



**REVOLUTIONARY GOVERNMENT OF ZANZIBAR**

**MINISTRY OF HEALTH**

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

**MICHEWENI DISTRICT**



Milele Zanzibar  
Foundation

**Milele Zanzibar Foundation July 2023**

## Table of Contents

List of Tables.....	iv
List of Figures .....	v
Executive Summary .....	vi
Acknowledgements.....	vii
Abbreviations .....	viii
CHAPTER ONE: INTRODUCTION.....	1
1.1. Micheweni Health District Map.....	1
1.2. Background Information .....	1
1.3. Economic Issues .....	2
1.3.1. Agriculture.....	2
1.3.2. Livestock.....	2
1.3.3. Fishing .....	2
1.3.4. Others.....	3
1.4. Food .....	3
1.5. Water Supply .....	3
1.6. Power Supply .....	3
1.7. Housing and Sanitation.....	3
1.7.1. Solid and Liquid Waste Disposal.....	4
1.8. Education .....	5
1.9. Hotels and Restaurants.....	5
1.10. Health Centres.....	6
1.11. Health Status in 2022.....	7
1.11.1. Total Head Count in the OPD Services by Facility .....	7
1.12. Main Cause of Diseases in the District 2022 .....	8
1.12.1. Most Common Diagnosis for Outpatients (OPD).....	8
1.12.2. Epidemics.....	10
1.12.3. Main Common Endemic Communicable Diseases 2022.....	10
1.13. Antenatal Care (ANC), Deliveries and Post Natal Care (PNC).....	12
1.13.1. ANC Services .....	12
1.13.2. District Deliveries .....	15
1.13.3. Institutional Maternal Death .....	17
1.13.4. Family Planning.....	18
1.13.5. District New Family Planning Trends Clients 2017 – 2022 .....	19
1.13.6. Immunization .....	20
1.14. Health Services .....	22

1.14.1. Health Facility Condition.....	22
1.14.2. Health Facilities as Second Line.....	23
1.14.3. Health Service Utilization.....	23
1.15. DHMT Staffing.....	24
1.16. Other Health Related Issues.....	25
1.16.1. Health Promotion and Health Education .....	25
1.16.2. Drugs and Medical Supplies .....	25
1.16.3. Nutrition.....	26
CHAPTER TWO: STRATEGIC PLAN .....	27
2.1. Strategic Map – Micheweni DHMT .....	27
2.2. Strategic Initiatives – Priority Areas.....	27
2.2.1. Quality Healthcare Services and Governance.....	27
2.2.2. RMNCH.....	28
2.2.3. Communicable Diseases (CD).....	30
2.2.4. Non-Communicable Diseases (NCD).....	30
2.2.5. Human Resource.....	30
2.2.6. Health Commodities .....	31
2.2.7. Nutrition.....	31
2.2.8. Environmental Health and Sanitation .....	32
2.2.9. Construction, Rehabilitation and Planned Preventive.....	32
CHAPTER THREE: ACTION PLAN.....	33
3.1. Plan of Action .....	33
ANNEXES.....	37
Annex 1: List of District Health Profile Participants in the District 2022 .....	37
Annex 2: Achievements.....	37
Annex 3: Challenges .....	37
Annex 4: District Development Partners .....	38

## List of Tables

Table 1: Total Houses and House with Latrine by Shehia.....	4
Table 2: Shows Schools Education Status with Grade 2022. ....	5
Table 3: Hotels of the District.....	5
Table 4: District Health facilities in 2022.....	6
Table 5: Head Count in the OPD Services by Facilities .....	7
Table 6: HMIS Report Forms Submission in 2022.....	8
Table 7: Top Ten Diagnosis (all ages) 2022 .....	8
Table 8: Top ten diagnosis <5yrs 2022.....	9
Table 9: Top Ten Diagnosis 5yrs+ 2022.....	9
Table 10: Epidemics 2022 .....	10
Table 11: Most Common Communicable Diseases all Ages.....	10
Table 12: Common Communicable Diseases <5yrs 2022 .....	11
Table 13: Nutritional Status in Growth Monitoring 2022.....	12
Table 14: Number of Pregnant Mothers Visit at Facility by Contact by Facility 2022 .....	12
Table 15: Percentage of Pregnant Mothers Visits at Facility by Contact 2022 .....	13
Table 16: ANC Visits Coverages per Facility 2022 .....	14
Table 17: Institutional Deliveries per Facility 2018 to 2022 .....	15
Table 18: Pregnancy Risk Factors 2022 .....	16
Table 19: Pregnancy and Delivery Complications.....	17
Table 20: Institutional Perinatal Deaths by District Level in 2020 to 2022.....	18
Table 21: FP Acceptance 2017 – 2022 .....	18
Table 22: Public Health Facilities Infrastructure Conditions.....	22
Table 23: Facilities as Second Level 2022.....	23
Table 24: Health Service Utilization 2021- 2022 .....	23
Table 25: Shows the CHMT staffs.....	24
Table 26: Micheweni Health Facilities Staffing .....	24

## List of Figures

Figure 1: Map Shows Shehia with Health Facilities .....	1
Figure 2: Most Common Communicable Diseases Trend 2018-2022 (all ages) .....	11
Figure 3: Most Common Communicable Diseases Trend 2018-2022 (all ages) .....	11
Figure 4: Malnutrition Trend 2018-2022 .....	12
Figure 5: Institutional and Home Deliveries Trend 2018-2022 .....	15
Figure 6: District Deliveries per Site of Deliveries.....	16
Figure 7: Institutional Maternal Death 2018-2022.....	18
Figure 8: FP New Coverage Trend 2017-2022 .....	19
Figure 9: FP Clients by Methods 2022 .....	20
Figure 10: Immunization Coverage 2018 – 2022 .....	21
Figure 11: HPV Coverages by health facilities 2022.....	21
Figure 12: Immunization Dropout Rate 2021-2022.....	22

## Executive Summary

Micheweni Health District Profile has been developed from different sources of guideline including MKUZA, Strategic Plan, and Sustainable Development Goals and HMIS data. This profile covers 25 Shehia of the Micheweni district population as border of the district.

This profile captures the routine monthly data from 16 public and 5 private health facilities in 2022, the data includes morbidity and mortality for under five, five years and above. The information also includes the community status considering the epidemic, incidence and prevalence of certain diseases and condition compared by period and place. This profile also includes demographic information, socio-economic issues, infrastructures, education and other health related issues.

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.

Currently, for the year of 2023 the district work on the 25 Shehia and 16 public health facilities and 5 private clinics as well.

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 (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 Dr. Mkubwa H. Khamis (DMO) Mr. Faki I. Bakar (ZHMIS Cord.) and Mr. Ali M. Khamis (DPO), and other mentioned on the Annex 1 for their great efforts in developing this plan.

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

To all we are very grateful.

---

**Dr. Salim N. Slim**

Director for Preventive Services and Health Education  
Ministry of Health  
**Zanzibar.**

## Abbreviations

Acronym	Meaning
AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Antenatal Care
BCG	Bacillus Calmette - Guérin
CHNM	Child Health Nutrition Month
CMS	Central Medical Store
DDM	District Data Manager
DHAO	District Health Administrative Officer
DHMT	District Health Management Team
DHO	District Health Officer
DHPO	District Health Promotion Officer
DMO	District Medical Officer
DMT	District Management Team
DNO	District Nutrition Officer
DIVO	District Immunization and Vaccine Officer
DP	District Pharmacist
DPHNO	District Public Health Nursing Officer
DPHO	District Public Health Officer
EHO	Environmental Health Officer
ENT	Ear, Nose and Throat
EPI	Expanded Programme on Immunization
FP	Family Planning



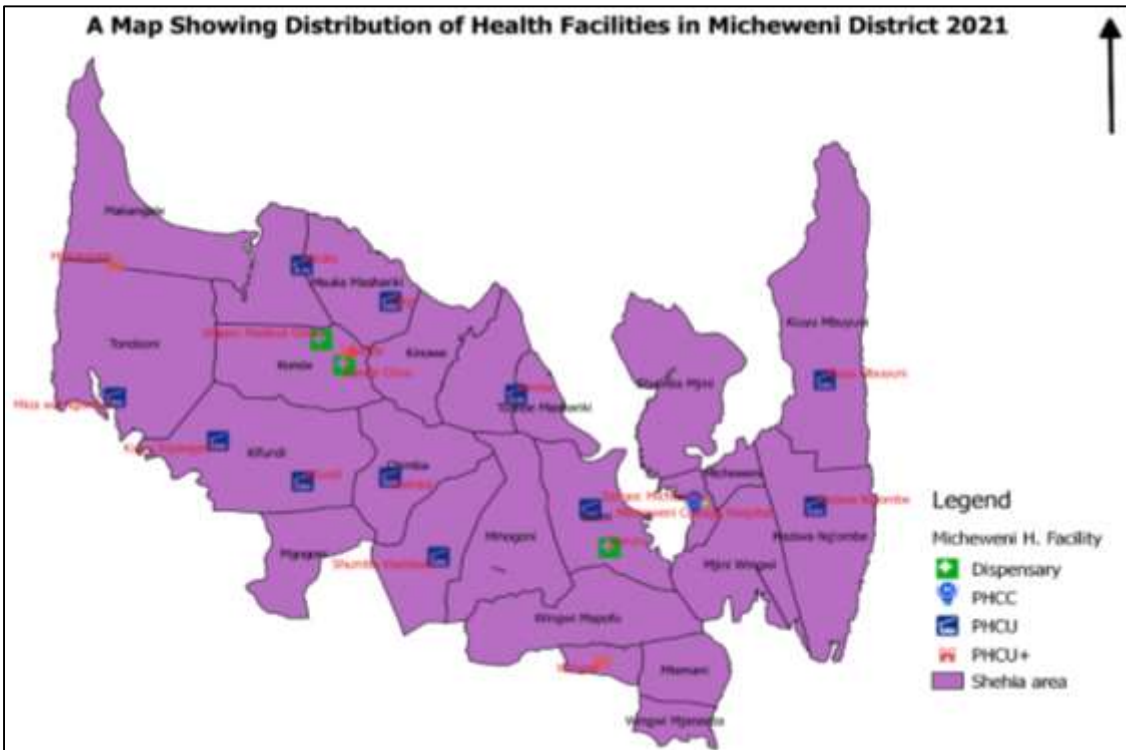
<b>GAVI</b>	Global Alliance For Vaccine Immunization
<b>HIV</b>	Human Immuno-deficiency Virus
<b>MoH</b>	Ministry of Health
<b>MR</b>	Measles Rubella
<b>OPD</b>	Out Patient Department
<b>PENTA</b>	Penta valent Vaccine
<b>PHCC</b>	Primary Health Care Centre
<b>PHCU</b>	Primary Health Care Unit
<b>PNC</b>	Post Natal Care
<b>PPH</b>	Post-Partum Haemorrhage
<b>RCH</b>	Reproductive Child Health
<b>SHCC</b>	Shehia Health Custodian Committee
<b>STI</b>	Sexual Transmitted Infections
<b>TT</b>	Tetanus Toxoid
<b>URTI</b>	Upper Respiratory Tract Infection
<b>UTI</b>	Urinary Tract Infection
<b>WHO</b>	World Health Organization
<b>WRA</b>	Women Reproductive Age
<b>ZHMIS</b>	Zanzibar Health Management Information System

# CHAPTER ONE: INTRODUCTION

### 1.1. Micheweni Health District Map

A Map showing the distribution of Health Facilities in Micheweni District 2022. The District has the total of 21 health centres on which 5 of them were private owned facilities and the rest were the public facilities. In district level there are about 25 Shehia with 14 outreach sites that are allocated on the Shehia level and conducted monthly.

### Figure 1: Map Shows Shehia with Health Facilities



Source DHMT 2022

## 1.2. Background Information

Micheweni district is situated in the Northern part of Pemba, consists a total area of 260sq.km with a total population of 129,323 which are under 5 years 22,762, surviving infant 5,892, under 1 year 6,208, expected pregnant 6,208, WRA 35,667 and Women age 14 years 1,733 (Census, 2012).

Micheweni District has a total of 21 health care facilities out of them 16 facilities public and 5 privates. Out of 16 facilities, 15 provide RCH services in all working days and 7 provide delivery services including District hospital. 6 Facilities that provide delivery services are (Wingwi

PHCU+, Konde PHCU+, Maziwa Ng’ombe, Kiuyu Mbuyuni, Sizini and Makangale PHCU+). District has good coordination and communication with community leader from district level to Shehia level and consists of 25 Shehia and 8 Ward, on which total of 176 CHVs from 25 Shehia. The 25 Shehia found in Micheweni district are Konde, Kipange, Kifundi, Msuka Mashariki, Msuka Magharibi, Tondooni, Makangale, Kinowe, Chimba, Tumbe mashariki, Tumbe magharibi, Sizini, Shumba vyamboni, Mihogoni, Mapofu, Mtemani, Njuguni, Micheweni, Chamboni, Mjini Wingwi, Majenzi, Shumba mjini, Maziwa ng’ombe, Shanake and Kiuyu Mbuyuni.

### **1.3. Economic Issues**

#### **1.3.1. Agriculture**

Food and cash crops production is the main agricultural activity in the district. It provides employment to more than 86% of the residents. Rice, cassava, bananas and cowpeas are currently the leading food crops. However, several other crops like maize, groundnuts, sweet potatoes, pumpkins and coco-yams are also cultivated. The district also produces large quantities of vegetables (tomatoes and onions) and fruits especially mangoes. The main district cash crop is clove. But some of the food crops add up to the peasant’s income.

#### **1.3.2. Livestock**

Livestock breeding is another economic activity in the district, but is not much separated from other activities. Mixed farming (crop production and animal keeping) is very common among the district subsistence farmers who normally keep cattle, poultry and goats but mostly of indigenous breeds. In recent years’ number of smallholder dairy farmers has increased. The smallholder livestock development project (SLDP) in 1980s’ provided some farmers with the exotic dairy cows, insemination and animal health services which expanded the dairy industry to the current situation. Availability of open areas especially on the western side allows for more expansion of livestock activities.

#### **1.3.3. Fishing**

A total of six (6) fish keeping corporative societies were established in Micheweni district. A total of eight fish port centers were used for fish man to sell their produce (fish) after catching from sea, these were Tumbe, Kiuyu Mbuyuni, Makangale, Msuka, Maziwa ng’ombe, Tondooni, Mtemani and Shumba mjini.

### 1.3.4. Others

Other employment activities are small businesses like shop keeping, import and export of small quantity of food products, craft. Other activities are seaweed cultivation as cash crop that are mostly done in coastal shehias like Mtemani, Shumba Mjini Maziwa Ng'ombe, Kiuyu Mbuyuni, Micheweni, Tumbe Mashariki, Tumbe Magharibi, Msuka, Tondooni and Makangale, this takes about 70% of the women in these shehias engaged in it. Another activity is salt production, four salt farm in Sizini Shahia and one is at Jangwani in Majenzi Shehia which all of the salt product used within and outside district community.

## 1.4. Food

More than 40% of food is a district product. The main imported products are rice, wheat flour, sugar, maize, soya, beans and some vegetables (onion, tomatoes, potatoes and others) and some spice like pepper, cinnamon, cardamom, coriander etc above all are from mainland. Main protein sources are beans (imported). The main animal protein source is fish, followed by eggs, poultry, goat and cow meat and seldom zebu meat.

## 1.5. Water Supply

The District has different sources of water supply such as 7 deep wells, 3 in Wingwi area (Kironjo) and 3 in Konde and 1 in Tumbe that supplies to the deferent Shehia in the District and ongoing constructing water Tank for water reservoir.

## 1.6. Power Supply

The whole Pemba electricity power distributed from the cable arriving from Tanga. Micheweni District has experience full of power in the weekdays, but some days especially in holiday's short cut observed for just the maintenance of the power line. Power supplied on a pre-paid system and a meter's system (paid on bill).

## 1.7. Housing and Sanitation

The house construction in Micheweni is used by permanent material (Cements, iron sheets, stones etc) and semi-permanent, the list of houses, toilets and tapes shown in the table number 5 by Shehia.

### 1.7.1. Solid and Liquid Waste Disposal

The District has no proper liquid waste disposal; instead each building has its own septic and soakage pit for the liquid waste disposal. Solid wastes generally burned directly by the single families. But in 2018 in sub urban areas (Konde and Majenzi-Micheweni) the district council provide the tender to the local company for solid waste collection and disposed to the areas where they have been agreed to dispose it. This area for disposal of the solid wastes is in Kifundi Shehia which is far from the community habitat and this process is continuous until today.

**Table 1: Total Houses and House with Latrine by Shehia**

Micheweni District Environmental Sanitation Data by Shehia 2022						
Sn	Shehia	Total House	House with latrine	% of latrine	House Hold Tape	% of tapes
1	Chimba	1313	923	91	284	28
2	Konde	1738	1,253	72	475	26
3	Kipange	538	443	82	166	31
4	Kifundi	576	424	74	187	35
5	Sizini	1011	611	60	212	21
6	Shumba Vyamboni	652	415	64	48	11
7	Shumba Mjini	1924	830	43	163	13
8	Tondooni	689	505	73	218	32
9	Makangale	667	567	85	180	29
10	Njuguni	1419	619	44	119	8
11	Msuka Mashariki	1087	628	58	95	9
12	Msuka Magharibi	1295	623	48	99	9
13	Mtemani	1023	625	61	73	7
14	Mapofu	935	504	54	189	20
15	Mjini Wingwi	862	391	45	56	6
16	Micheweni	735	532	72	120	16
17	Chamboni	812	563	69	302	37
18	Majenzi	539	496	92	262	55
19	Kinowe	545	328	60	140	26
20	Tumbe Mashariki	1030	523	51	198	19
21	Tumbe Magharibi	945	507	54	208	22
22	Maziwangombe	1374	996	72	109	8
23	Kiuyu Mbuyuni	877	632	72	178	20
24	Shanake	745	644	86	99	13
25	Mihogoni	611	264	43	121	20
<b>TOTAL</b>		<b>23,642</b>	<b>14,846</b>	<b>63</b>	<b>4,291</b>	<b>18</b>

*Source: DHMT Micheweni 2022 (Health Promotion Unit)*

## 1.8. Education

In district most of schools are public services and it comprises of pre-primary, primary, secondary and college.

**Table 2: Shows Schools Education Status with Grade 2022.**

School Type	Total
College	02
Secondary School	14
Primary School	33
Pre – Primary School	04
Total	52

*Source: DMT 2022 (District Education Officer)*

## 1.9. Hotels and Restaurants

There is enough access for accommodation to our people and visitors coming from outside the Island, the tourism is part of revenue item in district council Table number 3 shows the name Hotels that all are allocated ta Makangale Shehia.

**Table 3: Hotels of the District**

Sn	Hotel name	Ownership
1	Mantareef Lodge	Private
2	Swahili Diver Hotel	Private
3	Sultan Palace/Runs	Private
4	Mbuyuni Hotel	Private
5	Chembers Hotel	Private
6	Aiyana Hotel	Private

Source: DMT 2022

## 1.10. Health Centres

**Table 4: District Health facilities in 2022**

Sno	Facility Name	Type	Category	Location	Level	Population
1	Chimba	Public	Low	Rural	PHCU	4,286
2	Kifundi	Public	Low	Rural	PHCU	1,945
3	Kiuyu Kipangani	Public	Low	Rural	PHCU	1,945
4	Kiuyu Mbuyuni	Public	Medium	Rural	PHCU	8,928
5	Konde	Public	Medium	Rural	PHCU+	18,025
6	Makangale	Public	Low	Rural	PHCU+	5,563
7	Maziwa Ng'ombe	Public	Medium	Rural	PHCU	8,099
8	Micheweni District Hospital	Public	High	Rural	PHCC	24,841
9	Mkia Ng'ombe	Public	Low	Rural	PHCU	1,882
10	Msuka	Public	Medium	Rural	PHCU	8,912
11	Shumba Vyamboni	Public	Low	Rural	PHCU	7,203
12	Sizini	Public	Low	Rural	PHCU	7,353
13	Tumbe	Public	Medium	Rural	PHCU	12,395
14	Ungi	Public	Medium	Rural	PHCU	2,964
15	Wingwi	Public	Medium	Rural	PHCU+	13,322
16	Sururu Dispensary	Private	Profit			*
17	Konde Dispensary	Private	Profit			*
18	Shaam Dispensary	Private	Profit			*
19	Islah Dispensary	Private	Profit			*
20	Aighar Dispensary	Private	Profit			*
21	KMKM Msuka	Parastatal				*

Note: \* No specific Population Served in Private Facilities

## 1.11. Health Status in 2022

### 1.11.1. Total Head Count in the OPD Services by Facility

The district comprises of 21 health centers that provides daily Outpatient treatment for the population. The headcount differs from one facility to another, this is according to catchment area and the services rendered in that facility.

The table 5 shows the target population to serve and OPD population attended the facility for the OPD services by age category.

**Table 5: Head Count in the OPD Services by Facilities**

Sn	Facility	OPD 5yrs+	% OPD 5yrs+	OPD <5yrs	% OPD <5yrs
1	Chimba PHCU	2329	4.6	1207	4.8
2	Kifundi PHCU	1927	3.8	1048	4.2
3	Kiuyu Kipangani PHCU	1490	2.9	850	3.4
4	Kiuyu Mbuyuni PHCU	4038	7.9	2416	9.6
5	Konde PHCU+	7926	15.5	3346	13.3
6	Makangale PHCU+	4976	9.8	2373	9.4
7	Maziwa Ngombe PHCU	2788	5.5	2208	8.8
8	Msuka PHCU	2150	4.2	1148	4.6
9	Mkia wa Ngombe PHCU	1252	2.5	665	2.6
10	Shumba Viamboni PHCU	3695	7.2	1383	5.5
11	Sizini PHCU	3737	7.3	1623	6.4
12	Tumbe Maafa PHCU	1541	3.0	738	2.9
13	Ungi PHCU	2031	4.0	766	3.0
14	Tumbe PHCU	4621	9.1	2289	9.1
15	Wingwi PHCU+	6498	12.7	3142	12.5
	TOTAL	50999	100	25202	100

Source: DHIS2 2022



**Table 6: HMIS Report Forms Submission in 2022**

Forms	Actual reports	Expected reports	Reporting rate	Actual reports on time	Reporting rate on time
OPD	248	252	98.4	206	81.7
RCH	180	180	100	158	87.8
EPI	180	180	100	162	90
STI	252	252	100	210	83.3
HIV	192	192	100	162	84.4
MATERNITY	84	84	100	78	92.9
IDSR WEEKLY	1092	1144	95.5	1030	90
NCD	48	48	100	40	83.3

*Source: DHIS2 2022*

### 1.12. Main Cause of Diseases in the District 2022

The district provides treatments of diseases and the prevention activities in all community, in this year total of 109,600 population visit the facilities for OPD services and this included the district hospital. Among this population were searching the services in routine basis and other for the case an outbreak happening to the community.

#### 1.12.1. Most Common Diagnosis for Outpatients (OPD)

**Table 7: Top Ten Diagnosis (all ages) 2022**

Sn	Diagnosis/Condition	Cases	%
1	Upper Respiratory Tract Infections (URTI)	33019	27.7
2	No Pneumonia (Cough/Cold)	18052	15.1
3	Other skin disease (No shingle or chicken pox)	8015	6.7
4	Ear. Nose and Throat (ENT)	7464	6.3
5	Urinary tract infection (UTI)	7068	5.9
6	Diarrhoea (not dysentery or cholera)	6699	5.6
7	Pneumonia	3639	3.1
8	Hypertension	3468	2.9
9	Intestinal Worms	2713	2.3
10	Trauma/Injuries	2031	1.7
11	Other Diagnosis total	27040	22.7
<b>Total</b>		<b>119,208</b>	<b>100.0</b>

*Source: DHIS2 2022*

**Table 8: Top Ten diagnosis <5yrs 2022**

<b>Sn</b>	<b>Disease/ Condition</b>	<b>Cases</b>	<b>%</b>
1	No Pneumonia (Cough/Cold)	18052	46.4
2	Diarrhoea (not dysentery or cholera)	4137	10.6
3	Pneumonia	3303	8.5
4	Other skin disease (No shingle or chicken pox)	3128	8.0
5	Ear, Nose and Throat (ENT)	2051	5.3
6	Urinary tract infection (UTI)	1025	2.6
7	Conjunctivitis	971	2.5
8	Intestinal Worms	944	2.4
9	Scabies	640	1.6
10	Trauma/Injuries	455	1.2
11	Other Diagnosis total	4219	10.8
	<b>Total</b>	<b>38925</b>	<b>100.0</b>

*Source: DHIS2 2022***Table 9: Top Ten Diagnosis 5yrs+ 2022**

<b>Sn</b>	<b>Cases/Condition</b>	<b>Cases</b>	<b>%</b>
1	Upper Respiratory Tract Infections (URTI)	33019	41.1
2	Urinary tract infection (UTI)	6043	7.5
3	Ear, Nose and Throat (ENT)	5413	6.7
4	Other skin disease (No shingle or chicken pox)	4887	6.1
5	Hypertension	3468	4.3
6	Diarrhoea (not dysentery or cholera)	2562	3.2
7	Intestinal Worms	1769	2.2
8	Dental with oral diseases	1646	2.1
9	Trauma/Injuries	1576	2.0
10	Diabetes	1254	1.6
11	Other Diagnosis total	18646	23.2
	<b>Total</b>	<b>80283</b>	<b>100.0</b>

*Source: DHIS2 2022*

### 1.12.2. Epidemics

The diseases selected according to their Public Health Importance in the community and the need of the district to oversee the trends and to plan for the prompt interventions.

**Table 10: Epidemics 2022**

Name of the disease	Number of cases			Incidence	Number of deaths	Case fatality
	< 5	≥5	Total	-100000		-100000
Measles/Rubella	188	144	332	256.72	4	1204.8193
Malaria	14	133	147	113.67	1	680.27211

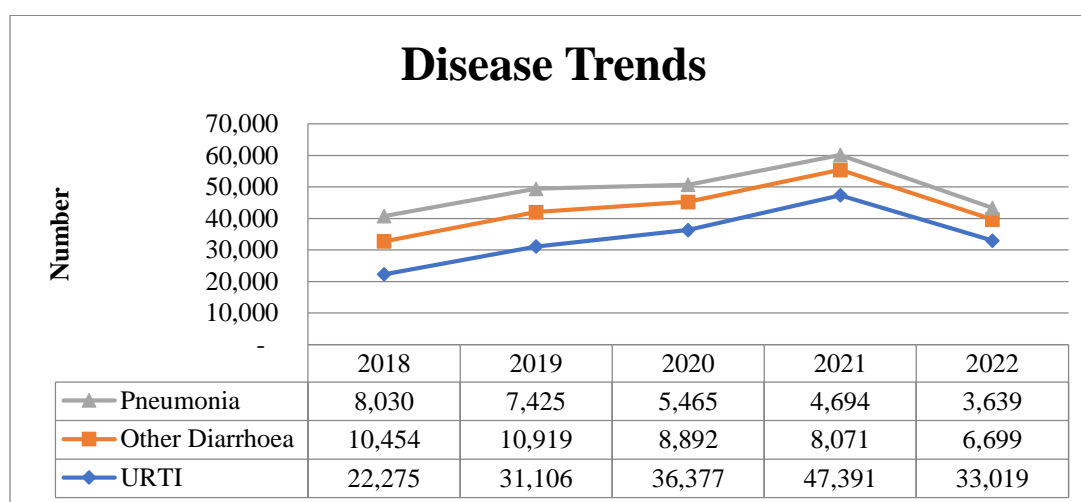
Source: DHIS2 2022

### 1.12.3. Main Common Endemic Communicable Diseases 2022

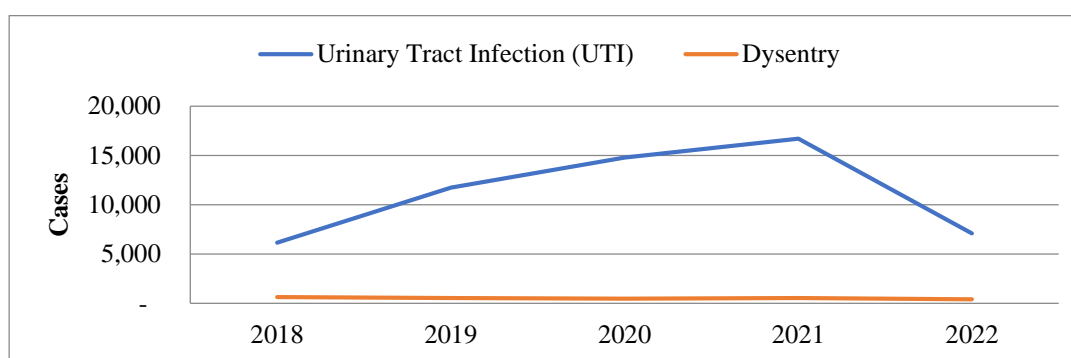
**Table 11: Most Common Communicable Diseases all Ages**

Disease	Cases	Incidence	Deaths	Case fatality	Mortality
		-100000		-100000	-100000
Pneumonia	3639	2813.90	17	467.16	13.15
Cough/Cold	18052	13958.92	0	0.00	0.00
URTI	33019	25532.32	0	0.00	0.00
UTI	7068	5465.41	0	0.00	0.00
Diarrhoea	6699	5180.08	4	59.71	3.09
Skin disease	8015	6197.69	0	0.00	0.00

Source: DHIS2 2022

**Figure 2: Most Common Communicable Diseases Trend 2018-2022 (all ages)**

Source: DHIS2 2022

**Figure 3: Most Common Communicable Diseases Trend 2018-2022 (all ages)**

Source: DHIS2 2022

**Table 12: Common Communicable Diseases <5yrs 2022**

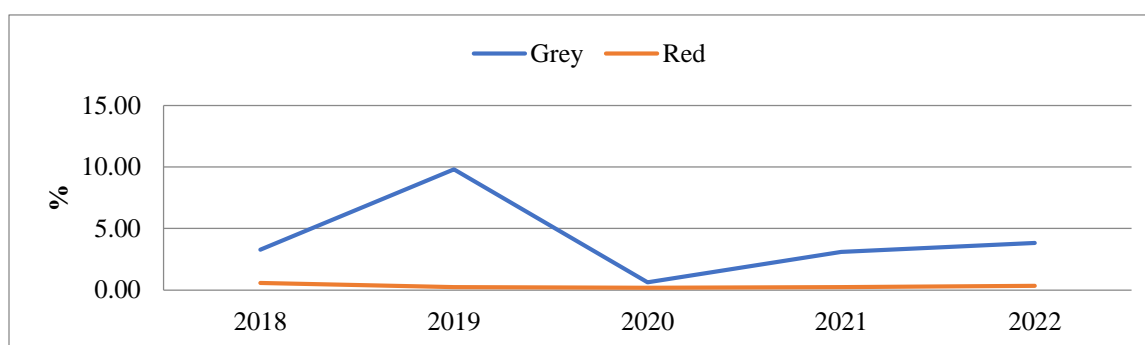
Disease	Cases	Incidence	Deaths	Case fatality	Mortality
		-100000		-100000	-100000
Cough/Cold	18,052	79311.1	0	0.00	0.00
Pneumonia	3,303	14511.7	17	941.72	74.69
UTI	1,025	4503.3	0	0.00	0.00
Diarrhoea	4,137	18175.8	3	166.19	13.18
Skin disease	3,128	13742.8	0	0.00	0.00

Source: DHIS2 2022

**Table 13: Nutritional Status in Growth Monitoring 2022**

Age (In Month)	Green		Grey		Red	
	Total	%	Total	%	Total	%
6 – 11	16,049	70.51	415	1.82	40	0.18
12 – 23	9,486	41.68	263	1.16	33	0.14
24 – 59	5,230	22.98	195	0.86	4	0.02
<b>TOTAL</b>	<b>30,765</b>	<b>135.17</b>	<b>873</b>	<b>3.84</b>	<b>77</b>	<b>0.34</b>

Source: DHIS2 2022

**Figure 4: Malnutrition Trend 2018-2022**

Source: DHIS2 2022

### 1.13. Antenatal Care (ANC), Deliveries and Post Natal Care (PNC)

#### 1.13.1. ANC Services

**Table 14: Number of Pregnant Mothers Visit at Facility by Contact by Facility 2022**

Facility	Target	ANC 1st contact < 12 weeks	ANC 1st contact 12 weeks+	Total 1st Visit	ANC 2nd contact	ANC 3rd contact	ANC 4th contact	ANC 5th contact	ANC 6th contact	ANC 7th contact	ANC 8th contact
Chimba PHCU	208	24	148	172	164	132	86	33	9	2	0
Kifundi PHCU	95	27	88	115	94	83	60	44	10	2	1
Kiuyu Kipangani PHCU	95	28	82	110	84	73	54	29	12	9	8
Kiuyu Mbuyuni PHCU	434	16	286	302	254	161	31	12	1	0	0
Konde PHCU+	876	134	331	465	349	264	191	87	51	26	14
Makangale PHCU+	270	76	237	313	274	229	145	99	21	3	0
Maziwa Ngombe PHCU	394	12	316	328	301	230	133	57	34	3	0
Micheweni RCH	1208	100	717	817	746	406	194	40	14	3	0
Mkia wa Ngombe PHCU	92	14	49	63	32	31	19	10	2	1	2

Facility	Target	ANC 1st contact < 12 weeks	ANC 1st contact 12 weeks+	Total 1st Visit	ANC 2nd contact	ANC 3rd contact	ANC 4th contact	ANC 5th contact	ANC 6th contact	ANC 7th contact	ANC 8th contact
Msuka PHCU	433	102	100	202	154	140	100	43	25	4	0
Shumba Viamboni PHCU	350	43	138	181	161	144	127	78	43	15	7
Sizini PHCU	358	36	197	233	186	151	118	38	13	1	0
Tumbe PHCU	603	36	438	474	406	332	223	99	18	2	1
Ungi PHCU	144	48	40	88	73	68	46	19	1	0	0
Wingwi PHCU+	648	59	562	621	480	384	322	115	41	12	1
<b>District</b>	<b>6208</b>	<b>755</b>	<b>3729</b>	<b>4484</b>	<b>3758</b>	<b>2828</b>	<b>1849</b>	<b>803</b>	<b>295</b>	<b>83</b>	<b>34</b>

Source: DHIS2 2022

**Table 15: Percentage of Pregnant Mothers Visits at Facility by Contact 2022**

Facility	Target	ANC 1st contact <12 weeks	ANC 1st contact 12 weeks +	Total 1st Visit	1st Visit Coverage	4+ Visit Visits	4+ Visit Coverages
Chimba PHCU	208	24	148	172	82.7	130	62.5
Kifundi PHCU	95	27	88	115	121.1	117	123.2
Kiuyu Kipangani PHCU	95	28	82	110	115.8	112	117.9
Kiuyu Mbuyuni PHCU	434	16	286	302	69.6	44	10.1
Konde PHCU+	876	134	331	465	53.1	369	42.1
Makangale PHCU+	270	76	237	313	115.9	268	99.3
Maziwa Ngombe PHCU	394	12	316	328	83.2	227	57.6
Micheweni RCH	1208	100	717	817	67.6	251	20.8
Mkia wa Ngombe PHCU	92	14	49	63	68.5	34	37.0
Msuka PHCU	433	102	100	202	46.7	172	39.7
Shumba Viamboni PHCU	350	43	138	181	51.7	270	77.1
Sizini PHCU	358	36	197	233	65.1	170	47.5
Tumbe PHCU	603	36	438	474	78.6	343	56.9
Ungi PHCU	144	48	40	88	61.1	66	45.8
Wingwi PHCU+	648	59	562	621	95.8	491	75.8
<b>District</b>	<b>6208</b>	<b>755</b>	<b>3729</b>	<b>4484</b>	<b>72.2</b>	<b>3064</b>	<b>49.4</b>

Source: DHIS2 2022

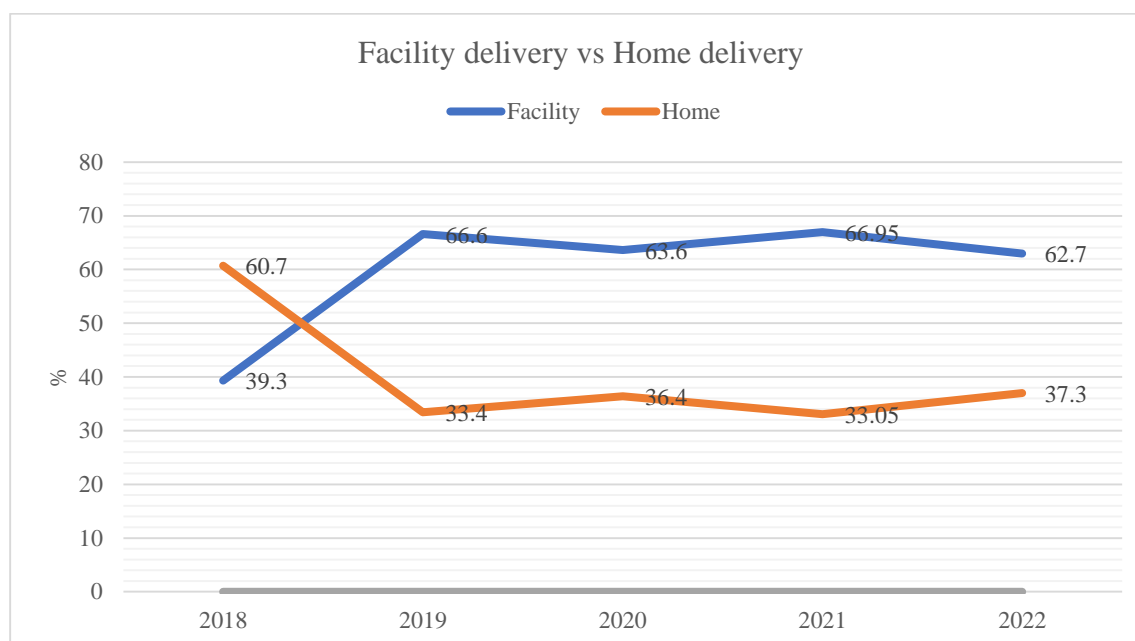
Table 16: ANC Visits Coverages per Facility 2022

Facility		ANC 1st visit		ANC 1st visit <12 weeks			ANC total visits	HIV test		Blood sugar		Syphilis test		Anaemia test		Tt2+		Post		Post before 7days	
	Target	Count	Coverage	Count	%	Coverage	n	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Chimba PHCU	208	172	82.5	24	14.0	11.5	438	172	100.0	370	84.5	0	0.0	334	76.3	150	87.2	57	27.4	7	3.4
Kifundi PHCU	95	115	121.6	27	23.5	28.5	363	99	86.1	369	101.7	80	69.6	81	22.3	69	60.0	64	67.7	9	9.5
K/Kipangani PHCU	95	110	116.3	28	25.5	29.6	511	110	100.0	28	5.5	0	0.0	45	8.8	33	30.0	58	61.3	21	22.2
K/Mbuyuni PHCU	434	302	69.6	16	5.3	3.7	705	297	98.3	541	76.7	118	39.1	272	38.6	99	32.8	46	10.6	7	1.6
Konde PHCU+	876	465	53.1	134	28.8	15.3	2,130	484	104.1	1503	70.6	0	0.0	1509	70.8	233	50.1	1,178	134.4	889	101.4
Makangale PHCU+	270	313	115.7	76	24.3	28.1	1,059	285	91.1	580	54.8	0	0.0	502	47.4	69	22.0	320	118.3	264	7.6
Maz. Ng'ombe PHCU	394	328	83.3	12	3.7	3.0	1,158	325	99.1	647	55.9	240	73.2	532	45.9	194	59.1	511	129.8	317	80.5
Micheweni RCH	1208	817	67.6	100	12.2	8.3	2,524	829	101.5	1011	40.1	44	5.4	889	35.2	529	64.7	2,924	242.1	2,883	238.7
Mk/Ngombe PHCU	92	63	68.8	14	22.2	15.3	200	56	88.9	152	76.0	35	55.6	54	27.0	23	36.5	41	44.8	8	8.7
Msuka PHCU	433	202	46.6	102	50.5	23.5	687	186	92.1	267	38.9	0	0.0	117	17.0	130	64.4	51	11.8	23	5.3
Shumba Viamboni PHCU	350	181	51.7	43	23.8	12.3	705	176	97.2	471	66.8	91	50.3	186	26.4	107	59.1	46	13.1	3	0.9
Sizini PHCU	358	233	65.2	36	15.5	10.1	797	220	94.4	446	56.0	43	18.5	443	55.6	118	50.6	191	53.4	83	23.2
Tumbe PHCU	603	474	78.6	36	7.6	6.0	1,353	462	97.5	1041	76.9	263	55.5	519	38.4	338	71.3	343	56.9	19	3.2
Ungi PHCU	144	88	61.1	48	54.5	33.3	251	86	97.7	180	71.7	0	0.0	290	5	61	69.3	12	8.3	0	0.0
Wingwi PHCU+	648	621	95.9	59	9.5	9.1	1,289	367	59.1	655	50.8	183	29.5	420	32.6	176	28.3	85	13.1	18	2.8
District	6,207	4,484	72.2	755	16.8	12.2	14,170	4,154	92.6	8,261	58.3	206	4.6	6,193	43.7	2,329	51.9	5,927	95.5	4,551	73.3

Source: DHIS2 2022

### 1.13.2. District Deliveries

**Figure 5: Institutional and Home Deliveries Trend 2018-2022**



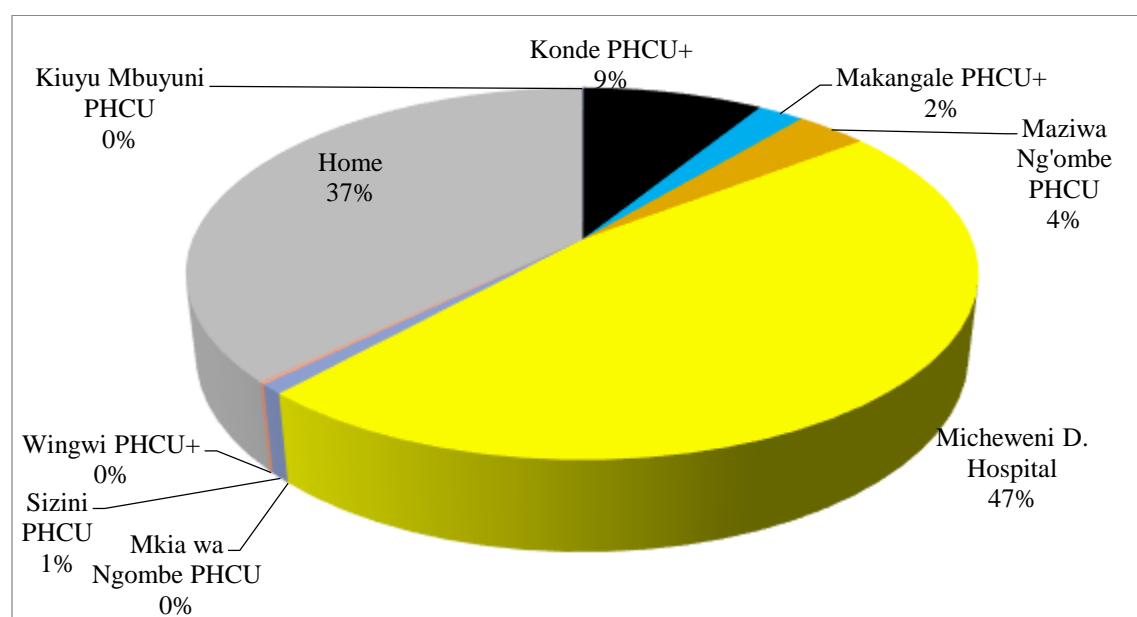
Source: DHIS2 2022

**Table 17: Institutional Deliveries per Facility 2018 to 2022**

Health Facility	Facility Deliveries %				
	2018	2019	2020	2021	2022
Kiuyu Mbuyuni PHCU	0.4	3.9	2.63	0.19	0.02
Konde PHCU+	19.4	16.5	15.99	14.70	8.81
Makangale PHCU+	7.5	4.8	4.89	3.78	2.26
Maziwa Ng'ombe PHCU	5.8	6.9	6.32	5.05	3.53
Micheweni District Hospital	54.3	58.3	58.24	69.02	47.09
Mkia wa Ngombe PHCU	0.0	0.0	0.00	0.00	0.00
Sizini PHCU		1.1	3.88	2.66	0.87
Wingwi PHCU+	12.5	8.5	8.05	4.61	0.23

Note: Mkia Ng'ombe PHCU no more exist for delivery and Sizini PHCU start delivery in 2019  
(Source DHIS2 2022)



**Figure 6: District Deliveries per Site of Deliveries****Table 18: Pregnancy Risk Factors 2022**

Risk Factors	Cases	Incidence 100
Bad Obstetric History	34	0.82
Confirmed malaria	4	0.10
Confirmed malaria in 1 <sup>st</sup> trimester	2	0.05
Pre-eclampsia	43	1.04
Pregnancy above 35yrs	523	12.68
Pregnancy before 2yrs	1,080	26.18
Pregnancy below 20 years	375	9.09
Pregnancy with high blood pressure	87	2.11
Pregnancy with high blood sugar (>7mmol/l)	18	0.44
Pregnancy>4 gravida	1,706	41.36
Previous scar (from last pregnancy)	92	2.23
Severe Anaemia (<7.0 gm/dl)	161	3.90
<b>Total</b>	<b>4,125</b>	<b>100.00</b>

Source: DHIS2 2022

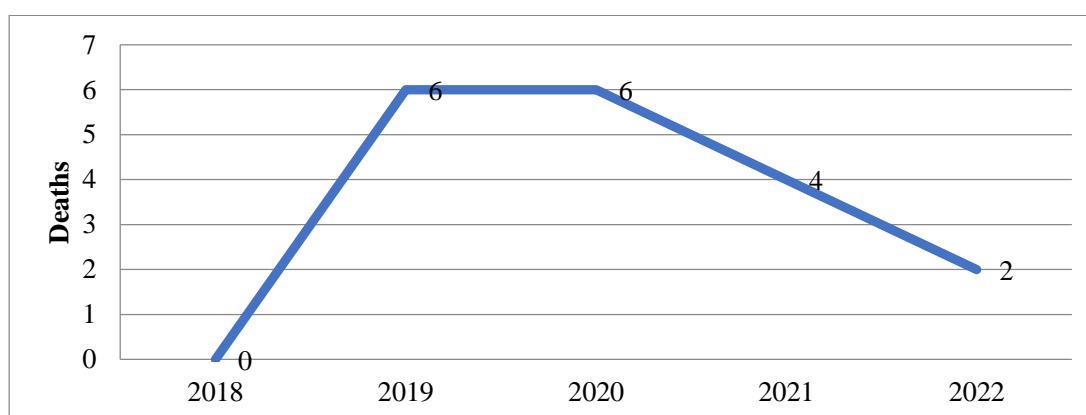
**Table 19: Pregnancy and Delivery Complications**

Complication	Cases	Incidence (institutional)	Deaths	Case fatality
		100000		-100000
ANC high risk pregnancies referred	95	15,298	0	-
Abnormal presentation	50	8,052	0	-
Antepartum haemorrhage (APH)	62	9,984	0	-
Eclampsia	11	1,771	0	-
Malaria in pregnancy (confirmed)	0	-	0	-
Obstructed labor	21	3,382	0	-
Other complications	17	2,738	1	127.1
Post-partum haemorrhage (PPH)	127	20,451	1	127.1
Pre-eclampsia	77	12,399	0	-
Premature rupture of member (PROM)	26	4,187	0	-
Prolonged labor	39	6,280	0	-
Retained placenta/membranes	14	2,254	0	-
Ruptured uterus	0	-	0	-
Sepsis	12	1,932	0	-
Severe anaemia (<7gm/dl)	70	11,272	0	-
<b>Total</b>	<b>621</b>	<b>100,000</b>	<b>2</b>	<b>254.1</b>

Source: DHIS2 2022

### 1.13.3. Institutional Maternal Death

Number Maternal mortality has decreased in 2022 compared past two years this may be contributed by the work done by CHVs and Health facilities to provide delivery services at PHCUs as part of the assessment of mother before they go to hospital for further and complicated management.

**Figure 7: Institutional Maternal Death 2018-2022**

Source: DHIS2 2022

**Table 20: Institutional Perinatal Deaths by District Level in 2020 to 2022**

Deaths	2020			2021			2022		
	Deaths	Deaths	Deaths	Deaths	Audited	Audited %	Deaths	Audited	Audited %
Still birth fresh	18	18	18	18	18	100.0	26	23	88.5
Still birth macerated	50	50	50	50	50	100.0	52	45	86.5
Early neonatal death (0-7days)	19	19	19	19	19	100.0	20	20	100.0
<b>Total</b>	<b>87</b>	<b>87</b>	<b>87</b>	<b>87</b>	<b>87</b>	<b>100.0</b>	<b>98</b>	<b>88</b>	<b>89.8</b>

Source: DHIS2 2022

**1.13.4. Family Planning****Table 21: FP Acceptance 2017 – 2022**

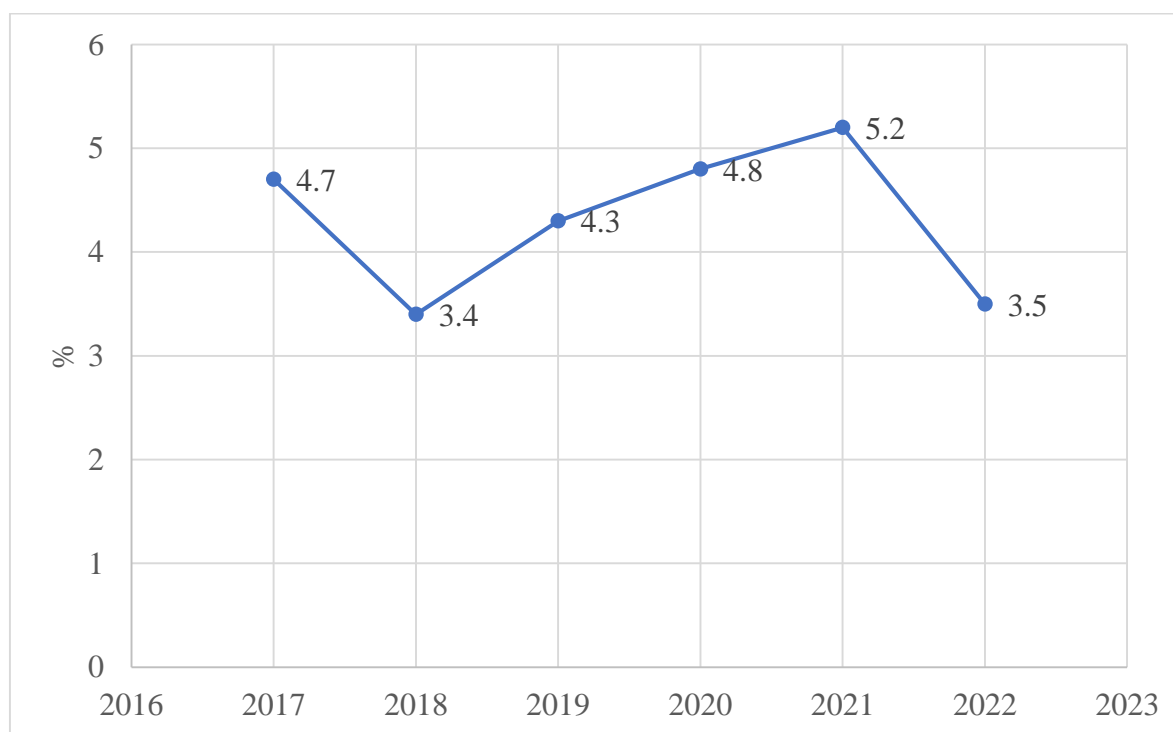
Health Facility Name	New FP Clients Coverages					
	2017	2018	2019	2020	2021	2022
Chimba	10	5	5.8	10.8	17.9	6.9
Kifundi	10	5	6.0	7.6	11.3	10.1
Kiuyu Kipangani	24	13.9	11.6	14.2	19.8	8.1
Kiuyu Mbuyuni	3	2.2	2.6	1.4	2.8	1.2
Konde	6.3	7.4	6.3	8.1	6.3	5.8
Makangale	14	12.4	6.8	6.8	15.3	6.1
Maziwa Ng'ombe	1.5	1.5	2.0	2.4	5.9	1.7

Health Facility Name	New FP Clients Coverages					
	2017	2018	2019	2020	2021	2022
Micheweni RCH	4.7	3.6	3.9	4.4	2.6	3
Mkia Ng'ombe	2	2	1.9	3.3	5.1	3.4
Msuka	3.3	2.3	5.4	5.0	4.0	2.4
Shumba Vyamboni	2.1	1.4	3.1	0.5	4.6	1.6
Sizini	4.3	3.7	5.7	6.4	6.1	4.2
Tumbe	2.2	0.48	2.0	3.6	2.3	2.8
Ungi	*	*	0.0	5.6	4.8	4.2
Wingwi	2.7	2.5	2.9	2.7	1.9	1.8
District	4.7	3.4	4.3	4.8	5.2	<b>3.5</b>

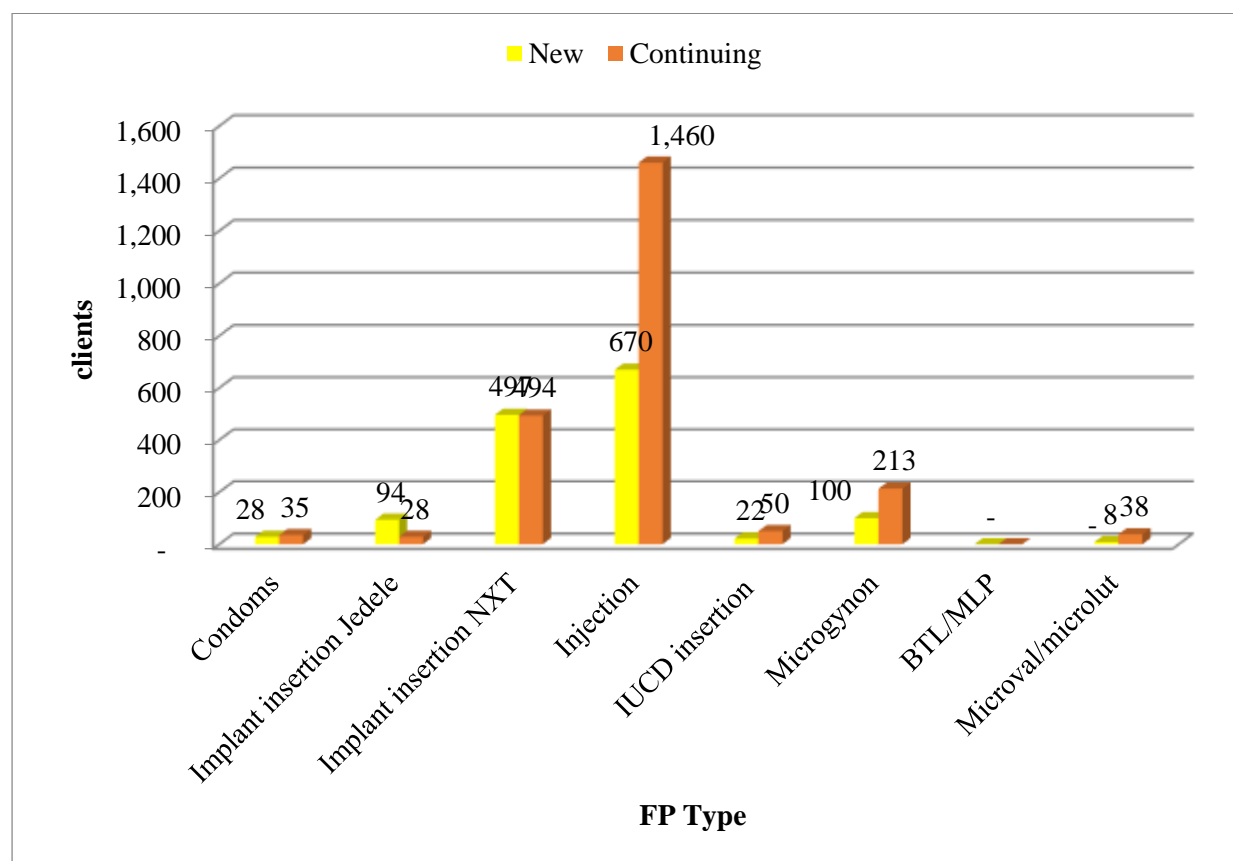
\*Ungi PHCU started services on 2021

#### 1.13.5. District New Family Planning Trends Clients 2017 – 2022

**Figure 8: FP New Coverage Trend 2017-2022**



Source: DHIS2 2022

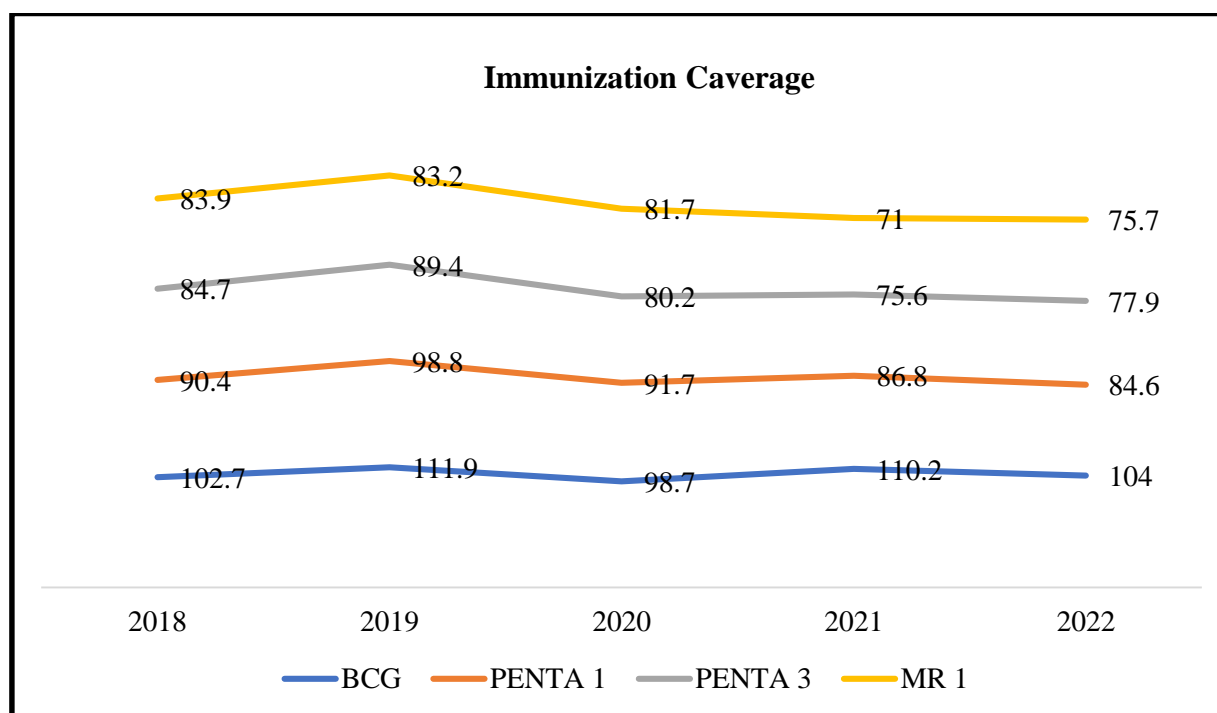
**Figure 9: FP Clients by Methods 2022**

Source: DHIS2 2022

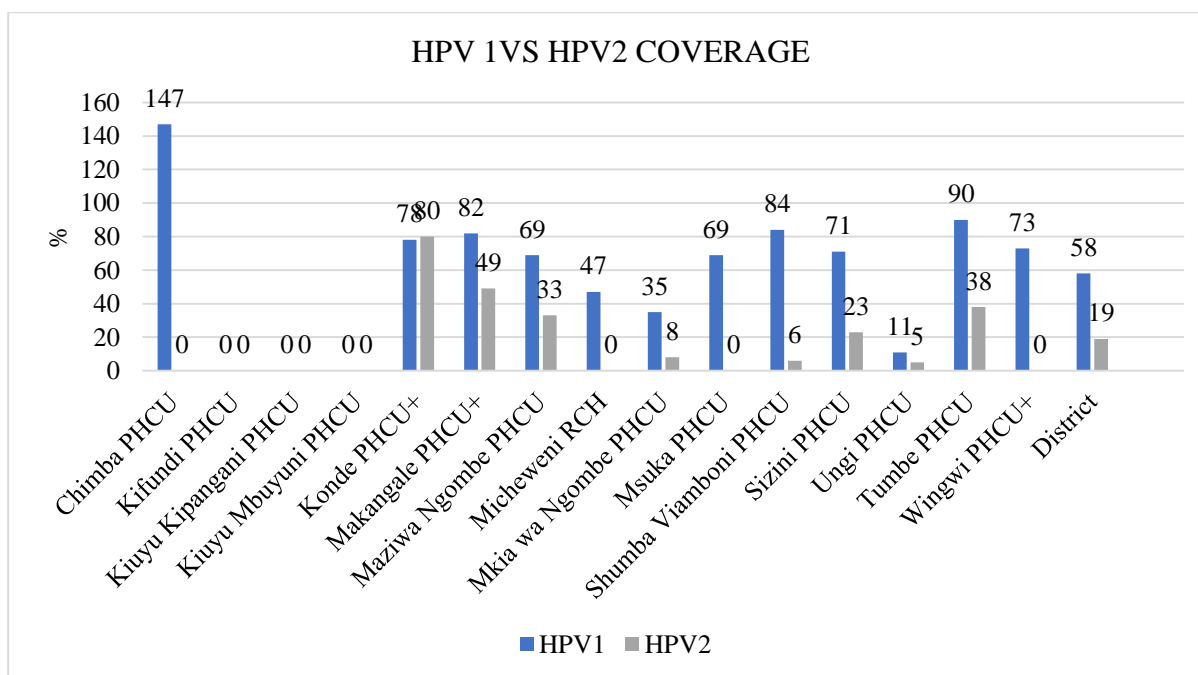
### 1.13.6. Immunization

The district provides immunization service in 15 public health facilities in all working days, the services provided includes in facility based and outreach based for children and for the HPV is provided in School and facility based for 14year girls.

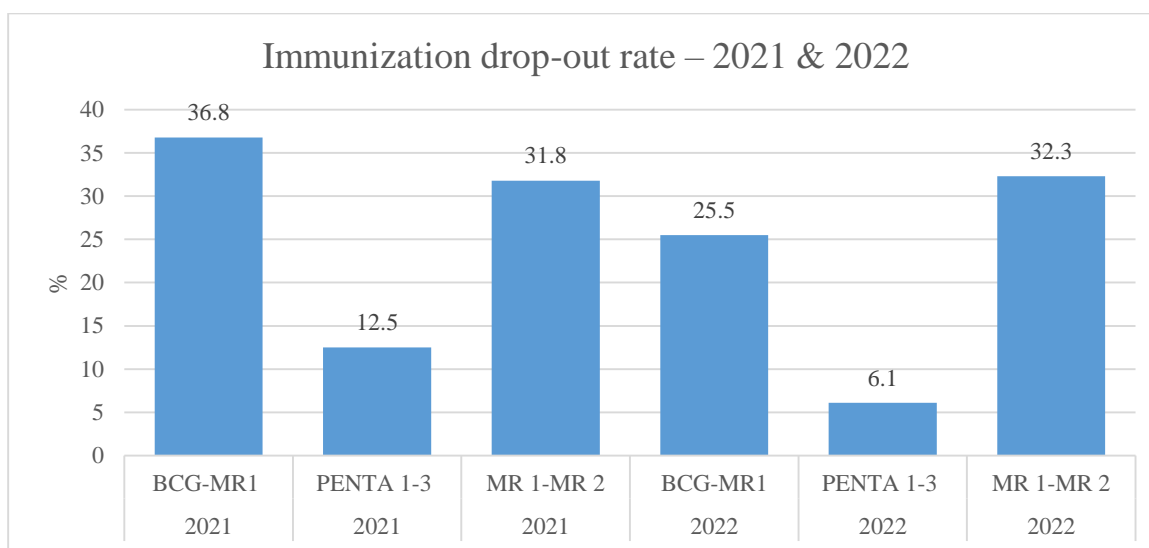
The services in 2022 encountered with some missed opportunities to clients especially during the staff training and even in Covid-19 outreach which sometimes do not combined with routine children vaccination.

**Figure 10: Immunization Coverage 2018 – 2022**

Source: DHIS2 2022

**Figure 11: HPV Coverages by health facilities 2022**

Source: DHIS2 2022

**Figure 12: Immunization Dropout Rate 2021-2022**

Source: DHIS2 2022

## 1.14. Health Services

### 1.14.1. Health Facility Condition

**Table 22: Public Health Facilities Infrastructure Conditions**

Sn	Facility	Status	Water	Power	Staff house	Road	Delivery bed
1	Kiuyu Kipangani	Good	Available	Available	Available	Bad	Available
2	Kiuyu Mbuyuni	Good	Available	Available	Available	Bad	Available
3	Chimba	Good	Available	Available	Not Available	Bad	Available
4	Konde	Good	Available	Available	Available	Good	Available
5	Kifundi	Good	Available	Available	Not Available	Good	Not Available
6	Makangale	Good	Available	Available	Available	Bad	Available
7	Maziwa Ng'ombe	Moderate	Available	Available	Available	Bad	Available
8	Mkia wa ng'ombe	Moderate	Not Available	Available	Available	Bad	Available
9	Msuka	Moderate	Available	Available	Not Available	Bad	Not Available
10	Shumba vyamboni	Moderate	Available	Available	Not Available	Bad	Available
11	Sizini	Good	Available	Available	Available	Good	Available
12	Tumbe	Moderate	Available	Available	Available	Good	Not Available
13	Wingwi	Good	Available	Available	Available	Good	Available
14	Ungi	Moderate	Not Available	Available	Not Available	Bad	Available
15	Tumbe Maafa	Good	Available	Available	Available	Bad	Available

Source: DHMT 2022

### 1.14.2. Health Facilities as Second Line

Konde, Wingwi and Makangale are second line while Konde is the only flagged PHCU+. Other health facilities not PHCU+ but provide delivery extra services (Maziwa Ng'ombe, Sizini and Kiuyu mbuyuni).

**Table 23: Facilities as Second Level 2022**

<i>Sn</i>	<i>Facility Name</i>	<i>Type</i>	<i>Category</i>	<i>Deliveries</i>	<i>Level</i>	<i>Population</i>
1	Kiuyu Mbuyuni	Public	Medium	1	PHCU	9,044
2	Konde	Public	Medium	547	PHCU+	18,259
3	Makangale	Public	Low	140	PHCU+	5,635
4	Maziwa Ng'ombe	Public	Medium	216	PHCU	8,204
6	Sizini	Public	Low	54	PHCU	7,449
7	Wingwi	Public	Medium	14	PHCU+	13,495

*Source CHMT and DHIS2 2022*

### 1.14.3. Health Service Utilization

**Table 24: Health Service Utilization 2021- 2022**

<b>Facility</b>	<b>2021</b>			<b>2022</b>		
	<b>&lt; 5 years</b>	<b>&gt; 5 years</b>	<b>All ages</b>	<b>&lt; 5 years</b>	<b>&gt; 5 years</b>	<b>All ages</b>
Chimba PHCU	2.1	0.86	1.1	1.8	0.65	0.81
Kifundi PHCU	3.9	1.5	1.9	3.3	1.2	1.5
Kiuyu Kipangani PHCU	4.4	1.7	2.1	2.7	0.92	1.2
Kiuyu Mbuyuni PHCU	2.5	0.67	0.96	1.7	0.54	0.71
Konde PHCU+	1.6	0.82	0.9	1.3	0.53	0.62
Makangale PHCU+	2.9	1.4	1.6	2.6	1.1	1.3
Maziwa Ngombe PHCU	2	0.54	0.74	1.8	0.41	0.61
Mkia wa Ngombe PHCU	2.7	0.89	1.2	2.1	0.8	1
Msuka PHCU	1.3	0.43	0.53	0.95	0.29	0.37
Shumba Viamboni PHCU	1.7	0.82	0.96	1.2	0.61	0.7
Sizini PHCU	1.6	0.71	0.84	1.4	0.61	0.72
Tumbe Maafa PHCU	0	0	0	0	0	0
Tumbe PHCU	1.6	0.61	0.76	1.2	0.45	0.55
Ungi PHCU	2.1	1	1.2	1.6	0.82	0.93
Wingwi PHCU+	2	0.78	0.97	1.6	0.58	0.71
District	2.3	0.94	1.1	1.8	0.68	0.85

*Source CHMT and DHIS2 2022*



### 1.15. DHMT Staffing

Table 25: Shows the CHMT staffs

Title	Total	Title	Total	Title	Total	Title	Total
DHAO	1	DPHNO	1	DDM	1	DP	1
DHO	1	DNO	1	Driver	1	D Technician	1
DHPO	1	Support Staff	1	DMSOs	2		

Table 26: Micheweni Health Facilities Staffing

	CO		Lab		Gen		Asst. N		Dental		Ordinary		PHO		Pharm		Security		Data		Total	
	Available	Needed	Available	Needed	Available	Needed	Available	Needed	Available	Needed	Available	Needed	Available	Needed	Available	Needed	Available	Needed	Available	Needed	Available	Needed
Chimba PHCU	0	2	0	1	1	2	1	0	0	0	1	2	0	1	0	1	0	2	0	2	3	13
Kifundi PHCU	0	2	0	1	1	2	0	0	0	0	1	2	0	1	0	1	0	2	0	2	2	13
Kiuyu Kipangani PHCU	1	1	0	2	0	12	2	0	0	0	0	8	0	2	0	2	0	4	0	2	3	33
Kiuyu Mbuyuni PHCU	1	1	2	0	2	10	0	0	0	1	3	5	0	2	0	2	0	4	0	2	8	27
Konde PHCU+	2	0	1	1	7	5	0	0	1	0	4	4	0	2	1	1	0	4	0	2	16	19
Makangale PHCU+	1	1	1	1	5	7	0	0	0	1	2	6	0	2	1	1	0	4	0	2	10	25
Maziwa Ngombe PHCU	1	1	0	2	3	9	0	0	0	1	3	5	0	2	0	2	0	4	0	2	7	28
Msuka PHCU	0	2	0	1	1	2	1	0	0	0	0	3	0	1	0	1	0	2	0	2	2	14
Mkia wa Ngombe PHCU	1	1	0	1	1	2	1	0	0	0	1	2	0	1	0	1	0	2	0	2	4	12
Shumba Viamboni PHCU	1	1	0	2	5	7	0	0	1	0	1	7	0	2	0	2	0	4	0	2	8	27
Sizini PHCU	2	0	1	1	4	8	0	0	0	1	4	4	0	2	1	1	0	4	0	2	12	23
Tumbe Maafa PHCU	1	1	1	1	1	11	1	0	0	0	1	7	0	2	1	1	0	4	0	2	6	29
Ungi PHCU	0	2	0	1	1	2	1	0	0	0	0	3	0	1	0	1	0	2	0	2	2	14
Tumbe PHCU	1	1	1	1	2	10	0	0	0	1	1	7	0	2	0	2	0	4	0	2	5	30
Wingwi PHCU+	2	0	1	1	4	8	0	0	0	1	4	4	0	2	1	1	0	4	0	2	12	23
<b>Total</b>	<b>14</b>	<b>16</b>	<b>8</b>	<b>17</b>	<b>38</b>	<b>97</b>	<b>7</b>	<b>0</b>	<b>2</b>	<b>6</b>	<b>26</b>	<b>69</b>	<b>0</b>	<b>25</b>	<b>5</b>	<b>20</b>	<b>0</b>	<b>50</b>	<b>0</b>	<b>30</b>	<b>100</b>	<b>330</b>

## 1.16. Other Health Related Issues

### 1.16.1. Health Promotion and Health Education

Health promotion and education in community is done by using different strategy which seen to provide good result for the targeted activities. These strategies divided into:

#### Community Owned Promotion

- This is the promotion done by Community themselves as Community Health Volunteers (CHV), Influential leaders and Shehia leaders within the respective areas.

#### District Promotion

- This part is done by the use of district members in guide of District Health Promotion Officer, this include:
  - Community sensitization meeting;
  - Radio program;
  - Conduct village and other influential leaders training; and
  - Health facility provider on their clients and the catchment areas during routine services.

### 1.16.2. Drugs and Medical Supplies

The drugs and medical supplies at facility level are requested through the use of Report and Request (R&R) form which is prepared by health facility in charge Monthly and send to district level on which the district (DP) fills the data through the Zanzibar Logistic System (ZILS) and sent to National level.

After the request sent to national level then the drug is being processed and distributed to facility level by Central Medical Store (CMS). After distribution from CMS, the district in this area is to oversee the rational use and to do redistribution to facility with missed or stock out of certain items by using transfer form from one facility to another facility.

Also, the facility receives other medical supplies from DHMT as they procure from their budgeted funds and other MoH units through CMS.

### **1.16.3. Nutrition**

Nutrition activities below five years conducted routinely and data captured from DHIS2 in monthly basis from facility to CHMT while the campaign done biannually through CHNM. The data collected from health facilities in weekly basis and submitted to the national vial district staff. In 2022, second quarter the Ministry do not provide De-worming to children, so only provide Vitamin A and measurement of MUAC.

Also in this part district, supervise the uses of iodized salt at community level and at farm production to ensure that salt product has iodine before they distributed to community.

## CHAPTER TWO: STRATEGIC PLAN

### 2.1. Strategic Map – Micheweni DHMT

<b>Vision</b>	Accessibility of quality and affordable health services to all				
<b>Mission</b>	Improve provision and availability of quality health services at all levels				
<b>Customer</b>	Improve customer satisfaction	Improve and maintain quality of health care services		Improve women's well-being and safe delivery	
<b>Internal Processes</b>	Improve performance management of health facilities and staff	Develop capacity to improve and maintain delivery of quality health services	Adopt better feedback acceptance mechanism	Improve access, quality and delivery of equitable RMNCH services	Improve Environmental health status
<b>Learning and growth</b>	Improve leadership and management skills	Improve capacity of healthworkers	Improve capacity of facilities in service provision	Adopt new health facility technologies and tools	
<b>Finance</b>	Mobilize fund raising campaigns and in-kind donations	Maintain value for money	Improve collections from clients 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
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 3.5% to 5%	Increased by 1.5%	Emphasize CHV on conducting community sensitization Conduct FP outreach program
Low coverage of ANC visits before 12 weeks	Unawareness of some males on importance of early attendance to clinics	Forge awareness to males	-# of males reached for awareness provision	- 20 males per Shehia	Conduct training to male on effective support to expectant mothers on attending clinic before 12 weeks
	Low motivation of expectant mothers on attending clinic	Encourage community to support expectant	# of prospect expectant mothers	100%	Use imams,

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
	before 12 weeks of gestation	mothers to attend clinic before 12 weeks	attending clinic before 12		influential leader, Sheha to create awareness to males
	Missed opportunities routine visits and services	Improve quality of services to reduce missed opportunities	Serve all attendees by 100%	100%	Increase staffs for the respective role Sustain supply of accessories and reagents
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	No 24 hours delivery facility near all community locality	Improve capacity of facilities to perform 24 hours delivery services to minimize home delivery.	Reduced by 42% to 20%	100%	-Request ambulance services -Fill gap of the needed HCW -Maintain constant equipment and supplies Improve education on birth preparedness plan
Low Immunization coverage to under five	Poor coordination between RCH and OPD on Immunization services	Improve coordination between RCH and OPD to assess immunization of under 5 clients	% increase of immunization status	98%	Bring awareness to the OPD staffs on integration of services including immunization to under five
	Distance of the community from health facilities	Improve access of immunization services	# of outreaches conducted	-12 Shehia per quarter	Conduct outreach immunization services
	Misconception of males on effect of Immunity	Improve males knowledge on immunization services	# of Shehia reached # of males trained	# 8 Shehia per year #20 males per Shehia	Clear males misconception through males training and one to one community mobilization
Shortage 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 -Encourage other stakeholder

### 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 supply	-Maintain CD control equipment and supplies	-Availability of equipment supplies at all levels	-100%	-Request and purchase of the required equipment and supplies
			-Developed store for equipment at all levels		
	Lack of prevention measures of communicable diseases	-Develop disease preventive measures such as environmental protection	-# of Shehia reached		-Distribute educational materials on CD to community (posters, banners, brochures)

### 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
	Late identification of new cases of NCD	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 employment plan	-Plan in place	-Completed in 2025	Request staffs to be hired
		-Employee and allocate the missing staff	# new staff needed staff hired Needed	- 164	

	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 of HCW on management of drugs and medical devices	#of trained staffs	-2 pharmaceutical technician at each facility	Conduct training o management to drugs and medical devices to HCW
Inaccurate medical record keeping	Inadequate use of ledger and medical record keeping	Improve use of store ledger	% improvement on use of store ledger	100%	- Supportive supposition on proper use of store ledger
	Improper filling and recording of register	Improve filling of record keeping of facility register	% of data quality	100%	Supportive supposition on proper use of store ledger -Data cleaning
Compromised qualities due to unavailability of power related services	Insufficiencies budget and off time payment of monthly bills	Increase budget and maintain on time payments		100%	Request and purchase monthly routine administrative logistic(electricity ,gas ,water)

### 2.2.7. Nutrition

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
Existence of anemia cases in pregnant women	Low knowledge of a balanced diet in the community	-improve knowledge of balanced diet in the community	# of people reached on knowledge sharing # of Shehia reached	- 20 per Shehia # 20 Shehia reached per 2 years	-Prepare and distribute brochure and posters -Conduct village health nutrition day -Conduct health education Sessions through radio spots
High prevalence of Malnutrition and stunting among children under five	Low knowledge of Malnutrition and stunting among children	Improve knowledge to caregiver on prevention of malnutrition and stunting to under five	-# of caregiver trained per Shehia	-20 per Shehia	-Training to care givers on prevention of malnutrition and stunting



### 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 # of Shehia reached	- #50 per Shehia # 25	-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 checklist on PPM	Develop checklist of PPM at all level	-Existence of level based checklist	-Available at all levels	-Develop PPM checklist
	Lack of knowledge on Planned Preventive Maintenance	Provide knowledge on PPM at all levels	-# trained HCW	-100%	-Train HCW on PPM
	No PPM conducted at district level	Conduct PPM at facility level	-A PPM conducted within 24 months	- PPM conducted	- Conduct PPM

## CHAPTER THREE: ACTION PLAN

### 3.1. Plan of Action

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
Restructure and capacity building of QIT and WIT at district health management team	Ask for JD, ToR, roles and responsibilities of HCW Prepare the missing ones	DMO	-140	Internet	July	
	Request and review and hand out ToR for QI focal at all level	DMO	-140	Handout	July	
	-Conduct on site knowledge sharing on roles and responsibilities through supportive supervision	DMO	-140	-Stationary -Fuel	First and second week of August	855,000
	Develop facility level intervention plan	DMO	36	Venue Stationeries Refreshments Transport allowances Fuel	1st week of September	5,400,000
	Conduct a workshop on strategic leadership and management skills	DMO	36	Venue Stationeries Refreshments Transport allowances Fuel	Any three days in October	5,400,000
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	3 Tents 20 litres 20 persons Transport allowance Refreshments Stationeries Porridge Mobile Van Medicine (1000,000 per quarter)	One Health day per quarter	2,600,000 per Shehia A total of 20,800,000 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,			

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
			HP,ENT, 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 immunization services	Provide FP services	DPHNO	-25 per Shehia 4 – Shehia per year	35 litres 30 persons Transport allowance Refreshments Stationeries Upatu Medicine (1,000,000 per Outreach)	One outreach per quarter meaning a total of 8 per 2 years	2,200,000 per Shehia a total of 17,600,000 per 2 years
	Provide ANC services		-25 per Shehia 4 – Shehia per year			
	Conduct Immunization services	DIVO	-20 per Shehia 4 – Shehia per year			
	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	22 HCW of facilities performing delivery services	Venue Stationeries Refreshments Transport allowance Fuel	3 days	1,100,000 per day a total of 3,300,000/-
	Conduct training on R&R and management of drugs and medical devices to HCW	DP	36 HCW responsibly for pharmaceutical duties	Venue Stationeries Refreshments Transport allowance Fuel	2 day	3,200,000
	Train DHMT on planned preventive maintenance	DMO	12 people	Venue Stationeries Refreshments Transport allowance	1 day	600,000

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
				Fuel		
	Conduct staff induction course to the newly employed stuffs	DMO	40 per 2 years	Venue Stationeries Refreshments Transport allowance Fuel	3 days	16,800,000
	Conduct emergency preparedness and response training and simulation on all highly infectious diseases to HCW	DMO	52	Venue Stationeries Refreshments Transport allowance Fuel		7,800,000
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 allowance Fuel	1 day	1,200,000 per Shehia a total of 9,600,000 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 allowance Fuel	1 day	1,200,000 per Shehia a total of 9,600,000 per 2 years
	Conduct health education Sessions on nutrition through radio spots	DNFP/ DHPO	4 sessions per year	Fuel Session spot	30 minutes	800,000
	Initiate healthy jogging clubs	DNFP/DHPO	One per Shehia for all the 25 Shehia	20 T-shirts per Shehia (a total of 720 T-shirts) Fuel – 35 litres	2 years	7,850,000 (Both fuel and T-shirts purchasing)
Supportive supervision	Follow -up and supervision on progress of labor	DPHNO	All the 6 facilities Every quarter for eight quarters	Fuel (15 litres) Checklist	3 facilities per day A total of 9 visits per quarter	52,500 per visit; a total of 315,000 per 2 years
	Follow -up and supervision on application of new born resuscitation skills	DPHNO		Fuel Checklist		
	Supportive	DP		Fuel		

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
	supposition on proper use of store ledger					
	Data cleaning	DDM		Fuel		
	Proper attention to PNC visitors and filling of PNC register	DPHNO		Fuel		
	Request ambulance services to minimize home delivery	DMO	4 ambulances	NA	2 cars per year	
Supplies	Request and purchase required equipment and supplies	DP	monthly	Fuel – 35 litres	24 times per 2 years	1,680,000 per 2 years
Staffing	Request the needed HCW	DMO	Ones every quarter			
Compromised qualities due to unavailabilities of power related services	Insufficiencies budget and off time payment of monthly bills	Increase budget and maintain on time payments	Request and purchase monthly routine administrative logistic (electricity, gas ,water			34,200,000 (Electricity and water bills)

## ANNEXES

### Annex 1: List of District Health Profile Participants in the District 2022

Sn	Name	Title	Work place
1	Omar Mohammed Omar	DDM	DHMT Micheweni
2	Salma Kassim Mussa	DHAO	DHMT Micheweni
3	Dr. Mkubwa Habib Khamis	DMO	DHMT Micheweni
4	Kombo Moh'd Haji	DHO	DHMT Micheweni
5	Fat-hu Mohammed Saleh	DPHNO	DHMT Micheweni
6	Khalfan Mattar Nassor	DPHNO	DHMT Micheweni
7	Zuhura Abrahman Soud	DNO	DHMT Micheweni
8	Suleiman Faki Haji	DHPO	DHMT Micheweni
9	Rashid Salim Rashid	Fundi	DHMT Micheweni
10	Time Hussein Ayoub	Support Staff	DHMT Micheweni
11	Ali Mmanga Khamis	DPO	DHMT Micheweni
12	Ali Rashid Said	DMSO	DHMT Micheweni
13	Yussuf Hamad Shariff	DIVO	DHMT Micheweni
14	Said Masoud Ali	DMSO	DHMT Micheweni
15	Faki Ismail Bakar	Head HMIS	M. Health Pemba

### Annex 2: Achievements

- Improved capacity to work for all the working days
- Decreasing maternal death from 4 in 2021 to 2 in 2022
- Decreasing dropout rate BCG- MR1 and Penta 1- Penta 3 in 2022
- Availability of transport for referral cases from PHCUs to higher level District Hospital
- Availability of HMIS data and the source of data collection in the facility level. All facilities feed data to the system.
- Availability of drugs, vaccines, family planning services and other commodities at facility level
- Good infrastructure in district (Road, water supply, telecommunication and electricity) in most of health facilities

### Annex 3: Challenges

- Low coverage of ANC visits before 12 weeks (12.2%)
- Low vaccine acceptance in the community
- Existing number of perinatal deaths in the district

- High dropout rate MR 1- MR2
- Inadequate reagents for pregnant mother's test
- Delay booking on ANC to pregnant mothers
- Low acceptance of pregnant mothers complete ANC fourth visit (49%)
- Low community awareness and values on health related issues
- Low coverage of New FP clients especially long methods 3.5%
- Shortage of professional staff
- Low coverage of HPV 2 vaccine
- Presence of home delivering mothers
- Low and late implementation of PoA activities
- Health facility staff do not have knowledge on computer utilization
- Un availability of water in Mkia Ng'ombe PHCU and Ungi PHCU
- Inadequate room for delivery at Wingwi PHCU+
- Low IPC practice at health facility level
- Some health facilities have not burn pit
- Some health facilities do not contain the sign board that show the services that provided

#### Annex 4: District Development Partners

In conducting the daily health service, the district is collaborated with different partners both internal and external collaborators. These include:

##### External:

UNICEF	Global Fund	UNFPA
WHO	D Tree International	JHPIEGO
Amref	GAVI	CHAI

##### Internal:

Red Cross	Ministry of Education and Vocational Training	Community
Radio Jamii Micheweni	SOS	CHVs
DMT	SHCC	



Milele Zanzibar  
Foundation