



Photo: Muzi Yende, 2020

# Psychosocial Support (PSS) and Mental Health of Frontline Healthcare Workers During the COVID-19 Crisis in Eswatini



**Elizabeth Glaser  
Pediatric AIDS Foundation**  
Fighting for an AIDS-free generation

# 1. Background

The COVID-19 outbreak is a unique and unparalleled scenario for many countries and their health care workers (HCWs), especially HCWs who have not been involved in similar emergency responses before. Like the rest of the world, the Kingdom of Eswatini struggles to control the coronavirus pandemic that threatens the nation's health and well-being. As a country continuously threatened by infectious diseases, droughts, floods, and other emergencies, Eswatini prioritizes ensuring efficient delivery of essential health services during health emergencies.

The country reported its first confirmed COVID-19 case on 14 March 2020. As early as 17 March 2020, His Majesty King Mswati III and Ingwenyama invoked Section 29 of the Disaster Management Act 2006 and declared a COVID-19 national emergency. In the COVID-19 crisis, the health system is negatively affected by its baseline capability, disease burden, and transmission rate of COVID-19. Eswatini has adjusted its health service provision to manage and control the COVID-19 crisis. As of June 2021, the country reported 19,084 confirmed cases, 18,107 recoveries 678 deaths, and 299 active cases.

As in other emergencies, during the COVID-19 pandemic, the Eswatini Ministry of Health (MOH), with support from implementing partners, remains committed to ensuring the health system's resiliency in providing critical health services. Building resilience involves keeping frontline HCWs safe from chronic stress and poor mental health and ensures their continued contribution to preventing transmission and efficient clinical management of identified cases of COVID-19.

## 2. Approaches for supporting the mental health and psychosocial well-being of frontline HCWs

In Eswatini, HCWs are the first respondents to the COVID-19 outbreak and are therefore exposed to the risk of infection as well as the psychological stress related to providing services in a pandemic. Although not all frontline workers face the same stress level or require the same support level during an emergency, it is imperative that all HCWs access psychosocial support (PSS) when they need it.

During the COVID-19 pandemic, EGPAF's technical assistance (TA) and ongoing guidance to the MOH include support for the mental health and psychosocial well-being of frontline HCWs. To this end, EGPAF supported the MOH to employ the following approaches:

### 1. Provide accurate, up-to-date information on the pandemic, preventive measures, and effective clinical management:

To ensure up-to-date information on COVID-19, EGPAF helped develop the national guidelines in addition to the MOH master trainers' program in preventive measures and successful clinical management. EGPAF also participated in the site mentoring visits to assess the COVID-19 facility-level emergency response, undertaken by the National Emergency Response Team (NERT) at selected facilities (Hhohho and Shiselweni), resulting in the national site mentoring report's compilation.

### 2. Integration of Psychological First Aid (PFA) into supportive supervision and HCW support networks:

EGPAF liaised and coordinated with the MOH to train frontline HCWs in PFA. The training is based on the World Health Organization's [PFA guide](#), an effective/practical tool for helping persons suffering crisis events to feel calm, cope better, and make informed decisions.

### 3. HCW referrals and access to professional mental health experts:

EGPAF provides an orientation to EGPAF staff and HCWs in EGPAF-supported facilities to facilitate referrals and enable HCWs to access professional mental health experts:

- *Regional Psychologist:* During the training, HCWs are informed of where and how they can access mental health and PSS services and facilitate access to such services. The regional psychologist is designated for PSS to prevent mental health challenges, including depression and other psychosocial needs arising from caring for COVID-19 suspects or confirmed cases.
- *Wellness Corners:* All health facilities have wellness centers that HCWs can utilize to remain healthy while caring for others (and patients).

#### **4. Support prevention of escalated stress levels**

EGPAF recommended PSS services and provided personal protective equipment (PPE) such as facemasks to EGPAF staff to reduce stress and minimize infection risk. EGPAF senior management developed guidance on working from home for EGPAF staff to ensure staff protection as well as be responsive to MOH and USAID guidance. EGPAF categorized staff into three different groups:

- a. the team providing direct service delivery in facilities or communities
- b. office-based staff with facility-level support
- c. office-based staff with no facility level support

and instituted a shift/rotation system, especially for staff providing direct services such as the male wellness clinic and office-based staff with no facility level support. Office-based staff work from home but continue to ensure smooth operations of services; they also come to the office as per the guidance from the unit head. For office-based staff with facility-level support, the advice from the MOH and USAID is to continue facility-level support mainly on essential and critical services. However, these services require a physical presence—the visits were reduced to two to three site visits per week, prioritizing high volume sites.

EGPAF demonstrated flexibility for those affected by COVID-19 by ensuring they self-isolate and have access to COVID-19 testing. Further, the updated working from home policy decongested the office and health facilities which reduces the risk and fear of getting infected.

#### **5. Timely HR Guidelines in the Event of a Staff Member Testing Positive for COVID-19**

EGPAF developed internal standard operating procedures (SOPs) to manage infected staff. The SOP defines and outlines EGPAF procedures to be followed when a staff member has been exposed to COVID-19 while on duty and applies to all core EGPAF staff. It also addresses health screening, diagnosis, and management. For every confirmed case, the EGPAF COVID-19 focal point ensured enrollment in care and control according to the national guidelines. The Foundation continues to provide psychosocial support services to the affected staff member until completing his/her treatment.



### 3. Support for implementation

The table below shows the collaborative effort between the various levels of the health system and EGPAF in implementing the psychological and mental health of HCWs during the COVID-19.

Approaches	Activities implemented	Support level
<b>Providing accurate, up-to-date information on the COVID-19 information update and clinical management</b>	<ul style="list-style-type: none"> <li>Development and tracking of roll out of COVID-19 remedial plans by the NERT</li> </ul>	National
	<ul style="list-style-type: none"> <li>Training/skills building of frontline HCWs</li> </ul>	National
	<ul style="list-style-type: none"> <li>Integrating management of COVID-19 cases in regional emergency preparedness plans</li> </ul>	National and regional
	<ul style="list-style-type: none"> <li>Supportive supervision for COVID-19 activities and ongoing mentorship</li> </ul>	Facility level
	<ul style="list-style-type: none"> <li>Onsite training in knowledge and skills of frontline HCWs- service provision in COVID-19 era</li> </ul>	Facility level
	<ul style="list-style-type: none"> <li>Training EGPAF technical and operations teams with up-to-date and accurate COVID-19 knowledge</li> </ul>	EGPAF office
<b>Integration of PFA into supportive supervision</b>	<ul style="list-style-type: none"> <li>Conducting training in Psychological First Aid (PFA)</li> </ul>	Regional
<b>Support prevention of escalated stress levels</b>	<ul style="list-style-type: none"> <li>Development of an EGPAF shift system and flexibility for those affected by COVID-19</li> </ul>	EGPAF Office
	<ul style="list-style-type: none"> <li>Distribution of PPE (facemasks) to EGPAF staff</li> </ul>	EGPAF Office
	<ul style="list-style-type: none"> <li>Work from home policy for office and health facilities</li> </ul>	EGPAF Office
<b>Referral to professional mental health experts as needed</b>	<ul style="list-style-type: none"> <li>HCW referral to a regional psychologist</li> </ul>	Regional and EGPAF office
	<ul style="list-style-type: none"> <li>Promoting HCW access and utilization of existing facility-based wellness corners</li> </ul>	Facility Level
<b>Timely HR guidance for staff testing positive for COVID-19</b>	<ul style="list-style-type: none"> <li>Developed internal SOPs to cater to testing staff to ensure timely diagnosis and management</li> </ul>	EGPAF Office

## 4. Results/Outcomes:

A total of 183 HCWs trained in PFA

Name of facility	# HCWs Trained	Type of HCWs trained
Mangweni Clinic	38	Nurses and support staff
AHF Mbabane	12	Nurses and support staff
Dvokolwako Health Centre	44	Nurses and Doctors
Mbabane Government Hospital	43	Doctors & nurses & 21 support staff
MOH HQ staff:	23	HQ Staff
Hlathikhulu Government Hospital	23	Nurses
<b>Total # HCWs Trained</b>	<b>183</b>	

- Psychological support allayed HCW anxieties arising from the management of COVID-19 patients, as well as reducing needless testing for COVID-19 and preventing unnecessary closure of facilities;
- Six wellness corners were revamped in mother facilities servicing 63 facilities and two primary healthcare facilities in the Hhohho region. The wellness corners provide the following services:
  - Preventive: health education and health promotion
  - Curative: treatment of minor and major ailments
  - Rehabilitative: psychological first aid
- Between January and September 2020, the wellness corners received 2,385 visits by HCWs and 240 by dependents of HCWs.
- Facilities instilled a shift system based on the staff's feedback. Standard practice was instituted to support staff following exposure to a COVID-19 case—all exposed health

workers self-isolate and mother facilities provide staff to the affected facilities to ensure continuity of service provision.

- Support for HCWs created an opportunity to
  - Standardize COVID-19 service delivery packages across private and public facilities
  - Develop new DDD-initiatives to decongest facilities—use of virtual platforms for business
  - Develop a COVID-19 site mentorship report with remedial action plans and track implementation of action plans by RHMTs

## 5. Challenges

- Due to staff shortages, not all facilities instituted the standard practice to support staff and isolate following exposure to a COVID-19 case; the eight Nazarene clinics (Kaphunga Nazarene, Mgazini clinic, Bhalekane, Ndvwabangeni, Piggs Peak, Malandzela, Mshingishingin) and the Salvation Army did.
- Data flow from the wellness facilities is not streamlined, it is only accessible through manual extraction.
- The PFA training has limited coverage and the wellness program has no dedicated budget for implementing services nationwide, therefore, not all HCWs can access PSS when they need it.
- Infrastructure challenges, such as wellness consultation rooms, compromise access, and confidentiality which can affect the uptake of the service.

## 6. Lessons learned and way forward

### **1. Addressing the PSS and mental health of HCWs during the COVID-19 crisis is interwoven with improving the national health system, with the latter benefiting from the former. The process enhanced the following critical areas in the national health system:**

- Enact key strategic documents and protocols to develop guidelines for the management of HCWs during the pandemic national emergency preparedness plan
- Establishment of the task teams for national continuity of essential health services
- Harmonization of service provision packages at both private and public facilities
- Strengthening of multisectoral collaboration
- Introduction and acceptance of virtual platforms as means to conduct business
- Improved data analysis and interpretation for policy decisions and planning of activities

## **2. EGPAF will continue to participate in the established forums to address COVID-19 issues and support Eswatini in:**

- The development and mainstreaming of wellness guidelines for staff and incorporation in other existing MOH structures such as TWGs and MDTs
- Streamlining reporting of indicators and improve the wellness database

Instituting and integration mental health and PSS support for HCW and their families is critical to maintaining resiliency in the health system and the frontline workforce responding to COVID-19. Keeping all staff protected from chronic stress and poor mental health during the continuing COVID-19 response ensures their ability to continue to fulfill their critical roles.

## **Acknowledgments**

This brief was written by Thembe Msuku, Christopher Makwindi, Gezani H. Mamba, Nomvuselelo Sikhondze, Hloniphile Lokotfwayo, and Thebisa Chaava

The activities described in this brief were made possible by the generous support of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through USAID. The contents are the sole responsibility of the Elizabeth Glaser Pediatric AIDS Foundation and do not necessarily reflect the official views of PEPFAR or USAID.

*While the Elizabeth Glaser Pediatric AIDS Foundation makes effort to use photos which accurately depict the actions, topics, or populations referenced, unless specifically indicated, the photographs in this document do not imply program participation, health status, attitude, behavior, or action on the part of persons who appear therein.*

[www.pedaids.org](http://www.pedaids.org)