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FINAL REPORT ON A
FIVE-WEEK WORKSHOP CONDUCTED
WITH THE MINISTRY OF
HEALTH/SWAZILAND

A Report Prepared by:

H. DANIEL THOMPSON

During the Period:

February 15 - March 2, 1984

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ACKNOWLEDGEMENTS

The consultant would like to thank the American Public Health Association for supporting work of this assignment in Swaziland from July 1983 to March 1984. Without this support, the objectives of the work would not have been accomplished.

The consultant would also like to acknowledge the invaluable, on-going support of USAID/Swaziland in helping to make this project successful, and in believing that this work was valuable in strengthening primary health care in Swaziland. Particular mention goes to Dr. Charles Debose, Rural Health Development Officer, Ms. Linda Lan-kenau, Assistant Rural Health Development Officer, and Mr. Robert Huesmann, USAID/Swaziland Director. Their on-going support is rare in the field of development.

EXECUTIVE SUMMARY

A five-week workshop was conducted in Mbabane, Swaziland with the Ministry of Health. The workshop, conducted between February 20 to March 23, 1984, was sponsored by the American Public Health Association, Washington, D.C., and the United States Agency for International Development (USAID).

The objective of the workshop was to provide technical assistance to seven public health nurses identified by the Swaziland Ministry of Health as principal trainers of health ministry personnel. This workshop was the final one in a series that began in 1980 with the overall objective of strengthening the delivery of primary health care through the training of primary health care workers (in Swaziland called Rural Health Motivators-RHMs). The consultant worked closely with these nurses as they prepared to conduct a workshop on supervisory skills for clinic nurses, using a curriculum they had developed under an APHA-sponsored workshop in July of 1983.

The five-week workshop was divided into three major activities: A) Training of Trainers, during Weeks 1 and 2, when time was provided for the trainers to develop content and practice topics to be delivered during Week 3; B) Supervisory Skills Workshop for Clinic Nurses, during Week 3, when the trainers actually conducted a five-day workshop based on the curriculum they had developed in July 1983; and 3) a detailed review and revision of the supervisory curriculum and individual training skills, Weeks 4 and 5. Throughout the five weeks the consultant worked providing technical support, ongoing feedback and advice to the trainers as they prepared, conducted, and revised the curriculum.

It is important to note that this workshop brings to a close the consultant's 3½ years of work with this project Swaziland. The consultant believes that the nurses have been given sufficient skills in all aspects of training, and can be an invaluable resource to the Swaziland Ministry of Health if utilized properly.

At the end of the five weeks of work, a list of recommendations related to the Ministry's future use of the nurse/trainers was prepared. These recommendations were then shared with officials within the Ministry of Health and USAID/Swaziland.

INTRODUCTION

A five-week workshop was conducted in Mbabane, Swaziland, with the Ministry of Health. The workshop was sponsored by the American Public Health Association, the Ministry of Health/Government of Swaziland, and the United States Agency for International Development. Mr. H. Daniel Thompson, Training and Development Consultant, was responsible for developing and conducting the five-week workshop. The objective of the workshop was to assist seven public health nurses in Swaziland Ministry of Health prepare for the delivery of a supervisory skills workshop curriculum they had developed in July 1983 (a workshop also sponsored by APHA). The consultant provided technical support as the nurses conducted the curriculum, and worked with them in reviewing and revising it.

The consultant began his work in Swaziland in June 1980, this workshop was the final stage in transferring training capability to nurses in the Ministry of Health as well as strengthening numerous aspects of the primary health care program. Additional information on the history of this project can be obtained from the final reports of the workshop series available through the American Public Health Association, USAID/Washington, INTRAH-UNC, and by contacting the consultant.

Summary of Training Activity

The five-week workshop was conducted entirely at the Swaziland Institute for Management and Planning Administration (SIMPA), a training facility located outside the capital city Mbabane, and used frequently by the Ministry of Health for in-service training programs. SIMPA also housed several of the Swazi trainers as well as the 15 clinic nurses who attended the supervisory skills workshop during Week Three.

Logistics

The Ministry of Health/Government of Swaziland provided all transportation, accommodations and meals for the nurse/trainers as well as the 15 clinic nurses. The American Public Health Association provided the consultant, Mr. Thompson. APHA also provided a minimum of training aids used during the five weeks, such as pens, paper, and other materials necessary to the development and conduct of the workshop.

It should be noted that these logistics were agreed upon between MOH/Swaziland and USAID/Swaziland, and have been followed since the inception of the project in 1980.

Relevance of Workshop to Overall Objective

The overall objective of the consultant's work with the Ministry of Health since 1980 have been to strengthen numerous aspects of the primary health care program through the training of Rural Health Motivators (RHMs). This has included a revision of the pre-service training curriculum for RHMs, supervisory skills workshops for clinic nurse supervisors of RHMs, refresher training courses, a five-year plan to strengthen the program, and a series of training-of-trainers workshops to improve the training skills of the public health nurses responsible for the pre-service training of RHMs.

In 1982, the Ministry of Health, in conjunction with INTRAH-UNC, revised the objectives so that, by the end of the project, seven public health nurses would have adequate skills to conduct training for a wide variety of MOH personnel. A series of three workshops was planned: 1) a Master-Level Training of Trainers Workshop (October 1982); 2) Development of a Supervisory Skills Curriculum (November 1983); and 3) the conduct of this supervisory skills curriculum (February/March 1984). With these new objectives it was the MOH's intention that these seven nurses would be responsible for the in-service training of MOH personnel as well as the pre-service training of RHMs.

The completion of this recent workshop therefore brings to a close the series of three workshops intended to achieve this objective.

Prior to the consultant's departure from Swaziland, several recommendations relating to the future utilization of these nurses was developed and shared with both MOH officials and USAID/Swaziland. Appendix D contains a copy of these Recommendations.

Training Activities

Schedule. The five-week workshop was divided into three major activities:

- A. Training of Trainers (2 weeks)
- B. Supervisory Skills Workshop for Clinic Nurses (1 week)
- C. Review and Finalizing Project (2 weeks)

See Appendix A.1 for a copy of the five-week schedule, and Appendix A.2 for a copy of the one-week supervisory skills workshop developed and conducted by the nurses.

The consultant has worked closely with the seven Swazi nurses identified as trainers since 1980, and has become quite familiar with how they work, their individual strengths and weaknesses in curriculum development, training skills, etc. Given this in-depth knowledge, a detailed day-to-day schedule of activities for Weeks 1, 2, 5 and 6 was not developed. However, those aspects listed in Appendix A.1 were closely monitored and adjustments made to timing and content as needed.

Methodology. A participatory approach to learning based on the principle of adult education has been used since the inception of the project. The nurses attending the workshop are highly motivated, and after 3½ years have become familiar with the consultant's approach and style to teaching and to the techniques of participatory learning.

The consultant provided technical assistance to the five trainers. During Weeks 1 and 2 the trainers finalized the training curriculum and practiced delivering content. Immediate feedback to the trainers on their training skills as well as their knowledge and understanding of supervisory theories was provided. During Week 3 the five trainers were observed as they conducted the supervisory skills workshop curriculum for 15 clinic nurses, and daily feedback and advice on both training skills and supervisory theories was provided. During Week 3 and 4 the consultant's role was to review all aspects of the Week 3 workshop, including content and methodologies. Major emphasis was also given to assessing each trainer's skills, and private meetings were held with each trainer to review strengths and weaknesses, and identify specific areas needing improvement. See Appendix C for a copy of the form developed by the consultant to assess individual training skills. The consultant also spent considerable time during Weeks 3 and 4 reviewing supervisory skills theories, a major weakness among the trainers.

Overview of Participants. The seven public health nurses identified by the Ministry of Health as trainers have worked closely with the consultant since 1980*. Three of the nurses work at the Public Health Unit in Mbabane, the capital.

* Of the seven nurses originally identified by the MOH as trainers, only five were able to attend this workshop.

One holds major responsibility for the community health worker (RHM) program; another came from a public health center in Hlatikulu, south of Mbabane, and the still another participant is in charge of the Expanded Programme for Immunization (EPI). See Appendix B.1 for a list of the five public health nurse/trainers who attended all five weeks of the workshop.

The fifteen (15) clinic nurses who attended the supervisory skills workshop in Week 3 represent all five districts of Swaziland. The majority work in rural clinics or health centers where they have principal responsibility for clinic services including the supervision of clinic staff and RHMs. Four of the participants came from government hospitals located in major population centers throughout Swaziland. See Appendix B.2 for a list of the 15 clinic nurse/participants who attended the one-week supervisory skills workshop.

Contacts in Swaziland. The reader is referred to Appendix G for a list of persons contacted in Swaziland during the consultant's visit. As in each of the previous workshops conducted in Swaziland, these persons played a vital role in helping to achieve the objectives of the project.

Upon the consultant's arrival in Swaziland, he met with officials from the Ministry of Health. As in previous workshops, and throughout the history of the project, the principle contact and coordinator within the MOH was the Chief Nursing Officer. The consultant also met with officials at USAID/Swaziland, in particular Dr. Charles Debose, Rural Health Development Officer, Ms. Linda Lankenau, Assistant Rural Health Development Officer, and Mr. Robert Huesmann, AID/Swaziland Director. These people have played a crucial role in the success of this project, and have guided the consultant throughout his work.

At the close of the five-week workshop the consultant again met with MOH officials and USAID/Swaziland officials to review the workshop and present a List of Recommendations related to the future use of the trainers.

FINDINGS AND RECOMMENDATIONS

The five nurses trained during this workshop are competent in a wide variety of training skills, and can provide invaluable skills to the MOH in both pre-service and in-service training of MOH personnel. This includes conducting needs assessments to identify MOH training needs, the development of workshop curricula to address these needs, the development of content material incorporating a variety of training methodologies emphasizing a participatory approach to learning, conducting and/or coordinating training programs, and evaluating training.

While these nurse/trainers have the competence to successfully manage and conduct these aspects of training, the consultant is concerned that they be utilized to their full potential. This concern was brought to the attention of both MOH and USAID/Swaziland. (Appendix D).

The consultant further recommends that a follow-up/evaluation be conducted within 12 months to assess whether the recommendations have actually been implemented, and provide any further technical assistance in the development of these nurses. Such follow-up assistance can help prevent underutilization by the MOH.

RECOMMENDATIONS

SHORT-TERM RECOMMENDATIONS:

1. The Ministry of Health should be clear as to how the five nurses identified as trainers will be utilized. A crucial aspect of this definition should be how the skills acquired by these trainers fits into the in-service training responsibilities of the Institute of Health Sciences and the Health Education Unit. Long-term use of the trainers is discussed under "Long-Term Recommendations" on the following page.
2. The Ministry of Health, in utilizing these trainers, should include at least one in the Ministry's planning sessions of the Training Committee. Given their specialized skills, they could prove invaluable in analyzing and organizing long-and-short-term training needs.
3. The Ministry of Health should find an appropriate method of periodically evaluating the trainers' skills. While the trainers have been given techniques in self-assessment, it is beneficial for their professional development to obtain feedback from other training professionals. They also will need periodic in-service training to improve their skills and to up-date them on new training approaches. Workshops and courses providing training skill improvement conducted in Swaziland as well as internationally, should be explored.
4. The training team should be allowed to meet on a regular basis to design new training curricula, practice content and methodologies, and plan training courses. It is extremely important that the training team prevent their skills from becoming rusty due to prolonged non-use. Such meetings could occur on a monthly or bi-monthly basis and could be held at a convenient location such as the Public Health Unit.
5. The Ministry of Health should seek appropriate ways of recognizing these trainers for the specialized skills they have acquired. This might mean adding training as a major responsibility in their job descriptions. It could also signify a re-evaluation of their civil service ratings. Also, certificates of recognition should be considered. The long-term

training skills acquired by these trainers should be permanently recorded in their MOH personnel files.

6. When assigning responsibility for the development and/or conduct of training programs, the MOH should allow sufficient time for the trainers to complete each phase so as to achieve maximum success.
7. To keep training knowledge current, the MOH should maintain subscriptions to several internationally available training journals. Such journals would also assist in locating appropriate international training courses.

LONG-TERM RECOMMENDATIONS:

8. It is recommended that the Ministry of Health give serious consideration to forming an official Training Unit within the MOH. While this is obviously a long-term decision with major implications for the organization, such a training unit could be responsible for the following:
 - a) Conducting needs assessment to identify training needs;
 - b) Planning long-term schedules for training MOH personnel;
 - c) Plan and manage all aspects of training; including logistics and training program budgets;
 - d) Selection and notification of appropriate candidates for in-service training courses;
 - e) Developing training objectives and curricula utilizing participatory training methods.
 - f) Conducting and co-ordinating training courses for all levels of personnel in the MOH;
 - g) Evaluating and following-up trainees;
 - h) Evaluating training curricula, including methodologies, and revising as required for improving future courses;
 - i) Maintaining a record of all training courses conducted and a list of all MOH personnel trained.

Such a Training Unit should have a Chief of Training who is skilled in all aspects of training. Assistants working under the training chief as trainers should also possess adequate training skills.

APPENDIX A.1

FIVE-WEEK SCHEDULE

WEEK 1 and 2: TRAINING OF TRAINERS

Review supervisory skills curriculum developed in July 1983;
Develop schedule of 5-day supervisory workshop to be conducted during Week 3;
Assign topics to individual trainers;
Review supervisory content;
Review supervisory theories;
Review training methodologies to be used during Week 3;
Develop all methodologies for use during Week 3 that are not already developed;
Develop a schedule for practicing content of workshop to be conducted in Week 3;
Prepare and finalize logistics for participants who will attend workshop in Week 3.

WEEK 3: SUPERVISORY SKILLS WORKSHOP FOR CLINIC NURSES

During this week the five trainers will conduct the content of the supervisory skills curriculum developed in July 1983, and finalized during Weeks 1 and 2 (above). Daniel Thompson will provide on-going technical assistance in the form of observation and immediate feedback to trainers during the workshop.

WEEK 4 and 5: REVIEW AND FINALIZE

Review in detail the workshop conducted during Week 3;
Review supervisory skills curriculum and make necessary revisions as needed;
Review in detail training skills of individual trainers and pinpoint specific areas for improvement;
Review supervisory theories not understood or confusing to trainers and locate resource materials if possible;
Review methodologies as needed;
Review specific methodologies used during Week 3 and revise as necessary;
Allow trainers time to practice content and/or methodologies as needed and requested;
Develop recommendations by trainers to Ministry of Health and USAID/Swaziland for support needed in future.

WORKSHOP ON SUPERVISORY SKILLS FOR CLINIC NURSES

MARCH 5 - 9, 1984

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p>Registration of participants Introduction of participants and trainers Pre-Test Introduction to workshop: objectives and schedule</p> <p>OPENING CEREMONY</p> <p>I. WHO AM I?</p> <ul style="list-style-type: none"> • What is Supervision • Supervisory Structure 	<p>Job Descriptions of Clinic Staff and RHMs</p> <ul style="list-style-type: none"> • Catchment Area 	<ul style="list-style-type: none"> • Motivation • Problem Identification, Problem-Solving, and Decision-Making 	<ul style="list-style-type: none"> • Communication Skills: (Continued) - Perception - Non-Verbal Behaviours <p>IV. HOW DO I DEVELOP MY STAFF?</p> <ul style="list-style-type: none"> • Understanding Performance Appraisals • Evaluation of Staff Performance 	<p>In-Service Training (Continued)</p> <p>Summary of Workshop</p> <p>Post-Test</p> <p>Final Evaluation</p>
LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
<ul style="list-style-type: none"> • Benefits and Constraints to Supervision 	<p>II. WHAT ARE MY RESPONSIBILITIES?</p> <ul style="list-style-type: none"> • Leadership 	<p>III. WHAT SKILLS DO I NEED?</p> <ul style="list-style-type: none"> • Communication Skills - Introduction: Process of Communication - Questioning Skills 	<ul style="list-style-type: none"> • On-the-job training • The Supervisory Visit • Developing In-Service Training 	<p>CLOSING CEREMONY</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>APPENDIX A.2</p> <p>SCHEDULE OF WORKSHOP CONDUCTED DURING WEEK 3 BY FIVE TRAINERS FOR 15 CLINIC NURSES FROM MINISTRY OF HEALTH</p> </div>
SUPPER	SUPPER	SUPPER	SUPPER	
<p>GUEST: Family Life Association of Swaziland</p>	<p>GUEST: Ms. Maggie Makhubu TOPIC: Co-ordinating Activities</p>	<p>GUEST: Mr. Daniel Thompson TOPIC: Listening Skills</p>	<p>TO BE ANNOUNCED</p>	

APPENDIX B.1

LIST OF NURSE/TRAINERS*

Beauty Masondo
Hlatikulu Public Health Center

Gladys Matsebula
Public Health Unit, Mbabane

Hilda Mdluli
Expanded Programme for Immunization
Public Health Unit, Mbabane

Elizabeth Mndebele
Public Health Unit, Mbabane
(Principal Trainer for RHM Program)

Martha Nkambule
Public Health Unit, Mbabane

* Seven public health nurses were originally identified by the Ministry of Health as trainers. Of these seven, only the above five were able to attend this five-week workshop. The other two, Catherine Dube and Thandie Nxumalo, were not able to attend due to personal reasons.

APPENDIX B.2

LIST OF CLINIC NURSE PARTICIPANTS
ATTENDING THE FIVE-DAY WORKSHOP
ON SUPERVISORY SKILLS*

Glory T. Makhubu
Mahlangatsha Clinic
Box 6, Mankayane

Emma Simelane
Ntshanini Clinic
P.O. Box Hlatikulu

Elizabeth N. Simelane
Lesters Clinic

Lilly Dlamini
Madlangempisi Clinic
Balekane
P.O. Box Manzini

Joyce Zwane
Piggs Peak Hospital
Box 46
Piggs Peak

Irene J. Dlamini
Piggs Peak Hospital
Box 46
Piggs Peak

Dudu Magagula
Mshingishingini Clinic
Box 23
Ntonjeni

Dortia T. Dlamini
Matsanjeni Clinic
Box 20
Hlatikulu

Lesiah Simelane
Phunga Clinic
P.O. Box Khubuta

APPENDIX B.2, Continued

Elizabeth Magagula
Hlatikulu Hospital
Box 20
Hlatikulu

Beatrice Dlamini
Luyengo Clinic
Box A384
Mbabane

Nellie Matsenjwa
Mangcongco Clinic
Box 6
Mankayane Hospital

Gugu Simelane
Tikhuba Clinic
Box 42
Siteki

Margaret Radebe
Mankayane Hospital
Box 6
Mankayane

Bertha Dlamini
Musi Clinic
Box 6
Mankayane Hospital

* This 5-day workshop was conducted during Week 3 of the overall 5-week workshop conducted by the author, March 5-9, 1984. The five nurses listed in Appendix B.1 conducted this workshop.

APPENDIX C*

PERSONAL ANALYSIS OF TRAINING SKILLS

	TRAINING SKILL	STRENGTH	WEAKNESS
1.	Use of Methodologies		
2.	Ability to write on newsprint/chalkboard		
3.	Volume of Speech (Loud;Soft)		
4.	Tone of Voice		
5.	Processing group work		
6.	Developing and Conducting role plays		
7.	Developing and conducting case studies		
8.	Beginning and leading group discussion		
9.	Synthesizing group work on newsprint or chalkboard		
10.	Understanding of supervisory theories		
11.	Developing a session content		

	TRAINING SKILL	STRENGTH	WEAKNESS
12.	When to use evaluations during a workshop		
13.	How to introduce a session		
14.	Summarizing		
15.	Relating a specific session to other sessions		
16.	How to revise timing during a session		
17.	Knowing when it is appropriate to change group members		
18.	Reviewing handouts		
19.	Preventing a session from dragging		
20.	Giving clear instructions for group work		
21.	Applying supervisory theories to participants work setting		
22.	How to exert my authority as a trainer		

	TRAINING SKILL	STRENGTH	WEAKNESS
23.	Repeating myself		
24.	Knowing when I am talking too much		
25.	How/when to utilize my fellow trainers.		
26.	What have you learned about training by observing your fellow trainers during the workshop conducted in Week 3? Cite specific examples.		

* This form was developed by the author and used during Week 4 and 5 to help in assessing specific training strengths and weaknesses of the five nurse/trainers. The form was presented to the trainers on the first day of Week 4, and sufficient time was given to fill out the form individually. The author then asked each of the trainers to select five priority strengths and weaknesses from this list. These lists were then reviewed throughout Weeks 4 and 5, and covered confidentially by the author when he reviewed with each trainer individually this list during Week 5.

APPENDIX D

RECOMMENDATIONS

TO

MINISTRY OF HEALTH/GOVERNMENT OF SWAZILAND

BY: H. Daniel Thompson, USAID Consultant
27 March, 1984
Mbabane, Swaziland

OVERVIEW:

In June 1980 a USAID-funded project commenced with the Ministry of Health/Government of Swaziland. The objective of this project was to strengthen aspects of primary health care through the training and supervision of Rural Health Motivators (RHMs). Two USAID-funded organizations in the United States provided technical assistance to this project (The Centre for Population Activities - CEFPA; and The Program for International Training in Health - INTRAH-UNC).

In October 1982 a new set of objectives was agreed upon between the Ministry of Health and INTRAH. Under these new objectives, seven (7) Public Health Nurses would be identified and trained as the core cadre of trainers for the MOH. It was the understanding that these trainers would be given specialized skills in all aspects of training, including conducting needs assessments, developing training curricula, developing and using a variety of training methodologies emphasizing participatory learning, and the evaluation of training.

From these objectives a work-plan was developed for a series of three workshops to be conducted between October 1982 and March 1984. These workshops included: 1) a Master-Level Training-of-Trainers Workshop; 2) a Supervisory Skills Curriculum Development Workshop; and 3) Implementation and Revision of the Supervisory Skills Curriculum.

Since the inception of this project in 1980, Mr. H. Daniel Thompson has provided on-going technical assistance as the USAID-sponsored consultant. As Mr. Thompson comes to the end of this project it is his concern that a variety of aspects concerning the present and potential use of these trainers be addressed by the MOH. Mr. Thompson highly recommends that the MOH discuss the following issues and recommendations for the purpose of finding the most effective means of utilizing the specialized skills now possessed by these trainers.

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CERTIFICATE OF ACHIEVEMENT

This is to certify that

has completed a course on "Supervision Skills for Clinic Nurses," conducted March 5-9, 1984, Mbabane, Swaziland.

Dr. Z. M. Dlamini
Director of Medical Services
Ministry of Health

Mr. Robert Huesmann
Director, U.S. Agency for
International Development

APPENDIX E
COPY OF CERTIFICATE DEVELOPED BY DANIEL
THOMPSON AND PRESENTED TO 15 CLINIC NURSES ATTEND-
ING SUPERVISORY SKILLS WORK-
SHOP, MARCH 5 - 9, 1984

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APPENDIX F

CLOSING CEREMONY

FOR PARTICIPANTS IN TRAINING SKILLS CONDUCTED
AT SIMPA FROM 1982 TO MARHC 1984

DATE: 23.03.84
TIME: 9.00 Hours
VENUE: SIMPA Conference Room

Chairperson..... Chief Nursing Officer

1. Opening Prayer
2. Remarks by Chairperson
3. Speech by Consultant.....Mr. D. Thompson
4. Music by Participants
5. Speech by one of the Participants
6. Music
7. Closing Speech by Guest Speaker
8. Closing Prayer

REFRESHMENT!!! REFRESHMENT!!!

APPENDIX G

PERSONS CONTACTED

USAID/SWAZILAND:

Dr. Charles Debose, Rural Health Development Officer, and the author's principal contact at USAID

Ms. Linda Lankenau, Assistant Rural Health Development Officer, and the author's principal contact in Dr. Debose' absence

Mr. Robert Huesmann, AID/Swaziland Director

MINISTRY OF HEALTH/SWAZILAND:

Dr. Michael Dlamini, Director of Medical Services

Ms. Maggie Makhubu, Chief Nursing Officer, and the author's principal contact in the MOH

Matron Edith Ntiwane, Chief Matron, Public Health Unit, Mbabane

Dr. Cling-Cling Dlamini, Head of Family Planning Services, Mbabane Public Health Unit