

The United Republic of
TANZANIA
Ministry of Health &
Social Welfare



KISHAPU
District Health Profile



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DISTRICT HEALTH PROFILE

I. FOREWORD

The District Health Profile (DHP) offers insight into district health conditions by assessing priority health indicators that reflect the district health status of the population, status of health systems, and status of health service delivery. The DHP also tracks the progress in the district and highlights some of the challenges and successes the district has encountered.

The District Health Profile (DHP) offers information through a reliable and transparent platform. It allows district health officials to monitor priority disease trends and adequately target relevant interventions. It helps the ministry of health to determine what policies are needed to support work in the district, and in turn how to allocate resources to district efforts. It educates and empowers district health workers and in turn the community they serve.

II. ACKNOWLEDGEMENT

The successfulness of the preparation of district health profile, DHP has been directly derived from the accountability of the member of CHMT and co-opted member. Who devoted much more of the time to collect various information and consolidating.

Many thanks should also go to people who bind and edit all necessary documents which enabled formation of this profile.

In nutshell, many thanks should be centered to ministry of health who provided technical advice during preparation of this profile.

Lastly, it is very difficult to mention all people by name that sacrificed their time and gave much input to ensure success of the work. My thanks should touch each one who put his/her input on the working session.

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III. EXECUTIVE SUMMARY

Kishapu district is one of five councils forming shinyanga region. it covers an area of 4,333 square kilometers and population 353,671. The district council possesses 1 private hospital owned by (Williamson Diamond Ltd), 4 Government health centres, 53 dispensaries (45 government owned and 8 private owned), Council have the total number of 175 staffs of health sector which is equal to 41% and the deficit is 59% according to staff requirement. In case of infrastructure of health facility the district have only 72(38%) staff house.

The district health profile explain the mission and vision, health facility distribution, Transportation and Communication network, Gender and Age Based Statistics, Mandatory health indicators, district health systems, progress in the health sector, Health status of the district population, Status of health service delivery in the district, Status of district health systems, Status of district health systems, Areas of progress in the district health sector, Environmental sanitation and Water supply.

DHP explain more challenges that affect the performance of health sector at different level such as high prevalence of malaria, high under five mortality rate resulting from communicable diseases like malaria (55%), diarrhea (22%), Pneumonia (12%) and high HIV prevalence rate (10.9%), Low cure rate of tuberculosis, Inadequate health staff by 59% of requirement, Shortages of health staff houses for 62%, gender discrimination, Inadequate knowledge of family planning and low male involvement in reproductive and child health services, and ignorance of the community on general health practice.

Other challenge mostly affecting the performance of implementation of health activities to unsuccessful implementation of all planned activities is late and inconsistency disbursement of fund from development partners. For example Basket Fund release for first quarter was received in November 2011 instead of July 2011. Up to 28th, June 2012 only 55% of the Government Block Grant – Other charges (OC) received. Other sources of funder to 2011/12 CCHP eg. UNPFA, Global fund. MMAM and Council own source total amounting **Tsh.682, 034,950** was not disbursed at all. Also Ad-hock activities contributed to low implementation of planned activities.

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In order to reduce the challenges that are mostly affecting the health sector we need to reduce the problem of inadequate staffs which affects health services delivery. Inadequate staff house reduce the comfort ability of health workers, other challenge facing the health delivery is infrastructure since most of the building are dilaplated, and delay of fund allocation and timely disbursement of fund from central government tend to reduce the completion of district hospital which increases the cost of referral of patients from health centre to Shinyanga regional hospital which is 50 Kilometers away from district headquarters.

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DISTRICT HEALTH PROFILE

IV. ACRONYMS AND KEY TERMS

Table 0-1. ACRONYMS

ACRONYM	LONG NAME
DHP	District Health Profile
MOHSW	Ministry of Health and Social Welfare
MTUHA	Mfumo wa Takwimu wa Uendeshaji wa Huduma za Afya
AMREF	African Medical Research Foundation
PSI	Population Services International
MEDA	Mennonite Education Development Association

Table 0-2. KEY TERMS

[KEY TERMS USED IN DHP ACCOMPANIED BY THEIR DEFINITIONS]

TERM	DEFINITION
HEALTH INDICATOR	A measure of the health of people in a community, such as infant mortality rates, rates of obesity, or incidence of diabetes.
CRITICAL HEALTH SERVICES	

KISHAPU DISTRICT COUNCIL

DISTRICT HEALTH PROFILE

1 INTRODUCTION

1.1 MISSION AND VISION

1.1.1 Mission

The Mission statement of Kishapu District council is to involve community and stakeholders in the providing quality social and economic services using available opportunities and resources and adhering to principle of good governance.

1.1.2 Vision

The vision of Kishapu District Council is to enable community having quality life, improved income, strong and sustainable economy by 2017.

1.2 STRUCTURE OF DISTRICT

Kishapu district was officially inaugurated in July 2006 under the local government act No 7 of 1984 which established the district councils .The district is administratively divide into 3 division ,20 ward and 103 villages all are registered .Politically the council has one electorates /constituencies namely kishapu represented by one member of parliament and the total of 29 councilors. *There are also politically elected leaders, at the villages and at sub village level.*

KISHAPU DISTRICT COUNCIL

DISTRICT HEALTH PROFILE

- ***GEOGRAPHICAL LOCATION IN KISHAPU***

Kishapu district is one of the three districts forming Shinyanga region, other district are kahama and shinyanga. The district lays between 3°.15' and 4°.05' latitudes south of equator, between 31°.30' and 34.15' Longitudes east of the Greenwich Meridian, The district boarded by Meatu and Iramba district in the east, Shinyanga district in the west, Kwimba and in north and Igunga district in the south.

- ***SIZE***

The District covers an area 4,333 sq km.

- ***POPULATION***

According to 2002 population census, the population was 240,086 and the year 2012 projection was estimated to be 353,671. The average population growth rate was 3.9% which is higher compare to the nation population growth rate of 2.9%

- ***WARDS AND VILLAGE DISTRIBUTION***

The District council contains one (1) constituent, three (3) divisions, twenty (20) wards, 103 villages and 627 hamlets

KISHAPU DISTRICT COUNCIL

DISTRICT HEALTH PROFILE

Table 1-1. Wards And Villages

[WARD AND VILLAGE NUMBERS IN THE DISTRICT]

WARD NAMES	NUMBER OF VILLAGES
BUNAMBIYU	5
MASANGA	5
SHAGIHILU	6
KISHAPU	8
UKENYENGE	7
NGOFILA	5
KILOLELI	3
ITILIMA	8
MONDO	4
BUBIKI	6
SEKE BUGORO	5
MWADUI LUHUMBO	4
SONGWA	6
MWAMASHELE	4
UCHUNGA	8
LAGANA	4
SOMAGEDI	3
MWAKIPOYA	4
MWAMALASA	4
TALAGA	4

KISHAPU DISTRICT COUNCIL

DISTRICT HEALTH PROFILE

1.3 FACILITY DISTRIBUTION

Table 1-2. Facility Distribution

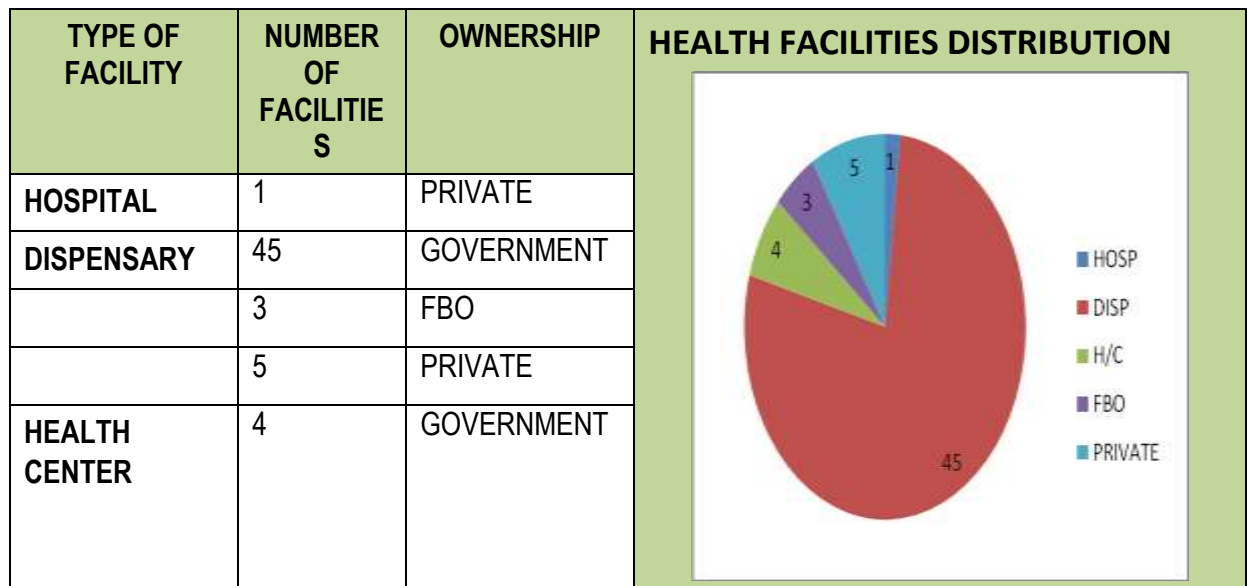
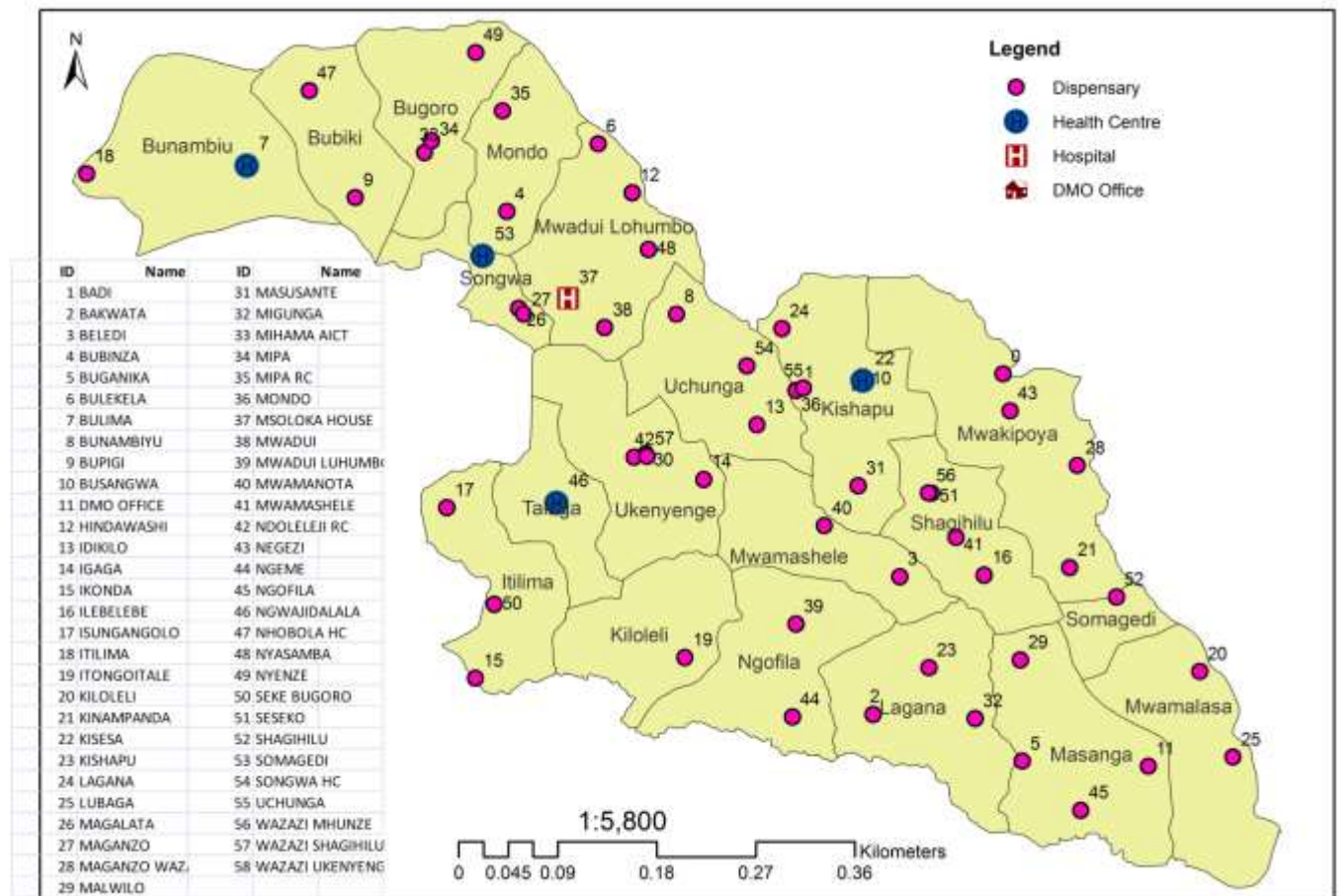


FIGURE 1-1. KISHAPU DISTRICT

KISHAPU DISTRICT COUNCIL

DISTRICT HEALTH PROFILE

District Map



KISHAPU DISTRICT COUNCIL

DISTRICT HEALTH PROFILE

1.4 POPULATION

Table 1-3. Gender and Age Based Statistics.

AGE RANGE	FEMALE	MALE
<1 YEAR	7,817	8,116
1-4	27,346	28,358
5-14	46,164	47,116
15-49	86,168	87,272
>50	8,112	7,202
TOTAL	175,607	178,064

The number of male is greater than female because of the availability of natural resources such as mineral resources (gold and diamond) that can attract people (male) to look for employment thus increase the number of people.

1.5 GEOGRAPHY

- **RELIEF**

Kishapu District is characterized by flat and gently undulating plains covered with low and sparse vegetation. The District is divided into three agro-ecological zones with the following characters which are low land with black soil, undulating land with sand soil, undulating with calcareous soil.

- **AMOUNT OF RAINFALL**

Normally, the area experience rainfall from November to April, However, every year the District experiences a dry spell between January and February which affect crop harvests. The District receives an average rainfall between 450 –900mm per annum. The dry season is between May to November.

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TEMPERATURES

The District Council is situated in the central plateau of Tanzania. 1.40 sq km. is covered by forest reserve while an area of 2747.7sq km is used for agriculture and livestock keeping activities. The remaining area of 1289.9 sq km is used in other development activities. The temperature ranges between 16°C – 33°C.

- **WATER BODIES**

The district is surrounded by several rivers such as Tungu, Manonga, Sanga, Mangu,

- **OTHERS**

We have a number mining activities by companies like Mwadui Diamond Limited, El Hilal Diamond, Ilitima gold mine

1.6 TRANSPORTATION AND COMMUNICATION

- **ROAD CONDITIONS**

Out 876.6 kms of roads passing in the District, almost all routes/means are passable during rainy season.

- **PUBLIC TRANSPORTATION**

The major means of transport in the District included buses, Lorries, Ox-cats, Government , private cars, motorcycle, Bicycles and railways.

	TRUCK ROADS	REGIONAL ROADS	DISTRICT ROADS	FEEDER ROADS	TOTAL
KM	47.2	300	250	300	897.2
Rain season Passable	47.2	300	250	-	597.2
Impassable	-	-	-	-	-
Dry season Passable	47.2	300	250	300	897.2

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- **PHONES**

District headquarters has got cellular phones communication. There are Radio calls for Mihama, Mipa R.C, Ndoleleji R.C Dispensaries and Mwadui Diamond Mines hospital. Most of Kishapu District areas are accessible to cellular phone network.

- **FAX and Email**

District headquarter has got Fax through TTCL and E-mail/Internet under MNCP sponsor.

- **WATER SUPPLY**

WATER	WORKINGS	NOT WORKINGS	TOTAL
Deep wells	10	2	12
Shallow wells	192	21	214
Piped water schemes	12	1	13
Small dams	22	1	23
Water harvesting tank	68	3	71

- Total population saved with water is 51% Sources: District Water Engineer [DWE]- KDC.
- The District has 169 Water users groups, out of which 124 are active groups. The policy of the district is to encourage formation of more WUG's and activating the dormant ones.

- **ELECTRICITY**

The district is connected to the National grid. The following minor settlements have got electricity which is Maganzo, Mwadui, Songwa, Kishapu, Mhunze and Ukenyenge.

1.7 EDUCATION

- **LITERACY RATE**

LITERATE			ILLITERATE		
Male	Female	Total	Male	Female	Total
27,164	66,192	93,356	56,013	84,018	140,031

- Source: District Education Office KDC
- Literacy rate 37.6%

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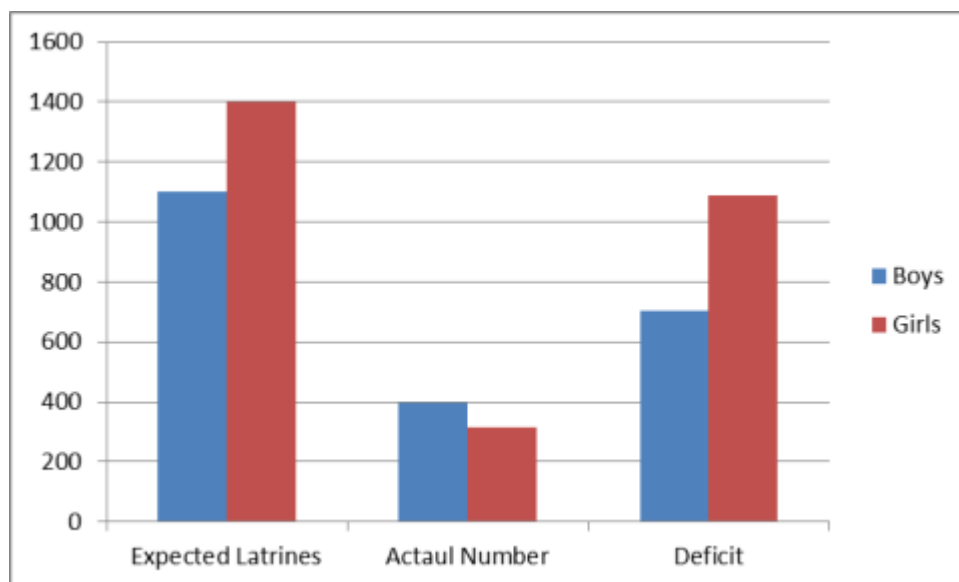
DISTRICT HEALTH PROFILE

1.8 [OTHER INTRODUCTORY INFORMATION 1]

Latrines

The ratio of latrines holes to the number of students is still inadequate according to the standard given by the Ministry of health which shows that one hole for twenty girls and one hole for twenty five boys.

The Latrine Ratio in Primary Schools – Kishapu District



The bar chart shows the shortage of latrine in girls than the boys according the national standard.

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DISTRICT HEALTH PROFILE

1.9 DATA SOURCES AND THEIR DATA COLLECTION AND ANALYSIS METHODS

Sources of information were obtained through

- ***MTUHA (Mfumo wa Takwimu wa Uendeshaji wa Hudumaza Afya)***

Tally Sheet Book

Registration Book

Monthly Report forms

DHIS 2

- ***OTHER VERTICAL PROGRAM DATA***

Africa Medical Research Foundation (AMREF)

Population services International (PSI)

RED CROSS

- ***OTHER SURVEY DATA***

Mennonite Education Development Association (MEDA)

- ***OTHER DISTRICT SPECIFIC DATA SOURCES***

Secondary data from lower level (ward and villages) and other departments

1.10 MANDATORY HEALTH INDICATORS

The following is a list of the standard health indicators that the district will assess from over time:

- The health status of the ***Kishapu*** district population.
- The status of the ***Kishapu*** health system.
- The status of health service delivery in ***Kishapu*** district.
- Progress that has been made in the ***Kishapu*** district health sector.

Table 2-1. MANDATORY DHP HEALTH INDICATORS

HEALTH STATUS OF THE DISTRICT POPULATION	DISTRICT HEALTH SERVICE DELIVERY
<p>Maternal, Newborn and Child Health</p> <ul style="list-style-type: none"> ❖ Nutritional Status ❖ Neonatal, infant, and under 5 mortality rates <p>Diseases</p> <ul style="list-style-type: none"> ❖ Incidence of Malaria ❖ HIV/AIDs prevalence ❖ Top 10 causes of admission ❖ Top 10 causes of death 	<p>General</p> <ul style="list-style-type: none"> ❖ OPD Attendance <p>Vaccination</p> <ul style="list-style-type: none"> ❖ Proportion of children under 1 vaccinated against measles ❖ Proportion of under 1 3rd Polio (OPV3) ❖ Proportion of under 1 BCG dose <p>Reproduction Health</p> <ul style="list-style-type: none"> ❖ Percentage of health centers and dispensaries that can provide E m OC as defined in EHP ❖ Proportion of pregnant women starting ANC before 12 or 16 weeks gestation <p>Infectious Diseases and Non-Communicable Diseases</p> <ul style="list-style-type: none"> ❖ Proportion of mothers who received two doses of preventative intermittent treatment for malaria during last pregnancy ❖ Proportion of vulnerable groups sleeping under ITN the previous night
DISTRICT HEALTH SYSTEMS	
<p>Health Financing</p> <ul style="list-style-type: none"> ❖ Total GOT and donor (budget and off-budget) allocation to health per capita ❖ Number of training institutions with full NACTE accreditation ❖ MO and AMO per 10,000 population ❖ Nurse-midwives per 10,000 population ❖ Pharmacists and pharm tech per 10,000 population 	

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DISTRICT HEALTH PROFILE

- ❖ Health Offices per 10,000 population (modified to include Environmental Health Officer (EHO))
- ❖ Laboratory staff per 10,000 population

Infrastructure

Health Indicator Still Being Determined

- ❖ Proportion of laboratory confirmed malaria cases among all OPD visits
- ❖ TB notification rate per 100,000 population

PROGRESS IN THE HEALTH SECTOR

Progress in district health financing

- ❖ Overall Health Financing
- ❖ Expansions in Health spending

Progress in district health services

- ❖ Increases in skilled health workers
- ❖ Progress in human resource availability by cadre over a period of time

Progress in district neonatal health

- ❖ Low birth weight

Progress in district health facility coverage

- ❖ Expansions in facility coverage across districts

Progress in district health facility performance

- ❖ Expansions in critical health services
- ❖ Improvements in referral hospital performance

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- ❖ Progress in ANC Attendance
- ❖ Progress in health facility reporting rates
- ❖ Timeliness and completeness of data

Progress in district health services

- ❖ Social welfare and protection for vulnerable populations
- ❖ Vaccination coverage
- ❖ Environmental Health Service Safe Water Initiatives

Progress against milestones from previous year

- ❖ Progress against milestones set by the technical review of the joint annual
- ❖ health service sector review from previous year

1.11 HEALTH INDICATORS IMPORTANT TO KISHAPU DISTRICT

HEALTH STATUS OF THE POPULATON				
	INDICATOR CATEGORY	INDICATOR	OPTIONAL	HMIS (IN DHIS2)
1	Maternal, newborn and child health	Life expectancy at birth	OPTIONAL	Yes
2	Maternal, newborn and child health	Total fertility rates	OPTIONAL	Yes
3	Diseases	incidence of cholera	OPTIONAL	Yes
4	Morbidity	Top 10 diagnoses – outpatient	OPTIONAL	Yes
HEALTH SYSTEMS				
	INDICATOR CATEGORY	INDICATOR	OPTIONAL	HMIS (IN DHIS2)
2	Health Financing	proportion of national budget spent on health in the district	OPTIONAL	No
4	Health Financing	proportion of population	OPTIONAL	No

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DISTRICT HEALTH PROFILE

		enrolled in CHF/TIKA		
HEALTH SERVICE DELIVERY				
	INDICATOR CATEGORY	INDICATOR	OPTIONAL	HMIS (IN DHIS2)
1	Vaccination	Proportion of children under 1 vaccinated 3 times against DPT-Hb3	OPTIONAL	Yes
2	Vaccination	Proportion of women receiving at least 2 doses of TT vaccine	OPTIONAL	Yes
3	Vaccination	Proportion of children under 5 receiving vitamin A twice per year	OPTIONAL	Yes
4	Reproductive Health	Proportion of pregnant women attending ANC at least 4 times during pregnancy	OPTIONAL	Yes
5	Reproductive Health	proportion of births attended in health facility	OPTIONAL	Yes
6	Reproductive Health	proportion of births attended by trained personnel in health facility	OPTIONAL	Yes
7	Infectious diseases and Non-Communicable Diseases	Percentage of HIV positive women receiving ARVs to prevent MTCT	OPTIONAL	Yes
8	Infectious diseases and Non-Communicable Diseases	Prevalence of malaria parasitaemia (under 5 years)	OPTIONAL	Yes
9	Infectious diseases and Non-	Percent of TB treatment success/completion	OPTIONAL	No

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	Communicable Diseases			
10	Infectious diseases and Non-Communicable Diseases	Proportion of treated case of cholera who died	OPTIONAL	Yes
11	Emergency preparedness and response	<i>Health Indicator is still being determined (district may select their own)</i>	OPTIONAL	N/A

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DISTRICT HEALTH PROFILE

1.12 KEY MESSAGES ABOUT HEALTH INDICATORS

[IMPORTANT MESSAGES ABOUT HEALTH INDICATORS WITH STRIKING RESULTS THAT WILL BE PRESENTED IN CHAPTER 3, FOR EXAMPLE:

- ***TARGETS MET***
- ***DRASTIC INCREASES***
- ***DRASTIC DECREASES***
- ***DRASTIC FLUCTUATIONS***

2 HEALTH STATUS OF THE DISTRICT POPULATION

2.1 MATERNAL, NEWBORN AND CHILD HEALTH

- ***NURTRITIONAL STATUS: LOW BIRTH WEIGHT***

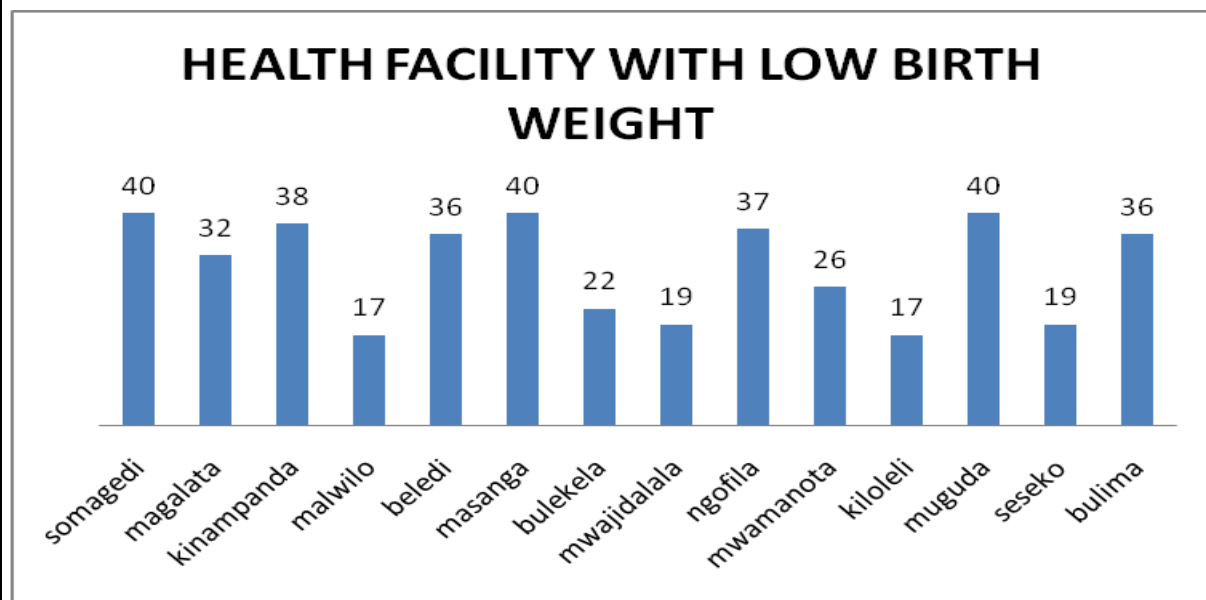
Total Weighted	Low birth weight	Malnutrition %
14408	393	3%

Our District encountered famine caused by a prolonged drought in the year 2011/2012.

- ***NEONATAL, INFANT, AND UNDER 5 MORTALITY RATES***

Neonatal	Infant	Under 5
34	23	100

Figure 3-1. Nutritional Status: Low Birth Weight



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DISTRICT HEALTH PROFILE

Figure 3-2. Neonatal Mortality Rates

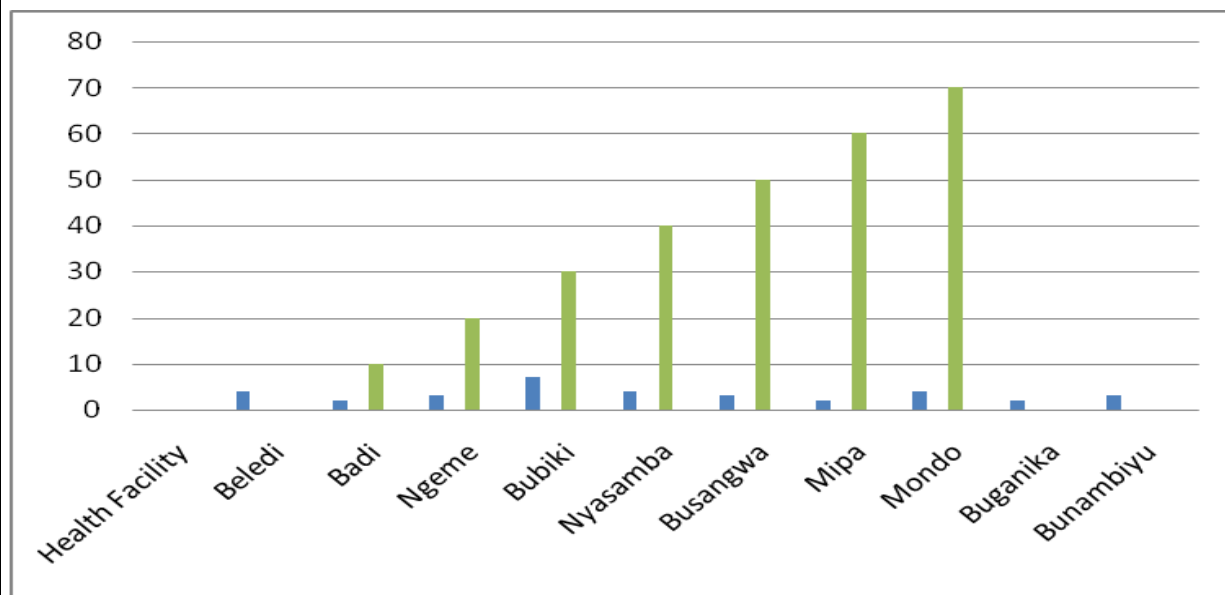
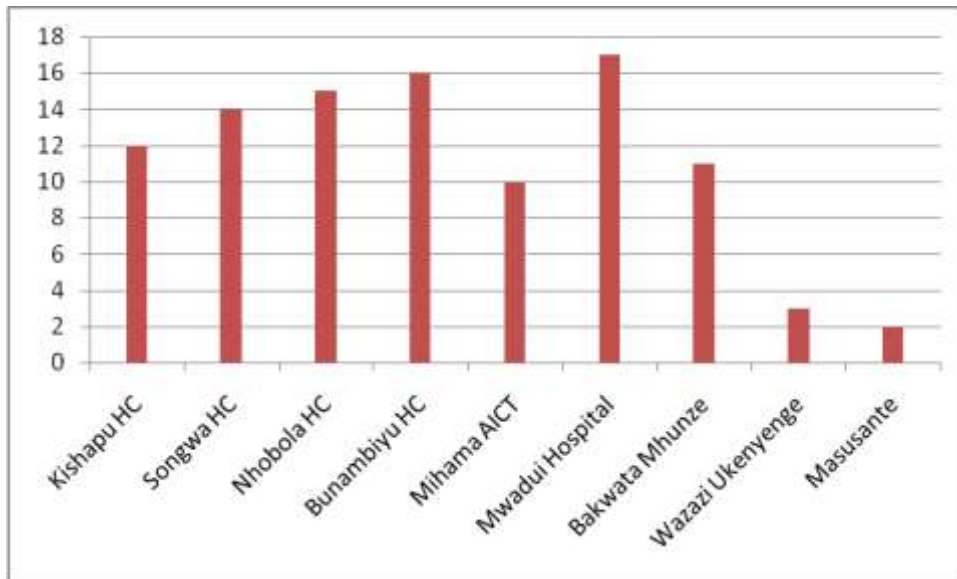


Figure 3-3. Under 5 Mortality Rate



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DISTRICT HEALTH PROFILE

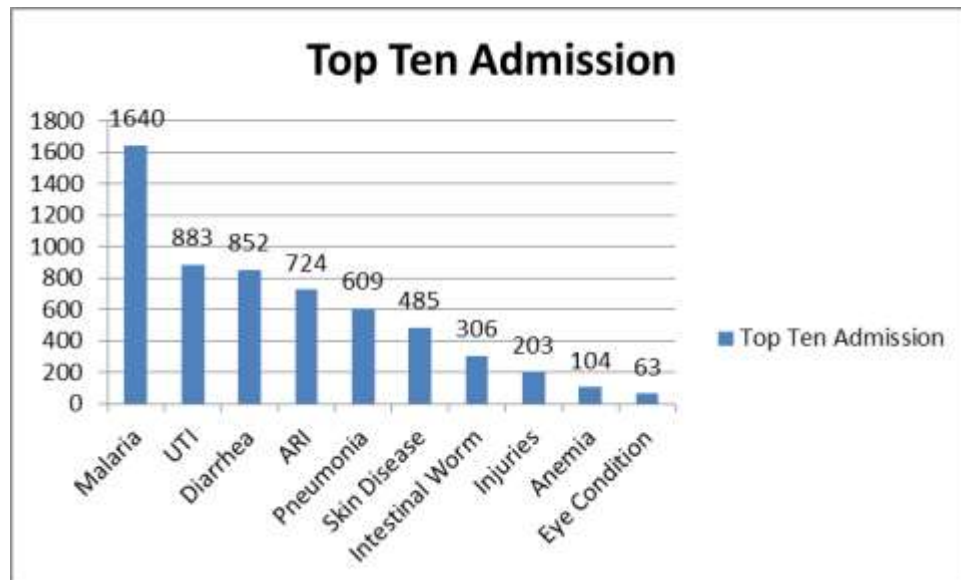


2.2 MORBIDITY

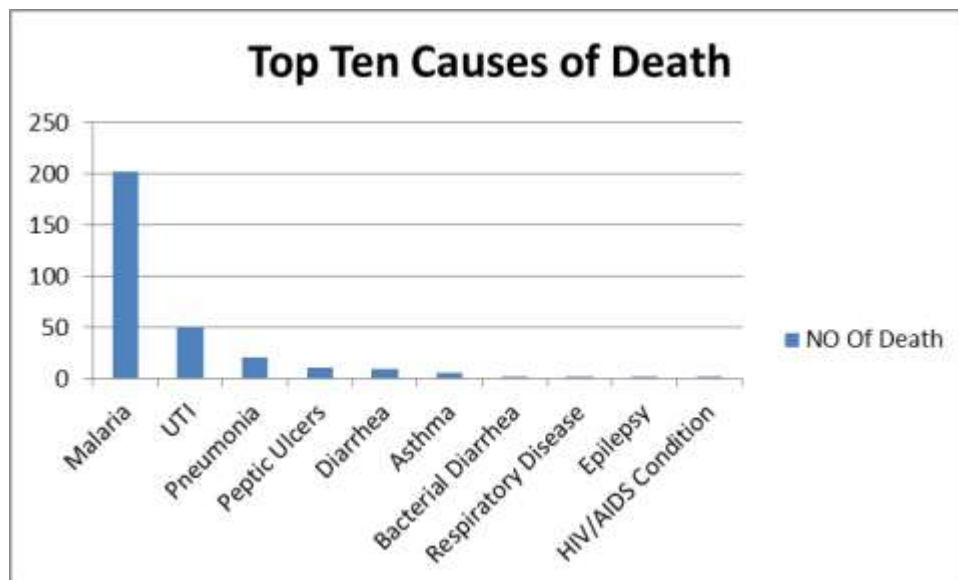
- ***MALARIA INCIDENCE***
- 57%
- ***HIV/AIDS PREVALENCE***
- 262

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Malaria is still a leading disease among the top ten admissions and water based related diseases because of lack of safe water sources.



Malaria is still a leading disease which causes death in our district which is caused by large presence of malaria infecting mosquitos.

Figure 3-3. Laboratory Confirmed Malaria Cases

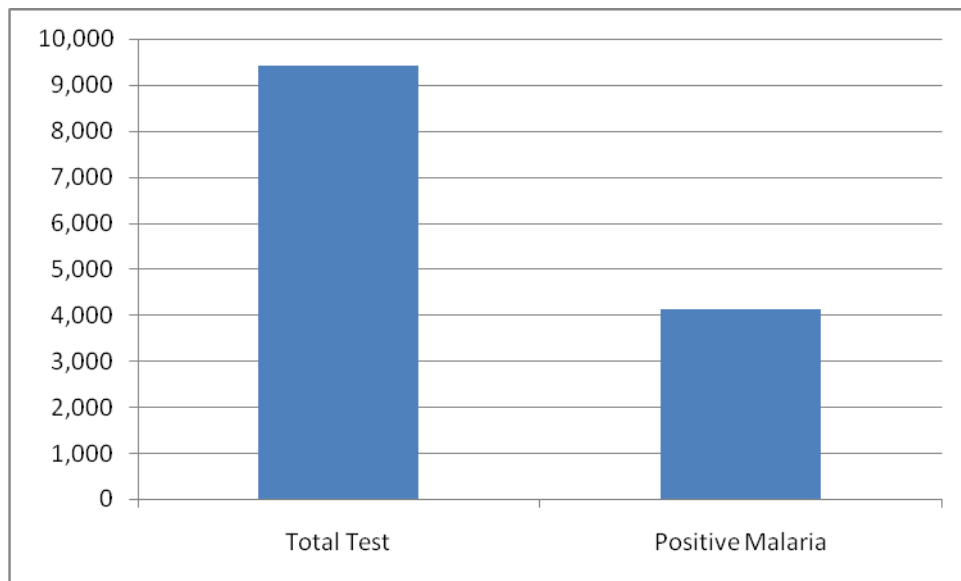
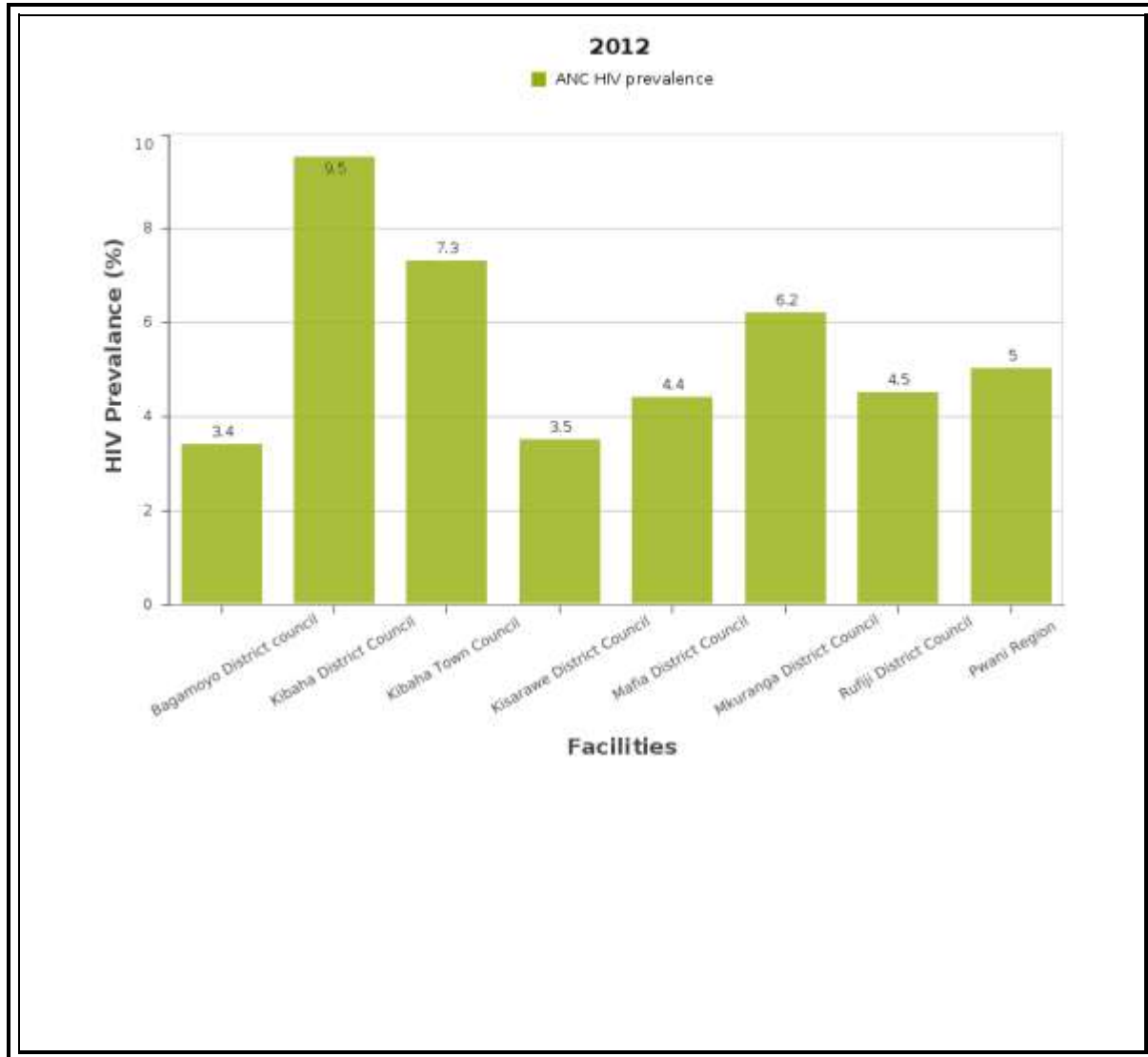


Figure 3-4. HIV/AIDS Prevalence

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DISTRICT HEALTH PROFILE



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DISTRICT HEALTH PROFILE

	IPD	Under 1 Month		1 Month - < 1 Year		1 Year –< 5 Years		5 Years - > 5 Years	
		1							
		FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE
1	Malaria					2376	1457	3051	1870
2	Respiratory Disease					395	241	40	25
3	Diarrhea					268	164	161	98
4	Asthma					184	113	11	6
5	UTI					179	109	346	212
6	Pneumonia					74	46	327	201
7	Epilepsy					19	11	4	3
8	Peptic Ulcers					0	0	29	19
9	Bacterial Diarrhea					6	4	28	17
10	Neurosis					2376	1457	10	6

The data for less than one month and above one year is not filled because in 2012 the HMIS tool for collection of these data was not available.

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MORTALITY

Table 3-2. Top 10 Causes of Death

	Causes of Death	Under 1 Month		1 Month - < 1 Year		1 Year –< 5 Years		5 Years - > 5 Years	
		FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE
1	Malaria					124	76	2	0
2	Respiratory Disease					1	-	0	0
3	Diarrhea					3	2	3	1
4	Asthma					4	2	0	0
5	UTI					31	19	0	0
6	Pneumonia					5	-	0	6
7	Epilepsy					1	-	0	0
8	Peptic Ulcers					3	2	4	2
9	Bacterial Diarrhea					2	-	1	0
10	Neurosis					0	3	3	1

2.3 OPTIONAL HEALTH STATUS OF THE DISTRICT POPULATION INDICATORS

Malaria diseases is still leading in our district and UTI is still a problem

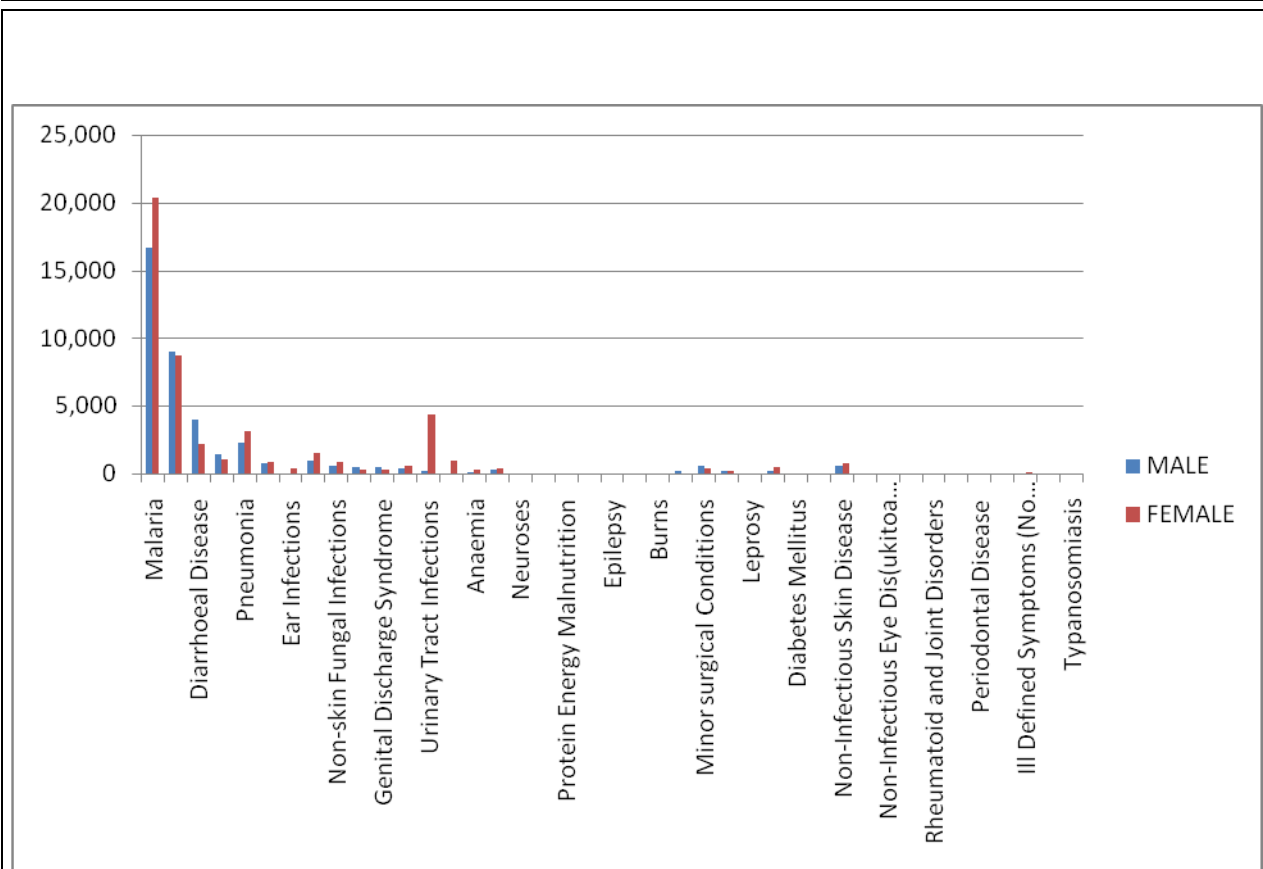
2.4 DISTRICT HEALTH STATUS CONCLUSIONS, RECOMMENDATIONS AND WAY FORWARD

Health education on ITN, IPT and to the safe water to prevent diarrhea diseases

3 STATUS OF HEALTH SERVICE DELIVERY IN THE DISTRICT

3.1 GENERAL HEALTH SERVICE

Figure 4-1. OPD Attendance



Malaria and water related diseases lead in the OPD Attendance.

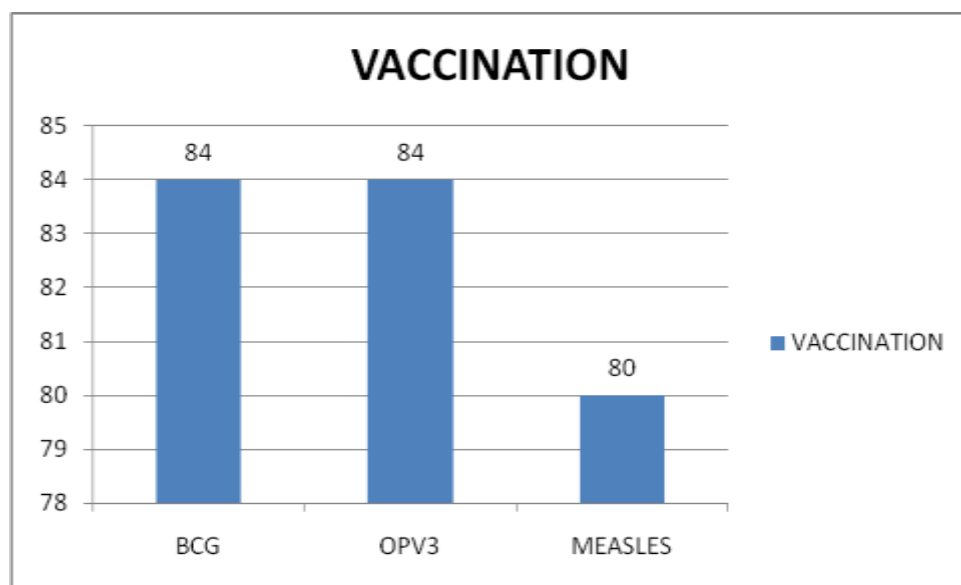
3.2 VACCINATION SERVICES

- **PROPORTION OF CHILDREN UNDER 1 VACCINATED AGAINST MEASLES 0.80**

PROPORTION OF CHILDREN UNDER 1 YEARS WITH OPV3 0.84

PROPORTION OF CHILDREN UNDER 1 YEARS WITH BCG 0.84

Figure 4-2. Under 1 Year Vaccinated (OPV3, BCG, and Measles)



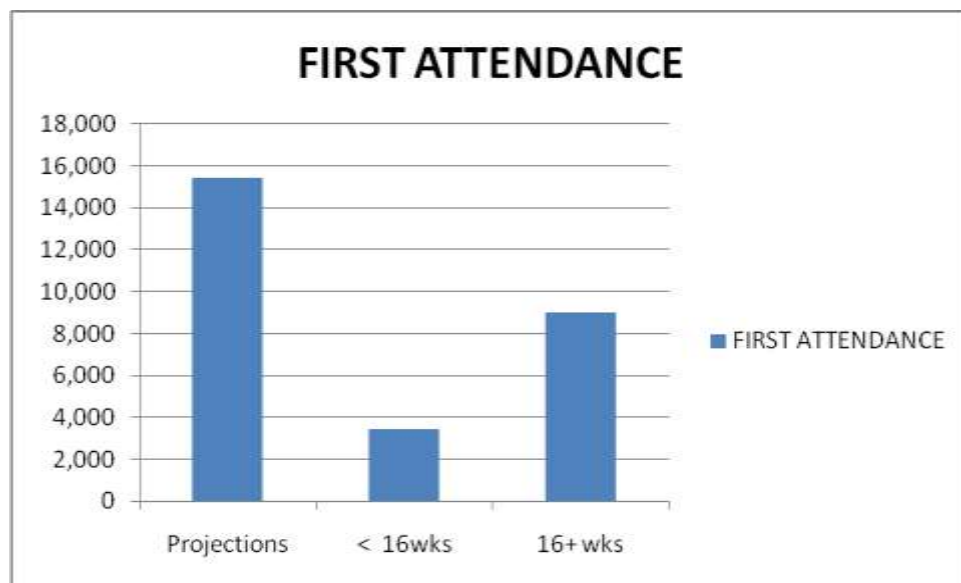
The low coverage for measles vaccination is caused by frequent movement of families and low awareness concerning the vaccination, and also local beliefs that the vaccine will harm the people who will receive it.

3.3 REPRODUCTIVE HEALTH SERVICES

PROPORTION OF PREGNANT WOMEN STARTING ANC BEFORE 12 or 16 WEEKS GESTATION 22%

PERCENTAGE OF HEALTH CENTERS AND DISPENSARIES THAT CAN PROVIDE EMERGENCY OBSTETRICS CARE (EmOC) AS DEFINED IN EHP 6%

Figure 4-3. Proportion of Pregnant Women Starting ANC before 12 or 16 Weeks Gestation



Health education is needed for earlier booking before sixteen weeks.

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Figure 4-4. Percentage of health centers and dispensaries that can provide EmOC as defined in EHP

	DISPENSARIES	HEALTH CENTRES
NO	1	2
TOTAL	45	4
PERCENTAGE	2.22	50

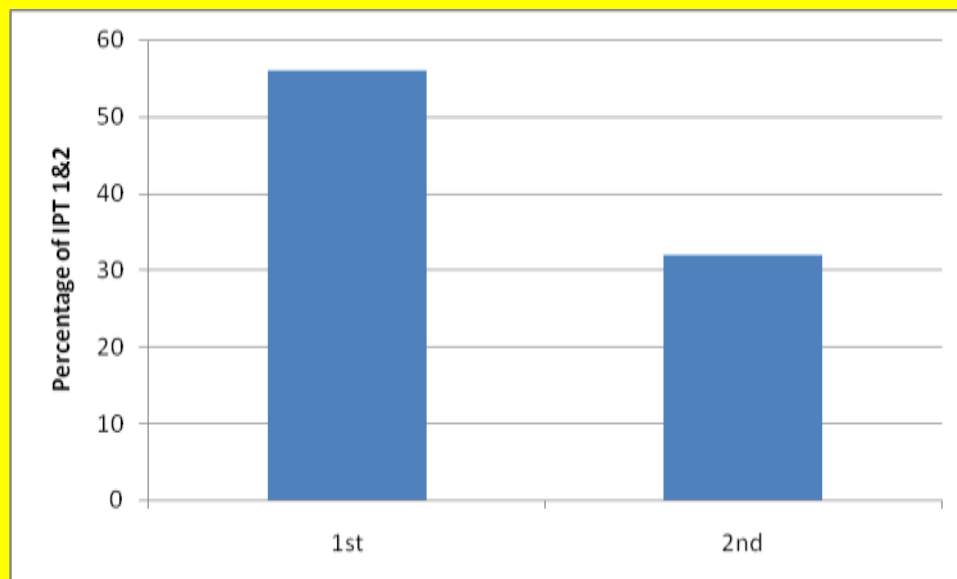
3.4 INFECTION DISEASE AND NON-COMMUNICABLE DISEASE HEALTH SERVICES

PROPORTION OF MOTHERS WHO RECEIVED TWO DOSES OF PREVENTATIVE INTERMITTENT TREATMENT FOR MALARIA DURING LAST PREGNANCY. 26% PROPORTION OF VULNERABLE GROUPS SLEEPING UNDER ITN THE PREVIOUS NIGHT.

PROPORTION OF LABORATORY CONFIRMED MALARIA CASES AMONG ALL OPD VISITS.

TB NOTIFICATION RATE PER 100,000 POPULATION]

Figure 4-5. Proportion of Mothers who received two doses of Preventative Intermittent Treatment for Malaria During Last Pregnancy



Shortage of staff for running RCH services contributes to the low rates of women receiving the second dose of TT2 and the women themselves have low awareness on the importance of TT2 therefore they don't get an early booking for TT2.

Figure 4-6. Proportion of Vulnerable Groups Sleeping under ITN the Previous Night

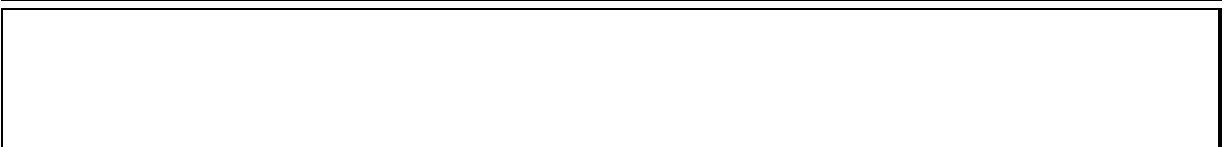


Figure 4-7. Proportion of laboratory confirmed malaria cases among all OPD visits

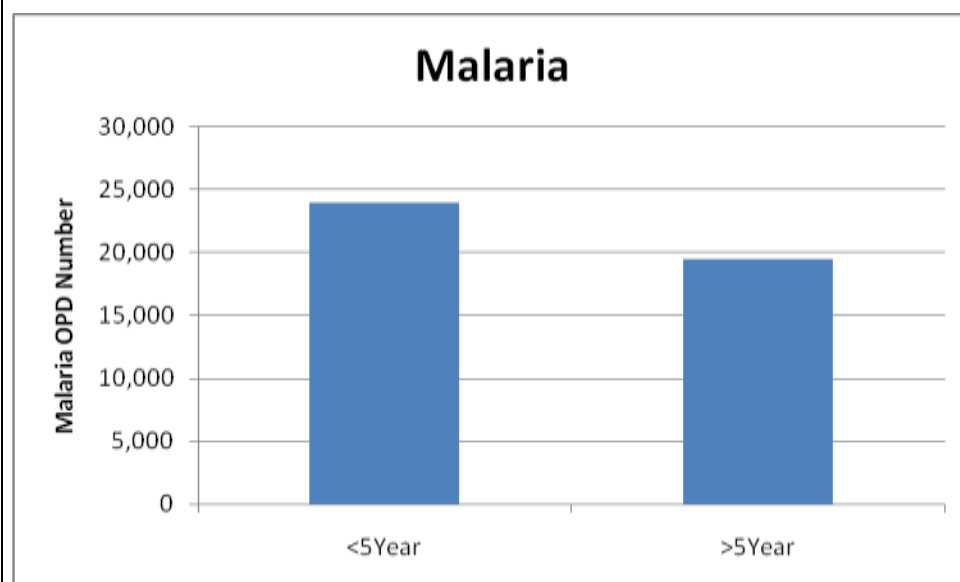


Figure 4-8. TB notification rate per 100,000 population

[CHART HERE]

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DISTRICT HEALTH PROFILE

3.5 OPTIONAL DISTRICT HEALTH SERVICE DELIVERY INDICATORS

[CHARTS AND TEXT SHOWCASING RESULTS, SUCCESSES AND CHALLENGES FROM OTHER HEALTH SERVICE DELIVERY INDICATORS SELECTED BY THE DISTRICT. NO MORE THAN 1 PAGE OF TEXT]

3.6 DISTRICT HEALTH SERVICE DELIVERY CONCLUSIONS, RECOMMENDATIONS AND WAY FORWARD

[RECOMMENDATIONS AND GOALS FOR GUIDING THE WAY FORWARD AND POTENTIAL POLICY IMPLICATIONS. NO MORE THAN 1 PAGE OF TEXT]

4 STATUS OF DISTRICT HEALTH SYSTEMS

4.1 HEALTH FINANCING

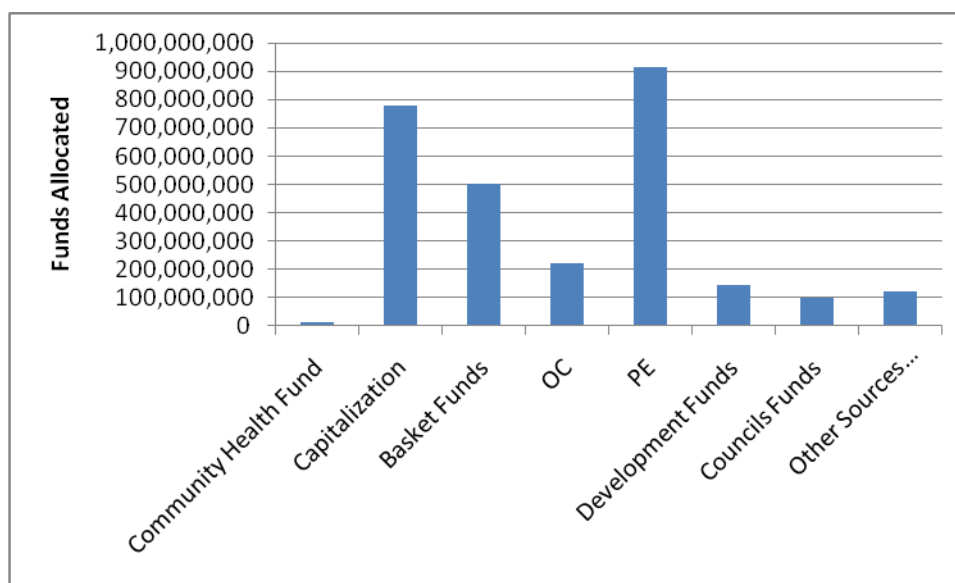
[SUMMARY OF RESULTS INCLUDING DETAILS ON SUCCESSES, AND CHALLENGES FROM THE PAST FINANCIAL YEAR FOR THE FOLLOWING INDICATORS:

TOTAL GOT AND DONOR (BUDGET AND OFF-BUDGET) ALLOCATION TO HEALTH PER CAPITA IN THE DISTRICT

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Figure 5-1. Total GOT and Donor Allocations to Health in the District



The funds allocated are not sufficient to **meet all the indicators and activities in the district.**

4.2 HUMAN RESOURCES FOR HEALTH

NUMBER OF TRAINING INSTITUTIONS WITH FULL NACTE ACCREDITATION IN THE DISTRICT

NUMBER OF MEDICAL OFFICERS (MO) 0, ASSISTANT MEDICAL OFFICERS (AMO) 3, AND CLINICAL OFFICERS (CO) PER 10,000 POPULATION

NUMBER OF NURSE-MIDWIVES PER 10,000 POPULATION

NUMBER OF PHARMACISTS AND PHARM TECHS PER 10,000 POPULATION

NUMBER OF HEALTH OFFICERS (HO), ASSISTANT HEALTH OFFICERS (AHO) AND ENVIRONMENTAL HEALTH OFFICERS (EHO) PER 10,000 POPULATION

NUMBER OF LABORATORY STAFF PER 10,000 POPULATION

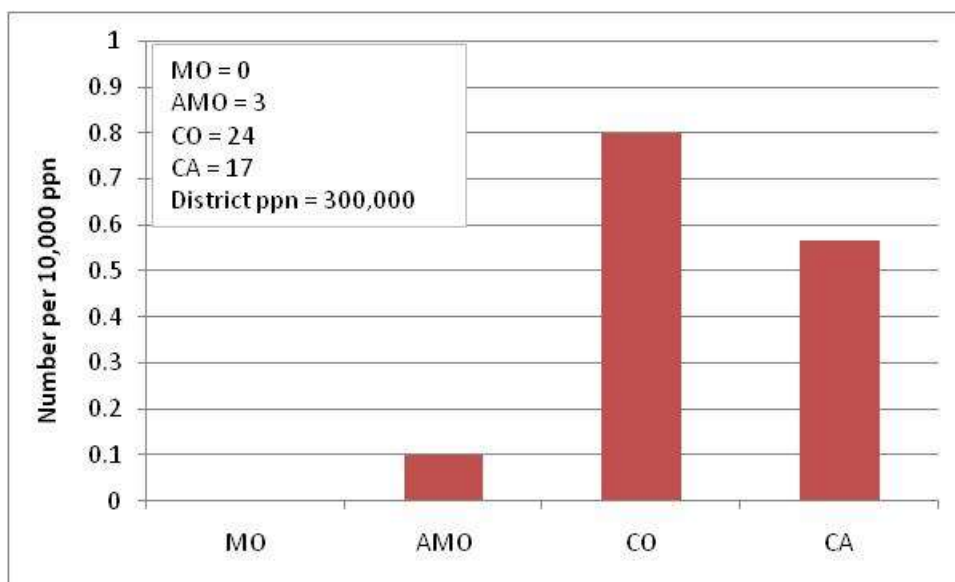
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DISTRICT HEALTH PROFILE

Figure 5-2. Training institutions with full NACTE accreditation in the District

[CHART HERE]

Figure 5-3. Number of MO, AMO, and COs Per 10, 000

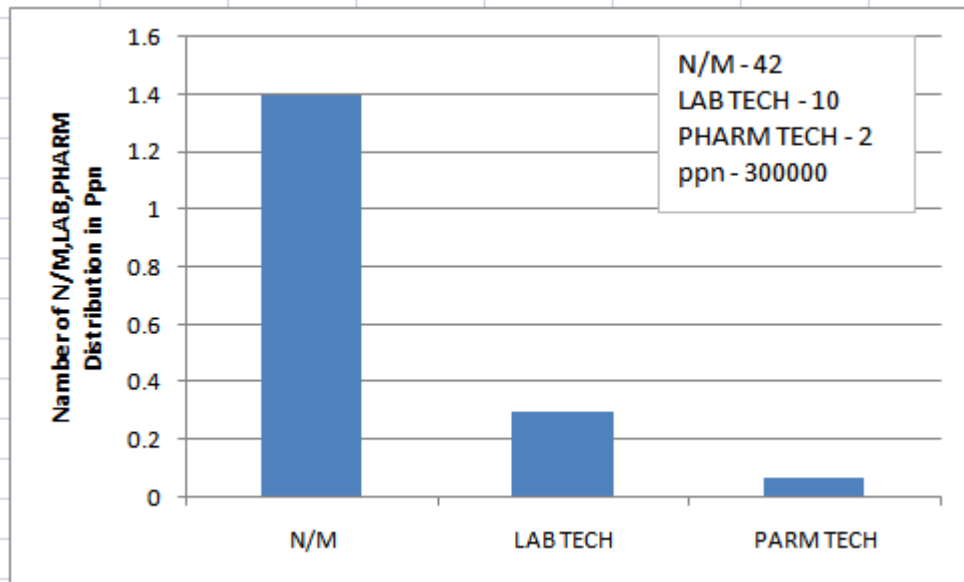


There is a large scarcity for health workers hence we need more health workers in the district in order to cover all the 58 facilities whereas we have 41 clinicians in the district.

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DISTRICT HEALTH PROFILE

**Figure 5-4. Number of Nurse mid-wives, Lab Techs, Pharm Techs
Per 10, 000**

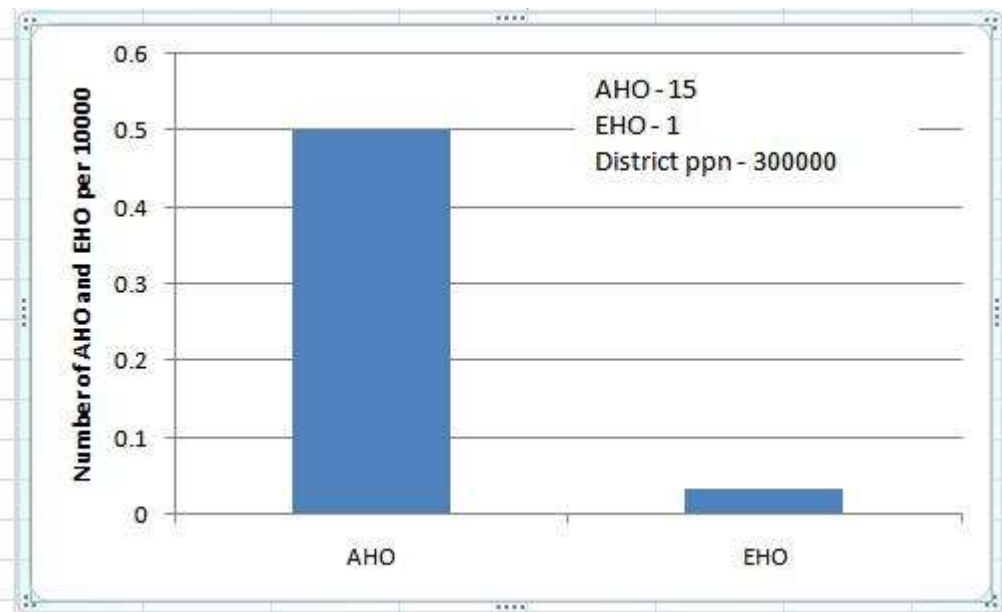


We have a small number of nurses compared to the real need of nurses in the district.

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Figure 5-5. Number of HO, AHO, and EHOs Per 10, 000



There are 4 Health Professionals and 11 health assistants which are not enough to cover the 114 villages in the district.

4.3 MEDICINES/DRUGS

[SUMMARY OF RESULTS INCLUDING DETAILS ON SUCCESSES, AND CHALLENGES FROM THE PAST FINANCIAL YEAR FOR THE FOLLOWING INDICATORS:

- **PERCENTAGE OF PUBLIC HEALTH FACILITIES WITH ANY STOCK OUT OF 5 TRACER DRUGS, 1 VACCINE AND MEDICAL DEVICE SUPPLIES**
- **AVAILABILITY OF TRACER DRUGS**

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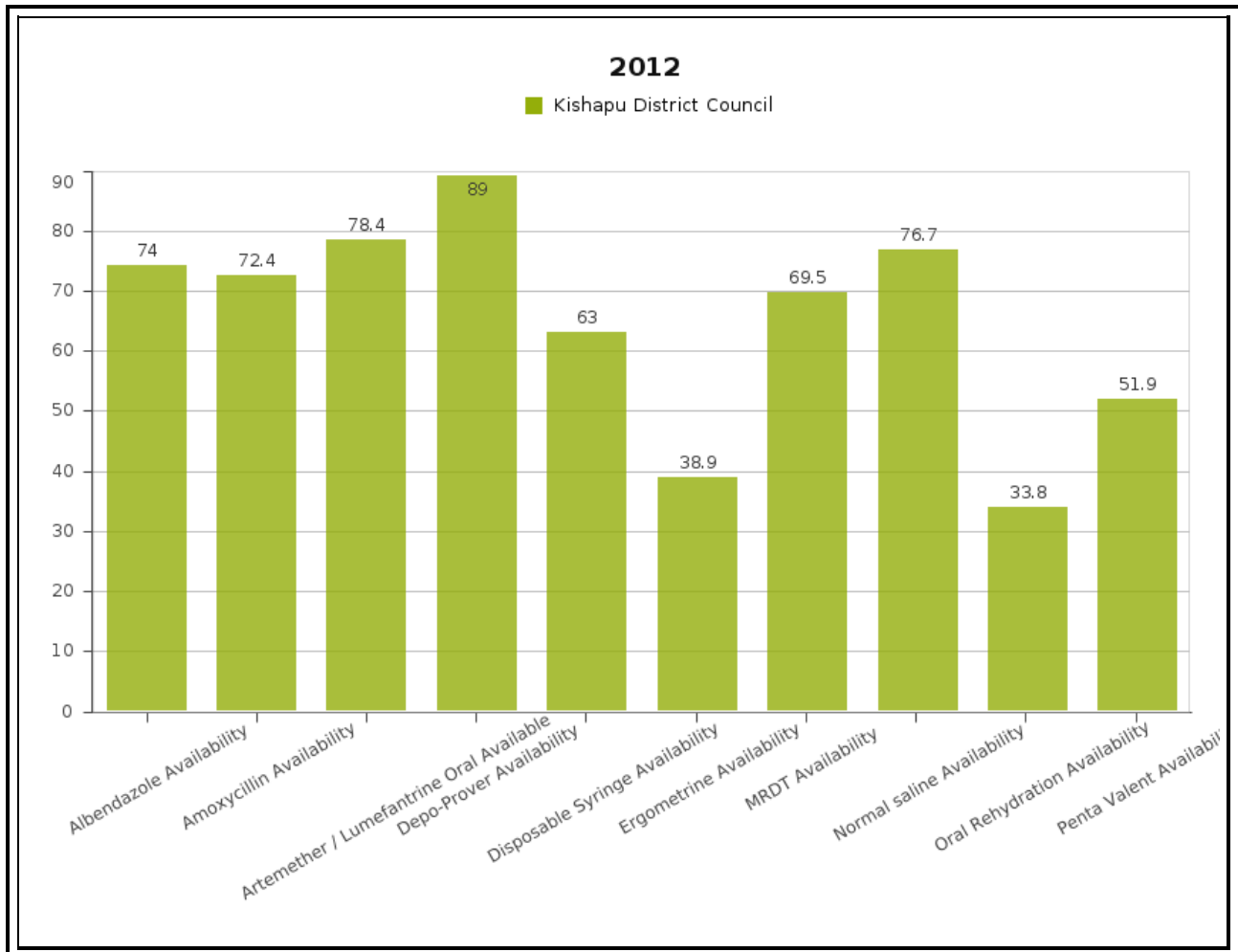
Figure 5-6. Health Facilities with Stockout of 5 Tracer Drugs, 1 Vaccine and Medical Supplies

[CHART HERE]

Figure 5-7. Availability of Tracer Drugs

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DISTRICT HEALTH PROFILE



4.4 INFRASTRUCTURE

4.5 OPTIONAL DISTRICT HEALTH SYSTEM INDICATORS

Success

- We continuing to construct District Hospital , Five (5) health center and six (6) Dispensaries by the contribution of Government through MMAM Programme
- We are making rehabilitation of two health center and 14 dispensaries through JRF Programme

Challenges

- Few fund allocated to build the District Hospital and health facilities
- Low contribution of fund from the communities in order to continue with MMAM programe

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DISTRICT HEALTH PROFILE

4.6 DISTRICT HEALTH SYSTEM CONCLUSIONS AND WAY FORWARD

The Government to increase the budget for completion of District hospital and health facilities

5 AREAS OF PROGRESS IN THE DISTRICT HEALTH SECTOR

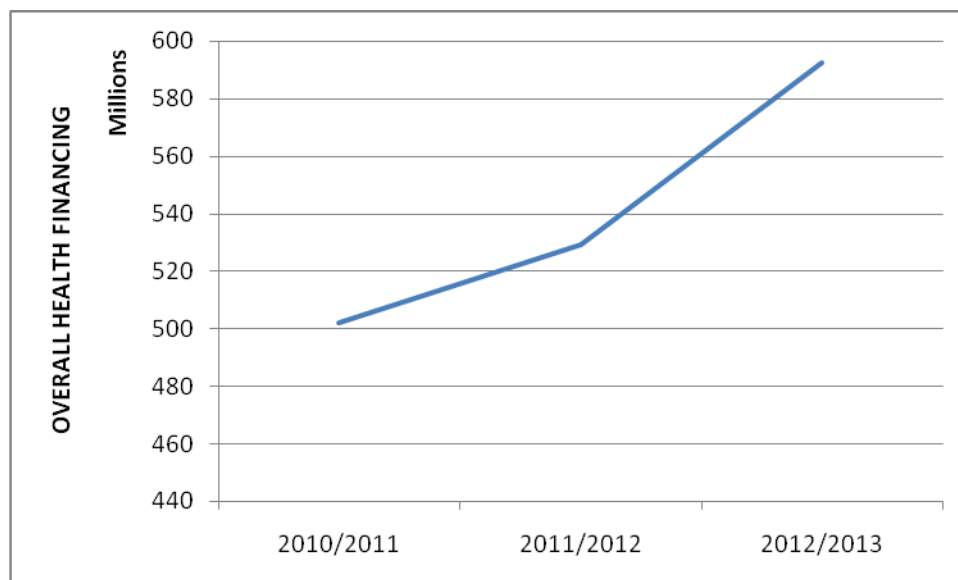
5.1 PROGRESS IN DISTRICT HEALTH FINANCING

OVERALL HEALTH FINANCING

2010/2011 – 502,167,000

2011/2012 – 529,245,400

2012/2013 – 592,455,000



EXPANSIONS IN HEALTH SPEN

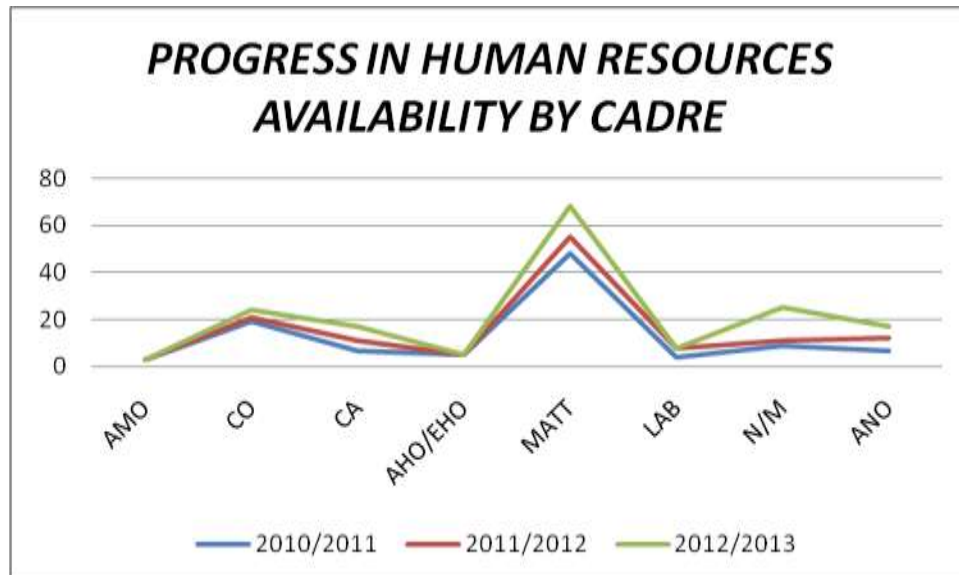
5.2 PROGRESS IN DISTRICT HUMAN RESOURCES

- **INCREASES IN SKILLED HEALTH WORKERS**
- **2010/2011 – 145**
- **2011/2012 – 165**
- **2012/2013 – 184**

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DISTRICT HEALTH PROFILE

- **PROGRESS IN HUMAN RESOURCES AVAILABILITY BY CADRE OVER A PERIOD OF TIME**



- **The available health workers are 175, and the deficit is 423 which are trained cadres.**

5.3 PROGRESS IN DISTRICT NEONATAL HEALTH

[SUMMARY OF PROGRESS OVER THE PAST 1-3 YEARS IN THE FOLLOWING AREAS:

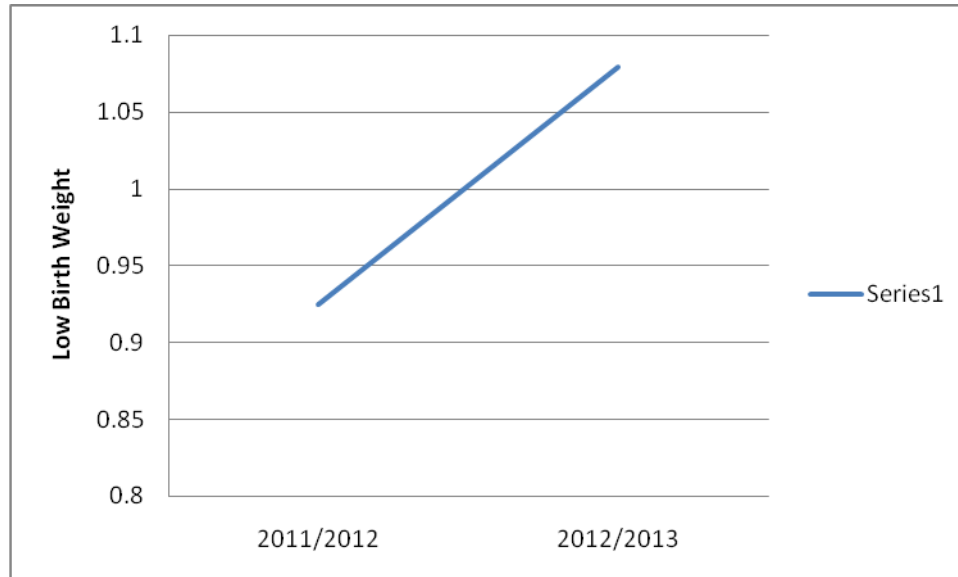
LOW BIRTH WEIGHT

2011/2012 – 0.9%

2012/2013 – 1.1%

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DISTRICT HEALTH PROFILE



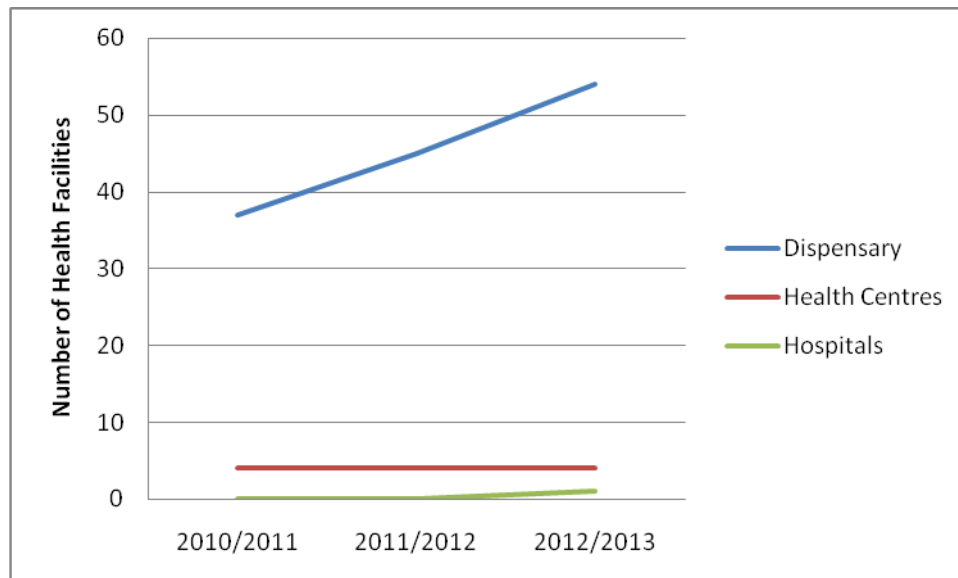
Low birth Weight for 2012 is attributed to famine caused by prolonged drought in the area.

5.4 PROGRESS IN DISTRICT HEALTH FACILITY COVERAGE

EXPANSIONS IN FACILITY COVERAGE ACROSS DISTIRCTS

KISHAPU DISTRICT COUNCIL

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NB: 20 Dispensaries and 12 Health Centres are under construction for MMAM Program until 2014.

5.5 PROGRESS IN DISTRICT HEALTH FACILITY PERFORMANCE

EXPANSIONS IN CRITICAL HEALTH SERVICES

IMPROVEMENTS IN REFERRAL HOSPITAL PERFORMANCE

2010/2011 – 2 Ambulances

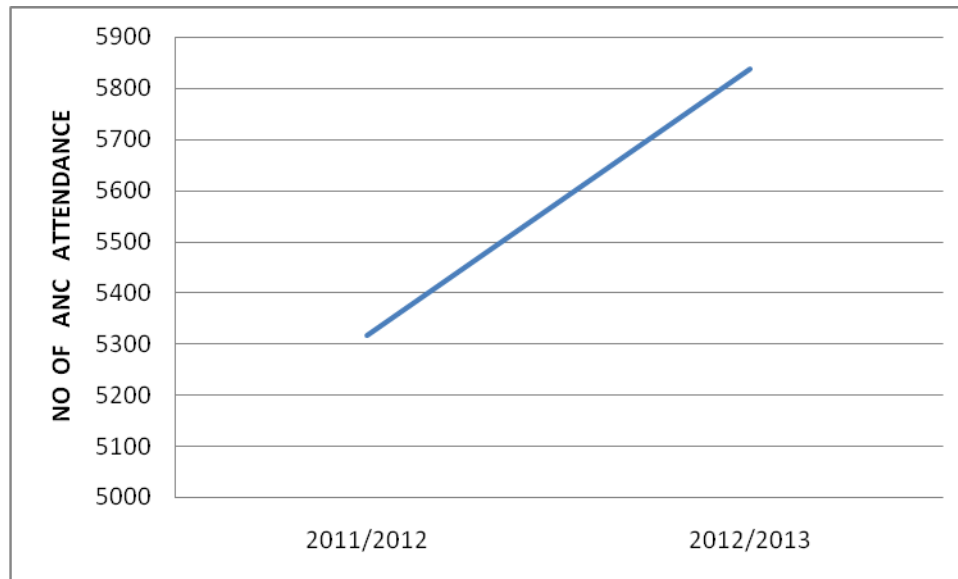
2011/2012 – 2 Ambulances, 3 Motorcycle Ambulances

2012/2013 – 4 Ambulances, 3 Motorcycle Ambulances

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DISTRICT HEALTH PROFILE

PROGRESS IN ANC ATTENDANCE



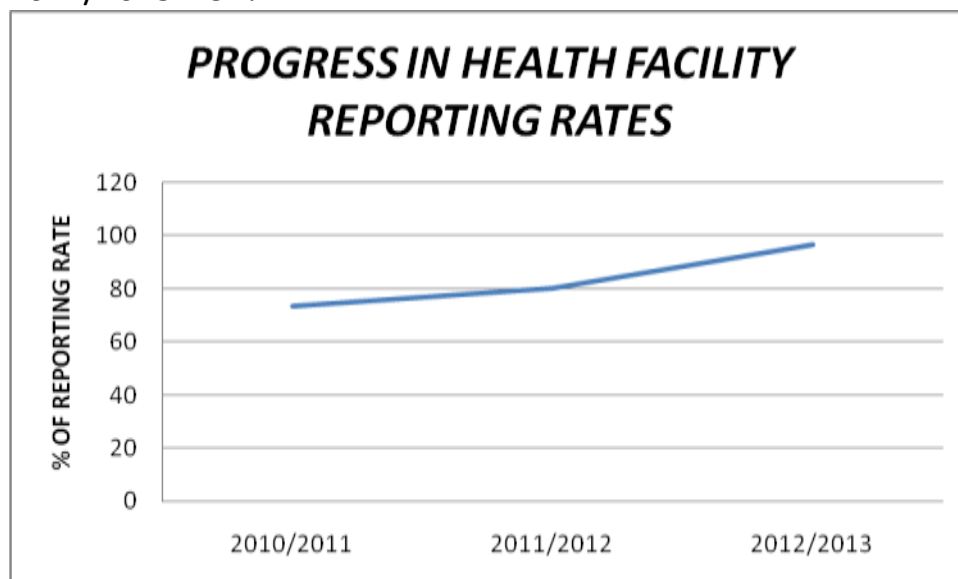
ANC Attendance has increased because of increased awareness for women and increased number of facilities providing ANC service.

PROGRESS IN HEALTH FACILITY REPORTING RATES

2010/2011 – 73%

2011/2012 – 80%

2012/2013 – 97%



KISHAPU DISTRICT COUNCIL

DISTRICT HEALTH PROFILE

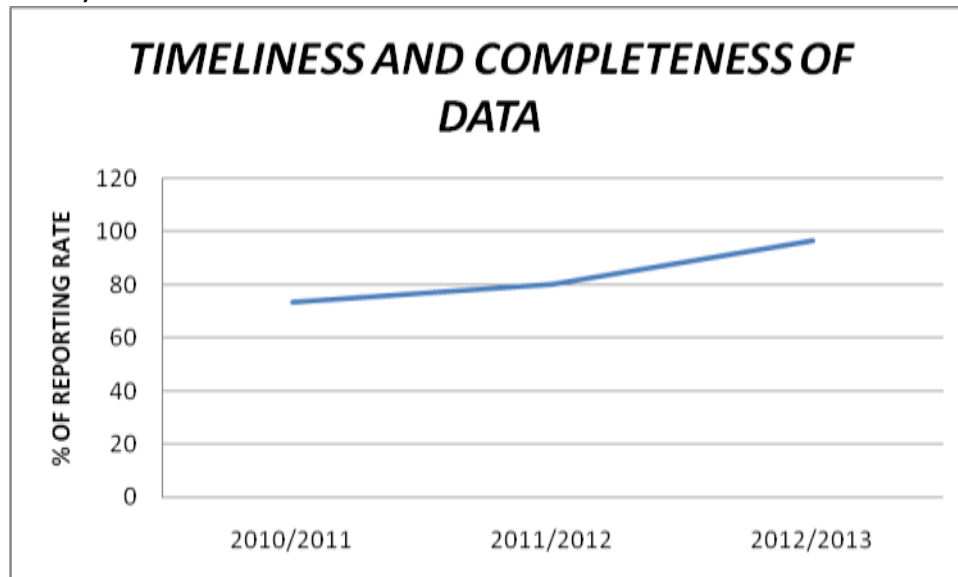
Health Facility reporting rates increased after coordinators were taught the use of Revised HMIS tools and the use of DHIS2.

TIMELINESS AND COMPLETENESS OF DATA

2010/2011 – 73%

2011/2012 – 80%

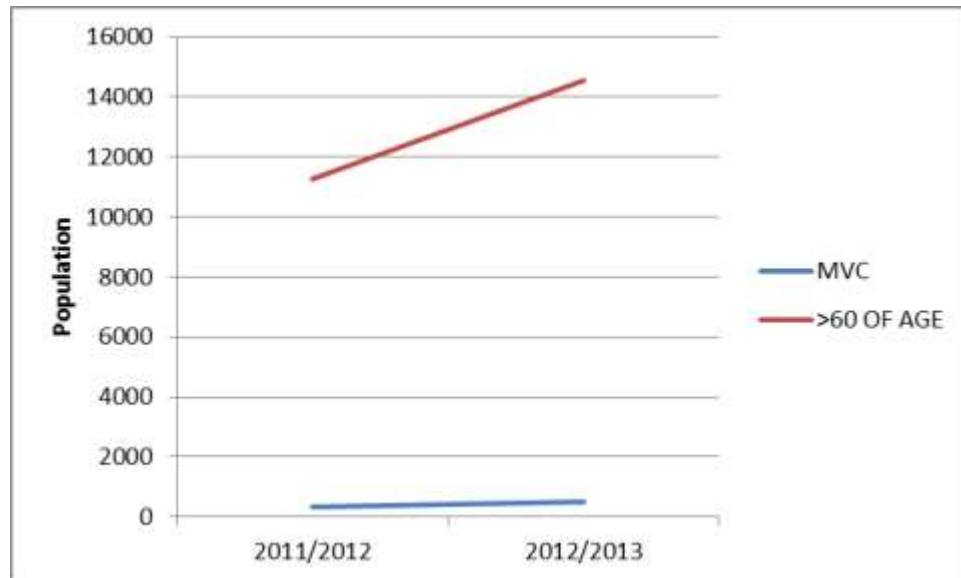
2012/2013 – 97%



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DISTRICT HEALTH PROFILE

5.6 PROGRESS IN DISTRICT HEALTH SERVICES

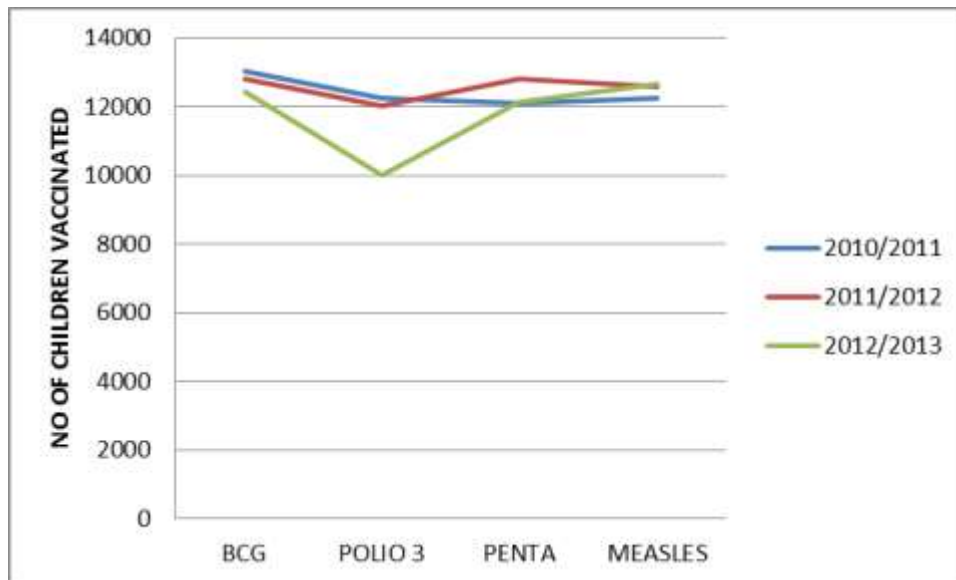


- The number of vulnerable children increases because of family problems, HIV/AIDS and poverty which forces children to leave their homes.
- People of old age tend to be in the vulnerable group because they are neglected by their family members or the community as a whole, and they also face economic crisis.

VACCINATION COVERAGE

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DISTRICT HEALTH PROFILE

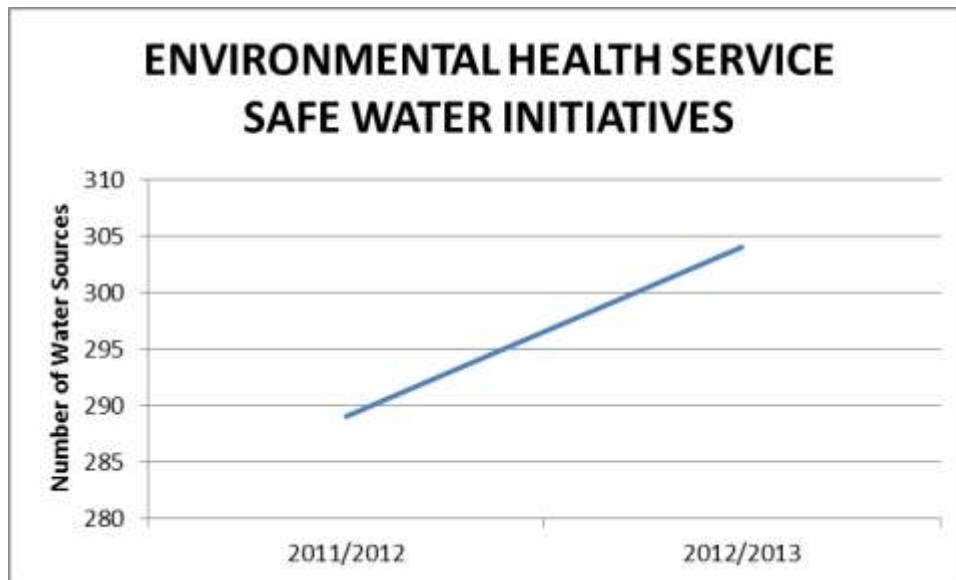


Polio 3 Vaccination dropped in 2012/2013 because there was a change in the financial system from the old system to EPICOR 0.9 which halted payment of funds for seven (7) months and we were out of stock of polio vaccine for the whole country for about five months.

ENVIRONMENTAL HEALTH SERVICE SAFE WATER INITIATIVES

2011/2012 – 289

2012/2013 – 304



From 2011/2012 we had 289 and that increased to 304 in 2012/2013 but we still have a big deficiency in the water sources because diseases associated with water deficiency like diarrhea, skin and eye diseases are still leading in the top ten diseases.

5.7 PROGRESS AGAINST MILESTONES

[SUMMARY OF PROGRESS OVER THE PAST 1-3 YEARS IN THE FOLLOWING AREAS:

- PROGRESS AGAINST MILESTONES SET BY THE TECHNICAL REVIEW OF THE JOINT ANNUAL HEALTH SECTOR REVIEW FROM PREVIOUS YEAR.***

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5.8 BEST PRACTICES/CASE STUDIES

1. We have strengthened collection, analysis and data entry in DHIS 2 according to timeliness and completeness criteria.

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DISTRICT HEALTH PROFILE

2. We are still continuing with the construction of 20 Dispensaries and 12 Health Centers through the MMAM Program and most of the facilities are ¾ of completion.
3. Kishapu CCHP 2013/14 is already entered in Plan-rep 3 and EPICOR system according to the annual joint health sector review.
4. We have won the regional environmental and sanitation competition for the year 2012/2013.