

I. PROJECT IDENTIFICATION

| | | | |
|---|--|---|--|
| 1. PROJECT TITLE | | APPENDIX ATTACHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| Maternal and Child Health/Family Planning Training | | 2. PROJECT NO. (M.O. 1095.2) | |
| 3. RECIPIENT (specify) | | 4. LIFE OF PROJECT | |
| <input type="checkbox"/> COUNTRY Botswana <input type="checkbox"/> REGIONAL <input type="checkbox"/> INTERREGIONAL | | BEGINS FY 1972 ENDS FY 1977 | |
| | | 5. SUBMISSION <input checked="" type="checkbox"/> ORIGINAL _____ DATE <input type="checkbox"/> REV. NO. _____ DATE CONTR./PASA NO. _____ | |

II. FUNDING (\$000) AND MAN MONTHS (MM) REQUIREMENTS

| A. FUNDING BY FISCAL YEAR | B. TOTAL \$ | C. PERSONNEL | | D. PARTICIPANTS | | E. COMMODITIES \$ | F. OTHER COSTS \$ | G. PASA/CONTR. | | H. LOCAL EXCHANGE CURRENCY RATE: \$ US (U.S. OWNED) | | |
|---------------------------|-------------|--------------|--------|-----------------|--------|-------------------|-------------------|----------------|--------|---|---------------------------------------|---------|
| | | (1) \$ | (2) MM | (1) \$ | (2) MM | | | (1) \$ | (2) MM | (1) U.S. GRANT LOAN | (2) COOP COUNTRY (A) JOINT (B) BUDGET | |
| 1. PRIOR THRU ACTUAL FY | | | | | | | | | | | | |
| 2. OPRA FY 72 | 510 | 395 | 93 | 30 | 56 | 60 | 25 | 395 | 93 | | | |
| 3. BUDGET FY 73 | 228 | 165 | 45 | 45 | 83 | 17 | 1 | 165 | 45 | | | 155,000 |
| 4. BUDGET 11 FY 74 | 352 | 265 | 62 | 70 | 119 | 16 | 1 | 265 | 62 | | | 155,000 |
| 5. BUDGET 12 FY 75 | 367 | 265 | 62 | 90 | 152 | 11 | 1 | 265 | 62 | | | 155,000 |
| 6. BUDGET 13 FY 76 | 362 | 265 | 62 | 85 | 134 | 11 | 1 | 265 | 62 | | | 155,000 |
| 7. ALL SUBQ. FY | 65 | - | | 65 | 108 | - | 1 | - | 62 | | | 155,000 |
| 8. GRAND TOTAL | 1885 | 1355 | 324 | 385 | 652 | 115 | 30 | 1355 | 324 | | | 625,000 |

9. OTHER DONOR CONTRIBUTIONS

| (A) NAME OF DONOR | (B) KIND OF GOODS/SERVICES | (C) AMOUNT |
|-------------------|---|-------------|
| Norway (NORAD) | Construction health facilities & operating expenses | \$3,000,000 |

III. ORIGINATING OFFICE CLEARANCE

| | | |
|---|------------------|------|
| 1. DRAFTER Jean P. Mar, OSARAC and RPO | TITLE AFR/TAC | DATE |
| 2. CLEARANCE OFFICER A.H. Ellis | TITLE AFR/SAF | DATE |

IV. PROJECT AUTHORIZATION

| 1. CONDITIONS OF APPROVAL | | | | | |
|---|-----------|-----------------|---|---------------|---------|
| 2. CLEARANCES | | | | | |
| BUR/OFF. | SIGNATURE | DATE | BUR/OFF | SIGNATURE | DATE |
| IA/POP | (draft) | 6/14/72 | AFR/DP | E. Donoghue | 4/20/72 |
| AFR/TAC | | | AA/AFR | E. Hogan | 6/20/72 |
| | | 6/13/72 | AF/S | Oliver Crosby | 6/15/72 |
| 3. APPROVAL AAS OR OFFICE DIRECTORS | | | 4. APPROVAL A: AID (See M.O. 1025.1 VI C) | | |
| SIGNATURE Samuel C. Adams, Jr. | | DATE 6/20/72 | SIGNATURE | | DATE |
| TITLE Assistant Administrator for Africa | | | ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT | | |

TABLE OF CONTENTS

| | <u>PAGES</u> |
|---|--------------|
| SUMMARY OF LOGICAL FRAMEWORK | 1 |
| PROJECT RATIONALE | 7 |
| BACKGROUND | 7 |
| GOVERNMENT POLICY | 8 |
| HEALTH SERVICES DEVELOPMENT PLAN | 10 |
| OTHER DONORS | 13 |
| COURSE OF ACTION | 14 |
| IMPLEMENTATION PLAN | |
| PERT NETWORK | |
| NARRATIVE OUTLINE | |
| ANNEX A | |
| PROJECT DESIGN LOGICAL FRAMEWORK | |
| ANNEX B | |
| SUMMARY FAMILY PLANNING ACTIVITIES | |
| ANNEX C | |
| U.S. FUNDING REQUIREMENTS | |
| ANNEX D | |
| BREAKDOWN OF GOB INPUTS | |
| ANNEX E | |
| PROPOSED STAFFING RURAL HEALTH FACILITIES | |

NON-CAPITAL PROJECT PAPER (PROP)

Title: Maternal and Child Health/Family Planning Training

I. The Project Goal:

A. Statement of Goal:

The goal of this multi-donor project is to support the broader policy of the Government of Botswana (GOB) to give priority emphasis to rural social and economic development which places high priority on the development of an infrastructure for rural health thereby extending MCH/FP services to a greater proportion of the population, thereby contributing to smaller, healthier families.

B. Measure of Goal Achievement:

The goal of this project will be partially achieved when sufficient nursing and midwifery personnel have received in-service training in public health, PH/maternal and child health and family planning and are capable of staffing and providing MCH/FP services in the existing and proposed rural health facilities.

C. Basic Assumptions of Goal Achievement:

The GOB continues to give rural development of health, MCH/FP services high priority.

II. Project Purpose:

A. To assist in the development of a cadre of health personnel capable of staffing and providing preventive, MCH/FP services in the urban and rural health facilities.

B. Conditions Expected at End of the Project:

1. Rural health facilities will be staffed with personnel trained in public health, maternal and child health and family planning.
2. An integrated curriculum will be in use in the basic nurse training schools, (Includes MCH/FP/PH).
3. Field practice areas will be developed and utilized.

4. Selected tutorial staff will have been trained to continue the integrated program.
5. The Health Education Unit will have been established and functioning with trained local staff, servicing all programs including MCH/FP.
6. An on-going effective post-partial family planning service will be established in the three Government training hospitals.

C. Basic Assumptions:

1. The GOB personnel system will acknowledge the improved skills of participants who have completed the in-service training courses and assign the required number to appropriate rural facilities.
2. The GOB will develop an appropriate career development system for the various categories of health personnel both in administrative and operating categories necessary and ~~the retention of~~ retention of qualified staff.
for
3. The GOB will commensurately establish appropriate personnel positions including a supervisory category in relation to the increased development of rural health facilities in order to utilize effectively personnel completing training.

III. Project Outputs:

A. Statement of Project Outputs:

1. An in-service training curriculum and teaching plans will have been developed.
2. All in-service nurses will have completed the Public Health, MCH/FP in-service course and a plan for refresher courses will have been developed.
3. An integrated curriculum for basic nursing programs will have been developed and will be utilized in the schools of nursing. *
4. Field training facilities developed and utilized.
5. Tutorial staff trained for continuing the integrated curriculum.

* Integrated curriculum includes maternal and child health/family planning, health promotion and disease prevention.

6. An operating health education unit within the Department of Health with a nucleus of qualified health educators., providing family planning education.
7. The Post-Partal family planning service is functioning effectively in the Government Training Hospitals.
8. MCH/FP and preventive services will be available in rural facilities as they are developed.

B. Output Indicators:

1. Approximately 500 nurses (R.N. and Enrolled) will have completed in-service training courses.
2. Approximately 350 student and pupil nurses will have completed the integrated basic nursing course.
3. Three rural and one or two urban field practice units will have been developed.
4. Approximately 10 tutors will have received appropriate training.
5. Approximately 10 candidates will have completed or be in training as health educators at the B.Sc. or M.P.H. level. (Training to include family planning education).
6. All post-partum patients delivered in the three Government training hospitals receive family planning information and services when deemed appropriate and when requested.
7. 2-3 participants will have received training in Administration and Evaluation of MCH/FP Programs.

C. Basic Assumptions:

1. The GOB will provide local costs for in-service training courses.
2. The GOB will budget funds for hiring nurses completing basic nursing courses.
3. Rural health facility development will proceed per Department of Health plan and utilize personnel completing in-service training and basic nursing training. (Plan for services includes MCH/FP and prevention of disease) and health promotion.

4. Candidates will be identified and selected for participant training as indicated.

IV. Project Inputs:

A. Statement of Project Inputs:

1. U. S.

- (a) Technicians - (Possible D.H. /PASA or Cont.)
- (b) Commodities
- (c) Participant training
- (d) Observation visits
- (e) Consultants

2. Norway

- (a) Construction and equipping of 40 clinics and 120 health posts
- (b) Financing of operating costs for five years

3. Government of Botswana

- (a) Office space
- (b) Housing
- (c) Salaries for trainees and participants
- (d) In-country travel

B. Source, Magnitude and Type of Inputs:

1. U. S. (see Annex C for details of funding requirements)

- (a) Technicians: - (5 years) \$1,305,000

1. Three Public Health Nurses - To be stationed at Training Centers to be determined before their arrival in Botswana in Spring of 1973.

2. One Public Health Educator - To be stationed in the Department of Health to assist with the development of the Health Ed. Unit - i. e., organization, training and program planning. The Health Educator will also serve as Team Coordinator.
3. One Administrative Assistant - To be stationed in Gaborone and to arrive two to three ~~xxx~~ months before technicians.

(b) Commodities: \$115,000

To include four vehicles for technicians - Chev. Suburban Carryalls (a. c); books to establish basic libraries at each training center, subscriptions to periodicals; family planning equipment and commodities needed for the field practice facilities; vaccines; necessary teaching aids including cine projectors, slide projectors, models, etc.

(c) Participant Training and Observation: \$385,000

Participants will be sent to the U. S. in Health Education (to B. Sc. or M. P. H.), with emphasis on health education techniques in MCH/FP with at least one to specialize in communications media. Tutors or graduates will be selected for further training in Africa or other suitable places to qualify as replacements for U. S. technicians. Other tutorial and health staff will be sent to other African countries for conferences, seminars or observation visits to observe integrated training programs. - 2 participants will be trained in MCH/FP administration (S-T).

(d) Consultants: \$50,000

It is anticipated that from time to time specialized consultant visits are likely to be needed. For example, an MCH/FP physician, communications media specialist, public health nurse midwifery consultant, MCH/FP Research and Evaluation Specialist, etc. Therefore, provision is made for 12 man-months of consultant service.

(e) Other Costs: \$30,000

This includes \$20,000 for a house for the Administrative Assistant, local small items such as printing and reproduction, visual aids construction, improvements to field teaching clinics, etc.

| | |
|--|--------------------|
| 2. <u>Norway</u> (NORAD) | \$3,000,000 |
| (a) 40 clinics and nurses housing | |
| - Construction costs | (850,000) |
| - Furnishings and equipment | (40,000) |
| - Operating costs (Nurses salaries) - 5 years | (1,620,000) |
| (b) 120 Health Posts | |
| - Construction Costs | (365,000) |
| - Furnishings and equipment | (125,000) |
| | <u>\$3,000,000</u> |

3. USA. \$62,000 *

- (a) Housing for 4 U.S. technicians will be provided; office space, furniture and clerical staff.
- (b) Salaries for in-service trainees and participants already on the establishment roll.
- (c) Petrol and recurrent costs for vehicles for in-country travel.
- (d) Local costs of all in-service trainees.
- (e) Self-help labor and materials contribution to construction component of NORAD project

* See ANNEX D for breakdown.

C. Basic Assumptions:

1. A.I.D. will provide pledged level of assistance on schedule.
2. GOB will provide appropriate training facilities and meet local costs for training.
3. GOB will be able to successfully obtain other donor assistance as required in rural health services development program.

V. PROJECT RATIONALE:

A. Background

The total population of Botswana, officially estimated to be 626,000 in 1972, is small in relation to the total size of the country, 220,236 square miles. But as in many African countries, the overall figure for population density in Botswana, about 3 persons per square mile, is misleading. In fact, over 80% of Botswana's inhabitants are concentrated in the slim column of land to either side of the railway line running roughly parallel with the eastern border. Of this great eastern majority, perhaps half live in the eleven towns of between 10,000 - 35,000 each. Otherwise, settlement is scattered, with 20% of the national total living the outlying areas: Ngamiland and the Ghanzi in the west, and Kasane in the extreme north.

Accurate statistics of morbidity and mortality are not available; however, major public health problems are tuberculosis - 1,500 to 2,000 new cases reported per year; malaria - endemic in the swamp areas with occasional severe epidemic outbreaks; gastro-enteritis; pneumonia; Bilharziasis (hematobium and mansoni) in some regions; amoebic infections; trypanosomiasis in the Okavango swamp complex (100+ cases reported in April 1971); venereal diseases. More accurate statistics on mortality will probably be available when reports of the recent census are published. Nutritional deficiencies (scurvy, pellagra) still constitute a significant problem, although since 1965, primary school children and young children and mothers have received regular rations under the auspices of the World Food Program. Known deaths as a direct cause of malnutrition were 13 in 1969.

Nevertheless, despite some advances and despite a generally healthy climate (malaria and sleeping sickness are generally limited to the Okavango Delta area), the Government considers that dietary imbalances, ignorance of the value of modern medical practices, low standards of communal hygiene and past neglect of medical services have combined to create pressing needs for the creation and expan-

sion of medical facilities into the rural areas. Government's present concern over inadequate rural health facilities has been significantly increased by the population factor as well. In view of crowding on the relatively fertile eastern lands, with pressures of human and cattle populations building upon modest soil resources at an alarming rate, and in view of the country's overall low productivity, with annual income per capita estimated at less than \$100, the Government has come to recognize high population growth rates (officially estimated at 3% p.a.) as a major, medically-related national problem and in 1971 instructed that child spacing services be offered in all hospitals and rural health centers. Prompted by population and general health conditions, the Government has recently declared an important new departure in health programs for Botswana.

Since Independence in September 1966 until the present, the Government in the health sector has concentrated most of its efforts upon the building and upgrading of central hospital facilities. The construction of a modern hospital in Gaborone has absorbed the greater part of development resources devoted to health. This work has been complemented by the improvement of facilities at five other Government hospitals. Together, these six Government hospitals, with the six existing mission hospitals and one mental hospital act as referral institutions for the surrounding rural areas, which are served directly (in descending order of sophistication) by 10 health centers, (clinics) and approximately 30 health posts.

It is these latter institutions which carry basic health concepts (including Maternal Child Health/Family Planning) directly to the rural population. And it is expansion and improvement of the basic rural health infrastructure which the Government now intends to concentrate upon, starting in the forthcoming plan period, 1973-1978 in order to provide a health facility for every 15,000 people.

B. Government Policy:

Government has determined that MCH/FP shall receive an important emphasis as a part of the general health and preventive services. This is a major new departure in the development of Botswana's national health services where emphasis has been largely given to strengthening and expanding curative facilities.

According to Government Paper Number One, "Rural Development in Botswana," passed by the National Assembly in April 1972, "Government will at national and district level, concentrate new (health) developments on the building up and staffing of a basic infrastructure for rural health." To make basic health and family planning services accessible to every family within their home locality is the new rural development strategy, and the unifying concept for the health

portion of the 1973-1978 Development Plan. Receiving most attention in Government's rural health plan is Maternal Child Health of which "an integral part," The Rural Development Paper declares, is "the availability of family planning advice, so that the benefits of child spacing to the mother and the child can be carefully explained and understood."

The statement of the rural policy for Botswana emphasizes that their task is not simply to improve conditions in the rural areas, but to prevent them from getting worse. The GOB recognizes that with the advent of modern medicine the death rate has been reduced dramatically without a corresponding reduction in the birth. As a result, the total labor force grows each year by 10,000.

The Government is committed to achieving rapid social and economic change and has set as one of the major objectives of the National Development Plan the creation of as many new job opportunities as possible. It is the intention of the Government to utilize the development and exploitation of their natural resources as a basis for long term economic development. They therefore plan a dual economic strategy to achieve these objectives:

- (a) "securing rapid and large returns to nation from intensive capital investment in mining and other viable modern industries aimed mainly at export markets;
- (b) re-investing the proceeds of these investments to promote labor intensive activities and improve services in the rural areas."

The program for rural development has four main aims: (GOB White Paper on Rural Development - March 1972)

1. To increase sustained production from the land and from wildlife research, co-ordinated extension work and conservation planning leading to the introduction of correct land use and management practices;
2. To improve marketing and credit facilities in the rural areas;
3. To create new employment opportunities wherever feasible and thereby reduce the numbers at present without means of support, in particular to promote industries and crafts in rural areas.
4. To improve social services in rural areas (water supplies, education, medical and welfare services, etc.) leading to healthier, smaller, better educated, better fed families.

It is within the context of aim No. 4 that this project will contribute - namely, the improvement and extension of family planning and preventive health services by training the manpower to staff the rural health facilities projected to achieve the goal of providing adequate services to the population. Projected requirements are shown below in Table I.

TABLE I

Need for Additional Direct Service Facilities

Projected Population - 1975 750,000

Direct Service Facility to Population

1 Clinic per 15,000 population
(3 satellite health posts per clinic)

Total Required Facilities for Projected Population

| <u>Total Needed</u> | <u>Existing</u> | <u>Planned</u> |
|-----------------------|-----------------|----------------|
| Clinics 50 | 10 | 40 |
| Health Posts 150 | 30 | 120 |

C. Health Services Development Plans:

Capital developments called for in support of this rural health program over the five-year plan period amount to the construction of 40 clinics total (each with nurse housing, fencing, latrines, and water supply) and 120 health posts total, each with a minimum of basic furniture and equipment. In April 1972, Botswana made a formal request to the Norwegian Government (NORAD) for the capital and recurrent costs required to construct and run these new installations in the 1973-8 period, at a total cost estimated at \$3 million. NORAD is considering the request and the Ministry of Finance and Planning is confident the project will be approved by NORAD as the GOR accords it highest priority and this factor is given much weight in GON assistance considerations.

Meanwhile, the Government of Botswana is planning to train, retrain and upgrade all nursing staff in order to emphasize health promotion and disease prevention, strengthen maternal and child health services and ~~gather~~ *further* extended family planning services throughout government health facilities. Table II indicates the in-service training requirements.

Table II

In-Service Training Requirements*

| | |
|--|------|
| Number of Nurses in Country - 1972 | 550 |
| Attrition Over Life Project | - 50 |
| Total to Receive In-Service Public Health MCH/FP Training | 500 |

*Indicates total target group for project in-service training objective.

Six hospitals (three mission, three government) are currently engaged in nurse training. In 1970, DANIDA (Danish International Development Agency) agreed to finance a major expansion of the Central Training Unit adjacent to the government hospital in Gaborone. The new unit will accommodate 110 nursing students (including candidates for both "enrolled" and "general" staff or "registered" nursing) and 50 health assistant trainees (auxiliary staff). UNDP/WHO is currently recruiting four nursing tutors for the new Training Unit.

Reflecting the Government's concern with family planning, a program in which family planning service is made available to health clinics upon request from local councils was initiated in 1968 under the supervision of an IPPF doctor.** The initial success of the program, which includes training of auxiliary staff (Family Welfare Educators), contributed to the Government's firm commitment to a national family planning program which was expressed in the 1970-1974 Development Plan. In 1971, UNFPA approved a \$200,000 grant towards establishing a proposed family planning Training Center located at Francistown; UNFPA also may recruit up to three staff members for the center. The purpose of the center will be to provide training for physicians and nurse midwives in the clinical aspects of family planning. However, in order to expand more rapidly the availability of family planning services within the MCH general health services context, there must be considerable input directed toward re-orientation and re-training of existing health staff. In addition, so that all future nurses trained in the country will be prepared to function effectively in either the hospital or public health setting, the GOB proposes to incorporate PH/MCH/FP into the basic training curricula.

This project is intended to provide in-service training for most of the nurses currently working in the country and to assist with revision of nursing curricula in order that future nurses will receive public health, maternal and child health/family planning as a part of their basic training.

In 1972 there are 377 registered (general) nurses, of whom 291 are registered nurse midwives. Thus, there is one registered nurse per 1684 people and of that same pool of nurses one registered midwife per 2151 people. There are 169 enrolled nurses, or one enrolled nurse per 3704 people. Totally there are 566 nurses, or one per 1106 people. Though the nursing manpower resource is generally well distributed over existing

** The proposed plan calls for supervision by District medical officers and experienced public health nurses.

health facilities, this group is in great need of refresher courses, and in-service training in the fundamental aspects of public health nursing, pre-natal and perinatal care, interconceptional care, infant and child care, nutrition, child spacing and family planning acceptors. The nurse-midwives will be provided a basic course in contraceptive methodology. The intent of this project is to develop these training centers and a syllabus for in-service refresher courses to provide this background as well as to develop a new curriculum design for the basic nursing school program which will include the essentials of MCH/FP services. A health education unit and health education program will be designed and implemented in the Department of Health as a means of assisting the people of Botswana to become aware of and receptive to the benefits of basic public health, MCH and family planning services.

Table III indicates an example of how in-service training courses might be scheduled in order to complete program for current group of practicing nurses.

| | <u>Training Output Over Life of Project*</u> | | | | | <u>Total**</u> |
|-------------------|--|--------------------|--------------------|--------------------|--------------------|----------------|
| | <u>1973</u> | <u>1974</u> | <u>1975</u> | <u>1976</u> | <u>1977</u> | |
| | <u>No Trainees</u> | <u>No Trainees</u> | <u>No Trainees</u> | <u>No Trainees</u> | <u>No Trainees</u> | |
| Training Centre A | 15 | 40 | 50 | 40 | 40 | |
| Centre B | 0 | 40 | 50 | 40 | 40 | |
| Centre C | 0 | 40 | 50 | 40 | 40 | |
| | 15 | 120 | 150 | 120 | 120 | 525 |

*Assumes four 8-week training courses per year (after first year) at each centre.

**Allows for 5% attrition.

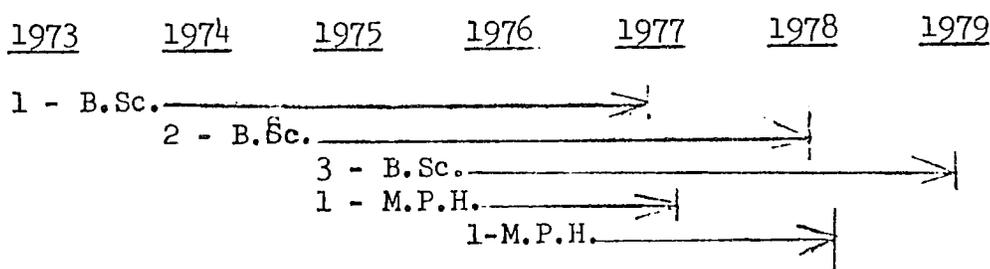
Numbers of nurses currently licensed by the Board of Nurse Examiners are:

| <u>Registered - R.N. Midwives</u> | <u>Enrolled</u> |
|-----------------------------------|-----------------|
| 377 | 169 |
| 291 | |

It is estimated that during the life of the project approximately 500 nurses will be given in-service training and a sufficient number of Botswana tutors will have been trained to continue the in-service training and also to utilize effectively the revised nursing curricula, and will supplement the assistance provided by other donors.

As a further step toward increasing the acceptance of the concepts of family planning, health conservation and disease prevention, the GOB proposes to develop a Health Education Unit as an integral part of the Department of Health organizational structure. It is in these three specific areas - i.e., in-services training, development of an integrated basic curriculum and development of the Health Education Unit, that the GOB has requested assistance from AID.

Health educators will be trained to staff the Central Health Education Service and be posted to work with District Medical Offices. The Government of Botswana proposes to send suitable candidates for training at the B.Sc. or M.P.H. level as follows:



D. Other Donors *

The government of Norway (NORAD) is the other major participating donor in this project, providing \$3,000,000 of assistance for construction of basic public health facilities and recurrent costs to cover the salaries of the nursing staff. The AID input will serve to upgrade the training of the country's nursing cadre better preparing them for carrying out the public health/MCH/FP functions through these and other government health facilities. Also assisting the GOB in its family planning activities are the I.P.P.F. family welfare education project and the U.N.F.P.A. training project (see Annex B for more details).

In addition, this project has linkages with several other on-going and planned projects in the rural development sector. The facilities to be constructed and the public health/MCH/FP services to be provided will be located in areas in which more comprehensive rural development efforts are being carried out. The IBRD/SIDA (Sweden) Livestock development project is expected to include a village rehabilitation program in the western borderland area in which area health services and facilities will be strengthened through this project. As will also be the case in the Shushong-Mahalpye rural development project which the UNDP has under consideration and in the Kasane triangle area in the northern part of the country where the U.K. (ODA) is undertaking project identification and feasibility studies. The scope of this project being country-wide and an integral functional component of the Government's rural development program, it will interrelate with almost any rural development project undertaken.

* If NORAD grant not approved, A.I.D. plans re-evaluation of its support to subsequent funding cycles.

VI. Course of Action:

Implementation Plan

The PERT network shows the major events and relationships for this project implementation. It is expected that at least 10 months will elapse prior to the U.S. technicians arriving in Botswana. There are several important tasks to be completed by DOH/USAID prior to their arrival to expedite the project implementation. Consultants on short TDY may be helpful to DOH/USAID.* It is imperative that problems of logistic support and scheduling be expedited to avoid a costly spinoff of the U.S. technicians' efforts during their first six months at post in order that they concentrate their activities on program planning and design. The events precedent to the first in-service training course and adoption of the integrated curriculum for the basic nursing schedules are not presented because any significant deviations from this program flow militates against achieving the overall purposes of the project during its 5 year life time.

* If Administrative Assistant not yet available

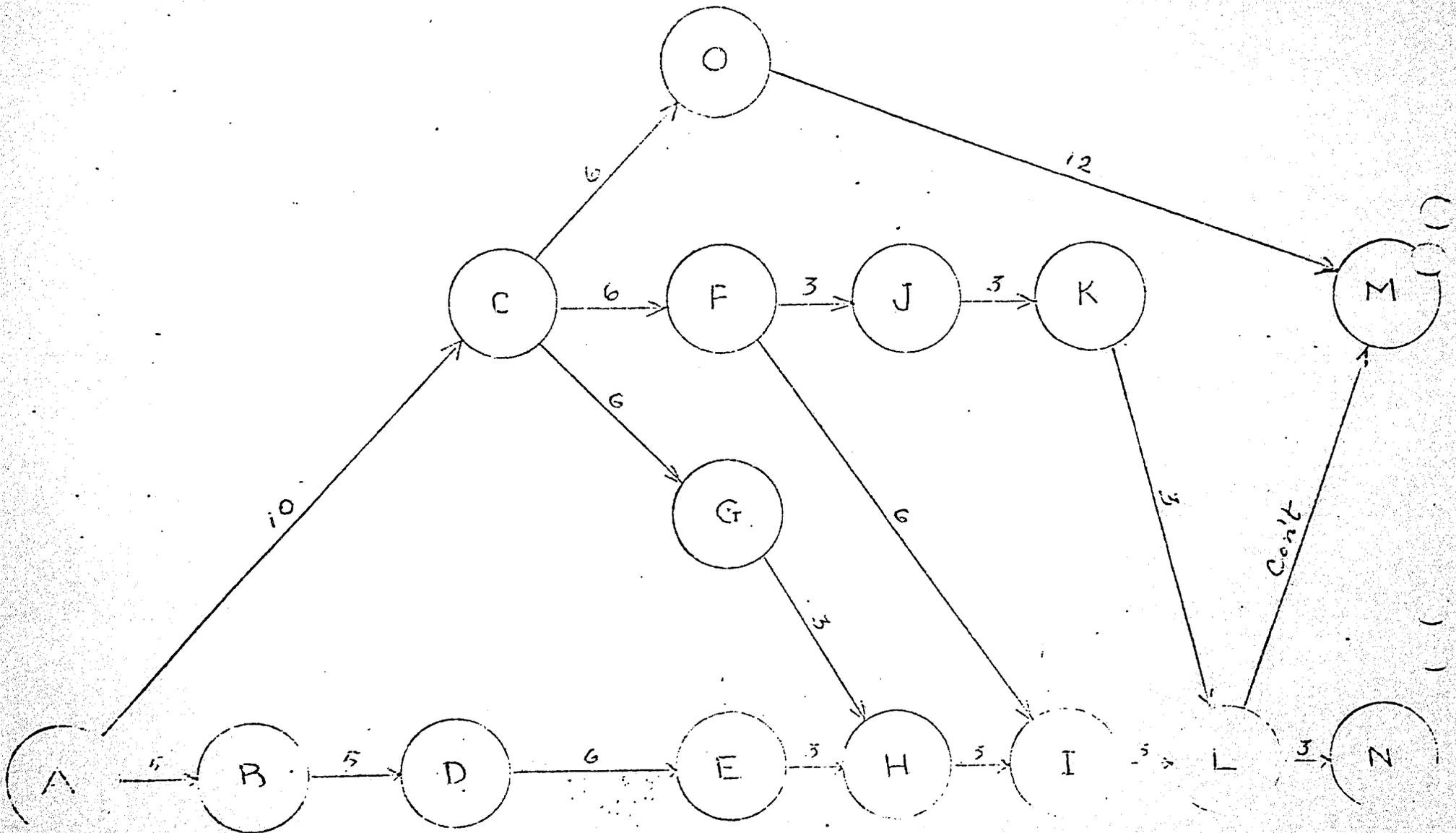
(MONTHS)

10

16

22

28



| Steps | Activities | Description | Responsible Agent | Time (months) |
|-------|------------|---|-------------------|---------------|
| 1. | A-B | Prepare detailed plan of assignment of 3 public health nurses and health educator (a) duties and relationships (b) logistic support required (c) U.S. consultant may be available on request of DOH for above and steps 4(b), 5 in FERT chart in first 10 months.. | DOH/USAID | 5 |
| 2. | B-D | Housing and other arrangements completed for US technicians including vehicles available at post. | DOH/USAID | 5 |
| 3. | A-C | Three Public Health Nurses and Health Educator selected, approved by GOB and arrived at post. | DOH/USAID | 10 |
| 4. | C-F | Orientation of U.S. technicians to Botswana. (a) DOH, nursing schools, etc. (b) Design of in-service training syllabus. (c) Develop schedule for participant training. (d) Begin selection candidates for participant training - U.S. or 3rd country. | DOH/US advisors | 6 |
| 5. | C-G | Design and implementation of integrated curriculum for basic nursing school program. (a) Finalize arrangements for first participant trainees. | DOH/US advisors | 6 |
| 6. | C-O | Conceptualize and design health education unit and program for DOH. (a) Continue selection and arrangements for participants. | DOH/US advisors | 6 |
| 7. | D-E | Develop master plan and begin nursing in-service training in at least one center. | DOH/US advisors | 6 |
| 8. | E-H | Administrative/management and logistic support for 3 in-service training centers outlined in detail and formally requested in GOB budget projections and allocations sufficient to accomplish step 7. | DOH/US advisors | 3 |
| 9. | C-G | Equipment for three training centers, health education unit of DOH and basic MCH/FP libraries including family planning visual aids ordered. | USAID | 3 |
| 10. | H-I | Libraries and above equipment received. | USAID | 3 |
| 11. | F-J | Second group of nurses begin in-service training in two centers. | DOH/US advisors | 3 |
| 12. | J-K | Third group of nurses complete in-service training in all three training centers. | DOH/US advisors | 3 |

| Steps | Activities | Description | Responsible Agent | Time (months) |
|-------|------------|--|---------------------------|-----------------|
| 13. | F-I | Completion of development of field practice areas for in-service training and basic nursing school programs with special emphasis on rural MCH/FP services. | DOH/US advisors | 6 |
| 14. | K-L | Integrated Public Health, MCH/FP curriculum achieved in all government nursing training centers implemented and evaluation design identified to make revisions as appropriate. | DOH/US advisors | 3 |
| 15. | L-N | Complete arrangements for participant training. | DOH/US advisors/ USAID | 3 |
| 16. | O-M | Develop Health Education Unit and programs in Ministry of Health. | DOH/US advisors | 2 |
| 17. | L-M | Continuation of program as outlined and critical assessment of progress to date. | DOH/US advisors/ USAID | contin- uous |

ANNEX A

PROJECT DESIGN SUMMARY LOGICAL FRAMEWORK

PROJECT TITLE: MATERNAL AND CHILD HEALTH/FAMILY PLANNING TRAINING

Life of Project:
 From FY 72 to FY 77
 Total U.S. Funding: \$1,235,000
 Date Prepared: April 26, 1972

| NARRATIVE SUMMARY | OBJECTIVELY VERIFIABLE INDICATORS | MEANS OF VERIFICATION | IMPORTANT ASSUMPTIONS |
|---|--|---|--|
| <p>Program or sector goal: The broader objective of this project is to support the GCB in its stated priority policy of giving emphasis to rural social and economic development which places priority on the development of a rural health infrastructure thereby extending MCH/FP services to a greater proportion of the population, thereby contributing to a smaller, healthier population</p> | <p>Measures of Goal Achievement:</p> <ol style="list-style-type: none"> 1. The goal of this project will be partially achieved when sufficient nursing and midwifery personnel have received training in public health, maternal and child health and family planning to staff the existing and proposed rural health facilities. 2. Health facility available to every 15,000 population. 3. Family planning service and advice is an integral part of MCH service in Govt's rural health plan. | <ol style="list-style-type: none"> 1. Personnel records of Min of Health. 2. Records of training facilities. 3. Direct observation. | <p>The GOB continues to give high priority to rural development including health, family planning and MCH services.</p> <ol style="list-style-type: none"> 2. The GOB will be able to raise domestic and external resources to implement its rural development policies. |
| <p>Project Purpose: To assist in the development of a cadre of health personnel capable of staffing and providing preventive MCH/FP services in the urban and rural health facilities.</p> | <p>Conditions that will indicate purpose has been achieved:</p> <ol style="list-style-type: none"> 1. Rural health facilities will be staffed with personnel trained in PH/MCH/FP. 2. Integrated curriculum is utilized in basic nursing programs. 3. Field practice areas are being utilized in training programs. 4. A system of supervision is established. 5. Selected tutorial staff has been trained to continue program. 6. The Health Education Unit is in operation and staff trained or being trained. | <ol style="list-style-type: none"> 1. The degree of efficiency, effectiveness and self-sufficiency of the training Centers operated by the MOH. 2. The number of personnel who have completed training who are assigned to rural health facilities. 3. Direct observation. 4. The percentage of those completing training and retained on staff of MCH and District Council Health facilities. 5. Review Organization Charts. 6. The academic reputation of the training centers with the | <ol style="list-style-type: none"> 1. The GOB personnel will acknowledge the improved skills of trainees who have completed the in-service training course and assign the required number to appropriate rural health facilities. 2. The GOB will develop an appropriate career development system for various categories of health personnel. 3. The GOB will commensurately establish appropriate personnel positions including a supervisory category. 4. The GOB will provide the necessary budgetary contributions. |

hospitals and rural health facilities.

7. Direct observation.
8. The capacity of the GOB to continue the training courses without outside assistance.

INPUTS:

A developed in-service training curriculum and teaching plans.

All in-service nurses completed refresher courses by end of project.

An integrated curriculum for basic nursing being utilized in the schools of nursing.

Established field teaching resources being utilized.

Tutorial staff trained for continuing program.

Health Ed. Unit operating as integral part of MOH and staffed with qualified personnel.

An on-going post-partal family planning program established in the Gov't hospitals.

Counterparts are assigned and working with U.S. technicians mos. to 1 year prior to termination of the project.

MAGNITUDE OF OUTPUTS:

1. Approximately 500 nurses will have completed in-service course.
2. Approximately 200 nurses will have completed basic integrated course.
3. Three rural and one or more urban field practice areas established.
4. Approximately 10 tutors will have received appropriate training.
5. Approximately 7 candidates will have been trained or be in training as Health Educators.
6. All women delivering in Gov't hospitals will be informed and when appropriate provided with family planning services as requested.
7. Two or three participants will have been trained in Administration and Evaluation of MCH/FP programs.

MEANS OF VERIFICATION

1. Review of Records of Nursing Board and Training Centers.
2. Review of Records of Basic Nursing Schools and curricula.
3. Direct observation.
4. Review of records.
5. Review of records and discussion with selection committee.
6. Review of hospital records and family planning reports.

IMPORTANT ASSUMPTIONS

1. The GOB will provide funds for local costs of in-service training and designate suitable training centers.
2. The GOB and Nursing Board will approve the Integrated Curriculum.
3. The GOB and District Councils will designate suitable facilities as field practice areas.
4. Qualified personnel will be selected for training as public health/MCH/FP tutors.
5. Appropriate candidates will be selected for participant training.
6. Hospital staff adequate to undertake appropriate educational activities and establish referral system.

INPUTS:

U.S.

Technicians
Administrative Assistant
Commodities
Vehicles
Participant Training
Observation Visits
Consultants

GCB:

Housing
Salaries of trainees
Office Space
Clerical staff
In-country travel costs

Other Donors:

Government of Norway
(NORAD)

UNFPA
IPPF
UK (GDA)

IMPLEMENTATION TARGET

(type and quantity)
(see inputs section of PROP)

4 - Technicians
1 - Administrative Assistant

Teaching Aids
Medications and vaccines
Equipment for 3 rural training clinics

4 - Vehicles
28 - Man-years participant training (L.T.)

36 - Man-months participant training (S.T.)

12 - Man-months consultant services

GCB

Housing to be available when technicians arrive (April, 1973).
Positions included in establishment beginning April, 1973.

Other Donors

See Annex B for IPPF; NORAD and UNFPA inputs.

ASSUMPTIONS FOR PROVIDING INPUTS:

1. A.I.D. budget
2. Project Implementation plan.
3. GOB budget for local costs.
4. Direct observation.

Housing available.
Positions have been established GCB health budget.

Direct observation.
Review IPPF reports.
Review UNFPA reports.

1. A.I.D. will provide pledged level of assistance on schedule.
2. GOB will meet local costs of training, travel, etc.
3. GCB will allocate suitable housing for technicians.
4. Suitable office space, clerical staff, etc., will be provided by GCB.

Other donors continue support of Family Planning Program and Rural Health Development program.

Annex B

Summary Family Planning Activities - Botswana

A. IPPF Project initiated July, 1969

1. Budget -

- a) 1970 - \$24,000
- b) 1971 - 71,300 (Est. Expend.)
- c) 1972 - 120,500 Est.

2. Activities:

- a) Training Family Welfare Educators for rural and urban District Councils
- b) Salaries for 5 - midwives
- c) Salaries for 529 - Enrolled nurses
- d) Salaries for 32 - FWE's
- e) 5 Vehicles
- Contraceptives
- f) Conferences and Information services

B. GOB Services

1971 - GOB instructed child spacing services to be offered all hospitals and rural health centres.

C. Other Inputs:

1. UNFPA

- 1. Authorized \$159,000 over 2 year provide 1 physician, 1 PH nurse, 1 nurse-midwife for training program
- 2. Request to NORAD for construction and operating costs 1972-7 40 health clinics and 120 health posts for rural areas. R2,369,092

ANNEX CCONTRACT TEAM PERSONNELMAN YEAR OF ASSISTANCE

| <u>Field</u> | <u>FY 73</u> | <u>FY 74</u> | <u>FY 75</u> | <u>FY 76</u> | <u>FY 77</u> | <u>FY 78</u> |
|--------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Public Health Nurse | 3/12 | 1 | 1 | 1 | 1 | 9/12 |
| Public Health Nurse | 3/12 | 1 | 1 | 1 | 1 | 9/12 |
| Public Health Nurse | 3/12 | 1 | 1 | 1 | 1 | 9/12 |
| Public Health Educator | 3/12 | 1 | 1 | 1 | 1 | 9/12 |
| Administrative Assistant | 6/12 | 1 | 1 | 1 | 1 | 9/12 |
| Consultants | 2/12 | 2/12 | 2/12 | 2/12 | 2/12 | 2/12 |
| <u>Campus</u> | | | | | | |
| Campus Coordinator | 6/12 | 1 | 1 | 1 | 1 | 9/12 |
| Secretary | <u>6/12</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> |
| Total | 2 8/12 | 7 2/12 | 7 2/12 | 7 2/12 | 7 2/12 | 5 1/2 |

6/7/72: AFR/SAF

SUMMARY PARTICIPANT MAN MONTHS PROGRAMMED

| | <u>FY 72</u> | <u>FY 73</u> | <u>FY 74</u> | <u>FY 75</u> | <u>FY 76</u> | <u>FY 77</u> |
|--|--------------|--------------|--------------|--------------|--------------|--------------|
| Health Educators (U.S. Academic) | 12 | 36 | 72 | 108 | 108 | 96 |
| Short Term U.S. (Administrators and Midwives, etc.) | 6 | 9 | 9 | 6 | --- | --- |
| Tutors (Third Country) | 36 | 36 | 36 | 36 | 24 | 12 |
| Observation Tours - U.S. | <u>2</u> | <u>2</u> | <u>2</u> | <u>2</u> | <u>2</u> | <u>---</u> |
| Total | 56 | 83 | 119 | 152 | 134 | 108 |

June 7, 1972: AFR/SAF

Participants Input

| <u>No. of Participants in Training:</u> | <u>FY 72</u> | <u>FY 73</u> | <u>FY 74</u> | <u>FY 75</u> | <u>FY 76</u> | <u>FY 77</u> | <u>FY 78</u> | <u>FY 79</u> |
|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Health Educators ^{1/} | 1 | 3 | 6 | 8+1* | 7+2* | 5+1* | 2 | - |
| Tutors ^{2/} | 2+1* | 1+2* | 1+2* | 1+2* | 2* | 1* | | |
| Short Term (U.S.) ^{3/} | 1 | 1+1* | 1+1* | 1 | | | | |
| Observation/Study Tours | 3 | 3 | 3 | 3 | 3 | | | |
| | 8 | 11 | 14 | 16 | 14 | 7 | 2 | |
| Funding | \$30,000 | \$45,000 | \$70,000 | \$90,000 | \$85,000 | \$65,000 | | |

*See other footnotes.

- 1/ Ten participants will be programmed to fill 7 positions--8 BSC degree (four years) and 2 MPH degree (two years) denoted by asterisk to Staff Health Education Services for the country.
- 2/ Of the ten participants, 5 will receive 2-year training and 5 one-year of training (denoted by asterisk) in Africa. These tutors will return to established positions in the GOB nursing schools.
- 3/ These to receive short-term training in Family Planning Program Administration, Evaluation and Supervision of Midwifery F.P. Services.

COMMODITIES BUDGET

| | |
|---|---|
| <u>4 Vehicles (for 5 staff)</u> | \$20,000 |
| <u>Library Materials</u> | 50,000 |
| Reference and textbooks, periodicals, Duplication equipment and supplies Card file equipment and supplies, and miscellaneous other items (for three libraries at three centers) | |
| <u>Teaching Aids</u> | 25,000 |
| <u>MCH/FP Clinics Supplies and Equipment</u> | 20,000 |
| Contraceptives | (\$8,000)* |
| Equipment (Tables and instruments - supplementary and upgrading present equipment) | (3,000) |
| Miscellaneous supplies | (3,000) |
| FP Clinic Commodities -- vaccines and other medications | (6,000) |
| | <hr style="width: 10%; margin-left: auto; margin-right: 0;"/> |
| Total | \$115,000 |

| | <u>FY 72</u> | <u>FY 73</u> | <u>FY 74</u> | <u>FY 75</u> | <u>FY 76</u> |
|---------------------|--------------|--------------|--------------|--------------|--------------|
| Vehicles | 20,000 | ----- | ----- | ----- | ----- |
| Library Materials | 20,000 | 10,000 | 10,000 | 5,000 | 5,000 |
| Teaching Aids | 13,000 | 3,000 | 3,000 | 3,000 | 3,000 |
| Equip. and Supplies | <u>7,000</u> | <u>4,000</u> | <u>3,000</u> | <u>3,000</u> | <u>3,000</u> |
| | 60,000 | 17,000 | 16,000 | 11,000 | 11,000 |

* IPPF presently supplies contraceptives for the National Family Planning Program. This input is intended for training centers only. A.I.D. will reconsider this item if IPPF reduces current inputs.

OTHER COSTS - BUDGET

| | |
|---|----------|
| 1 House (for Administrative Assistant) | \$20,000 |
| Local small items and services such as printing and reproduction, visual aids, small improvements to facilities | 10,000 |
| | <hr/> |
| | \$30,000 |

| | <u>FY 72</u> | <u>FY 73</u> | <u>FY 74</u> | <u>FY 75</u> | <u>FY 76</u> | <u>FY 77</u> |
|-------|--------------|--------------|--------------|--------------|--------------|--------------|
| House | 20 | -- | -- | -- | -- | -- |
| Other | <u>5</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> |
| | 25 | 1 | 1 | 1 | 1 | 1 |

6/7/72:AFR/SAF

ANNEX D

GOB Input

| | |
|--|----------------|
| (a) Housing for technicians, office space, etc. | \$30,000 |
| (b) Salaries - in-service trainees, S.T. training, participants | 145,000 |
| (c) Petrol and recurrent costs for vehicles for in-country travel | 20,000 |
| (d) Local costs of in-service trainees | 25,000 |
| (e) Self-help contribution to NORAD construction | <u>405,000</u> |
| TOTAL | \$625,000 |

ANNEX E

DESCRIPTION, FUNCTION AND STAFFING OF HEALTH UNIT FOR BOTSWANA

Health Post
Clinic
Primary Health Centre
Area Health Centre
Hospital
Central Hospital

Health Post:

Temporary or permanent structure that is visited at regular intervals by paramedical personnel.

Functions:

- i) Preventive Medicine (M.C.H. immunization Health education and family planning etc.)
- ii) First Aid.
- iii) Diagnosis and treatment of common diseases.
- iv) Case finding and follow up of discharged patients (T.B., trypanosomiasis etc.)
- v) Keeping of records.

Clinic:

A permanent structure consisting of a minimum of two rooms, latrine, protected water supply, plus accommodation for resident staff, including a latrine.

Functions:

- i) Continuing activities in the following spheres:
 - (1) MCH including domiciliary midwifery and family planning.
 - (2) Immunization.
 - (3) Environmental health.
 - (4) Health Education.
 - (5) First Aid.
 - (6) Diagnosis and treatment of common diseases.
 - (7) Case finding and follow up, with particular emphasis on T.B., trypanosomiasis, leprosy.
 - (8) Collection of statistics.

Personnel:

A minimum of:

- 1 Staff Nurse
- 1 Enrolled Nurse

at least one of whom have a knowledge of Environmental Health and at least one of whom is qualified midwife.

Primary Health Centre:

A permanent structure, with a minimum of two maternity beds, aqua privy, piped water supply, cooking area, laundry area, and drainage, economy solar heater. Three extra rooms. Plus staff accommodation, including an aqua privy.

Functions:

Continuing activities in the following spheres:

- (1) M.C.H., including domiciliary, in-patient midwifery and family planning.
- (2) Immunization.
- (3) Environmental Health, including demonstration and guidance.
- (4) Health Education.
- (5) First Aid.
- (6) Diagnosis and treatment of common diseases.
- (7) Case finding and follow up with particular emphasis on T.B. etc.
- (8) Collection of Statistics.
- (9) Elementary laboratory examinations, including sputa, Hb, examination of blood films, urinalysis and examination of urine and stools for parasites..
- (10) Field Surveys for communicable diseases.
- (11) Supervision of Clinics and Health Posts.
- (12) In-Service training.

Staff:

A minimum of:

- 1 Staff Nurse/Midwife
- 1 Enrolled Nurse/Midwife

(at least once of whom shall have a knowledge of Environmental Health.)

- 1 Health Assistant, who must be a trade-tested driver and must be able to maintain his vehicle.

1½ daily paid.

Area Health Centre:

Buildings to consist of a minimum of a delivery room, 4 maternity beds, 8 children's beds, 8 female beds and 4 male beds, with the necessary ablutions, sluice room and waterborne sanitation. In addition, there should be a Charge Nurse's office, duty room, consulting room, treatment room, dis-

pensary, laboratory, and an area health office. Ancillary buildings should be a kitchen, laundry, storeroom, linen-room, as well as a simple incinerator, a coal bunker and a fuel store.

Vehicles:

There should be a minimum of one ambulance and one light truck.

Functions:

Continuing activities in the following spheres:

1. M.C.H., including domiciliary, in-patient midwifery and family planning.
2. Immunization.
3. Environmental Health, including demonstration and guidance.
4. Health Education.
5. First Aid.
6. Diagnosis and treatment of common diseases.
7. Case finding and follow up, with particular emphasis T.B., etc.
8. Collection of Statistics.
9. Elementary laboratory examinations, including sputa, Hb, examination of blood film, urinalysis and examination of urine and stools for parasites.
10. Field Surveys for communicable diseases.
11. Supervision of Primary Health Centres, Clinics and Health Posts in its area.
12. In-service training.

Staff:

- 1 Charge Nurse, who shall be an SRN/SCN with Public Health training.
- 1 Staff Nurse/Midwife
- 1 Senior Health Assistant
- 1 Health Assistant
- 2 Enrolled Nurse/Midwives
- 2 Enrolled Nurses
- 3 Daily Paid Workers

Medical Department
Gaborone

5/4/71