

United Republic of  
**TANZANIA**  
Ministry of Health Community  
Development, Gender, Elderly and Children



Health Profile 2018

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

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



Dr. Ernest Chacha  
**District Medical Officer**

## EXECUTIVE SUMMARY

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

- Institutional ( Health facility) delivery rate from 71% to 83%
- Postnatal coverage within 7days from 32% to 76%
- Tracer medicine from 86.8% to 92.2%
- Distribution of refrigerators and initiation of DVS at District level
- Increase of infrastructure e.g.CEMOC centre at Nyakaliro and Kome health Centre
- Increase of CTC centres from 9 to 17

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

- Decrease number of Lost to follow up among HIV/AIDS clients
- Increase awareness to the communities on the treatment guidelines
- Increase HIV/AIDS testing to reach National target of 90% of people who knows their HIV status by 2020

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



Crispin M.Luanda  
**District Executive Director**  
**Buchosa.**

## ACRONYMS AND KEY TERMS

ACRONYM	LONG NAME
ANC	Antenatal Clinic
ARVs	Anti-Retro Virus
BP	Blood Pressure
CHMT	Council Health Management Team
CPR	Contraceptive Prevalence Rate
DHP	District Health Profile
MOHSW	Ministry of Health and Social Welfare
MTUHA	Mfumo wa Taarifa za Uendeshaji wa Huduma za Afya
PMTCT	Prevention Mother to Child Transmission
IPT	Isonized Preventive Therapy
DVS	District Vaccination Storage

## INDICATOR DEFINITION

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

## CHAPTER ONE: POPULATION PROFILE

The district council is estimated to have a population of 419,294 people in the year 2018, of which 210,419 are males and 208,875 are females. Population distribution by age and sex categories is described in the table below.

**TABLE 1.1: DISTRICT'S GENDER AND AGE BASED POPULATION DISTRIBUTION**

<b>AGE RANGE</b>	<b>FEMALE</b>	<b>MALE</b>	<b>TOTAL</b>
<1 year	9,766	9,989	19,755
01-4	36,312	36,299	72,611
5-14	58,938	60,013	118,951
15-49	87,412	88,439	175,851
>50	16,447	15,679	32,126
<b>TOTAL</b>	<b>208,875</b>	<b>210,419</b>	<b>419,294</b>

Source: NBS/DHIS2

## CHAPTER TWO: HEALTH INFRASTRUCTURE

### DISTRIBUTION OF HEALTH FACILITIES

Buchosa District Council is currently served by 33 health facilities, of which 5 are health centers, 28 are dispensaries and 0 clinic. The distribution of the facilities is shown in Figure 2.1 below.

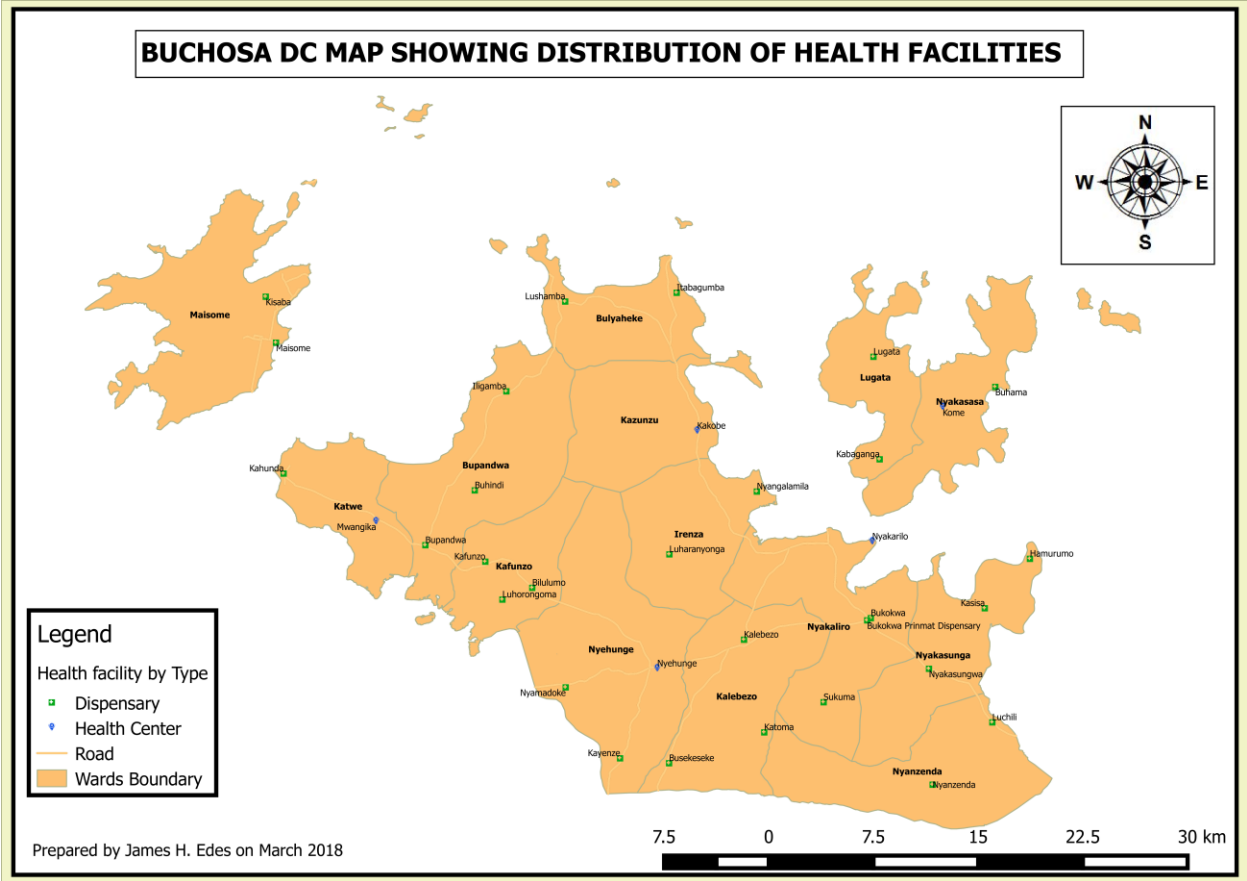
**TABLE 2.1: DISTRIBUTION OF HEALTH FACILITIES BY TYPE AND OWNERSHIP**

TYPE OF FACILITY	OWNERSHIP				Total
	Government	FBO	Parastatal	Private	
Hospital	0	0	0	0	0
Health centers	5	0	0	0	5
Dispensaries	23	2	1	2	28
Clinics	0	0	0	0	0
<b>Total</b>	<b>28</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>33</b>

*Source: HFR*



**FIGURE 2: A DISTRICT ADMINISTRATIVE MAP SHOWING DISTRIBUTION OF HEALTH FACILITIES**



## DISTRIBUTION OF BEDS IN HEALTH FACILITIES

In Mainland Tanzania all hospitals and health centres have an assigned number of beds for admission and deliveries. In dispensaries beds are mostly for pre and post delivery. Bed capacity in 2018 was 150 and available beds were 127 (IPD and Maternity beds), making a shortage of 23. According to the structure, dispensaries are not allowed to admit patients. Efforts should be made to increase number of beds available at health facilities. Table 2.2 below.

**TABLE 2.2: DISTRIBUTION OF BEDS IN HEALTH FACILITIES**

Facility Types	Government			Parastatal			FBO			Private			Total		
	Bed capacity	Available Beds	Delivery Beds	Bed capacity	Available Beds	Delivery Beds	Bed capacity	Available Beds	Delivery Beds	Bed capacity	Available Beds	Delivery Beds	Bed capacity	Available Beds	Delivery Beds
Hospitals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Health Centres	150	127	17	0	0	0	0	0	0	0	0	0	150	127	17
Dispensaries	120	101	42	5	7	1	10	15	3	5	7	3	120	130	49
<b>Total</b>	<b>270</b>	<b>228</b>	<b>59</b>	<b>5</b>	<b>7</b>	<b>1</b>	<b>10</b>	<b>15</b>	<b>3</b>	<b>5</b>	<b>7</b>	<b>3</b>	<b>270</b>	<b>157</b>	<b>66</b>

Source HFR and Health facilities report

## CHAPTER THREE: MORBIDITY AND MORTALITY STATISTICS

This section provides the health status of the population and progress made by the Council in addressing health issues during the reporting period. It also highlights challenges that were encountered, and does provide recommendations and way forward. In this section the top 10 causes of morbidity and mortality are disaggregated according to age.

**TABLE 3.1: TOP 10 OPD DIAGNOSES**

	OPD Diagnoses	Less than 5 years (%)	OPD Diagnoses	Above 5 years (%)
1	Upper Respiratory Tract Infections	26	Malaria (BS +Ve, Mrdt +Ve and Clinical)	23
2	Malaria (BS +Ve, Mrdt +Ve and Clinical)	21	Upper Respiratory Tract Infections	21
3	Diarrhoea with no Dehydration	9	Urinary Tract Infections	15
4	Urinary Tract Infections	9	Intestinal Worms	7
5	Pneumonia non severe	4	Ill Defined Symptoms( No Diagnosis)	5
6	Intestinal worms	4	Other Non – Infectious GIT Diseases	4
7	Ill Defined Symptoms( No Diagnosis)	3	Pneumonia, Non-Severe	3
8	Other Non – Infectious GIT Diseases	3	Diarrhea With No Dehydration	2
9	Skin Ifection, Non Fungal	3	Skin Infection, Non-Fungal	2
10	Diarrhoea With Some Dehydration	2	Other Surgical Condition	1

**Source: DHIS**

The top 10 OPD diagnoses for children aged below and above five years were as shown in the table 3.1 above and accounted for 26% and 23% respectively of all diagnoses.

**TABLE 3.2: TOP 10 CAUSES OF ADMISSION**

No.	IPD Diagnoses	Less than 5 years (%)	IPD Diagnoses	Above 5 years (%)
1	Upper Respiratory Infections	59	Upper Respiratory Infections	45
2	Urinary Tract Infections	19	Urinary Tract Infections	32
3	Pneumonia, Non-Severe	10	Pneumonia, Non-Severe	7
4	Anaemia	3	Hypertension	3
5	Skin Diseases, Non-Infectious	2	Schistosomiasis	3
6	Acute Ear Infection	1	Bronchial Asthma	3
7	Eye Diseases, Non-Infectious	1	Mild/Moderate Anaemia	2
8	Malaria Severe BS +Ve	1	STI Pelvic Inflammatory Diseases	2
09	Moderate Malnutrition	1	STI Genital Discharge Syndrome (GDS)	2
10	Burn	0	Road Traffic Accidents	27

**Source: DHIS2**

The top 10 IPD diagnoses for children aged below and above five years were as shown in the table 3.2 above and accounted for 59% and 45% respectively of all diagnoses.

**TABLE 3.3: TOP 10 CAUSES OF DEATH**

No.	Cause of Death	Less than 5 years (%)	Cause of Death	Above 5 years (%)
1	Neonatal Asphyxia	19.4	HIV/AIDS	28.5
2	Malaria confirmed	8.7	Malaria	12.9
3	Others	8.7	Hypertension	9.7
4	Malaria, parasitologically confirmed	7.5	Others	9.7

5	Pneumonia	6.4	Diarrhoea	6.5
	Stillbirth (macerated)	5.5	Pneumonia	6.5
6	Low birth weight or Prematurity Complication	4.9	Trauma others	6.5
8	Pneumonia	2.9	Cardiomyopathy	3.2
9	Unknown fever	2.7	Intestinal occlusion	3.2
10	Respiratory distress	2.3	Abortion	3.2

The top 10 causes of death for children aged below and above five years were as shown in the table 3.3 above and accounted for 19.4% and 28.5% respectively of all diagnoses.

## **CHAPTER FOUR: PROGRAM INDICATORS**

### **MATERNAL, NEWBORN AND CHILD HEALTH**

Tables 4.1, 4.2 and 4.3 below summarize statistics of maternal, newborn and child health for the period 2015 to 2018.

**TABLE 4.1: CHILD HEALTH (NUTRITIONAL STATUS AND IMMUNIZATION COVERAGE)**

Performance indicators	National Target	District Target	Baseline	Achievement		
	by 2020	by 2020	2015	2016	2017	2018
<b>Child Health (Nutrition Status , immunization coverage)</b>						
Percent children under 5 who are underweight	11				47.5	29.7
Children under 5 who are stunted	27				0	0.26
Percent of children under one year who received measles vaccine	90				92.6	63.8
Percent of children under one year who received Penta3 vaccine	90				100.1	79.0

The district is still facing high number of un immunized children due to seasonal economic activities ( fishing activity)

**TABLE 4.2: MATERNAL AND NEONATAL DEATHS**

Performance indicators	National Target	District Target	Baseline	Achievement		
	by 2020	by 2020	2015	2016	2017	2018
<b>Maternal and neonatal deaths</b>						
Number of neonatal deaths				15	12	22
Number of Infant deaths				25	15	25
Number of under five deaths				44	28	41

Number of maternal deaths				6	10	13
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The major causes of deaths were due birth asphyxia The district has made efforts to decrease the number of neonatal, infants and under-five deaths. However more interventions to be done to achieve the 2020 targets by providing capacity buiding to HSP/ community sensitization on early seeking of health services.

**TABLE 4.3: REPRODUCTIVE HEALTH SERVICES**

Performance indicators	National Target	District Target	Baseline	Achievement		
	by 2020	by 2020		2015	2016	2017
<b>Reproductive health</b>						
Percentage of ANC first visit before 12 weeks of gestation	40			18	48	32
Antenatal care coverage : 4 <sup>th</sup> visits and above	60			38	49	56
Institutional (health facility) delivery rate	65			68	71	83
Postnatal care coverage within 7 days after delivery	68			32	48	76
Health centers and hospitals providing CEmONC services	50			40	40	20

The district has performed well in Institutional delivery,postnatal coverage within 7days but not in Cemonc services The reason(s) for under performance were only one H/C provides cemonc services.

#### HIV/AIDS

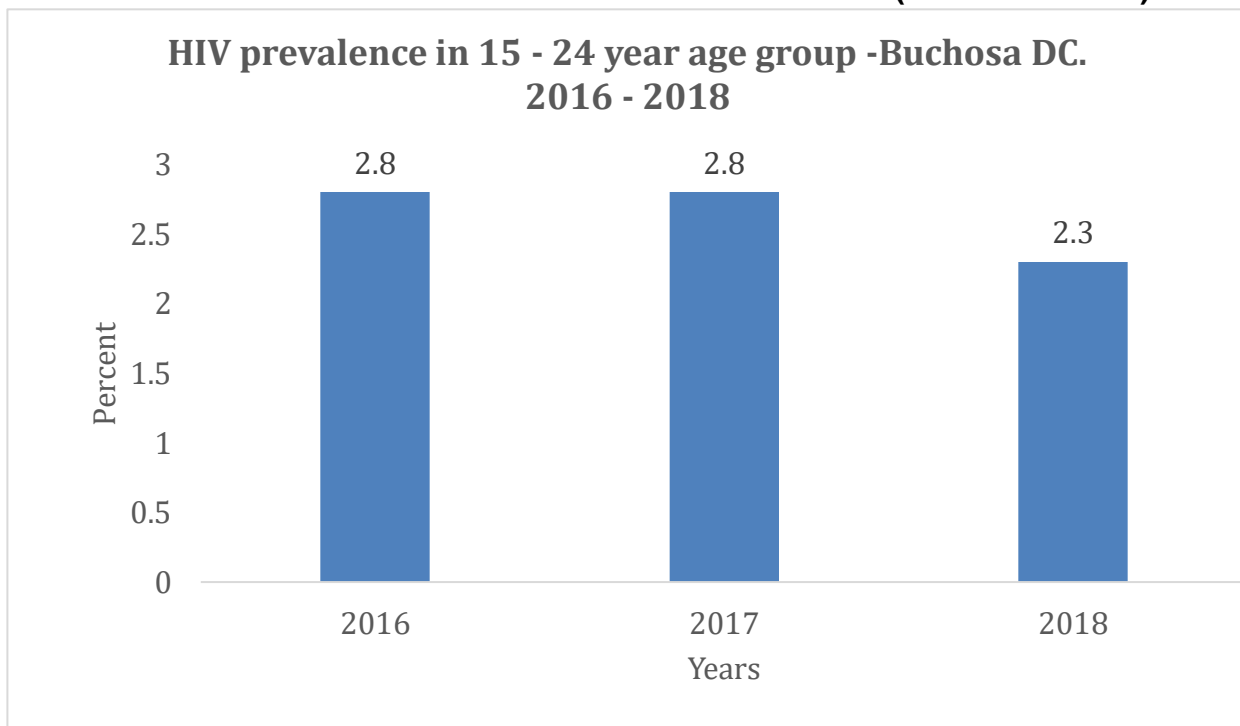
**TABLE 4.4: NUMBER OF CLIENTS TESTED FOR HIV INFECTION AND UPTAKE OF ARVS**

Performance indicators	National Target	District Target	Baseline	Achievement		
	by 2020	by 2020		2015	2016	2017
<b>HIV/AIDS ( CTC/PMTCT)</b>						
Number of HIV tested		214142	4576	28132	25093	69395

Number of confirmed HIV positive tests		13351	568	1753	1415	2696
Number of adults and children newly enrolled on antiretroviral therapy (ART)		12228	831	1290	1254	1997
Number of adults and children currently receiving antiretroviral therapy (ART)		16081	2295	3674	4513	6451

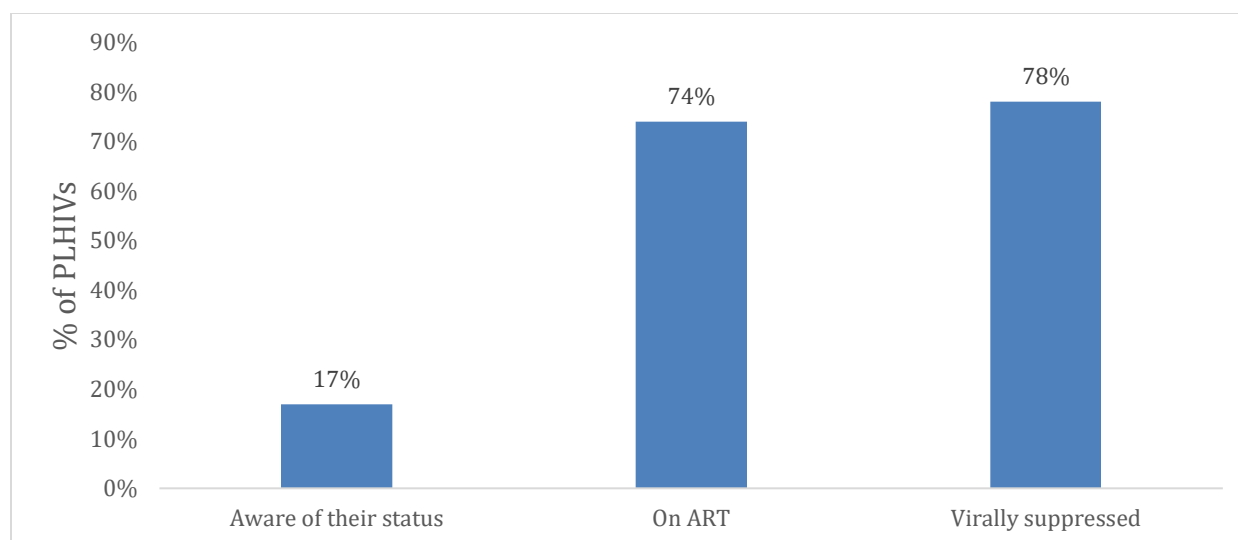
Buchosa district council has performed well in increasing the number of client receiving treatment because of great work on testing people and need to improve in testing by doing the focused enhanced testing so as to have large number of positive yield.

**FIGURE 4.1: THE PREVALENCE OF HIV INFECTION ( BY AGE & SEX)**



**FIGURE 4.2: ACHIEVEMENT OF 90-90-90 GOAL AMONG PLHIV, BY 2018**





The HIV prevalence among age group 15 -24 years is decreasing because of adherence of ART among HIV clients, Male Circumcisions and community awareness on preventive measures of HIV transmission.

17% of PLHIV in the district know their HIV positive status, 74% are on treatment and 78% are virally suppressed.

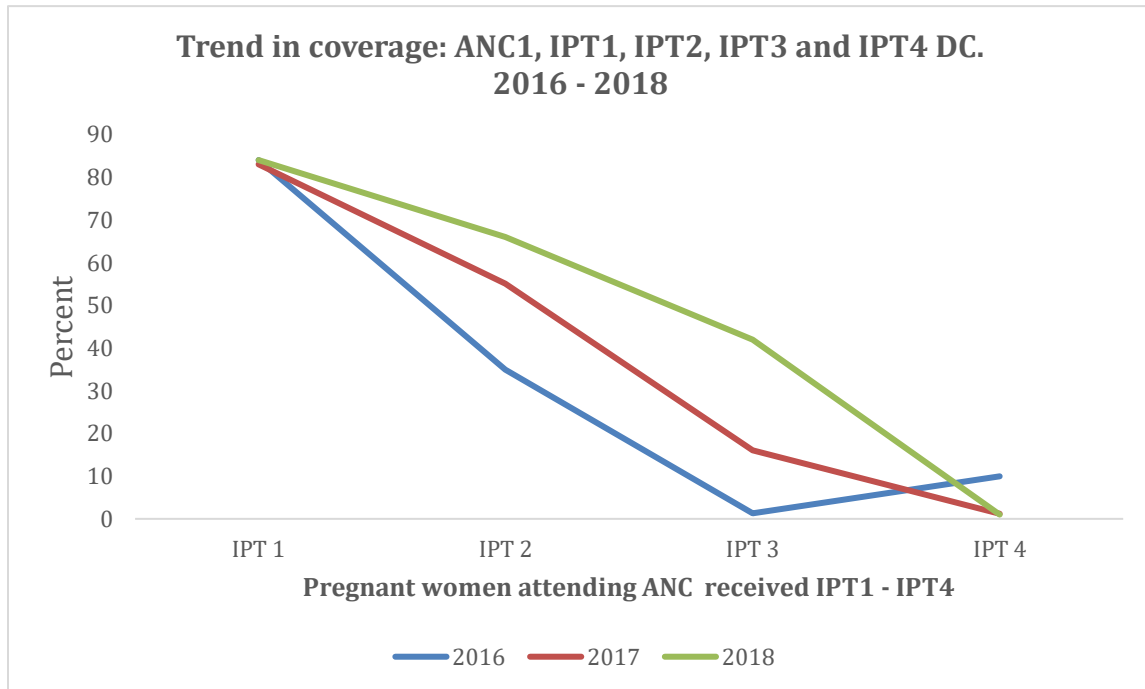
## MALARIA

**TABLE 4.5: CONFIRMED MALARIA CASES AND PERCENTAGE OF PREGNANT WOMEN WHO RECEIVED IPT3**

Performance indicators	National Target	District Target	Baseline	Achievement		
	by 2020	by 2020	2015	2016	2017	2018
<b>Malaria</b>						
% Laboratory confirmed malaria cases	100	100	-	85%	90%	95%
% pregnant women who received IPT3	80	80	-	1.3%	16%	42%

As shown in Table 4.6 above and Figure 4.3 below, the proportion of malaria cases that were confirmed by the laboratory rose from 85% in 2016 to 95% in 2018. The proportion of women who received IPT3 has increased from 1.3% in 2016 to 42% in 2018.

**FIGURE 4.1: TRENDS IN MALARIA PREVENTION SERVICES IN HEALTH FACILITIES, 2016-2018**



**TUBERCULOSIS**

**TABLE 4.6: TB CASE DETECTION RATE, TREATMENT SUCCESS AND PERCENTAGE OF PLHIV NEWLY ENROLLED IN HIV CARE STARTED ON TB PREVENTIVE THERAPY**

Performance indicators	National Target	District Target	Baseline	Achievement		
	by 2020	by 2020	2015	2016	2017	2018
Case detection rate for all forms of tuberculosis	72%	86%	-	-	45%	115%
Treatment success rate for all forms of tuberculosis	90%	90%	-	-	95%	87%
% PLHIV newly enrolled in HIV care started on TB preventive therapy	90%	90%	-	-	47%	151%

Buchosa DC has achieved a good treatment success and as enrolled 151% PLHIV newly enrolled in HIV care started on TB preventive therapy (table 4.7 above). However, TB case detection rate has to be improved if the 2020 set target is to be reached. This can be achieved by conducting TB screening in all departments at Health facility.

**TABLE 4.7. RMNCH CHALLENGES AND RECOMMENDATION**

Challenges	Overcoming Challenges
Few TB diagnosis center	Scalled up of one new diagnosis center at Lushamba Dispensary and transportation of specimen to Sengerema for GEN expert.
Breakdown of microscope mashine at Nyakaliro Health Center	Through BF allocation , procurement process is on going
Only one LED Microscope in the District	To procure four LED microscopes and to distribute to all diagnostic center through BF Fund.

**KEY ACTIVITIES IN THE REPORTING YEAR**

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

## CHAPTER FIVE: ENVIRONMENTAL HEALTH

**TABLE 5.11: PERCENTAGE OF HOUSEHOLDS USING IMPROVED SANITATION FACILITY AND INCIDENCE OF CHOLERA**

Performance indicators	National Target	District Target	Baseline	Achievement		
	by 2020	by 2020	2015	2016	2017	2018
<b>Environmental Health</b>						
% of households using improved sanitation facility	90%	90%	19.4	34.1	41.14	45.5
Incidence of Cholera	0	0			0	0

**TABLE 5.2: SANITATION CHALLENGES AND RECOMMENDATION**

Challenges	Overcoming Challenges
1 Shortage of environmental health officer at district and ward level	To employ enough Environmental health officers for each ward level.
2 Insufficient budget for implementation of Environmental sanitation activities.	To provide enough fund for implementation of sanitation activities.
3 Low enforcement of Law (Public Health Act) and interference of politics during Law application.	Government and political leaders should collaborate together to enforce Law for ensuring improved sanitation status at household level.

### KEY ACTIVITIES IN THE REPORTING YEAR

- To conduct sensitization to the communities to have improved pit latrines
- Sensitization on hand washing facilities at households level
- Data collection in sanitation activities from households
- Sensitization house to use safewater by using artificial method of treating water for drinking at household level
- Supervision of impletetion of sanitation activities at community level
- Inspection of premises at the community.

## CHAPTER SIX: STATUS OF DISTRICT HEALTH FINANCING

**TABLE 6.1: FINANCING, HUMAN RESOURCE FOR HEALTH AND AVAILABILITY OF TRACER MEDICINES**

STATUS OF DISTRICT HEALTH SYSTEMS	Target	Baseline	Achievement		
	by 2020	2015	2016	2017	2018
<b>Financing</b>					
Total budget allocation to health in the district ( all sources)			0	4,417,848,699.	6,592,773,220
Total funds received for health services ( all sources)			0	1,066,271,446.18	2,364,855,182.3
Total funds utilized in health services ( all sources)			0	1,003,867,982.60	2,351,833,829.7
Proportion of population enrolled in any Health insurance schemes	2:1	-	8:1	7:1	6:1
<b>Human Resources for Health</b>					
Number of health facilities with no skilled personnel (Clinician and Midwives )	00	00	45	41	43
<b>Medicines and medical products</b>					
Public Health facilities with all 30 Tracers		-	86.1	89.8	92.2

In 2018 the district has earmarked a budget of Tshs 6,592,773,220 for health but received only Tshs 2,364,855,182.3 , which is 35.87% of the required budget

- The proportion of the population enrolled in insurance schemes in 2018 was 6:1 compared to 8:1 in 2016
- In 2018, the proportion of health facilities without skilled health workers was 43%.
- In 2018 92 % of facilities had all 30 tracer medicines

**TABLE 6.2: FINANCING, HUMAN RESOURCES AND TRACER MEDICINE CHALLENGES AND RECOMMENDATION**

Challenges	Overcoming Challenges
1. Insufficient number of health service providers	<b>Keep requesting more staffs in our annual PE and budget.</b>
2. Late release of funds from the central government for all funds channeled through vertical structure	<b>Ministry of finance should adhere or stick to the annual action Plans and disburse funds as per callender.</b>
3. Insufficient funds to cover all the required expenses for service delivery improvement	<b>Seek some more funds by improving collection systems and finding some new sources of health financing.</b>

## CONCLUSION

The health sector in its broad sense is a very sensitive area whereby much resources are needed for covering health needs and hence reduce diseases mortality and unnecessary deaths that would have been prevented if there would be enough and sufficient resources including health service providers (trained experts), medical equipments, medicines and good health infrastructures.

## ANNEX

### IMPLEMENTING PARTNERS BY PROGRAM AREA

NAME OF THE PARTNER	PROGRAM AREA	LOCATION ( TICK )	
		COMMUNITY	FACILITY
AGPAHI	HIV/PMTCT /CECAP	√	√
KNCV	TB	√	√
IMA	NUTRITION	√	√
AMREF	NUTRITION		√
USAID BORESHA AFYA	FAMILY PLANNING, MALARIA, NUTRITION	√	√
PACT KIZAZI KIPYA	HIV, KVP	√	√
ICAP	KVP	√	
MARIE STOPES	FAMILY PLANNING, CPAC	√	√
PSI	FAMILY PLANNING , LLIN SUPPLY		√
ENGENDER HEALTH	PAC, PFP		√
IMPACT PROJECT	MATERNAL HEALTH	√	√
PATH FINDER	CECAP		√
JSI	HIV, GBV	√	
KKT TULONGE	HIV	√	

There are fourteen partners supporting the district in implementing health services as indicated in table above