REVOLUTIONARY GOVERNMENT OF ZANZIBAR

MINISTRY OF HEALTH

ZANZIBAR INTEGRATED HIV, HEPATITIS, TUBERCULOSIS & LEPROSY PROGRAMME (ZIHHTLP)

ANNUAL REPORT

2019

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ACRONYMS

ACSM	Advocacy Communication and Social Mobilization
AFB	Acid Fast Bacilli
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal-Care
ART	Anti-Retroviral Therapy
ARV	Anti-Retro Viral
BCC	Behavioural Change Communication
CHBC	Community Home Based Care
CHMT	Council Health Management Team
CITC	Client Initiated Testing and Counselling
CMS	Central Medical Stores
CPT	Cotrimoxazole Preventive Therapy
CTC	Care and Treatment Clinic
DHIS2	District Health Information System 2
CHMT	Community Health Management Team
DNA	Deoxyribose Nucleic Acid
DOT	Directly Observed Therapy
DDM	District Data Manager
DMO	District Medical Officer
DTLC	District Tuberculosis and Leprosy Coordinator
EAC	Enhanced Adherence Counselling
EID	Early Infant Diagnosis
EQA	External Quality Assurance
FBO	Faith Based Organization
HBC	Home Based Care
HBV	Hepatitis B Virus
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus

HMIS	Health Management Information System
HTS	HIV Testing and Counselling
HVL	HIV Viral Load
HTS	HIV Testing Services
IBBSS	Integrated Bio- Behavioural Surveillance Survey
ICT	Information and Communication Technology
IEC	Information Education Communication
IPD	In-Patient Department
IPT	Isoniazid Preventive Therapy
IQC	Internal Quality Control
IRB	Institutional Review Board
IT	Information Technology
KPs	Key Populations
LTF	Lost-To-Follow up
MAT	Methadone Assisted Therapy
MB	Multi Bacillary
MDR	Multi Drug Resistant
MDT	Multi Drug Therapy
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MSD	Medical Stores Department
MSM	Men who have Sex with Men
MTB/RIF	Mycobacterium Tuberculosis/Rifampicin
NACP	National AIDS Control Programme
NGO	Non-Governmental Organization
NTLP	National Tuberculosis and Leprosy Programme
OPD	Out-Patient Department
PB	Pauci Bacillary
PCR	Polymerase Chain Reaction

PEP	Post Exposure Prophylaxis
PHCC	Primary Health Care Centre
PHCU	Primary Health Care Unit
PITC	Provider Initiated Testing and Counselling
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
PWID	People Who Inject Drugs
RCH	Reproductive and Child Health
RTI	Reproductive Tract Infection
RTLC	Regional Tuberculosis and Leprosy Coordinator
SI	Strategic Information
SOPs	Standard Operating Procedures
STI	Sexually Transmitted Infection
TB	Tuberculosis
THPS	Tanzania Health Promotion Services
TWG	Technical Working Group
UNAIDS	United Nations programme on HIV and AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
VHP	Viral Hepatitis
WHO	World Health Organization
ZAC	Zanzibar AIDS Commission
ZAMREC	Zanzibar Medical Research Ethical Committee
ZAPHA+	Zanzibar Association of People living with HIV and AIDS
ZAYEDESA	Zanzibar Youth Education Environment Development Support Association
ZIHHTLP	Zanzibar Integrated HIV, Hepatitis, TB and Leprosy Programme

EXECUTIVE SUMMARY

The 2019 annual report is ninth on the progress to the HIV, STI, TB and Leprosy responses since 2011. This report has been prepared through analysis of service utilization reports i.e. HIV care and treatment, Counselling and Testing for HIV infection, Prevention of Mother to Child Transmission of HIV infection, Integrated Community-Based HealthCare Services, Behavioural Change Communication, HIV/TB laboratory, TB and Leprosy, Key Population, STI/RTI, Viral Hepatitis, Strategic Information and surveillance of HIV and TB in the country. Additionally, 2019 mark the end-line implementation of the National TB and leprosy strategic Plan 2015 -2019. The report also includes highlights of HIV and TB research conducted in Zanzibar during the reporting period. In 2019, the following achievements have been marked in the country.

HIV Testing Services: The number of sites offering HIV testing services was 168 i.e. 13 sites providing VCT services alone, 106 providing PITC services alone and 49 providing both PITC and VCT services. A total 271,123 of individuals were counselled and tested for HIV and received results in 2019. Among the clients tested, 56% (152,855) were females.

Prevention of Mother to Child Transmission services: A total of 64,286 pregnant women were tested for HIV, representing 87.8% of all estimated pregnant women. A total of 391 (89.3%) HIV positive pregnant women out of 438 estimated HIV positive pregnant women were initiated on ART. Infants born to HIV positive mothers who received HIV antigen test (DNA PCR) within 2 months of birth were 343/438 (78.3%) and all were started on Cotrimoxazole within two months of birth.

Key Population services: During the year, a total of 9,143 Key Populations were reached through NGOs (2,708 MSM, 3,700 FSW and 2,735 PWID. Of them, a total of 7,161 key population (1,640 MSM, 3,168 FSWs and 2,353 PWIDs) were tested for HIV. The proportion of HIV infected KPs receiving ART was 55.5% for MSM, 68.4% FSW and 42.0% PWID. As of December 2019, a total of 879 clients were enrolled and 572 currently receiving MAT services in Unguja. Percentage of PWIDS who were on Methadone services for at least six months among PWID who have ever used methadone was 61.6%.

STI/RTI Control and Prevention Programme: In 2019, there was an increase in STI cases diagnosed compared to 2018. A total of 16,546 STI cases were reported and managed in 2019 which is an increase from 13,335 episodes reported in 2018.

Care and Treatment services for PLHIV: The care, support and treatment programme provide comprehensive services for PLHIV which include free ART, psychosocial support, prevention and treatment of Opportunistic Infections including Tuberculosis. By 2019, a total of thirteen ART clinics were providing care and treatment services with 6,706 patients who received care, of whom 6,519 (97.2%) are receiving ARVs at these facilities. About 69.1% of patients initiated on ART are still alive and known to be on treatment 12 months after initiation of treatment. Percentage of patients screened for TB has remained the same at 95.4%.

Integrated Community-Based HealthCare Services: During the year 2019, a total of 3,826 patients received HBC services. Among those received services, 1,214 were People living with HIV (781 female and 433 males) and 2,612 had chronic illnesses.

Tuberculosis and Leprosy control services: A total number of all registered TB cases were 967, whereby number of new bacteriologically confirmed TB cases was 276 (30%) and 5 (0.5%) MDR-TB. In 2019, TB treatment success rate was 93%. For TB/HIV collaborative activities, 966 TB patients tested for HIV and 134 (14%) were HIV positive. Ninety nine percent (99%) of the co-infected patients started ART through under one-roof service. The number of new leprosy cases registered in 2019 was 163 cases of whom 72% were multibacillary.

Laboratory Services: In 2019, there were 13 laboratories (9 Unguja and 4 Pemba) which support monitoring of HIV care and treatment services. Furthermore, laboratory supports HIV diagnosis at 168 (110 Unguja 58 Pemba) HTS sites, 168 (100 Unguja 68 Pemba) PMTCT sites, 56 (38 Unguja 18 Pemba) TB diagnostic sites and Public Health laboratories (PHL) in Pemba which serves as reference laboratory for TB culture. In 2019, 8,634 sputum samples were collected from testing sites. of them 92.9% (8,023) were tested by Gene Xpert. All 56 TB diagnostic sites have capacity to perform sputum examination by microscopy technique, which is used for follow-up of TB patients.

Viral Hepatitis: During the year 2019, a total of 16,450 pregnant women were tested for Hepatitis B (12,116 in Unguja and 4,334 Pemba). Of them, 187 (1.1%) tested HBsAg positive (137 (1.4%) in Unguja and 50 (1.2%) Pemba). In addition, a total of 1,915 pregnant women were

tested for hepatitis C (1,285 in Unguja and 630 Pemba). Of them 3 (0.2%) tested HCV antibody positive in Unguja and none in Pemba.

Behaviour Change Communication: In 2019, the unit printed a total of 70,800 copies of IEC/BCC materials on HTS, PMTCT, CTC and STI. Moreover, **51,420** (**44,106** brochure, **2,681** posters, **2,450** factsheet and **2,183** stickers) IEC/BCC materials were distributed to various stakeholders including Health facilities and Non-Governmental Organizations in order. In addition, various radio and TV spots were aired during the year of reporting.

Strategic Information: Some of the key achievements during 2019 are conducting various studies including Integrated Bio-Behavioural Surveillance Survey (IBBSS) among people who inject drugs (PWID) using RDS methodology, operational research on PITC uptake, IPT use among CTC clients, and retention on PMTCT care cascades. Moreover, development of HIV/TB epidemiological profile for Zanzibar was conducted. Annual tool review workshop was also conducted including registers and monthly summary report.

CHAPTER 1: BACKGROUND INFORMATION

1.1 Introduction

Zanzibar Integrated HIV, Hepatitis, TB and Leprosy Programme (ZIHHTLP) is under the Directorate of Preventive Services and Health Education of the Ministry of Health (MoH), Zanzibar. It comprised of two programmes namely Zanzibar AIDS Control Programme and Zanzibar TB and Leprosy Control Programme. These were originally established as standalone programmes in 1987 and were officially combined in February 2012 in order to optimize service provision and efficient utilization of the available resources.

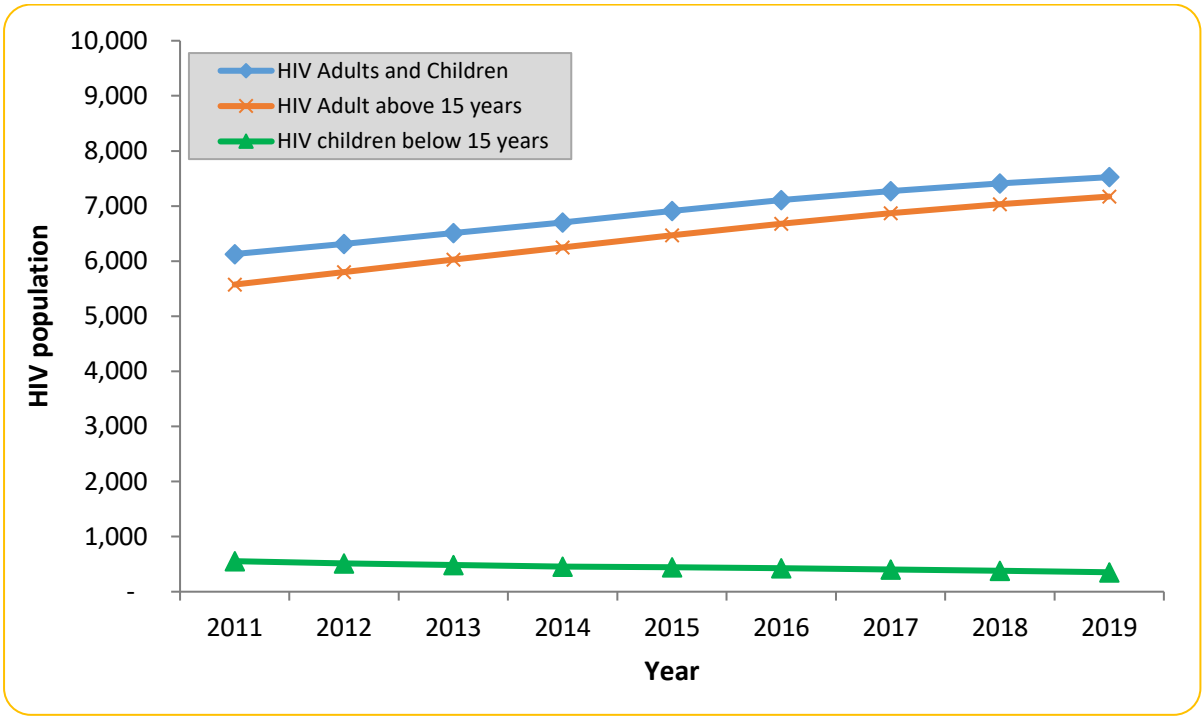
1.2 The burden of diseases (HIV, Hepatitis, TB and Leprosy)

1.2.1 HIV situation

The first three AIDS cases in Zanzibar were diagnosed in 1986. Since then the HIV epidemic has remained low (below 1%) in the general population. However, Zanzibar is typically characterized by concentrated HIV epidemic with high HIV prevalence among female sex workers (FSWs), people who inject drugs (PWIDs) and men who have sex with men (MSM). According to the Integrated Bio-Behavioral Surveillance Survey (IBBSS) conducted in 2018/19, HIV prevalence was estimated to be 12.1%, 5.1% and 5.0% among FSWs, PWID and MSM, respectively.

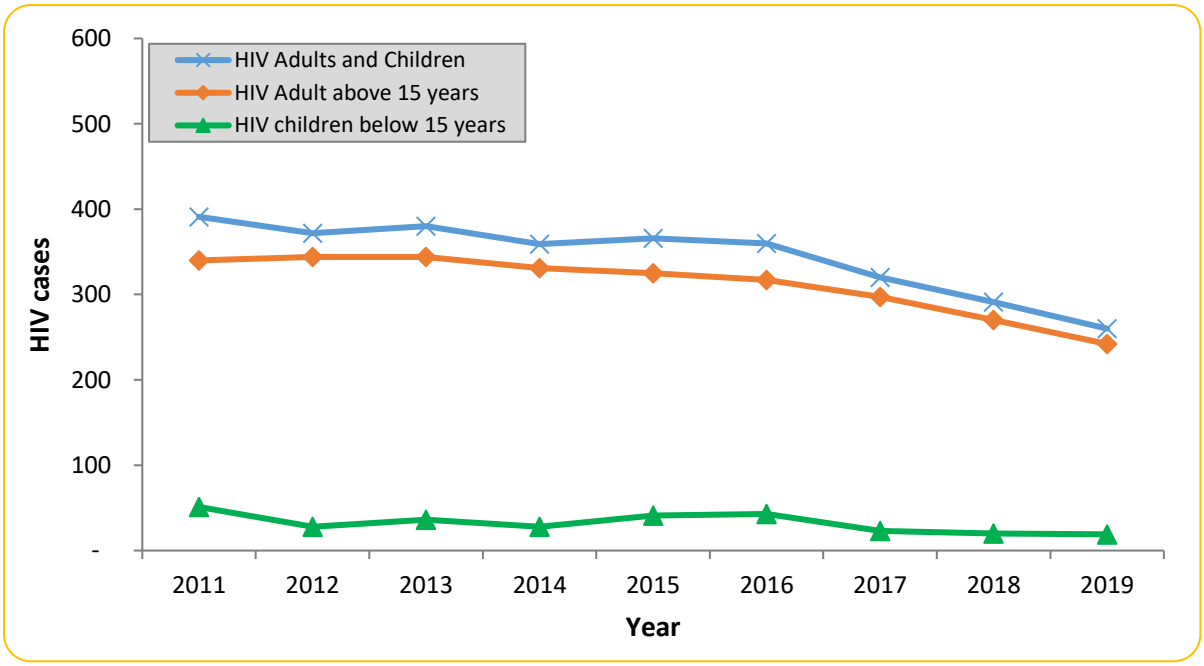
Based on the spectrum data, as of December 2019, it is estimated that an average of 7,524 people including adults and children will be living with HIV in Zanzibar. Among them, 95% (7,172) are people aged 15 years and above. The population of people living with HIV (PLHIV) has been increasing steadily from 2010 to 2019 as illustrated in figure 1 below.

Figure 1: Population estimates of people living with HIV, 2011 – 2019, Zanzibar



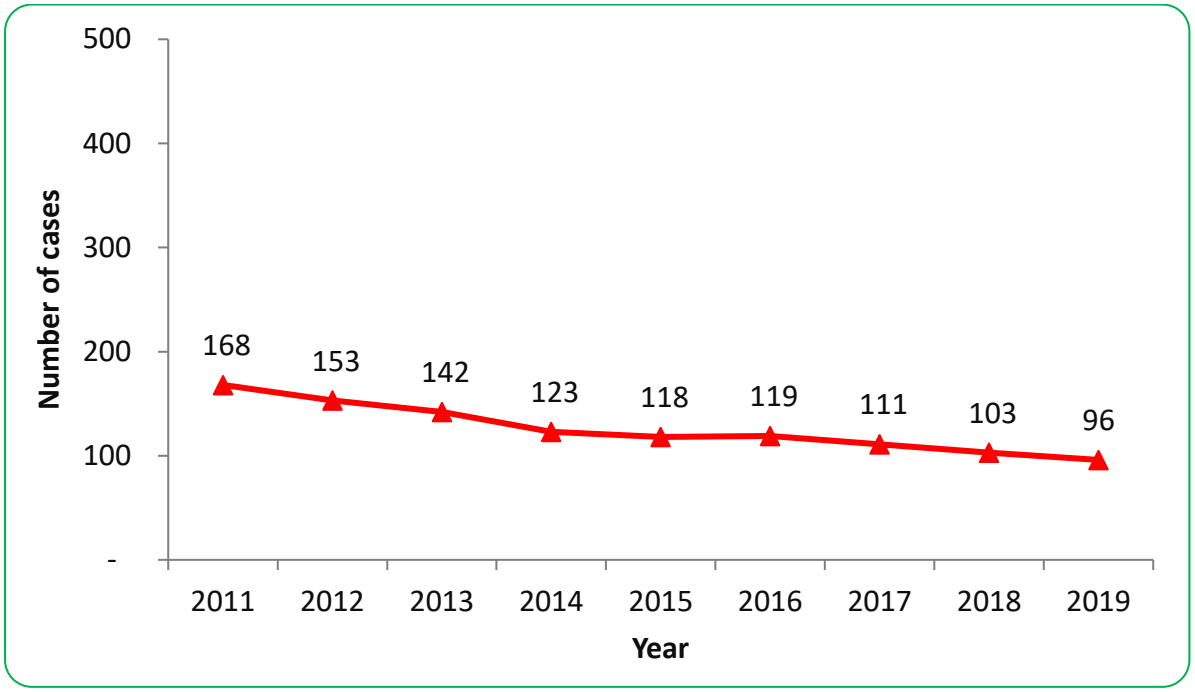
In 2019, 260 new cases are estimated, whereby 93% are adults above 15 years. The number of new HIV infections from 2010 shows a downward trend across all age groups (figure 2).

Figure 2: Trend of new HIV infection from 2011 – 2019, Zanzibar



Moreover, the estimated number of deaths among PLHIV has decreased tremendously for the last 9 years (figure 3).

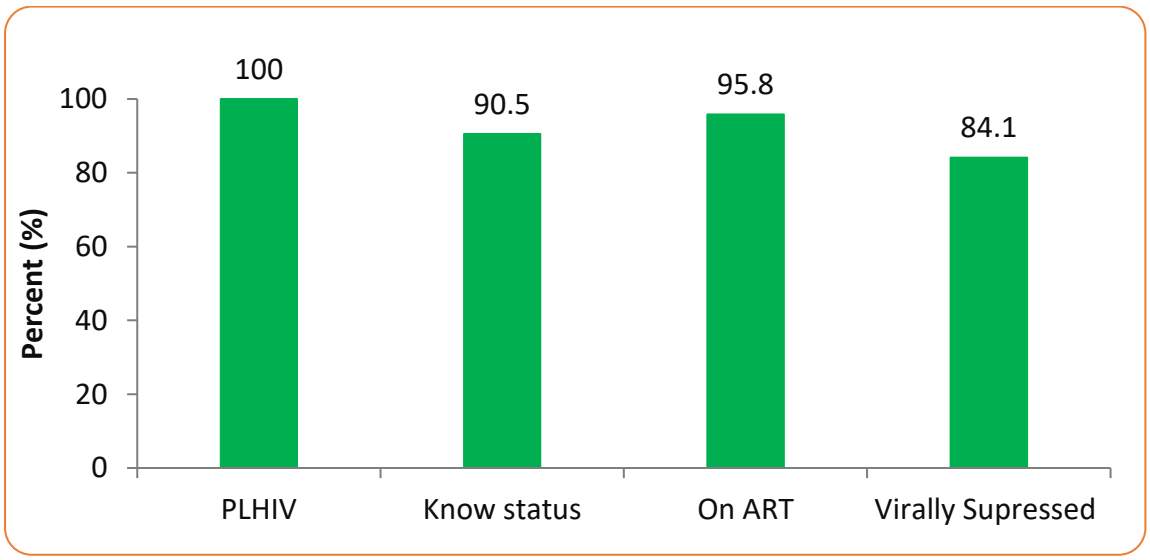
Figure 3: Total deaths to HIV population from 2011 to 2019 in Zanzibar



HIV Treatment Cascade

In 2019, about ninety percent (90.5%) of people who are living with HIV (PLHIV) had been previously diagnosed. Of those, 95.8% were on ART. Of those on ART, 84.1% were virally suppressed (Figure 4).

Figure 4: Progress towards 90-90-90 targets among PLHIV



1.2.2 TB situation

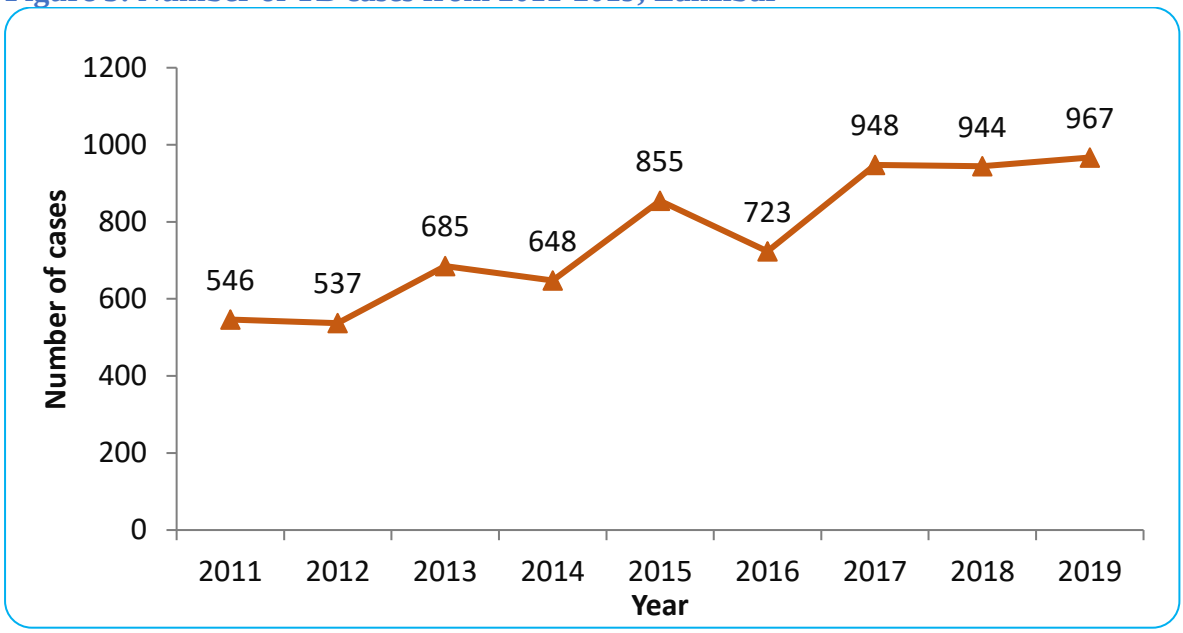
Tuberculosis (TB) continues to be among the major public health problem in the country. The number of TB cases notified in Zanzibar has steadily increased from 449 in 2010 to 967 in

2019. The increase in the notification was largest in the group of clinically diagnosed TB cases between 2015 and 2019 (Figure 5).

In 2019, a total of 967 patients were diagnosed with TB. Of them 905 (94%) were new cases. Among the newly identified cases, 276 (30%) were bacteriologically confirmed, 450 (50%) clinically diagnosed and 179 (20%) were extra pulmonary TB patients. A total of 57 patients were previously treated. Among them 23 (40%) were a relapse, 4 (7%) were a failure and 13(23%) were return to control and 17 (30%) were others.

MDR-TB cases remain low in Zanzibar. The Drug-Resistant Survey (DRS) done in Tanzania in 2007 indicated that the MDR-TB burden in Zanzibar was 1.1% among new cases and 3.9% among re-treated cases. The first case of MDR-TB in Zanzibar was diagnosed in 2009 in Pemba. In 2019, 5 MDR-TB cases were notified and treated.

Figure 5: Number of TB cases from 2011-2019, Zanzibar



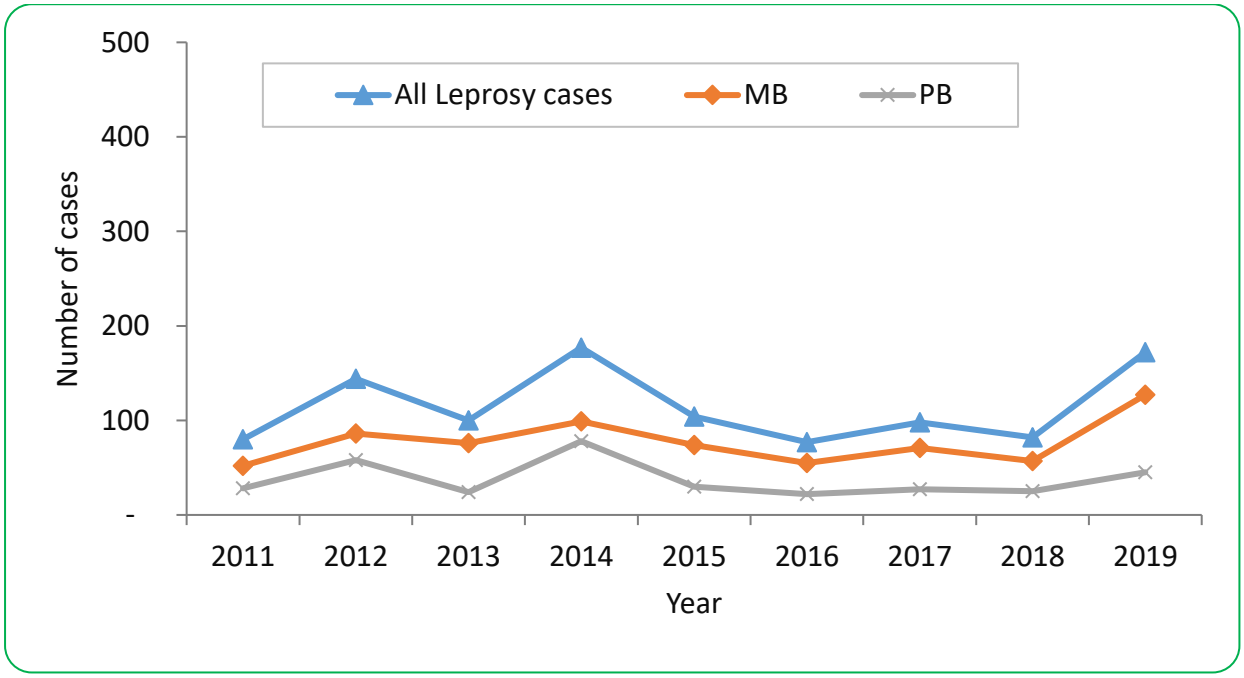
1.2.3 Leprosy situation

Leprosy control is aimed at prevention of disability from the disease through early detection and treatment of all Leprosy patients. Although Multi-Drug Therapy (MDT) results are good in Zanzibar, the number of newly detected Leprosy patients with disabilities has not declined. In 2019, the total number of Leprosy cases registered was 172.

Tanzania as a country was declared to have reached the Leprosy elimination targets in 2006. The trend of newly registered Leprosy cases has been fluctuating in the last 9 years (figure 6) with a prevalence rate of less than 1 case per 10,000 populations as per WHO elimination target.

However, Zanzibar still has some districts with a high prevalence of Leprosy above WHO targets.

Figure 6: Number of cases by type of Leprosy from 2010-2019 in Zanzibar



1.2.4 Viral Hepatitis

Hepatitis B (HBV) and hepatitis C (HCV) viral infections are major global health problems. Globally, approximately 240 million people are chronically infected with HBV and 130–150 million with HCV. Furthermore, Hepatitis B and C are responsible for 96% of all hepatitis-related mortality, leading to an estimated 1.45 million deaths annually (WHO, 2015).

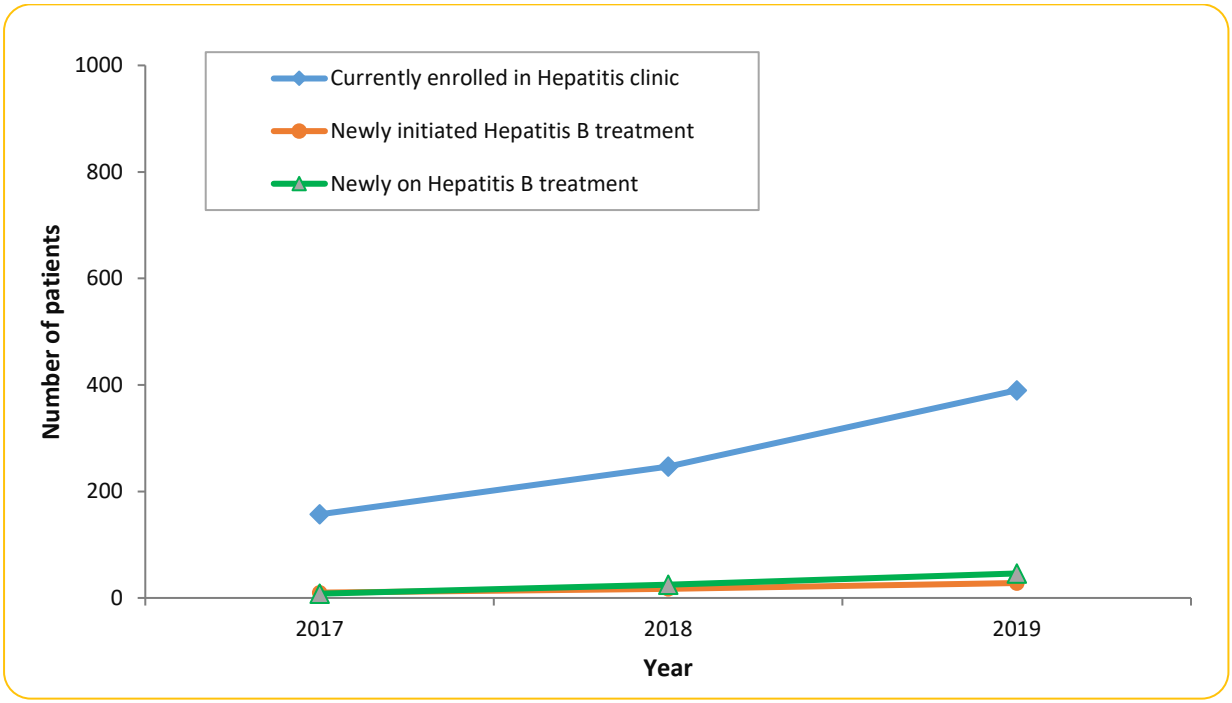
In Zanzibar according to ANC surveillance 2018 found that Hepatitis B remains the most prevalent blood borne infection among pregnant women. About 1.3% of ANC surveillance participants had hepatitis B infection while hepatitis C was the least prevalent infection amongst tested pregnant women; It was observed in only two districts, which were Kaskazini A and Kaskazini B with the same proportion of participants with hepatitis C infection (0.2%).

Furthermore, according to Key population IBBSS 2018/19 found that the prevalence of HBV among key population PWID, MSM and FSW was 4.4%, 1.8% and 1.0% respectively. While the prevalence of HCV amongst PWID, MSM and FSW was 13.7%, 0.5% and 0.7% respectively.

The number of hepatitis B infected clients enrolled in viral hepatitis clinic which is situated at Mnazi Mmoja referral hospital has increased tremendously from 157 in 2017 to 390 in 2019. The number of hepatitis B infected individuals who were newly initiated antiretroviral therapy has increased from 10 in 2017 to 28 in 2019.

Majority of hepatitis B infected clients were not initiated antiretroviral therapy because they did not meet eligibility criteria for treatment according to WHO guidelines. Currently, a total of 46 (38 male and 8 female) patients are on treatment. Of them, 8 were retained from 2017, 25 from 2018 and 28 were initiated in 2019. A total of 3 patients died and 12 absconded from treatment. Figure 7 shows these data.

Figure 7: Number of clients receiving viral hepatitis services



1.4 Vision

Zanzibar free of new HIV, Hepatitis, TB and Leprosy infections; people infected or affected by these diseases are not stigmatized or discriminated; and key populations accessing HIV, Hepatitis, TB and Leprosy information and services.

1.5 Mission

To provide technical leadership and collaboration with other sectors and actors in ensuring that there are access availability and equity of quality HIV, Hepatitis, TB and Leprosy services for general and key populations.

1.6 The Goal

- To prevent the spread of new HIV infections among general and key population
- To reduce morbidity and mortality related to HIV/AIDS
- To reduce incidence by 25% and mortality by 30% of TB and leprosy by 2019
- To eliminate viral hepatitis as a major public health threat by 2030.

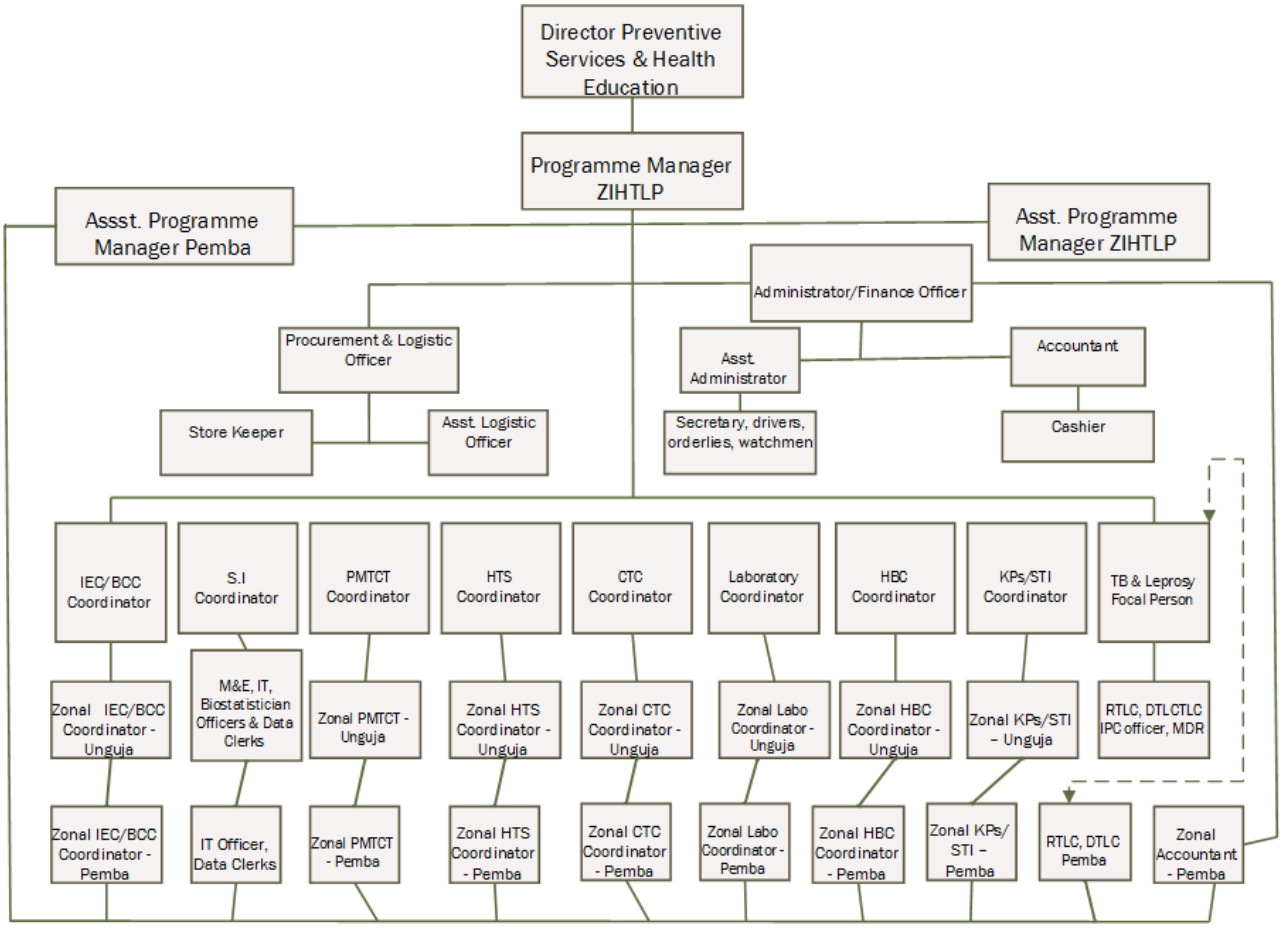
1.7 Program's Core Functions

The ZIHHTLP coordinates and implements all health-related responses pertaining to HIV, Hepatitis, TB and Leprosy control in the country. It is also responsible for advising and guiding the MoH on health issues related to these diseases, building capacity of health care workers (HCWs) on the management of the four diseases, monitoring the quality of services and strengthening strategic information system. In line with the above, the program ensures that control and prevention initiatives of HIV, Hepatitis, TB and Leprosy infection are in line with the Government key policy documents including the health sector strategic plan and multisectoral HIV strategic plan.

1.8 Organizational Structure

This is an area of authority, responsibility, and accountability. ZIHHTLP contains ten (10) technical units, each unit led by a coordinator. While the program manager is the overall in-charge of the program, coordinators oversee the execution of program plans and implementation of activities under their respective program areas. They ensure that program plans are in line with the key strategic plans, develop and monitor adherence of the developed guidelines by service providers. Current program units are HIV Counseling and Testing, Prevention of Mother to Child Transmission of HIV, HIV Care and Treatment, Hepatitis, TB and Leprosy, Behavior Change Communication, Key Populations & Sexually Transmitted Infections, Integrated Community Based Healthcare services, HIV/TB Laboratory, Strategic Information and Program Administration and Finance. The following is the Organizational Chart of the program:

Figure 8: Organizational chart of Zanzibar Integrated HIV, TB and Leprosy Programme



1.9 Implementation status of the previous year (2018) recommendations

SN.	Recommendations	Implementation status
HTS		
1	To strengthen escort referral system by peer counsellors in the high yield HTS sites	This recommendation was partial implemented, the involvement of peer in escorted referral is conducted in some high yield HTS sites
2	To mobilize fund for refresher training and mentorship for counsellors	This recommendation was not implemented
PMTCT		
1	Establishment of electronic system of mother-infants follow-up	Electronic system has been established
2	Liaise with CHMTs to include procurement of syphilis test kits in their work plan	All CHMTs included syphilis test kits in their work plans
3	Improve documentation on PMTCT monitoring tools through supportive supervision and follow up on updated EID register	PMTCT service providers were trained and coached in proper documentation of monitoring tools
4	Advocate for resource mobilization to implement viral hepatitis interventions	Hepatitis B test kits procured and distributed to all PMTC sites in Unguja and Pemba Most PMTCT service providers were trained in performing Hepatitis B and C rapid test Many pregnant women were tested for HBV and those positive transferred to Hepatitis clinic for further management
STI/KP		
1	Conduct training to service providers (NGOs and Health facilities) on the provision of quality HIV related services using training manual on HIV services for KPs in Zanzibar.	Community outreach workers and some HCWs were trained based on the new guidelines for HIV services targeting KPs in Zanzibar
2	Strengthening linkage mechanisms for all infected KPs at all levels in Unguja and Pemba	Not implemented
3	Strengthening pre – MAT sessions conducted by NGOs to PWID in Unguja	Providers from NGOs that implement MAT services were capacitated with skills on the effective and comprehensive way of recruiting PWID to MAT services

4	Conduct meetings with leaders from CHMT, Central Medical store and some service providers on the importance of adequate supply of STI drugs to health facilities in Unguja and Pemba	Meeting with the director of Central Medical Store to ensure proper, timely and adequate supplies to all health facilities was conducted
5	Mobilization of funds to support conducting STI quarterly supportive supervision at all health facilities in Unguja and Pemba.	Not implemented
CTC		
1	Lobbying to hospital management and Council Health Management Team (CHMT) to allocate nurses and clinician at CTCs	Partially implemented. Some allocation of staff has been done but is not adequate.
2	Strengthen tracking system	Introduced registers and appointments book and enhanced capacity of District Medical Officers (DMOs), CTC incharges and HCWs to document and supervise tracking of clients.
3	Enhance counselling to PLHIV.	CTC providers were trained on Enhanced Adherence Counselling (EAC) for patients with high HIV Viral Load (HVL).
TB & LEPROSY		
1	To conduct mentorship and coaching to health care providers in health facilities and clinics regarding effective TB screening and documentation	Focused mentorship to health care workers on TB case finding in CTC, Diabetes and RCH clinic was conducted.
2	Resources mobilization for procurement of Digital X ray	Not implemented.
3	To conduct training for health care providers on leprosy management	Mentorship and training to health care workers was conducted.
VIRAL HEPATITIS		
1	Advocate for resource mobilization to support implementation of viral hepatitis interventions	Funds were mobilized to accomplish the following activities: • Zanzibar Viral Hepatitis Costed Strategic Plan 2019/20-2023/24 was developed, printed, and distributed to relevant stakeholders to guide implementation of viral hepatitis interventions • Viral hepatitis service providers from sites that provide PMTCT and Key Population services in Unguja and Pemba were trained on hepatitis B

		and C rapid testing according to WHO guidelines • Sensitization meetings were conducted to health and district authorities, CHMT members, community and religious leaders, community-based organizations, school teachers as well as youth councils in Unguja and Pemba to enlighten them on viral hepatitis disease, global and country burden, modes of transmission, prevention and related available services in the country.
LABORATORY		
1	Capacity building for proper collection and transportation of sputum samples should be enhanced.	A meeting with sample transporters was conducted to improve sample collection and transportation
2	Mentorship should be conducted to those facilities which did not perform well in proficiency test	Mentorship was conducted to those sites which did not perform well
IEC/BCC		
1	Capacity building for IEC/BCC professional staff	Not implemented
STRATEGIC INFORMATION		
1	To speed up the process on development of program website.	The website started to be developed and ZIHHTLP gave some comments after reviewing its contents from URL given for testing and sent to developer for improvement
2	To develop data demand and information use plan that will guide on how to persuade data use at all levels	This was not implemented, due to inadequate fund to support this activity but initiatives were made to approach different implementing partners to seek for financial and technical support.
3	To lobby with other partners to support data verification, supportive supervision and data review meeting activities.	Financial support was obtained and managed to conduct two data review meetings in Unguja zone. Hence more financial support is still needed to revive data verification, supportive supervision and continue with data reviews meetings activities.
MANAGEMENT		
1	Liaise with partners to ensure timely disbursement of funds.	Discussions with partners was made and there are some improvements in funds disbursement.

		However, more efforts are needed to ensure the challenge is fully addressed.

CHAPTER 2: HIV PREVENTION

2.1 HIV TESTING SERVICES

2.1.1 Background

HIV testing and counselling (HTS) services were established in 1988 in five (5) public hospitals. By 2019, HIV Testing Services (HTS) were provided in **168** (110 Unguja and 58 in Pemba) sites in Zanzibar. Of them, **152** are government facilities, **5** are NGOs, **3** are FBOs and **8** are private hospitals. These services were offered through two main approaches including Client Initiated Counselling and Testing (CITC)/Voluntary Counselling and Testing (VCT) and Provider Initiated Testing and Counselling (PITC). Among the **168** sites; **13** provide VCT services only, **106** provide PITC services only and 4**9** provide both PITC and VCT services.

2.1.2 Goal

To increase utilization of quality HIV testing services (HTS) to the general population, Key Population (KP), Youth and Adolescents.

2.1.3 Objective

To increase proportion of people living with HIV who know their status by 95%.

2.1.4 Program Implementation

2.1.4.1 Service Monitoring

Annual supportive supervisions to **168** (110 Unguja and 58 Pemba) sites providing HTS was conducted. The objectives were to monitor progress of HTS and support providers to improve their performance. Apart from supportive supervision, follow up visit was conducted for all HTS sites, which provide opportunity for supervisors to oversee the services provision and provide on-site feedback. Key findings during supervision were inconsistency in availability of HIV test kits, insufficient HIV counselling provided to clients, poor documentation of HIV commodities and failure of some providers to identify KP during counselling procedures.

2.1.5 HTS indicators and trend

Table 1: Trends of HIV Testing Services from 2017 to 2019

Indicator	**Year**		
	2017	**2018**	**2019**

1. Number and percentage of health facilities providing HTS services	120	141/280 (50.4%)	168/326 (51.5%)
2. Number and proportion of people who were tested for HIV and received their results within the past 12 months	161,002	261,399 (16.1%)	271,123 (16.9%)
• Individuals identified as HIV positive	1,557	1,840	1,915

1. Percentage of health facilities providing HTS

The percentage of health facilities providing HTS in 2019 was 51.5%. This figure is lower than the 2019 set target of 54%. This was contributed by inadequate resources for scaling up of new site and increasing number of public and private health facilities.

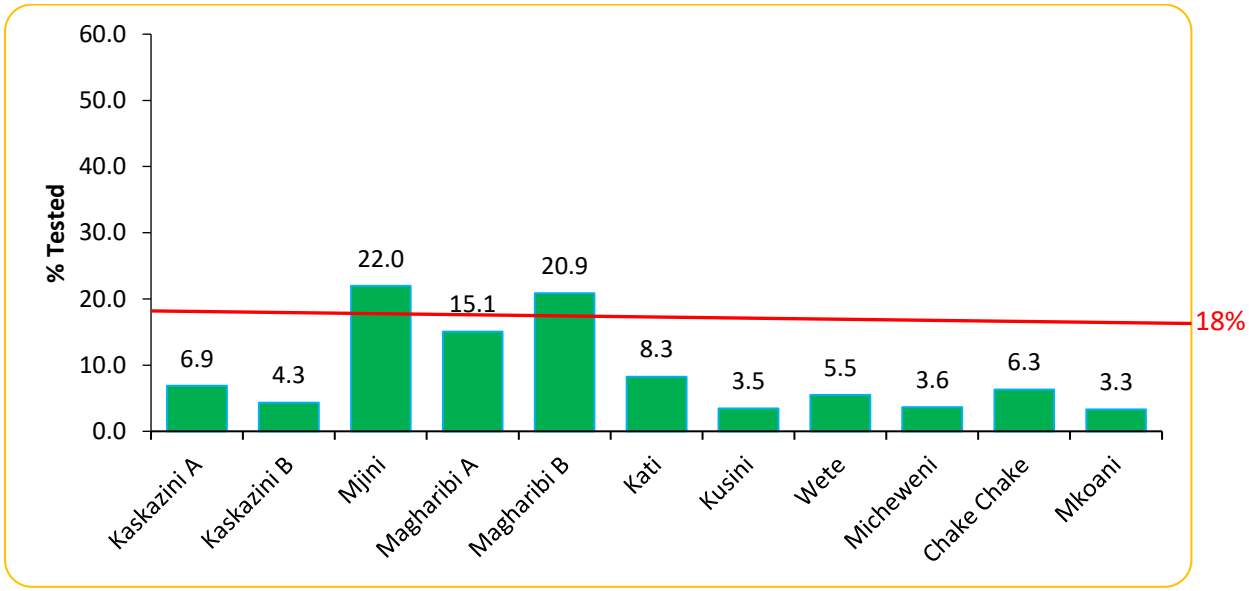
Table 2: Number of HTS sites per district in 2019

S/NO	DISTRICT NAME	TOTAL	Government	Private	NGOs	FBO
1	Mjini	22	16	5	1	0
2	Maghraibi A	9	9	0	0	0
3	Magharibi B	12	9	1	1	1
4	Kaskazini A	14	12	1	1	0
5	Kaskazini B	13	13	0	0	1
6	Kati	25	24	0	0	1
7	Kusini	13	12	0	1	0
8	Wete	15	14	0	0	0
9	Micheweni	15	15	0	0	0
10	Chake Chake	14	13	1	0	0
11	Mkoani	16	15	0	1	0
	TOTAL	**168**	**152**	**8**	**5**	**3**

2. Number and proportion of people who were tested for HIV and received their results within the past 12 months

The proportion of people who were tested for HIV and received their results in 2019 was 16.9%. Although there is some improvement, but the set target of testing 18% of people in the population was not achieved. This was contributed by inconsistent availability of HIV test kits at facility level due to inadequate knowledge of service providers on reporting and requesting of HIV test kits.

Figure 9: Percent of population received HTS by district, Zanzibar, 2019



The figure above shows the proportion of people counselled and tested by district. Only Mjini and Magharibi 'B' districts had testing levels above the national target (22.0% and 20.9% respectively) of testing 18% of the general population as indicated in figure 9. Other districts did not achieve the target regardless of having high number of HTS sites. Districts which achieved the target were mainly due to initiatives from development partners including hiring of service providers special for providing PITC services and PITC providers were motivated to provide services during evening hours at OPD in major health facilities. In addition, outreach services conducted by NGOs, CHMT and during the special event was strengthened.

Table 3: HIV proportion among clients tested by district of residence, Zanzibar 2019

District	Number Tested for HIV	Number HIV Positive	% of HIV Positive
Kaskazini A	18,626	81	0.4
Kaskazini B	11,750	73	0.6
Mjini	59,592	494	0.8
Magharibi A	40,872	303	0.7
Magharibi B	56,543	425	0.8
Kati	22,404	227	1.0
Kusini	9,389	101	1.1
Unguja	**219,176**	1704	0.8

Wete	14,881	37	0.2
Micheweni	9,830	26	0.3
Chake chake	17,054	73	0.4
Mkoani	8,963	31	0.3
Pemba	**50,728**	**167**	0.3
Outside Zanzibar	1,219	44	3.6
Total	**271,123**	**1,915**	**0.7**

The overall proportion of HIV positive cases among tested was 0.7% (1,915/271,123). HIV positivity rate was highest in client tested residing outside Zanzibar (3.6%), followed by Kusini and Kati which had highest positivity rate of 1.1% and 1.0% respectively, while Wete district had the least (0.2%). Positivity rate was higher in Unguja (0.8%) as compared to Pemba (0.3%) as indicated in table 4.

Table 4: HIV proportion among clients tested by age and sex, Zanzibar, 2019

Age Group (Years)	Female			Male			Total		
	Tested HIV	HIV positive	% positive	Tested HIV	HIV positive	% positive	Tested HIV	HIV positive	% positive
<1	2,565	4	0.2	2,622	4	0.2	5,187	8	0.2
1-4	6,300	11	0.2	6,524	7	0.1	12,824	18	0.1
5-9	3,535	4	0.1	3,641	3	0.1	7,176	7	0.1
10-19	21,551	51	0.2	11,582	20	0.2	33,133	71	0.2
20-24	34,492	228	0.7	20,675	53	0.3	55,167	281	0.5
25-49	75,269	882	1.2	63,245	482	0.8	138,514	1,364	1.0
50+	9,143	76	0.8	9,979	90	0.9	19,122	166	0.9
Total	**152,855**	**1,256**	**0.8**	**118,268**	**659**	**0.6**	**271,123**	**1,915**	**0.7**

Out of all people (271,123) who received HIV testing and counselling services, more than half 152,855 (56.4%) were females. Regarding the testing results, females had slightly higher positivity rates (0.8%) than their males' counterparts (0.6%). Moreover, most of those who tested HIV and received results (51.1%) had ages between 25 and 49 years, and HIV positivity

was higher in the mentioned age group and old ages (1.0% and 0.9% respectively) Table 4 represents these results.

Figure 10: HIV testing modality, Zanzibar, 2019

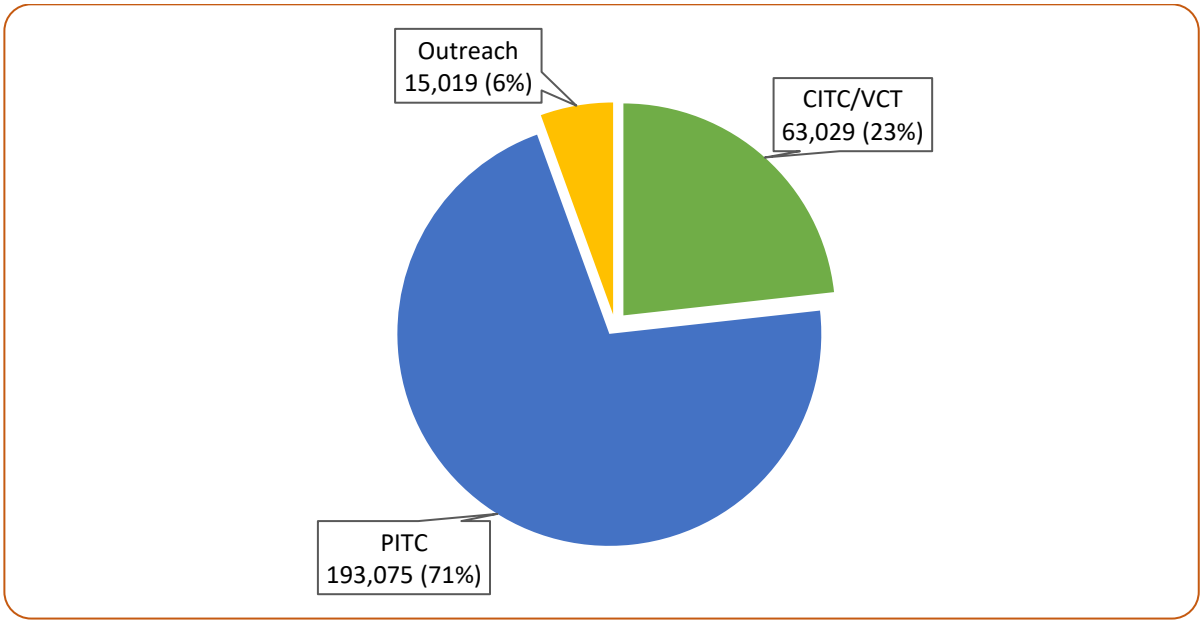
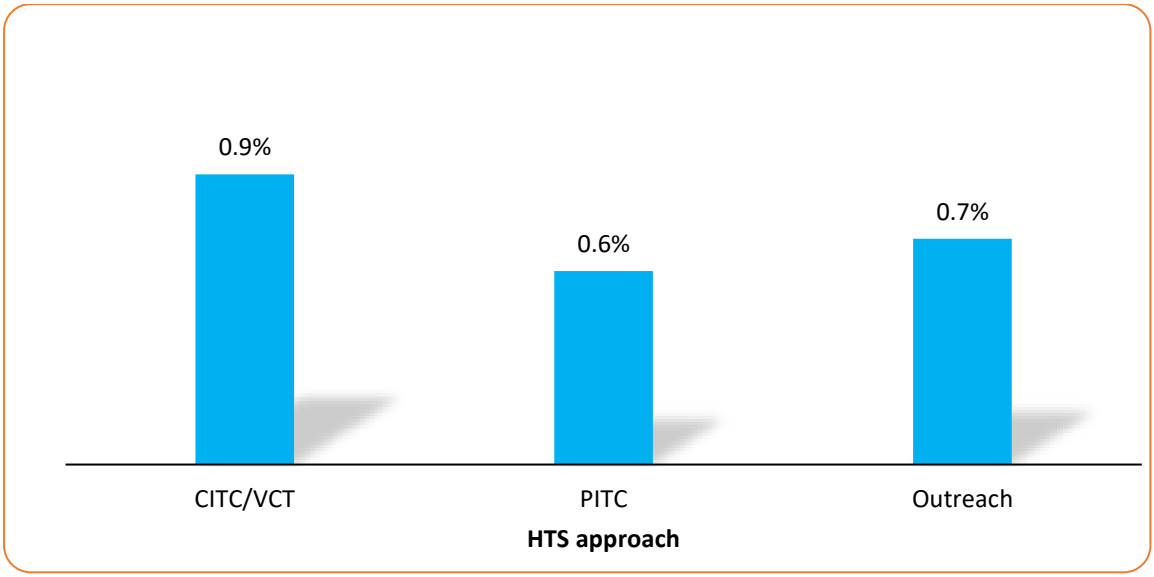


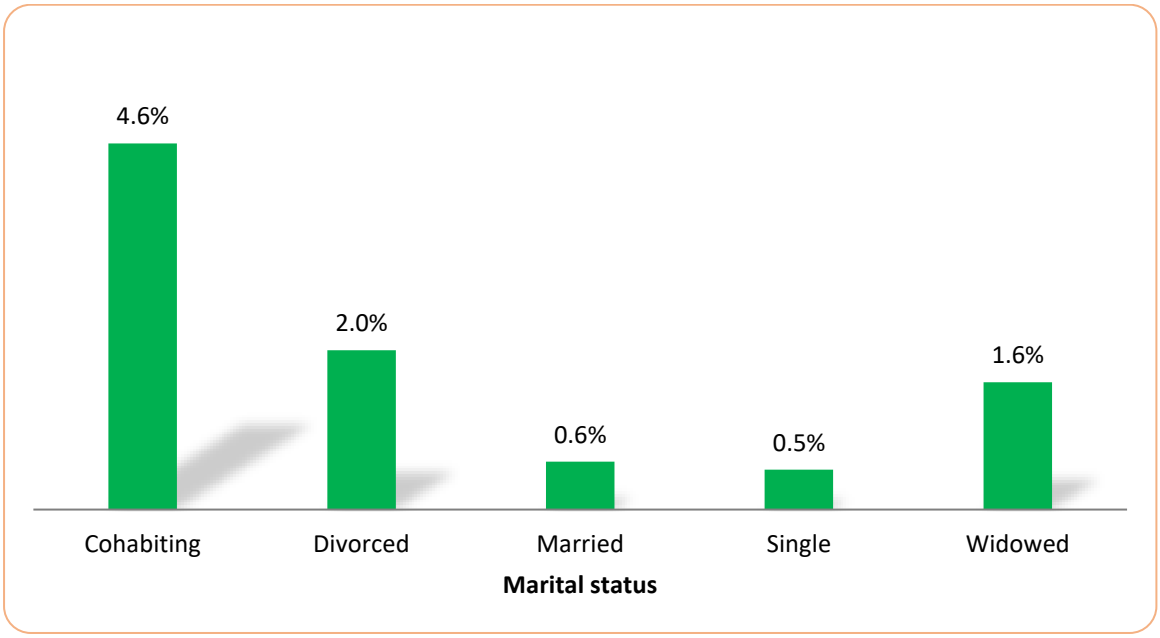
Figure above shows that, 71.2% of HTS clients were reached through PITC approach in 2019 which is higher as compared to 67.4% in 2018. VCT decreased to 23.3% in 2019 compared to 27.3% in 2018 as indicated in figure 10. Effort to improve access of VCT service and promotion for people to test HIV voluntarily will continue to provide opportunity for individuals to learn more about HIV knowledge and to assess their own risk behaviour of HIV transmission.

Figure 11: HIV proportion among tested by HTS modality, Zanzibar, 2019



In 2019, HIV positivity rate was high among clients who were reached through VCT approach (0.9%) while it was low (0.6%) among individual tested through PITC services as indicated in figure 11. This result highlights the need of implementing a focused HIV testing through PITC approach as recommended by WHO.

Figure 12: HIV proportion among individual tested by marital status, Zanzibar, 2019



HIV positivity rate in 2019 was highest among clients who were cohabiting (4.6%). This was the same as in 2018. Nevertheless, those who were single had lowest HIV positivity rate (0.5%) as indicated in figure 12. Effort to improve index testing and raising awareness on couple counselling and HIV testing services is needed

Figure 13: Number of people who were tested for HIV and received their results from 2015 to 2019

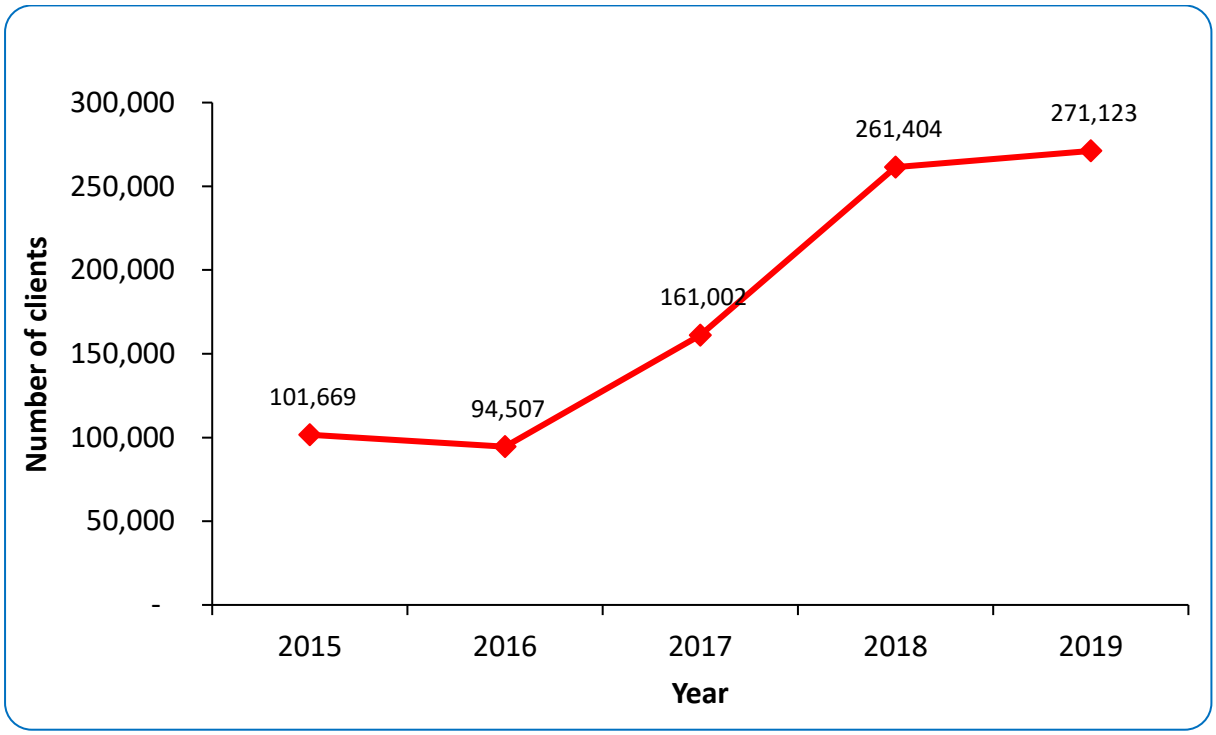


Figure 13 shows that, the number of people who received HIV testing services and received their results has been increasing from 101,669 in 2015 to 271,123 in 2019. This were due to community awareness on demanding and utilizing HTS, commitment among services provider, initiatives from implementing partners including recruitment of service providers for offering PITC services, increasing working hours during evening at OPD for major facilities, as well as strengthened outreach services which were conducted by NGOs, CHMT and during the special event.

2.1.6 Challenges

- Inadequate knowledge among services provider on reporting and requesting system of HIV test kits
- Shortage of skilled HTS providers
- Inadequate fund allocated for HIV Testing Services activities

2.2. PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV (PMTCT) SERVICES

2.2.1 Background

PMTCT services include HIV testing for pregnant women and their partners, lifetime use of antiretroviral therapy (ART) for HIV-infected pregnant and breastfeeding women, safe delivery practices and safe infant feeding. HIV Early infant diagnosis (HEID) is performed using antigen (DNA PCR) at 4-6 weeks after birth and 6 weeks after complete cessation of breastfeeding to confirm HIV status among HIV-exposed infants. Currently, the services are provided at 168 (100 Unguja and 68 Pemba) Reproductive and Child Health (RCH) clinics, across all eleven districts of Zanzibar.

2.2.2 Goal

To eliminate mother to child transmission of HIV and improve care for HIV-infected partners and their children.

2.2.3 Objectives

1. To increase access and utilization of PMTCT services
2. To increase involvement of male partners in PMTCT services
3. To integrate PMTCT services with other common co-morbidities
4. Increase access to HIV diagnosis and treatment for HIV exposed and infected infants.

2.2.4 Program Implementation

2.2.4.1 Capacity Building

One refresher training was conducted on HIV Early Infant diagnosis (HEID) for **30** (25 Unguja and 5 Pemba) service providers. The objective was to build the capacity of service providers to provide quality HEID services based on the Zanzibar Integrated HIV guidelines and training manuals. Service providers gained knowledge and skills on HEID to enable them to provide quality services.

In addition, nine sessions of one day orientation training on documenting PMTCT mother and infants follow up register were conducted for **270** (six sessions in Unguja with 180 providers and three sessions in Pemba with 90 providers) PMTCT service providers. The objective was to enhance capacity of the service providers on proper and timely documentation of PMTCT

mother and infants follow up register. Services providers were able to document, analyze and use the PMTCT data for improving services.

Furthermore, the development of HEID Job Aid to support healthcare workers and mother mentors in counselling on HEID was conducted. The objective was to help healthcare workers and mother mentors on counselling skills in early identification of exposed infants; enhance parental compliance of treatment and continuation of PMTCT services. Also, two stakeholder meetings (one in Unguja and one in Pemba with 30 participants each) and two orientation meetings (one in Unguja and one Pemba with 30 service providers each) were conducted. The development of HEID Job Aid was completed.

2.2.4.2 Service monitoring

Annual Supportive supervision was conducted to service providers at 153 (91 Unguja and 62 Pemba) PMTCT sites. The objectives were to monitor the implementation of PMTCT services and enhance the capacity of service providers. Most of the facilities improved in documenting the ANC/PMTCT registers and monthly report forms.

Furthermore, bi-annual meeting with 30 (25 in Unguja and 5 in Pemba) mother mentors was conducted in Unguja. The objective was to discuss the progress and challenges encountered during implementation of PMTCT services and to plan effective way of achieving their responsibilities. Major issues discussed were delay of first test of HIV exposed infant diagnosis within 1-2 months, second test 6 weeks after cessation of breast-feeding and test at 18 months. The agreed way forward was to strengthen follow up mechanisms of mother mentors to HIV pregnant women and their infants to ensure they comply with PMTCT care cascade.

2.2.5 PMTCT services indicators and trend from 2017 to 2019

Table 5 : PMTCT services indicators and trend from 2017 to 2019

SN	Indicator	2017	2018	2019
1	Percentage of pregnant women with known HIV status	59,004/66,417 (89%)	63,663/ 67941 (93.7%)	64,286/73,152 (87.8%)
2	Percentage of pregnant women living with HIV who received ART to reduce the risk of mother to-child transmission of HIV	3,36/383 (87.7%)	3,94/405 (97.3%)	391/438 (89.7%)

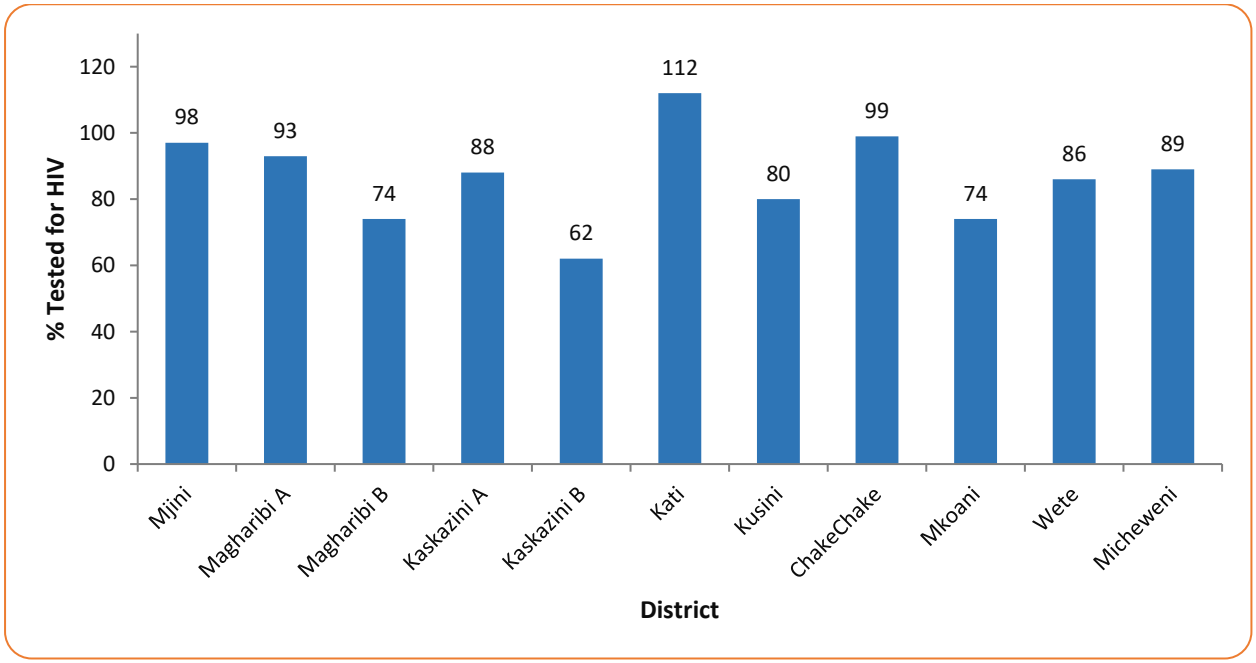
3	Percentage of pregnant women attending ANC whose male partner was tested for HIV during pregnancy	6,410/66,417 (9.7%)	21,734/62877 (34.6%)	27,434/ 64,286 (42.6%)
4	Percentage of pregnant women who were tested for HBV	TBD	TBD	16,319/64,286 (25.3%)
5	Percentage of pregnant women who were tested for syphilis	TBD	13344/62877 (21.2%)	29,525/64,286 (45.9%)
6	Percentage of HIV-exposed infants who started on ARV prophylaxis	262/383 (68.4%)	258/405 (63.7%)	343/438 (78.3%)
7	Percentage of HIV-exposed infants receiving virological test for HIV within 12 months of birth • Percentage of infants born to HIV positive mothers who receive HIV antigen test (DNA PCR) within 2 months of birth	278/383 (72.7%) 197/361 (55%)	334/405 (82.4%) 262/404 (64.9%)	404/438 (92.2%) 343/393 (87.2%)
8	Percentage of HIV-exposed infants receiving test for HIV 6 weeks after cessation of breastfeeding	TBD	67/405 (16.5%)	150/438 (34.2%)
9	Percentage of HIV-infections among HIV exposed infants born in the past 12 months	15/383 (3.9%)	9/405 (2.2%)	5/438 (1.1%)
10	Percentage of HIV-exposed infants started on CTX prophylaxis within 2 months of birth	208/361 (57.6%)	261/405 (64.4%)	343/438 (78.3%)
11	Percentage of identified HIV positive infants who started on ART by 12 months of age	14/15 (93.3%)	8/9 (89%)	5/5 (100%)

1. **Percentage of pregnant women with known HIV status.**

The proportion of HIV pregnant women aware of HIV status decreased from **93.7% (63,663/ 67941)** in 2018 to **87.8% (64,286/73,152)** in 2019 which below the set target of (**100%)**. This was due to inconstant availability of test kits at many health facilities. Proper ordering system

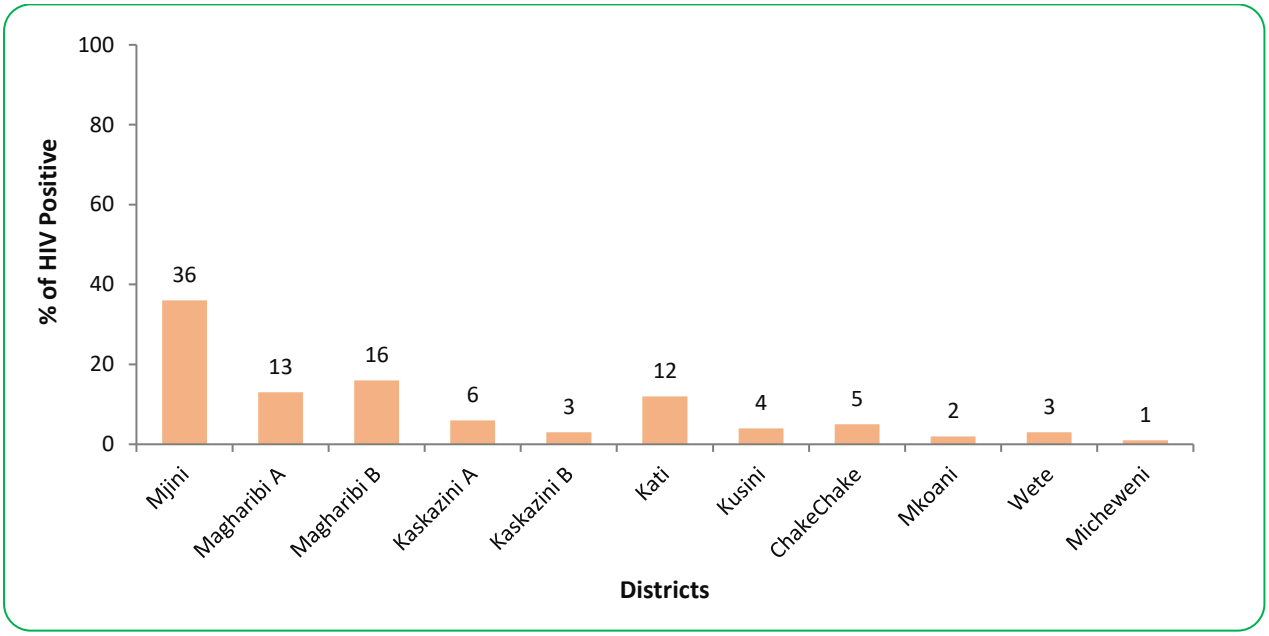
and re-distribution of test kits need to be strengthened in all districts. Among all clients who attended ANC services, Kati district **(112%)** had the highest proportion of ANC clients tested for HIV. While Kaskazini B district **(62%)** had the lowest ANC clients tested for HIV as indicated in figure below.

Figure 13: Proportion of ANC clients tested for HIV by district, Zanzibar, 2019



Furthermore, among HIV positive pregnant women, **66.7% (261/391)** were previously known and **33.2% (130/391)** were newly tested positive at ANC and maternity. Majority of cases reported were from Mjini district **(36%)** and the lowest cases reported at Micheweni district **(1%),** as shown in the figure below.

Figure 14: Percentage of known HIV Positive Pregnant Women Identified by District, Zanzibar, 2019



2. **Percentage of pregnant women living with HIV who received ART to reduce the risk of mother to-child transmission of HIV**

Proportion of HIV-infected pregnant women who started ART to reduce the risk of mother to-child transmission of HIV has decreased from 97.3% (394/405) in 2018 to 89.7% (391/438) in 2019 which is below the set target of 91%. This was contributed by lost to follow up of HIV pregnant women. Hence there is a need to increase number of mother mentors especially at high yield facilities to follow up HIV identified pregnant women.

3. **Percent of male partners of pregnant women who are tested for HIV in last 12 months.**

Pregnant women attending ANC whose male partner was tested for HIV during pregnancy increased from 34.6% (21,734/62,877) in 2018 to 42.6% (27434/ 64286) in 2019 which is above the set target of 15%. This was due to strengthened health education and ongoing efforts of prioritization to couple attended at ANC for PMTCT services. The highest proportion of male partner testing for HIV among the women attended at RCH was Chake chake district (68.2%) while the least proportion was from Micheweni district (15.2%), as shown in the table below.

Table 6: Percent of male partners tested for HIV in last 12 months per district, Zanzibar, 2019

District	Partners tested	Women tested	% Male involvement
Mjini	6,800	12,275	55.4
Magharibi A	2,506	8,640	29.0
Magharibi B	3,441	9,072	37.9
Kaskazini A	1,971	4,870	40.4
Kaskazini B	800	2,863	27.9
Kati	1,573	4,809	32.7
Kusini	385	1,818	21.2
ChakeChake	3,725	5,461	68.2
Mkoani	2,745	4,212	65.1
Wete	2,715	5,181	52.4
Micheweni	773	5,085	15.2
Total	**27,434**	**64,286**	**42.6**

4. Percentage of pregnant women who were tested for HBV

The percentage of pregnant women tested for HBV was 25.3% (16,319/64,286) in 2019, which is above the set target of 20%. This achievement was contributed due to capacity building of service providers, close follow up of the services and availability of HBV test kits. Among all health facilities the highest proportion of pregnant women testing for HBV attended at RCH was Kusini district (52.5%) and the least proportion was Mkoani district (17.5%), as shown in the table below.

Table 7: Percentage of pregnant women who were tested for HBV per district, Zanzibar, 2019

District	Pregnant women tested HBV	Women tested	% women tested HBV
Mjini	4,369	12,275	35.5
Magharibi A	2,186	8,640	25.3
Magharibi B	1,671	9,072	19.3
Kaskazini A	956	4,870	18.4
Kaskazini B	805	2,863	28.1
Kati	1,173	4,809	24.3
Kusini	956	1,818	52.5
ChakeChake	1,414	5,461	25.8
Mkoani	741	4,212	17.5
Wete	1,030	5,181	19.8

Micheweni	1,149	5,085	22.5
Total	**16,450**	**64,286**	**25.5**

5. Percentage of pregnant women who were tested for syphilis.

The percentage of pregnant women tested for syphilis was improved from **21.2% (13,344/62,877)** in 2018 to **45.9% (29,525/64,286)** in 2019 which is below the set target of **55%**. This was due to inconsistent availability of syphilis test kits across councils. All districts need to strengthen ordering and distribution system of test kits at facilities level. The highest proportion of pregnant women tested for syphilis among the women attended at RCH was Kaskazini B district **(85.5%),** while the least proportion was from Mkoani district **(5.2%)**, as shown in the table below.

Table 8: Percentage of pregnant women who were tested for syphilis per district, Zanzibar, 2019

District	Pregnant women tested syphilis	Women tested	% women tested syphilis
Mjini	9,416	12,275	76.7
Magharibi A	3,522	8,640	40.7
Magharibi B	4,120	9,072	78.4
Kaskazini A	2,421	4,870	49.7
Kaskazini B	2,449	2,863	85.5
Kati	1,914	4,809	39.8
Kusini	1,526	1,818	83.9
ChakeChake	1,028	5,461	18.8
Mkoani	222	4,212	5.2
Wete	1,053	5,181	20.3
Micheweni	1,854	5,085	36.4
Total	**29,525**	**64,286**	**45.9**

6. Percentage of HIV-exposed infants who started on ARV prophylaxis

Proportion of HIV-exposed infants started on ARV prophylaxis was increased from 63.7% (258/405) in 2018 to 78.3% (343/438) in 2019, however, this has not yet reached the set target of (85%). The challenge was some delivery sites do not keep ARV prophylaxis (Nevirapine) at the site and women do not return at health facility for postnatal and PMTCT services. There is a need to improve counseling skills of healthcare workers and strengthen mother mentors follow up system of pregnant women to ensure they adhere to PMTCT services.

7. **Percentage of HIV-exposed infants receiving virological test for HIV within 12 months of birth**

Proportion of infants born to HIV positive mothers who received HIV antigen test (DNA PCR) within 12 months of birth increased from **82.4% (334/405)** in 2018 to **92.2% (404/438)** in 2019 which is above the set target of **80%**. In addition, percentage of infants born to HIV positive mothers who receive HIV antigen test (DNA PCR) within 2 months of birth improved from **64% (258/405**) in 2018 to **78.3% (343/438**) in 2019. This achievement was contributed by frequent health education to pregnant women on compliance of PMTCT services and ongoing supportive supervision to healthcare workers.

8. **Percentage of HIV-exposed infants receiving test for HIV 6 weeks after cessation of breastfeeding.**

The proportion of HIV-exposed infants receiving test for HIV 6 weeks after cessation of breastfeeding is improved from **16.5% (67/405)** in 2018 to **34.2% (150/438)** in 2019 which is below the set target of **40%**. This was contributed by inadequate tracking system for mother-infant pairs after the first test. Pregnant women need close follow up by service providers and mother mentors to remind them to bring their infants for second test

9. **Percentage of HIV-infections among HIV exposed infants born in the past 12 months**

HIV positivity rate among exposed infants born in the past 12 months is reduced from 2.2% (9/405) in 2018 to 1.1% (5/438) in 2019. Coverage of HIV testing for pregnant women and ART initiation for infected women has contributed to lower the positivity rate among HIV exposed infants. The number of exposed infants borne and tested for HIV and their results by quarter is shown in the table below.

Table 9: Number of exposed infants borne and tested for HIV and their results, by quarter, Zanzibar, 2019

Period	Number of infants received virological test of HIV after birth by age		HIV-exposed infants receiving test for HIV 6 weeks after cessation of breastfeeding	Number of infants tested HIV positive by age		Percentage Positive		
	HIV tested 1-2 month after delivery	Tested at 3-12 month after delivery		HIV tested positive 1-2 month	HIV tested positive 3-12 month	Percentage positive at 1-2 months	Percentage positive at 3-12 months	Percentage positive at 6 weeks after cessation of breastfeeding

				after deliver	after deliver			
Jan-Mar	87	11	32	1	1	1.1	1.1	0
Apr-Jun	81	10	33	1	0	1.2	0	0
Jul-Sep	120	28	56	1	0	0.8	0	0
Oct-Dec	55	9	29	1	0	1.8	0	0
Total	**343**	**61**	**150**	**4**	**1**	**1.1**	**1.7**	**0**

10. Percentage of HIV-exposed infants started on CTX prophylaxis within 2 months of birth

Proportion of HIV-exposed infants started on cotrimoxazole prophylaxis within 2 months of birth increased from **64.4% (261/405)** in 2018 to **78.3% (343/438**) in 2019 which is below the set target of **80%**. This was contributed by lost to follow up of mother-infant pairs from PMTCT care cascade. Mother mentors need to improve tracking system of PMTCT mother/infant pairs through phones and home visits.

11. Percentage of identified HIV positive infants who started on ART by 12 months of age

Proportion of identified HIV positive infants started on ART within 12 months of age is **5/5 (100%)** which is within the set target of **(100%).** This achievement was contributed by improved communication and referral system between PMTCT sites and Care and Treatment Clinics.

2.2.6 Challenges

1. Low number of HIV-exposed infants receiving test for HIV within 2 months after delivery and at 6 weeks after cessation of breast feeding.

2.3 INTERVENTION TARGETING KEY POPULATIONS, ADOLESCENTS AND YOUTH

2.3.1 Background

Key Populations (KPs) are populations that are at higher risk of being infected by HIV, Viral Hepatitis and other STI/RTI infections such as syphilis. In Zanzibar, three groups of people that have been documented to be at higher risk of acquiring HIV infection are Men having Sex with other Men (MSM), Sex Workers (SW) and People who inject drugs (PWID). KPs remains a key actor in contributing to HIV epidemic. In Zanzibar, Ministry of Health (MoH) through

Zanzibar Integrated HIV, Hepatitis, TB and Leprosy Programme (ZIHHTLP) is mandated to coordinate and implement all health services related to KPs interventions.

To date there are three KPs friendly services centres located at Mnazi Mmoja Hospital, ZAYEDESA and Methadone Assisted Treatment (MAT) clinic at Kidongo Chekundu Unguja. There are 11 local NGOs which is collaboration with other KPs stakeholders, continue to implement KPs interventions in Zanzibar.

2.3.2 Goal

To reduce new HIV and other Sexually Transmitted Infections and provide care, treatment and support to KPs.

2.3.3 Objectives

1. To reduce risky behaviours among Key populations by 15%
2. To increase services utilization among Key populations to 90% by 2022.
3. To increase use of HIV /AIDs, sexual and reproductive health (SRH) by young people.

2.3.4 Programme Implementation

2.3.4.1 Capacity building

Five days training on HIV services targeting KPs was conducted to 30 service providers from Pemba. The objective was to build capacity on the provision of quality HIV and other related services targeting Key Populations using the current HIV service guidelines in Zanzibar.

The guidelines and SoPs for MAT and Needle and Syringe Programme (NSP) services were developed. The objectives were to incorporate new WHO, UNAIDS and UNODC recommendations on the provision of quality harm reduction services targeting PWID in order to support the reduction of new HIV infections in Zanzibar. These guidelines and SoPs will be used as a standard guide in the provision of MAT and NSP services in Zanzibar. Following the development of these guidelines and SoPs, two sessions of two days orientation meetings were conducted to 40 (25 Unguja and 15 Pemba) services providers. The objectives were to strengthen capacity of service providers on the provision of quality MAT and NSP services targeting PWID using the new developed MAT and NSP guidelines and SoPs.

2.3.4.2 Service monitoring

Bi-annual supportive supervision was conducted to nine (6 in Unguja and 3 in Pemba) NGOs implementing HIV and other related interventions targeting KPs. The objectives were to assess the quality of HIV and other related services provided to KPs, but also provide technical

assistance to service providers in providing quality services targeting these populations. Main challenge observed was failure to reach clients for the follow-up visits in Unguja and Pemba. Onsite feedback was provided to address the observed challenges.

In addition, bi-annual peer educators supporting meeting was conducted to 50 (29 Unguja and 21 Pemba) peer educators implementing HIV and other related services to KPs. The objectives were to share and discuss the supportive supervision findings hence propose for the way forward for the identified challenges. Main challenge discussed was failure to reach clients for the follow-up visits due to the mobility nature of KPs. More efforts are needed to strengthen outreach interventions to ensure effective follow-up of clients for further management.

In addition, quarterly MAT – TWG meeting was conducted to 20 technical staff. The objectives were to discuss the progress and challenges encountered in the provision of MAT services and to propose way forward for the improvement of these services. Main issues discussed were to strengthen implementation of strategies on behaviour change among MAT clients and service providers to improve retention.

Moreover, quarterly MAT steering Committee meetings were conducted to 15 senior officers including directors and commissioners. The objectives were to discuss progress and challenges encountered in provision of MAT services aimed at strengthening and scaling up services.

2.3.5 KP and youth services indicators and trend from 2017 to 2019

Table 10: KP and youth services indicators and trend from 2017 – 2019, Zanzibar

SNO	Indicators		2017	2018	2019
1	Percentage of KPs reached with individual or small-group level HIV prevention interventions designed for the target population	MSM	105.1%	96.4%	136.3%
		FSW	81.1%	76.0%	122.1%
		PWID	74.3%	98.0%	174.3%
2	Percentage of KPs tested for HIV and received their results in the past 12 months	MSM	69.1%	56.2%	80.9%
		FSW	54.2%	61.0%	99.2%
		PWID	49.0%	48.7%	90.5%
3	Proportion of HIV-infected KPs receiving ART (IBBSS)	MSM	NA	NA	55.5%
		FSW	NA	NA	68.4%
		PWID	NA	NA	42.0%
4	Percentage of sex workers reporting the use of condoms with their most recent clients		NA	NA	72.7%
5	Percentage of MSM reporting using a condom the last time they had anal sex with a male partner		NA	NA	42.0%

6	Percentage of PWID reporting the use of sterile injecting equipment the last time they injected		NA	NA	91.1%%
7	Percentage of HIV-infected KPs who are HIV infected	MSM	NA	NA	5.0%
		FSW	NA	NA	12.1%
		PWID	NA	NA	5.1%
8	Percentage of people who inject drugs receiving OST		14.2%	16.9%	22%
9	Percentage of PWID receiving OST for at least 6 months		53.6%	70.4%	61.6%
10	Number of adolescents and youth who receive HIV testing services (HTS) and receive their test results (15 – 19, 20 – 24)		NA	76,559	81,836

1. Percentage of KPs reached with individual or small-group level HIV prevention interventions designed for the target population

Percentage of KPs (MSM, FSW and PWID) reached with different HIV and STI interventions were reported to be significantly above the set target of 70% per KPs categories. The highest category was PWIDS 174.3% followed by MSM 136.3% and the lowest was FSW 122.1% as indicated in figure below. These achievements were due to increasing number of outreach and supportive supervision sessions conducted by NGOs implementing HIV/STI interventions targeting KPs in Unguja and Pemba, but also the significant increase was due to change in size estimate for KPs.

A total of 16,677 Key Populations were reached through NGOs (4,361 MSM, 6,783 FSW and 4,533 PWID) while tested for HIV were 11,850 (MSM 2,670, FSW 5,509 and PWID 3,671) as indicated in the table 11 below.

Table 11: Number of Key Populations (KPs) reached, counselled and tested for HIV January – December 2019

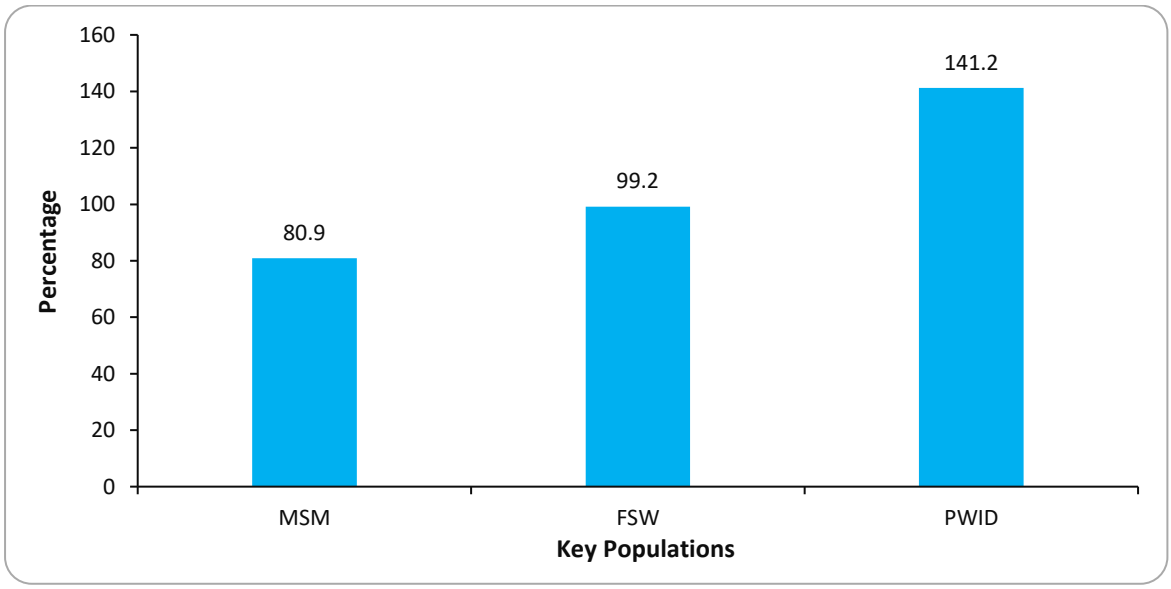
Type of KP	Reached	Tested	Positive	% positive
MSM	4,361	2,670	33	1.2%
FSW	6,783	5,511	253	4.6%
PWID	4,533	3,674	44	1.2%
TOTAL	**16,677**	**11,855**	**330**	**2.8%**

Figure 15: Percentage of KPs reached for HIV prevention services by categories in Zanzibar, January to December 2019

2. Percentage of KPs tested for HIV and received their results in the past 12 months

Percentage of KPs who received HIV test in the past 12 months and know their results is 80.9% for MSM, 99.2% FSW and 90.5% PWID which is above the set target of 65% as indicated in the figure below. These achievements were due to increasing number of outreach and supportive supervision sessions conducted by NGOs implementing HIV/STI interventions targeting KPs in Unguja and Pemba.

Figure 16: Percentage of KPs tested for HIV and received their results in the past 12 months by categories in Zanzibar, 2019



Majority (71.8%) of the KPs tested were Adult aged 25+ years compared to 28.2% of young KPs. The vast majority (81.2%) of the tested positive KPs were the age of 25+ as indicated in table 12 bellow.

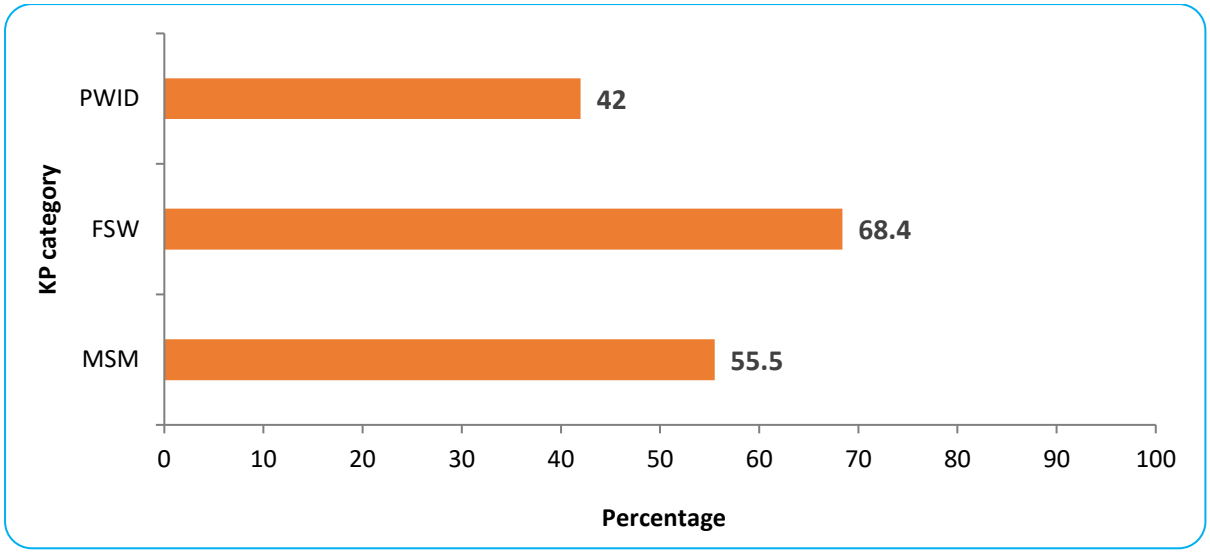
Table 12: KPs who received HIV testing services by type of category, Zanzibar, 2019

KP category	HIV tested KPs			HIV Positive KPs		
	15- 19	20- 24	25+	15- 19	20- 24	25+
MSM	230	634	1,806	3	6	24
FSW	364	1,360	3,787	10	38	205
PWID	120	636	2,918	3	2	39
Total	**714**	**2,630**	**8,511**	**16**	**46**	**268**

3. Proportion of HIV infected KPs receiving AR

The proportion of HIV infected KPs receiving ART is 55.5% for MSM, 68.4% FSW and 42.0% PWID which are below the set target of 100% in the year 2019 as indicated in the figure below. These under achievements were due to identification of FSW and MSM as general population by HIV treatment service providers. This is because FSW and MSM don't identify themselves as such when they are enrolled for HIV treatment services unless they are escorted by a KP peer from an NGO. In addition, it was noted that PWID who are continuing with injecting drugs most of the time when they are on high stage or in absence of heroin were not in the position to adhere to the services hence, defaulted.

Figure 17: Proportion of HIV positive KPs started ART in Zanzibar, Jan to Dec. 2019



4. Percentage of sex workers reporting the use of condoms with their most recent clients

The percentage of sex workers reporting the use of condoms with their most recent clients is 72.7% which is below the set target (95%). The most cited reasons for not using condoms among of sex workers are objecting, trusting their sexual partners, and do not have a condom.

5. Percentage of MSM reporting using a condom the last time they had anal sex with a male partner

The proportion of MSM reporting using condom the last time they had anal sex with a male partner is 42.0% which is below the set target (80%). The most common reasons for not using a condom were reported to be not liking the feel and trusting their partner.

6. Percentage of PWID reporting the use of sterile injecting equipment the last time they injected

The parentage of PWID reporting the use of sterile injecting equipment the last time they injected is 91.1% which is above the set target (90%). This was due to majority of PWID knew that sharing needles increases HIV risk.

7. Percentage of KPs who are HIV-infected

Percentage of HIV infected KPs has been recorded to be 5.0% for MSM, 12.1% for FSW and 5.1% for PWID which are higher than the set target of (1.3%) for MSM, FSW (9.7%), while low for PWID (7.9%). The prevalence was due to the presence of HIV risk behaviours among these populations. The target for PWID has been reached due to the increased knowledge, skills and awareness regarding harm reduction interventions among PWID provided by organizations implementing PWID related services including Methadone services.

8. Percentage of people who inject drugs receiving Opiate Substitution Therapy (OST)

During this reporting period of 2019, a total of 181 **(**171 male and 10 female) new patients were enrolled and continue with the services at Kidongo chekundu MAT clinic in Unguja as indicated in table 13a below. As of December 2019, a total of 879 (816 male and 63 female) clients were ever enrolled in MAT services.

However, 22% (572/2,600) of PWID were enrolled and currently receiving MAT services in Unguja which is above the set target of 17% in 2019, of whom 92.7% were male as indicated in table 13a below. This achievement was contributed by …….

Table 13a: MAT services at Kidongo Chekundu MAT clinic in Unguja, Zanzibar, 2019

ITEM	Male	Female	Total
New patient enrolled from Jan - Dec. 2019	171	10	**181**
Client ever enrolled as of December 2019	816	63	**879**
Recovered clients	11	0	**11**
Death of patients, ever registered	38	3	**41**
Lost to follow up (Excluding death and recovered clients)	299	15	**314**
Current on Methadone (Current on care)	530	42	**572**
Other services			
HIV positive patient registered at MAT CTC	36	16	**52**
On ART	33	15	**48**
TB suspect	12	1	**13**
Started Ant TB	1	1	**2**

9. Percentage of PWID receiving OST for at least 6 months by December 2019

Percentage of PWID who were on Methadone services for at least six months is 61.6% (503/817) which is below the target of 80% in 2019 as indicated in table below 13b. This decline was due poor adherence to rules and regulations provided to MAT clients.

Table 14b: Number of heroin users retained on MAT services for at least six months at Kidongo Chekundu MAT clinic in Unguja, Zanzibar, 2019

ITEM	Male	Female	Total
Client ever enrolled as of July 2019	807	62	**869**
Recovered clients	11	0	**11**

Death of patients, ever registered	38	3	**41**
Clients required to be on service	758	15	**817**
Current on Treatment for at least six months	459	44	**503**

10. Number of adolescents and youth who receive HIV testing services (HTS) and receive their test results

Number of adolescents and youth who receive HIV testing services (HTS) and receive their test results was 81,836 which is above the set target of 60,000. More than half (67.4%) were the ages of 20 – 24 and more than half (64.2%) female. The highest proportion (20.3% and 20.1%) of adolescent and young people tested for HIV were reported from Magharibi B, and Mjini districts respectively and the lowest proportion (3.4% and 3.8%) were reported from Kusini and Mkoani districts respectively as indicated in the table below.

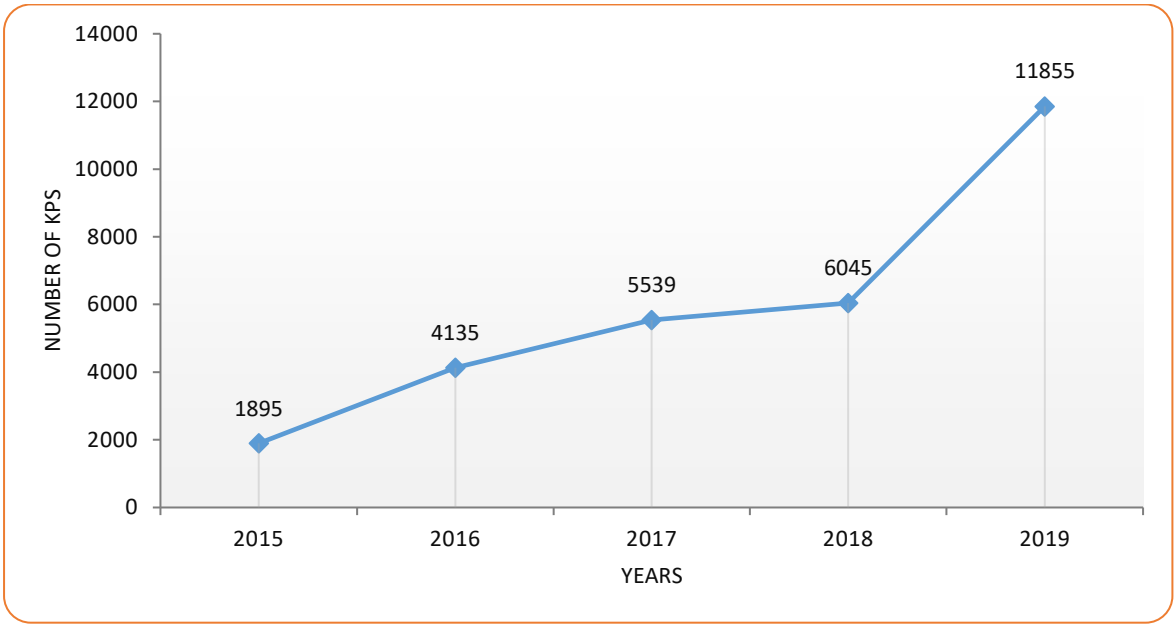
Table 15: Number of Adolescent and youth who received HIV testing services by sex, age and district Zanzibar, 2019

District	Age and Sex				Total	Percent %
	15 - 19		20 - 24			
	Female	Male	Female	Male		
Kaskazini A	1,490	617	2761	1298	6,166	**7.5**
Kaskazini B	881	507	1548	1045	3,981	**4.9**
Mjini	2980	1509	7200	4745	16,434	**20.1**
Magharibi A	2277	996	5289	3115	11,677	**14.3**
Magharibi B	3564	1575	7759	3734	16,632	**20.3**
Kati	1268	754	2636	1628	6,286	**7.7**
Kusini	487	268	1252	793	2,800	**3.4**
Wete	1421	673	1550	1126	4,770	**5.8**
Micheweni	1152	489	1197	946	3,784	**4.6**
Chake	1640	765	2156	1250	5,811	**0.1**
Mkoani	776	474	956	865	3,071	**0.0**
Outside Zanzibar	77	29	188	130	424	**0.0**
Total	**18,013**	**8,656**	**34,492**	**20,675**	**81,836**	**100**

2.3.7 Trend of HIV testing services among KPs from 2015 – 2019

There was an increased number of KPs who received HIV testing services for the five years' period from 1,895 in 2015 to 11,855 in 2019 as indicated in figure 18 below.

Figure 18: Trend of HIV testing services among KPs from 2015 – 2019, Zanzibar



2.3.8 Challenges

1. High number of PWID defaulted from MAT services
2. In adequate follow up visits of KPs

2.4 SEXUALLY TRANSMITTED INFECTION SERVICES

2.4.1 Background

Sexually Transmitted Infections (STIs) and other Reproductive Tract Infections (RTIs) are highly prevalent in many communities worldwide. They cause considerable morbidity, increase the risk of acquiring HIV infections and are costly to individual and the society in general. These services were integrated within the programme since 1987. The role of STI unit is to monitor and coordinate STI/RTI services in Zanzibar. STIs/RTIs services are provided in 424 (315 Unguja and 109 Pemba) health facilities.

2.4.2 Goal

To reduce new HIV and other Sexually Transmitted Infections and provide care, treatment, and support to all people in Zanzibar.

2.4.3 Objectives

To increase utilization of STI/RTI services among Key and General population by 30%

2.4.4 Programme Implementation

2.4.4.1 Capacity building

A six-day STI training to 22 prescribers from all four district in Pemba was conducted. The objectives were to build capacity in diagnosis and management of STIs based on the current STI guidelines.

2.4.4.2 Service monitoring

Annual STI supportive supervision was conducted to 169 (102 Unguja na 67 Pemba) health facilities providing STI services. The objectives were to assess the quality of STI and other related services provided to intended patients but also to provide technical assistance to services providers in providing quality STI services at their facilities. Main challenges observed were shortage of some STI drugs (e.g. Ceftriaxone injection) and other related supplies in some of the visited health facilities; and low level of knowledge and understanding in identifying Key populations in their facilities in Unguja and Pemba.

Annual HIV integrated post supportive supervision meeting in 8 session of one day was conducted to 296 (164 Unguja and 132 in Pemba) service providers. The objectives were to share and discuss findings of the supervision conducted and propose way forward for the improvement of HIV services. Key finding discussed was in adequate HIV data use across all levels, therefore, there is a need to strengthen follow up, mentorship and coaching.

A total of **1,577,309** (male 1,569,409 and female 7,900) condoms were distributed in different condom outlets in Unguja and Pemba as indicated in Table 15 below.

Table 16: Condom distribution by types and outlets in Zanzibar January to December 2019

Condom outlets	Male	Female	Total
NGOs	638,416	8,900	**647,316**
Parliament/House of Representative	7,200	0	**7,200**
Hotel and bars	403,200	0	**403,200**
Health facilities	375,152	0	**375,152**
District Youth Councils	95,040	0	**95,040**
Higher learning Institutions	50,400	0	**50,400**
ZAC	7,200	0	**7,200**

TOTAL	1,576,608	8,900	1,585,508

2.4.5 STI services indicators and trend from 2017 to 2019

Table 17: STI services indicators and trend from 2017 – 2019, Zanzibar

SNO	Indicators	2017	2018	2019
1	Number of men and women diagnosed with and treated for STIs/RTI	11,533	13,335	17,115

1. Number of men and women diagnosed with and treated for STIs/RTI

Number of men and women diagnosed with and treated for STIs/RTI is increased from 13,335 in 2018 to 17,115 in 2019. This was due to the increased number of services providers trained on the current National guidelines for management of STIs/RTIs working in many public health facilities in Unguja and Pemba.

Of the 17,115 STI patients diagnosed, 24.0% were male and 76.0% were female. A total of 6,629 (38.7%) of the total STI patients were youth aged 0 – 24 years, of them 81.6% were female. Most 8,502 (49.7%) of the patients were diagnosed with Vaginal Discharge Syndrome followed by Lower Abdominal Pain which account for 3,763 (22.0%) and Urethral Discharge syndrome which is 3,025 (17.7%) as indicated in table 17 below.

Table 18: STI patients by syndrome, age and sex distribution from January to December 2019 in Zanzibar

Syndromic diagnosis	Age and Sex						Total
	Female			Male			
	0-14	15-24	25+	0-14	15-24	25+	
Genital Ulcer Syndrome (GUS)	3	95	109	14	56	110	**387**
Inguinal Bubo (IB)	0	1	12	1	12	5	**31**
Oral pharyngeal Syndrome	0	21	32	1	9	9	**72**
Anorectal Syndrome (ARS)	0	4	22	0	1	8	**35**
Lower Abdominal Pain (LAP)	84	1,556	2,123				**3,763**
Vaginal Discharge Syndrome (VDS)	85	3,237	5,180				**8,502**
Urethral Discharge Syndrome (UDS)				7	642	2,376	**3,025**
Painful Scrotal Swelling (PSS)				10	70	163	**243**
Neonatal conjunctivitis 0-18	232			256			**488**

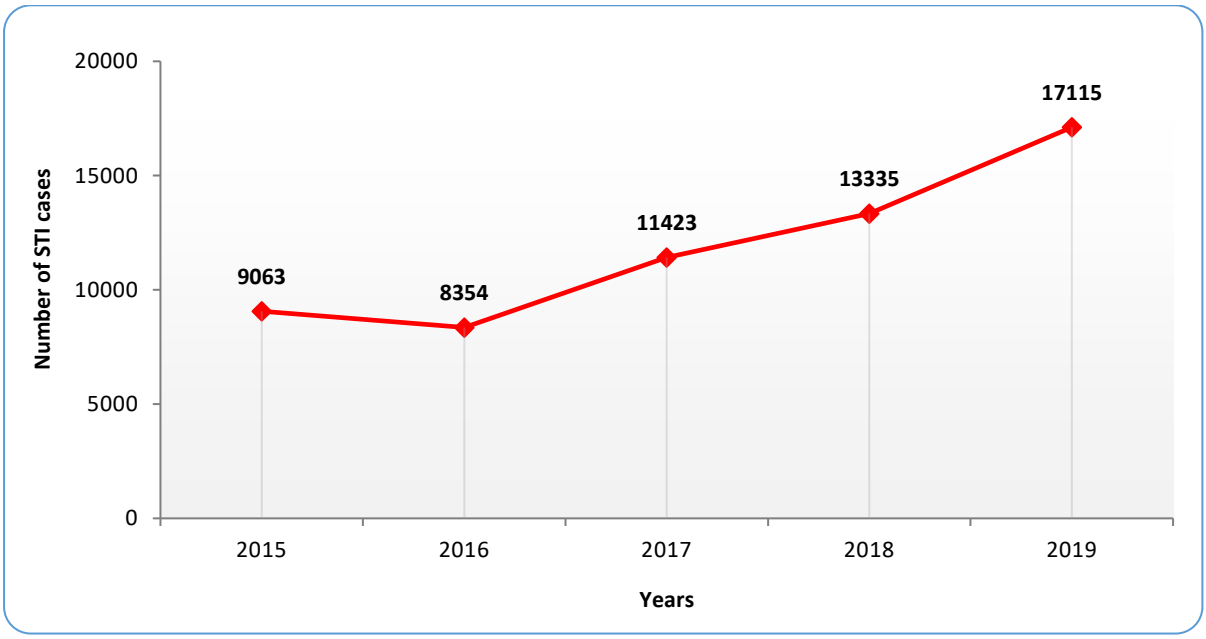
Total	**404**	**4,914**	**7,478**	**289**	**790**	**2,671**	**16,546**
Aetiological diagnosis							
Gonorrhoea	10	24	40	0	37	65	**176**
Syphilis	0	15	26	0	15	26	**82**
Trichomonas Vaginalis	0	33	30	0	2	9	**74**
Chlamydia	0	0	0	0	5	6	**11**
Candidiasis	0	6	13	4	77	107	**207**
HBV	3	0	6	0	1	9	**19**
HCV	0	0	0	0	0	0	**0**
Total	**13**	**78**	**115**	**4**	**137**	**222**	**569**
Grand total	**417**	**4,992**	**7,593**	**293**	**927**	**2,893**	**17,115**

2. Proportion of sexual partners traced and treated for STI/RTI at health facilities

2.4.6 Trend of Number of men and women diagnosed with and treated for STIs/RTI, 2015-2019

Number of men and women diagnosed with and treated for STIs/RTI has increased from **9,063** in 2015 to **17,115** in 2019 as indicated in figure below. This might be contributed by increased number of service providers who were trained on STI management using current guidelines and availability of STI drugs in some health facilities. However, there is a need to investigate the cause of the increase especially for the young, aged individuals to exclude sexual risk behaviours.

Figure 19: Number of men and women diagnosed with and treated for STIs/RTI in Zanzibar, 2015 -2019



CHAPTER 3: HIV CARE AND TREATMENT SERVICES

3.1 HIV CARE AND TREATMENT SERVICES

3.1.1 Background

HIV care and treatment services were established in 2005 at Mnazi Mmoja Hospital. Currently there are 13 (9 Unguja and 4 Pemba) care and treatment clinics (CTCs) in Zanzibar of them 11 are Public health facilities, 1 private hospital and 1 Non-Governmental Organization. In addition, there are 3 ART refilling sites in Unguja.

3.1.2 Goal

Reduction in morbidity and mortality related to HIV/AIDS by 2022

3.1.3 Objective

1. To increase utilization of care and treatment services to 95% of PLHIV by 2022
2. To reduce TB incidence among PLHIV by 50%

3.1.4 Program Implementation

3.1.4.1 Capacity building

Four days training on Differentiated HIV Service Delivery Model (SDM) was conducted to 30 (21 Unguja and 9 Pemba) CTC providers. The objective was to enhance knowledge and skills of service providers on how to implement SDM for client enrolled to CTC. Following this training client's appointments were done in blocks, hence overcrowding at some CTCs was reduced.

Orientation training on client appointment and lost to follow up tracking registers was conducted to 25 (15 Unguja and 10 Pemba) CTC in charges and DMOs for two days and 30 (20 Unguja_and 10 Pemba) CTC service providers for five days. The objective was to orient them on how to fill these registers as well as to take lead to oversee and doing follow up. Due to this training, early tracking of clients who miss appointments is implemented in regular basis.

Five days paediatric ART training was conducted to 19 (13 Unguja and 6 Pemba) CTC providers. The objective was to impart knowledge and skills on effective management of HIV infected children for improvement of their wellbeing. Following this training children living with HIV are managed using optimised regimen according to their weight.

Furthermore, three days orientation training in three sessions on transition to the revised ARV regimen was conducted to 90 (60 Unguja and 30 Pemba) CTC Providers. The objective was to orient CTC providers on new HIV treatment regimen (Tenofovir/Lamivudine/Dolutegravir) according to WHO recommendations. Following this training, TLD is provided to all eligible PLHIV in all CTCs.

Three days training on enhanced adherence counselling **(**EAC) was conducted to 20 (18 Unguja and 2 Pemba) CTC providers. The objective was to impart knowledge and skills to health care workers on effective EAC for children to improve adherence and clinical outcomes.

Five days orientation training on index client contact testing was conducted to 24 (18 Unguja and 6 Pemba) CTC providers. The objective was to enhance skills of CTC providers on proper counselling to index clients to facilitate early identification and management of identified HIV positive cases. Following this training number of clients tested through index is increasing.

Five days 3Is training was conducted to 29 (25 Unguja and 4 Pemba) health care workers. The objective was to improve knowledge and skills of service providers on intensified TB case finding, isoniazid preventive therapy and TB infection control. Following this training, the uptake of IPT is increasing.

Four days quality improvement training was conducted to 27 (18 Unguja and 9 Pemba) CTC providers. The objective was to enhance their capacity in providing quality and comprehensive HIV care and treatment services. Following this training quality improvement teams in all CTCs were revived and are functional.

3.1.4.2 Service monitoring

Quarterly supportive supervisions were conducted to **13** (9 Unguja and 4 Pemba) CTCs and 3 refilling sites in Unguja. The objective was to support and monitor the quality of HIV care and treatment services. Key findings observed were improved documentation in CTC2 cards at some sites and inconsistent HIV Viral Load (HVL) testing.

Two days meeting on IPT service were conducted to 25 health care workers in Unguja. The objective was to discuss progress on IPT initiation with completion among PLHIV enrolled in CTC. The issue discussed was low number of clients using IPT drugs within the CTCs. Hence,

there is need to address this challenge by training service provider on IPT, but also scaling up IPT sites.

Quarterly quality improvement meetings were conducted to 58 (38 Unguja and 20 Pemba) CTC service providers. The objective was to discuss progress of quality improvement interventions implemented at CTCs. Key issues discussed were improper sputum collection and inadequate coverage of index testing. It was agreed that all eligible clients for sputum collection should be escorted and all CTC clients should bring their family members including partner for HIV testing.

Two days **IPT data review** meeting was conducted to 25 health care workers in Unguja. The objective was to assess implementation of IPT at CTC sites. The issues discussed was inclusion and exclusion criteria for IPT, how to document in CTC2 card and IPT register, ordering of the drugs (INH) and to scale up IPT services to other CTCs.

Paediatric data review meeting was conducted to 20 (16 Unguja and 4 Pemba) CTC providers. The objective was to assess implementation of paediatric HIV services. Key identified challenges were high viral load among children which could be attributed to improper ARV dosage and inadequate utilisation of optimised paediatric regimens.

Two days consultative workshop on HIV drug resistance (DR) was conducted to 29 (25 Unguja and 4 Pemba) participants. The objective was to introduce the concept of HIV DR and strategies for prevention and minimization of HIV DR in Zanzibar. Following the meeting stakeholders were updated on HIV DR strategies and interventions recommended by WHO and draft Zanzibar HIV DR plan was developed for implementation.

3.1.5 HIV care and treatment indicators and trend from 2017 to 2019

Table 19: HIV care and treatment indicators and trend from 2017 to 2019

SN	Indicator	Year		
		2017	2018	2019
1	AIDS mortality per 100,000 per year	7.1	6.4	6.2
2	Number of new PLHIV started on ART during reporting period	955	1,154	1,179

3	Number and percent of PLHIV who are currently on ART	5,269 (92.4%)	5,915 (92.5%)	6,519 (93.2%)
4	Number of PMTCT sites that are providing comprehensive care and treatment services	1	2	2
5	Percentage of adults and children known to be on treatment 12 months after initiation of ART	87.5	72.3%	69.1%
6	Proportion of women living with HIV ages 30–49 who report being screened for cervical cancer using any of the following methods: Visual inspection with acetic acid (VIA), Pap smear or human papilloma virus (HPV) test	TBD	TBD	(17%) 481/2,859
7	Percentage of ART clients with viral load results documented in the medical records and laboratory information system (LIS) within the past 12 months with a suppressed viral load less than 1,000 copies/ml	83% (2686/3227)	76.7%	84.1%
8	Percentage of PLHIV screened for TB	99%	99.6%	95.4%
9	Percentage of PLHIV who started TB treatment in the reporting period	1.5% 91/6,007	1.2% 83/6,025	2.0% 134/6,706
10	Number of health facilities providing TB/HIV collaborative activities (Under One Roof)	2	2	2
11	Number of care and treatment clinics (CTCs) providing IPT services	6	6	12

1.AIDS mortality per 100,000 per year

According to the Zanzibar spectrum projection, in 2019 AIDS mortality was 6.2 percent, which is above the set target (5.1%). The highest AIDS mortality was observed among PLHIV (both males and females) aged 35 – 64 years as indicated in table below. However, AIDS mortality slightly declined from 6.4 in 2018 to 6.2 per 100,000 population in 2019.

Table 20: Age and sex distribution of AIDS mortality per 100,000 population, Zanzibar 2019

Age category (years)	Sex		Total
	Male	Female	
0-4	5.0	5.0	5.0
5-9	0.8	0.6	0.7
10-14	1.8	1.7	1.8
15-19	1.6	1.7	1.7
20-24	3.3	4.7	4.0
25-29	5.9	6.8	6.3
30-34	9.6	9.3	9.4
35-39	14.7	8.9	11.7
40-44	18.6	11.7	15.1
45-49	22.7	15.0	18.8
50-54	22.9	14.6	18.6
55-59	19.6	12.4	15.9
60-64	15.2	9.5	12.2
65-69	11.0	6.6	8.7
70-74	8.5	4.9	6.5
75-79	7.0	3.7	5.2
80+	5.1	2.2	3.4
Total	**6.9**	**5.6**	**6.2**

2. Number of new PLHIV started on ART during reporting period

The number of new PLHIV started on ART has increased from 1,154 in 2018 to 1,179 in 2019 which is below the set target of 1600 clients. The decrease was contributed by some of clients refusing to be enrolled in CTC and others migrating to mainland once tested HIV positive.

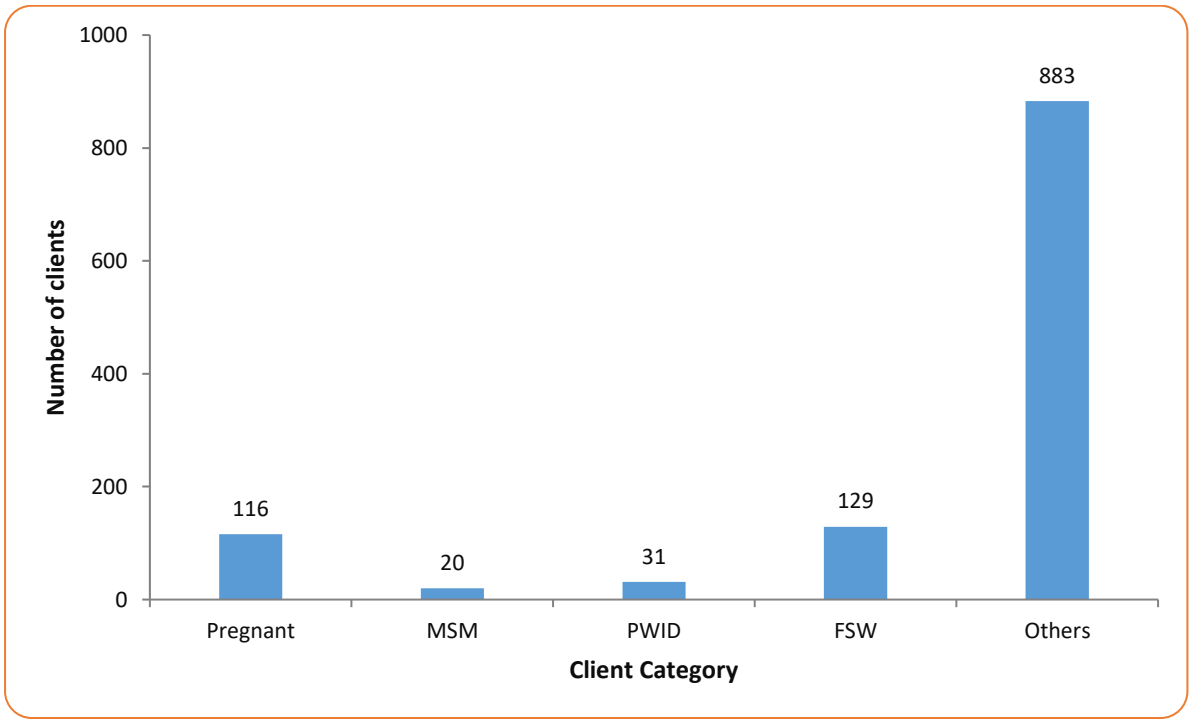
Table 21: Number of new PLHIV started on ART by age and sex, Zanzibar, 2019

Age category	Sex		Total
	Male	Female	
0 –11 months	3	5	8
1 – 4 years	4	14	18
5 – 9 years	3	4	7
10 – 14 years	6	7	13

15 – 19 years	0	31	31
20 – 24 years	26	137	163
25 – 49 years	290	542	832
≥ 50 years	59	48	107
Total	**391**	**788**	**1,179**

Most of clients who are enrolled at ART clinic were age group 25 – 49 and few enrolled from age group 5- 9. Among new PLHIV started on ART in 2019, 10% (n=116) were pregnant women as illustrated in the figure 20 below.

Figure 20: Number of new PLHIV started on ART by categories, Zanzibar, 2019



3. Number and percentage of PLHIV who are currently on ART, Zanzibar, 2019

As of December 2019, a total of 6,706 patients received care in all CTCs of whom 6,519 were receiving ART (93.2% of the estimated PLHIV). The number of patients currently on ART has increased progressively from 5,915 (92.5%) in 2018 to 6,519 (93.2%) by December 2019. The proportion of PLHIV currently on ART was higher than the program target set (achieving 85% of PLHIV currently on ART). Table 21 below illustrates the number of PLHIV currently on ART by age, sex and CTC clinics in Zanzibar.

Table 22: Number of PLHIV who are currently on ART, Zanzibar, 2019

Name of the clinic	Age group and sex													
	<1		1 -4		5 - 9		10 - 14		15 - 19		20 -24		25 -49	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	UNGUJA													
Mnazi mmoja	2	2	6	15	24	28	50	44	42	64	47	134	499	1,43
Mwembeladu	0	0	2	3	8	3	17	7	6	9	7	32	166	63
ZAYEDESA	0	0	0	1	0	1	2	2	0	2	8	28	99	16
MAT	0	0	0	0	0	0	0	0	0	0	1	1	25	11
Kivunge	0	0	0	1	0	3	5	2	2	6	2	14	62	18
Makunduchi	0	0	0	0	0	3	1	1	3	2	0	9	25	90
Bububu	0	0	3	1	2	1	6	2	6	6	3	27	131	36
Alrahma	0	0	0	0	1	1	1	0	1	2	1	6	17	11
Bububu	0	0	1	3	0	1	0	2	0	3	4	9	22	51
Total Unguja	**2**	**2**	**12**	**24**	**35**	**41**	**82**	**60**	**60**	**94**	**73**	**260**	**1,046**	**3,04**
	PEMBA													
Chakechake	0	1	3	2	5	1	4	4	1	6	2	8	41	10
Wete	0	0	0	1	4	2	6	2	6	5	1	5	40	75
Mkoani	0	0	0	0	2	2	0	1	0	1	1	0	12	35
Micheweni	0	0	1	0	1	0	1	2	2	1	0	1	9	24
Total Pemba	**0**	**1**	**4**	**3**	**12**	**5**	**11**	**9**	**9**	**13**	**4**	**14**	**102**	**23**
Total Zanzibar	2	3	16	27	47	46	93	69	69	107	77	274	1,148	3,28

4. Number of PMTCT sites that are providing comprehensive care and treatment services

By the end of 2019, 168 PMTCT sites were operational in both Unguja and Pemba. Of them, only 2 were providing comprehensive HIV care and treatment services. During this year, the program target of 3 was not reached. However, assessment was done at two sites out of which one has qualified to start in 2020.

5. Percentage of adults and children with HIV, known to be on treatment 12 months after initiation of ART 2019

Overall percentage of patients who are still alive and known to be on treatment 12 months after initiation of ART has decreased from 72.3% in 2018 to 69.1% in 2019. This is below the set target of 92% due to some clients not attending at care and treatment clinic for the reason of traveling to mainland, forgetting and lack of permission from his or her job.

Table 23: Retention of clients and reason of attrition in 2019

NO	FACILITY	NET CURRENT	ALIVE& ON ART	LTF	DEATH	STOP
1	Alrahma	30	20	10	0	0
2	Bububu	151	109	35	7	0
3	Chakechake	27	23	2	2	0
4	Fuoni	39	26	9	4	0
5	Makunduchi	39	24	14	0	1
6	MAT	5	4	1	0	0
7	Micheweni	8	6	1	1	0
8	Mkoani	18	13	5	0	0
9	Wete	19	14	4	1	0

10	Kivunge	56	33	22	1	0
11	Mwembeladu	181	117	63	1	0
12	ZAYEDESA	124	89	33	2	0
13	Mnazi Mmoja	400	286	95	17	2
TOTAL		**1,097**	**764**	**294**	**36**	**3**

Table 22 showed that, Mnazi Mmoja, Mwembeladu and Bububu have high number of lost to follow of clients while MAT and Micheweni have only one client. MAT and Chake Chake CTC had the highest retention rate while Makunduchi and Kivunge had the lowest. Table 23 below shows the percentage of adults and children known to be on treatment 12 months after initiation of ART. It has been observed that children below fifteen years had high slight retention rate compared to adults.

Table 24: Percentage of adults and children with HIV, known to be on treatment 12 months after initiation of ART 2019

Name of the clinic	Male		Female		Total		Total
	<15	15+	<15	15+	<15	15+	
Alrahma	0	60.0	0.0	70.8	0	130.8	66.7
Bububu	66.7	65.9	100.0	74.8	166.7	140.7	72.7
Chake	100	88.9	0	86.7	100	175.6	88.0
Fuoni	0	87.5	0.0	58.6	0	146.1	63.2
Kivunge	0	47.1	33.3	63.9	33.3	111	57.1
Makunduchi	0	69.2	0	57.7	0	126.9	61.5
MAT	0	100.0	0	50.0	0	150	80.0
Micheweni	100	0	100.0	60.0	200	60	75.0
Mkoani	0	85.7	100.0	60.0	100	145.7	72.2
MMH	85.7	66.4	86.7	73.0	172.4	139.4	71.8
Mwembeladu	60	59.2	25.0	65.0	85	124.2	62.4
Wete	0	83.3	0	69.2	0	152.5	73.7
ZAYEDESA	100	70.7	50.0	71.1	150	141.8	70.8

Total	**78.9**	**67.0**	**67.7**	**69.9**	146.6	136.9	**69.1**

6.Proportion of women living with HIV ages 30–49 who report being screened for cervical cancer using any of the following methods: Visual inspection with acetic acid (VIA), Pap smear or human papilloma virus (HPV) test

Proportion of women living with HIV ages 30–49 who report being screened for cervical cancer was low 17% (481/2859) of program set target of 30% in 2019. This was contributed by some clients refused to be screened with male doctor this was when female doctor is absent.

7. Percentage of ART clients with viral load results documented in the medical records and laboratory information system (LIS) within the past 12 months with a suppressed viral load (less than 1,000 copies/ml).

During the year 2019, a total of 5,599 ART clients were tested for viral load and 4,710 (**84.1%)** were virally suppressed within the past 12 months. The targeted percentage of HIV viral suppression of 88% was not reached due to inadequate adherence counselling, improper monitoring of adherence and increasing number of defaulters. The HVL suppression for PLHIV below 19 years is low (ranges from 61-67%). However, it increases with age from age group 20-24 years onwards. The low HVL suppression among children and adolescents is contributed by the fact that majority are living with guardians who do not play active role on ensuring adherence of care, treatment, and support. In addition, issues of disclosure also exacerbate the challenge.

Table 25: Percentage of ART clients with viral load results documented in the medical records and laboratory information system (LIS) within the past 12 months with a suppressed viral load (less than 1,000 copies/ml)

Age group	Viral Suppressed			High Viral			Total Tested			% Suppressed		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
1-4	15	7	22	9	5	14	24	12	36	62.5	58.3	61.1
5-9	26	27	53	16	21	37	42	48	90	61.9	56.3	58.9
10-14	42	63	105	26	24	50	68	87	155	61.8	72.4	67.7
15-19	58	40	98	34	23	57	92	63	155	63.0	63.5	63.2
20-24	165	43	208	40	19	59	205	62	267	80.5	69.4	77.9
25-49	2,431	790	3,221	401	143	544	2,832	933	3,765	85.8	84.7	85.6
50+	596	407	1,003	59	69	128	655	476	1,131	91.0	85.5	88.7

Total	**3,333**	**1,377**	**4,710**	**585**	**304**	**889**	**3,918**	**1,681**	**5,599**	**85.1**	**81.9**	**84.1**

8. Percentage of PLHIV screened for TB

In this reporting year, 95.4% of the PLHIV attending CTC clinics were screened for TB. Although large number of clients were screened for TB, the percent of PLHIV screened for TB is low due to the fact that, a reasonable number of clients were represented by their treatment supporters during their respective visits for refills, as well as those under Multi month scripting whereas the denominator for this indicator is clients current on ART.

9. Percentage of PLHIV who started TB treatment in the reporting period by age, sex

A total of 134 patients started TB treatment in the reporting period. Of them, 49% (53/109) were males and 51% (56/109) females. Among them 14% were children below the age of 15 years as shown in the Table 25.

Table 26: Percentage of PLHIV who started TB treatment in 2019 by age, sex

Age category	Total started Treatment	Sex	
		Male	Female
0 –11 months	0	0	0
1 – 4 years	2	2	0
5 – 9 years	7	2	5
10 – 14 years	6	4	2
15 – 19 years	4	1	3
20 – 24 years	1	0	1
25 – 49 years	72	37	35
≥ 50 years	17	7	10
Total	**134**	**53**	**56**

10. Number of health facilities providing TB/HIV collaborative activities (Under One Roof).

Currently, there are two sites providing comprehensive TB/HIV services (Mnazi Mmoja and Chake Chake hospitals). This number is below the set target of 3, this is because up to this time there is no patient who was diagnosed with HIV/TB co-infection in the proposed scale up sites for TB/HIV under one roof services.

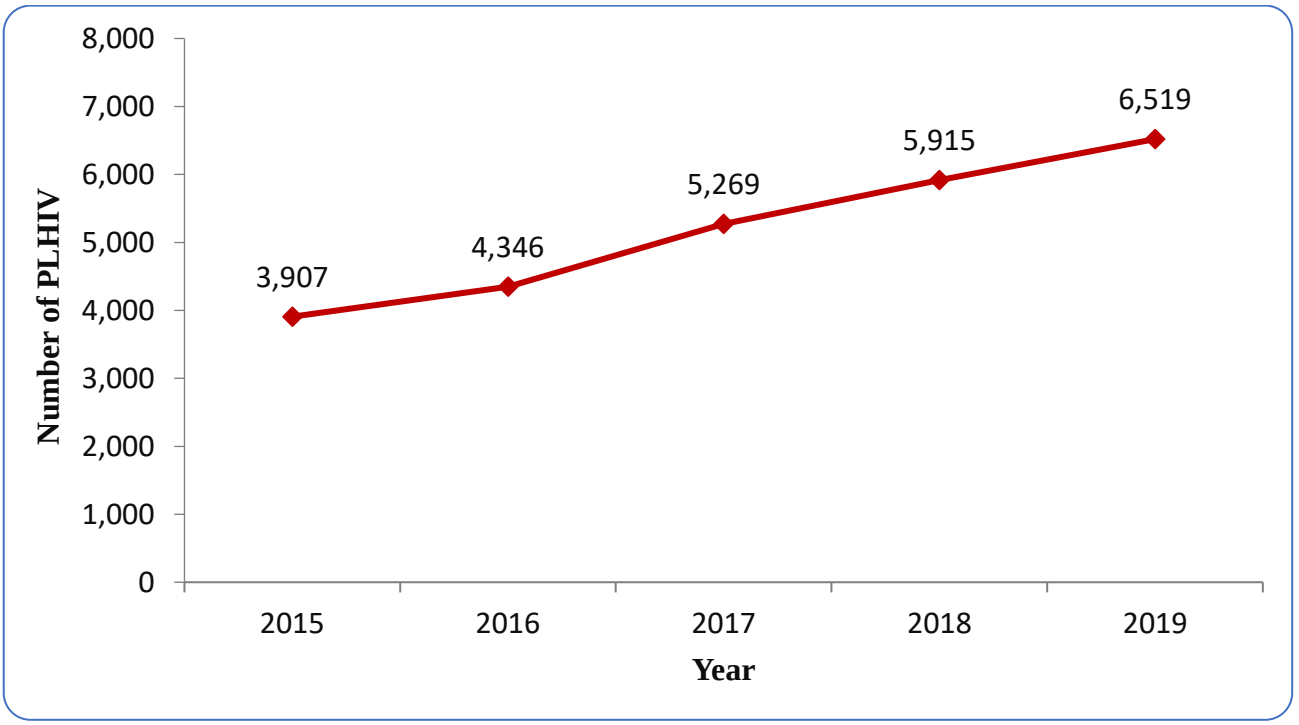
11. Number of care and treatment clinics (CTCs) providing IPT services

The number of care and treatment clinics providing IPT services has increased from 6 in 2018 to 12 in 2019. However, this number has surpassed the program target of having 8 CTCs facilities providing IPT services by 2019.

3.1.6 Trend of PLHIV currently on ART from 2015 to 2019

The figure below shows number of patients currently on ART has increased progressively from **3,907** in 2015 to **6,519** by December 2019. This steady increase was attributed by increase in identification of HIV positive clients, strengthened escorted referral, timely ART initiation and linkage case management by peers.

Figure 21: Trend of PLHIV currently on ART from 2015 to 2019



3.1.7 Challenges

- Poor retention of PLHIV on ART.
- High HVL to the children and adolescent.

3.2 INTEGRATED COMMUNITY-BASED HEALTHCARE SERVICES

3.2.1 Background

Home Based Care (HBC) services in Zanzibar were established in 1988 in 5 (Mjini, Magharibi and Kati in Unguja and Chake Chake and Wete in Pemba) districts to cater to AIDS patients only.Currently, these services have been scaled up to 144 health facilities in all 11 districts of Zanzibar. The community-based HBC (CHBC) volunteers are pivotal in the provision of these services at the community. The volunteers are working under the supervision of facility-based HBC providers. Each health facility has a contact person (facility supervisor) who is accountable for all HBC services at the facility level.

3.2.2 Goal

The goal is to increase the utilization of quality comprehensive HBC services.

3.2.3 Objectives

1. Increased availability of quality comprehensive CHBC services by PLHIV
2. Strengthened linkage of ICBHC services with health facilities

3.2.4 Program Implementation

3.2.4.1 Services monitoring

Supportive supervision was conducted to facility-based HBC providers at **98** (60 Unguja and 38Pemba) health facilities. The objective was to improve the performance of home-based care providers to deliver quality and comprehensive HBC services, including appropriate documentation. The achievement found was the presence of national M&E tools for HBC in place and in use.

Moreover, meetings with **200** CHBC providers (120 Unguja and 80 Pemba) were conducted. The objective was to share experience and challenges faced during the provision of HBC services. Incentive for CHBC volunteers were provided in all districts with the aim to motivate community volunteers to continue providing care to patients.

Table 27: HBC Services indicator

SN	Indicator	Year			
		2016	2017	2018	2019
1	Percentage of PLHIV receiving comprehensive HBC services	7.6	7.1	18.1	31.7

1. Percentage of PLHIV receiving comprehensive HBC service

The percentage of PLHIV receiving comprehensive HBC services for this year has slowly declined from 22.5%in 2017 to 18.1% in 2018 which is below the 2018 target of 24%. This under achievement might due to less coordination between HBC and CTC services, and the service is depending on the client's consent. More patients have received HBC services in 2019, who were **3,826** compared to **3,328** patients in 2018. This achievement was due to improved documentation of HBC data through proper recording and reporting of HBC into DHIS2 database and provision of the target to all health facilities in Unguja and Pemba.

Table 28: Number of clients who received HBC services by disease category, sex and age group in Zanzibar, 2019

Age (years)	HIV patients		Other chronic diseases		Total
	M	F	M	F	
0 – 4	20	6	30	19	**75**
5 – 14	63	48	95	68	**274**
≥ 15	350	727	1054	1346	**3,477**
Total	**433**	**781**	**1179**	**1433**	**3,826**

Home-based care providers offer various services to patients, including basic nursing care, health and hygiene education, psychosocial-spiritual support, assistance with household duties, monitoring adherence of drug compliance as well as referral to health centres, NGOs and CBOs.

Challenges

- Shortage of funds to implement HBC services
- Lack of coordination tracking system for Lost follow patients linked back to CTC by CHBC providers

CHAPTER 4: TUBERCULOSIS AND LEPROSY SERVICES

4.1Background

Tuberculosis and Leprosy services were established in 1987 with the aim of facilitating early diagnosis, treatment, and cure of Tuberculosis (TB) and Leprosy patients so as to reduce the incidence and prevalence of the disease. All 186 (110 Unguja and 76 in Pemba) public health facilities and 30 private facilities are providing TB and Leprosy services.

There are three Gene Xpert sites (Mnazi Mmoja, Kivunge and Chake Chake Hospitals) which perform TB molecular test and one Public Health Laboratory performing TB culture. A total of 56 (38 Unguja and 18 Pemba) TB diagnostic centres are performing follow up smear examination and 11 health facilities do X- ray services (6 Unguja and 5 Pemba), eight (5 Unguja and 3 Pemba) Civil Society Organizations (CSOs) are also involved in TB care and control interventions in Zanzibar.

4.2 Goal

To reduce the incidence by 25% and mortality by 50% of TB and Leprosy by 2019

4.3 Objectives

1. To provide universal access to quality assured services to detect and treat 90% of all forms of estimated TB cases by 2019
2. To diagnose and properly manage all estimated MDR TB cases by 2019
3. To increase the proportion of TB patients co-infected with HIV receiving timely ART from 52% to 100% by 2019

3. To reduce new leprosy cases with disability grade 2 from 0.9 to 0.3 per 100,000 populations by 2019.

4.4 Programme Implementation

4.4.1 Capacity building

Three days training on TB quality improvement to **48** (25 Pemba and 23 Unguja) participants from high yield sites was conducted. The objective was to enhance knowledge and skills of health care providers on how to improve quality of TB case detection at different units in health care facilities.

In addition, a five days training on leprosy case management was conducted to 106 (56 Pemba and 50 Unguja) health care workers. The objective was to enhance capacity of clinicians, nurses, and

other health care providers on early identification of leprosy and provision of comprehensive management to prevent disability caused by leprosy.

Two sessions of one day orientation meeting to "drug shop sellers" on TB prevention and control was conducted to 57 (30 Unguja and 27 Pemba) participants. The objective was to orient drug shop sellers on TB care and control to identify TB presumptive cases at their respective shops and refer them for investigation at health facilities.

Furthermore, two session of one day MDR-TB sensitization meeting was conducted to **55** (30 Unguja and 25 Pemba) health care workers. The objective was to orient health care providers on MDR -TB case detection in order to improve suspicious index.

Ten days focused mentorship on TB, MDR-TB and leprosy services to public and private health care providers was conducted in 15 health facilities in Unguja. The objective was to enhance capacity of health care workers on early identification and proper management of TB, and leprosy patients at their respective health facilities.

Moreover, a five days' workshop to customize TB/HIV quality improvement guidelines was conducted. A total of **13 (12** Unguja and one Pemba) health care workers participated. The objective was to review TB/HIV policy guidelines to improve the provision of TB/HIV services at all level.

4.4.2 Service Monitoring

Quarterly supportive supervision was conducted to155 (99 Unguja and 66 Pemba) health facilities. The objective was to assess the performance and support District TB and leprosy coordinators (DTLCs) and health care providers working in TB, TB/HIV and Leprosy services. The main finding during supervision was low number of TB case detection due to insufficient TB screening. Following supportive supervision, feedback meetings was conducted to 140 (80 Unguja and 60 Pemba) health care workers. The objective was to discuss supervision findings and plan a way forward to resolve the identified challenges.

In addition, biannual supportive supervision and feedback meetings were conducted to 8 (5 Unguja and 3 Pemba) CSOs implementing community TB care and control interventions in Unguja and Pemba. The objective was to monitor implementation of TB care interventions by community organizations.

Quarterly program and cohort review meetings were conducted to 58 (43 Unguja and 15 from Pemba) key stakeholders. The objectives were to discuss performance on TB, MDR -TB, TB/HIV,

leprosy, and review MDR -TB patient's routine investigation progress, success, and challenges and to share the best practices

Moreover, quarterly TB/HIV quality improvement meetings which involved TB focal persons and health facilities in charges were conducted. The objective was to discuss provision of quality TB services to avoid missing TB cases at their respective health facilities.

TB contact investigation for 355 (272 Unguja and 83 Pemba) bacteriological confirmed TB patients was conducted, where by 1,823 (1,210 Unguja and 613 Pemba) household members were reached and given health education, 274 TB presumptive were tested for TB, of them 38 (17 Pemba and 21 Unguja) were diagnosed with TB and 232 under-fives were provided with INH prophylaxis.

In addition, TB screening was conducted at 10 (6 Unguja and 4 in Pemba) correctional facilities. The objective was to identify students with TB symptoms so as to facilitate timely diagnosis and treatment. A total of 691 (481 Unguja and 210 Pemba) students were screened, of them 138 (97 Unguja and 41 Pemba) were presumptive and investigated for TB, of them five (5) were diagnosed and started TB treatment.

4.5 Tuberculosis services indicators and trend from 2017 to 2019

Table 29: Tuberculosis service indicators and trend from 2017 to 2019

Indicators		Year		
		2017	2018	2019
1.	Number of notified cases all form of TB – Bacteriological confirmed plus clinical diagnosed new and relapse cases	948	944	967
2	Percent of new bacteriological confirm TB	52%	37%	33%
3	Treatment success rate bacteriological confirmed TB cases	93%	95%	93%
4	Treatment success rate-all new TB cases	92%	95%	93%
5	Percentage of patient who had HIV test result recorded in the TB register.	99%	99%	99.8%
6	Proportion of registered new and relapse TB patients with documented HIV positive status	13%	13%	14%

7	Percent of HIV positive TB patient initiated on ART	95%	96%	99%
8	Percent of HIV positive TB patient on CPT	99%	96%	100%
9	Number of bacteriological confirmed drug resistant TB cases	3	7	5
10	Number of cases with drug resistant TB that began second-line treatment	3	7	5
11	Percent of notified TB cases, all forms contributed by non-NTP providers – community referral	7%	14%	14%

1. **Number of notified cases all form of TB –Bacteriological confirmed plus clinical diagnosed new and relapse cases**

Number of notified TB cases has increased from 944 in 2018 to 967 in 2019 which is below the set target of 1,450. This is to due insufficient TB screening of client attending health facilities and shortage of job aids. Among the notified cases, **321(33%)** were bacteriologically confirmed (BC), including, 5 MDR-TB patients, **467 (48%)** Clinical diagnosed (CD) and **179 (19%)** were extra pulmonary (EP). In addition, **62 (6%)** retreatment cases were notified as shown in the table 29 below.

Table 30: TB cases notified by type of patient and category, Zanzibar, 2019

Type of patients	BC	CD	EP	Total
New	276	450	179	**905**
Relapse	23			**23**
Failure	4			**4**
Return to control	13			**13**
Others	0	17	0	**17**
MDR TB	5	0	0	**5**
Total	**321**	**467**	**179**	**967**

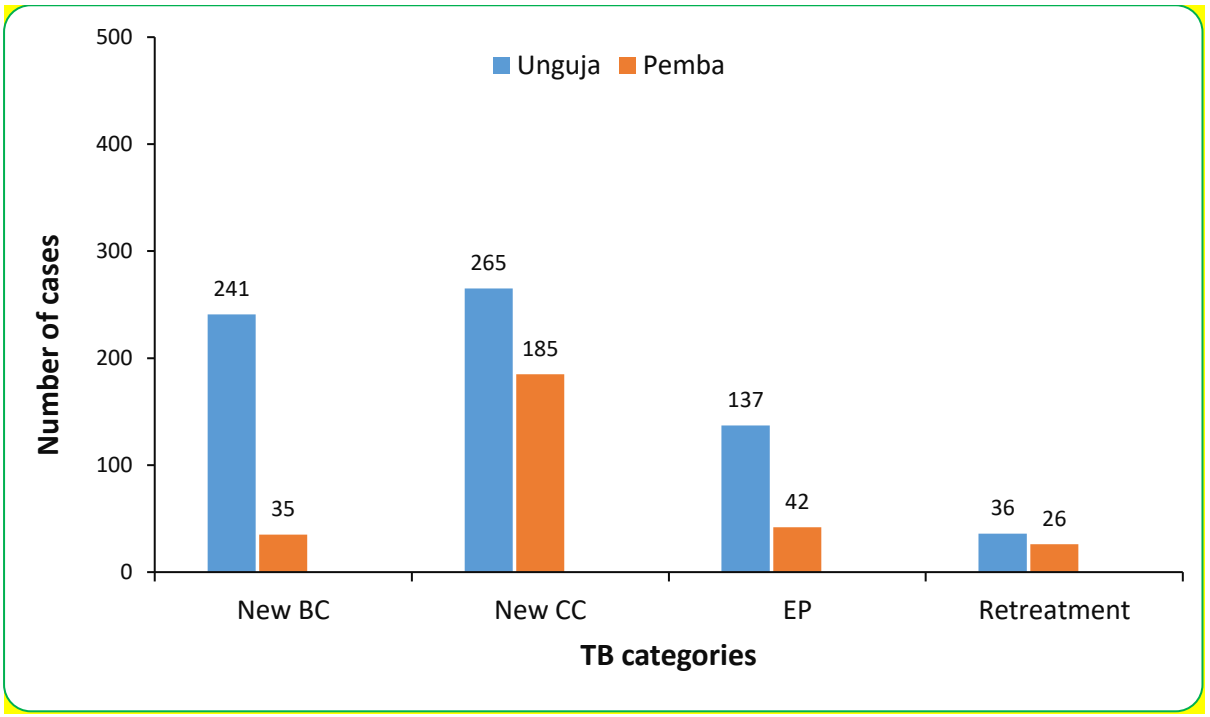
Among all patients notified in 2019, all sex and age groups were affected, but the most (64%) affected age group was 15-54 years and males were more affected than females. Also, children under 15 years of age were 125 (13%) of all cases.

Figure 22: Age and sex distribution of all TB cases notified in 2019

Age group	0-14	15-24	25-34	35-44	45-54	55-64	65+	Total
Female	63	53	84	63	45	43	49	400
Male	62	71	110	98	95	54	77	567
TOTAL	**125**	**124**	**194**	**161**	**140**	**97**	**126**	**967**

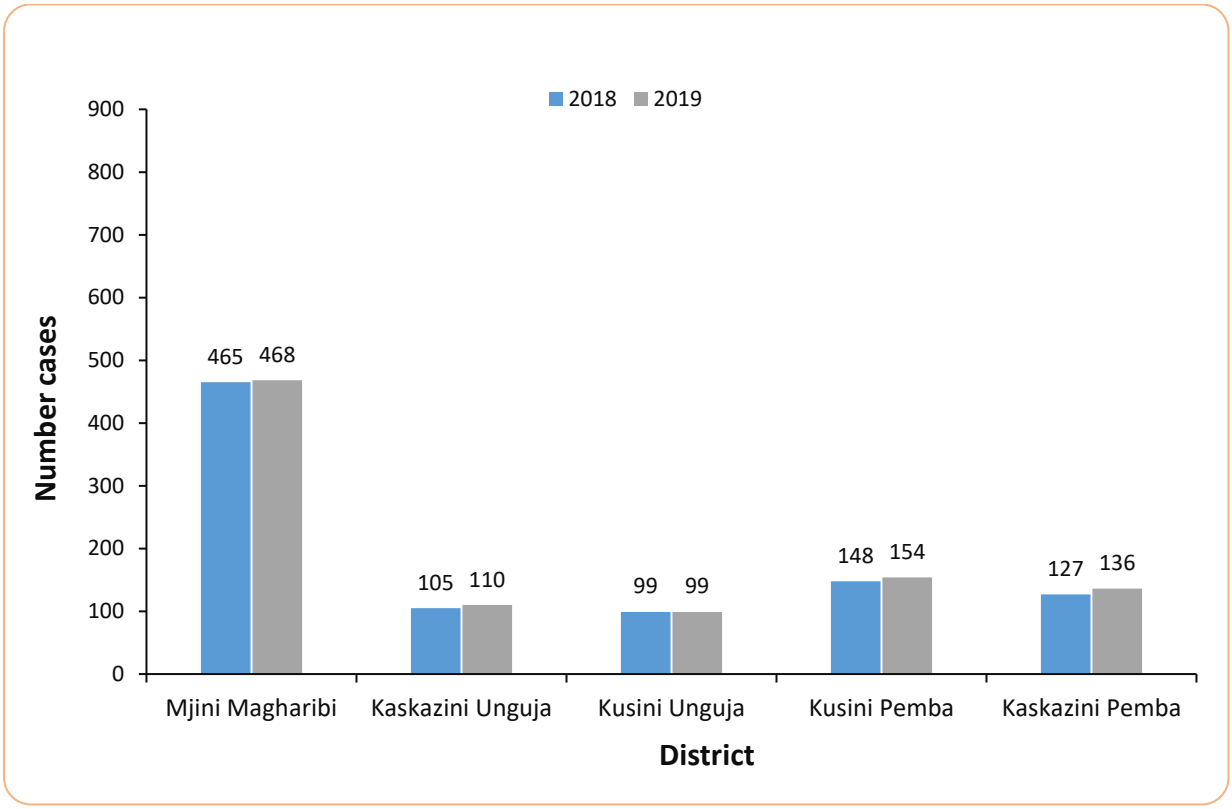
Among **967** patients notified in 2019, **679 (70%)** were in Unguja and **288 (30%)** in Pemba as seen in figure 23. below. The number of retreatment cases increased from 47 in 2018 to 62 in 2019, which alerts the program to strengthen follow up to prevent the occurrence of MDR -TB in Zanzibar as shown in figure below:

Figure 23: TB case notification by category and island, Zanzibar, 2019



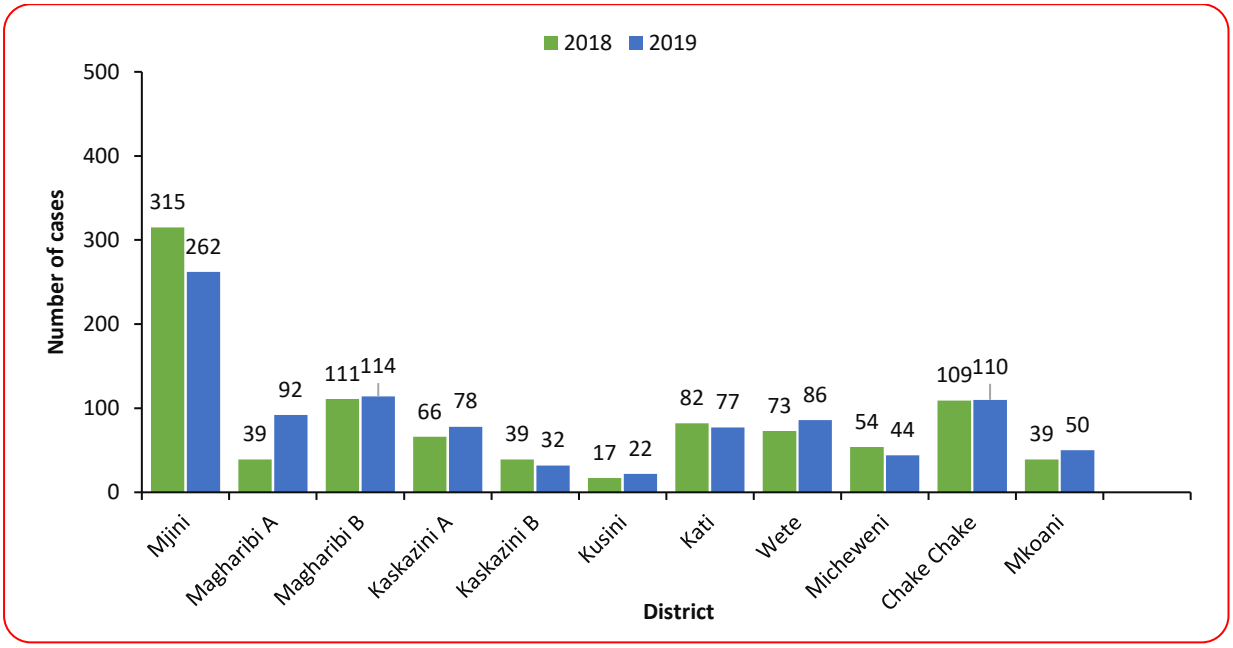
In the year 2019, the number of notified TB patients is highest in Mjini Magharibi region **468 (48.3%)**. Kaskazini and Kusini Unguja regions reported low number of TB cases notified 110 (11%) and 99 (10%) respectively. Generally, there is no remarkable increase in TB cases notified in 2019 in all regions compared to the number of cases reported in 2018 (see figure 24 below).

Figure 24: TB case notification by region, Zanzibar, 2018 – 2019



There is a notable increase in TB case notification in Magharibi A from 39 in 2018 to 92 in 2019, while a decrease is seen in Mjini district from 315 in 2018 to 262 in 2019. See figure 25 below.

Figure 25: TB case notifications by Districts, Zanzibar, 2019



2. Percent of new bacteriological confirmed TB (New smear positive)

The percentage of new bacteriological confirmed TB has slightly decreased from **37% (334/897) in** 2018 to **30% (276/905) in 2019** which is below the target of 70%. This might be due to early follow up of patients with cough who turn out to be smear negative and are diagnosed through radiological examination. The most affected group are adults between 25 to 44 years which was **229 (45%)**. Men were more affected **(59%)** than women **(41%).**

3. Treatment success rate for bacteriological confirmed TB cases

The treatment successes rate of bacteriological confirmed TB cases was **92% (323/352)** which is below the program target of **95%**. The target was not reached due to the reason that, 6 (2%) transferred out, 10 (3%) died and 9 (3%) lost to follow up as shown in table 30. Therefore, the program will strengthen treatment adherence counselling to improve treatment outcome.

4. Treatment success rate - All TB cases

For patients registered in the year 2018, the treatment success rate for all new TB cases registered and started treatment was **93.4%** (876/937). The success rate for all new TB cases is nearly the same as 92.5% of patients registered in 2017. The program was not able to reach the set target of 95% due to the reason that 3.5 % of cases died and 4% transferred out. As shown is table 30 below.

Table 31: Treatment outcome for all TB patients registered in 2018, Zanzibar

Type	Notified	Cured	Treatment completed	Failure	Died	Lost to follow up	Not evaluated	Total
Bacteriological Confirmed	337	301	12	4	7	7	6	337
Clinically diagnosed	569		540		27	2	0	569
Relapse	5	3	1	0	1	0	0	5
Failure	5	4	0	0	1	0	0	5
Return	5	1	1		1	2	0	5
Others	16		13		2	0	1	16

In addition, the treatment successes rate for TB/HIV cases was **88% (110/125)**, which was the same as for patients registered in 2017 i.e. 88% (137/155). Among them 12 (10%) died, 3 (2 %) transferred out. Therefore, the program will strengthen TB screening in care and treatment clinic to facilitate early detection and treatment of TB/HIV co infected patients so as to improve treatment outcome as shown in table 31 below.

Table 32: Treatment outcome for TB/HIV patients registered in 2018, Zanzibar

	No. Notified	Cured	Treat. Comp	Failure	Died	Lost to follow up	Not evaluated	Total
New and relapse	118	22	83	0	10	0	3	118
Previous Treated	7	1	4	0	2	0	0	7
Total	125	23	87	0	12	0	3	125

5. Percentage of patient who had HIV test result recorded in the TB register

The proportion of TB patient tested for HIV and their result recorded in the TB register has increased from **99% (934/944)** in 2018 to **99.8 % (966/967) in** 2019 which is above the set target of 98%. This is due to strengthened Provider Initiating Testing and Counselling (PITC) to TB patients and improved documentation.

6. Proportion of registered new and relapse TB patients with documented HIV positive status

There is slight increase in proportion of registered new and relapse TB patients with documented HIV positive status in 2019 which was 14 % (134/966) compared to 13% (122/934) in 2018 which is below the target of 12%.

7. Percent of HIV positive TB patient initiated on ART

The proportion of HIV positive TB patient initiated on ART in 2019 is 99% (132/134) which is above the program target of 97%. In addition, this achievement of (99%) is higher than 96% of 2018. The increased number of HIV positive started ART might be contributed by strengthening adherence counselling and documentation on ART initiation.

8. Percent of HIV positive TB patient on CPT

The percentage of TB/HIV patients started on CPT is **100%** (134/134), the proportion of TB/HIV patient who started CPT has increased from **99%** in 2018 to 100% in 2019. The program managed

to reach above the set target of **98%.** This might be contributed by strengthened counselling services for co-infected patients and early initiation of CPT.

Table 33: TB/HIV notification, Zanzibar, 2019

TB/HIV notification 2019	Cases	%
Number of TB cases	967	
Number tested for HIV	966	99.8
Number of HIV positive	134	14
Number referred to CTC	27	20
Number referred from CTC	107	80
Number registered for HIV care	134	100
Number started ART	132	99
Number started CPT	134	100

9. Number of bacteriological confirmed drug resistant TB cases

A total of 5 (4 Unguja and 1 Pemba) MDR-TB cases were notified in 2019; the number of notified cases has decreased from **7** in 2018 to **5** in 2019. In addition, the number is low compare to program target of **12** cases. This might be contributed by inadequate knowledge and follow up among health care workers on MDR TB. Therefore, efforts are needed to strengthening follow up of all MDR TB suspect to detect more cases.

10. Number of cases with drug resistant TB that began second-line treatment

All MDR-TB cases notified in 2019 started second-line treatment. This is due to close follow up and treatment adherence counselling. In addition, the treatment successes rate for MDR-TB patient registered in 2017 was 67% (2/3) which is below the set target of 100% as one patient died within the treatment period.

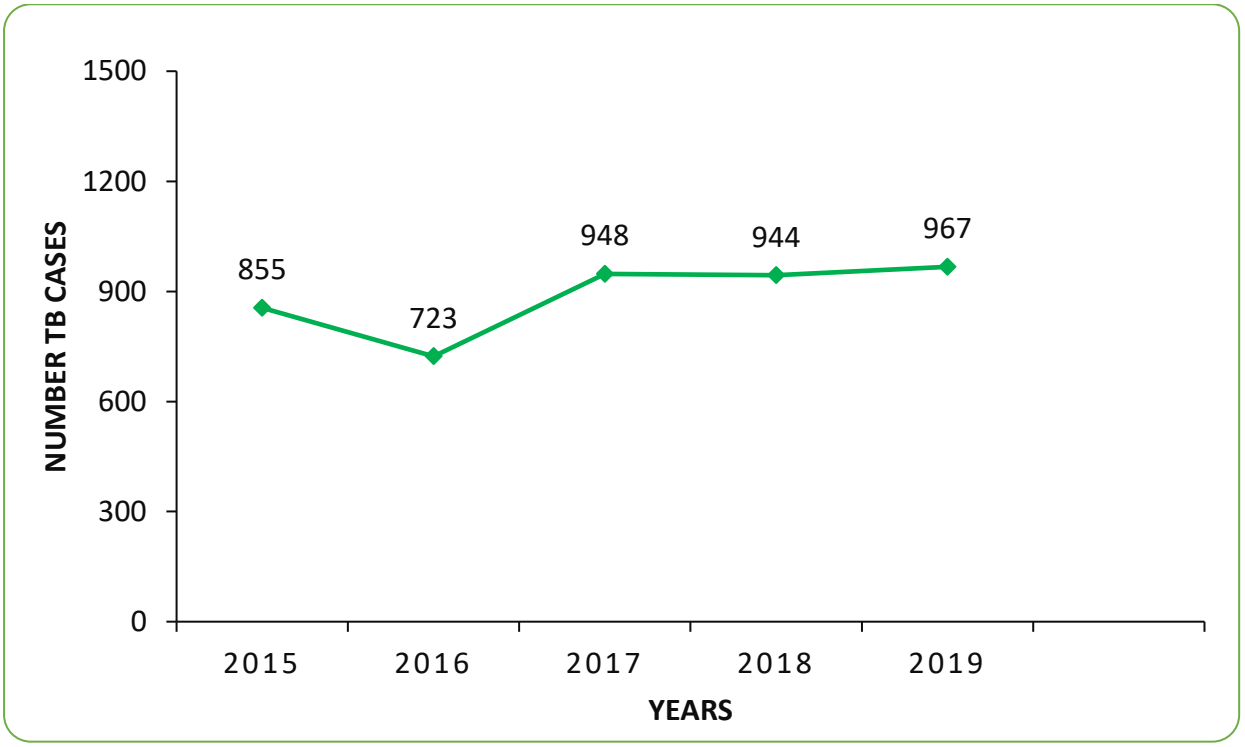
11. Percent of notified TB cases, all forms contributed by non-NTP providers – community referral

The percentage of notified TB cases all forms contributed by non- national TB program providers (Civil Society organization and private health facilities) is 143 (15%) in 2019 which is within the program target of 15%. The achievement is above of 14% in 2018, this might be contributed by close follow up of community organizations on active TB case finding.

4.6 Trend of TB case notification from 2015 to 2019

For the past five years, the number of notified TB cases has been increased from 855 in 2015 to 967 in 2019 in Zanzibar. However, a slight decrease was observed in 2016, whereby 723 cases were notified as shown in figure below.

Figure 26: Trend of TB case notification from 2015 to 2019, Zanzibar



4.7 Leprosy services indicators and trend from 2017 to 2019

Table 34:Leprosy services indicators and trend from 2017 to 2019

Indicators		Years		
		2017	2018	2019
1.	Number of all new registered Leprosy cases	98	82	163
2.	Percent of MB cases among all new cases	72.4%	70%	72%
3.	Percent of children among new cases	20%	18%	18%

4.	Percent of WHO disability grade 2 among new cases	4%	2%	7%
5.	Rate of disability grade 2 per 100,000 population	0.06	0.1	0.7
6.	Percent of female patients among new cases	39%	28%	37%
7.	Percent of MB Leprosy patients completing 12 months of MDT amongst those expected to complete their MDT (calculated for 1-year cohort intake)	99%	98%	100%

1. Number of all new registered Leprosy cases

In 2019, a total number of **new leprosy** c a ses registered **was 163**. Among all cases, 137 (84**%) were** diagnosed in Unguja and **26** (16**%**) were diagnosed in Pemba;93**(74%)** were Multi bacillary (MB) and **44(26%)** were Paucibacillary (PB) as shown in the figure 27 below. Moreover, number of new leprosy cases diagnosed has tremendously increased from **82** in 2018 to **163** cases in 2019. The increase might be contributed by active case finding, training and mentorship on leprosy diagnosis and management in Unguja and Pemba.

Figure 27: Number of all registered Leprosy cases by type and Island, Zanzibar, 2019

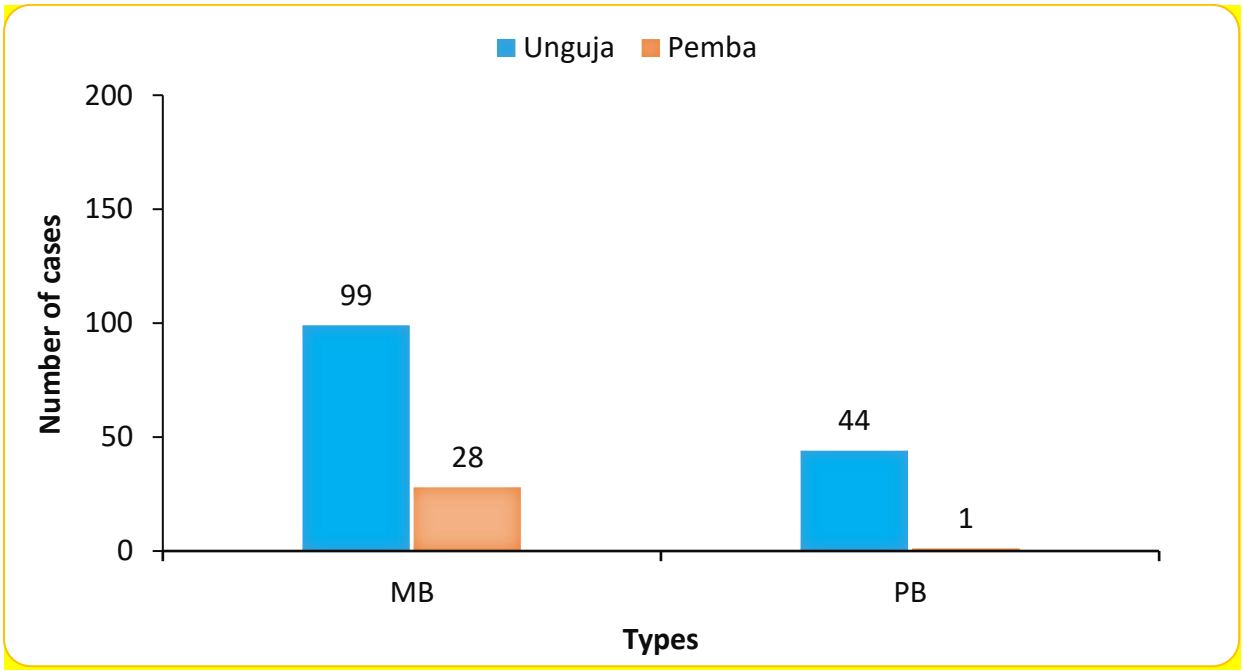
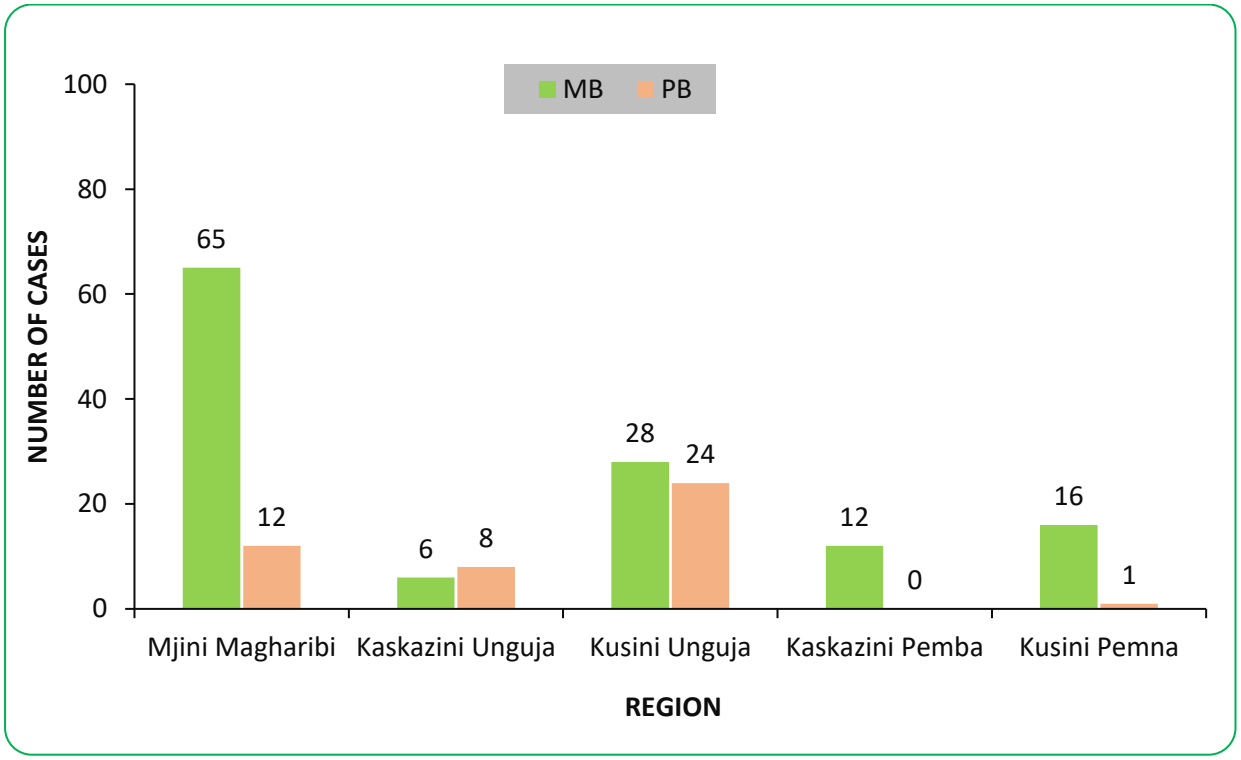


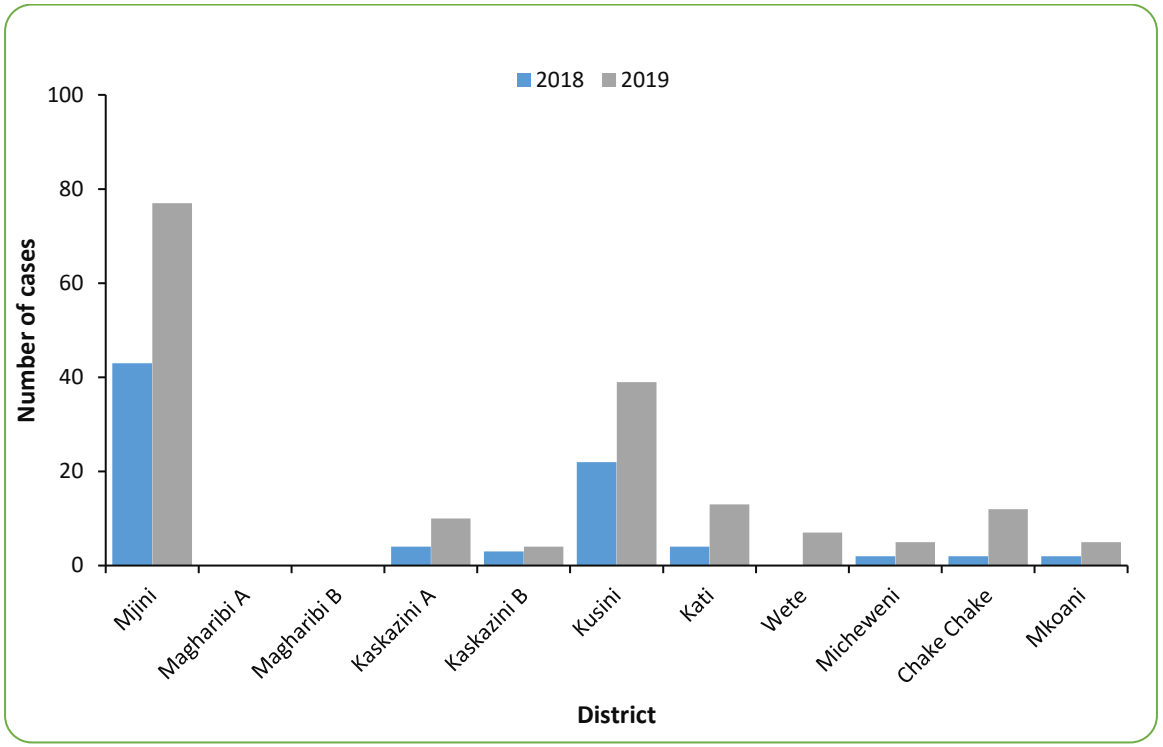
Figure 28 below table, illustrates the number of leprosy cases notified per region. Of all cases notified in in 2019, Mjini Magharibi region had high number of leprosy case **77(45%).** Kaskazini Unguja and Pemba regions reported low number of leprosy cases, **8%** and **7%** respectively, as shown in figure 28 below.

Figure 28: Number of Leprosy notified cases by region Zanzibar, 2019



Number of notified leprosy patients has increased in 2019 across all districts except for Magharibi A and Magharibi B which report zero patient. The notable increase was from Mjini and Kusini district which might be contributed by active case finding conducted in school's health program and training of health care workers as shown in figure 29 below.

Figure 29: Leprosy notification by District Zanzibar 2018 & 2019



Among 172 cases detected, all age groups and sex were affected by leprosy, however males of most age groups were more affected compared to female of the same age. In addition to that male were more affected with MB type of leprosy which is more infectious as shown in table 34 below.

Table 35: Age, sex and type of leprosy cases registered during the year 2019, Zanzibar

Type	0-14		15-24		25-34		35-44		45-54		55-64		65+		Total	
	M	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**
MB	10	3	12	10	11	10	23	11	11	3	9	3	7	4	83	44
PB	13	4	3	7	3	2	0	2	2	2	2	0	2	3	25	20
Total	**23**	**7**	**15**	**17**	**14**	**12**	**23**	**13**	**13**	**5**	**11**	**3**	**9**	**7**	**108**	**64**

2. Percent of MB cases among all new cases

The percent of MB cases among all new cases was **72.3%** (**118/163**), the percentage has slightly increase as of 2018 which was **70% (57/82).** This shows that there is still hidden or misdiagnosed MB cases which is the source transmission among the community members. Therefore, the program will strengthen active leprosy case finding interventions so as to reduce transmission of infection in the community.

3. Percent of children among new cases

Percentage of children who were diagnosed with leprosy among new cases in 2019 was **18%** (30/163) which is the same as in 2018. The higher percentage of children diagnosed with leprosy is alarming the presence of infectious MB cases in the community.

4. Percent of WHO disability grade 2 among new cases

Leprosy cases with disability grade 2 has increased from 2% in 2018 to 7% in 2019 which is above the set target of 2%. This increase might be contributed by inadequate awareness of leprosy in the community leading to delay in health seeking behaviour. Among 163 new Leprosy cases diagnosed, 71% had disability grade 0, while 21%had disability grade 1 and 7% had disability grade 2 (Table 35 below).

Table 36: Disability grading for newly diagnosed leprosy patients diagnosed in 2019

Grade	Number of cases	%
0	116	71
1	35	22
2	12	7
Total	**163**	**100**

5. Rate of disability grade 2 per 100,000 population

The rate for disability grade 2 per 100,000 populations among new cases in 2019 is 0.7; the proportion is high compare to the program target of 0.35 that indicate more interventions is needed for early detection of the missing cases within the community.

6. Percentage of female patients among new cases

Among Leprosy patients detected in this reporting year, the percentage of female patients was 37**%.** There is an increase of female patients detected in 2019 as compared to **28%** in 2018.

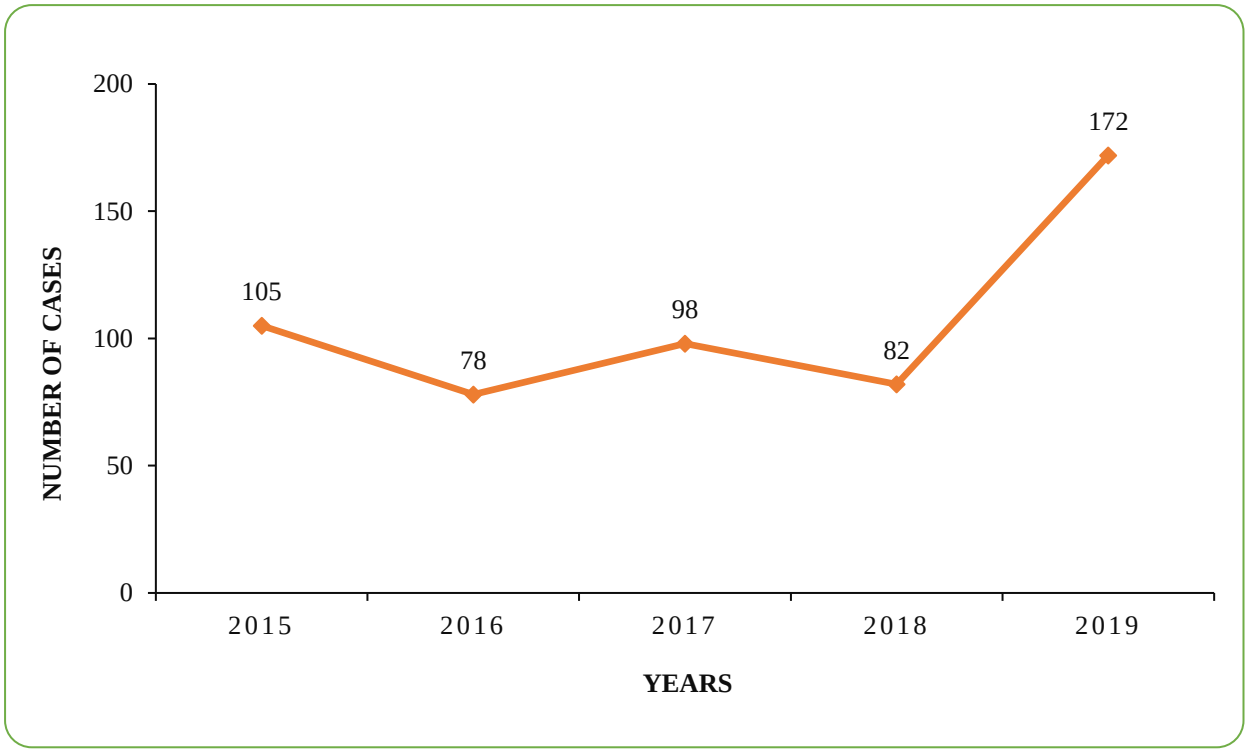
7. Percentage of MB leprosy patients completing 12 months of MDT amongst those expected to complete their MDT

A total of 61 MB leprosy patients started treatment in the year 2017. All **61 (100%)** patients completed their treatment according to guideline. Following treatment, 36(59%) MB patients improved their disabilities while 25 (41%) had no change.

4.8 Trend of Leprosy case notification from 2015 to 2019

Leprosy case notification is fluctuating from 2015 to 2018; there is tremendous increase of Leprosy case notified from 82 patients in 2018 to 172 leprosy cases that was reported in 2019. The significant increase in 2019 was due to training of staff on leprosy management and active case finding. The figure below shows the trend of leprosy detection from 2015 to 2019.

Figure 30: Trend of Leprosy cases notification from 2015 to 2019, Zanzibar



4.9 Challenges

- Low number of TB case notification compared to the estimated cases
- Few CSOs and private health facilities implementing TB control activities
- High proportion of leprosy patient with disability grade 2

CHAPTER 6: LABORATORY SERVICES

6.1 Background

The laboratory services are key components of quality health care services, accountable for overseeing laboratories in HIV, Hepatitis and TB services to ensure that tests performed, and results generated are reliable, reproducible, timely, and accurate. Currently there are 13 laboratories (9 Unguja and 4 Pemba) which support monitoring of HIV care and treatment services. Furthermore, laboratory supports includes 168 (110 Unguja 58 Pemba) HTS sites, 168 (100 Unguja 68 Pemba) PMTCT sites, 56 (38 Unguja 18 Pemba) TB diagnostic sites and Public Health laboratories (PHL) in Pemba which serves as reference laboratory for TB culture.

6.2 Goal

To improve laboratory infrastructure at the national and district levels, establish viral load testing and to enable proper collection of samples.

6.3 Objectives

1. To Increase laboratory capacity to perform quality HIV, TB and Viral hepatitis diagnostic and monitoring tests including diagnosing co-morbidities
2. To capacitate health care workers on HIV, TB and Viral hepatitis diagnosis
3. To increase capacity to perform HIV Viral load
4. To expand proficiency testing to all HIV services delivery points
5. To expand the scope of the Strengthening Laboratory Management Towards Accreditation (SLMTA) to regional and district levels

6.4 Program Implementation

6.4.1 Capacity building

Five days training on HIV Viral load management was conducted to 34 (22 Unguja &12 Pemba) services providers from all CTC sites. The objective was to enhance knowledge and skills to health care workers on HIV viral load monitoring for proper management of HIV clients who were on ART.

Furthermore, a three days training on proper utilization and management of Gene expert was conducted to five laboratory technicians of Kivunge district hospital. The objective was to enhance knowledge and skills of laboratory staff to perform HVL and sputum analysis.

A mentorship on external quality assurance process was conducted to 30 (12 Unguja &18 Pemba) testing sites which did not perform well during the assessment. The objective was improving capacity of health care workers on the performance of quality assurance system.

6.4.2 Service monitoring

External quality Assessment using Proficiency testing approach was conducted to 142 sites (87 Unguja and 55 Pemba). The objective was to assess the skills of service providers on the performance of HIV tests. The results show that 72% (102/142) of the sites their performance was satisfactory according to the standards.

Furthermore, quarterly supportive supervision was conducted at 56 (38 Unguja and 18 Pemba) TB diagnostic sites. The objective was to support health care workers to improve diagnostic services and solve problems which were identified. The major concern was delay of sputum collection and transportation to the Gene expert sites which leads to low TB case detection.

In addition, bi-annual supportive supervision for care and treatment laboratory services was conducted in all 13 CTCs' laboratories in Unguja and Pemba. The objective was to improve quality of laboratory services in CTC sites. It was observed that there was persistence delay of turnaround time (TAT) for results and incomplete documentation for HVL. It was further noted that, monitoring test for clients receiving ARV were done in all 13 CTC as shown in the table below:

Table 37: Monitoring tests performed- in CTC laboratories, Zanzibar, 2019

MONTHS	CD4	HAEMATOLOGY	CHEMISTRY	TOTAL
January	60	60	72	192
February	32	32	18	82
March	18	18	18	54
April	42	44	43	129
May	68	53	54	175
June	63	58	52	173
July	79	74	15	168
August	54	52	0	106
September	52	47	3	102
October	75	75	68	218
November	73	73	64	210
December	52	47	42	141
TOTAL	**668**	**633**	**449**	**1,750**

4.5 Laboratory services indicators and trend from 2017 to 2019

Table 38: Laboratory services indicators and trend from 2017 to 2019

Indicator	YEAR		
	2017	2018	2019
1. Number of laboratories engaged in continuous quality improvement activities and achieved accreditation	1	1	1
2.Number of laboratories with capacity to perform HIV Viral load testing	1	2	3
3.Percentatge of testing sites with satisfactory performance in EQA/PT	86.3% (145/168) (79 PMTCT & 89 HTS)	50.6% (42/83) (52 PMTCT &31 HTS sites)	71.8% (102/142) 55PMTCT & 87 HTS)
4 Percentage of sputum samples transported to gene expert for TB diagnosis	57.7% (3627/6280)	91% (7,991/8751)	93.7% (8,187/8,736)

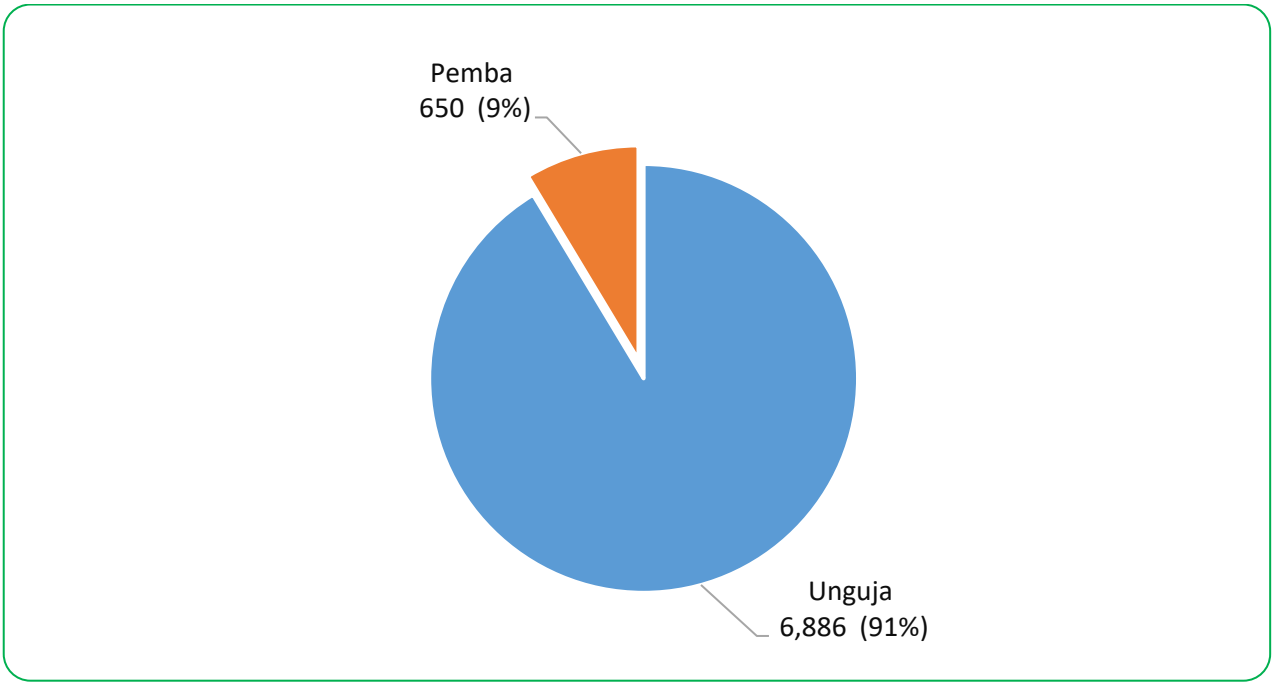
1. **Number of laboratories engaged in continuous quality improvement activities and achieved accreditation**

Accreditation for laboratory services is a process using international quality standards. Currently one laboratory has obtained accreditation using ISO15189 standards and maintained it. This was below the set target of obtaining accreditation for 2 laboratories in 2019. However, currently three laboratories have been assessed for basic requirements for the inclusion criteria for accreditation process, two in Unguja and one in Pemba.

2. Number of laboratories with capacity to perform HIV viral load (HVL) testing

There was an increased number of laboratories which perform HVL from two laboratories one in Unguja and one in Pemba in 2018 to three in 2019 which have capacity to perform HVL. The set target of three sites for 2019 was attained. This achievement was due to collaborative efforts with stakeholder which results in obtaining a new Gene xpert machine installed and capacity building for respective laboratory technicians. The figure below shows the number of HVL sample analysed in 2019 by Island.

Figure 31: HVL performance by Island, Zanzibar, 2019



3. Percentage of testing sites with satisfactory performance in External quality assurance using proficiency testing

There was an improvement in performance of proficiency testing among assessed testing sites from 50.6% in 2018 to 71.8% in 2019, which is below the set target (98%). This was due to some of health care workers not performing HIV test according to the algorithms, while majority failed to document the results of the proficiency test as required due to introduction of new electronic SMS system which replaced paper based in which health care workers had challenge in sending correct codes in the system.

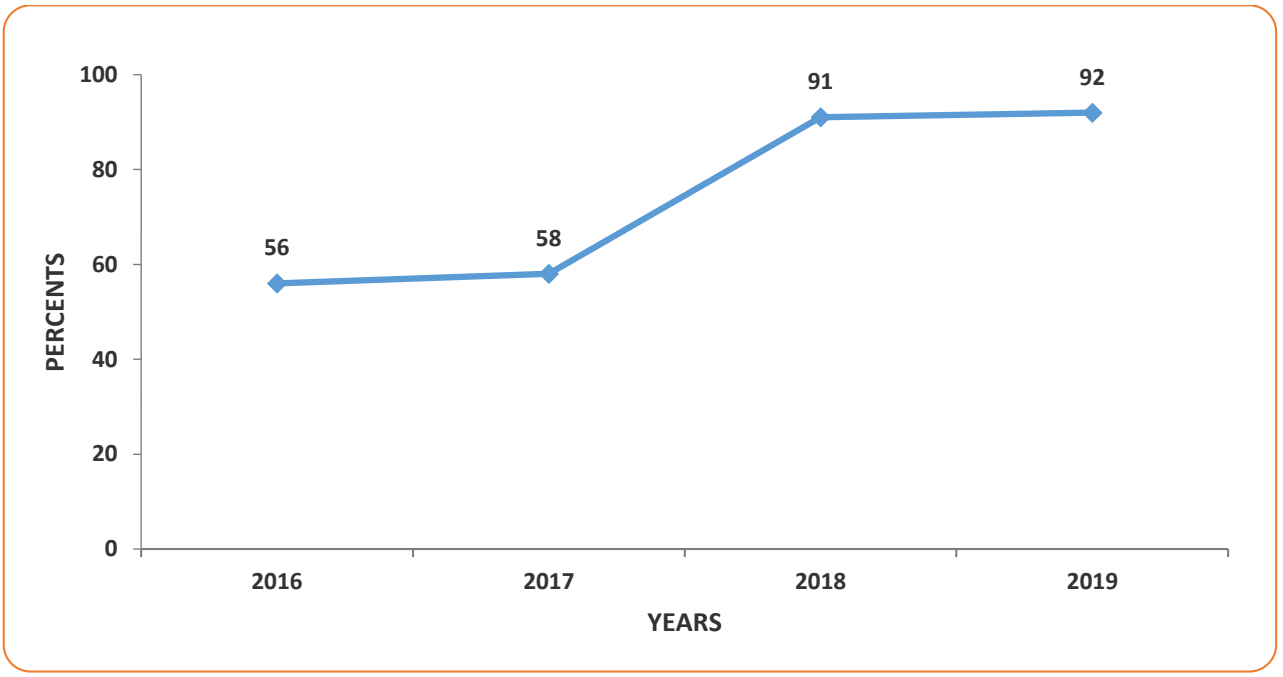
4. Percent of sputum samples transported to gene expert for TB diagnosis

There was a slightl increase in percent of sputum samples transported and tested to Gene X pert from **91%** (7,991/8,751) in 2018 to 92.9% (8,023/8,634) in 2019. This is below the set target of 100%. This was due to some of the sites delaying timely transportation of sputum to Gene expert.

4.6 Trend of the sputum transported to Gene expert from 2016 to 2019, Zanzibar

The percent of sputum transported to gene expert has been increased from 56% in 2016 to 92% in 2019 as indicated in figure below:

Figure 32: Percent of sputum samples tested by Gene expert sites for TB diagnosis Zanzibar, 2016-2019



4.7 Challenges

- Delay of TB sputum samples to reach at testing sites by sample transporters which leads to poor quality and samples which affect patient management.
- Inconsistent documentation of CTC laboratory monthly report forms in all sites
- In adequate knowledge for new laboratory staff on laboratory quality system, Viral Hepatitis and HIV Viral Load.

CHAPTER 7: INFORMATION, EDUCATION AND COMMUNICATION

7.1 Background

Information, Education and Communication/Behavioural Change Communication (IEC/BCC) unit is responsible for creating awareness and facilitates behavioural change that prevent individuals from risk of contracting or transmitting HIV, STI, Hepatitis, TB and Leprosy in the community. IEC/BCC unit is expecting to further strengthen its activities on HIV, Hepatitis, Tuberculosis and Leprosy BCC strategies.

7.2 Goal

To bridge the existing gap of awareness for both General and Key Populations to facilitates behavioural change in accessing the related services that could help in HIV, Hepatitis, TB and Leprosy prevention in Zanzibar.

7.3 Objectives

1**)** To empower community with knowledge and skills to utilize culturally appropriate approaches in prevention of HIV, Hepatitis, TB and Leprosy transmission

2) To raise public awareness about behaviours that put individuals at the risk of contracting or transmitting HIV, Hepatitis, TB, Leprosy and other STIs

3) To empower communities on HIV, TB, TB/HIV, Hepatitis and Leprosy prevention, care and support through Advocacy and Communication (AC)

7.4 Program Implementation

1. Printing IEC materials on HTS, PMTCT, CTC and STI

15 types of IEC printing materials were pretested and printed. A total of **70,800** copies of IEC materials were printed with the main messages focus on retention to People living with HIV, Adherence to ARV, Disclosure to the children, Test and Treat, STI, ART adherence to pregnant mothers, PMTCT services, Male involvement in PMTCT services and reduction of stigma to pregnant mothers living with HIV.

IEC materials printed were.

A) Care and Treatment

1. Poster 1: “Acha Kujinyanyapaa”
2. Poster 2: “Toa huduma rafiki kwa wanaoishi na VVU”
3. Poster: 3 “Tumia njia za uzazi wa mpango za muda mrefu”
4. Brochure 1: “Dumu kwenye matibabu ya VVU”
5. Brochure 2: "Tumia njia za uzazi wa mpango za muda mrefu”

B) HIV Testing Services

1. Poster 1: “Umuhimu wa huduma za *PITC*”
2. Poster 2: “Rufaa ya WAVIU kwenda kliniki ya huduma na Tiba”
3. Brochure1: “Rufaa ya WAVIU kwenda kliniki ya huduma na Tiba”

C) Sexual Transmitted Infections

1. Poster: “Ushiriki wa wanaume kwenye huduma za magonjwa ya kujamiiana”
2. Brochure 1: “Ushiriki wa wanaume kwenye huduma za magonjwa ya kujamiiana”
3. Brochure 2: “Uelewa kuhusiana na magonjwa ya kujamiiana”

D) Prevention from mother to child HIV Transmission

1. Brochure 1: “Ufuasi wa dawa za kupunguza makali ya VVU”
2. Poster 1: “Ushiriki wa wanaume kwenye kuduma za PMTCT”
3. Poster 2: “Njia za kumzuia mtoto asipate maambukizi ya VVU”
4. Sticker 1: “Ushiriki wa wanaume kwenye kuduma za PMTCT”

2. Commemoration of the World TB Day

The world TB day 2019 was commemorated in Pemba at Gombani Stadium. The theme was “IT’S TIME” FOR A ZANZIBAR WITHOUT TB”. Prior to the event there were sensitization meetings conducted at 4 different Shehias (Pujini, Mkanyageni, Kojani and Konde). A total of 510 (306 female and 221 male) were reached and screened for TB, and 39 clients were TB presumptive in which all sputum collected were negative. Furthermore, a total of 3 radio programme were conducted in ZBC and Swahiba Fm Radio with the focus on TB prevention and treatment messages.

3. Meeting to develop Radio and Television spots

Three-day meeting with 10 participants (5 IEC/BCC staff and 5 THESODE staff) was held to develop scripts for recording ZIHHTLP Radio and TV spots. The objective was to develop spots to raise awareness on Early Infant Diagnosis, Early Seeking Behaviours for presumptive TB and on Leprosy in the community. The scripts of the both Radio and TV spots were developed, recorded and aired in the media.

4. Airing of Radio and Television spots

In this year, 3 Radio and TV spots on Early Infant Diagnosis (EID), Early Seeking Behaviours for presumptive TB and awareness on Leprosy were aired in public and private Radio and TV (ZBC Radio, TV and Swahiba FM Radio). The objective were to disseminate information on EID, TB and Leprosy so as to raise awareness to the community.

5. Distribution of BCC materials

In this year, a total of **51,420** (**44,106** brochure, **2,681** posters, **2,450** factsheet and **2,183** stickers) IEC/BCC materials were distributed to the various stakeholders including Health facilities and Non-Governmental Organizations in order to raise public awareness on HIV, Hepatitis, TB and Leprosy.

6. Commemoration of the World Leprosy Day

World Leprosy Day is commemorated internationally every year on the last Sunday of January to increase the public awareness of the Leprosy disease. The theme of this year 2019 is ending **discrimination**, **stigma** and **prejudice** attached to the disease. Prior to commemoration, leprosy screening was conducted at 6 Primary schools in Unguja (Kinyasini, Mkwajuni, Chuini, Chumbuni, Kiongoni and Kusini). A total of 825 students were screened, 44 were presumptive and 9 were found to have leprosy disease. Furthermore, radio programme was conducted in 3 Radio which are ZBC Radio, Asalam FM and Coconut Fm Radio so as to raise awareness on leprosy.

7. Sensitization meeting on Hepatitis to Council Health Management Teams, community-based organizations, youth clubs, teachers, students, and media representatives

One day sensitization meeting on Hepatitis was conducted to 86 stakeholders in Unguja. The objectives were to raise awareness on viral hepatitis and to engage stakeholders in viral hepatitis prevention through health education and service utilization at community level.

8. Sensitization meeting to Mnazi Mmoja Hospital Customer care Unit

One-day sensitization meeting was conducted to 17 Customer Care Unit staff at Mnazi Mmoja hospital. The objectives were to raise awareness on viral hepatitis, to promote prevention and to minimize associated stigma.

9. Community medical health check event

Three-days Community Hepatitis Medical Health Check was conducted to 482 (273 females and 209 males) individuals. Of them hepatitis B positive were 6 (4 females and 2 males) and were referred to hepatitis clinic at Mnazi Mmoja hospital for further management.

10. Commemoration of world Hepatitis day

The world Hepatitis day 2019 was commemorated in Unguja, Zanzibar. The theme was “Invest in eliminating Hepatitis”. Prior to the event there was a press conference which was chaired by Minister of Health. Also, Radio panel discussion was conducted at ZBC and Bomba FM aimed at raising community awareness on viral hepatitis B and C. Furthermore, HBV and HCV screening to 200 healthcare workers as well as hepatitis B immunization of healthcare workers that were identified hepatitis B surface antigen (HBsAg) negative was done.

6.5 Challenges

- Inadequate number of IEC materials at all levels

CHAPTER 5: VIRAL HEPATITIS SERVICES

5.1 Background

Viral hepatitis services in Zanzibar were established in April 2017, aimed at early identification and prompt management of people living with viral hepatitis to prevent life-threatening complications and associated death. The services include prevention, diagnosis, care, treatment, and support at national, district, health facility and community levels. Being an epidemic that affects a wide range of population, implementation of viral hepatitis interventions involves various stakeholders within and outside Ministry of Health.

Currently, viral hepatitis screening services are provided at various entry points, including all public health facilities, sites that provide Key Population (KP) services as well as Blood Bank. Furthermore, services for management of viral hepatitis are provided at special clinic at Mnazi Mmoja Referral Hospital, Unguja. All identified HBV and HCV infected individuals from all entry points are linked to this clinic for management and follow up.

5.2 Goal

To eliminate viral hepatitis as a major public health threat in Zanzibar by 2030.

5.3 Objectives

1. To raise awareness on viral hepatitis to create demand for services.
2. To strengthen collaborative preventive interventions to reduce transmission of viral hepatitis.
3. To establish and scale up viral hepatitis diagnostic, care, and treatment services in the context of continuum of care and also in the context of universal health coverage.
4. To strengthen viral hepatitis monitoring and evaluation systems including research to generate evidence for programme improvement.
5. To strengthen procurement, supply chain systems to ensure availability of good quality commodities for screening, diagnosis, prevention and treatment of viral hepatitis.
6. To enhance partnership, coordination, advocacy, and resource mobilization efforts to increase efficiencies and sustain viral hepatitis programme.

5.4 Program Implementation

5.4.1Capacity building

Six sessions of two-days orientation meetings were conducted to 180 (90 Unguja and 90 Pemba), service providers. The objectives were to orient them on current situation of viral hepatitis and to promote their involvement in preventing disease transmission. It was emphasized and agreed that infection prevention and control should be strengthened at all levels of service provision.

Besides, nine sessions of two-days training on hepatitis B and C rapid testing were conducted to 556 (388 Unguja and 168 Pemba) participants that included PMTCT providers, CHMT members and individuals that provide services to Key Population (KP). The objectives were to build their capacity in performing hepatitis B and C rapid tests according to WHO guidelines. It was indicated that all identified HBsAg and HCV antibody positive individuals should be referred to viral hepatitis clinic for further management.

5.4.2 Service monitoring

Viral Hepatitis Technical Working Group (VHTWG) which consisted of 14 members from various administrative and technical areas was established. The objective was to have a multidisciplinary team of experts to provide strategic leadership, systemic coordination, advisory and technical support on national response to viral hepatitis. The VHTWG is mandated to collaborate with various stakeholders within and outside Ministry of Health to ensure effective implementation of viral hepatitis interventions in accordance with Zanzibar Viral Hepatitis Strategic Plan and in line with global viral hepatitis targets.

Furthermore, first VHTWG meeting was conducted to 12 members in Unguja. The objectives were to institute VHTWG Terms of Reference (TOR) and to review WHO Rapid Assessment Tools on national response to viral hepatitis. Final VHTWG TOR was submitted to chairperson for endorsement and updated assessment tools were disseminated to VHTWG members for utilization.

In addition, three-days rapid assessment on viral hepatitis was conducted in Unguja and Pemba. The objective was to obtain baseline information on existing viral hepatitis interventions that will enable formulation of evidence-based national strategies to combat the epidemic. The rapid assessment involved interviews with key informants, desk review of existing viral hepatitis national documents and survey reports as well as collection of existing data from sites that provide viral hepatitis services. Findings from the rapid assessment were incorporated in developing Viral Hepatitis Strategic plan.

Also, three-days workshop that involved 18 stakeholders from within and outside Ministry of Health Zanzibar was conducted. The objective was to develop first Viral Hepatitis Strategic Plan and Costed

Operational Plan, based on findings from the rapid assessment and recommendations from stakeholders. The Zanzibar Viral Hepatitis Strategic Plan I 2019/20 – 2023/24 was printed and distributed accordingly, as a reference document to guide implementation of viral hepatitis interventions at all levels of service provision.

Moreover, follow up visits were conducted at 9 (6 public, 1 private, 1 parastatal and 1 NGO) sites and that provide hepatitis B and C testing services Unguja. The objectives were to support and monitor provision of viral hepatitis screening services. Both hepatitis B and C test kits were available at all sites and rapid tests were performed according to WHO guidelines. Key identified challenges were inconsistent availability of hepatitis B and C rapid test kits and lack of record keeping for test results at private testing sites. Service providers were coached on documentation and referral mechanism for identified HBV and HCV positive individuals to Viral hepatitis clinic at Mnazi Mmoja hospital for management and follow-up.

During this year, a total of 16,450 (12,116 Unguja and 4,334 Pemba) pregnant women were tested for hepatitis B, out of whom, 187 (137-1.4% Unguja and 50-1.2% Pemba) tested HBsAg positive. Furthermore, a total of 1,915 (1,285 Unguja and 630 Pemba) pregnant women were tested for hepatitis C, out of whom, 3 (3-0.2% Unguja and 0 Pemba) tested HCV antibody positive. Hepatitis B and C testing at other entry points are as indicated in the table below:

Table 39: Hepatitis B and C testing results at various entry points Unguja and Pemba

ENTRY POINT	Viral hepatitis rapid test				Positive cases			
	Hepatitis B		Hepatitis C		HBsAg		HCV antibodies	
	Male	Female	Male	Female	Male	Female	Male	Female
UNGUJA								
Mnazi Mmoja Referral Hospital	6,498	7,603	6,324	7,339	520	401	44	44
Makunduchi District hospital	153	221	130	213	4	10	2	0
Kivunge District Hospital	236	596	0	0	7	15	0	1
Blood bank	15,456				264	4	23	1

MAT Clinic	83	22	83	22	7	2	54	5
ZAYEDESA	48	41	48	41	3	4	4	0
SUB TOTAL					**805**	**436**	**127**	**51**
TOTAL					**1,241**		**178**	
PEMBA								
Chake chake	111	142	-	-	11	14	-	-
Wete	26	51	-	-	0	1	-	-
Mkoani	69	99	-	-	3	7	-	-
Micheweni	40	273	-	-	3	4	-	-
Vitongoji	6	9	-	-	0	0	-	-
SUB TOTAL					**17**	**26**	**0**	**0**
TOTAL					**43**		**0**	

5.5 Hepatitis services indicators and trend from 2017 to 2019

Table 40: Hepatitis services indicators and trend from 2017 to 2019

Indicator	Year		
	2017	**2018**	**2019**
1. Number of patients newly enrolled into the Hepatitis Clinic	157	247	390
2. Number of patients newly initiated Hepatitis B treatment	10	17	28
3.Number of patients currently on hepatitis B treatment	8	25	46

1.Number of patients newly enrolled into the Hepatitis Clinic

During this year, a total of 390 (198 male and 192 female) hepatitis B infected clients were enrolled in viral hepatitis clinic at Mnazi Mmoja referral hospital, which is above the set target of 150. The achievement is attributed to widespread community sensitization, availability of test kits and effective linkage to hepatitis clinic.

2. Number of patients newly initiated Hepatitis B treatment

During this year, a total of 28 (18 male and 10 female) were initiated hepatitis B treatment (antiviral therapy). The achievement is above the set target of 20 due to effective enrollment of HBsAg positive clients and clinical assessment to determine eligibility criteria for treatment initiation. The number of hepatitis B infected individuals who were initiated antiviral treatment has increased from 17 in 2018 to 28 in 2019. Majority of hepatitis B infected clients were not initiated antiviral therapy because they did not meet eligibility criteria for treatment according to WHO guidelines.

3. Number of patients currently on hepatitis B treatment

Currently, a total of 46 (38 male and 8 female) patients are on treatment.

5.6 Challenges

- Inadequate resources to support implementation of viral hepatitis interventions.

CHAPTER 8: MONITORING AND EVALUATION OF HIV, HEPATITIS, TB AND LEPROSY SERVICES

8.1 Background

Strategic Information (SI) unit of ZIHHTLP with the collaboration of Health Management Information System (HMIS) unit of Ministry of Health (MoH) is the custodian of health sector HIV, Hepatitis, TB and Leprosy data in Zanzibar. The unit is coordinating, collecting, storing, retrieving, and analysing data from various interventions including Care & Treatment, HIV surveillance, PMTCT, HIV counselling and testing, Integrated Community Based Health Care, Laboratory, STI, KP, Youth, Hepatitis, TB and Leprosy services.

8.2 Goal

To provide information for tracking progress and informing decision makers in implementation of HIV, Hepatitis, TB and Leprosy interventions.

8.3 Objectives

- To strengthen M&E System in HIV, Hepatitis, TB &Leprosy related services
- To execute Surveillance and operational research plans on the field of HIV, Hepatitis, TB &Leprosy
- To improve quality of HIV, Hepatitis, TB &Leprosy data at all levels
- To provide guidance on collection, processing, use and sharing of HIV, Hepatitis, TB &Leprosy data for decision-making at all levels.

- To provide a framework for measuring the outcomes and impact of HIV, Hepatitis, TB &Leprosy interventions in Zanzibar

8.4 Implementation of M&E system

Component 1: Organizational Structure with M&E Functions

The component outlines key organizational structure, roles and responsibilities for implementing the M&E activities within the programme. Its goal is to establish and maintain a network of institutions responsible for HIV, Hepatitis, TB and Leprosy M&E at the national, district and service-delivery levels. The SI unit has staff responsible to perform M&E functions including SI coordinator, Epidemiologist, Biostatistician, M&E officer, Data managers, IT officer and Data clerks. This staffs have clearly defined job descriptions coupled with M&E roles and responsibilities. Also, each staff is assigned a service to provide technical assistance on M&E related issues. At district level, the unit works closely with Council Health Management Teams (CHMTs) especially District Data Managers (DDMs), who are responsible for collection of reports from service delivery sites and data management at district level.

Component 2: Supportive supervision and data auditing

Supportive supervision and data auditing are integral parts of a routine monitoring system. The goal is to monitor data quality periodically and address obstacles to produce quality data (i.e. valid, reliable, complete, and timely). Supportive supervision for different services was conducted quarterly by service coordinators accompanied by S.I officers within the programme.

Component 3: Human Capacity for M&E

Human capacity for M&E requires an adequate and qualified staff employed in the M&E unit that would be continuously developed through training and other capacity initiatives. The goal of human resource capacity building for M&E is to establish adequate skilled human resources at all levels of the M&E system.

a.Biometric User manual and Training material workshop

Five days' workshop to develop user manual and training material for biometrics system in Zanzibar was conducted to **20** technical staff in Dar- es salaam. The objective was to prepare participant user and training manuals that will guide staff on technical procedures and navigation within the system.

b.Biometric training to health care workers

One day sensitization meeting on biometric fingerprint services was conducted to 16 hospital management staff and Ministry heads in Pemba. The objective was to sensitize these staff on the

importance of scaling up of this service in Pemba. In addition, a nine days' training on biometric fingerprint to **54** HTS providers was conducted in Pemba. The objectives were to provide guidance to participants on how to interact with the HTC module and fingerprint registration, enable participants to generate various reports, perform data analysis and disseminate for decision making at the facility level.

Component 4: M&E Partnership

M&E partnership refers to a cooperative relationship between people or groups of people who agree to share responsibility for achieving the requirements of the M&E plan. The goal of this component is to establish and maintain partnerships among in country and international stakeholders who are involved in planning and managing the national HIV, Hepatitis, TB and Leprosy M&E system.

During this reporting period, ZIHHTLP worked with different local and international partners on the following M&E activities:

- GF provided fund to support implementation of operational researches and epidemiological profile
- UCSF provided technical assistance and financial support on finalization of FSW and PWID Integrated Biological Behavioural Surveillance Survey (IBBSS) as well as report writing workshop
- AMREF supported HIV/STIs monitoring tools review, biometric data auditing and data review meetings
- MDH provided technical assistance on updating CTC2 database and development of CTC3 macro database
- UNAIDS provided technical assistance on updating 2019 spectrum file for HIV estimates and projections.

Component 5: Monitoring and Evaluation Plan

HIV, Hepatitis and TB M&E plan were developed and currently are used to measure the level of implementation of these diseases and information obtained are facilitating on planning and decision-making purposes.

Component 6: Survey and surveillance

This entails how frequently relevant national surveys are conducted in the country. National surveys and surveillance need to be conducted frequently and used to evaluate progress of related projects. In 2019, the programme has managed to do the following:

a.Integrated Biological Behavioural Surveillance Survey (IBBSS) among KPs in Unguja

Following completion of data collection for MSM and FSW in 2018, data collection among PWID continued in 2019, hence PWID IBBSS activities included the following:

i.Formative Assessment for PWID

A formative assessment (FA) for PWID was implemented as part of the third round of IBBSS with FSW and PWID in Unguja. The objective of the FA was to identify potential seeds for the Respondent Driven Sampling (RDS).

ii.Unique objects training & distribution for PWID

This activity was done as part of estimating the size of PWID in the upcoming third round of IBBSS. A total of **7** peers from different NGOs implementing KP interventions attended a one-day training session. Thereafter, unique objects were distributed by peers for five days consecutively. A total of **532** unique identifying objects were distributed in different venues where PWID are congregating.

iii. Data collection training for PWID

Two days training for PWID group was conducted to **22** study team in Unguja. The objective was to orient study team on the RDS protocol, how to recruit participants, filling and practicing of questionnaires, collection and processing of blood samples as well as filling of lab request forms before the actual data collection.

iv.Data collection for PWID

Integrated Bio-Behavioural Surveillance Survey (IBBSS) among people who inject drugs (PWID) using RDS methodology was conducted. The objective was to collect data on PWID group on specified time frame. By the end of data collection, a total of **419** PWID were enrolled in the study.

v. Data analysis for IBBSS among FSW and PWID in Unguja

A five days data analysis workshop using RDSAnalyst software was conducted in Unguja. A total to **15** experts attended. The objectives were to analyse PWID and FSW collected survey data to understand the trends in HIV/STI sero-prevalence and risk behaviours among KP in Unguja.

vi. Report writing workshop for IBBSS among MSM, FSW and PWID in Zanzibar 2018/19

A three days' workshop was conducted to thirteen technical staff from Unguja with objective of writing a comprehensive IBBSS 2018/19 report among MSM, FSW and PWID in Unguja.**b. Workshop on HIV and TB epidemiological profile**

A five days' workshop to develop HIV/TB epidemiological profile for Zanzibar was conducted. A total of **15** technical staff participated. The objective was to develop HIV and TB epidemiological profile using available surveillance data from survey and routine service data.

Component 7: Routine monitoring

Routine monitoring provides real-time data that are used for day-to-day monitoring, coordination and planning of the HIV, Hepatitis, STI, TB and Leprosy response. The goal is to produce timely and quality routine programme monitoring data.

The program has monitoring tools for all services. Patients/client forms/cards; registers, report forms together with guides are available in most of HIV, STI, TB and Leprosy health facilities. On tracking service delivery, data are recorded daily at health facilities by service providers. Monthly reports for HTS, HBC, Laboratory, STI/RTI, PMTCT and quarterly reports for TB and Leprosy are prepared by service providers. The paper-based reports are collected from the health facilities and sent to CHMT whereby the DDMs are responsible for data entry into DHIS2 system. **a.Monitoring tools review workshop**

Five days' workshop to review HIV/STI and TB monitoring tools was conducted to **15 (**14 Unguja and 1 Pemba) participants. The objectives were to review the existing monitoring tools including registers and monthly summary report based on changes into different services indicators that the program is required to report on. A total of **five** services tools i.e. registers; cards and report forms were reviewed, printed and distributed.

Component 8: National M&E databases

The Health Management Information System (HMIS) maintains a DHIS2 database that stores most of the data across all health sector programs including the HIV, Hepatitis, TB and Leprosy services data. ZIHHTLP staff has access to the DHIS2 database through a web-based interface. Despite of being integrated into DHIS2 system, the programme hosts some database to track aggregated data as needed. These include:

- HTS- This is case by case HIV Testing services (HTS) surveillance database using EPI Info software. Data for this database is collected directly from health facilities to ZIHHTLP for entry. Data entry is done daily, cleaning on a monthly/quarterly basis while the analysis, presentation and interpretation are done on a quarterly, semi-annually, and annual basis.
- The Programme in collaboration with HMIS unit from MoH had developed PMTCT Mother-Infant follow up Tracker that aim to improve solutions for tracking clients across the PMTCT continuum of care to strengthen retention of mothers and their infants.

- Furthermore, two days orientation training was conducted to **40** service providers from high yield sites in Unguja. The training and pre-testing of the tracker were done, and changes were made according to the user needs before starting pre-test from selected sites.

Component 9: M&E advocacy, communication and culture

This refers to the presence of policies and strategies within the organization to promote M&E functions. The goal of this component is to ensure knowledge of M&E and commitment to HIV, Hepatitis, TB and Leprosy stakeholders are highly secured.

Component 10: Evaluation and Research

This component involves identification of key questions for research and evaluation; coordinate studies to respond to identified needs and promote the use of evaluation and research findings. Three operational researches were conducted in the year 2019.

Three Protocols on PITC, IPT and PMTCT program services were developed, reviewed and submitted to ZAHREC for approval that allowed starting data collection.

Furthermore, three days training on PITC, IPT and PMTCT studies data collection were conducted to **125**(84 Unguja and 41 Pemba) data collectors. The objectives were to orient data collectors on these protocols, how to recruit participants, practicing filling of questionnaires and amend the questions which were not clear to answer the study objectives before commencing of data collection.

Moreover, data collection for PITC was conducted for two weeks, IPT three weeks and PMTCT 24 weeks. The objective was to collect data on selected sites, these data assisted to answers different identified research topics. In addition, IPT and PITC studies data were collected electronically using Open data kit (ODK) which uploaded daily into ZIHHTLP server and only authorized study teams were having an access. For PMTCT study, data was collected using a standardized paper base in a form of register availed at selected sites.

In addition, a five days data analysis workshop were conducted to 27(15 PITC and 12 IPT) participants from Unguja. The objective was to do analysis on data collected during PITC and IPT studies. The results of these studies are summarized in the **Appendices I and II**

Components 11 Data Dissemination and Use

This involves a strategic and operational plan for information use that includes opportunities for data analysis and interpretation. The goal is to disseminate and use data from the M&E system to guide policy formulation and program planning and improvement. Several dissemination meetings were

conducted, and reports produced for informing the stakeholders on status and the level of implementation of various services as follow:

- A one-day dissemination meeting for **40** participants from Pemba was done; that aimed at sharing findings from rapid assessment which was conducted to characterize risk factors among KPs in Pemba and to assess their access to and utilization of HIV and STI services.
- A one-day dissemination meeting to **50 (**40 Unguja and 10 Pemba**)** participants was conducted to share IBBSS-2018/19 results among key populations (PWID, MSM, SWs). The objective was to share IBBSS findings for Unguja and rapid assessment in Pemba to key stakeholders so that they can start using the results for program improvement and making informed decision at country level.
- Two dissemination meetings for **70** (40 Unguja and 30 Pemba) participants was conducted to share findings from PITC study that aimed at determining level and factors influencing uptake of PITC services in Zanzibar. **The findings of the study are summarized in the appendix I**
- Two dissemination meeting for **70** (40 Unguja and 30 Pemba) participants was conducted to share findings from IPT study that aimed to evaluate the implementation of IPT to reduce the burden of TB among PLHIV in Zanzibar. The study populations were PLHIV enrolled in CTCs and health care workers who are working from those CTCs. **The finding of the study is summarized in the appendix II**
- Sharing of quarterly narrative progressive, semi-annual and details indicators performance reports for tracking HIV, Hepatitis TB and Leprosy health sectors responses has been made and submitted to MOH, ZAC and other HIV stakeholders. These reports include Bango Kitita, POA, PUDR, PU and Dashboard.
- Two days data review meeting was conducted to **40** program staff and other stakeholders in Unguja. The objective was to assess the performance of HIV, TB and Leprosy services on specified time frame.

HIV, Hepatitis, TB and Leprosy data were used for planning purposes e.g. designing interventions, prioritization, and resource allocation and setting targets. In the year 2019, the programme has used data for various activities including the following:

- Tracking patients on HIV care and treatment who are lost to follow up and return them to care.
- Tracing HIV positive pregnant women and their exposed infants who are lost to follow up.
- TB and Leprosy contact tracing
- Preparing spectrum 2019 file used for HIV estimates and projection.

- Preparing epidemiological profile for HIV and TB
- Developing Viral Hepatitis and TB/Leprosy strategic plans

In addition, use of data for service improvement at councils and health facilities level shows slight improvement though needs more strengthening.

8.5 Strategic Information Indicators and Trend from 2017 to 2019

Table 41: Strategic Information Indicators & Trend 2017-2019

Indicator	2017	2018	2019
Percentage of health facilities submitting HIV, TB and Leprosy report in a timely way into DHIS 2	54.3%	-	41.9%
Percentage of health facilities which submitted complete HIV, TB and Leprosy report into DHIS 2	82.7%	-	73.5%
Number of HIV and TB operational researches conducted based on national HIV/TB health sector research agenda	1	0	3
Number of HIV data review meetings conducted at district and facility levels	2	2	2
Number of HIV/TB information dissemination products produced and disseminated by ZIHHTLP	2	2	2

1.Percentage of health facilities submitting HIV, TB and Leprosy report in a timely way into DHIS2

Timeliness of entering reports into the DHIS2 database had been low **41.9%** as compared to programme target 67% in 2019. Among contributing factors was late entering data into DHIS2 database, inadequate support provided to district data managers, these involved CHMTs supportive supervision and mentorship.

2.Percentage of health facilities which submitted complete HIV, TB, and Leprosy report into DHIS2

The completeness of reports collected from health facilities has been low at **73.5%** juxtaposed to programme target of 85% in 2019. This was due to weak collection process of these reports from facility to CHMTs. Hence, more efforts are needed to strengthen the completeness of collecting monthly report from health facility to CHMT levels.

3.Number of HIV/TB operational researches conducted based on national HIV health sector research agenda

Three operational research were conducted. This is aligned with programme target of conducting at least one HIV/TB operational researches. The details of these research are presented in the appendix.

4.Number of HIV data review meetings conducted at district and facility levels

Two data review meetings were conducted at district and facility level. However, programme target was not achieved of conducting 4 data review meetings due to inadequate fund.

5.Number of HIV/TB information dissemination products produced and disseminated by ZIHHTLP

Three information products were produced and disseminated to stakeholders. This aligns with the programme target of producing at least two information dissemination products in 2019. These products included the IBBSS, IPT and PITC studies conducted.

8.6 Challenges

- Inadequate fund to support HIV, VHP, TB and leprosy data review meetings, data verification and supporting supervision at health facilities and council levels

CHAPTER 9: PROGRAMME MANAGEMENT

9.1Background

Programme Management coordinates and supports all programme units to implement technical roles by ensuring the availability of necessary requirements to execute programme interventions effectively. In addition, it oversees all administrative, programmatic and financial management aspects of the program including human resource, financial resource, procurements as well as tracking of the procured goods and services as per the programme objectives.

9.2 Objectives:

I. Strengthen programme management and coordination for effective implementation of the Zanzibar HIV, Hepatitis, TB and Leprosy Strategic Plans
II. Strengthened partnerships and coordination system for Health Sector HIV, Hepatitis, TB and Leprosy response.
III. Mobilize adequate financial resources for implementation of the Health sector HIV, Hepatitis, TB and Leprosy response
IV. To ensure availability of HIV, Hepatitis, TB and Leprosy medicines and related commodities in all service delivery points

9.3 Planning and administration

Programme Management is responsible for: policy guidance; planning and budget; human resource management; capacity building; inter and intra coordination; procurement and provision of logistics; financial management; and monitoring, evaluation and reporting.

9.3.1 Policy Guidance

Programme Management has the mandate to develop policy guidelines to guide staff and all HIV, Hepatitis, TB and leprosy implementers on the processes and procedures that are necessary to ensure implementation and accountability of services. In this reporting period, the programme developed the MAT and NSP guideline and SOP. These will provide guidance in implementing harm reduction interventions targeting PWID in the country.

9.3.2 Planning and budget

In the year 2019, the programme developed two strategic plans (Viral hepatitis and TB and leprosy strategic plans). In addition, a comprehensive work plan and budget that includes Government and various HIV, Hepatitis, TB and Leprosy partners was prepared. The final consolidated budget was then submitted to the Ministry of Health for submission to the Ministry of Finance and presentation to the House of Representatives for approval. Reprogramming of the planned activities was done from the saving after implementation of planned activities in accordance with programme priorities.

9.3.3 Human resource management

Majority of ZIHHTLP staff are employees of the Ministry of Health. However, over the years, there was a need for additional staff to implement specific tasks within the Programme, which development and implementing partners were willing to support on a contractual basis. By December 2019, a total of 91 staff (81Government and 10 on contractual basis) with different specialties were working in the programme.

9.3.4 Capacity building

During the reporting period, technical staff from the programme participated in long and short term national, regional and international conferences, meetings, and training funded through HIV, hepatitis, TB and leprosy partners. These include the following:

- International Meetings and Conferences
    - A total of Four Program staff attended the 20th International Conference on AIDS and STI in Africa at Kigali, Rwanda. The conference theme was "AIDS FREE AFRICA - Innovation, Community, and Political Leadership".

- A total of Two program staff attended the 50th Union World Conference on TB and Lung Health at Hyderabad India. The conference aim at gathering health professionals and community members working to end suffering caused by lung disease, with a focus on the challenges faced by low and lower –middle income populations

- Regional Meetings and Conferences
  - Four programme staff participated in various workshops organized by the East African Community (EAC). This resulted in Zanzibar participating in "STI Boresha Maisha Study" conducted in all EAC partner states. This study is providing the magnitude of the STI cases based on syndromic and etiological approaches which are used for informing decision making in dealing with STI problems in the country.

  - Two members of staff attended *District Estimates Workshop* hosted by the UNAIDS and partners to produce HIV estimates for 2020. The workshop was conducted in Johannesburg, South Africa, 3-6 December 2019, focusing on updating spectrum estimates and producing district level estimates. These estimates are key for national planning and Global Fund applications.

  - One Programme staff attended African Hepatitis Summit in Uganda. The objectives were to assess how African countries are implementing Global Hepatitis Strategy and to formulate effective and implementable strategies to eliminate viral hepatitis in Africa, according to local country context.

  - In addition, One Programme staff and Medical Officer from hepatitis clinic Mnazi Mmoja hospital attended Conference on Liver Disease in Africa (COLDA). The objectives were to assess current situation on national viral hepatitis responses, to share experience and latest research findings that will guide African countries to implement evidence-based interventions to control the epidemic.

- Training
  - One programme staff completed a long course on Master of Sciences in Project Management, Monitoring and Evaluation in Health at Muhimbili university of Health and Allied Sciences in Tanzania. Following this training this staff will provide technical skills in planning, development, managing, monitoring and Evaluation of

HIV/TB and Viral Hepatitis interventions to respond to programme goals and objectives.

9.3.5 Inter and Intra Coordination

The programme has continued to collaborate with development partners to support the implementation of HIV, Hepatitis, TB and Leprosy activities at all levels. Outlined in Table 39 below are the partners which provided technical support to ZIHHTLP during the year 2019.

Table 42: ZIHHTLP Technical Support by Partners, Zanzibar, 2019

NAME OF PARTNERS	TECHNICAL SUPPORT PROVIDED
1. UCSF	• Provide technical assistance on IBBS study
2. Management Development for Health	• Provide technical support on updating CTC2 database and development of CTC3 macro database
3. University of Maryland Baltimore (UMB)	• Support in strengthening TB and TB/HIV data quality
4. World Health Organization (WHO)	• Provide technical assistance on TB and Leprosy and Viral Hepatitis strategic plans development

9.3.6 Procurement and provision of logistics

Procurement unit supports quantification, procurement and monitoring of supply chain plan of the program commodities. Also, it has a responsibility to ensure all procurements are done according to the Zanzibar Procurement Act number 11 of 2016.

ZIHHTLP's commodities are divided into two categories i.e. core and non-core products. Core products are ARVs, HIV test kits and Condoms. These are procured by Global Fund through Pooled Procurement Mechanism (PPM) whereby the programme does quantification and places order. Non-core products are Reagents, Opportunistic infections (OIs) drugs and other related commodities. Some non-core products are procured locally, and others are procured through PPM. All products except Anti-TB and OIs drugs are procured through support from the Global Fund, stored and distributed by Central Medical Store (CMS) to facility level.

In the year 2019 quantification of ARVs was reviewed by LMU in collaborations with programme. One of the key findings of Quantification was that the funding requirement of ARVs for year 2019 was higher than the available budget. This was contributed by the increase in number of clients in treatment and most of the products were in short supply at the central medical store hence the need to fill the pipeline as per inventory control system. (max :9 months and min 6 months). Based on findings, it was agreed that, the funding which was allocated for financial year 2020 should be used to procure ARVs needed in 2019.

During the year 2019, the programme has ordered and received commodities of USD 1,516,632.62 through PPM as summarized in table below.

Table 43: Commodities procured through Global Fund PPM, Zanzibar, 2019

SN	Item	Cost of product (USD)
1.	ARVs	330,942.65
2.	HIV test kits	651,349.13
3.	Viral Load tests	175,991.29
4.	Condoms	300,875.55
5.	Gene X- Pert	57,474

Table 44: Commodities procured Locally, Zanzibar, 2019

SN	Item	Cost of product
1.	Methadone	$22,500
2.	CD4	Tsh 17,650,000
3.	Drug of Abuse (DOA)	Tsh 71,880,000
4.	Thermomixer	Tsh 17,617,000

9.4 Procurement performance indicators and performance for the years 2018 and 2019

Table 45: Procurement performance indicators for the years 2018 and 2019

SN	Indicator	2018	2019
1	Percentage of tracer HIV/AIDS commodities received	100%	100%
2	Percentage of facilities reporting stock out of tracer HIV commodities in the last 3 months of their ordering	7%	5%
3	Percentage of tracer commodities orders delivered on time by the CMS	91%	91%
4	Percentage of facilities reporting and requesting HIV/AIDS commodities in a timely way	92%	97%

1. Percentage of tracer HIV/AIDS commodities received

In the year 2019, all tracer HIV/AIDS commodities (ARVs, HIV test kits and condoms) were procured as planned as per set target which is 100%. This achievement was due to proper planning and procurement through electronic system (Wambo system), compared to paper-based system used in previous years.

2. Percentage of facilities reporting stock out of tracer HIV commodities in the last 3 months of their ordering

During the reporting period, 8 out of 166 Health facilities (5%) reported a stock out of HIV tracer commodities within the last 3 months. Hence, the set target (<5%) was not met. This was due to inconsistent distribution of HIV test kits, poor management of emergency orders and improper filling of report & request forms.

3. Percentage of tracer commodities orders delivered on time by the Central Medical Stores

During this reporting period, 91% tracer commodities orders were delivered on time by CMS. This was above set target (80%). This was due to efficiency of mSupply used by CMS to manage orders and the availability of tracer items which was contributed to the proper planning and procurement by using Wambo system which guarantee timely delivery.

4. Percentage of facilities reporting and requesting HIV/AIDS commodities in a timely way

During this reporting period, 97% (161/166) health facilities reported and requested HIV/AIDS commodities timely as per the set target. This was due to frequent feedback which involve CMS and DHMTs on the facilities' performance.

9.5 Financial Management

Finance unit supports other technical units in financial management according to financial regulations and procedures. It also has a responsibility of providing the summary of cumulative budget, income together with expenditures and share within the program and other stakeholders periodically.

The following is the overview of the financial position for programme in 2019:

a. Budget

Program received funds from different sources for the implementation of HIV, Hepatitis, TB and Leprosy interventions. The major support was from the Revolutionary Government of Zanzibar and development partners as illustrated in the table below.

Table 46: Source of funds from the Government, development and Implementing partners and area supported, 2019

Name of Partners	Area Support
Government of Zanzibar	HIV, Hepatitis, TB and leprosy programme activities.
Global Fund fighting against AIDS, Tuberculosis and Malaria	HIV and TB programme activities
United National Development Program – Tanzania (UNICEF)	HIV programme activities
MDH	HIV programme activities
AMREF (Afya Kamilifu)	HIV and TB programme activities
UCSF	HIV programme activities

Every partner has got its own accounting period. Table 44 shows financial year and budget allocated for mentioned partners.

Table 47: ZIHHTLP budget from different sources per fiscal year 2017- 2019

FUND SOURCE	FINANCIAL YEAR	BUDGET 2017 USD	BUDGET 2018 USD	BUDGET 2019 USD
Government	July to June	42,666.67	114,907.80	130,434.78
Global Fund	Jan to Dec.	2,419,820.00	1,534,388.45	2,042,090.85
UNICEF	July to June	50,677.77	22,468.59	51,763.26
AMREF	Oct to Sept	-	162,840.20	162,273.80
UCSF	Oct to Sept	-	5,829.60	8,220.10

b. Inflow and outflow of financial resource

Cash Inflow /Income

During the year 2019, Programme received funds as a cash inflow from various sources as mentioned above, the total amount received was USD 3,173,016.99. The following is a summary of cash inflow received (Table 45).

Table 48: Summary of Programme funds received from various sources 2017-2019

SOURCE OF FUND	2017	2018	2019
Government	7,110.11	39,267.02	43,478.26
GF	-	1,273,208.26	2,928,640.31
UNICEF	50,677.77	22,468.59	51,763.26
AMREF	-	32,565.31	140,915.06
UCSF	-	5,829.60	8,220.10
TOTAL	**266,165.41**	**1,467,646.81**	**3,173,016.99**

Cash outflow/expenditures

During the year 2019, the programme absorption rate was 93.5% for the entire fund.

Table 49: Summary of expenditure of ZIHTLP funds from various sources, 2017-2019

SOURCE OF FUND	2017	2018	2019
Government	30,345.31	27,486.91	43,478.26
GF	2,952,189.44	1,257,345.99	2,724,314.52
UNICEF	50,677.77	22,468.59	51,763.26
AMREF	0	32,565.31	140,915.06
UCSF		5,829.60	8,220.10
TOTAL	**3,186,999.61**	**1,440,004.43**	**2,968,691.20**

The Programme utilizes the entire fund received from Government Fund, UNICEF, THPS, UCSF and AMREF while the absorption rate was 93% for the Fund received from Global Fund.

I. Projection of budget for the year 2019/2020

The support of the program for the coming year is as indicated in the Table 47 below.

Table 50: Budget Projections from different sources for 2019/2020

SOURCE OF FUND	FISCAL YEAR	AMOUNT USD
GLOBAL FUND	January – December	2,042,090.85
GOVERNMENT	July – June	130,947.18
AMREF	October-September	108,249.67

9.6 Programme Management Indicators and performance for the years 2018 and 2019

S/N	Indicator	2018	2019
1.	Number of health training institutions integrating HIV/TB knowledge and skills in their training curricula	**1**	**1**
2.	Number of partners coordination meetings conducted by ZIHHTLP per year	**0**	**0**
3	Proportion of required funds mobilised	**40%**	**51%**

1. Number of health training institutions integrating HIV/TB knowledge and skills in their training curricula

In the year 2019, there were no new health training institutions integrating HIV/TB knowledge and skills in their training curricula. The set target of 2 training institutions were not met due to shortage of funds to support these activities.

2. Number of partner's coordination meetings conducted by ZIHHTLP per year

In this reporting period, there were no annual partner's coordinating meeting conducted due to limitations of funds.

3. Proportion of required funds mobilised

In 2019, the percentage of required fund mobilised were 51%. This was below the set target of 70% due to competing priorities from the government and other partners. Therefore, there is a need to continue advocacy for resource mobilisation.

9.7 Challenges

- Inadequate funds to support the implementation of HIV, TB, Hepatitis and Leprosy interventions.
- Disparity in distribution of HIV test kits at the facility level.

- Delayed disbursement of funds from some implementing partners.
- Risk of expiring for 3TC/AZT/NVP (150/300/200) due to the introduction of the new regimen (TLD).

CHAPTER 10: RECOMMENDATIONS

1. To collaborate with Central Medical Store and District Pharmacist to plan and conduct mentorship for services provider on proper Reporting and Requesting of HIV commodities.
2. Ministry of health in collaboration with ZIHHTLP to mobilize fund which will be used in implementation of HIV testing services.
3. Active involvement of CHMTs to strengthen collaboration with service providers to improve follow up of mother infant pair.
4. Strengthen follow up mechanisms for mother mentors to HIV infected pregnant women and their infants through phones and home visiting.
5. Strengthen tracking mechanisms for the defaulted MAT clients
6. Increased visit of supportive supervision to peer educators and community outreach workers
7. Develop and implement strategies to improve retention of PLHIV on ART.
8. To establish forums for caregivers to discuss issues pertaining to high HVL among children and adolescent.
9. To strengthen mentorship to health care providers on TB screening to all patients attending to health facilities
10. Scale up of private health facilities on implementing of TB care interventions
11. Conduct enhanced mentorship to health care providers on early leprosy mentorship
12. Follow up of sample transporters to ensure timely sputum transportation.
13. Capacity building for proper collection and transportation of sputum samples should be enhanced.
14. Mentorship and coaching for HCW in all CTC sites to ensure appropriate and consistence documentation.
15. Capacity building for HIV Viral Load, Laboratory Quality System and Hepatitis diagnosis to laboratory service providers.
16. Resource mobilization on production of IEC materials
17. Programme should secure fund to support data review meetings, data verification and supporting supervision at health facilities and council levels.
18. Advocate for resource mobilization to support implementation of viral hepatitis interventions at all levels of service provision.
19. Solicit more funds from government and partners to support programme interventions.
20. Strengthen management of orders of HIV commodities at CMS
21. Liaise with partners to ensure timely disbursement of funds.
22. Proper transition plan and implementation for any newly recommended ART regimen.

APPENDICES

Appendix I

Title: Factors influencing uptake of Provider-Initiated HIV Testing and Counselling (PITC) in Zanzibar

Background: Knowing HIV status helps one to make informed decisions to prevent getting or transmitting HIV as well as an entry point for HIV care and treatment services. Provider-Initiated HIV Testing and Counselling (PITC) is known to identify large number of previously undiagnosed individuals. Zanzibar, a semi-autonomous country made-up of two Islands (Unguja and Pemba islands), is characterized with a low HIV prevalence in the general population but with concentrated HIV epidemic among the Key Population (KP). HIV prevalence in the general population stands at 0.4% (Unguja 0.5% and Pemba 0.2%) while for the KPs is as high as 5% among Men who have Sex with Men (MSM); 12.1% among Female Sex Workers (FSWs) and 5.1% among People Who Inject Drugs (PWIDs). There has been limited information on factors influencing uptake of Provider-Initiated HIV Testing and Counselling (PITC) in Zanzibar.

Methods: A facility-based cross-sectional study was conducted between February and June 2019 in all districts of Unguja and Pemba island, Zanzibar. Data were collected during face to face interviews with clients attending outpatient department and those admitted in inpatient wards. Logistic regression analysis was used to determine independent predictors of Provider-Initiated HIV Testing and Counselling uptake.

Results: In total, 893 clients from 15 health facilities in Zanzibar were enrolled in the study. More than half were from Unguja island (58.2%). The median age of participants at enrolment was 32 years, ranging from 15 to 88 years. Only 18% reported being offered HIV test by the provider on the day of interview. Of them, majority (95.1%) accepted the offer of HIV test. Only first visit to the facility was significantly associated with acceptance of PITC offer (p=0.042). The reported major challenges affecting PITC uptakes were lack of confidentiality (12.4%); inadequate space for HIV testing (9.5%) and shortage of human resources (7.2%).

Conclusions: Despite high uptake of PITC, only 2 in 10 clients reported being offered HIV test by a provider. Strategies focusing on training healthcare providers on PITC provision, allocation of adequate space within the health facility for PITC provision and equitable distribution of human resources should be made.

Appendix II

Title: Reducing the Burden of TB Among People Living With HIV: Evaluation of Implementation of Isoniazid Preventive Therapy in Zanzibar.

Background: TB/HIV co-infection poses both diagnostic and therapeutic challenges, particularly it makes it difficult to diagnose TB mainly due to unusual presentation such as increased smear negative TB cases and abnormal chest radiographs. The World Health Organization (WHO) recommended the use of Isoniazid Preventive Therapy (IPT) as one of the strategies to reduce the TB burden among people living with HIV infection. In Zanzibar, IPT intervention started in 2012 in Chake chake District Hospital, Pemba as a pilot site thereafter scaled up to Mnazi Mmoja Referral Hospital, Unguja in October 2016. The Ministry of Health (MoH) committed itself to reducing TB and HIV morbidity and mortality through comprehensive collaborative TB/HIV activities. The strategies adopted are in line with global efforts to combat dual TB/HIV epidemics recommended by WHO. However, evaluation of implementation of IPT programme has not been done up to date. This study aimed at evaluating the implementation of IPT in Zanzibar.

Methods: This was a cross-sectional study conducted at Mnazi Mmoja and Chake chake Hospital, employed both qualitative and quantitative data collection techniques. The study included health care workers (nurses, Clinicians, pharmacist, administrators, laboratory technician, data clerk, social worker) working in the care and treatment clinics (CTC) providing IPT services in Zanzibar as well as PLHIV attending CTC in Zanzibar.

Results: In total, 398 clients and 14 HCWs were interviewed in this study. In general, most of the CTC clients (68.1%) had inadequate IPT knowledge whereas all HCWs had adequate IPT knowledge. Only 92 (23.1%) of the participants reported to have ever been offered IPT. Of them, 85 (92.4%) accepted the offer of IPT. Inconsistent availability of IPT drugs and lack of special training on IPT were the barriers/challenges affecting provision of IPT by the HCWs.

Conclusions: Findings from this study indicated that, only small proportion of clients have ever been offered IPT. These findings highlight that, the compliance to IPT guideline is inadequate. Despite of most HCWs reporting to offer IPT drugs regularly, only small proportion of clients reported to have been offered IPT. The documented IPT uptake and IPT completion rate were very low in our settings.

Moreover, high proportion of PLHIV developed TB despite of IPT completion (10%). This calls for further follow-up and proper monitoring of client's adherence to IPT drugs.