



GOOD SHEPHERD
MISSION HOSPITAL

Registrar Progress Report, Good Shepherd Hospital, Swaziland

PAUL SOUTHWORTH ARCP 2017

COMDIS-HSD in Partnership with Good Shepherd Hospital
PO BOX 2, SITEKI, SWAZILAND |

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Figure 1. A typical homestead in a rural area in one of the more beautiful areas of Swaziland.

Introduction

This is a report of activity I have undertaken while undertaking an out-of-programme for experience (OOPE) placement in Swaziland. I began the placement in July 2016 at Good Shepherd Hospital in the small town of Siteki in a rural region of Swaziland called Lubombo. Here I have been working for COMDIS-HSD (Communicable Disease and Health Service Delivery), an international organisation run from the University of Leeds in the UK. COMDIS-HSD has been working in Swaziland for over 18 years, with UK registrars leading and undertaking much of the organisation's work.

COMDIS-HSD is a Research Programme Consortium funded by UK aid from the UK government. In Swaziland, COMDIS-HSD works in partnership with Good Shepherd Hospital in the Lubombo region. The consortium also works with partner NGOs in 9 other low and middle income countries to carry out research and provide evidence to policymakers to help them improve the way they deliver health services to their populations. Together with partners, the principle aim of COMDIS-HSD is to improve the quality of prevention and care services for communicable diseases, as well as making these services easier for people to access, especially in underserved populations.

Over the years, COMDIS-HSD work in Swaziland has included providing service development and evaluation support and technical expertise from public health specialists from Leeds and Bradford health research institutes. In particular the Nuffield Centre for International Health and Development, Leeds, has provided technical support to research and develop TB, HIV-ART and non-communicable disease (NCD) services at Good Shepherd Hospital (GSH) and across Lubombo.

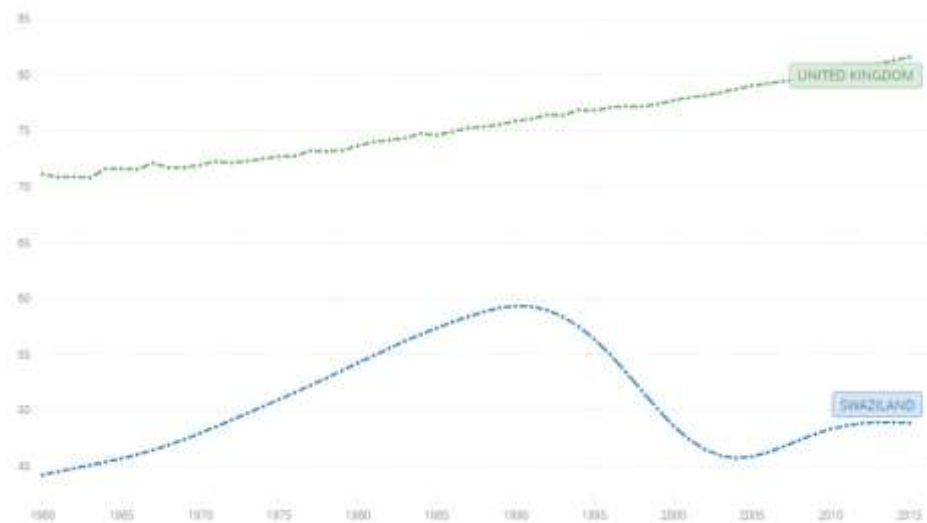


Figure 2. Life expectancy at birth for UK and Swaziland (World Bank). The enormous impact of HIV/AIDS can be seen to begin in the late 1980s, while the effect of large-scale roll-out of ARVs can be seen starting in the early 2000s.

Health Context

Unfortunately, one of the most famous characteristics of Swaziland is the fact that it has the highest HIV rate in the world, at 28.8% of adults. In the early 2000s, before a concerted effort by international aid organisations to increase availability of anti-retroviral medicines (ARVs), life expectancy was dropping dramatically. This fall was arrested by ARVs and life expectancy appears to be plateauing at about 49yrs (see figure 2). The high HIV rate has also led to one of the highest TB rates in the world, second only to neighbouring South Africa. Approximately 80% of TB patients are co-infected with HIV. Management of TB is becoming more complicated as drug-resistant TB cases are becoming more common. Data for other health conditions are generally very poor or lacking, with poor record-keeping being the norm.



Figure 3. A performer dressed as a sangoma performs a traditional dance.

Cultural Context

Swaziland is a country almost entirely composed of descendants of the Swazi tribes which moved into this area of Africa around 200 years ago. As such, the country is very culturally homogeneous, something very different from neighbouring South Africa for example. Almost all Swazis would describe themselves as Christian, with the largest denomination being Zionism, a form of syncretism combining Christianity with aspects of traditional ancestor worship. Traditional medical ideas are widely believed and practiced, particularly in more rural areas. Many people will seek attention for health issues from sangomas (witchdoctors, see figure 3) or faith healers before they would seek medical attention. One of the most striking cultural attitudes relevant to health is a very prevalent and strong form of fatalism. There are ways in which this may be beneficial for individuals – in a society where death is ever-present, it may be psychologically healthier to accept such tragedies as unavoidable. However, this attitude also appears to prevent people, both individually and communally, from taking steps to improve health, prevent illness and improve the socioeconomic and political situation in the country.

Leadership and Management Responsibilities

I arrived in Siteki with only a three day handover with the previous registrar. My position here gives me responsibility for leading and managing all COMDIS-HSD projects, including all design, research, implementation, monitoring and evaluation, budget and personnel management.

- **Management of Personnel:** When I arrived in Swaziland, following a three day handover, I was the only in-country representative of COMDIS-HSD Swaziland. However, after a month a Peace Corps Volunteer (PCV) joined the team as my assistant, helping me with all project-related aspects of the organization. In managing her, I sought to ascertain her skills, knowledge and capabilities as well as her needs and desires for personal and professional development. In all of our interactions, including specifically planned supervision and support sessions, she has given positive feedback of management and indicated that she feels valued and able to achieve her goals within the post. As my first experience of direct management, I am pleased with the management style I have adopted. I feel that I helped her to produce excellent quality work while being as fulfilled as possible in the role and helping her to develop her skills and knowledge. In particular, I think she has gained in self-confidence which now more closely reflects her abilities. I also supervised an undergraduate medical student to undertake a qualitative project as part of her intercalation.
- **Budgeting:** I have been responsible for all budget-work for all aspects of COMDIS-HSD work during my time in Swaziland. This has included monthly budget claims to Good Shepherd Hospital and facilitating the hospital's claims with the University of Leeds in the UK; and monthly and quarterly reporting of budgets with the University of Leeds. I also had to develop and plan a budget for upcoming work over the next two years. This has proved more challenging than usual due to very significant fluctuations in exchange rates between British Pound and Swazi Emalangeni since the UK referendum to leave the EU.
- **Project Management:** My arrival in COMDIS-HSD coincided with the final phases of two major decentralisation projects (NCD and MDR-TB, see sections below) and the design and planning of a further two year project to provide a mental health intervention for HIV and TB patients. The details of these projects are provided in the sections below.

Lubombo NCD Decentralisation Project

Since 2014, COMDIS-HSD has been working to decentralise treatment of diabetes and hypertension from Good Shepherd Hospital to nurse-led community clinics, with 20 clinics involved in the study (see fig. 4). Community clinics are well dispersed within the Lubombo region, with few people more than 8km from a clinic. As such, this decentralisation can have a very substantial impact on the accessibility of treatment, particularly in more remote areas with poor quality roads. The decentralisation was designed with the intention, if successful, it would provide a model for decentralisation of care throughout the rest of Swaziland (it has been adopted for national scale up).



Figure 4. Map of community clinics involved in NCD decentralisation. Accessibility prior to decentralisation was principally related to distance from GSH in Siteki, and the quality of the roads.

At the time of my arrival in Swaziland, the project had reached the data collection phase. Previous COMDIS-HSD workers had developed study and training materials in conjunction with local professionals and the intervention clinics had been initiating patients on diabetes and hypertension treatment for over 12 months. Prior to decentralisation, these patients would have to visit Good Shepherd Hospital to see a doctor who would initiate treatment.

My principal tasks in this project were to collect data from each of the clinics as well as from Good Shepherd Hospital; to analyse the data and to report findings to local and national stakeholders. The data collection was more challenging than it first seemed as many of the clinics are difficult to access and record keeping was sometimes poor. However, we eventually achieved this and produced reports for stakeholders and recommendations flowing from the decentralisation in Lubombo.

In 2014, approximately 400 people in Lubombo were identified as having diabetes and/or hypertension. Within six months of recruitment for the decentralisation, approximately 2,100 patients were recruited and initiated on treatment. Clinics were found to cope with decentralisation well and, beyond needs to address doctor-led outreach and drug availability, the pilot was found to have worked well. The pilot should now inform regional and national roll out of decentralised NCD support.

Digital Storytelling for NCDs

Alongside the NCD decentralisation project, it was felt that the qualitative experience of people living with non-communicable diseases should be acknowledged and recorded. Following discussion with local stakeholders and the recent setting up of a Swaziland NCD Stakeholders Alliance, COMDIS-HSD decided to fund and support a Digital Storytelling project for NCDs. Digital storytelling is a unique and innovative way of allowing individuals to share their experiences with their communities and the world at large. Digital stories are normally a 2-8 minute narrative from an individual point of view using a combination of any of the following: text, pictures, video, voice and music. They have previously been used to tell real-life experiences regarding celebrations and challenges with specific life events including living with chronic conditions such as diabetes, HIV/AIDS, and cancer.

The NCD Alliance consists of twelve organisations which advocate for awareness, education, and access to care for a number of chronic health conditions, including diabetes, mental ill health, epilepsy, physical disabilities and cancer. Digital Storytelling provides a low-cost, low-technology, alternative to traditional sources of communication.

Using digital stories, we aimed to support the organisations in the Alliance to achieve some of the following:

- **Awareness Raising:** To educate the general population about the conditions, their prevalence and the challenges they bring in Swaziland.
- **Dispelling myths:** To tackle misconceptions and stigma around the diseases.
- **Education:** To educate health professionals and young people about the conditions and ways to remove barriers for individuals with the conditions.
- **Counselling:** To provide positive examples of living with the health conditions for newly diagnosed patients.
- **Advocacy and Fundraising:** Using the stories of individuals with the conditions as tools to persuade funders and key stakeholders of their importance.



Figure 5. Annastesia, COMDIS-HSD Swaziland's research assistant, helps to train NCD Alliance staff on collecting a producing digital stories for their service users.

As such, we developed training materials and undertook a day-long workshop to upskill staff and volunteers from NCD Alliance organisations to be able to effectively and ethically take digital stories, as well as giving the skills to use the technology to record and publish these stories.

Development of Swaziland Mental Health Training Resources

Taking as a starting point the newly produced National Psychiatric Guidelines, COMDIS-HSD worked with national mental health experts within Swaziland prior to my arrival to help to develop a comprehensive Mental Health Deskguide for Swaziland. Through consultation with professional stakeholders from across all regions of Swaziland and the National Psychiatric Referral Hospital, the writing team went through multiple revisions. After a long process of attaining signatures from appropriate officials within the Ministry of Health, I was able to obtain funding and arrange printing and distribution of these guides.

Following this, we began the process of assisting in the development of training materials to go alongside the deskguide. These materials were aimed at nurses at community clinics across Swaziland to provide basic understanding of common mental health issues, as well as guidance upon management and treatment where appropriate. Mental healthcare facilities within Swaziland are minimal, with only one psychiatrist and one psychiatric hospital in the country. Neurological disorders and cognitive developmental disorders are also classified with mental illness and so the National Psychiatric Referral Hospital (NPRH) is over-capacity and understaffed. Awareness of mental health issues outside the national hospital is basic.

We have developed a mental health training manual to be used alongside the deskguide in training, providing basic information, instructions and role-plays to assist in the understanding of the issues. The completion of this resource is likely to take some time due to the need to keep a number of stakeholders on board who have little time to commit to the project.

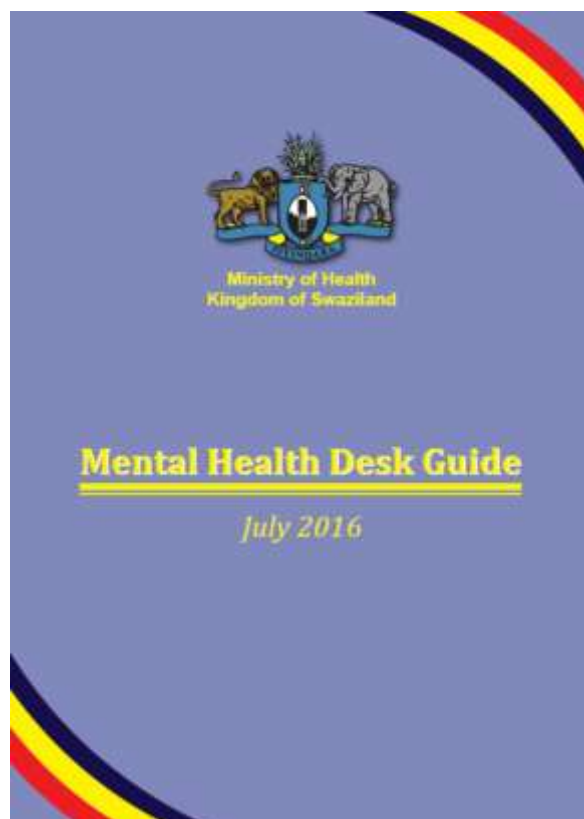


Figure 6. The COMDIS-developed Swazi Mental Health Deskguide

Growing the Good Shepherd College Library

Good Shepherd College is a nursing college located next to the hospital and originating from the same mission in Siteki. It has recently been renamed from the Good Shepherd College of Nursing due to its expansion into training in other subjects including pharmacy, phlebotomy and occupational therapy. In order to assist the college, COMDIS-HSD Swaziland identified funding for the College Library to obtain new, high-quality books and resources so that the library can match the progress that the College itself is experiencing.

We worked to assess all the library's current stock for suitability within a modern, well-functioning college and assisted the college to apply for funding and to establish and grow their library to benefit all the current and future students of the College. Unfortunately, the level of engagement we have been able to obtain from the college remains low, but we keep on pushing in order to make the library sustainable and high-functioning in order to benefit the students and ultimately their patients.

Refurbishment at Good Shepherd

Funds were recently secured by COMDIS-HSD from Bradford Institute for Health Research for the refurbishment of the Voluntary Counselling and Testing (VCT) block at GSH. This was undertaken to facilitate the integration of the Mental Health/ Epilepsy, NCD (Diabetes and Hypertension) and VCT teams. With HIV testing available in all wards and clinics in Swaziland, VCT provisions, once vital, have been superseded. Re-fitting the unit enabled the integration of a multi-skilled team, offering a "supermarket approach" to clinic visits, where skills can be shared, and developed staff can backfill for absences, increasing access. We worked with Good Shepherd Hospital to support the process of refurbishment and integration, ensuring that staff were suitably involved and that training and support for the newly integrated team was available. There is enormous potential through this integration to improve clinical and psychosocial support for patients, not least from the adjacent TB and HIV units.

Ad Hoc Work

It was occasionally necessary to do unplanned Public Health work in my role as a specialty registrar. This mainly involved providing a public health perspective where one was previously lacking and included:

- Contributing at national meetings to develop guidelines for MDR-TB, mental health and diabetes/hypertension care.
- Providing a basic overview of public health knowledge and skills to Australian medical students on their elective.
- Facilitating connections between Seed Global Health and Good Shepherd Hospital to provide potential future collaborations.
- Assisting in report-writing for hospital staff engaged in other projects who have little training in the area.
- Helping in the design and ethics application of an observational study within the eye clinic.

Lubombo MDR-TB Decentralisation Project

Over the last decade, COMDIS-HSD has supported the research and development of integrated, community-based TB and HIV-ART services based at GSH, Lubombo community clinics and community treatment supporters. The project underway on my arrival to GSH was to support decentralised Multi-Drug Resistant Tuberculosis (MDR-TB) treatment in the Lubombo region. This began two years previously, with the first patient decentralised in June 2014. COMDIS-HSD, the National TB Control Programme (NTCP), Lubombo and GSH TB teams worked together to develop MDR-TB guidelines for Lubombo.

Prior to decentralisation, all patients diagnosed with MDR-TB would be referred to the National TB Hospital at Moneni, Manzini Region. To get to the national hospital is a substantial task for residents of the most rural areas of Lubombo, especially when using public transport (few have cars). As such, the principle aim of the project has been to capacitate Good Shepherd Hospital to manage MDR-TB patients and to enable community clinics to support these patients. By doing this, MDR-TB treatment is now much more accessible to patients in the Lubombo region.

Within the decentralisation activity, we also undertook research to ensure that decentralised treatment is as effective as the centralised model and that perceptions of the decentralisation are positive. This has involved both a quantitative study comparing outcomes under the centralised model with those in the decentralised service; and a qualitative study of interviews with patients, treatment supporters and healthcare professionals.

Analysis of the results of these studies are still taking place. Overall, patients have tolerated decentralised treatment well. A number cite the expense and inconvenience of visiting hospital monthly and clinics daily, though this is considered preferable to being removed from their families to the residential National TB Hospital.

Following an audit, there remain concerns that contact screening is not being undertaken, potentially leading to significant infection of persons living with infectious cases. Also there has been only partially implementation of community and home patient support part of the Lubombo MDR guideline. However, there are great opportunities to improve the service including implementing training on the new mental health deskguide (see above) for TB and HIV doctors and nurses. We are continuing to work with Good Shepherd and the wider health service in Lubombo to address these issues.

Psychosocial Support Project for Patients with HIV and/or TB

As the MDR-TB and NCD decentralisation projects came to an end during my tenure in Swaziland, one of my main tasks was to explore options for the next project to start in 2017 and last for two years. As such, I undertook widespread consultation with stakeholders locally, regionally and nationally to look into options for this project. The intervention should contribute to the national, regional and local priorities (including GSH, Lubombo, NTCP, Ministry of Health etc.), be related to infectious disease, and be feasible within anticipated resources.

Following these consultations across Swaziland, it was decided to pursue a psychosocial support project for patients being treated for HIV and/or TB. This project will involve collaboration with many partners within Swaziland, including the following:

- Good Shepherd Hospital Communities, TB, HIV/ART Departments
- Lubombo Regional Healthcare Management
- The Swazi Ministry of Health
- Swaziland National TB Control Programme (NTCP)
- Swaziland National AIDS Programme (SNAP)
- Swaziland National Psychiatric Referral Hospital
- Possible Dreams International
- International Mental Health Resource Services (IMERSE)

The new project has four main components:

- Improved health education for all patients and family members.
- Psychosocial screening using validated depression screening tools.
- Psychological counselling based on the behavioural activation approach. The principal advantage of this approach is that it does not require a qualified psychologist or psychiatrist to undertake it and thus is more feasible within Swaziland's resources.
- Support groups for patients and family members.

The research questions for the project are as follows:

1. Can a package of counselling, group support and health education for enhanced psychosocial care of HIV and TB patients with depression be sustainably delivered within the existing health system in Lubombo, Swaziland? (Feasibility)
2. What are the perceptions and experiences of the psychological package for those who receive it, for healthcare workers providing it, and for members of local communities? (Acceptability)
3. How do healthcare staff, TB and HIV patients and their carers perceive and understand depression? Does "depression" (or similar cultural constructs) manifest differently in Swaziland than in cultures previously studied? What are the perceived causes and consequences of "depression" (or similar cultural constructs)?

The project is in the early stages. The funding has been secured and ethical review is currently underway in both Swaziland and the University of Leeds. A Swazi steering group has been set up and is to be convened shortly, followed by a local technical working group (TWG) to discuss the specifics of how the intervention can go ahead.