



REVOLUTIONARY GOVERNMENT OF ZANZIBAR

MINISTRY OF HEALTH

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

CHAKE CHAKE DISTRICT



Milele Zanzibar
Foundation

Milele Zanzibar Foundation July 2023

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Executive Summary

Chake 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

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
DDM	District Data Manager
DHMT	District Health Management Team
DMO	District Medical Officer
DP	District Pharmacist
DPHNO	District Public Health Nursing Officer
DPHO	District Public Health Officer
UNICEF	United Nations International Children Emergency Fund
IPC	Infection Prevention Control
JHPIEGO	Johns Hopkins Program for International Education in Gynecology & Obstetrics
OPD	Out Patient Department
PIRO	Pemba Island Relief Organization
PNC	Post Natal Care
POA	Plan of Action
PoRALG	President Office Regional Administrative & Local Government
RCH	Reproductive Child Health
RMNCH	Reproductive Maternal Newborn and Child Health
URTI	Upper Respiratory Tract Infection
WHO	World Health Organization

CHAPTER ONE: INTRODUCTION

1.1. Map of Chake Chake District

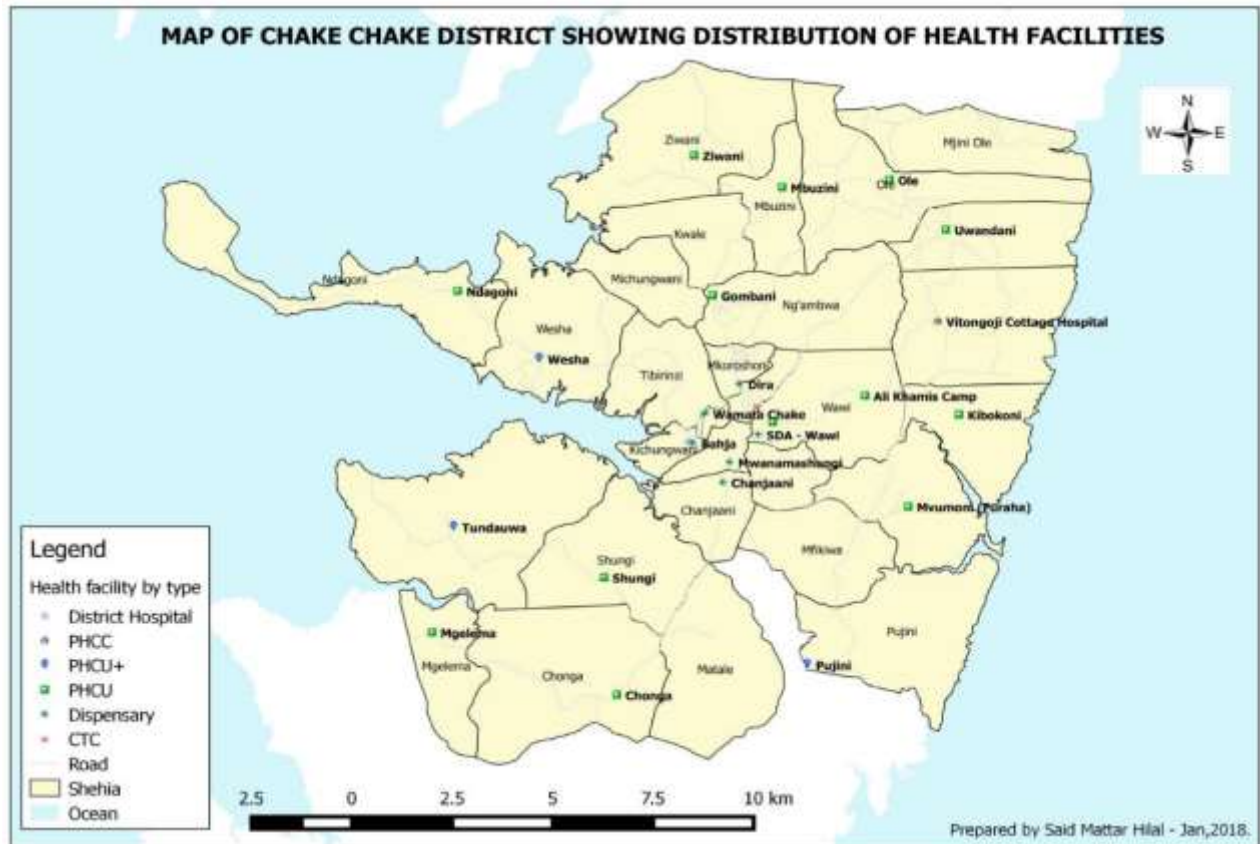


Figure 1: Map Shows Distribution of Health Facilities

1.2. Geographical Conditions Location

The District is divided into (32) Shehias. Shehia is the lowest administrative unit in the district formed by a number of villages depending on the population size (1,199 to 4, 4742). In Chake Chake District the average size of population in a Shehia is 2,970. Each Shehia is headed by a Sheha who is accountable to the District Commissioner. Every Shehia has a committee that is composed of ten members appointed by the Sheha from different areas or zones in a particular Shehia. Among other things, the Sheha keeps and updates records of population and immigration, solve minor social problems and manage social welfare issues within the Shehia in question.

Politically, the district is divided into five constituents namely Chake Chake, Ziواني, Wawi, Ole and Chonga. Also there is (10) Wards. Elected Councilors represent Wards in Town and District Councils of Chake Chake.

1.3. Administrative and Political Divisions

Table 1: Number of House Hold, House with Latrines and Residents

Constituent	Ward	Shehias	Number of H/Holds	Number of Latrines	Number of Residents		
					Male	Female	Total
Chake Chake	Madungu	Chanjaani	684	661	1,560	1,751	3,311
		Madungu	1,051	1,032	1,943	2,309	4,252
		Shungi	514	322	1,235	1,253	2,488
	Tibirinzi	Chachani	256	243	467	507	974
		Kichungwani	412	398	959	1,199	2,158
		Tibirinzi	769	740	1,923	2,118	4,041
Ziwani	Kwale	Msingini	532	517	1,025	1,280	2,303
		Kwale	847	641	1,835	1,945	3,780
		Mbuzini	712	579	1,428	1,491	2,919
	Ndagoni	Ziwani	853	768	1,892	2,131	4,023
		Ndagoni	980	551	1,875	2,030	3,905
		Wesha	779	442	1,874	2,019	3,893
Ole	Ole	Michungwani	551	390	1,208	1,249	2,457
		Ole	1,390	993	1,582	1,768	3,350
		Mchangamrima	1,104	894	1,802	1,866	3,668
	Vitongoji	Mjini Ole	561	392	1,744	1,787	3,531
		Vitongoji	1,060	941	2,175	2,342	4,517
		Ng'ambwa	1,152	983	1,119	1,201	2,320
Chonga	Kilindi	Uwandani	712	436	1,282	1,350	2,632
		Kilindi	794	580	1,923	2,024	3,947
		Chonga	914	793	1,560	1,759	3,319
	Matale	Mgelema	312	246	640	610	1,250
		Matale	751	571	1,970	1,942	3,912
		Pujini	732	561	1,980	2,086	4,066
Wawi	Wara	Mfikiwa	517	275	982	1,054	2,036
		Wara	1,073	1,016	1,765	2,165	3,930
		Gombani	1,329	1,298	1,782	2,031	3,813
	Kibokoni	Mkoroshoni	645	594	1,596	1,877	3,473
		Kibokoni	574	545	1,263	1,321	2,584
		Wawi	1,705	1,698	2,690	2,925	5,615
Jumla		Mvumoni	592	404	1,141	1,322	2,463
		Mgogoni	671	638	1,209	1,389	2,598
Jumla		32	25,525	21,145	49,429	54,101	103,530

1.4. Climatic Condition

The climatic condition is characterized with tropical coastal climate and is 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 characterized by lower wind speeds, calmer seas and higher sea surface temperatures; it 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 1,860 mm per annum, which falls mostly between March and May long rains (Masika) and between October – December short rains (Vuli).

Temperatures in the District of Chake Chake vary from 23°C – 34°C December – March is considered to be the hottest period in Pemba while the coldest period lies between June and July. Generally, Chake Chake District rainfall pattern throughout the 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.

1.5. Social Economical with a Gender Perspective

The socio-economic activities in Chake Chake District are predominantly characterized by rural nature of subsistence 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 whole sale traders, administrators’ doctors, teacher etc. the most important crop grown are cassava, sweat potatoes, yams, rice, vegetable, maize, millet, bananas, cloves and coconuts.

Chake is also famous for its rich fishing grounds. Between the island and the mainland there is the deep 50-kilometer-wide Chake channel, which is one of the most profitable fishing grounds for game fishing on the East African coast.

A large proportion of the district export earnings come from cloves. The greatest concentration of clove trees is found on Ngomeni Village. In a part of genders respective many women are involved in social economic activities like agriculture, entrepreneurship activities.

1.6. Transport and Communication

Chake Airport is the only airport in Pemba Island. It is also known as Karume Airport. It is located about 7 kilometers (4.3 mi) southeast of Chake Chake the capital of the island. Pemba Airport is also known as Wawi Airport or Pemba Airport and connects the island to Tanga Region and Unguja Island.



Figure 2: Karume Airport – Pemba

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

1.7. Population

Table 2: Chake Chake District – Population at 2022

Feature	Number
Under one year (live births)	7,228
Under five years	22,236
Women Reproductive Age (15 – 49 years)	35,889
Surviving infants	6,910
Under 15 years	62,156
14 years girls	1,742
Expected pregnancies	7,228
Total population	124,808

1.8. Multispectral Collaboration with Stakeholders

Table 3: Collaboration with Stakeholders

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

1.9. Health Priorities – Aligned with Global Health, SDGs & MoH

Table 4: Health Priority Aligned with GH, SDGs & MoH

Sn	Priority
1	Reproductive, Maternal, Newborn, Child, and Adolescent
2	Strengthen Human Resources for Health Management
3	Environmental Health and Sanitation in Health Facilities
4	Nutrition
5	Communicable Diseases and Priority-Neglected Tropical
6	Non Communicable Diseases
7	Health commodities
8	Strengthen Organization Structures and Institutional
9	Emergency Preparedness and Response
10	Construction, Rehabilitation, and Planned Preventive
11	Improvement of quality health care services

1.10. 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 Chake indicated that the supply of water through shallow wells and the sources like hand pumps are not counted and thus are not included when considering water supply coverage to population.

1.11. 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.

1.12. Main OPD Diagnoses – Top 10 Diseases

Table 5: Top 10 Diseases in the District

No.	<5 years		5 years and above	
	No of Diagnoses	%	No of Diagnoses	%
1.	No pneumonia (cough/cold)	47.6	Upper respiratory tract infection URTI	33.6
2.	Other skin diseases no (shingle or chicken pox)	16.7	Other skin diseases no (shingle or chicken pox)	9.4
3.	Ear nose and throat (ENT)	6.2	Ear nose and throat ENT	7.7
4.	Anemia	3.3	Urinary tract infection UTI	6.0
5.	Urinary tract infection (UTI)	2.5	Hypertension	5.5
6.	Pneumonia moderate IDSR	2.2	Trauma /injuries	3.0
7.	Conjunctivitis	1.8	Anaemia	2.9
8.	Trauma /injuries	1.8	Dental with oral diseases	2.3
9.	Dental with oral diseases	1.3	Diabetes	2.2
10.	Diarrhoea dysentery or cholera IDSR	1.0	Hypertension	1.6
11.	Other diagnosis	15.5	Other Diagnosis	25.8
Comments		No pneumonia cold is major causes of <5 years while upper respiratory infection is leading to adult and above 5.		
Data Source		DHIS2		

1.13. Human Resource for Health and Social Welfare – 2022/2023

Table 6: Human Resource – Population at 2022

Sn	Facility	CO			Nurse			Lab			PHO			Pharm			Counsel.			Security			Orderly			Dental		
		N	P	D	N	P	D	N	P	D	N	P	D	N	P	D	N	P	D	N	P	D	N	P	D	N	P	D
1	Ziwani	2	1	1	4	2	2	1	0	1	2	1	1	1	0	1	1	0	1	2	0	2	3	3	0	0	0	0
2	Wesha	4	2	2	8	4	4	3	1	2	2	0	2	2	1	1	1	0	1	2	1	1	6	4	2	1	0	1
3	Shungi	2	0	2	4	2	2	1	0	1	2	0	2	1	0	1	1	0	1	2	2	0	3	1	2	0	0	0
4	Ngomeni	4	0	4	8	2	6	2	0	2	2	0	2	1	0	1	1	0	1	2	0	2	6	2	4	0	0	0
5	Gombani	2	2	0	4	3	1	3	2	1	2	1	1	2	1	1	1	0	1	2	0	2	3	2	1	0	0	0
6	Chonga	2	0	2	4	3	1	1	0	1	2	0	2	1	0	1	1	0	1	2	2	0	3	3	0	0	0	0
7	Kibokoni	2	0	2	4	2	2	1	0	1	2	0	2	1	0	1	1	0	1	2	0	2	3	2	1	0	0	0
8	Tundauwa	4	1	3	8	3	5	3	0	3	2	1	1	2	1	1	1	0	1	2	0	2	6	3	3	1	0	1
9	Pujini	4	1	3	8	6	2	2	1	1	2	0	2	2	0	2	1	0	1	2	1	1	6	4	2	1	0	1
10	Mvumoni	2	0	2	4	2	2	1	1	0	2	0	2	1	0	1	1	0	1	2	1	1	3	3	0	0	0	0
11	Uwandani	2	0	2	4	2	2	1	0	1	2	0	2	1	0	1	1	0	1	2	1	1	3	2	1	0	0	0
12	Mgelema	2	0	2	4	1	3	1	0	1	2	1	1	1	0	1	1	0	1	2	0	2	3	2	1	0	0	0
13	Ndagoni	2	0	2	4	2	2	1	0	1	2	0	2	1	0	1	1	0	1	2	0	2	3	3	0	0	0	0
14	Mbuzini	2	0	2	4	2	2	1	0	1	2	1	1	1	0	1	1	1	0	2	0	2	3	3	0	0	0	0
15	Vikunguni	4	1	3	8	4	4	3	0	3	2	0	2	2	1	1	1	0	1	2	2	0	6	4	2	0	0	0
16	Ole	2	1	1	4	1	3	1	0	1	2	1	1	1	0	1	1	0	1	2	0	2	3	3	0	0	0	0
17	Rch Chake	1	1	0	4	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	5	1	0	0	0
18	SDA Wawi	0	0	0	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	1	0	0	0
19	RCH Vitongoji	0	0	0	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	0	0	0
20	Alikhamis Camp	0	0	0	4	3	1	3	2	1	0	0	0	0	0	0	0	0	0	0	0	0	3	2	1	0	0	0
21	Jku Wawi	0	0	0	4	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	1	2	0	0	0
Total		43	10	33	100	50	50	29	7	22	32	6	26	21	4	17	16	1	15	32	10	22	79	53	26	3	0	3

CHAPTER TWO: STRATEGIC PLAN

2.1. Strategic Map – Chake Chake DHMT

Vision	Accessibility of quality and affordable health services to all				
Mission	Improve provision and availability of quality health services at all levels				
Customer	Improve Customer satisfaction	Improve and maintain quality of health careservices		Improve Women’s well-being and safe delivery	
Internal Processes	Improve performance management of healthfacilities and staff	Develop capacity to improve and maintaindelivery of quality health services	Adopt better feedback acceptance mechanism	Improve access, quality and delivery 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 facilitytechnologies and tools	
Finance	Mobilize fund raising campaignsand in-kind donations	Maintain value for money	Improve collections fromclients and governments	Develop new funding streams	

2.2. Strategic Initiatives – Priority Areas

2.2.1. Quality Healthcare Services and Governance

Problem	Underling course	Strategic Initiatives	Key performance Indicator(s)	Target (24 months)	Activity
Inappropriate structure of the quality improvement team	Underperformance of QITsand WITs at district levels	Improve performance of QITs and WITs at all levels	% improvement of QITs	100%	-Create an effective QITand WIT at district level.
	Unawareness of TOR for theQI focal persons at council levels	Improve awareness of ToR for QI focal points at districtlevels	% awareness of TOR toall QI focal points	100%	Distribute ToR for QI focal points at all levels.
	Lack of quality improvement knowledge ofHCW	Improve knowledge of QI to HCW	-# of trained HCW -% coverage of skills	- All district level workers -% coverage of QItopics	-Train health workers onQI skills and its importance
	Lack of JD, ToRs, Roles and Responsibilities of HCW	Adopt JD, ToR, Roles and responsibilities of HCW fromMOH	-% of adoption -Clear understanding of ToR, Roles and	-100% -All workers reached	-Request JD, ToR, rolesand responsibilities of HCW

			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	3 from each facility performing delivery services	-Conduct training -Maintain follow up and supervision -Conduct training
	HCW lack new born resuscitation skills	Improve knowledge of HCW on new born resuscitation skills	-% of trained HCW on new born resuscitation skills	3 from each facility performing delivery services	-Maintain follow up and supervision -Improve responses to causes of perinatal mortality at health facilities.
Low coverage of Family planning services	Inadequate community awareness of family planning use	-Improve awareness on family planning use	-% of FP users from the existing 9% to 15%	- Increase by 6%	-Use health village day for FP campaigns. -Conduct FP outreach programs -Male involvement on FP use.
Low coverage of ANC visits before 12 weeks	-Low motivation of the expectant mothers on attending clinic before 12 weeks of gestation	-Encourage community to support expectant mothers to attend clinic before 12 weeks	-% of prospect expectant mothers attending clinic before 12	- 20	-Share knowledge to males on effective support to expectant mothers on importance of 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	-No 24 hours delivery	-Improve capacity of	-Minimize home	-Reduce by	-Request ambulance

number of home delivery	facilities near all community locality	facilities to perform 24 hours delivery services	delivery from 25.8% to 15%	10%	services -Fill gaps 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	-20 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 CD control equipment and supplies	-Availability of equipment supplies at all levels	-100%	-Request and purchase of the required equipment and supplies
		-Develop proper storage of reusable equipment	-Developed store for equipment at all levels	-Existence of store	-Create store for storage of preventive equipment
	Lack of prevention measures of communicable diseases	-Develop disease preventive measures such as environmental protection	-% of Shehias reached	-32 Shehias	-Distribute educational materials on CD to community (posters, banners, brochures) -Organize community sensitization meetings on Communicable diseases prevention

2.2.4. Non-Communicable Diseases (NCD)

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
Increased number of new cases of non-communicable disease such Diabetes Mellitus and	Inadequate knowledge of non-communicable diseases in the community	Improve knowledge on NCDS to the community	-% of trained people on NCDS in a Shehia	20 in each Shehia	-Use village health days to share knowledge
		Establishment of life style clubs	-Existence of the club in a Shehia	-1 in every Shehia	-Establish jogging clubs
		Improve nutrition education	-% posters distributed	- 100 posters per Shehia	-Prepare and distribute nutrition posters and

cardiovascular disease.			-# of brochures distributed	-100 brochures per Shehia	brochure
		Identification of new cases at the earliest stage	-#of early identified new cases	- 20 per district	-Conduct NCD assessment during village health days

2.2.5. Human Resource

Problem	Underling course	Strategic Initiatives	Key performance Indicator(s)	Target (24 months)	Activity
Shortage of staff	Improper recruitment and employment of staff	-Develop HCW employment plan	-Plan in place	-Completed in 2025	-Create employment plan to be followed annually
		-Hire and allocate the missing staffs	-# number of new needed staffs hired;	-196	-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 techn.at each facility	Conduct training on management of drugs and medical devices to HCW
Inaccurate record keeping	Inadequate use of ledger for medical record keeping	-Improve use of store ledger	-% improvement on the use of store ledgers	-100%	-Supportive supervision on proper use of store ledger
	Improper filling and recording of registers	-Improve filling and record keeping of health facility registers	-% of data quality	- 100%	-Supportive supervision on proper use of store ledger -Data cleaning

2.2.7. Nutrition

Problem	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 children	Low knowledge of Malnutrition and stunting among children	Improve knowledge to caregivers on prevention malnutrition and stunting to under five children	-# of trained care givers per Shehia	-20 per Shehia	-Training to care givers on prevention of malnutrition and stunting to under five children

2.2.8. Environmental Health and Sanitation

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
Poor environmental health and sanitation in the community	Insufficient initiative taken to improve community engagement in environmental health and sanitation	-Improve community engagement in environmental prevention and sanitation	-# people engaged per Shehia	- 50 per Shehia	-Conduct environmental awareness campaigns to the community through village health days -Prepare and distribute posters to schools. -Form school clubs on environmental protection

2.2.9. Construction, Rehabilitation and Planned Preventive

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
Lack of Plan on Preventive Maintenance	Lack of knowledge on Planned Preventive Maintenance	Provide knowledge on PPM at all levels	-# trained HCW	-100%	-Train HCW on PPM
	Lack of checklist on PPM	Develop checklist of PPM at all level	-Existence of level based checklist	-Available at all levels	-Develop PPM checklist
	No PPM conducted at district level	Conduct PPM at facility level	-A PPM conducted within 24 months	- PPM conducted	- Conduct PPM

2.2.10. People-Centred Quality of Care in Clinical Services at all Levels

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
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Inadequate Customer care establish at HCF	Lack of customer care knowledge	Improve HCW's knowledge on customer care	-# trained HCW on customer care.	-100%	-Conduct Customer care training to HCW
Lack of patient rights and responsibilities mechanism	Community do not understand their rights and means to claim their rights	Improve communities, awareness on their rights and ways to claim their rights.	-# of initiatives taken	-4 per facility	-Emphasize on use of suggestion box -Provide mobile phone number -Use HCW identity number -Display customer care contract.
Lack of responsive patient and user complaint system	Old systems applied to record and respond to client claims	-Improve claims receiving and documenting mechanisms	-% of initiatives taken	- 100%	- Develop a system to document, review and consolidate patients'/clients' complaints at all HCF -Adopt client exit interview

CHAPTER THREE: ACTION PLAN

3.1. Plan of Action

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
Create an effective QIT and WIT at district level	Ask for JD, ToR, roles and responsibilities of HCW	DMO	166	Internet	July	
	Request and review and hand out ToR for QI focal at all level	DMO	23	Handout	July	
	-Conduct on site knowledge sharing on roles and responsibilities through supportive supervision	DMO	166	-Stationary -Fuel	First and second week of august	855,000
	Develop facility level intervention plan	DMO	45	Venue Stationeries Refreshments Transport allowances Fuel	1st week of September	6,945000
	Conduct a workshop on strategic leadership and management skills	DMO	45	Venue Stationeries Refreshments Transport allowances Fuel	Any three days in October	6,945000
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 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			

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
			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	-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	45 HCW responsibly for pharmaceutical duties	Venue Stationeries Refreshments Transport allowance Fuel	1 day	2,250,000
	Train DHMT on planned preventive maintenance	DMO	12 people	Venue Stationeries Refreshments Transport allowance Fuel	1 day	600,000

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
	Conduct staff induction course to the newly employed stuffs	DMO	40 per 2 years	Venue Stationeries Refreshment s Transport allowance Fuel	3 days	9,000,000
Community training on health related issues	Conduct training to male on effective support to expectant mothers on attending clinic before 12 weeks and misconception on Immunization	DPHNO and DIVO	20 males per Shehia 4 Shehia per year	Venue Stationeries Refreshment s Transport allowance Fuel	1 day	1,000,000 per Shehia a total of 8,000,000 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 Refreshment s Transport allowance Fuel	1 day	1,000,000 per Shehia a total of 8,000,000 per 2 years
	Conduct health education Sessions on nutrition through radio spots	DNFP/ DHPO	4 sessions per year	Fuel Session spot	30 minutes	200,000
	Initiate healthy jogging clubs	DNFP/DHPO	One per Shehiafor all the 36 Shehia	20 T-shirts per Shehia (a total of 720T-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	All the 19 facilities Every quarter for eightquarters	Fuel (30 litres) Checklist	-2 facilities per day -A total of 9visits per quarter	90,000 per visit; a total of720,000 per 2 years
	Follow -up and supervision on application of new born resuscitationskills	DPHNO		Fuel Checklist		
	Supportive supposition on proper use of store ledger	DP		Fuel		
	Data cleaning	DDM		Fuel		
	Proper attention to PNC visitors andfilling of PNC register	DPHNO		Fuel		
Supplies	Request ambulance	DMO	4	NA	2 cars per	

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
	services to minimize home delivery		ambulances		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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