

**THE UNITED REPUBLIC OF TANZANIA**

**MINISTRY OF HEALTH**

National Package  
Of Essential Health  
Interventions in Tanzania

**January 2000**

## Table of Contents

<b>1.0 INTRODUCTION</b>	<b>1</b>
<b>1.1 The package</b>	<b>2</b>
<b>2.0 TANZANIA PACKAGE OF ESSENTIAL HEALTH PREVENTAIONS</b>	<b>2</b>
<b>2.1 Burden of Disease</b>	<b>3</b>
<b>2.2 Guiding principal for the district when preparing their plans</b>	<b>5</b>
<b>3.0 COMPONENTS IN THE NATIONAL PACKAGE OF ESSENTIAL HEALTH INTERVENTIONS</b>	<b>7</b>
<b>CHAPTER 1: REPRODUCTIVE AND CHILD HEALTH</b>	<b>9</b>
a) <b>Child Care</b>	<b>10</b>
b) <b>Material conditions</b>	<b>23</b>
<b>CHAPTER 2: COMMUNICABLE DISEASES CONTROL</b>	<b>34</b>
<b>2.1 MALARIA TREATMENT AND CONTROL</b>	<b>34</b>
<b>2.2 TUBERCULOSIS AND LEPROSY</b>	<b>44</b>
<b>2.3 HIV/AIDS AND STDS</b>	<b>54</b>
<b>2.4 PREVENTIONS AND CONTROL OF EPIDEMICS</b>	<b>81</b>
<b>CHAPTER 3: NON COMMUNICABLE DISEASE CONTROL</b>	<b>86</b>
<b>CHAPTER 4: TREATMENT OF COMMON DISEASES/ LOCAL PRIORITIES WITHIN THE DISTRICT</b>	<b>95</b>
<b>CHAPTER 5: COMMUNITY HEALTH PROMOTION/DISEASE PREVENTION</b>	<b>96</b>
<b>CHAPTER 6 : MANAGEMENT SUPORT</b>	<b>109</b>
<b>6.1 DISTRICT LEVEL</b>	<b>109</b>
<b>6.2 REGIONAL MANAGEMENT SUPPORT (RHMT)</b>	<b>109</b>
<b>6.3 CENTRAL (MOH) LEVEL</b>	<b>114</b>
<b>CHAPTER 7: CONCLUSION</b>	<b>123</b>

## List of Abbreviations

AMMP	Adult Morbidity and Mortality Project
CBD	Community Based District
CBO	Community Based Organs
CHW	Community Health workers
CORPS	Community Own Resource People
DHS	Demographic Health Survey
DTLC	District TB and Leprosy co-ordinator
EDP	Essential Drugs Programme
FP	Family Planning
HF	Health Family
HW	Health Workers
ITN	Impregnated Treated Nets
MVA	Manual Vacuum Aspiration
ON	Ophthalmia Neonarutum
PHAST	Participatory Hygiene And Sanitation Transformation
POD	Prevention of Disability
TBA	Traditional Birth Attend
TEHIP	Tanzania Essential Health Interventions Project
VPHC	Village Primary Health Committee
WDR	World Development Report

## **Foreword**

The public Expenditure Review (PER) of 1997/98 revealed a severe under funding public health services (at about 2.6 USD per capita), with a relative high government share of hospital expenditure (50% of budget), high personnel emoluments (70% of budget), few resources for daily operational costs outside drugs, and almost no capital expenditure. In such an economic situation the country cannot afford to finance non-essential health services and services which only cater for a limited number of the population.

Through the health sector reforms the MOH therefore has decided to prioritise service it provides by identifying package of essential preventive and i.e interventions which will most efficiently and effectively reduce the causes of morbidity and mortality, and which the government can afford to make available to the whole population.

This document provides guidelines, which will help the different *levels* of the sector (*i.e.* the district hospital, health centre, dispensary and the community) in implementing the various components within the essential health package. The RHMT and the DHMT have a great role in ensuring that the staff at the different levels are trained in the utilisation of the package. Funds for the training, Supervision, provision of drugs, equipment etc should be budgeted for during the planning process. At the same time efficiency, effectiveness and cost-effectiveness should be encouraged at all levels during implementation of the package so that the services are not only available but also are provided with maximum quality.

Training in quality assurance to both the RHMT and DHMT and sensitisation of regional political and administrative leaders has been conducted throughout the country. Achievement of the intended goals will require strong support of ,especially the local leaders and other partners in the districts. Teamwork is therefore crucial for the successful implementation of the package.

It is hoped that, with implementation of the National Health Package, Tanzania's proposed health goals for the year 2010 will be achieved. This is because the main objective of having a package is to offer services, which give greater health improvements *while* at the same time maximizing value for money therefore getting the most Health gain per input.

**M.J. Mwaffisi**  
**PERMANENT SECRETARY**  
**MINISTRY OF HEALTH**

## **INTRODUCTION**

The Ministry of health embarked on a health sector reform process in 1993 by preparing the Tanzania Strategy Note (1993). These reforms came as a result of the poor quantity of health services provided in the public health facilities.

Health reforms are defined as institutionalised changes in the way health services (curative, preventive promotive & rehabilitative) are produced and financed. They intend to facilitate increased production of quality health services in the most cost- effective way. Health sector reforms have been instituted to facilitate the overall objectives of the health policy in Tanzania which aims at improving the health and well – being of all the people in Tanzania, with a focus on those most at risk, and to encourage the health system to be more responsive to the needs of the people.

The main objective of HSR is the development of sustainable and equitable health care, based on the efficient use of available financial resources and health care providers. Economic constraints of the country, however, hamper the Ministry of Health in the provision of effective health services. Real per capita government expenditure on health has declined with years mainly because of reduced budget allocation and increased population growth rate; e.g. between 1978/1979 and 1988/1989 it declined by 46%. Consequently, the MOH could not provide services, which met all the possible needs of the population.

However, according to Mmuni et al (1994), the total health spending from financial sources corresponded closely to the burden of disease. Despite the close correlation between budgetary allocation and the burden of disease, money has not always been targeted towards the most cost-effective interventions within those diseases. It is therefore imperative that a package of both public health measures and clinical services which are highly cost - effective and help to resolve major health problems in the country is identified. Ideally the services delivered in the package should:

- Address major health problems
- Have a significant impact on health status
- Address prevention as well as cure
- Be cost - effective
- Improve equity
- Respond to the demands of the population

The national package of health interventions is a way of assuring that the highest priority services are fully supported. This does not mean that the

government and donors will not support other health services. On contrary, with the package identified, the government will have a bet; basis for setting other priorities to support in health care. Identifying , national package will also simplify the task of the government of planning investments in buildings and equipment, training of health personnel in purchasing of drugs and other medical supplies. It will also help t nation to estimate the need for external assistance and to use don resources well by channelling more funds to interventions with high impact on health outcomes.

The services in the package should be provided at all facilities and community levels. This is because the services provided in the package have the greatest impact on the overall burden of disease leading to significant impact on the overall health status of the Tanzanians i.e reduced IMR, MMR, increased life expectancy and other outcome indicators.

### ***1.1 The package***

The package is an integrated collection of cost -effective interventions that address the main diseases, injuries and risk factors, plus diagnostic and health care services to satisfy the demand for common symptoms and illnesses of the population to be served. The number of interventions included in the package depends on the health expenditure per capita available for the package .

The interventions in a package are clustered together so that they should be delivered together at a single visit of a patient client to the health facility or other community setting delivery point. The interventions are usually related and are clustered together so as to minimise the total cost of the package by sharing use of inputs and reducing the cost to the client of obtaining individual services. Cost effectiveness is achieved through synergism between treatment and prevention activities, joint production costs and improved use of specialised resources. Secondly the package is a way of assuring that the highest priority services get the highest priority with regards to finance.

## **2.0 TANZANIA PACKAGE OF ESSENTIAL HEALTH INTERVENTIONS**

The Tanzanian package of essential health interventions was defined at a meeting in Morogoro from 24/1/99 -31/1/99 through consensus building by involving as many partners as possible.

## ***2.1 Burden of Disease***

According to the WDR 1993, the criteria for choosing components in the package is to the size of the burden caused by a particular disease, injury ) or risk factor .

The burden of disease is the total amount of health life lost, to all causes, whether from premature mortality or from some degree of disability over some period of time. These disabilities can be physical, such as crippling or blindness, or mental, such as retardation or mental illness.

The burden of disease estimated at any moment reflects the amount of health care already provided to the population, as well as the effects of all other actions which protect or damage health. Where action is possible whether preventive, curative or palliative the effectiveness of the intervention is the reduction in disease burden.

To design this package, the burden of diseases was determined using mortality rate data from MTUHA (HMIS Abstract) the AMMP demographic study and the study by Mmuni et al. ( 1994) . Other sources of data were TEHIP, EDP and DHS studies. From the above source of data the following disease conditions were found to cause the highest mortality and morbidity among Tanzanians:

1. HIV/AIDS/STDs
2. Malaria
3. Diarrhoeal Diseases
4. Injuries /Trauma/ Emergencies
5. ARI
6. TB
7. Prenatal conditions
8. Maternal deficiencies
9. Nutritional deficiencies
10. Cardiovascular diseases /Stroke /Diabetes
11. Neoplasm
12. Immunisable diseases.

After the above were chosen, related conditions were clustered together into five components to form the national package as below:

1. Reproductive and Child Health
  - Maternal care
  - ANC
  - Obstetric care

## Post- Natal Care

### Gynaecology , STD / HIV

- Family Planning
- IMCI (Integrated Management of Childhood Illnesses)
- Prenatal Care
- Immunisation
- Nutritional care

### 2. Communicable Disease control; for

- Malaria
- TB/Leprosy
- HIV/AIDS/STD
- Epidemics (Cholera, Meningitis)

### 3. Non- Communicable Disease control; for Cardiovascular diseases

- Diabetes
- Neoplasms
- Injuries/Trauma
- Mental Disorders
- Anaemia & Nutritional Deficiencies

### 3. Treatment of other common disease of local priorities within the District e.g. Eye diseases, Oral conditions.

### 4. Community Health Promotion and Disease Prevention

- IEC
- Water hygiene and sanitation
- School Health Promotion

### Criteria for inclusion in the above package were:

- Addresses major health problems
- Have a significant impact on health status
- Addresses prevention as well as cure
- Is cost effective
- Improves equity
- Responds to demands of the populations
- Can be co-ordinated with mutually reinforcing interventions
- Maintains interventions which are in place and have shown to be effective
- Public good Character

It is worth noting that the sources of data utilised here have some limitations. For the HMIS data, the advantages are that it has a national coverage, the system is already in place, and reports are being generated with diagnostic racy by the health staff themselves.

However, the HMIS system provides no feedback to the peripheral, and receives irregular reporting from the facilities. Plans are underway to improve the HMIS system in its reporting and feedback mechanisms. Community based data will also be incorporated in to the system.

The AMMP study, a community based survey, was conducted in only 3 (out of the 114) districts in the country, which reduces representativeness of the sample. The verbal autopsy methodology employed for data collection in the study also reduces reliability of the findings.

### ***Guiding principles for the districts when preparing their health plans***

The health policy guidelines state that this package will be incorporated into the district health plans to enable the districts to utilise the meagre resources available effectively.

Under the overall vision of the health reform which is: "To provide Tanzanians with equity of access to cost-effective quality health care as close to the family as possible," the following specific principles should guide the districts in their annual planning efforts.

### **Essential services**

That are likely to have the greatest impact on the overall burden of disease and which can be offered to all in need should be given first priority. Deliberate and rational choices should be made. However, there will be a set of non-negotiable services and standards that all districts have to comply with.

### **Delegation of authority and responsibility**

Will be achieved through making the dispensaries, health centres and the district hospitals the key actors in the planning process. These facilities will also be held responsible for implementing what they planned.

### **Partnership with the community**

Will be achieved through the Primary Health Care Committees and the District Health Boards, through which the communities have a say in setting priorities according to their local needs.

### **Cost effectiveness**

Considerations should be an integral part of the planning process. Where there are more than one feasible ways of achieving similar results, the least costly approach should be chosen. The activities should take place at the lowest feasible level of the health care system or community.

### **Accountability**

Should be measured in both financial and performance terms. Each health unit, the DHMT as well as a community will have its own plan with clearly defined activities. Each activity should be costed and have quantifiable outcome and/or output indicators as well as achievable targets.

Adhering to these principles would mean a move towards a more tight planning approach, ensuring that current scientific knowledge and epidemiological evidence are translated into action at the community level. The principles and their consequences do not deprive the districts, peripheral units, or the communities the authority to set priorities, but it provides them with a rational framework within which to set their priorities in the spirit of health reform.

The Ministry of Health has provided a framework for planning for districts i.e. The District Health Planning Guidelines, which attempt to give exhaustive and detailed guidance on all technical aspects of the services. These guidelines are meant to facilitate a co-ordinated and integrated approach to planning in the districts. Other guidelines include The Planning Guide for Local Authorities Regarding Utilisation of the Health Basket Grant for the year 2000 which is a broad guide to assist districts to plan for the US\$ 50 cents per capita health basket grant.

### **3.0 COMPONENTS IN THE NATIONAL PACKAGE OF ESSENTIAL HEALTH INTERVENTIONS**

These include:

- 1. Reproductive and Child Health**
  - Material conditions  
ANC  
Obstetric care  
Post –Natal care  
Gynaecology, STD/ HIV
  - Family Planning
  - IMCI
  - Perinatal
  - Immunisation
  - Nutritional deficiencies
  
- 2. Communicable Disease Control**
  - Malaria
  - TB/Leprosy
  - HIV/AIDS/STD
  - Epidemics (Cholera, Meningitis)
  
- 3. Non – Communicable Disease Control**
  - Cardiovascular disease
  - Diabetes
  - Neoplasms
  - Injuries/ Trauma
  - Mental health
  - Anaemia & Nutritional Deficiencies
  
- 4. Treatment and care of other common disease of local priority within the district e.g. Eye disease, Oral Conditions etc.**
  
- 5. Community Health Promotion and Disease Prevention**
  - IEC
  - Water hygiene and sanitation
  - School Health Promotion

The vision is that the implementation of these national priorities will

contribute to the realization of the health policy of improving the health status of the population and higher coverage of health services for the people.

The specific objectives of the health policy are to:

- Reduce infant and maternal morbidity and mortality and increase life expectancy through the provision of adequate and equitable maternal and child health services, promotion of adequate nutrition, control communicable diseases and treatment of common conditions.
- Ensure that services are available and accessible to all in both urban and rural areas
- Sensitise the community on preventive health problems and improve the capabilities at all levels of the society to assess, analyse problems and to design appropriate action through genuine community involvement.

## **CHAPTER 1: REPRODUCTIVE AND CHILD HEALTH**

Reproductive Health is a state of complete physical, mental and social well – being in all matters relating to the reproductive system, its functions and processes. It implies that people have capacity to reproductive and freedom to decide if, when and how often to do so. In the context to primary Health Care – counselling, information, education and services on various aspects of reproductive health should be provided to individuals and communities.

In conjunction with reproductive health services for child survival should be provided with particular emphasis on prevention and management of the main causes of childhood illnesses which are diarrhoea measles, malaria, malnutrition and pneumonia.

The most immediate means to reduce the burden of diseases in children is to prevent occurrence of immunisable illnesses and prevent premature death through effective case management. Intervention in the package will focus on educating communities on various aspects on childhood illnesses, immunization and proper case management.

Interventions for improving maternal conditions will address priority areas i.e. family planning, maternal care including antenatal, obstetric care prenatal care, treatment of STDs, prevention of HIV / AID and any of the gynaecological problems.

Interventions will include:

1. Provision of information, education and communication on various aspects of RCH
2. Provision of basic and comprehensive essential obstetric care at appropriate levels
3. Training of Health personnel and improving supply of essential drugs and equipment.

*a) Child Care*

**TABLE 1: SUMMARY OF INTERVENTIONS AT DIFFERENT LEVELS FOR CHILD CARE**

<b>Disease</b>	<b>Community Level</b>	<b>Dispensary</b>	<b>Health centre</b>	<b>District Hospital</b>
<b>NUTRITION DISORDERS</b>	<p>Information and education to women, families, pupils and communities on nutrition</p> <p>Recognition nutrition faltering and action</p> <p>Breast – feeding support groups</p> <p>Growth monitoring and promotion including pupil health screening</p> <p>Micronutrient supplementation: - Iron supplement - Vitamin A supplement</p> <p>Monitoring of salt iodination</p> <p>Appropriate feeding during and after illness</p> <p>Deworming</p> <p>School feeding</p>	<p>Information and Education as per community</p> <p>Support Community on breast feeding and appropriate complimentary feeding</p> <p>Multiple Micronutrient Supplementation (Vitamin A, Iron, Folate, Iodine, etc)</p> <p>Identification and management of nutritional problems, including counselling and referral</p> <p>Growth Monitoring</p> <p>Material nutrition Diagnosis and treatment of intestinal worms (Deworming)</p>	<p>As Dispensary Level PLUS</p> <p>Treatment of severe malnutrition</p> <p>Support dispensaries and Community</p>	<p>As for Health Centre Level PLUS</p> <p>Management of complicated cases</p> <p>Proper management of condition which lead to malnutrition (Low birth wt, Measles diarrhoea etc).</p>

<b>ARI</b>	<p>Information and Education to women, families and communities about early recognition of diseases including danger signs</p> <p>Home Care</p> <p>Early care seeking</p> <p>Use of CHW</p>	<p>Information and Education as per community</p> <p>Standard Management of uncomplicated cases (ref. IMCI)</p> <p>Referral for service cases and pre- referral treatment (Ref. IMCI)</p>	<p>Information and Education as per dispensary</p> <p>Standard case management (Ref. IMCI)</p> <p>Referral and Pre-referral treatment</p>	<p>Information and Education as per health centre</p> <p>Standard Case management (Ref. IMCI)</p> <p>X-ray and Laboratory investigations</p>
<b>DIARHOEA</b>	<p>Information and education</p> <p>Prevention (PHAST)</p> <p>Home based Care- food, fluids including ORS, breast feeding</p> <p>Early care seeking</p>	<p>Information and education. (Ref. IMCI)</p> <p>Standard Care of uncomplicated case management</p> <p>Referral and pre- referral treatment</p>	<p>Information and Education</p> <p>Standard case management (disease)</p> <p>Referral treatment</p>	<p>Information and education</p> <p>Lab. Investigation</p> <p>Microscopy culture and electrolytes</p> <p>Standard case management</p>

<p><b>PERINATAL</b></p>	<p>Informational and Education women families and communities about:</p> <p>The needs of pregnant women including maternal nutrition</p> <p>Danger signs and appropriate actions including transportation for emergencies</p> <p>Birth preparedness, including local transportation for emergencies</p> <p>Early care seeking for pregnant women and neonates</p> <p>Attending antenatal clinics.</p> <p>Safe delivery of the Neonates</p> <p>Maternal nutrition</p> <p>Malaria Control in pregnancy</p> <p>Early identification of problems and referral</p>	<p>Information and Education as per community</p> <p>Antenatal care</p> <p>At risk screening and early referral</p> <p>Micronutrient supplementation for mothers and low birth wt babies</p> <p>Vaccination</p> <p>Postnatal follow up of mothers and neonates</p> <p>New-born care:</p> <ul style="list-style-type: none"> <li>- Resuscitation of the new born</li> <li>- Immunisation (BCG &amp; OPV)</li> </ul> <p>Case management (Ref. IMCI)</p> <p>Normal deliveries:</p> <ul style="list-style-type: none"> <li>- Clean safe delivery practices</li> <li>- Recognise problems and complications and manage or refer as appropriate</li> </ul> <p>Screening and treatment of STDs</p> <p>Support TBAs and CHWs</p>	<p>As dispensary PLUS</p> <p>Conduct normal deliveries and some high risk deliveries</p> <p>Referral</p> <p>Support dispensaries, TBAs, and other CHWs</p>	<p>As Health Centre PLUS</p> <p>Management of Obstetric and Gynaecological conditions</p> <p>Blood transfusion</p> <p>Care of the Neonates (Nursery care)</p>
-------------------------	---	--	--	---

<b>IMMUNISABLE DISEASES</b>	<p>Information and Education to women, families and communities about importance of immunizing against six killer diseases (diphtheria, pertussis, tetanus, measles, polio and tuberculosis)</p> <p>Reporting of disease of Health authorities (measles, neonatal tetanus, AFP/ Cases)</p> <p>Community participation in Immunisation activities</p> <p>Advocacy for immunisation of pupils to parents, teachers and communities</p> <p>Information and education to women, families and communities about the importance of Hepatitis B infection and need to vaccinate</p>	<p>Information and Education as per community</p> <p>Recognise six immunisable diseases and treatment</p> <p>Recognise Hepatitis B</p> <p>Status and reach immunization services</p> <p>Reporting of three priority diseases (Measles Neonatal Tetanus and AFP cases)</p> <p>Case investigation</p> <p>Out – break investigation</p> <p>Cold chain maintenance and minor refrigerator repair</p> <p>Support to community</p>	<p>As Dispensary PLUS</p> <p>Management of uncomplicated measles, tuberculosis.</p> <p>Support to dispensaries and community</p>	<p>As Health Centre PLUS</p> <p>Case investigation</p> <p>Out break investigation</p> <p>Manage tetanus, polio cases</p> <p>Management of Complicated cases</p>
<b>MALARIA</b>	<p>Early recognition of malaria including danger signs:</p> <ul style="list-style-type: none"> <li>- Use oral anti- malarias</li> <li>- Treated insecticide bed nets</li> </ul> <p>early care seeking</p>	<p>Standard management of uncomplicated cases (ref. IMCI) referral for severe cases and pre –referral treatment (Ref. IMCI).</p>	<p>As dispensary</p>	<p>As Health centre PLUS</p> <ul style="list-style-type: none"> <li>▪ Management of severe</li> <li>▪ Use of IV fluids</li> <li>▪ Blood transfusion</li> </ul>

**TABLE 2: IMPLEMENTATION STRATEGY – CHILD CARE**

<b>LEVEL</b>	<b>INTERVENTION</b>	<b>ACTIVITY</b>	<b>INPUT</b>	<b>OUTPUT</b>	<b>INDICATOR</b>
<b>COMMUNITY</b>	Information and education to women, families and communities about: <ul style="list-style-type: none"> <li>▪ ARI</li> <li>▪ Diarrhoea</li> <li>▪ Perinatal condition</li> <li>▪ Immunisable diseases</li> <li>▪ Nutritional disorders</li> <li>▪ Malaria</li> </ul> Home based care	Design develop and production of IEC materials on recognition of the disease early signs, danger signs, Home Care and early care seeking and importance of immunisation against six killer diseases	Skilled personnel funds and time	Messages developed	Number of IEC materials and messages developed
		Disseminate IEC materials and message to community and schools.	Funds Media meetings	Community made aware	Number of village/schools comm. With IEC materials
		Sensitise CORPs and community leaders	Funds meetings and village health days	Community made aware through CORPs and teachers	Numbers of meetings between CORPS and community leaders
		Provide training to HWs and school teachers on: Health communication skills	Funds, training materials facilitators	HWs and teachers with skills on health comm.	Proportion of families with appropriate knowledge on childhood illnesses
		Home based care as per IMCI guidelines		HWs with skills of Home based care as per TMCS	Number of HWs and teachers Trained on health communication skills

		Develop frame work to strengthen linkage between CORPs schools and local HFs  Train CORPs member of VPHC, teachers and extension workers	Community and pupils trained on PHAST	Link between HFs teachers and CORPs established	Number of HFs and schools reporting link  Number of communities members and pupils trained on PHAST
Use of CHW And school teachers  Participatory hygiene and sanitation transformation		Develop a plan of action on interventions	Funds training materials	Plan of action PHAST developed	Number of schools, communities, villages with intervention plan on PHAST
Safe delivery care		Provision of essential delivery kits/TBA kits  Train and follow up of TBAs  Establish community based pregnancy monitoring system	TBA Kits and Transport  Funds training materials facilitators meeting and IEC materials  Villages register for pregnancy monitoring	TBAs trained on safe delivery TBAs provided with kits  Villages register for pregnancy monitoring Put in Place	Promotion of TBAs trained  Number of village with established system for pregnancy and birth monitoring
New – born and neonates		Establish community Based birth records	Villages register for birth	Village register for birth put in place	Number of Villages with established birth monitoring

	Establishment and strengthen community based disease surveillance  Community participation	Train on disease surveillance of CORPs Community leaders  Advocate to communities on support of outreach and mobile services for immunisation	Food for HWs  Orientation of community groups advocacy	CORPs and community leaders trained on diseases surveillance  Community participating	Number of committees with established community based diseases surveillance  Number of communities participating in disease surveillance  Raised vaccination
		Promote use of impregnated bed nets Establish community based support groups	Bed nets	House hold using bed – nets  Breast feeding support groups established	Number of household using bed – nets  Number of villages with breast feeding support groups
	Breast feeding support groups  Multiple Micronutrient supplementation	Identify target groups for multiple micronutrient supplementation	Meetings for discussion Register	Target group identified	Number of villages/ Communities with identified target groups

	Growth Monitoring and Promotion	<p>Establish a frame work for distribution</p> <p>Train and follow up CORPS provision up supplies implementation of appropriate complementary feeding</p> <p>Sensitise CORPS on issues of IMCI</p>	<p>Funds</p> <p>Training materials</p> <p>Register cards</p> <p>Weighing scales</p> <p>Trained CORPS</p>	<p>Frame work for distribution put in place</p> <p>CORPS trained</p> <p>Supplies provide</p> <p>Community based growth monitoring put in place</p>	<p>Number f villages/ communities with established distribution system</p> <p>Number of Communities/villages with CORPS trained in Growth monitoring.</p> <p>Number of communities/ villages with functioning growth monitoring system</p>
	Monitoring of Salt Iodination in schools.	<p>Orientation of health workers and other external staff</p> <p>Provision of kits and reagents</p>	<p>Meetings</p> <p>Test kits and reagents</p>	<p>Orientation to HWs ans extension workers taken place</p> <p>Kits provided with reagents</p> <p>Target group identified</p>	<p>No of HW and extension workers orientated</p> <p>No. of schools provided with test kits and reagents.</p> <p>No. of villages with identified target groups</p>
	Deworming in schools	<p>Identification of the target group</p> <p>Provision of Anthelminths</p>	<p>Meeting with school committee members</p>	<p>Anthelminths</p>	<p>No. of Committees supplied with anthelminths</p>
	School Feeding	<p>Sensitisation of school committees</p>	<p>Meetings held worth leader at different levels</p>	<p>School Committees sensitised</p>	<p>No. of schools with feeding programs</p>

	Hygiene and sanitation in schools	Sensitise pupils on hygiene and sanitation  Provide washing and sanitary facilities in schools	IEC materials on hygiene and sanitation  Water supply, latrines and cleaning facilities	Pupils taught on hygiene and sanitation  Pupils practising hygiene and sanitation  Schools supplied with water, latrines and sanitary facilities	% of schools with IEC materials and sanitation  % of schools with safe water supply, proper latrines and sanitary facilities.
<b>DISPENSARY AND HEALTH CENTRES</b>	Information and education	Same as for community level	IEC materials	Messages developed	Number of IEC materials and messages developed and being used
	Standard case management	Conduct training of HWs on IMCI	Funds Facilitators Training materials	HWs trained on IMCI	Numbers of HWs trained on IMCI
	Referral and Pre-referral treatment	Provision of drugs recommended for IMCI  Establish mechanism for referral	Drugs  Transport Communication Registers	Drugs supplied  Mechanism for referral put in place	Number of Dispensary with adequate drugs  Number of Dispensary with referral system put in place

	Multiple Micronutrient Supplementation	Train HWs on the use of Multiple Micronutrient Supplementation  Provision on multiple Micronutrient supplementation	Funds, facilitators Training materials  Funds Transport Micronutrients: (Vitamin A, - Iron, Iodine, folic Acid)	Training conducted  Micronutrients made available	Number of HWs in the Dispensary trained in micronutrient supplementation  Number of Health facilities provided with multiple micronutrients
	Postnatal follow- up of neonates	Training of HWs on proper care of neonates and new born including life saving skills  Provisional supplies	Funds, training materials, facilitators  Funds, drugs, equipment, glove, vaccine, cards (MCHI)	Health workers trained on post natal follow up of neonates  Supplies provide	Numbers of HWs trained on Neonatal care and available to exercise the function  Numbers of HFs provided with the necessary supplies
	Recognition of six immunisable diseases and standard treatment  Static and out- reach immunization services	Train HWs Provide Drugs and other Medical supplies  Provide immunization  Provide of supplies	Funds Training Materials Facilitators  Funds, vaccines other cold chain supplies, Sterilization equipment and transport	HWs trained Dispensaries provided with drugs and medical Supplies  Supplies provide	Number of Health facilities with adequate drugs and medical supplies  Number of Dispensary well supplies and equipped  Proportion of dispensaries providing all immunisation and conducting outreach

	Reporting of 3 priority disease AFP, measles and neonatal tetanus	Training Active search of cases (AFP) Identify and report cases	Funds, training materials and facilitators Reporting of priority diseases Cases reported	HWs trained on reporting of priority diseases Cases reported	Number of HFs with trained
	Case and outbreak investigation	Provide standard case definition Reporting outbreaks and cases to DMHT	Funds, investigation notification reporting forms Transport	Standard case definition provide Follow up done	Number of HFs with standard case definition Number of cases and outbreaks followed up
	Cold chain maintenance and minor repair	Provide of spare part and repair kits	Funds Spare parts kits Kerosene	Spare parts and repair kits provided	Number HFs with adequate spare parts and repair kits provided
	Appropriate complimentary feeding and growth monitoring Management of cases and referral	Train of HWs Provide equipment Train HWs	Funds Training materials and facilitators Funds Training materials and facilitators	Health workers trained in appropriate complimentary feeding Equipment for growth monitoring provided	Number of Dispensaries equipped with Growth monitoring equipment Number of Health workers trained in counselling skills.

	School based screening immunisation and deworming	Health Workers to conduct screening, immunization and deworming of pupils	Anthelminths, vaccines, pupils health records	Health workers trained in counselling skills  Anthelminths provided  Pupils screened, immunized and dewormed	Number of HFs with adequate supply of anthelminths  % of schools conducted Screening Immunisation and deworming
<b>DISTRICT HOSPITAL</b>	Informational and education	Same as for Health centre		IEC material developed	IEC material available at District level
	Standard case management	Provide treatment as per IMCI guidelines (measles, NNT)  Provision drugs as recommended for IMCI  Training of HWs on IMCI  Provision of immunisation	Personnel Funds Stationery Training materials Transport Drugs/ vaccines	Trained personnel  Drugs supplied	Number of HWs trained in IMCI care and available to exercise the function  No. of hospitals with adequate IMCI drugs
	Multiple micronutrient supplementation	Train HWs on the use of multiple micronutrient supplementation	Funds, Facilitators Training materials Vit. A, Iron tab. Iodine	Trained personnel  Availability of micronutrients	No. of Health facilities provided with multiple micronutrients

	Postnatal follow up of neonates	<p>Training of HWs on proper care of newborn and neonates, including life saving skills</p> <p>Provision of supplies of equipment</p>	<p>Training material</p> <p>Funds</p> <p>Facilitators</p>	<p>Health workers trained in post natal care</p> <p>Follow up of neonates</p> <p>Supplies provided</p>	<p>Number of health workers trained in postnatal care</p> <p>% of neonates followed up</p> <p>number of facilities with adequate supplies</p>
	Support to community health workers	<p>Supervision of Community Health Workers</p> <p>Training of health workers</p> <p>Provision of drugs and other medical supplies</p>	<p>Funds</p>	<p>Supervision conducted</p>	<p>Number of community HWs supervised regularly</p> <p>No of community HW with adequate drugs and medical supplies</p>
	Recognition of six immunisable disease and standard treatment	<p>Provision of essential supplies and vaccine</p>	<p>Funds</p> <p>Transport</p>	<p>Dispensaries provided with drugs and supplies</p>	<p>No. of Health facilities with adequate drugs and medical supplies</p>
	Reporting of 3 priority disease (polio, measles and neonatal tetanus)	<p>Complies disease data</p> <p>Collect specimen for investigation</p> <p>Verification of diseases reported</p>	<p>Funds</p> <p>Transport</p> <p>Equipment and supplies</p>	<p>Cases reported</p>	<p>Number of cases reported</p>
	Case and out break investigation	<p>Follow up to cases</p> <p>Provide necessary vaccines and supplies to HFs and communities</p>	<p>Vaccines</p> <p>Supplies</p> <p>Funds</p> <p>Transport</p>	<p>Cases followed up and investigated</p>	<p>Number of cases followed up and investigated</p>

	Cold chain maintenance and repair (in cases of district vaccine store)	Provide cold chain maintenance  Distribution of vaccine and repair kits	Spare parts Vaccines Repair kits Kerosene Transport	HFs with adequate vaccine, spare parts, kerosene to run refrigerators	Numbers of HFs with adequate vaccine, spare parts, kerosene to run refrigerators
	Appropriate complimentary food and growth monitoring management of cases including referrals	Training of HWs  Provision of appropriate complementary feeding	Funds Trainers Training materials	HWs trained	Numbers of HWs trained
	Schools based screening, immunisation and deworming	HWs to conduct screening, immunization and deworming of pupils	Screening equipment Antihelminths Vaccines Pupils health records	Pupils screened, immunised dewormed	% of schools conducted screening immunization and deworming

## **(B) *Maternal conditions***

Interventions for the mother include Reproductive health care. It is envisaged that when a pregnant woman goes to a health centre or hospital, she will receive services which will address the priority areas on productive health i.e. family planning, maternal care eg antenatal, obstetric and perinatal care, prevention and treatment of STDs including HIV / AIDS and any other gynaecological problem.

Family planning, especially when delivered through community – based services, is among the most cost - effective means of improving maternal and child health. Family planning is an effective means of avoiding fertility - related risks. It can prevent unwanted pregnancies therefore reducing the toll of maternal deaths due to unsafe induced abortions.

Once a woman becomes pregnant she requires the provision of essential maternity care to reduce her risk of diseases or death and that of her infant. The care starts from pre - natal to delivery and post partum, all these delivered as close as possible to where people live.

### **Interventions**

#### ***Information, Education and Communication:***

Health education should be provided at the facility and in the community to create demand for utilisation for reproductive health services e.g. clinical and family planning services, programme risks and alert women to danger signs and symptoms during pregnancy or delivery. Health workers should also mobilise communities for transportation of pregnant women to health care facilities and to motivate women to use available services.

#### ***Primary obstetric care at dispensary and health centre level***

Health workers should provide prenatal care, including counselling, risk assessment and follow up of risk pregnancies, treatment of existing diseases e.g. STDs, provision of supplements and contraceptives e.g. Folate, Irons etc. , and tetanus toxoid immunization.

Health centres should target detection of complications of pregnancy, early referral and management of normal delivery including prophylaxis for ophthalmic neonatorum, obstetric first aid including that needed to deal with the major obstetric complications such as haemorrhage, sepsis, eclampsia, obstructed labour and abortion complications.

#### ***District Hospital***

To provide definitive treatment of obstetric complications including caesarean delivery, anaesthesia, blood replacement, and neonatal resuscitation.

To train health personnel in standard case management. Also training of TBAs, to deliver uncomplicated pregnancies and prompt referral whenever indicated

To improve the supply of essential drugs



**TABLE 1: SUMMARY OF INTERVENTIONS AT DIFFERENT LEVELS FOR MATERIAL CONDITIONS**

<b>DISEASE CONDITIONS</b>	<b>COMMUNITY LEVEL</b>	<b>DISPENSARY LEVEL</b>	<b>HEALTH CENTRE LEVEL</b>	<b>DISTRICT HOSPITAL</b>
Malaria, Anaemia etc	<p>Information and education to women, families, schools and communities on different material conditions and action to take</p> <p>Identification and referral of at risk pregnancies</p> <p>Promote use of insecticide treated nets, prophylaxis and adherence to treatment</p> <p>Provision of multiple micronutrients accordingly (Vitamin A, iodine, iron and folic acid)</p> <p>Uncomplicated deliveries by TBAs</p>	<p>Advocacy and IEC as per community level PLUS:</p> <p>Antenatal Care:- At risk screening Perform standard testing (syphilis, urine analysis, Hb).</p> <p>Screening for STD and provide appropriate treatment and counselling, refer where applicable.</p> <p>Vaccination TT</p> <p>Treat malaria and intestinal parasite Manage complications and refer as required.</p> <p>Provide prophylaxis and micronutrient supplementation (Folic acid, iron, etc.)</p> <p>Develop individualised birth plan (place of delivery, emergency preparedness)</p>	<p>As per dispensary Pus (depending on personnel and equipment)</p> <p>Manager certain problems and complication (mild – preclampsia, incomplete abortion etc.</p>	<p>As per Health Center PLUS:</p> <p>X-ray and laboratory services.</p>

		EOC – Normal deliveries (safe and clean, appropriate care of new born).		
<b>HIV/AIDS &amp; STDs</b>	Provide IEC, counselling) Refer STI chapter 2)	As per community level	As per dispensary level	Perform HIV testing where necessary and provide counselling
<b>Obstetric Emergencies</b>	Recognise problems and complications at early stage and seek appropriate care  Perform obstetric first aid and provide safe transport	Care of obstetric emergencies Recognise complication at earl stage, initiate management and refer  Training and supervision of TBA’s and CBDs	Perform expanded emergency obstetric procedure  Repair of vagina/ cervical lacerations Vacuum extraction Manual removal of placenta  Refer patients requiring comprehensive emergency obstetric procedures (e.g. c/s etc.)	Comprehensive emergency obstetric care  Caesarean section Blood transfusion Other abdominal/ obstetric Surgery
<b>Unwanted pregnancies including adolescent pregnancies</b>	Advocacy on: FGM and adolescent RH  Provision of Family Planning methods (Pills, condoms, foam tablets) and refer for long term and permanent methods (injectables, intrauterine devices, tubal legation)	Post- abortion care: Recognize sings, manage sepsis and shoot, refer for further cases if necessary Provide post abortion counselling) and FP methods, etc.	As per dispensary level PLUS  Use of MVA	As per Health Centre  FP as per health centre

		FP counselling and methods (Pills, injectables, condoms foam tables) and IUCD refer for NORPLANT insertion and removal	FP per dispensary level PLUS:- Insertion and removal of NORPLANT	PLUS:- Tubal ligation Vasectomy NOR PLANT Insertion/ removal
<b>Cancers of reproductive organs</b>	Provide IEC to women, families, schools and communities about various cancers (breast, cervical, prostate etc.) Breast cancer screening by CBDs Referral of suspected cases (Refer chapter of non-communicable disease)	Breast and cervical cancer screening and refer suspected cases.	As per dispensary level	Screening of breast, cervical and other cancers.  Rehabilitation of services for cancer cases.
<b>Infertility</b>	Create awareness on infertility to women families and communities  Refer for investigation	Screening and refer	As per dispensary level	Specialized gynaecological interventions (investigation and management of infertility)

**TABLE 2 : IMPLEMENTATION STRATEGY FOR MATERIAL CONDITION AT DIFFERENT LEVELS.**

<b>LEVEL</b>	<b>INTERVENTION</b>	<b>ACTIVITY</b>	<b>INPUTS</b>	<b>OUT PUTS</b>	<b>INDICATOR</b>
<b>COMMUNITY</b>	Information and education to women, families schools and community on different maternal condition and preventive measures	<p>Sensitisation Meeting and seminars in community and schools</p> <p>Identification of at risk pregnancies and referrals</p> <p>Provision of insecticide treated nets</p> <p>Family Planning Multi micro-nutrients supplements</p> <p>Establish community based pregnancy monitoring</p>	<p>Facilitators</p> <p>Training materials</p> <p>Funds</p> <p>Various related IEC materials</p> <p>Records of various forms</p> <p>Treated Nets</p> <p>FP methods</p> <p>Vitamin A, iron, Folic Acid, Iodine</p>	<p>Informed community</p> <p>Insecticide treated nets in use</p> <p>Availability of FP methods and micro – nutrients</p> <p>Pregnancy monitoring system in place</p> <p>Referral system established</p> <p>Identification of at risk pregnancy’s</p> <p>Maternity waiting home established</p> <p>CORPS trained</p> <p>Community social funds in place</p>	<p>No. and types of IEC materials available the community</p> <p>Report on number of meeting sensitisation conducted</p> <p>No. of community with established referral system and pregnancy monitoring</p> <p>Percentage of pregnant women receiving micronutrients</p> <p>No. of at risk women referred</p> <p>Proportion of families using insecticide treated nets.</p> <p>Percentage of FP new acceptors.</p>

<p><b>Dispensary</b></p>	<p>Information and education to women, families, school and communities as per community level</p> <p>Provision of antenatal</p>	<p>Conduct sensitisation meeting and seminar in community and schools</p> <p>Conduct various health education counselling sessions in health facilities</p> <p>Provide antenatal services: Screening of at risk Testing syphilis, Hb urine analysis, screen for STD Vaccination</p> <p>Prophylaxis for malaria</p> <p>Micro- nutrients supplement</p> <p>Treatment of common illnesses</p> <p>Develop individualise birth plan On job training of service provider</p>	<p>Various IEC materials (leaflets, posters, booklets)</p> <p>Training materials</p> <p>Policy guidelines and standard of service delivery</p> <p>BP machine Weighing scale Reagents for screening and testing TT vaccines Iron, iodine vitamin A, Folic acid Anthelmithics Refrigerator, kerosene</p> <p>Various registers – HMIS Other essential equipments</p>	<p>Clients informed</p> <p>Well attended antenatal clients</p> <p>Health facility with essential equipment and supplies.</p> <p>Health provide with improved skills</p>	<p>No. of sensitisation meeting and seminar conducted</p> <p>No and types of IEC material available at dispensary level No of health session and topic covered. Proportion of antenatal clients screened immunized and received iron/ for later.</p> <p>Proportion of Health facility with essential equipment and supplies</p> <p>Parentage of Health workers trained.</p>
--------------------------	--	--	---	---	---

		<p>Conduct normal deliveries and care of the new born</p> <p>Training of service providers in life saving skills including care of newborn and neonates</p> <p>Training and supervision of TBA's and CBDs</p>	<p>Delivery kit Oxytocin, sutures Delivery bed Partograph forms Mucus extractor Facilitator Funds Training materials Neonates TBA kits Funds</p> <p>Various recording and referral forms</p>	<p>Safe and clean normal delivery conducted</p> <p>Service provide with improved life saving skills and new born care</p> <p>Trained and supervise TBAs and CBDs</p>	<p>% of labours in which partograph was used correctly</p> <p>% of births attended by trained personnel</p> <p>% of health workers at health facility trained in life saving skills and care of newborn</p> <p>% of TBA trained and supervised</p>
	Care of obstetric emergencies	<p>Training of service providers on life saving skills Provide emergency obstetric first aid and referral</p>	<p>Facilitator Training materials Funds Infusion Transport Ergometrine Anticonvulsant</p>	<p>Skilled service provide</p> <p>Appropriate referral made</p>	<p>% of service providers trained in life saving skills.</p> <p>% of pregnant women with problems referred</p>
	Post natal services	<p>Recognise problems or complications early and manage appropriately or refer</p> <p>Provide micro-nutrients supplementation e.g. vitamin A.</p>	<p>Vitamin A Folic Acid Iron</p> <p>Family Planning method</p>	<p>Post natal services offered</p>	<p>% of Health facilities offering post natal services.</p>

		Provide counselling on BF, FP, Maternal Nutrition etc			
	Post abortion Care	Recognise, assess signs of abortion early and refer  Provide post abortal counselling including FP	Essential equipment Transport	Post abortal care offered	% of health facility offering post abortal care
	Family Planning service provision	Provide method of choice	Pill, condoms, foam, tablets, injectables	FP services offered	% of facilities offer FP  no. of new acceptors annually
	Screening for cancer of reproductive organs	Screening counselling and refer suspected cases	Examination bed Speculum	Screening services offered	No. of referred cancer cases
<b>Health Center</b>	Information, education to women, families, schools and community as per dispensary level	As per Dispensary level	As per Dispensary level	As per Dispensary level	As per Dispensary level
	Provision of antenatal care	As per Dispensary level	As per Dispensary level	As per Dispensary level	As per Dispensary level
	Care during birth	Conduct normal deliveries and care of the new born plus:- Conduct minor obstetric procedure repair of tears (vagina/cervical) Manual removal of aspiration	As per Dispensary level plus Episiotomy equipment  MVA kits	Safe and clean delivery conducted	As per Dispensary level plus Health facility using MVA kits

		Training in life saving skills as per dispensary level plus use of MVA kit.		Service providers trained in use of MVA instrument	% of service providers trained on MVA
	Care of obstetric emergencies	As per Dispensary level	As per Dispensary level	As per Dispensary level	As per Dispensary level
	Postnatal services	As per Dispensary level	As per Dispensary level	As per Dispensary level	As per Dispensary level
	Family Planning services	Provide methods of choice Insertion and removal of Norplant	As per Dispensary level plus IUCD	As per Dispensary level	As per Dispensary level
	Screening of cancer of reproductive organs	As per Dispensary level	As per Dispensary level	As per Dispensary level	As per Dispensary level
<b>District Hospital</b>	Information, education to women, families, schools and community as per Health Centre level	As per Health centre level	As per Health centre level	As per Health centre level	As per Health Centre level
	Provision of antenatal care	As per Health centre level including X- ray and uterine sound services	Same as for Health Centre Plus: X-ray and uterine sound instruments machines	Same as for Health Centre	Same as for Health Centre

	Care during birth  Care of obstetric emergencies	As per Health centre level Plus: Care of referred cases  Emergency obstetric services:  Caesarean section Vacuum extraction Blood transfusion Perennial, vaginal and cervical repair Post natal care and follow up Neonatal resuscitation Conduct maternal death inquires	MVA kits, contraceptives, antiseptic, antibiotics, anticonvulsant and analgesics Equipment and supplies as per health centre plus: For general anaesthesia, equipment, for caesarean section, resuscitation equipment's Maternal deaths investigated Equipments for vacuum extraction	Comprehensive services offered	% of women with obstetric complication treated within 2 hours of presentation at the health facility.       % of maternal death investigated
	Family planning	Same as for Health Centre Plus Voluntary surgical contraception	Min lap kits Norplant kits Vasectomy kits	Maternal deaths investigated	Percentage of maternal deaths investigated Same as for Health Centre Level
	Screening for cancer of reproductive organs	Screen and rehabilitative care	Anti cancer drugs		

## **CHAPTER 2:**

### **COMMUNICABLE DISEASES CONTROL**

The communicable diseases of public health importance in Tanzania are Malaria, Tuberculosis, Leprosy, HIV /AIDS/STD and the epidemics, such as cholera, meningitis and plague. These disease conditions cause the highest mortality among Tanzanians.

#### **2.1 MALARIA TREATMENT AND CONTROL**

According to Mmuni et.al. , malaria is the largest cause of life year lost. It contributes 16.67% to the total deaths and 19 life years lost. Data collected by the HMIS also show that malaria is the number one cause of illness in Tanzania.

A number of interventions can be applied to prevent malaria, including personal protection, controlling mosquito breeding areas, insecticide spraying of households and the use of impregnated bed-nets. Effective treatment is linked to the availability of drugs and patient compliance other treatment regime malaria cases.

The community based malaria control needs to be supported by involving the communities and households to take primary responsibilities of malaria control activities for their own benefit and for ensuring sustainability of the interventions. For the facilities, education on proper first and second line case management should provided.

**TABLE 1: SUMMARY OF MALARIA PREVENTION AND CONTROL AT DIFFERENT LEVELS**

<b>DISEASE CONDITION</b>	<b>COMMUNITY LEVEL</b>	<b>DISPENSARY LEVEL</b>	<b>HEALTH CENTRE LEVEL</b>	<b>DISTRICT HOSPITAL</b>
<b>MALARIA</b>	<p>Health Education and information</p> <p>Use of insecticide treated nets (ITNs)</p> <p>Home based care</p> <p>School Health education on malaria prevention</p> <p>Sustainable source reduction</p> <p>Use of chemoprophylaxis to pregnant women</p>	<p>Health education and communication</p> <p>Promote and use of insecticide treated nets</p> <p>Chemoprophylaxis pregnant women</p> <p>Strengthening laboratory diagnosis</p> <p>Proper case management</p> <p>Promotion of home based care</p> <p>Supportive supervision to communities</p> <p>Maintaining referral system for severe cases of malaria</p>	<p>Health Education and community</p> <p>Promote and use of insecticide treated nets</p> <p>Chemoprophylaxis to pregnant women</p> <p>Strengthening laboratory services</p> <p>Proper case management</p> <p>Promotion of home based care</p> <p>Supportive supervision to dispensaries and communities</p> <p>Maintaining referral system for severe</p>	<p>Health Education and community</p> <p>Promote and use ITN</p> <p>Chemoprophylaxis to pregnant women</p> <p>Strengthening laboratory services</p> <p>Proper case management</p> <p>Promotion of home based care</p> <p>Supportive supervision to lower level health facilities</p>

**Table 2: Implementation strategy for Malaria control at different levels**

<b>Level</b>	<b>Interventions</b>	<b>Activities</b>	<b>Inputs</b>	<b>Outputs</b>	<b>Indicators</b>
<b>COMMUNITY</b>	Health education and information	Advocacy meetings to PHC Committees, influential people and the community at large	Resource persons/ facilitators logistic support including transport funds training manual	Communities with improved awareness on malaria prevention and home treatment	Number of advocacy meetings conducted
		Training CORPs and community based organisation (CBOs) on malaria prevention and control .	logistics support resource persons / Facilitators Funds	Community's own Resource persons have improved skills on malaria prevention and treatment	Number of proportion of with CORPs trainee on malaria prevention and home treatment
		Disseminate IEC materials on malaria to communities	IEC Materials Logistic support		Proportion of communities with IEC materials
	Promote use of ITNs	Avail nets and insecticides (set up a system for their purchase)	Funds	Mosquito nets and insecticides available at community level	Proportion of households with ITNs
	School health education on malaria prevention	Train teachers on malaria prevention	Guidelines IEC materials Funds Logistic support	School teachers well informed on malaria prevention and first line treatment	Proportion of schools conducting classroom sessions on malaria prevention  Number of teachers trained

	Community health based care	Education communities on signs and symptoms of malaria	Guidelines Training Manuals Resource Persons CORPs Logistic support		
--	-----------------------------	--	---	--	--

<b>DISPENSARY</b>	Health education on communication	Disseminate IEC materials on malaria  Conduct health education sessions at the health facility	IEC materials Resource persons  IEC materials Manuals/ reference materials Resource persons	IEC materials Available at health facility and communities.  Regular Health Education sessions on malaria conducted	Proportion of health facilities with IEC material  Proportion of health facilities with malaria topic in their health education plans.
	Promote use of ITNs	Educate and sensitise communities on the use of ITNs  Health Assistants and Extension workers to be TOTs on ITNs	Resource person Logistic support  Resource persons Training manuals Funds Logistic support Trainees	Increased use of ITNS by household.  Health assistant and extension workers have skills on the use of ITNs.	Number of families using ITNs frequently  Number of health assistance and extension workers trained on ITN technology
	Chemoprophylaxis to pregnant women	Sensitive community on use of chemoprophylaxis in pregnancy	Antimalarials for chemoprophylaxis	Pregnant women use chemoprophylaxis	Proportion pregnant women registered give chemoprophylaxis
	Proper case management	Training of personnel on proper case management (prescribes, nurses and lab. Staff)  Procurement of anti-malaria for treatment of uncomplicated malaria	Standard guidelines for malaria case management Training manuals Resource person  Funds Register/ lagers	Health personnel trained  Anti malaria drugs available  Pre – referral treatment provided	Number of health personnel trained on case management  Proportion of health facilities with adequate anti malaria's  Proportion of

		Pre- referral treatment for severe malaria	First line malaria drugs		malaria case receiving pre-referral treatment
	Strengthen laboratory diagnosis	Train laboratory assistants  Procurement lab. equipment , reagents and supplies	Resource person Training materials/ manuals Logistic support Funds  Funds	Increased skills of lab. Assistants/ prescribers to do lab. Diagnosis of malaria  Availability of lab. Equipment and supplies	Proportion of health facilities with trained lab. Trained lab. Assistants.  Number of registered malaria cases microscopically diagnosed
	Promote home based care	Educate and sensitise communities on signs and symptoms of severe malaria and early seeking treatment of malaria at health facility	IEC material Home based care guide	Communities have knowledge and skills on malaria prevention and treatment	Proportion of families with appropriate knowledge on proper treatment of malaria

	Supportive supervision to communities	Conduct meetings with CORPS and PHC Committees	IEC materials Logistic support	Regular supervision of CORPs undertaken	Number of communities supervised  Number of meeting conducted
	Maintain referral system	Refer complicated / severe cases of malaria	Referral forms	Complicated cases of malaria referred early	Number of severe cases of malaria referred
<b>HEALTH CENTRE</b>	Proper management of malaria cases	Train: Presenters Nurses Laboratory staff  Avail 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> line anti – malaria drugs and other support supplies	Training manuals Funds for training Resource persons Logistic support Treatment guidelines Anti – malaria drugs and other supportive supplies	Improved skills on laboratory diagnosis management and nursing care of malaria cases  Availability of anti-malaria drugs and other supportive supplies	Proportion of Health workers trained on lab. Diagnosis prescribing and nursing care malaria cases  Proportion of health centres without stock – out of anti- malaria drugs
	Strengthen Laboratory services	Equipment , reagent and supplies	Funds for purchase of microscopes, reagents and supplies	Improve capability to confirm malaria diagnosis microscopically	Proportion of Health centres doing lab. diagnosis.
	Health education and community on malaria	Disseminate IEC materials on malaria  Conduct Health education session at the health facility	IEC materials Resource persons  IEC materials Manuals/ reference materials Resource persons	IEC materials Available at health facility and communities.  Regular health facilities with malaria topic in their health education plans	Proportion of health facilities with IEC material  Proportion of health facilities with malaria topic in their health education plans

	Promote use of ITNs	Disseminate IEC materials on malaria  Conduct health educations at the health facility	IEC materials Resource persons  IEC materials Manuals/ reference materials Resource persons  Train TOT on ITN technology	IEC materials Available at health facility and communities.  Regular Health Education sessions on malaria conducted  Improved knowledge and skills on ITN technology	Number of Health Centre using ITNs on the beds  Number of TOTs trained on ITNs
	Chemoprophylaxis to pregnant mother	Disseminate IEC materials on malaria  Conduct health education sessions at the health facility	IEC materials Resource persons  IEC materials Manuals/ reference materials Resource persons	IEC materials Available at Health facility and communities.  Regular Health Education sessions on malaria conducted	Proportion health facilities with IEC material  Proportion of health facilities with malaria topic in their health education plans
	Promote home based care for malaria	Disseminate IEC materials on malaria  Conduct health education sessions at the health facility	IEC materials Resource persons  IEC materials Manuals/ reference materials Resource persons	IEC materials Available at health facility and communities.  Regular Health Education sessions on malaria conducted	Proportion of Health facilities with IEC materials  Proportion of Health facilities with malaria topic in their health education plans.
	Supportive supervision to communities and dispensaries	Disseminate IEC materials on malaria  Conducted health education sessions at	IEC materials Resource persons  IEC materials Manuals/ reference	IEC materials Available at health facility and communities.	Proportion of health facilities with IEC materials  Proportion of health

		the health facility	materials Resource persons	Regular Health Education sessions on malaria conducted	facilities with malaria topic in their health education plans.
--	--	---------------------	-------------------------------	--	--

	Maintain referral system for severe case of malaria	Disseminate IEC materials on malaria  Conduct health education sessions at the health facility	IEC materials Resource persons  IEC materials Manual/ reference materials Resource persons	IEC materials Available at health facility and communities.  Regular Health Education sessions on malaria conducted	Proportion of health facilities with IEC materials  Proportion of health facilities with malaria topic their health education plans.
<b>DISTRICT HOSPITAL</b>	Proper management of malaria cases	Train TOTs on Presenting Lab. Diagnosis and nursing care  Train district hospital staff on prescribing lab diagnosis and nursing care of malaria cases.	Training manuals Funds Treatment guidelines Resource persons Anti malaria drugs and other supportive supplies	Improved skills on laboratory diagnosis management and nursing care of malaria cases  Availability of anti-malaria drugs and other supportive supplies	Number of TOTs trained Number of prescribers Nurses and lab. Staff trained. Number of days without stock – outs of anti- malarias
	Strengthen Lab Services	Equipment reagent and supplies	Funds for purchases of microscope, reagents and supplies	Improve capacity to confirm malaria diagnosis microscopically	Proportion of patients with malaria symptoms who are confirmed microscopically
	Health education and communication on malaria	Disseminate IEC materials on malaria  Conduct health education session at the health facility	IEC materials Resource persons  IEC materials Manual/ reference materials Resource persons  Train TOT on ITN technology	IEC materials Available at health facility and communities. Regular Health Education session on malaria conducted  Improved knowledge and skills on ITN technology	Number of Hospitals using ITNs on the beds  Number of TOTs trained on ITNs

	Chemoprophylaxis to pregnant mother	<p>Disseminates IEC materials on malaria</p> <p>Conduct health education sessions at the health facility</p>	<p>IEC materials Resource persons</p> <p>IEC materials Manuals/ reference materials Resource persons</p>	<p>IEC materials Available at health facility and communities.</p> <p>Regular Health Education sessions on malaria conducted</p> <p>Improved knowledge and skills on ITN technology</p>	<p>Number of Hospitals using ITNs on the beds</p> <p>Number of TOTs trained on ITNs</p>
	Supportive supervision	<p>Disseminate IEC materials on malaria</p> <p>Conduct health education sessions at the health facility</p>	<p>IEC material Manuals/ reference materials Resource persons</p>	<p>IEC materials Available at health facility and communities</p> <p>Regular Health Education sessions on malaria conducted</p>	<p>Proportion of health facilities with IEC materials</p> <p>Proportion of health facilities with malaria topic in their health education plans</p>

## **2.2 TUBERCULOSIS AND LEPROSY**

The highest priority for tuberculosis control is the identification of infectious tuberculosis cases; especially patients with sputum positive pulmonary tuberculosis (*fY/B*). Supervision is done *ti* performance of the individual health workers at the facility level detection and case holding among both tuberculosis an patients.

In Tanzania, treatment of tuberculosis is free and is based on Health Organisations' Direct Observed Treatment short course (DOTS) , strategy which is implemented all over the country at the district health centre and hospital levels. At the facility level all diagnostic DOTS treatment centres are visited by the District TB & Leprosy Co- rdinators on a monthly basis.

;

The intensive DOTS lasts for two months where all patient supervised by health workers while swallowing their drugs as in-p, or ambulatory depending on their general health condition accessibility to treatment facilities. After two months, s conversion is checked and patients then continue with an ambulatory treatment course which is supplied on a monthly basis for 6 months depending on the treatment regimen. Treatment regimens Tanzania are still, highly effective according to the routine anti resistance surveillance results.

There is a need to intensify the fight against tuberculosis, especially this time with the increased prevalence due to HIV / AIDS. According the National AIDS Control Programme surveillance report No.1 December, 1998, it is documented that approximately 49% tuberculosis patients were also infected with HIV. Besides HIV / AIDS pandemic, the increase of tuberculosis cases is also attributed, to factors such as the rapid population growth (30% increase since 19 leading to overcrowding in urban areas, and improved case detection through accessibility to free services and treatment at the community level.

The National Tuberculosis and Leprosy Programme is currently being integrated at the facility level to the community health system consolidate early case finding, treatment of disease and supervision. The sensitisation and awareness of communities through meetings and seminars will create demand for tuberculosis and leprosy services.

Drugs currently available for the treatment of tuberculosis are cheap and can achieve more than 90% cure rate with short course chemotherapy. Currently cure rate is only 75% in Tanzania. Tanzania must therefore aim at a higher rate in order to make major impact or the prevalence of tuberculosis.

Leprosy on the other hand, is a disease characterised by disfigurement and disabilities with societal stigmatisation consequences. Over the last been a 10- fold decrease in the incidence of leprosy. This is due to the introduction of Multi-drug therapy (MDT) in the e. Currently the cure rate with MDT is around 80%.

However, there is a big pool of ex-leprosy patients who have require support. A programme for the prevention of disability (POD) was launched to prevent secondary impairment by treating deformity of leprosy patients. The emphasis is on self – care and provides training and some materials to needed including footwear and prosthesis.

**TABLE 1: SUMMARY OF INTERVENTIONS FOR TB AND LEPROSY AT DIFFERENT LEVELS**

<b>Disease</b>	<b>Community</b>	<b>Dispensary</b>	<b>Health centre</b>	<b>District Hospital</b>
<p>TB</p>	<p>TB and Leprosy Home based Care (Direct Observed Therapy)</p> <p>Training of CBDs</p> <p>Health education and information to raise community awareness on TB and Leprosy</p>	<p>Contact training</p> <p>Follow up treatment</p> <p>Diagnosis (Microscopy)</p> <p>Recording and Reporting Training of CBDs</p> <p>Training of health workers on education use of IEC materials</p>	<p>Information and Education</p> <p>Laboratory Diagnosis</p> <p>Support for home care</p> <p>Contact and defaulter training Follow up</p> <p>Recording and Reporting</p> <p>Treatment as per standard treatment guidelines and management of referred cases and feedback</p> <p>Training of CBDs</p> <p>Training of health workers on effective use of IEC materials</p>	<p>Information and education</p> <p>Laboratory diagnosis</p> <p>Standard treatment (including severe TB. complication and resistance)</p> <p>Recording reporting and feedback</p> <p>Contact and defaulter and tracing</p> <p>Determine quality of drugs and supplies required and arrange for distribution</p> <p>Training of DTLCs</p> <p>Training of Health Workers to computer drugs and supplies requirements</p>

<b>LEPROSY</b>	<p>Health Education and Information</p> <p>Home Care (Prevention of disabilities, continuation of drug therapy)</p>	<p>Information and Education</p> <p>Treatment as per treatment guidelines</p> <p>Prevention of disability (POD)</p>	<p>Information and Education</p> <p>Treatment as per treatment guidelines</p> <p>Support for prevention of disability (POD)</p> <p>Recording and Reporting</p> <p>Defaulter training</p>	<p>Support for prevention and disability (POD)</p> <p>Treatment as per treatment guidelines</p> <p>Recording reporting and feedback</p> <p>Determine quality of drugs and supplies required and arrange for distribution</p>
----------------	---	---	--	--

	Recording and reporting	Record patients in registers Prepare Quarterly reports	Register book and forms Register books and forms	Recording available and reported to relevant	Number of reports prepared
<b>HEALTH CENTRE</b>	IEC	Order, store and distribute IEC materials Organise sensitisation and awareness of communities through meetings and seminars to create demand for TB/ Leprosy services Orient CBDs through workshops Conduct IEC in schools on TB/ Leprosy awareness Mobilize community to accept leprosy patients Train health workers on effective use of IEC Materials	IEC Materials Transport Funds Funds National guidelines As above	Communities including schools sensitised CBDs trained Schools aware Leprosy patients accepted Health workers able to sensitise community	Number of IEC materials distributed Number of communities sensitised Number of CBDs trained Number of schools sensitised Proportion leprosy patients accepted by community Number trained

	Laboratory diagnosis	Provide equipment, equipment, reagents and supplies  Collect and examine specimen  Record and report results	Specimen  Personnel Equipment, reagents and supplies  Register book and forms	Specimen examined and reported	Number of specimens examined and reported
	Home care support	Train CBDs  Provide TB/ Leprosy drugs	TB/L drugs  Registers	Home care support available	No of CBDs trained and supervised
	Recording & reporting	Record patients in registers	National guidelines Personnel Equipment Register book and forms	Records available and reported to relevant levels	Number of reports prepared
	School health education, screening and referral	Conduct health education, annual screening and referral	IEC materials, screening materials, pupils health records	Pupils taught and screened	% of schools with IEC materials on TB & leprosy  reports on pupil screening and referred
<b>DISPENSARY</b>	IEC	Order, store and distribute IEC materials	IEC materials Transport	IEC Materials available	Number of IEC Materials distributed
	Home based care Support	Train CBDs Provide TB/ Leprosy drugs Supervise	TB/ Leprosy drugs Funds	Home care support provided	No of CBDs trained Type and amount of drugs available
	Contact and defaulter tracing and provision of treatment	Identify contacts and defaulters  Follow up defaulters / contacts	Register  Transport	Contacts/ defaulters identified and treatment initiated Patients referred  Contacts screening	Number of registers  Number of contacts and defaulters treated  Number of contacts

		<p>Screen contacts Initiate/ continue treatment</p> <p>Refer TB/ Leprosy patients</p> <p>Identify patients for POD</p> <p>Educate patients on POD</p>	<p>TB/ Leprosy drugs</p> <p>TB/L drugs Transport Registers Funds Personnel IEC materials</p>	<p>and treatment initiated</p> <p>Patients referred</p> <p>Patients identified</p> <p>Patients educated on POD</p>	<p>treated</p> <p>Number of patients referred</p> <p>Number of patients on POD</p> <p>Numbers of patients educated</p>
	Prevention of disabilities among leprosy patients	Identify patients for POD and education them	IEC materials	Leprosy patients aware of POD	Number of Leprosy patients educated
	Laboratory diagnosis in selected dispensaries	<p>Provide equipment, reagents and supplies</p> <p>Collect and examine specimen</p> <p>Record and report result</p>	<p>National guidelines</p> <p>Personnel</p> <p>Equipment</p>	Specimen examined and reported	Number of specimens examined and reported

**TABLE 2: IMPLEMENTATION STRATEGY**

<b>LEVEL</b>	<b>INTERVENTION</b>	<b>ACTIVITY</b>	<b>INPUT</b>	<b>OUTPUTS</b>	<b>INDICATORS</b>
<b>COMMUNITY</b>	IEC	Order, Store and distribute IEC materials	IEC Materials Transport	IEC Materials available	Number of IEC Materials distributed
	Home Based Care support	Train CBDs Provide TB/Leprosy drugs Supervise CBDs	TB/ Leprosy drugs  Funds	Home care support in place	No of CBDs trained  Type and amount of drugs available
	Contact and defaulter tracing and provision of treatment	Identify contacts and defaulters Follow –up defaulters/ contacts Screen contacts Initiate/ Continue treatment	Registers Transport	Contacts/ defaulters identified and treatment initiated	Number of registers Number of contacts and defaulters treated
	Prevention of disabilities among leprosy patients	Identify patients for POD Education patients for POD	Transport IEC materials on POD TB/ Leprosy	Leprosy patients aware of POD	Number of Leprosy patients educated
		Supervise CBDs			Type and amount of drugs available  Number of registers
	Contact and default tracing and provision of treatment	Identify contacts and defaulters  Follow – up defaulters/ contacts  Screen contact Initiate/ continue treatment	Transport  TB/ Leprosy drugs  Funds  Personnel Registers		
	Presentation of	Identify patients with disabilities	IEC Materials	Leprosy patients	Number of leprosy

	disabilities among leprosy patients	Education patients on POD	National guidelines	aware of POD	patients educated
	Recording and reporting	Record patients in registers Prepare Quarterly reports Provide feedback to lower levels	Register books and forms	Reports available at district level	No of feedbacks
	Provide treatment	Screen and diagnose patients Provide drugs/ supplies Institute compliance to DOTs and follow- up treatment Refer TB/ Leprosy patients	Communication facilities/ transport  Drugs  Treatment guidelines	Patients complying to DOTs	Number of patients complying to DOTs
<b>DISTRICT HOSPITAL</b>	IEC	Order, store and distribute IEC materials  Organize sensitisation and awareness of communities/ health facilities through meetings and seminars to create demand for TB/leprosy services	IEC materials  Motor vehicle/cycle  Funds  Nationals guidelines	Communities including schools sensitised  Health facilities sensitised	Number of IEC materials distributed  Numbers of communities/ health facilities sensitised
	Laboratory diagnosis	Provide equipment, Reagents and supplies  Collect and examine specimen  Record and report results	Specimen  Equipment reagents and supplies	Specimen examined and reported	Number of specimens examined and reported

	Contact and defaulter tracing and provision	Identify contacts and defaulters Follow- up defaulters/ contacts Screen contact Initiate/ continues treatment	Register book and forms Drugs Funds Transport TB/Leprosy drugs	Contacts identified and treatment provided Contacts/ defaulters traced and treated	Number of contacts and defaulters treated
	Prevention of disabilities among leprosy patients	Conduct surgical corrections of Leprosy patients	Funds Personnel Surgical equipment	Leprosy deformities corrected	Number of Leprosy patients with corrected deformities
	Provide X-ray diagnosis	Conduct X-ray examinations	Skilled personnel X-ray machine and films	Patients examined with X-ray	Number of patients examined with X-ray
	Provide treatment	Screening and diagnose TB/L patients  Train health workers to compute drug and supplies requirements  Collect and store drugs  Distribute drugs Monitor drug utilisation	Drugs Registers Transport Drug ledgers	TB/L patients screened and diagnosed Health workers trained  Drugs collected and stored Drugs distributed Drug utilisation monitored	Number of TB/L patients treated  Number of health workers trained  Amount of drugs collected and stored Amount of drugs distributed Number of reports on drug utilisation
	Recording and reporting	Record patients in registers Prepare quarterly reports Give feedback	Registers Reporting forms Funds	Patients recorded in registers Quarterly reports prepared Feedback given	Number of patients recorded Number of reports prepared Number of feedbacks given

### **2.3 HW/AIDS AND STDS**

In Tanzania, transmission of HIV occurs mainly through heterosexual contact, beginning in the early teen years and peaking before 30. Unprotected multiple sexual behaviour has been identified as a major determinant fuelling the epidemic. Since 1983, when the first three cases in Tanzania were reported, the HIV epidemic has differently in various population groups.

As of December 1998, over 110,000 AIDS cases have been officially reported. However, the National AIDS Control Programme estimates that the cumulative number of AIDS cases is actually well over 550,000, since most cases are not reported. More alarmingly, an estimated 1.6 million Tanzanians are infected with the AIDS virus. The virus in these individuals will progress to AIDS and eventually result in death.

Two population groups emerge as the most affected. These are the youth and the women. Several reasons can be advanced to explain this observation. Early marriage and early initiation of sex among young girls having sex with older men, peer pressure for high behaviour, biological and anatomical predisposition are some of the most important reasons. In addition, failure of women to protect them from HIV infection due to economic hardships, repressive customary laws, beliefs and polygamy could all contribute to this state of affair

A third group mostly affected is the poor. This group is most likely illiterate and unemployed; as a result, it might use sex as a mean earning a living. Again, women are more likely to get involved than men, for the lack of alternative means of survival.

A fourth group is the so-called "mobile populations", consisting of those who work and stay away from home for varied lengths of time. They include commercial sex workers (CSW), petty traders, migrant workers, military personnel and long distance truck drivers. Their inability to negotiate for safe sex puts them at a high risk.

Sexually transmitted diseases (STD's) are among the top-ten causes of disease in Tanzania Mainland. Studies have found that patients with STDs are 3 to 10 times more likely to be infected with HIV.

HIV/AIDS is increasingly becoming the major underlying factor for hospital admissions and deaths.

According to the Adult Morbidity and Mortality Project (AMMP), 1997, in some parts of Tanzania, AIDS has become the leading cause of death among adult men and women.

### ***2.3.1 INTERVENSIVOS***

#### ***2.3.1.1 STD Prevention***

Sexual intercourse is the main route of transmission of HIV and a wide range of other infections. Sexually transmitted infections caused by bacterial, fungal and protozoa agents have been curable with antimicrobial agents for many years. In spite of this, such sexually transmitted diseases have continued to be a major public health problem in both developed and developing countries alike. Today, each year, globally there are more than 330 million cases of different STDs. The 1993 World Development Report- Investing in Health – identified STDs as among the major causes of healthy life lost among adults in the developing world particularly among women and in the age group 15 – 45 years.

In view of these facts, STD management has been an integral part of the Ministry of Health's strategy. Management of STDs has mainly been syndromic focusing essentially on symptomatic patients seeking care spontaneously. In 1994, Tanzania became the first country in the world to demonstrate that STD management is an effective intervention for HIV prevention. A community randomised controlled trial in Mwanza showed that improved STD case management of symptomatic cases through the system led to an estimated 42% reduction in HIV incidence over two years in the general adult population. Since then, a nation-wide STD programme has been initiated and will be implemented in phases. So far 12 regions have been covered. The main components of the STD programme are:

- Training of health care providers
- Improved STD case management
- Regular supervision
- Provision of adequate drugs and supplies
- Establishment of referral services
- Promotion of STD care seeking behaviour .
- Health education on STDs prevention and control

#### ***2.3.1.2 INFORMATION, EDUCATION AND COMMUNICATION (IEC)***

As the HIV/AIDS epidemic emerged, information was thought essential and necessary for behaviour change. In view of this fact, prevention programme has been set up to create awareness about modes of HIV transmission and how to avoid getting the infection. The main themes of IEC campaigns focused on 5 main areas:

- Promotion of sexual abstinence

- Promotion of monogamy
- Reduction in number of sexual partners Promotion of condoms
- Prevention of STDs

### **2.3.1.3            *CONDOM PROMOTION***

- Enhancement of supply and distribution systems
- Expansion of demand through active promotion

HIV/STDs will continue to spread unbarred as long as sexually people have un-protected sex in non-monogamous relations. The provision of high quality condoms to sexually active people who need them has been identified as one of the few effective methods for HIV prevention. Before 1987, the total number of condoms coming Tanzania annually for family planning and disease prevention exceeded a million. In response to HIV/ AIDS, public distribution condom social marketing have been made an integral part o national response to HIV/AIDS. Condom programming is not condom distribution.

The essential components of condom programming include forecasting, procurement, storage, quality assurance, promotion and distribution. Since the onset of the epidemic, over 190 million pieces of condoms have been distributed through the National AIDS Control Program. Additionally, since 1989, condom social marketing was introduced in Tanzania. Through this approach, an additional 40 million pieces of condoms have been distributed since 1994.

Despite these successes, there are still some people who do not believe that condoms are effective in AIDS prevention and have been conducting campaigns to discredit the image of condoms as an effective prevention tool.

### **2.3.1.4            *BLOOD SCREENING (BLOOD SAFETY):***

Although contaminated blood accounts for only 10- 12%, it is the most efficient mode of HIV transmission.

Receipt of HIV contaminated unit of blood will invariably lead to HIV acquisition. The government of Tanzania has taken several measures to ensure that the risk of acquiring HIV through transfusion is minimised. These include:

- The testing of all blood for HIV by the most appropriate and cost effective means.

- The appropriate use of blood (to minimise unnecessary transfusions)
- The recruitment and retention of voluntary, regular and non remunerated blood donors.

Nation- wide, blood transfusion services for all centres where blood transfusion takes place which amount to 182 have been in place since 1988. Establishment of blood safety services has involved provision of equipment and supplies, training, development of guidelines and quality assurance scheme. Through this response, records show that from 1987 and up to 1997, more than 28,616 index HIV infection have been avoided as a result of screening blood before transfusion. In this period about 461,830 blood units were screened for HIV.

#### **2.3.1.5      *PATIENT CARE INCLUDING COUNSELLING AND SOCIAL SUPPORT***

Provision of care to individuals affected by HIV including those with S has been one of the major challenges facing the health care system Tanzania in recent years. The HIV / AIDS disease has stretched the already overburdened health services to the limits. There is no end to this situation as yet. As those infected with HIV develop full-blown AIDS, the situation will become even more overwhelming.

In response to this unprecedented burden, the Ministry of Health has started to expand the conventional medical services to involve the communities and households. The new approach of continuum of care combines the conventional medical services with home and community based care. This approach will enable the government to provide acceptable levels of care to those affected by HIV / AIDS without compromising the existing health services.

In order to empower health care providers to cope with the increasing number of AIDS patients, on job training has been provided and guidelines for patient management have been developed and distributed. There is however a big gap between the demand for those services and what has been provided. During the last 10 years, the role of counselling in AIDS programmes became clearer. HIV /AIDS counselling is a service that responds to the need of individuals infected with, affected by and worried about HIV and their families. This service is also essential for individuals undergoing linked HIV testing in research and clinical settings. Tanzania has now established voluntary HIV testing services in about 60 districts in 9 regions in the Mainland and efforts are underway to expand these services further. Efforts are also underway to develop a model of home based care to be made available to other partners for replication all over the country. This model is being developed in Coast and Rukwa regions. Despite these efforts, there is still a lot of stigma around HIV / AIDS.

#### **2.3.1.6      *Care treatment***

Treatment is directed only to palliative treatment of opportunistic infections using the least expensive drugs.

**TABLE 1: SUMMARY OF INTERVENTIONS FOR STD/HIV/AIDS AT FIRRENT LEVELS**

<b>Community level</b>	<b>Dispensary</b>	<b>Health centre</b>	<b>District hospital</b>
Information, education and communication/ behaviour change communication (IEC/BCC)	Information, education and communication/ behaviour change communication (IEC/BCC)	Information, education and communication/ behaviour change communication (IEC/BCC)	Information, education and communication/ behaviour change communication (IEC/BCC)
Support for home based care IEC/BCC			
Support for home care		Syndromic care treatment of STDs	STD syndromic case management
5Cs	Syndromic case treatment of STDs	Syndromic treatment of STDs	Support for home care
		Support home care	5Cs
		Common opportunistic infections management	<ul style="list-style-type: none"> <li>▪ Laboratory diagnosis</li> <li>▪ Symptomatic treatment of AIDS patients</li> <li>▪ Nutritional care for people living with HIV/AIDS</li> <li>▪ Common opportunistic infections management</li> <li>▪ Maintain safe blood transfusion</li> </ul>

**TABLE 2: IMPLEMENTATION STRATEGY FOR STD/HIV/AIDS AT DIFFERENT LEVELS**

<b>LEVEL</b>	<b>INTERVENTION</b>	<b>ACTIVITY</b>	<b>IN- PUTS</b>	<b>OUT- PURS</b>	<b>INDICATOR</b>
<b>COMMUNITY</b>	Information, Education and communication change communication (ICE)	<p>Needs assessment</p> <p>Design, production and dissemination of IEC/BBC Materials</p> <p>Train education peer educators for various population groups (e.g. Youth, Women CSWs, Defence/ Security) in and out of school youths</p> <p>Conduct IEC to promote the general public awareness on HIV/AIDS/STD.</p> <p>Initiate behavioural change among high risk groups.</p> <p>Conduct IEC/BBC on HIV/AIDS/STDs in schools, Work places and religious places.</p> <p>Promotes health care seeking behaviour among high- risk population groups and the public in general.</p>	<p>Conduct IEC to strengthen the capacity of institutions, communities and individuals to arrest spread of HIV/AIDS/STDs</p> <p>Promote the cultural norms and values that encourage positive attitudes and decision making about sexual matters</p>	<p>Assessment done</p> <p>IEC/BCC materials produced and disseminated</p> <p>Training done</p> <p>Awareness promoted</p> <p>Initiation Behaviour change done</p> <p>IEC conducted</p> <p>Health Care seeking behaviour changed</p> <p>Mobilisation achieved</p> <p>Workshops/seminars</p> <p>IEC conducted</p>	<p>Reports</p> <p>Amount and type of IEC material produced</p> <p>Number of peer educators trained</p> <p>Level of behaviour change achieved</p> <p>Amount of IEC produced</p>

		<p>Mobilised community to develop and implement community based and school based HIV/AIDS/STDs programmes based on local context.</p> <p>Sensitisation workshops/seminars for leaders at various levels including political, decision-makers, opinion leaders, religious and community leaders.</p> <p>Sensitisation seminar for private sector.</p>			<p>Number of population groups seeking care</p> <p>Number of programmes developed/ implemented</p> <p>Number of workshops/ seminars held for various leaders</p> <p>Number of institutions sensitised</p>
--	--	--	--	--	---

	<p>To promote safer sexual behaviour including partner reduction, condom use and safer sexuality practices</p> <p>Reinforce the application of safety precautions to reduce transmission through contact with infected materials.</p> <p>Ensure sterility of injections, surgery</p>	<p>Resource persons, materials, condoms</p> <p>Resource persons, Materials,</p>	<p>Safer sexual behaviour</p> <p>Safety precaution</p>		<p>Level of sexually behaviour changed</p> <p>Amount of contact partners notified</p> <p>Number of sterile invasive procedures carried out</p>
	<p>And other invasive procedures as well as other skin piercing procedures to reduce transmission through these routes</p>	<p>Resource persons, reagents supplies</p>	<p>Sterility ensured</p>		
	<p>Support for Home Care</p>	<p>Identify training needs</p> <p>Train counsellors. Conduct advocacy activities on HIV/AIDS by sensitising community at grassroots level.</p>	<p>Resource persons</p> <p>Policy and advocacy activities. Materials. Funds. Drugs.</p>	<p>Home visits conducted</p> <p>Essential drugs, supplies disinfectant, and condoms distributed to AIDS patients</p>	<p>Number of home visit and patients supported</p> <p>Quantity and types of drugs, supplies, disinfectants and condoms.</p>

		<p>Train for Home Based Care providers</p> <p>Establish a community based home care and counselling services.</p> <p>Conduct home visits.</p> <p>Distributed drugs supplies, disinfectants, condoms to AIDS patients.</p> <p>Provide counselling and voluntary HIV testing services.</p> <p>Provide IEC messages to high risk groups, infected, affected individuals and general public.</p> <p>Address stigma and discrimination among people living with AIDS within the community and health facilities workers.</p>	<p>Disinfectants Supplies</p>	<p>Counselling services provided</p> <p>IEC action conducted</p>	<p>Number of AIDS patients and affected population counselled.</p> <p>Numbers of individual and population groups given IEC messages.</p>
--	--	---	-----------------------------------	--	---

		Provide counselling services	Trained personnel	Personnel trained	No of personnel trained
	5C <sub>5</sub>	Ensure compliance of treatment Conduct contact tracing of sexual partners. Ensure privacy, referral and confidentiality. Condom supplies	Supplies and condoms, Funds Privacy inputs, Transport	Funds provided Transport provide Privacy provided Patient referred	Amount of funds and supplies provided No of patients referred
<b>DISPENSARY</b>	Information, Education and communication/ Behavioural change communication (IEC/BCC)	Needs assessment  Design production and dissemination of IEC/BBC Materials.  Train peer educators for various population groups (e.g. Youth, women CSWs, Defence/ Security) in and out of school youths.  Conduct IEC to promote the general public awareness on HIV/AIDS/STD.  Initiate behavioural change among high – risk groups.  Conduct IEC/BCC on	Funds Materials Resource Persons  Resource Persons  Resource Persons Materials Funds Resource Persons  Resource Persons Funds Materials  Resource	Assessment done  IEC/BCC materials produced and disseminated.  Training done  Awareness promoted  Initiation Behaviour change done  IEC conducted  Health Care seeking behaviour done.  Mobilisation achieved  Workshops/ seminars help	Needs assessments done  Reports  Amount and type of IEC materials produced  Number of peer educators achieved  Amount of IEC produced  Number of population group seeking care  Number of programmes developed/ implemented

		<p>HIV/AIDS/STDs in schools, Works places and religious places.</p> <p>Mobilised community to develop and implement community based</p> <p>HIV/AIDS/STDs programmes based on local context.</p> <p>Sensitisation workshops/ seminars for leaders at various levels including political, decision-makers opinion leaders, religious and community leaders.</p> <p>Sensitisation seminar for private sector.</p> <p>Conduct IEC to strengthen the capacity of institutions, communities and individuals to arrest spread of</p>	<p>Persons Funds Materials</p> <p>Resource Persons Funds Materials Resource persons, Funds, Workshops/seminars materials Facilitators, funds and materials Resource Persons Funds Materials</p> <p>Resource persons for needs assessment on cultural norms and values Materials Funds.</p>	<p>IEC conducted</p> <p>Resource person recruited Materials Funds available</p>	<p>Number of workshops/ seminars held for various leaders Number of institutions sensitised Level of sexually behaviour changed Amount of contact partners notified</p> <p>Number of sterile invasive producers carried out</p>
--	--	---	--	---	---

		<p>HIV/AIDS/STDs</p> <p>Promote the cultural norms and values that encourage positive attitudes and decision making about sexual matters</p>			
--	--	--	--	--	--

		To promote safer sexual behaviour including partner reduction, condom use and safer sexuality practices. Reinforce the application	Resource persons Materials, condoms Resource persons materials  Resource persons	Safer sexual behaviour practised  Safer precaution applied	
		of safety precautions to reduce transmission through contact with infected materials. Ensure sterility of injections, surgery and as well as other skin piercing procedures to reduce transmission through these routine	reagents supplies	Sterility ensured	
	STD Syndromic case management	Train health personnel in STD Syndromic case management  Establish and distribute STD management guidelines	Personnel Training manuals and guidelines available	Health workers trained Training manuals and guidelines available	Number of Health workers trained  Type and quantity of manuals and guidelines available

		Provide early diagnosis and Promote referral for STD treatment Syndromic treatment with effective STD drugs.	STD drugs. Equipment and supplies Treatment manuals and guidelines	Drugs equipment supplies provided. Patients treatment syndromically	Amount and type of drugs, equipment and supplies provided regularly No of individuals examined and treated Number of common STD episodes attended/ treated
		Prevention of future infection through: Health education Partner notification Condom provision and promotion Abstinence Fidelity	Patient management standard guidelines IEC material contacts cards and condoms supplies of Health education conducted.	IEC materials contact cards and condoms supplied. Sessions of Health education conducted.	Sessions of Health education conducted to individuals/ groups No. of condoms provided No. of partners notified
		Recording and reporting	Register book and forms	Reports and documentation Reports	No. of available reports
		Assessment of treatment outcome. Privacy and confidentiality provision	Register book and forms Inputs for privacy during interviews and examination of patients.	Reports Privacy and confidentiality assured	Quality of privacy offered

		<p>Re-introduce ophthalmia neonaturum (ON) prophylaxis and treatment</p>	<p>Drugs for ON prophylaxis and treatment. IEC materials</p>	<p>Health workers trained. Babies born in health facilities who received. ON prophylaxis at birth. Drugs for ON prophylaxis and treatment available. Babies with ON and their parents are materials available.</p>	<p>Number of health workers trained. Number of babies born in health facilities and their parents treated. Number of babies receiving ON prophylaxis after delivery in Health facilities. Amount of eye ointment and ON drugs used/ in stock. Numbers of IEC materials available. Supervisory visits and reports.</p>
--	--	--	--	--	---

		<p>Sensitisation seminar for private sector.</p> <p>Conduct IEC to strengthen the capacity institutions, communicates and individuals to arrest spread of HIV/AIDS/ STDs</p> <p>Promote the cultural norms and values that encourage positive attitudes and decision making about sexual matter</p>	<p>Materials Funds</p> <p>Materials Funds</p> <p>Resources persons for needs assessment on cultural norms and values</p>		<p>Number of institutions sensitised</p> <p>Level of sexually behaviour changed</p>
		<p>To promote safer sexual behaviour including partners reduction, condom use and safer sex practices</p> <p>Reinforce the application of safety precautions to reduce transmission through contact with infected materials</p> <p>Ensure sterility of injection, surgery and other invasive procedure as well as other skin piercing procedures to reduce transmission through these routes</p>	<p>Resource persons Materials, condoms</p> <p>Resource persons materials</p> <p>Resource persons reagents supplies</p>	<p>Safer sexual behaviour practised</p> <p>Safety precaution applied Sterility ensured</p>	<p>Amount of contact partners notified</p> <p>Number of sterile invasive producers carried out .</p>
	STD Syndromic case management	<p>Train health personnel in STD syndromic case management</p> <p>Establish and distribute STD management guidelines</p>	<p>STD drugs, equipment and supplies</p> <p>Treatment manuals and guidelines</p>	<p>Drugs equipment supplies provided. Patients treatment syndromically</p>	<p>Amount and type of drugs, equipment and supplies provided regularly</p> <p>No of individual</p>

					examined and treated  Number of common STD episodea attended / treated
		Prevention of future infection throughout: Health education Partner notification Condom provision and promotion Abstinence Fidelity	Patient management standard guidelines IEC materials, Contact slips, Condoms	IEC materials contact cards and condoms supplied. Sessions Health education conducted	Session of Health education conducted to individuals / groups  No of condoms provided  No of partners notified
		Recording and reporting	Register book and forms	Reporting and documentation Reports	No of available reports
		Assessment of treatment outcome, Privacy and confidentiality provision	Register book and forms Inputs for privacy during interviews and examination of patients	Reports Privacy and confidentiality assured	Quality of privacy offered

		Re- introduce ophthalmia neonatorum (ON) prophylaxis and treatment	Health workers trained.  Drugs for ON prophylaxis and treatment.  IEC materials	Health workers trained  Babies born in health facilities who received ON prophylaxis at birth  Drugs for ON prophylaxis and treatment available  Babies with ON and their parents treated  Education materials available	Number of health workers trained  Number of Babies born in health facilities and their parents treated  Number of babies receiving ON prophylaxis after their delivery in Health facilities  Amount of eye ointment and ON drugs used/in stock  Number of IEC materials available  Supervisory visits and report
	Support and Home Care	Identify training needs  Train counsellors  Conduct advocacy activities on HIV/ AIDS by sensitising community at grassroots level.  Train for home Based Care providers  Establish a community based home care and counselling services	Consultant/ resource persons Policy and advocacy activities  Materials Funds Transport Drugs ORS Disinfectants Supplies	Home visits conducted  Essential drugs supplies disinfectants and condoms distributed to AIDS patients  Counselling services provided  IEC action conducted	Number of home visit and patients supported  Quality and types of drugs, supplies disinfectants and condoms  Number of AIDS patients and effected population counselled (iv) no of individual and population groups given IEC messages

		<p>Conduct home visits</p> <p>Distributed drugs supplies disinfectants, and condoms to AIDS patients</p> <p>Provide counselling and voluntary HIV testing services</p> <p>Provide IEC messages to high-risk groups, infected, affected individuals and general public</p> <p>Address stigma and discrimination among people living with AIDS within the community and health facilities workers</p>			
	5 C <sub>5</sub>	<p>Provide counselling services</p> <p>Ensure compliance of treatment</p> <p>Conduct contact tracing of sexual confidentiality</p> <p>Condoms supplies</p>	<p>Trained personnel,</p> <p>Supplies and condoms,</p> <p>Funds</p> <p>Privacy inputs</p>	<p>Personnel trained</p> <p>Funds provided</p> <p>Transport provided</p> <p>Privacy Provided</p> <p>Patient referred</p>	<p>No of personnel trained</p> <p>Amount of funds and supplies provided</p> <p>No of partners referred</p>

	Laboratory diagnosis	<p>Conduct needs assessment</p> <p>Train health workers for counselling</p> <p>Establish voluntary HIV screening and counselling services</p> <p>Establish a system for syphilis and other STD screening in ANC/MCH/FP clinic attendees</p> <p>Keep laboratory records and feedback</p> <p>Screen blood and blood products for transfusion</p>	<p>Resource persons</p> <p>Training materials</p> <p>RPR test kits</p> <p>Materials and supplies</p> <p>HIV test kits</p> <p>Supplies and materials</p>	<p>Needs assessment report in place</p> <p>Health workers trained</p> <p>Guidelines available</p> <p>HIV test kits and other supplies available</p>	<p>Complete report</p> <p>Number of HWs trained</p> <p>Type and kind of training manuals and guidelines available</p> <p>Quantity of RPR test kits and other supplies available</p> <p>Quantity of HIV test kits, and other supplies and made available</p>
	Symptomatic treatment of AIDS patients	<p>Provide essential drugs and supplies</p> <p>Treat AIDS patients symptomatically</p> <p>Provide IV infusion to identified AIDS patients</p>	<p>Essential drugs including antibiotics, IV fluids, Reagents and Supplies</p> <p>Trained personnel</p>	<p>Essential drugs materials, supplies</p>	<p>No of patients treated</p> <p>Quantity of essential drugs, reagents equipment, etc</p>
	Nutritional care for people living with HIV/AIDS	<p>To provide skills on community/ home based dietary management related to HIV/ AIDS</p> <p>Provide multiple micro-</p>	<p>Resource persons</p> <p>Micro- nutrients</p> <p>Funds</p>	<p>Personnel trained</p> <p>Micro- nutrients</p> <p>Funds</p>	<p>No of personnel trained</p> <p>No of patients receiving micro-nutrients</p>

		nutrients to AIDS Patients			
	Common opportunistic infections management	Training personnel Provide essential drugs, reagents fluids and supplies Treat AIDS patients	Resource persons  Training materials and guidelines  Essential drugs reagents, fluids supplies etc	Trained personnel Training manuals and guidelines available  Essential drugs, reagents, fluids and supplies provided	No of trained personnel  Quantity and type of training materials Quantity and quality of essential drugs reagents, fluids and supplies provided
	Maintain Safe Blood Transfusion	Identify needs for upgrading blood transfusion at existing	Resources of personnel Laboratory Health workers	Health workers trained	No of health workers trained
		Promote and training on laboratory supplies and equipment to ensure blood safety	Reagents, supplies and equipment  Funds  Health laboratory standard guidelines, reagents and media	Resources/ report conducted  No of training session conducted  Kind and reagents supplies and equipment offered	No of research/ reports  No of training session conducted  Amount and type reagents, supplies and equipment provided to ensure blood safety
		Monitoring the standards and quality of district blood transfusion services	National laboratory procedure and criteria	Laboratory standard guidelines established	Laboratory standards and guidelines in place
		Keep laboratory records/data and manage health information properly	Manual and operational guidelines	Performance assessment system development	Performance assessment system developed
		Promote screening of blood products to HIV and other STDs	Training laboratory health workers  HIV test kits	Operational and services manuals available  RPR and HIV Test kits	No of laboratory health workers trained  No of RPR and HIV test kits procured and distributed.

			RPR test kits Materials and supplies	available Material available	Quantity and type of materials available
--	--	--	--	---------------------------------	---

<b>HEALTH CENTRE</b>	Information, education and communication/ Behavioural change communication (IEC/BCC)	<p>Needs assessment</p> <p>Design, production and dissemination of IEC/BCC Materials.</p> <p>Train education peer educators for various population groups (e.g. Youth, women CSWs, defence/ Security) in and out of school youths.</p> <p>Conducts IEC to promote the general public awareness on HIV/AIDS/STD.</p> <p>Initiate behavioural change package among high-risk groups.</p> <p>Conduct IEC/BCC on HIV/AIDS/STDs in schools, Work places and religious places.</p> <p>Promote health care seeking behaviour among high- risk population groups and the public in general.</p>	<p>Funds Materials Transport Resource Persons</p> <p>Resource persons</p> <p>Materials Funds Resource Persons</p> <p>Resource Persons Funds Materials</p> <p>Resource Persons Funds Materials</p> <p>Resource Persons Funds Materials</p> <p>Resource persons, Funds, Workshops/ seminars materials.</p>	<p>Assessment done</p> <p>IEC/BCC materials produced and disseminated.</p> <p>Training done.</p> <p>Awareness promoted</p> <p>Initiation Behaviour change done.</p> <p>IEC conducted</p> <p>Health care seeking behaviour done</p> <p>Mobilisation achieved</p> <p>Workshops/seminars held.</p> <p>IEC conducted</p>	<p>Reports</p> <p>Amount and typed of IEC materials produced</p> <p>Number of peer education trained</p> <p>Level of behaviour change achieved</p> <p>Amount of IEC produced</p> <p>Number of population groups seeking care</p> <p>Numbers of programmes developed/ implemented</p> <p>Number of workshops/seminars held for various leaders</p> <p>Number of institutions sensitised</p> <p>Level of sex behaviour changed.</p>
----------------------	---	---	--	--	---

		<p>Mobilise community to develop and implement community based HIV/AIDS/STDs programmes based on local context.</p> <p>Sensitisation workshops/seminars for leaders at various levels including political, decision makers, opinion leaders, religious and community leaders.</p> <p>Sensitisation seminar for private sector.</p> <p>Conduct IEC to strengthen the capacity of institutions, communities and individuals to arrest spread of HIV/AIDS/STDs.</p> <p>Promote the cultural norms and values that encourage positive attitudes and decision making about sexual matters.</p> <p>To promote safer sexual behaviour including partner reduction, condoms Resources persons materials</p>	<p>Facilitators, funds and materials Resource Persons Funds</p> <ul style="list-style-type: none"> <li>- Consultant / resources persons for needs assessment on cultural norms and values</li> <li>- Material</li> <li>- Funds</li> </ul> <p>Resource persons Materials, condoms Resources person materials.</p>	<p>Resource persons recruited Materials Funds available</p> <p>Safer sexual behaviour practised. Safety precaution applied Sterility ensure.</p>	<p>Amount of contact partners notified</p> <p>Number of sterile invasive producers carried out.</p> <p>Needs assessments done.</p>
--	--	---	--	--	--

		<p>Reinforcement the application of safety precautions to reduce transmission through contact with infected materials.</p> <p>Ensure sterility of injections, surgery and other invasive procedures as well as other skin piercing procedures to reduce transmission through these routes.</p>	<p>Resource persons reagent supplies.</p>		
--	--	--	---	--	--

	STD Syndromic case management	Train health personnel in STD syndromic case management.  Establish and distribute STD management guidelines.	Personnel Training manuals and guidelines available.	Health workers trained.  Training manuals and guidelines available.	Number of Health workers trained.  Type and quantity of manuals and guidelines available.
		Provide early diagnosis and Promote referral for STD treatment.  Syndromic treatment with effective STD drugs.	STD drugs equipment and supplies.  Treatment manuals and guidelines.	Drugs equipment supplies provided.  Patients treatment syndromically.	Amount and type of drugs, equipment and supplies provided regularly.  No of individuals examined and treated.  Number of common STD episodes attended/treated.
		Prevention of future infection through: Health education Partner notification Condom provision and promotion Abstinence Fidelity	Patient management standard guidelines IEC materials Contact slips. Condoms	IEC materials contact cards and condoms supplied. Sessions of health education conducted.	Sessions of Health education conducted to individual/groups.  No. of condoms provided.  No. of partners notified.
		Recording and reporting	Register book and forms.	Reports and documentation Reports.	No. of available reports.



		<p>Assessment of treatment outcome.</p> <p>Privacy and confidentiality provision.</p>	<p>Register book and forms.</p> <p>Inputs for privacy during interviews and examination of patients.</p>	<p>Reports.</p> <p>Privacy and confidentiality assured.</p>	<p>Quality of privacy offered.</p>
		<p>Re-introduce ophthalmia neonatorum [ON] prophylaxis and treatment.</p>	<p>Health workers trained</p> <p>Drugs for ON prophylaxis and treatment.</p> <p>IEC materials.</p>	<p>Health workers trained.</p> <p>Babies born in health facilities received ON Prophylaxis at birth.</p> <p>Drugs for ON prophylaxis and treatment available. Babies with ON and their parents treated.</p> <p>Education materials available.</p>	<p>Number of health workers trained.</p> <p>Number of babies born in health facilities and their parents treated.</p> <p>Number of babies receiving ON prophylaxis after delivery in Health facilities.</p> <p>Amount of eye ointment and ON drugs used/in stock.</p> <p>Number of IEC materials available.</p> <p>Supervisory visits and reports.</p>
<b>DISTRICT HOSPITAL</b>	Information. Education and communication/Behavioural change communication	Needs assessment	Funds Materials Transport	Assessment done IEC/BCC materials	Needs assessments done.

	[IEC/BCC.	<p>Designed, production and dissemination of IEC/BBC Materials.</p> <p>Train education peer educators for various population groups [eg. Youth, women CSWs, Defence/Security] in and out of school youths.</p> <p>Conduct IEC to promote the general public awareness on HIV/AIDS/STD.</p> <p>Initiate behavioural change package among high – risk groups.</p> <p>Conduct IEC/BCC on HIV/AIDS/STDs in schools, Work places and religious places.</p> <p>Promote health care seeking behaviour</p>	<p>Resource Persons</p> <p>Materials Funds Resource Persons</p> <p>Resource Persons Funds Materials.</p> <p>Resource Persons Funds Materials.</p> <p>Resource Persons Funds Materials.</p> <p>Resource persons, Funds,</p>	<p>produce and disseminated. Training done Awareness promoted Initiation Behaviour change done. IEC conducted Health Care seeking behaviour done. Mobilization achieved. Workshop / seminars held.</p> <p>IEC conducted.</p> <p>Resource persons recruited Material Funds available.</p>	<p>Amount and type of IEC material produced.</p> <p>Number of peer educators trained Level of behaviour change achieved.</p> <p>Number of population groups seeking care of Number of programmes developed/implemented.</p>
--	-----------	--	--	--	---

		<p>among high-risk population groups and the public in general.</p> <p>Mobilise community develop and implement community based HIV/AIDS/STDs programmes based on local context.</p> <p>Sensitisation workshops/seminars for leaders at various levels including political, decision makers, opinion leaders, religious and community leaders.</p>	<p>Workshops/seminars materials.</p> <p>Facilitators, funds and materials.</p> <p>Resource Persons Funds Materials.</p>		<p>Number of workshops / seminars held for various leaders.</p>
--	--	--	---	--	---

	<p>Support and Home Care</p>	<p>Identify training needs</p> <p>Train counsellors</p> <p>Conduct advocacy activities on HIV/ AIDS by sensitising community at grassroots level.</p> <p>Train for home Based Care providers</p> <p>Establish a community based home care and counselling services</p> <p>Conduct home visits</p> <p>Distributed drugs supplies disinfectants, and condoms to AIDS patients</p> <p>Provide counselling and voluntary HIV testing services</p> <p>Provide IEC messages to high-risk groups, infected, affected individuals and general public</p>	<p>Consultant/ resource persons</p> <p>Policy and advocacy activities</p> <p>Materials</p> <p>Funds</p> <p>Transport</p> <p>Drugs</p> <p>ORS</p> <p>Disinfectants</p> <p>Supplies</p>	<p>Home visits conducted</p> <p>Essential drugs supplies disinfectants and condoms distributed to AIDS patients</p> <p>Counselling services provided</p> <p>IEC action conducted</p>	<p>Number of home visit and patients supported</p> <p>Quality and types of drugs, supplies disinfectants and condoms</p> <p>Number of AIDS patients and effected population counselled (iv) no of individual and population groups given IEC messages</p>
--	------------------------------	--	---	--	---

		Address stigma and discrimination among people living with AIDS within the community and health facilities workers			
	5 C <sub>5</sub>	Provide counselling services  Ensure compliance of treatment  Conduct contact tracing of sexual confidentiality  Condoms supplies	Trained personnel, Supplies and condoms, Funds Privacy inputs	Personnel trained Funds provided Transport provided Privacy Provided  Patient referred	No of personnel trained  Amount of funds and supplies provided  No of partners referred
	Laboratory diagnosis	Conduct needs assessment  Train health workers for counselling  Establish voluntary HIV screening and counselling services  Establish a system for syphilis and other STD screening in ANC/MCH/FP clinic attendees Keep laboratory records	Resource persons  Training materials  RPR test kits  Materials and supplies  HIV test kits Supplies and materials	Needs assessment report in place  Health workers trained Guidelines available  HIV test kits and other supplies available	Complete report  Number of HWs trained Type and kind of training manuals and guidelines available Quantity of RPR test kits and other supplies available Quantity of HIV test kits, and other supplies and made available

		and feedback Screen blood and blood products for transfusion			
	Symptomatic treatment of AIDS patients	Provide essential drugs and supplies Treat AIDS patients symptomatically Provide IV infusion to identified AIDS patients	Essential drugs including antibiotics, IV fluids, Reagents and Supplies Trained personnel	Essential drugs materials, supplies	No of patients treated Quantity of essential drugs, reagents equipment, etc
	Nutritional care for people living with HIV/AIDS	To provide skills on community/ home based dietary management related to HIV/ AIDS Provide multiple micro-nutrients to AIDS Patients	Resource persons Micro- nutrients Funds	Personnel trained Micro- nutrients Funds	No of personnel trained No of patients receiving micro-nutrients
	Common opportunistic infections management	Training personnel Provide essential drugs, reagents fluids and supplies Treat AIDS patients	Resource persons Training materials and guidelines Essential drugs reagents, fluids supplies etc	Trained personnel Training manuals and guidelines available Essential drugs, reagents, fluids and supplies provided	No of trained personnel Quantity and type of training materials Quantity and quality of essential drugs reagents, fluids and supplies provided
	Maintain Safe Blood Transfusion	Identify needs for upgrading blood transfusion at existing	Resources of personnel Laboratory Health workers	Health workers trained	No of health workers trained

		Promote and training on laboratory supplies and equipment to ensure blood safety	Reagents, supplies and equipment Funds Health laboratory standard guidelines, reagents and media	Resources/ report conducted No of training session conducted Kind and reagents supplies and equipment offered	No of research/ reports No of training session conducted Amount and type reagents, supplies and equipment provided to ensure blood safety
		Monitoring the standards and quality of district blood transfusion services	National laboratory procedure and criteria	Laboratory standard guidelines established	Laboratory standards and guidelines in place
		Keep laboratory records/data and manage health information properly	Manual and operational guidelines	Performance assessment system development	Performance assessment system developed
		Promote screening of blood products to HIV and other STDs	Training laboratory health workers HIV test kits RPR test kits Materials and supplies	Operational and services manuals available RPR and HIV Test kits available Material available	No of laboratory health workers trained No of RPR and HIV test kits procured and distributed. Quantity and type of materials available



## **2.4 PREVENTION AND CONTROL OF EPIDEMICS (CHOLERA, MENINGITIS, MEASLES AND OTHERS)**

For many years, epidemics have been occurring in the country. Most of time, regions and districts are unprepared leading to many losses of lives. The nation has been using a lot of resources in terms of finance and manpower to contain the epidemics. Interventions to prevent occurrence of epidemic and when the epidemics have occurred, efforts to event deaths are necessary.

Epidemic preparedness therefore is one of the essential health package ,;components aiming at reduction of unnecessary deaths.

Since 1977, cholera epidemics have been occurring in the Country. Besides cholera, other epidemics include meningitis, measles, plague and others.

The epidemic preparedness and control component aims at the establishment of mechanisms to cope up with the situation and where these mechanisms exist to reinforce them at all levels; ie from the community, dispensary, health centre, district hospitals and to the referral levels. The Ministry of Health has a central role of co-ordinating, supervising and monitoring the epidemic preparedness and control interventions.

### **2.4.1 The interventions include:**

- Education and advocacy to the community and health facilities in order to facilitate early treatment of epidemic victims.
- Supervision, monitoring and evaluation at the districts, health centres and dispensary levels
- Improvement of case management of epidemics including maintaining appropriate level of drugs at all levels.
- Training of health workers at the health facilities to improve quality of treatment of patient and proper record keepin

**TABLE 1: SUMMARY OF INTERVENTIONS AT DIFFERENT LEVELS**

<b>CONDITION</b>	<b>COMMUNITY LEVEL</b>	<b>DISPENSARY</b>	<b>HEALTH CENTRE</b>	<b>DISTRICT HOSPITAL</b>
<b>Cholera</b>	Health Education and Information	Health Education and Information	Health Education and Information	Health Education and Information
	Initial home care before referral	Record and report of epidemics	Record and report of epidemics	Record and report of epidemics
	Contact tracing	Proper case management	Proper case management	Provision of IEC materials
	Initiate PHAST (Promote sanitation at the households, institutions and schools)	Contact tracing	Supportive supervision to the dispensary and community	Proper case management
	Use schools as focal point for health education	Outbreak reporting	Contact tracing	Laboratory investigation
	Outbreak reporting		Clinical and microscopic diagnosis	Food vendor control
			Outbreak reporting	Contact tracing
				Outbreak reporting
				Emergency preparedness
				Supervision and follow up at all levels
	Home Care (Initial treatment at home) to prevent dehydration	Medical Care at Dispensaries	Medical Care at Health Centre	Medical Care at District Hospital
	contact training	Contact Tracing	Contact Tracing	Contact Tracing
		Clinical diagnosis	Clinical and microscopic diagnosis	Laboratory diagnosis
		Recording and Reporting		Recording and Reporting

			Reporting recording and	feedback Determine quality and quantity of drugs and supplies required Arrange for distribution Supervision monitoring and follow up at the level. Organise training for district and level
<b>Measles/ Meningitis</b>	Health Information Early recognition and reporting of outbreak	Information and Education	Information and Education	Information and Education
	Maintain quarantine measures	Proper management (pre-referral treatment)	Proper management (pre-referral treatment) Outbreak investigation Early recording and reporting Support community preventive initiatives Conduct vaccination campaign for a risk institutions (schools and prisons) Medical Care Health	Proper management Outbreak investigation Outbreak recording and reporting Enforce local quarantine Early recording and reporting Support community preventive initiatives Conduct vaccination competition for a risk

			Centre	institutions (schools and prisons) Emergency preparedness Medical Care District Hospital
--	--	--	--------	--

	Mobilisation of resources and people to participate in Vaccination Campaign	<p>Outbreak investigation</p> <p>Early recording and reporting</p> <p>Support community preventive initiatives</p> <p>Conduct vaccination campaign for a risk institutions (schools and prisons)</p> <p>Clinic diagnosis</p>	<p>Vaccination of eligible (at risk)</p> <p>Clinical &amp; laboratory diagnosis</p> <p>Recording and reporting</p>	<p>Vaccination of eligible (at risk)</p> <p>Clinical &amp; laboratory diagnosis</p> <p>Recording &amp; reporting and feedback</p> <p>Determine the type of drugs &amp; quantity</p> <p>Supervision/ Monitoring &amp; Organising training for lower level</p>
<b>PLAGUE</b>	Information and Education	Information and Education	Information and Education	Information and Education
	Early recording and reporting of outbreak	Early recording and reporting	Early recording and reporting	Early recording and reporting
	Initial home care before the patients is taken to health facility	Proper case management	Proper case management	Proper case management
	Initial PHAST (promote sanitation at the households, institutions and schools)	Support community preventive initiative	Support community preventive initiatives	Support community preventive initiatives
	Maintain control measures	Outbreak investigation	Outbreak investigation	Clinical laboratory diagnosis
		Enforce control measures	Enforce control measures	Outbreak investigation

**MANAGEMENT SUPPORT: CENTRAL (MOH)**

<b>INTERVENTION</b>	<b>ACTIVITY</b>	<b>IMPUTS</b>	<b>OUT PUTS</b>	<b>INDICATORS</b>
<b>COORDINATION AND MONITORING</b>	Conduct regular and adhoc supervision at lower levels according to MOH guidelines	Communication facilities( Fax, telephone, computer, email, etc)	Region and district supervised	Proportion of regions and districts supervised according to guidelines
	Ensure timely, accurate and complete reporting from the lower levels (ref. HIMS Standards)	Office equipment and supplies	Accurate reports submitted to relevant levels	Supervision report available
	Provide regular feedback to the lower levels	Transport and other logistic	Feedback reports submitted to region and district	Proportion of regions submitting report timely
	Co-ordinate all health activities in the country (public, NGOs, Private and Voluntary Agencies)	Policy and strategic documents	Report on co-ordination, meeting, visits and other mechanisms in place	Number of minuted meetings/ visits conducted with partners
	Establish/ strengthen network with all health partners in and outside the country	Standardised guidelines		
	Establish/ strengthen multi-sectoral	Reports from the regions		
<b>MAGEMENT</b>	Assist districts to conduct needs assessment to determine resource requirement	Skilled personnel  Assessment tools	National health needs assessed	Needs assessment report
	Review and approve district health plans		National health plans developed	
	Prepared MOH Plans depending on POA and POW	Facilitators/ Consultants		National Health Plans document
	Mobilise and allocate resources	Logistic support	Resources mobilised and allocated as per plans	Resources inventory
	Review and developed policies,	Planning and budgeting	Polices, guidelines and	Number of policies,

	guidelines and legislation	guidelines	legislation's reviewed/ up dated and disseminated	guidelines and legislation reviewed/ up dated
	Disseminate policies and guidelines to relevant levels and partners	HSR documents		
	Estimate and ensure procurement of equipment drugs and supplies	Essential Health Intervention Package specific component documents	Procurement plan	National procurement plan document

<p><b>CAPACITY BUILDING</b></p>	<p>Recruit and deploy MOH staff</p> <p>Train health personnel for deployment to the districts and regions</p> <p>Support districts in training personnel on specific components of essential health intervention package</p> <p>Monitor personnel performance</p>	<p>MOH staffing level document</p> <p>Teachers Facilitators/consultants</p> <p>Reference materials on specific components of essentials health intervention package</p> <p>District training plans</p> <p>Performance monitoring instruments on specific Essential Health Intervention Package Components</p> <p>Funds</p>	<p>Appropriate staff deployed</p> <p>Health personnel trained</p> <p>District supported in training</p> <p>Personnel performance monitored</p>	<p>Proportion of institutions with appropriate staff</p> <p>Number of Health personnel trained</p> <p>Number of districts supported in training</p> <p>Reports on personnel performance</p>
<p><b>QUALITY ASSURANCE</b></p>	<p>Develop produce and disseminate standards and guidelines on specific components.</p> <p>Monitor quality of service inspect service delivery points</p> <p>Provide feedback to relevant levels</p>	<p>Relevant reference materials</p> <p>Reports from regions and supervision visits to service delivery points inspected</p> <p>Consultants / facilitators funds</p>	<p>Standards and guidelines in place</p> <p>Quality of service monitored</p> <p>Service delivery points inspected</p> <p>Feedback to relevant levels provided</p>	<p>Number/proportion of facilities with guidelines</p> <p>Reports on quality of services monitored</p> <p>Inspection reports available</p> <p>Number of districts given feedback</p>

<b>DISEASE SURVILLANCE</b>	Collect compile, analyse routine and outbreak data from lower levels	Regional surveillance report	Disease surveillance report available and submitted appropriate levels	Proportion of reports from region analysed and submitted to appropriate levels
	Prepare and submit report to higher levels and feedback to lower levels  Prepare National emergency preparedness plans	HIMS Guidelines	National Emergency preparedness plan in place	Emergency preparedness plans document
	Identify and mobilise resources equipped for emergency preparedness and rapid response including personnel drug, supplies and logistic	National disease surveillance manuals	Resources for Emergency preparedness and rapid response in place	Inventory of resources
	Train personnel on emergency preparedness and rapid response	Facilitators/ consultants	National Emergency preparedness and rapid response Task Force in place	National Emergency preparedness and rapid response Task Force trained
	Provide support to regions and district in following up outbreaks and confirming diagnosis and ensuring control measures	Logistic support equipment  Drugs and supplies	Regions and districts supported in following-up outbreaks	Disease outbreak report
	Monitor disease outbreaks	Funds, communications equipment fax, telephone, E-mail etc.	Disease outbreak monitored	Proportion of outbreaks investigated
	Review National disease surveillance manuals	National surveillance manuals funds	National disease surveillance manuals reviewed	Review version National disease surveillance manual

<b>INFORMATION EDUCATION COMMUNITION</b>	Conduct IEC needs assessment	Tools needs assessment	IEC needs assessed	IEC needs assessment rep
	Develop/ adapt, pre-test, produce and distribution IEC materials	Generic IEC Messages	IEC messages developed	Numbers and type of IEC messages produced
	Train health personnel on communication skills including PHAST and LEPSA	Facilitators/ consultants IEC training materials	Health personnel trained on communication skills and PHAST	Number of district supported
	Monitor and evaluate the use of IEC materials	Monitoring and evaluation tools  Policy Guidelines from specific components of PEHT	Monitoring and evaluation use of IEC materials done	Number of districts supported
	Support district IEC activities	Logistic support including transport  Audio Visual equipment	Districts supported on IEC activities	
	Develop IEC Policy Guidelines and strategy	Funds	IEC Policy guidelines and strategy in place	IEC Policy guidelines and strategy documents
<b>OPERATIONAL RESEARCH</b>	Identify National Priority areas for operational research	Data on prevailing health problems	Research priorities documents and disseminated	List of research priorities
	Disseminate research priorities and invite proposals from individual community and institutions	Authors guide	Research proposals reviewed and funded	Number of research proposals submitted
	Review research proposals	Team of reviewed	Research findings disseminated	Proportion of research proposals reviewed and funded research

	Allocated funds to approved research proposals Publish and disseminated research findings	Research funds consultants/ resource persons Research literature facilities	Research funds utilised	Number of completed research report Proportion of research funds utilised
--	--	--	-------------------------	--

### **CHAPTER 3: NON COMMUNICABLE DISEASE CONTROL**

Injury and trauma from accidents are on the increase in the emergence of the outpatient departments. Other emergencies include poisoning especially in children (accidentally) and in adolescents (intentional).

According to Mmuni et al, preventive measures through health education drivers and passengers safety costs less compared to curative measures i.e costs for surgery in tertiary care.

**Table 1: Summary of interventions at different levels for communicable diseases**

<b>CONDITIONS/ DISEASE</b>	<b>INTERVENTIONS</b>			
	<b>COMMUNITY LEVEL</b>	<b>DISPENSARY</b>	<b>HEALTH CENTRE</b>	<b>1<sup>ST</sup> REFERRAL LEVEL</b>
Cardiovascular diseases and Diabetes	Information, education and communication (IEC) on smoking alcohol, diet and exercises.	<p>Prevention/ Promotive IEC</p> <p>Routine Check of Blood Pressure</p> <p>Laboratory tests- Hb, Sickle cell, stool, urinalysis (glucose), blood glucose. (if available)</p> <p>Treat mild and moderate hypertension</p> <p>Treat streptococcal sore throat adequately.</p> <p>Treat mild diabetes (oral hypoglycaemic)</p> <p>Keep resource of patients for follow up (these being chronically ill patients)</p> <p>Refer severe and complicated cases</p>	<p>Same as dispensary PLUS:</p> <p>All Laboratory tests at the health centre level.</p> <p>Treat cardiac and diabetic emergencies.</p> <p>Refer severe and complicated cases</p>	<p>Same as Health centre PLUS:</p> <p>Laboratory tests- Urea, creatinine, syphilis</p> <p>X-rays and ultra sound</p> <p>Treatment all types of hypertension including severe hypertension</p> <p>Refer complicated cases to 2<sup>nd</sup> referral</p> <p>Keep record and follow up patients with cardiovascular diseases and diabetes.</p>

<p>Neoplasms (Breast, Cervix, Gastric, Bronchial and Hepatoma)</p>	<p>IEC on smoking, hygiene, sexual behaviour, food preservation, diet, early detection (self- breast examination)</p> <p>Terminal care of patients with cancer</p>	<p>Preventive/ Promotive IEC as at the community level</p> <p>Clinical diagnosis, early detection and referral</p> <p>Follow- up of terminal patients with cancer</p>	<p>Preventive/ Promotive IEC as at Dispensary level.</p> <p>Clinical diagnosis, early detected and referral</p>	<p>Same as Health centre plus:</p> <p>Clinical diagnosis</p> <p>Biopsy</p> <p>Differential white blood cells count</p> <p>X-ray</p> <p>Refer to level II or level III hospitals for biopsy/ management</p>
<p>Trauma/ Injuries and Animals Bites</p>	<p>IEC on:</p> <p>Control of stray domesticated animals.</p> <p>First aid (tourniquet, splints),</p> <p>Child protection (injuries, rape),</p> <p>Environmental hygiene speed checks</p>	<p>First aid (splints for immobilisation)</p> <p>Pain relief (analgesics)</p> <p>Antibiotic cover</p> <p>Refer with blood donors</p>	<p>Same as dispensary plus</p> <p>IV fluids</p> <p>Gastric lavage</p> <p>In-patient treatment for burns (minor)</p> <p>Refer for X- ray and reduction of fractures</p>	<p>Sane as Health centre plus</p> <p>X-rays</p> <p>Reduction and mobilisation of fractures/ dislocations</p> <p>Surgery</p> <p>Refer complicated cases to level II and level III</p>

Mental Health	<p>IEC on:</p> <p>Smoking, alcohol, other drugs of abuse</p> <p>Maintenance care of</p>	<p>IEC as at Community level:</p> <p>Clinical diagnosis, early detection and acute and chronic psychosis, epilepsy and mental retardation</p>	<p>IEC as applied to the Community plus:-</p> <p>Clinical diagnosis, early detection and treatment of acute stage functional</p>	<p>Treatment of all types of mental disorders plus referrals from lower level.</p>
	<p>Chronic psychosis, mental subnormalities and epilepsy</p> <p>Refer cases to dispensary</p> <p>Mental health promotion</p> <p>Suicide</p>	<p>Refer complicated cases</p> <p>Follow up of mental ill patients drug maintenance and compliance</p>	<p>Psychosis, psychological disorders and attend referred cases.</p> <p>Brief admission (2-3 emergency beds in general wards)</p> <p>Refer complicated cases to 1<sup>st</sup> referral level.</p>	<p>Refer complicated cases to level II and level III hospitals for management</p> <p>Brief admission (6-8) beds in general wards)</p>



**Table 2: IMPLEMENTATION STRATEGIES FOR NON- COMMUNICABLE DISEASE**

<b>LEVEL</b>	<b>DISEASE CONDITON</b>	<b>INTERVENTION</b>	<b>ACTIVITY</b>	<b>INPUT</b>	<b>OUTPUT</b>	<b>INDICATOR</b>
<b>COMMUNITY</b>	<b>CARDIOVASCULAR &amp; DIABETS</b>	IEC on smoking, alcohol, diet, exercise and sore throat.	Designing and developing of IEC materials  Dissemination of IEC materials	Skilled personnel  Material  IEC materials, posters	Messages developed  Community made aware	Number of materials developed  Percentage of the community made
	<b>NEOPLASMS,E.G. BREAST CERVIX GASTRIC &amp; BRONCHIAL HEPATOMA</b>	IEC on smoking, hygiene, sexual behaviour, food preservation, diet early detection.	Same as above	“	“	“
	<b>TRAUMA, INJURIES AND ANIMAL BITE</b>	IEC on animal cropping and control of stray domesticated animals	Sensitisation of the community on the existing rules and regulations.	Skilled personnel  Materials  Meetings	Awareness on existing regulations	Number of communities sensitised
		First aid (Tonniquet, splints) child protection (injuries/rape)	Sensitisation of the community on the importance of child protection.  Community sensitisation and legal rights on rape victims.	Materials for 1 <sup>st</sup> Aid Meetings Skilled personnel  Policy of the country on rape victims	Awareness on first aid in the community of injury protection  Sensitised community	Number of communities made aware  Number of communities made aware

		Environmental hygiene and speed check	Sensitisation of the communities	Same as above	Same	Same
	<b>MENTAL HEALTH</b>	IEC on <ul style="list-style-type: none"> <li>▪ smoking</li> <li>▪ Alcohol</li> <li>▪ Other drugs</li> </ul>	Sensitisation of the community on mental health	Material Skilled personnel Meetings		
		Maintenance care of chronic psychosis, mental sub- normality & epilepsy			Community sensitised on mental illness and pre disposing factors.	Percentage of the community sensitised  Number of meetings conducted
<b>DISPENSARY</b>	<b>CARDIOVASCULAR &amp; DIABETS</b>	Preventive/ Promotive IEC	Sensitisations of patients attending the dispensary on preventive measures on cardiovascular diseases & diabetes	Meeting IEC materials	Sensitised Community	Percentage of the community sensitised
		Routine checking of blood pressure	Routine blood pressure measurement for every patient	BP machine	Hypertensive patients identified	Percentage of hypertensive patients identified  Number of patients treatment
		Laboratory tests - HB	Routine laboratory tests are provided	Laboratory equipment & reagents	Basic laboratory investigation are done	Number of dispensaries providing basis laboratory investigations

	<b>NEOPLASM, BREAST,CERVIX, GASTRIC, BRONCHIAL AND HEPATOMA</b>	Preventive/ Promotive IEC	Dissemination of information on neoplasm to the community IEC materials	IEC materials  Skilled personnel	Sensitised community	Percentage of the community sensitised  Number of dispensaries conducting IEC on named conditions.
		Clinical diagnosis, early defection and referral	Train dispensary staff on early sings on Neoplasm  Provision of equipment (speculum)	Training materials  Facilitators	Trained Health worker on early detection of Ca.	Number of health workers trained.
	<b>TRAUMA/ INJURIES AND ANIMAL BITE</b>	First Aid (Splint for immobilisation)	Up- date equipment for provision of emergency care in trauma injuries.	Equipments  Drugs	Adequate equipped dispensary for emergence care	Number of dispensaries equipped for emergency care
	<b>MENTAL HEALTH</b>	IEC	Dissemination	IEC materials	Sensitised community	Percent of community sensitised  Number of dispensaries conducting IEC
		Clinical diagnosis early detection	Train dispensary staff on early detection of mental illness	Facilitators  Training manual	Trained Dispensary staff	Number of dispensaries with trained staff
		Follow up for drug maintenance and compliance	Provide maintenance drugs for patients on treatment	Drugs	Patients maintained on drug treatment	Number of dispensaries stocked with mental drugs/ psychotropic drugs

<b>HEALTH CENTRE</b>	<b>CARDIOVASCULAR DISEASE &amp; DIABETES</b>	Same as at Dispensary plus  All lab test at the health centre level  Treatment of Cardiac and Diabetic emergencies	Conduct all lab test at the level of Health centre  Train health centre staff on the management of cardiovascular and diabetes emergencies  Provision of drugs for Cardiac & diabetic emergencies	Skilled personnel Reagent and equipment  Facilitator Training materials Drugs	Lab tests are conducted  Trained staff  Availability of drugs	Number of Health Centre conducting required lab tests  Number of health centres managing cardiac and diabetic emergencies.
	<b>NEOPLASM</b>	Same as at dispensaries PLUS				
	<b>TRAUMA, INJURIES &amp; ANIMAL BITE</b>	Same as dispensaries PLUS IV Fluids  In – patients treatment for minor burns	Provision of IV fluids  Provide drugs and supplies	Giving sets IV Fluids	Management of patient with injuries/ trauma  Improved management of burns	Number of Health centre stocked with IV Fluids  Number of health centres managing burns
	<b>MENTAL HEALTH</b>	Clinical diagnosis, early detection and treatment of acute and chronic mental illnesses	Training of health workers on proper management of mental illnesses	Facilitators Drugs	Health of mental illnesses properly managed	Number of Health centre managing mental illnesses

<b>DISTRICT HOSPITAL</b>	<b>CARDIOVASCULAR/ DIABETES</b>	Same as health centre PLUS  Laboratory tests, urea, creatinine syphilis  Treat all types of hypertension and diabetes and refer the complicated cases	Conduct lab tests as required  Test at district hospital  Provide adequate drugs	Skilled personnel  Equipment  Reagents  Drugs	Laboratory test are conducted  Hypertensive and diabetic patients better managed	Number of Lab tests conducted at the hospital  Decreased number of complicated cases of hypertensive and diabetic patients
	<b>NEOPLASM, BREAST, CERVIX, GASTRIC, BRONCHIAL AND HEPATOMA</b>	Same as health centre PLUS				
	<b>TRAUMA, INJRIES &amp; ANIMAL BITE</b>	Surgery, reduction and immobilisation of fracture and dislocation	Provision of equipment and supplies	Equipment and supplies  Drugs	Trauma/ injured patients better managed	Decreased number of complicated cases
	<b>MENTAL HEALTH</b>	Treatment of all types of mental illnesses	Provision of drugs	Drugs	Patients with mental illnesses better managed	Numbers of patients managed

## **CHAPTER 4: TREATMENT OF COMMON DISEASES/ LOCAL PRIORITIES WITHIN THE DISTRICT**

The interventions of this component will vary from one district to another. This is because interventions will depend on the diseases peculiar to that area which the District Health Management Team will decide to include in their Comprehensive District Health Plans. Disease should be based on the burden of disease of that district i.e district should choose include in their package diseases that cause the highest mortality and morbidity in their district.

The District Health Management Teams should use the same format as for other chapters to prepare interventions and the Implementation strategies for each diseases at each level.

The implementation strategies will assist DHMTs during the planning process. This components should be complimentary to other components of this package.

Interventions of this components like the others should aim at:

- Improving the supply of essential drugs, equipment and medical supplies for those diseases.
- Rational prescription of drugs
- Updating knowledge on treatment of the disease conditions to prescribers.
- Provision and use of Standard Treatment Guidelines.

## **CHAPTER 5: COMMUNITY HEALTH PROMOTION / DISEASE PREVENTION**

Health promotion and disease prevention are crosscutting apply in all other sectors of the essential health package.

Health Promotion is defined as the Process of enabling people to control over their living conditions and improve their health. In order a state of complete physical, mental and social well-being, an individual group must be able to identify and realise aspirations, to satisfy needs and change or cope with the environment. Health promotion is not just responsibility of the health sector, but it involves other sectors as w' Water, Education, Agriculture and Community Development and goes healthy life-styles to well being. (Ottawa Charter, 1986).

Health education is any combination of learning experiences design facilitate voluntary adaptations of behaviour conducive to health. Most h education activities are not autonomous, or freestanding programs themselves. They are embedded in other programs and many are identified as health education.

Disease prevention is categorized into four levels - primordial, prim secondary and tertiary. All levels are important and complementary, primordial and primary prevention contribute more to the health and w being of the whole community (WHO 1993). While the first two levels are pure preventive measures dealing with disease causal factors, the other two more curative and rehabilitative of the sick.

School health is another important strategy in the promotion of health. Approximately one-third of the population of Tanzania (8,500,000 individuals) comprises children aged 6- 18 years.

Common health issues and problems affecting this age group include:

- Communicable diseases; HIV / AIDS, STDs, Worms, Malaria
- Trauma and injuries
- Short-term hunger and malnutrition
- Unsafe and inadequate water, waste disposal/sanitary facilities
- Late detection and treatment of disease
- Scanty services for those in special circumstances mental/physical disabilities, street children, etc.)
- Early sexual activity and its consequences (pregnancy, STDs, HIV/AIDS, psychosocial problems)
- Social, economic, peer, academic pressures
- Declining moral and traditional values ( orphans,

## **INTERVENTIONS**

- Sanitation and hygiene
- Improved housing
- Promotion of healthy living styles
- Behavioural change in favour of health
- Appropriate Agricultural practices for disease control
- Enforcement of by-laws and regulation related to health
- Increased Public Investment in health promotion
- School Health
- Occupational health and safety.

**TABLE 1: SUMMARY OF INTERVENTIONS AT DIFFERENT LEVELS:**

<b>PRIORITY FOCUS</b>	<b>INTERVENTIONS</b>		
	<b>COMMUNITY</b>	<b>DISPENSARY/ HC</b>	<b>HOSPITAL</b>
1.Sanition and Hygiene	<p>Construction and protection of water sources</p> <p>Construction and maintenance of improved latrines</p> <p>Construction and maintenance of refuse disposal systems</p> <p>Construction and maintenance of waste water systems</p> <p>Participatory Hygiene and Sanitation Transformation (PHAST)</p>	<p>Dissemination of health education materials to clients and communities</p> <p>Construction and maintenance of dispensary latrine for demonstration to community</p> <p>Training of CORPS in Water Source Protection and appropriate sanitary facilities</p> <p>Undertake monitoring and supervision</p> <p>Training of CORPS in PHAST</p>	<p>Provision of Health Education materials catchment population</p>
2. Improved Housing	<p>Construction and maintenance of improved houses for households</p> <p>Use of fuel- efficient stoves</p> <p>Cleaning of living compounds</p>	<p>Provision of IEC on improved houses and fuel efficient stoves to catchment population</p> <p>Supervision</p>	<p>Provision of IEC on improved housing to catchment population</p>
3. Promotion healthy Living styles	<p>Peer group education on STDs and eating styles/ habits</p> <p>Organization of sporting activities</p>	<p>Dissemination of health education to clients</p> <p>Training of CORPS on health living styles</p> <p>Provision of IEC on tobacco, alcohol and drug abuse.</p>	<p>Provision of IEC to clients</p>

4. Behaviour changes in favour of health	Peer group education	Promotion of village health days, training of CORPS on PHAST.	Provision of IEC to catchment population
5. Appropriate Agricultural practices for disease control	Apply appropriate farming practices	Provision of IEC on communicable disease control  Training CORPS in collaboration with related sectors on appropriate agricultural practices.  Supervision of communities	Provision of IEC to clients
6. Enforcement of by-laws and regulations related to health	Review and enforce local by-laws and regulations	Provide support to community for the enforcement of local by laws.	
7. Increased Public Investment in Health Promotion	Establish community funds for health  Support private sector initiatives.	Identify areas for private sector investment.	
8. School Health Promotion	Advocate for school health education, health screening, immunisation and counselling of pupils.  Support school feeding programmes  Promote water supply, latrines and sanitary facilities in schools Promote recreation, gardening and safety in schools	Conduct health screening & immunisation (BCG, TT) of pupils  Facilitate counselling of pupils  Sensitise community on pupil nutrition, water safety, proper latrine, hygiene and sanitation  Manage sick pupils referred from schools	Conduct/ facilitate screening & immunization of pupils  Facilitate/ provide for 1 <sup>st</sup> aid, counselling in school  Sensitise community on school health Conduct training of teachers on health education, 1 <sup>st</sup> aid, counselling

<p>9. Hygiene and safety at Workplaces</p>	<p>Apply safety measures at work places (e.g. wearing of safety gears, substituting toxic to non toxic materials</p> <p>Establish first aid service at work places</p>	<p>Dissemination of IEC materials</p> <p>Supervision and motoring</p>	<p>Periodic medical examinations of workers</p> <p>Treatment of cases related to occupational diseases/ conditions.</p> <p>Train safety officers on First Aid</p> <p>Train safety committee members on workplace safety measures</p>
--	--	---	--

**TABLE 2: IMPLEMENTATION STRATEGY AT DIFFERENT LEVELS**

<b>LEVEL</b>	<b>INTERVENTION</b>	<b>ACTIVITY</b>	<b>INPUTS</b>	<b>OUTPUTS</b>	<b>INDICATORS</b>
<b>Community</b>	Promote Water, Sanitation and hygiene conditions	Construct and protect water sources	Household budget and labour  Building materials and supplies	Protected and maintained water source	Number of water sources protected and maintained
	Construct and protect water sources	Construct and maintain improved latrines.	Building materials and supplies  Household budget and labour	Constructed and maintained improved latrine	% of households with improved latrines
		Construct and maintain refuse disposal systems	Household budget and labour  Cleaning tools and equipment	Solid waste collected and sanitarily disposed off	Proportion of solid waste collection and disposed  State of cleanliness in the environment
		Construct and maintain waste water systems	Building materials and supplies  Household budget and labour  Sanitary fittings	Waste water system constructed and maintained	% of households with waste water disposal systems  absence of waste water spillage on the compound
		conduct participatory hygiene and sanitation transformation (PHAST)	Trained CORPS  PHAST tools	People participating in the intervention	% of households participating in PHAST initiative



	Improve housing conditions	Construct and maintain improved housing  Provide IEC materials to communities  Supervise housing construction  Provide/ install and use fuel- efficient stoves	Household budget and labour  IEC materials  Trained personnel  Trained CORPS IEC materials House hold budget	Improved houses  IEC materials available  Construction of house supervised  Fuel- efficient stoves available	% of houses improved  % of communities with IEC materials  proportion of houses supervised during construction  % of household with fuel efficient stoves
	Promote behavioural change in favour of health	Conduct peer group education	Trained CORPS IEC materials Training Funds	Number Pear Group session conducted	Reduction in disease incident
	Promote appropriate agricultural practices for disease control	Participate in training sessions on appropriate farming methods  Reduction breeding sites	Trainers Teachers material	Number of farmers trained	Percentage of farmers trained  Proportion of water based diseases reduce
	Enforce by-laws and regulations related of health	Establish village committee	By-law documents	By-law breakers prosecuted	% Reduction in by-law non compliance  No. of By- law reviewed
	Increase public investment in health promotion	Establish community funds for health	Community member contributions	Funds collection	% increase in community contribution

	School health promotion	<p>Schools committees to conduct quarterly meetings and school health promotion</p> <p>School committee to prepare annual plans and identify resources for school health promotion</p>	<p>Schools health advocacy materials</p> <p>Facilitators School health materials Stationary</p>	<p>Minutes of the quarterly meeting</p> <p>Annual Plan Funded budget</p>	<p>Number of meetings held annually</p> <p>Proportion of schools with annual plans</p>
	Hygiene and safety at workplace	<p>Identify environmental health risks at work places (industrial and agricultural)</p> <p>Identify behavioural risks at work places</p> <p>Educated workers on safety measures</p> <p>Apply safety measures</p> <p>Monitor work environment</p> <p>Examine workers periodically</p> <p>Treat workers</p>	<p>Trained personnel Monitoring equipment's and tools</p> <p>IEC materials Examination facilities 1<sup>st</sup> Aid kit</p>	<p>Risky behaviour/ environment identified</p> <p>Workers educated</p> <p>IEC materials available</p> <p>Workers environment monitored and safety measured applied</p> <p>1<sup>st</sup> Aid kit provided</p>	<p>List of environmental and behavioural risks</p> <p>Number of workers educated</p> <p>Percentage of work places applying safety measures</p> <p>Percentage of work places monitored</p> <p>Percentage of workers regularly examined</p> <p>Numbers of work place with 1<sup>st</sup> Aid kits.</p>

<b>DISPENSARY/ HEALTH CENTRE</b>	Promote water Sanitation and hygiene conditions	Disseminate IEC materials  Train CORPS  Conduct supervision  Construct and maintain dispensary latrine for demonstration of the community  Train CORPS in appropriate latrine construction	IEC materials  Appropriately trained personnel Training materials  Funds Construction materials and funds  Trained personnel IEC materials	IEC and training materials  Funds available Training of CORPS conducted  Supervision visit to communities  A dispensary/ HC latrine available  Training CORPS available	% of water source protected and maintained  Number of trained CORPS  Number of supervisory visits to communities  % of dispensaries with model latrines  Number of trained CORPS
	Improve Housing conditions	Provide IEC materials to communities  Train CORPS on appropriate housing construction  Supervise housing construction in the community	IEC materials  Trained personnel  Transport (bicycles)	IEC materials available  Trained CORPS available  Supervision conducted	% house improved  Number of supervision visits  Number of communities with IEC materials

	Promote health living styles	Provide IEC materials on Tobacco, Alcohol, drugs, STI, eating habits and other disease predisposing  Train CORPS on health living styles  Monitoring and evaluation	IEC materials Trained personnel Funds	Number of IEC materials available in the community  Number of trained CORPS	Health living behaviours changed positively  Reduced incidences of Diseases/ conditions related to unhealthy life styles.
	Promote behavioural change in favour of health	Train CORPS in Peer education on disease control and health living	Facilitators IEC materials Stationery	Number of training sessions conducted	Number of CORPS trained
	Promote appropriate agricultural practices	Provision of IEC on appropriate agricultural practices  Train communities in appropriate agricultural practices	Trained personnel IEC materials  Transport Stationery Training funds	Number of training session conducted	Number of vector breeding places reduced  No of communities with IEC materials
	Enforce by-laws and regulations related to health	Support communities in establishing appropriate health by-laws through meetings	Health personnel Transport	Number of by-laws enacted	Minutes of the meetings
	Promote public investment in health	Assist in the identification of areas for private sector investment	Health promotion materials Health personnel	Number of privately funded health activities	% increase in private health activities
	School Health Promotion	Conduct/ facilitate health screening of pupils	Transport Equipment and Supplies Health personnel	Number of pupils screened,  Pupil health record	% of pupils screened  % of pupils referred to health facility
			School teachers		

		Conduct pupil vaccinations (BCG, TT)	Transport Vaccines Health personnel Schools teachers	Number of pupils vaccinated  Pupil health records	% of pupils vaccinated
		Provide treatment to referred pupils	Health personnel, supplies	Number of referred pupils treated	% of referred pupils treated or referred further
		Conduct school health advocacy meetings in communities	Transport Health personnel School health advocacy materials	Number of meetings conducted	Minutes of the meetings
		Conduct training of schools teachers on school health	Transport Health personnel Stationery School health materials	Number of teachers trained	% of teachers trained on school health promotion
	Improve hygiene and safety at workplaces	Support workers safety committees in the education of workers on safely measures  Treat case of illnesses/ injuries accrued from their work  Provide IEC to work places	Trained Personnel Drugs and supplies IEC materials	Workers safety committee supported Illnesses/ injuries treated IEC materials provided	Proportion of safety committee supported in the education of workers Number of cases treated of their illnesses injuries Proportion work places with IEC materials.



<b>DISTRICT HOSPITAL</b>	Promote water, sanitation and Hygiene condition	Provide health education to the clients  Educate on disease related to water and sanitation	IEC materials Personnel Funds	Number of health education session conducted  Number of IEC materials given to the clients	% of clients reached for health Education
	Improve housing conditions	Provide health education on improved housing conditions	IEC materials Personnel Funds	Number of health education session conducted  Number of IEC materials given to the community	% of people reached
			IEC materials Personnel Funds	Number of health education session conducted  Number of IEC materials given to the clients  Counselling sessions undertaken.	% of people reached   No of clients counselled
	Promote Behaviour changes in favour of health	Conduct education and training of TOTs for IEC	Transport Training Funds Stationery	Number of trained TOTs	% of planned training sessions undertaken
	Promote appropriate agricultural practices for disease control	Support dispensaries and Health centres the distribution of IEC on appropriate agricultural practices	Personnel Stationery IEC materials Funds	IEC materials distributed	% of planned IEC materials produced  number of dispensaries and Health centres with IEC materials

	Enforce by-laws and regulations related to health	Review existing by-laws and regulations	Health personnel By-laws documents	By-laws and regulations reviewed	Review reports
	Increase public investment in health promotion	Conduct private health investment advocacy meetings	Transport Health personnel Advocacy funds Stationery	Advocacy meetings conducted	Number of advocacy meetings  Reports
	Improve hygiene and safety at work places	Facilitate periodic medical examination of workers  Treat cases referred from dispensaries/ health centres  Train safety officers on first aid  Train safety committee members on workplace safety measures	Trained personnel  Examination equipment tools  Drugs and supplies  Training equipment	Medical examination of workers facilitated  Referred cases treated  Safety officers and committee  Safety committee member trained	Proportion of workers periodically examined  Proportion of referred cases treated  Number of safety officers trained on first Aid.  Number of safety committees members trained on safety measures
	School health promotion	Provide treatment to pupils referred/ with special problems	Supplies	Number of referred pupils treated  Pupil health records	% of referred pupils treated of referred further

## ***CHAPTER 6: MANAGEMENT SUPPORT***

### **6.1 DISTRICT LEVEL**

The DHMT is responsible for the overall management of the health services delivered at all levels within the district.

In order for the district to deliver the National Package efficiently the DHMT sure that personnel, finances, diagnostic and medical supplies, drugs, t, physical infrastructure transport and the HMIS are functioning. DHMT should develop district health plans based on the identified health needs of the district. In so doing reference should be made to the policies and guidelines within the specific components of the National packages.

During implementation of the PEHIT, activities should be well co-ordinated and d to ensure good quality services are offered.

Personnel capacity building as well as reallocation of the required outputs should be part and parcel of the interventions. These will ensure the provision of services of high quality.

The disease surveillance system in the district should also be strengthened to re regular reporting, follow-up and feedback on disease epidemics.

**Table 1: MANAGEMENT SUPPORT AT THE DISTRICT LEVEL**

<b>INTERVISION</b>	<b>ACTIVITIES</b>	<b>INPUTS</b>	<b>OUT-PUTS</b>	<b>INDICATORS</b>
<b>COORDINATION &amp; MONITORING MANAGEMENT</b>	Conduct regular and adhoc supervision at lower levels according to MOH guidelines	Communication facilities (fax, telephone, computer, e-mail, etc)	Facilities supervised	Proportion of facilities supervised according to MOH guidelines
	Ensure timely accurate and complete reporting from the lower levels (ref. HIMS Standards)	Photocopy facilities, Transport facilities	Accurate report submitted timely to higher levels	Supervisor reports available
	Provide regular feedback to the lower levels	MOH policy and strategic documents	Feedback reports provided timely	Proportion of facilities submitting reports timely
	Coordinate all health activities in the districts, public, NGOs and private/ Voluntary Agencies	Standardised guidelines Skilled personnel	Coordination meetings, visits and other mechanisms in place	Number of minuted meetings/ visits conducted
			District health needs identified and documented	Needs assessment report
	Establish/strengthen network with all health partners in the district	Assessment tool	Resources mobilised and allocated as per district plan	District health plans document
	Conduct needs assessment to determine resources required to implement essential health package at community, facility and district levels.	Logistics support		Resource inventory
	Prepare district health plans	District planning guidelines	Financial and material management systems in place at all levels	Proportion of facilities implementing financial and material management systems
		Health financing policy documents		
		Essential health package specific component document		

	<p>Mobilise and allocate resources</p> <p>Establish/ adapt financial and material management system at facility and district levels</p>			
<b>CAPACITY BUILDING</b>	<p>Recruit and deploy appropriate health personnel based on the current staffing levels</p> <p>Develop and implement a training plan as per district health plans</p> <p>Conduct personnel performance monitoring</p>	<p>MOH staffing level document</p> <p>Resource persons and facilitators</p> <p>Reference materials on specific component of the essential health package</p> <p>District health plans documents on specific components</p>	<p>Appropriate staff in place</p> <p>District health training plan in use</p> <p>Personnel trained in appropriate skills on specific components of essential health intervention package</p> <p>Personnel performance improved</p>	<p>Proportion of facilities with appropriate staffing levels</p> <p>District health training plan document available</p> <p>Proportion of personnel trained in appropriate skills</p> <p>Proportion of trained personnel assessed</p>
<b>DISEASE SURVEILLANCE</b>	<p>Collect, compile, analyse routine and outbreak data from lower levels.</p> <p>Prepare and submit report to higher levels and feedback to lower levels</p> <p>Prepare emergency preparedness plans</p> <p>Identify and mobilize</p>	<p>Health facility reports</p> <p>HIMS guidelines</p> <p>National disease surveillance manuals</p> <p>Facilitators/ consultants</p> <p>Logistic support</p> <p>Drugs and supplies</p>	<p>Report available and submitted to appropriate levels</p> <p>Emergency preparedness plans</p> <p>Resources for emergency preparedness and rapid response in place</p> <p>Emergency response task</p>	<p>Proportion of reports from facilities analysed and submitted to appropriate levels</p> <p>Emergency preparedness plans document</p> <p>Proportion of personnel trained</p>

	<p>resources required for emergency preparedness and rapid response including personnel, drugs, supplies and logistics</p> <p>Train personnel on emergencies preparedness and rapid response</p> <p>Follow up outbreak and confirm diagnosis</p> <p>Initiate and submit to the councils by-laws proposals on disease control</p> <p>Monitor and enforce implementation</p>	<p>Funds</p> <p>Infections diseases ordinance</p>	<p>force in place</p> <p>Outbreaks followed up and confirmed</p> <p>By-laws proposals submitted to councils</p> <p>By-laws enforced</p>	<p>Inventory of resources</p> <p>Proportion of outbreaks investigated</p> <p>Number of by-laws enacted</p> <p>Number of law offenders prosecuted</p>
<b>INFORMATION EDUCATION AND COMMUNICATION</b>	<p>Conduct IEC needs assessment</p> <p>Develop/adapt, pre-test, produce and distribute IEC materials</p> <p>Train health personnel on communication skills including PHAST and LEPSA</p> <p>Monitor and evaluate the use of IEC materials</p>	<p>Tools for needs assessment</p> <p>Genetic IEC messages</p> <p>Facilitators/ consultants</p> <p>Training materials PHAST Tools</p> <p>Monitoring and evaluation tools</p>	<p>IEC needs assessed</p> <p>IEC messages developed</p> <p>Health personnel trained on communication skills and PHAST</p> <p>Monitoring and evaluation of IEC materials use conducted</p>	<p>IEC needs report</p> <p>Number and types of IEC messages developed</p> <p>Proportion of facilities using relevant IEC materials</p> <p>Proportion of health personnel trained on communication skills including PHAST and LEPSA</p>

<b>OPERATIONAL RESEARCH</b>	<p>Identify priority areas for operational research</p> <p>Disseminate research priorities and invite proposals from individuals, communities and institutions</p> <p>Review research proposals</p> <p>Allocate funds to approved research proposals</p> <p>Publish/disseminated research findings</p>	<p>Data on prevailing conditions in the district</p> <p>Authors guide</p> <p>Team of reviewers</p> <p>Research funds</p>	<p>Research priorities identified</p> <p>Funded research proposals</p> <p>Research findings disseminated</p>	<p>List of research priorities compile</p> <p>Proportion of funded proposals</p> <p>Number of reports on research findings</p> <p>Proportion of research reports disseminated</p>
-----------------------------	--	--	--	---



## **6.2 REGIONAL MANAGEMENT SUPPORT {RHMT}**

The Regional Health Secretariat being the extended arm of the MOH (Central level) , will play a role of interpretation of policies, regulations, quality assurance standards and support the district in the overall implementation of HSR.

The RHMT will provide all the necessary support such as supervision, technical assistance and capacity building to the district to make sure that the National Health Package is implemented.

**MANAGEMENT SUPPORT : RHMT**

<b>INTERVENTION</b>	<b>ACTIVITIES</b>	<b>INPUTS</b>	<b>OUT-PUTS</b>	<b>INDICATORS</b>
COORDINATION AND MONITORING	<p>Conduct regular and adhoc supervision at lower levels according to MOH guidelines</p> <p>Ensure timely, accurate and complete reporting from the lower levels (ref. HIMS Standards)</p>	<p>Communication facilities (fax, telephone, computer, e-mail, etc)</p> <p>Transport facilities</p>	<p>Facilities supervised</p> <p>Accurate report submitted timely to higher levels</p> <p>Feedback reports provided timely</p>	<p>Proportion of facilities supervised according to MOH guidelines</p> <p>Supervision reports available</p> <p>Proportion of facilities submitting reports timely</p>
	<p>Provide regular feedback to the lower levels</p> <p>Coordinate all health activities in the districts, public, NGOs and private/ Vas</p> <p>Establish / Voluntary Agencies</p> <p>Strengthen network with all health partners in the region</p>	<p>MOH policy and strategic documents</p> <p>Standardised guidelines</p>	<p>Coordination meetings, visits and other mechanisms in place</p>	<p>Number of minuted meetings/ visits conducted</p>

<b>MANAGEMENT</b>	<p>Prepare regional health plans</p> <p>Mobilise and allocate Resources</p> <p>Facilitate district health planning</p>	<p>Local government reform guidelines</p> <p>Health sector reform document from MOH</p> <p>Resource persons</p> <p>District health plan</p>	<p>Regional health plan in place</p> <p>Funded regional health plans</p> <p>District supported in the development of health plans</p>	<p>Regional health plan document</p> <p>Proportion of the regional health plans funded</p> <p>Number of districts supported in planning</p>
<b>CAPACITY BUILDING</b>	<p>Assist districts in recruiting appropriate health personnel</p> <p>Facilitate development and implementation of district training plans</p>	<p>MOH staffing level guideline</p> <p>Inventory of district health staff</p> <p>Essential health interventions package specific components documents</p>	<p>Appropriate health personnel recruited by the districts</p> <p>District training plans in place</p>	<p>Number of health personnel recruited in each district</p> <p>District training plans document</p>
<b>DISEASE SURVEILLANCE</b>	<p>Collect, compile, analyse routine HIMS and outbreak data from lower levels</p> <p>Prepare and submit report to higher levels and feedback to lower levels</p> <p>Facilitate districts in the development of Emergency preparedness and rapid response plans</p>	<p>District reports HIMS Guidelines National Diseases Surveillance Manual</p> <p>Facilitators Logistic support Drugs and supplies Funds</p>	<p>Regional report available and submitted to central level and feedback to districts</p> <p>District Emergency Preparedness available</p> <p>Outbreaks followed up</p>	<p>Proportion of reports from districts analysed and submitted to regional central level</p> <p>Proportional of district given feedback</p> <p>Number of districts facilitated in training on emergency preparedness</p> <p>District emergency preparedness plans</p>

	Assist district in the health personnel on emergency preparedness and rapid response. Follow- up outbreaks and confirm diagnosis Mobilise resources to support districts in emergency response		and diagnosis confirmed	documents  Inventory of back-up resources  Proportion of outbreaks investigated
--	--	--	-------------------------	---

### **6.3 CENTRAL (MOH) LEVEL**

The role of Ministry of Health under the ongoing Health Sector Reforms has fundamentally changed from being a provider to a facilitator mainly focusing on policy formulation, legislative and regulatory functions and quality assurance. Equally important at this stage of the MOH provides technical support to develop and establish mechanisms for capacity building at both regional and district levels. Similarly, the MOH provides advocacy to the regions, district and the to the members of the public in general on the reform process.

## **CHAPTER 7.0      CONCLUSION**

The implementation of the package of essential services should be evaluated through improvements in the health status of the population and higher coverage of the health services for the poor.

Performance targets have to be identified so that after a specified period of time they are measured. If the target is reached or if there is a lowering of disease the indicator e.g IMR, then it means interventions have been successful. It is important that necessary means are put in place to make sure that positive indicators are achieved. Such measures include, among other things:

- Services are accessible and available to all of the people financially, physically and culturally.
- Training and other motivation is assured to the health providers.
- Essential equipment Vaccines, drugs and supplies are available
- Effective organisation and management at the district level [including regular supportive at the facility level]
- Effective and transparent financial management
- Quality of services is enhanced
- There is sustained funding enough to change the health risks and avoid future disease

Achievement of the health reforms and these cost – effective interventions will require strong support not only from the government – both central and local but also from all national and international partners.