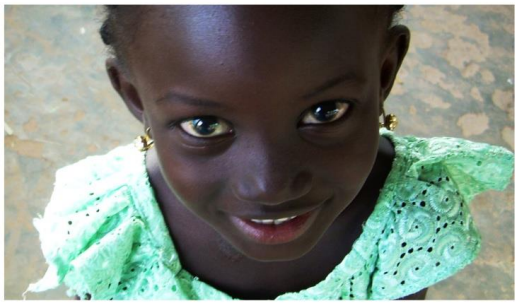
The United Republic of

TANZANIA

Ministry of Health & Social Welfare



2012 DODOMA MUNICIPAL COUNCIL

District Health Profile

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DODOMA MUNICIPAL COUNCIL

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 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 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.

This is a walking stick towards a more exhaustive action plan to solve some of the existing health problems in the Council.

It is our expectation that planning of any intervention that focus on control of diseases as well as health problems other than diseases, this tool will be used at all levels starting with the community up to Council level. We are also expecting to see more attention in relation to resource allocation be given to health problems seem to have more effects or impact to community health as noted in this document.

Since this is a continuous process, this document will act as a base for the next year planning and assessment of various interventions implemented in the district.

II. ACKNOWLEDGEMENTS

The Dodoma Municipal Council has her believe which says, "Where there is a will, there is a way"; in this respect Dodoma Municipal Council saw the need to prepare this District Health profile

We also believe that health problems can best be tackled through joint, coordinative, collaborative and consultative efforts of all concerned stakeholders.

The development of the DHP is a collaborative effort, and the following people and/or organizations are being acknowledged for their direct contribution:

- Ministry of health and social welfare
- NIMR- National Institute for Medical Research
- Regional Medical Officer
- Municipal Economist
- Regional Health Management Team
- Council Health Management team

Our special gratitude should go to MEASURE Evaluation for their effort to make us finish this work, also CHMT members, Health Facility In charge and other health staff without naming them individually for providing assistance in terms of advice and consultancies.

III. EXECUTIVE SUMMARY

Dodoma Municipality is located in the centre of the Region, surrounded by Chamwino District in west and Bahi District in the East, lying between latitudes 6.00º and 6.30º south and longitudes 35.30º and 36.02º east. Administratively Dodoma Municipality is divided into 4 divisions, 37 wards and 39 villages, and 222 hamlets / street

District had population of 552,135 (2012 census), whereby estimated population of less than one year is 15,640, under five is 74,021 and women aged 15-49 years is 149,177. Growth rate is 2.4%, life expectancy is 45 to 59 years, maternal mortality rate is 257/100,000 and infant mortality rate was 28/1,000. The total fertility rate is 6.5, crude mortality is 16/1,000 and poverty rate is 25%.The total number of households is 107,764 with an average household size of 5.8. The average population growth rate is 2.4.

The climate of Dodoma is semi-arid, Characterized by a marked seasonal rainfall distribution with a long dry season starting from late April to late November and a short wet season starting late November to the end of April.

Dodoma Municipal Council has 3 Hospitals, 2 of which are owned by the Government and 1 owned by the Religious Institution. The district does own hospital instead it have a service agreement with St Gemma Hospital to operate as designated district hospital. There are 13 health centers, 7 owned by the government, 3 by the Religious institution, 1 parastatal and 3 are privately owned. There are 52 Dispensaries, 36 owned by the government, 6 belong to religious institutions, 2 parastatal and 8 are privately run. Community Based Health Initiatives- Various NGOs/Donor, individuals collaborate with district authority have been trying to strengthen village health post by training village health worker, traditional birth attendant and traditional healers.

The top ten diseases causes of death are diarrhea, acute respiratory infections, malaria, anemia, UTI, pneumonia, burns, HIV/AIDS, accidents and diabetes mellitus.

Dodoma Municipal council is strengthening Health delivery services by ensuring close vicinity of the community to health delivery services availability of essential supplies in the health facilities affordability by introducing Community Health Fund. The council is implementing MMAM programs, Essential Program of Immunization (EPI) and providing incentives to TBAs towards achieving the goals for the reduction of health problems such as maternal, neonatal and child morbidity and mortality facing the

community and increasing staff commitment to deliver promptly health care services. Accessibility of health facilities in most of the district villages, trained health staffs in such health facilities together with three ambulances to facilitate referral to near referral hospital and through motivating health staffs under payment of extra duty and on call allowance assisted to reduce neonatal and under five deaths.

RECOMMENDATIONS

- Men should be educated and involved in antennal clinics for the purpose of educating in family planning methods and other related maternal health.
- Obtain support of health policy from political leaders and all stake holders for promotion and awareness in the community.

WAY FOWARD

- Improving conditions found to be the cause of diseases and any bad health conditions

IV. ACRONYMS AND KEY TERMS

Table 0-1. ACRONYMS

ACRONYM	LONG NAME
AIDS	Acquired Immunity Defficincy Syndrome
AMO	Assistant Medical Officer
ANC	Antenatal Clinic
ALU	Artimether Lumefantrine
BCG	Bacillus Calmet Guelen
CO	Clinical Office
CYP	Couple Year Protection
DHIS2	District Health Information System version 2
DC	District Council
DHP	District Health Profile
DNO	District Nurse Officer
EHO	Environmental Health Officer
EHP	Essential Health Package
EmoC	Emmergency Obstetric Care
FBO	Faith Based Organisation

MOHSW	Ministry of Health and Social Welfare
MTHUA	Mfumo wa Takwimu wa Uendeshaji wa Hudumaza Afya
CHMT	COUNCIL HEALTH MANAGEMENT TEAM
NGO	NON GOVERMENTAL ORGANIZATION

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.
PREVELANCE	EXISTING OF NEW CASES AND OLD OVER POPULATION AT RISK
INCIDENCE	EXISTING OF NEW CASES AT POPULATION OVER EXISTING TIME.

DODOMA MUNICIPAL COUNCIL

1. INTRODUCTION

1.1 MISSION AND VISION

Mission statement

To improve and deliver better and sustainable economic and social services, maintain peace and order, enhance environmental protection, facilitate decentralization and work towards poverty alleviation and deliver services towards satisfaction of its community and other stakeholders

Vision statement

To be the best council in the country which cares for its people through improvement of economic and social services, good governance and protect the environment for sustainable social economic development by 2016 and continue to cultivate a sense of accountability.

1.2 STRUCTURE OF DISTRICT

It was declared by government that Dodoma Township to be the new national capital city in 1973. In July, 1980 Dodoma Town was granted a Municipal status. Today Dodoma Municipality is one of the seventeen Municipalities in the country – but with a major difference – it is the Capital of the United Republic of Tanzania and the substantive seat of the Union Parliament. Dodoma Urban, which is synonymous to Dodoma Municipal Council, is one of the six Districts in Dodoma Region. It have an area of 2,769 km², the road navigation is 524.1 km out of these 203.2km are passed throughout the year.

GEOGRAPHICAL LOCATION IN TANZANIA

Dodoma Municipality is located in the centre of the Region, surrounded by Chamwino in west and Bahi District in the East, lying between latitudes 6.00º and 6.30º south and

longitudes 35.30º and 36.02º East. It is 486km West of Dar-es-Salaam, and 441km South of Arusha.

POPULATION

At the end of 2012 the District had population of **552,135,** whereby 129,611 were women of child bearing age. Children under five year 70,801 and those under one year are 15,396. Growth rate is 2.4%, life expectancy is 45 to 59 years maternal mortality rate is 257/100,000 and infant mortality rate was 28/1,000. Per capital income is Tshs.150,000 per annum.

WARDS AND VILLAGE DISTRIBUTION

Administratively Dodoma Municipality is divided into 4 divisions, 37 wards and 39 villages, and 222 hamlets/Mitaa.

Table 1-1. Wards And Villages

WARD NAMES	NUMBER OF VILLA/STREETS
Madukani	5
Mnadani	3
Mbabala	2
Uhuru	4
Chamwino	5
Nala	1
Chihanga	3
K/ndege	2
Hombolo	4
Ng'hongh'onha	1
Kilimani	4
Mbalawala	5
Ipala	2

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Hazina	4
Kikombo	2
Kikuyu Kaskazini	6
kizota	10
Chahwa	3
Nzuguni	4
zuzu	2
Viwandani	5
Makutupora	3
Ipagala	5
Mtumba	4
Mpunguzi	3
Mkonze	3
Majengo	4
Miyuji	4
Kikuyu kusini	5
Dodoma Makulu	1
Iyumbu	3
Makole	3
Ntyuka	3
Tambukareli	3
Changombe	6
Chigongwe	4
Msalato	1

1.3 FACILITY DISTRIBUTION

Dodoma Municipal Council has 4 Hospitals, 2 of which are owned by the Government and 1 hospital owned by the Religious Institution. There are 13 health centers, 7 owned by the government, 3 by the Religious institution, 1 parastatal and 3 are privately owned.

However there are 52 Dispensaries, 36 owned by the government, 6 belong to religious institutions, 2 parastatal and 8 are privately run. Also we have designated hospital which is serves as Dodoma Municipal Council Hospital because the district does not have a Hospital of its own.

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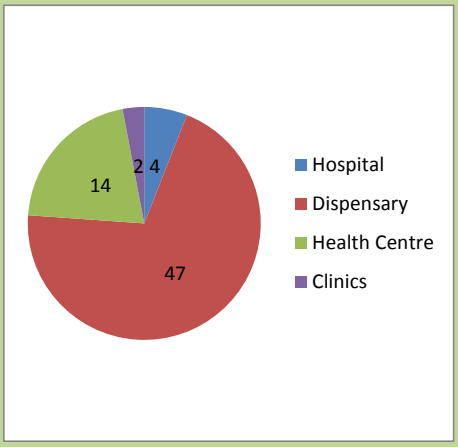
Table 1-2. Facility Distribution

TYPE OF FACILITY	NUMBER OF FACILITIES	OWNERSHIP
HOSPITAL	2	Government
	0	Parastatal
	0	Private
	2	FBO
DISPENSARY	31	Government
	5	Parastatal
	8	Private
		FBO
HEALTH CENTER	4	Government
	5	Parastatal
	3	Private
	2	FBO
CLINICS	0	Government
	0	Parastatal
	2	Private
	0	FBO

FACILITY BY OWNERSHIP



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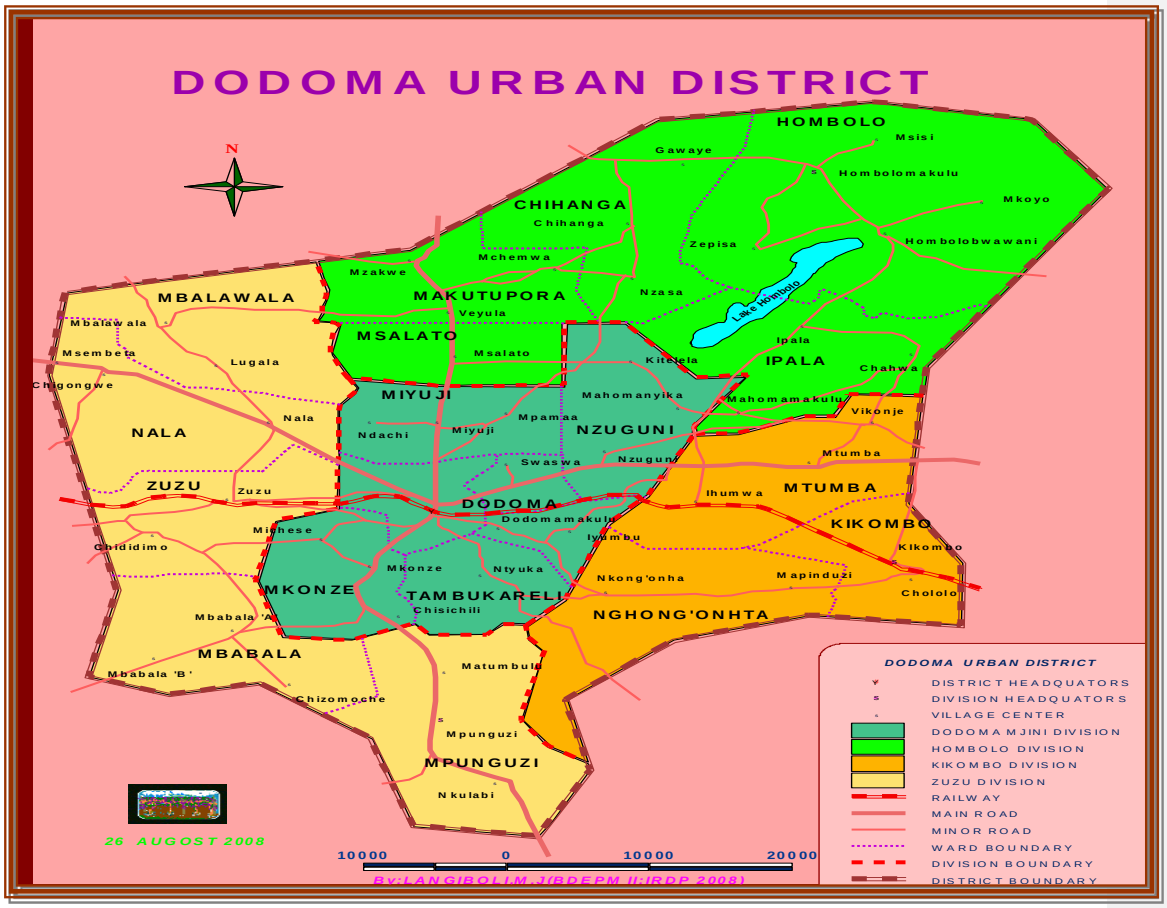

1.4 POPULATION

The current projected population of **552,135,** whereby male are **274,076** and female **278,059.** The important population group includes; less than one population estimated to be **15,640**, under five population estimated to be **74,021** and women aged 15-49 years **149,177**. The total fertility rate is 6.5, crude mortality is 16/1,000 and poverty rate is 25%.

DODOMA MUNICIPAL COUNCIL

Population characteristics

The total number of households is 107,764 with an average household size of 5.8. The average population growth rate is 2.4. The important population groups include; under one (<1) population estimated is 15,314 under five (<5) population estimated is 74,343 and Women aged 15 – 49 years is 136,092.

AGE RANGE	FEMALE	MALE
<1 YEAR	11,704	3,901
1-4	43,162	14,387
5-14	68,131	71673
15-49	196,654	180,970
TOTAL		

1.5 GEOGRAPHY

Dodoma Municipality is located in the centre of the Region, surrounded by Chamwino in west and Bahi Councils in the East, lying between latitudes 6.00º and 6.30º south and longitudes 35.30º and 36.02º East. It is 486km West of Dar-es-Salaam, and 441km South of Arusha.

Climate:

The climate of Dodoma is semi-arid, Characterized by a marked seasonal rainfall distribution with a long dry season starting from late April to late November and a short wet season starting late November to the end of April. Average rainfall ranges from 550 to 600mm per annum. The minimum average temperatures vary from 10ºC in July to 20ºC in November. July is the coldest month whereas November is the hottest month, with mid-day temperatures exceeding 30ºC.

1.6 TRANSPORTATION AND COMMUNICATION

Dodoma municipality has a total of 524.1 kilometers of road in which 36.3kms (6.9%) are tarmac, 166.9 kms 31.8%) are gravel and 320.9 kms (61.2%) are earth road. At this particular moment all roads are in a good condition is passable throughout the year.

1.7 EDUCATION

(a) Pre-Primary Education:

Dodoma Municipal Council has 91 pre-primary classrooms, among which 79 are owned by the government, and 12 are owned by religious institutions and private organizations. The total number of pupils in these classrooms amounts to 6,604 as shown in the table below:-

S/No.	Institutions	Number of pupils		Total
		Boys	Girls	
1.	Public/Government owned	2,731	2,879	5,610
2.	Religious/ Private owned	420	574	994
Total		3,151	3,453	6,604

(b) Primary Education

Dodoma Municipal Council has 107 primary schools with a total of 76,339 pupils in which 36,844 are male pupils and 36,844 are female pupils.

REQUIREMENTS, DEFICIT AND RATIOS

S/No.	Areas of Improvement	Quantity required	Quantity available	Percentage	Ratio
1	Classrooms	1,552	1,102	71	1 :5
2	Teachers houses	785	149	19	1 :9

3	Desks	18,628	12,457	67	1 :5
4	Latrine holes	2,661	1,623	61	1 :4
5	Teachers	1,667	1,468	88	1 :49

NB: Source of data education department

(c) Secondary Education

In Dodoma Municipal Council, there are 52 secondary schools of which 36 are public schools and 16 are private schools.

(d) Special Education

The Council provides service for children with special education needs, in an inclusive education programme and units at primary schools.

The Council has 8 centers for pupils with disability. These include Mpunguzi, Nala, Mlezi, Kaloleni, Hombolo, Chinangali, Dodoma Viziwi and Miyuji Cheshire with total of 980 pupils, among all some are in inclusive education programme

(e) Vocational Training:

There are several vocational training centers mostly owned by the private sector and government, NVTC trains about 264, Don Bosco 243 and computer centers 22 students each year.

(f) Higher learning Institutions:

There several high learning institutions which have led to the population increase in Dodoma Municipal. These include University of Dodoma, St. Johns University, Institute

of Rural Development Program, Mirembe Nursing Collage, Hombolo Local Government Collage, Collage of Business Education and Madini Collage.

There are as well as training collages for teachers namely Capital, Don Bosco and Mtumba.

Table 4: Table below shows – type and number of schools by the year 2010:

Type	Ownership		
	Gov.	Private	FBO
Primary Schools	**91**	**13**	**0**
Secondary Schools	**36**	**16**	**0**
TTC	**0**	**1**	**1**
University	**3**	**0**	**1**
Institutions	**4**	**1**	**2**

1.8 INFRASTRUCTURE

In Dodoma Municipal council all roads are passable throughout the year, this influence access to health services throughout the year.

2 DATA COLLECTION METHODS AND SOURCES OF DATA

2.2 DATA SOURCES AND THEIR DATA COLLECTION AND ANALYSIS METHODS

Data collection is mainly of Health related issues. These are collected from all health facilities found in the council (Public Private and special clinics). Some are from communities surrounding the Health facilities e.g. death reports. The data are of health issues (diseases and services) i.e. Curative and Preventive from each facility and community. The data are collected through HMIS tools and analyzed by the aid of DHIS 2 software at district level. Also there some data which are collected through vertical programs, surveys and census. These data are used in preparation of various reports and interventions plans such as CCHP and Council strategic plan.

2.3 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 **Dodoma Municipal** council population.*
- *The status of the **Dodoma Municipal council** health system.*
- *The status of health service delivery in **Dodoma Municipal** council.*
- *Progress that has been made in the **Dodoma Municipal** council health sector.*

Table 2-1. DHP MANDATORY HEALTH INDICATORS

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HEALTH STATUS OF THE DISTRICT POPULATION

Maternal, Newborn and Child Health

- Nutritional Status: Low Birth Weight
- Neonatal, infant, and under 5 mortality rates

Diseases

- Incidence of Malaria/Laboratory Confirmed Malaria
- HIV/AIDs prevalence
- Top 10 causes of admission
- Top 10 causes of death

DISTRICT HEALTH SYSTEMS

Health Financing

- 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

Infrastructure

Health Indicator Still Being Determined

DISTRICT HEALTH SERVICE DELIVERY

General

- OPD Attendance

Vaccination

- Proportion of children under 1 vaccinated against measles
- Proportion of under 1 3rd Polio (OPV3)
- Proportion of under 1 BCG dose

Reproduction Health

- 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

Infectious Diseases and Non-Communicable Diseases

- 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

PROGRESS IN THE HEALTH SECTOR

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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

2.3 HEALTH INDICATORS IMPORTANT TO DODOMA MUNICIPAL COUNCIL

Dodoma Municipal council is embarked in reduction of maternal and child deaths through strengthening of Health delivery services by ensuring close vicinity of the community to health delivery services and availability of essential supplies in the health facilities. The council is implementing MMAM programs and providing incentives to TBAs towards achieving the goals for the reduction of health problems such as maternal, neonatal and child morbidity and mortality facing the community and increasing staff commitment to deliver promptly health care services.

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DODOMA MUNICIPAL COUNCIL SPECIFIC INDICATORS
1. Proportional of health facilities by level with constant supply of drugs /medical supplies/vaccines and laboratory reagents
2. proportional of Malaria cases for under five years
3. proportional of under five children attending under five clinic

2.4 KEY MESSAGES ABOUT HEALTH INDICATORS

- Most of health facilities have enough supply of drugs and medical equipments due to 67% of the budget from basket funds was allocated for drugs.
- Malaria cases for under five had been reduced from 77%to 49%
- Under five children attending under five clinic increased from 88% to95%.

OPTIONAL DISTRICT HEALTH STATUS OF THE POPULATIONS INDICATORS

DODOMA MUNICIPAL COUNCIL

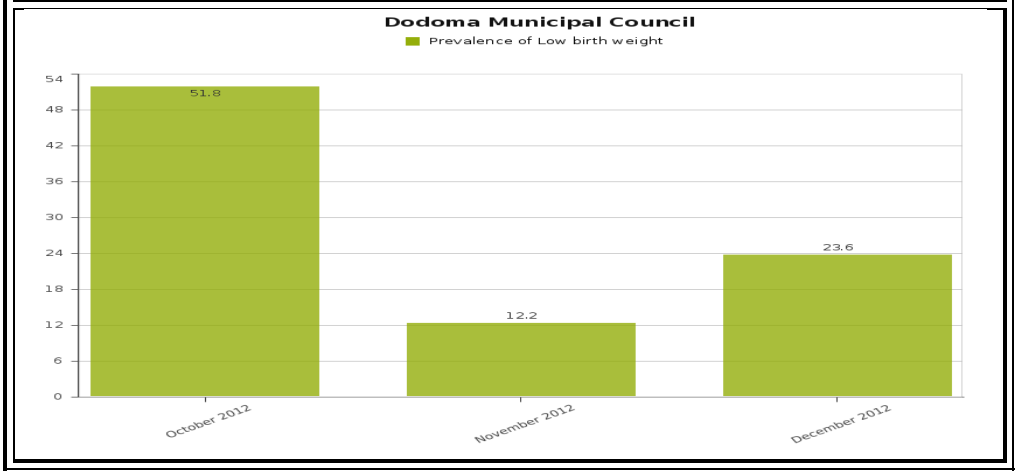
1.Number of STI Episode treated
2.Proportional of male and female who received VCT and know their HIV status
3.Proportional of eligible PLHIV receiving ART
OPTIONAL DISTRICT HEALTH SYSTEMS INDICATORS
1. Proportional of health facilities by level with constant supply of drugs /medical supplies/vaccines and laboratory reagents
2. Proportional of trained personnel per level actually available compared to the national minimum standards.
3. Proportional of health personnel who have undertaken a short term training.
OPTIONAL DISTRICT HEALTH SERVICE DELIVERY INDICATORS
1 Proportional of under five children attending under five clinic
2. Proportional of TB cases treated and success.
3. Proportional of leprosy cases completed treatment.

3 HEALTH STATUS OF THE DISTRICT POPULATION

3.1MATERNAL, NEWBORN AND CHILD HEALTH

Dodoma Municipal Council is one of the districts that experienced low malnutrition rate. During the period of 2012 a total of 14681 children were measured for their nutritional status during less than five clinic visit. However in the 2012 the children with malnutrition were 362 (2.5%). All the available data on nutrition were obtained through under five clinic visits; no any scientific research on nutrition had been conducted to proof the situation at the district.

Figure 3-1. Nutritonal Status: Low Birth Weight

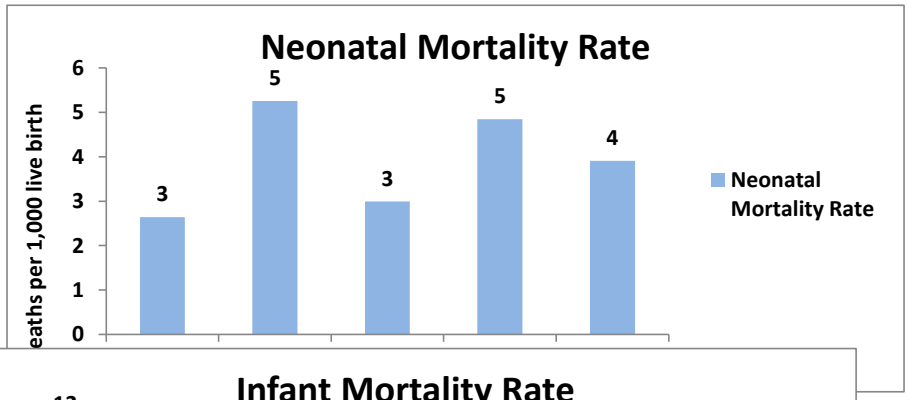


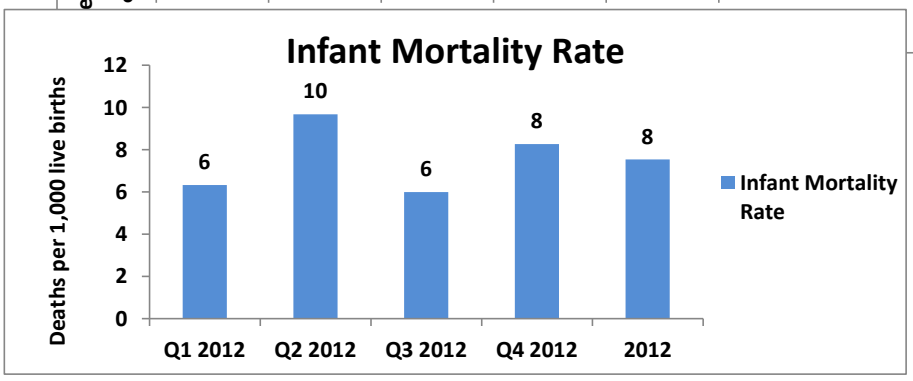
NEONATAL, INFANT, AND UNDER 5 MORTALITY RATES

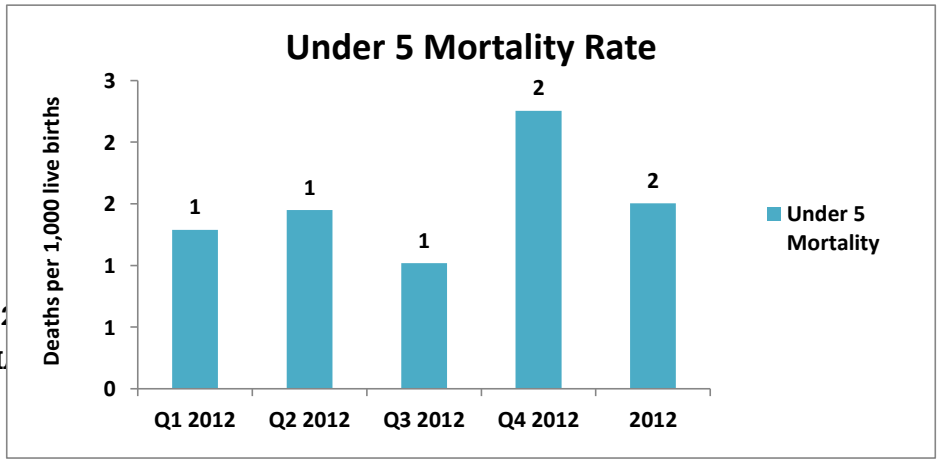
In the year 2012 there was a total of 14 neonatal deaths, 219 under five death and Infant deaths was 139.

Accessibility of health facilities in most of the district villages, trained health staffs in such health facilities together with three ambulances to facilitate referral to near referral

hospital and through motivating health staffs under payment of extra duty and on call allowance assisted to reduce neonatal and under five deaths.







3.2 M

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In the year 2012 Malaria maintained to be the main cause of morbidity in many facilities. The detection of Malaria cases was facilitated by the introduction of Rapid Malaria testing algorithm by aid of MRDT. The testing technique is implied in all Health facilities (Public and Private) Laboratory confirmed cases of Malaria for the year 2012 is as shown in the figure below:

HIV/AIDS PREVALENCE

In the year 2012 a total number of 21,569 Clients tested for HIV in different setting of Health delivery system including OPD, IPD, RCH, Laboratory and CTC were tested positive for HIV. This amount is equivalent to 5%.

Figure 3-3. Laboratory Confirmed Malaria Cases

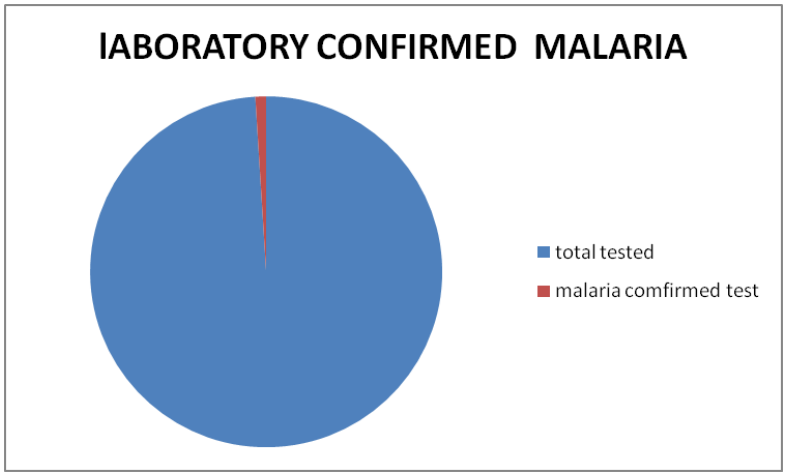
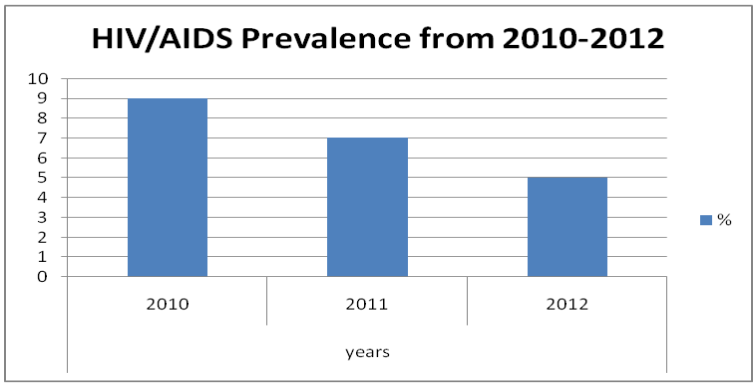


Figure 3-4. ANC HIV/AIDS Prevalence



3.3 MORTALITY

TOP 10 CAUSES OF ADMISSION

Table 3-2. Top 10 Causes of Death

	Causes of Death	1 Year –< 5 Years	5 Years - > 5 Years	Total
1	Diarrhea	18	2	43
2	Acute Respiratory Infection	52	0	29
3	malaria	40	64	25
4	Anemia	18	48	21
5	UTI	0	2	18
6	Pneumonia	67	0	17
7	Burns	3	0	16
8	HIV/AIDS	22	108	16
9	Accidents	0	6	16
10	Diabetes Melitus	0	4	14

3.4 OPTIONAL HEALTH STATUS OF THE DISTRICT POPULATION INDICATORS

Not selected

3.5 DISTRICT HEALTH STATUS CONCLUSIONS, RECOMMENDATIONS AND WAY FORWARD

This profile comes up with the fact that although the nutrition status in the district is low but generally the entire community lack knowledge on nutrition education. Low income of the household contributes to poor health status of the community and that have directly effects on infant growth and development.

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Importance of pregnant women to visit to RCH clinics is of essential to be emphasized so that they can stand comfortable with their pregnant situation as better outcome and reduce neonatal, infant and under five mortality deaths.

Although the district have the strategies to reduce malaria by providing IT Net to pregnant and under five through provision of ITNvochour.

HIV/AID's need more close follow up to reduce its infection as the prevalence stand at 5.

Therefore the district should put more effort on providing education to their entire community on how they can be free from diseases and other related problems.

RECOMMENDATIONS

- ❖ More income generating activities should be initiated in the communities for the purpose of increasing household income hence reduces food insecurity within the household levels.
- ❖ Nutritional education should be promoted in advance and strengthen at RCH clinics in order for the clients to access it as time they visit clinic concerning dietary pattern.
- ❖ Men should be educated and involved in antennal clinics for the purpose of educating in family planning methods and other related maternal health.
- ❖ Obtain support of health policy from political leaders and all stake holders for promotion and awareness in the community.

WAY FOWARD

- Using DHP document for planning purposes

- Improving conditions found to be the cause of diseases and any bad health conditions
- Using DHP as base for measuring progress of health interventions

4. STATUS OF HEALTH SERVICE DELIVERY IN THE DISTRICT

4.1 GENERAL HEALTH SERVICE

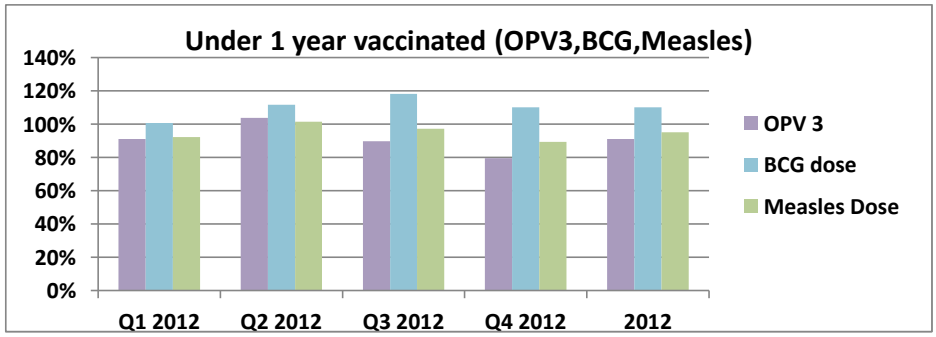
OPD ATTENDANCE

OPD attendance in the year 2012 was 298,086 people

4.2 VACCINATION SERVICES

The trend shows children under one year receiving vaccines against measles incleased due education given on important of vaccines on prevention of diseases

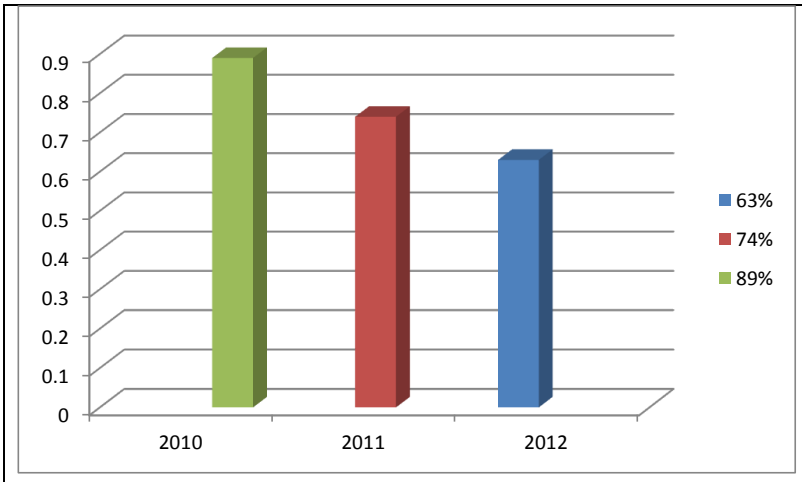
Figure 4-2. Under 1 Year Vaccinated (OPV3, BCG, and Measles)



4.3 REPRODUCTIVE HEALTH SERVICES

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

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



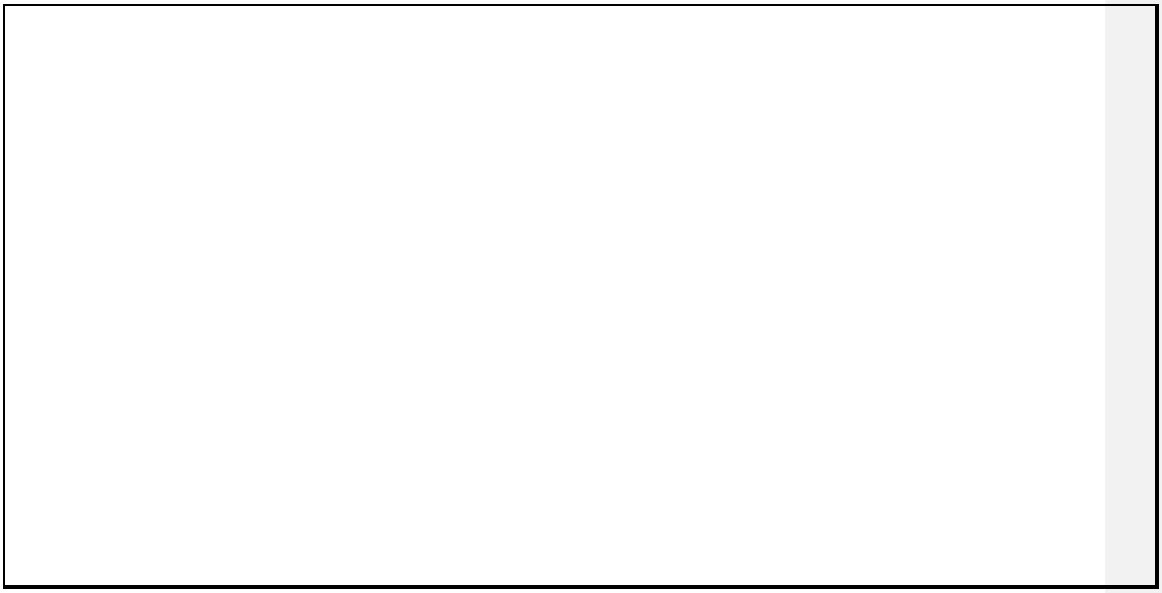
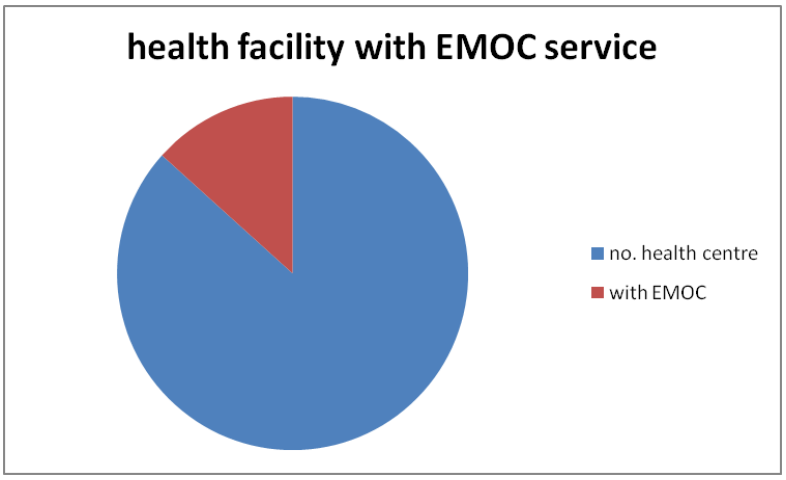


Figure 4-4. Percentage of health centers and dispensaries that can provide EmOC as defined in EHP

no. health centre	13
with EMOC	2



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4.4 INFECTION DISEASE AND NON-COMMUNICABLE DISEASE HEALTH SERVICES

PROPORTION OF MOTHERS WHO RECEIVED TWO DOSES OF PREVENTATIVE INTERMITTENT TREATMENT FOR MALARIA DURING LAST PREGNANCY

Proportion of mothers who received two doses of preventative intermittent treatment for malaria during last pregnancy decrease compared to previous year this can be due to low education of the population.

TB NOTIFICATION RATE PER 100,000 POPULATION

TB notification rate per 100,000 population was 13.1/100000

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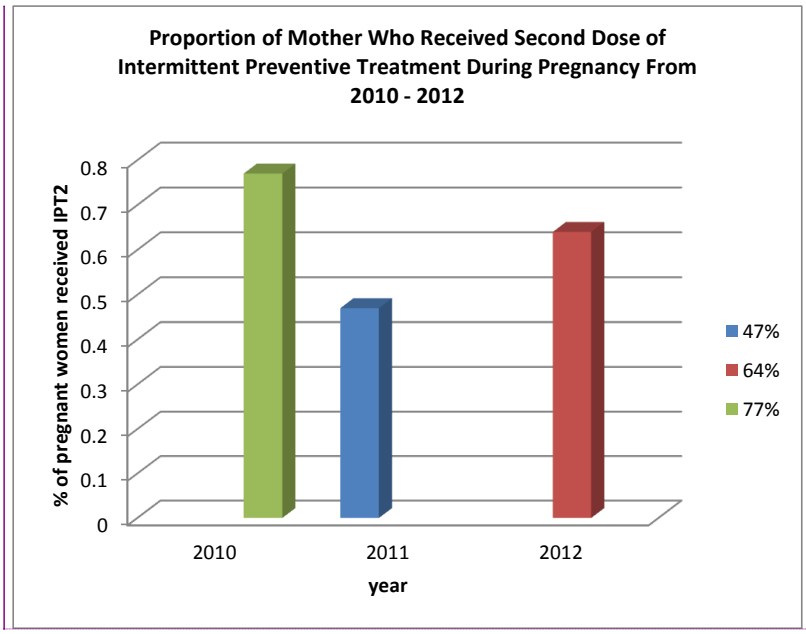
Figure 4-5. Proportion of Mothers who received two doses of Preventative Intermittent Treatment for Malaria During Last Pregnancy.

Figure 4-5. Proportion of Mothers who received two doses of Preventative Intermittent Treatment for Malaria During Last Pregnancy From 2010 - 2012



Comment [Jackie1]: Update this chart

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

4.5 OPTIONAL DISTRICT HEALTH SERVICE DELIVERY INDICATORS

Not selected

4.6 DISTRICT HEALTH SERVICE DELIVERY CONCLUSIONS, RECOMMENDATIONS AND WAY FORWARD

DISTRICT HEALTH SERVICE DELIVERY CONCLUSIONS AND RECOMMENDATIONS

Despite the District managed to deliver health services within the sphere standard, diarrhea and UTI were the leading mortality and morbidity for under five. More intervention especially on preventive measure is needed to eliminate the problems for the better health and production activities hence increases income among the community in the district. However the district should make the effort to ensure that trained personnel in laboratory are available in each health facilities for correct diagnosis for the cause of problem and other related diseases that need laboratory specimen.

Although there some improvement on the provision of IPT 2 doses in the health facilities but additional education to the entire community on importance of early visits to health facilities for maternal health services such as antenatal, delivery and postnatal services. This will help to increase and maintain the coverage vaccination and other RCH services.

WAY FORWARD:

Strengthen the supplies of drugs and medical equipment to ensure adequate and quality health services.

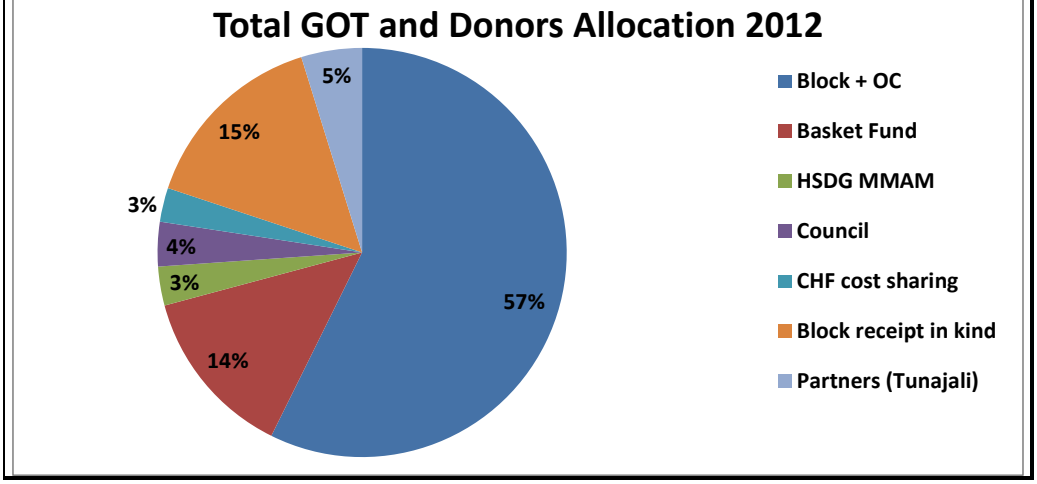
CHMT to conduct supportive supervision in order to reinforce partners supported interventions to ensure sustainability of these existing projects in the district.

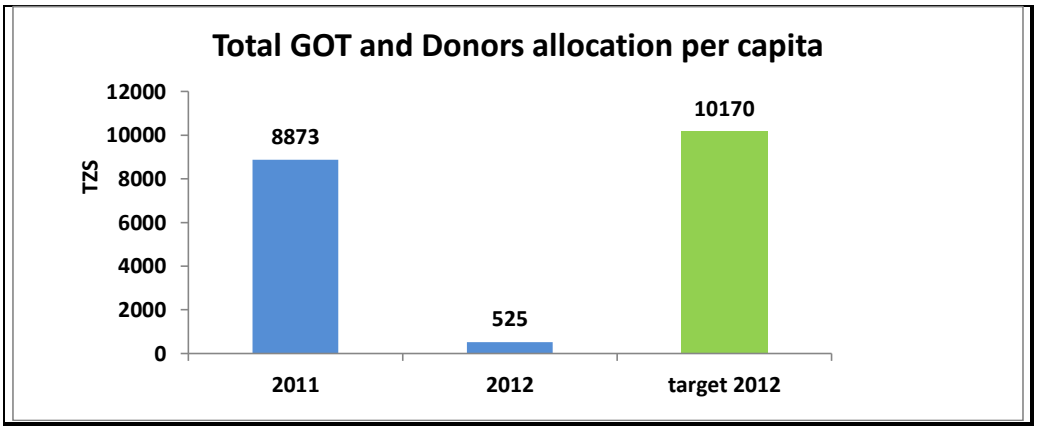
5. STATUS OF DISTRICT HEALTH SYSTEMS

5.1 HEALTH FINANCING

Health activities in the districts are funded by different sources of funds, these includes, Local Government block grants, Own sources (council funds), Health Sector Basket Fund, community funds (Cost Sharing/CHF), NHIF, Health sector development(MMAM) and other donors. Every donor provides fund for activities of interest but no activity is funded by more than one donor at a time. A good number of the targeted activities were covered during the year of implementation. A big challenge is that some of donors do not meet the criteria either by submit funds on the late period of implementation.

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





5.2 HUMAN RESOURCES FOR HEALTH

- **Number of training institutions with full NACTE accreditation**

The council has ONE institution of health with full NACTE accreditation.

The council has a population of approximately **552,135** people the council has **2** Medical Officer, **1** Dental Officer, **16** AMO, **46** Cos, **20** Assistant Environment officers. The

council has **19**Registered Nurses, **109** Enrolled Nurses, **2** Laboratory Technologists, **6** Assistant Technologist, **1** Pharmacists, **1** Pharmaceutical Technicians. The distributions is shown in the figures below from figure 5 – 3 to figure 5 – 5.

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

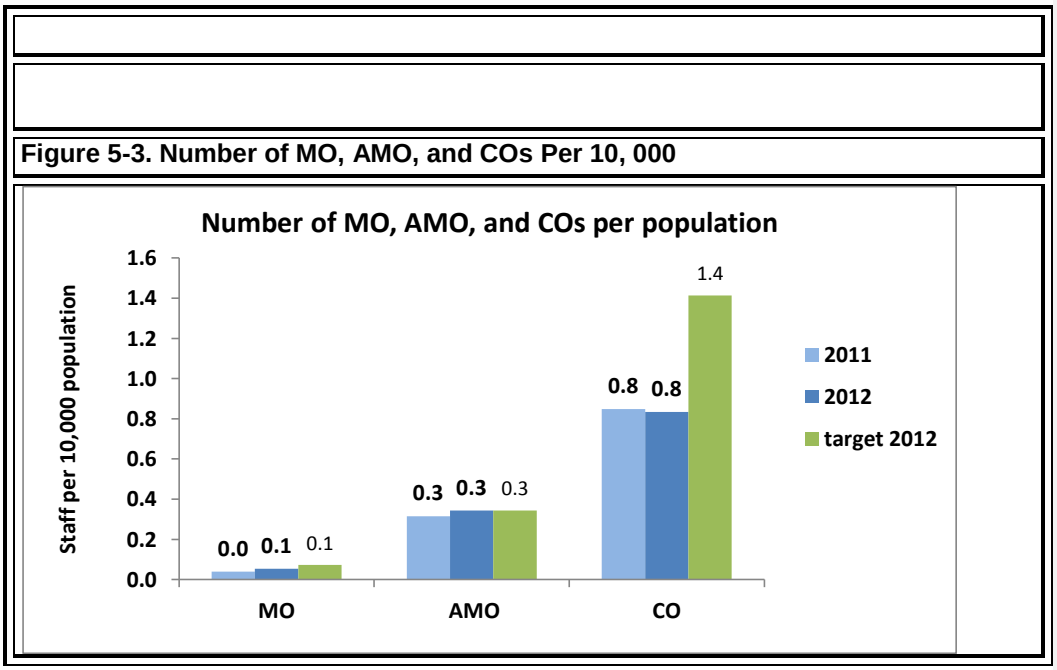


Figure 5-4. Number of Nurse mid-wives, Lab Techs, Pharm Techs Per 10, 000

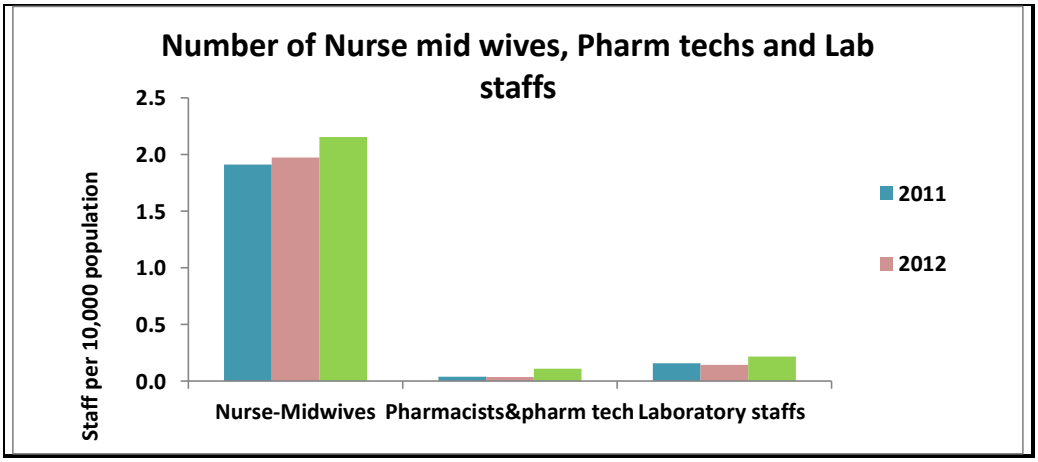
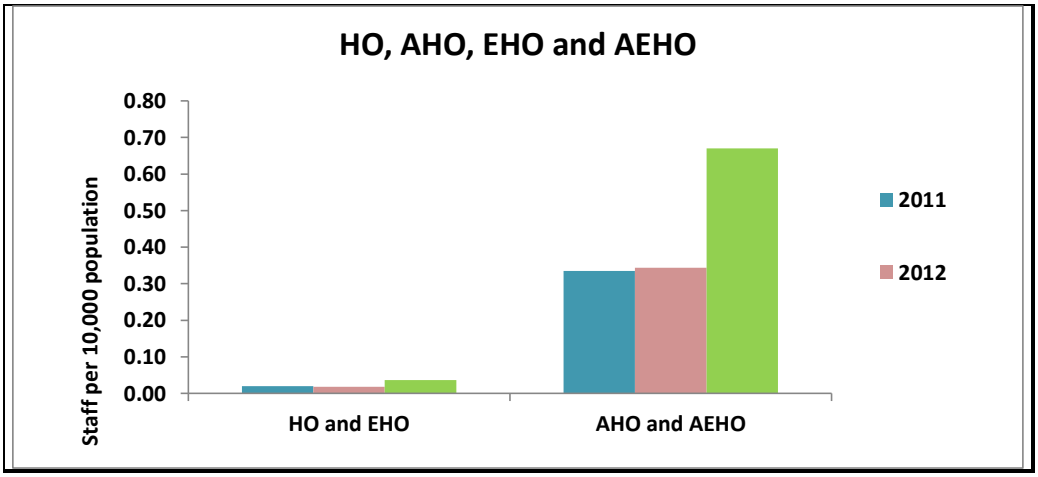


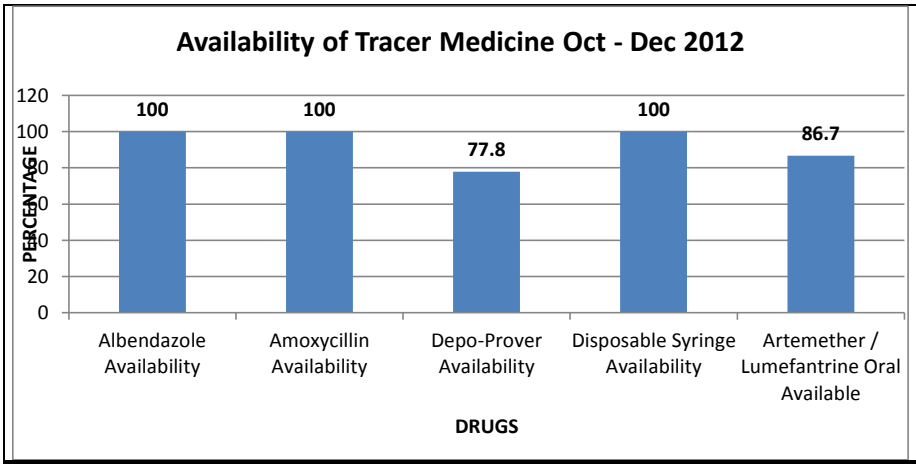
Figure 5-5. Number of HO, AHO, and EHOs Per 10, 000



5.3 MEDICINES/DRUGS

In the year 2012 the stock out of tracer drug, vaccines and medical supplies was experienced by facilities in different levels. The availability situation and stock out are as shown in the figures below:

Figure 5-7. Availability of Tracer Drugs



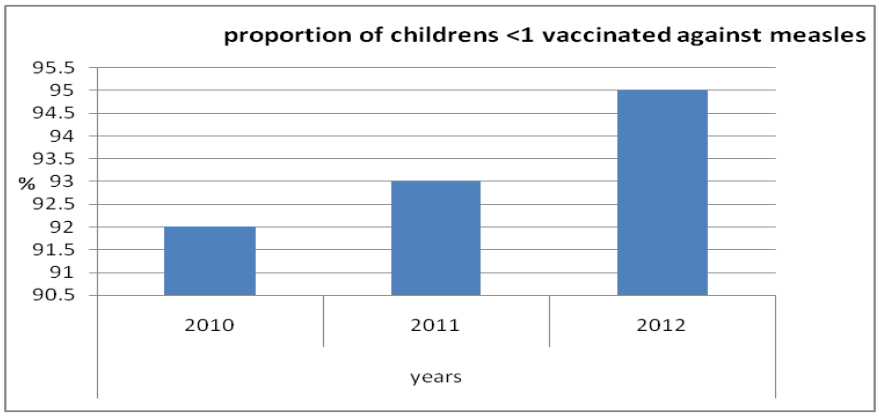
5.4 INFRASTRUCTURE

In Dodoma Municipal Council all health facilities structures especially of those owned by government are in a good condition. This is contributed by the existence of MMAM program which is being implemented by the council towards achieving the goals for the reduction of those health problems facing the community to deliver promptly health care services. The challenges that the district face is lack of skilled staff and houses for health facilities staffs that cause to lose morally of work.

5.5 OPTIONAL DISTRICT HEALTH SYSTEM INDICATORS

Proportional of HF by level with constant supply of drugs medical supplies/vaccines and laboratory reagents is increasing from 2010was 75% in 2012 is 90%, this increasing was due to support from basket funds where 67%of the whole basket funds was allocated for drugs, together with community health fund with matching funds contribute to increase availability of drugs, medical supplies and vaccines in health facilities. This amount of funds used even in the case of emergency help on solves the problem exiting by bought drugs from different sources rather than MSD. Due to availability of drugs lead to reduce of maternal death from 119% to 96%.Also immunization coverage increased from 92%to 96% due to availability of vaccine.

PROPORTION OF CHILDREN UNDER 1 VACCINATED AGAINST MEASLES



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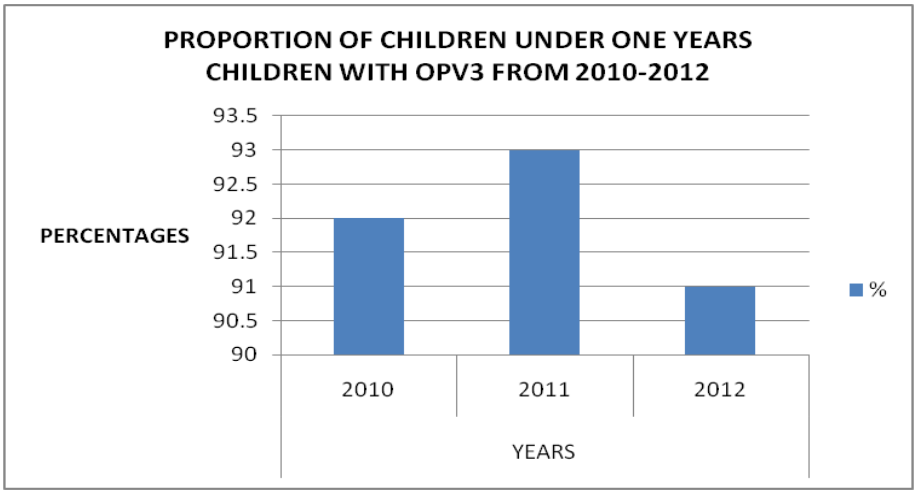
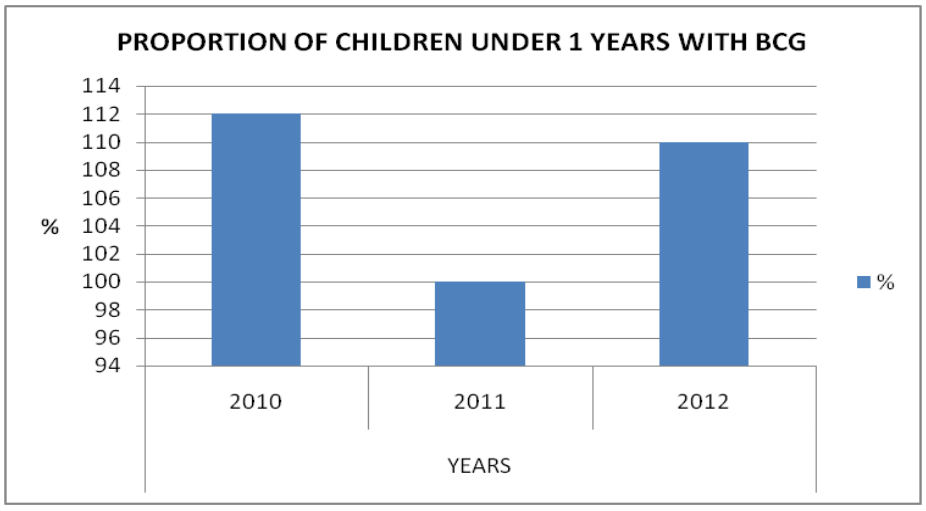
PROPORTION OF CHILDREN UNDER 1 YEARS WITH OPV3



PROPORTION OF CHILDREN UNDER 1 YEARS WITH BCG



5.6 DISTRICT HEALTH SYSTEM CONCLUSIONS AND WAY FORWARD

Dodoma Municipal council is among the council that is donor dependent in the issue of implementing health activities. About 80% of the health budget depends on donors and other implementing partners. For the district to reduce dependence mobilization and sensitization on cost sharing especially CHF to the entire community is of provident important. This will help the council to manage to purchase and distribute drugs and medical equipment's and other supplies with the absence from outside support.

The Situation of the health staffs in district is not good, but more budgets to increase staffs according to the health policy and standard is required. Provision of staffs house and other motivation to the staffs will retain and attract other health staffs to work in the district for era.

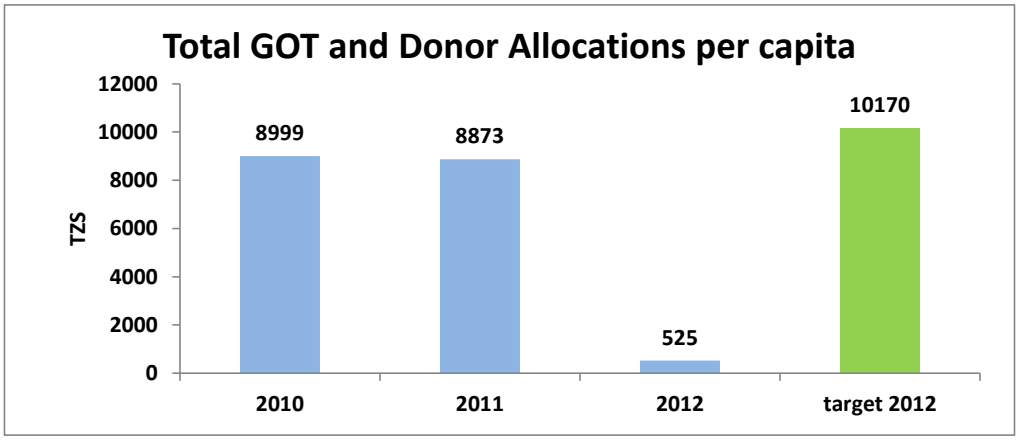
WAY FORWARD

1. Strengthen Integrated Logistic System with quarterly visits to MSD to ensure adequate supplies and equipment.
2. To construct DISTRICT HOSPITAL and to recruit more health staffs of different cadre to ensure that the peripheral villages with health facilities had have enough staff.
3. CHMT to conduct supportive supervision with RHMT and other partners for the purpose of ensuring the sustainability of these existing projects in the district.

6 AREAS OF PROGRESS IN THE DISTRICT HEALTH SECTOR

6.1 PROGRESS IN DISTRICT HEALTH FINANCING

OVERALL HEALTH FINANCING



EXPANSIONS IN HEALTH SPENDING

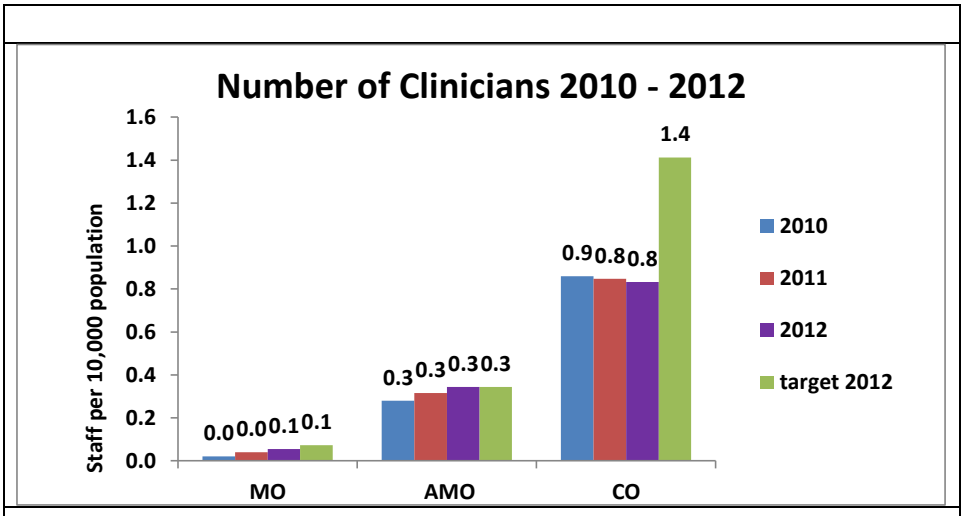
In Dodoma municipal council spending have been increased due to increase employment of the people and population increase as a result a spendicture on 2011 was 4499678165.30 and 2012 was 5615157080 increase of 1.2%, this show how expansion in the health spending.

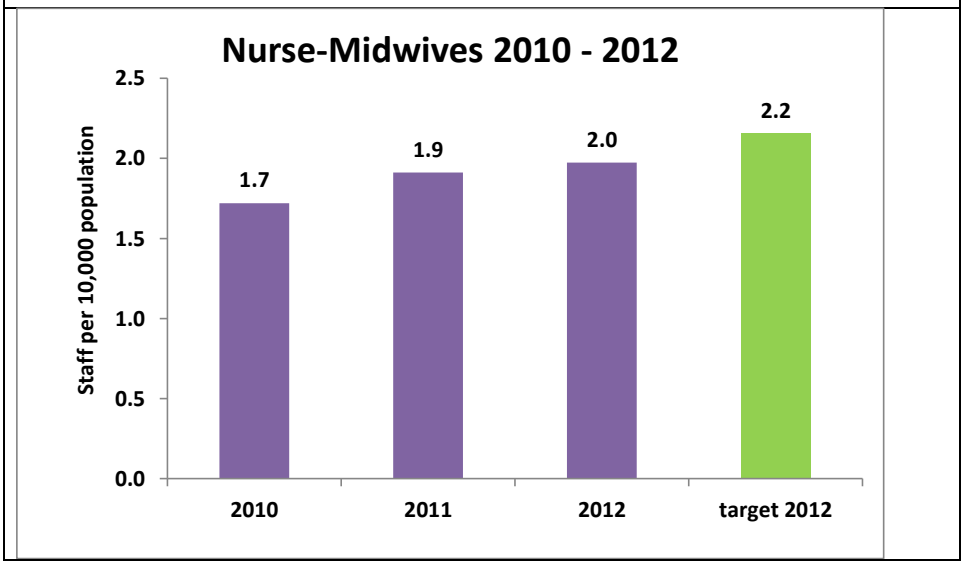
6.2 PROGRESS IN DISTRICT HUMAN RESOURCES

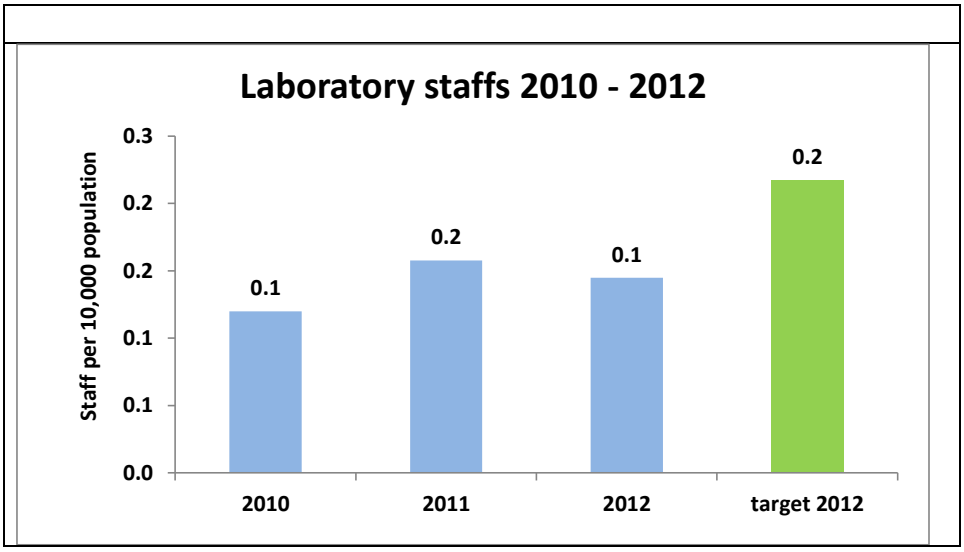
In the past three years Dodoma municipal council has achieved to recruit, 3 Dental therapist, 5 clinical officers,9 assistance clinical officers,12 nursing midwives,2 assistance environmental health officers,1 pharmacy technician. Also the council Permitted its staffs to upgraded for higher learning institutions these included 6 nursing midwives, 2 Environmental assistance Health officer, 4 clinical officer to AMO, 6

Midwife nurses to nurse officer, 1 Laboratory assistant to laboratory technician,2 laboratory technician to laboratory technician officer and 5 clinical officer to medical Doctor but they are still on studied.

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







6.3 PROGRESS IN DISTRICT NEONATAL HEALTH

LOW BIRTH WEIGHT

Due to easy accessibility to health facilities in most of the communities in the council as well as increased trained health staffs in such health facilities together with three ambulances to facilitate referral to near health centre and hospital these assisted in reduction of the number of targeted indicators. Education for pregnant women during ANC visits on the importance of good health and nutrition also helps to reduce number of low birth weight.

6.4 PROGRESS IN DISTRICT HEALTH FACILITY COVERAGE PROGRESS IN DISTRICT HEALTH FACILITY COVERAGE

The Dodoma Municipal council has 40 villages. The number of villages with Health facilities is 36 and 4 village have no HFs.

6.5 PROGRESS IN DISTRICT HEALTH FACILITY PERFORMANCE

EXPANSIONS IN CRITICAL HEALTH SERVICES and IMPROVEMENTS IN REFERRAL HOSPITAL PERFORMANCE

The council is embarking its effort to upgrade the available health centre to be a designated district hospital. The districts use this health centre as the referral point from other health facilities. The distribution of three ambulances facilitate the transportation of patients from peripheral areas to the health centre and then to regional referral Hospital but this apply for serious cases only. The construction of district hospital is on the process which decreases the referrals from the district to higher referral hospital.

Recruitment of professional health staffs as well as upgrading of staffs (e. g CO to AMO, Nurse Midwife to Nurse Officer) in the district helps its health facilities to perform procedure/treatment that require referral.

PROGRESS IN ANC ATTENDANCE

The ANC visit in the district in year 2012 had showed higher improvement compared to year 2011especially for pregnant women of 12 weeks and above. This improvement was due to education they got from to the difference sources of media and emphasize got from health workers during ANC clinic visit

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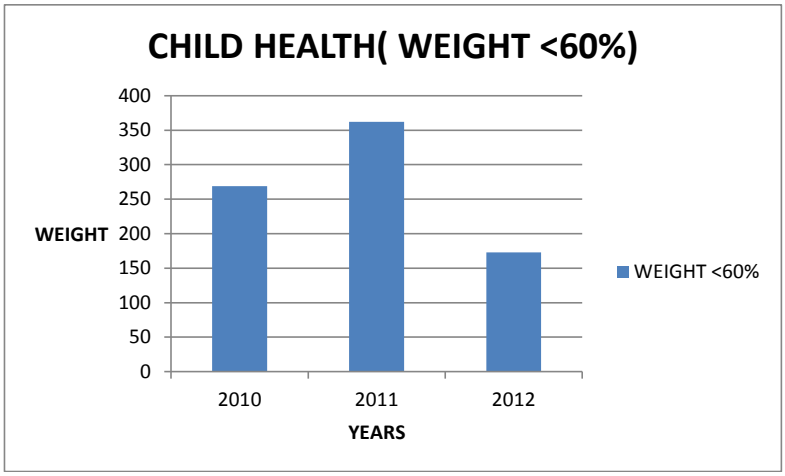
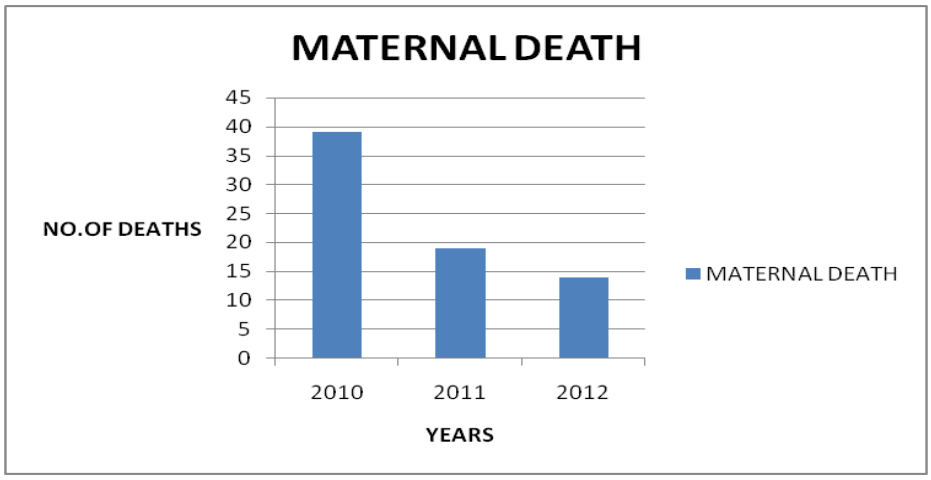
EXPANSIONS IN CRITICAL HEALTH SERVICES

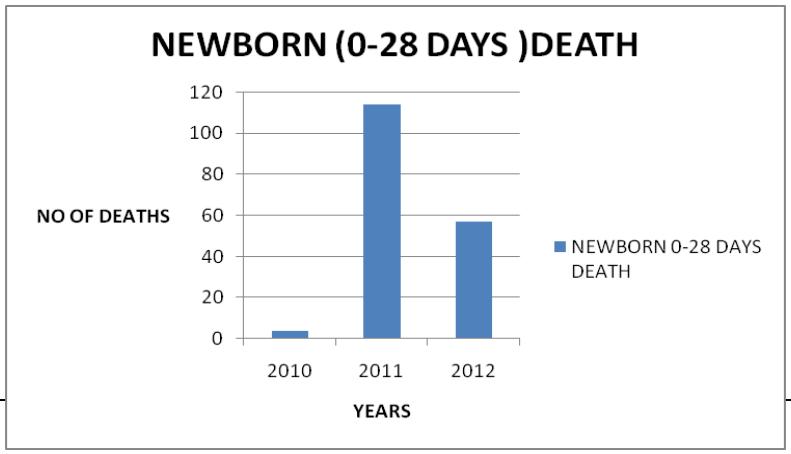
CHILD HEALTH



MATERNAL HEALTH



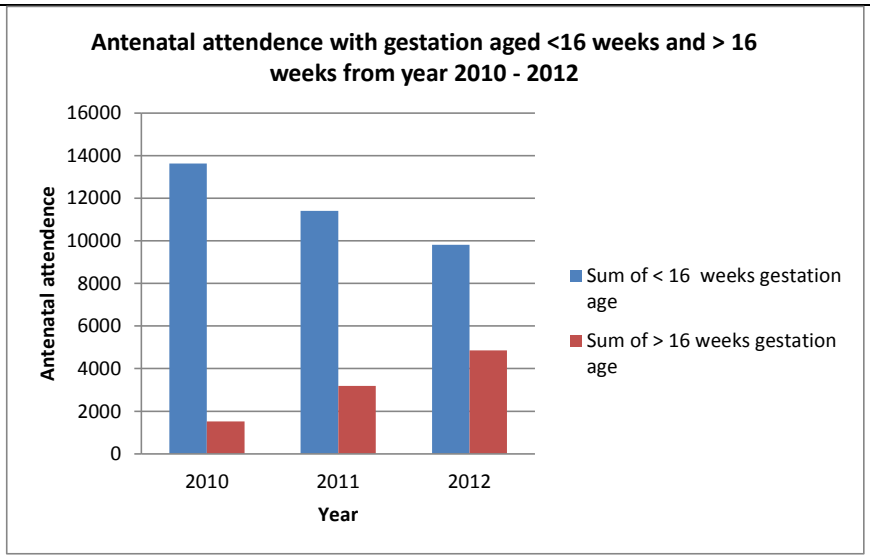
NEWBORN UNDER 1 YEAR



PROGRESS IN ANC ATTENDANCE

Despite the geographical location of the council is well defined in term of transport but all facilities reporting rate is below 50%. This achievement is mainly due to complains on many report(vertical programmers reports) which are all needed at the same time and transport fee.

PROGRESS IN ANC ATTENDANCE



6.6 PROGRESS IN DISTRICT HEALTH SERVICES

SOCIAL WELFARE AND PROTECTION SERVICES FOR VULNERABLE POPULATIONS

In Dodoma municipal council services provided for vulnerable groups such as aged people is that there is a room special for aged people(elderly) and health services received is free of charge together with most vulnerable children are supported by given CHF cards to access health services.

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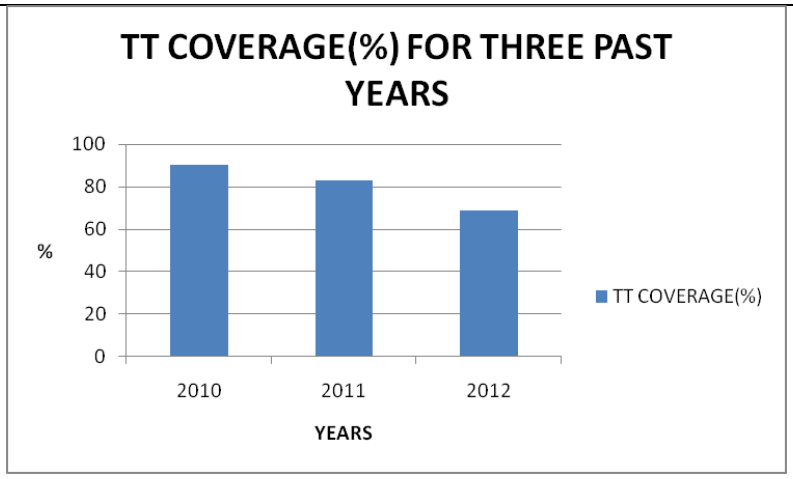
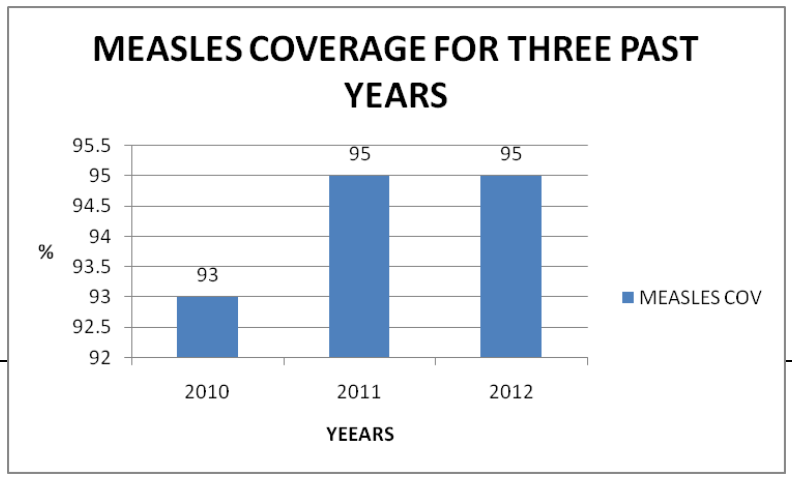
VACCINATION COVERAGE

Although there are many obstacles that happen in connection with immunization process such as variation of target population, immigration of many people in the district but the district achieved to vaccinate their targeted population over 100%. The vaccination coverage included all vaccination such as BCG, Polio, Pentavalent, Measles and TT for pregnant women.

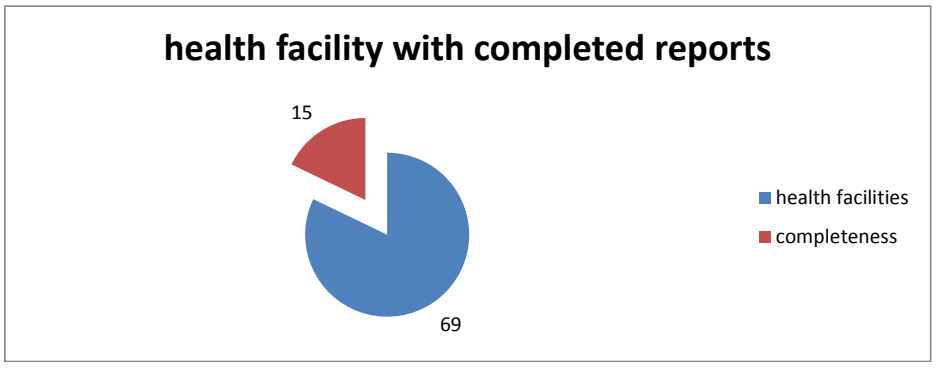
The figure below shows the achievement on the area of vaccination of underfive children in the general population i.e irrespective of the population from within and outside the council.





TIMELINESS AND COMPLETENESS OF DATA

Immediately after raw data have been collected from health facilities and submitted to the district level, process of data entry using new software tools (DHIS) is done with the aid of two data entry Managers. Process for data entry ends within first two weeks of the next month and always meets time needed for reporting,but the delay and missing of report is mainly from private facilities.



ENVIRONMENTAL HEALTH SERVICE SAFE WATER INITIATIVES

WATER AND SANITATION

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The council collaborates with DUWASA to provide safe water to the communities as it follows: There are 13 deep wells at Mzakwe which provides 38,056m^3 of water which are distributed in the town equivalent to 80%. A total of 35 villages get water from deep and shallow wells equivalent to 87%, some of the areas in villages get water from unprotected well.

6.8 Best Practices in Rural Sanitation

USING OF LOCAL CULTURAL GROUPS TO PROMOTE AND IMPROVE HYGIENE AND SANITATION

- **Description of the best practice**

Through the use of existing Traditional Local Cultural groups, it helped us to sensitize the community to change their perception on hygiene and sanitation. Especially on improving toilets, best hand washing practices and keeping their environment clean.
It attracted a large number of people through Singing, dancing and Acting where the community found the exercise to be entertaining. Also it is the best way of sending message direct to the community other than using village gatherings where there is a low turnout of people.
Finally, it is the best practice because the Acting, singing and Dancing was mixed with a bit of their own mother tongue imitating their own ways of living which helped to disseminate what was intended to all type of ages without provoking the community.

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Umoja and upendo cultural group performing through dancing and Singing, disseminating the message of the National Hygiene & Sanitation Campaign on improving of hygiene and Sanitation.

- How it was initiated

This was started when baseline data collection was being carried out, where by the facilitators use the village leaders to help identify already existing local cultural groups that the community

approves in conveying any messages to the community, and the village executive officers listed for us the groups.
Initiators are the facilitators collaborating with the village leaders and the

- Supporters are

The support in terms of finance was from the National Sanitation Campaign Funds, the facilitators who worked hand in hand in order to produce the required messages, the village ward leaders who accepted our plea to work with their community and finally the support of the whole community who accepted the whole exercise by being the spectators receiving the message in order for them to change for the best in hygiene and sanitation wise.

- Describe briefly the process of development of the best practice

First we had to consult with the village leaders, which traditional group's existed in the village and we listed the traditional cultural groups which were Ari Mpya, Upendo Group and Umoja.

Second we had to set a date to meet with the local cultural groups, we discussed with them to reach consensus and we gave them the message required to be conveyed to the community concerning hygiene and sanitation.

A day was reached to assess the groups on the way they will portray the message to the community and corrections were done agreeing with the cultural groups to make sure what was required for them to present to the community.

Finally we had to agree on the date of the performance to the community on the best way to sensitize the community on building better improve toilets, proper hand washing practices and maintaining of a clean environment by use of rubbish pits and use of utensil racks.

- There is community participation in this best practice since the community is the spectators who are to receive the message conveyed in order for them to change and without them the meaning of the whole exercise will be nothing.

- The benefiters are the community

No of people

Men - 293
Women – 104
Children - 157

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Photo showing part of the community who attended

- The practice is sustainable

YES, it has been on operation for at least 7 months and it is sustainable because the community proposed the cultural traditional groups should perform before starting any village gatherings so as to be as a reminder and a way to change the community to take initiatives to change from poor hygiene and sanitation and opt for the best.

- Has this practice been replicated at scale No. If not, is this practice replicable Yes because other villages can adopt, since it has shown to yield good result of reaching a large number of people.

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- This is the best practice because,

It is the best practice because, it directly involves the community and the results of what was to be conveyed are observed, assessed and more initiatives can be done collectively in Oder to reached the same target intended.

Also it is the best practice because it had a large turnout of people where the message reached a large number of people unlike in many meeting the people are reluctant to attend.

It sends out clear messages to the community by Acting and singing

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Traditional cultural group demonstrating on the importance use of utensil racks and hand washing facility (kibuyu chirizi)

- Key factors behind the success of this best practice are by collaborating with the leaders, support from the community, and financial support to the groups.
- Lessons learnt

It is the best way of sensitizing the community in attending village gatherings, changing behavior of the community without the community feeling forced or demoralized.

NOTE
By the use of existing local cultural groups, which are Ari Mpya, Pendo and Umoja. They were given message that was supposed to be conveyed to the community by the facilitators whereby we gave them time to prepare and be accessed.
After some minor corrections and approval, time was set where they had to perform to the community. The day of the performance many people gathered around to hear what their local traditional groups had prepared for them and all the groups presented the messages of national sanitation campaign in terms of songs, acting and dram. All the people enjoyed the event, agreed to change by building of improved toilets and adopt better hand washing practice. And also the community commented that the cultural groups should continue performing in all villages meetings before starting any agenda in order to continue sensitizing the community on improving their hygiene and sanitation.