

CLASSIFICATION
PROJECT EVALUATION SUMMARY (PES) - PART I

Report Symbol U-447

1. PROJECT TITLE SWAZILAND HEALTH TRAINING PROJECT			2. PROJECT NUMBER 645-0062	3. MISSION/AID/W OFFICE SWAZILAND
4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) <u>645-81-1</u>			<input checked="" type="checkbox"/> REGULAR EVALUATION <input type="checkbox"/> SPECIAL EVALUATION	
5. KEY PROJECT IMPLEMENTATION DATES A. First PRO-AG or Equivalent FY <u>77</u> B. Final Obligation Expected FY <u>82</u> C. Final Input Delivery FY <u>83</u>	6. ESTIMATED PROJECT FUNDING A. Total \$ <u>7,748,000</u> B. U.S. \$ <u>4,300,000</u>	7. PERIOD COVERED BY EVALUATION From (month/yr.) <u>September 1979</u> To (month/yr.) <u>May 1981</u> Date of Evaluation Review <u>May 21, 1981</u>		

8. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR		
A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., sirgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
1. Reduce from eight to four the number of Swazi health administrator counterparts as a targeted output of the Project.	PS-MOH USAID/S	Nov. 1, 1981
2. Extend the contracts for the positions of Hospital Administrator, District Health Administrator and Family Nurse Practitioner for the time periods and conditions specified below: 2a. Extend Hospital Administrator position for one year, from November 1981 to November 1982 with the following provisions: (1) procedural manuals will be developed for material logistics, hospital budgeting and financial management, physical facility maintenance and food service; (2) detailed plan for counterpart training will be developed; (3) detailed hospital management system plan will be developed.	PS-MOH/MSCI USAID/S	Nov. 1, 1981

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS <input checked="" type="checkbox"/> Project Paper <input type="checkbox"/> Implementation Plan e.g., CPI Network <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Financial Plan <input type="checkbox"/> PIO/T <input checked="" type="checkbox"/> Logical Framework <input type="checkbox"/> PIO/C <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Project Agreement <input type="checkbox"/> PIO/P	10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT A. <input type="checkbox"/> Continue Project Without Change B. <input type="checkbox"/> Change Project Design and/or <input type="checkbox"/> Change Implementation Plan C. <input type="checkbox"/> Discontinue Project
--	---

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles) PS Ministry of Health C. Collins, Project Officer Undersecretary-Ministry of Health J. Gallagher, Consul-tant IHS Staff C. DeBose, AID/W Health and Nutrition J.O. Philpott, ADIR	12. Mission/AID/W Office Director Approval Signature <u>Julius E. Coles</u> Typed Name <u>Julius E. Coles</u> Date <u>9/23/81</u>
--	---

AID 1330-15 (3-78)

AID 1300-1 (7-69) CONTINUATION SHEET FORM SYMBOL	DEPARTMENT OF STATE AGENCY FOR INTERNATIONAL DEVELOPMENT	<input type="checkbox"/> Worksheet <input type="checkbox"/> Issuance	PAGE <u>2</u> OF <u>20</u> PAGES
	TITLE OF FORM PROJECT EVALUATION SUMMARY	1. Cooperating Country SWAZILAND	2.a. Code No.
		2.b. Effective Date	2.c. <input type="checkbox"/> Original OR <input type="checkbox"/> Amendment No.
		3. Project/Activity No. and Title SWAZILAND HEALTH TRAINING PROJECT 645-0062	

Indicate block numbers.

Use this form to complete the information required in any block of a PIO or PA/PR form.

BLOCK 8
Cont'd.

2b. Extend District Health Administrator position for nine months (end of project), from September 1982 to June 1983 with the following provisions:

- (1) procedural manuals will be developed for priority management sub-systems (e.g., pharmaceutical logistics, patient referral) specified by MOH;
- (2) assist in developing, with central headquarters MOH and Shiselweni District Health Management Team, a decentralized health administrative plan;
- (3) a detailed plan for counterpart training will be developed.

2c. Extend Family Nurse Practitioner position for one year, from February 1982 to February 1983.

- | | | |
|---|---------------------------|--------------|
| 3. Purchase a vehicle out of project funds for the health statistician. | USAID/S | Oct. 1, 1981 |
| 4. Reach agreement on plans and site for construction of a hostel for IHS students to reside in while in field training in the rural area of Sithobela. | PS-MOH
USAID/S/
PWD | Oct. 1, 1981 |
| 5. MOH senior management staff and total MSCI contract team should meet every two months for planning and implementing the remaining project. | PS-MOH
COP/MSCI | Continuing |

AID 1300-1 (7-69) CONTINUATION SHEET FORM SYMBOL	DEPARTMENT OF STATE AGENCY FOR INTERNATIONAL DEVELOPMENT TITLE OF FORM PROJECT EVALUATION SUMMARY	<input type="checkbox"/> Worksheet <input type="checkbox"/> Issuance 1. Cooperating Country 2.b. Effective Date 3. Project/Activity No. and Title	PAGE <u>3</u> OF <u>20</u> PAGES 2.a. Code No. 2.c. <input type="checkbox"/> Original OR Amendment No. _____ SWAZILAND HEALTH TRAINING PROJECT 645-0062
Indicate block numbers. BLOCK 8 Cont'd.	Use this form to complete the information required in any block of a PIO or PA/PR form.		
	6. Determine the structure and content for year 4 in the curriculum at IHS. 7. Develop long-range IHS faculty training plan and training schedule.	PS-MOH/IHS Faculty PS-MOH IHS Faculty Establishments and Training	Jan.15, 19 Mar.15, 19

13. SUMMARY

The Institute of Health Sciences (IHS) facility is constructed and equipped. The Registered Nurse (RN) curriculum for years I and II is being implemented and year III is planned. All proposed Swazi faculty members are either in training or will leave for training by August 1981. The post-graduate nurse-practitioner program has placed thirty-two graduates in the rural communities and feed-back about their performance has been very positive. Rural sites have been identified for the clinical training of the basic RN students.

Major problems include the delay in construction of a hostel for students at one of the rural sites selected; delay in a decision regarding the purpose and structure of year IV of the curriculum; and the lack of a long-term plan and training schedule for the maintenance of adequately prepared IHS Faculty.

Progress has been made in the health administration component since the first evaluation conducted in 1979. However, as was emphasized in the first evaluation report, this component has progressed more slowly than the IHS training component. This component consists of technical assistance provided by three long-term technicians: a Hospital Administrator (HA), a District Health Administrator (DHA) and a Health Statistician (HS). The current HA is the first technician to occupy that position in the project. The current DHA is the second DHA to hold that position in the project. The previous DHA held the position in the project from June 1978 to March 1980. The HA and the present DHA have been posted in their positions since November 1978 and September 1980 respectively. The HA has served in two hospitals: Hlatikulu Hospital in the pilot rural area and Mbabane Hospital in an urban area. The DHA has remained in the pilot rural district of Shiselweni. Their work has focused primarily on operational management problems rather than on Swazi personnel development and health system development and implementation. The major constraints leading to this state of affairs have been the absence of health administration counterparts, no specific decentralized administrative plan from Ministry of Health, and the urgent need for day-to-day management. Three counterparts have recently been selected, therefore the training function envisaged in the Project Paper (PP) can now begin. Specific recommendations have been made during this evaluation to improve this component of the project.

14. EVALUATION METHODOLOGY

This is the second in a series of evaluations of the Health Manpower Training Project. The first evaluation occurred after the technical assistance team had been in the country for only fifteen months. At that time construction of the Institute of Health Sciences was not completed and the nurse tutor and health planner trainees had just departed overseas for graduate work. That evaluation focused on problems, progress and effectiveness of the inputs and outputs contained in the Project Paper's logical framework. The evaluation was conducted between August 28 and September 21, 1979, by in-house AID staff consisting of: the Assistant Director, USAID/S; the Regional Health Development Officer/Project Officer, USAID/S; and the Regional Economist, REDSO/EA.

The present evaluation has been carried out from the perspective of a longer implementation period. Not only did the evaluators assess project implementation, but also the potential outcomes achievable by the end of the project. Methods utilized to assess IHS curriculum development, MOH health planning and administration development and total project implementation and outcomes included:

1. interviews and discussions with IHS faculty members, HA and DHA, IHS nurse-practitioner graduates, MOH and other Ministry officials, nursing service and facility administrator, and USAID/S personnel;
2. review of relevant documents and written materials;
3. field visits to the pilot district hospitals, clinical sites at which students and graduates have been placed;
4. classroom observations.

15. EXTERNAL FACTORS

The major external condition that has impacted on the project is the inability of the Government of Swaziland to post, recruit and appoint the eight Swazi health administrator counterparts. Positions for four health administrators have been established and only three of the positions filled. The number of university graduates in Swaziland is small and the MOH must compete with other Government ministries and the private sector in recruiting them. This competitive factor and the long delay by the Civil Service Board in starting the recruitment process accounts for the small number of applicants for the Swazi health administrator counterpart positions. A

Department of Establishments and Training official stated during the evaluation that the potential for the establishment of four additional positions for health administrators during the life of project is extremely small. This evaluation, therefore, recommends a reduction in the project output target for trained health administrator counterparts from eight to four. This reduced target is feasible and achievable by the Government of Swaziland.

16. PROJECT INPUTS

A. Technical Assistance. Medical Services Consultants, Inc. (MSCI) under contract with USAID continues to provide the following technicians to the MOH:

1. Maternal-child Health Nurse Technician (Chief of Party)
2. Nurse Practitioner Technician
3. Nurse Curriculum Consultant (short-term)
4. Hospital Administration Technician
5. Rural Health/District Administration Technician
6. Health Statistician (from June 1979 to June 1981, this technician was provided through a USAID OPEX arrangement under Project funding. Replacement technician will arrive July 1981 on contract with MSCI.)

The quality of technical assistance provided by the team is satisfactory. The performance of individual technicians is also satisfactory considering the constraints (e.g., shortage of MOH staff, lack of counterparts, specific work plans and transport) the team members face. This evaluation has recommended specific actions which should remove or reduce the impact of some of the constraints upon contractor technicians in their achievement of targeted project outputs.

Other Donor Technical Assistance

The British Overseas Development Agency (ODA) provides two technicians, a nurse midwife tutor and a psychiatric tutor who arrived in October, 1980. The World Health Organization (WHO) provides a health inspector tutor who has been an IHS faculty member since September 1979. The delay in the arrival of these other donor inputs caused delays in curriculum development under the IHS component of the project. Since their arrival the pace of curriculum development has accelerated.

The British Overseas Development Agency (ODA) provided a health planner to the MOH from December 1976 until January 1981. The MOH and USAID/S have developed a Private Voluntary Organization (PVO) Project with International Human Assistance Program (IHAP) to strengthen health planning and management in the MOH. One health planning technician with the PVO project will replace the British ODA technician and serve as health planner counterpart to a Swazi health planner who will complete M.Sc. level training in the U.S. in December 1981.

The technical assistance identified in the PP scheduled to be provided by the Institute of Development Management (IDM), consisting of Curriculum Design Specialist (short-term) and Health Logistical-Management Professor has been dropped from the project. The decision was made by the Government of Swaziland that the Swazi Hospital and District Health Administrators would be university graduates. The decision changed the follow-up training from short-term courses to be provided by IDM to graduate degree training. IDM only conducts a diploma program for health administrators. Without the need for the training to be provided by IDM, there existed no need for a Curriculum Design Specialist and Health Logistical-Management professor.

B. Participant Training

The PP projected long-term training for six Swazi nurse faculty, one health planner, one health statistician, and short-term training for eight health administrators. All nurse participants are either currently in training or have been selected for training. Due to the late departure of the candidates selected for midwife and psychiatric nursing training (ODA sponsored), extensions for the ODA nurse midwifery and psychiatric tutors are recommended. The health planner will return from training in late 1981. A position has been established, and counterpart selected for the health statistician post. No participant training plan has been developed for this candidate. This should be done soon after the arrival of the replacement health statistician in July 1981.

This evaluation recommends reducing the targeted inputs of health administrator counterparts from eight to four and the provision of long-term participant training (graduate level) rather than short-term training. The Department of Establishments and Training and the Ministry of Health have mandated that university graduates should be the candidates for the counterpart health administrator positions. We recommend that university graduate level training be substituted for the diploma training originally thought to be appropriate for the Swazi counterparts. The funding for this training should be from the Health Manpower Training Project funds. Four administrator positions have been established and three counter-

parts selected to fill them. The fourth candidate is expected to be selected from the university class graduating in May 1981. A participant training plan should be developed in the next month and after a period of on-the-job training, two of the counterparts should depart for training.

C. Construction

USAID funded the construction of the IHS facility and three technician houses. All construction proceeded on schedule and is now completed. The evaluation team concurs with the request from MOH for USAID funding the construction of a hostel for IHS students to use while in field training in Sithobela, a rural area. It is necessary that such training be carried out in a rural setting because these students are being trained to work in the rural areas of Swaziland. It is important that nursing and health inspector trainees develop skills of rural clinical nursing and rural sanitation.

D. Commodities

1. Vehicles - Two vehicles, a sedan and a pickup truck, were purchased for the project and a used USAID sedan donated. The evaluation team recommends that USAID purchase one additional vehicle for the health statistician. The lack of transport for the present statistician (who completes his tour this month) has hampered the efficiency and effectiveness of further testing of the data collection subsystem in place in Shiselweni district and the extension of the subsystem throughout Swaziland.

2. IHS Equipment and Supplies - USAID is funding books, teaching aids, equipment and supplies for the IHS. As discussed in the last evaluation, these commodities were underestimated both in quantity and cost in the PP which required funding revisions and delayed procurement. The present evaluation team concurs in previous evaluation assessment that additional books, equipment and supplies are essential for the adequate functioning of the IHS. The GOS has provided the hard furnishings for the IHS. The furnishings were provided in time for the first class of students. Both the quantity and quality of the furnishings are reasonable and adequate for the number of students enrolled in the institute.

E. Contractor Support

Contractor support has improved substantially since the last evaluation was performed. All of the problems enumerated in that evaluation have been either eliminated or greatly reduced. Areas of improvement for individual technicians have been

identified and recommendations made in this PES under Section 8 (Action Decisions). The evaluation team made an honest attempt to assess the constraints of MOH and environmental conditions under which the contractor team operates in making their recommendations. We believe that the recommendations will greatly increase the probability of achieving the purpose of the project. We found team morale basically good and team members serious concerning their individual responsibilities. We did suggest that more attention be given to collaboration and joint planning both within the contractor team and between the team and the senior management staff of the MOH.

On a more practical level, the District Health Administrator is currently functioning without adequate office space and equipment. The MOH has recognized this problem and is taking steps to secure office space in a new post office building located about eighteen miles from the community in which the DHA is resident. Furnishings and equipment for the office are to be provided from GOS stocks.

17. OUTPUTS

This evaluation follows the same procedures used during the first evaluation. Progress in achieving outputs is listed separately for the two major components of the project: Health Manpower Training and Institutionalization; and Health Planning and Administration of Health Services.

A. Health Manpower Training and Institutionalization

<u>Outputs</u>	<u>Progress</u>
1. Institute of Health Sciences (IHS) constructed for training of RNs, Health Inspectors (HI) and allied health personnel.	1. IHS construction completed and operational with both RN and Health Inspectors enrolled.
2. Four year RN curriculum developed and designed to produce 20 RNs per year by 1984	2. Years 1 and 2 implemented; year 3 planned; year 4 must be planned. Rural training sites selected
3. Health Inspectors (HI) curriculum developed and designed to produce 15 HIs per year.	3. Curriculum for HI completed; eight HIs who completed the first training year are starting year two. The output of 15 students per year appears to be excessive. MOH must make a decision concerning exact number of new HIs needed each year by MOH. Replacement for WHO advisor has not been selected.

Outputs

4. Swazi nurse faculty (7) selected and trained for IHS RN program.
5. Post graduate nurse practitioner (NP) program developed for MOH RNs.

Progress

4. Five participants have been in training since September 1979. One additional participant departed in 1980; and the remaining participant scheduled to leave for training by August 1981.
5. Nurse practitioner training continues since first class started in 1979. Thirty two RNs graduated and are placed in the field. The third NP group will graduate January 1982. Dental training has been added to the program

B. Health Planning and Administration

Outputs

1. Decentralization of MOH services into four district administrative units.
2. Establishment of district administrative system.

Progress

1. Four districts identified, with Shiselweni district remaining the pilot district for testing decentralized health administrative system.
2. Three of the four health administrators have been posted as counterparts to the project hospital administrator and District Health Administrator. District Health Management Team has been established. However, a district health plan and a counterpart training plan have not been devised. District health administrator has started the implementation of several activities, i.e., transport scheduling, clinic renovation program, medial outreach services, etc. However, to achieve project output targets MOH and District Health

Output

Progress

- Administrator must develop decentralized health administrative plan with priorities selected for management subsystem to be planned and implemented.
3. Establishment of a hospital administrative system.
3. Hospital administrator has provided orientation and brief training in hospital organization structure and budgeting for two HA counterparts. Counterparts training plan needs further developing to include learning objectives, specific methods to facilitate learning and transfer skills and coverage of additional hospital management subsystems. Hospital Administrator has performed excellently in operational management role, but progress must be accelerated in institution building with training of counterparts and management and administrative subsystems designed, implemented and evaluated.
4. Establishment of health statistical unit in the MOH.
4. First health statistician (HS) arrived in 12th month of project and remained for two years. Counterpart was selected during HS's last month on project. However, unit for health statistics has been established and data collection subsystem has been tested and is now functioning in two districts. Broader health information base is still being developed.

Replacement for the health statistician TA is scheduled to arrive July 1981. Job function includes expansion of data collection subsystem to four districts, training health service providers in using the system, and development of analysis and evaluation capability in MOH.

<u>Outputs</u>	<u>Progress</u>
5. Swazi counterparts for project health technicians	5.
a. Health Planner	a. Counterpart completing training in U.S. and scheduled to return to MOH December 1981.
b. Health Statistician	b. Post established and counterpart selected in May 1981.
c. 8 Health Administrators	c. This evaluation recommends changing this specific output from eight health administrator counterparts to four. The number of available university graduates is small and competition keen from all sectors. Four posts established and three counterparts selected. Training plan for on-the-job and graduate training needs to be further developed.

18. PURPOSE OF PROJECT

- 1) Train nurses and other health personnel;
- 2) Institutionalize this training capacity; and
- 3) Strengthen planning and administration of MOH health services.

EOPS - Measurements

A. A functioning IHS recognized as a GOS training institution

Construction of the facility has been completed; construction of a student housing facility necessary for rural clinical experience is planned but not under construction at this time.

The IHS nursing education program has been officially recognized by local and regional regulatory agencies. A principal has been appointed to the IHS but a director of the nursing program has yet to be selected.

B. A four year registered nurse curriculum will have been developed and implemented

Years I and II of the curriculum have been developed and implemented - year III is planned. Development of year IV is pending contingent upon a decision of the MOH regarding its purpose and structure. Two ODA technicians have arrived to join the faculty.

C. Swazi nurse faculty trained and in place

Swazi nurses have been identified for tutor training. All will be in training or sent for training by August 1981. Clinical instructors have been selected and require further training. In order to ensure the continued maintenance of adequate Swazi nursing faculty, a long range training plan and schedule needs to be developed.

D. Twenty registered nurses will graduate from the IHS by 1984

The first class will be entering their third year in August 1982 and will graduate in 1984. The second group of students was admitted in 1981 and the third class is enrolled in pre-entry classes. The rate of admissions is consistent with original planning.

E. The capacity to train health inspectors is established in the IHS

The WHO technician has developed the curriculum for the first and second years of a three-year program for HI training. A total of eighteen students are enrolled in the first and second classes--nine in each. The PP planned that by the end-of-the-project status (EOPS) 14 Health Inspectors will have graduated with 15 more Health Inspectors enrolled and attending regular classes. The MOH capacity to absorb a continuing number of HIs is limited and students are being accepted from other countries in the Southern Africa Region. At present, students are enrolled from Lesotho. No counterpart has been selected for the WHO technician. MOH understands the urgent need to obtain a Swazi counterpart for the WHO technician whose assignment from WHO to IHS runs through 1984. MOH is preparing the document to justify the requirement for a fulltime Swazi tutor. The document will be submitted to Establishments and Training by August 1981.

F. Continuing education programs are established and conducted on regular basis

Nurse-practitioner graduates have been placed and training of other candidates continue.

Additional short-term in-service education courses will serve to improve the level of nursing care in local health facilities and improve communication between nursing education and nursing service.

Within the Health Planning and Administration component of the Project the EOPS is to be measured by reviewing progress toward the following (EOPS) conditions (G, H, I and J) listed below:

G. The establishment of a regional health administrative system

Swaziland has been divided into four health districts and Shiselweni District remains the pilot area for rural health services and hospital administration. A second district health administration technician replaced the first rural health administrator in the pilot Shiselweni District in September 1980. The technician has performed a large number of tasks which have expanded health services to underserved areas and improved the appearance and internal functioning of health facilities. A major focus of the technician's work to this point in the project has been in day-to-day logistical support to health facilities and internal operational management. This narrower focus of operational support rather than health system development has persisted due to several constraining factors: (1) the extreme shortage of Swazi administrative and management personnel in the central MOH and even more so in the districts; (2) the lack of a clear concept and definition of a District Health Administrator with the responsibility of assisting in designing and implementing a total District Health system; (3) and the incapacity of MOH to plan a group of management subsystems (manpower, financial, logistics) simultaneously; and, (4) the lack of assigned Swazi counterparts until very recently. Recommendations have been made by the evaluation team to get MOH and the District Health Management Team to begin planning for a district-wide approach to health system development and institutional capacity building activities (see Section 8--Action Decisions).

H. The establishment of a hospital administrative system

The Hospital Administrator (HA) technician was assigned to Hlatikulu regional Hospital in Shiselweni District from January 1979 to January 1981. Since January he has been assigned to Mbabane Hospital. In both instances, MOH assigned the

technician operational authority and responsibility for day-to-day management of the hospitals. His concentration on operational management problems diverted his attention from hospital systems development and institutional capability building. In the operational role, the HA has performed superbly. A large number of administrative services have been implemented under his supervision, including personnel scheduling, budgeting, physical plan renovation, food service, transport scheduling and security services. There is no doubt that the physical appearance of the hospital and performance of lower level personnel of the facility have been greatly improved. However, very little has been accomplished in assisting the MOH to establish a hospital administrative system which can become the basis for developing a standardized hospital administrative system for Swaziland. Other factors which lead to this state of affairs are:

1. lack of Swazi hospital administrator counterpart;
2. extreme shortage of Swazi administrative and management personnel; and,
3. absence of a mechanism in the MOH to capture the various administrative functions performed by the HA and use them as a basis for new policies and management strategies and for teaching Swazis.

Recommendations have been made by the evaluation team to develop segments of a hospital administrative system that can be transferred to a Swazi hospital administrator. Equally important, Swazi counterparts have been recently assigned to the HA for training. (See section 8--Action Decisions).

I. Establishment of a health statistician system within the Ministry of Health

The OPEX health statistician (HS) technician funded by USAID arrived in June 1979, the twelfth month of project implementation due to problems of recruitment. He is departing the position in June 1981, after successful performance of a two-year contract. The purpose of the position is to assist MOH to develop a Health Statistics Unit. One of the major constraints in the position was the absence of a Swazi counterpart to train; the other major constraint was a lack of transport to travel to the districts. One of the constraints has been solved with a Swazi candidate selected as a HS counterpart. She is scheduled to report to the MOH on July 8, 1981. The alleviation of the transport constraint is one of the recommendations of the evaluation team. In spite of these constraining factors, the HS in two years has developed and partially field tested a new data collection and analysis subsystem as a component of a new health information system. The data collection subsystem has been

piloted in two districts, with staff partially trained, and monitoring of the system started.

A replacement for the USAID-funded HS has been selected and is scheduled to arrive in Swaziland July 13, 1981. Although the present occupant of the position will leave Swaziland before his replacement arrives, arrangements have been made for the two individuals to spend time together in the United States to discuss this part of the project, its present status, and follow-on tasks to be completed.

J. Eight health administrators will be trained and functioning as District Health and Hospital Administrators

The original PP plan was for the MOH to employ eight health administrators and to have the Institute of Development Management (DM) in Botswana provide the training. The Swazi administrators were to serve as counterparts to the rural health and hospital administrators and were to rotate through the four health districts before being assigned to a specific district.

The first evaluation of the project in 1979 discussed MOH and Establishments and Training modification in the academic requirements for candidates for these positions. Basically, MOH wanted candidates to be university graduates and be eligible for graduate training in Public Health abroad. This modification eliminated IDM as the potential training institution. This remains the position of MOH.

To date, only four of the counterpart posts are established and three counterparts are in place at MOH. Since January 1981 two additional counterparts were assigned: one was killed in an automobile accident and the other changed employment to another sector. Establishments and Training assured the evaluation team that the fourth post will be filled from the university graduating class in May 1981. Even if this occurs, only four counterparts will be placed at the end of year three of the project. It is highly unlikely that the four remaining posts will even be established in time for this project to provide on-the-job training opportunities and graduate training in Public Health. With the existing four posts it will be possible to accomplish the training objectives in the administration component of the project. With the recommendations made by the evaluation team of reducing the project targeted output from eight to four counterparts and one-year extensions for the Rural Health and Hospital Administrators' positions, the project can achieve a reduced but more realistic level of output in its training objectives. The project can still be successful in achieving the project purpose to: (1) train

health administrators and (2) strengthen planning and administration of health services. This particular revision in project outputs is in agreement with what the Government of Swaziland considers realistic and achievable. (See Section 8--Action Decisions).

K. Establishment of a Health Planning capacity within the MOH

The ODA-funded Health Planner (HP), initially assigned to the MOH in 1977, left the position January 1981. Due primarily to the extreme shortage of staff at the headquarters of MOH, he divided his time between operational administration of short-term planning functions and the development of long-range policy, strategies and other resource requirements. A Swazi HP counterpart was assigned to the post in August 1979, departed for training in health planning at the MA level in early 1980, and is scheduled to return to the MOH with her graduate degree in December 1981. The MOH is seeking a replacement for the ODA-funded health planner. International Human Assistance Programs, Inc. (IHAP) has submitted a three-year proposal to the MOH and USAID which has been approved by both parties. The objectives of this proposal are:

1. To improve the functional operation and corresponding organizational structure of the Ministry of Health at central and district levels, with special emphasis on the planning, management, and policy development functions, and to institutionalize these changes to help insure the effective operation of the Ministry in the future.
2. To develop and initiate a long-range strategy for improving the delivery of health care services throughout Swaziland within the accepted framework of decentralization and integration of services, and with special emphasis on increasing the quality, quantity, and distribution of preventive and promotive health services.
3. To develop a strategy to improve job performance and job satisfaction of MOH personnel at central, district and local levels.
4. To increase MOH staff understanding of Ministry policies and programs, and to increase the involvement of staff at all levels in the planning, development, and implementation of new programs.

5. To provide the capability within the MOH to coordinate the health-related components of the national nutrition program including the establishment of a routine nutrition surveillance system.

The two IHAP long-term technicians who are proposed for assignment in MOH for three years are: (1) a health planner; and (2) a manpower development specialist. Successful implementation of the proposed project will assist in removing some of the constraints to the establishment of a health planning capacity within the MOH.

19. GOAL

The project is designed to assist the Swaziland Government to improve health services and extend them to the rural communities. This was to be accomplished in part via the development and institutionalization of a nursing education program and improvement of health services administration.

The education component of the project is progressing in a timely manner. The tutors and instructors continue to evolve as a working faculty, curriculum development is progressing and Swazi nurses have been sent for tutor training. The health planning and administration component of the project is progressing slower than the paramedical training component, and is behind schedule in four of the outputs stated in the PP: (1) decentralization of MOH services into four district administrative units; (2) establishment of district health administrative system; (3) establishment of hospital administrative system within each district; and (4) eight health administration posts established in MOH. The goal of improvement in health services in the rural areas will be impacted by the project, but not to the degree specified in the PP.

20. BENEFICIARIES

Ultimate beneficiaries of the program are the Swazi people, especially those in rural areas where the project will increase the availability and accessibility of primary health care. As rural clinics improve with the improvement of health worker training and administrative support, experience in other countries indicates that they can become ideal sites for the development of other projects, e.g., rural development, craft industries for women, nursery school, etc. Program participants benefit personally, economically and socially. This is especially important for the women who can act as role models for other Swazi women, particularly in the rural areas.

21. UNPLANNED EFFECTS

An anticipated unplanned effect may be the improvement of the status of nursing, and therefore of women, as a result of placing nursing training in a nationally recognized educational institution utilizing nurse faculty who are prepared at the same level as university faculty. Graduates will be educated women who can assume leadership positions in the rural communities and work collaboratively with administrators and physicians to improve health services. This has occurred in other countries with the transference of nurses training to educational institutions and would be a natural outcome of this project.

22. LESSONS LEARNED

Mechanisms should have been developed early on in the project to establish an awareness of the inter-relatedness of project components among team members, to maintain a cohesive, goal oriented program and to facilitate cooperation, collaboration and mutual support within the project team.

A basic principle that must be followed, if it is expected that health planning and administration is to be successful, is to involve as many others as possible in the management process. The development of a health plan requires inputs from many professional disciplines and ministries. Not only must all key decision makers be involved, but also those responsible for the implementation of a health plan.

MOH should have worked more closely with Establishments and Training at the beginning of the project so that counterparts could have been trained on the job, sent away for training, and returned to work with the HA and RHA technicians for a reasonable period of time before the end of the project.

23. SPECIAL COMMENTS OR REMARKS

With all the tasks that have been undertaken by the administration component of this project, the extreme shortage of professional staffing in the MOH makes the achievement of the project outputs exactly as stated in the PP unrealistic at this time. The original PP outputs were overly ambitious for Swaziland to achieve. The project designers failed to take into account the difficulty of increasing professional staff quickly and of introducing change into the existing health system at the same time. The program management

implication is that some of the outputs of the project should be reduced to a level that is more realistic and achievable. This evaluation attempts just that with its recommendations.