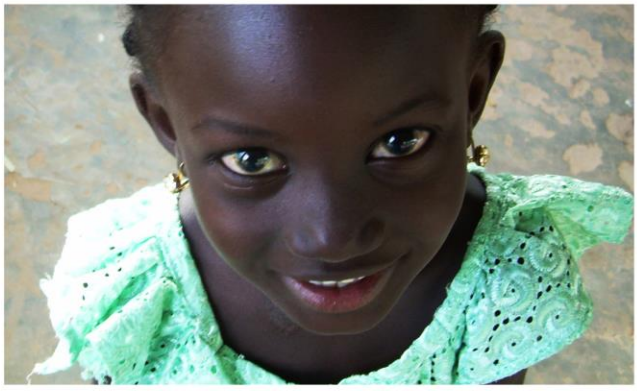
The United Republic of

TANZANIA

Ministry of Health & Social Welfare



TEMEKE

District Health Profile

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I. FOREWORD

Temeke District with an area of 656 sq. km. is made up of 3 Divisions Chang'ombe, Kigamboni and Mbagala. The Divisions are further divided to 30 Wards with 180 Mitaa. The District has a population of 1,368,881 of whom 669,056 are males and 699825 are females. (Census 2012).

Temeke District was established in 1974 as one of the 3 Districts of Dar Es Salaam Region, in the year 2000 Temeke was honored to be one of the 3 Municipalities of the Dares Salaam City. Through the established Vision and Mission of Temeke Municipal Council the health service to the population of Temeke is rendered through Temeke Health service delivery system which is characterized by both public and private services.

Temeke District has 121 facilities amongst which 39 are public and 82 are private. Public facilities include 3 Government Hospitals, (Temeke, Rangitatu and Vijibweni) and only 1 health centre Kigamboni and 34 dispensaries. Most of the private facilities being commercial in nature are concentrated in the urban areas whereas the rural part which is the main area of the District are served by the public services mostly dispensaries only.

The available community and health facility data indicates that the major health ill health problems include; severe malaria, severe pneumonias, acute watery diarrheas, complications of pregnancy, cardiovascular diseases and diabetes.

With the available resources from different sources i.e. The council own source and stakeholders interventions are planned by prioritization of the disease burden as instructed in the CCHP on the 13 priority areas. Through monitoring and evaluation schedules the planned interventions are followed up regularly and performance reports are produced on quarterly and annual basis.

II. ACKNOWLEDGEMENTS

District Health Profile for the year 2013/2014 has come all way through its final state by involving a number of multi-disciplinary stakeholders and professionals. The Municipal Medical Offices of Health at this juncture would like to thank all health workers at all levels who worked diligently throughout the year to ensure that all the planned interventions were implemented as planned.

At all levels, the health facility committees and their respective health facilities in charges had several reviews of their implementation status through evaluation meetings and preplanning sessions which enabled them to set priorities of problems that are addressed to meet the targets set. In respect to this I would once again like to express my sincere gratitude to all of them for their hardworking spirit throughout the year which enabled health services provision to the communities of Temeke as planned in the previous year. I would like to thank the Ministerial team and donors who led us at infancy stage of the development of the document.

Dr. Sylvia Mamkwe
Municipal Medical Officer of Health

III. EXECUTIVE SUMMARY

Temeke District with an area of 656 sq. km is the largest District among the three Districts of the Dar es Salaam region. The District population is 1,368,881 by 2012 as per National Population Census. The district has 6 hospitals (3 public i.e. Temeke, Vijibweni and Rangitatu) others are private owned i.e. TOH and Walter hospital respectively. There are 7 health centers (1 public i.e. Kigamboni, and 4 private health centers and other 2 Military and Parastatal owned H/C). There are 34 public dispensaries and 73 private dispensaries, making a total of 121 health facilities.

Healths services in the District are delivered at all levels i.e. community, dispensary, health Centre and hospitals through promotive, preventive, curative and rehabilitative care and are supervised by the Municipal Medical Officer of Health. Through this health delivery system substantial achievements were reached as reviewed here under.

Achievements.

Based on national package of essential health interventions and performance monitoring indicators for year 2012 (HMIS), good performance was attained in the following areas:

- Antenatal attendance was estimated to 33,728 whereas 33,310 (99%) attended as compared with 32,400 (100%) in 2011. Deliveries at health facilities increased from 29,536(98.38%) in 2011 to 30,787(99%)
- The proportion of under five years (<5) of age attending clinics increased from 33, 696 (75%) in 2011 to 44,738 (94%) with Immunization coverage ranging from; DTPHB3 30,245 (94%) in 2011 to 31,879 (96%) OPV3 from 30,364(95%) to 32940(98%), BCG from 46345 (144%) to 48,064 (99%) and for measles was 35,135 (99%) respectively.
- A total of 4,115 patients were diagnosed for TB in 2011, out of those 96% were tested for HIV, and 89% were successfully treated with a cure rate of 89%.
- A total of 95 staff is attending long courses (> 1 year) on health and health related issues
- Dispensaries were increased from 30 to 33 following the completion of the constructions of 3 new dispensaries i.e. Sandali, Kisarawe II and Yombo Sigara.
- Two new staff houses were completed in this year one at Vijibweni Hospital and Kisarawe II Mkamba Dispensary.
- 217 (71%) out of 304 activities planned were implemented at 100%.
- Through MMAM 20 dispensaries and 1 Health Centre were rehabilitated hence increasingly reduced congestion and improved working environment.

- Construction of theatre at Roundtable maternity home is completed thus reducing congestion at Temeke hospital.
- The 40 bed ward at Temeke hospital is finished and supplied with necessary furniture.
- In the year 2011/2012, 136 staffs were recruited and 37 transferred in to cover the gap of the staff transferred out, retired or died.
- Supervision coverage for public and private health facilities is 80% respectively.
- VCT sites have increased from 57 to 62 by 2011.
- 2 news vehicles were obtained (1 ambulance and 1 Pick Up for distribution and supervision.

Main challenges;

In realizing the mentioned achievements the implementers faced some challenges as follows;

- Continuing high work load Vs human resources available.
- Delay in receiving funds mainly basket, MMAM and block grant which are also inadequately received against the approved amount.
- High frequency of out of stock of essential drugs, supplies and equipment as well as inadequate deposited funds for the same at MSD.
- Limited number of motor vehicles for various services, including administration and ambulances.
- Temeke Regional and referral hospital is still experiencing marked congestion of patients in several service areas.

Way forward

- Health staff recruitment of all cadres to be increased to cope with the existing and expected workload.
- To increase funds for drugs, equipment and supplies to cover the MSD gap.
- To provide ambulance service to Kimbiji dispensary to support referral services to patients from distant facilities of the southern part of the district.
- To improve the quality of health services offered in the district, by upgrading Kimbiji and Yombovituka dispensaries to health centers status.
- Roundtable maternity home dispensary to offer obstetric surgical operations.
- Planned activities for MMAM that could not be implemented due to unreleased funds have been carried forward in the new plan.

IV. ACRONYMS AND KEY TERMS

Table 0-1. ACRONYMS

KEY ACRONYMS USED IN DHP ACCOMPANIED BY THEIR LONG NAMES

ADB	African Development Bank
AIDS	Acquired Immune-Deficiency Syndrome
AMMP	Adult Morbidity and Mortality Project
ARI	Acute Respiratory Tract Infection
BOD	Burden of Disease
CBHC	Community Based Health Care
CVD	Cardio-vascular Diseases
EMOC	Emergence Obstetric Care
FBO	Faith Based Organizations
HIV/AIDS	Human Immuno - deficiency Virus /Acquired Immuno-deficiency syndrome
HMIS	Health Management Information System
HO	Health Officer
HSR	Health Sector Reform
IEC	Information, Education and Communication
MoHSW	Ministry of Health and Social Welfare
RCH	Reproductive and Child Health
MDH	Management and Development for Health
NACP	National Aids Control Program
NGO	Non - Governmental Organization
NTLP	National TB and Leprosy Program
PASADA	Pastoral Activities and Services for PLWHA in DSM Archdiocese
PID	Pelvic Inflammatory Disease
PMTCT	Prevention of Mother to Child Transmission of HIV
UTI	Urinary Tract Infection
PLWHAs	People Living With HIV/AIDS
VCT	Voluntary Counseling and Testing

PMTCT	Prevention of Mother to Child Transmission of HIV
UNICEF	United Nations International Children's Emergency Fund
LHL	Lung & Heart patients' organization of Norway
NTLP	National TB& Leprosy Program

Table 0-2. KEY TERMS

KEY TERMS USED IN DHP ACCOMPANIED BY THEIR DEFINITIONS

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

1 INTRODUCTION

1.1 MISSION AND VISION

VISION: To have a well developed population with better livelihood.

MISSION: Temeke Municipal Council is committed to provide sustainable quality socioeconomic services to its population through good governance and effective use of resources at all levels.

1.2 STRUCTURE OF DISTRICT

Establishment

Temeke District was established in 1974 as one of the Dar es Salaam Region Districts, at that time Dar es Salaam City was within Coastal Region. Four years later it was as one of the three Zones under the Dar es Salaam City Council after the separation from Coastal Region unification. In 2000 year, Temeke was established as a Municipal Council under the Urban Local Government Authority Act n.8.

Temeke District with an area of 656 sq. km and a population of 1,260,273 (projected est. 2011) with a growing rate of at 4.6% annually, has the largest area among the three Districts that forms Dar es Salaam Region. It is on the Southern part of Dar es Salaam region with the Indian Ocean bounding it in the East, whereas Mkuranga District (Cost region) in the South, Ilala District in the North and West.

Table 1-1. Wards And Villages

NO	**WARD NAMES**	**MUMBER OF VILLAGES/MITAA**
1	AZIMIO	7
2	BUZA	3
3	CHAMAZI	6
4	CHANG'OMBE	4

5	CHARAMBE	7
6	KEKO	5
7	KIBADA	6
8	KIBURUGWA	6
9	KIGAMBONI	3
10	KIJICHI	5
11	KILAKALA	3
12	KIMBIJI	6
13	KISARAWE II	7
14	KURASINI	5
15	MAKANGARAWE	4
16	MBAGALA	5
17	MBAGLA KUU	5
18	MIANZINI	8
19	MIBURANI	5
20	MJIMWEMA	3
21	MTONI	5
22	PEMBAMNZI	15
23	SANDALI	12
24	SOMANGILA	13
25	TANDIKA	6
26	TEMEKE	4
27	TOANGOMA	12
28	TUNGI	3
29	VIJIBWENI	4
30	YOMBO VITUKA	3

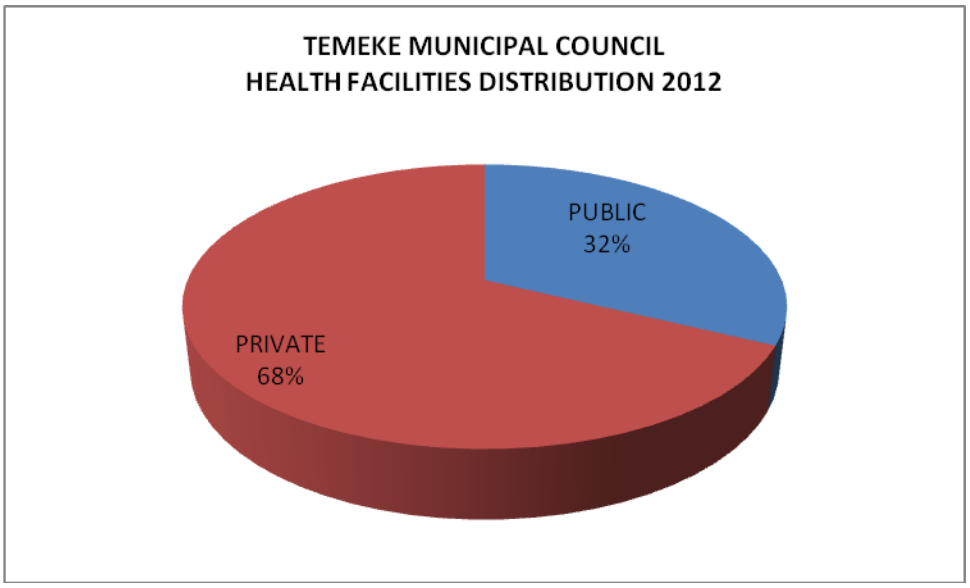
1.3 FACILITY DISTRIBUTION

Health facilities in the District.

Temeke district has 6 hospitals (3 public i.e. Temeke, Vijibweni and Rangitatu) others are Parastatal Kilwa Road Police Hospital and private owned which are TOHS and Walter hospital respectively. It has 7 health centres (1 public the Kigamboni HC, and 6 private health centres). There are 34 public dispensaries 78 private dispensaries. Shown here under is the map for Temeke district with distribution of public health facilities.

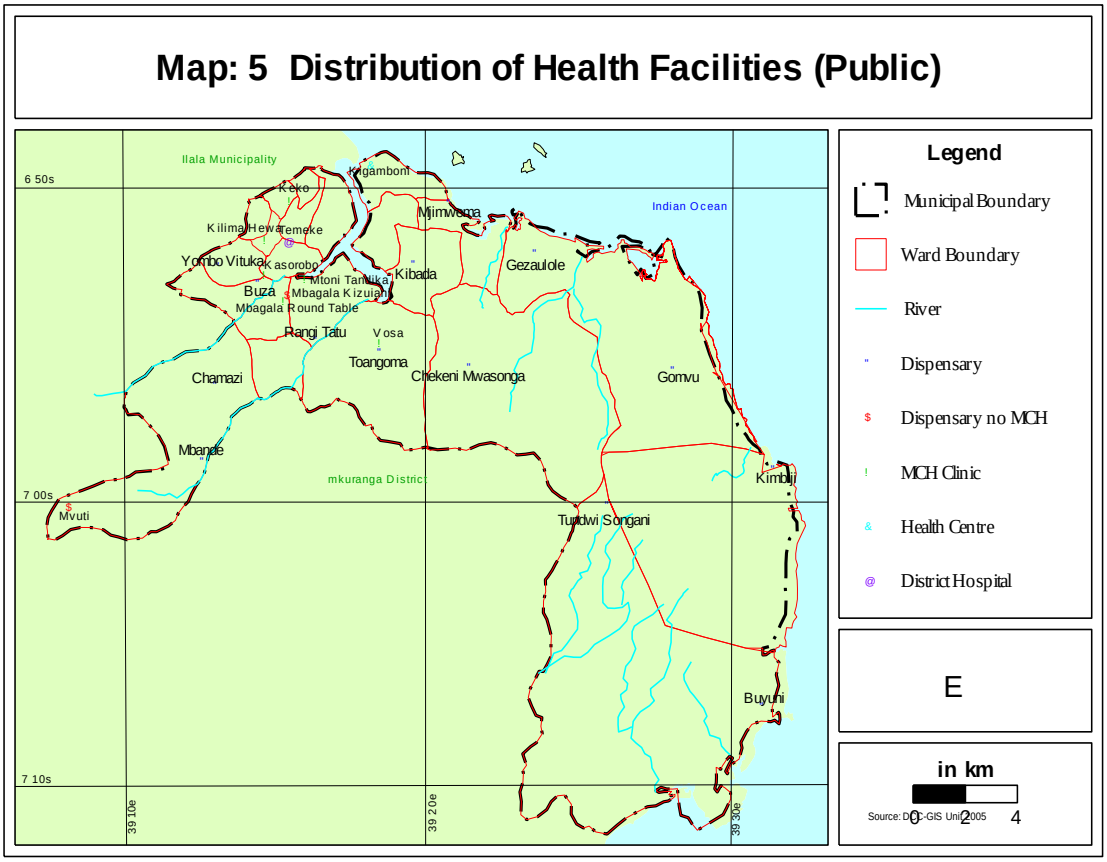
Table 1-2. Facility Distribution

TYPE OF FACILITY	NUMBER OF FACILITIES	OWNERSHIP	
		PUBLIC	PRIATE
Hospital	6	3	3
Dispensary	108	35	73
Health center	7	1	6
Clinics	0	0	0
Total	121	39	82



Temeke Municipal Council have got 6 Hospitals (3 Public and 3 Private), 7 HCs (1 Public and 4 Private, 1 Parastatal, 1 Military, and 108 Dispensaries

FIGURE 1-1.Temeke District Map



Temeke Municipal Council Map showing Ward boundaries and health facilities

1.4 POPULATION

Table 1-3. Gender And Age Based Statistics

AGE RANGE	FEMALE	MALE
<1 YEAR	13,381	13,997
1-4	80,287	76,981
5-14	220,788	239,421
15-49	341,219	363,909
>50	13,381	13,997
TOTAL	**669,056**	**699,825**

Table showing population distribution by sex and age groups based on 2012 National Census

1.5 GEOGRAPHY

Climatic conditions.
Temeke district lies on the tropical coastal belt of Tanzania. It experiences high temperatures throughout the year ranging from 23 ^{0}c degree (in May to August) to 35 ^{0}c (in September to April).

Temeke Municipality has 3 divisions namely Chang'ombe, Mbagala, and Kigamboni which are further subdivided into 30 wards and 180 sub-wards (Mitaa).

1.6 TRANSPORTATION AND COMMUNICATION

Transport and communication
Most part of the district is rural and semi urban with rapid urbanization in 10 wards. Urban areas are accessible by roads which are either tarmac or all gravel roads while the rural part of the Municipality has earth roads. Communications available include telephones services and radio calls in some parts and few areas mostly in the urban side that are served by Internet services. Radio calls are available in the 12 out of 34 public health facilities including the Municipal Hospital ambulance to enhance facility-to-facility communication and improving referral system.

1.7 EDUCATION

- **LITERACY RATE**

  The literacy rate of Temeke is 84% total while for male is 87 % and female 80%

Education:-Schools distribution in Temeke Municipal Council

The Municipality has 132 primary schools of which 109 are public and 23 are private. There are 78 secondary schools (40 are public and 38 are private) with 128 pre-primary schools (105 are public and 23 are private owned).

1.8 OTHER INTRODUCTORY INFORMATION

Among other unique factors that influence health conditions and access to health services include road Infrastructure which are both tarmac and rough and passable throughout the year.

Most of the facilities are located within 5 kilometers radius. Socioeconomically most of people of Temeke can afford contribution of cost sharing for health services, however some fall into the exemption as stipulated in the National exemption policy. In line with this state 75% of Temeke community is served with tape water and the remaining other sources.

2 DATA COLLECTION METHODS AND SOURCES OF DATA

2.1 DATA SOURCES AND THEIR DATA COLLECTION AND ANALYSIS METHODS

Temeke health delivery system obtain data for planning and decision making through various sources and methods ie;

Sources include;

- *Health Facility*
- *Community*
- *Health surveys*
- *Research results*

Data collection methods and tools

1. ***Documentation these includes;***
    - *MTUHA Tools*
    - *DHIS and Computer use*
    - *TB and Leprosy Programme*
    - *HIV and AIDS Programme*
    - *RCH Services*
2. *Researches results conducted in Temeke*
3. *FGD – focus group discussion*
4. *Interview ie*
    - *DHS – Demographic Health Survey*
    - *DSS – Demographic Sentinel Surveillance*
    - *Research/studies*

5. *Key informants (influential people/subject)*

2.2 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 ***Temeke*** District population.
- The status of the ***Temeke*** health system.
- The status of health service delivery in ***Temeke*** District.
- Progress that has been made in the ***Temeke*** District health sector.

Table 2-1. MANDATORY DHP HEALTH INDICATORS

HEALTH STATUS OF THE DISTRICT POPULATION
Maternal, Newborn and Child Health
❖ Nutritional Status – malnutrition 1%
❖ Neonatal, infant, and under 5 mortality rates
❖ Neonatal mortality rate 26/1000
❖ Infant mortality rate 51/1000
❖ Under five mortality rate 81/1000
Diseases
❖ Incidence of Malaria 18%
❖ HIV/AIDs prevalence 5%
❖ 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 is 483.48 USD
❖ Number of training institutions with full NACTE accreditation - *1*
❖ MO and AMO per 10,000 population 2/10,000
❖ Nurse-midwives per 10,000 population 5/10,000
❖ Pharmacists and pharm tech per 10,000 population 1/10,000
❖ Health Offices per 10,000 population (modified to include Environmental Health Officer (EHO) 1/10,000

DISTRICT HEALTH SERVICE DELIVERY
General
❖ OPD Attendance **863,152**
Vaccination
❖ Proportion of children under 1 vaccinated against measles 99%
❖ Proportion of under 1 3rd Polio (OPV3) 98%
❖ Proportion of under 1 BCG dose 99%
Reproduction Health
❖ Percentage of health centers and dispensaries that can provide EmOC as defined in EHP 6%
❖ Proportion of pregnant women starting ANC before 12 or 16 weeks gestation 25%
Infectious Diseases and Non-Communicable Diseases
❖ Proportion of mothers who received two doses of preventative intermittent treatment for malaria during last pregnancy 50%
❖ Proportion of vulnerable groups sleeping under ITN the previous night 64%
❖ Proportion of laboratory confirmed malaria cases among all OPD visits 18%
❖ TB notification rate per 100,000 population 374/100,000

- ❖ Laboratory staff per 10,000 population 1/10,000

Infrastructure

Health Indicator Still Being Determined

PROGRESS IN THE HEALTH SECTOR

Progress in district health financing

- ❖ Overall Health Financing 20,000,000,000.00
- ❖ Expansions in Health spending 20,000,000,000.00

Progress in district health services

- ❖ Increases in skilled health workers 5%
- ❖ Progress in human resource availability by cadre over a period of time 6%

Progress in district neonatal health

- ❖ Low birth weight 1%

Progress in district health facility coverage

- ❖ Expansions in facility coverage across districts 95%

Progress in district health facility performance

- ❖ Expansions in critical health services CTC services has increased from 2 the year 2005 to 17 in 2012 and PMTCT from 18 the year 2005 to 72 in 2012, TB Centers from 28 in 2005 to 48 in 2012
- ❖ Improvements in referral hospital performance: Currently Temeke hospital has been upgraded to a Regional and Referral Hospital with additional services, internal medicine with telemedicine, maternal services with the introduction of

Neonatal unit with kangaroo mother care services

❖ Progress in ANC Attendance: In collaboration with private partners, enrollment of clients at antenatal clinics has increased twice fold. Along with this collaboration number of facilities with RCH services has increased from 40 (2005) to 72 (2012).

Referral services has also increased from 1 ambulance to 7 which have been evenly distributed within the services areas.

❖ Progress in health facility reporting rates; generally reporting rates has not very well. However with the introduction of the new tools DHIS it expected that the coverage will improve.

❖ Timeliness and completeness of data: Timeliness and completeness of data collected is checked regularly through telephone contacts to the respective health providers to ensure that corrections are effected timely.

Progress in District health services

❖ Social welfare and protection for vulnerable populations; The District has set mechanisms in place that safeguard services of the vulnerable groups through wavers scheme. In collaboration with the Social Welfare section of the Municipal Council a Child Protection Team has been established in the district to take care on the welfare of all the most vulnerable children.

❖ Vaccination coverage; following wide distribution of RCH services in the district which is further complemented by outreach service has increased from 98-100%;

❖ Environmental Health Service Safe Water Initiatives; Availability of safe water, specifically from tape water has increased from 50-75% (2012). This has been marked mostly by the reduction of Cholera epidemics for the past 3 years

Progress against milestones from previous year

❖ Progress against milestones set by the technical review of the joint annual;

- The Municipal Council Health Delivery System has adopted with success the production of the health plans 2013/2014 and reports 2012/2013 prepared using existing tools (revised CCHP guidelines, Plan Rep, Epicor)
- Improve Hospital Planning, Management and quality of Care through capacity building of HMTs and Hospital staff; The Temeke HMT has managed to develop the RHOPS. The HMT has attended a 2 weeks workshop on management and planning 2012. The RHMT has visited CHMT in supporting implementation of the planned activities as stipulate in the CCHP guideline.
- An increased number of health and social welfare workers with the right skills and more equitably distributed; In the course of maintaining the quality of service of the upgraded Regional and Referral Hospital in last 2 years the health delivery system has managed to acquire and retain 3 medical specialist on the areas of Pediatrics, Obstetrics and Gynecology and Surgery. Furthermore among other specialized activities it is also a training centre for medical students from recognized institutions in Dar es Salaam Region.
- Availability of BEmOC services strengthened to 50% dispensaries; All public dispensaries are supported to manage both routine and emergency deliveries. Additionally 5 facilities are practicing BEmoc with the support of CCBRT and Jhpiego.
- The Health Delivery System has managed to conduct biannual vitamin A and Deworming to under five children in the District for the year 2013.
- Similarly in the year 2013 the health delivery system managed to run a national campaign on NTD specifically filarial and other worms to the entire Temeke District.

- Establishment of Emergency preparedness team; the team has been established at Regional and District level and are all active.

❖ health service sector review from previous year; The health services delivery system for the previous year has successfully increased health facilities of varying levels i.e 5 newly constructed and functioning dispensaries, 3 dispensaries are in the process of being upgraded to health centre level, and one dispensary has been upgraded to a hospital status. Similarly the Roundtable maternity home which is currently in the process of being upgraded to a health centre level has started performing surgical obstetric services in the course of improving maternal and child health services and decongesting Temeke and Rangitatu hospital respectively.

2.3 HEALTH INDICATORS IMPORTANT TO [TEMEKE] DISTRICT

[AN INTRODUCTION TO HEALTH INDICATORS THAT ARE UNIQUELY IMPORTANT TO THE DISTRICT]

TEMEKE DISTRICT SPECIFIC INDICATORS
1. Disease indices from Traditional healers
2. Delivery report from TBAs

2.4 KEY MESSAGES ABOUT HEALTH INDICATORS

The health service delivery system has marked achievements amongst the important health indicators as observed by results from data at facility and community levels.

Existing data in the district indicates that Infectious diseases in particular diarrheas, malaria, tuberculosis and HIV are among the ten top ill health conditions in both OPD and IPD attendances. The observed results are an outcome of good messages and uptake of the Temeke communities.

These messages include;

- Drink safe water for good health.
- Soap and clean water for hand washing are life saving.
- Treat your water for better health
- Good sanitation for healthy family
- Insecticides Treated net is the solution for your well-being.
- Insecticide Treated net is your health security today and tomorrow.
- Take steam measures in case of an ill health condition.
- Tuberculosis is treatable seek early medical attention.
- Being HIV positive is not the end of life.
- Positive living and continued health care in HIV is the best solution.
- Transmission of HIV is not related to cosmopolitan use of utensils nor eating together.

3 HEALTH STATUS OF THE DISTRICT POPULATION

3.1 MATERNAL, NEWBORN AND CHILD HEALTH;

Existing data for the last financial year indicates that, Temeke Municipal health delivery system has experienced some successes in the area of Reproductive and Child health services.

This status has been influenced by the following factors; Increase of health facilities offering RCH services from 50-72 units, introduction of good obstetrics practice (Bemoc) to all 34 facilities conducting deliveries, improvement of referral system by introducing 4 new ambulances to distant facilities. Other services include PMTCT, CTC, IPT, ITNs, and immunization.

In regard to this achievement, the quality of health services has been improved and much more has been brought closer to the communities with marked reduction of morbidities among women and children. Despite of the observed achievements in this area, the health system is experiencing low birth weight babies, mostly from distant and rural facilities.

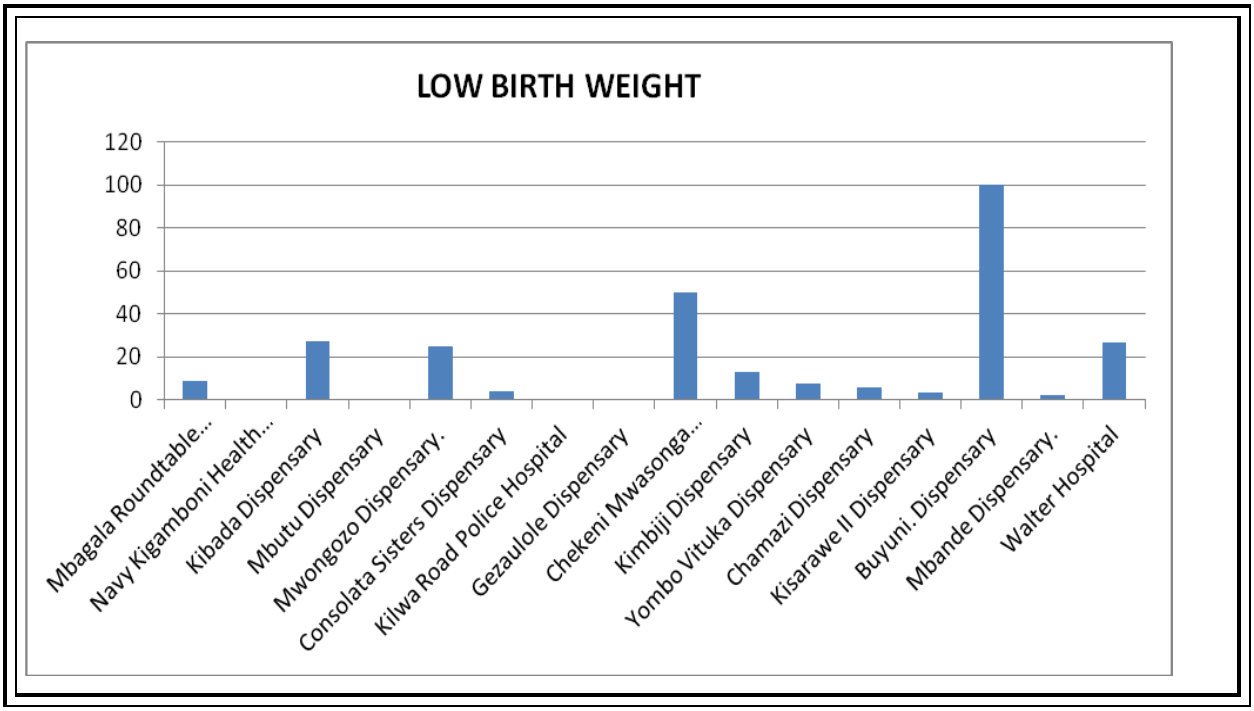
Nutritionally the district has never experienced food shortages however data indicates that 1% of under five are severely malnourished while 5% are moderately.

Due to the above measures mortality trend for neonates, infants and under five has shown a decrease over time, as it is stipulated in the charts below; neonatal mortality rate is 26/1000, infant mortality rate 51/1000, under five mortality rate 81/1000

Challenges;

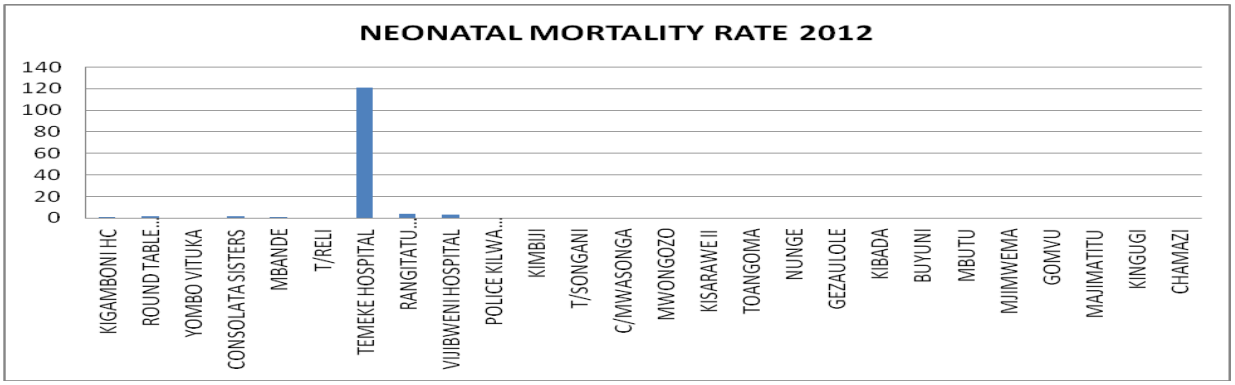
1. Population increase Vs capacities of provision of health services.
2. Inconsistence of availability of medical supplies from MSD.
3. Low family planning methods acceptance 23%.
4. Late disbursement of funds.
5. Budget constraints.
6. Shortage of staff of varying skills and magnitudes at all levels.

Figure 3-1. Nutritonal Status: Low Birth Weight



Most of the low birth weight were from facilities in rural areas as compared to urban this could be due to low income and limited knowledge on proper food preparation

Figure 3-2. Neonatal Mortality Rates



This graph shows Temeke hospital leading in neonatal mortality it is because that more than 80% of all deliveries in the Municipality is conducted at Temeke Hospital

Figure 3-3. Infant Mortality Rate

Figure 3-3. Under 5 Mortality Rate

3.2 MORBIDITY

- **Malaria prevalence**

Temeke Municipal health delivery system has experienced some successes in the area of disease prevalence and incidence. Existing data for the last financial year indicates that incidence of malaria is getting down for both under five and 5 and above years as compared to the previous year. However the introduction of the new diagnostic tool (mRDT malaria diagnostic tool) has improved in picking the true malaria cases as compared to previous years.

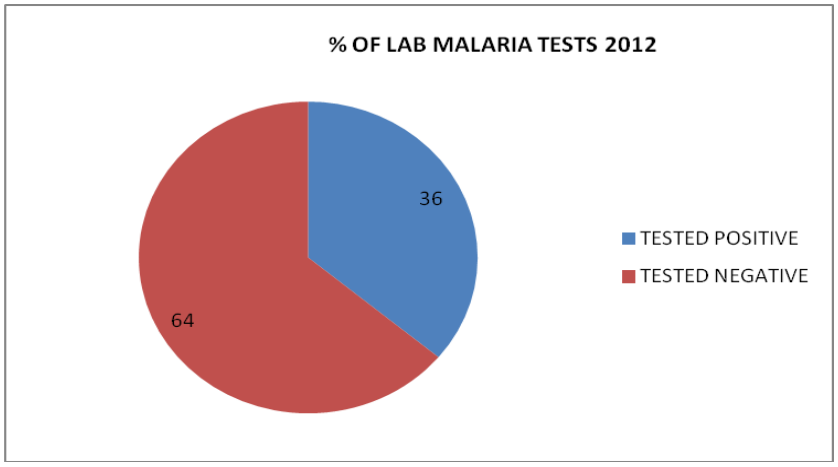
- **HIV/AIDS prevalence; the existing data shows that there is also going down as compared to previous years.**

HIV screening in some clinics and facilities for the year 2012 were as follows: VCT Services; 50,775 clients were tested and among them 6,541(12.8%) tested positive compared to 81,605 in 2009 whereby 11,425 (14%) tested positive. In collaboration with MDH, PMTCT Services were provided in 65 sites where 44,383 clients were tested during ANC, labour, and delivery and 2,420(5.45%) tested positive, whereas in 2010 of 53,848 tested and 3,258 (6%) tested positive and in 2009, 39,582 were tested in the same sites whereby 2,987 (7.5%) tested positive. Care and treatment has been provided in 13 health facilities where a cumulative number of 52,239 clients are enrolled and 26,689(51%) are under treatment.

Generally the situation is improving and the prevalence for HIV AIDS is getting a bit low to 5.45% as compared to national statistics of 5.8%.

Figure 3-3. Laboratory Confirmed Malaria Cases

Laboratory Confirmed Malaria Cases in 2012 and 2011



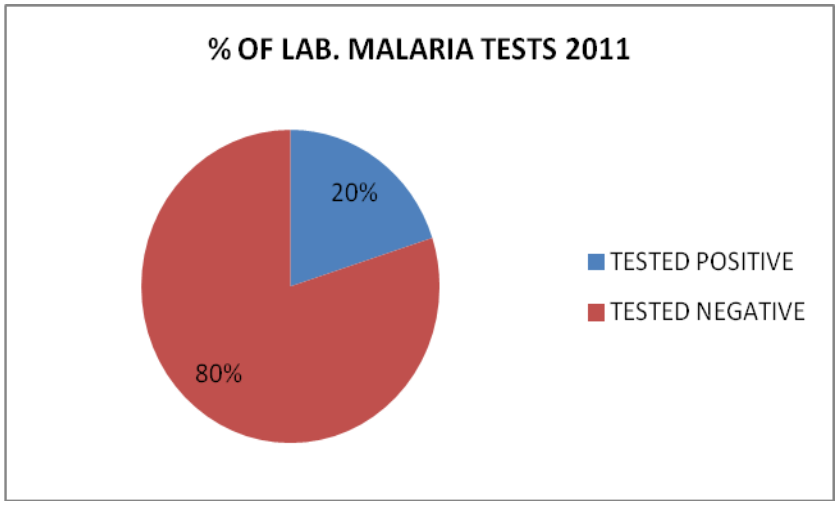
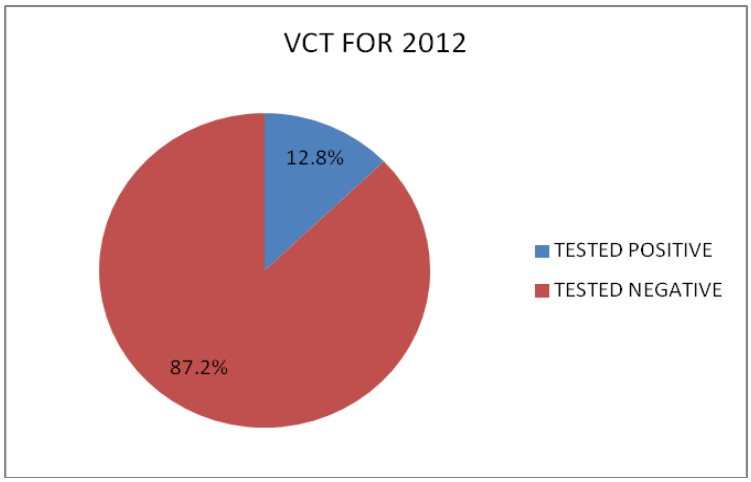


Figure 3-4. HIV/AIDS Prevalence



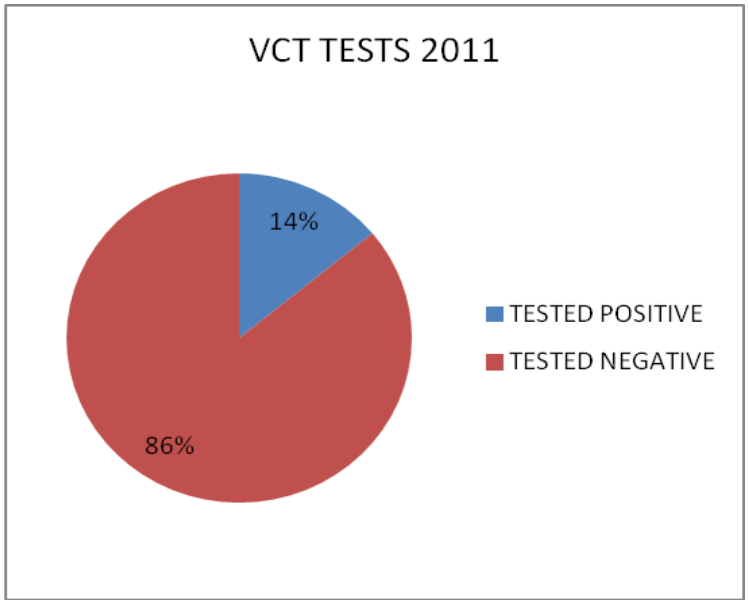
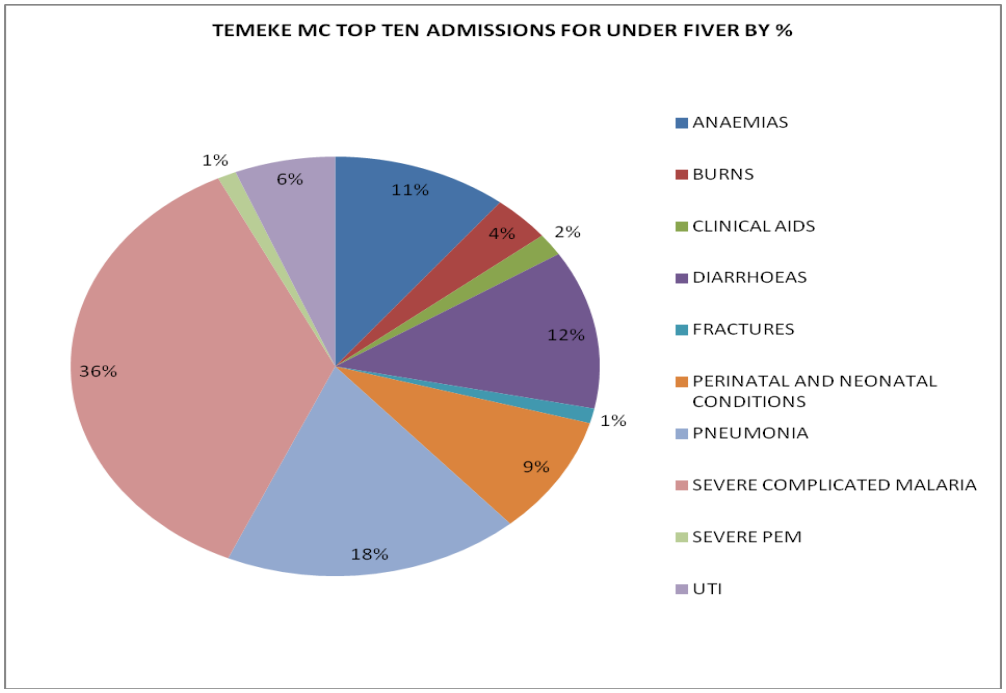
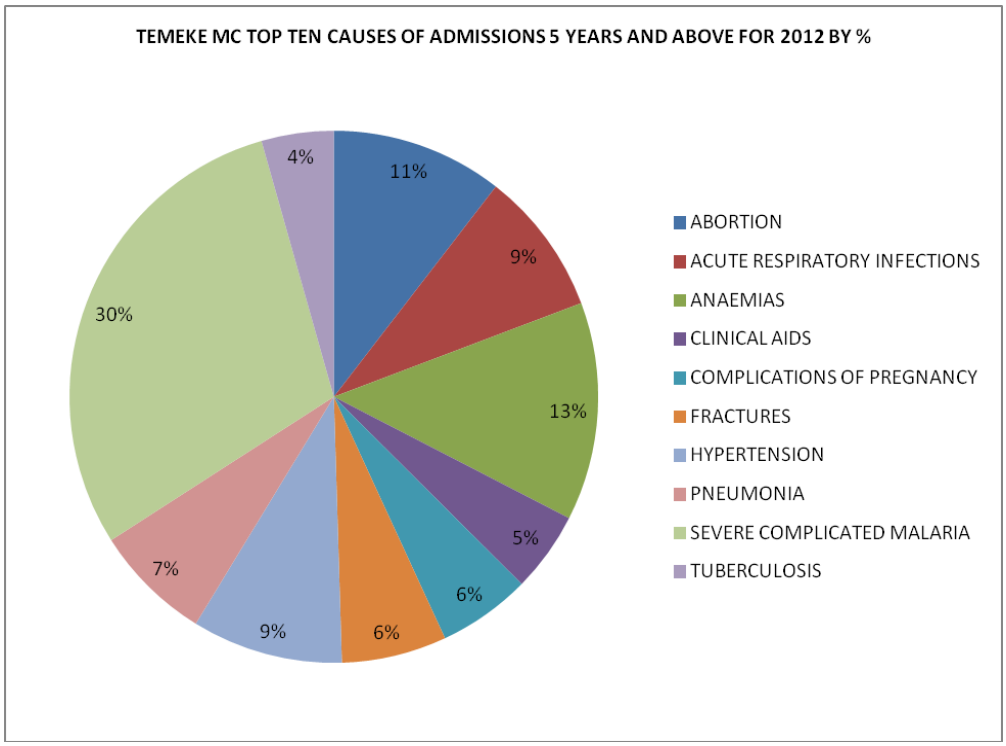


Table 3-1. Top 10 Causes of Admission/Inpatient Diagnosis



This chart shows cause specific admissions for under five years of age.

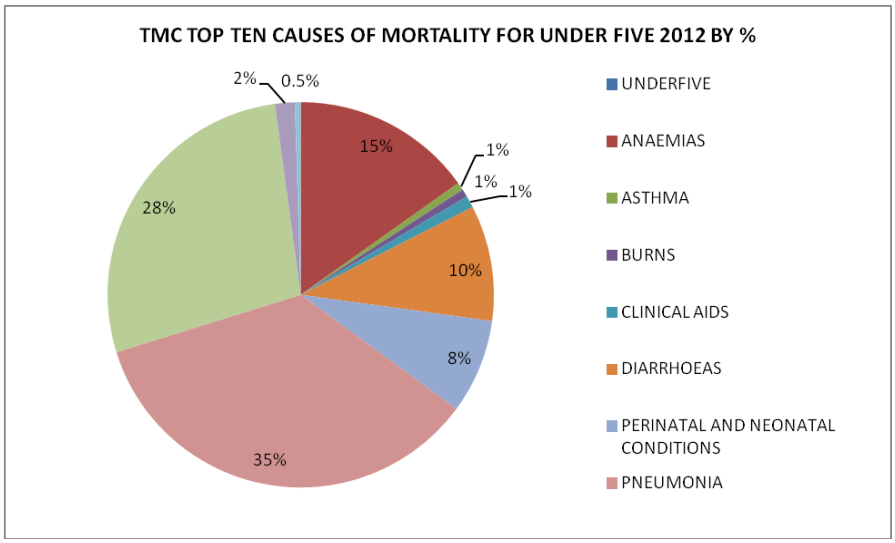


This chart shows cause specific admissions for 5 years and above.

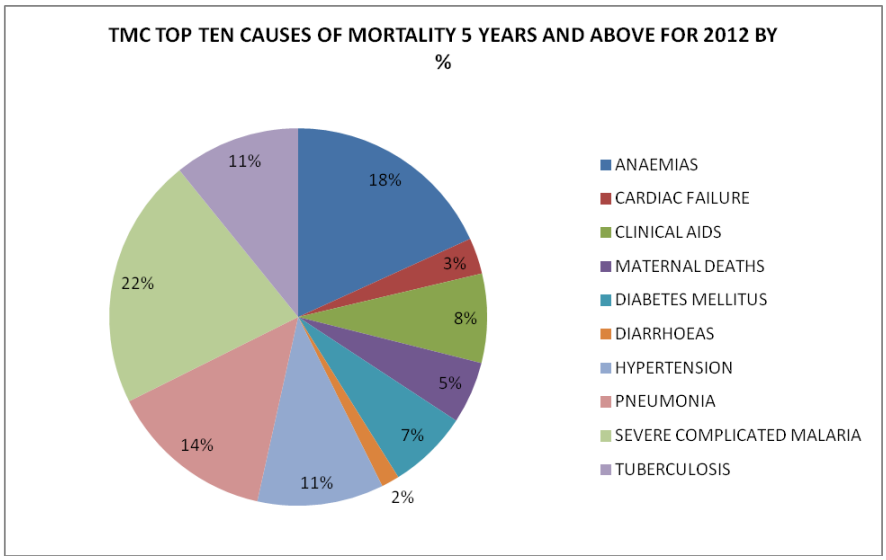
3.3 MORTALITY

Data for the last financial year indicates that, under five mortality due to severe malaria in the past 2 years has improved.

3.3.1 Mortality chart for 2012



This chart shows cause specific mortalities for nderfive years.



This chart shows cause specific mortalities for 5 years and above.

3.5 DISTRICT HEALTH STATUS CONCLUSIONS, RECOMMENDATIONS AND WAY FORWARD

Health status of Temeke District has been improving with time, in areas of curative, preventive and health promotion. In the year 2011 the Municipality had 34 public health facilities. Following the construction of 5 public dispensaries in 2012, the Municipality has a total of 39 public health facilities. With support of MMAM program and partners MDH, KOICA, CCBRT, Engender Health a number of facilities has been rehabilitated and expanded to offer intended services i.e. Post natal ward and RCH buildings at Temeke Hospital, theatre at Vijibweni and Round table just to mention few. Despite of the above renovations and constructions of the health facilities, the municipality is still experiencing shortage of working space in many facilities.

Health service provision has also been enhanced by introducing surgical obstetric deliveries in Rangitatu hospital and Roundtable HC. Special services to the elderly have been established at Temeke and Vijibweni hospital respectively. Telemedicine services have been introduced at Temeke Hospital. Other areas of improvement include referral services by increasing number of ambulances from 3 - 7 mostly at distant areas.

In the course of increasing accessibility of health services and improving quality of service, the Municipality is on the process of upgrading 3 facilities from dispensary level to Health centre status. Among other factors, shortage of staff of varying degrees affects the quality of health service delivery in the district.

Recommendations;

- The Municipal Health Delivery System is argued to continue improving health service provision and sustaining the currently attained health status.
- The Municipality should ensure that needed resources in health i.e. financial, material and human are available and timely.
- Availability of basic and essential quality medical supplies from the MSD is commented to enhance good quality of service.
- Partners in health to continue to support the health service delivery system resourcefully to meet the planned objectives.
- The Municipality to ensure that enough land is located for constructions of new and expanding the existing facilities.

Way forward

- Health staff recruitment of all cadres to be increased to cope with the existing and expected workload.
- To increase funds for drugs, equipment and supplies to cover the MSD gap.
- To provide administrative motor vehicles to limit misuse of Hospital ambulances.

RECOMMENDATIONS AND GOALS FOR GUIDING THE WAY FORWARD AND POTIENTIAL POLICY IMPLICATIONS.

In order to deliver quality health services to the people of Temeke district we need to have enough and skilled health personnel.

The main goal is to have personnel of all cadres with recommended skills at all levels.

Policy implication in this regard is to influence the Municipality to achieve the millennium development goals by 2015.

More funds to be located for health services at MSD level.

Policy implication is to ensure medical services are available and affordable at all levels and closer to the communities.

Policy implication is health for all as per

4 STATUS OF HEALTH SERVICE DELIVERY IN THE DISTRICT

GENERAL HEALTH SERVICE

4.1

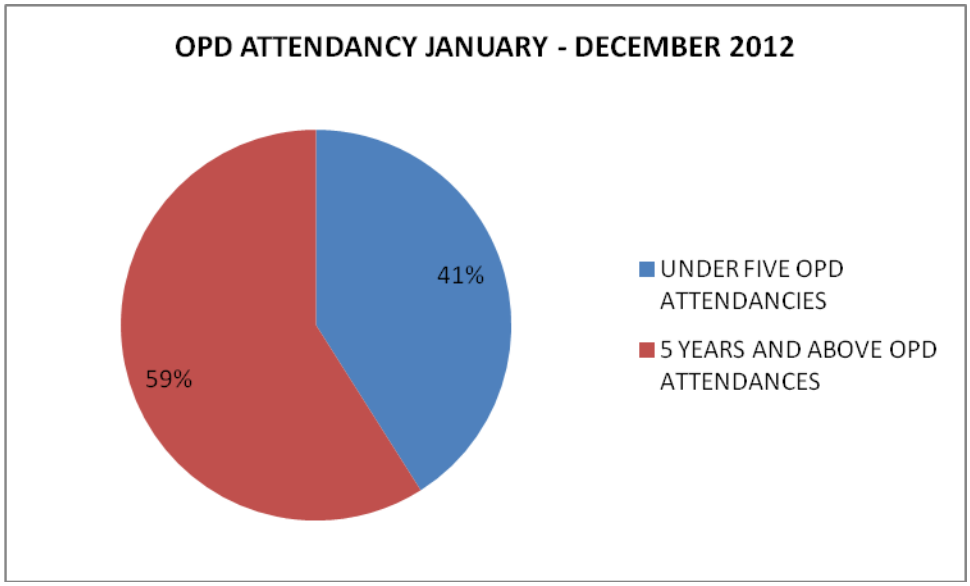
Temeke Municipal health delivery system has experienced some successes in the area of outpatient department. Patients' accessibility has been improved by opening 6 new public facilities in different areas of the Municipality in 2011 and 2012 to decongest the existing facilities in so doing improving the OPD services.

Challenges;

1. Population increase Vs capacities of provision of health services.
2. Inconsistence of availability of medical supplies from MSD.
3. Late disbursement of funds.
4. Budget constraints.
5. Shortage of staff of varying skills and magnitudes at all levels.

The OPD attendances for 2012 were 863,152 for the whole Municipality

Figure 4-1. OPD Attendance



4.2 VACCINATION SERVICES

Available data for the last financial year indicates that, Temeke Municipal health delivery system has experienced some successes in the area of Reproductive and Child health services. The presented chart below shows the coverage of immunization all antigens with high values of OPV3, BCG and Measles which is exceeding the National Values of 90% coverage according to guideline.

Challenges;

1. Population increase Vs capacities of provision of health services
2. Inconsistence of availability of medical supplies from MSD.
3. Late disbursement of funds.
4. Budget constraints.
5. Shortage of staff of varying skills and magnitudes at all levels.
6. Shortage of vaccines i.e. BCG

Sometimes the denominator is a challenge as there is delays in getting it from Tanzania Bureau of statistics

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

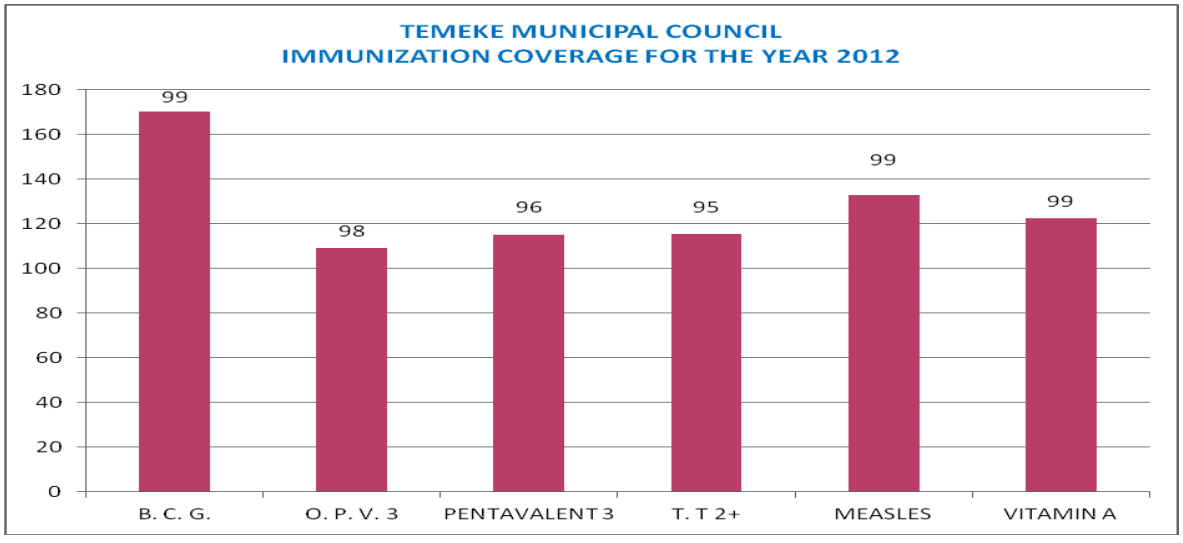


Chart showing immunization coverage

4.3 REPRODUCTIVE HEALTH SERVICES

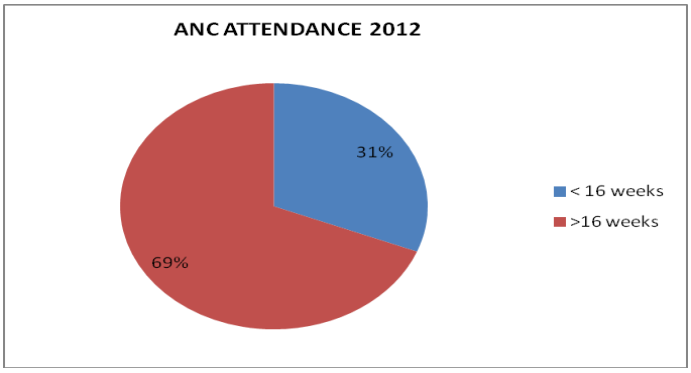
Proportion of pregnant women starting ANC before 12 or 16 weeks gestation
Percentage of health centers and dispensaries that can provide emergency obstetrics care (Emoc) as defined in EHP

The available data for the last financial year indicates that, Temeke Municipal health delivery system has experienced some successes in the area of Reproductive and Child health services especially ANC and delivery services as most of the women attended at least thrice at ANC but again 5 new public facilities with RCH services were opened and is functioning

Despite of the observed achievements in this area, there are challenges facing hindering smooth service delivery; these are:-

1. Population increase Vs capacities of provision of health services.
2. Inconsistence of availability of medical supplies from MSD.
3. Low family planning methods acceptance 23%.
4. Late disbursement of funds.
5. Budget constraints.
6. Shortage of staff of varying skills and magnitudes at all levels.

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



The coverage of early booking for pregnant mothers is still low.

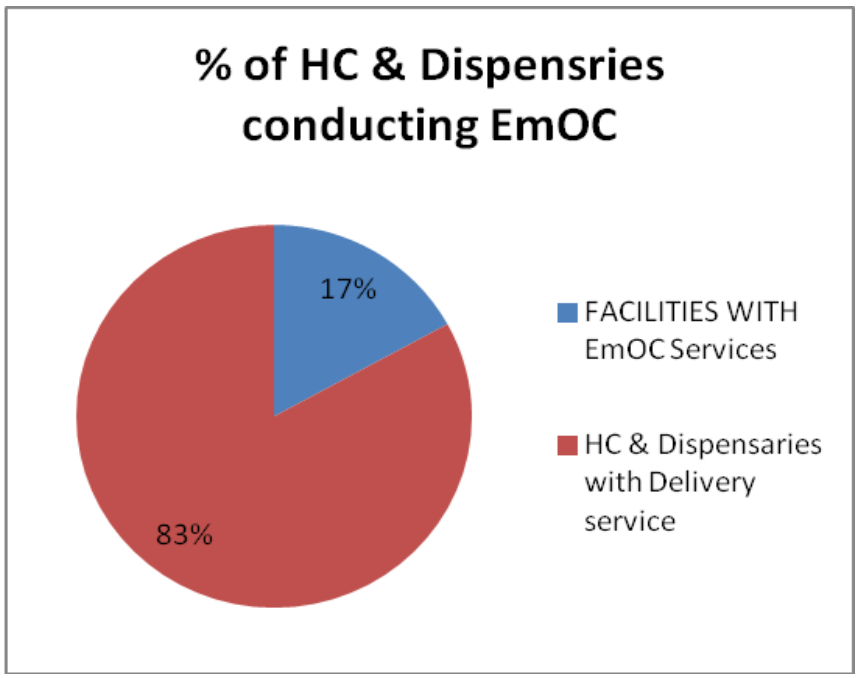
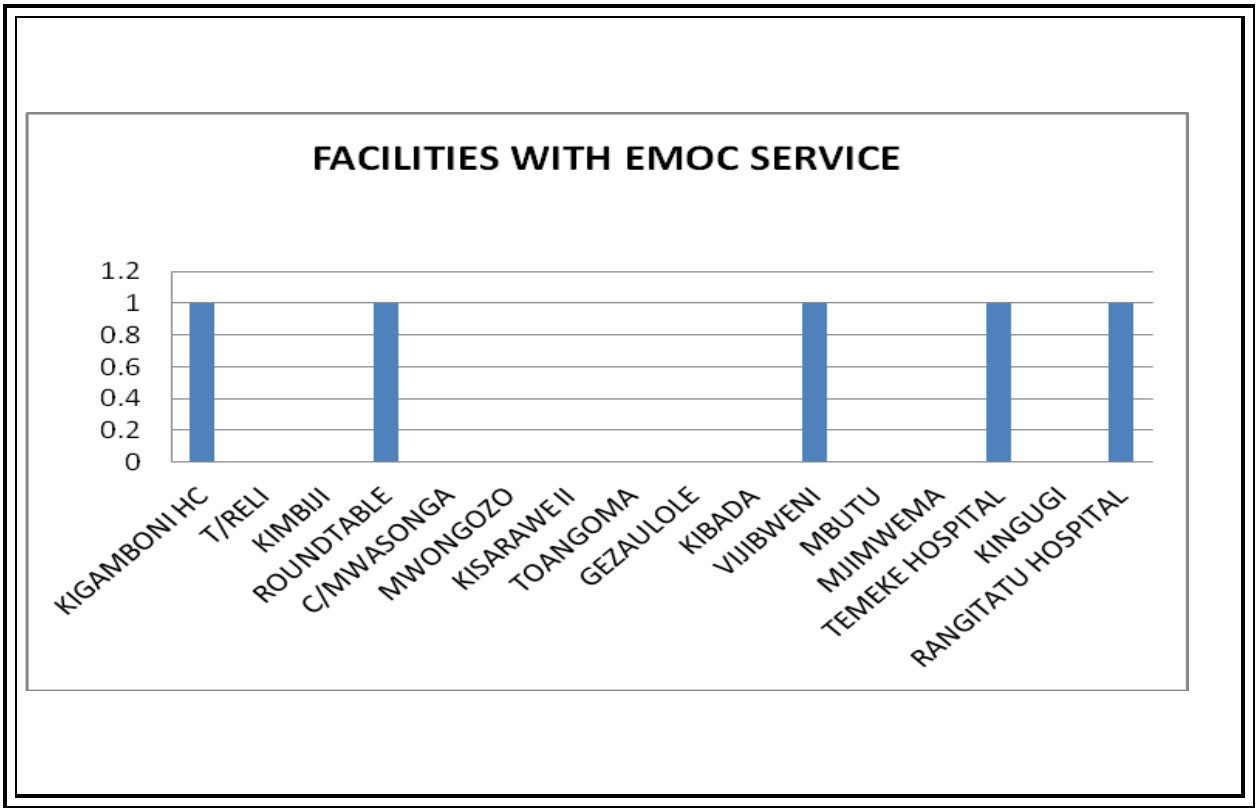


Figure 4-4. Chart showing facilities that provides EmOC services



We have 5 facilities which the model for Emoc and they also perform caesarean section

4.4 INFECTIOUS 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 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

Presented data for the last financial year indicates that, Temeke Municipal health delivery system has experienced some successes in the area of Reproductive and Child health services, especially ANC attendance and immunization. We have not been successive in IPT2 as it is below 80% coverage (60%)

Proportion of vulnerable groups sleeping under ITNs is among the difficult indicator as it needs a survey. Confirmed cases of malaria of all the tested cases only 20% were positive.

This status has been influenced by the following factors; Increase of health facilities offering RCH services from 50-72 units, introduction of good obstetrics practice (Bemoc) to all 34 facilities conducting deliveries, improvement of referral system by introducing 4 new ambulances to distant facilities. Other services include PMTCT, CTC, IPT, ITNs, and immunization.

In regard to this achievement, the quality of health services has been improved and much more has been brought closer to the communities with marked reduction of morbidities among women and children. Despite of the observed achievements in this area, the health system is experiencing low birth weight babies, mostly from distant and rural facilities.

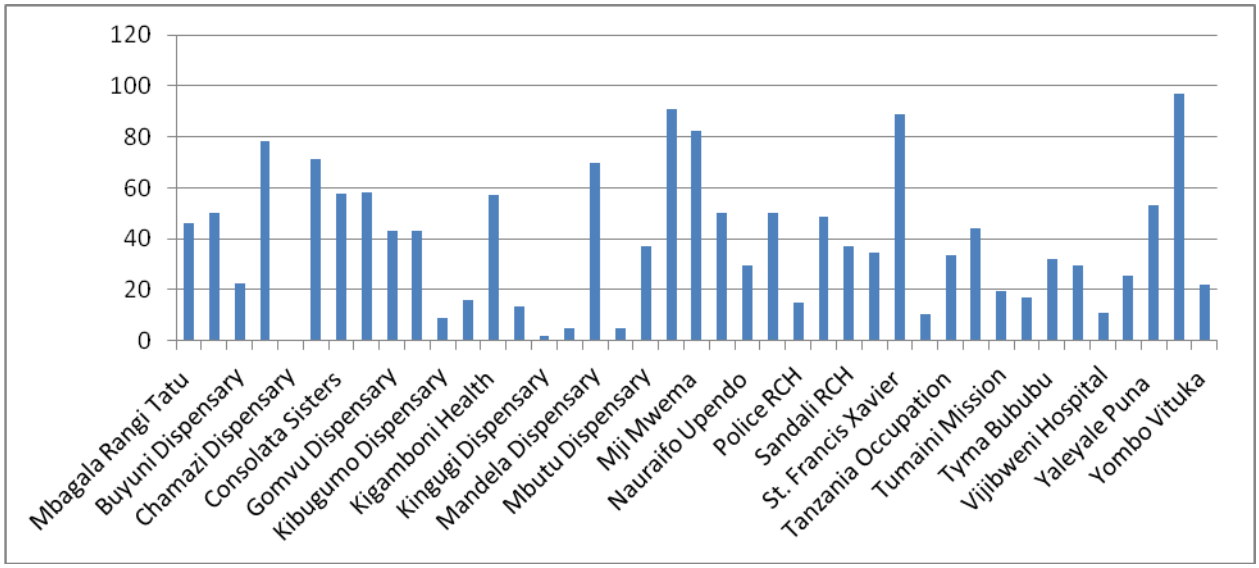
Nutritionally the district has never experienced food shortages however data indicates that 1% of under five are severely malnourished while 5% are moderately.

Due to the above measures mortality trend for neonates, infants and under five has shown a decrease over time, as it is stipulated in the charts below; neonatal mortality rate is 26/1000, infant mortality rate 51/1000, under five mortality rate 81/1000

Challenges;

7. Population increase Vs capacities of provision of health services.
8. Inconsistence of availability of medical supplies from MSD.
9. Low family planning methods acceptance 23%.
10. Late disbursement of funds.
11. Budget constraints.
12. Shortage of staff of varying skills and magnitudes at all levels.

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



Around 40% of facilities have performed well on IPT2.

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

SURVEY IS THE ONLY RERIABLE SOLUTION

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

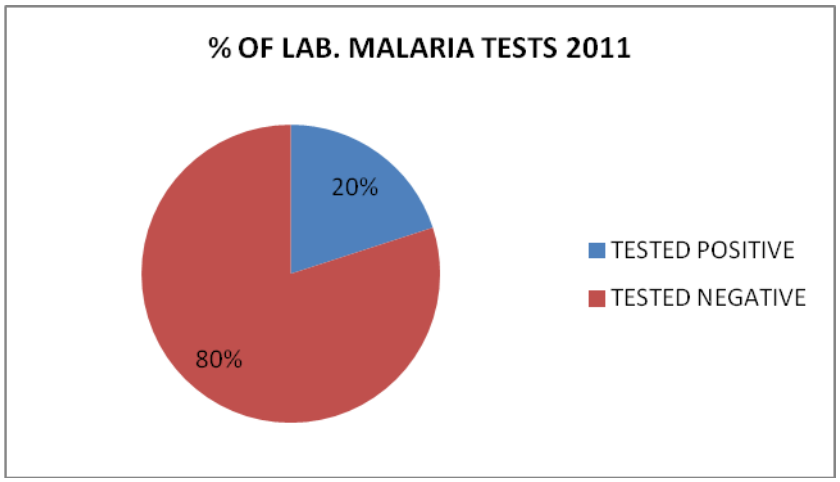
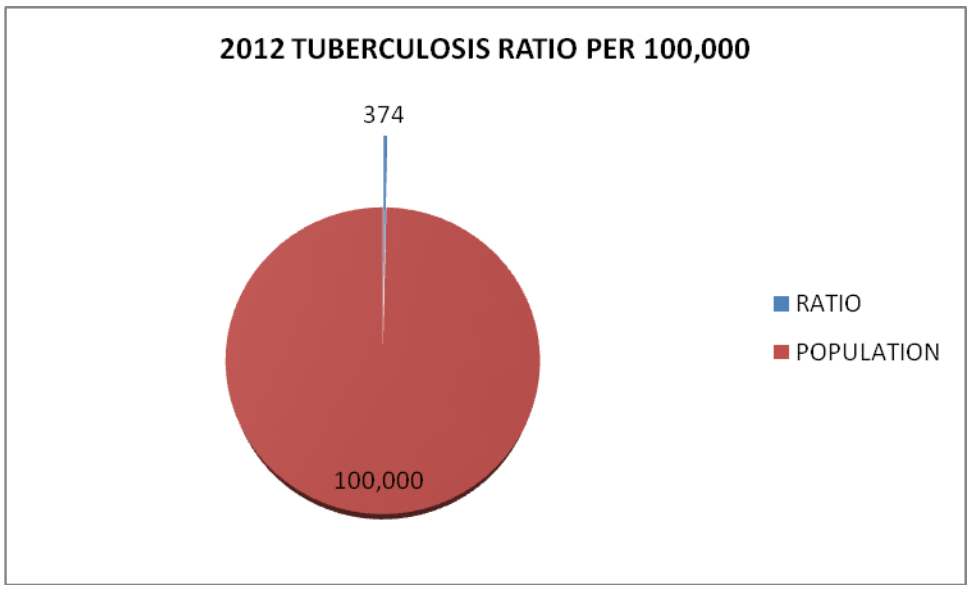


Chart showing Mrdt and blood slide fo malaria diagnosis

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



Prevalence of TB in our communities is progressively increasing annually mostly due to HIV new infection rates

5 STATUS OF DISTRICT HEALTH SYSTEMS

5.1 HEALTH FINANCING

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

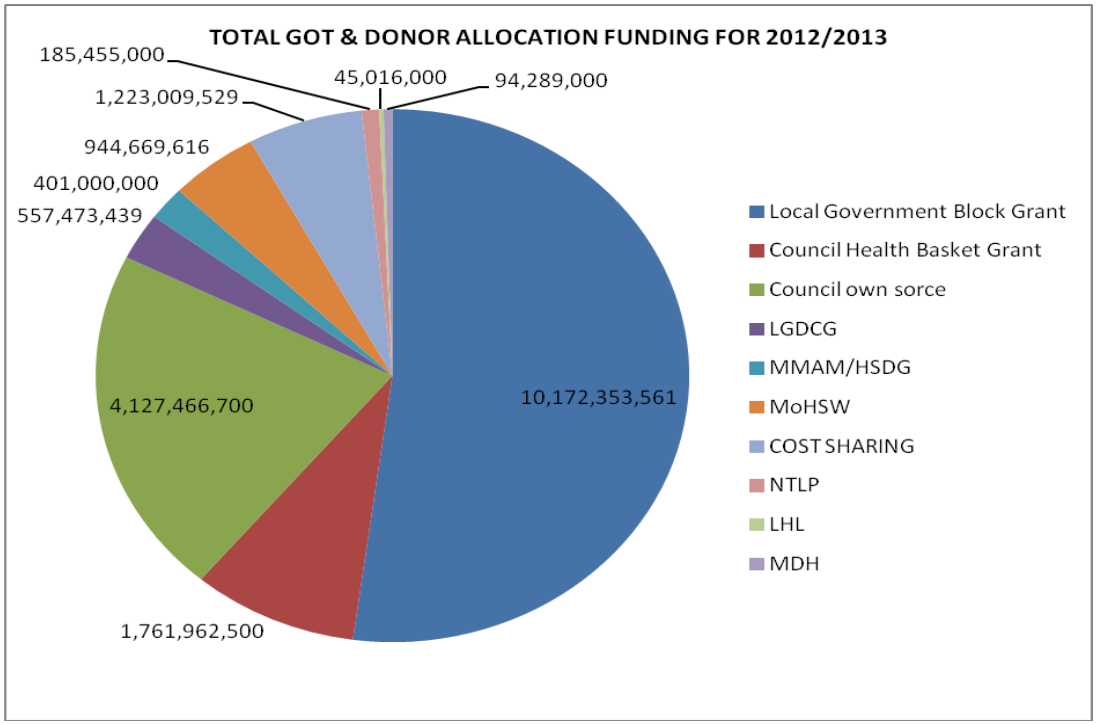
Temeke Municipal health delivery system has experienced some successes annually. Budget allocations annually have been helpful to meet need for the planned activities though not enough, the activities include supervision whereby the coverage 90%, coverage of immunization all antigens with high values of OPV3, BCG and Measles which is exceeding the National Values of 90% coverage according to guideline, construction of 5 new dispensaries and renovations of post natal ward and RCH building at Temeke hospital. But also renovations and rehabilitation of dispensaries were implemented very well.

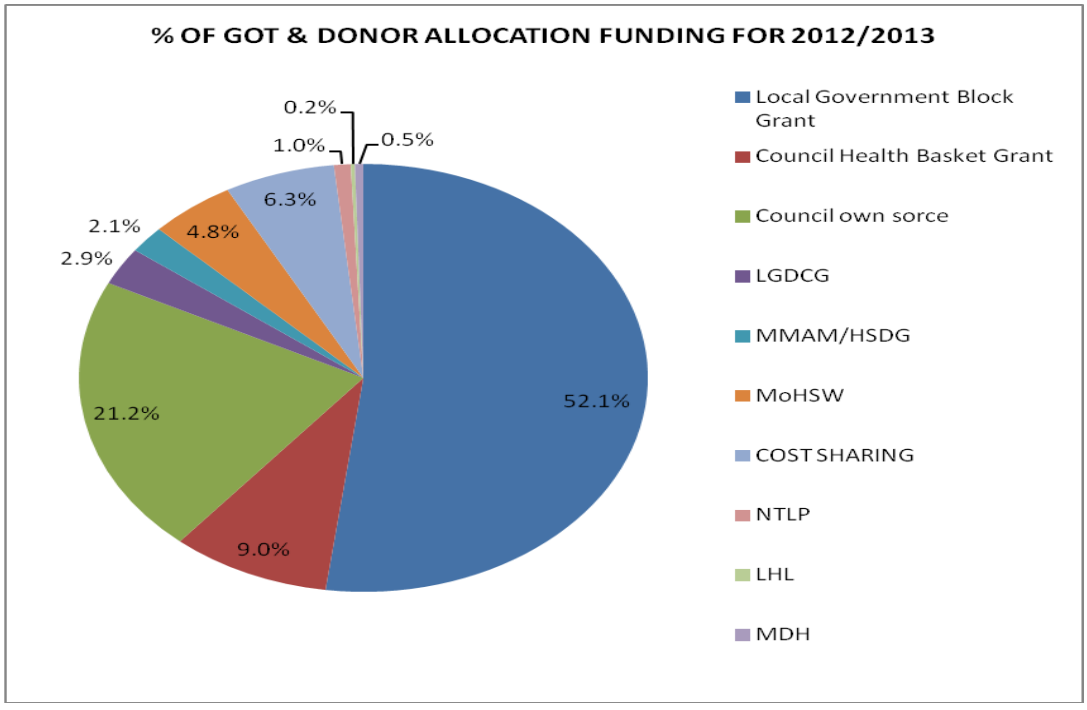
Medical supplies/drugs and equipments were purchased according to needs by all facilities.

Challenges include;

1. Population increase Vs capacities of provision of health services and funds allocated.
2. Inconsistence of availability of medical supplies from MSD as missed items is among the problems.
3. Low family planning methods acceptance 23%.
4. Though funds are available but late disbursement of funds is among the challenges.
5. Budget constraints, the budget are not enough as compared to needs.
6. Shortage of staff of varying skills and magnitudes at all levels.

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


TOTAL GOT & DONOR ALLOCATION FUNDING FOR 2012/2013
185,455,000
45,016,000
94,289,000
1,223,009,529
944,669,616
401,000,000
557,473,439
4,127,466,700
10,172,353,561
1,761,962,500
Local Government Block Grant
Council Health Basket Grant
Council own sorce
LGDCG
MMAM/HSDG
MoHSW
COST SHARING
NTLP
LHL
MDH


% OF GOT & DONOR ALLOCATION FUNDING FOR 2012/2013
0.2%
1.0%
0.5%
6.3%
2.1%
4.8%
2.9%
21.2%
52.1%
9.0%
Local Government Block Grant
Council Health Basket Grant
Council own sorce
LGDCG
MMAM/HSDG
MoHSW
COST SHARING
NTLP
LHL
MDH

The total budget which were released for health department is 19,003,523,980.00 and distribution of funds as per source is seen in the chart above

5.2 HUMAN RESOURCES FOR HEALTH

NUMBER OF TRAINING INSTITUTIONS WITH FULL NACTE ACCREDITATION IN THE DISTRICT
NUMBER OF MEDICAL OFFICERS (MO), ASSISTANT MEDICAL OFFICERS (AMO), AND CLINICAL OFFICERS (CO) PER 10,000 POPULATION
NUMBER OF NURSE-MIDWIVES PER 10,000 POPULATION
NUMBER OF PHARMACISTS AND PHARM TECHS PER 10,000 POPULATION
NUMBER OF HEALTH OFFICERS (HO), ASSISTANT HEALTH OFFICERS (AHO) AND ENVIRONMENTAL HEALTH OFFICERS (EHO) PER 10,000 POPULATION
NUMBER OF LABORATORY STAFF PER 10,000 POPULATION

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

There is only one recognized institute which is (Royal pharmaceutical college)

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

NO	CADRE	NO	POPULATION	RATIO PER 10,000
1	MO, AMO and CO	330	1,368,881	2

Figure 5-4. Number of Nurse mid-wives, Lab Techs, Pharm Techs
Per 10, 000= 475 Nurses midwives

NO	CADRE	NO	POPULATION	RATIO PER 10,000
1	PHARMACISTS,LAB TECH	38	1,368,881	1

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

NO	CADRE	NO	POPULATION	RATIO PER 10,000
1	HO,AHO,EHOs	77	1,368,881	1

5.3 MEDICINES/DRUGS

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

There was no stock out of tracer drugs in all health facilities in 2012 as indicated in the table below

Figure 5-7. Availability of Tracer Drugs

NO	INDICATORS	AVAILABLE	NO
1	DPT + HepB/ HiB vaccine for immunization	Yes	
2	Vidonge vya ALU vya kumeza	Yes	
3	Vidonge vya Amoxycillin au vidonge vya Cotrimoxazole	Yes	
4	Dawa za vidonge za minyoo Albendazole au Mebendazole	Yes	
5	Dawa ya kuhara ya kuloweka kwenye maji (ORS)	Yes	
6	Sindano ya Ergometrine au Oxytocin au Vidonge vya Misoprostol	Yes	
7	Dawa ya sindano ya uzazi wa mpango (Depo)	Yes	
8	Maji ya mishipa (Dextrose 5% au Sodium Chloride + Dextrose)	Yes	
9	Mabomba ya sindano kwa matumizi ya mara moja(Autodisposable)	Yes	
10	Kipimo cha malaria cha haraka (MRDT) au vifaa vya kupimia katika darubini	Yes	

Tracer drugs were constant throughout the year 2012

5.4 INFRASTRUCTURE

Temeke health delivery system experienced successes on the area of infrastructure i.e. constructions, renovations and rehabilitations, which are mostly funded through MMAM. Other sources of funds to mention a few, these includes CCBRT who supported the renovation of Post natal ward and RCH buildings at Temeke Hospital and theatre at Vijibweni hospital.

Construction of Obstetrics theatre at Round table maternity and 5 new dispensaries were funded by the Municipal council own source. Other supporting partners in health sector are KOICA, MDH, and Engender Health.
Recently following the review of the CCHP guideline, infrastructure status has been introduced as a Priority Area No. 13 to capture information regarding construction and rehabilitation of health infrastructure in the district.

Despite of the above mentioned success the health delivery system experience the following challenges;

- Delay of disbursement of funds mostly MMAM.
- Supports from donors are sometimes unreliable.
- Supporting donors are not programmed hence some of the infrastructure are introduced out of the CCHP plans.

5.5 OPTIONAL DISTRICT HEALTH SYSTEM INDICATORS

Temeke Health delivery system discharges its services through a number of actors and partners in health. In the course of improving community health service, health board and committees have been established in most of the facilities. Currently there is 1 Municipal Health Board, 3 hospital health committees and 1 health centre committee and 34 dispensary committees. 5 facilities have not established health committees yet, because they have just been opened. However in this financial year they will be involved in Dar es Salaam Region Health Board Committees elections.

This is one of the important indicators that demonstrate community involvement and ownership in health.

The health delivery system is also engaged in tracking new cases of polio attacks, amongst children under 15 years of age. This is an important indicator that will eventually demonstrate the polio eradication in the country. Follow up of sudden onset of acute flaccid paralysis at house hold level and specimens are taken for investigations against polio virus.

So far out of 18 intended specimens were collected and investigated in the last financial year, were negative. The success in this indicator is that we managed to meet the required samples for investigations.

5.6 DISTRICT HEALTH SYSTEM CONCLUSIONS AND WAY FORWARD.

The Health delivery system is here by recommended to set health goals that are realistic and that the results can be followed up by set indicators in regard to local conditions.

The set goals and indicators should be geared towards the Tanzania Ministry of Health and Social welfare stating that provision of Health for All is mandatory.

This should go in line with the WHO recommendations for achievements in Millennium Development Goals by 2015. To meet all the desired aspirations in health for all, it is highly commented that capacity building to all personnel in the health delivery system be improved.

6 AREAS OF PROGRESS IN THE DISTRICT HEALTH SECTOR

6.1 PROGRESS IN DISTRICT HEALTH FINANCING

OVERALL HEALTH FINANCING

The Health delivery system has for the past 3 years been receiving funds from different sources as indicated in the table below. Trends of allocation of funds from different sources shows increase with time.

The Council expects TShs. **11,507,007,771** from different sources of finance to fund the planned activities for the year 2010/2011. Detailed breakdown of resource envelope is shown below:

2010/2011 ANNUAL HEALTH BUDGET

NO	SOURCE OF FUND	BUDGET
1	Block Grant (OC)	382,561,000.00
2	Block Grant Personal Emolument (PE)	6,200,878,137.00
3	Council own source for recurrent activities	86,805,000.00
4	Basket Grant	1,346,628,700.00
5	Cost sharing	680,520,100.00
6	Receipt in kind for drugs	496,000,000.00

7	Other sources (LHL,UNICEF, Global fund, NTLP)	745,515,754.00
8	Own sources development	250,000,000.00
9	Local Government Capital Dev. Grant	640,000,000.00
10	LDGD	70,000,000.00
11	MMAM	608,099,000.00
	GRANT TOTAL OC & DEVELOPMENT	**11,507,007,691.00**

2011/2012 ANNUAL HEALTH BUDGET

No	**Source of financing**		**BUDGET**
1		PE	9,794,410,510
2	Block	OC	382,561,009
3	Health Basket Fund		1,346,628,700
4	HSDG		401,588,000
5	Council own source	Recurrent	150,000,000
6		Dev.	800,000,000
7	LGDCG	Dev	800,000,000
8	MoHSW	MSD	496,000,000
9	Cost sharing	User fees	741,611,701
10	Project/ Programs	LHL	90,566,000
	Total		15,003,365,920

2010/2011 ANNUAL HEALTH BUDGET

NO	SOURCE OF FUND		BUDGET
1	Block Grant (OC)		382,561,000.00
2	Block Grant Personal Emolument (PE)		6,200,878,137.00
3	Council own source for recurrent activities		86,805,000.00
4	Basket Grant		1,346,628,700.00
5	Cost sharing		680,520,100.00
6	Receipt in kind for drugs		496,000,000.00
7	Other sources (LHL,UNICEF, Global fund, NTLP)		745,515,754.00
8	Own sources development		250,000,000.00
9	Local Government Capital Dev. Grant		640,000,000.00

10	LDGD		70,000,000.00
11	MMAM		608,099,000.00
	GRANT TOTAL OC & DEVELOPMENT		**11,507,007,691.00**

EXPANSIONS IN HEALTH SPENDING

Health spending have been in line with planned activities, however delay in disbursement has contributed on delayed implementation of the planned activities. Occasionally the amount of funds received from different sources were less than budgeted, as a result there were higher carried over funds to the next year.

2010/2011 ANNUAL HEALTH BUDGET

NO	SOURCE OF FUND	BUDGET	EXPENGITURE	BALANCE
1	Block Grant (OC)	382,561,000.00	382,561,000.00	0.00
2	Block Grant Personal Emolument (PE)	6,200,878,137.00	6,200,878,137.00	0.00
3	Council own source for recurrent activities	86,805,000.00	86,805,000.00	0.00
4	Basket Grant	1,346,628,700.00	1,346,628,700.00	0.00
5	Cost sharing	680,520,100.00	680,520,100.00	0.00
6	Receipt in kind for drugs	496,000,000.00	496,000,000.00	0.00
7	Other sources (LHL,UNICEF, Global fund, NTLP)	745,515,754.00	745,515,754.00	0.00
8	Own sources development	250,000,000.00	250,000,000.00	0.00
9	Local Government Capital Dev. Grant	640,000,000.00	640,000,000.00	0.00
10	LDGD	70,000,000.00	70,000,000.00	0.00
11	MMAM	608,099,000.00	608,099,000.00	0.00
	GRANT TOTAL OC & DEVELOPMENT	**11,507,007,691.00**	11,507,007,691.00	0.00

DISTRICT TEMEKE] DISTRICT HEALTH PROFILE

No	**Source of financing**	**BUDGET**	EXPENGITURE	BALANCE
1		9,794,410,510	9,794,410,510	0.00
2	Block	382,561,009	382,561,009	0.00
3	Health Basket Fund	1,346,628,700	1,346,628,700	0.00
4	HSDG	401,588,000	401,588,000	0.00
5	Council own source	150,000,000	150,000,000	0.00
6		800,000,000	800,000,000	0.00
7	LGDCG	800,000,000	800,000,000	0.00
8	MoHSW	496,000,000	496,000,000	0.00
9		741,611,701	741,611,701	0.00
10	Project/ Programs	90,566,000	90,566,000	0.00
	Total	**15,003,365,920**	15,003,365,920	0.00

No	**Budget**	EXPENGITURE	BALANCE	
1	Local Government Block Grant	10,171,971,000	10,171,971,000	0.00
2		382,561	382,561	0.00
3	Council Health Basket Grant	1,761,962,500	1,701,962,500	60,000,000.00
4	Council own sorce	1,791,619,700	1,791,619,700	0.00
5		2,335,847,000	2,300,000,000	35,847,000.00
6	LGDCG	696,778,439	629,500,000	67,278,439.00
7	MMAM/HSDG	401,000,000	398,000,000	3,000,000.00
8	MoHSW	944,669,616	944,000,000	669,616.00
9	COST SHARING	1,223,009,529	1,223,009,529	0.00

10	NTLP	46,150,000	46,150,000	0.00	
11	LHL	45,016,000	45,016,000	0.00	
12	ARVs,FP,Vaccines	94,289,000	94,289,000	0.00	
		19,512,695,345	**19,345,900,290**	**166,795,055**	

6.2 PROGRESS IN DISTRICT HUMAN RESOURCES

Human resource for health has been increasing over years, though in smaller numbers vs. the requested total. The department has a continuous education section under the administration unit that deals with identifying skill needs among health professional and proposing for bridging the gaps. Health providers are recommended for training according to the required skills. They also undergo on job training as accordance to new emerging diseases and procedures.

Different cadres of health providers have been employed, regarding the expansion of health services and new medical technology. Expansion and increasing number of health facilities are among the major reasons dictating for more human resource.

The table below illustrates the available number and cadre of health providers in the Municipality for the past 3 years.

6.3 PROGRESS IN DISTRICT NEONATAL HEALTH

LOW BIRTH WEIGHT

Information from community and health facilities shows that low birth weights are not among major public health problems in the district. Statistical support indicates that less than 1% of new-born babies, have low birth weights. This is mostly influenced by good ANC attendance where by 80-90% of pregnant women attend ANC. Health education on nutrition provided during the visiting sessions, has greatly enhanced knowledge to attending clients on the proper use of the locally available foods.

6.4 PROGRESS IN DISTRICT HEALTH FACILITY COVERAGE

EXPANSIONS IN FACILITY COVERAGE ACROSS DISTIRCTS.

Health service to the residence for Temeke district, with 3 divisions and 30 wards and 180 mitaas is being offered by 111health facilities, of which 39 are public owned, whereas the rest are private owned. Health facilities mostly public have been increasing over time as from 34 (2009) to 39 (2013).

These facilities are smoothly distributed in both urban and rural areas. However private facilities are mostly concentrated in the urban areas. Each of the 24 (80%) wards has at least one public dispensary. The remaining 6 wards are planned to have one dispensary each in the next financial year.

6.5 PROGRESS IN DISTRICT HEALTH FACILITY PERFORMANCE

❖ Expansions in critical health services CTC services has increased from 2 the year 2005 to 17 in 2012 and PMTCT from 18 the year 2005 to 72 in 2012, TB Centers from 28 in 2005 to 48 in 2012

❖ Improvements in referral hospital performance: Currently Temeke hospital has been upgraded to a Regional and Referral Hospital with additional services, internal medicine with telemedicine, maternal services with the introduction of Neonatal unit with kangaroo mother care services

❖ Progress in ANC Attendance: In collaboration with private partners, enrollment of clients at antenatal clinics has increased twice fold. Along with this collaboration number of facilities with RCH services has increased from 40 (2005) to 72 (2012).

Referral services has also increased from 1 ambulance to 7 which have been evenly distributed within the services areas.

❖ Progress in health facility reporting rates; generally reporting rates has not very well. However with the introduction of the new tools DHIS it expected that the coverage will improve.

6.6 PROGRESS IN DISTRICT HEALTH SERVICES

❖ Social welfare and protection for vulnerable populations; The District has set mechanisms in place that safeguard services of the vulnerable groups through wavers scheme. In collaboration with the Social Welfare section of the Municipal Council a Child Protection Team has been established in the district to take care on the welfare of all the most vulnerable children.

❖ Vaccination coverage; following wide distribution of RCH services in the district which is further complemented by outreach service has increased from 98-100%;

❖ Environmental Health Service Safe Water Initiatives; Availability of safe water, specifically from tape water has increased from 50-75% (2012). This has been marked mostly by the reduction of Cholera epidemics for the past 3 years

6.7 PROGRESS AGAINST MILESTONES

❖ Progress against milestones set by the technical review of the joint annual;

- The Municipal Council Health Delivery System has adopted with success the production of the health plans 2013/2014 and reports 2012/2013 prepared using existing tools (revised CCHP guidelines, Plan Rep, Epicor)

6.8 BEST PRACTICES/CASE STUDIES

- Progress against milestones set by the technical review of the joint annual;
  - The Municipal Council Health Delivery System has adopted with success the production of the health plans 2013/2014 and reports 2012/2013 prepared using existing tools (revised CCHP guidelines, Plan Rep, Epicor)
  - Improve Hospital Planning, Management and quality of Care through capacity building of HMTs and Hospital staff; The Temeke HMT has managed to develop the RHOPS. The HMT has attended a 2 weeks workshop on management and planning 2012. The RHMT has visited CHMT in supporting implementation of the planned activities as stipulate in the CCHP guideline.
  - An increased number of health and social welfare workers with the right skills and more equitably distributed; In the course of maintaining the quality of service of the upgraded Regional and Referral Hospital in last 2 years the health delivery system has managed to acquire and retain 3 medical specialist on the areas of Pediatrics, Obstetrics and Gynecology and Surgery. Furthermore among other specialized activities it is also a training centre for medical students from recognized institutions in Dar es Salaam Region.
  - Availability of BEmOC services strengthened to 50% dispensaries; all public dispensaries are supported to manage both routine and emergency deliveries. Additionally 5 facilities are practicing BEmoc with the support of CCBRT and Jhpiego.
  - The Health Delivery System has managed to conduct biannual vitamin A and Deworming to under five children in the District for the year 2013.

- Similarly in the year 2013 the health delivery system managed to run a national campaign on NTD specifically filarial and other worms to the entire Temeke District.
- Establishment of Emergency preparedness team; the team has been established at Regional and District level and are all active.