REVOLUTIONARY GOVERNMENT OF ZANZIBAR

MINISTRY OF HEALTH

COMPREHENSIVE DISTRICT HEALTH PLAN

2023/2024 – 2025/2026

MAGHARIBI "A" DISTRICT

Milele Zanzibar Foundation

Milele Zanzibar Foundation July 2023

Table of Contents

List of Tables

List of Figures

Executive Summary

Magharibi "A" District is located in the center of Unguja Island, it is bordered with Urban District to the West, South West, Central District, and Enclosed with North East District, from Zanzibar Town District situated 20km.

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.

Acknowledgements

This Comprehensive District Health Plan (CDHP) 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 CDHP. 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. Special thanks should go to Ms. Mwanaali H. Ali (Health Programme Coordinator – Milele Zanzibar Foundation) for her dedicated efforts, active participation and constructive inputs provided in organizing the workshop sessions through which it was possible to complete this noble task.

Finally, I would like to acknowledge the contribution of the following individuals whose participation was highly instrumental in preparing this plan document: Dr. Tatu A. Amour (DMO), Shufaa H. Sulaiman (Administrator), Zuhura A. Saidi (DIVO), Ali M. Khamisi (DDM), Hanifa F. Juma (DPHNO), Ali M. Sleimam (DPO), Abdalla Y. Mohamed (DLO), other member: Faiza M. Abdulkadir (DHPO), Salama M. Ashrak (DNUO), Saidi K. Ahmada (DTBO).

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
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
HMIS	Health Management Information System
IRS	Insecticide Residual Spraying
PHCU	Primary Health Care Unit
RCHS	Reproductive Child Health Servicer
ZILS	Zanzibar Integrated Logistic System
IDWE	Infectious Disease Week Ending

CHAPTER ONE: INTRODUCTION

1.1. Map of Magharibi "A" District

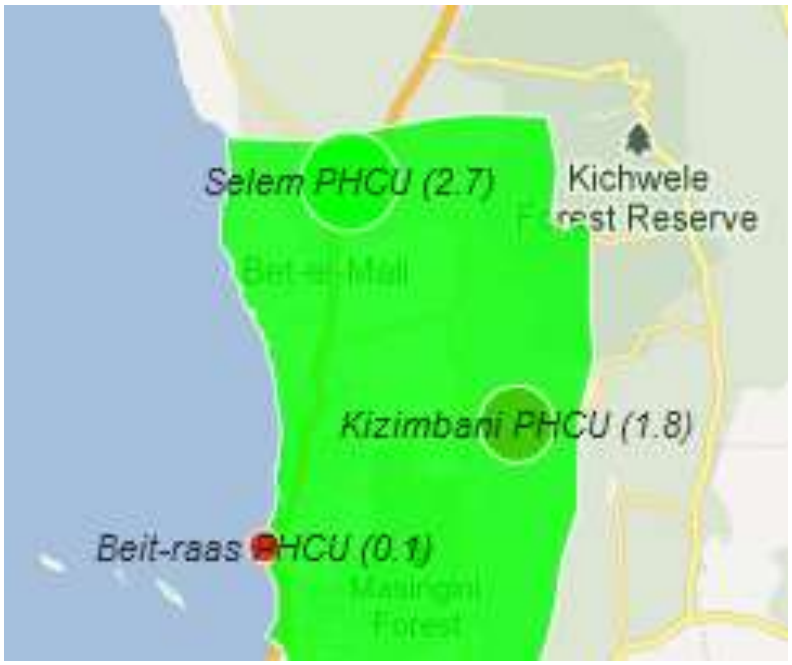

Figure 1: Shows Distribution of Health Facilities

1.2. Geographical Condition Locations

1.2.1. Geographical Features

Magharibi A District was established in 2015. The district is one among the 3 districts that form Mjini Magharibi Region. The district is bordered in the north by the Kaskazini Unguja Region; to the east by the Central/South Region; in the south by Kiwani Bay; and in the west by the Urban District.

1.2.2. Demography

According to the OCGS projections 2022 the district has got about 244,004 people with the following categories:

- Under one year 10,772
- Under five years 35,850
- WRA 63,610
- Surviving infants 10,222
- Girls at 14 years 3,297

1.2.3. Climatic Condition

The district has a tropical climate, with temperatures ranging between 20° and 40° Centigrade. It also experiences a bimodal rainfall pattern, with a long rainy season (known as Masika in Swahili) and a short rainy season (known as Vuli in Swahili). The long rainy season lasts from March or April to May, while the short rainy season occurs during the months of September or October to December each year. The district receives between 900 mm and 1200 mm of rainfall during the long rainy season and 400 mm to 500 mm of rainfall during the short rainy season. Such an annual rainfall pattern makes the district suitable for the production of various crops and rearing of livestock. The land is complete surface and coral to some area of the district. The large areas are arable land that consists of famous types of soil these are: - sandy, clay, and muddy.

1.3. Human Resource for Health and Social Welfare

Table 1: Human Resources

Health Facility	MD		AMO		CO		Nurse		Pharm		EHO		Orderly		Dental		Lab.		Counsl.	
	Available	Needed	Available	Needed	Available	Needed	Available	Needed	Available	Needed	Available	Needed	Available	Needed	Available	Needed	Available	Needed	Available	Needed
Bumbwisudi PHCU	0	1	0	1	2	1	7	5	1	2	1	1	11	0	1	1	1	1	2	1
Chuini PHCU	1	0	0	1	3	0	3	2	0	0	2	0	5	2	0	2	1	1	1	1
Kianga PHCU	1	0	0	1	4	0	3	3	0	0	2	0	5	2	0	0	1	1	0	1
Kizimbani PHCU	0	0	0	0	1	1	2	1	0	0	2	0	4	0	0	0	1	1	0	1
Beitrasi	0	0	1	0	1	0	1	0	0	0	1	0	4	0	0	0	1	0	0	1
Welezo wazee	0	0	1	0	1	0	0	0	0	0	0	0	2	9	0	0	1	0	0	1
Mtofaani PHCU	0	1	0	1	4	0	9	3	1	2	4	0	11	0	1	1	1	1	1	1
Selem PHCU+	0	1	0	1	2	1	9	3	1	2	2	0	13	0	0	2	1	1	0	1
Magharibi A	2	3	2	5	18	3	34	17	3	6	14	1	55	13	2	6	8	6	4	8

1.4. Transport and Communication

DHMT Magharibi "A" has one care Toyota Pickup DFP 7452, the car used mainly for supply, supervision and collecting goods from Zanzibar town while another activity as administrative, surveillances and follow up activities in the district.

Even though the district has five maternal delivery centers, three from are public and two ownerships is parastatals a big problem from to district does not have an ambulance to transportation for patients and pregnant women for referral case, we always ask for an Ambulance from Hospital KMKM, more problems occur if the ambulance is on the way for referral.

1.5. Water and Sanitation

The district has prevalence of sanitation based diseases. Most of the cases are reported from the congested Shehia such as Mtoni, Mtopepo, Mtufaani and Chemchem. These Shehia are commonly known for having scarcity of clean and safe water, low access to latrines and overcrowded living conditions. Locals of Magharibi A generate about 128 tons of waste per day and the capacity of the municipal council is to collect and dispose only 64 tons per day. Moreover, the Municipal has collect waste from the households and place it at informal transfer points where municipal trucks collect and move it to Kibele Disposal Site. Next to the insufficient capacity of the council, the solid waste management system of the district involves the following challenges: -

- Inadequate community participation.
- Low awareness of community members on proper management of solid waste.
- Shortage of equipment among the community groups engaged in solid waste activities.
- Shortage of transfer points and trucks for transporting wastes to disposal sites.
- Congestion of dwellings in some Shehia.
- Absence of district incinerator for medical wastes.

1.6. Social Economical with a Gender Perspective

Basically, the large population of the Magharibi A district engages on agricultural activities, where the remaining populations are Government employees or private Sector employees. Petty traders, fishing, livestock keeping, poultry, handcrafts, quarries and potteries are the

commonest activities carried out within the different communities. The district produces cash crops and food crops. The main cash crops are cloves, Coconuts, black pepper and others.

Table 2: Population Categories

Population	Number
Total Population	260,897
Under 1 yr	10,839
Under 5 yrs	35,721
WRA	64,835
Surving Infant	10,286
Under 14 yrs	102,272
Girls 14 yrs	3,278

1.7. Community Involvement

Community were involved through Health committee, committee has the chair person, secretary and members, main purposes of these committee is to discuss about the health issues surrounding health facility, also assisted by CHVs that were responsible.

Table 3: Multispectral Collaboration with Stakeholders

No	Institution	Area of operation
1	JHPIEGO	Family planning Including service day mentorship training and outreach services.
2	WHO	Surveillance, immunization, rapid assessment and training.
3	UNICEF	Family planning services.
4	IRCH Program	Building capacity of health workers.
5	D Tree International	Support CHVs in community Sensitization.
6	PIRO	Building capacity on entrepreneur and reproductive health
7	TASAF	Sensitization of mother to attend on RCH services.
8	Engender Health	family planning services outreach.
9	Milele Zanzibar Foundation	Infrastructure and building capability for RMNCH staff on delivered.
10	Pharm Access	Increase Quality of health facilities and service delivered. Also provision of treatment cards and tablets in health facilities.

1.8. Health Priorities: Aligned with Global Health, SDGs & MoH

Table 4: Health Priority

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

Table 5: Main OPD Diagnoses (Top 10 Diseases)

Above five			Under five		
Diagnosis	**Number**	**%**	**Diagnosis**	**Number**	**%**
Upper Respiratory Tract Infections (URTI)	9083	18.85	No Pneumonia (Cough/Cold)	6940	36.9
Urinary tract infection (UTI)	8793	18.25	Other skin disease	3178	16.9
No Pneumonia (Cough/Cold)	6940	14.4	Urinary tract infection (UTI)	2079	11.1
Other skin disease (No shingle or chicken pox)	6809	14.13	Ear Nose and Throat (ENT)	2022	10.7
Ear Nose and Throat (ENT)	6060	12.58	Dental with oral diseases	598	3.2
Dental with oral diseases	4165	8.64	Anaemia	555	3
Hypertension	1935	4.02	Trauma/Injuries	499	2.7
Anaemia	1733	3.6	Conjunctivitis	373	2
Trauma/Injuries	1690	3.51	Scabies	343	1.8
Hypotension	982	2.04	Intestinal Worms	244	1.3

Table 6: Delivery Services

Delivery Data	2021	2022
Delivered number of mother who delivered	1993	1806
Multiple deliveries	63	43
Live birth (at health facility)	2030	1839
Still birth fresh	6	2
Still birth macerated	20	8

Table 7: Home Delivery and Deaths

Home Delivery and Deaths	2021	2022
Home delivery	313	234
Attended by TBAs	204	166
Attended by skilled personnel	99	61
Relative	10	7
Perinatal deaths 0-7 days	1	1

Table 8: Immunization Coverage

Immunization coverage	2021	2022
BCG under 1 year coverage	118.7	110.7
MR 1 under 1-year coverage	75.5	70.5
OPV1 under 1 year coverage	73.9	47
Penta 3 under 1-year coverage	67.6	61.5
Percentage of children fully immunized	77.9	94.9

CHAPTER TWO: STRATEGIC PLAN

2.1 Strategic Map – Magharibi "A" 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 care services	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 andmanagement skills	Improve capacity of healthworkers	Improve capacity of facilities in service provision	Adopt new health facility technologies 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. Improvement of Quality Healthcare Services and Organizational Structure

Problem	Underline cause	Objectives	Service output	Target (24 months)	Activity
Inappropriate structure of the quality improvement team	Underperformance of QITs and WITs at district levels	Improve performance of QITs and WITs at all levels	% improvement of QITs	100%	-Create an effective QIT and WIT at district level.
	Unawareness of TOR for the QI focal persons at council 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.
	Lack of quality improvement knowledge to HCW	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
	Lack of JD, ToRs, Roles and Responsibilities of 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
	Lack of intervention plan at health facility level	Develop intervention plan at health facility level	-Existence of intervention plan -% development of the intervention plan	-100%	-Develop facility level intervention plan
Poor leadership and management practices at HF	-Inadequate leadership and management skills 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	Underline cause	Objectives	Service output	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 newborn resuscitation skills	Improve knowledge of HCW on new born resuscitation skills	-% of trained HCW on new born resuscitation skills	-100%	-Conduct training -Maintain follow up and supervision -Improve responses to cause of perinatal mortality at health facilities.
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 5% to 10%	- Increase by 5%	-Use health village day to conduct FP campaign. -Conduct FP outreach programs -Male involvement on FP use.
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	- 20	-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	-# of PNC visitors attended	-100%	-Proper attention to PNC visitors and filling of PNC register
Existing number of home delivery	-Low capacity of health facilities	Improve capacity of facilities to perform delivery services	-Minimize home delivery from 25.8% to 15%	-Reduce by 10%	-Request ambulance services -Proper re-allocation of the needed HCW -Maintain constant supplies equipment and reagents
	-Poor attitude of some HCW	-Increase accountability of			-Train on customer care

Problem	Underline cause	Objectives	Service output	Target (24 months)	Activity
		HCW			-Create volunteerism spirit -Maintain follow-up and supervision
	Inadequate knowledge of caregivers on Immunization services	-Improve caregivers knowledge on Immunization services	-# of trained care givers on Immunization	-20 in every Shehia	-Conduct community sensitization to clear misconception on Immunization services
	Distance of the community from health facilities	-Improve access of Immunization services to the community	-Accessible to all	-100%	-Conduct outreach immunization services
Inadequate of diagnostic reagents and medical equipment	In adequate of diagnostic reagents and medical equipment	-Improve ordering and supplies from respective authorities	-% Availability of needed equipment	-100%	-Keep requesting from the authorities -Engage other stake holders

2.2.3. Communicable Diseases

Problem	Underline cause	Objectives	Service output	Target (24 months)	Activity
Lack of preparedness on disease outbreak	Lack of communicable disease controlling equipment and supplies	-Maintain 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
	Lack of prevention measures of communicable diseases	-Develop disease preventive measures such as environmental protection	-# of Shehia reached	-32 Shehia	-Distribute educational materials on communicable diseases to community (posters, banners, brochures) -Organize community sensitization meetings on Communicable diseases prevention

2.2.4. Non- Communicable Disease

Problem	Underline cause	Objectives	Service output	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

2.2.5. Human Resource for Health

Problem	Underline cause	Objectives	Service output	Target (24 months)	Activity
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 (362-166)	-196	-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	Underline cause	Objectives	Service output	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	Underline cause	Objectives	Service output	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	-	-Prepare and distribute awareness such as brochure and posters -Conduct health education sessions through radio spots -Conduct village health and nutrition day
	Improper management of anaemia in pregnancy by HCW	Improve knowledge of HCW on management of anaemia in pregnancy	-Number of HCW train. -Number of pregnant women managed.		
	Foster mothers' negligence on the use of FEFO	Improve knowledge on the use of FEFO	-Increased number of admission of FEFO		Educate on the importance of admission of FEFO over their side effects
High prevalence of Malnutrition and stunting among under five	Low knowledge of Malnutrition and stunting among children	Improve knowledge to caregivers on prevention malnutrition and stunting to under five children	-# of trained care givers per Shehia	-20per Shehia	-Educate care givers on prevention of malnutrition and stunting to under five children

Problem	Underline cause	Objectives	Service output	Target (24 months)	Activity
children.					

2.2.8. Environmental Health and Sanitation

Problem	Underline cause	Objectives	Service output	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	- 50 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	Underline cause	Objectives	Service output	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. Enhance the People - Centered Quality of Care in Clinical Services

Problem	Underline cause	Objectives	Service output	Target (24 months)	Activity
Inadequate Customer care practices 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	Community do not understand	Improve communities,	-# of initiatives	-4 per	-Emphasize on use of

rights and responsibilities mechanism	their rights and means to claim their rights	awareness on their rights and ways to claim their rights.	taken	facility	suggestion box -Provide mobile phone number -Use HCW identity number -Display customer care contract.
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%	- Develop a system to document, review and consolidate patients'/ clients' complaints at all HCF -Adopt client exit interview

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	172	Internet	July	
	Request and review and hand out ToR for QI focal at all level	DMO	20	Handout	July	
	-Conduct on site knowledge sharing on roles and responsibilities through supportive supervision	DMO	172	-Stationary -Fuel	First and second week of august	560,000
	Develop facility level intervention plan	DMO	40	Venue Stationeries Refreshments Transport allowances Fuel	1st week of September	6,600,000
	Conduct a workshop on strategic leadership and management skills	DMO	40		Any three days in October	6,600,000
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.	6 Tents 20 litres 30 persons Transport allowance Refreshments Stationeries Porridge Upatu Music sound Drugs	One Health day per quarter	4,000,000 per Shehia A total of 32,000,000 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,			

Initiatives	Underline Activates	Responsible Person	Number of Beneficiaries	Resources	Time Frame	Budget
			Dental) 50 per disease per Shehia			
	Distribute nutrition educational materials	District Nutritional focal person	100 pieces			
	Conduct environmental awareness campaign	DHO	100 people			
	Distribute environmental educational materials to schools and the community	DHO	1 schools per Shehia			
Conduct outreach program to improve FP ANC and immunizatio n services	Provide FP services	DPHNO	-20 per Shehia 4 – Shehia per year	20 litres 20 persons Transport allowance Refreshme nts CHV – Fare	One outreach per quarter meaning a total of 8 per 2 years	950,000 per Shehia a total of 7,600,000 per 2 years
	Provide ANC services		-20 per Shehia 4 – Shehia per year			
	Conduct Immunization services	DIVO	-20 per Shehia 4 – Shehia per year			
	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	15 HCW of facilities performing delivery services 5 DHMT	Venue Stationerie s Refreshme nts Transport allowances Fuel	3 days	1,200,000 per day a total of 3,600,000/ -
	Conduct training on management of drugs and medical devices to HCW	DP	24 HCW responsibly for pharmaceutica l duties 5 - DHMT	Venue Stationerie s Refreshme nts Transport allowances Fuel	1 day	1,300,000

Initiatives	Underline Activates	Responsible Person	Number of Beneficiaries	Resources	Time Frame	Budget
	Train DHMT on planned preventive maintenance	DMO	9 people 1 facilitator	Venue Stationeries Refreshments Transport allowances Fuel	1 day	760,000
	Conduct staff induction course to the newly employed stuffs	DMO	40 per 2 years	Venue Stationeries Refreshments Transport allowances Fuel	3 days	9,000,000
Community training on Health related issues	Conduct training to male on effective support to expectant mothers on attending clinic before 12 weeks and misconception on Immunization	DPHNO and DIVO	20 males per Shehia 4 Shehia per year	Venue Stationeries Refreshments Transport allowances Fuel 5 - DHMT	1 day	1,300,000 per Shehia 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 5-DHMT	1 day	1,300,000 per Shehia a total of 10,400,000 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 31 Shehia	20 Tshirts per Shehia (a total of 650	2 years	10,000,000 (Both fuel and

Initiatives	Underline Activates	Responsible Person	Number of Beneficiaries	Resources	Time Frame	Budget
				Tshirts) Fuel – 50 litres		Tshirts purchasing)
Supportive supervision	Follow -up and supervision on progress of labor	DPHNO	All the 12 facilities Every quarter for eight quarters 9 – DHMT	Fuel (30 litres) Checklist	2 facilities per day. A total of 6 visits per quarter.	250,000 per visit; a total of 12,000,000 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 – 20 litres	24 times per 2 years	1,440,000 per two years
Staffing	Request the needed HCW	DMO	Ones every quarter			

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Foundation