Geographical Position of Swaziland

AFRICA

Swaziland
Swaziland Wellness Centre for Health care workers and their families
As stated that the World Health organization report of 2006 listed 57 countries (including 36 in sub-Saharan Africa) with shortages so severe that it is impossible for these countries to provide basic care to their population. This automatically includes Swaziland. The report is giving a true picture of the above mentioned countries especially in Swaziland, although migration has decreased but retention still needs a lot to be desired. This has made it for the country very difficult to achieve the aimed at millennium goals. The shortage of staff makes it more impossible to have a proper staff mix, personnel can not go for specializations as per needs of health care because this will further deplete the needed number of staff.
Migration in Swaziland

In the years 2002-2006 Swaziland was hard heated by migration this was either international or local to private sector or NGO. A study by WHO was done which was a situational analysis of health workforce in Swaziland April 2004. In this report it was found out that some challenges are longstanding – such as economic disparities between countries and that encourages migration. But the effects of HIV/AIDS on the workforce cannot be overemphasized. Attrition in all sectors is increased through high death rates, but also through demotivation caused by wide spread illness and falling numbers of colleagues.

The high death rates are still are still at their heights, But there is a as BRIGHT LIGHT now since the establishment of the wellness centre, which is the BIG HOPE one is holding on for quality of life as a health personnel.
The shortage of personnel was so terrible that there would be no nurse in some of the shifts. Swaziland is worldwide known to be having the highest prevalence rate thus the disease burden is worsened.

Wards/units which usually admits forty patients now carry eighty because we now have floor patients. The sight causes burnout the minute one enters the door. The double workload is further worsened by the poor conditions of service which exist in the developing countries, ranging from low salaries to shortage of drugs, equipment and supplies. One cannot imagine that in this era of HIV/AIDS and Swaziland ranking so high in prevalence rate can have shortage of basic important supplies such as gloves to mention the least, cannot manage waste because there is no adequate equipment.
Beyond this scenario there was nothing in place to care for the cares. There has been high incidence of needle prick, emanating from a lot of causes such as tiredness because of working long hours and a large number of very ill patients fit for intensive care unit if it were in developed countries, also the improper waste disposal of waste which in the hospital situation is mostly infectious/hazardous.

The analysis by WHO stated that the public health sector is suffering from high rates of attrition in the workforce and a small pool of qualified staff from which to recruit replacement. There are absolute shortages of health personnel in Swaziland. At all levels of the public health system, resulting in services either being stopped or quality of care being compromised.
Urgent measures are therefore imperative, not only for ART but also for continued effective care to be available in the health system. At the same time medium and longer term strategies can be introduced so that sustainable changes will be implemented to ensure that human resource development is continuous to meet changing health system needs. By then the ratio of nurses and midwives to population to around 169 per 100 000.

**RETENTION**

It was highlighted in the report from the WHO analysis that Swaziland faced a crisis in retaining the skills needed for efficiency and effectiveness, even recruiting new staff when there were funded vacant posts, was not easy because of the small pool of qualified professionals available in the country. The report further brought into light that nurses and midwives are the backbone of the health system in Swaziland, being the largest cadre of health personnel and key to implementing both curative and preventive health measures. Yet nurses and midwives do not feel valued.
They feel that they contend with difficult and demoralizing working conditions, have low pay and status and have little support themselves to help them cope with the stress in their work. As a result nurses and midwives left for other countries that can offer better pay and conditions. The Swaziland nurses association as an advocate for nurses and patients with the ministry of health was equally concerned with the migration which caused gross shortage of staff. A series of meetings was held by the two parties finding the pull and push factors, trying to balance the demand and supply. A lot of strategies were deliberated on with not much success. The WHO analysis report proposed the following: Formulation of policies and processes- lack of policies prompts ad hoc and uncoordinated implementations.

Improving management strategies

- Valuing the workforce
- Improve motivation
- Make best use of skills.

The Swaziland nurses association then on its part as an advocate initiated the WELLNESS CENTRE model of care for healthcare workers and their families through the help of International council of nurses, Danish nurses organization, Stephen Lewis foundation and a subsidy from Government through ministry of health.

LEARNING OBJECTIVES OF THIS SESSION

Understanding the needs of health care workers and impact of care and support for them on retention.
Impact of stigma around HIV/AIDS on health care workers who may die silently and not properly cared for Impact of caring and supporting health care workers on reducing migration and strengthening retention
OBJECTIVES OF THE INITIATIVE

• To improve retention rates for health workers, especially nurses
• To contribute to a healthier and more productive health workforce
• To provide a model of comprehensive wellness services for adaptation to other sectors.
• To provide HIV/AIDS and TB treatment and care to at least 40,000 Swazis

SERVICES RENDERED

Stress management

• Psycho-social counseling
• Grief healing garden
• Employ use of specialists e.g. nutritionist, psychologist
POST EXPOSURE PROPHYLAXIS
• Educating health care workers on prevention of needle prick injuries
• Offering counseling after needle prick
• Offering prophylactic treatment

ANC and PMTCT
• Providing antenatal care
• Providing PMTCT
• Refer complicated cases

HIV TESTING AND COUNSELING
• Pre and post test counseling
• HIV testing
• On going counseling
• CD4 count specimens referred to central laboratory

ART THERAPY
• Assess and refer to the centre those who need doctors review
• Clients given prophylaxis treatment for opportunistic infections
• Clients initiated on ARVs
• Review and refill ARVs
**TB MANAGEMENT**

*Provide TB screening e.g. suspect clients are given sputum bottles which are sent for investigation at TB unit Refill TB drugs*

**TREATMENT**

- Treat minor ailment
- Treat opportunistic infections

**ADVOCACY**

- Health care workers are always encouraged to develop workplace policies that are in line with national policies and ensure that they are implemented without prejudice
- Advocate for suiting conditions eg. Light duty for weak clients

**ACHIEVEMENTS**

- Significant reduction of migration
- Nurses feel cared for, valued and importantly so do members of the community
- High demand of wellness centre services. These are now being rolled out to other regions.
- Ever-increasing number of health care workers enrolling to program.
MIGRATION AND RETENTION IN SWAZILAND

PRESENTATION MARCH 2008

OUTCOME

IMMEDIATE CAUSES

Collapse of the Health Care System

Self Disclosure Breaking trust

UNDERLYING

POOR WORKING CONDITIONS

PUSH AND PULL FACTORS

HIV/AIDS, TB, STIGMA

HIV/AIDS POLITICAL, SOCIAL, ECONOMIC FACTORS, HIV/AIDS

MIGRATION, STRESS AND BURNOUT DISEASE BURDEN AND DEATH
Inter – Agency Contingency Planning Working Group

Swaziland Nurses Association (Chair)

• International Council of Nurses

• Consultant – Geneva
THEORY OF COMPREHENSIVE WELLNESS
CENTRE OF EXCELLENCE FOR HEALTH CARE WORKERS

- Treat
- Train
- Retain
Centres of Comprehensive Wellness for Healthcare Workers

**Prevention Counseling**
- Life styles education and behavior change
- Self-Care
- Grief-healing Garden
- PMTCT
- PEP
- PAP Smear

**Rapid Testing Samples for Testing**
- Analysis Central Laboratory

**Follow up**
- Adherence monitoring
- Adherence testing
- Monitoring and evaluation of program

**Advocacy**

**Treatment**
- Management For Wellness
  - Pre-ART Package
  - Comprehensive ART Package
  - Comprehensive TB Package
  - Nutrition
  - RX Package for Opportunistic infection and minor ailments
  - Symptom management
  - Home-based care
  - Nutrition Monitoring adherence palliative
FINANCING AND SUSTAINABILITY

PHASE 1

BASE FUNDING

ICN
DNO
SLF
BD
CONTINUED ... PHASE 2

SLF  DNO  BD  SD GOVERNMENT  ICN  WHO
LESSONS AND EXPERIENCES – EVIDENCE BASED

1. ACCEPTABILITY AND APPRECIATION OF THE WELLNESS CENTRE BY HCWs
   HIGH DEMAND AND UPTAKE OF SERVICES
   ACTIVE PARTICIPATION AND INVOLVEMENT OF HCWs IN POLICY
   FORMULATION AND STRATEGIC ACTIVITIES.
   FREE AND VOLUNTARY DISCLOSURE OF HEALTH STATUS BY HCW’s
   DECLINE IN LEVELS OF ABSENTEEISM
   DECLINE IN LEVELS OF MIGRATION.
   HCWs FEEL VALUED AND CARED FOR.
   RESTORATION AND GAINING TRUST AS THEY NO LONGER CUE WITH THEIR
   CLIENTS.

1. OVERWHELMING SUPPORT FROM KEY LOCAL STAKEHOLDERS INCLUDING
   GOVERNMENT AND WHO COUNTRY OFFICE.

3. SUSTAINING HEALTH SYSTEMS THROUGH KEEPING HEALTH WORKFORCE
   HEALTHY.