THE UNITED REPUBLIC OF TANZANIA
PRIME MINISTER`S OFFICE
MINISTRY OF REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT

MKALAMA DISTRICT COUNCIL

HEALTH DEPARTMENT COUNCIL PROFILE

Mkalama District Council,
P.O. BOX 1007,
SINGIDA

MARCH, 2017

LIST OF ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
CBR	Crude birth rate
CDR	Crude death rate
CHF	Community Health fund
CHSB	Community health service board
DHMTs	District Health Management Teams
FBO	Faith based organization
HFGCs	Health facility governing committees
HIV	Human immunodeficiency virus
HMIS	Health Management Information System
HRF	Human resource for health
IMR	Infant mortality rate
IPD	Inpatient Department
MMR	Maternal mortality rate
MNCH	Maternal, Newborn and Child Health
MoH	Ministry of Health
NGOs	Non-governmental organizations
OPD	Outpatient Department
STD	Sexually transmitted disease
TBA	Traditional birth attendant
TFR	Total fertility rate
TV	Television
U5MR	Under-five mortality rate

1.0 Introduction

Mkalama district council is one among seven councils forming Singida region namely Singida district Council, Manyoni District Council, Singida Municipal council, Iramba District Council,Itigi District Council and Ikungi District Council. The council was established and started its operations as an independent district in July 2013.

2.0 Geographical location and features

Mkalama is situated in the North of the region between Latitudes 4° and 4.30^o south of the Equator and Longitudes 34° and 35° East of GM. It covers an area of 3,328.65 square Kilometers of which 44.3% is arable land.

Mkalama District has only one rainy season which starts from November and ends in April next year. The Annual Rainfall ranges between 500-800mm.

3.0 Economic Activities

3.1 Agricultural Activities

The national income depends mainly on agricultural and farming activities. A low rain season affects productivity of both cash crops and food crops, therefore contributing to poverty which on the other side effects health financing. The major agricultural crops grown in Mkalama district include maize, sunflower, onions, sorghum and tomatoes. The crops are grown in both small and large scales and they are used as food and cash crops.

3.2 Livestock production

Animal farming or production is another important activity in Mkalama district council of major economic importance. Cattle, goats, sheep, pigs, chicken and donkeys are grown in the council and contribute much to the economic growth of the district. Cattle are highly used in agriculture and transportation of goods.

3.3 Mining and Fishing industries

Mining and fishing industries contribute to some of economic activities in Mkalama district council. There is small scale mining of copper, gypsum, sand and quarry industries. Fishing is another activity taking place along seasonal rivers and small dams. These activities help to raise family income at small scale

4.0 Socio-Economic Situation with ethnic groups perspective:

Among major ethnic groups include Agro-pastoralists, Nomads and Hadzabe. The largest ethnic group is Agro-pastoralists (The Nyiramba, Nyisanzu and Nyaturu) followed by Nomads (The Sukuma and Barbaigs) and Hadzabe who practices primitive hunting. The life style for Nomads and Hadzabe is a challenge to the health system, since it involves mobility from one place to another. Therefore, it is hard to reach this kind of communities. Nomadic life maximizes costs for maternal and child health especially maintenance of mobiles and outreach immunization services.

5.0 Health cost sharing schemes

Community Health Fund is one of the health cost sharing schemes practiced in Mkalama. In this scheme, households are voluntarily responsible for contributing towards access to health care prior to falling sick. Adequate coverage of CHF is vital as it enables vulnerable community to access health services at fewer costs. The coverage of CHF stands at 25% in 2017. The aim is raising the coverage from 49% -55% by June 2017.

National Health Insurance Fund is another health cost sharing scheme which contributes to facilitate provision of health service in the district. Through scheme public employees and their dependants can access health services through monthly deduction from their salaries.

User fee is another form of cost sharing scheme where the patients are required to contribute consultation fees and other costs whenever they are accessing health services from health facilities. The money is spent to improve the services through purchasing of medicines and medical equipments and achieving any other service incurred when accessing health care.

6.0 Health funding sources

The council receives funds from various sources in order to manage the running of a health sector. Table 7 below shows a list funding sources. All these sources contribute greatly towards improving management of health care system in the district council.

Table 1: Different Sources of Financing:

Source of financing			Approved budget 2016/17		Received /collected 2016/17		Allocated for 2017/18	
			Cash	In Kind	Cash	In Kind	Cash	In Kind
Local Government Block Grant		OC	152,903,000	0	0	0	152,903,000	0
		PE	2, 331,544,776	0	0	0	0	0
Council Health Basket Grant		BF	455,794,000	0	0	0	455,794,000	0
Council Own Resources		OC	330,000,000	0	0	0	0	0
Receipt in Kind			150,670,000	0	0	0	0	0

Cost Sharing and Insurance Funds	National Health Insurance Fund – NHIF	NHIF	58,874,988	0	0	0	31,715,000	0
	User fee	UF	8,260,000	0	0	0	2,000,000	0
	Community Health Fund – CHF	CHF	152,110,000	0	0	0	154,770,000	0
NGO Partners	EGPAF		146,000,000	0	0	0	0	0
LGDG	LGDG – Capital Development Grant – CDG			0	0	0	80,000,000	0
Central Government Grants	Central Government Other source	OC		0	0	0	42,000,000	0
Total				**0**	**0**	**0**	**919,182,000**	**0**

7.0 Literacy rates;

According to the available data at the district planning office, the literacy rate in 2017 stands at 75%. Low literacy rate is a challenge to the health systems since it affects the uptake of health information and interventions.

8.0 Demographic data

This refers to the total population, women of child bearing age, children under one and under-five, population growth rate, crude birth rate, crude death rate, infant mortality rate, under-five mortality rate, maternal mortality rate, etc. Below is a summary of data related to demographic data in Mkalama district council.

Population**:** According to the population projection from the National Census, the population by 2017 at Mkalama stands at 208,772 and the growth rate is 2.7%. The council has birth rate of 6.5% and TFR of 6. The population is challenged by high infant mortality rate by 9/1000 and under five mortality rates 10/1000.

Table 2: Vital Health Indicators

INDICATORS	NATIONAL	REGIONAL	COUNCIL
Total population	51,330,823		208,772
Growth rate	2.7	2.82	2.7
Birth rate	4.6	6.9	6.5
Children<1 year	4		3.3
Children <5 year	21		20
Women: 15-49 years	18		21
Young people (10-24)	32		30
Maternal Mortality Ratio	454	138	36
Perinatal Mortality Ratio			3
Neonatal Mortality Ratio	26	7	7
Infant Mortality Ratio	51	11	9
Under five Mortality Ratio	81	17	10
Number of elderly aged 60+ (1.4%)		1	1
MVC (10-12% of <18 years)			98
Permanent toilet	47		42

9.0 Epidemiological data (top 10 causes of morbidity and mortality):

Table 3: Main OPD Diagnoses (The TOP 10 diseases)

		<5 Years				5+ Years				
	Diagnosis	**M**	**F**	**Total**	**% of total OPD cases**	**Diagnosis**	**M**	**F**	**Total**	**% of OPD cases**
1.	ARI	8403	8678	17081	42	ARI	9122	13039	22161	35
2.	Diarrhea diseases	3715	3383	7098	17	Other diagnosis	4576	6005	10581	17
3.	Pneumonia	2270	2048	4318	11	Ill-defined syndrome	2255	3518	5773	9
4.	Other diagnosis	1700	1634	3334	8	Diarrhea diseases	2243	3170	5413	9
5.	Skin diseases	1161	1111	2272	6	UTI	1745	3321	5066	8
6.	Ill-defined syndrome	1042	1067	2109	5	Pneumonia	1688	2391	4079	6
7.	UTI	752	865	1617	4	Others non-infectious (GIT diseases)	1048	1713	2761	4
8.	Others non-infectious (GIT diseases)	656	619	1275	3	Typhoid	1087	1552	2639	4
9.	Malaria	385	426	811	2	Other surgical conditions	1435	1127	2562	4
10.	Intestinal worm	326	399	725	2	Malaria	1104	938	2042	3
	Total	**20410**	**20230**	**40640**	**100**		**26303**	**36774**	**63077**	**100**

Table 4: Main IPD Admission and Deaths per diagnosis

	Diagnosis	<5Years				5+Years				Total				CFR in %
		Admission		Deaths		Admissions		Deaths		Admissions		Deaths		
		M	F	M	F	M	F	M	F	M	F	M	F	
1.	Normal deliveries	0	0	0	0	0	5559	0	1	0	5559	0	1	0.02
2.	Malaria severe	158	127	2	2	214	350	2	6	372	477	4	8	1.41
3.	Other diagnosis	40	40	0	0	252	369	8	4	292	409	8	4	1.71
4.	Diarrhea diseases	109	94	1	1	61	178	4	4	170	272	5	5	2.26
5.	Pneumonia	105	85	3	6	65	127	1	2	170	212	4	8	3.14
6.	Emergency surgical conditions	0	0	0	0	0	218	0	0	0	218	0	0	0.00
7.	ARI	21	18	1	1	19	36	1	0	40	54	2	1	3.19
8.	Cardiovascular diseases	0	1	0	0	28	50	3	4	28	51	3	4	8.86
9.	Anemia	15	11	1	0	13	18	0	1	28	29	1	1	3.51
10.	Fractures	1	3	0	0	15	16	0	0	16	19	0	0	0.00
Total		**449**	**379**	**8**	**10**	**667**	**6921**	**19**	**22**	**1116**	**7300**	**27**	**32**	**0.02**

10.0 Access to water and sanitation facilities;

Water supply: The major sources of water in the district include unsafe and safe sources. The unsafe sources belong to rivers, lakes, swamps and damps. Only 48% of the population enjoys clean water from taps, springs and improved wells. The estimated distance from households to the sources of safe water is shown in the table below.

Table 5:Distance from the households to the sources of safe water

Distance (meter)	No of households	Percentage (%)
<400	2,941	39
400-1000	26,991	36
>1000	18,744	25

21.5% of the household's access safe water above 1km. Long distance to the sources of safe water leads majority to find their own sources that are in most cases not safe. Unsafe sources of water are risky to the epidemics eruption and contribute to many incidence of water borne diseases. However, the CHMT every year allocate some fund to ensure preparedness to medical emergencies including infection epidemics is maintained. On other side only 52.2% of health facilities enjoy safe water from harvesting tanks and water tapes. Therefore, efforts to ensure availability of safe water by water harvesting tanks and improved wells are required so that to safeguard the population from epidemics.

***Electricity*:** There are two electricity networks (National grid) mainly along National highway from Singida to Mwanza region.The electricity for Mkalama District council has been runs from Singida through Iguguno to Nduguti all the way to Ibaga and finally to the other villages. This provides an additional opportunity to access electric power to especially for the population and health facilities alongside the highways. Out of 34 council's health facilities, 11(32.4%) enjoy the availability of National Grid, whereby 19(55.8%) health facilities are installed with solar power whereby 4(11.7%) health facilities are disadvantageous with neither national Grid no Solar power. The electrical supply ensures availability of quality health services as most of laboratory equipment's need electrical power for investigation, facilitating delivery and other emergence services especially during the night and it also minimizes costs for frequent refilling cylinders with natural gases for storage of vaccines.

11.0 Health resource data (human, material, financial) including distribution and gaps;

The Council has 216 skilled Health staffs which is equal to 39% of the required 573 staffs. The shortage is in all cadres. The table below shows the human resource for health status in Mkalama district council among the public health facilities.

Table 18. 11: Mkalama District Council Health Professionals in Public Health Facilities

Sn	Cadre	Required	Available	Deficiency
1	Medical Officer	6	2	4
2	Assistant Medical Officer	6	4	1
3	Assistant Dental Officer	4	0	4
4	Dental Therapist	4	0	4
5	Clinical Officer	52	6	45
6	Clinical Assistant	52	10	43
7	Nursing Officer	6	3	3
8	Assistant Nursing Officer	33	24	9
9	Nurse	173	65	109
	Social Welfare Officers	8	2	6
	Health Secretaries	3	3	0
10	Medical Attendant	78	78	2
11	Health Laboratory Technologist	6	1	5
12	Assistant Health Laboratory Technologists	36	16	20
13	Mortuary Attendant	6	0	6
14	Assistant Social Welfare Officer	6	0	6
15	Pharmaceutical Technologists	6	0	6
16	Assistant Pharmaceutical Technologists	30	0	30
17	Assistant Environmental Health Officer	27	2	21
18	Medical Record Technician	6	0	6
19	Dhobi	18	0	18
20	Community Health worker/social welfare assistant	6	0	6
21	Security guard	12	0	12
	Total	573	216	357

Source: HRHIS Reports

The shortage of these cadres is threatening the health service delivery especially at the community level.

There is a shortage of 357 (62%) health workers. The Council has requested 84 skilled mix health staffs in year 2016/2017 financial year in order to recover the shortage of the cadres mentioned above. The department has put forth plans for retention of health care workers as a priority so as to reduce the human resource shortage. These plans include, P4P, extra duty every month, availability of staff houses, promotion, seminars and upgrading courses. However, delay of funds from central Government has been a big obstacle for the achieving the planned interventions.

12.0 Physical health infrastructure, e.g. status of buildings and ownership:

(Hospital, Health Centers, Dispensaries and Staff houses)

Table 6: Summary of the Health Facilities and ownership at Mkalama District

S/N	TYPE OF THE HEALTH FACILITY	GOVERNMENT	FAITH BASED ORGANIZATION	PRIVATE	TOTAL
1	Hospital	0	1	0	**1**
2	Health Centre	3	1	0	**4**
3	Dispensary	24	5	1	**29**
	Total	**27**	**7**	**1**	**34**

Table 7: Status of Health Facilities and Ownership

S/N	Health facility name	HF Code	Ward	Type	Ownership	Catchment area Population	Population within 5 KM from the HF	Physical state
1.	Ishinsi	014	Msingi	D	Govt.	2,488	658	C
2.	St. Agnes	046	Mwanga	HC	FBO	13,501	7,680	A
3.	Munguli	045	Mwangeza	D	Govt.	3,628	1,320	B
4.	Msingi	040	Msingi	D	Govt.	6,425	3,678	C
5.	Mkalama	039	Ibaga	HC	Govt.	11,087	3,450	B

6.	Miganga	036	Miganga	D	Govt.	9,092	2,356	B
7.	Marera	033	Mwanga	D	Govt.	6, 356	980	D
8.	Chemchem	002	Ibaga	D	FBO/VA	4,447	3,123	B
9.	Kikhonda	017	Kikhonda	D	Govt.	8,615	3,456	B
10.	Singa	056	Ilunda	D	Govt.	5,112	4,568	C
11.	Isanzu ELCT	013	Matongo	D	Govt.	2,877	1,049	D
12.	Iguguno RC	009	Iguguno	D	FBO/VA	12,941	5, 109	A
13.	Iguguno	008	Iguguno	D	GOVT	16,682	2,298	B
14.	Iambi ELCT	007	Ilunda	D	FBO/VA	5,922	2,030	C
15.	Iambi ELCT	006	Ilunda	H	FBO/VA	11,879	2,987	B
16.	Gumanga	005	Gumanga	D	Govt.	9,880	3,287	B
17.	Kinyangiri	022	Kinyangiri	HC	Govt.	4,177	3,856	B
18.	Dominic	076	Mwangeza	D	Govt.	7,663	680	B
19.	Ikolo	274	Mwangeza	D	Govt.	6,446	1,997	A
20.*	Matongo	179	Matongo	HC	Govt.	3,273	376	E
21.	Malaja	140	Mwanga	D	Govt.	3,556	2,981	E
22.*	Kisuluiga	1-11	Miganga	D	Govt.	3,162	1,235	E
23.	Nkalakala	11	Mwanga	D	Govt.	6,395	1,587	B
24.*	Mntamba	1-08	Nkinto	D	Govt.	3,708	699	E
25.	Mwangeza	047	Mwangeza	D	Govt.	4,323	3,462	B
26.	Kinampundu	077	Ilunda	D	Govt.	6,457	1,508	A
27.	Nduguti	049	Nduguti	D	Govt.	8,585	5,398	A
28.	Ishenga	075	Kinyangiri	D	Govt.	4,692	1,128	A
29.	Ilongo	074	Ibaga	D	Govt.	2,329	1,605	A
30.	Kinyambuli	072	Nkinto	HC	Govt.	5,430	1,469	B
31.	Ndala	068	Msingi	D	Govt.	2,287	1,469	A
32.	Lyelembo	067	Kinyangiri	D	Govt.	4,042	789	C
33.	Mpambala	066	Mpambala	D	Govt.	8,374	1,276	C
34.	Kirumi	356-5	Matongo	D	Govt.	4,387	3,979	E
35.*	Yulansoni	1-036	Kinyangiri	D	Govt.	2,178	1,234	E

36.	Mgimba		Gumanga	D	Govt	1661		A
38	Nkinto	0-51	Nkinto	D	Govt	6367		B

Table 8: Priority Health Problems 2017/2018

PRIORITY AREA		PRIORITY HEALTH PROBLEM	
1.	Medicines, medical equipment and diagnostic supplies management system.	1.	Shortage of medical equipment and apparatus by 25%.
		2.	Medicines, medical equipment and diagnostic supplies in health facilities by 40%.
2.	Maternal, Newborn and Child Health	1.	High Maternal Mortality Ratio by 36/100,000
		2.	High Neonatal Mortality Ratio by 1/1000
		3.	High Infant Mortality Ratio by 3/1000
		4.	High Under Five Mortality Ratio by 1/1000
		5.	High Perinatal Mortality Ratio by 3/1000
3.	Communicable Disease Control	1.	High prevalence of malaria by 16.5%
		2.	High incidence rate of HIV/AIDS by 1.6%
		3.	High prevalence rate of TB by 0.1%
		4.	High prevalence rate of diarrhea diseases by 16.5%
		5.	High incidence of rate of STI by 0.05%
4.	Non-Communicable Disease Control	1.	High morbidity due to cardiovascular disease by 0.5%
		2.	High morbidity due to diabetes by 0.1%
		3.	High morbidity due to trauma/injuries by 0.1%
		4.	High prevalence of acute respiratory infection by 37.6%
		5.	High prevalence of schistosomiasis by 3%
5.	Treatment and care of other common diseases of diseases of local priority within the Council	1.	High morbidity due to eye diseases by 1.3%
		2.	High prevalence of oral condition by 0.3%
		3.	High incidence of suspected rabid animal by (45 cases per year)

		4.	High prevalence of transmitted helminthes by 5.2%
		5.	High prevalence of skin diseases by 25%
6.	Environmental Health and Sanitation	1.	Low capacity on environmental health and Sanitation in health facilities by 40%
7.	Strengthening Social Welfare and Social Protection Service	1.	Low access of basic health and social welfare services among most vulnerable group by 50%
8.	Strengthening Human Resources for Health Management Capacity for improved health.	1.	Shortage of qualified and skilled mix human resource for health in the council by 32%
9.	Strengthening Organizational Structures and Institutional management at all level.	1.	Inadequate organizational structure institutional management capacity on providing health services delivery at all levels by 30%
10.	Emergency preparedness and response	1.	Low management capacity on emergence preparedness and response at all levels by 50%
11.	Health promotion	1.	Low cost on health and social welfare community awareness issues by 50%
12.	Traditional Medicine and alternative healing	1.	Patient delayed from traditional healers and alternative medicines come in with complications at health facilities by 35%
13.	Construction, rehabilitation and Planned Preventive Maintenance of physical infrastructure	1.	Shortage of health facilities infrastructure by 50%

Source: CCHP Reports

13.0 Available/functional district health board and health facility committees:

The Council has a Council Health Services Board (CHSB), the Council Health Management Team (CHMT) and Health Facility Governing Committees (HFGCs) that guide the implementations of the quality health services to its people.

14.0 Communication facilities (transport, telephone, radio, roads);

***Transport*:** The district has a road network of total length 579.23 kilometers, 402.11 kilometers (69.43%) is accessible throughout the year that includes dry and rain season. The road network help in transportation services which include transport of crops, the main source of income in the district and passengers. The road network is very important in the transportation of patient's especially pregnant mothers who need referrals from remote areas to the health facilities. During rainy season about 47% of roads are not passable and vehicles have to divert to the longest route, which maximizes fuel consumption, contributing to tear and wear of vehicles and finally delay of referral services.

***Telecommunication*:** There are telecommunication services provided by the TTCL, Vodacom, Halotel, Airtel, Halotel and TIGO companies. The coverage of the telephone network provides opportunity for the health department to strengthen the health management information system. The telecommunication network has a positive effect on consultation, reporting and referral system. There is also police communication by radio calls in all 3 divisions. Finally, the district is connected with one airstrip at Iambi Hospital. This airstrip is mainly used for medical emergencies, routine flying Doctors as well as political routes. However, there are currently no planes landing on the strip as major rehabilitation is required and improvement of security is essential for the safe landing of the planes.

Availability of telecommunication network creates an opportunity to improve communication between lower and higher health facilities. Meanwhile health providers spent their own funds to communicate with the headquarters which is one among the factors contributing to delay of referral services. Although there are telecommunication services stated above, other important telecommunication Companies such as TTCL which provides FAX services and ZANTEL which provide cheap communication services.

15.0 A DISTRICT MAP WITH DIVISIONS, WARDS, ROADS AND HEALTH FACILITIES:

***Administration*:** Mkalama is bordered by Singida District Council to the South and South East, Hanang District Council to the East, Mbulu and Karatu District councils to the North and North – East, Meatu and Shinyanga district Councils to the North West and Iramba district Council to the West. There are 3 divisions in the council namely Nduguti, Kirumi and

Kinyangiri. Nduguti is the most populated division which contains 1/3 of the total population. Generally, Kirumi is an isolated division compared to other divisions therefore needs more attention in respect to the allocation and distribution of health resources. There are 17 existing wards and 70 registered villages.

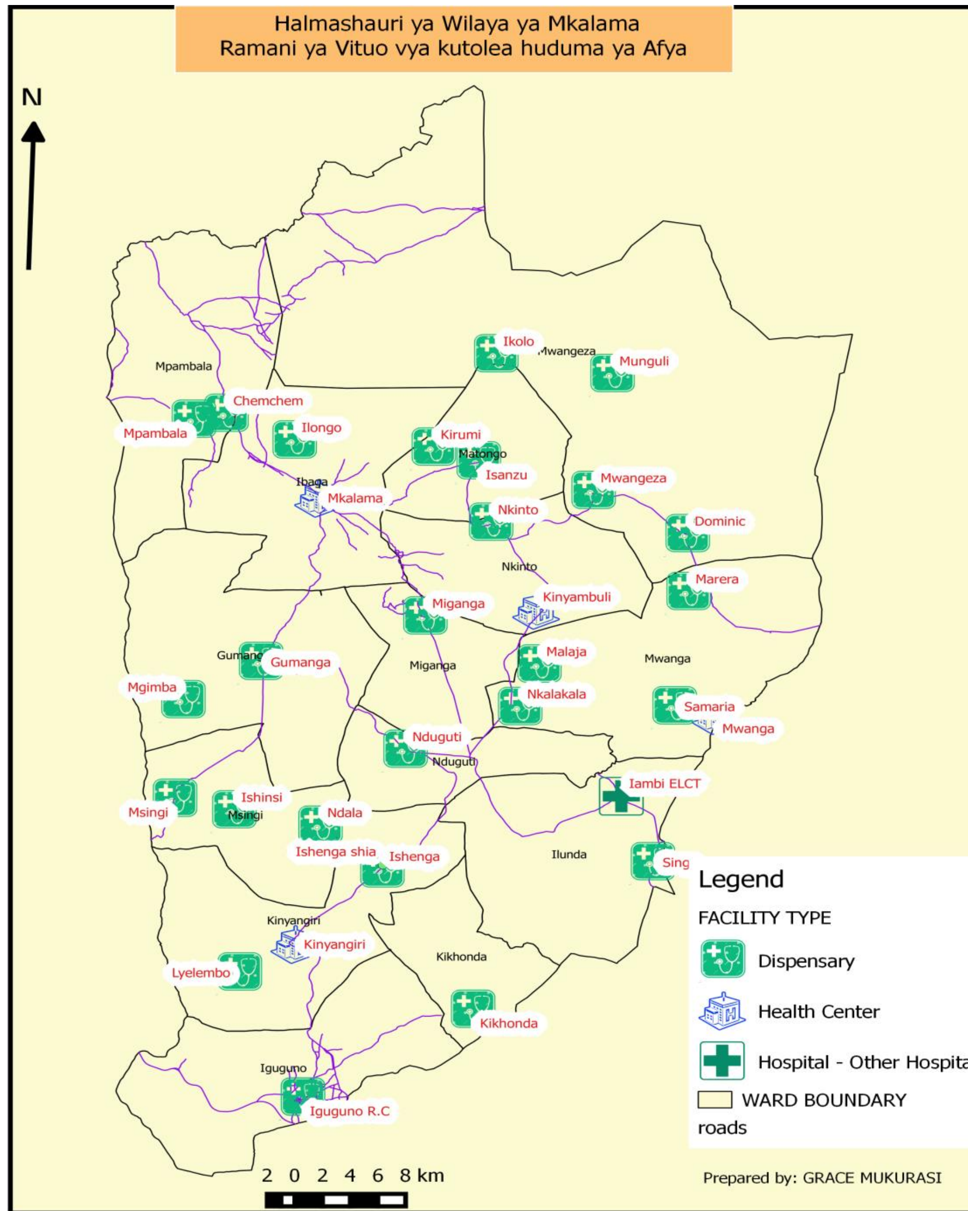

Fig 1: A district map showing divisions, wards, roads and distribution of health facilities:

16. Major Key partners in health in the district:

In order to improve health sector, the Council works in close collaboration with Central Government, Development partners and Community.

Development partners contribute a lot to the Council health services delivery. These include EGPAF, PSI, ENGENDER HEALTH, MARIE STOPES, RED CROSS, HAPA, FBOS, TASAF, AMREF AND GLOBAL FUND. Collaboration and team work with different partners is an important tool to the better health services provision in our community.

Community involvement: There are two structures available to ensure community involvement in provision of health services. These structures are the community health service board (CHSB) and health facility governing committees (HFGCs). Mkalama has full coverage of CHSB and HFGCs.

There are 6 community groups which support health system. However, there is low coverage of some initiatives across the district. The low coverage of community initiatives includes TBA/ traditional healers and iodated salt monitoring which covers only 1 ward which is Kirumi. The MNCH has only 5 wards covered by community initiatives.

17.0 Existing training institutions and training resources;

Table 9: Health and social welfare training institution and other institution:

	Name of training institution
Health and social welfare training institution	Iambi Nursing Training School
Other institution	Msingi FDC

The Council benefits from Iambi Nursing School by increasing the number of trained staff as they perform field and clinical practices at our different health facilities resulting in reducing in the gap of human resource for health.