



THE REVOLUTIONARY GOVERNMENT OF ZANZIBAR
MINISTRY OF HEALTH



Annual Health Sector Performance **Report**

2021/2022

Foreword



First, I would like to thank the supreme power of Almighty ALLAH who always guides us on the right pathway in implementing the assigned responsibilities. Without his grace nothing could have happened. The preparation of Health Sector Performance Report is a routine exercise conducted annually to describe the progress achieved in the past financial year and the challenges faced during the implementation. It forms an integral part of the process of monitoring and evaluation which

is responsible for measuring efficiency and effectiveness of implementation of the Health Sector Strategic Plan IV (2020/2021 - 2024/2025) in order to realize various inputs, process and outcomes attributed to it. In doing this exercise, the Ministry of Health (MoH) has adopted the World Health Organization (WHO) template for monitoring progress in the health sector as described in its Health Sector Monitoring Framework, WHO Africa Region - A Country Toolkit for Action (2009). I'm taking this opportunity to acknowledge the WHO for providing financial and technical support in production of this document. Sincere thanks should go to the writing and review teams, editorial person and all stakeholders and individuals who are in one way or another have contributed to the achievement of the whole exercise they deserve congratulations for their tireless efforts. This report will be used as a guidance in the preparation of the upcoming MoH operational plans. It provides the basis for identifying the areas to be considered in the Plan of Action for the coming financial year (2022/2023) and the overall priorities for the health sector. This will be implemented in line with the Sustainable Development Goals (SDGs), Africa Union Vision 2063, Zanzibar Vision 2050, Ruling Party Manifesto (2020 -2025), the President's Speech presented during the opening of the House of Representatives and Ministry of Health Social Welfare, Elderly, Gender & Children Strategic Plan (2020/2021 - 2024/2025). At this point I would strongly call upon several leaders, Revolutionary Government of Zanzibar Officials, Development Partners, Civil Society Organizations and Community at large to fully utilize this report to make appropriate decisions within their respective areas of concern. The Revolutionary Government of Zanzibar through the MoH will ensure effective implementation of planned strategies to achieve the desired goals and targets, and that all Zanzibaris enjoy relatively quality health of life.

Dhameera Mohamed Khatib

Director of Planning, Policy & Research, Ministry of Health

Executive Summary



This is the 16th Health Sector Performance Report for the year 2021/2022 released annually under the Directorate of Planning, Policy and Research. The report gives us the results of sustained efforts in improving the scale, quality and efficiency of health care delivery to all residents of Zanzibar. Efforts were taken to ensure improvement from performance indicators assessed in the implementation of the Enhanced Action Plan (POA). The main basic areas described in the performance report are:-

Strengthening health infrastructure: There is a significant progress in improving health infrastructure in different areas as part of providing quality health services to the community as well as making conducive environment to the health workers. A total of ten District Hospital and one Regional Hospital constructed including the laboratory building of Makunduchi District Hospital. Moreover, the ZFDA building (laboratory) has been completed 11 Health facilities in different districts were repaired and 19 new private health facilities were opened.

Health Sector Financing and Expenditure: Between FY 2017/18 and FY 2021/22, the nominal budget allocation to the health sector rose by 136 percent (TZS 118 billion) and per capita allocations grew from TZS 56,476 to TZS 119,108. The per capita allocation for FY 2021/22 surpassed US\$ 50 per person required for the annual delivery of health services according to the Health Sector Strategic Plan IV, FY 2020/21– FY 2024/25.

Despite the increase in per capita allocation, between FY 2017/18 and FY 2020/21, the nominal allocation to the health sector as a proportion of the national budget remained roughly constant at around 8 percent. But in the FY 2021/22 budget, health sector allocation sharply increased to 11.2 percent of the national budget. The increased allocation in FY 2021/22 was in large part due to a nominal increase of TZS 69 billion in local development funds. This increment was attributed to the additional allocation for interventions related to Covid-19 response which include the construction of new hospitals in both Unguja and Pemba.

Human Resources for Health (HRH): The MoH continues to recruit and deploy new staffs according to the gaps (requirements). There is an increasing number of doctors and nurses compared to the previous year where the doctor/population ratio was 1:4,445 in 2019/2020 to 1:4,374 in this reporting period and one nurse served 1,258 compared to 1,131 in 2020/2021.

However, in this reporting period the MoH has sent a total of 205 (141%) out of 145 targeted to various training institutions to upgrade their knowledge and skills for better delivery of health services in the Isles.

Maternal, Newborn and Child Health: The visits of mothers giving birth in health facilities increased by 3% in 2021 compared to 2020. The coverage of women who gave birth in health facilities in 2021 (69.8 per cent) compared to 2020 (66.3 per cent). However, maternal mortality has increased from 120 (2020) to 134 in 2021, resulting in a maternal mortality ratio from 120/100,000 live births in 2020 to 134/100,000 live births in 2021.

The Use of ANC, Postnatal care and Family Planning: The coverage of ANC first visit 12 contact among gestation age remains low in 2021 (13.7%) compared to 2020 (14.1%) due to the low awareness among the pregnant women in attending ANC earlier. In terms of family planning, new users have declined from 7.5% in 2020 to 6.9% in 2021 which is far from reaching the expected target of 14%.

The control of infectious Diseases: The number of confirmed malaria cases reduced by 50% compared to 9,290 malaria cases in 2020/2021. A total of 4,806 malaria confirmed cases were reported from health facilities and the community of which 95% (4,563) were full investigated and out of those 11% and 89% were indigenous and imported respectively.

The control over HIV, Hepatitis and STIs: The coverage of people leaving with HIV is still remained below 1% in the general population. The number of PLHIV who are using ART in 2021 were 7,486 compared to 2020 where they were 6,940. However, number of people diagnosed and treated for sexually transmitted infections/STI has increased from 25,085 in 2020 to 30,173 in 2021.

Non-communicable Diseases (NCDs): The obesity and high blood pressure are leading problems in our society. The proportion of 3.7 were diagnosed positive with hypertension out of 37,528 patients that were diagnosed compared to 5.8 reported in 2020-2021. However, the leading NCDs caused deaths was Cerebral Vascular Accidents (CVA) where the proportion of 20.5% of people got accidents died.

Suggestions for Further Improvement: Continue strengthening M&E to boost health sector performance in all thematic areas to up-coming years. However, Ministry's Action Plan for the financial year 2023/2024 will be considered during the implementation as insisted by various stakeholders.

I would like to use this opportunity to call upon all implementers and other stakeholders to work with us to improve healthcare delivery and ultimately achieve quality healthcare for all citizens within our country for the benefit of our Zanzibar.



Dr. Fatma H. Mrisho

Principal Secretary , Ministry of Health

Abbreviations and Acronyms

ANC	Antenatal Care
ART	Antiretroviral Therapy
BCC	Behavior Change Communication
BEMONC	Basic Emergency Obstetric and Neonatal Care
CEBS	Community Event Based Surveillance
CGCLA	Chief Government Chemist Laboratory Agency
DHMT	District Health Management Teams
CHV	Community Health Volunteers
CMS	Central Medical Store
CPR	Contraceptive Prevalence Rate
CTCS	Care and Treatment Clinics
DNA	Deoxyribonucleic Acid
DQA	Data Quality Assessment
EAC	East Africa Community
EHCP	Essential Health Care Package
EOC	Emergency Operation Centre
HBC	Home Based Care
HBV	Hepatitis B Virus
HCT	HIV Counseling and Testing
HCV	Hepatitis C Virus
HIPZ	Health Improvement Project Zanzibar
HIS	Health Information System
HIV	Human Immune Virus
HMIS	Health Management Information System
HRH	Human Resource for Health
HTS	HIV Testing and Counselling
HSSP IV	Health Sector Strategic Plan IV
IEC/BCC	Information, Education Communication/Behavioural Change Communication
ICT	Information Communication Technology
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
IMMR	Institutional Maternal Mortality Ratio
IRS	Indoor Residual Spraying
LLINS	Long Lasting Insecticidal Nets
MKUZA	Mpango wa Kukuza Uchumi na Kupunguza Umaskini Zanzibar

NCD	Non-communicable Diseases
NGO	Non-Governmental Organizations
NHA	National health Accounts
NTD	Neglected Tropical Diseases
ODI	Oversee Development Institute
PEHSC	Public and Environmental Health Scientist Council
PFM	Public Financial Management
PITC	Provider Initiated Testing and Counselling
PHEOC	Public Health Emergency Operation Centre
PLHIV	People Living with HIV
RRT	Rapid Response Team
SDGS	Sustainable Development Goals
SHCC	Shehia Health Custodian Committees
STI	Sexual Transmitted Infections
STH	Soil Transmitted Helminthiasis
SWAPS	Sector Wide Approach
TB	Tuberculosis
UHC	Universal health Coverage
UNFPA	United Nations Population Fund
UNICEF	United Nation Children Emergency Fund
WASH	Water Sanitation and Hygiene
WHO	World Health Organization
ZAHRI	Zanzibar Health Research Institute
ZAMELSO	Zanzibar Medical Laboratories Scientific Officers
ZAMEP	Zanzibar Malaria Elimination Program
ZANA	Zanzibar Nurses Association
ZBC	Zanzibar Broadcasting Corporations
ZFDA	Zanzibar Food and Drug Agency
ZNMC	Zanzibar Nurses and Midwives Council
ZOP	Zanzibar Outreach Program
ZSGRP	Zanzibar Strategy for Growth and Reduction of Poverty

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1

Chapter

Background Information

Background Information

1.1.Introduction

The 16th Health Sector Performance Report is a series of reports prepared annually to assess the implementation of the past year's Ministry of Health (MoH) consolidated Plan of Action (POA). This report presents the achievements per the selected key indicators and objectives, lessons learned and challenges experienced during the implementation in the year 2021/2022. Furthermore, the report outlines the recommendations that mark a basis for 2024/2025 MoH Plan of Action.



Vision

A healthy population and social well-being.



Mission

Ensure universal access to health and social protection services delivered in a comprehensive range of quality, equitable, and efficient to all people in Zanzibar.

1.2.Objectives of the Report

This report specifically is aimed to achieve the following objectives:

1. Assess the performance of the health sector towards the implementation of the Annual Plan of Action (July 2021 - June 2022) via the set targets and objectives
2. Identify challenges that hindered the past year's health sector performance for the past year's implementation.
3. Propose recommendations to address the identified challenges and gaps that hinder the performance of the health sector for future improvement.
4. Identify lessons learned and best practices for replication in future implementation.

1.3.The Development Process and Methodology

The preparation of the Annual Health Sector Performance Report (AHSPR) was prepared by a team of 17 staffs from different departments and units led by Director of Planning, Policy and Research. Different sources were used during the reporting writing such as District Health Information Software Version 2 (DHIS2), the 2022/2023 Ministerial Statement presented at the house of representative on May, 2022, Programms Annual reports (2021 Zanzibar Integrated HIV, Hepatitis, TB, Leprosy report; 2021/2022 Zanzibar Malaria Elimination Program Report; 2021/2022 Non-Communicable Disease Unit Report; and MoH Units/Program Quarterly Progress Reports FY 2021/2022 and Annually health bulletin). A draft report was produced and presented to Sector Performance Technical Working Group and Ministry executive committee for discussion and approval. All comments were incorporated and finally sent for editorial for finalization and printing.

1.4.Core Values

MoH is guided through the different core values which includes customer centered services, focus on quality, efficiency, value for money and results, evidence based decision-making, accountability and transparency at all levels. Community engagement and participation and respect for human rights and equity as well as gender equality are all important parameters.

1.5. Strategic results

The following are the key strategic results from health sector strategic plan 1V and will be measured using different performance indicators that linked with the health system building blocks:

1. Strengthened health sector governance at all levels
2. Strengthened planning and budgeting system with accountability and transparency
3. Increased financial resources for Zanzibar health sector used according to stated priorities
4. Strengthened Partnership to align with RGoZ systems, policies, and guidelines
5. Improved quality of health services as per EHCP at all levels
6. Ensured availability, access, safety and efficacy, and rational use of essential medicines, vaccines, reagents and medical products
7. Improved Human Resources for Health
8. Strengthened Health Information Systems and M&E at all levels
9. Effective emergency preparedness system in place.

1.6. Health System Leadership and Governance

1.6.1. Directory and Agency

The Ministry of Health is composed of eight directorates under the leadership of the Hon. Minister, Deputy Minister and Principal Secretary. These directorates are Planning, Policy and Research, Administration and Human Resource, Preventive Services and Health Education, Chief Government Chemist, Chief Government Pharmacist, Central Medical Store, Zanzibar Health Research Institute and Mnazi Mmoja Referral Hospital. For Pemba, office of the Health Coordinator, oversees implementation and administration of all directorates.

1.6.2. MOH Boards and Councils

The Ministry of Health is composed of eight directorates under the leadership of the Hon. Minister, Deputy Minister and Principal Secretary. These directorates are Planning, Policy and Research, Administration and Human Resource, Preventive Services and Health Education, Chief Government Chemist, Chief Government Pharmacist, Central Medical Store, Zanzibar Health Research Institute and Mnazi Mmoja Referral Hospital. For Pemba, office of the Health Coordinator, oversees implementation and administration of all directorates.

1.6.3. Organization of Health Care Delivery System in Zanzibar

The Ministry of Health has established Zanzibar Health Care System comprises the Public, Private and Traditional sectors. As of June 2022, Zanzibar has a total of 346 health facilities of which 188 are public owned, 16 are parastatals and 142 private health facilities on which 15 are newly opened in 2021/2022. In addition, there are 165 pharmacies of which 154 (93%) are in Unguja and 11 (7%) in Pemba on which 44 are newly opened (Unguja - 43; Pemba -1). See Annex 1 for details.

The public health service provision is categorized into Primary, Secondary and Tertiary levels. The primary health care level includes 165 health facilities, of which 132 are classified as dispensaries and 32 as health centers. The secondary level involves five district hospitals where three are in Pemba and two in Unguja and one regional hospital in Mkoani district of Pemba, while the tertiary level is Mnazi Mmoja Referral Hospitals with its specialized wings are Mental hospital and Mwembeladu Maternity Home.



2

Chapter

Overview of Health Sector Planning Framework

Overview of Health Sector Planning Framework

2.1.Introduction

Overview of Health Sector Planning Framework Planning process the Ministry of Health start and identify priorities outlined in the national and international documents as articulated in the Sustainable Development Goals SDGs (2015 - 2030), Vision 2050 and the Zanzibar Development Strategy ZDS (2016 - 2020). In addition to that, the planning preparations also consider the political manifesto of the ruling party Chama cha Mapinduzi (CCM) and the Health Sector Strategic Plan IV in line with the Health Policy of 2011. Annually the Presidents Office, Finance and Planning produced budget calendar to all sectors which is normally started in December. The budget circular is then sent to all sectors to be followed during the whole planning and budgeting process. The Ministry through the planning department apply the budget circular to prepare the Annual Budget/Plan of Action by starting the planning review, setting sector priorities and seek development partners commitment to ensure the total resource envelope for the health sector within the respective fiscal year are understood. These priorities are shared to all departments to consider in their planning preparation. All departments use following Planning tools ie; the Medium - Term Expenditure Framework (MTEF), Plan of Action(PoA) Program Based Budgeting, (PBB) and "Bango Kitita") to prepare their annual plans and submit to the Planning Departments for review. In February, stakeholders' meetings including development partners are conducted to align with the Multilateral Plans. This is followed by scrutinizing the plan by respective directors from the ministry departments. In March, all plans are reviewed, scrutinized and compiled by a technical team within the Directorate of Planning, Policy and Research. In April the MOH budget/plan is submitted to the MOH Technical Committee and Leadership Committee for discussion and approval prior to entering to the central data base system (ISIDORE) at President Office, Finance and Planning. In May, the budget/plan is submitted to the Social Welfare Committee of the House of representatives for review and technical inputs. Submission of the budget to the House of Representatives is done in May/June for approval and the budget/plan execution starts in July. Monitoring and review for MOH plan is carried throughout the financial year. For the summary of planning cycle see figure 1

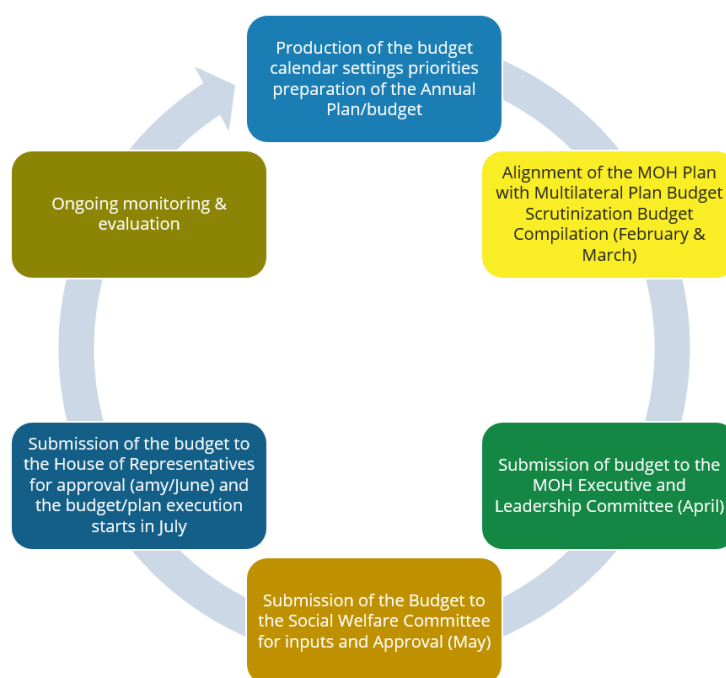


Figure 1 : Overview of Health Sector Planning Framework

2.2. Plan of Action (POA) Implementation Status 2021/2022

This section describes the status of the implementation of overall planned activities as per the Plan of Action (POA) for the year 2021/2022. All interventions and activities were designed in order to address the challenges that the sector faced in the previous financial year. Therefore, all units, programs, hospitals, as well as Boards, Councils and agencies are required to report their implementation of the planned activities using the designed and agreed reporting templates.

2.3. Achievement of POA Activities

2.3.1. Overall Planned Activities

For the year 2021/2022, a total of 85 units and programs were supposed to submit their Annual Progress reports for analysis. Nevertheless, 83 (97.6%) managed to submit their reports (63: Unguja and 22: Pemba) which shows good progressive of reporting trend compared to the previous years where 83.6% of the units and programs submitted their reports.

In other hand, the Ministry of Health had planned to implement 1,801 activities as compared to 1,082 planned in 2020/2021. Among the planned activities, 1,322 (73.4%) were planned for Unguja and 479 (26.6%) for Pemba. The Department of Preventive Services and Health Education planned to implement 824 (45.8%) activities in the year 2021/2022 compared to the other units and programmes followed by Department of Curative Services (295), and Department of Administrative and Human Resources (170). See figure 2. for more details.

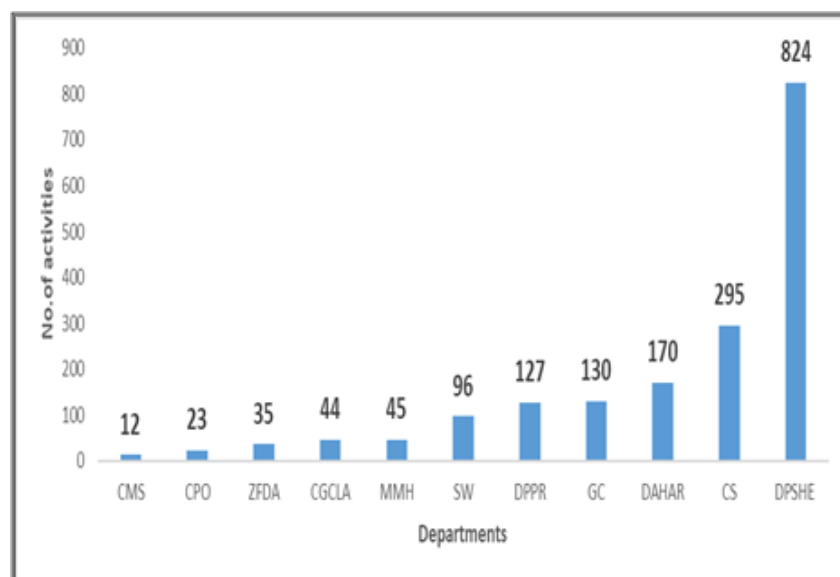


Figure 2 : Number of Planned Activities by departments, 2021/2022

Sources: MoH, POA Report, 2021/2022

2.3.2. Performance of the Planned Activities

The analysis shows that activities submitted for 2021/2022 was 1,222 (67.9%) out of 1,801 planned activities. Among the planned activities, 727 (40%) and 498 (28%) were fully and partially implemented respectively, while 567 (31%) of planned activities were not implemented. The general performance of implemented activities is still low and remains under the target (80%) for the past six consecutive years. The trend of implementation activities from 2016/2017 to 2021/2022 is shown in figure 3.

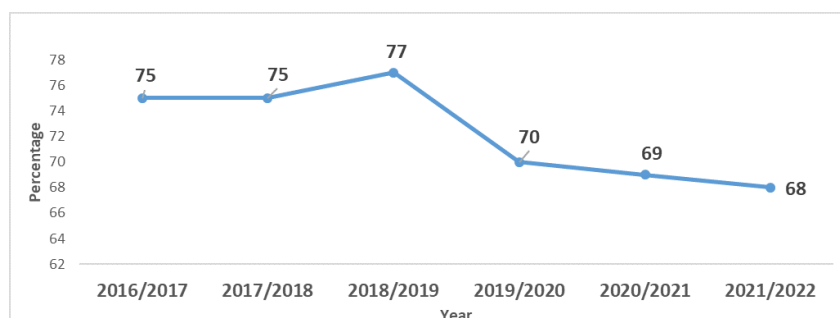


Figure 3 :Performance of POA Implementation Activities 2016/2017 - 2021/2022

With respect to departmental performance status, four directorates reached and exceeded the desired target of 80% of implementation of the planned activities. Those were Mnazi Mmoja Hospital (95.6%), Zanzibar Food and Drug Agency (94.3%), DCS (88.1%) and DCMS (88.3%) while the departments which did not reached the desired target, were CGC (72.7%), Department of Social Welfare (64.6%), DPSHE (62.7%), CGP (60.9%), DAHAR (59.4%) and DPPR (58.3%). Figure 2.4 shows the number of implemented activities by directorates.

Department	No of Activities Planned	No of implemented Activities (%)	Not Implemented Activities (%)
DPSHE	824	517 (62.7%)	307 (37.3%)
DCS	295	260 (88.1%)	35 (11.9%)
DAHAR	170	101 (59.4%)	69 (40.6%)
GC	130	76 (58.5%)	54 (41.5%)
DPPR	127	74 (58.3%)	53 (41.7%)
SW	96	62 (64.6%)	34 (35.4%)
MMH	45	43 (95.6%)	2 (4.4%)
CGCLA	44	32 (72.7%)	12 (27.3%)
ZFDA	35	33 (94.3%)	2 (5.7%)
CPO	23	14 (60.9%)	9 (39.1%)
DCMS	12	10 (88.3%)	2 (12.7%)
Total	1,801	1,222 (67.9%)	579 (32.1%)

Table 1 : Performance of Planned Activities Vs Implementation by blocks, 2020/2021

Sources: MoH, POA Report, 2021/2022

2.3.3.Achievements of the Flagship Projects

Project to Upgrade District Hospital and Villages Hospital: These projects exist with the aim of upgrading Hospital, for the financial 2021/22. The Government planned to strengthen health sector by implementing different activities including, purchasing the equipment's and supplies for the District hospitals, continuing with the construction of mother and child services building at Chake Chake Hospital, construction of a staff house at Abdulla Mzee Regional Hospital and Kivunge District hospital, purchased CT - scan for the Abdulla Mzee hospital and construction of a laboratory at Makunduchi District hospital. Until July 2021, June 2022, all projects have received TZS 1,162,466,869(22%) out of 5,300,000,000 from the Government to complete the planned projects.

Construction Project of the Modern Laboratory of the Drug and Food Authority, Zanzibar: This project was being implemented using Government funds for the year 2021/2022. A total of TZS 2,560,000,000 has been allocated for the construction of the laboratory. The construction work has been completed to 100 percent using a total amount of TZS 2,408,121,484.

2.3.4. Development Projects Implemented with IMF Covid –19

Construction of District Hospitals: The RGoZ received a soft loan from IMF for the response towards the economic downturn due to covid-19 calamity. For health sector RGoZ set aside TZS 69 billion to cover different activities including the construction of 10 district hospitals in Unguja and Pemba and one regional Hospital in Unguja. The 10 district hospitals are located at Mwera Pongwe (Central), Kitogani (South) Chumbuni (West B), Magogoni (Urban) Mbuzini (West A), Pangatupu (North B) and Kivunge (North A) for Unguja while for Pemba Island are located at Kinyasini (Wete), Micheweni, and Vitongoji (Chake Chake).

Based on the assessment findings, the construction work has been completed by 90% whereby a total of **TZS 64,766,653,006.63** (94%) were spent.

2.3.5. Health Financing

The Zanzibar Health system continues to be financed by a multiplicity of stakeholders including Government, Development Partners, Households and Private Sector. The modality of financing is through on-budget and off-budget support.

For the year 2021/2022, service delivery in public facilities was mainly financed by the Government and grants from development partners. The nominal budget allocation to the health sector has substantially increased between FY 2017/18 and FY 2021/22, from TZS 87 billion to TZS 205 billion. Consequently, health budget as a share of the total government budget increased from 8% to 11.2% between the corresponding periods. Although the allocation to the health sector within the national budget steadily rose over the last four years, it still falls short of the Abuja Declaration target of 15 per cent.



2.3.6. Government budget trends

Between FY 2017/18 and FY 2021/22, the nominal budget allocation to the health sector rose by 136 percent (TZS 118 billion) and per capita allocations grew from TZS 56,476 to TZS 119,108 (Figure 4). The allocation per capita for FY 2021/22 surpassed US\$ 50 per person required for the annual delivery of health services according to the Health Sector Strategic Plan IV, FY 2020/21– FY 2024/25.

Despite the increase of per capita allocation, between FY 2017/18 and FY 2020/21, the nominal allocation to the health sector as a proportion of the national budget remained roughly constant at around 8 percent. However, the budget allocation in health sector has sharply increased to 11.2 percent of the national budget (Figure 4). The increased allocation was in large part due to a nominal increase of TZS 69 billion in local development funds.

The major contribution of this increment was attributed to the additional allocation for interventions related to Covid-19 response which include the construction of new hospitals in both Unguja and Pemba.

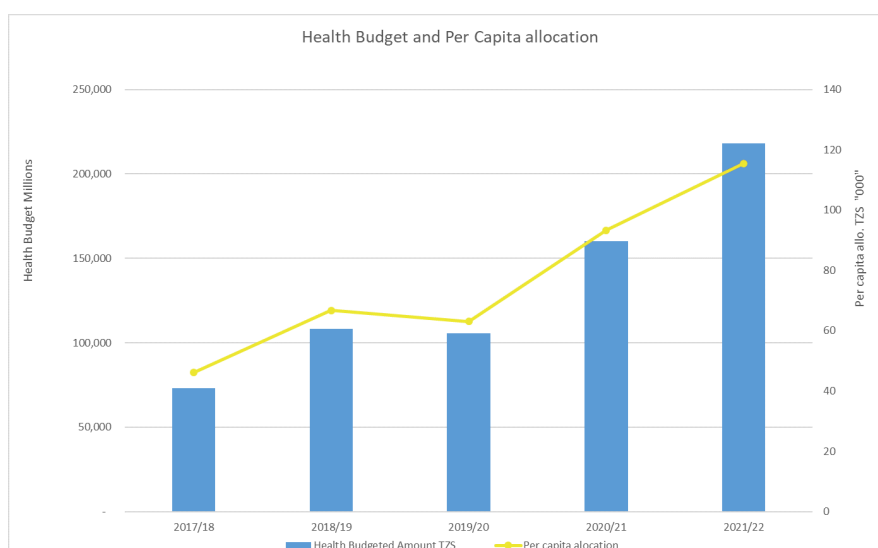


Figure 4 : Budget and per capita allocations to the health sector between FY 2017/18 and FY 2021/22

2.3.7. Health sector government expenditure 2021/2022

The government actual expenditure to health sector has dramatically increased from fifty Billions Tanzania Shillings in 2017/2018 to TZS. 136,727,972,229 billion in 2021/2022 see Figure 5. Almost 38.8 % of the government expenditure to health was for capital expenditure, 37.4% was for personal emolument, 22.1% other charges and 1.8% was for subvention.

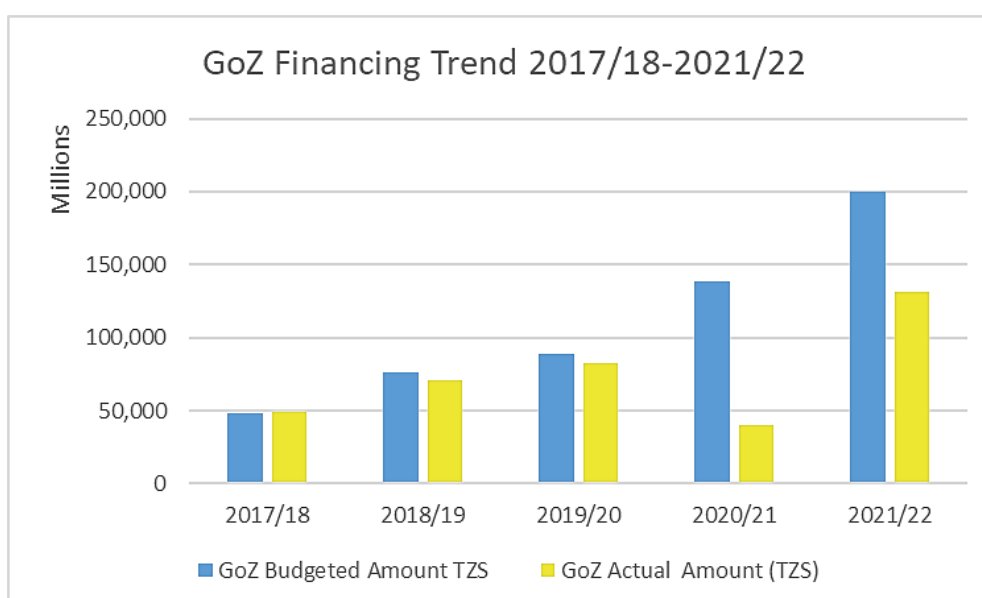


Figure 5 : GoZ Financing trend 2017/18-2021/22

Source: MoH Final Account Report 2021/22

The external financing to health sector play significant role to facilitate the achievements of the sector goals. Figure 6 shows that the actual expenditure of the external financing slightly increased from less than TZS 2,000,000,000/= in 2017/2028 to about TZS 5,000,000,000/= in 2021/2022. The main reasons for this are poor reporting and off budget for the external financing.

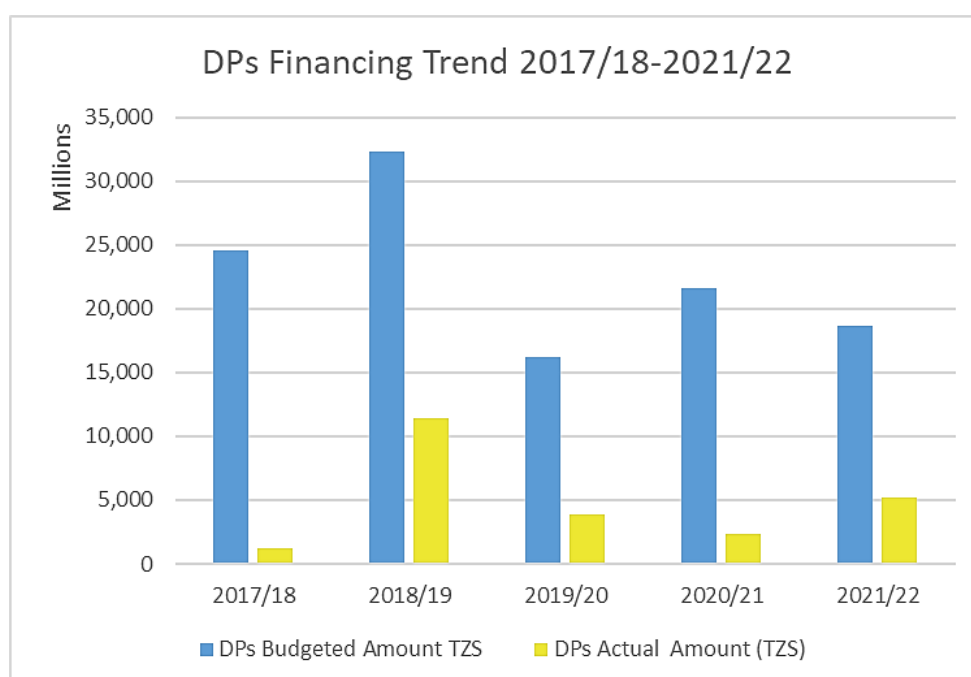


Figure 6 : External Financing trend, 2017/18-2021/22

Source: MoH Final Account Report 2021/22

2.3.8.Budget Performance

During the period of 2021/2022, a total of TZS. 197.8 billion were budgeted, out of those approximately TZS. 119.75 has been disbursed and spent. So, the budget performance was 61% which was slightly increased compared to 53.6% of 2020/2021.

2.3.9.Budget for Ministry of Health

During the financial year 2021/2022, the Ministry of Health, received a total of TZS 119,750,239,239.10 in the form of exchequer issues from President Office Finance and Planning. Out of the amount received, 31 percent was for Personal Emoluments, 9 percent for Development Contribution and Partners, 35 percent Development Loan and 2 percent Subvention for the MoH entities which include the Chief Chemist Laboratory Agency and Zanzibar Foods and Drugs Authority and 23 percent for Other Charges. For detailed see table 2. Overall amount received during the year under review was 61 percent of the estimated amount.

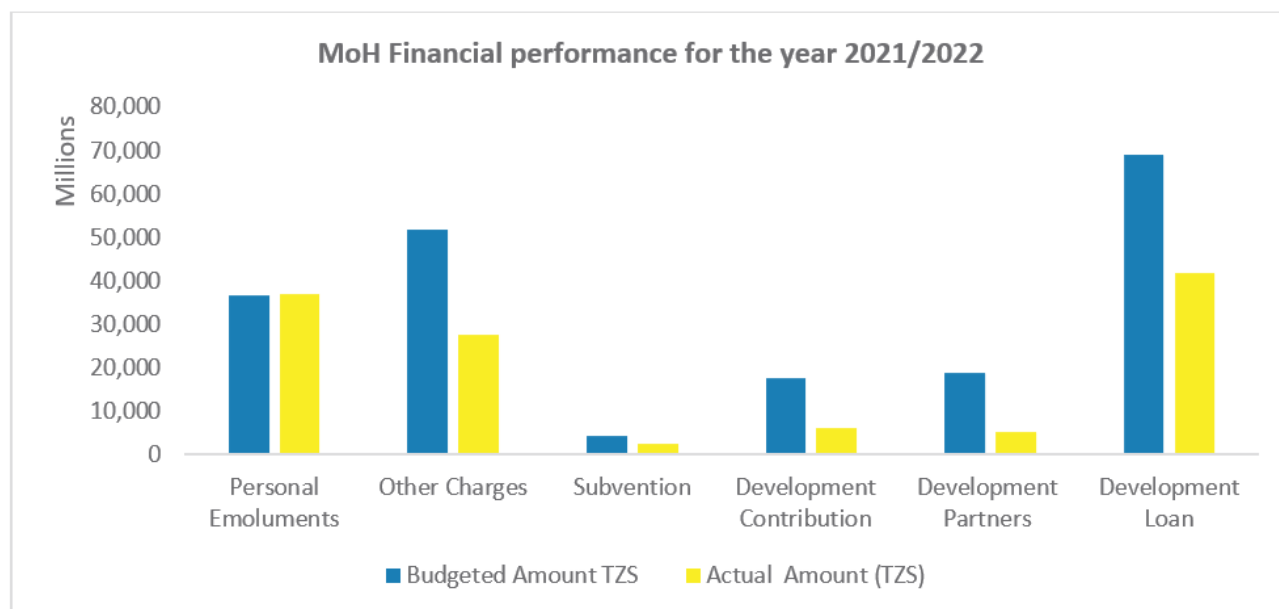


Figure 7 : MoH Budget Performance for FY 2021/22

Source: MoH Final Account Report 2021/22

No	Name of Institution	Subvention 2021/2022	Jurisdiction
1.	Chief Government Chemistry	925,501,323	Established by Act no.10 of 2011
2.	Zanzibar Food & Drugs Agency	1,430,224,425	Established by Act no. Act No 3 of 2017
3.	Zanzibar Health Research Institute	78,000,000	Established by Act no. 5 of 2020
Total		2,453,725,748	

Table 2 :MoH entities financial performance for the year 2021/2022.

Source: MoH Final Account Report 2021/22

2.3.10.Mnazi Mmoja Hospital

Mnazi Mmoja Hospital (MMH) implemented its budget based on Medium Term Expenditure Framework and rolling medium term strategic plan. MMH had original budget of TZS 20,371,200,000 for the year ended 30th June, 2022 , whereby the total of TZS 16,977,732,990 (83.34) were received and spent of which TZS 14,347,998,940 (84.5%) for salary and TZS 2,629,734,050 being other charges. Also during this reporting period, Mnazi Mmoja Hospital received TZS 1,993,798,819 to procure medicine and medical equipment as shown in the table below:

SOURCE OF FUNDS	PURPOSES	AMOUNT (TZS)
PMU	Procurement of medicines and supplies	1,664,563,759
PO Finance and Planning	Procurement of medical oxygen	329,235,060
Total		1,993,798,819

Table 3 : MMH financial performance for the year 2021/2022

Source: MMH Final Account Report 2021/22

2.3.11.Off- Budget Health Expenditure 2021/22

In order to improve sector ownership and accuracy of the data collected, the Ministry of Health (MoH) in close collaboration with the Health-DPG and UNICEF, embarked on a transformative initiative to institutionalize the tracking, reporting on and management of off-budget financing in the health sector. The ultimate goal of this exercise is to improve health sector planning and coordination, resulting in better budget formulation, planning, prioritization and execution. Currently, the division of planning and budgeting collating grant disbursement and expenditure data from different programs and units. Table below shows grants disbursed and spent for FY 2021/22.

FY 2021/2022		
Ministry of Health-Programs/Units	GRANT DISBURSEMENT	GRANT EXPENDITURE
Child protection program	517,518,211.00	517,518,211.00
Environmental Health Unit	336,977,440.00	261,648,932.00
Gender	258,636,580.50	254,692,080.50
Integrated Reproductive and Child health Prog.	1,584,853,221.00	798,391,236.00
NCD Unit	12,244,600.00	12,244,600.00
Nutrition	860,058,000.00	835,335,000.00
Social Protection	674,059,543.60	673,170,543.60
Zanzibar Integrated HIV, Hepatitis, TB and Leprosy Program	5,668,729,914.38	3,647,029,245.78
Zanzibar Malaria Elimination Programme	11,117,180,125.85	11,442,335,138.06
Zanzibar Food and Drugs Authority	88,614,955.00	95,399,955.00
Zanzibar National Blood Transfusion Services	64,023,600.00	50,414,600.00
COVID-19	1,250,733,100.00	1,250,733,100.00
GRAND TOTAL	15,615,489,565.51	15,073,619,379.20

Table 4: Off budget by Programme/Units

Source: Department of External Finance –President's Office, Finance and Planning

2.3.12. Progress in developing health financing strategy

One among the strategic results of the Zanzibar Health Sector Strategic Plan IV is to increased financial resources for the health sector and used according to stated priorities. The desired success if this strategy is to have a well-developed financing strategy that will be implemented ensuring sufficient financing, equitable consumption of health services as well as protection against disastrous health events.

As the step toward, the MoH in collaboration with other stakeholders has made tremendous steps in development of the five years' health financing strategy 2023-2027. Strategic focus areas of Zanzibar Health Financing Strategy include revenue collection, pooling of funds, strategic purchasing mechanisms, governance and public financial management. Currently there are ongoing health financing reforms which include the introduction of Zanzibar Health Services Funds. The design and proposed bill completed in June 2022 and submitted to the House of Representatives for approval.





3

Chapter

Health Investments Achievements and Performance

3.1.HIV, Hepatitis, TB & Leprosy

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

The proportion of people tested for HIV and received their results in 2021 was 14% (223,925) which is lower of the set program target of 24% of the projected population. This was due to inconsistent availability of HIV test kits in testing sites.

3.1.2.Percentage of pregnant women with known HIV status

The percentage of pregnant women attending ANC services and knowing their HIV status was 83.5% in 2021 which is slightly lower compared with 84.9% in 2020, where the program set target was 100%. This was mainly caused by the inconsistent availability of HIV test kits at health facilities and a low number of pregnant women using the ANC services in Micheweni district. However, Kati district had the highest percentage (122.3%) while Micheweni district had the lowest (62.6%) ANC-HIV- testing rate.

3.1.3.Percentage of infants born to HIV-positive mothers who receive HIV antigen test (DNA PCR) within 2 months of birth

The percentage of infants born to HIV-positive mothers who received an HIV antigen test (DNA PCR) within 2 months of birth in 2021 was 89.8% which is higher compared 78.7% in 2020, whereby the actual performance was still low compared to the national target of 95%.

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

The number of notified cases all forms of TB – bacteriological confirmed, plus clinical diagnosed new and relapse cases slightly increased from 1,074 in 2020 to 1,094 in 2021 which is still below of the program target of reaching 1,966 cases. This was contributed by weak active case finding as well as inadequate TB screening among patients' seeking health services at health facilities.

3.1.5.Number of newly registered Leprosy cases

The Leprosy cases has declined from 130 in 2020 to 89 in 2021. Among those cases, 60 (67.4%) were Multi bacillary (MB), and 29 (32.6%) were Pauci bacillary (PB). The newly registered cases are lower than the national target of 172 clients. The low number of newly leprosy registered cases was caused by inadequate knowledge to identify leprosy cases among health service providers.

3.1.6. Number of HBV and HCV patients currently on antiviral treatment

A total of 22 clients out of 227 (151 Male and 76 females) HBV new enrolled clients initiated the HBV treatment in 2021, which is slightly higher than 17 out of 818 reported in 2020. The figure remains lower than the program target of 450 clients whereas, 16 HCV patients-initiated ART out of 22 HCV-positive cases enrolled in 2021 compared 3 patients out of 66 HCV-positive cases reported in 2020. Delay on treatment initiation is associated with stockout of ARV, delay of viral load test results and shortage of laboratory supplies and drug.

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

The number of clients diagnosed and treated for STIs/RTI has increased from 25,085 in 2020 to 30,173 in 2021, of which, females were 19,724 (65.4%) reported cases. Among the diagnosed cases 11,366 (57.6%) were vaginal discharge syndrome, 4,514 (22.9%) lower abdominal pain, and 3,844 (19.5%) urethral discharge syndrome.

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

The Percentage of PWID who received MAT services in 2021 decreased compared to 2020, which was 33% (858/2,600) and 35% (902/2,600) respectively, whereas 95.2% was male clients. Failure to achieve the set target (40%) was caused by having high 170/1,425 (12%) default rate of the enrolled client.

3.1.9. Number PLHIV who are currently on ART

The number of PLHIV who are receiving ART has increased to 7,486 (101%) 2021 as compared to 6940 (91.3%) in 2020 whereas, the projected target of 7,387. This achievement was due to close follow-up and increase adherence sessions to the enrolled client and improved escorted referral of positive identified clients to CTCs, who were initiated ART.

3.2.Malaria

3.2.1.Malaria incidence per 1000 population

The overall annual malaria incidence for 2021/2022 was 2.8 per 1000 population (>5 yrs 0.4, <5 yrs 2.4) compared to 5.7 for 2020/2021. This achievement was due to the multiple's interventions applied.

3.2.2.Malaria Cases (Confirmed)

In the year 2021/2022, a total of 4,806 malaria confirmed cases reported from health facilities and the community has decreased compared to 9,290 in 2020/2021 of which 95% (4,563) were fully investigated and the results shows 11% were indigenous and 89% were imported respectively. All cases were treated according to National malaria diagnosis and treatment guidelines.

3.3.Integrated Reproductive Maternal and Child Health (IRCH)

3.3.1.Institutional Maternal Mortality Ratio

Number of institutional maternal deaths has increased from 120 (2020) to 134 in 2021 leading to the maternal mortality ratio from 120/100,000 live births in 2020 to 134/100,000 live births in 2021. The reasons for increasing maternal deaths were caused by shortage of skilled personnel, essential delivery commodities in delivery services sites and delaying of seeking maternal care.



Figure 8 : Institutional Maternal Mortality Ratios (2017 - 2021), Zanzibar

3.3.2.Maternal and Perinatal Death Surveillance and Respond (MPDSR)

According to the reporting data, the perinatal data reviewed is improving whereby 49.6% were reviewed in 2021 compared to 33% in 2020. The target of perinatal death is 50% out of all perinatal deaths reported. Maternal and Perinatal Death Surveillance and Respond (MPDSR) was established in order to review the maternal and perinatal deaths occurring in health facilities and hospital. The aim was to identify the underlying causes in order to set practical recommendations.

3.3.3. Antenatal care contacts coverage (%)

In this reporting period ANC first contact coverage was 91.1% in 2021 compared to 80% in 2020, among pregnant woman attended ANC and receive services. The overall coverage target was 100 although the ANC fourth contact coverage was slightly decreased to 36% in 2021 compared to 37% in 2020.

3.3.4. ANC first visit coverage before 12 weeks

The women who are attending ANC before 12 contact of gestation age was slightly improved in 2021 by 14.1% compared to 13.7% in 2020 (Health bullet, 2021). Low performance on this indicator might be contributed to the low awareness among the pregnant women in attending ANC earlier.

3.3.5. Percentage of new acceptance of modern family planning

During this reporting period, the acceptance rate declined from 7.5% in 2020 to 6.9% in 2021 which was below the target of 9%. This performance caused by inadequate awareness and acceptance of community on using modern family planning services.

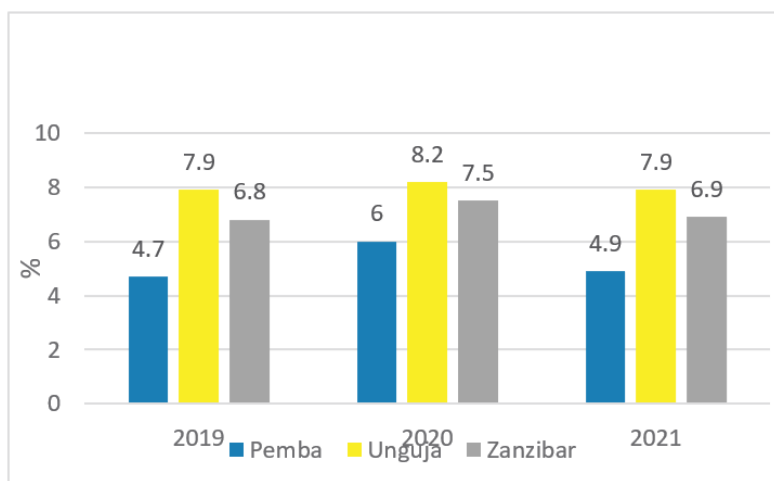


Figure 9 : Percent of new acceptance of modern family planning in Zanzibar - (2019 - 2021)

Source: Health bulletin, 2021

3.3.6. Percentage of pregnant women delivered in health facilities

During this reporting period, there was a slight increase number of women delivered in the health facility in 2021 (69.8%) compared to 2020 (66.3%) whereby the target was 100. In spite of a slight improvement, still there is a challenge of home delivery whereby 30.2% of pregnant woman delivered at home.

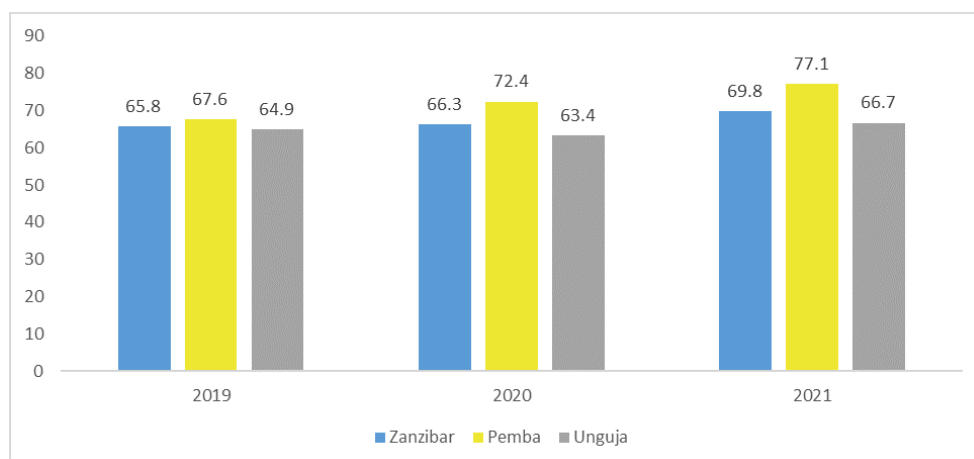


Figure 10 : Percentage of Pregnant women delivered in the health facilities, 2019-2021

3.3.7. Immunization coverage for children under one year

Immunization coverage under one year children decreased from 88% in 2020 to 82.5% in 2021. A slight decreased occurred in Penta 3 under one-year whereas the coverage was (82.5%) in 2021 compared to 2020 (81.0%). The national immunization target was not reached (>95%) due to the fact that, most of the clients refused to receive the multiple vaccine injection especially to children under one year.

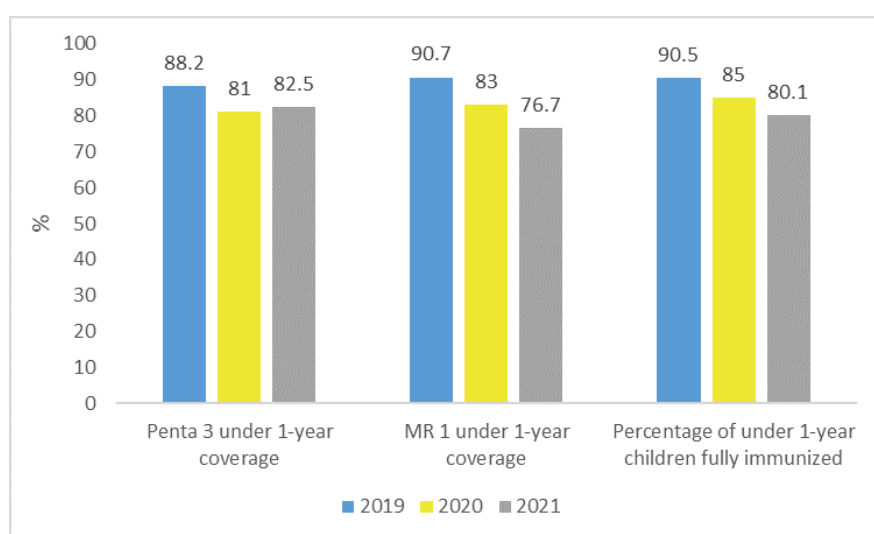


Figure 11 : Trends in Immunization Coverage for Children Under One Year (2019 - 2021), Zanzibar.

Source: DHIS2

3.3.8.Youth Friendly Services (YFS)

The coverage of youth friendly services extended to 12 centers (4 in Pemba and 8 in Unguja), whereby, among the services provided by YSF are counselling and testing of HIV, Education of adolescent of sexual reproductive age, Drug abuse, Gender violence and family planning services. For the period of 2021, number of YSF improved where 11,401 of the youths received YFS services compared to 8,711 in 2020. Availability of financial support for conducting training to health workers and Youth, Outreach services and number of youth centers has increased from 9 in 2020 to 12 centers in 2021 are the contributing factors for improvement youth friendly services.

3.4.Health promotion

3.4.1.Number and percent of Shehias covered with the community health minimum intervention package

A total of 388 shehia are covered with partial MIP such as, WASH, IRCH, Nutrition which are implemented by CHVs. In 2020/2021 there was no CHVs trained on MIP. The target of shehia implement full MIP with other programs like HIV, Malaria, NCD and NTD was 388 by 2021/2022.

The target was not achieved because of the scarcity of funds.

3.4.2.Percentage of CHV supervisors who received orientation training on community health intervention planning

In year 2021/2022, a total of 218 (100%) of the targeted CHV supervisors were trained on different community health interventions planning with the aim to improve health seeking behavior at community level. However, in 2022, it was observed that other trained CHVs supervisors do not exist anymore and there is a need to do the replacement to cover the observed gaps. In addition to that there are some interventions planned to be conducted to fix the identified gaps.

3.4.3.Percentage of shehias with functional Shehia Health Custodian Committees

The target for functional SHCC based on ZCHS by 2021/2022 was 388 (100%) currently there are 121(31%) trained functional Health Custodian Committees. Those shehias 267 which have not been trained are implementing community interventions and will be trained based on availability of funds.

3.4.4. Percentage of Shehias that have achieved the ratio of one CHV per 700 populations.

There is a total of 2,300 CHV documented in Zanzibar who serve 388 Shehias at a ratio of 700 people by providing different health services at the community level. A distribution of CHVs was based on the target population of Zanzibar. The target was to train 2300 by 2021/2022 .

3.5. Environmental Health

The Environmental Health Unit was established with the main objective of managing, coordinating and monitoring all aspects of Environmental Health with the aim of protecting the community from disease as well as reducing the harm and impact of environmental and protect the health of Zanzibari.

3.5.1. Percentage of households with toilet

The Ministry of Health through Zanzibar Environmental Health Unit (ZEHU) managed to conduct WASH Monitoring Assessment at households' level in year 2021/2022 in five districts (Unguja and Pemba). The assessment results showed the percentage of households with toilet has decreased compared to the baseline where the house with toilet was 70.3% compared to 80.7%. Low community awareness and sample size were among the reasons of having low coverage of households with toilet.

3.5.2. Percentage of IPC/ WASH practices in Health care settings

According to the Assessment of the Current Healthcare Waste Management and WASH Infrastructure and Practices (2021-2022) revealed that, 75% of the regional hospitals, 42.9% of the district hospitals, 46.8% of the PHCU+ and 26.5% were practicing IPC/WASH at their working areas. The low performance was due to the insufficient of IPC equipment's and supplies at health facilities and hospital level.

3.6.Occupational Health and Safety

3.6.1.Number of health workers who perform medical examination.

In 2021/2022 a total of 3,268 (14.3%) out of 22,901 health workers who performed medical examination were confirmed with different health concerns. The most leading diseases were High blood pressure 1,710 (52.3%) and urinary tract infection 1,543 (47.2%) while the least ones were typhoid 11(0.3%) and hepatitis C 4 (0.1%).

3.6.2.Percentage of workers who received OHS training

In 2021, a total of 50 (50%) out of 100 targeted health workers have received training on health and safety. Among the agenda of the training was the procedures to be taken when accident and injuries occurred at workplace. The remaining health workers will be captured as soon as after receiving fund commitment from the development partners.

3.7.Port Health

3.7.1.Number of travelers screened at PoEs

In the year 2021/2022, a total number of travelers screened at airport and seaport were 534,310 (100%) of which 78% were local travelers and 22% were foreigners compared to 1,042,537 in 2020/2021. The results revealed only 9 (0.002%) travelers were suspected with Covid -19 but none of them revealed positive.

3.7.2.Number of air and sea transport vehicles inspected

In this area of health care delivery at the port, a total of 8,769 vehicles (1,826 maritime ports and 6,928 air ports) were inspected and it was found that 15 (0.2%) of vehicles from the sea port were found to have health defects and they were treated accordingly.

3.7.3.Number of travelers vaccinated

During the reporting period (2021/2022), a total of 5,836 (100%) of the travelers were vaccinated before they travel compared to 970 from the year (2020/2021). Where 4,500 was the target and manage to achieve 21.6% which imply low performance due to decreasing number of clients to access the services. Among they vaccines offered includes yellow fever 1,270 (21.8%), hepatitis B-960 (16.4%) and Covid-19, 3,606(61.8%).

3.8.Primary Eye Care (PEC)

3.8.1.Number of health workers trained on PEC

In this reporting period, a total of 17 (53%) out of 32 targeted health workers were trained in basic PEC components. The target was not reached due to the fact that the activity planned to be conducted in two phases, whereas phase completed already and second phase planned to be conducted by next year.

3.8.2.Number of patients screened and operated during the outreach

A total of 442 (M -189 and F - 253) out of 100 targeted were reached and screened where by 119 (26.9%) detected with cataract and successfully operated. Community awareness was among the factor contributed the high achievement of this indicator.

3.9.Mental Health

The major function of mental health is provision of mental health care and coordination of justice and wellbeing of the people with mental health problem in Zanzibar

3.9.1.Number of outreach program conducted

A total number of 22 outreach (Kusini-7 and Kaskazini A -15) was conducted, where by 3,256 (males 943 and females 2,313) community members were screened . The results indicated that 879 (27%) had mental health problems such as anxiety and depression.

3.9.2.Number of children with mental health problems reported

A total of 2,383 children (1,427 females and 956 males) in 2021/2022 and a total of 1,240 children (784 males and 456 females) in 2020/2021 was attended clinics in rural and urban areas and received mental health treatment.

3.9.3.Number of clients received psychological treatment:

To promote rural mental health services and hospitals for the period from July 2021 to June 2021, a total of 2,713 clients (males 611 and 2,102 females) attended the clinic for psychotherapy

3.10.Non-Communicable Disease (NCD)

3.10.1.Death rate due to road traffic injuries

In 2021/2022 death rate was decreased by 1.1 % compared to 2020 / 2021. A total of 71(1.7%) Death due to road traffic injuries was reported in 2021/2022 compared to 120(2.8%) reported in 2020/2021.

3.10.2.Number of patients screened on NCD

Number of patients with hypertension screened from health facility and community level increased from 21,318 in 2020/2021 to 37,528 in 2021/2022. Whereby number of newly diagnose hypertensive patients decreased from 5.8% 2020/2021 to 3.7% 2021/2022. Also, number of patients attended in diabetic screening increased from 6,909 2020/2021, 12,824 in 2021/2022, and newly diagnosed was slightly reduced from 3.44% patients to 3.35%. The number of patients in diabetic screening services seems to be higher in 2020-2021 compared to 2021-2022. This is due to the scarcity of resources especially medical equipment and some reagents.

3.11.Neglected Tropical Diseases

3.11.1.Prevalence of schistosomiasis in the general population

Overall prevalence of schistosomiasis was 1.7% (Unguja 1.9% and Pemba 1.5%). which was below the set target of <1%. Annual survey on schistosomiasis was conducted covering most prevalent shehias 94 (47 in Unguja and 47 Pemba).

3.11.2.Prevalence of lymphatic filariasis in the general population

The overall prevalence of infection in the sentinel sites and spot check areas investigated was 3.5% which is below the set target of <1%. The LF antigenemia prevalence was significantly higher 5.0% in Pemba than in 2.0% Unguja island. A total of 2,572 individuals age ranged between 5 and 86 years old were assessed for filariasis morbidity during the survey.

3.11.3. Number of People Requiring Interventions Against Neglected Tropical Diseases (NTD)

The result of the MDA exercise in 11 districts showed that therapeutic coverage of Albendazole was 1,409,748 (95%), Praziquantel 1,173,824 (79.5%) and Ivermectin 1,188,104 (80.3%) of 1,477,053 targeted population reached and ingested drugs. The program managed to reach therapeutic coverage target set of 75%. As shown in the figure no 12 therapeutic coverage type of drugs ingested by islands

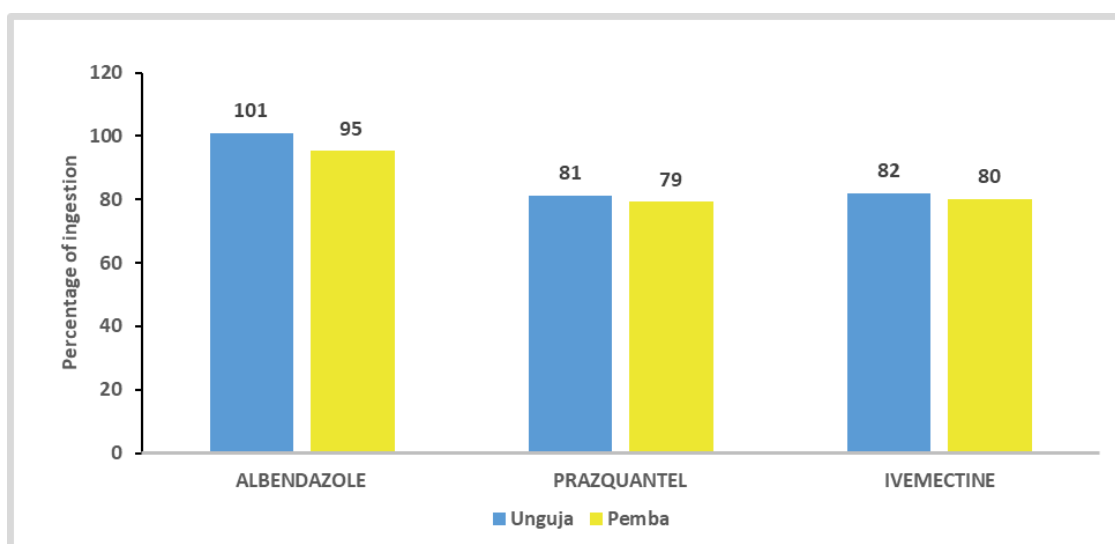


Figure 12 : Percentage of people who ingested MDA drugs by island and type of drugs, March 2022, Zanzibar

3.12. Health System Leadership and Governance

3.12.1. Directory and Agency

The Ministry of Health is composed of eight directorates under the leadership of the Minister, Deputy Minister, Principal Secretary. These directorates are Planning, Policy and Research, Administration and Human Resource, Preventive Services and Health Education, Chief Government Chemist, Chief Government Pharmacist, Central Medical Store, Zanzibar Health Research Institute and Mnazi Mmoja Hospital. There is also the Office of the Health Coordinator, which oversees implementation and administration for all directorates in the Pemba.

3.12.2. Board and Council

Leadership and Governance includes all professional boards and councils exist in the ministry of health established by laws of the country to govern the professional codes of conduct and staff accountability. There are also boards and councils established to monitor the quality of services and other products such as food and medicines. This section describes the progress made in the implementation of the planned intervention for the prosperity of the boards and councils.

3.12.3.Zanzibar Food and Drug Agency (ZFDA)

Zanzibar Food, Drugs and Cosmetic Agency (ZFDA) is a semi-autonomous entity established under Act No. 2 of 2006 and it's an amendment Act No 3 of 2017. The role of this institution is overseeing safety, quality and effectiveness of food, drugs, cosmetics and medical devices for the purpose of protecting public health. The organization implement its role by conducting premises inspection and registration of food, drugs, cosmetics and medical devices and perform laboratory analysis of these products.

3.12.4.Percentage of premises inspected

During the financial year of 2021/2022 ZFDA has planned to inspect a total of 4,350 premises and 10 factories. By the end of June, 2022, a total of 3,839 (88%) premises were inspected. The inspection was including areas of food (2,986), medicine (725), cosmetics (110) and medical devices (18) and one foreign pharmaceutical industry (India). The results of this inspection have shown that measures were taken for fifteen (15) locations, a total of (6) large drug stores and nine (9) small drug stores that sell these drugs were temporary restricted from continuing with their businesses until they meet the required standards.

3.12.5.Percentage of Premises registered

During fiscal year of 2021/2022, ZFDA planned to register 1,132 premises, and managed to register 1,552 (132%). Among the categories of the premises registered including 1,164 food, 287 medicines, 82 cosmetic and 19 Medical Devices.

3.12.6.Percentage of product registered

In its role of product registration, during fiscal year 2021/2022, ZFDA planned to register 112 products. However, they achieve to register 84 product (75%) These products include 80 food, 2 Medicines and 2 cosmetics.

3.12.7.Percentage of samples analyzed

During the implementation period of 2021/2022, ZFDA has planned to analyze 2,500 samples. A total of 2,473 products were investigated (99%) including 2,139 Food, 146 Medicine ,165 Cosmetics and 23 Medical Devices. Among the food samples analyzed, 1605 passed for human consumption, 305 failed and 229 were for information only. Also, among 165 cosmetics samples analyzed, 164 passed and one ifailed. All 146 medicine samples analyzed passed and among 23 Medical Devices samples analyzed 22 were passed and one failed.

3.13.Chief Government Chemist Laboratory Agency (CGCLA)

The Chief Government Chemistry Laboratory Agency established under Act, No. 10 of 2011. It is the principal advisory body of the Government on laboratory analysis related to forensic sciences, food and drugs, chemical and environmental management and it is the higher (referral) institution concerning analytical results related to its functions. In performing its functions, it provide diagnostic services for technical and scientific evidence including criminal cases, DNA, poison, and food. In addition, the Agency has the role of chemical management that involves inspection and registration of chemicals and chemical premises.

3.13.1.Number of samples analyzed

During the implementation period of 2021/22, 1,673 samples were analyzed, of which 64% of 2,600 samples targeted compared with 2020/2021 in which the target was 2,220, but they were managed to implement 1,963 samples

These samples include drinking water, food, cosmetics, soil, cleaning material and medical commodities. The target was not achieved due to different reasons including low awareness among clients on diagnostic services, unavailability of the reagents, high maintenance cost for DNA machine. and delaying of the sample results whereby some entity of the samples to be analyzed in chief government chemist in Tanzania Mainland.

3.13.2.Number of chemicals registered

In the FY 2021/2022, Chief Government Chemist Laboratory Agency targeted to register 120 chemicals but they achieved to register 80 (66%) and provided permits for the registered chemicals compared with 2020/2021 in which only 67 of the chemicals were registered out of 102 targeted. In addition, the Agency collected information for the expired chemicals in different private and government institutions, which deals with chemical including schools and universities from both Islands (Unguja and Pemba).

The target was not reached due to different reasons including lack of online registration system, low awareness among clients/customer, insufficient chemicals inspection led to low number of the chemicals to be registered.

3.13.3.Number of chemicals premises inspected

In 2021/2022, the Chief Government Chemist Laboratory Agency targeted to inspect 160 chemicals premises but they were managed to inspect 73 premises including schools, government and private factories compared to 2020/2021 where by number of chemicals premises inspected was 79 out of targeted 211. The target was not achieved due to shortage of competent inspectors and in sufficient transport for inspection.

3.13.4. Number of chemical premises registered

The fiscal year of July 2021 to June 2022 was targeted to register 1,800 premises and they are achieved to register 1,690 compared to 2020/2021 in which the chemical premises registered were 1,749 out of 1,864 targeted. The target was not reached due to low awareness among many clients and in sufficient number of inspections conducted.

3.14. Zanzibar National Blood Transfusion Services

The Zanzibar National Blood Transfusion service (ZNBTs) is a program under the Ministry of Health Zanzibar. It was established through a cooperative agreement by United States Center for Disease Control and Prevention (CDC) and Ministry of Health, Community Development, Gender, Elderly and children Mainland and Zanzibar in the year 2004. The NBTs institutional setup has been transformed to respond to the roles and mandate of the program with regard to transfusion of safety blood.

3.14.1. Number of blood units collected

In this reporting period of July 2020 to June 2021, the unit managed to collect a total number of 16,039 of blood units which was equivalent to 100.2% over the set target of 16,000 blood units per annual. In 2021/22 the blood collected was 14,959 units which is equal to 93% of the blood collected. The achievement of the activity was contributed by presence of blood bank priorities.

3.14.2. Percentage of safety blood units distributed

During this financial year of 2020/21 ZNBTs distributed safety blood to all required hospitals, the plan was 31,298 where the supply was 15,891 equivalents to 50% of blood required. In this reporting year 2021/22 the plan was to distribute 43,589 and supply was 18,348 which equivalents to 42%.

3.14.3. Traditional and Alternative Medicine Services

The Zanzibar Council of Natural and Alternative Medicine is a body constituted in accordance with law no. 8 of 2008 where the main objective is to supervise and control the delivery of services and activities all related to natural remedies in the country. In performing its task, it registers traditional medicine practitioners, traditional medicines as well as supervising traditional shops. The results of this is as follows:

3.14.4. Number of traditional and alternative medicines registered

In the financial year 2021/2022, Traditional and Alternative Medicine Services targeted to conduct 80 registrations which include premises, traditional shops and clinics, traditional medicine practitioners as well as registering assistant traditional practitioners. The achievement was 81- above the set target.

3.14.5. Number of traditional and alternative medicine inspected

In the financial year 2021/2022, Traditional and Alternative Medicine Services targeted to conduct 400 inspections. The progress showed that only 253 inspections were covered which is equivalent to 63%. The inspection conducted including 218 traditional premises and 35 unlicensed sellers of traditional and alternative medicines.

3.15. Private Hospital

3.15.1. Private Hospital Advisory Board

The Board established under The Private Hospital Act, no 4 of 1994 with the role of controlling the provision of health services at the Private health facilities, which is done by conducting registration, licensing and inspection.

3.15.2. Percentage of new private health facilities licensed

A total of 31 applications for opening new private health facilities have been received at Private Hospital Advisory Boards in 2021/2022, among those 19 (61.2%) met criteria and they were given licensed to operate their facilities. The distribution of health facilities by districts are: - Mjini (1), Magharibi A (6), Magharibi B (1), Kati (1), Kaskazini A (5), South (4), and Micheweni (1).

3.15.3. Proportion of Private Hospitals, Dispensary and Clinics Inspected

In the financial year 2021/2022 a total of 116 (74.8%) out of 155 hospitals were inspected. Results revealed that 13 (11.2%) facilities were found to miss some regulatory criteria these include substandard infrastructures, unprofessional staff, in-adequate staff and insufficient medical equipment.

3.15.4. Zanzibar Medical Council (ZMC)

The Council established under the Medical Practitioners and Dentists Act No. 12 of 1999; which has the role of ensuring ethical standards among clinicians are adhered. This role is fulfilled by registration and licensing for Medical Practitioners and Dentists for controlling their practice and code of conduct.

3.15.5. Percentage of new clinicians registered

During the implementation year of 2020/2021, Zanzibar Medical Council planned to register 250 new clinicians. Up to the end of June-2022, a total of 278 (111.2%) were registered and 473 clinicians have renewed their licenses.

3.15.6.Zanzibar Nurses and Midwives Council

The Zanzibar Nurses and Midwives Council was established under the Act, No. 5 of 2014. Its role is to ensure nurses and midwives are practicing according to their professional ethics and regulations. In the implementation of the Nurses and Midwives Act No. 5 of 2014, the Council has the role of registration and licensing for Nurses and Midwives practices and ethical code of conduct.

3.15.7.Percentage of new nurse and midwives registered and licensed

Number of registered nurses and midwives decreased from were 557 in 2020/2021 to 550 in 2021/2022. However, eight cases of malpractices have been reported which lies on misconduct, disqualified in practicing, evil language to the patient and practice without license. All cases discussed in ethical committee and disciplinary actions has been taken.

3.15.8.Zanzibar Public and Environmental Health Practitioner's Council (PEHPCO)

The public and environmental health council was established under the Public and environmental health Practitioners Act, no. 15 of 2012. Some of the main roles of this council is to register and licensing practitioners, overseeing the quality of public and environmental health services as well as advising Ministry of Health on matters pertaining to public and environmental health.

3.15.9.Number of laboratory practitioners registered

In this reporting period July of 2021 to June 2022, the number of laboratory practitioners registered was 334 but there is no any renewed licensed due to the fact that this board was just established and start working official in December 2021.





4

Chapter

Medicine and Medical Supplies

Medicine and Medical Supplies

The availability of medicine and other medical products is very crucial as it facilitates the provision of health services in an easy and friendly manner. The following section provides a brief description on the availability of health products in the provision of health services in the Isles.

4.1. Total Health Budget v/s Health Commodities Budget

Budget for health commodities in 2022/23 increased compared to 2021/2022. The budget for procurements commodities is only needed after conducting the quantification of disbursed items in different levels.

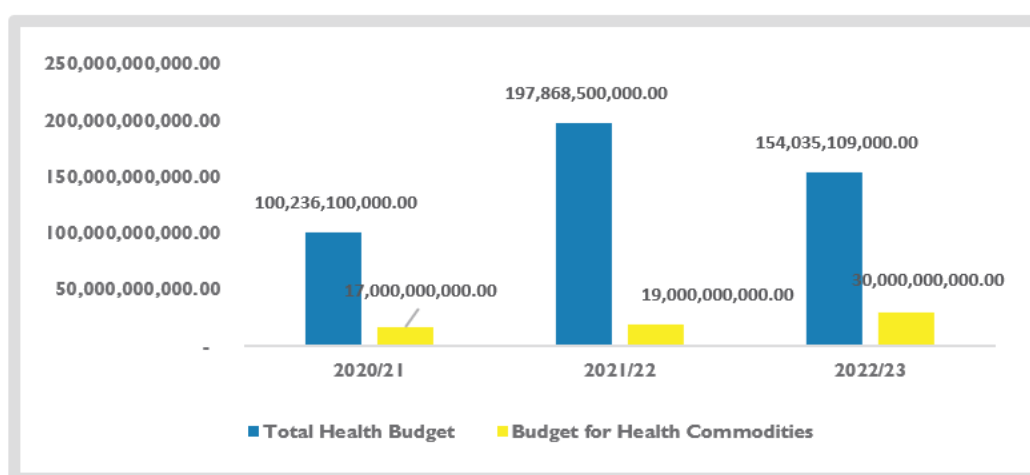


Figure 13 : Percentage of funds allocated for essential health commodities.

4.2. Percentage of facilities that meet standard storage conditions

There is an improvement of 3% in health facilities with standard storage conditions compared to the previous year. The proportion of 89 health facilities meet the standard conditions compared to 86% in the previous year. Despite of this improvement, there are still prevailing challenges for other facilities with inadequate storage space. It was also observed there are no guidelines on facility storage specifications (how much minimum space per facility level) in all health facilities. This has affected space availability, especially after the introduction of bulky supplies such as LLINs in lower HFs.



5

Chapter

Human Resource for Health

5.1. Percentage of staff trained as per HRS development plan

During this reporting period, the Ministry of Health planned to train (short and long term) a total of 264 staff from different directories as stipulated in the HRH development plan of 2019/2024. A total of 205 (77.7%) staff were sent for different training institutions to upgrade their knowledge and skills to improve health services delivery at all levels. The results are below the set target due high demand of staff to the facility level.

5.2. Doctor population ratio

In this reporting period, the doctor population ratio was 1: 4,374 which was above of the set target of 1:4000 from M and E framework. The results were below the set target because in 2021/2022 didn't recruit any staff under the budget of 2022/2023.

5.3. Nurse population ratio

Based on the human resource development report (2019), the nurse population ratio is 1: 1,131 while the baseline was 1: 1,314. Though there is an improvement, but still there is a shortage of nurses in health facilities and hospitals based on the actual population. It was noted that some of the nursing officers are changing their professional which contribute the shortage of nursing in hospitals.

5.4. Attrition rate

In the year 2021/2022 the rate of attrition is becoming high. A total ratio of 4:6324 of the staff who take leave without pay who decided to work to international or national organizations.





6

Chapter

Health information system

Health information system

The Ministry of Health has several systems in place for data collection and generating regular reports thereby helps monitoring the progress of implementation of different interventions and plan. Health facility data are generated through IDSR, LMIS which are integrated into DHIS 2 database. These different sources are used to collect data from all public and private health facilities. However, community health data are partly integrated into DHIS2 as part of health system strengthening whereby more efforts will be made to make sure that all community data are well integrated in the central system. Also, other health information is collected through civil registration and vital statistics system. Whereby, these data are collected by the MoH in collaboration with ZPC and OCGS. Hence, it is necessary to register all vital events including births and deaths. Furthermore, in the year 2021/2022, other health data was collected through population-based survey. These data including census and DHS which are vital for health planning on making informed decision. The following are key indicators that used to measure performance of the health information system:

6.1. Percentage of MoH units submitting reports timely

The proportion of MoH unit submit and report timely in the DHIS2 database was 95% in 2021 as compared to 77% of 2020, the performance increased in 2021. In line with this, the immunization form scored the highest of 85.5% on timeliness submission than other clinic report form that scored the lowest of 62.0%. This increase was caused by close follow up to facility data officers with support of mentorship and coaching whenever gap identified but also more efforts will be made to improve report timeliness across all levels to reach the target of 100%.



6.1.1. Percentage of unit (hospital and health facilities) receiving supervision

In the year July,2021-June,2022, annually supportive supervision was conducted to 23 health facilities (15 Unguja and 8 Pemba) and 7 hospitals (2 Unguja and 5 Pemba). The objective was to assess performance of these facilities on compliance of services delivered aspects and planned activities at all levels. The findings revealed that the coverage of implementation reached the set target of 100% whereby 97% of health facilities and hospitals were supervised. Furthermore, it was observed that there was an improvement to the compliance of using guidelines at health facilities and hospitals compared to the previous supervision where a total of 28 (93%) out of 30 visited health facilities and hospitals have a better understanding on uses of guidelines such as IDSR (Integrated Disease Surveillance and respond), universal access to malaria diagnosis guidelines, STI and Family planning.

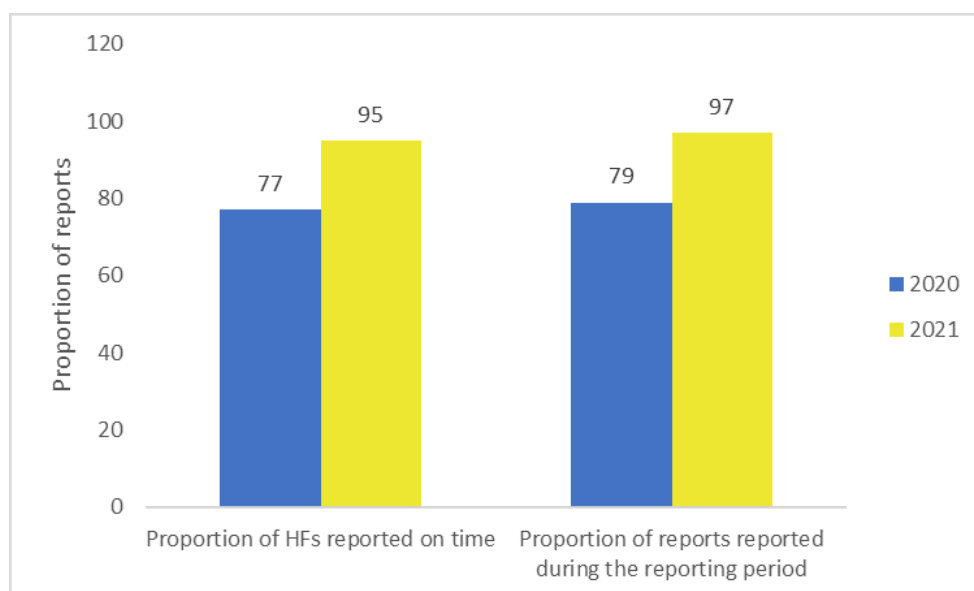


Figure 14 : Percentage of MOH units submitting reports timely, Zanzibar 2020-2021

6.1.2. Number of research proposal meet ethic standards

For July, 2021-June, 2022, a total of 111 (29-projects and 82 students) proposals have been submitted to ZAHREC for approvals. Out of those 110 (90%) met ethical standards while 1(10%) didn't qualify.

6.2.Digital Health

6.2.1.Percentage of health facilities using the EMR system

In 2021/2022, Ministry of Health succeeded to roll-out ZanEMR for all Districts Hospitals and Regional Hospitals at Pemba in order to have active EMR for patient recording. Similarly, in line with digital health strategy the Ministry invested lots of resources equipping electronic devices including computers and networking at Primary and National level of health facilities so as to facilitate implementation of the strategy with emerging new technology on the health sector.

6.2.2.Percentage of health workers using EMR system for each patient encounter

In the implementation of EMR all hospitals at Pemba (Abdulla Mzee Chakechake, Wete, Micheweni and Vitongoji) users acquired training on how to use ZanEMR in their departments including Outpatient Departments. In patient Department, Pharmacy and Laboratory. (71.4% at Secondary level of Health Delivery). More follow up needed in order to provide accuracy data.

6.2.3.Percentage of health facilities with telemedicine facilities

Ministry of health through USCAF support implement phase one of the implementation of telemedicine, which cover two Hospitals (Mnazimmoja and Abdulla Mzee) with successful connections to Muhimbili National Hospital, Muhimbili Orthopedic Clinic and Jakaya Kikwete Cardiac Institute. Both two hospitals received all (100%) telemedicine equipment and ready for installation.

6.2.4.Functional Community Digital Health Information System

In the year 2021/2022, Community Digital Health Information System is well-functioning 100% where about 2,300 CHV work in all 388 Shehias Unguja and Pemba are using Jamii ni Afya system to send data based on Reproductive, maternal and Child health, ECD, Nutrition and WASH. Also, CHV supervisions perform duties effect one supersaver should supervise CHV between 20-39 CHVs. Each District has system Supervisor/Data Manager and Central their system Administrator.



7

Chapter

Challenges and Recommendations

Challenges and Recommendations

7.1.Challenges

1. Inadequate Human Resources for Health is contributed by numerous factors such as staff turnover, retirement in the Program and Health facilities as well as frequent staff allocation.
2. Low coverage of HIV test for exposed infant at three months after cessation of breast feeding
3. Missed opportunity for re-test of pregnant /breast feeding women at RCH clinics
4. Shortage of syphilis and hepatitis test kits
5. Low coverage of male involvement in PMTCT services
6. Few hospitals provide neonatal services
7. Nutritional problems in women of reproductive age and under fives
8. Expiring of Integrated Non-Communicable Diseases Strategy II and Action Plan for Zanzibar 2014-2019
9. Limited budget allocation (Government and donors) to support implementation of planned activities
10. In-adequate medical equipment and supplies at health facilities
11. Inadequate reproductive and child health commodities, medical equipment and supplies
12. Inadequate data quality assessment in term of completeness, correctness, timeliness and consistency.

7.2.Recommendations

These recommendations are expected to be implemented in the next year Plan (2023/2024) for improving future performance.

1. Support sufficient availability of human resources for health by employing new staff, replacement of competent staff to the area with needs based on the qualification's
2. Strengthen health education to the facility and community on important of HIV testing through different ways such as medias and meetings
3. Reinforce neonatal wards services to at least one hospital per region/district
4. Design and implement nutritional interventions for WRA to pregnant women and under-fives
5. Ministry of health should mobilize other financing options to be able to compatible with the implementation plan
6. Other advanced and technical method of observing MDA drugs should be applied instead of using only direct observation.
7. Support procurement of medical equipment and supply so as to strengthen health system
8. Sufficient reproductive and child health commodities, medical equipment and supplies should be provided.
9. Strengthen strong coordination between the Ministry of Health and stakeholders which support the programs in planning and implementation of planned activities.
10. Reinforce the uses of collected data all levels (community, health facility, district and programs) to improve the quality of data (completeness, correctness, timeliness and consistency).
11. The data should be adequately produced in its accuracy, quality and efficiency based on demand of the Ministry so that the information can be easily obtained and used.
12. The Ministry have to strengthen human resource by ensuring that most of staff especially those by which the nature of their work are data related duties have capability and capacity of managing data.

Annex 1: Distribution of the Public Health Facilities as of June 2022 - Zanzibar

District	Primary Level				Secondary level			Tertiary Level	Total
	PHCUs	PHCUs (+)	Total	PHCC	District Hos	Regional Hospital	Tertiary hospital		
Mjini	7	3	10	0	0	0	1	11	
Magharibi A	7	1	8	0	0	0	0	8	
Magharibi B	8	4	12	0	0	0	0	12	
Kaskazini A	14	3	17	0	0	0	0	17	
Kaskazini B	10	2	12	0	0	0	0	12	
Kati	21	4	25	0	1	0	0	26	
Kusini	9	2	11	0	2	0	0	13	
Unguja	76	19	95	0	1	0	0	96	
Mwele	17	3	20	0	1	0	0	21	
Michevuni	12	3	15	1	0	1	0	16	
Chake Chake	13	4	17	0	0	1	1	19	
Mkoani	14	13	27	1	3	1	1	33	
Pemba	56	32	88	1	5	1	1	96	
Zanzibar	132	32	164	1	5	1	1	172	

Annex 2: Summarize the HHTLP performance indicators

Indicators	Target	2018	2019	2020	2021	Status
The proportion of people who were tested for HIV and received their results within the past 12 months	24%	16.1%	16.7%	13.9%	14%	Slightly Increased
Percentage of pregnant women with known HIV status	100%	93.7%	87.8%	84.9%	83.5%	Decrease
Percentage of infants born to HIV positive mothers who receive HIV antigen test (DNA PCR) within 2 months of birth	95%	64%	78.3%	78.7%	89.8%	Increase
Number of notified cases all forms of TB - bacteriological confirmed plus clinical	1,366	944	967	1,074	1,090	Increase
Number of all newly registered Leprosy cases	172	82	163	130	89	Decrease
Number of all HIV patients currently on antiretroviral treatment	450	43	46	17	22	Increase
Number of HCV patients currently on antiviral treatment	34	0	0	3	16	Increase
Number of men and women diagnosed with treatment for STIs/RTI	10,610	13,335	17,115	25,085	30,173	Increase
Percentage of people who inject drugs and treated for Opiate substitution therapy (OST)	40	16.3%	22%	35%	33%	decrease
Percentage of PUHIV who are currently on ART	95	92.5%	93.2%	98.9%	98.6%	decrease

Annual Health Sector Performance Report

Annexes

Annex 1: Distribution of the Public Health Facilities as of June 2022 - Zanzibar

District	Primary Level				Secondary level		Tertiary Level	Total
	PHCUs	PHCUs (+)	Total	PHCC	District Hos	Regional Hospital	Tertiary hospital	
Mjini	7	3	10	0	0	0	1	11
Magharibi A	7	1	8	0	0	0	0	8
Magharibi B	8	4	12	0	0	0	0	12
Kaskazini A	14	3	17	0	1	0	0	18
Kaskazini B	10	2	12	0	0	0	0	12
Kati	21	4	25	0	0	0	0	25
Kusini	9	2	11	0	1	0	0	12
Unguja	76	19	95	0	2	0	1	98
Wete	17	3	20	0	1	0	0	21
Micheweni	12	3	15	0	1	0	0	16
Chake Chake	13	3	16	1	1	0	0	18
Mkoani	14	4	18	0	0	1	0	19
Pemba	56	13	69	1	3	1	0	74
Zanzibar	132	32	164	1	5	1	1	172

Annex 2: Summarize the HHTLP performance indicators

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Percentage of infants born to HIV-positive mothers who receive HIV antigen test (DNA PCR) within 2 months of birth	95%	64%	78.3%	78.7%	89.8%	Increased
Number of notified cases all forms of TB – Bacteriological confirmed plus clinical diagnosed new and relapse cases	1,966	944	967	1,074	1,090	Increased
Number of all newly registered Leprosy cases	172	82	163	130	89	Decreased
Number of HBV patients currently on antiviral treatment	450	43	46	17	22	increased
Number of HCV patients currently on antiviral treatment	34	0	0	3	16	increased
Number of men and women diagnosed with and treated for STIs/RTI	10,610	13,335	17,115	25,085	30,173	Increased
Percentage of people who inject drugs receiving Opiate Substitution Therapy (OST)	40	16.3%	22%	35%	33%	decreased
Percentage of PLHIV who are currently on ART	95	92.5%	93.2%	98.9%	98.6%	decreased

Annex 3: Number of nets issued in each district

District	Quantified/ Target	LLINs Issued	% of LLINs Issued
Mjini	56,065	49,491	88
Kaskazini A	82,147	80,502	98
Kati	58,642	57,389	98
Magharibi A	90,445	84,779	94
Kusini	26,467	25,116	95
Kaskazini B	53,799	50,523	94
Magharibi B	82,825	78,232	94
Wete	80,853	78,448	97
Mkoani	71,857	68,642	96
Chake	73,473	71,149	97
Micheweni	69,847	68,601	98
Total	746,420	712,872	96

Annex 4: Budget performance for the year 2021/2022

Description	Total Budgeted	Total Actual	Percentage
Personal Emoluments	51,386,800,000	51,110,960,920	99.5%
Other Charges	57,371,808,000	30,163,687,876	52.6%
Subvention	4,385,000,000	2,453,725,748	56.0%
Development Contribution (DC)	17,493,313,260	6,187,079,911	35.4%
Development Partners (DP)	18,602,601,000	5,206,425,839	28.0%
Development Loan (DL)	69,000,177,740	41,606,091,935	60.3%
Total	218,239,700,000	136,727,972,229	62.7%

Annex 5: Community indicators for 2021-2022

Type of indicators	Period	
	2021	2022
Percentage of women delivering at home reported by CHVs from the community	0.62	2
Percentage of (still birth) children born dead from home deliveries reported by CHVs	25.1	71.8
Percent of referred clients who received the services they needed in community	18.7	22.6
Percent of children under 6 months exclusively breastfed in community	83.8	84.3
Percent of children referred to health facility who completed their referral in community	19.6	20.8

Annex 6A: Public Health Facilities – Unguja

Mjini	Magharibi A	Magharibi B	Kaskazini A	Kaskazini B	Kati	Kusini
PHCUs	PHCUs	PHCUs	PHCUs	PHCUs	PHCUs	PHCUs
Shaurimoyo		Fuoni Kibondeni	Tumbatu Jongowe			
	Betras			Donge Vijibweni	Machui	Muungoni
Kidongo Chekundu	Kizimbani	K/ Samaki	Kidoti	Upinja		
Kwamtipura	Chuini	Kisauni	Kijini	Fujoni	Kiboje	Kibuteni
	Bumbwisudi	Bwefum		Bumbwini Makoba	Bambi	Mtende
Matarumbeta	Mtofaani	Mbweni	Gamba	Zingwezingwe	Umbuji	
	Welezo	Shakani		Kiwengwa	Pongwe	K. Mkunguni
Kidutani	Kianga	Magirisi	Pwani Mchangani	Kitope Mbaleni	Uroa	
Bandarini		SOS PHCUs	Chaani Masingini	Kiongwe	Charawe	K. Dimbani
Sebleni			Chaani Kubwa	Mgonjoni	Ukongoroni	Bwejuu
		PHCUs+	Tazari	K/Mvua	Uzi	Paje
	PHCUs+	Fuoni	Mkokotoni		Tunguu	Michamvi
PHCUs+		Chukwani	Donge Mchangani		Ndijani	Kajengwa
Mpendae	1. Selem	Magogoni	Kendwa	PHCUs	Mseweni	
Chumbuni		Kombeni	Kigomani	Bumbwini Misufini	Ndijani kwa Baniani	PHCUs+
Rahaleo			Nungwi maafa	Mahonda	Dunga	
			Mbuyumaji PHCUs+		Mchangani	Jambiani
			Tumbatu Gomani		Marumbi	Muungoni
Referral hospital			Nungwi		Jendele	
1. Mnazi Mmoja Hospital			Matemwe DH		Miwani	District Hospital
			1. Kivunge		Cheju	Makunduchi
					Ghana	
					Mwera	
					Pongwe	
					Mpapa	
					PHCUs+	
					Mwera	
					Uzini	
					Chwaka	
					Unguja Ukuu	
Total = 11	Total = 8	Total =12	Total = 18	Total = 12	Total = 25	Total = 12
Total Unguja = 98						

Annex 6B: Public Health Facilities – Pemba

Wete	Micheweni	Mkoani	Chake Chake
PHCUs	PHCUs	PHCUs	PHCUs
Junguni	Kiuyu Mbuyuni	Chambani	Chonga
Ukunjwi	MaziwangDombe	Kiwani	Shungi
Uondwe	Tumbe	Mwambe	Mvumoni/Furaha
Jadida	Kiuyu Kipangani	Kangani	Mgelema
Tungamaa	Sizini	Mtambile	Uwandani
Mzambarauni	Shumba Viamboni	Shidi	Ziwani
Pandani	Msuka	Kisiwa Panza	Gombani
Chwale	Mkia wa Ng ombe	Makoongwe	Ole
Kiungoni	Chimba	Makombeni	Kibokoni
Kisiwani	Kifundi	Mtangani	Mbuzini
Kangagani	Ungi	Kiwani Tasini	Ndagoni
Kiuyu Minungwini	Tumbe Maafa	Shamiani	Ngomeni
Vumba		Michenzani	Vikunguni
Kambini	PHCUs+	Minazini	
Bwagamoyo	Wingwi		
Kinyasini	Konde	PHCUs+	
Finya	Makangale	Kengeja	PHCUs+
		Wambaa	Pujini
	PHCC	Ukutini	Tundaua
PHCUs+		Bogoa	Wesha
Makongeni	1. Micheweni PHCC		
Kojani		Regional hospital	PHCC
Fundo		1. Abdalla Mzee	Vitongoji PHCC
			District Hospital
District Hospital			Chake Chake
Wete			
Total = 21	Total = 16	Total = 19	Total = 18
Total Pemba = 74			
Total Zanzibar 172			

