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MINISTRY OF HEALTH
SWAZILAND PRIMARY HEALTH CARE PROJECT

REVISED LIFE OF PROJECT WORKPLAN
DECEMBER 1987
USAID PROJECT NO. 645-0220

WITH CORRECTIONS FROM MOH
POLICY & PLANNING COMMITTEE
MEETING - 3 MARCH 1988
(Noted on Implementation
Schedule, PART III)

MANAGEMENT SCIENCES FOR HEALTH
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I

INTRODUCTION AND SUMMARY CHART

SWAZILAND PRIMARY HEALTH CARE PROJECT

REVISED LIFE OF PROJECT WORKPLAN

INTRODUCTION

Description

This workplan consists of four parts:

- I. Introduction and Summary Chart
- II. Narrative Statement for each Activity Area
- III. Implementation Schedule listing outputs, activities, priorities, direct costs, responsibilities and time
- IV. Direct Costs Schedules and Budget

The workplan is divided into separate activity areas for ease of management and evaluation. Specific outputs are specified for each activity and responsibilities identified. For the PHC team of long-term associates, names are used; for the Ministry, titles or units are specified.

Direct costs for each activity are next listed under the budget categories of Consultants, Training, Equipment, Materials and Research.

The beginning and completion dates of each activity are then shown on the timeline.

Each direct cost item is listed on a separate schedule to show the total costs for each category compared to budget.

The workplan includes all activity areas specified in the Project Paper, in the same order, except Nursing Education. It contains additional activity areas for Rural Health Motivators/Community Leadership, Public Health - General, Management Information Systems, and, while not a separate activity area, certain School Health activities introduced under other headings.

Background

This is a revised workplan, the outgrowth of a review of the Primary Health Care Project conducted by the Ministry of Health in July-August 1987. A major recommendation resulting from that review was that the Project workplan (first workplan dated December 1986) should be reviewed by all relevant programme and regional personnel and revisions made to better fit the needs of the Ministry.

The Health Planning Unit was assigned the responsibility for this undertaking. All programme heads and the Regional Health Management Teams were contacted and requested to conduct a "needs assessment" in the areas of primary health care, and to identify specific activities which they recommend the Project could best support during the next 3½ years.

Upon completion of this work, the Health Planning Unit organized and synthesized the material into one workplan. Direct costs were estimated for each activity.

Subsequent reviews and revisions were made by the Ministry of Health Policy and Planning Committee, MOH Programme Heads, and USAID.

In the process of reviewing and refining the workplan it was necessary to provide focus and priority. Certain areas were omitted or cut back where other donor programmes are sufficiently filling the need.

Evaluation

The PHC Project is comprehensive and complex. The eight target service areas specified in the Project Paper are national goals. The separate activity areas for the Project each support these national goals. Statistical and process indicators are being developed which will serve to monitor and evaluate the impact of activities in these areas.

The process (or activity) indicators may, in some cases, measure the achievement of specific Project activities. The statistical indicators can only measure the effect of the total effort and of changing conditions. Since these efforts are multi-donor, and involve the Ministry, missions and NGOs, it will not be possible to measure the impact of specific PHC Project activities.

Budget

The present Project completion date is 31 December 1990. However, the budget is based on a full five years of Project implementation which assumes an extension of seven months through July, 1991.

A cushion has been provided in the budget projections to allow for the possible extension of some of the long-term associate personnel.

To supplement the budget, E260,000 has been made available through the USAID-sponsored CCCD Project to meet certain direct costs identified in the workplan. An additional E25,000 is to be provided by the USAID Water Borne Disease Control Project.

Organization of the Project

The schematic on the following two pages illustrates the linkages of the project elements to the Logical Framework contained in the Project Paper.

The implementation statement summarizes these relationships. It contains a concise summary statement of the strategy employed, and how this strategy is expected to impact the target population groups.

SWAZILAND PRIMARY HEALTH CARE PROJECT - ORGANIZATION OF THE PROJECT

GOAL

TO IMPROVE THE HEALTH STATUS OF SWAZI CHILDREN UNDER FIVE YEARS AND WOMEN OF CHILDBEARING AGE

To achieve the Goal and Purpose, the Project focuses on the key health and administrative problems which can make a significant difference to delivery of primary health services, and a concomitant improvement in maternal and child health status

PURPOSE

TO IMPROVE AND EXPAND THE PRIMARY HEALTH CARE SYSTEM IN SWAZILAND

END OF PROJECT STATUS INDICATORS

¹ Provide better, earlier and more frequent pre-natal care to 90% of pregnant women.

² Increase to 70% number of births attended by health personnel or trained attendants

³ Provide post partum education to 90% of mothers who deliver in maternity.

⁴ Immunize fully 70% of all children under one year of age.

⁵ Make ORT available to 90% of under-5s and use it effectively in 50% of diarrhea incidents in under-5s.

⁶ Perform routine growth monitoring for 90% of under-5s.

⁷ Increase to 12% women of reproductive age for continuing use of child spacing techniques.

⁸ Provide children and women of childbearing age appropriate and timely treatment for parasitic, infectious and lower respiratory diseases.

OUTPUTS

¹ Improved outreach and service delivery approaches, cost recovery mechanisms, and incentive schemes to increase demand for health services developed and implemented.

² More productive health providers, brought about by improved training, reassignment of work responsibilities, improved conditions of service, improved transportation and communications, and improved supervision and management support.

³ Health facilities (including clinics, health centers, hospitals, regional laboratories) supplied with necessary MCH/CS equipment ORS, supplies, vaccines, drugs, and contraceptives on a steady, reliable basis.

⁴ A decentralized system of planning, budgeting, financial management, supervision, and management in place and operating effectively.

⁵ An increased proportion of GOS recurrent expenditures for health devoted to primary health care.

(see Objectively Verifiable Indicators in Logical Framework)

ACTIVITY AREAS

IN SUPPORT OF END OF PROJECT STATUS INDICATORS

- | | |
|------------------|----------------------|
| 1. MATERNAL CARE | 4. GROWTH MONITORING |
| 2. EPI | 5. FAMILY PLANNING |
| 3. OMT/CDD | 6. PRIORITY DISEASES |

- | |
|-----------------------------------------------------|
| 7. RURAL HEALTH MOTIVATORS/
COMMUNITY LEADERSHIP |
| 8. ENVIRONMENTAL HEALTH |
| 9. PUBLIC HEALTH - GENERAL |
| 10. TRANSPORT |

IN SUPPORT OF OUTPUTS

- | | |
|-------------------------------------------------|------------------------------------------------------------------------------------|
| 11. COMMUNICATION | 16. HEALTH PLANNING
AND BUDGETING |
| 12. LABORATORY SERVICES | 17. FINANCIAL MANAGEMENT |
| 13. HEALTH EDUCATION | 18. MANAGEMENT INFORMATION
SYSTEM AND RESEARCH,
MONITORING AND
EVALUATION |
| 14. CLINIC MANAGEMENT | 19. HEALTH FINANCING |
| 15. DECENTRALIZATION AND
SYSTEMS DEVELOPMENT | |

IMPLEMENTATION

ORGANIZATION

The 19 Activity Areas are grouped into two major segments. The first six link directly to the eight End of Project Status Indicators. The remaining 13 either directly support service providers or are designed to strengthen management and support systems. This latter group of activity areas are generally linked to the five major project Outputs and are measurable by the Objectively Verifiable Indicators in the Logical Framework.

The workplan contains a narrative statement for each Activity Area. These statements explain the background and rationale for each planned activity, and the relationship to the Amplified Project Description contained in the Grant Agreement.

The narrative in each case points out where there are significant departures from the approaches and activities outlined in the Amplified Project Description and the reasons for such departures.

END OF PROJECT STATUS INDICATORS

These eight indicators are national targets, and Project Activities support their achievement. To conform to the Ministry's program structure, three of these target service areas are combined into one in this workplan (Maternal Care encompasses Pre-natal Care, Attended Deliveries and Post-partum Education). Of course these six service areas still include all eight service targets.

Activities in these six service areas are directly aimed at upgrading and expanding services and increasing demand. Essentially, this calls for building human resources through skills development and supervision. To achieve this, protocols are being developed to serve as the basis for in-service training, supervision, and as components of pre-service training.

PROJECT OUTPUTS

The remaining 13 activity areas are all designed to help strengthen the health delivery system so the eight service targets can be achieved. Each activity is essential and all are interrelated. The system cannot function with any reasonable degree of efficiency and effectiveness without each of these 13 areas which include training, health education, laboratory services, transport and communication, information, planning, budgeting and finance.

As with the six service areas, these specific activities in the workplan take into account support from other donors and have been designed to complement and support on-going work to achieve the project outputs.

STRATEGY

The overall strategy to integrate the numerous activities outlined in this workplan is to focus on the point of delivery - i.e., the public health units, clinics, outreach sites, OPDs and community - within the framework of decentralization. This focus emphasizes the upgrading of human resources through training, supervision and support in both clinical and management areas. Basic commodities are also provided where there are clear deficiencies - equipment for clinics and outpatient departments, laboratory equipment and supplies, ORT treatment centres, audio-visual and radio equipment, and the like.

At intermediary levels (region and sub-region) the focus is on strengthening supervision, planning and control. Support systems are strengthened generally at the regional level, with policy, direction and back-up from the central programme units. These include planning, budgeting, personnel training, communication, transport, finance and health information.

IMPACT

Impact on the target population groups - children under age five and women of child-bearing age - is achieved through increasing coverage and utilization of services and by generating increased demand for these services. Coverage and utilization are increased through the provision of more services, improved quality of services, outreach and home visits. Increased demand is generated through the Project's support of health education messages, Rural Health Motivators and increasing the involvement of community leaders.

II

NARRATIVE STATEMENTS

SWAZILAND PRIMARY HEALTH CARE PROJECT

REVISED LIFE OF PROJECT WORKPLAN

NARRATIVE STATEMENTS

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MATERNAL CARE

In this workplan, three activity area outlined in the Project Paper (Antenatal Care, Attended Deliveries and Postnatal Education) have been combined into one - Maternal Care. The major deficit in this area is the lack of a Ministry of Health long-term plan. Appropriate activities have been taking place, but it is difficult to coordinate these without a plan.

Antenatal Care and Attended Deliveries

Improvement in the quality of antenatal care will contribute significantly to a reduction in maternal and perinatal morbidity and mortality, and the achievement of the Project/National targets of providing better, earlier and more frequent prenatal care to 90% of pregnant women and referring all high risk pregnancies to maternity for delivery.

The Project Paper identified several activities which had already been initiated when the Project Team arrived. These include:

1. the introduction of the Risk Concept Approach through the use of a patient held antenatal card with identification of risk factors
2. the development of antenatal protocols in the form of the Maternal Care Component of the MCH/FP Manual
3. the development of a policy for routine syphilis screening for all antenatal clients

However, these policies had not been well implemented.

To reduce maternal and perinatal morbidity and mortality it is crucial not only to increase the proportion of women who are delivered by a trained attendant, but to also have "at risk" women delivery in facilities with the appropriate resources.

The Risk Concept Approach is an important strategy to achieve this end. The new antenatal card and the laborgraph, used in conjunction with protocols for management during the antenatal and labor periods are very useful tools. These protocols form the foundation of training, supervision and evaluation of services.

Postnatal Education

The Project Paper revealed there is no formal postnatal education for mothers who deliver in maternities or hospitals in Swaziland. Maternity nurses generally do not have much substantial contact with postpartum patients, even though it is widely recognized that a mother is more receptive to information concerning the care of her baby and childspacing during the postnatal period.

To improve this situation, the Project Team recognizes that nurses and nursing assistants must be motivated to introduce child care and childspacing in the antenatal period and to use the postnatal period optimally to provide postnatal care and education. There must also be outreach activities for reinforcement of this education. To achieve this goal, a postnatal care and education program will be developed for use in larger maternities, and then expanded to clinics, and the community at large.

Project activities in 1987 were directed towards implementation of the existing MOH policies and protocols through:

1. training of health staff in MOH policies and protocols with followup of participants through field visits to the clinics with supervisors.
2. provision of additional copies of the MCH/FP Manual to government, mission and private clinics, Public Health Units (PHU) and preservice training institutions.
3. provision of gestational wheels/pregnancy calculators and tape measures to implement new screening techniques for pregnancy complications.

In 1987 a working session was held to analyze hospital delivery data to determine maternal and perinatal mortality and to identify risk factors for the hospital maternal and newborn deaths and stillbirths. Strategies were identified for further improving maternal care.

In 1987, much attention was directed toward the development of long-term plans for EPI, CDD and ARI. For this next year, efforts will be directed toward developing a five year plan for Maternal Care. Activities to reinforce the implementation of the existing policies and protocols will be continued while new activities will include:

1. development, testing and implementation of protocols for intrapartum (delivery) care.
 2. the formation of a Working Group for the development of postnatal care and education program.
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3. support of SINAN (Swaziland Infant Nutrition Action Network) research study on breastfeeding practices in the hospital.
4. coordination with training institutions to incorporate MOH policies and protocols in pre-service training.

Other activities will be identified as the long-term plan is developed. Work to improve logistics, continuing education, supervision, laboratory services, tetanus immunization, information system, etc. will be coordinated with the appropriate team member and programme area.

EPI

EPI activities are of major concern to the Ministry of Health as immunization against communicable diseases provides short-term, high-impact, results in improving the health of women and children. Indeed, it may be possible to eliminate polio in Swaziland by the end of the PHC Project!

As stated in the Project Paper the Project will complement the efforts of the CCCD Project and UNICEF in the Ministry's EPI Programme.

In the absence of a full-time field Technical Officer for the CCCD Project during 1987, the PHC Project has been filling the gap as far as practical with the Ministry in continuing to focus on and strengthen this vital area of child health. With the arrival of a Technical Officer in mid January 1988, PHC Project activities will be scaled down, and will be adjusted to best fit and complement the activities - and costs - of the CCCD Project.

PHC Project activities will be done in accordance with the Ministry's three-year implementation plan for EPI, with the aim of reaching the National/Project target of assuring 70% of children under one year of age are fully immunized. The major focus of PHC Project support includes the completion and introduction of the revised Immunization Manual and Instruction Manual for Sterilizers and Refrigerators, training health workers to upgrade immunization skills and practices, and conducting follow-up site visits at the clinic level.

ORT/CDD

The control of diarrheal diseases has immediate impact on the health and nutritional status of infants and children. Recognizing diarrheal diseases as the major health problem in Swaziland, the Ministry of Health has promoted ORT for a number of years. Several agencies, most notably UNICEF and the CCCD Project, have contributed resources to expand the use of ORT. The PHC Project aims to complement these efforts in pursuit of the target to "make ORT available to 90% of children under five years of age, and to have ORT effectively used in 50% of the incidents of diarrhea in this age group." To assist in reaching this goal, the Project will provide support primarily in the areas of developing protocols, training, data analysis, and establishing treatment and training centres.

As with EPI, in the absence of a full-time field Technical Officer for the CCCD Project, the PHC Project has been filling the gap in ORT/CDD during 1987, focusing on the design, organization and start-up of ORT Treatment and Training Centres at the Mbabane Government Hospital (the central unit), and at eight regional hospitals/health centres. This work will be continued and completed in 1988. Funding from the CCCD Project will supplement this effort. In addition to establishing treatment/training centres, the Project will focus on upgrading health workers' ORT skills and practices, and undertaking follow-up at the clinic level.

GROWTH MONITORING

The effectiveness of growth monitoring (GM) as one of the most practical methods for promoting health has been documented in many countries. GM has been a component of MCH services in Swaziland for some years, and the Project Paper identifies it as a means of consolidating many other child health interventions, as well as addressing the widespread childhood nutritional problems identified in the 1983 National Nutrition Survey.

Comprehensive GM provides a focal point for key MCH services at all levels, offering opportunities for:

- nutrition assessment judged by growth since the previous weighing;
- classification of children at risk who require special care and follow-up for such conditions as growth impairment, TB, etc;

- personalized health education, including age-specific feeding practices and treatment of diarrhea;
- child spacing counselling;
- immunization according to the established MOH schedule.

A comprehensive GM program can easily incorporate ORT and immunization, providing the mechanism for the integration of vertical programs into MCH services. Successful GM does not require expensive equipment and supplies or high-level health personnel. Its simplicity and immediate feedback suggest that well-trained RHMs could help to expand the use of GM at both clinic and community level; the participation of carefully chosen and trained community members should also be considered.

The Project's ambitious target to "perform growth monitoring routinely for 90% of all children under five years of age," will be approached principally through training and following-up health staff and developing GM materials for pre- an in-service training.

These Project activities are designed to supplement the efforts of UNICEF which is the major donor in this area. During the first two years, the Project is collaborating with UNICEF in developing baseline data, GM training materials, conducting health worker training, and undertaking follow-up at the clinic level.

FAMILY PLANNING

This is another area which has no long-term plan, although appropriate activities have been taking place. The Project Paper identifies that, although no national surveys have been conducted, contraceptive prevalence is estimated to be between 4% and 5% with high discontinuation rates. Baseline information on service statistics is very poor with no data available for 1986 or 1987. The Demographic and Health Survey which was scheduled to be completed before the implementation of the Project to provide baseline data has not been done.

Services are provided by government, mission and private health facilities with the Family Life Association of Swaziland (FLAS) as the most dynamic service provider. Training of personnel in family planning skills has been provided through UNFPA, including a course in 1986 which trained 13 FP nurses to serve as regional FP trainers. Before the Project Team arrived, Family Planning protocols in the form of the Childspacing Component of the MCH/FP Manual

had been developed by the MCH/FP Committee, but had not yet been distributed and implemented. The supply system has improved recently, but many clinics are not staffed or equipped to provide services. As a result, family planning services are not provided at all clinics. Where they are provided, it is usually done in a passive manner with little active recruitment of high risk mothers. Family planning is seen as a separate service, rather than as an integrated intervention to improve the health status of mother and child.

To increase contraceptive prevalence to reach the Project/National target of 12%, education needs to be directed at service providers and the community at large. Areas of particular attention include the role of men in acceptance of family planning services and the problem of adolescent pregnancy.

The Project Paper identified the development of a population policy as a major activity to be supported by the Project. However, at the request of the GOS during the first few months of the Project, the Project covenant relating to a high-level national Population Committee was removed, and it was mutually agreed that significant project resources would not be used to support the development and implementation of a GOS population policy supportive of voluntary family planning. This had the effect of deleting the sixth major project output dealing with policy development.

UNFPA expects to remain active in this area with a project planned to start in 1988 and PHC Project activities will be coordinated with the UNFPA Project.

Activities during the past year concentrated on the implementation of the family planning protocols in the MCH/FP Manual in the area of provision of services and included the following:

1. provision of additional copies of the Childspacing Component of the MCH/FP Manual to government, mission and private health facilities and to training institutions.
2. training in the use of the protocols of tutors, FP trainers, clinic supervisors and matrons.
3. assessment of maternal care/family planning activities, distribution and on-site training in the use of the family planning protocols at clinic level by the Project team member, counterpart, FP trainers and clinic supervisors.

The primary activity for this year will be the development of a long-term national plan for family planning in conjunction with MOH, FLAS, UNFPA and other interested parties. While this is being developed, activities will continue to focus on improving the provision of services as shown in the workplan.

Other activities will be identified as the long term plan is developed. Activities to improve logistics, continuing education, supervision, laboratory services, tetanus immunization, management information system, etc. will be coordinated with the appropriate team member and programme area.

PRIORITY DISEASES (ARI, MALARIA AND BILHARZIA)

The Project aims "to provide to children and women of childbearing age appropriate and timely treatment against major parasitic, infectious, and lower respiratory diseases." The Ministry of Health Statistics Unit reports that serious diseases and health problems of children under age 5 are diarrheal diseases, upper and lower respiratory infections, malaria, intestinal parasites (principally ascariasis), measles, tuberculosis and syphilis. Influencing all these conditions is the nutritional status of the child. For mothers, the problems that influence not only their own health but also the health of their children are tuberculosis, sexually transmitted diseases, malaria, schistosomiasis and anemia.

The Project will address these problems in pursuit of the target described above through focusing on those diseases most prevalent in the country: tuberculosis, malaria, bilharzia, acute respiratory infections (ARI), sexually transmitted diseases (STD) and diarrhea. Certain of these diseases are addressed in other sections of this workplan. For example, syphilis among pregnant women is under the Maternal Care section and the control of diarrheal diseases is under ORT/CDD and Environmental Health. The diseases which will be the focus of this section are ARI, malaria and bilharzia.

Because other projects and agencies are intensively involved in the ARI and malaria areas, the PHC Project will direct complementary support to these efforts. For example, the PHC Project will support UNICEF and the CCCD Project in preparation of treatment manuals, staff training and follow-up for malaria and ARI. For bilharzia, however, where there is the greatest need, the Project will purchase equipment and supplies, train staff, strengthen the data management system and assist in strategy development and drafting of a 3 to 5 year plan for bilharzia control.

RURAL HEALTH MOTIVATORS/COMMUNITY LEADERSHIP

While Rural Health Motivators and Community Leadership were not included as separate activity areas in the Project Paper, the need for community involvement and support, and for increasing the utilization of health services (which the RHMs are designed to achieve) are inherent in the Project purpose and all eight target service areas.

The Rural Health Motivators Programme and clinic outreach services are the two viable means in use in the Swaziland Health System to increase accessibility to health care for the rural population. If the ambitious national goals set forth in the eight target service areas of the Project are to be met, these means must be aided and expanded. (See Clinic Management for operations research studies for strengthening and expanding outreach - mobile clinics - through community participation).

The Rural Health Motivator Programme is well-established. It has been traditionally supported by UNICEF, and this support will continue during the next five years through a commitment of \$185,000 in the UNICEF five year programme for 1988-92.

In the first quarter of 1987, it was agreed by Project management, the MOH, USAID and UNICEF that the Project would augment the UNICEF funding to achieve two objectives: (1) to further involve community leadership and seek stronger commitment to primary health care and the RHMs, and (2) to take the essential step to decentralize the RHM Programme and broaden its base through the training and deployment of selected Nursing Assistants (two in each region) for the training, support and monitoring of RHMs in the four regions.

Towards these objectives the Project has funded two regional workshops for chiefs and the initial training for the eight Nursing Assistants.

In the revised workplan, the Project plans to continue supporting the chief's workshops, fund further community support activities for other community representatives, reinforce the training of the Nursing Assistants, and sponsor a study tour for selected Nursing Assistants to observe and train in a two-week programme in Kenya.

Activities beyond FY 1988/89 have not yet been defined.

SCHOOL HEALTH

School Health is not included in the Project Paper as an activity area for the Project. However, during the past year the Ministry has identified it as an unfilled need with a paucity of school health nurses and inadequate programmes conducted by teachers. There is no other donor support. Yet, School Health offers considerable potential for reaching children and their families with a variety of health interventions including screening, immunizations, hearing examinations and health education.

During 1987 the Project assisted the Public Health Unit with minimal school health activities, including organizing an approach to use clinic nurses to make visits to those schools within close proximity (walking distance) of their clinics.

Due to the need to limit the extent of Project activities, School Health is not included as a separate and distinct activity area. However, certain key activities have been included under other programmes. These are:

- EPI - immunizations for school children and the potential protection of to-be mothers for neonatal tetanus.
- Priority Diseases - provision of school health kits, otoscopes and audiometers.
- Priority Diseases - school health component of Bilharzia control
- Training - for school nurses in the use of the school kits, otoscopes and audiometers, and for Bilharzia control.

A total of E68,700 is budgeted for these needs.

ENVIRONMENTAL HEALTH

The major illnesses which lead to relatively high infant mortality and which reduce life expectancy at birth in Swaziland are in large measure related to faecal contamination, poor hygiene, insufficient quality and quantity of water, and other environmental factors. Thus, the prevention of diseases related to the environment must be an integral part of any programme directed towards improving the health status of the Swazi people - especially infants and children.

In the Swaziland National Health Policy, the highest priority is assigned to the establishment of a comprehensive primary health care system, a basic element of which is the provision of health education and the promotion of clean water supplies and sanitation. The National Water Supply and Sanitation Policy reinforces this priority. This has been a prime purpose of the Rural Water Borne Diseases Control Project sponsored by USAID.

While environmental health is not one of the stated activities in the Project Paper, with the Project's focus on diarrheal diseases control, other priority diseases and health education, it is essential to strengthen linkages with water and sanitation activities in order to have the optimum impact on the health status of women and children.

Thus, during the latter part of 1987, as part of the review and revision of this workplan, the need for relating water supply and sanitation activities with the PHC Project goal and purpose, as well as integrating them with the overall primary health care programme was addressed.

In November/December a conference was held to define proposed activities and strategies for their implementation. This work will be continued and completed in the first quarter of 1988. Groups involved include the Public Health Unit, Health Inspectorate, Public Health Engineer, Health Education, Town Councils, Bilharzia Control, TB Centre, Malaria Control, Planning Unit, NGOs, Rural Water Supply Board, Rural Water Borne Diseases Control Project, and PHC Project. Both national and regional representatives are involved.

The workplan provides for the implementation of activities defined in the conference consistent with Project objectives and resources. It is understood that the integration of these activities can be achieved largely through organization, strategies and existing training programmes, and will most likely require little in the way of additional resources. Therefore, no additional resources are assigned at this time.

PUBLIC HEALTH - GENERAL

This is an added activity area, not included in the original project description, nor in the first workplan, reflecting a new interest and initiative by the Ministry during the past year.

Support in this area has been added to cover a variety of public health activities which serve to support and strengthen the Ministry's public health programmes which are largely focused on the Project's target population groups - under 5s and women of child-bearing age.

A principal activity in this Project area will be funding for a quarterly Technical Bulletin reporting on Primary Health Care activities and technology. The Bulletin will serve as a means of information-sharing and education in all the Project's clinical and management support areas, including EPI, CDD, ARI, Growth Monitoring, Family Planning and other interventions of interest to other projects and donors.

Another major activity is the proposed Family Health Survey - a comprehensive national household survey which will provide basic data in all PHC and FP areas. While initially planned with the aid of a centrally-funded USAID project with the Westinghouse Corporation, the survey may now be conducted with the assistance of the Centers for Disease Control of Atlanta, Georgia. The CDC will provide technical assistance. The Project may fund local support costs to a limit of E360,000.

While too late to provide a baseline for the Project, this survey will provide data to help monitor the on-going impact on Project target population groups in MCH and Family Planning, as well as baseline data for the new Family Health Project USAID is sponsoring with FLAS.

As far as possible, the Project intends to design the survey in modules which can be repeated periodically by the Ministry to monitor activities in Primary Health Care. Other local resources (such as the Central Bureau of Statistics and UNISWA) can be called upon and involved to develop a local capacity for this type survey.

The Project will also support the Annual Public Health Conference, publication of the Public Health Annual Report, and possibly, a follow-up seminar on the PHC Review held in October-November, 1967.

TRAINING AND NURSING EDUCATION

Each finite training activity is specified in the separate activity areas, and schedules are provided in the direct cost analyses accompanying this workplan. Therefore, no separate training section is included as part of this workplan.

Training is a major component of the Project with E920,000 budgeted for in-country, in-service training, and E1,255,520 budgeted for out-of-country short courses/study tours and long-term training. The Project Paper provides for substantial in-country, in-service training; short courses and study tours in other countries; third-country long-term training in health education and health administration; and selected long-term degree training in the United States for three candidates, two in health education and one in health information. All of this is being done.

As specified in the Project Paper, training is focused on primary health care providers, their supervisors, health inspectors and health assistants, RHMs, and staff involved in financial management, including accountants, storekeepers and warrant holders. Members of the Regional Health Management Teams are provided training in team building, planning and budgeting, and personnel management.

During 1987 substantial activity for in-country, in-service training was undertaken. While each training activity was justified in terms of implementation objectives, taken together (and including other, non-Project initiated courses), the training of health personnel reached a point of overload. In view of this, all training activities planned for 1988 have been carefully reviewed. Some of those initially proposed have been eliminated. Others combined. It is recognized there should be less time spent in the classroom (workshops) and more time in on-the-job training in the field. A principle being followed is that no training activity is to be undertaken unless adequate follow-up can be provided to ensure that what has been taught is being applied on the job. Many activities listed in this workplan provide for this type of follow-up.

The in-service, in-country training plan has been completed in detail for CY 1988. For 1989 and 1990 no detailed plan has been prepared. For planning and budgeting purposes it is anticipated that the CY 1989 training budget will be 60% of 1988 and for CY 1990, 50% of 1988.

This plan is to be revised and merged with other training activities being planned by the Ministry with other donors. Further adjustments will be required when this is done.

The short courses and study tours have been allocated to each of the major programme areas defined by the Project Paper.

In-service training materials (protocols, guidelines, manuals) developed by the Project are being introduced for use by Swaziland's pre-service training institutes.

The position of Training Officer, a condition precedent of the Project, was filled before Project activities began in mid-1986. While not physically located in the Institute of Health Sciences (as recommended in the Project Paper), the Training Officer occupies an office in the Personnel Department of the Ministry and reports to the Undersecretary. She presents recommendations to the Training and Personnel Management Committee of the Ministry. Project staff work with the Training Officer on a daily basis in planning and arranging programs and overseas training for Project candidates. In June 1986, the Training Officer attended the course in "Skills for Managing Effective Training Organizations" conducted by the prime contractor, Management Sciences for Health, in Boston, Massachusetts.

In Nursing Education the Project is not planning any direct activities, but rather, is cooperating with Project HOPE which has the primary responsibility in this area.

The implementation strategy of the Project is to focus on in-service training, and it is not feasible to make any major input at the pre-service level. However, all in-service training materials developed by the Project will be introduced as far as practicable in the pre-service curricula. There are direct reference to this in the relevant workplan sections.

Starting in 1989 it is expected that Project HOPE will support and expand the Nursing Assistant training programme.

TRANSPORT

The Project Paper clearly states that the lack of reliable transportation adversely affects expansion of services in key target areas. Supervision of clinics and rural health providers, consultation, reporting, delivery of drugs and supplies, laboratory testing and reporting, patient referrals, and outreach clinics all depend on a good transport network. Repeatedly, the providers of these essential services in Swaziland have complained that they cannot do what is expected of them without adequate transport.

To improve the transport system, it is important to begin by increasing the productivity of the present system and then to augment the existing stock of vehicles in a planned selective way, within resource constraints. The Project will support the development of a 5-year plan to facilitate the management, replacement, and deployment of the vehicle stock. The plan will also address needs-based operations, use, servicing, the role of the CTA, routing/scheduling, links with the communications network, community participation, driver education/supervision, redeployment of existing vehicles, replacement, and the possibilities of decentralizing the transport system. The Project is also undertaking an operations research study designed to illustrate improved methods of management for the fleet of 15 vehicles based at the Piggs Peak Hospital.

Based on the 5 year plan and the results of the OR study, the project will assist the Ministry in implementing improvements to the transport system.

COMMUNICATION

Lack of communications facilities has been identified in the Project Paper as a major deterrent to efficient and effective clinic operation in remote regions of the country. Because telephone links with all remote clinics will not be established for a number of years, 2-way radios offer a practical alternative to improved communication between clinics and referral centres. Two-way radios can be used by clinics for diagnosis and treatment of illnesses and accidents, emergency care, referral and transport of patients, supply, and other administrative requirements.

Experience in a number of countries has demonstrated that 2-way radios can be installed, operated and maintained at reasonable cost. Given the state-of-the-art of radio equipment now available, properly maintained equipment can have a useful life of up to ten years. By that time telephones will probably be installed in most of the clinics.

The Project will fund an assessment of communication needs for the health system, equipment purchases up to E346,000, and training of health staff in use, preventive maintenance and simple repair. The assessment will measure the extent of need which can best be met by the use of 2-way radios and will include recommendations to ensure that adequate maintenance and repair services are provided (as required in the Project Authorization dated August 21, 1985).

Improved communication will support all eight Project targets directly related to MCH/FP services, as well as a number of the support services on which the Project is focusing (e.g. laboratory services, health education, clinic management and information systems). Importantly, activities to improve communication will focus on presently underserved clinics and outreach sites in isolated areas.

LABORATORY SERVICES

The Project Paper identifies improved laboratory services which could have a major impact on reducing morbidity and mortality in women and children. Effectively functioning laboratory services at the central and regional levels are essential components of primary health care. During 1987 the Project supported a comprehensive study of the laboratory system and hired a consultant to assess all laboratory equipment (for basic tests) to determine the need for repairs or purchase of additional equipment. The Project has also provided allowances for the training of three laboratory technicians in Lesotho and conducted a workshop on laboratory management.

Much is required to bring the laboratory system to a satisfactory level of performance, including re-organization, recruiting and staffing, extensive training, re-equipping, and substantially increasing the amount of reagents and supplies.

The Project workplan is designed to assist with those problems for which the greatest return can be realized within the resources available. But the Project is not in a position to meet all the needs of the laboratory services.

The Project will, however, provide seven person-months of consulting assistance to strengthen the management, training and quality control for the laboratories. As called for in the original project description, equipment and supplies will be provided for the central and regional laboratories as the Project budget permits. This will also be extended, selectively, to Health Centres, Public Health Units and Clinics on a trial basis.

Limited training in the form of workshops will be provided by the Project. The concept of privatizing some laboratory services will be explored.

HEALTH EDUCATION

The strengthening and decentralization of health education services is an important project component. As stated in the Project Paper, the need for health education messages and materials cuts across all areas in which the Project is involved.

To bring the Health Education Centre to full strength, including regional units, the Project is providing long-term participant training for six persons. In 1986 and 1987 the Project placed two health educators in U.S. Universities for BA degrees. In 1988 and 1989 the Project will place four additional trainees in a diploma course in Ibadan, Nigeria.

A main thrust of Project support is the regionalization of Health Education. Thus, the Project is training staff, working on regional health education programmes, and providing audio-visual equipment for the regional offices.

The establishment of regional units will start in 1988.

In 1987 the Project organized a comprehensive household and community survey to measure the level of knowledge, attitudes and practices on which the design of future health education messages can be based. Upon completion of this survey in September 1988, the Project will fund the development and delivery of health education messages in previously uncovered

areas (such as TB, STD, Hypertension and Malnutrition) identified by the survey. E90,000 is budgeted for the survey and E41,000 for the messages.

The training of clinic nurses, health inspectors and health assistance in health education methods was started in 1987 and will be continued.

A consultant from Drew University has been recruited to assist the Health Education Centre in cataloguing all existing health education messages and materials (both in the Ministry of Health and in other agencies), field testing selected materials, and setting up a library.

The equipment was initially to be used primarily to support the post-partum education programme and family planning activities of FLAS and other NGOs. It is now agreed that essentially the equipment will be to supply the regional health education units, which will be active in post-partum education and family planning, but will not necessarily limit activities to these areas. CCCD will fund the purchase of the equipment for an estimated E32,000. Before purchasing new equipment, all existing equipment will be repaired and placed in good working order. Some of this was done in 1987.

CLINIC MANAGEMENT

The clinic represents the front line of preventive and promotive health service in Swaziland and, in many cases, of curative care as well. As such, it reflects the total MOH policy towards health and the community on the one hand, and the community's response to those policies on the other.

At the clinic level, all programs and initiatives by government donors, and NGOs are passed on to the community by a limited number of staff. These staff members are faced with the impact of traditional beliefs and practices, limited knowledge, and negative attitudes which can impede their efforts. In many instances, the staff are also faced with such environmental constraints as poor housing, lack of potable water, lack of basic sanitation facilities, absence of means of communication, inadequate or non-functioning equipment, and lack of essential supplies. Many staff lack the skills required to perform their assigned tasks, and the communities for whom they provide services rarely have a sense of ownership of these services.

The Project Paper proposed several activities to achieve significant improvements in the productivity of clinic staff. The PHC Project will address these on many fronts, recognizing that changes in any one part of the system will bring about changes in its other parts.

While a number of interventions are listed here under Clinic Management, many other Project activities also focus on the clinic level. These include the clinical activities in the eight target service areas, communication, transport, health education and environmental health. Further, in training, personnel, planning, budgeting, information and finance the Project's thrust is to decentralize as far as possible to bring health care closer to the people and support clinic and community level work.

A major strategy of the Project is to increase utilization and coverage. This will be addressed under Clinic Management through community mobilization and strengthening and expanding outreach programmes. Supervisory training for clinic nurses will be directed towards their relationships and support of Rural Health Motivators.

An operations research study in the Mankayane Sub-Region to strengthen and expand outreach through mobile clinics will be expanded. E44,000 has been budgeted for this activity.

The Clinic Management approach differs from that prescribed in the Project Paper which calls for the selection of four clinics for the introduction of a full package of improvements. The Project's approach is much broader for three reasons: (1) promise of reaching many more clinics (all) and thus having a greater national impact, (2) involving and responding to the needs of the regional staff (RHMTs), thus enhancing their sense of "ownership" and improving chances for institutionalization, and (3) since so many interventions are structural and require at minimum a sub-regional base, it is limiting to restrict work to only one clinic at a time. Practically all the interventions underway by the Project are affected in this manner, including supervision, referrals, supply systems, communication, transport and drug management.

During 1987 assessments of clinic operations and problems were made, and working through the clinic supervisors and RHMTs interventions were initiated to address a number of them.

Specific work was undertaken in drug management, referrals, orientation for clinic nurses, and the adaptation and introduction of a Clinic Reference Manual. During the first half of 1988 these activities will be evaluated, modified and expanded.

The strengthening of supervision has been a key activity. In 1988 the training of the intermediate supervisory level will be continued and reinforced, and in addition, the strengthening of management and supervisory skills of clinic staff will begin. Health Inspectors and Health Assistants have been involved in all the training to reinforce the integration of clinic and community-based environmental health.

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DECENTRALIZATION AND SYSTEMS DEVELOPMENT

As noted in the Project Paper, decentralization involves the integration of health services by all providers - government, mission and private - at the regional level, and allows for a greater input from the local level in the planning and implementation of health services. It is also designed to improve communication, referral and supervision.

Further, "decentralization has significant potential for improving productivity and local input and motivation, as well as establishing a model which may be useful to other GOS ministries."

The Project's (and Ministry's) strategy is to phase in decentralization step-by-step over time. The approach is a double-barreled one: (1) to fortify and clarify the institutional framework for decentralization - organization structure, roles and responsibilities, accountability, communication/team building, strengthening the Regional Health Management Teams and Regional Health Advisory Councils; and (2) to regionalize specific administrative functions in the Ministry one-by-one. These include Personnel, Training, Planning and Budgeting Information Systems, Health Education and Finance. Each of these are addressed in their respective sections of this workplan.

Decentralization cuts across most, if not all, the Project's activity areas. And in most, the Regional Health Management Teams play a key role in the identification of needs, planning and implementation. Throughout the workplan, references are made to the RHMTs in this regard.

Decentralization is a difficult undertaking and will take time to implement, but, as noted in the Project Paper Administrative and Institutional Analysis (Annex 6B, page 12), "If decentralization can be made to work in Swaziland, it will likely make a major contribution to efficiency and productivity of the health system that will profoundly impact on clinic performance."

HEALTH PLANNING AND BUDGETING

Planning and budgeting is considered a vital part of the decentralization process and is required for the implementation of the programmes supporting the eight National/Project target service areas. As called for in the Project Paper, Project emphasis will be at the micro level, i.e. the regional level and below. To this end, the Project will work with the RHMT sub-committees for planning,

budgeting and monitoring plans; will facilitate joint planning between the regions and centre; and engage in other activities to support and encourage "bottom-up" planning.

The Project will review and revise Planning and Budgeting Manuals on an annual basis, as part of the series of manuals to support the decentralization of major administrative functions of the Ministry.

The Project Associate will work with the Planning Unit in assessing capital project plans, coordinating donor funding, and working with programme heads in developing long-term plans.

The Five Year Manpower Plan, completed under a consultancy in 1987, will be updated twice during the future life of the Project, in November 1988 and November 1990.

FINANCIAL MANAGEMENT

Strengthening accounting and financial management is a prerequisite for implementing efficient and effective planning, budgeting and management control. There is a pressing need for upgrading accounting and financial management skills among various cadres of the Ministry.

Starting early in 1988, the programme started in 1987 will be continued and stepped-up to train accounting staff and health personnel in budgeting, accounting and financial management.

As specified in the Project Paper, a local public accounting firm will be engaged to work with the Ministry to design and implement improved financial management systems and procedures. A manual will be produced for this purpose and personnel trained in its use.

Since the approval of the Project, a new Financial Controller has been appointed in the Ministry. There are many opportunities to work with the financial Controller and these activities will be carried out with his full collaboration.

MANAGEMENT INFORMATION SYSTEM/ RESEARCH, MONITORING AND EVALUATION

In the year since the Project became fully operational, the Ministry (together with the Project Team) has identified information systems as a top priority to support primary health care delivery. While not specified as a separate activity in the Project Paper, information systems are inherent in many of the activity areas listed. Not only are

health and management data required for the planning process, but also for each of the eight target service areas (such as EPI, ORT/CDD, Growth Monitoring, Maternal Care and Family Planning). Further, information is critical for proper management of the various support service areas such as drug management, transport and laboratory services.

As part of the decentralization process, the Project will assist in the decentralization of the health information system and in providing means for and encouraging the use of information for decision-making at the regional and sub-regional levels. This supports the need cited in the Project Paper to effect improvements for the "monitoring of the performance of health programmes and in feeding back the results to the service level."

The approach to improving the information system will be undertaken in two steps: (1) an assessment and up-grading (including steps towards decentralization) of the existing Health Information System, and (2) broadening that system to encompass a variety of management information needs. Consulting back-up will be provided by the Information Systems Unit of the prime contractor, Management Sciences for Health. Funding for up-grading the information systems computer capability of the Ministry will be provided by the CCCD Project.

A number of operations research studies and surveys will be carried out by the Project in support of the activities listed in this workplan. (As noted by the word "Research" in each section under the "direct cost" column) E731,560 is budgeted for Research and Surveys in this workplan, of which E360,000 is earmarked for the proposed Family Health Survey.

Further, the Project will support the Ministry in determining the feasibility of developing research capacity within the Ministry and in coordinating research proposals.

The pressing need for epidemiology competence in the Ministry will be met, in a small way, by selective in-country training.

HEALTH FINANCING

As noted in the Project Paper, "health financing issues pose a serious constraint to the expansion of primary health care services over the next five years." The Project design raises the expectation that a minimum of E1,000,000 may be realized from extra-budgetary sources for primary health care during the life of the Project. Yet, the paucity of successful, long-term experiences with alternative financing schemes in developing countries illustrates the difficulty of achieving major breakthroughs in this area.

As called for in the Project Paper, the Project will work with the Ministry of Health in planning and conducting a seminar (or series of consultations) with key officials to review, propose and reach concurrence for the application of selected alternative financing schemes. For those schemes which will actually generate additional funds, an understanding must be reached with the Ministry of Finance that such added income will accrue to the benefit of the health services, rather than to the general treasury.

Importantly, the strengthening of financial management in the health system is an important corollary to alternative financing efforts. For in order to win support for innovative financial management, the Ministry of Health must first demonstrate the capacity to handle its finances in an efficient and responsible manner.

A local public accounting firm will be engaged to conduct two basic studies which will help lay the groundwork for future work: a unit cost study and a user fees study. With the results of these two studies in hand, pilot studies for alternative schemes can be designed.

It is recognized that one of the more productive areas for developing additional resources for primary health care is by increasing the efficiency of existing services. One such area is drug management. While exact costs are not known at this time, clearly drug costs of an outpatient visit total a high percentage of total costs (in Ghana, the figure is estimated at 67%). By controlling the costs of drugs through improved prescription practices, ordering and supplies management, potentially large amounts of funds can be freed up for other primary health care needs. Another possible source of similar savings is in reducing the length of stay in hospitals.

Other studies and interventions will be developed as a result of research of efforts in other developing countries, the consultations/seminar, and opportunities which will open up through the cost and fees studies to be conducted in the second and third quarters of 1988.

Work on the implementation of alternative financing schemes has been purposely stretched out in order to free time of the Health Planning and Budgeting Associate to work on other activities (information systems and financial management) considered of high priority by the Ministry. Therefore, it will be some time (say, late 1989) before it will be possible to determine with any degree of reliability if the E1,000,000 goal can be met or exceeded.

III

IMPLEMENTATION SCHEDULE

SWAZILAND PRIMARY HEALTH CARE PROJECT

REVISED LIFE OF PROJECT WORKPLAN

IMPLEMENTATION SCHEDULE

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PROGRAMME: MATERNAL CARE

(Time segments conform to GOS Financial Year)

OBJECT	PHC PROJECT ACTIVITY	PRIOR- RITY	DIRECT COST (E)	RESPONSIBILITY	1987/88		1988/89				1989/90				1990/91				
					OCT	JAN	APR	JUL	OCT	JAN	APR	JUL	OCT	JAN	APR	JUL	OCT	JAN	
					DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	
8. Women at child bearing age aware of maternal risk factors	8. Develop strategies to improve community awareness of maternal risk factors through health education with mass media	1	<u>Materials</u> E 10,000	J. McDermott MC Coord Health Ed															
9. Increased syphilis screening and tetanus immunisation coverage	9. Promote syphilis screening of all mothers at first ANC visit and initiate tetanus immunization at first ANC visits and with family planning clients. Provide reagent cards	1	<u>Materials</u> E 500	J. McDermott MC Coord EPI Coord RHMTS Lab Services															
10. Physicians with updated skills in maternal care and family planning	10. Conduct in-service education to update maternal and family planning skills of physicians in the regions, including intrapartum protocols. (30 participants, 2 days, Type B)	2	<u>Training</u> E 4,200	Same															
11. Clinic and public health unit nurses with updated skills in maternal care	11. Conduct update workshops on maternal care for clinic and public health unit nurses.	1	<u>Training</u> See no. 15 below	Regional trainers															
12. PHC remained maternal care	12. Include maternal care in in-service training for RHMs	2		J. McDermott MC Coord RHM Coord															
14. Research findings on breastfeeding practices in hospital	14. Conduct research study on breastfeeding practices in hospital	2	<u>Research</u> E 10,000	J. McDermott SINAR															
14. Pre-service education incorporating maternal care policies and protocols	14. Coordinate with training instructors to incorporate maternal care policies and protocols in pre-service education	1		J. McDermott MC Coord SIHS															
	15. Conduct annual Maternal Care/Child Health Workshop series with Maternal Care component. (50 participants, 5 days, 6 workshops. Type B at E50/day. Co-sponsor with CCCD and UNICEF. PHC cost of E37,500 allocated 2/6 to Maternal Care)	1	<u>Training</u> E 12,500	J. McDermott MC Coord Clinic Supervisors Regional Trainers RHMTS															
Reviewed by: Rivers, Hanzale Pinto, Hanzale Jeanne McDermott 12 October 1987																			
Reviewed and revised by: G.D. Dlamini Jeanne McDermott 25 November 1987																			

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PROGRAMME: EPI

(Time segments conform to GOS Financial Year)

OBJECT	PHC PROJECT ACTIVITY	PRIORITY	DIRECT COST (£)	RESPONSIBILITY	1987/88		1988/89				1989/90				1990/91								
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR					
1. The project contributing to overall EPI implementation plan to fulfil identified needs to complete specified tasks.	1. Carry out activities specified in the new 3-year Implementation Plan for EPI, as specified by and with the P.H. Unit, EPI Coordinator, CCOD Technical Officer and Senior Medical Officer, Public Health.	1		H. Wallace In early 1988 in the detailed annual work-plan specific responsibilities of others who will work with H. Wallace will be specified.																			
2. Revised Immunization Manual in place and in use.	2. Complete field test and distribute revision of the Immunization Manual (1987 Workplan).	2	Materials E4,000																				
3. Instruction Manual for Sterilizers and Refrigerators in place & in use.	3. Complete and distribute Instruction Manual for Sterilizers and Refrigerators (1987 Workplan).	2	Materials E1,000																				
4. All units adequately equipped and supplied for sterilization and inventory systems in place and in use.	4. Facilitate and supplement provision and distribution of equipment and supplies for immunization and install an inventory system.	2	See also Clinic Management		AGREED TO DELETE NO. 4 P&P COMMITTEE, 3/3/88																		
5. Immunization activities targeted and monitored in relation to national objectives.	5. Conduct catchment area studies and install system for monitoring immunizations - against - targets at clinics, regional and national levels.	1		See MIS	NOT IN MIS WORKPLAN SECTION CONSIDER ADDING TO MIS P&P COMMITTEE, 3/3/88																		
6. Clinic nurses and supervisors with updated skills and technology on a yearly basis.	6. Conduct annual Maternal Care/Child Health Workshop series with EPI component. (50 participants, 5 days, 6 workshops. Co-sponsor with CCOD and UNICEF. PhC cost of E17,500 allocated 1/6 to EPI)	1	Training E 6,250																				
7. Performance according to protocols and training.	7. Conduct periodic site visits to health facilities to reinforce EPI skills and information, to follow up HCH/FP Workshop emphasis and to respond to regional priorities. Activities would include review of data collection, cold chain equipment and operation, sterilization procedures and equipment and staff performance.	1																					

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PROGRAMME: EPI

(Time segments conform to GOS Financial Year)

OUTPUT	PHC PROJECT ACTIVITY	PRIOR-ITY	DIRECT COST (£)	RESPONSIBILITY	1987/88		1988/89				1989/90				1990/91			
					OCT	JAN	APR	JUL	OCT	JAN	APR	JUL	OCT	JAN	APR	JUL	OCT	JAN
					DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR
8. Sentinel sites for infection collection in operation	8. Participate in development of sentinel surveillance system and outbreak control planning	1	N. Wallace CCCD															
9. EPI unit adequately supported by assigned functions including outbreak response and immunizations for schools	9. Provide essential supplies and equipment for selected EPI activities including outbreak response and tetanus immunization in schools (Cost estimate to complement other donor inputs and MOH budget)		Materials E 10,000/yr Total: E 30,000															
10. Imported vaccines and equipment properly stored in central vaccine stores	10. Support cost of handling and clearance of imported vaccines and equipment. (Assumes MOH will budget for 90/91 and beyond)		Equipment 80/89 E 2,000 89/90 E 2,000 Total: E 4,000															
<p>DELETION OF NOS. 9 AND 10 ACCEPTED. AMPLE SUPPORT FROM OTHER DONORS. P&P COMMITTEE, 3/3/88</p> <p><u>Issues</u></p> <p>Ensure close collaboration and clarify roles and activities with CCCD Project</p> <p>AGREED EPI PLAN SHOULD BE REVIEWED AGAIN WITH UNIT HEAD AND PHC ASSOCIATE P&P COMMITTEE, 3/3/88</p>																		

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Revised by:

- H. Ndlovu
- N. Wallace
- A. Beall

25 November 1987

Reviewed and revised by:

- G. Dlamini
- N. Ntsho
- N. Wallace
- A. Beall

1 December 1987

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Gantt	PHC PROJECT ACTIVITY	PRIORITY	DIRECT COST (E)	RESPONSIBILITY	1987/88		1988/89				1989/90				1990/91					
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR		
1.	PHC Project contributing to overall CDD implementation plan to fill identified needs	1		N. Wallace CDD Coord CCCD Tech Officer																
2.	On-going CDD/ORT Programme with technical assistance	1		N. Wallace																
3.	Diarrhea treatment data analysed and used for planning	1		N. Wallace T. Shilubane CDD Coord																
4.	Revised CDD/ORT Manual in place and in use	2		Same + E. McGrath																
5.	Mbabane Government Hospital ORT room established and in use	2		Same																
			<u>Equipment</u> E 2,000 (or CCCD)																	
6.	Eight regional diarrheal Treatment (ORT) Units established	2		Same + CCCD T.O. RHMTs																
			<u>Equipment</u> E 10,000 (or CCCD)																	
7.	CDD/ORT training capacity added to the eight regional ORT Units	1		Same																
8.	CDD activities targeted and monitored to meet national objectives	1		See MIS																
																				(periodic follow-up)
9.	Clinic nurses and supervisors with updated skills and information on a yearly basis	1		N. Wallace CDD Coord CCCD T.O. RHMTs Clinic Supervisor																
			<u>Training</u> E 6,250																	
			E37,500 allocated 1/6th to CDD																	

NOS. 6 AND 7 TO BE UNDERTAKEN
 LARGELY BY CCCD PROJECT.
 REVIEW WITH UNIT HEAD AND
 PHC ASSOCIATE.
 P&P COMMITTEE, 3/3/88

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ORT/CDD

PROGRAMME:

(Time segments conform to GOS Financial Year)

OUTPUT	PHC PROJECT ACTIVITY	PRIOR- RITY	DIRECT COST (E)	RESPONSIBILITY	1987/88		1988/89				1989/90				1990/91				
					OCT	JAN	APR	JUL	OCT	JAN	APR	JUL	OCT	JAN	APR	JUL	OCT	JAN	
					DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	
10. Nurses performing ac- cording to protocols and training	10. Conduct periodic site visits to health facilities to rein- force CDD skills development and follow-up workshops and regional priorities	1		N. Wallace Clinic Supervisors															
11. KAP of target population identified and analyzed for planning purposes	11. Conduct KAP study of home care for diarrhea (50% of total cost of E17,000 shared with KAP for AKI)	1	<u>Research</u> E 8,500 (May be sub- sumed by Health Ed. survey)	N. Wallace T. Shilubane CDD Coord CCCD T.O.															
Revised 23 November 1987 by Thandi Madzobele Ned Wallace A. Be-ell	<u>Issue</u> Ensure close collaboration and clarity roles and activities with CCCD Project																		
Reviewed and revised by: G.O. Dlamini H. Hlope N. Wallace A. Be-ell 1 December 1987																			

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PROGRAMME: GROWTH MONITORING

(Time segments conform to GOS Financial Year)

OUTPUT	PHC PROJECT ACTIVITY	PRIOR-ITY	DIRECT COST (£)	RESPONSIBILITY	1987/88		1988/89					1989/90				1990/91				
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR		
1. Report with baseline GM information	1. Develop, in collaboration with UNICEF, baseline information as of January 1988 for Growth Monitoring	1		N. Wallace UNICEF D. Kraushaar																
2. Clinic nurses and supervisors with updated skills on a yearly basis	2. Conduct annual Child Health Workshop series (50 participants, 5 days, 6 workshops. Co-sponsor with CCCD and UNICEF. PHC cost of £37,500 allocated 1/6 to GM)	1	Training £ 6,250	N. Wallace Regional Trainers GM Programme management																
3. Clinic personnel adequately performing as they were during workshops	3. Conduct follow-up on-site visits to clinics to reinforce GM skills and strengthen GM practices	1		N. Wallace																
4. New GM training material included in pre-service training, in-service workshops, and in BSH Manuals	4. Introduce and follow-up the use of the newly developed GM material for pre-service and in-service training with regional GM trainers and staff of training institutions	1	UNICEF will develop and provide material	N. Wallace Regional Trainers Institution Staff																

Prepared by:
 Ruth Mwanza
 21/10/87

Reviewed by:
 Gladys Mwanza
 31/10/87

Reviewed and Revised by:
 G. Mwanza, N. Wallace,
 N. Wallace, N. Mwanza
 1/12/87

Final Revision by:
 G. Mwanza, Ruth Mwanza,
 N. Wallace
 12/87

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PROGRAMME: PRIORITY DISEASES (ARI, BILHARZIA, MALARIA)...

(Time segments conform to GOS Financial Year)

OUTPUT	PHC PROJECT ACTIVITY	PRIORITY	DIRECT COST (£)	RESPONSIBILITY	1987/88		1988/89				1989/90				1990/91				
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	
1. Three year Work Plan for ARI	1. Participate in preparation and implementation of 3-Year Plan for ARI	1		N. Wallace C. Mabuza															
2. Management protocols in use	2. Draft management protocols	1	Materials Supplied by UNICEF & WHO	Same + E. McGrath															
3. Training materials in use	3. Prepare training materials	1		N. Wallace C. Mabuza															
4. Equipment and supplies in use	4. Identify and procure necessary equipment and supplies	1	Equipment E 4,000	Same															
5. Clinic nurses and supervisors with updated skills and information on a year's basis	5. Conduct annual Maternal Care/Child Health Workshop series with ARI component. (50 participants, 5 days, 6 workshops. Co-sponsor with CCCD and UNICEF. PHC cost of E37,500 allocated 1/6 to Priority Diseases)	1	Training E 6,250	N. Wallace C. Mabuza E. McGrath Dr Fusto RHMTS Clinic Supervisors															
6. Nurses performing according to protocols and training	6. Follow up workshops with on-site visits to clinics	1		Same															
7. KAP for home care of ARI determined	7. Conduct KAP study of home care for ARI (50% of total cost of E17,000 shared with KAP for CDD)	1	Research E 8,500 (May be subsumed by Health Ed. Survey)	N. Wallace C. Mabuza E. McGrath															
8. Treatment protocols for malaria	8. Draft malaria treatment protocol for use in MCH/FP Manual	2		N. Wallace CCCD Tech Officer															
9. Periodic infant mortality statistics	9. Include rapid assessment of Infant Mortality in HIS	1		N. Wallace D. Kraushaar															
10. Report on Regional Infant Mortality Incidence & Response	10. Conduct regional seminars on Infant Mortality and Clinical Care (8 participants, each of 12 meetings during 1988)	2	Training E 1,600	N. Wallace E. McGrath Regional SRO															
11. Enhanced clinical skills of nurses	11. Prepare and implement programme to strengthen and monitor essential clinical skills of nurses through on-site visits to clinics (in conjunction with No. 6 above)	2		N. Wallace E. McGrath Clinic Supervisors															
12. Doctors and dentists informed on current matters affecting child health	12. Conduct medical meeting coordinated by Swaziland Medical/Dental Society on Child Health. Co-sponsored with UNICEF and WHO	2	Training E 1,000	N. Wallace E. McGrath QQ Dlamini															
Reviewed and revised by: QQ Dlamini M. Hope R. Wallace A. Solly	13. Provide otoscopes (140) and audiometers (40) for schools Provide School Health Kits (40)	1	Equipment FY 87/88 E 13,800 FY 88/89 E 7,200																

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Agreed to add Bilharzia, see page 9a. Malaria activities to be 1 December 1987 kept to minimum due to CCCD programme.

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OBJECT	PHC PROJECT ACTIVITY	PRIOR-ITY	DIRECT COST (£)	RESPONSIBILITY	1987/88		1988/89				1989/90				1990/91				
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	
13. Strategy and plan developed for Bilharzia Control	13. Refine the Strategy and develop a 3 to 5 year Plan for Bilharzia Control	1		N. Wallace Bilharzia Control Unit Rural Water- borne Di- seases Project															
ACTIVITIES ACCORDING TO THE PLAN MAY INCLUDE THE FOLLOWING:																			
14. School Health Bilharzia Treatment Programme supervised by school health nurses conducted in ... schools	14. Strengthen the school health component of Bilharzia Control in the middle veld and expand the activities to the low veld through provision of equipment, supplies, appropriate training and development of teaching material	1	Equipment/ Supplies FY88/89 E 15,900 FY89/90 E 15,900 FY90/91 E 15,900	Same															
15. Improved and expanded treatment in priority areas of low veld based on results of operations research	15. Continue and expand operations research on the effectiveness of Praziquantel for treatment of schistosomiasis in high-risk areas of the low veld. (Two year supply will be provided pending budgeting by MOH)	1	Equipment/ Supplies To supplement supply of Praziquantel FY 88/89 E 12,500 FY 89/90 E 12,500	Same															
16. Trained staff in laboratory skills for diagnosis of intestinal schistosomiasis	16. Provide consultant to support improvement of laboratory skills in diagnosis of intestinal schistosomiasis through essential equipment, supplies and consulting services. (Consultancy funded from USAID centrally-funded Vector Biology Control Project)	1	FY 88/89 E 12,500 FY 89/90 E 12,500 Equipment/ Supplies FY 88/89 E 4,100 FY 89/90 E 4,100	Same plus USAID															
17. Information, collection, storage and analysis activities which are compatible with and integrated into the BOH Health Information system	17. (a) Improve present methods of data collection, storage and analysis (b) Convert the present data system to IBM compatible computers and programmes (Two week consultancy, same source as No. 16 above)	2		Same															

Drafted by N. Wallace
 with Simonette Bihapha,
 M. D. Hoadley, A. Beall
 December 1987

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PROGRAMME: SCHOOL HEALTH

(time segments conform to GOS Financial Year)

OUTPUT	PHC PROJECT ACTIVITY	PRIOR-ITY	DIRECT COST (£)	RESPONSIBILITY	1987/88		1988/89				1989/90				1990/91					
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR		
	<p>Note: While children of school age are not a specified target group for the PHC Project, it is recognized that: (1) school health should be linked to the clinic system as far as possible, (2) school health is at present an under-served component of health care with significant potential, and (3) through child-to-child and child-to-parents interventions and family planning life education for teenagers, the targetted PHC groups can in fact be reached through schools.</p> <p>A limited school health initiative is outlined here to tie in PHC project activities and to strengthen school health as possible given the constraints of lack of MOH staff support, and the limitations of PHC Project funding.</p> <p>In order to have a function develop with the time</p> <p>ACTIVITIES:</p> <ol style="list-style-type: none"> Clinic nurses are being put into kits. Health education and health services at school health work. Clinic nurses providing health services to nearby schools. Headmasters, teachers and parents informed of manifestations of ear infections. Pupils with ear infections and hearing impairment identified for treatment. 																			
	<p>NOTE</p> <p>School health as a programme for the PHC Project has been eliminated from this workplan. Certain key activities have been transferred to other programmes. These are:</p> <p>ARI - Immunizations for school children</p> <p>Priority Diseases - Provision of school health kits, otoscopes and audiometers</p> <p>Training in the use of the school kits, otoscopes and audiometers will be undertaken with school nurses (to be planned).</p> <p>Support clinic visits to primary schools within the clinic (on region-by-region basis according to demand)</p> <p>Support school nurses to conduct talks on ear infections and complications at headmasters' meetings and parent-teacher meetings.</p> <p>Provide otoscope for speech and hearing clinics at schools.</p> <p>200 otoscopes @ E70 each (UNIPAC) price</p>			<p>Same + Health Ed.</p> <p>H. Wallace-School Health Coordinator RHINTS</p> <p>Same</p> <p><u>Equipment</u></p> <p>E14,000</p> <p>To come under priority Diseases/ARI</p>																

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PROGRAMME: SCHOOL HEALTH

(time segments conform to GOS Financial Year)

OUTPUT	PHC PROJECT ACTIVITY	PRIOR-ITY	DIRECT COST (£)	RESPONSIBILITY	1987/88		1988/89					1989/90				1990/91			
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	
5. Teachers oriented to school health programme and working with the health system.	5. Organize programme for PH matrons and school health nurses to orient teachers to the school health programme: objectives, activities, benefits to children and means for collaborating with the health system. Design, produce and distribute materials (on region-by-region basis according to demand). This may be accomplished through participation in organized meetings.		Materials E	Same															
6. Teachers in remote schools practicing first aid and referring pupils as needed.	6. Organize ...		Feasibility and cost to be determined	Same															

EXEMPTED FROM WORKPLAN
 See note on page 12

- Issues:
1. Not ... costly to undertake within ...
 2. No ... for schools is included in this ... It may be undertaken by FIAS or through the ...
 3. ... for school health go far beyond this limited ...
 4. What follow-up should be done for the radio programmes pro-duced with the support of UNDP?
 5. It is important to clarify what is meant by school health from the NCH viewpoint: (a) health education, and /or (b) preven-tive/curative services.
 6. Attempts should be made to identify specific outputs for school health: not only in numbers of teachers trained and schools visited by nurses, but also the specific knowledge, skills, attitudes of students, parents and teachers.
 7. School health work should include focus on immunization. It is an opportunity to give extra tetanus boosters. Ear in-fections should be stressed for younger children as well as older children.
 8. All possible short courses / study tours for School Health.
 9. The information system for School Health needs review and revision.

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(Time segments conform to GOS Financial Year)

OUTPUT	PHC PROJECT ACTIVITY	PRIO- RITY	DIRECT COST (E)	RESPONSIBILITY	1987/88		1988/89				1989/90				1990/91			
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR
1. Prioritized list of activities to strengthen the integration of environmental health and vertical PHC activities, with identification of activities for which those responsible for implementation have made input.	1. establish Working Group to strengthen the integration of water supply and sanitation activities in the overall Primary Health Care Programme of the MOH define possible activities. conduct conference of regional, central and vertical programme staff, NGOs and other sectors to select and prioritize activities and develop strategies for implementation.	1	<u>Training</u> E 2,620	A. Neill PH Unit HI RWSB Health Ed.		X 16-19												
2. Priority activities implemented and integration timing plans.	2. Support the implementation of activities defined in the conference and approved by the MOH, consistent with PHC Project objectives and resources.	2		Same + RHMTs Other PHC Associates Other donors/ projects														
1. The integration of vertical programmes and coordination of environmental health and public health activities through the PHC	1. Support the integration of vertical programmes and coordination of environmental health activities through participation of Health Inspectors, Health Assistants, Tuberculosis and Malaria control personnel in training programmes for Child Health, Supervisory Management, Team building, and Health Education. (See Training)	1	See Training	PHC Associates PH Unit Health Ed. RHMTs														

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OUTPUT	PHC PROJECT ACTIVITY	PRIOR- RITY	DIRECT COST (E)	RESPONSIBILITY	1987/88		1988/89					1989/90				1990/91														
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR												
1. All health providers, especially staff and community health representatives, actively engaged in PHC activities through increased knowledge and exchange of information	<p>1. Draft proposal and budget for Technical Bulletin on PHC topics to disseminate current information on activities and technology in the various target areas of IPI, ORT, Growth Monitoring, ARI, Maternal Care, School Health, Family Planning and Support Services, in collaboration with CCCD Technical Officer</p> <p>- Obtain approvals. Appoint Editorial Board and recruit editor.</p> <p>- Publish and distribute on a regular basis.</p> <p>Budget (for 4 issues/year)</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Annual Cost</td> <td></td> </tr> <tr> <td>Part-time editor</td> <td style="text-align: right;">E 9,000</td> </tr> <tr> <td>Printing -</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">1000 copies</td> <td style="text-align: right;">12,000</td> </tr> <tr> <td>Distribution</td> <td style="text-align: right;">1,200</td> </tr> <tr> <td>Total, Annual</td> <td style="text-align: right;">E 22,200</td> </tr> </table> <p>(Cost estimate based on 62-page Lesotho Epidemiological Bulletin)</p>	Annual Cost		Part-time editor	E 9,000	Printing -		1000 copies	12,000	Distribution	1,200	Total, Annual	E 22,200	2		<p>N. Wallace Public Health Unit Health Plan & Statistics Unit CCCD Tech Officer</p> <p>Editorial Board</p> <p>Editorial Board Editor</p>														
Annual Cost																														
Part-time editor	E 9,000																													
Printing -																														
1000 copies	12,000																													
Distribution	1,200																													
Total, Annual	E 22,200																													
2. PHC system assessed, findings and recommendations formulated, Action Plan presented, baseline data augmented and updated	2. Support Primary Health Care Review	1	<p><u>Research</u> E 6,200</p>	<p>N. Wallace R. Maseko PH Unit Other Donors</p>																										

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PHC PROJECT ACTIVITY

PRIORITY

DIRECT COST (E)

RESPONSIBILITY

1987/88 1988/89 1989/90 1990/91

Cost estimated E2,500 per report. In 87/88 provide for cost of two reports, 1986 and 1987. Thus, PHC Project will fund 3 Annual Reports for 1986, 87 and 88.

- 5. Baseline data developed for use in monitoring and evaluating Project Activities.
- 6. Public health staff informed and trained on current methods in the profession.

- 5. Support the conduct of a Family Health Survey (MCH/FP) by CDC - Atlanta
- 6. Support the development of professional competence of public health staff through books, journals, conferences and study tours.
 - a. Short Course - Management for Training Institutions, U.S. 1 participant, June-July 1987
 - b. Study Tour - for RHMs and Community PHC Leaders, Kenya, 3 participants, Nov. 1987
 - c. Study Tour - Training for RHMs/Community PHC for RHM tutors and PH Matrons, Kenya, 12 participants, January 1988
 - d. Other short Courses and Study Tours to be planned. Equivalent of 8.7 person-months at E73,700

1

2

Total E 7,500

Research 88/89 E 360,000

Materials E 1,500/yr
Total: E 4,500
Training Short Courses E19,776

Study Tours (E9,900) see RHMs

Study Tours (E40,800) see RHMs

Short Courses & Study Tours to be planned E73,700

A. Neill
PHC Team
HPSU

A. Neill
PH Unit

Reviewed and revised by:

- QQ Blaini
- M. Hope
- N. Wallace
- A. Neill

No. 5, FAMILY HEALTH SURVEY. AGREED TO RETAIN IN WORK PLAN AND TO CAREFULLY REVIEW THE PROPOSED SURVEY BEFORE FINAL AGREEMENT IS REACHED. AGREED TO RETAIN UNDER PUBLIC HEALTH-GENERAL, RATHER THAN MIS-P&P COMMITTEE, 3/3/88

Added printing of Public Health Annual Report

1 December 1987
Added Family Health Survey by Alan Pease and A. Neill 28 December 1987

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PROGRAMME: COMMUNICATION

(time segments conform to GOS financial year)

ORDER	PHC PROJECT ACTIVITY	PRIOR- ITY	DIRECT COST (£)	RESPONSIBILITY	1987/88		1988/89				1989/90				1990/91				
					OCT	JAN	APR	JUL	OCT	JAN	APR	JUL	OCT	JAN	APR	JUL	OCT	JAN	
					DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	
1.	Consultant's report for health system communication needs.	1	Consultants 87/88 £ 14,400 88/89 £ 14,400	N. Wallace Plan Unit RHAs Police and Fire Consultant															
	Engage consultant (regional, 2 months, Type B)																		
2.	Health system communication network operational. Two-way radio equipment repaired and operational, new equipment purchased and operational.	2	Equipment £346,000	Same															
	Implement consultant's recommendations. Procure and install two-way radio equipment as required. (£346,000 is Project budget for communication equipment)																		
3.	Personnel trained in use and maintenance of equipment.	2	Depending on consultant's recommendations	Same															
	Train relevant personnel in the use, preventive maintenance, reporting of faults and maintenance and repair of two-way radio equipment																		
	Issue The use of two-way radios for in-service education																		

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PROGRAMME: .. LABORATORY SERVICES

(Time segments conform to GOS Financial Year)

OBIID	PHC PROJECT ACTIVITY	PRIOR-ITY	DIRECT COST (£)	RESPONSIBILITY	1987/88		1988/89				1989/90				1990/91			
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR
1.	Laboratories adequately supplied and operating with appropriate RNS	1	<u>Consultants</u> E 52,400 <u>Materials</u> FY 87/88 E 1,000 FY 88/89 E 1,000	M. Price DMS Lab Dir Consultant														
2.	Training programme designed for Laboratory Assistants and Laboratory Technicians	1	<u>Consultants</u> E 11,000	Same + Trng Officer														
4.	Laboratory services operational at a satisfactory level at peripheral health facilities	2	<u>Training</u> E3,840/yr Total: E11,500 <u>Equipment</u> Included in No. 3	M. Price DMS Lab Dir RHMTs Local Technicians/ Technologists Trng Officer														
3.	Regional laboratories adequately equipped to conduct tests for PHC services	1	<u>Consultants</u> E4,000 <u>Equipment</u> E38,000 (total budget)	Same + Consultant														
	Health Centres and Regional Hospitals: One workshop/yr 5 days for 24 persons = 120 person days, Type B		E6,000/yr Total: E18,000															
	Follow-up with laboratory supervisors																	

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LABORATORY SERVICES

PROGRAMME:

(Time segments conform to GOS Financial Year)

OUTPUT	PHC PROJECT ACTIVITY	PRIORITY	DIRECT COST (£)	RESPONSIBILITY	1987/88		1988/89				1989/90				1990/91			
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR
5. Laboratory tests conducted according to standard to guarantee patient safety and maintain acceptable level of quality	5. Develop and implement clinical laboratory standards and protocols to ensure safety for patients. Develop and implement a quality control programme for laboratory services Drew or Regional consultant for 3.0 person months, in two periods, Type A	1	<u>Consultants</u> £52,400 <u>Materials</u> FY 88/89 £ 2,000	M. Price DMS Lab Dir Consultant														
6. Laboratory technical staff informed and trained on current trends and methods in the profession	6. Continue the development of professional competence of laboratory technical staff through books, journals, short courses and study tours Short Courses and Study Tours for Laboratory Services: 6 person-months = £50,900 <u>Issues</u> - Clarification of PHC vs non-PHC laboratory tests and services - Clarification of organisational structure and responsibilities for laboratory services		<u>Materials</u> £ 750/yr Total £ 2,250 <u>Training</u> Short Courses & Study Tours £ 50,900	M. Price Lab Dir														

(consultant)

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PROGRAMME: HEALTH EDUCATION

(Time segments conform to GOS Financial Year)

OBJECT	PHC PROJECT ACTIVITY	PRIOR- RITY	DIRECT COST (£)	RESPONSIBILITY	1987/88		1988/89				1989/90				1990/91				
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	
1. 50% of target population in eight areas of PHC identified and health education needs defined	1. Conduct Health Education Survey in the eight areas of PHC	1	<u>Research</u> FY87/88 E 20,000 FY89/89 E 70,000	M. Price Survey Co- mmittee Principal Investigator															
2. All health education messages and materials catalogued and library functioning	2. Catalogue all existing health education messages and materials and set up library. (Consultant from Drey, 6 weeks, Type A)	1	<u>Consultants</u> E 26,200	M. Price H.E. Unit Consultant															
3. Trained staff in place in four regions	3. Train personnel to staff decentralized Health Education system 1 - BA, Health Ed., USA 1 - BA, Health Ed., USA 4 - Diploma, Health Ed., Ibadan	1	<u>Training Out-of- Country</u> E 127,300 127,300 349,400	M. Price H.E. Unit Training Officer															
4. Regional offices equipped and functioning Preventive maintenance and simple repair in place for A.V. equipment	4. Establish decentralized Health Education programme 1988/89 Shiselweni and Lubombo 1989/90 Manzini and Hhohho	1	<u>Equipment</u> FY87/88 E 2,000 FY88/89 E 15,000 FY89/90 E 15,000 (total 32,000 existing bud- get)	M. Price H.E. Unit RHMTs					(2)				(2)						
5. Personnel trained in health education strategies and methods	5. Provide continuing education in health education for health care providers. (Two regions combined, 50 participants/workshop, Type C)	2	<u>Training</u> E12,500/yr Total: E 50,000	M. Price H.E. Unit RHMTs Dev. Com. Project															
6. Regions handling health education initiatives	6. Work on regional health education programmes. Conduct needs assessments, assist with preparation of media messages, materials, etc.	1	<u>Materials</u> (include cost in No. 7)	Same															
7. Target groups reached by health education messages in previously uncovered areas and priority areas identified by Health Education Survey	7. Develop health education messages and programmes in previously uncovered areas such as TB, STD and Malnutrition, and in priority areas identified by the Health Education Survey (Activity No. 1 above), and by the RHMTs		<u>Materials</u> FY88/89 E 11,000 FY89/90 E 15,000 FY90/91 E 15,000	Same															

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PROGRAMME: HEALTH EDUCATION

(Time segments conform to GOS Financial Year)

OUTPUT	PHC PROJECT ACTIVITY	PRIOR- RITY	DIRECT COST (£)	RESPONSIBILITY	1987/88		1988/89				1989/90				1990/91				
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	
8. Coordinated health education programmes reaching target population groups	8. Continue to coordinate with NGOs, donor agencies and other sectors in developing, testing, producing, implementing and evaluating health education strategies and messages	1		M. Price H.E. Unit RHMTs															
9. Health education staff informed and trained in current trends and methods in the profession	9. Continue the development of professional competence of existing health staff through books, journals, short courses, conferences and study tours Short Courses and Study Tours for Health Education: 6 person-months - £ 50,900	2	<u>Materials</u> £ 500/yr Total £ 1,500 <u>Training</u> Short Courses & Study Tours £ 50,900 Also see WHO budget	M. Price H.E. Unit															

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PROGRAMME: CLINIC MANAGEMENT

(time segments conform to GOS Financial Year)

OUTPUT	PHC PROJECT ACTIVITY	PRIOR- RITY	DIRECT COST (E)	RESPONSIBILITY	1987/88		1988/89				1989/90				1990/91					
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR		
1. Clinic management and community participation needs identified and programmes directed toward their fulfillment	1. Conduct on-going needs assessment. Identify clinic management and community participation needs through visits, surveys and workshops	1		M. Price RHMTs																
2. Clinics operating efficiently and effectively, with appropriate equipment and supplies	2. Improve clinic operations through supplies management, fees management, strategies to ensure maintenance and repairs, workload studies, time management, work scheduling and patient flow - Complete workload study with UNISWA and apply results - Complete inventory, procure and install PHC services equipment in hospitals, public health units and clinics - Conduct OR studies to be identified	1	<u>Research</u> FY86/87 E6,000 FY87/88 E6,000 <u>Equipment</u> For hosp, PH Units, Clinics E200,000 <u>Research</u> FY 87/88 E 50,000	M. Price UNISWA RHMTs M Price Plan Unit RHMTs Same																
3. Clinic nurses, health assistants and laboratory staff performing under adequate supervision	3. Continue to strengthen supervisory management of public health matrons, clinic supervisors, health inspectors and laboratory technicians. Follow-up action plans and application of supervisory tools - Conduct supervisory skills workshops. Two workshops, 2 regions combined, 28 participants/workshop, 5 days, Type C (SIMPA). Facilitators from UNISWA Hhohho/Shiselweni Nanzini/Lubombo - Action Plan Follow-up. 60 participants, 2 days, Yen Sen Hotel @E50/person/day	1	<u>Training</u> E 7,000 <u>Consultant:</u> E 2,000 <u>Training</u> E 6,000	M. Price RHMTs Trg Officers Facilitators M. Price RHMTs Trg Officer																

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PROGRAMME: CLINIC MANAGEMENT

(Time segments conform to GOS Financial Year)

OUTPUT	PHC PROJECT ACTIVITY	PRIOR- RITY	DIRECT COST (£)	RESPONSIBILITY	1987/88		1988/89				1989/90				1990/91			
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR
4. Clinic nurses practicing basic management	<p>and supervisory 4. Develop basic management/capacity for clinic nurses</p> <p>and supervisory - Conduct basic management/skills workshops for clinic nurses, including health inspectors and laboratory technicians</p> <p>Two workshops, 2 regions combined, 60 participants/workshop, 6 days, Type C (SIMPA), local consultant</p> <p>Hhohho/Shiselweni Manzini/Lubombo</p>	1	<p><u>Training</u> £ 18,000 <u>Consultants</u> £ 6,000</p>	M. Price RHMTs Trg Officer Consultant														
5. Clinic nurses practicing basic supervisory competence and supporting RHMTs	<p>5. Develop basic supervisory capacity for clinic nurses, including provision and support of R</p> <p>- Conduct basic supervisory skills workshops for clinic nurses, including health inspectors and laboratory technicians</p> <p>Four workshops, one per region, 20 participants/workshop, 5 days, Type C, Consultant, Frank (EDA)</p> <p>Hhohho/Shiselweni Manzini/Lubombo</p>		<p><u>Training</u> £ 16,000 <u>Consultants</u> £ 16,000</p>	Same														
6. Regional training capacity in place for clinic services	<p>6. Continue to develop regional training capacities for supervisors in clinic services, environmental health and laboratory services</p> <p>Conduct Part 2 and Part 3 of "Training of Trainers" workshops for nursing supervisors, health inspectors and laboratory technicians</p> <p>(continued, page 3)</p>	2	<p><u>Training</u> £ 16,000 <u>Consultants</u> £ 2,000</p>	Same														

(7-12 Feb)
(12-17 Jun)

--- Continue with No. 4 above ---

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OUTPUT	PHC PROJECT ACTIVITY	PRIOR-ITY	DIRECT COST (£)	RESPONSIBILITY	1987/88		1988/89				1989/90				1990/91				
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	
	<p>"Training of Trainers" workshops, continued.....</p> <p>Part 2, 32 participants, 5 days, Type B. Facilitators, UNISWA</p> <p>Part 3, 32 participants, 5 days, Type B. Facilitators, UNISWA</p>																		
7. Clinic services facilitated by operational systems for drug management, referrals, use of reference manual and adequate orientation of clinic nurses	<p>7. Evaluate, modify and implement nationwide:</p> <ul style="list-style-type: none"> - Drug management programme - Referral system - Clinic Reference Manual - Orientation Manual for Clinic Nurses 	1	<p><u>Research</u></p> <p>E 20,000</p> <p><u>Materials</u></p> <p>E 10,000</p> <p>(crude estimates)</p>	M. Price DMS RHMTs															
8. Increased numbers of target population groups with access to PHC services	<p>8. Increase utilization and coverage for health services through community mobilization, strengthening and increasing outreach programmes (including home visits), and supporting RMs</p> <ul style="list-style-type: none"> - Conduct workshops for clinic nurses for home visiting and developing community profiles. <p>Two workshops, 2 regions combined, 32 participants/workshop, Type C. Facilitators from UNISWA Mhohho/Shiselweni, 2 1/2 days</p> <p>Manzini/Lubombo, 4 days</p> <ul style="list-style-type: none"> - Conduct workshops to strengthen Community (Clinic) Committees. First series: for Chairperson and Treasurer of each committee plus RHMTs <p>Later series: Not specified at this time</p> <p>(continued, page 4)</p>	1	<p><u>Training</u></p> <p>E 7,000</p> <p><u>Consultants</u></p> <p>E 1,300</p>	M. Price RHMTs Trg Officer Facilitators															
		2	<p><u>Training</u></p> <p>E 7,200</p>	M. Price RHMTs Trg Officer															

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PROGRAMME: CLINIC MANAGEMENT

(time segments conform to GOS Financial Year)

OUTPUT	PHC PROJECT ACTIVITY	PRIO- RITY	DIRECT COST (£)	RESPONSIBILITY	1987/88		1988/89				1989/90			1990/91				
					OCT	JAN	APR	JUL	OCT	JAN	APR	JUL	OCT	JAN	APR	JUL	OCT	
					DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	
	Workshops to strengthen Community Committees, continued																	
	First series:																	
	Hhahle Region 80 participants, 2 days, rural																	
	Manzini Region 80 participants, 2 days, rural																	
	Shiselweni Region 40 participants, 2 days, rural																	
	Lubombo Region 40 participants, 2 days, rural																	
9. Increased access to health services provided to PHC Project target groups.	9. Conduct Operations Research Studies for strengthening and expanding outreach (mobile clinics) through community participation	1	<u>Research</u> FY 87/88 £ 50,000															
	Provide incentives for communities to construct shelters, equipment and supplies, health education materials, rescheduling and staffing for mobile clinics		<u>Research</u> £ 44,000	M. Price A. Neill RHMTs														
	Research Assistant to support Clinic Management activities		<u>Consultants</u> 87/88 £ 11,300 88/89 £ 14,800															
	Issues:																	
	- with 2 year period for clinic Management Associate ending August, 1988, it is not clear how these activities can be followed up.																	
	- Need for field follow-up for workshops																	
	- Who is to handle drug management for the remaining two regions of Lubombo and Manzini?																	

BEST AVAILABLE COPY

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OUTPUT	PHC PROJECT ACTIVITY	PRIORITY	DIRECT COST (E)	RESPONSIBILITY	1987/88		1988/89		1989/90		1990/91	
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP
1. Decentralization Task Force functioning on regular basis and monitoring decentralization process	1. Promote monthly meetings of the Decentralization Task Force	1		A. Neill Undersecty Plan. Unit RHMTs								
2. Recommendations to facilitate decentralization	2. Review decentralization process at central and regional levels and recommend actions to facilitate decentralization	1		Same								
3. Intersectoral coordination facilitated with high-level support	3. Organize a high-level seminar on intersectoral coordination	2	See 14b below	Same Principal Secty.								
4. Swaziland decentralization process strengthened through experience gained from other countries	4. Promote intercountry study tours to compare and contrast the decentralization process. (equivalent to 4 person months of Study Tours budget)	1	Training Study Tours E33,900	A. Neill Decentralization Task Force	Plan for Decentralization Task Force to divide into two groups - one to visit Zimbabwe and the other to visit Botswana and Lesotho in February 1988							
5. Regional personnel oriented to and supportive of decentralization concept	5. Encourage RHMTs to orient personnel to decentralization concept	2		A. Neill RHMTs								
6. RHMT sub-committees functioning in specialized areas	6. Guide RHMTs in creating sub-committees as appropriate (Personnel and Training, Planning and Budgeting, Health Information, etc.)	2		Same								
7. Regional teamwork functioning smoothly and facilitating decentralization process	7. Provide consulting services and conduct team building workshops for all regions (two series)	1	See 14a below	Same								
8. Interregional cooperation enhanced and mutual support functioning smoothly between regions at national level	8. Promote interregional cooperation through regular meetings of the various cadres in the regions			Same	NOS. 8 AND 9. AGREED TO REINSTATE AS IMPORTANT OBLIGATION OF THE DECENTRALIZATION TASK FORCE.							
9. Regional staff adequately trained for the job	9. Identify and support appropriate training needs for regional staff			Same Trng. Officer								
5. Network of Community Health Committees, Regional Health Advisory Councils and National Health Advisory Council established and working	8. Devise ways and means for strengthening the Regional Health Advisory Councils/Regional Development Teams, and Community Health Committees leading to the institutionalization of the National Health Advisory Council	2	See 14b below and Clinic Management	A. Neill Decnt. Task Force RHMTs Minister Principal Secty.								

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DECENTRALIZATION AND SYSTEMS DEVELOPMENT
PROGRAMME:

(Time segments conform to GOS Financial Year)

OUTPUT	PHC PROJECT ACTIVITY	PRIOR- ITY	DIRECT COST (E)	RESPONSIBILITY	1987/88		1988/89			1989/90			1990/91					
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR
9. Decentralized personnel system in place and functioning well	9. Provide complete support for the decentralization of the personnel function by providing basic registry (filing system, files, filing cabinets, references) and training personnel in personnel management	1	Equipment E 8,000 (for files, etc.) See Training	A. Neill Decnt. Task Force RHMTs														
10. Decentralized inservice training system in place and functioning well with coordination through the central planning Unit, Training Unit and Health Education Unit	10. Decentralize in-service training through full participation of the regions and planning, conducting and evaluating training activities Coordinate the regional training programmes at the central level with the Planning Unit, Training Unit and Health Education Unit	1		A. Neill Decnt. Task Force Plan. Unit Trng. Officer H. Ed. Unit														
11. Decentralized Health Education Unit initiated and functioning in part	11. Initiate decentralization of the Health Education Unit (see Health Education)	1	See Health Ed.	A. Neill M. Price Decent. Task Force H. Ed. Unit														
12. RHAs, RHIs and RPH Matrons assuming appropriate regional roles	12. Develop and clarify the regional roles of the Regional Health Administrators, Regional Health Inspectors and Regional Public Health Matrons	1		A. Neill RHMTs Sr. HI Sr. PH Matron														
National Psychiatric Centre, Psychosocial and Vertical Programmes functioning efficiently and effectively within a decentralized health system	Orient the National Psychiatric Centre and TB Hospital and vertical programmes to the decentralization process and procedures			A. Neill RHMTs Key staff of NPC, TB Hospital and vertical prgms.														
13. Operations Manuals in use for decentralized functions	13. Coordinate the development of an integrated series of manuals for decentralization similar to "Regional Personnel Policies and Procedures" Manual, covering (1) Financial Management, (2) Planning and Budgeting, (3) Information, (4) Health Education, (5) Training (partially covered in Personnel Manual).	1		<u>Issues</u> Question involvement in psychiatric services Essential to clarify roles and responsibilities and then use these as foundation for training Need to strengthen communication links within the central ministry and between central and regional levels														

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PROGRAMME: DECENTRALIZATION AND SYSTEMS DEVELOPMENT

(Time segments conform to GOS Financial Year)

OUTPUT	PHC PROJECT ACTIVITY	PRIOR-ITY	DIRECT COST (E)	RESPONSIBILITY	1987/88		1988/89				1989/90				1990/91			
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR
	<u>Team Building and Consultation, cont.</u> <u>Shiselweni Region, cont.</u> Series II: 15 participants, 2 days, Type A ₁ with consultant <u>Rhohho Region</u> Initial Workshop: 20 participants, 4 days, Type B, with consultant Follow-up Series I: 20 participants, 2 days, Type A ₁ at Mbabane GS, Piggs Peak GS and Emkhuzweni HC, with consultant Series II: 20 participants, 2 days, Type A ₁ at Mbabane GS, Piggs Peak GS and Emkhuzweni HC, with consultant		<u>Consultants</u> E1,800	<u>Training</u> E 675														
14	<u>INTERSECTORAL COLLABORATION - TRAINING</u> <u>National</u> High-level seminar: 30 participants, 2 days, Type B <u>Manzini Region</u> Intersectoral Collaboration Workshop. (50 participants, Type B at E50, 5 days) <u>Rhohho Region</u> Intersectoral Collaboration Workshop. (50 participants, Type B at E50, 3 days) <u>Shiselweni Region</u> Intersectoral Collaboration Workshop. (30 participants, Type B at E50, 3 days) <u>Lubombo Region</u> Intersectoral Collaboration Workshop. (30 participants, Type B at E50, 3 days)		<u>Training</u> E4,200	A. Neill P.S. DTF														
			<u>Training</u> E 12,500	M. Price A. Neill Training Officer RHMT Rgnl Health Ad Council														
			<u>Training</u> E 6,000	Same														
			<u>Training</u> E 4,500	Same														
			<u>Training</u> E 4,500	Same														

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(time segments conform to GOS Financial Year)

OBJECT	PHC PROJECT ACTIVITY	PRIOR- ITY	DIRECT COST (E)	RESPONSIBILITY	1987/88		1988/89					1989/90				1990/91			
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	
1. Planning and Budgeting Committee effectively guiding and coordinating planning/budgeting process	1. Upgrade the skills of the Planning and Budgeting Committee through development and application of financial guidelines																		
1. RHMTs effectively planning, budgeting and monitoring health services	1. Work with the RHMT sub-committees to assist them in developing skills for planning, budgeting and monitoring short-term and long-range plans for implementation	1		D. Kraushaar Hlth Planner Fin Contrllr RHMTs															
2. "Bottom-up" inputs provided for plans from Advisory Councils and Community Health Committees	2. Coordinate inputs from Advisory Councils and Community Health Committees to support "bottom-up" planning	2		same															
3. Capital projects adequately assessed	3. Assess capital project plans for various health institutions	2		same															
4. Health personnel using updated Planning and Budgeting Manuals	4. Review and revise Planning and Budgeting Manuals on an annual basis	1	<u>Materials</u> E 1,500	D. Kraushaar Hlth Planner															
5. Central and regional planning/budgeting activities operating in a smooth and timely way	5. Facilitate planning and budgeting activities at both central and regional levels (through work sessions, forms, procedures and the like)	1		same															
6. Long-term plans for health programmes	6. Work with programme heads in developing long-term plans	1		same															
7. Capacity and potential of PHC assessed	7. Assess capacity and potential of the Health Planning and Statistics Unit	1		same															
8. Health Manpower Plan updated every two years	8. Provide technical assistance for reviewing and updating the Five Year Manpower Plan (Type A, 1 month each of 2 times)	1	<u>Consultants</u> 88/89 E 21,000 90/91 E 22,100	A. Neill Hlth Planner PPO Consultant															
9. MOH in-service training effectively meeting needs	9. Facilitate coordination of training plans and work closely with the Training Officer in implementing, monitoring and evaluating training activities	2		A. Neill Hlth Planner Trng Officer															
10. Health personnel using relevant and timely data for planning and decision making	10. Develop a Health Planning and Statistics Guide containing basic demographic, economic, financial and health data for Swaziland	1	<u>Materials</u> E 2,000	D. Kraushaar Hlth Planner Stat. Offer															

(Time segments conform to GOS Financial Year)

OUTPUT	PHC PROJECT ACTIVITY	PRIOR- RITY	DIRECT COST (E)	RESPONSIBILITY	1987/88		1988/89					1989/90			1990/91			
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR
11. HPH start informed and training on current trends and methods in the profession	<p>11. Continue the development of professional competence of HPSU staff through books, journals, conferences and study tours</p> <p>Study tour to Lesotho and/or Botswana re Health Information System. 4 persons, 2 weeks. E 10,000 = 1.2 person-months equivalent</p> <p>Short courses and study tours for Health Planning and Budgeting, Information, Financial Management, and Health Financing: 10 person-months. Balance available: 8.4 person-months or E71,000</p>	2	<p><u>Materials</u></p> <p>E 750/yr Total E 2,250</p> <p><u>Training</u></p> <p>Short Courses & Study Tours</p> <p>Lesotho/Botswana E 10,000</p> <p>Balance E 71,000</p>	D. Kraushaar Health Planner Training Officer														
12. Training needs and resources identified for HPH personnel	<p>12. Provide on-job training for key planning and budgeting staff in job-related areas such as epidemiology and computer skills. (Training will be provided by D. Kraushaar and occasional consultants who would be extended from other assignments. Assume 2 weeks consultancies, Type A)</p>	1	<p><u>Consultants</u></p> <p>88/89 E 5,300</p> <p>89/90 E 5,600</p>	Same														
13. Donor funding coordinated and meeting health service needs	<p>13. Coordinate donor funding with ASAP as input to MOH health services planning and budgeting</p>	2		D. Kraushaar ASAP														

REFERENCE IN PARANTHESES DELETED.
 P&P COMMITTEE, 3/3/88

NO. 13 DELETED
 P&P COMMITTEE, 3/3/88

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OBJECT	PHC PROJECT ACTIVITY	PRIOR-ITY	DIRECT COST (£)	RESPONSIBILITY	1987/88		1988/89					1989/90				1990/91		
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR
1. Assessment of existing Health Information System	1. Conduct assessment of the existing Health Information System (internal exercise with long-term associate)	1		D. Kraushaar HPSU RHITS														
2. Health information files, catalogues, baseline data collected and organized, recommendations submitted for filling the gaps	2. Catalogue health information files and collect, organize and analyze all available information and data to serve as a baseline for PHC programmes. Recommend ways and means for filling the gaps	1		Same + MSH Senior Tech Assoc														
3. Health personnel receiving and utilizing data	3. Prepare reports and disseminate data on regular basis for feedback to the regional and clinic levels for use in surveillance, planning and evaluation	1	<u>Materials</u> E 2,000/yr Total E 8,000	D. Kraushaar HPSU														
4. Data entered, analysed and reported on a timely basis	4. Provide data entry assistance as may be required. (Assistance to be based on assessment in Activity No. 1. Such assistance will be on an interim basis pending MOH staff availability)	1	<u>Outside Services</u> E 9,000/yr	Same														
5. Decentralized Management Information System providing timely, accurate and relevant data for decision-making for strengthening planning, budgeting, monitoring, evaluation and research	5. Design and install improved, decentralized MIS in stages. Evaluate feasibility of including (a) utilization data, (b) disease patterns, (c) mortality data, (d) epidemiological surveillance, (e) personnel inventory, (f) transport inventory, (g) literature, (h) project appraisal, (i) budgeting, (j) planning, (k) student records, (l) health inspectorate, and other information demands. (Provide technical assistance from MSH home office for continuity. First assignment: One month for study to determine feasibility and priorities. April-May-June, 1988. On basis of feasibility study provide additional consultancies from MSH home office. Say, 4 months additional - 2 consultancies, 2 months each)	1	<u>Consultants</u> FY88/89 E 57,500 FY89/90 E 38,300 <u>Materials</u> E 10,000	Same + MSH Hkw: Office con- sultants														

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MANAGEMENT INFORMATION SYSTEM/
PROGRAMME: .. RESEARCH, MONITORING AND EVALUATION ..
(Time segments continue to GOS Financial Year)

OUTPUT	PHC PROJECT ACTIVITY	PRIOR-ITY	DIRECT COST (E)	RESPONSIBILITY	1987/88		1988/89					1989/90				1990/91			
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	
6. MIS operational with trained personnel	6. Train personnel in procedures for expanded MIS to implement system designed in Activity No. 5 above	1	Training Plan and costs to be developed	D. Krausbaar Consultant from Activity No. 5															
7. Adult health cards in use	7. Design, field test and maintain short-term supply of adult health cards (medical records). (Consultant, Type B, 2 months)	2	Consultants E 14,200 Materials E 5,000	D. Krausbaar of - Health Statistics - Mr. Price HPSU															
8. HPSU applying improved epidemiological skills and capabilities	8. Provide in-country training support for improving epidemiological skills and capacities in the HPSU (Contingent on MOH recruiting an epidemiologist) Assistant Statistician)	1	Need, cost, feasibility to be determined	D. Krausbaar															
9. Adequate equipment and software operational to meet existing and expands HIS needs	9. Assess hardware and software and provide what is needed to support (a) existing Health Information System needs as determined in Activity No. 1, and (b) expanded HIS needs as determined in Activity No. 5 - for both central and regional levels	1	Equipment FY88/89 for (a) E 30,000 FY89/90 for (b) E 100,000	D. Krausbaar HPSU RHMTS															
10. Feasibility of research capacity of HPSU determined	10. Conduct feasibility study for developing research capacity within the HPSU with emphasis on assessment of staffing needs.	2		D. Krausbaar HPSU															
11. Research proposals co-ordinated by HPSU	11. Coordinate research proposals from programme heads and RHMTS	2		Same															
12. HPSU staff applying improved methods and procedures adopted from Lesotho and/or Botswana	12. Conduct study tour to Lesotho and/or Botswana re Health Information System. Four persons, two weeks. (See Health Planning and Budgeting)	2		D. Krausbaar HPSU Training Officer															
13. HPSU strengthened with trained staff member	13. Train HPSU staff member in health statistics 1 - BS, Health Statistics, USA	1	Training Out-of-Country E 127,300	Same															
14. HPSU and Financial Office performing with increased effectiveness	14. Research Assistant for MIS and other Planning, Budgeting and Financial activities	1	Consultants FY88/89 E 14,700 FY89/90 E 15,300	D. Krausbaar															
15. Recommendations for improving efficiency and effectiveness of health services operations	15. Conduct Operations Research studies to be identified	1	Research FY 88/89 E 50,000	D. Krausbaar															

RHMTS

CHANGED
P&P COMMITTEE, 3/3/88

CHANGED
P&P COMMITTEE, 3/3/88

ADDITION
P&P COMMITTEE, 3/3/88

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PROGRAMME: HEALTH FINANCING

(Time segments conform to GOS Financial Year)

OUTPUT	PHC PROJECT ACTIVITY	PRIOR-ITY	DIRECT COST (E)	RESPONSIBILITY	1987/88		1988/89					1989/90				1990/91			
					OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	
1. Status report on health care financing in Swaziland, with future directions outlined	1. Review past reports on health care financing in Swaziland and prepare summary report for MOH outlining findings and future directions	1		D. Kraushaar															
2. MOH and central agencies views on alternative financing sounded out	2. Carry out meetings with MOH, Ministry of Finance (Treasury and Economic Planning) to sound out interest and ideas on alternative financing schemes	1		D. Kraushaar P.S. HPSU Fin Contrl															
3. Informal working group for health financing formed	3. Identify interested parties with MOH and central agencies and set up informal working group to review plans and activities	1		same															
4. Terms of reference drafted and local public accounting firms preselected	4. Develop terms of reference for local public accounting firms. Preselect firms with finalists to present proposals for carrying activities 6, 7 and 11 below	1		same															
5. Local accounting firm on board	5. Contract with a local accounting firm based on proposals submitted	1		same															
6. Unit costs established for planning, budgeting, controlling and analyses of health financing	6. Conduct unit cost study (local accounting firm) 2 months.	1	<u>Consultants</u> E 20,000	same															
7. Revenues for health services analyzed for planning, budgeting, controlling and health financing	7. Conduct user fees study (local accounting firm) 2 months.	1	<u>Consultants</u> E 20,000	same															
8. Pilot study designs for alternative financing	8. Design pilot studies of alternative financing schemes	1		D. Kraushaar HPSU Fin Contrl															
9. Key officials informed and concerned with health financing. Alternative financing schemes selected for pilot studies	9. Plan and conduct consultations (or seminar) with MOH and central agencies to present study findings and proposed pilot schemes	1	<u>Consultants</u> 1 wk each Type A E 9,000 Type B E 4,700	D. Kraushaar P.S. HPSU Fin Contrl WHO and other agencies															
10. Pilot schemes providing basis for institutionalization of alternative financing	10. Implement and evaluate alternative financing pilot schemes identified in no. 9 above (local accounting firm as consultant)	1	<u>Consultants</u> E 20,000																

REFERENCE TO LOCAL ACCOUNTING FIRM DELETED P&P COMMITTEE, 3/3/88

REFERENCE TO LOCAL ACCOUNTING FIRM DELETED P&P COMMITTEE, 3/3/88

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(time segments conform to GOS Financial Year)

OUTPUT	PHC PROJECT ACTIVITY	PRIOR- RITY	DIRECT COST (E)	RESPONSIBILITY	1987/88		1988/89					1989/90				1990/91		
					OCT	JAN	APR	JUL	OCT	JAN	APR	JUL	OCT	JAN	APR	JUL	OCT	JAN
					DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR
11. Alternative financing schemes in place generating potential extra-budgetary income from selected pilot schemes	11. Develop and implement plan of action for institutionalization of alternative financing schemes (Use local accounting firm as consultant)	1	Consultants E 10,000	D.Kraushaar P.S. HPSU Fin Contrl														

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IV

BUDGET SCHEDULES

SWAZILAND PRIMARY HEALTH CARE PROJECT
REVISED LIFE OF PROJECT WORKPLAN
BUDGET SCHEDULES

1. Overall Summary Budget
2. Contractor Budget Analysis
3. Summary of Estimated USAID
Non-Contract Funds
4. Summary of Estimated GOS
Contributions
5. Direct Costs Schedules
 - . Consultants
 - . Equipment
 - . Materials
 - . Research and Surveys
 - . In-Service, In-Country Training
 - . Short Courses and Study Tours

SWAZILAND PRIMARY HEALTH CARE PROJECT
 OVERALL SUMMARY BUDGET
 (DOLLARS AND GOS FISCAL YEARS)
 (\$1.00 = E2.00)

<u>ITEM</u>	<u>TOTAL ESTIMATE</u>	<u>ORIGINAL BUDGET</u>	<u>VARIANCE</u>
<u>AID</u>			
<u>Contract</u>			
Activity-related Direct Costs	\$2,282,677	\$2,490,198	\$ 207,521
Contract Management and Support Personnel (including overhead)	2,816,654	2,658,652	(158,002)
Other Costs	317,489	249,185	(68,304)
Adjustment resulting from estimating procedures	0	22,590	22,590
<u>Non-contract</u>	279,375	279,375	0
<u>SUBTOTAL</u>	\$5,696,195	\$5,700,000	\$ 3,805
<u>GOS</u>			
Increase in PHC Expenditures	\$1,745,000	\$1,745,000	0
Alternative Financing	<u>500,000</u>	<u>500,000</u>	<u>0</u>
<u>SUBTOTAL</u>	\$2,245,000	\$2,245,000	0
<u>TOTAL</u>	\$7,941,195	\$7,945,000	\$ 3,305

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CONTRACTOR BUDGET ANALYSIS - 1986-1991

US \$

	YEAR ONE 4/86-3/87 (8 mos)	YEAR TWO 4/87-3/88 (12 mos)	YEAR THREE 4/88-3/89 (12 mos)	YEAR FOUR 4/89-3/90 (12 mos)	YEAR FIVE 4/90-3/91 (12 mos)	YEAR SIX 4/91-3/92 (4 mos)	TOTAL	BUDGET	VARIANCE
<u>MSH</u>									
<u>CONTRACT MANAGEMENT SUPPORT</u>									
Personnel: Home office, long-term associates, local hires, including related travel and allowances	217850	311125	341826	279503	210856	52638	1413798	1269688	(144110)
Consultants, including those provided by Drew (a)	40697	88135	182650	53850	27425	-	392757	493934	101177
Local public acctg. firm	-	-	110000	-	-	-	110000	110000	-
Overhead	129424	199342	236457	162702	111249	15122	854296	832318	(21978)
Other Costs	52093	67632	65316	58800	52260	10900	307001	216925	(90076)
SUB-TOTAL	440064	666234	936249	554855	401790	78660	3077852	2922865	(154987)
<u>DIRECT PROJECT COSTS</u>									
Participant Training: In-country	10905	48905	126300	76000	63000	-	325110	460000	134890
Equipment/Commodities	-	-	-	-	-	-	-	-	-
Equipment	-	19656	316350	85250	19450	-	440706	308000	(132706)
Materials	-	18785	33325	26600	21350	-	100060	90000	(10060)
Research and Surveys	3000	84780	274000	4000	-	-	365780	480000	114220
SUB-TOTAL	13905	172126	749975	191850	103800	-	1231656	1338000	106344
TOTAL, MSH	453969	838360	1686224	746705	505590	78660	4309508	4260865	(48643)
<u>DREW</u>									
<u>CONTRACT MANAGEMENT & SUPPORT</u>									
Personnel: Home office and long-term associate, including related travel and allowances	60970	101722	73565	43539	41924	19016	340736	348802	8066
Overhead	9970	26332	24141	14164	13535	9702	97844	97844	-
Other Costs	2798	7455	7961	5960	5361	2726	32260	32260	-
SUB-TOTAL	73736	135509	105667	63663	60820	31444	470840	478906	8066
<u>DIRECT PROJECT COSTS</u>									
Participant Training:									
U.S. Long-Term Training (b)	-	60000	63600	67416	-	-	191016	191016	-
Third-Country Long-Term Training (c)	-	169600	89888	-	-	-	259488	259488	-
Study Tours & Short Courses (d)	-	207760	-	-	-	-	207760	207760	-
SUB-TOTAL	-	437360	153488	67416	-	-	658264	658264	-
TOTAL, DREW	73736	572869	259155	131079	60820	31444	1129104	1137170	8066
GRAND TOTAL	527705	1411229	1945379	877784	566410	110104	5438612	5398035	(40577)

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Swaziland Primary Health Care Project
 Workplan Review
 30 December 1987
 (corrected)

	YEAR ONE 4/86-3/87 (8 mos)	YEAR TWO 4/87-3/88 (12 mos)	YEAR THREE 4/88-3/89 (12 mos)	YEAR FOUR 4/89-3/90 (12 mos)	YEAR FIVE 4/90-3/91 (12 mos)	YEAR SIX 4/91-3/92 (4 mos)	TOTAL	BUDGET	VARTANCE
GRAND TOTAL	527705	1411229	1945379	877784	566410	110104	5428612	5398035 ^(e)	(40577)
LESS: Adjustment for Exchange rate to \$1.00=E1.90 (See schedule)	-	(3115)	(29847)	(11126)	(6005)	(377)	(50471)	-	(50471)
PLUS: Income from CCCD and Rural Water Projects (See schedule)	-	13421	44289	72553	-	-	130263	-	130263
ADJUSTED TOTAL:	527705	1421535	1959821	939211	560405	109727	5518404	-	39215

Drafted 22 January 1988

Notes

- (a) Includes travel and per diem at current rates (per diem, \$74 per day).
- (b) Shown as budgeted. Recent forecasts from Drew indicate training may run into FY 90/91, and total cost may be \$221,000 resulting in a \$29,985 overrun.
- (c) As budgeted. In application will extend into FY 89/90.
- (d) As budgeted. In application will extend into FY 88/89 and FY 89/90. See schedule in workplan. This may be reduced to release funds for other needs.
- (e) Actual contract budget is \$5,420,625. Figure shown is \$22,590 less due to estimating procedures used in this analysis.

HL

SWAZILAND PRIMARY HEALTH CARE PROJECT
 SUMMARY OF ESTIMATED USAID NON-CONTRACT FUNDS
 (DOLLARS AND GOS FISCAL YEARS)

<u>ITEM</u>	<u>86/87</u>	<u>87/88</u>	<u>88/89</u>	<u>89/90</u>	<u>90/91</u>	<u>TOTAL</u>
Vehicles (7)	0	\$ -112,000	0	0	0	\$ 112,000
Evaluations	0	48,000	10,000	\$ -52,000	0	100,000
Other (not specified)	0	0	?	?	?	67,375
TOTAL	0	\$ 160,000	?	?	?	\$ 279,375

SWAZILAND PRIMARY HEALTH CARE PROJECT
SUMMARY OF ESTIMATED GOS CONTRIBUTION
(EMALANGENI AND GOS FISCAL YEARS)

<u>ITEM</u>	<u>86/87</u>	<u>87/88</u>	<u>88/89</u>	<u>89/90</u>	<u>90/91</u>	<u>TOTAL</u>
Increase in PHC Expenditures*	E 361,000	E 592,000	E 706,000	E 837,000	E 994,000	E3,490,000
Alternative Financing	<u>0</u>	<u>0</u>	<u>100,000</u>	<u>400,000</u>	<u>500,000</u>	<u>1,000,000</u>
TOTAL	E 361,000	E 592,000	E 806,000	E1,237,000	E1,494,000	E4,490,000

*Includes specific line-item contributions in support of in-country training, airfares for overseas participant training, commodities, and vehicle maintenance and repair.

SWAZILAND PRIMARY HEALTH CARE PROJECT

REVISED LIFE OF PROJECT WORKPLAN

SUMMARY OF DIRECT COSTS

FY 1986/87 - 1990/91

Item	Actual & Projected	Budget	Surplus (Deficit)
Consultants	E 785,514	E 987,868	E 202,354
Equipment	881,411	616,000	(265,411)
Materials	200,119	180,000	(20,119)
Research and Surveys	731,560	960,000	228,440
In-Service, In-Country Training	650,220	920,000	269,730
TOTAL:	3,248,824	3,663,868	415,044

11 December 1987

Revised: 28 December 1987

Exchange rate: US\$1.00 = E2.00

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KEY FOR COSTS OF CONSULTANTS

Type A

U.S. origin
 22 days per month

Fee, \$250 per day x 22	\$ 5,500	
Per diem, 32 x \$74	2,368	
Air Fare, RT	<u>2,500</u>	\$ 10,368
Say, per month		\$ 10,500
		E 21,000

Type B

Regional (Kenya used as example)
 22 days per month

Fee, \$200 per day x 22	\$ 4,400	
Per diem, 30 x \$74	2,220	
Air Fare, RT (Nairobi)	<u>500</u>	\$ 7,120
Say, per month		\$ 7,200
		E 14,400

Type C

Local
 22 days per month

Fee, \$100 per day x 22	\$ 2,200	
Per diem	0	
Air Fare	<u>0</u>	\$ 2,200
Say, per month		\$ 2,200
		E 4,400

Local

Fees for EDA (F. Mbelu)

Daily, consulting E 300 per day

Workshops

Per workshop day (includes preparation and drafting of report following workshop) E 500 per day

UNISWA

Daily consulting/workshops E 100 per day

For local accounting firm:

Assume E10,000 per month to include
use of senior and junior personnel

Above costs for FY 88/89. For FY 89/90 and 90/91 assume
5% increase per year for inflation.

BUDGET FOR CONSULTANTS AND SHORT-TERM PROFESSIONAL FIELD STAFF

MSH

50 person-months	\$ 184,772	
TDY trips, 27	70,856	
Per diem and local transit	<u>61,882</u>	
Total, MSH		\$ 317,510

Drew

30 person-months	108,518	
TDY trips, 12	30,952	
Per diem and local transit	<u>36,954</u>	
Total, Drew		<u>176,424</u>

GRAND TOTAL: \$ 493,934

Notes

Above budget does not include overhead.

Budgeted per diem is based on \$52 per day for July 87-June 88.
Per diem as of November, 1987 is \$74 per day. This figure
is used in the projected costs for consultants in the workplan.

The budget includes two types of short-term technical assistance:
consultants and short-term field staff professionals. These
are considered one in the workplan, all called consultants.
The total is 80 person-months of short-term technical assistance
which is called for in the MSH contract, page 23.

CONSULTANTS SCHEDULE

PROGRAMME/CONSULTANT	DATE	FY 86/87		FY 87/88		FY 88/89		FY 89/90		FY 90/91		TOTAL	
		pm	E	pm	E	pm	E	pm	E	pm	E	pm	E
MCH/FP													
RURAL HEALTH MOTIVATORS/COMMUNITY LEADERSHIP													
D. Kaseje Training facilitators for Community Based Programmes in PHC	4/87			.5	<u>6,616</u>							.5	6,616
Training tutors for RHMs	4/87												
Follow-up training for RHM Tutors						.5	4,700					.5	4,700
TRANSPORT													
OR Study, Rhotho-North (Regional Consultant, type B)				1	14,400							1	14,400
National Study (Regional Consultant, Type B)				1	14,400	2	28,800					3	43,200
National Study Implementation (Regional Consultant, Type B)						2	28,800	2	30,200	2	31,700	6	90,700
COMMUNICATION													
Communication assessment (Regional consultant, Type B)				1	14,400	1	14,400					2	28,800
LABORATORY SERVICES													
F. Mbelu Lab Sciences Training	5/87			.1	<u>700</u>							.1	700
T. Adeldsberg Equipment Assessment					Flat fee <u>2,500</u>								
Inventory Management System Drew or Regional Consultant (Type A)					1,500							--	4,000
				1.5	26,200	1.5	26,200					3	52,400
Design of Training Programmes Regional Consultant (Lesotho)				.5	5,500	.5	5,500					1	11,000
Develop lab standards and protocols and quality control Drew or Regional Consultant (Type A)								3	52,400			3	52,400

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PROGRAMME/CONSULTANT	DATE	FY 86/87		FY 87/88		FY 88/89		FY 89/90		FY 90/91		TOTAL	
		pm	E	pm	E	pm	E	pm	E	pm	E	pm	E
HEALTH EDUCATION													
Catalogue messages and materials and set up library Drew Consultant (Type A)				1.5	26,200							1.5	26,200
CLINIC MANAGEMENT													
	4-9/87			6	<u>5,100</u>								
Research Assistant	Planned			6	6,200	12	14,800					24	26,100
Training, Supervisory Skills	5/87			.2	<u>3,600</u>							.2	3,600
EDA Training, Supervisory Skills	8/87			.2	<u>2,500</u>							.2	2,500
UNISWA L. Maepa, D. Mulenga Training, 101 Workshop	8/87			.2	<u>1,000</u>							.2	1,000
Local consultant Training, mgt. for clinic nurses				.2	2,500	.2	2,500					.4	5,000
Local consultant Training, supervision for clinic nurses						.5	5,000					.5	5,000
UNISWA Training, supervisory skills for regional personnel						.5	2,000					.5	2,000
UNISWA Training, 101 Workshop						.5	2,000					.5	2,000
UNISWA Training, Community Profiles and Home Visiting for clinic nurses				.1	500	.2	800					.3	1,300
DECENTRALIZATION AND SYSTEMS MANAGEMENT													
EDA - initial workshop - Team Building - Manzini and Lubombo	10/87			.3	2,500							.3	2,500

PROGRAMME/CONSULTANT	DATES	FY 86/87		FY 87/88		FY 88/89		FY 89/90		FY 90/91		TOTAL	
		pm	E	pm	E	pm	E	pm	E	pm	E	pm	E
Local consultant Team Building - initial Workshops - Hhohho and Shiselweni				.2	2,000	.2	2,000					.4	4,000
Local consultant Team Building repeat one day workshops and RHMI meetings													
Manzini				.2	1,200	.4	2,400						
Lubombo				.2	1,200	.4	2,400						
Hhohho						.3	1,800	.3	1,800			2.4	14,400
Shiselweni						.3	1,800	.3	1,800				
D. Alt Personnel Management - I	10/86	.7	<u>14,512</u>									.7	14,512
D. Alt Personnel Management- II	3-4/87			1.4	<u>20,854</u>							1.4	20,854
HEALTH PLANNING AND BUDGETING													
L. Gilson Regional Planning Workshops	8-9/86	.7	<u>3,800</u>									.7	3,800
D. Alt Manpower Planning - I	10-12/86	1.5	<u>29,538</u>									1.5	29,538
D. Alt Manpower Planning - II Manpower Planning - update manpower plan, Type A	1-3/87	2.2	<u>33,544</u>									2.2	33,544
						1.0	21,000			1.0	23,150	2.0	44,150
Specialized training for HPSU staff (utilizing consultants in Swaziland for other assignments (Type A)						.2	5,300	.2	5,600			.4	10,900
FINANCIAL MANAGEMENT													
Study of the Financial Management System, development of Systems and Procedures Manual and installation							(220,000)						(220,000)
Public Accounting Firm (Sub-contract. Not included in Consultants budget)													

nb

PROGRAMME/CONSULTANT	DATE	FY 86/87		FY 87/88		FY 88/89		FY 89/90		FY 90/91		TOTAL			
		pm	E	pm	E	pm	E	pm	E	pm	E	pm	E		
MANAGEMENT INFORMATION SYSTEM															
Design and install improved, decentralized MIS (Type A)						3	57,500	2	38,300			5	95,800		
Design, field test and maintain adult health cards (Type B)						1	14,200					1	14,200		
Research Assistant for MIS and other planning, budgeting and financial activities				12	14,700	12	15,300					24	30,000		
HEALTH FINANCING															
Unit Cost Study (Public Acctg. Firm)						2	20,000					2	20,000		
User Fees Study (Public Acctg. Firm)						2	20,000					2	20,000		
Consultations (seminar) for alternative financing (Type A)						.5	13,700					.5	13,700		
Implementation of alternative financing schemes (Public Acctg. Firm)								2	20,000			2	20,000		
Development and implementation of action plan for institutionalization (Public Acctg. Firm)								1	10,000			1	10,000		
TOTAL:				5.1	81,394	34.3	176,270	47.7	365,300	7.9	107,700	3.4	54,850	98.4	785,514

Notes

Exchange rate US\$1.00 = E2.00
 Actual expenditures through
 30 September 1987 underlined
 Analysis as of 20 November 1987

Reviewed and revised
 by Alan Foose and A. Neill
 22 December 1987

Amount budgeted:

Consultants	586,580	
Related travel and per diem, est.	<u>401,288</u>	987,868
Unallocated		202,354

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Swaziland Primary Health Care Project
 Workplan Review - September-November 1987

EQUIPMENT SCHEDULE - SUMMARY

Programme	Total	Budget	Under (Over) Allocated
Laboratory Equipment	E 38,000	E 38,000	E 0
Equipment and Supplies for Hospitals, Public Health Units and Clinics	248,223	200,000	(48,223)
Audio-Visual Equipment	38,288	32,000	(6,288)
Communications Equipment	346,000	346,000	0
Information Systems - Computers	130,000	0	(130,000)
Priority Diseases - Bilharzia Control	80,900	0	(80,900)
TOTAL EQUIPMENT:	881,411	616,000	(265,411)

h2

EQUIPMENT SCHEDULE

TYPE OF COMMODITY PROGRAMME/ACTIVITY	DATE	FY 86/87	FY 87/88	FY 88/89	FY 89/90	FY 90/91	TOTAL
<u>LABORATORY EQUIPMENT</u>							
No expenditures to date.							
<u>LABORATORY SERVICES</u>							
Provide equipment for conducting basic tests in nine regional laboratories, Health Centres and PH Units				38,000			38,000
<u>TOTAL:</u>				38,000			38,000
					Amount budgeted		38,000
					Amount unallocated		0
 <u>EQUIPMENT AND SUPPLIES FOR HOSPITALS, PUBLIC HEALTH UNITS AND CLINICS</u>							
<u>ORT/CPD</u>							
Equipment and supplies for Mbabane Hospital ORT Room			2,000				2,000
Equipment and supplies for eight regional ORT centres				10,000			10,000
<u>PRIORITY DISEASES</u>							
Supplies for ARI treatment			4,000				4,000
Otosopes for schools (140)			9,800				9,800
Audiometers for schools (40)			4,000				4,000
<u>RHMS /COMMUNITY LEADERS</u>							
Pots, pans, mattresses for Inkhundla			2,000				2,000
Other equipment (to be determined)						
School health kits (60)				7,200			7,200

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TYPE OF COMMODITY PROGRAMME/ACTIVITY	DATE	FY 86/87	FY 87/88	FY 88/89	FY 89/90	FY 90/91	TOTAL	
<u>Equipment and Supplies for Hospitals, Public Health Units and Clinics, cont.</u>								
CLINIC MANAGEMENT								
Basic equipment for clinics				200,000			200,000	
DECENTRALIZATION								
Filing equipment and supplies for personnel management			8,000				8,000	
MISCELLANEOUS								
Mattresses, blankets, sheets for disaster support	7/87		<u>1,223</u>				1,223	
TOTAL:			31,023	217,200	0	0	248,223	
							Amount budgeted	200,000
							Over allocation	(48,223)
<u>AUDIO-VISUAL EQUIPMENT</u>								
HEALTH EDUCATION								
Overhead projector	5/87		<u>4,025</u>					
Slide projector	5/87		<u>943</u>					
Repairs to Health Ed Centre A-V equipment		<u>1,320</u>					
Equipment for regional programmes			2,000	15,000	15,000			
TOTAL:			8,288	15,000	15,000		38,288	
							Amount budgeted	32,000
							Over allocation	(6,288)
<u>COMMUNICATIONS EQUIPMENT</u>								
COMMUNICATION								
Two-way radio equipment, spares, installation and maintenance				300,000	23,000	23,000	346,000	
							Amount budgeted	346,000
							Unallocated	0

TYPE OF COMMODITY PROGRAMME/ACTIVITY	DATE	FY 86/87	FY 87/88	FY 88/89	FY 89/90	FY 90/91	TOTAL
MANAGEMENT INFORMATION SYSTEM							
Computer equipment to upgrade existing system				30,000			30,000
Computer equipment to support expanded MIS					100,000		100,000
TOTAL:				30,000	100,000		130,000
						Amount budgeted	0
						Over allocation	(130,000)
PRIORITY DISEASES: BILHARZIA CONTROL							
Equipment and supplies for School Health component				15,900	15,900	15,900	47,700
Supplemental supply of Praziquantel				12,500	12,500		25,000
Equipment and supplies for diagnosis of intestinal schistosomiasis				4,100	4,100		8,200
TOTAL:				32,500	32,500	15,900	80,900
						Amount budgeted	0
						Over allocation	(80,900)

Notes

Exchange rate US\$1.00 = E2.00.

Actual expenditures through
30 September 1987 underlined.

Analysis as of 22 December 1987.

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M A T E R I A L S S C H E D U L E

PROGRAMME/ACTIVITY	DATE	FY 86/87	FY 87/88	FY 88/89	FY 89/90	FY 90/91	TOTAL
MATERNAL CARE							
Obstetrics Manual (50)		E	E 600	E	E	E	E 600
ANC card insert			500				500
Reagent cards for syphilis screening			500				500
Health education materials for maternal risk factors			10,000				10,000
EPI							
Immunization poster artwork	8/87		<u>1,209</u>				1,209
Immunization Manual and Sterilization Handbook graphics	12/87		<u>1,151</u>				1,151
EPI Drug Chart			158				158
Revised Immunization Manual			4,000				4,000
Instruction Manual for Sterilizers and Refrigerators			1,000				1,000
GROWTH MONITORING							
Growth charts and health education materials			2,000				2,000
FAMILY PLANNING							
MCH Manual			<u>976</u>				976
Training modules for health personnel				500			500
Health education messages for Family Planning					10,000		10,000
PUBLIC HEALTH - GENERAL							
PHC Teaching Aids (TALC)			<u>1,358</u>				1,358
PHC Technical Bulletin				16,650	22,200	22,200	61,050
Books and journals for Public Health Staff				1,500	1,500	1,500	4,500
Publish Public Health Annual Report			5,000	2,500			7,500
LABORATORY SERVICES							
Inventory System and MIS			1,000	1,000			2,000
Quality Control System				2,000			2,000
Books and Journals				750	750	750	2,250

SP

PROGRAMME/ACTIVITY	DATE	FY 86/87	FY 87/88	FY 88/89	FY 89/90	FY 90/91	TOTAL
HEALTH EDUCATION							
Mass media programmes for uncovered areas such as TB, STD and malnutrition		E	E	E	E	E	E
				6,000	5,000	5,000	16,000
Health Education messages for priority areas identified by H.E. Survey				5,000	10,000	10,000	25,000
Books and journals for Health Education staff				500	500	500	1,500
CLINIC MANAGEMENT							
Drugs Poster, Immunization Schedule for clinics			<u>1,000</u>				1,000
Clinic Reference Manual			<u>3,675</u>				3,675
Referral Cards	4-6/87		<u>755</u>				755
Drugs Poster			<u>187</u>				187
Materials for drug management referral system, clinic reference manual, orientation manual for clinic nurses				10,000			10,000
HEALTH PLANNING AND BUDGETING							
Planning and Budgeting Manuals			500	500	500		1,500
Health Planning and Statistics Guide				2,000			2,000
Books and journals for Planning, Finance and Information Staff				750	750	750	2,250
MANAGEMENT INFORMATION SYSTEM							
Publish and disseminate data on a regular basis			2,000	2,000	2,000	2,000	8,000
Design and install improved decentralized MIS				10,000			10,000
Design, field test and install adult health cards				5,000			5,000
TOTAL:			<u>37,569</u>	66,650	53,200	42,700	200,119

Notes:

Exchange rate US1.00 = E2.00

Actual expenditures through 30 September 1987 underlined

Analysis as of 7 December 1987

Amount budgeted 180,000
Amount over allocated (20,119)

RESEARCH AND SURVEYS SCHEDULE

PROGRAMME/ACTIVITY	DATE	FY 86/87	FY 87/88	FY 88/89	FY 89/90	FY 90/91	TOTAL
MATERNAL CARE							
Study on breastfeeding practices in the hospital with SINAM				10,000			10,000
ORT/CDD							
Data Analysis of Mbabane Diarrhea Treatment Centre			550				550
KAP survey of home care for diarrhea (combined with KAP for ARI)			8,500				8,500
FAMILY PLANNING							
KAP survey of FP practices in peri-urban area	7/87		711				711
Focus group research re FP health ed. messages					8,000		8,000
PRIORITY DISEASES							
KAP study for home care of ARI (combined with KAP for CDD)			8,500				8,500
PUBLIC HEALTH - GENERAL							
Primary Health Care Review	10-11/87		6,200				6,200
Family Health Survey				360,000			360,000
TRANSPORT							
Transport OR, Northern Hhohho			63,000				63,000
HEALTH EDUCATION							
Impact Survey	8-9/87		3,600				3,600
			8,575				8,575
	Committed to Dec 87		7,825		70,000		77,825
	Planned						
CLINIC MANAGEMENT							
Clinic Workload study (UNISWA)	12/86	6,000					6,000
	Planned		6,000				6,000
Operations Research			50,000				50,000
Two studies to be identified							

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Research and Surveys Schedule, page 2

PROGRAMME/ACTIVITY	DATE	FY 86/87	FY 87/88	FY 88/89	FY 89/90	FY 91/91	TOTAL
Clinic Management, cont.							
OR Study - Drug Management	3/87		<u>155</u>				155
	Planned		2,000	18,000			20,000
OR Study - Outreach/Mobile Clinics	4/87		<u>944</u>				944
	Planned		3,000	40,000			43,000
MANAGEMENT INFORMATION SYSTEM							
Studies to be defined				50,000			50,000
TOTAL:		6,000	169,560	548,000	8,000	-	731,560

Amount budgeted 960,000

Amount unallocated 228,440

Notes

Exchange rate US\$1.00 = E2.00

Actual expenditures through 30 September 1987
underlined

Analysis as of 20 November 1987

IN-SERVICE, IN-COUNTRY TRAINING SCHEDULE

SUMMARY AND ANALYSIS

PROGRAMME	FY 86/87	FY 87/88	FY 88/89	FY 89/90	FY 90/91	TOTAL
	E	E	E	E	E	E
			:-----: CY 1988	:-----: CY 1989	:-----: CY 1990	
TRAINING ACTIVITIES September 1986 - March 1987	<u>21,810</u>					21,810
TRAINING ACTIVITIES April - November 1987		<u>77,165</u>				77,165
Photocopy Machine		<u>20,645</u>				20,645
WORKPLAN ACTIVITIES - 1988						
MATERNAL CARE AND FAMILY PLANNING			42,460			42,460
CHILD HEALTH: EPI/CDD/GM/ PRIORITY DISEASES			27,600			27,600
RHMs/COMMUNITY LEADERSHIP			20,250			20,250
ENVIRONMENTAL HEALTH			2,620			2,620
PUBLIC HEALTH - GENERAL			5,000			5,000
LABORATORY SERVICES			11,840			11,840
HEALTH EDUCATION			12,500			12,500
CLINIC MANAGEMENT			61,200			61,200
DECENTRALIZATION AND SYSTEMS			48,430			48,430
FINANCIAL MANAGEMENT			20,700			20,700
CY 1989 PROJECTED AT 60% OF 1988				152,000		152,000
CY 1990 PROJECTED AT 50% of 1988					126,000	126,000
TOTAL:	21,810	97,810	252,600	152,000	126,000	650,220

Amount budgeted 920,000

Unallocated 269,780

Notes

Exchange rate US\$1.00 = E2.00

Actual expenditures through
November 1987 underlined

Analysis as of 10 December 1987

See also list of training activities
conducted, Sep 1986 - Nov 1987

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IN-SERVICE, IN-COUNTRY TRAINING PLAN
1 NOV 1987 - 31 DEC 1988
PLANNED BY THE PRIMARY HEALTH CARE PROJECT

TARGET GROUPS & TARGET NUMBER	CONTENT	NO. DAYS	PER-SON DAYS	PARTICIPATING AGENCIES PROGRAM COORDINATOR	NOV 1987	DEC	JAN 1988	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC 1988	EST. COST	EST. PHC COST	ACT. PHC COST	COST/PERSON/DAY		
MATERNAL CARE AND FAMILY PLANNING																								
1	Medical officers, matrons, sisters i/c of maternity, PH matrons, PH Unit, clinic supervisors, midwifery tutors and students (80 participants, 1 day twice in year, Type A)	1	160	PHC Project MCH/FP Committee Maternal Care Coordinator J. McDermott				18						X					2560	2560		16		
2	Matrons and clinic supervisors (30 participants, Type B)	2	60	PHC Project MCH/FP Committee Maternal Care Coordinator FP Coord/Dpty J. McDermott												13-14			4200	4200		70		
3	Clinic supervisors, midwives			Same		To be determined as needed															9000	9000		
4	Medical officers (30 participants, Type B)	2	60	PHC Project MCH/FP Committee FP Coord/D, ty												7-8			4200	4200		70		
5	Clinic nurses, hith inspectors, health assistants, clinic supervisors, tutors (50 participants, 6 workshops, Type C)	5	1500	PHC Project MCH/FP Committee Programme Heads J. McDermott N. Wallace			Cost allocated 2/6 to Maternal Care				2-6 I/S) 1-11 M			11-15 I/S 18-22 M 25-29 II					12500	12500		25		
6	Clinic and PH unit nurses (10 participants, 4 workshops, Type C)	10	400	PHC Project Regional FP Trainers J. McDermott										15-26	19-21	17-28			10000	10000		25		
																	31/10-11/11							
TOTAL:																			42,460	42,460				

IN-SERVICE, IN-COUNTRY TRAINING PLAN
1 NOV 1987 - 31 DEC 1988
PLANNED BY THE PRIMARY HEALTH CARE PROJECT

TARGET GROUPS & TARGET NUMBER	CONTENT	NO. DAYS	PER-SON DAYS	PARTICIPATING AGENCIES		NOV 1987	DEC 1987	JAN 1988	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC 1988	EST. COST	EST. PNC COST	ACT. PNC COST	COST/ PERSON/ DAY	
				PROGRAM	COORDINATOR																			
<u>CHILD HEALTH: EPI/CDD</u>	<u>GROWTH MONITORING</u>			<u>PRIORITY</u>	<u>DISEASES</u>																			
1 Clinic nurses, hith inspectors, health assistants, clinic supervisors, tutors (50 participants, 6 workshops, Type C)	Maternal Care/ Child Health workshop series				See Maternal Care and Family Planning Cost allocated 4/6 to Child Health															25000	25000		25	
2 Selected medical officers and nursing personnel (8 participants, each of 12 meetings in 1988)	Regional seminar on Infant Mortality and Clinical Care	1	96		PHC Project N. Wallace															1600	1600		16	
3 Medical officers	Meeting of Swazi Medical/Dental Society on Child Health	1			PHC Project UNICEF WHO N. Wallace															1000	1000			
TOTAL:																				27,600	27,600			
<u>RURAL HEALTH MOTIVATORS</u>	<u>COMMUNITY LEADERSHIP</u>																							
1 Chiefs and other community leaders (50 participants, 2 workshops, rural)	Primary Health Care and support of RHMs				PHC Project RHM Coordinator A. Neill																			
	Hhohho	5	250																		3750	3750		15
	Lubombo	5	200																		3000	3000		15
2 Community leaders (30 participants, 2 workshops per region, rural)	Follow-up training in PHC and support of RHMs				Same																			
	Shiselweni	2	80																		1200	1200		15
	Manzini	2	120																		1800	1800		15
	Hhohho	2	120																		1800	1800		15
	Lubombo	2	80																		1200	1200		15
3 RHM Tutors, Public Health Matrons (20 participants, Type C)	Follow-up for training and supervision of RHMs	15	300		Same plus M. Price D. Kaseje																7500	7500		25

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IN-SERVICE, IN-COUNTRY TRAINING PLAN
1 NOV 1987 - 31 DEC 1988
PLANNED BY THE PRIMARY HEALTH CARE PROJECT

TARGET GROUPS & TARGET NUMBER	CONTENT	NO. DAYS	PER-SON DAYS	PARTICIPATING AGENCIES PROGRAM COORDINATOR	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	EST.	EST.	ACT.	COST/	
					1987		1988														1988	COST	PHC COST
HEALTH EDUCATION																							
Clinic nurses, health inspectors, health assistants (50 participants, two regions combined, Type C)	Health education skills	5	500	PHC Project Health Ed Cntr Dev Com Project M. Price			21-29										13-18		12500	12500		25	
CLINIC MANAGEMENT																							
1 Supervisors - nurses and health inspectors (60 participants, Yen Sen, E50/day)	Action plan follow-up for supervisory mgt	2	120	PHC Project M. Price				3-4											6000	6000		50	
2 Supervisors - nurses, health insp, lab technicians (2 regions combined, 28 participants each, Type C, SIMPA)	Leadership and counselling skills	5	280	PHC Project UNISWA M. Price						17-22		26-1 July							7000	7000		25	
3 Clinic nurses, hlt inspectors (60 participants, 2 regions combined, Type C, SIMPA)	Basic management and supervisory skills	6	720	PHC Project EDA (Mbelu) M. Price				7-12				12-17							18000	18000		25	
4 Supervisors - nurses, health inspectors, lab technicians, others (32 participants, Type B at E50/day)	Training of Trainers Part II Part III	5	320	PHC Project UNISWA M. Price					21-25					5-9					16000	16000		50	
5 Clinic nurses - Mhohho/Shiselweni (32 participants, Type C)	Home visiting and community profiles	2	80	PHC Project RHMTs M. Price					4-5										2000	2000		25	
6 Clinic nurses, hlt inspectors - Manzini and Lombumbo. (50 participants, Type C)	Home visiting and community profiles	4	200	PHC Project UNISWA RHMTs M. Price							23-27								5000	5000		25	

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IN-SERVICE, IN-COUNTRY TRAINING PLAN
 1 NOV 1987 - 31 DEC 1988
 PLANNED BY THE PRIMARY HEALTH CARE PROJECT

PROJECT GROUPS & TARGET NUMBER	CONTEXT	NO. DAYS	PER-SON DAYS	PARTICIPATING AGENCIES		NOV 1987	DEC	JAN 1988	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC 1988	EST. COST	EST. P-HC COST	ACT. P-HC COST	COST/PERSON/DAY																			
				PROGRAM	COORDINATOR																																					
<u>Clinic Management continued</u>																																										
7 Clinic (community) Health Committees (60 participants from each region, rural)	Basic management and record keeping	2	480	PHC Project UNISWA RHMTs M. Price																	7200	7200		15																		
TOTAL:																																						51,200	61,200			
<u>DECENTRALIZATION AND SYSTEMS DEVELOPMENT</u>																																										
1 RHMTs - Shiselweni, Hhohho (15 and 20 participants, Type B)	Initial team-building	4	140	PHC Project RHMTs EDA A. Neill																	9800	9800		70																		
2 RHMTs - 4 regions. For each region, Series I, 2 days three times; Series II, 2 days three times	Follow-up team-building for RHMTs			Same																																						
Manzini (30 part.)		12	360																		2700	2700		7.50																		
Lubombo (12 part.)		12	144																		1080	1080		7.50																		
Shiselweni (15 part.)		12	180	Same																	1350	1350		7.50																		
Hhohho (20 part.) (Type A, at local hospital)		12	240																		1800	1800		7.50																		
High officials from related ministries and sectors (30 participants, Type B)	Seminar for promotion of intersectoral collaboration	2	60	PHC Project P.S. Decent. Task Force A. Neill					X												4200	4200		70																		
4 RHMTs and regional sector officials (Type A4B)	Regional workshops for intersectoral collaboration			PHC Project RHMTs M. Price A. Neill																																						
Manzini (50 part.)		5	250																		12500	12500		50																		
Lubombo (30 part.)		3	90																		4500	4500		50																		
Shiselweni (30 part.)		3	90																		4500	4500		50																		
Hhohho (40 part.)		3	120																		6000	6000		50																		
TOTAL:																																							38,400	48,400		

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IN-SERVICE, IN-COUNTRY TRAINING PLAN
 1 NOV 1987 - 31 DEC 1988
 PLANNED BY THE PRIMARY HEALTH CARE PROJECT

TARGET GROUPS & TARGET NUMBER	CONTENT	NO. DAYS	PER-SON DAYS	PARTICIPATING AGENCIES PROGRAM COORDINATOR	NOV 1987	DEC	JAN 1988	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC 1988	EST. COST	EST. P4C COST	ACT. P4C COST	COST/PERSON/DAY
FINANCIAL MANAGEMENT																			E	E	E	E
1 Accounting staff (40 participants, Type C)	Follow-up in use of Vote Book	2	80	PHC Project P. Thompson				X											2000	2000		25
2 Accounting staff, warrant holders, stores personnel (80 part. Type A)	Follow-up in financial management of supplies	1	80	Same				X											1200	1200		15
3 Budgeting personnel down to section head level: warrant holders, section heads, accounting staff (100 participants, Type C)	Budgeting	3	300	Same							X	X							7500	7500		25
4 Accounting staff, stores personnel (30 participants, 1 day every 2 months, Type A)	Financial systems and procedures	18	540	Same						X		X		X		X		X	2800	2800	(continue through FY 91)	16
5 Accounting staff, warrant holders (60 participants, Type C)	Financial management, budgeting and control	5	300	Same										X	X				7500	7500		25
6 Stores personnel (20 participants, Type C)	Financial management, budgeting and control	5	100	Same										X	X				2500	2500		25
7 Community (Clinic) Committee Treasurers	(See Clinic Management)																					
TOTAL:																			20,700	20,700		

Swaziland Primary Health Care Project
 Workplan Review - September-November 1987

TRAINING SCHEDULE - IN-SERVICE, IN-COUNTRY
TRAINING ACTIVITIES CONDUCTED: SEP 1986 - NOV 1987

FY 86/87

<u>ACTIVITY NUMBER</u>	<u>TITLE OF WORKSHOP</u>	<u>REGION</u>	<u>NUMBER OF PARTICIP.</u>	<u>DATE</u>	<u>COST EMALANGENI</u>	<u>COST/PERSON/DAY EMALANGENI</u>
1.	Planning Workshop	Lubombo	14	4-9-1986	531.66	38.00
2.	Planning Workshop	Shiselweni	18	5-9-1986	832.98	46.00
3.	Planning Workshop	Manzini	28	9-9-1986	334.54	12.00
4.	Planning Workshop	Hhohho	24	10-9-1986	70.00	3.00
5.	PLANNING FOLLOW-UP	HHOHHO	27	23-9-1986	416.06	15.00
6.	Project Workplan Form.	Nbabane	100	24-9-1986	699.10	7.00
7.	Project Workplan Dev.	Nbabane	65	30-9-1986	1072.70	17.00
8.	Health Managment Team Mt	Manzini	18	7-10-1986	158.50	9.00
9.	CLINIC MANAGEMENT W/SHOP	NATIONAL	80	15-10-1986	2249.65	28.00
10.	DECENTRALIZATION W/SHOP	LUBOMBO	43	17-10-1986	706.20	16.00
11.	PRIVATE SECTOR W/SHOP	NATIONAL	48	1-11-1986	552.25	12.00
12.	INTRO. ANTE-NATAL CARDS	LUBOMBO	18	27-11-1986	177.96	14.00
13.	ANTE-NATAL PROTOCOLS S	NATIONAL	20	11-12-1986	155.37	8.00
14.	ACCOUNTANCY W/SHOP PREP	NATIONAL	4	21- 1-1987	53.35	13.00
15.	CLINIC SUPERVISORS W/SHOP	NATIONAL	26	30- 1-1987	881.35	34.000
16.	ACCOUNTANCY W/SHOP	NATIONAL	24	2- 2-1987	3171.55	66.00
17.	1ST ED. FOR PHU STAFF	NATIONAL	50	2 TO 5 FEB, 1987	3909.98	20.00
18.	COMMUNITY LEADERS W/SHOP	SHISELWENI	60	22 TO 25 FEB, 1987	3591.56	15.00
19.	CMR REVIEW MEETING	NATIONAL	21	26- 2-198		
20.	PLANNING W/SHOP	NATIONAL	48	2- 3-1987	667.90	14.00
21.	COMM. HE NURSING STDS	NATIONAL	5	6- 3-1987	132.52	27.00
22.	HHD. RHMT ORIENT MTNG	HHOHHO	100	12- 3-1987	39.10	00.39
23.	HHD. RHMT ORIENTATION	HHOHHO	70	19- 3-1987	38.50	00.55
24.	DRUG MANAGEMENT W/SHOP	HHOHHO	23	25 TO 26 MAR, 1987	1274.50	23.00
25.	HHD. RHMT ORIENTATIN	HHOHHO	45	26- 3-1987	61.50	1.00
26.	COMM. HE NURSING STDS	NATIONAL	16	27- 3-1987	31.08	2.00

TOTAL, FY 86/87:

21,809.86

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FY 87/88

27.	REFERRAL FORMS W/SHOP	HANZINI	66	3- 4-1987	501.49	8.00
28	INTERSECTORIAL W/SHOP	NATIONAL	40	6 TO 10 APR, 1987		
29.	ANC IST FOR MCH/FP MAN.	SHISELWENI	34	8-4- 1987	144.30	4.00
30.	TOT FOR RHM TUTORS	NATIONAL	17	12 TO 16 APR, 1987	3809.34	56.00
31.	ACCOUNTANCY WORKSHOP	IND. AND LUR.	40	22-4- 1987	601.05	15.00
32.	ACCOUNTANCY WORKSHOP	HANZ. AND SHI	40	23-4- 1987	601.06	15.00
33.	SUPERVISORY MANAGEMENT	NATIONAL	30	3- TO 8, MAY, 1987	7454.92	50.00
34.	COMM.PARTICIPATION W/SHF	NATIONAL	32	10 TO-15 MAY, 85.	4511.96	28.00
35.	CHILD CARE W/SHOP	HRHOHO SOUTH	15	1 TO 6 JUNE, 1987	1769.35	24.00
36.	CHILD CARE W/SHOP	LUBOMBO	28	15 TO 19JUNE, 1987	449.85	4.00
37.	COMM.LEADERS W/SHOP	SHISELWENI	50	15 TO 19 JUN, 1987	2696.85	11.00
38.	DRUG MANAGEMENT U/SHOP	IND. AND SHIS.	35	22 TO 23 JUN, 1987	3291.94	47.00
39.	MARTENAL CARE W/SHOP	NATIONAL	35	22 TO 25 JUN, 1987	2157.43	15.00
40.	CHILD CARE W/SHOP	HANZINI	34	29-6 TO 3-7, 1987	885.95	5.00
41.	CHILD CARE W/SHOP	SHISELWENI	35	12-TO 17 JULY, 1987	957.36	5.00
42.	CHILD CARE W/SHOP	HANAYANE	28	26-TO 31 JULY, 1987	618.44	4.00
43	DRUG MANAGEMENT W/SHOP	SHISELWENI	28	28-TO 30 JULY, 1987	6281.83	60.00
44	COMM.LEADERS W/SHOP	HANZINI	50	2-TO 7 AUGUS, 1987	4640.00	16.00
45	GENERATOR MAINTAINANCE WORK SHOP	SHISELWENI	3	3 TO 4 AUGUS, 1987	541.31	60.00
46	LAR SCIENCE W/SHOP	NATIONAL	31	3 TO 7 AUGUS, 1987	6066.46	39.00
47.	CHILD CARE W/SHOP	IND.NORTH	27	10 TO 14 AUGUS, 1987	653.29	
48.	T.O.T	NATIONAL	21	9 TO 14 AUGUS, 1987	6238.5	83.000
49.	SUPERVISORY MANAGEMENT WORK SHOP	NATIONAL	24	16 TO 21 AUGUS, 1987	1969.56	16.00
50	BUDGETING W/SHOP	NATIONAL	15	07 TO 11 SEPT, 1987	2352.00	39.00
51.	HEALTH ED.WORK SHOP	NATIONAL	32	20 TO 25 SEPT, 1987	10858.31	68.00
52.	GENERATOR W/SHOP	HANZINI	01	08 TO 11 SEPT, 1987	256.25	85.00
53.	DECENTRALIZATION T/FORCE	HANZ & SHIS	15	21 TO 22 SEPT, 1987	850.83	57.00
54.	TEAM BUILDING WORK SHOP	HANZ.& LUBOMBO	12	5 TO 9 OCT, 1987	3728.00	67.00
55.	Graphing Workshop	Hhohho	15	15 Oct, 1987	164.00	11.00
56.	Integration of Environ- mental Health Programme	National	35	18-19 Nov, 1987	2113.24	30.00
TOTAL, FY 87/88:					77,164.87	
FY 86/87 (from page 1):					<u>21,809.86</u>	
TOTAL, TRAINING ACTIVITIES:					98,974.73	
Plus: Photocopy Machine charged to Participant Training (purchased 30 July 1987)					<u>20,645.00</u>	
GRAND TOTAL, SEP 86-NOV 87:					119,619.73	

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SWAZILAND PRIMARY HEALTH CARE PROJECT

REVISED LIFE OF PROJECT WORKPLAN

PARTICIPANT TRAINING - SHORT COURSES AND STUDY TOURS

The Project budget provides for the following:

Short Courses estimated for 8 persons at 3 months each

24 person-months \$101,760 or \$4,240 (E8,480) per person-month

Study Tours estimated for 25 persons at 1 month each

25 person-months \$106,000 or \$4,240 (E8,480) per person month

The Project is administered on the assumption that these two types of training are interchangeable. The budget of \$4,240 per person-month is based on courses outside Africa (U.S., U.K., etc.). With courses and study tours in nearby locations, the budget can be stretched considerably. For example, the three-week study tour in Kean for RHMs and Community Leadership is costing an estimated E9,900. the equivalent of 1.2 person-months for 3 persons.

The total of 49 person-months has been allocated to the various programme areas as shown below.

ANALYSIS

Programme Area	Activity	Date	Cost	P e r s o n - M o n t h s			
				Quota	Used	Projected this Plan	Balance Available
PUBLIC HEALTH				17			
(including Environmental Health)	Management for Training Institutions						
	U.S. (1)	6-7/87	E19,776		2.3		
	Study tour for RHMs & Community PHC leaders. Kenya (3)	11/87	9,900		1.2		

