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A REPORT OF RAPID SITUATION ANALYSIS IN 23 WARDS OF KITETO DISTRICT TO DETERMINE THE MAGNITUDE OF TREATMENT EFFICACY.

PROJECT TITTLE: IMPROVE TREATMENT EFFICACY AMONG PEOPLE LIVING WITH HIV AND AWARENESS RISING ON TRANSITION TO TENOFOVIR LAMIVUDINE AND DOLUTEGRAVIR IN 23 WARDS OF KITETO DISTRICT IN MANYARA REGION.

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CHAPTER 1: INTRODUCTION

EXECUTIVE SUMMARY

The Tanzania Network of Women living with HIV/AIDS (TNW+) with financial assistance from United States Ambassador's Fund for HIV/AIDS Relief (AFHR) Funded by the President's Emergency Plan for AIDS Relief (PEPFAR) is executing advocacy project titled, IMPROVE TREATMENT EFFICACY AMONG PEOPLE LIVING WITH HIV AND AWARENESS RAISING ON TRANSITION TO TENOFOVIR LAMIVUDINE AND DOLUTEGRAVIR IN 23 WARD OF KITETO DISTRICT IN MANYARA REGION.

Tanzania has adapted WHO guidelines that recommend ART for everyone living with HIV, whatever their CD4 count or viral load. The country is also on transitional to new combination ofARV: Tenofovir, Lamivudine and Dolutegravir. This combination is sometimes called TLD it changes the older first line combination that based on a drug called efavirenz. TLD has proved to be the best drug to suppress viral load in shorter period of time and with less toxicity.

The need for improving lives of the people living with HIV and AIDS have been at the center of almost all HIV related programming. ART is a long-life commitment that requires patients to adhere diligently to daily medication dosing schedules and make frequent clinic visits for care. This is one of the means to improve and sustain better health of the infected people.

PEPFAR now recommends DTG-containing regimens as the preferred first-line antiretroviral therapy due to its superior efficacy, tolerability and higher threshold for resistance compared to EFV containing regimens. The fixed-dose combination tablet of TLD is now available at a cost

As part of effective project objectives implementation, there was the need to conduct a "Situational Analysis on Treatment efficacy among people living with HIV and awareness rising on transition to Tenofovir Lamivudine and Dolutegravir in 23 wards of Kiteto District in Manyara region. Status of HIV/AID in the targeted district of Kiteto in Manyara Region in order to get baseline information on the gaps existed on ART services in Kiteto district. The purpose was to document the constraints facing treatment efficacy among Women living with HIV, and awareness rising to DTG access and its complication include examining the associated prerequisite process before initiating the program. Thus, the analysis entails accessing the service and constraints facing women with the age of child bearing and service providers perspectives in the respective Wards.

HIV SITUATION IN KITETO DC.

According to the census of 2012 Kiteto District has population of 244,669 where 22,191 are living in urban and 222,478 in rural. It was estimated that males are 120,233 and female 124,436.

The THIS 2016-2017 indicates that Manyara region contribute 2.3 of the HIV from Prevalence of HIV among adults ages 15 to 64 years in Tanzania is 5.0% (6.5% among females and 3.5% among males). Among 2.3% of people Living with HIV in Manyara 36.6% their viral load was suppressed.

FACTORS CONTRIBUTING TO HIV IN KITETO DISTRICTS.

The major factor contributing to the high incidence of HIV/AIDS in Kiteto is the rising level of poverty among the natives where over 50 percent of the population lives below the poverty line there is contact between level of poverty and of the families and HIV contact through involvement in appropriate activities to earn living e.g commercial sex workers during Minada in some wards, local brew business that tend to had unsafe sex .

CHAPTER 2: SITUATIONAL ANALYSIS.

1. OBJECTIVES

1. 1 GENERAL OBJECTIVE

The general objective was to conduct a rapid situational analysis to determine the magnitude of the Treatment efficacy to the 23 Ward of Kiteto Districts.

1.2 SPECIFIC OBJECTIVES:

1. Status of treatment efficacy and the existing interventions in Kiteto districts.
2. Constraints facing access to transition of DTG in Kiteto Districts
3. To provide information to assist in the redesigning of the strategies for promoting DTG use and adherence in ward of Kiteto districts for efficiency
4. Recommend to stakeholders the interventions and advocacy strategies on challenges facing the service provision centers and PLWHA

2. SCOPE OF WORK.

TNW+ conducted a rapid situational analysis to determine the treatment efficacy among PLWHA in 23 wards of Kiteto districts. The analysis entails:

1. Conduct baseline survey in 23 wards of Kiteto District
2. Analyze the survey Data and reporting
3. Solution suggestion on the survey output
4. Intervention and advocacy strategies for each ward on increasing treatment efficacy for 23 wards of Kiteto Districts.

3. EXPECTED OUTCOMES

The information gathered will provide:

1. Status of the treatment efficacy and existing interventions in Kiteto districts particularly the awareness of the transition of TLE to DTG.
2. Access to DTG and associated medical.
3. Rate of DTG user with the age of child bearing age.
4. Implementation and acceptability of consent form for the women with the age of child bearing.
5. Response of interviewed W&GLWHA on DTG
6. Incidence of opportunistic infection
7. Level of stigma and discrimination

8. Response on quality of health service provided.

4. ANALYSIS METHODOLOGY.

The analysis was designed to be participatory and to promote openness and advice from targeted beneficiary in 23 wards of Kiteto district.

5. DATA COLLECTION TOOL.

The methodology used to gather information for the situation analysis included the following; Pre-project activities, including the drawing up the travel itinerary and work plan, assigning districts to TNW+ team, telephoning districts division stakeholders about arrival times of the TNW+ team.

Development, pretesting and revising data collection tool questionnaires (see appendix 1)

The specific questions addressed by the TNW+ onsite focused on enhancing respondent to freely air their views. However, before any of the questioner were administered the respondent was briefed of the nature of the question, type of the information, expected and the use of information. The interviewees given the freedom to refuse to answer any questions and /or to terminate the data collection exercise at any point during the process when felt uncomfortable and/or their privacy is compromised by participating in the interview.

A commitment to absolute confidentiality was maintained between TNW+ team and interviewees, embarrassing question were avoided but whenever it was necessary were administered with extra precaution using techniques that did not compromise individual respect and dignity.

6. ANALYSIS METHOD, RESPONDENT AND THE FOCUS.

Two methods of data collection were employed

1. Interview using structured questionnaires
2. Focus group discussion.

7. DATA ANALYSIS.

At first, general analysis was made using all 345 respondent’s data. The data collected representing at least 15-20 samples per ward for the better comparison finally analysis was performed by electronically using spread sheet and SPSS software version 24.

8. MAJOR FINDINGS.

23 wards of Kiteto District were involved in this analysis where 23 PLHIV were involved in collecting data each for three days.345 PLHIV targeted in 23 wards only 310(90%) were interviewed.

9. SITUATION OF HIV/AIDS AND ART SERVICES IN KITETO DISTRICT.

Awareness and knowledge of HIV/AIDS among PLHIV in Kiteto Districts has been moderate indeed. The situation analysis revealed across Districts over 80% of the interviewers at least are aware of HIV/AIDS and treatment procedure .Higher proportional more than 81% of Kibaya ward interviewers acknowledged being aware of ART and its transition to TLD, similar proportion over 65% acknowledge knowing the proper use though huge proportion about 85% are not aware of the drug side effect.

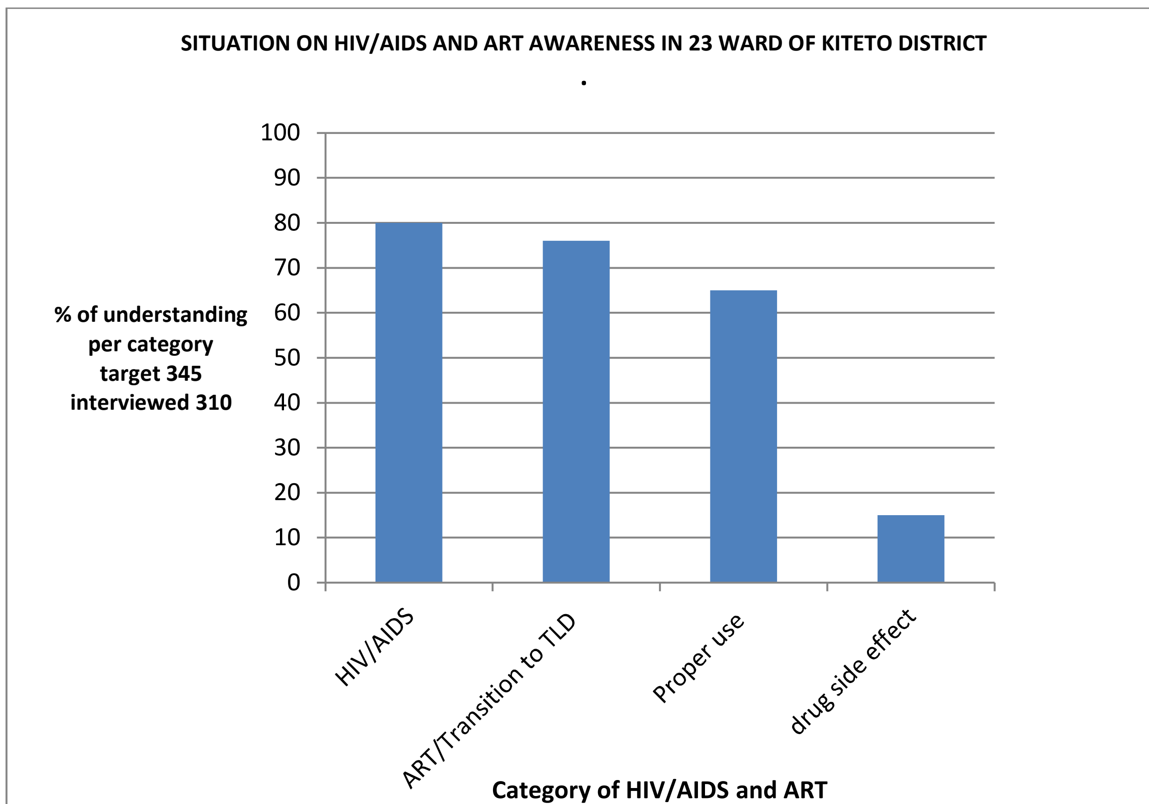

Chart 1:Situation of HIV/AIDS and ART awareness in Kiteto District

10. KNOWLEDGE ON ART AND ACCESS TO TREATMENT.

Respondent from the targeted districts acknowledged of being aware on the existence of ARV and a process of shifting to the better regime of DTG.

Respondents from Kibaya, Lengatei and Dongo wards were more informed about DTG compared to other 20 remained wards. Figure 1 above shows majorities have at least correct information

about HIV awareness and ART, but there is little challenge on proper use of ARV and recognition of the drug side effect and its complication.

11. RESPONSE OF PLHIV ON AVAILABILITY OF ARV TREATMENT AND ADHERENCE.

The majority of respondent 80% said the centers for ARV are available within the district though not close to their villages. Despite the availability of ARVs the majority complained that the centers are far from their wards.

56% of the interviewed in more than 18 wards reported to use public transport to go to the health facilities. Some of them tend to use more than Tsh.10,000/= for go and return trip to facility for example those from Sunye who are travelled to Kibaya in a place where there is no public transport that they used to took motorcycle (boda boda). This contribute to poor adherence on ART. For instance, 78% of the interviewed in each ward acknowledged of receiving proper instruction on how to use ARV but between 25% and 18% admitted of skipping the dose or share with their partners.

Different reasons were reported from different ward eg; Songambele and Magungo wards reported of lack of money (transport cost to the facility) restrict them from going for next dose and from Kijungu ward similar constraints was also main cause of skipping or miss dose.

Unlike the above wards particularly WLHIV admitted the reason for sharing or skip dose because more often share with their male partner. The male partners are not comfortable to access their doses within their neighborhood centers thus have to share with them or travel to the far facility.

There are many cases of men refusing to come to test for HIV and get counseling services even if their wives have tested positive during antenatal care /screening. What happens is that these men ask their wives to bring ARV and they share without even testing to make sure they are also HIV positive or their health necessitates them to take ARVs.

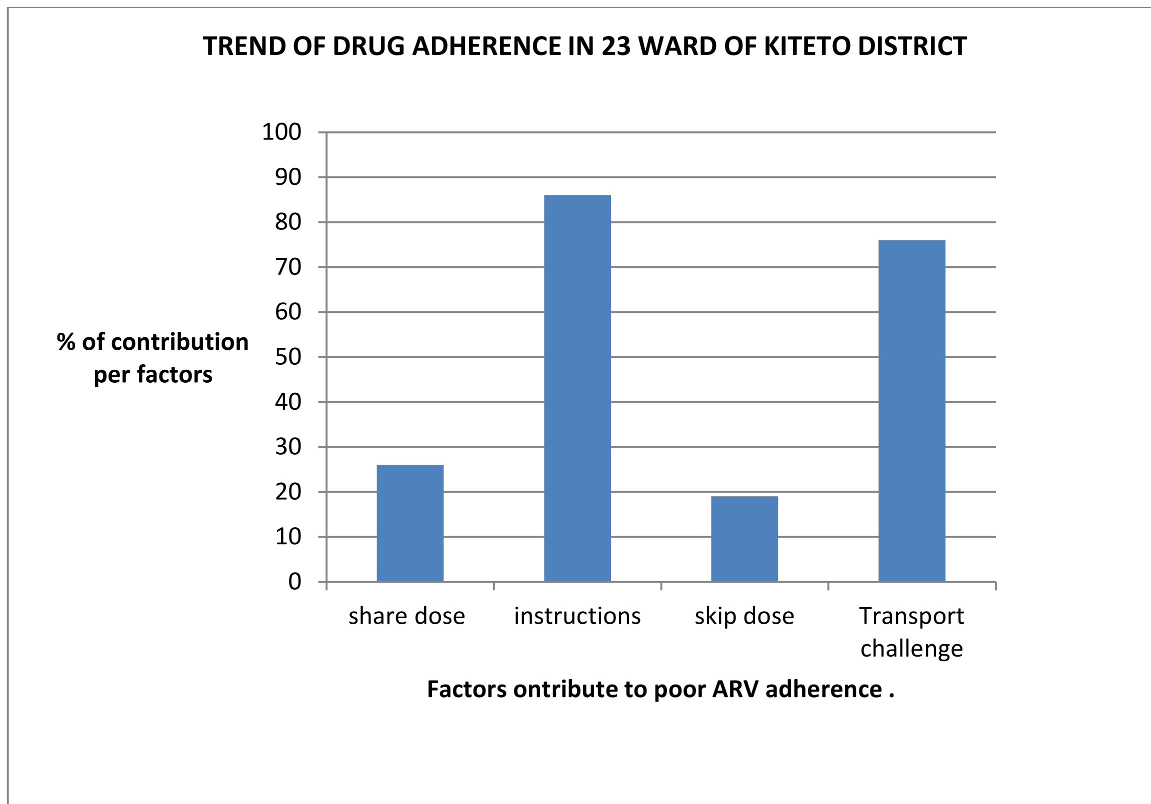

Chart 2: Trend of drug adherence in 23 wards of Kiteto District.

12. INCIDENCES OF OPPORTUNISTIC DISEASES

The incidence of chronic infections associated with HIV among the interviewed PLHIV was relatively high about 40% across Kiteto district. The main infections were Tuberculosis. 46% of the interviewed have been diagnosed and treated TB with health centers and at district Hospital.

The incidence of TB for Kiteto District is partly connected to the poor uptake of the Ionize Prophylaxis for TB due to the less control of IPT complications in both sides (clients & service providers) However respondent acknowledge the availability of treatments within their health facility, other opportunistic infection in low reported in low incidence among the interviewer was Herpes Zoster .The importance of the two diseases(TB and Herpes Zoster)in relation to HIV is that most of interviewers when asked how did they find out were HIV positive or what compelled them to the test, was after had one of the above mentioned infections for prolonged period of time.

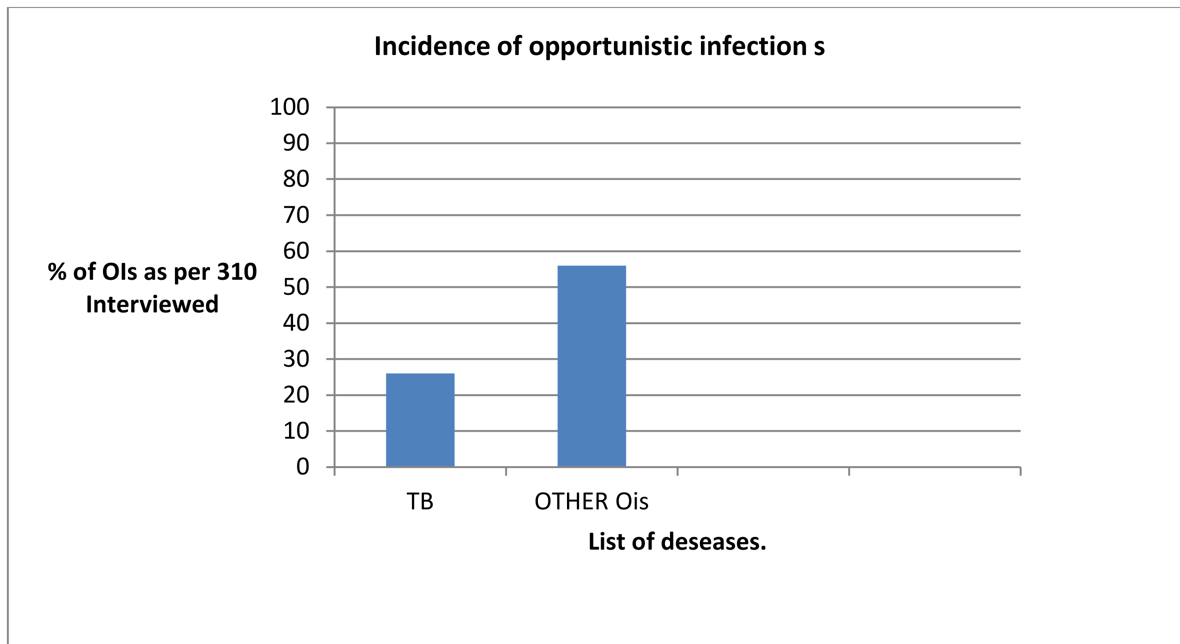

Chart 3: Incidence of opportunistic infections.

13. DTG AWARENESS AND ISSUE OF WOMEN WHO ARE IN AGE OF CHILD BEARING

The majority of the respondent 82% has information concern new regimes of DTG whether they had already shifted or not. Those who interviewed acknowledge the good performance and effectiveness of the new regimes though they don't understand why they are shifting from older drug to the new one.

Most of the facility in Kiteto Districts provides TLD as the recommended first regime for PLHIV but there is a challenge for service provider not to inform the clients on incidences of taking DTG especial for those who are at age of child bearing. It seems that providers had no time to orient and provide a room for hose women to decide whether they should remain in the current regime or decide to shift after consultation. Other were signed the consent form without even to read or understand the content of the consent form.

There is also a barrier of information where the old clients who are eligible to shift from TLE to TLD are not informed why they are still in older regime though the provider said that there is a transition period of phasing out older regime stock.

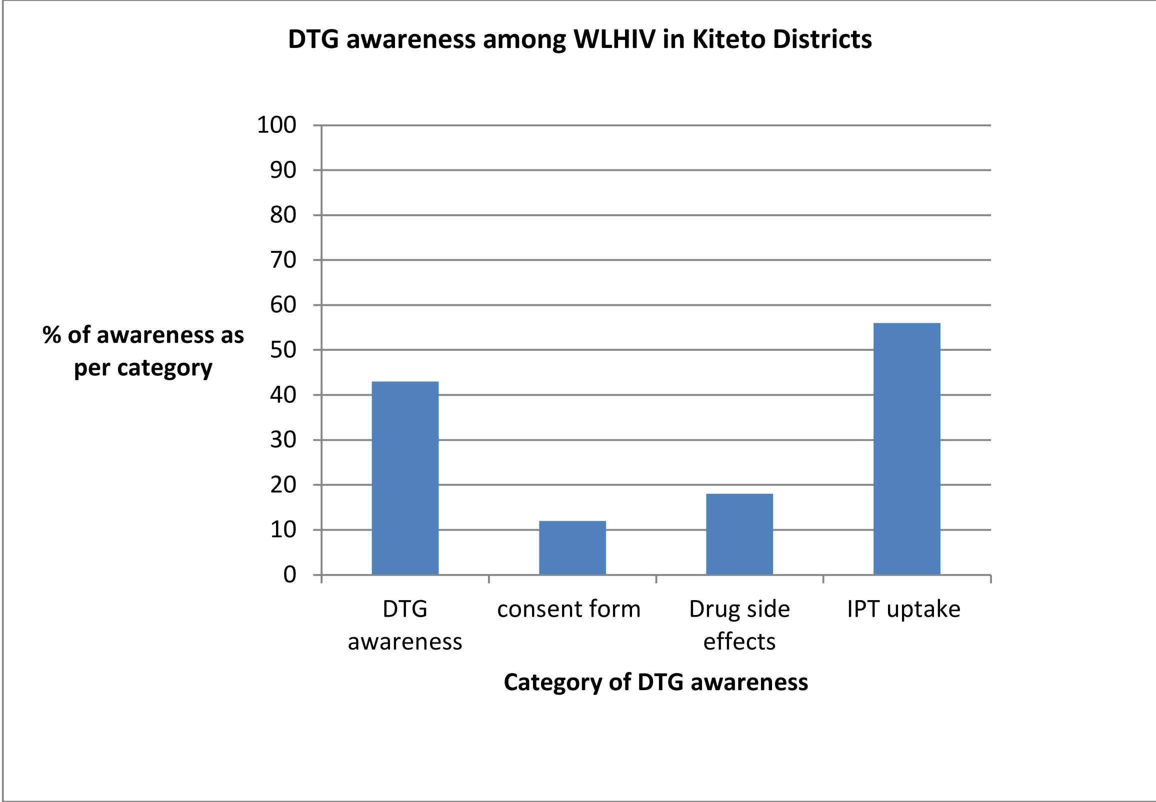

Chart 4: DTG awareness among WLHIV in Kiteto District

14. LEVEL OF STIGMA RELATED TO UPTAKE OF ARV DRUGS IN KITETO DITRSICT

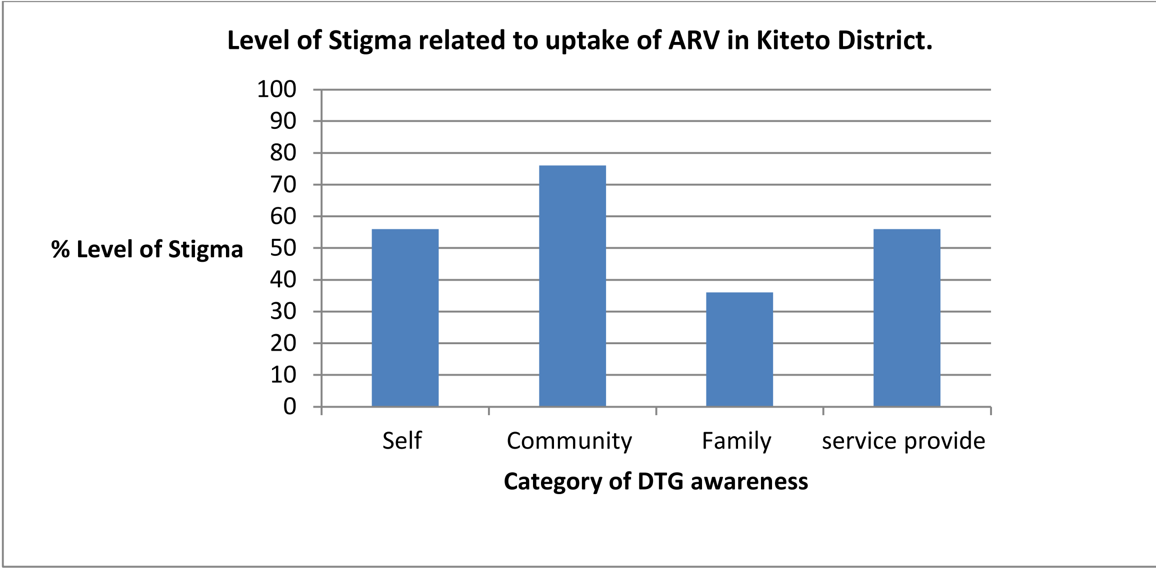

Chart 5: Show estimated level of stigma per category in 23 wards of Kiteto District

However, the data collected shows that most of interviewees do not know what stigma or its features means. This correspond to the high proportion of those who skip or share their ARV doses as shown on figure 2 which is due to fear of being known to be taking ARV. Therefore from the finding its obviously that HIV/AIDS is still abound in all 23 wards of Kiteto Districts however there are also kind of stigma and discrimination exercised by Community Health Worker and service provider using hash language and purposely refuse to provide clear information to the clients , they just attend them because they had being employed or getting some incentives. There is urgent need for stakeholder to develop and create strategy to address this within the context of family and community.

CHAPTER 3: CONCLUSIONS

The analysis reveals that the major factor contributing to high incidence of non-adherence of treatment efficacy in Kiteto District is the rising level of poverty among PLHIV in the certain District. More than 45% of the population estimated to live below the poverty line. This has been so due in total dependence on small substances agriculture and animal cultivation as the main economic activities. The impoverished families spend less on such basic needs as food shelter routine preventive health care, general medical and education.

Adherence to ARVs therapy is rather challenging to majority of the interviewees lack of reliable income not only hinders the access to CTC centers but also denied them accessing better nutrition to support the therapy. In adequate advocacy from outside from outside of their wards particularly in the remotely located ward of Dongo, Songambele and other remote wards is another factor contributes to low adherence.

Distantly located CTC was another constrain which not only contributed to in accessing the treatment but also irregular adherence resulting from dose skiping due to unreliable source of funds to meet travel cost.

High rate of stigma by male partners towards their partners as revealed by interviewee in Lengatei,Engusero,Kijungu, Magunga and Songambele wards contributed to shared drugs by partners which led to poor adherence. This sharing or skipping of dose has implication on the effectiveness of the drugs to viral load suppression of the interviewees in respective wards and develop drug resistance.

Despite the fact that high proportion of the interviewees over the respondents, 80% (figure 1) admitted being aware of HIV in all 23 wards. Majority do not have accurate knowledge on basic facts about HIV. This is due to less to frequency of training from various stakeholders. Moreover, majority admitted to have attended the HIV campaign/education once and other heard from friends/radio or from outside their village setting.

The analysis revealed also low uptake of IPT where PLHIV don’t understand why they are taking IPT and there is mismanaged of complications from the IPT and ARV uptake, service providers has less knowledge on how to deal with these complications that led the PLHIV to receive drugs or not taking at all.

Proper knowledge about consent form and DTG among women with the child bearing age was another area discovered by the analysis to be lacking among respondent and service providers. Majority of the interviewed said they have not yet received proper information about the content of the consent form and its application as some other interviewees were not able to read and write.

Lastly, inadequate health facilities from the existing Districts especial in remote area within the districts were another constraint revealed by analysis team which needs attention. Many of the interviewees were unsatisfactory with the provision of service particularly counseling from the health workers within their neighborhood. Thus, requested if there is any way these attendants could be motivated in order to provide quality services, observing ethics such as respecting privacy of PLWHA. On the other hand, satisfied with the quality services provided to them from home-based care attendant with slightly challenges.

CHAPTER 4: RECOMMENDATIONS.

The analysis has noted some serious shortcoming that requires urgent rectification. During the undertaking of the analysis, TNW+ analysis team asked for the opinion of the respondents and the stakeholders what the government or the development partners could do to contribute more to the control of the epidemic and treatment to reach 90 90 90 goals. Some of the recommendations given below resulted from the opinions, while others are derived from major finding revealed by the situation analysis.

Community influential should be part of the implementation team. It has been noticed that it is not easy to implement HIV activities without support from politicians and community leaders. Therefore, political and community leader support can be strengthened by ensuring continuous involvement of political and community leader in all aspect of project planning and implementation.

Harmonization between local beliefs practices and traditions with modern basic facts of HIV epidemic and its treatments.

Differentiate Service Deliver model will be only solution on elimination of S&D related to uptake of health service and community ART is highly needed.

Refresher/update course to Health workers is very important particularly when there is a new intervention as PrEP, DTG and other related new services because having SOP and guideline don't assure quality of the service to be provided.

Mainstreaming HIV activities in our core functions such community development programs so as to frequent address new information concerning HIV epidemic and its prevention and therapy.

Enhance access of CTCs centers close to the targeted clients, bringing the service close to their vicinity would make them used to service and assist them to overcome fear and access them.