

BOTSWANA

FOREIGN TRIP REPORT
April 20 - May 8, 1992

TIM MINER
EDWARD WILSON

CENTERS FOR DISEASE CONTROL
CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
DIVISION OF REPRODUCTIVE HEALTH
REPRODUCTIVE HEALTH INTERNATIONAL PROGRAM ASSISTANCE PROJECT
(RHIPA)
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
ATLANTA, GEORGIA 30333

AND

JOHN SNOW, INCORPORATED
FAMILY PLANNING LOGISTICS MANAGEMENT PROJECT (FPLM)
AID Contract No.: DPE 3038-C-00-0046-00
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**Family Planning
Logistics Management
Project**

FPLM

1616 N. Fort Myer Drive
11th Floor
Arlington, Virginia 22209 USA
Tel: (703) 528-7474
Telex: 272896 JSIW UR
Fax: (703) 528-7480



John Snow, Inc.

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LIST OF ABBREVIATIONS

BOTSPA	Botswana Population Sector Assistance Program
CDC	Centers For Disease Control
CMS	Central Medical Stores (MOH)
CSO	Central Statistics Office
CYP	Couple Years of Protection
DHT	District Health Team
DMI	District Management Improvement Project
DMO	District Medical Officer
EPI	Expanded Programme on Immunization
FHD	Family Health Division (MOH)
FP	Family Planning
FPLM	Family Planning Logistics Management Project (JSI)
FPMIS	Family Planning Management Information System
GOB	Government of Botswana
HPN	Health/Population/Nutrition (Office)
IEC	Information, Education, and Communication
INTRAH	International Program for Training and Health
JSI	John Snow, Incorporated
MCH	Maternal and Child Health
MIS	Management Information System
MOH	Ministry of Health
MLGLH	Ministry of Local Government, Lands, and Housing
MSU	Medical Statistics Unit, Ministry of Health
NDP-7	National Development Plan (1991/92-1996/97)
NGO	Non-governmental organization
NHI	National Health Institute
PHC/SU	Primary Health Care/Technical Support Division, MOH
RHIPA	Reproductive Health International Program Assistance (CDC)
SOW	Scope of Work
STD	Sexually Transmitted Disease
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development (Country Offices)
WHO	World Health Organization
WRA	Women of Reproductive Age

I. SUMMARY

USAID/Botswana requested technical assistance from the Reproductive Health International Program Assistance/Centers for Disease Control (RHIPA/CDC) and Family Planning Logistics Management/John Snow, Inc. (FPLM/JSI) Projects to carry out an assessment of the family planning management information system (FPMIS).

The Scope of Work (SOW) for this visit was to: Develop a time-phased plan, including budgetary and human-resource requirements and identify options for short-term TA or limited short-term training, to design, test, document, implement and evaluate a management information system for family planning.

Findings from this assessment are to be used for the planning and implementation of activities under the USAID-funded Botswana Population Sector Assistance (BOTSPA) Project, USAID's main vehicle for supporting family planning activities in Botswana. After a mid-term evaluation of the project in 1991, USAID felt that the project had to be refocused; the original design did not seem to be effective in achieving the project goals. As part of the redesign effort, USAID has requested technical analyses of the FPMIS, the family planning information, education, and communication program, the family planning training program, and the AIDS/sexually-transmitted diseases program. These analyses will be used by USAID to prepare a revised project document.

General Findings and Recommendations

The family planning management information system used by the Government of Botswana (GOB) moves information quite effectively from the service delivery level to the national level: over 90% of the clinics submit all their monthly reports each year. Such effectiveness is due to a number of factors:

- **The postal system works well in Botswana, so forms arrive at their destination.**
- **Some staff at each level have received training on record-keeping and analysis.**
- **Supervisors at the district and national level have the resources to supervise service delivery providers and do so regularly.**
- **Reference guides on filling out some forms and registers exist and are widely circulated.**
- **Family planning forms and registers have been kept fairly simple.**

In fact, the only flaw in data collection that the consultants found was in stock management:

Finding 1. not all clinics maintained stock books nor used a minimum-maximum inventory control system.

While the FPMIS used by the GOB is efficient in moving information from the periphery to the center, this information is not routinely used by the providers of the information at the service delivery level nor the recipients of the information at the district and central levels for the following reasons:

- Finding 2. In annual plans at all levels in the system, there are few if any quantifiable objectives that could be used to measure progress in family planning.**
- Finding 3. There are no standards for the calculation and use of statistics at different levels in the system.**
- Finding 4. Not all of the data that a family planning program manager needs at the central and district levels are available.**
- Finding 5. In general, there is a staff shortage at all levels in the system which limits the amount of time that staff can spend compiling statistics.**
- Finding 6. Not all nurses and supervisors have the necessary training to calculate and use statistics.**
- Finding 7. Supervision that reinforces the analysis and use of data is rare; most supervision focuses on record-keeping and service delivery.**
- Finding 8. There is little feedback to service delivery providers about the reports that they submit to higher levels.**

Greater use of family planning data at all levels can be promoted by the GOB through a series of activities that include:

- producing reference materials;**
- training staff at all levels;**
- enhancing the data processing capacity at the district level;**
- refining and publishing standards for supervision; and**

- **revising and disseminating standards for data analysis.**

However, the design and implementation of these activities is complicated by the organizational structure used by the GOB for the delivery of family planning services:

Finding 9. Responsibility for the design, development, and delivery of family planning services is divided between two ministries: the Ministry of Health (MOH) is responsible for policies and standards and the Ministry of Local Government, Lands, and Housing (MLGLH) is responsible for the delivery of family planning services. This division of responsibility necessitates close coordination and communication between the two ministries.

To facilitate this coordination and communication, the consultants recommend the following:

- **the GOB should strengthen existing mechanisms for coordination and communication within and between the Ministry of Health and the Ministry of Local Government, Lands, and Housing. This would include hiring the Primary Health Care (PHC) Officer for the MLGLH as soon as possible and conducting regular meetings of the PHC Coordinating Committee.**

Strengthening coordination mechanisms between the United States Agency for International Development/Botswana (USAID/Botswana) and the GOB will be important also in implementing the BOTSPA. The consultants recommend that:

- **USAID/Botswana give serious consideration to hiring a long term resident advisor to work with the GOB in implementing the redesigned BOTSPA.**

II. METHODOLOGY

In order to understand how family planning services are delivered by the GOB, how the FPMIS operates, and how information from the FPMIS is used, the consultants interviewed GOB staff and reviewed documents.

A number of good documents exist on the FPMIS, family planning service delivery, supervision, and the management of health services in Botswana. Those reviewed by the consultants are listed in Attachment One.

In addition to reviewing documents, the consultants spoke with officials both at the national level and in the field; all contacts are listed in Attachment Two. To guide the information gathering activities, the consultants developed a questionnaire for field staff that was used both in Kanye and Lobatse with District Health Team staff and clinic nurses (see Attachment Three). For interviews with the national level staff, the consultants prepared a set of questions for each person interviewed (see Attachment Four).

III. DISCUSSION

The Need for an Improved FPMIS

Over the past twenty years the Government of Botswana (GOB) has achieved a contraceptive prevalence rate of 32%, perhaps the highest in Africa and deserving of considerable praise. By the end of 1997, the GOB plans to achieve a prevalence rate of 40% (according to the Seventh National Development Plan) and is committing considerable resources toward the achievement of that goal. However, the GOB needs to know before the end of 1997 if the resources it has committed are achieving the desired result and if they are being used effectively.

Since the rate was 32% in 1988 and the goal is 40% by the end of 1997, the contraceptive prevalence rate must increase nationally by 25% over the nine year period, averaging approximately 3% per year. That is to say, that every clinic, health post, mobile stop and every district, on the average, must increase its contraceptive prevalence by 3% every year through 1997. However, all facilities providing FP services are not exactly the same. For example, different facilities have different resources (staff, training, transportation) and different catchment populations.

Understanding the differences in performance of the various facilities and, by extension, the various districts, will allow the Ministry of Health and the Ministry of Local Government, Lands, and Housing to focus their resources and interventions both programmatically and geographically for maximum impact. By monitoring program performance and achievement, the GOB will more effectively use its scarce resources and achieve greater family planning gains than they would by applying resources to family planning activities in an undifferentiated way.

In order to monitor program performance, family planning managers have to determine how they measure progress, i.e., what indicators will tell them if their activities are being successful, and then set targets for those indicators. Targets are set and measured to identify program strengths and weaknesses, areas that should be strengthened and those that are successful.

Current Limitations

At the moment a great deal of time is spent by facility staff recording and reporting family planning data to the district and national level. These data seem to be reliable and are reported in a timely manner. In fact, the only shortcoming of the data collection system is the following:

- Finding 1. Not all clinics maintained stock books nor used a minimum-maximum inventory control system. This can lead to stock shortages or

overstocking because staff have neither the data nor the skills to efficiently manage contraceptive supplies.

Unfortunately, the data that are collected are not being analyzed and used to enhance decision-making locally, nor being analyzed in time to be used for decision-making at higher levels.

Based on discussions with staff at the national level and in the field, the consultants found a number of reasons that data were not being used. These are listed below:

- Finding 2.** In annual plans at all levels in the system, there are few if any quantifiable objectives that could be used to measure progress in family planning. This is problematic because staff do not have a clear idea of program goals nor how to determine if progress is being made, if the family planning program is being successful.
- Finding 3.** There are no standards for the calculation and use of statistics at different levels in the system. Staff do not know what to do with the data that they have nor how they can use it to improve personal or program performance.
- Finding 4.** Not all of the data that a family planning program manager needs at the central and district levels are available. Managers either do not get the data that they need to calculate meaningful statistics or the data are not analyzed in time to be of use.
- Finding 5.** In general, there is a staff shortage at all levels in the system which limits the amount of time that staff can spend compiling statistics. In the absence of guidance, staff do not have time to develop statistical measures on their own. However, if given some direction, staff could calculate and use data for improved decision-making.
- Finding 6.** Not all nurses and supervisors have the necessary training to calculate and use statistics. Even if some staff were interested in using statistics to improve their work, not all have the skills to do so.
- Finding 7.** Supervision that reinforces the analysis and use of data is rare; most supervision focuses on record-keeping and service delivery. Staff are not motivated to use and analyze data as part of their job because supervision does not stress it.
- Finding 8.** There is little feedback to service delivery providers about the reports that they submit to higher levels. Staff feel that data collection and

analysis are done out of duty and not because they benefit from these activities.

For a detailed list of findings that support the general ones listed above, see Attachment Eight.

Possible Interventions

To improve data analysis and decision-making at all levels in the family planning service delivery system, the consultants recommend a series of activities that fall into the following categories (see Section IV for a detailed list of activities):

- training to improve staff skills in planning, data analysis, and data use for decision-making. This will allow service providers and managers to use the information that they collect and will provide supervisors with the knowledge they need to review the work of their subordinates.
- development of FPMIS information processing and use guidelines. This will serve as a reference for all users of FPMIS information on what they can and are expected to do with data at their level and what data they can expect to receive from staff at levels above and below them.
- refinement of the FPMIS. This will improve the information processing capabilities of the districts, standardize the information flowing through the FPMIS, and make information available where and when it is needed throughout the FPMIS.
- publication of reference materials. This will provide staff at all levels with reference materials on supervision, health information system forms, and catchment populations essential to the operation of the FPMIS.
- improved coordination and communication between the MOH and MLGLH. This will facilitate the design and implementation of family planning policies and procedures.

These categories of activities are designed to be mutually reinforcing. Training provides service providers and managers with skills in using and supervising the use of information. Refinement of the FPMIS gives staff the information that training showed them how to use. Reference materials help staff to resolve questions or to guide them in areas that they are not sure of. And finally, improved coordination and communication between the MOH and MLGLH may streamline the adoption and implementation of policies and procedures that promote information use.

FPMIS Design Goals

In drafting the implementation plan in Section IV, the consultants used the following design goals:

- The current reporting system works and provides most of the information that managers need. It should be disturbed as little as possible.
- Staff time is limited at all levels in the system and large new burdens should be avoided.
- To the extent possible, existing local resources should be used to increase the likelihood of success.
- Staff at all levels should have access to and the capacity to use a minimum amount of information to help them improve their family planning functions.

USAID/Botswana's Support to the GOB

The United States Agency for International Development (USAID)/Botswana has collaborated with the GOB for many years on population activities and has provided technical assistance in the areas of population policy formulation, contraceptive logistics management, family planning training, and family planning program management. Under the redesigned BOTSPA, USAID/Botswana has an opportunity to support the improvement of the FPMIS. Not only will the GOB benefit from an improved FPMIS, but so will USAID/Botswana: they will be able to evaluate both the progress of the family planning program and the impact of USAID/Botswana's contributions.

IV. FPMIS IMPLEMENTATION PLAN

To implement the actions suggested above, the consultants propose the plan that begins on the next page. For each activity in the plan the following information is given:

- **Timing.** The quarter of the year in which the activity takes place. All quarters are assumed to be from the beginning of FPMIS improvement activities, i.e., 1st quarter does not necessarily mean January to March 1993. To indicate 1st quarter a year from the beginning of FPMIS improvement activities, 1st Q. +1 is used.
- **TA.** The amount of technical assistance required to complete the activity.
- **Responsible Parties.** The GOB staff member or members responsible for completing the activity.
- **Cost US\$.** The cost in US dollars for technical assistance or computer hardware. The consultants assume that the GOB or some other donor will cover all other costs. This breakdown is based on the consultants' observation that the GOB does not have trouble routinely funding training, printing, or supervision.

FPMIS Implementation Plan

	Activity	Timing	TA	Responsible Parties	Cost US\$
1.	FPMIS information system guidelines				
	Develop FPMIS guidelines, including indicators ¹	1st Q.		MCH/FP/Eval, MSU	
	Review indicators and modify if necessary	2nd Q.		FHD, PHC/SU, MLGLH, MSU	
	Draft reference guide to go with indicators	3rd Q.		MCH/FP/Eval, MSU	
	Publish FPMIS reference guide and FPMIS guidelines (distribute at training sessions)	4th Q.		MCH/FP/Eval, MLGLH, MSU	
2.	FPMIS operations				
	Decide on which MH 1049 to use	1st Q.		MCH/FP/Eval, MSU	
	Publish a policy on MH 1049 to all districts and set a date by which the form must be used	1st Q.		MSU	

¹ See Attachment Five for a set of draft guidelines for FPMIS information processing and use.

FPMIS Implementation Plan

	Activity	Timing	TA	Responsible Parties	Cost US\$
	Work with CMS to modify the SWEDIS software so that it will produce quantities distributed by district	2nd Q.		MCH/FP/Log, CMS	
	MCH/FP begin collecting data monthly or quarterly and keypunching	1st Q.		MCH/FP/Eval	
	Distribute 1991 census data to districts for estimation of catchment populations	1st Q.		CSO	
	In Districts, evaluate computer capacity and access of DHT to computer resources	1st Q.		MCH/FP/Eval, MSU	
	Order computers for districts with insufficient capacity or access ²	2nd Q.		MLGLH or AID	120,000
	Design district software ³	2nd Q.	2 weeks	MCH/FP/Eval	12,500
	Develop district software	2nd,3rd Q.	10 weeks	Contractor	10,000
	Deliver computers to the districts needing them	4th Q.		MOH	

² The assumptions used in the calculations follow: 10 computers @ \$12,000 per computer for computer, software, printer, uninterruptible power supply, and supplies.

³ See Attachment Seven for a draft system description.

FPMIS Implementation Plan

	Activity	Timing	TA	Responsible Parties	Cost US\$
	Train district community health nurses or family nurse practitioners in use of the software	4th Q.		Contractor	
	Distribute software to all districts	4th Q.		MCH/FP	
	Start using the software for data entry and report production	1st Q. +1			
	Evaluate the FPMIS operation	1st Q. +2		MCH/FP/Eval	
3.	Training				
	Determine how many districts have not replicated logistics training	1st Q.		MCH/FP/Log	
	Develop training materials in: planning logistics data calculation and data use	2nd,3rd Q.	8 weeks	MCH/FP/Log, MCH/FP/Eval, MCH/FP/Trg	50,000
	Organize and conduct training for district and service provider staff in all of the above	4th Q.		MCH/FP, MLGLH	
4.	Reference Materials				
	Review and revise FP Logistics Manual if necessary	2nd Q.	2 weeks	MCH/FP/Log	12,500

FPMIS Implementation Plan

	Activity	Timing	TA	Responsible Parties	Cost US\$
	Print and distribute revised FP Logistics Manual if necessary	3rd Q.		MCH/FP	
	Publish Supervision and Health Information systems Manual	1st Q.		PHC/SU	
	Develop supervisory checklist for FPMIS ⁴	3rd Q.		MCH/FP/Log, MCH/FP/Eval, PHC/SU	
	Modify Service Providers Manual to include FPMIS guidelines and supervisory checklist or publish them separately	4th Q.		MOH	
5	Enhanced PHC Coordination				
	Hire the PHC Officer to sit in the Ministry of Local Government, Lands and Housing	As soon as possible		MLGLH	
	Hold regular PHC Coordinating Committee meetings	As soon as possible		MLGLH, MOH	
	TOTAL		14 weeks		205,000

⁴ See Attachment Six for a draft FPMIS supervisory checklist.

ATTACHMENTS

Attachment One: Documents Reviewed

1. **Draft Report on Recommended Strategy Options for In-Service FP/STD Training for the Redesigned BOTSPA, Prepared by Mrs. Jedida Wachira, INTRAH Deputy Regional Director for Anglophone Africa, and Ms. Maureen Corbett, INTRAH Program Officer, March 1992.**
2. **Draft Mid-Term Evaluation Report on the Botswana Population Sector Assistance Program (BOTSPA), Prepared by the USAID Evaluation Team: Jane T. Bertrand, Maureen Brown, Mona Grieser, and Cliff Olson, October 4, 1991.**
3. **Cable Gabarcne 00117, dated 08 Jan. 92.**
4. **Botswana Trip Report Dated August 10, 1990, Jack L. Graves, Program Analyst, Centers for Disease Control, Atlanta, Georgia.**
5. **Botswana Trip Report Dated January 22, 1990, Jack L. Graves, Program Analyst, Centers for Disease Control, Atlanta, Georgia.**
6. **Draft United Nations Population Fund (UNFPA) Proposed Country Programme for Botswana (1992-1996).**
7. **Manual: Managing Family Planning Commodities and Drugs in Botswana, Ministry of Health, November 1988.**
8. **Botswana Family Planning General Policy Guidelines and Service Standards, Maternal and Child Health/Family Planning, Department of Primary Health Care, Ministry of Health, Botswana, October 1987.**
9. **Botswana Population Sector Assistance Program (BOTSPA), First Annual Program Review, December 1989.**
10. **Draft Framework of BOTSPA Objectives, April 1992.**
11. **Family Health Division Annual Plan 1991/92, EPI/CDD Unit, Food and Nutrition Unit, Health Education Unit, MCH/FP Unit (Covering the Period From January 1991-December 1992).**
12. **Health Management System Manual: Patient Referral: Republic of Botswana, 1991.**

13. **Health Management System Manual: Supervision: Republic of Botswana, 1991.**
14. **Health Management System Manual: Communication: Republic of Botswana, 1991.**
15. **Botswana Family Health Survey, 1988.**
16. **Report on the Evaluation of the Botswana Maternal, Child Health and Family Planning Programme, Ministry of Health in collaboration with world Health Organization, Gabarone, Botswana, June-July 1989.**
17. **National Development Plan 7: 1991-1997 December 1991, Ministry of Finance and Development Planning.**
18. **Botswana Males and Family Planning Survey: Volume One: Institutional Survey Report (First Draft, May 1991); National Institute of Development Research and Documentation, University of Botswana; Prepared for GOB MOH/FHD.**
19. **Report on Decentralization of Health Services, May 1986, J.V. Pedersen, Coordinator of Regional Health Teams (MOH) and P.L.D. Modisenyane, Finance Officer, MLGL.**
20. **Botswana Family Planning Integration Manual.**
21. **District Plans of Activities for Years 1991/1992, Compiled by B.B. Motlandiile, Health Education Unit Family Health Division.**
22. **Draft, Management Analysis Study Report, Health Information and Referral, District Management Improvement , Ministry of Health, Ministry of Local Government and Lands, Submitted by: Bongiwe Rantwa, Management Analyst, November 1990.**
23. **Family Health Survey II, 1988, Central Statistics Office, Ministry of Finance and Development Planning, Family Health Division, Ministry of Health, Demographic and Health Surveys, Institute for Resource Development/Macro Systems, Inc.**
24. **Family Planning Procedures Manual for Service Providers , 1988, INTRAH/Ministry of Health, Gabarone, Botswana.**
25. **A Review of the Extent to Which Population and Development Issues are Considered in the National Development Plan (NDP-7) of Botswana and**

- Suggestions for Modifications, submitted to the Ministry of Finance and Development Planning through the UNFPA Office, Gabarone, 14 March 1991, by Amde Wolle, International Labor Organization (ILO) Regional Advisor on Population Policy and Development Planning.**
- 26. Report on the Non-Governmental Organization's (NGO's) Meeting on Family Planning/Family Life Education, 7 November, 1990, Compiled by MCH/FP Unit.**
 - 27. Evaluation Report of the Operations Level Management Project Implemented by the MEDEX Group, The John A. Burns School of Medicine, University of Hawaii from September, 1987 through January, 1992. A Report Prepared for USAID by the Research Triangle Institute by Robert M. Hollister, Kristina Engstrom, and Vicky Kunkle.**
 - 28. Aide-Memoire, Programme Review and Strategy Development Mission to the Republic of Botswana, United Nations Population Fund, August 1991.**
 - 29. Instructions Manual for the ANC-PNC Register (MH 3061) Family Planning Register (MH 3062), Ministry of Health, March 1990.**
 - 30. Management Analysis, A Manual for Improving Health Management Systems, The MEDEX Group, 1990.**
 - 31. Health Management System Manual: Health Information, Republic of Botswana, 1991.**
 - 32. Health Planning Handbook, June 1989, Health Programme Planning in Botswana, Prepared for the Family Health Project, Ministry of Health, Prepared by Health Planning Consultancy, Ziken International (Consultants).**
 - 33. Fertility in Botswana: Recent Decline and Future Prospects, Naomi Rutenberg, Demographic and Health Surveys, Institute for Resource Development, Columbia, Maryland, Ian Diamond, Department of Social Statistics, University of Southampton, Southampton, UK.**
 - 34. BOTSPA Implementation Plan for MCH/FP Activities including IEC 1989-1993, Compiled by Mary Kay Larson, January 1989, USAID/Ministry of Health, Gabarone, Botswana.**
 - 35. A Follow Up Report on Integration of MCH/FP Services in Botswana, Mary Kay Larson, August 1990, Gabarone, Botswana.**

Attachment Two: Persons Contacted

USAID/Gabarone

Howard Handler, Mission Director
David Mandel, Deputy Mission Director
Hector Nava, Human Resources Development Officer
Scott Stewart, Health/Population Officer
Semeon Sertsu, Systems Manager

Ministry of Health

Dr. E. T. Maganu, Permanent Secretary

Family Health Division

Mr. L. Lesetedi, Principal Family Health Officer, FHD
Mrs. T. Shashane, Acting Director of MCH/FP
Ms. L. Maribe, Assistant MCH/FP Officer, FHD
Mr. T. Baakile, Research and Evaluation Officer
Mr. Bhola, UN Volunteer, Research and Evaluation Advisor
Mr. N. Rambukwelle, UN Volunteer, Training Advisor

Medical Statistics Unit

Ms. A. Majelantle, Medical Statistics Unit

Central Statistics Office

Mr. G. Charumbira, Government Statistician

Primary Health Care Services, Support Unit

Ms. P. Kgabi, DMI Officer

Ministry of Local Government, Lands, and Housing

Ms. P. Venson, Permanent Secretary
Mr. P. Siele, Establishment Secretary
Mr. Bathusi Diwtwa, Under Secretary (Rural)

Southern District (Kanye)

Dorcus Letlola, Matron S.D.C.

Mrs. Dora Akande, Chief Nurse, Kanye Main Clinic

Lobatse

Margaret B. Maswabi, Matron

Malefshang Setoutwg, Community Health Nurse

Margaret Mopedi, Family Nurse Practitioner/Nursing Sister

UNFPA

Mr. James Kuriah, Country Director

Ms. Dorcas Mompoti, National Programme Officer

Central Medical Stores

J. Botsang, Sr. Pharmacist

Ms. Bale, Network Supervisor

Attachment Three: Draft Field Management Information System Assessment Questionnaire

Date: _____

District: _____

Hospital: _____

Clinic: _____

Post: _____

Person(s) Interviewed: _____

Time started ____:____

1. Data collection, reporting, and review

a) In this facility, who is responsible for recording FP data?

b) What FP registers, tally sheets, and stock control records do you keep?

c) Who is responsible for aggregating FP data and preparing reports?

d) What FP reports do you prepare, how often, and where do you send them?

e) Do you check the accuracy of the data that you aggregate? How?

2. Planning

a) Who is responsible for developing annual plans for FP, if they are developed?

b) Do you prepare an annual plan for family planning activities?

c) If yes, do you establish measurable family planning targets or objectives (e.g., number of new users or percentage of the population using family planning)?

d) If you do establish measurable targets, what are they for 1992?

3. Monitoring

a) How do you monitor the progress of your family planning activities, i.e., how do you know you are doing a good job in delivering family planning services? What measures do you use (e.g., clients seen, coverage)?

b) If you have annual plans or targets, how often do you refer back to them? How do you know if you are achieving them?

4. Supervision - receiving

a) Who supervises your family planning activities?

b) How often are you supervised?

c) Is there a regular schedule of supervision?

d) What aspects of your family planning work does your supervisor generally review? Be sure to find out: does he or she check how the FP registers, FP tally sheets, FP monthly reports, and stock control records are filled out?

e) Does your supervisor monitor your workplan progress? How?

f) What measures does your supervisor use to monitor the progress of your FP activities, if any (e.g., number of clients seen, coverage)?

5. Supervision - giving

a) Whose family planning activities do you supervise?

b) How often do you supervise them?

c) Do you have a regular schedule of supervision? If so, what is it?

d) What aspects of their family planning work do you generally review? Be sure to find out: does he or she check how the FP registers are filled out, if the FP tally sheets are correct, and if the monthly FP reports are correct?

e) Do you monitor their workplan progress? How?

f) What measures (e.g., clients seen, coverage) do you use to monitor the progress of your subordinates FP activities, if any?

6. Feedback - getting

a) Do you receive any response to the FP reports that you submit to the next level? If so, what kind of response and how often?

b) Do you receive any information on family planning activities in other parts of Botswana or in Botswana as a whole? If so, what information and how often?

c) What additional type of response would be helpful to you?

7. Feedback - giving (if supervising facility)

a) Who is responsible for reviewing FP reports received from subordinate facilities?

b) When you receive reports from subordinate facilities, do you send them any response to these reports? If so, what kind of response and how often?

c) Do you send subordinate facilities any other commentary on their FP work or FP activities in other districts? If so, what commentary and how often?

8. Training

PERSON RESPONSIBLE FOR DATA COLLECTION

a) Have you ever received any training on how to fill out the family planning register, the FP tally sheet, or the monthly FP report? If so when and by whom?

b) Did it permit you to fill in these forms without difficulty?

c) Have you ever received any training on how to use the stock register or on how to order contraceptives? If so when and by whom?

d) Did it permit you to fill in these forms without difficulty?

PERSON RESPONSIBLE FOR MONITORING/PLANNING

e) Have you ever received any training on how to calculate your catchment population size and any PHC statistics? If so, when, by whom, and what statistics?

9. What would you say are the biggest deficiencies in the current FP MIS and what would you do to resolve them?

10. Do you have any additional comments on the FP MIS that you would like to make or questions that you would like to ask?

Time Ended ____:____

**Attachment Four: Draft National Level Management Information System Assessment
Questionnaire**

1. Central Medical Stores

- a. What sites do they deliver to?
- b. How often do they deliver to each site (monthly, quarterly)?
- c. What information do they receive from each site (ordering information or consumption information)? How do they receive it (mail, phone, etc)?
- d. How is an order processed (from facility to CMS)?
- e. Do they process emergency orders? How and how often?
- f. If they cannot fill an entire order, do they put the remainder on back order?
- g. What kind of information processing equipment do you have?
- h. What information is kept on-line in the SWEDIS system?
- i. Is other information stored on computers? If yes, what and where?
- j. Do you produce reports from the SWEDIS system? If so, what reports, for whom and how often?
- k. What problems have you encountered with the SWEDIS system? How have you resolved them?
- l. Can modifications be made to the SWEDIS system? Who has to make them?
- m. Do the CMS provide any supervision or training in the filling out of stock keeping or ordering forms? If not, who does?
- n. What training do the CMS staff have?

2. Medical Statistics Unit

- a. What data do they routinely receive on family planning? How?
- b. How timely is it?
- c. Do they check for accuracy? How?
- d. How do they manage these data (i.e., record, store, retrieve them)?
- e. When is it available to MCH/FP managers and in what form?
- f. Who do they receive these data from?
- g. What reports do they produce routinely using FP data? When was the last report produced? Who are these reports sent to?
- h. What problems have they encountered in collecting, processing, and reporting the FP data? How have they or would they resolve these problems?

3. UNFPA

- a. What is their perspective on what can and needs to be done in improving FP MIS?
- b. What is the capacity of the system to manage and analyze data at each level?
- c. What activities has UNFPA undertaken in the past to improve the FP MIS?
- d. What activities do they plan to undertake over the next three years to improve the FP MIS?

4. World Bank

- a. What does the family health project do? Is there an MIS component?
- b. What is their perspective on what can and needs to be done in improving FP MIS?
- c. What is the capacity of the system to manage and analyze data at each level?
- d. Are they planning any future FP MIS activities?

5. National Health Institutes

- a. In the curriculum for Enrolled Nurse (EN), Community Health Nurse (CHN), Registered Nurse/Midwife (RN/MW), Family Nurse Practitioners (FNP), and Registered Nurse (RN). are there sections or courses on logistics? data collection and analysis? If so, what is taught, when and by whom? Could they be added if they do not exist?

6. MOH/DFH/MCH/FP - logistics officer

- a. What is your role in managing FP logistics?
- b. What logistics info do you get?
- c. How do you get it?
- d. What do you do with it?
- e. Do you get info you do not need? If so, what info?
- f. What other logistics info do you need?
- g. Where does it come from?
- h. Do you do logistics training? If so, when and for whom?
- i. Has the FP logistics manual (1988) been updated since its first printing? If so, when and can we get a copy of it?

- j. What would you say are the most important problems with the contraceptive logistics information system and what would you do to solve them?

7. MOH/DFH/MCH/FP - training officer

- a. Who do you organize training for?
- b. How often do you provide in-service training for each class of service provider?
- c. Do you have set curriculums that you use?
- d. Do these training sessions include logistics, FP MIS, and data analysis? If so can we see the curriculums used? Are there reference manuals that are distributed as part of these training sessions? If so, what are they?
- e. What resource people do you have that could be used for the above training?

8. MOH/DFH/MCH/FP - family planning officer (director)

- a. What is your role in the planning, delivery, and monitoring of FP services?
- b. What is the role of PHC/SD?
- c. What information do you currently use to do your job? Where does it come from? How do you use it (planning, monitoring, supervising)?
- d. What information would you like to have that you do not have? Where can it be obtained? What would you do with it?
- e. What are the most important problems with the FP MIS and how would you resolve them?

Attachment Five: Recommended Guidelines for Information Processing and Use

These guidelines are suggestions for family planning data to collect at the national, district, and service provider levels in Botswana and how to use them.

I. National level

At the national level, MOH officials are responsible for planning programs and evaluating progress toward national family planning goals. Part of the evaluation process is determining where the family planning program is succeeding and where it needs additional support: some Districts will be more successful than others. To measure district and national achievements, the MCH/FP unit should produce the reports listed below.

A. Reports

1. Annual report (currently a, b, and c below are being calculated, but b and c are being calculated using different data than recommended below)

This report would include the following measures:

- a. New users as a percentage of women of reproductive age (WRA) by district. This measure would help in identifying those districts that appear to be having recruitment problems.
- b. Estimated Prevalence Rate nationally and by district based on couple-years of protection (CYP) and WRA. This would give some idea of the progress toward the National Development Plan VII goal of 40% prevalence rate by 1997 and it would help identify those districts that should be praised for success and those that need more attention for improvement.
- c. Method mix based on CYP nationally and by district. This would help in identifying user preferences and indicate possible provider bias in method selection.
- d. Annual number of family planning visits per facility (health post or clinic) by district. Visits per facility would give planners an idea of the workload in each district and might allow them to shift scarce resources to a more needy area.

This report would be distributed to the districts and service providers.

2. Annual estimates of contraceptives needed (currently this is being done, but using different data)

Estimates of contraceptives needed by product for the coming year would be prepared annually based on quantities distributed to users from service delivery sites over the past year and would be shared with the Central Medical Stores to help with their planning.

B. Data Sources

Data for the reports in the preceding section would come from the following sources:

1. Monthly outpatient reports; and
2. National and district WRA estimates from projections based on the 1991 census.

C. Data Processing

In order to facilitate the preparation of these reports, we suggest that data be collected and recorded in the computer at the MCH/FP unit on the following schedule.

1. retrieve data on new users, revisits, and quantities of contraceptives distributed from the Medical Statistics Unit monthly (time required to keypunch: 1 week); and
2. enter estimates of women of reproductive age at the beginning of the year (time required to keypunch: 1 day).

II. District level

District health teams are responsible for managing the delivery of family planning services in their district. To manage these services they need to be able to measure the relative performance of the various facilities. The following reports, which would be produced by the community health nurse, would help them do that.

A. Reports

1. Annual report (currently none of the following indicators are being calculated at the district level)

Each district would prepare an annual report containing the following measures:

- a. First year continuation rates by method by facility.
Comparisons of these rates among facilities would give managers an indication of where to look for positive examples of service delivery and where additional supervision might be required.
- b. Annual number of family planning visits by facility.
Managers can get a sense of workload at the various facilities and how scarce resources might be allocated.
- c. Estimated Contraceptive Prevalence Rate by facility based on CYP. This comparison gives some idea of the relative success of family planning at the various facilities and where renewed Information, Education, and Communication activities or enhanced supervision might be necessary.
- d. New users under 20 as a percent of WRA under 20. These figures should give managers some idea of the success of the family planning program in reaching teenagers.
- e. New users as a percent of WRA by facility. These comparisons, along with the others above, can indicate if the family planning program is expanding, stagnating, or contracting.

This report would be distributed to the service providers, the Ministry of Health, and the Ministry of Local Government, Lands, and Housing.

B. Data sources

Data for the reports in the preceding section would come from the following sources:

1. Monthly outpatient reports;
2. District estimates of WRA and WRA under 20 from projections based on the 1991 census; and
3. Annual facility reports.

C. Data processing

In order to facilitate the preparation of these reports, we suggest that data be collected and recorded at the district health team offices on the following schedule.

- 1. copy data on new users, revisits, and quantities of contraceptives from the monthly outpatient statistics form submitted by each facility providing family planning services (time required: 1 - 3 days);**
- 2. enter estimates of WRA and of WRA under 20 for each facility at the beginning of the year (time required: 1 day); and**
- 3. retrieve first year continuation rate and percent of new users under 20 from the facilities' annual reports (time required: 1 - 3 days).**

To facilitate end of year summation, these data could be stored either in a ledger or in a spreadsheet or database on a computer.

III. Service Provider Level

Service providers are responsible for the delivery of family planning services to individual clients. To evaluate her performance, she needs to be able to measure both how well clients accept the methods dispensed and how much of her target population she is reaching. To this end the nurse at each clinic or health post would prepare the following reports.

A. Reports

- 1. Monthly outpatient report (this report is currently being prepared by service providers)**

This is the standard MH 1049 and it contains the following data items:

- a. number of new users;**
- b. number of revisits; and**
- c. quantities of each contraceptive distributed.**

This report is sent to the district health team.

2. Annual report⁵ (currently none of the following indicators are being calculated by service providers)

It would contain the following indicators:

- a. First year continuation rate by method. This should help the service provider to understand which methods are preferred and which methods might require additional counseling.
- b. New users under 20 as a percent of WRA under 20. This should help the service provider measure success in recruiting teenagers.
- c. New users as a percent of WRA. This measure should give some indication of the success in expanding coverage of family planning.
- d. Estimated Contraceptive Prevalence Rate based on CYP and WRA. This measure should help the provider determine the status of family planning in the catchment area.

This report would be sent to the district health team.

3. Monthly graphs (currently some service providers are making graphs using some or all of the following data)

These would be plotted as a line graph and would remain at the clinic or health center to help the nurse monitor the level of family planning activity at her clinic or post. The data to be plotted each month are:

- a. New users, and
- b. Total visits

B. Data sources

Data for the reports in the preceding section would come from the following sources:

1. Family planning register;
2. MCH/FP tally book; and

⁵ These figures would have more meaning for the service provider if there were national or district objectives or norms against which they could compare themselves.

3. Catchment area estimates of WRA and WRA under 20 from projections based on the 1991 census.

C. Data processing

In order to facilitate the preparation of these reports, we suggest that data be collected and recorded in the clinic or health post on the following schedule:

- 1. Record family planning client data for each new user, e.g., age, parity, method selected, and next appointment (time required: 5 minutes).**
- 2. Record new user, revisit, and quantity of contraceptives distributed in the MCH/FP tally book at every visit (time required: 1 minute); and**
- 3. Record the catchment area population and target population figures on a sheet of paper that is posted near the graphs at the clinic (time required: 1 hour).**

The tally books would be reviewed monthly to produce the outpatient statistics report. These monthly reports, along with the family planning register, would be reviewed yearly to prepare the annual report.

Formulas for Calculating Measures

1. First year continuation rate by method

a. Data source: family planning register

b. Methodology:

- count all the new users of each method during the past year.

- count all the new users that are still using their original method at the end of the year (still using means that they have been supplied with enough contraceptives to last them until December 31 or into the new year or, if they are IUD users, that their next checkup is in the new year).

- divide the number of new users still using their original method by the number of new users that received that method to get the first year continuation rate for that method.

2. Couple Year of Protection (CYP)

a. Data source: MCH/FP tally sheet or monthly outpatient statistics report

b. Methodology:

For each contraceptive distributed at the clinic or health post, do the following:

- sum the quantities of each contraceptive distributed by month for the past year to obtain an annual quantity distributed for each contraceptive.

- multiply the annual quantity distributed by the CYP conversion factor for that contraceptive (see attached list) to get the CYP provided by that contraceptive.

Once you have calculated the couple years of protection conferred by each contraceptive distributed then

- add together the CYP provided by all contraceptives to obtain the total CYP conferred by all the contraceptives distributed last year from the clinic or health post.

3. Estimated Contraceptive Prevalence based on CYP and target population

a. Data sources: estimates of women of reproductive age (WRA) for the clinic or district catchment area based on the 1991 census and CYP based on the calculations in 2.

b. Methodology:

- divide the CYP conferred by all contraceptives by the women of reproductive age in your catchment area to obtain an estimate of coverage.

4. New users under 20 as a percent of target population

a. Data sources: family planning register and estimates of women of reproductive age under 20 based on 1991 census figures.

b. Methodology:

- count all the new users during the past year who were under twenty years of age.

- divide that number by the number of women of reproductive age under 20 in your catchment area to get the percent of women under 20 who were new users last year.

5. New users as a percent of target population

a. Data sources: family planning register and estimates of women of reproductive age based on 1991 census figures.

b. Methodology:

- count all the new users during the past year.

- divide that number by the number of women of reproductive age in your catchment area to get the percent of women of reproductive age who were new users last year.

Attachment Six: FPMIS Supervisory Checklist for Clinics and Health Posts

Date: _____
 Date of previous supervision: _____
 District: _____
 Clinic or Health Post: _____
 Responsible Nurse: _____
 People Seen: _____
 Supervisor: _____

1. Record-keeping

Ledger	Up to Date	Properly Maintained	Comment
Family Planning Register			
Stock Ledger			
MCH/FP Tally Book			

Have the following been calculated for this facility for the current year:

- a. catchment population year?
- b. women of reproductive age?
- c. women of reproductive age under 20?

2. Reports

Report	Submitted on Time	Properly Completed	Comment
Outpatient and preventive health statistics monthly summary form (MH 1049)			
Requisition for Contraceptives			

3. Analysis and use of data

Routine (quarterly supervisory visits)

a. Graphs of new users and total visits

- are they up to date?
- what do they indicate in level of activity and recruitment?
- can the nurse interpret them?

4. To be done at an annual meeting of DHT with responsible nurses

Are all the following rates calculated?

a. Continuation rates

- which methods have the lowest rates?
- why are rates for these methods lower than rates for other methods?
- can and should anything be done to try and improve the continuation rates for methods with low rates?
- are many clients switching methods or brands within methods?
 - why?
 - does this indicate that there is a problem with certain methods and does something need to be done about it?

b. Estimated prevalence rate

- how does it compare to other facilities and to the national average?
- if it is low, why is it low and what can be done to expand contraceptive usage?

c. New users under 20 as a percent of WRA under 20

- how does it compare to other facilities?
- is the facility recruiting a significant portion of teenagers?

- if not, why not and can anything be done to recruit them more effectively?

d. New users as a percent of WRA

- how does it compare to other facilities?

- how does it compare to national targets (if they exist) or previous year's figures?

- if it is low, why, and can anything be done to recruit more effectively?

Attachment Seven: System Description

Title: FPMIS Data Entry and Report Production Software for Districts

Users: Community Health Nurses or their delegates on the District Health Team

Purpose: To allow the users to keypunch FP data from:

- the monthly outpatient statistics reports received from health facilities,
- the annual reports received from health facilities, and
- target population estimates derived at the districts.

And to allow them to produce annual reports based on these data.

Functions:

1. Data entry

- target population estimates: total population, women of reproductive age, and women of reproductive age under 20 for each facility for multiple years.
- the family planning portion of the outpatient statistics report each month for each facility in the district for multiple years.
- indicators from annual facility reports: continuation rate by method, new users under 20 as a percentage of women of reproductive age under 20.
- individual facilities in each district and their type.
- individual contraceptive methods and their CYP conversion factors.
- individual brands of contraceptives.

2. Reports

- new users as a percent of women of reproductive age by facility by year
- new users under 20 as a percent of women of reproductive age under 20 by facility
- estimated prevalence rate by district based on CYP with method breakdowns

- first year continuation rate by method by facility with a weighted continuation rate by method for the district (weighted by the number of new users in the facility over the total new users in the district)
- facility listing
- population listing for a single year by facility showing total population, women of reproductive age, and women of reproductive age under 20.
- outpatient reports in the database for each facility for a single month and year.
- annual indicators in the database for each facility for a particular and year.
- methods and their CYP conversion factors.
- brands of contraceptives

3. Maintenance

- data backup for all data
- data archiving for a particular year
- data restore from full backup
- data restore from an archive for one year
- database integrity check and repair
- data export to ASCII or Lotus 1-2-3 format

Data Required:

1. Monthly outpatient statistics report from each facility detailing:

- new users by method
- revisits by method
- contraceptives distributed by brand

2. Annual facility report detailing:

- first year continuation rates by method
- new users under 20 as a percent of women of reproductive age under 20

3. Annual population estimates by facility detailing:

- total catchment population
- women of reproductive age in catchment population
- women of reproductive age under 20 in catchment population

4. Methods supplied in the district detailing:

- method
- CYP conversion factor

5. Contraceptives supplied in the district detailing:

- brand name
- method

6. Facilities in the district detailing:

- facility name
- facility type (hospital, mobile stop, clinic, health post)

Attachment Eight: Detailed Findings and Recommendations

1. Not all clinics maintained stock books nor used a minimum-maximum inventory control system.
 - A. **FINDING:** No standard training modules currently exist for FP statistics and logistics.

RECOMMENDATION: Standard statistics and logistics training modules need to be developed and employed at all levels.
 - B. **FINDING:** The stock ledger book and the min-max system are not used by all facilities.

RECOMMENDATION: All facility staff managing contraceptives should be given contraceptive logistics management training.
2. In annual plans at all levels in the system, there are few if any quantifiable objectives that could be used to measure progress in family planning.
 - A. **FINDING:** There seems to be a lack of familiarity with the use of quantifiable indicators in both long and short-term planning at the district and national levels.

RECOMMENDATION: National and district level managers should receive training in the establishment of quantifiable indicators for use in setting objectives and improving decision-making for the family planning program.
 - B. **FINDING:** Annual plans do not currently include quantifiable, measurable goals, making it difficult to measure progress toward the achievement of the long-term, seven-year goals.

RECOMMENDATION: Quantifiable, measurable goals should be included in annual plans and an evaluation of progress towards these goals should be made at least once a year. Base line figures should be agreed upon as the mark from which to measure progress.
3. There are no standards for the calculation and use of family planning statistics for decision-making at different levels in the system.

A. FINDING: No standard reference manual has been finalized and distributed for health information.

RECOMMENDATION: Adopt the draft DMI health information manual.

B. FINDING: No standard reference manual has been finalized and distributed for the calculation and use of family planning statistics for decision-making.

RECOMMENDATION: Publish a set of family planning information processing and use guidelines such as those in Attachment Five. These could be published alone or as part of the Family Planning Procedures Manual for Service Providers.

4. Not all of the data that a family planning program manager needs for decision-making at the central and district levels are available.

A. FINDING: The MSU is behind in the processing and analysis of national FP statistics because of a lack of computer resources.

RECOMMENDATION: MCH/FP should continue to get information from MSU and process it themselves in a timely manner.

B. FINDING: Some clinics lack data for calculating catchment area population.

RECOMMENDATION: The 1991 census figures should be published and distributed to the districts as soon as possible.

C. FINDING: Currently, the CMS is unable to produce contraceptive distribution data by district.

RECOMMENDATION: The CMS should either change their current software or export data to a spreadsheet to enable MCH/FP to aggregate the information themselves monthly.

D. FINDING: The Medical Statistics Unit is redesigning the monthly reporting form to remove the FP commodity distribution figures.

RECOMMENDATION: Prior to changing the established form, the MCH/FP unit, for whom the information is intended, should be consulted.

E. FINDING: Logistics information is not uniformly recorded and reported.

RECOMMENDATION: All levels should report distribution data to the MSU monthly.

5. In general, there is a staff shortage at all levels in the system which limits the amount of time that staff can spend compiling statistics.

A. FINDING: Data are collected on many forms, but it is not clear if all of these data are used for decision-making at the central or district levels.

RECOMMENDATION: FHD units should meet to determine if the data collection and reporting workload on service providers can be lightened.

B. FINDING: Currently, District Health Teams are processing as much of their own data as their resources allow.

RECOMMENDATION: District data processing capabilities need to be enhanced if district health teams are to take on additional responsibilities for data processing and analysis for decision-making.

6. Not all nurses and supervisors have the necessary training to calculate and use statistics for better decision-making.

A. FINDING: No standard reference manuals have been finalized for health information and supervision.

RECOMMENDATION: Finalize and adopt the draft manuals prepared by the DMI project.

B. FINDING: Variable level of understanding exists concerning the purpose and use of statistics.

RECOMMENDATION: Appropriate training should be developed, implemented. Suitable follow up to this training is also necessary.

7. **Supervision that reinforces the analysis and use of data is inadequate; most supervision focuses on record-keeping and service delivery.**

A. FINDING: Supervisory check-list is not uniformly used. The current supervisory check-list for the District level is being revised.

RECOMMENDATION: District Health Teams with support from FHD and PHC/SU should get together and finalize and implement a supervisory check-list for clinics and health posts.

B. FINDING: No standard reference manual for supervision has been finalized or distributed.

RECOMMENDATION: Adopt the draft DMI supervision manual.

C. FINDING: The stock ledger book and the min-max system are not used by all facilities.

RECOMMENDATION: Supervision should include the review of stock keeping forms and procedures.

8. **There is little feedback to service delivery providers about the reports that they submit to higher levels.**

A. FINDING: None or very little positive feedback is provided from the upper levels to the lower levels on family planning reports.

RECOMMENDATION: Summary reports from the district and national levels should be prepared and distributed according to the draft guidelines on FPMS information processing, see Attachment Five.

9. **Responsibility for the design, development, and delivery of family planning services is divided between two ministries: the Ministry of Health (MOH) is responsible for policies and standards and the Ministry of Local Government, Lands, and Housing (MLGLH) is responsible for the delivery of family planning services. This division of responsibility necessitates close coordination and communication between the two ministries.**

RECOMMENDATION: The MLGLH should get the PHC person on board as soon as possible. This would facilitate

communications, policy making and implementation at the national level. The individual should be equivalent to the status or level of the FHD director.

RECOMMENDATION: The PHC Coordinating Committee meetings should be conducted on a regular basis to facilitate the implementation of policy decisions.