

The United Republic of  
**TANZANIA**  
Ministry of Health &  
Social Welfare



**KIBAHA TC**  
District Health Profile

# TABLE OF CONTENTS

I.	FOREWORD.....	1
II.	ACKNOWLEDGEMENTS.....	2
III.	EXECUTIVE SUMMARY .....	3
IV.	ACRONYMS.....	4
V.	KEY TERMS.....	5
1	INTRODUCTION .....	6
1.1	MISSION AND VISION.....	6
1.2	STRUCTURE OF DISTRICT .....	7
1.3	FACILITY DISTRIBUTION .....	8
1.4	POPULATION .....	9
1.5	GEOGRAPHY .....	9
1.6	TRANSPORTATION AND COMMUNICATION .....	10
1.7	EDUCATION .....	11
1.8	[OTHER INTRODUCTORY INFORMATION 1].....	11
2	DATA COLLECTION METHODS AND SOURCES OF DATA.....	11
2.1	DATA SOURCES AND THEIR DATA COLLECTION AND ANALYSIS METHODS .....	12
2.2	MANDATORY HEALTH INDICATORS .....	13
2.3	HEALTH INDICATORS IMPORTANT TO [KIBAHA TOWN COUNCIL] DISTRICT .....	15
2.4	KEY MESSAGES ABOUT HEALTH INDICATORS .....	15
3	HEALTH STATUS OF THE DISTRICT POPULATION .....	16
3.1	MATERNAL, NEWBORN AND CHILD HEALTH .....	16
3.2	MORBIDITY .....	19
3.3	MORTALITY .....	23
3.4	OPTIONAL HEALTH STATUS OF THE DISTRICT POPULATION INDICATORS .....	24
3.5	DISTRICT HEALTH STATUS CONCLUSIONS, RECOMMENDATIONS AND WAY FORWARD .....	25
4	STATUS OF HEALTH SERVICE DELIVERY IN THE DISTRICT .....	26
4.1	GENERAL HEALTH SERVICE .....	26
4.2	VACCINATION SERVICES.....	28
4.3	REPRODUCTIVE HEALTH SERVICES .....	29
4.4	INFECTION DISEASE AND NON-COMMUNICABLE DISEASE HEALTH SERVICES .....	32
4.5	OPTIONAL DISTRICT HEALTH SERVICE DELIVERY INDICATORS .....	34
4.6	DISTRICT HEALTH SERVICE DELIVERY CONCLUSIONS, RECOMMENDATIONS AND WAY FORWARD .....	34
5	STATUS OF DISTRICT HEALTH SYSTEMS .....	36

## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

5.1 HEALTH FINANCING .....	36
5.2 HUMAN RESOURCES FOR HEALTH .....	37
5.3 MEDICINES/DRUGS .....	40
5.4 INFRASTRUCTURE .....	40
5.5 OPTIONAL DISTRICT HEALTH SYSTEM INDICATORS .....	41
5.6 DISTRICT HEALTH SYSTEM CONCLUSIONS AND WAY FORWARD .....	42
6 AREAS OF PROGRESS IN THE DISTRICT HEALTH SECTOR.....	43
6.1 PROGRESS IN DISTRICT HEALTH FINANCING .....	43
6.2 PROGRESS IN DISTRICT HUMAN RESOURCES .....	44
6.3 PROGRESS IN DISTRICT NEONATAL HEALTH .....	44
6.4 PROGRESS IN DISTRICT HEALTH FACILITY COVERAGE .....	46
6.5 PROGRESS IN DISTRICT HEALTH FACILITY PERFORMANCE .....	47
6.6 PROGRESS IN DISTRICT HEALTH SERVICES .....	47
6.7 PROGRESS AGAINST MILESTONES .....	48
6.8 BEST PRACTICES/CASE STUDIES .....	48

## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

### **I. FOREWORD**

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

The 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.

The DHP will also provide necessary information that will give justification on increase or decrease of number patients coming for services in our health facilities. However, with this justification the council will be able to look for the immediate measures and allocate resources accordingly.

It will also act as a guide in Council Comprehensive Health Plan (CCHP) and will give focus to council leaders in prioritize health problems that may be solved at once.

Finally, the DHP cover a wide range of data and information on geography, population, socio-economic parameters, social services, economic infrastructure and the productive sectors. Such data and information has proved vital to many policy makers, planners, researchers, donors, functional managers and community as well.

## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

### **II. ACKNOWLEDGEMENTS**

We like to thank the following for their participation in the development of the DHP in our council.

First ;The Ministry of Health and Social welfare for their great contribution in terms of material and financial support, capacity building and guidance during the whole process of preparation and final development of this document.

Also special thanks goes to University of Dar es Salaam Computing Center for the development of DHIS tool which is contributing a lot in fulfillment of DHP and for their technical support in HMIS, data analysis and interpretation.

It would be unfair if we could forget to mention people from NIMR who enabled us training on GIS that make easier for the geographical location and mapping of health facilities which also incorporated in DHIS and become useful in drawing districts map to use in DHP.

CHAI is another stakeholder in our council who contributed a lot in the development of indicators which improves the health service delivery performance.

Finally, we would like to thank the TMOs Office for the support in terms of permission to participate in the orientation workshop and relevant information that enabled the development of this District Health Profile document.

## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

### **III. EXECUTIVE SUMMARY**

Kibaha Town Council is among the seven Councils of Pwani Region. It is the council of where the headquarters of Pwani region located. Kibaha Town Council is situated 40 km from Dar es Salaam City Centre. The Council is boarded by Kinondoni District to the East, Kibaha District Council to the West, Bagamoyo District to the North and Kisarawe District to the South. Officially the Council started to operate fully in September; 2004.

The DHP explains the following areas in-depth;

- i. Health Service Delivery
- ii. Health Systems
- iii. Progress in the Health Sector

The District Health profile covers various health indicators which are both mandatory and optional that narrates and provides adequate and comprehensive background, geographical location, size, population, health and educational status. Mandatory indicators include areas of maternal, newborn and child as well optional indicators include others as OPD attendance per capita. It more explains the status of health problems facing the society and the community as whole. Efforts done by the Council, Government and other stakeholders on eliminating such health problems have been also addressed in this special DHP.

According to 2002-2025 NBS census projections for the year 2012, Kibaha Town Council had planned to serve total of 105,475 people in which includes 53241 males and 52234 females with 3.2 growth rate. This population forms one Division, Eleven (11) wards and 53 Mitaas. Under health Department, various indicators had been implemented as planned in 2012 and however, achievements and challenges have also been included in this DHP.

The council achieved to vaccinate its target population over 100% in 2012 for BCG (245%), Measles (130%), OPV3 (134%) and TT2 (104%). Vaccination coverage in 2010 was slightly lower compared to coverage in 2012; thus shows an increase in vaccine coverage in 2012.

Environment Health Department ensures proper collection and disposal of waste so as not to contaminate water sources. Safe water initiatives at Kibaha Town Council is well collaborated by the Council Health Preventive Services and Water department. Most of the people in town use tap water from DAWASCO and others use water dams constructed by the council water program in the interior.

The overall performance in implementation of 2012 plan was 85%. Out of 114 funded activities, 97 (85%) of them were completely implemented, 17 (15%) partially implemented. The last year's performance standard increased by 3.8% ( $76/79 \times 100\%$ ), when compared to the previous year (79%). The insight of the performance is as follows:

- Donors: HIV prevalence reduced from 1.6% in 2011 to 1.2%.
- PMTCT: HIV prevalence reduced from 6.0% in 2011 to 5.5%.
- VCT: HIV prevalence increased from 8.7% in 2011 to 11%
- Immunization coverage increased from 99.1% to 100%

There was also success in the collaboration between the Private facilities owners.

## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

### **IV. ACRONYMS AND KEY TERMS**

**Table 0-1. ACRONYMS**

<b>ACRONYM</b>	<b>LONG NAME</b>
<b>DHP</b>	District Health Profile
<b>MOHSW</b>	Ministry of Health and Social Welfare
<b>MTHUA</b>	Mfumo wa Takwimu wa Uendeshaji wa Hudumaza Afya
<b>TMO</b>	Town Medical Officer
<b>DHIS</b>	District Health Information System
<b>HIV</b>	Human Immunno Virus
<b>VCT</b>	Voluntary Counselling and Testing
<b>PMTCT</b>	Prevention from Mothers Transmission to Child Transmission
<b>NIMR</b>	National Institute of Medical Research
<b>HMIS</b>	Health Management Information System
<b>CCHP</b>	Council Comprehensive Health Plan
<b>KTC</b>	Kibaha Town Council
<b>HRH</b>	Human Resource of Health
<b>EHO</b>	Environmental Health Officer
<b>NBS</b>	National Bureau Statistics
<b>TRCHCO</b>	Town Reproductive and Child health Coordinator
<b>CHMT</b>	Council HealthManagement Team
<b>P4P</b>	Pay For Performance(Initiative that aims at improving quality of health service delivery).
<b>MMAM</b>	Mpango Maalum wa Afya ya Msingi

## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

**Table 0-2. KEY TERMS**

<b>TERM</b>	<b>DEFINITION</b>
<b>Health Indicator</b>	A measure of the health of people in a community, such as infant mortality rates, rates of obesity, or incidence of diabetes.
<b>Critical Health Services</b>	Is the very serious health problem that requires attention.
<b>Mortality rate</b>	Is a measure of the number of deaths (in general, or due to a specific cause) in a population, scaled to the size of that population, per unit of time usually reported on an annual basis.
<b>Infant Mortality rate</b>	Is the number of deaths of children less than 1 year old per 1000 live births.
<b>Maternal Mortality rate</b>	Is the number of maternal deaths per 1,000 women of reproductive age in the population (generally defined as 15–49 years of age).
<b>Maternal Mortality ratio</b>	Is the number of maternal deaths per 100,000 live births in same time period.
<b>Perinatal Mortality rate</b>	Is the sum of neonatal deaths and fetal deaths (stillbirths) per 1000 births.
<b>Neonatal death</b>	Refers to a death of a live-born baby occurring within one month after delivery usually from 0-28 days.
<b>Fetal/Still birth</b>	Refers to any death of a fetus after 20 weeks of gestation/ fetal death after 7 months pregnancy.



## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

### **1 INTRODUCTION**

#### **1.1 MISSION**

To Improve Council economic, reduce poverty and timely service delivery through effective and efficient use of its resources and contribution from stakeholders.

#### **VISION**

To be strong competitive public institution socially, economically and culturally

#### **1.2 STRUCTURE OF DISTRICT**

##### **GEOGRAPHIC LOCATION IN TANZANIA**

Kibaha Town Council is among the seven Councils of Pwani Region. It is the council of where the headquarters of Pwani region located. Kibaha Town Council is situated 40 km from Dar es Salaam City Centre. The Council is boarded by Kinondoni District to the East, Kibaha District Council to the West. Bagamoyo District to the North and Kisarawe District to the South. Officially the Council started to operate fully in September; 2004.

##### **SIZE**

The Council covers an area 750 square Kilometers.

##### **POPULATION**

According to 2002-2025 NBS census projections Kibaha Town Council has total of 105,475 in which includes 53241 males and 52234 females with 2.2% growth rate.

##### **WARDS AND STREETS**

The Council is formed by one Division of Kibaha. The council has eleven (11) wards and 53 Mitaas.

## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

**Table 1-1. Wards And Villages**

<b>WARD NAMES</b>	<b>MUMBER OF VILLAGES/STREETS</b>
<b>KIBAHA</b>	4
<b>TUMBI</b>	5
<b>MAILIMOJA</b>	5
<b>PICHA YA NDEGE</b>	4
<b>KONGOWE</b>	8
<b>PANGANI</b>	6
<b>MKUZA</b>	3
<b>MISUGUSUGU</b>	4
<b>MSANGANI</b>	4
<b>VISIGA</b>	5
<b>MBWAWA</b>	4

### **1.3 FACILITY DISTRIBUTION**

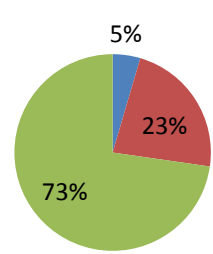
The district has a total of 22 health facilities out of which 1 is anHospital,5 are health centres and 16 are Dispensaries as shown in the table below.

## KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE

**Table 1-2. Facility Distribution**

TYPE OF FACILITY	NUMBER OF FACILITIES	OWNERSHIP
HOSPITAL	1	Government
DISPENSARY	9	Government
	3	Private
	1	FBO
	3	JWTZ/Military
HEALTH CENTER	2	Government
	3	Private

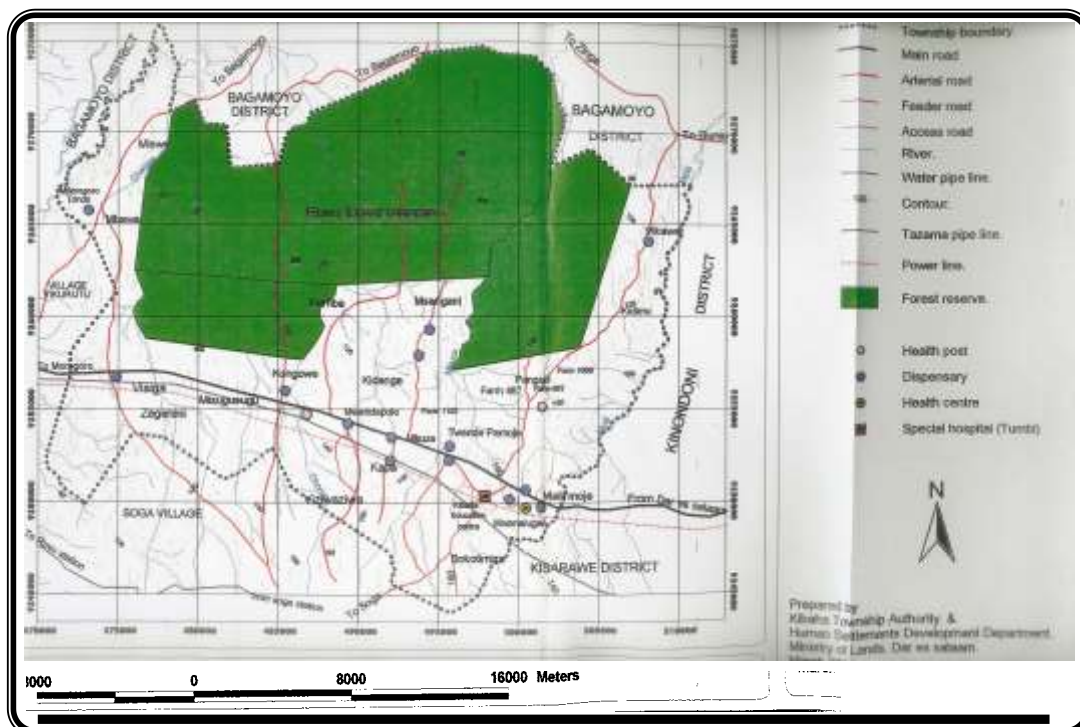
**Distribution of Health Facility by Type**



- Hospital
- Health Centre
- Dispensaries

**FIGURE 1-1.KIBAHA TOWN COUNCIL District Map**

### KIBAHA TOWN COUNCIL: HEALTH FACILITIES



## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

### **1.4 POPULATION**

**Table 1-3. Gender and Age Based Statistics**

<b>AGE RANGE</b>	<b>FEMALE</b>	<b>MALE</b>
<b>&lt;1 YEAR</b>	1459	1520
<b>1-4</b>	6769	5988
<b>5-14</b>	12071	11557
<b>15-49</b>	28051	29128
<b>&gt;50</b>	5343	3589
<b>TOTAL</b>	53693	51782

### **1.5 GEOGRAPHY**

#### **Geography: Nature, Climate and Season**

##### **Nature**

The soil of Kibaha varies from sandy loam soil with high permeability. Loamy clay soil sand impervious drainage. The rest of the areas are characterized by semi-loam sand with semi-imperfect permeability.

The rural areas are vegetative covered with shrubs, few natural trees but with reasonable tree crops such as cashew nuts, mangoes, orange, coconuts, jackfruits, which in total contributes to a good look of the town coverage

The Town has five seasonal rivers, namely Mpiji, Mkuza, Mbwabwala, Sangara, Bomba and Chibota. These rivers traverse the town at different directions. The Sangara river valley forms the western side the town boundary, while Mpiji Rivers forms the eastern boundary of the town. However there are minor streams, which converge into four major river valleys

##### **Climate and Season**

The atmosphere is hot and humid ranging from 25-32 degree centigrade. The Council experiences two period of rain season. A short period from October to December with an average of 75 – 100mm of rain and a long period from March to May with the average between 800mm – 1,000mm of rainfall. The annual maximum relative humidity is about 90% while the minimum is around 35%.

## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

### **Human Resources for Health and Social Welfare**

Human Resources for Health (HRH) and Social welfare is a cross-cutting challenge that may impede effective implementation of CCHP due to workers shortages. The council had 1283 employees in 2012 of which 168 were from Health department. The council health department requires a capacity of 227 health care workers in order to perform their duties to the maximum and has a deficit of 5 personnel.

#### **Transport and communication:**

The Council is crossed by the famous Morogoro trunk road which connects it to the City of Dar es Salaam and the rest of North and Southern Regions. Other roads connect the Council to Kisarawe District Council and Bagamoyo District Council. In general the Council is almost accessible throughout the year with some few exceptions. The Council is served with telephone services, Fax and Office transport facilities.

#### **Water and Electricity:**

KTC's current water supply level is 13,275 m<sup>3</sup> per day out of 22,500 cubic meter per day that is 59% of the requirement. The major source of water is piped water together with 54 shallow wells. Some Wards are served partially by Pipelines taped from DAWASCO network and other Wards are served by separate systems shallow wells, 2 earth dam, 9 traditional wells owned by individuals and community groups, and rain water harvest. Electric power supply is from TANESCO currently power supply is 24 hours per day 2 health facilities have solar power.

#### **Social –economic Aspect:**

About 70% of population is peasants engaged in small scale farming. The main food crops are cassava, maize and rice. The main cash crops are cashew nut, coconut and variety of fruits. The remaining population is employed by the Government, Private Sectors and Petty Business.

### **EDUCATION**

The main categories of education in the district are Pre-Primary, Primary and Secondary. In addition to that, the district also has one Clinical Officer training college under the MOHSW which provide a Diploma in Clinical Medicine.

#### **A TABLE SHOWING THE NUMBER OF EDUCATIONAL CENTRES BOTH PUBLIC AND PRIVATE AT KIBAHA TC**

s/N	CATEGORY	PUBLIC	PRIVATE
1	Pre- Primary School	37	8
2	Primary Schools	39	8
3	Secondary Schools	11	20
4	Colleges	1	1
	<b>TOTAL</b>	<b>88</b>	<b>37</b>

## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

### **Community involvement:**

The community is involved through the health committees and health board. Involvement includes: construction of Mtakuja and Garagaza Dispensary through MMAM. Mass drug administration including Vitamin A supplementation and deworming to children under five years of age and to the community respectively. The CHSB and CHF have been established for community voice.

### **Multi-sectorial collaboration:**

The health department collaborates with Education, Water, Engineering, Community Development and Livestock in implementation of various activities including inspection and supervision. The council also collaborates with International Centre for Aids Care and Treatment Programs (ICAP), Plan International, CHAI, Wajibika, Maisha and private sector.

## **1.6 EDUCATION**

The inhabitants of this council are largely Zaramo and Kwere. The main economic activities being conducted by 70% of the residents of this area is small scale farming and 25% traders whereby the remaining 5% is of workers employed in government offices. The literacy rate of the population at the council is approximately to be 4.3 by the end of 2012.

## **2 DATA COLLECTION METHODS AND SOURCES OF DATA**

### **2.1 Introduction:**

This section shows methodology used on data collection. It also summarizes techniques applied on analyzing the collected data. Data management is an integrated process which involves more than one individual. Health data management is coordinated by one HMIS focal person but is integrated by almost all CHMT. There is health data management team at the TMO's office comprises of HMIS focal person, TRCHCO, DAC, Health Secretary, TIVO and Mr. Information Specialist which altogether ensures health data are collected, interpreted and analyzed. District Reports were generated as well as health facilities reports and feedback were provided to health facilities.

### **2.2 Data Collection**

Health data are normally Secondary data since are being extracted from the register books in the facilities. They are collected using established formats. The formats indicated what is supposed to be collected. The collection focused on the key indicators, sub-indicators and related linkages. The indicators are further concentrated on productive, social, and economic and public health is concerned.

Raw data are obtained from health facilities and are compiled monthly by health care providers from each facility. Health care providers fill Mtuha summary forms and generate Monthly report for each service provided by the facility. Summary forms are collected at the district and each health facility was required to submit MTUHA monthly summary report before 5<sup>th</sup> to 7<sup>th</sup> at the beginning of the following month where by these data are entered in the district health

## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

information system database (DHIS) by HMIS focal person and other CHMT involved in data management at TMO's office including TRCHCO and Mr. Information Specialist.

Apart from MTUHA reports, also other vertical system of reporting include; STI, VCT, PMTCT, TB, Malaria (ITN distribution and HATI PUNGUZO to pregnant women and children aged below 5 years), IDWE& IDSR, HUWANYU HBC and EPI.

However, before commencement of data collection, data collectors (health care providers) are given basic skills by district health data management team on how to extract data from official documented data sources. The collectors are the staff of KTC Health Department. KTC staffs involved in the process of data collection are all from both public and private health facilities. The collected data are compiled and analyzed at the council level by the HMIS focal person and his data team at TMO's office.

### **2.3 Data Analysis**

The collected secondary data are entered on DHIS-2 software whereby analyzed using descriptive statistics. Statistics employed are percentages and frequencies or numbers. Health data are further analyzed and demonstrated by use of charts and graphs. The common charts being used includes; histogram, bar and line graphs. But in some cases, pie graphs are also used.

Therefore, both qualitative and quantitative descriptions have been applied in the interpretation. The result or findings influenced the decision-making. As such, suggestions, recommendations and advises are mainly useful for health intervention and strategies to improve the situation including provision of quality health care services.

### **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 Kibaha Town Council population.
- The status of the Kibaha Town Council health system.
- The status of health service delivery in Kibaha Town Council.
- Progress that has been made in the Kibaha Town Council health sector

## KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE

### MANDATORY DHP HEALTH INDICATORS

HEALTH STATUS OF THE COUNCIL POPULATION	COUNCIL HEALTH SERVICE DELIVERY
<p><b>Maternal, Newborn and Child Health</b></p> <ul style="list-style-type: none"> <li>❖ Nutritional Status</li> <li>❖ Neonatal infant, and under 5 mortality rates</li> </ul> <p><b>Diseases</b></p> <ul style="list-style-type: none"> <li>❖ Incidence of Malaria</li> <li>❖ HIV/AIDs prevalence</li> <li>❖ Top 10 causes of admission</li> <li>❖ Top 10 causes of death</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>❖ OPD Attendance</li> </ul> <p><b>Vaccination</b></p> <ul style="list-style-type: none"> <li>❖ Proportion of children under 1 vaccinated against measles</li> <li>❖ Proportion of under 1 3rd Polio (OPV3)</li> <li>❖ Proportion of under 1 BCG dose</li> </ul> <p><b>Reproduction Health</b></p> <ul style="list-style-type: none"> <li>❖ Percentage of health centers and dispensaries that can provide EmOC as defined in EHP</li> <li>❖ Proportion of pregnant women starting ANC before 12 or 16 weeks gestation</li> </ul> <p><b>Infectious Diseases and Non-Communicable Diseases</b></p> <ul style="list-style-type: none"> <li>❖ Proportion of mothers who received two doses of preventative intermittent treatment for malaria during last pregnancy</li> <li>❖ Proportion of vulnerable groups sleeping under ITN the previous night</li> <li>❖ Proportion of laboratory confirmed malaria cases among all OPD visits</li> <li>❖ TB notification rate per 100,000 population</li> </ul>
COUNCIL HEALTH SYSTEMS	
<p><b>Health Financing</b></p> <ul style="list-style-type: none"> <li>❖ Total GOT and donor (budget and off-budget) allocation to health per capita</li> <li>❖ Number of training institutions with full NACTE accreditation</li> <li>❖ MO and AMO per 10,000 population</li> <li>❖ Nurse-midwives per 10,000 population</li> <li>❖ Pharmacists and pharm tech per 10,000 population</li> <li>❖ Health Offices per 10,000 population (modified to include Environmental Health Officer (EHO))</li> <li>❖ Laboratory staff per 10,000 population</li> </ul> <p><b>Infrastructure</b></p> <p><i>Health Indicator Still Being Determined</i></p>	



## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

### **PROGRESS IN THE HEALTH SECTOR**

#### **Progress in council 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 council neonatal health**

- ❖ Low birth weight

#### **Progress in council health facility coverage**

- ❖ Expansions in facility coverage across council

#### **Progress in council 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 council 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

## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

### **2.1 HEALTH INDICATORS IMPORTANT TO KIBAHA TC**

<b>KIBAHA TOWN COUNCIL SPECIFIC INDICATORS</b>
1. CYP(family planning methods use).
2. Deliveries at health Facilities
3. Progress of P4P at Health Facilities
4. No. of HIV infected pregnant women received ARVs.
5. No. of client received HBC services

### **2.2 KEY MESSAGES ABOUT HEALTH INDICATORS**

- Improving maternal services by ensuring availability and adequate supply of necessary equipment.
- Continuing combating and reducing HIV/AIDS infections from 11% to 8.7%, reducing stigma and improve service for the people living with HIV/AIDS.
- Strengthening monitoring, evaluation and timely reporting.
- Ensuring environmental cleanliness and sanitation.
- To facilitate accessibility to safe and clean water.
- Strengthening Community participation in health development programs.
- Donors: HIV prevalence reduced from 1.6% to 1.2%.
- PMTCT: HIV prevalence reduced from 6.0% to 5.5%.
- VCT: HIV prevalence increased from 8.7% to 11%
- Immunization coverage increased from 99.1% in 2011 to above 100% in 2012.

## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

### **3 HEALTH STATUS OF THE DISTRICT POPULATION**

In 2012 a total population of 105,475 were served female were 53241 and male 52234. Children aged below five years were 13881 female 7128 and male 6753. Women of fertility age (15-49 years) were 28055 according to 2002-2012 NBS projections. During 2012 a total of 2979 women were expected at antenatal clinics where by pregnant women attended ANC below 16 weeks were 940 and above 16 weeks were 4461. People from all age groups at Kibaha town accessed health services from 22 health facilities including one regional Referral hospital of Tumbi.

#### **3.1 MATERNAL, NEWBORN AND CHILD HEALTH**

##### **MARTENAL AND NEWBORN**

Out of 5401 pregnant women attended ANC in 2012, 940 were below 20 years of age, 56 were aged above 35 years, 591 had reach fifth and more pregnancy, 381 had Anaemia, 118 had Blood Pressure.

There were a total of 6979 deliveries where by 1305 were deliveries among pregnant women aged below 20 years.

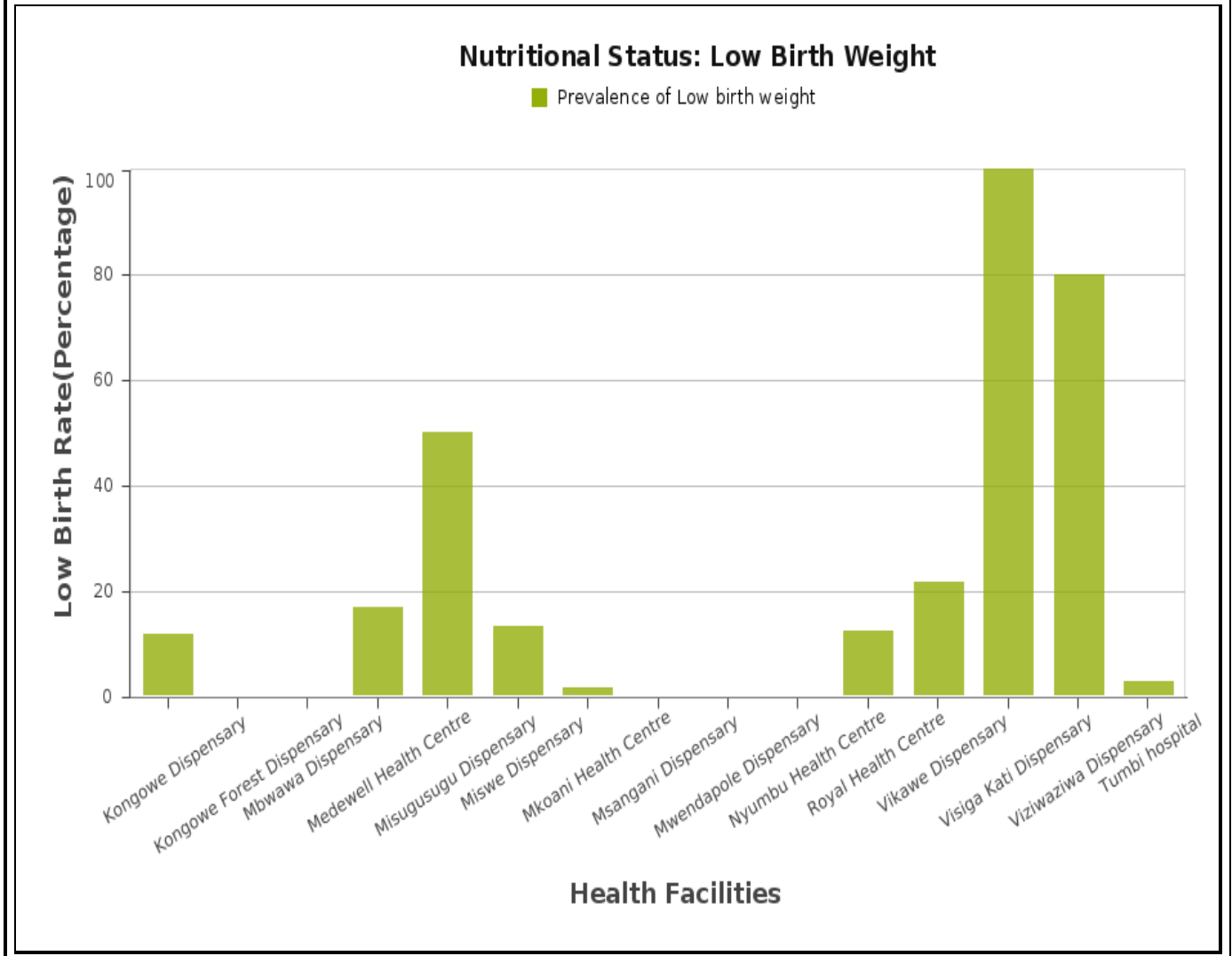
Out of 6979 total births there were 6685 live births from all deliveries at Kibaha town in 2012. 28 deaths were still birth and contributed highly by eclampsia, APH and prolonged labour where by 31 were macerated still birth, 9 fresh still birth(death during labor) caused by hypertensive disorders and malaria also contributed as well as severe HIV cases.

##### **CHILDHEALTH**

A total of 7214 children aged below five years were registered in child health clinics. Nutritional status at Kibaha town council was low since 6528 children had 80-100 SD fall under green which means growth development was good, 610 had 60-80 SD and 76 had <60 SD. ) Only 1% had severe malnutrition and 8% had moderate malnutrition. However there was an increase in percentage for severe malnutrition whereby in 2011 was 0.4% while in 2012 1%.

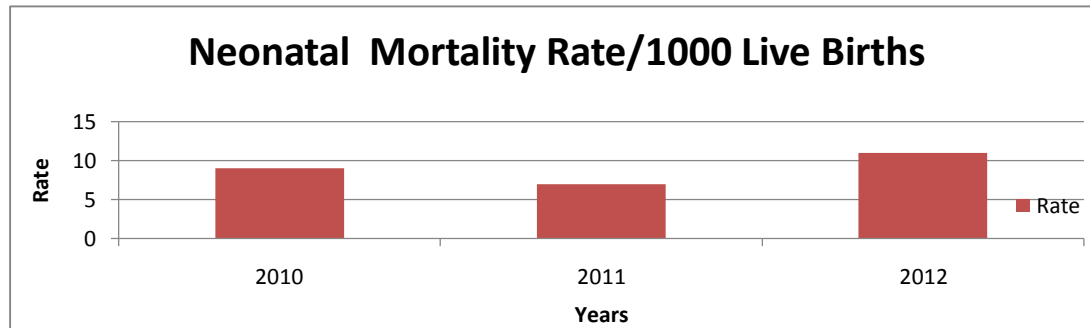
## KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE

**Figure 3-1. Nutritional Status: Low Birth Weight**

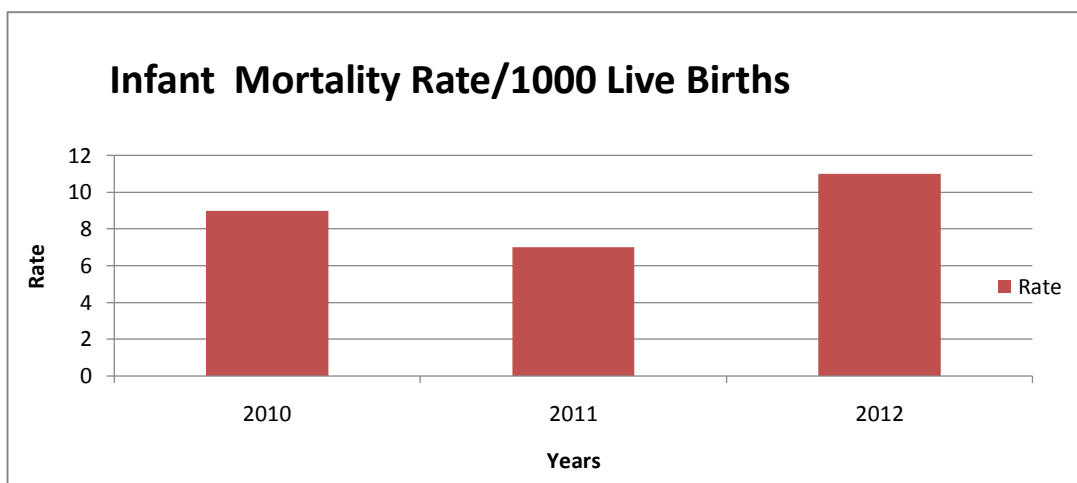


## KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE

**Figure 3-2. Neonatal Mortality Rates**

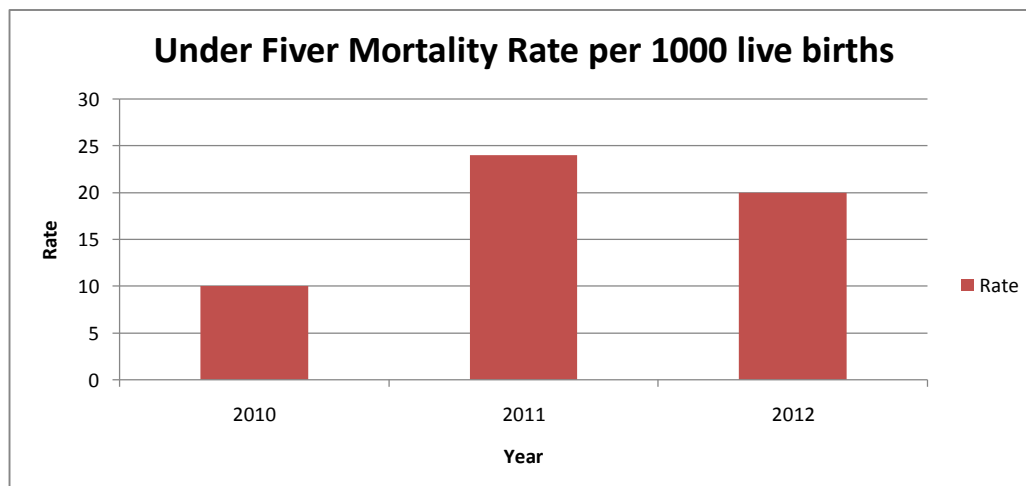


**Figure 3-3. Infant Mortality Rate**



## KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE

**Figure 3-3. Under 5 Mortality Rate**



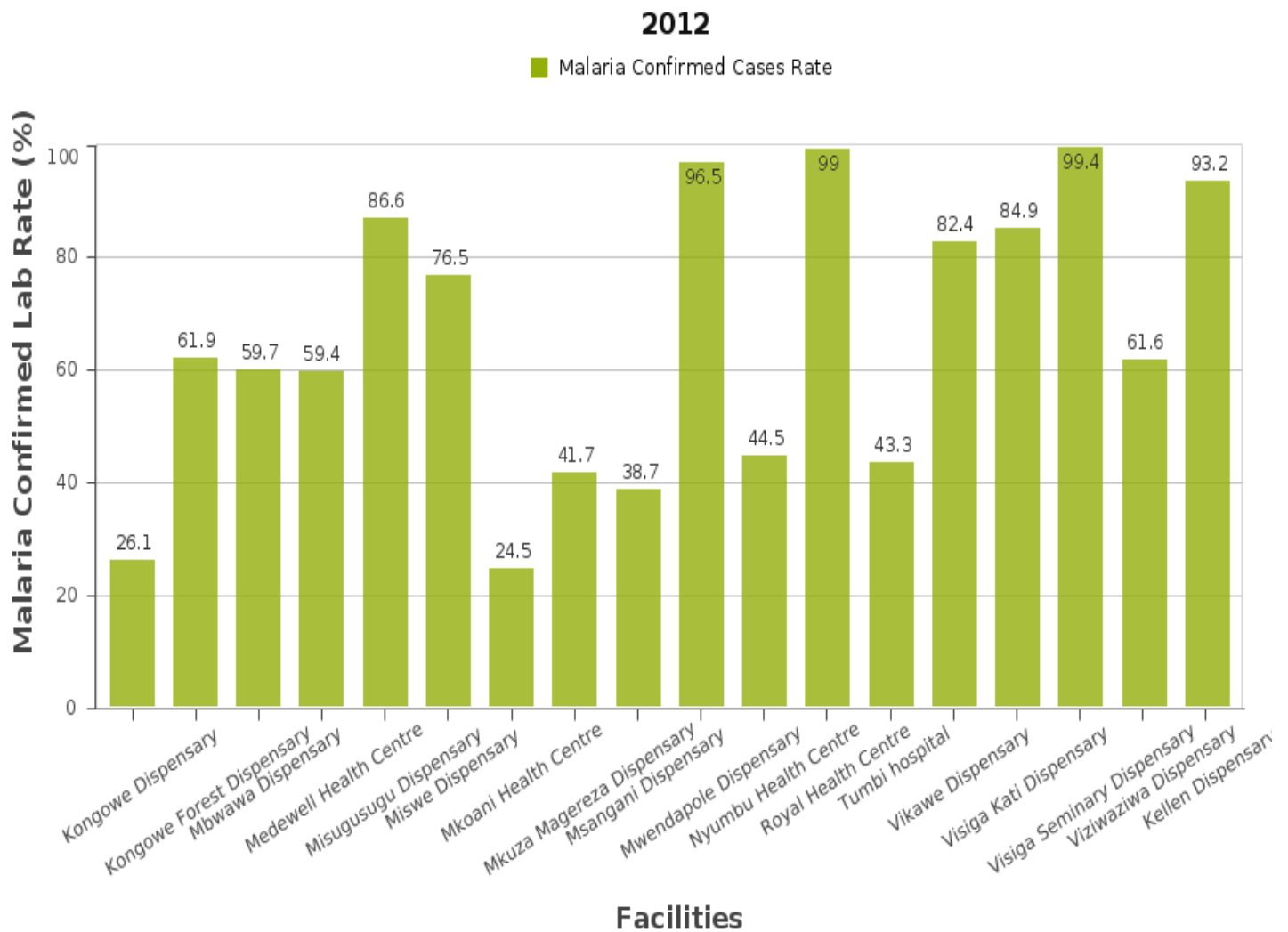
### 3.2 MORBIDITY

Malaria is the leading cause of illness in the council. The disease is found in the area almost throughout the year but becomes more prevalent during rainy seasons. Despite various efforts to ensure people are free from malaria such as use of Integrated Treated Nets and HATI PUNGUZO to Pregnant women and children aged below five years, malaria cases were still at high pace than other diseases. More health intervention were needed to fight against malaria in Kibaha such that destroying mosquitoes breeding sites by keeping clean environment and eliminating grasses around human settlement.

HIV prevalence rate at Kibaha Town Council is still a challenge whereby the data of 2012 shows to have high prevalence rate at Misugusugu Dispensary compared to the other facilities like Kongowe Forest.

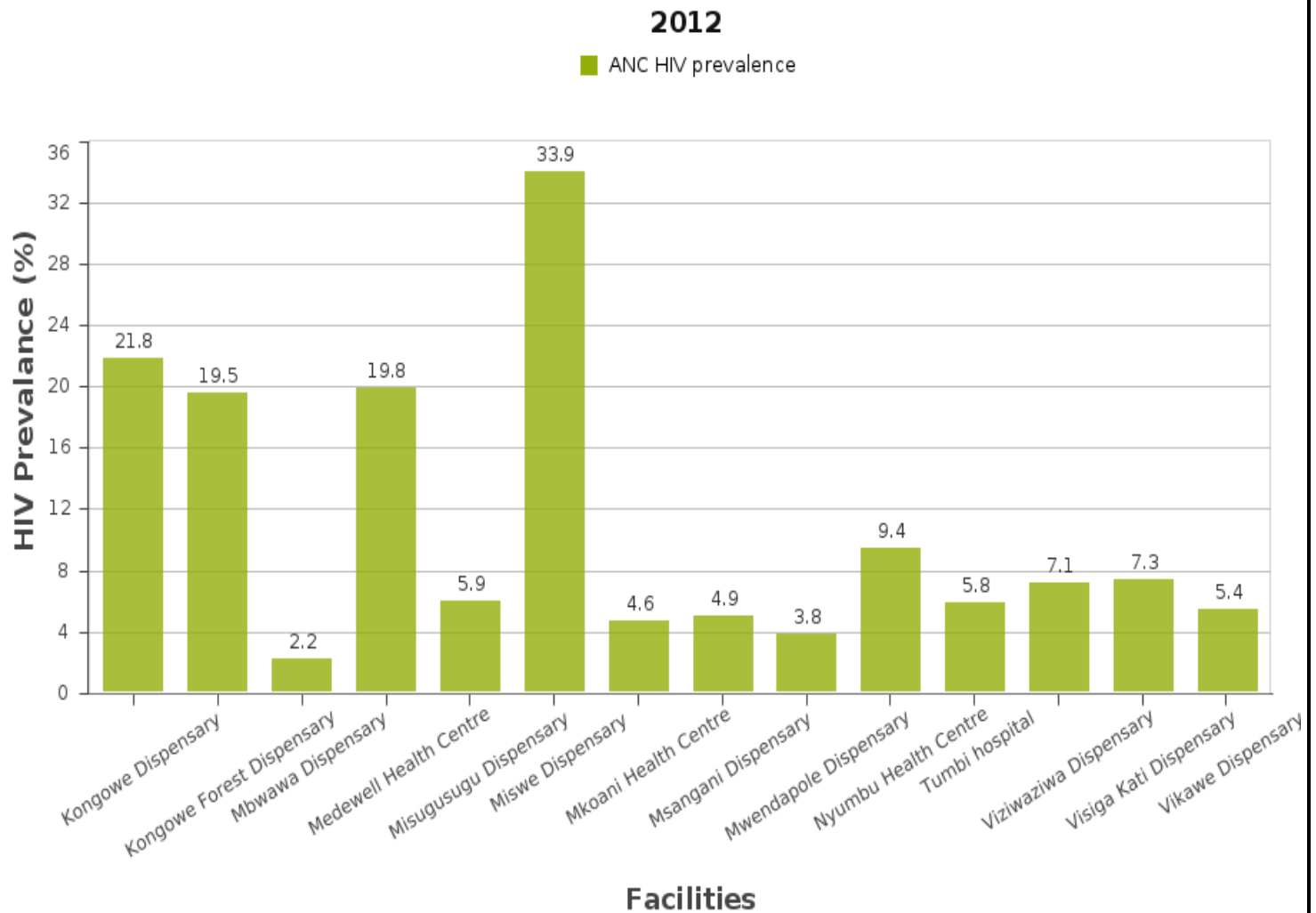
## KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE

**Figure 3-3. Laboratory Confirmed Malaria Cases**



## KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE

**Figure 3-4. ANC HIV/AIDS Prevalence**



### Top ten Causes of Inpatient

Severe Malaria is the leading cause of Inpatient diagnosis at health facilities with admission services followed by HIV infection. Injuries due to road traffic accidents are also among top most ten diseases in Inpatient diagnosis.



## KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE

**Table3: Top 10 Causes of Admission/Inpatient Diagnosis**

S/N	IPD	Under 1 Month	1 Month - < 1 Year	1 Year –< 5 Years	5 Years - > 5 Years	TOTAL
1	Other Diagnosis in IPD	85	245	487	4927	5744
2	HIV infection Symptomatic in IPD	8	25	33	977	1043
3	Malaria Severe / Complicated (Blood	24	832	2045	2341	5242
4	Other Gynaecological Diseases in IPD				1091	1091
5	Hypertension in IPD		2	1	972	975
6	Anaemia Severe in IPD	3	166	703	1060	1932
7	Other Cardiovascular Disorders in IPD		2	3	163	168
8	Road Traffic Accidents in IPD	10		44	1538	1592
9	Tuberculosis in IPD	1	6	9	382	398
10	Cardiac Failure in IPD		1	2	254	257

## KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE

### 3.3 MORTALITY

Pneumonia is the leading cause of death at Kibaha Town Council whereas Most deaths occur to infants and neonates. Children aged below one year are most affected by respiratory infections commonly anaemia and they die more compared to children aged above one year as well as to adults. HIV infection is a second leading cause of death to our council. Road Traffic Accidents is also a tragedy to our council that cause deaths and adults are highly more affected and die due to accidents compared to children.

#### Top 10 Causes of Death

Table 3-2. Top 10 Causes Of Death

S/N	Causes of Death	Under 1 Month	1 Month - < 1 Year	1 Year –< 5 Years	5 Years - > 5 Years	TOTAL
1	Pneumonia	28	37	7	2	74
2	Symptomatic HIV infection	1	5	2	57	65
3	Acute Diarhea (< 14 days)	59	2			61
4	Severe / Complicated Malaria		17	18	23	58
5	Other Diagnosis	22	6	6	11	45
6	Uncomplicated Malaria		22	2	1	25
7	Other Cardiovascular Disorders		1	17	4	22
8	Urinary Tract Infections (UTI)		22			22
9	Road Traffic Accidents				21	21
10	Severe Anaemia		6	7	6	19

## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

### **3.4 OPTIONAL HEALTH STATUS OF THE DISTRICT POPULATION INDICATORS**

NA	Lengo	Jumla	Vid	Kit	Sind	Btl
New	<b>28055</b>	<b>7,224</b>	<b>1063</b>	<b>869</b>	<b>2626</b>	<b>64</b>
Revis it		<b>12,893</b>	<b>2788</b>	<b>0</b>	<b>9160</b>	<b>0</b>
		<b>20,117</b>	<b>3851</b>	<b>869</b>	<b>11,786</b>	<b>64</b>

**Family planning method  
use in 2012**

## ***KIBAHA TOWN* COUNCIL DISTRICT HEALTH PROFILE**

### **3.5 DISTRICT HEALTH STATUS CONCLUSIONS, RECOMMENDATIONS AND WAY FORWARD**

Neonatal Mortality rate, Infant Mortality rate and Under-five mortality rate trends shows fluctuations, decrease and increase of death in three consecutive years (2010 – 2012).

Probably, the decrease in 2012 was due to the various interventions used to alleviate causes of death which includes neonatal death audit.

## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

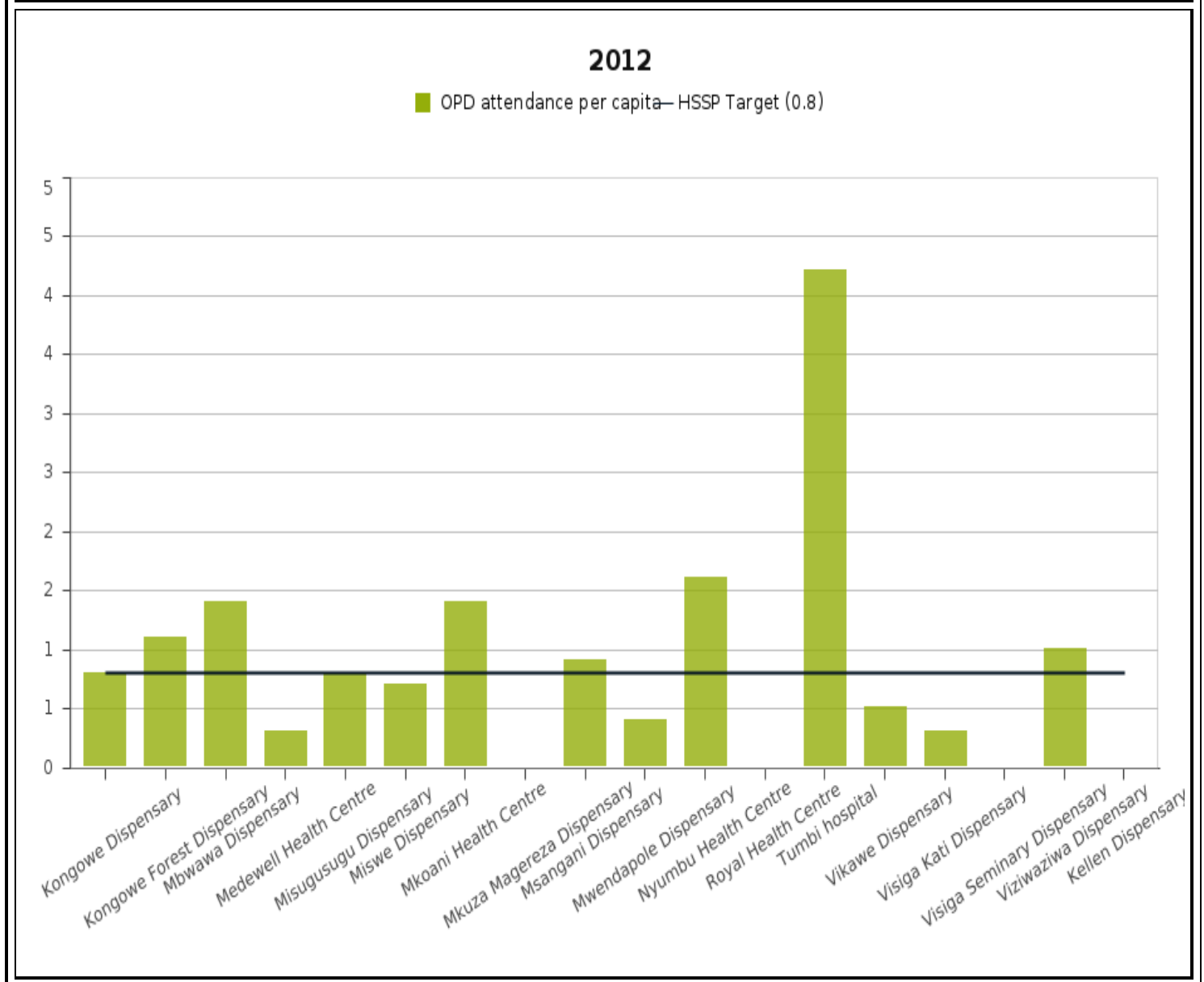
### **4 STATUS OF HEALTH SERVICE DELIVERY IN THE DISTRICT**

#### **4.1 GENERAL HEALTH SERVICE**

The OPD attendance at Kibaha Town Council has been highlighted by Tumbi Hospital whereby there are high number of patients compared to the other facilities within the council during the year 2012. Also the graph indicates that Vikawe and Medwell have minimum number of OPD attendance that may be due to wrong perception among individuals that better services are mostly given at Hospital level rather than in Dispensary level/Health Centre.

## KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE

**Figure 4-1. OPD Attendance per Capital**



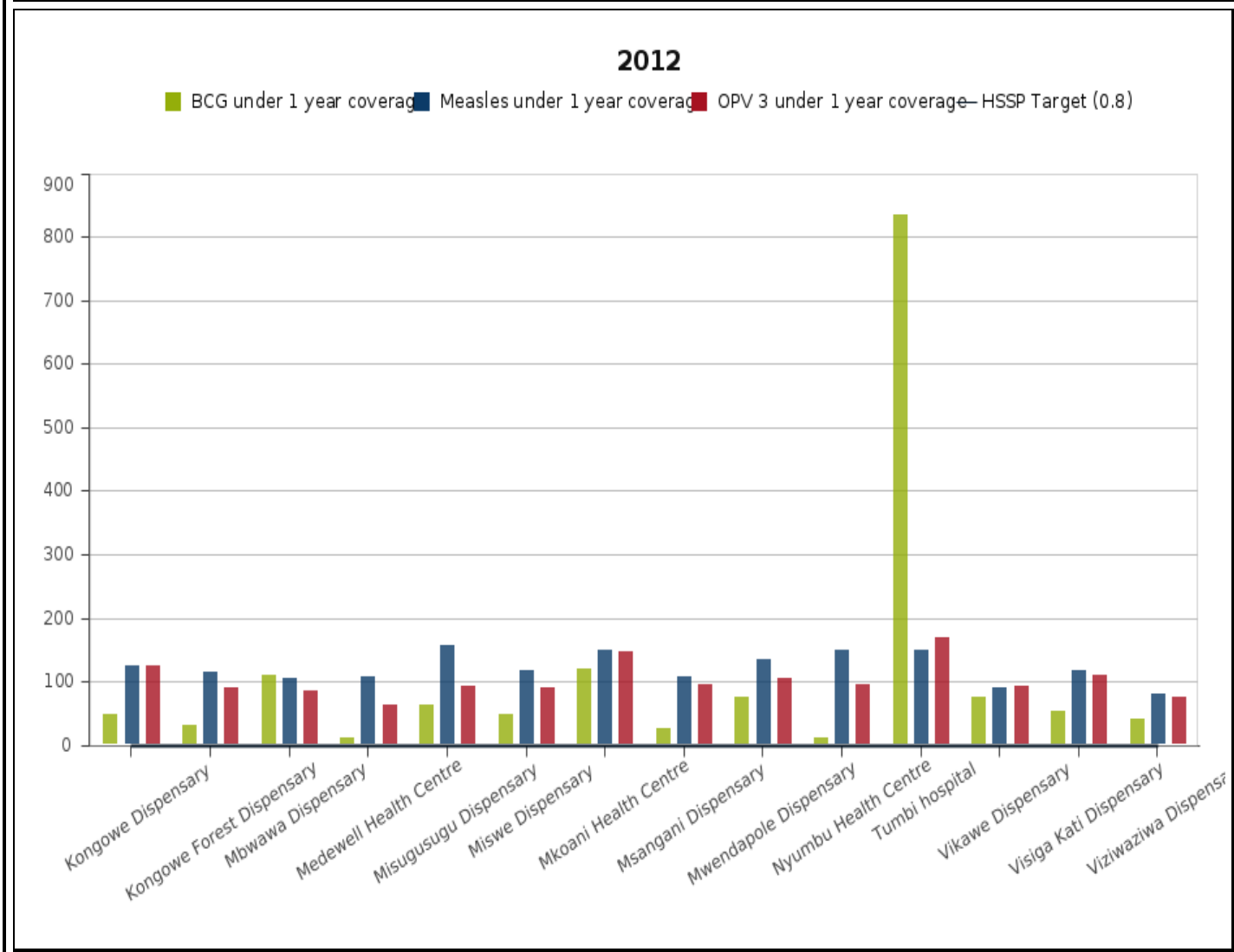
## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

### **4.2 VACCINATION SERVICES**

Under 1 year vaccinated (OPV3, BCG and Measles) coverage at Kibaha Town Council in the year 2012 was almost above targeted population. The high coverage results were due to community sensitization done by CHMT members on the importance of vaccinations to under 1 year children. The graph below shows how the distribution of vaccination was in various health facilities. Under 1 year BCG coverage indicates to be very high at Tumbi Hospital compared to other facilities providing BCG whereby Nyumbu and Medwell have the minimum coverage. This result is due to the geographical location that found and however makes people feel far to go for services

## KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE

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



### 4.3 REPRODUCTIVE HEALTH SERVICES

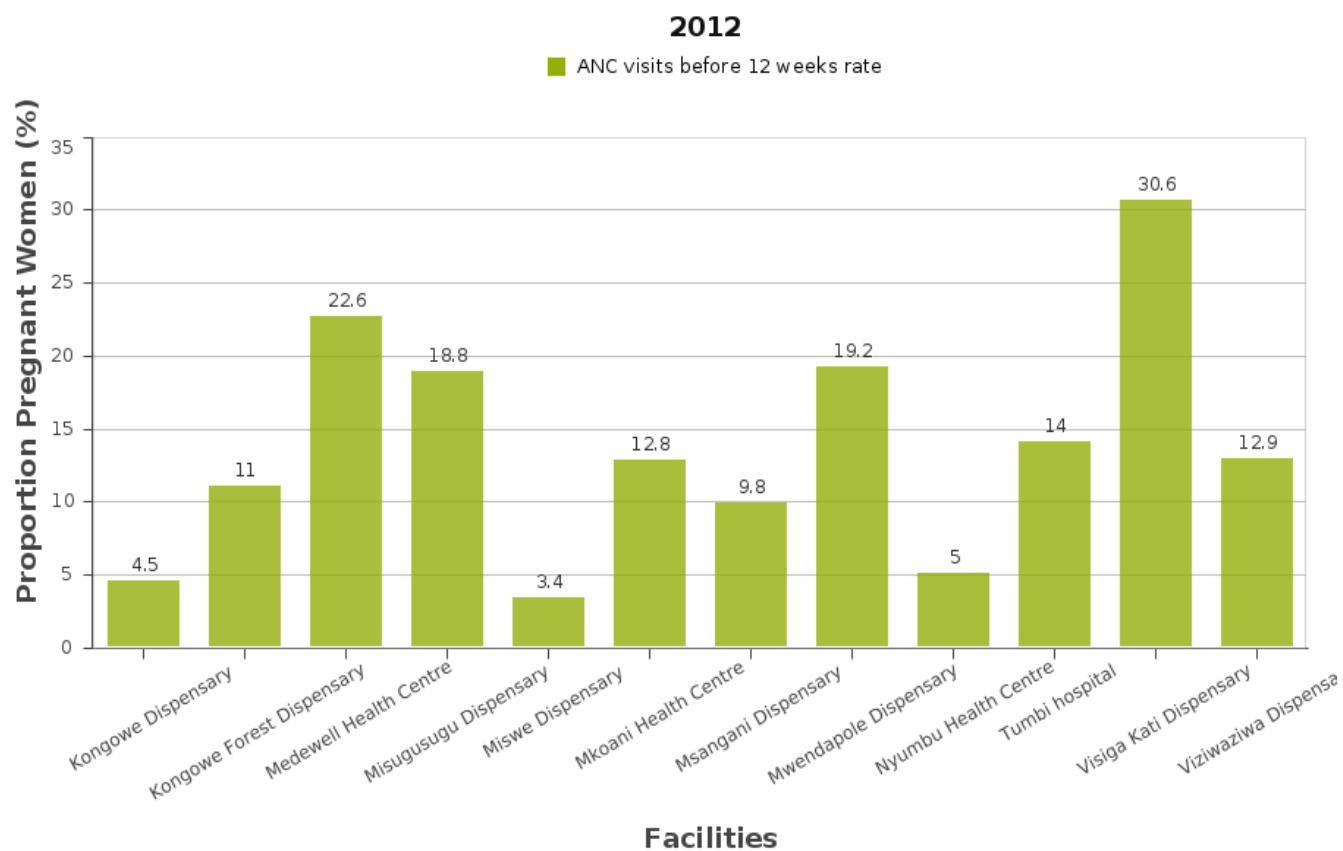
The proportion of pregnant women starting ANC before 12 weeks gestation was found high at Tumbi Hospital in the year 2012 compared to the other facilities. But Misugusugu Dispensary had minimum proportion as indicated in the table below.

More than, The percentage of health centers and dispensaries that can provide EmOC as defined in EHP is equal to 48% whereby the remaining 52% do not provide EmOC Services as defined in EHP.



## KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE

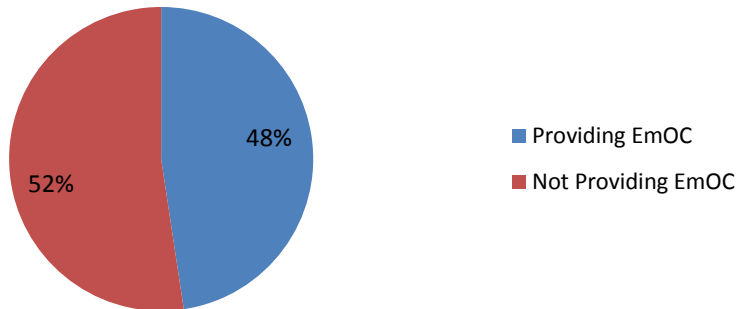
**Figure 4-3. Proportion of Pregnant Women Starting ANC before 12 Weeks Gestation**



## KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE

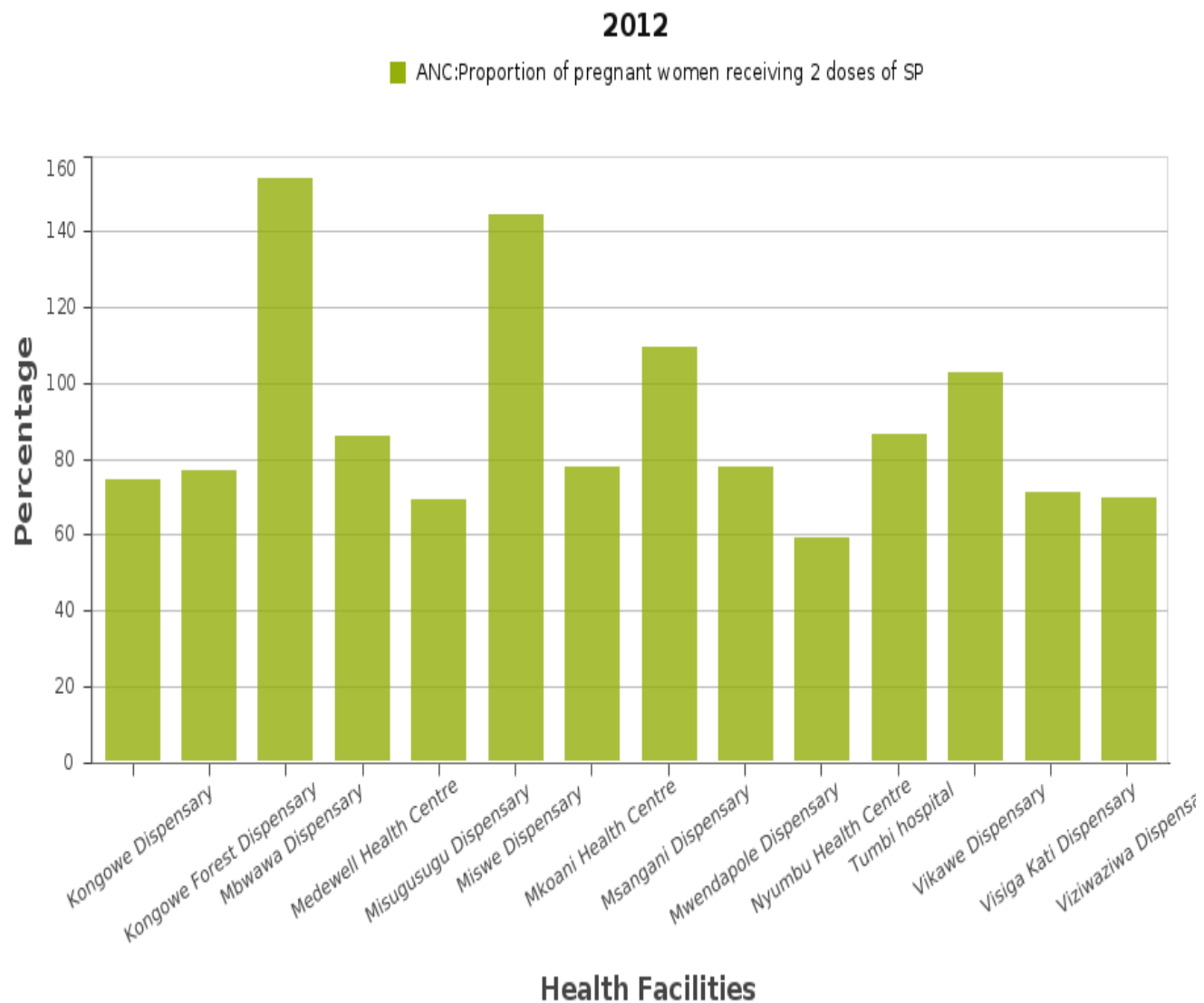
**Figure 4-4. Percentage of health centers and dispensaries that can provide EmOC as defined in EHP**

### Percentage of facilities (H/C and Dispensaries) providing EmOC



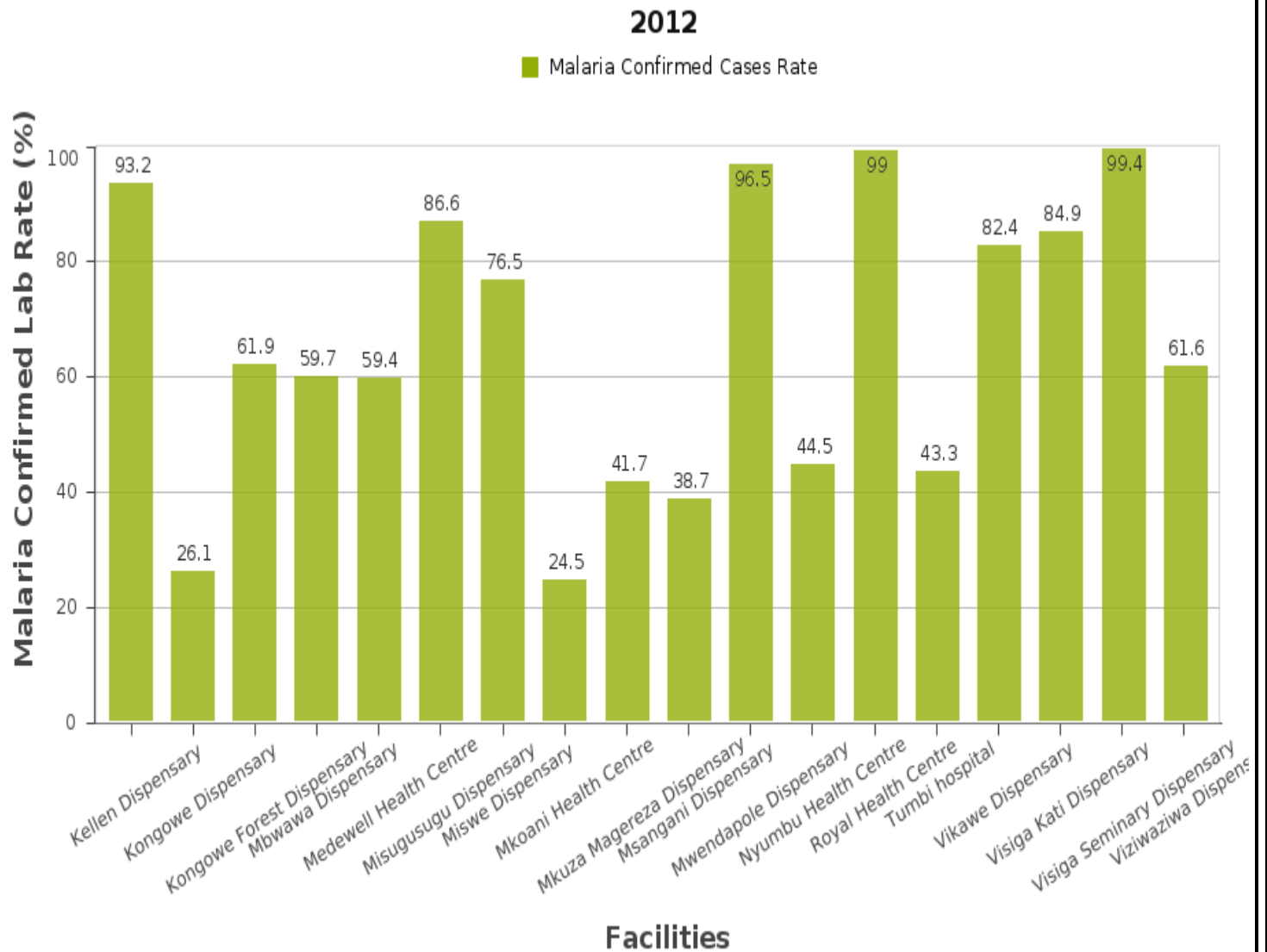
#### 4.4 INFECTION DISEASE AND NON-COMMUNICABLE DISEASE HEALTH SERVICES

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



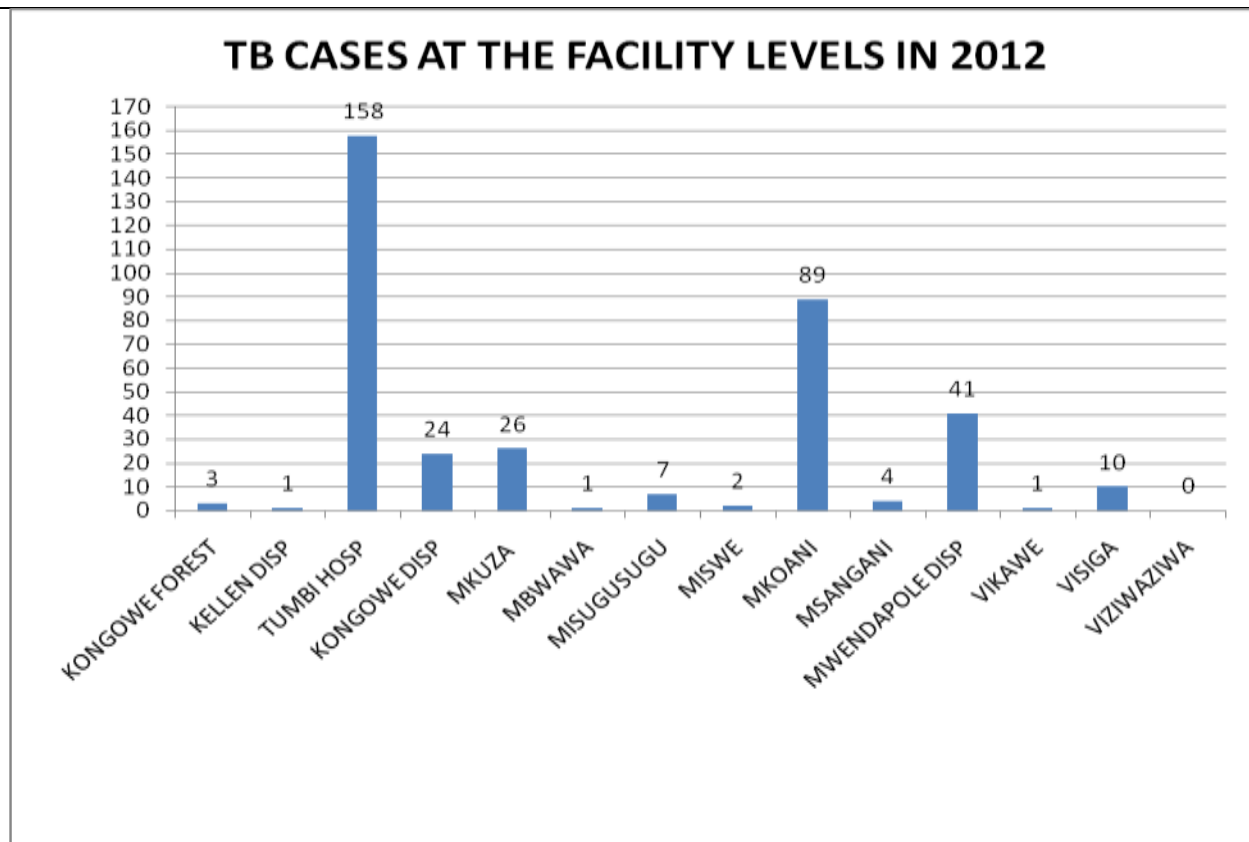
## KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE

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



## KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE

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



### EXPLANATION

TB notification was high at Tumbi (158 cases) hospital compared to other facilities because Tumbi is a Regional referral hospital thus it serves large number of patients compared to other health facilities in the council and it receives patients from other lower level facilities including health centers and dispensaries from all districts at Pwani region.

### 4.5 OPTIONAL DISTRICT HEALTH SERVICE DELIVERY INDICATORS

In Kibaha town most women preferred to use family planning methods with low CYP. Out of targeted women 28,055 to choose family planning method, 20,117 women use family planning. 11,786 used injections and 3,851 used oral contraceptives, both of the two methods have low CYP and bring a total of 15,637. Only 933 chose long method family planning methods.

### 4.6 DISTRICT HEALTH SERVICE DELIVERY CONCLUSIONS, RECOMMENDATIONS AND WAY FORWARD

Malaria is the leading cause of OPD attendances. The disease is found in the area almost throughout the year but becomes more prevalent during rainy seasons.

## ***KIBAHA TOWN* COUNCIL DISTRICT HEALTH PROFILE**

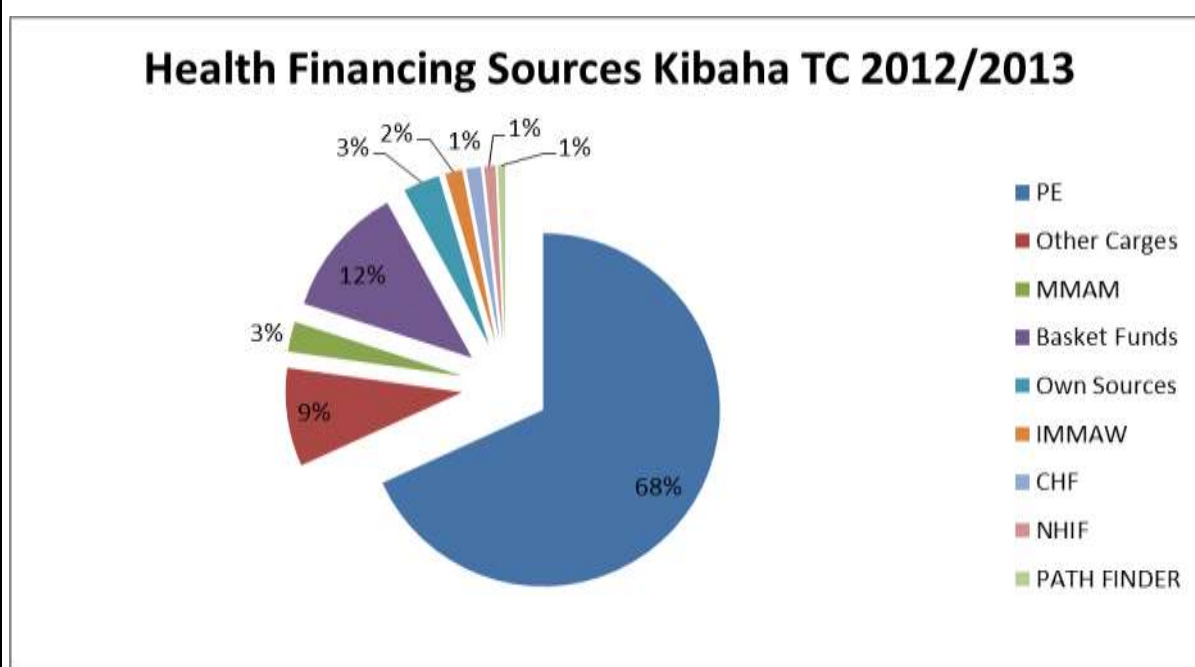
Other diseases commonly affecting both under five and above five years are pneumonia, ARI, UTI, Intestinal worms and Anaemia.

## **5 STATUS OF DISTRICT HEALTH SYSTEMS**

### **5.1 HEALTH FINANCING**

Kibaha Town Council under health department has several financial sources that contribute in implementing its activities. These sources includes Basket Funds, Council Own Sources, Other Charges (OC), PE, MMAM, CHF, NHIF, MSD, Local Development Grant and other donors like THPS, IMMAW, JICA, CHAI, PSI and Engender Health. In the financial year 2012, the council planned to utilize the total of Tsh. 1,698,798,250 from all the above stakeholders. The total number of activities planned during the year was 114 apart from these 97 activities were completely implemented as planned whereby 17 activities were partially implemented partially due to delay of funds during the last quarter of financial year 2012/2013.

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



## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

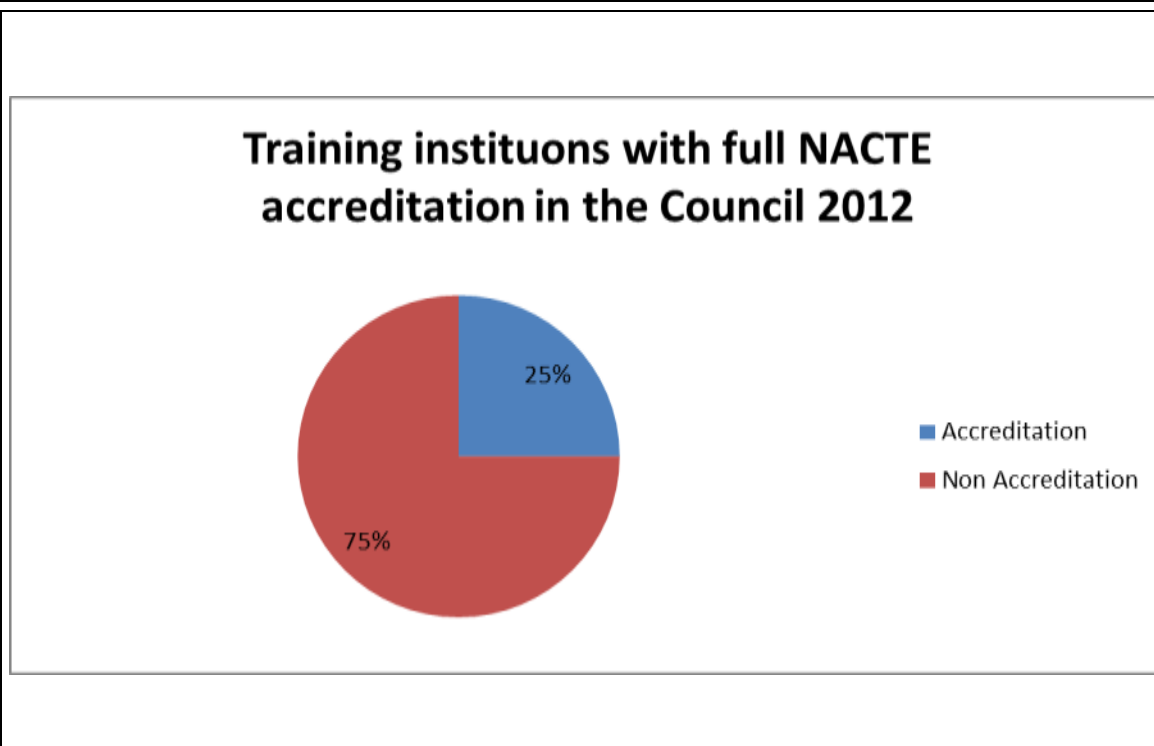
### **5.2 HUMAN RESOURCES FOR HEALTH**

Human Resources for Health (HRH) and Social welfare is a cross-cutting challenge that may impede effective implementation of CCHP due to workers shortages. The council has 1283 employees of which 189 are from Health department. The council health department requires a capacity of 227 health care workers in order to perform their duties to the maximum and has a deficit of 38 personnel. Health department employees comprise medical and non- medical personnel for betterment and distribution of responsibilities.

Kibaha Town Council has 1 training institution with full NACTE accreditation that provide Diploma in Clinical medicine and also 3 institutions with non -accreditation which are Kongowe VETA, Whipers Teachers College and Njuweni

The council has 1 medical specialist, 2 Medical officers, 12 Assistant Medical Officers and 31 Clinical Officers. Staff ratio per 10,000 population was 4.361223

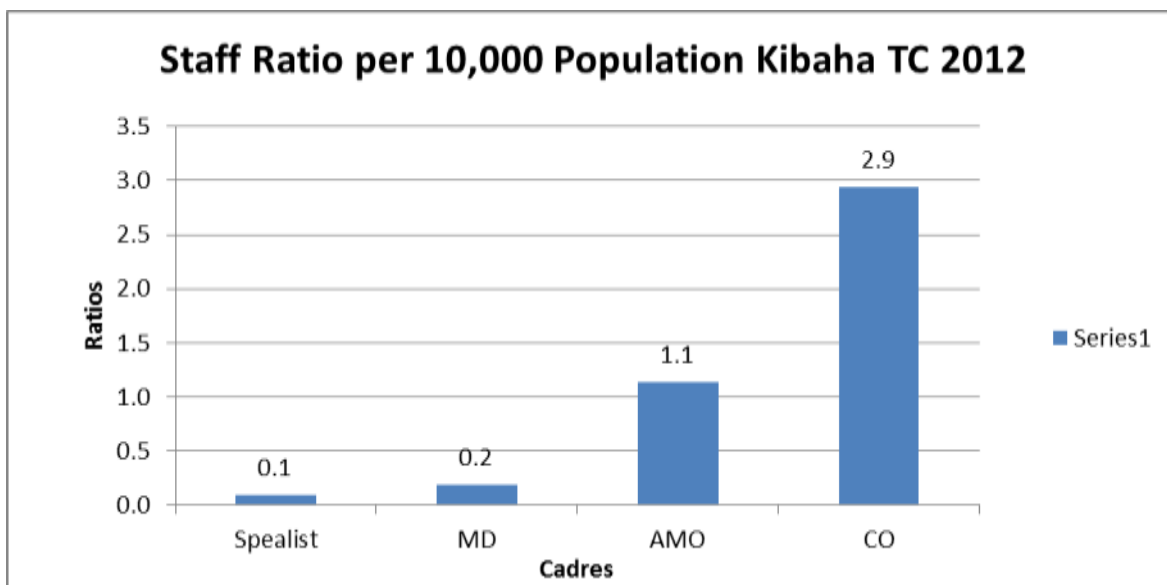
**Figure 5-2. Training institutions with full NACTE accreditation in the District**



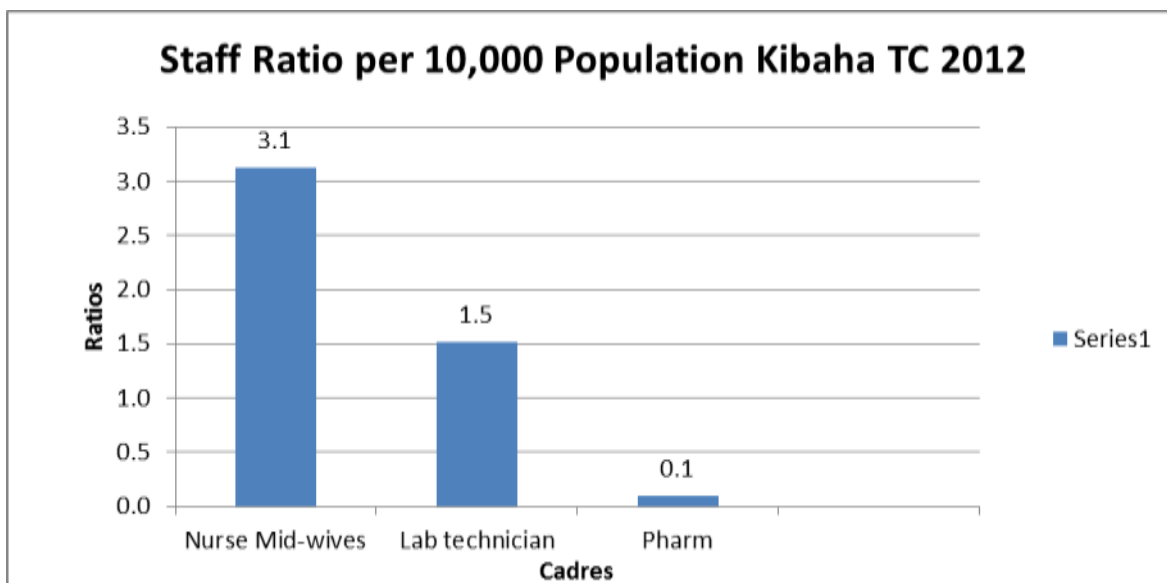
**Figure 5-3. Number of MO, AMO, and COs Per 10, 000**



## KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE

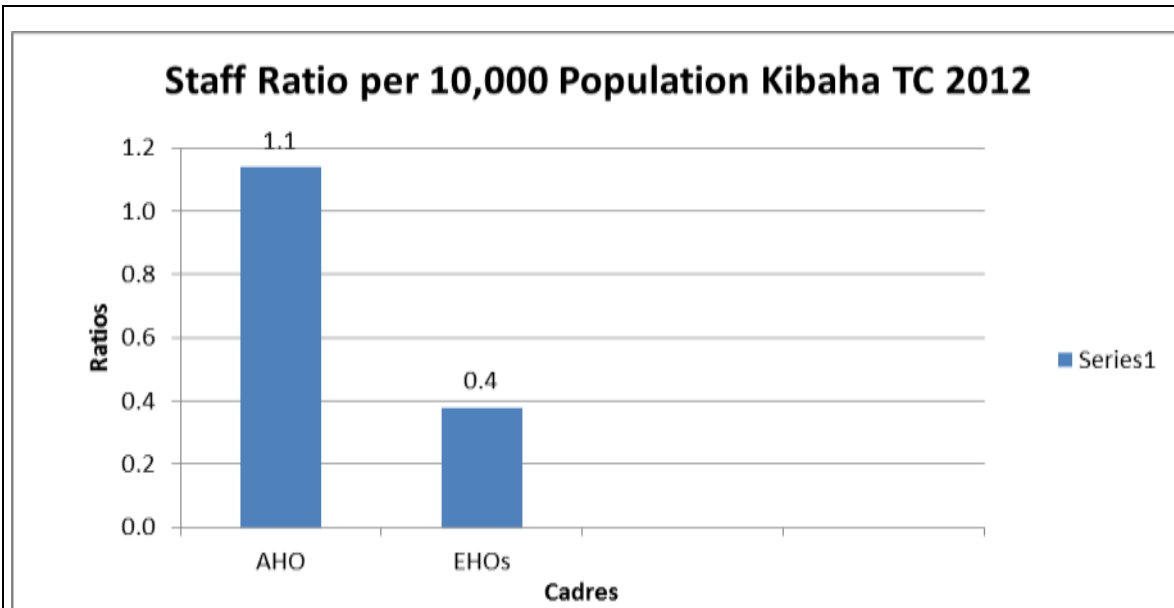


**Figure 5-4. Number of Nurse mid-wives, Lab Techs, Pharm Techs Per 10, 000**



## KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE

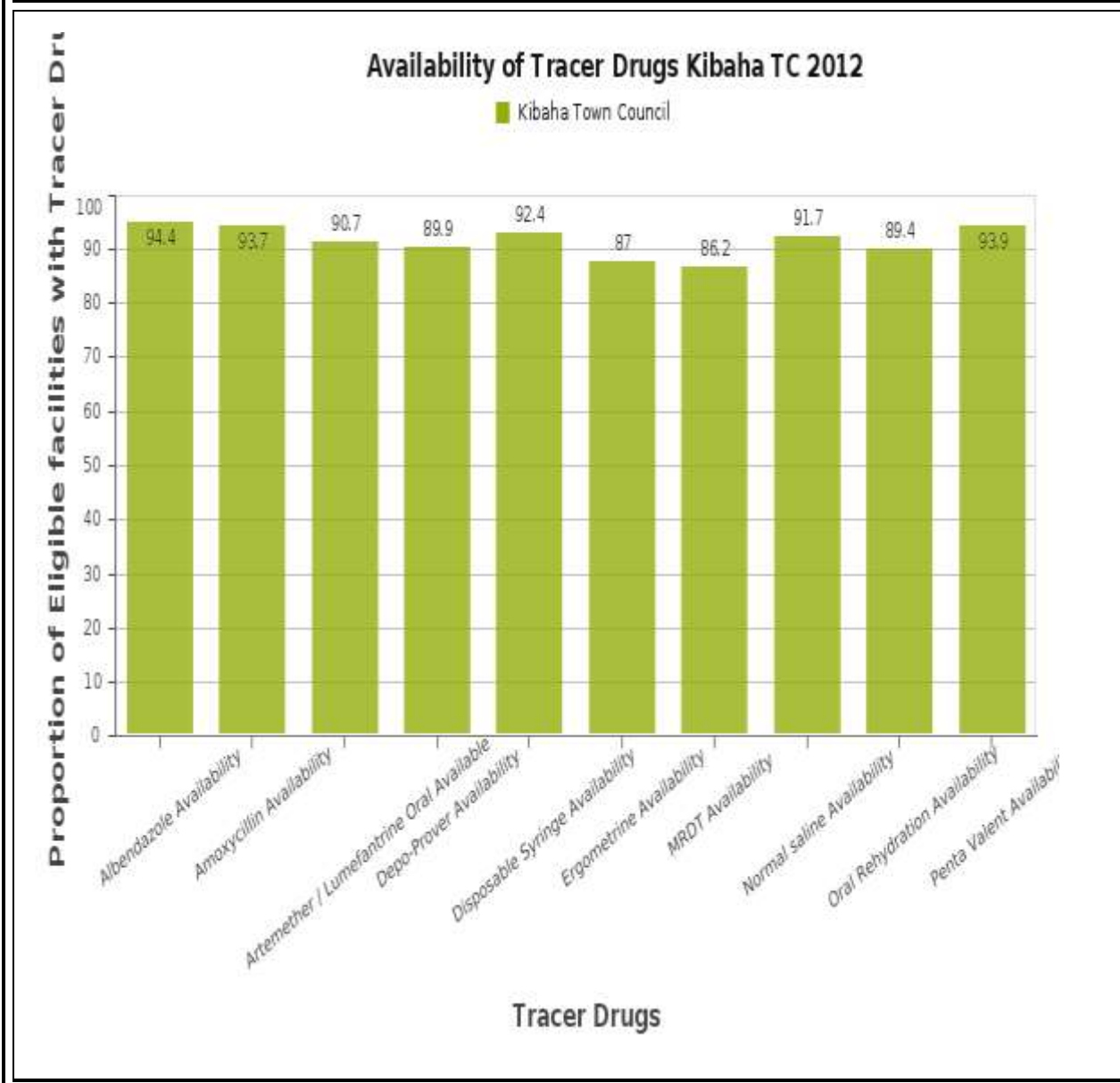
Figure 5-5. Number of HO, AHO, and EHOs Per 10, 000



## KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE

### 5.3 MEDICINES/DRUGS

Figure 5-7. Availability of Tracer Drugs



### 5.4 INFRASTRUCTURE

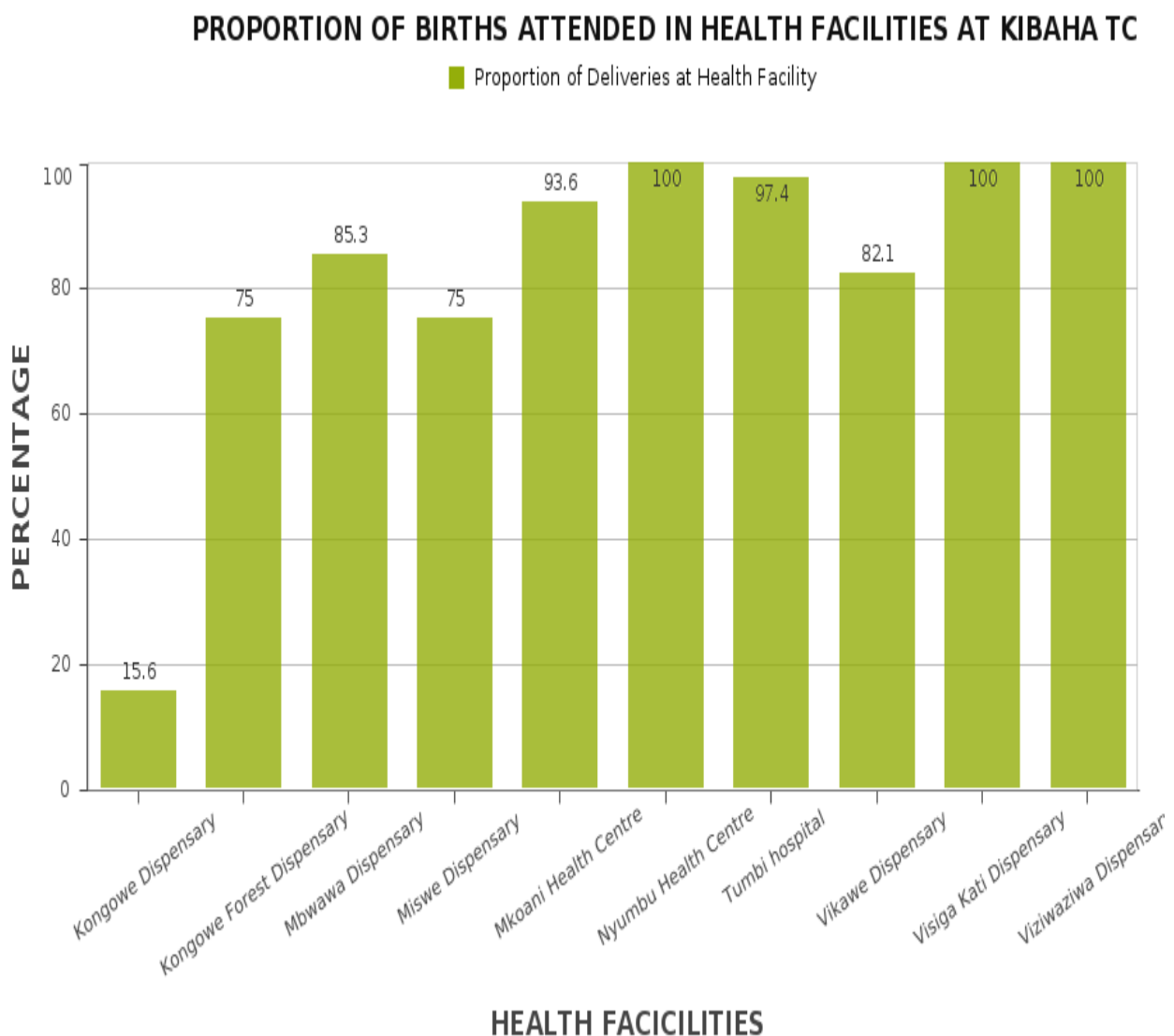
Kibaha Town Council has well allocated with good infrastructures which favour the provision of health services. There are 22 health facilities in total whereby most of them are found along the main Morogoro road that allow easy access health services to the community. The only health facilities that are far distance from the council headquarter are 2 out of 22 (Miswe and Mbwawa)

## KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE

Since our health facilities are allocated near the main road, this lead to have high number of patients served exceeding those targeted within the area. Example, when you look for Tumbi, Mkoani and Mwendapole serves large number of people coming from various areas in and outside of the council. However, this affects health service delivery performance as well as resources allocation.

### 5.5 OPTIONAL DISTRICT HEALTH SYSTEM INDICATORS

Most of deliveries at our council are attended at health facilities since people are well informed and have understanding. However the graph below indicates that most of our health facilities have high coverage with above 50% except for Kongowe Dispensary where there is 15.6%. The main challenge of why Kongowe have low coverage compared to the other health facilities is due to lack of space to perform delivery services.



## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

### **5.6 DISTRICT HEALTH SYSTEM CONCLUSIONS AND WAY FORWARD**

Due to rapid population growth and urbanization in our council, the distribution of resources and service delivery among the targeted population becomes a challenge. There is high concentration of patients in most of our health facilities since they are located near Morogoro road and passengers travel along the Morogoro road and drivers of transit goods, People from Dar es Salaam (Kimara, Kibamba, Mbezi), Bagamoyo(Chalinze) Kisarawe and Morogoro all in one way or another have influence in accessing health services at our health facilities. Tumbi hospital, Mkoani Health Centre and Mwendapole dispensary are amongst facilities which serve large number of patients including people outside catchment area, and they are facilities which are nearest to the high way (Morogoro road) whereby there is short distance to reach thus people can easily access health services.

The overall performance in implementation of 2012 plan was 85%. Out of 114 funded activities, 97 (85%) of them were completely implemented, 17 (15%) partially implemented. The last year's performance standard increased by 3.8% ( $76/79 \times 100\%$ ), when compared to the previous year (79%). Thus the Council did not reach the target. The insight of the performance is as follows:

- Donors: HIV prevalence reduced from 1.6% to 1.2%.
- PMTCT: HIV prevalence reduced from 6.0% to 5.5%.
- VCT: HIV prevalence increased from 8.7% to 11%
- Immunization coverage increased from 99.1% to above 100%

There was success in the collaboration between the Public-Private facilities Partnership inspection.

### **5.7 Recommendations**

- Improving maternal services by ensuring availability and adequate supply of necessary equipments
- Continuing combating and reducing HIV/AIDS infections from 11% to 8.7%, reducing stigma and improve service for the people living with HIV/AIDS.
- Strengthening monitoring, evaluation and timely reporting
- Ensuring environmental cleanliness and sanitation
- To facilitate accessibility to safe and clean water
- Strengthening Community participation in health development programs

## KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE

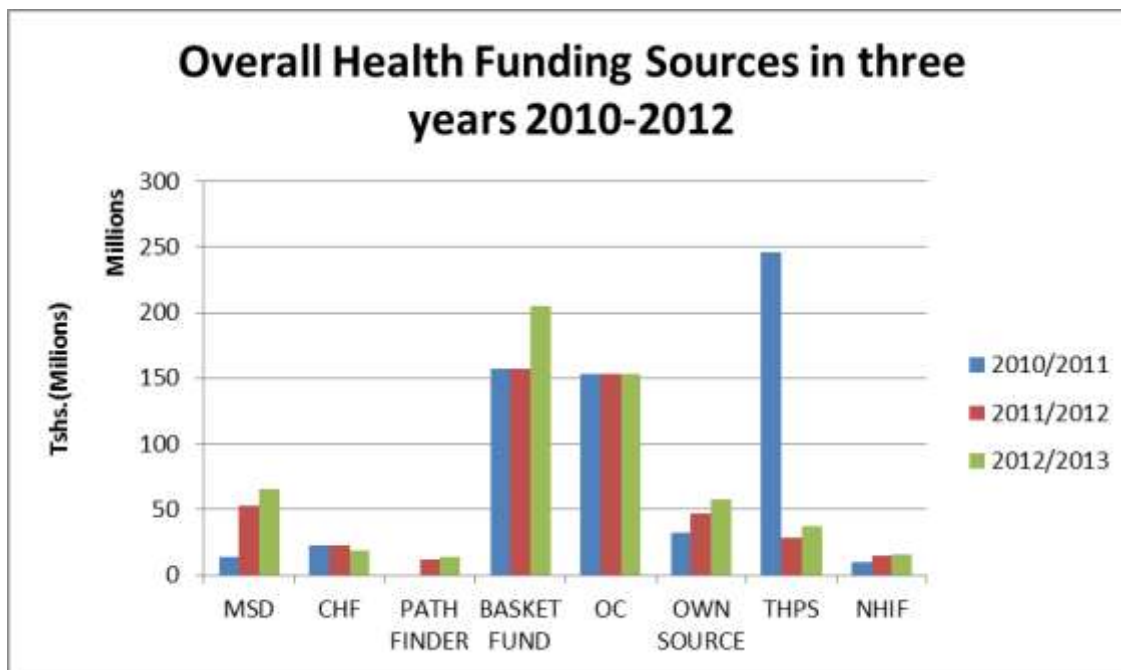
### 6 AREAS OF PROGRESS IN THE DISTRICT HEALTH SECTOR

#### 6.1 PROGRESS IN DISTRICT HEALTH FINANCING

The health activities in the council are funded by nine main sources of funds, these include, Local Government block grants, Own sources (council funds), Health Sector Basket Fund, community funds (Cost Sharing/CHF), NHIF, Health sector development Grants, Capital development Grants and MMAM and other donors. Some of the sources increased its contributions in the past one year these include Cost sharing/CHF, NHIF and own sources. A good number of the targeted activities were implemented.

The overall performance in implementation of 2012 plan was 85%. Out of 114 funded activities, 56 (53%) of them were completely implemented, 17 (15%) partially implemented. The last year's performance standard increased by 3.8% ( $76/79 \times 100\%$ ), when compared to the 2011 year (79%).

Reasons for not implementing and partial implementation of activities were due to unreleased funds from donors, long tendering procedures and bureaucracies; interference of vertical mass campaigns and other related programs and late release of block grants. The remaining activities are expected to be implemented by the end of 4<sup>th</sup> quarter for the funded activities.



## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

### **6.2 PROGRESS IN DISTRICT HUMAN RESOURCES**

Human Resources for Health (HRH) and Social welfare is a cross-cutting challenge that may impede effective implementation of CCHP due to workers shortages. The council has 1283 employees of which 189 are from Health department. The council health department requires a capacity of 227 health care workers in order to perform their duties to the maximum and has a deficit of 38 personnel. Health department employees comprise medical and non- medical personnel for betterment and distribution of responsibilities.

The numbers of health staffs in our council in three consecutive years are increasing due to the growth/ increase in number of health facilities regarding to MMAM implementations.

### **6.3 PROGRESS IN DISTRICT NEONATAL HEALTH**

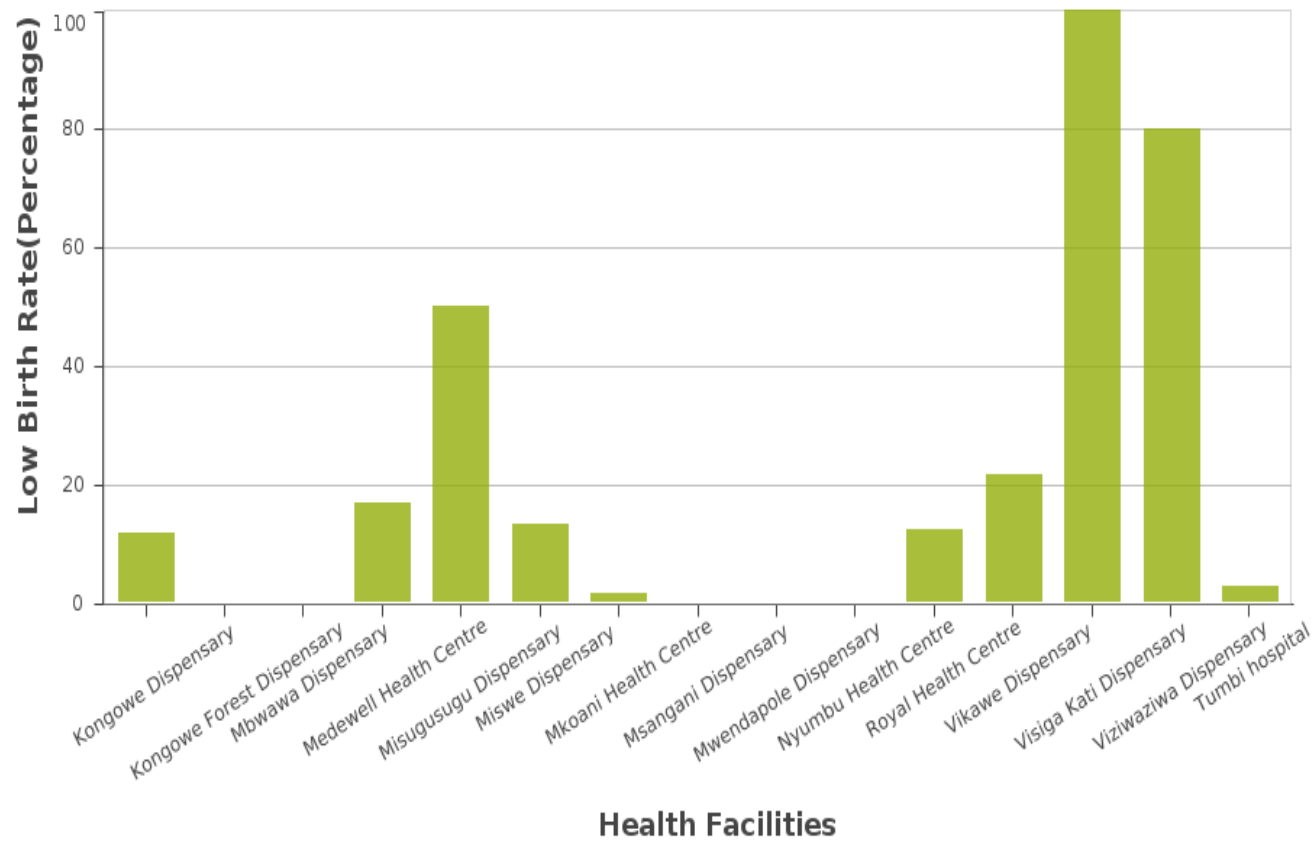
Health facilities in our council are in good conditions as well as well skilled and trained health staffs; this contributes to easy access of health service.

Education for pregnant women during ANC visits on the importance of good health and nutrition also helps to reduce number of low birth weight.

## KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE

### Nutritional Status: Low Birth Weight

■ Prevalence of Low birth weight





## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

### **6.4 PROGRESS IN DISTRICT HEALTH FACILITY COVERAGE**

Kibaha Town Council Had a total of 22 health facilities in the year 2012 of which 16 dispensaries, 5 health centres and 1 hospital.

**Table 9: (a) Health facilities and their physical state**

<b>No.</b>	<b>Health facilities</b>	<b>Type</b>	<b>Owner ship</b>	<b>Physical Location</b>	<b>Distance from Council (HQ)</b>	<b>Code no.</b>	<b>State of HF</b>
1	Viziwaziwa	Dispensary	L/Govn.	Viziwaziwa	8 km	05	Good
2	Tumbi	Hospital	Govern	Tumbi	1 km	01	Good
3	Mkoani	H.C	L/Govn.	Mkoani	1 km	02	Good
4	Mwendapole	Dispensary	L/Govn.	Mwendapole	2.km	04	Good
5	Kongowe	Dispensary	L/Govn.	Kongowe	6 km	06	Good
6	Vikawe	Dispensary	L/Govn.	Vikawe	10 km	03	Good
7	Visiga	Dispensary	L/Govn	Visiga	12 km	07	Good
8	Mbwawa	Dispensary	L/Govn	Mbwawa	35km	08	Good
9	Miswe	Dispensary	L/Govn	Miswe Chini	38 km	09	Good
10	Msangani	Dispensary	JWTZ	Msangani	8 km	010	Fair
11	Nyumbu	Dispensary	JWTZ	Nyumbu	6.5 km	011	Good
12	Magereza	Dispensary	Magereza	Magereza	2.5 km	018	Fair
13	Burere	H.C.	Private	K/ Mathias	4 km	022	Good
14	Bhoke	Dispensary	Private	P/ Ndege	1 km	017	Good
15	Keleni	Dispensary	Private	Maili Moja	1 km	016	Good
16	Mediwell	HC	FBOs	Mpakani	2 km	014	Good
17	Kongowe Forest	Dispensary	L/Govn.	Kongowe Forest	8 km	025	Good
18	ICS Clinic royal	H.C	Private	Mkoani	1.5 km	015	Good
19	Visiga Seminary	Dispensary	FBO	Visiga	12 km	023	Good
20	Bakwata	Dispensary	Private	Mkuza	3 km	020	Good
21	Police	Dispensary	Police Tz	Mkoani	2 km	013	Good
22	Misugusugu	Dispensary	L/Govn.	Misugusugu	10 km	012	Good

## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

### **6.5 PROGRESS IN DISTRICT HEALTH FACILITY PERFORMANCE**

The council is making its effort to upgrade the existing Mkoani health centre to be a Council hospital. The council uses this health centre as the referral point from other health facilities. Availability of one ambulance facilitates the transportation of patients from peripheral areas (other health facilities) and the health centre and then to regional referral Hospital (Tumbi Regional referral Hospital) but this applies for serious cases only. The expansion of Mkoani Health centre to become the council hospital will decrease 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, AMO to MD, Nurse Midwife to Nurse Officer) in the council helps its health facilities to perform procedure/treatment that require referral. However lack of CD4 machine at Mkoani Health Centre impedes provision of HIV service among people of Kibaha acquiring CD4 counting test at Mkoani health centre.

ANC attendance in our council increases with time from 2010 to 2012 due to increased awareness among people in Kibaha community.

Almost all facilities reporting rates increased over past three years. Facilities are reporting timely, but some reports are not complete and accurate.

### **6.6 PROGRESS IN DISTRICT HEALTH SERVICES**

The council achieved to vaccinate its target population over 100% for BCG (245%), Measles (130%), OPV3 (134%) and TT2 (104%). Vaccination coverage in 2010 were slightly lower compared to coverage in 2012; thus shows an increase in vaccine coverage in 2012.

### **ENVIRONMENTAL HEALTH SERVICE SAFE WATER INITIATIVES**

Kibaha town generates about 148.6 tons per day at rate of 1.56 kg./ capita /day, from domestic ( 101 tons), Industrial( 14.85 tons), Commercial(19 tons), Markets (1.6tons) and Institutional sources(27tons)

Safe water initiatives at Kibaha Town Council is well collaborated by the Council Health Preventive Services and Water department. Most of the people in town use tap water from DAWASCO and others use water dams constructed by the council water program in the interior. Environment Health Department ensures proper collection and disposal of waste so as not to contaminate water sources. In addition inspection of water sources is done in collaboration with water Engineer of the council for water quality test.

## **KIBAHA TOWN COUNCIL DISTRICT HEALTH PROFILE**

### **6.7 PROGRESS AGAINST MILESTONES**

The overall performance in implementation of last year's plan was 85%. Out of 114 funded activities, 97 (85%) of them were completely implemented, 17 (15%) partially implemented. The last year's performance standard increased by 3.8% ( $76/79 \times 100\%$ ), when compared to the previous year (79%). Thus the Council did not reach the target. The insight of the performance is as follows:

- Donors: HIV prevalence reduced from 1.6% to 1.2%.
- PMTCT: HIV prevalence reduced from 6.0% to 5.5%.
- VCT: HIV prevalence increased from 8.7% to 11%
- Immunization coverage increased from 99.1% to above 100%

There was success in the collaboration between the Private facilities owners especially during supervision and inspection.

### **6.8 BEST PRACTICES/CASE STUDIES**

Treatment of eye scar to a man x where by a patient was suffered from eye infection that he experienced pain, irritation and tears from all the two eyes for almost one year in 2011. The patient initially went for treatment at Mkoani health Centre and attended by optometrist working in eye clinic at the health Centre. The patient was given spectacles by the optometrist and advised to wear them so as to treat his eye problems. Unfortunately there was no relief of the problem despite wearing the spectacles for almost a year. His eyes continued to irritate and itching while shade out tears. In May 2012 the patient shared his problem to another health staff (a nurse) from the same health Centre.

A nurse diagnosed the patient and discovered accumulation of dust in the eyes which caused scar. He however decided to treat the case whereby he cleaned the patient eyes using special eye instruments. He then applied eye drops to patient after cleaning the eyes and removed the dust accumulated. One day after the second treatment the patient eyes were cured and stopped irritating and itching as well as no more tears.