses). 1 Pathologist or M.D with this responsibility.	August 20 - 21, 1987	2 INTRAH Brown/Sinei (facilitator) 2 MOH	MOH/REDSO

\* Funding Source

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WORKPLAN

ACTIVITY	PARTICIPANTS	TRAINING DATES	TRAINERS	SPONSOR
2. Reproductive Health and Orientation to FH Training Plan Seminar II.	50: 2 MOH directors 7 Medical Superintendents/ Obs/Gynae or M.D. with Obs/Gynae responsibilities. 8 Regional Medical Officers 2 MCH Officers 1 ULG Training Officer 5 NHI Tutors 9 Hospital Matrons/Health Centre Matrons or Senior Sister. 7 ULG Matrons Senior Sister 5 DCHN (District Community Health Nurses). 2 Senior Laboratory Technologists. 1 Nursing Council Representative. 1 University Department of Nursing representative.	August 24 - 25, 1987	2 INTRAH Brown/Sinei (facilitators)  2 MOH	MOH

dv.

WORKPLAN

ACTIVITY	PARTICIPANTS	TRAINING DATES	TRAINERS	SPONSOR
3. a) Formation of National FP general guidelines.	11: Comprising of: 1 Health Manpower 1 Primary Health Care 1 Hospital services 1 National Health Institute Representative. 1 Medical and Dental Council Representative. 1 Obstetrician/Gynaecologist Specialist. 1 National Standing Committee on drugs Representative. 1 ULGA Representative. 1 National FP training Co-ordinator 1 MCH/FP Director 1 Selected Regional Medical Officer.	October 15 - 16, 1987	1 INTRAH: Wachira 1 MOH with authority or policy. 1 MOH facilitator	MOH
b) Formation of FP practice (technical) standards.	6: Comprising of: 1 Obstetrician/Gynaecologist Specialist (same one from above. 1 MCH/FP Director ( " )	October 19 - 21, 1987		

ACTIVITY	PARTICIPANTS	TRAINING DATES	TRAINERS	SPONSOR
b) cont.	1 National FP Training Co-ordinator. 2 Reference Group Margaret/Sanger/ZNFPC trained members. 1 STD Research Representative.	August 5 - 7, 1987	1 INTRAH (same as above) 1 MOH with authority 1 MOH facilitator	MOH
FP clinical skills development	2 N.H.I. Tutors (midwifery) 1 Nurse/Midwife from identified Training clinic.	August 24 - 3 Oct., 1987	ZNFPC	INTRAH
5. Clinical FP procedures Manual development.	11: 6 Clinical Core Training Team Members. 4 RN/M in-charge of MCH/FP clinics from the following: - 1 Hospital Centre based clinic - 1 Health Centre based clinic - 1 Rural based clinic - 1 Clinic based as a health site	Sept. 14 - 2nd Oct., 1987 (15 days). 2 INTRAH 2 MOH		MOH

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WORKPLAN

ACTIVITY	PARTICIPANTS	TRAINING DATES	TRAINERS	SPONSOR
	1 MCH/FP CHN with FP clinical skills.			
6. Clinical procedure manual testing. a) Orientation workshop. b) Actual field testing	30: 5 NHI Tutors : 25 MCH/FP clinic personnel 30: As above ( No trainee budget)	October 26 (1 day) 28th Oct. - Dec. 5, 1987	3 MOH 3 MOH	MOH MOH
7. F.P Clinical skills development.	3: 1 NHI Tutor (midwifery) 1 NHI Tutor (basic) 1 N/Midwife from identified Training clinic.	Nov. 2 - 11 Dec. ( 6 weeks)	ZNFPC	INTRAH
8. Workshop on use of MCH/FP integration Manual 1.	35: NHI Tutors FWE Tutors	Nov. 9 - 13, 1987 ( 5 days).	2 INTRAH 2 MOH	MOH

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WORKPLAN

ACTIVITY	PARTICIPANTS	TRAINING DATES	TRAINERS	SPONSOR
9. Workshop on use of MCH/FP integration Manual II.	35: NHI Tutors FWE Tutors	Nov. 16 - 20, 1987 ( 5 days).	2 INTRAH 2 MOH	MOH
10. Workshop on use of MCH/FP integration manual III	35: NHI Tutors FWE Tutors	Nov. 23 - 27, 1987 ( 5 days)	2 INTRAH 2 MOH	MOH
11. Review and revisions of tested draft procedures manual.	11: As activity No. 5 above.	Jan. 11 - 22, 1988	2 INTRAH 2 MOH	MOH
12. Mid-point Program review.	9: 4 Reference group members 2 Task force members 1 MCH/FP Director 1 National FP Training co-ordinator. 1 NHI Principal Tutor.	Jan 25, 1988	1 INTRAH 2 MOH Personnel	MOH

db

WORKPLAN

ACTIVITY	PARTICIPANTS	TRAINING DATES	TRAINERS	SPONSOR
13. Training of trainers for FP integration of MCH/FP.	25: 10 NHI Basic Nursing Tutors 5 NHI Midwifery Tutors 2 EN Tutors 2 Mission Hospital Tutors 4 Allied Health Tutors 1 FWE Tutor	Feb. 22 - 18 March, 1988.  ( 4 weeks).	2 INTRAH  2 MOH (implementation task force).	MOH
14. Clinical FP preceptorship skills development.	20: N/Midwife from essential training clinics (both pre-service and in-service training sites).	May 2 - 13, 1988  ( 2 weeks)	1 INTRAH  2 MOH	MOH
15. Annual review and planning for next phase.	10: 1 NHI Tutor 4 Reference Group Members 3 Task force members 1 MCH/FP Director 1 National FP Training Co-ordinator.	May 16 - 20, 1988	1 INTRAH  1 MOH (manpower development).	MOH

GOVERNMENT OF BOTSWANA/INTRAH TRAINING PLAN

PROJECT TIME/TASK CHART

No. of Activity	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH
	1 JULY	2 AUG	3 SEPT	4 OCT	5 NOV	6 DEC	7 JAN	8 FEB	9 MAR	10 APRIL	11 MAY	12 JUNE	13 JULY
1. Reproductive Health and orientation of FP Training Plan seminars.													
2. Reproductive Health and orientation of FP Training Plan seminars													
3. Formulation of National FP guidelines and standards													
4. FP clinical skills development (ZNFC)													
5. Clinical FP procedures Manual development.													
6. Clinical FP procedures Manual field testing.													
7. Clinical FP skills development ZNFC													
8. Workshop on use of MCH/FP integration Manual I													

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PROJECT TIME/TASK CHART

No. of Activity	MONTH 1 JULY	MONTH 2 AUG	MONTH 3 SEPT	MONTH 4 OCT	MONTH 5 NOV	MONTH 6 DEC	MONTH 7 JAN	MONTH 8 FEB	MONTH 9 MAR	MONTH 10 APRIL	MONTH 11 MAY	MONTH 12 JUNE	MON 13 JULY
9. Workshop on use of MCH/FP integration Manual II.					H								
10. Workshop on use of MCH/FP integration Manual III.					H								
11. Review and revision of tested draft procedures Manual.							H						
12. Mid-point Program Review							H						
13. Training of Trainers for integration of MCH/FP								H					
14. FP preceptorship skills development											H		
15. Annual review and planning.												H	

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