

A.I.D. EVALUATION SUMMARY - PART 1

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1 BEFORE FILLING OUT THIS FORM READ THE ATTACHED INSTRUCTIONS
2 USE LETTER QUALITY TYPE, NOT DOT MATRIX TYPE

IDENTIFICATION DATA

A. Reporting A.I.D. Unit: USAID/Swaziland
 Mission or AID/W Office (ESP _____)
 B. Was Evaluation Scheduled in Current FY Annual Evaluation Plan?
 Yes Slipped Ad Hoc
 Evaluation Plan Submission Date: FY 90
 C. Evaluation Timing
 Interm Final
 Ex Post Other

D. Activity or Activities Evaluated (List the following information for project(s) or program(s) evaluated; if not applicable, list title and date of the evaluation report.)

Project No	Project / Program Title	First PROAC or Equivalent (FY)	Most Recent PROAC (Mo/Yr)	Planned LUP Cost (000)	Amount Utilized to Date (000)
645-0220	Swaziland Primary Health Care Project	1985	06/91	\$6,325,482	\$6,325,482

ACTIONS

E. Action Decisions Approved By Mission or AID/W Office Director

Action(s) Required	Name of Officer Responsible for Action	Date Action to be Completed
1. <u>TRAINING</u>		
a. A national training policy and plan should be formulated.	Ministry of Health (MOH)	To be determined
b. A management plan should be formulated stipulating the duties and responsibilities of the office of training coordination within the MOH.	MOH	"
c. A draft training system design for primary health care training should be prepared.	MOH	"
2. <u>CLINIC SERVICE DELIVERY</u>		
a. The responsibility for deciding which nurses are assigned where should be removed from the hospital matrons and returned to the Regional Health Management Teams.	MOH	"
b. The MOH should reconsider the advisability of including pelvic examinations and Papanicolaou smears during postpartum visits.	MOH	"

APPROVALS

F. Date of Mission or AID/W Office Review of Evaluation: (Month) 11 (Day) 02 (Year) 90

G. Approvals of Evaluation Summary and Action Decisions:

Name (Typed)	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission or AID/W Office Director
	J.L. Anderson	C. Mkhonza	J. Bednar	R.D. Carlson
Signature	<i>J.L. Anderson</i>	<i>C. Mkhonza</i>	<i>J. Bednar</i>	<i>R.D. Carlson</i>
Date	<u>12/13/91</u>		<u>2/14/91</u>	<u>5/3/91</u>

PART I.E. ACTIONS CONTINUED

- c. The MOH should establish and fill posts for regional and/or possible sub-regional clinic supervisors as soon as possible. Job descriptions and selection criteria, including leadership ability and superior technical competence for these posts should be established to ensure that they are filled by suitable personnel.
RESPONSIBILITY: Ministry of Health
DATE: To be determined
 - d. The MOH should institute a routine system for evaluating the on-the-job performance of nurses and supervisors and for providing training in areas of observed weakness, including training skills for supervisors.
RESPONSIBILITY: Ministry of Health
DATE: To be determined
3. DECENTRALIZATION
- a. The MOH should urgently consider how it might introduce epidemiological considerations into its planning and decision making process.
RESPONSIBILITY: Ministry of Health
DATE: To be determined
4. HEALTH INFORMATION SYSTEM (HIS)
- a. The family planning reporting system should be revised to facilitate the nurse's ability to readily track the distribution of family planning supplies. Information on clinic-level contraceptive inventories should be reported monthly in the HIS.
RESPONSIBILITY: Ministry of Health
DATE: To be determined
 - b. The HIS should routinely report, in easily understandable form, a summary of facilities reporting and not reporting, by facility type and by HIS component.
RESPONSIBILITY: Ministry of Health
DATE: To be determined
 - c. The MOH should require reports from all facilities, including company clinics, and should institute a system to follow up non-reporters, to check data accuracy and to flag and check reporting anomalies.
RESPONSIBILITY: Ministry of Health
DATE: To be determined
 - d. An epidemiologist should be recruited to develop appropriate data analysis formats and provide meaningful interpretation of available statistics.
RESPONSIBILITY: Ministry of Health
DATE: To be determined

PART I.E. ACTIONS CONTINUED

- e. Regional and central level positions should be established for data entry personnel, which are commensurate with the knowledge and skills required and which provide remuneration adequate to ensure the retention of qualified staff.
RESPONSIBILITY: Ministry of Health
DATE: To be determined
- f. The MOH should create a HIS committee at the central level to: (i) oversee the development, integration and utilization of the HIS, and (ii) to develop appropriate supervision structures for related staff.
RESPONSIBILITY: Ministry of Health
DATE: To be determined
- g. The HIS should be revised to include regular reporting of selected routine data from the malaria and bilharzia programs.
RESPONSIBILITY: Ministry of Health
DATE: To be determined
- h. At least one backup computer system should be made available at the center to loan to regions when regional systems require repair.
RESPONSIBILITY: Ministry of Health
DATE: To be determined
- i. A smaller number of key indicators should be focused on for routine reporting, graphic presentation and interpretation.
RESPONSIBILITY: Ministry of Health
DATE: To be determined
- j. Data from each reporting unit should be used during clinic supervision to identify problems, provide feedback to clinic staff and compare the performance of individual clinics.
RESPONSIBILITY: Ministry of Health
DATE: To be determined

ABSTRACT

H. Evaluation Abstract (Do not exceed the space provided)

ABSTRACT

The Swaziland Primary Health Care Project (645-0220) began in August 1985 and is scheduled to end in June 1991. Its purpose is to assist the Ministry of Health (MOH) to improve and expand the primary health care system in Swaziland, with emphasis on maternal and child health and family planning. The Project assists the MOH in its efforts to decentralize primary health care services and increase the productivity of health care workers.

The final project evaluation in November 1990 was carried out by four external consultants (through an IQC) over a five week period.

The Evaluation Team determined that the clinic based training (CBT) model for in-service training of clinic staff, developed by the Project as a response to a MOH request for more practical on-site training in key PHC areas, has been impressive. Evidence of the beneficial impact of CBT on clinic performance was observed by the team during clinic visits. The team however, expressed concern about the sustainability of CBT when the Project ends in June 1991. In addition, the team thought that in-service training raised nursing morale, skill levels, and confidence in clinics visited by the team. The team noted the lack of adequate numbers of nurses to serve in rural clinics due in part to the large number of nurses leaving the country each year. The team recommended that a national training plan be formulated. Sustaining the momentum of CBT would be enhanced by a systems design which would itemize the training role of each of the institutions related to service delivery. The Project has developed, equipped and implemented a system to screen every woman who comes for antenatal care for syphilis. This as a major and important undertaking. The main PHC project HIS activity has been to further develop the outpatient database and reporting system, transferring data entry and information availability to the regions. Outpatient data collection has been systematized and flows from outreach sites, clinics and outpatient units to regional HIS for data processing. This as a significant achievement. The team notes that clear, unambiguous statements of what decentralization is intended to be in Swaziland and on how it is expected to work have been notably lacking. Decentralization has existed in an atmosphere of confusion and uncertainty.

COSTS

Evaluation Costs

1. Evaluation Team		Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (U.S. \$)	Source of Funds
Name	Affiliation			
Dr. Riitta-Liisa Kolehmainen-Aitken	consultant	33 days	\$12,309	Project Funds
Charles Aushman	consultant	28 days	\$11,687	"
Sandra Bertoli	consultant	28 days	\$ 9,828	"
Judith Rooks	consultant	29 days	\$10,724	"
Mission/Office Professional Staff Person-Days (Estimate) <u>12 days</u>		3. Borrower/Grantee Professional Staff Person-Days (Estimate) <u>8 days</u>		

A.I.D. EVALUATION SUMMARY - PART II

SUMMARY

J. Summary of Evaluation Findings, Conclusions and Recommendations (Try not to exceed the three (3) pages provided)

Address the following items:

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|--|--|
| <ul style="list-style-type: none"> • Purpose of evaluation and methodology used • Purpose of activity(ies) evaluated • Findings and conclusions (relate to questions) | <ul style="list-style-type: none"> • Principal recommendations • Lessons learned |
|--|--|

Mission or Office: USAID/Swaziland	Date This Summary Prepared: 5 February 1991	Title And Date Of Full Evaluation Report: Swaziland Primary Health Care Project End of Project Evaluation January 1991
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1. Background. The Swaziland Primary Health Care (PHC) Project was authorized in August 1985 and is scheduled to end in June 1991. The Government of Swaziland has an ongoing commitment to Primary Health Care, and was already implementing Regional Health Management Teams prior to the PHC Project (an activity under USAID's Health Planning and Management Project). In this area and others, the Project was designed to complement and build upon existing programs.

2. Timing. The end of project evaluation was undertaken in November 1990. The evaluation team consisted of four short-term outside consultants (through an IQC). This final evaluation allowed for a six month period after the evaluation for activities to wind down and the project to close down in an orderly fashion.

3. Methodology. The evaluation spanned a five week period, with the full Team remaining throughout the five week period. During the five week period, the team reviewed documents, conducted interviews, visited a large number of clinics and other health facilities, participated in meetings and briefings concerning the Project, and prepared a draft report.

4. Project Purpose. The purpose of the PHC Project is to assist the Ministry of Health to improve and expand primary health care services, particularly in MCH/FP, using two main strategies -- improved clinic-based MCH/FP services and effective decentralization to the regional level. The major objectives of the project are to: (1) improve and expand clinic-based and outreach services; (2) increase the productivity of health care workers; and (3) strengthen regional administrative and management capability.

5. Findings and Achievements. The Evaluation Team found that the CBT model for in-service training of clinic staff was impressive, although concern was expressed about its sustainability. It was found that an impressive system for syphilis screening during antenatal visits to the clinic, had been developed by the Project. Improvements in clinics and nurses accommodations seem to have increased the motivation of nursing staff visited by the team. At the national level the major components of the HIS are in place, these include outpatient epidemiological and service delivery data, an outpatient facilities file, inpatient epidemiological data, a personnel inventory and a nursing roster. All four regions have outpatient epidemiological and service delivery data and a facilities file. While data are now available on a timely basis for the use of health staff, they are not in a format which would facilitate their use for planning, management and evaluation.

6. Summary of Recommendations1. Training

- a. The MOH should formulate a national training policy and plan.
- b. The MOH should formulate a workplan stipulating the duties and responsibilities of the office of training coordination.
- c. A draft training system design for PHC training should be prepared.
- d. If the MOH continues with clinic based training, the Training Modules should be revised observing the principles of standard modular instructional design.
- e. The PHC project Maternal and Child Health (MCH) Physician should progressively hand over CBT training duties to Swazi training staff during the remainder of the Project, while the training for an initial group of personnel from all four regions is completed.

2. Clinic Service Delivery

- a. The responsibility for deciding which nurses are assigned where should be removed from the hospital matrons and returned to the Regional Health Management Teams (RHMTs).
- b. The MOH should take immediate steps to improve housing for nurses at rural clinics.
- c. To assist clinic nurses to deliver preventive/promotive services, the MOH should publish a manual, which should take due attention of the Clinical Reference Manual for Clinics and Health Centers and the Clinic Drug Formulary and Handbook, and include the following:
 - follow up of women with a positive syphilis screening test,
 - importance of pregnancy history information for predicting problems during the current pregnancy,

new sections on:

- . diagnosis and management of STD's;
 - . family planning;
 - . the role of RHMs and how to work most effectively with them;
 - . diagnosis and treatment of intestinal worms; and
 - . skin diseases.
- d. A higher priority should be given to the need for a program to prepare Staff Nurses for their role in the diagnosis and management (treatment or referral) of ambulatory sick patients at rural clinics.
- e. The MOH should reconsider the advisability of including pelvic examinations and Papanicolau smears during postpartum visits.
- f. The MOH should conduct a study to measure the impact on decisions regarding the use of hormonal contraception; what information is obtained through the pelvic examinations, which are currently required at the time of the first family planning visit.
- g. The MOH should examine the purposes, benefits and costs of home visiting by nurses and clarify the expectations regarding home visiting.
- h. The MOH should establish and fill posts for regional and/or sub-regional clinic supervisors as soon as possible. Job descriptions and selection criteria, including leadership ability and superior technical competence for these posts should be established to ensure that they are filled by suitable personnel.
- i. The MOH should institute a routine system for evaluating the on-the-job performance of nurses and supervisors and for providing training in areas of observed weakness, including training skills for supervisors.

3. Decentralization

- a. The MOH should reassess the rationale for decentralization and its achievements, shortcomings and impact on the Swazi health system.
- b. If the MOH intends to continue to pursue decentralization, revitalization of the Decentralization Task force, appropriate staffing of the administrative cadre and integration of national and regional annual planning efforts all require urgent attention.

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- c. If decentralization is pursued, the recommendations made in the extensive handing-over notes left by the PHC Project Health Management Associate and those included in the consultant report of Mr. Peter Shipp should be used to guide future decisions regarding its implementation.

4. Planning, Budgeting, and Financing

- a. The MOH should urgently consider how it might introduce epidemiological considerations into its planning and decision-making processes.
- b. The MOH should increasingly alter its role to take on the functions of national policy formulation, standard setting and evaluation. In order to do this, its planning capacity must be improved and lines of communication clarified.
- c. On-going, in-service training of regional staff in planning and budgeting should be continued.
- d. The MOH should update the five-year health manpower plan in close cooperation with the Ministry of Labour and Public Service.
- e. The MOH should consider, and where appropriate, act on the various consultant reports covering the MOH structure, regional and vertical program planning, financing, financial management and transport.
- f. The key government central ministries and departments, most notably the Department of Economic Planning and Statistics and the Ministry of Labour and Public Service, should be made aware of the progress of the PHC project, in particular of the financing, financial management and health manpower planning aspects.

5. Health Information System

5.1 Data Collection

- a. The family planning reporting system should be revised to facilitate the nurse's ability to readily track the distribution of family planning supplies, in addition to services provided to clients. Information on clinic-level contraceptive inventories should be reported monthly in the HIS.

5.2 Reporting System

- a. The HIS should routinely report, in easily understandable form, a summary of facilities reporting and not reporting, by facility type and by HIS component.
- b. The MOH should require reports from all facilities, including company clinics, and should institute a system to follow up non-reporters, to check data accuracy and to flag and check reporting anomalies.
- c. The MOH should revise the facilities file. This includes updating information already on file, adding some new data items and developing a computer program that allows the manipulation of facilities files in conjunction with other HIS data files.

Additional data items to include are:

- . the staffing pattern, including post vacancies;
- . availability of basic services (electricity, running water, telephone);
- . the existence of food programmes;
- . functioning community health committees; and
- . number of active Rural Health Motivators.

Facilities files should be used as a planning and monitoring tool, with key facility data displayed on maps.

- d. Future reporting systems could be designed using double-fold paper so that tallying could serve the additional purpose of creating a bar or histogram segment for display at the facility level.

5.3 Staffing

- a. The Statistics Unit should be a separate Responsibility Centre with staff and budget.
- b. An epidemiologist should be recruited for the Statistics Unit to develop appropriate data analysis formats and provide meaningful interpretation of available statistics.
- c. Regional and central level positions should be established for data entry personnel, which are commensurate with the knowledge and skills required and which provide remuneration adequate to ensure the retention of qualified staff.

- d. If the MOH intends to pursue decentralization, four Regional Information Officer (RIG) positions should be created and filled as soon as possible.

5.4 Short-term HIS Training

- a. On-going in-service training for regional as well as MOH HIS personnel should be provided. Such training should include:
 - . data verification, (A system of range checks might be set up to flag some erroneous reporting).
 - . dBase III and troubleshooting.
- b. Monthly meetings for the HIS data entry personnel should be organized to facilitate the opportunity to learn from each other and to provide mutual support.

5.5 Development and Integration of Additional HIS Applications

- a. The MOH should create a HIS committee at the central level to:
 - (1) to oversee the development, integration and utilization of the HIS, and
 - (2) to develop appropriate supervision structures for statistics staff.
- b. The HIS should be revised to include regular reporting of selected routine data from the malaria and bilharzia programs.
- c. The MOH should institute the publication of a quarterly newsletter with the interpretation of key information and items of interest to a wide range of health service personnel and other interested users.

5.6 Software

- a. Local expertise and familiarity with the current MOH system should be developed to provide support for HIS system modifications and troubleshooting.

5.7 Hardware

- a. A computer system should be relocated to the Personnel Office to facilitate the updating of the Personnel Inventory which is several months out of date. Steps should be taken to protect the confidentiality of the individual files.

- b. At least one backup computer system should be made available at the center to loan to regions when regional systems require repair.

5.8 Data Analysis, Interpretation and Reporting

- a. Supervision from an epidemiologist is needed to provide assistance with data analysis.
- b. A smaller number of key indicators should be focused on for routine reporting. graphic presentation and interpretation.
- c. At the central and regional levels, priority should be given to working with the HIS databases presently available, focusing on a few selected indicators, developing facility with interpretation of tables and graphs and learning to ask appropriate questions.
- d. Data from each reporting unit should be used during clinic supervision identify problems, provide feedback to clinic staff and compare the performance of individual clinics.
- e. Catchment area populations should be estimated on the basis of the recently published 1986 census data if resources are available.
- f. The MOH should seek to collaborate with the Central Statistics Office to obtain assistance with data analysis, establish catchment area populations and incorporate key health indicators in national statistical summaries. Collaboration with other Ministries, such as Agriculture, Education, Local Government and Justice should also be sought to promote greater use of available health data.

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SWAZILAND PRIMARY HEALTH CARE PROJECT

USAID Project No. 645-0220

FINAL EVALUATION

September 19, 1990

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PRIMARY HEALTH CARE PROJECT SWAZILAND

USAID PROJECT NO. 645-0220

PROJECT FINAL EVALUATION

BACKGROUND AND INTRODUCTION

The Primary Health Care Project, Swaziland, has been in operation since 1986. As is the normal procedure the Project was required to develop a Project workplan its early stages. After an initial work a Revised Life of Project Workplan was approved December, 1987. After one year of implementation this workplan was modified and submitted for approval to the MOH and USAID on August 14, 1989. Although this second workplan was never formally approved by these agencies it has been adopted as the guiding document for Project implementation since then.

In addition to the workplan, the Project team developed a set of implementation status indicators which were a direct measurement of the End of Project Status Indicators (EOPS) and Outputs. The indicators were developed beginning November, 1987 and finalized in 1989.

Below you'll find two status reports. The first is a brief description of implementation status of activities detailed in the revised 1989 work plan. The status report includes, in some instances where appropriate, a description of activities which occurred while implementing the previous revised Life of Project Workplan. For a review of implementation of the initial workplan please read the results of the Mid Project Evaluation.

The second report details the status of achievement of Project indicators.

Although we have tried to be thorough in our description of implementation status it has been hard to include, in a few pages, information concerning all aspects of what has been a very broad, complex and lengthy Project. We hope that this document guides discussion and provides the evaluation team with a point of departure for their work.

submitted: Dan Kraushaar, COP
September 19, 1990

The Ministry of Health's Policy and Planning Committee was to have reviewed and approved the document, however this committee did not meet but once during 1988-1989 period. Although formal approval was not obtained, the work plan was discussed by all principals (USAID and MOH included) and in principle adopted as the guiding Project document against which the team would work.

PART I

PRIMARY HEALTH CARE PROJECT,
ASSESSMENT OF WORK PLAN STATUS /

date: September 19, 1980

SWAZILAND
USAID PROJECT NO. 645-0220

NO.	ACTIVITY	WORK PLAN IMPLEMENTATION STATUS	BALANCE OF ACTIVITIES
RURAL HEALTH MOTIVATORS PROGRAMME			
P R I O R I T Y	Study tour to Kenya	Tour completed for RHM Programme Coordinator and 8 RHM tutors	None
	Community leaders training and orientation	9 Community Leaders Workshops conducted for 743 participants	None
	Training of RHM tutors	8 RHM tutors selected and trained to decentralize training and support of RHMs. 14 participants trained for 7 days with consultant Dan Kaseje of Kenya	None
	Basic supplies and equipment for RHM training programme	Provided E736.00 worth of supplies and equipmen plus balance of Family Health Survey equipment	None
	1 Training and support for clinic nurses for supervision and support of RHMS	Completed	None
	2 Training/support for Clinic (Community) Health Committees	Completed, Community Health Committee Workshop 52 participants, community leaders workshops 816 participants, community participation workshops 32 participants	None

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NO.	ACTIVITY	WORK PLAN IMPLEMENTATION STATUS	BALANCE OF ACTIVITIES
MATERNAL CARE/FAMILY PLANNING PROGRAMME			
3	Complete and print 3-year plan	Completed	None
4	Training of clinic nurses in High Risk approach to ANC	Being implemented as part of community based training	Two regions remain: Hhohho and Manzini
5	Integrate MH/FP programme into regional HIS's	Completed	None, except follow up use of data
6	Increase number of functioning rural maternities nationally	Shiselweni done, Lubombo done, Hhohho in progress Manzini to be started	Two remaining
7	Provide training to health care providers in maternities that do high volume deliveries (including use of labor graph, breast feeding techniques, Public Health Education)	Partogram at printers (30,000 to be printed)	?????????????
8	Training of clinic nurses in postpartum care/family planning - Regional training	Forty seven nurses trained through PHC Project collaboration in UNFPA-sponsored FP training	Uncertain about future PHC Project assistance in this training
9	Equip clinics with materials necessary to provide privacy	Two regions completed (Shiselweni/Lubombo)	Two regions remaining
10	Promotion of breast-feeding through collaboration with SINAN and growth monitoring committee TA to SINAN's training activities - breast pump acquisition	Breast pumps acquired; loan service in place. TA is ongoing	Electric Pumps (two) to be distributed

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NO.	ACTIVITY	WORK PLAN IMPLEMENTATION STATUS	BALANCE OF ACTIVITIES
HEALTH EDUCATION PROGRAMME			
11	Training 4 Health Educators long-term in Nigeria	Three completed	One tentatively scheduled for 1991. Question about 2nd half of 1991 funding
12	Training 2 BA, Health Education in USA	Two completed	None
13	Limited Assistance in setting up regional health education units	Proposed consultancy deleted	None
14	Develop health education methods and materials focussing on TB, Hypertension, maternal care and Family Planning	Proposed consultancy deleted. Family Planning flip charts (125) ordered from US for all clinics with FP activities	None Distribute FP flip charts
15	Develop skills of clinic nurses to provide basic health education in their clinics/communities (clinic-based training)	Four Health Education Workshops total of 134 participants, training of Clinic Nurses and Health Inspectors completed	None
16	Complete analyse, write up, print and disseminate findings of health ed. survey. Hold regional seminars on findings	Report yet to be submitted by University of Swaziland National seminar held December 1989	Obtain report and distribute

NO.	ACTIVITY	WORK PLAN IMPLEMENTATION STATUS	BALANCE OF ACTIVITIES
GROWTH MONITORING AND NUTRITION PROGRAMME			
17	Develop on-site training and follow up health personnel at clinic and for weighing, and recording the under-five population receiving the services	Training done through clinic-based training at regional level. Little follow-up planned or carried out.	Hhohho training to be completed and Manzini Region started. Follow up plan to be developed for Hhohho and Manzini regions
18	On-site training of health personnel in breastfeeding, weaning practices, feeding practices of sick children and nutritional management of pregnancy and lactation	Being done as part of clinic based training and through technical assistance to SINAN	CBT in Hhohho and Manzini. Continue TA with SINAN
19	Include growth monitoring in the regional Health Information Systems	Completed	Follow-up necessary.

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NO.	ACTIVITY	WORK PLAN IMPLEMENTATION STATUS	BALANCE OF ACTIVITIES
CLINIC MANAGEMENT PROGRAMME			
20	Training regional trainers in clinic-based training including development of modules for clinic management	15 Trainers graduated 21 (9 - 14 August 1989) 21 (12 - 16 June 1990) TOT for Hhohho scheduled for Sept 17-21, 1990	Complete TOT for Hhohho region Initiate TOT for Manzini region
21	Provide clinic-based training to clinic nurses in basic management skills including supervision, patient flow, drug mgmt, community profiles and out-reach	Sixteen workshops in Management Supervision, Drug management, home visits/community profiles for total of 641 participants. Clinic training follow-up completed in Lubombo and scheduled for Hhohho	Follow up in Hhohho
22	Upgrade clinic nurses accommodations	Four completed; private carpenter hired. Work through PWD not successful.	Forty to be upgraded. Schedule made.
23	Finalize & evaluate nursing orientation manuals and procedures	Supervisors and trainers guide completed.	To be distributed
24	Implementation and evaluation of: - referral system pilot - drug management program - methods used for clinic supervision	Complete. Jan - March '87, Report April 1990 Complete. In place all regions evaluated, revised Complete	Report to be distributed None Final revision of guidelines to be completed & distributed
25	Generator maintenance and repair training	Three workshops - total nine participants	None
26	Complete TOT manuals for clinic management	Activity not started	None
27	Expand use of and evaluate clinic supervisory checklist	Task group working on suggested revisions	Final draft to be completed and distributed
28	Trainers manual for drug management	Complete	Distribution in progress
29	Development of nursing incentives	Complete (best clinic trophy)	None

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NO.	ACTIVITY	WORK PLAN IMPLEMENTATION STATUS	BALANCE OF ACTIVITIES
LABORATORY PROGRAMME			
30	Ensure that adequately trained nursing staff are on-site to carry out priority testing (training & materials)	Implemented through clinic-based training in Shiselweni and Lubombo regions. Previous consultancy of Dr. N. White	Two regions to go
31	Equip appropriate clinics and health centers with necessary equipment for critical lab tests	Equipped 4 health centers, 4 pilot (see list in PHC office)	Two rotator shakers coming for Manzini and Hhohho
32	Improve laboratory supervision and quality control procedures	In progress via consultant See previous consultant rpt. for R. Haines	Obtain final consultant report and disseminate
33	Enhance current clinic focused lab management information system	In progress via consultant See previous consultant rpt. for R. Haines	Obtain final consultant report and disseminate
34	Establish an inventory management system to ensure adequate supplies reagents	In progress via consultant See previous consultant rpt. for R. Haines In progress via consultant See previous consultant rpt. for R. Haines	Obtain final consultant report and disseminate Obtain final consultant report and disseminate
35	Develop standards and standard protocols for basic lab tests	In progress via consultant	Obtain final consultant report and disseminate
CLINIC-BASED TRAINING			
36	Training activities for all four regions	Two regions completed for a total of 97 staff nurses and 50 nursing assistants	Two regions remain
EPI PROGRAMME			
37	On-site training and follow-up of health personnel for correct implementation of national EPI	Implemented through clinic based training and in collaboration with EPI program mgr for national training. Assisted in developing EPI manual	CBT to be completed for Hhohho and Manzini
38	Integrate the EPI program into the regional Health Information Systems	Currently EPI data are routinely collected through the outpatient HIS	None

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NO.	ACTIVITY	WORK PLAN IMPLEMENTATION STATUS	BALANCE OF ACTIVITIES
CONTROL OF DIARRHEAL DISEASES:			
39	Revise and evaluate existing protocol and implement in clinic-level training	Implementing through clinic based training	complete Hhohho and Manzini regions
40	Adapt the current procedures for management of children with diarrhea to clinical level	Implementing through clinic based training	complete Hhohho and Manzini regions
41	Assist in the follow up of trainees of the National ORT Training Center in their respective clinic settings	None being implemented	None
42	Develop on-site CDD training program for clinic nurses and nursing assistants integrated with the other PHC activities	Implementing through clinic based training	complete Hhohho and Manzini regions
43	Integrate the CDD program in the regional Health Information System	Completed	None except to assure use of data for program mgmt
44	Establish ORT corners during clinic training	ORT corners completed in 2 regions in all clinics and several in Hhohho and Manzini	Hhohho and Manzini regions remaining as follow up of CBT
ACUTE RESPIRATORY INFECTIONS:			
45	Field test, analyse and use "Guidelines for Clinic and Home management of ARI problems of Children during clinic-level training	Developed ARI wall chart for clinics	Disseminate and evaluate
46	Plan, implement and follow-up the on-site training of health personnel for ARI at clinic level	Being implemented through CBT no plan for future follow-up	Implement Hhohho and Manzini CBT and develop plan for follow-up
47	Integrate the ARI program in the regional Health Information Systems	Completed	Revisions needed in 1991

NO.	ACTIVITY	WORK PLAN IMPLEMENTATION STATUS	BALANCE OF ACTIVITIES
TRANSPORT AND COMMUNICATION			
48	Transport Study and misc. implementation	Transport Study completed.	Consultant to review meetings with MOH and CTA during October
49	Training for vehicle operating licenses	21 health officers receiving training. 13 have passed and one (1) received government operating permits	Complete all training and arrange for CTA permits
50	Implementation of interventions	Action Plan drafted by Consultant and Management Associate	MOH to review and adopt Action Plan
51	Communications Study	Completed	None
52	Implement recommendations if appropriate	MOH has Study under advisement. PHC Project amended to discontinue further support	None by PHC Project
53	Training	No training done (as Study recommendations not implemented to date)	None

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NO.	ACTIVITY	WORK PLAN IMPLEMENTATION STATUS	BALANCE OF ACTIVITIES
DECENTRALIZATION AND SYSTEMS DEVELOPMENT:			
54	Decentralization Task Force	<p>Task Force Study Tour conducted to Botswana and Zimbabwe in November 1988 for 13 participants</p> <p>Task Force re-organized in January 1990 with revised membership and terms of reference to more directly monitor decentralization process</p>	<p>Conduct meetings to re-view revised "Guidelines" and (2) to review and act on Peter Shipp's recommendations (which will go into the "Guidelines")</p>
55	Decentralization Study/Evaluation (note change in activity statement)	<p>Draft of revised "Guidelines" completed</p> <p>Consultant, Peter Shipp, assisting with analysis of "vertical programmes" and org. structure</p> <p>Regional personnel system being addressed with separate evaluation</p>	<p>MOH to review and approved</p> <p>Complete Shipp consultancy by 23 September</p> <p>Draft "handing-over notes" with Senior Health Administrator to contain recommendations for strengthening decentralization process</p>
56	Series of regional manuals for RHMT functions	<p>Status of manual production: *****</p> <p>Introduction to planning: Done</p> <p>3 Year Development Plan/Capital Budget: File notes done</p> <p>Regional Planning: Done</p> <p>Recurrent Budget: in process by Financial Controller</p> <p>Personnel: Done. There may be minor revisions</p> <p>Training: in process by PHC Project (DREW)</p> <p>Information: 1 manual completed, one being distributed for comments</p> <p>Finance: In draft form</p> <p>Drug Formulary: Done</p> <p>Transport: Not done. Consultant's report provides material</p> <p>Clinic Operations: Done</p> <p>Clinic Reference: Done</p>	<p>Manuals to be completed by PHC Project:</p> <ul style="list-style-type: none"> - Information in draft form - one completed <p>Ministry of Health</p> <ul style="list-style-type: none"> - Personnel (minor revisions) - Recurrent Budget - 3-Year Development Plan/Capital Budget
57	Evaluate Regional Personnel System	<p>Evaluation 50% completed. Further work on hold</p>	<p>Complete evaluation and formulate recommendations</p>
58	Develop RHMT skills (planning, HIS budgeting, etc.)	<p>PHC Management Associate worked with Regional Health Administrators and Team members on continuing basis.</p> <p>Short-term out-of-country management training sponsored for 5 participants</p> <p>Regional Work plans drafted by all RHMTs</p>	<p>None</p> <p>None</p> <p>None</p>

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NO.	ACTIVITY	WORK PLAN IMPLEMENTATION STATUS	BALANCE OF ACTIVITIES
59	Personnel System orientation and training for RHMTs including reference material development	<p>Consultancies conducted for (1) Study of Regionalized Personnel Management System, (2) Draft of Regional Personnel Manual, (3) Manpower Inventory, and (4) Training Needs Assessment/Preparation of Training Program</p> <p>Reference materials developed and distributed to supervisory personnel: (1) Regional Personnel Manual, (2) Reference Binder for Employment Act, Industrial Relations Act, Pensions Act, etc. (3) Job Descriptions, (4) General Orders. Five-year manpower plan, (5) Establishment Register</p> <p>Competency-based training assessment conducted and training materials developed for regional personnel management.</p> <p>Regional personnel management workshops conducted in all four regions for a total of 80 participants.</p>	<p>Minor revision of Regional Personnel Manual following evaluation.</p> <p>Planning for training and orientation in regional personnel practices for medical officers and for the lower ranks (in siSwati)</p> <p>Basic training workshop for 18 additional regional staff in October. Seminar with Regional Personnel Sub-Committee Members led by Principal Secretary in October.</p>
60	RHMT team building	<p>Team building workshops conducted in all four regions for a total of 41 participants</p> <p>Team Effectiveness Self-Assessment developed and applied with all four regional teams with targets for improvement set</p>	<p>None</p> <p>None</p>
61	TA for manpower plan update	Dropped from PHC Project. Being undertaken by MOH	None
62	Expand the number of outreach sites	77 completed, more being planned	Complete outreach sites planned

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NO.	ACTIVITY	WORK PLAN IMPLEMENTATION STATUS	BALANCE OF ACTIVITIES
HEALTH INFORMATION SYSTEM PROGRAMME			
63	Improve Statistics Unit functioning	<p>Statistics Unit now independent of HPSU</p> <p>Statistician hired - from CSO</p> <p>Core data sets identified and documented and safely stored</p> <p>Input/Output computer programs functioning and documented for Inpatient and outpatient systems</p> <p>Filing system in place in all four regions and Statistician's office</p> <p>All software and hardware transferred to Statistician</p> <p>MOH staff trained in use of computers and core software</p> <p>Training manuals given to Statistics Unit</p> <p>With Italians implemented seminar on input data analysis, management computer system and input discharge summary sheet</p> <p>data for 1990 complete and current</p> <p>Both PHC Project data entry clerks hired permanently by MOH to work in Statistics Unit</p> <p>OPD system data installed in PHU</p>	<p>THE FOLLOWING NEED TO BE DONE:</p> <ol style="list-style-type: none"> 1. Training for stat unit staff 2. Establish RIO posts 3. EPI-Info training for data analysis set for Oct 22, 1990 to improve data analysis capacity 4. Modification of OPD reporting forms forms and computer programs planned for early 1991 5. Strengthen headquarters capacity to use data for decision-making. 6. Assume proper supervision of RIO's and feedback to RHMT's. 7. Improve in-patient reporting procedures and methods 8. Resurrect system of reporting notifiable communicable diseases. 9. Work with program managers to assume assume proper and accurate reporting of data 10. cleaning of OPD data sets being done now 11. develop statistics unit budget, training plan and staffing plan 12. development of national performance indicators 13. assume supervision of RIOs by staff of Stat Unit
64	Manzini HIS ongoing and evaluation	<p>HIS implemented since 11/88</p> <p>Four regional staff trained in the HIS computer system</p> <p>Filing system established</p> <p>System transferred from Lotus 1-2-3 to dBASE III+</p> <p>PHCP provided computer, CCCD software</p> <p>One day training session in</p>	<p>THE FOLLOWING NEED TO BE DONE:</p> <ol style="list-style-type: none"> 1. improve feedback to units 2. development and use of regional indicators 3. improve reporting completeness 4. further training of RIO's 5. improve use of data for decision making 6. develop post for RIO

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NO.	ACTIVITY	WORK PLAN IMPLEMENTATION STATUS	BALANCE OF ACTIVITIES
65	Shiselweni HIS developed and evaluated	<p>epidemiology (CCCD/PHCP collab)</p> <p>Operating RHMT HIS subcommittee</p> <p>Indicators established and used monthly</p> <p>RHMT meeting and addressing HIS data</p> <p>Data current to present (OPD)</p> <p>Reports routinely provided to RHMT</p> <p>Nurses trained in OPD HIS Forms</p> <p>HIS implemented since mid '90</p> <p>Four regional staff trained in HIS computer system</p> <p>Filing system established</p> <p>System transferred from Lotus 1-2-3 to dBASE III+</p> <p>PHCP provided computer, CCCD software</p> <p>Data used for routine supervision</p> <p>Data current to present</p> <p>Routine feedback to units being provided to using HIS generated data</p>	<p>7. maintain HIS subcommittee of RHMT</p> <p>THE FOLLOWING NEED TO BE DONE:</p> <ol style="list-style-type: none"> 1. improve feedback to units 2. development and use of regional indicators 3. improve reporting completeness 4. further training of RIO's 5. improve use of data for decision making 6. develop post for RIO 7. initiate HIS subcommittee of RHMT <p>THE FOLLOWING NEED TO BE DONE:</p>
66	Lubombo HIS development and eval	<p>HIS implemented since mid-89</p> <p>Four regional staff trained in the HIS Computer system</p> <p>Filing system established</p> <p>System operational in dBASE III+</p> <p>WHO provided hardware and CCCD provided software</p> <p>Operating RHMT HIS subcommittee</p> <p>Indicators established</p> <p>Data current to present</p>	<ol style="list-style-type: none"> 1. improve feedback to units 2. development and use of regional indicators 3. improve reporting completeness 4. further training of RIO's 5. improve use of data for decision making 6. develop post for RIO 7. maintain HIS subcommittee of RHMT <p>THE FOLLOWING NEED TO BE DONE:</p>
67	Hhohho HIS development and eval	<p>HIS implemented since mid-89</p> <p>Four regional staff trained in the HIS computer system</p>	<ol style="list-style-type: none"> 1. improve feedback to units 2. development and use of regional indicators 3. improve reporting completeness

NO.	ACTIVITY	WORK PLAN IMPLEMENTATION STATUS	BALANCE OF ACTIVITIES
68	HIS development for Acct's Section, personnel Unit, Administration Unit, Training Unit, PHU	<p>Filing system established</p> <p>System operational in dBASE III+</p> <p>WHO provided hardware and CCCD provided software</p> <p>Operational RHMT HIS subcommittee</p> <p>Data current to present</p> <p>Accounts section has installed a computer link with Finance mainframe computer and accounts unit staff trained in DOS, Lotus and dBASE</p> <p>Personnel Unit Staff trained, software debugged and operational and files updated</p> <p>Administration Unit secretaries trained in Wordprocessing, Lotus and computers make available in MOH "library"</p> <p>PHU computer operational since November, 1980 and staff trained in wordprocessing, Lotus, dBASE and DOS.</p> <p>Family Planning HIS operational 1980 with PHC Project technical support and now integrated with OPD HIS.</p>	<p>4. further training of RIO's</p> <p>5. improve use of data for decision making</p> <p>6. develop post for RIO</p> <p>7. maintain HIS subcommittee of RHMT</p> <p>Develop system for maintaining MOH computer skills and computer hardware</p> <p>computerize the Unit Costing system</p>
69	Assist in development of Central Vaccine Stores inventory system	Activity cancelled	None
70	Set up central MOH Computer facility "library" & support computer room	<p>Debugged and documented HIS software outpatient and inpatient (Italians)</p> <p>Documented core data sets (input and output)</p> <p>Upgraded computer room: curtains, flooring, Air Conditioner, shelves, etc..</p> <p>Trained computer room staff in use of computers</p> <p>Upgraded HIS forms (OPD)</p> <p>Collaborated with Italians in upgrading HIS inpt software and data set documentation</p> <p>Set up "library" as central MOH</p>	<p>TO BE DONE:</p> <p>1. schedule add'l training in epidemiology, computer, DOS, data analysis</p> <p>2. EPI-INFO training scheduled for October 22 for 10 days</p> <p>3. development of plan to maintain equipment</p>

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NO.	ACTIVITY	WORK PLAN IMPLEMENTATION STATUS	BALANCE OF ACTIVITIES
71	Data entry assistance - HPSU	<p>computer facility for multiple uses</p> <p>Trained 76 MOH staff in wordprocessing, Lotus, dBASE, DOS</p> <p>Core data sets in common format (dBASE) for input and output data</p> <p>Maintained hardware and software in all locations for one year</p> <p>Provided core data entry assistance for three years</p> <p>One Statistics Unit staff person being trained in the U.S. in Computer Science for B.Sc. degree. To return June 1991.</p> <p>Provide hardware, software, training manuals, reference books for headquarters</p> <p>Provide two (2) data entry operators from December 1987 until July 1990</p>	None
72	<p>Family Health Survey</p> <ul style="list-style-type: none"> - Final report printing - national seminar - regional analyses - data set development and achieving - misc. Survey related activities 	<p>FHS completed and initial, interim and final reports presented and distributed</p> <p>National Seminar completed</p> <p>Four (4) regional seminars completed</p> <p>Regional analysis book written and presented at Regional seminars</p> <p>Final report completed and distributed</p>	None
73	Training	<p>599 Central and Regional staff trained in the following courses:</p> <ul style="list-style-type: none"> - lotus - dBASE III - DOS - multimate word processing - HIS computer program - HIS forms - epidemiology - graphing - inpatient data analysis 	<p>EPI Info training planned for October 1990.</p> <p>Training plan to be established for balance of 1990 and half of 1991.</p>

SWAZILAND PRIMARY HEALTH CARE PROJECT - ORGANIZATION OF THE PROJECT

GOAL

TO IMPROVE THE HEALTH STATUS OF SWAZI CHILDREN UNDER FIVE YEARS AND WOMEN OF CHILDBEARING AGE

To achieve the Goal and Purpose, the Project focuses on the key health and administrative problems which can make a significant difference to delivery of primary health services, and a concomitant improvement in maternal and child health status

PURPOSE

TO IMPROVE AND EXPAND THE PRIMARY HEALTH CARE SYSTEM IN SWAZILAND

END OF PROJECT STATUS INDICATORS

1
Provide better, earlier and more frequent pre-natal care to 90% of pregnant women.

2
Increase to 70% number of births attended by health personnel or trained attendants

3
Provide post partum education to 90% of mothers who deliver in maternity.

4
Immunize fully 70% of all children under one year of age.

5
Make ORT available to 90% of under-5s and use it effectively in 50% of diarrhea incidents in under-5s.

6
Perform routine growth monitoring for 90% of under-5s.

7
Increase to 12% women of reproductive age for continuing use of child spacing techniques.

8
Provide children and women of childbearing age appropriate and timely treatment for parasitic, infectious and lower respiratory diseases.

OUTPUTS

1
Improved outreach and service delivery approaches, cost recovery mechanisms, and incentive schemes to increase demand for health services developed and implemented.

2
More productive health providers, brought about by improved training, reassignment of work responsibilities, improved conditions of service, improved transportation and communications, and improved supervision and management support.

3
Health facilities (including clinics, health centers, hospitals, regional laboratories) supplied with necessary MCH/CS equipment ORS, supplies, vaccines, drugs, and contraceptives on a steady, reliable basis.

4
A decentralized system of planning, budgeting, financial management, supervision, and management in place and operating effectively.

5
An increased proportion of GOS recurrent expenditures for health devoted to primary health care.

(see Objectively Verifiable Indicators in Logical Framework)

ACTIVITY AREAS

<u>IN SUPPORT OF END OF PROJECT STATUS INDICATORS</u>				<u>IN SUPPORT OF OUTPUTS</u>			
1. MATERNAL CARE	4. GROWTH MONITORING	7. RURAL HEALTH MOTIVATORS/ COMMUNITY LEADERSHIP	11. COMMUNICATION	16. HEALTH PLANNING AND BUDGETING			
2. EPI	5. FAMILY PLANNING	8. ENVIRONMENTAL HEALTH	12. LABORATORY SERVICES	17. FINANCIAL MANAGEMENT			
3. OMT/CDD	6. PRIORITY DISEASES	9. PUBLIC HEALTH - GENERAL	13. HEALTH EDUCATION	18. MANAGEMENT INFORMATION SYSTEM AND RESEARCH, MONITORING AND EVALUATION			
		10. TRANSPORT	14. CLINIC MANAGEMENT	15. DECENTRALIZATION AND SYSTEMS DEVELOPMENT			19. HEALTH FINANCING

IMPLEMENTATION

ORGANIZATION

The 19 Activity Areas are grouped into two major segments. The first six link directly to the eight End of Project Status Indicators. The remaining 13 either directly support service providers or are designed to strengthen management and support systems. This latter group of activity areas are generally linked to the five major project Outputs and are measurable by the Objectively Verifiable Indicators in the Logical Framework.

The workplan contains a narrative statement for each Activity Area. These statements explain the background and rationale for each planned activity, and the relationship to the Amplified Project Description contained in the Grant Agreement.

The narrative in each case points out where there are significant departures from the approaches and activities outlined in the Amplified Project Description and the reasons for such departures.

END OF PROJECT STATUS INDICATORS

These eight indicators are national targets, and Project Activities support their achievement. To conform to the Ministry's program structure, three of these target service areas are combined into one in this workplan (Maternal Care encompasses Prenatal Care, Attended Deliveries and Post-partum Education). Of course these six service areas still include all eight service targets.

Activities in these six service areas are directly aimed at upgrading and expanding services and increasing demand. Essentially, this calls for building human resources through skills development and supervision. To achieve this, protocols are being developed to serve as the basis for in-service training, supervision, and as components of pre-service training.

PROJECT OUTPUTS

The remaining 13 activity areas are all designed to help strengthen the health delivery system so the eight service targets can be achieved. Each activity is essential and all are interrelated. The system cannot function with any reasonable degree of efficiency and effectiveness without each of these 13 areas which include training, health education, laboratory services, transport and communication, information, planning, budgeting and finance.

As with the six service areas, these specific activities in the workplan take into account support from other donors and have been designed to complement and support on-going work to achieve the project outputs.

STRATEGY

The overall strategy to integrate the numerous activities outlined in this workplan is to focus on the point of delivery - i.e., the public health units, clinics, outreach sites, OPUs and community - within the framework of decentralization. This focus emphasizes the upgrading of human resources through training, supervision and support in both clinical and management areas. Basic commodities are also provided where there are clear deficiencies - equipment for clinics and outpatient departments, laboratory equipment and supplies, OMT treatment centres, audio-visual and radio equipment, and the like.

At intermediary levels (region and sub-region) the focus is on strengthening supervision, planning and control. Support systems are strengthened generally at the regional level, with policy, direction and back-up from the central programme units. These include planning, budgeting, personnel training, communication, transport, finance and health information.

IMPACT

Impact on the target population groups - children under age five and women of child-bearing age - is achieved through increasing coverage and utilization of services and by generating increased demand for these services. Coverage and utilization are increased through the provision of more services, improved quality of services, outreach and home visits. Increased demand is generated through the Project's support of health education messages, Rural Health Motivators and increasing the involvement of community leaders.

INDICATOR	SUB-INDICATOR	STATUS
1. Improve Service Delivery and Outreach Approaches Developed		
1.a	Establish 49 new Outreach sites, including provision of basic furnishings and equipment	Exceeded. Seventy-seven sites being assisted. Add'l upgrading of sites to be accomplished
1.b	Proportion of rural clinics from which nurses make regular home visits increased by 40% during project life	
1.b.1	Proportion of clinics doing regular home visits (21)	Regional reports: Lubombo - complete 45%; other regions partially completed (15 clinics reported)
1.c	Proportion of clinics offering priority PHC services to women and under-5 children is atleast 78%	
1.c.1	Number of non-functioning maternities reactivated (6)	Three maternities renovated, two to be completed by December 1990. (staffing issue)
1.c.2	Number of maternity staff who have been trained in use of labor graph, post partum care, breast feeding (2,8,10,7,4)	Partogram developed 51 nurses trained to date.
1.c.3	Number of ORT corners established (36, 37).	All clinics in Shiselweni & Lubombo finished. Hhohho and Manzini partially completed.
1.c.4	Proportion of clinics offering priority PHC services: ORT, EPI, Growth Monitoring, ANC, Family Planning (all 5, from Supervisory Checklist document only) (37, 42, 46, 17, 4, 6, 7, 8, 10)	all clinics

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INDICATOR	SUB-INDICATOR	STATUS
1.	Improve Service Delivery and Outreach Approaches Developed	
1.d	Proportion of clinics at which staff use Project-related manuals and protocols to effectively diagnose and treat patients is 50%	
1.d.1	Proportion of clinics using manuals developed and implemented by the PHC Project (Drug Formulary, Clinic Reference Manual, Clinic Orientation Manual, Clinic Orientation Manual) (20, 23, 21, 26, 28)	all clinics
1.d.2	Number of clinics with drug management system operational (21, 28, 26)	all clinics
1.e	Proportion of all clinics with functioning community health committees increased by 40% during life of the Project	
1.e.1	Proportion of clinics with functioning community health committee (document only). (21)	Lubombo - completed other regions partially complete
1.f	PHC Lab Services strengthened at least 50% of clinics and health centers are performing critical PHC Lab tests (30, 31, 32, 34, 35,).	
1.f.1	Proportion of clinics either performing for having arrangements for the timely and effective performance of the RPR, and uristix tests for ANC patients (30, 31).	Clinics in two regions functioning well. Lab consultant report should document Hhohho and Manzini region status.
1.f.2	Number of regions having lab component in regional (32, 33, 34).	none
1.f.3	Number of regions having clinic level laboratory protocols (35)	Two regions for RPR all clinics have rudimentary protocols via MH/FP Manuals

INDICATOR	SUB-INDICATOR	STATUS
2.	Improved skills and Motivation of Health Workers Brought About by Improved Conditions of Service, Improved Transport and Communications, and Improved Supervision and Management Support	
2.a	In-country in-service training strengthened, emphasizing competency-based training methods, evaluation and follow-up.	
2.a.1	Number of regional-based training sessions held (21)	17 weeks of training excluding Hhohho
2.a.2	Number of clinic nurses and nursing assistants trained during clinic-based training (21)	97 staff nurses and 50 nursing assistants trained
2.a.3	Number of Ministry of Health (MOH) regional trainers trained and utilized in each region (21).	Shiselweni = 7, Lubombo = 6 Hhohho = 6
2.a.4	Number of clinic-based training sites established (21).	Shiselweni and Lubombo completed. Hhohho and Manzini to be completed
2.a.5	Number of clinics re-organized, including privacy curtains, filing systems, patient flow measures (9, 21)	Twenty nine in Lubombo, Hhohho and Manzini not started.
2.b	At least 80% of clinic nursing staff trained in priority PHC service areas, as well as in basic clinic management skills.	
2.b.1	Number of clinic nurses trained in high risk approach to ANC (4).	One hundred and forty seven clinic nurses trained.
2.b.2	Number of clinic nursing personnel trained in post-partum care (8)	Fifty one clinic nursing personnel trained
2.b.3	Number of clinic nurses trained in Family Planning (8)	Fifty one clinic nurses trained
2.b.5	Number of nurses trained in clinic management including drug management (1, 4)	Six hundred forty one (prior to clinic-based training)
2.b.6	Number of clinic nursing personnel trained in the new EPI protocols (7)	147 nurses and nurse ass't trained in CBT in Shiselweni and Lubombo. Two regions to go. Other training done through MCH workshops
2.b.7	Number of nursing personnel trained in CDD (92)	" " " "
2.b.8	Number of clinic nursing personnel trained in clinic and home treatment for ARI (46)	" " " "
2.b.9	Number of new health education materials developed (14)	No materials developed. 125 copies of FP flipchart ordered. ARI wallchard completed
2.b.10	Number of clinic nursing personnel trained in breastfeeding promotion (10, 18).	Fifty one clinic personnel trained.

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INDICATOR	SUB-INDICATOR	STATUS
2.c	Appropriate service delivery tasks reassigned to nursing assistants and RHM's so that nurses' skills and times are more effectively used.	
2.c.1	Number of nursing assistants trained in clinic based training sessions (RHMs to accept increase expanded service delivery tasks) (36)	50 nursing assistants trained through CBT in Shiselweni and Lubombo. Hhohho CBT begun and Manzini to follow.
2.d	Improved conditions of service for rural clinic staff including provision of limited furnishings for nurses's accommodations	
2.d.1	Number of nurse's accommodations upgraded in accordance with guidelines (22)	Forty-four identified, and four completed
2.d.2	Number of clinic-based personnel trained in generator repair and maintenance (25)	Completed. Nine people trained.
2.d.3	Regional personnel subcommittees routinely addressing clinic-level staffing and personnel issues (55, 56, 59, 61)	All four regions have personnel subcommittees
2.d.4	Clinic supervisory visits addressing issue of conditions of service (27)	Completed for Lubombo as part of check-list

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INDICATOR	SUB-INDICATOR	STATUS
2.e	Studies of MOH communications and transport systems completed and follow-up initiated with available Project resources	
	2.e.1 The communications study completed	Communication Study Completed
	2.e.2 Action on improvement of communications initiated (if mutually agreed)	Communication Study taken under advisement by MOH. PHC Project amended to discontinue further support MOH/USAID directed that NO action be taken
	2.e.3 Transport study completed	Study Completed. Debriefings by Consultant with MOH and CTA to be held in October
	2.e.4 Action initiated on improvement of transport system (if mutually agreed)	Action Plan drafted. To be reviewed by MOH in October
	2.e.5 Twenty health officers trained and obtained government of Swaziland drivers licences (49)	Twenty-two under training and thirteen have passed. One has been granted GOS Permit
2.f	At least 80% of rural clinics receiving monthly supervisory visits from regional nursing supervisors	
	2.f.1 Proportion of clinic receiving monthly supervisory visit from nursing supervisor. (2.f.1 & 2.d.4 relate to checklist)	Complete for Lubambo. Other regions reporting. HIS data available - 4 mo 1990

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INDICATOR	SUB-INDICATOR	STATUS
3.	A Decentralized System of Planning, Budgeting, Personnel Management, Supervision and Financial Management in Place and Operating Effectively at MOH headquarters and in the Regions, in Accordance with Approved Regional Workplans	
	3.a RHMTs and Regional Health Advisory Councils operating effectively in all four regions	
	3.a.1 Proportion of monthly meetings held by RHMTs each year	All regions meeting monthly on a schedule, with intermittent extra meetings
	Proportion of RHMTs carrying out Team Effectiveness Appraisal at least annually	All regions have completed appraisal within last six months (see Special Report, File No. T15.7.1)
		Two Regional Health Advisory Councils Functioning. One defunct. One region works effectively through Regional Development Team under Regional Administrator
	3.b Decentralized planning, budgeting, personnel administrative and financial systems developed and operation in all four regions	
	3.b.1 Annual workplans prepared by each RHMT for FY88/89, FY89/90 and FY90/91	For FY88/89: 2 regions For FY89/90: 3 regions For FY90/91: 4 Regions T15.1.1)
		MH/FP Three year plan done.
		MH/FP 1989 Annual Report Done
	3.b.2 Annual regional recurrent budgets prepared and submitted, and reflected realistically in the regional workplans	Annual recurrent budgets prepared by all regions by responsibility centre (budget structure does not provide for aggregated regional budgets). Regional workplans drafted after budgets and RHMTs advised to adjust workplans following final budget approval by Parliament
	3.b.3 Number of regional personnel systems operational	All regional personnel systems operational. System assessment being undertaken to identify areas for improvement.

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INDICATOR	SUB-INDICATOR	STATUS
3.b.4	Number of regional planning, budgeting, personnel, financial management and administration (including drug management, transport, clinic reference etc) manual produced and in use	Introduction to planning: Done Regional Planning: Done Budgeting: in process by Financial Controller Personnel: Done. May be revised following assessment Training: In process (Drew) Finance: Done Information: In process by PHC Project Drug Management: Done Drug Formulary: Done Transport: Not done. Consultant's report provides material Clinic Operations: Done Clinic Orientation: Done
3.b.5	Decentralization Task Force meeting regularly and monitoring decentralization process	Task Force meeting infrequently. In January 1990 revised terms of reference to assume a more direct monitoring role. Last meeting in January 1990. Next meeting planned for October 1990.
3.b.6	Decentralization study completed	Decentralization study dropped in favor of direct revision of the "Guidelines". Revised draft completed.

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INDICATOR	SUB-INDICATOR	STATUS
3.c	Health information systems developed and assisting both the central MOH and regions in reinforcing the decentralization process	
3.c.1	Number of RHMT's with operating health information system (5, 58, 64-67)	Four regional OPD HIS system operational
3.c.2	Proportion of RHMT's giving routing feedback reporting units based on HIS reports (5, 58, 64-67)	Spontic implentation through clinic supervisors and RHMT/HIS subcommittee
3.c.3	Family Health Survey National Seminar held and regional seminar held in all four regions (72)	National Seminar completed Four regional seminars completed
3.c.4	Annual reports produced for 1987 - 1988 - 1989 and data collected for 1990 annual report (63)	Data available for reports HPSU Completed report for 1989 1989 MH/FP Report done.
3.c.5	Number of MOH personnel trained in HIS-related areas (computer, epidemiology, graphing, data analysis) (63 - 68, 70, 71).	599 MOH personnel trained in computer work, graphing, epidemiology (excluding completion of HIS forms) etc..
3.c.6	Strengthening of the central MOH Statistics Unit in terms of: Debugging the nursing registry Debugging the personnel System Inpatient data entry and reporting system Outpatient data entry and reporting system Documentation of inpatient data sets Documentation of outpatient data sets Consolidation of inpatient data sets Consolidation of outpatient data sets Establishing a central "computer library" (63, 68, 70, 71).	All systems operational including in-patient Completed Completed Completed Completed Completed Completed Completed In process Completed
3.c.7	Evaluation, revision and distribution of revised outpatient reporting forms (63-67).	Completed - additional review scheduled for early 1991 including reassessment of dBASE computer programs
3.c.8	Number of outpatient reporting unit personnel trained in the use of the new outpatient reporting forms	Three hundred eighty six in all four regions regions.

INDICATOR	SUB-INDICATOR	STATUS
4. An increased Proportion of GOS Recurrent Expenditures for Health Devoted to PHC; and Mechanisms Developed for Absent Pilot Efforts to Provide Extra-Budgetary Support for PHC Programs		
	4.a MOH recurrent expenditures for PHC services increased from 15.3% in 1985/86 to 20.3% by 1990/91	
	4.a.1 Proportion of MOH recurrent expenditure that for go PHC services (from Paul Thompson)	Yes, for 85/86 - 89/90 expected to be met. Yes, for 85/86 - 89/90 expected to be met.
	4.h Financial studies carried out (user fees, unit cost, financial management) both to strengthen MOH financial management and to enhance extra-budgetary support mechanisms (74)	
	4.b.1 Three planned financial studies completed	Three studies completed
	4.c Pilot mechanisms developed in limited number of specific service areas (e.g., lab services at the clinic level) to provide potential for extra-budgetary support (75)	
	4.c.1 Pilot mechanisms documented and/or introduced at clinic-level for cost recovery measures (75)	Pilot project in fee retention proposed. Consultancy to implement pilot project planned for 1991 if approved by USAID and MOH
	4.d If appropriate, alternative financing scheme (s) should be carried out, evaluated and reported in a policy dialogue with MOH officials (75)	
	4.d.1 CDD EPI/CDD cost study (75)	Completed
	4.e Number of people trained in budgeting and cost accounting (75)	
		Three hundred and eighty six people trained

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