

REPORT ON PLANNING ACTIVITIES FOR
THE HEALTH MANPOWER TRAINING INSTITUTION
SWAZILAND

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Consultant's Report
on Planning Activities for the
Health Manpower Training Institution
Swaziland

1 Nov. 75 - 28 Nov. 75

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Objectives of Consultant's Work

The objectives of the consultant's work were to clarify and further GOS plans for the development of a national health manpower training institution within the framework of a developing rural health system and to assist CSARAC personnel in the preparation of a Project Review Paper expected to lead to AID funding of the project.

Background and Related Documents

A previous AID consultant, Mr. Oscar Gish of the University of Sussex, produced two reports on health, health services, and health planning in Swaziland:

- 1) Planning the Health Services of Swaziland
(10 Jul 74 - 15 Sep 74) AID/csd 2604-TO 16
- 2) Health Services in Swaziland
(10 Jul 75 - 23 Jul 75) AID/ta - BOA 1070

The first of these reports formed the basis of the GOS ten year Plan for the Development of the Health Services of Swaziland, which was approved by the National Council in October, 1975.

The ten year plan now forms the basis of GOS health sector activities and investments, including the coordination of inputs of the various donors contributing to the health sector. Key features of the plan include limiting increases in the number of hospital beds in the country, construction of additional clinics in rural areas to improve access to basic health services, and development (including construction) of a training facility to train nonphysician health workers in numbers and quality sufficient to meet the health system's manpower needs.

A PID submitted by OSARAC, proposing AID participation in the implementation of the ten year plan, was approved by AID/W. Dr. Ed Cross of AFR/DS recently visited Swaziland and discussed the project with OSARAC and GOS officials. The proposed AID participation was discussed in detail at a meeting of the AFR Executive Committee for Project Review in Washington on 26 Sep 1975, following which a team consisting of public health nurse Marie Kirby (AID/W) and nurse-educator Laura Yergen (Nursing Division, College of the Virgin Islands) was dispatched to investigate some of the issues raised at the meeting and to assist GOS and OSARAC planning efforts. Mr. Gish, who spent the month of October 1975 reviewing the health sector in nearby Lesotho, went to Swaziland in early November for OSARAC debriefings regarding Lesotho and to introduce the AID/W team to OSARAC and GOS officials.

Consultant Activities

The present consultant, a member of the October 1975 Lesotho Health Sector Review Team, was in Swaziland with Mr. Gish for OSARAC debriefings. AID/W and APHA approved OSARAC requests that he remain in Swaziland to assist OSARAC and GOS in project development and documentation activities for the Swaziland project.* Mr. Gish, after spending one week in Swaziland with the team members and GOS and OSARAC representatives, drafted a response to the team's Scope of Work (transmitted by AID/W in STATE 256580). This response was submitted to OSARAC as a memorandum and taken to AID/W, along with supplemental materials, by Mrs. Kirby on 21 Nov. According to an October agreement between AID/W (Huesman) and OSARAC (Eaton), the completed PRP was to be handcarried to AID/W on or about 6 Dec., in time for inclusion in the Congressional Presentation. Issues raised and information requested in the team's scope of work, in addition to being discussed in the Gish memorandum, were covered in the draft PRP which had been prepared before the consultant's departure on 28 Nov. 75. These responses to the Scope of Work, including suggestions regarding specific aspects of AID and other donor participation, were based on review of existing

*While in Swaziland, the consultant also continued to assist OSARAC and Mr. Harry Johnson, AID representative in Lesotho, in the preparation of the PRP for the proposed AID health project in Lesotho.

documents and on discussions with GOS and with other donors' representatives, supplemented by field visits to sites such as Raleigh Fitkin Memorial Hospital (site of the Nazarene nurses training school) and Hlatikulu District Hospital (a proposed rural site for the GOS training facility).

Issues

(These are discussed only briefly here, but are dealt with more fully in the documents mentioned above.)

- 1) GOS support of the project. The development of the training facility and of the full rural health system which it will support have the complete support of the GOS, and specifically of the MOH, as evidenced by the approval of the MOH ten year plan by the National Council.
- 2) Location of the GOS training facility. The GOS proposed three sites for the training facility, two in Mbabane, the capital, and one at the Hlatikulu District Hospital, a 193 bed rural hospital approximately 70 miles from the capital. The ultimate decision as to site selection will rest with the Ministry of Health, and there were some indications that one of the two sites in Mbabane would be chosen. The consultants, OSAPAC, and Ministry of Finance and National Planning Office personnel favored the Rural

Hlatikulu site. Arguments for selecting the rural site were discussed with MOH representatives and presented in the PRP, which was to be reviewed with the MOH before being taken to AID/W.

- 3) Appropriateness of the project for AID support. This project will benefit the poorest sector of Swaziland's population by improving rural health services and their coverage. Its various components (technical assistance, construction and participant training) will complement one another and the contributions of other donors and of the GOS to build staff and support an improved health system appropriate to the countries needs and resources.
- 4) Types of personnel to be trained. As discussed and illustrated in the PRP draft and annexes, the training facility will provide full initial and in service training for the various nonphysician personnel required by Swaziland's health services. The GOS health manpower needs and plans are outlined in the Gish reports and the ten year plan.

5) Curriculum design. Several times the consultants and MOH representatives (the Acting Chief Medical Officer and the Chief Matron) discussed various curriculum design options which the opportunity to design a new training program presents. Much of this discussion centered on the nursing curriculum. In early discussions, the MOH considered that it would be feasible to design a four year basic nursing curriculum which would require each student nurse to spend the fourth year in specialty-level studies in either midwifery, nurse practitioner skills (diagnosis and treatment), public health, or maternal and child health. This plan, which would decrease recurrent costs of the health system by producing specialty-trained nurses at the basic level who would not need to be paid the higher salaries commanded by nurses with postgraduate specialty training, was later considered unfeasible by the MOH due to expected salary demands of the nurses. MOH representatives did, however, agree that not all nurses (i.e., even those intending to pursue a different specialty and those expecting to do general nursing) would need to take postgraduate midwifery training, as had been considered previously by the MOH. This represents a minor break with the British nursing traditions of commonwealth countries.

Other discussions considered the desirability of other changes in training which would prepare nurses more adequately to meet Swaziland's health needs, but might decrease the international "transferability" of Swaziland's future nursing personnel. The PRP draft discussed the advantages of not tailoring curriculum to meet foreign registration and licensure demands, both in terms of training personnel to meet local needs and of limiting loss of health personnel to other (mainly industrialized) countries. Technical assistance during the PP development phase and during the project itself will help the MOH to successfully carry out its intention to include adequate emphasis on prevention, health promotion and public health in the nursing curriculum and training programs.

Principal Persons Seen

Ministry of Health

Mr. N.D. Ntiwane, Permanent Secretary
Dr. M.Z. Dlamini, Acting Chief Medical Officer
Dr. M. Chuere, Medical Officer of Health (Malaria and
Bilharzia Control)
Mrs. Ann Mabuza, Chief Matron and Principal Tutor
Mr. D.T. Nkosi, Principal Executive Officer
Dr. Tillman, Acting Chief of Staff, Hlatikulu Hospital

World Health Organization

Dr. M. Felszer, WHO Team Leader (Basic Health Services)
Mr. K. Vinayagam, WHO Sanitarian

Mission Hospitals

Dr. S.W. Hynd, Medical Superintendent, Raleigh Fitkin Memorial
Hospital.

Ministry of Finance

Mr. James Nxumalo, Permanent Secretary
Mr. Andrew Brown, Chief Economic Planning Officer

OSARAC

Mr. Charles D. Ward, Regional Development Officer
Mr. George Eaton, Assistant Regional Development Officer
Mr. George E. Lewis, Assistant Program Officer
Mr. Thomas McDonough, Education Officer
Mr. William Johnson, Food and Agriculture Officer
Mr. Jack Warner, Assistant Program Officer, Agriculture
Mr. Don Hickson, Controller
Mr. Columbus Spaine, Assistant Controller/Accountant

U.S. Embassy

Mr. George Lane, Charge d'Affaires