

1. PROJECT TITLE
Botswana Health Services Development

PDBAM 301

2. PROJECT NUMBER
633-0070

USAID/B and HEDD

5. KEY PROJECT IMPLEMENTATION DATES
A. First PRO AG in FY 78
B. Final Obligations Expected FY 82
C. Final Report Due FY 83

6. ESTIMATED FUNDING
A. Total \$7,253,000
B. ... \$5,531,000

7. REGULAR EVALUATION
SPECIAL EVALUATION
Period covered by evaluation
From November Nov. 1979
To January Jan. 1980
26/1/81-6/2/81

8. ACTION DECISIONS APPROVED BY THE BOARD
A. List decisions and/or unresolved issues, state actions being taken, and specify type of document, e.g., program, PPA, PIA, which will be used to implement.

1. If clarification of roles for health administrators is not accomplished, then other ways to strengthen this component should be sought and financial input for this area reprogrammed.
2. The services of a short-term consultant should be secured to work with the project advisors and related Ministry personnel on improving educational communications.
3. The health educational planning which is now being accomplished within the Unit will allow for some additional funding for essential services, consultancies not previously foreseen or selected commodity purchases. These areas should be detailed, costed and related to specific objectives prior to being reviewed and authorized.
4. Upon departure of the current Chief of Party/Project Coordinator, the position should revert to that described in the PP and be filled by a Mqtswana.
5. Incoming personnel should be selected so that an individual capable of serving as Team leader as well as having necessary technical skills is hired.
6. There appears to be no reason to extend the tours foreseen for individual advisors.
7. The support components promised by MOH for the Nursing Component, typists, and drivers should be secured as soon as possible.

MOH and MLGL Aug. 1981

MSCI July 1981

COP and AID Sept. 1981

MSCI and AID Jan. 1982

MSCI Feb. 1982

MSCI and MOH Feb. 1982

MOH April 1981

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9. INVENTORY OF DOCUMENTS TO BE REVIEWED PER ABOVE DECISIONS
- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Project Paper | <input type="checkbox"/> Implementation Plan (e.g., CPN Network) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Financial Plan | <input type="checkbox"/> P.I.O.T | <input type="checkbox"/> Other |
| <input type="checkbox"/> Logical Framework | <input type="checkbox"/> P.I.O.C | <input type="checkbox"/> Other |
| <input type="checkbox"/> Project Agreement | <input type="checkbox"/> P.O.P | <input type="checkbox"/> Other |

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER BANKING PARTIES (AS APPROPRIATE) (Names and Titles)

Anita Mackie, REDSO/CA
 Connie Collins, USAID/S
 Idiki Nyeongo, MOH
 Thaelo Kebaagetse, MFDP

10. APPROVAL OF PROJECT

A. Approved

B. Not Approved

C. Other

Signature: Louis A. Cohen

Date:

SUMMARY

At the end of the first operational year the project has made good progress towards meeting its objectives. The first classes have commenced for training family nurse practitioners and public health nurses. "The curriculum for the enrolled nurses has been strengthened with particular attention to improved teaching from enlarged guidelines, and is now being tested at one nursing school." The building has been completed for the Health Education and Nutrition Units and has opened in time for the first class to train Health Education/Nutrition Assistants in a two year program. The technical advisors have completed the curriculum and are assisting with its teaching. The human nutritionist has strengthened this component of all teaching programs for paramedical personnel as well as at the primary school level. Assistance has also been given to the National Food and Nutrition Committee. Tab

The component which was not advanced is to train health administrators for senior level positions in hospitals and local government staffs at the Institute for Development Management. This objective remains important, and every effort should be made to solve the current problems of appropriate roles, salaries and job descriptions for the graduates. The project would also be strengthened by improved communications both among team members and with interacting agencies. / ✓

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The evaluation was conducted at the end of the first year of operational activities. The grant agreement was signed on September 28, 1978, but the FRP was not sent out until March, 1979. The first advisors arrived in Botswana in November, 1979. The majority of the team had departed in January, 1980.

The end of first year evaluation is an opportune time to review the Project Paper (PP), written three years ago, and review the entire Project for its applicability in the light of any internal or external changes occurring. Thus major attention was paid to suitability of design, policy changes related to the project components, adequacy of inputs, progress on outputs, implementation problems, and adequacy of performance of all parties (AID, the contractor, the advisors and the MOH).

The evaluation team consisted of Dr. Anita Mackie from REDSO/CA, Ms. Connie Collins, Regional Health Development Officer, AID, Mrs. Ndiki Ngeongco, Principal Tutor at the National Health Institute, MOH and Mr. Thaelo Kebaagetsa, ^{Planning} Officer in the Ministry of Finance and Development Planning. Dr. Mackie served as Team Leader.

The team reviewed the Project Paper and background documents on the Project. Interviews were conducted with all members of the Project team, most counterparts and related Ministry personnel. The team members were interviewed by Dr. Mackie and Mr. Kebaagetsa, since Mrs. Ngeongco was intimately involved with administrative relationships to the team and implementation of nursing activities. Ms. Collins had made numerous prior professional visits and was already well acquainted with the team members and the project. A site visit was made to the new Health Education and Nutrition Unit, and the AID engineer reviewed its status. The formal opening was scheduled to occur soon after the completion of the evaluation. In response to a request by the MOH, the entire evaluation had to be completed

The team had the advantage of having Ms. Patricia McGrath, Project Manager for Management Services, Inc. available as a consultant to the team, and of being assisted by Ms. Nancy Pielemeier, Chief of Party who made the logistical arrangements and provided a historical perspective. Both participated in selected areas of the evaluation.

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19. EXTERNAL FACTORS

The area which had least specificity in the PP was the training for health administrators. The reason was that the scope of work for persons working in this area had not been defined both in the Ministry of Local Government and Lands and in the Ministry of Health. Additionally, the Institute of Development Management had no prior experience in teaching this cadre.

Both Ministries are aware of the problems caused by lack of a suitable job description and defined interrelationships between the administrator and the technical health staff. A recent investigation of the duties and salary levels of all Civil Servants will partly clarify the hierarchy within which health administrators will work. A committee has been appointed to consider these issues, but after a year has only collected information from various concerned parties and not reached any conclusions or made recommendations.

The need for health administrators does not seem to be an issue with either party. The appropriate training institute exists in-country. The Project is willing to support the training program. If the appropriate roles, functions and salaries cannot be agreed upon within six months by the two Ministries involved, then the COP should investigate alternatives for reprogramming this funding. It would seem desirable for two senior officials from the MOH and MLGL to address the problem, make a determination of the broad outlines of a resolution, and delegate the task of working out details to responsible individuals on their staffs.

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16. Inputs

- I. Nursing - Inputs appear to be adequate in the nursing component. The FNP was delayed 8 months due to recruiting difficulties however this has not created a delay in the training plan.
- II. Health Administration - Due to problems in creating a job description and posts for health administrators the inputs for this training may not be used. If these problems are not resolved by the 12th month of the project, the funding will be diverted to other project activities.
- III. Health Education - Inputs are adequate and have been available on a timely basis. Due to an increase in the MOH capacity for Health Education planning, the consultancy time for this activity may have been overestimated. If this proves to be the case, this time will be utilized for areas where there is no technical competency.
- IV. Nutrition - Inputs are adequate. Some inconveniences have been experienced due to the delayed arrival of commodities, however this has not delayed planned project activities.
- V. Project Administration - There have been no problems with this component.

See Annex A for further details.

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16. Inputs

Nursing Component

2 Nurse Practitioners: 2 FNPs were nominated by HSCI at Project outset. One of them was not accepted by the MOH and HSCI had to recruit a replacement candidate. The subsequent recruitment, nomination, and orientation process resulted in 7 months delay before the second FNP position was filled. However, the second FNP appears to have adjusted to her responsibilities quickly and has substantially made up for the lost time.

1 Public Health Nurse: Fielded on time.

2 Nurse Educators: Fielded on time. Planned input of one nurse educator at UBS has been eliminated from the project (cf Project Implementation Letter 18).

1 Trainee to serve as Nurse Practitioner Educator: Enrolled in FNP program at Emory.

2 SRNMs to be trained as nurse educators: One enrolled at University of Nairobi.

2 participants to acquire BSc degrees in Nursing to be followed by Masters degrees in Nursing Service Administration: Activity not yet underway.

Three SRNM participants to acquire Masters degree in Nursing Service Administration: Activity not yet underway.

Nursing Commodities

home visiting bags - acquired
reference books - acquired
anatomical models - acquired
audio-visual aids - acquired
vehicles - acquired

Health Administration Component

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administration program at IDH: Activity delayed due to external factors.

(2) One BA graduate of UBS to acquire an MS degree in Health Planning:

Trainee enrolled at University of Michigan and progressing satisfactorily.

(3) Four Botswana statistical assistants to receive short-term training in statistics and statistical analyses: Activity not yet underway.

Health Education Component

(part-time) Health Educator/Planner: Not yet requested.

Health Educator/Curriculum Specialist: Fielded on time.

Graphic Artist: Peace Corps Volunteer never provided.

Trainee for BSc in Health Education: Now at East Tennessee.

Candidate for Masters in Health Education Planning: Completed MPH at Berkeley.

Diploma trainee in graphic arts: Now at Pratt-Phoenix

Commodities for HE unit.

darkroom equipment: received, but not all functional

camping equipment: received

vehicles: received.

Nutrition Component

Nutrition Planner: fielded on schedule.

Human Nutritionist: fielded on schedule.

Nutrition Consultants: only about 1 person month of available time used to date.

Candidate for BSc in Nutrition: Now at NYU.

Candidate for MS in Nutrition: Not yet identified.

Commodities:

wall charts: ordered but not yet delivered

other visual aids: received

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Project Administration

Project Coordinator: fielded on time.

Station wagon for coordinator acquired.

Project office furnished, and staffed with secretary and driver.

Construction

New Health Education/Nutrition unit constructed and occupied. Some finishing details not yet completed (see darkroom).

Technician housing constructed and occupied.

Botswana counterparts provided.

A share of long-term participant trainees provided (6 of 16).

MOH provides office space for project office and technician's facilities at NHI are available to the technicians.

Facilities at UB are not (?) available to the technicians.

The GOB contributed land for the new Health Education/Nutrition Unit.

Summary

The quality, quantity and timeliness of such project inputs as commodities, technical services, and participant trainees appears to be satisfactory, overall. Some attention may need to be given to the identification of ten additional long-term participants to ensure that all may complete their intended courses of study by the anticipated project termination date.

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17. OUTPUTS

Nursing for Health Services

Logframe Output

1. Curricula for one-year, diploma level in-country training program for SRNP's to function as family nurse practitioners and public health nurses developed, in use and directed by Botswana personnel.
2. Educator/teaching positions for these two programs filled by Botswana, all of whom are presently in training.
3. Enrolled Nurse curriculum revised and in use in government and mission EN training schools.
4. Nurse educator positions for this program filled by Botswana.
5. Three year BEd in Nursing program at UBS assisted and strengthened.
6. Foundation established, including curriculum development for possible future transition to BSc in Nursing program.
7. Nursing service administrators trained to direct the delivery of health care by health personnel on the central, regional and district levels.

Health Administration

1. Health administrators trained for senior-level positions in hospitals, on local council staffs and in the MOH.

Health Education

1. A national health education plan developed and in the process of being implemented.
2. Capability developed to provide training in health education.
3. Training program developed for health educators.

Progress

Satisfactory. Both curricula developed. Entering classes of 15 students to FNP program and 12 students to PIN program.

5 NP trained overseas now working in hospitals.

Satisfactory number of candidates available.

Satisfactory progress. Curriculum detail expanded and now being used at one school for testing.

1 counterpart working with technician for 11 months.

~~5~~ being trained under McHarry Project.

Not done by request of UBS.

Not done by request of UBS.

Not done by request of UBS.

1 Botswana in training for health planning. Unsatisfactory progress on IDH training due to lack of role clarification.

Plan being developed by health education staff.

Senior health educator returned from training and functioning in unit. 2 trainees away.

Curriculum developed. Class of 10 expected.

Logframe Output

4. Health education positions of MOH Health Education Unit filled by Batswana.
5. New facility for Health Education Unit built and in use.

Nutrition

1. Nutrition research conducted with the results analyzed and considered in the design of nutrition programs.
2. A national nutrition program developed and in process of implementation.
3. Nutrition positions in the MOH Nutrition Unit filled by Batswana.
4. New facility for Nutrition Unit built and in use.

Progress

(See, however, under 2001)

Building completed, being furnished. Staff moved in January, 1981.

Not yet available

National Food and Nutrition Committee meets regularly with technical assistance provided.

Motswana Home Economist is functioning on Unit staff. *1 trained away.*
Building completed, being furnished. Staff moved in January, 1981.

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10. PURPOSE

a) Definition

"The purpose of this four-year project is to increase the capacity of the GOB Ministry of Health to provide comprehensive health services to the people of Botswana, with an emphasis on the rural and peri-urban populations."

(BHSID Project Paper, p. 17)

b) Progress toward each End of Project Status (EOPS) condition

Conditions expected at the end of the project include:

EOPS (1) "a reorientation of nursing training in Botswana to produce a nurse cadre effectively prepared to provide comprehensive health services to the rural and peri-urban population"

EOPS (2) "nurse practitioners, public health nurses, nursing service administrators, and clinical specialists in place, supervising primary health care workers, and performing preventive and curative services within the health delivery system, in accordance with the personnel targets in the Fourth National Development Plan."

Progress toward the achievement of EOPS conditions 1 and 2 has been substantial, and if it continues at the present rate, both conditions will be substantially attained. Training of nursing service administrators will have lagged behind other programs, but by the EOP the MOH should be in a position to achieve their goals in this area.

Post Basic Nursing Courses

- Curricula for two one-year, diploma-level in-country training programs for family nurse practitioners (FNPs) and Community Health Nurses (CHNs) have been developed. Care has been taken to ensure that these curricula are suited to the Botswana health context and the role anticipated for course

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Thirteen SRNMs have begun training in the CHN course.

Fifteen nurses have been accepted for the FNP course, and are to begin their training 1 February, 1981.

- Two Botswana counterparts, one for the FNP program and one for the CHN program, have been involved in the development of the two post-basic programs, thus enabling them to carry on the programs after the termination of the U.S. nurse educators.

- Physicians serving various parts of Botswana have been engaged to serve as preceptors for the clinical training of the FNP students, and numbers of the tutors at NHI and other MOH personnel have volunteered to give lecture series or serve as resource persons for the programs. These arrangements are expected to continue after the departure of the U.S. nurse educators. The Moptswana FNP counterpart began a two year Master's degree program in Family Nurse Practice at Emory University in September, 1980.

- Another Moptswana nurse began a two-year diploma program in Nursing Education at the University of Nairobi in October, 1980.

Enrolled Nurse Education

- The Enrolled Nurse curriculum was reviewed and found to be appropriate for the needs and activities of the EN cadre; but teaching in the EN school was found not to reflect the objectives set out in that curriculum.

- The Project Nurse Educator IA, her counterpart, and the Principal Tutor at NHI have been developing a syllabus more in accord with the EN curriculum. A format for course outlines was developed, and half of the courses have been completed and are being tested at the Molepolole demonstration site. Completion of the as yet unfinished EN courses is scheduled for early 1981.

- The Nurse Educator IA has made and maintained contact with all seven EN schools and plans to develop a newsletter in 1981 to further reinforce communication between schools.

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In the areas of expressed need at the Molepolole site. She also helped to develop a public health practicum, and nutrition workshops for LN students.

The Nurse Educator TA assisted in revising recruitment and selection procedures to improve the caliber of candidates admitted for EN training.

- The Nurse Educator TA has also promoted the use of teaching/learning aids and the use of library resources.

Evaluation and Reorientation of Basic Nursing Course

- A literature review of nursing curriculum evaluation was carried out by the Senior Nurse Educator in the first half of 1980.

- A modified Slater Competency Scale was developed and administered to third and fourth year students and analysis of the results is underway.

- A faculty interview schedule was developed and is being administered to faculty at NHI.

- Observation of teaching and learning at NHI and at affiliated clinical settings has been undertaken.

- The Senior Nurse Educator has been engaged in teaching activities at NHI throughout the year.

- The Senior Nurse Educator served as the Project Nursing Team Leader through the first ten months of 1980, and as liaison between the project nurses and the Principal Tutor and Chief Nursing Officer, as specified in her job description. She also provided technical support for the nurse educators developing the post-basic courses, and will assist in their teaching.

- The Senior Nurse Educator has been unable to assist or strengthen the three year Bachelor of Education in Nursing Program at the University because UDS declined to accept her services. This planned project activity ^{and a ...} is in the process of implementation by a Botswana national, hired under an OPEX contract before the Senior Nurse Educator arrived. (See project implementation letter 18, June 30, 1980.)

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Other Comments on EOPS Condition 2

Nursing Service Administration - the five participants scheduled for graduate training in nursing service administration will depart later in the project as no candidates will be available until the first class of UBS Bachelor of Science in Nursing Education graduates in 1981. Due to the shortage of qualified participants, this training will be phased over the next three years of the project.

EOPS (3) "administrative capacity for providing health services increased by placement of approximately 90 percent of health administrators required at the central, regional, and local levels."

To this end:

- A UBS graduate began a two-year masters program in health planning at the University of Michigan in August, 1980. Her first semester academic record gave her a B+ average, and it is expected that at the end of her course she will serve in an administrative capacity at the central level of the MOH.

- Local training programs for the 32 Health Administrators (HA) have not been developed mainly due to problems in defining the role of the health administrator under the Ministry of Local Governments and Lands, where the majority of the HAs will be employed. As the MOH has little control over this situation, alternate ways in which health administration can be strengthened will be explored if the situation is not resolved.

EOPS (4) "preventive and promotive health services improved through health education (programs implemented and staff in place)."

- The Health Educator IA, in cooperation with his counterpart, the project nutritionist, nutrition planner, and an Advisory Committee, has developed a two-year

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developed for the first part of the course, which will begin in February, 1981.

- 35 training candidates applied from Botswana's health assistants and enrolled nurses, and 12 candidates have been accepted for the first course.

-The Health Educator has also provided in-service health education training for a variety of health cadres in Botswana.

-A Motswana employed in the Health Education/Nutrition Unit completed an MPH degree in Health Education at the University of California at Berkeley, and will soon resume professional responsibilities in the Health Education Unit.

-A Motswana from Francistown began a BSc course in Health Education at East Tennessee State University in January, 1981.

- A Motswana employed in the Health Education Unit began a two-year course in illustration at the Pratt-Phoenix School in New York in August, 1980. It is anticipated that she will return to the Health Education Unit with an enhanced capability for health education, communication and outreach activities.

- Health education planning is an ongoing activity in the unit and outside consultants are not needed at this time.

EOPS (5) "a national nutrition program planned and in process of implementation by trained personnel."

To this end:

- The Human Nutritionist TA has developed syllabi for the nutrition training of all levels of health workers in Botswana, and has actively taught these courses, together with her counterpart, the Head of the Nutrition Unit. Courses have been designed and taught for the following cadres: Family Welfare Educators, Enrolled Nurses, Health Assistants, Laboratory

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for the CIN post-basic course and assisted in the development of nutrition content for the health education/nutrition worker training program.

The Human Nutritionist assisted with in-service nutrition training in seven health regions and in workshops for Health Assistants, Assistant Community Development Officers, and Village Development Assistants.

- The Human Nutritionist participated in the WHO Intercountry Nutrition Workshop in Gaborone, and helped in the pilot testing of the FAO Field Programme Food and Nutrition Course.

- The Human Nutritionist helped develop the nutrition component of the Botswana primary school science syllabus and completed a survey of nutrition training programs in Africa, the UK, and the U.S. appropriate to the training needs of Botswana.

- A Botswana student began a four-year BSc degree program in Nutrition at New York University.

- The Nutrition Planner TA has helped set up an Interministerial Food and Nutrition Committee and has been involved in a number of projects related to IFNC activities and the development of a national nutrition strategy. These have included:

development of a proposal for a weaning food feasibility study,

data collection for the Urban II project,

research on Botswana's wild growing foods,

research and reporting on nutrition surveillance,

development of a proposal for a Comprehensive Library of Nutrition Experiences,

collaboration on a study of the Consumption Effects of Botswana's

Agricultural Policy,

compilation of data on vulnerable group feeding,

compilation of height and weight data,

revision of Nutrition Unit reporting forms

Summary

Progress toward the EOPS is satisfactory in every component except Administration, where no progress has been made in defining the role of the health administrators, thus delaying the development of an appropriate local training course and recruitment. As ^{district-level} ~~the~~ health administrators fall under the health services of the Ministry of Local Governments and Lands (MLGL), the MOH has only an advisory role in this activity. If these issues are not resolved within the next six months the funds for the training should be used for other purposes. Health administration remain a priority area, but if outstanding problems are not able to be resolved in a timely fashion, other avenues should be considered.

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The lessons learned in this project would primarily improve the design of similar sized projects:

(a) Development of a team identity and spirit would have been desirable prior to arrival in the field. A week for the team at a suitable conference site in the U.S. would have been desirable. At that time items which should have been clarified include the roles and functions of AID, the contractor, the field support office, the Chief of Party and the Ministry of Health.

(b) For relatively large projects of a technical nature, the local AID office should be prepared to provide adequate backstopping. In this case regular visits of a health officer are necessary if there are none on the local staff.

(c) When projects involve numerous parties such as the Ministry of Health (including several interested individuals), teaching institutions, AID, and the technical advisory team, regular meetings with an agenda should be convened from the start of the Project.

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20. BENEFICIARIES

The primary focus of the project involves investment in the development of human resources, and as such has both direct and indirect beneficiaries. At the end of the first year the primary beneficiaries have been those who have been trained abroad. Additionally, counterparts have worked with experienced technicians in-country and gained valuable practical experience on various aspects of implementing new programs. The new training curricula which have been developed are already in use and will upgrade the quality of education in several programs for students ranging from post-basic nursing students to primary school children who have an improved nutrition component.

The secondary beneficiaries are the people of Botswana who will receive an improved quantity and quality of health services delivered by people trained by the project. These services will include both curative and preventive elements and can be expected to improve the quality of life for both rural and urban people in the long run. The project terminates after four operational years and its effects on the first two measures of goal attainment (decline in infant and maternal mortality rates, and decline in the incidence of endemic and communicable diseases) will probably not be seen for several years after the project's termination date.

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BHSD PROJECT INPUTS

Project Component	Inputs	Status	
I. Nursing	<u>A. Technical Assistance</u>		
	1 Nurse Practitioner (NP) - 48 mos.	Arrived January 1980	
	1 Nurse Practitioner - 48 mos.	Arrived August 1980	
	1 Public Health Nurse - 48 mos.	Arrived November 1979	
	1 Senior Nurse Educator - 24 mos.	Arrived January 1980	
	1 Nurse Educator - 48 mos.	Arrived January 1980	
	1 Nurse Educator - 24 mos.	ETA January, 1982	
	<u>B. Participant Training</u>		
	1 MS in Nursing Education	Not Placed	
	1 Diploma Nursing Education	Departed	
	1 NP MA	Departed	
	2 SRNMs BSN/MA Nursing Administration	Not Placed	
	3 SRNMs MA Nursing Administration	Not Placed	
	<u>C. Commodities</u>		
	Vehicles	All received	
	Books	Partially Received All on Order	
	Training Aids	Partially Received All on Order	
	II. Health Administration	<u>A. Participant Training</u>	
		632 person years of Health Administration Training at IDM Botswana for 32 participants	See Sections 15 and 17
		1 MS degree in Health Planning	Departed August 1980
	Short-term training in statistics for 4 Statistical Assistants	Not Placed	

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Project Component	Inputs	Status
	1 Health Education Planner - 15 mos.	Need to be determined
	<u>B. Participant Training</u>	
	1 Masters Health Education Planning	Completed January 1981
	1 BSc Health Education	Placed January, 1981
	1 Diploma Graphic Arts	Placed August, 1980
	<u>C. Commodities</u>	
	Vehicles	Received
	AV Equipment	Partially Received All on Order
	Camping Equipment for Mobil Units	Received
	<u>D. Other</u>	
	Construction Health Education/ Nutrition Unit	Completed January, 1981
IV. Nutrition	<u>A. Technical Assistance</u>	
	1 Nutrition Planner - 48 mos.	Arrived January, 1980
	1 Human Nutritionist - 48 mos.	Arrived November, 1979
	Nutrition Consultants - 30 mos.	As Required 1 Month Used 1980
	<u>B. Participants</u>	
	1 BSc Nutrition	Placed August, 1980
	1 MSc Nutrition	Not Yet Placed
	<u>C. Commodities</u>	
	Training Aids	Ordered Not Received
	<u>D. Other</u>	
	Construction Health Education/ Nutrition Unit	Completed January, 1981
V. Project Administration	<u>A. Technical Assistance</u>	
	1 Project Coordinator - 48 mos.	Arrived January, 1980

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Project Component	Inputs	Status
	1 Project Driver	Employed February, 1980
	C. <u>Other</u>	
	Project Office	Supplied by MOH
	Vehicle	Received
	Technician Housing	Available as Required
	Technician Support	USAID, Support Office