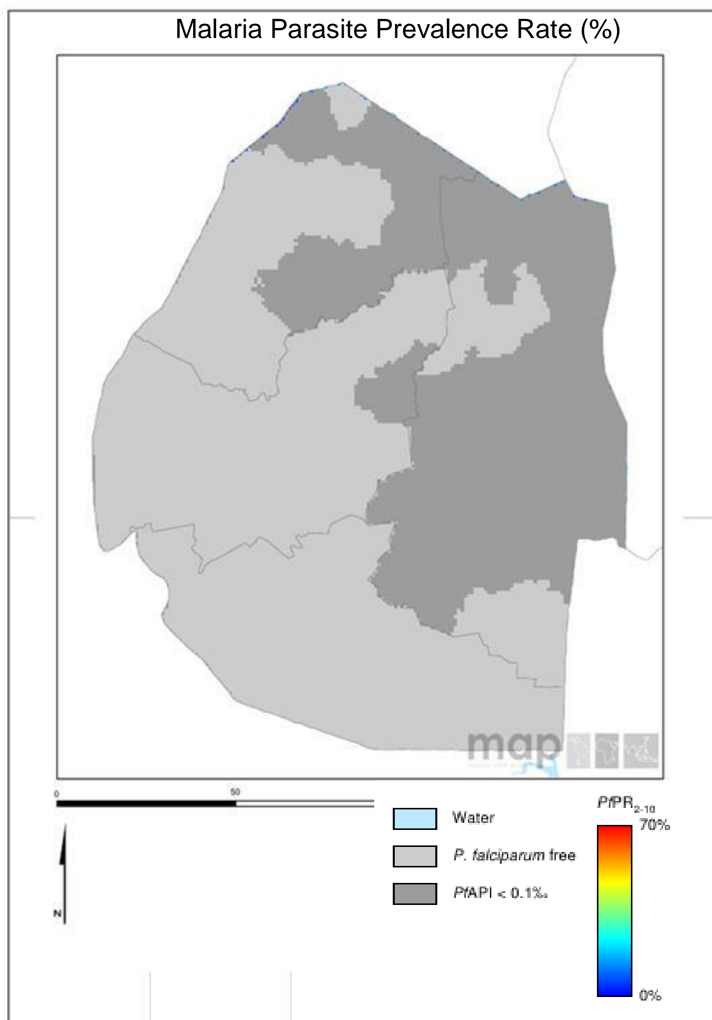
Swaziland ALMA Quarterly Report
Quarter One, 2014

AFRICAN LEADERS MALARIA ALLIANCE | ALMA

Scorecard for Accountability and Action



Metrics

Policy and Financial Control		
Oral Artemisinin Based Monotherapy Ban status (2014)		
Community case management (Pneumonia)		
Community case management (Malaria)		
World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D)		
Commodities Financed, Implementation and Malaria Impact		
IRS financing 2014 (% of at-risk population)		100
Public sector RDT financing 2014 projection (% of need)		100
Public sector ACT financing 2014 projection (% of need)		100
IRS Operational Coverage (%)	▼	90
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)		
Tracer Indicators for Maternal and Child Health		
PMTCT coverage 2012 (% pregnant HIV pts receiving ARVs)		83
% deliveries assisted by skilled birth attendant		82
Exclusive breastfeeding (% children < 6 months)		44
Vitamin A Coverage (2 doses)		41
DPT3 coverage 2011 (vaccination among 12-23 month olds)		91
Postnatal care (within 48 hrs)		22

Malaria transmission is seasonal in Swaziland; the annual reported number of clinical cases in 2012 was 626 with seven malaria deaths.

Key

- Target achieved or on track
- Progress but more effort required
- Not on track
- No data/Not applicable

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Urgent Global Fund Update

The Global Fund has announced that Swaziland will receive US$ 80.4 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation under the New Funding Model. The total figure includes all existing, unspent funds from previous rounds and the Interim New Funding Model. The Global Fund has determined the total allocation amount based on Swaziland's disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Swaziland this is calculated at US$ 5.4 million, including US$ 3.3 million of new resources. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Swaziland is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation at a level that is sufficient to sustain the gains made in recent years.

Progress

Swaziland has made significant progress in scaling-up malaria control interventions leading to a significant reduction in malaria burden in the country. Swaziland has declared an intention to ban oral artemisinin-based monotherapies. Adequate resources have been secured to fund the LLINs, ACTS, and RDTs in 2014. Good progress has been made on tracer MNCH interventions including DPT3 coverage, skilled birth attendants, and PMTCT. Swaziland was awarded a 2014 ALMA Award for Excellence in Implementation of Vector Control.

Impact

Swaziland has achieved significant impact in its malaria control programme. Malaria deaths decreased from 32 during 2000-2005 to seven in 2012. As such, the country has achieved the target of a 75% reduction in malaria burden since 2000.

Key Challenge

- Maintaining malaria high on the political and funding agenda.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH[1]: Optimise quality of care	Work towards improving PNC coverage through increasing availability of skilled care, promoting facility births where women and babies are observed for at least 24 hours before discharge and through home visits by community health workers	Q1 2014		Guidelines for caring for the newborn at facility and community level are under finalisation and will standardize newborn care and improve access to quality care for the newborn at both facility and community level. Communities are being sensitized on how they can participate in caring for pregnant mothers and sick babies including through identifying community members who can assist with transportation when problems arise. Communities are also sensitized to report maternal and newborn deaths at community level. Referral of clients from community to health facilities is being strengthened. Rural Health Motivators (RHMs) are being trained on: identification of pregnant mothers, educating pregnant mothers to seek early antenatal care, nutrition during pregnancy, recognition of danger signs during pregnancy and during the postnatal period including danger signs of the newborn. A training manual for RHMs is being reviewed to include caring for the newborn at home. RHMs visit mothers with newborn babies on days 1, 3 and 6. The mother is expected to report at the health facility for PNC on days 3, 7 and 14 after giving birth

New Key Recommended Actions

Objective	Action Item	Suggested completion timeframe
Optimise quality of care	Address falling IRS coverage	Q1 2015
Address funding	Ensure the NFM concept note is submitted by Q4 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q4 2014

Key

(green)	Action achieved
(yellow)	Some progress
(red)	No progress
(grey)	Deliverable not yet due

[1] MNCH metrics, recommended actions and response tracked through WHO MCA/iERG