



Zimbabwe SADC Epidemic Update Report

Follow up to the Maseru Declaration

ZIMBABWE COUNTRY REPORT

Reporting Period: January 2017 - December 2017

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Abbreviations

Antenatal Care	ANC
Antiretroviral drugs	ARVs
Antiretroviral therapy	ART
Basic Education Assistance Module	BEAM
Behavior Change Communication	BCC
Canadian International Development Agency	CIDA
Central Statistics Office	CSO
Demographic and Health Survey	DHS
District AIDS Action Committees	DAAC
District AIDS Coordinators	DAC
Department of International Development	DFID
Early Infant Diagnosis	EID
Expanded Support Programme	ESP
Global Fund to Fight AIDS, TB and Malaria	GFATM
Human Immuno Deficiency Virus	HIV
Home-based Care	HBC
Information, Education Communication	IEC
John Snow International	JSI
Joint United Nations Programme on HIV/AIDS	UNAIDS
Knowledge, Attitudes, and Practice	KAP
Male Circumcision	MC
Ministry of Education, Sport and Culture	MOESC
Ministry of Finance and Economic Development	MOFED
Ministry of Health and Child Welfare	MoHCW
Ministry of Public Service, Labour and Social Welfare	MoPLSW
Monitoring and Evaluation	M&E
National AIDS Council	NAC
Multi Indicator Cluster Survey	MICS
National Action Plan of for Orphans and Other Vulnerable Children	NAP for OVC
National Blood Transfusion Services	NBTS
Opportunistic Infections	OI
Population Service International	PSI
Prevention of Mother to Child Transmission	PMTCT
Primary Care Counselors	PCCs
Southern African Development Community	SADC
Sexually Transmitted Infections	STIs

Swedish International Development Agency	SIDA
Tuberculosis	TB
United Nations Children Fund	UNICEF
United Nations Population Fund	UNFPA
United States Agency for International Development	USAID
Voluntary Counselling and Testing	VCT
World Health Organisation	WHO
Zimbabwe AIDS Network	ZAN
Zimbabwe Business Council on HIV/AIDS	ZBCA
Zimbabwe National Family Planning Council	ZNFPC



Background Information

1.1 Introduction

Zimbabwe produced HIV and AIDS Epidemic Update Reports yearly in order to give an update on progress made on HIV and AIDS SADC commitments to fulfil the Maseru Declaration. This report provides an update of progress towards the Maseru Declaration.

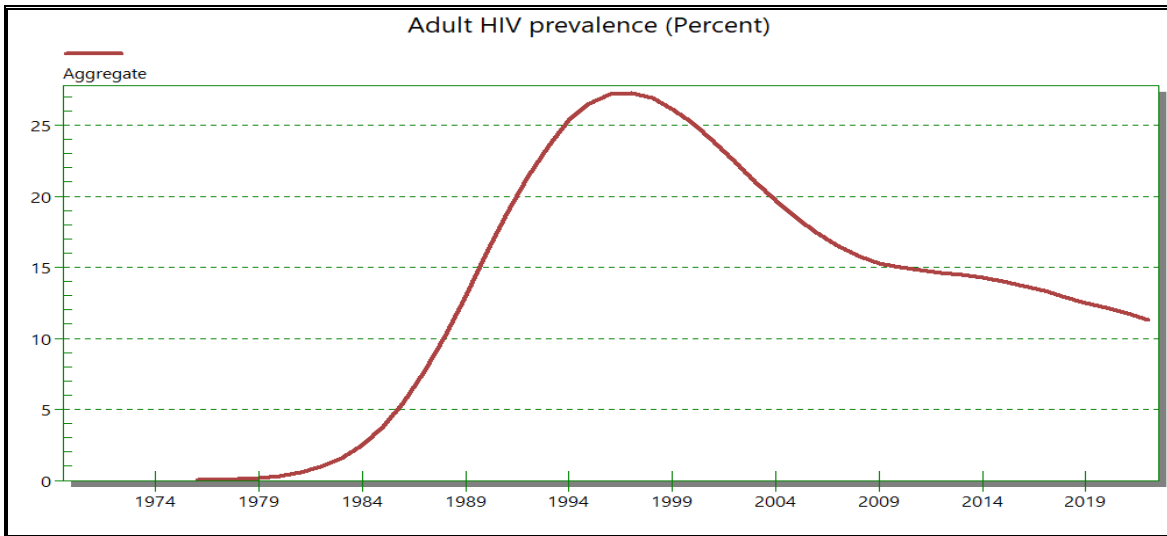
This report was compiled through a technical working group where data was extracted from DHIS 2, NAC database and HIV Estimates. A desk review of strategies, guidelines, operational plans and literature on the country's response efforts to the HIV and AIDS epidemic was conducted. HIV estimates were generated to give denominators for the program coverages. The final draft of the report was circulated for comments before endorsement.

1.2 Status of HIV Epidemic

Zimbabwe has an estimated 1.3 million people living with HIV (PLHIV)¹. The adult HIV prevalence reduced by 19% over the last ten years, from 16.5% in 2007 to 13.3% in 2017¹. The following epidemic curve shows the trend in HIV prevalence over the years.

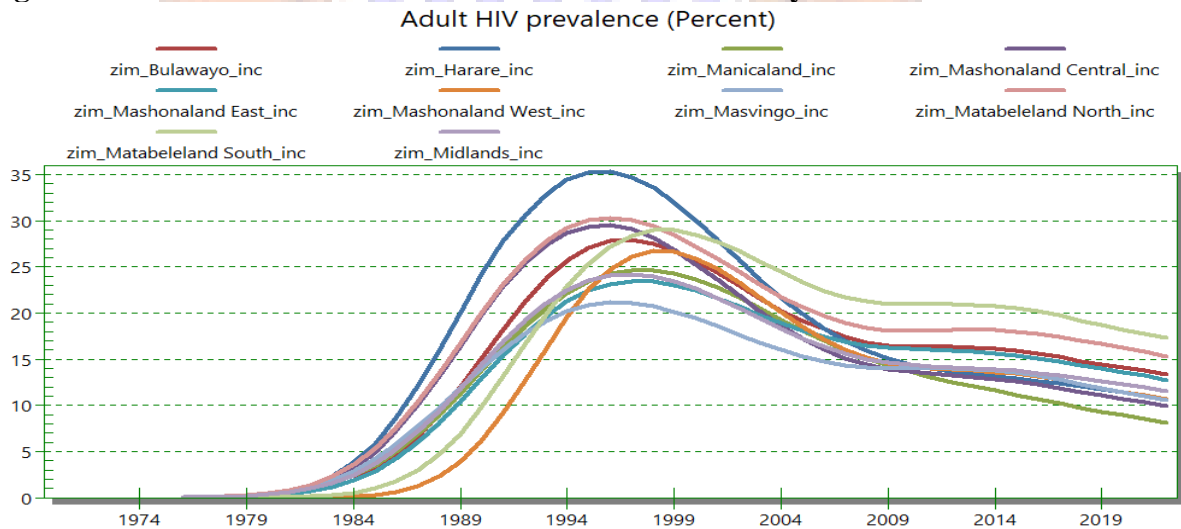
Figure 1: Trend in HIV prevalence among adults (15-49) in Zimbabwe

¹ Draft 2017 HIV Estimates



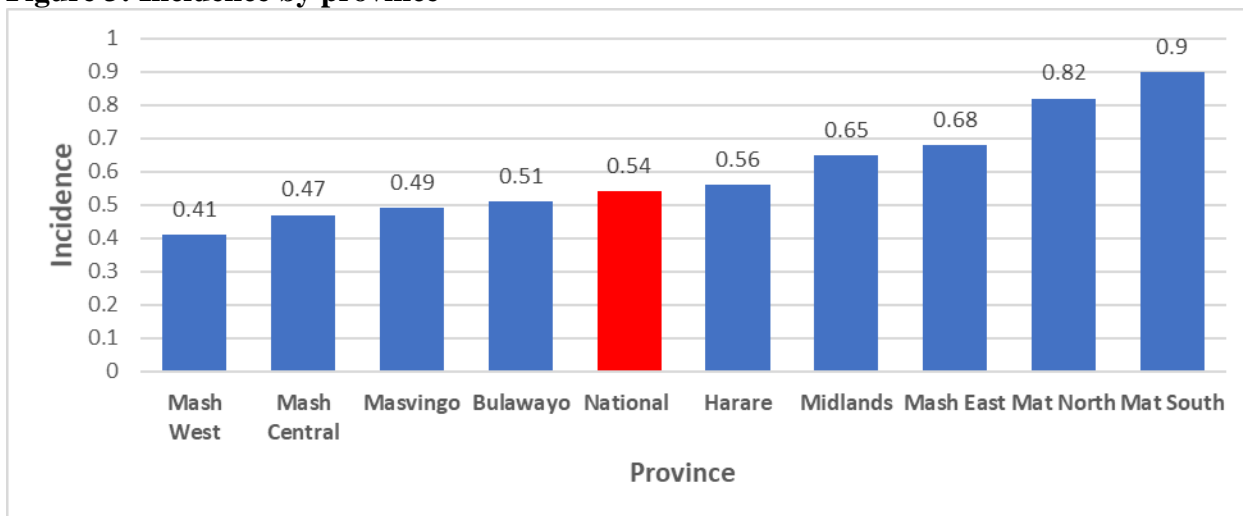
HIV prevalence varies by region with Matabeleland South having the highest adult prevalence of 19.7% while Manicaland has the lowest prevalence of 10.2%. The following figure illustrates the provincial trends of HIV prevalence.

Figure 2: Trend in Provincial Adult HIV Prevalence 15-49 years



According to 2017 HIV estimates, the HIV incidence in Zimbabwe was 0.541. The incidence varies by province with Matabeleland South having the highest incidence of 0.9 while Manicaland has the lowest incidence of 0.29. The following figure shows the incidence by province.

Figure 3: Incidence by province



Social, cultural and population dynamics influence the geographic variation of the epidemic. Efforts are in place to map the epidemic.

There were various response programs implemented in an effort to control the epidemic in 2017. Table below highlights the performance of core indicators of the national response.

Table 1: Overview of performance of core indicators

Year	2007	2009	2012	2013	2014	2015	2016	2017
Percentage of HIV-positive pregnant women who receive antiretroviral to reduce the risk of mother-to-child transmission.	22%	59%	85%	82%	79%	85%	92.1%	95.5%
Number of Adults 15-49 who were tested and received results	579,767	1,108,264	2,240,344	2,274,328	1,755,179	2,201,246	2,664,844	2,851,049
Cumulative number of		2,801	40,775	112,084	400,235	601,303	839,681	1,141,046

males circumcised according to national standards								
Percentage of adults and children currently receiving antiretroviral therapy.	Adults - 31.3%, Chn - 9.7%	Adults - 62%, Chn - 22.2%	Adults- 85% Chn- 43%	Adults - 76.8%, Chn - 40.5%	Adults - 63.6%, Chn - 45.5%	Adults 72% Chn 99.8%	Adults 66% Chn 83%	Adults 84% Chn 89%
Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy.	93.1%	75.0%	85% (Adults - 85.4%, Chn - 82.8) ;	85.7% (Adults- 87.1% Chn - 85.6%)	89.5% (Adults- 89.7% Chn- 88.3)	86% (Adults 85.5% Chn- 91.2% <i>ART outcome Report 2015-2016</i>)	87% (<i>ePMS data</i>)	86.8% (<i>ePMS data</i>)

2. Progress in Implementation of Commitments

This section presents progress made in implementation of SADC commitments as at December 2017.

2.1 HIV Prevention and Social Mobilization

Table 2: HIV Prevention and Social Mobilization

1. HIV prevention and social mobilisation
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Indicator	Previous National Figure, Source and Year	Current National Figure, Source and Year
1.1 Percentage of young people aged 15-24 years who are HIV infected	Females-6.7% Males -2.9% (ZDHS 2015)	Females-5.9% Males -3.0% (ZIMPHIA 2016)
1.2 Percentage of men and women aged 15-49 years who had sex with more than one partner in the last 12 months	Females-1%, Males-9% (ZDHS 2015)	Females-1%, Males-9% (ZDHS 2015)
1.3 Proportion of young people aged 10-24 years who cite a member of the family as a source of HIV and AIDS related information	No Data	No Data
1.4 Percentage of schools that provided life skills-based HIV education in the last academic year	100% Primary Schools,100% Secondary Schools, Ministry of Primary and Secondary Education, 2016	100% Primary Schools,100% Secondary Schools, Ministry of Primary and Secondary Education, 2017
1.5 Percentage of women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmissions	Females-46.3%, Males-46.6% (ZDHS 2015)	Females-46.3%, Males-46.6% (ZDHS 2015)
1.6 Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	92% MOHCC PMTCT data & HIV Estimates, 2016	95.5% MOHCC PMTCT data & HIV Estimates, 2017
1.7 Percent of donated blood units screened for HIV in a quality-assured manner	100%, National Blood Transmission Services (NBTS 2016)	100%, National Blood Transmission Services (NBTS 2017)
1.8 Number of female and male condoms distributed	Male-104,423,569 Female-4,899,651 (NAC Annual Report 2016)	Male-120,463,565 Female-5,274,846 (NAC Annual Report 2017)

1.9 Percentage of men and women aged 15-49 years who used a condom the last time they had sex with a casual partner with in the last 12 months	Females-49.6%, Males-37.1% (ZDHS 2015)	Females-61.6%, Males-46.6% (ZIMPHIA 2016)
1.10 Percentage of infants born to HIV-infected mothers who are infected	5.24% (Draft HIV Estimates 2016)	6.74% (Draft HIV Estimates 2017)

2.2 Treatment, Care and Support

Table 3: HIV and AIDS Care, Access to Counseling and Testing Services and Support

2. Improving Care, Access to Counselling and Testing Services and Support		
Indicator	Previous National Figure, Source and Year	Current National Figure, Source and Year
2.1 Percentage of health care facilities providing ART	97.9% (MoHCC Programme monitoring data 2016)	91% (MoHCC Programme monitoring data 2017)
2.2 Percentage of health care facilities with referrals for HIV and AIDS care and support services	100% (MoHCC ART Programme data 2016)	100% (MoHCC ART Programme data 2017)
2.3 Percentage of orphaned and vulnerable children aged 0-17 years whose households received free basic external support in caring for the child	No Data	No Data
2.4 Current school attendance among orphans and non-orphans aged 10-14 years	Orphans - 91.9% Non-orphans-96.3% Orphans to non-orphans attendance ratio – 0.95 (ZDHS 2015)	Orphans - 91.9% Non-orphans-96.3% Orphans to non-orphans attendance ratio – 0.95 (ZDHS 2015)
2.5 Percentage of children aged less than 18 years who are orphans (single, double orphans)	16% (ZDHS 2015)	16% (ZDHS 2015)
2.5 Percentage of large enterprises/companies which have HIV and AIDS workplace policies and programmes	No data	No data

2.7 Percentage of chronically ill people that are receiving home-based care from trained care providers	No data	No data
2.8 Number of providers trained in home-based care	No data	No data
2.9 Percentage who took an HIV test in the last 12 months and who know the results	Females-48.8%, Males-35.9% (ZDHS 2015)	Females-42.4%, Males-31.4% (ZIMPHIA 2016)
2.10 Percentage of facilities providing HIV testing services	90.3% (MoHCC programme data 2016)	93% (MoHCC programme data 2017)
2.11 Percentage of population expressing accepting attitudes towards PLWHA	Females-80%, Males-78% (ZDHS 2015)	Females-80%, Males-78% (ZDHS 2015)
2.12 Percentage of people with advanced HIV infections receiving ART	Adults- 66% Children-83% (MoHCC Report 2016, Draft National 2016 HIV Estimate)	Adults- 84% Children-89% (MoHCC Report 2017, Draft National 2017 HIV Estimate)
2.13 Percentage of districts or local administration units with at least one health facility providing ART	100% (MOHCC Programme data 2016)	100% (MOHCC Programme data 2017)

2.3. Intensifying Resource Mobilization

Table 4: Indicator to measure resource mobilization in SADC MS

3. Intensifying Resource Mobilisation		
Indicator	Previous National Figure, Source and Year	Current National Figure, Source and Year
3.1 Percentage of the national budget committed to the health sector	8.25% (Ministry of Finance Budget 2016)	6.9% (Ministry of Finance Budget 2017)
3.2 Amount of public funds for research and development of a preventive HIV vaccine and microbicide	No Data	No Data

2.4 Additional Indicators

Table 5: Additional Indicators

4. Additional Indicators		
Indicator*	Previous National Figure, Source and Year	Current National Figure, Source and Year
4.1 Percentage still alive after initiating ART (1 st and 2 nd line) after 12 months, 24 months, 36 months, etc	12mths-87%, 24mths-93.5%, (Draft ePMS Report 2016)	12months-86.8%, (Draft ePMS Report 2017)
4.2 Percentage of people with advanced HIV infections receiving ART (disaggregated by age: 0-14, 15+years)	Adults- 66% Children-83% (MoHCC Report 2016, Draft National 2016 HIV Estimate)	Adults- 84% Children-89% (MoHCC Report 2017, Draft National 2017 HIV Estimate)
4.3 Percentage of most-at-risk populations (IDU, MSM, CSW)** who received an HIV test in the last 12 months who know the result	94% (CSW only - Ceshhar CSW RDS survey report 2016 (n=2883))	91% (CSW only - Ceshhar report 2017 (n=2707))
4.4 Percentage of most-at-risk populations (IDU, MSM, CSW) who are HIV-infected	58.9% (CSW only - Ceshhar CSW RDS survey report 2016 (n=2883))	56.2% (CSW only - Ceshhar report 2017 (n=2707))
4.5 Number of males circumcised	203,797 (MOHCC Programme data 2016)	313,834 (MOHCC Programme data 2017)
4.6 Percentage of males circumcised (disaggregated by age)	15-49 yrs-14% 15-24 yrs-18.8% (ZDHS 2015)	15-49 yrs-14% 15-24 yrs-18.8% (ZDHS 2015)

* where possible all indicators must be disaggregated by age and sex

** IDU=Injecting Drug Users; MSM-Men who have sex with men; CSW=Commercial sex workers

2.5 Collaborative Indicators for HIV/TB

Table 6: Collaborative Indicators for HIV/TB

5 Collaborative Indicators for HIV/TB		
Indicator*	Previous National Figure, Source and Year	Current National Figure, Source and Year
5.1 Percentage of HIV-positive people who are screened for TB on their first visit to an HIV clinic	95% were screened (MoHCC Routine Programme Monitoring data 2016)	98% were screened (MoHCC Routine Programme Monitoring data 2017)
5.2 Percentage of HIV-positive TB patients who are on ART	84% (MoHCC Routine Programme Monitoring data 2016)	83.9% (MoHCC Routine Programme Monitoring data 2017)
5.3 Percentage of HIV-positive people who are TB-positive (co-infection rate)	72% (WHO Global TB Report 2016)	72% (WHO Global TB Report 2016)

3. Progress in implementing interventions at Country Level

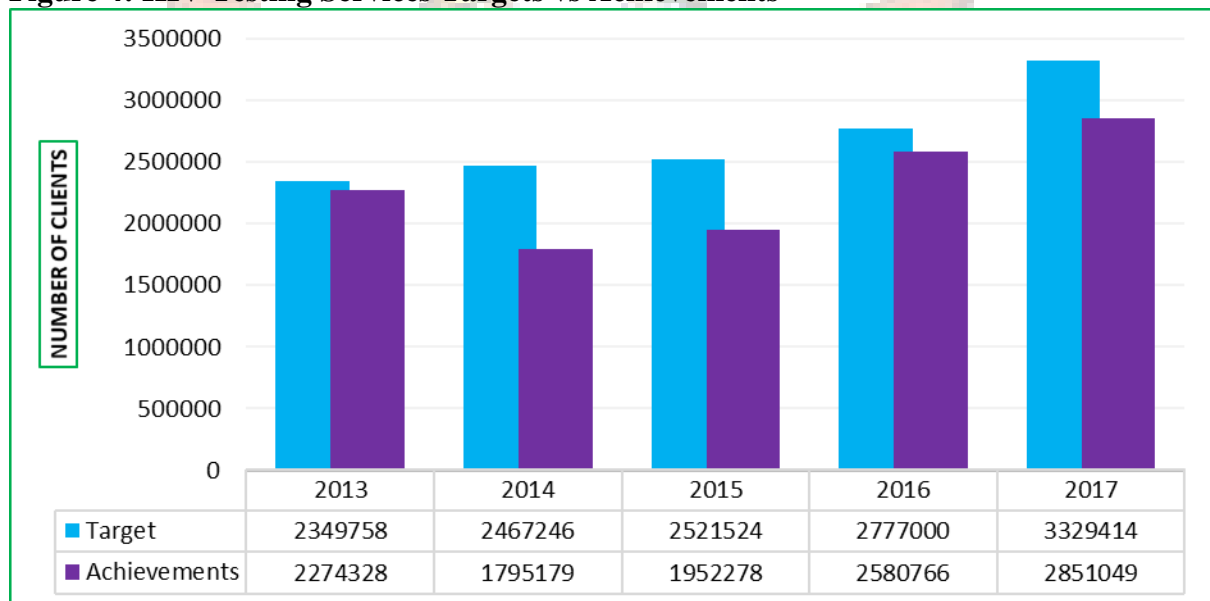
3.1 Prevention and Social Mobilisation

3.1.1 HIV Testing and Counselling

First 90 - ensuring that 90% of all people living with HIV know their status

The HTS Strategy 2016 to 2020 which is premised on the WHO 2015 Treatment Guidelines were launched in 2017. The country used the document to put strategies in place that focused on achieving the first 90 of the fast-track targets. Following the HIV Self Testing Pilot, the country is now geared to roll out HIV Self Testing. The graph below outlines the clients who were tested and received results in the last five years from 2013 up to 2017 against the set targets.

Figure 4: HIV Testing Services Targets vs Achievements



Strategies have been put in place to support HIV Testing Campaigns through the outreach approach and other differentiated HTS services. These strategies have seen an increase in the numbers who have accessed HTS services even though the numbers tested are still below the country's target for HTS.

3.1.2 Social and Behaviour Change Communication

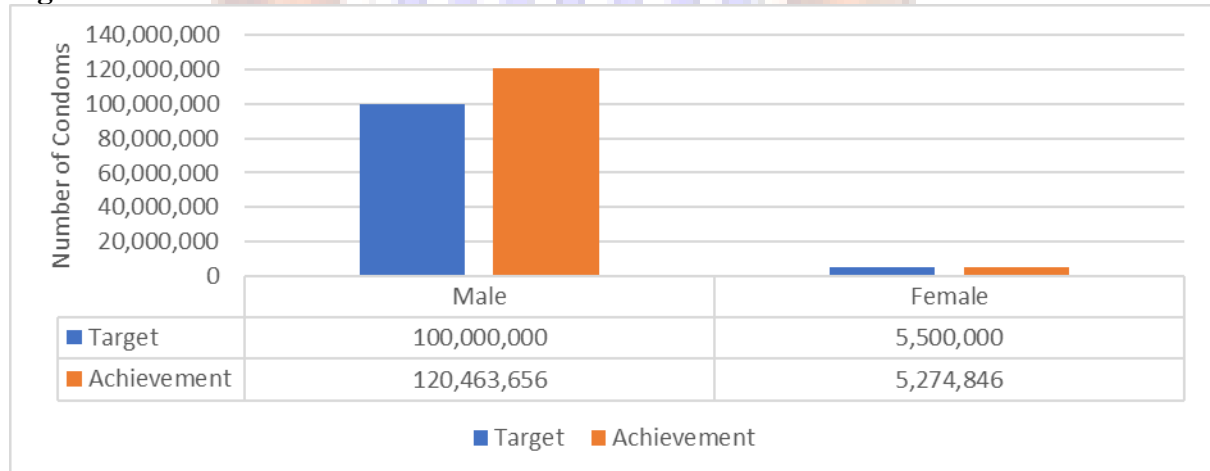
SBC interventions were implemented in the community, workplace and in schools. The implementation of the BC programme in 2017 was conducted through the Door to Door approach and Sista2sista which are integrated approaches to address demand side barriers to accessing Sexual Reproductive Health (SRH) products and services.

A total of 785,433 new households were visited by the Behavior Change Facilitators (BCFs) during the year under review, reaching 2,220,319 people. A total of 871569 were referred for HIV services after home visits.

3.1.3 Condom Promotion and Distribution

Condoms are distributed through public and private channels using the social marketing approach. The figure below shows that the uptake of male condoms in 2017. There was an increase in uptake of males and female condoms from 104m males and 4.9m females in 2016 to 120m males and 5.3m females in 2017.

Figure 5: Condoms Distributed in Zimbabwe



Condom use among sex workers is high, with 96.1% of sex workers reporting using a condom with their most recent client.

3.1.4 Voluntary Medical Male Circumcision (VMMC)

Cumulatively 88.7% (1,153,515/1,300,000) of the 2018 targeted population were circumcised. A total of 313, 834 men were circumcised from January to December of 2017, which is 97.3% of the annual target of 322,436.

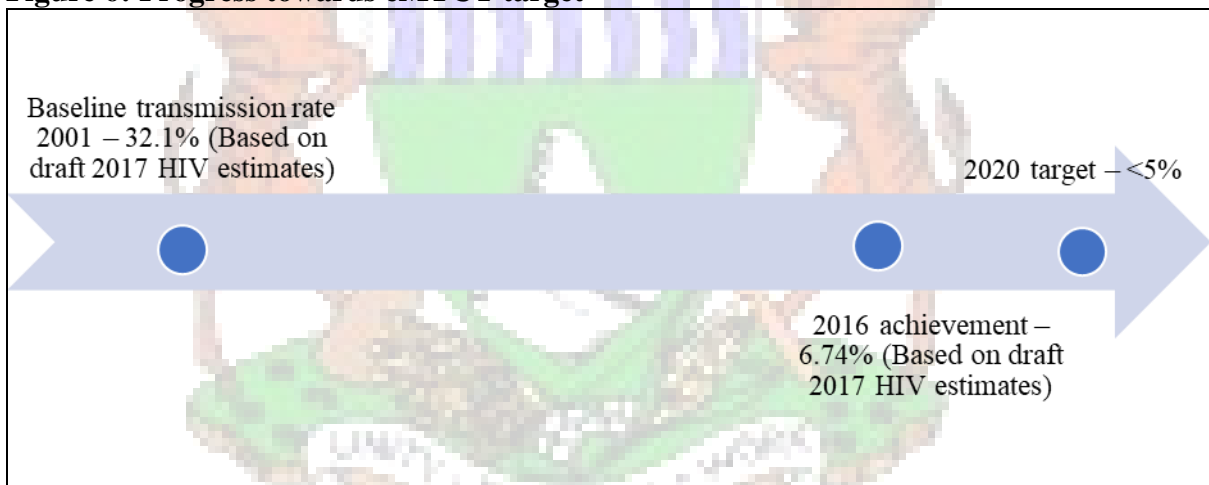
There is need to scale up VMMC among older men in DREAMS districts, linked with reducing HIV incidence among AGYW.

3.1.5 Prevention of Mother to Child Transmission of HIV (PMTCT)

Zimbabwe developed and launched the Operational Plan for elimination of MTCT of HIV and Syphilis 2018 to 2022 supporting the Start Free, Stay Free and AIDS Free framework, towards the pre-elimination of mother to child transmission of HIV and syphilis.

Zimbabwe has committed itself to elimination of new HIV infections in children and keeping their mothers and families alive. Progress towards the desired target is illustrated below.

Figure 6: Progress towards eMTCT target



Final transmission including breastfeeding period was at 6.74% in 2017 indicating that we are on track towards achieving the global elimination target of less than 5% by 2020.

There were 1,495 health facilities that offered Option B+ services in Zimbabwe. The following cascades outline the coverage of PMTCT services for the year 2017.

Figure 7: PMTCT Programme Cascade

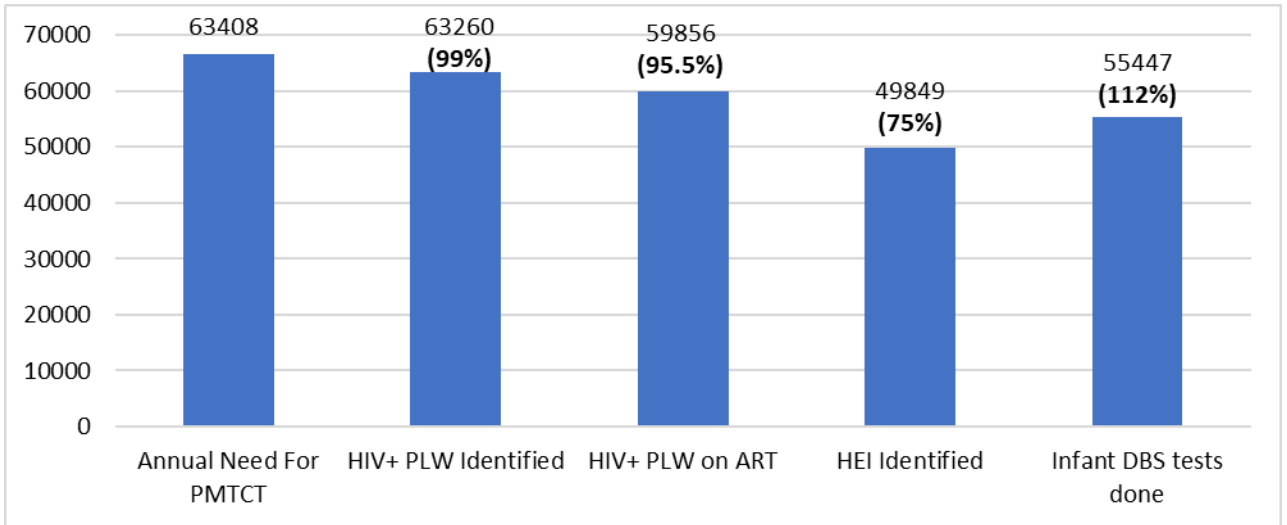


Figure above, shows that the programme is performing so well. The programme has managed to reach 95% of mothers needing PMTCT with ART for prevention of mother to child transmission.

Figure 8: PMTCT Cascade

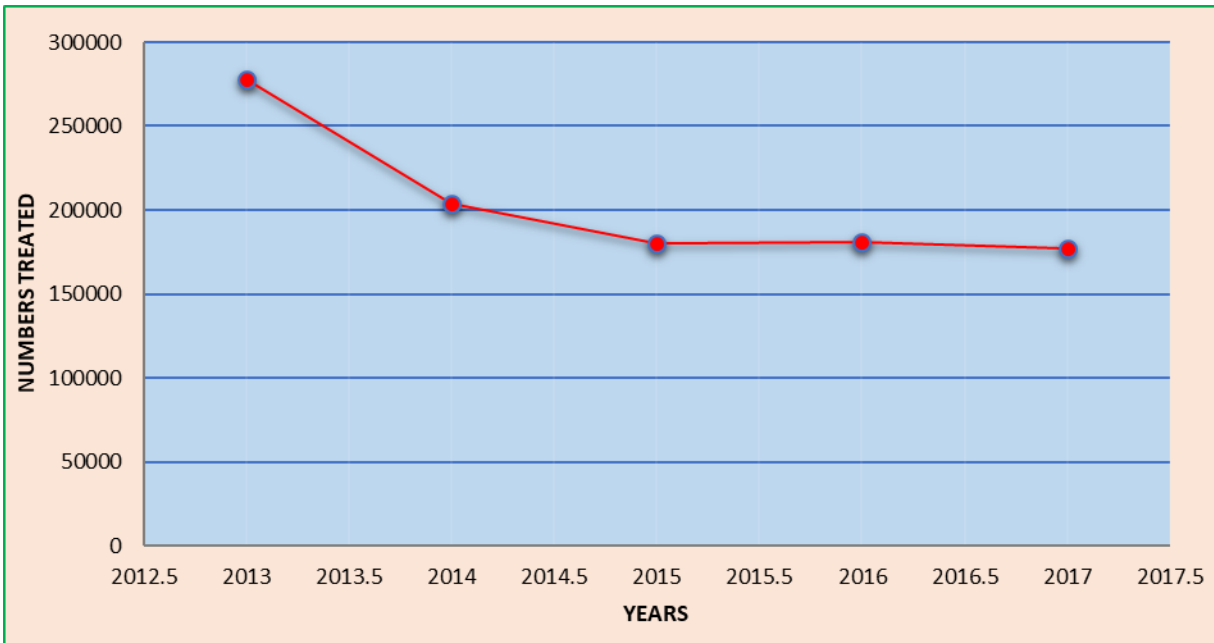


There was a leakage of 4% in care, were ninety seven percent of the HIV positive pregnant women were on ART in 2017.

3.1.6 Sexually Transmitted Infections (STIs)

In 2017 the new STI clients decreased by 2% when compared to the number of clients who were treated in 2016 this can be attributed to NAC supported STI awareness and sensitization campaigns.

Figure 9: New STI Cases Treated Trends from 2013-2017



Fifty one percent of the new STI clients were tested for HIV. The HIV positivity rate for the new STI clients tested was 11%. The programme conducted contact tracing for 17% of the clients newly treated for STI. NAC and its partners have supported community mobilizations for STI awareness and sensitizations in all the districts which managed to reach 198,358 people

3.1.7 Key populations (KPs)

The country estimated the size of Female Sex Workers (FSW) in order to document the magnitude of FSW in Zimbabwe. The following table summarize the estimates.

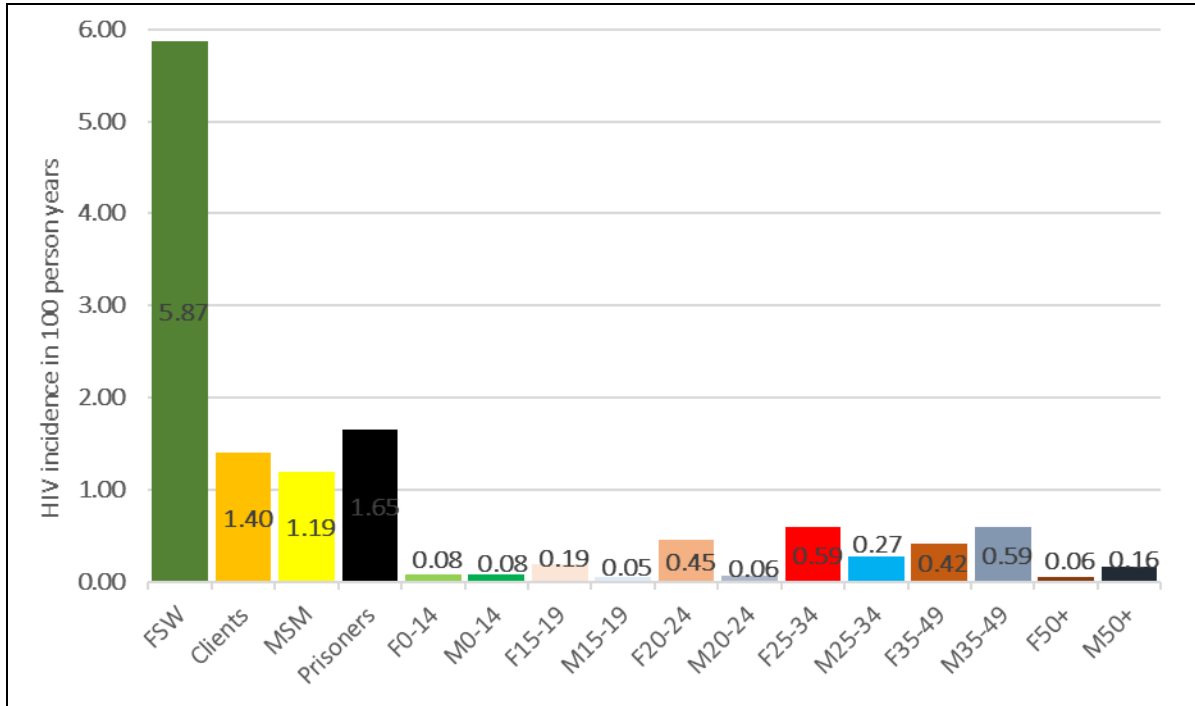
Table 7: Female Sex Workers Size Estimates

Primary Grouping Classifications*	Number sites	% SW among women 15-49 years	No. FSW for each group
Growth points/farming	11	25.20	6410
Farming/Mining/Growth points	12	7.75	4833
Farming/Mining	7	5.98	2138
Mining/Truck stop	12	3.52	3899
Border town/City	8	2.64	3664
Truck stop/Growthpoint	2	9.20	599
Fishing/Borders	2	6.96	634
Tourism	1	5.32	452
City	1	4.03	6876
City	1	2.54	12863
Total=95% of FSW nationally			42,366
Total Estimated, % women 15-49			44,586, 1.35%

A national social mapping on young women selling sex was also carried out in 2017 in order to geographically quantify the problem.

HIV incidence among sex workers is estimated to be 5 folds higher of the general population. The following figure is an output from Optima modelling work done in 2017 that shows that incidence is high in FSW.

Figure 10: HIV incidence rates by sub-population



In response Zimbabwe is implementing a comprehensive package of prevention, treatment and support services through a peer-led model, with outreach conducted from six fixed sites, to provide a comprehensive package of care based on the international guidance for implementing comprehensive HIV/STI programs with sex workers. The comprehensive package includes condom programming, HTS that includes diagnosis and treatment of STIs, syndromic management and cervical cancer screening and linkage to care, among other RMNCAH services (including PMTCT) for sex workers and their children.

PrEP is being offered, combined with intensified adherence activities such as support groups and mobile phone follow-ups. Harm reduction services as well as interventions to address stigma, discrimination and violence against sex workers combined with legal support, legal literacy, and service to prevent and respond to sexual, physical and GBV are being offered for sex workers.

Homosexuality is still criminalized in Zimbabwe therefore comprehensive package of services to men who have sex with men is delivered by CSOs. The following services were delivered to MSM, condoms and lubricant, STI screening, VMMC, PrEP, and comprehensive HTS. There were 1,488 MSM reached with HIV prevention interventions and a total of 111 MSM were reported to be on ART in 2017. Ninety-four (94) MSM were given PrEP in 2017.

The government of Zimbabwe recognise prisoners as one of the Key Population groups. HIV prevention and treatment programmes were implemented in prisons. There were 19873 inmates in 2017 and 5,619 were living with HIV. A total of 4,604 prisoners were on ART in 2017.

3.2 Improving Care, Access to Counselling and Testing Services, Treatment and Support

3.2.1 Antiretroviral Therapy (ART)

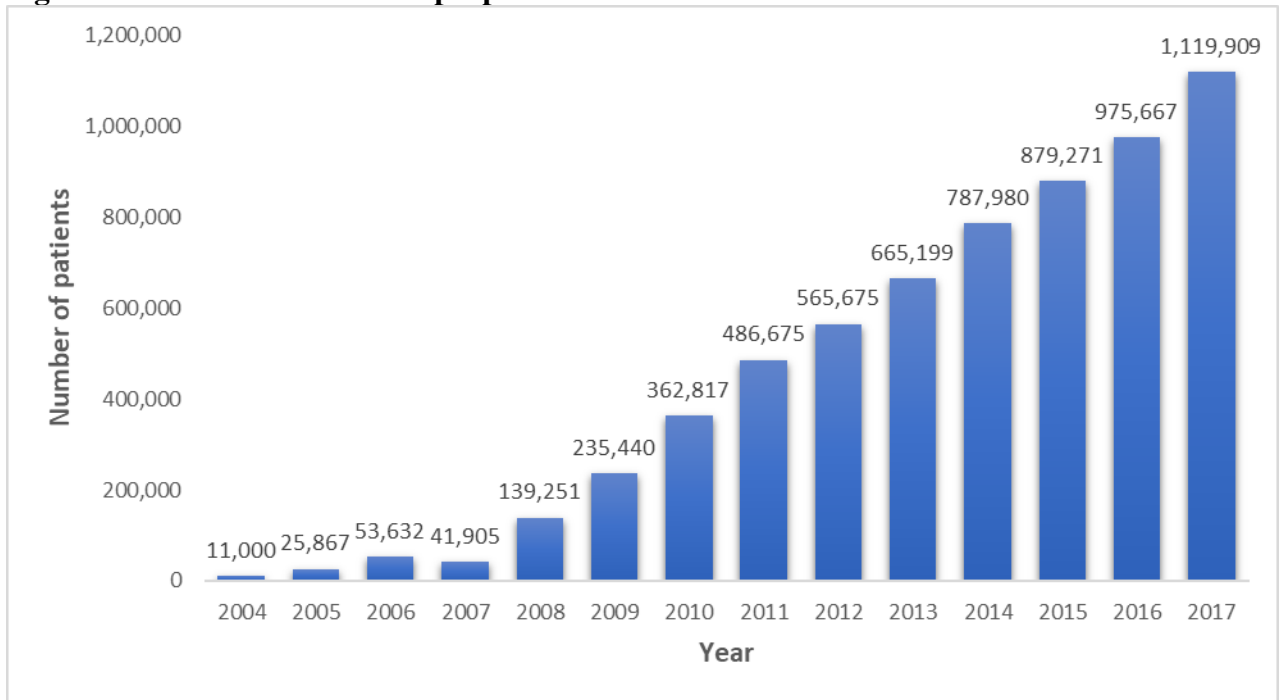
Second 90 - 90% of all people diagnosed with HIV will receive sustained antiretroviral therapy

Figure 11: Progress towards the second 90



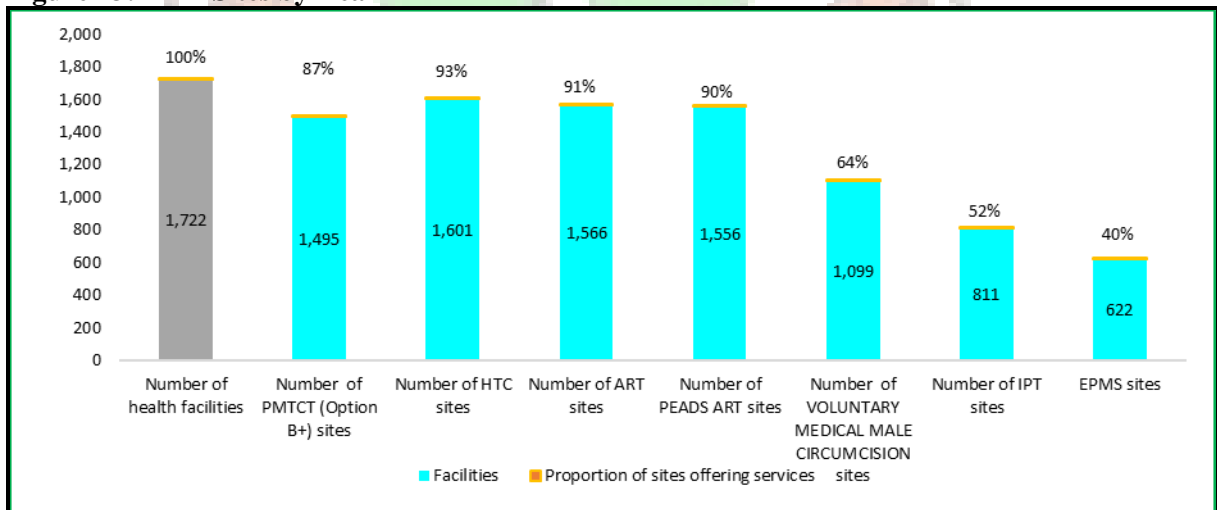
The country has achieved the desired target, based on 2017 HIV Estimates 84% of all people living with HIV are receiving antiretroviral therapy. The country has reached one million mark on PLHIV receiving ART. The total number of PLHIV who were receiving ART in Zimbabwe by the December 2017 were 1,119,909. The following figure shows trend in number of people receiving ART.

Figure 12: Trend in number of people on ART



There were 1566 ART sites (initiating and follow up) against an annual target of 1722. The following figures show health facilities offering HIV Services in Zimbabwe.

Figure 13: ART Sites by Year



About 91% of the health facilities in Zimbabwe are offering ART services in Zimbabwe.

Third 90 -73% of all people receiving antiretroviral therapy have durable suppression.

Viral load testing is still being scaled up in a phased approach in line with the country's Viral Load Scale-up Plan (2015-2018). There are only seven (7) laboratories or sites that are doing VL testing in Zimbabwe. In 2017 a total of 431,342 were tested for viral load.

Table 8: Performance of ART programme

Year	2007	2009	2012	2013	2014	2015	2016	2017
Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy.	93.1%	75.0%	85% (Adults – 85.4%, Chn – 82.8) ;	85.7% (Adults- 87.1% Chn – 85.6%)	89.5% (Adults- 89.7% Chn- 88.3)	86% (Adults – 85.5% Chn – 91.2%)	87% (ePMS data)	86.8% (ePMS data)
Percentage of health facilities dispensing ARVs for ART that have experienced a stock out of at least one required ARV in the last 12 months			1.89%	3.9%	9.4%	4.8%	2.6%	3.04%

Key achievements

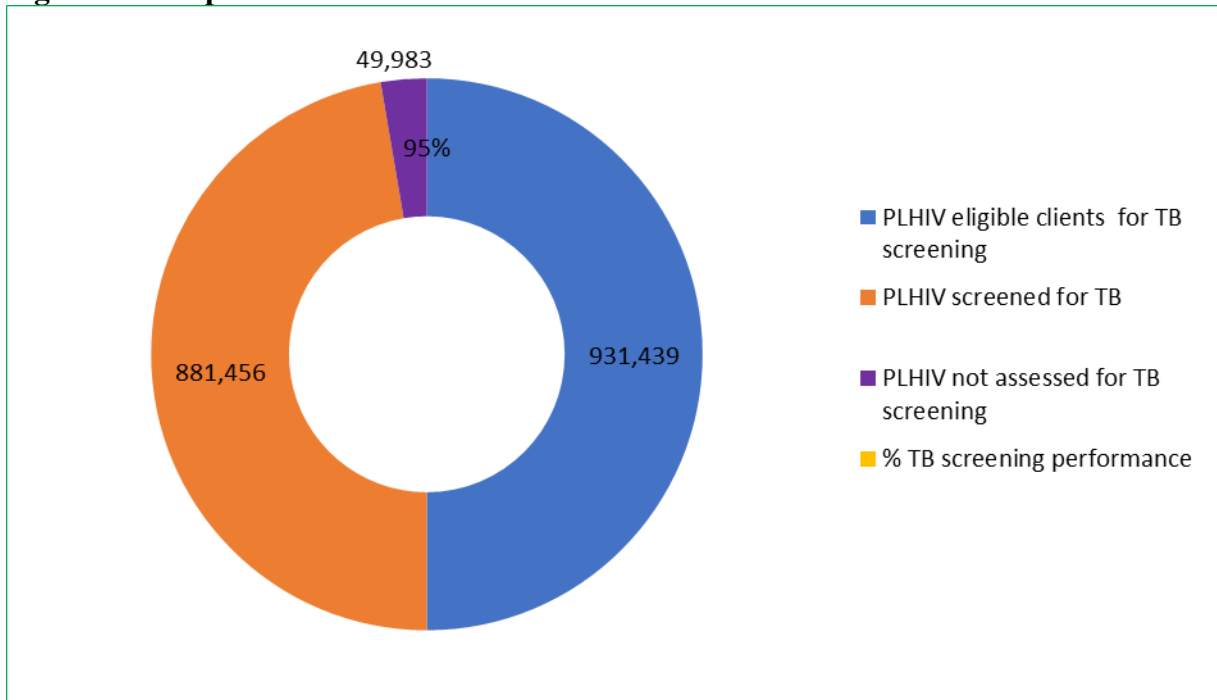
- The program managed to use differentiated care models (CARGS and CATS) in delivery of services
- Decentralization of community monitoring which empower PLHIV to take control over their treatment
- Blended learning that reduce cost of travel and subsistence but increase knowledge on health care workers

3.2.2 HIV/TB collaboration

Zimbabwe remains among the World Health Organization's (WHO) list of 14 countries that are considered high-burden for TB, MDR-TB as well as TB/HIV co-infection.

Fifty-two percent (52%) of facilities are now offering Isoniazid Preventive Therapy (IPT) in Zimbabwe. Ninety- eight percent of the HIV patients were screened for TB in 2017 as shown below.

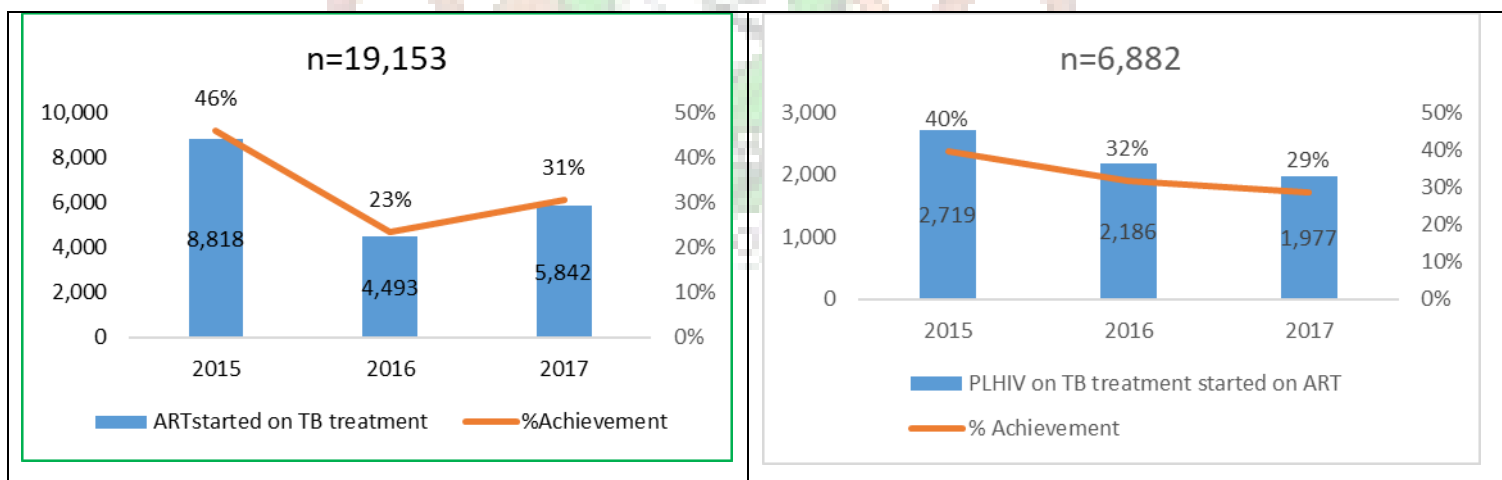
Figure 14: Proportion of PLHIV screened for TB



The country conducted community TB screening with support from TB partners and there is need to sustain the efforts.

The following figure shows the trend of PLHIV clients on ART started on TB treatment and vice versa.

Figure 15: PLHIV clients on ART started on TB treatment and vice versa



There is need to strengthen collaboration of HIV and TB

3.2.3 Community and Home Based Care (CHBC)

Funding for the programme was limited and the programme is serving fewer clients compared to the earlier years. The advent of ART reduced the burden of C&HBC. Table below shows a decline in the bedridden clients newly enrolled between 2013 and 2014 and an increase from 2014 to 2015. From 2015 up to 2017 there were declines in the number of newly enrolled bed ridden C&HBC clients on a yearly basis. The clients who died while on the CHBC programme decreased from 2014 up to 2016 and increased in 2017. This could be attributed to the effectiveness of the ART programme and the implementation of the differentiated care programmes that positively impact on adherence and service provision.

Table 9: C&HBC performance

Indicator	2013	2014	2015	2016	2017
Newly enrolled – Bed ridden	1805	385	1420	844	310
Newly enrolled – Homebound	36611	7694	8626	2463	996
Clients served by CHBC – bed ridden	4528	1597	2441	1150	605
Clients served by CHBC – home bound	90562	28500	24304	15646	15016
No of clients deceased		1942	1031	544	619
No. of secondary care givers			7206	5843	5214

3.3 Accelerating Development and mitigating the impact of HIV and AIDS

3.3.1 Orphans and Vulnerable Children

The government continued to implement the National Case Management System in order to address the needs of the OVC. School related assistance has improved coverage

through the Basic Education Assistance Module (BEAM). The figure below outlines various forms of support for OVC in 2017, compared with 2016.

Table 10: OVC Support

Indicator	2016	2017
	Total	Total
OVC receiving school related assistance	105 150	364 427
OVC receiving food/nutrition assistance	275 825	525 709
OVC receiving psychosocial support assistance	73 487	483 888
OVC receiving Assisted Medical Treatment Orders	11 517	17 265
OVC benefiting from Livelihoods projects	57 978	102 350

There was an increase in the number of OVC receiving food and nutrition assistance, psychosocial support, assisted medical treatment orders and those who benefited from livelihoods projects.

3.3.2 Meaningful Involvement of People Living with HIV (MIPA) and services for people living with HIV (PLHIV).

In line with the general trend of reduced funding for HIV interventions, the support rendered to PLHIV reduced drastically in 2017 compared to 2016 as shown in the table below.

Table 11: Support to PLHIV

Indicator	2016			2017		
	Male	Female	Total	Male	Female	Total
No of PLHIV provided with food /nutrition	22284	40113	62397	8720	16898	25618
No of PLHIV provided with PSS	81751	152150	233901	22748	49134	71882
Number of PLHIV provided with medical support	47376	28031	75407	7246	22455	29701
Number of PLHIV provided with financial support	730	2154	2884	750	1179	1929

Number of PLHIV benefiting from livelihoods	3619	8984	12603	2502	7859	10361
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3.4 Intensifying Resource Mobilisation

The HIV response is heavily donor funded. According to NASA 2014/15 report, 78% of the expenditure was from donor funds although the AIDS Levy remains a homegrown innovative domestic financing mechanism. The following table shows expenditure by year.

Table 12: HIV Expenditure

Indicator	Achievement						
	2011	2012	2013	2014	2015	2016	2017
Total HIV Expenditure	257.7m	308.8m	259m	341m	396m	261m	176m

The expenditure on HIV by year is generally increasing, while the local contribution is dwindling. The sustainability of the funding is still questionable. There is still a huge anticipated gap in ARV funding.

3.5 Strengthening Institutional Monitoring and Evaluation Mechanisms

The MOHCC has piloted the Electronic Health Record (EHR) system. Efforts are in place to roll out the electronic health systems in order to ensure that the Electronic Health Record (EHR) is the backbone of electronic health systems and all other disease specific systems.

The country conducted ANC survey and the results will be out in 2018. An evaluation of integration of HIV and SRH services was done with support from World Bank and an evaluation of Combination HIV Strategy was completed.

The country continued to use the centralized reporting source of all Health Indicators as the DHIS 2.

4 Major Challenges

The following challenges were experienced in 2017:

- Limited information on key populations like MSM
- Limited integration of HIV, Cervical Cancer and Hepatitis B and C testing and treatment
- Slow scale up of Isoniazid Preventive Treatment services
- Diminishing of international funding for HIV and AIDS and yet the response rely on external funding

