KINGDOM OF ESWATINI | MINISTRY OF HEALTH

ANNUAL BUDGET PERFORMANCE REPORT FOR FINANCIAL YEAR 2024 – 2025

February 2025

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ACRONYMS

AGYW	Adolescent Girls and Young Women
ART	Anti-Retroviral Therapy
BOR	Bed Occupancy Rate
CHAI	Clinton Health Access Initiative
CMIS	Client Management Information System
DR TB	Drug-Resistant Tuberculosis
EDCU	Epidemiology and Disease Control Unit
ENAP	Eswatini National AIDS Program
ENHI	Eswatini National Health Institutions
HCW	Healthcare Workers
HLMA	Health Labour Market Analysis for Health
HMIS	Health Management Information System Unit
HPV	Human Papilloma Virus
HRD	Human Resource Development
HRH	Human Resources for Health
HRIS	Human Resources Information System
HSSHCD	Health System Strengthening for Human Capital Development
HTS	HIV Testing Services
IDSR	Integrated Disease Surveillance and Response
IMAI	Integrated Management of Adolescent and Adult Illness
IMMR	Institutional Maternal Mortality Rate
IPC	Infection Prevention and Control
MGH	Mbabane Government Hospital

MMR	Maternal Mortality Ratio
MPNDSR	Maternal Perinatal and Neonatal Deaths Surveillance and Response
NCCU	National Cancer Control Unit
NHSSP 2019-2023	National Health Sector Strategic Plan 2019-2023
NTDs	Neglected Tropical Diseases
OPD	Outpatient Department
PCR	Polymerase chain reaction
PHEOC	Public Health Emergency Operation Centre
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PSA	Pressure swing adsorption
PHEMCO	Public Health Emergency Management Core-Team
PHEIC	Public Health Emergency of International Concern
RHMT	Regional Health Management Team
RMCAH&N	Reproductive Maternal Child Adolescent Health and Nutrition
RTRI	Rapid Test for Recent Infection
RHM	Rural Health Motivators
SADCAS	Southern Africa Development Community Accreditation Services
SHIMS	Eswatini HIV Incidence Measurement Survey
SID	Strategic Information Department
SLIPTA	Stepwise Laboratory Improvement Process Towards Accreditation in the Africa Region
SMT	Senior Management Team
SOP	Standard Operating Procedure
TWG	Technical Working Group

UHC	Universal Health Coverage
VIP	Ventilated Improved Toilet

PREAMBLE

I humbly present this Ministry of Health Annual Budget Performance Report to both Houses of Parliament and the public at large.

As the financial year 2024/25 is about to end, we took stock of all the things that we have been able to do and achieve. Through this report we are reporting back to both houses of Parliament and the public at large as obligated by the laws of this beautiful Kingdom. We have made some strides in implementing programmes and interventions that are aimed at improving the health status of all the people of Eswatini. Even though notable achievements were realised during the reporting period, it is very important to build on these successes and to further strengthen those programmes and interventions to reach even greater heights. Our work is all about improving our health outcomes by ensuring that all our health services are accessible to every liSwati.

The ministry was allocated a total budget of **E2 958 960 000** of which **E2 758 086127** was recurrent and **E200 192 000** for capital for the financial year 2024/25. The ministry was able to spend **E1 953 479 996** out of the released amount of **E2 123 335 033**. This represented an expenditure of **92**%. Revenue collected in hospitals and health centres was E2 177 029.00. As of 31 December 2024, the amount owed to suppliers and service providers was E127 907 068.46. Phalala Fund owed E52 774 716.11 to service providers.

The health workforce of the Ministry of health is composed of 4 272 established posts and a total of 3 765 were filled. This means that there were 507 vacancies. The ministry was able to recruit and fill 135 positions during the financial year. In addition, there were 74 temporarily employed. There were 38 resignations with the majority of 73% (28) being nurses. The Nursing Bill which aims to improve regulation of nursing and midwifery education & practice to protect the public from unsafe health practices was approved by Cabinet.

Influenza like illnesses continue to be a major cause of illness seen in outpatient department, accounting for approximately 28% of all diseases seen in all health facilities. Urethral discharge and Upper respiratory infections were second and third causes of morbidity, accounting for approximately 20% and 14% of all causes of morbidity respectively. Non-communicable diseases especially hypertension remains among the major causes of morbidity as it is consistently within the top 10 causes of morbidity. The Ministry regards maternal and child health a priority service and is putting in place strategies to reduce mortality of mothers and children. Despite these efforts, 18 maternal deaths were reported. There was a total of 19 046 births, and 517 perinatal deaths also reported through the Integrated Disease Notification System.

Diarrhoea is among the leading causes of mortality in children under five years of age, yet it is preventable. Some of the factors that contribute to mortality is delay in seeking medical care. In 2021 cases seen were 15 848, in 2022 cases seen were 16 261, in 2023 cases seen were 19 799, and in 2024 cases seen were 19 101. The sector was able to reach 80% and 80.4% in BCG and DPT in childhood vaccination coverage respectively. There were 521 Rural Health Motivators who were trained on integrated package of community-based health services including maternal newborn child adolescent health, nutrition and non-communicable diseases. As of December 2024, an estimated 226 596 people are living with HIV in the country. Out of these, 219 797 individuals are aware of their HIV

status, and 217 254 are receiving antiretroviral therapy (ART). Among those on ART, 190 742 are virally suppressed.

Non-Communicable Diseases, Injuries, and Mental Health (NCDIMH) are the leading causes of morbidity, mortality, and disability in Eswatini. By the end of 2022, 46% of deaths were attributed to NCDs, an increase from 38% in 2017. During the period under review, a total of 35 269 people were reached in communities with education on the prevention, control, and management of hypertension, diabetes, and mental health. The media was also utilised to educate communities on NCDIMH and risk factors. There is still a gap in reaching communities with health education. Screening for NCD risk factors was conducted among 13 214 individuals, with 214 referred for hypertension and 183 for diabetes care. Hypertension, the most common non-communicable disease in the country, recorded the highest number of diagnosed cases in 2024, reaching a total of 7 587. This condition has shown a steady and gradual increase in diagnoses over the previous years. A total of 179 215 people were screened at least once for diabetes risk in the Outpatient Department (OPD) from April to December 2024, see figure above. On average 14% of the people who were screened were at risk for diabetes hence there was the need to measure their blood glucose, of which less than 50% had their blood glucose measured, this is an area of improvement through mentoring and ensuring availability of relevant testing devices in health facilities.

The Eswatini Blood Transfusion Service recruited potential donors were 19 328 while collected blood units were 14 096 and issued/distributed safe blood unit to the patients were 12 315. There is a huge improvement noted post the Covid-19 pandemic, in 2024 there is an increase of 27% in blood collection and a 28% increase in donor recruitment though also a high number of deferrals are noted at 5 478 donors were deferred due to several reasons.

The availability of medicines in the country has improved from previous periods. The local suppliers have been able to increase supplies to the Central Medical Stores. The Ministry has further engaged in an emergency procurement process, with approval from the government tender board, that attracted 2 international suppliers. The payment of suppliers of pharmaceuticals and medical supplies has significantly improved with most payments from previous periods having been cleared and focus being on timely payment of debt from the current financial year. Looking forward, the ministry is looking to attract more service providers to the pharmaceutical industry through improved stakeholder relations.

The Government of Eswatini confirmed the decision to transition the Central Medical Stores to a semi-autonomous entity. The Task Team leading the process engaged with partners to source a management firm to undertake the assessment and re-organization of the CMS. The management firm was recruited and has started its work. A Steering Committee of 3 Principal Secretaries (Health, Public Service, Finance) and NERCHA will soon be engaging the selected Management Firm to advise on the approach to the CMS transformation.

The Ministry has engaged a consultancy firm, PICMA, with vast experience in Supply Chain Management, to facilitate the transformation of the CMS. PICMA has dual focus on transforming CMS to a semi-autonomous body and to improve the current operations of the CMS to achieve efficiencies and effectiveness. A bill has been drafted that will establish the new semi-autonomous body and will be brought to Parliament in the current period. PICMA reports to a multidisciplinary Steering Committee

that comprises Principal Secretaries from three ministries Health, Finance and Public Service. Development partners, public enterprises and international Non-Governmental Organizations are also part of the Steering Committee. It is envisaged that the transformation of CMS will be done and concluded during the current financial year. This will improve the availability medicines and medical supplies in the country.

Other achievements in service delivery during this financial year include:

i. The operationalization of theatres of the new Referral and Emergency Complex at the Mbabane Government Hospital.
ii. The commissioning of the new High Dependency Unit (HDU) wing at the Manzini Government Hospital. The HDU unit is meant to cater for critically ill NCD patients, including those with cancer, stoke among other complications.
iii. The Hlathikhulu Public Health Unit structure was completed and commissioned.
iv. The Ndunayithini clinic was also commissioned during this financial year.
v. The ministry is very thankful to His Majesty the King for having found time in his busy schedule to officially open KaZondwako Maternity Clinic.
vi. Just a few years ago it seemed a dream, but we are now very close as a country to having sufficient medical oxygen since a Liquid Oxygen Tank was installed at Mbabane Government Hospital.
vii. The rehabilitation of Wards 4 and 5 at the National Psychiatric Centre were completed. This has greatly reduced the congestion of the hospital, which has been the case for some years.
viii. The ministry procured 12 ambulances. The ambulances have been distributed to hospitals and health centres.

While we recognize the achievements reached thus far, we also note that the ministry still faced several challenges in fulfilling its mandate to the population. These challenges included inadequate number of health care workers, insufficient budget for the maintenance of equipment and infrastructure, delays in transferring funds for various activities, delays in delivery of health commodities and others. Such challenges interrupt the provision of quality of health services to all emaSwati. That is why the ministry will continue to engage with the relevant ministries to assist in resolving these challenges.

Honourable Mduduzi Matsebula
Minister for Health

February 2025

CHAPTER 1: INTRODUCTION

The health sector is guided by the National Health Policy of 2017 and the National Health Sector Strategic Plan 2019-2023 – which operationalizes the policy - in its implementation of the various programmes, interventions and activities. The NHSSP 2019-2023 has strategies, interventions and yearly targets which are to be reported against every quarter. Below we start by outlining the strategic direction that the sector follows.

1.1 Strategic Direction: National Health Sector Strategic Plan 2019-2023

Vision: A healthy and productive emaSwati population that live long, fulfilling and responsible lives.

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

To attain Universal Health coverage with defined health services.

Policy Objectives

- To promote health
- To reduce morbidity and mortality
- To strengthen health system capacity and performance
- To improve access to essential affordable and quality health services.

1.2 Health Profile

1.2.1 Health Facilities Profile

According to the Service Availability Readiness Assessment (SARA) of 2017, there were 327 health facilities in both the public and private health sector in the country. The new SARA conducted recently will provide a more updated figure of the total number of health facilities.

Table 1.1: Number of Health Facilities

Facility level	Number of Facilities
National Referral hospital	1
Regional Referral hospital	5
Specialised Hospital	3
Health Centre	5
Public Health Unit	7
Clinic with maternity	31
Clinic without maternity	203
Specialised Clinics	65
Private Hospitals	7
Total	327

Source: Services Availability and Readiness Assessment (SARA), 2017

1.2.2 Distribution of health facilities by regions

Table 1.2: Distribution of health facilities

Region	Number of Facilities (2017)	Number of Facilities (2013)	Number of New Facilities (2019-2024)
Hhohho	100	82	1
Manzini	130	121	1
Lubombo	52	48	1
Shiselweni	45	36	1
Total	**327**	**287**	**4**

1.2.3 Human Resources Profile

Table 1.3: Total Number of Established Positions by Cadre

Post Cadre	Number of Established Posts	Number of Filled Posts Per Cadre	Number of Vacant Posts
Allied/Paramedic	762	669	93
Medical/Dental	230	205	25
Nursing/Midwifery	1,673	1,592	81
Environmental /Administration and Other Support Staff	1,974	1,815	159
Grand Total	**4,639**	**4,470**	**169**

CHAPTER 2: POLICY, REGULATION AND ADMINISTRATION

2.1 Human Resources for Health

The Human Resource Unit of the Ministry of Health continues to play a crucial role in supporting the health sector's objectives in Eswatini. The period from April 2024 to December 2024 saw significant progress in several key areas, including recruitment, continued training and development programmes, proactive measures to ensure efficient management of the health workforce and best HR practices. The following report outlines the HR Unit's achievements, challenges faced, and the strategic direction moving forward.

The Human Resources unit developed the Human Resources for Health Strategic Plan, a document that guides the unit's operations regarding human resources management in the Ministry of Health, with a primary focus on the supply, demand, and need for healthcare workers in Eswatini.

2.1.1 Key Insights

From April 2024 to December 2024, 114 officers exited the Ministry of Health due to deaths, compulsory retirements, medical retirements, deferred retirements, early retirements, and resignations. During the same period, 209 officers were recruited (First Quarter: 33, Second Quarter: 6, and Third Quarter: 170). Additionally, a significant number of confirmations into permanent and pensionable (360) were processed within the Human Resources Unit.

There were 38 resignations, broken down as follows:

- **First Quarter:** 14 Staff Nurses, 1 General Nurse, 1 Nursing Assistant, 2 Medical Officers, 1 Maintenance Technician, 1 Driver, 1 Occupational Therapist, 1 Lab Technologist, 1 Environmental Officer, and 1 Psychologist.
- **Second Quarter:** 7 Staff Nurses, 1 General Nurse, and 1 Medical Specialist.
- **Third Quarter:** 3 Staff Nurses, 1 General Nurse, and 1 Medical Specialist.

2.1.2 Training and Development

Short Term training

- Senior Management Team was trained on Strategic Planning and Management.
- Hospital Management (Tripartite) was trained on Leadership and Change Management and Strategic Planning and Management.

Long Term Training

There are 23 officers currently furthering their studies.

- 7 **Medical Officers** specializing in Internal Medicine, Diagnostic Radiology & Interventional Radiology, Obstetrics & Gynaecology, Anaesthesiology and Critical Care.
- **Nurses:** 4 Nurses pursuing Master's degrees in Midwifery, Child Health Nursing, and Public Health; 7 Nurses enrolled in Bachelor's programmes in Nursing and Midwifery, Advanced Midwifery and 1 Nurse in the Operating Theatre.

- **Allied Health:** 1 Biomedical Engineering student and 1 PhD candidate in International Public Health.

2.1.3 Wellness Management

The table below shows Wellness Management activities undertaken during the period, including debriefing sessions to 1 056 nurses, one-on-one sessions with 125 healthcare workers, team building, psychological care education, gender-based violence training to 359 healthcare workers, and staff support and education services to 702 healthcare workers who are members of the pension fund.

Table 2.1: Key Performance Indicators of the Wellness Management

Key Indicators	Achievements		
	Quarter 1	Quarter 2	Quarter 3
Debriefing sessions	400 Nurses	476 Nurses	180 Nurses
One on one sessions	51 HCWs	56 HCWs	18 HCWs
Team building	70 HCWs		78 HCWs
Psychological care education	502 Nurses	456 HCWs	
Gender base violence trainings	235 HCWs	124 HCWs	
Staff support and education services	702 HCWs - pension fund members		

Other activities undertaken by the Human Resources unit include:

- The development of Human Resource for Health Strategic Plan (2024-2030) with the assistance of the World Health Organisation (WHO) which is a policy document and standard operating procedure.
- The review and further improved development and operationalisation of the Human Resource Information System (HRIS) with the assistance from the World Bank. This HRIS system stores and retrieves; employee data, Government General Orders, Employment Act, work policies and procedures, and the system also facilitates the sharing of important resources, such as official and general documents. In the third quarter of 2024, the system was rolled out to 74 facilities across four regions facilities and units and the process activity is still ongoing.

2.2 Finance

2.2.1 Revenue collection

Table 2.2: Revenue Collected in the Financial Year 2024/25 as of 31 December 2024

Revenue Item	Description	Amount Collected (E)
21401	Hospital Revenue General Services	752,784.00
21407	Other Hospital Fees 1 Lilangeni – Hospital card	82,193.00
21412	TR8 - Primary Health Tickets: E2.00	202,900.00
21413	TR4 - Hospital Outpatient Tickets: E10.00	745,000.00
21414	TR3 & TR7 - Clinic / Laboratory Tickets: E3.00	116,637.00
21415	TR 6 Health Centre E4.00	25,700.00
21416	TR2 - X-Ray Tickets: E5.00	204,700.00
21417	TR 1 – Hospital Late call: E20.00	6,100.00
21801	Sewerage fees	2,585.00
21804	Vacuum Tanker fees	11,410.00
21990	Sundry Fees – mostly mortuary services	19,220.00
21132	Sale of tender documents	7,800,00
TOTAL		**2,177,029.00**

2.2.2 Arrears Report

Table 2.3: Arrears with Suppliers and Service Providers as of 31 December 2024

Department	Arrears Amount (E)	Comments
Laboratory	15 457 050.64	In addition to Eswatini Revenue Authority Outstanding Debt for imports, additional invoices amounting to E3 601 389.20 have been received from Suppliers.
Central Medical Stores	2 929 825.00	Invoices amounting to E1 663 179.00 in the 3rd quarter
Intensive Care Unit	20 820 094.81	E2 132 434.98 has been paid in the 3rd quarter
BioMed Unit	681 596.35	E15 312.13 has been paid under the period under review
Phalala	52 774 716.11	E23 416 829.17 was paid using the supplementary budget of E34 561 501.00. In total an amount of E57 918 056.18 has been paid since April 2024
EPTC	21 000 000.00	E6M has been paid in financial year 2024/5
Global Professional Services (Pty) Ltd	169 642.33	Project - Lubombo Regional Hospital. There has been no movement on this line item
Sub-Total	113 832 925.24	
Other arrears*	14 074 143.22	Currently the Ministry has requested for authority to pay the Suppliers from Tender Board

Department	Arrears Amount (E)	Comments
GRAND TOTAL	**127 907 068.46**	

**Other Arrears refer to arrears at the procurement unit that are commitments without proper authority*

2.2.3 Financial performance: Health expenditures by Control Item (summarized) and by Activity

The Ministry of Health in the financial year 2024/2025 was allocated an annual recurrent budget of **E2 758 086 127** from which **E2 123 335 033** was released for expenditure for the second quarter and out of these funds, **E1 953 479 996** was spent resulting in a variance of **8%** (E169 855 037). The table below shows the breakdown of expenditure for the ministry by control item from April to December 2024. (Table 2.4)

2.2.4 Subventions to Health Sector Organizations

The Ministry provides subventions to 20 organizations whose activities are aligned with the ministry's mandate and guided by the National Health Policy 2016. Table 2.5 shows the amounts released to sub-vented organisations.

Table 2.4: Ministry of Health Expenditure by Control Item for April to December 2024

Control Item	Annual budget (E)	Cumulative Released Budget (E)	Cumulative Budget spent & committed to Date (E)	Variance to Date (E)	Variance percentage %	Comments
00 - CTA Charges	43 790 496	33 342 818	13 734 828	19 607 990	59%	During this period under review, there has been minimal expenditure in this line item, few of the submitted journal vouchers have been posted by the Ministry of Works in the procurement of parts and fixing of cars at CTA. Only 41% of the allocated budget has been utilized
01 - Salaries & Allowances	1 011 053 681	723 722 963	913 226 223	-189 503 260	-26%	
02 - Travel & Communications	20 251 483	17 314 746	13 006 230	4 308 516	25%	This line item has a variance of 25%, payment of Internal & External Travel plus telecommunication bills, which is Eswatini Post and Telecommunications, Eswatini Mobile and Eswatini MTN. Payments on this line item for telecommunications have been submitted to the Treasury Department
03 - Drugs Medicines & Other Med. Supplies	740 744 482	589 820 657	362 088 811	227 731 846	39%	Under this line item, there is a variance of 39% which will be utilized by the issued purchase orders in the procurement of drugs. Payments for the emergency procurement purchase orders is ongoing, and with the tender awards received the budget will be absorbed.
04 - Professional Services	486 837 760	407 033 131	319 463 705	87 569 426	22%	During the period under review, this line item the budget absorption rate is at 78%, the Ministry is yet to receive December 2024 invoices from the Hospital Caterers.
05 - Rentals	10 462 192	7 218 756	1 973 190	5 245 566	73%	Invoices for rentals are behind by three months, thus the budget absorption rate of 27%. This is due to the rental contract which is being finalized.
06 - Consumables	42 455 067	38 087 337	26 749 860	11 337 477	30%	The Budget allocation is for consumables like office stationery, staff uniform and cleaning materials. The procurement process is ongoing for the Headquarters and the regional offices, and the budget absorption rate is at 70%.
07 - Durables	14 496 500	15 236 280	13 145 060	2 091 220	14%	The procurement of medical equipment by BioMed is ongoing and the budget absorption stands at 86% at the end of the second quarter.
10 - Grants & Subsidies	387 994 466	291 558 345	290 092 089	1 466 256	1%	This Ministry continues to remit subventions to its parastatals and the budget absorption rate is 99%.
11 - Subscriptions	9 661 010	-	-	-	0%	
TOTAL	**2 758 086 127**	**2 123 335 033**	**1 953 479 996**	**169 855 037**	**8%**	

Table 2.5: Amounts Released to Subvented Organisations

Name of Organisation	Performance	2024-2025 Budget Estimate	April to December release
Bethlehem Clinic	Bethlehem Clinics Health Institution consists of 4 clinics: Magubheleni, Lushikishini, Mbikwakhe and Cana. Services Provided are Antenatal clinic; Prevention of mother-to-child transmission services; Postnatal clinic; Growth monitoring and immunization; Curative services; HIV testing and counseling; TB and ART initiation and TB screening.	4 113 464	3 085 098
Baylor College of Medicine Centre of Excellence	Baylor College of Medicine Children's Foundation - Swaziland (BCMCF-SD), has three satellite clinics in Manzini, Hlathikhulu and Bulembu. It provides: comprehensive child-focused and family-centred HIV/AIDS prevention and treatment services; Tuberculosis screening, control and treatment; and treatment for other concurrent diseases as well as provide technical advice to and on behalf of the Ministry of Health; mother and child health services	19 342 133	14 506 599.75
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. Services offered are; Curative, Diabetic & Hypertension, Dental, Eye, Maternity, HTC, ANC and Child Welfare, Laboratory (Minor diagnostic procedures) and Pharmacy:	2 784 740	2 088 555
Cheshire Homes	The services of Cheshire Homes of Eswatini (CheSwa) include, but are not necessarily limited to physiotherapy, occupational therapy, hydrotherapy, horse riding, education, counseling, and training of persons living with disability on self-care independence and home programmes. In addition, CheSwa is also involved in advocacy and sensitization of the public on the rights of persons living with disability.	1 900 000	1 425 000
Eswatini 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. The organization also runs national awareness programs, patient support programs, peer counseling systems, a tablet chemotherapy distribution system and a community walk annually.	500 000	375 000
Eswatini Epilepsy Association	The organisation provides a platform for epilepsy awareness, increasing public and professional awareness of epilepsy as a universal and treatable brain disorder, as well as identifying and mitigating the needs of people with epilepsy through agricultural projects.	1 000 000	750 000
Eswatini Medical and Dental Council	This is an autonomous statutory, regulatory board for allied health workers and doctors. The council registers doctors and health allied workers and regulates these workers.	535 760	401 820
Medicines Regulatory Authority	The authority coordinates and oversees the pharmaceutical sector for the purpose of protecting public health in the country	300 000	225 000
Eswatini 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	375 000
Family Life Association of Eswatini	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	583 350
Good Shepherd Hospital *(Full report on the Chapter on Clinical services)*	Good Shepherd Hospital is a 225-bed regional hospital. The Hospital provides comprehensive medical and health care services as well as Community health care services. The services provided by the hospital include out-patient care, in-patient care, ART rollout, epilepsy outreach, public health, home-based care and palliative care services.	126 772 188	95 041 641

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. The centre serves as a halfway- house between the hospital and home for those in need.	1 000 000	750 000
Eswatini Health And Human Research Review Board	The Board carries out an ethical review of all research to be conducted in the country involving human participants for the purpose of safeguarding the rights, dignity, well-being and safety of individuals and communities who volunteer to participate in research	300 000	225 000
Hospice At Home	Its main focus is providing palliative care to patients with life-limiting conditions referred for home care. The organization delivers services through the home-based palliative care model	3 925 420	2 944 065
Nursing Examination Board	The Eswatini Nursing Council ensures that nurses and midwives entering practice in the country are competent/knowledgeable to provide quality nursing services. It conducts examinations for nurses and midwives, prescribe curricula, appoint examiners and grant examination certificates about those examinations	400 000	300 000
Nutritional Council	The goal of the Council is to accomplish sustainable food and nutrition security and to eliminate all forms of malnutrition to have a well-nourished and healthy population that contributes effectively to sustainable development.	2 000 000	1 500 000
Raleigh Fitkin Memorial Hospital *(Full report on the Chapter on Clinical services)*	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. Services provided include Health Promotion, Family Planning, Growth Monitoring and Immunizations, Antenatal Care 211including Prevention of Mother to Child Transmission of HIV (PMTCT), HIV counselling and testing (HTC), Emergency deliveries, Pre ART-Care and ART Initiations.	219 237 951	164 428 463.30
Salvation Army Clinic	The Salvation Army serves a population of 28 000. Services provided are Psychosocial and spiritual counselling support and guidance to individuals and families affected by HIV and AIDs pertaining to their health welfare and safety, Clinical care and build community capacity to mitigate the effects of HIV and AIDs in the target communities	1 300 000	975 000
SOS Children's Village	The organization provides care and support to children at risk of losing parental care and children who have already lost parental care.	305 010	228 757.50
St. Theresa's	Services provided are Curative, Dental, Eye, Maternity: HTC, ANC and Child Welfare, Health Education, PMTC & ART Initiation, CTX Initiation & Refills, NUP, Mother & Baby Pair, Home Visits (Follow Ups), Laboratory (Minor diagnostic procedures) and Pharmacy: Dispensing Clinic Level medicines	500 000	375 000
The AIDS Information and Support Centre	The organisation offers services to fight the spread of HIV and AIDS and offers treatment, care and support to people infected and those affected by the pandemic.	239 220	179 415
TOTAL		**387 494 466**	**290 620 849.50**

** Subscriptions for World Health Organisation (E2 661 010), Commonwealth Secretariat-Health (Eastern Central and Southern Africa Health Community) - E1 000 000, Global Fund Pledge (E30 million) are not included in this table.*

2.3 Regional Health Administration

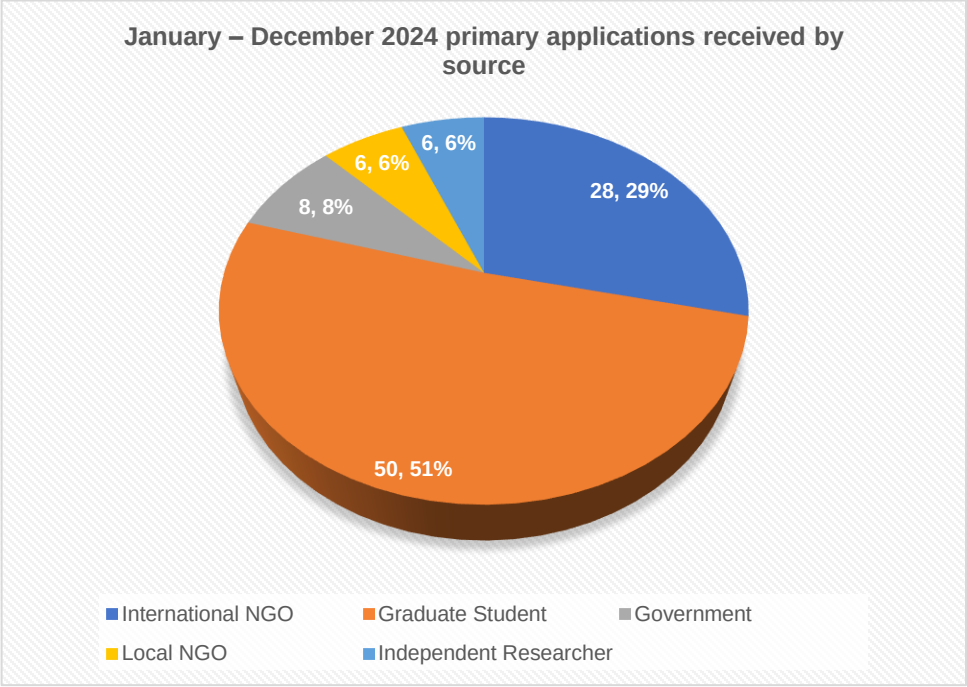
As the Regional Health administration department embarked on the implementation of activities for the year, with an overarching mandate focused on ensuring that every person in the 4 regions has easy access to at least the minimum standard of healthcare as per the Essential Health Care Package. Aligned with this mandate, the objectives for the year were strategically crafted to address key priorities and contribute to the overall success of our mission. This included Enhancing Service Delivery, Capacity Building, Strategic Partnerships, Innovation and Technology Integration, Community Engagement, Financial Sustainability, Health Promotion, Data Management and Analysis, Policy Advocacy and Monitoring and Evaluation.

In the Lubombo Region, solar panels were installed at Khuphuka Clinic to save on electricity cost. In the Hhohho region, a star link internet connection was installed at Motshane clinic. Quality of Care Standard Audits (SIMS) conducted in 5 facilities. Renovation of a guard house at Mbabane PHU was completed and leaking taps were fixed. Sonography services were decentralized to Lobamba Clinic with support from Taiwan ICDF.

2.4 Eswatini Health and Human Research Review Board

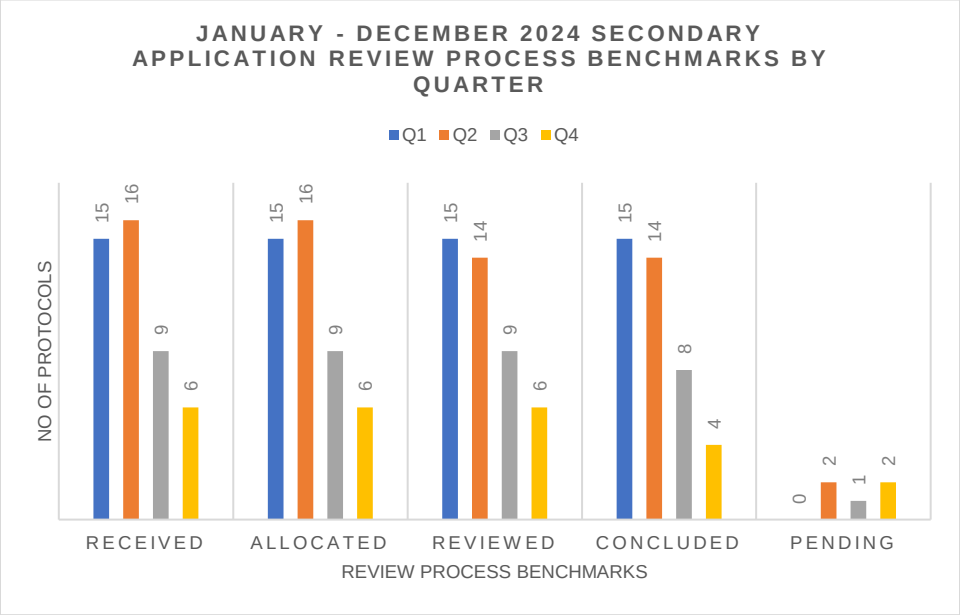
This section of the report provides performance information based on five key performance indicators which include: a) Primary and secondary applications received; b) Application sources; c) Processed applications; d) Concluded applications and e) Turnaround time for both primary and secondary applications. The report provides data which defines these indicators, makes summary of observations and notes achievements as wells draws lessons learned and makes recommendations where indicated.

Figure 2.1: Source of applications to Eswatini Health and Human Research Review Board



The board received 98 applications in the reporting period and a slight majority of application were received from graduate students (50.5%) followed by international non-governmental organizations (28.3%) with less than 10% coming from government, independent researchers and local governmental organizations

Figure 2.2: Primary Review Process Benchmarks of the Eswatini Health and Human Research Review Board



2.5 Quality Management Programme

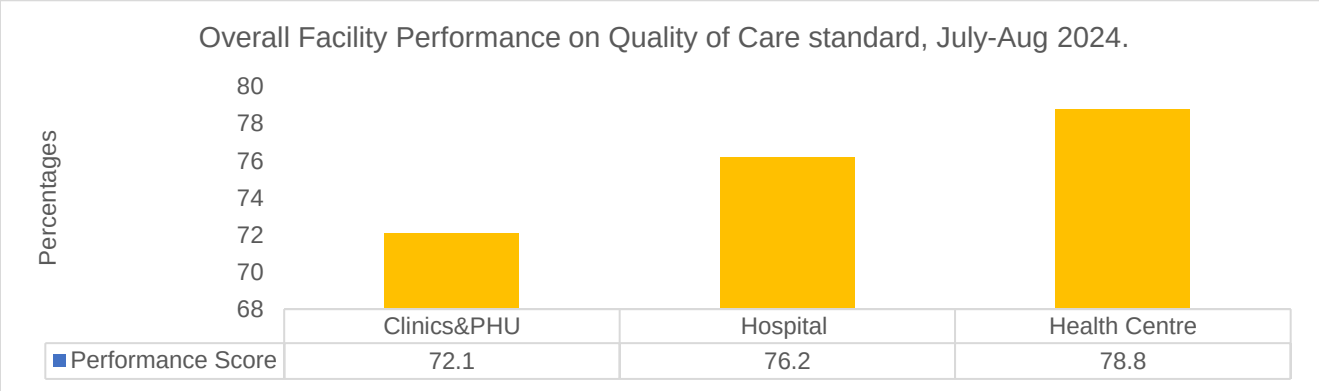
The Ministry of Health is dedicated to providing and improving access to affordable, quality healthcare services for all citizens, regardless of their socioeconomic status. The goal is to achieve a good quality of life and well-being at all levels of healthcare. This is accomplished by delivering the best possible quality and patient-centred care through the effective use of available resources and evidence-based practices.

Through the Health System Strengthening for Human Capital Development (HSSHCD), the Ministry has developed Quality-of-Care (QoC) Standards for the health sector. The primary objective of developing and implementing these QoC standards across the country is to enhance the quality of healthcare services to ensure they are safe, effective, patient-centred, efficient, timely, equitable, accessible, and delivered with technical competence.

Table 2.6: Key Indicators for Quality Management Programme

Thematic Area	Strategy (as reflected in the NHHSP 2019-2023)	Key Indicator	Target for 2025	Achievements (April to December)		Key Activities (April to Dec 2024)	Progress/ Comments
				2024	2023		
Quality Management / Quality of Care (QOC)	Implementation of quality management system and quality of care standards.	- Number of health facilities certified against QMS and relevant standards - Number of health facilities implementing quality of care standards	- Implement QoC standards in all health facilities	- Conducted quality of care audits in 24 health facilities	- The Quality-of-Care standards were open are in the gazette process.	- Conducted a dissemination meeting for the audit findings with all the relevant stakeholders	- Assist the audited health facilities to develop and implement corrective action plans. - Trained Ambulance Drivers, Radiographers and Quality focal points on Quality of care.
Infection Prevention and Control.	Reduce Healthcare-associated infection (HAIs) and promote the implementation of IPC Minimum Standards	- Hand hygiene compliance levels - WASH in health facilities	- Achieve 70% hand hygiene compliance across cadres - Achieve a WASH implementation rate of 90% across all health facilities	Compliance levels to IPC minimum requirements: - Hospitals: 69.78% - Health centres': 84.20% - Clinics and PHUs: 77%	-Conducted supportive supervision and mentorship	Conducted audits compliance with IPC minimum	
Customer Care	Promote the implementation of quality of care and Customer satisfaction standards in the health sector	- Track Client satisfaction using the client feedback - Satisfaction rates of clients with the quality of health services.	-Revive and implement a Client Satisfaction Feedback Mechanism (CSFM) using the Health Management Information System (HMIS) SMS platform for sustainability.	An average Client satisfaction rate of 80% was achieved (according to Client Satisfaction Surveys in health facilities)	An average Client satisfaction rate of 85% was achieved (according to Client Satisfaction Surveys in health facilities)	Conducted regional customer care review meetings	Customer satisfaction rate above 80%

Figure 2.3: Illustration of the overall quality of care findings.



As shown in Figure above, the average compliance rates to the quality-of-care standards indicate that health centres perform the best (78.8%), followed by hospitals (76.2%) and clinics & PHUs (72.1%). The findings imply that while there is a generally positive trend in quality of care, there is a need for strategic interventions to elevate the performance of clinics and PHUs, which are critical for primary healthcare delivery.

2.6 Legal Unit

2.6.1 Bills and Regulations

- The Nursing Bill was transmitted to the Attorney-General's Chambers for approval to be tabled before Cabinet. The above approval was obtained; the Bill was in order according to the Attorney- General. From the Attorney – General's Chambers a presentation was made to Cabinet for its approval. To be tabled before Parliament. Approval of the Eswatini Nursing Bill, 2024 was obtained.
- The Medical and Dental Council Bill was transmitted to the Attorney- General's Chambers.
- The Tobacco Control Amendment Bill was transmitted to the Attorney – General's Chambers.
- The Sanitation and Hygiene Regulations, 2019 were transmitted to the Attorney-General's Chambers for vetting which align with section 26 of the Public Health Act of 1969.
- The Public Health (Food Hygiene & Safety) Regulations, 2021 have also been submitted to the office of the Attorney-General for vetting. These are also in terms of section 26 of the Public Health Act of 1969.

2.6.2 Disciplinary Proceedings at The Civil Service Commission

We had a total of 8 officers who were facing disciplinary hearings for the CMS cases. Two of which we could not proceed against them because their matter is still pending before the Industrial Court of Appeal since they challenged the hearings. The proceedings started against the other 4 officers because the other one officer had his charges withdrawn since we could not secure witnesses to testify against him. The hearings were however halted because of the judgment delivered in the case of *Sizwe M Dlamini v The Chairman of the CSC, The PS of the Ministry of Housing & Urban Development & the Attorney – General Case no. 226/2024.*

It was held in this case that disciplinary matters ought to be finalized within a period of 6 months failing which the suspension shall be lifted. In view of this judgment the Chairman of the CSC issued a ruling that the hearings should be halted pending finalization of the Appeal which was noted by the Attorney – General's Chambers.

2.6.3 Contract Vetting

The following contracts were vetted:

- Phalala Fund contracts with service providers
- laboratory
- Red Cross,
- Max Foundation,
- Wellness Centre
- LOU - MSF
- negotiated for a year's extension with Fresenius (renal services)
- MoH and Medicine Control Authority of Zimbabwe for cooperation in the regulatory functions of medical products.
- MoH and United Pharmaceutical Distributors for the emergency supply and delivery of pharmaceuticals.
- Memorandum of Agreement (MoA) and TLC for temporary funding of 30 million the contract between MoH and Fresenius Medical Care South Africa (Pty) Ltd was extended for a year. (for the provision of renal services)
- An MoU between MoH and Wafang Hospital was entered for 5 years. (for the provision of technical assistance on cancer registry data management)
- A MoA was entered between MoH and The Luke Commission. (for the provision of temporary funding amounting to 30 million for purposes of relieving TLC from the financial crisis it faced).
- An MoU was entered between MoH and Utano group of the Republic of Belarus. (for mutual, beneficial cooperation in the development of economies of both countries in the field of health care).
- An agreement entered between MoH and the Republic of China (Taiwan) - (to assist the Government of Eswatini in strengthening metabolic chronic diseases prevention and control systems in the Kingdom of Eswatini)

CHAPTER 3: STRATEGIC INFORMATION

The Strategic Information Department (SID) is made up of four units which are Health Management Information System Unit (HMIS), National Health Research & Innovation Unit (NHRID), Epidemiology Disease and Control Unit (EDCU) and Monitoring & Evaluation Unit (M&E). The four units operate in a coordinated manner to achieve the broader SID objectives which are: a) to strengthen the coordination and governance functions for the country's health strategic information system; b) to avail comprehensive quality data through strengthening health information systems; c) to improve capacity for data management; d) to promote a culture for information use at all levels; e) to sustain robust health information systems through innovation and continuous quality improvement; and f) to support planning for and management of HR, infrastructure and other related health systems through provision of timely evidence.

The following documents were developed by the Department: the surveillance data access and dissemination SOPs, outbreak investigation protocol, the event-based surveillance framework, Mpox treatment guideline, Eswatini Event Management System strategic plan, integrated mentorship tool, and the Influenza surveillance protocol. The Department also participated in the Joint External Evaluation process for the country. Lastly the Ministry introduced the Field Epidemiology Training program.

3.1 Health Management Information System

The unit is responsible for collection, storage, security, ensuring integrity and quality of all health data holdings within the health sector. The Unit currently collects routine electronic and paper-based data at facility level (both public and private), collates and enters data on a monthly basis into HMIS database at national level.

3.2 Epidemiology Disease Control Unit

The Ministry continuously strives to strengthen epidemiological surveillance system by ensuring that there is reliable, timely, and accurate information on distribution, pattern and determinants of disease, health related conditions, and events in order to promote the use of this information to identify causative factors and inform evidence-based decision making in public health policy and program implementation to reduce morbidity and mortality. The unit continues to play a critical role in disease control as it coordinates all epidemiology and surveillance activities in the context of Integrated Disease Surveillance and Response (IDSR) in Eswatini.

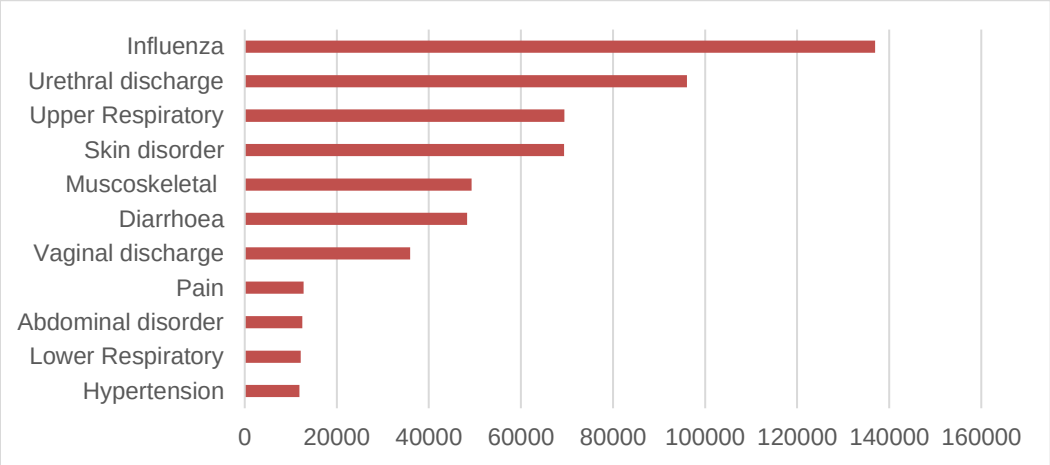
3.2.1 Key Surveillance Performance Indicators

Disease burden

Figure below shows the top ten leading causes of morbidity seen in outpatient department from all health facilities in April to December 2024, Influenza like illnesses continue to be a major cause of illness seen in outpatient department, accounting for approximately 28% of all diseases seen in all health facilities. Urethral discharge and Upper respiratory infections were second and third causes of morbidity, accounting for approximately 20% and 14% of all causes of morbidity. Non-communicable diseases especially hypertension remains among the major causes of

morbidity as it is consistently within the top 10 causes of morbidity. There is therefore need to intensity public health surveillance to guide public health policy making, programming and action toward reducing the different conditions and improving the quality of care.

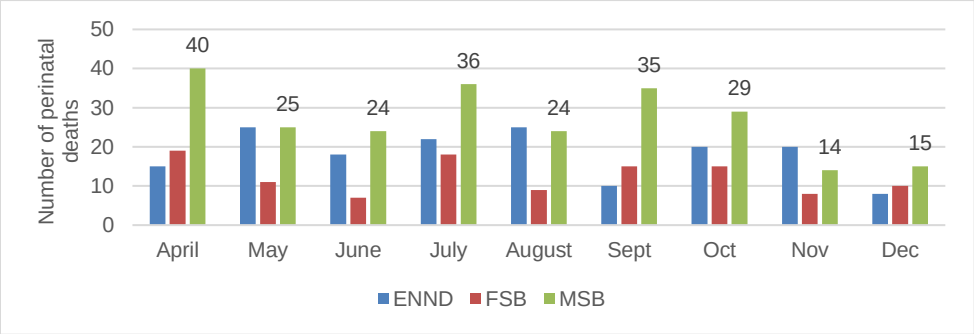
Figure 3.1: Major causes of morbidity in Outpatient department (April-December 2024)



Maternal Perinatal and Neonatal Deaths Surveillance and Response

In the current reporting period, 18 maternal deaths were reported through IDNS. There was a total of 19 046 births, and 517 perinatal deaths reported during this period. Their distribution is as follows; ENNDS- 163(32%), FSBs-112 (22%) and MSBs- 242 (46%). The highest number of perinatal deaths was recorded in July (76).

Figure 3.2: Trend of perinatal deaths by type from eleven sentinel sites, Apr- Dec 2024



Outbreak Investigations and response

There were more than 14 outbreaks investigations conducted and responded to during this reporting period. The suspected and confirmed outbreaks occurred in the all the regions. Details on the respective outbreaks' investigations are detailed in table below.

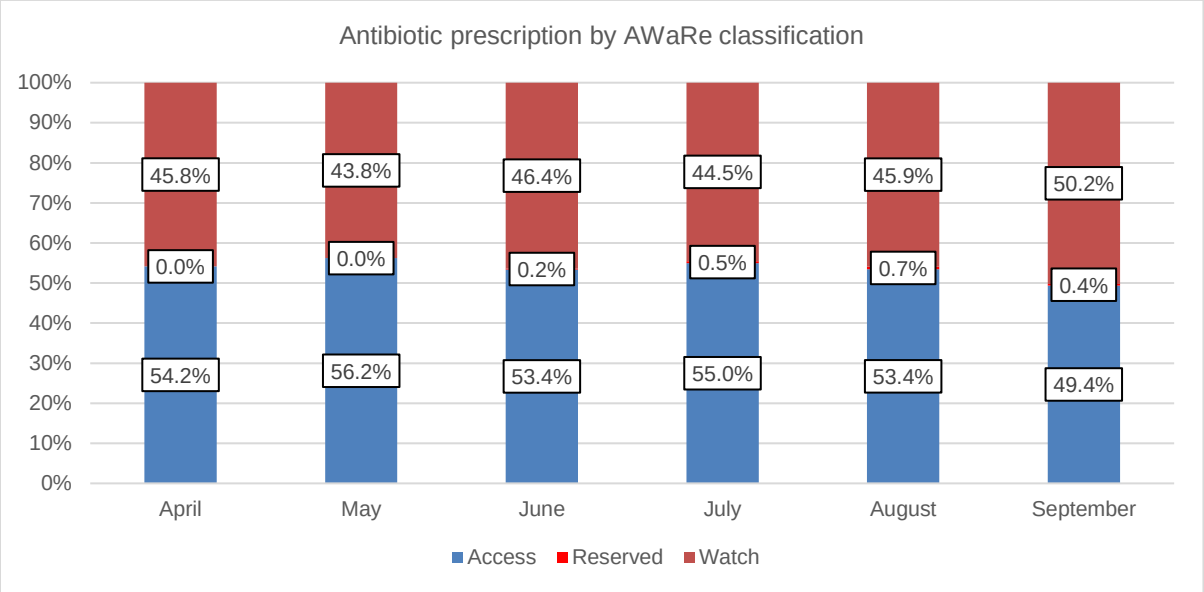
Table 3.1: Outbreaks reported during the months of April - December 2024

Outbreak by conditions	Date	Affected area/s	Number of people affected	Response activated (Y/N)?
Suspected food poisoning cases outbreak investigation	April-December 2024	All regions	274 suspected cases	Y
Suspected cholera case investigation	April 2024	Hhohho region	2 suspected cases	Y
Suspected Mpox	April-December 2024	All regions	64 suspected cases	Y
Suspected Bilharzia outbreak investigation	April-December 2024	All regions	143 suspected cases	Y
Suspected measles outbreak investigation	April-December 2024	All regions	25 suspected cases	Y
Suspected human rabies	April-December 2024	Lubombo, Hhohho Manzini	76 suspected cases	Y
Chicken pox	April - September 2024	Manzini	5 cases	Y
Suspected Typhoid fever	April-December 2024	Manzini and Lubombo	9 suspected cases	Y
Acute Flaccid Paralysis outbreak investigation	April-December 2024	All regions	6 suspected cases	Y
Diarrheal deaths	April-December 2024	Manzini	1 case	Y
Conjunctivitis	April- December 2024	All regions	136	Y
Suspected Meningococcal Meningitis outbreak investigation	April- June 2024	Hhohho	1	Y
Confirmed Influenza A outbreak investigation	April- June 2024	Manzini and Hhohho	5	Y
Suspected Leprosy outbreak	October – December 2024	Manzini	1	Y

Antimicrobial Resistance

Antimicrobial resistance surveillance is still being undertaken at six (6) sentinel sites under human health, two (2) newly added sites in the reporting period included Pigg's Peak Government Hospital and Mankayane Government Hospital. Antimicrobial use data is collected retrospectively, analysed and shared to Antimicrobial Containment Committee (AMRCC) and Antimicrobial Stewardship Committees (AMS) in the sentinel sites on quarterly basis to inform practice. On average across the reporting period (April - September 2024), a decline in the use of Antibiotics in the Access group has been observed. This conflicts with WHO recommendations that Access group use should be above 70%. This trend can be attributed to stock-outs of antibiotics in this class and had subsequently led to an increased use of Watch group antibiotics as shown in figure below which should be prescribed with caution.

Figure 3.3: Antibiotics Usage by Class by Month (April - September 2024)



3.3 Monitoring & Evaluation

Table 3.2 outlines the key achievements of the Monitoring and Evaluation (M&E) unit during the reporting period.

3.4 National Health Research & Innovation Unit

The NHRID has a mandate to coordinate research in the health sector through developing a governance model appropriate to the management of research in the sector. Table 3.2 highlights key performance indicators for the unit during the reporting period.

Table 3.2: Key Performance Indicators for the Strategic Information Department

Unit	Thematic area	Strategy	Key Indicator	Target for Apr-Dec, 2024	Achievement for April-Dec-2023	Achievement for April-Dec 2024	Progress/ Comments
Health Management Information System	Helpdesk	Follow developed SLA guidelines	Timeliness of resolving issues	100%	80%	90%	Jobs received are resolved timeously
	Development & Applications	Build and maintain a single integrated health information system.	Develop system/app to support programs for ease of data collection	100%	80%	95%	Requirements gathering for the maternity component of the CMIS Inpatient. The requirements were analysed and documented. Pilot was successfully finalized, and draft Blueprint document was submitted
	Data Management	Routinely monitor and improve the quality of data.	Routine monitoring of data to improve the quality of data	100%	90%	95%	Enforcement of data quality and validations rules/stored procedures
		Develop and maintain National Data Repository & Dashboards	Provide real time data to improve the quality of data	100%	60%	80%	Provided login credentials to super users for data access on the NDR platform. Provided NDR training to super users.
Epidemiology Disease Control Unit	Coordinate all surveillance activities	Build a robust, integrated, and reliable surveillance system	IDSR weekly reporting coverage	85%	78%	85%	IDSR weekly reporting coverage is 78% (254 of 327) facilities in the country.
			# of HCWs trained in IDSR	130	130	130	There was a total of 12 IDSR re-sensitization in-service training conducted, and 78 health care workers were sensitized
			# of HCWs mentored	800	772	772	Mentorship and supportive supervision visits were conducted, a total of 21 health facilities were covered.
	2. Identify outbreaks or events of	Timely response to event of public health	Proportion of outbreaks/event/conditions investigated	100%	100%	100%	Investigated 100% of reported outbreaks which include: suspected Mpox, suspected

Unit	Thematic area	Strategy	Key Indicator	Target for Apr-Dec, 2024	Achievement for April-Dec-2023	Achievement for April-Dec 2024	Progress/ Comments
	public health concern by conducting analysis and risk assessments, verify outbreaks by coordinating outbreak investigations, and trigger a response according to the information generated.	concern and emergencies.					food poisoning, suspected human rabies, chicken pox, suspected measles and AFP cases
			Proportion of COVID-19 index cases investigated and contacts traced	100%	100%	67% (6/9)	• 9 index cases reported • 6 index cases investigated • 27 contacts elicited • 27 contacts traced • 21 contacts tested 0 contacts tested positive
	3. Provide feedback and disseminate report	Provide feedback on the quality of surveillance and epidemiological data collected by stakeholders	% of shared epidemiology bulletins	100%	95%	95%	• Weekly COVID-19 SITREPS from week 27 to 39 were produced • Weekly IDSR reports from week 27 to 39 were produced • Weekly bulletins from week 27 to 39 were produced • Monthly bulletins (June, July, August) produced12 Weekly COVID-19 SITREPS from week 14 to 26 were produced • 12 Weekly IDSR reports from week 14 to 26 were produced • 12 Weekly bulletins from week 14 to 26 were produced

Unit	Thematic area	Strategy	Key Indicator	Target for Apr-Dec, 2024	Achievement for April-Dec-2023	Achievement for April-Dec 2024	Progress/ Comments
							2 Monthly bulletins (April, May) produced
	4. Strengthen workforce capacity	Strengthen epidemiological surveillance capacity	# of trainings to capacitate staff on public health emergency management and surveillance	10	7	6	• 2 Trainings on data analysis and interpretation for nurse managers • Re-sensitization training for all 19 health facilities with maternity wings on e-MPNDSR • 2 trainings for FETP frontline training for health care workers Mpox trainings
	6. Development of an electronic surveillance system	Build a robust, integrated, and reliable surveillance system	Implement surveillance system at all levels.	Functional electronic surveillance system in place.	eSurveillance System in place	eSurveillance System in place	Re-sensitization on e-MPN8DSR for focal persons in all 19 health facilities. ● Conducted an assessment on EMS deployment with TA from ACDC and developed a Strategic plan. ● Configured Secured firewall in EDCU server room ● Deployed a PoE surveillance system in 8 points on entries in eSwatini Managed and updated the surveillance dashboard portal
Monitoring & Evaluation	Improved monitoring and evaluation systems	Promote the culture of results-based monitoring at all levels of health care system	Number of Health Care Workers trained in Basic Monitoring and Evaluation	200	180	None	The M&E Unit has been supporting Health Care Workers through post-training mentorship.
		Establish a system for evaluations and reviews in the health sector	Proportion of Evaluations conducted during the year	1	-	1	The M&E Unit supported the World Bank COVID-19 Emergency Response Project Evaluation

Unit	Thematic area	Strategy	Key Indicator	Target for Apr-Dec, 2024	Achievement for April-Dec-2023	Achievement for April-Dec 2024	Progress/ Comments
		Monitor progress made towards attainment of UHC and SDGs and other global, regional and domestic indicators	Proportion of NHSSP indicators reported	100%	-	-	All NHSSP indicators were reported through the Annual reports. The MOH is currently updating the NHSSP to align with specific SGD and UHC indicators.
		Establish a coordinated M&E system and functions	Proportion of M&E positions paid by the Government	60%	32%	32%	The Government continued to support 7 M&E positions with development partners supporting the remainder.
	Improved monitoring and evaluation systems	Promote the culture of results-based monitoring at all levels of health care system	Number of Health Care Workers trained in Basic Monitoring and Evaluation	200	180	None	The M&E Unit has been supporting Health Care Workers through post-training mentorship.
National Health Research & Innovation Unit	Coordination of research and innovation	Develop a governance model appropriate to the management of research in the sector	Proportion of studies aligned with the NHRA	100%	50%	75%	Governance meeting held
		Coordinate research studies in the sector	Proportion of studies conducted and led by the Ministry	100%	70%	70%	Regular capacity building meetings occurring
		Develop a structure for Health research.	Health research structure in place.	100	100%	100%	Research studies coordinated through the structures
		Establish a knowledge translation platform.	Knowledge Management platform in place.	20%	20%	20%	Process for formalising the working relationship started
		Coordinate dissemination of research products.	Proportion of studies disseminated.	50%	20%	30%	Studies disseminated through the research website

Key: e-MPNDSR (maternal, perinatal, neonatal disease surveillance and response)

CHAPTER 4: PREVENTIVE AND PROMOTIVE HEALTH SERVICES

This chapter reports on progress made by public health programmes which are collectively aimed at improving provision of and increase access to essential, affordable and quality public health services. Their main objective it is to significantly reduce the burden of diseases, morbidity and mortality and lead to an improvement in the health status and quality of life of the emaSwati population.

4.1 Family and Child Health

4.1.1 Sexual and Reproductive Health Services

The Sexual and Reproductive Health (SRH) Unit is mandated to coordinate and promote sexual and reproductive health for all individuals in the country. This encompasses the improving of access to quality SRH services and information for; Family Planning, Maternal and Newborn Health, Adolescent Sexual and Reproductive Health (ASRH), Sexual Transmitted Infections (STIs) including HIV and PMTCT, Gender-Based Violence (GBV), Infertility, Sexual dysfunction and SRH &Ageing.

The unit together with other line programs developed the Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (SMNCAHH&N) 2024-2028 which recognizes that, whilst the country has made significant efforts towards improving the health outcomes for men, women, newborns children, and adolescents, the need to consolidate high impact activities that would propel the country towards the attainment of the SDGs by 2030 cannot be over emphasized.

Access to and utilization of contraceptives play a pivotal role in reducing unintended pregnancies, thereby mitigating maternal and infant morbidity and mortality risks. However, the constant supply interruptions of family planning commodities, particularly long-acting reversible methods, have adversely impacted access to and utilization of family planning service. The observed decline in iMMR surpasses the established target, signifying progress in improving maternal and neonatal survival. While the IPMR target remains unmet, a downward trend is evident, indicating positive strides in reducing neonatal deaths. The low coverage of PEP services among survivors of sexual violence remains a significant concern, increasing their vulnerability to unintended pregnancies, HIV, and STIs.

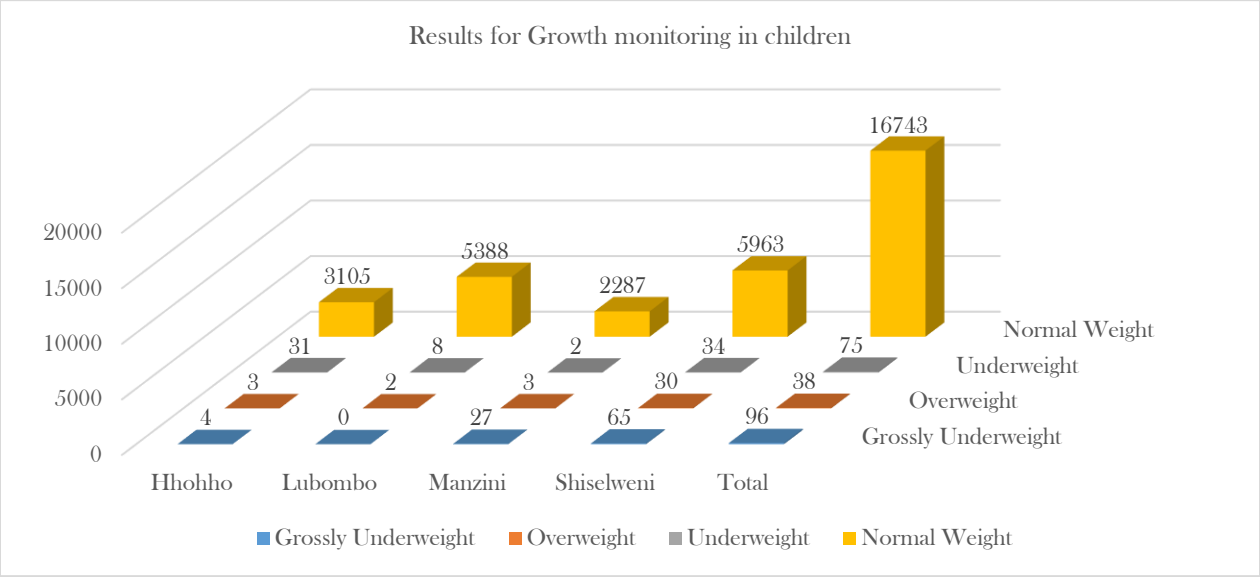
4.1.2 Nutrition

The programme integrated the Baby Friendly Hospital Initiative (BFHI) assessment indicators into the Quality Audits, as part of the Quality-of-care standards, to ensure continued quality service delivery of nutrition services. The Eswatini National Nutrition Strategy and costed action plan was developed to ensure proper planning and implementation of nutrition programs in an effort to prevent and reduce malnutrition in all its forms, achieve the Global nutrition targets and therefore contribute towards the attainment of Sustainable Development Goals.

In an effort to prevent and reduce all forms of malnutrition, the World Breastfeeding Week was commemorated through partnering with different programs within the Ministry of Health, the Ministry of Agriculture and other implementing partners, to conduct nutrition campaigns in areas identified as Malnutrition hotspots. Multisectoral nutrition forum meetings were conducted in an

effort to improve coordination of nutrition activities, leverage funds, and mainstream or integrate nutrition into other programs. Nutrition dialogues were conducted in different communities to unpack issues that hinder progress towards attaining national nutrition targets. This was done with World Vision Eswatini office as part of the ZERO HUNGER campaign that we launched together. An assessment was also conducted to ascertain knowledge, attitudes and practices on Breastfeeding.

Figure 4.1: Results of Nutritional Screening In Adults In Selected Campaigns Conducted



4.1.3 Integrated Management of Neonatal and Childhood Illnesses (IMNCI)

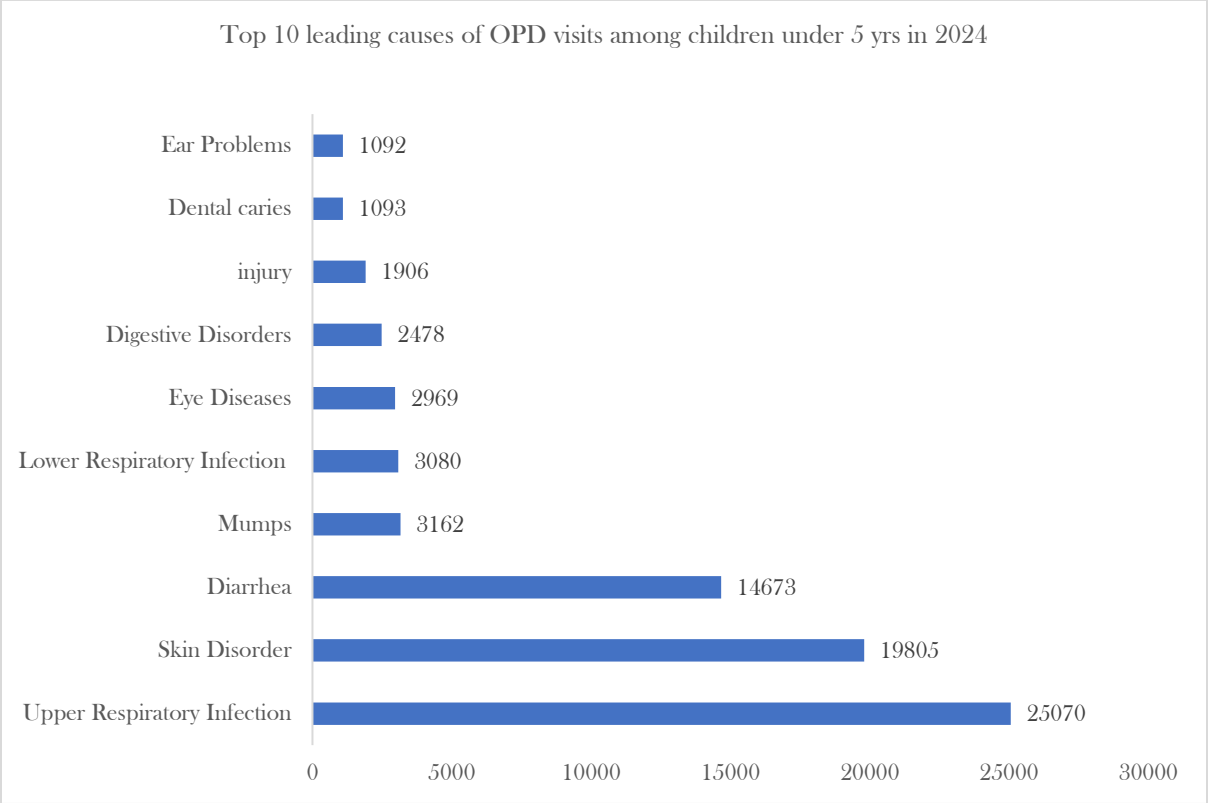
Other Activities Conducted by IMNCI

- Visited most health facilities both Government and mission for supportive supervision, focus was on case management of sick children under five years.
- Printed 400 of the reviewed IMNCI guidelines with support from UNICEF.
- Distributed 300 IMNCI guidelines in 253 health facilities.
- Trained 25 IMNCI trainers on new IMNCI guidelines with support from WHO.
- Trained 60 health workers from all the regions (Hhohho, Manzini, Lubombo and Shiselweni) with support from UNICEF, on IMNCI standard case management. The facilities trained were the ones that did not have a service provider trained in IMNCI. There was an increase coverage of facilities trained in IMNCI.
- Trained 75 health care workers (nurses) on Sexual Reproductive Maternal Neonatal Child Adolescent Health and Nutrition (SRMNCAH&N).

Top Ten Leading OPD Conditions Among Children

The table below shows the top ten leading OPD conditions for children below the age of five years since the beginning of the year 2024, from January to December. As with the previous trends, upper respiratory infections are by far the most prevalent with skin conditions being the second and diarrheal infections the third. Worth noting, mumps being a new condition recently in the country, are forth.

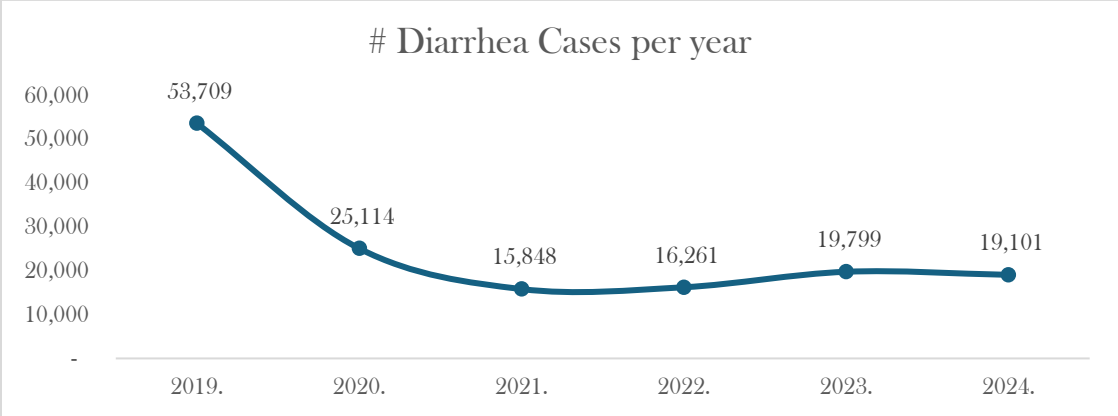
Figure 4.2: Top Ten Leading Causes of Outpatient Department Among Children Under 5 years in 2024



Diarrhoea

Diarrhoea is among the leading causes of mortality in children under five years of age, yet it is preventable. Some of the factors that contribute to mortality is delay in seeking medical care. In 2021 cases seen were 15848, in 2022 cases seen were 16261, in 2023 cases seen were 19799, and in 2024 cases seen were 19101. There was a slight decrease of diarrheal cases in 2024. Contributing factors can be the rainfall received in the country in 2024.

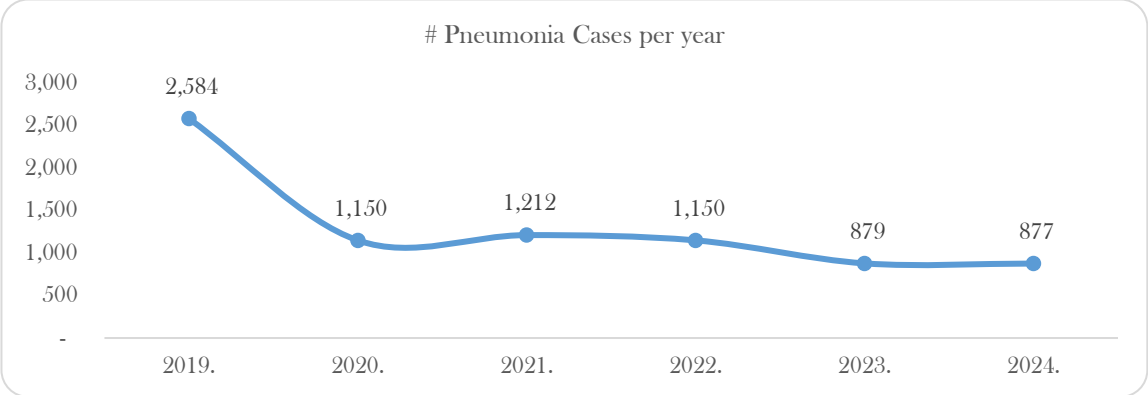
Figure 4.3: Number of Diarrhoea Per Year Among Children Under 5 years from 2019 to 2024



Pneumonia

The graph below displays the trend on cases of pneumonia among under 5 children seen in OPD from 2019 – 2024. In the year 2019, the number of children presenting with pneumonia was as high as 2584. The number of pneumonia cases has been dropping since then, possibly because of COVID-19 precaution measures. This reporting year 2024, a total number of 877 of pneumonia cases were recorded as shown below.

Figure 4.4: Number of Pneumonia Cases Among Children Under 5 years per year from 2019 to 2024



4.1.4 Expanded Program on Immunization

In 2024 the programme managed to develop the following:

- Developed cold chain supplies, vaccine procurement and vaccine management standard operating procedures
- Effective vaccine management Standard Operating Procedures (SOPs) developed for deployment of vaccines across all levels of the supply chain
- Developed and coasted a 5-year Effective Vaccine Management Assessment Comprehensive Improvement Plan (CIP)
- Terms of reference, operational framework, and functionality matrix developed for the constitution of national and sub-national logistics working groups
- Strategy to reach zero-dose and under-immunized children and communities, catch-up on missed children and scale up HPV and other life-course vaccines 2025-2026.

Vaccine Preventable Disease surveillance

Polio surveillance: Eswatini established environmental surveillance sites in all four regions of the Kingdom where samples are collected monthly. For the month of September 2024, samples taken from Nhlambeni and Ngwabi environmental surveillance sites (in Manzini and Shiselweni regions) appeared to contain Polio viruses.

The country is also monitoring the occurrence of any polio like disease by reporting any child reporting to facilities with sign and symptoms of Acute Flaccid Paralysis (AFP) since the country is on Poliomyelitis eradication phase. Table below shows AFP surveillance; all 10 AFP cases reported, tested negative to polio virus.

Table 4.1: Acute Flaccid Paralysis surveillance by the end of 2024

Region	Population Under 15 years	Expected Number of AFP Cases	AFP Cases Reported
Hhohho	128 029	2	1
Lubombo	85 483	2	4
Manzini	142 918	3	4
Shiselweni	76 393	2	1
National	432 823	9	10

Other EPI activities conducted

- Demand creation - Conducted 4 clinic health days at Nkalashane, KaMfishane, JCI and Mambane (screened 1,966 people and out of this, 237 were adolescents and 235 under-fives) and implemented Africa vaccination week 2024 plan- AVW Commemoration at Shiselweni, KaMboke yielding to: 767 people reached with integrated PHC services and Health information on different topics, amongst this number 113 under-five and 103 adolescent girls
- Conducted supportive supervision and active disease surveillance in all four regions and all public health clinics including hospitals and health centres were visited. Main challenge was vaccine stock outs, unstable cold chain system conditions i.e. nonfunctional refrigerators and disrupted or no outreach services
- Conducted an integrated school base campaign where 7,068 girls' age 9-14 years reached with HPV vaccine; 1,191 learners with Covid-19 vaccine and 57003 took Deworming tablets.
- 463 health care workers trained on vaccine management, VPD surveillance and cold chain systems
- Introduced IPV2 in October 2024 to mark Eswatini commitment to eradication of polio.
- Conducted Measles Rubella switch assessment to inform future vaccine introduction

4.1.5 Rural Health Motivators Programme (RHM)

The primary role of RHMs is to conduct household visits to carry out health education, household assessments, identification and referrals of clients requiring services from the health facilities. Figure below shows a trend analysis of household's visits by RHMs during the reporting period. On average, 30,000 households are reached by RHMs per month and cumulatively reaching about 278,000 households in year. The graph shows a slight decline in the number of households reached when compared to previous years because of the ongoing RHM exit implementation. However there has been an improvement in the reach of clients despite the shrinking numbers of RHMs. The Program has trained 107 new RHMs in 5 constituencies and continues to work with community leadership to replace the exited RHMs.

Figure 4.5: Number of Households Visited by Rural Health Motivators by Month

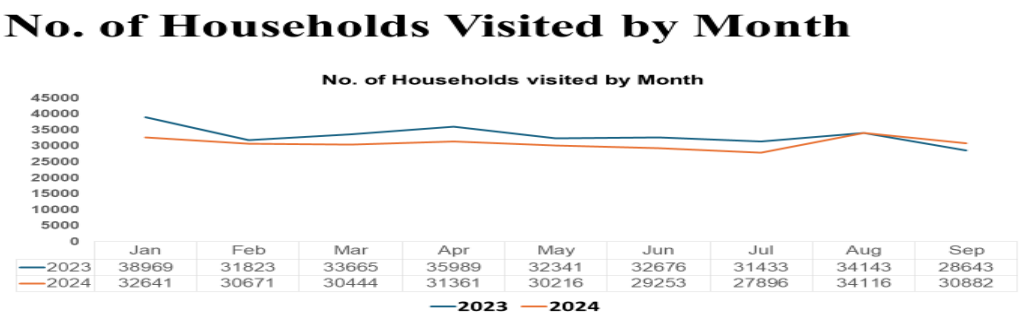


Figure 4.6 Number of Clients Visited by Month

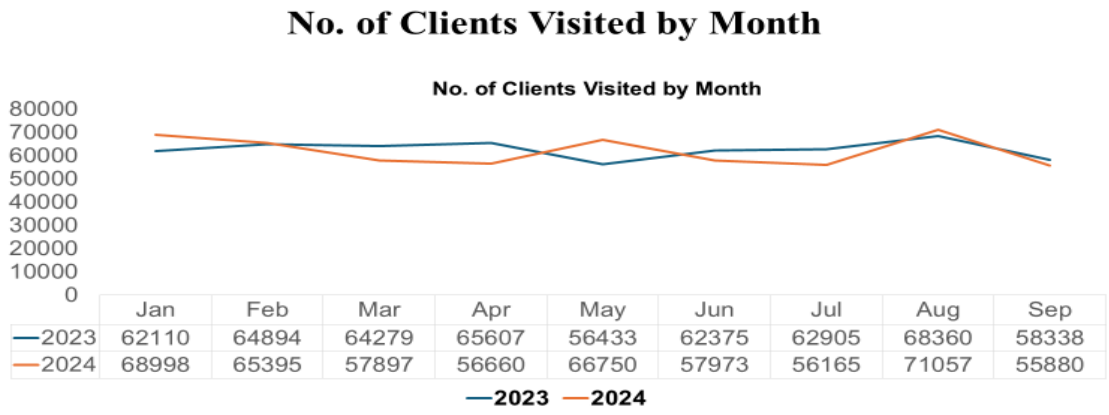


Photo showing 57 RHMs Pre-service graduation for Kwaluseni, Manzini South, Manzini North and Ludzeludze at Zakhele Sports Ground

Other Activities Conducted by RHMs

- **Development of digital Community Based Health Information System.**
  The Program in collaboration with the Strategic Information department through support of the World Bank, has developed a digital Community-Based Health Information System (CBHIS). This system is specifically tailored to meet the unique needs of community health workers, who are often the first point of contact in rural and underserved communities.

- **Development of Clinitouch Digital Application**
  The Program in pursuit of strengthened availability and quality data for programming and policy, collaborated with EGPAF and Spirit Health Foundation to develop a remote digital platform, Clinitouch that will be installed across health facilities and RHMs, to enable the maternal and newborn health initiative. This platform seeks to improve the RHMs service delivery on maternal and child health by screening clients and linking them with the health facilities. The Clinitouch Digital Application will be piloted in one constituency and lessons learnt will enhance development of the CBHIS to integrate the key interventions on maternal and child health. During the reporting period, the Program managed to conduct stakeholder engagements.
- **Development of Pandemic Preparedness Module for Community Health Volunteers**
  The Ministry in partnership with CANGO through Global Fund support developed pandemic preparedness training package for community-based health volunteers towards strengthen their capacity on surveillance, early detection, response and ensuring continued of basic health services in emergency situations. Consequently, a training of Trainer reaching / 100 was conducted in the four regions. These trainers will cascade trainings to the community level through training of CHWs in selected constituencies.

4.2 Communicable and Non-Communicable Diseases

4.2.1 Communicable diseases

HIV and AIDS

The programme's vision is to advance Universal Health Coverage (UHC) through integrated Primary Health Care (PHC), aiming to eliminate HIV, Viral Hepatitis, and STIs by 2028, aligning with global fast-track targets and the goal of ending AIDS

Policy/Strategy/Standard Operating Procedure Changes

- National HIV Strategic Plan 2024-2028: Launched to guide and implement the HIV response.
- PrEP Guidelines: Finalized and distributed, it includes new products like the Dapivirine Vaginal Ring and Cabotogravir (CAB LA).
- An Implementation Plan developed: To Support the introduction and scaling up of new PrEP products in a phased approach.
- Integrated Sexually Transmitted infections and Viral Hepatitis guidelines: Development and pending validation
- Integrated HIV Management Guideline Addendum: Addresses gaps in 2022 guidelines and includes the following:
  - VMMC: *Expanded Nurse Eligibility*: Allows all nurses with a bachelor's degree to perform VMMC procedures.
  - Post-Exposure Prophylaxis: For high-risk babies to reduce mother-to-child transmission.
  - *HIV Testing Services: HIV Self-Testing (HIVST) Screening*: Implemented to improve testing efficiency. *Targeted Testing*: For high-risk key and priority populations.

Lowered Age of Consent: For HIVST from 16 years to 12 years. *HIV Drug Resistance Testing*: Required for all clients who test HIV positive on PrEP.

- Care and treatment: *Pretreatment Viral Load Testing*: For all ART-naive clients. Lowered Suppression Threshold: From <1000 to <200 copies/ml.
- HIV/TB: *Cryptococcal Meningitis Screening*: For clients with a CD4 count <200 cells/mm³.*VISITECT Platform*: Introduced for baseline CD4 testing.
- Advanced HIV disease SOP: Developed Advanced HIV disease standard operating procedures (SOPs)
- Mental Health Screening: Required at baseline and annually for all PLHIV on ART.

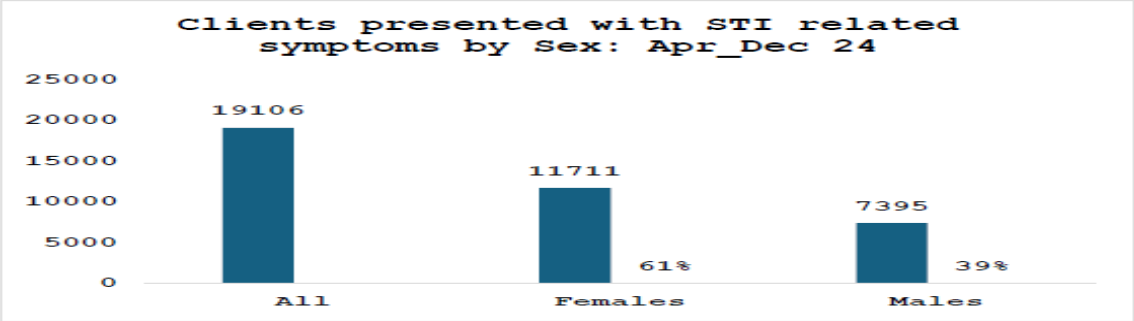
- Integrated HIV Management Guideline job aid: Developed and distributed for health care workers to aid implementation.

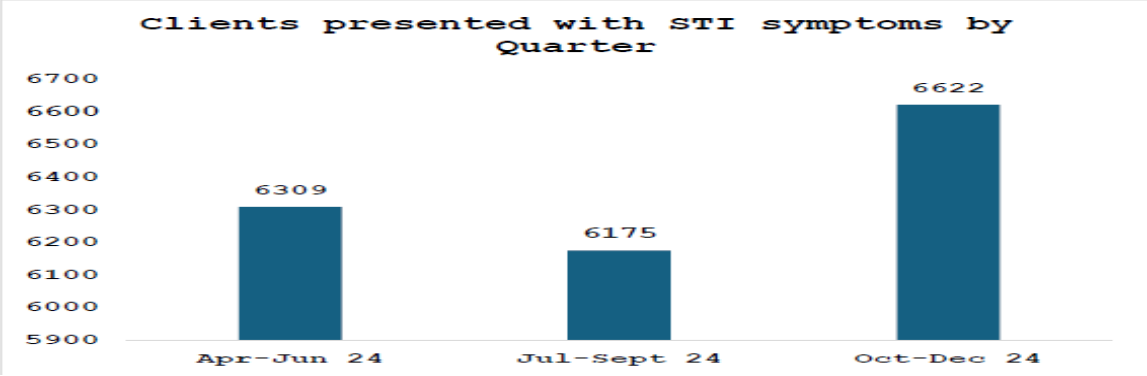
Performance of the Eswatini National AIDS Programme

i. HIV Prevention

- *Sexually Transmitted Infections:* The data provided below show the number of clients who presented with sexually transmitted infection (STI) symptoms, broken down by sex and by quarter for the period April to December 2024. A total of 19 106 clients presented with STI-related symptoms, 11 711 were females accounting for 61% of the total cases while males were 7 395 and represented 39% of the total cases. This indicates a higher incidence of STI symptoms reported among females compared to males during this period. The data suggests a seasonal trend, with the highest number of cases reported in the October to December quarter.

Figure 4.7: Number Of Clients Presenting with Sexually Transmitted Infections Related Symptoms

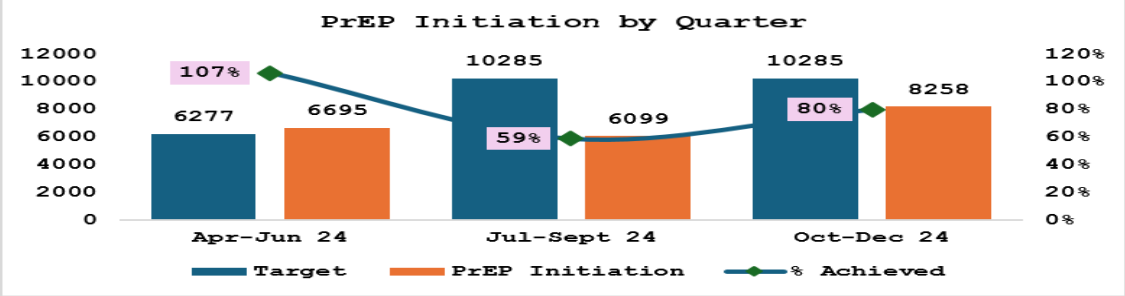




- *Pre-exposure Prophylaxis (PrEP):* The graphs below show that between April and December 2024, 21,052 individuals were initiated on PrEP, representing 78% of the overall target of 26,647. Although this indicates substantial progress, a gap exists in achieving full target realization. The total achievement of 78% indicates progress but also underscores the need for sustained efforts to reach the remaining 22% of the target.

- *Voluntary Medical Male Circumcision (VMMC):* To achieve the benefits of VMMC, the country aims to circumcise at least 80% of all eligible males by 2028. As depicted by Figure 3 below, From April to December 2024, a total of 3,614 males were circumcised, representing a 3% decline compared to the same period in 2023. August recorded the highest number of circumcisions (688) which is attributable to back to school campaign, while December had the lowest (209). Overall trend performance fluctuated throughout the year, with a significant peak in August and a sharp decline towards December. Most months did not meet the set target, except for August.

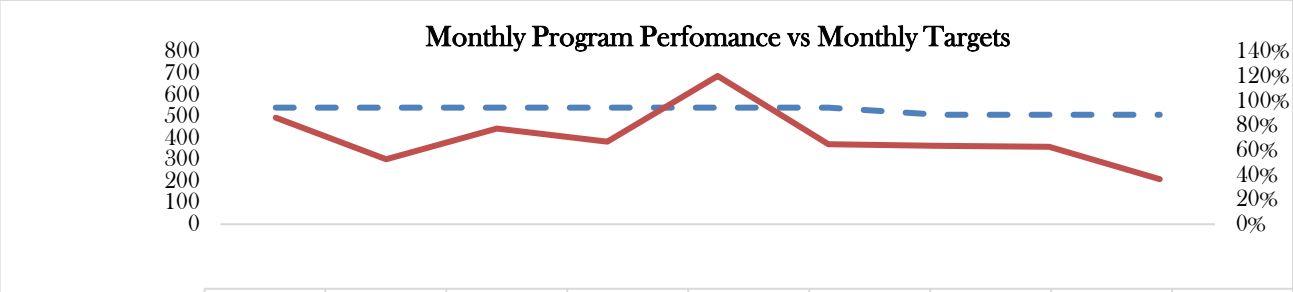
Figure 4.6: Pre-Exposure Prophylaxis Initiation by Quarter



Priority age group	PrEP Initiation Target	PrEP Initiation	% Achieved
AGYW 15-24 yrs	8578	3300	38%
Women 25-34 yrs	6869	5268	77%
Men 15_34 yrs	5618	4377	78%
FSW	1443	1078	75%
MSM	585	845	144%
PWIDs	60	161	268%
TG	15	16	107%

Data Sources: HMIS 2024

Figure 4.7: Number of Clients Circumcised



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24
Target	541	541	541	541	541	541	508	508	508
MC done	494	302	444	383	688	371	364	359	209
% Achieved	91%	56%	82%	71%	127%	69%	72%	71%	41%

Highlights:

- **Quarterly Variations:** The significant drop in performance during the July to September quarter highlights the need to investigate potential causes such as programmatic challenges or external factors impacting service delivery such as the stock out of the HIV testing kits.
- **Targeted Interventions:** The underperformance in AGYW 15-24 years suggests a need for tailored strategies to enhance uptake in this vulnerable group.
- **Success in MSM and PWIDs:** The exceptional performance in MSM and PWIDs groups suggests that targeted interventions in these groups are effective and could serve as models for other demographics.

ii. HIV testing services, care and treatment (Antiretroviral therapy (ART))

- *Routine Testing:* Conducted for ANC, TB, FP, and STI clients, with paper-based tools replaced by HIVST to ensure comprehensive case coverage. Focused Efforts: Increased testing for females (15-24) and males (20-34) in OPD and VCT, with index testing prioritized for new cases, children of PLHIVs, and virally unsuppressed clients. A total of 178,347 individuals were tested, with 5,384 testing HIV positive.

- *Care and treatment:* All positive cases were linked to lifelong antiretroviral therapy to maintain undetectable viral loads, ensuring good clinical outcomes and reducing HIV transmission. As of December 2024, an estimated 226596 people are living with HIV in the country. Out of these, 219797 individuals are aware of their HIV status, and 217254 are receiving antiretroviral therapy (ART). Among those on ART, 190,742 are virally suppressed.

- *Integrated Services:* HIV services were integrated with TB, NCDs, family planning, cancer, and mental health services.

Table 4.2: Key performance indicators for the Eswatini National AIDS Programme

Thematic area	Strategy (as reflected in the NHSSP 2019-2023)	Key Indicator	Target for 2024	Achievement for the of 2023-24 (about the key indicator)	Achievement for the first quarter of 2024-25 (about the key indicator)	Activities undertaken during the first quarter (not more than 3 per thematic area)	Progress/ Comments
Prevention and control of communicable and non-communicable diseases	To increase the proportion of PLHIV who know their HIV status	Percentage of PLHIV who know their HIV status	**95%**	**97.2%**	**97%**	Targeting key and priority populations for HIV testing, HIVST kits distribution -Index testing	All these interventions led to a 0.3% positivity among those tested for HIV however was lower than the previous year
	To increase the proportion of people living with HIV who are on ART	Percentage of people with a known HIV+ status receiving ART	**95%**	**99.5%**	**98.8%**	-IMAI/NARTIS training for HCWs -early ART initiation strategy for newly diagnosed -Enrolment on LCM: -provide follow-up reminders via phone calls for upcoming appointments.	The percentage of people with a known HIV-positive status receiving ART decreased slightly by 0.7% from 99.5% to 98.8%.
	Increased viral load suppression rate	Percentage of people receiving antiretroviral therapy that are virally suppressed	**95%**	**98.3%**	**98.4%**	-Improve community peer support including teen clubs, involvement of caregivers, -differentiated service delivery & integration of services - use of automated machines,	Achieved 98.4 % viral suppression for pediatrics 0-14yrs while adolescent girls and young women remain at 76%. more females than males received a viral load test in 2024 with 81% and 91 viral load coverage respectively.

HIV /TB

TB preventive therapy (TPT) is one of the interventions aimed at reducing TB infection among PLHIV. By September 2024, 83% of PLHIV had ever received TPT. The program will continue improving TB collaborative activities among PLHIV.

Other Achievements for Eswatini National AIDS Programme

a) Pre-Exposure Prophylaxis (PrEP)

- *Injectable PrEP (CAB LA):* Over 15,000 vials of CAB LA were received through PEPFAR and introduced in 22 facilities.
- *PrEP Rings*: 78,550 PrEP rings were supplied via the Global Fund and is currently offered in all oral PrEP sites (206) following training of healthcare workers (HCWs).

b) Voluntary Medical Male Circumcision (VMMC)

- *Integration with Central Medical Stores (CMS):* VMMC commodities are now monitored through CMS for supply, consumption, and storage.
- *New Service Site:* VMMC services were introduced at Mbabane Government Hospital, enhancing access and strengthening the referral system for complicated cases.

c) HIV Testing Services (HTS)

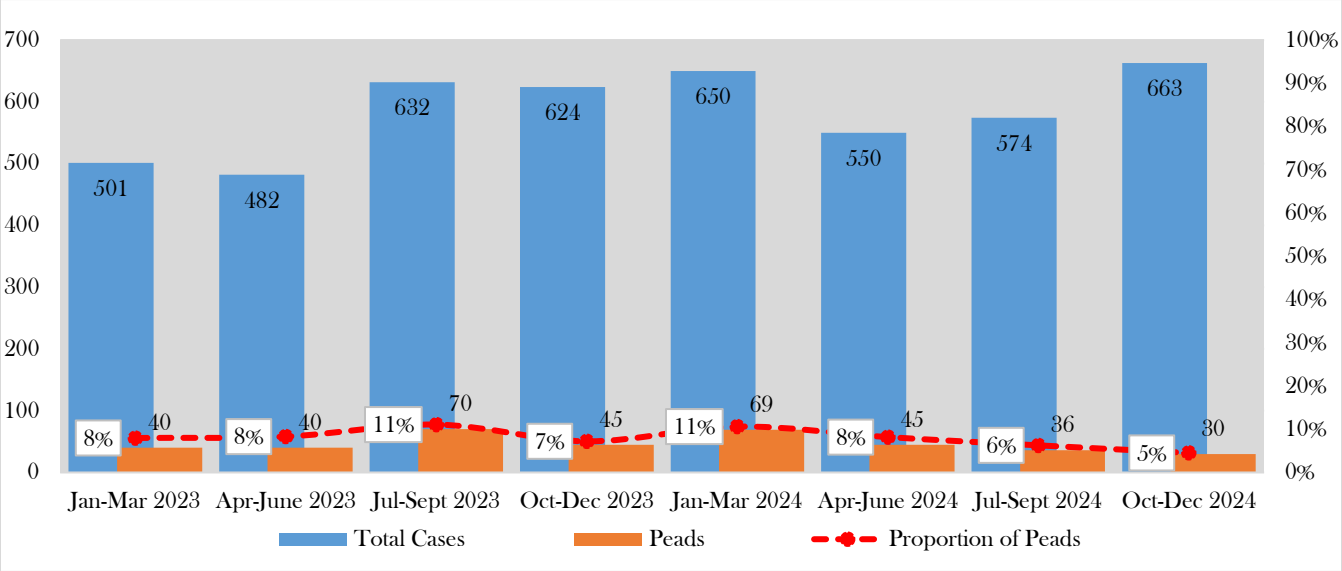
- *Operational Manual:* Developed and completed an HTS operational manual outlining all current HTS strategies.
- *HIV Self-Testing (HIVST):* A blood-based HIVST protocol was approved by the Ethics Board, integrating it into routine services to increase testing options for targeted populations.

Tuberculosis

TB Notification Trend by Age

The Programme currently implements a targeted active case finding and TB contact tracing in communities to supplement efforts of intensive case finding at the facility level. In 2022 the country witnessed a rebound in TB case notification resulting in an increase in the Treatment Coverage rate; from 47% (2021) to 53% (2023). Childhood TB cases have remained steady at about 8% in 2023.

Figure 4.8: DSTB Notification Trends January 2023-December 2024



TB Notification Trend by Bacteriological Confirmation

Figure below shows the proportion of bacteriologically confirmed TB cases nationally, displaying a significant upward trend over the observed period. In December 2023, the proportion of confirmed cases stood at 43%, experiencing a notable increase to 72% by the end of September 2024. This rise can be attributed to the improved availability of TB diagnostic supplies, which has enhanced the capacity to confirm cases accurately. The increase in bacteriologically confirmed TB cases indicates the efficiency and effectiveness of the national TB program's diagnostic efforts. This upward trend in confirmation rates suggests that more TB cases are being accurately diagnosed and subsequently treated, contributing to better overall TB control and management within the country.

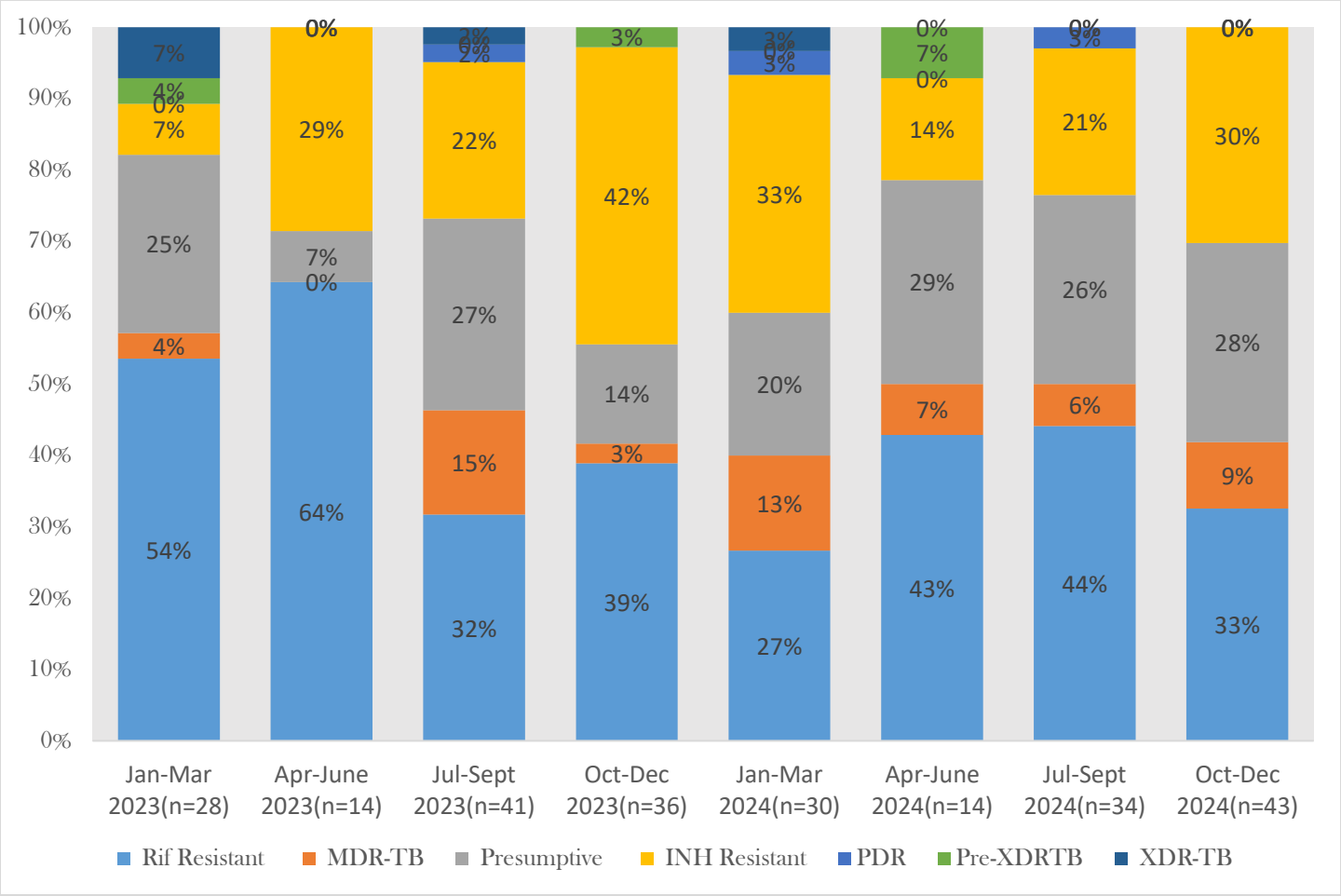
TB Treatment Outcomes

TB treatment outcomes are evaluated 12 months after TB treatment initiation. Figure 4 illustrates the treatment outcomes for drug-susceptible TB (DSTB) cases reported from January 2023 to December 2024. The data show a notable improvement in treatment success, with the figure standing at 85% from July to December 2024—this represents a commendable 4 percentage point increase from the lowest achievement in April-June 2024. Despite this progress, the death rate remains a concern. Although it has decreased by 1 percentage point, it still hovers at 9%, which is above the WHO-recommended target of less than 5%. In response to this, the TB program has enhanced its mortality review process, now extending these reviews to include all TB patients, not just those with drug-resistant TB (DR TB). This expanded review aims to identify and address the causes of death more effectively, learning from the successes of the DR TB mortality reviews.

DRTB Enrolment by Resistance Type

The enrolment of patients into different DR-TB regimen categories between January 2023 and December 2024 is depicted in the figure below. The diagram categorizes patients into eight main DR-TB resistance patterns. The data for the period January-September 2024 reveals the distribution of patients across these categories, highlighting the challenges and efforts in managing drug-resistant TB. The categories include patients with mono-resistance, poly-resistance, multidrug-resistance (MDR-TB), pre-extensively drug-resistant TB (pre-XDR-TB), and extensively drug-resistant TB (XDR-TB), among others. Each category presents unique treatment challenges and requires tailored therapeutic approaches.

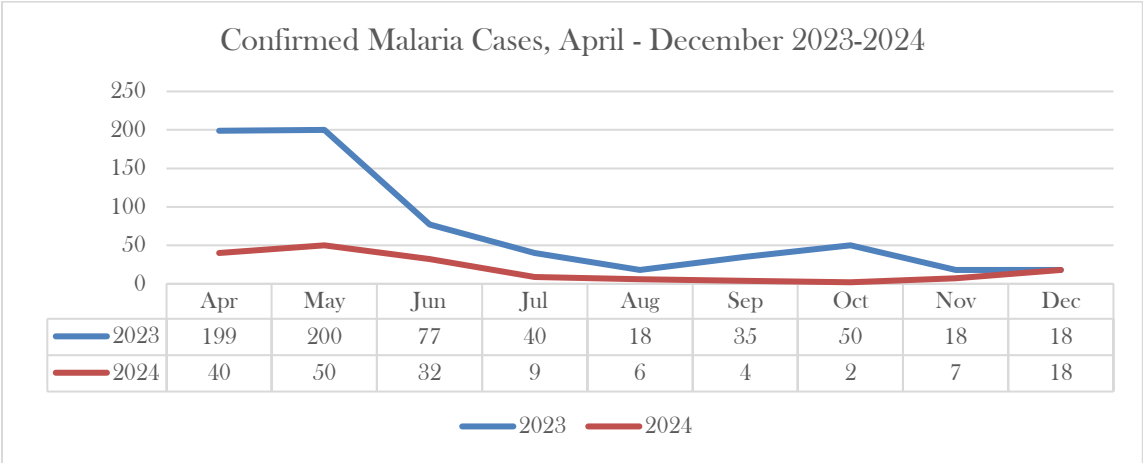
Figure 4.9: Proportion of DRTB by Resistance Pattern January 2023-December 2024



Malaria

Malaria cases update: for the period under review, 168 cases were reported by the different Health Facilities in the country. Of these cases, 97(58%) were locally transmitted, whilst 61(42%) were imported. Comparing to the same period 2023, there is a 75% reduction in the number of cases of cases reported as seen in the graph below:

Figure 4.10: Confirmed Malaria Cases from April to December 2024 and 2023



4.2.2 Non-Communicable Diseases, Injuries and Mental Health Prevention and Control Programme (NCDMHI)

Non-Communicable Diseases, Injuries, and Mental Health (NCDIMH) are the leading causes of morbidity, mortality, and disability in Eswatini. By the end of 2022, 46% of deaths were attributed to NCDs, an increase from 38% in 2017. These diseases, which include cardiovascular diseases, cancer, diabetes, chronic respiratory conditions, Injuries, and mental health are placing substantial strain on the country's healthcare system and impeding socio-economic development efforts. Tackling the increasing burden of NCDIs and mental health requires a multisectoral approach that addresses the structural determinants of health, fostering equitable and supportive environments that enhance health for all.

The programme is spearheading the multisectoral task team in reviewing the Tobacco Products Control Act of 2013 and the Alcohol and Tobacco Levy (Amendment) Bill, aiming to shield the nation from the severe health, social, economic, and environmental impacts of alcohol and tobacco.

Eswatini STEPS Survey 2024 Results

The WHO STEPwise survey is a standardized approach (the Stepwise approach) ideally conducted every five years to assess trends in the prevalence of risk factors including health system response, service delivery, and uptake. The 2024 STEPS survey is the second nationwide survey, with the first conducted in 2014. The 2024 STEPS survey findings revealed a prevalence of 21.7% for high blood pressure and 3.7% for elevated blood glucose. The prevalence of risk factors was notably high: unhealthy diet at 84.7%, physical inactivity at 10.6%, alcohol consumption at 22.0%, and tobacco use at 11.0%. Additionally, 95.1% of participants reported not being involved in road traffic accidents. Among those who reported mental health issues and depression, the majority (84.0%) had not received treatment. Table 1 below presents a comparison of data from 2014 and 2024, highlighting the continued need to strengthen health systems by integrating NCDIs and mental health care into primary healthcare, enhancing public awareness and health promotion, and revising policies addressing risk factors.

Table 4.3: Comparison of NCD risk factors- 2014 and 2024

NCD RISK FACTOR Results for adults aged 18-69 years	PREVALENCE	
	2014	2024
Percentage who currently drink (drank alcohol in the past 30 days)	14.2%	22.0%
Tobacco use	6.9%	11.0%
Unhealthy diet	92.0%	84.7%
Physical inactivity	16.6%	10.6%
Obesity	22.9%	24.7%
Overweight	48.0%	51.6%
Cervical cancer screening	21.7%	65.9%
Raised blood pressure	26.1%	21.7%

Raised total cholesterol	11.6%	2.9%
Raised blood sugar	4.9%	3.7%
Cardiovascular (CVD) Risk	8.8%	14.1%

NCDIMH programme

i. Community NCD and mental health screening

During the period, a total of 35,269 people were reached in communities with education on the prevention, control, and management of hypertension, diabetes, and mental health. The media was also utilised to educate communities on NCDIMH and risk factors. The is still a gap in reaching communities with health education. Screening for NCD risk factors was conducted among 13,214 individuals, with 214 referred for hypertension and 183 for diabetes care. Resources need to be mobilized to have additional screening teams in the regions. Male-targeted community campaigns are the focus for the coming year as more women (64.4%) than men (35.6%) are screened.

ii. Clinical NCDMH data

The data represented below is sourced from CMIS representing only health facilities connected to the system.

Figure 4.11: Number of People Newly Diagnosed with NCDs from April to December, 2024

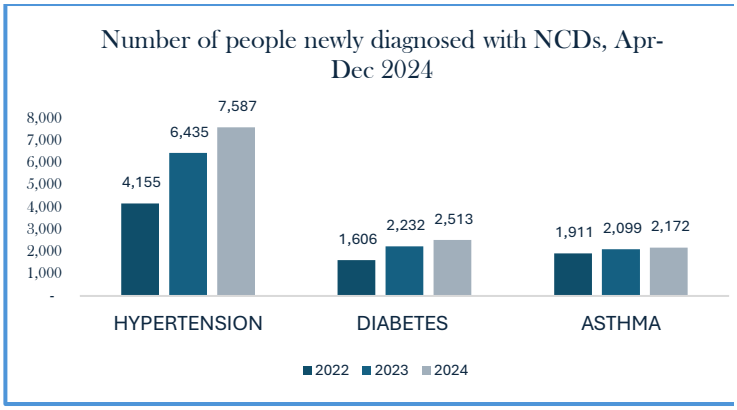


***Figure 4.11a**: Percentage of people newly diagnosed with NCDs initiated treatment, between April and December 2022-2024*

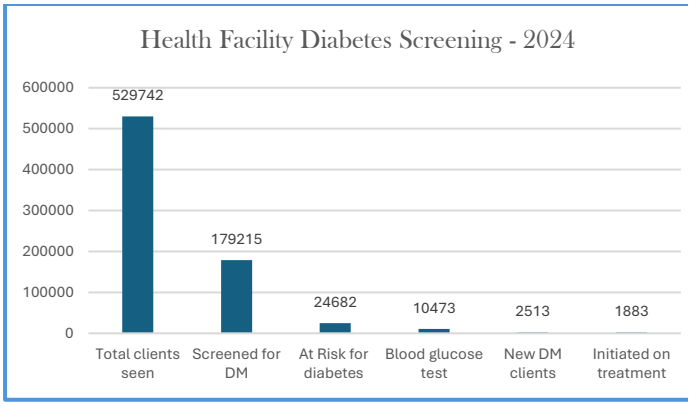


***Figure 4.11b**: Diabetes screening cascade-2024*

4.2.3 Neglected Tropical Diseases (NTDs)

The Eswatini National Bilharzia and Worms Control Programme, established in 1981, addresses neglected tropical diseases (NTDs) as recommended by the WHO. Through the NTD Masterplan, it promotes collaboration among various ministries and sectors. The Ministry of Health conducts mass deworming initiatives for school children to combat soil-transmitted helminthiasis and schistosomiasis. The program also involves case management for schistosomiasis, snakebites, and human rabies, supporting public health efforts in Eswatini.

Table 4.4: Total NTDs cases for April - December 2024 in Eswatini

2024										
Conditions	**April**	**May**	**June**	**Jul**	**Aug**	**Sept**	**October**	**November**	**December**	**Total**
Exposure to rabies	19	25	29	25	29	27	22	27	19	222
Snake envenoming	19	16	11	11	19	22	42	38	29	207
Lymphatic filariasis,	0	0	1	0	0	0	0	0	1	2
Scabies	475	423	318	389	374	283	272	307	254	2777
Taenia Solium and saginata	1	3	0	2	6	0	1	2	1	16
Schistosomiasis	82	96	90	105	94	62	13	12	90	644
Helminthiasis	823	698	760	114	128	75	213	192	131	3134
Leprosy	0	0	0	0	0	0	1	0	0	1

Table 4.5: Key Performance Indicators for Neglected Tropical Diseases from April to December, 2024

Thematic area	**Strategy (as reflected in the NHSSP 2024-2028)**	**Key Indicator**	**Target for 2024**	**Achievement for 2024-25**	**Achievement for 2024-25**	**Activities undertaken during the budget year 2024-25**	**Progress/ Comments**
Case Management	Ensure universal access to NTD chemotherapy	Number of individuals administered with control doses in the high-risk groups and in the adult population		Albendazole =46848 Praziquantel = 2980	**Bilharzia:** a) **Lab. clients** = 124 PQZ= 482 b) **HF.pts** =626 PQZ=2552 **Intestinal Worms:** a) **Lab. clients** =4903 ALB= 29418 **B) HF.pts** = 812 ALB= 4872	Scale up or down an integrated preventive chemotherapy program, including other complementary intervention strategies for STHs and Schistosomiasis.	
Surveillance, Monitoring and Evaluation, and Operational research	Transform NTD Surveillance into a Core Intervention, Monitoring & Evaluation	Number of NTDs cases diagnosed and reported	(**This data is for the Lab only)**	# Of Schistosomiasis treated =124 # Of Soil-transmitted helminthiasis treated = 4903	**Bilharzia:** a) **Lab. clients** = 124 b) **HF.pts** = 626 **Intestinal Worms:** a) **Lab. clients** = 4903 b) **HF.pts** = 812	Strengthening access to diagnosis and reporting of all NTDs	

4.3 Environmental Health Services

The overall objective of the Environmental Health Department is to provide all environmental health activities that are aimed at reducing and possibly eliminating morbidity and mortality resulting from environmental conditions and zoonotic diseases transferable to man. The Environmental Health cadre has a portfolio mandate of assessing, correcting, controlling and preventing factors in the environment that potentially affect adversely the health of present and future generations.

The Environmental Health Department has developed and completed a number of regulations for effective implementation of Environmental Health Services and currently awaits their approvals. These include the Draft Sanitation and Hygiene regulations, Draft Drinking Water Quality Regulations, Draft Food Safety Regulations and Draft Health Care Waste Regulations. The Department has also developed a Health Care Waste Strategy 2024/28. The department is in a process of developing it first Environmental Health Strategy, 2025-2030 under the Health Systems Strengthening Project.

4.4 Health Promotion

Health promotion interventions are essential in order to effectively address specific national public health problems including Promoting healthy lifestyles: encourage healthy behaviors such as regular exercise, balanced nutrition, and avoiding harmful substances like tobacco and excessive alcohol, preventing diseases: educate the public about risk factors for common diseases and promote preventive measures like vaccinations and screening, empower individuals: providing individuals with the knowledge and skills to make informed decisions about their health and take control of their well-being as well as Reducing health disparities: addressing the unique health needs of vulnerable populations and work to eliminate health disparities based on factors like socioeconomic status, age, race and gender.

Health Promotion as one of the pillars of primary healthcare in Eswatini has looked into strengthening collaboration with programs and partners. This approach can significantly contribute in the prevention and control of communicable and non-communicable diseases. Through health promotion, individuals and communities are empowered to take greater control of their health and its determinants. Prevention of the onset of diseases can limit the need for large amounts of medication for our clients.

Other Achievements of the Health Promotion

- Received a screening truck from the LISTEN project, shall assist during community engagement activities where some other programs need to screen clients.
- Receiving a P.A.S system through Global Fund to assist during Community Engagement activities.
- Held a breakthrough in having arrangements with some churches who now call the Health Promotion Officers to conduct health education in the churches. (AME Church, Conference of Churched in Manzini region, Church of God of Prophecy)
- Collaboration with EWADE in a wellness campaign for her staff

Table 4.6: Key Performance Indicators for Environmental Health Department

Thematic Area	Strategy (as reflected in NHSSP)	Key Indicators	Target for March 2025	Achievement for April to December 2024	Achievement for April to December 2023	Key Activities undertaken from April to December 2024	Progress/ Comment
Water Supply, Sanitation and Hygiene	Accelerated sanitation and hygiene coverage through participatory approaches	End open defecation	Support households to construct 9120 VIP latrines	1837 completed ventilated improved pit latrines (VIP) as follows; - Hhohho: 282 Lubombo :363 Manzini – 452 Shiselweni -740	1772 completed ventilated improved pit latrines (VIP) follows; - Hhohho-443; Lubombo – 557; Manzini – 427; Shiselweni - 345	-Community mobilizations -Hygiene awareness campaigns -Establishments of WASH committees	There 102 mobile toilets procured for national event
			Construction of inclusive sanitation facilities in 36 schools and 4 clinics for the World Bank Supported project	Four contractors have been engaged to construct sanitation facilities in 36 schools and 4 health facilities at Hosea, Shiselweni I and Zombodze	Development of terms of reference and tender evaluation.	-Contract negotiations -Contract signing -Supervision of contractors	This activity is done in collaboration with the Ministry of Education and Micro Projects Programme
			Provide safe running water in five health facilities.	No progress due to lack of funds	Government allocated budget for this activity and part of it to be transferred to Micro Projects (Implementing partner)	Process for transferring funds initiated	Delayed transfer of funds to Micro Projects
Food Hygiene, Safety and Meat Hygiene	Comprehensive Monitoring of food and drinking water quality	Number of food outlets inspected	Conduct 2000 shop inspections in the whole country	2358 Business premises inspected	N/A	-Awareness campaigns -Joint inspections -Shop inspections	The shop inspections were as follows: Hhohho = 340 Manzini = 655 Shiselweni = 453 Lubombo = 910
	Inspection of food animal	Number of inspected food animals slaughtered for sale	Inspect all food animals slaughtered for sale (100%)	18464 food animals inspected	N/A	-Inspection of all slaughtered food animals -Awareness campaigns	The food animals inspected are as follows: Hhohho = 2119 Manzini = 1315 Shiselweni = 1662 Lubombo = 13368
Built	Ensure and	Functional	Establish a	-Vendor to supply	-Treatment	-Engagements of	-Project period extended

Environment, Environmental Protection and Management	maintain environmental integrity and safe working environment in health facilities	centralized health care waste treatment plant	centralized health care waste treatment facility	the High-Tech Incinerator engaged by Global Fund -Structural designs and site preparation ongoing	Technology identifies -Procurement of treatment technology ongoing	consultant to revise specification	from 2024 to 2025 -The project is supported by Global Fund.
Port Health, Insect, Vector and Rodent Control	Comprehensive diseases prevention, control and timely interventions	-Number Points of Entries with installed passport scanners	Install passport scanners in 8 points of entries.	-12 passport scanners installed in po (Ngwenya 3, Mahamba:2, Matsamo: 1, Mananga:2, Lomahasha:1, Lavumisa:1, KMIII:2 and Mhlumeni:1)	- 9 technical meetings conducted -2 assessments conducted	-Bilateral meetings -high level meeting with immigration, ERS and the Police on passport scanners	
Policies and Regulations	Review and Development of relevant policies and regulations	Environmental Health Strategy in place	Develop an Environmental Health Strategy	-Secured funds for the development of the strategy		-Mobilization of funds -Stakeholders engagements	This activity is supported under the health systems strengthening project.

Table 4.7: Key Performance Indicators for the Health Promotion Unit

Thematic area	Strategy (as reflected in the NHSSP 2019-2023)	Key Indicator	Target for March, 2025	Achievement for April to December 2024	Achievement for April to December 2023	Key Activities undertaken from April to December 2024	Progress/ Comments
Social Behaviour Change Communication (SBCC)	Promote **Demand** and Responsiveness for essential services	Number of community engagement activities conducted in the different regions	40 community engagement activities	Conducted 23 community engagement activities.	Conducted 14 community engagement activities.	1. Community Engagement activities were conducted in different area in the country in areas like Lunkuntu, Luhlendlweni, Ntuthwakazi, KaMbhoke, ENtfonjeni, Shewula, Dvudvusuni, Ntontozi Sigangeni, 2. Conducted community engagement activities on Mpox sensitization and HPV vaccine sensitization.	Integration of the different health programs (Cancer, NCD, Malaria, ENAP, EPI Nutrition Council, Blood bank makes the public appreciate the activities.
		Number of Radio and television shows conducted	The target for this period 144 radio shows and 24 television shows	108 radio programs (32 EBIS pre-recorded, 40 EBIS live and 36 VOC live programs) and 27 TV shows	72 radio shows and 12 television shows	Coordination of different speakers for the radio and television programs and adhering to relevant topics as per WHO calendar of commemorated days.	We were able to solicit some space for a program at the VOICE OF THE CHURCH radio station.
Health Information development and communication.	Promote **Demand** and Responsiveness for essential services	Successful development and dissemination of needed Information, Education and Communication (IEC) materials	Being able to come up with messages in response to any emergency that may arise and Development of mental health IEC material and material on the dangers of tobacco.	Development of HPV vaccine posters, deworming posters, MPOX posters and HIV prevention and management messages.	Continued to distribute messages on cholera prevention.	1. Formulation and pre-testing of IEC material on HPV vaccines, Deworming MPOX, HIV prevention and management posters 2. Distribution of 4000 HPV and Deworming posters to the schools during a social mobilization activity. 3. Running of the Health Promotion Facebook page. 4. Formulation and airing of 9 radio jingles on different topics	Collaboration with partners who assist in the workshops for the development of these materials. (UNICEF, WHIO, PSI, EGPAF and Georgetown University)

CHAPTER 5: MEDICAL EMERGENCIES

5.1 Emergency Preparedness and Response (EPR)

EPR leads the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters. The health of EmaSwati during public health emergencies and other incidents depends on the effectiveness of preparedness, mitigation, response, and recovery efforts.

5.1.1 Service Pillars

MOH 977 Toll-Free Emergency Medical Call Centre

- **Total Calls Received** – The system received a total of 427 187 calls during the period
- **Emergency Calls (Critical Calls)** –of these 427 187 calls, 53 778(12.6%) calls were classified as emergency calls (Critical Calls) that require emergency evacuation.
- **Emergency Calls (Critical Calls) attended** – Out of 53 778 only 48 101 (89%) were successfully evacuated in the reporting period resulting in transportation to an emergency department (ED) and non -the response rate was 11%.

Preparedness

The department is implementing a Health Emergency Preparedness & Response Project through World Bank support that addresses the following.

- Strengthening the surveillance system and enhancing analytical capacity for real-time rapid reporting and analyses of surveillance data focusing on One Health Surveillance
- Supporting National Health Risk Assessments
- Supporting simulations to regularly evaluate and enhance health emergency preparedness
- Preparing and equipping the health system and facilities to respond to future health emergencies
- Strengthening capacity for national health emergency rapid procurements
- Strengthening the capacity of frontline health workers to respond effectively to victims of violence.

Progress

- The country developed the National Health Emergency Response Operational Plan (NHEROP) to prepare the health sector to respond to emergencies, a key requirement of the International Health Regulations. The plan describes how the health sector structures and organizes itself for emergency response, roles, responsibilities, systems, and mechanisms for emergency response within the health sector, and documents the linkages to other sectors and authorities that are necessary during the response. The emergency response plan covers all phases of an emergency response including activation, grading, operations, and de-escalation.
- The country received six (6) comprehensive kits of cholera which will be pre-positioned.

Immediate Disease Notification System -IDNS

The Ministry of Health has a fully functional Immediate Disease Notification System (IDNS) which serves as an alert and early warning system that triggers a rapid response following an incident. The system functions 24 hours. The IDNS received a total of **976** cases in the reporting period with a total of **71** Suspected Mpox cases, **9** Covid -19 cases, **201** malaria cases, **292** perinatal deaths, **17** Maternal Deaths, **10** Acute Flaccid Paralysis, **6** Suspected Typhoid Fever, **136** suspected measles,**89** Suspected Severe Food Poisoning, **47** Suspected Human Rabies, **17** Adverse Events Following Immunization and **81** snakebite cases.

Strategic Toolkit for Assessing Risks

The Government of Eswatini, led by the MoH, carried a Strategic Toolkit for Assessing Risks (STAR) tabletop supported by the WHO Country Office and the World Bank to minimize the start-up time of emergency response and be ready to respond. The STAR report has been validated.

Public Health Emergency Operation Centre - PHEOC

Considering the critical importance of PHEOC in the management of the health consequences of all public health emergencies, the following activities have been conducted during the first quarter.

- **Monkey Pox (Mpox), Cholera & Pandemic Influenza Readiness Status & other Humanitarian Crisis**
    - The presence of robust coordination structures i.e. the Public Health Emergency Operation Centre _PHEOC assists the country in transitioning from Watch mode to an Alert Level -24 hours for cholera, Mpox & Pandemic Influenza with intense monitoring by the Watch Staff
    - *Mpox & Cholera Readiness Status:* The country's readiness status for cholera & Mpox have been updated and shared, currently monitored
    - *Screening at Points of Entry:* The country has heightened screening for cholera, Mpox, and pandemic influenza in the designated points of entry
    - Sensitization of POE staff & stakeholders on mpox
        - Case Management
        - Dissemination of case management guidelines for mpox
    - Training & sensitization of healthcare workers on mpox
- **Humanitarian Crisis Situation at Malindza Camp**
  The Country's AVoHC SURGE Multi-disciplinary team was deployed to attend to the emergency at Malindza Refugee Camp and neighbouring places

Post Crash Care & Decade of Action

The Ministry in collaboration with the Eswatini Motor Vehicle Accident Fund -EMVA is implementing the fifth pillar of the Global Road Safety Decade of Action -Post Crash Care. This collaboration resulted in the Fund procuring eight (8) fully equipped ambulances (Advanced Life Support). The ambulances have been deployed to cover high accident-prone zones/ areas such as Malagwane, Mehlwabovu, Nkhaba -Motshane Road, Mafutseni -Mpaka Road etc.

A total of **1 044** Road Traffic Accidents (RTAs) were recorded in the Road Crash Immediate Notification System of 977. The highest number of Road Crashes occurred in Manzini region (**411**), followed by Hhohho region (**387**), Lubombo region (**153**) and the least Shiselweni region **(93**).

5.1.2 Emergency Medical Services & Response Recovery

Emergency Obstetric Care / Maternal Cases

A total of **8 046** maternal cases have been received in the reporting period. The highest number of recorded maternal cases were in the Hhohho region **(2 474**), followed by Manzini region (**2 1260**) Lubombo region **(1 935**), and the least was Shiselweni region (**1 377**). However, it must be noted that a total of **1 685** maternal cases were recorded as missed cases because they were not attended as a result of a shortage of fuel in the country as shown in the graph below

Heart-related conditions/ Suspected Cardiac Arrest

A total of **5 182** heart-related conditions have been recorded by EMS in the reporting period. The highest recorded heart-related conditions occurred in Hhohho region (**1 493),** Manzini region (**1 504**), Lubombo region (**1 142**), Shiselweni region (**10 43**) however, a total of **1 191** heart-related conditions were not attended in the reporting period because of lack of fuel in the country

Top six emergencies

In the reporting period, a total of **20 995** cases were recorded with obstetrics/maternal cases as the highest (**6 361**), Asthma/respiratory (**5 305),** Heart-related conditions (**3 991**), Diabetic conditions (**3 967**), Road Crashes (**1 044**) and **327** Urinary and Renal related.

Other medical emergencies

A total of **27 106** cases were recorded as other critical emergencies attended in the reporting period. The leading cluster was Trauma emergencies (**9 754**), Gastrointestinal (**5 410**), followed by Seizures/epilepsy (**5 120**), chronic conditions **(3 330**), Gynaecological conditions (**2 866**), and Inter-hospital Transfers (**626**) Non- Response Rate (NRR).

CHAPTER 6: MANAGING MEDICAL AND HEALTH CONDITIONS

6.1 Clinical Services

Clinical services are organised within the 5 levels of health service delivery ranging from lowest level community services (level 1), clinics (level 2), health centres (level 3), regional referral hospitals (level 4), and national referral hospitals (level 5. The services described at each level of the 5 levels enable proper planning and resource allocation with the aim of prioritising prevention and health promotion at all levels of the health care delivery system.

6.1.1 Key Performance Indicators for Hospitals and Health Centres

The key performance indicators for hospitals and health centres for April to September, 2022 are described into 5 broad areas:

- **General Indicators**: these include bed capacity, staff numbers, number of OPD visits, number of admissions and discharges, number of deaths
- **Efficiency of clinical service delivery**: these include bed occupancy rate and average length of stay.
- **Effectiveness of clinical service delivery**: these include caesarean section rate.
- **Quality of clinical service delive**ry: these include death rate, maternal mortality rate and neonatal mortality rate.

6.1.2 General Information on Performance of Hospitals and Health Centres

General Indicators

- WHO recommends 5 beds per 1,000 population, while the public sector provides only 2.2 beds. Over 90% of the population relies on public facilities.
- Mbabane Government Hospital has the most beds (346), while Lubombo Referral Hospital has the least (21).
- Out-patient visits increased from 111,418 (April-June) to 114,817 (July-September). Mbabane had the highest admissions (3,809), putting pressure on its specialized services.

Efficiency of Clinical Service Delivery

- Optimal bed occupancy rates are 85-90%. The National Psychiatric Hospital's occupancy was dangerously high at 147%, while Nhlangano Health Centre was low at 15.89%.
- Mbabane Government Hospital had a high occupancy rate of 94% due to admission pressure, and Lubombo Hospital was at 80% with limited beds.

Effectiveness of Clinical Service Delivery

- The Caesarean Section Rate (CSR) is 20%, above the global average of 10-15%. Facilities like MGH and Hlathikhulu show rates above 20%, indicating inefficient resource use. The CSR should be reduced to align with global standards.

Quality of Clinical Service Delivery

- The Institutional Maternal Mortality Rate (IMMR) ranged from 0 to 217 per 100,000 live births, with Hlathikhulu Government Hospital having the highest rate.
- The Institutional Neonatal Mortality Ratio (INMR) ranged from 0 to 35 deaths per 1,000 live births, underscoring critical challenges in maternal and child health services.

Table 6.1: Performance of Hospitals from July to September 2024

INDICATORS	MGH	RFMH	HGH	MNGH	GSH	PPGH	NPH	LRH	MZGH
No. of Beds	346	279	275	226	225	220	225	20	30
No. of Doctors	72	34	11	11	18	13	4	5	6
No. of Nurses	264	302	106	94	167	92	60	34	50
No. of Allied Staff	54	84	37	19	28	24	7	13	26
No. of Support Staff	115	254	83	90	263	51	80	26	52
A. General Indicators									
No. of OPD Visits	49,182	92,624		48 938	24,881	42,341	14, 602	17, 352	5,245
No. of Admissions	11,620	2,712		2 161	5,904	4,715	1 002	181	333
No. of Discharges	11,302	2,338		1 896	5,585	4,625	748	133	245
No. of Deliveries	4625	3,300		1 851	2,903	1,970	n/a	n/a	n/a
No. of Deaths	561	649		151	153	156	5	19	49
No. of Maternal Deaths	2	1		0	1	0	n/a	n/a	n/a
No. of Neonatal Deaths	38	48		11	25	17	n/a	n/a	n/a
B. Efficiency of Clinical Service Delivery									
Bed Occupancy Rate (BOR)	92.25%	35%		58.5%	31%	41,2%	124%	50%	10.4%
Average Length of Stay (ALOS)	5.67days	8 days		5 days	4 days	4 days	75 days	4 days	4.9 days
C. Effectiveness of Clinical Service Delivery									
Caesarean Section Rate (CSR) (%)	25.40%	10%		24.4%	24.4%	30%	n/a	n/a	n/a
D. Quality of Clinical Services									
Death Rate (DR)	4.75%	5.3%		7.4%	2.2%	3.28%	2%	1.7%	14.7%
Institutional Maternal Mortality Ratio (MMR)/100,000 live births	43	30		0	34	0	n/a	n/a	n/a
Neonatal Mortality Ratio (NMR)/1,000 live births		14.5		5.9			n/a	n/a	n/a

Key: MGH (Mbabane Government Hospital), RFMH (Raleigh Fitkin Memorial Hospital), HGH (Hlathikulu Government Hospital), GSH (Good Shepherd Hospital), MNKH (Mankayane Government Hospital), PPGH (Piggs Peak Government Hospital), NTBH (National TB Hospital), NPH (National Psychiatric Hospital), LRH (Lubombo Referral Hospital), MZGH (Manzini Government Hospital).

Table 6.2: Performance of Health Centres from July to September 2024

INDICATORS	Emkhuzweni	Nhlangano	Sithobela	Dvokolwako	Matsanjeni
No. of Beds	62	92	90	46	57
No. of Doctors	3	9	3	4	4
No. of Nurses	42	72	64	63	42
No. of Allied Staff	22	23	17	9	48
No. of Support Staff	21	60	40	45	11
A. General Indicators					
No. of OPD Visits		62 684	21552	28 873	26 729
No. of Admissions		2 198	1865	593	1138
No. of Discharges		1 963	1593	269	1064
No. of Deliveries		978	711	246	573
No. of Deaths		52	63	22	51
No. of Maternal Deaths		0	0	0	0
No. of Neonatal Deaths		9	6	2	4
B. Efficiency of Clinical Service Delivery					
Bed Occupancy Rate (BOR)		59.7%	24.8%	29%	29%
Average Length of Stay (ALOS)		3 days	3 Days	5.3 days	4 days
C. Effectiveness of Clinical Service Delivery					
Caesarean Section Rate (CSR) (%)	n/a	n/a	n/a	n/a	n/a
D. Quality of Clinical Services					
Death Rate (DR)		2.6%	3.4%	3.7%	4.6%
Institutional Maternal Mortality Ratio (MMR)/100,000 live births		0	0	0	0
Neonatal Mortality Ratio (NMR)/1,000 live births		9	8	8	7

Nota Bene: NTBH patient's admission ceased, TB patients are attended at TB Centre and admissions are at Nhlangano Health Centre

6.2 Renal Unit

The MGH Renal/Dialysis Unit is a twenty-four (24) bed unit currently operated under a Public Private Partnership (PPP) between Ministry of Health (MGH) and Fresenius Medical Care SA. It is manned by a Nephrologist, a Physician, four (4) Medical Doctors, two (2) Supervisors with Critical Care Training, four (4) Nurses with Nephrology training, two (2) Critical Care Nurses, four (4) Registered Nurses and other support staff.

Table 6.3: Key Performance Indicators for MGH Renal Unit for July to September 2024

Indicator	**Performance for FY 2024/25**	
No. of Beds	12	
Unit manager	2	
Nurses	21	
Unit Admin	2	
Technician	1	
Caregivers	11	
A. General Indicators	**Chronic Dialysis**	**Peritoneal Dialysis**
No. of treatments	46 545	112
No. of Treatments Acute	754	N/A
No. of Admissions	218	30
No. Stopped Treatment/Transferred	8	0
No. of Deaths	24	10
No of New Patients	41	7
No of Patients	204	36

6.3 Intensive Care Unit

The MGH ICU is a 6-bed unit manned by Four Medical Doctors, two (2) Supervisors with Critical Care Training, one (1) Nurse trained in Critical Care, Thirteen (13) Registered Nurses and Six (6) support staff. The Unit sees a variety of critical cases mainly Head Injuries due to RTA's, Acts of violence, violent falls, as well as complications from Renal cases, pregnancy, Malaria cases and HIV/AIDS related illnesses amongst others. The highest percentage of patients came from Internal Medicine/Renal departments at 50% followed by General Surgery and Neurosurgery at 25% each. Mortality rate is at 54.3%. It is worth noting that we continue to have 1 outlier with extended length of stay. This is a semi-conscious, neurosurgical patient who has been in ICU since October 2022 and is currently on day 436 (05/01/2024).

Table 6.4: Key Performance Indicators for MGH Intensive Care Unit for July to September 2024

Indicator	**Performance for FY 2024/25**
No. of Beds	6
General Indicators	
No. of Admissions	63
No. of Discharges	0
Mortality	35

Transfers	23
Common cause of Admission	Internal Medicine, Neuro, Trauma
Death rate (DR)	**38.64%**

6.4 MGH Chemotherapy Unit

The MGH Chemotherapy Unit is a small unit built through support from the Swaziland Water Services Corporation in collaboration with Swaziland Breast and Cervical Cancer Network. It offers day clinic services such as Chemotherapy, investigations and counselling to all patients. The unit commenced operations in 2016 and is manned by one Oncology Trained Nursing Sister, three Registered nurses, one patient navigator, a local Oncologists and Oncologists on Technical Assistance from Cuba and the Republic of Taiwan. General Surgeons and Medical Officers are also attached to the unit. The Unit focuses on offering chemotherapy treatment for all cancers. Chemotherapy drugs are now on the Essential Drugs List and most chemo drugs are procured by Central Medical Stores. The Taiwanese Medical Mission also offers assistance by purchasing certain drugs when delays in procurement system occur. The number of patients' needing Chemo has increased, tremendously and the Ministry of Health has repurposed the former TB Hospital to handle and admit Oncology Cases.

Table 6.5: Key Performance Indicators for MGH Chemotherapy Department for July to September 2024

Indicator	**Performance for FY 2024/25**
A. General Indicators	
No. of Patient Visits	3 068
No. of New Patients	277
No. of Repeat Patient	2 818
No. of Admissions	71
No. of Active Chemo	471
No. of Newly Initiated on Chemo	149
No. of Transfers Out	51
No. of Deaths	21
Common Cancer Types Seen	Breast, Cervical, Prostrate

6.5 National Cancer Control Unit (NCCU)

Cancer remains a significant health challenge in Eswatini. However, the Ministry of Health, through the National Cancer Control Unit (NCCU), achieved substantial progress in cancer prevention and treatment during the 2019–2024 period. the NCCU implemented targeted interventions to address the cancer burden. Building on these achievements, the NCCU developed a comprehensive work plan for 2024 to sustain momentum and address emerging priorities in cancer control. The 2024 comprehensive work plan focuses on key objectives, including enhancing institutional and technical capacity for cancer prevention and control. It aims to reduce new cancer cases attributable to modifiable risk factors by 10% from the baseline of 2023.

The Eswatini National Cancer Control Unit, in collaboration with WHO and the Clinton Health Access Initiative (CHAI), is currently developing a new 5-year Strategic Plan. A draft document is expected to be completed by the end of the fourth quarter (January – March 2025). This initiative follows the conclusion of the previous plan, which ended in 2023.

6.5.1 Achievements of the Eswatini National Cancer Control Unit

Leadership and governance

The program has the responsibility to ensure that the team has the enough resources to implement the strategies in place, so in the past 10 months we were able to receive some funding to implement some project for the cancer screening activities such as:

Taiwan Medical Mission (E7 589 719,48) supported us with the following:

- Human resource (Cancer specialists (oncologist, pathologist, cytologist)
- Procure some cancer drugs and other commodities for Mbabane and Manzini Government Hospital (oncology units)
- Flew in four specialists to train local clinicians on HPV related cancers

Health System Strengthening for Human Capital Development in Eswatini Project (E3 377 948,72) - World Bank

- Procure Cancer screening truck to expand the cancer services to the communities. So far, we have screened about 400 locals on cervical, breast and prostate cancer etc.
- Training of the clinicians on cervical cancer screening (60) and LEEP management (30)
- Procure the LEEP equipment to reduce delay in precancer treatment and early diagnosis of the cervical cancer

HPV Global from Canada: Joint Screening for Cervical Cancer and Female Genital Schistomasiasis study project (E3 500 000).

The project that brought new innovativeness in the cancer screening in Eswatini. The project sought to investigate HPV testing, using expert evaluation of cervical images as a gold standard to explore health professionals' capability of diagnosing a high-grade cervical cancer lesion and differentiating FGS from Cervical Cancer using the AVE tool to determine the accuracy of the diagnosis and create a plan to scale-up a sustained integrative approach to cervical and FGS screening for Sub-Saharan African countries.

NORA Project (Probabilistic Record Linkage Project) (E2,225,421.79)

- Hiring the Research officer for 18 months
- Implementation of the research study including the development of the training material.

Donation of cancer drugs (Imatinib) through MAX Foundation

Received in July 2024, the first 20 Imatinib drugs following the signed of a Memorandum of Understanding (MoU) between the ministry with the Max Foundation. The Imatinib will help in improving care of certain cancers.

IAEA imPACT review

In March 2024, the Government of the Kingdom of Eswatini through the Ministry of Health requested a national comprehensive cancer control capacity and needs assessment (imPACT Review), conducted under the joint International Atomic Energy Agency (IAEA), World Health Organization (WHO) and International Agency for Research on Cancer (IARC) framework on cancer control. The imPACT Review builds upon ongoing efforts by the Ministry of Health to advance cancer control including the previous imPACT Review in 2017, establishment of a National Cancer Control Unit and the development and implementation of the National Cancer Prevention and Control Strategy (NCPCS) 2019-2023.

National Cancer Control guiding documents

- Cervical Cancer Elimination plan (2025 -2030) - Draft finalised and to be launched by early February after the WHO Afro input.
- The second National Cancer Control strategic plan to run for 5 years - 2025-2029. A draft plan has been developed and now shared with WHO for input. Looking forward to initiate the implementation by March, 2025.

6.5.2 Cancer Screening Services

The data indicate that cervical cancer screening accounts for the vast majority of reported cancer cases, comprising 51 944 cases of the total. Breast cancer follows with 4 766 cases, while prostate cancer represents only 450. Childhood cancers, which include blood and solid tumours, account for a negligible proportion at 9 cases. Overall, the total number of reported cancer cases screened is 57 130, with cervical cancer being the predominant type by a significant margin.

Table 6.6: Number of Total Screening by Cancer Type

Cancer Type	Total Screened
Blood/Solid Tumors Childhood Cancer	9
Breast	4 766
Cervical	51 944
Prostate	450
Grand Total	**57 130**

Table 6.7: Number of Total Screened Clients by Screening Type

Screening Type	Total
New	29 722
Out of schedule re-screening	3 440
Post treatment	368
Re-screening routine	23 258
Transfer-in for Biopsy	240
Verification for confirmation	102
Grand Total	**57 130**

Table 6.8: Key Performance Indicators of the Eswatini National Cancer Control Unit from April to December 2024

Thematic Area	Strategy as NHSSP	Key Indicator	Target for December 2024	Achievements for April-December2024	Achievement for April - Dec 2023	Key activities undertaken from April - Dec 2024	Progress/ Comments
Programming	Build Capacity building for human resource for health	Number of health care workers trained on childhood cancers early identification, referral and palliative care	25 clinicians 59 Community health care volunteers	Develop study protocol to assess the knowledge and practices for childhood cancers among health workers Trained Health workers (clinicians and Community health care volunteers) on early childhood cancers identification, referral and palliative care		Trained 59 community health volunteers on childhood cancers. In-service training 25 clinicians on childhood cancers	Working on the recommendations following the workshop. Continue with the training of the Clinicians and Community Health care volunteers To develop and finalize the collection tools NCCU staff is participating in virtual ICCP ICAYA series for childhood cancers
	Build Capacity building of medical officers on cancer continuum of care	Number of Health care workers trained on cancer screening	160			112 health care workers trained on cancer screening	Increasing the number medical officers and nurses to do LEEP thus reduce the new cervical cancer cases
Information for decision-making	Strengthen the cancer registry to collect, analyse, and report cancer data comprehensively.	Percentage of cancer cases reported within 30 days of diagnosis.	85%	75%	60%	Conducted quarterly data review meetings with some data sources and registry personnel.	Significant improvement in timeliness due to targeted interventions.
	Improve the quality and completeness of cancer data in the registry.	Percentage of cancer cases with complete demographic, clinical, and staging information.	90%	82%	70%	Developed a data checklist.	Data quality showing notable improvement; consistent audits and support required to maintain progress.
	Strengthen population-based data collection for accurate estimation of cancer burden.	Number of new cancer cases detected annually.	Maintain reporting of 900–1000 cases per year.	511 cases reported (January to December 2024).	926 cases reported.	Enhanced case reporting from underperforming facilities. Conducted quarterly data quality assessments. 3. Strengthened data collection tools.	On track to meet the annual target, efforts are ongoing to ensure completeness of data from all reporting facilities.

6.5.3 Eswatini National Cancer Registry (ENCR)

The percentage of cancer cases reported within 30 days of diagnosis increased from 60% in 2023 to 75%, moving closer to the 2025 target of 85%. Data quality also improved, with 82% of cancer cases containing complete demographic, clinical, and staging information, up from 70% in 2023. Furthermore, the registry reported 511 new cancer cases for 2024, demonstrating ongoing efforts to strengthen population-based data collection, although this figure remains below the target range of 900–1,000 annual cases. Key activities included quarterly data reviews, data quality assessments, and enhanced reporting tools.

6.5.4 Patient Navigation (PN)

A navigation tool was introduced to address barriers faced by patients, successfully navigating 94 clients in three months. A total of 357 cancer patients underwent CT scans, facilitated by health worker training and advocacy for diagnostic resources. Community visits targeted early cancer detection, screening 341 men for prostate, penile, and breast cancers, with 37 suspected cases referred for further care.

6.6 Phalala Fund

The Civil Servants Medical Referral Scheme established in 1995 covers costs of medical referrals to South Africa and Maputo for Civil Servants and their dependents, for specialist care that is not available in Eswatini. In 2002, this service was expanded with the establishment of the Phalala Fund, which provides access to specialised medical care to all eligible Eswatini nationals who are not already covered by another medical scheme. Together, the referral schemes aim to provide health coverage to emaSwati who are in need of specialized services, upon determination by the Phalala Board at Mbabane Government Hospital that options for treatment within the country have been exhausted. The Phalala Fund covers costs of treatment, medications, accommodation, and transport for patients who are referred to external service providers. Phalala has continued to refer patients in need of specialized healthcare services from Government specialists to private specialist providers within Eswatini and externally to Mozambique and South Africa.

The Legal Notice No: 195 of 2001 from the Finance and Audit Act (1967) which established and governs Phalala was identified as deviating or clashing with the Procurement Act according to the Procurement Department. The continued inconsistencies between the regulations and the day-to-day operations of the Phalala office prompted Phalala to request for the review of the Phalala regulations. These regulations governing the operations of both medical schemes were put in place at their inception. With the passage of time some positive changes have occurred in the improvement of service provision in the Public Sector. These changes no longer conform to the regulations, leading to the inconsistences.

6.6.1 Achievements

- **Phalala Electronic System:** The Phalala office operates mainly on paper, creating challenges due to high patient referrals and significant financial management. The need for an electronic solution, initiated previously, was reinforced during the reporting period.
- **Phalala Tariffs:** To address inflated service prices by providers, the Phalala Office proposed using **SwaziMed rates** as the basis for setting tariffs.
- **Contracts/Service Level Agreement:** Contracts with service providers expired on **31 March 2024**, necessitating renewal. Most contracts were successfully renewed to **31 March 2025**.

However, un-renewed contracts led to a temporary halt in patient referrals for specialist services, resulting in a backlog. Contracts were subsequently reviewed and signed.

6.6.2 Service Delivery

Phalala started sending out patients following the release of the current year's budget. Debt had limited the referral of patients as service providers wanted debt cleared before they could receive patients. Since services were interrupted there was bottleneck of patients. A total number of 1034 patients were referred in the reporting period; of the 1034 patients 625 were sent to radiology. The remaining 409 patients were those referred for specialist services. The majority of 409 were oncology patients (116) followed by orthopaedics (44), ophthalmology (40), general surgery (32) and urology (27). The following table shows the total number of patients referred by specialty during the reporting period excluding radiology:

Table 6.9: Number of Patients Referred by Specialty

Medical Discipline	Number of Referrals	Remarks
Cardiology	16	Delayed contract renewal delayed interventions. Planned for Q1 2025
Cardiothoracic Surgery	12	
Gastroenterology	1	
General surgery	32	
Haematology	1	
Hepatobiliary	1	
Neurosurgery	44	34 patients awaiting surgery and 2 are on the waiting list
Neurology	15	
Oncology	116	Only 9 are on the waiting list
Orthopaedics	40	Omits patients attended to at public institutions
Orthotics	15	
Otology/Audiology	1	
Paediatric Oncology	2	
Paediatric Surgery	7	
Pulmonology	1	
Urology	27	10 are on the waiting list, planned for Q1 2025
Vascular	22	
Implants	1	

6.6.3 Financial Report

Total budget of **E179 928 740.00** was allocated for this Financial Year 2024/25, and a full release of the budget was done during the second quarter of the financial year.

Table 6.10: Financial report of Phalala Fund from April to September 2024

Budget item	Amount
Budget Total FY 2024/2025	E179,928,740.00
Budget released for 1st Quarter	E44,982,185.00
Actual Payments 2024 – 2025	E119.926,182.02
Variance from 1st Quarter budget	E59,068,589.01

The **Civil Servant Scheme** has been allocated E15 million this financial year 2024/25. About E328 991.20 has been used to date.

Over E50 million+ worth of invoices for past financial years will not be processed for payment due to shortage of funds of which most are local service providers. The current budget is not able to pay all arrears for previous financial years. Please note that Phalala also does not have a budget for the current year services since we used most in clearing our debts.

CHAPTER 7: HEALTH PRODUCTS, PHARMACEUTICALS AND TECHNOLOGIES

In its endeavour to attaining Universal Health Coverage, which can only be achieved when there is affordable access to safe, effective quality medicines and health products, the Ministry of Health continues to strengthen Supply Chain and Logistics while embracing technology as catalyst for change. Effective utilization of technology in areas such as testing, diagnosis, care and treatment can do wonders for the public health system. This includes provision of health products and medical supplies.

7.1 Eswatini Health Laboratory Services

Eswatini Health Laboratory Service (EHLS) supports delivery diagnosis of diseases, monitoring of treatment, control of infectious diseases, research surveillance and health promotion through quality assured tests. The EHLS offers critical support in clinical management of patients across Eswatini, maintaining oversight of diagnostics and monitoring with services increasingly available at all tiers of health facility. This decentralization of services to regional laboratories both increases access for patients and improves the efficiency of service delivery more broadly. The EHLS achieves this through national network of highly efficient laboratories that provide a foundation for clinical diagnostic decisions and monitor biological and environmental markers. We support all MOH programs (HIV, TB, Malaria, Cancer, NCD, Bilharzia, etc) and offer laboratory test for diagnosis and treatment monitoring.

Key Achievements of the Eswatini Health Laboratory Services

- National Molecular reference Laboratory and National TB Reference laboratory have attained their accreditation by SADCAS accreditation body.
- Tender evaluation for Haematology Equipment standardization
- The Eswatini Health Laboratory Services (EHLS) with support from ICAP conducted its Laboratory Data Review Workshop (LDRW) on the 13th and 14th of September 2024 at The George Hotel in Manzini, Eswatini.
- Human Resource support from Taiwan Mission with a Cytologist and Pathologist
- Introduced HPV testing at pathology laboratory.

Laboratory Reagent Budget

The Laboratory has budget support for Laboratory supplies and commodities mainly from Global fund, PEPFAR, Eswatini Government and Fleming Fund

Table 7.1: Budget Support for Laboratory Reagents

EHLS FUNDING FOR REAGENTS 2024/25 (SZL)				
Source of Funds	**Government**	**PEPFAR**	**GLOBAL FUND**	**Total**
Amount	78 015 600.00	64 523 407.40	73 124 370,29	**215 663 377.69**
Percentage Contribution	37%	25%	38%	**100%**

Key Performance of the Eswatini Health Laboratory Services

- **COVID-19 Tests -** During the reporting period, a total of 1,589 COVID-19 tests were conducted, reflecting a decrease in testing volume compared to the same period in 2023. Out of these tests, only 6% were reported positive for the April-December period.

- **Chlamydia Trachomatis (CT) and Neisseria Gonorrhoeae (NG)Testing -** During the current reporting period, 288 test request was made with King Sobhuza Public Health Unit leading with 44% of total test requests, followed by the Sithobela Health Centre at 25%. The overall positivity rate was 32%, with King Sobhuza reporting 36 positive cases. Notably, September saw a decline in tests due to a reagent shortage, highlighting ongoing challenges in public health resource management.
- **Viral Load Testing** - during the reporting period, a total of 154,393 viral load tests were processed, with 4,588 results showing a lack of viral suppression (approximately 3%). However, 97% of the tests indicated effective viral suppression, demonstrating the efficacy of current treatment protocols.
- **Early Infant diagnosis (EID) Testing –** A total of 16,315 tests were conducted, with 98% using conventional analysers and only 2% employing Point-of-Care Testing (POCT). Challenges in reagent supply impacted testing capabilities.
- **Cytology -** A total of 3,815 cytology tests were conducted, with women aged 50 to 59 years making up 37% of the tests. The remaining age groups each contributed less than 10%.
- **Full blood count tests conducted -** A total of 87,649 tests were conducted, with quarter 1 making up 39%. This shows a downward trend in testing from quarter 1 to quarter 3, attributed to supply shortages and aging equipment.
- **Cryptococcal Antigen (CrAg) Testing** - A total of 3,590 CrAg tests were conducted between April and December 2024, averaging 1,196 tests per quarter. Approximately 51% of the tests were performed on females, 47% on males, and 2% had unspecified gender.

7.2 Eswatini National Blood Transfusion Service (ENBTS)

ENBTS under the Ministry of Health is committed to provide a service that meets internationally accepted standards of ethics, quality, safety and practice to supply blood and blood products timely, in sufficient quantities and used appropriately and effectively to meet the blood needs for EmaSwati in the different transfusing health facilities.

7.2.1 Achievements

- **Partnerships** - The ENBTS secured partnerships with the Eswatini Red Cross Society and MSF Associates to enhance blood donor campaigns. Collaborations with the South African National Blood Bank focused on improving quality management systems and donor recruitment.
- **Site Visits** - Planned visits to 598 sites resulted in attendance at 324 (54%), with the 46% of unvisited sites primarily due to vehicle and fuel shortages, leading to cancellations.
- **Blood Drives** - In 2024, the ENBTS organized outreach programs at schools, tertiary institutions, churches, and shopping malls, relying heavily on school-going donors, who contributed about 85% of total blood collections.
- **Recruitment Strategies** - Effective recruitment strategies included utilizing social media platforms like Facebook and Instagram, successfully engaging companies, church organizations, and individuals, thereby expanding the donor base.
- **Blood Collection Statistics** - In 2024, 19 328 potential donors were recruited, resulting in 14,096 blood units collected and 12 315 issued. This marked a 27% increase in collections and a 28% rise in donor recruitment post-COVID-19, despite 5,478 deferrals.
- **Apheresis Platelet Collection** - The annual target for apheresis platelet collection was set at 600, but only 404 donors were recruited, with 48 deferrals due to health issues. A

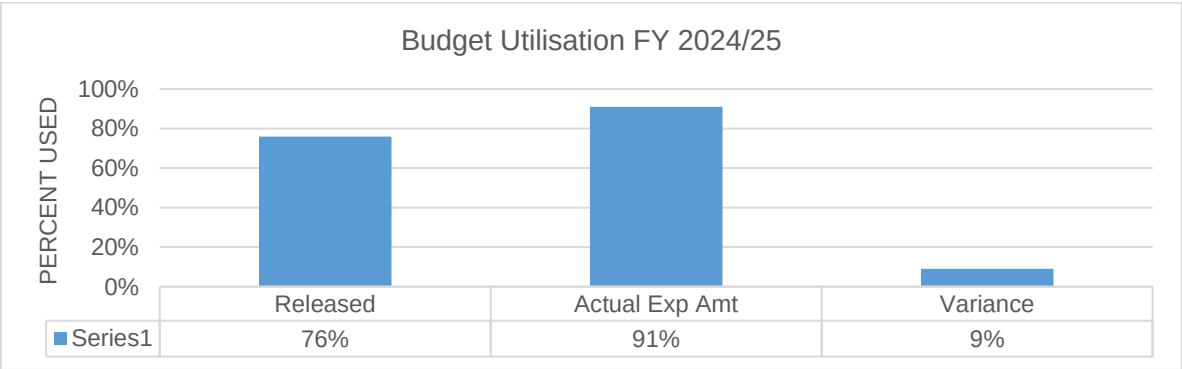
total of 356 blood units were collected and distributed for transfusion, marking a 30% decrease in collections compared to 2023.

- **Decentralization Efforts** - Decentralization of blood donation to three regions increased the ENBTS's visibility and enhanced blood collection throughout the year, though availability still remains a challenge.
- **Creating Awareness** - The ENBTS celebrated World Blood Donor Day at Good Shepherd Hospital, where a successful event attracted youth participation, resulting in the collection of 29 blood units.
- **Workshops and Education** - With support from UNICEF, the ENBTS conducted a workshop for clinical teams from 22 blood transfusion hospitals to discuss blood utilization practices.
- **Community Engagement** - The ENBTS maintained a Facebook page to educate and raise awareness about blood donation, fostering increased networks and relationships that promoted voluntary blood donation.
- **Church Partnerships** - Collaborations with churches facilitated outreach to Imiphakatsi/Communities, yielding a positive response to blood donation initiatives.
- **Discarded Units** - A total of 1 577 blood units were discarded due to quality concerns, primarily from Transfusion Transmitted Infections (TTIs), followed by low volume and damage.
- **Distribution and Demand** - The ENBTS distributed 12 315 units to 21 health facilities, with a 19% increase in supply from 2022 to 2023. The Mbabane Government Hospital increased its consumption from 31% in 2023 to 35.4% in 2024.

7.2.2 Financial Support

In 2024/25 financial year, the Government through the Ministry of Health allocated ENBTS a budget accounting to E73 946 177.00 and have only released E70 000 000 00 by the end of November 2024 for all the quarter allocation.

Figure 7.1: Budget Allocation and Utilization for financial Year 2024/25.



7.3 Pharmaceuticals and Medicines Regulations

7.3.1 Central Medical Stores

The Central Medical Stores (CMS), a department of the Ministry of Health, 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 CMS is to ensure a regular, uninterrupted, and equitable supply of quality medicines and medical supplies to health facilities, ensuring that the general Swazi population can access these commodities.

During the period under review, there were no major policy changes. The Ministry of Finance continued to prioritize the Ministry of Health, providing funding to improve the availability of medicines and medical supplies. High-level delegations from the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as USAID partners, visited CMS to support efforts in improving supply chain management.

Key Programmatic Achievements

In the period under review, the CMS achieved the following:

- **Performance Improvement**: The performance of CMS was fair, with a slight improvement in meeting the needs of public facilities, increasing the product order fill rate from 39% to 50% by December 2024.
- **Collaboration Enhancement**: Improved collaboration between the Procurement department and CMS has enhanced the availability of some commodities, although supply levels still fall short of efficiently servicing facilities.
- **Emergency Procurement**: The procurement of medicines and medical supplies was augmented through emergency procurement approved by the Government tender board, enabling CMS to deliver commodities to health facilities.
- **Digital Systems Improvement**: CMS, in collaboration with HMIS, deployed the electronic Logistics Management Information System (eLMIS) at Lobamba Clinic, Piggs Peak, and Dvokolwako Health Centre. The Global Fund supports the procurement of hardware for rollout to 80 facilities.
- **Commodity Management**: The introduction of a barcoding system improved the process of receiving and tracking commodities, increasing efficiency and inventory visibility. The CMS warehouse management system (Navision) is being upgraded for better alignment of physical stock with digital records.
- **Planning with Evidence**: CMS utilized internal and external data for planning. A data quality assessment (DQA) was conducted in 85 facilities across four regions, with 412 assessments completed, an increase from 340 in 2023.
- **Quantification Exercise**: CMS facilitated the quantification of medicines and medical supplies for health programs with support from USAID GHSC-PSM and UNFPA, providing commodity requirements for a three-year period.
- **Waste Management Planning**: The Global Fund is assisting in planning the disposal of unserviceable stores, with a costed plan developed for transferring waste to South Africa. Future plans include constructing an incinerator in partnership with Matsapha Town Council.
- **Operational Improvements**: The CMS is supported by GHSC-PSM to streamline operations and enhance warehouse practices, moving towards modern warehousing standards.
- **Stakeholder Engagement**: CMS hosted several high-level visitors, including the Prime Minister and officials from the Global Fund and USAID, fostering partnerships and engagement.
- **Order and Quantity Fill Rates**: The average product fill rate from January to November 2024 was 50%, while the average quantity fill rate was 77%, reflecting slight improvement from the previous year.
- **Stockout Rate**: The average stockout rate at the central warehouse was 33% in 2024, showing a 1% decrease from the 34% recorded in 2023.

7.3.2 Medicines Regulation

The Medicines Regulatory Unit (MRU) has a mandate of preparing for the setting up of the Medicines Regulatory Authority (MRA) in the Kingdom of Eswatini whose establishment is provided for by the Medicines & Related Substances Act No.9 of 2016. Activities implemented by the Unit continue to attempt to strengthen the national health products regulatory system in Eswatini. A robust product regulatory system is necessary for ensuring that health products provided to the people living in Eswatini are safe, efficacious and of quality.

In this year, some activities implemented by the MRU included implementation of some recommendations of the assessment of the health products regulatory system in Eswatini conducted by consultants engaged through the support of development partners. The report for the assessment was finalized in March 2024. All activities related to the development of new policies, guidelines and standard operating procedures were conducted through the technical support of USP PQM+ project with funding received from PEPFAR. These activities included the development of a policy, guidelines and procedures for the implementation of reliance for health products regulation and strengthening Post Market Surveillance activities in Eswatini.

Achievements

Medicines Regulation

- ***Clinical Trial Oversight***
  The MRU continues to have oversight over the 4 clinical trials that are ongoing. One new clinical trial was also activated in November 2024.

- ***Registration of Importers of Medicines***
  In 2024, five (5) new pharmaceutical wholesale establishments were registered as importers of medicine.

- ***Import & Export Control***
  The office of the Deputy Director Pharmaceutical Services continues to issue authorizations to import medicines and cosmetics that are being imported into the country. The Unit has also embarked on an initiative of strengthening the import-export procedures for medicines. As part of this effort the Unit engaged in initial meetings with the Import Committee in the Ministry of Finance; the objective of this meeting was to introduce the Unit to this Committee and establish an understanding of the how this Committee works. The Unit also met with various officers from the Eswatini Revenue Service (ERS); this meeting aimed to establish an understanding of how MRU can collaborate and ride on the systems within ERS so as to streamline the import and export of medicines.

- ***Registration of Pharmaceutical Establishments***
  All Pharmaceutical establishments must register with the Ministry of Health through the MRU before commencing operations. Currently this is happening for only new Retail establishments and for all wholesale pharmaceutical establishments. For this period 6 (six) NEW establishments were registered. We are currently working on a quest to register all retail pharmaceutical establishments in the country.

- ***Inspection of Pharmaceutical Establishment***

Six NEW Pharmaceutical establishments (5 Retail and 1 Wholesale) have been inspected during this period and they all met the requirements and were approved. There are three applications that have been submitted for registration and these are still pending inspections because not all the required documents have been submitted. Routine inspections were conducted on all the registered Importers of Pharmaceuticals before renewals of their registration. Corrective and preventive actions (CAPAs) were proposed for major observations during the inspections. The Unit then conducted follow-up inspections to ascertain that the proposed CAPAs have been implemented as well as to check for continuous compliance.

- ***Post-Market Surveillance & Quality Control***
  For the period under review, issues related to product quality increased significantly. As the country currently has very limited capacity to test the products in the laboratory, most of the product complaints were identified visually. Visual inspection of the products, however, plays an important role and it is recommended that it be utilised in the risk-based approach for post market surveillance (PMS).
  The statistics for the product quality issues in 2024 are as follows:
    - 27 Product quality complaints were received and documented by MRU
    - At least 12 (twelve) product recalls.

Laboratory

Under laboratory, we received some laboratory quality equipment in December 2024 from Global Fund through NERCHA. The items received comprise:

- 1 (One) drying oven 53L.
- 3 (threes) analytical Balances with a max capacity of 120g each.
- 1 (One) pH-meter.

Pharmacovigilance

During the review period, we received 22 safety reports; however, only one of these was entered into Vigiflow by a facility. Out of the 22 reports, 7 were related to Dolutegravir, 4 were associated with tuberculosis (TB) medications, and the remaining reports addressed various other essential medicines. Additionally, there were a total of 3 training sessions conducted: two focused on TB medications, while one was dedicated to antiretroviral therapy (ART) medicines.

CHAPTER 8: HEALTH INFRASTRUCTURE, EQUIPMENT AND TRANSPORT

8.1 Fleet Management Unit

During this period, the Fleet Management unit's mandate is to respond to accident-related issues, ensuring all the relevant documents are completed, the involved cars are taken for repairs, and reports and responses are sent to concerned parties. The unit ensures that all cars with mechanical faults are taken for maintenance by sending a Journal Voucher to the Ministry of Public Works and Transport for the quoted vehicles.

The Fleet and logistics unit has been working tirelessly to ensure that all vehicles are referred for maintenance and reduce fuel consumption and fleet-related audits. This involves ensuring frequent fuel consumption assessments and analyses. Several tender evaluations have been conducted to ensure proper and relevant fleet procurement.

Table 8.1: Key Performance Indicators for Fleet Management from April to December 2024

Thematic area	Strategy	Key Indicator	Target for 2024	Achievement for the year 2024-25
Fleet Maintenance	Refer all mechanical faulty vehicles for	Number of vehicles maintained	Maintain almost all the vehicles with mechanical problems	A total number of 114 vehicles were quoted and orders issued. 31 vehicles for mechanical, 47 vehicles for tyres, and 36 vehicles for batteries.
Increase Resources	-Facilitate procurement of vehicle -Facilitate the installation of fuelling Bowsers in health facilities.	Number of fleet and bowsers built.	Buy 12 ambulances for health facilities and Phalala and EPR, buy 8 vehicles through NERCHA, and receive of new fleet from the government through Central Transport Administration (CTA). Facilitate the building of 4	All vehicles have been procured (3 ambulances, 3 single cab vans, 8 double cabs, 8 sedans, and 1 SUV) bought by the government. 8 ambulances for Health facilities through the World Bank. pending delivery of the 8 vehicles from NERCHA. 3 ambulances, Bowsers are still waiting for the budget from C T A to be installed.
Accidents	Respond to Accidents and make sure all necessary logistics are adhered to	Responses forwarded	Respond to a total number of accidents.	All accidents were reported with police reports and internal accident forms filled.

Picture 8.1: Ambulances Procured and Deployed to Health Facilities

8.2 Bio-Medical Engineering Unit

The Biomedical Engineering Unit is responsible for the maintenance of medical and non-medical equipment and physical infrastructure rehabilitation in healthcare facilities. The Unit was able to procure, distribute, and commission equipment for different health facilities.

Table 8.2: Performance of the Bio-Medical Engineering Unit

Thematic area	Strategy	Key Indicator	Achievement 2023/24	Achievement 2024/25	Activities undertaken during
Health infrastructure and equipment	Adequately capacitate Biomed for equipment and infrastructure	Ensure availability and functionality of required physical infrastructure	84%	80%	- procurement of infrastructure/ stores materials under item 069 - Renovations at Zombodze clinic –Items were done, including re-roofing the whole clinic, renovating plumbing and ablutions facilities, installing new doors and ceilings, and constructing a waiting area.
		Ensure availability of standard equipment in all facilities	**95%**	**92%**	• Procurement of medical equipment under item 072 currently ongoing suppliers are delivering, delivered equipment include: Electrosurgical units ○ Anaesthetic machine ○ Bedside monitors ○ Vital signs monitors ○ Hydrocollator 66L ○ Theatre Operating lights ○ Tumble dryer 55kg capacity ○ Operating Table General and other equipment

					• Services of medical equipment and repairs of equipment in ongoing due to the late award of the tender award documents • Services of medical equipment and repairs of equipment in ongoing due to the late award of the tender award documents.

8.3 Capital Programme

The Ministry is implementing 14 projects amounting to **E200,192,000.** The government fully funds 10 of these, 1 is counterpart funding (Government and World Bank), 2 are grants, and 1 is a loan.

8.3.1 Financial Performance of the capital programme

Table 8.3: Performance of the Capital Programme from April to December 2025

Project Code	Project Name	Budget	Released	Actual	Comments
H337/99	Provision of Equipment to Hospital	25,000,000	24,898,723	21,842,665.08	Medical equipment, furniture, and blinds for Ka Mfishane, and Ndunayithini clinics have been procured, and also furniture and medical equipment for KaZondwako maternity procured. Furniture for the newly renovated Lubombo Referral Hospital has been procured. patient chairs for maternity, VCT, and Old and New Pharmacy at MGH have been ordered. Medical equipment for MGH was procured
H339/99	Water and Sanitation 11	1,500,000	1,500,000	1,499,490.07	Sanitation materials have been procured for the following areas; Horo, Nyonyane, Nsingweni, Sigangeni, Siteki, Macetjeni, Nkonjwa, Nkalashane, Khuphuka, Gilgal, Bulunga, Mponono, Ngwenyameni, Sigcineni, Nsenga, Mahlandle, Mpakeni and Gege. Also, 100 movable toilets were procured to be used for national events
H345/99	Provision of Water in Health Facilities	2,000,000	2,000,000	1,463,990.06	The funds to procure sanitation material and 500,000 will be used for Mshinande EMS (Re-survey, drilling, development, and a standpipe), Mashobeni Clinic (Tank stands and a standpipe), Hluti Clinic (Tank stands and a standpipe) once have been transferred to

Project Code	Project Name	Budget	Released	Actual	Comments
					Microprojects
H338/99	Institutional Housing for newly built facilities	6,000,000	6,000,000	0	Construction of 1 bedroom house (2 semi-detached) at Mavalela, Ndunayithini and Sidvokodvo clinics. The construction has begun in these facilities
H341/99	Provision of Security at Health Facilities	1,000,000	1,000,000	0	The funds are for fencing and the installation of burglars at the staff houses of Matsanjeni Health Centre. The contractor has started the works
H346/99	Rehabilitation of Primary Health Care	15,000,000	15,000,000	13, 978, 118.91	The funds are for payment of retention at Hlathikhulu staff houses and PHU, Ndunayithini, Zondwako, PHU; Rehabilitation of Mpuluzi clinic, Sithobela Health Centre (Contractors have been appointed), Psychiatric Hospital (Renovations have been completed) and Biomed for minor repairs/ renovations (renovation of Zombodze Emuva clinic is about to be completed)
H368/67	Health Systems Strengthening	62,500,000	49,245,282	49, 245,282	Consultancy work development of PPP guidelines, Development of digital application tools, Dental framework, nutrition strategy, health financing, operationalizing Neonatal ICU, Training, Mentorship visits, and benchmarking; Procurement of weighing scales and infant meters, cancer screening vehicle, CMS operation centre and Biomed office furniture, vital signs monitors, communication equipment, equipment for the last-mile connectivity, Insurances, vehicle repairs, and maintenance, Construction of Biomed workshop and HMIS office at Matsapha CMS, PIU salaries, Communication airtime and data
H368/99	Health Systems Strengthening	7,050,000	7,050,000	0	The funds are for counterpart funding (operational costs) for the operational cost of the project
H330/99	Rehabilitation of Mbabane Government Hospital	10,000,000	10,000,000	10,000,000	Funds are for payment of old OPD and Emergency Complex retention, kitchen renovations

Project Code	Project Name	Budget	Released	Actual	Comments
H371/70	Construction of Clinics	11,142,000	3,062,430.22	3,062,430.22	These are donor funds for the construction of Ntondozi Clinic Phase 1. The construction resumed in October and is ongoing
H370/99	Reconstruction of Health Facilities	13,800,000	13,800,000	0	Funds are for payment of KaMfishane clinic retention and Construction of the New Heaven clinic and the contractor has started
H31199	Lubombo Regional Hospital Phase I	17,000,000	17,000,000	0	Construction of a kitchen and payment of retention for roofing works. The contractor started late December and works are ongoing
H365/70	Strengthening Cancer Diagnosis & Treatment in Eswatini	7,200,000	5,400,000	5,400,000	For procuring cancer drugs and payment of salaries for Specialists
H30899/70	Construction and Re-purposing the TB Hospital	20,000,000	20,000,000	0	The construction did not take off because the Nuclear Bill has not been passed, so the funds have been used to procure a CT scan for Mbabane Government hospital
	Total	**200,192,000**	**156,137,132**	**59,809,012.45**	

Please note that the poor implementation rate is due to the Ministry implementing most of the projects (8 out of 14) through Microprojects. Although only E20.3 million has been transferred to microprojects, all projects have started except for the renovation of the Mbabane Government Hospital kitchen, which will commence, once an alternative kitchen has been identified.

8.3.2 Progress on The Implementation of The Capital Programme as of 31 January 2025

1. **Construction of KaMfishane Clinic**
   Substructure, superstructure, roofing, fitting of the ceiling, internal plastering, installation of aluminium windows, floor screed, installation of doors, plumbing, and construction of the sewer system is complete in the main clinic building. In progress is electrical and external works. Construction of the pit latrine toilets is complete and work in all the other structures is almost complete (guard house, incinerator and generator house, screening room, sputum booth, and the ash pit). The generator has been installed in the generator and incinerator house and the erection of perimeter fencing is ongoing. Carpentry fittings in the main clinic are pending. Work done is estimated at 90% and practical completion is planned for 25th February 2025.

2. **Construction of Ntondozi Clinic**
   Progress is still estimated at 20%. Setting out, excavation, and foundation are complete; work was stalled in the preparation for laying the slab (gravel compaction). The planned practical completion is 27 June 2025.

3. **Rehabilitation works at Lavumisa Clinic**
   The work entails alterations in the clinic building, construction of incinerator and generator buildings, installation of a new incinerator and generator in the buildings, and completion of the existing pit latrine toilet. Implementation progress is estimated at 76%. In progress is stripping electrical wires and conduits. The revised practical completion date is planned for April 2025

4. **Renovations of the Outpatient Department at Lubombo Referral Hospital**

Work done is estimated at 93%, new clip-lock roofing, installation of ceiling, sanitary fittings, electrical installation, tiling, ablutions rehabilitation, replacing broken ironmongery to timber and aluminium doors, paintwork, and replacement of viewing panels to consultation room doors is complete. Installation of air conditioning is almost complete. Practical completion is planned for the end of February 2025.

5. **Construction of Outpatient Department and Offices at Good Shepard Hospital**

Work done is estimated at 85%, substructure, superstructure, plastering, roofing, electrical and plumbing first fix, and undercoat internal paintwork is complete. Ongoing is electrical, plumbing second and third fix, aluminium window fitting, doors and external works (drains and apron), and drywall partitioning. The remaining is external paintwork and epoxy floor finish. Practical completion is planned for the end of March 2025.

6. **Rehabilitations of Ward 4, and Ward 5 and installation of cameras at the National Psychiatric Centre**

Overall implementation is estimated at 94%, and work in wards 4 and 5 is practically complete. The initial scope of the installation of CCTV cameras is complete. Practical completion is planned for the end of February 2025.

7. **Rehabilitation of Piggs Peak Government Hospital Medical Wards**
   The project is practically complete. The scope entailed the replacement of floor tiles to medical vinyl floor finish, attending to roof leakages, rehabilitation of bathrooms, electrical installation, and painting of internal and external walls. Final completion is planned to be on the 10th of June 2025.


8. **Rehabilitation of the Children's Ward at Piggs Peak Government Hospital**
   Attention is on the ceiling, cabinets, and floor tiles changed to vinyl and making good to the drainage system. Work is in progress and implementation is estimated at 50%. Practical completion is planned for the end of February 2025.


9. **Construction of 4 x one-bedroom staff houses at Ndunayithini Clinic**
   Substructure and electrical first fix is complete for all the houses. The superstructure for the first two houses is complete and these are ready for fabrication of roof trusses. Formwork for the ring beam is ongoing in the other houses. Electrical second fix and plumbing first fix is ongoing in all houses. Overall implementation is estimated at 40% and the planned practical completion date is on 27th July 2025.

10. **Rehabilitation of a Mortuary at Piggs Peak Government Hospital**

The roof has been stripped and blockwork walls have been demolished. Ongoing is work on the substructure. The planned practical completion date is 20th March 2025 and implementation progress is estimated at 35%.

11. **Rehabilitation and Extension of a Mortuary and Rehabilitation of Ablutions at Nhlangano Health Centre**

Overall implementation progress is estimated at 20%, work on the substructure is ongoing in the mortuary extension and the blockage in the ablutions has been attended. Major works will be on the roof and walls in the mortuary while in the ablution's attention will be on the roof, walls, and sanitary fittings. The planned practical completion is on 20th March 2025.

12. **Reconstruction of New Heaven Clinic**

Implementation has just commenced, and the components comprise the main clinic building, outbuildings, and fencing. In progress is site clearing and setting out, work done is estimated at 5%. The planned practical completion is on the 30th of June 2025.

13. **Construction of Ndunayithini Clinic**

The project has attained practical completion with final completion planned for the end of April 2025.

14. **Construction of a Maternity Department at KaZondwako Clinic**

The project is cofounded by GoE and Usuthu Royal Trust. Implementation is complete and the project has attained practical completion. Final completion is planned for end February 2025.

15. **Remedial Works at Mbabane Government Hospital Emergency and Referral Complex**

The following activities have been completed: installation of the heat extractor system in the medical gas plant room, equipment servicing in the plant room, servicing of the latest installed theatre equipment, re-training of the user staff, attention to leakages in the kitchen, installation of a security gate to the theatres and servicing of air conditioning system. Blockages to the sewer system have been attended. Ongoing is the cleaning of the hospital (grass cutting, removal of unused equipment inwards and around the hospital). The autoclave and medical sterilizer machines have been delivered

Implementation delays have been experienced mainly due to cash flow challenges as such the plan to complete all work by the end of December 2024 was not possible. An extension time to completion the works is now the end of April 2025.

16. **Supply and installation of an Oxygen Tank at Mbabane Government Hospital**

This project is funded by NERCHA under Global Fund, work is in progress. The base concrete slab was done, installation of the access gate and drainage system is complete. Work done is estimated at 95%. The oxygen tank Lox is already installed together with the pipe works. Practical completion and handover will be done on the 7 February 2025 and final handover will be in August 2025.

17. **Construction of a Flammable warehouse at Matsapha Central Medical Stores (CMS): The scope constitutes two components:**

Component 1: construction of guard houses (north gate and south gate), security boundary wall, installation of a diesel bowser, construction of car ports and rehabilitation of the existing roof in the main medical warehouse. The north gate, security boundary wall and carports have been constructed while rehabilitation of the existing roof in the main medical warehouse is partially complete. Pending is completion of roof rehabilitation and installation of the diesel bowser.

Component 2: construction of a flammable warehouse to store flammable medical clinical medicines and installation of a firefighting system. The warehouse is complete and pending is installation of the booster pump, supply and installation of fire hydrants around the buildings and partitioning of the fire protection wall in the middle of the building.

Overall work done is estimated at 80%, pending works will be attended to upon availability of funds.

18. **Construction of Offices and Workshops for Biomed & HMIS Lot 2 at CMS:**
This project is funded through World Bank and implementation progress is estimated at 94%. Project components include a double storey building which will house BIOMED offices on ground floor and HMIS on first floor and a single storey building to house workshops for Biomed.

Major building work is complete in both structures. All the specialised works in both buildings were completed which include electrical final fix, plumbing final fix, installation of staircase rails, air conditioning, fitting aluminium doors and installation of loose furniture. Pending is completion of solar plant installation, external works as well as external shelving to the Biomed warehouse, construction of the waste management plant, construction of car ports, fitting of equipment in the server room, integrated circuit installation and construction of the main entrance gate. The project is behind schedule practical completion has been shifted to end of April 2025.

19. **Construction of Operations Centre at CMS Lot 1**
The project is funded through the World Bank, and it is practically complete, however there are snags which need attention. These include completion of painting in the existing warehouse, frosting of the aluminium internal doors, leakage in the canopy to the conference room on the ground floor and fixing of all aluminium external doors. Additional works have been requested which entails installation of surveillance cameras, biometrics and telephone points and the request is pending approval from the financier. Planned practical completion has been revised to end of April 2025

20. **Construction of a Waiting Area and Veranda Extension at Ezulwini Clinic**

Construction of the waiting area is in front of the existing container offices while veranda extension is on the main clinic building. The project is practically complete, final handover is planned for 11th February 2025.

21. **Construction of a Kitchen at Lubombo Referral Hospital**

The scope entails construction and fitting the kitchen to be a fully functional structure. Implementation is estimated at 25%, substructure is complete in progress is work on the superstructure blockwork and first fix electrical works. Practical completion is planned at the end of July 2025.

NB: Contractors for the installation of burglars at Matsanjeni Health Centre and the construction of 4 units of 1-bedroom houses at Sdvokodvo and Mavalela clinics have been appointed. Construction will commence soon.

CHAPTER 9: KEY PROJECTS IN THE SECTOR

9.1 The Health Systems Strengthening for Human Capital Development in Eswatini Project (HSSHCDP - P168564)

The Government of the Kingdom of Eswatini through the Ministry of Health (MOH) is implementing a project that endeavours to improve the coverage and quality of key reproductive, maternal, neonatal, child and adolescent health (RMNCAH), nutrition and non-communicable disease (NCD) services (hypertension and diabetes) in Eswatini. The 5-year project entitled “Health System Strengthening for Human Capital Development (HSSHCD) Project” under the MOH make substantial investments in strengthening the health system to improve service delivery across the life cycle to address critical human capital challenges. The project has four components namely, Component 1: Improve health service delivery to increase the coverage and quality of health services to build human capital; Component 2: Increase community demand for RMNCAH, nutrition and NCD services; Component 3: Strengthen the MOH’s stewardship capacity to manage essential health and nutrition services and project activities; and Component 4: Contingency emergency response.The project objective is to improve the coverage and quality of key reproductive, maternal, neonatal child and adolescent health (RMNCAH), nutrition and NCD services (hypertension and diabetes) in Eswatini.

During the reporting period, there was a process to Finalize some regulations and strategic documents; Legal Framework for Medical, Dental Council, Public Private Partnership (PPP) guidelines and Nutrition Strategy. A Draft Legal Framework for Medical and Dental Council has been finalized and shared with the Ministry of Health legal team who will submit it to the Attorney General’s office (AGs) for endorsement. Furthermore, a draft Health Financing Strategy has been submitted and presented to key stakeholders and the team is working on revising the documents based on comments and inputs received from stakeholders.

Currently the Ministry of Health is developing the below mentioned guiding documents which are:

- Pharmacy regulations and guidelines
- Ministry of Health Staffing norms
- Patient referral system.

Cancer screening truck with clients

Construction of HMIS/BioMed Offices at 97% completion

Other Achievements

- A total of 294 individuals were reached during community dialogues.
- The University of Pretoria conducted training to capacitate 28 midwives and medical officers to be able to manage neonatal conditions and be champions of neonatal care in their facilities.
- The Ministry of Health has procured a cancer screening truck and is in the process of procuring three additional trucks to cover all the regions of the country.
- Lot 2: Construction of offices and workshops for Biomed and HMIS - Overall construction progress is at 97%.

Table 9.1: Key Performance Indicators for the Health Systems Strengthening Project

Thematic area	Strategy (as reflected in the NHSSP 2019-2023)	Key Indicator	Target for 2024	Achievement for April to December 2024	Main Activities undertaken from April to December 2024	Progress/ Comments
Non-communicable diseases (NCDs)	Prevention and control of communicable and non-communicable diseases	Percentage of patients diagnosed with hypertension and/or diabetes who are managed at the PHC level	90%	68%	294 community leaders reached through community dialogues Social Behaviour Change Communication Strategy is being finalized Training of 72 doctors on NCD service package	There is a gap of 69 doctors to be trained on NCD service package
Nutrition	Promoting health through the life course	Percentage of children under 5 years of age provided with a basic package of nutrition-specific services	50%	47%	Broadcasting of RMNCAH-Nutrition and NCD messages on VOC and EBSIS Development of nutrition strategy and costed action plan	5 more support groups to be trained on complementary feeding
Adolescent health	Promoting health through the life course	Percentage of adolescents served or reached with quality sexual and reproductive health services	40%	21%	MobiSam champions were sensitized on adolescent friendly services and the feedback monitoring tool Community sensitizations are being conducted	
Maternal Health	Promoting health through the life course	Percentage of pregnant women receiving at least 4 ANC that meet defined quality standards	40%	15%	20 midwives trained on EmONC 27 nurses and doctors were trained on neonatal intensive care services 29 nurses trained on RMNCAH	-
Quality Improvement	Promoting health through the life course	Percentage of target health facilities that meet a minimum standard of quality as measured by a Health Facility Quality Index	50%	77%	Client satisfaction Survey conducted in 30 health facilities. The Quality of Care (QoC) audits were conducted in 13 Health facilities.	Health facilities not yet visited will be prioritized for next reporting period

CHAPTER 10: SUMMARY OF KEY ACHIEVEMENTS AND CHALLENGES IN THE HEALTH SECTOR DURING THE REPORTING PERIOD

13.1 Key Achievements in the Health Sector

- Fully operationalised the Referral and Emergency Complex Theatres at Mbabane Government Hospital.
- Hlathikhulu Public Health unit was completed and now operational.
- 12 ambulances procured and deployed to health facilities.
- Installation of bulk oxygen tank completed and operationalized at Mankayane Government Hospital.
- Installed piped oxygen system at Good Shepherd Hospital.
- Installation of Liquid Oxygen Tank at Mbabane Government Hospital.
- Started operation of MEN's Clinic on the 4th November 2024 at Mankayane Government Hospital.
- New NCD clinic at Piggs Peak Hospital commenced operations on the 9th of September 2024.
- Renovated the old Male ward and Children's ward at Piggs Peak Hospital.
- Hosted International Atomic Energy Agency team of Oncology and Radiotherapy Specialists at Manzini Government Hospital.
- Installed Oxygen Tank at Manzini Government Hospital.
- Established High Dependency unit at Manzini Government Hospital.
- Installed solar panels at 7 clinics.
- Same-day ART initiation improved from 84% to 95%.
- Mortuary at Nhlangano Health Centre has been fixed

13.2 Main Challenges to the Health Sector

- Supply chain management system for medical commodities remains weak despite efforts to strengthen it.
- Increasing burden of non-communicable diseases such as diabetes, hypertension and cancers.
- Emerging public health threats that disrupt the continuity of service delivery.
- Inadequate housing for health care workers.
- Inconsistent supply of medicines and medical supplies (for example, vaccines, urinalysis, surfactant and others).
- Inadequate fuel supply.
- Inadequate capacity of the few suppliers involved in pharmaceutical supplies.
- Very slow processes on vehicle maintenance issues caused by delay of payments to dealers.
- Inadequate supplies to refill the RHM kits to support provision of First Aid and Home-Based Care.
- Insufficient praziquantel to cover high schools and community deworming
- NCDIMH functioning with repurposed staff, there is an urgent need for technical staff for programming all NCDIMH thematic areas: Prevention, case management, injuries, mental health, paediatric NCDs, oral, skin, eye, ear, nose and throat health, rehabilitation and palliative care.
- Lack of an electronic system for Phalala Fund to efficiently monitor patient management and claims from providers

- The budget allocation for Phalala is less than the need which results in some patients having to wait for long periods to access services further complicating their ailing health.
- The Ministry does not have a budget for training both long- and short-term and is heavily reliant on partner support for short training, and for long term training it is the responsibility of the Ministry of Public Service.
- There have been no communication landlines and no internet at the Headquarters for the past 3 years.
- Unavailability of Environmental/Public Health laboratory to food and drinking water quality.
- Staff attrition for Health System Strengthening project (Resignation of Procurement Specialist, Finance Management Specialist, Assistant procurement Officer, Senior M&E Officer, NCD Technical Advisor, and RHM Advisor).
- Insufficient budget allocation **-** the current budget allocation is not adequate to equally meet the demands of maintenance of medical equipment, yet the procurement of equipment is increasing each.
- Delays in the Award of Tender Contracts-. Tender No: 26 of 2024/25 was delayed by 5 months which has resulted in a lot of equipment breakdown which was caused by the fact that most of the equipment was due for major service.
- The Strategic Information Department has a huge staff deficit, the department is operating on borrowed posts.
- Aging Equipment in Haematology at the Laboratory with frequent breakdowns.

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End of Report

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