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FINAL REPORT
**MATERNAL HEALTH AND
FAMILY PLANNING ACTIVITIES**
UNDER THE
SWAZILAND PRIMARY HEALTH CARE PROJECT
USAID PROJECT NO. 645-0220



SUBMITTED BY
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SWAZILAND PRIMARY HEALTH CARE PROJECT

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PRIMARY HEALTH CARE PROJECT
SWAZILAND
USAID PROJECT NO 645-0220

FINAL REPORT OF MARY KROEGER, RN, CNM, MPH
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BACKGROUND AND INTRODUCTION

The Primary Health Care Project (PHCP) has been in operation since 1986. The overall goal of this project has been to "Improve the health status of Swazi children under the age of five years and women of childbearing age." The stated project purpose has been to "Assist the Ministry of Health to improve and expand the primary health care system in Swaziland with emphasis on maternal and child health and family planning." The project has included a team of five technical assistants one of whom has been a Nurse-Midwife/Child Spacing (NM/CS) Advisor. This advisor's scope of work states that she was to "provide the main technical support and assistance to all project activities on the elaboration, implementation, and evaluation of child spacing, prenatal care, the birthing process, and post partum education." The nurse-midwife was to be the direct counterpart of the Ministry of Health (MOH) Maternal Health/ Family Planning (MH/FP) Programme Coordinator. She would also work in close collaboration with the Regional Health Management Teams, service providers at all levels, including non-governmental organizations, and the MCH physician of the PHC Project. During the life of the project, the NM/CS Advisors' position has been filled for a total of forty-nine (49) person months. From September, 1986, until May 30, 1988, Ms. Jeanne McDermott filled this position. She left to pursue studies after twenty-one months with the project. Ms. McDermott's final Report was submitted May 30, 1990, to the MOH and is included here, for continuity, as Annex A.

The position was vacant until mid-September, 1988, when Mary Kroeger arrived. Ms. Kroeger has worked for twenty-eight months as the NM/CS Advisor, from September, 1988 until December 31, 1990 which is the duration of the contractual agreement for this position under the project.

In mid-1989, as a result of a major project midterm evaluation held in September-October, 1988 (coinciding with the arrival in-country of Ms. Kroeger), the overall scopes of work for each technical assistant under the project were narrowed and refocused. Unfortunately, the final revised version of the refocused Project Workplan was not formalized until August 14, 1989. The NM/CS Advisor, in the meantime, operating under the Workplan she had inherited from her predecessor, had organized and implemented a major planning exercise with her counterpart(s). Out of this activity, a Three Year Plan for Maternal Health and Family Planning (1989-1991) was developed and approved by the Ministry of Health's MCH Committee in June, 1989. This MOH Three Year Plan reflects that PHCP was to be responsible for, or at least involved in numerous activities, not all of which were in fact undertaken, due to the ultimate refocussing of the work. The final version of the Maternal Health/ Family Planning section of the Project Workplan is included in summary form as Annex B. This Workplan has guided the work in maternal health and family planning through the months since the final refocus, although activities have not been limited only to this outline.

SUMMARY OF ACCOMPLISHMENTS BY WORKPLAN ACTIVITY

MATERNAL CARE/FAMILY PLANNING PROGRAMME

Activity 3

Complete and Print Three Year Plan

The Three Year Plan for Maternal Health and Family Planning (1989-1991) was developed over the months of February through April, 1989. While the preceding MH/CS Advisor under this project had spent considerable time working with a task force to develop a plan, more than three quarters of a year had elapsed since that body had reconvened. Also, a new three-year MCH/FP Project, under the sponsorship of UNFFA/IPPF had come on board in January, 1989, and it seemed appropriate to include their input in a major way in the development of the plan. So the planning exercise began afresh and was discussed in final draft form by a large body of individuals representing Central and Regional MOH, including public health and hospital staff; NGO's and other funding agencies, at a meeting that was held in May, 1989 at MOH Headquarters. The Plan was formally approved at a meeting of the Maternal Child Health Committee of the MOH on June 12, 1989.

As an extension of this planning process, an Annual Report for 1989 for the MH/FP Programme was prepared by the MH/FP Programme Coordinator with considerable technical assistance from this project. While this Report has the drawback of not using a format for reporting on the Three Year Plan by specific activity, it generally covers the accomplishments under the main programme objectives. It has been reported to us by senior MOH staff and other funding agencies that this document has proved valuable this year as a data source on the status of MH/FP in Swaziland as of 1989.

The Annual Report for 1990 will utilize this Three Year Plan format more closely, and this project is leaving computer software for the MH/FP Programme Head to facilitate this effort.

Activity 4

Training of Clinic Nurses in High Risk Approach to Antenatal Care

This activity under the Workplan has been a major focus for the project since the introduction and implementation of the Regional Clinic Based Training (CBT) in September, 1989. The NM/CS Advisor has developed a training approach that has emphasized the correct use of the pink antenatal "Mother's Card" by clinic staff. The risk approach to appropriate care, and referral of clients found to be at risk has been reinforced and use of the white "clinic to hospital" referral cards, developed by the Clinic Management Advisor under this project, were reintroduced and emphasized. The MOH has begun printing these referral cards as part of their standard clinic stationeries.

The correct use of the gestational wheel for figuring current gestational age and expected date of delivery was reemphasized. New durable plastic gestational wheels as well as tape measures for measuring fundal height were distributed to all course participants for their clinics. Each staff nurse and nursing assistant was issued a wheel for use in her clinic and tape measure were resupplied where needed.

Also, as part of the antenatal care training package, the importance of counselling and health education at every antenatal visit was emphasized. Among the messages to be stressed were the importance of child spacing; the importance of exclusive breastfeeding for the first 4-6 months after birth; the importance of the tetanus toxoid vaccine and introduction to the new five-dose series; the purpose and importance of the iron/folic acid tablets given (trying to dispell the myth that iron makes "big babies"); and the purpose and importance of the RPR blood sample taken for syphilis screening. Depending on the individual client's past obstetrical and medical history, other health education topics were covered as well.

The importance of privacy and confidentiality in all aspects of the antenatal exam (history-taking, counselling, and physical exam) was stressed. As a follow-up to this training, curtains were supplied to all clinics that still lack private areas for their ANC and family planning services.

As an added component to the antenatal care package, the management of breastfeeding problems was included. Specific content was presented on management of the most commonly encountered problems (e.g. cracked nipples, engorgement, not enough milk, positioning). Slides on breastfeeding problem-management were presented and discussed. Each participant was introduced to the UNICEF/WHO "Ten Steps to Successful Breastfeeding". Swaziland was selected by UNICEF in 1989 as a pilot country for implementation of the "Ten Steps."

The practical component of this training included closely supervised hands-on clinical care of the regularly attending antenatal clients at the regional clinic training sites (Zombobze Clinic, Lubuli Clinic, Emkhuzweni Health Center). Each participant handled both reattendances and new booking clients. While staff nurses utilized this practicum to "polish" the skills they already use day to day in their clinics, the nursing assistants were given an opportunity to conduct a complete antenatal exam under the supervision of the nurse trainers. The nursing assistants are NOT as a result of this training expected to now be utilized as midwives, but rather to have a sounder knowledge base on which they can assist the staff nurse at their clinics in the course of rendering their regular antenatal services.

In the afternoons of the clinical days, each participant presented a case study of a particularly interesting client seen in the morning. These case presentations gave the opportunity to reinforce the risk approach and to discuss particular management issues. Management of vaginal discharges and STD's was generally covered in the afternoon sessions.

In the three regions to date (Shiselweni, Lubombo, and Hhohho) in which this training exercise has been implemented, a cadre of nurse-trainers has been utilized. The Regions were asked to identify these trainers and in most, but not all cases, these nurses had received some previous training as trainers. Many had been trained previously by UNFPA and/or by the Clinic Management Advisor with this project. In the early weeks of the training activity in each region, the NM/CS Advisor was active as a training supervisor. As the exercise continued, the nurse-trainers took increasing responsibility in all aspects of the training. As the training activity has not yet been implemented in Manzini Region, it will be very important for the MOH MH/FP Programme Coordinator to be actively involved as the supervisor of the nurse-trainers in the initial training weeks in order to ensure continuity and quality of training in this region.

As a final part of this training activity, one-day on-site workshops were held for the members of the maternity, pediatric, and outpatient staff of the hospitals and health centers in each region. Included in the training content for these workshops, was the emphasis on the importance of the hospital end of the referral system. The white referral cards were reintroduced and the importance of clients, who have been referred from a clinic, seeing a medical officer and not just another nurse, was reinforced. Also the hospitals were urged to return the completed white cards with the client back to the clinic for their records and to ensure follow-up. The importance of the maternity staff completing the back part of the pink ANC card was also reemphasized. These cards are to become a mother's permanent reproductive health record and they are to be given back to the mothers upon their discharge from the maternity unit. Staff were also reminded that breastfeeding promotion, child spacing information, and that infant care and follow-up including the immunization schedule, are all integral parts of postpartum health education.

Activity 5

Integrate MH/FP Programme into Regional HIS

In late 1989, the MOH directed this project to spearhead the computerization of regional public health and outpatient facility data. Working in collaboration with CCCD, FLAS, UNFFA/IPPF, UNICEF, and PHC Programme Heads, other key MOH Officials, the preexisting data forms were updated, revised, and made computer appropriate. The antenatal care attendance tally sheet was revised and divided into trimesters. Substantial changes were made in the family planning daily and monthly data collection forms. These changes were consistent with similar changes made a year earlier by the Family Life Association of Swaziland. Thus the national FP data base, including FLAS clinics, were brought back into line again. This FP data base has allowed the country to figure couple years of protection (CYP) provided by their FP programme and has streamlined the ordering of commodities. The commodity estimates, based on CYP, are currently being done by FLAS through their Research Unit, rather than by the MOH itself.

Under the primary direction of the HIS Advisor and the MCH Physician with this project, this regionalized system, including the revised forms, were presented to clinic and regional staff in workshops in all regions early in 1990. There were some revisions to the data forms made after six months of operation.

This initial part of this activity is substantially completed, although follow-up of the information collection at clinic level, and the flow of this data to the regional HIS units will continue to need to be monitored and supervised. The next step is for regional and central MOH personnel to actively utilize this emerging data base for management, planning, and evaluation purposes.

Activity 6

Increase Number of Functioning Rural Maternities

Each of the four Regional Health Management Team's (RHMT) was asked by this project to identify the one priority clinic/maternity in their region for which renovations and equipment would be provided. From an initial needs assessment done by the NM/CS Advisor of this project and

the MH/FP Coordinator in early 1989. It was recognized that there were several clinics with maternity wings in each region that were sub- or non-operational. However, the understanding between the project and the RHMT's was that since staffing for these rural maternities mandates at least two nurse-midwives and a nursing assistant, and since staffing shortage was an issue seemingly everywhere, then it was realistic at this time to only upgrade one maternity per region. The regions were asked to also consider location, availability of transportation and of telephone services in case of emergency cases. The experience and motivation of the nurse-midwife(s) at these clinics was also noted to be important as a very junior or unmotivated staff nurse would probably not successfully provide maternity services to her community. The strategy taken was to upgrade the maternity in the region that was presently undergoing the clinic-based training. Thus, the Shiselweni and Lubombo Regions were the first to be completed. The Hhohho and Manzini Regions began their renovations in mid-1990 and are completing the last of their improvements this month. There is still some equipment on order but most items are placed in the maternities at this time.

Shiselweni Region

1. Kaphunga Clinic

The clinic selected by this region was Kaphunga. It serves a very rural area of the region approximately 45 minutes drive on gravel road to Hlatikulu Hospital. As part of the upgrading, the maternity wing has been painted, partially rewired, and the leaking roof was repaired. The accommodations for a third staff person were painted and upgraded. The kitchenette was fully equipped with stove, gas cannister, crockery and cutlery. An MCH kit, infant and adult scale supplied through funding by UNFPA/IPPF, are in place. This MCH kit contains essential surgical instruments and accessories for normal vaginal deliveries. Still to be delivered by the project in December are the following:

- Two infant cots with mattresses
- Spot lamp for delivery
- Plastic apron
- Bulb syringes
- Electric suction pump
- Prestige steam sterilizer (maternity size)

Unfortunately as of this writing, the clinic has been staffed for the last six months only by a nursing assistant. No deliveries have been conducted during this period. At best, the region can forsee only one nurse-midwife being permanently posted here in early January, 1991.

2. Zombodze Clinic

This clinic, located on gravel road about 30 minutes from Nhlangano Health Center, was upgraded by the project through the clinic-based training. Electriciay was brought to the clinic, and the water supply tank was replaced. While there is no maternity wing, this clinic has a room that serves for "emergency deliveries". The room was equipped with privacy curtains and an MCH kit has been issued. The accommodation for a third staff person was upgraded by the project and a second staff nurse was posted there early in 1990. This clinic, over the last two years, has done four to ten deliveries a month. Currently the clinic is staffed with two nurse-midwives and a nursing assistant. The staff there are motivated and in good contact with their community and thus attract maternity clients even though they are only equipped with emergency level equipment.

Lubombo Region

1. Lubuli Clinic

This clinic, chosen by the region for maternity-upgrading was also upgraded as the training site for the clinic based training. The maternity wing was cleaned, the plumbing fixtures were repaired, curtains were provided. The accommodation for an additional staff nurse was substantially improved. The maternity was already well equipped with beds, infant cots, maternity equipment, and linens, but these have all been in storage for over ten years since the maternity wing has never been utilized. The project has provided kitchenette equipment: IV stand, plastic aprons, stove and gas cylinder, pots, crockery, and cutlery. Equipment to be delivered in December:

Spot lamp
Bulb syringes
Prestige steam sterilizer
Blankets and linens

The current staffing includes two staff nurses and a nursing asstant. One of the staff nurses is a newly graduated nurse, and the other, who has been in the community for a long time is due to be transferred. The exact status of her replacement is not clear at this time. As of now, the maternity is still unopened and no deliveries are being conducted. This is unfortuate as there is a great need for maternity services in this community and the chief has strongly requested that the maternity be opened. Ikwezi Joy Clinic, which is nine kilometers up the road from Lubuli on the gravel road, does up to 22 deliveries per month in an old mission clinic with absolutely no maternity facilities. The staff nurse there of over ten years, makes due with crowding eight "waiting " and postpartum beds into two small rooms. She conducts the deliveriers on her one and only examination couch which is used for all MCH services. Many of her clients come from Lubuli's catchment area. Ndzevane Refugee Camp Clinic has a facility exactly like that of Lubuli. Ndzevane's maternity does over 70 deliveriers per month, many of which also are of clients that receive their antenatal care at Lubuli clinic. Clearly, if opened, Lubuli's maternity would serve an urgent need. An additional concern is the lack of a reliable security person at night and the lack of a government posted orderly to help with the additional cleaning and laundry burdens that come with the operation of a maternity.

2. Ikwezi Joy Mission Clinic

As mentioned just above, this extraordinarily active little clinic is still doing 15-22 births/ month using the same exam couch for MCH, curative services and deliveries! On a recent visit, there were three newly delivered mothers: five mothers in waiting, and there had been 9 deliveries over the first two weeks of the month so far.

There are now two staff nurses at this clinic, one very recently posted, which is helpful. This project has renovated nurses accomodations, donated blankets, bedlinens, pillows, mcintosh sheets for four post partum beds and also a plastic apron. There are also an infant resusitation bag and bulb syringes on order.

3. Siphofaneni Clinic

This government clinic/maternity unit is one of the more active in the country. The staff includes two very motivated nurse-midwives and a nursing assistant. They requested and have received assistance from this project with kitchenette stove and gas cylinder, crockery and cutlery, and curtains for the maternity wing.

Hhohho Region

1. Horo Clinic

This clinic in Hhohho north, near the Matsamo border post, is about a 40 minute drive to Piggs Peak Hospital. At present the clinic has two nurse-midwives and a nursing assistant posted there. The maternity has, until very-recently, operated only for emergency deliveries. With the initiation of renovations under this project, the staff have begun promoting maternity services during daytime hours and births are increasing. In September and October 6 births were done each month; in November, ten deliveries were done. Fainting of all staff accommodations is currently in progress under support of this project. The project also made minor electrical repairs and provided new curtains. The leaking roof was repaired by Public Works Department. An MCH kit was recently issued to the clinic. A substantial amount of additional equipment has been provided by this project including:

- Five bedside lockers
- Two infant cots
- Bedding for five beds (blankets, sheets, pillows, pillow slips)
- Wall clock
- Cutlery, crockery, for six
- Kettle, cooking pots, and other kitchen utensils
- Bath mat
- Parafin lamp
- Cleaning materials

Still on order are:

- Prestige steam sterilizer
- Electric suction pump
- Infant resuscitation bag and masks
- Plastic aprons
- Bulb syringes

One major problem with this clinic is that there is no telephone. There is a phone at the police station, which is a 5-minute walk away. Recently, the staff nurse had to leave a maternity patient alone in order to consult by phone with the doctor at Piggs Peak Hospital. It is strongly recommended that telephone services be installed at this clinic.

Another concern is that there are plans to transfer one of the nurse-midwives at this clinic to Kaphunga Clinic/maternity in Shiselweni. This is good for Kaphunga, but will leave Horo stranded with just one experinece staff nurse, just as the maternity services are beginning to expand. It will be essential to post another experienced nurse to Horo as soon as possible.

Manzini Region

1. Gebeni Clinic

This clinic is in excellent condition and requires little renovations. However, the staff house for an additional staff nurse is currently being renovated and painted by this project. The clinic is now staffed with one staff nurse and one nursing assistant. At present, they are doing emergency deliveries, amounting to about 1-2 per month. The staff there is certain that, if the maternity services were promoted in the community, the deliveries would increase rapidly in number. In addition to the staff house repairs, curtains in the maternity are being provided by the project. It will be important to increase the staffing at this clinic as soon as possible.

Equipment to be supplied includes:

One postpartum bed mattress	Steam sterilizer
Electric suction pump	Infant resuscitator/ masks
Plastic apron	Bulb syringes
Two-burner handigas stove/cannister	

Activity 7

Provide training to staff in high volume maternities (including use of labourgraph, breastfeeding promotion, and post partum health education)

During the first six months of 1990, the NM/CS Advisor participated in a "Partogram Technical Working Group" that revised the government partogram. The basis for these revisions rested with a different partogram that was introduced and piloted at Mbabane Government Hospital for nearly one year by the government obstetrician. There were several delays in the process that brought the partogram to its final draft form in mid-1990. This project agreed to fund the first printing of the new partogram and forty thousand (40,000) were printed. We also participated in a national meeting in which the new partogram was introduced to the medical officers and maternity staff at hospital facilities around the country. Several participants in this meeting had suggestions for further revisions, and a task force was set, under the chairmanship of Dr. Ngubeni, to pursue these revisions before the next printing.

It had also been planned that utilizing technical assistance and funds allocated by this project for the purpose, one-day on-site workshops were to be held at all hospitals to explain the use of the partogram in more depth; to discuss the risk approach to maternity care; and to reinforce the importance of postpartum education and breastfeeding promotion before a woman is discharged from the maternity. This activity was scheduled to be a major part of the last six months of the technical time of the NM/CS Advisor. Unfortunately, due to delays in the initiation of the clinic-based training in Hhohho Region until late September of 1990, a PHC Project Team decision was made that the plans for this training activity would have to be abandoned.

Activity 8

Training of clinic nurses in postpartum care and family planning

This activity has been largely implemented through the close collaboration with UNFFA/IPPF's Maternal and Child Health and Family

Planning Project. Since the UNFPA/IPPF Project had as one of its main objectives the training of 96 nurse-midwives in 8-week comprehensive family planning skills courses between 1989 and 1991, it was agreed that the NM/CS Advisor with the PHC Project, would collaborate with UNFPA in the initial planning and implementation of these courses. This was also helpful to UNFPA as their nurse-midwife tutor did not arrive in-country until the very end of 1989. The PHC Project NM/CS Advisor served as a principal trainer and clinical supervisor for the first two of these eight-week courses: held Sept-Oct, 1989 and Feb-March, 1990. In June-July 1990, she presented some of the didactic portions of the third course, but was not involved in the clinical supervision. In the course of these first three training cycles, 47 Swazi nurse-midwives were certified as family planning nurses by UNFPA/IPPF and the Swaziland Institute of Health Sciences. Some specific contributions to the course content include material on 4-6 week postpartum care, Pap smear protocol, and breastfeeding promotion information.

In the area of 4-6 week postpartum care, a national protocol was developed by the project, in collaboration with the MOH and UNFPA/IPPF. This protocol has been formally accepted by the MOH and will now be introduced into the regular MCH services. It is planned that early in 1991, the MH/FP Coordinator will present the protocol to the senior public health staff and programme heads and draft a realistic plan for implementation of these services. It has been suggested that the Public Health Units, which are larger and better staffed in each region, would be the ideal place to start these services. Infant cots have been provided by this project to each of the eight PHU's in order to facilitate these services for mothers with small infants.

The problem remains that there is no formal place for the recording of this postpartum exam once it has been performed. It is suggested that the ANC card "insert", that was proposed several years ago, should be printed by the MOH and that a space on this card be designed for recording of the postpartum exam. It is also suggested that when the antenatal care register is revised and standardized, there should be a column for the postpartum exam, so that there is continuity with each client for each pregnancy and so that data collection can be facilitated.

In conjunction with the Postpartum Protocol, a Pap Smear Protocol has been designed and institutionalized in the MOH inservice and preservice training activities. Early in 1989, the project provided 50,000 Ayres wooden spatulas for the proper taking of Pap smears. Recently, we provided the MOH Pathologist, who directs services at the Central Public Health Lab (CPHL), with the estimated number of new family planning clients for 1991. He is utilizing this figure for ordering Pap supplies for next year, and is including funds for the ordering of appropriate sampling spatulas on his recurrent budget, so that all Pap materials should be available through the CPHL in the future, and not dependant on donor funding. There is still urgent need for a colposcope and cryotherapy equipment for the appropriate diagnosis and followup treatment of abnormal Pap smears. Unfortunately, funds for this equipment were not able to be provided by the PHC Project.

Activity 9

Equip clinics with materials necessary to provide privacy (for Antenatal and FP exams)

In the initial needs assessment done by the NM/CS Advisor in each region, requests were made for curtains or screens in many rural clinics so that antenatal care and family planning could be provided in a manner that would ensure the client's privacy and confidentiality. As part of the follow-up to the clinic-based training curtains were provided to all clinics needing them in Shiselweni and Lubombo regions. In Hhohho and Manzini Regions, this activity is almost completed as well. The curtain rods have all been mounted and the curtains are sewn for all clinics requiring them. In Hhohho, most of the curtains are hung. In Manzini, the actual hanging of the curtains on the rods may continue into early January 1991, depending on the availability of staff to get out to each clinic requiring them.

Activity 10

Promotion of Breastfeeding through collaboration with SINAN

Project outputs by the NM/CS Advisor under this Workplan activity have been considerable. In June, 1989, she was appointed to the Swaziland Infant Nutrition Action Network's (SINAN) Executive Board. This non-governmental organization is recognized by the MOH as the official body for breastfeeding promotion in the country. All activity in the area of breastfeeding promotion under this project is documented in the "Final Report to the SINAN Executive Board - December 4, 1990." This Report is included here as ANNEX C.

LABORATORY PROGRAMME

Activity 30

Ensure that adequately trained nursing staff are on site to carry out priority lab tests

As a part of the clinic-based training all staff nurses and nursing assistants who participated in Shiselweni and Lubombo Regions were trained in proper taking and handling of the RPR syphilis blood test. In Lubombo, we began to introduce the vacutainer technique for venipuncture. This training continues in Hhohho Region and will extend to Manzini as well. In addition to proper technique, the nurses and nursing assistants were remotivated in the importance of testing every antenatal client for syphilis. In Shiselweni Region, for example, there has been a tremendous increase in the number of RPR's performed on antenatal clients. In 1989, 2440 tests were performed in the region. The clinic-based training was conducted in the last four months of that year. In 1990, this number has more than doubled with 5247 RPR tests done so far in Shiselweni in the first eleven months of this year. Even considering that the number of new antenatal cases may have increased this year over last, it is clear that rpr testing at clinic level is on the increase.

Activity 35

Develop standards for basic lab tests. In conjunction with the clinic-based training, syphilis screening protocols were developed at regional level. This has vastly improved on the efficiency of the system, since the processing of the bloods occurs at regional level. Each government and mission clinic is directed to send their blood samples to the nearest designated hospital or health center. These protocols are included in this report as ANNEX D.

OTHER ACTIVITIES OUTSIDE OF THE WORKPLAN

The NM/CS Advisor has provided support and technical assistance to many other activities in the area of maternal health and family planning in the course of her tenure in this project. Among the more noteworthy activities are:

1. Participation in the Traditional Birth Attendent Planning Committee.
2. Organization and facilitation of the Family Planning Coordination Committee. This body which has convened five times in the last two years, has provided a forum for discussion and problem solving among all agencies involved in the promotion of family planning activities in the country. The decision was made at the most recent meeting held in August, 1990, that these would be semi-annual meetings. The next one is scheduled for February, 1991.
3. Participation in the Regional Seminars and presentations of maternal health and family planning data from the 1988 Family Health Survey that was funded by this project with the assistance of CCCD.
4. Preparation of a consultants report on "The Status of Cervical Cancer in Swaziland" (August 1988).
5. Participation, with the Mbabane Governemnt Hospital's Senior Lab Technologist, in the data analysis of results of RPR and TPHA blood tests for syphilis screening in antenatal clients, performed at the hospital lab between January and October, 1990. These results are in the process of being compiled into a report for the MOH.
6. Identified and facilitated the attendance of the Public Health Medical Officer and the MH/FP Programme Coordinator in early 1989, at a three-week course in Baltimore, MD, on "Strategies for Strengthening Child Survial Initiatives in Reproductive Health Programmes". The funding for this course was through JHPIEGO/USAID Washington.
7. Identified and facilitated the attendance of two Swazi staff nurses, one from government, one from private sector, at a one-week Workshop in May 1990 in Thika, Kenya on "Family Planning Counselling Skills" sponsored by the Association for Voluntary Surgical Contraception, New York.
8. Assisted over the past two years, in developing the skills of my counterpart, the Maternal Health/Family Planning Programme Coordinator, in the planning, development, management, implementation, and evaluation of her programme activities.

RECOMMENDATIONS

1. MH/FP Coordinator should be actively involved in the Manzini Clinic Based Training, including the training of the trainers, the on-site supervision of the training activity, and the follow-up activities.
2. Continue to reinforce appropriate use of the pink Mothers Card to all providers of maternity care. Training for the staff in the maternities is still needed to ensure that the back of this card is properly filled and returned to the mother on discharge.
3. The pink Mothers Card should be revised and the "insert" for subsequent pregnancies should be developed. On one side of this insert, three different sections could be developed: 1.) Past Delivery History, 2.) Health Education Provided, and 3.) Recording space for the 4-6 week postpartum exam. A possible design for this insert is included here as ANNEX F.
4. The utilization of the white "referral card" needs to be reinforced at clinic and referral center level. This card should be part of the regular MOH public health stationeries.
5. Priority must be set for staffing the four upgraded rural maternities with at least two nurse-midwives and one nursing assistant. Tremendous resources have gone into these upgrading efforts, but without the staff the maternities will not function safely or at all.
6. The MOH should accelerate its planning activities for training and upgrading nursing assistants to midwives. In many clinics the reality is that nursing assistants are conducting emergency deliveries already, without the proper training.
7. Training maternity staff at all levels in the appropriate use of the newly revised partogram, in particular, and intrapartum risk management in general. Also, nurse-midwives and regional medical officers should be involved in the ongoing revision process of this partogram.
8. Remotivate Public Health Unit staff to provide maternal health and family planning services at the outreach sites. Considerable resources have been allocated to providing exam couches and privacy curtains in 82 outreach sites around the country. However, the outreach activities from most PHU's still focusses only on child health interventions.
9. The MOH should begin to assume more responsibility for its family planning commodities and logistics system. The informal system whereby the regional public health units serve as "depots" for family planning commodities should be formalized. Well-trained staff at central and regional levels need to ensure that supplies and recordkeeping are of a high caliber and that shortages and stock-outs do not occur.
10. The health information system that is now automated at regional level needs to be utilized for MH/FP Programme planning, management, and evaluation purposes.
11. The position of Maternal Health/Family Planning Programme Coordinator should be integrated into the MOH line positions as a full-time programme management position.

TURNOVER TO MINISTRY OF HEALTH

In December, the NM/CS Advisor and her counterpart, Sister Prisca Khumalo, MH/FP Coordinator, attended meetings in each region with the Regional Public Health Matrons, clinic supervisors, staff nurses, and in some cases, other regional health personnel. At each of these meetings outstanding activities that will involve some follow-up were outlined. The Postpartum and Regional Syphilis Screening Protocols were presented. Other accomplishments under the workplan were highlighted. In cases of follow-up activities the Regional Matrons, in collaboration with the MH/FP Coordinator would be the responsible parties. Finally, farewells were said by all. The agendas of these Regional Meetings are included as ANNEX D(i-iv).

Unfortunately a formal debriefing with Dr. John L. Ngubeni, Public Health Medical Officer, Mbabane, was not possible as he was on leave. However, a debriefing was given to Dr. Eddy McGrath, Deputy Director of Health Services (acting) and to Dr. Rhodes Mwaikambo and his colleague Joyce Mtimavalye, as well as to Prisca Khumalo, MH/FP Programme Coordinator, on December 14, 1990 at Mbabane PHU.

The accomplishments of this project under the Ministry of Health's Three Year Plan for Maternal Health and Family Planning are included in this report under ANNEX E.

ACKNOWLEDGMENTS

In conclusion, heartfelt thanks are to be extended to all members of the Ministry of Health, from Senior MOH Officials, Regional MOH Officials, to rural clinic staff nurses and nursing assistants for the continued support and the hard work required of them to help implement project activities.

Thanks to my colleagues in the Primary Health Care Project without whose collaboration and cooperation these activities could not have been accomplished. Special thanks to Dan Kraushaar, Chief of Party, whose efficient overall administration of the project made implementation of activities possible. Thanks to Vincent Joret and Marilyn Edmondson, with whom I closely collaborated in the clinic based training activities and with whom I have really enjoyed working.

Thanks also to the many colleagues in UNFFA/IPPF, FLAS, SINAN, Pathfinder Fund, WHO, UNICEF, CCCD Project, Red Cross, and Save The Children Fund, and other individuals and organizations, for the collaboration and support provided by them in project implementation. I want to particularly note with thanks the technical guidance of Dr. Rhodes Mwaikambo, UNFFA/IPPF; Nomajoni Ntombela, SINAN President; and Tom Fenn, FLAS/Pathfinder. I have spent many hours working and chatting with these individuals and my life has been enriched by them both professionally and personally.

Special thanks to the PHC Project support staff, especially Phumie Dlamini and Aloysius Nyoni for their tireless efforts, often after hours, to help us implement project work.

Lastly, my deepest appreciation goes to Sister Prisca Khumalo, my counterpart throughout my many months with this project. She is committed to furthering the health and well being of mothers and children in the Swazi Nation and she is well-placed at the head of the Maternal Health and Family Planning Programme. I hope that we have both learned from and taught each other and I hope our paths will cross again before too long.

FINAL REPORT SUBMITTED BY JEANNE McDERMOTT
NURSE MIDWIFE/CHILDS PACING ASSOCIATE, PHC PROJECT

30 MAY 1988

This is a report of my activities as Nurse Midwife/Childspacing Associate with FHC Project in Swaziland from September 1986 until June 6, 1988, and my recommendations for future activities in Maternal Health and Family Planning in Swaziland.

First, I would like to express my deepest appreciation to Mavis Nxumalo, my counterpart for the period of September 1986 until March 1988, and Prisca Khumalo with whom I have worked since March 1988. They have both been well selected to serve as Maternal Health and Family Planning Coordinator/Deputy as they have demonstrated keen interest and knowledge of these two areas of MCH, and have excellent working relationships with the health personnel in the field. This same observation applies to those nurses who have been trained as Family Planning trainers. They accompanied me on my field visits with my counterparts, and were most willing and capable in promoting maternal health and family planning within their regions. I would also like to thank Dr. G.G. Dlamini and all of the Public Health Matrons for their support in the efforts to improve maternal health and family planning within Swaziland.

My activities over the past twenty-one months has been directed primarily at the implementation of the Maternal Care, Management of STD and Childspacing protocols/guidelines contained in the MCH/FP Manual. Several one day seminars were conducted in the regions, following the process initiated by Dr. F. Guinness, to introduce the patient held ANC card and the protocols in the MCH/FP Manual to the clinic and PHU nurses in the regions. Also, with the availability of the Childspacing guidelines developed by Dr. R Mwaikambo and the MCH/FP Committee, a national workshop was held for the FP trainers, clinic supervisors and matrons in June 1987 with the intent to follow this with regional workshops fro the nurses in the field.

However, it became obvious that any further workshops were impossible in 1987, and the alternative strategy to introduce these at field visits in the regions, utilizing the FP trainers and clinic supervisors was pursued. Each region was visited for 2-4 days by myself and my counterpart, Mavis Nxumalo between September and November 1987. We visited 4-8 clinics in each region/subregion accompanied by the FP trainer, clinic supervisor and /or matron to assess the activities in Maternal Health and Childspacing and to promote the implementation of the ANC card, MCH/FP Manual and FP record keeping system. Dumisa Msibi, the MCH/FP Storeman also accompanied us on some of these visits. The FP trainers and clinic supervisors in each region/subregion continued these visits to the best of their ability with transport being the most frequent constraint. Based on the experience of these visits, a checklist of Criteria for Maternal Health and Family Planning was developed for the FP trainers to use and submit as a monitoring tool. This checklist will be revised slightly and be incorporated as guidelines for Maternal Health and Family Planning in the Clinic Supervisor's Checklist.

A schedule for regular visits to the region/subregions by the Maternal Health and Family Planning coordinator and NMW/CS Associate of the FHC Project was developed and implemented in the month of March. Although this schedule was suspended so that time could be devoted to the development of the long term plan for Maternal Health and Family Planning, it is hoped that these visits will resume in June, and continue on a regular basis.

The major activity over the past 2 months has been the development of a 3 Year Plan for Maternal Health and Family Planning. A very active Task Force with representation from Public Health, Mbabane Hospital, the Planning Unit, the regions, other donors and NGO's has been formed and has been meeting regularly since March 23, 1988. As this is a relatively new and untouched program area, several meetings were spent in identifying and defining the major problems in Maternal Health which needed to be addressed in the Plan. Objectives have been developed and indicators have been defined. Further refinement of these along with strategies and activities related to these strategies are now being defined. It is hoped that the first draft of the plan will be completed by my departure.

Improvement in the FP commodity distribution system has been begun with the ultimate goal of reconciling usage rates of commodities with service statistics. On field visits, it became obvious that the reason the FP returns were so poor, was the inability of the nurses to complete the new forms. Much of the time at the clinics/PHU's was spent in explaining the reports and the records. As a result, over the past few months, the quality of the returns has improved. With the present system, health facilities are supplied upon their request with no record of usage to support this request. As a result, by the end of the year, certain commodities are in short supply and the quantity of family planning commodities ordered can not be justified by the service statistics. My proposal to improve this situation is to establish 3 to 4 baseline levels of commodities for clinics depending upon the volume of clients. These clinics would then be supplied from the depots based upon the usage which is indicated on the yellow SUMMARY form to bring them back up to their appropriate baseline level. The SUMMARY forms submitted to the depots would then be returned to the MCH/FP Storeman when the depot was resupplied. The white copy of the SUMMARY would continue to be sent to HFSU at MOH. This system would also give the regional/subregional supervisors information related to Family Planning, and would provide a mechanism for locating supplies within the country. However, the first step in implementing this system is the establishment of the baseline commodity levels which needs to be based on a knowledge of current usage at the clinics. Family planning statistics have been computerized with reports for 1986 based upon returns to the MOH, and the 1987 and 1988 figures obtained from the Yellow copies of the Summaries returned to the MCH/FP Storeman. While these figures are not complete (64% of the expected clinic monthly returns for 1986 and 21% for 1987), I believe enough information is now available to establish levels and implement the system in a pilot subregion for a few months. Then, pending a favorable evaluation implement it nationally. To improve distribution of supplies and implementation of the new system, I recommend that the MCH/FP Storeman be organizationally placed under the direct supervision of the MH/FP coordinator. This will give him the support that he needs to implement the new system and improve commodity supplies.

A series of Maternal and Perinatal Mortality meetings were conducted based upon the Obstetric Meetings which had been instituted by Dr. F. Guinness. These were expanded so that information related to deliveries, and maternal and perinatal mortality was collected before the meeting, and more time would be available at the meeting for analysis and recommendations for program planning. The cooperation by the various facilities has been outstanding, and, I believe, a real interest has developed in this approach. However, more of this type of meeting needs to be undertaken at a local or regional level to allow for more direct responses to the identified problems, and to establish dialogue and team work between those who provide antenatal care and those who are providing intrapartum care. The goal of maternity care is a healthy mother and baby, and, unless every effort is made toward this goal, then all of our activities are wasted. These meetings would serve as a system to link antenatal care and delivery outcome to monitor progress toward our goal. Improvement in individual facilities will result in reducing maternal and perinatal mortality. This can only be done by close examination of every death on an individual basis. Also, the participation of medical officers has been paltry compared to the nurses. As the medical officers are in charge of medical management, their participation is crucial to institute changes.

Based upon information submitted for these meetings and a survey which I conducted related to syphilis seroreactivity of pregnant women in 1986, syphilis in pregnancy is a major problem in Swaziland which needs to be very actively addressed. Fifty-three (57%) of the macerated stillbirths had either a mother with a positive RPR/VDRL or syphilis reported as the cause of stillbirth. Almost 12% of the over 22,000 RPR's from pregnant women which were submitted in 1986 were positive. This is a high rate of seroreactivity. Based upon the findings of several studies which indicate that 1/3 of the children born to mothers with untreated syphilis will result in a perinatal death, 1/3 will be born with congenital syphilis and 1/3 will be non-syphilitic, for every one of the stillbirths or neonatal deaths caused by syphilis, there is a child who survives with congenital syphilis. Although there are deficiencies in the RPR/VDRL as a screening test, the cost and availability of more sophisticated test is out of the realm of the possible. It is, therefore, important, I believe, to act upon this information now. Based upon the high rate of reporting of the results of the syphilis screening in the stillbirths (70%) and the neonatal deaths (60%), midwives seem to recognize this as an important cause of mortality. Continuation of promoting syphilis screening in the ANC will be useful. However, also the community needs to be educated about the extent of the problem, the need for early testing of mothers, and adequate treatment of them and their partners to prevent unnecessary perinatal loss or birth of a child with congenital syphilis. Until the public is made aware of this problem, it will be difficult to reduce this perinatal loss.

Associated with this problem is my concern of the promotion of IUCD as a family planning method. Because of the relatively high prevalence of syphilis, it must be suspected that there is also the possibility of a high prevalence of gonorrhoea and chlamydia. With the knowledge of the increased risk of PID in women with IUCD's and as these diseases may be up to 80% asymptomatic, promotion of IUCD's may increase the incidence of infertility. Before any decisions are made, however, the issue needs to be studied so that the most appropriate decision is made for the women in Swaziland.

teenage pregnancy also seem to be an ever increasing problem in Swaziland, although the data is poor. Based upon a small survey conducted in a periurban area near Manzini, 41 (20%) of the 206 women interviewed were 15-20 years old. Of these 41 women, 40 of them had 1-2 children with only 6 of them married. Also, 81% of them were not using any reliable method of contraception. The controversy about Family Life Education in schools and the responsibility of parents in the education of their children is a worldwide one. As these girls and their babies contribute significantly to maternal, infant and childhood mortality, the reduction in these high risk births is essential strategy in the reduction of mortality. However, the issue also needs to be addressed in a way which is culturally acceptable.

Improved linkages between preservice education and the clinical service providers would be useful in improving the quality of care provided to the people of Swaziland. Discussions among the tutors, the MH/FP Coordinator, deputy MH/FP Coordinator and myself to incorporate the policies and guidelines of the MOH into the curriculum have begun. The need for midwives who are completing their training to be competent in skills related to MH and FP was also included in this discussion. I hope that this dialogue will continue. The role of the RHM in the promotion of Maternal Health and Family Planning is also an important one. However, priority activities for them with clear expectations need to be defined so that they are not overwhelmed, and would also assist in their supervision.

Several areas of need related to intrapartum and postnatal care have been regrettably neglected. However, I made the decision to concentrate on implementation of strategies and tools which had already been developed (ANC card, MCH/FP Manual, FP Record-keeping system), before developing new areas. These are areas of need, and will be included in the 3 Year Plan to be addressed in the next few years. I believe that expansion in the use of the laborgraph will assist in the reduction in mortality related to labor complications. The development of protocols/guidelines for intrapartum care and postnatal care to serve as a guide for training and supervision needs to be done before a training program for nursing assistants or a refresher course for midwives is developed. The role of the Babelegisi needs to be explored and recognized, and the proposed study by WHO should be supported.

The whole area of training/in-service education both in-country and out of country needs to be assessed for the benefit of the participants and for the benefit of the MCH/FP program. It should enhance, and not interfere with, the implementation of programs. The selection of the appropriate candidates to participate is most important, and I recommend that program heads be included in the selection process.

I am encouraged by the interest that the Safe Motherhood Initiative has raised in the health of women, but feel that it should not be because they are mothers alone, but because they comprise about 1/4 of the population. Swaziland, in the development of a Plan for Maternal Health and Family Planning has made a big step in promoting the health of women. I encourage health workers to implement the plan and all those concerned with maternal health and family planning, both nationals and donors, to work together as a team to promote the health of women, so that we can all say together "WE HAVE IMPROVED THE HEALTH OF SWAZI WOMEN".

To facilitate a smoother transition between the time of my departure and the coming of my replacement, other PHC team members have agreed to serve as contacts for Frisca to assist in the implementation of the following activities:

MCH/FP Workshops - Ned Wallace
Development of baseline commodity levels - Dan Kraushaar
MH/FP Plan - Dan Kraushaar and Ned Wallace
Field Visits to Clinics - Margaret Price.

Before my departure, Frisca and I will review activities to set priorities. I recommend that she be responsible for the orientation of the new PHC Project associate in relation to technical areas as she will be most familiar with them.

In summary, my recommendations include the following:

1. Approval and implementation of the Plan for Maternal Health and Family Planning so that it will serve as a guide for all maternal health and family planning activities.
2. Support Frisca in the continuation of the field visits to the regions/ subregions, and encourage these on a regular basis by all program heads.
3. Continue to use the excellent FP trainers in the field as resource people.
4. Develop protocols/guidelines for intrapartum care and postnatal care.
5. Implement the pilot project for baseline family planning commodity levels and evaluate its usefulness
6. To improve distribution of FP commodities, place the Storeman under the supervision of the MH/FP Coordinator.
7. Continue the National Maternal and Perinatal Mortality meetings, and encourage them at a local level. Mbabane Hospital and PHU could serve as a model.
8. Increase public awareness of syphilis in pregnancy
9. Study the issue of STD's and IUCD's in Swaziland
10. Expand Family Life Education in the community and in schools.
11. Include program heads in the selection process for inservice education.

In conclusion, I think that Swaziland can be a leader in improving maternal health. Although I will not be here in body, I hope that you will feel my spirit supporting you in all your work. Please feel free to call on me for any assistance. Thank you for giving me the opportunity to get to know Swaziland. SIYABONGA KAKHULU.

ANNEX B

PRIMARY HEALTH CARE PROJECT DATE DEC 14 1990
ASSESSMENT OF WORKPLAN STATUS

SWAZILAND
USAID PROJECT NO 645-0220

NO	ACTIVITY	WORKPLAN IMPLEMENT. 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 clinic based training 102 staff nurses trained 64 nursing asst's trained 24 nurse trainees trained to-date	Part of Hhohho Region and all of Manzini Region remain
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	Kaphunga completed-Shiselweni Lubuli completed-Lubombo Horo completed-Hhohho Gebenani completed-Manzini	Some equipment, still on order, may arrive in January 1991
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)	Maternity staff updated in risk approach to ANC in Shiselweni and Lubombo Rgns New partogram developed and 40,000 printed	No formal training provided in partogram. Hhohho and Manzini Regions still to be updated in risk approach to ANC thru clinic-based trng.
8	Training of clinic nurses in postpartum care/family planning -regional training	Forty seven nurses trained in family planning through PHC Project collaboration in UNFPA -sponsored FP training Sixty-five nurses trained in 6-week postpartum care	UNFPA/IPPF continues their 8 week courses as planned
9	Equip clinics with materials necessary to provide privacy	Completed (Manzini Region still to distribute curtaining)	None
10	Promotion of breast-feeding through collaboration with SINAN and growth monitoring committee TA to SINAN's training activities -breast pump acquisition	Survey on maternity practices completed; breast pumps acquired; loan service in place. TA is ongoing. (See final report to SINAN Executive Board)	None

PRIMARY HEALTH CARE PROJECT DATE: DEC. 14, 1990
 ASSESSMENT OF WORKPLAN STATUS

SWAZILAND
 USAID PROJECT NO 645-0220

NO	ACTIVITY	WORKPLAN IMPLEMENT. STATUS	BALANCE OF ACTIVITIES
LABORATORY PROGRAMME			
30	Ensure that nursing staff are trained to carry out priority lab tests	Nurses and nursing asst's trained in clinic-based training	Hhohho in progress Manzini to be completed
35	Develop standards and standard protocols for basic lab tests	Syphilis screening protocols developed and implemented in all regions Pap smear protocols incorporated into 8 week FP training course -65 staff nurses trained	Training to be done in Manzini and completed in Hhohho Regions To continue under UNFPA/PPF

FINAL REPORT
TO SINAN EXECUTIVE BOARD

SUBMITTED BY
MARY KROEGER
NURSE-MIDWIFE/CHILDSPACING ADVISOR
PRIMARY HEALTH CARE PROJECT

DECEMBER 4, 1990



INSERVICE TRAINING FOR CLINIC NURSES AND NURSING ASSISTANTS

Included breastfeeding problem-management and "The Ten Steps to Successful Breastfeeding" into the Maternal Health module of the PHC Project clinic-based training. To date, 20 nurses and 21 nursing assistants have been trained in Shiselweni Region; 42 nurses and 45 nursing assistants have been trained in Lubombo Region; 8 nurses and 15 nursing assistants have been trained in Hhohho Region to date. The training in Hhohho will continue into 1991, as well as the Manzini Region.

UNFFA FAMILY PLANNING TRAINING COURSES

The "Ten Steps" were included in the 8-week Family Planning Service Delivery Courses developed and funded by UNFFA/IPPF. Breastfeeding as an FP method was also included in the curriculum. 65 nurse-midwives have been trained in these courses to date.

BREAST PUMP ACQUISITION

ELECTRIC BREAST PUMPS

Three Swiss-made electric breast pumps were acquired through PHC Project funds at an approximate cost of \$1000.00 each. Two have been donated and installed at the Mbabane Government Hospital and the RFM Hospital premature nurseries, respectively. The third is in place at the SINAN Office and is available to mothers who are referred to the office or who drop-in with problems. Additionally, a stainless steel table on rollers (to hold the pump) and a three-part privacy screen has been placed in the SINAN Office to facilitate counselling in private.

MANUAL BREAST PUMPS

Fifty (50) hand-operated breast pumps were also acquired through this project. They have been distributed, after training, to the 35 SINAN BF Counsellors who attended the two regional inservice-update courses that were held in June and July, 1990. A few counsellors, who did not attend the workshops still do not have their pumps.

BREAST PUMP LOAN SERVICE

In August, 1990, a Breast Pump Loan Service was organized through the SINAN Office. The remaining pumps, along with 30 more that were very recently acquired through UNICEF funds, will allow working mothers to continue breastfeeding, after they had resume employment. While the numbers of "borrowers" is still small, the service is gaining in popularity. Recently, we sent a cover letter and promotional packets out to all family practice doctors in the Mbabane/Manzini corridor, promoting SINAN in general, and the Loan Service in particular. The response has been positive!

9. LUNCHTIME SEMINAR AT RFM HOSPITAL ON BREASTFEEDING

In October, 1990, a three-hour lunchtime seminar was organized at RFM Hospital for medical officers, maternity staff, midwifery tutors, and students. Almost 50 participated in this activity. This seminar afforded the opportunity to show the Kenyan video on "Feeding Low-birthweight infants", and for ample discussion time for particular problems faced by the staff of this busy hospital in promotion of successful breastfeeding in its patients. SINAN President Ntombela presented RFM Hospital with an electric breast pump for their premature nursery, numbering almost 50.

0. SWAZI TEACHING SLIDE SHOW ON "TEN STEPS"

A slide presentation of Swazi women, health care providers, and policy makers from a variety of health care facilities and other settings are included in a slide presentation on the implementation of the "Ten Steps to Successful Breastfeeding" in Swaziland that is currently under production. It is not clear whether or not this activity will be completed before the end of December, as Lalit Kraushaar, SINAN member who has done the photography, is leaving the country. Nevertheless, even in its unfinished form, it has been used in several training settings to date.

1. SINAN BUMPER STICKER

A bumper sticker, saying "Breast Is Best-Bottle Feeding Can Kill Babies" was developed. 2000 are now available for distribution with the funds for printing paid by UNICEF.

2. SINAN LEAFLETS

Reprinting of the various SINAN promotional leaflets has been supported by the PHC Project. To date, over 2000 copies of each of five leaflets have been reprinted and widely distributed

3. OTHER TEACHING MATERIALS

A flipchart on breastfeeding problem management and a life-sized infant model have been acquired for SINAN's training activities by the Project.

14. MEMBERSHIP

Over half of the 1989/90 members (some of them rejoining) currently paid-up as active members were recruited through PHC Project's involvement in breastfeeding promotion. The Project's secretary, Phumie Dlamini, has put the entire SINAN membership roster on Dbase III computer program and this information awaits installation in the SINAN word processor once it arrives.

RECOMMENDATIONS FOR 1991

1. Revive regular (at least quarterly) meetings of the entire membership. There was only one held in 1990. No ongoing membership involvement committees came out of that meeting. Members want to be more involved and in order to really grow we need to involve them.
2. Hold an Annual General Meeting in the first Quarter of 1991
3. Get the Newsletter out as a priority activity. The September 1989 Newsletter has probably been the single most significant outreach tool we have had in the last two years, both nationally and internationally. Our problem here is lack of human resources and hopefully with paid fulltime staff, next year the Newsletter will become a regular publication.

Get the Regional Health Management Teams to appoint an official Regional Rep to SINAN for both training and active membership. Perhaps other Ministries might do the same. MOH involvement in SINAN is slowly increasing again and we have to cement our relationship with them in the same way the Min of Ag. has done.

Guarantee regular field visits to the Breastfeeding Counsellors. Now that we will have two fulltime people this should be a possibility. On site seminars like the one we recently had at RFM could be a real boost to the counsellors. Based on feedback we got in this years' BF Counsellors' inservice workshops a few priority site include: the University; the industrial sites; the agricultural estates; Hlatikulu Hospital; and Mbabane Clinic

Continue active involvement with the MOH "vertical programs". Good inroads have been made with CDD Programme through the ORT Unit, but more can be done. Obviously, through Cynthia Dladia's coordinatorship and Juliet Aphane's and Nomajoni Ntombela's membership, we are connected with the Growth Monitoring Programme. The EPI, ARI and MH/FP Programmes could all benefit from a SINAN trainer being actively and regularly involved in their workshops and courses. We can support the RHM Trainers more and train more of them in our two-week Workshops. All Programme Heads should be current members of SINAN!

Meet with Dr. F. Friedman and in addition to her signing the National Breastfeeding Policy, enlist her more open and active support as a breastfeeding advocate. The possibility of a permanent subvention from the MOH to SINAN should be explored.

Continue follow-up with the private doctors. Perhaps we can schedule our IBFAN resource people, when they come to help with training next year, to help SINAN host an evening seminar (well organized in advance) An IBFAN "expert" could address the local doctors. Dr. Tentile Shulibane could be encouraged to do more. She has expressed concern about the use of formula at the Mbabane Clinic, for example, and with our back-up she would probably take them on.

Move ahead with the Swazi Code on Marketing Breastmilk Substitutes. It would be a shame not to move rapidly on this, given the enthusiasm of the FS of Ministry of Justice after his return from Penang this past August.

10. Socially Mobilize SINAN!

Have members regularly set up a Saturday morning table at the Plaza in Mbabane and in Manzini somewhere. These tables can sell buttons, T-shirts, bumper stickers. They can advertise the Pump Loan Service. They can counsel and refer. They can spread the gospel according to the "Ten Steps". Most importantly they will build the active SINAN membership.

11. Develop more and better Health Ed. materials.

- Redo the SINAN video "Helpless"
- Complete the Swazi teaching slide show
- In collaboration with the MOH Health Ed Unit, develop a great poster for promotion of exclusive breastfeeding for the first 4-6months.

VOTE OF THANKS

want to conclude this report by saying that my work with SINAN over the last two years has been deeply gratifying. In spite of its financial and organizational difficulties, SINAN continues to fill a critical niche in Swaziland in the promotion of breastfeeding and infant health. The financial support of UNICEF has been an essential element in carrying out SINAN's Workplan activities in the last few years. There have been other funders in time of need, coming from the industrial sector, and this has helped. With the continued support of UNICEF and with the upcoming assistance from APSO and CARE, SINAN will be able to move ahead. I am also very hopeful that USAID will actively support SINAN in their upcoming health and population projects. Breastfeeding is still one of the most important childspacing methods currently practised in Swaziland. Breastfeeding is also a key to the success of child survival here as well.

The members of the SINAN Board are a committed and informed group of professionals and it is largely through their tireless work, all voluntary and often fit in on weekends and evenings, that SINAN has accomplished as much as it has to date. I have learned from my sister Board members and from SINAN's successes and failures. In particular, my association with Nomajoni Pat Ntombela, SINAN President, has been a warm and special one and she provides an outstanding role model for leadership amongst Swazi women. Wherever in the world I am working, I will continue my membership in SINAN.

Thanks and Kumunyisa Ngumanqoba!

Distribution:

Members SINAN Executive Board
Dr. E. McGrath, DDHS (acting) MOH
Vincent Joret, COP (Acting) PHC Project
Rodney Phillips, UNICEF Ass't Rep
Dr. Mwanbazi, WHO Rep
Nancy Caiola, CARE Director
Jay Anderson, USAID Health Officer
Dr. Rhodes Mwaikambo, UNFPA/IPPF

SWAZILAND PRIMARY HEALTH CARE PROJECT

P.O. Box
Mbabane
Swaziland
Phone 45520/1

30 Novemeber, 1990

TO: Manzini Regional Public Health Matron and Clinic Supervisors
FROM: Mary Kroeger, PHC Proj. Nurse-midwife/Child Spacing Associate
SUBJECT: Debriefing and Turnover of Outstanding Activities

I will be preparing a more formal written Final Report to be submitted to the Ministry of Health probably by December 15th. However, since many of you are due to take annual leave, I thank you for the opportunity to let me join you to personally debrief and turnover my work.

The following are the outstanding items that may require continued follow-up:

1. Upgrading of Gebeni Clinic/Maternity (Initial report distributed November 5th, 1990)
2. Family Planning Teaching Flipcharts
3. Regional Syphilis Screening Protocol (See attachments)
4. Implementation of Postpartum Protocol (See attachment)
5. Clinic-based Training:
 - Risk Approach to ANC
 - Privacy Curtains
 - Gestational wheels/tape measures
 - White referral cards
 - Pink ANC cards as permanent "Mothers Card"
6. Breastfeeding Promotion
 - Two-week BF Counsellors Workshops in 1991
 - Breast Pump Loan Service
 - Regional Rep to SINAN

In conclusion, I also want to thank Matron Mndzebela, the Manzini Region Clinic supervisors, the clinic nurses and of course, Prisca Khumalo for the constant cooperation and collaboration that has made completion of many activities possible in this Region. I have really enjoyed my over-two years working with you in this Project.

In Attendance:

Matron Elizabeth Mndzebela, Regional PH Matron
Sister Prisca Khumalo, MH/FP Coord. and Sister K.S,II Clinic
Sister Dora Simaelane, Mankayane PHU
Sister Anna Mdluli, Clinic Supervisor, RFM Hospital
Sister Mary Magwaza, Clinic Supervisor, K S II Clinic
Mary Kroeger, PHC Project

SWAZILAND PRIMARY HEALTH CARE PROJECT

P.O. Box
Mbabane
Swaziland
Phone 45520/1

4 December, 1990

TO: Shiselweni Regional Public Health Matron and Clinic Supervisors
FROM: Mary Kroeger, PHC Proj. Nurse-midwife/Child Spacing Associate
SUBJECT: Debriefing and Turnover of Outstanding Activities

I will be preparing a more formal written Final Report to be submitted to the Ministry of Health probably by December 15th. However, since many of you are due to take annual leave, I thank you for the opportunity to let me join you to personally debrief and turnover my work.

The following are the outstanding items that may require continued follow-up:

1. Upgrading of Kaphunga Clinic/Maternity
2. Family Planning Teaching Flipcharts
3. Regional Syphilis Screening Protocol (See attachments)
4. Implementation of Postpartum Protocol (See attachment)
5. Breastfeeding Promotion
Two-week BF Counsellors Workshops in 1991
Breast Pump Loan Service
Regional Rep to SINAN

In conclusion, I also want to thank Matron Dube, the Shiselweni Region Clinic supervisors, the clinic nurses and of course, Prisca Khumalo for the constant cooperation and collaboration that has made completion of many activities possible in this Region. I have really enjoyed my over-two years working with you in this Project.

In attendance:

Matron Catherine Dube, Regional PH Matron
Dr. Theo Braeken, Regional PH Medical Officer
Sister Elisabeth Magagula, Hlati PHU
Matron Sybil Khumalo, Matron Hlatikulu Hospital
S/N Muriel Tshabalala, Nhlanguano H.C.
S/N Betty Simelane, Mhlosheni Clinic
Thoko Maseko, Shiselweni Regional Health Administrator
S/N Agnes Dlamini, Zombodze Clinic
Maternity Sister Zwane, Hlati Hospital
Prisca Khumalo, MH/FP Coordinator
Mary Kroeger, PHC Project

SWAZILAND PRIMARY HEALTH CARE PROJECT

P.O. Box
Mbabane
Swaziland
Phone 45520/1

6 December, 1990

TO: Hhohho Regional Health Management Team

FROM: Mary Kroeger, PHC Proj. Nurse-midwife/Child Spacing Associate

SUBJECT: Debriefing and Turnover of Outstanding Activities

I will be preparing a more formal written Final Report to be submitted to the Ministry of Health probably by December 15th. However, since many of you are due to take annual leave, I thank you for the opportunity to let me join you to personally debrief and turnover my work.

The following are the outstanding items that may require continued follow-up:

1. Upgrading of Horo Clinic/Maternity
2. Family Planning Teaching Flipcharts
3. Regional Syphilis Screening Protocol (See attachments)
4. Implementation of Postpartum Protocol (See attachment)
5. Antenatal Card - It's use at Maternity level
6. Breastfeeding Promotion
Two-week BF Counsellors Workshops in 1991
Breast Pump Loan Service
Regional Rep to SINAN

In conclusion, I also want to thank particularly the Hhohho Regional Public Health staff including Sister Harriet Kunene, the clinic supervisors, the clinic nurses, and of course, Prisca Khumalo for the constant cooperation and collaboration that has made completion of many activities possible in this region. I have really enjoyed my over-two years working with you in this Project.

In Attendance:

Dr. Khayyam, MGH, Chairman, Hhohho RHMT
Mary Kroeger, PHC Project
Vincent Joret, PHC Project
Dr J. Hickel, Emkhuzweni H.C.
Matron A. Hoyland, Emkhuzweni H.C.
Dennis Khumalo, Admin. Emkhuzweni H.C.
Sister Harriet Kunene, Mbabane PHU
Mirriam Mabilisa, Mbabane PHU
Joyce Vilakati, Clinic Supervisor, Hhohho North
Mary Magagula, Clinic Supervisor, Hhohho North
Glory Magagula, Sister, PP PHU
Hope Msibi, Clinic Supervisor, Hhohho South
Matron E.T. Dlamini, Matron I, MGH
Busie Nsibandze, H/Admin, PP Hospital
Mkhosi Khumalo, Mbabane Hospital
Sebenzile Ginindza, School Health Nurse
Precious Dlamini, Regional Health Inspector

SWAZILAND PRIMARY HEALTH CARE PROJECT

P.O. Box
Mbabane
Swaziland
Phone 45520/1

11 December, 1990

TO: Lubombo Regional Public Health Matron and Clinic Supervisors
FROM: Mary Kroeger, PHC Proj. Nurse-midwife/Child Spacing Associate
SUBJECT: Debriefing and Turnover of Outstanding Activities

I will be preparing a more formal written Final Report to be submitted to the Ministry of Health probably by December 15th. However, since many of you are due to take annual leave, I thank you for the opportunity to let me join you to personally debrief and turnover my work.

The following are the outstanding items that may require continued follow-up:

1. Upgrading of Lubuli Clinic/Maternity
2. Family Planning Teaching Flipcharts
3. Regional Syphilis Screening Protocol (See attachments)
4. Implementation of Postpartum Protocol (See attachment)
5. ANC Card- use at the maternity level
6. Breastfeeding Promotion
Two-week BF Counsellors Workshops in 1991
Breast Pump Loan Service
Regional Rep to SINAN

In conclusion, I also want to thank Matron Nxumalo, the Lubombo Region clinic supervisors, the clinic nurses and of course, Prisca Khumalo for the constant cooperation and collaboration that has made completion of many activities possible in this Region. I have really enjoyed my over-two years working with you in this Project.

In attendance:

Matron Thandi Nxumalo, Regional PH Matron
S/N Nomsa Magagula, Siteki PHU
S/N Thandi Ndzabandzaba, Siteki PHU
Sister Prisca Khumalo, MH/FP Coordinator
Mary Kroeger, PHC Project

PROJECT ACTIVITIES
STATUS REPORT AS OF DEC 14, 1990

SWAZILAND MINISTRY OF HEALTH
 MATERNAL HEALTH/FAMILY PLANNING PROGRAMME

THREE YEAR PLAN 1989 - 1990

OBJECTIVE	ACTIVITY	TIMELINE			LOCATION	RESPONSIBLE AGENCIES	STATUS REPORT
		1989	1990	1991			
1. Increase antenatal care visits (ANC) from 2-3 per pregnancy to at least 5 per pregnancy by the end of 1991.	1. MOBILIZATION OF PREGNANT MOTHERS TO ATTEND ANC					MCH/RHMT's UNFPA/IPPF RHM's UNICEF PHCP	
	- Meeting with Finhundla and non-governmental organizations to motivate mothers	X	X	X	Community		
	- Access the appropriateness of existing ANC messages including promotion of antenatal nutrition	X	-	-	Central Regional	MOH/HEU UNFPA/IPPF PHCP UNICEF	
	- Development and broadcast of radio spots which promote ANC (songs, drama etc)	X	X	X	Central Regional	MOH/HEU UNFPA/IPPF PHCP	
	- Development of and printing of posters, pamphlets, etc promotion of ANC	X	X	X	Central Regional	MOH/HEU UNFPA/IPPF PHCP	
	- Inservice training to clinic nurses on ANC promotion, emphasizing earlier antenatal care	X	X	-	Central Regional	MOH/HEU UNFPA/IPPF PHCP	CBT completed in Shiselweni and Lubombo. In progress in Hhohho. 60 N/A, 30 S/N trained

PLEASE NOTE THE FOLLOWING ABBREVIATIONS:

MOH = Ministry of Health
 RHMT = Regional Health Management Team
 RHM = Rural Health Motivators
 HEU = Health Education Unit
 MCH Com = Maternal Child Health Committee
 PHCP = Primary Health Care Project
 UNFPA = United Nations Fund for Population Activities
 IPPF = International Planned Parenthood Federation
 UNICEF = United Nations Children Fund

CBT = Clinic Based Training

WHO = World Health Organization
 FLAS = Family Life Association of Swaziland
 CAFS = Center for African Family Studies
 REDSO/ESA = Regional Development Services Organization for Eastern and Southern Africa
 SIHS = Swaziland Institute of Health Sciences
 NNC = Nazarene Nursing College
 SINAN = Swaziland Infant Nutrition Action Network
 N/A = Nursing Ass't S/N = Staff Nurse

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ANNEX E

OBJECTIVE	ACTIVITY	TIMELINE			LOCATION	RESPONSIBLE AGENCIES	STATUS REPORT
		1989	1990	1991			
	2. INSERVICE TRAINING OF CLINIC NURSES IN HIGH RISK APPROACH TO ANC						
	- Training in counselling skills for high risk factors	X	X	X	Clinic level	MDH/RHMT's UNFPA/IPPF PHCP	CBT completed in: Shiselweni Lubombo Hhohho in progress 60 N/A 70 SW trained to date (12/14/90)
	- Training in use of risk-oriented ANC card and MCH/FP manual	X	X	X	Clinic level	MDH/RHMT's UNFPA/IPPF PHCP	
	- Training in provision of comprehensive ANC	X	X	X	Clinic level	MDH/RHMT's UNFPA/IPPF PHCP	
	- Training in use of new high risk referral system	X	X	X	Clinic level	MDH/RHMT's UNFPA/IPPF PHCP	
	- Training in correct data collection	X	X	X	Clinic level	MDH/RHMT's UNFPA/IPPF PHCP	
	- Provision of Regional level MH/FP workshops	X	X	-	Regional	MDH/RHMT's UNFPA/IPPF PHCP	

OBJECTIVE	ACTIVITY	TIMELINE			LOCATION	RESPONSIBLE AGENCIES	STATUS REPORT
		1989	1990	1991			
	3. PROVISION OF ANC SERVICES THROUGH STATIC AND MOBILE CLINICS						
	- Increase the number of outreach sites receiving regular ANC services	X	X	X	Regional	NOH/RHMT's UNFPA/IPPF PHCP	<i>ANC exam couches and privacy curtains provided to 82 outreach sites</i>
	- Supply basic ANC equipment to all clinics	X	X	-	Regional	UNICEF PHCP	<i>Also study bathroom scales provided to PHU mobile clinics</i>
	- Provide list of basic ANC equipment	X	X	-	Regional Clinic	NOH/RHMT's PHCP UNFPA/IPPF	
	- Provide vehicles for MH/FP coordination and supervision	X	X	-	Regional	NOH/RHMT's UNFPA/IPPF WHO PHCP	
	- Devise a plan to ensure regular maintenance and replacement of vehicles for mobile clinics	X	-	-	Central	NOH/RHMT PHCP	
	- Implement above plan	X	X	X	National	MCH	
	- Ensure that all clinic nurses provide comprehensive ANC	X	X	X	Clinic Central	NOH/RHMT's	

OBJECTIVE	ACTIVITY	TIMELINE			LOCATION	RESPONSIBLE AGENCIES	STATUS REPORT
		1989	1990	1991			
	- Ensure continuous supply of ANC cards + insert at clinic PHU central level	X	X	X	Clinic Central	MOH/RHMT's	
	- Review/revise ANC card and MCH/FP manual	-	X	-	Central Regional	MOH UNFPA/IPPF PHCP	
	- Case finding and motivation of high risk mothers by RHM's and clinic nurses	X	X	X	Clinic/Community	MOH/RHMT's RHM'S UNICEF UNFPA/IPPF PHCP	
	4. DEVELOPMENT A COMPREHENSIVE ANC DATA COLLECTION AND REPORTING SYSTEM						
	- Assess existing system to data collection	X	-	-	Regional	MOH/RHMT's UNFPA/IPPF PHCP FLAS	
	- Based on assessment, revise, update current system or develop new system; and if required print and distribute ANC data collection form	X	X	X	Regional	MOH/RHMT's UNFPA/IPPF PHCP FLAS	ANC tally FP tally and Monthly reporting forms revised

OBJECTIVE	ACTIVITY	TIMELINE			LOCATION	RESPONSIBLE AGENCIES	STATUS REPORT
		1989	1990	1991			
	- Orient all levels of ANC providers to this data collection system including preservice institutions	X	X	X	Regional	MOH/RHMT's UNFPA/IPPF PHCP FLAS SIHS, NHC, GSH	All clinic nurses trained in Regional Workshops on new data forms and system.
	- Integrate ANC data reporting into national, regional and clinic level planning and management process	X	X	X	Clinic : Regional : Central	MOH/RHMT's UNFPA/IPPF PHCP FLAS	Follow-up and monitoring needed. HIS is not yet an MIS.
	15. INCREASE TETANUS TOXOID COVERAGE IN WOMEN OF CHILDBEARING AGE						Completed. The new 5 dose TT schedule integrated into CBT and 8-week FP course thru UNFPA
	- Ensure MH/FP Programme coordinates with Nation EPI guidelines on tetanus toxoid vaccination schedule	X	X	X	Central : Clinic	MOH UNICEF	
II. Increase to 70% from 50% the number of births attended by a trained attendant by the end of 1991	1. INCREASE THE NUMBER OF FUNCTIONING RURAL MATERNITIES - Each region to identify at least one rural maternity for upgrading - including equipment, staffing, waiting huts, security, communication, and transport.	X	X	X	Regional	MOH/RHMT UNFPA/IPPF PHCP	+ Shiselweni: Kaphurwa Upgraded Zombodze " - Lubombo: Lubuli Upgraded Ikwezi " Siphofaneni " - Hhokho: Horo upgraded - Manzani: Gibeni upgraded * Staffing is still the major problem

OBJECTIVE	ACTIVITY	TIMELINE			LOCATION	RESPONSIBLE AGENCIES
		1989	1990	1991		
2. DEVELOP A TRAINING PROGRAM FOR TRADITIONAL BIRTH ATTENDANTS (TBA)	- Identify training needs for TBA's (and TBA's trained as RHM's) in maternity care including prevention of neonatal tetanus	X	-	-	Regional Central	MOH/RHMT WHO UNICEF
	- Develop a curriculum of TBA training	X	-	-	Regional Central	MOH WHO PHCP UNFPA/IPPF
	- Mount training courses for TBA's	-	X	-	Regional Central	MOH WHO PHCP UNFPA/IPPF
	- Develop a training manual for TBA's in Swaziland	-	-	X	Regional Central	MOH WHO PHCP UNFPA/IPPF
	- Conducts needs assessment on training for nursing assistants in maternity care	X	-	-	Regional	MOH/RHMT's Project HOPE Nsg Council GSH
3. DEVELOP TRAINING PROGRAM IN MIDWIFERY FOR NURSING ASSISTANTS						

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OBJECTIVE	ACTIVITY	TIMELINE			LOCATION	RESPONSIBLE AGENCIES	
		1989	1990	1991			
	- Based on this needs assessment develop a training curriculum for currently practising NA's and student NA's	X	X	-	Regional	MOH/RHMT's Project HOPE Nsg Council GSH	
	- Begin training NA's in maternity care	-	X	X	Siteki/GSH	MOH/RHMT's Project HOPE Nsg Council GSH	
	4. IMPROVE HOSPITAL MANAGEMENT OF HIGH RISK PREGNANCIES						
	- Revise existing partogram and pilot test its use at Mbabane Government Hospital	X	-	-	Mbabane Gov't Hospital	MOH	<i>Completed</i>
	- National evaluation will be done on revised partogram and proposed changes presented to MOH Committee	-	-	X	Central	MOH	
	- If approved, new partogram to be printed	-	X	-	National	MOH PHCP	<i>40,000 printed</i>
	- Train maternity nurses and medical officers on use of partogram, management and referral of high risk cases	-	X	X	Regional	MOH/RHMT's UNFPA/IFPF PHCP	<i>Incomplete Training needs to be done in all hospitals & health centers</i>

OBJECTIVE	ACTIVITY	TIMELINE			LOCATION	RESPONSIBLE AGENCIES
		1989	1990	1991		
	- Assess equipment needs in hospital maternities	X	-	-	Regional	MOH PHCP
	5. REVIEW PERINATAL AND MATERNAL MORTALITY AND MORBIDITY DATA REGULARLY					
	- Data collection on perinatal losses on monthly basis	X	X	X	Hospital Health Centre Clinics	MOH
	- Meetings held quarterly to review perinatal data	X	X	X	Regional Hospitals	MOH RHNT's
	- Conduct study on use of traditional oxytocics		X		National Hospitals	MOH
III. To provide Post Partum care to at least 90% mothers delivering in maternity units by end 1991	1. ENSURE THAT ALL NURSES PROVIDE POST PARTUM CARE TO ALL MOTHERS PRIOR TO DISCHARGE AND RECORD ON PINK SUMMARY SHEET					
	- Provide health education and counselling to all mothers on at least: Breast feeding Family planning Post partum hygiene Infant care - including cord-care in the maternity unit	X	X	X	Clinic	MOH UNFPA/IPPF PHCP SINAN UNICEF
						- Completed as part of CBT.
						Completed as part of 8-week course 65 S/N's trained in new P.P. protocol and breastfeeding management.

OBJECTIVE	ACTIVITY	TIMELINE			LOCATION	RESPONSIBLE AGENCIES	
		1989	1990	1991			
IV. To provide 4-6 weeks Post Partum care to 30% of all mothers delivering babies by end of 1991	- Refer discharged mothers to the nearest clinic for follow	X	X	X	Maternities	MOH UNFPA/IPPF PHCP	
	1. TRAINING OF HEALTH PERSONNEL IN POST PARTUM CARE						
	- Inservice training in post partum care provided to clinic nurses in regional workshops	X	X	-	Regional	MOH UNFPA/IPPF PHCP	<i>Incomplete</i>
	- On the job clinical instruction to nurses with emphasis on physical assessment, pelvic and speculum exam and pap smear technique	X	X	X	Clinic	MOH UNFPA/IPPF PHCP	
	- Train appropriate MCH/FP nursing tutors in pap smear techniques	X	-	-	Hsg Institutions	MOH UNFPA/IPPF PHCP	<i>Protocols present in training institutions</i>
	- Train KHM's in the importance of postnatal care through inservice/preservice education	X	X	X	Regional	MOH UNFPA/IPPF PHCP	

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OBJECTIVE	ACTIVITY	TIMELINE			LOCATION	RESPONSIBLE AGENCIES	
		1989	1990	1991			
12. PROVISION OF POST PARTUM SERVICES AT CLINICS	- Identification of clinics suitable for comprehensive post partum services (e.g. adequate staff and space)	X	-	-	Regional	MOH/RHMT's UNFPA/IPPF PHCP	All PHU's identified to pilot PP care. Infant cots provided to PHU's
	- Equipping these clinics for comprehensive post partum care (see FP equipment activity)	X	X	-	Clinic : : Control	UNFPA/IPPF PHCP UNICEF	Done under UNFPA 8-week course
	- Development, pre-test, and revise appropriate post partum messages (see objective No.1 activity) and disseminate	X	X	X	Central Regional	UNFPA/IPPF PHCP UNICEF WHO	
13. MOBILIZATION OF MOTHERS TO ATTEND POST PARTUM CLINICS	- (See objective 1 activity No.1)	X	X	X	Regional/ Community	MOH/HEU/RHMT's RHM	
	- Conduct research of the community's perception and practices related to the postnatal period.	-	X	-	Community	MCH/HEU	

OBJECTIVE	ACTIVITY	TIMELINE			LOCATION	RESPONSIBLE AGENCIES	
		1989	1990	1991			
	4. DATA COLLECTION (See objective 1 activity No.4)	X	X	X	Central Regional	MOH/RHMT's UNFPA/IPPF PHCP NGO's	<i>In progress</i>
V. Increase from 17% to 30% the number of women aged 15-45 who are continuous users of child-spacing techniques by end 1991	1. TRAINING OF HEALTH PERSONNEL IN FAMILY PLANNING						
	- Review of existing FP technical skills curriculum and revise as necessary	X	-	-	Central	MOH/MCH Coam UNFPA/IPPF PHCP	
	- Training of clinic nurses in family planning technique skills and counselling	X	X	X	Central	MOH UNFPA/IPPF PHCP	<i>Collaborated with UNFPA/IPPF 8-week course. 65 s/w's trained</i>
	- Review existing FP content in curriculum in nursing training schools and revise as necessary	X	-	-	Nsg School	MOH UNFPA/IPPF PHCP SIHS, NHC GSH	
	- Training of nursing supervisors and FP trainers in family planning program management	X	-	-	Central	UNFPA/IPPF PHCP	
	- Training of nurses and doctors in family planning update, TOT, communications, management at CAFS	X	X	X	Out of country	CAFS/USATD REDSO/ESA	

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OBJECTIVE	ACTIVITY	TIMELINE			LOCATION	RESPONSIBLE AGENCIES	
		1989	1990	1991			
	- On the job training in all aspects of family planning technique skills for clinic nurses	X	X	X	Clinics	MDH UNFPA/IPPF PHCP	
	- Training of MCH/FP Storeman in supplies management and computer skills	X	X	X	Central	UNFPA/IPPF PHCP	<i>Previous storeman trained in DOS, Lotus 1-2-3 + dBase 3</i>
	- Provision of teaching aides in FP, STDs' AIDS and adolescent fertility	X	-	-	Central	MDH/MCH Com UNFPA/IPPF PHCP	<i>126 large FP flipcharts procured for all FP clinics</i>
	- Revise FP Manual and update as and orient new staff to manuals as needed	X	-	-	Central	MDH/MCH Com UNFPA/IPPF PHCP	
	2. PROVISION OF FAMILY PLANNING SERVICES THROUGH STATIC AND MOBILE CLINICS						
	- Ensure that every static clinic provides family planning services	X	X	X	Clinic	MDH/RHMT UNFPA/IPPF	
	- Increase the number of outreach sites that provide FP services	X	X	X	Regional	MDH/RHMT PHCP UNFPA/IPPF	

OBJECTIVE	ACTIVITY	TIMELINE			LOCATION	RESPONSIBLE AGENCIES	
		1989	1990	1991			
	a - Devise standard FP equipment list	X	-	-	Clinic	MOH WHO	
	b - Take inventory of FP equipment annually	X	X	X		UNICEF UNFPA/IPPF PHCP	
	c - Supply basic FP equipment to all clinics	X	X	X	Central		
	- Ensure continuous supply of all contraceptive methods to all clinics	X	X	X	Clinic Central	MOH/Storeman UNFPA FFIA	
	- Ensure continuous supply of FP stationeries (client record cards, registers, and daily and monthly statistics books) to all clinics	X	X	X	Clinic Central	MOH	
	- Review FP stationeries and revise as necessary	X	-	-	Central	MCH Committee	
	- Evaluate Comm. based distribution of contraceptives pilot programme (FLAS) and make records.	X	-	-	Central	MCH Committee	
	- Develop flip charts of FP to all clinics	X	-	-	Central	MOH/HEU PHCP UNFPA/IPPF	Completed

OBJECTIVE	ACTIVITY	TIMELINE			LOCATION	RESPONSIBLE AGENCIES
		1989	1990	1991		
	3. EXPAND HEALTH EDUCATION CAPABILITY IN FAMILY PLANNING PROMOTION					
	- Assess appropriateness of existing FP messages	X	X	-	Central	MOH/HEU MCH Committee UNFPA/IPPF PHCP/FLAS
	- Develop, pretest, print where applicable and distribute these messages (posters, pamphlets, songs, drama etc)	X	X	X	Central	MOH/HEU MCH Committee UNFPA/IPPF PHCP/FLAS
	- Organize meetings for community leaders to build support for FP promotion	X	X	X	Community	MOH/HEU/RHMT's/RHM' Lutsango FLAS UNFPA/IPPF
	- Provision of audio visual equipment (e.g. film projectors, video camera, etc)	X	-	-	Central Regional	UNFPA WHO UNFPA/IPPF
	- Involvement of NGO's (e.g. FLAS, Lutsango, Red Cross, Mantalk, churches, etc) in community mobilization to promote FP	X	X	X	Central : : Community	MOH NGO's UNFPA/IPPF etc

OBJECTIVE	ACTIVITY	TIMELINE			LOCATION	RESPONSIBLE AGENCIES	
		1989	1990	1991			
	4. CONSOLIDATE THE FP DATA COLLECTION AND REPORTING SYSTEM						Done - See above
	- Provide ongoing on the job training in FP data collection at clinic level	X	X	X	Central : Clinic	MOH UNFPA/IPPF PHCP FLAS	Needs supervision and monitoring
	- Integrate FP data reporting into national, regional and clinic level planning and management process	X	X	X	Central : Clinic	MOH UNFPA/IPPF PHCP FLAS	
	5. CONDUCT OPERATIONS RESEARCH STUDIES ON SELECTED FP ISSUES				Central : :	UNFPA/IPPF	
	- Demand for contraceptives methods	X	-	-	Clinic/Community		
	- Conduct KAP survey about FP of community, including men and bofogo (Family Health Survey, H. Education Impact Survery)	X	-	-	Community	MOH PHCP FLAS	

OBJECTIVE	ACTIVITY	TIMELINE			LOCATION	RESPONSIBLE AGENCIES
		1989	1990	1991		
VI. To strengthen and develop the financial and technical capability of the MOH to be able to plan, implement, supervise and evaluate all MH/FP activities by 1991	- Conduct research on community perceptions and practices related to the post partum period.	-	X	-	Community	MOH/HEU ?
	1. OUT OF COUNTRY TRAINING					
	- Medical Officer for Public Health to receive training at level of Masters in Public Health	X	X	X	USA	UNFPA/IPPF
	- Senior Public Health Matron to receive training in FP Programme Management and administration	X	-	-	USA (Wash D.C.)	UNFPA/IPPF
	- Conduct study tours to neighbouring countries on Family Life Education	X	X		Zimbabwe	UNFPA/IPPF
	- Conduct study tours on TBA training in neighbouring countries	X	X			WHO ??
	2. PROVIDE TECHNICAL ASSISTANCE TO MINISTRY OF HEALTH	X	X	X	Central Clinic	UNFPA/IPPF PHCP UNICEF WHO FLAS USAID
	3. MONITOR PROGRESS OF PROGRAMME ACTIVITIES THROUGH THE MCH/FP COMMITTEE MEETINGS, FIELD VISITS, REPORTS AND SURVEYS	X	X	X	Central Region Clinic	MOH/RHMT's MCH Committee

Assisted in
1989 MH/FP Annual
Report.

HISTORY	Date of Visit																			
	Weeks Pregnant																			
	Bleeding** Anuemia**																			
TESTS	Urine Alb/Sug Albve - Send MSU	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Weight: Wt Loss**																			
	BP: Above 130/90**																			
EXAMINATION	Fundus in cms: (too large - small**																			
	Lie Presentation Vx: Br ** Tr **																			
	Foetal Heart Absent **																			
	Kick Count Under 10. day **																			
	Oedema: With Albumin **																			
	Vulva: Sores or Discharge **																			
Reason for Referral																				
Iron and Folic Acid																				
Date of Next Visit																				

SAMPLE
FRONT
of
INSERT

Delivery History

previous homebirths _____
 clinic/hosp. deliveries _____
 NVD's _____
 Assist. del. _____
 C-section _____
 Post part. hemos. _____
 Twins _____
 (? Some redundancy from pg. 2)

BACK
of
INSERT

Health Education

	Date	Comment
Hygiene	_____	_____
Nutrition	_____	_____
Iron Suppl.	_____	_____
Tetanus Tox	_____	_____
Syphilis/STD	_____	_____
Breastfeeding	_____	_____
Child Spacing	_____	Method chosen
Child Care	_____	_____
Other	_____	_____

Post partum Exam

History (Del. hx
 Problems in early PP period)

Physical Exam:

BP _____ Urine _____ Wt. _____
 Breasts _____ Nipples _____
 Abdomen _____
 Genitals _____ Healed?
 Anus _____ Extremities _____
 " " " " " "

Pelvic

Uterus (subinvolution) _____
 Cervix (lacerations) _____
 Vagina (tone, discharge) _____
 Pap (date done) _____ Results _____ F/up _____
Emotional Status _____

Health Education

Hygiene _____ Family Planning _____
 Nutrition _____ Method chosen _____
 Breast care _____ Clinic date (FP) _____
 Child care _____ F/up _____