



REVOLUTIONARY GOVERNMENT OF ZANZIBAR

MINISTRY OF HEALTH

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

MKOANI DISTRICT



Milele Zanzibar
Foundation

Milele Zanzibar Foundation July 2023

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Executive Summary

Chake district is located in the center of Pemba Island, it confines at north with Wete district, and south of Mkoani district, on other two sides with sea, Pemba channel on the west and Indian Ocean on the east. The area of district is about 262 sq. km, most of it with hills.

This Comprehensive District Health Plan presents the District Health profile which demonstrate in brief (in the form of Graphs, Maps and Tables) the health status of the district, requirement information on service and utilization coverage, morbidity and mortality. It exposes a wide range of data and information pertaining to Diseases Surveillance, Reproductive and Child Health services (ANC, PMTCT, IMCI, immunization and Nutrition) Administratively division, Human resources etc.

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

Acknowledgements

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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.

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

To all we are very grateful.

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Abbreviations

Acronym	Meaning
ANC	Antenatal Care
DDM	District Data Manager
DHA	District Health Administrator
DHMT	District Health Management Team
DMO	District Medical Officer
DP	District Pharmacist
DPHNO	District Public Health Nursing Officer
DPHO	District Public Health Officer
FP	Family Planning
IPC	Infection Prevention Control
JHPIEGO	Johns Hopkins Program for International Education in Gynecology & Obstetrics
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. Map of Mkoani District

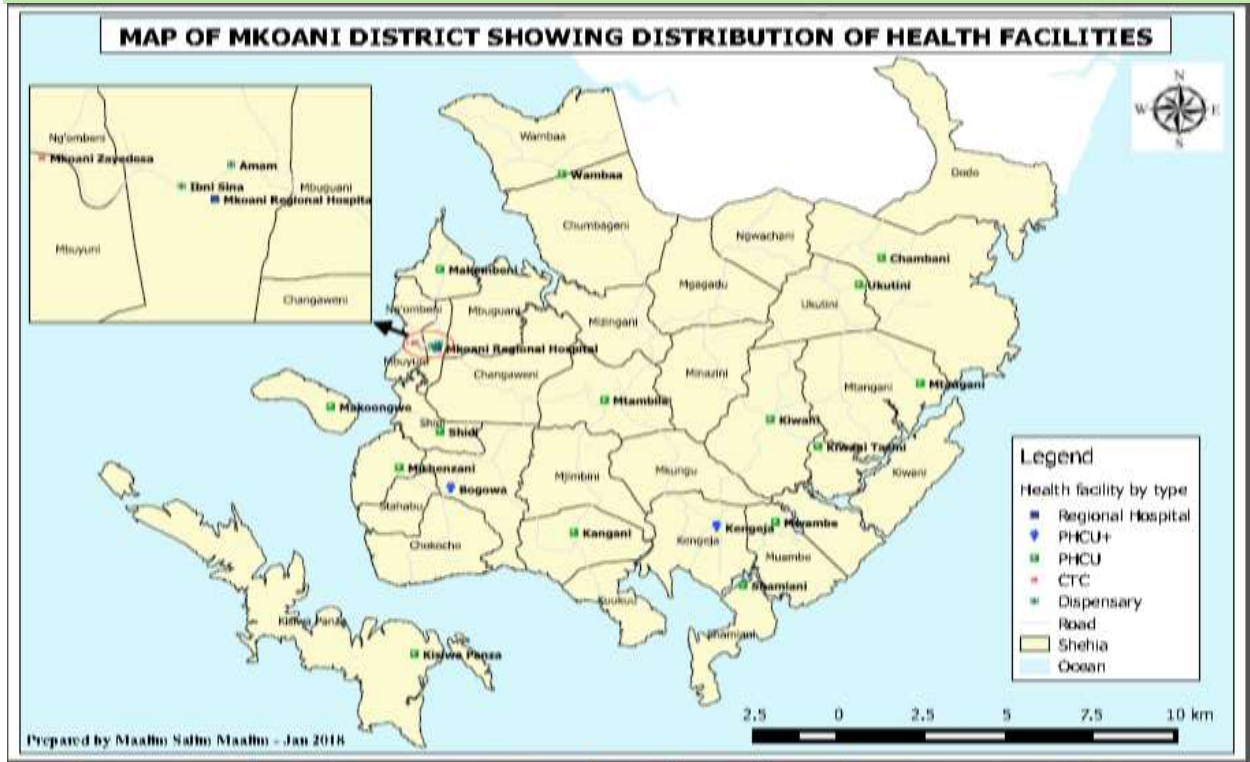


Figure 1: Map Shows Distribution of Health Facilities

1.2. The District Background

1.2.1 Geographical Features

Mkoani District is one among 4 District of Pemba Island, other Districts are Chake Chake, Wete and Micheweni. The District has an area of 207 sq. kilometers with 4 constituencies, 9 wards, 36 Shehia and 217 Villages:

- Number of houses = 33,861
- House with latrine 24273 = 72%
- House without latrine 9588 = 28%

The district is situated in the South of Pemba Island and is bounded with Chake-Chake district in North, Indian Ocean in South, West and East. The district comprises of Small Island off shore i.e. Makoongwe, Kisiwa panza, and Shamiani, other two small Islets are Kwata and Matumbini

on which used for cultivation and fish man camps.

People of Mkoani District using common language of Swahili and most of them are Muslim i.e. 99.99.

1.2.2 Demographic Data

According to 2012 census, the population projection by all ages of Mkoani district has:

TOT.POP	UND 1 YR	UND 5 YR	WRA	SURVI. INFANT
125,015	5,151	20,484	33,062	4,888

1.3. Economic Activities

1.3.1. Agriculture

Agriculture is the main sector which provides large income comparing with other sectors in Mkoani district; it plays an important role in providing both food crops as well as cash crops. It provides employment the large proportion of the district population. More than 68 % of the district population is engaged in this activity.

The role of agriculture in Mkoani district is significant. About 90% of rural house hold is involved in agriculture.

1.3.2. Economic Issues

1.3.2.1. Cash Crops

The main food crops in Mkoani district is cassava, cloves, and bananas. Cloves 97.873 tones amount of production in year. About 9422 hectares of land are planted with cassava which is presenting 71% of the total area planted nationally. About 94220 tones were harvested, equal to 30% of the national harvest of cassava, and 5016 and 7490.07 are harvested hectares planted rice equivalent to 8.40% of the total area planted.

About 236 hectares of land are used for cultivate banana. About 1557.6 tones were harvested, which is equal to 36% of national harvest.

1.3.2.2. Food Production

The main food crops in Mkoani district is cassava, sweet potatoes, yams, rice, maize flower, and bananas. In 2021 there was no stock out of food.

1.3.2.3. Livestock

Livestock breeding is another economic activity in the district, there are 10580 cattle male 6684 and female 2896, Milk goats 271 male 240 female 130,

1.3.2.4. Fishing

Nearly all districts are surrounded by Indian Ocean; most of people use this Indian Ocean making fishing and took second economic activity in the district. About 4,538,938 tons were harvested equivalent to Tsh 178,347,320/-. Most of fish sent to Zanzibar for export to increase income.

1.3.3. Power Supply

Electric power is distributed from the cable arriving from Tanga.

All 36 Shehia in Mkoani district, it uses electric power = 75%. Power is supplied on a pre-paid system and a meter's system or electronic paid (paid on bill).

1.3.4. Hotel and Restaurant

Mkoani has four hotels; one owned by the Government and three owned by Private Sectors, which served services to residents and foreigners,

Table 1: Hotels of the District

Hotel	Private/Government	Average double room price	No of staffs
Fundulagoon	Private	700 Dollars	100; 90-Males, 10 – Females
Pemba Lodge	Private	100 Dollars	7: 6- Males, 1 Female
Emerald Bay hotel	Private	95 Dollars lunch inclusive	10: 3 – Males, 7 – Females
Jondeni	Private	53 Dollars lunch inclusive	5: 2 – Males, 3 - Females
Mkoani Hotel	Government		

1.4. District Health System

1.4.1. Health System

The health system in Mkoani district has been categorized into the primary level (Primary health care unit), Regional hospital and the port Health.

In primary level, there are 19 PHCUs which are further divided into the first line and second line PHCUs. Among them 13 are first line which is Dispensary providing outpatient and reproductive health services, while four (4) are second line Health Centres which provide additional services such as maternal and newborn care, laboratory, dispensing and dental services.

Also there is one reproductive clinic which offers only reproductive and child health care.

The Abdulla Mzee Hospital Regional Hospital, acts as a referral hospital for the whole Pemba which offers inpatient and outpatient care.

It has a capacity of 160 beds and it consists of four major departments such as Surgical, Obstetric and Gynecological, Internal medicine, and Pediatric department. Also there are special clinics such as diabetics, hypertension, Dental, CTC, ENT and Eye clinics. The other special units like X-ray, ultrasound, laboratory, pharmacy, laundry, kitchen units.

Port health, located in the Mkoani port, there are 6 staff with core functions including; inspection (environmental sanitation, voyage inspection, vector control screening passenger, other public health emergency by using thermo scan) and surveillance.

1.4.2. Health Facilities within District

Table 2: District Health Facilities

Sn	Facility Name	Type	Urb/Rural	Category	Level	Population
1	Kangani	Public	Rural	Medium	Disp.	10,324
2	Kengeja	Public	Rural	Medium	H. Centre	10,096
3	Chambani	Public	Rural	Medium	Disp.	12,548
4	Makombeni	Public	Rural	Low	Disp.	2,235
5	Makoongwe	Public	Rural	Low	Disp.	1,759
6	Shidi	Public	Rural	Low	Disp.	1,189
7	K/Panza	Public	Rural	Low	Disp.	3,737
8	Bogoa	Public	Rural	High	Disp.	9,331
9	Mtambile	Public	Rural	High	Disp.	16,246
10	Mwambe	Public	Rural	Medium	Disp.	11,714
11	Shamiani	Public	Rural	Low	Disp.	1,151
12	Kiwani	Public	Rural	Medium	Disp.	5,442
13	Ukutini	Public	Rural	Low	H.Cent.	3,326
14	Mtangani	Public	Rural	Low	Disp.	3,872
15	Wambaa	Public	Rural	Low	H.Cent.	7,082
16	Tasinikiwani	Public	Rural	Low	Disp.	3,664
17	RCH Mkoani	Public	Urban	High	-	13,521
18	Michenzani	Public	Rural	Medium	Disp.	6,418
19	Minazini	Public	Rural	Low	Disp.	2,118

NB: There is no private hospital at Mkoani District

1.4.3. Health Staff Needed According to Essential Health Care Package

Table 3: Staff Available and Needed

Sn	Health Facility	C/O MD		Lab Tech		G-Nurse		Dentists		E-Heath		H-Orderly		Security		Pharmacy		Total	Study
		Available	Needed	Available	Needed	Available	Needed	Available	Needed	Available	Needed	Available	Needed	Available	Needed	Available	Needed		
1	Chambani	1	1	0	2	1	3	0	0	0	1	1	1	0	1	0	1	3	-
2	Ukutini	1*	1	0	2	3	1	0	0	0	1	1	1	0	1	0	1	5	1
3	Mtangani	1+1*	0	0	2	2	2	0	0	0	1	2	0	0	1	0	1	6	1
4	Kendwa	2	0	2	0	6	2	0	2	1	0	2	2	0	1	1	1	14	-
5	Kengeja	1	1	2	0	3	3	1	1	1	0	3	1	0	1	1	1	12	-
6	Mwambe	1	1	0	2	2	2	0	0	0	1	2	0	0	1	0	1	5	-
7	Shamiani	0	2	0	2	2+1*	1	0	0	1	0	2	0	0	1	0	1	6	1
8	Tasini	0	2	0	2	2+1*	2	0	0	0	1	2	0	0	1	0	1	5	1
9	Minazini	1	2	0	2	1	1	0	0	0	1	0	2	0	1	0	1	2	-
10	Mtambile	1+1*	0	0	2	2+1*	1	0	0	0	1	2	0	0	1	0	1	7	2
11	Kangani	1	1	0	2	3	1	0	0	1	0	1	1	1	0	0	1	7	-
12	Wambaa	0	2	0	2	4	2	0	0	1	0	1	3	0	1	1	1	7	-
13	Bogoa	1+2*	1	2	0	3+1*	3	1+1*	1	1+1*	0	3	1	2	0	1	1	19	5
14	Shidi	0	1	0	2	2	2	0	0	0	1	1	1	0	1	0	1	3	-
15	Michenzani	1	1	1	1	2	6	0	0	0	1	3	1	1	0	1	1	9	-
16	Kisiwa Panza	0	1	0	2	2	2	0	0	1	0	1	1	0	1	0	1	4	-
17	RCH – Mkoani	0	1	0	1	3	1	0	0	0	1	1	1	0	1	0	1	4	-
18	Makombeni	1*	1	0	1	1	3	0	0	0	1	1	0	0	1	0	1	3	1
19	Makoongwe	0	1	0	1	2	2	0	0	0	1	1	0	0	1	0	1	3	-
20	DHMT	1	0	0	0	1	0	0	0	6	0	3	0	0	0	1	0	12	0
Grand Total		18 6*	20	7	28	51 4*	41	31*	4	14 1*	12	33	17	4	16	6	19	136	12
ACTIVE TOTAL		12		7		47		2		13		33		4		6		124	12

1.5. Sanitation and Hygiene

1.5.1. Water Supply

According to 2011/12 HBS, about 87 percent of households in Mkoani district had access to piped water. Distance to a drinking water source, in particular during the dry season has implication on participation economic activities and hence on generating income for the household.

In this season About 90% percent of the households in Mkoani district 2022/2023 walked less than a kilometer to a drinking water.

1.5.2. Sanitary Toilet

The type of toilet facilities used by the traditional pit latrines used about 44 percent of the households. Over half of households (58 percent) and 8 percent used the seashore had toilet.

The number of latrines increases from 15,274 in 2022 to 17,586 in 2023 whereby refuse collected in specials containers, then taken away in special vehicle to the final disposal point at Chokaani selected dump site in urban area while in rural refuse are burned in local pits.

1.6. Education Offered

1.6.1. Level of Education Delivered

Table 4: Education Delivered by Government

Level/Type of Institution	Number of Institutions		
	Public	Private	Total
Colleges	0	0	0
Secondary schools	28	2	26
Primary school	28	0	28
Primary and pre-primary schools	35	1	36
Pre-primary schools	3	8	11
Secondary primary and pre-primary school	0	0	0
Total	62	11	73

1.6.2. Enrolment by Grade and Sex

Table 5: Number of Student in Primary and Pre-Primary School

Level	Male	Female	Total
STD I	2,831	1,858	5,217
STD II	2,843	2,547	5,390
STD III	2,583	2,384	4,967
STD IV	2,885	2,476	5,361
STD V	2,495	2,329	4,824
STD VI	2,040	2,239	4,279
Pre primary	1,734	1,942	3,676
Total	17,411	16,303	33,714

1.7. Multispectral Collaboration

Table 6: Collaboration with Stakeholders

1	JHPIEGO	Family planning including service day mentorship training and outreach services
2	WHO	Surveillance, immunization, rapid assessment and training
3	UNICEF	IRCH program, building capacity of health workers
4	D Tree International	Support CHVs in community Sensitization
5	PIRO	Building capacity on entrepreneur and reproductive health
6	TASAF	Sensitization of mother to attend on RCH services
7	Engender Health	Family planning services outreach
8	Milele Zanzibar Foundation	Infrastructure and building capability for RMNCH staff on delivered
9	PharmAccess	Increase quality of health facilities and service delivered. Also provision of treatment cards and tablets in health facilities
10	Amref	Supporting of COVID 19 vaccination

1.8. Community Involvement

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

Table 7: Top Ten Most Diagnosed Case in District

Sn	<5 years		5 years and above	
	No of Diagnoses	%	No of Diagnoses	%
1	No Pneumonia (Cough/Cold)	52.7	Upper Respiratory Tract Infections (URTI)	28.0
2	Skin disease (No shingle or chicken pox)	14.2	Ear Nose and Throat (ENT)	13.7
3	Ear Nose and Throat (ENT)	6.6	Skin disease (No shingle or chicken pox)	7.5
4	Conjunctivitis	3.4	Hypertension	6.7
5	Scabies	3.0	Urinary tract infection (UTI)	4.9
6	Trauma/Injuries	1.9	Trauma/Injuries	3.5
7	Urinary tract infection (UTI)	1.8	Dental with oral diseases	3.4
8	Intestinal Worms	1.3	Conjunctivitis	2.1
9	Dental with oral diseases	1.2	Diabetes	1.9
10	Anemia	0.6	Sexual transmitted infection (STI)	1.3

Source: DHS2

CHAPTER TWO: STRATEGIC PLAN

2.1. Strategic Map – Mkoani DHMT

Vision	Accessibility of quality and affordable health services to all				
Mission	Improve provision and availability of quality health services at all levels				
Customer	Improve Customer satisfaction	Improve and maintain quality of health care services		Improve Women's well-being and safe delivery	
Internal Processes	Improve performance management of 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
Learning and growth	Improve leadership and management skills	Improve capacity of healthworkers	Improve capacity of facilities in service provision	Adopt new health facility technologies and tools	
Finance	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%	-Create an effective QIT and WIT at district level.
	Unawareness of TOR for the QI focal persons at council levels	Improve awareness of TOR for QI focal points at district levels	% awareness of TOR to all QI focal points	100%	Distribute TOR for QI focal points at all levels.
	Lack of quality improvement knowledge of HCW	Improve knowledge of QI to HCW	-# of trained HCW -% coverage of skills	- All district level workers -% coverage of QI topics	-Train health workers on QI skills and its importance
	Lack of JD, ToRs, Roles and	Adopt JD, ToR, Roles and	-% of adoption -Clear	-100% -All workers	-Request JD, ToR, roles and

	Responsibilities of HCW	responsibilities of HCW from MOH	understanding of ToR, Roles and Responsibilities of HCW	reached	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 skills	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 responses to causes of perinatal mortality
Low coverage of Family planning services	Inadequate community awareness of family planning use	-Improve awareness on family planning use	-% of FP users from the existing 9% to 15%	Increased by 15% 100%	-Use health village day for FP campaigns -Conduct FP outreach programs
Low coverage of ANC visits before 12 weeks	-Low motivation of the expectant mothers on attending clinic before 12 weeks of gestation	-Encourage community to support expectant mothers to attend clinic before 12 weeks	-# of prospect expectant mothers attending clinic before 12	100%	- Conduct training to male on effective support to expectant mothers on attending clinic before 12 weeks
	-Missed opportunities of routine visit and services.	- Improve quality of service to reduce missed opportunities	-Serve all attendees by 100%	-100%	-Make availability of all needed materials and staffs

Low coverage of PNC visits	-Improper attention to PNC visitors by HCW	-Improve attention of HCW to PNC visitors	-# of PNC visitors attended	-100%	-Proper attention to PNC visitors and filling of PNC register
Increased number of home delivery	-No 24 hours delivery facilities near all community locality	-Improve capacity of facilities to perform 24 hours delivery services	Reduced by 42% to 20%	100%	Request ambulance services -Fill gap of the needed HCW -Maintain constant equipment and supplies
Increased under- five disease outbreak	Inadequate knowledge of caregivers on Immunization services	-Improve caregivers knowledge on Immunization services	-# of trained care givers on Immunization	30 people in every Shehia	Train males to clear misconception on immunization services
	Distance of the community from health facilities	-Improve access of Immunization services	-Accessible to all	-100%	-Conduct outreach immunization services
Shortage of diagnostic reagents and medical equipment	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 supply	-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 store for equipment at all levels		
	Lack of prevention measures of communicable diseases	-Develop disease preventive measures such as environmental protection	-# of diseases preventive practices		- Distribute educational materials on communicable diseases community (poster, 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 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 fitness 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 early identified new cases	-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	
		-Hire and allocate the missing staffs	-# number of new needed staffs hired	-164	-Request staffs to be hired
Staff under performance	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 tech. 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	-100%	-Supportive supervision on proper use of store

			ledgers		ledger
	Improper filling and recording of registers	-Improve filling and record keeping of health facility registers	-% of data quality	- 100%	-Supportive supervision on proper use of store ledger -Data cleaning

2.2.7. Nutrition

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
Increased number of anaemia in pregnant women	Lack of knowledge on Balanced Diet	-Improve knowledge of balanced diet to pregnant women	-Reduced anaemia to pregnant women from.....	-	-Prepare and distribute awareness such as brochure and posters -Conduct health education sessions through radio spots -Conduct village health and nutrition day
High prevalence of Malnutrition and stunting among under five	Low knowledge of Malnutrition and stunting among children	Improve knowledge to caregivers on prevention malnutrition and stunting to under five	-% of trained care givers 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	- 36 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

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 the district health management time.	Ask for JD, ToR, roles and responsibilities of HCW	DMO		Internet	July	
	Request and review and hand out ToR for QI focal at all level	DMO		Handout	July	
	-Conduct on site knowledge sharing on roles and responsibilities through supportive supervision	DMO	136	-Stationary -Fuel	First and second week of august	855,000
	Develop facility level intervention plan	DMO	38	Venue Stationeries Refreshments	1st week of September	5,700,000
	Conduct a workshop on strategic leadership and management skills	DMO	38	Transport allowances Fuel	Any three days in October	5,700,000
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 Refreshment s Stationeries Porridge Upatu Music sound	One Health day per quarter	1,500,000 per Shehia A total of 12,000,000 per 2 years
	Sensitize community on ANC before 12 week		50 per Shehia -4 Shehia per year			
	Distribute educational materials on disease prevention and environmental protection	Health Promotion focal personnel	100 pieces -4 Shehia per year			
	Community sensitization on NCD	DMO	150 people per Shehia			
	Conduct NCD assessment	DMO	4 diseases (Diabetes, HP,ENT, Dental)			
			50 per diseaseper Shehia			
Distribute nutrition educationalmaterials	District Nutritional focal person	100 pieces				

Initiatives	Underline Activates	Responsible Person	Number of beneficiaries	Resources	Time Frame	Budget
	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	-20 per Shehia 4 – Shehia per year	3 Tents 20 litres 20 persons Transport allowance Refreshments Stationeries Upatu	One outreach per quarter meaning a total of 8 per 2 years	1,200,000 per Shehia a total of 9,600,000 per 2 years
	Provide ANC services		-20 per Shehia 4 – Shehia per year			
	Conduct Immunization services	DIVO	-20 per Shehia 4 – Shehia per year			
	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	15 HCW of facilities performing delivery services	Venue Stationeries Refreshments Transport allowance Fuel	3 days	750,000 per day a total of 2,250,000
	Conduct training on management of drugs and medical devices to HCW	DP	38 HCW responsibly for pharmaceutical duties	Venue Stationeries Refreshments Transport allowance Fuel	1 day	1,900,000
	Train DHMT on planned preventive maintenance	DMO	12 people		1 day	600,000
	Conduct staff induction course to the newly employed stuffs	DMO	40 per 2 years		3 days	9,000,000
Community training on health related issues	DPHNO and DIVO	-20 males per Shehia -4 Shehia per year	Venue Stationeries Refreshments Transport		1 day	1,000,000 per Shehia a total of 8,000,000 per 2

Initiatives	Underline Activates	Responsible Person	Number of beneficiaries	Resources	Time Frame	Budget
	12 weeks and misconception on Immunization			allowance Fuel		years
	Training to care givers on prevention of malnutrition and stunting	DNFP	-20 care givers per Shehia -4 Shehia per year		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	30 minutes	200,000
	Initiate healthy jogging clubs	DNFP/DHPO	One per Shehia for all the 36 Shehia	20 T-shirts per Shehia (a total of 720 T-shirts) Fuel – 20 litres	2 years	9,360,000 (Both fuel and T-shirts purchasing)
Supportive supervision	Follow -up and supervision on progress of labor	DPHNO		Fuel (30 litres) Checklist	2 facilities per day A total of 9 visits per quarter	90,000 per visit; a total of 720,000 per 2 years
	Follow -up and supervision on application of new born resuscitation skills	DPHNO		Fuel Checklist		
	Supportive supposition on proper use of store ledger	DP		Fuel		
	Data cleaning	DDM		Fuel		
	Proper attention to PNC visitors and filling of PNC register	DPHNO		Fuel		
Supplies	Request ambulance services to minimize home delivery	DMO	4 ambulances	NA	2 cars per year	
	Request and purchase required equipment and supplies	DP	Monthly	Fuel – 20 litres	24 times per 2 years	1,440,000 per 2 years
Staffing	Request the needed HCW	DMO	Ones every quarter			



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