

UNITED REPUBLIC OF TANZANIA



**MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER,
ELDERY AND CHILDREN**

BUCHOSA DISTRICT COUNCIL ANNUAL HEALTH PROFILE 2018

SEPTEMBER, 2019



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ACRONYMS AND KEY TERMS

ALU	Artemether/Lumefantrine
ANC	Antenatal Clinic
ART	Anti-retroviral Therapy
ARVs	Anti-retrovirals
BP	Blood Pressure
BEmONC	Essential Basic and Emergency Obstetric and Newborn Care
CEmONC	Comprehensive Emergence Obstetric and Newborn Care
CHMT	Council Health Management Team
CHF	Community Health Fund
CPR	Contraceptive Prevalence Rate
CTC	Care and Treatment Centre
DACC	District AIDS Control Coordinator
DHMIS	District Health Management Information System
DHP	District Health Profile
DHIS	District Health Information System
DMFP	District Malaria Focal Person
DNO	District Nursing Officer
DC	District Council
HFR	Health Facility Registry
HRH	Human Resource for Health
IPD	In-patient Department
IPTp	Intermittent Prevent Therapy for pregnancy
LLIN	Long Last Insecticide Treated Net
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
mRDT	Malaria Rapid Diagnostic Test
MTUHA	Mfumo wa Taarifa za Uendeshaji wa Huduma za Afya
NACP	National AIDS Control Program
NHIF	National Health Insurance Fund
OPD	Outpatient Department
PlanRep	Plan and Reporting
PLHIV	People Living with HIV
PMTCT	Prevention Mother to Child Transmission
RNMCH	Reproductive Neonatal Maternal and Child Health
SP	Sulfadoxine-Pyrimethamine
VEO	Village Executive Officer
VL	Viral Load
WEO	Ward Executive Officer

DEFINITION OF KEY TERMS

TERM	DEFINITION
District Health Profile (DHP)	It is a report that provides an overview of health status in the district as assessed using priority health indicators. The report also includes status of health systems and health service delivery.
Data	Facts or figures or information to be processed from which conclusions can be inferred
Indicator	A measurement that is used for monitoring.
Health Indicator	Quantifiable characteristics of a population, such as infant mortality rates, rates of obesity or incidence of diabetes, which are used for assessing the health of a population and are commonly used to guide public health policy.
Number of neonatal deaths	The number of newborn deaths that occur within the first 28 days of life in a given period.
Number of Infant deaths	The number of infants who die within the first year of life in a given period.
Number of under five deaths	The number of under five deaths that occur within the first 28 days of life in a given period.
Number of maternal deaths	The number of women who die of causes related to pregnancy, delivery, and postpartum in a given year or other period.
Antenatal care coverage: first visit before 12 weeks gestational age	Percentage of pregnant women who start ANC before 12 weeks of gestational age
Antenatal care coverage: 4 visits	Percentage of pregnant women who attended antenatal care four or more times in a given time period
HIV testing coverage: PLHIV aware of their status	Proportion of PLHIV who are aware of their HIV status
ART coverage	Proportional of adults and children currently receiving antiretroviral therapy (ART)
Virally suppressed	Percentage of ART patients with a suppressed viral load (VL) result (<1000 copies/ml) within the past 12 months

FOREWORD

This District Health Profile (DHP) report has been prepared using a revised template, based on the feed-back received from both report writers and readers. This revised template is shorter, focusing on a limited number of 37 indicators carefully selected by a panel of experts, to provide a detailed but concise health status of the population, health services and health system of our Council. The revised DHP template has also adopted a uniform style in presentation of the different chapters, with great emphasis placed on correct interpretation of data. Expectedly the quality of this DHP report has improved vastly compared with previous reports.

However, the issue of data quality is still a challenge that needs to be addressed in order to produce reliable reports that can provide appropriate evidence for decision making. This can be done by strengthening the Data Quality Assurance (DQA) scheme and providing appropriate feedback to the facilities where data is collected and aggregated.

Some of the challenges we encountered in producing this report included:

- Inability to calculate mortality rates for neonates, infants, under-fives and mothers using routine data
- The 90-90-90 indicators could not be filled due to lack of district estimates (in SPECTRUM or in any other source)
- Currently, some of data software are not linked with the main national DHIS2; example National Sanitation Management Information System (NSMIS), Vaccine Information Management System (VIMS), Electronic TB and Leprosy (ETL) Database etc.
- Different insurance scheme providers use different units (individuals vs households), complicating estimation of population covered
- DHIS2 TB is currently not linked with the main national DHIS2
- Lack of Council targets on some of the indicators, especially HIV indicators
- Some indicators exceeded 100%, indicating that numerator exceeds denominator due to either some facilities save patients from beyond their catchment areas or issues with population estimations
- Lack of integration between various sources of deaths, creating incomplete mortality reports.

These issues, and others which have not been mentioned, will be addressed in the next DHP report to continually improve the quality of the Council reports. The inclusion of the DHP report in DHIS2, Ministry web portal and council website will certainly ensure wide dissemination of the report.

ACKNOWLEDGEMENT

The development of this DHP is a result of highly collaborative effort that involved a number of people from Buchosa District Council.

I would like to acknowledge the contribution of the following individuals whose participation was highly instrumental in preparing this report; Mary Barnabas (DHMIS Focal Person), Sammy Mjombo (DHS), Telence Aloyce (DNO), Sosteness Kulwa (DPARM), Selma M. Kisanji (DRCHCo), Rachel Magadulla (DACC), Jossam Mabaraza (DHO), James Edes (DIVO), Fumbuka Mkumbukwa (DLT), Samwel Jibungu (DTLC), David Maila (DDO), Rehema Katany (DSWO), Victor Bugara (DCHFco), Daniel Sulusi (DMIFP), Benedictor Peter (DNuO) and Fadhili Juma (DFPco).

I am indebted to Mr. Crispin M. Luanda the Council Executive Director for his valuable inputs, encouragement and logistic support.

Last but not least. I wish to thank the Permanent Secretary - Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) for financial support and guidance to develop this profile

I do hope that the report will be used by Council Health Management Team (CHMT) and other stakeholders in the district for program planning and thereby improving access and quality of health services in the district

Dr. Ernest Chacha
District Medical Officer
Buchosa District Council.

EXECUTIVE SUMMARY

The Buchosa District Council health profile (DHP) offers insight into district conditions by assessing priority health indicators that reflect the district health status of the population, status of health system and status of health service delivery. The DHP tracks back the progress in the district and highlights some of challenges and successes the district encountered. The data sources used to prepare the report were Council Health Report, DHIS2, NSMIS, ETL, NACP, NBS, HFR, HRHIS, CCHP Report. The district has made a good progress in following areas:

- Institutional (Health facility) delivery rate from 41.6% in 2015 to 82.9% in 2018
- Tracer medicine from 89.1% in 2015 to 92.2% in 2018
- Postnatal coverage within 7days after delivery from 44% to 140.9%
- Pregnant women received LLN'S at ANC from 0.01% in 2015 to 89.4% in 2018
- Infants received LLN'S at RCH clinic from 0% in 2015 to 90.8% in 2018
- Decrease of ANC – HIV positivity Rate from 4% in 2015 to 2.6% in 2018

Despite of these successes, the council needs to improve performance in the following areas:

- ANC awareness on early booking before 12 weeks of gestation
- Antenatal care coverage 4th visits and above
- Establishment of CEmONC service at Kome, Nyakaliro and Kakobe health Centres
- Increase Measles and Penta 3 vaccination coverage to reach 90% National target
- Decrease number of lost to follow up by conducting thorough counselling on the importance of ART adherence and involving lay counsellors for follow up
- Distribution of refrigerators and initiation of District Vaccination Storage (DVS) at district level
- Increase of CTC centres from 9 to 17

It is my sincere hope that these findings will alert the CHMT and other stakeholders in the district into taking appropriate interventions as will be deemed to be necessary. For more information about the Council please visit us at www.buchosadc.go.tz.

Crispin M.Luanda
District Executive Director
Buchosa District Council

CHAPTER ONE: POPULATION PROFILE

In the year 2018, Buchosa District Council was estimated to have a population of 419,294, of whom 210,417 were males and 208,877 were females. Population distribution by age and sex categories is described in the table below;

Table 1: Distribution of the population by sex and age group, 2018

AGE RANGE	FEMALE	MALE	TOTAL
<1 year	9,766	9,989	19,755
1-4	36,312	36,299	72,611
5-9	32,254	32,316	64,570
10-14	26,685	27,697	54,382
15-49	87,413	88,438	175,851
50-60	9,911	8,919	18,830
60+	6,536	6,759	13,295
TOTAL	208,877	210,417	419,294

Source: Census projection 2012

CHAPTER TWO: HEALTH INFRASTRUCTURE

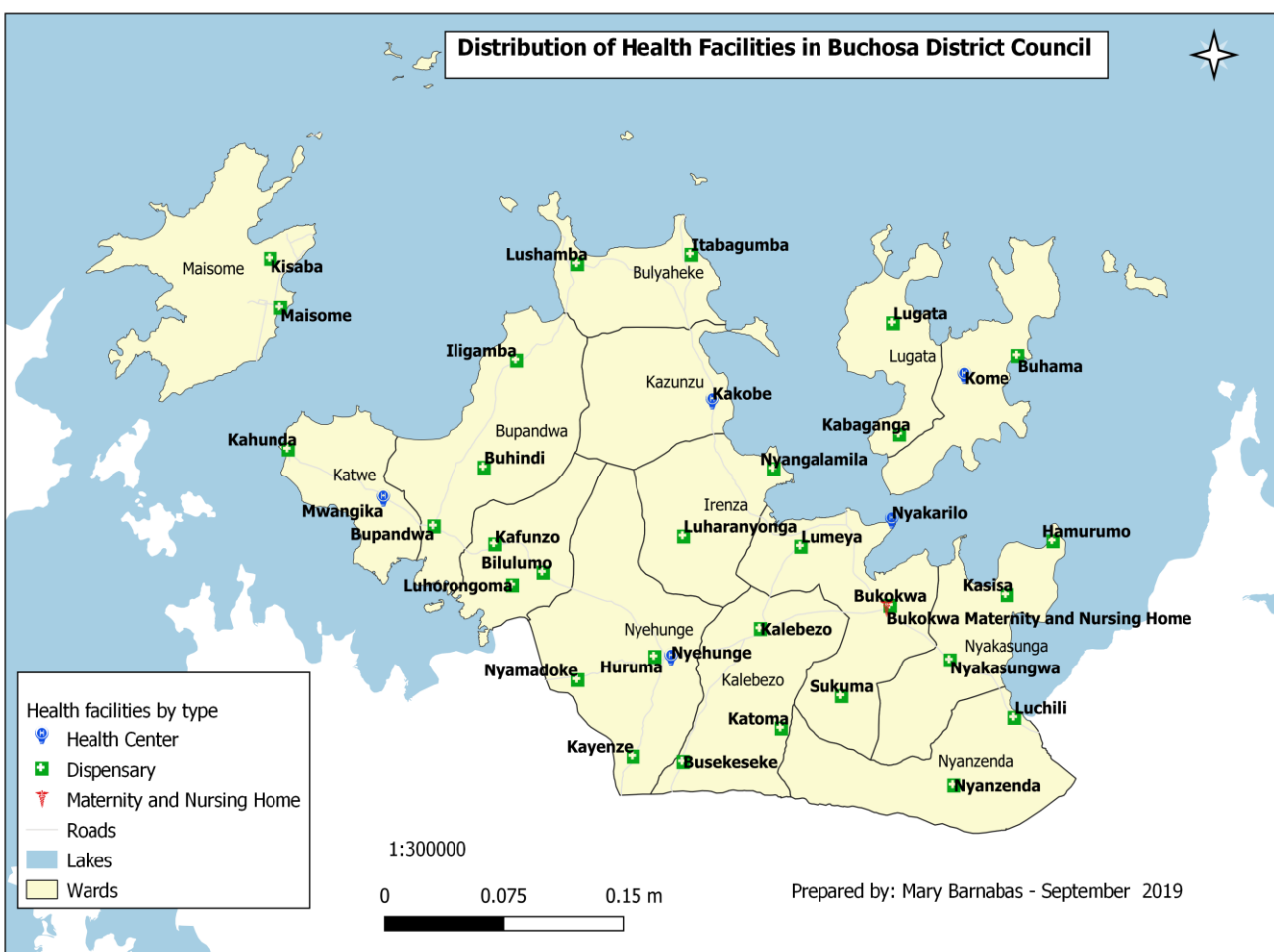
Buchosa District Council is currently served by 33 health facilities, of which 5 are Health Centres, 28 are Dispensaries and no Hospital/Clinics (Table 2). The geographical distribution of the facilities is shown in Figure 1: below;

Table 2: Distribution of Health Facilities by type and ownership, 2018

TYPE OF FACILITY	OWNERSHIP				Total
	Government	FBO	Parastatal	Private	
Hospital	0	0	0	0	0
Health centres	5	0	0	0	5
Dispensaries	23	2	1	2	28
Clinics	0	0	0	0	0
Total	28	2	1	1	33

Source: Health Facility Registry, 2018

Figure 1: A council map showing distribution of health facility



2.2 Distribution of beds in health facilities

Table 3: Distribution of Beds in Health Facilities, 2018

Facility Types	Government			Parastatal			FBO			Private			Total		
	Bed capacity	Available Beds	Delivery Beds	Bed capacity	Available Beds	Delivery Beds	Bed capacity	Available Beds	Delivery Beds	Bed capacity	Available Beds	Delivery Beds	Bed capacity	Available Beds	Delivery Beds
Hospitals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Health Centres	150	127	17	0	0	0	0	0	0	0	0	0	150	127	17
Dispensaries	0	101	42	0	7	1	0	15	3	0	7	3	0	130	49
Total	150	228	59	0	7	1	0	15	3	0	7	3	150	257	66

Source: Council Health Report, 2018

- Bed capacity in 2018 was 150 and available were 127 making shortage of 23 beds in hospital and health centre
- According to the structure, dispensaries are not allowed to admit patients; In 2018 the total of 130 observation beds and 49 delivery beds were available in dispensaries. Efforts should be made to increase number of beds in the council.

CHAPTER THREE: MORBIDITY AND MORTALITY STATISTICS

This chapter provides the top 10 causes of morbidity and mortality of the Council for the year 2018. It also highlights challenges that were encountered and provide recommendations for improvement.

Table 4: Top 10 OPD diagnoses in Buchosa DC, 2018

No.	Less than 5 years			Above 5 years		
	OPD Diagnoses	Number of Diagnoses	(%)	OPD Diagnoses	Number of Diagnoses	(%)
1	Upper Respiratory Infections	26,221	28	Malaria (BS +Ve, mRDT +Ve and Clinical)	22,854	20.96
2	Malaria (BS +Ve, mRDT +Ve and Clinical)	21,143	22.58	Upper Respiratory Infections	20,740	19.02
3	Diarrhea With No Dehydration	8,640	9.23	Urinary Tract Infections	14,907	13.67
4	Urinary Tract Infections	8,511	9.09	Intestinal Worms	7,606	6.98
5	Pneumonia, Non-Severe	4,227	4.51	Ill Defined Symptoms (No Diagnosis)	4,877	4.47
6	Intestinal Worms	4,078	4.35	Other Non-Infectious GIT Diseases	4,684	4.3
7	Ill Defined Symptoms (No Diagnosis)	3,185	3.4	Pneumonia, Non-Severe	3,106	2.85
8	Other Non-Infectious GIT Diseases	3,123	3.33	Diarrhoea With No Dehydration	2,449	2.25
9	Skin Infection, Non-Fungal	3,029	3.23	Skin Infection, Non-Fungal	1,859	1.71
10	Diarrhoea With Some Dehydration	1,829	1.95	Other Surgical Condition	1,531	1.4

Source: DHIS

The top 10 OPD diagnoses in children aged below five years accounted for 89.67% of all OPD diagnoses and 77.61% for individuals aged above five years.

Table 5: Top 10 causes of admission in Buchosa DC, 2018

No.	IPD Diagnoses	Less than 5 years		IPD Diagnoses	Above 5 years	
		Number of Diagnoses	(%)		Number of Diagnoses	(%)
1	Acute Diarrhoea (<14 Days)	116	23.02	Urinary Tract Infections	196	17.04
2	Pneumonia, Severe	105	20.83	Severe Anaemia	178	15.48
3	Pneumonia, Non-Severe	76	15.08	Symptomatic HIV Infection	111	9.65
4	Severe Anaemia	65	12.9	Hypertension	105	9.13
5	Urinary Tract Infections	63	12.5	STI Pelvic Inflammatory Diseases	80	6.96
6	Mild/Moderate Anaemia	13	2.58	Acute Diarrhoea (<14 Days)	77	6.7
7	Burn	13	2.58	Pneumonia, Non-Severe	70	6.09
8	Dysentery	9	1.79	Road Traffic Accidents	49	4.26
09	Symptomatic HIV Infection	5	0.99	Bronchial Asthma	45	3.91
10	Birth Asphyxia	4	0.79	Typhoid	32	2.78

Source: DHIS2

The top 10 IPD diagnoses in children aged below five years accounted for 93.06% of all IPD diagnoses, and 82% for individuals aged above five years.

Table 6: Top 10 causes of death in Buchosa DC, 2018

No.	Cause of Death	Less than 5 years		Cause of Death	Above 5 years	
		Number of death	(%)		Number of death	(%)
1	Malaria, parasitology confirmed	6	54.5	HIV and AIDS	8	25.8
2	Pneumonia	4	37.2	Malaria, parasitology confirmed	4	12.9
3	Other and unspecified diarrhoea diseases	1	9.1	Hypertension	3	9.7
4				Unknown cause of mortality	3	9.7
5				Other and unspecified diarrhoea diseases	2	6.5
6				Pneumonia	2	6.5
7				Other Specified transport accidents	2	6.5
8				Cardiomyopathy	1	3.2
9				Intestinal occlusion	1	3.2
10				Abortion	1	3.2

The top 10 causes of death in children aged below five years accounted for 100% of all deaths, and 87.2% for individuals aged above five years.

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CHAPTER FOUR: HEALTH SERVICE PROVISION

4.1 Maternal, Newborn and Child Health

Tables 7, 8 and 9 below summarize statistics of maternal, newborn and child health for the period 2015 to 2018.

Table 7: Nutritional and Immunization status of children in Buchosa DC, 2018

Performance indicators	National Target	District Target	Baseline	Achievement		
	by 2020	by 2020	2015	2016	2017	2018
Child Health (Nutrition Status, immunization coverage)						
Percent of children under 5 who are underweight	11	11	24.3	13.6	20.6	12.1
Children under 5 who are stunted	27	7	0.14	0.09	0	0.1
Percent of children under one year who received measles vaccine (MR1)	90	90	63.4	44.7	72.1	63.8
Percent of children under one year who received Penta 3 vaccine	90	90	57.5	57.3	77.9	73.1

The district has performed well in reducing stunting from 0.14% in 2015 to 0.1% in 2018. This was because of having program of providing nutrition education at community level through community health workers who were trained on nutrition issues, but the district had poor performance on measles and Penta 3 vaccines due to unavailability of vaccine storage at the district level and lack of proper transport for distribution of vaccines. However, mobile clinics has to be conducted through integration with district implementing partners to reach 90% of the National target, establishment of vaccine storage at the district level and request of car for vaccination distribution.

Table 8: Maternal and Neonatal Deaths in Buchosa DC , 2018

Performance indicators	National Target	District Target	Baseline	Achievement		
	by 2020	by 2020	2015	2016	2017	2018
Maternal and neonatal deaths						
Number of neonatal deaths				15	12	22
Number of Infant deaths				25	15	25
Number of under five deaths			3	44	28	41
Number of maternal deaths			1	6	10	13

The major causes of deaths for neonatal, infants and under five years were due to Malaria, parasitology confirmed, pneumonia, other and unspecified diarrhoea diseases. However more effort need to be done to reduce Neonatal, infants, under five years and maternal deaths by;

- Providing capacity building to HSP/community sensitization on early seeking of health services
- Establishment of BEmONC and CEmONC service centres at the district

Table 9: Status of Reproductive Health Services in Buchosa DC, 2018

Performance indicators	National Target	District Target	Baseline	Achievement		
	by 2020	by 2020	2015	2016	2017	2018
Percentage of ANC first visit before 12 weeks of gestation	40	40	8.8	7.6	17	37.9
Antenatal care coverage : 4 th visits and above	60	60	38.7	39.4	46.8	56.1
Institutional (health facility) delivery rate	65	65	41.6	49.5	66	82.9
Postnatal care coverage within 7 days after delivery	68	68	44	73.2	97.8	140.9
Health centers and hospitals providing CEmONC services	50	50	40	40	40	20

The district has performed well in Institutional (health facility) delivery rate from 41.6% in 2015 to 82.9% in 2018 and Postnatal care coverage within 7 days after delivery from 44% in 2015 to 140.9% in 2018, but not in ANC first visit before 12 weeks of gestation which was from

8.8% in 2015 to 37.9% and Antenatal care coverage 4th visits and above from 38.7% in 2015 to 56.1% in 2018. The reason(s) for under performance were;

- Traditional beliefs
- Inadequate knowledge of community members on the importance of early ANC booking before 12 weeks of gestation.

Table 10: Challenges in the provision of RMNCH services and proposed recommendations

Challenges	Overcoming Challenges
Inadequate knowledge of the community members on early ANC booking before 12 weeks of gestation	Empower knowledge to the community through community health workers on the important of early ANC visit before 12 weeks of gestation
	Advocate meeting in collaboration with village leaders conducted in the wards, village and hamlet on emphasizing on ANC early booking
Use of local herbals among pregnant women during labour and delivery	Health education provided on the dangerous of using local herbs to RCH clinic and community during wards,village and hamlet meeting.
Inadequate CEmONC centre at the District Council	To establishment of new CEmONC site at Kakobe, Nyakaliro and Kome health centres.

KEY ACTIVITIES IN THE REPORTING YEAR

- Community sensitization on importance of early ANC booking before 12 weeks of gestation
- Advocate meeting conducted in collaboration with wards and village leaders in awareness of early ANC booking before 12 weeks of gestation.

4.2 Status of HIV/AIDS Services

Table 11: HIV testing and uptake of ARVs in Buchosa DC, 2018

Performance indicators	National Target	District Target	Baseline	Achievement		
	by 2020	by 2020	2015	2016	2017	2018
HIV/AIDS (CTC/PMTCT)						
Number of HIV tested		214142	11592	41585	38161	70488
Number of confirmed HIV positive tests		13351	882	2261	1831	3186
Number of adults and children newly enrolled on antiretroviral therapy (ART)		12228	752	1469	1404	2362
Number of adults and children currently receiving antiretroviral therapy (ART)		16081	2295	3677	4513	609
Percentage of HIV infected pregnant women receiving ARV to reduce the risk of MTCT			76.1	46.6	87.5	102.7

The Buchosa District council has performed well in HIV testing from 11,592 in 2015 to 70,488 in 2018 because of community sensitization and provision of mobile services, the district need to improve in number of adults and children enrolment on antiretroviral therapy (ART), proper data documentation and performing data spot check daily, data review meeting monthly at health facility level and CHMT supportive supervision to be conducted quarterly.

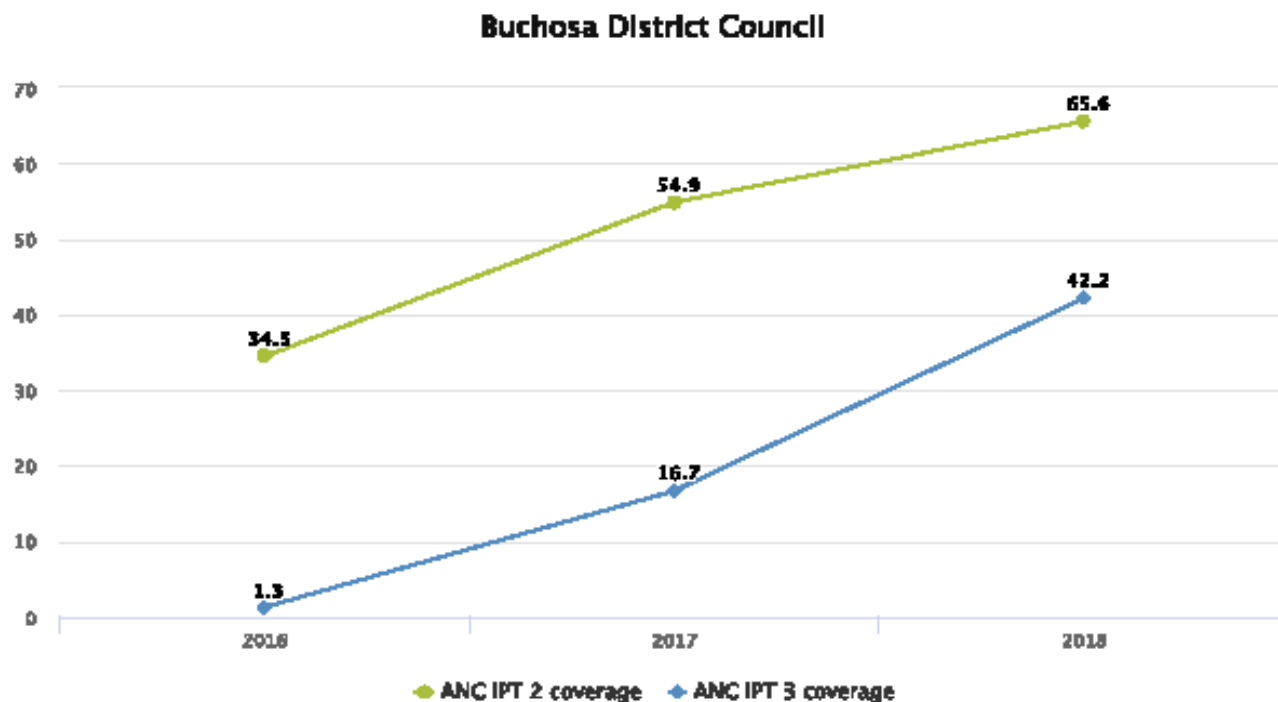


Figure 23: Trends of ANC -HIV Positivity Rates at Buchosa DC, 2014-2018

The ANC HIV positivity rates in Buchosa DC have decreased from 4% in 2014 to 2.6% in 2018, indicating reduction of HIV infection among women attending ANC clinics.

Table 12: HIV/AIDS challenges and recommendations in Buchosa DC

Challenges	Overcoming Challenges
Wrong address provided by the clients	Conduct thorough counselling on the importance of ART adherence and involving lay counsellors for follow up
Few HIV/AIDS clients (adults and children) enrolled on antiretroviral therapy (ART)	Establish more CTC service centres at the district for accessibility of services
Geographical location (Island) of confirmed HIV/AIDS Clients	Conduct mobile service to all hard to reach areas through collaboration with the implementing partners at the District.

KEY ACTIVITIES IN THE REPORTING YEAR

- Mobile clinic conducted in collaborate with partners(ICAP) to the area which are hard to reach(Island)
- Thorough counselling on the importance of ART adherence and involving lay counsellors for follow up

4.3 Status of Malaria services

Table 13: Proportion of pregnant women and infants who received LLIN'S at RCH clinics in Buchosa DC, 2018

Performance indicators	National Target	District Target	Baseline	Achievement		
	by 2020	by 2020	2015	2016	2017	2018
Malaria						
% of LLIN issued to ANC clinics			0.01	34.9	87.3	89.4
% of LLIN issued to (Child Health in Clinics (CHCs)			0	21.7	78.2	90.8

As shown in Table 13, above, the proportion of pregnant women received LLN'S at ANC clinic has increased from 0.01% in 2015 to 89.4% in 2018. Proportion of Infants received LLN'S at RCH clinic has increased from 21.7% in 2016 to 90.8% in 2018.

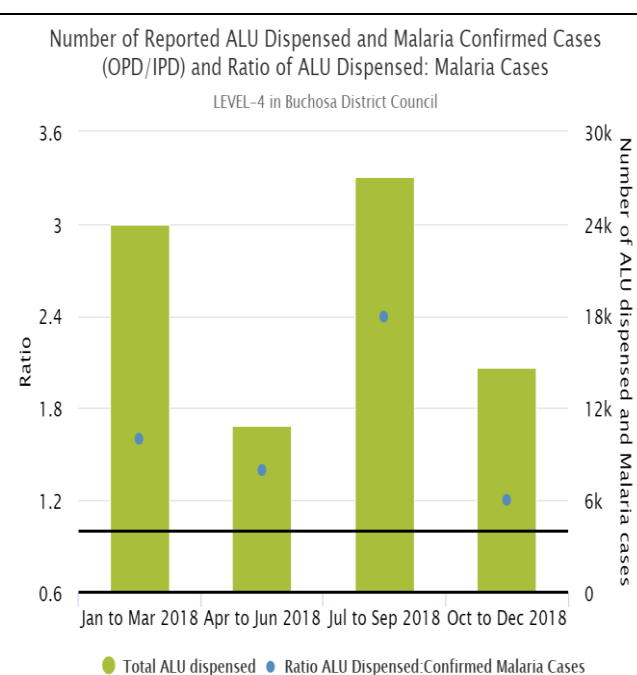


Figure 4: Ratio of ALU dispensed v/s confirmed malaria cases

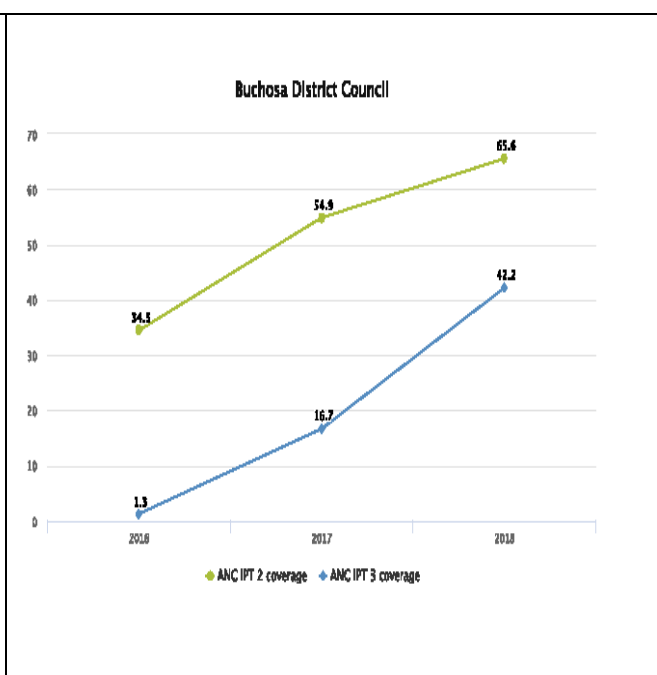


Figure 5: Coverage of IPT2, IPT3 and ANC, 2016-2018

As shown in Figure 4 ratio of ALU dispensed against confirmed Malaria cases exceed ratio 1, the possible reasons for over dispensing (Ratio > 1):

- i) Some of the confirmed malaria cases were not documented in IPD and OPD tools
- ii) Recording based on tablets instead of dose

The proportion of women who received IPT2 has increased from 34.5% in 2016 to 65.6% in 2018 and IPT3 from 1.3% in 2016 to 42.2% in 2018 (Figure 5).

Table 14: Malaria challenges and recommendations in Buchosa DC, 2018

Challenges	Overcoming Challenges
Inadequate documentation of confirmed Malaria cases in IPD/OPD tools	To conduct data spot check daily to verify cases confirmed and recorded in IPD/OPD tools
Inadequate knowledge of new employee on dispensing of ALU tablets	Mentor ship and coaching to be conducted to all new employee on dispensing and stock checking/auditing.
Internal data verification are not conducted at health facility	To conduct internal data verification weekly/monthly before entering data in DHIS2

KEY ACTIVITIES IN THE REPORTING YEAR

- CHMT conducted supportive supervision and Malaria commodities auditing to 18 health facilities.
- Conducted mentor ship on malaria MSDQI in 18 Health facilities
- Malaria service and data quality improvement (MSDQI) assessment conducted to 24 health facilities

4.4 Status of Tuberculosis Services

Table 15: TB case notification rate and treatment success in Buchosa DC, 2018

Performance indicators	National Target	District Target	Baseline	Achievement		
	by 2020	by 2020	2015	2016	2017	2018
Case detection rate for all forms of tuberculosis per 100,000	72	86			45	115
Treatment success rate for all forms of tuberculosis	90	90			95	87

The case detection rate increased from 115 per 100,000 in 2018, which was above 2020 district target. Also TB clients achieved a below treatment success rate of 87% in 2018 (table 4.15 above).

Table 16: TB/Leprosy challenges and recommendation in Buchosa DC, 2018

Challenges	Overcoming Challenges
Few TB diagnosis centre	Scaled up of one new diagnosis centre at Lushamba Dispensary and transportation of specimen to Sengerema for GEN expert.
Inadequate LED Microscope in the District	Procure four LED microscopes and to distribute to all diagnostic centre through Basket fund.

KEY ACTIVITIES IN THE REPORTING YEAR

- Screening to all clients attending at health facility
- Provision of TB treatments to all clients identified with TB diagnosis
- Provision of Isonized Preventive Therapy to CTC cases with no signs and symptoms of TB.

CHAPTER FIVE: ENVIRONMENTAL HEALTH

Environmental sanitation is considered as one of the most cost effective strategies for disease prevention. The Ministry of Health tracks percentage of households using improved sanitation as an indicator to measure progress in environmental health.

Table 17: Percentage of households using improved sanitation in Buchosa DC, 2018

Performance indicators	National Target	District Target	Baseline	Achievement		
	by 2020	by 2020	2015	2016	2017	2018
% of households using improved sanitation facility	90	90	19.39	51.42	31.31	54.92

Source: DHIS2 - NSMIS

Percentage of households using improved sanitation in Buchosa DC has been increased from 19.39% in 2016 to 54.92% in 2018

Table 18: Sanitation challenges and recommendations in Buchosa DC, 2018

Challenges		Overcoming Challenges
1	Inadequate funds for sanitation campaign	The council has to increase funds for implementing sanitation activities.
2	Lack of reliable transport facility	The council should provide vehicle to support sanitation activities
3	Shortage of environmental officers	The council recruit enough environment health personnel to cover all wards and village.
4	Low enforcement of Law (Public Health Act) and interference of politics during Law application.	Government and political leaders should collaborate together to enforce Law for ensuring improved sanitation status at household level.

KEY ACTIVITIES IN THE REPORTING YEAR

- Conduct sensitization to the communities to have improve pit latrines
- Sensitization on hand washing facilities at households level
- Data collection in sanitation activities from households
- Sensitization house to use safe water by using artificial method of treating water for drinking at household level
- Supervision of implementation of sanitation activities at community level
- Inspection of premises at the community

CHAPTER SIX: STATUS OF DISTRICT HEALTH FINANCING

Table 19: Financing, Human resource for Health and availability of tracer medicines in Buchosa DC, 2018.

STATUS OF DISTRICT HEALTH SYSTEMS	Target	Baseline	Achievement		
	by 2020	2015	2016	2017	2018
Total budget allocation to health in the district (all sources)			0	4,417,848,699.00	6,592,773,220.00
Total funds received for health services (all sources)			0	1,066,271,446.18	2,364,855,182.30
Total funds utilized in health services (all sources)			0	1,003,867,982.60	2,351,833,829.70
Proportion(%) of population enrolled in any Health insurance schemes	50	30	6.4	8.0	4.3
Human Resources for Health					
Number of health facilities with no skilled personnel (Clinician and Midwives)	0	0	0	0	0
Medicines and medical products					
Public Health facilities with all 30 Tracers		89.1	86.1	89.7	92.2

- In 2018 the district has earmarked a budget of 6,592,773,220Tshs for health but received only 2,364,855,182.3Tshs, which is 35.87% of the required budget
- The proportion of the population enrolled in insurance schemes in 2018 was 4.3% compared to 6.4% in 2016. This is due to long process procedure for initiation of improved CHF in 2018
- In 2018, there was no health facilities without skilled health workers
- In 2018, about 92.2% of facilities had all 30 tracer medicines

Table 20: Challenges and recommendations in financing, human resources and availability of tracer medicine in Buchosa DC, 2018

Challenges	Overcoming Challenges
Insufficient number of health service providers especially in health facility which provide CEmONC service.	Keep requesting more staffs in our annual PE and budget.
Late release of funds from the central government for all funds channelled through vertical structure	Ministry of finance should adhere or stick to the annual action Plans and disburse funds as per calendar.
Insufficient funds to cover all the required expenses for service delivery improvement	Seek some more funds by improving collection systems and finding some new sources of health financing.

CONCLUSION

This report provides summary of Buchosa District Council Health Profile for the year

2018. As shown in the report the council made progress in Institutional (health facility) delivery, availability of Tracer Medicine at public health facilities, Pregnant women and Infants received LLN'S at RCH clinic, Postnatal coverage within 7 days after delivery, Decrease of ANC – HIV positivity Rate.

However, the council had challenge in ANC early booking before 12 weeks of gestation, Antenatal care coverage 4th visits and above, CEmONC centre at the district council, Measles and Penta 3 vaccination coverage.

In order to improve the health status profile of the population the recommendations in the report should be implemented.

ANNEX

Annex I: Implementing Partners by Program Area

#	NAME OF THE PARTNER	PROGRAM AREA	LOCATION (TICK)	
			COMMUNITY	FACILITY
1	AGPAHI	HIV/PMTCT /CECAP	√	√
2	KNCV	TB	√	√
3	IMA	NUTRITION	√	√
4	AMREF	NUTRITION		√
5	USAID BORESHA AFYA	FAMILY PLANNING, MALARIA, NUTRITION	√	√
6	PACT KIZAZI KIPYA	HIV, KVP	√	√
7	ICAP	KVP	√	
8	MARIE STOPES	FAMILY PLANNING, CPAC	√	√
9	PSI	FAMILY PLANNING , LLIN SUPPLY		√
10	ENGENDER HEALTH	PAC, PPFP		√
11	IMPACT PROJECT	MATERNAL HEALTH	√	√
12	PATH FINDER	CECAP		√
13	JSI	HIV, GBV	√	
14	KKT TULONGE	HIV	√	