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MEDICAL SERVICE CONSULTANTS, INC.

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Final Report

June 16, 1983

Mr. Leroy Jackson
Technical Officer
AFR/DR/SAP
Room 2884
Agency for International Development
Washington, D.C. 20523

Dear Mr. Jackson:

Re: AID/afr-C-1396
Swaziland Health Manpower Development

Enclosed is a copy of Claudette Bailey's final
report for the referenced project.

If you have any questions or wish to comment on
the report, please contact me.

Sincerely,



Catherine E. Desmarais
Director, Administration

MEDICAL SERVICE CONSULTANTS, INC.

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SWAZILAND HEALTH MANAGEMENT

DEVELOPMENT PROJECT

AID/afr-C-1396

JUNE, 1978 to NOVEMBER, 1982

March, 1983

Submitted by:

**Claudette Bailey
Chief of Party**

ACKNOWLEDGEMENTS

The accomplishments of the Swaziland Health Manpower Development Project are due to the fortuity of having so many interested, dedicated people contributing their expertise toward meeting the project objectives. On behalf of the team and myself, I would like to express our appreciation for the amicable and fruitful relationship we had over the past 4 1/2 years with many people.

I wish to thank the Director of Medical Services, Dr. Michael Dlamini, for his assistance with the launching of the nurse practitioner program, his general support of the project and his many positive responses to requests for assistance with project activities particularly in resolving delicate issues.

I am grateful to the former Permanent Secretary, Mr. Mboni Dlamini, for his keen interest in and support of the project, not only in an administrative capacity but very frequently in operational ways. He often visited the administrators at their rural posts and offered assistance and moral support. He offered the same type of assistance to SIHS to the extent of resolving our problems regarding choice of an emblem and assisting with the opening ceremony. I often wished that the effort he put into seeking positions and civil service grades for the faculty of SIHS had paid off in positive results.

I was fortunate to have worked with two Regional Health Development Officers/USAID, Miss Constance Collins, and Dr. Charles DeBose, who demonstrated keen personal interest in project activities. They were both always willing to offer whatever assistance they could in meeting project objectives. Dr. DeBose always shows consideration for the welfare of all team members. I am grateful for the opportunity to work with them.

The Principal of SIHS, Miss Maggie Makhuba has worked closely and harmoniously with the nursing component of the project. Although she joined the project sometime after its inception, she caught up quickly and performed well. I must compliment her for her demonstrated willingness to serve her country in whatever capacity necessary and her remarkable ability to place that commitment above her personal preferences.

To Mrs. Doreen Dlamini, I wish to say a special and personal thank you, and I am sure that Mrs. Gryboski and Professor Yergan would wish me to convey their thanks for the friendly and professional manner in which she received us on our arrival in Swaziland. Throughout my tour of duty, I appreciated and benefited from the self-designed, unofficial, and very appropriate orientation given us on our arrival. While Mrs. Dlamini was on the staff of SIHS, she was always sensitive to our need for guidance and willingly and voluntarily assisted us.

To the members of the project team, Phyllis Jenkins, Gus Konturas, Cathy Connolly, Gene Hatfield, Dudu Mamba, and Laura Yergan, my thanks for your cooperation and your input into making the project a success.

Last, but by no means least, I thank my employer, Medical Service Consultants, Inc., Dr. George Contis and Mrs. Catherine Desmarais, for allowing me this edifying experience. Mrs. Desmarais' quick action and prompt replies to communication always carried the assurance one needed to persevere. Even though the home office was so far away (as far as a telephone), I felt a part of a very cohesive group.

INTRODUCTION

It is with a sense of pride and satisfaction that I make these comments on my involvement with the Swaziland Health Manpower Project over the past 4 1/2 years. It is difficult and unnecessary to attempt to measure impact among the various aspects of the project. The important thing is that the accomplishments of each component have been commensurate with the availability of suitable resources and support. All aspects of the project -- nursing, health administration, and statistics-- have made worthwhile contributions to the health services of Swaziland in the areas of manpower training, institution building, and setting up health systems. The nursing component was fortunate in having a structure to build onto: the Swaziland Institute of Health Sciences as its headquarters, some trained and experienced Swazi nurses, and the mandate of a NEBBLIS curriculum.

The project was a highly ambitious one to begin with, but its achievements in some areas were greater than the project commitment, e.g. the starting of a nurse practitioner program in 1978. The plans for participant training for the nursing and administration components were somewhat above that which could be realistically expected of the Ministry of Health. More in-depth investigation could have been done to glean accurate information on the basic education of nurses in Swaziland. Such information could have been used to develop a more suitable plan for training.

From general knowledge of health services, it should have been evident that health administration at the level envisaged by the project could not be effected in the time span set forth. Attempts have been made to negatively compare the Swazi effort at training health administrators with those of other BLS countries.

This is an unfair comparison, as the role and quality of the administrator is different from that desired by its sister countries.

PURPOSE

The purpose of the Swaziland Health Manpower Training Project is to institutionalize training and strengthen the planning and administrative capacity of the Ministry of Health.

The major tasks to be accomplished were:

1. Set up the Swaziland Institute of Health Sciences (SIHS) as a paramedical college offering basic courses in nursing and health inspection at its inception.
 - Design a curriculum for basic nursing.
 - Implement the basic nursing curriculum in collaboration with Swazi counterparts.
 - Design a curriculum for post basic nurse practitioners to be offered to graduates of the basic nursing program.
 - Set up an administrative system for SIHS.
 - Procure equipment, furniture and supplies, and staff for SIHS.
2. Set up a hospital and rural health administrative system.
3. Set up a biostatistics unit.

MSCI was responsible for providing technical assistance only. Procurement, construction and training were handled by USAID/Swaziland.

The nursing TAs were posted to Mbabane at the Swaziland Institute of Health Sciences while the health administrators were posted to the Shiselwini District. The Hospital Administrator was at Hlatikulu Hospital and the Rural Health Administrator was in Nhlanguano which is the "administrative capital" of the Shiselwini District. The Hospital Administrator was theoretically responsible to the Rural Health Administrator.

The MSCI project provided for the following technical advisors:

- MCH/FP Educator (Chief of Party)
- Curriculum Designer (Nursing)
- Family Nurse Practitioner Educator
- Rural Health Administrator
- Hospital Administrator
- Advance Placement Advisor

A statistician was provided to the project under separate funding.

The curriculum designer and advanced placement advisor were part-time positions. All other positions were full-time with varying tours of duty from 36 months to 54 months.

The Medical Service Consultants, Inc. team met in Washington, D.C. for orientation on May 30, 1978. The Hospital Administrator's position was still vacant because of last minute withdrawal by the TA selected for that position. The Advanced Placement Advisor had accepted the position but her presence at that orientation was not necessary since she was not required to join the team until 1979.

The Rural Health Administrator, the Family Nurse Practitioner Educator, and the MCH/FP Educator arrived in Swaziland in June of 1978. The Curriculum Designer arrived in August and stayed until November 24, 1978. The Hospital Administrator arrived the first week of December, 1978.

STATUS ON ARRIVAL

It was obvious that the host government was not quite ready for the arrival of the team, but with their best effort and the assistance of USAID/Swaziland, our personal inconveniences were minimized.

NURSING COMPONENT

The nursing TAs and counterparts were assigned temporary offices in the hospital staff accommodations. The two counterparts, Mrs. Louisa Dlamini and Mrs. Doreen Dlamini, were involved in teaching an upgraded course to enrolled nurses. The third counterpart, Miss Nester Dlamini, was pursuing a bachelor's degree in nursing at Ibadan University (Nigeria).

The nursing component had two major tasks to perform concurrently. One was to set up a nursing program and the other to set up the Swaziland Institute of Health Sciences. Apart from the ground breaking ceremony for the Swaziland Institute of Health Sciences, not much groundwork had been done on either of these two tasks. The following preparations should have been in process:

1. A Swazi Director of the nursing education program should have been chosen and sent to the U.S. for further education at least one year before our arrival. A candidate had been chosen and her admission to a master's degree program in the U.S. was being processed. USAID and the MOH were relentless in their efforts to get this candidate into school as soon as possible. In January, 1979 when she was finally accepted into a master's degree program and was to have started orientation in Washington, her candidature was withdrawn. This was a major setback to the nursing program as much time and effort was expended on grooming the candidate for her position. The Ministry of Health made a desperate effort to redeem the situation by selecting Ms. Maggie Makhuba to replace the first candidate. Ms. Makhuba returned to Swaziland around August, 1979. Even though she had not anticipated assuming the position and was given short notice and no option, she tackled her responsibilities with professional aplomb, dedication and determination and has been successful in her efforts.

2. Five candidates should have been selected for further training to the bachelor's degree level. One candidate was selected and should have been admitted to the bachelor's degree program in nursing in Botswana by August, 1978. The candidate, Mrs. Trusty Masuku, was not admitted until August 1979. With the cooperation of the Chief Nursing Officer and matrons, a selection process was developed and quickly implemented to identify the remaining four candidates.

Six candidates were chosen on the basis of academic preparation and nursing experience. They were all academically below university entrance requirements, but special arrangements were made for them to be accepted in the University of Botswana and Swaziland science pre-entry course. We appreciate the kind gesture made by the University's science department to assist a new institution. At the end of the course, four candidates were selected on the basis of performance. They were all accepted in a 4 year bachelor's degree nursing program in the U.S. and started in August, 1979.

The project provided for staggered training of 5 candidates at the BA level on the premise that length of training in each case would not exceed 2 academic years. The participants would work with the contract team on curriculum planning and teaching, and each year the advanced placement officer would review the performance of these candidates and secure places for them in schools that would be willing to award them advanced standing based on their education and experience. None of the candidates had the type of background that would merit advanced standing. In consulting with USAID/Swaziland and the MOH, the team decided not to use the position of advanced placement advisor.

3. The construction of SIHS should have been completed in time for the first intake of students in September, 1979. The buildings were not completed until December, 1979. Classes began 4 months later in January, 1980.

HEALTH ADMINISTRATION

Several factors contributed to a difficult start for the administrative component.

1. On arrival in Swaziland, no candidates were yet chosen as counterparts for the administrative component of the project. In addition, there were no established civil service positions for these candidates if they had been chosen. The Ministry of Health had great difficulty in recruiting for these positions. The civil service grades assigned to the positions were not attractive to experienced, well-qualified people. The positions offered very little career mobility. The administrative TAs worked without counterparts until late 1980.
2. The roles of the administrators were not clearly defined in the project paper. As a matter of fact, the TAs were responsible for developing those positions.

The success of both administrators in setting up systems at the district level was contingent upon the Ministry's implementation of decentralization of administration and policy making. To date, there is still no plan for achieving this.

To further complicate this situation, the administrators were assuming positions that never existed before in the health service of Swaziland.

Other problems encountered by the team were:

1. The project was not seen by the MOH as a comprehensive one working toward the goal of improving the quality of health service through education, planning and administration. The Hospital Administrator was posted to Hlatikulu Hospital on the MOH's request. Though there was an urgent necessity for his services there, it hindered a comprehensive approach. For those whose responsibility it was to take a comprehensive view of the health situation and make decisions, priorities may have been rightly placed.

Unfortunately, the concept of separate objectives was, and still is, held by other parties involved or closely associated with the project. This idea has always militated against any effort to promote and maintain cohesiveness of the project in carrying out a comprehensive plan. This is just one of the unavoidable and difficult circumstances that the project has had to cope with.

2. Before the arrival of the MSCI team, no effort was made to prepare the hospital as a clinical site for the SIHS basic nursing program. Charge nurses could possibly have been trained in ward administration and various clinical specialties.

Some attempt was made to offer a series of in-service classes to the hospital nursing staff, but due to the volume of work in setting up SIHS, it was impossible to continue these classes. The classes were never intended to be a substitution for formal training in ward administration, which was what the nurses needed and should have had. Training experience in other hospitals (possibly in other African countries, England, etc.) would give the nurses a chance to make worthwhile observations of other systems and possibly make adaptations to local needs.

The hospital needed renovation and proper equipment. The Hospital Administrator may have been allowed to do this as top priority rather than the administration of Hlatikulu Hospital. At the time, neither the team, the MOH or USAID identified a situation of misplaced priorities. The senior medical office, SIHS nursing staff, and the hospital nursing staff worked jointly with medical stores to procure supplies for the hospital in preparation for using the hospital as a clinical site for SIHS.

The reason why these plans were not made was not a lack of foresight on the part of the host. It was due to a misunderstanding of the scope of work of the TAs and an ignorance or miscalculation of the volume of work entailed in setting up a paramedical college. The TAs were expected to make all these preparations. It was not possible.

IMPLEMENTATION OF PROJECT OBJECTIVES

The design of the nursing curriculum began and proceeded as planned with the participation of Swazi nursing faculty. The joint effort was accomplished through workshop sessions. In 1979, before the opening of SIHS, the nursing curriculum (conceptual framework) was presented to the matrons, senior nursing staff and public health nurses. Student recruitment, criteria and process were developed for all SIHS programs.

The nursing faculty felt strongly that SIHS should portray the image of a paramedical college, not a nursing school. Apart from the design of the curriculum, nothing was accomplished on behalf of the health inspectors program. We appealed to the MOH to speed up the recruitment of an instructor to manage the health inspectors program. Until that was accomplished, the nursing staff managed that program, arranging recruitment of students, etc. The health inspector instructor arrived in September, 1979 in time for the proposed opening date of SIHS.

With the help of Mrs. Doreen Dlamini, I planned and executed a competition to produce a suitable emblem for SIHS. This became a protracted exercise since the winning entry did not appear suitable as an insignia for SIHS. The problem was eventually resolved.

Part of the requirement for entry to SIHS programs is a mandatory preliminary science and English course of three months duration which is offered immediately prior to entry to the programs. There was no money appropriated for offering the program to our first intake of students. We were, therefore, faced with

the task of finding free temporary accomodation and tutors for the students. Temporary accomodation was offered by a government institution. In collaboration with a senior staff member of MOH, arrangements were made for a Peace Corps Volunteer to assist with tutoring. She was offered and accepted accommodation in my house. To our chagrin, these plans were vetoed by a senior official of the MOH who was out of country when the arrangements were made. The Volunteer was needed to continue her assignment as driver and general help in the Manzini School Health Program.

I was again faced with finding a teacher without incurring costs. Through Mrs. Doreen Dlamini, we appealed to Waterford High School community service program for assistance. The school provided "A" level students under the supervision of instructors to teach in the program. Members of faculty (Doreen Dlamini, Judy Grybowski and myself) took turns in transporting the Waterford students to and from Waterford/Simpa twice per day, five days per week. Very often, Mrs. Grybowski and I used our own car, either of necessity or to avoid returning to SIHS late in the evening to change cars.

At the end of the pre-entry course, the SIHS buildings were still not complete. The students were sent home to return to begin courses in January, 1980. Plans for the beginning of classes progressed satisfactorily until about 2 weeks before the opening date. We were informed at this late date that the MOH had second thoughts about the nursing program and was doubtful regarding the practicality of the program and its ability to meet the needs of Swaziland. The Swazi nursing faculty was asked to defend the nursing program to the satisfaction of MOH officers. They did this successfully. At the meeting convened for this purpose, the nursing faculty was informed that WHO would be asked to evaluate

the nursing curriculum. In spite of several requests, the TAs have never been shown the evaluation report.

Whenever a new venture is attempted, one can expect a certain amount of skepticism from consumers and more so from those who face the burden of accountability. We appreciated this but having put in the effort that we did, I felt that at that point I would do whatever was in my capacity to ensure the inception of the nursing program at the planned date.

The attitude that the SIHS is conducting a foreign (American) program has unfortunately prevailed and has permeated other facets of the health sector. This attitude has negatively affected the acceptance and reaction of students in the clinical area. In spite of the fact that the nursing curriculum was presented to senior nurses in the Kingdom, there is still generalized suspicion of the content and objectives. Nurses are still not aware that SIHS has implemented the new NEBBLs curriculum with additional focus on physical assessment and rural experience. Here again is a natural reaction to change which must be handled diplomatically and which has the potential to become pathological if a concentrated effort is not made to allay such developments.

Since December, 1978, SIHS has been offering nurse practitioner courses to double-qualified nurses. Part of the rationale for offering this training is to prepare preceptors for the basic nursing student and to make sure that senior nurses have similar clinical orientation as SIHS students. It is hoped that the nurses will, therefore, provide the type of clinical service that will serve as appropriate clinical experience for the students. So far, four courses have been taught. Sixty practitioners have been trained. The practitioner program will be discussed in a separate report.

The hospital administration component of the project progressed quite smoothly in the beginning. The Hospital Administrator went to Hlatikulu in January, 1979. At first, his presence was greatly appreciated, as he relieved some people of the extra administrative duties which interfered with their professional practice. The more time these individuals had to concentrate on their professional responsibilities, the more they realized and resented some of the authority they had handed over. This phenomenon has occurred historically and internationally under these circumstances. The Hospital Administrator was able to make constructive changes at Hlatikulu Hospital and set up a system for the hospital. Several units were renovated, new equipment installed, doctor's consulting rooms built and equipped, and departmental administration set up and made responsible to the Hospital Administrator.

The Hospital Administrator functioned without a counterpart until he left Hlatikulu Hospital in November, 1980. Since May, 1980, Hlatikulu was virtually left without an administrator and quickly deteriorated. The Hospital Administrator was and still is frequently called upon for crisis intervention.

The Rural Health Administrator functioned operationally without a counterpart. He was very deeply involved in clinic building and renovation. Some of the responsibilities that would now naturally fall under the purview of these administrators were in the past within the province of other cadres of health workers, e.g., doctors and nurses, who naturally would not hand over their responsibilities without due "discussion", collaboration, and sanction from the MOH.

This unusual combination of delicate interpersonal situations called for much tact and diplomacy on the part of the TAs. To compound the situation, the Hospital Administrator emerged as the senior officer even though under MOH's administrative structure,

the Rural Health Administrator's position is senior. A series of problems which had negative effects on the job function developed. In an effort to resolve them in April 1979, Dr. Contis developed a new scope of work for the RHA based on input from the MOH and USAID.

The responsibilities of this position were not successfully discharged under the first RHA. He was terminated in January, 1980.

The termination of the RHA meant the termination of his spouse, who was the FNP educator. The quality of Mrs. Grybowski's work was exemplary. She made invaluable and indelible contributions to the nursing program, and her professional expertise was sorely missed when she left the project.

At this point in the implementation of the project, the nursing and hospital administration component were meeting their objectives as far as possible.

The FNP position was filled by Ms. Phyllis Jenkins and an overlap of three weeks was effected. It was more difficult to recruit for the RHA's position because of its rural location and the fact that there is no school available in the Hlatikulu area. The TA who now holds that position, Mr. Gus Konturas, has an eight year old child who is being taught at home by his mother. He arrived at post in September, 1980. The Hospital Administrator moved to Mbabane in November, 1980. About this time, two positions for assistant health administrator (counterparts for RHA and HA) were filled. The FNP counterpart (to be trained at a master's degree level) was identified and started training in May, 1981. In the area of personnel, 1980 saw a lot of positive change and activity in the project.

The project was evaluated in April, 1981. The most significant recommendation from what proved to be a very successful evaluation was a reduction from 8 to 4 in the target number of administrators to be trained. Both USAID and the MOH are happy with this decision.

Since the evaluation, the statistics component of the project has been added to the MSCI contract, and a biostatistician, Miss Catherine Connolly, joined the team in July, 1981. The health statistics unit has developed satisfactorily under her administration.

The project has met all its goals for participant training in nursing, and most of them in health administration.

COMMENTS AND RECOMMENDATIONS

SIHS

1. The nursing program receives more support in terms of staff and equipment than other programs. MOH, in discharging its responsibility to maintain the institution as a paramedical college, not a nursing school, should remove this disparity by providing support for all programs. USAID/Swaziland and/or ODA may be asked to provide advanced training for health inspectors.
2. The nursing program could benefit from the continued use of a short-term consultant in nursing education and administration to monitor the program.
3. In the past, MOH has looked askance at recommendations of promising young nurses for positions at SIHS. If this continues, it will adversely affect the quantity of students who will be attracted to the nursing profession.
4. In view of the possible rapid growth and expansion of SIHS and attrition rate of the nursing faculty, plans should immediately be made to continue training for faculty (an attrition rate has not yet been established).
5. The suggestion to send the principal or a senior member of faculty on observation tours of similar institutions in the region should be followed through.

6. SIHS is sufficiently established to consider offering an appropriate community service program for Mbabane and its environs.

Administration

1. The accomplishments of the administrative component of the project have been good when viewed against the constraints and obstacles encountered in this component, e.g., lack of counterparts, delay of decentralization.
2. MOH should view the project as a comprehensive whole with all components striving to achieve one objective.
3. Both administrators have a repertoire of professional skills which could be utilized to the MOH's advantage and to possibly facilitate interaction with different cadres of health professionals if decentralization becomes effective during their tenure of duty.