

The United Republic of
TANZANIA
Ministry of Health &
Social Welfare



ILALA 2012
District Health Profile



TABLE OF CONTENTS

FOREWORD.....	4
I. ACRONYMS AND KEY TERMS	8
1.1 MISSION AND VISION.....	9
<i>Vision</i>	9
1.2 STRUCTURE OF DISTRICT	10
1.4 POPULATION	16
1.5 GEOGRAPHY	16
1.6 TRANSPORTATION AND COMMUNICATION	19
2.2 MANDATORY HEALTH INDICATORS	22
2.3HEALTH INDICATORS IMPORTANT TO ILALA MUNICIPALITY	26
2.3 KEY MESSAGES ABOUT HEALTH INDICATORS	27
3.2 MORBIDITY	44
4.2 Structure and Management related Problems	50
5 .STATUS OF DISTRICT HEALTH SYSTEMS	56
5.2 HEALTH FINANCING	56
5.3 HUMAN RESOURCES FOR HEALTH	59
5.4 MEDICINES/DRUGS.....	61
5.5 OPTIONAL DISTRICT HEALTH SYSTEM INDICATORS.....	64
6. AREAS OF PROGRESS IN THE DISTRICT HEALTH SECTOR.....	67
6.2 PROGRESS IN DISTRICT HUMAN RESOURCES	67
6.2 FIGURE: HUMAN RESOURCE.....	67

ILALA DISTRICT HEALTH PROFILE

FOREWORD

This District Health Profile (DHP) is intended to provide adequate information for all those who plan or intend to undertake health condition, health service delivery by assessing priorities health indicators in progress and development of Municipality.

The core objective is to integrate all district health activities information which can easily be accessible and utilized in municipal health plan and eventually facilitating quality health service provision for quality health of municipal citizens.

Bearing in mind with the prevailing health budgeting constrains DHP formulation marks easy the access of all relevant health information from every specific health areas including performance indicators for appropriate intervention.

DHP needs regular review to accommodate new information priorities and update. Therefore it is expected that, all individual health care personnel will be responsible in improving data management so as to strengthen availability of DHP information. Since data is a centre point for planning and budgeting DHP will be useful only when all the available information are correct and accurate.

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ILALA DISTRICT HEALTH PROFILE

ACKNOWLEDGEMENT

Preparation of District Health Profile was not an easy task. We therefore take this opportunity to thank all who in one way or another contributed to accomplish this work. However, we would like to thank the Ministry of Health and Social Welfare for funding and facilitating on orientation of DHP guideline. Special thanks goes to the Director of Planning and Policy (MOHSW) for the release of funds, organizers, facilitators, including Dr. G. Somi , Ms R. Sembeje and UDSM - DHIS Team for their guidance in preparing the DHP document.

Also we would like to thank Ilala Municipal Medical of Health (MMOH) Dr. Asha Mahita, Program Coordinator (MMOH) Dr. Mwanahamisi Hassan, Planning Coordinator (MMOH) Dr. Nelson Mabruki, Curative Coordinator (MMOH) Dr. Willy Sangu, HMIS Coordinator Dr. Ritha Kambanga and all CHMT members for their participation on preparing this health profile.

ILALA DISTRICT HEALTH PROFILE

EXECUTIVE SUMMARY

Ilala CHMT is one of the three CHMT in Dar es Salaam, responsible to oversee the implementation of Health activities in regardless to curative, promotive, preventive and rehabilitative health services.

District Health Profile 2012 was developed based on priorities in improving health services including: Medicine and basic supplies, Physical Health Infrastructure, Capacity Building, Equipment and Plants, Financial Management, Environmental Health and Sanitation and Transport and logistics are also among the result area which are reflected in this document.

Health services in Ilala Municipal Council have continued to be delivered as the main focus in reducing the burden of diseases to individuals and communities where the interventions are essentially based on preventive, curative, rehabilitative and promotional services.

The services are provided at different levels of health care delivery including Hospitals, Health centers and dispensaries both public and private, in order to ensure sustainability in delivery of quality health care services at all levels. The office of Municipal Medical Officer of Health continued to execute its responsibilities in supervision, coordination and mentorship both in Public and Private Health Facilities.

Smooth running of health care services depended on the constant availability of resources i.e. Human resources, Infrastructures, Medicine, Medical supplies and Equipment. However, we managed to have significant achievements despite of various ad hoc.

ILALA DISTRICT HEALTH PROFILE

Supportive Supervision for quality Health Care Service provision in the Municipality continued whereby a total number of **72** Health Facilities which is equal to **42.1%** out of **171** from public and Private were visited. However occurrence of natural disaster in December 2011 / January 2012 i.e. flooding and diseases epidemics lead to over stretching of the existing health budget hence forced reallocation and failure to implement some plants activities eg: building incinerators for dispensaries and health centres.

In order to ensure community involvement, each health facility has a health committee; the municipal health board at the municipal level is responsibly for over seeing the implementation of council health managed to purchase Medical equipments worthy. Fourty three million eight hundred twenty two thousand and three hundred only (**43,822,300/-** Tshs) and two hundred million thirty six thousand eight hundred and fifty five only (**200,036,855/-** Tshs) for medicine, from MSD however this was inadequate in relation to actual demand. (KAIKA)

A total of 39303 patients were admitted at Amana Regional Referral Hospital in 2011/2012 due to various diseases while a total of 270984 Clients were treated as out patients. Also, Major rehabilitation of the physiotherapy building at Amana Hospital is at the final stage (**95%**) as infrastructure improvement initiatives.

Pregnant Mother 64368 women attended antenatal clinics, among them were tested for HIV and 3342 women were positive through PMTCT. Deliveries 41187 were conducted whereby 36 maternal death occurred.

Rehabilitation and maintenance of 2 dispensaries Bonyokwa and Tabata Kisiwani, 3 Staff houses, major operating theatre and 2 incinerators have Constructed through MMAM.

ILALA DISTRICT HEALTH PROFILE

I. 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
CHMT	Council Health Management Team

Table 0-2. KEY TERMS

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	Measure health services either mandatory or optional.

ILALA DISTRICT HEALTH PROFILE

1 INTRODUCTION

1.1 MISSION AND VISION

Vision

The vision of health department a community with sustainable and affordable quality health services by 2018

Mission

To facilitate Provision of sustainable affordable and quality health services to the Community through effective and efficient management of resources. Over the next five years, we aspire to:

- Provide the safest, most effective health care services.
- Control and minimize the cost of providing care.
- Provide cure and educate Health Care Workers
- Provide access to every community from Ilala Municipality who need our services.
- A community with sustainable, affordable and quality health services by 2018

VALUES

- Respect to the client
- Timely Services provision
- Transparency
- High quality services
- Client focus

ILALA DISTRICT HEALTH PROFILE

1.2 STRUCTURE OF DISTRICT

- **ESTABLISHMENT OF THE MANISPALITY**

Ilala Municipality was established on 2000.

- **GEOGRAPHICAL LOCATION AND SIZE**

Ilala Municipal Council is one among Ilala Municipality bears the status of an Administrative district lies between longitude 39° and 40° east and between latitude 6° and 7° south of the Equator. It has an area of 210 km².

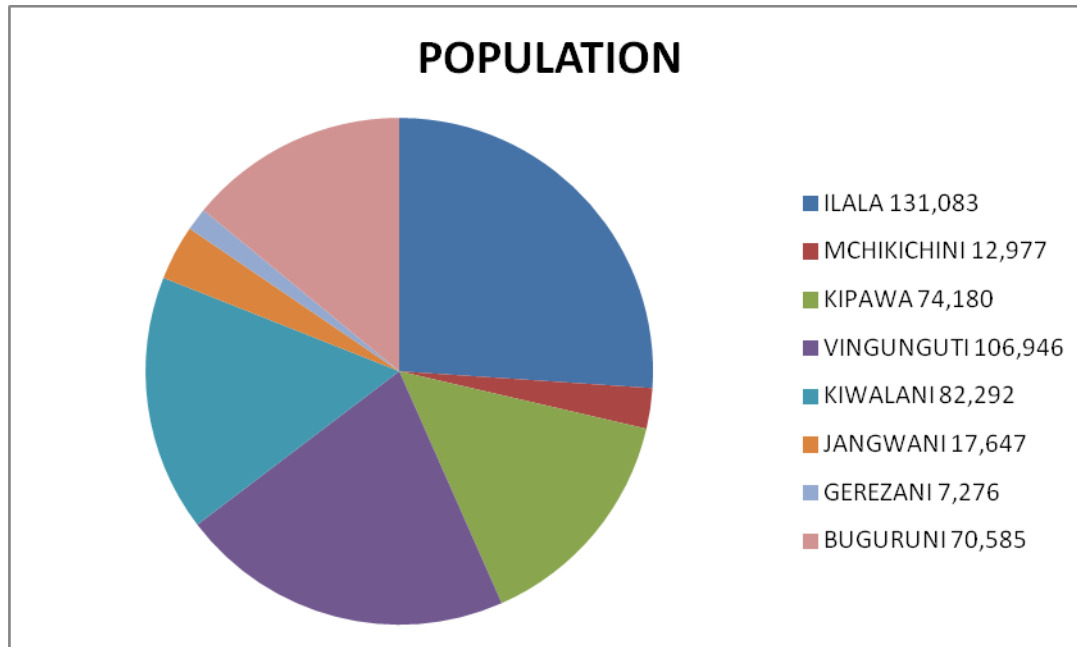
The Municipality is bordered by the Indian Ocean on its Eastern part with distance of about 10 kilometers. On the southern part it is bordered by Temeke Municipality, whereas on its Western part it is bordered by Kisarawe District and on its Northern is bordered by Kinondoni Municipality.

Its altitude that ranges between 0 and 900 meters above sea level influences the ecological characteristics of the Municipality. Thus the Municipality consists of a larger lowland area and a small part forming the upland zone.

- **DIVISIONS , WARDS DISTRIBUTION AND POPULATION**

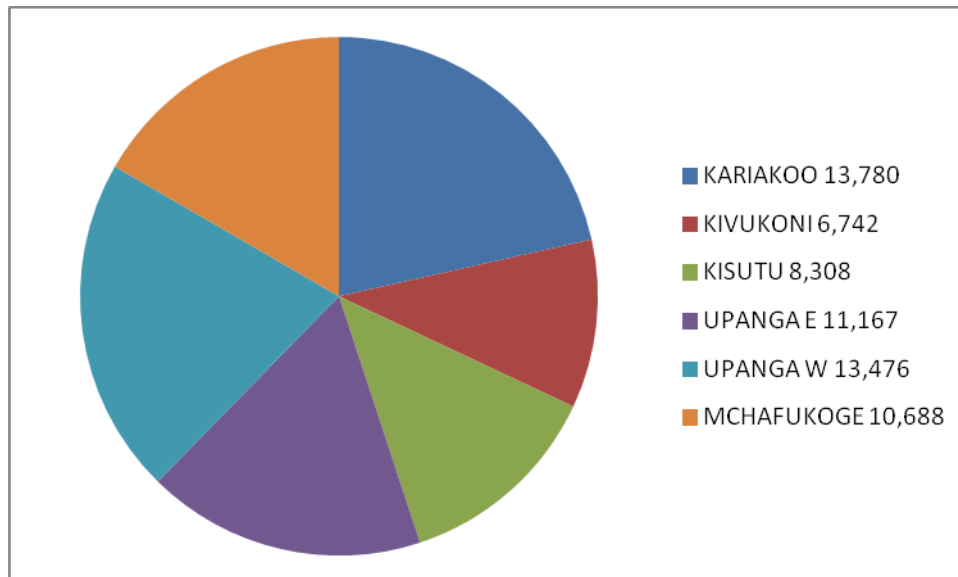
Ilala Municipal Council comprises of three divisions namely Ilala, Kariakoo and Ukonga. and 26 Wards, this district there is no villages because it is located at urban area. Total population year of 2012 is It covers an area of 210 km² with an approximate population of **1,220,611** as per 2012 census (**595,928** are men and **624,683** are women living). This information is summarized below.

ILALA DISTRICT HEALTH PROFILE



Population of Ilala Division year of 2012 is **402,986 (33.3%)** and year of 2011 was **421,782 (50.7%)**

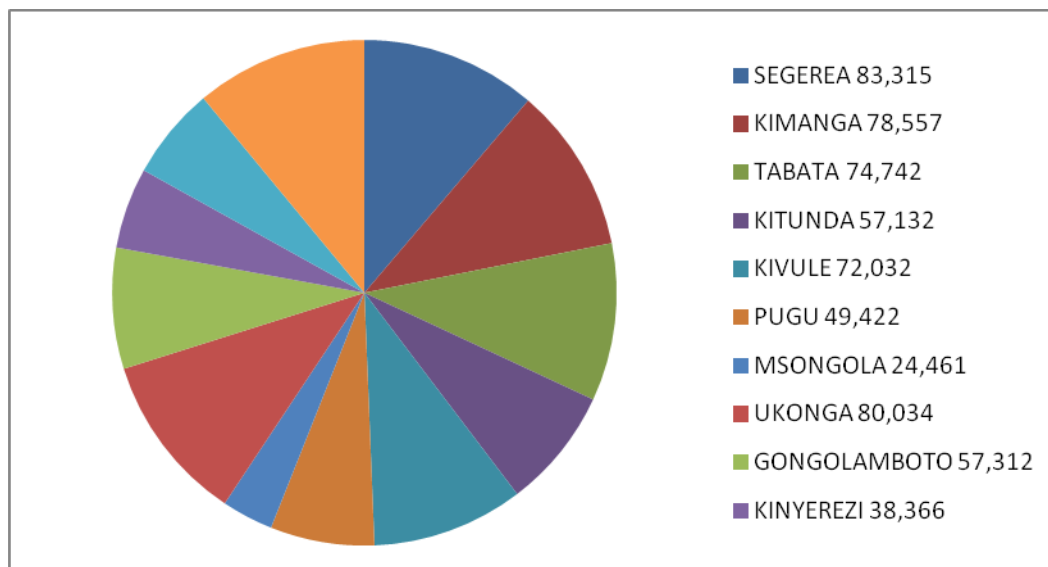
POPULATION OF KARIAKOO WARD



Population of Kariakoo Division year of 2012 is **870,133 (72%)** and year 2011 was **60,234 (7.2%)**

ILALA DISTRICT HEALTH PROFILE

POPULATION OF UKONGA WARD



Population of Ukonga Division year of 2012 is **740,931 (61.3%)** and year 2011 was **348,783 (41.9%)**

TABLE 1-1 WARD NAMES

S/N	DIVISION	WARDS	POPULATION
1	ILALA	ILALA	131,083
		MCHIKICHINI	12,977
		KIPAWA	74,180
		VINGUNGUTI	106,946
		KIWALANI	82,292
		JANGWANI	17,647
		GEREZANI	7,276
		BUGURUNI	70,585
		Sub-total	402,986
2	KARIAKOO	KARIAKOO	13,780

ILALA DISTRICT HEALTH PROFILE

		KIVUKONI	6,742
		KISUTU	8,308
		UPANGA E	11,167
		UPANGA W	13,476
		MCHAFUKOGE	10,688
		Sub-total	870,133
	UKONGA	SEGEREA	83,315
		KIMANGA	78,557
		TABATA	74,742
		KITUNDA	57,132
		KIVULE	72,032
		PUGU	49,422
		MSONGOLA	24,461
		UKONGA	80,034
		GONGOLAMBOTO	57,312
		KINYEREZI	38,366
		CHANIKA	43,912
		MAJOHE	81,646
		Sub-total	740,931
		Grand-Total	1,220,611

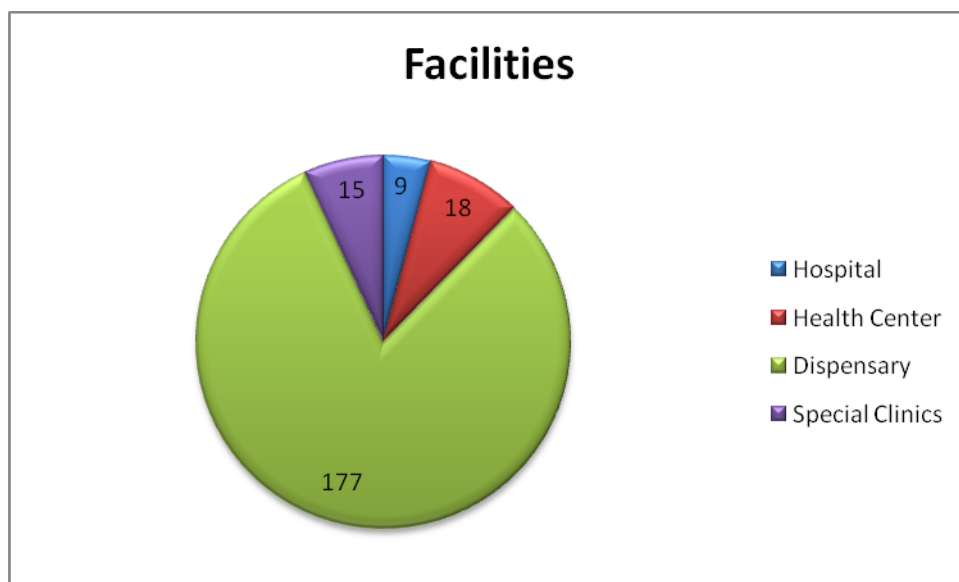
ILALA DISTRICT HEALTH PROFILE

1.3 FACILITY DISTRIBUTION

Health services provided in the Municipality are based on curative, preventive, rehabilitative and promotive. These services are provided at different levels of health care delivery including Hospitals, Health Centers, Dispensaries and Communities both Public and Private.

TABLE 1-2 FACILITY DISTRIBUTION

No.	Type of Facility	Public	Private/Parastatal/Base Faith/ Military/police	Total
1	Hospital	1	8	9
2	Health Center	2	16	18
3.	Dispensary	20	157	177
4	Special Clinics	1	14	15
	Total	24	195	219

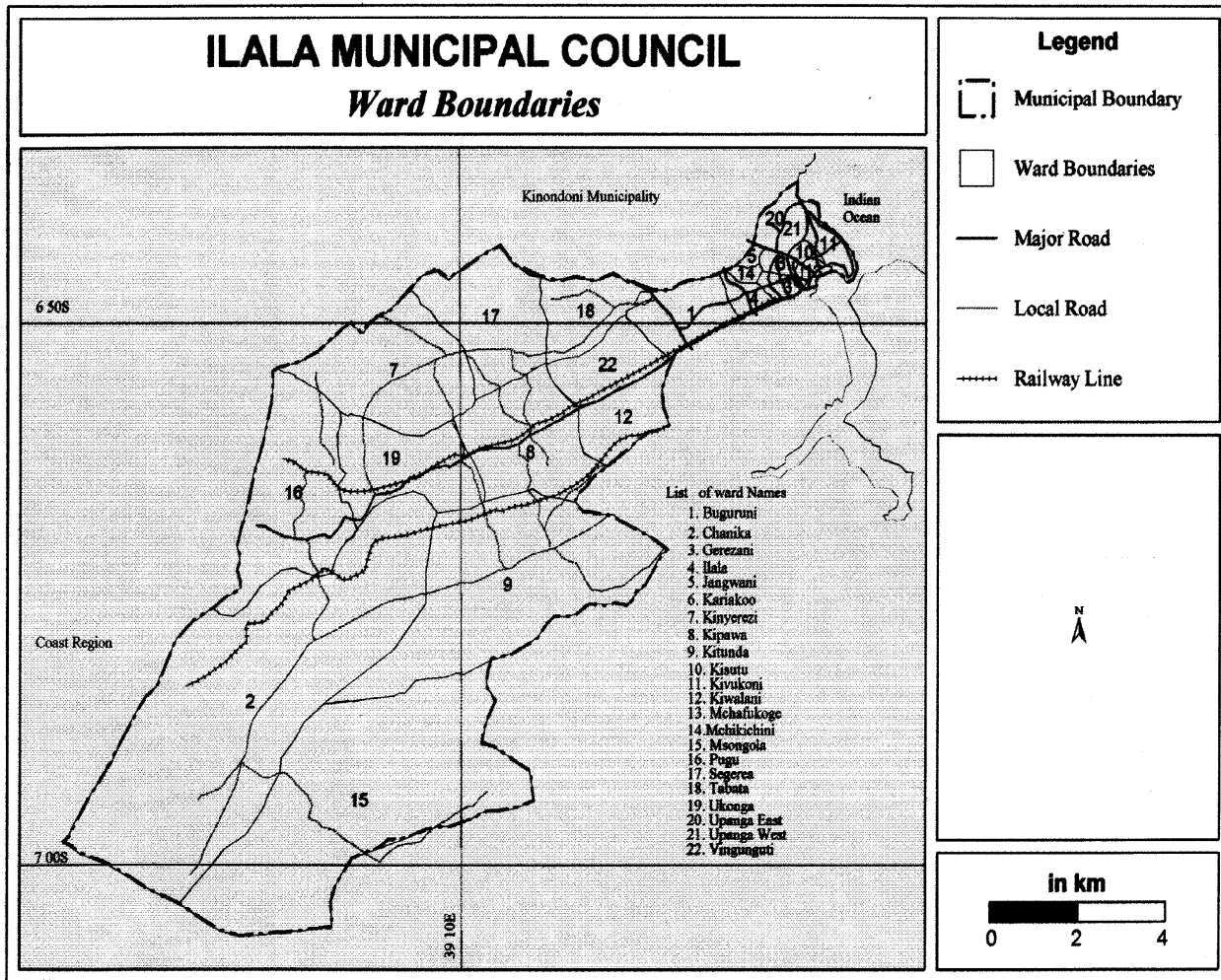


Municipal Facilities.

The Council has 219 Health Facilities, 9 Hospitals, 18 Health Centers and 177 Dispensaries. CHMT as an overall overseer of all health activities in the municipality it provides supportive supervision at all levels of service delivery in both Private and Public Health Facilities and strengthening Public Private Partnership.

ILALA DISTRICT HEALTH PROFILE

Fig1.1 : Ilala Municipality Map



(At Ilala the DHIS – 2 was not yet established).

ILALA DISTRICT HEALTH PROFILE

1.4 POPULATION

According to the 2012 National Household Census, Ilala Municipality had a population of 1,220,611 .The inhabitants are of mixed tribes with different dialects.

Table 1-3. Gender And Age Based Statistics

Age Range	Female	Male
< 1 year	17,301	17,376
1- 4	57,286	57,846
5-14	109,926	118790
15-49	376,926	349,658
>50	44,555	52,258
Total	624,683	595,928

Source of information: Census 2012

1.5 GEOGRAPHY

Geographical location

Ilala Municipality bears the status of an Administrative district lies between longitude 39° and 40° east and between latitude 6° and 7° south of the Equator. It has an area of 210 km².

The Municipality is bordered by the Indian Ocean on its Eastern part with distance of about 10 kilometers. On the southern part it is bordered by Temeke Municipality, whereas on its Western part it is bordered by Kisarawe District and on its Northern is bordered by Kinondoni Municipality.

Its altitude that ranges between 0 and 900 meters above sea level influences the ecological characteristics of the Municipality. Thus the Municipality consists of a larger lowland area and a small part forming the upland zone.

ILALA DISTRICT HEALTH PROFILE

The lowland areas start where the municipality borders with the Indian Ocean (Kivukoni ward) and extends up to Segerea, Ukonga and Kitunda wards. Beyond these wards, the small upland areas emerge as small hills or plateaus of Pugu, Kinyerezi, Chanika and Msongola wards. Whereas most of the lowland areas constitute the urban part of the Municipality, the upland areas are predominantly agricultural and rural in character. The soil type in these areas consists of sand, clay and loam properties.

Climate

The atmosphere is hot and humid with temperatures ranging between 24°C – 28°C in June to October and 29°C – 35°C during November to May.

The district experiences two periods of rainy season. A short rainy period from October to December with an average of 75 – 100mm of rain per month and a long rainy period from March to June with an average between 150 – 300 mm of rain per month. During rain season, the Municipality experiences frequent diarrhea diseases and cholera outbreaks as a result of water contamination as most of the areas lack proper drainage and sewage systems. Also, immediately following rain season, we normally experience a surge in malaria incidence due to increased mosquito breeding sites.

Water

There are 235 shallow wells and 120 deep wells as well as tape water from Lower Ruvu managed by Dawasco.

However, there is still a shortage of safe water especially in semi-urban and underserved areas. This brings chronic susceptibility to disease epidemic (e.g. Cholera).

The Municipality is also faced with problem of a poor sewage drainage system; the current system is very old and over capacitated due to increased number of buildings and users which does not correspond with the existing sewage system. This equally affects Amana Regional Referral Hospital and Buguruni Health Center which need urgent intervention.

Economic status and employment

These are categorized into:-

ILALA DISTRICT HEALTH PROFILE

- Productive sectors
- Business activities.

Productive sectors

Agriculture

Agricultural activities have minimal contribution of only about 10% in relation to the actual food requirements of the population. In 2007 / 2008: production of food reached at 21,746 tones while demand was 211,700 tones. In 2006/2007 production reached 21,746 tones while demand was 247,081 tones.

Livestock

According to 2005/06 data, the district is estimated to keep the following stock; cows 7,500 small ruminates 3,000 broilers 79,700, layers 374,028, goats 2,441, dogs 4,750 and pigs 3,235.

Natural resources

The district has a 10km strip of coastline conducive for fishing. There is natural mangrove forest, stones and sandy beaches, Msimbazi and Mzinga rivers and Zingiziwa swampy area. However, there is unsustainable use of natural resources especially sand for construction and over usage of beaches that leads to environmental degradation.

Fishing

This is one of the prominent activities for Ilala residents. There are over 360 fishing vessels docking along Ilala beaches of which, 222 are outdoor boats. In the year 2006 about 1,904.7 tones of fish were landed and sold in Magogoni fish market; the sale fetched a total of Tsh. 1,041,615,700. In 2006 about 1,999,968.65 tones of fish were expected to be landed and sold.

The following hinders fishing activities: -

ILALA DISTRICT HEALTH PROFILE

1. Lack of storage facilities
2. Lack of formal official market places.
3. Use of destructive dynamite fishing.

Industries

A big proportion of industries are medium and small scale, these include such industries processing beverages, light drinks and pharmaceuticals. Between the year 1997 and 2007 production for some of the industries was very low which led to their shut down. However, due to privatization, some of the industries have started to increase their production. Production of small scale industries has also increased due to increased demand of industrial commodities although some of them have been facing these the following challenges:-

1. Lack of planned estate for light industries
2. Inadequate financial capital targeting beneficiaries
3. Lack of skills in business management for running small-scale industries.

Business activities

There is a wide range of business including formal banking and Insurance, Travel, clearing and forwarding agencies, hoteliers, printing, distributors of industrial commodities and petty trading. In the year 2006/07 a total of 11,781 businesses were registered.

Market places

The Municipality has 15 formal market places.

Employment

Both formal and informal employments exist in the municipality. Formal sector is estimated to employ a workforce of 150,000, which accounts for 17.8% of the total labor force while informal sector contributes to about 68%. The rest constitute a group of individuals who do not have any form of employment which is about 14%.

1.6 TRANSPORTATION AND COMMUNICATION

Transportation facilities

There are 6 vehicles at the MMOH office for supervision and Coordination of health activities. Amana Municipal hospital has two vehicles which are not in

ILALA DISTRICT HEALTH PROFILE

good condition. Buguruni HC has one ambulance and was in good condition. All 6 private hospitals have ambulances in their facilities and other vehicles. About 90% of private dispensaries are located within urban and semi-urban areas where public transport is available. The Mnazi Mmoja urban Health Center have one Ambulance for referral services.

Roads

The Municipality is served by 347km. of roads. About 55% of all roads are in good condition, which facilitates communication between MMOH and health facilities within the Municipal.

Communication facilities

There are several existing communication facilities.

(i) Telephone services

These are available at the MMOH, Hospitals, Health Centers and 3 Dispensaries. Mobile telephone services are accessible to all Health facilities. These includes mobile services provided Vodacom, Airtel, Tigo, and Zantel companies alongside of landline telephone communications provided by Tanzania Telecommunications Company Ltd (TTCL).

(ii) Internet services

Internet services are provided by mobile/cell phone companies and TTCL Broadband. These can be accessible only at MMOH offices, Amana Hospital and in some other Government/ Private Hospitals.

The availability of services have helped the health department to easiest in collecting health information from health facilities like Amana, Buguruni and Mnazimmoja, the department is looking forward to establish telemedicine through this service.

1.7 EDUCATION

Education (literacy rate)

The main categories of education in the District are Pre-Primary, Primary, Secondary, Vocational Training and Complimentary Basic Education in Tanzania (BET) classes.

ILALA DISTRICT HEALTH PROFILE

In addition, the District has also 1 Nursing School under the Ministry of Health and Social Welfare (MOHSW) that provides Certificate Award for Enrolled Nurses.

Pre- Primary Education

Ilala has 34 pre schools.

Primary Education

Currently, registered Primary Schools of which 102 are owned by the Government.

Training Institutions in Ilala Municipality

1. Aghakan University College
2. College of Business Education (CBE)
3. Dar es Salaam Institute of Technology (DIT)
4. Institute of Finance Management (IFM)
5. Muhimbili University of Health and Allied Sciences (MUHAS)
6. Mzumbe University- Dar es salaam Campus
7. Tanzania Public Service College

1.8 OTHER INTRODUCTORY INFORMATION

Community involvement

There is a political stability which has a positive influence and support to the health provision in the Municipal. Community and Political leaders in their routine meetings have an influence on sensitizing and mobilizing communities to participate in health issues including utilization of health facilities and cost sharing.

Furthermore the Community Owned Resource Person (CORPs) helps to strengthen and support health services at community and household level.

Multi -sectoral collaboration including partners working in the Council

In order to provide quality health services, IMC is working hand in hand with various sectors and partners including MDH, JICA, CDC, KOICA, PATH, PSI, Plan International, Pathfinder, Engender Health, Global Fund, AMREF, CCBRT, JHPiego, PASADA, IHI, Tanzania Red Cross, and other various CBOs, FBOs and NGOs.

ILALA DISTRICT HEALTH PROFILE

2 DATA COLLECTION METHODS AND SOURCES OF DATA

Data collection and analysis from health facilities which are collected and sent to district HMIS through MTUHA tools. The reports from the facility submitting every monthly and enter to DHIS-2 system in order to generate different reports. Also we have other methods of collecting data like surveillance data, survey and Research, HIV, STI forms. This data used to our strategic plan and other plans.

Generally the whole HMIS reported data is still linked with several errors such as under reporting, delaying, inaccurate figures and imprecise diagnosis. According to 2012 Data Compilation and analysis only 65 % of the health facilities (Government and Private) reported through HMIS. In the plans short and long term strategies are addressed.

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

ILALA DISTRICT HEALTH PROFILE

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 EmOC 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 ❖ Proportion of laboratory confirmed malaria cases among all OPD visits ❖ TB notification rate per 100,000 population
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 ❖ Health Offices per 10,000 population (modified to include Environmental Health Officer (EHO)) ❖ Laboratory staff per 10,000 population <p>Infrastructure</p> <p><i>Health Indicator Still Being Determined</i></p>	

ILALA DISTRICT HEALTH PROFILE

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
- ❖ 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

ILALA DISTRICT HEALTH PROFILE

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2.2 HEALTH INDICATORS IMPORTANT TO ILALA MUNICIPALITY

ILALA DISTRICT SPECIFIC INDICATORS
1.Medicine,Medical equipment, Medical and diagnostic supplies
2.Maternal ,newborn and child health
3.Communicable Disease Control
4.Non – Communicable Disease Control
5.Treatment and Care of other common diseases of local priority within the council
6.Environmental Health and Sanitation
7.Strengthen Social Welfare and Social Protection Services
8.Strengthen Human Resources for Health and Social Welfare Management Capacity for improved health services delivery
9. Strengthen Organizational Structures and institutional at all levels
10.Emergency Preparedness and response
11.Health Promotion/Behaviour change Commucation (It caters in all priority
12.Traditional Medicine and alternative healing
13.Construction,rehabilitation and Planned Preventive Maintenance of physical Infrastructure of Health facilities

ILALA DISTRICT HEALTH PROFILE

2.3 KEY MESSAGES ABOUT HEALTH INDICATORS

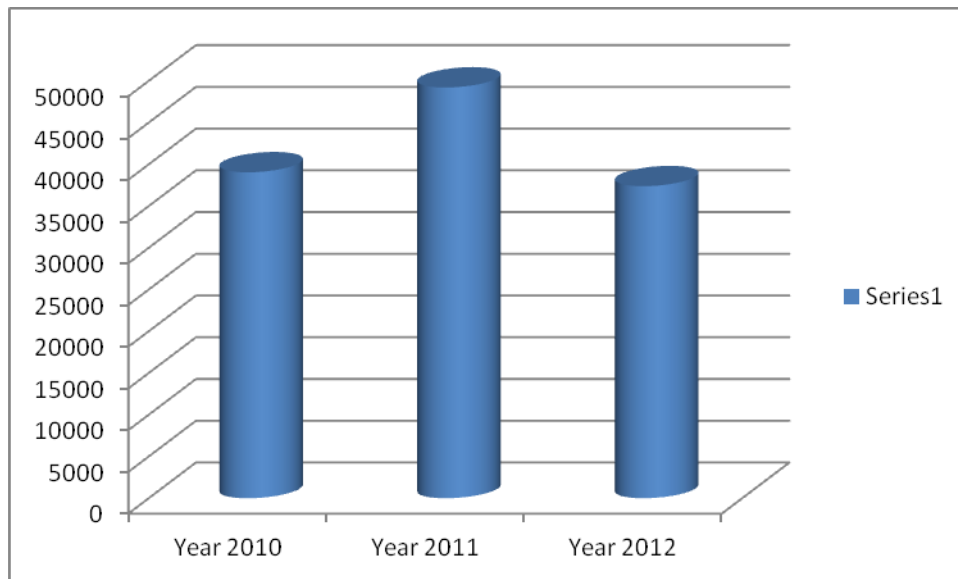
TARGET MET.

- Improvement of health quality services by increasing number of health department example Kivule health department is on process and BOQ building contracts and completion of certificate and funds available.
- Shortage of financial, human and material resource due to increase number of health facilities and patients from rapidly increasing population growth and immigration in the municipal are among the challenges observed in the previous year.
- Upgrading of one dispensary to a health centre, example Chanika dispensary.
- Rehabilitation of 23 dispensary buildings.
- Improve knowledge and skills to staff who providing clinical services.

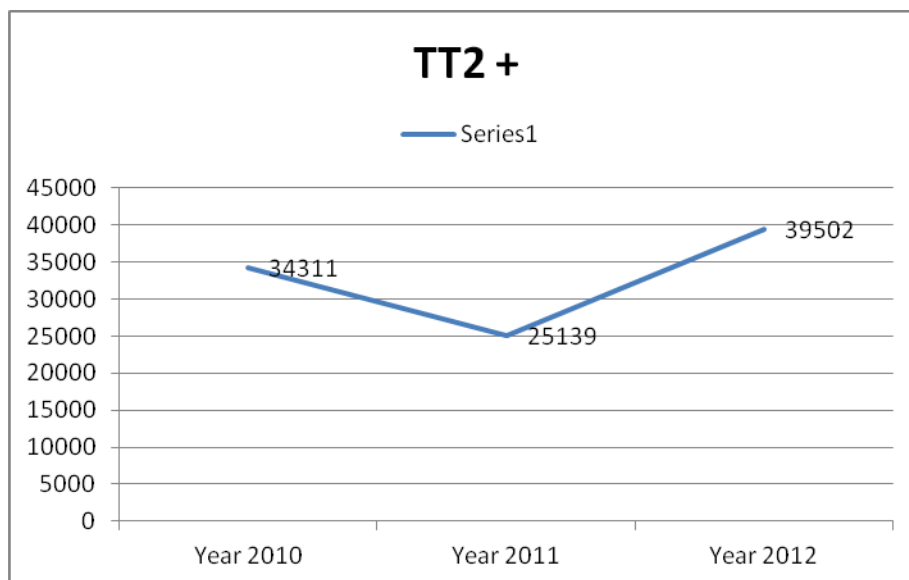
Frequency stock out of medicine, medical supplies and equipments from MSD causes a lot of challenges in the health services provision. Bureaucracy in procurement procedures and price of medicine, medical supplies and equipment at MSD interfered and reduced performance in delivering of health services as planned.

OPD attendances Trend of 3 years the number of attendance increased due to increasing of population and number of facilities, community

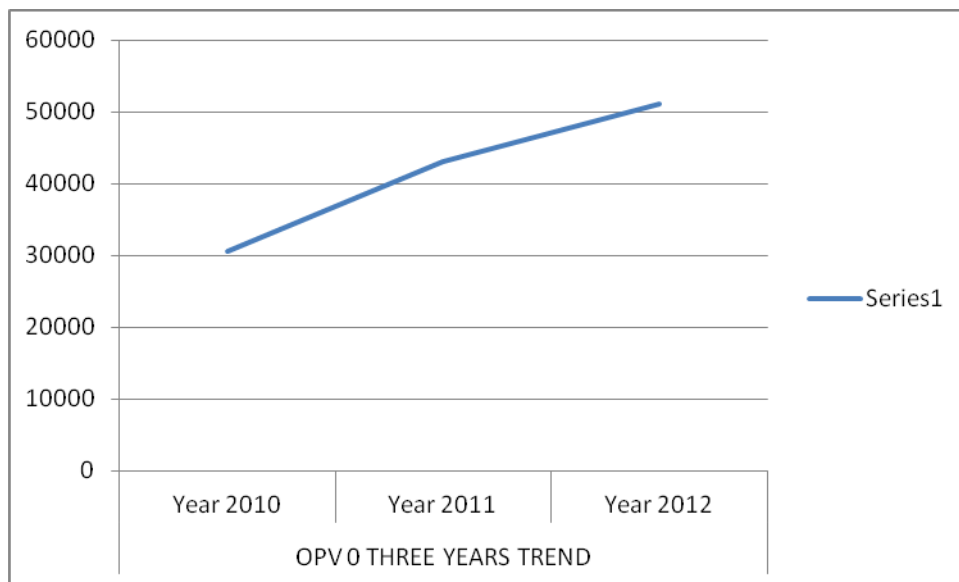
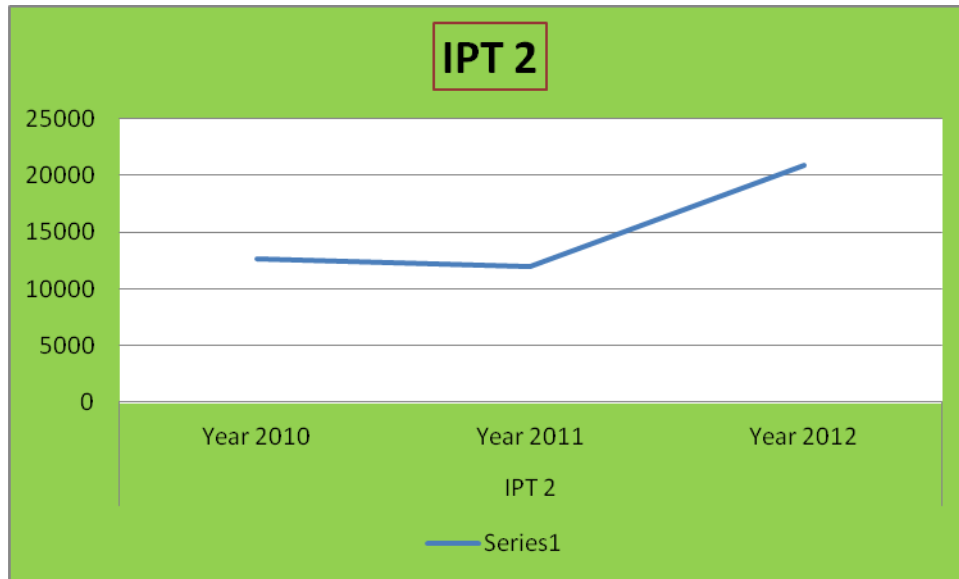
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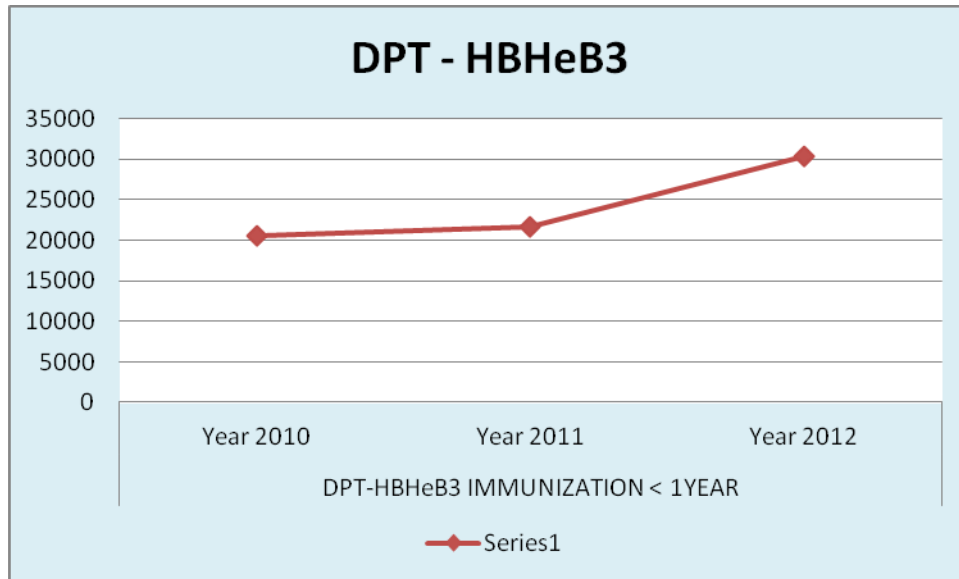
New ANC client attendance Trend of 3 years



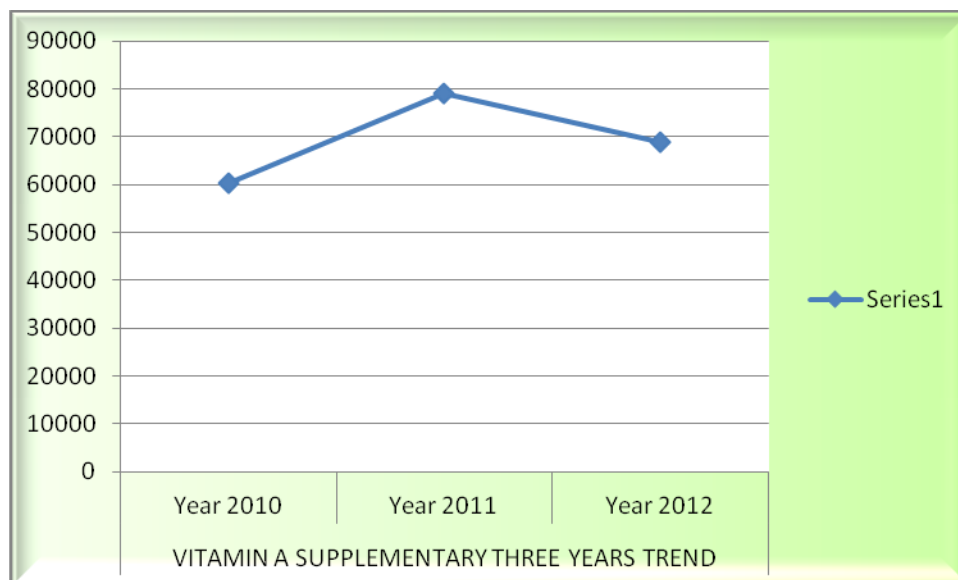
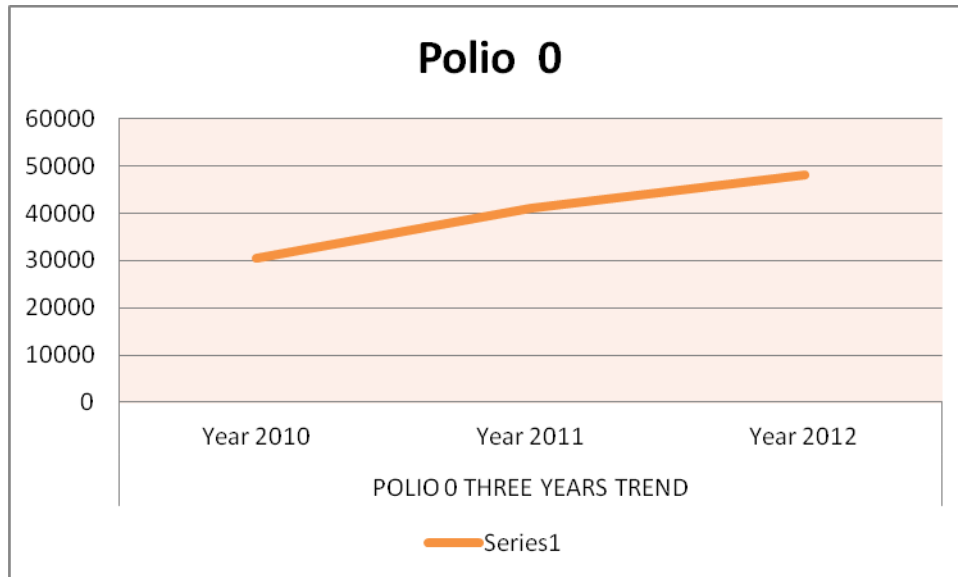
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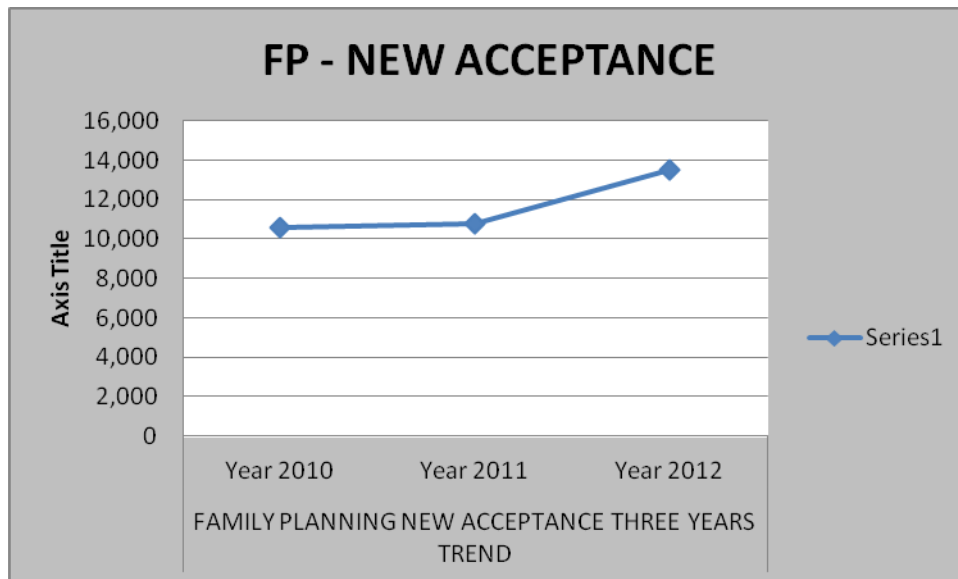
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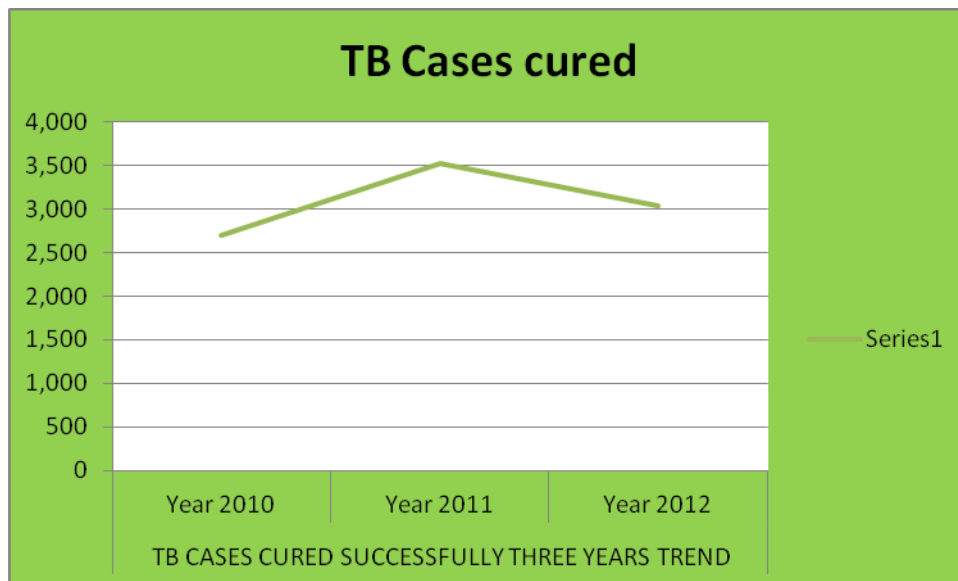
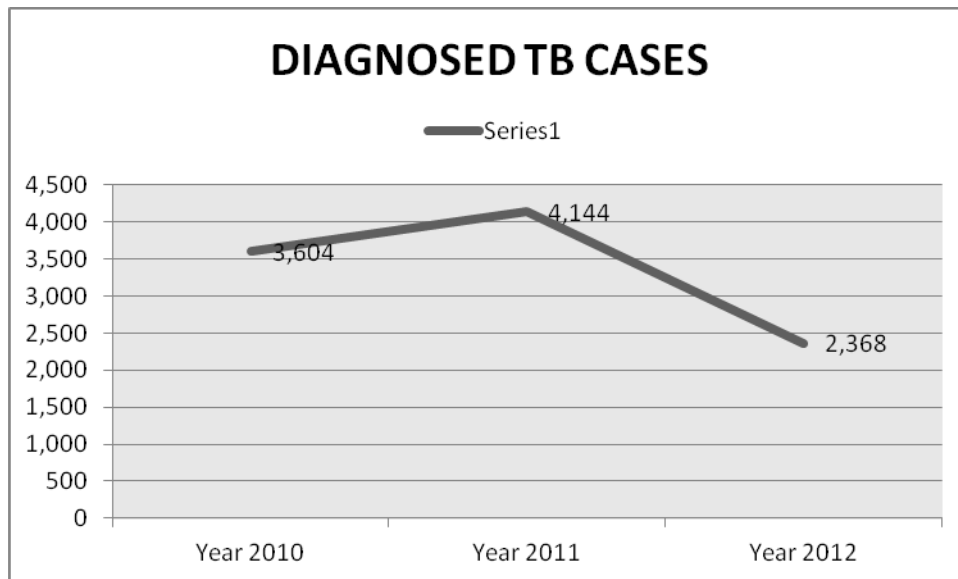
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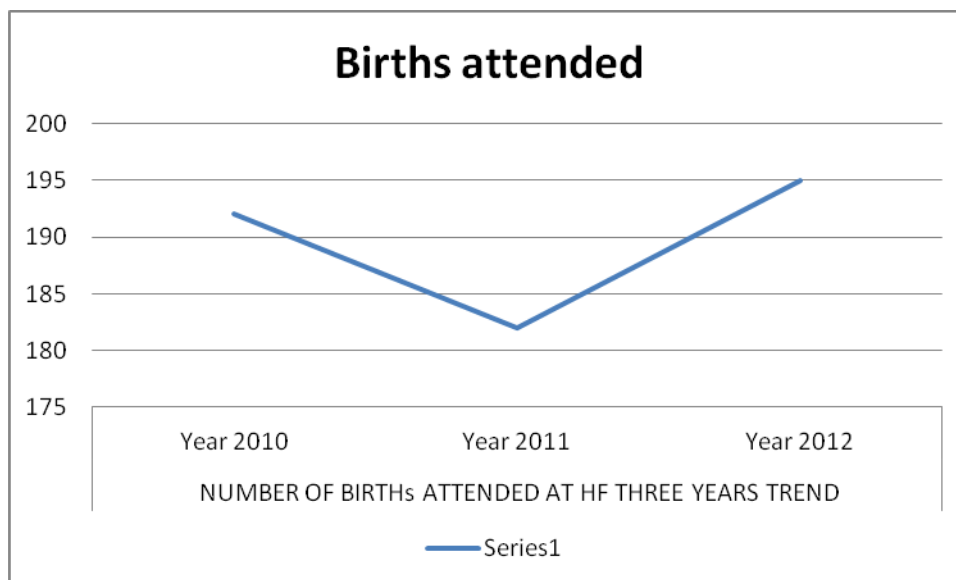
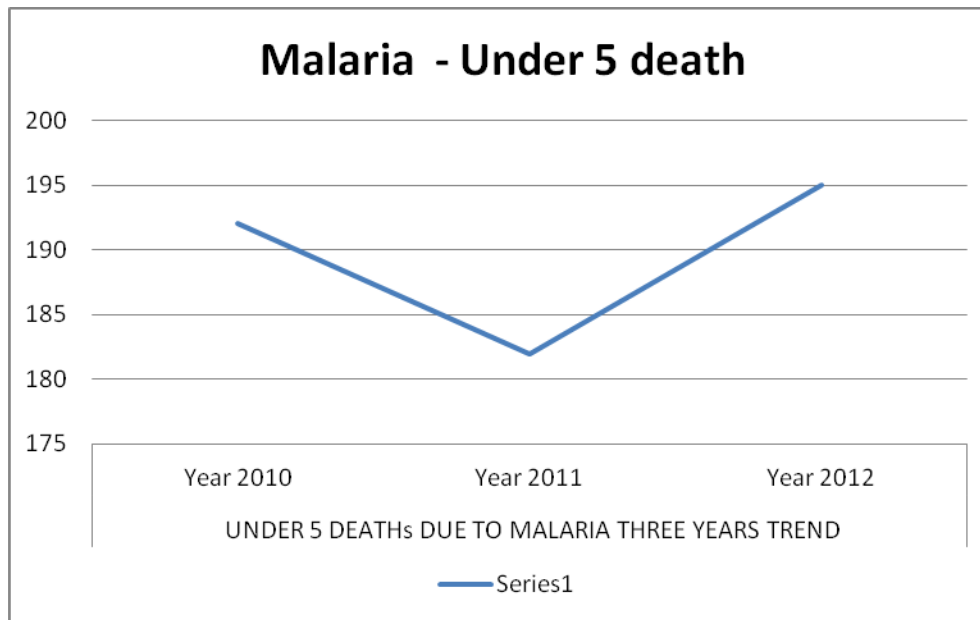
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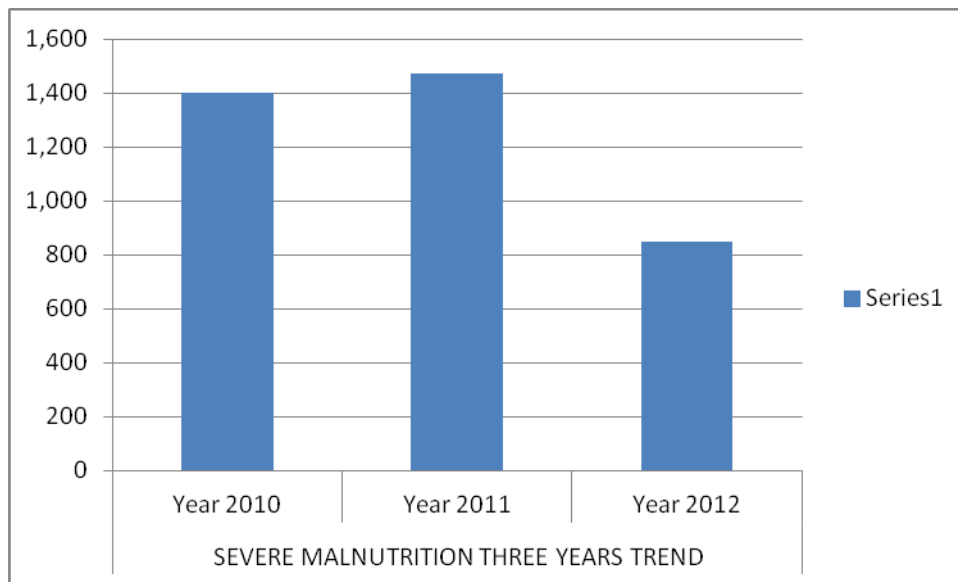
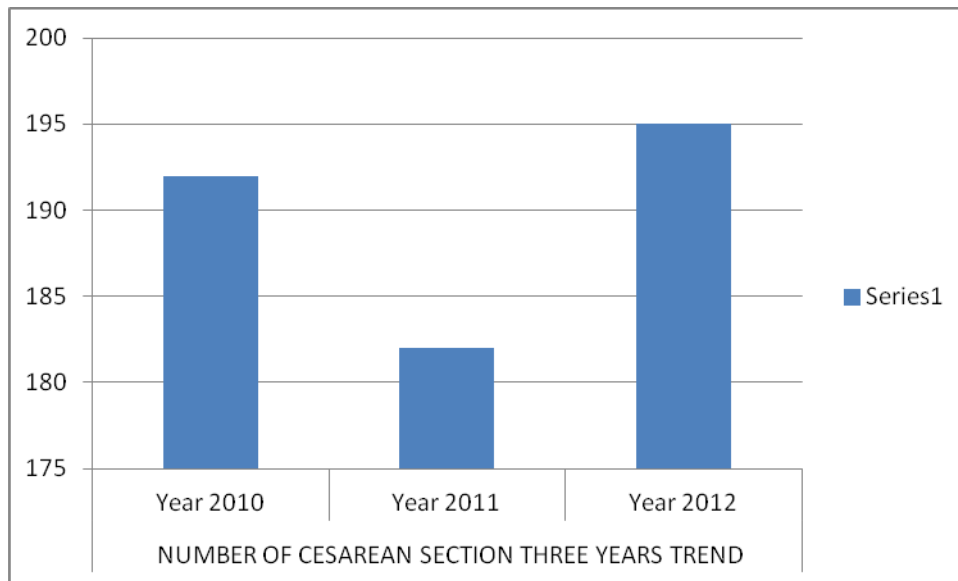
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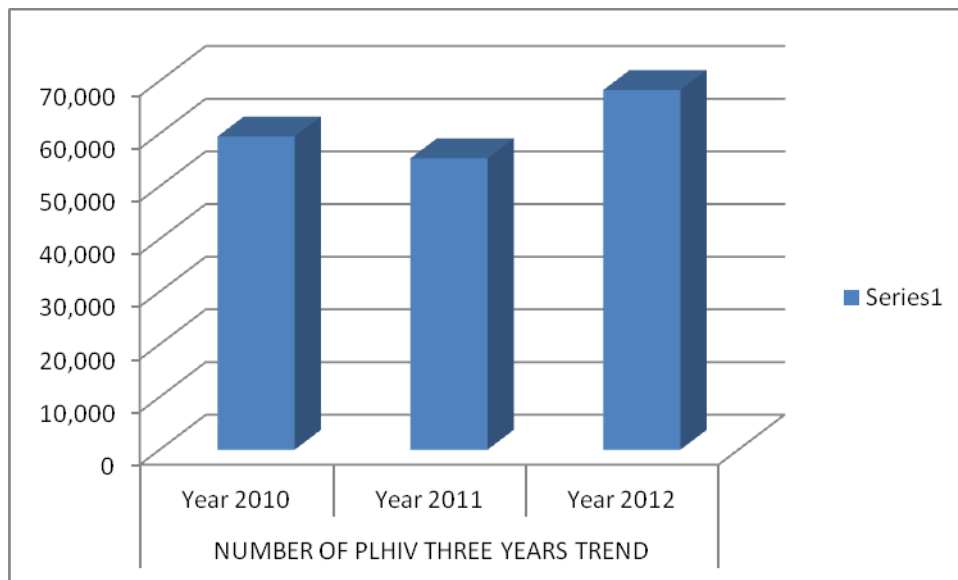
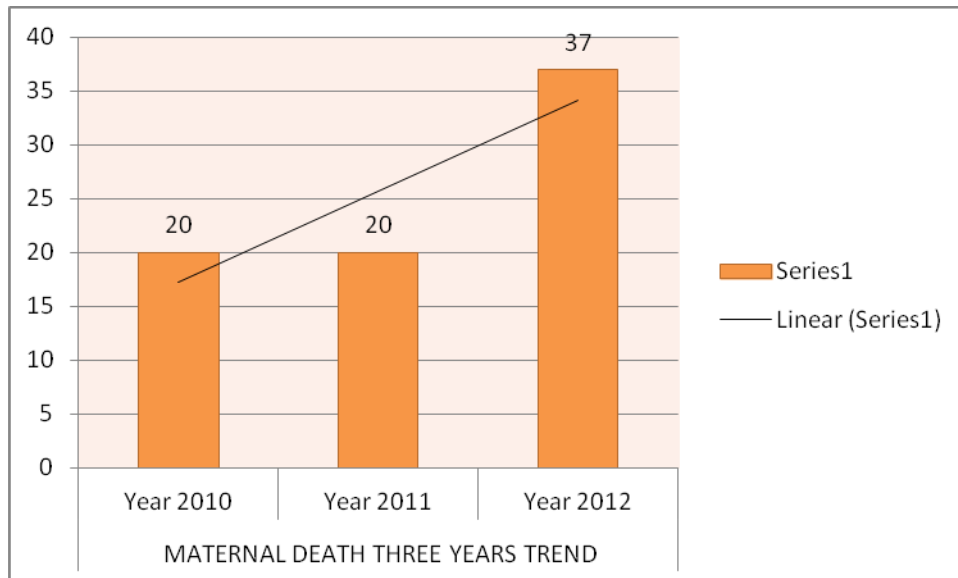
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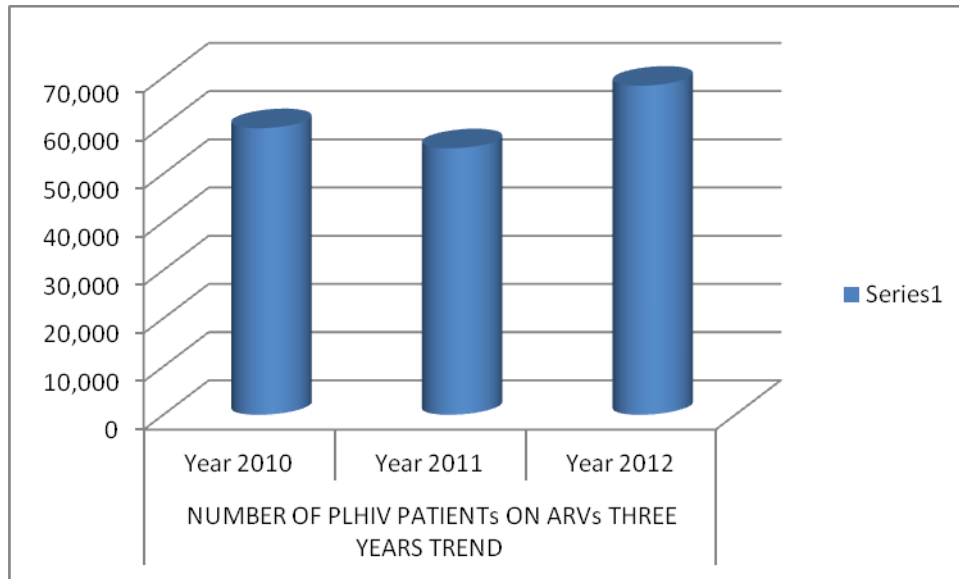
ILALA DISTRICT HEALTH PROFILE



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ILALA DISTRICT HEALTH PROFILE



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Table: Important Indicators (Trend)

Indicator		Year 2010	Year 2011	Year 2012
1)	OPD attendances (persons attending) (in %)	1,017,858	1,493,073	1,850,299
2)	ANC new attendance rate (in %)	39,051	49,212	37,385(161.6%)
3)	ANC clients receiving TT2+ (in %)	34,311	25,139	39,502 (142%)
4)	IPT 2 (in %)	11,661	12,027	20,905 (48.2%)
5)	OPV 0 (in %)	48,058	42,998	51,189 (198%)
6)	DPT-HBHeB3 immunization < 1 year (in %)	20,563	21,591	(30,558) 126%
7)	BCG	30,558	42,998	(51,189) 202%
8)	Polio 0	30,558	40,994	48,058
9)	Measles	25,082	29,842	(29,846) 123%
10)	Vitamin A Supplementation (in %)	60,359	78,948	(68,861) 70.2%
11)	Family Planning New Acceptance Rate (in %)	10,553	10,764	(13,515) 55.9%

ILALA DISTRICT HEALTH PROFILE

Indicator		Year 2010	Year 2011	Year 2012
12)	Number of TB cases diagnosed in the last 12 months	3,604	4,144	2,368
13)	Proportion of TB cases treated successfully (%)	2,703	3,522	(3,037) 128%
14)	Proportion of TB cases cure rate successfully %	-	-	128%
15)	Proportion of TB patient offered HIV testing	-	-	(4,828) 93.8%
16)	Proportion of under 5 deaths due to malaria	192	182	195
17)	Proportion of PLHIV screened for TB - 10%	-	-	513
18)	Proportion of births attended at health facility	27,400	26,030	37,833
19)	Community delivery	-	-	120
20)	Cesarean Sections per expected births (in %)	1,253	1,378	1,714(4.6%)

ILALA DISTRICT HEALTH PROFILE

Indicator		Year 2010	Year 2011	Year 2012
21)	Proportion of FSB among reported births (in %)-438	0.4%	0.5%	1.1%
22)	Severe malnutrition rate (in %)	386	425	493
23)	Moderate malnutrition rate (in %)	1,403()	1,474	849
24)	Proportion of low birth weight (in %)	2,731	2,868	2792
25)	Maternal Mortality per 100,000 (or give full number)	148/100,000	130/100,000	37 deaths
26)	No. of PLHIV cases recorded	59,461	55,298	68,279
27)	No of PLHIV patients on ARVs	34,599	25,990	51,066
28)	HIV Prevalence among Pregnant women (PMTCT)	-	-	9.6%
29)	Prevalence of HIV among people tested through VCT	-	-	11.6%

ILALA DISTRICT HEALTH PROFILE

Indicator		Year 2010	Year 2011	Year 2012
30)	Prevalence of HIV among people tested through PITC – 78,205	-	-	11.6%
31)	Prevalence of HIV among blood donors	10%	7%
32)	Number of Surgeries recorded	-	-	2,415

ILALA DISTRICT HEALTH PROFILE

3. HEALTH STATUS OF THE DISTRICT POPULATION

3.1 MATERNAL, NEWBORN AND CHILD HEALTH

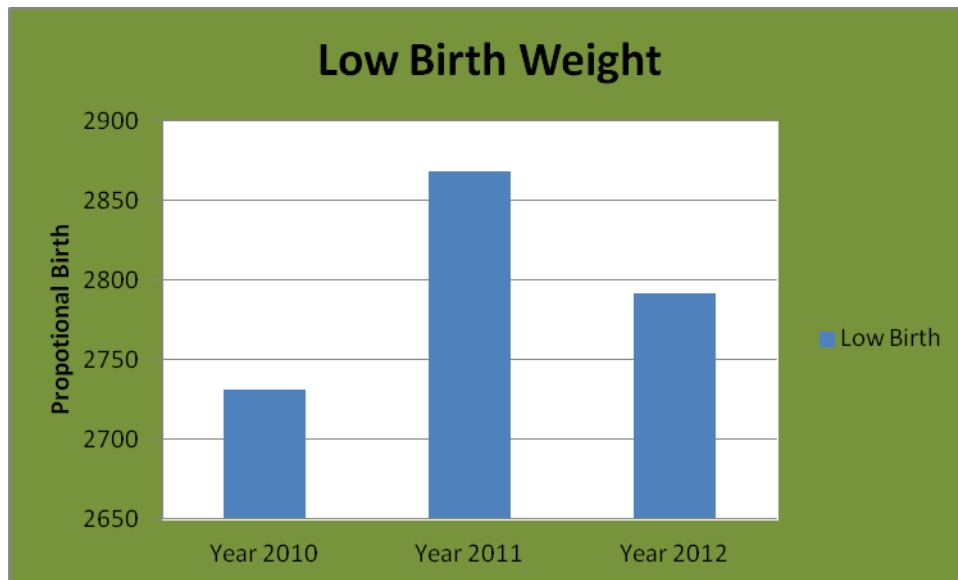
Success details on Maternal, Newborn and Child Health

- Increasing coverage of mobile health services in underserved areas.
- Strengthening Reproductive and Child Health services
- Improving Maternal and Child health through outreach services, Deworming and Vitamin A Campaign
- Provide IPT
- Health Education to Pregnant Mothers on nutritional status

Challenges details on Maternal, Newborn and Child Health

- Inadequate supply of vaccines
- Inadequate availability of reagents (HIV Reagents)

Fig 3.1 NUTRITIONAL STATUS: LOW BIRTH WEIGHT



ILALA DISTRICT HEALTH PROFILE

Fig 3.2 NEONATAL MORTALITY

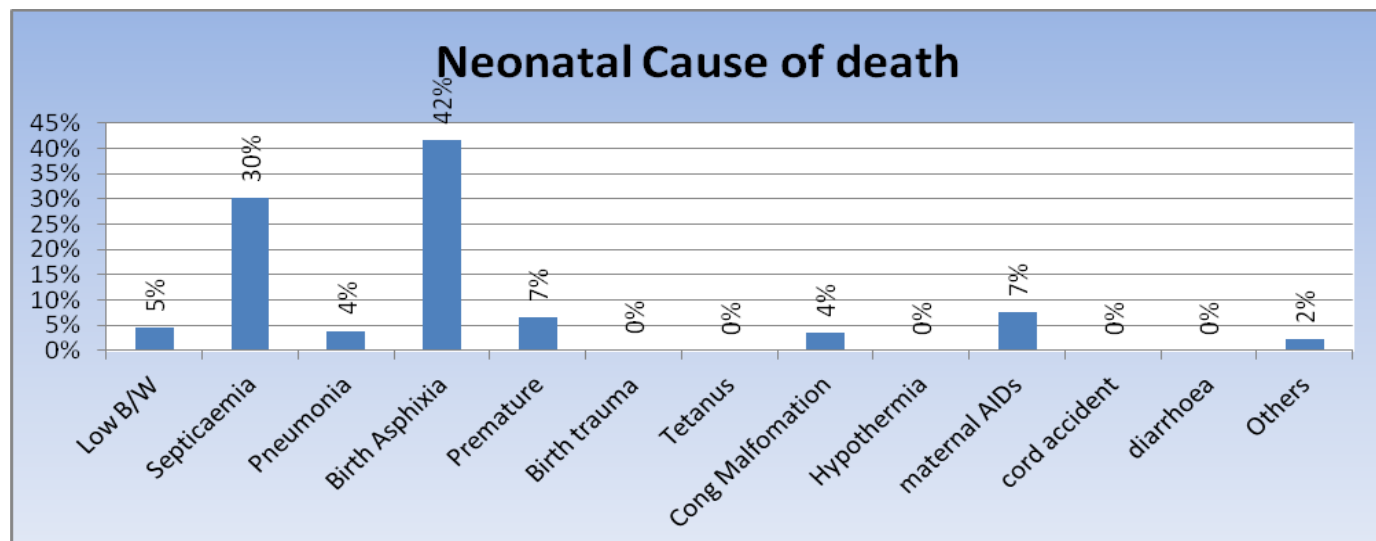
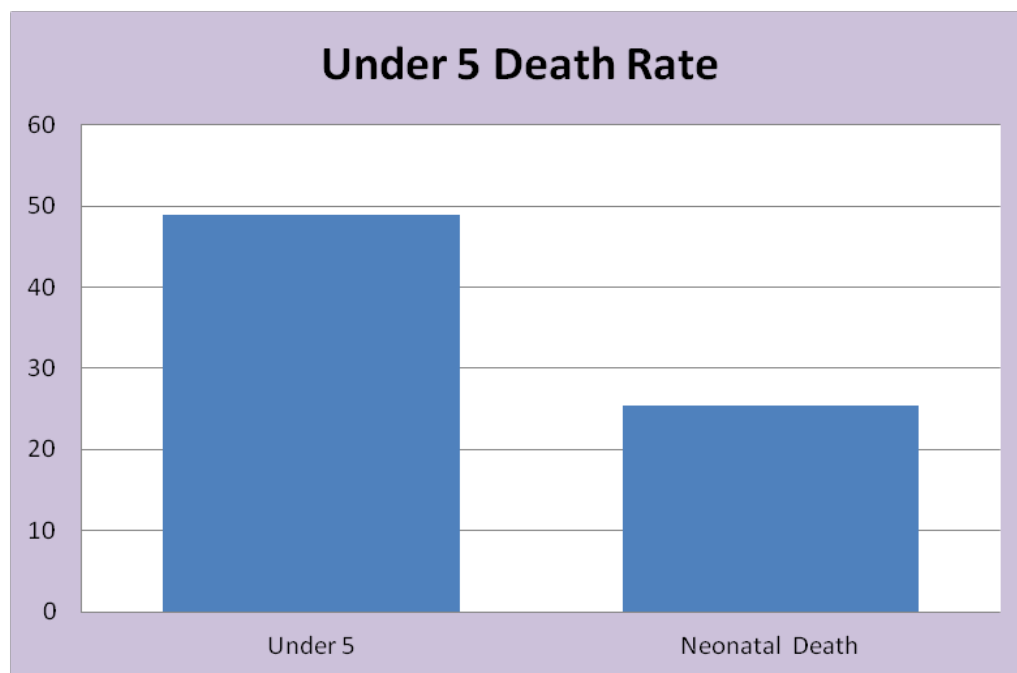


Fig 3.3 UNDER 5 MORTALITY RATE



ILALA DISTRICT HEALTH PROFILE

3.2 MORBIDITY

MALARIA

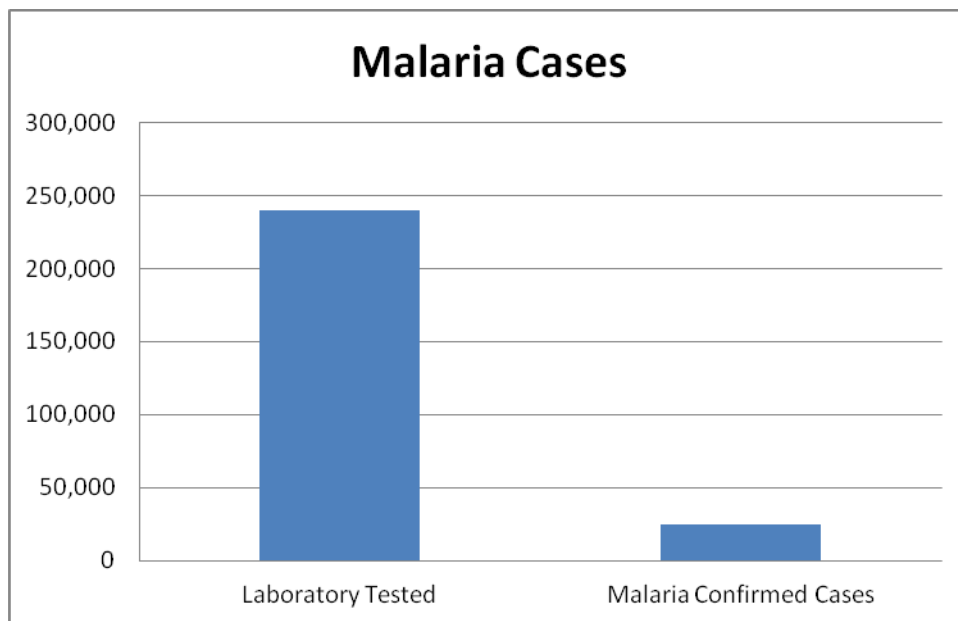
Success details on Malaria Incidence

- Fumigation of mosquito larva using larvicides and griselesf in 14 wards.
- Community sensitization on malaria prevention and transmission.

Challenges details on Malaria Incidence

- Difficult to access some breeding sites e.g. Msimbazi valley.
- Only 14 out of 26 wards were accessed due to inadequate funds.

Fig 3.4 Laboratory Confirmed Malaria Cases



ILALA DISTRICT HEALTH PROFILE

HIV/AIDS

Success details on HIV/AIDS prevalence

- Increased number of clients for HIV counseling and testing.
- Awareness on using condoms.
- All antenatal women attended ANC were enrolled for PMTCT.

Challenges details on HIV/AIDS prevalence

- Increase lost of Follow-up in HIV clients attending clinic for ARV.
- Inadequate supply of HIV test kits.
- Shortage of Female condoms.

INSERT CHART (CURVE) SHOWING HIV/AIDS PREVALENCE.

ILALA DISTRICT HEALTH PROFILE

3.3 MORTALITY

TOP TEN CAUSES OF ADMISSION AND DEATH

Diagnosis	< 5 years				5 + years			
	Admission		Deaths		Admission		Death	
	M	F	M	F	M	F	M	F
Pneumonia	684	1115	102	120	113	146	4	6
Diarrhea diseases	543	778	4	7	157	171	6	2
Neonatal sepsis	410	530	11	15	0	0	0	0
Malaria	312	355	48	44	525	571	21	42
Birth Asphyxia	314	178	49	41	0	0	0	0
Anemia	258	106	12	7	219	318	11	15
Septicaemia	93	114	32	28	16	22	0	0
Clinical AIDS	73	99	16	20	561	790	234	325
Urinary Tract Infection	79	81	0	0	3	18	0	0
PEM	0	0	0	0	0	0	0	0
PID	0	0	0	0	0	103	0	0
Complications of Pregnancy	0	0	0	0	0	993	0	9

ILALA DISTRICT HEALTH PROFILE

Animal Bites	0	0	0	0	0	0	0	0
Burns	66	72	2	3	11	23	0	0
Poisoning	23	37	1	5	32	25	1	2
ARI	0	0	0	0	0	0	0	0
Other Injuries	0	0	0	0	0	0	0	0
Cardiovascular Diseases	0	0	0	0	0	0	0	0
Fractures	0	0	0	0	0	0	0	0
Neoplasm	0	0	0	0	9	12	1	2
Hydrocoele	0	0	0	0	49	0	0	0
Congenital anomalies	3	5	0	0	0	0	0	0
Abdominal surgical conditions	0	0	0	0	62	90	1	2
Tuberculosis	15	18	5	3	211	160	37	22
Hypertension	0	0	0	0	346	325	29	34
Diabetes	0	0	0	0	134	125	12	26

ILALA DISTRICT HEALTH PROFILE

Hernia	4	0	0	0	250	0	3	0
Other diagnosis	63	29			34	47	3	2
Total diagnoses								

Inpatient Admissions and Deaths per Diagnoses

Note: AIDS has to be mentioned among one of the most pressing conditions even if it is not on the top ten lists.

3.4 OPTIONAL HEALTH STATUS OF DISTRICT POPULATION INDICATORS

- **Maternal Deaths**

A total of 37 cases of maternal deaths were reported

- **Perinatal Mortality Rate**

Perinatal mortality rate reported was 3.5

- **Post Operative Sepsis Rate**

Post operative sepsis rate was 25

- **VVF Repair Rate**

There were 0 cases of VVF repaired

- **Neonatal Septicemia**

A total of 940 neonatal cases with septicemia were recorded

- **Bed Sores**

Zero cases of bed sores were recorded

- **Indicator for returning Blood Transfusion bottles due to reaction to recipients from the wards**

ILALA DISTRICT HEALTH PROFILE

A total of 14 cases with mild form of reaction were reported

- **Estimate of people with HIV/Syphilis Hepatitis B**

Since this number is from blood donors it should be obtained from the National Blood Bank since donation and storage of blood are done centrally.

- **Number of X-ray Films Spoilt – 1440**

A total of 1440 films were spoiled due to various reasons including

- **The number of Dental Filling done to patient with Dental carries**

The number of dental filling done to patients with dental carries was **140**

- **Number of people with tooth extraction who return to Hospital with more complication.**

A total of 211 patients with complications after tooth extraction reported back

- **Number of Patients with Syphilis**

Number of syphilis cases reported was 80.

- **Number of diarrhea patient with dehydration**

Objective: To continue reducing the number of diarrhea cases with dehydration.

- **Average Daily OPD Attendance**

Number of OPD cases ranged from 1,000 to 1,200 per day.

- **Average workload to Health workers**

Average workload to health workers per day is 60 to 70 patients per day per health worker

3.5 DISTRICT HEALTH STATUS CONCLUSIONS, RECOMMENDATIONS AND WAY FOWARD

Recommendation

Primary Municipal Health Problems are:

1. Based on HMIS data, the prevalence rate of malaria is still high compared to other diseases resulting to malaria raking as a

ILALA DISTRICT HEALTH PROFILE

- number one priority disease of the council. Poor vector control still plays an important role in the transmission of malaria.
2. High prevalence rate of HIV in the Municipality above national level
 3. High number of TB cases due to co-existence of HIV and overcrowding.
 4. Under utilization of health services during delivery and use local herbs to augment labor leading to un-proportionately high neonatal and maternal deaths.
 5. Increase incidence of non-communicable diseases.

Secondary Municipal Health Priority Problems

- Inadequate supply of clean and safe water.
- Poor sanitation and drainage systems.
- Poor urban planning and low standard housing.
- Difficulties in implementing effective HMIS and low utilization of available data on site.
- Traditions and cultural beliefs that contribute to maternal and child deaths.

Formulation of Interventions in the Municipality was based on the Municipal priority health problems, from various researches conducted in the municipality and priority areas in the comprehensive council health plan.

Structure and Management related Problems

1. Inadequate space for health service delivery due to rapid population growth in some facilities.
2. Shortage of qualified staff to provide quality services at all level of health care delivery.
3. Inadequate medical equipments and medical supplies anesthetic machine.
4. Insufficient management skills at all levels of health service delivery.
5. Lack of appropriate skills in M&E and evaluation of plans at all level.

WAY FORWARD

Besides the above challenges, the district is working tirelessly to make sure that all people gets equitable health services in the district through resource mobilization from various stakeholders and enhancing community participation approaches.

ILALA DISTRICT HEALTH PROFILE

CHAPTER 4

STATUS OF HEALTH SERVICE DELIVERY IN THE DISTRICT

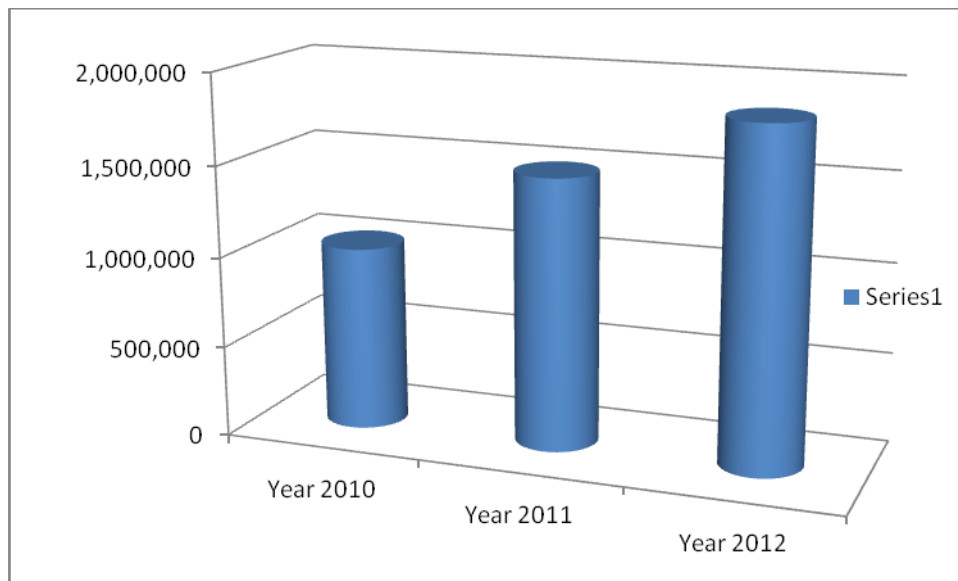
4.1 General health Services

These services are provided at different levels of health care delivery including hospitals, Health Centers, Dispensaries and Communities both public and private. MMOH as an overall overseer of all health activities in the municipality provides supportive supervision at all levels of service delivery in both Private and Public health facilities and strengthening Public Private Partnership

OPD Attendance

Trend of OPD attendance has increased Health Facilities.

Community awareness



A total number of OPD Attendance for 2012 is **1,850,299**.

ILALA DISTRICT HEALTH PROFILE

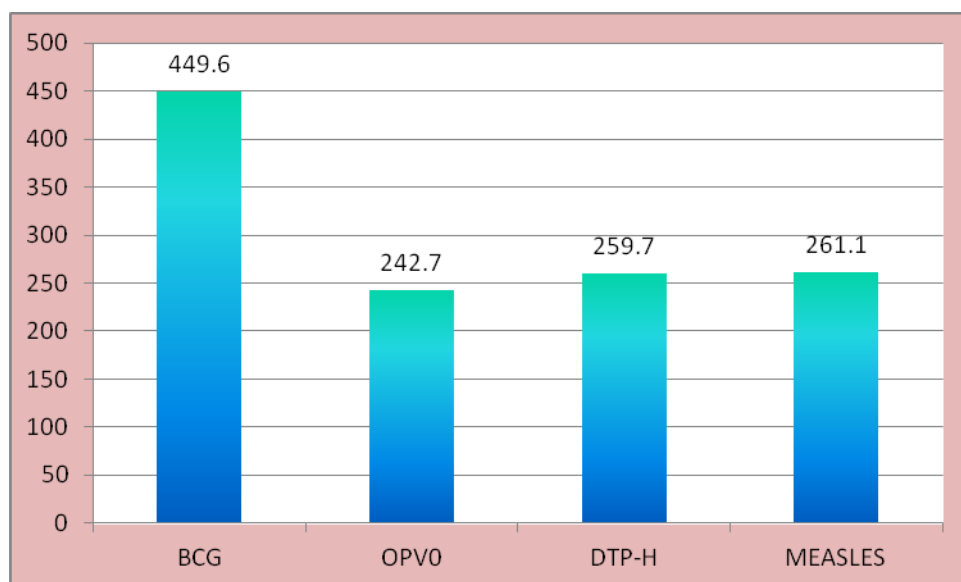
4.2 Vaccination Service

Success

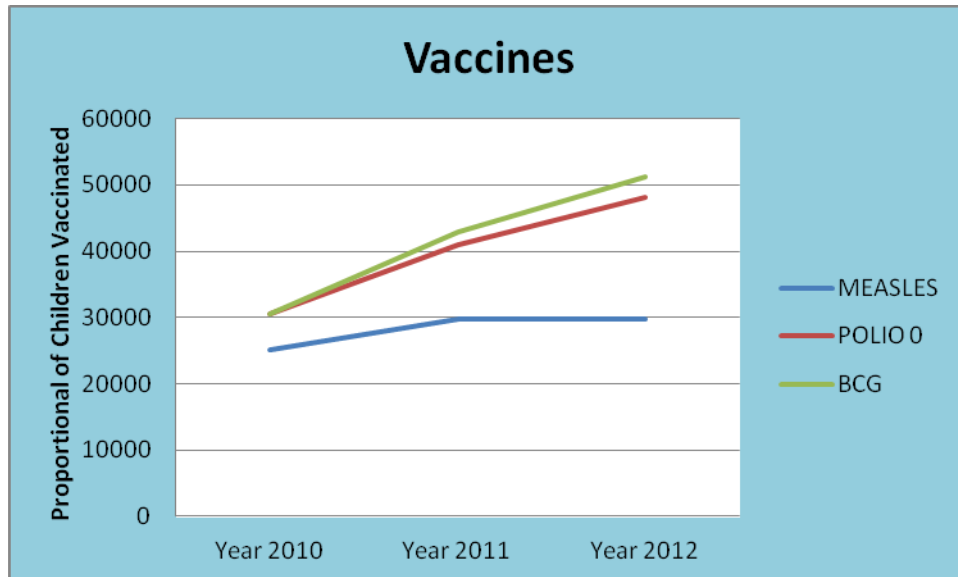
Immunization coverage increased from 88% to 90% because of adequate supply of vaccines, storage and community awareness.

Challenges

Figure 4.2: Under 1 year Vaccination (OPV3, BCG and Measles).



ILALA DISTRICT HEALTH PROFILE



4.3 REPRODUCTIVE HEALTH SERVICES

Proportional of Pregnant women starting ANC before 12 or 16 weeks gestation

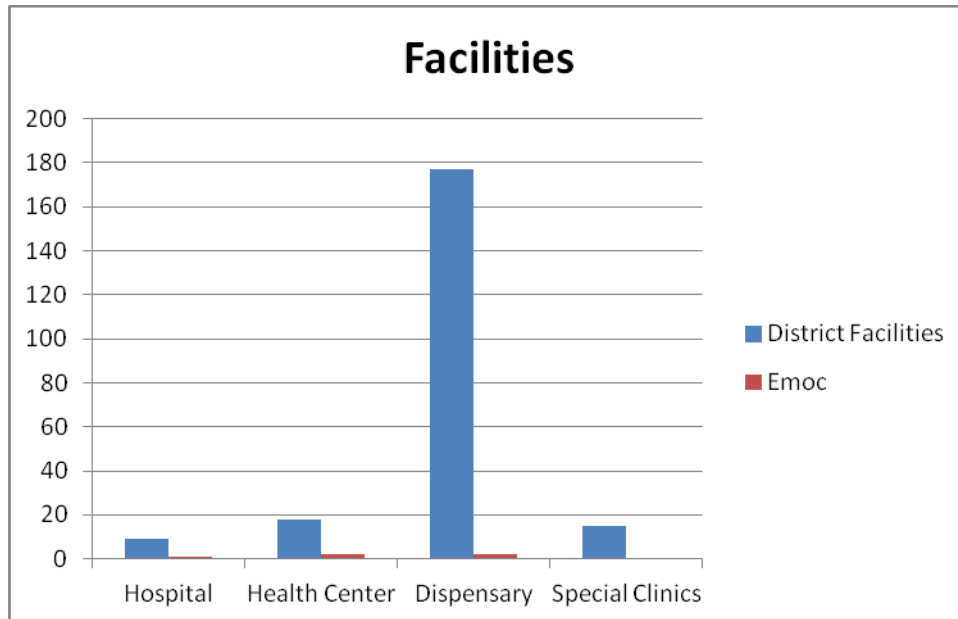
NB: Needs to collect through New Mtuha (DHIS 2).

Facilities that Provide Emergency Obstetrics Care (EmOC)

Health Centers and Dispensaries that can provide Emergency Obstetric Care (EmOC) at Ilala Municipal, the service provided is 80% percent, almost all health facilities with RCH services with Labour ward service they practice EmOC among of those five health facilities (Amana Hospital, Buguruni H Centre, Mnazi Mmoja HC, Tabata NBC and Chanika) are doing better because they are supported with CCBRT and JPhiego,

ILALA DISTRICT HEALTH PROFILE

Figure 4.3: Health centers and Dispensaries that can provide EmOC



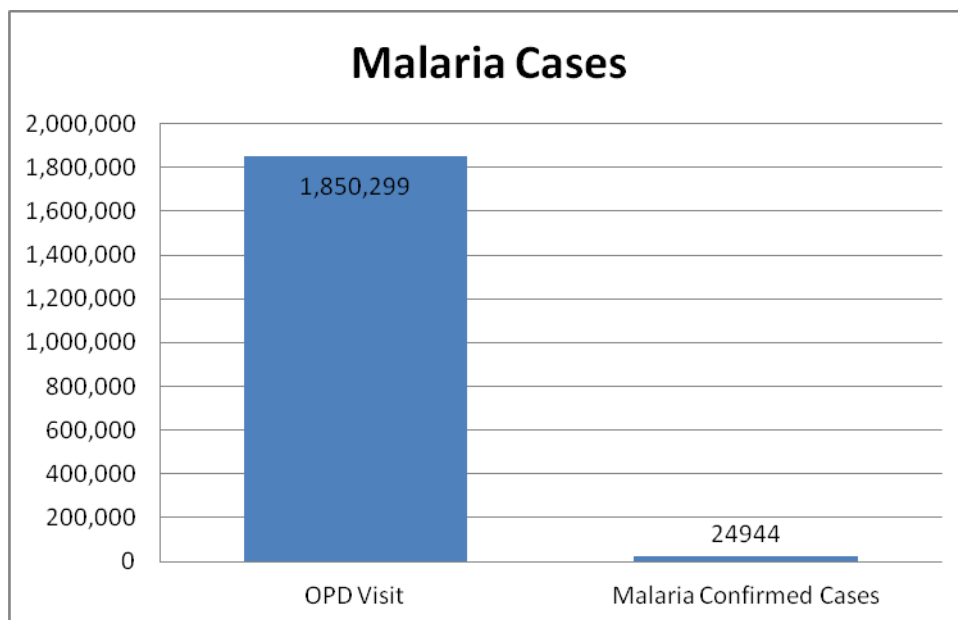
4.4 INFECTION DISEASE AND NON – COMMUNICABLE DISEASE HEALTH SERVICES

ILALA DISTRICT HEALTH PROFILE

PROPORTION OF MOTHERS WHO RECEIVED TWO DOSES OF PREVENTIVE INTERMINENT TREATMENT FOR MALARIA DURING LAST PREGNANCE

		TARGET	ANC ATTENDANCE	%	2nd Dose	%
	TOTAL	23,860	64,368	400	43,430	83

AMONG ALL OPD VISITS PROPORTION OF LABORATORY CONFIRMED MALARIA CASES –



ILALA DISTRICT HEALTH PROFILE

5 .STATUS OF DISTRICT HEALTH SYSTEMS

5.1 HEALTH FINANCING

Total GOT AND DONOR (Budget And Off-Budget) Allocation To Health Per Capita In The District

In strengthening source of funding the Council aims at increasing Community contribution collection from 1.5 billion 2012/13 to 2 billion shillings in the next financial year. Also the coverage of supportive supervision will be improved from 75% in the previous year to 85% in this financial year.

In promoting PPP, Quarterly meetings will be conducted in collaboration with stakeholders such as MDH, JICA, CDC, KOICA, PATH, PLAN INTERNATIONAL, PATHFINDER INTERNATIONAL, ENGENDER HEALTH, GLOBAL FUND, AMREF, FBOs and NGOs for supporting implementation of health services.

The 2013/2014 plan will carry forward activities for procurement of medical and non medical equipment caused by late receiving of funds. The Council is intending to spend **18,337,037,530** shillings to implement planned activities as elaborated in table below.

FUNDS FROM VARIOUS SOURCES

SOURCE OF FINANCING	ALLOCATED FOR THE PLANNING PERIOD (2013/14)
Block grants Salaries (P.E)	11,068,238,000
Block grants: Other charges (O.C.)	577,481,000.00
Council own source: (OC)	422,645,000.00

ILALA DISTRICT HEALTH PROFILE

Council Own Source (Development)	400,000,000
Central Government Others	2,826,300
Health Basket Funds	1,467,997,300
Cost Sharing	800,000,000
NHIF	400,000,000
Receipt in kind (MSD)	2,501,396,863.6
Partners support(in kind)	100,269,067
LGDG	259,100,000
Grand Total	18,337,037,530

FINANCY RECEIVED THREE YEARS TREND

NO		2010	2011	2012
1.	Cost sharing	789,133,184	1,328,424,472	1,146,051,680
2.	Community Health Fund	0	0	0
3.	Capitalization	0	0	0
4.	Busket Funds	642,363,199	1,235,826,875	369,779,350
5.	OC	542,470,000	315,647,400	172,528,900
6.	PE	134,236,398	5,532,341,900	2,802,943,478
7.	Development Funds	0	205,000,000	168,542,000
8.	Council Funds	134,236,398	197,000,000	79,824,617
9.	Other Sources	134,236,398	364,839,654	0
	TOTAL	2,376,677,587	9,179,082,312	4,739,672,037

FINANCY EXPENDITURE THREE YEARS TREND

NO		2010	2011	2012
1.	Cost sharing	789,453,000	1,378,645,768	1,030,183,550
2.	Community Health Fund	0	0	0

ILALA DISTRICT HEALTH PROFILE

3.	Capitalization	0	0	0
4.	Basket Funds	642,363,199	1,369,630,717	330,438,366
5.	OC	542,470,000	378,384,130	122,392,900
6.	PE	134,236,398	5,532,341,900	2,802,943,478
7.	Development Funds	0	173,314,462	100,410,000
8.	Council Funds	134,236,398	136,983,981	79,824,617
9.	Other Sources	134,236,398	377,226,046	0
	TOTAL	2,376,997,403	9,346,529,015	4,466,194,923

ILALA DISTRICT HEALTH PROFILE

5.2 HUMAN RESOURCES FOR HEALTH

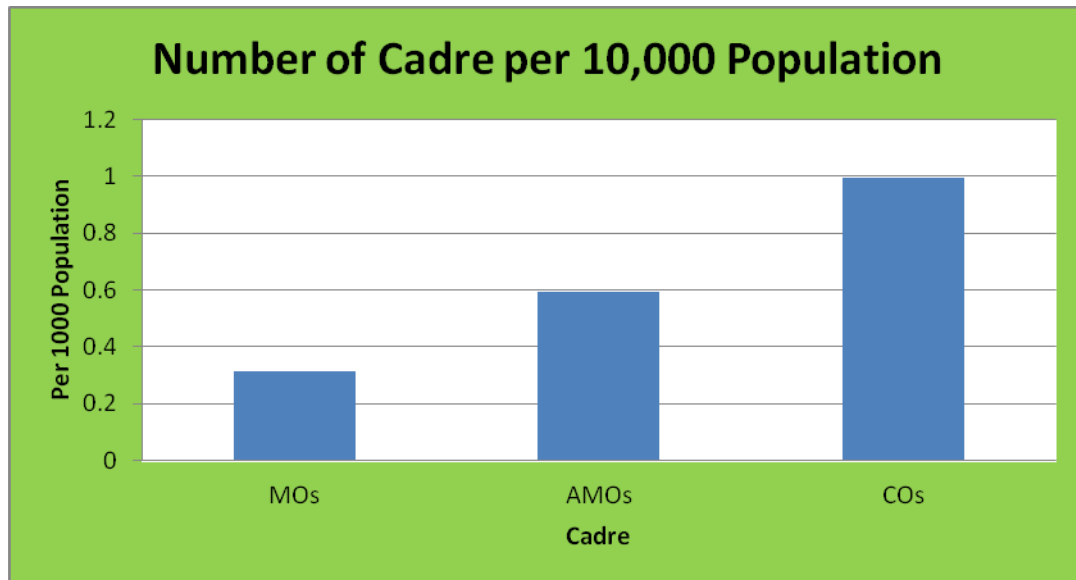
In the area of Human Resource, the Council has managed to increase number of staff by employing new 95 staff from the target of employing 185 staff. However the Council is still facing shortage of Medical Specialist as availability is only 50% of actual requirements. will support 63 health staffs to pursue health studies in different learning institutions and 120 health workers of different cadres will be recruited in respective health facilities

NUMBER OF TRAINING INSTITUTIONS WITH FULL NACTE ACCREDITATION IN THE DISTRICT

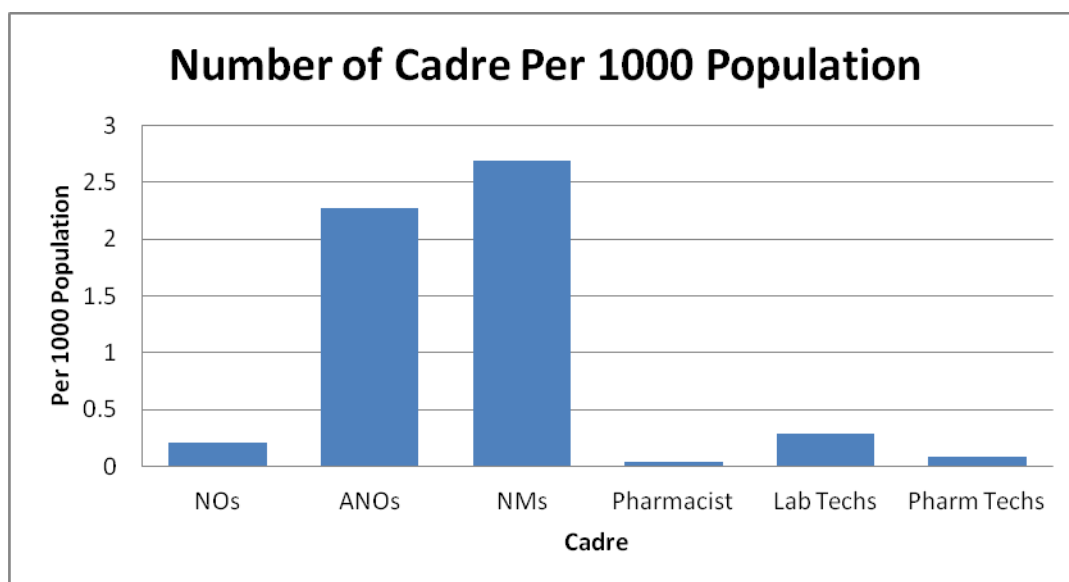
1. Aghakan University College
2. College of Business Education (CBE)
3. Dar es Salaam Institute of Technology (DIT)
4. Institute of Finance Management (IFM)
5. Muhimbili University of Health and Allied Sciences (MUHAS)
6. Mzumbe University- Dar es salaam Campus
7. Tanzania Public Service College

ILALA DISTRICT HEALTH PROFILE

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



ILALA DISTRICT HEALTH PROFILE



5.3 MEDICINES/DRUGS

SUCCESSSES, AND CHALLENGES FROM THE PAST FINANCIAL YEAR

Communicable and Non communicable diseases is given high consideration as well as the availability of medicine and medical supplies ensured in all levels of care. The allocated and carried forward resources were utilized to accomplish activities of procurement of medicine, medical supplies and medical equipments which was delayed due to procurement procedures and inflation which affect MSD. Other allocated funds were used for preparation of progress reports.

CHALLENGES

Inadequate supply of medicine, medical equipments, and medical supplies at all areas of service delivery due to single source supplier (MSD) and donor withdraw especially on vertical programs support

Frequent stock-outs and increase in the price of medicine, medical supplies and equipments at MSD causes unsatisfactory provision of health services also bureaucracy in procurement procedures interfered and reduced performance in delivering of health services as planned.

ILALA DISTRICT HEALTH PROFILE

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

Needs to obtain from DHIS – FOR each facility

5-3: Availability of Tracer Medicine

NO.	SHORTAGE OF TRACER MEDICINE	2010	2011	2012	REASON
1	Albendazole or Mebendazole oral	5%	5%	5%	shortage of supplies at MSD
2	Amoxycillin or Cotrimoxazole oral	20%	20%	25%	shortage of supplies at MSD
3	Artemether / Lumefantrine (ALu) oral	10%	12%	15%	shortage of supplies at MSD
4	Dextrose 5% or Sodium Chloride + Dextrose IV solution	10%	15%	12%	shortage of supplies at MSD
5	DPT + HepB/ HiB vaccine for immunization	0%	0%	0%	No shortage
6	Ergometrine or Oxytocin injectable, or Misoprostol oral	10%	12%	8%	shortage of supplies at MSD
7	Malaria rapid diagnostic test (MRDT) or Supplies for malaria microscopy	5%	7%	6%	shortage of supplies at MSD
8	Medroxy progesterone inject able contraceptive	10%	10%	5%	shortage of supplies at MSD
9	Oral Rehydration Salts	5%	5%	2%	shortage of supplies at MSD
10	Syringe and needle, disposable	0%	0%	20%	shortage of supplies at MSD(BCG only)

The higher the percentage of missed items above is a bad sign of supplies

ILALA DISTRICT HEALTH PROFILE

from MSD

5.4 INFRASTRUCTURE

SUCSESSES AND CHALLENGES FROM THE PAST FINACIAL YEAR

In financial year 2012/2013, infrastructure was improved by 80%. Several buildings were constructed, expanded and others were renovated. Those buildings were:

- Construction of Operating Theatre and expansion of OPD building at Pugu Kajiungeni Dispensary
- Renovation of OPD building at Amana Hospital
- Construction of OPD building at “Mtaa waYongwe”, Chanika ward
- Expansion of Post Natal room at Mvuti dispensary
- Construction of OPD building and one staff house at “Mtaa wa Mvuleni”, Chanika ward

Challenges faced by the departments during implementation of 2012/2013 plan were as follows:

- Late disbursement of funds from all sources which leads to delay in implementing the planned activities.
- Increased demands in financial, human and material resources due to rapidly increasing population in the Municipal.
- Frequent stock-outs of medicines, medical supplies and equipments from MSD such as vaccines and HIV reagents,
- Increased price of medicine, medical equipments and supplies by more than 60% which affect the implementation of planned activities
- Bureaucracy in procurement procedures

ILALA DISTRICT HEALTH PROFILE

5.5 OPTIONAL DISTRICT HEALTH SYSTEM INDICATORS

SUCSESSES

In reducing prevalence of Malaria, a total of 479,690 out of 599,950 Intermittent Treated Nets (80%) were distributed at household level in all 26 wards.

In addressing MDG 4, maternal deaths were significantly reduced from 37 deaths in 2010/2011 to 20 deaths from total deliveries 41,187 conducted in 2011/2012.

In the area of Human Resource, the Council managed to increase number of staff by employing new 95 staff from the target of employing 185 staff.

HIV/AIDS prevalence rate has dropped from 10% in 2011 to 8.3% in 2012. A total number of 90,917 people were tested, 6,967(7.6%), were positive and 53,599 were enrolled in care and treatment services among them 20,993(39.1%) were put on ARVs. In Preventing Mother to Child Transmission of HIV, a total of 36,149 pregnant mothers were counseled and tested, 3,342(9.2%) tested positive.

In implementing TB activities, case finding was strengthened by 15% and case holding is 85% from 83% of 2011, MDR cases has been increased from 8 to 15 patients in 2011/2012

Challenges/Primary Health Problems

1. According to HMIS data of 2011/2012, the prevalence rate of upper respiratory tract infection is high compared to other diseases resulting to ranking as a number one priority disease of the council.

ILALA DISTRICT HEALTH PROFILE

2. Increased incidence of non-communicable diseases like oral diseases, hypertension, and diabetes mellitus due to urbanization and change of lifestyle.
3. High prevalence rate of HIV among pregnant mothers due to scale up of new PMTCT sites that increased enrollment of ANC clients; and High prevalence rate of HIV in the Municipality above national level due to traditions, cultural behavior and low economic status.
4. High number of TB cases due to co-existence of HIV and overcrowding.
5. High maternal and neonatal death in the hospital due to various factors including shortage of blood supply

5.6 DISTRICT HEALTH SYSTEM CONCLUSIONS AND WAY FORWARD GOALS AND RECOMMENDATION

Good governance and Administrative services enhanced

Improved Community participation in decision making at all levels of health care Management and coordination of health services improved from 85% to 90%

Quality and Quantity of economic services and Infrastructure improved

Ensure conducive working environment to 950 health staff

Physical infrastructure and equipment standards improved Planning and management of material resources improved by June 2011.

Access and quality of services improved

6. Maternal Mortality rate reduced from 30 to 20 death
7. Under five Mortality rate reduced from 130/1000 to 110/1000
8. Immunization coverage increased from 88% to 90%
9. Capacity Building for 400 staff improved
10. Prevention of communicable diseases improved in all 31 Health Facilities (HF) Health promotion and environmental Health improved at all 26 wards.

Reduced infection and improved HIV/aids services

- To increase number of re-fill site.

ILALA DISTRICT HEALTH PROFILE

- Mobile HIV counseling and testing services improved in all underserved areas
- PMTCT+ services in all 21 HFs strengthened

Improve social welfare, gender and community empowerment

- Gender mainstreaming in 10 Health Facilities improved

To improve emergence preparedness and disaster management

- Safety and rescue services in 31 HFs strengthened

CONCLUSION AND WAY

The data used in this document is from the review of reports and facility-based data, which suffer from statistical and / or methodological errors. The problems include reliability, reproducibility and generality of the results and its interpretation and whether the data are appropriate to influence decision-making.

The Municipality has started to lay down some strategies to re-establish baseline data through improved HIMS data collection, reporting and analysis. The second strategy is to work closely with the National Sentinel Surveillance System under the Ministry of Health to adopt and expand the demographic and mortality surveillance activities in collaboration with the National Bureau of statistics. Third strategy is to invest and conduct operational research at the Municipal and facility levels to describe effectiveness of specific interventions performed.

ILALA DISTRICT HEALTH PROFILE

6. AREAS OF PROGRESS IN THE DISTRICT HEALTH SECTOR

6.1 PROGRESS IN DISTRICT HUMAN RESOURCES

FIGURE: HUMAN RESOURCE

SN	CADRE	2010	2011	2012
1.	SPECIALIST	6	8	10
	MEDICAL OFFICERS(MOs)	16	20	38
	DENTAL OFFICER	3	5	5
	ASSISTANT MEDICAL OFFICERS (AMOs)	69	75	82
	CLINICAL OFFICERS	130	137	145
	ASSISTANT CLINICAL OFFICERS	7	7	8
	HEALTH SECRETARY	2	3	5
4.	NURSING OFFICERS	13	23	32
5.	ASSINTANT NURSING OFFICERS	180	189	295
6.	NURSE MIDWIFE	250	289	325
7.	PHARMACIST	3	3	5
8.	PHARMACEUTICAL TECHNICIAN	6	8	10
8.	PHYSIOTHERAPIST	0	1	2
9.	LABORATORY TECHNOLOGYST	24	30	43
11.	OPHTHOLOMY TECHNICIAN	2	2	4
12	HEALTH RECORD TECHNICIAN	6	10	12
	RADIOLOGY TECHNICIAN	8	8	7
13	ENVIROMENTAL HEALTH OFFICER	7	12	15
14.	ASSISANT ENVIROMENTAL HEALTH OFFICER	47	53	60
15.	MEDICAL ATTENDANT	140	160	165
16	OTHERS	26	30	35
	Total			

ILALA DISTRICT HEALTH PROFILE

Test Results	
Blood Slides (B/S)	
Total Test	239,892
Positive Malaria	24,944
Positive Borellia	0
Other Positive	0
Hymoglobin (Hb)	
Total Test	101,788
HB below 7.0g/L (50%)	10,584
RPR/VORL	
Total Test	14,721
Positive syphilis	601
Blood /Sugar	
Total Test	16,312
Above 10mmo/L (180mg/L)	1,769
Stool	
Total Test	15,213
Positive H/ worms	1772
Positive Ascaries	253
Positive E. Histolytica	1775
Other Positive	300
Urine	
Total Test	81,820
Positive S. Haematobium	1,273
Positive H. Vaginalis	1,398
Positive Sugar	2,341
Sputum (TB)	
Total Test	10,242
Positive AFB	3,142
PROTEIN TEST IN BLOOD (BLOOD UREA)	
Total Test	143
Positive Urea/ Nitrogen	23
Skin	
Total Test	59
Positive AFB	0