



REVOLUTIONARY GOVERNMENT OF ZANZIBAR

MINISTRY OF HEALTH

**COMPREHENSIVE
DISTRICT HEALTH PLAN
2023/2024 – 2025/2026**

KUSINI DISTRICT



Milele Zanzibar
Foundation

Milele Zanzibar Foundation July 2023

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Executive Summary

This Comprehensive District Health Plan presents the District Health profile which demonstrate in brief (in the form of Graphs, Maps and Tables) the health status of the district, requirement information on service and utilization coverage, morbidity and mortality.

It exposes a wide range of data and information pertaining to Diseases Surveillance, Reproductive and Child Health services (ANC, PMTCT, IMCI, immunization and Nutrition) Administratively division, Human resources etc.

In addition, there are Plan of Action (POA) and Medium Term Expenditure Framework (MTEF) that show all activities alongside with their targets and summarized budget proposed by District Health Management Teams (DHMTs).

Acknowledgements

This Comprehensive District Health Plan (CHDP) is a product of dedicated efforts and contributions of many government and non-government organizations, district development partners, institutions, programs, and individuals. The Ministry of Health is very grateful for their assistance. The assistance offered ranged from financial support to technical expertise that was much needed during development of this Comprehensive Plan.

While it is not possible to mention every one of them here, it would also be unfair not to mention any of them. However, it is worth noting that not being mentioned here does not in any way belittle the contribution of the organization or individual.

The Ministry of Health, Directorate of Preventive Services and Health Education (DPR&HE) therefore would like to acknowledge all partners and stakeholders who in one way or another contributed to the development of this CHDP. In particular, the DPR&HE would like to thank Milele Zanzibar Foundation for the financial and technical support for facilitating the preparation of this plan through its objectives as stipulated in the feedback meeting.

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Finally, I would like to acknowledge the contribution of the following individuals whose participation was highly instrumental in preparing this plan document: Dr. Vuai R. Mzee (DMO), Mgana A. Mgana (Administrator), Haji M. Selele, (DDM), Khadija K. Mohd (DPHNO), Ali M. Haji (DPHO), Adam S. Omar (DP).

This document will help and enable key actors to implement the activities timely and efficiently.

To all we are very grateful.

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Abbreviations

Acronym	Meaning
ANC	Antenatal Care
DDM	District Data Manager
DHA	District Health Administrator
DHMT	District Health Management Team
DMO	District Medical Officer
DP	District Pharmacist
DPHNO	District Public Health Nursing Officer
DPHO	District Public Health Officer
FP	Family Planning
UNICEF	United Nations International Children Emergency Fund
JHPIEGO	Johns Hopkins Program for International Education in Gynecology & Obstetrics
OPD	Out Patient Department
PHCU	Primary Health Care Unit
PNC	Post Natal Care
RCH	Reproductive Child Health
RCH	Reproductive Child Health
RMNCH	Reproductive Maternal Newborn and Child Health
URTI	Upper Respiratory Tract Infection
USAID	United State Agency for International Development
WHO	World Health Organization

CHAPTER ONE: INTRODUCTION

1.1. A Map of Kusini District

This map shows the distribution of health facility and dispensary in Kati district

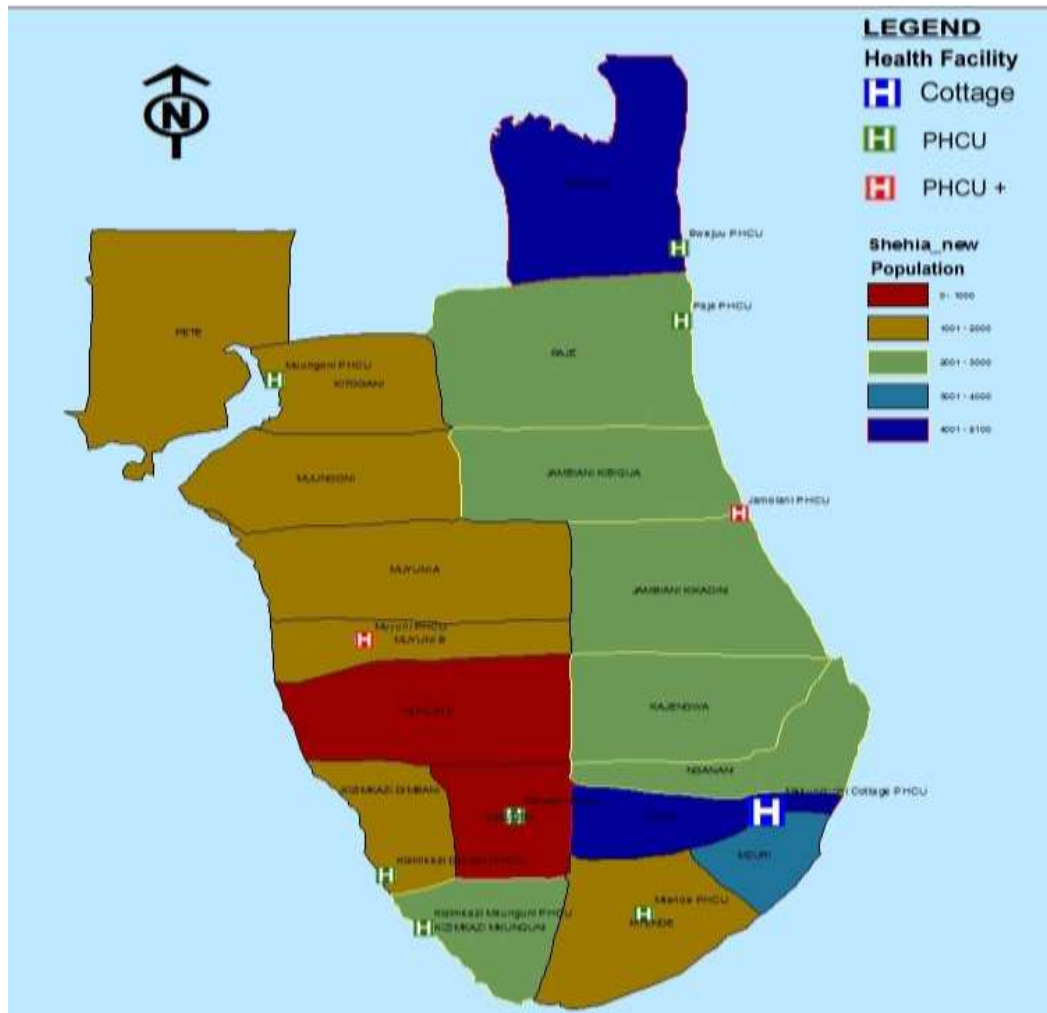


Figure 1: Map Shows Distribution of Health Facilities

1.2. Geographical Conditions Location

Kusini district has population 55,683, located in the southern part of Unguja Island. It is 66 km from Zanzibar Town and is amongst the two districts forming the South Region Unguja. The district is in horseshoe shaped surrounded by Indian Ocean on its East, South and West borders. On the Northwest part, it is bordered by Central district (Ukongoroni, Pete, Gulf of Ng'ambwa and Uzi Shehia).

1.3. Climatic Condition

There are 5 seasons in a year, namely: -

Masika	The heavy rain falls (March – June)
Kipupwe	The cool season soon after heavy rain (June – Aug)
Kusi	Dry season (August – October)
Vuli	Lesser rain season (October – December)
Kaskazi	Dry season (December – March)

The most predominant natural vegetation includes; tropical and savannah wooded grassland and thorny bushes.

1.4. Administration

Shehia is an administrative unit of the government; it is under the leadership of Sheha supported by Shehia's committee that is formed by representative members appointed by Sheha from each village compound. Sheha are responsible for all government affairs in the Shehia and have to report them to the district.

Table 1: Administrative Division

Province	Number of Wards	Number of Shehia
Paje	2	8
Makunduchi	2	13
Total	4	21

1.5. Human Resources

The HRH is very important resources and is one of six key priority areas, it intends to ensure that there is adequate and equitable HRH distribution. To achieve this, evidence based HRH norms and standards for the different levels of healthcare have been revised building upon the previous May, 2020 Norms and Standard Guidelines. Referring to the number and appropriate skill mix, infrastructure and service package that is required to serve the populations at the different as defined in the Essential Health Care Package [EHCP].

1.5.1. Zanzibar Essential Health Care Package

The Zanzibar Essential Health Care Package has defined the services that need to be delivered, together with the resultant interventions within each service and staffing for each level, to outline the number of health workers, by cadre, needed to assure provision of the ZEHCP

In South District Council, there are 2 level of health service, Primary Health Care Unit and Primary Health Care Unit +, there is also New Maternity Home which is not yet categorized.

The maternity home will cater the delivery services and neonatal health services only.

Table 2: Staffing Level at PHCU

Staff Requirement for PHCs			
Staff Category	Number of Staff		
	Low	Medium	High
Clinical Officer	2	2	3
Registered Nurse	1	2	2
Pharmaceutical Technician	1	2	2
Registered Nurse	3	6	6
Laboratory Technician	1	2	3
Environmental Health Officer	1	2	2
Data Clerk	1	1	2
Health Orderly	2	3	4
Watchman	2	2	2
Total	14	22	26

Table 3: Staffing Level at CHMT

Sn	Titles	Staffing Level
1.	District Medical Officer	1
2.	District Nursing Officer	1
3.	District Health Officer	1
4.	District Health Secretary	1
5.	District Laboratory Technician	1
6.	District Pharmacist	1
7	District Data Manager	1
Total		7

Based on the above staffing description and distribution the current HRH available and needs is as follow: -

Table 4: Staff Available and Needed

Cadre	Needed	Existing	Deficit
Medical Doctor / AMO	8	0	8
Clinical Officer	26	17	9
Registered Nurse	54	25	27
Medical recorders	14	0	14
Laboratory Technician	19	3	16
Health Orderly	58	31	27
Driver	2	1	1
Mafundi	3	0	3
Pharmaceutical Technicians	15	5	10
Dental therapist	4	3	1
Social Welfare Officer	11	0	11
Environmental Health Officer	15	5	10
Watchman	22	0	22
Total	249	90	159

1.6. CHMT Co-Opted Members

Co-opted CHMT members will be attached to the District hospitals performing their normal professional tasks as according to their job description. Co-opted members will be required to join core CHMT members, when the need arise for technical advice, supervision and management of the respective field. The staffing levels for the non-Core members are as follows:

Table 5: Staffing Levels for the Non-Core members of CHMT

SN	Titles	Staffing Level
1.	District Cold Chain Operator (DCCO)	1
2.	Medical Officer In-charge	1
3.	Nursing Officer In-charge	1
4.	District TB and Leprosy Coordinator	1
5.	District Mental Health Coordinator	1
6.	District Reproductive and Child Health Coordinator	1
7.	District AIDS Coordinator	1
8.	Hospital Secretary – District Hospital	1
9.	District Radiographer Coordinator	1
10.	Accountant	1
Total		10

1.7. Transportation and Communication

South district has a total road network of 79 kilometers of main roads, which are 100% tarmac. The main road passes through all Shehia of South district, there are short feeder roads which join the main road with the communities as well as health facilities, and these are earth roads which are uncomfortably passable. There is no public transport owned by the government. Private passenger cars and motor bikes are the common transport in the district while private hires are especially available for servicing tourists. Telecommunication system in the district is adequate. The district has a good access of telephone communication commonly through Zantel/Tigo, Halotel, Vodacom, and Airtel, all health facilities and most of households have got more than one individual hand phone. District has one Postal office and two sub offices. Internet services are

available in the public offices, hotels and internet café in the streets, some people access Internet through their individual modems and hand phone.

1.8. Population

Demographic data is essential during the planning process as such information enable planners to allocate resources efficiently. Based on 2012 census projection the district estimated to have 52,852 inhabitants in 2022. Children under one year of age are 1,903; surviving infants 1,806, Under-five years are 7,558 Under 15 years 16,913 and Women of Child Bearing age are 14,534. The growth rate estimated to be 2%.

Table 6: Shows Population in Kusini District

Total Population	52,653
Under 1 Live Birth	2,004
Under Five	7,958
WRA	15,305
Surviving Infants	1,901
Under 15 Yrs	17,809
Girls 14 Yrs	746

1.9. Social Economical with Gender Perspective

People in Kusini District engaged in subsistent fishing, farming petty trading and tourism investments, most of the elder man engaged in fishing and firming while women raise their fund through seaweed growing, food grossing and petty trading

Most of young men engaged in tourism sectors including tour guiding, tax driving and working in hotels. The district is home to the oldest mosque in use in East Africa, the historic Kizimkazi Mosque, also a National Historical Site. The district is also frequently visited by spinner dolphins, which is one of the biggest tourism attraction in the district. In average more than 85% people earn above one US dollar in Kusini District.

1.10. Water Supply and Electricity

All Shehia of Kusini district supplied with piped water, but availability of water in some areas is still questionable due to the exhaustion of water infrastructures. The villagers have experienced

frequent shortage of water several times, ought them to return to their local wells, that predisposing them to frequent outbreak of gastroenteritis and diarrhoea diseases. There are 293 local wells in south district 246 (84.98%) were chlorinated in 2019. The sources of piped water supply and Shehia served as exemplified in the table below: -

Table 7: Sources of Water Supply

Sn	Location	Type Supply	Shehia Served
1	Kivuli	Spring	J/Kibigija and Kikadini
2	Unywanywuni	Spring	Paje
3	Pangapyani	Spring	Bwejuu.
4	Uwandani	Bore hole	Kajengwa, Kijini, Nganani, Mzuri,
5	Machomwe	Spring	Kibuteni, K/Dimbani and K/Mkunguni
6	Kilima Matangi	Bore Hole	Muyuni A Muyuni B and Muyuni C
7	Mtule	Bore Hole	Kitogani, Muungoni
8	Kuumbi	Bore Hole	Kikadini
9	Mnjwambiji	Spring	Kibuteni, Kijini and Kiongoni
10	Mtende	Bore Hole	Mtende

All Shehia are reached with electricity, most of households and workshops have got electricity, they utilize electricity for physical, social and economic purposes.

1.11. Community Involvement

Community involvement in the district health planning and implementation is good, community involved through the Shehia Health Custodian Committees whereby the health issues discussed accordingly and recommendation sent to the District Health Management Team through Dispensary Management, recommendation from different dispensary analyzed and prioritized and then in-cooperated to the district health plan. Other way, the health issues sent to District Council through Ward councilors especial those concerned with infrastructure.

1.12. Multi-sectoral Collaboration

Kusini District collaborates with several agencies/partners in implementing its district health plans, every agency/partner has their area of interest, major concerns and what it does to contribute in

the implementation of district health plan as shown in table 8.

Table 8: Partners with Area of Interest and Major Concern

Name of Partner/Stakeholder	Area of interest	Major Concern	What do they do
UNICEF	Child Health	Reduction of U5 mortality	Share reports of nutrition, child immunization through ZIRCHP and initiation of Kangaroo Project at District Hospital
Save the Children	Child Health	Reduce sexual and child violence	Implementation of One Stop Centre Program
WHO	General population	Healthy Nation	Share reports through MoH
USAIDS	General population	Malaria elimination, HIV/AIDS Control	Share reports through ZMCP and ZIHTLP
UNFPA	Women of reproductive age	Reduction of maternal mortality	Share RCH reports through ZIRCHP
DANIDA	General population	Health services strengthening	Share reports through MoH
HIPZ	Makunduchi District hospital health services	Promotion of health service delivery at Makunduchi Hospital and mental health in the communities	Share plan and reports Meetings Training service providers on community mental health Support mental health intervention in the district
Shehia Development Committees	Infrastructure (health service building)	Promotion of health facilities buildings	Advocacy, Meetings, Share reports
Tuishi Organization	Domestic Environmental Health	Prevention of diseases caused by spoiled environment in South Region	Advocacy, Meetings, Share reports Village cleaning
Milele Foundation	Shehia of Mtende and Kibuteni	Capacity building on poverty reduction	Training on leadership skills and support community development projects
Direct Aids	Community health	Community health screening of diseases and management	Support and finance the Integrated Village Health Days
Makunduchi Traditional Food Festival	Traditional health foods and culture of Mmakunduchi	Promotion of health and culture of Mmakunduchi	Exhibition of healthy traditional foods and NCD screening
D TREE	Maternal and Child health	Reduction of maternal, neonatal and child mortality	Train and support the Jamii ni Afya Program

1.13. Health Priorities

Table 9: Priorities Aligned with Global Health, SDGs & MoH

1. Reproductive, Maternal, Newborn, Child, and Adolescent
2. Strengthen Human Resources for Health Management
3. Environmental Health and Sanitation in Health Facilities
4. Nutrition
5. Communicable Diseases and Priority-Neglected Tropical
6. Non Communicable Diseases
7. Health commodities
8. Strengthen Organization Structures and Institutional
9. Emergency Preparedness and Response
10. Construction, Rehabilitation, and Planned Preventive
11. Improvement of quality health care services

CHAPTER TWO: STRATEGIC PLAN

2.1. Strategic Map – Kusini DHMT

Vision	Accessibility of quality and affordable health services to all				
Mission	Improve provision and availability of quality health services at all levels				
Customer	Improve Customer satisfaction	Improve and maintain quality of health careservices		Improve Women’s well-being and safe delivery	
Internal Processes	Improve performance management of healthfacilities and staff	Develop capacity to improve and maintaindelivery of quality health services	Adopt better feedback acceptance mechanism	Improve access, quality and delivery of equitable RMNCH services	Improve Environmental health status
Learning and growth	Improve leadership and management skills	Improve capacity of healthworkers	Improve capacity of facilities in service provision	Adopt new health facilitytechnologies and tools	
Finance	Mobilize fund raising campaignsand in-kind donations	Maintain value for money	Improve collections fromclients and governments	Develop new funding streams	

2.2. Strategic Initiatives – Priority Areas

2.2.1. Quality Healthcare Services and Governance

Problem	Underling course	Strategic Initiatives	Key performance Indicator(s)	Target (24 months)	Activity
Inappropriate structure of the quality improvement team	Improve performance of QITs and WITs at all levels	% improvement of QITs	100%	-Create an effective QIT and WIT at district level.	Improve performance of QITs and WITs at all levels
	Improve awareness of ToR for QI focal points at district levels	% awareness of TOR to all QI focal points	100%	Distribute ToR for QI focal points at all levels.	Improve awareness of ToR for QI focal points at district levels
	Improve knowledge of QI to HCW	-# of trained HCW -% coverage of skills	- All district level workers -% coverage of QI topics	-Train health workers on QI skills and its importance	Improve knowledge of QI to HCW

	Adopt JD, ToR, Roles and responsibilities of HCW from MOH	-% of adoption -Clear understanding of ToR, Roles and Responsibilities of HCW	-100% -All workers reached	-Request JD, ToR, roles and responsibilities of HCW -Prepare knowledge sharing workshops	Adopt JD, ToR, Roles and responsibilities of HCW from MOH
	Develop intervention plan at health facility level	-Existence of intervention plan -% development of the intervention plan	-100% intervention plan -% development of the intervention plan	-Develop facility level intervention plan	Develop intervention plan at health facility level
Poor leadership and management practices at facilities	-Inadequate leadership and management skills adoption at health facilities	-Improve skills of the HCW on leadership and management	-# of people reached -% delivery of the needed skills	-All players -100%	-Conduct a workshop on strategic leadership and management skills

2.2.2. RMNCH

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
High perinatal mortality rate	Inadequate knowledge on monitoring progress of labor	Improve knowledge of HCW on monitoring progress of labor	% of trained HCW on monitoring progress of labor	-100%	Conduct training Maintain follow -up and supervision
	HCW lack new born resuscitation skill	Improve knowledge of HCW on new born resuscitation skills	% of trained HCW on new born resuscitation skills	100%	-Conduct training on resuscitation skills -Maintain follow -up and supervision -Improve response to causes of perinatal mortality
Low coverage of Family planning services	Inadequate community awareness of family planning use	Improve awareness on family planning use	-% of FP users from the existing 7% to 13%	- Increase by 6%	-Use health village day to conduct FP campaign. -Conduct FP outreach programs -Male involvement on FP use.

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
Low coverage of ANC visits before 12 weeks	-Low motivation of the expectant mothers on attending clinic before 12 weeks of gestation	-Encourage community to support expectant mothers to attend clinic before 12 weeks	-% of prospect expectant mothers attending clinic before 12 from 12% 2022 to 20% by 2024	8%	-Conduct trainings to males on effective support to expectant mothers on attending clinic before 12 weeks.
	-Missed opportunities of routine visit and services.	- Improve quality of service to reduce missed opportunities	-Serve all attendees by 100%	-100%	-Make availability of all needed materials and staffs
Low coverage of PNC visits	Improper attention to PNC visitors by HCW	Improve attention of HCW to PNC visitors	PNC visitors attended	-100%	Proper attention to PNC visitors and filling of PNC register
Risk of under-five disease outbreak	Inadequate knowledge of caregivers on Immunization services	-Improve caregivers knowledge on Immunization services	-# of trained care givers on Immunization	-20 in every Shehia	-Train care givers on importance of immunization -Train males to clear misconception on Immunization services
	Distance of the community from health facilities	-Improve access of Immunization services	-Accessible to all	-100%	-Conduct outreach immunization services
Shortage of diagnostic reagents and medical equipment	Insufficient supply of diagnostic reagents and medical equipment	-Improve ordering and supplies from respective authorities	-% Availability of needed equipment	-100%	-Request the right quantity of diagnostic and supply reagent -Engage other stake holders

2.2.3. Communicable Diseases (CD)

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
Poor preparedness on disease outbreak	In sufficient communicable disease controlling equipment and supply	-Improve existence of communicable disease control equipment and supplies	-Availability of equipment supplies at all levels	-100%	-Request and purchase of the required equipment and supplies
		-Develop proper storage of reusable equipment	-Developed store for equipment at all levels	-Existence of store	-Create store for storage of preventive equipment
	Poor adherence to prevention	-Improve adherence to	No. of facility adherence	-12 health facilities	-Distribute educational

	measures of communicable diseases at facility level	disease preventive measures and environmental protection			materials on communicable diseases to community (posters, banners, brochures) -Make follow up facility adherence
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2.2.4. Non-Communicable Diseases (NCD)

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
Increased number of new cases of non-communicable disease such as high Prevalence of Diabetes Mellitus and cardiovascular disease.	Inadequate knowledge of non-communicable diseases in the community	Improve knowledge on non-communicable disease to the community	-# of trained people on non-communicable diseases in a Shehia	20 in each Shehia	-Use village health days to share knowledge
		Establishment of life style clubs	-Existence of the club in a Shehia	-1 in every Shehia	-Establish jogging clubs
		Improve nutrition education	-# posters distributed -# of brochures distributed	- 100 posters per Shehia -100 brochures per Shehia	-Prepare and distribute nutrition posters and brochure
		Identification of new cases at the earliest stage	-#of early identified new cases	- 20 per district	-Conduct NCD assessment during village health days
Lack of adherence of personal and environmental hygiene principle to school children	Inadequate of personal and environmental hygiene to school health children	Improve both personal and environmental hygiene to school children	31of school attended	No of school per year	Use school health day to bring awareness on personal and environmental hygiene

2.2.5. Human Resource

Problem	Underling course	Strategic Initiatives	Key performance Indicator(s)	Target (24 months)	Activity
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Shortage of staff	Improper recruitment and employment of staff	-Develop HCW employment plan	-Plan in place	-Completed in 2025	-Create employment plan to be followed annually
		-Hire and allocate the missing staffs	-# number of new needed staffs hired; Needed – Existing(261-102)	-159	-Request staffs to be hired.
Staff underperformance	Lack of induction course for newly employed staffs	-Include induction courses as recruitment procedure	-#of induced staffs	-All	-Conduct staff induction course to the newly employed staffs

2.2.6. Health Commodities

Problem	Underling course	Strategic Initiatives	Key performance Indicator(s)	Target (24 months)	Activity
Inaccurate management of drugs and medical devices	Inadequate knowledge of the management of drugs and medical devices	-Improve knowledge to HCW on Management of drugs and medical devices	-# of trained staffs	-2 pharmaceutical technicians at each facility	Conduct training on management of drugs and medical devices to HCW
Inaccurate record keeping	Inadequate use of ledger for medical record keeping	-Improve use of store ledger	-% improvement on the use of store ledgers	-100%	-Supportive supervision on proper use of store ledger
	Improper filling and recording of registers	-Improve filling and record keeping of health facility registers	-% of data quality	- 100%	-Supportive supervision on proper use of store ledger -Data cleaning

2.2.7. Nutrition

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
Increased number of anaemia in pregnant women	Lack of knowledge on Balanced Diet	-Improve knowledge of balanced diet to pregnant women	-Reduced anaemia to pregnant women from ...50.. to 30	-20%	-Prepare and distribute awareness such as brochure and posters -Conduct health education sessions through radio spots -Conduct village health and nutrition day

2.2.8. Environmental Health and Sanitation

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
Poor environmental health and sanitation in the community	Insufficient initiative taken to improve community engagement in environmental health and sanitation	-Improve community engagement in environmental prevention and sanitation	-# people engaged per Shehia	- 21 per Shehia	-Conduct environmental awareness campaigns to the community through village health days -Prepare and distribute posters to schools. -Form school clubs on environmental protection

2.2.9. Construction, Rehabilitation and Planned Preventive

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
Lack of Plan on Preventive Maintenance	Lack of knowledge on Planned Preventive Maintenance	Provide knowledge on PPM at all levels	-# trained HCW	-100%	-Train HCW on PPM
	Lack of checklist on PPM	Develop checklist of PPM at all level	-Existence of level based checklist	-Available at all levels	-Develop PPM checklist
	No PPM conducted at district level	Conduct PPM at facility level	-A PPM conducted within 24 months	- PPM conducted	- Conduct PPM

2.2.10. People-centred quality of care in clinical services at all levels

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
Inadequate Customer care Establish at HCF	Lack of customer care knowledge	Improve HCW's knowledge on customer care	-# trained HCW on customer care.	-100%	-Conduct Customer care training to HCW
Lack of patient rights and responsibilities mechanism	Community do not understand their rights and means to claim their rights	Improve communities, awareness on their rights and ways to claim their rights.	-# of initiatives taken	-4 per facility	-Display patient rights. -Emphasize on use of suggestion box -Provide mobile phone number -Use HCW identity number -Display customer care contract.
Un preparedness of HCW to deal with health insurance	Lack of HCW knowledge on Health insurance system	Improve knowledge on Health insurance system	Number of health care workers trained	100%	Conduct health insurance system training for health workers of 12 health

					facilities
Lack of responsive patient and user complaint system	Old systems applied to record and respond to client claims	Improve claims receiving and documenting mechanisms	% of initiatives taken	100%	<ul style="list-style-type: none"> - Develop a system to document, review and consolidate patients'/clients' complaints at all HCF -Adopt client exit I interview. -Conduct feedback meeting with community

CHAPTER THREE: ACTION PLAN

3.1. Plan of Action

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
Create an effective QIT and WIT at district level	Ask for JD, ToR, roles and responsibilities of HCW	DMO	166	Internet	July	
	Request and review and hand out ToR for QI focal at all level	DMO	23	Handout	July	
	-Conduct on site knowledge sharing on roles and responsibilities through supportive supervision	DMO	102 Health workers	-Stationary -Fuel	First and second week of august	600,000
	Develop facility level intervention plan	DMO	40	Venue Stationeries Refreshments Transport allowances Fuel	1 st week of September	6000,000
	Conduct a workshop on strategic leadership and management skills	DMO	40	Venue Stationeries Refreshments Transport allowances Fuel	Any three days in October	6,000,000
Use Village health days to improve quality of RMNCH services	Sensitize community on FP use	DPHNO and family planning champions	50 per Shehia -4 Shehia per year.	30 litres 20 persons Transport allowance Refreshments Stationeries Porridge Upatu Music sound	One Health day per quarter	1,300,000 per Shehia A total of 11,000,000 per 2 years
	Sensitize community on ANC before 12 week		50 per Shehia -4 Shehia per year.			
	Distribute educational materials on disease prevention and environmental protection	Health Promotion focal personnel	100 pieces -4 Shehia per year.			
	Community sensitization on NCD	DMO	150 people per Shehia			
	Conduct NCD assessment	DMO	4 diseases (Diabetes, HP, ENT, Dental) 50 per disease per Shehia			
	Distribute nutrition educational materials	District Nutritional focal person	100 pieces			
	Conduct environmental	DHO	100 people			

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
	awareness campaign					
	Distribute environmental educational materials to schools and the community	DHO	1 schools per Shehia			
Conduct outreach program to improve FP ANC and immunization services	Provide FP services	DPHNO	-20 per Shehia 4 – Shehia per year	20 litres 20 persons Transport allowance Refreshments Stationeries Upatu	One outreach per quarter meaning a total of 8 per 2 years	1,00,000 per Shehia a total of 8,000,000 per 2 years
	Provide ANC services		-20 per Shehia 4 – Shehia per year			
	Conduct Immunization services	DIVO	-20 per Shehia 4 – Shehia per year			
	OPD services	DMO	-60 per Shehia 4 – Shehia per year			
	Assessment of nutrition status	DNFP	-20 per Shehia 4 – Shehia per year			
Trainings to health care workers	Conduct training on monitoring progress of labor and new born resuscitation skills	DPHNO	18 HCW of facilities performing delivery services	Venue Stationeries Refreshments Transport allowances Fuel	3 days	1,140,000 per day a total of 3,420,000/-
	Conduct training on management of drugs and medical devices to HCW	DP	18 HCW responsibly for pharmaceutical duties	Venue Stationeries Refreshments Transport allowances Fuel	1 day	2,000,000
	Train DHMT on planned preventive maintenance	DMO	12 people	Venue Stationeries Refreshments Transport allowances Fuel	1 day	850,000
	Conduct staff induction course to the newly employed stuffs	DMO	40 per 2 years	Venue Stationeries Refreshments Transport allowances Fuel	3 days	10,000,000
Community training on	Conduct training to male on effective	DPHNO and DIVO	20 males per Shehia	Venue Stationeries Refreshments	1 day	1,300,000 per Shehia

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
Health related issues Supportive supervision	support to expectant mothers on attending clinic before 12 weeks and misconception on Immunization		4 Shehia per year	Transport allowances Fuel		a total of 10,400,000 per 2 years
	Training to care givers on prevention of malnutrition and stunting	DNFP	20 care givers per Shehia 4 Shehia per year	Venue Stationeries Refreshments Transport allowances Fuel	1 day	1,250,000 per Shehia a total of 1,000,000 per 2 years
	Conduct health education Sessions on nutrition through radio spots	DNFP/DHPO	4 sessions per year	Fuel Session spot	30 minutes	200,000
	Initiate healthy jogging clubs	DNFP/DHPO	One per Shehia for all the 36 Shehia	20 T-shirts per Shehia (a total of 720 T-shirts) Fuel – 20 litres	2 years	9,360,000 (Both fuel and T-shirts purchasing)
	Follow -up and supervision on progress of labor	DPHNO	All the 12 facilities Every quarter for eight quarters	Fuel (30 litres) Checklist	2 facilities per day. A total of 9 visits per quarter.	90,000 per visit; a total of 630,000 per 2 years
	Follow -up and supervision on application of new born resuscitation skills	DPHNO		Fuel Checklist		
	Supportive supposition on proper use of store ledger	DP		Fuel		
	Data cleaning	DDM		Fuel		
	Proper attention to PNC visitors and filling of PNC register	DPHNO		Fuel		
Supplies	Request ambulance services to minimize home delivery	DMO	4 ambulances	NA	2 cars per year	
	Request and purchase required equipment and supplies	DP	monthly	Fuel – 30 litres	24 times per 2 years	2,160,00 per two years
Staffing	Request the needed HCW	DMO	Ones every quarter			



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