REVOLUTIONARY GOVERNMENT OF ZANZIBAR

MINISTRY OF HEALTH

COMPREHENSIVE DISTRICT HEALTH PLAN

2023/2024 – 2025/2026

WETE DISTRICT

Milele Zanzibar Foundation

Milele Zanizbar Foundation July 2023

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Executive Summary

Wete district is one among the two districts of North region of Pemba Island. It is in the Northern region of Pemba Island. It's bordered by Chake Chake to the South and Micheweni district to the North, Pemba channel to the west and Indian Ocean on the east. There are hard to reach areas like Kojani to the east coastal so Fundo, Kokota, Uvinje, Njau and Fuzi located in the west coast and is small islets.

The population estimated to be 148,712 which is equivalent to 8.3 per cent of the population of Zanzibar, based on the 2022 population census.

Administratively the district consists of five electoral locations, Wete, Gando, Kojani, Mtambwe and Pandani, 10 wards and 36 Shehia. There is a wide variation in the number of individuals across shehia in the district. The highest population is in Jadida Shehia, with 6,193 residents, while Fundo Shehia has 1,625 residents, which is the lowest population size in the district.

District has 22 health facilities, 1 District hospital government owned, 3 health center and 18 Dispensaries. General objective of the district is to improve the health status of the entire population by providing quality and equitable health status as per essential health package at all levels through implementing the following objectives: Improve the service and reduce maternal and perinatal deaths. The approved budget of the previous year (2022/2023) was T.shs. 283,262,712 /= whereby source of fund was from government budget other charges (OC) 233,600,000/= and Basket fund 49,662,712, /= for the implementation of activities The fund received up to March 2023 were 65,754,453 Which is equivalent to 23.2% of the total budget. The district experiencing to receive the fund for fourth quarter to implement the remaining activities.

Out of 21 facilities 12 (57%) have good physical infrastructure condition but not meets the level recommended standard, 6 (28%) need rehabilitation and 3 (14%) needs major rehabilitation.

In the aspect of strengthening public private partnership District collaborates with PHL on the project mother and child for the purpose of ANC services and growth monitoring which held in three health facilities which are Jadida, Kangagani and Kiungoni.

The main challenges during implementation of the last year plan were delayed disbursement of fund from the higher level leading to incomplete implementation of the planned activities on time. Missed item from CMS, Fluctuation of price in the market, Shortage of qualified and skilled staff

by 29%, Lack of incinerator at the health facilities. Lack of ambulance to transfer patients from dispensaries and health center to district hospital. The unachieved intervention from 2022/2023 have been addressed again in the current plan 2023/2024. Among the main planned intervention for 2023/2024 plan are:

Support availability of ANC diagnostic reagents, Integrated ANC mobile outreach, and Community mobilization on importance of early ANC booking and male involvement on RMNCAH services, Safe and clean deliveries by skilled personnel at health facilities, Improve postnatal care and family planning services, Comprehensive Emergency Obstetric and Neonatal care CEmONC, Immunization services, Nutrition supplementation for mother and children, Prevention of non-communicable diseases (Hypertension and Diabetes) and village health days. IPC and WASH, Environment and health west management, Minor maintenance of physical infrastructure of health facilities, vehicles and motorcycle, administrative logistics, Human resource for health and productivity. Implementation of national festivals.

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.

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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
CHV	Community Health Volunteer
CLTS	Community Leading Total Sanitation
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
EBS	Event Based Surveillance
IBS	Indicator Based Surveillance
JHPIEGO	Johns Hopkins Program for International Education in Gynecology & Obstetrics
OD	Open Defecation
OPD	Out Patient Department
PHCU	Primary Health Care Unit
PIRO	Pemba Island Relief Organization
RCH	Reproductive Child Health
RMNCH	Reproductive Maternal Newborn And Child Health
TBA	Traditional Birth Attendants
WHO	World Health Organization

CHAPTER ONE: INTRODUCTION

1.1. Map of Wete District

Figure 1: Map Shows Shehia Geographical Location

1.2. Climate Condition

The Wete climatic condition is characterised with tropical coastal climate and can be broadly divided into two monsoon periods.

The Northeast monsoon with trade winds blowing from the northeast between December and April, and the Southeast monsoon with trade winds blowing from the southeast between May and November.

The Northeast monsoon is generally characterized by lower wind speeds, calmer seas and higher sea surface temperatures, and the late Northeast monsoon is the usual bleaching period in this region.

The Southeast monsoon is generally influenced by higher wind speeds, rougher seas and lower water temperature.

Mean rainfall is 1860 mm per annum, which falls mostly between March and May long rains (Masika) and between October- December short rains (Vuli).

Temperatures in the Wete District vary from 23ºC - 34ºC December-March is the hottest period in Pemba while the coldest period lies between June and July. Generally, Wete District occupies almost the central part of the island receives rainfall of more than 1000mm per annum which is below the average annual rainfall in Pemba Island.

Besides that, the rainfall pattern throughout the Wete District can support both perennial and annual crops, which are the main determinants of crop types and farming system. Deep soils support plantation agriculture while coral rag areas with shallow soils support annual crops, forestation, and grazing.

1.3. Administrative and Political Divisions

Wete district comprises the district commissioner's office and the LGA. The former is headed by the district commissioner (DC) who is assisted by the District Administrative Secretary (DAS), while the latter is headed by the district director. The DC's office is part of the central government.

Within the office of the DC, there are 12 departments: agriculture, health, education, planning, forestry, sports and culture, livestock, fishery, social welfare, water, construction, and nutrition.

The Shehia is at the lowest level of the central government, and is led by a Sheha, who is appointed by the minister responsible for regional administration.

A Sheha is responsible for the registration of births and deaths as well as the coordination of other activities, as may be assigned by the DC from time to time.

1.4. Human Resource for Health & Social Welfare

Table 1: Health Facilities in Wete District

Health facilities	Catchment population	Level	Ownership	Functionality
Bwagamoyo PHCU	4,030	PHCU	Government	Active
Chwale PHCU	2,090	PHCU	Government	Active
Finya PHCU	3,210	PHCU	Government	Active
Fundo PHCU	2,000	PHCU+	Government	Active
Jadida PHCU	24,391	PHCU	Government	Active
Junguni PHCU	5,855	PHCU+	Government	Active
Kambini PHCU	4,116	PHCU	Government	Active
Kangagani PHCU	3,859	PHCU+	Government	Active
Kinyasini PHCU	6,979	PHCU	Government	Active
Kinyasini hospital		D. hospital	Government	Not active
Kisiwani PHCU	3,983	PHCU	Government	Active
Kiungoni PHCU	15,267	PHCU	Government	Active
Kojani PHCU	5,583	PHCU+	Government	Active
Makongeni PHCU	4,666	PHCU+	Government	Active
Minungwini PHCU	7,183	PHCU	Government	Active
Mzambaruni PHCU	2,463	PHCU+	Government	Active
Maziwazni PHCU		PHCU	Government	Not active
Pandani PHCU	7,256	PHCU	Government	Active
Ukunjwi PHCU	3,408	PHCU	Government	Active
Uondwe PHCU	6,668	PHCU+	Government	Active
Vumba PHCU	6,863	PHCU	Government	Active
Wete Hospital	18,840	D. Hospital	Government	Active
Total	**134,712**			
Selemu Dispensary		Dispensary	Private	Active
KMKM		Dispensary	Parastatal	Active
Citizen Medical Clinic		Dispensary	Private	Active
Police Wete		Dispensary	Parastatal	Active
Muzdalifa Dispensary		Dispensary	Private	Active

1.4.1. Health Facility Staff

Based on human resource staff auditing, shortage of health workers and health service providers of different discipline exceeding 338, this is according to essential health care package and human resource data base. There is extremely shortage for some careers like Counseling, Dental and Pharmacy.

The table below show the total staffs in health facilities and needs according to Human resource guide.

Table 2: Existing Health Facilities Manpower and Shortage

CARDER	AVAILABLE	REQUIRED	DEFICIENCY	ON STUDY
CO	15	67	52	8
G/Nurse	48	121	80	5
Pho	6	38	28	4
L/Technician	8	36	32	0
Pharmacy	5	25	25	0
Dental	3	16	15	0
N. Assistant	6	0	0	0
H/Orderlies	41	92	49	0
Councellor	1	10	10	0
Clark	0	21	21	0
Security Gard	0	28	27	0
TOTAL	**133**	**454**	**339**	**17**

Sn	Facility	C/O	G/N	P.H. Nurse	N/Psy	N.M.Wife	N. Asst	Dental	Pho	L/Tech.	Pha. Tech	H/O	Counceller	**Total**
1	Bwagamoyo	1	1	0	0	0	0	0	0	0	0	2	0	4
2	Chwale	0	1	0	1	0	0	0	0	0	0	2	0	4
3	Fundo	1	3	0	0	0	1	0	0	1	0	1	0	7
4	Finya	0	1	0	0	0	1	0	0	0	0	2	0	4
5	Kambini	1	1	0	0	0	1	0	0	0	0	2	0	5
6	Kisiwani	1	2	0	0	0	0	0	0	0	0	2	0	5
7	Kiungoni	1	2	0	1	0	1	0	0	0	0	1	0	6
8	Kinyasini	1	1	0	0	0	0	0	1	0	0	2	0	5
9	Minungwini	0	2	0	1	0	0	0	1	0	0	1	0	5
10	Kangagani	1	3	0	0	0	0	1	1	1	1	3	0	11
11	Kojani	1	3	0	0	0	0	1	0	1	1	2	0	9
12	Makongeni	1	3	0	0	0	0	0	0	0	0	2	0	6
13	Mzambarau	1	3	0	0	0	0	1	1	0	1	3	1	10
14	Jadida	1	3	0	0	0	0	0	1	1	1	3	0	10
15	Ukunjwi	1	2	1	0	0	1	0	0	1	0	2	0	8
16	Pandani	1	2	0	0	0	0	0	0	0	0	1	0	4
17	Uondwe	1	3	0	0	0	0	0	0	1	0	2	0	7
18	Vumba	0	2	0	0	0	0	0	0	0	0	1	0	3
19	Junguni	1	2	0	0	0	1	0	1	1	1	3	0	10
20	Tungamaa	0	1	0	0	0	0	0	0	0	0	2	0	3
21	RCH	0	3	0	0	0	0	0	0	1	0	2	0	7
TOTAL		**15**	**44**	**1**	**3**	**0**	**6**	**3**	**6**	**8**	**5**	**41**	**1**	**133**

1.5. Transport and Communication

Wete has two way of transport sea way and road all health facilities have access of means of transportation except rural village also we have special boat for referral from Fundo Island to wete district hospital.

1.6. Water Supply and Electricity

The major water supply source in Pemba are boreholes (90% of the sources) and springs (10% of the sources). Enquiries in ZAWA Wete indicated that the supply of water through shallow wells and other private borehole well are not counted and thus are not included when considering water supply coverage to population. The level of in-house water supply in all 36 Shehia.

Water supply availability is 60% per District.Power is distributed from the cable arriving from Tanga. Wete district experience small cuts of power, with an average of 12 hours per week, for periods of just few minutes except on Saturday or Sunday, were cut off can be longer (even 12 hours) for maintenance activities.

Power is supplied on a pre-paid system and a meter system (paid on bill).

1.7. Social Economical with Gender Perspective

The socio-economic activities in Wete district are predominantly characterized by rural nature of substance farming and fishing dominated by small holder farmers and artisan fishers. other activities are of urban nature of commercial and civil services that include retail and wholesale traders, administrators' doctors, teacher etc. the most important crop grown are cassava, sweat potatoes, yams, rice, vegetable, maize, millet, bananas, cloves, and coconuts.

Wete is also famous for its rich fishing grounds. Between the island and the mainland. A large proportion of the district export earnings come from cloves, sea weeds, and mipira. The greatest concentration of clove trees is found on Mwane Mipirani Kinyasini Mtambwe Gando Ukunjwi Junguni and Mzambarauni.

In a part of genders respective many women were involved in social economic activities like agriculture, entrepreneurships activities. With and without support from government or private institutes.

Table 3: Shows the Population Distribution

Demographic Variables	Proportion	Population
Total Population		148,712
Children below 18 years	0.6	83,844
Adolescents and youth (young people) (10 – 24 years)	0.34	50,178
Orphans (for children below 18 years)	0.014	2,109
Infants below one year	0.032	4,772
Children below 5 years	0.2	23,746
Women of reproductive age (15 – 49 years)	0.23	33,705
Elder man and woman age of 70 years and above		
Expected number of pregnancies	0.2	24,018

This population from projection of Census of 2022

1.8. Community Involvement

Community was involved through Health committee, committee has the chairperson, 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…

1.9. Multispectral Collaboration

District has good collaboration with many stake holders like.

JHPIEGO. Family planning Including service day mentorship training and outreach services.

WHO. Surveillance, immunization, rapid assessment, and training.

UNICEF, IRCH Program, Building capacity of health workers.

D tree international. Support CHVs in community Sensitization.

PIRO. Building capacity on entrepreneur and reproductive health.

TASAF. Sensitization of mother to attend on RCH services.

Engender Health. family planning services outreach.

Milele Zanzibar foundation. Infrastructure and building capability for RMNCH staff on delivered.

PharmAccess. Increase Quality of health facilities and service delivered. Also, provision of treatment cards and tablets in health facilities.

1.10. Diseases Burden

Table 4: Main OPD Diagnoses (Top 10 Diseases)

Diagnosis	**<5 years**		**5 years and above**			
	No of Diagnoses	%	**Diagnosis**	No of Diagnoses	%	
1. No pneumonia (cough/cold)	6020	64	1. Upper respiratory tract infection URTI	33990	22	
2. Other skin diseases no (shingle or chicken pox)	5039	54	2. No pneumonia (cough/cold	22422	14	
3. Diarrhea	3897	42	3. Other skin diseases no (shingle or chicken pox)	11561	7	
4. Ear nose and throat (ENT)	2778	30	4. Ear nose and throat (ENT)	9610	6	
5. Pneumonia moderate IDSR	2389	26	5. Urinary tract infection (UTI)	8064	5	
6. Urinary tract infection (UTI)	1272	14	6. Diarrhea	6688	4	
7. Conjunctivitis	922	10	7.Hypertension	4848	3	
8. Trauma /injuries	760	8	8.Trauma /injuries	3671	2	
9. Intestinal Worms	588	6	9. Pneumonia moderate IDSR	2688	2	
10. Dental with oral diseases	586	6	10. Dental with oral diseases	2559	2	
Comments	**Cough/cold are the main cause of morbidity in the patients less than five years**					
Data Source	**DHIS2**					

1.11. Cause of Admission

Table 5: Main Top 10 causes of OPD admission in the district

Diagnosis	<5 years		Diagnosis	5 and above	
	No of admissions	%		No admissions	%
1. Severe pneumonia	439	35.5	Hypertension	422	12.6
2. Diarrhea	200	16.2	Severe Anemia	260	7.9
3. Severe Anemia	159	12.9	Other Diarrhea disease	190	5.7
4. Measles	58	4.7	Induced Abortion	157	4.7
5. SAM	58	4.7	Diabetes	154	4.6
6. Asthma	49	4	UTI	133	4
7. Hernia	34	2.8	Asthma	117	3.5
8. Burn	29	2.3	Hernia	108	3.2
9. URTI	29	2.3	Spontaneous Abortion	79	2.4
10. Poisoning	27	2.2	Wound	77	2.3
Comments	Pneumonia is the main cause of OPD admissions forunder 5 but Hypertension for above 5 in the district				
Data Source	DHIS2				

1.12. Overall Causes of Death

Table 6: Main Top 10 causes of deaths in the district.

Diagnosis	<5 years		Diagnosis	5 and above	
	No of Death	%		No of Death	%
1. Severe pneumonia	12	40	Hypertension	12	13.8
2. SAM	8	26.7	Cerebral Vascular	11	12.36
3. Septicemia	3	10	Diabetes	11	12.36
4. Burn	2	6.7	Intestinal obstruction	5	5.54
5. Other Diarrhea	2	3.3	Renal Failure	4	2.25
6. Congenial malformation	1	3.3	Septicemia	2	2.25
7. Measles	1	3.3	Severe pneumonia	2	2.25
Comments					
Data Source	DHIS2				

CHAPTER TWO: STRATEGIC PLAN

2.1. Strategic Map – Wete DHMT

<table>
<tr><td>Vision</td><td colspan="5">Accessibility of quality and affordable health services to all</td></tr>
<tr><td>Mission</td><td colspan="5">Improve provision and availability of quality health services at all levels</td></tr>
<tr><td>Customer</td><td>Improve Customer satisfaction</td><td colspan="2">Improve and maintain quality of health careservices</td><td colspan="2">Improve Women's well-being and safe delivery</td></tr>
<tr><td>Internal Processes</td><td>Improve performance management of healthfacilities and staff</td><td>Develop capacity to improve and maintaindelivery of quality health services</td><td>Adopt better feedback acceptance mechanism</td><td>Improve access, quality and delivery ofequitable RMNCH services</td><td>Improve Environmental health status</td></tr>
<tr><td>Learning and growth</td><td>Improve leadership andmanagement skills</td><td>Improve capacity of healthworkers</td><td>Improve capacity of facilities in service provision</td><td colspan="2">Adopt new health facility technologies and tools</td></tr>
<tr><td>Finance</td><td>Mobilize fund raising campaigns and in-kind donations</td><td>Maintain value for money</td><td>Improve collections fromclients and governments</td><td colspan="2">Develop new funding streams</td></tr>
</table>

2.2. Strategic Initiatives – Priority Areas

2.2.1. Quality Healthcare Services and Governance

Problem	Underling course	Strategic Initiatives	Key performance Indicator(s)	Target (2023-2025)	Activity
Inappropriate structure of the quality improvement team	Underperformance of QITs and WITs at district levels	Improvement QITs and WITs at all levels	% improvement of QITs	100%	-Restructure and capacity building of QIT and WIT at the district health management team
	Low level of awareness of TOR for the QI focal persons at district level	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 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	-Refresher Training of health workers on QI skills and its importance
	Lack of JD, ToRs, Roles, and	Accept JD, ToR, Roles,	-% of the adoption	-100%	-Ask for JD, ToR, roles, and responsibilities of

	Responsibilities of HCW	and responsibilities of HCW from MOH	-Clear understanding of ToR, Roles, and Responsibilities of HCW	-All workers reached	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
Compromised qualities due to un availability of power related services	Insufficient budget and off time payment of monthly bills	Increase budget and maintain on time payments	#of facilities power related services available	100%	- Request and purchase monthly routine administrative logistics (electricity bills, gas, water
Poor leadership andmanagement practices at facilities	Insufficient leadership and management skills at health facilities	-Improve skills of the HCW on leadership and management	-# of people reached -% delivery of the needed skills	-All players -100%	-Conduct a workshop on strategic leadership and management skills -Mentor and coach HCW through supportive supervision on governance
	Improper monitoring and evaluation practices	Engage HCW in annual monitoring and pre-planning sessions			To conduct 2 days pre planning meeting with 22 facilities in-charges -Conduct 6 days meeting for 16 participants in development district health plan - Conduct one day feedback meeting with stake holders on POA.

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 % of HCWs mentored on monitoring progress of labor	-100%	-Conduct training on monitoring progress of labor. -conduct mentorship and coaching on monitoring progress of labor. -Maintain follow -up and supervision
	Inadequate knowledge and skill to HCWs on newborn resuscitation	Improve knowledge and skills to HCW on newborn resuscitation	-% of trained HCW on newborn resuscitation skills	100%	-Conduct training on resuscitation skills -Maintain follow -up and supervision -Improve response to

					causes of perinatal mortality
Existing number of home delivery	No delivery facility near most the community locality	Improve capacity of facilities to perform 24 hours delivery services to minimize home delivery	%44 to 20% of home deliveries reduced 36 shehias 184 CHV 36 Shehias	100% 20 in each shehia All All	--Request ambulance services -Fill gap of the needed HCW -Maintain constant equipment and supplies -Improve education on birth preparedness plan -Conduct a community sensitization meeting on facility deliveries. -Conduct field Supportive supervision and follow-up of CHV performance -To conducts community meetings to screen TBAs and Traditional healers at of Wete district -To facilitate the annual commemoration of word midwife day
Low coverage of Family planning services Low coverage of Family planning services Low coverage of Family planning services	Inadequate community awareness of family planning use Inadequate community awareness of family planning use Inadequate community awareness of family planning use	Improve awareness on family planning use Improve awareness on family planning use Improve awareness on family planning use	-% of new family planning acceptance increased from 5.3% to 7% -% of new family planning acceptance increased from 5.3% to 7% -% of new family planning acceptance increased from 5.3% to 7%	Increased by 1.7% Increased by 1.7% Increased by 1.7%	Emphasize CHV on conducting community sensitization. Conduct FP outreach program Emphasize CHV on conducting community sensitization. Conduct FP outreach program 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	Improve awareness to males on importance of early attendance to clinics	-# of males reached for awareness provision	- 20 males per Shehia	-Conduct health education session to male on effective support to expectant mothers on attending clinic before 12 weeks. -Use imams, influential leader, Sheha to create awareness to males

	Low motivation of 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%	-Make availability and sustainability of all supplies, accessories, and reagents.
	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. -Link to ANC services all identified mothers at OPD.
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%	-Improve education on birth preparedness plan. -Link pregnant women to CHV -Request ambulance services -Fill gap of the needed HCW -Maintain constant equipment and supplies
Increased under-five disease outbreak	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 -Support monthly collection of vaccines and other logistics from IVD and distribution to 16 dispensaries and 3 health centers.
	Distance of the community from health facilities	Improve access of immunization services	# of outreaches conducted # of shehia traced	-12 Shehia per quarter 36 per month	Conduct outreach immunization services. To conduct monthly defaulter tracing at of Wete District
	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	In adequate of diagnostic reagents and medical	Improve ordering and supplies from respective	% availability of needed equipment	-100%	-Keep requesting from the authorities -Encourage others stakeholder

equipment	equipment	authorities			

2.2.3. Communicable Diseases (CD)

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
Lack of preparedness on dieses outbreak	-lack of communicable diseases control equipment	-Maintain existence of communicable disease control equipment and supplies	-Availability of emergency fund -Developed store for equipment	100%	-Request and purchase of the required equipment and supplies
	lack of knowledge on case management on highly infectious diseases	To improve knowledge of highly infectious diseases management	All RRT Construct and function. All RRT were training	100%	To conduct emergency, preparedness, and response training on all highly infectious diseases To conduct simulation on outbreak diseases to increase knowledge and skills of HCWs
	Lack of prevention measure of communicable diseases	Develop diseases preventive measure such as environmental protection	#of diseases preventive practices	100%	-Distribute educational materials on communicable diseases community (poster, banners, brochures) -To request and distribute treatment guideline, SOP, and case definition
	Inadequate knowledge of communicable diseases in the community	To improve knowledge of communicable disease in surveillance	# of trained HCWs and CHVs	# of alert reported	-Conduct training to HCW and CHVs on communicable diseases (IBS&EBS) surveillance
Lack of proactiveness on disease surveillance	Missing routines disease surveillance practices in the community	Improve disease surveillance surveys	# of Shehia surveyed # of cases pre-identified	36 No missed case	-Conduct disease surveillance by IBS/EBS -To conduct monthly active case searches (surveillance) for all disease prevented by vaccine

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	Inadequate knowledge of non-communicable diseases in the community	- To improve knowledge of non-communicable disease	# of trained people on noncommunicable disease cases	-20 in each shehia	Use village health day to share knowledge.

Diabetes Mellitus and cardiovascular diseases		prevention			
		-establishment of 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 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 employment plan	-Plan in place	-Completed in 2025	Request staffs to be hired
		-Employee and allocate the missing stuff	# new stuff needed staff hired Needed 339 Existing (133)	-#339 staff hired	-Request staffs to be hired
	Lack of induction course for newly employed stuffs	Induction courses as recruitment procedure	# of new staffs	All	Conduct staff induction course to the newly employed stuffs

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	-2pharmaceutical 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

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 of brochure and posters -Conduct village health nutrition day -Conduct health education Sessions through Pemba cable
High prevalence of Malnutrition and stunting among children under five.	Low knowledge of Malnutrition and stunting among children	Improve knowledge to caregiver on prevention on 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 SWASH Club on environmental protection
	Low coverage of household with latrine	Increase number of households with latrine in the community	% of household with latrine	80% for village which practice OD	-To engage CHVs on CLTS approach to sensitize construct and use latrine -Sanitation campaign between school to school, HF to HF and village to village -Conduct ODF ceremony and give certificate to the village who declare no OD.

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 levels	-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 the district health management team.	Ask for JD, ToR, roles, and responsibilities of HCW.	DMO	-133	Internet/Letter	July	0
	Request, review, and hand out ToR for QI focal at all levels	DMO	-133	Internet/Letter	July	0
	-Conduct on site knowledge sharing on roles and responsibilities through supportive supervision	DMO	-133	-Stationary -Fuel	First and second week of august	1,540,000
	Develop facility level intervention plan	DMO	66	Venue Stationeries Refreshments Transport allowances Fuel	3 days of the 1st week of Septemb er	10,000,000
	Conduct a workshop on strategic leadership and management skills	DMO	66	Venue Stationeries Refreshments Transport allowances Fuel	Any three days in October	10,000,000
Use Village health days to improve quality of RMNCH services	Sensitize community on FP use	DPHNO and family planning champions	50 per VHD -4 VHD per year.	3 Tents 20 liters 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 weeks and facility delivery		50 per VHD -4 VHD per year.			
	Distribute educational materials on disease prevention and environmental protection	Health Promotion focal personnel	100 pieces -4 VHD per year.			
	Community sensitization on NCD	DMO	150 people per VHD			
	Conduct NCD assessment Distribute nutrition educational materials	DMO District Nutritional focal person	4 diseases (Diabetes, HP, ENT, Dental) 50 per disease per			

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
			VHD			
			100 pieces			
	Conduct environmental awareness campaign	DHO	100 people			
	Distribute environmental educational materials to schools and the community	DHO	1 school 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 liters 20 persons Transport allowance Refreshments Stationeries Upatu Medicine (1000,000 per Outreach)	One outreach per quarter meaning a total of 8 per 2 years	2,200,000 per outreach a total of 17,600,000 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 newborn resuscitation skills	DPHNO	22 HCW of facilities performing delivery services	Venue Stationeries Refreshments Transport allowances 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	48 HCW responsibly for pharmaceutical duties		2day	4,800,000
	Train DHMT on planned preventive maintenance	DMO	12 people	Venue Stationeries Refreshments Transport allowances Fuel	1 day	600,000
	Conduct staff induction course to the newly employed staffs	DMO	40 per 2 years		3 days	16,800,000

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
	To conduct emergency, preparedness, and response training and simulation on all highly infectious diseases to HCW	DMO		Venue Stationeries Refreshments Transport allowances Fuel		
Community training on health related issues	Conduct training to male on effective support to expectant mothers on attending clinic before 12 weeks and misconception on Immunization	DPHNO and DIVO	20 males per Shehia 4 Shehia per year	Venue Stationeries Refreshments Transport allowances Fuel	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 allowances Fuel	1 day	1,200,000 per Shehia a total of 9,600,000 per 2 years
	Conduct health education sessions on nutrition through cable TV	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 36 Shehia	20 T-shirts per Shehia (a total of 720 T-shirts) Fuel – 4 liters	2 years	11,304,000 (Both fuel and T-shirts purchasing)
	-To conducts community meetings to screen TBAs and Traditional healers	DPHNO/DHO	18 Shehia per year	Fuel – 25 litres per Shehia Upatu		787,500
Supportive supervision	Follow -up and supervision on progress of labor	DPHNO	All the 9 facilities Every quarter for eight quarters	Fuel (18 liters) Checklist	2 facilities per day. A total of 9 visits per quarter.	63,000 per visit; a total of 1,134,000 per 2 years
	Follow -up and supervision on application of newborn resuscitation skills	DPHNO		Fuel Checklist		
	Supportive supposition on proper use of store ledger	DP		Fuel		

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
	Data cleaning	DDM		Fuel		
	Proper attention to PNC visitors and filling of PNC register	DPHNO		Fuel		
	-Conduct field Supportive supervision and follow-up of CHV performance	DPHNO And HPFP	18 Shehia per year	Fuel (25 litres per Shehia)		787,500
Supplies	Request ambulance services to minimize home delivery	DMO	2 ambulances	NA	1cars per year	
	Request and purchase required equipment and supplies	DP and Admin	monthly	Fuel – 20 liters	24 times per 2 years	1,680,000 per two years
Staffing	Request the needed HCW	DMO	Ones every quarter			

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