MINISTRY OF HEALTH

KINGDOM OF ESWATINI

SECOND QUARTER PERFORMANCE REPORT FOR 2019-20

OCTOBER 2019

TABLE OF CONTENTS

ACRONYMS **4**

CHAPTER 1: INTRODUCTION **5**

1.0 Introduction **5**

1.1 Mission **5**

1.2 Vision **5**

1.3 Mid-Term Objectives **5**

1.4 Health Sector Policy Objectives **5**

1.5 Key Achievements **5**

1.6 Major Challenges **6**

1.7 Health Research Board **6**

CHAPTER 2: PROMOTING HEALTH THROUGH THE LIFE COURSE **8**

2.1.Integrated Reproductive, Maternal and New-Born Health Services **8**

2.1.1Sexual and Reproductive Health (SRH) 8

2.1.2 Rural Health Motivators 8

2.2.Child Health **11**

2.2.1 Integrated Management of Childhood Illnesses 11

2.2.2 School Health 13

2.2.3 Expanded Program on Immunization 17

2.3 Adolescent and Young People Health (ASRH) **21**

CHAPTER 3: PREVENTION AND CONTROL OF COMMUNICABLE AND NON-COMMUNICABLE **22**

3.1 Communicable Diseases **22**

3.1.1 HIV and AIDS 22

3.1.2 Malaria 30

3.1.3 Neglected Tropical Diseases 32

3.2 Non-Communicable Diseases **33**

3.2.1 Non-Communicable Diseases 33

3.2.2 Environmental Health 36

CHAPTER 4: MANAGING MEDICAL AND HEALTH CONDITIONS **40**

4.1 Improving Clinical Services **40**

4.1.1 Performance of Hospitals 41

1. **Mbabane Government Hospital** 43
2. **Raleigh Fitkin Memorial Hospital** 43
3. **Hlathikulu Government Hospital** 44
4. **Good Shepherd Hospital** 44
5. **Piggs Peak Government Hospital** 44
6. **Lubombo Hospital** 45
7. **National TB Hospital** 45
8. **National Psychiatric Referral Hospital** 45

4.1.2 Performance of Health Centres 47

4.1.2 Health Centres Performance **49**

1. **Nhlangano Health Centre** 49
2. **Dvokolwako Health Centre** 49
3. **Matsanjeni Health Centre** 49

4. Sithobela Health Centre 50
5. Emkhuzweni Health Centre 50

4.1.3: Tertiary Referrals Through Phalala and Civil Servants Medical Aid Scheme 51

4.1.4: Cancer Control Updates **55**

4.2 Health Products, Vaccines and Technologies **59**
4.2.1 Central Medical Stores 59
4.2.2 Eswatini Health Laboratory Services 61
4.2.3 Eswatini National Blood Transfusion Service 61

CHAPTER 5: HEALTH INFRASTRUCTURE, EQUIPMENT AND TRANSPORT **63**

5.1 Biomedical Engineering Unit **63**

5.2 Capital Programme **64**

CHAPTER 6: HEALTH INFORMATION AND KNOWLEDGE MANAGEMENT **67**

6.1 Health Information System **67**

6.2 Health Research **69**

CHAPTER 7: HEALTH FINANCING **74**

7.1 National Health Accounts (NHA) **74**

7.2 Ministry's Financial Performance **75**

7.3 Revenue Collection **76**

CHAPTER 8: HEALTH ADMINISTRATION **77**

8.1 Regional Health Administration **77**
8.1.1 Shiselweni Regional Management 77
8.1.2 Lubombo Health Services 77
8.1.3 Manzini Health Services 78
8.1.4 Hhohho Health Services 79

9.0 SUBVENTED ORGANIZATIONS **81**

9.1 Baylor College of Medicine Centre Of Excellence **82**

9.2 Salvation Army **83**

9.3 St Theresa Clinics **83**

9.4 The Family Life Association of Eswatini **84**

9.5 The Wellness Centre **84**

9.6 Bethlehem Clinics (TASC) **85**

ANNEX **86**

Summary of Key Performance Indicators for Hospitals For First and Second Quarter of 2019-20 86

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
CMIS	Client Management and Information System
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
ORT	Oral rehydration therapy
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

CHAPTER 1: INTRODUCTION

1.0Introduction

This Ministry of Health second quarter performance report FOR 2019-20 has 9 chapters. These chapters have been arranged in a way that they are aligned to the new National Health Sector Strategic Plan 2019-2023.Such an arrangement makes it easy to monitor the implementation of activities towards set targets.

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 the Kingdom of Eswatini

1.2 Vision

A healthy and productive Emaswati population that live long, 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 attain Universal Health Coverage with defined health services

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

- Launching of Eswatini Malaria Elimination Scorecard by Honorable Minister of Health Senator Lizzie Nkosi and ALMA Representative in September 2019. This will allow us to easily identify malaria hotspots.
- Establishment of a palliative care benchmarking site at RFM Hospital that resulted in the country receiving an International Award for best integration of Palliative care services from the African Palliative Care Association (APCA) during the 6th African international palliative care conference in Kigali last month September 2019.
- 100% treatment of all confirmed malaria cases as per the guidelines in both private and public sector.
- Electricity meter conversion to prepaid for a block of flats at Piggs Peak Hospital was successfully done.
- Swaziland Cancer Clinic re-opened – SCC is now taking referrals for chemotherapy treatment; this has allowed the PhalalaFund to locally refer more patients in need of chemo treatment.
- Renovation of mortuary completedat Good Shepherd Hospital.
- Main Theatre renovations at Piggs Peak Hospital were successfully completed. Theatre services resumed on 30th July 2019.
- Ward four (male acute) at National Psychiatric Referral Hospital was successfully renovated through Micro-projects.

- Completion of the Nhlangano TB lab upgrade with a negative pressure system.
- Renovation of 4 staff houses at Dvokolwako Health Centre was completed and 1 still awaiting final touch-ups
- Recruitment of the Medical Officer to the Oncology Unit at Mbabane Government Hospital.

1.6 Major Challenges

- Inconsistent supply of pharmaceuticals and other medical consumables and supplies.
- Delays in replacement of human resources (after deaths, resignations, retirements as a result of circular no.3 of 2018)
- Infrastructure at the Children's ward at Mbabane Government Hospital is in a deplorable state.
- No High Care or step down ward for post ICU patients to be observed before referred back to the General Wards
- Interruption in outsourced services (catering and security) which consequently compromises the quality of service rendered due to late payment.
- Inadequate resources (human, transport)
- Interruption in the provision of outreach services
- Delays in procurement of insecticides(Malaria)
- Delays in issuing of authority to recruit seasonal spray operators(Malaria)
- Dilapidated building in Manzini office, laboratory and storerooms (NTD)

1.7 Health Research Board

This report is a reflection of activities that were carried out by the board in the July-September quarter of the 2019. It presents performance on planned activities for the quarter.

1. Planned Activities

Ref no.	Activity	Progress
1	Seek cabinet approval for formalization of the NHRRB	Cabinet has approved formalization of the Board
2	Recruit and appoint Board Members	Call for expression of interest has been drafted in readiness for publication in the Times of Swaziland in October. This activity will be followed by publication of a government gazette in which the Minister will be appointing Board Members.
3	Launch and orientation of the 2019-2022 Board.	Pending appointment of Board Members
4	Conduct Good Clinical Practise (GCP) training targeting new Review Board Members, Monitors	Pending appointment of Board members and Monitors. An organisation to conduct the training has been identified and is currently in discussion with the secretariat.
5	Develop guidelines for monitors	A draft of guidelines for monitors have been developedand circulated to selected Board Members for comments. Few comments on the draft have been received to date.
6	Recruit and appoint monitors for post approval monitoring.	This activity is pending finalization of post approval monitoring guidelines which are now in draft form.
7	Training of monitors for approved research studies	This activity is pending approval of European and Development Countries clinical trial partnership (EDCTP) funding which has since been approved.
8	Recruit and appoint of inspectors for clinical trial studies.	This activity is pending adoption of inspection guidelines which were prepared by a regional (SADC) workshop with the support of WHO and AVAREF
9	Develop a national health research ethics policy	A draft document has been developed. Comments from the technical review committee being integrated. Next steps include consultation with leadership of the Ministry and research stakeholders

10	Launch of the national health research ethics policy	In pipeline pending completion of consultation processes.
11	Develop a national health research ethics strategic plan	Outstanding pending adoption of the research ethics policy
12	Develop guidelines for reviewers	Draft guidelines have been developed pending consultations with selected Board Members.
13	Procure two lap top computers to be used by secretariat staff.	Lap tops procured with the support of ICAP and commissioned.
14	Secure short term technical assistance in the form of a research professional officer	Technical assistance secured with support of ICAP.
15	Develop a plan for transitioning from ICAP support which the Board has had for the last four years.	The plan has been articulated and communicated to ICAP.
16	Undertake a benchmarking visit of national health research ethics governance in a second country.	Benchmarking visit undertaken by the Board Chair and administrator to Rwanda. The visiting included an ICAP officer.
	Articulate a Memorandum of Understanding between COHRED on RHInnO and the NHRRB	Outstanding pending completion of consultations
18	Development of a website for the NHRRB	Development of the website is complete pending uploading of information.
19	Mobilise funds for supporting capacity development	The Board has secured approximately E4.8 million from European and Development Countries clinical trial partnership (EDCTP) to be implemented over a period of three years beginning September 2019.
20	Secure office space for the Board as part of an effort to consolidate autonomy.	Pending. The secretariat is currently searching for suitable space and mobilising financial support.
21	Conduct research ethics reviews	The Board processed a total of 28 applications. Of these, 12 (42.9%); 10 (35.7%); 5 (17.9%) and 1 (3.6%) were respectively primary applications, amendments, renewals and a material transfer agreement. The majority (41.6%) of applications came from the Ministry of Health followed by applications from students doing graduate degrees (25%); collaboration of the Ministry of Health and partners (16.6%), international Non-governmental organisation (8.3%) and local NGO's (8.3%). Most (90%) of the applications handled were behavioural studies. Only one application was a biomedical study.
22	Convene quarterly Board Meetings	Pending. To be convened in the middle of November 2019
23	Present quarterly progress updates to leadership of the Ministry	Quarterly briefing meetings have been held with the office of the Deputy Director Public Health and the Principal Secretary.

Performance Status

A majority of planned activities were either initiated or carried out. Pending or outstanding activities were as a result of lack of funds or outstanding pre-requisite activities. Key activities during this quarter include cabinet approval of a request by the Ministry to formalize the National Health Research Review Board (NHRRB) and development of key guiding documents (research ethics policy, guidelines for reviewers and post approval monitoring guidelines) as well as mobilisation of funds from European and Development Countries clinical trial partnership (EDCTP). the major challenge the Board has faced is to secure funding for supporting office space, the delay in getting new Board members appointed which has in turn extended turnaround time of reviews in some cases. Similarly, teething problems for RHInnO continued to be a challenge.

In conclusion, a lot of progress has been made in developing structures, processes and procedures that make the Board function at a comparative level to other research ethics boards. This was confirmed by the benchmarking visit to the Rwanda National Ethics Committee which was recently undertaken by representatives of the Board.

CHAPTER 2: PROMOTING HEALTH THROUGH THE LIFE COURSE

2.1. Integrated Reproductive, Maternal and New-Born Health Services

2.1.1Sexual and Reproductive Health (SRH)

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.

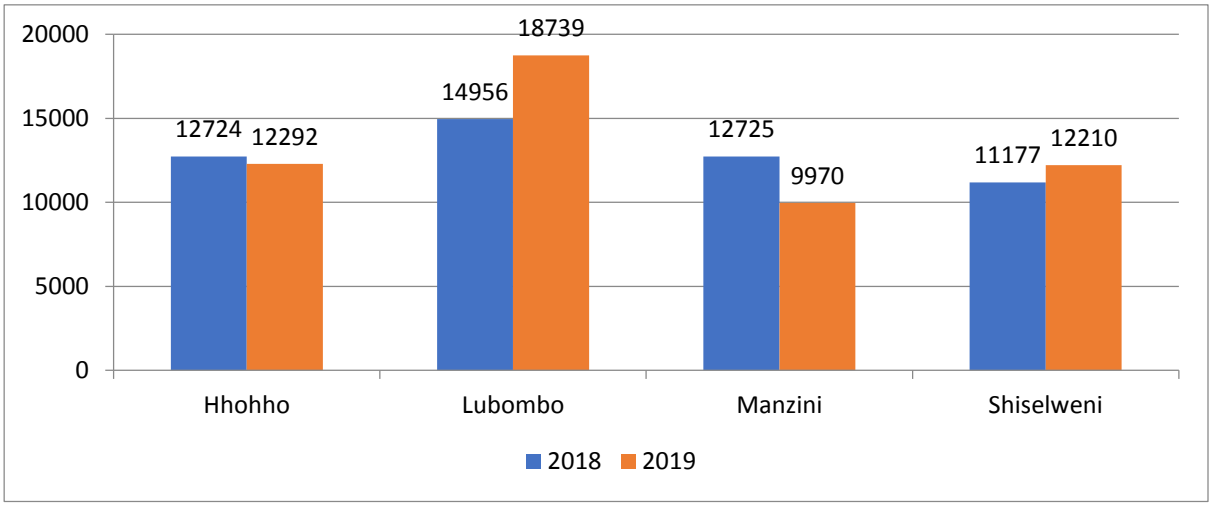
Table2.1.1: Major activities implemented between July to September 2019

Thematic Area	Strategy	Achievements for 2019
MNCH	**Increase capacity to provide quality comprehensive and Integrated MNCH services at all levels**	**MATERNAL AND NEONATAL** There were only 6 maternal deaths reported and audited between July to September. The next audits will be done in October. This quarter recorded the lowest cases in the year. To contribute to reduction of both maternal and neonatal death the program continues to conduct Maternal and neonatal national care trainings and 43 trained health care workers including 2 doctors in this reporting period. **PMTCT**: -The program managed to train all the 300 mentors from all the regions and trained community mentor mothers on the new reporting tool. **MOH/Taiwan ICDF** maternal and infant health care improvement project PHASE 11. Procurement intention to award for the equipment has been done. **Challenges**: - In as much as the NICU equipment was procured shortage of staff for the neonatal ICU will deter the use of the document. - Capacity to conduct supportive supervision
Family planning	Enhanced Capacity for the delivery of FP information and integrated services to meet the needs of the population	Conducted Training of trainers for ART and FP integration; and trained 55 nurses from Manzini and shiselweni region. 50 World Food Program distributors were also trained as peer educators on FP and condom use.
Cancers of reproductive system	Increase access to reproductive cancer services	Recruited one cervical cancer coordinator supported by Cooperative Agreement office and selected focal persons in 26 sites where cancer management and screening is being provided. Development of comprehensive reproductive tract cancer guidelines
Gender	1.Ensure proper management for all clients of GBV	One stop center – Mbabane government hospital has started providing services; All health centers and clinics from Lubombo and half in Manzini have been sensitized on GBV issues. The unit is still continuing with the other regions. **Challenges:** • Limited resources 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 (both government and partners supporting MOH on GBV), thus no data available since 2013. Limited prioritization of GBV in all resources, HIV still takes lead in being supported despite evidence indicating how GBV is one of the major contributors of HIV pandemic
Working documents		The unit has developed the RMNCAH and strategy (2019-2023) which is in its 2nd draft form awaiting finalization

2.1.2 Rural Health Motivators

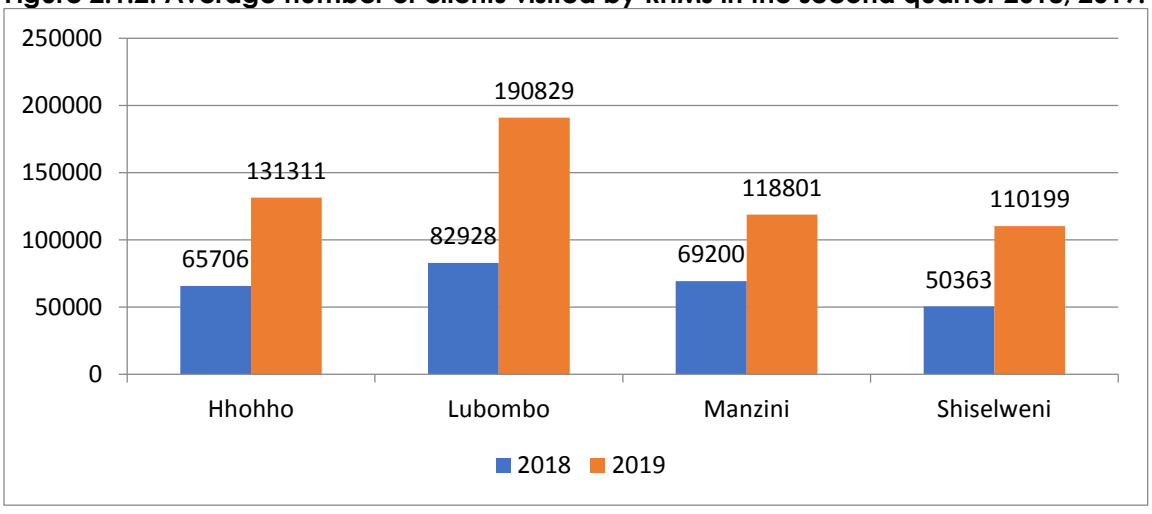
The Rural Health Motivators' Program is a community based health volunteers' program which facilitate extension of health promotion services to communities through interpersonal communication. This program drives the delivery of primary health care services and closes the gap of human resources for health by responding to expressed health needs of the communities. Additionally, RHMs enhance operationalization of the Universal Health Coverage which supports 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 2.1.1: Average Households Visited By RHMs in Second Quarter 2018, 2019



The primary role of RHMs is to conduct household assessments, identify and refer clients who require health services at facilities and link clients to facilities through referrals. During the reporting period, Lubombo RHMs have recorded an average of 18 739 household visits which shows a significant improvement when compared to same reporting period in 2018. Manzini RHMs have dropped when compared to the same reporting period in 2018.

Figure 2.1.2: Average number of clients visited by RHMs in the second quarter 2018, 2019.



There has been a significant increase in the number of clients reached by RHMs in the second quarter 2019 when compared to the same period in 2018. This could be attributed to the introduction of a monitoring system for RHMs services since the beginning of first quarter 2019 coupled with improved supportive supervision meetings. Lubombo RHMs has reached an average of 190 829 clients per month followed by Hhohho RHMs with an average of 131 311, whilst Shiselweni recorded an average of 110 199 clients reached per month.

Strengthening supportive supervision of RHMs

The program continued to sensitize Nurse Managers on their supportive supervisory role on RHMs based on the Standard Operational Guidelines for Community Based Health Volunteers. Emphasis is towards improving the linkages between RHMs and the primary health care facilities (clinics, PHU, and health centres). During the reporting period, the program sensitized 14/18 (78%) Hhohho Clinics Nurse Managers on their supportive supervision role to RHMs.

Commemoration of the Volunteers Day

The Program with support from Mbabane Municipal Council commemorated the Volunteers day on the 15th August 2019, in pursuit of recognizing the efforts of volunteers towards primary health care services. A total of 126/4800 (3%) RHMs and other community health volunteers servicing Mbabane Municipal Council received food hampers as a token of appreciation. This event also fulfilled the aspirations of the Ministry to provide care of carers. Additionally the community health volunteers were sensitized on the exit criteria based on the Standard Operational Guidelines for Community Health Volunteers.

Capacity building for RHMs

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

Table 2.1.1 Trainings for RHMs Conducted

Training	Target	Baseline	Number Reached	Partner Support
Conduct 3 days in-service training of Lead RHMs on Supportive Supervision for RHMs	776 Lead RHMs	0	10/776 (1.2%) Lead RHMs trained on Supportive Supervision	• World Vision • RHMTs • RHM Program
Conduct 3 days in-service training of RHMs on Maternal and Infant Health Care Improvement Project	750/4500 (17%) RHMs country wide.	303 RHMs Trained on Maternal and Infant Improvement project within catchment areas of ENHI	90/750 (12%) RHMs Trained on Maternal and Infant Improvement project: Manzini- 30 RHMs Hhohho- 30 RHMs Shiselweni – 30 RHMs	• TAIWANICDF • SRHU • RHM Program • RHMTs
Conduct 10 days training of Trainers on Timed Targeted Counseling	14 RHM Trainers	0	3/14 (21%) RHM Trainers trained on Timed Targeted Counselling(ttC) from Shiselweni	• RHM Program • World Vision • RHMTs

Challenges

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

2.2. Child Health

2.2.1 Integrated Management of Childhood Illnesses

Table 2.2.1: Key Performance Indicators forIntegrated Management of Childhood Illnesses

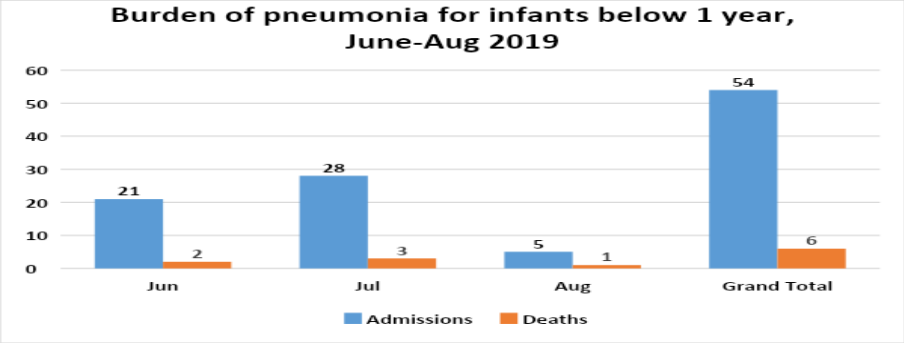
Thematic area	Indicator name	Baseline	Target	Quarterly Actual output/outcome	Status (Highlight colour)
Child Health	% of children under five years with pneumonia correctly assessed and treated with antibiotics	90%	85%	80%	⇧
	No of facilities with functional ORT Corners	211/253	42	83%	⇧
	% of children with diarrhoea treated with ORS and Zinc supplements	80%	90	85%	⇧
	No of facilities with at least one service provider trained in IMNCI	253	214	84% 39 (Facilities not trained)	⇧

The month of July up to August are critical in the programme as in the past years we usually experience diarrhoea outbreaks or increase in number of cases seen among children under-fives of age. 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. Diarrhoea is among the diseases that are leading in mortality in children under five years yet it is preventable contributing factors among others are poor environmental sanitation (water and sanitation).

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.
Family health answers to Sustainable Development (SDG3) goal 3 that of ensuring healthy lives and promoting well-being for all at all ages. It is key that services should be provided to all children.

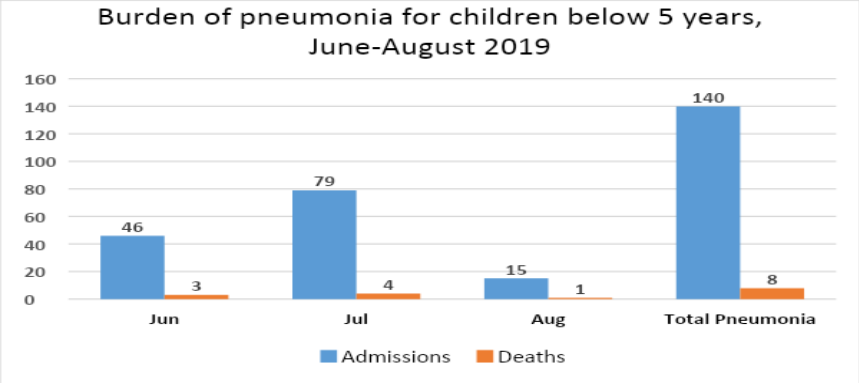
The figure below shows Pneumonia Admissions and deaths for children below the age of one year reported by in-patient facilities in the country. Since June to August 2019, 54 infants were admitted for pneumonia in the country and 6 (11%) of them died.

Figure 2.2.2: Burden of pneumonia for infants below 1 year, June to August, 2019.



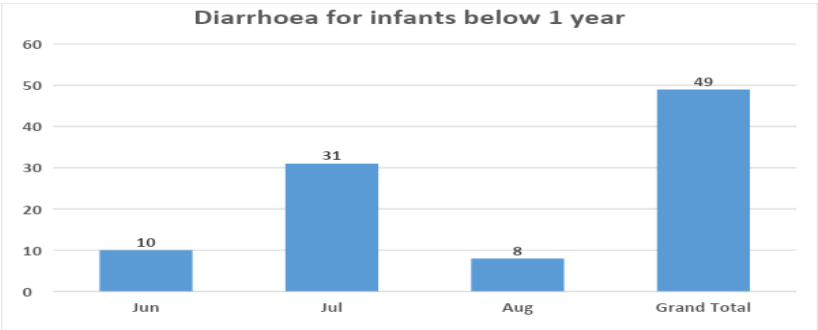
The figure below shows pneumonia admitted cases to children under five years reported by inpatient facilities the country. A total of 140 were admitted during the period of June to August 2019 and 8 (5.7%) of them died. The peak month was in July where we had 79 admissions and 4 deaths.

Figure 2.2.3: Burden of pneumonia for children below 5 years, June to August, 2019.



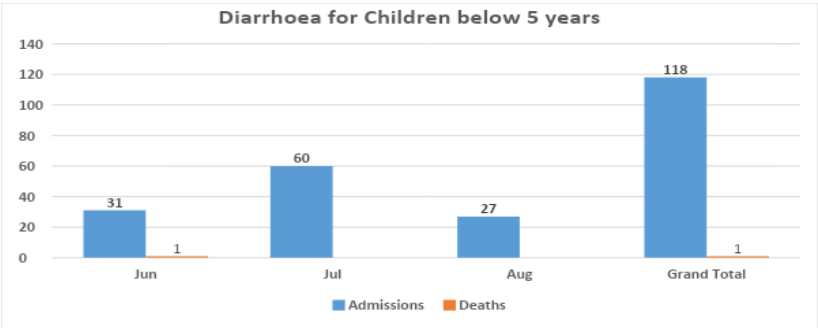
2019, diarrhoeal cases seen in the outpatient for children under I year was 49 and there were no deaths. Highest cases was in July and there was significant decline of cases observed compared to past years.

Figure 2.2.3: Number of Diarrhoea Cases among Infants below 1 Year.



The same trend was observed in children under one year and in children under five years. In July 2019 a total of 60 cases were attended in OPDs and there was a slight decline in August as compared to previous years. Total cases treated were 118 with one (1) death in June 2019. Delay in seeking care also contributes to the deaths in children.

Figure 2.2.4: Number of Diarrhoea Cases Among children below 5 years



Comparison of Activities conducted in July to September 2018 and in 2019

Table 2.2.2: Child Health Activities conducted in 2nd quarter 2018 versus in 2019

Activity	July to September 2019	July to September 2018
Conducted a ½ day National sensitization meeting for service providers on IMNCI case management	Sensitised 90 service providers: 8 Doctors, 8 Laboratory Technicians, 49 Nurses, 3 Nursing Sisters, 18 Environmental officers, 1 RHM trainers	sensitization done when there was already an increase in diarrhoeal cases
Computerized training for Doctors and Family nurse practioners	Follow up of enrolled service providers on ICATT	Enrolled 140 doctors and Family nurse practitioners on ICATT
Conducted a follow up of trained nurses on case management of childhood illnesses and to assess availability and functionality of ORT Corners in facilities	211/253 facilities have functional ORT corners	211/253 facilities have functional ORT corners

Activities Conducted In 2019

Supportive supervision and mentoring of trained nurses in IMNCI in health facilities was conducted findings were as follows:

- 47 facilities visited had functional ORT corners in the Lubombo region
- 30 facilities visited had functional ORT corners in the Shiselweni region

challenges

- 42 facilities including new facilities do not have Oral rehydration therapy (ORT) corners but they are improvising. Currently, this indicator is under performing as it is expected that all facilities should have functional ORT Corners.The corners are key in diarrhoea case management for hydrating children whiles queuing for treatment this reduces mortality rate in under-fives due to diarrhoea
- Screening tool for sick children in the current CMIS is not existing, yet service providers are trained on using the tool thus they are not using the holistic approach but have gone back to reason why a child has been brought to facility this is substandard and compromises quality of care to sick children.

2.2.2 School Health

School Health Services are delivered as one health package to school communities. This package assists in minimizing school disturbances as they are able to render their mandate effectively and also promote comprehensive primary health care package delivery.

According to Annual Education Census Report of 2017, Eswatini has a total of 868 schools (Primary 624 and 285 High schools). The total enrolment is237,451primary learners, 73 976 in secondary learners. The Number of pre-schools in the country are undocumented and there are 80 primary schools who are to pilot Early Childhood Care and Education (grade zero).

Table 2.2.3: Dashboard on key performance indicators for School Health

Thematic area	Indicator name	Target	2nd Quarter2018	2nd Quarter 2019	Actual output/outcome	Status
Health promotion and Education	# schools with health education IEC materials	200	**70**	**25**	IEC materials (booklets and Flip charts) reviewed and updated	
	# health education sessions conducted in schools	200	**70**	**57**	Health education sessions conducted	
Environmental Health Services	# schools inspected	210	**65**	**32**	Schools inspected	
	# schools with WASH facilities	167	**21**	**17**	Schools with WASH facilities	
	# schools with waste managementfacilities	100	**40**	**24**	Schools with waste management facilities	
	# schools with vector and rodents control measures	150	**3**	**1**	Schools with vector and rodents control measures	
	# schools with complete first- Aid kits	500	**100**	**114**	Schools with first aid kits	
	# Schools kitchen with Structures Compliant with minimum requirements	150	**26**	**28**	School kitchen with structure compliant with minimum requirements	
	# schools that observe food hygiene practises	400	**17**	**32**	Schools that observe 5 keys to food hygiene	
	# school follow-up inspections conducted	300	**10**	**12**	Schools with follow up inspections	
Disease surveillance in schools	# of School reporting outbreaks for (scabies)	100	**37**	**23**	Response to disease outbreaks in school	

Nutrition Services	# of leaners screened for malnutrition	3 000	**3 121**	**2 134**	Learners screened	
	# of learners moderately malnourished	200	**10**	**56**	Learners with malnutrition	
	# of learners referred	25	**10**	**12**	Learners referred	
	# Schools with School feeding	297	**860**	**57**	Learners served with nutritious meals	
Mental Health Services	# learners screened	15 000	**9 243**	**3 299**	Learners screened	
	#of learners who received first aid counselling	2 500	**48**	**1 200**	Learners counselled	
	# learners referred	200	**53**	**45**	Learners referred	
Learning difficulties	# learners screened	1 500	**250**	**848**	Learners screened	
	# learners referred	250	**48**	**250**	Learners referred	
Eye care Services	# learners screened for visual impairments	10 000	**6 345**	**3 566**	Learners screened	
	#of learners treated	500	**150**	**43**		
	# learners referred	200	**30**	**52**	Learners referred	
Ear and Hearing care services	# learners screened ear and hearing impairments	15 000	**7 321**	**4 234**	Learners screened	
	# learners treated for ear conditions	1 000	**321**	**1 567**	Learners treated	
	# learners referred	100	**43**	**76**	Learners referred	
Oral Health care Services	# learners screened	18 750	**5211**	**3 213**	Learners screened	

	# of learners treated	3 000	**212**	**1 523**	Learners treated	
	# learners referred	5 000	**200**	**432**	Learners referred	
Disease Conditions	# of learners screened for medical conditions	15 000	**7 878**	**5 342**	Learners screened	
	# learners treated	16 500	**3 000**	**2 678**	Learners treated	
	# leaners received first aid counselling	300	**54**	**34**	Learners counselled	
	# learners referred	200	**69**	**67**	Learners referred	
Child Development Services	# of learners screened for developmental milestones	100	**0**	**0**	Learners screened	
	# of learners referred for developmental delays.	20	**0**	**0**	Learners Referred	
Protective Health services	# eligible learners Immunized	100	**32**	**0**	Learners immunized	
	# learners defaulted immunization schedule	250	**55**	**0**	Learners who defaulted and immunized	
	# learners dewormed	4 000	**93**	**243**	Learners dewormed	
	# of learners given Vitamin A	500	**21**	**0**	Learners given Vitamin A	
Social Welfare Services	# of learners screened for social issues	10 000	**4 964**	**1 453**	Learners screened	
	# of learners referred for health and social assistance	450	**142**	**69**	Learners referred	
Teachers wellness	# of teachers screened for NCDs	1 500	**65**	**15**	Teachers screened	
	# of teaches who received first aid counselling	200	**43**	**9**	Teachers counselled	
	# of teachers referred	100	**28**	**9**	Teachers referred	

Achievement

- Formulation of multidisciplinary developmental tool technical team and a draft tool.

Challenges

- Inadequate resources(financial and human)
- Limited capacity building for the School Health teams
- Inadequate medical equipment's and test tools for screening.
- Inconsistent school visits due to transport and fuel.

2.2.3 Expanded Program on Immunization

Table 2.2.4:Dashboard on key performance indicators

Indicator name	Thematic area	Target	Actual Output/outcome	Highlight colour
Routine Immunization (January to August 2019)				
1. DPT-HepB- Hib3	Routine immunization coverage	90%	69.5	
2. Polio 3	Routine immunization coverage	90%	65.3	
3. MCV1	Routine immunization coverage	90%	66.4	
Disease surveillance and control *(January to September 2019)*				
AFP	Disease surveillance and control	2/100 000 population(15 cases)	15	
Measles Rubella	Disease surveillance and control	1/1000 population per region	83	
Neonatal Tetanus	Disease surveillance and control	1/1000 live births	00	
Paediatric Bacterial Meningitis (Pneumonia)	Disease surveillance and control	100 cases	42	
Rotavirus (Diarrhoea)	Disease surveillance and control	100 cases	65	
AEFI	Disease surveillance and control		4	

(NB: Routine immunization is cumulative of Jan-August 2019)

Currently there are 5 officers at national level and 4 regional focal persons assigned to EPI and other regional public health activities. At least three regions (except for Lubombo) have managed to assign EPI focal persons to EPI regional duties without attachment to health facility. The National staff includes; the Program Manager; the national Surveillance Officer; Assistant Surveillance Officer, and 2 drivers. All national members are attached full time to the program on borrowed post from other departments. Cold chain technician is currently available through the assistance of biomed. The requested cold chain vaccine technician post which were approved in the last year have not yet been filled.

Assisting the program on partner's contract are: one WHO/CDC stoppers who is assigned to data management activities and his contract ending December 2019. Also assisting is a student from University of Zimbabwe who is on internship till December 2019, her focus is on health promotion and communication in immunization.

Challenges in Human resource

- The Programme is under staffed and its kindly requesting for additional staff especial a vaccine logistics and supply officer, M&E and data use officer and 2 assistant surveillance officers on full time basis at EPI.
- No institutional memory and carry-over of duties since there is no staff retention tool (officers are transferred or moved back to their original post regardless of trainings, skills and knowledge acquired on immunization and vaccine management)

The table below shows that RI performance in all regions are below the anticipated target which is 90% across all proxy indicators. At national in the first quarter we recorded 69.9% while at the period reported we scored 66.4%.

Table 2.2.5: Immunisation Coverage By Region

Region	DPT1	DPT3	DOR (DPT – DPT3)	MR 1 Ist Quarter 2019	MR1 Ist Quarter 2019	DOR (DPT1 – MR1)
Hhohho	**75.5**	**69.6**	**7.8**	**73.8**	**67.3**	**10.9**
Lubombo	**70.0**	**67.0**	**5.0**	**71.4**	**64.8**	**7.5**
Manzini	**76.3**	**70.4**	**7.8**	**71.0**	**66.3**	**13.2**
Shiselweni	**76.6**	**71.7**	**5.0**	**90.4**	**67.5**	**-2**
National	**74.7**	**69.5**	**7.0**	**69.9**	**66,4**	**11.1**

Vaccine Preventable Diseases Surveillance

AFP Surveillance Performance

Table below depicts surveillanve performance for polio which is monitored by reported AFP cases. There was improvement on this indicators especially with Lubombo with at least 1 case reported from cases in the last quarter.

Table 2.2.6: Surveillanve Performance For Polio by regions

Region	Population	Number of Cases (In database) 1st quarter 2019	Number of Cases (In database) 2nd quarter 2019	Annualized Non Polio AFP Rate (Target: ≥2/100 000 <15 years population	AFP caseswith 2 stoolswithin 14days of onset* (Target: ≥80%)
Hhohho	123,315	8	8	8.7	100%
Lubombo	92,794	1	1	1.5	0%
Manzini	131,271	1	4	4.	100%
Shiselweni	76,153	0	2	3.5	100%
National	423,533	10	15	4.7	88.9%

Laboratory Based Surveillance/Sentinel Surveillance (Jan. To September 2019)

This done in Mbabane Government and Releigh fitkin Memorial Hospitals

Peadistric Bacterial Meningitis

This is sentinel survey aimed at monitoring the effectiveness of newly introduced vaccines. Mbabane reported 39 cases and RFM hospital reported 9 cases and all were non reactive too the disease tested.

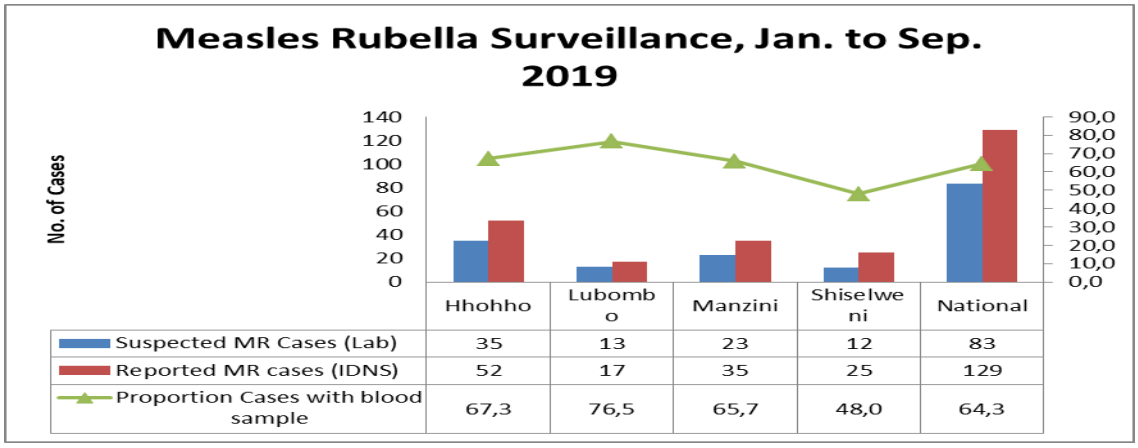
Rotavirus

Rotavirus surveillance is a surveillance system that monitor diarrheal diseases among under five years' children at sentinel sites. For this period reported, both sentinel sites have reported 46 cases of Rota Virus and only 8 tested positive. However, beyond the sentinel site cumulatively, 84 cases of Rota virus enrolled and 24 tested positive to the disease.

Measles Rubella surveillance

The picture, below depicts Measles Rubella (MR) disease surveillance report. During the first quarter 34 Measles rubella cases were reported and laboratory investigated. All cases tested negative to both Measles and Rubella Igm. From January to September 2019 129 cases have been notified through IDNS 977 and 83 were laboratory tested. So far, only two recorded in the fourth quarter (Jan to March 2019) were reactive to Rubella Igm and both case have shown good prognosis to the disease the rest of cases were non-reactive to both Measles and Rubella.

Figure 2.2.5: Measles Rubella Surveillance from January to September, 2019



Adverse Events Following Immunisation Surveillance

There were 7 AEFI cases reported nationally and all are from Shiselweni and Manzini regions in the period reported, all cases investigated at regional. One case from Shiselweni in August was very severe and unfortunately it was fatal. Case was investigated and reported to all parties concerned.

Cold Chain and Vaccine Management

All vaccines are procured through UNICEF supplied division. Government managed to pay upfront for this quarter supply. Pending by arrival by end of the 1st week of October are MR, DPT and Rota virus vaccines. These 3 vaccines recorded a two-week stock out at nationally level.

Advocacy, Communication and Social Mobilisation

The team together with HPV TWG and health promotion team manage to review and update the HPV risk communication strategy which is awaiting validation by bigger stakeholder.

Social Mobilization

Social mobilization is one of the key activities that should be ongoing especially at community level so that the public can be made aware of the importance and benefits of the child health survival package. Currently, the program depends on the RHMs to sensitize and encourage the community on immunization services.

Achievement and Financing of Program Activities

Table 2.2.7: Achievements of EPI

Achievements	Cost	Source of funds	Comments
Vaccine budget approved and money deposited to UNICEF supply division account for second quarter emergency vaccines order	E 12'897'203.55	Eswatini Government	Vaccines arriving in condition and as ordered
Central vaccine Stores – storeman assigned with assistance of CMS	Government salaries-	Eswatini Government-CMS	Storeman stated at CVS on August 2019
Conducted integrated supportive supervision in Manzini region Using both Electronic tool and paper base	WHO accounts	WHO	Field work and mentoring of clinic health workers appreciated by region and facilities
Conducted regional EPI quarterly review meeting. (accommodation and conference package)	WHO accounts	WHO	Gaps in immunization performance at regional levels identified and regional mitigation plans developed
Conducted workshop on adaptation of immunization in practice module for Eswatini(accommodation and conference package)	WHO accounts	WHO	Document in draft waiting validation
Printed 500 child health card copies	E14'950.00	CHAI	Cards distributed to facilities through HMIS program
Conducted HPV planning meetings – updated HPV introduction plan; Forecasted HPV vaccines per targeted population (girls between age 9-14yrs)	Conference packages	CHAI and WHO	HPV introduction plan updated in final draft
Received Technical support on vaccine management and cold chain logistics (Officer contracted for 3 months full time at EPI)	E48'000.00	UNICEF	Training of EPI logistics officer on duty very helpful
Procured electronic temperature monitoring gadgets – improvement on cold chain management at regional and facility levels	UNICEF accounts	UNICEF	Training on the gadgets coming
Officer has been redeployed to EPI national to work as Vaccine and cold chain logistics	Government salaries	Government PHU Mbabane	Joined EPI 1st of October currently undergoing in-house training supported by UNICEF

Key challenges

- HR issues – urgent need for a vaccines and supplies logistics officer, surveillance officers and M&E and data use officer 3 officers left the program
- Routine immunization performance below 90% regional and nationally.
- Inadequate funding for cold chain equipment maintenance, repairs and replacement
- Data management is still a challenge since the program is still using 2007 census projections and this might be one of the factors attributing to low coverages.

- Staff burnout

2.3 Adolescent and Young People Health (ASRH)

Table 2.3.1; Achievements under ASRH

Thematic Area	Strategy	Achievements for 2019
ASRH	Enhance capacity of health care facilities to offer comprehensive information and integrated services for adolescents and young people	Development of the accelerated action for the health of adolescents AA-HA (a multi-sectoral plan). Stakeholders participated in this development of the plan. This includes, the youth itself, civil society organizations and non-governmental organizations, armed forces and partners.

CHAPTER 3: PREVENTION AND CONTROL OF COMMUNICABLE AND NON-COMMUNICABLE

3.1 Communicable Diseases

3.1.1 HIV and AIDS

a. HIV Testing Services (HTS)

HTS Goal: To ensure that at least 95% of all people living with HIV to know their status.

Programme Objective: To increase the proportion of people living with HIV who know their HIV status. Currently the HTS coverage in the country is 84.7% Self-reported and 87% ARV adjusted.

Table 3.1.1: HIV Testing Services

EHRIS Site Visits	
HIV Recency testing visits (23 to 26 September 2019)	CDC, ICAP and the Ministry of Health visited selected EHRIS (recency) sites to observe implementation and learn how different facilities are conducting Recency testing within their setting. Facilities visited are Mankayane Government Hospital, Mkhuzweni Health Center, Matsapha AHF, Matsanjeni Health center, Lubombo Referral Hospital and PSI Lubombo region. The national Referral Laboratory was also visited to see how they process the viral load for the EHRIS specimen sent to them.
Recency Cluster detection and response training	Attended by the HTS National coordinator, CDC. ICAP and EPI officer and detection and response implementation will start soon.
Index testing SOP	
Review of index testing SOP	The review of the index testing SOP which was held at the American Embassy at Ezulwini. This was done to incorporate the changes that have been highlighted in the SOP from the HTS core team. One of the key things in the review was that facility partners will now follow-up their index testing cascade to the community. This will ensure responsibility in the exercise.
Quarterly meeting	
Community HTS quarterly Meeting (17 September 2019)	This is where the Community HTS officer was officially introduced to the Community Partners. A total number of 31 participants were present and community partners presented their updates. One thing that needed to be sorted out was the index testing cascade which needed to be unified.
Eswatini International trade Fair	
Trainings	
Training of preceptors and HTS Counselors	The HTS programe facilitated in the trainings that were held at Sibane hotel, The George hotel and Siteki hotel. This training also involved pre-service where Good Shepherdlectures were in attendance at Siteki Hotel. There were 2 HTS trainings conducted in the quarter. Topics that were covered by the HTS program were HIV situation in Eswatini, Basic facts about HIV, HTS approaches, and New modalities. Participants indicated high level of understanding of the presentations. The participants were posted in facilities and VCT centers for practical attachment.
QA Assessments	
Visit to PSI (22 August 2019)	PSI Manzini Outreach team was visited for supportive supervision and QA Assessment on the 22nd of August. The team was found to be using the National tools in their work. They are doing index testing to the clients that are testing positive. The outreach team always has an Expert client to ensure clients are linking to services. The team is doing well but there were some gaps that were identified and they will be working to address them.
Progress on SURGE	
Facility visits	Facility visits were visited to check on SURGE progress. The visit was started at Mbabane PHU, to Ezulwini Satellite Clinic, MathangeniClinic ,U –Tech Clinic , SitekiNazarine and RFM Hospital. The team consist of Areas of focus were Index testing, HTS, Linkages, OPD Optimization and HIVST. Staff was given mentorship and implementing partners assigned to assist facilities in closing the gaps identified in the process.
HIVST	▪ SOP revision has been finalized, document is being aligned for print ▪ Training materials and slides have been finalized for non-counselling distributors ▪ Finalized the communications plan and brief for the creative agent ▪ 62, 000 kits delivered through PEPFAR support ▪ Trainings for MSF and AMICAAL distributors.

b. Linkages

A well-functioning linkages system is crucial for Eswatini to fulfill her health targets and objectives hence there is on-going onsite training for health care workers on linkages case management which has been seen to yield better results as opposed to standard linkages. Linkages case management has been included in the addendum for HIV comprehensive guidelines and linkages is part of the surge indicators that are being monitored through an application that has been developed by HMIS to make tracking of surge indicators to be possible.

c. Care and treatment

The 2018 HIV management guidelines were amended to the 2019 HIV management guidelines amendment 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 forums including RHMT's, NaHSAR, and facility-based site trainings are on-going. The amendments process was led by SNAP with support from PEPFAR implementing partners and MSF. **Dolutegravir based ART regimen phase 2**: Inclusion of women of reproductive potential and children >20kg.

According to the 2018 HIV management guidelines, a fixed dose combination of Tenofovir (TDF) 300mg/ Lamivudine (3TC) 300mg/ Dolutegravir (DTG) 50mg - (TLD) - is now the recommended first line ART regimen for all Adults, adolescents and children above 20kg. Phase 1 of the introduction was started in October 2018 and phase 2 was started in May 2019. As part of the addendum adaptation process several tools were also developed and finalized to guide implementation of the new changes within the guidelines. These tools include, Checklist for women and adolescents of child bearing potential before use of DTG, Key counselling messages for women and adolescents of child bearing potential and integrated onsite training slides on new changes within the guidelines, and the side effects checklist job aid.

Table 3.1.2: Key Achievements and Challenges

Achievements	Challenges	Focus Area
Differentiated service delivery		
In Collaboration with the QI Office, conducted mentorship and supervision visits to 23 health facilities which are implementing the VL & DSD Quality Improvement Collaborative project	DSD data still not routinely reported through the MOH M&E system, the programme is still relying on data call from Implementing Partners.	Finalize and share data from the DSD Clients and HCWs Satisfaction Study
Conducted an Experience Sharing meeting for the 23 health facilities implementing VL & DSD QIC Project, 45 participants attended the meeting		Print and Distribute DSD training curriculum for HCWs and Community workers
Linkages		
Capacity building 1126 health care workers from all regions were trained on through onsite trainings. Linkages case management training slides were developed and now incorporated in IMAI trainings which has great improved implementation of LCM. Continued trainings in IMAI and NARTIS through the cascade	**ART initiation amongst men** Although ART initiation is improving amongst the different age populations men are still lagging behind	Development of male comprehensive services package which is aimed at improving linkages amongst males
Standard operation procedures Linkages case Management SOP was finalized, and 1000 copies were printed, 820 copies have been distributed both to health facilities and community testing partners	**Quality of data** Data from CMIS is still a challenge. Lack of an electronic system for Community HTS partners challenges verification of clients which delays ART initiation	Conduct national supportive supervision amongst selected facilities in the 4 regions to track implementation of LCM
Care and treatment		
1. Treatment optimization – transition of patients on treatment to more efficacious regimen and removal of NVP	1. insecurity of adequate ARV drug stock level	Continued transitioning of patients to more efficacious ARV regimen
2. Review of High Viral load tools and HIV DR training	2. Data inaccuracy. We fail to proactively support underperforming facilities	Continued mentorship
VMMC		
Circumcision of boys	Difficulty entering schools	Advocating to schools to continue with Fridays MCs

Table 3.1.3: Treatment Optimization activities

Intervention	Activities	Results
Strengthen the procurement and supply chain management system for ARV and OIs	Participated in and coordinated the forecasting and quantification of ARVs, TPT commodities, PrEP commodities, PMTCT commodities, and Opportunistic Infections medicines.	Supply chain TWG, data validation meetings conducted. The quantification process was conducted using spectrum estimates inflated to the program targets of 95-95-95 as the quality of the data from HMIS was questionable.
Conduct off-site supply chain trainings for clinical mentors, pharmacists and facility staff to strengthen the pharmacy-clinical interface with emphasis on pharmacy to ensure that facilities are capacitated on inventory control and management, generating consumption reports, good dispensing practices (Supply chain training for mentors and facility staff was facilitated by Chemonics, Pharmacists' training was supported by URC and SNAP was invited to present on SURGE, Treatment Optimization, and Pharmacovigilance for ART commodities) Private sector practitioners (The Clinic Group) were also trained on SURGE activities and Pharmacovigilance.	Trained health care workers on SURGE activities, treatment optimization (transitioning clients to DTG, new available easy to administer formulations for pediatrics (LPV/r sachets and higher strength ABC/3TC)), and pharmacovigilance for ART commodities.	Clinical mentors, pharmacists, facility staff, and The Clinic Group practitioners trained on SURGE activities, treatment optimization and Pharmacovigilance.
Scale up integrated active pharmacovigilance monitoring, reporting and use of data to inform clinical management and programing (ADSM)	Set up meetings with HISCC for approval of the active pharmacovigilance form	Active pharmacovigilance forms approved by HISCC and rolled out to 13 sites (hospitals, health centers and Baylor clinics)
	Use of Passive pharmacovigilance form strengthened	Passive pharmacovigilance forms rolled out to all other facilities not doing active pharmacovigilance.
	Establishing a strong relationship between SNAP and the National Pharmacovigilance Unit (NPVU) for the monitoring of ART side effects	Pharmacovigilance reports on ART toxicities submitted to the NPVU.
Establish a stronger working relationship and partnership with the private health facilities	Assessed Family Care Clinic surgeries (Mbabane Checkers, Mbabane City Centre, Manzini and Nhlangano) for their readiness to provide ART services	Processes towards accrediting sites that meet the requirements to be accredited to provide ART services ongoing (Mbabane Checkers and Mbabane City Centre surgeries qualify. Manzini and Nhlangano surgeries need to improve on security systems, storage space and storage conditions for medicines.)
	Assessed The Giant Factory (Matsapha) for their readiness to provide ART services.	The site does not qualify to provide ART services. Recommendations on what they need to put in place for the site to be accredited were provided.
	Review of site accreditation documents	The process is ongoing.
Strengthen HIV DR Program Management	Participated in the review of the HIVDR risk assessment tool, SUAC SOPs, and management of HIVDR protocol.	Documents were reviewed and we have drafts.
Establish a transparent system of introducing and adopting new ARVs in the country.	Concept note developed on how the process will be conducted.	Concept note almost final, awaiting feedback from CHAI on whether they will be able to fund data collection, stakeholder meetings, and dissemination of findings.
Upgrading baby to mother facilities	Concept note developed and finalized.	Data collection will have started if it wasn't for challenges with transport.

d. TB/HIV

Programme objective: To reduce incident TB and mortality among HIV co-infected patients.
Target population: All HIV and all TB patients.

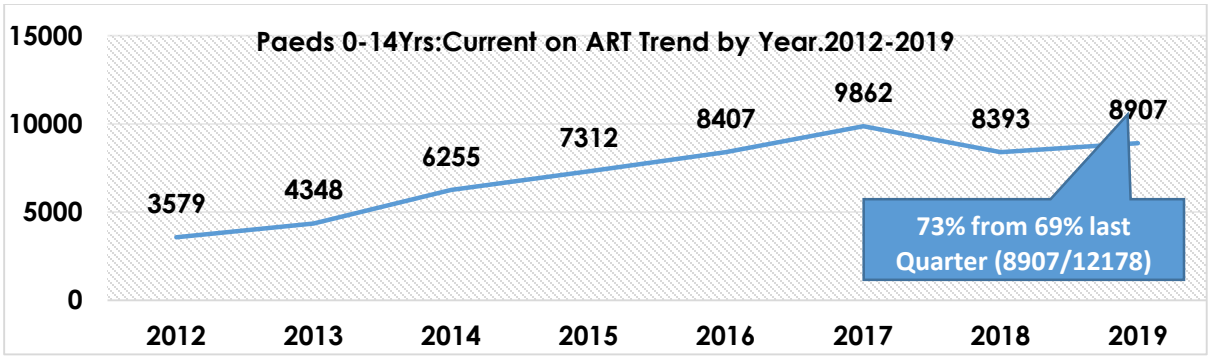
According to national guidelines, all HIV patients should be screened for TB and presumptive cases are referred to TB diagnosis sites. Similarly, all TB patients are tested for HIV and those who are HIV positive are put on ART, while those who are negative for Active TB are provided with Tuberculosis Preventive Therapy (TPT). TB/HIV services have been integrated and there is timely ART initiation on correct regimens for co-infected patients. Facilities are providing TPT and CTP and infection control plans are being implemented.

Table 3.1.4: Key Interventions for TB/HIV

Intervention	Activities	Results
Scale Up the provision of TPT to primary health facilities	Provide TPT to all eligible PLHIV	
		-Trained 227 health care workers on the TB preventive therapy (TPT) (doctors and nurses) -Developed SOPs to guide the integration of TPT into DSD (in collaboration with the DSD unit at SNAP) -Submitted TPT quantification figures for the quantification and subsequently the procurement of TPT for 2020. -Participated in the development of the joint TB/HIV review tools
Ensure quality treatment for TB/HIV co-infected patient	Participate in ReHSARs, NaHSARs	-Participated in Shiselweni, Lubombo and Hhohho ReHSAR meetings
Strengthen HIV/TB coordination committees at national, regional and facility level	Hold quarterly meetings for collaborative activities at the national, regional	-Held the National Coordinating Committee meeting (NCC)
Training of health care workers on TB and HIV management	Participate (national officers) in regional and international conferences	-TB/HIV focal person attended the 10th International Aids Society (IAS) Conference in July
	National Officers to participate in local and international TB/HIV workshops	-National officers attended the TB Drug Resistant training
Improved access to systematic CrAg screening by PLHIV	Develop and disseminate SOPs and Algorithms on CrAg screening and management	-Trained 227 health care on the management of Advanced HIV Disease Management (AHD) -Conducted Supportive site supervision visits to 8 of the implementing sites.
Strengthening supply chain management of commodities to diagnose and treat cryptococcal infection/meningitis	Procure Fluconazole for pre-emptive treatment of Cryptococcal infection	Participated in the quantification meetings and submitted fluconazole figures to facilitate the process of procuring fluconazole for the year 2020

e. Paediatrics HIV

Figure 3.1.1 Pediatric Coverage as in June 2019



The figure above shows 8908 Children and adolescents currently on ART in 2019. There is an increase from 69% to 73% from the 2018. For positivity rate at 6 weeks is 1% 2018 annual report. New formulations have been approved by WHO raltergravir for neonates, Lpv/r granules and the ABC/3TC 120/60mg. And more adolescents are being newly initiated.
NB: adolescents are sexually active and are getting infected and teenage pregnancy is on the rise 14.6% (MICS, 2014)

Activities

- Teen clubs are supported by regional partners to function
- The use of DBS viral load which will help with pediatrics phlebotomy which is a problem for health workers commenced and targets only the under 5s
- EID POC pilot is still going on 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 and a request to Global fund to support the POC EID
- Birth testing a project working in collaboration with SRH is on-going using the POC and the conventional method till Dec where we know the future of these pilots when global fund gives a response if they will fund POC EID.

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
- Viral suppression has not reached 90%
- Teenage pregnancy still an issue
- New infections in Adolescents.

f. Psychological Care And Support

This report outlines the Psychological care and support activities for the period July 2019- September 2019. This report includes the planned activities as they appear on the annual plan.

Table 3.1.5: Number Of Health Care Workers And Patients Provided With Psychological Care and Support

Activity	Achievements	Indicator	Comments/challenges	Implementing partners
Conduct individual counselling sessions with healthcare workers	28 healthcare workers and patients counselled	28	Individual counselling sessions carried per request and in collaboration with Wellness focal person	Regional psychologist
Psychological Care and Support Training	120 Juvenile Peer educators	120	Capacity building for peer educators	National Psychologist
Team Building activities	35 Hlalawati Savings and Cooperative	35	Provision of team building services	Psychologist
De-briefing Session	22 NATICC health care workers 11 HCW from Dwalile clinic (grief Debriefing-Loss of a Colleague)	33	These are on -going sessions	National Psychologist
Sensitization workshops on PCS concepts to healthcare workers and Community Care Givers	120 HCW KP trainings 60 TASC HTS Counsellors 30 HCW from FLAS presentation on Retrenchment	210	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	Regional psychologist

g. HIV Prevention

i. Voluntary Medical Male Circumcision (VMMC)

VMMC is one of the prioritised interventions that the country adopted as an additional way of strengthening HIV prevention. Based on the undisputable evidence that male circumcision offers above 60% partial protection against HIV transmission in heterosexual relations, VMMC is one intervention targeting males directly and also extending to sexual partners of circumcised male once they commence sexual activity. It is offered as a package that includes HIV Testing Services, Age appropriate condom promotion and distribution, Screening and treatment of sexually transmitted infections and risk reduction counselling.

The programme aims at reaching a target of 70% of males aged 10-49 years circumcised by 2019.Working towards this objective, the programme has achieved the following in the past quarter.

A total of 5629 circumcisions occurred during the period July to September 2019. The table below shows how many circumcisions were performed on a monthly basis during the quarter;

Table3.1.6: Number of Circumcisions Done from July to September, 2019

Month	VMMC Done	Percentage
July 2019	1432	25%
August 2019	2841	51%
September 2019	1356	24%
Grand Total	**5629**	

The table above shows a total of 5629 circumcisions done in the three past months. During the period 51% of the total number of circumcisions done was conducted in August during the second Back to School (BTS) campaign conducted nationally across all regions. The BTS campaign aims at providing VMMC services to school going males during school holidays. The campaign was conducted throughout the month of August. The months July and September accounted for 25% and 24% respectively of total circumcisions done during the period.

Circumcisions were conducted across multiple health facilities in all four regions.

ii. Key Populations Reporting

Table 3.1.7: Interventions for Key Populations

Focus Area	Achievements	Challenges
Key populations	Pre –service training of **473** completing cohort of students from SANU, UNESWA&CMU and 25 nurses from facilities	to conduct in-service training of health care workers
	KP reached with Prevention : FSWs: 8,183,MSM: 3,728 KP tested for HIV: FSWs: 1787, MSM: 1328 KP testing positive: FSWs: 194,MSM: 90 Kp Linked to ART:FSW 146 (75%), MSM 62 (68%)	Some clients testing HIV are not initiated on ART immediately due to individual based reasons, including readiness. Inaccessible on follow up, providing wrong contact numbers.
Oral PrEP	-Number of clients initiated on PrEP-1534 -Facilities offering PrEP per region Lubombo-14 Manzini- 18 Shiselweni- 17 Hhohho- 24	PrEP module still not included in the CMIS making it difficult to collate data from facilities.

h. Cross Cutting Issues

Quality Management

Table 3.1.8: Achievements and Challenges Among Cross-Cutting Issues

Achievements/Tasks	Challenges	Next Steps/Recommendations
Strengthening of the Regional Quality Teams Lubombo has been able to formulate a Surge task team that identifies what is not being done according to the data mentioned on Surge activities – that has helped strengthen the regional Quality team	—	Regions should identify best approaches to use and sustain the performance of quality activities.
Started the process to harmonize the SIMS and HIV service quality tools so that there is only one tool used for HIV quality assessments	• Non-PEPFAR supported sites are not supported nor prioritized for assessments. • There are no regional champions to lead auditing teams	Develop a small SOP for data flow for SIMS and a data analysis tool. For every SIMS assessment that takes place, a copy of the data sheet should go to the RAC and the National team. PEPFAR is to be consulted if they already have a data analysis tool.
Availability of regional Surge data which is reported on weekly basis.	—	The national Quality team needs to ensure there are facility visits conducted to assess on the quality of service delivery during Surge and beyond The team should meet on monthly basis to share change ideas.
Site Quality Improvement Projects (QIPs) are presented during ReHSARs and awards for best QIPs • Lubombo had five (5) facilities presenting on QIPs • Shiselweni had four (4) QIPs Manzini and Hhohho are pending.	There is a drop in the number of QIPs being shared by facilities during ReHSARs	QM office to follow up with the RACs on the drop in the number of QIPs being shared by facilities during ReHSARs.

i. Knowledge and Management

Table 3.1.9: Number of IEC Material Distributed at The Eswatini International Trade Fair (EITF) 2019 by title.

Title of IEC Material	Quantity
How to Enjoy Sex with a Condom	35
PrEP flyers	50
Your Child and HIV Testing	35
LokufaneleUkwatiNgeligciwaneleHIV	35
ART, Managing HIV Infection with ARVs	5
YondlaUmndeniWakhoNgalokufanele	50
AngesabiLutfoNginatsaEmaphilisiEkutsintsibalisaLigciwane le HIV	35
Ikhondomulphephisalmpilo	35
SNAP Website Bookmarks	35
ImphiloNgelibele	10
Cervical Health	15
Viral Load	100
Male Scented Condoms	5 boxes
Lubricants	10
Female Condoms	35
VMMC Brochures	350
TLD Leaflets	5
Test and Start Discs	35
Test and Start Stickers	20
HIV/AIDS pins	35
Prevention Flyer	75
VMMC Rulers	7
VMMC Pens	10
STI Job Aids	15

Table 3.1.10: Number of Visitors to the SNAP stall at the EIPA 2019

	Age/Sex Disaggregates				Total per day
Date	**Females < 15 years**	**Females > 15**	**Males < 15**	**Males >15**	
30/08/19	2	12	1	12	27
31/08/19	27	98	35	140	300
01/09/19	8	60	7	60	135
02/09/19	3	51	12	53	119
03/09/19	1	18	1	37	57
04/09/19	15	25	15	30	85
05/09/19	5	36	6	45	92
06/09/19	4	23	7	39	73
07/09/19	5	45	10	51	111
08/09/19	11	40	11	28	90
09/09/19	5	4	9	6	24
Total by age	**86**	**412**	**114**	**501**	**1 113**

Table 3.1.11: Material Distributed during NaHSAR

Title of IEC materials	Quantity Issued
Community strategy	5
HIV Guidelines (soft copies)	20 (5)
HIV Pocket Guidelines	20
Amended HIV Guidelines	15
STI Guidelines (soft copies)	5 (5)
Viral Load	10
Test and Start disk	11
Teen Club	3
Child Rights	2
SNAP website	5

3.1.2 Malaria

This report covers progress updates for a period July - September 2019. Progress is discussed 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 reporting period,a total of 90 cases were reported by the different health facilities. And of those case83(92%) were notified immediately as per the guidelines.Theprogramme 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: All90(**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 90cases reportedbetween July and September 2019, 76/90*100= 84**%** were investigated. On average, investigation rate seems lower, in July,

and investigation rate of 75% was achieved owing to a lot of failed investigations due to an influx of mobile populations during the said month. The investigation rate in August was a 100% as all cases were investigated and same with September, only a single cases was lost to follow-up due to its mobility. The programmewillcontinue 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. No IRS was implemented during the period under review, as per norm recruitment and training of spray operators is to commence in August with training and September commencement of IRS, but due to delays in issuing of an authority to engage spray operators, that has not been the case, IRS had delayed indefinitely.

1) No indicators to report on under this objective since IRS has not yet commenced

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

1) Target: 100% cases treated according to Guidelines in the Private sector-: actual: a total of 61cases were reported by the Private sector, and of the 61 cases, all **(100%)** were treated as per the guidelines.
2) Target:100% cases treated according to Guidelines in the public sector-: 29 cases were reported in the public sector, and of the cases reported, all**(100%)** were treated as per the guidelines.

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

Targets

1) The country through support from the MOSASWA grant sent eight officers to the National Institute for Communicable Diseases (NICD) for a basic course on insectary management.
2) Through assistance from E8, three seasonal surveillance officers were recruited to strengthen community screening in July

Challenges

- Delays in procurement of insecticides
- Delays in issuing of authority to recruit seasonal spray operators

Achievements

- 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.

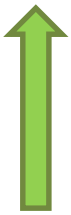
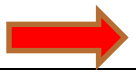
3.1.3 Neglected Tropical Diseases

This quarter was difficult to implement activities as there was no transport. The programme's vehicle broke down in June whilst transporting the school health team for de-worming learners around the countries' primary and high schools. The programme used to rely on the NCDs vehicle which also developed mechanical problems.

In July before the schools were closed through the use of NCDs transport five primary schools in Lubombo region that were visited together with the Taiwanese medical mission to collect samples: 1508 urine andstools collected for analysis of Schistosomiasis and soil-transmitted worms infection. In August, weconductedpatients door to door follow up through the Taiwanese project of neuro-cystercercosis. Ninety cases were followed up and their sample were taken for further analysis at Mbabane laboratory.The door to door patients follow up for tapeworm cases was extended to Manzini region. During case interviews, it transpired that this might have been caused by the consumption of roasted pork which is one of the causes of the brain tumours.

In September during the trade fare exhibition, there were 400 adults who were de-wormed.

Table 3.1.12 : Key Program Performance Indicators for NTDs for July – September, 2019

Thematic area	Indicator name	Baseline for 2018Actual			Target for -2019/20		Quarterly Actual output/outcome for July – September, 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** = 185 used 743 tablets b) **HF.pts** = 1907 c) SAC MMA cases = 0 **Intestinal Worms:** a) **Lab. clients** = 8169 used 49014 tablets b) **HF.pts** = 5206 c) SAC MMAcases = 0		
2. Routine control for high risk groups:	% of high –risk groups(GRP)on routine control for STH and SCH	**GRP** ***Pre*** ***PW*** ***SAC*** ***ADULT***	**STH** 95320 21305 16863 720	**SCH** * * 8066 315	**STH** 96000 22000 17000 6000	**SCH** * * 9000 800	**STH** 20728 1770 500 1549	**SCH** * * 3000 117	
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 RHM 350 150 100		210 RHM 2- RHMTs 30 Pre Schl Teachers 19 Schl Teachers		
4. %population to be reached by deworming IEC	# of population centers mobilized on the importance of routine deworming	Tinkundlacenters PTA meeting Media coverage		16 11 13	55 30 15		30 for MNZ + HH 5 PTA 0 times over radio 0 times over TV		
5 % tablets distributed to HF	# of tablets distributed to Health Facilities	Albendazole 400mg Praziquantel 600mg		115 000 890 10 000	120 000 10 000		46 650 1300		

Challenges

- Transport: The programme's vehicle broke down.
- Dissemination of results for MMA implementation
- Anthelminthic drugs for the program always experience shortage at the Central Medical stores.
- Dilapidated building in Manzini office, laboratory and storerooms

3.2 Non-Communicable Diseases

3.2.1 Non-Communicable Diseases

The NCD Program's main activities in the reporting period have centred on strengthening systems, processes and tools in preparation for NCD service decentralization to primary care level.

Table 3.2.1: Indicators for NCD Service Delivery at Primary Care Level (Level 2-Clinics)

Diagnoses	New diagnoses within reporting period	Total number of clients reported with diagnosis	Treatment	#clients receiving medication at primary care for the first time in reporting period[1]	Total number of clients on medication	Proportion of people living with NCD who are on treatment at primary care[2]
Hypertension	2,246	35,446	HCTZ	1,225	21,838	62%
			Captopril	262	2,341	-
			Nifedipine	295	3,580	-
Diabetes	418	909	Metformin	258	578	64%
			Gliclazide	1	4	-
Asthma	776	4,936	Salbutamol (Inhaled)	221	1,318	16%

Source: CMIS Outpatient Data 2019. **Notes***: 1) CMIS data does not capture inter-facility transfers, it is not possible to determine which of the clients 'new' to CMIS are de novo initiations, and which are 'refill' clients transferred from high level facility, 2) Multivariate analysis required to disaggregate proportion of clients on second- and third-line therapy was not available at the time or report writing, but will be established for the next reporting period.*

Achievements

- **National NCD Readiness Assessment 2019:** In order to assess system readiness for decentralization, the NCD Program conducted facility-level assessments for NCD services at primary care. The assessment demonstrated a high baseline readiness for decentralization across the system, though there are some gaps that the NCD Program will work to address ahead of decentralization.

The below results are taken from the National NCD Readiness Assessment 2019 which included all primary care facilities. For future reports, the proportions will be represented per the number of facilities implementing decentralized services

Number of facilities offering decentralized services = **4** / 176

Decentralization has just begun at facility level. A further 4 facilities will be enrolled next month towards the national target of 176 facilities.

Proportion of facilities with key resources available (Aug 2019)

HR & Training	Trained nurse on site	**66%**
Equipment	BP machine	**90%**
	Extra Large BP Cuff	**33%**
	Tape Measure	**96%**
	Height Measure	**93%**
	Weigh Scales	**96%**
Diagnostics	Glucose Test	**91%**
	Urine Test	**92%**
Drugs (Hypertension)	First Line: HCTZ	**85%**
	Captopril	**22%**
	Nifedipine	**17%**
Drugs (Diabetes)	First Line: Metformin	**79%**
	Gliclazide	**0%**

Baseline facility readiness for NCD services is high, though there are some gaps particularly in second line drugs for hypertension and type 2diabetes. The NCD Program will continue to work with relevant line departments to address identified gaps in service readiness

- **NCD Decentralization Operational Framework:** To NCD program has developed a comprehensive operational plan for NCD service scale-up, including: detailed service package descriptions, mentoring and supervision guidelines, standardized resource lists and up- and down-referral protocols.

- **NCD M&E Framework with facility-level reporting tools:** In response to longstanding data gaps for NCD monitoring and evaluation, the NCD program has developed indicators covering the full clinical management cascade for NCD with an associated suite of facility- and patient-level data collection tools. The tools will be deployed to facility level in November 2019.

- **Decentralization begins at 4 model clinics:** The program has successfully initiated decentralized services at 4 'model clinics' across the country. The model clinics will generate lessons for other facilities, and provide an opportunity to test mentoring and supervision systems.

- **Training of front-line health care workers;** With the support of the ICDF, 60 front line clinicians from across the country were trained on the identification, management and follow-up of diabetes. In addition, the NCD partnered with the National TB Program to conduct on-site trainings at 130+ facilities on integrated NCD-TB clinical management. The NCD Program, HIV program partnered to delivered integrated pre-service training for nurses at EMCU and UNESWA.

- **Primary and Secondary Care Guidelines developed:** With technical support from front-line clinicians, the WHO Country Office and implementing partners the NCD Program has now successfully finalized and standardized and harmonized package of NCD clinical management guidelines across all levels of care.

Challenges

- A constrained funding envelope and donor landscape continue to present challenges to programmatic activity.

- **Data and Analytical Capacity:** Analysis of NCD data across the whole clinical management cascade requires a significant investment of time and analytical capacity. Further, fragmented data systems (paper-based and digital) lead to inefficiencies in the calculation of NCD process and outcome indicators. NCD Program will continue to advocate, and mobilize resources, for a full-time M&E focal person.

- **Resource Availability:** The NCD program faces dual pressures on resource mobilization: (i) the Ministry of Health continues to operate within a constrained fiscal envelope, and (ii) donor spend on NCDs in country continues to be low. The NCD Program will continue to work across departments, including the Planning Unit to ensure that domestic resources for NCD are prioritized.

- **Program Capacity:** The NCD program is currently composed of redeployed staff. This means that programmatic staff have competing programmatic obligations and pressures on their time.

Next Steps

The NCD Program will work to implement the following activities in the upcoming reporting period

- **Deployment of NCD M&E Tools to facility level:** Resources will be mobilized to support the deployment of the NCD registers, client-record cards and reporting summaries to facilities implementing decentralized services.
- **Scale-up to another 4 facilities:** In line with the decentralization Framework, a further four facilities will be enrolled in decentralization with mentoring and supervision support from the Regional NCD Focal Persons.
- **Shiselweni Training of Clinic Nurses:** Nurses at 10 facilities in Shiselweni will be trained on the NCD service package. MSF will continue to support the facilities with implementation of decentralized services.

- **RHM App Pilot:** A technical team from Goettingen University in Germany will be in country in late October – early November to support the development of a community-level screening and referral App for NCDs.
- **Dissemination of the NCD Guidelines**: The clinical management guidelines and protocols will be formally disseminated, with resources mobilized for printing and deploying the guidelines to facility level. NCD Regional Focal persons will support facilities with on-site training to support guideline deployment
- **National NCD-HIV-TB Program Review:** NCD program will be working with the HIV and TB programs to assess the level of integration at service level and to identify efficiency opportunities and areas for collaboration.

3.2.2 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.

The department has Environmental Health Officers who carry out complex environmental health challenges and formulate effective solutions. This involves inspection of business premises, education and health promotion, giving advice and recommendations on specific environmental health challenges, law enforcement and working with other agencies.

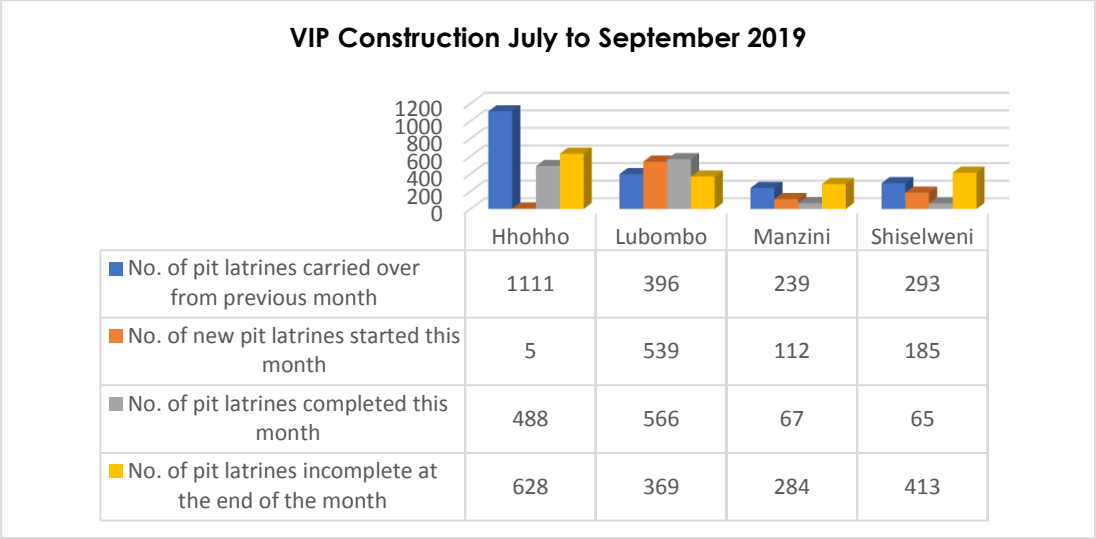
Environmental Health Officers are responsible for key performance areas such as Food Safety, Meat Hygiene, Port Health activities, implementation of the International Health Regulations ,Vector Borne Diseases Control, SchoolsEnvironmental Health activities, Water, Sanitation and Hygiene , Occupational Health and Safety, Health Promotion, Environmental Pollution Control, Health Care Waste Management, Control of Insects and Rodents, Carrying out Inspections for Licensing of trade premises, Children's Environmental Health and many more.Poor income group are the most affected by poor environmental health conditions such as unsafe drinking water, poor sanitation, food safety, communicable diseases, environmental pollution, etc. Environmental Health challenges directly affect the quality of life.

a. Sanitation

Therewere*1186*ventilatedimproved pit latrines (VIP) latrines completed this quarter(Hhohho:*488*; Lubombo:*566*; Manzini:*67*; Shiselweni:*65*);a total of *1694*latrines are still under construction (Hhohho:*628*, Lubombo:*369*, Manzini:*284*, Shiselweni:*413*)and 841new sanitation projects started this quarter.

The figure below shows the number of VIP latrines that were completed, started and those that are still under construction per region.

Figure 3.2.1: Number of Ventilated Improved Pit Latrines (VIP) Constructed from July to September, 2019.



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 ***554***hygiene education sessions conducted nationally in different institutions.
The table below shows the number of health promotion sessions that were undertaken at different institutions.

Table 3.2.2: Number of promotion sessions

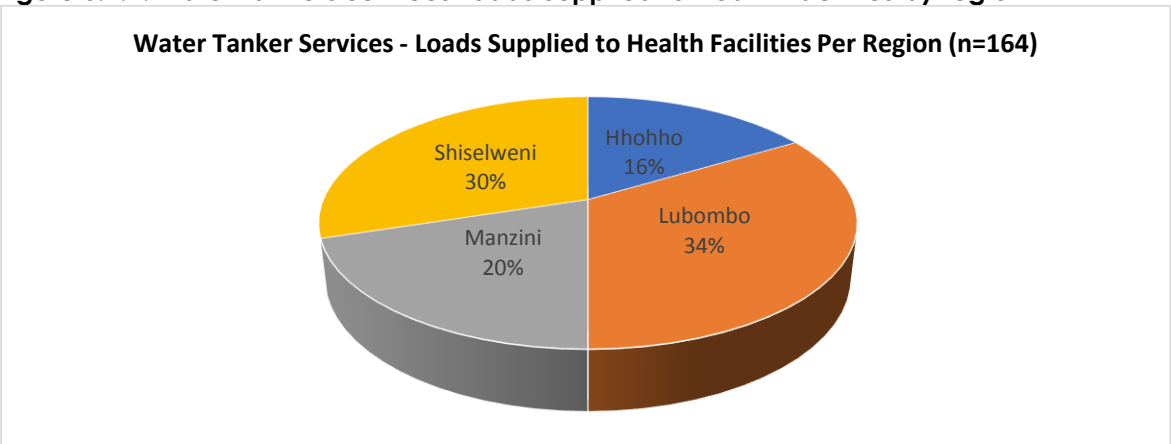
Location	Hhohho	Lubombo	Manzini	Shiselweni	Total
Communities	209	55	11	11	**286**
Schools	24	5	3	2	**34**
Health Institutions	121	60	12	41	**234**
Total	**354**	**120**	**26**	**54**	**554**

c. Water Supply

Table 3.2.3: Water Supply to health care facilities through water tanker trucks

Region	Hhohho	Lubombo	Manzini	Shiselweni	Total
Number of Requests Received	12	45	33	44	**134**
Number of Requests Attended	9	45	31	43	**128**
Number of Loads Made	27	55	33	49	**164**

Figure 3.2.2: Water Tankers Services Loads Supplied to Health Facilities by region



No Running water schemes completed in health facilities this quarter.

d. Food Hygiene

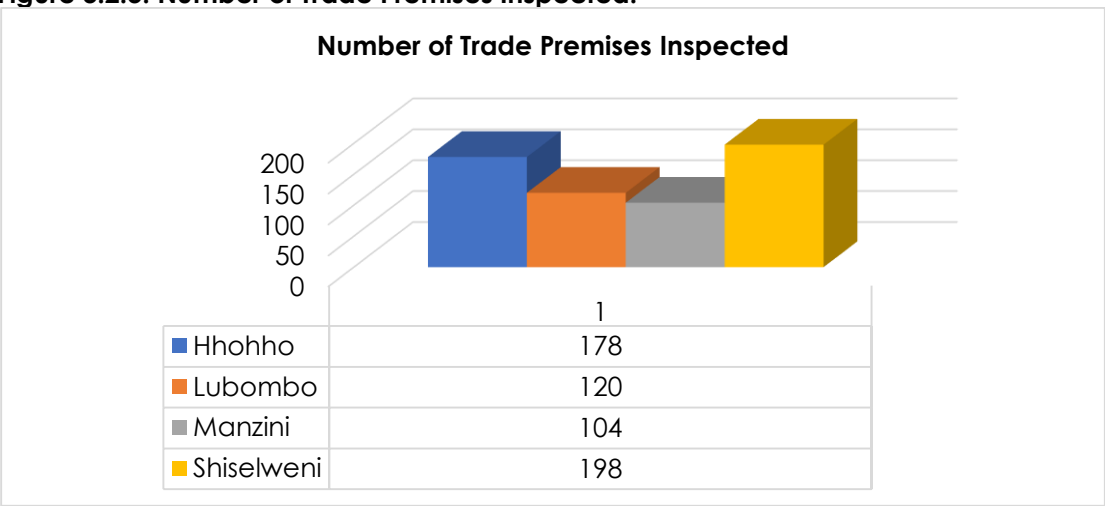
The objective of this activity is to ensure an improved food quality in order to prevent food borne illnesses. The department is involved in the inspection of trade premises and meat inspection. There were ***600***inspections carried out for the purpose of routine monitoring standard adherence in trade premises. There were***2637***food animals inspected and passed for human consumption which were***1164***bovines (cattle), ***1177*** porcines (pigs), ***195*** goats and ***100*** game.

i.Trade Premises Inspections

Table 3.2.4: Number of Trade Premises Inspected.

Region	Hhohho	Lubombo	Manzini	Shiselweni	Total
Number of Trade Premises Inspected	178	120	104	198	600

Figure 3.2.3: Number of Trade Premises Inspected.



iii. Meat Inspection

Table 3.2.5: Number of carcases inspected

Number of Carcasses Inspected	Hhohho	Lubombo	Manzini	Shiselweni	Total
Cattle	280	513	253	118	**1164**
Sheep	0	0	1	0	**1**
Goats	4	117	69	5	**195**
Pigs	130	178	77	792	**1177**
Poultry	0	0	0	0	**0**
Game	0	100	0	0	**100**
Total	**414**	**908**	**400**	**915**	**2637**

e. Health Care Waste Management

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

Table 3.2.6 : Health Risk Waste Quantification by facilities

Name of Health Facility	Healthcare Risk Waste Quantification (KG)		
	July	August	September
Mbabane Govt Hospital	9456.71kg	9529.05kg	
Piggs Peak Govt Hospital	Pending	Pending	Pending
Dvokolwako Health Centre	413.00kg	1066.00kg	3552.00kg
Mkhuzweni Health Centre	607.00kg	658.43kg	566.11kg
MankayaneGovt Hospital	Pending	Pending	Pending
R F Memorial Hospital	5828.04kg	4089.19kg	4180.20kg
T.B government Hospital	Pending	Pending	Pending
Lubombo Referral Hospital			
Good Shepherd Hospital	4485.66kg	4624.97kg	4104.78kg
Sithobela Health Centre	Pending	Pending	Pending
HlathikhuluGovt Hospital	4795.00kg	4683.00kg	4572.00kg
Nhlangano Health Centre	1362.80kg	1885.10kg	1502.80kg
Matsanjeni Health Centre	2710.00kg	7082.00kg	4984.00kg
Phocweni Clinic	1722.50kg	845.00kg	186.00kg
TOTAL	**31,380.71kg**	**34,462.74kg**	**19,467.69kg**

Health Care risk waste collected from community clinics for treatment in regional hospitals and health centers.

Table 3.2.7: Health Care Risk by Months

Vehicle Registration	Vehicle permit No	July	August	September
GSD 030 UN	Spwc 080 D	Pending	Pending	Pending
GSD 034 UN	Spwc 080 C	471.71kg	1724.17kg	5907.25kg
GSD 069 UN	Spwc 080 A	794.29kg	1842.90kg	560.73kg
GSD O89 UN	Spwc 080 B	363.25kg	1209.27kg	4752.52kg
TOTAL		**1,629.25kg**	**4,776.34kg**	**11,220.50kg**

CHAPTER 4: MANAGING MEDICAL AND HEALTH CONDITIONS

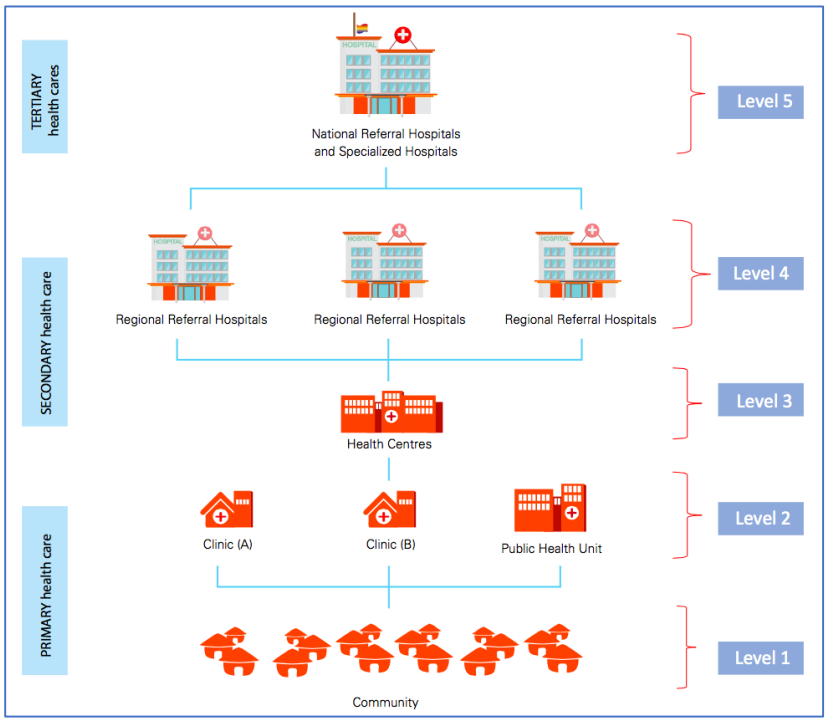
4.1 Improving Clinical Services

Clinical services are organized within the 5 levels of the health care delivery system and further divided into primary, secondary and tertiary services. The services described at each of the 5 levels enable proper planning and resource allocation, with the aim of prioritizing prevention and health promotion at all levels of the health care delivery system.

The Essential Health Care Package describes the 5 levels as follows:

- Level 1: Health services delivered at community level and focuses mainly on preventive and promotive services
- Level 2: Health services delivered at clinics and includes preventive and some curative services
- Level 3: Health services delivered at health centres, and includes curative services and in-patient facilities
- Level 4: Health services delivered at regional referral hospitals, includes curative services and basic specialist services
- Level 5: Health services delivered at national referral hospitals and includes highly specialized services

Figure1: The Eswatini Health Care Delivery System



The performance of the hospitals and health centres is shown in the table below.

4.1.1 Performance of Hospitals

Table 4.1.1: Performance of Hospitals in July to September 2019

Indicators	Mbabane Govt Hospital	RFMH	HlathikuluGovt Hospital	Mankayane Govt Hospital	Good Shepherd Hospital	Piggs Peak Govt Hospital	TB Hospital	National Psychiatric Hospital	Lubombo Hospital
No. of Beds	366	**279**	275	226	224	220	100	155	NA
No. of Doctors	44 (+ 25 Interns)	40	7	12	16	12	5	4	3
No. of Nurses	276	314	86	94	158	90	57	63	21
No. of Allied Staff	56	85	38	33	29	21	23	8	18
No. of Support Staff	139	290	114	168	229	66	62	82	19
A. General Indicators									
No. of OPD Visits	32,214	102,245	21,649	15,987	34,233	18,571	519	8,075	13,172
No. of Admissions	3,775	1,201	1,951	1,558	2,271	1,560	19	409	NA
No. of Discharges	3,726	846	1768	1,236	2,150	1,495	13	210	NA
No. of Deliveries	1,517	1,555	783	725	803	727	NA	NA	NA
No. of Deaths	200	126	80	63	90	45	7	2	0
No. of Maternal Deaths	0	1	4	1	0	0	NA	NA	NA
No. of Neonatal Deaths	26	14	15	1	11	4	NA	NA	NA
B. Efficiency of Clinical									

Indicators	Mbabane Govt Hospital	RFMH	HlathikuluGovt Hospital	Mankayane Govt Hospital	Good Shepherd Hospital	Piggs Peak Govt Hospital	TB Hospital	National Psychiatric Hospital	Lubombo Hospital
Service Delivery									
Bed Occupancy Rate (BOR)	67.6%	45.2%	57%	39.7%	38.7	31.5%	6%	110%	NA
Average Length of Stay (ALOS)	6.1 days	4.9 days	4.5 days	5.2days	5 days	3.8days	8 days	12 days	NA
C. Effectiveness of Clinical Service Delivery									
Caesarian Section Rate (CSR)	19.8%	7.6%	22%	22.2%	10.4%	21.5%	NA	NA	NA
D. Quality of Clinical Services									
Death Rate (DR)	5%	7%	4.5%	4.8%	4%	2.9%	35%	0	0
Maternal Mortality Ratio (MMR)	0	64.3/100,000 live births	383/100,000 live births	137/100,000 live births	0	0	NA	NA	NA
Neonatal Mortality Ratio (NMR)	16.4/1,000 live births	9/1,000 live births	19/1,000 live births	1.4/1,000 live births	13/1,000 live births	6/1,000 live births	NA	NA	NA

1. Mbabane Government Hospital

Achievements

- The hospital continues to provide outreach services in ENT, Ophthalmology, Dermatology, ART and Mental Health
- MGH successfully hosted the Honorable Prime Minister of Eswatini during a tour of the hospital
- The Referral, Accident and Emergency Complex is still under construction. Basement mortuary and 1st Floor to be completed and equipped by December 2019

Challenges

- Infrastructure at the Children's ward in a deplorable state. Permission has been sought to close the ward and source funds to rehabilitate. Children's Ward will be temporarily relocated to former private ward (Ward 6). This will be a 50% reduction in ward patient capacity, as the temporal ward bed capacity is 28 beds.
- No High Care or step down ward for post ICU patients to be observed before referred back to the General Wards
- The Renal dialysis unit continues to see an increase in patient numbers, resulting in congestion in the unit due to lack of adequate space. Construction of the extension is still not complete 3 years after expected date of completion.
- Staff shortages remain a serious challenge as the proportion of clients is much higher than the number of staff available.
- The new units being constructed require a larger staff complement in terms of professional, support and auxiliary staff.

2. Raleigh Fitkin Memorial Hospital

The hospital is still operating at a reduced bed capacity due to the closure of our female medical ward and our operating theatre. This situation is currently affecting service provision in other units; labour ward, maternity ward, special care nursery and private ward. This explains the reduction of our quarterly delivery numbers which use to be in the range of 2,000 deliveries per quarter to around 1,551 and 1,555 for both last quarter and this quarter respectively.

No statistically significant variation is noted while comparing Indicators of the first and second quarter of activities presented above, except for the maternal mortality where we recorded one confirmed maternal death this quarter and one non confirmed death related to an expectant mother who died at home and was brought at our facility mainly for death confirmation and was alleged to be pregnant, but this was not confirmed. Post mortem was recommended but was not done. However, we recorded a reduction in neonatal mortality this quarter 14 out of 1,555 deliveries compare to the previous one 18 out of 1,551 deliveries. More analysis may be required to comment objectively on this difference. We can however note that both ratios are well below the national ratio of 20 per 1,000 live births.

The bed occupancy rate remains very low 43% and 45.23% for quarter one and two respectively and denote and uneconomical picture. This picture is worsened by the fact that we have to refer most of our female medical patients to other hospitals due to the closure of the ward.

Achievements

- Establishment of a palliative care benchmarking site at RFM Hospital that resulted in the country receiving an International Award for best integration of Palliative care services from the African Palliative Care Association (APCA) during the 6th African international palliative care conference in Kigali last month September 2019.

- Completion of the renovation of a structure at RFM Hospital for the integration of the Voluntary Medical Male Circumcision (VMMC) at RFM Hospital with the technical support from ICAP.

Challenges

- Closure of our operating theatre and female medical ward continue to compromise our activities greatly.
- The limited financial resources has a negative effect on the availability of equipment and supplies including maintenance of existing equipment.

3. Hlathikhulu Government Hospital

Achievements

- Through funding from COAG CDC, the Ministry procured and installed directional sign within the hospital to improve accessibility of service points.

Challenges

- Inconsistent supply of pharmaceuticals and other medical consumables.
- Late payment of suppliers especially for outsourced services (catering and security) which consequently compromises the quality of service rendered.
- Vacant posts for both professional and non-professional cadres directly affects service delivery. Currently 4 doctors are waiting for the renewal of their contracts and three more vacant posts. There are 39 vacant posts for nurses and 8 for support staff.
- Transport or both patients and staff – about 3 vehicles including an ambulance are at the CTAfor repairs.

4. Good Shepherd Hospital

The overall bed occupancy rate ranges from 35% to 45% in Q2. The three clinical wards, Female, Male and Maternity together have a bed occupancy rate of 68% and the Eye clinic has the lowest rate, an average of 27%, because the beds are only utilized once a week on Wednesdays for patients booked for eye operations. Only in a few cases of post-operative care do patients stay longer than 2 days. However, those beds are still calculated in the BOR.
The children's ward has the highest number of beds, 56, with an occupancy rate of 33%.
The TB Isolation ward has a rate of 15.3%. Programmatically this is also affected by national programme practices and is similar to the National TB Hospital.
The busiest ward during the quarter was Maternity Ward, with a bed occupancy rate of 85.9%.
All these factors combine to lower the overall bed occupancy rate of the hospital in that some wards have a better capacity to handle high patient volume, yet cannot be used for any overflow, e.g. children's ward cannot accommodate many adults.

Achievements

- Renovation of mortuary complete
- CMIS deployment underway throughout the hospital
- Placement of a donated 4-room park home outside OPD for upscaling HIV testing and counselling

Challenges

- Lack of storage space in the laboratory and pharmacy
- Lack of equipment at physiotherapy department
- The CMIS system has frequent network issues
- Awaiting equipment and support for the functioning of microbiology laboratory

5. Piggs Peak Government Hospital

Achievements

- Main Theatre renovations were successfully completed by Biomedical Unit of MOH. Theatre services resumed on 30th July 2019. All Theatre cases are currently attended to as expected.
- Setting up of a computerized fuel control system to be used to generate fuel coupons for Northern Hhohho (Ministry of Health) vehicles has been completed. Activity is still waiting to be commissioned by the relevant authorities.
- Cervical cancer screening numbers are increasing; 141 in August and 213 in September
- Outreach services for mental health and TB were also provided.
- Electricity meter conversion to prepaid for a block of flats in the facility was successfully done.
- Facility is in the process of installing separate water meters for 14 houses currently linked to the hospital. Funds were approved and allocated, Meter separation project will commence shortly. Eswatini Water services Cooperation is expected to install individual house meters while Ministry of Works will carry out the remaining plumbing works required. This undertaking will significantly reduce the high expenditure incurred on utilities.

Challenges

1. The quarterly Budget allocation continues to dwindle making it challenging to provide and make available the necessary resources for the smooth running of the hospital
2. The air conditioning system in the X RAY department is still not working. X RAY machine is prone to overheating which may lead to machine breakdown. Currently, services are limited to emergencies and TB cases. Some patients in need of service are transported to Mkhuzweni Health Centre. This arrangement is not possible sometimes with the current fuel situation experienced by Government.

6. Lubombo Hospital

Achievements

1. The facility won 2 awards, one for Second Best ART Program in the Region and another for Best Performing Facility in HIV Care and Treatment practices during the 13thReHSAR.

Challenges

- There are currently no ambulance services at the facility, which presents a challenge in the referral of patients for admission to other facilities.
- The infrastructure has defects such as roof leakages and falling ceilings, yet it is relatively newer.
- Although the facility has a few beds for admission, this is not possible due to the unfinished laundry and sterilization department and the lack of a kitchen facility

7. National TB Hospital

Death rates remain high at the facility despite good overall treatment outcome, reason being that patients present late for treatment or start treatment and later default. The bed occupancy rate (BOR) still remains low, reason being that drug resistant TB incidence and prevalence rates have decreased in the country. Furthermore, most of the patients are now being treated on an ambulatory basis and other PMDT clinic sites provide services to the patients in the community.

Achievements NTBH

- The facility had an increase in treatment success rates to 74%
- The facility established a regular morbidity and mortality meeting
- The facility has a community department that has continued to follow up patients at community level

Challenges

- The facility infrastructure remains incomplete as 100 bed unit that requires to be finished as per the original hospital construction plan
- The perimeter fence around the hospital requires renovation as it now poses a security risk to hospital and staff quarters

8. National Psychiatric Referral Hospital

The National Psychiatric Referral Hospitaldiagnosed 125 cases of BAD (Bipolar Affective Disorder) in a period of 3 months, followed by Schizophrenia with 78 cases, BAD with cannabis had 73 cases, Cannabis Induced psychosis had 41 cases, and Epilepsy with psychosis had 18 cases and MDD with suicide with 22 cases. The leading diagnosis so far is Bipolar Affective Disorder (BAD) and the least one is Major Depressive Disorder (MDD) with suicide. It is worth saying that patients with suicide usually refuse admission because they had to be mixed with other patients who are still psychotic hence, worsening their situation. It would be better if the hospital have a separate ward for such patients

The hospital also conducted community outreach for 955 patients. The above bar chart shows that in July 150 patients seen, in August 140 patients and in September a total of 255 patients was attended to. The facility undertakes outreach services in all the four regions. Mental healthcare services need to be decentralised to regional hospitals and health centres.

Achievements

- **Renovations** - Ward four (male acute) was successfully renovated through Micro-projects.
- **Trainings** - The facility managed to conduct a total of 8 in-service trainings to staff, 12 community education activities to various organisations, the media and general communities. Also, a total of 75 health education sessions were held at the OPD and wards. A total of 10 external trainings were also provided to staff.
- **Staff** – 1 General Nurse was recruited and deployed. 2 Nursing Sisters were deployed to the facility. 1 Clinical Psychologist and 1 Pharmacist were deployed to the facility.
- **Social Welfare** – A total of 13 home assessments were conducted amid transport challenges. 20 patients have been successfully referred to the regional social welfare department for social grants and 15 patients have been referred to other assisting agencies.

Challenges

- **Transport** - The facility has one vehicle which is often prone to breakdowns. The vehicle is designated for outreach services and other hospital activities cannot be undertaken as a result.
- **Drugs** – a shortage of drugs was experienced such that outreach services temporarily ceased for a month.
- **Infrastructure** – the entire plumbing system in the facility is flooding due to leakages. Four out of the five wards are extremely dilapidated and need major renovations.
- **Staff** – there are huge staff shortages in the facility. This has greatly affected operations especially in the wards. The shortages increase risks of injuries on duty at the OPD and wards.
- **Occupational Therapy** – There's a challenge with data capturing in the unit as a result of diverting to electronic data capturing from manual.
- **OPD** – Currently, no data is captured at the out-patient department because staff is currently not familiar with the CMIS system because the current OPD staff were not trained prior to its introduction.
- **CMIS** – Most of the services offered by the facility are not yet captured by the CMIS system. As a result, no data is availed on the services and reference on patient history for the service cannot be retrieved. It is recommended that data be captured manually as in previous times, until CMIS version 2 is updated to incorporate all the services provided.
- **Budget** – Limited fund allocation and zero allocation has affected inpatient care. The absence of ward supplies promotes a breeding ground for bacteria.
- **Inpatient Overcrowding** – All the wards are over-crowded. The current occupancy rate is 110%.
- **Inpatient Absconders** – The number of absconding patients is ever-increasing. Patients usually make use of the beds to escape via the roof at night. This is in-spite of frequent patrols and repairing of the roof. The quarter has a total of 60 absconders, which is particularly the male acute ward.

4.1.2 Performance of Health Centres

Table 4.1.2: Health Centres Performance in July-September 2019

INDICATORS	Emkhuzweni	Dvokolwako	Sithobela	Nhlangano	Matsanjeni
No. of Beds	52	28	90	72	39
No. of Doctors	4	3	3	9	2
No. of Nurses	44	41	32	57	41
No. of Allied Staff	11	11	21	25	5
No. of Support Staff	27	32	44	34	31
A. General Indicators					
No. of OPD Visits	15 501	21,683	13,894	13.125	3,824
No. of Admissions	436	437	725	418	418
No. of Discharges	374	387	706	364	192
No. of Deliveries	150	97	193	308	196
No. of Deaths	13	15	19	31	11
No. of Maternal Deaths	0	0	0	0	0
No. of Neonatal Deaths	0	4	3	3	1
B. Efficiency of Clinical Service Delivery					

INDICATORS	Emkhuzweni	Dvokolwako	Sithobela	Nhlangano	Matsanjeni
Bed Occupancy Rate (BOR)	10%	49.18%	11.7%	45%	47%
Average Length of Stay (ALOS)	1.1 days	2.9 days	3.9 days	3.6 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)	3.4%	3.7%	2.7%	5.4%	3.5%
Maternal Mortality Ratio (MMR)	0	0	0	0	0
Neonatal Mortality Ratio (NMR)	0	52/1,000 live births	15.5/1,000 live births	0	5/1,000 live births

4.1.2 Health Centres Performance

1. Nhlangano Health Centre

The facility has recorded an increase in death rate from 6% in the first quarter to 7.8% during the second quarter. This has been attributed to an increase in the numbers of admissions during the quarter compared to last quarter.

Achievements

1. Hosted men's health talk day with technical assistance from CHAPS in collaboration with the facility's Wellness Clinic.
2. Completion of the Nhlangano TB lab upgrade with a negative pressure system.

2. Dvokolwako Health Centre

The total number of OPD visits reported this quarter has increased from 11,278 reported during the first quarter to 21,683 in the second quarter due to the additional numbers from PHU, VCT, and TB clinics which were left out in the first quarter report.

There were 4 neonatal deaths during the quarter compared to 0 during the last quarter Amongst the 4 neonatal death recorded 3 were macerated still birth and 1 died on the way to referral hospital. Macerated still births indicate that the unborn baby died more than 4 hours in the uterus, usually due to delay in reaching the health facility. The death of the baby could be attributed to maternal diseases or illness and birth defects.

Achievements

- Renovation of 4 staff houses was completed and 1 still awaiting final touch-ups
- Chemicals for water treatment plant received and there are plans in place for regular plant maintenance every 3 months.
- One orientation session for staff was held for the new maternity wing and another one is planned for October.

Challenges

- Dental department has opted to reduce number of patients to be seen per day as the officer is no longer able to cope with the significant increases in numbers of patients seeking dental services.
- Social welfare department has a huge case backlog to be attended to by 1 officer hence she is overwhelmed.
- Home deliveries continue to be a challenge in the area around the facility, as there were 36 home delivered mothers and babies seen in this quarter.

3. Matsanjeni Health Centre

Achievements

- The facility is already enrolled on Client Management Information System version 2.0 with the following departments already connected: OPD, PHU, TB and ART, then recently the Wards.
- ART, TB and PHU departments continue to excel in TB/HIV care services; this is evident through awards consistently being won (9) at the 12th Regional Health Semi-annual Review (ReSHAR 12) Meetings.
- Integration of Cervical cancer screening within the ART clinic, Loop Electrosurgical Procedure (LEEP) to start in the next coming days with the support of Mentors.
- Generator has been installed at the new maternity wing.

Challenges

- Transport **–** there is an urgent need for an additional ambulance and a land cruiser type of vehicle for outreach services due to mountainous unreachable areas. Current vehicles consistently need maintenance due to breakdowns.
- New Maternity Wing and Theatre- instruments, Linen needed.

Best Practice

Pharmacy been allowed to order amphotericin B for treatment of cryptococcal meningitis, no client will be referred to HGH; meaning less expense on the facility and client.

4. Sithobela Health Centre

The bed occupancy rate (BOR) at the facility is seasonal, with some quarters reporting lower admissions than others. However, the BOR remains very low as it was recorded at 5.1% during the first quarter and 11% during the second quarter.

Achievements

- Launching of Eswatini Malaria Elimination Scorecard by Honorable Minister of Health Senator Lizzie Nkosi and ALMA Representative in September 2019.
- The facility has successfully integrated services for voluntary medical male circumcision (VMMC integration).
- Availability of nurses and doctors at OPD during lunch time to continue providing health services.
- Male friendly and youth friendly corner with increased number of male HIV testing.

Challenges

1. Poor condition of the untarred road leading to the facility results in delays when sending patients for emergency care to Hlathikulu Government Hospital and receiving patients from Siphofaneni Clinic and makes it difficult to maintain facility vehicles in good condition.

5. Emkhuzweni Health Centre

As it can be seen in the consolidated table above, the bed occupancy rate is at 10% at this facility. However, the OPD visits have increased from 15 501 in the second quarter from 14712 in the first quarter**.**

Achievements

- Construction and completion of a new septic tank and soaker way
- Installation and replacement of new taps in the general ward
- Deployment of 1 radiographer.
- Replacement of the transfer.
- Deployment of a Radiographer.
- The facility achieved best performing awards on PMTCT (maternity), TB and a runner up in ART.

Challenges

- Interruptions in the security services.
- Shortage of fuel and Human Resources
- Shortage of drugs and commodities.
- Water shortages due to low table levels.
- Limited patients waiting area.
- Limited working space.

- Dilapidated infrastructure.

4.1.3: Tertiary Referrals Through Phalala and Civil Servants Medical Aid Scheme

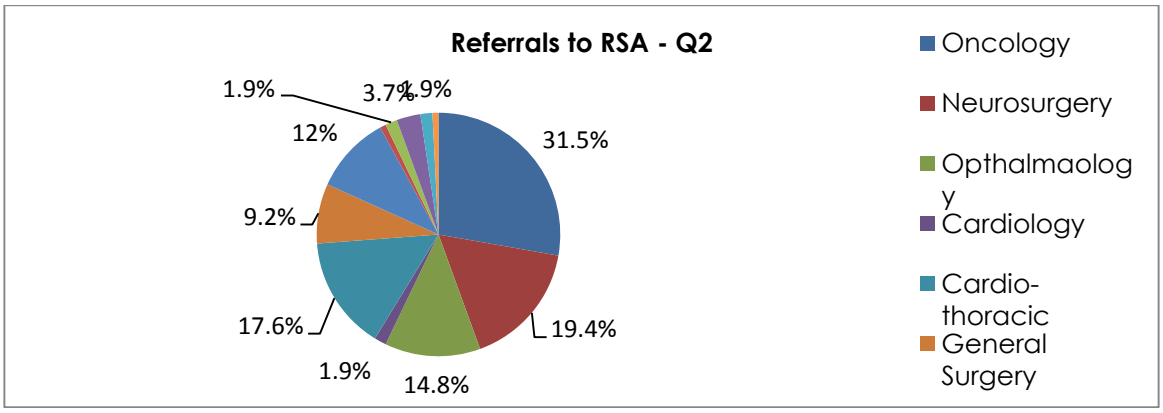
Introduction
The Phalala Fund and Civil Servants Medical Aid Scheme is a system of funding for patients in need of specialized or tertiary healthcare services to private and government service providers within Eswatini, Mozambique and South Africa.

This report covers the transfer of patients from the 1st of April to the 30th of September, 2019 (covering both the first and second quarters of the 2019/20 financial year) including the update on the referrals, the patient data, and the relevant financial information.

Referrals to the Republic of South Africa (RSA) in Q1 (April, May, June 2019)
In the first quarter of FY 2019/2020, a total of 58 patients were referred to RSA. This quarter has been the most quiet period for patient transfer, due to the fact that Phalala Office was prevented from sending patients due to outstanding payments to service providers. The breakdown of the referrals is shown below:

A total of 45 patients were transferred and of these (77.6 %) were oncology referrals and amongst these, 17 were children diagnosed with cancer. Almost all of these patients were only reviews, with very few new patients. In addition to the oncology cases, the other cases referred were 8 for urology, 1 for orthopaedic, 1 for cardiac surgery and 2 for neurosurgery.

Referrals to the Republic of South Africa (RSA) in Q2 (July, August, September 2019)
During the second quarter, a total of 108 patients were referred to South Africa, out of which 34 (31.5 %) were referred for oncology treatments. The reduction in the oncology treatments could be attributed to the increasing availability of cancer medicines at the chemotherapy unit in Mbabane and an increasing number of patients being treated at the unit since the Oncologist was recruited earlier this year. Almost all of the referred patients were sent for chemotherapy and/or radiation therapy at Baragwanath Hospital, Busamed Hospital, Arwyp Hospital and the Global Cancer Care clinic. Despite having local agreements for Neurosurgery referrals, there were still 21 (16.7%) patients referred to South Africa for Neurosurgery.



Key Takeaways

1. Oncology still forms the bulk of referrals to South Africa, 48% of patients in Q1 & Q2 combined were referred for oncology cases.
2. All urology cases have been attended to locally.
3. Only 4 cardio-thoracic surgery patients have been attended to. The referral flow for cardio-thoracic specialty remains slow as the specialists are reluctant to accept new referrals due to slow payments.
4. Some patients have been recalled from the South African list to be managed by the Chemotherapy Unit at Mbabane Government Hospital. Additionally patients are being seen at the Swaziland Cancer Care Clinic for chemotherapy treatments. There are still some patients being referred to South Africa as they need a combination of radiotherapy & chemotherapy.

Referrals to Mozambique
Eye surgery referrals are sent to the Orbital Eye Clinic in Maputo which books patients according to the visiting specialist arranged. Cases booked are not mixed, for instance, it is either cornea or retina per visit. All ophthalmology patients have been seen to Mozambique in this quarter, thus no waiting lists in this specialty.

First Quarter Referrals

In Q1 outstanding payments affected referrals for eye surgery such that only corneal transplants and reviews (9 patients) could be done, no retinal procedures were accepted. Consequently, retina cases were postponed until E220,000 was debited into service provider's account and this falls into the second quarter.

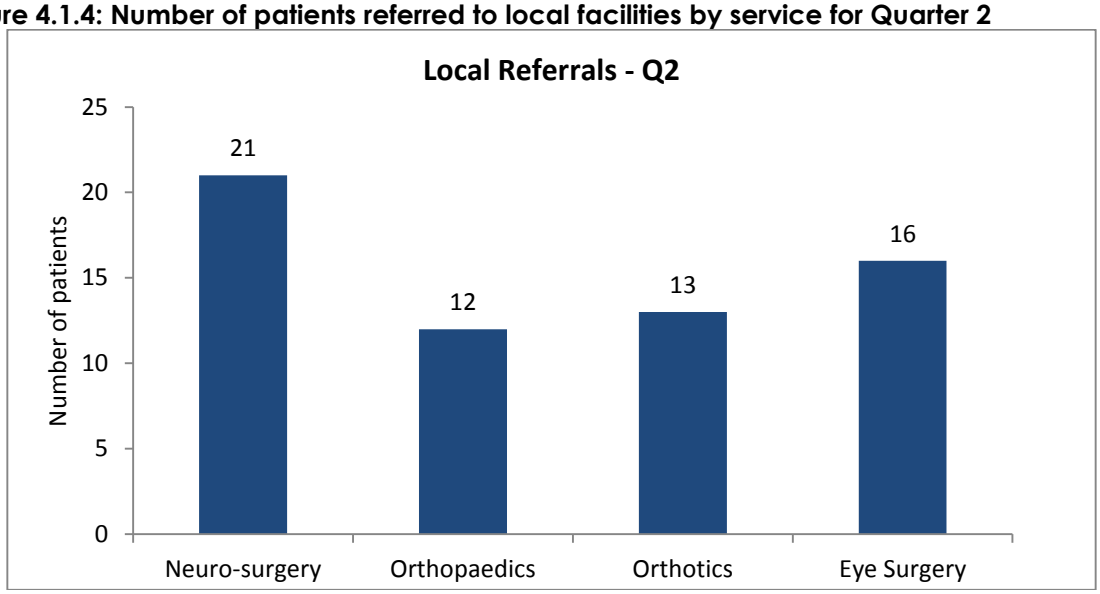
Second Quarter Referrals

In Q2, following payment to Orbital Eye Clinic, 16 patients were referred, operated on and returned to Eswatini. There is 1 surgery currently scheduled for October (Q3).

Referrals to Local Private Providers in Eswatini in Q2 (July to September)
Phalala Fund Administration has signed a Service Level Agreement with two hospitals locally, which is The Clinic Group and Medisun. Additionally, agreements have been signed with listed service providers, including local specialists for orthopaedics, urology and oncology. Renewal of service level agreement with the neurosurgery specialist is pending until the revised standard operating procedures have been completed. These SOPs are meant to review the referral procedure for this specialty area, so as to reduce the high costs that have been incurred in the past.

During the **first quarter** a total of 136 patients were referred locally, majority of which (42%) were referred for medical imaging (MRI, CT scan with contrast), followed by Urology services (26%) and Orthopaedics (21%).
In the **second quarter** total of 46 patients were referred locally, all procedures were completed and Phalala was able to avoid the challenge of having patients stay long in local facilities due to physiotherapy following surgery.

Figure 4.1.4: Number of patients referred to local facilities by service for Quarter 2



NB: Please note this graph includes referrals to Orbit Clinic in Maputo

Financial Reporting

Budget Analysis (Quarter 1 and 2)

This fiscal year saw a historic decision, where Cabinet approved a specific budget for the Phalala Fund and Civil Servants Medical Scheme. The breakdown of the funding and its utilization is shown below.

Table 4.1.3: Phalala Fund and Civil Servants Medical Scheme budget for Q1 and Quarter 2

Q1 FY 2019/2020 Budget		Q2 FY 2019/2020 Budget	
Budget Total FY 2019/2020	E 107,587,037	**Budget Total FY 2019/2020**	E107,587,037
Budget Released Total Q1 2019	E 53,718,519	**Budget Released Total Q2 2019**	E53,718,519
Actual Payments Total Q1 2019	E 17,857,375	**Actual Payments Total Q2 2019**	E55,474,784
Variance Total Q1 2019	E 24,137,348	**Variance Total Q2 2019**	(E1,756,265)
Commitments Total Q1 2019	E 11,823,796	**Commitments Total Q2 2019**	E95,006,619

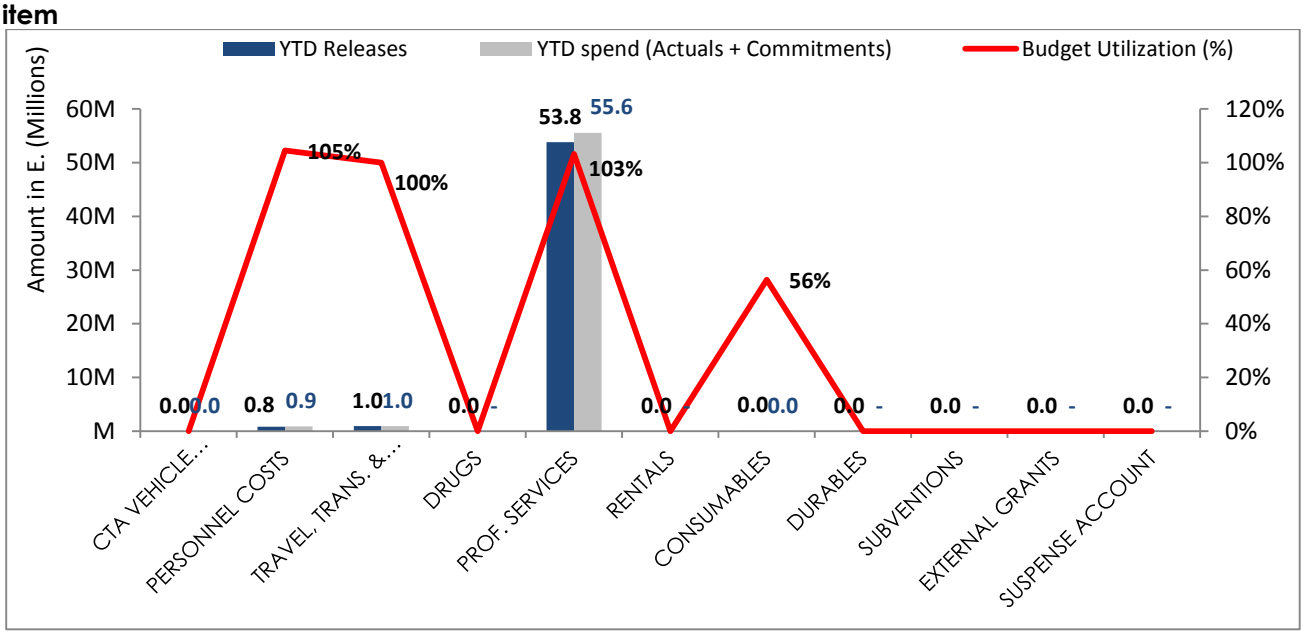
Quarter 2 budget Analysis

Of the total budget for the year, the amount of budget released amounts to E53, 718,519; this figure indicates the second release in Q1 was, in effect, an early release of the Q2 budget. The amount used for actual payments from the Treasury Department totaled E55, 474,784. Based on the budget released and the actual amount used for payments, the variance totals –E1, 756,265 indicating an over-expenditure of 3.3%. However, when consulting the Government Invoice Register, the fund has committed a total of E95, 006,619 in Q2, which is yet to be processed for payment. This places the fund at risk of building arrears as the budget remaining for Q3 and Q4 is E52, 112,253; this is not enough to cover the funds that have already been committed.

Outstanding Payments from FY 2018/2019

From July 2018 to July 2019, the total amount owed to South African Service Providers totalled E108, 340,641.67. Since the first quarter of the new financial year, Phalala has made payments totalling E36, 742,729.46. Currently, the outstanding payments total E 71,597,912.21.

Figure 4.1.5: Phalala Fund and Civil Servants Medical Scheme Budget utilization by control item



Outstanding Payments from FY 2018/2019

From July 2018 to July 2019, the total amount owed to South African Service Providers totaled E108,340,642. In the first quarter of the new financial year, Phalala made payments totaling E36,742,729. In Q2, an additional E25,234,986 was paid against the balance owed to South African service providers from previous financial years; this brought the outstanding balance down to E46,362,927. It should be noted that this figure only relates to invoices owed from previous financial years. The E95,006,619 cited in the section above is outstanding for the current financial year.

Achievements

- **Swaziland Cancer Clinic re-opened** – SCC is now taking referrals for chemotherapy treatment; this has allowed the Fund to locally refer more patients in need of chemo treatment.

- **Significant progress in paying Phalala arrears** – As indicated in the Financial Management section, with assistance from Treasury, the Fund has been able to pay a significant amount (approximately 57%) of its old debts (pre-current financial year) to South African providers.

Challenges

- **Procurement of Chemotherapy drugs** – The Fund appreciates the capacity currently instilled at the Chemo unit and it has assisted in reducing referrals to RSA for chemotherapy to some degree. However, the Chemo unit faces challenges in

procuring enough chemotherapy drugs for patients and this limitation results in the Chemo unit not operating optimally.

- **Keeping current with current financial years invoices** – Although the Fund has managed to pay down arrears from previous financial years, payments for the current financial year have been slow and this is tied to the limited staffing of the Accounts team for the Fund. The team has been working hard to process payments timeously however there is still a backlog of invoices that are yet to be logged into the system; additional staff is required to ensure that invoices are processed for payments timeously.

- **Limited service availability** – Although referrals have increased from Q1 to Q2, the Fund is still facing limited service availability. The Fund hasn't engaged enough Gastroenterology, Hematology and Vascular Surgery specialist. The limited service availability is mainly driven by a few factors:
    a. **Poor payment record**; some specialists have cited that the history of poor payment is a challenge and they would rather not engage with the Fund for referrals.
    b. **Payment terms**; in a visit to consult South African service providers the country committed to making payments 45 to 60 days from receipt of invoices. Due to the limited staffing in the accounts office, the Fund hasn't performed too well in processing payments in the 45 to 60 day payment terms. This has affected the confidence specialists had in Eswatini.

- **Baragwanath Hospital** – Baragwanath Hospital is the service provider the Fund engages for chemotherapy of children. The hospital is seeing a few patients at the moment but is refusing to see new patients until they can meet with the Phalala team and iron out challenges they have seen in the referral & logistics process.

Conclusion

The Phalala Fund is growing its service offerings for Emaswati patients as demonstrated by the continued efforts to engage with local and international specialists. As the Phalala Fund expands, the challenges related to payments and cash flows are an ongoing issue which must be resolved in order to better serve the country's patients in a timely and efficient manner. With the Ministry of Health and National Treasury Department, the Phalala Fund is making strides to improve its current issues related to financial management. In the remaining quarters of Financial Year 2019/2020, the Phalala Fund intends for improved administration of patients and better management of payment flows both locally and internationally.

4.1.4: Cancer Control Updates

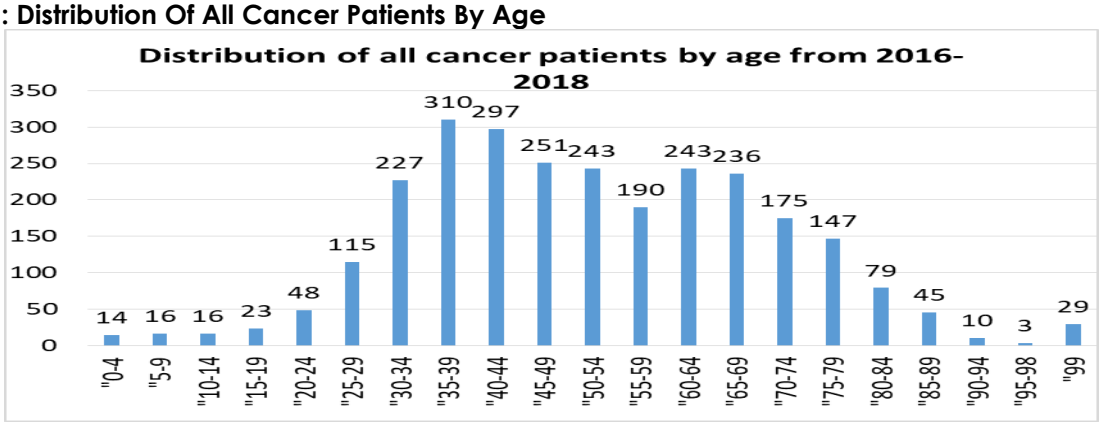
Cancer continues to be a major public health concern and a cause of morbidity and mortality in the Kingdom of Eswatini. According to the Eswatini National Cancer Registry (ENCR) annual reports of 2017, the number of people diagnosed with cancers is on the rise for both males and females. In order to properly strategize, plan and coordinate the activities to control cancer in the country, the Ministry of Health has established the National Cancer Control Unit (NCCU) and also launched the National Cancer Control Plan (NCCP 2019-2022), within the Non-Communicable Disease cluster. The Eswatini National Cancer Registry which was first to be established in 2015 is now embedded within the NCCU, as an important surveillance structure for new and existing cancer cases in Eswatini.

Achievements in Cancer Control

1. **Cancer Surveillance/Registration**

a. The ENCR was able to continue to abstract cancer data from the sentinel sites weekly and produced a report for 2016-2018.
b. A Total of 3,170 cancer cases have been recorded in the database since the date of inception of the registry in 2015.
c. In 2016, 894 cases were recorded. In 2017, 1,002 cases were recorded and in 2018 there were 928 cases recorded.
d. By the end of the second quarter of 2019, there were 357 cases recorded by the ENCR.
e. Cancers are diagnosed from younger ages to adults as indicated below and reproductive cancers (cervical, prostrate and breast cancers) remains the leading cancers.

Figure 4.1.6: Distribution Of All Cancer Patients By Age



Note: Age category labelled "99" refers to cases with no age recorded

The graph shows that while cancers occur at all ages, there are two peaks indicating higher rates of cancer among ages 35 to 44yrs and 60 to 69 years. This highlights the need to have more robust screening services earlier for specific cancers that occur at these ages in the country.

2. **Establishment of the National Cancer Control Unit (NCCU) including:**
   a. Endorsement of the NCCU technical working group
   b. First meeting and development of TORs for the TWG

3. **Cancer Prevention**
   a. Conducted sensitization meetings on cancers throough the following field events:
      i. Cancer education and awareness stall at the International Trade Fair 2019, where a total of 1,449 of people were reached with information
      ii. Cancer education and awareness at the Pentecostal Church at Ekupheleni and a total 231 of women were reached.
   b. Completed planning for introduction of HPV vaccine for the prevention of cervical cancer and resource mobilization and discussions on sourcing of vaccine supplies is on-going with the manufacturing company.

4. **Capacity Building**
   a. Taiwan training for 8 officers for a period of one month.
   b. Ongoing Histology and cytology on the job training

5. **Research**
   The ENCR led and participated in a number of studies which include the following:
   a. 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 and data analysis in progress

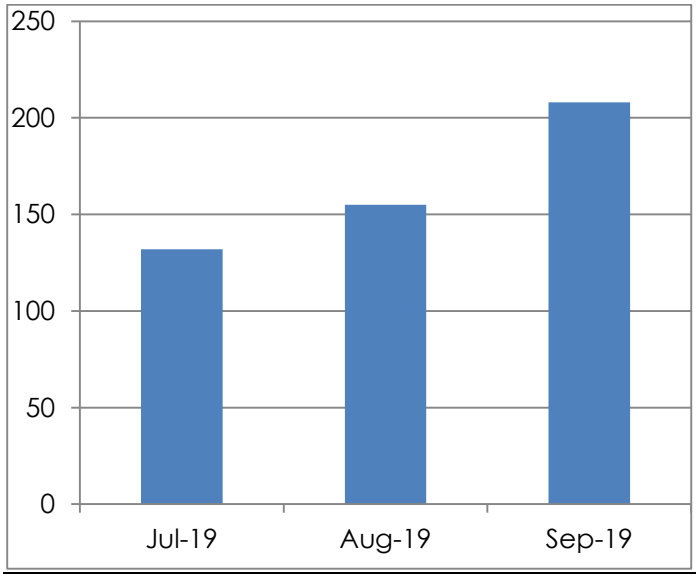
b. On-going prospective study to identify and treat incident cases of lung cancer in a sample of health facilities in Eswatini
c. Presentation of 2 abstracts from the cancer registry data in University of Kwazulu Natal (UKZN) Cancer Conference

6. **Cancer Management/Treatment**

The third quarter has been a busy and successful time for the department of oncology/chemotherapy at Mbabane Government Hospital. The period under review has seen an increase in the patient numbers, with an associated increase in the demand for chemotherapy services.

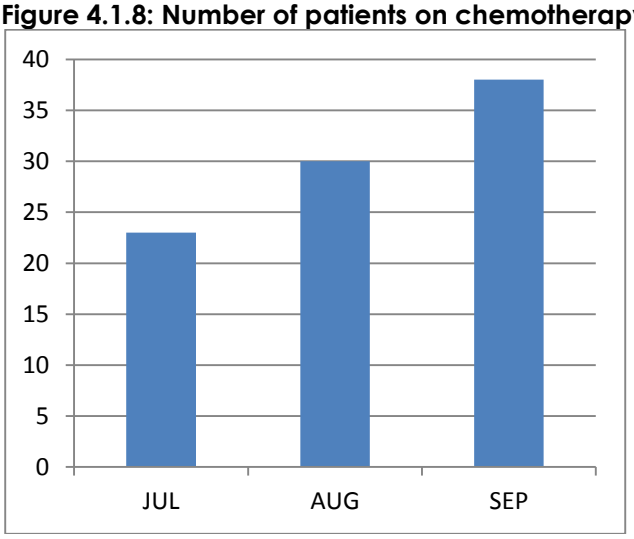
Statistics at the unit shows that there was a steady increase in the numbers of patients attending the unit for services, as shown in the graph below.

Figure 4.1.7: The total numbers of patients seen at Oncology Unit, MGH



The graph below shows the number of patients who were on chemotherapy during the quarter. It is worth noting that patients are not on the same stage of treatment and each patient's treatment may vary in terms of types of drugs used and duration, depending on the stage of the cancer that they have presented with when first seen at the chemotherapy unit.

Figure 4.1.8: Number of patients on chemotherapy during the quarter



Achievements in Cancer Management/Treatment

a. Recruitment of the Medical Officer to the Oncology Unit at Mbabane Government Hospital.
b. Formulation of clinical data capture tools, to be used by the unit.
c. Creation of an inter-disciplinary local tumour board at the Mbabane Government Hospital
d. Development of guidelines for:
    a. Management of the top 5 common cancers (cervical, prostrate, breast, Kaposi sarcoma and colorectal cancers).
    b. Screening of the 3 reproductive health cancers (Cervical, Prostate and Breast).
    c. Referral of cancer cases locally and to RSA
e. Support for pathology laboratory at MGH by a Histology technician from Taiwan
f. Initiated an annual chemotherapy quantification exercise with CMS to minimize stock outs of the medication for cancer treatment
g. Technical support by Oncologist to regional hospitals through giving talks on cancer management in their weekly meetings
h. The Oncology team has started daily ward rounds in the medical, surgical, gynaecology and ophthalmology wards. With a grand round on every Tuesday which consists of the following people: oncologist, medical officer, patient navigator, Palliative care nurses and Psychologist.

Challenges in Cancer Control and Treatment

a. Although the Cancer Control Unit has been established, it is still functioning with skeleton staff and requires additional personnel
b. The Oncology Unit at Mbabane Government Hospital is also working on minimum staff and requires additional staff to respond to the growing patient numbers
c. Cancer services in the country have been introduced recently, thus there is a lack of continuous training in oncology/chemotherapy for the personnel
d. Stock outs of some cancer drugs has been a challenge this quarter
e. Global unavailability of HPV vaccine is delaying plans for its introduction and future reduction in cases of cervical cancer.

4.2 Health Products, Vaccines and Technologies

4.2.1 Central Medical Stores

Central Medical Stores (CMS) is responsible for the supply chain management of all health commodities including medicines in the public sector. The department supports the mission of the Ministry by providing preventative, curative and diagnostic medicines that are of acceptable quality, safe and effective. The main objective of central medical stores is to ensure a regular uninterrupted equitable supply of quality medicines and medical supplies to the health facilities thus ensuring that the general Swazi population can access these commodities.

Major Activities

- Warehouse Management System Updates
- LMIS Data Verification and Mentorship Visits (Data Quality Assessments)
- Supply Planning and Quantification

Warehouse Management System (Wms) Update

WMS Needs Assessment

The Central Medical Stores undertook a comprehensive needs analysis of the its Warehouse Management Information System (WMIS) called Microsoft™ Dynamics Navision® during the month of June 2019. The rationale for this assessment was for CHEMONICS to be able to understand the remaining scope of work for both the WMS and eLMIS. The report indicates the need for reconfiguration of the WMIS, intensive User training and System Maintenance by suitably identified Vendors in an effort to support timely orderprocessing and distribution of commodities across the country's Health Facilities. The following activities have been undertaken towards improving CMS warehouse operations;

- To this effect, CMS has sent an RFI (Request for Information) to twelve (12) accredited regional Vendors. To-date, only five (5) have responded.
- Also, the Terms of Reference (TORs) for this work have been fully drafted and an RFP (Request for Proposal) is being drafted by the Procurement Unit at NERCHA. The target is to have identified competent Vendor(s) in the October – December 2019 period.
- Through funding support from the Health Supply Chain partner – Chemonics, there is a newly hired IS Project Manager. He is responsible for the oversight of WMS system improvements.
- An electronic tool (TransIT®) which facilitates the transmission of real-time proof of delivery of health commodities to all the public health facilities in Eswatini has been successfully implemented in the month of September, 2019. The system extracts the out-bound Facility Orders (Shipments) data directly from the WMIS. Stock-recipients at health facility do sign on Android mobile phones upon receiving stock, and pictures of medicine and of the facility premises are captured as well. This data isinstantly uploaded by the CMS drivers who are trained and have android mobile phones.

Data Verification and Mentorship Visits/ Data Quality Assessments

CMS through the Data Management unit (DMU) facilitates Data Verification and Mentorship Visits to a significant proportion of health facilities. The purpose of these visits is to verify Logistics Data reported through the Logistics Management Information System (LMIS) by health facilities through monthly reports and orders.

Data Quality Assessments Outcome

During the 2nd quarter of 2019, CMS through the support of Chemonics, URC and UNFPA managed to visit a total of 119 across HIV, TB, Family Planning as well as Malaria Programmes. See table below;

Table 4.2.1: Number of Data Verification Visits by Region

Region	Target	Actual Results	Percentage
Manzini	32	32	100%
Shiselweni	29	29	100%
Hhohho	30	30	100%
Lubombo	29	28	97%
Total	**120**	**119**	**99%**

Supply Planning and Quantification

During the month of September, CMS and together with all relevant stakeholders has embarked upon the National Quantification and Supply Planning process for HIV, TB, FP, NCD and Malaria commodities. The quantification exercise has been completed for all the programmes specified and the Quantification Technical Working Group (TWG) will be sharing the results with all stakeholders on the 8th of October 2019.

4.2.2 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. We comprise of 5 National laboratories, 5 regional hospital laboratories, 5 health centre Laboratories and 60 mini laboratories in clinics.

Table 4.2.2: Achievements and Challenges for Laboratory Services

Achievements	Challenges	Focus Area
A total of **59486** Viral Load Tests were done this quarter 47463 test were done last quarter		Viral Load Testing
A total of **7229** Early Infants Diagnosis tests done.		Early Infant Diagnosis
A Total of **216** PSA tests done this quarter last quarter 377 tests were done	Stock out of critical reagents that has led to declined tests.	Prostate Cancer Diagnosis
Procurement of Blood mixers by Biomed (collaborations)		Equipment
Received a donation for Slide Scanner to enable Histology Telepathology from American Society of Clinical Pathology (ASCP)		
The transition of Viral load equipments happened successful without interruption in service delivery. Nhlangano lab now using the Panther Hologic Machine for Viral Load		
Purchased Reagents		Supply chain Management
Internally assessed 14 laboratories using WHO SLIPTA checklist and 6 laboratories attained star rating when using the SLIPTA checklist		Quality Management Systems
	Fuel stock out has made interruption in collection of sample from the clinic.	Sample Transport System

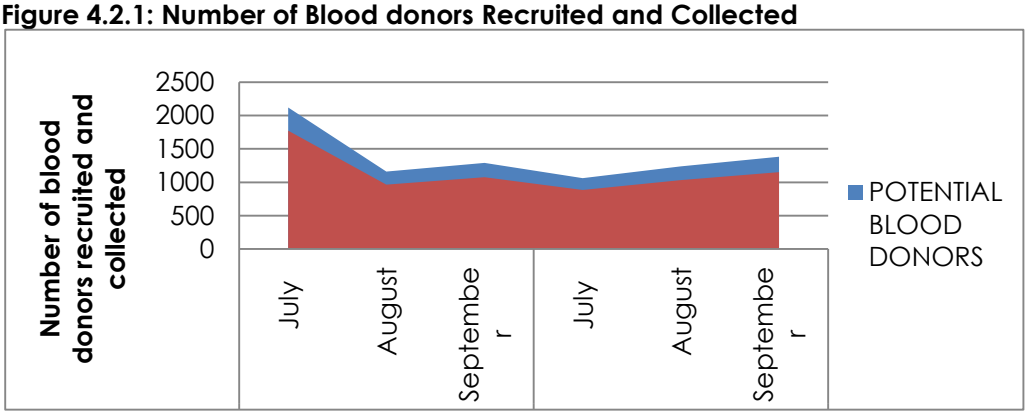
4.2.3 Eswatini National Blood Transfusion Service

The Eswatini National Blood Transfusion Service is Programme operating under the Ministry of Health mandated 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 4.2.3: Key Performance Indicators for Blood Transfusion

Input	Baseline 2019/20	Performance this quarter
Recruitment of ENBTS staff against vacant positions	Recruitment of 10x Blood Bank technical and support staff	2x Laboratory Technologist were recruited
Improving Donor Mobilization, Recruitment and Blood Collection	Scaling up of blood collection and donor recruitment to meet national blood demands for the quarter	A total of 4761 (2018) and 3731(2019) blood units and Platelets were collected this quarter
Capacity Building for ENBTS Staff	To train blood bank staff members on blood collection, donor education, Recruitment and platelet apheresis technique	A total of 3x Blood Bank staff members were refreshed on blood collection, platelet, donor education, Recruitment
Promotion voluntary blood donation at Eswatini	Conducted regional school blood donor campaigns between July - August	The blood donor campaigns. A total blood and Platelets collected was 1047 against a target of 2000 blood donors

Figure 4.2.1: Number of Blood donors Recruited and Collected



The figure above showing a decrease in blood and blood products collected in second quarter compared to the 2nd quarter 2018 is due to the following critical challenges

- The ENBTS received a total budget disbursed this quarter for quarter 2 and 3 was below the required budget to carry out the activities planned by the department, thus we over spent.
- Inadequate Budget allocation for the EBNTS continues to be a major concern. Need to be revisited urgently.
- The ENBTS continues to under supply the ever increasing the blood and blood products demands and especially because the Phalala patients are now supported locally.
- The frequent breakdown of the mobile blood collection vehicle grossly affected the blood collection and recruitment activities resulting in cancellation of some appointment scheduled for donation. Thus reducing the number of blood units collected to support those in need.
- Fuel unavailability and rationing at the CTA has affected the blood collection thus the numbers of blood collected has decreased this quarter.
- The ENBTS is short staffed, there is still need for recruitment for Phlebotomy and Senior Laboratory Technologist and Principal Laboratory Technologist position are still not filled.
- The school learners constitute a large proportion of ENBTS regular blood donor, the current competing activities in the school result in cancellation of appointments thus reducing blood collection.

CHAPTER 5: HEALTH INFRASTRUCTURE, EQUIPMENT AND TRANSPORT

5.1 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 Pigg's Peak Gov. Hospital Theatre
- Procurement, Distribution and Installation of Medical equipment for health facilities.(on-going)

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.

Table 5.1.1: Key Performance Indicators for BioMedical Engineering Unit

Input / Activity	Baseline	Performance	Budget	Budget
		This quarter	Actuals	Source
Equipment maintenance and physical infrastructure maintenance	Procurement of services contracts	Servicing of Equipment (4522104043)	1175999.00	Gov.
		(4522104041)	699412.41	Gov.
	Procurement of Maintenance materials for physical infrastructure	Outreach activities for ongoing repairs to rural clinic (4522104068)	742665.96	Gov.
	Procurement of electrical materials consumables and spares	Consumables spares (4522104069)	219959.60	Gov.
	Procurement of equipment's	Medical and non-medical equipment's for health facilities (4522104072)	12330989.00	Gov.

5.2 Capital Programme

The implementation rate of the capital programme is summarized in the table below. As at end of September 2019 the implementation rate was at 27%. The ministry continues to experience challenges in getting funds transferred to Micro-projects due to cash flow challenges faced by the Government.Also owing to fiscal challenges, the Ministry has two key projects that were ongoing not funded in 2019/20 and therefore having work suspended. These are the Lubombo Hospital and Rehabilitation of Primary Health Facilities. At Lubombo the work involved completion of the Central Sorting and Sterilization Department (CSSD) and work under Rehabilitation of Primary Facilities involved rehabilitation of wards at the National Psychiatric Centre. Another key project that was not funded in 2019/20 is the Water and Sanitation Project which was assisting communities to construct pit latrines, mainly in rural areas. The financial status of the capital program as at half year is as summarised below:

Table 5.2.1: Capital Expenditure, April to September 2019

CAPITAL BUDGET POSITION FOR FINANCIAL YEAR 2019/20 SECOND QUARTER					
CODE	**PROJECT NAME**	**Budget**	**Release**	**Spent**	**Rate**
H337/99	Provision of Equip. in Hospitals, Clinics and Health Centres	11 500 000,00	0,00	0,00	0%
H337/70	Provision of Equip. in Hospitals, Clinics and Health Centres	13 500 000,00	10 800 000,00	10 800 000,00	80%
H345/99	Provision of Water in Health Facilities	2 500 000,00	2 500 000,00	1 836 720,00	73%
H346/99	Rehabilitation of Primary Health Care Facilities	0,00	0,00	0,00	0%
H339/99	Water and Sanitation project II	0,00	0,00	0,00	0%
H362/10	Construction of a Referral Hospital	1 750 000,00	0,00	0,00	0%
H362/94	Construction of a Referral Hospital	19 740 000,00	0,00	0,00	0%
H362/93	Construction of a Referral Hospital	0,00	0,00	0,00	0%
H362/91	Construction of a Referral Hospital	15 540 000,00	0,00	0,00	0%
H362/99	Construction of a Referral Hospital	21 000 000,00	0,00	0,00	0%
H330/99	Rehabilitation of Mbabane Government Hospital	44 000 000,00	15 892 090,00	15 892 090,00	36%
H330/70	Rehabilitation of Mbabane Government Hospital	72 000 000,00	32 448 872,42	25 218 035,48	35%
H364/99	Refurbishment of Warehouse for Central Medical Stores	8 000 000,00	8 000 000,00	0,00	0%
H365/70	Strengthnening Cancer Diagnosis and Treatment	5 400 000,00	4 372 493,00	4 372 493,00	81%
H366/99	Global Fund Country Co-ordinating Mechanism	909 000,00	909 000,00	909 000,00	100%
	Total	215 839 000,00	74 922 455,42	59 028 338,48	27%

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

The project entails provision of equipment for a) the operationalization of newly constructed clinics (Maphalaleni, Ezindwendweni, Lundzi and Mzipha) and b) for the operationalization of the two floors of the Mbabane Government Emergency Complex currently under construction. Progress is as follows:

Equipment for clinics: key equipment being procured include dental units,flatwork ironer, vital signs monitors, examination beds, infant weighing scales (digital), instruments trolley medium and most have already been delivered. For the clinics to operate furniture is also needed. This is also being procured include tables with drawers, office swivel chairs, file cabinets, blinders and others.

Equipment for Mbabane Gov. Emergency Complex: The donor funds will be used to procure medical equipment for the two (2) floors of the Mbabane Emergency Complex. These funds have already been released and transferred to the agency that will facilitate the procurement.

- **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 project is implemented jointly withMicroprojects. Microprojects manages the borehole installation and the Ministry purchases the water tanks to support clinics with their water systems. 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. The following has been achieved as at half year on the following clinics:

- Hhukwini Clinic: Drilling, installation of two tank stands with tanks and a stand pipe.
- Ekufikeni Clinic: Drilling, installation of two tank stands with tanks and a stand pipe.
- Ebulandzeni Clinic: Installation of two tank stands with tanks and a stand pipe.
- Mangcongco Clinic: Borehole protection and installation of two tank stands with tanks and a stand pipe.
- Gege Clinic: Tank stands repair, replacing of submersible pump electric cable and borehole protection
- KaBhudla: drilled, waiting for installation of a pump
- Nyuthulwane: drilled, waiting for pump and installation of water tanks
- Nkwene: Borehole drilled, Pump Installed and connected to a Solar

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

The project involves the construction of a planned 250 bed capacity National Referral Hospital providing specialist services with possibilities for a training school in future years. Loan funding for the hospital was sourced from different Arab financiers. The Millennium Project Unit under the Ministry of Economic Planning and Development is the implementing agency for the project.Progressis that site acquisition measuring 26.7 hectares has been finalised and the shortlisting of design and supervision consultants have been finalised. A Project Implementation Unit (PIU) is to be established and staff to be seconded to the unit has been identified. However the hiring of the Head of PIU and the team of design and supervision consultants is still outstanding. Without the PIU fully established and the design and supervision consultants in place progress on the ground is slow. The ministry continues to engage MEPD on the issue.

- **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 address the cashflowproblems.Due to the fiscal challenges a decision was also taken in 2018 to complete the base and ground floors (2 floors) and start operationalizing the facility whilst funding for the rest of the floors was being secured. Overall progress on the two floors is put at 97%. All the structural frame of the building is now complete, as well as painting. Most ongoing work is on finalising the finishings of the building as well as procurement and installation of equipment for the 2 floors.

- **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/operations Building
- Extension of Driveway & New Carports
- Refurbishment of Guard House & Change rooms
- New Boundary Wall fence
- Refurbishment of Existing Carports
- Landscaping

However the 2019/20 allocated budget of E8million will not be adequate and therefore the project has prioritiseddoing the boundary fence as well as paying consultants who are owed for work done in previous years. All consultancy work under the project is paid for by Government as Global Fund, the mail project sponsor, does not fund consultancies and there are outstanding bills which could not be paid as government could not make funds available for these commitments. Project funds have been requisitioned and released but are still to be transferred to Micro-projects for implementation.

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. The cytologist is also expected to support local laboratory service, conduct on-site teaching and training to local technicians. A pathologist was also dispatched through the project and was in the country for a period of two weeks. The long term plan is to have a long term contract for a pathologist who will work in the country for a period of at least two years.

In terms of training of locals, eight (8) local personnel mainly nurses, doctors, lab technicians, and radiology technicians were sent to Taiwan for one month for cancer related training. A benchmarking visit to Taiwan on cancer comprehensive care was also conducted where two MOH officials were involved. The project has also assisted the country in 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 has already received the funds and the procurement of the vehicle and computers is ongoing.

CHAPTER 6: HEALTH INFORMATION AND KNOWLEDGE MANAGEMENT

6.1 Health Information System

The coordination and implementation of Health Management Information System Unit (HMIS) fall under the responsibility of the HMIS Unit in the Strategic Information Department (SID) within the MoH. The unit is responsible for collection, storage, security, and ensuring integrity and quality of all health data holdings within the health sector.

Table 6.1.1: 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	160	
Advocacy for skilled human resources	No of skilled human resources	10	40		

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.

- Networking–The installation of WAN is ongoing. 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) and160 facilities are now connected. Out of the 172 facilities,160are

live on CMIS (see below table).Fifty facilities are connected through SPTC data line,111 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 were funded by Global fund (Nercha and SCPASS), Ministry of ICT and eSwatini Communications Commission (see below table).

- Help Desk – A record system that records all issues that could be incidents and requests designed for IT users has been successfully implemented and is being used in health facilities. The system also records assets that are in health facilities. A toll-free number has been introduced for health workers to report incidents and requests for all health systems.
- Data Management – Development of quality monitoring dashboards for data use and data quality assessment have been successfully implemented at health facilities. The dashboards have been deployed regionally for improved data QI and data use. The data synchronization is currently done manually and automatically as we are working towards a complete real –time system. To note to date, 104 facilities sync daily and the rest from the 56 done monthly manually. Data migration is done in two stages, first stage from APMR to CMIS v1.6 (demographics ,contact details ,prescription, prescriptions Items, outcomes (lost to follow up, deceased etc) and the second stage is from CMIS v1.6 to V2.0.
- Communications –The creation and development of information, education and communication was finalized during this period where the HMIS Unit increased its information dissemination coverage through HMIS Booklets, Brochures, CMIS Posters, Stickers and key messages for action prompting in regard to CMIS registration. The communications team also worked on a CMIS documentary which was aimed at showcasing progress milestones of the client management information system in line to the paper based system and the electronic system, interviews were conducted with the clinicians at Mahhwalala Clinic, Motshane Clinic and Zombodze LaMvelase. The team also participated in the World Health Day event that took place at the Prince of Wales were sensitizations and registrations were done.
- Hardware – The deployment of hardware (servers, desktop computers, printers, barcode printers, barcode scanners and Uninterrupted Power Supplies) is ongoing.
- CMIS Application- The development of optimised CMIS version 2 which is an upgrade of CMIS version 1.6 was successfully done, this development is done following an agile development approach which promotes continuous iteration of development and testing activities throughout the software development lifecycle. The CMIS version 2 application has been updated to respond to gabs observed on the version 1.6 and modules have been expanded to include differentiated care models, Index Testing, PrEP module, Self-Testing and TB contact tracing, among other updates. CMIS v.2.0 application and database is Centrally Hosted in Government Computer Services datacenter. Fifty six facilities are live on CMIS version 1.6 , 104facilities are live on CMIS version 2. An offline version of CMIS is being developed.
- HRIS (Human Resources Information System) –HRIS has been developed and live. The system provides the Ministry of Health with workforce data to inform human resource planning, recruiting, and deployment needs and resources mobilization. HR personnel have been trained on the system. Procurement of server by World Health Organisation of the United Nations has been finalised. The alignment of responsibility centres awaiting server deployment. The Phase 2 of HRIS by consultants is ongoing and the outcomes of phase 2 are real time date attrition data and movements

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
- **Human Resource capacity** –The insufficiency of HR for system troubleshooting in facilities and HMIS unit dedicated driver who will be responsible for driving staff to facilities. Most of the Network Engineers at Regional level are Donor supported yet they play an integral role in ensuring that the system up time rate sits at almost 100%.
    - Under – resourced teams at regional level (IT staff and data clerks)
- **Transport** – The scale up of the Client Management Information System (CMIS) is being challenged due to lack of transport. No transport for system maintenance. Turnaround time for Network Infrastructure trouble shoot is poor as well.
- **Office Space** –HMIS deals with systems and when setting up network infrastructure we have to set up in Government infrastructure. The current space we are occupying is not owned by Government and we are already investing in people's infrastructure.
- **The lack of space** for computer repair and maintenance lab for computers and peripherals that need repair from facilities and this has caused the delay of turnaround time for repair and service resulting in interruption of service delivery in healthcare facilities.
- **Lack of repair toolbox kits** to fix computers and peripherals
- **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.
- **Power outage backup system** – a need for a power outage back up system to ensure that the uptime rate of the system is high
- Lack of integration of CMIS with other systems i.e Laboratory Information System, Immediate Notification
- Implementation of CMIS - WAN connectivity of Health facilities
- Frequent power/electricity outages due to natural disasters which causes huge damage on the computers.

6.2 Health Research

The health research unit assists the ministry in generating quality data and information to inform policies and activities, monitor and evaluate various health indicators for the various entities in the sector.

Table 6.2.1 Dashboard for each thematic Area

Thematic Area	Planned activities	Status
Research Management	Strengthen Research partnerships	
	Sustain research sharing platforms	
	Ensure adequate personnel	
	Ensure implementation of indicators in MICS	
Conduct Research		
	Develop Research Protocols for studies	
	Coordinate ongoing studies	
Clinical & Bio-medical		
	Prepare for the conduct of antivenom clinical trial	
	Implement the HPTN084 Study	
	Implement Eswatini -US Collaboration in Genomic Study on Diabetes	
	Implement SHIMS3	
Communication & engagement of community		
	Hold study sensitization forums	
	Hold study dissemination meetings	
	Hold community advisory committee meetings	

a. Department Coordination and Administration

Establish and strengthen partnerships:

- In the last quarter the department received a signed copy of the Eswatini – AURUM institute MOU.
- Through the Principal Secretary's office a multi-sector team for genomics was assembled and was able to provide advice to the PS's office on the upcoming genomics project. The advice included: Eswatini still needs to put things in place before it can be in a position to undertake genomics projects.

Market the Health Research Department: The research department website was re-positioned and email addresses created for officers.

Ensure adequate staffing: The health Research and Innovation Department was able to successfully negotiate for the additional staffing through ICAP support. The office will help the office for a period of 1 month.

Hold Project implementation task teams: The department managed to convene PITT meetings for the big studies. The target was to hold at least 8 weekly planning and update meetings for each of the studies in the past quarter. The target was met for some projects whilst for those that had just been initiated the target was not met.

b. Clinical and Bio-medical Research

Snakebite Envenoming for Eswatini: this study is at a preparatory phase. It seeks to; establish the snakebite burden in Eswatini, identify the most appropriate anti-venoms for a clinical trial based upon preclinical efficacy and clinically observe and record necrosis outcomes in patients envenomed by Mozambique spitting cobras.

The study will be preceded by an assessment on; clinical, logistical and governance capacity for potential clinical trials in earmarked facilities. Data collections tools for snakebites have been introduced to 3 out of the 12 earmarked facilities in all the four regions. These tools are aimed at standardizing how facilities report on snakebites and treatment outcomes as the data was not organized. An assessment tool for facility readiness to conduct snakebite clinical trials has been developed

Implementation of HPTN084: On recruitment and the retention, the study has been able to achieve fifty percent (50%) of the expected study sample of a minimum of 148. 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)

Emergency Conference: In collaboration with EPR/ EMS the department will be hosting the first Eswatini emergency medicine research conference. The conference has been advertised on print media. Clinicians in all the health facilities have been sensitized about the conference. Two health centers and eight EMS base personnel were trained on data abstraction and analysis, abstract writing skills, online uploading of abstracts and registration. Registrations and abstract uploading is ongoing. The conference will be held on 17th and 18th October.

TB prevalence Survey: Data collection, cleaning and analysis was completed in the previous quarter. The report writing exercise was done in this quarter. Draft zero of the report is available. This thematic area was also able to establish medical review task team to respond to incidents that may take place during the implementation of the project.

ECHO study: The Study results were presented to the Ministry of Health, CDC/PEPFAR, CHAI, MSF, Baylor, Lubombo Health Research Unit and clinicians from different facilities. Approximately 200 participants attended the dissemination meeting.

Table 6.2.2: Some of the Findings of the Echo Study

Variable	Findings
Age	Av. Age 23 (16-35 years). 63% < 25 years
Condom use	50% did not use condom during the last sexual act.
STI	Were very common ***18% Chlamydia***. ***5%N.Gonorrhea . 38% HSVII.***
Incidence	Overall 3.8%. DMPA 4.9%, Copper IUD 3.94% and implant 3.31%.

c. Communication and community engagement

HPTN084 Community Advisory Committee: One meeting was held with the committee this quarter for continued support and guidance. This meeting provided a forum where mentoring of the members was provided and issues which touch on the communities pertaining to the on-going studies were discussed. *The long time spent during study procedures was too long which was said to be of concern to the participants. This also proved to be challenge to the school-going youth who could not miss school just to attend an appointment.*

i. This quarter mobilization activities were conducted in six facilities around Mbabane to improve enrolment into the study.

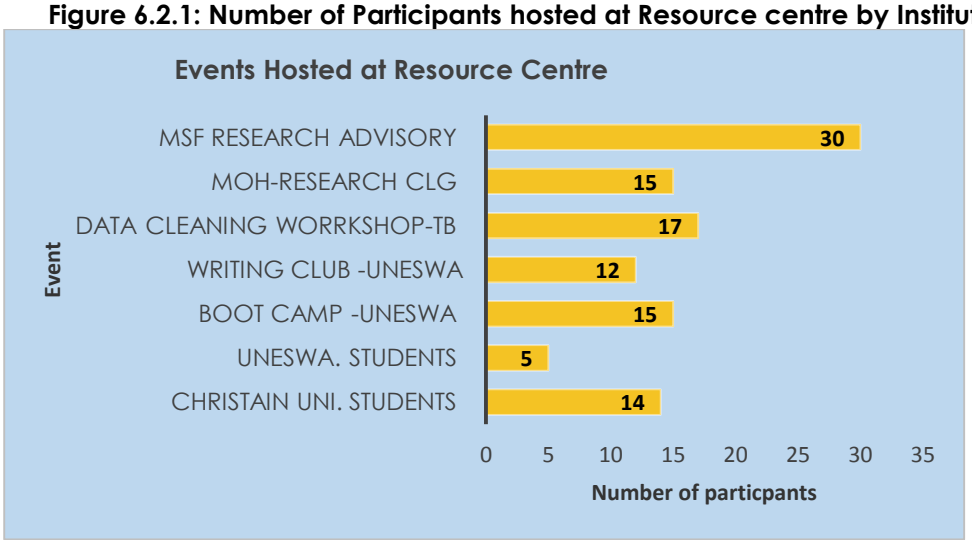
EHRIS: The first phase of the project was targeted 39 facilities which included all the six big hospitals and five Health Centres and twenty-eight clinics. The team was able to visit all the targeted six hospitals and the five health centres, to ensure all was in place in preparation of the start of the project.

Lubombo Health Research Unit: Supporting and guiding the Lubombo Health Research Unit in its operations and in the conduct of research activities in the Region. The Unit is currently conducting a home births study and is in the data analysis stage. The unit was able to train 30 expert client and mentored mother of the research ethical practice.

d.Knowledge Management

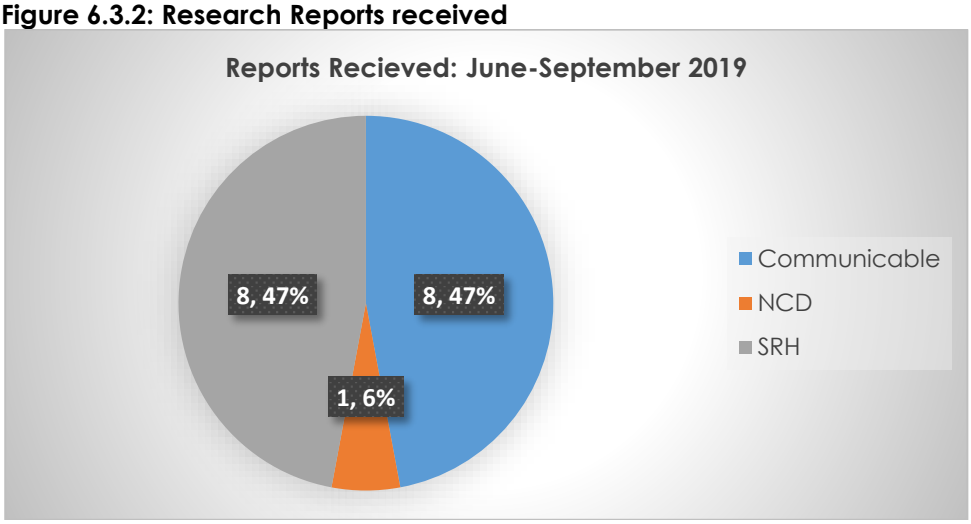
The resource centre is continues to provide quiet study space and comfortable arrangement for assignments and group discussions.

Figure 6.2.1: Number of Participants hosted at Resource centre by Institution



Resources Received: the health sector received a training of EVIPnet from who team. Following that training four KT activities are still under development.

Figure 6.3.2: Research Reports received



CHAPTER 7: HEALTH FINANCING

7.1 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).

Data collection, mapping and analysis were done from May to September 2019.In total, 93.5% employers (86), 89% NGO, all donors (13), 83% Insurers (5/6) were validated, mapped and analyzed. Overall data analyzed has an achievement of 91.4 %. This is from the total number of data sources that were picked for the survey. The remaining who did not participate were those that were not willing.Consultations are on-going as the team is finalizing the report. Report will be presented by end of October and disseminated.

7.2 Ministry's Financial Performance

7.2.1Ministry's Financial Performance Report For The Second Quarter of 2019/2020

ITEM CODE	DESCRIPTION	ESTIMATES	RELEASED	EXPENDITURE	VARIANCE	%
00	CTA Vehicle Charges	45,223,414.00	10,513,319.00	20,585,909.00	-10,072,590.00	-96
01	Personnel Costs	850,084,761.00	425,042,310.00	414,074,352.00	10,967,958.00	3
02	Travel, Transport & Comm.	16,461,566.00	9,646,844.00	6,189,530.00	3,457,314.00	36
03	Drugs	498,711,013.00	402,559,758.00	213,397,896.00	189,161,862.00	47
04	Professional & Special Services	215,718,924.00	101,306,346.00	97,610,935.00	3,695,411.00	4
05	Rentals	3,465,529.00	1,782,014.00	1,600,100.00	181,914.00	10
06	Consumable Materials & Supplies	107,390,262.00	67,704,370.00	30,703,545.00	37,000,825.00	55
07	Durable Materials	15,000,000.00	15,000,000.00	12,330,988.00	2,669,012.00	18
10	Internal Grants	252,576,730.00	159,038,364.00	158,415,672.00	622,692.00	0
11	External Grants	3,661,010.00	0.00	0.00	0.00	0
TOTAL		**2,008,293,209.00**	**1,192,593,325.00**	**954,908,927.00**	**237,684,398.00**	**20**

The table above reflects that E1,192,593,325.00 of the total budget was released while E954,908,927.00 was spent during the period under review. This translates to an overall under-expenditure of 20%. The rationale for the under-expenditures and over-expenditures is explained thus;

- **Control Item 00: CTA Charges** – The over-expenditure of 96% on this item is due to the fact that the Ministry of Finance released E10,513,319.00 instead of E22,611,707.00, as a result of the fiscal challenges facing the country. If the E22,611,707.00 was released, there would have been an under-expenditure of E2,025,798.00 which is 9%.
- **Control Item 02: Travel, Transport & Communication –** The under-expenditure of 36% is due to the fact that an amount of E2,086,489.00 for external travel, E28,875.00 for air tickets and E46,451.00 for bus allowances, which totals to E2,161,815.00 have not been fully processed for payment, but are still at commitment stage. These commitments will be paid in the subsequent quarter.
- **Control Item 03: Drugs –** The under-expenditure of 47% is due to the fact that payments amounting to E151,469,687.00 are still at commitment stage and not fully processed for payment, pursuant to the release of the whole budget for ARVs,

amounting to E274,443,478.00. Payments for the above purchase orders will be processed for after delivery of the drugs and invoices in the subsequent quarter.

- **Control Item 06: Consumable Materials & Supplies –** The under-expenditure of 55% on this item is due to the fact that payments amounting to E28,075,981.00 are still at commitment stage and not yet fully processed for payment, pursuant to the release of funds for reagents for the Eswatini National Health Laboratory Services and Eswatini National Blood Transfusion Services Departments, amounting to E54,331,639.00.
- **Control Item 07: Durable Materials –** The under-expenditure of 18%, which represents E2,669,012.00 will be utilized in the subsequent quarter for the procurement of equipment.
- **Control Item 11: External Grants –** A request to the Ministry of Finance for release of funds for the payment of subscriptions to the East, Central and Southern Africa Health Community (ESCA-HC), which was forwarded in August 2019 has not yet been approved, thus no expenditure has been incurred, under this item.

7.3 Revenue Collection

The revenue collected by the Ministry, from various categories of hospital tickets, for the period under review amounts to E1,338,623.44 and is tabulated thus;

ITEM NO.	DESCRIPTION	AMOUNT (E)
21401	Hospital Revenue General	472,209.44
21402	Orthopaedic Workshop Fees	33.00
21407	Other Hospital Fees	33,714.00
21412	TR8 – Primary Health Tickets – E2.00	60,152.00
21413	TR4 – Hospital Out Patient Tickets – E10.00	550,300.00
21414	TR3 & TR7 – Clinic/Laboratory Tickets – E3.00	55,350.00
21416	TR2 – X-Ray Tickets – E5.00	132,440.00
21804	Vacuum Tanker	22,005.00
21990	Sundry Fees	12,420.00
TOTAL		**1,338,623.44**

CHAPTER 8: HEALTH ADMINISTRATION

8.1 Regional Health Administration

8.1.1 Shiselweni Regional Management

The Shiselweni Health Management is subdivided into three zones namely; Hlatikhulu zone consisting of Hlatikhulu Regional Hospital, Hlatikhulu Public Health and Clinics. Nhlangano zone consists of Nhlangano Health Centre, Nhlangano Health Office and Clinics. Matsanjeni Zone with Matsanjeni Health Centre and Clinics.

The region is managed by the Regional Health Management Team. The Principal Health Administrator serves as chairperson of this team. The team meets monthly on the last Wednesday of the month. The RHMT works hand in hand with partners and NGOs in the region that provide health services. The partners in the region are namely MSF, EGPAF and World Vision.

Achievements

- Two (2) RHMT Meetingswere held. Minutes were produced and distributed.
- Two (2) Human Resources Sub-Committee meetings were held.
- One-day meeting of the RHMT to review the Shiselweni Regional Work plan for 2018/19 was held on 22August 2019.
- FAHSAR meeting for Hlathikhulu hospital.
- REHSAR was held from 17th to 20th September 2019.
- 5 Nursing sisters were trained on quality improvement.
- 9 nurses were trained on family planning and ART integration.
- CMIS training was conducted for version 2.1
- Diarrhea campaign was held at Maseyisiniinkhundla on the 23rd September 2019.
- Supported Umhlanga events at both national and regional level(August and September respectively)
- Support staff from Nhlangano Health Office continue to assist at Ntshanini Clinic pending replacement of the Clinic's Orderly.
- Due to the expired Security contract, the Region has requested the Nhlangano Police to help patrol the facilities. One night watchman was redeployed to the regional offices.
- Appointment of a Regional NCD Focal Person.

Challenges

- Shortage of transport: The Regional Health Office has only one vehicle to carry out all regional, national and routine activities.
- Infrastructure is not adequate for office personnel, since the new appointment of Regional Pharmacist, EPI Focal officer and NCD focal officer.
- Appointment of a Regional AIDS Co-coordinator is still pending.
- Very low supportive supervision.
- Inconsistent outreach services.

8.1.2 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

- Service went well even during even during strike actions, with minor incidents of students treated during the strike.
- Training on VIA Advanced HIV management, GBV and Familiy planning
- New Khwezi Clinic is now fully operational
- Lubuli clinic house renovation of 3 houses by microprojects after storm damage almost complete save for lighting.
- New air conditioners installed in drug storages and dispensary rooms
- URC is doing major renovations at Siphofaneni clinic to be completed by October 31st
- Reed dance supported very well with no major incidences
- Minister of health launched community Malaria scorecard at Sithobela Health Centre
- URC recruited 13 midwives to strengthen cervical cancer screening in the region and all equipment is available. Good shepherd still to get LEEP equipment.
- SWADE is building two consultation rooms and waiting area at Lubuli clinic, site inspection has been done.
- Two staff nurse received from MOH and posted to Mambane clinic.
- Rehsar meeting successfully held at Sibayeni Lodge. Siteki PHU was overall winner amongst high volume clinics for TB and HIV management while Utech clinic was overall winner for low volume clinics
- Two staff houses completed at Nkonjwa clinic and now occupied.
- Launch of first ever commemoration of patient safety day by Director of Health Services

Challenges

- Matron 1 and PHA has since retired and should be replaced for smooth running in the region.
- Transport shortage: limits supportive supervision, meeting attendance etc
- Human resource challenges ; Region has only two matron 2s and there no matron 2 for the central region hence compromising supportive supervision
- Inadequate number of nurses i.e midwives
- No pharmtechs in all the clinics and this affects patient waiting time while nurse do the job
- Staff accommodation is a challenge i.eSinceni, Siphofaneni, Thulwane, Mpolonjeni
- No security in all clinics; available night watchman are employed by communities but this is not sustainable
- Shortage of essential drugs i.e hypertension management and diabetes, psychotic medicines
- Shortage of water supply in almost all the clinics
- ✓ There is a rise in the number of cases for malnourished children in the region yet there is inadequate supply of nutrition supplements.

8.1.3 Manzini Health Services

The Manzini Region has a catchment population of 381 834 (Male: 178 144, Female: 203 691) adults, Under fives (0 – 4yrs) = 48 407 and Under-ones = 10 319.

The Regional Headquarters is in Manzini City. There are other small towns where Government Office exist e.g. Mankayane. There are 18 Constituencies, each with IndvunaYeNkhundla and 103 Chiefdoms. Furthermore, 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. The Team comprises of the Management Teams in Hospitals and Health Centre, Regional Health Offices and Department Heads.

Achievements

- Three (3) RHMT Meetings conducted for information sharing on Regional Activities and Planning, Monitoring and supervising all health services in the Region.
- Three (3) Human Resource Sub – committee meetings conducted focused on staff accommodation, deployment, Staff grievances and discipline.
- Three (3) RHMT Executive Team meetings conducted addressing the need for fair distribution of health services in the region through applications received from Communities.
- ECHO Results Dissemination meeting
- RDT meeting on Water Services Project for;NhlambenilnkhundIa, Manzini North lnkhundla
- MtfongwanenilnkhundIa, MafutsenilnkhundIa
- National Training workshop on the Implementation of national Workforce and validation of the HRH Strategic Plan.
- Manzini City Council Filter Clinic inspected. Identified need to construct a waiting area for patients. A draft MOU was drawn by the Regional Health Management and city Council for adoption by MOH.
- Zondwako Clinic inspection done to assess possibility of extension of clinic structure and fencing to include rooms for Mini Lab, Treatment Room, Counselling Room, TB Screening , HTS, storeroom, Incinerator to decongest these services currently offered in the existing structure.
- The Community further made a request for Authority to extend the Clinic and also construct a Maternity Wing in the Clinic as Funds have been sourced and are readily available from Usuthu Royal Trust.
- Site Inspection of the Autism Centre being constructed in Fairview by Manzini City Council, to provide rehabilitative and psychosocial support for growth and development of affected children and adults such as assessment occupational and physiotherapy, speech and language and behavioral therapy.
- Supported Trade Fair and the annual reed dance

- The Regional Personnel Sub – Committee identified a qualified and suitable Officer FOR Environmental Health Assistant as relief for the Regional Aids Coordinator, in the meantime the Post is Vacant. This Office is key in coordinating the CoHSAR, FaHSAR, ReHSAR and NaHSAR activities in the region.

Challenges

- Shortage of transport for Supervisors and Outreach Services.
- Shortage of Human Resources, Orderlies, Groundsman and Night Watchman caused by the freezing of hiring and difficulties faced by the Regional Personnel Sub – committee in re-deploying Orderlies within the region.
- Centralization of Resources and Authority which has crippled the operations of the Region.

8.1.4 Hhohho Health Services

The Hhohho Health Services is divided into two, the demarcating point being the Komati River at Maguga Dam, one part being the South the other North.
The South side has Mbabane Government Hospital serving all the levels of the referral system. There are neither health centres nor a regional referral hospital in the South. This brings unnecessary congestion to the Hospital, further, all primary level facilities refer directly to this

facility. This situation is not faced by the Northern part as there is Pigg's Peak Government serving as the sub region's referral and Mkhuzweni and Dvokolwako as health centres. These support the clinics under their catchment areas.
Hhohho Health Services continues to plan monitor and guide the implementation of the Ministry's strategy through monthly meetings of this team, which has a number of sub committees for ease of operations. These meetings also serve as a platform for information sharing and introduction and sensitization on new interventions by the Ministry for inclusion in the Region's workplan.
The support the Region is getting is through AIDSFree, which came to an end on the 30th September 2019. There is however funding that is available until the end of March 2020 for planned activities. Through this support the Region was able to hold successfully its 12th REHSAR- Regional HIV Semi Annual Data Review.

Achievements

- The Region continues to deliver services according to EHCP and tries to address the issues of universal health coverage under the prevailing conditions.
- Piggs Peak Hospital received 2 medical officers, one laboratory technologist, 2 Pharmacy technicians, 1 Biomed technician and 1 general nurse, at Mkhuzweni a radiographer was deployed
- Offsite and onsite trainings continued with nurses and doctors being capacitated on various topics, these include NARTIS, Quality Standard, PreP,Cervical cancer screening
- Overall we managed to test 423 people for HIV and 119 clients were initiated on ART

Challenges

- Shortage of transport and fuel
- Prolonged downtime of vehicles at CTA Vehicles due to shortage of spare parts for periods exceeding a month at times.
- Staff shortages remain a challenge, newly constructed units at Mbabane require a lager staff compliment
- We are still getting clients who present as new yet they are active on treatment with facilities.
- Staff shortages remain a challenge, newly constructed units at Mbabane require a lager staff compliment

9.0 SUBVENTED ORGANIZATIONS

The Ministry provides subventions to 19 organisations whose activities are aligned with the ministry's mandate and guided by the National Health Policy 2017 and National Health Sector Strategic Plan 2019-2023.

Table 9.1: Subventions Released To Organizations in the Second Quarter of 2019-20

Name	Description	2019/20 Budget	Second 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	125,000
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, and controls Nursing & Midwifery education and practice.	500 000	125 000
Nursing Examinatio n Board	The Eswatini Nursing Council is introducing Entry to Nursing Practice Examinations	1 000 000	250 000
Medical and Dental Council	This is an autonomous statutory regulatory board for allied health workers and doctors. The council registers doctors and the health allied workers and also regulates these workers.	535 760	133 940
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**	**62 981 682**

9.1 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 9.1: Baylor Performance for the July to September, 2019

Indicator	Number
Total number of TB cases registered in the same period	5
ART Retention among Adults and Children	25
Number of client visits to hospital	
TB screenings	4889
Number of infants who attended 9 month appointment during reporting period	13
Total number of client visits into outpatient department	5490
# Doctors	7
# Nurses	11

9.2 Salvation Army

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

Table 9.2.Performance for Salvation Army, July to September, 2019

Indicator	Numerator
ART Retention among Adults and Children	1402
Number of clients screened for TB	6089
Number of HIV status unknown and HIV- pregnant women tested for HIV for the first time at an ANC visit	59
Number of women of negative or unknown HIV status tested for HIV for the first time at a PNC visit during reporting period	25
Number of infants who were tested for HIV at 9 month appointment during reporting period	31
Total number of client visits into outpatient department	1417

9.3 St Theresa Clinics

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

Table 9.3 Performance for St Theresa's Clinics.

Indicator	Numerator
ART Retention among Adults and Children	43
Number of client visits to hospital	14956
Number of clients screened for TB	12104
Number of HIV status unknown and HIV- pregnant attending first ANC visit	97
Number of HIV status unknown and HIV- pregnant attending first PNC visit	6

9.4 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 9.4Performance for FLAS

Indicator	Numerator
Number of clients screened for TB	3336
Number of client visits to hospital	12870
Number of HIV status unknown and HIV- pregnant attending first ANC visit	59
Number of infants who attended 9 month appointment during reporting period	32

9.5 The Wellness Centre

The Swaziland Wellness Centre offers quality, confidential and comprehensive health care services, for Swaziland's health workers and their immediate family members

Table 9.5.Performance for Wellness Centre, July to September, 2019

Indicator	Numerator
ART Retention among Adults and Children	14
TB Success Rate	1
Number of clients screened for TB	1731
Number of HIV status unknown and HIV- pregnant women tested for HIV for the first time at an ANC	12

visit	
Total number of client visits into outpatient department	2222

9.6 Bethlehem Clinics (TASC)

TACS Health Institution consists of four busy clinics which are subsidised by the Ministry of Health. These clinics are located at Magubheleni in the Shiselweni region; Lushikishini, Mbikwakhe and Cana in the Manzini region. In total, these four clinics serve a population of not less than 85000 in the constituencies where they are located.

Table 9.6.Performance for Bethlehem Clinics, July to September, 2019

Indicator	Numerator
ART Retention among Adults and Children	80
TB Success Rate	4
Number of clients screened for TB	18817
Number of HIV status unknown and HIV- pregnant women tested for HIV for the first time at an ANC visit	159
Number of infants who attended 9 month appointment during reporting period	56
Number of HIV status unknown and HIV- pregnant attending first PNC visit	76
Total number of client visits into outpatient department	18871

ANNEX

Summary of Key Performance Indicators for Hospitals For First and Second Quarter of 2019-20

Indicators	Mbabane Govt Hospital		Rfmh		Hlathikulu Govt Hospital		MankayaneGovt Hospital		Good Shepherd Hospital		Piggs Peak Govt Hospital		TB Hospital		National Psychiatric Hospital		Lubombo Hospital	
	Quarter 1	Quarter 2	Quarter 1	Quarter 2	Quarter 1	Quarter	Quarter 1	Quarter 2	Quarter 1	Quarter 2	Quarter 1	Quarter 2	Quarter 1	Quarter 2	Quarter 1	Quarter 2	Quarter 1	Quarter 2
No. of Beds	368	366	350 (279)	279	290	275	226	226	224	224	220	220	100	100	192	155	NA	NA
No. of Doctors	59	(+ 25 Interns)	40	40	19	7	12	12	16	16	10	12	5	5	4	4	3	3
No. of Nurses	276	276	314	314	120	86	94	94	164	158	73	90	58	57	77	63	20	21
No. of Allied Staff	56	56	85	85	19	38	33	33	30	29	18	21	18	23	13	8	18	18
No. of Support Staff	141	139	350	290	126	114	109	168	224	229	80	66	60	62	68	82	19	19
A. General Indicators																		
No. of OPD	36,386	32,214	102,543	102,245	15,685	21,649	14,959	15,987	33,004	34,233	18,645	18,571	554	519	8,075	8,075	15,639	13,172
Visits																		
No. of Admissions	3,733	3,775	1,011	1,201	2,082	1,768	1,456	1,558	2,221	2,271	1,528	1,560	19	19	170	409	NA	NA
No. of Discharges	3,470	3,726	785	846	1,985		1,476	1,236	2,136	2,150	1,425	1,495	22	13	222	210	NA	NA
No. of Deliveries	1,305	1,517	1,551	1,555	787	783	770	725	816	803	801	727	NA	NA	NA	NA	NA	NA
No. of Deaths	176	200	68	126	74	80	56	63	104	90	55	45	3	7	0	2	0	0
No. of Maternal Deaths	0	0	1	1	1	4	2	1	0	0	2	0	NA	NA	NA	NA	NA	NA
No. of Neonatal Deaths	13	26	18	14	18	15	5	1	17	11	9	4	NA	NA	NA	NA	NA	NA
No. Dead on Arrival	0		0		0		24		0		0		0		0		0	
B. Efficiency of Clinical																		
Bed Occupancy Rate (BOR)	56%	67.60%	43%	45.20%	87.30%	57%	34%	39.70%	43.20%	38.7	30.90%	31.50%	20.10%	6%	85.90%	110%	NA	NA
Average Length of Stay	5.37ays	6.1 days	5 days	4.9 days	7.17 days	-	4.8 days	5.2days	6.3 days	5 days	3.6 days	3.8days	95.2 days	8 days	100.4 days	12 days	NA	NA
C. Effectiveness of Clinical Service Delivery																		
Caesarian Section Rate (CSR)	22.90%	19.80%	5%	7.60%	21%	22%	16%	22.20%	13.20%	10.40%	20.80%	21.50%	NA	NA	NA	NA	NA	NA
D. Quality of Clinical Services																		
Death Rate	4.80%	0.05	7%	7%	3.50%	4.50%	3.80%	4.80%	4.70%	4%	3.50%	2.90%	12%	35%	0	0	0	0
(DR)																		
Maternal Mortality Ratio	0	0	64.5/100,000	0 live births	139/100,000	510/100,	269/100,00	live births	0	0	249.3/100,	0	NA	NA	NA	NA	NA	NA
Neonatal Mortality Ratio	0.76/1,000	16.4/1,000 live	11.6/1,000 liv	0 live births	26/1,000 liv	19/1,000	6.72/1,000	live births	0.12/1,000 l	live births	11.22/1,0(	6/1,000 liv	NA	NA	NA	NA	NA	NA