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HFG KINGDOM OF ESWATINI FORMERLY KNOWN AS SWAZILAND **FINAL REPORT**



USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions.



ABOUT THE HEALTH FINANCE AND GOVERNANCE PROJECT 2012-2018

The Health Finance and Governance (HFG) Project works to address some of the greatest challenges facing health systems today. Drawing on the latest research, the project implements strategies to help countries increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. The project also assists countries in developing robust governance systems to ensure that financial investments for health achieve their intended results.

With activities in more than 40 countries, HFG collaborates with health stakeholders to protect families from catastrophic health care costs, expand access to priority services – such as maternal and child health care – and ensure equitable population coverage through:

- Improving financing by mobilizing domestic resources, reducing financial barriers, expanding health insurance, and implementing provider payment systems;
- Enhancing governance for better health system management and greater accountability and transparency;

- Improving management and operations systems to advance the delivery and effectiveness of health care, for example, through mobile money and public financial management; and
- Advancing techniques to measure progress in health systems performance, especially around universal health coverage.

The HFG project (2012-2018) is funded by the U.S. Agency for International Development (USAID) and is led by Abt Associates in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., the Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

The project is funded under USAID cooperative agreement AID-OAA-A-12-00080.

To learn more, visit www.hfgproject.org



HFG OVERVIEW IN KINGDOM OF ESWATINI



CHALLENGES

The HFG project began working in Swaziland in 2013. At that time, the country's high burden of HIV had placed a significant strain on both the health and social welfare sectors. The government called on HFG to help address the human resource challenges that limited Swaziland's ability to combat the severe HIV epidemic and improve the health and well-being of its population.

Key challenges included urgent shortages of skilled workers in both the health and social welfare sectors. In the health sector, Swaziland's population-to-health-worker ratio was 1.62 per 1,000 people, well below the World Health Organization's minimum ratio of 2.5 (Swaziland MOH 2012). In the social welfare sector, there were only a few trained social workers in the entire country. Other problems facing both sectors included inequitable distribution of available workers across the country, a need to improve the skills and capacity of workers to deliver high-quality services, and a lack of capacity to plan and manage the workforce. In addition, the country was facing the prospect of transitioning off the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) financial support for health workers but had not planned for absorbing the health workforce employed through PEPFAR-implementing partners.

Our efforts supported government strategies to expand and increase the capacity of the health and social welfare workforces. The Ministry of Health's (MOH) Human Resources Unit (HRU) sought our assistance to improve its ability to plan and manage the health workforce to effectively provide services to the population. Notably, the HRU needed support to implement its ambitious Human Resources for Health Strategy 2012–2017, which included needed improvements in recruitment and retention of health workers.

Similarly, the Department of Social Welfare (DSW) requested our assistance for efforts to strengthen the social welfare workforce by upgrading the skills of social workers, prosecutors, court intermediaries, magistrates, and others involved in implementing the Children's Welfare and Protection Act and other social welfare priorities. With 71,000 children orphaned by HIV (UNAIDS 2016) and more than 45 percent of the country's children in need of social services (UNAIDS 2013), there was an urgent need to deliver high-quality social services to improve the lives of children and families. An important goal was improving regional capacity to provide services to increase access for rural families and communities.



CHANGE

We worked closely with the MOH, DSW, and other partners in designing and implementing programs that aimed to address the HIV epidemic and improve the health and well-being of the population. Our support helped to strengthen the health and social welfare sectors, enabling the government to deliver high-quality services to families and communities where they are most needed.

Through our work in human resources for health, the HRU within the MOH now has increased capacity to manage the health workforce to effectively and equitably provide services to Swaziland's people. With our assistance for social work interventions, the DSW's significantly expanded workforce has upgraded its skills and now has guidelines and tools to implement services in line with social welfare service standards.

Supported by funding from PEPFAR, an important objective was to assist the country in delivering and sustaining high-quality services for people living with HIV. A key HFG achievement was helping the MOH prepare to absorb PEPFAR-supported health workers in advance of PEPFAR transition. This support helped the country to sustain important progress made on HIV to date.

Although the HIV prevalence rate remains high at 27.2 percent among adults ages 15–49 (UNAIDS 2016), there is good news about the country's fight against the epidemic. In 2017, PEPFAR noted that Swaziland is well on its way to achieving HIV epidemic control by 2020. In fact, according to PEPFAR data from July 2017, new HIV infections have been nearly halved among adults, and HIV viral load suppression—a key marker of the body successfully controlling the virus—has doubled since 2011 (PEPFAR 2017).

MAKING A DIFFERENCE



RESULT AREA I

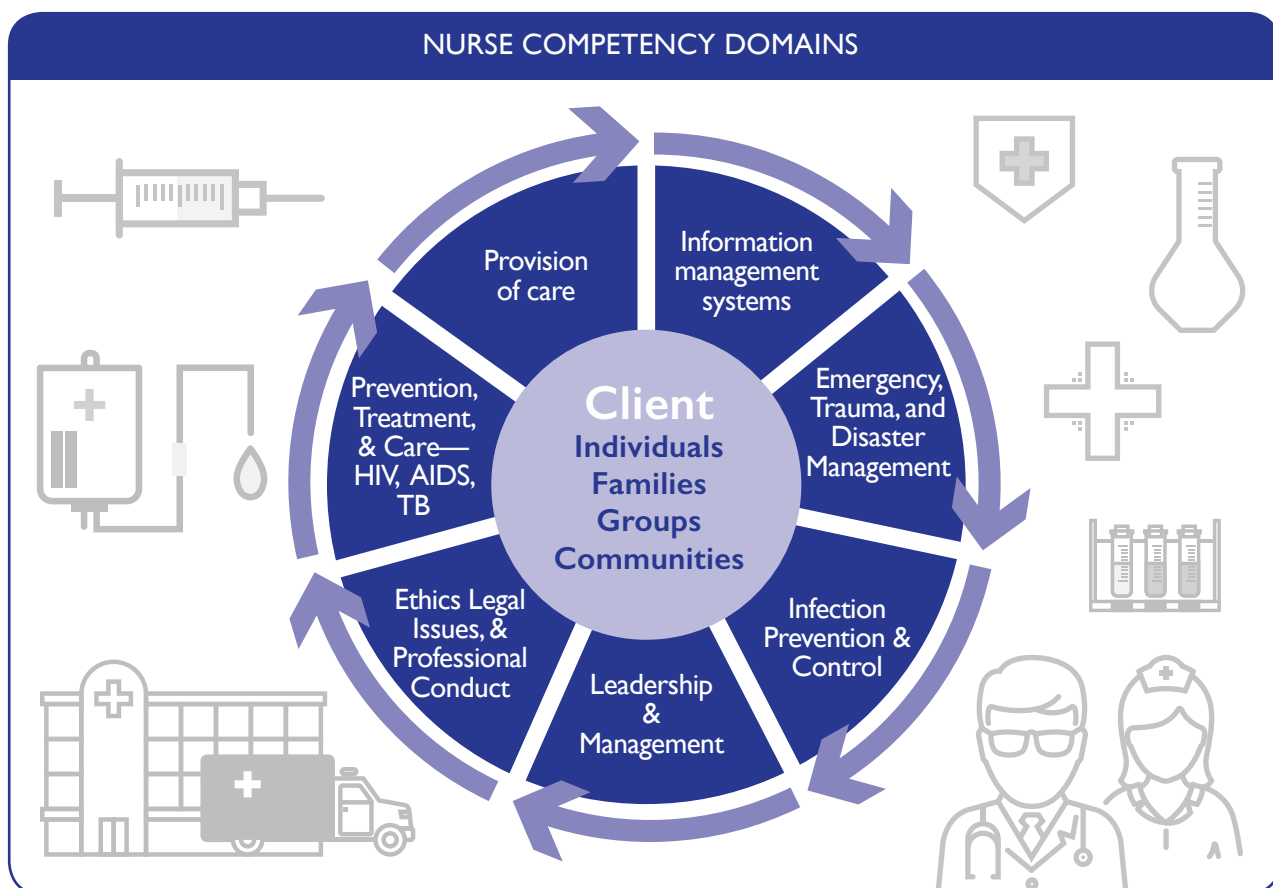
Nursing training is designed to teach nurses practical skills they need to deliver high-quality care

With our support to improve health workforce oversight, student nurses are now being taught the skills they need to deliver high-quality services as soon as they start working at health facilities. We collaborated closely with the Swaziland Nursing Council (SNC) and the MOH to make sure that all nurses graduating from nursing school receive the practical training they need to improve the quality of care for HIV and other health services.

When HFG started working in Swaziland, the SNC noted that nursing graduates lacked critical competencies required to serve the health needs of the population. As a result, it was often necessary to retrain them on the job, costing additional money.

The SNC chose competency development as the first step in a sequenced approach to drive reforms to ensure nurses deployed into the workforce had the knowledge, skills, and attitudes required to successfully practice.

In 2014, we supported the council to work with leaders of the Swazi nursing community to develop competencies in the areas of general nursing, midwifery, community health, and community mental health. The stakeholders also included competencies specific to Swaziland's high disease burden of HIV/AIDS, TB, and drug-resistant TB. We supported the SNC to develop, validate, and finalize the competencies.





Five year-old Mfan'fikile Mkhanya, who lost both parents to AIDS, sits at the cold hearth of the empty cooking hut at his grandparents' homestead in Mavukutfu, Swaziland.

The SNC then advocated with the country's nurse training institutions for revisions to their curricula in light of the competencies. By May 2017, all nursing schools in Swaziland had updated their curriculum based on the new competencies. The new curricula focus on building practical and relevant skills for all nursing students—a major

shift from the more theoretical training previously offered. The SNC is now using the competencies to put in place an entry-to-practice exam that all new graduates must pass before entering into service to ensure that nurses have the skills required to meet the needs of the population.

“We are optimistic that the competencies will go a long way in making sure that we have a competency-based curriculum that takes into consideration HIV, AIDS, and TB. Already, the competencies are helping the training institutions to review their curricula to include HIV, AIDS, and TB.”

~ Ms. Glory Msibi, Swaziland Nursing Council Registrar



RESULT AREA 2

The MOH is ready to absorb donor-supported health workers to sustain HIV services

We worked with the MOH and PEPFAR implementing partners to develop a comprehensive plan for absorbing health workers previously supported by PEPFAR into the public health system. The plan is critical for Swaziland to achieve long-term sustainability of HIV services and to continue making progress on the HIV epidemic.

With a very high burden of HIV, rapidly scaling up HIV service delivery has been crucial for the country to achieve epidemic control. To scale up, PEPFAR, through its implementing partners, hired more than 400 health workers directly because the government of Swaziland was unable to add them to their payroll. The health workers hired through PEPFAR implementing partners now have different titles, roles, salary scales, and qualification requirements from other health workers in the country.

Transitioning all of the PEPFAR-supported health workers to the country's public health system is key to the future sustainability of HIV programs but aligning all of the positions with the government's requirements posed a huge challenge. To meet this challenge, we collaborated with PEPFAR, PEPFAR implementing partners, the

HRU, Ministry of Finance, and Ministry of Public Service to agree on a solution. As the technical lead and convener, we brought all of these stakeholders together to assess needs and build consensus on the way forward.

First, we collaborated with key partners to conduct an assessment of current human resources for health at the 94 health facilities serving the largest number of HIV-positive patients. The goal was to determine the number and mix of staff required to meet the PEPFAR targets and compare the result with existing staff to determine the staffing gap and work pressure. We presented the results of the assessment to the stakeholders, who applauded the findings for providing objective data for decision making.

Next, we worked with the stakeholders to refine the types of facility-based lay cadres that are required for supporting HIV service delivery, including cough monitors, lay counselors, mentor mothers, and expert clients, as well as phlebotomists and data clerks. We also collaborated with stakeholders to standardize the positions with job descriptions and a salary

SWAZILAND ABSORPTION PLANNING PROCESS

1.

Assess current human resources for health and identify staffing gaps in relation to need.

2.

Collaborate with stakeholders to determine which facility-based cadres are required to efficiently deliver services.

3.

Standardize job descriptions, salary scales, and employment contracts.

4.

Support PEPFAR implementing partners to use standardized contracts, job descriptions and salary scales for all health workers they employ.

5.

Support MOH to determine the number of PEPFAR health workers they will absorb, and prepare requests for approval for the positions from the Ministry of Public Service.

scale that are in line with MOH standards. In addition, we helped standardize employment contracts and service-level agreement templates. Implementing partners have already started using these standardized contracts with their existing health workers, and the MOH has begun planning so that they will be able to absorb the positions onto the government payroll as PEPFAR funding is transitioned away from salary support.

Ministries of health in other countries are facing similar challenges when absorbing large numbers of health workers supported by PEPFAR. The process that Swaziland has employed to build consensus, assess needs, and standardize requirements for health workers can serve as a model for countries seeking to sustain HIV programs at scale.



RESULT AREA 3

The MOH has improved capacity to support development of Swaziland's health workforce

With our assistance, the MOH's HRU has a stronger capacity to support the health workforce to deliver high-quality health care to families and communities in Swaziland.

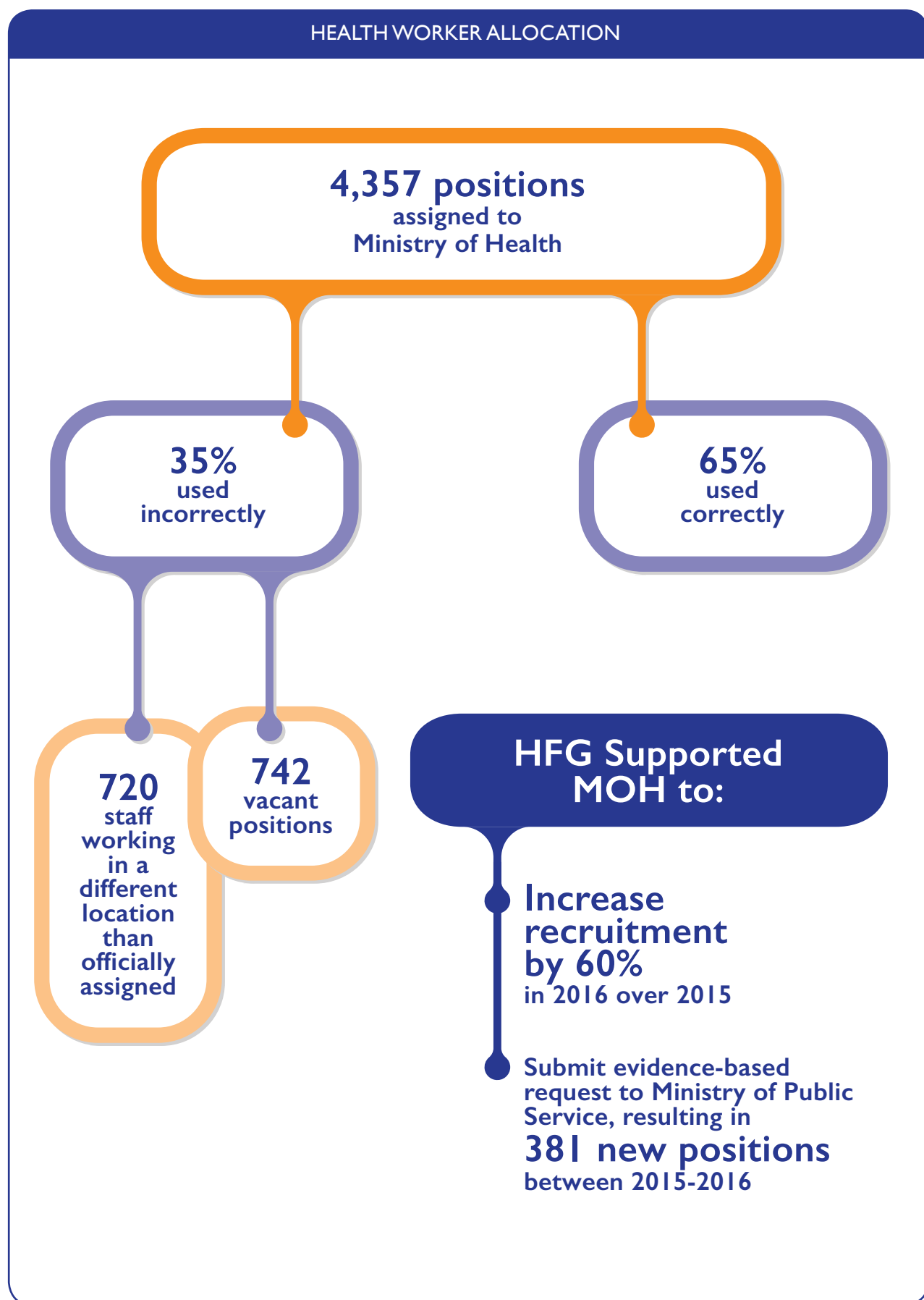
The HRU is responsible for employing and managing all public health workers within the country. When HFG started working in Swaziland, this unit had only four human resource officers serving more than 4,000 health workers and needed support to strengthen its capacity to meet the challenge of improving the country's health workforce. Challenges that needed to be addressed included inequity in where health workers were posted, with some regions severely understaffed. Another key problem was that many health workers brought lawsuits against the MOH because they felt they were being treated unfairly.

To address these challenges, we collaborated closely with the HRU in addition to working with the Ministry of Public Service and Ministry of Finance, as both ministries play a large role in health worker hiring and management. We worked with the HRU to determine health workers' greatest skill gaps and provided both training and intensive, long-term mentorship. An HFG advisor was embedded in the HRU three days a week to provide operational support.

The HRU's Human Resource Information System is now more user friendly, and the HRU was able to complete an audit of all health workers in the country to determine where they were located. The audit revealed that of 4,357 positions, 720 staff were working in a different location than officially assigned and 742 positions were vacant—so only 65 percent of positions were being used correctly. Since many positions were not filled appropriately, the Ministry of Public Service and Ministry of Finance did not want to approve additional positions.

To help address the number of unused positions, we developed recruitment guidelines for staff and put in place recruitment committees that helped the HRU rapidly hire new staff to fill vacancies after years of backlog.

In the first year after the recruitment guidelines and committees were put in place, the HRU increased the number of hires by 60 percent over the previous year. We also helped the staff standardize the HRU's policies and procedures to reduce the number of lawsuits filed against the MOH. In response to these improvements and the HRU's submission of evidence-based requests, the Ministry of Public Service allocated 381 additional positions between 2015 and 2016 to the MOH.





RESULT AREA 4

Social welfare systems are in place to protect children

Piloted tools and trainings to expand social services across the country

We also helped the government build social worker capacity to protect children and improve their well-being.

An important achievement was conducting a successful pilot program to build social worker capacity and put new social welfare tools in place in Lubombo, the poorest and most underserved region in the country. Through the pilot, we developed critical tools and improvements that have informed a dramatic expansion of social services across the country. As a result, more social workers are able to provide better services, and various actors in the social welfare sector are working together to coordinate the care of clients.

To conduct the pilot program, we collaborated closely with the DSW and social welfare implementing partners in Lubombo. We trained social workers on the DSW's customer service charter, records management, data collection, and case management. In addition, we worked with all social welfare staff and stakeholders contributing to social welfare to set up formal coordination and referral modalities. We also conducted home-centered needs assessments and developed a referral handbook to ensure that the needs identified were referred appropriately.

Following the success of the pilot program, the DSW used HFG's tools and improvements to decentralize and significantly scale up social welfare services across the country. Notably, with our support the DSW has hired, trained, and deployed 70 new social workers across the country—a dramatic increase from the few social workers previously working only at the central level.

Establishing a child-friendly court

With our support, Swaziland now has a child-friendly court established to protect the rights of children and serve justice on their behalf. Within two years of opening, the court had heard 135 cases of violence or sexual abuse against children from within the region, and the court also used the facilities for the vulnerable elderly.

With a new child-friendly court, child victims no longer have to face their perpetrators directly, as required in other courts in Swaziland. Previously, this requirement often caused kids to fail to testify in court, limiting the justice that could be done on their behalf.

We worked closely with the DSW in Siteki in the Lubombo region, to support the development of the new court. Our efforts included setting up a separate child-friendly room with child-sized furniture and toys, including anatomically correct dolls. The room was equipped with a video camera that allowed the courtroom to watch interactions within the room, making it possible for children to testify from the safety of the room using the anatomically correct dolls to explain when appropriate. We also trained court intermediaries, magistrates, and prosecutors in how to use the child-friendly court, including how to interview children sensitively for their testimony. The court set the standard for other courts within Swaziland.

HFG BUILT CAPACITY IN:

- **The Children's Welfare and Protection Act legislation**
- **Case management**
- **Forensic social work**
- **Court reporting**
- **Supporting the child witness and prosecuting the child sexual offender**
- **The Customer Service Charter**
- **Records management and data collection**
- **Computer skills**
- **Social worker mentoring**

LOOKING FORWARD



SUSTAINABILITY

Throughout our support for Swaziland, we worked hand-in-hand with the MOH and DSW to ensure sustainability. With our support, the MOH now has the systems in place to track where their health workers are located and make evidence-based decisions on where to allocate staff. The MOH also has clear recruitment guidelines and a strong recruitment committee that can be used to continue to fast track important health worker hires. When the DSW exponentially increased its social welfare workforce, we ensured that all new

staff were oriented to their mission and the tools that exist to support them.

Swaziland's HIV epidemic, at 27.2 percent in the adult population, will remain a burden long after epidemic control is achieved. Sustained support for the MOH and DSW as they negotiate the long-term sustainability of their workforce will be essential to the long-term suppression of the virus and the health and well-being of Swaziland's population.



LESSONS LEARNED

Health worker entry-to-practice competencies can be an effective driver for pre-service training reforms. For countries seeking a pathway to competency-based education, policymakers may find that incorporating competency-based frameworks into health workforce regulations is an effective approach for change.

Building consensus among stakeholders is key to absorption planning. Swaziland's systematic approach to convening stakeholders and building consensus on absorption plans may be useful for ministries of health seeking to absorb PEPFAR-supported positions and sustain large-scale HIV programs.

Establishing reliable data is essential to efficient management of the health workforce. Without reliable data on the human

resources working within the health sector, the HRU did not know that 35 percent of their allocated positions were vacant or inappropriately used. Access to reliable data greatly increased the HRU's ability to allocate staff, prioritize recruitment, and request additional staff from the Ministry of Public Service.

The need for social welfare services is high, and the workforce requires tools and training to be able to meet the needs. Social welfare services in Swaziland were dramatically understaffed, with many non-governmental players contributing to the response without clear guidelines or coordination. The professionalization of social welfare services through tools, training, and coordination is essential to ensuring that clients receive the services they need.



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