



REVOLUTIONARY GOVERNMENT OF ZANZIBAR

MINISTRY OF HEALTH

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

KASKAZINI “B” DISTRICT



Milele Zanzibar
Foundation

Milele Zanzibar Foundation July 2023

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Executive Summary

Comprehensive District Health Plan (CDHP) is a document which describes the annual District Plan that focuses on the priorities interventions for the implementation of every financial year. The implementation of this annual budget starts its implementation from July 2023/2024.

North’ B’ District is one among the two District of North Region of Unguja. It is found in southern part of Northern part of North ‘A’ District. It lies at 4 and 6.5 degrees south of equator and between 39 and 40 degrees East of Green witch. Also it shares boundaries with central District of Region on South East, West District of Town West Region on South West and touch Indian Ocean on the West and East Cost.

District has tropical type of climate with temperature range between 20 and 40 degrees centigrade. It has two distinct rain seasons that are the “MASIKA” rains from March –June with precipitation of between 900 mm - 1200 mm and “VULI” rains from October –December during which rainfall is between 400 mm- 500 mm.

The district divided into four constituencies, eight wards and 31 Shehia. Administratively the North B district governed by District commissioner while the constituencies, words and Shehia headed by member of parliament and house representative, ward councilors and Sheha respectively.

In addition, there are Plan of Action (POA) and Medium Term Expenditure Framework that show all activities alongside with their targets and Summarized budget proposed by District Health Management Teams (DHMTs), based on the following cost categories governance administration 20%, infrastructure, medicine and medical supply 30%, health information monitoring & evaluation 10%, human resources 10%, and services delivery 30%.

Acknowledgements

This Comprehensive District Health Plan (CDHP) is a product of dedicated efforts and contributions of many government and non-government organizations, district development partners, institutions, programs, and individuals. The Ministry of Health is very grateful for their assistance. The assistance offered ranged from financial support to technical expertise that was much needed during development of this Comprehensive Plan.

While it is not possible to mention every one of them here, it would also be unfair not to mention any of them. However, it is worth noting that not being mentioned here does not in any way belittle the contribution of the organization or individual.

The Ministry of Health, Directorate of Preventive Services and Health Education (DPR&HE) therefore would like to acknowledge all partners and stakeholders who in one way or another contributed to the development of this CDHP. In particular, the DPR&HE would like to thank Milele Zanzibar Foundation for the financial and technical support for facilitating the preparation of this plan through its objectives as stipulated in the feedback meeting.

Special thanks should go to Ms. Mwanaali H. Ali (Health Programme Coordinator – Milele Zanzibar Foundation) for her dedicated efforts, active participation and constructive inputs provided in organizing the workshop sessions through which it was possible to complete this noble task.

Finally, I would like to acknowledge the invaluable contributions of the following individuals whose participation was highly instrumental in preparing this plan document: Dr. Maryam H. Khalfan (DMO), Abubakar K. Hamadi (Administrator), Muharam H. Faki (DDM), Saida K. Hamadi (DPHNO), Faki M. Faki (DPHO), Khamis Daudi (DP), Omar (NFP), Jamila A. Yussuf (HPFP), Suleiman H. Ali (Secretary) and Mr. Shaaban.

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
FP	Family Planning
HMIS	Health Management Information System
JHPIEGO	Johns Hopkins Program for International Education in Gynaecology and Obstetrics
OPD	Out Patient Department
PHCU	Primary Health Care Unit
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

CHAPTER ONE: INTRODUCTION

1.1. Map of Kaskazini “B” District

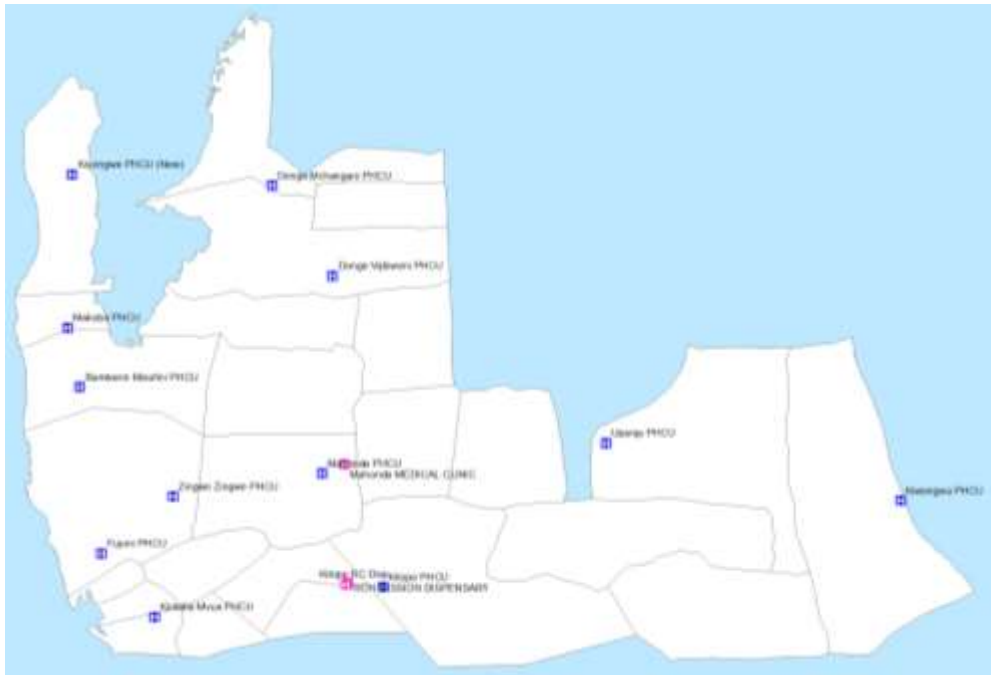


Figure 1: Map Shows Distribution of Health Facilities

1.2. Geographical Condition Location

The District is divided into (31) Shehia. Shehia is the lowest administrative unit in the district formed by a number of villages depending on the population size. In Kaskazini B District the average size of population in a Shehia is 3,514. 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 three constituents namely Bumbwini, Mahonda and Donge. Also there are (10) Wards.

1.3. Climatic Condition

North’ B’ District is one among the two District of North Region of Unguja. It is found in southern part of Northern part of North ‘A’ District. It lies at 4 and 6.5 degrees south of equator and between 39 and 40 degrees East of Green witch. It shares boundaries with central District of Region on South East, West District of Town West Region on South West and touch Indian

Ocean on the West and East Coast. District has tropical type of climate with temperature range between 20 and 40 degrees centigrade. It has two distinct rain seasons that are the “MASIKA” rains from March – June with precipitation of between 900 mm – 1200 mm and “VULI” rains from October – December during which rainfall is between 400 mm – 500 mm.

1.4. Administrative and Political Divisions

Table 1: Shows Administrative and Political Divisions

Constituent	Ward	Shehia	Number of H/Holds
Bumbwini	Mafufuni	Misufini	10,984
		Kidanzini	3,634
		Makoba	6,539
		Mafufuni	3,514
	Fujoni	Fujoni	4,328
		Kiombamvua	2,666
		Mkadini	3,368
		Mangapwani	3,089
		Zingwezingwe	1,025
Mahonda	Mahonda	Mahonda	5,944
		Kinduni	3,598
		Matetema	3,576
		Mbaleni	3,866
		Kwagube	7,677
	Kitope	Mgambo	3,849
	Kiwengwa	Kiwengwa	4,917
		Upenja	2,720
		Pangeni	3,980
		Kisongoni	2,211
		Kilombero	887
Donge	Mkataleni	Mkataleni	6,696
		Mtambile	3,767
		Njia Ya Mtoni	2,129
		Karange	2,511
	Vijibweni	Vijibweni, Donge Pwani	5,171
		Kiongwe Kidogo	1,311
		Mbiji	3,365
Jumla		31	109,063

1.5. Human Resource for Health and Social Welfare

According to the 2012 Population and Housing census, Kaskazini “B” district had a total population of 109,063 according to 2021 Projection.

Table 2: Population and Housing Census

Women of child bearing Age	29,783
Children under one	4,360
Children under five	17,455
Population growth rate	3.2
Number of births	512
Number of deaths	1
Maternal death (facility)	0
Maternal deaths (home)	-

1.6. Multispectral Collaboration with Stakeholders

Table 3: Stakeholders Collaboration

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	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.

1.7. Community Involvement

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

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

Table 4: Health Priorities

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

1.9. Main OPD Diagnosis

Table 5: Top 10 Diseases

Sn	5 years and above			Under 5 years		
	Diagnosis	Number	%	Diagnosis	Number	%
1.	Upper Respiratory Tract Infections (URTI)	12,720	33.0	No Pneumonia (Cough/Cold)	11,225	48.2
2.	Other skin disease (No shingle or chicken pox)	5,356	13.9	Other skin disease (No shingle or chicken pox)	4,230	18.1
3.	Urinary tract infection (UTI)	4,878	12.7	Ear Nose and Throat (ENT)	1,770	7.6
4.	Ear Nose and Throat (ENT)	4,565	11.9	Urinary tract infection (UTI)	1,022	4.4
5.	Dental with oral diseases	2,071	5.4	Conjunctivitis	969	4.2
6.	Hypertension	1,437	3.7	Scabies	608	2.6
7.	Trauma/Injuries	1,419	3.7	Dental with oral diseases	428	1.8
8.	Anemia	1,393	3.6	Intestinal Worms	403	1.7
9.	Conjunctivitis	1,090	2.8	Trauma/Injuries	319	1.4
10.	Sexual transmitted infection (STI)	1,067	2.8	Anaemia	318	1.4

CHAPTER TWO: STRATEGIC PLAN

2.1 Strategic Map – Kaskazini “B” DHMT

Vision	Accessibility of quality and affordable health services to all				
Mission	Improve provision and availability of quality health services at all levels				
Customer	Improve Customer satisfaction	Improve and maintain quality of health careservices	Improve Women’s well-being and safe delivery		
Internal Processes	Improve performance management of healthfacilities and staff	Develop capacity to improve and maintaindelivery of quality health services	Adopt better feedback acceptance mechanism	Improve access, quality and delivery of equitable RMNCH services	Improve Environmenta lhealth 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 from clients and governments	Develop new funding streams	

2.2 Strategic Initiatives – Priority Areas

2.2.1. Improvement of Quality Healthcare Services and Organizational Structure

Problem	Underline cause	Objectives	Service output	Target (24 months)	Activity
Inappropriat e structure of thequality improvemen t team	Underperformance of QITs and WITs at district levels	Improve performance of QITs and WITs at all levels	% improveme nt of QITs	100%	-Create an effective QIT and WIT at district level.
	Unawareness of	Improve	%	100%	Distribute ToR for QI

	TOR for the QI focal persons at council levels	awareness of ToR for QI focal points at district levels	awareness of TOR to all QI focal points		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 Responsibilities of HCW	Adopt JD, ToR, Roles and responsibilities of HCW from MOH	-% of adoption -Clear understanding of ToR, Roles and Responsibilities of HCW	-100% -All workers reached	-Request JD, ToR, roles and responsibilities of HCW -Prepare knowledge sharing workshops
	Lack of intervention plan at health facility level	Develop intervention plan at health facility level	-Existence of intervention plan -% development of the intervention plan	-100%	-Develop facility level intervention plan
Poor leadership and management practices	-Inadequate 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

2.2.2. RMNCH

Problem	Underline cause	Objectives	Service output	Target (24 months)	Activity
Existing 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 on proper filling and reading partograph. -Maintain follow up and supervision

Problem	Underline cause	Objectives	Service output	Target (24 months)	Activity
	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 -Maintain follow up and supervision -Improve responses to cause 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 to conduct FP campaign. -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	-Conduct trainings to males 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	-Minimize home delivery from 25.8% to 15%	-Reduce by 10%	-Request ambulance services -Fill gaps of the needed HCW Maintain constant equipment and supplies
Risk of 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

Problem	Underline cause	Objectives	Service output	Target (24 months)
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%
		-Develop proper storage of reusable equipment	-Developed store for equipment at all levels	-Existence of store

2.2.4. Non- Communicable Disease

Problem	Underline cause	Objectives	Service output	Target (24 months)	Activity
Increased number of new cases of non-communicable disease such as high Prevalence of Diabetes Mellitus and cardiovascular disease.	Inadequate knowledge of non-communicable diseases in the community	Improve knowledge on non-communicable disease to the community	-# of trained people on non-communicable diseases 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 -# of brochures distributed	- 100 posters per Shehia -100 brochures per Shehia	-Prepare and distribute nutrition posters and 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 for Health

Problem	Underline cause	Objectives	Service output	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; Needed – Existing(362-166)	-196	-Request staffs to be hired.
Staff underperformance	Lack of induction course for newly employed staffs	-Include induction courses as recruitment procedure	-# of induced staffs	-All	-Conduct staff induction course to the newly employed staffs

2.2.6. Health Commodities

Problem	Underline cause	Objectives	Service output	Target (24 months)	Activity
Inaccurate management of drugs and medical devices	Inadequate knowledge of the management of drugs and medical devices	-Improve knowledge to HCW on Management of drugs and medical devices	-# of trained staffs	-2 pharmaceutical technicians at each facility	Conduct training on management of drugs and medical devices to HCW
Inaccurate record keeping	Inadequate use of ledger for medical record keeping	-Improve use of store ledger	-% improvement on the use of store ledgers	-100%	-Supportive supervision on proper use of store ledger
	Improper filling and recording of registers	-Improve filling and record keeping of health facility registers	-% of data quality	- 100%	-Supportive supervision on proper use of store ledger -Data cleaning

2.2.7. Nutrition

Problem	Underline cause	Objectives	Service output	Target (24 months)	Activity
Increased number of anaemia in pregnant	Low knowledge of a 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 children by undefined%	Low knowledge of Malnutrition and stunting among children	Improve knowledge to caregivers on prevention malnutrition and stunting to under five children	-# of trained care givers per Shehia	-20per Shehia	-Training to care givers on prevention of malnutrition and stunting to under five children

2.2.8. Environmental Health and Sanitation

Problem	Underline cause	Objectives	Service output	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	Underline cause	Objectives	Service output	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. Enhance the People - Centered Quality of Care in Clinical Services

Problem	Underline cause	Objectives	Service output	Target (24 months)	Activity
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	1st week of September	6,945000
	Conduct a workshop on strategic leadership and management skills	DMO	45	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 disease per Shehia			
	Distribute nutrition educational materials	District Nutritional focal person	100 pieces			
	Conduct environmental awareness campaign	DHO	100 people			
	Distribute environmental	DHO	1 schools per			

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
	educational materials to schools and the community		Shehia			
Conduct outreach program to improve FP ANC and immunization services	Provide FP services	DPHNO	-20 per Shehia 4 – Shehia per year	3 Tents	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	20 litres 20 persons		
	Conduct Immunization services	DIVO	-20 per Shehia 4 – Shehia per year	Transport allowance		
	OPD services	DMO	-60 per Shehia 4 – Shehia per year	Refreshments Stationeries		
	Assessment of nutrition status	DNFP	-20 per Shehia 4 – Shehia per year	Upatu		
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	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	Transport allowances Fuel	1 day	2,250,000
	Train DHMT on planned preventive maintenance	DMO	12 people	Venue Stationeries Refreshments	1 day	600,000
	Conduct staff induction course to the newly employed stuffs	DMO	40 per 2 years	Refreshments Transport allowances 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 Refreshments	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	Transport allowances Fuel	1 day	1,000,000 per Shehia a total of 8,000,000

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
			year			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 Tshirts per Shehia (a total of 720 Tshirts) Fuel – 20 litres	2 years	9,360,000 (Both fuel and Tshirts purchasing)
Supportive supervision	Follow -up and supervision on progress of labor	DPHNO	All the 19 facilities Every quarter for eight quarters	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 two years
Staffing	Request the needed HCW	DMO	Ones every quarter			



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