

## RHM Evaluation Management Response

**Evaluation Title:** Evaluation of UNICEF's contribution to strengthening the Rural Health Motivators (RHM) Program in Eswatini, 2016-2018

**Region:** ESAR

**Office:** Eswatini

**Evaluation Year:** 2021

**Person-In-Charge for Follow-up to Management Response:** Nelisiwe Dlamini

**Overall Response to the Evaluation:** The recommendations of the evaluation were accepted by the Ministry of Health, Rural Health Motivators (RHM) program and will be addressed to improve the effectiveness of the program.

**Planned Use of Evaluation:** An action plan was developed and presented to senior managers in the MoH by the RHM program in collaboration with UNICEF. Part of the actions will be led by UNICEF and the remaining actions by MoH. UNICEF will support the action plan to ensure that implementation contributes to the improvement of the program.

### UNICEF Evaluation Management Response Templates *(Makhosini Mamba/Nelisiwe Dlamini)*

#### RECOMMENDATIONS and ACTIONS:

##### Evaluation Recommendation or Issue 1: Strengthen the coordination mechanisms at all levels including at community level

With the leadership of the National Nutrition Council, RHM program and the Disaster Management Agency, and participation of key stakeholders, there is a need to strengthen the coordination of the response activities. Rather than creating new coordinating body, it is preferable to use one of the existing and functional committees from the primary organizations. It would be essential to decentralize the Disaster Management Agency to the regional level with its own resources and establish a regional coordinating mechanism to ensure coordination of response activities and provision of technical support. The National Nutrition Council and the Disaster Management Agency should lead the implementation of this recommendation.

There is also a need to have a strong community coordination committee led by the community leaders to avoid confusion in the community as well as overlapping and duplication of response activities at community level. Such approach ensures that any organization interested to support the community would be part of the coordinating committee and need to use the Inkhundla as an entry point. The Inkundla must have people who are skilled in different skills who would contribute to the committees at Inkudla level.

**Management Response: Partially accepted**

**If recommendation is rejected or partially accepted, report reasons:** The National Nutrition Council and the Disaster Management Agency should lead the implementation of this recommendation. However, UNICEF will support the RHM programme in community coordination at all levels.

<b>Actions planned</b>	<b>Responsible Office</b>	<b>Responsible Person</b>	<b>Expected completion date</b>	<b>Implementation stage:</b> Not started Underway Completed Cancelled	<b>Actions taken</b>	<b>Supporting documents</b>
Hold at least 3 review meetings of the RHM program activities in the UNICEF's supported communities	RHM program / UNICEF	MOH RHM programme: John Myeni UNICEF: Tiyese Chimuna	September 2022	Not started		
Establish Community Technical Working group for community health services in the UNICEF's supported communities	RHM program / UNICEF	MOH RHM programme: John Myeni UNICEF: Tiyese Chimuna	September 2022	Not started		
Hold at least 3 meetings for community based health services TWG in the UNICEF's supported communities	RHM program / UNICEF	MOH RHM programme: John Myeni UNICEF: Tiyese Chimuna	September 2022	Not started		
Hold at least 2 meetings with health facility managers, RHMTs in the	RHM program / UNICEF	MOH RHM programme: John Myeni	September 2022	Not started		

UNICEF's supported communities		UNICEF: Tiyese Chimuna				
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**Evaluation Recommendation or Issue 2: Strengthen the bidirectional referral system**

To establish an effective and timely emergency response, it requires a strong and functional referral system that links the RHMs with the health facilities. Thus, there is a need to strengthen the bidirectional referral system through the improvement in the handling of referred clients at the referral health facilities and regular provision of feedback to RHMs, which would facilitate follow-up of the clients by RHMs and serve as capacity building to RHMs. To implement this recommendation, the MoH with the support of partners need to develop guidelines and provide training to health facility personnel. The Ministry of Health needs to lead its implementation by ensuring the collaborative work between departments overseeing the health facility and community based services.

**Management Response: (Agree, Partially Agree, Disagree): DISAGREE**

**If recommendation is rejected or partially accepted, report reasons:** the World Bank has started this year a project called “HEALTH SYSTEM STRENGTHENING FOR HUMAN CAPITAL DEVELOPMENT IN ESWATINI” To scale up NCD services in PHC, including training using the WHO-PEN for primary care in low-resource settings and will focus on NCD prevention, screening, diagnosis, and management, including stepwise treatment initiation and referral, and continuity in care.

<b>Actions planned</b>	<b>Responsible Office</b>	<b>Responsible Person</b>	<b>Expected completion date</b>	<b>Implementation stage: Not started Underway Completed Cancelled</b>	<b>Actions taken</b>	<b>Supporting documents</b>



**Evaluation Recommendation or Issue 3: Strengthen community participation and ownership to ensure sustainability.**

To strengthen community participation and ownership of the program, there is a need to fully involve the community in all stages of the program. It is critical to empower the community, establish partnership, and strengthen relationships that ensure meaningful contribution by the community in the identification of their challenges and prioritization of services. It is also important that their ideas and feedbacks are heard and influence the design of the intervention, planning, implementation and monitoring. Moreover, their participation in the identification of beneficiaries for food distribution will ensure transparency and a sense of ownership by the community. To facilitate these activities advocacy and training of community leadership and establishment of community committees should be considered. The RHM program needs to take the lead and ensure

all stakeholders are on board to implement this recommendation. The regional RHM and health facility personnel with the support of the RHM leads need to be involved in the implementation of this recommendation.

**Management Response: (Agree, Partially Agree, Disagree): AGREE**

**If recommendation is rejected or partially accepted, report reasons:**

Actions planned	Responsible Office	Responsible Person	Expected completion date	Implementation stage: Not started Underway Completed Cancelled	Actions taken	Supporting documents		
Conduct community sensitization meetings targeting 200 community leaders to influence change in MNCH practices in 14 Tinkhundla supported	World Vision of Eswatini WVE / UNICEF	WVE Focal Point: Happiness Mkhathshwa UNICEF: Tiyese Chimuna	December 2021	Completed	280 community leaders (110 females and 170 males) from 14 Tinkhundla were reached to promote behaviour change in the communities and to influence change in MNCH practices. They were hosted in the Tinkhundla centres, with the Inkhundla councils and representatives from the RHMs, the Community development committees and the chiefdom councils.	WVE narrative report;  UNICEF MNCH March 2021 Report_		
Conduct 14 community dialogues targeting all men in UNICEF's supported community	World Vision of Eswatini WVE / UNICEF	WVE Focal Point: Happiness Mkhathshwa UNICEF: Tiyese Chimuna	September 2022	Underway	Up to June 2021, a total of 9/14 community dialogues were conducted reaching a total of 425 men in the following communities: <table border="1" data-bbox="1465 1344 1785 1422"> <tr> <td>Constituency</td> <td>Men reached</td> </tr> </table>	Constituency	Men reached	WVE reports  7 July - UNICEF Quarter April- June :
Constituency	Men reached							

Mtsambama	107
Somntongo	104
Sandleni	101
Ngudzeni	71
Gege	42
Total	425

The dialogues were held in collaboration with MOH and Aps, focused around the following MNCH & N thematic areas: Pre-conception, ANC, Danger Signs, Labour and delivery, Post-natal care and Early childhood development. Various Stakeholders which include Health promotion, ICDF and RHM program were leading the discussions. 10% of the participants were requested to take a pre-test before the dialogues to measure how much knowledge the participants (Men) had on MNCH&N. After the dialogue the same participants who took the Pre-test were required to take a Post-test to measure the knowledge they got from the dialogue.

					<p>Observations from responses or submissions</p> <ul style="list-style-type: none"> <li>➤ Most men either have little or no information on preconception care, danger signs, labor and delivery and how to support their women during pregnancy and after delivery</li> <li>➤ It pains and disappoints them the most that their pregnant women are sometimes turned back at the maternity and only to deliver along the way back home</li> <li>➤ Complaining of Long waiting time to receive the service and limited access to information regarding men's involvement</li> <li>➤ Little information on breast feeding and immunization</li> </ul>	
Hold at least 2 meetings with community leaders in UNICEF's supported community	RHM program / UNICEF	MOH RHM programme: John Myeni UNICEF: Tiyese Chimuna	September 2022	<b>Not yet started</b>		MOH report

**Evaluation Recommendation or Issue 4: Integrate the health and nutrition interventions with activities focusing on ensuring food security.**

Any emergency response needs to integrate strategies that improve food security such as promotion of gardening, provision of agricultural inputs, and education on income generating projects along with the health and nutrition related interventions in order to have drought resilient communities. The RHM program could lead the implementation of this recommendation, which requires establishment of cross-sectorial collaborations with relevant partners such as agriculture, WFP and other line ministers.

**Management Response: (Agree, Partially Agree, Disagree): Disagree**

**If recommendation is rejected or partially accepted, report reasons: UNICEF has not a primary role on this recommendation. RHM program and Nutrition Council should lead the implementation of this recommendation with relevant partners such as agriculture, WFP and other line ministers.**

Actions planned	Responsible Office	Responsible Person	Expected completion date	Implementation stage: Not started Underway Completed Cancelled	Actions taken	Supporting documents

**Evaluation Recommendation or Issue 5: Improve the motivation and satisfaction of RHMs.**

Improving the motivation and satisfaction of RHMs to strengthen the RHM program, which is the framework for the implementation of the emergency response and other interventions, is an important area requiring government attention. Based on the evaluation findings, the following specific actions are recommended:

- The government needs to consider the revision of the salaries of RHMs to match the demanding job they are doing, particularly considering the additional responsibilities given. Moreover, there is a need to improve RHM incentive payment system through the use of modern technology in banking (e.g Mobile money) rather than using cheque, which costs them money to cash the cheque. The Ministry of Health should take the lead to implement this recommendation.
- The government, and specifically the RHM program, need to recruit and train new RHMs to replace the old ones, and those who are no longer active and/or left for different reasons to ease some RHMs who are overburden with large number of homesteads. Moreover, there is a need to consider setting the age of retirement for the RHMs to ensure all salaried RHMs are active and functional. The RHM program should lead its implementation.
- Train RHM leads on leadership and supervision skills to ensure effective coordination and efficiency of the program. This could be implemented through the collaboration of key partners that can support with technical and/or financial resources. The RHM program should lead its implementation.

- Equip RHMs with different equipment and medical supplies that include PPE and sanitizers to encourage RHMs to conduct home visits to all homesteads considering the COVID 19 pandemic and first aid kits and basic medications to address community needs and improve RHMs acceptance by the community. The RHM program should lead the implementation of this recommendation by coordinating other key partners.

**Management Response: (Agree, Partially Agree, Disagree): Partially Agree**

**If recommendation is rejected or partially accepted, report reasons:** most of the point in this recommendation should be considered by MOH as well as provision of first aid kits and basic medications. UNICEF will support MOH with the following actions stated.

Actions planned	Responsible Office	Responsible Person	Expected completion date	Implementation stage: Not started Underway Completed Cancelled	Actions taken	Supporting documents
Conduct 6 sessions of RHM pre-service training with at least 1 session per sub-region reaching maximum 30 participants per session in the supported community	RHM program / UNICEF MOH	RHM programme: John Myeni UNICEF: Tiyese	September 2022	Not started		MOH report
350 RHMs (25 in each of the supported constituency) capacitated on maternal and new-born care, nutrition, ECS, HIV, BR. This will include equipping them with counselling skills and growth monitoring skills including reporting, supervision and referral for care	World Vision of Eswatini WVE / UNICEF	WVE Focal Point: Happiness Mkhathshwa	June 2022	completed	417 RHMs (5 male; 412 female) were trained in by June 2021 on the following topics: maternal and new-born care, nutrition, ECS, HIV, BR and reporting. The training equipped them with counselling skills, reporting and referral for care. As part of the capacity building WV conducted 72 mentoring and supervision visits to 72 RHMs Sandleni,	WVE report

					<p>Shiselweni 1, Mtsambama, Zombodze, Lomahasha, Dvokodvweni, Matsanjeni North and in Siphofaneni in the month of May where RHMs were supported in their service delivery. The counselling session covers a recap of what the previous visit was about, what the current visit will be about, highlights on any key issues, e.g. referral to the clinic if there is a need, a demonstration of an activity and then the RHM shared the date for the next visit. RHMs also fills in the reporting register to track all the important information. In addition, monthly review and reporting meetings were conducted in 4 constituencies (Mtsambama, Sandleni, Sigwe, Siphofaneni and Matsanjeni North) for the RHMs to share feedback on how they have been working in the last few months. They shared how the</p>	
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					project has enabled them to strengthen their leadership because there is a clear way of reporting the issues and they can actually feel the support.	
Equip RHMs with PPE and soap to encourage RHMs to conduct home visits to all homesteads considering the COVID 19 pandemic	RHM Programme/ UNICEF		December 2021	Completed	<p>Procured 5,000 bars of soap for handwashing demonstration, and door to door visits for 100% of RHMs.</p> <p>Conducted training on COVID-19 prevention measures for all lead RHMs (800 trained in April 2020)</p> <p>At community level, through MNCH project; PPE including hand sanitisers, face masks and shields have also been procured and distributed to 417 RHMs (5 male; 412 female) for their protection during their household engagements.</p>	WVE report

**Evaluation Recommendation or Issue 6: Further strengthen the overall community-based health system to support the community-based emergency response.**

To further strengthen the overall community-based health system, there a need to provide various equipment and supplies to RHMs (PPE, hand sanitizers, uniforms, and relevant medical supplies such as ORS, soap, gloves, and bandages); improve the bidirectional referral system; and

strengthen the regularity and provision of integrated services of outreach services to mitigate the challenges with distance of clinics. The MoH with the support of key partners should take the lead in the implementation of this recommendation.

**Management Response: (Agree, Partially Agree, Disagree): DISAGREE**

**If recommendation is rejected or partially accepted, report reasons: it seems this recommendation is already covered in previous ones.**

Actions planned	Responsible Office	Responsible Person	Expected completion date	Implementation stage: Not started Underway Completed Cancelled	Actions taken	Supporting documents

**Evaluation Recommendation or Issue 7: The RHM program in collaboration with the education sector needs to include school health education and sensitization to expand the service delivery approaches**

Expanding the COVID-19 response service delivery modalities ensures the reach of the services and critical information to all community members. RHMs with the support of health workers could train selected teachers in their respective communities. This approach ensures that COVID-19 prevention measures are in place in all schools that are already reopened or as schools reopen. Moreover, RHMs could also monitor the appropriate implementation of the prevention methods in the schools. The COVID-19 education and sensitization activities in schoolchildren can be integrated with other school health programs to ensure efficiency of the RHM program.

**Management Response: (Agree, Partially Agree, Disagree): DISAGREE**

**If recommendation is rejected or partially accepted, report reasons: there is already a school health programme led in collaboration by MOH and MOET. It's not the role of RHM to monitor the appropriate implementation of the prevention methods in the schools.**

Actions planned	Responsible Office	Responsible Person	Expected completion date	Implementation stage: Not started Underway Completed Cancelled	Actions taken	Supporting documents

**Evaluation Recommendation or Issue 8: The RHM program needs to coordinate partners to support RHMs and some homesteads that do not have access to masks, sanitizers and soaps.**

The evaluation findings showed that some community members were not able to access supplies such as masks, sanitizers and soaps for different reasons including economic factors, which may result in disproportionate impact of COVID-19 in this segment of the population. The RHM program needs to solicit such resources from key partners to ensure that all community members have access to the basic COVID-19 preventive measures.

**Management Response: (Agree, Partially Agree, Disagree): DISAGREE**

**If recommendation is rejected or partially accepted, report reasons:** it's not in the mandate of RHM to provide WASH facilities at community level. However, RHM contributed in providing information and raising awareness on the importance of using PPE and WASH facilities.

Actions planned	Responsible Office	Responsible Person	Expected completion date	Implementation stage: Not started Underway Completed Cancelled	Actions taken	Supporting documents



**Evaluation Recommendation or Issue 9: The Ministry of Health needs to strengthen COVID-19 surveillance system and include data reporting in the Health Management and Information System**

It was difficult to understand the COVID-19 surveillance and reporting system from this assessment, but there is a need to ensure that COVID-19 related data is collected and reported with improved quality, timeliness and completeness. It could be integrated to the reporting system of other health issues under strict surveillance in the country.

**Management Response: (Agree, Partially Agree, Disagree): AGREE**

**If recommendation is rejected or partially accepted, report reasons:**

Actions planned	Responsible Office	Responsible Person	Expected completion date	Implementation stage: Not started Underway Completed	Actions taken	Supporting documents
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				Cancelled		
COVID-19 related data is collected daily	MOH EDCU / UNICEF		December 2021	completed	Corona Virus Disease (COVID-19) Situational Report is shared daily by EDCU which reports daily COVID-19 data with new cases, cumulative cases, active cases, recoveries, and deaths related to COVID-19	EDCU report  ESWATINI_COVID-19 SITREP_ 15.06.2021
COVID-19 related data is reported daily in dashboard	MOH EDCU / UNICEF		December 2021	Completed	Corona Virus Disease (COVID-19) Situational Report shows pictorial views of COVID-19 related data disaggregated by sex, region, age groups, etc	 ESWATINI_COVID-19 SITREP_ 15.06.2021