MINISTRY OF HEALTH

KINGDOM OF ESWATINI

FIRST QUARTER PERFORMANCE REPORT FOR 2019-20

JULY 2019

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ACRONYMS

ADSRH	Adolescence Sexual Reproductive Health
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average length of Hospital stay
ANC	Ante Natal Care
ARI	Acute Respiratory Infection
ART	Anti-Retroviral Therapy
ARV	Anti-Retro Viral
BCC	Behaviour Change and Communication
BEmOC	Basic Emergency Obstetric Care
BOR	Bed Occupancy Rate
CBF	Community Based Financing
CBR	Community Based Rehabilitation
CBO	Community Based Organizations
CDD	Control of Diarrhoeal Diseases
CDR	Case Detection Rate
CDS&C	Communicable Disease Surveillance and Control
CEmOC	Comprehensive Emergency Obstetric Care
CFR	Case Fatality Rate
CHW	Community Health Workers
CME	Continuous Medical Education
cMYP	comprehensive Multi Year Plan
CPR	Contraceptive Prevalence Rate
CTA	Central Transport Administration
DHS	Demographic and Health Survey
DPT	Diphtheria Pertussis Tetanus
DTG	Dolutegravir
EGPAF	Elizabeth Glazer Paediatric AIDS Foundation
EmONC	Emergency Obstetric and Neonatal Care
HepB	Hepatitis B
Hib	Haemophilus influenza type B
HIV	Human Immuno Virus
HMIS	Health Management Information System
HPCC	Health Partner's Coordination Consortium
HRD	Human Resource Development / Department
HTC	HIV Testing &Counselling
IMR	Infant Mortality Rate
IPV	Inactivated Polio Virus
MMA	Mass Medicine Administration
MCV	Measles Containing Vaccine
NTD	Neglected Tropical Disease
OPV	Oral Polio Vaccine
OT	Occupational Therapy
PCV13	Pneumococcal Conjugate vaccine
QIPs	Quality improvement projects
SEPI	Eswatini Expanded Programme on Immunization
SHIMS	Eswatini HIV Incidence Measurement Survey
UNICEF	United Nations Children's Fund
WHO	World Health Organization

MISSION, VISION AND HEALTH SECTOR OBJECTIVES

1.1 Mission

To build an efficient, equitable, client-centered health system for accelerated attainment of the highest standard of health for all people in Eswatini.

1.2 Vision

By 2025, the health sector shall have attained a healthy and productive Emaswati population that lives longer, fulfilling and responsible lives.

1.3 Mid-Term Objectives

- Promoting health through the life course
- Preventing communicable, and non-communicable conditions
- Influencing health actions in key sectors
- Managing medical and related conditions
- Rehabilitation following health events

1.4 Health Sector Policy Objectives

Overall policy Goal: To create an enabling environment towards attainment of universal health coverage.
Policy objective 1: To promote health
Policy objective 2: To reduce morbidity and mortality
Policy objective 3: To strengthen health system capacity and performance
Policy objective 4: To improve access to essential affordable and quality health services

1.5 Key Achievements

- The End Malaria Fund was launched by His Majesty the King on 31ST May 2019. A Board that will over-seer the Fund has also been established.
- The Ministry managed to fill 32 of the 70 positions approved by Cabinet for recruitment during the quarter. However interviews have been conducted for all the remaining 37 posts and their filling will be finalized soon.
- The deworming coverage in the country is at 98%. For this the country has received international recognition for its management of the Mass Medicine Administration programme.
- On immunization, the country has successfully switched from Tetanus Toxoid (TT) to Tetanus Diphtheria(TD) vaccines and introduced DPT in June 2019. The benefits of this is that TD is administered fewer times and gives immunization for life, which was not the case with TT. In the long run this is expected to reduce costs.

- Four facilities namely Mbabane Government Hospital, Mankayane Government Hospital, Hlathikhulu Government Hospital, and Bholi Clinic have received provisional ISO 9001:2015 Accreditation.
- The Mkhuzweni Health Centre has started operationalizing its new Maternity wing. Also Dwalile Clinic has relocated operations from the old facility to the new structure.

- Quality Assurance –External audits by African Society of Laboratory Medicine (ASLM) were conducted in 6 laboratories and 5 out of 6 laboratories achieved ASLM

Certification (Baylor Laboratory, Good ShepherdLaboratory, Dvokolwako Health Centre Laboratory, Nhlangano Health Centre laboratory and Phocweni Military Clinic Laboratory).

1.6 Major Challenges

- **Drug Stock Outs**
  All the health facilities have reported frequent drug stock-outs, which have affected the management of their patients negatively. While the majority of patients were negatively affected, highly impacted patients were those on psychiatric medication, which stocked out for longer periods and those taking anti-hypertensive treatment. The main cause for stock-outs is failure to pay suppliers on time due to the fiscal challenges facing the government.

- **Delayed Payment of Service Providers**
  Most facilities have been negatively affected by the delayed payment and subsequent withdrawal of services by service providers. This include catering, security, servicingof medical equipment, immunization, external referrals, CMIS roll-out, cleaning materials, protective supplies, etc. This has negatively affected the provision of health services thus reducing in particular the quality of patient stay at facilities. Some of the most affected facilities are Mbabane Government Hospital and Nhlangano Health Centre, particularly with regards to catering and security.

- **Frequent Shortages of Fuel and Breakdown of Facility Transport**
  All ministry activities that depend on transport have also been adversely affected by fuel shortages and long vehicle down time. Such activities include transportation of medicines, laboratory samples, collection of blood donations, medical waste incineration, conducting outreaches, to name a few. The Ministry continues to engage the relevant government agencies to ensure that ministry activities are prioritised as they are part of essential services.

- **Inadequate Human Resources**
  All facilities report shortages in human resources due to delays in refilling vacant posts, and failure to get additional new posts where new services have been added. Of particular note are the health centres, which have expanded their infrastructure and require additional nurses, doctors and anaesthetists to run the new maternity wings, including theatres.

1.7 Human Resources

The Human Resource Unit of the Ministry of Health is mandated to provide strategic direction and guidance for improvements in Human Resources for Health in the country. During the period under review, the Unit implemented a number of HRH activities within the four thematic areas; HRH - Planning, Management, Development and Research with financial support from PEPFAR and technical support from its major implementing partner, the World Health Organisation (WHO).

Table 1.7.1:Statistical Summary of HRH situation

	Indicator	1st October – 31st December 2018					1st January – 31st March 2019				
		Medical	Nur/ Mid	Allied/PA	Oth	Total	Medical	Nur/ Mid	Allied/ PAR	Oth	Total

				R							
	HUMAN RESOURCE PLANNING										
1	No of vacant posts by cadre	-	-	-	-	-	19	77	83		179
2	No. of established posts by cadre	171	1611	2860		4642	171	1611	2860		4642
	HUMAN RESOURCE MANAGEMENT										
1	Recruitments by cadre	4	31	9	79	123	18	12	0	2	32
2	Attrition by retirements	0	10	7		**17**	0	2	1		**3**
3	Attrition by resignations	0	1	1		**2**	0	0	0		**0**
4	Attrition by death	0	0	1		**1**	0	0	4		**4**
5	Attrition by end of contract	8	0	4		**12**	2	0	3		**5**
	Sub total (attrition)	**8**	**11**	**13**		(32)	**2**	**2**	**8**		(12)
6	Promotions by cadre	0	9	3	5	17	2	8	0	0	10
7	Confirmations	0	14	42	15	71	1	7	0	2	10
	HUMAN RESOURCE DEVELOPMENT										
1	No. of staff who received short term In-service training by cadre	99	378	89	261	827	48	375	34	220	677
2	No of staff currently on long term training	8	17	4	-	29	10	18	3	-	31
3	No of staff reinstated after training	2	4	4	-	10	-	1	1	-	2
4	No of students in Health Training Institutions by cadre	N/A	985	660	497	2142	N/A	985	660	497	2142
5	No. of accredited health Training Institutions	0					0				
6	No.of recognized Health Training Institutions	4					4				
	HUMAN RESOURCE FOR HEALTH RESEARCH										
1	MOUs on research with institutions	0					0				
2	No. of research proposals/concept notes	1					1				
3	No. of assessments/research conducted	1					1				
4	No. of published articles	0					0				

a. Human Resource Planning

The statistical summary table shows that the Ministry of Health had 4642 established posts at the end of March 2019. This is the same as the total number of established posts at the end of December 2019. Out of this, 171 (4%)are medical and dental officers positions, 1611 (35%)arenursing and midwifery personnel (including nursing assistants), and 2860 (61%)are allied health, administrative and other support staff.

i. Number of Vacant Posts

A total of 179vacant positions existed at the end of March, 2019. These vacant positions represent the approved government positions to be filled in 2019 and not optimal required positionsby staffing norm or establishment register. The breakdown of the vacancies includes; 19(10.6%) Medical/Dental Officers; 77(43.0%) nurses/Midwives; 83(46.4%) Allied Health Professionals, Administrative and Support staff. Using the approved vacant positions as the benchmark, the current situation shows a 3.9% overall vacancy rate; a 11.1% vacancy rate in medical and dental positions; a 4.8% vacancy rate in nursing and midwifery and 2.9% vacancy rate in allied, administrative and support cadres. The analysis shows a high vacancy rate in the medical and dental cadre. The Ministry's target is to fill 91 percent of overall

vacant positions by the end of the year. As new positions are created, the goal is to fill those positions together with existing vacancies.

b. Human Resource Management

i.Recruitments into the sector

The HRH Unit interviewed personnel for all the 70 positions approved by cabinet for recruitment during the quarter and 32 of them have been fully recruited. Instruments for the 37 have been issued and their recruitment process will be complete very soon. The instrument for one position is still outstanding because it was recommended for internal advertisement after an internal promotion board meeting, so the Unit will advertise and recruit to fill that position next quarter. The 32 workers who were fully recruited represents about 45.7% of the target for the quarter. The breakdown of staff who were fully recruited is as follows; 18 (56%) medical officers, 12(38%) nurses and midwives and 2(6%) Administrative and support workers. The breakdown shows that significant numbers of medical officers were recruited into the sector during the period under review as represented.

ii. Attrition

A total number of 12workers exited from the Ministryduring the quarter under review. The breakdown (see figure 4) of the exits in the first quarter shows that the contract of 5(41.6%) came to an end while 3(25.1%) of them retired from active service, with 4(33.3%) deaths.

iii. Promotions

The Ministry promoted 10 health workers from various disciplines in the first quarter. The breakdown of the promotions shows; 2(20%) Medical Officer, 8(80%) Nurses and Midwives. The promotions were done to fill vacant posts.

iv. Confirmations

A total of 10workerswho were submitted for confirmation by their supervisors within the period of reporting had their appointments confirmed as permanent and pensionable staff members.The breakdown is as follows: 1(10%) Medical Officer, 7(70%) Nurses and Midwives, 2(20%) Support staff. The aim of the HRH unit is to ensure timely confirmation of staff in the ministry.

C.Human Resource Development

i. Short-term training

The number of staff who received short term training during the period under review was 677 as shown in figure 5.The breakdown shows that 48(7.1%) who received short term training were Medical Officers, 375(55.4%) were Nurses and Midwives, 34 (5.0%) were Allied and Paramedical staff and 220(32.5%) Administrative and Support staff.

ii. Long term training

The number of staff who benefited from long term study in the second quarter was 31. The breakdown of staff on study leave in the quarter is as follows; 10(32.2%) medical officers, 18 (58.1%) nurses and midwives, 3 (9.7%) Allied Health

iii. Students in Health Training Institutions

A total number of 2142 students are currently pursuing health related courses in the local Training Institutions. The breakdown indicates that 985(46%) of them are pursuing nursing related courses; 660 (31%) are Allied Health students and 497 (23%) are pursuing Administrative and other health support courses.

1.8Health Research Board

The primary responsibility of the Health Research Review Board (NHRRB) is to safeguard the safety of individuals and communities who volunteer to participate in research studies.The Board Secretariat has planned to carry out several activities during this reporting period which are reflected in the narrative provided below:

a. Governance

Formalization of the board – A paper was presented to cabinet for formalization of the NHRRB. This was approved in principle pending funding availability. The Board has since presented a proposal on interim funding arrangements.

Appointment and launch of the new Board Members – appointment and launch of Board Members is currently outstanding pending withdrawal of conditionalities related to cabinet approval. The hope is that this conditionality will be withdrawn after cabinet has considered the briefing note.

Appointment of Monitors – the board reviews and approves research proposals but does not have the capacity to carry out post approval monitoring. As part of plans to build capacity to carry out monitoring of approved proposals the board intends to recruit and appoint a pool of monitors. This activity has been initiated through the production of a draft expression of interest document to be issued before the end of July 2019.

Transition Plan – for the last three of five years, the Board has been receiving support from ICAP. This support included transport and funding of specific programmatic activities. The board seeks to have finalized by September 2019 a Transition plan.

Memorandum of Understanding – the Board adopted an electronic platform for receiving and managing applications for research ethics review. The platform is hosted by COHRED and the intention through this activity is to enter into an understanding with COHRED on how to support the use of this platform, to be finalized by August 2019.

b. Capacity Development

Training on Post approval Monitoring – this activity was supposed to be carried out in June but is outstanding due to delays in recruiting new board members, monitors and clinical inspectors. This is now planned to be undertaken by end of August 2019.

Benchmarking – the board intends to undertake a benchmarking visit to a country with a developed national research ethics review board for purposes of learning and information sharing. This process is planned for end of August 2019.

c. Management and administration

Mobilization of Resources – the board has secured funding from EDCTP and is in the process of finalizing the funding agreement and opening of a bank account.

Protocol Reviews

The core business of the NHRRB is to receive, review and provide research ethics clearance to health research studies. In the reporting quarter, the Board processed a total of 36

research studies. Of these, 31 (86.1%); 3 (8.3%); 2 (5.6%) and 1 (2.8%) were respectively primary applications, amendments, renewals and a material transfer agreement. The majority (44.4%) of applications came from students who are doing graduate degrees respectively followed by applications from the collaboration of the Ministry of Health and partners (33.3%), the Ministry of Health (16.7%) international Non-governmental organisation (2.8%) and local NGO's (2.8%). Most of the applications handled (90%) were behavioural studies. Only one was a biomedical study.

1.9 NATIONAL HEALTH ACCOUNTS (NHA)

The ministry is currently conducting National Health Accounts which tracks health expenditures. It addresses and answers key policy questions: Who pays and how much do they pay for health care services? Who are the important actors in health financing and health services delivery and how significant are they in total health expenditure? How are health funds distributed across the different services, interventions, and activities that the health system produces? Who benefits from health expenditure?

This survey began with a total list of 157 organizations (93 Employers, 45 Non Government Organizations (NGOs), 13 Donors and 6 Insurers) and government ministries who have health expenditure. Data sources include both primary and secondary sources;

- ***Primary data sources:*** survey questionnaires were generated using the Health Accounts Production Tool (HAPT) to estimate health spending from the private sector employers, insurance companies, donor partners, and non-government organisations (NGOs) that provide 80% of health care funding.

- ***Secondary sources***: Health expenditure data will be extracted from government expenditure records. Data from the Eswatini Household Income and Expenditure survey will be used to estimate household expenditure on health (i.e. out of pocket expenditures).

Next steps

- Finalize data collection by end of August,2019
- Engage WHO for technical assistance for data analysis by end of September
- Data validation with stakeholders first week of October
- Report writing by mid October
- Report dissemination end of October

2.0 CLINICAL SERVICES (HOSPITAL AND HEALTH CENTRE LEVEL)

2.1. Clinical Services

A. Introduction

The Ministry of Health clinical services are in line with the National Health Sector Strategic Plan 2019-2023, which puts the patient at the centre of all the interventions. The theme of the strategic plan is Universal Health Coverage, which stipulates that people should be able to access quality health services that they need without being exposed to being impoverished as a result of payment at the point of care. Clinical care services or medical treatment is expensive due to the high cost of equipment, diagnostic supplies and medicines. When patients have to pay more at the point of care, this may deter them from seeking health services, thus resulting in poor outcomes for the country.

Good patient outcomes are key to the country achieving its targets in human capacity development, which will contribute to the improvement in the country's economy. Public health strategies for prevention of diseases and promotion of good health are a cornerstone of the health care delivery system. Strategies developed by the public health programmes require well-functioning hospital or clinic systems and infrastructure in order to be successful. For example, in order to reduce the spread of HIV and TB, there should be adequate clinical infrastructure, including drugs, diagnostics, human resources to provide the medical treatment that will ensure that the patient is less infectious to others.

The Essential Health Care Package has defined five levels of health care delivery, also categorized into Primary, Secondary and Tertiary care levels. Hospitals and Health Centres are classified at levels 3 to 5, and include health facilities where there are full time doctors providing daily service delivery.

The Key Performance Indicators used for hospitals and health centres can be divided into 4 groups:

1. **General indicators:** These include numbers of personnel, numbers of patients seen at entry levels, numbers admitted and discharged and number of deaths. These indicators illustrate that the facility is still in the business that is required from it.
2. **Efficiency indicators**: These include indicators that inform on how resources are being used to produce the expected outcomes in the health sector. Bed occupancy rate (BOR) and average length of stay (ALOS) are reported as a measure of functional ability of the hospital, but also indicate the level of severity of illnesses that patients are admitted with. BOR should ideally be below 85% but should not be lower than 50% if the hospital is to function efficiently. On the other hand, the ALOS should be less than 7 days, however, this may vary according to the type of illnesses of the patients. The more severe the illnesses of patients being admitted, the higher the average length of stay for the hospital and the higher the bed occupancy rate. This also has an impact on the amount of resources needed by the facility.
3. **Effectiveness indicators:** These include indicators on how knowledge, clinical experience and patient preferences are used to achieve optimum process and outcomes for the patients. The Caesarean Section rate is one indicator that is being reported on because of its significance. Caesarean sections are life-saving and should be made available for mothers, however, over-use of this intervention can bring risks of complication to the mothers and babies. The World Health Organization has stipulated acceptable rates of 10-15%, and advises member states to interrogate reasons behind deviation from these margins.
4. **Quality indicators:** There a number of quality indicators being reported by health facilities in the country, however for the purpose of this report, they are currently

reporting on death rates, maternal mortality rates and neonatal mortality rates. Ideally, the death rates reported by the facilities should be below 5% and if reporting higher, efforts should be put in place by the management to understand the reasons. It is worth noting that higher death rates are expected for facilities that treat very ill patients, such as those that receive referrals from lower level facilities. Maternal and neonatal mortality are global indicators that are used to determine the quality of overall health care services in any country. The SDG target for 2030 is to reduce the global maternal mortality ratio to 70/100,000 live births. Reporting on the hospital maternal and neonatal mortality rates is only contributory to the national indicator that utilizes additional data from the vital statistics office.

A. Aggregated Hospital Reports For First Quarter

Table 2.1: Summary of Key Performance Indicators for Health Facilities Level 4 and 5: First Quarter (April to June 2019)

Indicators	Mbabane Govt Hospital	Rfmh	HlathikuluGovt Hospital	MankayaneGovt Hospital	Good Shepherd Hospital	Piggs Peak Govt Hospital	TB Hospital	National Psychiatric Hospital	Lubombo Hospital
No. of Beds	368	**350 (279)**	290	226	224	220	100	192	NA
No. of Doctors	59	40	19	12	16	10	5	4	3
No. of Nurses	276	314	120	94	164	73	58	77	20
No. of Allied Staff	56	85	19	33	30	18	18	13	18
No. of Support Staff	141	350	126	109	224	80	60	68	19
A. General Indicators									
No. of OPD Visits	36,386	102,543	15,685	14,959	33,004	18,645	554	8,075	15,639
No. of Admissions	3,733	1,011	2,082	1,456	2,221	1,528	19	170	NA
No. of Discharges	3,470	785	1,985	1,476	2,136	1,425	22	222	NA
No. of Deliveries	1,305	1,551	787	770	816	801	NA	NA	NA
No. of Deaths	176	68	74	56	104	55	3	0	0
No. of Maternal Deaths	0	1	1	2	0	2	NA	NA	NA
No. of Neonatal Deaths	13	18	18	5	17	9	NA	NA	NA
No. Dead on Arrival	0	0	0	24	0	0	0	0	0
B. Efficiency of Clinical Service Delivery									
Bed Occupancy Rate (BOR)	56%	43%	87.3%	34%	43.2%	30.9%	20.1%	85.9%	NA

Average Length of Stay (ALOS)	5.37ays	5 days	7.17 days	4.8 days	6.3 days	3.6 days	95.2 days	100.4 days	NA
C. Effectiveness of Clinical Service Delivery									
Caesarian Section Rate (CSR)	22.9%	5%	21%	16%	13.2%	20.8%	NA	NA	NA
D. Quality of Clinical Services									
Death Rate (DR)	4.8%	7%	3.5%	3.8%	4.7%	3.5%	12%	0	0
Maternal Mortality Ratio (MMR)	0	64.5/100,000 live births	139/100,000 live births	269/100,000 live births	0	249.3/100,000 live births	NA	NA	NA
Neonatal Mortality Ratio (NMR)	0.76/1,000 live births	11.6/1,000 live births	26/1,000 live births	6.72/1,000 live births	0.12/1,000 live births	11.22/1,000 live births	NA	NA	NA

Issues being highlighted in the tables:

1. There is a persistently low BOR (bed occupancy rate) in some hospitals. This has been explained by management to have been contributed by factors such as:
   a. **Piggs Peak Government Hospital** has a TB Ward that has about 68 beds but is not being utilized due to the reduction in the number of TB patients being admitted. Out of the 220 beds in the hospital, 152 beds are utilized, which contributes to the low BOR.
   b. **RFM Hospital** has closed the Female Medical Ward due to infrastructure challenges, thus is using 279 out of the 350 bed capacity it has.
   c. **Mankayane Government Hospital** BOR is low at 34% due to the existence of a big isolation ward, which is usually empty. If the isolation ward beds are removed from the total, the BOR increases to 46.5%.
2. Higher BOR and average length of stay (ALOS) at Psychiatric Hospital is an indication of the severity of the illnesses,that necessitate that patients are kept longer at the facility.
3. TB Hospital currently has a capacity of 100 beds but BOR is low at 20%, which means a fifth of the beds are fully occupied (ALOS of 95.2 days). This means that on average, each patient admitted stays in the hospital for an average of 3 months.
4. Higher Caesarean Section rates at Mbabane (22.9%), Mankayane (21%) and Piggs Peak (20.8%) Government Hospitals can be attributed to the fact that these facilities receive referrals of pregnant mothers from other surrounding facilities, where attempts to deliver them may have not been successful, due to complications.
5. Most health facilities are recording a death rate below 5%, which is ideal, except TB Hospital, who deals with complex patients being treated for multi-drug resistant tuberculosis (MDR TB). This finding is in line with the National TB Programme Report which reports higher rates of death among patients being treated for MDR TB compared to those with drug susceptible TB.
6. Mankayane Government Hospital is the only facility that has recorded the number of those who died on arrival at the hospital. These were brought to their casualty department by police or relatives following injuries. This does not mean other facilities have no such cases, but may have been erroneously omitted. They will be included in the next quarter reports.

Major Achievements for Hospitals During The Quarter

1. **Mbabane Government Hospital**
   a. The hospital provides outreach services in Ear Nose and Throat, Ophthalmology, Dermatology, ART and Mental Health services to clinics and regional hospitals.
   b. The hospital achieved provisional ISO 9001:2015 Accreditation.
   c. The Emergency and Referral Complex construction is on-going, with Basement and 1st Floor to be completed soon.
   d. ICU renovations done and opened for continued operations.
   e. Incinerator has been renovated and operational.
   f. Equipment for Neonatal ICU has been procured and delivered.
2. **Raleigh Fitkin Memorial Hospital**
   a. The ENHI (Eswatini Nazarene Health Institutions) Strategic plan for 2018-2021 has been completed.
3. **Hlathikulu Government Hospital**

a. The availability of Ophthalmology, ENT, Dermatology and Psychiatry services through monthly outreach visits by the tertiary hospital Specialists

4. **Mankayane Government Hospital**
   a. The facility has achieved the ISO 9001:2015 certification
   b. VMMC services were integrated in the facility and VMMCs began under the new arrangement in June 2019.
   c. Completion of 8 flats: there is a plan to hand over the flats to Mankayane Government Hospital on 5 July. The handover process will involve Public Service.
5. **Good Shepherd Hospital**
   a. Renovation of the mortuary is well under-way with good progress.
6. **Piggs Peak Government Hospital**
   a. Waiting area was constructed and completed successfully in the Men's Outpatient department. Apart from Voluntary Medical Male Circumcision (VMMC) services other clinical care services are gradually being integrated to ensure male clients receive comprehensive care.
   b. The Men's Outpatient department was also partitioned successfully, consultation rooms are now in place as integration of services is underway.
   c. VIA screening has been revived in the Gynaecology department.
7. **National TB Hospital**
   a. NTBH laboratory acquired three star rating
   b. Significantly decrease the number of patients who require admission
   c. Established a system of Follow up of patients at community level by community department, this involves contact tracing and linking to care.
8. **National Psychiatric Hospital**
   a. The facility has provided services to clients through outreach teams, while some were admitted and discharged with good clinical outcomes.
   b. Psychotherapy sessions were conducted and a number of occupational therapy services were provided to inpatients and outpatients. Children with different diagnosis ranging from autism, intellectual disability, learning disorders, Attention Deficit Hyperactivity Disorder (ADHD) to name a few were attended. A number of occupational therapy specific activities were also doneincluding self-help substance abuse group therapy sessions.
9. **Lubombo Hospital**
   a. The facility has begun the integration of VMMC into the health care delivery services.
   b. The facility is an outreach site that provides Dermatology and Internal Medicine specialities through visiting specialists from Mbabane Government Hospital.

C.Aggregated Health Centre Reports For First Quarter

Table 2.2: Summary of Key Performance Indicators for Health Centres Level 3First Quarter (April to June 2019)

Indicators	Emkhuzweni	Dvokolwako	Sithobela	Nhlangano	Matsanjeni
No. Of Beds	52	28	90	72	39
No. Of Doctors	4	3	3	6	2
No. Of Nurses	39	42	32	57	41
No. Of Allied Staff	10	9	21	25	5
No. Of Support Staff	27	32	44	37	31
A. General Indicators					
No. Of Opd Visits	15,501	11,278	14,400	15,905	4,372
No. Of Admissions	436	308	294	381	458
No. Of Discharges	374	270	273	313	299
No. Of Deliveries	150	125	227	310	163
No. Of Deaths	13	17	21	20	11
No. Of Maternal Deaths	0	0	0	0	0
No. Of Neonatal Deaths	0	0	0	3	5
No. Dead On Arrival	0	0	0	0	0
B. Efficiency Of Clinical Service Delivery					
Bed Occupancy Rate (Bor)	12.6%	38.1%	51%	57.8%	47%
Average Length Of Stay (Alos)	1.3 Days	3.1 Days	4.64 days	4 Days	3.6 Days
C. Effectiveness Of Clinical Service Delivery					
Caesarian Section Rate (Csr)	Na	Na	NA	Na	Na
D. Quality Of Clinical Services					
Death Rate (Dr)	3.8%	5.5%	7.1%	6%	3.5%

Indicators	Emkhuzweni	Dvokolwako	Sithobela	Nhlangano	Matsanjeni
Maternal Mortality Ratio (Mmr)	0	0	0	0	0
Neonatal Mortality Ratio (Nmr)	0	0	0	9.6/1,000 Live Births	30.6/1,000 Live Births

Issues being highlighted

1. Emkhuzweni, Dvokolwako, Matsanjeni and Nhlangano Health centres have newly constructed maternity units, which will soon be providing Caesarean section services for those in need.
2. Very low BOR at the health centres is an indication that they do not admit severely ill or critical patients as they transfer them out to higher level facilities where there are more specialist services. This is also evidenced by the lower ALOS.
3. The zero maternal mortality could be attributed to the fact that these facilities do not manage complicated maternal cases and always refer to the nearest hospital when complications occur during delivery.

D.Summary Of Achievements For Hospitals and Health Centres

1. **Emkhuzweni Health Centre**
   a. The facility has started operationalizing the new maternity units.
   b. The facility has received awards as best performing facility in PMTCT and TB
2. **Nhlangano Health Centre**
   a. The facility has successfully integrated VMMC services into the daily medical interventions of the facility.
   b. The level of confidentiality has been greatly enhanced at the OPD, where booths were constructed as corners for taking vital signs.
3. **Matsanjeni Health Centre**
   a. Over the years the maternity wing has reduced Fresh Still Births (FSB), through improved mentorship from SRH and AIDSFree mentors.
   b. The facility has added two services on its belt being Voluntary Medical Male Circumcision (VVMC) and Men's Clinic.
4. **Dvokolwako Health Centre**
   a. The facility has begun planning for the integration of VMMC services, one doctor and two nurses have been trained in circumcision.
   b. The new maternity wing has been completed and staff orientation and training on using the new equipment has begun.

E. Challenges Reported By Hospitals And Health Centres

1. **Inadequate Human Resources**
   All facilities report shortages in human resources due to delays in refilling vacant posts, and failure to get additional new posts when new services have been added to the facility. Of particular note are the health centres, which have expanded their infrastructure and require additional nurses, doctors and anaesthetists to run the new maternity theatres.
2. **Drug Stock Outs**
   All the health facilities have reported frequent drug stock ruptures, which have affected the management of their patients negatively. While majority of patients were negatively affected, highly impacted patients were those on psychiatric medication, which stocked out for longer periodsand those taking anti-hypertensive treatment.

3. **Inadequate Budget for Support Services**
   All facilities have reported an inadequate budget for support services and subsequently ran out of funds to service their machinery, procure stationery and cleaning materials, furniture and protective supplies. This further compromised the care given to the patients.
4. **Frequent Shortages of Fuel and Breakdown of Facility Transport**
   Facilities have experienced being adversely affected by the fuel shortages to an extent that they have been unable to conduct their outreach visits at regular intervals, thus impacting negatively on the patient who then has to find money to come back for review at the bigger facility. Fuel shortage has also affected transport of medical waste and its treatment or incineration in the designated areas.
5. **Delayed Payment of Contract Services**
   Some facilities have been negatively affected by the delayed payment and subsequent withdrawal of catering and security services. This has negatively affected the patients and reduced the quality of their stay at the facilities where they were admitted. Some of the most affected facilities are Mbabane Government Hospital and Nhlangano Health Centre.
6. **Dilapidated Infrastructure**
   All facilities have reported problems with their infrastructure, which is in need of either renovation or structural adjustment to accommodate new services needed by the clients. This stems from the inadequate budget allocated for maintenance within the Ministry of Health budget.
7. **Limited Staff Housing Facilities**

   Some of the facilities have reported not having adequate numbers of staff housing, despite the Government project with Eswatini National Housing Board, that has added staff housing units in almost all facilities. The most affected facility is the Mbabane Government Hospital, which still has inadequate housing for the increasing number of personnel deployed to work at this facility.

2.2. Phalala Fund

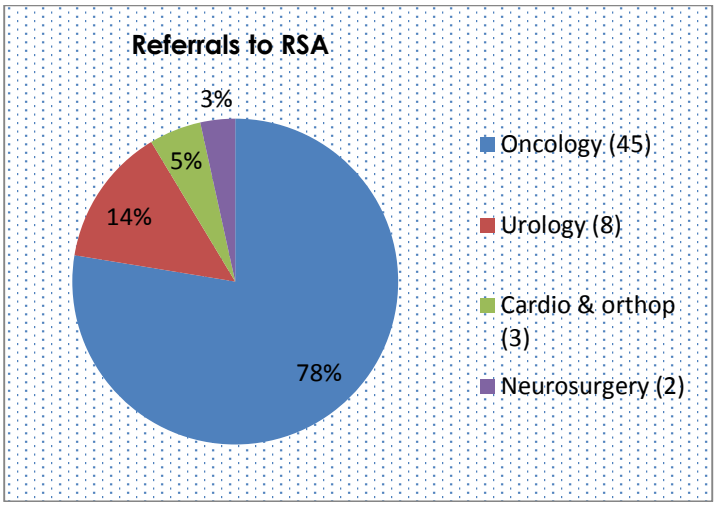
During this quarter, the Phalala Fund has transitioned from involving Healthshare Solutions as a managed care provider. This is due to the non-renewal of their contract that ended on 31st March 2019. The Fund is putting in place processes for transitioning to management of clients through the Phalala Office. The following processes are on-going:

- Negotiation with RSA providers to continue working with patients from Eswatini. A team comprising officials from Ministry of Health and Ministry of Finance held discussions with providers in March 2019. Some of the providers committed to continue working with Swazi patients despite being owed, while others refused to continue with Phalala patients.
- Service Level Agreements with private providers locally and in RSA have been drafted.
- Standard operating procedures have been developed to guide the processes of referral, especially for the oncology or cancer patients. The procedures also guide on the processes for invoicing and payments.

Referrals to South Africa

Phalala Fund Office refers patients in need of specialized healthcare services to private and government service providers within Swaziland, Mozambique and South Africa.
A total of 58 patients were referred to South Africa during this quarter. This quarter has been the most quiet patient transfer period considering that Phalala was stopped from sending patients due to outstanding payments. 45 patients (77.6 %) of these were oncology referrals and amongst these, 17 were children. Almost all of these patients were only reviews, very few new patients. There were 8 urology cases, 1 orthopedic, 1 cardio-surgery and 2 neurosurgery referrals.

Figure 2.3: Medical referrals to SA



Referrals to Mozambique

Eye surgery referrals are sent to Maputo for Orbital Eye Clinic. They are booked according to the availability of the visiting specialist arranged to see them. Cases booked are not mixed, for instance, it is either a booking for cornea transplant or retina intervention per visit. Outstanding payments to the provider has also affected these transfers to an extent that only cornea transplants and reviews could be done during this quarter. Consequently, retina intervention cases were postponed until approximately E220 000 was debited into service provider's account and this will be done in the second quarter.

Referrals to Local Private Providers

Phalala Fund has signed a Service Level Agreement with two hospital groups in the country; The Clinic Group and Medisun Clinic. Furthermore, agreements were signed with individual local private service providers to provide the needed services in the areas of orthopaedics, urology, laboratory, radiology, oncology, neurosurgery and physiotherapy. Referrals to most of the local service providers has continued despite the slow payment process. The private Oncology unit had to suspend services temporarily and will resume once payments have been processed.

Achievements

- New and larger office space has been identified at Mbabane Government Hospital and renovations completed. The Phalala Fund Administration Staff have already moved into the offices.
- Additional computers and furniture has been donated for the Phalala Fund Administration Office.
- Staff members of the Phalala Fund Office were trained in tariffs and billing systems.

Challenges

- Referrals to the Republic of South Africa and Maputo are almost at a stand still because of outstanding payments.
- Although chemotherapy services are being provided locally for some of the cancers, the lack of a radiotherapy facility is continuing to increase the costs of treatment through the Phalala Fund.
- The Phalala Fund Administration office requires additional staff to take on the increased talks resulting from the phasing out of Healthshare Solutions.

- Lack of a robust system for patient management and billing to ensure timely analysis of reports.

3.0. MEDICAL SUPPORT SERVICES

The health sector consists of 4 support services namely Central Medical Stores, Laboratory, Blood Bank and Biomedical Engineering

3.1 Central Medical Stores

The Central Medical Stores (CMS) has overall responsibility for supply chain management of all health commodities in the public sector, NGOs, faith based organisations and selected private sector. It provides preventative, curative and diagnostic medicines that are of acceptable quality, safe and effective.

a.Warehouse& Inventory Management Systems

i. Systems Assessment

Through the support of Chemonics (PEPFAR funded implementing partner responsible for supply chain), CMS conducted a comprehensive assessment of the progress of the implementation of Business Process Reengineering (BPR) activities which were started by SC PASS - TSP/Baylor Project in 2018. The assessment covered the warehouse process flow and the CMS Warehouse Management System (WMS) reconfigurations including additional technologies like bar coding within the warehouse. In addition, the consultants engaged were also tasked to assess the current electronic Logistics Management Information System (eLMIS) piloted in one facility (Piggs Peak Government hospital) for readiness for a national scale up. An assessment on interoperability or data transfer mechanisms with other facility systems like the Client Management Information System (CMIS) and WMS at Central Laboratory was made. Recommendations for sustainable completion of the CMS WMS reconfigurations and national scale up of the electronic LMIS were made and are well documented (a detailed report is available).

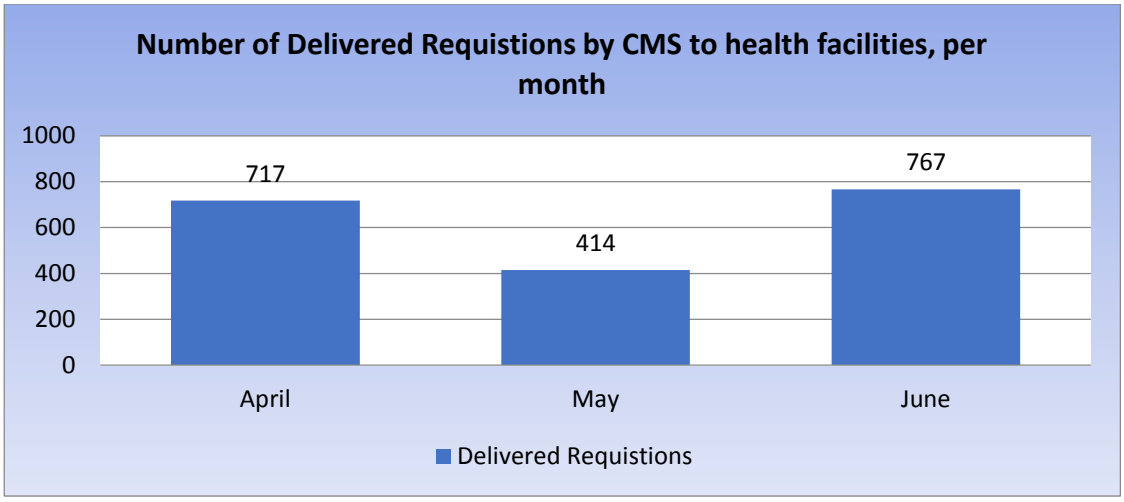
b.Transport and Logistics Management

CMS vehicles are now fitted with tracking devises which allows better control of delivery veihicles. Fuel shortages continue to be a major challenge.

Number of Requisitions processed and delivered

A total of 1898 requisitions were processed and delivered to health facilities during the period under review. 717 of these were delivered in the month of April, 414 were delivered in May and 767 were delivered in June. These numbers include emergency orders, self-collections, programme orders (i.e. HIV, TB, FP, Malaria) and essential medicines orders. These results are shown in figure 2 below;

Figure 3.1.1: Number of Processed and Delivered Requisitions



Routine LMIS Data Capturing

Data captures continue to capture LMIS data for HIV,TB, Malaria and Family Planning programmes. The DMU had 4 data capturers all along; however, through the support of Chemonics, 1 data officer has been added to the unit at the beginning of April. He is currently assisting in data capturing of all programmes, however he will be a focal data officer for the upcoming NCD LMIS Report and Order form.

Data Dissemination and Use

One of the components of a functional Monitoring & Evaluation (M&E) system is data dissemination and use. The information that is gathered during data verification and mentorship visits needs to be used to inform future activities, either to reinforce the implemented strategy or to change it. Additionally, results of both monitoring and evaluation outputs need to be shared with relevant stakeholders for accountability purposes. To ensure that stakeholders get feedback on these reports, on the 24th of May, CMS held a one day meeting with key stakeholders and was able to share and discuss LMIS Data Quality Assessment Reports.

- A total of 17 out of 30 participants attended the feedback meeting, i.e. 57% of the expected participants. Some participants from CMS (pharmacy team) and partners could not participate due to other commitments.

However, even though there were 17 participants, these were a fair representation of the key stakeholders whom the meeting was mainly targeting. These included the regional pharmacists, representation from programmes, and representation from key partners, who are all instrumental in ensuring that the main objective is met.

LMIS Training and Capacity Building on Ordering and Reporting

CMS together with the NCD programme and relevant stakeholders has developed an LMIS system for NDCS. This is initiative is anticipated to help improve tracking of NCDs as well as help improve the management of stock at facility level. Through NCD trainings held at Lugogo on the 14th of June and the 28th of June, the DMU managed to sensitize health facilities on the NCD LMIS report and order tool in readiness for its pilot project.

Supply Planning exercise

CMS conducts supply planning quarterly, On the 4th to 6th June this exercise was done for ART, TB, Malaria and Family Planning to inform quantities to be procured and look at budget needs. This also informed the current ART movement of SURGE needs.

- According to the budget estimates for Financial Year 2019/2020 the ARV budget is E 274,443,476 million. The forecast ARV tender amount is E306, 963,647.02 and that has a gap of E32, 520,171.02.
- The Treasury Department is not catering for accruals this year and that means the E 68,610,869.00 released for the first quarter will be swallowed by accruals which currently amount to E 132, 597,673.94.
- In order to avoid a potential stock-out of ARV drugs in four months from June 2019, there is an urgent need to order drugs amounting to E 76,740,911.76.
- The budget for medicines is E 498,711,013.00.
- The key medicines that are currently out of stock and at low levels include; anti-hypertensive, anti-psychotics.

Challenges

Recently the country encountered an inconsistent availability of medicines and medical supplies in most health facilities. The problem was attributed to several factors which include, but are not limited to; late payment of suppliers, not being able to place orders in time due to budget shortfalls or unavailability of funds.

- The tender process being followed is now long and has contributed to the delay in the initiation of procurement processes.
- Currently there is a back-log on payments of suppliers which has led to cash flow challenges on the suppliers' side and has slowed the rate of deliveries.
- Frequent cash flow challenges delays the commitment of ICU/Renal orders this leads to supplier's cash being tied up with government. If a supplier is not paid by one department in the Ministry they have difficulties in supplying other commodities.
- Manufacturers require pharmaceutical wholesalers and distributors to pay them cash up front for their orders and this becomes a challenge if the suppliers receive an order of a large value, as this then necessitates that they source finance from elsewhere. Raising the required upfront payment normally takes long as most financial institutions are not willing to finance the government orders this also leads to partial deliveries to of the ordered stock to CMS.
- Cancellation of orders that suppliers fail to supply towards the financial year end also causes stock outs since are required commodities by CMS.
- Fuel Shortages: this affects the distribution schedule and affects the overall service delivery performance.

3.2 Eswatini Health Laboratory Services

A major role of the Eswatini Health Laboratory Service (EHLS) is to support delivery of universal and cost effective diagnosis of diseases, monitoring of treatment, control of infectious diseases, research surveillance and health promotion through quality assured tests. The EHLS sets to achieve this through national network of highly efficient laboratories that provide a foundation for clinical diagnostic decisions and monitor biological and environmental markers.

Viral Load Testing

Table 3.2.1: Number of Viral Load Tests

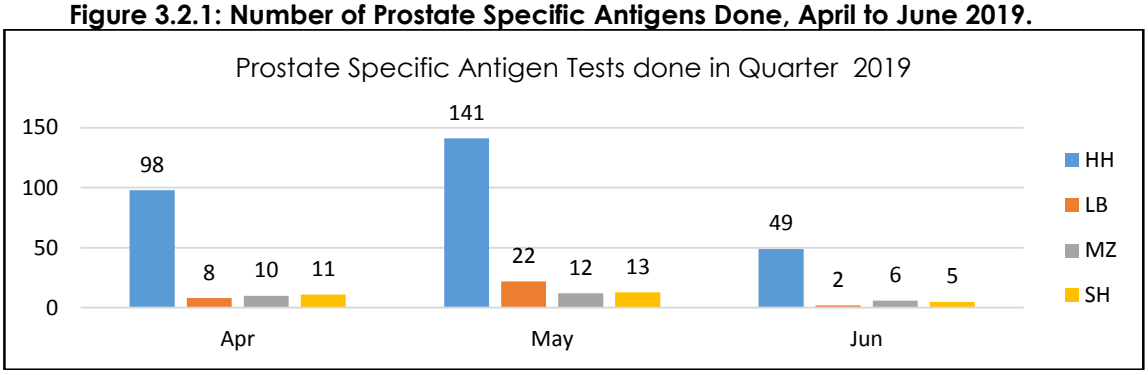
Test	Q1 2019 Viral Load Tests			
	Apr	May	Jun	Total
High VL	980	1229	933	3142
Suppressed	12646	18125	13550	44321
Total tested	**13626**	**19354**	**14483**	**47463**

Early Infant Diagnosis Testing

Table 3.2.2: Number of Early Infant Diagnosis Testing, April to June, 2019.

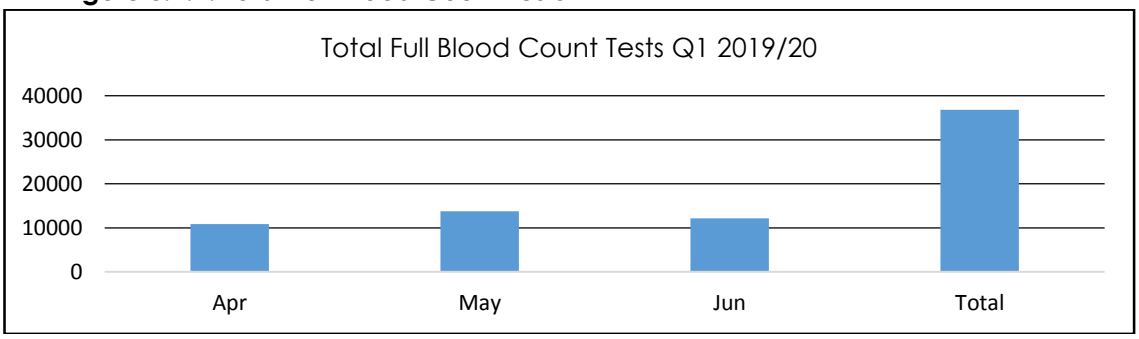
	2019/20 Q1 EID		
	Apr	May	Jun
Negative	1180	1401	1768
Positive	19	16	21
Total	1199	1417	1789
Positivity	2%	1%	1%

Figure 3.2.1: Number of Prostate Specific Antigens Done, April to June 2019.



a. On Full Blood Count Testing we have done 36768 tests (see figure below)

Figure 3.2.2: Total Full Blood Count Tests



b. On Glucose Tests: we have performed 14,166 tests in the quarter using the standard chemistry platform and not the Glucostrips. This means that we performed 4096, 4819 and 5251 in April, May and June respectively. The increased numbers were due to stock outs of the Glucostrips.

- Quality Assurance
  - i) Conducted External audits by African Society of laboratory Medicine (ASLM) in 6 laboratories: 5 out of 6 achieved ASLM Certification.
  - **a.** Two National Laboratories were assessed by SADC Accreditation Scheme and were recommended for accreditation. These Laboratories are: National TB Reference Laboratory and National Molecular Reference Laboratory.
- Pathology

  We received support from Ampath and worked on 2018 backlog this has improved cancer diagnosis turnaround time. They have also build capacity for our local Technologists in cancer laboratory diagnosis.
- Stock take at Laboratory Warehouse was done in May2019.

- Two laboratory technologists were recruited in this quarter totalling to 9 new laboratory technologists recruited by Government.

Challenges

- Tender documents not available to enable supply procurement
- Shortage of fuel caused periodic interruptions in sample transportation of samples.
- Shortage of important reagents supplies like Glucostrips for glucose monitoring.

3.3. Eswatini National Blood Transfusion Service

The Eswatini National Blood Transfusion Service's mandate is to provide safe and adequate blood and blood products used appropriately and effectively to meet the needs of the Swazi population that require blood transfusion.

Table 3.3.1: Dashboard for key performance Indicators for blood transfusion, April to June 2019

Input/ Activity	Responsible	Baseline	Performance	Target
		End 2019/2020	1st Quarter	End 2019/ 2020
Recruitment of ENBTS staff against vacant positions	MOH/ ENBTS	Recruitment of 10x Blood Bank technical and support staff	Only 5xLaboratory Technicians were recruited	Recruitment of 2x Principal lab tech, 2x Laboratory Technologist, Phlebotomist and 3x Drivers
Improving Donor Mobilization, Recruitment and Blood Collection	MOH/ SNBTS	Scaling up of blood collection and donor recruitment to meet national blood demands for the quarter	A total of 4,348blood units were collected this quarter (April to June 2019) A total of 3,437blood units were distributed to transfusing Facilities this quarter against requested total of 3680 (April to June 2019) A total of7,276blood and platelets were collected from January to June 2018 and a total of 6,680 were distributed.	To supply adequate amount of blood and platelets in the second quarter blood to meet the demand for the different hospitals in the country.
Capacity Building for ENBTS Staff	MOH/SNBTS/WHO	To train blood bank staff members and to provide refresher training on blood collection, donor education, Recruitment and platelet apheresis technique	A total of 12 Blood Bank staff members were refreshed on the use of the Compolab equipment by Fresenius SA and training of Laboratory staff on ABD PAD for Blood grouping and all training objectives were met	Training was successfully executed; however more training is required for staff.

Promotion voluntary blooddonation at Eswatini	MOH/SNBTS/WHO	To commemorate world blood donor day on June 14 2019 and create awareness; to promote voluntary blood donation in Manziniat the Millennium Park. The theme of this year is " SAFE BLOOD FOR ALL"	The world blood donor day was well commemorated. A total of 600 participants from Ministry of Education, Ministry of Health, WHO, UN, Implementing partners and St Theresa and Salesian high school as well as Blood donors from Tertiary level & other partners attended to thank Swazi heroes who willingly donate blood to save lives	The event was a success and indeed achieved its purpose of creating awarenessin revitalization of the Manzini blood bank site and about blood donation in general in the Kingdom of Eswatini.

Challenges

- Unavailability of adequate funds has drastically affected blood collection since at times the programme could not buy refreshments leading to cancelation of blood collection appointments.
- The ENBTS total budget disbursed for quarter 1 was below the required budget to carry out the activities planned by the department.
- There was a delay in the tender process which made it difficult for the quarterly disbursed funds to be fully utilized.
- The frequent breakdown of the mobile blood collection vehicle affected the blood collection and recruitment activities resulting in cancellation of some scheduled appointments for donation. Thus reducing the number of blood units collectedto support those in need.
- Fuel rationing at the CTA has affected the blood collection thus the number of blood units collected has decreased this quarter.
- There is still need to fill the positions of Phlebotomist, Laboratory Technician and Laboratory Technologist and Principal Laboratory Technologist.

3.4. Biomedical Engineering Unit

The Biomedical Engineering unit is responsible for management and maintenance of medical and non-medical equipment and physical infrastructure maintenance/ rehabilitation of rural clinics.

Achievements

- Outreach schedule maintenance program (ongoing)
- Medical and non-medical equipment maintenance service contracts have been awarded for 2019/20
- Rehabilitation of Mkhuzweni Health Centre Incinerator Room
- Procurement, Distribution and Installation of Medical equipment for health facilities.(ongoing)
- Painting and renovation of piggspeak theatre qwhich has just been completed.

Challenges

- Under budget allocation is a major challenge in equipment maintenance (services,repairs and store repair spares)
- Training of maintenance technicians. Most of the Technicians have to go for External training on Clinical / Biomedical Engineering to meet the ever changing technology

and complexity of medical devices, as government is focussing on strengthening the health sector.

- Transport: Lack of transport is a major challenge for the outreachmaintenance to rural clinics
- Capacity (HR)
    - Maintenance Technicians - The number of maintenance technicians has to be increased
    - Physical infrastructure maintenance team (Artisans) - We need to have a team of Artisans per region; this will meet the strategic objective to decentralize Biomedical Engineering Unit to all the regions.
    - Continued delay in tender documents extension to enable the unit to make use of budgeted money for equipment purchase

4.0. PREVENTIVE AND PROMOTIVE SERVICES

4.1 Expanded Programme on Immunization (EPI)

The Eswatini Expanded Programme on Immunization (ESEPI) has achieved considerable success in preventing and controlling most vaccine-preventable diseases. The Programme continues to strive towards contributing to the reduction of infant mortality rate. Currently there are 5 officers at national level and 4 regional focal persons assigned. Manzini and Hhohho has moved the office of these officers to regional level while LubomboandShiselweni have not, which slows down the EPI performances from these two regions.

Figure 4.1.1: Dashboard of key Performance indicators for EPI, January to May 2019)

Indicator name	Thematic area	Target	Actual Output/outcome	Highlight colour
Routine Immunization				
1. DPT-HepB- Hib3	Routine immunization coverage	90%	74.7%	
2. Polio 3	Routine immunization coverage	90%	75.0%	
3. MCV1	Routine immunization coverage	90%	74.4%	
Disease surveillance and control (January to June 2019)				
AFP	Disease surveillance and control	2/100 000 population (10 cases)	10	
Measles Rubella	Disease surveillance and control	1/1000 population per region	55	
Neonatal Tetanus	Disease surveillance and control	1/1000 live births	00	
Paediatric Bacterial Meningitis (Pneumonia)	Disease surveillance and control	100 cases	12	
Rotavirus (Diarrhoea)	Disease surveillance and control	100 cases	07	
AEFI	Disease surveillance and control		3	

Cold Chain and Vaccine Management

BCG, PENTA, MR, Td and Rota Virus vaccines were received in this quarter. PCV 13 is pending arrival. Only MR was below minimum levels at regional levels. The country successfully switched from TT vaccines to Td vaccine for adolescents and women of child bearing age. Health workers were trained on the new vaccines at regional levels with the financial and technical support of WHO. On the same dates, the country re-introduced DPT boaster at 18 months. This is aimed at meeting the new Tetanus vaccine schedule of six doses and when all received accordingly, this shall mean that, individual is protected for life against the disease tetanus.

The preparation and resource mobilization are on-going to expedite the introduction of HPV to adolescent girls by 2020.

Achievements

- Successfully hosted the Inter-Country Coordination Committee at Happy valley. The main objectives of this meeting were; assessing countries progress on the Polio end game strategies and also sharing and documentation of implemented activities from each country.Countries present were Eswatini, RSA, Lesotho, Botswana, Namibia and representative from Africa region committee as well as polio experts from WHO/ISt.
- Conducted Africa vaccine Week and celebration of immunization of heroes in Eswatiniwas held in the Manzini region KwalusenilNkundla. Other regions strengthened their outreach services especially in the urban under privileged communities.
- Integrated Supportive supervision (ISS) was conducted in the Shiselweni region with the support of WHO.
- Trainer of trainer's workshop for the TT to Td switch plan and reintroduction of DPT boaster at 18 months (20 trained).
- Successfully switched from TT to Td vaccines and introduced DPT in June 2019.

Challenges

- HR issues – there is an urgent need for a vaccines and supplies logistics officer, surveillance officers, M&E and data use officer and storekeeper at Central Vaccine Stores.
- Interrupted outreach service in some regions, which increases the number of unimmunized and under immunized children.
- High staff turnover in health facilities, requiring continuous training on EPI issues
- Data management is still a challenge since the program is still using 2007 census projections.
- Understaffing at the national office.

4.2 Eswatini National HIVand Aids Programme(SNAP)

The Swaziland National AIDS program in collaboration with regional partners aims to reduce new HIV infections among adults/adolescents and children by 50% and 90% respectively and avert 20% of mortality and morbidity amongst PLHIV and in particular those with TB/HIV co-infection. Activities undertaken during the quarter are as follows:

a. HIV Testing Services (HTS)

- Revised HIVST distribution allocation to sites

- Conducted SA HIVST field visit to learn about new distribution models such as OPD distribution
- Conducted 1 HIVST task team meeting to discuss distribution models and regulation including evaluation of HIVST.

i. Index testing

About 2,514 are happening at the OPD and 783 and 598from VCT and mobile sites respectively. Furthermore, Index testing tools have been developed (SOP, Logbook, Invitation slips, M&E tools) currently being printed.

- Developed and revised tools following release of new guidelines
- Development of Surge indicators
- Oriented HTS counselors on surge indicators and activities In HhohhoManzini and Shiselweni
- MCT (Multiple Concurrent Testing) SOPs draft developed
- Recruited 39 HTS counselors (For all regions) and Refresher training of HTS Counselors on index testing and HIV screening and Risk assessment
- Trained all HTS providers and Supervisors in 39 Facilities on Recency testing
- Mentored and supervised 4 facilities (Mankayane, Mbikwakhe, Luyengo and AHF
- Conducted HTS site readiness assessment to 2 sites (Kwakhaindvodza and Tripple R
- Conducted one Community HTS meeting to discuss surge indicators and activities
- Accredited one private facilities to offer HTS services(Women and Children As well as
- Conducted 1 HTS Counselors training at TASC
- Attended HIVST consortium meeting in Durban to learn about new models we can adapt in country.

b. Linkages

- 56 expert clients were recruited and deployed in OPD's to improve linkages of clients through escorting and providing motivational counselling for all clients diagnosed with HIV
- All regions started implementing linkages case management(LCM) which involves individualized, proactively calling clients before they miss appointment and eliciting new index contact list
- Linkages case management logbook has been developed both as hard copies and included in CMIS to capture all clients that have tested HIV positive
- All RHMT's were oriented on LCM
- 228 expert clients from all the 4 regions were oriented on LCM
- 141 HTS counsellors from Hhohho, Shiselweni and community partners were trained on LCM
- All RHMT's were oriented on surge which include linkages indicators and strategies to improve linkages
- Hhohho, Shiselweni and Manzini region clinic supervisors were oriented on surge activities which include linkages indicators
- Participated in the review of ReHSAR and NaHSAR HTS indicators which included linkages indicators that will be tracked during the review meetings

c. Care and treatment

The 2018 HIV management guidelines were amended to the 2019 HIV management guidelines in line with the WHO recommendations for treatment optimization which recommends the use of dolutegravir in first, second, and third line management of HIV. Nevirapine has been removed from all regimens. The amendments have been disseminated at different fora including RHMT's, NaHSAR, and facility-based site trainings are on-going. The amendments process was led by SNAP with support from PEPFAR, other implementing partners and MSF.

i. High viral load response

During the reporting period Standard Operation procedures for expedited return of High Viral load (HVL) results were developed to improve return and management of HVL results.

Table 4.2.1: Number of Workers Trained

Training	Health workers trained break down	Regions covered
Basic IMAI	167	All regions including 56 final year nursing students from Good Shepherd School of Nursing and 12 UEDF staff
NARTIS	122	Covering all 4 regions including 12 UEDF staff
TLD transition for Pharmacists	50	A training was conducted for pharmacists and pharmacy technologist over 2 days

ii. **Site accreditation**

The program carried out ART site accreditation visits to 5 sites during the reporting period and recommendations have been provided to the responsible facilities. The 5 sites covered are Giant clothing factory and 4 Family care clinic surgeries in Mbabane, Manzini and Nhlangano.

d. Differentiated Service Delivery (DSD)

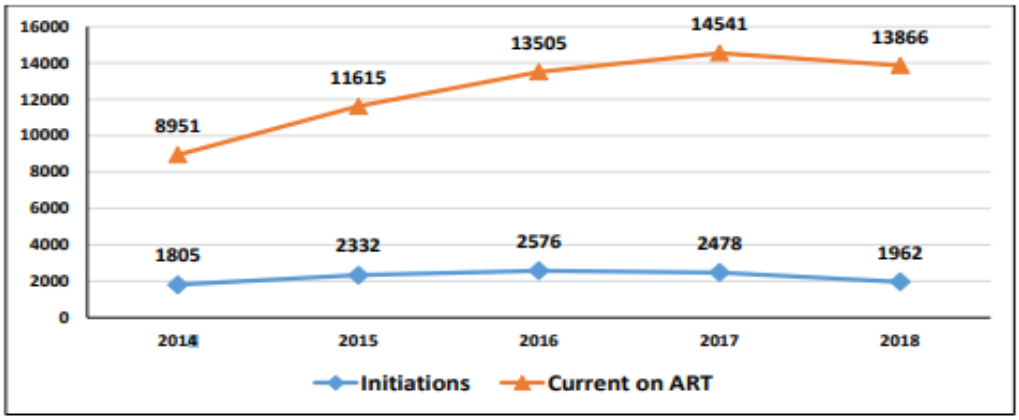
- Six mentorship and supervision visits conducted at three health facilities, including AHF clinic, Good Shepherd Hospital, and Pigg's Peak Hospital (2 visits per facility)
- A 3 days Quality Improvement workshop conducted from 14th to 16th May 2019, Forty-three participants from sixteen facilities and five implementing partners attended the workshop.
- Drafted DSD SOPs for ART/NCDs Clubs and Post Natal Clubs
- DSD data collected and analyzed at Manzini, and LubomboReHSAR and NaHSAR 19

e. TB/HIV

- Sensitized 4 RHMTs on the uptake of TB preventive therapy (TPT).
- Sensitized TPT clinical supervisors from all four regions.
- Adopted TB/HIV IEC materials in collaboration with the TB programme. Material piloted.
- Trained 35 health care workers on IMAI.

f. Paediatrics HIV

Figure 4.2.1: Viral load Coverage



- Early Infant Diagnosis coverage is at 93%
- For Adolescents 10-19yrs coverage is at 85%
- Positivity rate at 6wks is at 1%
- Children and adolescents currently on ART 13,866
- EID POC pilot is still going and all the 19 platforms have been placed in the facilities and project will end in July 2019 Unitaid has extended the project to Dec 2019.

g. Psychological Care and Support

Table 4.2.2: Achievements by Psychological Care and Support activity

Activity	Achievements	Indicator	Comments/challenges
Conduct individual counselling sessions with healthcare workers	12 healthcare workers and patients counselled	12	Individual counselling sessions carried per request and in collaboration with Wellness focal person
Carry out debriefing sessions	20 NATTIC	20	Debriefings held with HCW
Facilitate teambuilding sessions	105 Correctional Health Team 15 World Vision 30 HCW EGPAF 20 SOS HCW 25 NATTIC HCW 120 Pigs Peak Catholic Youth	305	Variety of teambuilding games and activities successfully carried out
Sensitization workshops on PCS concepts to healthcare workers and Community Care Givers	120 HCW KP trainings (Good Shepherd) 30 HCW and Wellness Coordinators 60 TASC HTS Counsellors	350	The orientation workshops provide an excellent opportunity to introduce the concept of self-care and stress management,team building concept to the health-care workers

h. Voluntary Medical Male Circumcision (VMMC)

VMMC is one of the prioritised interventions that the country adopted as an additional way of strengthening HIV prevention.The programme aims at reaching a target of 70% of males aged 10-49 years circumcised by the end of 2019.A total of 5491 circumcisions occurred during the period April to June 2019. The table below shows how many circumcisions were performed on a monthly basis during the quarter.

Table 4.2.3: Number of male circumcision by age group, April to June,2019

Age Group	Apr	May	Jun	Grand Total
10-14	1752	586	1493	3831
15-19	481	137	306	924

20-24	186	84	163	433
25-29	33	64	34	131
30-34	26	28	23	77
35-39	16	17	11	44
40-44	9	8	3	20
45-49	3	5	2	10
50+	13	2	6	21
Grand Total	**2519**	**931**	**2041**	**5491**

i. Key Populations Reporting

Key populations are groups where high risk and vulnerability converge. Unique biological, behavioral, and structural risk factors put these groups at heightened risk for HIV infection and of transmission to members of their sexual networks[3] and therefore their involvement is vital for an effective and sustainable HIV response. Program performance in the last quarter has been summarized in the table below.

Table 4.2.4 :Key populations reached by service, April to June2019

Indicators	Female Sex Workers	Men having Sex with other Men	Transgender Women
# of KPs reached with HIV prevention Information	1808	647	11
# of KPs reached during mobile services	1853	480	3
# of KPs screened for STIs	1404	374	3
# of KPs diagnosed and treated for STIs	210	45	0
#of KPs tested for HIV	275	191	0
# of KPs testing negative	222	180	1
# of KPs testing positive	53	11	0
#of HIV+ KPs newly enrolled on ART	42	7	0
# of KPs currently receiving ART	0	0	0
# of male condoms distributed to KPs	142,810	-	-
# of female condoms distributed to KPs	20,726	-	-
# of lubricants distributed to KPs	62,093	-	-
# of SW provided with family planning	236	-	-

# of SW screened for cervical cancer	58		

Addressing stigma among key populations: Training of health care workers on the minimum health care package for KPs

- In service training of 27 nurses from the facilities in the four regions
- Training of 57 completing nursing students from Good Shepherd Nursing college

Sensitization training of police:

35 police officers sensitized on KP needs and issues,

Oral Pre-exposure prophylaxis (PrEP) scale up has been endorsed and commenced in February 2019 based on the lesson learnt from the Demonstration projects. The following activities were planned for the scale up and were implemented in preparations.

- 12 doctors, 92 nursing sisters and 3 pharmacists from all the regions were oriented on Oral Pre-exposure prophylaxis
- A total of 59 Facilities were trained on PrEP new guidelines and tools. 30 facilities are currently offeringPrEP.
- PrEP Tools have been Finalized and printed through the support of partners: WHO, UNICEF and CHAI.
- 440 and 470 PrEp initiations were conducted in April to June and January to March,2019respecttively.

j. Cross Cutting Issues

- Printed and disseminate 350 HIV Service Quality Standards to all facilities
- 20 ENAP officers trained to use improvement science in determining effective practices
- conducted audits on the HIV service standard in 60 sites.

k. Knowledge And Management

- Reviewed the Differentiated Service Delivery (DSD) training curriculum
- Reviewed TLD factsheet
- Held Men's health conference at ICC Zulwini where 1 400 men were reached and educated on HIV related issues
- Developed IEC and messages for VMMC SokaNawe campaign
- Produced January-March SNAP Quarterly Newsletter Volume 3, Issue 1

Challenges

- ART coverage in pediatrics has not reached the targeted 90%. Some parents refuse or delay their children from initiating ART despite getting results early.
- Documentation and reporting is still a challenge since some sites are still paper based while others have transitioned to CMIS,
- Some clients seen after working hours or on weekends are not initiated,
- Tracking of linkages data is still a challenge as it is difficult to obtain data on monthly basis to enable tracking of linkages if there is an improvement,
- Inconsistent report of DSD coverage especially for patients enrolled in Fast Track,
- Isoniazid Preventive Therapy (IPT)registers not available in some facilities,
- Low TB Preventive Therapy(TPT) uptake,
- Non-availability of TPT data at the national level,
- Non- availability of CrAg test and fluconazole at the clinic level,

4.3. Neglected Tropical Diseases (NTD) Programme

In the past year, the Kingdom has enthusiastically embraced the current global momentum to control and eliminate NTDs.The 2015 NTDs mapping findings have been used as evidence in the development of the 5 years NTDs Master Plan from 2016 to 2020. The treatment strategies to be implemented in all the 55 Tinkhundla will be based in the findings of the 2015 mapping. The fourth round of the National population de-worming or MMA was held from the 10th to the 26th June, 2019. The fourth round Mass Medicine Administration (MMA) in schools covered only targeted Tinkhundla and we ended up with a target of 424 schools and usedAlbendazole 400mg tablets. In the Shiselweni region only Shiselweni II Inkhundla out of the 14,Manzini only LobambaLomdzalaInkhundla out of the 16,Lubombo region only 8 Tinkhundla out of the 11, Hhohho region were 13 Tinkhundla out of the 14 were eligible. Mlumati High School was used for launching of the school de-worming campaign by Senator LizzieNkosi the Minister for Health.

In May, there was a visit from London National Museum from the parasite Unit where the Bilharzia and Environmental health department staff was trained in the scooping of Bilharzia snail and shedding of the cercaria. A total of 8 rivers were scooped, 2 rivers and primary schools were visited per region. In June, a Taiwanese mission also visited to train on pinworm anal swabs and microscopy to under 5years pre-school pupil. A total of 16 preschools were sampled 4 per region.

Table 4.3.1: Performance of the NTD programme for the first quarter of 2019-20

Thematic area	Indicator name	Baseline for 2018	Target for - 2019/20	Quarterly Actual output/outcome for April –June 2019	Status (Highlight colour)
1. % clients treated for SCH and STH at the national LAB and Health Facilities	Number of Cases treated for SCH and STH in the Lab and in all Health facilities-(HF) of the country	**Bilharzia:** a)**Lab. clients** = 865 b) **HF.pts** = 6560 **Intestinal Worms:** a) **Lab. clients** = 48339 b) **HF.pts** = 22530	**Bilharzia:** a) Lab. Clients = 900 b) HF. Pts= 6600 **Intestinal Worms:** **a)Lab. Clients** = 50 000 **b) HF. Pts** =25 000	**Bilharzia:** a)**Lab. clients** = 179 used 772 tablets b) **HF.pts** = 1543 c) SAC MMA cases = **Intestinal Worms:** a) **Lab. clients** = 2951 used 17706 tablets b) **HF.pts** = 5945 c) SAC MMAcases= from 424 schools covered	
2. Routine control for high risk groups:	% of high –risk groups(GRP)on routine control for STH and SCH	**GRP** / **STH** / **SCH** ***Pre*** / 95320 / * ***PW*** / 21305 / * ***SAC*** / 16863 / 8066 ***ADULT*** / 612 / *	**STH** / **SCH** 96000 / * 22000 / * 17000 / 9000 700 / 1000	**STH** / **SCH** 20978 / * 1870 / * 17500 / 220 000 457 / 399	
3.Stakeholders trained in deworming IEC	Number of Trained stakeholders in the routine control and prevention of NTDs.	a)Health motivators b)Health workers c)Pre-Schl Teachers d)School Teachers	793 300 139 91	800 350 150 100	213 201- RHMTs for MDA 70 920 due to MDA in schools	
4. %population to be reached by de-worming IEC	# of population centers mobilized on the importance of routine	Tinkundlacenters PTA meeting Media coverage	16 11 13	55 30 15	55 due to MMA 5 4 times over radio on MMA 5times over TV on MMA	

	deworming					
5 % tablets distributed to HF	# of tablets distributed to Health Facilities	Albendazole 400mg Praziquantel 600mg	115000 890	120 000 10 000	34000 2400	

Challenges

- Setting dates for adult MMA in the Tinkhundla,
- Dissemination of results for MMA implementation in schools,
- Vehicles shortage as the only available one got mechanical problems during MMA.

4.4. School Health Programme

The activities of the School Health Programme cover Health promotion/health education sessions, protective health services (immunization plus services and de-worming),growth and development (Nutritional assessment), early detection and intervention of health ailments (Oral health, screening for vision, hearing impairments, mental health/psychosocial risk assessment, Disability screening(physical, intellectual, sensory and mental), treatment of minor ailments, first aid counselling, referrals, and Environmental health assessment.

The major beneficiaries of the programme are the school children studying in pre-schools, primary and secondary education and teachers, to some extent their households and the community. The total number of registered private and public schools is 915 with 672 primary and 303 Sec/High schools. The total population of school learners isapproximately 325,084(AEC 2016). No data are available for preschools.

Figure 4.4.1: Number of schools visitedin the first quarter of 2018-19

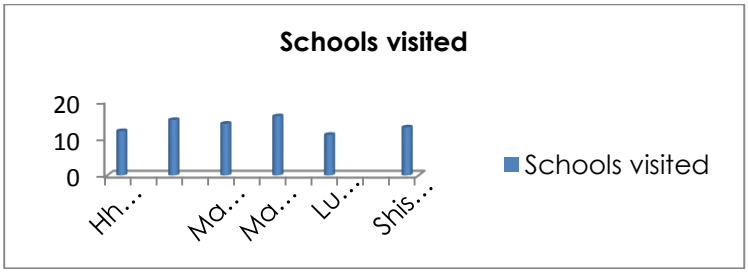
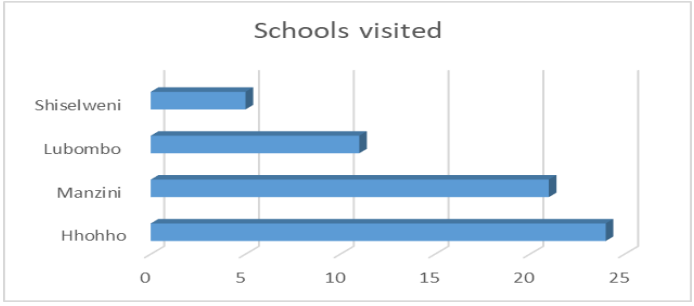


Figure 4.4.2.: Number of schools visited in the first quarter of 2019-20



Achievements

- Two nutritionist redeployed to regional School Health teams.

- Development of School nutrition and food hygiene annual work plan by MoH, MoET, MoA, Academia and WFP.
- Social mobilization of schools for the 4th round of de-worming.
- Linking regional School Health teams to Central Medical Stores.

4.5. Environmental Health

The main objective of Environmental Health is to reduce the morbidity and mortality resulting from environmental related conditions and diseases. In order to accomplish this objective, the Environmental Health Department has the portfolio responsibility to formulate, adopt, promulgate, regulate, interpret and coordinate as well as supervise and monitor the implementation of policies, strategies and activities related to environmental health. The primary aim is to ensure a safe environment and sustainable development

A.Sanitation

There were**1298**ventilated improved pit latrines (VIP) latrines completed this quarter(Hhohho:**35;** Lubombo:**225**; Manzini:**146;** Shiselweni:**892**);a total of **2039**latrines are still under construction (Hhohho:**1111**, Lubombo:**396**, Manzini:**239**, Shiselweni:**293**)and **276**new sanitation projects started this quarter.
The table below shows the number of VIP latrines that were completed, started and those that are still under construction per region.

Table 4.5.1: Status of VIP Latrines

Status of VIP Latrines	Hhohho	Lubombo	Manzini	Shiselweni	Total
No. of VIP Latrines carried over from previous quarter	1136	621	362	942	3061
No. of VIP Latrines started during this quarter	10	0	23	243	276
No. of VIP Latrines completed during this quarter	35	225	146	892	1298
No. of VIP Latrines incomplete during this quarter	1111	396	239	293	2039

B.Health Education and Community Mobilization

Community member are trained on planning, implementation and maintenance of environmental health related projects such as water supply and sanitation. Hygiene education and community mobilization is important in the implementation of projects and it was in the form of community meetings, workshops, demonstrations and campaigns.
There were **442**hygiene education sessions conducted nationally in different institutions.

Table 4.5.2:Number of Health Promotion Sessions by Region, April to June, 2019.

Setting	Hhohho	Lubombo	Manzini	Shiselweni	Total
Communities	148	36	19	14	217
Schools	2	2	12	7	23
Health Institutions	98	41	24	39	202

Total	**248**	**79**	**55**	**60**	**442**

C. Water Supply

The Table 4.5.3: Water Supply To Healthcare Facilities Through Water Tanker Trucks

Region	Hhohho	Lubombo	Manzini	Shiselweni	Total
Number of Requests Received	80	71	61	27	239
Number of Requests Attended	53	71	61	26	211
Number of Loads Made	80	75	61	38	254

No Running water schemes completed in health facilities this quarter.

D.Food Hygiene

The objective of this activity is to ensure an improved food quality in order to prevent food borne illnesses. The department is involved in the inspection of trade premises and meat inspection. There were **582** business premises inspected for the purpose of monitoring for adherence to health requirement. There were **2591**food animals inspected and passed for human consumption which were **1441**bovines (cattle), **1026**porcines (pigs) and**108** goats.

Table 4.5.4: Trade Premises Inspections

Region	Hhohho	Lubombo	Manzini	Shiselweni	Total
Number of Trade Premises Inspected	100	81	133	268	582

1.1. Meat Inspection

Table 4.5.5: Number of Carcases Inspected

Number of Carcasses Inspected	Hhohho	Lubombo	Manzini	Shiselweni	Total
Cattle	416	415	499	111	**1441**
Sheep	0	10	4	2	**16**
Goats	13	84	5	6	**108**
Pigs	151	102	220	553	**1026**
Poultry	0	0	0	0	**0**
Game	0	0	0	0	**0**
Total	**580**	**611**	**728**	**672**	**2591**

E.Health Care Waste Management

Health care waste quantification incinerated in various Health Centre and Hospitals in the four regions bumper.

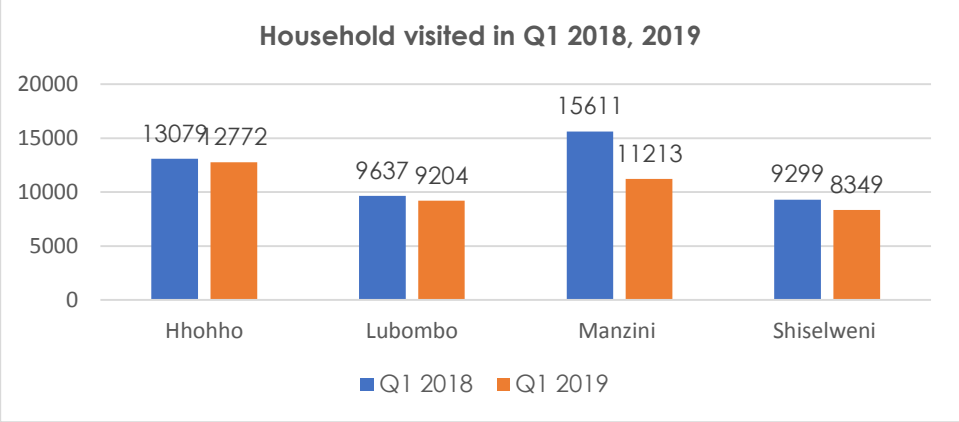
Table 4.5.5: Healthcare Risk Waste Quantification by Health Facility, April to June, 2019

NAME OF HEALTH FACILITY	HEALTHCARE RISK WASTE QUANTIFICATION (KG)		
	April	May	June
Mbabane Govt Hospital	9,818.25	8,546.10	8,195.02
Piggs Peak Govt Hospital	6226.28	1344.20	1245.06
Dvokolwako Health Centre	3594	2153	2975
Mkhuzweni Health Centre	425	842kg	625kg
MankayaneGovt Hospital	1,146.72	1,773.18	1,341.21
R F Memorial Hospital	2868.3	3796.3	4011.8
T.B government Hospital	976.90	100.2	123.7
Lubombo Referral Hospital	Not working	Not working	Not working
Good Shepherd Hospital	3516.96	3681.41	3967.21
Sithobela Health Centre	575.2	673.58	795.56
HlathikhuluGovt Hospital	6508	6210 .23	7732.21
Nhlangano Health Centre	1587.20	1331.30	1245.06
Matsanjeni Health Centre	478.50	2882	3057
Phocweni Clinic	551.3	823.8	397.2
TOTAL	**38,272.61**	**34,157.30**	**35,711.03**

4.6. Rural Health Motivators(RHMs)

The Rural Health Motivators' Program is a community based health volunteers' program which facilitate extension of health promotion services to communities through interpersonal communication. This program drives the delivery of primary health care services and closes the gap of human resources for health by responding to expressed health needs of the communities. Additionally, this structure operationalizes the Universal Health Coveragewhich promotes access to health services by being an extension of the formal health care system in the communities they serve. RHMs provide a wide range of community based health services.

Figure 4.6.1: Number of Households visited by region, April to June 2018 and 2019



The primary role of RHMs is to conduct household assessments, identify and refer clients who require health services at facilities. During the reporting period, Hhohho RHMs have recorded an average of 12,772 household visits followed by Manzini RHMs recording an average of 11,213 households visits. There is a slight decline in the number of households reported by

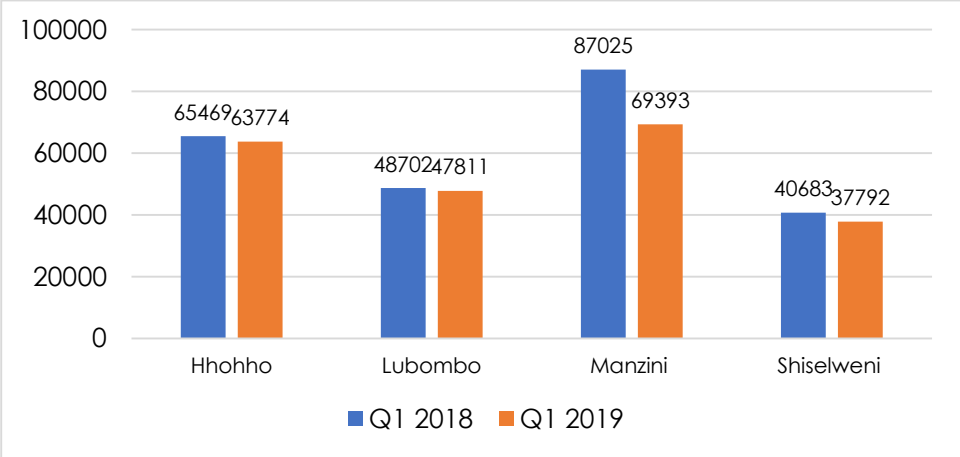
Shiselweni and Lubombo when compared to the same reporting period in the previous year. Discrepancies in Lubombo and Shiselweni region are related to challenges in the data flow.

a. Strengthening supportive supervision of RHMs

The program continued to disseminate Standard Operational Guidelines for Community Health Volunteers towards strengthening supportive supervision of RHMs at community level. During the reporting period, the program sensitized 53 Nurse Managers from 50 health facilities and Community Leaders (Chiefs, Bandlancane and Bucopho) on their supportive supervision role on RHMs. During the reporting period, the program in collaboration with RHMTs, Taiwan ICDF and RFM Hospital sensitized community leadersin the constituencies.

Through household visits, RHMs in Hhohho region reached 63 774 clients within the reporting period and Manzini RHMs reached 69393 clients. These clients are reached with educational and counseling messages towards influencing behaviour change. There is a slight decline in the number of clients reached by RHMs in Manzini and Shiselweni region when compared to same reporting period in 2018.

Figure 4.6.2: Number of Clients Visited By RHMs in First Quarter of 2018 and 2019.



b. Strengthening RHMs Household Visits Monitoring

Towards strengthening supervision of RHMs, the program developed a household visit monitoring tool which is currently being implemented since April 2019 in all 4 regionsexcluding Matsanjeni Zone (Hosea, Sigwe, Somntongo and Matsanjeni) in the Shiselweni region. Through this monitoring tool, the program will be able to determine number of households assigned to each RHM, number of RHMs who provide their services for the stipulated 2.5 days per week, number of households who received an RHM visits within a 3 months period and dates when the household visits were conducted. This valuable data will inform strategies for strengthening RHM programming.

c. Capacity building for RHMs

The program with support from partners trained RHMs on a various service areas as outlined in the table below:

Table 4.6.1: Capacity Building for RHMs, April to June 2019

Training	Target	Baseline	Number Reached	Partner Support
Conduct 5 days in-service training of RHMs on Timed TargetedCounsellin g at Shiselweni	140 RHMs From Mtsambama and Somntongo constituenci es	0	138 RHMs trained on timed targeted counseling • 40 RHMs from Somntongo • 98 RHMs from Mtsambama	• World Vision • RHMTs • RHM Program
Conduct 3 days in-service training of RHMs on Maternal and Infant Health Care Improvement Pilot Project in Manzini region	120 RHMs around ENHI catchment areas in Manzini	183 RHMs Trained on Maternal and Infant Improveme nt project within catchment areas of ENHI	120 RHMs Trained on Maternal and Infant Improvement project	• ICDF • RHFM Hospital • SRHU • RHM • RHMT

Challenges

- Shortage of resources (human, transport) to support implementation of community based health (RHM Program) activities.

4.7 Emergency Preparedness and Response (EPR)

The Emergency Preparedness and Response Department (EPR) is the Ministry of Health's vital public health emergency programme that helps to build national capacity to manage health emergency risks, lead and coordinate the national health response to contain outbreaks and provide effective pre-hospital care, relief and recovery to affected people. The services provided to ensure timely and effective public health emergency response include Emergency Medical Services (EMS); 977 – Emergency Medical Call Centre; Epidemic Preparedness, Pandemic Alert and Response; Public Health Emergency/ Disaster Response Services

Table 4.7.1: Indicators and Targets For Emergency Preparedness and Response

#	Indicator description	Indicator targets					
		Baseline	2019	2020	2021	2022	2023
1	Multi-hazard national public health emergency preparedness and response plan is developed and implemented	50%	60%	70%	80%	90%	100%
2	Priority public health risks and resources are mapped and utilized	10%	20%	30%	40%	50%	60%
3	Capacity to activate emergency operations	50%	60%	70%	80%	90%	100%
4	% Health Facilities with functional Disaster Plans	10%	20%	30%	40%	50%	60%
5	Average response time per 8	Urban					

	minutes for urban settings,14 minutes for rural settings and 30 minutes for aeromedical	15 Min	8Min	8Min	8Min	8Min	8Min
		Rural					
		35 Min	25 Min	20Min	15 Min	14Min	14 Min
		Helicopter					
		0 Min	30 Min	30 Min	30 Min	30 Min	30 Min

Achievements

The sector intends to prioritize strengthening of National and International Cooperation in order to build National capacity to prepare for, respond to and recover from emergencies with public health consequences. In building capacity for the health sector to respond promptly the following key achievements were observed in the first quarter of the year as indicated below:

- The 977 system –The system received a total of 85,005 calls during the first quarter.
- Emergency Calls (Critical Calls) –Out of 85, 005 calls, only13,107 callswere classified as emergency calls (Calls required urgent dispatch).
- Response Rate – The service achieved 92.5% response rate (A total of 12,129 were successfully attended out of 13,107 cases in the first quarter periodand resulted intransportation to an emergency department (ED) of receiving facilities.
- Medical Hotline Services–The toll-free line attended to atotal number of 40, 221calls CLASSIFIED and attended to as medical hotline calls whereby, Call Centre Agents responded to various emergency health concerns and provided 24 hour on-the-phone public assistance on various subjects e.g. diarrhoea and vomiting,-fever, Suicide attempt cases, resuscitation, HIV counselling, asthma attacks, medication advice, rehydration, AH1N1, etc.
- National Events –31,677 medical conditions were attended during national events, sporting events, cycling, motoring and mountain hiking in the first quarter period.
- Public engagement –The public has been educated about immediate activation of 977 for suspected stroke victims; Segment Elevated Myocardial Infarction (STEMI), a type of cardiac arrest; bystander CPR; fall prevention; and, the use of child car safety seats and bicycle helmets. Immediate intervention and stabilization of an injury or illness and rapid, safe transport to the appropriate hospital save lives as well as limits morbidity.
- Epidemic and Pandemic Diseases –341 notifiable conditions have been reported through the Ministry's Immediate Disease Notification System (IDNS) in the first quarter.
- AH1N1 –updating of contingency plan for Pandemic Influenza AH1N1.

Table 4.7.2: Number of emergency cases by condition, April to June2019

Conditions	No. Of Cases
Road Traffic Accident	698
Maternal/Obstetric	1935
Diabetic conditions	643
Asthma/Respiratory	1238
Heart conditions	995
Total Volume	5509

Table4.7.3 : Number of emergency medical cases by condition, April to June,2019

Conditions	No. Of Cases
Road Traffic Accidents	698
Maternal/Obstetric	1935
Diabetic conditions	643
Asthma/Respiratory	1238
Heart conditions	995
Total Volume	5509

Table 4.7.4: Epidemic Preparedness and Alert –Early warning system
Table :

Notifiable Diseases	1st Quarter Report				
	Hhohho	Lubombo	Manzini	Shiselweni	Total
Malaria(Confirmed)	63	85	52	10	210
Maternal Death	3	0	2	0	5
Suspected Cholera	0	0	0	0	0
Suspected Measles	25	4	9	14	52
Suspected Severe Food Poisoning	0	0	0	0	0
Viral Haemorrhagic Fever/Ebola	0	0	0	0	0
Acute Flaccid Paralysis	7	1	2	0	10
Neonatal Tetanus	0	0	0	0	0
Maternal Death	0	0	0	0	0
Suspected Human Rabies	0	0	0	0	0
Suspected H1N1	0	0	0	0	0
Suspected Typhoid Fever	0	0	0	0	0
Suspected Meningococcal Meningitis	0	0	0	0	0
Perinatal Death	9	4	13	38	64
Suspected Rift Valley Fever	0	0	0	0	0
Total	**107**	**94**	**78**	**62**	**341**

Challenges

There is gross shortage of ambulances.

4.8 Epidemiology and Disease Control Unit

The Epidemiology and Disease Control Unit (EDCU) plays a central role in disease control as it coordinates all surveillance activities in the context of Integrated Disease Surveillance and Response (IDSR) in the country.The unit with the assistance of ICAP and UNICEF has managed to strengthen implementation of IDSR through on-site sensitizations and mentoring. EDCU has successfully conducted four RHMT sensitizations in all regions. On-site sensitizations were carried out in eighteenhealth facilities country wide focusing on hospitals and health centres. A total of461health workers were trained including doctors, regional matrons, nurse managers, nurses, midwives,Emergency Preparedness and Response (EPR)mainly

paramedics, laboratory technologists and pharmacists. The health workers were sensitized on the IDSR framework and there was emphasis on immediate notificationand weekly reporting as it was observed that immediate notification remains low in some of the health facilities.

a. Maternal, perinatal and neonatal death surveillance (MPNDSR)

MPNDSR is on-going in 18 health facilities that are providing maternity services. A total of 6 maternal deaths and 138 perinatal deaths have been recorded during the reporting period. The highest proportion of perinatal deaths were macerated still births indicating quality of antenatal care and their health seeking behavior. The unit in collaboration with the Sexual and Reproductive Health Program (SRH) is in the process of establishing community based surveillance, which will be piloted in four constituencies countrywide.

d. HIV Recency surveillance

The EDCU in collaboration with ICAP withsupport from PEPFAR has recruited personnel including surveillance officers to support HIV recency testing. Early in June 2019, a training of trainers (TOT) was conducted to facilitate step down trainings. As part of step down training, a total of 63 nurse managers were sensitized to support HIV recency testing implementation. To date 146 HTS providers (nurses and HTS Councilors), 19 laboratory supervisors have been trained. There isa planned follow up training scheduled for 23-25 July targeting 75 HTS providers. Implementation of HIV recency surveillance is expected to resume on the 1st July 2019.

e. Antimicrobial Resistance (AMR) surveillance

The ministry has secured funding from the Fleming Fund to support the establishment of antimicrobial resistance (AMR) and antimicrobial use (AMU) surveillance includingcapacity building. It is hopedthat through the surveillance, the Unit will be able to track and monitor AMR. A request for proposal to Fleming Fund has been submitted. Currently a data collection tool for surveillance purposes including selection of sites for both laboratory and pharmaceutical services is being customized.

f. International Health Regulations (IHR) implementation

Eswatini has initiated a risk assessment using the VRAM methodology to map the country's risks and vulnerabilities at national and regional level to improve preparedness and response capacities. Following the training of the national team, data collection tools have been developed and are currently being validated with WHO assistance.

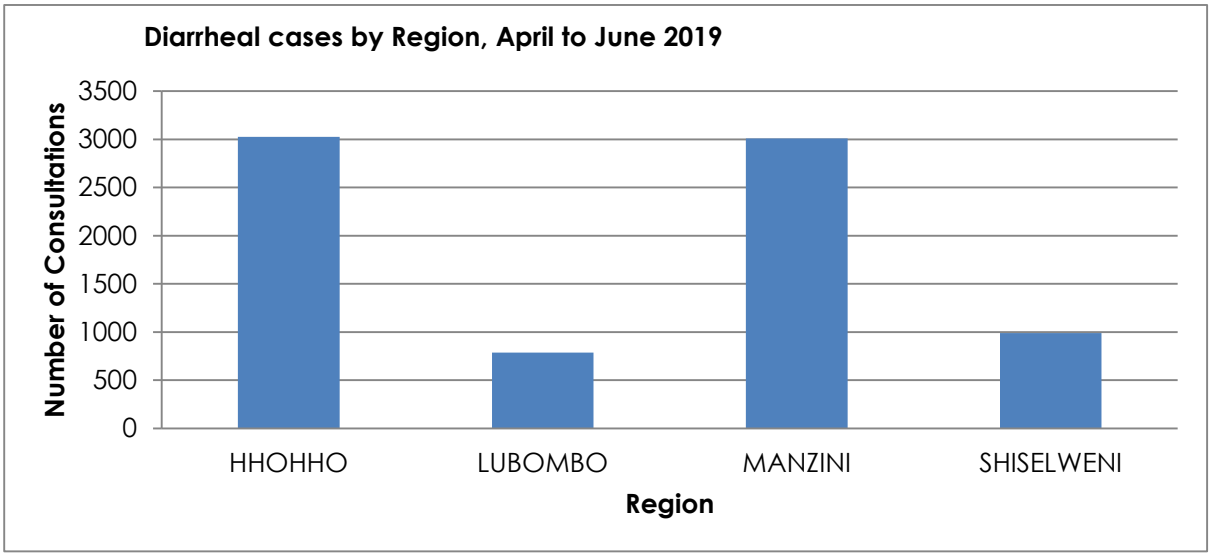
g. Outbreaks

During the reporting period, there were three outbreaks that were reported and investigated. Skin conditions were in the Hhohho and Shiselweni regions and influenza was in the Hhohho region as discussed below. An increase in skin conditions at Hhukwini clinic was noted from April 2019 and a significant increase was noted in May 2019. Upon further investigation, clusters of skin condition cases were identified from different areas under Hhukwini constituency. About 90% of the cases reported that some of the people they were staying with had developed similar symptoms.Overall, a significant decrease on skin disorders was noted from both New Heaven and Ntjanini clinics.

On the 20th of June 2019, a case of confirmed Influenza A/H1N1 was reported through the immediate disease notification system from Mbabane Clinic in the Hhohho region. The rapid response team conducted an investigation and all contacts were followed and tested.
Specimen(throat swabs) were collected from 6 pupils presenting with fever and flu-like symptoms from KaSchiele Primary School. These specimen were sent to Lancet Laboratories in Mbabane for analysis. All contacts tested negative for Influenza A/H1N1. Four samples tested positive for Influenza A/H3N2 which is a normal circulation strain of influenza, while two

tested negative for any influenza. The EDCU continues to monitor any influenza to detect any outbreaks as early as possible as plans to setup influenza surveillance are underway.
Diarrhea is most prevalent in the Hhohho region (3024 consultations) and Manzini region (3009 consultations). Lubombo and Shiselweni region had the least number of diarrheal cases compared to the other aforementioned regions as shown in figure below.

Figure 4.8.1: Diarrheal Cases by Region, April to June 2019.



The EDCU unit produces weekly and monthly epidemiological bulletins as a means of providing feedback to stakeholders. During the reporting period, the unit has compiled and disseminated twelve weekly epidemiological bulletins and two monthly epidemiological bulletins.The main findings from these epidemiological bulletins indicate that diarrheal cases are within the expected threshold. On the other hand, malnutrition cases especially severe acute malnutrition (SAM) amongst children under five years are increasing. Data from the four sentinel sites indicates an increase in malnutrition cases as there were 115 malnutrition cases (Moderate Acute Malnutrition=37 and Severe Acute Malnutrition=78).

Challenges

Burden of disease - The epidemiological trend on the burden of disease has changed over the years. There is high morbidity and mortality due tonon-communicable diseases, yet robust generic surveillance tools for monitoring NCDs are still not available.

Human resources - Lack of human resources hinders the effectiveness of the unit in providing epidemiologic services to the health sector. There is serious human resource challenge and as such the unit is currently operating on borrowed posts.

4.9 National Malaria Control Programme

This report covers progress updates for the period April – May 2019, as per the Ministry of Health performance framework. Progress will be as per the objectives of the Revised National Malaria strategic plan 2017-2020 which aims at eliminating malaria in the Kingdom by 2020.

Objective 1: Strengthen surveillance, monitoring and evaluation systems to ensure that 100% of suspected cases are tested and all confirmed cases and transmission foci are reported and investigated by 2020
Targets:

1) Target: 100% of malaria cases notified-: Actual: for the period April to June, a total of 199 cases were reported by the different health facilities. And of those case 177(89%) were notified immediately as per the guidelines.The programme will continue to sensitize health facilities on reporting immediately through supervisory visits and mentoring visits to those health facilities who still fail to notify immediately a case in confirmed.

2) Target:100% confirmation of all cases reported by either RDT and or microscopy-: Actual: All199(**100%)** cases reported were confirmed through a parasitological diagnostic test (RDT and or microscopy) of the cases.

3) Target:100% investigation of cases confirmed-: Actual:of the 199 cases reported during the reporting period, 187/199*100= 94**%** were investigated. The investigation rate is lower than that of the previous reporting period, An Jan – March, due to an increase in cases that could not be followed up due to their nature of being highly mobile. The programme willcontinue to work with health facilities and the surveillance team in improving this indicator.

Objective 2:Ensure universal access to malaria case management and appropriate vector control interventions for targeted populations by 2020.

Effective case management and appropriate vector control interventions are critical for malaria elimination. Cases are to be given effective treatment and also respond to transmission areas with an appropriate vector control intervention.Currently, their main vector control in the country is Indoor house spraying, and it is done in active foci, residual and in response to local transmission. A project to access the effectiveness of larviciding will be conducted in twelve sites.

1) **Target**: 100% secondary confirmation of cases reported-: Actual: the indicator is no longer collected by the programme as secondary confirmation of cases is no longer mandatory as per the 2017 WHO Framework for malaria elimination. The framework states that all cases confirmed by RDT are cases and should be treated and investigated. Secondary confirmation can only be done where the result is questionable.
2) A malaria conference was held in May, where by a total of 98 clinicians out of 100 targeted was successfully held. Doctors, Matrons and nurses met to share malaria updates and discuss issues relating to patient care at all levels.

Objective 3: Achieve 100% community and health worker knowledge, attitudes, behaviours and practices on malaria prevention and elimination by 2020

The guidelines state that all uncomplicated cases should be treated using ArtemetherLumefantrine and severe cases treated with Artesunate. All cases reported were treated using the recommended treatment regime, and this shows compliance of health care workers to the national guidelines. The trainings conducted and the supervisory and mentoring visits have helped improve and maintain this indicator. The programme will continue to ensure health facilities have the malaria commodities at all times, and there is compliance to guidelines.

Targets

I. Target: 100% cases treated according to Guidelines in the Private sector-: actual: a total of 94cases were reported by the Private sector, and of the 94 cases, all **(100%)** were treated as per the guidelines.
II. Target:100% cases treated according to Guidelines in the public sector-: 105 cases were reported in the public sector, and of the cases reported, all**(100%)** were treated as per the guidelines.

III. The programme during the reporting period also revised and reviewed its treatment guidelines, and new regimes have been added for the management of both uncomplicated and severe cases.

Objective 4: Strengthen programme management capacity for malaria elimination at all levels by 2020

Targets

I. Target:100% of reported cases investigated within 7 days-: of the 199 cases reported, 183/199*100= **92%** cases were investigated within 7 days of confirmation. Currently investigations are conducted during the course of the week, and upon discharge from the health facility. failure to achieve this indicator of 7 days is due to cases being in reported towards the end of the month when the government has fuel challenges, investigation is sometimes not possible during these times as there is usually no fuel.

II. The country launched the End Malaria Fund by HMK, this initiative aims to bridge the gap that exists within the programme and assist in reaching the country's goal of eliminating malaria in the country.

Challenges

- Fuel shortages

Achievements

- Launch of the End Malaria Fund
- 100% of cases diagnosed using a parasitological based diagnostics tool in both private and public sector
- 100% treatment of all confirmed cases as per the guidelines in both private and public sector

4.10 Integrated Management of Neonatal and Childhood Illnesses Programme(IMNCI)

The early years are critical in a child's life, because this is the period when the brain develops most rapidly and has a high capacity for change, and the foundation is laid for health and wellbeing throughout life. The National Health Sector Strategic Plan (NHSSP) has made family health (reproductive and maternal, child health and nutrition) one of the key priority public health interventions that will address the immediate primary health needs of the population to improve the health of men, women, youth, adolescents and children.

The table below shows the top ten leading OPD conditions for children below the age of five years since the beginning of the year 2019. As with the previous trends, upper respiratory infections are by far the most prevalent with skin disorders being second. A downward trend in acute watery diarrhoea can be observed between the months of April and May.

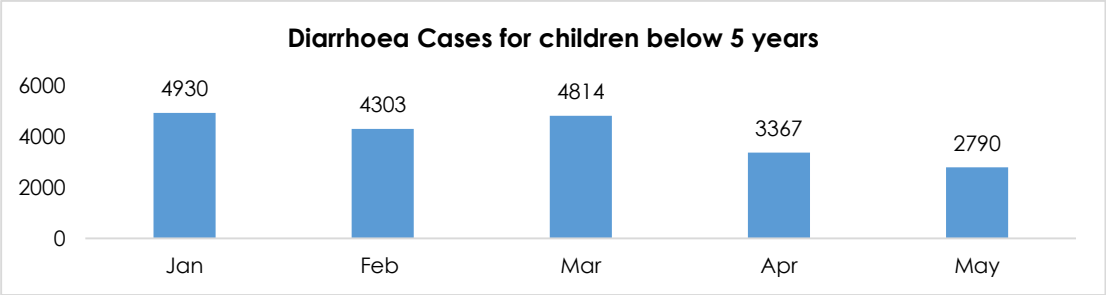
Table 4.10.1: Top ten OPD conditions for children below the age of five years.

Condition	*Jan*	*Feb*	*Mar*	*Apr*	*May*	*Total*
Upper Respiratory Infection	14949	20176	25151	23448	14761	98485
Skin Disorder	9007	7794	9666	7469	5446	39382
Acute Watery Diarrhoea	4142	3591	4158	2975	2374	17240
Lower Respiratory Infection (Mild)	1209	1797	1757	1787	1098	7648
Digestive Disorders	1463	1367	1627	1239	851	6547
Eye Diseases	809	656	619	858	412	3354
Oral Health Problems	769	608	563	478	411	2829

Ear Problems	400	503	549	484	340	2276
Lower Respiratory Infection (Severe)	241	597	842	216	254	2150
Injury	600	478	427	307	222	2034

In 2019, diarrheal cases for children in the country have been most prevalent in the month of January and March with lower cases between April and May.

Figure 4.10.1: Number of Diarrhea cases for children below 5 years



Challenges

- 42 facilities including new facilities do not have ORT corners which is a challenge during diarrhea outbreaks. The corners are important in diarrhea case management for hydrating children whiles queuing for treatment which reduces mortality rate in under-fives.

4.12. Health Management Information System (HMIS)

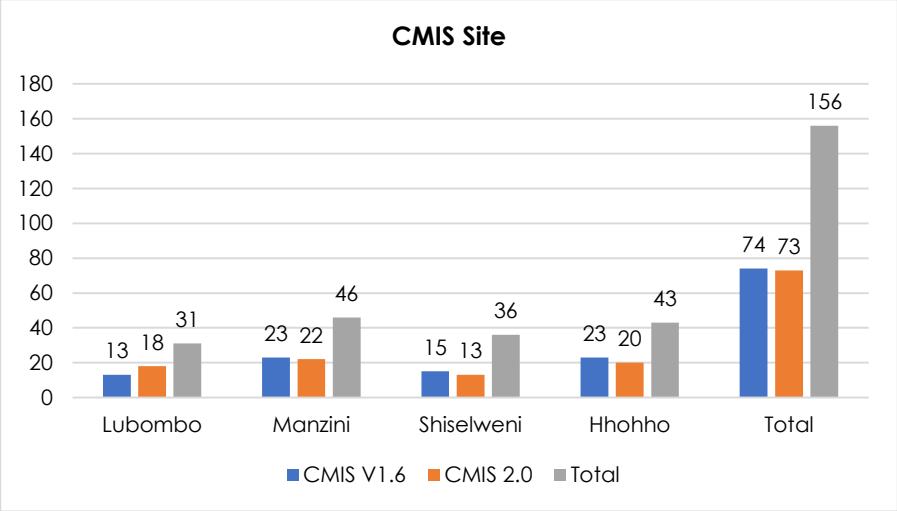
The primary objective of the information system is to provide reliable, relevant, up-to-date, adequate, timely and reasonably complete information on health needs, delivery of services, availability and use of resources, and, effectiveness of servicesfor health workers and managers at community, facility, regional and national levels.

Table 4.12.1: Dashboard on Key Performance Indicators for HMIS

Thematic Area	Indicator Name	Baseline	Target	Actual Output	Status
Improve Health Information System	Timeliness of reporting	74%	80%	85%	
	Completeness of reports	80%	86%	88%	
	Data Accuracy	70%	80%	85%	
Rollout of the Client Management Information system(CMIS)	No of health facilities using CMIS	4	174	156	

Advocacy for skilled human resources	No of skilled human resources	10	40		

Figure 4.12.1: Number of Client Management Information System Sites by Region



Achievements

Through the support from Global Fund, trainings on Client Management Information System and basic computer skillsare ongoing at facility level and final students in the health institutions. Procurement and configuration of the equipment for the Local Area and Wide Area Network is in progress as stated below.

- Through the support from Global Fund, trainings on Client Management Information System and basic computer skillsare ongoing at facility level and final students in the health institutions. Procurement and configuration of the equipment for the Local Area and Wide Area Network is in progress.
- A total number of 172facilities were planned to be connected on wide area network (WAN) in all regions and 111 sites are already on WAN. 172facilities were planned to be connected on Local Area Network (LAN) and156 facilities are now connected. Out of the 172 facilities,156 are live on CMIS.53facilities are connected through SPTC data line, 80 facilities are connected through microwave. Introduction to microwave technology began in October 2018 which uses high frequency beams of radio waves to provide high speed wireless connections that can send and receive voice, video, and data information.The sites network connection Wasfunded by Global fund (NERCHA and SCPASS), Ministry of ICT and eSwatini Communications Commission.
- Help Desk – A system that records all issues for IT users has been successfully implemented. The system also records assets that are in health facilities. A toll-free number has been introduced for reporting incidents and requests for help.
- Development of quality monitoring dashboards for data use and quality assessment have been successfully implemented and deployed. Data synchronization is currently done both manually and automatically, the ultimate aim being a real –time system.
- Communications –The creation and development of information, education and communication has been finalized. The HMIS Unit increased the information

dissemination coverage through HMIS Booklets, Brochures, CMIS Posters, Stickerswith key messages. The communications team also worked on a CMIS documentary which was aimed at showcasing progress made on CMIS.

- A Human Resources website has been developed and is now live.
- Working with the Ministry of Natural Resources a Concept Note was sent to donors regarding a solar project. The aim of this project is to install solar panels in health facilities that will enable back-up so as to eliminate the frequent power outages.

Challenges

- Budget line: the unavailability of a budget line and funds from government make the HMIS Unit to rely mostly on implementing partners which has a major negative bearing on performance improvement.
- Funds for Computer and networking spares – unavailability of funds to buy computer spares that can be stored in the warehouse. The process of soliciting for funds takes a long time and that affects the turnaround time.
- Human Resource capacity: the insufficiency of HR for system troubleshooting in facilities and a HMIS unit dedicated driver who will be responsible for driving staff to facilities. Most of the Network Engineers at Regional level are donor supported which is not sustainable in the long term.
- Transport: the scale up of the Client Management Information System (CMIS) is being affected by lack of transport. The turnaround time for Network Infrastructure trouble shooting is therefore poor.
- The lack of space for computer repair and maintenance causes delays resulting in interruption of service delivery in healthcare facilities. There is also lack of repair tool box kits.
- Power outage backup system – a need for a power outage backup system to ensure that the uptime rate of the system is high
- Lack of integration of CMIS with other systems such as with the Laboratory Information System, Immediate Notification
- Frequent power/electricity outages due to natural disasters which causes huge damage on the computers.

4.13. Monitoring and Evaluation Unit (M&E)

The M&E unit was established in 2005 with the aim to support health performance monitoring and to evaluate efforts of health towards reduction of mortality. The unit is housed under Strategic Information Department (SID), reports to the Directorate and largely responsible for M&E capacity building, program performance monitoring, reporting and dissemination. The aim of the unit is to consolidate, analyse and report all health information.

Table 4.13.1:Key Performance Indicators for M&E

Thematic Area	Indicator Name	Baseline	Target	Actual Output	Status
Produce Reports	**# of annual program reports developed printed and disseminated**	**3**	**5**	**6**	
	# of Regional Annual Reports produced	**4**	**4**	**3**	
	# of Program QSCR produced	**1**	**3**	**0**	

	# of PUDR per year	**2**	**2**	**1**	
Conduct Critical Reviews and evaluations	**# of program critical reviews conducted (NASAR and RESAR)**	**2**	**2**	**2**	
Capacity building	**# of capacity building workshops conducted**	**3**	**4**		
Produce strategic documents	**Developed consolidated M&E work plan for both regional and national levels**	**0**	**1**	**1**	

Key Achievements

- **Planning**
  - ✓ The M&E unit participated in the review and consolidation of protocols and guidelines for management of NCDs.
  - ✓ In collaboration with the planning unit, the M&E unit was engaged in the finalisation of the third National Health Strategic Plan together with its Monitoring and Evaluation Plan as well as the Implementation Plan of this strategy.
  - ✓ Provided support towards selection of indicators for the second phase of Taiwan ICDF grant.
- **Analysis**
  - ✓ Development of Surge dashboard and indicator selection
  - ✓ Populated the National health Observatory in multi stakeholder meeting.
- **Reporting**
  - ✓ Monitoring and reporting on progress of UNDAF
  - ✓ RMNCAH scorecard
- **Dissemination**

Development and Dissemination of 2018 Annual Reports: There were 10 Annual reports that were developed including regional and program specific reports. The program reports include: National Quality Management Program, Community Based Health Services Program, National Child Health Report (EPI, IMNCI and Nutrition), National Control and Prevention of Non-Communicable Diseases, Sexual and Reproductive Health Program, HIV and National TB Control Program. The dissemination meeting was conducted on 4th June 2019.

- **Establish Data Demand And Use**
  - ✓ Presentation of key performance indicators to program TWG's and during review meetings at both regional and national level.
- **Evaluation**
  - ✓ *Mother ToChild Transmission Impact Assessment Protocol development*: in collaboration UNICEF, SRH and otherrelevant stakeholders in the child growth monitoring program.
  - ✓ Co-AG Evaluation protocol that is still in Draft
  - ✓ EHCP assessment protocol development, in preparation for an assessment that will be conducted in November 2019.
  - ✓ Participated in the evaluation of the EU end of project
- **Surveys And Surveillance**

  The M&E unit supported the assessment of the following surveys: Vulnerability Risk Assessment and Mapping, National Health Accounts, development of Multiple Indicator Cluster Survey Questionnaire.

- **Capacity Building**

GIS and Advanced Analysis Training: There was an in-service training for 7 M&E Officers, in which they were capacitated on the basic concepts of Geographic Information Systems and on Advanced Analysis using STATA. The training was supported by IHM.

Challenges

- The unit is overstretched with regards to the Human Resource making it difficult to support all the stakeholders and conduct supportive supervision as expected. Hence, the unit is awaiting the 3 available vacant positions to be filled.
- For analysis, the unit has experience in analysing consolidated data but with the introduction of CMIS the unit now needs further orientation on how to fully analyse patient level data to facilitate informed decision making. The FEI and IHM are continuously building capacity for further analysis of the CMIS data within the M&E Unit.

4.14. Non Communicable Diseases (NCDs)

Management of NCDs at Outpatient Facilities

This report was compiled from 130 health facilities that provide NCD services and have reported in the past five months. The completeness of the data calculated using the frequency of reporting per facility in the past five months was 74% and this data is representing the national performance in relation to number of NCD outpatient visits.

Table 4.14.1: Number of NCD related outpatient visits by age and sex, Jan-May 2019

	Female			Male			
Condition	<5	>5	TOTAL	<5	>5	TOTAL	NATIONAL
Cardiac Diseases	-	758	758	2	432	434	1 192
Dental Caries	469	4 096	4 565	446	3 332	3 778	8 343
Diabetes Mellitus	20	6 956	6 976	16	3 961	3 977	10 953
Ear Problems	538	1 849	2 387	515	1 500	2 015	4 402
Epilepsy	72	1 259	1 331	134	1 410	1 544	2 875
Eye Diseases	1 066	6 744	7 810	853	5 071	5 924	13 734
Hypertension	11	19 050	19 061	14	7 757	7 771	26 832
Injury	537	3 910	4 447	715	4 956	5 671	10 118
Mental Disorders	24	3 089	3 113	12	1 872	1 884	4 997
Oral Health Problems	578	2 428	3 006	630	1 630	2 260	5 266
Road Traffic Accidents	29	395	424	45	513	558	982
Grand Total	**3 344**	**50 534**	**53 878**	**3 382**	**32 434**	**35 816**	**89 694**

Source: HMIS integrated summary 2019

The above table shows the number of NCD related visits made at OPD by sex and age. It is evident in the table that more, 53 878, visits were made by females as opposed to 35 816 made by males. In both sexes the age group 5 years and older had more visits made in comparison with the under-fives. It is noted with concern the prevalence of diet related NCDs in people less than five years; conditions which were traditionally perceived as those affecting only adults. These conditions are namely diabetes mellitus, and hypertension.

Achievements

- Developed NCD register.
- Reviewed chronic care file and clients care.
- WHO @scale protocol submitted to National Health Research Board for approval and comments received following review. Currently working on addressing the comments in preparation for second submission to NHRB.

4.15 National TB Control Programme(NTCP)

Eswatini continues to be severely burdened by the dual TB-HIV epidemic. TB prevalence rate is estimated at 403/100,000 population, placing the country among high TB/HIV burdened countries in the world (Global TB Report 2016). The TB incidence rate is currently estimated at 308/100,000 and estimated TB-related mortality (excluding HIV)has stabilized at approximately 10/100,000 population as per the 2018 WHO Global TB Report. The implementation of TB/HIV Integration policy of 2015 has allowed for the co-management of TB/HIV activities in TB BMUs and vice-versa. This has resulted in improvements in HTS and ART uptake among TB/HIV co-infected patients. By the end of 2018, the TB/HIV co-infection rate stood at 66%, CPT at 100% and the overall ART uptake at 98%.

Table 4.15.1.: NTCP Key Performance Indicators

Indicator	Baseline(2014)	Target	April- June (2019)	Status
CORE TB CASE DETECTION AND MANAGEMENT				
TB Case detection rate	38%	80%	84%	
TB Case notification rate	610/100 000	501/100 000	260/100 000	
Treatment success rate (All forms)	79%	78%	86%	
COLLABORATIVE TB/HIV ACTIVITIES				
Percentage of HIV-positive registered TB patients given antiretroviral therapy during TB treatment	79% (3123/3972)	82%	98%	
DRUG RESISTANT TB				
Treatment success rate of DR-TB	56%	60%	74%	
PROGRAMME MANAGEMENT				
Semi Annual Review Meetings (4 Regional)	4	4	4	

Achievements

- ***Program management of Drug Resistant TB (PMDT):*** to improve access to DR-TB services, the program has decentralised new drugs and shorter MDR-TB regimen to all 13 DR-TB facilities.This will improve DR-TB treatment outcomes and reduce the number of patients who are lost to follow up before initiation. The program has alsoconducted quarterly Expert DR-TB clinical meeting and supportive supervision visits to all DR-TB sites to improve patient management. The program continues with provision of comprehensive patient support to all DR-TB patients to improve adherence and reduce transmission thus resulting in better TB treatment outcomes.

- **Health System Strengthening:**

  - ✓ **Review of TB Management Guidelines:** The Program has facilitated the review of TB Manual, DR-TB and Paediatric Guidelines inorder to standardize management of TB patients in the country and further align with current WHO recommendations on the management of DS-TB patients, DR-TB and childhood TB cases.

  - ✓ ***Accreditation of TB Basic Management Units***: A total of six (6) additional facilities were accredited to start providing TB services in a bid to ensure integration of health services. This will also improve access to TB services to all patients regardless of patient's geographical location. Therefore, the total number of Basic Management Units (BMUs) which are facilities providing basic TB services has increased from 125 to 131 facilities.

  - ✓ ***Strengthening of Laboratory Services***: The Program through support from Global Fund continues to ensure that the National TB Reference Laboratory (NTRL) routinely conducts External Quality Assurance Assessments to ensure that it adheres to high laboratory standards for conducting TB diagnostics test. In addition to that the program has introduced new TB diagnostic tools namely; Gene Xpert-Ultra and TB Lam, to improve TB diagnosis especially among Advanced HIV patients and our paediatric TB population.

  - ✓ ***TB Semi Annual Review Meetings for all Health facilities providing TB services***: The Program has managed to conduct all the scheduled Regional Semi Annual Review Meetings. These meetings provide a forum for NTCP and stakeholders to conduct periodic review of the programs performance:

    - Critical data review
    - Improve data quality
    - Create the demand for evidence based decision making
    - Share best practices and lessons learnt
    - Improve provision of quality TB services
    - It also provides an opportunity to understand the gaps and challenges in implementation of TB services.

  - ✓ ***Supportive Supervision:*** The program continued to provide supportive supervision to all TB BMUs in order to assist Health Care Workers (HCWs) to improve their own work performance continuously. It also gives an opportunity to improve knowledge and skills of HCWs.

4.16. Quality Management Program

The Ministry has committed, through the quality management system policy statement to continually improve the health care systems through setting and implementing clear quality objectives as outlined in the National Health Sector Strategic Plan, involvement of customers and all relevant interested parties to ensure compliance with documented procedures as well as statutory and mandatory requirements.

Table 4.16.1: Performance Indicators of the Quality Management Programme

Thematic Area	Strategy/key activities	Output/Achievements
Quality Management System (QMS) – ISO Certification of Health Facilities	Pilot implementation of ISO 9001:15 requirements in four Health Facilities to achieve ISO Certification by 2019.	• All four, under listed, pilot sites have qualified for ISO Certification after the final Third Party Quality Management System (QMS) Audit was conducted by the British Standard Institution (BSI). The four pilot sites are: Mbabane Government Hospital, Mankayane Government Hospital,Hlathikhulu Government Hospital, and Bholi Clinic. • Quality Management System (QMS) is implementedin nine (9) health facilities. The scale-upis in line with the MoH main levels of health care service charter. • *Scale-up facilities are: Piggs Peak Government Hospital; Raleigh Fitkin Memorial Hospital; Good Shephered Mission Hospital; LubomboReferalHopsital; Nhlangano Health Centre; Horo clinic; Hluti clinic; Police College clinic;Dvokolwako Health Centre.* • QMS training of health care workers from the facilities implementing QMS standard (ISO 9001:15) is on-going. • 20 monthly coaching & mentoring sessions on implementation of ISO 9001:15 Requirements were conducted and still on-going in all nine (9) scale-up facilities
Customer satisfaction	Increase the level of customer satisfaction from 50% to 80% by 2019	• 41 Health care workers out of 65 were trained from clinics to initiate new quality improvement project on VMMC and Adolescent standards in their facilities. • 49 new QIPs (quality improvement projects) have been initiated this quarter in health facilities (Hospitals and Clinics) • Six (6) health care facilities (Bholi, Mbikwakhe Alliance, Bhekinkhosi Nazarene, Piggs Peak ART, Mkhuzweni Health Centre ART and Siteki PHU) were supported to improve integration of SRH-HIV and Psychosocial services. • One (1) Quality Assurance Summit was conducted for all the Facility Quality Assurance focal persons and Customer care focal person (from all hospitals and health centers). • The average level of client satisfaction on health care services increase from 60 percent for last quarter (January to March 2019) to 63 percent in this reporting period (April to June 2019).
	Introduce the SMS electronic feedback system (client satisfaction and feedback mechanism) to 80 health facilities by June 2019.	• Successfully conducted twelve(12) regional, one-day training and 61 health facilities have managed to attend the one-day full training. The target was to orient and training 80 health facilities. • A total of 540 healthcare providers were orientated and trained in the client satisfaction tool. • Dashboards have been successfully established for 30 health facilities and feedback from clients is currently being received. The health facility customer care officers and selected top management members were trained on the CSFM dashboard. • Identified twenty-one (21) health facilities with internet connectivity and login credentials given to those facilities to access the CSFM dashboards and are able to receive feedback in real time. • Customized940 posters (A2 size) and 50,000 flyers in SISwati and English have been printed and disseminated to 30 health facilities. The IEC material will assist health facilities to mobilize and sensitize on the electronic system. • On-site mentorship has been conducted in 30 health facilities. • A total of 2588 feedback messages from clients who have accessed health services from the different health facilities in the country using the electronic tool have been received,Analysed national report on client satisfaction feedback shared with health facility's managers on their monthly breakfast meeting. • The Rapidpro vendor (Good Citizen team) was in the country to set up the Rapidpro infrastructure at government computer services for preparations for the integration of the Rapidprowith CMIs system.
Infection, Prevention and Control (IPC)	• Review current IPC Guidelines (2014) to reflect WHO 2016 recommendation	• Validation of the final IPC draft was done by MoH IPC stakeholders. • Printing and dissemination of the draft will be done in the next quarter (July to September 2019) • Training of regional Trainers on the reviewed IPC Guidelines will also be conducted during the next quarter

Figure 4.16.1: Customer Satisfaction with Service Results

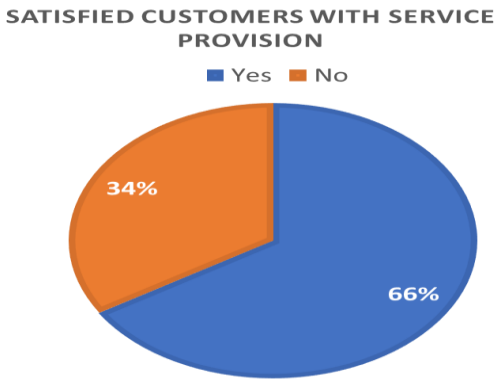


Figure 4.16.2: Average waiting time for healthcare services

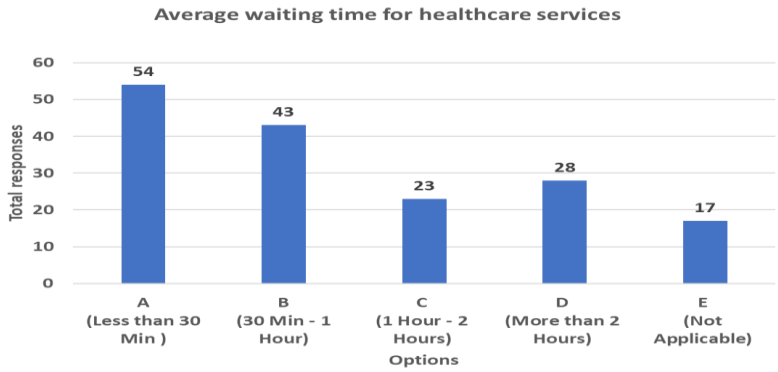


Figure 4.16.3: Facility Cleanliness Results

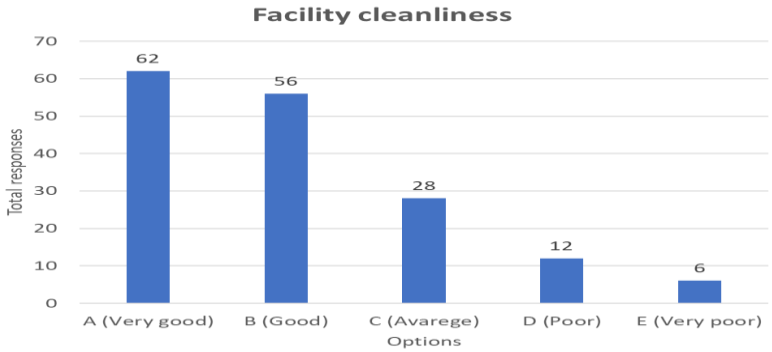
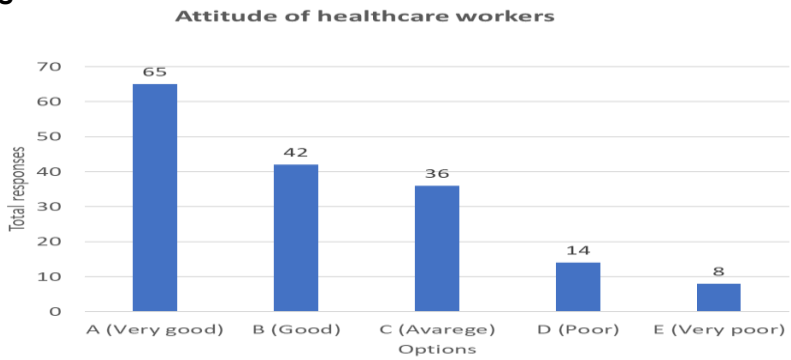


Figure 4.16.4: Attitudes of healthcare workers results



Challenges

- The lack of sufficient financial investment, fragmentation of the delivery of health services and poor quality of care are considered key obstacles to the successful implementation of health programs. The program depends solely on Partners' financial support.
- The shortage of Human resource is a challenge at all levels. This may have impact on turnaround time for certain services, patient waiting time, operations, or processes in the service delivery.

4.17. Research Unit

The department serves as a reliable data source in providing information for monitoring and evaluating the various indicators for the different entities within the health sector

Table 4.17.1: Dashboard of key performance Indicators for Research Unit

Thematic Area	Planned activities	Status of implementation –Color code
Research Management	Strengthen Research partnerships	
	Establish and sustain research sharing platforms	
	Ensure adequate office supplies and commodities	
	Ensure adequate personnel	
	Lobby for inclusion of newer indicators in MICS	
Research Training	Conduct Research Trainings	
	Ensure staff capacitation in Research	
Conduct Research		
	Develop Research Protocols for studies	
	Coordinate ongoing studies	
Clinical & Bio-medical		
	Prepare for the conduct of anti-venom clinical trial	
	Implement the HPTN084 Study	
	Establish journal clubs in hospital	
Communication & engagement of community		
	Hold study sensitization meetings	
	Hold study dissemination meetings	
	Hold community advisory committee meetings	

a. Unit Coordination and Administration

- ✓ **Establish and strengthen partnerships**: In the last quarter the unit reviewed the National Research Science and Innovation (NRSTI) policy and updated the Health chapter. Also, the unit made an input into the Royal Science and Technology Park Bill.
- ✓ **Market the Health Research unit:** The department was able to market its activities at the NTSTI forum for different sectors. Prominent innovation activities were mainly from the Good Shepard Eye Clinic, Laboratory and Currently ongoing clinical trial.
- ✓ **Advocate for the inclusion of indicators in MICS**: In the last quarter the unit managed to include more than 10 new indicators in MICS on: Mental Health, HIV,NCD and SRH.
- ✓ Hold Project implementation task teams: The unit managed to convene PITT meetings for the big studies. The target was to hold 16 weekly meetings in the past quarter. The target was met for some projects while for those that had just been initiated the target was not met.

b. Clinical and Bio-medical Research

i. Prepare for the conduct of the snakebite trial: The department has engaged the snake bite authority, Big game parks, Eswatini Environmental Authority in an attempt to receive clearance to extract anti-venom from seven species of snakes. In addition, the department presented a snake bite data collection tool to the Health Information System Coordination Committee (HISCC) as a way of establishing the snake bite incidents in routine data. The department also, successfully lobbied for the inclusion of snake bite data in MICS and obtained E 85,000 as contribution to MICS.

ii. Implementation of HPTN084: Up to the end of last quarter Eswatini had recruited a total of 37 participants in the study. Three had minor adverse events and they were all not related to the study product. Participant retention continued to be above 98% and all external monitoring visits showed that the country was on course with the study implementation (recording, monitoring of the product, laboratory testing and sample archiving)

iii. ECHO study: the study was successfully completed and data was released.

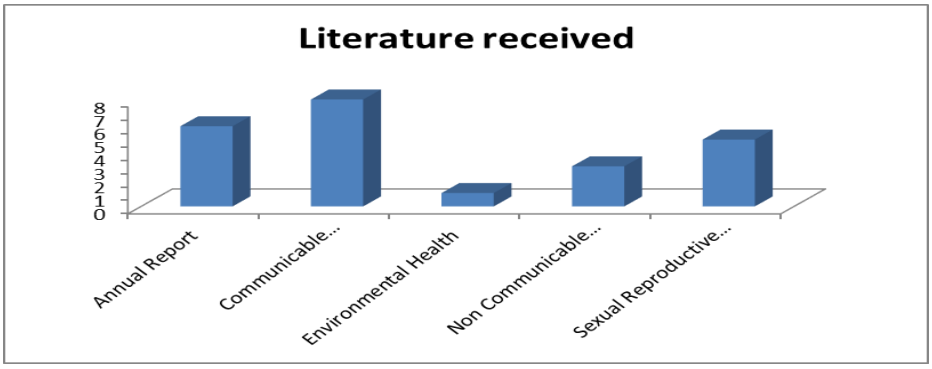
c. Communication and community engagement

i.ECHO Pre-Results dissemination: The department established an ECHO Dissemination Task Team (DTT) which met every Friday to develop and carry out a dissemination Plan. This activity was successfully undertaken.

ii.SHIMS2 Results Dissemination; The SHIMS2 results were disseminated at a high level meeting attended by the US ambassador and the Minister for Health, PS, CSO director and Country Directors(CD) from different organizations. The Minister and the ambassador further officially handed over three documents (Report, Abridged report and Summary sheet) to the National AIDS Program and NERCHA and commissioned them to make use of it.

d. Knowledge Management

Figure 4.17.1: Literature received by the Research unit



e. Data Management

The Health Research unit received two data sets in the past quarter (SHIMS data set, PrEP and HIV Drug Resistance Data set). Also, the department shared HIV DR data with WHO.

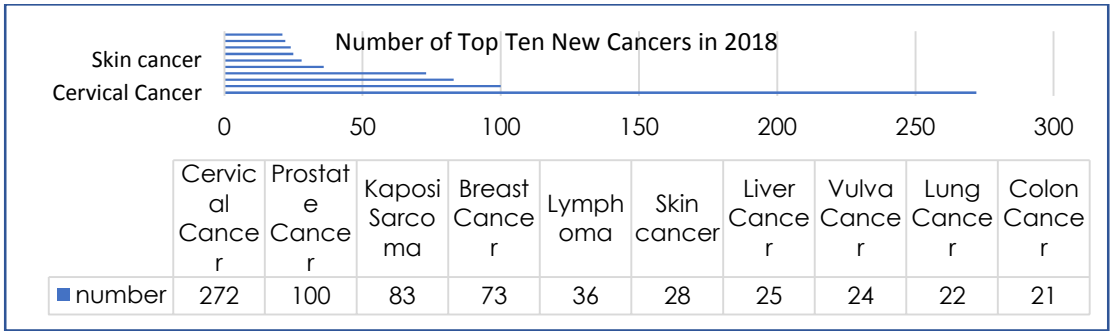
4.18. Cancer Registry Unit

The Eswatini National Cancer Registry (SNCR) has a mandate of improving cancer registration, the response to the burden of cancers and surveillance of current cancer situation in Eswatini. Recently, the updates related to cancer issues include the launch of the National Cancer Control Plan (NCCP), and the establishment of the National Cancer Control Unit (NCCU) within the Non-Communicable Disease Structure. The Eswatini National Cancer Registry (ENCR)currently in place will be embedded within the NCCUfor further improvement of cancer surveillance as well as the response to the burden of cancers in Eswatini.

Achievements

- **Expansion of the ENCR to the NCCU**
  i. The ENCR through the Directorate was able to fully incorporate all the cancer related issues which include the prevention (health promotion, screening and vaccination); the registration and surveillance of risk factors, M&E and research; diagnostic and treatment: and palliative care
  ii. Launching and Dissemination of the National Cancer Control Strategic Plan
- **Cancer Management**
  i. Hiring of the Residential Oncologist in a contractual form (2 years) which has led to some cancer cases to be early diagnosed and referred for care
- **Cancer Surveillance**

Figure 4.18.1: Number of Top Ten New Cancers in 2018



	Cervical Cancer	Prostate Cancer	Kaposi Sarcoma	Breast Cancer	Lymphoma	Skin cancer	Liver Cancer	Vulva Cancer	Lung Cancer	Colon Cancer
number	272	100	83	73	36	28	25	24	22	21

i. The ENCR conducted sensitization meetings on cancers with other government officers and participated in the following field events and media programs
   - Lobamba Clinic focusing on young people – 153 participants
   - Prince of wales on world Health Day – 80 participants came to our slot
   - Blood Bank donor day - 315 participants
   - Men's health day (Pigg's Peak) – 221 participants

This gives a total of 769 participants in all our awareness sessions.

- **Capacity Building**

ii. One Officer has been trained on cancer epidemiology and management of the program
iii. Training of the two medical officers in Kenya for oncology fellowship
iv. The Ministry of Health (MoH) collaborated with the AMPATH Oncology and Haematology on oncology services, research and health systems strengthening activities
v. Histotechnicians training (2 weeks) from June 17th to 28th 2019 on the job training. An advanced training for cancer registry methodology and analysis.

- **Research**

The ENCRled and participated in a number of studies which include the following:
i. Completed the study on assessing the public, cancer patients and their caregivers, current and ex- miners, and Health Care Workers' Knowledge about, Attitudes towards, and Practices regarding Lung and other Leading Cancers in Eswatini: A Mixed Methods Study
ii. Ongoing prospective study to identify and treat incident cases of lung cancer in a sample of health facilities in Eswatini.

4.19. Sexual and Reproductive Health

The Sexual and Reproductive Health (SRH) Program, is mandated to coordinate the health sector response to SRH through well integrated service delivery and capacity building for health care providers.

Table 4.19.1: SRH key performance indicators

Thematic area	Indicator name	Baseline (2014)	Target (2019)	Actual output/outcome (2019)	Status (Highlight colour)	Reason for not achieving
MNCH	# of Maternal death (Maternal Death	35 deaths	reduce by 6deaths per	12 deaths (based on the		The April to June deaths have not yet been audited. There are issues of shortage

	Review reports)		yr (<11 deaths)	reported maternal deaths in Jan to March)		ofHR in maternity which result in poor monitoring of maternity clients.
	% of preg women attending ANC at 1st trimester (< 16 weeks)	28% (SRH annual report)	60% (increase by 8% per year)	3696/11821 31% Routine HMIS data (Jan to May)		Poor community sensitization on the importance of early ANC attendance. There is aneed to do community sensitization in all cheifdoms, currently no funding for such an activity
	% of HIV positive pregnant and lactating women receiving lifelong ART	90%	95%	92% Routine HMIS data (by end 2018)		Efforts to test more women and initiate them are in place
	% of women attending PNC 7-14 days	59%	90%	57% Routine HMIS data		Inadequate community sensitization
	% of Fresh Still Births (FSB)among total still births.	unknown	Reduce by 90 % <10% FSBs	39% 61/157 Routine HMIS data (Jan-May 2019)		No use of assisted deliveries and inability to appropriately interprete and respond to CTG or inefficient use of partograph
ASRH	% of adolescent pregnancies	16.7%		16.7% MICS 2014		These data are from the survey (MICS 2014) and will be tracked after another survey
FP	Unmet need for FP	15%	10%	15% MICS 2014		Next MICS will give us progress
Cancers of the reproductive system	% of women screened VIA positive	13% 468/3652		6.8% Routine HMIS data		VIA positive clients have declined may indicate that prevention strategies are working

Major activities implemented between January to June 2019

a. Maternal Neonatal and Child Health Thematic Area

Maternal Services

- Maternal death Audit Review for 1st quarter done where 7 deaths reported, 2 direct obstetric causes and 4 non- pregnancy related
- Continued medical education (CME) for maternal and neo-natal services for Health care workers conducted.
- Developed Antenatal care (ANC) guidelines finalized, awaiting printing.
- Commemorated day of the midwife with the theme*"Midwives! Defenders of women's rights"*.

Prevention of Mother to Child Transmission

- Developed protocol for eMTCT final outcome study with support from UNICEF.

Neonatal

- Developed a Training package for the operationalization of Clinical Neonatal guidelines in progress.
- Neonatal ICU equipment Procured with support from UNICEF.

- **MOH/Taiwan ICDF** maternal and infant health care improvement project PHASE II

  - ✓ Training of 14 Seed instructors completed in Taiwan that include 4 doctors and 10 nurses.
  - ✓ Developed local training material and curriculum for training of nurses and doctors
  - ✓ Conducted a needs assessment for equipment in 12 clinics currently preparing the equipment list.
  - ✓ Procurement process of the equipment for 4 hospitals and 1 health centre have started, tender document has been submitted to the Government procurement department.

b. Adolescent Health Thematic Area

c. Conducted the first ever Adolescent Health Summit in the Kingdom of Eswatini which had a theme " Prioritizing AYSRH to close the tap of HIV" and it was attended by both in school and out of school youth.

d. Conducted an SYP regional meeting which had brought together eight countries for purposes of reporting progress about the SYP program and to approve and adopt the regional results overview report.

e. Conducted an AYFHS baseline assessment in all health care facilities (325 health facilities) before the implementation of the standards.

f. Mentoring in AYFHS is ongoing in 63 health facilities in Shiselweni and Hhohho region, have added seven health facilities.

g. Launched the AGYW program which is currently being implemented in Tertiary Institutions and in the Global Fund funded constituencies at community level.

h. Launched the mobisam at Lobamba Clinic which is for monitoring social accountability for adolescents accessing healthcare services from the same healthcare facility.

i. Tune Me, a mobile app for young people where they access SRH HIV information is currently doing well on the ground as it has more than 60 000 registered participants and we are currently giving out weekly awards to encourage the adolescents and youth to be active users.

j. Family Planning

k. Conducted in-service training of 45 nurses from TB Hospital and Mbabane Government hospital to strengthen Family Planning / HIV services delivery at tertiary institutions with the financial support from UNFPA.

l. ECHO – 3 year clinical study results have been disseminated Globally, as Eswatini was one of the countries involved in this Global clinical study which was looking at the relationship between Hormonal Contraceptives and HIV acquisition. The study was looking at 3 long term FP commodities (IUCD, DEPO – Provera – 3 month injectable and Jadelle – 5 year implant). Results showed no increase in either of the 3 commodities, meaning HIV acquisition amongst the 3 are similar which shows that there is need to strengthen Dual Protection or rather to strongly promote and advise sexually active individuals to always use a condom while on a family planning commodity, (Use of any FP commodity with a Male or Female condom), of which as a country we were already promoting dual methods of contraceptives.

Challenges

- ✓ Human Resources shortages will limit utilization of equipment bought for the neonatal ICU.
- ✓ Limited resourceshas affected printing and dissemination of required working documents for all respective facilities as well as training
- ✓ All finalised tools still not printed due to financial limitations from both government and partners.

4.20. Health Education and Promotion Unit

The Health Education and Health Promotion Programme is one of the key pillars of Primary Health Care (PHC) and mandated to be the cornerstone for all health programmes in Eswatinias stated in the National Health Sector Strategic Plan. The ministry also recognizes that health education and health promotion can significantly contribute towards the prevention and control of both communicable and non-communicable diseases and health conditions.

Table 4.20.1: Performance for Health Education and Promotion, April to June2019

Input/Activity	Performance
Staff development	Two officers attended 6weeks training in Taiwan on Maternal and Infant Health Improvement
Organize and facilitate creation of dialogue on community health needs	-health participatory hygiene and sanitation transformation sessions with communities to enhance communities to take up hygiene and sanitation as an integral part of their healthy lifestyle that will contribute immensely in combating sanitation and hygiene related illness such as diarrhea and scabies.
Advocate and campaign for health promoting settings and communities	-Coordination of health facility community health committees revival of those committees which are no longer functional (Ekufikeni clinic; Ngwenya clinic
Advocate for community led health promoting activities for community development	-Coordination of national and regional community health promotion stakeholders activities in order to harmonize health delivery strategies and activities
Support the creation of health services that are youth friendly and culturally competent	Sensitization of Church Forum members to better understand what youth friendly services entail and how best to make the young people a priority and not a problem
Strengthening coordination and advocacy for making health promotion a key focus of all Government ministries, Private sector, communities and civil society	Participated in coordination of the successful events focusing on: -Men's Healthin the 4 regions which was mainly encouraging the culture of taking control of one's health by knowing your health numbers; -Increased uptake of school going aged children de-worming -Promotion of importance of blood donation and appreciation of all blood donors -Health education and healthy lifestyle promotion during ShukumaEswatini event at MotshaneInkhundla -Developed and aired radio jingle messagesin respect of No Tobacco commemoration "Smoking and Lung Cancer" -Developed different communication materials to enhance demand

	creation and uptake of different health services which includes Voluntary Medical Male Circumcision; Cervical Cancer; HPV vaccine introduction; Mother and baby pair; Adolescents and HIV; Adolescents and Sexually Transmitted Infections
Mass media communication	Weekly radio programmes on different health issues and how to prevent and control them which included awareness on diarrhea; scabies; HIV; ear care; de-worming; eye care; blood donation

Challenges

- ✓ Shortage of vehicles for both national and regional offices
- ✓ No personnel assigned to the Hhohho Region.

5.0. REGIONAL HEALTH SERVICES

5.1. Hhohho Health Services

The Hhohho Health Services continues to offer services according to Ministry's key strategic documents. Listed hereunder are activities carried out by:

- **Regional Work Plan**

The work plan is still being finalized. This document will be used by facilities to develop facility specific annual plans that will be monitored through reporting at the monthly RHMT meetings.

- **Transport/Fleet Management Training for the RHMT**

Through the Office of the Logistics Officer, Regional Management was exposed to a training on fleet management. This was done to expose the RHMT on the need to properly manage this scarce resource and improve usage in the achievement of Regional objectives.

- **Regional HIV Semi Annual Data Review (ReHSAR) and National HIV/Semi Annual Data Review**

The above events were done successfully and the Region got the overall performing position in the National Event. New interventions introduced by the Ministry are included in the work plan that is being finalized.

- **Mkhuzweni Health Centre Maternity**

Water supply was restored in this facility and the Unit is now functional and conducting deliveries as well.

- **Launch of National Events by the Honourable Minister for Health Senator Lizzie F Nkosi**

The Honourable Minister launched the Man Health Month where men were encouraged to improve their health-seeking behaviour and know their numbers. The Region followed up with two such events at Lobamba and Pigg's Peak
Again the Honourable Minister launched the Mass Drug Administration Campaign at Mlumati High School and creating awareness on Neglected Tropical Diseases.

Challenges

- Outsourced security services at 5 clinics have pulled out due to outstanding invoices since March 2019.
- Outreach services are at times not done as scheduled due to transport and fuel challenges at CTA.

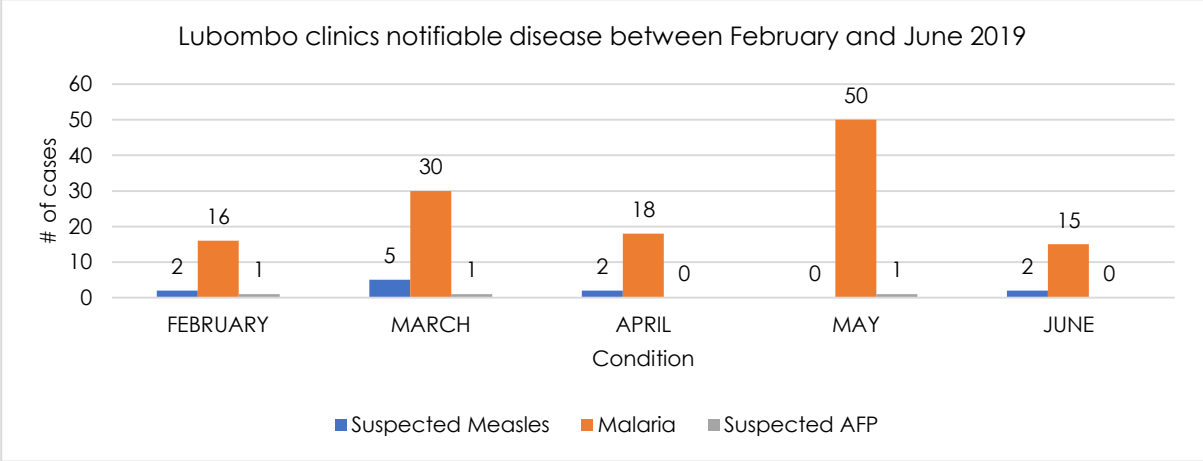
5.2. Lubombo Health Services

Lubombo region is divided into three zones: South, Central and North zone. It has 48 facilities: 27 are owned by the government, 7 by missions, 9 by companies, 3 by armed forces and 2 are private.

Activities

- ✓ Review of 2018/2019 Annual Regional Work Plan conducted and the 2019/2020 Work Plan developed.
- ✓ Re orientation of RHMT members on terms of reference of RHMT
- ✓ Monthly Regional Nurse Managers meeting held every month
- ✓ Sensitization of RHMT on forthcoming Community Based Disease surveillance and Reporting of notifiable conditions

Figure 5.2.1: Number of notifiable disease for Lubombo Clinics, February and June, 2019



Challenges

- ✓ Shortage of Nurse Midwives
- ✓ Scarcity of water in the region
- ✓ Faulty air conditioners
- ✓ Shortage of vehicles, and fuel.
- ✓ Inconsistency in conducting outreach visits due to lack of transport, fuel and not timely fixing of mechanical faults when vehicles break down
- ✓ Erratic supply of drugs
- ✓ Old infrastructure

5.2.1 Siteki Public Health Unit

Siteki Public Health Unit is a government owned health facility.It is located in Siteki town, under Lugongolweni Inkhundla Catchment population of about 20362 people (2019 EPI).The site was established in the 1960s and initially offered child welfare, outreach, family planning, curative and ANC services. According to the public health service provision package PHU only provides maternal and child health services. Due to the high demands of other services and the geographical location of Siteki PHU there was a need to provide comprehensive health care services for all patients beyond the PHU scope and these services were introduced after the year 2000.

Activities

- ✓ Number of patients currently being seen per month in outpatients department: 940
- ✓ Number of patients currently ACTIVE on ART as of 31st March 2019: 672 (taking into account the 28 day LTFU definition)
- ✓ As from April 2019 to June 2019, there are 974 ART active clients

Table 6.2.2:Positivity Yield Amongst Clients Seen & Tested For HIV At Siteki PHU, April to June 2019

Service/condition	Months		
	April	May	June
HTS_tst	420	407	329
HIV Positive	7	10	6
Positivity Yield	2%	2%	2%

Table 6.2.3: HTS: Number Of Clients Tested Hiv+ &Linkaged To Care At SitekiPHU, From April To June 2019

Service/condition	Months		
	April	May	June
HTS_TST	420	407	329
HIV POS	7	10	6
HIV POS linked to HIV care	7	10	6
Linkage Rate	100%	100%	100%

Male friendly services

- ✓ For the period between Jan to March 2019, on average 35 males are seen monthly and tested for HIV at the male friendly corner.Linkage rate at 92%.

- ✓ For The Period Between April to June 2019, on average 28 male were seen and tested for HIV at the male friendly corner.Linkage rate is 100%

5.3. Shiselweni Regional Services

The Shiselweni Health Management is subdivided into three zones namely; Hlatikhulu, Nhlangano and Matsanjeni ZoneS.

Activities Carried Out

- Supportive visits for CMIS sites.
- Facility dashboards deployments.
- Orientation of clinicians on facility dashboards
- NaHSAH a three-day event for regions to review and compare their data and determine service gaps and develop plans to improve on the gaps was held.
- Development of work plan (regional annual work plan 2019-2020)
- SIMS site improvement assessment through monitoring were conducted on the following facilities: Hluthi Clinic , OLOS Clinic and Nhlentjeni Clinic.
- Conducted Kubuta Health day.
- The Ministry of Health has started to deliver medical equipment for ZindwendweniClinic.

Challenges

- Shortage of transport: The Regional Health Office has only one vehicle to carry out all regional, national and routine activities.
- Infrastructure not adequate for office personnel, since the new appointment of Regional Pharmacist, Regional EPI Focal Person.

5.4. Manzini Health Services

The Manzini Health Management is divided into two Sub-regions namely; RFM sub region consisting of Manzini Regional Health Office, RFM Hospital, TB Hospital, Psychiatric Hospital,

KSII PHU, Private and Mission Clinics. Mankayane Sub – region consisting of Mankayane Hospital and Clinics.

The Region is managed by the Regional Health Management Team which comprises of the Management Teams in Hospitals and Health Centre, Regional Health Offices and Department Heads.The Principal Health Administrator serves as Chairperson of this Team. The Team meets once monthly on the Second Thursday of the Month. The RHMT works hand in hand with Partners, NGOs and Missions in the Region that provide Health Services. The Partner supporting the Region is ICAP.

Activities Carried Out

Workshops / Meetings Attended

- ✓ Workshop on Leadership Approach to sustained Quality Customer Care in Health Facilities.
- ✓ Regional Work-plan Development 2019.
- ✓ National Administrators' meeting addressing staff shortages, utility bills and overtime claims.
- ✓ ReHSAH and NaHSAR.

Site Inspections and Visits

- Mangcongco Clinic site inspection for overgrown trees posing danger to clinic buildings.
- Dwalile clinic inspection for possibility of removing TB services from main clinic to a park-home to ensure infection control.
- Nhlambeni Clinic construction of extended wing of clinic by Water Services Corporation.

Events supported

- Blood Donor Day Commemoration at Millennium Park
- NaHSAR follow – up meeting.
- Regional Surge meeting for RHMT and Nurse Managers.

Achievements

- Relocation of Dwalile Old Clinic operations to New Clinic.
- Installation of Equipment in newly constructed Lundzi Clinic.
- Election of New Health Committee for Luyengo and Zondwako Clinics.

Challenges

- Shortage of transport for Supervision and Outreach Services.
- Shortage of Drugs and Equipment e.g. BP Cuffs, Sterilizers, Cervical Cancer Screening Equipment.
- Shortage of Human Resource e.g. Midwives, Orderlies, Grounds man and Night watchmen.

6.0. SUBVENTED ORGANIZATIONS

6.1. Subventions to Organizations

The Ministry also sub-vents about 19 organisations whole activities are aligned with the Ministry mandate in the sector. The table below summarises these organisations and the key activities they undertake together with a short summary on the biggest three sub-vented organisations.

Table 6.1.: Subventions Released To Organizations In The First Quarter Of 2019-20

Name	Description	2019/20 Budget	First quarter release
Salvation Army Clinic	The Salvation Army provided health services to a population of about 28 000.	650 000	162 500
Cheshire Homes	The services of Cheshire Homes (CheSwa) include physiotherapy, occupational therapy, hydrotherapy, counseling, and training of persons living with disability on self-care independence and home programmes.	1 900 000	475 000
Nutritional Council	The goal of the Council is to accomplish sustainable food and nutrition security and to eliminate all forms of malnutrition	1 250 000	312 500
Raleigh Fitkin Memorial Hospital	SNHI comprises a 350 bed and serves a population of 350, 000. It also comprises of eighteen (18) Nazarene Community Health Clinics operating in the four regions of Swaziland.	136 284 536	34 071 134
Good Shepherd Hospital	Good Shepherd Hospital and College of Nursing is a 225 bed regional hospital and serves about 207,731 people.	83 000 000	20 750 000
Bethlehem Clinic	Bethlehem Clinics Health Institution consists of 4 clinics located at Magubheleni, Lushikishini, Mbikwakhe and Cana.	4 113 464	1 028 366
Catholic Clinics	The Catholic Clinics include St Mary Clinic, Regina Mondi Clinic, St Juliana's Clinic with outreach at Maloyi Clinic- Luve, Florence Clinic, Our Lady of Sorrow & St Phillip Clinic.	2 784 740	696 185
ST. Teresa's	It provides comprehensive health care services	500 000	125,000
Swaziland Breast Cancer Clinic	SBCCN has 3 free breast health clinics in Mbabane, Manzini&Hlathikhulu and supports the work of the three original cervical clinics in the same locations.	500 000	0
Hope House	Hope House is a faith based charity centre serving as a hospice facility, a home for the terminally ill, HIV/AIDS and HIV/AIDS related illnesses.	1 000 000	250 000
Swaziland Nursing Council	The Swaziland Nursing Council (SNC) is an autonomous Statutory, regulatory body that regulates, directs, controls Nursing & Midwifery education and practice.	500 000	125 000
Nursing Examination Board	The Eswatini Nursing Council is introducing Entry to Nursing Practice Examinations	1 000 000	250 000
Medical and Dental	This is an autonomous statutory regulatory board for allied health workers and doctors. The council registers doctors and the health allied workers and also	535 760	0

Council	regulates these workers.		
Baylor College of Medicine Centre of Excellence	Baylor College of Medicine Children's Foundation - It provides comprehensive child-focused and family-centred HIV/AIDS prevention and treatment services.	11 900 000	2 975 000
SOS Children's Village	The organization provides care and support to children who are at risk of losing parental care and children that have already lost parental care.	305 010	76 252
Hospice At Home	Its main focus is providing palliative care to patients with life limiting conditions referred for home care.	3 686 200	921 550
The Family Life Association	The Family Life Association of Eswatini (FLAE) works in the area of Sexual Reproductive Health and Rights and HIV with a special focus on young people aged 10-24 years.	777 800	194,450
The Aids Information And Support Centre	TASC is a non profit making organization situated in the Manzini region. The organization's mandate is to provide quality assured health care services that promote accountability and transparency.	239 220	59 805
Swaziland Epilepsy Association	The organisation provides a platform for epilepsy awareness, increasing public and professional awareness of epilepsy as a universal and a treatable brain disorder, as well as identifying and mitigating the needs of people with epilepsy through agricultural projects.	1 000 000	250 000
Total		**251 926 730**	**62 722 742**

6.2. Baylor College of Medicine Centre of Excellence

Baylor-Eswatini is the national leader in paediatric HIV and AIDS and TB care and treatment in the country, caring for almost half of all children on antiretroviral therapy (ART) in Eswatini.

Table 6.2: Baylor Performance for the April-June,2019

Indicator	Number
Total number of TB cases registered in the same period	6
ART Retention among Adults and Children	20
Number of client visits to hospital	5053
Number of infants who attended 9 month appointment during reporting period	13
# Doctors	7
# Nurses	11

6.3 Salvation Army

To intergrate both the evangelical and social ministry to better serve the people.

Table 6.3.Performance for Salvation Army, April to June, 2019

Indicator	Numerator
ART Retention among Adults and Children	1380
Number of clients screened for TB	5296
Number of HIV status unknown and HIV- pregnant women tested for HIV for the first time at an ANC	57

visit	
Number of women of negative or unknown HIV status tested for HIV for the first time at a PNC visit during reporting period	49
Number of infants who were tested for HIV at 9 month appointment during reporting period	13
Total number of client visits into outpatient department	1122

6.4 St Theresa Clinics

St. Theresa's Clinic is a Non-Profit making Organisation that belongs to the Catholic Church.

Table 6.4 Performance for St Theresa's Clinics

Indicator	Numerator
ART Retention among Adults and Children	38
Number of client visits to hospital	14373
Number of HIV status unknown and HIV- pregnant attending first ANC visit	88
Number of HIV status unknown and HIV- pregnant attending first PNC visit	12

6.5 The Family Life Association of Eswatini

The Organization provides services through three static facilities, (two in the Manzini region and one in Hhohho region). To reach the marginalized and hard to reach populations outreach services are provided using mobile clinics.

Table 6.5Performance for FLAS

Indicator	Numerator
ART Retention among Adults and Children	981
Number of client visits to hospital	15028
Number of HIV status unknown and HIV- pregnant attending first ANC visit	177
Number of infants who attended 9 month appointment during reporting period	102

***Nota bene:**detailed Information on RFM and Good Shepherd is under chapter 2.

7.0.RECURRENT BUDGET

7.1. Ministry's Financial Performance Report

Table 7.1.1: Ministry' Financial Performance report

Item Code	Description	Estimates	Released	Expenditure	Variance	%
00	CTA Vehicle Charges	45,223,414.00	7,267,218.00	5,099,578.00	2,167,640.00	30
01	Personnel Costs	692,956,258.00	212,521,155.00	230,141,305.00	-17,620,150.00	-8
02	Travel, Transport & Comm.	16,461,566.00	4,019,574.00	1,517,097.00	2,502,477.00	62
03	Drugs	498,711,013.00	124,677,749.00	22,787,663.00	101,890,086.00	82
04	Professional & Special Services	215,718,924.00	37,102,696.00	30,672,003.00	6,430,693.00	17
05	Rentals	3,465,529.00	839,382.00	582,000.00	257,382.00	31
06	Consumable Materials & Supplies	107,390,262.00	17,260,993.00	2,218,804.00	15,042,189.00	87
07	Durable Materials	15,000,000.00	2,500,000.00	195,025.00	2,304,975.00	92
10	Internal Grants	252,576,730.00	75,144,182.00	62,722,742.00	12,421,440.00	17
11	External Grants	3,661,010.00	0.00	0.00	0.00	0
TOTAL		**1,851,164,706.00**	**481,332,949.00**	**355,936,217.00**	**125,396,732.00**	**26**

As the table above reflects, E481,332,949.00 of the total budget was released while E355,936,217.00 was spent during the period under review. This translates to an overall under-expenditure of 26%. The reasons for the under-expenditures and over-expenditures are explained below;

- **Control Item 00: CTA Charges** – The expenditure level is due to the fact that for the period under review, the Central Transport Administration (CTA) posted charges for one month (April 2019) without charges for May and June 2019
- **Control Item 01: Personnel Costs** – The over-expenditure of 8% on this item is due to the payment of on-call allowances, for the period from 1st October 2018 to 31st March 2019, amounting to E57,598,624.72 which was paid to designated health officers during the period under review. The over-expenditure will be replenished when funds for the second quarter are released by the Ministry of Finance.
- **Control Item 02: Travel, Transport & Communication –** The expenditure level is due to the fact that an amount of E1,013,289.58 for external travel and E356,578.00 for air tickets have not been fully processed for payment, but are still at commitment stage.
- **Control Item 03: Drugs –** Out of the released budget of 124,677,749.00, about E132,597,673 of it is scheduled to pay for drugs ordered last year but not paid for due to cash flow problems and incomplete deliveries of purchase orders. The outstanding previous year orders will now be paid from the current year's budget. However, in spite of the release the ministry still experiences problems in effecting payment due to the prevailing cashflow problems.

- **Control Item 04:Professional & Special Services** – Out of the release of 37,102,696.00, the under-expenditure is explained by the fact that payments amounting to E3,106,681.28 for contracts, catering and security services, utilities amongst others are still at commitment stage and will be fully paid in the subsequent quarter. Again cashflow problems lead to delays in effecting payment.
- **Control Item 05: Rentals** – The under-expenditure is due to the fact that the released budget for the period under review was insufficient to pay for invoices received. The invoices will be paid when funds for the second quarter are released by the Ministry of Finance.
- **Control Item 06: Consumable Materials & Supplies –** The expenditure on this item is due to the fact that payments amounting to E2,227,452.23 are still at commitment stage and not yet fully processed for payment. Another reason is, the Eswatini National Health Laboratory Services and Eswatini National Blood Transfusion Services Departments have not been able to place purchase orders to suppliers for reagents because tenders have not been approved by the Tender Board.
- **Control Item 07: Durable Materials –** The under-expenditure of 92% is due to the fact that the budget is earmarked for the commitment of invoices which were not paid by the 31st March 2019, resulting to their cancellation because such payments could not be processed through the Accruals system, as previous years due to the introduction of the Public Finance Management Act of 2017. These orders are now in the process of being from the current financial year's budget.
- **Control Item 10: Internal Grants** – This item is used to pay subvented organizations. As reflected on the table, the Ministry was able to transfer 83% of the released budget, upon request from the organizations.
- **Control Item 11: External Grants –** A request to the Ministry of Finance for release of funds has not yet been forwarded because during the period under review, no invoices for subscriptions from the international organizations were received to facilitate transfer of the funds.

7.2. Revenue

The revenue collected by the Ministry, from various categories of hospital tickets, for the period under review amounts to E1,322,057.50 and is tabulated thus;

Table 7.2.1: Revenue Collected from April to December, 2018

Item No.	Description	Amount (E)
21401	Hospital Revenue General	458,645.50
21402	Orthopaedic Workshop Fees	0.00
21407	Other Hospital Fees	64,132.00
21412	TR8 – Primary Health Tickets – E2.00	60,970.00
21413	TR4 – Hospital Out Patient Tickets – E10.00	552,600.00
21414	TR3 & TR7 – Clinic/Laboratory Tickets – E3.00	107,850.00
21416	TR2 – X-Ray Tickets – E5.00	67,900.00
21804	Vacuum Tanker	6,850.00
21990	Sundry Fees	3,110.00
TOTAL		**1,322,057.50**

8.0. CAPITAL PROGRAMME

The implementation rate of the capital programme is summarized in the table below. As at end of June 2019 the implementation rate was at 17%. The ministry has been experiencing challenges getting funds transferred to Micro-projects for the past three years in a row mainly due to the cash flow challenges faced by the Government. This problem seems to continue even during the current financial year. In an effort to bring public financing under control, central agencies suspended some projects and did not include them in the 2019/20 FY, in some cases these are projects that are critical to the ministry or were at a critical implementation stage. Such projects in 2019/20 include the Water and Sanitation Project, Rehabilitation of Health Facilities, Lubombo Hospital just to name a few.

Table 8.1: Capital Expenditure, April to June, 2019

CAPITAL BUDGET POSITION FOR FINANCIAL YEAR 2019/20 FIRST QUARTER					
CODE	**PROJECT NAME**	**Budget**	**Release**	**Q1 Spending**	**Rate**
H338/99	Institutional Housing for Newly Built Health Facilities	0	0	0	0%
H337/99	Provision of Equipment in Hospitals, Clinics & Health Centres	11 500 000	0	0	0%
H337/70	Provision of Equipment in Hospitals, Clinics & Health Centres	13 500 000	0	0	0%
H341/99	Provision of Security at Health Facilities	0	0	0	0%
H345/99	Provision of Water in Health Facilities	2 500 000	2 000 000	1 836 719	73%
H346/99	Rehabilitation of Primary Health Care Facilities	0	0	0	0%
H339/99	Water and Sanitation project II	0	0	0	0%
H362/10	Construction of a Referral Hospital	1 750 000	0	0	0%
H362/94	Construction of a Referral Hospital	19 740 000	0	0	0%
H362/93	Construction of a Referral Hospital	0	0	0	0%
H362/91	Construction of a Referral Hospital	15 540 000	0	0	0%
H362/99	Construction of a Referral Hospital	21 000 000	0	0	0%
H311/99	Lubombo Regional Hospital	0	0	0	0%
H330/99	Rehabilitation of Mbabane Government Hospital	44 000 000	15 892 090	15 982 090	36%
H330/70	Rehabilitation of Mbabane Government Hospital	72 000 000	20 775 711	20 775 711	29%
H353/99	Eswatini Health, HIV/AIDS and TB Project	0	0	0	0%
H353/67	Eswatini Health, HIV/AIDS and TB Project	0	0	0	0%
H353/52	Eswatini Health, HIV/AIDS and TB Project	0	0	0	0%
H364/99	Refurbishment of Warehouse for Central Medical Stores	8 000 000	0	0	0%
H365/70	Strengthnening Cancer Diagnosis and Treatment	5 400 000	0	0	0%
H366/99	Global Fund Country Co-ordinating Mechanism	909 000	0	0	0%
	Total	215 839 000	38 667 801	38 594 520	18%

- **H338: Institutional Housing for Newly Built Facilities**

The project had funds in 2018/19 but nothing in the 2019/20 FY and has a "deferred" status, which means that funding will be provided in future years. The funds were earmarked for completingcommunity initiated staff housing and rehabilitating a clinic building at kaGucuka area (Hhohho). This work will now continue in future years when funding is made available.

- **H337: Provision of Equipment in hospitals, Clinics and Health Centres.**

The project entails provision of equipment to health facilities. In the 2018/19 financial year the funds were earmarked to procure equipment for Maphalaleni, Ezindwendweni,Lundzi and Mzipha clinics. This is meant to operationalise these new clinics which have not been operational due to staff housing problems which have since

been addressed mostly through the SNHB Institutional Housing Project. This project was also frozen by Cabinet like the other projects until very late in 2018/19 FY. Most of the equipment has been delivered but could not be paid from the 2018/19 budget and will now be paid from the 2019/20 allocation. Any remaining funds will then be used to replace other equipment or go towards equipping the Mbabane Emergency Complex currently under construction.

- **H341: Security at Health Facilities**

The project was intended to improve security at health facilities through erecting fences. However it was also suspended in 2018/19 and has not been allocated a budget in 2019/20 and erroneously reported as "complete" in the 2019/20 Estimates Book. Effort will be made to have it reinstated in 2020/21 so that the work can continue.

- **H345: Provision of water in Health Facilities**

The project started in 2014/15 and seeks to provide safe running water to government health facilities and staff houses throughout the country. The work involves conducting a hydro-geological survey, borehole drilling, borehole pump testing, water quality sampling & analysis, installation of pumps as well as connecting water to health facilities and staff houses. Microprojects manages the borehole installation and the Ministry purchases the water tanks to support clinics with their water systems. Since inception 24 clinics were provided with safe running water schemes, 14 were provided with water storage backup systems (usually two tank stands and two 10,000 liter tanks) or connection to existing water systems. This FY, water interventions are planned in 24 health facilities.Funds have been requisitioned but not yet transferred to Microprojects.

- **H346: Rehabilitation of Health Care Facilities**

The current phase of the project is targeting the Psychiatric Centre which is in a very bad state of repair. Work was completed on the first ward and patients moved in. Work then began on the second ward which is also now complete. Initially there were challenges with finding suitable sanitary fittings for the type of patients accommodated. Now there are challenges with paying the contractor as the project has no funds in 2019/20 and has a "deferred" status. The Ministry is engaging central agencies on possibilities for doing a reallocation from other ministry projects so that the contractor can be paid.

- **H339: Water and Sanitation**

The project seeks to improve sanitation coverage in rural and peri-urban areas throughout the country so as to help reduce the incidence and outbreaks of water and sanitation related diseases. Communities are trained on how to build and maintain their sanitation facilities in a hygienic manner. However the project has no funding in 2019/20 and has been deferred to future years due to Government's fiscal challenges.

- **H362: Construction of National Referral Hospital**

The project involves the construction of a planned 250 bed capacity National Referral Hospital with possibilities for a training school in future years. Loan funding for the hospital was sourced from different Arab financiers. Progress on the project is that Site Acquisition measuring 26.7 hectors has been finalised and the shortlisting of design and supervision consultants have been finalised. The Millennium Project Unit under the Ministry of Economic Planning and Development is the implementing agency for the project. However progress on the ground seems to be slow and the ministry is engaging MEPD on the issue.

- **H311: Lubombo Regional Hospital**

The current phase of the Lubombo Regional Hospital entailed the construction of the Central Sterilization and Sorting Department (C.S.S.D.), which also comprises of Laundry and a drying area with covered walkways. The project is being implemented by Ministry

of Public Works and Transport and started in 2015 but remains incomplete. In 2016the contractor was terminated due to poor performance and Government has since then been unable to make funding available to enable completion of the works. In 2019/20 the project has no budget and has a "deterred" status.The main CSSD building stands at wall plate level with internal plaster completed but the steel roof trusses and roof covering not installed. The drying yard's palisade fencing,steel trusses for the yard and the covered walkways have been installed but not roofed.

- **H330: Rehabilitation of Mbabane Government Hospital**

The current phase of the project is focusing on the construction of a four storey building that will house the emergency complex comprising asurgical clinic, medical wing with paediatric clinic, mortuary and an administration wing. The project is co-funded by the Republic of China (Taiwan). The project started facing cashflow problems after the Eswatini government experienced difficulty in honouring payments as per agreement. ROC (Taiwan) was then requested to bring forward US$8million which was budgeted for future years so as to ameliorate the cashflow problems faced by the project. Due to the fiscal challenges a decision was also taken in 2018 to complete the base and ground floors and start operationalizing the facility whilst finding for the rest of the floors was being secured. Overall progress on the two floors is put at 90%. All the structural frame of the building is now complete and most plastering is complete and work is now on the finishings, external ramps and the installation of work such as theatre equipment, air-conditioning, medical gases etc. The Ministry is currently engaging the central agencies and the donor on the completion of the rest of the project.

- **H364: Refurbishment of Warehouse for Central Medical Stores. Refurbishment of Central Medical Stores Warehouse**

The project purchased and refurbished a 14,000 square metre warehouse in Matsapha for the Central Medical Stores (CMS). The refurbishment and insulation was completed and CMS moved into the New Warehouse. The work done includes; Demolitions, Electrical/ Lighting, Air-conditioning, Insulation, Lifts, Finishes Exterior Upgrade and Surveillance System. The second phase of the project includes construction of the following:

- New Administration Building
- Extension of Driveway & New Carports
- Refurbishment of Guard House & Change rooms
- New Boundary Wall fence
- Refurbishment of Existing Carports
- Landscape

However the 2019/20 allocated budget of E9million will not be adequate and therefore the project has prioritiseddoing the boundary fence as well as paying contractors who are owed for work done. Progress is that Micro-projects is working on the bills of quantities for the wall.

H353: The Health HIV/AIDS and TB Project

The Health HIV/AIDS and TB Project - which has now been completed - was co-funded by the International Bank for Reconstruction and Development (IBRD) through a loan of US$ 20.0 million and a grant from the European Union of 14.5 million Euro (US$ 19.0 million equivalent) and Eswatini counterpart funding of (US$ 2.0 million). The Project had three main components namely (i) strengthening the Capacity of the Health Sector, (ii) Facility-level support to Improve Access, Quality and Efficiency of Services, and (iii) Strengthening of the OVC Safety Net. Ministry Health was responsible for components 1 and 2 whilst the DPMs office was responsible for component iii. The project is now complete and the PMU has been dissolved. The Ministry is now busy ensuring that the facilities constructed are operationalized.

H365: Strengthening of Cancer Diagnosis and Cancer Treatment

The project is funded by the Republic of China (Taiwan) and entails strengthening of early diagnosis, treatment and care of cancer patients in the country. It achieves this through

providing equipment and chemotherapy medication, human resources and palliative care services to cancer patients.An oncologist (cancer specialist) funded by the project has been based at MGH since February 2018 and will be there for a two year period. A cytologist has also been based at the National Reference Laboratory at MGH since February 2018 and will also be there for two years. Another expert (pathologist) is expected to arrive in June 2019. In terms of training of locals, the project has identified eight (8) local personnel mainly nurses, doctors, lab technicians, and radiology technicians who will soon travel to Taiwan for three month cancer related training. The project has also supported the country in terms of purchasing some cancer drugs

H366: Global Fund Country Co-ordinating Mechanisms

The project seeks to support the CCM office which has mandate to supervise work financed by Global Fund in the country mainly relating to HIV and AIDS, Malaria and TB. The project will help procure a vehicle and computers for the CCM office. The CCM is in the process of requisitioning the funds so that the procurement could be made.

9.0 CONCLUSION

The fiscal challenges have affected the provision of quality health services. This has been seen in health facilities at level 3, 4 and 5 whose primary mandate it is to provide clinical services and also to contribute towards the public health interventions in the communities. Despite the fiscal challenges, the facilities have performed satisfactorily, as shown by the quality indicators. Future reports will be able to show trends in the performance against the required indicators, so as to encourage the facility management to be innovative in managing their patients.