



THE REVOLUTIONARY GOVERNMENT OF ZANZIBAR

MINISTRY OF HEALTH

**ANNUAL HEALTH PERFORMANCE REPORT
2018/2019**

JANUARY, 2020

EXECUTIVE SUMMARY

The 13th Annual Health Sector Performance Report of 2018/19 shows the constant efforts of the Zanzibar Health Sector to improve the quality of services provided to the Zanzibar people. This report aimed at describing the progress towards achieving the Health Sector Strategic Plan and its policy and the Sustainable Development Goals targets to achieve the Universal Health Coverage (UHC).

In this financial year, progress has been made in the areas of Governance whereby twenty new pharmacies have been opened in Unguja, 2,782 premises have been inspected, and 2,295 registered by ZFDA and 178 new products being registered compared to 59 products registered in 2017/18. The private sector has also expanded, and 10 new private dispensaries have been opened.

In this financial year, progress has also been made in the human resource area: the doctor population ratio has been improved from 1:6,575 in 2017/18 to 1:6,276 in 2018/19 while the nurse population ratio has reached 1:1,314 in 2018/19 as compared to 1:1,229 in 2017/18. 662 new staff have been recruited, and 147 staff have been sent for long term training while 230 have completed their courses within 2018/2019. However, there is a challenge of financing long term training since UNFPA quit its financial support of that training.

In maternal, newborn, and child health services, several steps forward have been made, although a few steps back have been recognized. The national target for delivery at a health facility (80%) has not been achieved, but progress had been registered, going from 62.2% in 2017 to 67% in 2018. On the other side, family planning progress has been noted from 6.6% in 2017 to 7.3% in 2018, quite far from the 10% expected in the target to be achieved by 2018/19. Even though the Ministry has not reached the target of 111 deaths per 100,000 live births in reducing maternal mortality ratio (institutional) some progress has been made by reducing the MMR from 191 deaths per 100,000 live births in 2017 to 155 deaths per 100,000 live births in 2018. Penta 3 coverage has been increased from 84% in 2017 to 86 % in 2018, although it is below 95% national target. The areas which show a decline in performance concerning maternal and child health services include low coverage of the first ANC visit before 16 weeks, which is only 26% in 2018, and ANC four visits coverage is consequently extremely low, which was 31.3% in 2017 and 30.3% by 2018.

Based on the findings from the Tanzania National Nutrition Survey of 2018, there is some noticeable progress in the area of nutrition whereby stunting had been reduced from 24.4% in 2014 to 21.5% in 2018, a reduction in moderate acute malnutrition from 5.7% in 2014 to 4.8% in 2018 and the severe acute malnutrition had reduced from 1.5% in 2014 to 1.3% in 2018. The administration of Vitamin A supplementation for children 6-59 months has shown good progress from 58.2% in 2014 to 78.9% in 2018. Good progress have also been shown in exclusive breastfeeding for children under six months from 19.7% in 2014 to 30% in 2018 on the other side the percentage of households with adequate iodized salt has reduced from 77% in 2014 to 39% in 2018.

Concerning communicable diseases, HIV counseling and testing had registered a massive increase from 161,002 people in 2017 to 261,404 in 2018. PLHIV has also registered a critical increase reaching 5,915 people provided with ART services in 2018 compared to the 5,269 reported for 2017, an increase of 649 PLHIV currently on treatment. The percentage of Leprosy cases with disability grade 2 has decreased from 4% in 2017 to 2% in 2018. TB case notification has gone down from 944 cases to 948 cases for 2017 and 2018, respectively, while Leprosy cases notification has also been reduced to 82 cases in 2018, while 98 cases were reported in 2017. Zanzibar confirms its great effort against Malaria with a prevalence rate of below 1%, and 100% of the reported cases received proper treatment according to guidelines. These achievements have been contributed by integrated interventions of including IRS coverage of 107.4% and LLINs use among pregnant women and children under a year of more than 100%.

In combating communicable diseases - through a particular program, 8,194 women aged 21 - 65 years were screened with cervical cancer, and it was found that 127 had early signs, and 56 were already infected with the disease and had surgery. Apart from that, 13,544 girls aged 9 - 14 years old were vaccinated against cervical cancer.

Regarding the infrastructure, medicine, and medical supplies, significant improvement has been observed in the management of drugs and medical supplies, stock out have been reduced from 13% to 10%, and 94% of the health facilities have been found with appropriate standard storage conditions. The Ministry has also succeeded in improving other infrastructure, whereas renovation of eye blocks in Mnazi Mmoja hospital and maternity and pediatric blocks at Kivunge completed, construction of Ngomeni primary health care unit is also completed and currently in use.

There has been a significant increase in the government budget allocation for the health sector from 5.4% in 2017/18 to 8.3% in 2018/19, and the budget performance of the Ministry of Health has been improving; the overall budget performance was 83%, with a large difference between recurrent expenditure (104.8%), and capital expenditure (58.2%). Overall, we can see an essential strengthening of the health financing position of the sector and a remarkable improvement in budget allocation.

Based on the mentioned achievements and identified challenges, this report has come up with recommendations for improving the performance of the health sector in the coming years. I take this opportunity to call upon for all implementers, stakeholders to work together to improve the health services for the people of Zanzibar. Together we can achieve our goals.



.....
Asha A. Abdulla
Principal Secretary,
Ministry of Health,
Zanzibar.

ACKNOWLEDGMENTS

This Annual Health Performance Report presents the updates in the health sector in Zanzibar for the year 2018/19. The report forms an integral part of the process of monitoring and evaluation which is responsible for measuring effectiveness of various inputs, process, outcomes and impact of the Health Sector Strategic Plan III (2013/14 - 2018/19). Similarly, the National Health Policy objectives and international commitments are also measured on annual basis. The report comprises of five chapters as described below.

Chapter one (1) describes an introduction and background to the health sector

Chapter two (2) explains the implementation of 2018/19 POA activities

Chapter three (3) focuses on the implementation of 2017/18 Recommendations

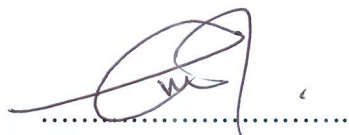
Chapter four (4) describes progress of the HSSP III indicators

Chapter five (5) identifies the key issues and suggests recommendations for improving performance of the on the identified challenges

The preparation this report was financially supported by the Revolutionary Government of Zanzibar and the Basket Fund. On behalf of the Ministry of Health, I would like to take this opportunity to extend my sincere thanks to the Revolutionary Government of Zanzibar and the Basket Fund for their full supports of this exercise.

This report was prepared in collaboration with different experts from the Ministry of Health coordinated by the Monitoring and Evaluation Division and so I'm gratitude to all staff who participated in various ways in the preparation of this report. Special thanks go to Ms. Aisha A. Mohammed - Head of Monitoring and Evaluation Division, for leading this exercise up to its completion. I also wish to extend sincere thanks to other members of the team for their valuable contributions in this exercise. Their efforts are highly appreciated. To mention them are Mr. Omar J. Othman (Statistician), Matteo S. Rava (Economist - ODI Fellow), Mohammed H. Ali (Head ICT), Mr. Masoud H. Mohammed (Public Health Specialist), Mr. Rafii J. Ali (M & E Officer IRCH), Ms. Fatma B. Juma (Economist, DPPR), Ms. Jamila S. Daud (M & E Officer), Ms. Subira S. Khatib

(Coordinator HSRS), Ms. Asha Ussi (M & E Officer, ZIHHTLP) and Safia A. Mohammed (ZAMEP Diagnostic Officer). The contribution made by units and programs cannot be forgotten, without their support this report could not be possible.

A handwritten signature in dark ink, featuring a large, stylized loop and a horizontal stroke, positioned above a dotted line.

Ms. Attiye J. Shaame
Director of Planning, Policy and Research,
Ministry of Health,
Zanzibar.

ABBREVIATIONS

ANC	Antenatal Clinic
BEmONC	Basic Emergency Obstetric and Neonatal Care
CD	Communicable Diseases
CGCLA	Chief Government Chemist Laboratory Agency
CPR	Contraceptive Prevalence Rate
CTCs	Care and Treatment Clinics
CHMT	Council Health Management Teams
EAC	East Africa Community
EHCP	Essential Health Care Package
HBC	Home Based Care
HCT	HIV Counseling and Testing
HMIS	Health Management Information System
HRH	Human Resource for Health
HSSP III	Health Sector Strategic Plan III
ICT	Information Communication Technology
IDSR	Integrated Disease Surveillance and Response
IDWE	Integrated Disease Weekly Ending Reports
IHR	International Health Regulations
IMMR	Institutional Maternal Mortality Ratio
IRS	Indoor Residual Spraying
LLINs	Long Lasting Insecticidal Nets
M&E	Monitoring & Evaluation
MKUZA	Mpango wa Kukuza Uchumi na Kupunguza Umaskini Zanzibar
MOH	Ministry of Health
MPDSR	Maternal and Perinatal Death Surveillance and Review
MTEF	Medium Term Expenditure Framework
NCD	Non-communicable Diseases
NTD	Neglected Tropical Diseases
ODI	Oversee Development Institute
OFR	Order Fill Rate
PBB	Program Based Budget
PEHSC	Public and Environmental Health Scientist Council
PHCC	Primary Health Care Centres
PHCU	Primary Health Care Units
PNC	Postnatal Care
POA	Plan of Action
QA	Quality Assurance
RCH	Reproductive and Child Health

RMNCAH	Reproductive Maternal New Born Child and Adolescence Health
SHCC	Shehia Health Custodian Committee
STI	Sexual Transmitted Infections
TB	Tuberculosis
TMIS	Tanzania Malaria Indicator Survey
TWG	Technical Working groups
UHC	Universal health Coverage
UNICEF	United Nation Children Emergency Fund
WHO	World Health Organization
ZAHR	Zanzibar Health Research Institute
ZAHREC	Zanzibar Health Research Ethical Committee
ZAMEP	Zanzibar Malaria Elimination Programme
ZFDA	Zanzibar Food and Drug Agency
ZNMC	Zanzibar Nurses and Midwives Council

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CHAPTER ONE: BACKGROUND INFORMATION

1.1 Introduction

The Annual Health Sector Performance Report describes the progress of the implementation of the Plan of Action 2018/19 through the agreed indicators and interventions. It also analyse the performance on how the health sector are moving towards the implementation Health Sector Strategic Plan HSSP III (2013/14 - 2018/19) which is ending this year, the Zanzibar Strategy for Economic Growth and Reduction of Poverty (ZSEGRP 2016 - 2020) in Swahili known as MKUZA III and the Sustainable Development Goals SDGs (2015 - 2030). All these are done to achieve the Universal Health Coverage (UHC).

1.1.1 Overall Objective of the report

The main objective of this report is to analyze the performance of the health sector towards achieving the national goals - the Zanzibar Strategy Economic Growth and Reduction of Poverty, Sustainable Development Goals (SDGs) and the Health Sector Strategic Plan III through the Annual Plan of Action (POA) for the year 2018/19.

1.1.2 Specific Objectives

1. Describe the progress and possible contributing factors towards achieving the targets of the Strategic Plan III (2013/14 - 2018/19).
2. Analyze the implementation of the Ministry of Health planned activities (2018/19).
3. Identify challenges that hinder performance of the health sector for the 2018/19.
4. Propose recommendations for improving performance in the next financial year.

1.1.3 Methodology

The process involved collection of the required information from different sources such as the 2018 Health Bulletin, District Health Information Software (DHIS2), 2019/20 Budget Speech and the 2018/19 POA implementation reports, Electronic Logistic Management Information System (eLMIS), Minimum Staff Requirements of 2013, and Annual reports from HIV, Hepatitis B, TB and Leprosy Programs (ZIHHTLP) and Zanzibar Malaria Elimination Program (ZAMEP). A team of 12 members were engaged in writing this report. The draft report was shared to the the Director of Planning, Policy and Research

and Development Partners for improvement. An editorial work was done by Dr. Abdalla Suleiman (Manager Zanzibar Malaria Elimination Project) and the final report was then approved by the Principal Secretary of the Ministry of Health and it will be presented at the Annual Joint Health Sector Review Meeting in February, 2020.

1.2 Overview of the Health Sector

1.2.1 Vision

A healthy population with reliable and accessible preventive and curative health care services.

1.2.2 Mission

Ensure that all Zanzibaris secure their right to quality and equitable health services rendered through the Primary Health Care Approach.

1.2.3 General Objective of the Sector

The general objective of the sector is to improve preventive and curative services and sustain the well-being of the people of Zanzibar with particular attention to women, children and other vulnerable groups.

1.2.4 Overview of Health Care Delivery System in Zanzibar

In Zanzibar, the provision of health care services is mostly provided through the public, private and traditional/alternative medicines. The following section provides brief description on services provided in the mentioned levels.

1.2.5 The Public Health System

The public health care system is divided into three levels that are primary, secondary and tertiary (referral).

1.2.5.1 Primary Level

The level of health care service delivery varies depending on the set goals and available resources. Considering that, three levels of health care service delivery, Primary Health Care Units (PHCU), Primary Health Care Units plus (PHCU+) and Primary Health Care Centres (PHCCs) exist within health system. Combined, there are 159 health facilities which provide primary health care services. PHCUs is the lowest level and provides outpatient services (management of common diseases and injuries), maternal and child health care that include family planning

services, adolescence, sexual and reproductive health, immunization and nutrition. Moreover, environmental health, school health, control of communicable diseases (Malaria, HIV, TB, NTD), Post Exposure prophylaxis (PEP), referral services, control and management of Non-Communicable Diseases (NCD), basic diagnosis, treatment and rehabilitation of mental health and support services (referral, health promotion, quality assurance, planning and monitoring and evaluation). The PHCUs+ provides all services provided at the PHCUs and four additional services of delivery (BEmOC), laboratory services, dental services and dispensing services (EHCP, 2017).

At the primary level, there are **159** PHCUs which are divided into PHCUs (**125**), PHCUs+ (**32**) and PHCC (**2**). With increased demand as well as availability of resources, some of the PHCUs have been upgraded to become PHCU+ and that the number of PHCU+ has increased from seven (2017/18) to 10 in (2018/19). The health facilities are Fuoni, Matemwe, Chwaka, Mwera, Jambiani, Bumbwini Misufini and Mahonda in Unguja and Bogoa and Konde in Pemba.

Again, for the same reasons mentioned above, there has been change of services provided by various health facilities over the years. For example the number of health facilities which provide delivery services have increased from **26** to **30** health facilities, whilst those which provides laboratory services have been reduced from **30** to **26**, those which provide pharmacy services has also increased from **19** to **21** health facilities and those which provide, dental services have increased from six (**6**) to **11** health facilities. The major contributing factors for this increase or decrease include shortage of staff, equipment and inadequate infrastructure. Table 1.1 explains services provided at designated PHCUs+ in the previous year and Annex 1 provides updates of overall services provided for each health facility.

Table 1.1: Summary of Designated PHCUs Services Provision Updates 2018/19

Type of Service provided	Number of Designated PHCUs+					
	Unguja (N = 19)		Pemba (N = 13)		Total (N=32)	
	2017/18	2018/19	2017/18	2018/19	2017/18	2018/19
Delivery	14	18	12	13	26	30
Laboratory	19	18	11	8	30	26
Dispensing	15	17	4	4	19	21
Dental	3	9	3	2	6	11

The PHCCs provide all services provided at PHCUs+ as well as additional services of inpatients, surgical, gynaecological, internal medicine, paediatric, mental health, support functions (lab general, x- ray, ultrasound, PEP services, referral, blood bank and transfusions) and CEmOC (EHCP, 2007). PHCCs are commonly referred as Cottage. Currently there are two Cottage hospitals: Micheweni and Vitongoji and are all located in Pemba. The Revolutionary Government of Zanzibar is in the process of upgrading these facilities to become district hospitals. With that regards, two operating theatres i.e general theatre and gynaecology theatre have been constructed in Micheweni hospital and services have started to be provided.

1.2.5.2 Secondary Level

There are four district hospitals: 2 in Pemba (Wete and Chake Chake) and two in Unguja (Kivunge and Makunduchi) and one regional hospital Abdalla Mzee which is in Pemba. These hospitals offer all services provided at the PHCCs and other extra services including referrals. Services like acute trauma and emergency conditions, fistula surgery, rehabilitation of disability, comprehensive HIV care, and post exposure prophylaxis (PEP) are also provided. Kivunge hospital is expanded to have additional services related to maternity and paediatric.

1.2.5.3 Tertiary Level

The tertiary level services are only provided at Mnazi Mmoja hospital and its two wings of Mwembeladu Maternity Home and Psychiatric hospital. This hospital supports secondary health care services and offers more specialized services such as acute trauma, emergency cardiovascular, central nervous system, dental and oral, ear, nose and throat, endocrine, eye, family planning, gastroenterology, infections, mental illness, musculoskeletal, neonatal, neoplasm, nutritional and haematological conditions, obstetrics and gynaecology, orthopaedics, respiratory, skin diseases, surgical care, services managed through acupuncture and specialized diagnostic services (EHCP,2007).

1.2.5.4 Distribution of Public Health Facilities in Zanzibar

Zanzibar has a total of **167** public health facilities (excluding parastatals). Out of these **157** are primary health care units, **32** are primary health care units +, two (2) primary health care centres, four (4) district hospitals, one regional hospital and one (1) referral hospitals with its specialized hospitals of Mwembeladu Maternity Home and Kidongo Chekundu

Psychiatric Hospitals. Table 1.2 provides details of the distribution of the health facilities by district and Annex 2 provide a list of public health facilities in Zanzibar.

Table 1.2: Distribution of Public Health Facilities in Zanzibar

District	Primary Level				Secondary Level		Tertiary		Total
	PHCUs			PHCC	District hospital	Regional hospital	Special hospital	Referral	
	PHCUs	PHCU+s	Total						
Mjini	7	3	10	0	0	0	2	1	13
Magharibi A	7	1	8	0	0	0	0	0	8
Magharibi B	8	4	12	0	0	0	0	0	12
Kaskazini A	11	3	14	0	1	0	0	0	15
Kaskazini B	10	2	12	0	0	0	0	0	12
Kati	21	4	25	0	0	0	0	0	25
Kusini	9	2	11	0	1	0	0	0	12
Unguja	73	19	92	0	2	0	2	1	97
Wete	17	3	20	0	1	0	0	0	21
Micheweni	10	3	13	1	0	0	0	0	14
Chake Chake	12	3	15	1	1	0	0	0	17
Mkoani	13	4	17	0	0	1	0	0	18
Pemba	52	13	65	2	2	1	0	0	70
Zanzibar	125	32	157	2	4	1	2	1	167

1.2.6 Parastatal Health Facilities

These are public health facilities which are owned by other Government health institutions include army. In total there are 19 parastatals health facilities that are operating in Zanzibar. Of these 14 are in Unguja and five (five) in Pemba. There is no official categorization of these hospitals, some of them provide services that are at the level of hospital and the other at the level of dispensary. Some of these hospitals receive the medicine from Central Medical Store Zanzibar where Jeshini Military hospital in Bububu, and KMKM in Kibweni are among those which are benefited with this service. See Annex 2c.

1.2.7 Private Health Facilities

The private health facilities (clinics and dispensaries) are comprised of both profitable and not-for-profit hospitals. The number of operating private hospitals, clinics and dispensaries is 114 as compared to 110 reported in 2017/18. Out of these 100 are in Unguja and 14 in Pemba. A list of all private health facilities in Zanzibar is attached as Annex 3a and Annex 3b.

1.2.8 Private Pharmacies in Zanzibar

There is enormous government effort in increasing health care delivery at all levels and also maintaining its commitment in providing free treatment to all citizen. Despite that, health services delivered by private sector also increase over the years. For instance, the number of private pharmacies

has increased from **51** to **71** between 1 year of reporting period (2017/2018 - 2018/2019). Nevertheless, there is disparity in terms of the number of private owned pharmacies between the two Islands. There are **69** private pharmacies in Unguja and only 2 in Pemba. A list of the private pharmacies is attached as Annex 4.

1.2.9 Traditional Medicine

The Traditional and Alternative Medicine Council was established under the Act No. 8 of 2008. Among the function of the council is to supervise and control the practice of traditional and alternative health practitioners; to register and enrol persons who fulfil the traditional and alternative medicine requirements as per Traditional and Alternative Medicine Act; to register and regulate the traditional and alternative health delivery facilities and to protect the society from abuse of traditional and alternative health practices and research on human beings. Generally, there are **429** traditional practitioners, 35 traditional clinics and **113** traditional shops operating in Zanzibar (See Annex 5). The performance of this council is described in chapter four of this report.

CHAPTER TWO: STATUS OF THE IMPLEMENTATION OF THE PLANNED ACTIVITIES (POA 2018/19)

2.1 Introduction

As it was explained before, this chapter describes the status of the implementation of the overall planned activities as per the Plan of Action (POA) for the year 2018/19. The activities planned were aligned with Health Policy, Health Sector Strategies Plan (HSSP III 2013/14 – 2018/19) and according to sector priorities. Moreover, all the interventions and activities were designed in order to address the challenges that the Sector faced in the previous financial year. implementation of these interventions was monitored quarterly, semi-annually and annually via the reporting template “Bango Kitita”. Therefore, all units, programs, hospitals, as well as Boards and Councils, are required to report their implementation of the planned activities using the designed and agreed reporting template.

2.2 Achievement of POA Activities

2.2.1 Overall Planned Activities

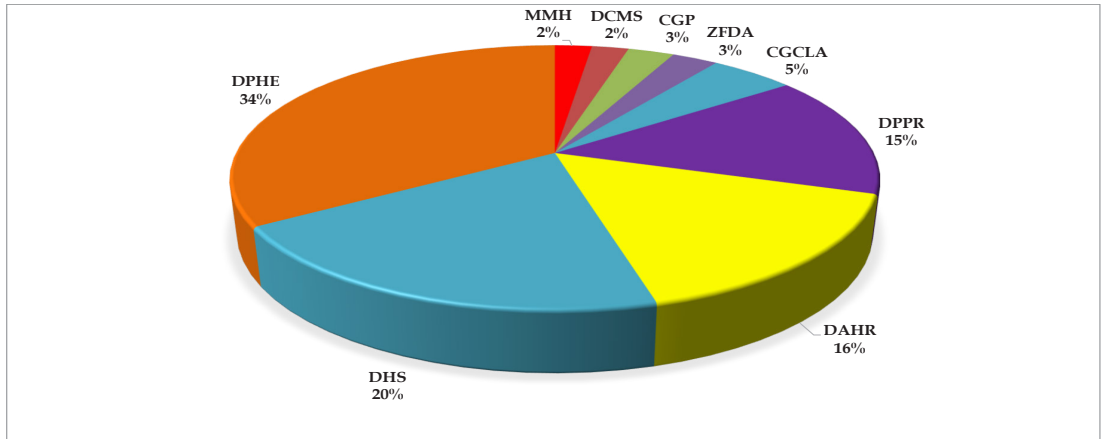
For the year 2018/2019, a total of **74** units and programs were supposed to submit their Annual progress reports for analysis, but, unfortunately out of that, only **68** managed to submit their reports (**45**: Unguja and **23**: Pemba) which shows a promising trend where by in 2017/2018 the submitted reports for analysis was **85** per cent while in 2018/2019 reached **92** %.

In every reporting period, units, disease control programs and hospitals are urged to submit their performance reports and that there has been increasing responsive rate from 85% in 2017/18 to 92% in a year 2018/19. Departments which do not respond according to the POA Plan mostly are from Pemba as they implement different from what they have planned previously; this makes challenges during reporting time as it lower down the percentage of the implementation.

In the year 2018/19, the Ministry of Health has planned to implement a total of **909** activities as compared to **1,048** activities planned in the year 2017/18. Among the planned activities, **737 (81.3%)** were for Unguja and **172 (18.9%)** for Pemba. The Department of Preventive Services and Health Education had the highest number of activities (**307** activities) that had been planned for the year 2018/19. This is one third of the total Ministry’s planned activities for this financial year. It is followed by Department of Hospital Services (**186** activities), Department of Administrative and Human Resources (**144** activities)

and Department of Planning, Policy and Research (**136 activities**). Figure 1.1 shows the number of planned activities for each department.

Figure 1.1: Percentage of the Planned Activities as per Department: 2018/19 (N=909)



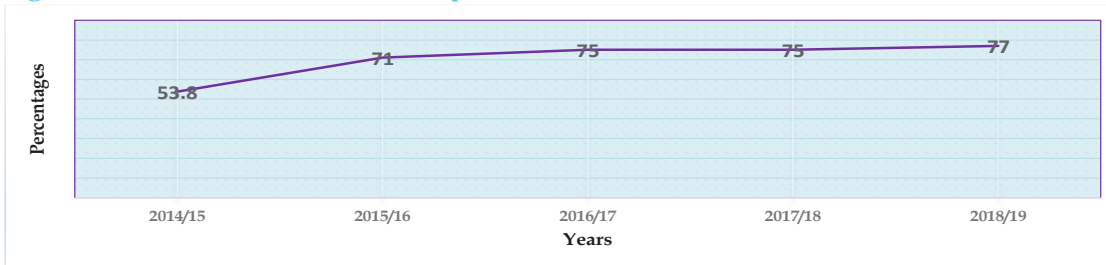
Source: MOH, POA Report, 2018/19

2.2.2 Performance of the POA Planned Activities

During the analysis of the activities submitted for 2018/19, it was revealed that, out of **909** planned activities **700** activities (77%) have been implemented. Of the planned activities, **559** (61.5%) and 141 (15.5%) have been fully and partially achieved, respectively. While **209** (23.0%) activities were not implemented.

The general performance of implemented activities is still low and remains constant in both two reporting years (2016/17 and 2017/18 (75%), but there is slight change in the percentages of implemented activities from 75% in 2017/18 to 77% in 2018/19. The agreed minimum target of the implementation of the planned activities is 80% which is not yet met. The trend in the percentage of implemented activities from 2014/15 to 2018/19 is shown in figure 1.2.

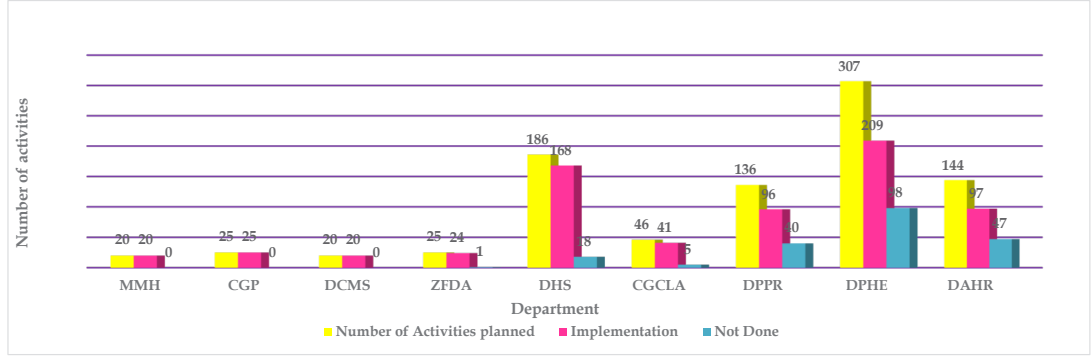
Figure 1.2: Performance of POA Implementation Activities 2014/15 - 2018/19



Source: Health Bulletin, 2018

There is a minor difference in the implementation of submitted planned activities between Unguja and Pemba. Unguja has implemented around 76.5% while Pemba managed to implement 79.1% of their planned activities. With respect to departmental performance status, 6 directorates have reached and exceeded the desired target of 80% of implementation of the planned activities. These are Mnazi Mmoja Hospital (100%), Central Medical Store (100%), Chief Government Pharmacist (100%), DHS (90.3%) and Chief Government Chemist (89%). The departments which have not reached the desired target are DPPR (71%), DPSHE (68%), and DAHR (67%). Figure 2.3 shows the number of implemented activities by directorates and Annex 5 shows the status of implemented activities for all individual units and programs.

Figure 1.3: Performance of Planned Activities Vs Implementation 2018/19



Source: MOH, POA Report, 2018/19

CHAPTER THREE: IMPLEMENTATION OF RECOMMENDATIONS FROM THE FINANCIAL YEAR 2017/18

This chapter details the implementation of the recommendations of the 2017/18 performance report and the recommendations from the 11th Annual Joint Health Sector Review Meeting. The following section describes the implementation of the action points from 2017/18.

3.1 Governance

Action 3.1.1: Review the current Health Sector Strategic Plan using performance review findings

Partially achieved: The HSSP III is currently under review. The situation analysis conducted in June, 2019 to January, 2020 and the draft document is ready for sharing during the Annual Joint Health Sector Review Meeting in February, 2020 or inputs and improvement.

Action 3.1.2: Implementation of activities should be in line with the approved plan/budget

Partially Achieved: Financial year 2017/18 was characterized by inadequate implementation of interventions as per MoH consolidated Plan of Action, performance was **75%** for the previous two years while the target was to reach **80%** implementation of the planned activities. Nevertheless, this should not be considered as a failure to adhere to the approved plan as sometimes there were competing priorities. To mention the few, there were government orders for construction of Ngomeni PHCU and review of organisational structure for the Ministry. Also, there was a need of referring patients outside Tanzania for further treatment. Through Monitoring and Evaluation Unit, it was using the existing platform to inform the head of the Unit to plan based on the priorities of the MoH in order to avoid implementing activities that are out of the agreed Plan of Action.

Action 3.1.3: Uses of the MOH fund request form

Partially achieved: This action was recommended with regards to the challenges of implementing activities outside the Plan of Action (POA). Despite the fact that fund requesting form was not used, however all requests are done using the requesting letter which is approved by the responsible directors and the Principal Secretary. Apart from that the Ministry of Health in collaboration

with the Claritas Organization has designed Expenditure Tracking Tool for monitoring Basket Fund Expenditure which covers Municipal/Council Health Management teams, Chief Pharmacist Office, Central Medical Store and the Central Component (DPPR). Effective use of this tool will reduce the possibility of implementing activities outside the Plan of Action. It is also recommended that this tool is scaled to the remaining planned activities supported by other partners and Revolutionary Government of Zanzibar.

Action 3.1.4: Make effective enforcement of the nurses and midwives Act No. 5 of 2014

Achieved: This action was suggested based on the fact that there was low coverage of nurses who renewed their licenses. In the last year performance, it was reported that only **48%** of the nurses have renewed their license. The Ministry of Health through the Nurses and Midwives Council has taken action to reduce this problem. Among the actions taken include making advertisement through the media for nurses to renew their license. Also, the meeting was conducted to the nurses of Magharibi A and Magharibi B to orient them on the punishment of not renewing their licenses as per the Act No. 5 of 2014. Despite the implementation of this strategy there is no significant progress in the number of nurses who register and renewed their licenses. Available data has shown that there is a decline in the number of nurses who renewed their license from 373 in 2017/18 to 191 in the year 2018/19.

Action 3.1.5: Conduct stakeholders mapping and strengthen coordination

Partially Achieved: The Ministry of Health has undertaken important step towards establishing a Sector Wide Approach (SWAP) Code of Conduct. This code of conduct focus on the stakeholder's coordination, including the involvement of the partners in planning and reporting. Effective implementation of this code of conduct will strengthen to a large extent stakeholders' coordination in Zanzibar. In addition to that, in line with the SWAP organizational architecture, there are six Technical Working Groups, working under the Health Sector Reform Secretariat involving different Development Partners and other Stakeholders in their respective focus areas. The TWGs focused on: Human Resource for Health, Quality Assurance, Sector Performance and Monitoring, Reproductive, Maternal, Newborn and Child Health Services Health Financing and Community. There is also Logistic Technical Working group working under the Chief Pharmacist Office.

3.2 Human Resource for Health

Action 3.2.1: Establish coordination mechanism for short term training

Partially Achieved: The mechanisms for coordinating short term training was not yet introduced although different trainings was conducted on different topics. From July 2018 to June 2019 the following staff were trained as describe below:

- 50 traditional practitioners were trained on Diagnosis of Diabetics and High Blood Pressures
- 100 staff from PHCUS+ were trained on f mental healthcare
- 60 health providers trained on preparation on infant food
- 57 health providers were trained on inspection of salt with iodine
- 106 staff trained on occupational health risks
- 142 staff trained on the investigation of NTD diseases
- 297 staff trained on control and monitoring of communicable diseases
- 105 staff trained on electronic medical record
- 58 staff were trained on auditing, financing laws and procurement procedures.

Action 3.2.2: Prepare job description for individual staff

Achieved: The Ministry of Health through the Directorate of Administration and Human Resource has prepared job description for individual staff. These Job descriptions have been distributed to the new recruited employee. Later on will also be distributed to other staff.

Action 3.2.3: Introduce performance appraisal system and accountability framework/mechanisms

Partially achieved: The performance appraisal system has been introduced with technical assistance from the Civil Service Commission. There will be a special tool that will be used to conduct performance appraisal to all staff. Currently, all heads of units and programs have been trained on using this tool and the exercise are required to be implemented to all staff who are on employment from January, 2019.

Action 3.2.4: Recruit new staff based on the requirement

Partially achieved: For the year 2018/19 the Ministry of Health has planned to employee **853** for the year 2018/19 and fortunately the Ministry has employed

a total of **662 (77.6%)** staff in the year 2018/19. Among those, **55** are medical doctors, **114** nurses, and **493** other cadres.

Action 3.2.5: Need for proper forecast of training plan with clear financial mobilization strategy at local level and through development Partners

Achieved: Five-year Human Resource Plan has been developed. In addition to that the training budget in the past two consecutive years has remained the same at Tsh 2bns. However, there is a decrease of fund from Development Partners since UNFPA has finalized its contract.

3.3 Service Delivery

Action 3.3.1: Strengthen health facility supportive supervision on quarterly basis

Partially achieved: During the last year report several challenges were observed in the implementation of the delivery area including: low immunization coverage, high maternal mortality ratio; low coverage of facility deliveries, low coverage of births attended by skilled health personnel; low coverage of new acceptance of modern family planning method and low coverage of postnatal care. To improve this situation, it was recommended to strengthen supportive supervision on these service areas. For the year 2018/9 supportive supervision was conducted on immunization services and maternal health. The 43 health facilities (23 in Unguja and 20 in Pemba) were supervised in all 11 districts. In addition to that technical support, job trainings were provided in the areas of: routine immunization, record keeping and reporting.

These supportive supervision visits conducted has resulted in improving service delivery in the Isles. Penta 3 coverage have increased from **83.9%** in 2017 to **86%** in 2018; the percentage of children under one year fully immunized have increased from **67.5%** in 2017 up to **78.1%** in 2018; institutional maternal mortality ratio has been reduced from 191 per 100,000 live births in 2017 to 155 per 100,000 live births in 2018; coverage of new acceptance of modern family planning method have increased from **6.6%** in 2017 to **7.3%** in 2018 and the number of women attending postnatal care (3 - 7 days) have increased from, **3,824** in 2017 to **3,906** in 2018.

Action 3.3.2: Revise the Community Health Strategy

Achieved: This recommendation was suggested to improve and strengthen the functioning of the Shehia Health Custodian Committee as there is slow progress in scaling up the establishment of these committees. At the same time, there is a need to align with the Decentralization by Devolution National Strategy which has been recently established. Also, the existence of evidence of effectiveness of existing CHVs programs and prioritization of government-coordinated CHV activities led to the need to integrate CHVs into the strategy. The limited availability of community health data also necessitates the revision of the strategy. The strategy (2019/20- 2024/25) has been finalized and it's waiting for final approval from RGoZ. In this document the SHCC membership and modality for selection, its responsibilities and monitoring have been modified and the cadre of Community Health Volunteers (CHVs) was introduced.

Action 3.3.3: Develop a comprehensive tool for reporting implementation of recommendations and submit to the Executive Committee on quarterly basis

Partially Achieved: Currently, units and programs are using the Bango Kitita Template to report all recommended actions and decisions/orders that were given from the Bango Kitita meeting and present to the Presidents of Zanzibar and Chairman of the Revolutionary Council whenever this meeting is held. Implementation of recommendations are also reported to the Committee of the House of Representative which is conducted on quarterly basis and they are also reported in a Technical and Executive/Leadership Committee of the Ministry of Health. A part from that, there is a special taskforce introduced for making follow up of recommendations raised from maternal and perinatal death reviews.

Action 3.3.4: Establish quality assurance unit and develop quality framework to oversee quality assurance at all levels

Partially achieved: For a long time, the Ministry of Health had no mechanisms for quality assurance. Quality assurance interventions were implemented in uncoordinated way. To reduce this challenge, it was recommended to establish Quality assurance unit at central level of the ministry to coordinate quality assurance activities. The MOH quality assurance focal person have been earmarked and quality assurance unit was included in the MoH organogram. Moreover, development of quality assurance improvement framework is completed.

Action 3.3.5: Increase domestic funding and mobilize external resources to achieve global targets on HIV, Malaria and schistosomiasis I

Partially Achieved: Malaria Sustainability Plan has recently been developed to be used as a tool for funding mobilization at all levels. Regarding Malaria, social behavioral change communication activities are ongoing addressing the importance of service utilization eg. LLINs use - in order to achieve universal coverage.

Action 3.3.6: Strengthen health promotion on prevention of Communicable and Non-Communicable Diseases

Partially Achieved: During this reporting period 2018/2019, 111 radio spots and 14 television sessions were aired. The major topics advocated were on prevention against cholera, Ebola, Malaria; balance diets; Kangaroo mother care and importance of attending postnatal care. In addition, health promotion sessions on prevention against cholera and Ebola disease were organized to 209 Shehia (141 Unguja and 68 Pemba) through films and community meetings. Besides, health promotion at school has been reported to improve health interventions, therefore ministry is using this setting to impart health knowledge and skills on preventions against different diseases, pupils from 469 schools were reached in 2019/20.

3.4 Infrastructure, Medicine and Medical Supplies

Action 3.4.1 Renovation of store in health facilities

Partially Achieved: During the last year report it was presented that the storage condition on medicine in the health facilities has remained the same in 2016/17 and 2017/18 which was 86% and increased to 94% in 2018/19. To improve storage conditions, the Ministry has renovated the stores in some health facilities in both Unguja and Pemba. However, space capacity is still a challenge in most of the health facilities.

Action 3.4.2: Strengthen supportive supervision at the health facilities

Partially Achieved: In order to improve the standard storage conditions, supportive supervision at the health facilities was done and 40 health facilities were supervised every quarter. During the supervision different challenges

were identified such that some of the stores have not enough ventilation, fan, shelf, access of security, drugs setting, cleanness, checklist. Several actions were conducted to reduce those challenges including giving time to rectify their problems like to have a fan, shelf, on security issue only doctor and pharmacist have access to enter in the store, drugs setting according to the guideline and to put more emphasize on cleanness.

3.5 Health Financing

Action 3.5.1: Develop a long-term health financing strategy

Not achieved: The long term health financing strategy is not yet available. However, the development of Health Sector Strategic Plan IV will propose which way MoH has to follow regarding this strategy. The recent National Health Account exercise has been finally conducted and has produced fundamental information on the FY 2018/19 for the development of the new health financing strategy.

3.6 Health Information, Research, Monitoring and Evaluation

Action 3.6.1 Increase budget for conducting research

Partially Achieved: The budget for conducting research for the year 2018/19 was **Tsh. 359,362,812** as compared to **Tsh. 319,522,500** planned for the year 2017/18. Among the research conducted during this year are the Clients Satisfaction Survey (CSS), National Health Accounts (NHA), Surveillance of HIV and Other Sexual Transmitted Infection among Pregnant Women attending Antenatal Clinic in Zanzibar, Prevalence of TB and Associated Risk Factors among Incarcerated in Correctional Facilities and Patients with Diabetic Mellitus in Zanzibar.

Action 3.6.2: Prioritization and presentation of key research findings for decision making.

Partially Achieved: Reports/Findings for the Client Satisfaction Survey and the National Health Accounts (NHA) has already been prepared and will be presented in the Annual Joint Health Sector Review Meeting which will be held on February, 2020. Moreover, clinical research on Xeroderma Pigmentosum at Micheweni Pemba is ongoing, the findings is not yet ready.

Action 3.6.3: Develop a harmonized tool for planning and reporting at different levels.

Partially Achieved: In the previous report it was noted that the MOH is using different tools for planning and reporting the progress of the Plan of Action. Among these tools are the POA Planning and Reporting Template and the Bango Kitita Planning and Reporting template. Others the M & E form 02 (Matrix form), M & E form 03 (Resource Tracking Tool), and M & E form 04 (Narrative Report) all these tools are given by the Planning Commission to report on the progress of Development Projects on quarterly basis. There is also monthly form given by the Commission for External Finance to report on financial expenditure on monthly basis. All these tools are more or less used to report the same thing. To solve this challenge, the Ministry has decided to develop a harmonized template for planning and reporting which will be done in line with the development of the new Strategic Plan IV. It is our expectation that the tool will be ready by the year 2020/21.

Action 3.6.4: Integrate diagnostic data into the DHIS2

Achieved: It was noted that data for diagnostic services i.e. X-ray, ultrasound and CT Scan are limited to some of the health facilities which resulted to difficulties in its collation, compilation and even analysis. Currently, the tool is already established, and these data are now entered into the DHIS2 system. However, there is a problem of completeness in the sense that currently, it is only **40%** of these data which are entered into the system.

Action 3.6.5: Establish MOH Information Resource Centre

Partially achieved: Introduction of the information resource center was suggested to facilitate easy documentation of information. Currently, information is stored in through the MOH website and DHIS2.

CHAPTER FOUR: PROGRESS OF HSSP INDICATORS 2018/2019

This chapter provides detailed description of the progress that has been made by the health sector in the year 2018/19 through the set indicators as per the Annual Plan of Action (POA). The description follows the six essentials of the health systems building blocks with regards to the attainment of the Sustainable Development Goals in a way of achieving the Universal Health Coverage (UHC) in Zanzibar. The health system governance; human resource; service delivery; infrastructure, medicine and medical supplies; health financing and health information is analyzed their performance for the financial year 2018/19.

4.1 Governance

Governance is one the WHO HSS building block that assure and promote the correct functioning of all other units. In order for health sector to function effectively it has to assure there is existence of appropriate framework, strategic policies, guidelines, accountabilities, and the functioning of the oversight. Without proper functioning of the governance other system building blocks will also not function adequately hence the desired results will not be achieved. Through Decentralization by Devolution the health services are governed by both Ministry of Health and the President's Office Regional Administration and Special Departments (PORALGSDs). This section describes the performance of the MOH governance structure for the health sector at all levels of health care delivery system.

4.1.1 MOH Governing Committees

4.1.1.1 Community level: At this level there is the Shehia Health Custodian Committee (SHCC) based on the Community Health Strategy developed in 2011. A total of 80 committees were established which is only **21%** of the expected target to be achieved by the end of 2018/19.

Apart from the Shehia Health Custodian Committee there are Community Health Volunteers who are working at community on addressing health related matters. Ministry with other stakeholders saw that there is a need to recognize the Community Health Volunteers in the formal documents. This necessitates the revision of Community Health Strategy that recognize the CHV and stipulate their roles clearly. The ZCHS 2019 will inform all community health interventions and activities of all programs implemented by RGoZ and its Development

Partners henceforth. The ZCHS set out a strategic direction for service delivery through established community structures representing the community, and sensitize constituent communities to share the responsibility for improving the health status of the citizen through the formal health delivery apparatus.

Through the revised strategy, Community Health Volunteers (CHVs) will be established and assigned deliver an integrated community health essential package to their respective community. In this sense, the implementing partners will only support technical and financial the implementation of this program and MOH and PORALGSD will be the owners of the program. Currently, the MOH and PORALSD has tested the practicality of the strategy by establishing CHV in Kaskazini B district as a means of learning the usefulness of the new Community Strategy.

At the health facility levels, there are two different governance structures: health boards and health committee. Currently out of **159** public primary health care units, **144 (91%)** have established a governance structure. Their functionality is overall good considering that almost all governance body (**142**) have met at least once every quarter and only two committees did not meet at all.

4.1.1.2 District level structure: The Municipal/Council Health Management Teams (CHMTs) has been established since 2003 and capacitated in management of the district health services. These teams act as a link between the Ministry of Health and the health facility down to the community. Since 2017/18 all the districts have been decentralized and are currently working under PORALGSDs. The Ministry of Health is responsible for providing technical assistance to local government authorities which is the main implementer to facilitate implementation of the decentralization of health services.

4.1.1.3 National Level Governance: At the national level the Ministry of Health is composed of the senior level management comprising of Minister, Deputy Minister, Principal Secretary, Deputy Principal Secretary, Director General and eight other directorates. There is also the office of the health coordinator Pemba. A part from that there is also management committees which are leadership committees which is required to meet in every quarter and executive committees which is required to meet every month.

4.1.1.3.1 Executive committee/Leadership Committee and Technical Committee

An executive committee is chaired by the Minister of Health and all directors and heads of units are members of this committee. From July 2018 to June 2019 three meetings have been conducted; different issues including launching of the Zanzibar Health Research Institute (ZAHRI) and the retention strategies have been discussed and approved.

The MOH Technical Committee chaired by the Principal Secretary should meet monthly but during this reporting period convened only three times. Among the issues discussed are; the revision of Medical Council Doctors Act no. 12 of 1999 and the implementation progress of decentralization.

4.1.1.3.2 The MOH Steering Committee

The MOH Steering Committee was recently established and is composed by members from the Ministry of Health and Development Partners. Since its establishment it meets twice and one among the issues discussed was the introduction of SWAPs code of conduct that has been finalized and its signing is on the agenda for the next meeting.

4.1.1.3.3 The Zanzibar Health Basket Fund (ZHBF) Steering Committee:

The Basket Fund Steering Committee is established to oversee the operation of the fund used to run district health services and is supposed to meet in every quarter. In the year 2018/19 it meets four times discussing and approving different issues such as the Annual Plan of Action, Council Health Management Teams Progress Reports, and expenditure.

4.1.1.3.4 Audit Committee

Within the Ministry of health Zanzibar there is an audit committee which has five members from Ministry of Health and others from other sectors, the principal roles of this committee is to audit overall performance within the ministry, consult and advise the ministry on financial queries. In the year 2018/19 Audit committee meets two times and advice on internal auditor's financial reports and also follow up of observed query from ministry and other ministerial agencies where by ZFDA found some financial quarries also procurement consultations.

4.1.1.3.5 The Health Sector Reform Secretariat

The Health Sector Reform Secretariat is chaired by the Director General, this secretariat is working as the think tank of the Ministry of Health. The secretariat

is supposed to meet on quarterly basis unfortunately for this reporting period it met once. Among other issues discussed is the development of the Essential Health Care Package and development of the Health Sector Strategic Plan IV. The secretariat is also working through the Technical Working Groups (TWG) and there are six TWGs which is currently operating to support the functioning of the secretariat. All TWGs are required to meet on quarterly basis. Below is a brief explanation describing the work that was done by these TWGs for this reporting period.

Human Resources for Health TWG:

The overall aim of the HRH TWG is to oversee, coordinate and disseminate information relating to activities in this area. In the past year this TWG met twice and discussed and inputs the Ministry of Health job descriptions. Improving job description was critical for staff performance and appraisal.

Quality Assurance TWG:

This Technical Working Group aimed at overseeing, and coordinate issues related to quality improvement within the sector. In implementation of its roles this TWG met four times and discussed and provide inputs on the developed quality assurance improvement framework. The framework that was developed will play an important tool for this TWG in guiding quality improvement work and quality assurance activities.

Health Care Financing TWG:

Health Care Financing TWG: The area of health financing is critical for the efficient and effective running of the health sector operations. For the year 2018/19 this TWG met three times. Improving the Code of conduct that stipulate the coordination between the ministry and the Pharm Access organization was among the discussion and main agenda held by this TWG. The other agenda was on introduction of Sector Wide Approach (SWAP).

Sector Performance and Monitoring TWG:

As the Zanzibar health sector moves towards a sector-wide approach, one of the areas in which there is great potential for harmonization is improved quality and efficiency gains in the monitoring of the sector. At present, the various units and programs of the MoH headquarters, and the respective service delivery levels, each provide a variety of reports in a number of formats for a number of different parties. Ensuring that there is a single, consistent and coherent picture of sector performance,

which all parties can accept as the basis for monitoring their specific input, requires communication and coordination. This TWG need to advise on the harmonization of the tool. For the period of July, 2018 to June, 2019 this TWG met once to improve MoH indicators to be used in monitoring of the health sector implementation.

Community TWG:

The role of this team is to oversee community health. For the period of July, 2018 - June, 2019 this TWG met three times and among the issues discussed was the revision of the Community Health Strategy (CHS) which is already being finalized and will be launched during the Annual Joint Health Sector Review.

Reproductive, Maternal, New-born and Child Health TWG:

This is also an important area within the health sector. The role of This TWG is to advise on the maternal and child health services. During this reporting period this TWG met four times and among issues discussed include results for the maternal and perinatal deaths reviews. Despite the above existing structure there are also professional boards and councils established to monitor the professional ethics of the relevant staff and other agencies are established to monitor the quality of goods for maintaining the health and safety of the consumers.

4.1.2 Implementation of the MOH Boards and Councils

4.1.2.1 Zanzibar Food and Drug Agency (ZFDA)

Percentage of premises inspected

During the financial year of 2018/19 ZFDA has planned to inspect a total of **2,000** premises and **20** factories. By the end of June, 2019 a total of **2,782 (139%)** premises were inspected. These premises include: foods (**2,238**), drugs (**403**), cosmetics (**138**), medical equipment (**3**) and **7** factories. The results of this inspection has shown that a total of **47** premises were closed because they did not meet the required standards, **6,734.95** tons of foods were detained due to unfit for human consumption whereas **1,474.80** tons of products which are not fit for human consumption were destructed, **203.15** tons are waiting for destruction after completing the process as required by the law, **3,733** tons of products were returned back, **324** tons of products were waiting for returned back after completing the process as required by the law and two factories were requested to do some correction.

Percentage of premises registered

During fiscal year of 2018/19, ZFDA planned to register **2,000** premises, and managed to register **2,295 (115%)** fully achieved the objective. The target in the previous FY was **1,464** and over 100% of the premises were registered. These premises registered in FY 2018/19 include food (**1,836** premises), drugs (**348** premises), cosmetics (**108** premises) and medical equipment (three premises).

Percentage of new products registered

Each year ZFDA register new products to certify their safety for human consumptions, In the year 2018/19 ZFDA has registered **178 (89%)** out of **200** products planned to be registered during that period. There is decrease in the percentage of registration of the new products from **98.8 %** in 2017/18 to 89% in 2018/19. New products registered in last fiscal year were food **156 (78%)**, drugs **8(4%)**, cosmetics **12 (6%)** and medical devices **2 (1%)**.

Percentage of samples analyzed

During the implementation year of 2018/19, ZFDA has planned to analyze **1,875** samples, and manage to analyze **2,488 (133%)** compared to fiscal year of 2017/18 whereby **1,362** samples were analyzed. There is a slightly increase of the percentage of samples analyzed from **98%** in 2017/18 to 133% in 2018/19. Among them **2,393** were food, **62** drugs, 16 traditional herbs and 17 cosmetics. Result of this analysis has shown that **62 (2.5%)** samples of (food **59**, drugs **2** and cosmetics **1**) were found not safe for human consumption and not allowed to be circulated in the market.

4.1.2.2 Chief Government Chemist Laboratory Agency (CGCLA)

Number of samples analyzed

During the implementation period of 2018/19, a total of **1,117**, samples were analyzed; the target was to analyze **1,250** samples. This is **89.4%** of the planned target. These samples include among others are Marijuana (**331**), substance abuse (**171**), cocaine (**269**), blood (**19**), urine (**153**), mirungi (**2**), honey (**86**), poisons (31), tomato sauce (**3**), water (**13**), soaps (**5**) and others.

4.1.2.3 Private Hospital Advisory Board

Percentage of new private health facilities licensed

A total of ten applications for opening new private health facilities has been received at Private Hospital Advisory Boards in the year 2018/19, all application (100%) were accepted and licensed and currently working which are Shifaa Medical Clinic, Kidongo Chekundu Dispensary, Raudhwat dispensary, Samih

Medical Clinic, Nyango Dispensary, Physiotherapy dispensary, Hakan Toker Clinic, Tasakhta dispensary, Urban care Clinic and Avicenna Dispensary.

Proportion of private hospitals, dispensary and clinics inspected

In the financial year 2018/19 a total of **110 (100%)** dispensaries/clinics have been inspected in Unguja (**97**) and Pemba (**13**). During this inspection a total of 80 (**72.7%**) dispensaries did not have any problem, **10 (9.1%)** clinics/dispensaries have been given time for making renovations, **5 (4.5%)** have been given warning letter and two (**1.8%**) hospitals were closed were closed to continue providing services until to solve their problems. In strengthening the operation of the private hospital board the Ministry has revised the Private Hospital Advisory Act No. 4 of 1994. The draft document is already prepared and the next step is to share to the leadership Committee for discussion and approval.

4.1.2.4 Zanzibar Medical Council

Number of new clinicians registered

During the implementation year of 2018/19, the Zanzibar Medical Council has planned to register 600 clinicians. Up to the end of June, 2019, a total of 661 (100.2%) clinicians have been registered (264 were new and 398 were renewals). Among them 64 are specialists, 207 Medical Doctors, 12 Doctor of Dental Surgery, five (5) Assistant Dental Officer, 46 Assistant Medical Officer, 276 Clinical Officer and 51 Dental Therapists. In addition to that Zanzibar Medical Council has the role of making sure that all registered clinicians are conduct their duties according to their professional ethics and codes of conduct. More over, in the fiscal year of 2018/19 there is no medical malpractices cases reported to Medical Council.

4.1.2.5 Zanzibar Nurses and Midwives Council

Percentage of new nurse and midwives registered and licensed

The Zanzibar Nurses and Midwives Council have been established under the Act No. 5 of 2014. The main aim of this council is to ensure that nurses and midwives are providing health care services according to their professional ethics and regulations protecting the patients. In 2018/19 the council continues to register all nurses and midwives working within the country whereby **311** new nurses and **191** midwives renewal making a total of **502** nurses were registered and licensed, there was no case on professional miss conduct reported for this reporting period.

4.1.2.6 Traditional and Alternative Medicine Council

Number of new traditional premises registered

In 2018/2019, the Traditional and Alternative Medicine Council has managed to register three (3) traditional clinics, **36** traditional shops and **60** traditional practitioners offering services in Zanzibar.

Percentage of traditional practitioners inspected

During the period of July, 2018 - June, 2019 the number of traditional practitioners inspected has reached **393** which is **91.6%** of the planned target. Moreover, the Traditional Medicine Inspection Guideline has been prepared, distributed and currently in use by the intended users. Availability and effective use of this guideline will strengthen and improve tradition medicine practices in the isles.

4.1.2.7 Public and Environmental Health Council (PEHC)

Percentage of environmental health practitioners registered (new) and licensed

During the implementation year of 2018/19 Public and Environmental Health Scientists Council has registered **61 (93.8%)** environmental health scientists, among them **51** have diploma, **10** have degree. The percentage of registration has been reduced from **96%** in 2017/18 to **93.3%** in the year 2008/19.

Number of environmental health practitioners who conducted professional misconduct

One among the roles of this council is to make sure that environmental health practitioners are conduct their roles and responsibilities according to agreed ethics and codes of conduct. The target is to enable practitioners working without any professional misconduct. At the end of the implementation year of 2018/19 there are no reported cases on misconduct in this area.

4.2 Human Resource for Health (HRH)

4.2.1 Doctor population ratio

In the year 2018/19, the doctor population ratio is **1: 6,276** improving the situation from the previous financial year when it was **1: 6,575**. This result is well beyond the WHO target of one doctor to serve **1: 10,000** populations.

4.2.2 Nurse population ratio

In the year 2018/2019, the nurse population ratio was **1: 1,314**, we measured a small decline compared to the ratio of the FY 2017/18 (**1: 1,229**). The nurse population of Zanzibar seems anyway sufficient to conduct the requested work since the indicator meets by far the WHO target of 6,000 populations for one nurse.

4.2.3 Number of positions filled

According to WHO, the ability of a country to meet its health goals depends largely on the knowledge, skills, motivation and deployment of the people responsible for organizing and delivering health services in their country. To implement this, the Ministry of Health plan to employee 853 for the year 2018/19 and fortunately the Ministry has employed a total of 662 (77.6%) staff in the year 2018/19. Among those, 55 are medical doctors, 114 nurses, and 493 other cadres.

4.2.4 Percentage of MOH staff started/sent for long term training as per the training plan

During this reporting period the Ministry of Health has sent a total of **136** staff for long term training within and outside the country to pursue different courses. This is 84.5% of the planned target of training **161** staff for this financial year. 129 (115%) staff have completed long term training for the period of July, 2018 to June, 2019.

4.3 Service Delivery

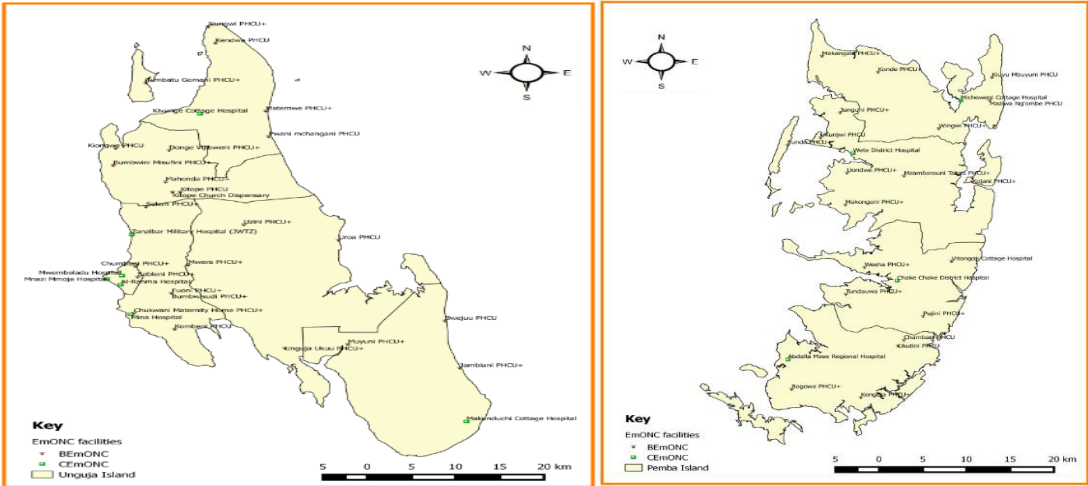
This section detailed the progress made in the service provision at all levels. It will be presented based on the four key intervention areas namely primary care facilities, secondary care facilities and national delivery system comprising of tertiary care facilities.

4.3.1 Reproductive, Maternal, Newborn and Child Health Services

Percentage of health facilities which performed all BEmONC signal functions

WHO standard, a maximum of 15 percent of deliveries may end with complications during deliveries that require emergency obstetric care (basic or comprehensive). The international standards stipulate that there should be four Basic EmONC facilities and one Comprehensive facility per 500,000 populations. Based on these standards, Zanzibar has made great strides in implementing BEmONC in the last few years and has more than the required number of facilities, with 49 health facilities offering Basic care (BEmONC) and seven health facilities offering Comprehensive Care (CEmONC) though the quality of care within these facilities may be still doubtful. Despite their number, these facilities face problems of inadequate equipment and skilled health personnels. As seen on the map below, there is equal distribution of facilities providing CEmONC in Unguja, even though four hospitals found in Mjini district. Pemba has four CEmONC facilities located in all four districts.

Figure 1.4: Distribution of facilities providing obstetric care in Unguja and Pemba



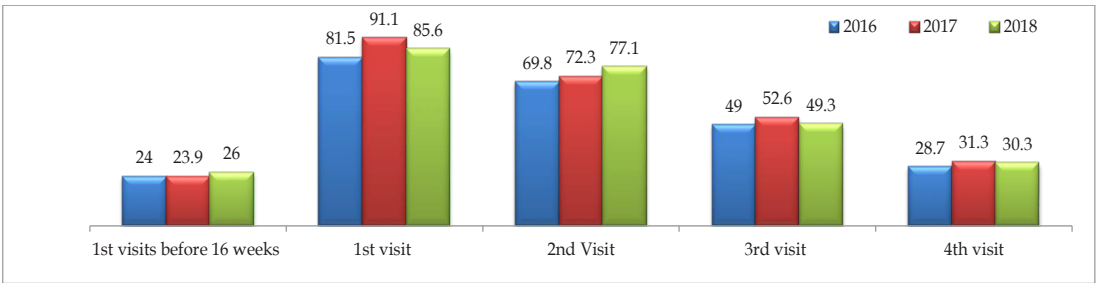
Source: Health Bulletin, 2018

Coverage of ANC among pregnant women at least one visit

Zanzibar Focus Antenatal Care (FANC) guideline recommended that all pregnant mothers should attend ANC at least four visits to monitor the pregnancy development, timely identification of pregnancy complications, risk factors and early management. According to the data show ANC 4th visit coverage remained below at 50% in both years while the first ANC visits coverage have decreased from **91.1% (2017)** to 85.6% (2018).

Also the data show ANC visits before 16 weeks has increased from **23.9% (2017)** to **26% (2018)**. This requires sensitization to the community that can ensure pregnant women attend ANC visits as earlier as possible. See figure 1.5

Figure 1.5: Coverage of ANC among pregnant women at least one visit 2016, 2017 and 2018

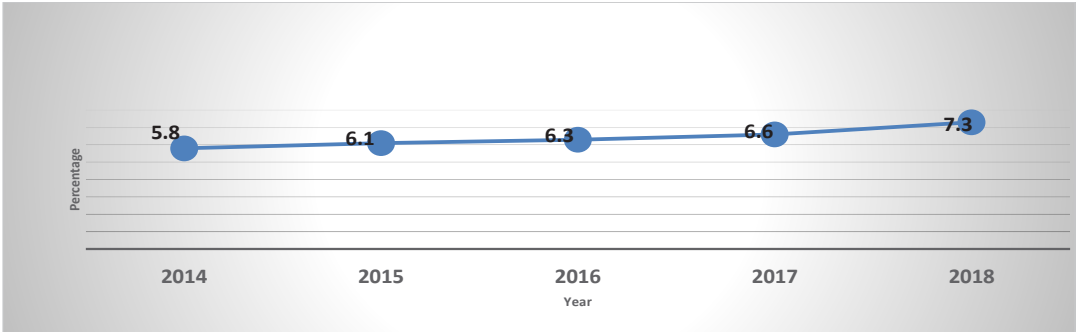


Source: Health Bulletin, 2018

Percentage of new acceptance of modern family planning

Ministry of Health through UNFPA ensures availability of family planning commodities in all health facilities (Public and some private health facilities) in order to ensure there is no stock out of commodities. According to the data show that family planning new clients was increasing from 6.6% in 2017 to 7.3% in 2018 (Figure 1.6).

Figure 1.6: Percentage of New acceptance of modern family planning services (2014 - 2018)

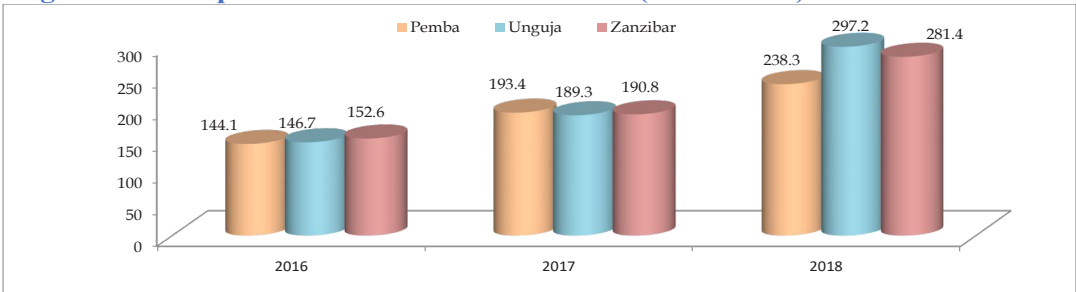


Source: Health Bulletin, 2018

Couple Year of Protection Rate (CYP) of family planning

The CYP in 2018 has increased compared to 2017 from 191/1,000 to 281/1,000 in Zanzibar. However, data shows family planning utilization is higher in Unguja compared to Pemba in 2018. Every 297 out of 1,000 couples (WRA) in Unguja and every 238 out of 1,000 couples (WRA) in Pemba were protected from unwanted pregnancies using modern contraceptives. Figure 1.7 shows the trend.

Figure 1.7: Couple Year of Protection Zanzibar (2016 - 2018)



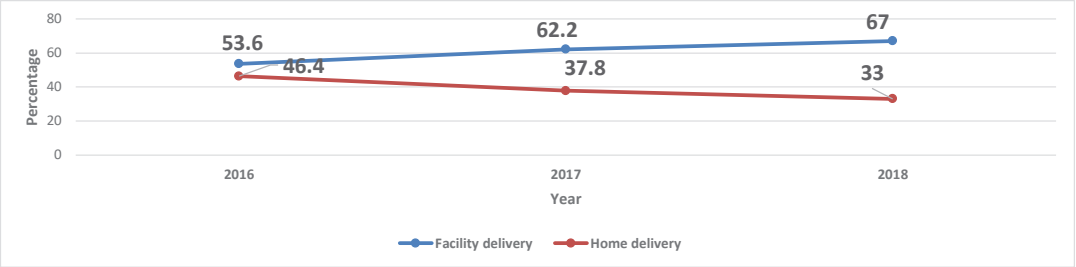
Source: Health Bulletin, 2018

Percentage of Pregnant Women Delivered at the Health Facility

The data show trends of percentage of health facility conducted in health facilities and percentage of delivery occur at home. According to the data show increasing of health facility delivery from 62.2% (2017) to 67% (2018) also home delivery was decreasing from 37.8% (2017) to 33% (2018). This is due

to regular availability of delivery services in all public health facilities in free of charges. See figure 1.8

Figure 1.8: Facility Deliveries and home delivery: Zanzibar (2016 – 2018)

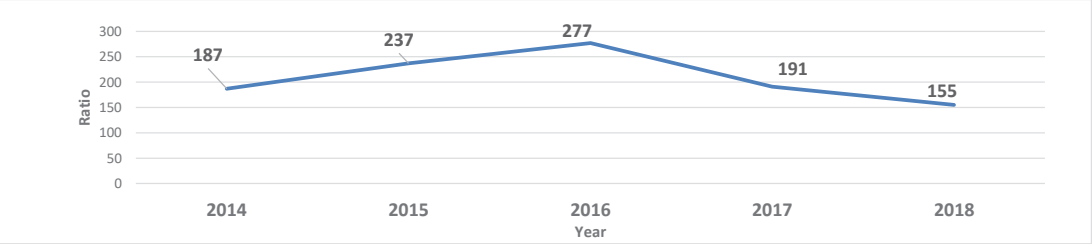


Source: Health Bulletin, 2018

Maternal Mortality Ratio (Institutional) per 100,000 live births

According to the data, there is a dramatic decrease of Maternal Mortality Ratio (MMR) for two years, from 277 deaths per 100,000 live births in 2016 to 191 deaths per 100,000 live births in 2017 to 155 deaths per 100,000 live births in 2018 (Health Bulletin, 2018). Strong efforts were taken to reduce MMR and to reach the target, including: community sensitization on facilities delivery, ensuring regular availability of delivery supplies to all health facilities, conducting regular maternal death reviews at all delivery health facilities, improving of referral system from lower level to high level also conducting community intervention by using Community Health Volunteers (CHV) through D-Tree international. Figure 1.9 shows the trends in Maternal Morality Ratio.

Figure 1.9: Trends in Institutional Maternal Mortality Ratio per 100,000 live births (2014 - 2017)

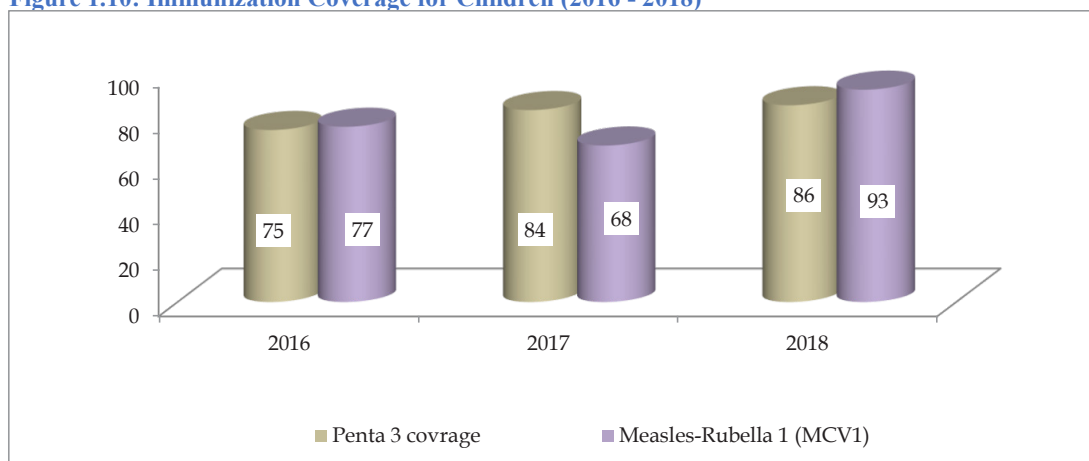


Source: Health Bulletin, 2018

Immunization

There is an creasing of the coverage of Penta 3 from 84% in 2017 to 86% in 2018, while the measles-rubella 1 (MCV1) coverage increased from 68.4% in 2017 to 93% in 2018, also the percentage fully immunized under one year increased from 67.5% in 2017 to 78.1% in 2018. The increasing of immunization coverage is due to regular availability of vaccination to all health facilities, increased number outreach services and community sensitization. Figure 1.10 show information on immunization in Zanzibar.

Figure 1.10: Immunization Coverage for Children (2016 - 2018)



Source: Health Bulletin, 2018

4.3.2 Nutrition

Zanzibar suffers from a triple burden of malnutrition: (i) protein energy undernutrition - stunting, wasting and underweight, (ii) micronutrient deficiencies – of iron, folic acid, vitamin A and iodine; and (iii) overweight/obesity and Diet Related Non- Communicable Diseases (DRNCDs). According to the 2015/16 TDHS-MIS, Zanzibar has 24% the prevalence of stunting (chronic malnutrition) with the highest incidence in Kaskazini Pemba stunting (34%). In TNNS 2018 the prevalence decreased to (21.5%). Wasting (acute malnutrition) at 7%, high rates of wasting were observed in Kusini Pemba and Kaskazini Pemba (9% each), While underweight is 14%.

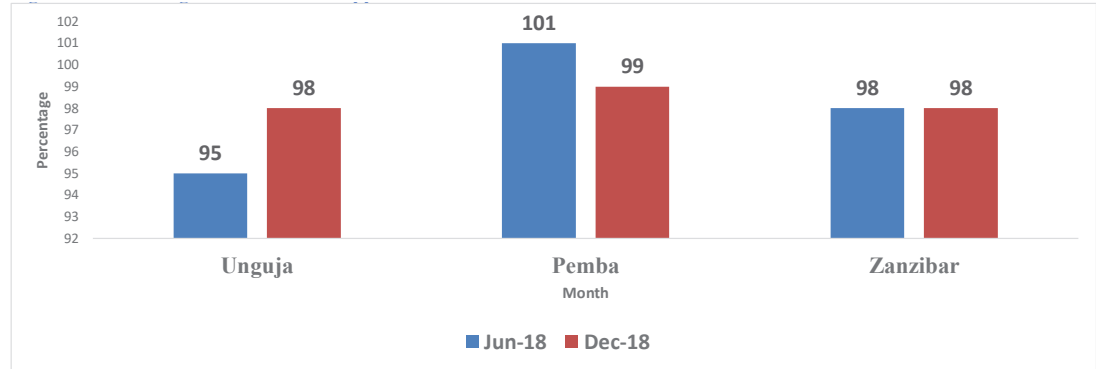
Nutrition status for adolescent girls aged 15-19 years were more affected by under nutrition compared to women aged 20-49 years (18% Vs 7%). In recent years Zanzibar witnessed dramatic increase in the prevalence of overweight and diet related non communicable diseases, which mainly affect women of reproductive age and adult men. The prevalence of overweight obesity is observed to be high or in Zanzibar (39%) compared to Mainland (28%) (TNNS, 2018).

In micronutrients deficiencies, the indicators of anemia in Zanzibar are greatly worrisome, especially in children under five years, women of reproductive age, and pregnant women. The prevalence of anemia in children 6-59 months averaged about 65% in Zanzibar. Kaskazini Pemba had the highest prevalence (70%) followed by Kusini Pemba (68%), women of reproductive age (15-49) prevalence is 60% (TDHS, 2015 - 16).

In Zanzibar only (39%) of the households consume adequately iodated salt (TNNS,2018). Decreased was observed from 77% (TNNS 2014). Infant and Young Child Feeding practices (IYCF) are of concern given that in Zanzibar the proportion of exclusive breastfeeding for the first six months of life there was an improvement from 19.7% to 30% (TNNS 2014 Vs 2018). In addition, children 6-23 months who receive minimum acceptable diet is slightly increased from 14.0% to 18.8% in 2018.

The prevalence of Vitamin A Deficiency (VAD) in the 2010 TDHS was 33% in children 6-59 months and 36% women of reproductive age 15 - 49 years. Furthermore, the coverage of Vitamin A supplementation among children 6-59 months increased from 58.2% in 2014 (TNNS) to 78.9% in 2018. However, the routine Biannual Vitamin “A” Supplementation and has also shown an impressive improvement as shown in figure 1.11.

Figure 1.11: Coverage of Vitamin ‘A’ Supplementation for Children



Source: Health Bulletin,2018

4.3.3 Communicable Diseases

This section detailed the implementation that has been made in the past year in the four major diseases namely HIV/AIDS, TB, Leprosy, Hepatitis and Malaria.

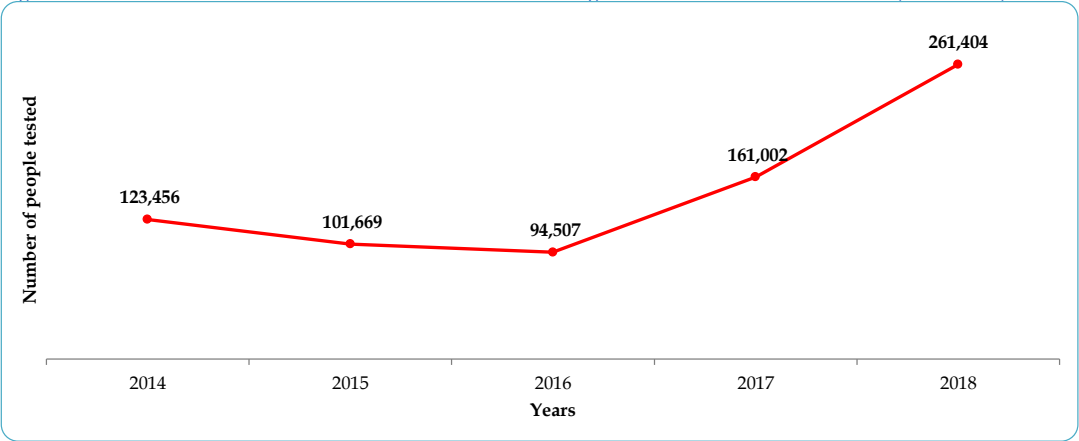
4.3.3.1 HIV/AIDS

Zanzibar is one among the countries with the lowest prevalence of HIV, is indeed below 1% among the general population. It has been estimated that an average of **6,830** people including adults and children will be living with HIV in 2018 in Zanzibar. Among them, 93% (6,362) will be people in the age group of **15** years and above and **7% (469)** are children less than **15** years of age. The population of people living with HIV (PLHIV) has been steady from 2010 to 2018. The following section describes the progress realized in HIV/AIDS indicators for this reporting year.

Number of individuals who received testing and counselling services for HIV and received their results

The number of people who were tested for HIV and received their results has increased from **161,002** in 2017 to **261,399** in 2018. This achievement was due by the consistent availability of HIV test kits, the increased number of HTC sites and the commitments of hospital managers to promote and monitor PITC services especially in major hospitals. Other measure that were taken are: to set a target of client tested per site and support for non- employed medical personnel who provide PITC services in high yield sites. See figure 1.12.

Figure 1.12: Trend of number of individuals who received HIV testing services and received their results (2014 - 2017)

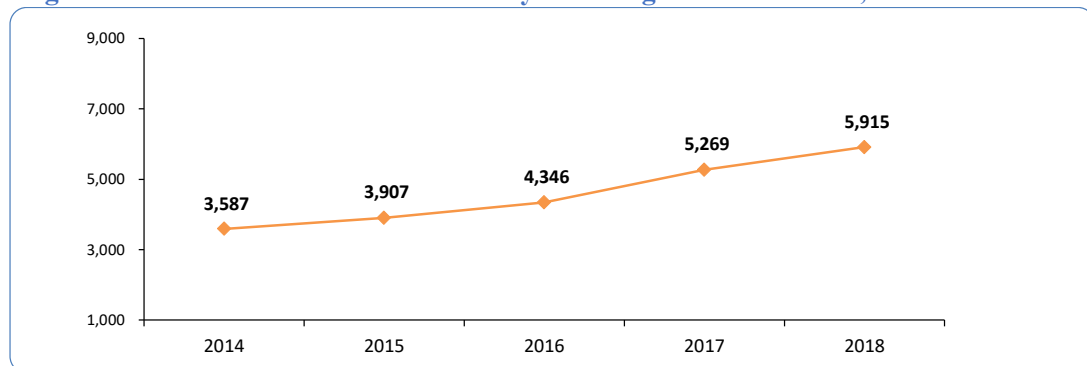


Source: Health Bulletin,2018

Percentage of PLHIV currently on treatment

HIV treatment services are provided at 13 treatment Centers (**9** in Unguja and **4** Pemba). As of December 2018, a total of 6,025 patients received care in these CTCs of whom **5,915 (92.5%)** were receiving ART of patients among the estimated PLHIV in need of treatment according to spectrum file of 2017 in these facilities. The number of patients currently on ART has increased progressively from **5,269 (82.4%)** in 2017 to **5,915 (92.5%)** 2018.

Figure 1.13: Number of PLHIV currently receiving ART 2014-2018, Zanzibar



Source: Health Bulletin, 2018

Percentage of Pregnant women who were tested for HIV and know their results

Testing for HIV pregnant women is an important step to decrease HIV prevalence. The proportion of pregnant women known who know their status increased from 89% (59,004/66,417) in 2017 to 93.7% (63,663/ 67,941) in 2018 of the expected pregnancy. This performance was above the target (90%). This was due to ongoing supportive supervision, staff commitment and community sensitization on PMTCT services. However, in 2018, a notable achievement has been notified with an increase of male partners of pregnant women who are tested for HIV from 9.7% in 2017 to 34.6% in 2018. This achievement was due to strengthened health education session at ANC and ongoing efforts of community sensitization made by different districts in both Islands.

Percentage of infants born to HIV positive pregnant women who are started on Cotrimoxazole within two months of birth

The percent of infants born from HIV positive pregnant women that have started Cotrimoxazole treatment within two months of birth, has increased 63.7% (258/405) in 2018. Providing Cotrimoxazole prevent infants against pneumonia and other opportunistic infection. Although, there is an increase, still a large number of infants born to HIV positive pregnant women were not sent timely to start on Cotrimoxazole within two months of birth. This situation may endanger the health conditions of the infants.

4.1.3.3.2 Tuberculosis (TB)

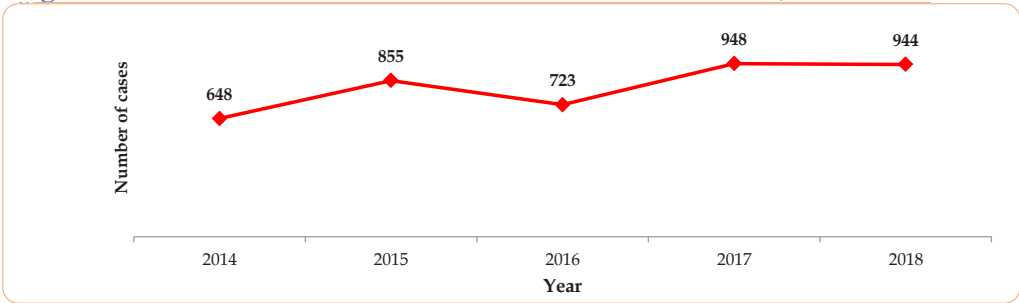
In recent years Tuberculosis (TB) interventions were given much attention in Zanzibar, resulted the increases of TB notification. Direct Observation Therapy (DOT) interventions has been expanded and now are available at 169 public

health facilities and 30 private facilities are providing TB and Leprosy services. Currently there are two sites that provide Gene Xpert services for TB diagnosis. 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).

Number of notified cases all forms of TB Bacteriological confirmed plus clinical diagnosed new and relapse cases

The number of notified cases has slightly decreased from **948** in 2017 to **944** in 2018. Among the notified cases **334 (37%)** were pulmonary bacteriological confirmed including seven (7) MDR patients, **364 (41%)** pulmonary clinical diagnosed, **199 (22%)** extra pulmonary and **26 (2.7%)** retreatment cases. This is due to inadequate TB screening and low suspicious index among health care workers.

Figure 1.14: Trend of TB case notification from 2014 to 2018, Zanzibar



Source: Health Bulletin, 2018

Treatment success rate of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapse cases

The treatment success rate for all new TB cases registered and started treatment in 2017 was 98%, which is above the target set of 95%. The success rate has increased compared to 92 % in 2016.

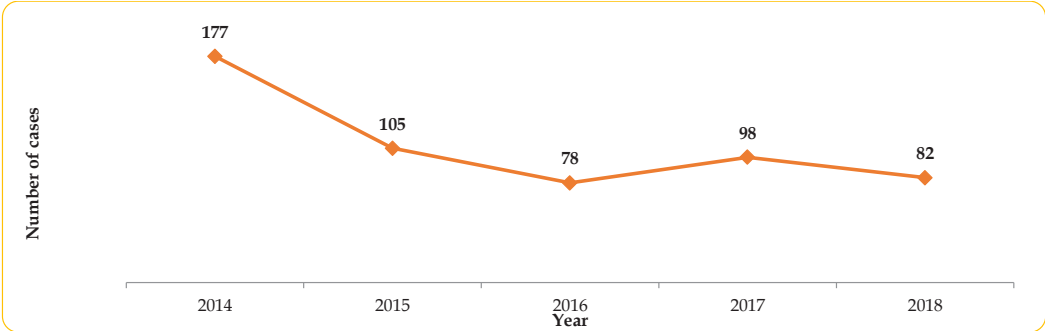
Percentage of TB patients screened for HIV

Zanzibar HIV/TB collaborative guideline indicates to test HIV for all TB patients. Among **944** TB patients registered in 2018, among those, 99% were tested for HIV and result recorded in the TB register. The proportion of TB patient tested for HIV has remained the same as in 2017 which was 99%. More effort in strengthening counselling on PITC and improving documentation is needed to reach the target of 100%.

Early detection of leprosy cases

A total of 82 new leprosy cases were registered in 2018. Of notified cases, 57(70%) were Multibacillary (MB), and 25 (30%) were Paucibacillary (PB). The number of leprosy cases diagnosed has decreased from 98 in 2017 to 82 cases in 2018. This decrease in detection might be contributed by low awareness of the community on leprosy disease and inadequate knowledge of health care workers to diagnose leprosy cases. It has been noted that there is an increase of leprosy case notification in Mjini which contribute 43 (52%) of all cases notified in 2018 followed by Kusini districts 22 (27%) compared to 2017. There is a decrease in the number of notified cases in all districts of Pemba. A number of interventions were implemented in order to notify more cases of leprosy which are; strengthening of case detection and mentorship on leprosy diagnosis and management to health care providers. These interventions have an effective in leprosy notification.

Figure 1.15: Trend of Leprosy cases notification from 2014 to 2018, Zanzibar



Source: Health Bulletin, 2018

Percent of WHO disability grade 2 among new cases

Based on WHO classification on leprosy disability grading, the percentage of Leprosy cases with disability grade 2 has decreased from 4% in 2017 to 2% in 2018. Close mentorship to health facility providers on leprosy detection might contribute these achievements.

4.3.3.2 Malaria

Malaria Incidence

The overall Malaria incidence was 3.0 per 1,000 populations, 2.2 per 1000 population in children under five, and 3.4 per 1000 population for five years and above. There is a slight increase of 0.8% malaria incidence compared to 2017/18, due to an increase of cases attributed to importation. For 2018/2019, 70 percent of malaria cases are linked with travellers from the endemic settings of Tanzania Mainland. The three districts of Unguja which are Magharibi A,

Magharibi B, Kati and Micheweni for Pemba are districts with high prevalence of Malaria.

Percentage of confirmed cases fully investigated and classified

The up-to-date Malaria situation and report on the progress in the period July, 2018 -June 2019 shows that a total of 4,834 Malaria confirmed cases were reported from public and private facilities of Unguja and Pemba. About 88.5% of the reported cases were investigated compared to 73% of 2017/2018. Out of investigated cases, seventy percent (70%) were classified as imported whereas 30% were indigenous cases. Five (5) Malaria deaths occurred, all documented from public hospitals.

Proportion of Malaria cases treated

The Ministry of Health ensures constant availability of antimalarial commodities, timely distribution to all public health facilities and appropriate use of medicines and medical commodities. No stock out of mRDT and ACTs plus primaquine reported during this reporting period. 400,848 cases were investigated for malaria and 4,671 (1.2%) were diagnosed with malaria and all of them were treated according to the guideline.

Percentage of houses protected by IRS

Targeted indoor residual spraying was conducted in 10 districts of Zanzibar targeting 88,120 households with support from the GFATM and USAID/PMI under the technical guidance of Vector Link. Spraying coverage was successful with the coverage of 94,609 (107.4%). Of these 76,722 in Unguja and 17,887 for Pemba. Outdoor biting behavior (exophagic) of *Anopheles arabiensis* coupled with parathyroid resistance remains a major threat to elimination.

Percentage of pregnant women and children under one year received LLINs

For personal and community protection, the Ministry of Health distributed 109,074 LLINs for pregnant women and children under one year. For the period of July, 2018 - June,2019 a total of 50,819 (127%) pregnant women and 58,255 (145%) children under one year have been given LLINs.

Malaria Quality Assurance

Malaria microscope quality assurance quality control was conducted in 96 laboratories of which sensitivity was **96.2%** and specificity reached **99.9%**. Malaria speciation indicates *Plasmodium falciparum* remained predominate parasite contributed to **1,169 (89.8%)**, *Plasmodium malariae* **65 (5%)**, *Plasmodium ovale* **15 (1.2%)** and mixed infection of *Plasmodium falciparum*

and *Plasmodium malariae* was **53 (4.1%)** reported from Mjini, Magharibi A, Magharib B, Kaskazini A, Kaskazini B, Kati and Micheweni districts. Annual blood examination test was **24.59%**.

4.3.4 Non-communicable Diseases (NCD)

Currently, diagnosis and management of NCD services is provided in 50 health facilities in both Unguja and Pemba. For the year 2016, 2017 and 2018 NCD appears in the list of the top ten diagnosis in Zanzibar for all ages and was number two in 2016 and number six in 2017 and 2018. The number of reported cases were 208,301 (18.8); 69,316 (5.9%) and 125,980 (7.6%) for 2016, 2017 and 2018 respectively. Moreover, among the top ten causes of admission diabetic also appears in the list of top ten causes of admission for all ages. In the year 2016 it appears number 8 (2.2%), in 2017 (2.0%) it was number 10 and in 2018 it was number 7 (3.7%). In terms of the causes of death Cerebro Vascula Accident (CVA), Hypertension, Diabetic, Congestive Cardiac Failure and diabetic foot are among the top ten causes of deaths for all ages.

NCD Screening at the community

Despite the fact that, NCD services is provided at the health facility, these services have been scaled to the community. In a screening session that was done in Mbuyutende and Kijini in Kaskazini 'A' district and Glorious Academy in Mjini districts 1,459 (>100%) were screened for oral health and 210 (5.3%) pupils were screened for diabetes. The oral health screening was achieved more than the set target due to the availability of resources and commitment of NCD staff while the diabetic screening didn't achieve the set target due to insufficient fund for procuring reagents and other accessories during the implementation.

Another intervention on cervical cancer screening for women aged 21 - 65 years was conducted in Mnazi Mmoja hospital whereby 8,194 women were screened. Among them, **127** were found with early signs of cervical cancer and 56 were already infected with the disease and treated/surgery. Apart from that cervical cancer vaccination was conducted for girls aged 9 - 14 years and 6,033 girls have been vaccinated out of **13,544 (44.5%)**. More over, in the efforts to strengthen NCD monitoring system the Ministry of Health has introduced a cancer registry at Mnazi Mmoja hospital aiming at capturing a complete summary of the history, diagnosis, treatment, and disease status for every cancer patient. Since the introduction of this register 79 patients have been recorded.

Community Awareness Program

Community awareness on the prevention of NCD is very crucial so as to increase the knowledge on the risk factor and specific conditions. In implementing this, 40 radio and TV programs were aired. In addition to that, a total of eight (8) different types of IEC/BCC materials are developed and distributed to emphasize on the prevention of NCDs and risk factors, tobacco use, alcohol consumption, prostate cancer, cervical and breast cancer, important of nutrition and exercises. In addition to that 50 traditional healers were trained on diagnosis referring NCD patients.

4.3.5 Neglected Tropical Disease (NTD)

The existing NTD persisting in Zanzibar include Schistosomiasis, Filariasis and Helminthiasis. Data from the study conducted to understand the prevalence of Filariasis in Zanzibar has shown the prevalence of **2.3%** for Unguja and **4.7%** for Pemba and the overall prevalence of **3.4%**. For schistosomiasis research findings of 2018/19 have shown that the overall prevalence for Zanzibar is **0.9%** with **0.5%** for Unguja and **1.5%** for Pemba. Available data from routine health information system shows an increase in schistosomiasis new cases in Zanzibar from **1,225** in 2017 to **1,736** in 2018 with more cases in Unguja (**1,106** cases) as compared to Pemba whereby **630** cases were reported for the year 2018. More cases were found in Kaskazini A, Magharibi B and Chake Chake districts. Likewise, the number of new cases of intestinal worms have also increased from **17,862** in 2017 to **19,244** in 2018. As opposed to schistosomiasis and intestinal worms there is a reduction in the new cases of filariasis from **28** in 2017 to **15** in 2018.

Apart from the routine information, data from the survey have shown a different trend. From 2017 - 2019 the Ministry of Health in collaboration with the People's Republic of China has been implementing a Schistosomiasis Elimination Project in Pemba. The project was implemented in seven shehia of Mtangani, Wingwi and Kiuyu Minungwini (study/pilot sites), Wambaa, Vitongoji and Shengejuu (control sites) and Uwandani (demonstration site). Based on these information from this project there is a reduction in the prevalence of schistosomiasis in all four shehia as shown in Table 1.3.

Among the contributing factors for the reduction in the prevalence of schistosomiasis was snail control by niclosamide whereby a total of 51 dams and seven rivers have been sprayed with niclosamide for control of their density and in effectivity. Other key intervention areas are preventive chemotherapy using

praziquantel, health education and behavior change interventions, research and other studies, leadership and multi-sectoral engagement, capacity building, monitoring and supervision.

Table 1.3 Prevalence of Schistosomiasis in Four Project Shehias

No	Shehia	Population	Prevalence of Schistosomiasis	
			2017	2019
1	Uwandani	2,500	8.92	0.6
2	Mtangani	2,153	1.71	0.56
3	Kiuyu Minungwini	3,185	2.3	0.48
4	Wingwi	3,536	1.9	0.56

Source: Progress Report for Schistosomiasis Elimination project in Pemba, 2019

Percentage of people received mass drug administration

Apart from the four project areas that were given preventive chemotherapy mass drug administration was also done in the whole islands. In the year 2018/19 a total of **804,236** (97.6%) out of **824,326** had received mass drug administration against Schistosomiasis and Filariasis in Zanzibar using praziquantel, albendazole and ivermectin.

4.3.6 Eye Care Services

Eye care services are coordinated under the Department of Preventive Services and Health Education through Comprehensive Primary Eye Care Program aiming at reducing avoidable blindness. These services are not only provided in the health facility but also in the community and in schools. Based on routine health information the OPD visits at the eye clinic at the primary, secondary and tertiary levels for 2018 was **29,872** of these **28,380** from the public hospital and **1,492** from the private facility namely Al Rahma hospital. More cases are found in Wete hospital where by **10,502 (35.2%)** cases were reported at the clinic.

Surgical Services

These services are mainly conducted in Mnazi Mmoja hospital. For the period of July 2018 - June 2019, A total of **56 (46.6%)** children had undergone an eye operation as compared to **54.2%** of the children who underwent surgery in the year 2017/18.

4.3.7 Mental Health Services

Mental health service is one of the services provided at all levels of health care delivery system. At the primary level this service is provided mainly through

the outreach program in the Primary Health Care Units+ (PHCUs+). For this reporting period, 22 outreach visits were conducted and 290 patients were managed.

Community Sensitization on mental health

Community awareness is also among the intervention that is conducted to create community awareness on mental health issues. This year, five (5) schools have been reached with mental health education. This is very low progress and did not reach the target of 120 schools by the end of 2018/19. More resources are needed to improve these services. Community awareness on mental health disorders was also provided to the community during the commemoration of the world mental health day.

4.3.8 Disease Surveillance and response

In order to understand the disease trend and patterns surveillance is an important aspect to achieve this. In implementing this capacity building to the staff is very crucial. Through the IDSR unit the Ministry of Health have trained 297 staff on control and monitoring of communicable diseases by trained of 248 staff (154 for Unguja and 94 from Pemba) on electronic reporting system. Based on this training all reports from the health facility will be sent to the national level electronically using the available computers. Moreover, the Ministry through the IDSR has prepared Ebola Viral Disease Contingency Plan and was distributed to relevant stakeholders for implementation.

4.3.9 Environmental Health Services

Number of premises inspected: In addressing the disease related to environment and hygienic practices, Ministry of Health is conducting effective interventions through routine inspection of food premises, water and advocacy on building toilets and uses of those toilets. In this implementation period, **2,910 (77.8%)** food premises were inspected out of the **3,737** the targeted. Results of this inspection has shown that some of the food vendors have poor hygiene practices. Based on those findings, **812** food vendors have been warned and **104** were taken to court, charged with food related offenses as per Public Health Law of 2005.

Analysis of samples: In the efforts to make sure that people of Zanzibar are prevented from infectious diseases, the Ministry of Health is taking efforts to analyze water samples from the community. For this reporting period, eleven samples of water from Kinuni, Mtopepo, Chumbuni na Mwembemakumbi shehia were tested for cholera and typhoid. The test showed that, four samples were infected with the fecal coliform.

Community Led Total Sanitation program (CLTS): With the same purpose of improving the hygienic practices and prevent communities against eruption of communicable disease like cholera and diarrhea, ministry is implementing a CLTS. Through this approach, community health volunteers were trained and assigned to register houses with and without toilets. Seven Shehia including Vitongoji, Uwandani, Pujini, Kibokoni, Shanake, Kiuyu mbuyuni, Maziwa Ng'ombe in Pemba island have been reached. Trainings and advocacy activities throughout Zanzibar were ongoing on constructing and promoting the use of toilets. This program will also be scaled to other districts.

4.3.10 Health Promotion and Disease Prevention Number of health promotion sessions conducted

Health promotion is very effective in achieving health for all and in enhancing individual and societal well-being. In enhancing health promotion activities, the ministry is using different ways to include; radio and TV programs sessions, community meetings, school health, sound truck, video shows and Focus group discussions. In this reporting period 2018/2019, 111 radio spots and 14 television sessions were aired. The major topics advocated were on prevention against cholera, Ebola, Malaria; balance diets; Kangaroo mother care and importance of attending postnatal care. In addition, health promotion sessions on prevention against cholera and Ebola disease were organized to 209 Shehia (141 Unguja and 68 Pemba) through films and community meetings. Besides, health promotion at school has been reported to improve successful in many health interventions, therefore ministry is using this setting to impart health knowledge and skills on preventions against different diseases, pupils from 469 schools were reached in 2018/19.

4.3.11 Occupational Health Services

Training of health workers: The Ministry of Health provides occupational health services to public and non-public employees through periodic inspection. In order to realize productivity at work, health of the workers need to be checked, monitored and secured. In this financial year a total of 106 workers were trained on recognizing and preventing themselves against the occupational health risks. Members of these training came from Ministry of Health and Education as a Public Sector and from Council and Municipals, Tourist, and Private hospitals.

Screening of workers: For the period of July, 2018 - June, 2019, 22,689 workers were screened their health, out of them 393 were found with the urine problem, 323 with hypertension, 99 with worms, 63 with hepatitis "B", 120 with typhoid, 78 with skin disease, 110 with asthma and 104 were diabetic.

Inspection of work stations: A total of 15 work stations out of 50 that were targeted were inspected. The aim is to promote and maintain the physical, mental and social safety of workers in all areas. It was observed that some workers did not wear the special protective equipment and some of them do not routinely check their health. Health education was provided in those places for future improvement.

4.3.12 Port health services

Routine Inspection: Port Health services are services provided at port in order to monitor and control the importation and exportation of communicable diseases as per the International Health Regulations (IHR, 2005). In this reporting period, routine inspections were conducted to inspect the port, ships, containers and travelers entering Zanzibar through ports. Inspection report noted that out of **431,576** travellers that were inspected, there was no one who was found with any sign of infection disease.

Additionally, **4,004** ship inspection visits were conducted and some of the ships were found with the crawling insects therefore fumigation activities were conducted. Also, 10 (6 official and 4 unofficial) ports were inspected to see whether the ports environment were in-line with the Zanzibar International Health Regulation of 2005 requirements. In addition to that, a total of **201** containers of second hand clothes were inspected, fortunately all clothes were found safe for human uses.

Passengers Vaccination services: During this reporting period, 5,040 passengers (native and foreigners) were vaccinated against yellow fever and 131 dead bodies passed through Zanzibar Ports and were checked. None of them was found to be affected with any form of communicable disease.

Based on the Joint External Evaluation results conducted in 2017 the Ministry of Health in collaboration with various stakeholders has taken efforts to work with the identified operational gaps at the ports. Among the major efforts taken was the development of the National Action Plan for Health Security, Vulnerability Risk Assessment and Mapping (VRAM) and Public Health Emergency Operation Centre established.

4.3.13 Medical Treatment Abroad

The Ministry of Health through the department of curative services in collaboration with Mnazi Mmoja hospital is providing this service to patients who require advanced treatment abroad. For the financial year 2018/19, 800

patients were planned to be treated abroad (800 outside Tanzania and 400 in Tanzania Mainland) as compared to 250 patients planned for the year 2017/18. Before a patient is sent for treatment abroad must be assessed by the medical board and during this period 574 and 634 patients were assessed by the board for 2017/18 and 2018/19 respectively. There are an increasing number of patients who are treated outside Zanzibar from 334 in the year 2017/18 to 1,210 patients in the year 2018/19. A total of Tsh. 3,443,960,645 was allocated for this exercise. By the end of June, 2019, a total of Tsh. 10,004,838,164 were used as compared to Tsh 10,225,312,883 used for the year 2017/18. Medical treatment abroad has spent 6.5bl. extra which is equal to 23% of the budget allocated for MOH - (H01) other charges (excluding personal emoluments).

4.3.14 Medical Camps

This is one of the interventions that are implemented for improving curative services. The main aim of this is to reduce the transfer of patients for treatment outside the country. 27 medical camps were conducted in 2018/19 as compared to 25 medical camps conducted in the year 2017/18. A total of 1,560 patients were screened for 2018/19 and 1,702 were screened in 2017/18. Among those screened for 2018/19 626 (40%) had undergone surgery and 52 were children who were sent to Israel for further treatment. Despite the fact that these camps are introduced to reduce medical treatment abroad but the situation is different from the expectation as described in the next paragraph.

4.3.15 Dialysis and Chemotherapy Services

Currently, dialysis services in Zanzibar are provided at Mnazi Mmoja tertiary hospital only. For this reporting period, 55 new patients with renal failure were reported and 39 patients are continuing with dialysis services since 2017/18 when this service was introduced. On the other side, there is an increase of the number of patients who receive chemotherapy from 662 in 2017/18 to 928 in 2018/19. Fortunately, there are two native Oncologists and three general doctors with special skills on these services. Revolutionary Government of Zanzibar is providing dialysis and chemotherapy services free of charge to all patients who are in need.

4.3.17 Diagnostic Services

Zanzibar provides a wide range of diagnostic medical services utilizing state of the art equipment with the latest medical diagnostic technology with a varied range of services offered of both radiology and pathology. Zanzibar health service delivers medical laboratory tests through a network of 59 health facilities,

of which 86% belong to government, and 14% to the private sector; 30% of these laboratories participate in the national Tuberculosis program. Table 4.2 shows the type of services provided with a number of cases serviced.

Table 1.4: Number of Tests Performed (July, 2018 - June, 2019)

Hospital/Level	Number of tests performed (July, 2018 - June, 2019)					
	Laboratory	X ray	Ultrasound	MRI	CT Scan	Total
Primary Level						
PHCUs	52,866		7,899	*	*	60,765
Micheweni	14,085	180	1,187	*	*	15,452
Vitongoji	5,207	0	0	*	*	5,207
Sub total	72,158	180	9,086			81,424
Secondary level						
Abdalla Mzee	15,511	4,010	7,390	*	758	27,669
Chake Chake	25,587	2,269	3,016	*	*	30,872
Wete	85,572	1,951	4,367	*	*	91,890
Kivunge	39,748	1,303	4,719	*	*	45,770
Makunduchi	13,137	98	2,179	*	*	15,414
Sub total	179,555	9,631	21,671		758	211,615
Tertiary level						
Mnazi Mmoja	126,803	14,173	17,452	470	4,428	163,326
Sub total	126,803	14,173	17,452	470	4,428	163,326
Grand Total	378,516	23,984	48,209	470	5,186	456,365

Source: DHIS 2: Key: * - Services not available

The main challenge in this area is not about the laboratory services provision, but the report on the service provision, a number of the health facility laboratories are not filling the report while others are filling late.

4.3.18 Quality Assurance

In the past four years' different strategies have been used by the Ministry of Health in improving quality of health services. These include implementation of performance assessment (PA) using performance assessment tool and performance-based financing (PBF). Despite the fact that, these initiatives have produced better results in improving quality of health services, however, there are some challenges that were faced in their implementation. For example, the performance assessment has lower coverage of the health facilities, lack of interest among service providers in some districts, and shortage of fund to support supervision visits. Likewise, PBF which was piloted in two districts (Mkoani and Magharibi) in out of 10 districts could not have great impact to health because it leaves many health facilities uncovered. On the other hand, in

ensuring the delivery of quality services, the Ministry of Health has conducted client/patient satisfaction survey on three major areas of services delivery which are Outpatient Department (OPD) services, maternity and Antenatal care services, the data collection and electronic data entry exercise have completed, the remaining task is data analysis and report writing.

Due to the abovementioned challenges in the year 2015/16 the Ministry of Health decided to introduce a Star Rating Tool to assess performance in all health facilities Unguja and Pemba. Five stars criteria are used in scoring health facilities and if they meet the required standards that facility is accredited for providing quality health services. In order for the health facility to meet the quality standard it should reach three Stars Performance. In this financial year there is no facility assessment conducted.

4.4 Health Infrastructure, Medicine and Medical Supplies

Health infrastructure development is very crucial in the provision of health services to the population. Ministry in its efforts of expanding the health services and upgrading the level of care, has constructed Maternity and Pediatric ward at Kivunge Hospital, the construction is at the final stage and expected to be completed in 2019/20. Moreover, the construction of eye block at Mnazi Mmoja hospital has completed. This block was officially handed over to the Ministry on 9th of January, 2020. One of the main agenda of the Ministry is to have a teaching hospital at Binguni therefore, the initial stages of construction of this hospital has completed. The construction work will start with Emergency block, Central Pathology Laboratory and Radiology department.

Moreover, the construction of Psychiatric hospital at Kidongo Chekundu is ongoing: one block is at roofing stage and the other two buildings are at bricks building stages. At Chake Chake Hospital, the Ministry is constructing the Pediatric and Maternity ward which is in initial stage. In strengthening the youth's friendly services, renovation of three youth friendly centers at Suza, Nungwi and Bwejuu was done. The ground floor of ZFDA laboratory building has already completed, whereas the construction of Central Medical Store in Pemba is in superstructure. Regarding improving the availability of equipment and improving referral services, Ministry has procured one electrolyte analyzer, one new lift and CT Scan, Immuno Assay which is used for analyzing hormones and trauma, DS 200 and chemistry analyzer among others - all this equipment were placed at Mnazi Mmoja hospital. Health infrastructure needs to follow the country norms and standards. Unfortunately, till now, at Ministry there is neither

maintenance plan, Policy and regulations nor standard and norms that guide health infrastructure in the country.

4.4.1 Transport

As part of the health infrastructure transport services need to be upgraded in order to facilitate the referral services, supervisions and monitoring of the service provision. All transport services are coordinated at Transport unit of the MOH. Currently, there are a total of 310 vehicles, these are 161 cars (90 for Unguja and 71 for Pemba), 149 motorcycles (70 for Unguja and 79 for Pemba) and eight ambulances. As of June, 2019 there are 139 drivers, of them eleven (7.9%) drivers have certificates from recognized Transport institutions. The target of achieving 70% by the year 2018/19 was not realized. This is due to limited resources to train all drivers. Currently, there is no Transport Policy Guideline to monitor and manage the vehicles, there is inadequate staff with required profession and limited budget to support transport activities.

4.4.2 Medical products and Health Technologies

The availability of medical products and application of health technologies is very crucial as it facilitate the provision of health services in an easy and friendly manner. The following section provide brief description on the availability of health products and the uses of health technologies in the provision of health services in the Isles.

Percentage of facilities experiencing stockout for essential medicine

Availability of medicine and medical supplies is very impressing in these days as the budget for medicines from GoZ is on increase every year. Ministry has distributed essential medicine and medical supplies to public health facilities, this reduce the degree of stockout of essential medicines to 10% from 13% as reported in the previous year.

Percentage of health facility with appropriate standards storage conditions

In improving the storage condition at health facility, Ministry conducted supportive supervision to assess the storage conditions of medicine and medical supplies in all public health facilities. Report indicated that, the percentage of health facilities with proper storage conditions is 94% as compared to 89% as reported in 2017/18.

4.5 Health Care Financing

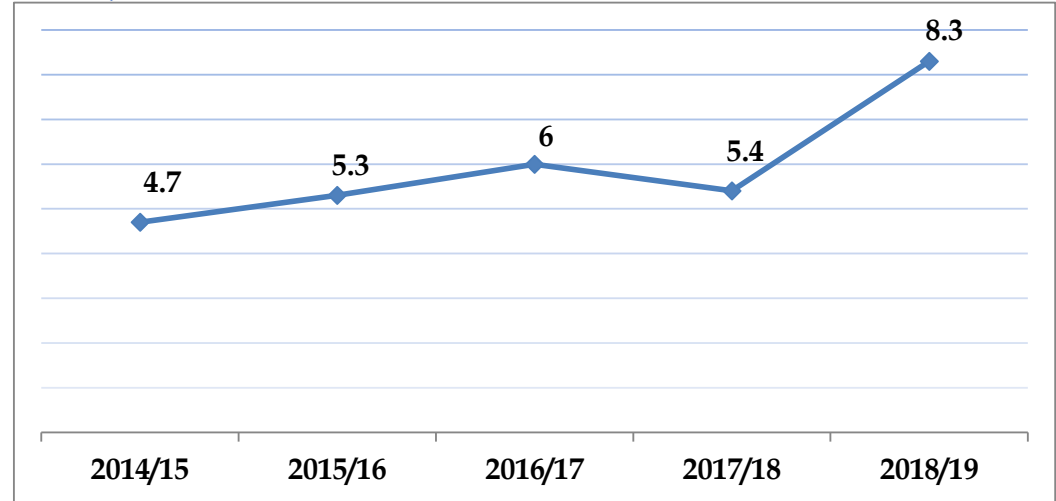
Health financing system in Zanzibar is mixed and receive fund from

Government, Development Partners and Non-Governmental Organizations (NGOs). Improvement of health financing is important for moving towards the realization of the Sustainable Development Goals and achieving the Universal Health Coverage (UHC). There is a limited data regarding the health financing for this financial year, however this section will give an overview of health financing performance based on the available information from the government fund only. The National Health Accounts (NHA) exercise that would provide comprehensive financial information is ongoing.

4.5.1 Percentage of government allocation/budget to the health sector

The Revolutionary Government of Zanzibar has continuously increased the allocation of funds towards the health sector. The government budget allocation to the health sector for 2018/19 was Tsh.70.9bn which represents 8.3% of the total government budget. There is steady increase of government budget allocation to Ministry of Health, however the Abuja Declaration target has not been reached (See figure 1.16). The main reasons for this improvement of budget are increased commitment of government on procurement of essential medicines and infrastructure development eg construction or renovation of hospitals where as Tsh. 9.4 billion was allocated for construction projects and Tsh. 11.1 billion for procurement of essential medicines.

Figure 1.16: Percentage of government allocation to the health sector (2014/15 - 2018/19)

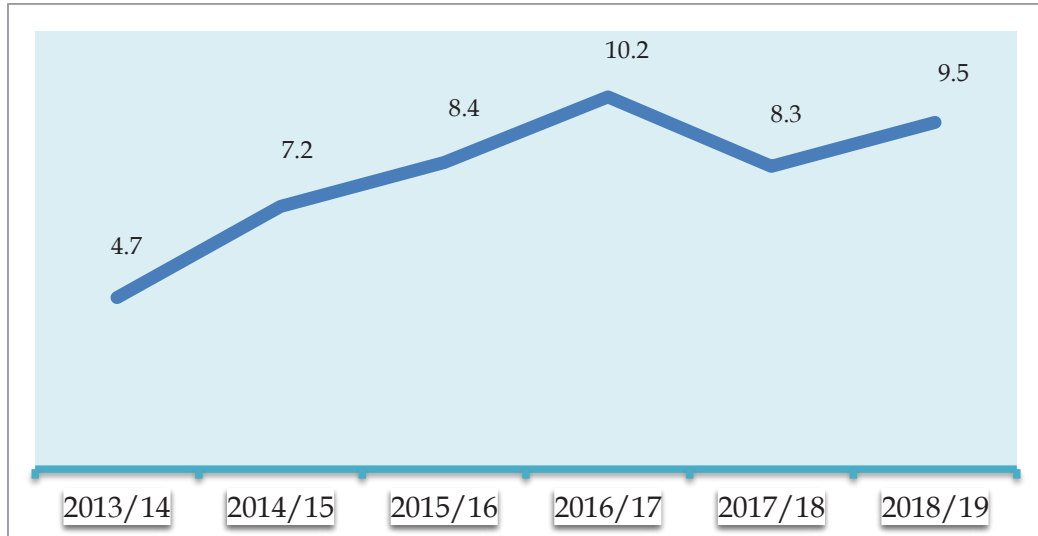


Source: Ministry of Finance and Planning, MoH Final Account 2018/19

4.5.2 Percentage of total government expenditure on health

In the past five years, Ministry has continuously increased the Government expenditure on health, from 5.7% in 2013/14 to 10.2% in 2016/17 with slight decreased to 8.3% in 2017/18 and raise again to 9.5% in 2018/19. See figure 1.17

Figure 1.17: Percentage of government expenditure on health (2013/14 - 2018/19)



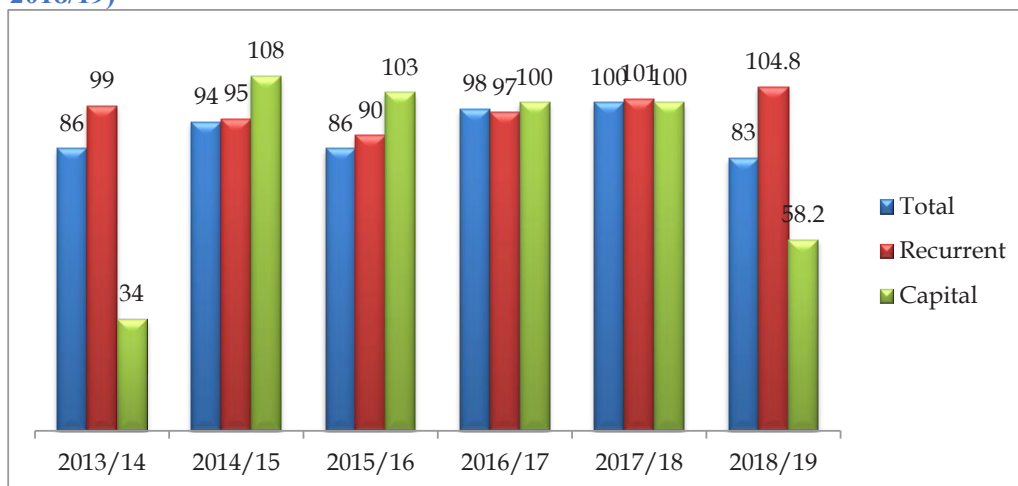
Source: Ministry of Finance and Planning, MoH Final Account, 2018/19

4.5.3 Ministry of Health Government Budget Performance

This indicator describes how government is committed to release the fund as budgeted. By having high budget performance, it indicates that the planned activities can be executed as planned. In general, there is high budget performance for the health sector for the previous six fiscal years (See figure 1.18). In financial year 2018/19, the 83% of total government budget to health sector (**Tsh.85.7** Billion) have been released. The recurrent budget has high budget performance (more than 100%) as compared to capital budget of 58.2%. Mnazi Mmoja hospital has highest budget performance (134%) as compared to other areas of the health sector. In the financial year 2018/19 the Ministry of Health has lowest Budget performance as compared to the last four years. This was contributed by low budget performance for the capital expenditure. The under-performance of most of development projects especially those of infrastructure development remain as the main reason for this slight decrease.

Although 83% of the fund budgeted was released further analysis is required to understand if the fund has been used for the activities which was planned. At the same time a detail analysis is required to understand the actual demand of the health sector vice verse the budgeted fund. This analysis can give a clear understanding if the health sector is underfunded or not.

Figure 1.18: Percentage of MOH Government Budget Performance (2013/14 - 2018/19)



Source: MOH Final Accounts, 2018/19

With regard to expenditure based on the Program Based Budget data shows that the Preventive Services and Health Education Program (PH 01) has spent 118.6% of the planned budget followed by Coordination of MOH Program (PH 03) which spent 105% of the planned budget and Curative Services program is the least which spent only 58.8% of the planned budget. In addition to that Mnazi Mmoja hospital (Vote H02) has spent 134.1% of the planned budget. See table 4.3 for detail. In terms of the budget allocation based on the PBB this analysis demonstrates that more than 50% of the fund was budgeted for Curative services and leave the preventive services with less than 6% of the total budget. This needs to be adjusted for the coming financial year, if preventive services are still a priority for the health sector.

Table 1.5: MOH Government Expenditure by Programs (July, 2018 - June, 2019)

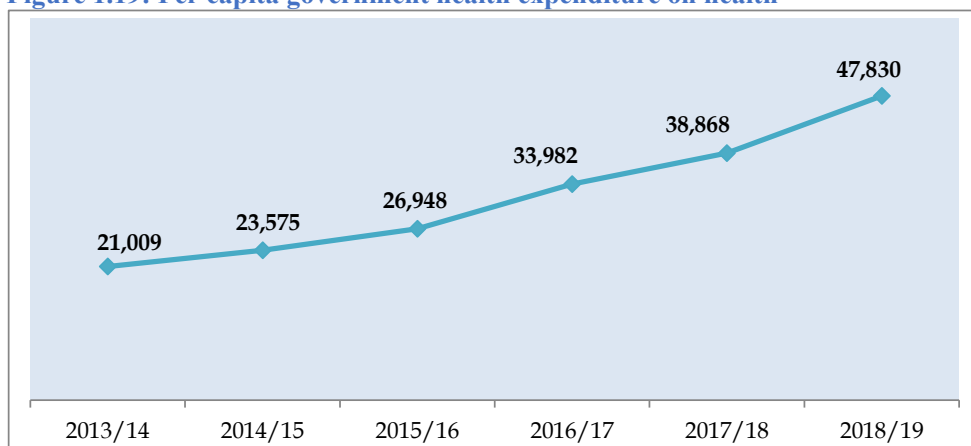
Program	Planned Budget	Expenditure	Percentage
Preventive Services and Health Education (PH01)	4,972,587,000	5,896,964,408	118.6
Curative Services (PH02)	51,674,595,000	30,407,647,921	58.8
Coordination of MOH (PH03)	14,268,018,000	14,982,280,250	105
Subtotal (Vote H01)	70,915,200,000	51,286,892,579	72.3
Mnazi Mmoja (H02)	14,802,000,000	19,854,141,211	134.1
Subtotal (Vote H02)	14,802,000,000	19,854,141,211	134.1
Total (MOH)	85,717,200,000	71,141,033,790	83.0

Source: MOH Final Accounts, 2018/19

4.5.4 Total Government health expenditure per capita

In 2018/19 the government has spent Tsh **47,830** per individual for health. This is equivalent to **20.8 USD** per capita. See figure 1.19 for the trends.

Figure 1.19: Per capita government health expenditure on health



Source: MoH Final Account 2018/19

4.5.5 Revenue Collection

For the year 2018/19 the Ministry of Health (H01) has planned to collect a total of **Tsh. 252,839,000** and Mnazi Mmoja hospital (H02) has planned to collect a total of **Tsh 712,417,000**. By the end of June, 2019 a total of **Tsh. 262,908,700** (103.9%) was collected by the MOH and **Tsh. 621,547,305 (87.2%)** was collected from Mnazi Mmoja hospital.

4.6 Health Information, Monitoring and Evaluation

Monitoring & Evaluation in line with the health information system aiming at enhancing evidence-based decision making. The health sector is using the developed M & E Framework to monitor the implementation of the Health Sector Strategic Plan III using the set indicators in all service delivery areas. This section describes the performance of the M & E System of the Ministry of Health.

4.6.1 Human Capacity

One of the areas in which the Ministry has put its effort is to strengthen the availability of quality data and reports. Monitoring visits to units and programs were conducted in Unguja and Pemba using the designed field data collection aiming at assessing the capacity of units and programs in collection, storage, analysis and reporting of data at different levels. An improvement was observed in Unguja among the areas that have shown improvement include using of standard reporting forms/

tools (62.5% - 81.8%), storing of information in corporate rather than personal spaces within the respective unit/program (76% - 81.8%) and understanding the need and information that users/stakeholders (internal and external) need to access (64% – 84.8%). In Pemba systematic feedback mechanisms have improved from 62.9% in 2017/18 to 77.8% in 2018/19.

With regard to M&E focal persons, monitoring and evaluation visits have been conducted to selected M & E focal persons with the aim of understanding the application of M & E training they have been provided to them and implementation of their responsibilities within their respective departments and districts. The findings from the field visits have shown that only 30% of the focal persons filled the M & E Plan template, 30% have developed data collection tools and 30% of the focal person have created a simple data base for storage of data in their respective departments.

4.6.2 Routine Monitoring

The Ministry of Health Zanzibar uses DHIS 2 platform in collection of morbidity, mortality and service delivery data at the level of health facility. There are also Logistic Management Information System for storage of medicine data, Human Resource Information System for storing human resource data and others. Through these systems different reports are produced and presented in different platform. Among those reports are the Annual Health Sector Performance Report which provides progress in implementation of the plan of action, and the Annual Health Bulletin which provide detailed information on reproductive and child health services and morbidity and mortality information. These reports are shared in the Annual Joint Health Sector Review meeting. Others are quarterly reports which is presented. To the Presidents of Zanzibar and the Chairman of the Revolutionary Council and the Social Welfare Committee of the House of Representatives. The budget speech for 2018/19 was also prepared and presented to the House of Representatives (HR). Apart from that there is also the monthly external financial report which is submitted to the Ministry of Finance and Planning.

In strengthening management of information in the health sector, The revision HIS Strategic Plan is on going to incorporate new subsystems and other requirements to meet stakeholders demand on health information. On the other side, data collection tools were revised to meet new demand in the area of reproductive and child health services, special services such as dialysis, ENT and surgery to mention few.

4.6.3 Research and evidence generation Percentage of research proposals meet health ethical standards

In the year 2018/19, a total of 133 proposals were submitted to Zanzibar Health Research Ethics Committee (ZAHREC) for review and ethical clearance. Among them 37 are institutional proposals and 96 are students' proposals. A list of the research proposal submitted to ZAHREC is attached as Annex 7. In addition to that, Client Satisfaction Survey has been completed with the main objective of providing information about the client's satisfaction on health care service provided by public health facilities in Zanzibar and to provide information that can be used in the formulation of policy on service provision. Key findings of the study is already produced. There was also the National Health Accounts NHA which was conducted to understand the health expenditure in Zanzibar. Preliminary findings of the study are already produced. Other research conducted in 2018/19 are Surveillance of HIV and Other Sexual Transmitted Infection among Pregnant Women attending Antenatal Clinic in Zanzibar, Prevalence of TB and Associated Risk Factors among Incarcerated in Correctional Facilities and Patients with Diabetic Mellitus in Zanzibar and Xerodermal Pigmentosum and its associated factors at Micheweni Pemba which is now is on analysis process. Another research conducted by ZAHRI was the need for the establishment of research on botanical garden for the Zanzibar. This research will be conducted in all districts in Zanzibar but due to financial constraints only Micheweni was covered waiting for more fund to finish other districts of Zanzibar.

4.6.5 Data dissemination and use

Various efforts were made to ensure information was shared at different level. Among the information sharing forum of the ministry are Annual Joint Health Sector Review Meeting, integrated disease weekly ending reports, district quarterly review meetings and vertical program quarterly and annual review meeting, the MOH executive committee meeting, leadership committee meeting. The health journal was also produced and shared at the community level which gives an opportunity to the community to understand the development of the health sector in Zanzibar.

CHAPTER FIVE: 2018/19 KEY ISSUES AND RECOMMENDATIONS

This chapter describes the key issues and suggests recommendations with regard to the progress of the year 2018/19. The following are the key issues that have been observed and proposed action points to address these issues.

Table 1.6: Key issues and Recommendations

Area/Key Issue	Recommendation	Responsible
Governance		
Inadequate functioning of the governing committee at all levels	Continue to rejuvenate the governing committee at all levels	All chairs and secretaries of the governing committee
Inadequate partnership and inter sectoral engagements and stakeholder's coordination	Establish forum for strengthening partnership and stakeholder's coordination Develop Public Private Partnership Guideline	Department of Planning, Policy and Research
There is no clear mechanisms of conducting follow-up on medical malpractices	Set a clear mechanism of follow up for medical malpractices among health professionals	Professionals Boards and Councils
Human Resource for Health		
Inadequate fund to support long term training	Mobilize more fund to support long term training	Directorate of Administration and Human Resources Directorate of Planning, Policy and Research
Staffs who went for long term training changed their courses that were initially approved by the Ministry	Strengthen student's supervision and follow up	Directorate of Administration and Human Resources

Area/Key Issue	Recommendation	Responsible
Service delivery		
Absence of MOH Scheme of Service	Prepare comprehensive scheme of service for MOH staff	Directorate of Administration and Human Resources
Low coverage of ANC first visit before 16 weeks	Effective implementation of the community health strategy through the using CHV and media	Directorate of Preventive Service and Health Education
Low coverage of new acceptance of modern family planning methods	Effective implementation of the community health strategy through the use of CHV and media	Directorate of Preventive Service and Health Education
High maternal mortality ratio	Effective implementation of the community health strategy through the using CHV and media	Directorate of Preventive Service and Health Education
Increased malaria importation in the country	Voluntary screening of travellers and/ or high-risk groups entering the Island Public health education on the implication of malaria among travellers	Directorate of Preventive Service and Health Education
Increase of new cases of schistosomiasis (1,225 in 2017 to 1,736 in 2018) and intestinal worms (17,862 in 2017 to 19,842 in 2018)	Scale up NTD interventions in all affected areas	Directorate of Preventive Service and Health Education
Only 46% of the children that required to undergo eye surgery have had the surgery	Allocate adequate budget for eye surgery for children	Directorate of Preventive Services and Health Education

Area/Key Issue	Recommendation	Responsible
Service delivery		
Increase of new cases of schistosomiasis (1,225 in 2017 to 1,736 in 2018) and intestinal worms (17,862 in 2017 to 19,842 in 2018)	Scale up NTD interventions in all affected areas	Directorate of Preventive Service and Health Education
Only 46% of the children that required to undergo eye surgery have had the surgery	Allocate adequate budget for eye surgery for children	Directorate of Preventive Services and Health Education
Increases of NCD cases (7.6% of all reported cases) in the list of top ten diagnosis in Zanzibar for all ages	Advocacy on behaviour change and life style Strengthen screening services at facility and community levels	Directorate of Preventive Service and Health Education
An increased trend of referring patients to Abroad for treatment	Conduct study to understand who is benefiting on these services	Department of Curative Services

Annex 1: Service Updates for the Designated PHCUs+ Unguja and Pemba

District	Name of PHCUs	Progress of Service Rendered			
		Delivery	Laboratory	Dispensing	Dental
Mkoani	Bogoa	√	√	√	X
	Kengeja	√	√	√	X
	Ukutini	√	X	X	X
	Wambaa	√	X	X	X
		4	2	2	0
Chake Chake	Pujini	√	√	√	X
	Tundauwa	√	X	X	X
	Wesha	√	√	X	X
		3	2	1	0
Micheweni	Wingwi	√	√	X	X
	Makangale	√	√	X	√
	Konde	√	√	√	√
		3	3	1	2
Wete	Makongeni	√	X	X	X
	Kojani	√	√	X	X
	Fundo	√	X	X	X
		3	1	0	0
Pemba		13	8	4	2
Mjini	Mpendae	√	√	√	X
	Chumbuni	√	√	√	X
	Rahaleo	X	√	√	√
		2	3	3	1
Magharibi A	Selem	√	√	√	X
		1	1	1	0
Magharibi B	Fuoni	√	√	√	√
	Chukwani	√	√	√	X
	Kombeni	√	√	√	√
	Magogoni	√	√	√	X

District	Name of PHCUs	Progress of Service Rendered			
		Delivery	Laboratory	Dispensing	Dental
		4	4	4	2
Kaskazini A	Matemwe	√	√	√	√
	Tumbatu Gomani	X	X	√	X
	Nungwi	√	√	√	X
		2	2	3	1
Kaskazini B	Bumbwini Misufini	√	√	√	√
	Mahonda	√	√	√	√
		2	2	2	2
Kati	Uzini	√	√	√	X
	Chwaka	√	√	√	√
	Mwera	√	√	√	√
	Unguja Ukuu	√	√	X	X
		4	4	2	2
Kusini	Jambiani	√	√	√	√
	Muungoni	X	X	X	X
		1	1	1	1
Unguja		18	18	17	9
Zanzibar		31	26	21	11

Annex 2a: List of Public Health Facilities (Unguja)

Mjini	Magharibi A	Magharibi B	Kaskazini A	Kaskazini B	Kati	Kusini
PHCUs	PHCUs	PHCUs	PHCUs	PHCUs	PHCUs	PHCUs
1. Shaurimoyo	1. Betras	1. Fuoni	1. Tumbatu Jongowe	1. Donge	1. Machui	1. Muungoni
2. Kidongo Chekundu	2. Kizimbani	2. Kibondeni	2. Kidoti	2. Vjibweni	2. Kiboje	2. Kibuteni
3. Kwamtipura	3. Chuini	2. K/Samaki	3. Kijini	2. Upenja	3. Bambi	3. Mtende
4. Matarubwisi	4. Bumbwisudi	3. Kisauni	4. Gamba	3. Fujoni	4. Umbuji	4. K. Mkunguni
5. Kidutani	5. Mtofaani	4. Bwefum	5. Pwani Mangani	4. Bumbwini	5. Pongwe	5. K. Dimbani
6. Bandarini	6. Welezo	5. Mbweni	6. Chaani Masingini	5. Makoba	6. Uroa	6. Bwejuu
7. Sebleni	7. Kianga	6. Shakani	7. Chaani Kubwa	5. Zingwezingwe	7. Charawe	7. Paje
		7. Magirisi	8. Tazari	6. Kiwengwa	8. Ukongoroni	8. Michamvi
		8. SOS PHCUs	9. Mkokotoni	7. Kitope	9. Uzi	9. Kajengwa
PHCUs+	PHCUs+	PHCUs+	10. Donge Mchangani	8. Kiongwe	10. Tunguu	PHCUs+
1. Mpendae	1. Selem	1. Fuoni	11. Kendwa	9. Mgonjoni	11. Ndijani	1. Jambiani
2. Chumbuni		2. Chukwani		10. K/Mvua	12. Ndijani kwa Baniani	2. Muungoni
3. Rahaleo		3. Magogoni			13. Dunga	District Hospital
Special hospital		4. Kombeni			14. Mchangani	1. Makunduchi
1. Maternity Home (Mwembeladu)			PHCUs+	1. Bumbwini Misufini	15. Marumbi	
2. Psychiatric Hospital (Kidongo Chekundu)			1. Tumbatu Gomani	2. Mahonda	16. Jendele	
Referral hospital			3. Matemwe		17. Miwani	
1. Mnazi Mmoja hospital			DH		18. Cheju	
			1. Kivunge		19. Ghana	
					20. Mwera	
					Pongwe	
					21. Mpapa	
					PHCUs+	
					1. Mwera	
					2. Uzini	
					3. Chwaka	
					4. Unguja	
					Ukuu	
Total = 13	Total = 8	Total =12	Total = 15	Total = 12	Total = 25	Total = 12
Total Unguja = 97						

Annex 2b: List of Public Health Facilities (Pemba)

Wete	Micheweni	Mkoani	Chake Chake
PHCUs 1. Junguni 2. Ukunjwi 3. Uondwe 4. Jadida 5. Tungamaa 6. Mzambarauni 7. Pandani 8. Chwale 9. Kiungoni 10. Kisiwani 11. Kangagani 12. Kiuyu Minungwini 13. Vumba 14. Kambini 15. Bwagamoyo 16. Kinyasini 17. Finya PHCUs+ 1. Makongeni 2. Kojani 3. Fundo District Hospital Wete	PHCUs 1. Kiuyu Mbuyuni 2. K/Maziwang "ombe 3. Tumbe 4. Kiuyu Kipangani 5. Sizini 6. Shumba Viamboni 7. Msuka 8. Mkiawa Ng ombe 9. Chimba 10. Kifundi PHCUs+ 1. Wingwi 2. Konde 3. Makangale PHCC 1. Micheweni PHCC	PHCUs 1. Chambani 2. Kiwani 3. Mwambe 4. Kangani 5. Mtambile 6. Shidi 7. Kisiwa Panza 8. Makoongwe 9. Makombeni 10. Mtangani 11. Tasini 12. Shamiani 13. Michenzani PHCUs+ 1. Kengeja 2. Wambaa 3. Ukutini 4. Bogoa Regional hospital 1. Abdalla Mzee	PHCUs 1. Chonga 2. Shungi 3. Mvumoni/Furaha 4. Mgelema 5. Uwandani 6. Ziواني 7. Gombani 8. Ole 9. Kibokoni 10. Mbuzini 11. Ndagoni 12. Ngomeni PHCUs+ 1. Pujini 2. Tundaa 3. Weshaa PHCC 1. Vitongoji PHCC District Hospital 1. Chake Chake
Total = 21	Total = 14	Total = 18	Total = 17
Total Pemba = 70			
Total Zanzibar 167			

Annex 2c: Distribution of Parastatal Health Facilities

District	Name of the facility
Kati	<ol style="list-style-type: none"> 1. Ubago Jeshni 2. Unguja Ukuu KMKM
Mjini	<ol style="list-style-type: none"> 1. Makao Makuu JKU 2. Mafunzo PHCU 3. Ziwani Police PHCU 4. Ottu PHCU
Magharibi A	<ol style="list-style-type: none"> 1. Kibweni KMKM 2. Kama KMKM 3. Masingini KMKM 4. Welezo Camp PHCU 5. Zanzibar Military Hospital (JWTZ) Bububu 6. KVZ-Mtoni 7. Mwanyanya Military Hospital (JWTZ)
Magharibi B	<ol style="list-style-type: none"> 1. Chukwani Millitary
Chake Chake	<ol style="list-style-type: none"> 1. Ali Khamis Camp 2. JKU Wawi
Wete	<ol style="list-style-type: none"> 1. KMKM Wete 2. Mafunzo – Wete 3. Polisi Wete
Total Zanzibar	19

Annex 3a: Private Health Facilities by district (Unguja)

Mjini		Magharibi A		Magharibi B		Kaskazini A		Kaskazini B		Kati		Kusini	
1.	AASIA hospital	25	New Latifa Dispensary	1.	Afia Dispensary	19	Mombasa Medical Centre	1.	Dr. Methas Hospital	1.	Al Zahra	1.	Al-haji Clinic
2.	Afya Medical Center	26	Azhart Dispensary	2.	Al hajry Dispensary	20	Mustafa Clinic	2.	Kiwengwa Hospital	2.	Kidimni Dispensary	2.	TASAKHT AA
3.	Al rahma Hospital		Bububu Medical Clinic	3.	Al- Majid Dispensary	21	Neema Dispensary	3.	Dr.Metha Hospital Nungwi	3.	Jumbi Dispensary		
4.	Altabib dispensary	27	Ro-sath Medical Centre	4.	Al-ahlam Dispensary	22	New Makondeko Dispensary	4.	Glory Clinic	4.	St. Lukes Dispensary		
5.	B.O.T Clinic		Glory Clinic	5.	Care Clinic	23	Nyango Dispensary	5.	Karibu Dispensary	5.	Koani Dispensary		
6.	Dahoma Dental Care Services	28	Mbuzini Clinic	6.	Coastal Dispensary	24	Quick Medics	6.	Mawimbini Dispensary	6.	Modern Dispensary		
7.	Dr. Ali Amour/Pediatric		Nuru Dispensary	7.	Farham Maternity Clinic	25	Raudhat Dispensary	7.	North Valley Hospital	7.	Samih Medical Clinic		
8.	C.Clinic	29	Shifaa Medical Clinic (New)	8.	Fisiotherapi (New)	26	Safi Medical Clinic						
9.	E.N.T Clinic		Utapoa Dispensary	9.	Glory Clinic	27	SANASA Medical Clinic						
10.	Guloni Dispensary	30	- Mfenesini Hospital	10.	Hakan Tokor Clinic (New)	28	Shaa Medical Clinic						
11.	Hankil Medical Services		Zanzam Dispensary	11.	Herman Gmeiner Medical Centre	29	SHASH Dispensary						
12.	Hassan Clinic	31	Three corner clinic	12.	KKKT Dispensary	30	St. Camillus Dispensary						
13.	Huduma Dispensary		Utapoa Dispensary	13.	Magogoni Dispensary (Huruma)	31	Tawakal Hospital						
14.	Inani Clinic	32	Vision Plus Zanzibar	14.	Maungani Dispensary	32	Tomondo Royal Clinic						
15.	Island Cool breeze (ICB) Dispensary		ZMG Hospital	15.	Mayda Health Charitable Foundation	33	Zanaid Dispensary						
16.	J&M Dispensary	33		16.	Medwel Clinic	34	Zuha Dispensary						
17.	Kidongo Chekundu Dispensary (NEW)			17.	Mji Mpya Dispensary								
18.	Kiponda H. Clinic	34		18.									
19.	Kundi clinic												
20.	Kwa Mchina Dispensary												
21.	Laneet Laboratory												
22.	Marie Slopes												
23.	Mwembetanga dispensary												
24.	New Assakheir Dispensary												

Annex 3b: Private Health Facilities - Pemba

North Pemba	South Pemba
<ol style="list-style-type: none"> 1. Citizen Medical Clinic 2. Konde Clinic 3. Shaam Medical Clinic 4. Sururu Dispensary 5. Muzdalifa dispensary 6. Selem Dispensary 	<ol style="list-style-type: none"> 1. SDA Dispensary Pemba 2. Chanjani Clinic 3. Mwanamashungi Dispensary 4. Bahja Dispensary 5. Dira Dispensary 6. Fufuni Dispensary 7. Connecting Dental Clinic 8. Avicenna Dispensary

Annex 4: Private Pharmacies in Zanzibar

Mjini	Magharibi A	Magharibi B	North Unguja	South Unguja	Wete	Chake Chake
<div><div>1. Aruna "A" Pharmacy Zanzibar LTD</div><div>2. Avacare Pharmaceutical (New)</div><div>3. Dawa Pharmacy</div><div>4. Fahud 1 Pharmacy</div><div>5. Gulf Pharmacy</div><div>6. Health Mart Ltd (New)</div><div>7. Izmir Pharmacy Ltd</div><div>8. Izmir Pharmacy (New)</div><div>9. Karibu Pharmacy</div><div>10. Magogoni Pharmacy</div><div>11. Mwembe Mimba Pharmacy</div><div>12. Mwembeladu Pharmacy</div><div>13. Ryto Pharmacy (New)</div><div>14. Salma Pharmaceuticals Co. Ltd (New)</div><div>15. Shamsu & Sons Pharmacy</div><div>16. Three Corners Pharmacy (New)</div><div>17. Unguja Pharmacy</div><div>18. Al-Huda Pharmacy</div><div>19. Al-Rayyan Pharmacy</div><div>20. Amin II Pharmacy</div><div>21. Asa Pharmacy</div></div>	<div><div>1. Citizen Pharmacy</div><div>2. Fahud 2 Pharmacy</div><div>3. Fahud 3 Pharmacy</div><div>4. Fahud 4 Pharmacy</div><div>5. Haques Pharmacy</div><div>6. Hassani Pharmacy</div><div>7. Hash Medics Pharmacy</div><div>8. Ikh-las Pharmacy (New)</div><div>9. Jang'ombe Pharmacy</div><div>10. Kalonamo Pharmacy</div><div>11. Kilimahewa Pharmacy (New)</div><div>12. King's Pharmacy (New)</div><div>13. Magomeni Pharmacy (New)</div><div>14. Mahad II Pharmacy (New)</div><div>15. Mahad Pharmacy</div><div>16. Mbweni Pharmacy (New)</div><div>17. Mysore Pharmacy</div><div>18. Neema Pharmacy</div><div>19. Neighbor Care Pharmacy</div><div>20. Royal Pharmacy</div><div>21. Saifidh Pharmacy (New)</div><div>22. Samas Pharmacy</div><div>23. Tahir Pharmacy</div><div>24. UTAPOA Pharmacy</div><div>25. Vikokotoni Pharmacy</div></div>	<div><div>1. Amnar Pharmacy</div><div>2. Life Pharmacy</div><div>3. Mahad Pharmacy</div><div>4. Royals Pharmacy (New)</div><div>5. ZAM Pharmacy</div></div>	<div><div>1. Afwan Pharmacy (New)</div><div>2. Afya Bora Pharmacy</div><div>3. Al-Biman Pharmacy</div><div>4. Amal Pharmacy (New)</div><div>5. Amin Pharmacy</div><div>6. Anina Pharmacy</div><div>7. BMT Pharmacy (New)</div><div>8. DD Pharmacy</div><div>9. Fahad Pharmacy</div><div>10. JB Pharmacy (New)</div><div>11. Life Care II Pharmacy (New)</div><div>12. Mizanza Pharmacy</div><div>13. Mkubwa Pharmacy</div><div>14. New Taveta Pharmacy</div><div>15. Pharmacare Pharmacy</div><div>16. ZAM I Pharmacy</div></div>	<div><div>1. Izmir Pharmacy (T) ltd</div></div>	<div><div>1. Contena Pharmacy</div></div>	<div><div>1. Mubarak Pemba Pharmacy (New)</div></div>

Annex 5: Number of Traditional Premises and Traditional Practitioners Registered

Number of Traditional Premises and Traditional Practitioners Registered				
District	# of Premises			# of Traditional Practitioners
	Clinics	Shops	Total	
Kaskazini A	0	4	4	7
Kaskazini B	0	1	1	7
Kusini	0	0	0	13
Kati	0	1	1	12
Mjini	12	53	65	52
Magharibi A	9	10	19	92
Magharibi B	10	24	34	35
Unguja	31	93	124	218
Wete	0	4	4	49
Micheweni	0	3	3	63
Chake Chake	4	10	14	41
Mkoani	0	3	3	58
Pemba	4	20	24	211
Zanzibar	35	113	148	429

Annex 6: POA Implementation Status 2018/19

Department	Unit/Program	Planned activities	Fully achieved	Partially achieved	Total achieved	Not done	% Implemented	% of not done
DPPR UNGUJA -	HEAD OFFICE	9	2	4	6	3	67	33
	DBP	35	27	1	28	7	80	20
	M&E	18	3	9	12	6	67	33
	HSRS	11	5	5	10	1	91	9
	HMIS	19	16	0	16	3	84.2	15.8
	HIS&RESEARCH	12	3	3	6	6	50	50
	ZAHRI	10	4	3	7	3	70	30
Sub-Total		114	60	25	85	29	75	25
DPPR PEMBA -	HEAD OFFICE	8	3	3	6	2	75	25
	DBP	1	1	0	1	0	100	0
	M&E	3	0	1	1	2	33	67
	HMIS	9	3	0	3	6	33	67
	RESEARCH UNIT	1	0	0	0	1	0	100
Sub-Total		22	7	4	11	11	50	50
DPPR U&P		136	67	29	96	40	71	29
DPHE UNGUJA -	HEAD OFFICE	14	10	3	13	1	92.9	7.1
	EYE CARE	6	4	1	5	1	83.3	16.7
	PORT HEALTH	10	3	6	9	1	90.0	10.0
	NTDP	6	2	2	4	2	66.7	33.3
	IRCH	117	70	11	81	36	69.2	30.8
	IHIV	26	22	0	22	4	84.6	15.4
	ZAMEP	6	5	1	6	0	100.0	0.0
	NCD	26	5	3	8	18	30.8	69.2
	NUTRITION	12	6	2	8	4	66.7	33.3
	HPP	12	2	3	5	7	41.7	58.3
	EHU	15	11	0	11	4	73.3	26.7
	OCCUPATIONAL HEALTH	6	1	3	4	2	66.7	33.3
	MHP	10	3	4	7	3	70	30
	ZEDS	20	15	3	18	2	90	10
Sub-Total		286	159	42	201	85	70	30
DPHE PEMBA -	HEAD OFFICE	9	0	4	4	5	44.4	55.6
	NUTRITION	3	0	1	1	2	33.3	66.7
	EPIDEMIOLOGY	2	0	1	1	1	50.0	50.0
	OCCUPATIONAL HEALTH	2	0	0	0	2	0.0	100.0

	NTDP	1	0	1	1	0	100.0	0.0
	HEALTH PROMOTION	0	0	0	0	0	0.0	0.0
	PORT HEALTH	2	0	1	1	1	50.0	50.0
	ENV. HEALTH	2	0	0	0	2	0.0	100.0
Sub-Total		21	0	8	8	13	38	62
DPHE U&P		307	159	50	209	98	68	32
DAHR UNGUJA	HEAD OFFICE	21	12	5	17	4	81	19
	HCEU	3	0	0	0	3	0	100
	HRH DIVISION	22	18	2	20	2	91	9
	ICT	22	5	3	8	14	36	64
	INTERNAL AUDIT	10	5	3	8	2	80	20
	LU	9	5	0	5	4	56	44
	OS	11	8	1	9	2	82	18
	PMU	9	7	0	7	2	78	22
	RECORD MGT	6	3	1	4	2	67	33
	TRANSPORT	8	0	0	0	8	0	100
	ACCOUNTING UNIT	3	0	1	1	2	33	67
	PERSONEL UNIT	11	9	2	11	0	100	0
Sub-Total		135	72	18	90	45	67	33
DAHR PEMBA	HEAD OFFICE	4	2	2	4	0	100	0
	HRD	5	1	2	3	2	60	40
	ACCOUNTING UNIT	0	0	0	0	0	0	0
	LU	0	0	0	0	0	0	0
	TRANSPORT	0	0	0	0	0	0	0
	HCEU	0	0	0	0	0	0	0
	TRAINING UNIT	0	0	0	0	0	0	0
Sub-Total		9	3	4	7	2	78	22
DAHR U&P		144	75	22	97	47	67	33
DHS UNGUJA	HEAD OFFICE	18	10	5	15	3	83.3	16.7
	CNO	9	6	0	6	3	66.7	33.3
	PHAB	9	4	2	6	3	66.7	33.3
	ZNTBS	20	20	0	20	0	100.0	0.0
	PHCC MAKUNDUCHI	14	12	0	12	2	85.7	14.3
	PHCC KIVUNGE	11	9	2	11	0	100.0	0.0
Sub-Total		81	61	9	70	11	86.4	13.6

DHS PEMBA	HEAD OFFICE	16	9	6	15	1	94	6
	DH - CHAKE	18	14	3	17	1	94.4	5.6
	DH - MKOANI	16	16	0	16	0	100.0	0.0
	DH - WETE	17	17	0	17	0	100.0	0.0
	PHCC MICHEWENI	18	13	5	18	0	100.0	0.0
	PHCC VITONGOJI	18	13	1	14	4	77.8	22.2
	BLOOD BANK	1	1	0	1	0	100.0	0.0
	CNO	1	0	0	0	1	0.0	100.0
Sub-Total		105	83	15	98	7	93.3	6.7
DHS U&P		186	144	24	168	18	90.3	9.7
MMH	MMH	20	20	0	20	0	100	0
TOTAL MMH		20	20	0	20	0	100	0
CGP	CGP	20	17	3	20	0	100	0
	ZTAMC	5	3	2	5	0	100	0
CGPO		25	20	5	25	0	100	0
ZFDA	ZFDA	25	19	5	24	1	96	4
ZFDA		25	19	5	24	1	96	4
CGC - UNGUJA	CGC -UNGUJA	31	29	0	29	2	93.5	6.5
CGC - PEMBA	CGC -PEMBA	15	9	3	12	3	80	20
CGC U&P		46	38	3	41	5	89.1	10.9
DCMS	DCMS	20	17	3	20	0	100	0
DCMS		20	17	3	20	0	100	0
PLANNED ACTIVITIES UNGUJA		737	457	107	564	173	76.5	23.5
PLANNED ACTIVITIES PEMBA		172	102	34	136	36	79.1	20.9
ZANZIBAR		909	559	141	700	209	77.0	23.0
Unguja %		81.1	81.8	75.9	80.6	82.8		
Pemba %		18.9	18.2	24.1	19.4	17.2		

Annex 7: Research Proposal Submitted to ZAHRI 2018/19

Research Proposals

PROTOCOL NUMBER	PROJECT TITLE
ZAHREC/PR/18/001	Documenting the health system cos of unsafe abortion and provision of contraception in Tanzania
ZAHREC/PR/18/002	Impact of community health program to improve early childhood development and child health in Zanzibar
ZAHREC/PR/18/003	Improving mental, neonatal and child health care: quantitative analysis from a community health volunteer program in Zanzibar, Tanzania
ZAHREC/PR/19/001	Feasibility study- The efficacy of video analysis as a supplementary objective tool to Criterion Based Clinical Audit (CBCA) in newborn emergencies
ZAHREC/PR/19/002	Maternal and Child health in Zanzibar: Coverage, determinants and perceptions
ZAHREC/PR/19/003	Factors influencing provider- initiated HIV testing and counseling Uptake among clients attending outpatient Department in Zanzibar
ZAHREC/PR/19/004	Efficacy and safety of a new chewable tablet of mebendazole versus the swallowable standard tablet of mebendazole against hookworm infection in
ZAHREC/PR/19/005	Biomonitoring and environmental exposure assesment of Phthalates and their metabolites in Zanzibar population
ZAHREC/PR/19/006	Improving care after life threatening acute obstetric complications; evaluation of a primary care-based psychological intervention in Zanzibar
ZAHREC/PR/19/007	Parasitology survey for urogenital schistosomiasis in pre-school, school-aged children, adolescents and adults in Zanzibar (Unguja and Pemba Islands.
ZAHREC/PR/19/008	Understanding the menstrual hygiene management (MHM) challenges facing school girls in rural and urban areas in Tanzania.
ZAHREC/PR/19/009	Reducing the burden of TB among people living with HIV: Evaluation of implementation of isoniazid preventive therapy in zanzibar.
ZAHREC/PR/19/010	Research Protocol for the Post abortion Care Family Planning project in Tanzania Protocol number: TAN-41.
ZAHREC/PR/19/011	Regional Assessment of Integrated Reproductive Maternal Newborn child and Adolescent health and HIV/AIDS Services in the East African community
ZAHREC/PR/19/012	2016 Tanzania Population Based HIV Impact Assessment (2016 THIS)’’
ZAHREC/PR/19/013	Improving care after life threatening acute obstetric complications; evaluation of a primary care-based psychological intervention ’’Friendship Bench’’, in
ZAHREC/PR/19/014	Evaluation of Implementation of Isoniazid Preventive Therapy in Zanzibar.
ZAHREC/PR/19/015	Retention in PMTCT care Cascade and Associated Factors in Zanzibar.
ZAHREC/PR/19/016	Etiology of febrile illness in patients presenting at Mnazi Mmoja Hospital, Zanzibar, with focus on Bacteremia, malaria, dengue fever and other viral
ZAHREC/PR/19/017	Environmental Sustainability of hotels on Zanzibar.
ZAHREC/PR/19/018	Regional baseline study to document the prevalence, sensitivity patterns, treatment guidelines, packages and standards for Sexually Transmitted
ZAHREC/PR/19/019	Using a prospective register-based study, qualitative research, and economic analysis to support evidence syntheses for health policy and system change
ZAHREC/PR/19/020	Quantitative modeling and system-level analysis of maternity and obstetric care at Mnazi Mmoja Hospital fp improved health outcomes
ZAHREC/PR/19/021	Innovative Strategies in the management of new born emergencies in Low- and middle- income countries (LMIC)

PROTOCOL NUMBER	PROJECT TITLE
ZAHREC/PR/19/022	End of project evaluation for the East Africa Public Health Laboratory networking Project In Tanzania
ZAHREC/PR/19/023	Using standards-based audit to assess and improve the quality of emergency obstetric care and exploring functioning of the referral system during
ZAHREC/PR/19/024	Field-Testing of proposed food-based dietary guidelines amongst consumers in Tanzania
ZAHREC/PR/19/025	Assessment of the economic burden incurred by tuberculosis patients and their households on diagnosis and treatment of tuberculosis in Tanzania
ZAHREC/PR/19/026	To find Programmatically feasible methods of accurate assessment of gestational age and to test biological markers as predictors of important
ZAHREC/PR/19/027	Patterns of antibiotic consumption in Zanzibar. Adherence to guidelines, availability and the roles of patients compliance. A descriptive pilot study.
ZAHREC/PR/19/028	A 4 year follow up of patients attending the diabetic clinic of Mnazi Mmoja Hospital, Zanzibar with focus on dietary habits, metabolic status and
ZAHREC/PR/19/029	Iodine status in goiter patients attending Mnazi Mmoja Hospital, Zanzibar
ZAHREC/PR/19/030	Satisfaction and Perception Survey: Assessing quality of care on provision of reproductive health services in supported facilities
ZAHREC/PR/19/031	Implementation of post measles-rubella campaign vaccination coverage survey Tanzania 2019
ZAHREC/PR/19/032	The last mile: novel tools and strategies for breaking schistosomiasis transmission
ZAHREC/PR/19/033	Assessment of the knowledge, attitude and practice related to Ebola Virus Disease (EVD) in Zanzibar
ZAHREC/PR/19/034	Evaluation of National Introduction of HPV Vaccine in Tanzania
ZAHREC/PR/19/035	Cholera situation analysis and epidemiological study of cholera Hotspot in Zanzibar to inform preparedness and response planning
ZAHREC/PR/19/036	Final evaluation of Afya Bora ya Mama na Mtoto project (2015-2018)
ZAHREC/PR/19/037	Situational analysis on the magnitude of xerodermapigmentosum disease and its associated factors in Pemba Zanzibar
ZAHREC/PR/19/038	Novel tools and strategies for breaking schistosomiasis transmission
ZAHREC/PR/19/039	Rapid assessment to ascertain the situation of HIV infected children in Zanzibar