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Project HOPE Swaziland

Report

to

Matching Grant

Mid - Term Evaluation Team

Cooperative Agreement No. OTR-0285-A-00-7124-00

June 1, 1987 - May 31, 1992

Manzini, Swaziland

April, 1990

PROJECT HOPE

"Health Opportunities for People Everywhere"

Project HOPE is the principal activity of The People-to-People Health Foundation, Inc., an independent, non-profit corporation headquartered in Millwood, Virginia; U.S.A. Through gifts of medical equipment and supplies and dedicated human effort and friendship; the Foundation has formed a partnership with the people of the world -- offering education, improved health, and hope.

Health care education has been the gift offered by Project HOPE to the developing world for the past 30 years. Improved standards of living follow improved health -- this is the foundation for HOPE.

Project HOPE began in 1958, when a noted American physician had a "dream"--to share America's great wealth of medical knowledge with millions of less fortunate people around the world. This dream turned into reality when a plan was submitted to President Eisenhower to have a United States Navy ship refitted to become the world's first peacetime hospital ship. In 1960 the SS HOPE embarked on its first voyage, carrying her valuable cargo of health personnel, modern medical equipment, and goodwill to foreign ports.

At the completion of its eleventh mission in 1974, the SS HOPE was retired. Numerous requests from land-locked areas of the world urged Project HOPE to expand its capabilities beyond the waterways.

Going only where invited, Project HOPE tailors its programs to local needs and priorities. Today, HOPE staff work side-by-side with local counterparts, who eventually assume full responsibility for teaching and treating in their own self-sufficient health care programs.

In the 88-89 Fiscal Year, Project HOPE educators worked in 17 countries, on five continents. Project HOPE's strength continues to be its expertise in confronting often long-standing problems, as well as crisis situations, that imperil the health of newborns, children, and adults.

Of the vast variety of health education programs in which Project HOPE has participated, the majority are in Nursing. Nursing at all levels: Nursing assistant; Basic Diploma; Post-basic diploma; University based, both Baccalaureate and Master's levels and Continuing education.

In sub-Saharan Africa Project HOPE has participated -- again at the request of the respective Country: in education and medical programs as well as textbook programs in: Guinea, Nigeria, Ethiopia, Liberia, Cameroon, Sudan, Kenya, Uganda, Tanzania, Botswana, and Swaziland.

Project HOPE has just completed 18 "person years" in nursing education here in Southern Africa.

SWAZILAND

The Kingdom of Swaziland is a small, landlocked enclave in south-eastern Africa, completely surrounded by the Republic of South Africa to the north, west, and south, and the Peoples Republic of Mozambique to the east. It covers an area of 17,364 square kilometers; making it, after the Gambia, the smallest country in continental Africa. Its population in 1986 was 712131, of whom 10,000 to 12,000 are of European extraction. Of all the countries on the African continent, only Djibouti has a smaller population.

Swaziland gained its independence from Britain in 1968 under a constitutional monarchy. This monarch, King Sobhuza II, with his wisdom and charisma and working through his advisors and chiefs spoke for the nation. He is credited with creating many reforms which strengthened the country; many of these reforms are being continued by his son, King Mswati III.

The Swazis are a remarkably homogenous people whose language is siSwati which along with English comprise the official languages of the nation.

While urbanization, industrialization and the influence of Christian churches are having a significant impact on Swazi customs, values, and social practices; the traditional ties are still strong and the unique two-tracked government system and the rites involved in the kingship tend to enhance the survival of the ancient Swazi culture.

The Swazi set an admirable example in their acceptance of other races; the contrast with the apartheid of adjacent South Africa is striking.

Swaziland is divided into four administrative regions which correspond to the geographic zones. This division is attributed essentially to the differences in topography and climate: the Highveld, Middleveld, Lowveld, and Lubombo. The capital of Swaziland, Mbabane, is located in the Highveld.

Swaziland is a fascinating land full of wonderful people.

HEALTH FOR ALL BY THE YEAR 2000

In 1977, the World Health Organization decided that the principle social goal of governments and the World Health Organization should be the attainment for all people in all nations a level of health that will permit them to work productively and to participate actively in social/family life of the community in which they live. Health will be engendered faster at home, at work, at school/play as part of the normal activities of daily living with utilization of approaches to promoting health, preventing disease, and alleviating illness and disability throughout the life cycle from safe birth to death with dignity; that people should adopt healthy life styles; that there should be an even distribution of available health resources; and that essential care should be accessible to all individuals and families.

Health is regarded as a basic human right; to achieve this, health services need to be: Available, Accessible, Appropriate, Appreciable, and Acceptable.

The International Conference on Primary Health Care (PHC) held at Alma-Ata, USSR in 1978 adopted the Primary Health Care approach as the means to achieve the social goal of Health For All by the Year 2000.

- Swaziland endorses the approach of Primary Health Care to achieve a healthy population in a healthy nation.

NATIONAL HEALTH GOALS AND PRIORITIES

In 1983, the Government of Swaziland adopted a National Health Policy statement incorporating Primary Health Care as the most effective and least costly strategy by which to achieve the Health For All by the Year 2000.

Priorities in Primary Health Care were established to include:

1. Provision of health education.
2. Promotion of food supply and proper nutrition.
3. Promotion of clean water supplies and basic sanitation.
4. Provision of maternal and child health care, including family planning.
5. Immunization.
6. Prevention and control of endemic diseases.
7. Treatment of common diseases and injuries.
8. Provision of essential drugs.

In the literal sense, Primary Health Care means "first contact"; in Swaziland, the "first contact" workers at all levels: promotive, preventive and curative, are rural health motivators, clinic nurses, health assistants, nursing assistants, and traditional healers.

Swaziland through its Ministry of Health is committed

to the World Health Organization goal of "Health For All By The Year 2000." The National Health Policy Objective: "to improve the health status of the Swazi people by providing preventive, promotive, rehabilitative, and curative health services which are relevant and accessible to all." This objective to be achieved through the development of a comprehensive PRIMARY HEALTH CARE system.(1)

To assist in the achievement of its objective, the government, through the Ministry of Health has an agreement with USAID to collaborate in the implementation of a Primary Health Care Project encompassing the Maternal-Child group in the rural and urban areas; Swaziland's most vulnerable group. The success of this project is dependent upon the quality and quantity of health personnel; especially nurses, who will be providing or supervising the health care of the population.

With the sponsorship of the USAID, The Swaziland Institute of Health Sciences was established within the Ministry of Health as a facility to prepare health personnel.

Many of the nurses, nursing assistants and other cadres of health workers employed in the Health Centers and hospitals lack the qualifications required for undertaking this huge task of delivery of promotive, preventive, maintenance and rehabilitative care.

Health Care Education programs requested of Project HOPE by the Swaziland Government through it's Ministry of Health have been developed and currently in progress:

- General Nurse Education Program at the Nazarene Nursing College (begun in 1984)
- Materials Management Program at the Ministry of Health Central Stores (begun in 1984--currently dormant)
- Community Health Nursing Program at the Swaziland Institute of Health Sciences (begun in 1986)
- Nursing Assistant Midwifery Program at the Good Shepherd Nursing School (begun in 1989)
- Repair of Medical Equipment Technician Program at the Swaziland College of Technology (begun in 1989)
- Traditional Healers Education Program at the Traditional Healers Headquarters Siteki (begun in 1989)
- Prevention of HIV/AIDS in Swaziland Project (begun in 1989)

Other programs requested of Project HOPE:

Textbook programs: NNC, SIHS, GSNS

Hepatitis B Vaccine Program: Health workers--A high risk group, Swaziland, 1989

Fracture casting materials program: Mbabane Government Hospital and Raleigh Filkin Memorial Hospital 1990

Pediatric Medical Consultancy, Raleigh Filkin Memorial Hospital (begun in 1988)

(1) Swaziland Government National Health Policy. Ministry of Health. July, 1983. page 1.

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PROGRAM ADMINISTRATION IN SWAZILAND

AGREEMENTS

Project HOPE conducts educational programs in the Kingdom of Swaziland under a three-year (1988-91) Agreement with the Ministry of Health. The Agreement identifies these programs, the obligations of Project HOPE during the conduct of the programs, and obligations of the Kingdom of Swaziland represented by the MOH, which includes customs duty and tax-free status for personal and project-related equipment and materials, granting of residence permits and academic appointments, provision of office space, provision of counterparts, appropriate employment of trainees upon completion of their studies where they can utilize newly acquired skills, etc..

Separate specific agreements exist for the Nursing Assistant Midwifery Program (in the form of a MOH project document drafted 10/89 with the assistance of Project HOPE) and the BME program (in the form of a project document with a letter of agreement from the MOH in June, 1989. USAID/Swaziland concurrence with support for traditional healer training workshops is contained in a memo of March 31, 1989. A Memorandum of Understanding concerning reinitiation of the Pharmaceutical Management program was submitted to the MOH by Project HOPE in March, 1989, but this has not yet been signed.

No rental agreements exist except for the HIV/AIDS Prevention Project office, because of the provision of the Main Office and satellite office space by counterpart institutions - Raleigh Fitkin Memorial Hospital, Nazarene Nursing College, Swaziland Institute of Health Sciences, Swaziland College of Technology, and the Good Shepherd Hospital and Nursing School. Housing is provided by USAID/Swaziland, Good Shepherd Hospital, and the Swaziland College of Technology for Project HOPE Educators and their families.

ADMINISTRATIVE PERSONNEL

The "Project HOPE Swaziland Offices and Personnel Organizational Chart" shows where administrative support personnel are located with respect to the Main Office and satellite offices. All are local hires. Prior to 1989, local hires were hired on Raleigh Fitkin Memorial Hospital contracts, seconded to and paid for by Project HOPE. This was done to lessen the administrative burden on the project office, since RFMH already had a system to administer salaries, taxes, pensions, and other benefits. These support personnel report to the Program Director. In 1989, Project HOPE changed its policy worldwide that all local hires should be on HOPE contracts. The Administrative Assistant in the Main Office is therefore on a HOPE contract with salary and benefits that are equal to his peers and administered by RFMH. This support from RFMH has been helpful and much appreciated.

The Administrative Assistant assists the Program Director in day to day operations of the Main Office, communications, financial report preparation, clearance of shipments and distribution of equipment/materials, and transportation. The Secretary in the Main Office provides secretarial support for the nursing education programs and assists the Administrative Assistant in carrying out office activities. The Secretary at Good Shepherd Hospital provides secretarial support for curriculum development, preparation of teaching plans, etc. in a manner similar to the support she provide to the Community Health Nursing program between 1986-90. The driver in the Main Office also assists with photocopying and filing.

COMMUNICATIONS

Project HOPE implementation of six new programs in Swaziland and Malawi during 1989 led to a significant increase in communications with HOPE Center and counterpart institutions. Electronic mail capability was developed in March, 1990 to link the Main Office computer with HOPE Center.

A DHL packet is sent to HOPE on the 15th, 20th, and 30th of each month to coincide with time and financial report requirements. The level of communication by this mechanism will decrease with implementation of the electronic mail system.

Private telex and FAX services are available in Manzini. The driver makes daily visits to these offices to collect and deliver communications, primarily to and from HOPE Center.

Telephone communication is reserved for urgent and important matters between the Program Director and Country Manager at HOPE Center. A long-distance record is kept in order to allocate expenses to the correct account.

Communications are filed in the Main Office in a manner consistent with Project HOPE's communication tracking system.

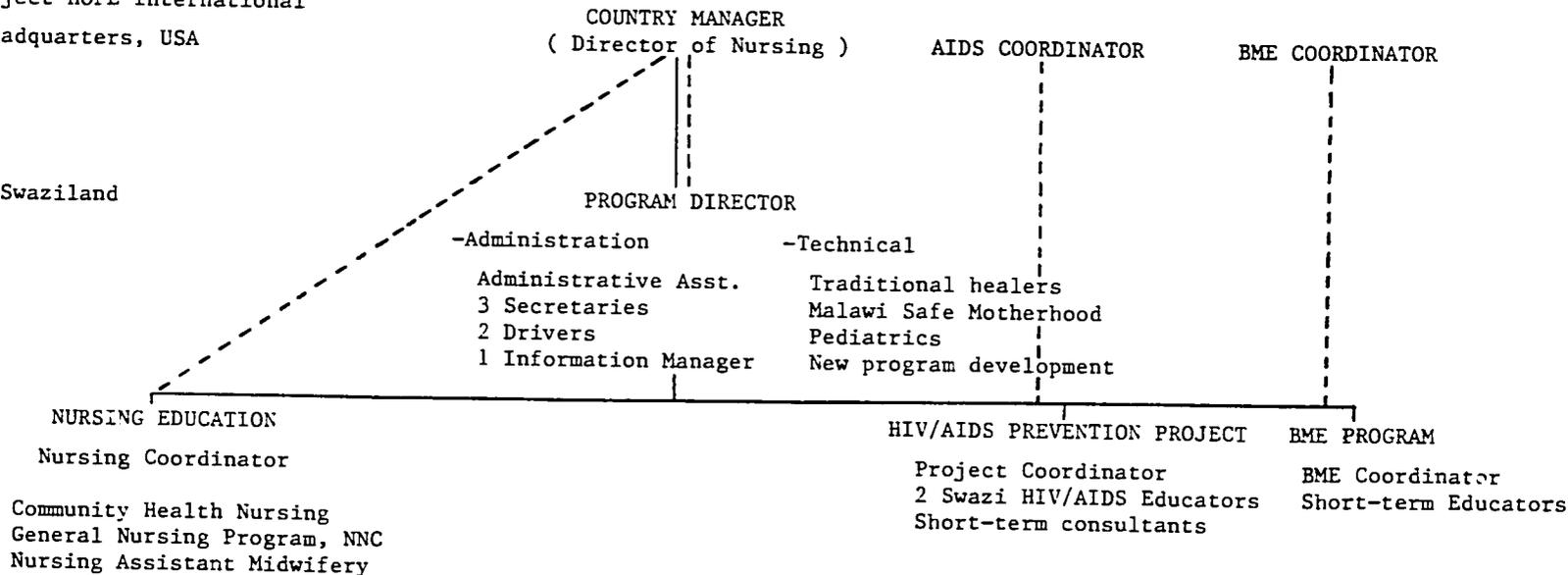
Interpersonnel communication between fellow Project HOPE Educators is a high priority in Swaziland. Monthly staff meetings are held to discuss administrative matters, share progress and problems encountered with various educational programs, and to develop collective solutions. These sessions contribute to the articulation of Project HOPE's diverse educational programs in the country. Program Coordinators in Nursing Education, Biomedical Engineering, and HIV/AIDS Prevention meet with the Program Director and their respective Educators on a regular basis, in particular to discuss progress, problems, and plans with respect to Program Plans and their indicators.

Monthly progress reports are required from Project HOPE Educators for the first six months of the project and quarterly thereafter.

Project HOPE Swaziland Organizational Chart

Project HOPE International
Headquarters, USA

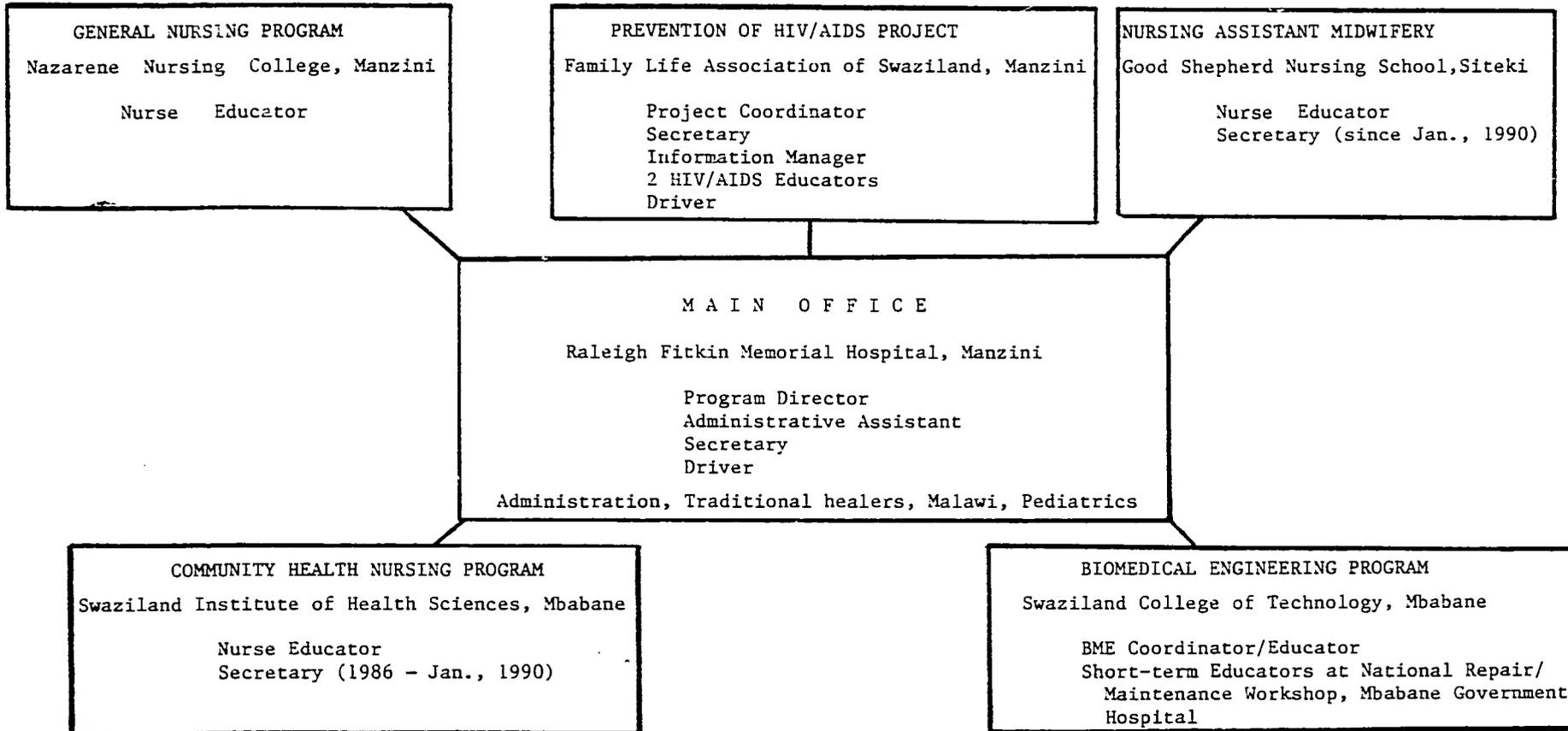
Swaziland



———— ADMINISTRATIVE

- - - - TECHNICAL

Project HOPE Swaziland Offices and Personnel Organizational Chart



HEALTH CARE EDUCATION PROGRAMS IN SWAZILAND

Project HOPE participation in Health Care Education Programs in Swaziland in cooperation with The Government of Swaziland through it's Ministry of Health and Ministry of Education

Matching Grant

1987-1990

NURSING EDUCATION PROGRAMS IN SWAZILAND

There are three nursing education facilities in the Kingdom of Swaziland: The Nazarene Nursing College, The Institute of Health Sciences, and the Good Shepherd Nursing School. The Nazarene Nursing College offers a basic 3 year general nurse diploma program and a one year midwifery program. The Institute of Health Sciences offers a basic 3 year general nurse diploma program and post basic programs of one year in Midwifery, Community Mental Health Nursing, and Nurse-Practitioner; to which will be added a program in Community Health Nursing. The last is the Good Shepherd Nursing School which offers a two year Nursing Assistant program.

1.0 Nazarene Nursing College of the Raleigh Fitkin Memorial Hospital

The Raleigh Fitkin Memorial Hospital began as a small missionary hospital under the auspices of the Nazarene Missionaries. The present facility of 318 beds was built as a memorial gift in the 1920's by a wealthy American Nazarene family. Under this system, nursing education began as apprenticeship training, and has continued more or less the same for the last fifty-six years. Initially, the hospital was financed and run by donations from the overseas missions. Currently eighty percent of the finances come from the Swaziland government.

1.1 Organization and Administration

The School is administratively under the control of the Hospital Administration. Nursing faculty report to the Patron, who in turn reports to the Medical Superintendent.

Budget

The school's budget was formerly controlled by the Hospital; in recent years they have been given their own funds to spend.

1.2 Students

Students are admitted to the program annually in June for the General Nurse Program.

Applicants are accepted between the ages of 18 and 30 years of age regardless sex, religion, or marital status. Qualifications for entry are the equivalent of five O' Level passes, of which, English, Biology, and Mathematics are compulsory. Other science subjects are considered to be important.

General student policies are not available in writing for each student. Students have limited official channels to present their views and complaints to the tutors.

As stated earlier, the Nazarene Nursing College

started under the auspices of the Nazarene Missionaries. The rules and regulations for students reflect their philosophy. Students are currently developing a constitution and by-laws for their association.

During their training all Swaziland students both at Nazarene Nursing College and SIHS receive E300 per year from the government, via the Ministry of Education; as well as books, school tuition, uniforms, board, and lodging are subsidized by the Government, again through the Ministry of Education.

Until 1989, Students wrote the NEBBLS examination on completion of their three year course. These board examinations were discontinued when the Nurses and Midwives Act was amended to transfer this responsibility to the University of Swaziland.

1.3 Faculty

In 1985 there were 10 full-time faculty to cover the general Nursing and Midwifery programs. Some were on study leave in the USA and Botswana.

Currently there are 14 full-time faculty to cover the General Nursing and Midwifery. During the school year 1990, it is anticipated that five faculty will be on educational leave, one faculty member (an expatriate) will leave the country, and two faculty will retire. Returning or joining the faculty anew will be three faculty returning from educational leave, a missionary nurse returning from home leave, a new missionary nurse, and a new expatriate nurse.

1.4 Curriculum

See published curricula:

- 1.4.01 BASIC NURSING CURRICULUM
- 1.4.02 MIDWIFERY CURRICULUM

1.5 Material Resources

All faculty members share one medium-sized room; with the spill-over in the nutrition laboratory. There is no privacy for student interviews or counselling. There is no space to complete lesson plans. Secretarial support is limited to two persons plus a "materials" clerk.

There is a Library and its holdings are catalogued in the Dewey Decimal System. The position of Librarian is vacant, ergo the library is kept locked.

There is a student hostel as all students are resident students.

PROGRAM GOAL:

To assist the Faculty at the Nazarene Nursing College (NNC) of the Raleigh Fitkin Memorial Hospital to develop and implement a curriculum designed to improve the quality of nursing education and ultimately the health of the population of Swaziland.

OBJECTIVE I

1985 1.1 To review the present Basic Nursing Curriculum and make changes in the Philosophy, Goals, Objectives, Content and Implementation.

*This objective accomplished; ergo the evolutionary change.

1988 1.2 To evaluate the Nursing Curricula at the Nazarene Nursing College.

1.3 DESCRIPTION OF THE BEGINNING SITUATION

1.3.01 The Project HOPE involvement started just after an evaluation of the curricula at the Swaziland Institute of Health Sciences (SIHS) and the Nazarene Nursing College by Dr. M. Bracewell. This evaluation had been requested by USAID. Dr. Bracewell had assisted the faculty in the development of a Philosophy and in drafting a curriculum outline.

Both of these were more suitable for a school in which students had full academic status (e.g. SIHS). There were no course objectives. There were outlines for topics to be presented in each year.

1.4 WHAT WAS ACCOMPLISHED

1.4.01 The Basic Nursing Curriculum was developed in stages, and each section was evaluated and modified following implementation. In 1986 faculty who had been to university returned to the school. This facilitated implementation as they had studied some of the concepts that were being introduced into the curriculum, e.g. Maslow's Theory and Nursing Process.

1.4.02 During the first part of 1988 the Basic Curricula from Swaziland Institute of Health Sciences and Nazarene Nursing College were presented to the University of Swaziland in preparation for the achievement of Affiliate Status with the University. The schools were advised to work together to unify their hours and this was done. The curricula were accepted by the Board of Affiliated Institutions of the University. The Nazarene Nursing College curricula have been printed and distributed.

1.4.03 The Midwifery Curriculum was developed and

completed in 1988. Attempts to do this with the Swaziland Institute of Health Sciences were started, inconsistently carried out, and not yet concluded.

- 1.4.04 In general there has been little formal evaluation of faculty or of courses by the students. A tool for course evaluation by students was developed. A few faculty did use it and shared the results. Evaluation of the students in theory has been consistent, and has been conducted both internally and externally. In general they have done well in both internal and external examinations. (Tables 1-4) (Levels I and II are Swaziland Nursing Council Examinations. Level III and Midwifery were Regional until 1989 when they became UNISWA)

(for Tables see FINAL REPORT
Nursing, Nazarene Nursing College
31 August, 1989
Agatha Lowe, RN, MSc.

A questionnaire has been developed to evaluate both the Basic and Midwifery Curricula. This was given to the 1985 class when they completed in June 1989. No questionnaires returned to date.

1.5 RECOMMENDATIONS

- 1.5.01 That the Faculty make course evaluation an integral part of the curriculum. This should be mandatory at the end of each course. Data should be compiled, analyzed and shared.
- 1.5.02 That attempts be continued to collect the evaluations from the recent graduates, compile and analyze them, and modify the tool if necessary.
- 1.5.03 That the questionnaire be administered to each graduating class immediately and then a year after graduation and the results analyzed and shared.
- 1.5.04 That these evaluations form the basis for curriculum revision. In any case the curriculum needs to be modified now that there is no longer the necessity to cater to the regional requirements.

OBJECTIVE II

1985 Improve the Primary Health Care and Community Health content of the present curriculum and integrate it over the three years.

*Objective accomplished; new objective substituted

1988 To revise Nursing Curricula at the Nazarene Nursing College.

2.1 DESCRIPTION OF THE BEGINNING SITUATION

Community Health concepts were already present in the Curriculum when Project HOPE became involved. Students were being scheduled in the clinics, and they were making home visits under the supervision of the Swazi faculty. Physical Assessment skills were not a part of the curriculum.

2.2 WHAT WAS ACCOMPLISHED

- 2.2.01 The content of the Community Health component was expanded, especially in the area of family assessment.
- 2.2.02 In 1986 a Primary Health Care Workshop was held for tutors from Lesotho, Botswana and Swaziland. The facilitators were from the Nursing Examination Board of Botswana, Lesotho and Swaziland. It was sponsored by World Health Organization. The focus was on the Implementation of Primary Health Care in the Nursing Curriculum. One recommendation was that clinicals for Community Health be increased to eight weeks. This recommendation has been difficult to apply at Nazarene Nursing College.
- 2.2.03 In December 1987 all students in two Community Health Classes and their tutors were introduced to the technique of conducting a Community assessment. Unfortunately the results are still in the computer at the University. One outcome of this assessment was an establishment of a Preschool in the area.
- 2.2.04 Physical assessment skills were introduced in all three years of the Basic Curriculum. Implementation in the first year was facilitated by the return of one Swazi instructor from the USA. Second and third year's were introduced by Project HOPE Educators Richardson, Smith and Abler.
- 2.2.05 Counterparts to teach Physical Assessment Skills and Pediatrics were inconsistent. The first went on Maternity leave, and was given another assignment when she returned. The second had to assume administrative duties at the school so could not continue. More recently a Sister from the Children's Ward was assigned counterpart to teach Pediatric Nursing. It is unlikely that she will continue to do this since she is required to be on the wards. Physiology and Nursing Science and Arts I, formerly taught by the HOPE Educators, are now the responsibility of Swazi faculty.

2.3 RECOMMENDATIONS

- 2.3.01 That as results of research relevant to the Swazi health needs becomes available, the curriculum be modified to include it. A method of acquiring these documents

must be worked out.

- 2.3.02 That attempts be made to increase the clinical component of Community Health Nursing if the school is to support the Government's Goal of Primary Health Care.
- 2.3.03 That the start made in teaching Physical Assessment skills be continued. Those teaching it do appear to be interested.
- 2.3.04 That attempts be made to recruit a nurse competent to teach Pediatric Nursing. Children are the future of the Country and their health should not be neglected.

OBJECTIVE III

1985 Identify realistic time frames necessary for accomplishing the objectives of the curriculum and to negotiate with the Hospital Administration to free students for an extended time period.

†Experienced difficulty in achieving this objective because students are considered "staff" at the hospital; ergo substituted another objective.

1988 To assist in the determination of faculty for the Nazarene Nursing College.

3.3 DESCRIPTION OF THE BEGINNING SITUATION

3.3.01 Students constituted the main nursing work force at the Raleigh Filkin Memorial Hospital. This is compatible with an apprenticeship type of training. Classroom theory was presented in short blocks, followed by longer periods in the clinical area. Time in the classroom was not effectively utilized. Students were often found sitting with nothing to do.

3.3.02 University Education for Swazi faculty had long been neglected. Project HOPE arrived in the Country when steps had been instituted to correct this deficit. Consequently, faculty numbers have continued to fluctuate. The administration fully supports the idea of faculty leaving for training when scarce scholarships become available. In addition faculty do not always reveal their plans to administration. This places stress on the rest of the system. In 1985 there were several Nazarene Missionaries on staff. Their numbers have since decreased.

3.4 WHAT WAS ACCOMPLISHED:

3.4.01 Students still constitute the main work force for the hospital. However, some flexibility has occurred. Since 1985 the first level students have spent additional time in the Nursing College.

In 1986 second level students were allowed to remain on days for a week when they returned to the ward so that Faculty could supervise them. The third level block was delayed so faculty could be free. In 1988 second level students were also kept in the college for an extended period. The time was not well used and students ended with deficits in their clinical experience.

- 3.4.02 The Hospital requested additional staff positions to try to place less dependency on students. Posts were granted, but continue largely unfilled since the Institution's salaries and benefits cannot compete with either the government's or those of the neighbouring countries.
- 3.4.03 The College has projected its staff needs for the next ten years, and these have been submitted to the Hospital Administration and USAID. Faculty have identified their desire to go for study, and attempts are being made to have them take turns in going.
- 3.4.04 Recruiting of expatriate faculty has met with limited success. In 1985 three hospital nurses were transferred to the college to act as clinical tutors. They were soon totally involved with the curriculum, and spent much time in class and less in the hospital. Periodically other nurses (especially the Missionary nurses) have been assigned to teach selected parts of the curriculum.
- 3.4.05 The complement of HOPE Nurses have been reduced from three in 1985 to one in 1989. Missionary Nurses assigned to full-time teaching in the College have also been reduced to two in 1989. Gaps have been left by this decrease, some of which will be difficult to fill.
- 3.4.06 With the departure of so many missionaries, administration of the Nursing college has been assigned to the Swazi Faculty.

3.5 RECOMMENDATIONS

- 3.5.01 Continue to find ways of ensuring that student's time in both classroom and clinical area is used effectively.
- 3.5.02 Support changes in the Hospital which would increase the number of staff and reduce dependency on student labour.
- 3.5.03 Recruit tutors who would contribute to the growth of the college to join the staff. Solicit the cooperation of Administration in this effort. Transfer tutors unwilling or unable to carry their load to Hospital, clinic or some other area.

- 3.5.04 Most of the tutors present in the school are compatible, work hard, and are enthusiastic. Administration should endeavour to support their morale as the going becomes tougher. Provide opportunities for airing of problems and try to resolve them. This is difficult but necessary.

OBJECTIVE IV

1985 To assist faculty in developing additional skills in curriculum development, planning and implementation.

*Accomplished this objective; appears in 1988 as OBJECTIVE V

1988 To strengthen supervision and evaluation of students in all clinical areas

*Appears in 1985 plan as OBJECTIVE VI.

4.1 DESCRIPTION OF THE BEGINNING SITUATION

- 4.1.01 Prior to Project HOPE Educators arrival, Dr. Bracewell had conducted an inservice education workshop with present faculty in Curriculum Development. Since this was a new area for many it was still not well understood. The new Missionary Nurses who arrived were skilled practitioners, but had little formal training in education.
- 4.1.02 Faculty were teaching from topical outlines without the benefit of objectives. This made it difficult for guest lectures to be of real assistance to Faculty or students.

4.2 WHAT WAS ACCOMPLISHED

- 4.2.01 In 1985 a three day orientation program was planned for the new tutors. This included orientation to the College; teaching methods, curriculum, philosophy, Swazi customs, use of Audio-visual aids.
- 4.2.02 1985-1986 In service education programs were regularly scheduled. Individual faculty assumed responsibility for sessions and thus gained skill educating their peers. Topics were varied but dealt with different aspects of curriculum development and or implementation; nursing process; teaching methods; use of Audio-visual materials, etc.
- 4.2.03 Faculty received practice in developing course objectives and content for different parts of the curriculum. It was a learning (if painful) experience for all as Philosophy, Objectives, Content, Methodology and Evaluation techniques were selected, reviewed, revised, implemented...

- 4.2.04 Faculty at school in the USA visited for vacations, participated in some meetings and used the material when they returned to the USA.
- 4.2.05 Faculty who are presently studying attribute much of their success to the experience they gained through developing and implementing the curriculum at the College.
- 4.2.06 Both the Basic Nursing and Midwifery curricula have been completed and printed. Faculty are using them for classroom teaching; also, they have made the work of guest lecturers much easier.
- 4.2.07 Faculty appreciated the effort that had been put into the curriculum when it was required by the University as a pre-requisite for Affiliate Status for the School.
- 4.2.08 Faculty arriving from School were oriented to bits and pieces of the curriculum instead of being presented with the overall work. This was partly because it was so long in being developed.

4.3 RECOMMENDATIONS

- 4.3.01 That Nazarene Nursing College Faculty be commended for the effort expended in completing the curriculum, and for their commitment to implementing it.
- 4.3.02 That the curriculum be seen as a dynamic entity which needs continuous development, and that attempts be made to make it more relevant to the needs of Swaziland.
- 4.3.03 That the Faculty use their skills to modify the Nazarene Nursing College curriculum and to contribute to the development of one suitable for implementation at the University.
- 4.3.04 That new and returning faculty receive orientation to the curriculum.

OBJECTIVE V

1985 Utilize different teaching strategies to facilitate classroom only learning and instruction.

1988 To assist faculty in developing additional skills in curriculum evaluation and in innovations in nursing.

+Appears in the 1985 Plan as OBJECTIVE IV.

5.1 DESCRIPTION OF BEGINNING SITUATION

- 5.1.01 Class presentations were primarily in lecture format. Following the lecture students would spend hours copying material which had been written on transparencies. This gave little time to really become involved in the subject matter.

- 5.1.02 Revision periods were a replica of the original classes i.e. tutors gave the lectures over again but in a much shorter period of time. Little free time was given to the students during the day. Students were expected to study in the evenings at the Nursing College.
- 5.1.03 The library was used by Faculty for preparing or grading examinations. Otherwise it was off limits to students.
- 5.1.04 The College lacked a variety of Audio-visual materials. Materials present were not widely used by the Faculty.

5.2 WHAT WAS ACCOMPLISHED

- 5.2.01 The lecture format remains the dominant method of teaching. Role play, team teaching, case presentation, student research for seminars, discussions have all been utilized at different times. Field trips have also been extended to assist with learning.
- 5.2.02 Lecture periods have been extended to fifty-five minutes in length.
- 5.2.03 Students are now expected to identify their learning needs for revision, and to participate in helping their colleagues learn.
- 5.2.04 Study time remains a problem because of the packed curriculum. Attempts have been made to free students during faculty meetings, but this time is sometimes used to "catch up on" other lectures. Now that the requirement for studying in the college has been lifted students tend not to use the time wisely.
- 5.2.05 A formal system of counselling students in First level has been instituted. Students are given appointments to meet the faculty in Nursing Science and Arts I to discuss their general progress. The performance of many students following these sessions has been amazing.
- 5.2.06 Thanks to Mrs. Hawley, wife of former Project HOPE Director in Swaziland, the library books were catalogued. The Hospital agreed to hire a Librarian so that the students could have access to the library. This employee was trained by Mrs. Hawley. Both Mrs. Hawley and this trainee left, but they have been replaced by a trained Librarian. Library evening hours remain a problem; It is staffed in the evenings by Missionary nurses. Library books are purchased by the College, or they may be donated by Missionaries or other agencies. A large number of books were donated by Project HOPE.

5.2.07 The college's original supply of Hard and Software for Audio-visual use was increased by Project HOPE, various missionaries and more recently by UNICEF. The College's holdings include a Video camera and play back machine, a photo-copier, and overhead slide projectors, video tapes and numerous slides. The College was fortunate to have the knowledge and expertise of a Missionary Nurse Carolyn Lehrke. She made many slides and teaching videos, repaired equipment and kept track of it, provided inservice education on use of Audio-visual aids, and more recently gave a course on photography (Regular and Video) to interested Faculty and students. She also made an inventory of Audio-visual Materials in the college.

5.3 RECOMMENDATIONS

- 5.3.01 That as Faculty become comfortable with the courses, they continue to utilize different methods of getting material across to students.
- 5.3.02 That faculty continue to encourage students to help their peers to learn.
- 5.3.03 That efforts be continued to allow students time for independent study but ensuring that it is well used.
- 5.3.04 That students continue to be encouraged to use the Library and as soon as funds become available that the evening hours be extended.
- 5.3.05 That counselling of students continue in First Level, and be extended (when possible) to all levels to identify areas where students are doing well or need assistance.
- 5.3.06 That someone be assigned responsibility for the Audio-visual and other equipment in the school. This person need not be skilled at repairing it, but someone needs to monitor its utilization so that it does not all disappear or remain in disrepair.

OBJECTIVE VI

1985 To strengthen supervision and evaluation of the students in the clinical area.

*Appears in the 1988 Plan as OBJECTIVE IV.

1988 To involve nursing service personnel in the education of nursing students.

*New objective based on identified need.

6.1 DESCRIPTION OF BEGINNING SITUATION

According to the Faculty, supervision of the students has

always been a joint responsibility of Faculty and Hospital staff. In 1985 this appeared to be happening sporadically with the students falling in between. Three tutors were assigned to the College for clinical instruction in 1985, but as mentioned earlier they were soon caught up in classroom teaching.

An old tool for Clinical Evaluation was not being utilized. No clinical objectives were in evidence. This latter was probably due to the fact that students are seen as workers.

6.2 WHAT WAS ACCOMPLISHED

- 6.2.01 A clinical evaluation tool was developed to reflect aspects of the objectives and terminal behaviors. It has since been used more or less consistently by students (self-evaluation) and Faculty to evaluate student performance.
- 6.2.02 Supervision and evaluation of students in the First Level and in Community Health has been the most consistent. Second level students are supervised during their first assignment to night duty. Supervision and evaluation is otherwise inconsistent. During the past month First and Second level tutors have been cooperating in providing supervision for Second Level students in an attempt to help them transfer classroom theory to the clinical area. This appears to be working well.
- 6.2.03 Students are required to do Nursing care plans in all clinical areas except the Mental Hospital. More recently they have been asked to complete Process Recordings in that area. Follow up to ensure that these assignments are completed and evaluated has been most consistent in First Level and in Community Health, and during the second level block periods.
- 6.2.04 The Hospital Staff have been reluctant to participate in the supervision and evaluation of the students in the clinical area. This is partly due to their lack of knowledge of what the students are being taught nowadays (mostly the Nursing Process).
- 6.2.05 Individual Faculty have tried to involve hospital staff in student instruction while they are on the wards, but this has met with limited success. Staff prefer to "sit" and leave the ward to students and faculty. Wards have also been provided with lists of Procedures that have been taught to students at different levels. (Most cannot be found, so will be replaced).
- 6.2.06 To facilitate supervision of second and third levels a Skills Book was developed and given to each student. The latter is responsible for seek-

ing supervision for the unfamiliar procedures, and obtaining the signature of the one who supervised her/him. Most students last year ran around collecting signatures at the end of the year when the supervisors could not remember even seeing them.

6.3 RECOMMENDATIONS

- 6.3.01 That the different categories on the evaluation tool be assigned points to facilitate arriving at a continuous assessment grade.
- 6.3.02 That the tool be used consistently to evaluate students in all levels of the course.
- 6.3.03 That objectives be developed for all clinical areas.
- 6.3.04 That a system be worked out to improve clinical supervision of students.
 - a) training of clinical tutors;
 - b) use of ward personnel to supervise students until full complement of Faculty return;
 - c) schedule faculty time to allow for periods when the wards could be covered.
- 6.3.05 That tutors presently involved in the supervision and evaluation of First level and Community Health keep up the good work.
- 6.3.06 Continue assigning care plans in the clinical area as one means of helping students integrate classroom theory with clinical practice.
- 6.3.07 Provide an orientation program for Sisters and Staff Nurses to familiarize them with the curriculum to reduce their resistance to participating in clinical supervision.
- 6.3.08 Continue to encourage students to use their skill books and to seek opportunities to improve their level of competence.

OBJECTIVE VII

1985 To strengthen faculty ability to set and grade examinations with emphasis on writing items for multiple choice examinations.

1988 Collaborate with the Swaziland Nurse-Educators Committee, the Swaziland Institute of Health Sciences faculty and the Swaziland Nursing Council to develop standards for Nursing Education.

*Expansion of 1985 Objective VII.

7.1 DESCRIPTION OF BEGINNING SITUATION

The most popular method for evaluation has been and

continues to be essay type examinations. This is true throughout the Southern African region.

7.2 WHAT WAS ACCOMPLISHED

- 7.2.01 There has been general resistance to giving up essay type questions even within the University. It is believed that students do less well on objective type examinations.
- 7.2.02 In 1985 a half day workshop was held to help Nazarene Nursing College tutors with test construction.
- 7.2.03 The Faculty from both Nazarene Nursing College and the Swaziland Institute of Health Sciences were encouraged to submit items so that a bank of questions could be compiled. Over two hundred items were collected, but no further use was made of them. Examinations continue to have an approximate ratio of multiple choice 1 to essay.
- 7.2.04 Swazi tutors have been involved in setting internal examinations as well as those for the Swaziland Nursing Council; the Nursing Examination Board of Botswana, Lesotho and Swaziland and more recently the University of Swaziland. They have generally sought assistance as necessary in verifying the objective type items. In general tutors skills have improved. The HOPE tutor has had responsibility for setting and grading the final Community Health Nursing Examination since 1987; in 1990 a Swazi tutor set the examination.

7.3 RECOMMENDATIONS

- 7.3.01 That Faculty continue to practice their skills in this area, and gradually increase the proportion of these in the individual examinations.
- 7.3.02 That Faculty participate in any available workshops or inservice education designed to help them improve these skills.

OBJECTIVE VIII:

1985 To assist Swaziland Faculty in developing a structure which will facilitate the accomplishment of all aspects of the College's business.

8.1 DESCRIPTION OF THE BEGINNING SITUATION

- 8.1.01 The small Faculty group belonged to one large committee, and was responsible for joint decision making.
- 8.1.02 As mentioned before students had limited access to the Library. When this was changed books began to disappear.

- 8.1.03 Student Rules and Regulations required revision.
- 8.1.04 Class schedules were made out by the Principal Tutor and Faculty taught at all levels. This was particularly difficult since they were given little warning about dates, times and topics they would teach.
- 8.1.05 Secretarial service in the College was limited, many Faculty did their own typing on old typewriters.
- 8.1.06 Faculty posts were Hospital posts, with none permanently assigned to the College.
- 8.2 WHAT WAS ACCOMPLISHED:
- 8.2.01 The Faculty instituted a number of ad Hoc Committees, e.g. Library Committee, committee to develop Clinical Evaluation Tool; In-Service Education Committee etc.
- 8.2.02 Faculty and HOPE Educators also were members of different external committees; Hospital In-service Education Committee; Committee on Affiliation of the Nazarene Nursing College and Swaziland Institute of Health Sciences Nursing Programs with the University of Swaziland; Swaziland Nurse Educators Committee; Committee to Review and Revise the Swaziland Nurses and Midwifery Training Act; Procedure Manual Committee etc.
- 8.2.03 The Library Committee developed rules which were approved by the Faculty. These have helped to reduce loss of property.
- 8.2.04 Student Rules and Regulations were revised and recently approved by the Administration.
- 8.2.05 Faculty meetings were conducted more or less weekly. Much of the time was devoted to Curriculum Development and the results of implementation.
- 8.2.06 Faculty were divided into different levels with a Swazi Coordinator (along with a HOPE Counterpart) responsible for each level. Class schedules were developed in advance so Faculty had more time to prepare classes.
- 8.2.07 A great deal of effort was put into meeting the requirements for achieving Affiliate Status of the Nursing Programs with the University of Swaziland. This was accomplished, and the students wrote the first examinations in May 1989. At the same time it was discovered that the Colleges have no legal status and this must be acquired.

8.2.08 The Hospital Administration were persuaded to employ additional secretarial help. This has greatly facilitated the College's work. New typewriters were purchased.

8.2.09 Posts specific to the College still do not exist.

8.3 RECOMMENDATIONS

8.3.01 That Faculty try to maintain and improve upon what has been started.

8.3.02 That Administration and Faculty initiate steps to have the College legally constituted. This may then facilitate the acquisition of posts for the College.

8.3.03 The practice of having Level Coordinators and Level Tutors may have to be modified because of the severe reduction in Faculty. This should be reinstated when numbers improve.

OBJECTIVE IX.

1985 To assist with the transition of the curriculum during the period when students change from apprentices and receive full student status.

9.1 WHAT WAS ACCOMPLISHED

9.1.01 Much of this has been discussed under other objectives. Student status could not be achieved as the Hospital lacked the staff to allow this to happen.

9.1.02 It is also not clear that students truly want to change the status quo. The Hospital provides them with a small stipend, and many of them look forward to receiving it. Recently when it was suggested that this money be used to help employ registered nurses, students opted to keep the stipend.

9.1.03 The achievement of student status may be decided after the legal status of the College has been determined. Whatever the outcome; it is likely that the Nazarene College will continue to educate nurses since there will always be a need for Diploma Graduates in the Country.

9.2 RECOMMENDATIONS

The Practice of having Level Coordinators and Level Tutors may have to be modified because of the severe reduction in Faculty. This should be reinstated when numbers improve.

OBJECTIVE X:

1985 To act as professional role models for faculty and students in the clinical and classroom area.

10.1 WHAT WAS ACCOMPLISHED

It would appear that this goal was accomplished. In fact it was a mutual learning experience for both HOPE Educators, Swazi faculty and students.

10.2 RECOMMENDATION

10.2.01 That HOPE Educators recognize that there is much in the Swazi situation that does not require change. That there is much to be learned here.

10.2.02 That Swazi Faculty and students consciously capitalize on the expertise of all expatriates, select what is appropriate for their culture and incorporate it into their Nursing Education.

10.2.03 That Swazi Faculty be ever mindful of being positive role models for students and other staff.

OBJECTIVE XI:

1984 To collaborate with the Swaziland Institute of Health Science, the Ministry of Health, and the Nazarene Nursing College in Developing Workshops and training programs for Faculty and other Swazi nurses.

11.1 WHAT WAS ACCOMPLISHED

11.1.01 F. Richardson participated in teaching physical assessment skills to Nurse Practitioners, and in selling and grading their examinations.

11.1.02 F. Richardson was also instrumental in the planning and implementation of a workshop on Human Sexuality which was open to Faculty from both Institutions as well as to other nurses and physicians.

11.1.03 The Swaziland Nurses Educators organized and sponsored their own workshop on Setting and Grading Examinations and Evaluating Clinical skills. Facilitators were from the University of Swaziland and from South Africa. An Objective method of grading Clinical Skills was introduced. Faculty from Swaziland were invited to South Africa to observe how these examinations were conducted. The method was tried later at the Nazarene Nursing College. (and in 1990, initiated at the Institute of Health Sciences)

- 11.1.04^S Series of workshops to introduce the Nursing Process to Hospital staff were planned. Other priorities intervened to prevent them from being completed.
- 11.1.05 The Nazarene Nursing College Faculty and HOPE Educator were members of the revived Raleigh Fitkin Memorial Hospital In-service Education Committee. A number of topics were selected and some Faculty gave presentations on Management and the Nursing Process. The sessions were poorly attended. Faculty also participated in the Hospital's Program to educate all workers about Prevention of HIV Infection.
- 11.1.06 Sister Meighan, former Acting Principal returned from furlough and was appointed Hospital In-Service Education coordinator. It continues to be a difficult job since staff is short and motivation is low.
- 11.1.07 HOPE Nurses participated in the development of the Community Health Nursing Diploma Program which is being conducted at the Institute of Health Sciences.
- 11.1.08 HOPE Coordinator helped to lay the groundwork for the Nursing Assistants Midwifery Training Program. The first students are due to start studying in January 1990.

11.2 RECOMMENDATIONS

- 11.2.01 Continue to collaborate with the Institute of Health Sciences and the Raleigh Fitkin Memorial Hospital in planning and implementing workshops and in-service education programs.
- 11.2.02 Try to determine ways of encouraging Hospital staff to attend these sessions

OBJECTIVE XII

To institutionalize the Program.

appears as Objective 8 in 1988 plan

12.1 WHAT WAS ACCOMPLISHED.

- 12.1.01 As previously mentioned Project HOPE's Nursing input at the Nazarene Nursing College was reduced from three to two to one nurse. The College was informed that these changes would occur, and attempts were made to find tutors to fill the gaps left by the HOPE nurses. This became impossible because Faculty had to leave for training at University. The best coverage and smoothest transfers were in Community Health and Physiology.

12.1.02 Project HOPE's presence allowed for:

- a) fairly extensive use of different Community Health Clinics;
- b) maintenance of home visits in different areas;
- c) faculty involvement in activities such as health education in the school and to different community groups including the recent Traditional Healers Workshop;
- d) Faculty and student involvement in a Community assessment. These activities will be reduced since the college shares transportation with the Hospital.

12.2 RECOMMENDATIONS

12.2.01 That the new Project HOPE Educator assist with the implementation and phase over of the Medical-Surgical curriculum.

12.2.02 That the Hospital give serious consideration to making more transportation available to the Nursing College to support student and Faculty involvement in the community. One spin off from this will be a positive image for both Hospital and College in the Community.

2.0 Swaziland Institute of Health Sciences

The SIHS was constructed in 1980 under an agreement with the Swaziland Government and the United States through its Aid for International Development Program. The facility is designed as an education institution for nurses, dental hygienists and public health inspector programs.

Prior to 1980 the sole training program for nurses was at the Nazarene Nursing College at Raleigh Filkin Memorial Hospital.

The Institute has education/training programs at both the basic and post-basic level. The basic programs consist of 3-year diploma programs in Health Inspection and General Nursing and a 2-year program in Dental Hygiene. The post-basic programs of one year in length are all in Nursing: Midwifery, Community Mental Health Nursing, Nurse-Practitioner, and Community Health Nursing.

2.1 Organization and Administration

The Institute draws strong support from the administrative levels of the Ministry of Health.

It is a Unit in the Ministry of Health directly responsible to the UnderSecretary and is administered by the Principal.

The Faculty are organized into committees to conduct the affairs of the Institute and make recommendations to Administration for appropriate action.

Budget

The school funds come from the Swaziland government and various donors of money and gifts-in-kind; e.g. faculty, books, etc.; from Project HOPE, WHO, and DANDIDA.

2.2 Students

The target group of candidates for this program are the nurses presently employed in the various clinics. They are admitted to the program annually. June has recently been established as admission month for programs at the Institute.

The admission criteria has been established and implemented. The Institute has admitted three classes of Community Health Nursing Students; the current class is due to take final examinations in May.

2.3 Faculty

The Faculty at The Institute is an integrated one with faculty assigned to teach in the area of their expertise. While members are assigned to specific programs they do teach courses in other programs, as well as core-courses across programs. Each of the Programs has a coordinator. The Community Health Nursing Program draws from all faculty sources. Two SIHS faculty were sponsored by USAID to study for a Master's degree in Public Health with the intention that they return to teach in the Community Health Nursing Program.

As mentioned before, the Faculty are organized into committees and have a voice in the school affairs: curricular, social, and administrative.

The faculty teaching load varies and is directly influenced by: number of posts and number of faculty on leave; this latter is of great significance when it is estimated in 1990, eight faculty will be on education leave and two expatriates leave because of contract expiration.

2.4 Curriculum

The Community Health Nursing Program is one year in length. The 1987 approved curriculum (see which) has been implemented with the first and second class. The curriculum is currently being edited.

The Swaziland Nursing Council continues to supervise the Professional Examinations until such time as affiliation with the Board of Affiliated Institutions of The University of Swaziland for this program is finalized.

2.5 Resources and Facilities

The Community Health Nursing Program is an integral part of The Institute and enjoys full privileges of its resources and facilities; including classrooms, library, and Student hostel.

The entire Kingdom of Swaziland is its "clinical laboratory."

Library resources

The Institute has a good supply of audio-visual materials including both hard and soft ware. The supply of books have been augmented with donations from Project HOPE.

Transportation

Project HOPE has supplied a 15-seater van and driver to assist in transportation needs of the

Programme.

Secretarial support

Project HOPE provided a secretary four years to attend to the needs for the Programme.

PROGRAM GOAL:

To assist the Nursing Faculty at the Swaziland Institute of Health Sciences to develop and implement a curriculum to prepare community health nurses competent to provide services to the population in Swaziland.

THE BEGINNING SITUATION

Nursing Programmes at the Swaziland Institute of Health Sciences:

These programmes consist of a basic nursing diploma course of three years duration, and three post-basic diploma courses each of one year's duration. These courses are: Midwifery, Community Mental Health Nursing, and General Nurse Practitioner Programme. Entry requirements for these post-basic programmes vary, but success in the Basic Programme is essential.

Community Health Nursing Education

The initial target group of candidates for this programme are the nurses presently employed in the various clinics. These nurses were educated in a system which emphasized curative instead of promotive and preventative care. A number of these nurses have received no additional education since graduation. It is even possible that they might need refresher courses prior to their admission to the Community Health Nursing programme. Education of this group is considered to be priority if they are to provide Primary Health Care in Swaziland.

[There are two program plans from the early days--1985 and 1986--efforts have been made to distinguish between them]

OBJECTIVE 1 :

1985 1.1 To familiarize self with factors influencing or to be influenced by the Community Health Nursing Course.

Progress:

This objective was accomplished

1986 1.2 Assess the needs and requirements for a public health programme which will be compatible with regional public health training standards and relevant to the health needs of Swaziland.

*this objective does not appear elsewhere
Progress

Public Health Advisory Committee composed of representatives from the Ministry of Health, Ministry of Education, Swaziland Institute of Health Sciences, Public Health Unit, and the University of Swaziland has been established. Officer from WHO meeting in Geneva.

Field trip to community health nurse training programmes in Republic of South Africa for useful discussions regarding community health training; obtained curriculum outlines, training materials and book lists. Additional purpose was to develop a programme for training community health nurses which will meet the standards for Southern Africa.

Job description for Public Health Nurses developed and approved by the Ministry of Health.

1988 1.3 To orient SIHS and Project HOPE Community Health Nurse Programme faculty to administrative and technical policies and resources which influence the Community Health Nursing Programme

*This objective was essentially met but was revised (and revived) because of identified need for Swazi tutors to be cognizant of these influences as well as the replacement Project HOPE Nurse-Educator.

Progress

Drafted a proposal for WHO consideration in sponsoring a "study tour" for Swazi Community Health Nursing tutors to visit neighboring Southern African institutions which have similar post-basic community health nursing programmes.

Developed a format for a Community Resources Directory.

Problem

Whenever the composition of the community health nursing teaching team changes, it is necessary to orient them to the policies and resources which influence the Community Health Nursing Programme.

Recommend

Establish an orientation plan.

Establish a Resource Directory

OBJECTIVE 2:

1985 2.1 To design a one year curriculum for post-basic

Community Health Nursing Programme, emphasizing Primary Health Care.

Progress:

This objective was accomplished: a one-year curriculum for a Community Health Nursing was developed; approved by the Swaziland Nursing Council in 1987.

- 1986 2.2 Clarify administrative and technical policy issues which will impact on community health nursing curriculum.

[this objective compares with Objective 1 of 1985 and is addressed there]

- 1988 2.3 To review and revise the one year curriculum for post-basic Community Health Nursing Programme.

Progress:

Review of one-year curriculum accomplished.

Program's Philosophy, Purpose, Terminal Objectives, Admission Requirements, and Application Procedure edited and approved.

Course Titles and Descriptions revised to reflect the internal alignment of programme objectives and content.

Total of all course objectives reviewed for gaps and redundancies and assigned to the specific courses.

Consolidation of 5 courses resulted in the reduction of total number of courses from 20 to 16.

Problem

The assumption of other responsibilities by the Swazi Counterparts brought their participation in this activity to a standstill.

Recommend

Project HOPE Nurse-educator complete the editing of courses for Swazi Faculty's later perusal and input.

OBJECTIVE 3:

- 1985 3.1 To secure approval for the new curriculum so that students can be registered in the Kingdom.

Progress

Programme approved by the Swaziland Nursing Council in April, 1987. The Swaziland Nursing Council supervises the final professional examination for

certificate in Community Health Nursing.

1986 3.2 Determine functional performance criteria for public health nurses. Community Health Nurses

+this objective does not appear elsewhere

Progress

Developed questionnaire pertaining to role and function of public health nurses and distributed to public health personnel to gather baseline information on actual duties and training needs of Public Health nurses and supervisors.

Job Descriptions for public health nurse and public health nursing sister developed. Approval received from the Ministry of Health Training and Personnel Committee in April 1986.

1988 3.3 To secure approval for the curriculum so that University affiliation can be achieved.

+Progress on this objective was reported in 86-87 reports; however, not all of the essential steps were actually achieved, ergo they did not achieve affiliation at that time.

Currently, the Swaziland Institute of Health Sciences is seeking affiliation with the University of Swaziland through it's Board of Affiliated Institutions.

Academic Rules and Regulations for the General Nurse Programme and the Midwifery Programme have been approved. Final steps in the affiliation process will not be complete until the two institutions (NNC and SIHS) have adopted a Constitution and By-Laws.

Draft of Academic Rules and Regulations for the Community Health Nursing Programme completed.

Problem

The assumption of other responsibilities by the Swazi Counterparts brought their participation in this activity to a standstill.

OBJECTIVE 4:

1985 4.1 To implement the Community Health Nursing Curriculum.

Progress

This objective accomplished.

1986 4.2 With guidance from the Advisory Committee prepare the curriculum framework.

+this objective compares with 1985 Objective 2

Course outlines developed and submitted to content experts for recommendations; course syllabi aligned with recommendations.

1988 4.3 To further identify teaching materials including: textbooks, core reference books, teaching-learning tools, and other audio-visual aids. To adapt or develop culturally/regionally relevant materials.

+this objective is a sequel to the 1986 Objective 8 and is a result of an on-going need.

Progress

Project HOPE provided pertinent reference books to augment previous donations related to community health for the library.

Prepared transparencies related to Occupational Health and Vital Statistic calculations and other teaching/learning tools:

- Models: Nursing Process
 - Nursing Care Plan, with diagrams showing the integration of parts
 - Family Folder, including host and environment data
 - Immunity Model
 - Epidemiologic Methodology Model
 - Research Study Format
 - Chain of Infection Model
 - Minor Illness Reference Study Format
 - Primary and Secondary Prevention in Communicable Disease

The above aids/tools were used with students in both the basic and post-basic programmes; some served as bases for some continuing education for faculty.

The Project HOPE Nurse-educator participated with Nurse representative of the Primary Health Care Project in adapting and critiquing such materials as Standards for Nursing, Objective writing, and the New Drug Compendium for use by Nurses.

Problem

Greater utilization of teaching/learning aids will only be achieved as the faculty become more familiar with their application.

Recommend

Additional continuing education for faculty in adaption and utilization of teaching/learning aids.

OBJECTIVE 5:

1985 5.1 To evaluate the effectiveness of the Community Health Nursing Programme.

Progress

None reported.

1986 5.2 Participate in efforts to develop an integrated educational programme based on the curriculum framework.

+this Objective does not relate to the others

Prepared self (HL) to participate to the fullest after obtaining relative indigenous information.

1988 5.3 To develop and implement tools for evaluation of the Community Health Programme.

Progress

Course evaluation tool developed, implemented, and analyzed on courses taught to the Second Class of Community Health Nursing students (1989.)

Problem

Curriculum evaluation tool not yet devised because of delay in finalizing terminal objective editing.

The heavy teaching schedule in both basic and post-basic programmes further reduces the time available for these activities.

Recommend

Curriculum evaluation tool be developed during the technical assistance interim scheduled next year.

OBJECTIVE 6:

1985 6.1 To improve the Primary Health Care and Community Health Content of: the Basic Nursing Programme, the Nurse Practitioner Programme; the Dental Hygienists and Public Health Inspectors Programme.

Progress

Worked with faculty to incorporate primary health care concepts into the basic nursing programme thus strengthening the community health components of the curriculum.

+also see 1986 Objective 10

1986 6.2 Secure approval for the new curriculum so that graduates can be registered in the Kingdom.

†this objective does not relate to the others.

Progress

Approval for the Community Health Nursing Curriculum is achieved through the Swaziland Nursing Council; this approval was accomplished.

1988 6.3 To strengthen the community health content, including primary health care of all the education programmes at the Swaziland Institute of Health Sciences; basic and post-basic.

Progress

Organized a Community Health Team comprized of representatives of all the Programmes at the Institute of Health Sciences and selected representatives from the Public Health Service area. This Team was to address the appropriate community health concepts for inclusion in all SIHS Programmes and identify and coordinate appropriate resource persons and materials in Swaziland.

Worked with the faculty teaching in the General Nurse and Health Inspection programmes in identifying essential components of community health.

Worked with the Midwifery faculty on developing the community health content of the Midwifery curriculum.

Problem

No time budgeted to Community Health Team to participate in the actual classroom instruction.

Recommend

Continuing education materials be prepared on community health for all faculty.

OBJECTIVE 7:

1985 7.1 To collaborate with Nursing tutors and the Ministry of Health in developing workshops for faculty and other Swazi Nurses.

1986 7.2 Select students for the first Community Health Nursing Programme class.

†this Objective does not relate to the others but since the Programme has enrolled it's third class of students we can considered this Objective accomplished.

1988 7.3 To provide consultation for SIHS Faculty, Nurse Leaders and the Ministry of Health in developing In-

Service Programmes, Workshops, and Refresher Courses (Continuing Education Programme) in Community Health Nursing for faculty and other Swazi nurses.

Progress

Provided consultation for an ICN/SNA Workshop on a primary health care continuing education project.

Responded to requests for Continuing Education from the Institute Faculty.

-Conducted orientation sessions with selected faculty on my prepared materials on: Nursing Process, Nursing Care Plan, and the Tutor's role in evaluating students' performance in utilizing the process and tool.

-Responded to the request of the Basic Programme coordinator for further considerations of educational foundations: Objective writing, Taxonomy of Objectives, Nursing theory (Basic Human Needs), Philosophy preparation, and Distinguishing fact from opinion from conclusion, and continuous assessment-selecting, assessing, and grading all required student activities.

Problem

The needs are many--time is limited. The problem in implementing this objective remains the same: "There is a dearth of time in which all tutors are free for continuing education and presentation of material does not reach all members. Administration of education programmes is also needed. The time factor continues as a problem despite their recognized need for guidance" and the time factor is further complicated by other demands of term quizzes and examinations: annual and sick leave.

OBJECTIVE 8:

1985 8.1 To provide refresher courses for the Nurse Practitioners emphasizing community health

*this objective not addressed in this arena since it is one of the principal objectives of the Primary Health Care Project.

1986 8.2 Identify teaching materials, core reference books and recommended textbooks to be used for the incoming class.

*also see 1988 Objective 4

Progress

Project HOPE educators to make field trip to RSA to

select core reference books to be used in CHN programme and identify textbooks to be ordered by SIHS.

Reference books and textbooks donated by Project HOPE in March 1986.

- 1988 8.3 To develop Community Health Nursing Preceptors and Learning Centers to facilitate community health clinical experience for basic and post-basic students.

Progress

In conjunction with the development of the Term III Clinical Practica, Statements were prepared relative to Community Health Nursing Preceptors and Learning Centers.

Met with the Matrons of Hlabane Government Hospital and Public Health Unit to discuss the Clinical experience initiated in Term 2 and initiated the experience at the Salvation Army Center.

OBJECTIVE 9:

- 1986 9.1 Begin first Community Health Nursing Programme class for selected students in January 1987 which will be completed in December 1987 with principal teaching and clinical supervision duties assigned to Project HOPE and host country tutors.

Progress

Objective accomplished

- 1988 9.3 To institutionalize the Community Health Nursing Programme.

also see 1986 Objective 13

Progress

Twenty students have completed the one-year course and have returned to nurse-posts in Swaziland.

Progress has been made in Swazi tutors assuming responsibility for instruction. During Term 1: Four of the nine courses were taught by the same tutors as last year; however, three courses were taught by tutors new to the Institute and two courses were taught by the Project HOPE Nurse-Educator. Of the above, the two prepared Community Health Nurse Counterparts taught one course each. The Project HOPE Nurse-Educator taught the two courses and gave guidance to all others. During Term 2: All of the courses this term were taught by Swazi tutors if not new to the Institute at least new to these courses. Units from three of the courses offered in Term 1 but not completed were

offered in Term 2 along with it's six courses. The two prepared Community Health Nurse Tutors are responsible for one course each. The Project HOPE Nurse-educator is teaching a unit of Research Methodology Course and providing guidance and content input on all of the courses.

Problem

Fluctuating teaching assignment because of educational leave, etc. makes it difficult to obtain continuity in course instruction.

Another problem just identified is that the Swazi Counterpart who is the Nurse Coordinator is going on educational leave to study for the doctorate.

Recommend

Transfer all elements of the Programme to Swazi tutors.

OBJECTIVE 10:

1986 10.1 In collaboration with SIHS faculty review and improve community health components of the Basic Nursing Programme, The Nurse Practitioner Programme, The Nurse Midwifery Programme and Public Health Inspectors Programme.

*Same as 1985 Objective 6

Progress

In collaboration with SIHS faculty review and improve community health components of Nurse Midwifery Programme prepared and implemented.

1988 10.2 To prepare final report.

*New Objective

OBJECTIVE 11:

1985 11.1 Plan a community health continuing education programme for primary health care personnel in Swaziland.

*See 1985 Objective 8. Same comment.

OBJECTIVE 12:

1985 12.1 To determine if appropriate learning is taking place and if the Community Health Nursing Programme is relevant to Swaziland's health needs, plan and implement an evaluation system which will assess the programme as a whole and evaluate students' level of performance.

*See 1988 Objective 5

OBJECTIVE 13:

1985 13.1 Project HOPE's involvement in Community Health Nursing Programme will phase out and programme will be established within Swaziland's health training system.

+see 1988 Objective 9

USAID sponsored graduate public health training of two SIHS tutors. One returned and was appointed Nurse-coordinator for the Community Health Nursing Programme and is now Acting Vice Principal of the Institute with its many duties; the second one has returned and now serves as Acting Principal of the Institute with its many duties.

3.0 The Good Shepherd Nursing School

Good Shepherd Hospital serves the health care needs of a large area of the Lubombo Region. It is under the auspices of a Governing Board made up of representatives of the local community, the Roman Catholic Church, the Ministry of Health, Local Industry and Good Shepherd Hospital Management staff.

An Executive Committee deals with the interim business of the board and a management committee deals with the day by day affairs of health care.

To be able to carry out the aims of the integrated Regional Health Services, the hospital receives a grant from the Ministry of Health and nominal fees are paid by patients for services rendered.

The hospital management and staff see health as a precious gift of God; and in a team spirit work to strengthen and preserve it in the hospital and community.

The hospital management and staff believe that to be healthy one has to be able to live in harmonious relationship with the family, the community, the environment and with one self.

They believe in a dynamic state of well being for all which can be achieved through caring. They support the philosophy of the nursing school with commitment to promote a viable midwifery component to the Nursing Assistant training. Good Shepherd Hospital is a 115 bed facility with a Maternity Unit performing an average of 150 deliveries per month.

The staffing pattern at the hospital consist of:

- The Medical Superintendent
- One Obstetrician
- One General duty Physician
- Two matrons
- Two Nursing Sisters
- Double qualified nurses (Reg. Nurse/Reg. Midwife)
- Single qualified nurses (Reg. Nurse)
- Nursing Assistants - (Qualified)
- Student Nursing Assistants
- Ancillary Services

The Nursing Assistant training program at the Good Shepherd Nursing School is an affiliate of the Good Shepherd Hospital.

3.1 The Nursing Assistant Training School.

In 1970 the Good Shepherd Hospital was transferred to the Medical Mission Sisters. At that time local nursing personnel consisted of about 12 ward orderlies without any formal training. To upgrade their nursing skills a planned course of training

was started for them. On successful completion of the course they were given the title of Nurse Aids. Through working with the Ministry of Health (MOH) it was learned that there was a great demand for the trained Nurse Aids.

In 1973 an official meeting was held at the MOH and guided by the needs and recommendations of the Ministry a 1 year training program was started at the Good Shepherd Nursing School. On completion of the prescribed training the Nurse-Aids were examined by Government appointed examiners and successful candidates received a hospital certificate and a badge as a distinction of completing the training successfully. In 1975 the Swaziland Nursing Council recommended that the training period be extended to 18 months and to include more preventive and promotive health care. With the higher entrance requirements, extended training and revised syllabus the title of the new graduates was changed to Nursing Assistants making them eligible for registration with the Nursing Council.

As the demands for this cadre of nurses increase the Minister of Health in 1979 recommended that:

- Period of training be extended to 24 months.
- Curriculum be revised and standardized.
- Minimum entrance requirement to be Form III.
- The title Nursing Assistant remains.

As of October 1989 316 Nursing Assistants have been trained at the Good Shepherd Hospital Nursing School. Of the 316 trained:

- Forty two graduated from the 1 year training program
- Seventy eight completed the 18 months training program
- One hundred and ninety six completed the two years training program
- Graduands from the 1 year and 18 months training program return to the Good Shepherd Nursing School for upgrading but at a slow pace because of limited dormitory accommodation.
- None upgraded to date.

The faculty at the Good Shepherd Nursing School is comprised of three full time and seven part-time tutors. These are:

- 1 Principal tutor - Reg.Nurse/Reg.Midwife, Diploma in Clinical Care Administration and Instruction.
- 1 Tutor - Reg.Nurse/Reg.Midwife (who has been approved to pursue further studies this year)

- 1 Clinical Instructor - Qualified Nursing Assistant.
- 7 Part-time Tutors from the different disciplines in the hospital. The disciplines are:
 - Anatomy and Physiology
 - Psychology
 - Pathology
 - Mental Health
 - Operating Theatre Technique
 - Religion
 - Occupational Therapy

The training of Nursing Assistants in Midwifery Skills was first proposed in the late 1970's in a tutor's report. In 1978 in an evaluation report the Nursing Assistants themselves expressed a need to acquire midwifery skills. A study tour was undertaken in 1985 by the Principal Tutors of Good Shepherd Nursing School and the Swaziland Institute of Health Sciences to observe the enrolled Nurse Midwifery Programs in Kenya and Zambia.

Recommendations were made to the MOH for such a program to be instituted in Swaziland.

The MOH has adopted the strategy of Primary Health Care as outlined in the National Health Policy Document of 1983. The aim of this policy is to improve the health status of the Swazi people by providing preventative, promotive, curative and rehabilitative health services which are relevant and accessible to all. The main delivery points for such services are Rural Clinics, Health Centers and Public Health Units. These facilities are usually staffed by Registered Nurses and Nursing Assistants.

An important component of the Primary Health Care strategy is the encouragement of "supervised births" by trained health personnel. Understaffing at the clinics and Health Centers often results in situations where the Nursing Assistant is the only person available to provide maternity services. A significant deficiency in the Nursing Assistants training is the lack of incorporation of an appropriate midwifery component into the basic Nursing Assistant curriculum.

The Ministry of Health recognized this need and is committed to support the program at the Good Shepherd Nursing School. The emphasis of this course is Community Health and Midwifery skills.

In view of the Government's commitment to provide health care to all the citizens of Swaziland by the year 2000; the MOH requested Project HOPE's collaboration in the development of the Nursing Assistant Midwifery Program.

PROGRAM GOAL:

To assist the Good Shepherd Nursing School in developing a program to incorporate midwifery skills to Nursing Assistants.

OBJECTIVE I

To assess factors influencing or to be influenced by the Nursing Assistant Midwifery Training Program.

Progress

All documents relevant to the Nursing Assistant program were reviewed. These included but were not limited to the basic Nursing Assistant Program syllabus, curricula from neighbouring countries, the Government of Swaziland's Three and Five Years Health Plan, the Primary Health Care Plan, the Rural Health Motivators' work manual, reports of research as related to M.C.H. and the Good Shepherd Hospital Policy manuals.

Met with the Senior Matron of R.F.M. Hospital who is responsible for mission clinics in the Lubombo region, discussed the objectives of the program and visited two of the rural clinics with her to assess the daily activities of a rural clinic.

With the Principal Tutor of Good Shepherd Nursing School met with the Health Administrator and the Public Health Matron of the Lubombo Region to outline the objectives of the program and solicit their support to achieve those objectives.

Attended a two days training program for the Rural Health Motivators where the goals of the Nursing Assistant program was outlined which received favourable mention in the printed media.

To reinforce the clinical aspect of health care a day (Mondays) was designated for clinical practice with counterpart in the Antenatal clinics.

Problem

A counterpart was not assigned to the program. The Principal Tutor is available for consultation only. This retards the progress of the program as cultural and socio-economic considerations were needed to plan a relevant and viable program.

Plan

This concern was discussed in meetings with management staff Good Shepherd Hospital, Project HOPE Director, Project HOPE Nurse Coordinator.

-The Principal Tutor to be available for consultation until a counterpart was assigned to the program.

OBJECTIVE II:

To assess the needs and requirements for the Nursing Assistant Midwifery Program.

Progress

A training needs assessment questionnaire was designed and implemented by the Principal Tutor and HOPE Nurse-Educator. Before implementation the aims of the needs assessment was discussed at the Matron's quarterly meeting in the M.O.H. and their support solicited. This meeting was chaired by the Principal Secretary in the M.O.H. which provided an opportunity for clarification of concerns expressed by the matrons e.g "Role conflicts". Twenty six rural health facilities in the four regions were visited and 130 N/As were interviewed.

A facility survey was also carried out at the 26 sites visited. The data of ninety six questionnaires and 26 facility survey was analysed, a report prepared and presented to the health personnel and departments relevant to the Nursing Assistant midwifery training program.

Problem

The survey was a formidable experience as it had to be completed in three weeks - the only available time the Principal Tutor had due to other demands in the basic program.

OBJECTIVE III:

To create an Advisory Committee which will provide guidance for the Nursing Assistant curriculum.

Progress

Key people from the departments of Nursing training, planning and administration were contacted and asked to participate. The Nurse Midwife from the Primary Health Care Program, the Senior Matron of Good Shepherd Hospital and the Regional Health Administrator of Lubombo region could be available sometimes. These were the only commitments made.

Problem

Attempts failed as members of the Advisory Committee were busy with examinations and other work demands.

Plan

The Nurse-Educator and Principal Tutor met with the Deputy C.N.O. to outline the problem. Recommendation was to prepare the draft of the curriculum then present it to the Nursing Committees for evaluation and recommendations.

OBJECTIVE IV:

To identify teaching materials, reference books and text books to be used in the training program.

Progress

Text books and available visual aids at the nursing school reviewed for acceptability to support the training programme. Textbooks and reference books, and visual aids were identified and approved for purchase.

Meetings with members of the Primary Health Care Team revealed that they had books in excess of their needs to share. A formal request on behalf of the Nursing School was sent to the Director of the Primary Health Care Program. Forty four relevant text books were received from the Director of the Primary Health Care Program and were acknowledged.

Textbooks and reference books procured by Project HOPE for the Nursing Assistant Program.

Nursing magazines received from Project HOPE and were made readily available to all students and faculty members.

Problem

Delivery of visual Aids and equipment pending.

OBJECTIVE V:

To develop the curriculum of the Nursing Assistant Midwifery program.

Progress

The Project HOPE Nurse-Educator met with all heads of departments at the Good Shepherd Hospital to get an insight into the day by day activities of the hospital and to discuss their possible involvement in the training program e.g. preceptors and guest lecturers.

At these meetings questions related to financial and administrative concerns were raised. A report was made to the Project HOPE Director and a meeting with the Good Shepherd Hospital Management staff was held to address these concerns (Report available). Outcome of this meeting was a meeting at the Ministry of Health with the -Undersecretary in the M.O.H.

-Members from the Nursing Department (C.N.O), Planning Department, Training Department, Administrative Department, Medical Department, Good Shepherd Hospital Management Committee and Project Hope Director, Nursing Coordinator and Nurse Educator.

A Project document to be prepared by the Health Planning Department, M.O.H. which would outline the objectives as perceived by the MOH and recommendations

for change of salary grade for the graduands.

Copy of draft of the proposed document received.

A draft of the curriculum for the Nursing Assistant Program developed outlining the Philosophy, Aims and Objectives of the Program.

Course objectives, content, teaching methodology and evaluation outlined.

Appointments obtained with members of the Swaziland Nurses Association and members of the Nurse Educators Committee to present the draft of curriculum for their review and input.

A positive response to the draft of the curriculum with recommendations to:

- Reduce contents of identified modules
- Increase hours of identified modules
- A letter to be sent to the faculty Good Shepherd Nursing School giving permission to start the program as planned while final draft of the curriculum is being prepared.
- Site visit to be made by the S.N. Council to the Good Shepherd Nursing School.

Problem

Ministry of Health final Project Document still pending.

Meeting with Executive Committee of the Nursing Association who expressed concerns to the Nursing Assistant Program because of the status of Nursing Assistants in Swaziland.

Meeting with members of the Nurse Educators Committee (Members of the Nursing Association). Some concerns to the program persists).

Presentation of the draft of the curriculum to the Swaziland Nursing Council with the recommendations made by the two nursing committees.

The concerns of members of the Swaziland Nurses and Nurse Educators to be addressed by the Swaziland Nursing Council before the letter of approval is tendered.

OBJECTIVE VI:

To develop the Academic Regulations

Progress

With the Principal Tutor the Project HOPE Nurse-Educator developed the Academic Regulations within the guidelines of the Swaziland Nurses and Midwives Act.

OBJECTIVE VII:

To secure approval for the Nursing Assistant Midwifery Program.

Progress

A three day workshop was planned by the Acting Chief Nursing Officer with members from all levels of the health care system in attendance. The curriculum was reviewed and recommendations made.

A draft of a Job Description for Nursing Assistant with Midwifery skills was prepared by the Principal Tutor and Project HOPE Nurse Educator and presented to the Chief Nursing Officer.

Report of the meeting with recommendations from the Ministry of Health pending.

OBJECTIVE VIII:

Develop criteria for admission.

Progress

Criteria for admission developed

Application form for admission developed

Form for evaluation of work performance developed

Form for Physical examination developed

All forms approved for use in the Nursing Assistant Midwifery Program.

OBJECTIVE IX:

To establish a process for the selection of candidates

Progress

With input from the Regional Public Health Matrons and hospital matrons the first group of candidates were selected for training.

Problem

Admission of candidates delayed pending approval of the program by the MOH.

OBJECTIVE X:

To begin the first class of Nursing Assistant Midwifery Training

Progress

Job descriptions for (1) Tutor in Charge Nursing Assistant Midwifery Program (2) Clinical Instructor Nursing Assistant Midwifery program prepared and approved for use.

Problem

Admission of students delayed pending approval by the H.O.H.

Tutor selected to be in charge of the training program has been approved for study leave by the H.O.H. with plans to leave the country at an early date. No replacement made as of time of reporting.

OBJECTIVE XI

To develop tools for evaluation.
and

OBJECTIVE XII:

To implement evaluation of Nursing Assistant Midwifery Training Program

Plan

Evaluative tools pending program approval

OBJECTIVE XIII:

To develop student preceptors and learning centers to facilitate clinical experiences.

Progress:

Six sites have been identified for clinical practice.

Preceptors in selected sites to be confirmed.

Tools for evaluation of clinical practice developed.

OBJECTIVE XIV:

To strengthen the midwifery and community Health components of the existing nursing assistant curriculum.

Progress

The Project HOPE Nurse Educator and the Principal of the Good Shepherd Nursing School have developed a curriculum for "Maternity Care Nursing Assistants" which was presented to the Ministry of Health for approval.

This curriculum will be incorporated into the basic

Nursing Assistant curriculum.

Plan

Review the current basic nursing assistant curriculum.

Identify strengths and weaknesses in midwifery and community health components.

Prepare a curriculum to integrate the midwifery and community health components into the existing curriculum.

Submit revised curriculum to the Swaziland Nursing Council for approval.

OBJECTIVE XV:

To institutionalize the Nursing Assistant Midwifery Program

Plan

Support the Good Shepherd Nursing School faculty as they assume responsibility for all components of the program.

4.0 Future Direction for Project HOPE Participation in Swaziland

Today in Swaziland --more than 2 decades after Independence-- finds Nursing at the crossroads with ideal opportunities for progress. Dynamic issues both in nursing service and nursing education prevail. Some of these issues include interfacing Nursing Education with Nursing Service and with Nursing Service Administration.

Nursing will play a major role in the National commitment of Health For All By the Year 2000. Preparation of nurses should ensure they are in a position to deliver health services as envisioned by the Government.

Dr. Maggie Makhubu's "Address to Nursing Students" on the occasion of the "Capping and Striping" Ceremony at the Swaziland Institute of Health Sciences on 28 February 1990 tells us "What it was and what it will be" in Nursing in Swaziland; and I quote it's text:

It is my honour and privilege to be afforded an opportunity of welcoming you to the Nursing Profession in the 1990's. We are only left with 10 years to reach the Year 2000. On behalf of Swaziland Nurses welcome to The Nursing Profession and thank you most sincerely for joining us.

Nursing is a service to mankind that is offered to every individual, family and community irrespective of colour, race, status, religion and creed. Nursing is a very simple and humble but noble profession. In nursing patients are viewed as individuals who have their personal worth and dignity. All individuals are equal in nursing irrespective of their social status.

In the Kingdom of Swaziland Nursing is the backbone of the health care delivery system. Swaziland rural health care are almost completely covered by nurses, remember 85% of Swaziland's population live in rural areas. Let me call upon nurses to double their efforts in the struggle towards the attainment of the social goal of HEALTH FOR ALL BY THE YEAR 2000.

Colleagues, no single health discipline can effectively provide health care using the primary health care strategy. I call upon you to coordinate and collaborate your efforts with other health professionals as well as health related workers professionals in agriculture, home economics, education community development and many others. Nurses have to match up the standard and interact at the same level with their counterparts in other professions as well as their clients who are becoming highly sophisticated and

educated. It is therefore crucial that nurses receive their education at Institutions of Higher Learning-The University.

Education of Nurses: Movement of nursing education towards university education.

The traditional nurses of nursing

Traditionally nurses were educated in hospital based schools of nursing. The education of yesterday's nurses included curative care and some preventive care, the patient was the focus of the nursing intervention which was mainly carrying out doctors orders without questioning. Nursing education, yesterday emphasized attainment of skills thus neglecting the other domains of learning which are the cognitive and the affective domains of learning. The curricula of yesterday did not tap the physical sciences such as chemistry, physics, microbiology, etc. and social sciences such as sociology and psychology. I speak with authority because I am a nurse of yesterday and a contemporary nurse educator. Yesterday's curriculum did not take cognizance of the holistic approach to health care delivery in preparing providers of this complex entity.

The Contemporary Nurse

Nurses of our contemporary times are educated in colleges and university and their education includes curative, preventive, promotive and rehabilitative care to match up the current health care delivery system which uses the primary health care strategy. Nurses of today are encouraged to be critical thinkers and thus challenge and question situations. Nursing today is very diverse covering all the three domains of learning: cognitive, affective and psychomotor learning. The current curriculum taps the physical sciences and social sciences as well as nursing and health sciences, it is indeed holistic in nature.

Contemporary time movement of nursing education in Southern Africa.

Let me congratulate you for coming into nursing during an era of the great movement of nursing towards university education. This movement is so strong that to me it is inevitable. Our neighbouring countries have taken great strides in nursing education. Swaziland is left with no alternative but to follow its neighbours' foot step or become isolated.

South Africa and The Homelands have drastically changed nursing. Colleges of Nursing have affiliated with various universities which have departments of nursing. Let me emphasize Homelands Universities offer degrees for nurses as well as South African Universities.

Botswana, one of the former High Commission Territories like Swaziland has a Department of Nursing and nursing colleges have affiliated with their national university. Lesotho and Swaziland have affiliated with their universities but still have a major task of establishing departments of nursing in their university.

Zimbabwe has a Department of Nursing in the University as well as Namibia. With this brief statement I am illustrating to you the direction in which nursing is moving. This is a challenge to every nurse in Swaziland and in Southern Africa. I call upon you individually and collectively to support this movement.

The Nursing Profession! If I may say. Colleagues, Ladies and Gentlemen: Nurses are the architects of the nursing profession. Every nurse has to design her/his personal life in such a manner that it can fit in the required design that would make nursing a profession...

With this assessment of Nursing today in Swaziland, we reassessed Project HOPE's participation in Nursing Education Programmes in Swaziland.

4.1 The Nursing Assistant Midwifery Programme

We are awaiting the results and decisions made about this programme following the Nursing Assistant/Rural Health Motivators Conference; using the work already accomplished as a basis retain the 1989 Proposal Plan and make what adjustment are indicated.

4.2 The General Nurse Programme

The needs and accomplishments of this Programme were reviewed and a shift in emphasis seems indicated and we propose the following Program Plan evaluation and refinement. The milieu of it's existence is very dynamic and each week bring factors which may impinge on its' feasibility. (See comments under Affiliation - page)

APPLICATION FOR PROGRAM APPROVAL

I. Program Identification Data

- A. GEOGRAPHIC LOCATION: Manzini, Swaziland
- B. PROGRAM TITLE: Nursing Education
Nazarene Nursing College
- C. PERSON COMPLETING PLAN: Roberta Caffrey
Arline Duvall
Lucille Anderson
- D. PERSON TO WHOM PROGRAM HAS BEEN ASSIGNED FOR CO-ORDINATION: Roberta Caffrey
- E. DATE SUBMITTED TO INTERNAL HEADQUARTERS:
- F. KIND OF PLAN: Revision and extension

II. Program Description:

A. Problem Statement/Identification of need

Today in Swaziland more than 2 decades after Independence - finds Nursing at the crossroads with ideal opportunities for progress. Dynamic issues both in nursing service and nursing education prevail. Some of these issues include interfacing Nursing Education with Nursing Service and with Nursing Service Administration.

Nursing will play a major role in the National commitment of Health For All By the Year 2000. Preparation of nurses should ensure they are in a position to deliver health services as envisioned by the Government.

Currently in Swaziland there is developing support for the installation of nursing education to institutions of education from the apprentice-training previously held in hospital settings. Affiliations are being developed with institutions of higher learning utilizing hospitals as settings for student learning experiences rather than having students provide the work force for hospital nursing.

On behalf of the government the Ministry of Health requested the assistance of Project HOPE in improving the level of nursing education at the Nazarene Nursing College.

Project HOPE nurse educators commenced work at the college on 1 November, 1984. Since that time the Basic Nursing and Midwifery Curricula have been revised and implemented. The resulting performance of the students on the external National and Regional examinations and in the clinical area have so far been gratifying. Tutors are highly motivated to helping the students maintain this momentum.

B. STATEMENT OF PROGRAM GOALS:

To assist the faculty at the Nazarene Nursing College with the implementation and evaluation of the curriculum. To assist with the process of completing the College's affiliation with the Board of Affiliated Institutions of the University of Swaziland.

C. 1. START DATE OF PROGRAM: Ongoing since August, 1984

2. PROJECTED DURATION OF PROGRAM

D. STATEMENT OF OBJECTIVES, METHODOLOGIES, AND INDICATORS

OBJECTIVE 1:

To evaluate the Basic Nursing Curriculum at the Nazarene Nursing College

METHODOLOGY: The Project HOPE Nurse Educator and Swazi Faculty will:

- 1.1 Implement the curriculum evaluation tool
- 1.2 Analyze the results of curriculum evaluation
- 1.3 Make recommendations for curriculum modifications
- 1.4 Revise evaluation tool if indicated

INDICATORS:

- 1.1 Evaluation tool distributed by students and collected.
- 1.2 Data analysis completed.
- 1.3 Recommendations for curriculum modifications made
- 1.4 Evaluation tool revised

OBJECTIVE 2:

To revise the Basic Nursing Curriculum at the Nazarene Nursing College.

METHODOLOGY:

The Project HOPE Nurse Educators and Swaziland Faculty will:

- 2.1 Develop course objectives for all courses based on the current unit objectives
- 2.2 Develop clinical objectives for clinical components of all courses.
- 2.3 Review course evaluation tools

- 2.4 Modify course evaluation tools to reflect course objectives of indicated.
- 2.5 Modify clinical evaluation tool to reflect clinical objectives if indicated.
- 2.6 Develop course syllabi for all courses and publish.
- 2.7 Analyze data collected from faculty evaluations done by students.
- 2.8 Modify faculty evaluation tool if indicated.

INDICATORS:

- 2.1 Objectives for all courses completed.
- 2.2 Objectives for clinical component completed.
- 2.3 Course evaluation tools reviewed.
- 2.4 Evaluation tools modified as indicated.
- 2.5 Clinical evaluation tool modified as indicated.
- 2.6 Course syllabi developed for all courses and published.
- 2.7 Data from student faculty evaluations analyzed.
- 2.8 Faculty evaluation tool modified as indicated.

OBJECTIVE 3:

To strengthen supervision and evaluation of students in all clinical areas.

METHODOLOGY:

The Principal and the Project HOPE nurse educator will:

- 3.1 Develop a schedule for faculty workloads over a calendar year.
- 3.2 Acquaint Ward Sisters and staff nurses with clinical objectives for students.
- 3.3 Hold regularly scheduled meetings with RFM administrator and Chief Matron regarding student clinical experiences.
- 3.4 Confer with Ward Sisters and staff nurses on an individual or group basis regarding clinical objectives for students.
- 3.5 Develop a variety of learning methodologies for clinical instruction.

INDICATORS:

- 3.1 Schedule for faculty workloads developed.
- 3.2 Regularly established contact with individuals or groups.
- 3.3 Learning methodologies for clinical instructor developed.

OBJECTIVE 4:

To assist Level coordinators assume responsibility for respective level.

METHODOLOGY:

The HOPE Nurse Educator and Swazi faculty will:

- 4.1 Plan regularly scheduled level faculty meetings.
- 4.2 Identify course co-ordinator functions and responsibilities.
- 4.3 Coordinate level course responsibilities with that of the school.

INDICATORS:

- 4.1 Regularly scheduled faculty meetings planned
- 4.2 Functions and responsibilities of level co-ordinator identified
- 4.3 Level course responsibilities coordinated with that of the school

OBJECTIVE 5:

To assist with the legalization of the Nazarene Nursing College as an educational institution.

METHODOLOGY:

The HOPE nurse educator and Swazi faculty will:

- 5.1 Develop the instrument of affiliation, Constitution and by-laws, organizational structure and other documents.

INDICATORS:

- 5.1 Documents prepared

OBJECTIVE 6:

Continuing education for Nursing faculty.

METHODOLOGY:

The Project HOPE Nurse Educator with College Principal and Chief Matron will:

- 6.1 Survey the tutors for personal needs.
- 6.2 Survey the MNC administrators for perceived needs
- 6.3 Develop continuing education programs based on tutors' and administrators' requests.

INDICATORS:

- 6.1 Survey of tutors completed
- 6.2 Survey of administrators completed
- 6.3 Continuing education program developed

4.4 Community Health Nursing Programme

Programme Goal:

To provide technical assistance after Swazi tutors have implemented the one-year without "on-site" assistance from Project HOPE Nurse-Educator

5.0 Participation in the Affiliation Process

Prior to November, 1988 Project HOPE Nurse-Educators provided guidance to Swazi Nurse-Educators in their in establishing affiliation of the two nursing schools with the University of Swaziland and establishing a "Nurse-presence" at the University.

(see Quarterly Reports of Project HOPE Nurse-Educators: A. Lowe and A. Duvall)

We lacked a specific objective for this activity so in November, 1988; the Nurse-Educators submitted a program proposal relative to "Affiliation and Nursing Presence at the University."

Meanwhile Swaziland received positive feedback from their proposal to Kellogg Foundation which is interested in assisting Swaziland and other Southern African countries to establish university-based nursing education programs. This will be a giant-step forward for Nursing in Swaziland as well as establishing the "Nurse-Presence" at the University which will be essential as the affiliation of the two schools (NNC and SIHS) proceeds.

Swaziland wants no further participation of Project HOPE Nurse-Educators except as "Faculty Members who have the desirable expertise in developing nursing education programs at the university level."

There has been communication between Project HOPE and the Kellogg Foundation consultant relative to activities regarding affiliation. Here in Swaziland with discussions with Dr. Makhubu, Mrs. Shongwe, and Mrs. Hlatswayo; the efforts of Kellogg Foundation and Project HOPE toward improvement of nursing in Swaziland through the enhancement of Nursing Education have "cleared somewhat."

Kellogg Foundation is concentrating on university-based education for nursing with up-grading of related three-year diploma programs a serendipity; however, as I understand it, ALL of Kellogg Foundation's efforts are directed toward university-based education.

There is some consideration (unconfirmed) that the SIHS will become the physical plant for a College of Health Sciences of the University of Swaziland. If this comes to pass, the diploma programs may be absorbed in the process.

There still remains the diploma program at the Nazarene Nursing College which is still in need of developing itself as an education institution so as to complete affiliation with the Board of Affiliated Institutions of the University of Swaziland.

It is in this latter that I see Project HOPE making a contribution; and the Nurse-Educators' quarterly reports

reflect this activity. Pressure of other demands and ambivalence of SIHS faculty over events have limited the Project HOPE Nurse-Educator's participation in assisting them in the preparation of the necessary documents which would legalize the Institute as an education institution as opposed to a unit in the service organization. Meanwhile, Nazarene Nursing College are anxious for guidance to preparing documents essential to affiliation; since in the foreseeable future there will always be a need for a three-year diploma program in nursing and affiliation with the Board of Affiliated Institutions of the University is a must. (see 4.0 "Future Directions..." this document)

PHARMACEUTICAL MANAGEMENT

6.0 BACKGROUND/RATIONALE

Project HOPE support in pharmaceutical management began in February, 1985 and continued through February, 1986 during which time a Project HOPE Pharmacist Educator was placed at the Central Medical Stores in Malsapha. This was one year short of the projected two years of technical assistance to be provided. The goal of the program was to develop a Materials Management system that would provide effective inventory control; improve security and efficiency of operation; reduced procurement costs; and establish a management training program that would provide qualified personnel to make the system work. This is outlined in detail in Dr. David Kuhl's program plan of April, 1985 which was approved and signed by the PS on July 1, 1985.

Accomplishments included:

1. Successful move to a new Central Medical Stores;
2. Design and maintenance of a new manual inventory control system in anticipation of computerization;
3. Improve security procedures;
4. Reinitiation of the Drug Supply Action Group and National Formulary Committee;
5. Expired items inventoried and removed;
6. Provision of monthly reports to MOH Statistics Unit on drug expenditures;
7. Reassessment of essential drugs list for clinic nurses completed.

Numerous obstacles to progress, primarily of a personnel nature in the CHS and MOH, led to considerable frustration on the part of the Project HOPE Pharmacist Educator, who elected to not renew his contract in February, 1986 for the second year. During the first year, these issues were brought to the attention of the MOH by Project HOPE and USAID, but were not addressed. The issues included:

1. The lack of a Chief Pharmacist since 1982 to provide effective leadership and decision-making authority;
2. Insubordination on the part of the accountant and storekeepers at CHS towards their Pharmacist supervisor;
3. Failure of all CHS personnel to comply with security procedures;
4. Lack of telex capability for making orders.

Following discussions with the MOH and USAID, Project HOPE support for pharmaceutical management was put on hold at this point, though numerous options were explored. The MOH appointed a Commission of Enquiry at the time of Minister of Health Chief

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Shongwe, but there was no known action taken. In the meantime, Project HOPE included pharmaceutical management in the preparation of the Matching Grant for 1987-92 during mid-1986.

NEGOTIATIONS DURING MATCHING GRANT

Project HOPE has maintained regular contact with the MOH concerning the status of this sector and has worked together with USAID towards the resolution of the issues. In September, 1987, Project HOPE sent an external consultant, Milton Skolaut, former Chief Pharmacist at Duke University, for a two week site visit to assess the environment for HOPE's re-entry into pharmaceutical management. His recommendations included:

1. The position of Chief Pharmacist, MOH, must be filled. At the time, the general impression was that there were no suitable or experienced candidates in the country;
2. That Project HOPE reestablish the program at the Central Medical Stores once this had been accomplished;
3. That the CHS was ready for and would benefit from computerization of the inventory system;
4. That a telex system needed to be installed to eliminate partial deliveries.

The report was presented to and discussed with the MOH and USAID. Numerous follow-up discussions concerning reinitiation were held with the MOH by both Project HOPE and USAID separately and together. In March, 1988, the Program Director conducted an evaluation of nursing prescribing practices in collaboration with the MOH and the PHC Project Clinic Management Advisor to assist in the development of a training program for clinic nurses. In March, 1989, Project HOPE submitted a Memorandum of Understanding to the MOH outlining the proposed steps to take for reinitiation. At the May, 1989 WHO Assembly Meeting in Geneva, the MOH and Project HOPE further discussed collaboration in the pharmaceutical sector. In February, 1990, the MOH appointed Mrs. Thulie Sibiya, Senior Pharmacist at CHS since 1987, as Chief Pharmacist in the MOH. She will move to Mbabane into new offices adjacent to the Public Health Unit when completed and will be replaced at CHS by Ms. Emmina Madonsela, Pharmacist at Hlatikulu Government Hospital. The Chief Pharmacist has indicated to Project HOPE in recent discussions that the present priorities in pharmaceutical management are:

1. Establishment of quality control capability;
2. Assistance in the revision of the Pharmacy Act;
3. Training of 6 Pharmacy Assistants in neighboring Lesotho or Botswana;
4. Computerized inventory control and improved operations at CHS.

TRADITIONAL HEALER TRAINING

7.0 BACKGROUND/RATIONALE

Support for traditional healer training began during 1989 in response to a request from the Traditional Healers Organization (THO) in November, 1988. Subsequently, Project HOPE and THO, in collaboration with the MOH, NGOs, and the community, conducted seven training workshops between April to December, 1989 for over 600 traditional healer participants.

The vast majority of Swazis utilize traditional healers for the prevention and treatment of illnesses and for consultation concerning domestic and personal issues. Healers are readily accessible and available to both rural and urban populations. There is approximately 1 traditional healer for every 100 Swazis compared to a physician/population ratio of 1:10,000. The healer is able to explain an illness, event, or other issue in a manner that is culturally relevant to the Swazi traditional belief system. The population using traditional health care crosses all socioeconomic lines in the country. In addition to having credibility with the Swazi, through which positive health interventions could potentially be channeled, traditional healers also engage in numerous harmful practices which contribute to infant and child morbidity and mortality.

Though the MOH lacks a formal policy concerning collaboration with the traditional healers, they were supportive of these training sessions and peripheral workers participated fully in spite of numerous other demands on their time. The last formal training for the healers had been during 1984 under the CCCD project and the Health Education Unit, MOH with respect to control of diarrheal diseases. The traditional healer is included as a key figure in USAID/Swaziland's health program strategy statement for 1990 - 95.

PARTICIPATING ORGANIZATIONS

These included:

Ministry of Health	Coordinating Assembly of NGOs
Health Education Unit	Raleigh Fitkin Memorial Hosp.
Control of Diarrheal Diseases	Nazarene Nursing College
EPI	Emkhuzweni Health Center
Health Inspectorate	Good Shepherd Hospital
AIDS Control Program	Family Life Assoc. Swaziland
Public Health Units	Ministry of Agriculture
Regional Health Management Teams	Ministry of Justice
Speech and Hearing Services	Judicial Commissioner
Central Medical Stores	Members of Parliament
Manzini Town Council	Tinkhundla

Project HOPE and THO collaborated in contacting the appropriate institution or organization for planning the specific activity under the workshop agenda. Opening speeches were presented on behalf of the Minister of Health by the TB Control Officer, on behalf of the Minister of Agriculture by the Principal Secretary, and by the Minister of Justice. The protocol used was for THO to make the initial contact to the HOH Regional Health Management Teams (RHMT, the decentralized decision-making body at the regional level for health) requesting their participation followed by support to facilitators from Project HOPE in terms of preparation of presentations, logistics, and educational materials and equipment. Working through the RHMTs proved to be an effective approach, though regions were at different stages of development in the decentralization process. THO spent considerable time with the process of notification of local leadership and sending out messengers to notify the appropriate traditional healers.

TRAINING OBJECTIVES

Time, financial, and personnel constraints precluded the conduct of an appropriate baseline survey of traditional healers with respect to the areas in which THO requested training. In addition, in the beginning Project HOPE did not yet have a trusting and working relationship established with THO on which to base such a request.

THO requested training of traditional healers in the following areas and Project HOPE had the following objectives, which are consistent with HOH policy, for providing this support:

TOPIC	OBJECTIVES
1. Primary health care	1.1 To educate healers on the components of this HOH strategy; 1.2 To examine ways in which they can be supportive.
2. Diarrheal diseases	2.1 Practice prevention in terms of latrine construction, refuse pits, and handwashing; 2.2 Administration of ORT (SSS, home fluids, continued feeding); 2.3 Referral of severe cases; 2.4 Reduction of harmful traditional practices;
3. Respiratory infections	3.1 Check immunization cards/refer; 3.2 Home management of mild cases; 3.3 Referral of significant ARI.

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| 4. Immunizations | 4.1 Check immunization cards/refer;
4.2 Know the immunizable diseases. |
| 5. Nutrition | 5.1 Check growth charts;
5.2 Be able to identify a good, dangerous, and very dangerous growth curve/refer;
5.3 Promote breastfeeding, sound infant feeding practices. |
| 6. STD/AIDS | 6.1 Identify STDs and refer;
6.2 Understand HIV transmission;
6.3 Understand prevention of HIV transmission;
6.4 Know how to use a condom. |
| 7. Modern medicine | 7.1 Understand how modern drugs are made;
7.2 Discourage use of modern drugs by traditional healers. |
| 8. Modern clinic | 8.1 To know the services that are available at the various levels of health facilities;
8.2 Promote referral of patients to the clinic/hospital. |

In addition, THO made regular presentations to participants with apparent objectives:

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| 9. THO | 9.1 To explain the organizational structure;
9.2 To promote membership and registration;
9.3 To recruit Traditional Healer Promoters of THO;
9.4 To introduce THO Field Officers. |
| 10. Traditional clinic | 10.1 To promote the upgrade of traditional clinic structures, including water storage and latrines;
10.2 To standardize patient charges;
10.3 To identify "specialists" for referral amongst healers. |

It should be noted that family planning was not included in the training program because of planned training from the Family Life Association of Swaziland for traditional healers.

TRAINING MATERIALS

Training materials included extracts from the Rural Health Motivator Training Manual (developed with support from UNICEF), Health Education Unit posters, individual presentations developed by facilitators, extracts from the HOH nutrition manual and other HOH publications, films, and materials provided by Project HOPE. These included slide sets from Teaching Aids At Low Cost, slide projector, and the growth chart flannelgraph, which had been purchased for Project HOPE's nursing educational programs. In addition, Project HOPE negotiated with counterpart institutions for traditional healers to tour their health institutions.

Each participant was provided with a folder containing largely pictorial information on nutrition, immunizations, SSS preparation, latrine construction, and a sample of referral cards developed by THO. Though some of the script was in English, it was THO's impression that somebody in the individual's homestead would be able to read it to the participant, which made it feasible to use existing materials.

Materials used by topic included:

TOPIC	VERBAL	FOLDER	POSTER	SLIDES	FLANNELGRAPH	PRACTICAL
Diarrhea	X	X	X	X		X
Respiratory infections	X	X	X	X		
EPI	X	X	X	X		
Nutrition	X	X	X	X	X	
STD/AIDS	X		X	X		
Modern medicine	X					
Modern clinic	X					

During each 5 day session, traditional healers divided up into discussion groups concerning questions put to them by modern health worker facilitators and THO. Out of these groups, workshop recommendations were formulated and included in the report. Role plays were conducted at the end of most workshops for participants to demonstrate what they had learned.

RESULTS

A follow-up evaluation of traditional healers who participated in the training workshops is planned during the next phase of

Project HOPE support for this sector. At this point, lessons learned from the initial phase include:

1. While THO does not have membership of all traditional healers in the country, it represents a viable organization with which to collaborate in order to reach this sector;
2. Traditional healers are accepting of preventive measures towards diarrheal disease control and the use of SSS;
3. Traditional healers are reluctant to accept ORS packets at this point because of uncertainty concerning contents and the lack of a reliable supply line;
4. Traditional healers are aware of Child Health Cards and will check them for nutritional and immunization status;
5. While they are willing to refer patients to modern clinics, they also expect modern clinics to refer patients to them;
6. THO promotes non-integration of traditional and modern health systems, though there are those who want integration;
7. THO has a potential supervisory mechanism through its Field Officers;
8. The majority of healers are not familiar with condoms, but are accepting and they could serve as a distribution point to reach the community in HIV/AIDS control;
9. Most do not understand the asymptomatic HIV carrier state;
10. Many feel because they have been treating infectious diseases that may occur in the patient with AIDS, that they have therefore been treating AIDS;
11. They are interested in alteration of traditional health care practices that may transmit HIV.

The proposed next phase would concentrate on training of THO Field Officers in supervision of traditional healers with respect to the training objectives of the first phase. The Field Officers are secondary school leavers, who are not themselves healers, but are daughters or other relatives of healers. THO would also use them to link traditional healers in the field with the organizational headquarters. THO has adequate conference and accommodation space at their headquarters for conducting regular training sessions for its membership. Project HOPE support would include technical assistance, training costs, and the provision of educational materials and equipment to THO.

BIOMEDICAL ENGINEERING

8.0 BACKGROUND/RATIONALE

In December, 1987, Project HOPE began discussions with the Swaziland College of Technology (SCOT) after learning that a regional Medical Equipment Repair Technician Course had been discontinued and the Swazis were interested in restarting it. The course was run from 1978 - 85 with students from 10 English-speaking Sub-Saharan African countries. Funding and technical assistance was provided by the Commonwealth. Unsatisfactory reports on graduates' performance from participating countries to the Commonwealth Regional Health Secretariat led to an evaluation in March, 1985 leading to course discontinuation. Course deficiencies outlined in the report included:

1. Lack of development of Swazi Educators to assume responsibility for the course;
2. Lack of sufficient medical equipment for the students to learn on;
3. Absence of a relationship between the training course and a repair/maintenance workshop in a health facility;
4. Curriculum deficiencies;
5. Inadequate external technical assistance.

Following discussions between Project HOPE and the MOH, the MOH in subsequent Commonwealth Ministers of Health Meetings lobbied for the return of the program to Swaziland. Project HOPE's BME Coordinator at International Headquarters conducted a site visit in January, 1989 in collaboration with the Commonwealth Consultant sent to assess MOH and SCOT plans for improving on the course. Following this Commonwealth assessment and the development of an agreement between the MOH and Project HOPE, the Commonwealth Ministers of Health and the Commonwealth Regional Health Secretariat Advisory Group to the course approved of restarting the program in Swaziland. In June, 1989, Bhekis Ntshangase returned from the US after USAID-supported long-term training as the MOH Biomedical Engineer. He has since played the leading role in development of the course and serves as Project HOPE's primary counterpart in planning assistance.

Project HOPE assigned Dr. Richard Campbell of Ohio State University to Swaziland in October, 1989 as the long-term Coordinator for the Medical Equipment Repair Technician Course at SCOT. This was in anticipation of the Commonwealth Ministers' requested date of January, 1990 for course start-up. Since his arrival, together with MOH and SCOT counterparts, the course syllabus was developed; procurement of educational materials and equipment was initiated; course and laboratory space at SCOT was

'arranged; contacts have been made with participating countries; the MOH spent \$ 20,000 on the renovation of space at Mbabane Government Hospital for a National Repair/Maintenance Workshop to be linked to the course; Project HOPE has provided 4 months of short-term technical assistance towards the establishment of this shop; the MOH Biomedical Engineer conducted site-visits to Botswana and Lesotho to arrange additional clinical teaching sites. In December it was learned from the Commonwealth that processing of applications for scholarships would take several months and, therefore, the first class has been delayed to June, 1990. Applications from participating countries are being received at SCOT and those that meet the entry requirements are being forwarded to the Commonwealth for processing.