**INTERNAL MEMO**

Date: 19th September 2018

The Chief Administrative Officer

Zombo District Local Government

P.O Box 6, Paidha

Dear Sir,

**SUMMARY OF ZOMBO DISTRICT HEALTH SECTOR PERFORMANCE 2017-2018 FY**

**1.0 Introduction**

**1.1 DISTRICT PROFILE**

|  |  |
| --- | --- |
| District population | 262,121 |
| Number of counties | 02 |
| Number of HSD | 01 |
| Number of sub-counties/Town councils | 13 |
| Number of parishes | 68 |
| Number of villages | 815 |

**1.2 HEALTH INFRASTRUCTURE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SN | Level (II, III, IV, Hospital) | NUMBER | Ownership | Comments |
| 1. | GENERAL HOSPITAL | 1 | PNFP |  |
| 2. | HC IV | 0 | GOU | Infrastructure established to Upgrade 1 HC III to HC IV |
| 3. | HC III | 6 | GOU |  |
| 4. | HC III | 3 | PNFP | Need to takeover |
| 5. | HC II | 9 | GOU | Two (2) operating as outreach sites |
| 6. | HC II | 2 | PNFP | One (1) Non-functional |
| 7. | Clinic | 2 | PFP |  |
|  | TOTAL | 23 |  |  |

***1.3 Partnership Coordination for Health Services (Stakeholder Mapping*)**

| **Partner** | **Area of focus** | **Services offered** | **Where** | **Budget** |
| --- | --- | --- | --- | --- |
| **Infectious**  **Diseases Institute (IDI)** | HIV/AIDs | Comprehensive HIV care & Treatment. | Entire district | In kind support |
| **AVSI** | Reproductive Maternal Newborn Child & Adolescent Health Services | Strengthening Quality of Care, Infrastural Development & strengthening the referral system | 12 Health Facilities | In Kind Support & Direct Cash Transfer |
| **Maries Stopes** | Family planning | Family planning both Long Term & Short Term | Entire district | In kind support |
| **METS/MakSPH** | Monitoring and Evaluation | Monitoring and Evaluation Technical support | Entire district | In kind support |
| **Uganda Health Supply Chain (UHSC)/Management Science for Health (MSH)** | Management and health system strengthening of medicines and health commodities supplies | Medicines Supervision | Entire district | In kind support |
| **UNICEF** | Maternal & Child Health including Nutrition | Immunization, Prevention of Childhood illness, VHTs Trainings | Entire district | Direct Cash Transfer & In kind support |
| **Partner** | Area of focus | Services offered | Where | Budget |
| **Enabel** | Institutional Capacity Building | RBF Project in 6 (Six) Health facilities; Skills Development for Human Resource | Entire district | Direct Cash Transfer & In kind support |
| **UVRI/Plague Program** | Plague Control | Plague Surveillance, response & Treatment | Entire District | In kind support |
| **UHMG/Global Fund** | Malaria Control | Supply of LLINs, IEC, Trainings | Entire District | In kind support |
| **MAPD/Malaria Consortium** | Strengthened the district capacity for malaria prevention | Health workers capacity building in malaria management and reporting, Universal Net Coverage | Entire District | In kind support |
| **Intrahealth** | Enhanced capacity of the district in Management of HRH | Performance management trainings & support supervision | Entire District | In kind support |
| **Carter Centre** | Elimination of River blindness | Capacity building of health workers & Community Health Workers/VHTs, Health Education,  Mass Drug Administration, Simulium vector control | Entire District | Direct Cash Transfer & In kind support |
| **RTI/Envision** | Control of NTDs | Health education, Mass Drug Administration, Capacity building of health workers & Community Health Workers/VHTs, | Entire District | Direct Cash Transfer & In kind support |

***2.0 Results/Achievements FY 2017/2018***

***2.1 Leading Causes of morbidity in OPD FY 2017/2018***

| **S/N** | **Disease conditions** | **#** | **%** |
| --- | --- | --- | --- |
| 1 | No Pneumonia - Cough or Cold | 62,597 | 35 |
| 2 | Malaria (Confirmed \_Microscopic & RDT) | 48,570 | 27 |
| 3 | Diarrhea-Acute | 9,982 | 6 |
| 4 | Intestinal Worms | 8,140 | 5 |
| 5 | Gastro-Intestinal Disorders (non-Infective) | 7,371 | 4 |
| 6 | Pneumonia | 7,163 | 4 |
| 7 | Skin Diseases | 5,958 | 3 |
| 8 | Urinary Tract Infections (UTI) | 4,738 | 3 |
| 9 | Injuries (Trauma Due To Other Causes) | 4,200 | 2 |
| 10 | Other Eye Conditions | 3,776 | 2 |
|  | **Total** | **179,855** | **100** |

**2.2 Progress towards Health Service Delivery FY 2017/18: *A focus on the core HSDP indicators …***

**2.2.1 Service Quality**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Indicator** | **National Baseline** | **Target 2019/2020** | **2015/16** | **2016/17** | **2017/18** | **Comments** |
| 1 | Facility based fresh still births (per 1,000 deliveries) | 16 | 11 | 15 | 10 | **7** | ***Performance improved, target achieved*** |
| 2 | Maternal deaths reported which are audited / reviewed (%) | 33% | 65% | 40% | 0 | **67%** | ***Performance improved, target achieved*** |
| 3 | TB Treatment Success Rate (%) | 79% | 90% | 73% | 83% | **67%** | ***Performance declined, target not achieved*** |
| 4 | Patients diagnosed with malaria that are laboratory confirmed (%) | NA | 100% | 52.7% | 70.8% | **83%** | ***Performance improved, target not achieved*** |

**2.2.2 Coverage of Interventions**

| **No** | **Indicator** | **National Baseline** | **Target 2019/2020** | **2015/16** | **2016/17** | **2017/18** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 5 | PCV3 Coverage (%) | 79% | 100% | 86.2% | 80.5% | **89.9%** | ***Performance improved, target achieved*** |
| 6 | ANC 4 (%) | 36.6% | 47.5% | 43.7% | 54.8% | **46.4%** | ***Performance improved, target achieved*** |
| 7 | IPT 2 (%) | NA | 93% | 50.9% | 40.9% | **65.5%** | ***Performance improved, target achieved*** |
| 8 | HIV+ women receiving ARVs for eMTCT during pregnancy & delivery (%) | 72% | 82% | 91.3% | 97.7% | **97%** | ***Slight decline; target achieved*** |
| 9 | Deliveries in facilities (%) | 52.7% | 64% | 44.2% | 46.2% | **48.6%** | ***Performance improved, target not achieved*** |
| 10 | Latrine Coverage (%) | 77% | 82% | 85% | 87% | **88%** | ***Slight Performance improvement, target achieved*** |

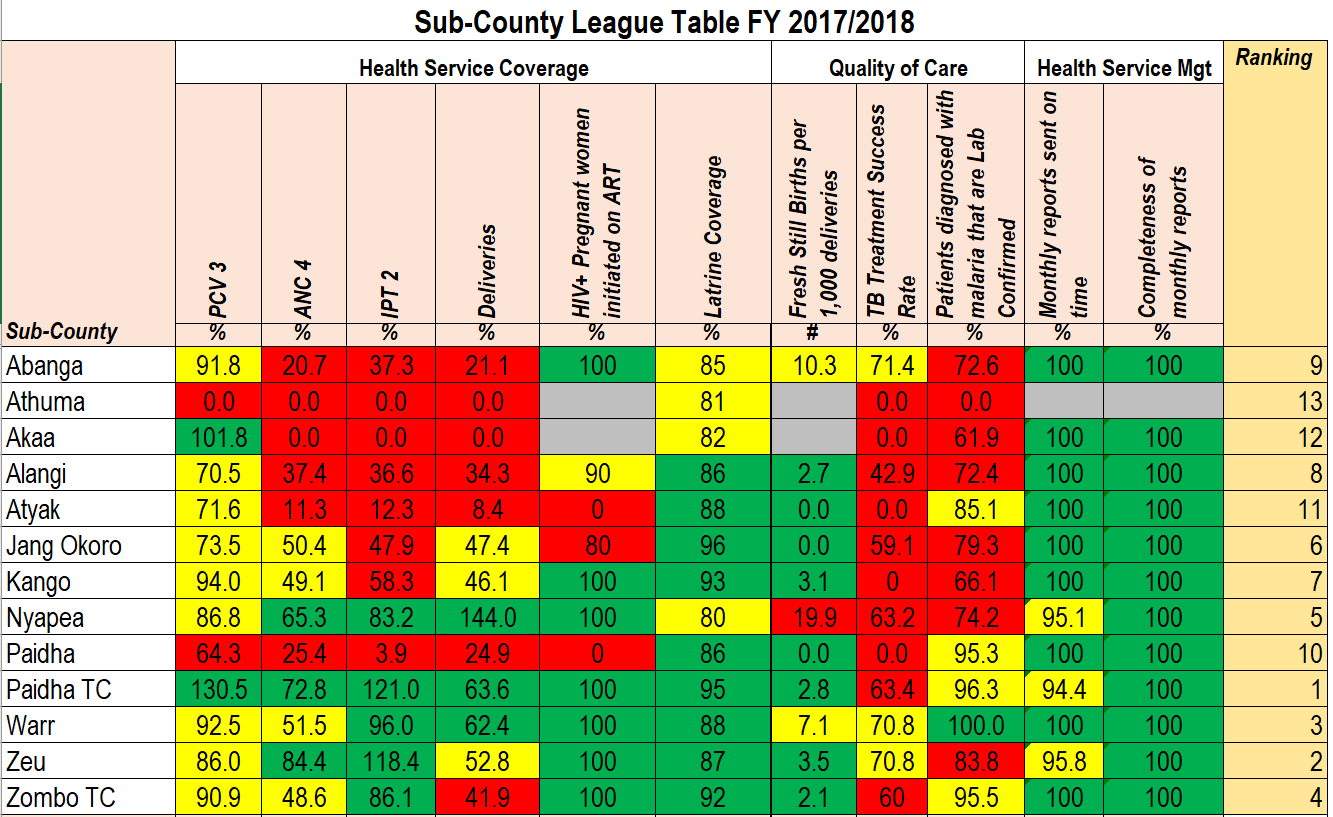
**2.2.3 Health Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Indicator** | **National Baseline** | **Target 2019/2020** | **2015/16** | **2016/17** | **2017/18** | **Comments** |
| 11 | Timeliness of HMIS (105) reporting (%) | 88% | 97% | 99.7% | 100% | **98.5%** | **Target achieved** |
| 12 | Completeness of HMIS report 105 (%) | 83% | 97% | 99.7% | 100% | **100%** | **Target achieved** |

**2.2.4 Management**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Indicator** | **National Baseline** | **Target 2019/2020** | **District 2015/16** | **District 2016/17** | **District 2017/18** | **Comments** |
| 13 | Timeliness of quarterly district financial reporting (%) | NA | 60% | 50% | 0% | 0% | Not improvement |

**2.2.5 Sub-County League Table FY 2017/2018**



**2.2.6 Development Projects FY 2017/2018**

* Constructed Theatre at Warr HC III
* Refurbished Warr HC III OPD Block
* Refurbished OPD and ART Clinic in Alangi HC III
* Refurbished OPD and ART Clinic in Kango HC III

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***Above: Warr HC III Theatre Block***

**3.0 Challenges**

* Absence of Key substantive DHO staffs (DHO, ADHOs, DHE & Cold Chain Tech)
* Inadequate medicines and health supplies
* Few health facilities providing Maternal services. Incl. inadequate staff houses.
* Inadequate & irregular supply of HMIS Tools
* No funding from local revenue

**3.4 Lessons Learnt**

* Effective engagement of stakeholder helps to smoothen implementation of health services in the District. The achievements gained are due to multi-stakeholder engagement
* Stock out of medicines and others supplies greatly negatively affects performance. TB performances were not good due to stock outs. Increased supplies from NMS is required.
* RBF implementing facilities greatly contributed positively to enhanced district performance in the quality of care indicators. Its therefore recommended that more health facilities be enrolled into RBF.
* Leadership and governance plays a key role in health service delivery. Its therefore important to have substantively appointed staffs for the health office to offer effective leadership.

**3.5 Priorities for FY 2018/2019**

* + Scale up ANC 4th Visit
  + Deliveries in Unit
  + Latrine Coverage
  + Maternal Death Reviews
  + TB Treatment Success Rates
  + Timeliness of PBS reports

*Report compiled by:*

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**Ag: District Heath Officer**