



REVOLUTIONARY GOVERNMENT OF ZANZIBAR

MINISTRY OF HEALTH

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

KATI DISTRICT



Milele Zanzibar
Foundation

Milele Zanzibar Foundation July 2023

Table of Contents

List of Tables.....	iii
List of Figures	iii
Executive Summary	iv
Acknowledgements.....	v
Abbreviations	vi
CHAPTER ONE: INTRODUCTION.....	7
1.1. Kati Health District Map.....	7
1.2. Background Information	7
1.3. Socio-economic	8
1.4. Transport and Communication	8
1.5. Water Supply	8
1.6. Electricity.....	8
1.7. Waste Management.....	8
1.8. Communication and Infrastructure	8
1.9. Demographic Information 2023.....	8
1.10. Community Involvement	9
1.11. Human Resource for Health and Social Welfare	9
1.12. Multispectral Collaboration with Stakeholders.....	11
1.13. Health Priorities – Aligned with Global Health, SDGs & MoH.....	11
1.14. Top 10 Most Diagnosed Cases	12
CHAPTER TWO: STRATEGIC PLAN.....	13
2.1. Strategic Map – Kati DHMT	13
2.2. Strategic Initiatives – Priority Areas.....	13
2.2.1. Quality Healthcare Services and Governance.....	13
2.2.2. RMNCH.....	14
2.2.3. Communicable Diseases (CD).....	16
2.2.4. Non-Communicable Diseases (NCD).....	16
2.2.5. Human Resource.....	17
2.2.6. Health Commodities	17
2.2.7. Nutrition.....	18
2.2.8. Environmental Health and Sanitation	18
2.2.9. Construction, Rehabilitation and Planned Preventive.....	18
CHAPTER THREE: ACTION PLAN.....	19
3.1. Plan of Action.....	19

List of Tables

Table 1: District Population	9
Table 2: Human Resources	10
Table 3: Collaboration with Stakeholders.....	11
Table 4: Health Priorities	11
Table 5: Top 10 Diseases in the District.....	12

List of Figures

Figure 1: Map Shows Distribution of Health Facilities and Dispensaries	7
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Executive Summary

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.

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 contribution of the following individuals whose participation was highly instrumental in preparing this plan document: Dr. Amina H. Pandu (DMO), Sharifa Abdalla (DDM), Mayasa S. Omar (DPHNO), Feisal (DHA), Ahmada (DP), Azan M. Azan (DPHO), Khadija H. Uled (DHPO), Alawi (DLO), Mwanahija (DNO).

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

To all we are very grateful.

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Abbreviations

Acronym	Meaning
ANC	Antenatal Care
DDM	District Data Manager
DHA	District Health Administrator
DHMT	District Health Management Team
DMO	District Medical Officer
DP	District Pharmacist
DPHNO	District Public Health Nursing Officer
DPHO	District Public Health Officer
FP	Family Planning
UNICEF	United Nations International Children Emergency Fund
JHPIEGO	Johns Hopkins Program for International Education in Gynecology & Obstetrics
OPD	Out Patient Department
PHCU	Primary Health Care Unit
PNC	Post Natal Care
RCH	Reproductive Child Health
RCH	Reproductive Child Health
RMNCH	Reproductive Maternal Newborn and Child Health
URTI	Upper Respiratory Tract Infection
USAID	United State Agency for International Development
WHO	World Health Organization
WRA	Women Reproductive Age

CHAPTER ONE: INTRODUCTION

1.1. Kati Health District Map

This map shows the distribution of health facility and dispensary in Kati district

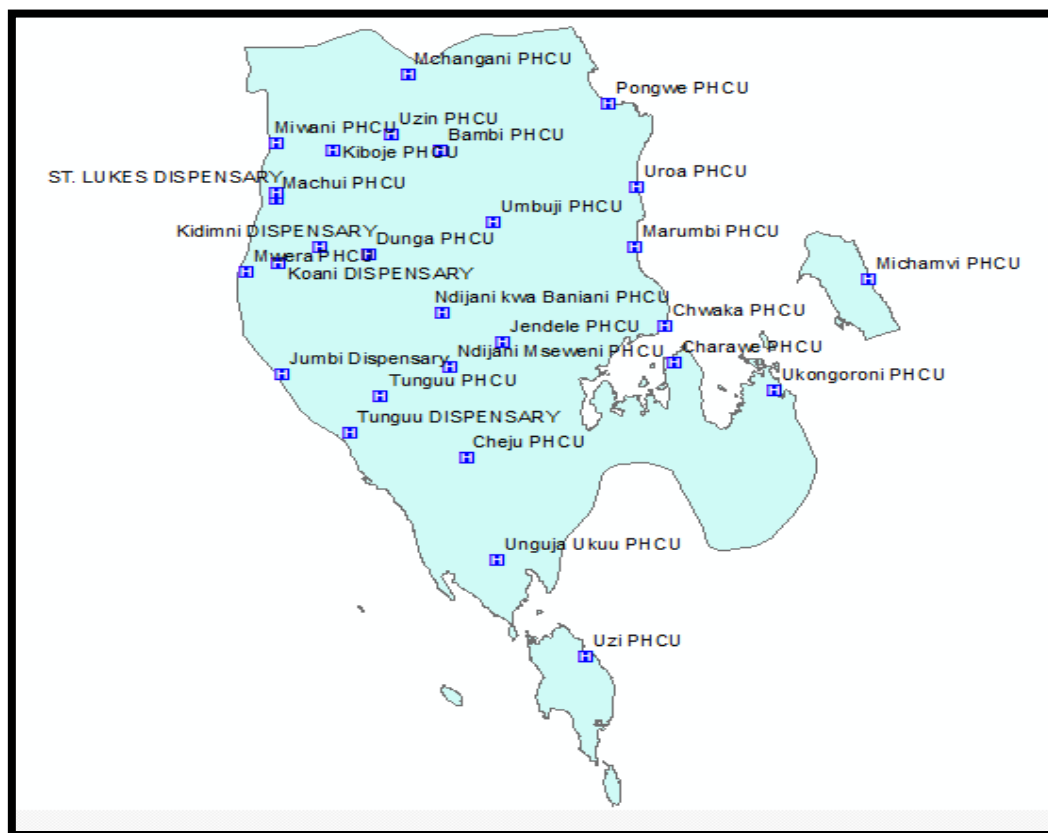


Figure 1: Map Shows Distribution of Health Facilities and Dispensaries

1.2. Background Information

Kati District is one among 11 administrative districts in Zanzibar. It is found in South Region of Unguja. The District is boarded by North B district in the Northern and South district at Southern part of the Unguja Island. On eastern side it is bordered by the Indian Ocean and West district in western side. The total area of land is estimated to be 55 square kilometers. Likewise, the rest of Zanzibar, the district is greenish and favored with tropical climate.

Administratively, the district is headed by the District commissioner (DC) who represents the central Government and the District council which represent local Government. The district is comprised of 11 wards, 3 Provinces and 42 Shehia. Shehia is a smallest unit in the community level.

1.3. Socio-economic

The main social and economic activities for community of Kati district are Fishing and Agriculture. Other activities include tourism and petty trade.

1.4. Transport and Communication

The district is connected to other districts through main road, feeder roads and water transport, but the main transport is public transport. The district is well equipped with communication towers.

1.5. Water Supply

The district is supplied with water from ZAWA and some deep wells.

1.6. Electricity

The main source of electricity is from ZECO; others use solar electricity.

1.7. Waste Management

The disposal of waste in Kati district is through pits; some use waste as manures and wastes from hotels are collected by the Kati municipality and disposed at the Kibele waste collection site.

1.8. Communication and Infrastructure

Transportation, Computer and Internet: The District Health Management Team (DHMT) has reliable transport for running daily activities. The team has two motorcycles through the support Central Medical Store and Malaria Program.

The DHMT office has two desktop computers which were not functioning and two Laptops used for secretarial works, data storage and office management. The DHMT Office has no internet service and team members are normally use their personal modem for internet services.

1.9. Demographic Information 2023

For the year 2023, Central district has a total population of 106010as projected from 2023 National census. South Region (Central and South) is sparsely populated with population density of 135 persons per square kilometer with variation across Shehia.

Table 1: District Population

Category	Number
Total population	106010
Under One	4931
Under five	17436
WRA	33286
Serving infants	4680
Under fifteen	40920
Girls under 14	1,626

1.10. 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.

1.11. Human Resource for Health and Social Welfare

Human Resource: Like any other districts and hospitals, Kati district also faces a problem of shortage of skilled health personnel. The MDG (Goal 5) emphasize the use of skilled health personnel during deliveries and provision of quality health services.

It has been observed that only 52 Staff nurses are available within the district with the average of 2 nurses per health facilities which is not applicable for the PHCUs+ which conduct delivery services in 24 hours.

While the district has four PHCU+ that are supposed to provide delivery services the available staff nurse/midwife indicates a serious shortage of this carder within the district. Distribution of health personnel in central district is depicted in the table below:

Table 2: Human Resources

Sn	Health Facility	C/O MD		Lab Tech		G/Nurse		Dentists		E/Heath		H/Orderly		Security		Pharmacy	
		Available	Needed	Available	Needed	Available	Needed	Available	Needed	Available	Needed	Available	Needed	Available	Needed	Available	Needed
1	Mwera	2	2	2	1	10	2	2	0	1	1	8	4	0	3	2	1
2	Uzini	1	3	1	2	9	3	0	0	1	1	7	5	2	1	1	2
3	Bambi	1	1	1	2	2	2	0	0	0	1	2	0	0	2	0	2
4	Marumbi	1	1	0	1	1	1	0	0	1	0	2	0	0	1	1	1
5	Umbuji	0	2	0	2	2	1	0	0	1	0	2	1	0	1	0	1
6	Uzi	1	1	0	2	2	2	0	0	0	1	2	0	0	1	0	1
7	Uroa	1	1	0	2	2	1	0	0	0	2	2	0	0	1	0	1
8	Pongwe Pwani	0	2	0	2	1	1	0	0	0	1	2	0	0	1	0	1
9	Mwera Pong	1	2	0	2	2	1	0	0	1	1	2	0	0	1	0	1
10	Chwaka	2	0	1	2	8	4	1	1	0	1	7	5	0	2	1	1
11	Mchangani	1	1	0	2	1	1	0	0	0	1	2	0	0	2	0	2
12	Nd/Baniani	1	1	0	2	1	1	0	0	0	1	2	0	0	1	0	1
13	Nd/Mseweni	0	2	0	2	1	1	0	0	0	1	1	1	0	2	0	2
14	Jendele	1	1	1	1	1	1	0	0	0	1	2	0	0	2	0	2
15	Cheju	1	1	0	2	1	1	0	0	0	1	1	1	0	1	0	1
16	Dunga	1	1	0	2	1	2	0	0		1	1	1	0	1	0	1
17	Ubago	0	1	0	1	1	2	0	0	0	1	1	1	0	2	0	1
18	Mpapa	0	1	0	1	1	1	0	0	0	1	1	1	0	1	0	1
19	Ghana	1	1	0	1	1	1	0	0	1	0	1	1	0	2	0	1
20	Uzi	0	2	0	0	1	1	0	1	1	0	2	0	0	2	0	1
21	Unguja Ukuu	1	2	2	0	9	3	0	2	0	1	8	4	0	2	1	1
22	Kiboje	0	2	0	2	1	2	1	1	1	1	2	0	0	2	0	1
23	Tunguu	2	1	1	1	1	2	0	0	1	0	2	2	0	2	1	1
24	Charawe	0	2	0	2	2	0	0	0	0	1	1	1	0	2	0	1
25	Ukongoroni	1	1	0	1	3	0	0	0	0	1	0	2	0	2	0	1
26	Machui	0	1	0	1	2	0	0	0	1	0	1	1	0	2	0	1
27	Bambi	1	1	1	1	1	1	0	0	0	1	2	0	0	2	0	1

1.12. Multispectral Collaboration with Stakeholders

Table 3: Collaboration with Stakeholders

No	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.
10	USAIDs Afya Yangu	Community sensitization on ANC 8 visit, early booking, nutrition, danger sign during pregnant, immunization, postnatal care and hospital delivery

1.13. 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

1.14. Top 10 Most Diagnosed Cases

Table 5: Top 10 Diseases in the District

TOP TEN DISEASE ABOVE 5 YEARS		
Diagnosis	Number	%
Upper Respiratory Tract Infections (URTI)	28993	28.1
Other skin disease (No shingle or chicken pox)	17476	16.9
Urinary tract infection (UTI)	9560	9.3
Sexual transmitted infection (STI)	3453	3.3
Dental with oral diseases	3157	3.1
Diarrhoea (no t dysentery or cholera)	2976	2.9
Hypertension	2828	2.7
Trauma/Injuries	2823	2.7
Conjunctivitis	2014	1.9
Anaemia	1613	1.6
TOP TEN DISEASE UNDER 5 YEARS		
Diagnoses	Number	%
No Pneumonia (Cough/Cold)	20007	40.7
Other skin disease (No shingle or chicken pox)	9571	19.5
Ear Nose and Throat (ENT)	3631	7.4
Diarrhoea (not dysentery or cholera)	3438	7.0
Pneumonia moderate	2825	5.7
Conjunctivitis	1384	2.8
Dental with oral diseases	763	1.6
Scabies	605	1.2
Trauma/Injuries	542	1.1
Anaemia	526	1.1

CHAPTER TWO: STRATEGIC PLAN

2.1. Strategic Map – Kati DHMT

Vision	Accessibility of quality and affordable health services to all				
Mission	Improve provision and availability of quality health services at all levels				
Customer	Improve Customer satisfaction	Improve and maintain quality of health care services		Improve Women's well-being and safe delivery	
Internal Processes	Improve performance management of health facilities and staff	Develop capacity to improve and maintain delivery of quality health services	Adopt better feedback acceptance mechanism	Improve access, quality and delivery of equitable RMNCH services	Improve Environmental health status
Learning and growth	Improve leadership and management skills	Improve capacity of healthworkers	Improve capacity of facilities in service provision	Adopt new health facility technologies and tools	
Finance	Mobilize fund raising campaigns and in-kind donations	Maintain value for money	Improve collections from clients and governments	Develop new funding streams	

2.2. Strategic Initiatives – Priority Areas

2.2.1. Quality Healthcare Services and Governance

Problem	Underling course	Strategic Initiatives	Key performance Indicator(s)	Target (24 months)	Activity
Inappropriate structure of the quality improvement team	Underperformance of QITs and WITs at district levels	Improve performance of QITs and WITs at all levels	% improvement of QITs	100%	-Restructure and capacity building of QIT and WIT at the district health management time.
	Low level of awareness of TOR for the QI focal persons at council levels	To advance awareness of ToR for QI focal points at regional levels	% of awareness to TOR and of QI focal persons	100%	-To review and hand out ToR for QI focal at all level
	Lack of quality improvement knowledge of HCW	Improve knowledge of QI to HCW	-# of trained HCW -% coverage of skills	- All district level workers -% coverage of QI topics	-Refresher Training of health workers on QI skills and its importance

	Lack of JD, ToRs, Roles and Responsibilities of HCW	Adopt JD, ToR, Roles and responsibilities of HCW from MOH	-% of adoption -Clear understanding of ToR, Roles and Responsibilities of HCW	-100% -All workers reached	-Ask for JD, ToR, roles and responsibilities of HCW -Prepare knowledge sharing workshops
	Lack of intervention plan at health facility level	Develop intervention plan at health facility level	-Existence of intervention plan -% development of the intervention plan	-100%	-Develop facility level intervention plan
Poor leadership and management practices at facilities	-Inadequate leadership and management skills adoption at health facilities	-Improve skills of the HCW on leadership and management	-# of people reached -% delivery of the needed skills	-All players -100%	-Conduct a workshop on strategic leadership and management skills

2.2.2. RMNCH

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
High perinatal mortality rate	Inadequate knowledge on monitoring progress of labor	Improve knowledge of HCW on monitoring progress of labor	% of trained HCW on monitoring progress of labor	-100%	Conduct training Maintain follow -up and supervision
	HCW lack new born resuscitation skill	Improve knowledge of HCW on new born resuscitation skills	% of trained HCW on new born resuscitation skills	100%	-Conduct training on resuscitation skills -Maintain follow -up and supervision -Improve response to causes of perinatal mortality
Low coverage of Family planning services	Inadequate community awareness of family planning use	Improve awareness on family planning use	-% of family planning user from 5% to 10%	Increased by 5%	Use health village day to conduct FP campaign Conduct FP outreach program
Low coverage of ANC visits before 12 weeks	-Low motivation of the expectant mothers on attending clinic before 12 weeks of gestation	-Encourage community to support expectant mothers to attend clinic before 12 weeks	-# of prospect expectant mothers attending clinic before 12	100%	-Share knowledge to males on effective support to expectant mothers on importance of attending clinic before 12 weeks
	Low motivation of expectant mothers on attending clinic	Encourage community to support expectant	# of prospect expectant mothers	100%	Conduct training to male on effective support to expectant

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
	before 12 weeks of gestation	mothers to attend clinic before 12 weeks	attending clinic before 12		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	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
Existing number of home delivery	No 24 hours delivery facility near all community locality	Improve capacity of facilities to perform delivery services	% facility delivery	100%	Request ambulance services -Fill gap of the needed HCW -Maintain constant equipment and supplies Community sensitization through media on important of delivery hospital
Increased under-five disease outbreak	Inadequate knowledge of caregivers on Immunization services	Improve care givers knowledge on immunization services	# of trained care giver on immunization	30 people in every Shehia	Train males to clear misconception on immunization services
	Distance of the community from health facilities	Improve access of immunization services	Accessible to all	100%	Conduct outreach immunization services
Shortage of diagnostic reagents and medical equipment	In adequate of diagnostic reagents and medical equipment	Improve ordering and supplies from respective authorities	% availability of needed equipment	-100%	-Keep requesting from the authorities -Encourage other stakeholder

2.2.3. Communicable Diseases (CD)

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
Lack of preparedness on disease outbreak	Lack of communicable disease controlling equipment and supply	-Maintain CD control equipment and supplies	-Availability of equipment supplies at all levels	-100%	-Create store for storage of preventive equipment
			-Developed store for equipment at all levels		-Request and purchase of the required equipment and supplies
	Lack of prevention measures of communicable diseases	-Develop disease preventive measures such as environmental protection	-# of Shehia reached	-Distribute educational materials on CD to community (posters, banners, brochures)	

2.2.4. Non-Communicable Diseases (NCD)

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
Increased number of new cases of non-communicable disease such as high Prevalence of Diabetes Mellitus and cardiovascular disease.	Inadequate knowledge of non-communicable diseases in the community	To improve knowledge of non-communicable disease	# of trained people on non-communicable disease cases	-20 in each Shehia 42 Shehia 1 bonanza per quarterly	Use village health day and bonanza to share knowledge
		Establishment of exercised fineness club	-Existence of clubs established in a Shehia	1 club in every Shehia	Establishment of jogging clubs
		Improve nutrition education	-# posters distributed -# of brochures distributed	- 45 posters per Shehia (42) -150 brochures per Shehia	Prepare and distribute nutrition poster and brochure
		Identification of new cases at the earliest stage	# of assessed individual	-50 per village health day	-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	
		-Employee and allocate the missing staff	# new staff needed staff hired Needed	- 64	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
	Lack of customer care knowledge to HCW	Improve customer care knowledge	No. of training HCW on customer care	All staffs	Train HCW on customer care

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 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
Unavailability of medical some medical devices	Insufficient supply of medical devices	Adequately supply the requested devices	% of missing devices	0	Request from the government/donor

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

2.2.8. Environmental Health and Sanitation

Problem	Underling course	Strategic Initiatives	KPI(s)	Target (24 months)	Activity
Poor environmental health and sanitation in the community	Insufficient initiative taken to improve community engagement in environmental health and sanitation	-Improve community engagement in environmental prevention and sanitation	-# people engaged per Shehia	- 42 per Shehia	-Conduct environmental awareness campaigns to the community through village health days -Prepare and distribute posters to schools. -Form school clubs on environmental protection

2.2.9. Construction, Rehabilitation and Planned Preventive

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

CHAPTER THREE: ACTION PLAN

3.1. Plan of Action

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
Create an effectiveness QIT and WIT at district level	Ask for JD, ToR, roles and responsibilities of HCW Prepare the missing ones	DMO	260	Internet	July	
	Request and review and hand out ToR for QI focal at all level	DMO	27	Handout	July	
	-Conduct on site knowledge sharing on roles and responsibilities through supportive supervision	DMO	260	-Stationary -Fuel	First and second week of August	1,395,000
	Develop facility level intervention plan	DMO	60	Venue Stationeries Refreshments Transport allowances Fuel	1st week of September	9,000,000
	Conduct a workshop on strategic leadership and management skills	DMO	60	Venue Stationeries Refreshments Transport allowances Fuel	Any three days in October	9,000,000
Use Village health days to improve quality of RMNCH services	Sensitize community on FP use	DPHNO and family planning champions	50 per Shehia -4 Shehia per year	3 Tents 35 litres 20 persons Transport allowance Refreshments Stationeries Porridge Upatu, Music sound	One Health day per quarter	1,700,000 per Shehia A total of 13,600,000 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,			

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
			ENT, Dental)			
			50 per disease per Shehia			
	Distribute nutrition educational materials	District Nutritional focal person	100 pieces			
	Conduct environmental awareness campaign	DHO	100 people			
	Distribute environmental educational materials to schools and the community	DHO	1 schools per Shehia			
Conduct outreach program to improve FP ANC and immunization services	Provide FP services	DPHNO	-25 per Shehia 4 – Shehia per year	35 litres 30 persons Transport allowance Refreshments Stationeries Upatu	One outreach per quarter meaning a total of 8 per 2 years	2,200,000 per Shehia a total of 17,600,000 per 2 years
	Provide ANC services		-25 per Shehia 4 – Shehia per year			
	Conduct Immunization services	DIVO	-20 per Shehia 4 – Shehia per year			
	OPD services	DMO	-60 per Shehia 4 – Shehia per year			
	Assessment of nutrition status	DNFP	-20 per Shehia 4 – Shehia per year			
Trainings to health careworkers	Conduct training on monitoring progress of labor and new born resuscitation skills	DPHNO	16 HCW of facilities performing delivery services	Venue Stationeries Refreshments Transport allowance Fuel	3 days	900,000 per day a total of 2,700,000
	Conduct training on management of drugs and medical devices to HCW	DP	60 HCW responsibly for pharmaceutical duties	Venue Stationeries Refreshments Transport allowance Fuel	1 day	3,000,000
	Train DHMT on planned preventive maintenance	DMO	12 people	Venue Stationeries	1 day	740,000

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
				Refreshments Transport allowance Fuel		
	Conduct staff induction course to the newly employed stuffs	DMO	40 per 2 years	Venue Stationeries Refreshments Transport allowance Fuel	3 days	10,000,000
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	30 males per Shehia 4 Shehia per year	Venue Stationeries Refreshments Transport allowance Fuel	1 day	1,500,000 per Shehia a total of 12,000,000 per 2 years
	Training to care givers on prevention of malnutrition and stunting	DNFP	54 care givers per Shehia 4 Shehia per year	Venue Stationeries Refreshments Transport allowance Fuel	1 day	2,700,000 per Shehia a total of 21,600,000 per 2 years
	Conduct health education Sessions on nutrition through radio spots	DNFP/ DHPO	4 sessions per year	Fuel Session spot	30 minutes	200,000
	Initiate healthy jogging clubs	DNFP/DHPO	One per Shehia for all the 36 Shehia	45 T-shirts per Shehia (a total of 720T-shirts) Fuel – 35 litres	2 years	28,255,000 (Both fuel and T-shirts purchasing)
Supportive supervision	Follow -up and supervision on progress of labor	DPHNO	All the 27 facilities Every quarter for eightquarters	Fuel (35 litres) Checklist	3 facilities per day A total of 9 visits per quarter	105,000 per visit; a total of 3,330,000 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		

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		
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 – 35 litres	24 times per 2 years	2,520,000 per 2 years
Staffing	Request the needed HCW	DMO	Ones every quarter			



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