

TRAINING PROGRAMME FOR SENIOR WHO
STAFF ON HEALTH ASPECTS OF FAMILY
PLANNING AND POPULATION DYNAMICS

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RESTRICTED

COUNTRY CASE PROPOSAL FOR "B"

by

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The Government of the Empire of Ethiopia, hereinafter referred to as "the Government", and the World Health Organization, hereinafter referred to as "WHO" operating its own as well as funds made available by the United Nations Fund for Population Activities, hereinafter referred to as "UNFPA",

Being desirous of obtaining mutual agreement concerning the Family Planning Aspects of Maternal and Child Health project in Ethiopia, particularly with reference to the purposes of the project and the responsibilities which shall be assumed by each of the parties.

Declaring that these responsibilities will be fulfilled in a spirit of friendly co-operation,

HAVE AGREED AS FOLLOWS:

PART I

Basis of relationships

The Revised Standard Agreement concluded between the Government and the Organizations participating in the United Nations Development

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- * The name of the country appearing in this report is only used as an example. It is not meant to be an actual proposal.
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Programme on 14 January 1969 provides the basis for relationships between the Government and WHO in this project, and the articles of this Plan of Operation are to be interpreted in the light of the Revised Standard Agreement.

PART II

Area

The Empire of Ethiopia is in the horn of Africa with a population of 25 millions living in an area of 1 221 900 kms. It is essentially a highland country, varying from rich agricultural high plateaux and fertile valleys, to jungles, hot semi-desert lowlands and burning desert regions, and this creates problems of communication.

There are many different ethnic groups with different socio-cultural background, languages or dialects. The state religion is Christian Orthodox, and there is a very strong influence of the Coptic Church, Islam is another important religion, and about one third of the population is Moslem.

Health care is the responsibility of the Ministry of Public Health and the basic health services are carried out through the provincial Health Departments of this Ministry. There is a network of health centres and rural hospitals which form the backbone of the health services which serve only 20% of the total population. Their development has been hampered by the limited financial resources of less than US \$ 0.50 per capita per year of health expenditure, and manpower resources as well; for instance, there is at present only one physician per 65 000 of the population.

The Maternal and Child Health Services form part of the basic health services, especially in the health centres. They are poorly operated and supervised, and less than 1.5% of children under 5 years and only about 2% of expectant mothers benefit from these services.

Family Planning is a sensitive issue politically, and the powerful Coptic Church has an unfavourable attitude towards planned parenthood programmes. Yet there is an increasing awareness among the authorities especially in the Ministry of Public Health, that the current rate of population increase of 2.5% (estimated) constitutes a serious hindrance to the health and socio-economic development of the country. Therefore, the Ministry has allowed limited family planning activities in the Government hospitals and health centres, unofficially. The Ministry has indicated its interest in a maternity-centred project for family health, and in both hospitals and maternal and child health centres (16) in Addis Ababa, the Family Guidance Association of the country has programmes in family planning, as well as in 34 provincial clinics. The emphasis is laid on the deterioration in the health of the mother as a result of inadequate spacing of pregnancies and of large numbers of children. A number of health officers, nurses, social workers, health educators and other health personnel have had fellowships for training abroad in family planning. Short courses in population dynamics and family planning have also been introduced in the curricula for medical, nursing, and other health personnel training institutes.

PART III

Objectives

The Government, with the assistance of HO, has the following objectives:

1. General objectives

- 1.1 To provide the population of Ethiopia with an integrated MCH/Family Planning service for the health promotion and welfare of mothers, children and the family.
- 1.2 To provide mothers and women of child-bearing age as well as eligible couples with opportunity to seek advice and receive services in family planning.
- 1.3 To develop the family planning aspects of maternal and child health services in Ethiopia, and to promote the health aspects of family planning.
- 1.4 To develop and expand integrated maternal and child health/family planning services through the health centres within the context of the basic health services which are being developed through the network of health centres and sub-centres throughout the country.
- 1.5 To prepare qualified health personnel to incorporate family planning aspects in all the maternal and child health functions and health services.
- 1.6 To broaden the professional and auxiliary health skills desirable for the country's family planning programme.

2. Specific objectives

- 2.1 To organize and develop the family planning activities a Family Health Demonstration and Training Centre to be established in Addis Ababa by utilizing and expanding the Lideta MCH Centre.
- 2.2 To train various categories of health personnel (doctors, health officers, nurse-midwives, public health nurses, community nurses, health educators and auxiliaries) and to improve their educational skills in maternity and child health/family planning.
- 2.3 To organize short training courses in family planning aspects of maternal and child health for medical and allied professions and auxiliary personnel responsible for delivering health services to mothers and children and to the entire family in the community.
- 2.4 To establish closer relationships and to co-ordinate the activities of the Training Centre with those of the maternal and child health centres and other relevant institutions delivering health and related services to mothers and children or training staff in family health care.
- 2.5 To develop and strengthen health education in family health.

PART IV

Methods

The parties agree to implement and develop activities according to the technical methods and procedures recommended by WHO.

The stated objectives will be achieved through the organization and strengthening of the central structure, the integration of maternal and child health and family planning at the central and intermediate levels; and their integration into the basic health services at the peripheral level.

A working committee of not more than eight members will be formed with representatives from the Ministry of Public Health, the Faculty of Medicine of Haile Sellassie I University, Ethiopian Medical Association, the Nursing Council, Ethiopian Public Health Association, Family Guidance Association and the Co-ordinator from the United Nations Development Programme, for effective co-operation of the activities of interested agencies in the field of family planning.

The following approaches may be used:

1. Discussion of family planning during premarital counselling of marriages.
2. Provision of information on methods of family planning during contacts with expectant mothers at MCH clinics, or during individual or group counselling.
3. Provision of information and contraceptive devices during postpartum care, or after induced or other abortion and MCH sessions.
4. Re-enforcement and follow up of family planning activities while counselling mothers during child welfare clinics, or distribution of supplementary foods in health centres.

5. Reaching potential parents through school health services.
6. Discussion during home visiting for whatever cause.
7. Co-operation with other workers and services in providing family planning advice, e.g. home economic workers, agricultural extension services, community development programmes and social workers.
8. Contact with indigenous delivery attendants either directly or through their patients.

PART V

Plan of Action

The plan of action for this project will be executed in the following phases:

1. Phase I - 1973-1974
 - 1.1 Appointment of staff:
 - National Director
 - WHO Senior Adviser
 - WHO Nurse-Midwife
 - WHO Health Educator
 - 1.2.1 Development of MCH/Family Planning Training and Demonstration Centre in relation to a selected MCH Centre in Addis Ababa.
 - 1.2.2 Development of MCH/Family Planning Programmes in the other fifteen centres in Addis Ababa in relation to the pilot project.
 - 1.2.3 Strengthening of MCH Section in the Ministry of Public Health to take over the technical and administrative responsibility of family health.

2. Phase II - 1974-1976

2.1 Extension of the MCH/Family Planning programme into each of the fourteen provincial capitals and their respective surrounding areas through the existing health centres.

2.2 Review of the project at the end of Phase II to determine future programme of extension.

3. The Family Health Demonstration and Training Centre will carry out the following activities:

3.1 Antenatal, Delivery, Postnatal and Child Health Services, as well as education in family planning and provision of contraceptive devices.

3.2 Training of doctors, health officers, public health nurses, community nurses, nurses, nurse-midwives and dressers.

3.3 Short courses of training for local indigenous delivery attendants.

3.4 Training of new type of district midwife after the Sudan type.

In all the above health education must be emphasized.

3.5 Base line studies in family planning to aid later evaluation of the project.

3.6 Strengthening of the teaching programme in the medical faculty, Public Health College, nursing schools and other * paramedical training schools, in family health, as well as assistance in the teaching by the staff of the project.

4. Target time

The partners to this plan will undertake as far as possible to carry out their respective responsibilities according to the following time schedule.

4.1 The Government will make available the premises, personnel, supplies and equipment by January 1973.

4.2 WHO personnel will be at post by January 1973.

4.3 WHO and UNFPA must ensure delivery of initial equipment and supply by February 1973.

5. Evaluation

Comparative studies must be made after Phase II to determine the impact of the programme during its operation. A WHO consultant should be assigned to this evaluation.

The period during which assistance is expected to be provided by WHO/UNFPA may then be determined from this appraisal.

PART VI

Administration and Assignment of Responsibility

1. The project will be conducted under the responsibility of the Government with the technical advice and material assistance of WHO.

2. The Maternal and Child Health Division established in the Ministry of Public Health will be strengthened with the advice and assistance of the WHO Team, be responsible for the administration, organization and development of maternal and child health/family planning services as an integrated service with the basic health services, the co-ordination of assistance provided by the Government

and non-governmental, bilateral and international organizations for the development and expansion of maternal and child health/family planning activities and services.

3. The medical officer on maternal and child health/family planning provided by WHO will act as chief technical adviser to the Government in the operation of this project. The nursing/midwifery, health education staff provided by WHO for this project shall, under the direction of the senior adviser, act as adviser/s to the project in their respective specialities.

4. WHO will be represented by its Regional Office for the Eastern Mediterranean in carrying out all the functions, activities, rights and duties of WHO, as provided for in this plan of operation, and any personnel appointed to the project by WHO shall be responsible to WHO and act under its supervision and direction, through the Regional Office. In matters concerning the technical assistance to be provided under this plan of operation, the Organization, through its Regional Office shall deal with the Ministry of Public Health of the Empire of Ethiopia.

PART VII

Commitments of WHO

WHO agrees to provide under the United Nations Fund for Population Activities, subject to the availability of funds:

1. Personnel

One Medical Officer in maternal and child health/family planning

One Nurse-Midwife in maternal and child health/family planning

One Health Educator in maternal and child health/family planning

One consultant for three months for evaluation at the end of 1976

2. Supplies and Equipment

Teaching equipment, supplies, including contraceptives and printed material for the project, up to an approximate amount of US \$ 40 000.

Vehicles - one 18-seater passenger bus for trainees, one station wagon for WHO staff and lecturers, **two land-rovers for field activities** up to an amount of US \$ 20 000, to be purchased under the amount allotted for supplies mentioned above.

Title to the equipment and supplies furnished by WHO shall be retained by WHO until the termination of the international assistance, at which time they will be disposed of in accordance with paragraph 3 of Part IX.

3. Fellowships

Fellowships (short and long term) in MCH/family planning for medical and allied professions will be provided up to an estimated amount of US \$ 30 000. The details of the fellowships will be worked out with the Government. They are to be administered in accordance with WHO fellowship regulations.

4. Training

Participants: Stipends and travelling expenses for trainees (medical and allied professions and auxiliaries) for the training courses at the Family Health Demonstration and Training Centre, Addis Ababa.

It is estimated that one two-three week refresher course of ten doctors, two three-four week courses for fifteen nurse-

midwives and community nurses and two other one month courses each for fifteen nurses and health officers will be organized each year at the Centre. Theoretical and practical training courses will include clinical training, field educational training and field visits. The estimated provisions under this heading are US \$ 20 000 per year for the above courses.

PART VIII

Commitments of the Government

1. The Government will provide all personnel, materials, supplies and equipment and local expenses necessary for the successful execution of the project, including the following:

1.1 Personnel

(a) One medical officer, director of project as counterpart to the WHO senior medical adviser, to assume administration of the project.

(b) The following medical and allied professions and auxiliary personnel with qualifications and experience in their respective fields.

- i. full-time medical officer, preferably a female
- ii. nurse-midwives as counterparts to HO nurse-midwife
- iii. health officers
- iv. community nurses
- v. health educator, counterpart to WHO health educator
- vi. social workers
- vii. pharmacist
- viii. dressers

- ix. laboratory technician
- x. trained statistical clerk
- (c) Other part-time medical and allied professions and auxiliary staff for various activities of the Family Health Demonstration and Training Centre and of the project
- (d) Lecturers and teachers as required to assist in the refresher courses
- (e) Administrative staff including full-time secretaries
- (f) other staff

1.2 Premises

The Family Health Demonstration and Training Centre will be accommodated at the Lideta MCH Centre in Addis Ababa, with plans for additional building to be built for the Centre's offices and classrooms within 1973. Until the additional building is ready, the Centre's training activities can be carried out at the Princess Tsehai Hospital, Gandhi Maternity Hospital, and other MCH Centres in the city.

1.3 Supplies and Equipment

- (a) Except as provided by WHO in Part VII, all essential equipment and furnishing for the Family Health Demonstration and Training Centre including offices, classrooms, clinics, laboratory and other facilities as required.
- (b) Except as provided by WHO under Part VII, teaching aids as required.

1.4 Recruitment of trainees, stipends for trainees, except as provided by HO under Part VII, selection of trainees to the refresher courses; and any other special commitments with regard to personnel, supplies, equipment or special expenses.

1.5 Public Information

Cost of public information and education in connection with the programme.

2. The Government will also provide the following:

- (a) storage and internal transportation of HO supplies and equipment;
- (b) cost of necessary telephone, telegraph and postal communications;
- (c) cost of incidental expenses necessary for the successful execution of the programme;
- (d) cost of fuel, maintenance and spare parts for vehicles provided by HO.

3. The Government will supply for the international personnel provided by HO:

- (a) office accommodation, furnishings, equipment, stationery and secretarial assistance as required;
- (b) official transportation within the country;
- (c) assistance in obtaining suitable accommodation during the period of their official duties in the country;
- (d) such other facilities as may be agreed upon between the Government and HO.

4. Reports from the Government

The Government will keep WHO informed of the progress of the project. Such reports as are required will be prepared periodically by or on behalf of the Government and submitted to WHO.

The yearly reports will include an evaluation of the accomplishments of the year, a summary of the results of the project, giving particular emphasis to the integration of activities within the framework of the basic public health services of the country. The WHO senior medical officer and the team's members will assist the Government in the preparation of the reports mentioned herein.

5. Publications

The Government and WHO will consult regarding the publications, both national and international, of findings and reports compiled in connection with the project.

6. Continuation of Project

The Government will continue the programme within the scope of available resources after assistance from WHO has ended.

7. Evaluation facilities

Evaluation facilities will be made available by the Government to WHO, when necessary, including access to statistical and other records, and assistance from statistical and other governmental services and use of their facilities.

8. Costs to Government

The estimated cost to the Government for carrying out its commitments in this project is Ethiopian dollars (equivalent to US \$),

9. Administrative advice and assistance

The Government agrees to afford to WHO all necessary facilities to enable WHO to provide at its own costs administrative advice and assistance to the programme relating to the handling and distribution of supplies and equipment and any other administrative or financial question which may arise in the operation of the programme.

PART IX

Final Provisions

1. This plan of operation will come into effect upon signature by the parties and will remain in effect until the international assistance provided by WHO is withdrawn, including such period of time as may be necessary for winding-up arrangements.
2. This plan of operation may be modified by mutual consent of the parties.
3. Upon termination of this project, supplies and equipment furnished under Parts VII and VIII of this plan of operation to which WHO has retained title shall be disposed of in accordance with the appropriate rules and policies and as mutually agreed between the Government and WHO.

IN WITNESS WHEREOF the undersigned, being duly authorized, have signed this plan of operation in four copies in English.

At _____	_____
	FOR THE GOVERNMENT OF ETHIOPIA
On _____	_____
	Typed signature
At _____	_____
	FOR THE WORLD HEALTH ORGANIZATION
On _____	_____
	Typed signature