



SUMMARY OF ANALYSIS OF COUNCIL COMPREHENSIVE HEALTH PLANS 2010/2011

**PRESENTED AT TRM
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Presentation Outline



- Background
- Objectives
- Methodology
- Findings
- Recommendations

BACKGROUND



- Each year, LGAs are provided with Budget ceilings for delivery of health services
- Based on the ceilings LGAs prepares the annual comprehensive health plans addressing health sector priorities.
- Priority areas are linked with HSSPIII , MKUKUTA , MDGs and other health sectors strategic programs

OBJECTIVES



- ❑ To share with you results of CCHPs analysis on performance trend of health services in the LGAs.
- ❑ Discuss on findings and challenges related to the provision of health services.
- ❑ Come out with plausible suggested solutions to improve health service delivery at the districts level

Areas covered



- Budget allocated against priority areas.
- Budget allocated for Delivery kits 2010/2011
- Three years' performance trend on MDGs 4, 5 and 6 .
 - Child Health - MDG 4 (Immunization coverage and Vitamin A supplementation)
 - Maternal Health - MDG 5 (Facility based deliveries, IPT2, TT2, ANC and FP)
 - TB, HIV, Malaria and other diseases - MDG 6
- Permanent sanitary latrines,

Methodology



- Data extraction from 132 LGAs - CCHplans
- Data verification from the LGAs CCHPs and RHMTs summarized CCHP reports
- Summoned DMOs on data validation and revised CCHPs accordingly
- Data analysis , cleaning, interpretation and report writing.



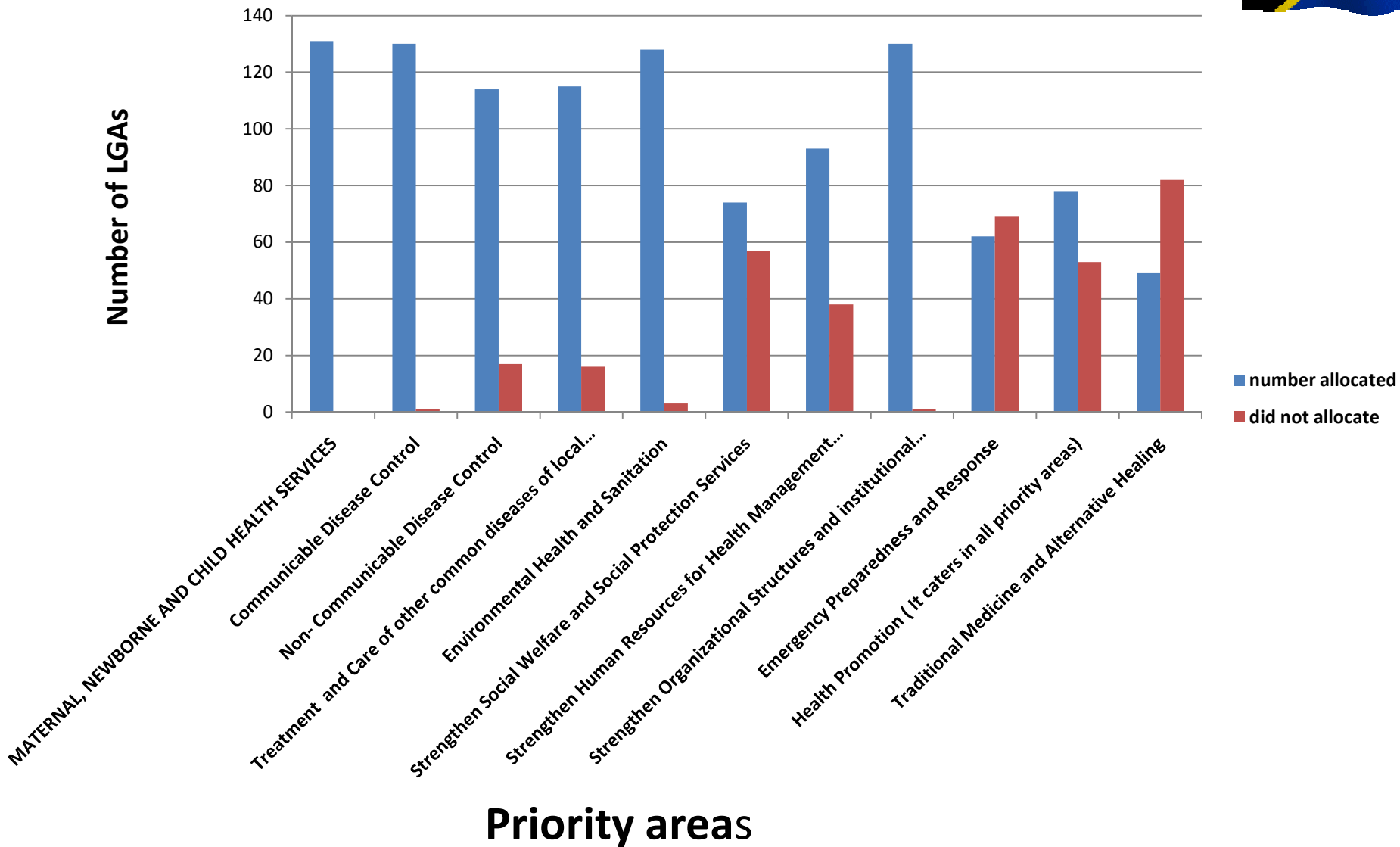
FINDINGS



Number of LGAs allocated budget to priority areas in their CCHP 2010/2011

Priority Area	<i>number allocated</i>	<i>did not allocate</i>	<i>total</i>
MATERNAL, NEWBORNE AND CHILD HEALTH SERVICES	131	0	131
<i>Communicable Disease Control</i>	130	1	131
<i>Non- Communicable Disease Control</i>	114	17	131
<i>Treatment and Care of other common diseases of local priority within the Council</i>	115	16	131
<i>Environmental Health and Sanitation</i>	128	3	131
<i>Strengthen Social Welfare and Social Protection Services</i>	74	57	129
<i>Strengthen Human Resources for Health Management Capacity for improved health services delivery</i>	93	38	131
<i>Strengthen Organizational Structures and institutional Management at all levels</i>	130	1	131
<i>Emergency Preparedness and Response</i>	62	69	131
<i>Health Promotion (It caters in all priority areas)</i>	78	53	131
<i>Traditional Medicine and Alternative Healing</i>	49	82	131

Number of LGAs allocated budget to priority areas the CCHPs - 2010/2011



Maternal newborn and child health



- ❑ 131 out of 132 CHMTs allocated resource on maternal new born and child health
- ❑ About 64% (83) CHMTs allocated less than 10% of the available amount.
- ❑ Only 4% (5 out of 131) CHMTs allocated above 50% of the allocated amount.
- ❑ These Councils are; Igunga, Nzega, Urambo, Siha and Bariadi

Strengthening Human Resources Capacity for improved health services delivery



- ❑ About 24% (32) CHMTs allocated less than 40% of the available amount.
- ❑ 31% (41 out of 131) CHMTs allocated above 50% of the available amount.
- ❑ 38 CHMTs did not allocate any resource on this priority area

Strengthening Organizational Structures and institutional Management at all levels



- 40 % (52 out of 131) CHMTs allocated above 50% of the available amount
- Tunduru DC did not allocate any resource on this priority area.
- Most of the amount available was allocated to this priority area because it includes funding for MMAM activities.
- Details analysis shows that in most CHMTs the amount was allocated on personnel.

Allocation of funds to priority areas



- ❑ Variation of fund allocations to priority areas among districts due to unclear understanding of the priorities and the guidelines in general
- ❑ Reflection of priorities in the plans differ among CHMTs. This calls for strengthening capacities of RHMTs and CHMTs.

Allocation of funds to priority areas



- ❑ Too many interventions in the priority areas
- ❑ Some interventions in the priority areas are implemented as a package and therefore, does need budget allocation.

Allocation of funds to priority areas



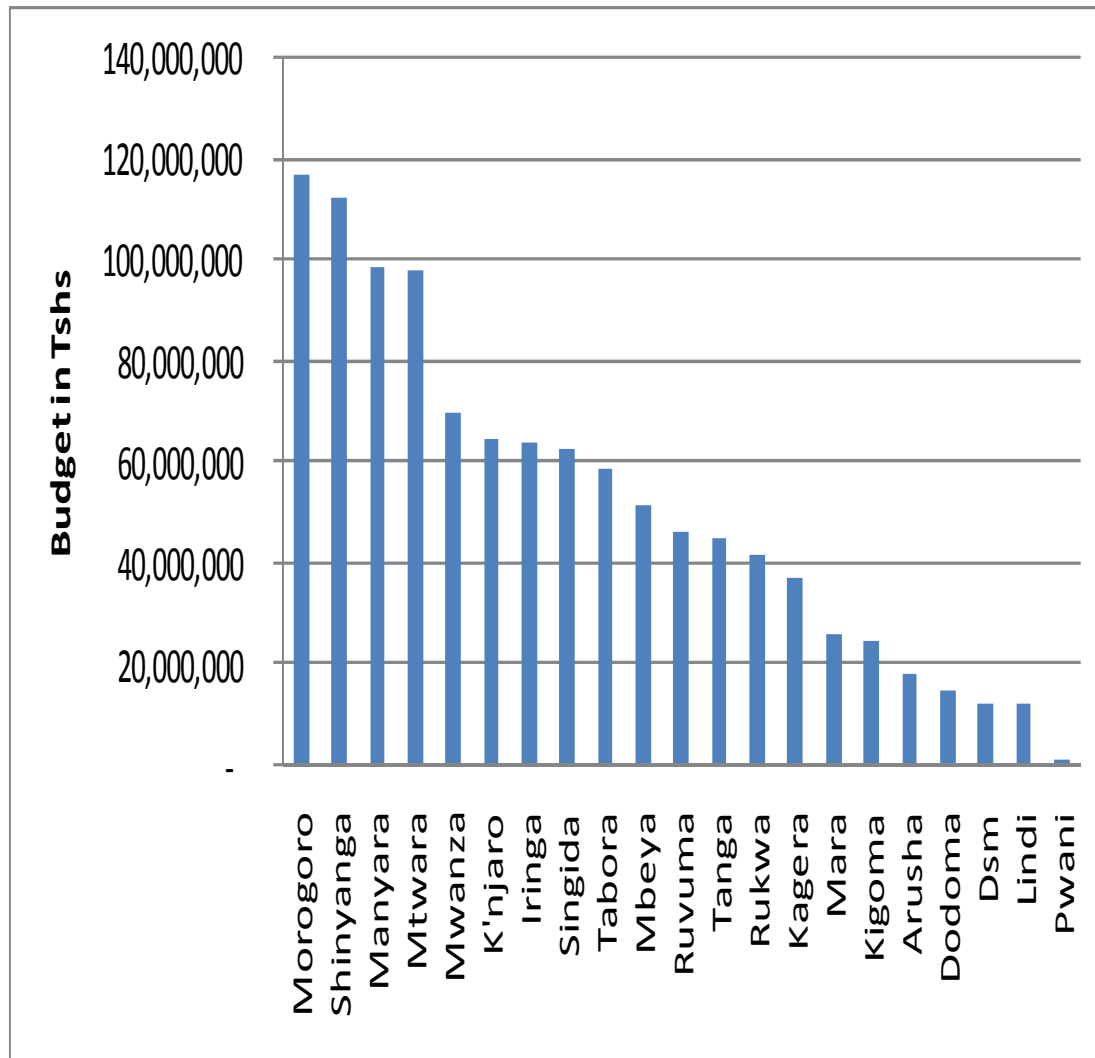
- ❑ Lack of costing standards for the essential health interventions have resulted into big variations of resource allocations to priority areas among the LGAs.
- ❑ The planned activities and budget allocation in some of the CCHPs found to be unrealistic this may cause failure by Councils to implement the planned activities in the due course.

BUDGET ALLOCATED FOR DELIVERY KITS 2010/2



- ❑ A total of 103 LGAs allocated fund for delivery kits, however the rest allocated in the 2009/2010
- ❑ Tshs 1,074,659,716 has been allocated in year 2010/2011.
- ❑ Tandahimba DC and Ulanga DC allocated more funds compared to others (Tshs 62,400,000 and 60,000,000) respectively
- ❑ Arusha MC allocated Tshs 420,000 which is least compared to others.

Budget allocation for Delivery Kits by Region

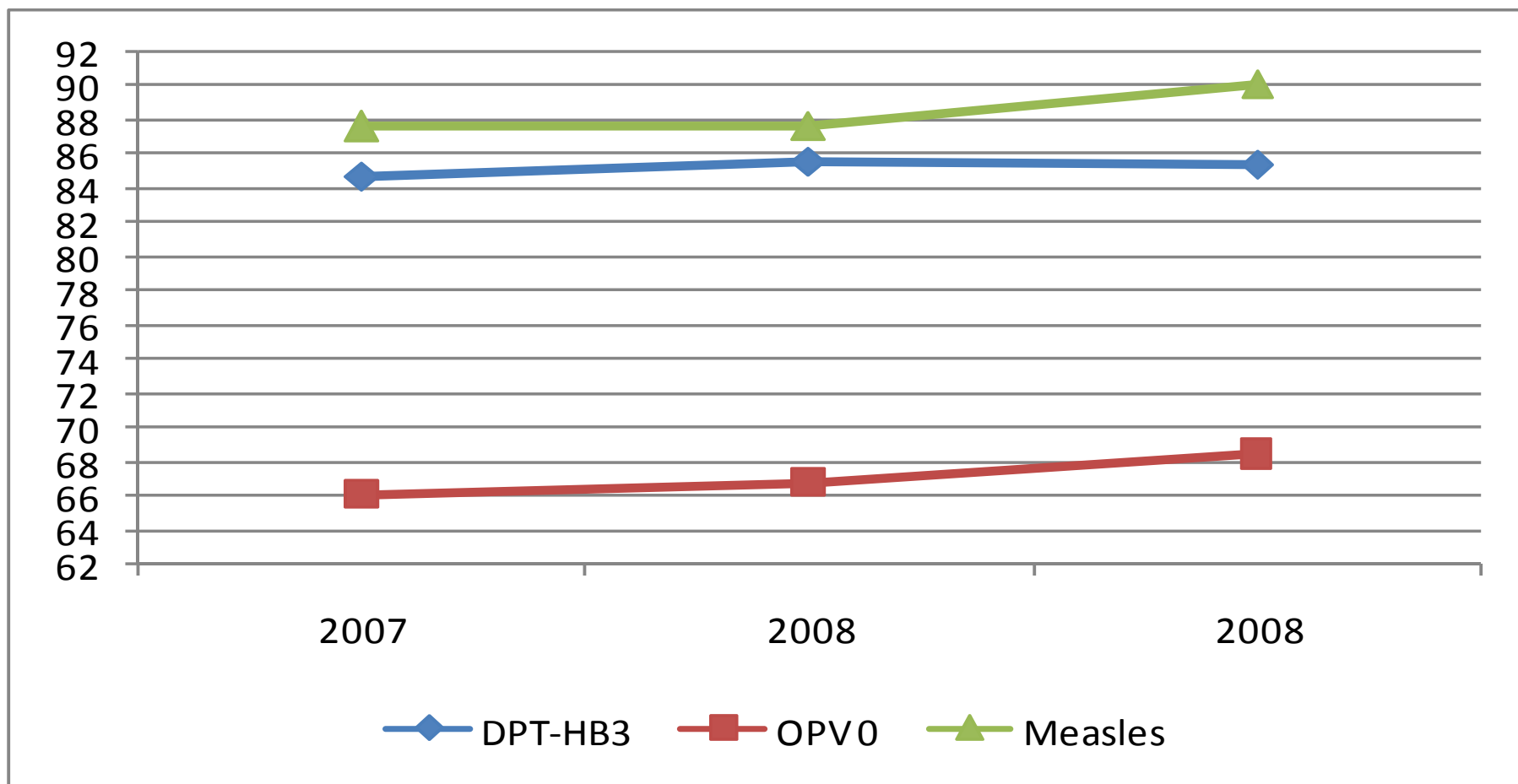


- Morogoro, S/yanga, Manyara and Mtwara regions allocated more budgets compare to other regions
- Coast , Lindi, Dar es Salaam, Dodoma and Arusha regions allocated below Tshs 20.0 mil.

PROGRESS IN ACHIEVING MDGs

Child Health Services - MDG 5

Immunization Coverage Percentage (%)

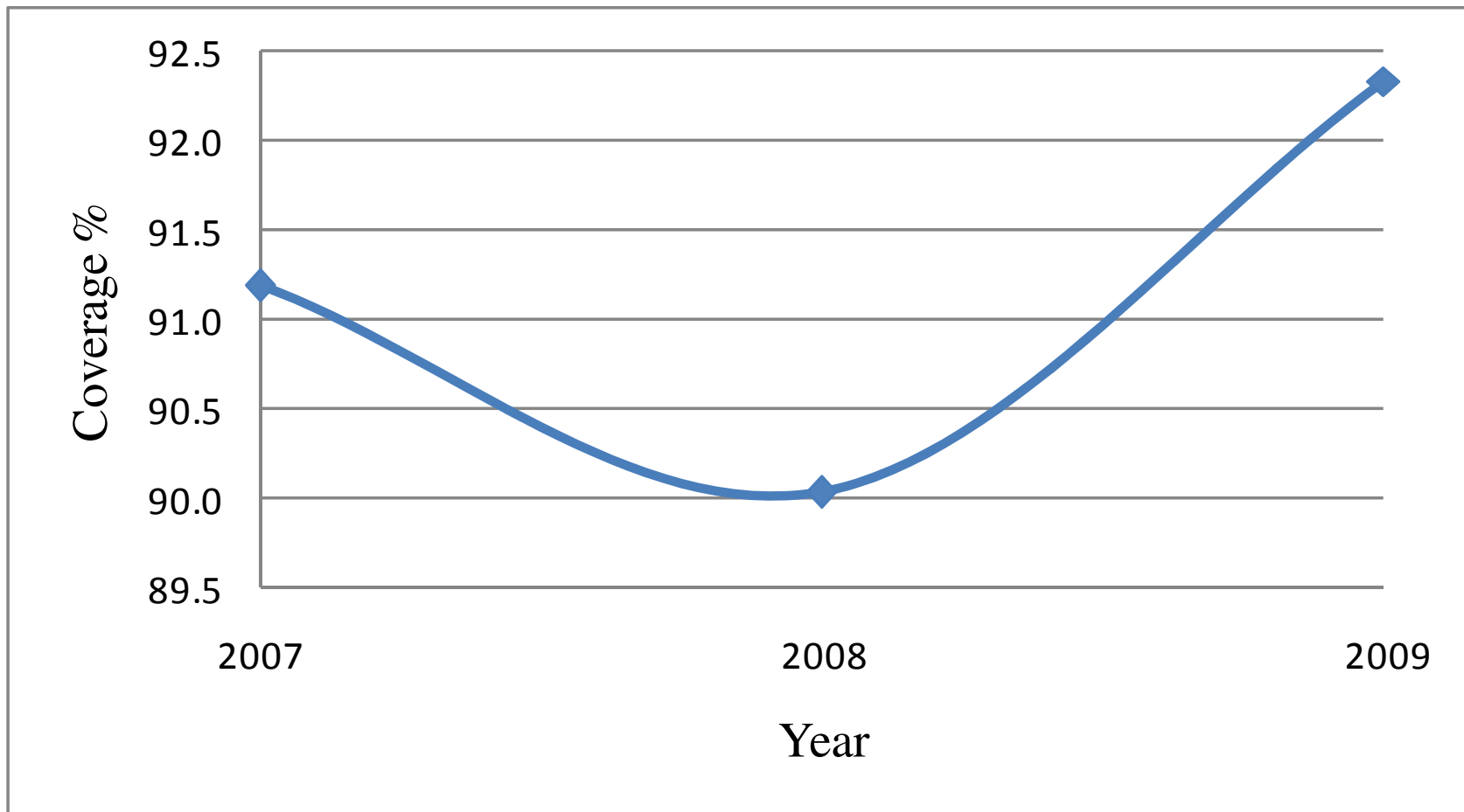


Vitamin A Supplementation Coverage from 2007 to 2009

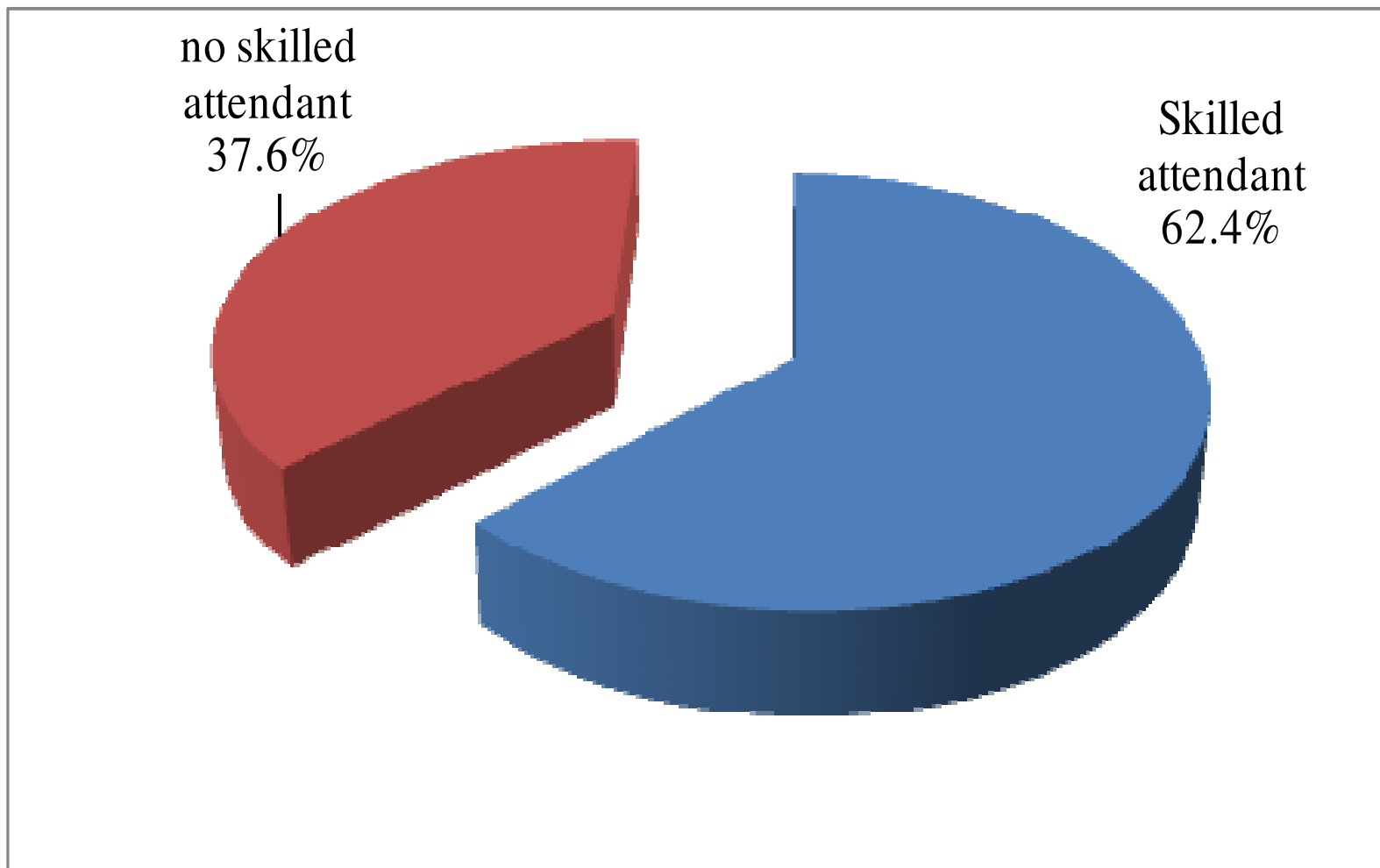


- ❑ Overall coverage of Vitamin A suppl. in year 2007 was, 115 (91.2%) LGAs
- ❑ A bit in line with that reported by UNICEF, in year 2007 whereby coverage was 93%.
- ❑ In year 2009 the coverage was 92.5%, in most of Councils coverage was above 75%.
- ❑ The councils with coverage below 75% included, Bariadi DC (74%), Kyela DC (72%), Kigoma MC (69%), Mtwara DC (60%) and Arusha MC (51%).

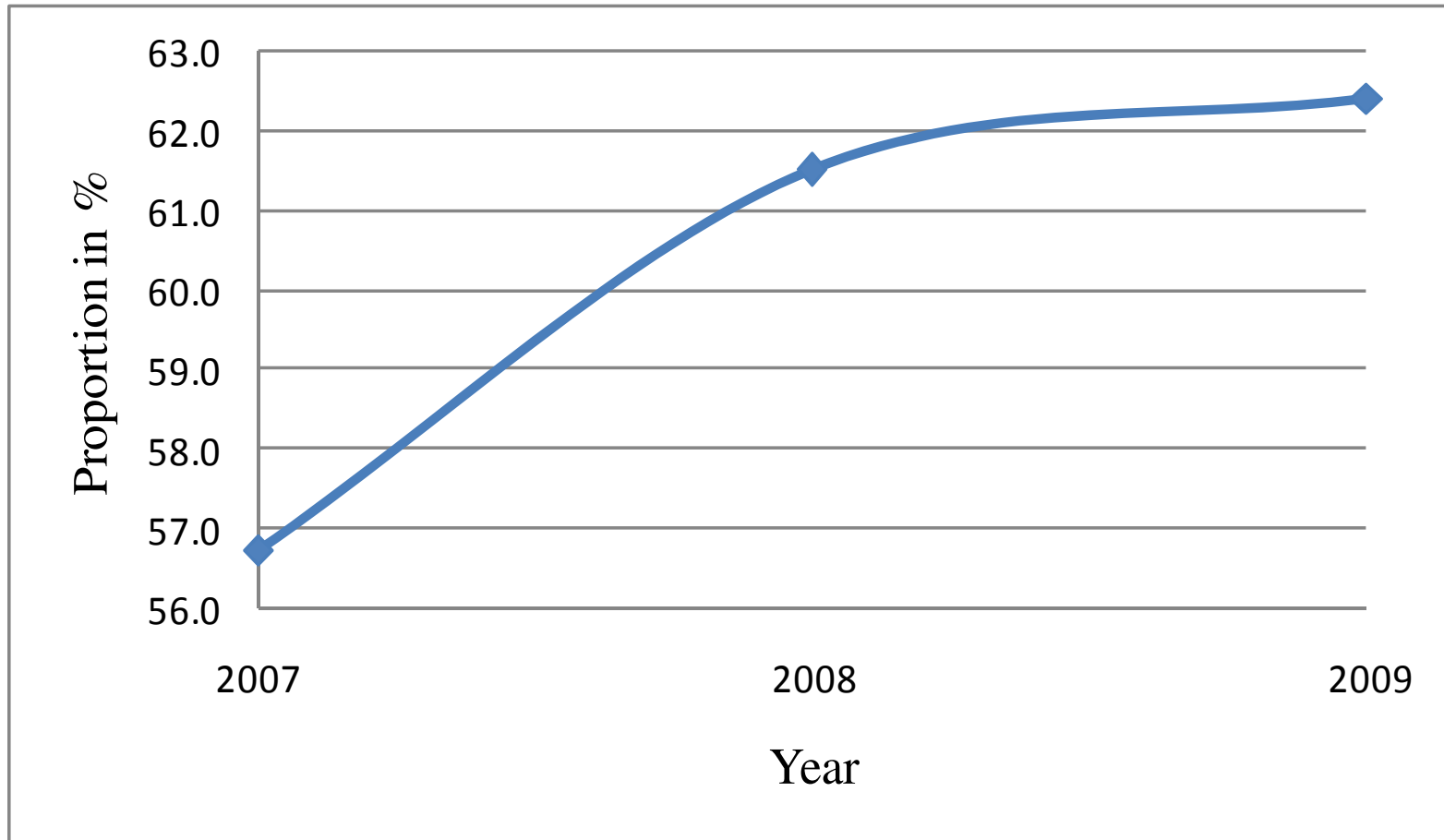
A three years trend of Vitamin A Supplementation Coverage from 2007 to 2009



Proportion of Births attended by skilled attendants 2009



Trend of proportion of Births attended by skilled attendants since 2007

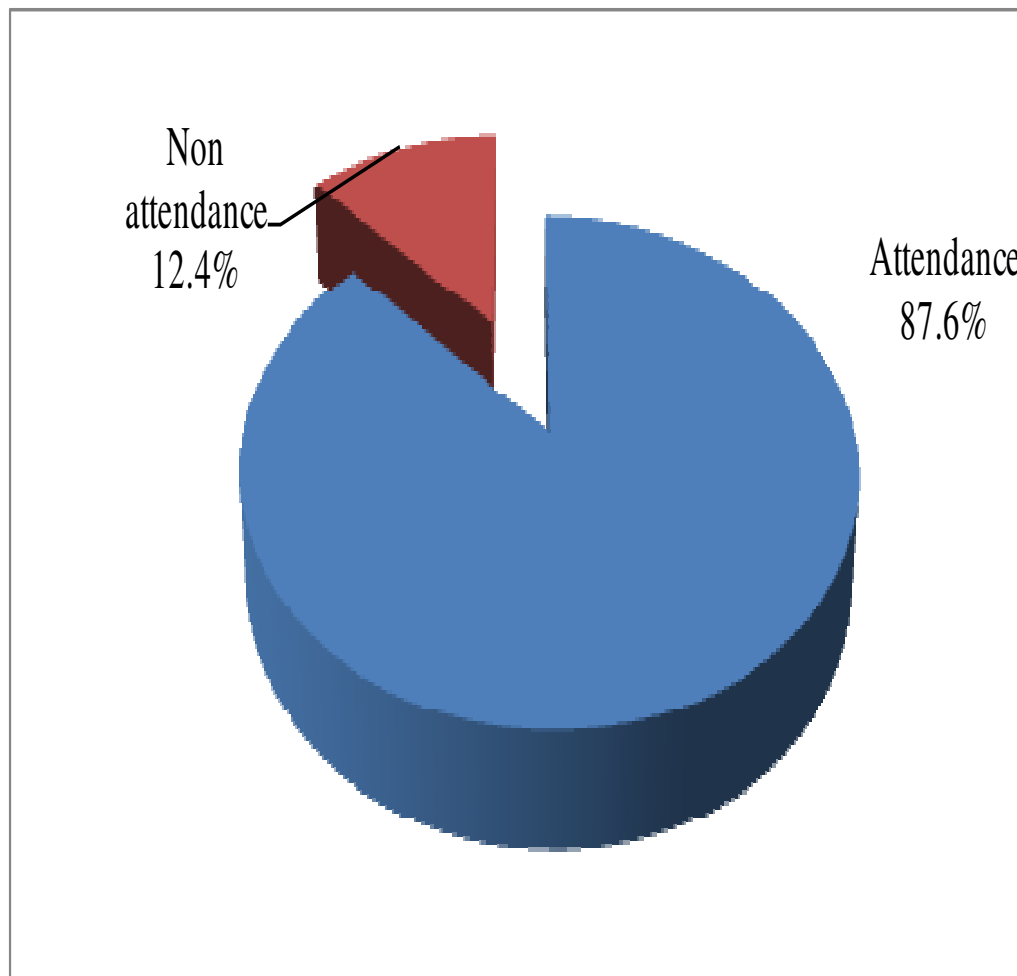


Trend of proportion of Births attended skilled Health attendants since 2007



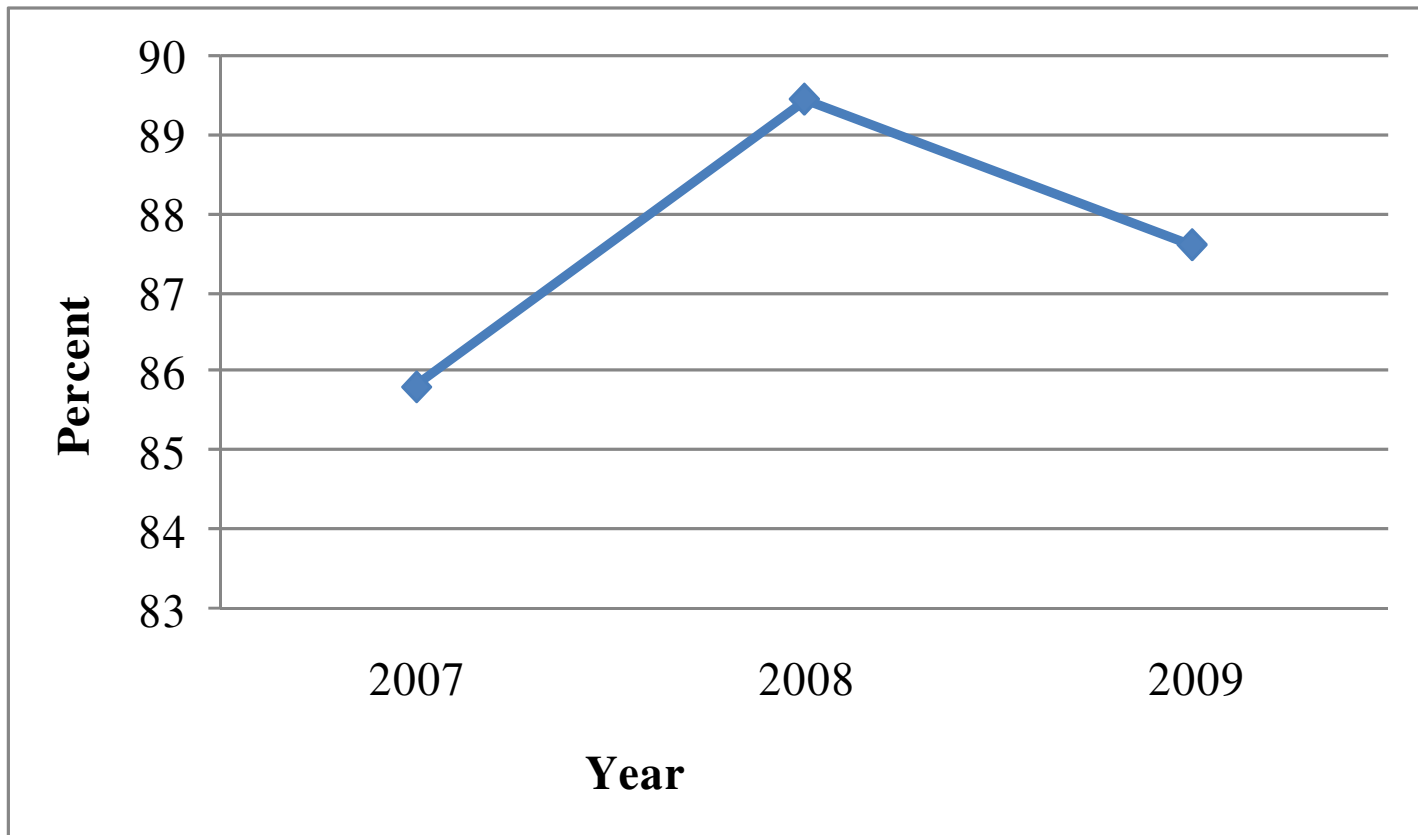
- ❑ The LGAs with high performance are; Babati TC, Mbeya CC, Moshi MC, Tabora MC, Ilala MC, Lindi TC, KibahaTC, Mafia DC, Bukoba MC ,Morogoro MC and Temeke MC.
- ❑ Councils with poor performance are: Tabora DC, Hanang DC, Hai DC, Arusha DC, Monduli DC, Kilindi DC, Kiteto DC, Ngorongoro DC, Simanjiro DC, and Longido DC all ranked below 30%

ANC new attendance rate (%) in year 2009

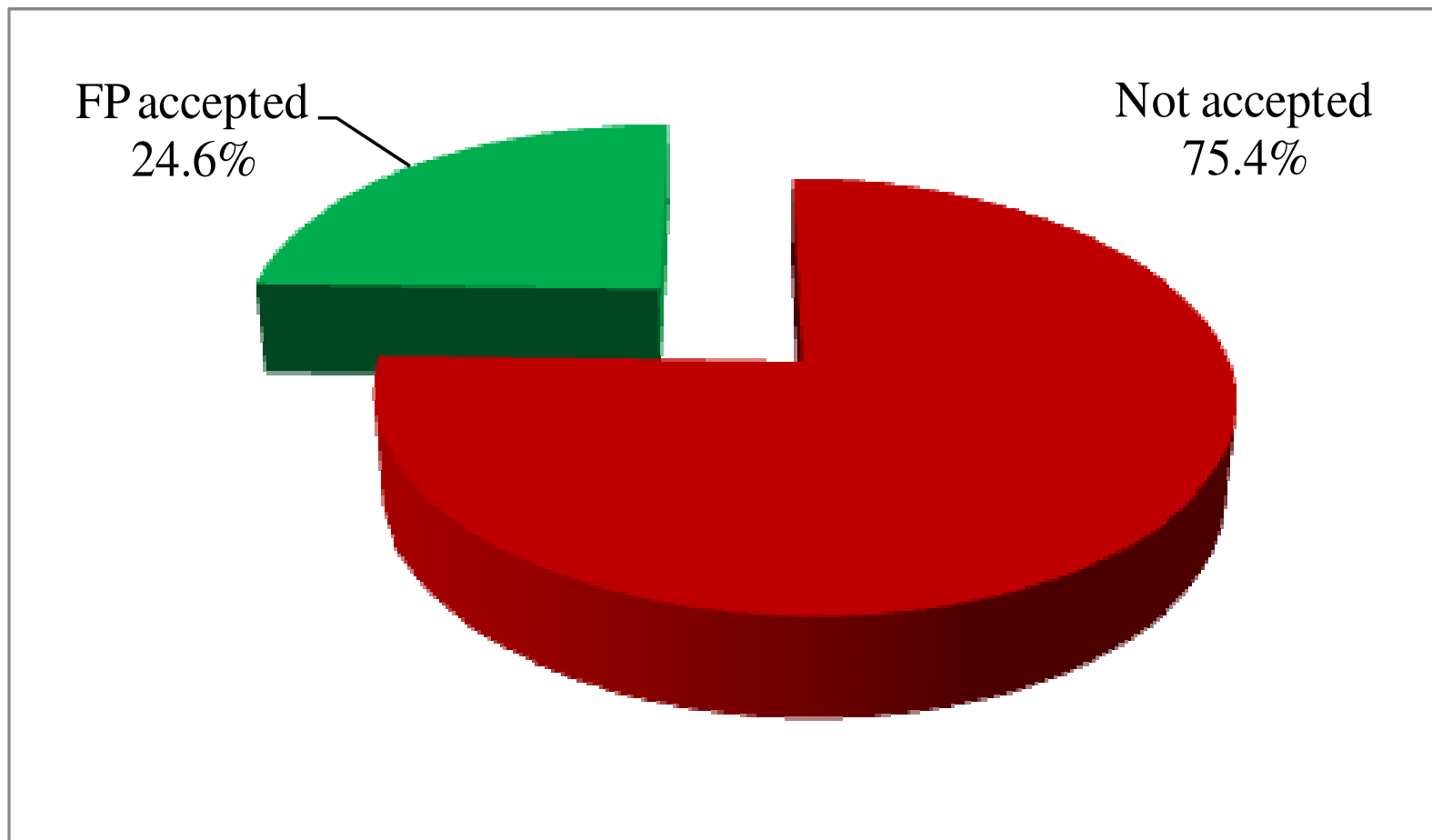


- The 112 CCHP reports indicated ANC attendance of 87.6% in year 2009.

Trend showing ANC new attendance rate 2007- 2009 in



The percentage of Family Planning acceptance in 2009

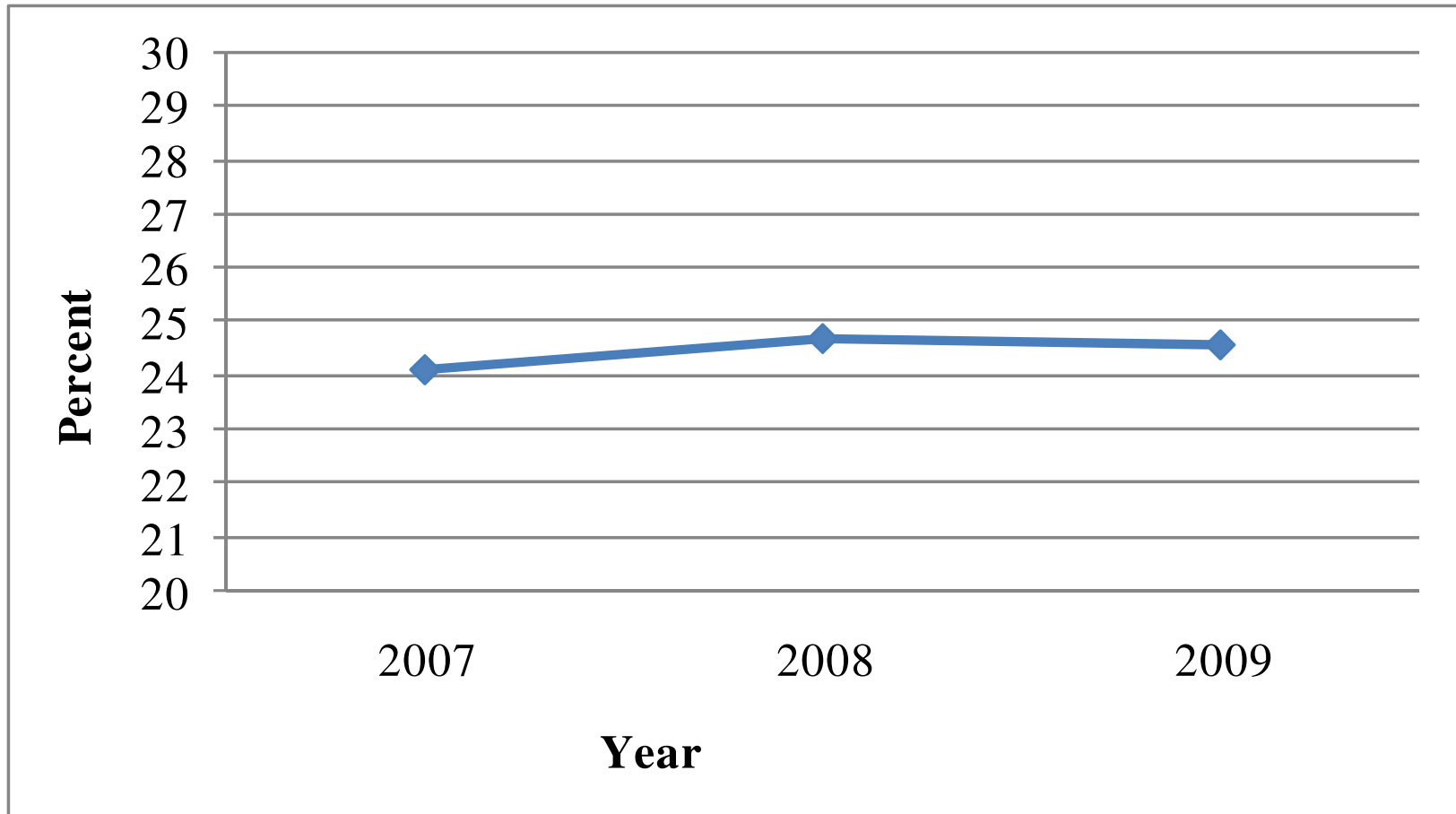


The % of Family Planning acceptance in 2009

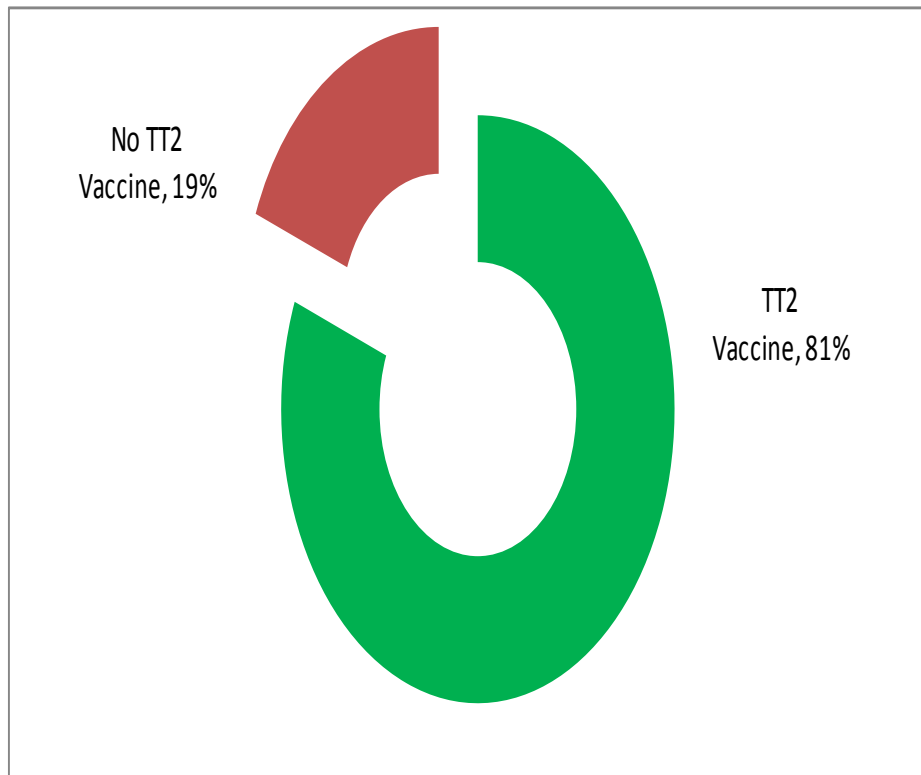


- ❑ The trend in three consecutive years, 2007, 2008 and 2009 has indicated that there is no much change,
- ❑ Attendance range between 24 % and 25% more attempt is needed to rise up the FP acceptance.

The % of Family Planning acceptance in 2009

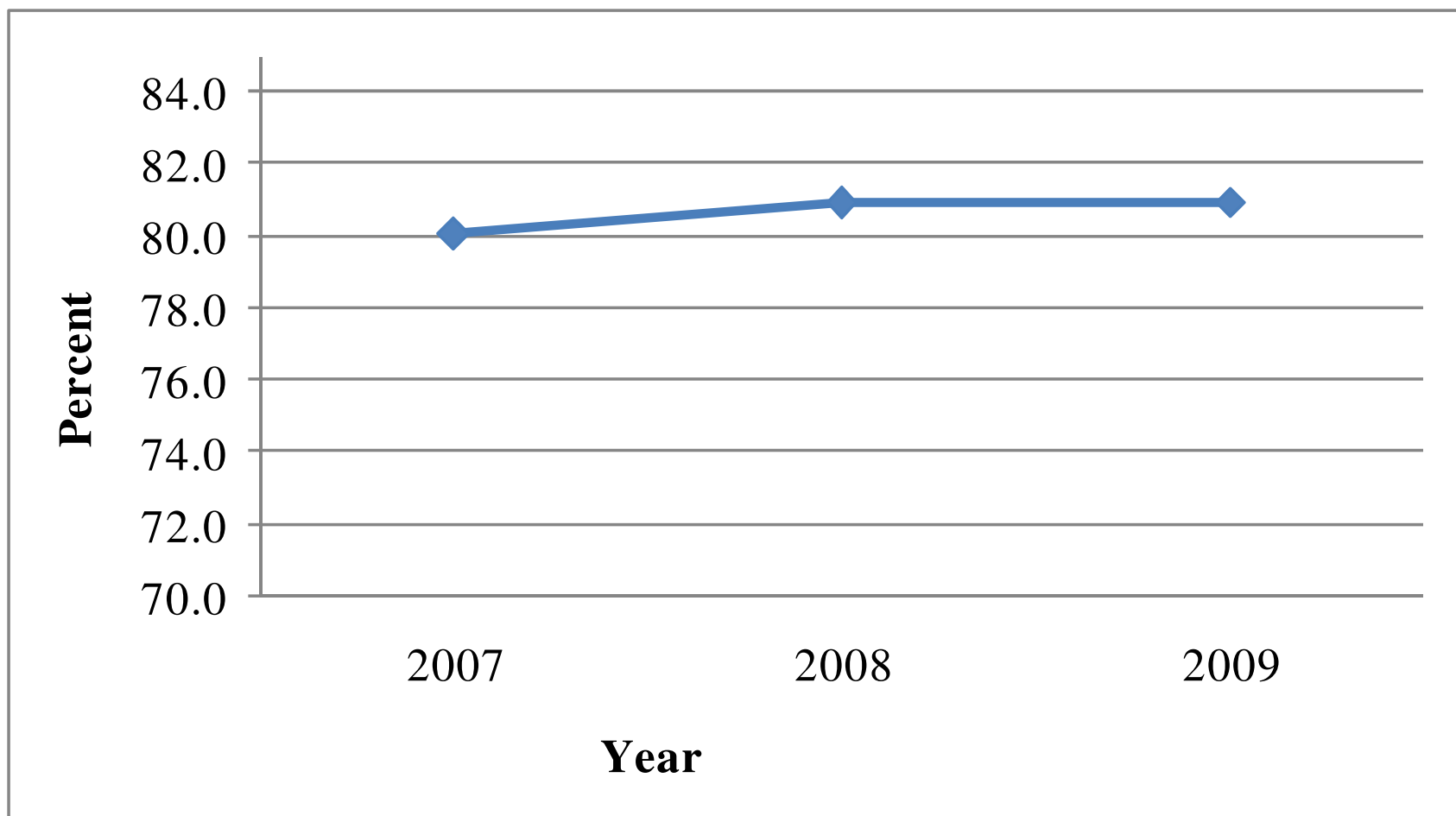


TT2 - Tetanus Toxide Vaccine for pregnant mothers in 2009



- 81% of women vaccinated Tetanus Toxide in year 2009 from 119 councils.
- The trend has indicated that there is no changes in TT2 vaccine coverage.

TT2 - Tetanus Toxide Vaccine trend from 2007 to 2009.

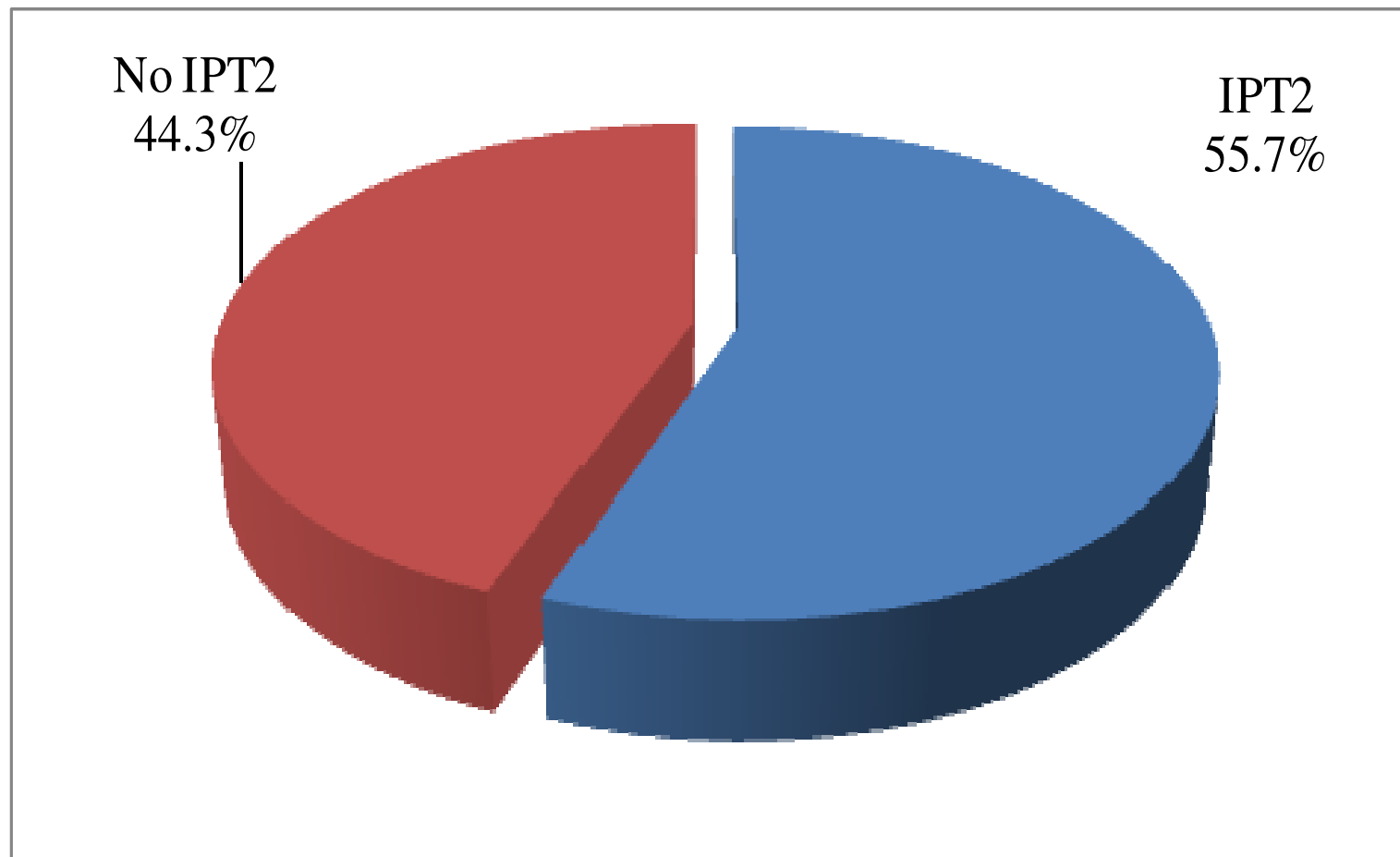


Intermittent presumptive treatment (IPT2)

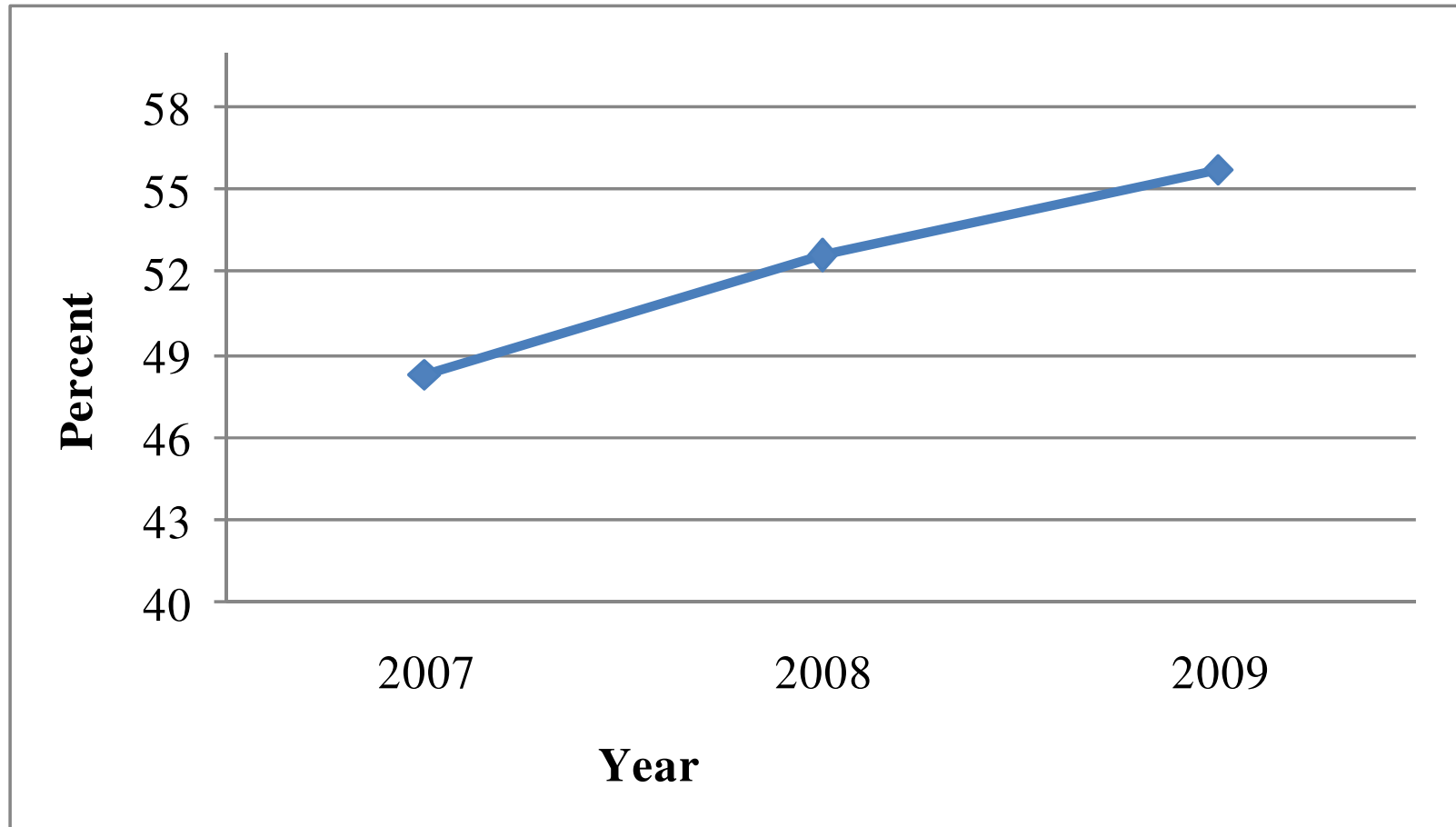


- ❑ 109 Councils Health Plans indicated that the IPT2 dose in year 2009 was 55.7%
- ❑ The trend also indicated that the IPT2 attendance increased from 48.3, then 52.6 to 55.7%.
- ❑ However, the report from LGAs reported that in most of the Councils, there was a shortage of SP in MSD

Intermittent Presumptive Treatment (IPT2) for Malaria preventive measures for pregnant women in year 200



Intermittent Presumptive Treatment second dose (IPT2) trend for 2007, 2008 and 2009

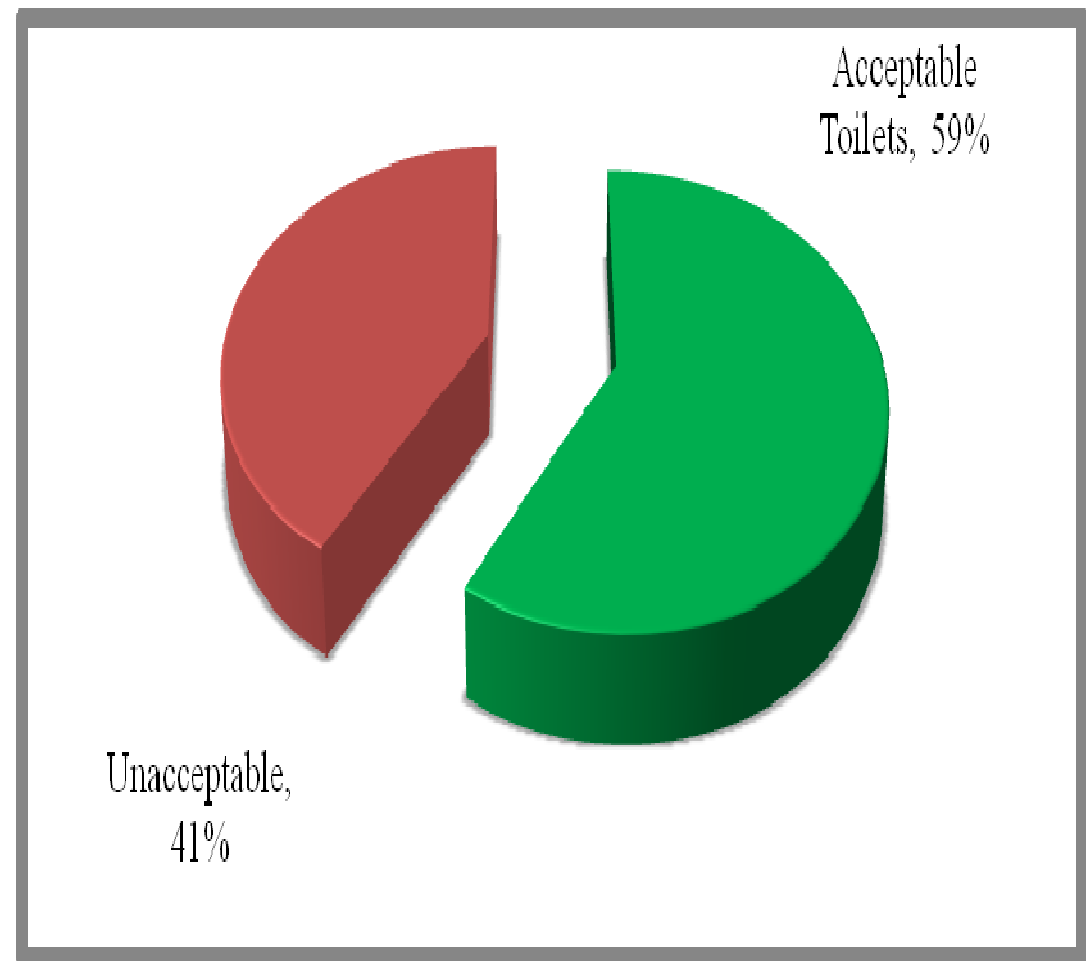


Proportion of Households with acceptable toilets

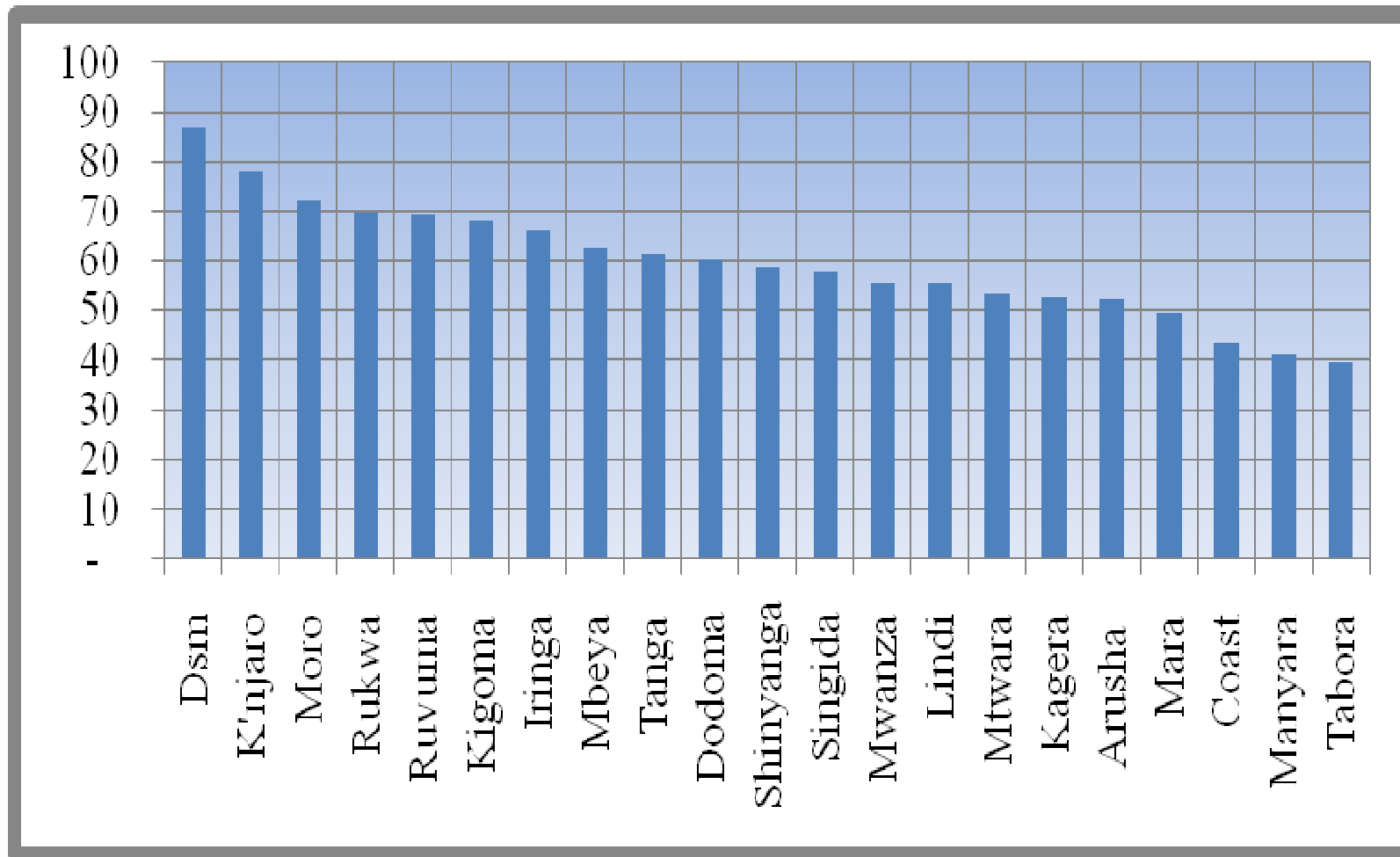


□ It has revealed that less than half of the households (41%) have un-acceptable toilets,

□ This is a large portion of a households facing a noxious and un-acceptable situation which is a symptomatic of a great challenge to improve the sanitation level in the country.



Percent of acceptable toilets by region



Areas of improvements



- ❑ Compliance to the template requirements to avoid omission of important information as observed in most of the CCHPs.
- ❑ Limited synthesis btw described situation and objectives.

Areas of improvements



- ❑ Priority Setting: Reasons for setting priorities need to be indicated.
- ❑ Planning teams advised to include management and administration activities;
 - Human/Finance/Material/Infrastructure
 - Data management
 - Planning activities and supervision
 - Monitoring and Evaluation

RECOMMENDATIONS



- ❑ There is a need for strengthening capacities of the CHMTs in data management
- ❑ RHMTs and CHMTs have to reconcile data in their plans
- ❑ Finalization of the report

MWISHO

ASANTENI KWA KUNISIKILIZA