

Maternal and Child Health/Family Planning Training
Botswana Project No. (1990-11-40-032)10 p.
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The Botswana MCH/FP Training Project was approved in June 1972, with Meharry Medical College selected as the contractor. The contract was signed by Meharry on March 30, 1973, and the contract team arrived in the field between May and August 1973, to begin preliminary work on the implementation of the project.

The purpose of the project as stated in the PROP is, "To assist in the development of a cadre of health personnel capable of staffing and providing preventive, MCH/FP services in the rural and urban health facilities."

Between October 29 and November 1, the A.I.U. appraisal team met and had discussions with: USAID and Embassy officers, the contract field team, and Ministry of Health officials. Site visits were made to:

The National Health Institute

The Princess Marina Hospital - Gaborone

Urban MCH/FP clinic - Gaborone

The Nurses Association In-service Training Facility

A field trip was made to Lobatse, one of the three project sites. At Lobatse the Government Hospital, a Government MCH/FP Clinic, a Town Council MCH/FP and an industrial clinic were visited. The project in-service training center was also visited.

2

The overall impression of the Appraisal Team was that the Ministry of Health of Botswana is committed to improving and expanding rural FP and health service through all of its facilities. The Ministry Officials stated that this project is consistent with the Five Year Development Plan and its stated policy on family planning. It is the opinion of the Team that this policy is being implemented effectively in the existing health facilities. The team was favorably impressed with the quality of the services which are being provided and with the morale and attitudes of the Batswana staff toward the delivery of health and family planning services.

The Ministry of Health has developed realistic plans for expanding facilities, training and deployment of staff, and apparently enjoys financial support from the national and local governments.

From the standpoint of United States Government officials in Botswana, both the Ambassador and the OSARAC strongly support the project as an important element of the United States Government program in Botswana.

END OF PROJECT CONDITION (STATUS):

- (1) Rural health facilities will be staffed with personnel trained in public health, maternal and child health and family planning.

Progress to Date

An in-service training curriculum has been developed and is being utilized in four training sites: Gaborone, Francistown, Serowe and Lobatse. The Senior Public Health Nurse on the contract team divides her time between Serowe and Gaborone. To date, 30 registered nurses and 63 enrolled nurses have completed the in-service course. The target number to be trained over the five year period of the project is 550. Therefore, almost one-fifth of the target group has completed training. It is, therefore, the opinion of the team that it should be possible to train the target number within the life of the project.

- (2) An integrated curriculum will be in use in the basic nurse training schools. (Includes MCH/FP/FH)

Progress to Date

The integrated curriculum for the enrolled nurse training schools has been developed and approved. A seminar is planned for January 1975, at which time tutors will be oriented to the utilization of the curriculum. It will be introduced into the nursing schools in April 1975.

4

(3) Field practice areas will be developed and utilized.

Progress to Date

One Urban and three rural field training sites have been developed and are being utilized.

(4) Selected tutorial staff will have been trained to continue the integrated program.

Progress to Date

(a) One tutor was sent to the Advanced Training Program for Matrons and Tutors in Nairobi. Unfortunately she had to return home as the University of Nairobi was closed due to student unrest. When the University of Nairobi opens, she will return there. Other suitable sites in Africa will be sought for tutor training.

(b) Under WHO sponsorship, three R.N.'s are currently in Calcutta attending All India Institute Course in Public Health Nursing. They will serve as field instructors and partial counterparts to the U. S. team on their return to Botswana.

(c) Two participants have been enrolled in U. S. universities to study for B.Sc. degree in nursing. Additional qualified candidates are expected to be recruited as potential candidates are expressing interest in this type of preparation and the Ministry is actively seeking such candidates. PHA/POP could be of assistance in locating small institutions in the U. S. that offer a B.Sc. in Nursing for proposed Botswana candidates.

(5) The Health Education Unit will have been established and functioning with trained local staff, servicing all programs including MCH/FP.

Progress to Date

One participant is now enrolled in the University of Massachusetts as a candidate for the baccalaureate degree in health education. The Ministry of Health believes that 10 health educators (qualified) are required. They expressed the view that they believe that adequately qualified candidates can be recruited and will make every effort to do so. It is possible that the Ministry is being overly optimistic but for the present the Appraisal Team is willing to accept the Ministry's judgement.

The Ministry of Health is keenly interested in establishing a strong Health Education Unit and feels it is an essential part of the health and family planning program. An embryonic unit is now undertaking limited activities in these areas. There is a strong desire on the part of the Ministry to make health education an important element in the MCH/FP program and current materials are oriented toward encouraging family planning acceptance.

The previous team health educator made a significant contribution in organizing the present service and in strengthening the interest of the Ministry of Health in health education and, therefore should be replaced as soon as possible.

(6) An on-going effective post-partial family planning service will be established in the three Government training hospitals.

Progress to Date

Post Partial family planning services are established and operating in government training hospitals in Gaborone, Lobatse, Serowe, and Francistown. The clinics are attracting increasing numbers of clients as nursing personnel are trained in family planning.

(7) The Ministry of Health will have staff capability to administer and evaluate MCH/FP programs.

Progress to Date

In the currently planned reorganization of the Ministry of Health, there will be provisions for a management and evaluation section of the Maternal and Child Health Family Planning Division. At this time it is not clear whether or not the Menarry project will be responsible for training these personnel. Other donors, such as W.H.O., UNFPA, UNICEF, CIDA, SIDA and NORAD, as well as A.I.D. will assist and support this division.

PROBLEMS NOTED

In general, the problems noted by the Appraisal Team concern project management, on the part of both A.I.D. and the contractor.

It is the consensus of the appraisal team that the FHA/POP office needs to give more vigorous supervision and guidance to the contractor. In turn, the contractor needs to provide more adequate orientation and ack-
 stopping to the field staff. On occasion, unclear lines of team authority have resulted in poor coordination to the detriment of the program. The contractor apparently has not recognized the seriousness of this problem and taken the necessary measures to arrive at a satisfactory solution. Now that many of the administrative tasks involved in initiating an over-
 seas project have been accomplished, the Appraisal Team questions the need for a full time U. S. Administrative Assistant for this project.

The second critical area of concern is in relation to communication. Letters from the field to Meharry are not answered promptly, the field has not been kept informed regarding the status of procurement of supplies and the field team has felt a lack of adequate technical support. Members of the field team have expressed the need for opportunities to discuss technical problems with experienced consultants. The team feels that consultants suggested to them by Meharry have not had sufficient experience to be of assistance to them.

The third problem area relates to participants. It is the opinion of the Appraisal Team that the contractor has not advised the Ministry of Health clearly of the educational standards required by U. S. institutions for admitting degree candidates. This has resulted in misunderstandings and on occasion in the selection of candidates unacceptable to U. S. univer-
 sities.

1. That the technical aspects of the project be continued in their present form. At this time, there is no indication that quantitative goals should be modified, however this should be subject to periodic review.
2. That PHA and the Africa Bureaus recognize this project as an effective combined health and - family planning project which is appropriate for joint funding and management.
3. That a well qualified and experienced health educator be recruited and assigned as soon as possible.
4. That PHA/POP establish a more vigorous system of supervision and guidance to the contractor, and work with the contractor to ensure that the problems enumerated in the preceding section of the report are resolved.
5. That the contractor develop plans to provide for a one-month overlap of any replacement technicians during the life of the project.
6. That the contractor provide the Government of Botswana and the field team with a clear statement regarding the qualifications required for admission to U. S. institutions of higher learning which are likely to be used for participant training.
7. That the contractor develop a plan and undertake follow-up of participants attending U. S. institutions.

8. That the contractor develop a roster of experienced consultants, and provide the field team with biographic data for their comment and concurrence on consultants selected.

9. That the three separate professional disciplines involved in the project enjoy direct access to appropriate Ministry of Health personnel. The Senior Public Health Nurse to have responsibility for the nursing program the Health Educator for the health education program and Administrator for all administrative matters. An overall team coordinator should be appointed from current personnel in lieu of a Team Leader. At this time, it is the judgement of the appraisal team that the senior public health nurse should be appointed team coordinator.

10. That the contractor explore resources for more expedient procurement and delivery of supplies and teaching materials which are not available locally.

11. That the contractor explore the possibility of securing a local hire for secretary/administrator to replace the U. S. administrator as soon as feasible.

Final Summary

The Project Appraisal Team notes that while the Botswana MCH/FP project experienced the usual delays in implementation of overseas activities, substantial progress has been made since January, 1974. With the exception of the health education unit, project activities are essentially on target. If the project problems are alleviated as per the recommendations, activities should be able to progress on schedule in the future.

The Team recommends that the project continue in its present form under joint health and family planning funding and management. Periodic reviews should be scheduled to verify the appropriateness of the scope of work and the resolution of the problems.