REVOLUTIONARY GOVERNMENT OF ZANZIBAR

MINISTRY OF HEALTH

COMPREHENSIVE DISTRICT HEALTH PLAN

2023/2024 – 2025/2026

MAGHARIBI "B" DISTRICT

Milele Zanzibar Foundation

Milele Zanizbar Foundation July 2023

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Executive Summary

The District Health Management Teams (DHMTs) has been established since 2003 and capacitated in management of the district health services. These teams act as a link between the Ministry of Health and the health facility down to the community. Since 2017/18 all the districts have been decentralized but now are working under MoH after demolish the decentralization.

West B District Health Management Team is one among the six Health Management Teams (DHMT) that deal with health related issues within the respective districts under the responsibility Director of Preventive Services and its surrounding communities. The development of West B District Profile is a step forward on tackling prioritized problems according to severity and magnitude of its outcomes in line with Health Sector reform and Decentralization Policy. In practice, DHMT West B shows a great impact and continuous link between communities, health facilities and Regional level. Administratively West B District now have easily improve his administratively services by dividing the district in to thirty-four Shehia.

More over the West 'B' district profile which comprises budget and planned activities on this 17th District comprehensive planning 2020-2021 emphasized on improving provision of better and quality services delivery within the health facilities and community levels. The interventions were based on district situational analysis, which identified various problems and solutions to both primary and secondary problems, putting more emphasis on global targets with references to Millennium Goals 4, 5, and 6, which directly focus on health related issues and sustainability of this development goals (SDG).

The refined objectives by the ministry – planning unit was basically based on district needs and services indicators.

The objectives to be covered during FY 2020-2021 are as follows:

1. Improve health promotion and disease prevention;
2. Ensure equitable provision of quality curative care services;
3. Ensure availability of required infrastructure, medicines, commodities and health equipment at all levels;
4. Provide transparent and effective governance, evidence based policy development and partnerships within the health sector;
5. Ensure adequate and sustainable financing for health sector; and
6. Ensure quality and timely research, monitoring and evaluation.

The above agreed objectives was set to measure the impact and quality of health care delivery services at all levels of implementation that is National, District and community. Governance and administration, with research components to this financial year shows great priorities for both programme and Districts whereby the target settled will measure the outcome of planned activities and interventions. Below are some of national targets which have been agreed:

- Increase the percentage of implemented administrative and management activities at district level from 85% in 2019/20 to 90% by 2020/21;
- Increase the number of data quality assessment at the health facilities conducted from 85% in 2019/20 to 100% by 2020/21;
- Increase the number of units/programs/districts in the MOH using reliable health information and tools for planning from 90% in 2019/20 to 100% by 2020/21; and
- Increase the percentage of PHCUs with drugs and medical supplies stored according to standards.

Integrated approach to the three related programme that is EPI, IMCI, and RCH, have the broad objectives of reducing maternal mortality, infant and neonatal mortality. Integration of HIV/AIDS and TB/Leprosy program with updated of prevention and management play a very big role on proper case management of pediatric HIV and TB which formally was a big contributor of pediatric death.

In updating IMCI strategies includes child survival, infant survivors, management of neonatal infections and community IMCI needs sustainability, technical and financial support in this aspect as they are sensitive and very unique to this up dated profile 2019 - 2020. Global observation shows that neonatal infections and deaths to the first week of life is another challenge to medical personnel that needs current IMCI information and maternal and child death audit to reduce the mortality rate to this targeted groups. Technical support and supervision needs more emphasis to prescribers especially on Upper respiratory tract Infections, TB/HIV case management and PITC with recommended management of using ARVT to the selected PHCUs and emphasis on microscopic examination of sputum and uses of modern techniques of Gene Expert (G-X) for proper early case detection especially to the negative microscopic smear and other extra pulmonary cases.

Initiation and implementation with piloted selected areas for comprehensive community health strategies in FY 2020-2021 has contributed to provision of quality health care services at all level

of service delivery points (Health facilities and communities) due to creative demand.

It is our hope that this realistic budget and extensive plan of action will address the crucial problems Identified and highlight implementation areas, hence empower the west 'B' district to make own decision based on priorities and effective utilization of funds. Issues of monitoring and follow up after training, supportive supervision and timely evaluation of activities hopefully will increase the quality and better health care services provision and sustainability of various activities considering "changes" which includes better offering of quality delivery services to West 'B' District to this FY 2022-2023 at all age groups and levels.

Coordination with Non-Government Organizations, and community strongly emphasized to build up the good link, partnership and collaboration to support the district activities. Related programme should intervene and give technical support to the communities in various implemented activities. These include improving environmental sanitation, community awareness on STI/HIV infection, family planning, facility delivery, child & nutritional health, food safety and hygiene, health education and promotion on uses of clean and safe water together with general prevention of communicable and non-communicable diseases however challenge still remain on disposal of both solid and liquid waste to the some zone of west district in general a great effort are needed with technical support need to be addressed in this community in affordable, accessible, acceptable means and practiced at all levels.

As a beneficiary's organ to this health sector supporting funds, the expectations of the West 'B' district includes:

- Conduct quarterly meeting to address progress on service provision;
- Continued Government commitment to support the Council Health Management Team in various aspects including contribution to the basket fund;
- Sustainability of the interventions to all areas including Community levels, and in all health facilities and this will improve and contribute on Sustainability of development goals;
- Improve and Integrate Health Care Services within the District;
- Promote quality health care (quality Assurance) to all ages and levels on case management, delivery services by tracing barriers and finding solutions towards provision of quality delivery care;
- Planned Budget and activities will soon get support and fund releases in a timely manner with actually spend according to fund regulations;

- Other interested partners would also support the district activities at large as observed by basket funds; and
- Strengthening partnership to existing development partners and stake holders especial on area of technical assistance.

It is our great hope that this annual comprehensive health plan will result in effective utilization of 202-2021 funds with timely and accurate return of expenditure. Our promise again to the Ministry of Health and other partners contributed to the basket fund that the strategic plan of West 'B' District will be technically implemented to benefit all beneficiaries of interventions and this plan promised to work upon revised objective and target for this planning year of 2022-2023.

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 & 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 invaluable contributions of the following individuals whose participation was highly instrumental in preparing this plan document: Dr. Ramadhan S. Mikidadi (DMO), Ms. Rukia J. Ali (DHAO), Ms. Safia K. Juma (DPHNO), Ms. Zuwena S. Abdullah (DPHO), Ms. Fatma R. Salum (DP) and Ms. Nadhira Z. Mshenga (DDM).

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 Tea
DP	District Pharmacist
DPHNO	District Public Health Nursing Officer
DHPO	District Health Promotion Officer
DMO	District Medical Officer
FP	Family Planning
JHPIEGO	Johns Hopkins Program for International Education in Gynaecology & Obstetrics
MoH	Ministry of Health
OPD	Out Patient Department
PHCU	Primary Health Care Unit
PIRO	Pemba Island Relief Organization
PNC	Post Natal Care
RCH	Reproductive Child Health
RMNCH	Reproductive Maternal Newborn and Child Health
UNICEF	United Nations International Children Emergency Fund
URTI	Upper Respiratory Tract Infection
WHO	World Health Organization
WRA	Women Reproductive Age

CHAPTER ONE: INTRODUCTION

1.1. Magharibi "B" Health District Map

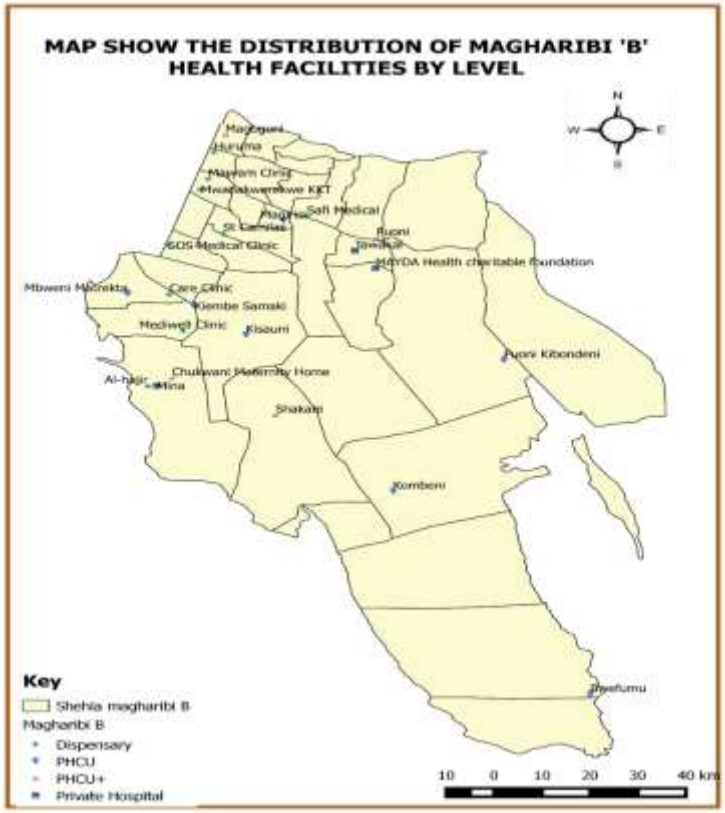

Figure 1: Map Shows Distribution of Health Facilities

1.2. Geographical Conditions Location

West district covers a total area of 108sq.km with a total population of 259,622 in 2021 as Projected in 2012. Other Parameters are: -

Table 1: Estimated Population

Population Estimate of Magharibi B District 2021	
Under one year	10,009
Under five years	39,497
WRA	71,689
Under fifteen years	106,046
Surviving infants	9,499
Population growth rate	2.8
Girls 14 years	3,637

1.3. Climatic Condition

1.3.1. Temperature

The District has tropical type of climate with temperature range between 700F. The climate is warm and humid (equatorial) the main rain season is during the month of March to May (Masika) and October to November (Vuli). The cold season (Kipupwe) is during the month of June to August while the hot season (Kaskazi) experienced from December to February. Variation of temperature is seasonal dependent. (Source: Statistical Abstract 1995 Page 1).

1.3.2. Land Type

The land type 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.

1.3.3. Economic Activities

Basically, the large population of the west 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 gingers while the food crops are banana, yams, sweet potatoes, vegetables etc. The seasonal fruits are mainly mangoes, papaws and citrus fruits like oranges, and lemons.

1.3.4. Commercial Activities

The commercial activity varies from place to place according to the Geographical distribution of this district, but the commonest activities are: -

- Whole sale trade;
- Petty trade;
- Fishing carried on small scales;
- Digging stones [Quarry];
- Hand craft;
- Carpentry;
- Pottery.

1.4. District Infrastructures

1.4.1. Road

There are three types of roads, including tarmac in 9 routes, no gravel to all routes and muddy in all feeder roads e.g. Magogoni and Shakani. Some of the roads in different areas are in a good condition and others are in bad condition.

1.4.2. Ports

The district has National airport located at Kiembesamaki 7 kms from Zanzibar town, also there is an existence of local sea port situated at Buyu, Fumba, Chukwani, Dimani, Bweleo, Kisakasaka and Mazizini where people stay for fishing camp. These ports are potential areas for several disease outbreaks such as diarrhoea, cholera and other contagious diseases like STIs and TB/HIV/ AIDs.

1.5. Communication

Magharibi "B" also has active telecommunication. The Government Company; TTCL together with private companies such as Zantel, Tigo, Airtel, Vodacom and Halotel facilitates effective communication.

1.6. Institutions

There are six educational institutions namely; University College of Education, School of Health and medical Sciences, Karume Technical College, Teacher's Training College, Institute of Agriculture and Muslim College. In addition, there is also a number of Nursery, Primary and Secondary schools, and vocational training centers including both government and private schools. Other 1 proposed secondary schools in the district is Dimani.

The current and updated distributions are:

1.6.1. Government and Private Schools

Schools	Private	Gov	Total
Primary and Nursery's schools	53	25	78
Primary schools	3	0	3
Nursery	24	0	24
Primary and Secondary schools	2	18	20
Secondary schools	2	0	2
Nursery's schools	60	0	60
Primary and sec.	3	0	3
TOTAL	**147**	**43**	**190**

1.7. Administrative and Political Divisions

Table 2: Administrative Position

Types of Personnel	Staff Available	Understaffing	Over Staffing	Gender
District Medical Officer	1	0	0	M
District Health Administrator	1	0	0	F
District Public Nurse Officer	1	0	0	F
District Public Health Officer	1	0	0	F
District Pharmacist	1	0	0	F
District Data Manager	1	0	0	F
* District financial	0	1	0	
(Co-opted Member)	3	0	0	
District Health Promotion Officer	1	1	0	F
District Nutrition Officer	1	1	0	F
Hospital orderly(supporting staff)	1	1	0	F
District Laboratory Officer	1	1	0	F

1.8. Water and Sanitation

1.8.1. Water

Most of communities in West District have access to clean/safe water supply, either piped water or depend on protected sources. The sources of water supply are about 30 in number. However, to those few, which have no piped water supply instead they are using local available wells in which some of them are shallow and other are deep. Also there are other sources of water in the district this include 13 boreholes, 2 springs and 1 big cave at Dimani. The shortage of water was marked during this Kiangazi season with inadequate supply to most of the areas to the communities (Kwarara, magogoni, Tomondo, Bweleo, Fumba, Dimani and Kombeni. Field work experience shows that majority of wells are not covered and may be drawn by multiple vessels which are not clean or in hygienic state. The good issue is that high percentage of the households travels less than 1k.m to fetch water.

1.8.2. Sanitation

Faecal matter disposal, improper way of solid and Liquid waste disposal, general refuse management, construction of latrines and uses are still a challenging issue to both Urban and rural areas including West District Communities. The coverage of latrine in West 'B' District has varied according to the geographical set-up of the district, its nature of soil and cultural believe and habit

the people.

Low sensitization and advocacy on important of latrine construction and uses in some areas contributed to low percentage on proper sanitation coverage. The west district communities have been trained on latrines construction with support of construction tools to improve capacity building to community members hence increases latrines coverage in this financial year 2021/2022. The updated profile for latrines status shows most of the community members have improved the housing condition within the society this earmarked hygienic condition contributes on reducing faecal matter diseases. Proper data for the latrines coverage are available to the respectively Shehia.

1.9. 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.

1.10. Multispectral Collaboration with Stakeholders

Table 3: 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	PharmAccess	Increase Quality of health facilities and service delivered. Also provision of treatment cards and tablets in health facilities.
11	ZAPHA+	Reduce new HIV infection
12	Busket Funds	Materials supplies and renovation of health facilities and capacity building

1.11. Health Priority – Aligned with Global Health, SDGs & MoH

Table 4: Health Priority

1. Reproductive, Maternal, New born, 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: Top Ten Diseases

No	<5 years		5 years and above	
	No of Diagnoses	**%**		**%**
1.	No Pneumonia (Cough/Cold) _OPD	30.6	Upper Respiratory Tract Infections (URTI) OPD	21.1
2.	Other skin disease (No shingle or chicken pox) OPD	12.3	Urinary tract infection (UTI) OPD	13.7
3.	Ear Nose and Throat (ENT) _OPD	10.6	Ear Nose and Throat (ENT) _OPD	10.1
4.	Urinary tract infection (UTI) OPD	7.8	Other skin disease (No shingle or chicken pox) OPD	8.6
5.	Diarrhoea (not dysentery or cholera) IDSR	5.7	Hypertension _OPD	4.8
6.	Pneumonia moderate IDSR	5.2	Trauma/Injuries OPD	3.3
7.	Conjunctivitis _OPD	2.8	Sexual transmitted infection (STI) OPD	2.7
8.	Trauma/Injuries OPD	2.3	Diarrhoea (not dysentery or cholera) IDSR	2.3
9.	Measles IDSR	2.3	Anaemia _OPD	2.2
10.	Dental with oral diseases _OPD	1.5	Conjunctivitis _OPD	2.0
11.	Other Diagnosis _OPD	18.9	Other Diagnosis _OPD	29.1
Comments	No pneumonia cold is major causes of <5 years while upper respiratory infection is leading to adult and above 5.			
Data Source	DHIS2			

Table 6: Main Indicators of Maternity

Indicator	2021	2022
Mother who delivered in the ward maternity	2448	2403
Multiple deliveries maternity	98	65
Live births maternity	2498	2451
Still Birth Macerated (SBM) _Maternity	35	9
Still Birth Fresh (SBF) _Maternity	13	8

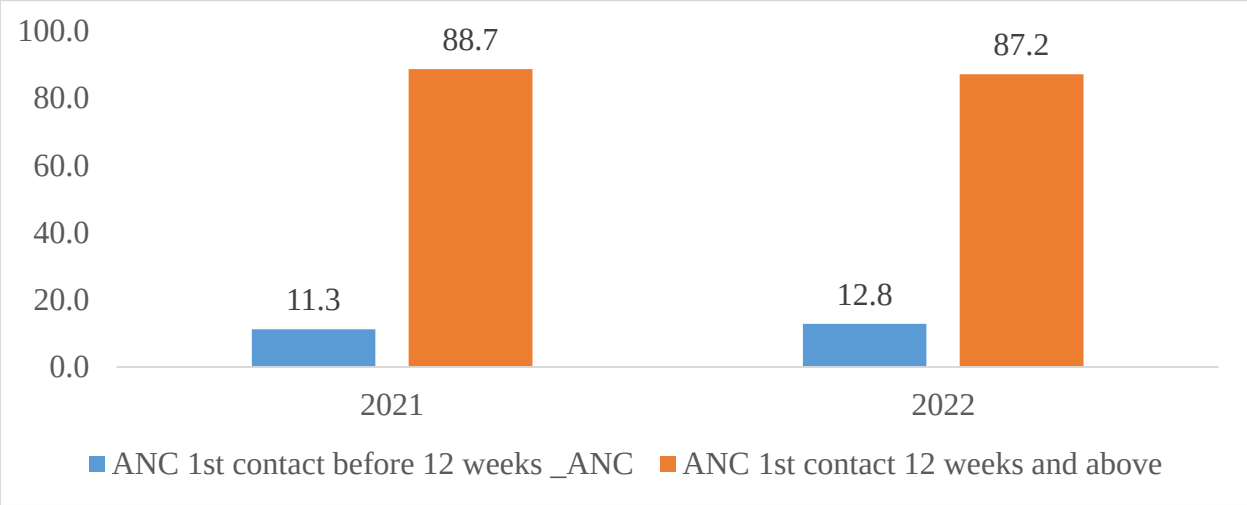

Table 7: Postnatal Services

Indicator	2021	2022
PNC 3-7	613	1066
PNC 8-28	943	1691
PNC 29-42	218	541
48 hrs PNC	892	695

CHAPTER TWO: STRATEGIC PLAN

2.1. Strategic Map – Magharibi "B" 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 ofequitable RMNCH services	Improve Environmentalhealth status
Learning and growth	Improve leadership andmanagement skills	Improve capacity of health workers	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	Underperformance of QITs and WITs at district levels	Improve performance of QITs and WITs at all levels	% improvement of QITs	100%	-Restructure and capacity building of QIT and WIT at the district health management time.
	Low level of awareness of TOR for the QI focal persons at council levels	To advance awareness of ToR for QI focal points at regional levels	% of awareness to TOR and of QI focal persons	100%	-To review and hand out ToR for QI focal at all level
	Lack of quality improvement knowledge of HCW	Improve knowledge of QI to HCW	-# of trained HCW -% coverage of skills	- All district level workers -% coverage of QI topics	-Refresher Training of 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	-Ask for 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 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 at health facilities
Low coverage of Family planning services	Inadequate community awareness of family planning use	Improve awareness on family planning use	-% of new family planning acceptance increased from 6% to 10%	Increased 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	Low motivation of expectant mothers on attending clinic	Encourage community to support expectant	# of prospect expectant mothers	100%	Conduct training to male on effective support to expectant mothers on

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
weeks	before 12 weeks of gestation	mothers to attend clinic before 12 weeks	attending clinic before 12		attending clinic before 12 weeks
	Missed opportunities routine visits and services	Improve quality of services 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
Existing number of home delivery	Low capacity of health facilities	-Improve capacity of facilities to perform 24 hours delivery services	-Minimize home delivery from 25.8% to 15%	-Reduce by 10%	-Request ambulance services -Fill gap of the needed HCW -Maintain constant equipment and supplies
	Poor attitude of some HCW	Increase accountability of HCW			Train on customer care Create volunteerism spirits -maintain follow up and supervision
Existing 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	-conduct community sensitization on males 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 (CD)

Problem	Underling course	Strategic Initiatives	KPI(s)	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	-Developed store for equipment at	-Existence of store	-Create store for storage of preventive equipment

		equipment	all levels		
	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 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	- To improve knowledge of non-communicable disease	# of trained people on non-communicable disease cases	-20 in each Shehia	Use village health day to share knowledge
		-establishment of exercised fineness club	-Existence of clubs established in a Shehia	1 club in every Shehia	Existence of jogging clubs
		Improve nutrition education	-# posters distributed -# of brochures distributed	- 100 posters per Shehia (36) -150 brochures per Shehia	Prepare and distribute nutrition poster and brochure
		Identification of new cases at the earliest stage	# of assessed individual	-20 per district	-Conduct NCD assessment during village health day

2.2.5. Human Resource

Problem	Underling course	Strategic Initiatives	Key performance Indicator(s)	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	-222	-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
	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

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 -Improper management of anaemia pregnancy by HCW -Foster mother's negligence on the use of FEFO	-Improve knowledge of balanced diet to pregnant women -Improve knowledge of HCW on management of anaemia in pregnancy -improve knowledge of uses of FEFO	-Reduced anaemia to pregnant women from 430 to 100 -Number of health care workers train -Number of pregnant women managed -Increase number of admission on FEFO	-50	-Prepare and distribute awareness such as brochure and posters -Conduct health education sessions through radio spots -Conduct village health and nutrition day -education on the importance of admission of FEFO over their side effect
High prevalence of Malnutrition and stunting among under five children.	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 giver on prevention of malnutrition and stunting to under five children

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	- 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	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 practice 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	-Emphasize on use of 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	322	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	322	-Stationary -Fuel -DHMT lunch box	First and second week of august	560000
	Develop facility level intervention plan	DMO	40	Venue Stationeries Refreshments Transport allowances Fuel	1st week of September	6,600000
	Conduct a workshop on strategic leadership and management skills	DMO	40	Venue Stationeries Refreshments Transport allowances Fuel	Any three days in October	6,600000
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	One Health day per quarter	4000,000 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, Dental)			

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
			50 per disease per Shehia			
	Distribute nutrition educationalmaterials	District Nutritional focal person	100 pieces			
	Conduct environmental awarenesscampaign	DHO	100 people			
	Distribute environmental educational materials to schools and the community	DHO	1 schools per Shehia			
Conduct outreach program to improve FP ANCand immunizatio n services	Provide FP services	DPHNO	-25 per Shehia 4 – Shehia per year	3 Tents 20 litres 20 persons Transport allowance Refreshments Stationeries Upatu Fuel	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		-25 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			
	Conduct training on monitoring progress of labor and new born resuscitation skills	DPHNO	15 HCW of facilities performing delivery services 4DHMT	Venue Stationeries Refreshments Transport allowances Fuel		
Trainings to health care workers	Conduct training on monitoring progress of labor and new born resuscitation skills Conduct training on management of drugs and medical devices to HCW	DP	15 HCW of facilities performing delivery services 4DHMT 24 HCW responsibly for pharmaceutic al duties 5DHMT	Venue Stationeries Refreshments Transport allowances Fuel Venue Stationeries Refreshments Transport allowances Fuel	3 days	1,200,000 per day a total of 3,600,000/-
	Train DHMT on planned preventive maintenance	DMO	9 people 1 facilitator	Venue Stationeries Refreshments Transport	1 day	1,300,000

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
				allowances Fuel		
	Conduct staff induction course to the newly employed stuffs	DMO	40 per 2 years	Venue Stationeries Refreshments Transport allowances Fuel	1 day	7,600,000
	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	3 days	9,000,000
Community training on health related issues	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	1,000,000 per Shehia a total of 8,000,000 per 2 years
	Conduct health education Sessions on nutrition through radio spots	DNFP/DHPO	4 sessions per year	Fuel Session spot	1 day	1,300,000 per Shehia a total of 104000,000 per 2 years
	Initiate healthy jogging clubs	DNFP/DHPO	One per Shehia for all the 34 Shehia	20 T-shirts per Shehia (a total of 700Tshirts) Fuel – 20 litres	30 minutes	200,000
	Follow -up and supervision on progress of labor	DPHNO	All the 12 facilities Every quarter for eight quarters	Fuel (20 litres) Checklist	2 years	10,700,000 (Both fuel and T-shirts purchasing)
Supportive supervision	Follow -up and supervision on application of new born resuscitation skills	DPHNO	All the 12 facilities Every quarter for eight quarters	Fuel Checklist	2 facilities per day. A total of 6 visits per quarter.	250,000 per visit; a total of 1,500,000 per 2 years
	Supportive supposition on proper use of store ledger	DP		Fuel		
	Data cleaning	DDM		Fuel		
	Proper attention to PNC	DPHNO		Fuel		

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
	visitors and filling of PNC register					
Supplies	Request and purchase required equipment and supplies	DP	monthly	Fuel – 20 litres		
	Request the needed HCW	DMO	Ones every quarter		24 times per 2 years	1,440,000 per two years

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