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9. ABSTRACT

The American Public Health Association, under a contract with the Agency for International Development, has designed a program in public health improvement which is called the Development and Evaluation of Integrated Delivery Systems (DEIDS). The activity is designed to assist countries to demonstrate how to establish health delivery systems within seven years. Such projects include, but are not limited to, Maternal and Child Health and Family Planning and Nutrition. The projects are to cover large populations in predominantly rural areas. They are to utilize in-country resources for the service component, although external assistance organized by DEIDS is available for planning, evaluation, training, and limited amounts of essential equipment. It is expected that successful health delivery systems can be subsequently replicated in the country or in the region.

- These are phases through which DEIDS projects proceed:
- a) Phase I -- reconnaissance within a specific country or region, to gather information about disease patterns, health services as currently organized, local resources, cultural aspects, community involvement, the potential for integration of various parts of public health, opportunities for innovation, current and potential staffing, training, supervision, emphasis upon preventive services, outreach, cost, and evaluation
 - b) Phase II -- Detailed planning. This phase begins if the survey in Phase I recommends it, and involves experts from the host country as well as experts assigned by DEIDS.
 - c) Phase III -- Pilot Project Operations, which continue for as long as eight years.

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REPORT ON VISIT TO
SWAZILAND

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INTRODUCTION

KINGDOM OF SWAZILAND

Population: 400,000 (1968 est.)
Capital: Mbabane (Administrative)
Lobamba (Traditional)

Swaziland is an independent kingdom situated in southeastern Africa. It is all but surrounded by the Transvaal and Natal Provinces of the Republic of South Africa. On the east it shares a common border of some 70 miles with Mozambique (Portuguese East Africa). Its area is 6,705 square miles, less than that of New Jersey. The maximum distance from north to south is less than 120 miles and from east to west it is less than 90 miles.

Swaziland is divided geographically into three well-defined regions of roughly equal breadth that are known locally as the high-, middle-, and lowveld. The mountainous highveld in the west rises to more than 6,000 feet, with an average elevation of 3,500 feet. The middleveld averages about 2,000 feet, and the lowveld in the east about 1,000 feet.

Rainfall varies considerably and tends to be concentrated in a few heavy storms. The highveld region has a humid, near-temperate climate, with 40 to 90 inches mean annual rainfall. The middleveld and Lubombo Plateau are subtropical and rather drier (30-45 inches mean annual rainfall), while the lowveld is almost subtropical and definitely subhumid with 20 to 30 inches mean annual rainfall. Mean annual temperatures vary between 60° F. in the highveld and 72° F. in the lowveld.

Swaziland's flag consists of five horizontal stripes: from top to bottom - blue, yellow, crimson, yellow, and blue. A shield, two spears, and a staff are centered on the wide, crimson band.

The People

According to the 1966 census, the population of Swaziland is 395,264. This includes 9,176 Europeans (about half of whom were born in the Republic of South Africa) and some 4,400 Eurafricans. Africans, most of them Swazi, comprise about 96 percent of the population; a small percentage of the Africans in southern Swaziland are Zulu. Mbabane, the administrative capital, has a population of 13,803.

Most Swazi are engaged in agricultural pursuits. About 10,000 are employed outside the territory, principally in South Africa. The European community consists of English- and Afrikaans-speaking groups; predominantly Afrikaners in southern Swaziland and both English and Afrikaners in the northern portion. The Europeans are engaged mainly in agriculture, commerce, and mining. The chief occupation of the Eurafrican population is farming, although a few are engaged in skilled and semiskilled occupations.

It is estimated that about 57 percent of Swaziland's total population are Christians and 43 percent animists. The literacy rate is about 25 percent.

Economy

During the 1960's Swaziland's economy has changed from that of a largely subsistence economy to that of a fast-growing, semi-industrialized society. With an annual per capita income of roughly \$180,

Swaziland ranks among the most viable new countries in Africa. This figure, however, is not an accurate reflection of the income of the Swazi, since most of the high-level economic activity is in the hands of the European sector.

About 58 percent of the total land area is held by the Ngwenyama in trust for the Swazi nation. The remaining 42 percent is owned by Europeans or Eurafricans. The question of land use and land ownership is an acute political problem. Large parts of the territory consist of pastures and unimproved veld. The Swazi value cattle for their own sake, and cattle are the main evidence of their wealth; but the Swazi increasingly are using them as a source of milk, meat, and profit. European and Eurafrican farmers together hold about 110,000 head of cattle, as compared to 420,000 for the Swazi. Slaughter stock and hides and skins are important export items. Dairying is increasingly in importance among the Swazi. Although most of the Swazi are still subsistence farmers, the number getting skilled or unskilled jobs in the industrial sector is steadily increasing.

The recent economic boom has been generally financed from private sources, mainly South African and British, although the Commonwealth Development Corporation (CDC) has invested some \$56 million up to the present. The largest export earner is the Anglo-American iron ore mine which supplies ore to Japan on a 12-year contract. Exploitation of this mine necessitated the building of the Swaziland Railway, which crosses the country and is now a vital transportation link with the port of Lourenco-Marques for many products.

The sugar industry, centered on two mills, is a close second to iron ore on the export list. Based solely on irrigated cane, it has transformed large parts of the bushveld that were formerly useless. Other important agricultural activities are extensive pine plantations, which supply a pulp mill and pineapple and citrus farms which feed a local processing and canning factory.

The mainstay of the economy before the recent surge was the asbestos mine at Havelock, which opened in 1939. This mineral, which used to rank far in front of any other export, is now only fourth in importance. There is some coal which is used by the steam engines on the railroad. Tin, barytes, diaspore, pyrophyllite, and kaolin are also mined.

Imports consist principally of groceries, wearing apparel, motor vehicles, hardware, machinery, mining stores, building materials, and petroleum products, mostly of South African origin. Swaziland, Lesotho, and Botswana are joined with the Republic of South Africa in a common customs union, dating back to 1911. Import duties and currency controls apply uniformly to the member countries. The terms of the union are at present being renegotiated.

The government of Swaziland plans to embark upon a program which is designed to:

1. extend health delivery services throughout the country from the urban centers to the remote villages and homesteads of the rural population; and
2. shift the major emphasis of health delivery from illness care to health care, preventive medicine and public health service.

USAID will undertake a project to assist government in the training of health manpower for the execution of this program.

1. The personnel to be trained will include registered nurses
registered nurse - midwives
registered nurses needing post graduate preparation as required by the needs of the health delivery system.
nurse instructors (tutors)
health inspectors
laboratory technicians, and other essential categories of paramedical personnel.

For all these categories of non-physician health personnel there will be a modification of their established programs of training to reflect an increased component of public health, disease prevention, maternal and child health, and family planning. Additionally the basic program for the training of registered nurses will be modified to include skills in history-taking and interviewing, physical diagnosis and the medical management of the more common

illnesses which do not require referral to a physician. Thus, all paramedical personnel trained in this manner will employ health maintenance and disease prevention skills in their work, registered nurses will be better able to help meet the curative and health care needs of the people in rural areas of the country and to give supervision and direction to auxiliary health workers such as nurse assistants and rural health workers.

The government's plan calls for the training of nursing assistants to supplement registered nurse staff in both hospital and community health facilities. This training has been organized by the Catholic mission at the Good Shepard Hospital at Siteki. It is twenty months in length and has already been planned to include emphasis on preventive care and public health services.

The plan also calls for the preparation of "rural health workers" who will be villagers chosen to work in their own localities. This group of personnel will be given 2-3 months of training in health education, sanitation, detection of disease and methods of referral. This worker will become the liaison person between the villages and homesteads and the rural clinic which will be staffed by a registered nurse prepared for expanded roles. This nurse will give care as required and refer more complex cases to the rural health center to be treated by a physician if ambulatory or sent on to a hospital if indicated. Those paramedical personnel with the same educational background, who are to be trained at the new training center, i.e. nurses, health inspectors, etc. would benefit from a core curriculum at the onset of their training in order to have the same orientation and to collaborate as a health team following

their graduation. Such courses as microbiology, anatomy and physiology, parasitology, sociology, communicable disease control, health education, preventive care and health promotion might well serve the needs of the entire team before they split into their respective specialties.

Curriculum already in use at the nurse assistant program and at the Raleigh Fitkin Memorial Hospital College of Nurses, for the preparation of registered nurses, appear in the annex. Also in the annex is a copy of the Nursing Syllabus (curriculum) established by Swazi law, a copy of a syllabus proposed by the Chief Nursing Officer, and a copy of the syllabus being used at present for the upgrading of an "enrolled nurses" formerly admitted to nurses training with less than secondary schooling. The curriculum for the Health Inspectors has been developed by W.H.O., and W.H.O. has also been requested by government to assist with the planning of a post graduate nursing course in public health nursing.

The syllabus in the Nurse and Midwives Act of 1965 can be modified to include skills in history-taking, diagnosis and medical management skills, as well as increased emphasis on disease prevention, public health and health promotion within the three year basic period of training provided adjustments can be made to reduce the length of the hospital practical experiences called for in the law. This would also permit experience to be offered in rural as well as urban centers. Alternately the basic period of training would need to be lengthened by approximately six months in order to accommodate the additional courses and practical experience.

Since the present three year syllabus requires over 24 months of practical experience with less than 12 months of theory classes, the first alternative would appear to be the logical one.

Upgrading of enrolled nurses

During the tour of the Government Hospital at Mbabane a visit was made to Mrs. L.B. Dlamini, B.Sc., who is a nurse tutor graduate of the post-graduate nursing program of the University of Ibadan at Ibadan, Nigeria. She is currently employed in a temporary nursing school in temporary quarters utilized for the upgrading of enrolled nurses (equivalent to L.P.N.). Plan was for 5 years period in which the 125 enrolled nurses were to have been divided into classes of 25 each and given one year of additional training to enable them to become registered nurses. The third class is currently sitting their final examinations. Matron and Tutor expressed doubt that all of the enrolled nurses could be sufficiently upgraded to meet R.N. standards within the time frame previously planned. There is a constant inflow of enrolled nurses from neighboring countries who are applying for admission and the level of education of many is too low to profit greatly by one year of training.

The teaching takes place in one room of a residence large enough for 25 students. Teaching staff is comprised of one trained Sister Tutor and one clinical tutor. Equipment and teaching materials extremely limited. Matron Mabuza expressed the desire for AID help in development of suitable teaching facilities and materials and for participant training of tutors in U.S. Matron also expressed serious doubt that the upgrading plan would be completed at the end of five years since the estimate of 125 enrolled nurses seems now to be steadily increasing as Swazi nurses continue to return from nearby countries.

Beneficiaries

A. Initial target group

The medical and paramedical health professionals of Swaziland with particular emphasis upon the doctors and nurse tutors involved in the teaching and the administration of health manpower.

1. If the goal of the Government of Swaziland and the USAID mission is "To help improve the health of Swaziland's population by participating in the Government of Swaziland's efforts to re-orient its health services toward improved and expanded preventive care for rural people", then one must assume that this goal represents a shift in goals from traditional illness care to health care. Since such a shift must involve adjustments in budgetary allocation, manpower deployment, geographic concentration of services, and in the motivation and education of both the providers and the consumers of health care delivery services, authority must be delegated to non-physician health personnel consistent with their new roles and quite possibly this may require legislative changes, or changes in rules as well as roles.

For the reasons stated above, it is essential that all teaching and administrative personnel should be informed of proposed change through discussions, seminars, workshops, and conferences, in order to respond to reactions of resistance

to change, to clarify motives, and to build up enthusiasm and support for the proposed plans.

2. Benefits of this plan of action:

- a. The support and cooperation of the medical health providers will be obtained for: (1) collaboration as teachers, not solely as traditional lecturers in the classroom, but also as medical preceptors for registered nurses who are being required to assume greater responsibilities in physical diagnosis and patient family care.
(2) Physician collaboration will be obtained in the preparation of agreed upon protocols to guide the registered nurse who serves in isolated areas without a physician on site.
- b. The competence of the Swazi tutors can be enhanced by programs of four to six months which are focused on primary care skills in order that they in turn may incorporate these skills into the basic nursing program.
- c. The nurse administrator personnel will benefit by participation in the program described in b. above since they will then be better equipped to supervise the new nurses who will be acquiring new skills in basic training.
- d. Other paramedical personnel will understand and appreciate the roles expected of them in the overall scheme.

3. Project response

The provision of Technical Assistance during the construction phase of the project in the person of a nurse educator who has expertise in curriculum design, group dynamics and who is also a Family Nurse Practitioner could provide guidance in (a) curriculum planning, and (b) MOH directed seminars for all categories of medical and of paramedical personnel.

Medical personnel and a technical assistant, as described above, could also teach the Primary Care skills needed by the nurse tutors and selected Sisters and other nursing administrators prior to the actual inauguration of the new training institution. These courses would accommodate 4-6 persons for four-month periods and might be offered at, say Mbabane and Hlatikulu, and the other hospital centers provided there remained sufficient time. These special courses may be offered to tutors from the Raleigh Fitkin Memorial Nursing College as well as the government tutors in order that students in both institutions should obtain similar training. Technical Assistance Nurse Practitioner should be assigned to country for 18 months to 2 years prior to construction of training institution. During this period in-service education of previously trained (B. Sc.) tutors, as well as Principal, tutor, Matrons and Asst. Matrons from Government mission hospitals should be carried out in 4 months programs of

Primary Care practices and skills. This is essential to enable the trained tutors to acquire additional competence for teaching and to assure that those nurses in administrative positions will be fully prepared to accept and supervise the student with newer skills and training somewhat less familiar than that which they underwent.

Additionally, during this preparatory period it appears highly desirable to plan and carry out through MOH, seminars for medical personnel to solicit their support and participation in the preparation of primary care nurses over and above their usual teaching lectures. Nurses who complete lectures in primary care also require practice under physician preceptorship for 6-8 months and those physicians willing to act as medical preceptors should be sought out with a view to determining their interest in teaching, their field of specialization, and their availability. The internist, general practitioner, pediatrician and the public health physician are especially to be sought after.

Both the physician seminar, seminars for paramedical personnel and in-service course for nursing administrator and tutors should be organized at the major hospital centers to accommodate the participants concerned.

4. Spread effect

The socialization efforts and the educational component suggested above will facilitate the extension of the concept of teaching expanded preventive medicine, health promotion

and health maintenance to non-physician health personnel who will become capable of utilizing this new knowledge in the service of rural as well as urban families and individuals, thus meeting the health services needs of the large portion of the population who are presently under-served.

B. Ultimate target groups

The Swazi population, especially the larger rural portion who are presently either underserved by the Swazi health delivery services or not receiving services at all.

1. The health care delivery services are presently concentrated around the major urban areas with the corridor between the Mbabane-Manzini centers having the largest number of physicians and paramedical personnel, of both government and private sectors. This concentration of services is chiefly directed at the hospitalized patient and individuals seeking illness care. There are public health centers in the urban areas as well, but the majority of the population reside in rural villages and homesteads often at a distance of several kilometres from a health facility. The project will provide for the training of nurses and other non-physician health personnel to extend both curative and preventive health services beyond the urban areas to all the rural sections of Swaziland.
2. This will be accomplished by the establishment of a National Health Training institution where registered nurses, health inspectors, laboratory technologists and other paramedical personnel will be trained with especial emphasis on

disease prevention and health maintenance. The students prepared to become registered nurses will also have additional preparation in diagnostic skills, history-taking and interviewing skills, and the management of common medical problems. Such an approach should result in a reduction in the incidence of preventable illnesses, a reduction in infant and maternal deaths, improved nutrition, and the promotion of a more healthy, productive population. It should also reduce the pressures upon the curative services in the country. If the training of the paramedical personnel described above is begun by 1978/79, the first completion dates for all categories would be 1983. Benefits of the project should begin to be observed within five years following the deployment of the preventive health care oriented personnel to posts in all areas of the rural countryside.

3. The project is designed to support this planned shift from an urbanized, curative-type health delivery system to a system of health care and disease prevention in both urban and rural Swaziland through:
 - a. assistance to the Government in the construction of a training institution;
 - b. provision of expert help in the training of the necessary personnel. The training component of the project will involve the provision of two nurse education technical assistants. Possibly one should be a Family Nurse Practitioner prepared to teach the primary care skills

(history-taking, diagnosing, medical management, etc.) and the other should be prepared to teach Maternal and Child Health Care or Pediatric Nursing.

- c. participant training can be offered for the preparation of two general nursing tutors for a 3-4 year period each, and post graduate preparation in the four major nursing specialties for the tutors, already in possession of the bachelor of science degree, for a period of one year each. These specialties would be:

- (a) public health nursing
- (b) maternal and child health/or pediatric nursing
- (c) family nurse practitioner
- (d) psychiatric/mental health nursing

- d. Finally the Technical Assistance Family nurse practitioner would offer in-service courses to registered nurses in primary care skills and give assistance to the MOH in the organization of seminars and conferences for physician and paramedical personnel to elicit their support and enthusiasm for the re-direction of the health delivery system goals.

4. The establishment of the training institution and the improved training of non-physician personnel will deliver both curative and preventive health care services to within a five-mile distance of 80-90 percent of the homesteads in Swaziland. The benefits set out under 2. above will become attainable for the entire populace of the country and manpower wastage caused by preventable diseases and shortened life-span will be reduced.

C. Social Considerations

Reference has already been made above to the need for education of the health personnel and the consumers of health services concerning the intent of government to shift its emphasis from curative medicine to the prevention of disease and the promotion of health, and to shift at least part of the burden of illness care as well as health care from physician to non-physician personnel. This is important because it may otherwise be seen as a threat to the status quo. Health personnel will need to be involved in the planning as well as the implementation of the proposed change, hence the recommendation in I A above for the conduct of seminars, workshops, conferences and discussions to reduce resistance and stimulate enthusiasm for the planning proposed.

OBSERVATIONS OF PROPOSED SYLLABUS (CURRICULUM)
PREPARED BY CHIEF NURSING OFFICER FOR
GOVERNMENT OF SWAZILAND NURSE
TRAINING PROGRAM

(See Appendix)

1. The emphasis upon several concepts which are not evident in other curricula reviewed appear to be valuable additions.

Those areas of particular importance are:

- a. Orientation to the health services of Swaziland including hospital, health centers, and clinics, and types and levels of personnel serving in these facilities.
 - b. The development of good interpersonal relationships among personnel in the health services and between these personnel and the population whom they serve.
 - c. Skills in verbal and recorded communication.
 - d. Human growth and development from conception to aging and death.
 - e. Rehabilitation and Restoration of the individual to productive life style including the psycho-social and economic aspects of rehabilitation.
 - f. Skills in laboratory techniques and procedure.
 - g. Introduction to X-ray therapy,
Physio therapy
Occupational therapy
 - h. Psychiatric/mental health nursing.
2. Suggestions for further development of syllabus:

It would add to the students' ability to meet the needs of Swaziland if the maternal child health nursing components, child spacing, and pediatric nursing were taught on at least a basic level even though they will be more fully dealt with

in the midwifery course.

3. For the addition of primary care skills to the nursing syllabus the addition of the following courses is deemed essential:
 - a. History-taking and interviewing
 - b. Physical and Mental assessment and Diagnostic skills
 - c. Advanced human physiology and Gross Anatomy
 - d. Pharmacology (Advanced)
 - e. The Management of selected Medical Problems of Children and Adults.
4. In addition to the observations and suggestions stated above, the subject matter will need to be rearranged and grouped together into course offerings, in order that definite blocks of time may be allotted for each course;
5. The sequence of courses should be built one upon the other so that knowledge gained in one course will contribute to learning in subsequent courses, i.e. anatomy and physiology needs to precede or be concurrent with diseases of body systems, while microbiology and epidemiology should precede or be concurrent with theatre nursing and the nursing of patients with infectious illnesses;
6. Consideration, in syllabus planning, must also be given to arranging that clinical experience should be related to and integrated with the course material being taught at any given time, i.e. experience in medical wards while medical nursing is taught; experience in public health centers or clinics while maintenance and prevention of disease is taught.

7. Care needs to be taken to arrange theoretical blocks of study in a distribution which is better balanced over the training years than that presently noted in the basic training program. The present concentration of a very heavy study load in the first nine months of training followed by relatively brief periods of study in the second and third years is a reflection of the need to rely upon students to meet the patient care requirements of the hospital. However, it places quite a learning load upon the beginning student that is inconsistent with sound educational practice, and contributes to the wastage of students who might more readily cope with an equitable distribution of studies.

The Swaziland school has an excellent opportunity to develop an educational institution with greatest emphasis upon the educational requirements of students and without depending upon the student to meet the service requirements of the hospital. The hospital is already staffed with staff nurses and nurse assistants. This personnel should be retained in order to permit a well planned, well organized nurse education program to be developed.

After consideration of the points touched upon in this brief commentary, government may wish to request the technical assistance of an experienced nurse educator to help with the details of curriculum planning for the proposed nurse training program.

In the consultant's meeting with the Swazi Nursing Council, chaired by the Acting Chief Medical Officer, several types of primary

care programs were discussed. The desire of the Council was clearly stated to be for the most comprehensive type of preparation. Since the Chief Matron is also the Principal Tutor of Swaziland, it may be helpful if she has the opportunity to visit some of the institutions offering family nurse practitioner programs in the U.S., as well as to observe selected basic nurse education programs and their curricula. Since she has undergone part of her post basic education in England, such an observation visit would offer her a broader background of information upon which to base the Swaziland nurse training program. Such a visit would not be designed to radically change existing curriculum content as required by Swaziland law, but rather to demonstrate how, through more rational planning of courses and clinical experience, the curriculum can be enriched to include psychiatric/mental health nursing, primary care skills, and increased emphasis on disease prevention and health promotion without exceeding the present length of the basic program. As stated earlier and understood by the Nursing Council, this direction is essential if the government's objectives for nurse training are to be realized.

PLACES VISITED

OSARAC Office, Mbabane, Swaziland
American Embassy, Mbabane, Swaziland
Ministry of Health, Mbabane, Swaziland
Ministry of Finance and Planning, Mbabane
Mbabane Government Hospital
Mbabane Public Health Center
Upgrading School for Enrolled Nurses, Mbabane
Hlatikulu Public Health Center, Hlatikulu
Hlatikulu Government Hospital, Hlatikulu
Enweni rural health clinic
Good Shepard Hospital, Siteki
Good Shepard Training School for Nurse Assistants, Siteki
Ministry of Finance and Planning, Mbabane
Raleigh Pitkin Memorial Hospital, Manzini
Nazarene Nursing College, Manzini
Nazarene Leprosy Hospital (Good Hope), at Mbuluzi
Mental Hospital, Manzini

PERSONS MET

OSARAC (U.S.A.I.D. Swaziland)

Oscar Gish, Ph.D.
Gene Boostrom, M.D.
Marie Kirby, R.N.
Charles Ward, Mission Director
George Eaton
George Lewis
Gene Swanson
Lou Ortega

U.S. Embassy

George Lane, Chargé d'Affaires
Robert Pringle

Mario Felzer, UNDP
Ken Vinayagam, W.H.O.

Ministry of Health

Michael Dlamini, M.D. Acting Chief Medical Officer
Mrs. A.C.T. Mabuza, Chief Nursing Officer

Margaret Chuene, Medical Officer, Manzini

Ministry of Finance and Planning

Mr. Brown
Mr. Geary
Mr. Kunene

Mbabane Public Health Unit

Tentelini Elizabeth Mndebele, Staff Nurse

Mbabane Government Hospital

Senior Matron, V.W.S. Mabuza
Junior Matron, Daisy Bhengu, D.M.
Principal Nursing Tutor, Mrs. L.B. Dlamini

Hlatikulu Government Hospital

Dr. A. Tilma, Acting Senior Medical Officer
Ms. Verah Ndwandwe, Nursing Sister
Ms. Constance Ngozo, Nursing Sister

Hlatikulu Public Health Centre

Abigail Dlamini, Staff Nurse

Good Shepard Mission Hospital and School, Siteki

Matron Kote
Nurse Tutor Koewoetes

Raleigh Fitkin Memorial Hospital and Nazarene Nursing College

Senior Matron Gardener
Principal Tutor, Miss O'Neil

Swaziland Nursing Council

Seven members

Swaziland Red Cross Society

Mrs. T. Dlamini

NURSES IN SWAZILAND - 1973 **

	<u>Number</u>
Registered Nurse-Midwives	360
Enrolled Nurses and Enrolled Nurse-Midwives	170
Auxiliary Nurses (with 2-3 years of training)	35

** Davis, Dorothy F., Nursing in Swaziland
Nazarene Publishing House, Transvaal, Oct. 1975.

SUGGESTED SYLLABUS FOR GENERAL NURSE TRAINING

1 Month - Introductory Period

Introduction to Nursing:

Orientation to Health and Hospital Services and Health Service Personnel in Swaziland.

Nursing Ethics

Interpersonal relationships applied to Nursing

Communication skills: verbal, non-verbal and recorded.

Anatomy and Physiology

Psychology

Hospital House Keeping and Environmental Sanitation

First Aid

Fundamentals of Nursing Theory and Nursing Practice

Lectures

Demonstrations

1st Quarter - 1st Year (3 months)

Study of the Growth and Development of the Human individual from conception to aging, and death. Roles and relationship, developmental norms for all age levels including personality development and behavior.

Health education principles and methods.

Psychology

Anatomy and Physiology

Basic Physics principles applied to nursing.

Basic Pharmacology

First Aid

Fundamentals of Nursing Theory and Nursing Practice II

Lectures
Demonstrations

2nd Quarter - 1st Year (3 months)

Anatomy and Physiology II

Microbiology

Parasitology

Sociology

Nutrition of the Family

Prevention and Promotion of the health of infants and children

Common disorders and diseases of childhood

Interview and history-taking skills (theory and practice)

Physical and mental assessment of the health status of infants and children from birth through adolescence (theory and practice)

The early diagnosis and management of deviations from health in infants and children. Includes malnutrition, parasitic infestations, congenital defects, mental and/or emotional disorders, poor dentition, and prodromal symptoms of communicable or infectious disease.

3rd Quarter - 1st Year (3 months)

Chemistry

Materia Medica

Physical and Mental Assessment of adults from young adulthood through aging.

Family and Community Health Promotion and Environmental Sanitation

The early diagnosis and management of deviations from health in adults. This includes malnutrition, parasitic infestations,

communicable and infectious diseases, mental and emotional disorders, systemic diseases, and diseases incident to old age.

Theory
Practice

Psychiatric/Mental Health

Nursing of Patients with Infectious Disease

Theory
Practice

Epidemiology of Infectious Diseases

1st Semester - 2nd Year (-5½ months)

Preventive and Promotive Health of Mothers and Children

Obstetrical and New Born Nursing

--including pre-natal care
peri-natal care
post-natal care
infant care
family planning and child spacing

(in hospitals, community) Theory
Practice

Gynecological Nursing - Theory and Practice

Mental Health Aspects of Child Bearing

Pediatric Nursing - Theory and Practice
(hospitals and clinics)

Theatre Nursing

Pharmacology of Obstetrics and Pediatrics

Nutrition for Mothers and Children

2nd Semester - 2nd Year (5½ months)

Medical and Surgical

Prevention and early detection of Medical and Surgical Disorders

Diagnosis and Evaluation of Medical and Surgical Disorders

Theory
Practice

Medical Management of Common Diseases within established protocols including the care of the ambulatory, convalescent, and/or chronically ill.

Theory
Practice

Medical and Surgical Nursing, including orthopedic, neurological, eye, ear, nose and throat nursing.

Theory
Practice

Theatre Nursing and Anesthesia

Theory
Practice

Rehabilitation Nursing including occupational, physical and radio-therapy.

Health Teaching of Patient and Family in relation to specific disease conditions

Dietetics

Materia Medica II

1st Semester - 3rd Year (5½ months)

Medical and Surgical II

Prevention and Early Detection II

Diagnosis and Evaluation II

Medical Management II

Medical and Surgical Nursing II

Health Teaching II

Rehabilitation II

Materia Medica II

Disaster Nursing

Principles of Ward Management

2nd Semester - 3rd Year (5½ months)

Psychiatric Pathology

Psychiatric Nursing - Theory
(Mental Hospital) - Practice

Ward Management - Theory and Practice

Ward Teaching - Theory and Practice

Professional Practice

Principles and Practice of Public Health Nursing, including concepts of public health, community group teaching, setting up of rural and mobile clinics, supervision of rural health workers, volunteers, and other auxiliary workers, preparing health education materials, maintenance of clinic records, and health statistics.

- Theory
(in community settings) - Practice

Appendix 5.

SUGGESTED COURSES FOR A CORE CURRICULUM

Anatomy and Physiology

Microbiology

Parasitology

Psychology

Sociology

Preventive and Promotive Health and Health Education

Infectious Disease Control

Environmental Sanitation

Nutrition and Dietetics

Human Growth and Development

(For nurses and health inspectors
only)

MCH and Family Planning

- For:
1. Nurses
 2. Health Inspectors
 3. Laboratory Technicians
 4. Pharmacy Assistants

TIME TABLE - For Technical Assistants/Student Teaching/Participant Training

Construction Phase	Training Phase							
	76/77	77/78	78/79	79/80	80/81	81/82	82/83	83/84
1. Building Construction 2. Curriculum Planning 3. In-service Education for Nurs. Tutors and Nurs. Admin.								
1 Tech. Ass't Family Nurse Pract. Tutor. Physician + Paramedical Seminars * 1 Swazi Sister Tutor								
24 in-Participant Training for Swazi Nurse Tutor								
* Number 6, Kind - Public Health, Psych/M.H., Fam. Pract., M.C.H.			Pre-Nurs. 12 mos. 10 Students 1 Tutor	1 Tutor	1 Tutor	1 Tutor		
a. Enrolled Nurse Upgrading * 1 Swazi Sister Tutor			25 Students 1 Tutor	1 (?)	1 (?)	1 (?)		
b. Preliminary + 1st year Admitted - Basic Sciences								
Natural " 25 Students			20 Students	20 Students	20 Students	20 Students		
Social " 2 Tutors			2 (1st yr.) Tutors	2 (1st yr.) Tutors	2 (1st yr.) Tutors	2 (1st yr.) Tutors		
Nursing (gen. + Sci.)								
c. Prelim. - 1st yr. admitted + 2nd yr. class			20 Students 1 (2nd yr.) Tutor	1 Tutor (2nd yr.)	1 Tutor (2nd yr.)	20 Students 1 (2nd yr.) Tutor		
d. Prelim. - 1st yr. admitted + 2nd yr. class 3rd yr. class					20 Students 1 (3rd yr.) Tutor Psych/M.H.	20 Students 1 (3rd yr.) Tutor		
e. All of above + Midwifery						20 Students 3 (4th yr.) Tutors for specialties, i.e. Midwifery, P.H., Practitioner		
Sister Tutors Required			4	5	6	9	9	9
Technical Ass't. (Tutors):								
1 P.H. Tutor			1	1				
* 1 Fam. Nurse Pract. 1			1		1			
1 Pediatric					1	1		
*(See 1 yr. above)								
1 Psych/M.H.				1	1	1	1	
Participants for Training								
1 yr. U.S. - 1 Family Nurse Pract.			1 yr.					
3 yrs. - 2 Tutor Prep. (gen'l)			2		2			
1 yr. U.K. - 1 P.H. Nursing			1 yr.					
3 yrs. - 2 Tutor Prep. (gen'l)			2		2	2		
1 yr. - 1 Pediatric (or M.C.H.)					1 yr.			
1 yr. - 1 Psych/Mental Health						1 yr.		

PROPOSED LINKAGES FOR HEALTH CARE DELIVERY SYSTEM - SWAZILAND

