



**REVOLUTIONARY GOVERNMENT OF ZANZIBAR**

**MINISTRY OF HEALTH**

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

**MJINI 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. It involved various stakeholders including the District Management Teams and other technical teams who were fully participated during the whole process.

Basically, the plan document is classified into three (3) main sections; (i) a District profile, which covers fully information includes: location area, administrative set-up of the district, social services, health services offered/ rendered by the health facilities and its implementation status as planned in the 2022-2023 plan, (ii) the achievements and challenges encountered during the implementation of the previous plan, and (iii) the Plan matrixes which highlights the prioritized health problems/issues that need to be undertaken, together with that the detailed budget is attached below of each developed activities for the coming financial year.

The identified issues with its detailed budget focused on the objectives and targets that are in line with, national goals and targets highlighted in Zanzibar vision of 2025, the Zanzibar strategy for Growth and Reduction of poverty (in Swahili MKUZA III), and international declarations like SDGs.

For the sake of addressing the identified health issues, this document has earmarked priority areas of health care service delivery through capacity building to HSP and community at large as well as improving (i) Health Infrastructures, (ii) Strengthening District Response on HIV and AIDs/TB, and Malaria (iii) Enhancing intervention in the prevention and management of communicable and non – communicable disease and (iv) Accelerating the reduction of maternal and new born morbidity and mortality through increasing access to skilled delivery services and access to contraceptives methods.

The document also highlights the specific health problems priorities to be addressed in this year plan. These include Upper Respiratory Diseases, Urinary Tract Infection, Ear, Nose & Throat, Anemia, Conjunctivitis, Injuries, and Non-Communicable Disease including Hypertension.

The total budget estimated for the implementation of this plan which are now comes direct through basket funds, where different partners pull their financial support through the basket that follow the government rules and regulation for strengthening commitments and transparent in the implementation of the planned activities.

## 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 supports from DHMTs members, representative from health facilities and Shehia Health Custodian Committees for their supports and contributions are highly recognized and appreciated. Additional thanks also addressed to health programs that provided valuable input and integration of the activities which are important in the implementation of this comprehensive plan.

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
AIDS	Acquired Immune Deficiency Syndrome
CDHP	Comprehensive District Health Plan
DDM	District Data Manage
DHMT	District Health Management Team
DMO	District Medical Officer
DPHNO	District Public Health Nursing Officer
HIV	Human Immunodeficiency Virus
MCH	Maternal and Child Health
NGO	Non-Government Organization
PHCC	Primary Health Care Centre
PHCU	Primary Health Care Unit
VCT	Voluntary Counseling and Testing



### 1.3. Local Government

Shehia is the lowest level administrative unit of the government, it is under the leadership of Sheha supported by Sheha committee which is formed by representative members appointed by Sheha.

Sheha are responsible for all Government affairs in the Shehia and have to report them to the district. Sheha is link between DHMT and community at their area through CHV and health custodian's committee on health issues.

### 1.4. Climate Vegetation and Topography

There are 4 seasons in a year, namely: -

Spring:	The heavy rain falls (March – June)
Winter:	The cool season soon after heavy rain (June – Aug)
Autumn:	Lesser rain season (September – December)
Summer:	Dry season (December – March)

The most predominant natural vegetation includes; tropical and savannah wooded grassland and thorny bushes.

### 1.5. Communication Networks

#### 1.5.1. Road Condition and Accessibility to Health Facilities

Mjini District has a total road network of 79 kilometers of main roads, which are 100% tarmac. The main road passes through all Shehia of District, there are short feeder roads which join the main road with the communities as well as health facilities, and these are earth roads but have comfortable passable.

#### 1.5.2. Ground Transport

There is no public transport owned by the government, private passenger motor cars (dala dala) and motor cycle (boda boda) are the only kind of public transport in the district while private hires are especially available for servicing tourists.

#### 1.5.3. Telecommunication

Communication to all Health Facilities are not at all reliable, DHMT office has no telephone, and communication between DHMT and health facilities depends on using personal telephones. (Mobile), there are no routine voucher supplies to fill the staff telephones, current



the District has a transport even through the transport is in adequate, this problem hinders our implementation for every day services like distribution of vaccine, drugs, reagents, medical supplies and cleaning materials and others district activities like supervision.

## **1.6. Education**

The District has a total 168 schools where 25% are from Government and 75% are from private. There are total 42 Government Schools among them 18 are primary, 20 secondary and 4 kindergartens and has a total 126 of private schools among them 77 are nursery, 36 primaries and 13 Secondary. According to the survey done on 2021, the literacy rate shows is 0.65% in the whole population in Mjini.

## **1.7. Demographic Information**

Demographic data is essential during the planning process as such information, enable planners to allocate resources efficiently. The District population for 2023 is as follows:

**Table 1: Distribution of Healthcare Service Delivery by Health Facility**

Health Facilities	Catchment	Pop 2023	Under One yrs (Live Birth s)	Under 5 yrs	WRA (15-49) Yrs	Serving Infants	Under 15 Yrs	Girls 14 Yrs
Tasakhtaa	Shangani	5,811	221	848	1,453	210	2,278	78
	Mkunazini	4,946	188	722	1,237	180	1,939	66
	Mnazi mmoja							
	Kiponda	2,473	94	361	618	90	969	33
	Malindi	4,791	182	699	1,198	174	1,878	64
	<b>Sub Total</b>	<b>18,021</b>	<b>685</b>	<b>2,631</b>	<b>4,505</b>	<b>654</b>	<b>7,064</b>	<b>241</b>
Rahaleo	Mchangani	3,306	126	483	827	120	1,296	44
	Mlandege	3,095	118	452	774	112	1,213	41
	M/tanga	3,903	148	570	976	142	1,530	52
	Kisiwandui	2,378	90	347	594	86	932	32
	M/shauri	2,890	110	422	723	105	1,133	39
	R/leo	2,916	111	426	729	106	1,143	39
	vikokotoni	2,799	106	409	700	102	1,097	38
	<b>Sub Total</b>	<b>21,287</b>	<b>809</b>	<b>3,108</b>	<b>5,322</b>	<b>773</b>	<b>8,344</b>	<b>285</b>
M/Ladu RCH	M/ladu	4,417	168	645	1,104	160	,731	59
	Gulioni	3,720	141	543	930	135	1,458	50
	Makadara	7,548	287	1,102	1,887	274	2,959	101
	KwaAlamsha	5,202	198	760	1,301	189	2,039	70
	Mikunguni	4,462	170	651	1,115	162	1,749	60
	Mitiulaya							
	<b>Sub Total</b>	<b>25,350</b>	<b>963</b>	<b>3,701</b>	<b>6,337</b>	<b>920</b>	<b>9,937</b>	<b>340</b>
Mpendae	Mpendae	19,816	753	2,893	4,954	719	7,768	266
	Jang'ombe	9,154	348	1,337	2,289	332	3,588	123
	Migombani	10,712	407	1,564	2,678	389	4,199	144

Health Facilities	Catchment	Pop 2023	Under One yrs (Live Birth s)	Under 5 yrs	WRA (15-49) Yrs	Serving Infants	Under 15 Yrs	Girls 14 Yrs
	Kwa binti hamrani							
	<b>Sub Total</b>	39,682	1,508	5,794	9,920	1,440	15,555	532
Al Rahma	Kilimani	4,353	165	636	1,088	158	1,706	58
	K/chekundu	3,424	130	500	856	124	1,342	46
	Matarumbeta	4,054	154	592	1,013	147	1,589	54
	Urusi	11,263	428	1,644	2,816	409	4,415	151
	<b>Sub Total</b>	82,642	3,140	12,066	20,660	3,000	32,395	1,107
Mafunzo	Kwaalinatoo	8,131	309	1,187	2,033	295	3,187	109
	<b>Sub Total</b>	8,131	309	1,187	2,033	295	3,187	109
Kwamtipura	Mkele	10,676	406	1,559	2,669	388	4,185	143
	Muungano	7,931	301	1,158	1,983	288	3,109	106
	K/mtipura	17,303	658	2,526	4,326	628	6,783	232
	Mapinduzi							
	Mboriborini							
	<b>Sub Total</b>	35,911	1,365	5,243	8,978	1,304	14,077	481
Sebleni	Amani	9,205	350	1,344	2,301	334	3,608	123
	Nyerere	14,440	549	2,108	3,610	524	5,660	193
	Sebleni	7,629	290	1,114	1,907	277	2,991	102
	Kwa Wazee	9,651	367	1,409	2,413	350	3,783	129
	Kwamtumwa jeni							
	<b>Sub Total</b>	40,925	1,555	5,975	10,231	1,486	16,042	548
SDA	Magomeni	9,218	350	1,346	2,305	335	3,614	124
	Sogea	7,179	273	1,048	1,795	261	2,814	96
	Meya	8,638	328	1,261	2,160	314	3,386	116
	<b>Sub Total</b>	25,036	951	3,655	6,259	909	9,814	335

Health Facilities	Catchment	Pop 2023	Under One yrs (Live Birth s)	Under 5 yrs	WRA (15-49) Yrs	Serving Infants	Under 15 Yrs	Girls 14 Yrs
Chumbuni	Chumbuni	16,336	621	2,385	4,084	593	6,404	219
	K/hewa Juu	7,049	268	1,029	1,762	256	2,763	94
	K/hewa Bondeni	7,650	291	1,117	1,912	278	2,999	103
	Karakana	12,874	489	1,880	3,219	467	5,047	173
	Banko							
	Masumbani							
	<b>Sub Total</b>	43,909	1,669	6,411	10,977	1,594	17,212	588
MMJKU	M/Makumbi	12,492	475	1,824	3,123	453	4,897	167
	Maruhubi							
	<b>Sub Total</b>	12,492	475	1,824	3,123	453	4,897	167
OTTU	Miembeni	9,114	346	1,331	2,278	331	3,573	122
	K/juu	3,601	137	526	900	131	1,411	48
	K/bondeni	3,375	128	493	844	123	1,323	45
	K/Majongoo	3,910	149	571	978	142	1,533	52
	Muembe madema							
	<b>Sub Total</b>	19,999	760	2,920	5,000	726	840	268
Shaurimoyo	Shaurimoyo	12,463	474	1,820	3,116	452	4,886	167
	Saateni							
Police Ziwani	<b>Sub Total</b>	12,463	474	1,820	3,116	452	4,886	167
	Kwahani	7,200	274	1,051	1,800	261	2,822	96
<b>Total</b>		7,200	274	1,051	1,800	261	2,822	96
<b>Grand Total</b>		<b>375,026</b>	<b>14,251</b>	<b>54,754</b>	<b>93,756</b>	<b>13,613</b>	<b>147,010</b>	<b>5,025</b>

## 1.8. Environmental Sanitation

### 1.8.1. Solid Waste

Zanzibar Municipal Council (ZMC) is responsible for disposal of solid waste in the district; about 121 tons are produced per day in which one person produces 0.5kg domestic waste per day. This waste is collected by hand cart and transported to formal and informal temporary disposal point before disposed to the final disposal point. ZMC collects waste from this point using tipping hydraulic truck. The collection frequently is very irregular and hence it has been nuisance and endangers health of the inhabitants. Only 45 tons (40%) out of the total solid waste produced in the municipality is collected; however, the disposal site remains unknown since Jumbi crude dumping site closed a long time.

### 1.8.2. Sewerage System

About 35% of the municipality are served by sewerage system and 64% lined in areas with pit latrine and about 1% has no access to toilet at all. Houses in old stone town have septic tanks that are connected to the rehabilitated underground sewerage which disposes its waste into the sea. Most of the houses in peri-Mjini (90%) have pit latrines. Mini survey of household with latrine accommodation was conducted in November 2009 revealed that 146 houses have no latrines another survey conducted in 2013 revealed that (99%) of the house has pit latrine and 32 houses has no latrine. However, the current survey conducted on 2020 for 37,000 houses shows that only 25 houses has no latrines which is about 0.06%. Meanwhile training and sensitization meeting continue in different Shehia within the district, hopefully will increase the number of latrines constructed and uses next survey.

Moreover, there has been inadequate drainage system in the sub-Mjini areas which causes flooding particularly during heavy rains leading to the spread of water borne diseases such as cholera, diarrhea, typhoid fever, dysentery, malaria etc. Also there is no sewerage treatment plant in Zanzibar, following the continuous rehabilitation of the sewage system helped to reduce organic waste by approximately 30%. Although there are still large quantities of sewage estimated to be more than 22,000 cubic millimeters per day which is discharged into marine environment.

### 1.8.3. Water

Mjini gets about 1,600 mm of rain annually and only 7% are harvested, ground water is a major source of water supply, the town area received their water from several springs and bore hole. About 75% of the Mjini population is served by a piped of water supply. However, the water

quality is unsatisfactory due to the pollution through unprotected broken pipes and unhygienic storage tanks. Distribution of water is interrupted and serves coverage inadequate, mainly due to frequent power failure. Source: (statistical abstract 2001 page 1). Availability of water and electricity are the basic for advancing health services provision. All health facilities in the District are connected with national grade (electricity). Some of the Health facilities are prepaid while others are post-paid. Most of health facilities are supplied by Zanzibar water authority (Zawa), some of them are using constructed bore-hole sources.

## 1.9. Health Services Delivery

The District has a total of 50 health facilities among them 1 Referral hospital with its branches Kidongo Chekundu Mental Hospital, Mwembeladu Maternity, 3 are Health Centers, 7 Dispensaries, 4 Parastatals, 33 Private hospitals, 1 Faith based organization, 2 NGO. There are 20 registered pharmacies, 21 OTC in the District. By services is divided as follows:

1 referral hospital, 41 health facilities provide OPD services, (14 health facilities provide RCH services and 27 health facilities have only OPD services), 1 dispensary provides only RCH services which is OTTU, 3 dental clinics, 1 eye center, and 2 diagnostic centers, 2 NGOs which produces the services of drug abuse clients.

The district provides additional services which are voluntary counselling and testing service in 10 Health Facilities while home based care and PMTCT are provided in 14 Health Facilities, while cervical and breast cancer screening provided at Mwembeladu RCH, Mpendae Health Center and Rahaleo Health Center.

There are two health facility which provides deliveries services within the District. These are Mpendae Health Center and Sebleni Health Center according to Essential Health Care Package (EHCP) where the minimum health services are supposed to be provided based on the level of health facility are stippled, Health Centers are supposed to provide delivery, dental, laboratory and pharmaceutical services.

All health facilities providing services from 7:30 am to 3:30 pm but Sebleni health center and Mpendae health center provides delivery services for 24hrs. Three health facilities Mpendae health center, Sebleni health center and Rahaleo health center provides outpatient services for seven days in to two shifts.

**Table 2: Human Resource – Staffing Level**

Cadre	No. of staff Available	No. of staff needed	Study leave	Retire in 2023
MD	2	4	1	0
AMO	2	0	0	0
C/O	36	3	13	0
Nurses	60	20	12	3
E.H.O	24	0	2	0
LAB	22	8	3	0
PHARM	14	5	1	4
Ophthalmic	7	0	1	1
Counselor	7	5	1	0
PHMB	7	0	0	0
MCH	1	0	0	0
Biomedical Tech.	1	1	0	0
Orderly	85	0	0	1
Sonographer	1	3	0	0
Watchmen	13	20	0	0
Plumbing	0	1	0	0
Dental Therapist	5	2	4	0
Total	287	72	38	9

## CHAPTER TWO: STRATEGIC PLAN

### 2.1 Strategic Map – Mjini DHMT

<b>Vision</b>	Accessibility of quality and affordable health services to all				
<b>Mission</b>	Improve provision and availability of quality health services at all levels				
<b>Customer</b>	Improve Customer satisfaction	Improve and maintain quality of health care services		Improve Women's well-being and safe delivery	
<b>Internal Processes</b>	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
<b>Learning and growth</b>	Improve leadership and management skills	Improve capacity of health workers	Improve capacity of facilities in service provision	Adopt new health facility technologies and tools	
<b>Finance</b>	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	Underline cause	Objectives	Service output	Target (24 months)	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 time.
	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 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	Accept JD, ToR, Roles and responsibilities of HCW from MOH	-% of the 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	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

## 2.2.2. RMNCH

Problem	Underline cause	Objectives	Service output	Target (24 months)	Activity
High perinatal mortality rate by 20%	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 ANC visits before 12 weeks	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%	Conduct training to male on effective support to expectant mothers on attending clinic before 12 weeks Create awareness to community on attending ANC services below 12 weeks Create awareness on attending on private hospitals which provide ANC services that are provided for free.
	Missed opportunities routine visits and services	Improve quality of services to reduce missed opportunities	Serve all attendees by 100%	100%	Make availability of all needed material and staffs
Low coverage of PNC visits	Improper attention to PNC visitors by HCW	Improve attention of HCW to PNC visitors Improve the availability of	PNC visitors attended Number of investigations	100%	Proper attention to PNC visitors and filling of PNC register. Ensure the

Problem	Underline cause	Objectives	Service output	Target (24 months)	Activity
		investigation and test. Sensitize the community on the importance of properly observing of PNC attendance.	conducted during PNC Number of various community sensitization methods conducted		availability of investigation and test. Adopt various community Sensitization methods such as Media, community meetings.
Existing number of home delivery	No 24 hours' delivery facility near all community locality	Improve capacity of facilities to perform 24 delivery services	Reduced from 8 to 0	100%	-Fill gap of the needed HCW -Maintain constant equipment and supplies Continue giving knowledge on the importance of delivering at health facilities.
Existing 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's	-100%	-Keep requesting from the authorities -Encourage other stakeholder

### 2.2.3. Communicable Diseases

Problem	Underline cause	Objectives	Service output	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 prevention measure of communicable disease	Develop diseases preventive measure such as environmental protection	#of diseases preventive practices		-Distribute educational materials on communicable diseases community (poster, banners, brochures) Establishment of isolation center for communicable disease.
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#### 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 Diabetes Mellitus and cardiovascular diseases	Inadequate knowledge of non-communicable diseases in the community	- To improve knowledge of non-communicable disease	# of trained people on non-communicable disease cases	-100 in each Shehia - 32 Shehia (1 bonanza per quarter.	Conduct community health bonanza to share knowledge
		-establishment of exercised fitness club	-Existence of clubs established in a Shehia	1 club in every Shehia	Establishment of jogging clubs to those Shehia which has no jogging clubs Sensitize youths on healthy lifestyle using youth friendly services.
		Improve nutrition education	-# posters distributed -# of brochures distributed	- 200 posters per Shehia (56) -150 brochures per Shehia	Prepare and distribute nutrition poster and brochure
		Identification of new cases at the earliest stage	# of people who were attended	-300 per bonanza	-conduct NCD assessment during health bonanza

### 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 Improper	-Develop employment plan	-Plan in place	-Completed in 2025	
		-Employee and allocate the missing staff	# new staffs	-140	Request staffs to be hired
Staff under performance	Lack of induction course for newly employed staffs	Induction courses as recruitment procedure	# of induced staff	All new recruitment	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 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

Problem	Underline cause	Objectives	Service output	Target (24 months)	Activity
					-Conduct health education sessions through radio spots -Conduct community health bonanza 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	-300 per 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	- 300per Shehia	-Conduct environmental awareness campaigns to the community through bonanza 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	Develop checklist of PPM at all	-Existence of level	-Available	-Develop PPM

	PPM (plan preventive measures)	level	based checklist	at all levels	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 effectiveness of QIT and WIT at district level.	Ask for JD, ToR, roles and responsibilities of HCW Prepare the missing ones.	DMO	300	Internet	July	
	Request and review and hand out ToR for QI focal personnel at all level	DMO	23	Handout	July	
	-Conduct on site knowledge sharing on roles and responsibilities through supportive supervision	DMO	300	-Stationary -Fuel	First and second week of august	600,000
	Develop facility level intervention plan	DMO	46	Venue Stationeries Refreshments	1st week of September	6,900000
	Conduct a workshop on strategic leadership and management skills	DMO	46	Transport allowances Fuel	Any three days in October	6,900,000
Use bonanza health days to improve quality of RMNCH services	Sensitize community on FP use	DPHNO and family planning champions	300 per Shehia -4 Shehia per year.	6 Tents 20 litres 40 persons Transport allowance Refreshments Stationeries Poridge Upatu Music sound(PA) media	One Health day per quarter	3,580,000 per Shehia A total of 28,640000 per 2 years
	Sensitize community on ANC before 12 week		150 per shehia -4 Shehia per			



Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
			year.			
	Distribute educational materials on disease prevention and environmental protection	Health Promotion focal personnel	300 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	300 pieces			
	Conduct environmental awareness campaign	DHO	300 people			
	Distribute environmental educational materials to schools and the community	DHO	2 schools per Shehia			
Conduct outreach program to improve FP ANC and immunization services	Provide FP services	DPHNO	-150 per outreach 4 – OUTREACH per year	20 litres 30 persons Transport allowance Refreshments Medicine and reagent	One outreach per quarter meaning a total of 8 per 2 years	3,260,000 per Shehia a total of 26,080,000 per 2 years
	Provide ANC services		-150 per outreach 4 – outreach per year			
	Conduct Immunization services	DIVO	-100 per outreach 4 – outreach per year			
	OPD services	DMO	-150 per outreach 4 – outreach			

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
			per year			
	Assessment of nutrition status	DNFP	-20 per outreach 4 – outreach per year			
Trainings to health care workers	Conduct training on monitoring progress of labor and new born resuscitation skills	DPHNO	20 HCW of facilities performing delivery services	Venue Stationeries Refreshments Transport allowances Fuel	3 days	1,000,000 per day a total of 3,000,000/-
	Conduct training on management of drugs and medical devices to HCW	DP	45 HCW responsibly for pharmaceutical duties	Venue Stationeries Refreshments Transport allowances Fuel	1 day	2,250,000
	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 stuffs	DMO	40 per 2 years	Venue Stationeries Refreshments Transport allowances Fuel	3 days	9,000,000
Community training on Health related issues	Conduct Immunization services	DIVO		-100 per outreach 4 – outreach per year	2 days biannually	41,680,000
	Training to care givers on prevention of malnutrition and stunting	OPD services	DMO	-150 per outreach 4 – outreach per year	1 day for meeting and 3 days for community	25,460,000

Initiatives	Underline activates	Responsible person	Number of beneficiaries	Resources	Time Frame	Budget
					interventi on biannually	
		Assessment of nutrition status	DNFP	-20 per outreach 4 – outreach per year	30 minutes	300,000
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 DMO	35 males per Shehia  4 Shehia per year	Venue Stationeries Refreshments Transport allowances Fuel	1 day	1,750,000 per Shehia a total of 14,000,000 per 2 years
	Training to care givers on prevention of malnutrition and stunting	DNFP	32 care givers per Shehia  4 Shehia per year	Venue Stationeries Refreshments Transport allowances Fuel	1 day	1,600,000 per Shehia a total of 12,800,000 per 2 years
	Conduct health education Sessions on nutrition through radio spots	DNFP/DHP O	4 sessions per year	Fuel Session spot	30 minutes	200,000
	Initiate healthy jogging clubs	DNFP/DHP O	One per Shehia for all the 56 Shehias	20 Tshirts per Shehia (a total of 1,120 Tshirts) Fuel – 20 litres	2 yearS	22,400,000 (Both fuel and Tshirts purchasing)
Supportive supervision	Follow -up and supervision on progress of labor	-DMO -DPHNO	All the 14 facilities Every quarter for eight quarters	Fuel (20 litres) Checklist Fuel	2 facilities per day. A total of visits per quarter.	1,600.000 per visit; a total of 720,000 per 2 years
	Follow -up and supervision on application of new born resuscitation skills	-DP -DDM -DPHNO -DLO -DHO				
	Supportive supposition on proper use of store	-Admin -Driver				

<b>Initiatives</b>	<b>Underline activates</b>	<b>Responsible person</b>	<b>Number of beneficiaries</b>	<b>Resources</b>	<b>Time Frame</b>	<b>Budget</b>
	ledger					
	Data cleaning					
	Proper attention to PNC visitors and filling of PNC register					
Supplies	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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