NGOMA DISTRICT HEALTH STRATEGIC PLAN

2012 – 2018

June 2012

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FOREWORD

This strategic plan contributes to Ngoma district's efforts to reduce child and maternal mortality and to control important infectious diseases, as well as, in its efforts to improve the environment and access to appropriate sanitation. We believe that, the health sector can make an important contribution to the reduction of poverty in our district. Ngoma district is fully committed to achieving the content of this district health sector strategic plan as it has been developed in line with DDP 2, EDPRS 2 and MDGs.

Although in recent years, progress has been made in the reduction of child and infant mortality, the maternal and neonatal mortality remain, persistently high. There is still some work to be done, before Ngoma district can claim that, it has achieved its health targets. In the coming years, the health sector will embark on major programs such accessibility of health services, maternal and child health, Prevention and control of malaria, HIV/AIDS, Tuberculosis, communicable and non communicable diseases, promotion of ICT in its health facilities and the quality in healthcare. Ngoma district has a special task to monitor/supervise and coordinate the implementation of DHS Plan activities, in line with the policies and guidelines of the MOH.

In the area of Health, other district departments and development partners are also supposed to support Ngoma district health sector, in improving the health of our people, i.e. through education, agriculture or water supply. The Ngoma district health sector has to work in partnership with all district departments that are responsible for services that have impact on health. Partnership with the private sector is also necessary, to increase accessibility and quality of health services.

The private sector consists of Faith Based Organizations, Non-Government Organizations, Community Based Organizations and all other Private Health Providers. The service agreements between Ngoma district and Private Service Providers, offer opportunities for a regulated collaboration. We believe that, by joining hands, with all who can provide services to improve the health of the people, is beneficial for the Development of our district.

Our Development Partners provide the health sector with the needed financial, technical and moral support. Important partners, who are also beneficiaries of the health services, are the communities and families, that have to take ownership of their own health, such as, healthy lifestyles, early treatment and adequate care at home, that can save many lives. All efforts in the health sector should be focused on mobilizing them to collaborate for better health, starting from the level of the household.

Last but not least, our CHWs , who on a day-to-day basis, are in contact with people and patients in the community, are our partners and representatives. They paint a good face to the health sector, create trust in the communities and deliver quality care, often in remote places. The district will, therefore ensure that, good performance is achieved and that, our health workers are motivated to achieve their tasks.

This DHSP will be the guiding reference document, for the preparation of health sector operational plans and district health performance contract. It will also guide the formulation of specific plans such us family planning, nutrition, adolescent reproductive health etc. I therefore, invite you all to join the Ngoma District Health Sector, in its efforts to achieve the DDP 2, EDPRS 2 and MDGs.

KIRENGA Providence
Vice Mayor Social Affairs
Ngoma District.

ABBREVIATION

Term	Definition
ANC	Antenatal care
DIOSC	District Infrastructure One Stop Center
DHIS	District Health Information System
FP	Family planning
GBV	Gender-based violence
HMIS	Health Management Information System
HSSP III	Health Sector Strategic Plan, version III
IEC	Information Education and Communication
IMCI	Integrated Management Childhood Illness
LLIN	Long-lasting impregnated net
MCH	Maternal Child Health
Mutuelle	Community Health Insurance
M&E	Monitoring and evaluation
NCD	Non-communicable diseases
OPD	Outpatient department
TracNet	Internet based ART monitoring system

EXECUTIVE SUMMARY

Ngoma district health strategic plan will provide strategic guidance to the health system in the six years starting July 2012 to June 2018.

Ngoma district health strategic plan has been inspired and guided by VISION 2020 that will make Rwanda a Middle income county by 2020; Economic Development and Poverty Reduction Strategy (EDPRS 2013 -2018); Demographic Health Survey (DHS, 2010); and Millennium Development Goals. It is also in alignment with Health Sector Strategic Plan III (HSSP III) and Ngoma District Development Plan

The objective of this plan is to provide a framework for participatory planning, centered on the patient and provider, and directed towards strengthening the quality and performance of the district health system.

The strategic plan process started in May 2012, thereafter different meetings and workshops with staff and stakeholders were conducted. Qualitative and quantitative approach was used in order to develop the district health strategic plan. Data from different health facilities were collected, analyzed and interpreted then based on findings strategies, indicators and targets have been set. The baseline was set using data from HMIS (2012), DHS (2010), the third Integrated Household Living Conditions Survey -EICV3 (Enquête Intégrale sur les Conditions de Vie des Ménages). The targets were set as per HSSP III targets, EDPRS priorities and MDGs, Ngoma District Development plan.

The development of the strategic plan was involved by all stakeholders and a consensus was reached on 10 key strategic areas to examine. Goal, strategic, indicator, baseline and targets have been developed to address the following areas: Leadership and governance, Curative care, Maternal and child health , Disease prevention and control , Health promotion and environmental health, Community case management, Human resources, Financial management, Drugs and consumables, Administrative support services, Information and communication technology, Quality and safety management.

The conceptual framework was developed in according to HSSP III and is adapted to the situation of Ngoma district in four components: Leadership and governance, health program, system strengthening and service delivery

The implementation framework was developed and with the developed monitoring and evaluation plan. The district health strategic plan will be monitored at the end of each quarter by the district M&E officer and evaluation of outcomes will be conducted every year at the end of each financial year.

The achievement of targets will require resources. The budget of Ngoma district health strategic plan have been aligned according to program or pillar, supporting service strengthening and service delivery, and it has the budget of **36,038,079,763 RWF**. The main source of fund is government subsidiaries, the second source is from partners, and finally the health facilities own revenue. The mobilization plan will be developed in order to overcome the problems of gap in budget.

1. INTRODUCTION

The overall objective of this plan is to provide a framework for participatory planning, centered on the patient and provider, and directed towards strengthening the quality and performance of the district health system.

The Ngoma District Health Strategic Plan 2012-2018 provides a comprehensive picture of what it takes to put in place a robust healthcare system that enables the delivery of quality healthcare at all levels. It also lays out some specific strategies that districts can adopt and in order to best meet Rwanda's health objectives within the specific context of the district.

The bulk of the district health plan is aimed at strengthening the health care system. It aims to enable and support the implementation of various health interventions such as family planning and reproductive health, maternal and child health, malaria, TB and HIV/AIDS prevention and treatment, etc.

2. SITUATION ANALYSIS

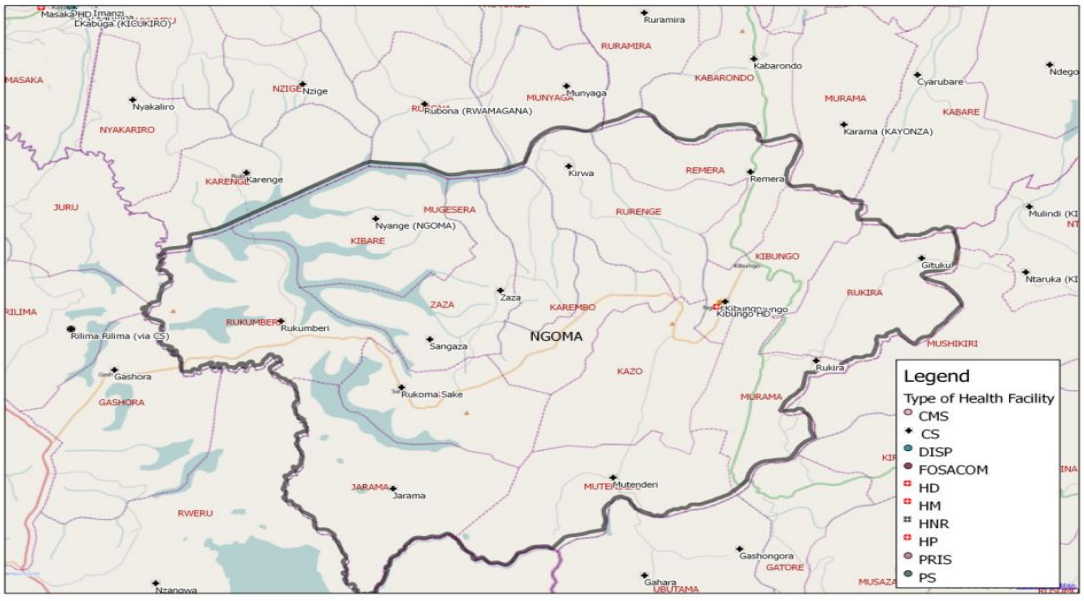
2.1. District Profile

2.1.1. Geography

Ngoma District is one of seven districts located in the Eastern Province. The District is divided into 14 sectors made of 64 cells and 473 villages. It is bordered by Rwamagana District to the northwest, Kayonza District to the northeast, Kirehe District to the southeast, Bugesera District to the west, and Burundi to the south. The district has on district hospital, 12 health centers and 5 health post. The district has 3 private clinics and 1 dispensary of Kibungo prison.

2.1.2. Ngoma District Map

Figure 2.1.1:Ngoma district health map



2.1.3. Demography

Table 2.1.1: Demography

Total population of Ngoma District	310995 (**Source: UBUDEHE 2012**)
Total population of Rwanda	10,412,820
District population as % of Rwanda population	2.9%

2.1.4. Population breakdown

Table 2.1.2: Disaggregation by gender

	Number	Ratio male/female
Male	154,716	0.99 male/female
Female	156,279	0.99 male/female

Source of ratio: http://www.indexmundi.com/rwanda/sex_ratio.html

Table 2.1.3: Disaggregation by age group and projection

Age group	District (year 2012)	Projection (2017)
< 1 year	12,751	14,497
1-4 years	37,630	42,783
5-14 years	85,524	97,235
Population >= 15 years	175,090	199,067
Children under 5 years	50,381	57,280
Expected Pregnancies	12,751	14,497
Women of reproductive age (15-49)	73,395	83,445
Total Population	**310,995**	**353,582**

Table 2.1.4: Population by categories in 2012

Sector	1 & 2 (indigent & very poor)	%	3 & 4 (middle income)	%	5 & 6 (upper class)	%
Gashanda	3286	5.52%	12316	4.95%	212	13.25%
Jarama	9678	16.25%	13849	5.56%	29	1.81%
Karembo	3303	5.55%	11255	4.52%	95	5.94%
Kazo	3400	5.71%	21715	8.72%	0	0.00%
Kibungo	3527	5.92%	16180	6.50%	573	35.81%
Mugesera	6086	10.22%	18914	7.60%	99	6.19%
Murama	2569	4.31%	18260	7.34%	36	2.25%
Mutenderi	2854	4.79%	16806	6.75%	113	7.06%
Remera	5467	9.18%	19365	7.78%	151	9.44%
Rukira	2823	4.74%	21888	8.79%	95	5.94%
Rukumberi	6056	10.17%	18899	7.59%	14	0.88%
Rurenge	1870	3.14%	23666	9.51%	0	0.00%
Sake	6235	10.47%	16047	6.45%	112	7.00%
Zaza	2398	4.03%	19744	7.93%	71	4.44%
Total	**59552**	**19.20%**	**248904**	**80.30%**	**1600**	**0.50%**

Source: Ubudehe 2012

2.1.5. Geographical and spatial distribution of the population

Table 2.1.5: The distribution of Ngoma District by sector.

Sector	Number of Cells	Number of village	Population	% of District population
Gashanda	4	26	15815	5.09%
Jarama	5	40	23640	7.60%
Karembo	3	26	14653	4.71%
Kazo	5	22	25115	8.08%
Kibungo	5	31	20865	6.71%
Mugesera	5	35	25110	8.07%
Murama	5	44	20865	6.71%
Mutenderi	5	22	19773	6.36%
Remera	4	33	24911	8.01%
Rukira	4	42	24806	7.98%
Rukumberi	5	26	24969	8.03%
Rurenge	6	37	25536	8.21%
Sake	4	34	22724	7.31%
Zaza	4	55	22213	7.14%
Total district	**64**	**473**	**310995**	100.00%

Table 2.1.6: Infrastructure, geographical and spatial distribution of the population

	Health Center	Population
1	Gituku	24806
2	Jarama	23640
3	Kibungo	43208
4	Kirwa	25536
5	Rukira	20865
6	Rukoma Sake	22724
7	Rukumberi	24969
8	Nyange	25110
9	Mutendeli	31427
10	Remera	24911
11	Sangaza	12786
12	Zaza	31013
	TOTAL	**310995**

The table below shows the distribution of health facilities in each sector.

Table 2.1.7: Infrastructure, geographical and spatial distribution of the population

Sector	Number of HCs	Number of health posts/ public dispensary	Number of Hospitals	Number of Private Clinic/Dispensaries	Average hours to nearest health facility	Availability of Ambulance in sector
Gashanda	0	1			2hours	No
Jarama	1				1hour	No
Karembo	0			1	3hours	No
Kazo	0			1	3hours	No
Kibungo	1	2	1	1	1h30	Yes
Mugesera	1				1hour	Yes
Murama	1				2hours	Yes
Mutenderi	1	1			2hours	No
Remera	1	1			1hour	No

Sector	Number of HCs	Number of health posts/ public dispensary	Number of Hospitals	Number of Private Clinic/Dispensaries	Average hours to nearest health facility	Availability of Ambulance in sector
Rukira	1				2hours	Yes
Rukumberi	1				1hour	No
Rurenge	1	1			3hours	Yes
Sake	1			1	1hour	No
Zaza	2				1hour	Yes

2.1.6. Socio-economic profile

Main economic activities include agriculture and livestock. The most cultivated crops are bananas, beans, maize, rice, pineapple, and coffee. The district is planning to increase fish production by introducing improved species of fish in the lakes.

2.1.7. State of water and electricity in health facilities

The table below shows the source of power and water for all health facilities in Ngoma District.

Table 2.1.8: Situation of Water and Electricity

Health Facilities	Sources of power				Water source	
	EWSA	SOLAR	Generator	None	Source of water	Internal running water in all services
Kibungo Hospital	✓		✓		✓	✓
Remera	✓		✓		✓	
Kibungo	✓		✓		✓	
Rukira	✓	✓	✓		✓	
Gituku	✓	✓	✓			
Mutenderi		✓	✓			
Kirwa		✓	✓		✓	
Zaza	✓				✓	
Nyange	✓	✓	✓		✓	
Sangaza		✓	✓		✓	
Rukoma Sake	✓				✓	✓

Health Facilities	Sources of power				Water source	
	EWSA	SOLAR	Generator	None	Source of water	Internal running water in all services
Jarama	✓	✓	✓		✓	
Rukumberi	✓	✓	✓		✓	
Rubona PS				✓		
Gasesta PS			✓			
Gashanda PS				✓		
Muhurire PS				✓		
Kibara ps				✓		

2.2. Health Status and Health Problems

The table below shows the primary health indicators and metrics with a comparison to the national average

Table 2.2.1: Health Status and Health Problems.

	Indicator	District Value (DHS 2010)	District Value (HMIS 2012)	National Average(DHS 2010)
1	Child mortality rate - number of deaths in children under 5 per 1000 live births	67	10.5	41.97
2	Infant mortality rate - number of infant deaths per 1 000 live births	93	12.8	60.50
3	Neonatal mortality rate	35	11.7	29.47
4	Post-natal mortality rate	58	1.2	31.13
5	Under five mortality rate	154	18.9	99.90
6	HIV percent positive (men)	0	0.4	0.33
7	HIV percent positive (women)	1.3	0.5	1.50
8	HIV percent positive (any)	0.6	0.4	0.96
9	Males circumcision	7.4	-	11.98
10	Malnourished children with weight for age <-3 SD	20.7	-	16.55
11	Malnourished children with weight for age <-3 SD	4.8	-	2.25
12	Malnourished children with weight for height <-3 SD	1.3	-	0.85
13	Children with all vaccinations	86.4	84.7	90.55

	Indicator	District Value (DHS 2010)	District Value (HMIS 2012)	National Average(DHS 2010)
14	Inpatient admissions per 1000 population (men)	40	80,4	46.92
15	Inpatient admissions per 1000 population (women)	114	25.8	99.50
16	OPD visits per capita (men)	1.1	0.8	1.46
17	OPD visits per capita (women)	1.6	0.8	1.80
18	Delivered by skilled provider	67.3	80.4	69.26
19	Delivered in health facility	65.9	80.4	69.15
20	Deliveries by c-section	8.5	16.4	7.29
21	Home deliveries last pregnancy	30.7	5.4	28.77
22	Women with post-natal care visit during first 2 days after delivery	26.3	11.5	18.55
23	Pregnant women received 2 or more TT vaccinations last pregnancy	45.3	70.64	34.51
24	Pregnant women whose last pregnancy was protected against tetanus	78.9	72.03	78.83
25	Pregnant women with no post-natal checkup	69.9	15.32	78.80
26	Teenage women 15-19 who have had a live birth	8.3	9	4.63
27	Total fertility rate	5	N/A	4.54
28	Households (HH) with at least 1 net	93	100	82.37
29	HH Beds with Long lasting Insecticide treated net (LLIN)	-	63.7	-
30	HH Covered by any insurance	78.9	82	77.97
31	HH with hand washing place observed	18.2	No data	10.35
32	Maternal mortality rate - number of maternal deaths per 100 000 live births.	-	117	
33	Currently married women using any contraceptive method	53.7	45.5	51.6
34	Currently married women using any modern contraceptive method	45.8	43.5	45.1
35	Severe malnutrition	-	0.02%	-
36	Low birth weight rate - percentage of babies whose birth weight is less than 2500g.	-	3.5	
37	TB case-holding rate - proportion of patients with pulmonary TB who complete their therapy.	-	94%	-

2.2.1. Causes of diseases in Ngoma district

2.2.1.1. Causes of diseases in the hospital

The table below shows the primary causes of disease in the hospital by age population.

Table 2.2.2: Causes of diseases in the hospital

	Diseases causes	<5 years	>5 years	Total	% of total
1	Teeth and gum infections	59	1394	1453	18%
2	Eye problems	91	951	1042	13%
3	Acute respiratory infections	225	599	824	10%
4	Urinary tract infections	64	571	635	8%
5	Intestinal parasites	138	470	608	8%
6	Gastritis and duodenitis	0	577	577	7%
7	Physical traumas other than fractures	60	467	527	7%
8	Pneumonia	173	333	506	6%
9	Fractures	17	397	414	5%
10	Diarrhea with no dehydration	141	270	411	5%

2.2.1.2. Causes of under five morbidity in district

The table below shows the top 5 causes of morbidity in both health centers and hospital. The most frequent disease is child pneumonia and diarrhea diseases occupying 39% and 32.1% respectively.

Table 2.2.3: Top 5 causes of under five morbidity in district

	Disease group	Total Cases < 5	% of Total
1	Pneumonia	2095	**39.0%**
2	Diarrhea diseases	1729	**32.1**
3	Probable HIV infection	392	**7.3%**
4	Severe Pneumonia	330	**6.1%**
5	Acute Ear infections	276	**5.1%**

2.2.1.3. Top 5 causes of morbidity in district (5 years and plus)

The table below shows the top 5 causes of morbidity in both health centers and hospitals. The most frequent disease is respiratory infections and intestinal parasites occupying respectively 39.6% and 13.2%

Table 2.2.4: Top 5 causes of morbidity in district (5 years and plus)

	Disease group	Total Cases > 5	% of Total
1	Acute respiratory infections	38515	39.6%
2	Intestinal parasites	12873	13.2%
3	Gastritis and duodenitis	10107	10.4%
4	Malaria	5817	6.0%
5	Physical traumas other than fractures	5667	5.8%

Source HMIS (2012)

2.2.1.4. Top 10 leading causes of death in Ngoma district health facilities

The table below shows the top 10 leading causes of death in Ngoma district health facilities.

Table 2.2.5: Top 10 leading causes of death in Ngoma district health facilities

	Leading causes of deaths	Deaths	% of Total
1	HIV& Opportunistic Infections	10	16.1%
2	Severe confirmed malaria	7	11.3%
3	Cardiomyopathy	6	9.7%
4	Meningitis	5	8.1%
5	Cerebro-vascular accident	4	6.5%
6	Kidney infections	3	4.8%
7	Pulmonary TB	3	4.8%
8	Diabetes	2	3.2%
9	Pneumonia	2	3.2%
10	Cirrhosis	2	3.2%

Source: HMIS (2012)

2.2.2. Community cases management (under-five children)

Table 5.1 **Table 2.2.6:Community cases management**

Human Resource			Supervision of CHWs activities in community			CHW	
Number of ASM	Number of Binome	Number of Social CHWs	Tools	Drugs	Data Quality	Package	Cooperatives
473	946	473	Health center supervision on	Stock cards	Sheet of individual care, Patient	Child growth monitoring, under five	Twelve

Human Resource			Supervision of CHWs activities in community			CHW	
			check list		Registry, Report Card, Transfer Sheet	diseases community based Management	

Table 5.2 **Table 2.2.7: Community-based providers**

Type of community-based provider	Care/services provided	Number serving the district	catchment areas
Binôme	• Malaria treatment • Diarrhea treatment • Pneumonia treatment • Population sensitization • Under five growth monitoring • Community TB treatment under DOTS approach • Illness prevention. • Sensitization about FP	946	All villages
ASM	• Identification of women and girls who can deliver • Identification and follow up of pregnant women • Follow up of babies • Alert of authorities in case of delivering problem	473	All villages
Social	• Social activities in community	473	All villages
Health centers	• Home visit • Hygiene • Sensitization • Outreach programs	all health centers personnel	district

2.2.3. Community health planning, monitoring and evaluation

The table below shows the strategies for improving community health

Table 5.3 **Table 2.2.8: Improving Community Health**

Strategies for women to deliver at Health facilities	• Identification of pregnant women • Community mobilization • Sensitization during public meetings • House to house visits • Having company during delivery • Implication of local leaders
Target of IMCI services provide by CHWs	• All under-five children • Reduce the morbidity and mortality and improve survival of children less than five years
Reinforce drugs supply chain	• District pharmacy is distributing itself community drugs according the request done by the health centers

The table below shows the Monitoring and Evaluation mechanisms to be used for improving community health

Table 2.2.9: Monitoring and Evaluation

Number of women accessing health facilities (annual average)	Number of women receiving information about delivering at health facilities (annual average)	Number of women accompanied by CHWs to health facilities for delivery.	Number of children seen by CHWs(C-IMCI and growth monitoring)	Number of children with fever seen by CHWs within 24h
16,084	15,747	7,088	17,852 for C-IMCI and 27,752 for growth monitoring	12,431

2.3. Management of Support Systems

2.3.1. Governance

In order for the district health management system to be successful there needs to be good intra-district coordination between District, District Hospitals and health centers. The health centers have management committee (COGE), health committee (COSA), and other committee like quality assurance, etc. At hospital there is a management committee, Board of director (Conseil d'administration) and other committees.

2.3.2. Drug supply, procurement & distribution

The District Pharmacy procures its drugs from the central site in Kigali, CAMERWA. Health centers procure their drugs from the District Pharmacy on a monthly basis using the standard requisition process.

2.3.2.1. Pharmacy Stock control

Pharmacy stock is managed through standard drug management registers and the individual drug stock cards at the District Hospital and health centers. Overall, stock-outs have improved over the past year, however, the introduction of electronic pharmacy information management tools at the District Hospital and health centers can result in further improvements .

2.3.2.2. Pharmacy personnel

The pharmacy personnel consists of two pharmacists, an accountant, a data manager, and an assistant pharmacist. The pharmacists ensure that all facilities and services receive adequate drugs and consumables.

2.3.3. Health information

2.3.3.1. Data Collection and Reporting

All health data for the district are collected from the community, health centers and the District Hospital on a monthly basis and reported upward through electronic systems – DHIS, TracNet, OpenEMR (select facilities). The following data is collected at both community and health facility levels.

- OPD cases data
- Childhood illnesses data
- Chronic diseases and mental health data
- Hospitalization data
- Gender based violence data
- Antenatal consultations data
- Obstetrical complications data
- Deliveries data

- Postnatal care data
- Neonatal causes of hospitalization and death data
- Vaccinations data
- Nutrition screening data
- Outpatient Rehabilitation of Malnourished data
- Family planning data
- Male circumcision data
- Laboratory data
- Stock of tracer drugs data
- LLIN distribution data
- Finances data
- HIV data
- Community case data

2.3.3.2. Roles and Responsibilities

The community health worker supervisor and data manager for each health center collect and verify the health data for their catchment area through Sis com, HMIS and Trac net. The district hospital data manager collect hospital data then oversees the collection of all the data from the health centers and then works with the district and hospital M&E team to verify, analyze and interpret the data. Finally, the data managers transmits the report to the upper levels .

2.3.4. Human resources

Table 2.3.1: NGOMA district public health facilities personnel

Title	Quality	Current staff
Number of Doctors	A0	12
Number of A0 Pharmacist	A0	2
Number of A1 Nurses	A1	17
Number of A1 Midwives	A1	7
Number of A2 Nurses	A2	198
Number of nurses A3	A3	4
Number of paramedical staff	Radiology A1	2
	Ophthalmology A1	1
	Dentists A1	2
	Physiotherapists A1	0
	Laboratory technicians A1	4
	Laboratory technicians A2	35

Title	Quality	Current staff
	Laboratory technicians A0	2
	Anesthetists	3
Support Personnel	A0	9
	A1	16
	A2	79
	A3	12
	Auxiliaries	32
	Without qualification	5
	Drivers	13
Supervisor	Supervisor A0	3
	Supervisor A1	2
	Supervisor A2	1
Total		461

2.3.4.1. Human resources for health recruitment, deployment (transfer, posting), promotion

Recruitment is managed through the District Office where new position postings are made available and prerequisite criteria such as examination is to be conducted. The hospital reserves the right to recruit the staff of projects which support the hospital.

2.3.4.2. In-service training

In-service training is still not formally organized; however, each health facility tracks in-service and external training through registers. This is an area that could be improved in order to address the issues of poor quality service delivery.

2.3.4.3. Staff Performance evaluation and career structure

Every hospital and health center employee has a personnel file. A quarterly and annual evaluation are conducted by his direct supervisor to determine the level at which duties are achieved.

2.3.4.4. Monitoring of staff absenteeism

To monitor staff morale and satisfaction, staff attendance is tracked daily through an attendance list/register.

2.3.5. Financial access – Community health insurance (Mutuelle)

Increasing Mutuelle outreach programs for Mutuelle enrolment has been a priority for the district. Additionally, the district would like to strengthen the sector and district level Mutuelle offices, as well as reinforce indigent support programs by advocating for timely payment of

subscription fees from partners and the government. That way, healthcare can be accessible to indigents in a timely fashion.

2.3.5.1. Community health and other health insurance adhesion

The table below shows the evolution of health insurance adhesion from 2009 to 2012.

Table 2.3.2: Community health and other health insurance adhesion

NO	Mutuelle section	Population in Catchment area	Members	Population in Catchment area	Members	Population in Catchment area	Members	Population in Catchment area	Members
		2009		2010		2011		2011-2012	
1	Kibungo	32,672	21,364	32,672	32,528	32,528	29,074	34,137	32,190
2	Jarama	20,113	15,950	22,036	18,565	21,036	18,073	21,494	17,063
3	Rukira	19,035	12,688	20,847	19,352	21,236	21,023	19,678	16,003
4	Kirwa	21,965	14,901	23,301	22,373	23,122	21,318	23,122	15,710
5	Gituku	21,235	13,172	21,913	21,037	21,913	21,861	21,896	17,641
6	Sangaza	15,284	10,300	11,407	10,723	11,407	9,144	10,901	11,420
7	Remera	14,009	9,142	14,009	10,966	13,885	8,824	12,880	9,774
8	Zaza	25,000	18,883	25,000	19,218	29,683	14,018	27,958	25,810
9	Nyange	22,286	17,145	22,286	16,791	22,386	20,416	21,852	14,927
10	Rukomasake	20,600	11,492	21,258	14,147	21,139	20,063	20,522	17,078
11	Rukumberi	18,000	11,224	18,000	16,077	21,000	18,950	22,530	12,020
12	Mutenderi	28,059	15,141	28,059	22,122	28,059	16,611	27,035	18,712
13	Rubona	7,192	3,871	7,192	5,968	9,220	4,393	9,046	5,816
14	Gasetsa	7,500	6,214	7,582	6,844	9,500	5,864	9,500	6,892
	Total	**272,950**	**181,487**	**275,562**	**236,711**	**286,114**	**229,632**	**282,551**	**221,056**
	% of enrollment		**66%**		**86%**		**80%**		**78%**
	Other Insurance (Rama, MMI	**5919**	**2%**	**5919**	**2%**	**6,553**	**2%**	**12,638**	**4%**
	% of district enrollment		**69%**		**88%**		**82%**		**82%**

2.3.5.2. Mutuelle management and associated challenges

The primary challenge with Mutuelle management is the organizational and governance structure. There needs to be more oversight and communication between the Mutuelle offices at the health facilities and management at the District. The other challenge is related to lack of Mutuelle database which is needed in order to harmonize the system.

2.3.5.3. Mobilization for Mutuelle adhesion (local initiatives)

There are many local initiatives that can be developed to incentivize the community's adherence to mutual health insurance. The District will utilize the community-based political authorities to engage the public and promote revenue-generating activities.

2.3.6. Quality of care

2.3.6.1. PBF assessments, local client surveys, Supervision reports, and Hospital Baseline

Ngoma health facilities receive PBF funding through evaluations performed by district-level supervisors. PBF scores are assigned to each health facility based on the results of the evaluation. Higher points are attainable for health facilities with a broader range of services making it difficult for small health facilities to obtain higher amounts of PBF funding for expansion. The comprehensive PBF mechanism of performing quarterly evaluations and assigning PBF scores needs to be streamlined and strengthened in Ngoma district. This is because the current system penalizes health facilities that lack certain services. As such, this hinders facilities with fewer services to obtain more funding for expansion of services.

2.4. Public health service delivery system

2.4.1. District health service delivery system

The table below shows the number of administrative structures and health service institutions in Ngoma District.

Table 2.4.1: District health service delivery system

Admin structures	Number	Institution of Health Service	Number
Village	473	CHWs	1892
Cell	64	Health post	5
Sector	14	Health center	12
District	1	Hospital	1

2.4.2. Community program

The structure for the operation of Community Health Workers (CHWs) has been set up in the District according to the national guidelines: all district's cells have selected 4 CHWS : 2 binomes, 1 social affair and 1 ASM. Twelve Health Centers have a community health worker supervisor for training and supervision of CHWs. It is important to note that although the structure for the operation of CHWs has been established in the district, a concerted effort to strengthen the operation of CHWs networks is necessary as the system is not yet functioning as effectively as it could. This is primarily due to the fact that most Community Health Workers have not been formally trained, and some of them receive only some basic instructions once a month or even more sporadically. Additionally, there is a need to use rapid SMS in order to save the lives of pregnant women and young children in the community.

2.4.3. Health Posts

There are five health posts in Ngoma District (Rubona, Gashanda, Kibara, Muhurire & Gasetsa). The health posts are in sectors with health centers therefore fall under the management structure of the health centers with which they are in the same sector. As such, these health posts are not prioritized for upgrade to full health centers by the district.

2.4.4. Health Centers

There are twelve health centers located throughout Ngoma District in the following sectors, Kibungo, Remera, Murama, Mugesera, Zaza, Sake, Mutenderi, Rukumberi, Rurenge and Jarama. Health centers fall under the management of the Ngoma district and District Hospital.

The table below shows the various services offered for each health center in Ngoma District. The services highlighted in grey, psychosocial support, agricultural activities, and school health, are not currently provided by health centers.

Table 2.4.2: Existing health centers package and utilization of services

	SERVICES	KIBUNGO	RUKIRA	REMERA	MUTENDERI	GITUKU	KIRWA	ZAZA	NYANGE	[illegible] SAKE	SANGAZA	RUKUMBELI	JARAMA
Health promotion activities	IEC	P	P	P	P	P	P	P	P	P	P	P	P
	Psychosocial support												
	Nutritional programs	P	P	P	P	P	P	P	P	P	P	P	P
	Agricultural activities												
	Financing of health services	P	P	P	P	P	P	P	P	P	P	P	P
	Home visits	P	P	P	P	P	P	P	P	P	P	P	P
	Improvements in hygiene and sanitation	P	P	P	P	P	P	P	P	P	P	P	P

	SERVICES	KIBUNGO	RUKIRA	REMERA	MUTENDERI	GITUKU	KIRWA	ZAZA	NYANGE	KONOMA SAKE	SANGAZA	RUKUMBELI	JARAMA
Prevention activities	Infant vaccination	P	P	P	P	P	P	P	P	P	P	P	P
	Vitamin A supplementation	P	P	P	P	P	P	P	P	P	P	P	P
	Growth monitoring	P	P	P	P	P	P	P	P	P	P	P	P
	Distribution of oral rehydration and insecticide treated nets	P	P	P	P	P	P	P	P	P	P	P	P
	HIV counseling and testing	P	P	P	P	P	P	P	P	P	P	P	P
	Antenatal care in general and HIV testing	P	P	P	P	P	P	P	P	P	P	P	P
	ART to pregnant women	P	P	P	P	P	P	P	P	P	P	P	P
	Postpartum care and breast feeding support	P	P	P	P	P	P	P	P	P	P	P	P
	Family planning	P	P	P	P	P	P	P	P	P	P	P	P
	School health												
	Epidemiologic surveillance activities	P	P	P	P	P	P	P	P	P	P	P	P
Curative activities	Consultations for adults and children	P	P	P	P	P	P	P	P	P	P	P	P
	Treatment of tuberculosis	P	P	P	P	P	P	P	P	P	P	P	P
	Management of HIV with ART	P	P	P	P	P	P	P	P	P	P	P	P
	Maternity care	P	P	P	P	P	P	P	P	P	P	P	P
	Management of chronically ill patients	P	P		P	P	P	P	P	P	P	P	P
	Nutritional rehabilitation	P	P	P	P	P	P	P	P	P	P	P	P
	Minor surgical interventions	P	P	P	P	P	P	P	P	P	P	P	P
	Laboratory testing	P	P	P	P	P	P	P	P	P	P	P	P
Ability to transfer cases		P	P	P	P	P	P	P	P	P	P	P	P

2.4.5. District hospitals – include upward referrals to provincial and national level

The table below shows the various services offered at the district hospital.

Table 2.4.3: District hospitals package and utilization of health services

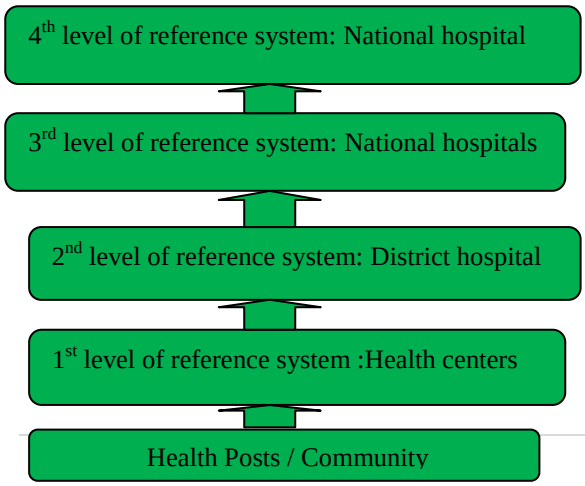
	District Hospital	Check Availability
Prevention activities	Preventive consultations for referred cases	P
	Antenatal care consultations for at risk pregnancies	P
Family planning	Provision of all methods for referred cases	P
	Including female and male sterilization	P
Curative care	Management of referred cases	P
	Referrals for tertiary-level care	P
	Management of difficult labor	P
	Medical and surgical emergencies	P
	Minor and major surgical interventions	P
	Inpatient care	P
	Laboratory testing	P
	Medical imaging such as ultrasounds	P
Management	The training of paramedical personnel in district schools	P
	Collaboration with the district work group for continuing education and supervision activities	P

2.4.6. Referral system

The referral system of Ngoma health facilities was built according to Ministry of Health instruction: patients are transferred from health post, to health center, and finally to district hospital. In serious but non-emergency cases, coordination occurs between the Data Managers of the health center and district hospital.

The following diagram illustrates the referral system followed by Ngoma district health facilities

Figure 2.4.1: Referral system followed by Ngoma district health facilities



2.5. Public Multi-stakeholder analysis of bottlenecks / barriers

The table below shows the stakeholders in Ngoma District. Currently there are 72 organizations which work with Ngoma District, the District Hospital and health centers.

Table 2.5.1: Existing stakeholders in the district and their related programs

N0	Name of organization	Area of intervention	Type of organization	Area of intervention	Specialization
1	ACCESS PROJECT	District	INGO	Social promotion	Capacity building of health center staff, strengthening health system management
2	ADECCO	RURENGE,REMERA, MURAMA, MUTENDERI	LNGO	Social promotion	HIV prevention, FP and circumcision
3	ADEPR	Kibungo	FBO	Social promotion	Education and adult learning
4	ADRA	District	INGO	Social promotion	HIV prevention
5	ADVENTISTE		FBO	Social promotion	Education and adult learning
6	AESD	Kibungo, Kazo, Rurenge, Remera, Rukira, Zaza	LNGO	Social promotion	Health, assistance of vulnerable group
7	Association des Musulmans au Rwanda,	Kibungo	FBO	Social promotion	Education
8	APEESPE	Kibungo, Gashanda, Sake, Mugesera, Karembo	LNGO	Social promotion	Health, HIV protection, assistance of vulnerable group
9	APOSTOLIQUE	District	FBO	Social promotion	vulnerable group support
10	ARAMA	District	LNGO	Social promotion, good	Gender, right of women and children

N0	Name of organization	Area of intervention	Type of organization	Area of intervention	Specialization
				governance	
11	ARBEF	Kibungo	LNGO	Social promotion	Reproductive health, AIDS/HIV
12	ASSEMBLEE DE DIEU	Rukira	FBO	Social promotion	Education, vulnerable group support
13	ASSOCIATION NDABAGA	Kazo	LNGO	Social promotion	HIV prevention, vulnerable group support
14	AVEGA	District	LNGO	Social promotion, Economic development, good governance, Justice and human rights	Health, education, shelter, social assistance, gender, reconciliation rights of survivors, rights of women and children
15	AVODI		LNGO	Social promotion	Health, HIV protection, assistance of vulnerable group
16	BUREAU YA KOMITE Y'ABANA KU RWEGO RW'AKARERE	District	FORUM	Social promotion	
17	CARITAS	District	LNGO	Social promotion and economic development	Health and education
18	CDJP	District	LNGO	social promotion, governance and justice	Conflict management resolution, vulnerable support
19	CNF	District	Forum	Social promotion	Advocacy and social mobilization issues affecting women
20	CNJR	District	Forum	Social promotion	Socio-economic development promotion

N0	Name of organization	Area of intervention	Type of organization	Area of intervention	Specialization
				and Economic development	of youth
22	COMPASSION INT'L	District	INGO	Social promotion and economic development	Vulnerable group support
23	COOPERATIVE Y'ABAJYANAMA B'UBUZIMA	District	COOPERATIVE	Social promotion and Economic development	
24	CNLG	District	Public institution	Social promotion	Fight against genocide
25	CORAR	District	Insurance company	Social promotion and Economic development	Social security insurance
26		District	Public institution	Social promotion	Social security
27	CREDI	District	LNGO	Social promotion	Health, Education, assistance of vulnerable group
28	DIOCESE CATHOLIQUE	District	FBO	Social promotion, Economic development, good governance	Education, local initiatives, farmers, human right, reconciliation
29	DOT RWANDA	Kibungo	INGO	Social promotion and economic development	Entrepreneurship, ICT, business, livelihood
30	Eglise Presbyterienn		FBO	Social Promotion	Health, education, vulnerable group support,

N0	Name of organization	Area of intervention	Type of organization	Area of intervention	Specialization
	e au Rwanda (EPR)				local initiatives
31	EGLISE EVANGELIQUE CHARISMATIQUE LIBRE AU RWANDA(EECLR)	District	FBO	Social promotion	Assistance of vulnerable group
32	EGLISE VIVANTE	District	FBO	Social promotion and economic developmen t	water adduction and vulnerable group support
33	EGLISE EVANGELIQUE DE LA BONNE VOLONTE(EEBVR)	District	FBO	Social promotion	Education, vulnerable group support, reconciliation
34	Eglise Evangelique de la Bonne Nouvelle au Rwanda	Kibungo	FBO	Social promotion	Education
35	Eglise Apostolique du Reveil	Kibungo	FBO	Social promotion	
36	EGPAF	District	INGO	Social promotion	HIV Clinical Services
37	EMLR Eglise Methodiste Libre au Rwanda	Kibungo	FBO	Social promotion and good governance	Promotion of education, assistance of vulnerable group
38	FAITH VICTORY ASSOCIATION	Kibungo	FBO,LNGO	Social promotion, governance	Rights of women and children, gender, community hilling and reconciliation, improved widows and orphans
39	INKURU NZIZA	District	FBO	Social promotion	Education, gender,

N0	Name of organization	Area of intervention	Type of organization	Area of intervention	Specialization
40	HEIFER	Murama	INGO	Social promotion	HIV/Prevention, Facilitate livestock (dairy goat)
41	HOPITAL KIBUNGO	District	Public institution	Social promotion	Kuvura no kwirinda indwara
42	AIMR-IHORERE MUNYARWANDA	Zaza, Sake,Jarama,Kibungo,Kazo	LNGO	Social promotion	VHI/AIDS prevention
43	INATEK	District	Private institution	Social promotion	Promotion of Education and research
44	INKURU NZIZA	Kibungo	FBO	Social promotion	vulnerable group support
45	IRC	District	INGO	Social promotion	Community case management of child illnesses
46	JESUS FELLOWSHIP INTERNATIONAL	Remera	FBO	Social promotion	
47	MARANATHA CHURCH	Kibungo	FBO	Social promotion	
48	MIGEPROF/ G. FUND	District	Public institution	Social promotion	Vulnerable group support
49	MOTHERS UNION	District	Association	Social promotion	Family counseling and child protection
50	NAZAREEN CHURCH	Kazo	FBO	Social promotion	
51	PIH	Rukira, Murama	INGO	Social promotion	HIV and AIDs prevention
52	PSI RWANDA	District	INGO	Social promotion	Family planning and reproductive health
53	PRISON FELLOWSHIP	Remera	LNGO	Social promotion, good governance	Education, shelter, traditional justice, reconciliation
54	PRO FEMMES TWESE HAMWE	District	FORUM, LONG	Social promotion	Gender and development
55	RSSB	District	Public institution	Social promotion	Social security

N0	Name of organization	Area of intervention	Type of organization	Area of intervention	Specialization
56	RCLS	District	LNGO, UMBRELA	Social promotion	
57	RED CROSS	District	LNGO	Social promotion	
58	RRP+	District	LNGO	Social promotion	To fight against SIDA
59	RESTORATION CHURCH	District	FBO	Social promotion	Education and adult learning
60	RWANDA NGO FORUM	District	FORUM, LNGO	Social promotion	Health, Education, assistance of vulnerable group
61	SONARWA	Kibungo	Private institution	Social promotion	Social security insurance
62	SORAS	District	Private institution	Social promotion	Social security insurance
63	SWAA RWANDA	District	LNGO	Social promotion	Health, education, vulnerable group support, Gender, right of women and children
64	Union des Eglises Baptistes au Rwanda(UEBR)	District	FBO	Social promotion	Education and vulnerable group support
65	UNICEF	District	INSTITUTION OF UN	Social promotion	School equipment
66	UPHLS	District	LNGO	Social promotion	Disability integration in community health system
67	UMWUNGERI MWIZA	Kibungo	FBO	Social promotion	
68	VSO	District	INGO	Social promotion	English teaching
69	VUP KAREMBO	KAREMBO	Gvt project	Social promotion	To support financially poor people
70	VUP GASHANDA, KAREMBO	GASHANDA	Gvt project	Social promotion	To support financially poor people
71	VUP KAZO	KAZO	Gvt project	Social promotion	To support financially poor people
72	VUP ZAZA	ZAZA	Gvt project	Social promotion	To support financially poor people

Source: JADF Ngoma district (2012)

2.6. Traditional medicine

2.6.1. Description of traditional medicine

The traditional medicine in Ngoma District is in line with the National Policy on Traditional Medicine. This policy aims to increase the provision of healthcare to all Rwandans by setting up a partnership between Western and Traditional medicine, while ensuring the intellectual property rights of communities and individuals who have traditional health knowledge.

At the present time, apart from the National Association of Traditional Healers (AGA Rwanda network), there are no other officially known organizations of practitioners, creating an obstacle for dealing with traditional healers.

2.6.2. Existing cooperatives of traditional healers

There are 12 cooperatives of traditional doctors in Ngoma District. These cooperatives were created in an attempt to make it make easier to coordinate with traditional healers. The hope is that these cooperatives will help Ngoma District reduce the alarming number of deaths at the hands of traditional doctors. Two people died while being treated from the beginning of this year according to their representative.

2.7. Assessment of key health program performance

2.7.1. SWOT analysis of health programs

The table below shows the strengths, weaknesses, opportunities and threats for health programs in Ngoma district.

Table 2.7.1: District SWOT analysis

STRENGTHS	**WEAKNESSES**
• Existence of 23 health facilities • Ambulance are in 6 out of 13 public health facilities • Existence of community outreach programs • Community health workers in all villages • Existence of partner organizations • Hygiene committees in the community • Health administration at district level	• 53% of patients are travelling more than 1 hour to reach heath facility • All administrative sectors don't have health center (Kazo, Karembo, Gashanda) • Inequity in geographical distribution of health facilities • Inadequate infrastructure • Low level of sensitization in health promotion activities • Population is not insured at 100%

• Timely and standard of payments of PBF across health sector • TB screening in all health facilities • Households have at least 1 Bed net • Existence of policy of protecting the lives of women and children • Close follow up of women and children by CHWs • Usage of computers and internet in health facilities • Existence of district pharmacy • Drugs distributed by district pharmacy van • Leadership of local leaders	• Insufficient public toilette and public dustbin • Lack of proper waste management • Inadequate environmental health awareness • Lack of effective planning • Lack of system strengthening program • Lack of reporting system for health committee • Insufficient fund to support all health activities • Insufficient medical staff • Poor customer care • Inadequate remuneration • None availability of LLN and place to buy them • Insufficient equipments in health facilities • Weakness in community outreach program • Insufficient information tools • None integrated mental health in community • Stock out of drugs and consumable • Lack of pharmacist(A1) in health centers • Ineffective management of suggestion boxes • Inadequate of nutrition education outreach • Lack of school health program
OPPORTUNITIES • Kibungo district hospital to become a refferal hospital. • Availability of ambulances in all health facility • Training on environmental health • Clear law and measure to prevent transmission of disease in community • Promote private clinics • Recruit environmental health officer s in health facilities	**THREATS** • Financial crisis • Dependence on government financial support and NGO's • Ignorance • Malnutrition • High under five mortality rate • Talking about sex and reproductive health in community is a taboo. • Staff overtime and turnover • High rate of teenage (15-19)pregnancy

• Capacity building programs • Follow up programs of teenage girls and women 15-19 years old. • Adoption of orphans in families • Global alliance on the fight against HIV/AIDS, TB and Malaria • Monitoring and Evaluation system • Promote income generating activities • Adequate procedure for external procurement of drugs • Increasing number of district pharmacy • Existence of district Mutuelle pharmacy	• Insufficient health institutions/schools • Drugs distributed by traditional healers • Language barrier • Change of climate

3. NGOMA DISTRICT HEALTH STRATEGIC PLAN PRIORITIES

As part of the planning process, Ngoma district identified specific priorities within the district health strategic plan. These priorities are a reflection of the greatest need in the district and the interventions that would make the largest contribution in strengthening the health sector in the district.

The overall district priorities are as follows: (i) uninterruptible water and electricity supply, (ii) expansion and rehabilitation of existing health facilities and construction of new facilities where needed, (iii) reducing the rates of under-five mortality and teenage pregnancy, (iv) recruiting staff, capacity building, providing staff incentive motivation, and (v) CHWs training.

3.1. Maternal and Child health

In response to maternal and child health, Ngoma district has identified the need to strengthen all health facilities to ensure they are capable of providing management of MCH service for reducing the under-five mortality rate, teenage pregnancy, and malnutrition. Other priorities identified by the district include ensuring the availability of updated protocols at all health facilities as well as enabling health centers to provide all the services of the "Minimum Package of Activities," such as school health services and psychosocial support and community health workers to use RapidSms in tracking the first 1000 days of life.

3.2. Drugs and consumables

To ensure the availability of drugs and commodities, Ngoma has identified the need for an investment in inventory and budget support in order to strengthen the procurement and distribution system as the first priority. In addition, the district would like the District Pharmacy to be adequately used by putting in place a pharmacy management information system.

3.3. Healthcare accessibility

As far as healthcare accessibility is concerned, Ngoma District plans to increase the financial accessibility of healthcare by incentivizing community adherence to health insurance. For geographical accessibility, Ngoma District must promote outreach programs, construction of new health facilities in underserved areas, and an increase in the number ambulances across health centres.

3.4. Human resource management.

With regards to staffing, Ngoma district's first priority is to recruit and meet staffing norms in order to allow for flexibility in meeting unique staffing needs for each health facility based on the facility's catchment area size and number of services provided. Additional district priorities around healthcare workers are the need for the establishment of staff incentives. The third priority in the district is the need for additional training, especially in ICT, Community Health, environmental health, hygiene, and other modules prioritized by the health facilities.

3.5. Community Health Workers

In order to ensure community mobilization and participation, community health workers (CHWs) should be well trained and motivated. As such, Ngoma's first priority in this regard is providing CHWs training to ensure that they are well equipped and motivated to perform the duties they are charged with. The second priority is strengthening the CHWs cooperatives.

3.6. Nutrition

As nutrition is an essential part of providing healthcare, Ngoma's priorities around nutrition include elimination of malnutrition by adopting a community-based approach of to growth of children under five and to make sure that health facilities are providing outreach programs related to nutrition in their catchment areas. The other priority is making therapeutic feeding services available at all health facilities and providing food to chronically ill/vulnerable inpatients as well as providing outpatient food support to vulnerable populations.

3.7. Information technology

ICT is an important component of strengthening health systems. The prioritization around ICT is in providing computers and accessories (like printers and photocopy machines) to all health facilities, providing ICT training for the appropriate staff, usage of existing software in health facilities and providing access to the internet where possible.

3.8. Quality Assurance

Quality Assurance (QA) and Monitoring and Evaluation (M&E) ensure the continued improvement of healthcare services. In order to ensure that quality standards are met and improved over time, Ngoma District prioritizes capacity building in Quality Assurance at the health facility level. The second priority is strengthening the Performance Based Financing (PBF) mechanism through quarterly collaborative approach or district steering committee meetings to exchange ideas. The last priority with regards to improving QA is establishing

community feedback mechanisms so that suggestions and feedback on health facility services are implemented at the health facilities.

3.9. Governance

Good governance and effective management are essential to achieve the District Health Strategic Plan contents. Ngoma has therefore prioritized strengthening the District Hospital management, Strengthening Health Center management and improve the planning, coordination, communication and participation of health committees and related partners in health sector governance

4. GOALS, STRATEGIES, INTERVENTION AND TARGETS

4.1. Geographical Accessibility

Table 4.1.1: Geographical Accessibility

Goal 1: To improve geographical access					
Current Situation: • Three sectors without a health center (Karembo, Gashanda, Kazo) • Not enough ambulances and the ones available are old • Uneven geographical distribution of health facilities • Substandard maternity wards in Remera, Rukumberi, Gituku, Jarama, Nyange, Sangaza and Kirwa HC) • Substandard laboratories in Rukira, Remera, Gituku ,Sangaza and Kibungo HC.					
Strategy/ Intervention	Output/ Outcomes	Indicator	Baseline	Target	Time-frame
Improving access to healthcare by constructing new health facilities and revitalizing key departments	Health centers in Gashanda, Kazo, and Karembo sectors	Number of sectors that have a health center	11 (2012)	14	2018
	Availability of health post in underserved areas.	Number of cells that have a health post	5 (2012)	22	2018
	Availability of working ambulances in district	Number of working ambulance	7	15	2018
	Rehabilitation of health posts of Kibara, Gasetsa, Rubona, Muhurire	Number of health posts rehabilitated	0	4	2018
	Laboratories constructed and renovated	Number of functioning modern laboratories	7	12	2018
	Maternity wards constructed and renovated	Number of modern maternity ward	5	12	2018
	Proximity of health facilities to population	% of people walking less than one hour to reach health	51% (EICV,2010)	100%	2018

		facilities			
	People using health facility service	Number of H.C whose CPC utilization rate is more than 90%	7 HCs (HMIS, 2012)	12 HCs	2018
	Improved living conditions for health staff through construction of staff housing	Number of health facilities with staff house	6	12	2018

4.2. Disease prevention and control

Table 4.2.1: Disease prevention and control

Goal 2: To improve disease prevention and control (communicable diseases)					
Current Situation: • Families resources wastage • Inadequate planning • Poor supervision of hygienic condition in community					
Strategy/ Intervention	Output/ Outcomes	Indicator	Baseline	Target	Time-frame
To promote hygienic and sanitary habits in the community in order to reduce disease	Reduced diarrheal diseases prevalence rate	Diarrheal diseases Prevalence rate in under 5 children	13.9% (source: DHS, 2010)	8%	2018
	Cleaned latrines in the community	% of HHs with access to basic sanitation	78.7%	100%	2018
	Cleaned latrines in the community	% of HHs with hygienic latrine and hand washing soap	8.3%	100%	2018
	Safe drinking water are used in the community	% of households using safe (clean) drinking water	80%	100%	2018
	Existence of hand washing facilities in the community	% of households with hand washing facilities (Kandagira ukarabe)	18.2% (DHS 2010)	95%	2018

	Availability of source of running water in health facilities	Number of health facilities with source of running water	11	18	2018
	Availability of internal running water in health facility	Number of health facilities with internal running water	5	18	2018
	Availability of electricity in health facility	Number of health facilities with electricity from national grid	14	18	2018
Mobilization of hygienic committees for hygienic supervision	-Hygiene committees are functioning	% of well functioning hygienic committees in the district	70 %	100%	2015

Goal 3: To improve disease prevention and control (TB)					
Current Situation: • Cultural problem(sharing straws) • Cups sharing at health centers level					
Strategy/ Intervention	Output/ Outcomes	Indicator	Baseline	Target	Time-frame
Improve accessibility to TB prevention, diagnostics and treatment.	Population sensitized about single use of cup and straws	% of village where IEC sessions about single use of straws and cups per quarter were held	10%	100%	2018
	Availability of single-use cups at health centers	Number of health facilities with single use cups in drugs distribution pharmacy	1	20	2013
	All possible TB cases are identified.	TB screening rate	95%	100%	2015
	TB is diagnosed and controlled	TB positivity rate(TB detection rate)	41%	85%	2018
	Increased success rate for TB cases registered under Directly Observed Treatment (DOTS)	Therapeutic Success rate of TB cases treated under DOTS	94%	99%	2018

Goal 4: To improve disease prevention and control (HIV)					
Current Situation: • Unplanned pregnancies in people living with HIV (PLWHIV) • Inadequate reproductive health program for PLWHlV • Socio-economic problems of PLWHIV					
Strategy/ Intervention	Output[/ Outcomes	Indicator	Baseline	Target	Time-frame
Sensitization for modern family planning method in PLWHIV	-Strengthened family planning program for PLWHIV	% of couples of PLWHIV using moderns family planning methods	30%	90%	2018
	Reduction of HIV incidence	HIV sero-positivity rate	0.45%	0.2%	2018
Promotion of Club anti-SIDA	Existence of anti-Sida clubs in administrative sector for coordination	Number of sectors with functional clubs anti SIDA coordinated other clubs	42	60	2014
Increasing proportion of couple accessing PMTCT programs	Couple using PMTCT program increased	% of pregnant women and their husband tested for HIV and know their test results	91%	98%	2018
	Couple using PMTCT program increased	% of HIV positives women in ANC	1.1%(HMIS 2013)	0.4%	2018
Promoting income generating activities of PLWHIV	Cooperative of PLWHIV with income generating activities	% of well functioning cooperatives of PLWHIV	80%	98%	2018

Goal 5: To improve disease prevention and control (Malaria)					
Current Situation: • Insufficiency of long lasting treated nets (LLTNs) • Malaria is one of top ten causes of under-five mortality					
Strategy/ Intervention	Output/ Outcomes	Indicator	Baseline	Target	Time-frame

Sensitization, Diagnostic and curative Interventions expanded	Health centers sell LLTN	Number of health centers that sell LLTN	0	14	2018
	Malaria morbidity rate reduced	Malaria morbidity rate	89/1000(2012)	30	2018
	Malaria deaths reduced	Number of malaria deaths per year	18(2012)	4	2018
	Reduced malaria positivity rate	Malaria positivity rate	16.5% (HMIS, 2012)	4%	2018
	Increased timely treatment of malaria for under 5 children	% of under 5 children with positive malaria test that receive treatment within 24 hours of diagnostic	95%	99%	2018
Replacing old mosquito net and avail mosquito net to household	Increased proportion of households possessing two or more LLTNs	% of household with at least two LLTNs	59%	95%	2018

Goal 6: To improve disease prevention and control (NTD)					
Current Situation: • Insufficient and untreated water • Inadequate diagnosis tools					
Strategy/ Intervention	Output/ Outcomes	Indicator	Baseline	Target	Time-frame
Adequate management of cases of NTDs including parasitic diseases	Intestinal parasites diseases proportionate rate reduced	Intestinal parasites disease proportionality rate.	10.6%	5%	2018
	Usage of treated water by boiling or sur eau	% of households using boiled water or sur eau(safe drinking water)	60%	100%	2018

Goal 6: To improve disease prevention and control (NTD)					
Current Situation: • Insufficient and untreated water • Inadequate diagnosis tools					
Strategy/ Intervention	Output/ Outcomes	Indicator	Baseline	Target	Time-frame
	Usage of treated water by boiling or sur eau	% of schools using boiled water or sur eau(safe drinking water)	60%	100%	2018
Training on laboratory diagnosis tools	Trained laboratory staff on NTD and diagnosis tools.	% of hospital laboratory technicians trained on bilharziosis (schistosomiasis) laboratory diagnosis	0%	80%	2018

Goal 7: To improve disease prevention and control (Non-communicable disease)					
\Strategy/ Intervention	Output/ Outcomes	Indicator	Baseline	Target	Time-frame
Non-communicable diseases prevention, diagnosis and care & treatment	Integration of care and treatment of chronic diseases in the packages of all levels of district health system	Number of Public facilities providing integrated management of chronic disease	1	4	2018
To promote physical exercise	Ngoma institutions staff are doing physical exercise	% of Ngoma district institutions (public and private) whose 80% of staff practice weekly physical exercise	10%	100%	2018
To promote medical check up	Population sensitized about medical check up	Number of sensitization session on local media about medical checkup per year	0	4	2018

Goal 8: To improve health promotion and environmental health					
Current Situation: • Indoor pollution • Lack of awareness • Poor waste management • Environmental pollution • Poor water waste management					
Strategy/ Intervention	Output/ Outcomes	Indicator	Baseline	Target	Time-frame
To improve environmental health by promoting personal and community practices that enhance waste and resource management	Availability of waste disposal sites	Number of sectors with waste disposal sites	1	14	2018
	Two health professional staff trained on environmental health at each health facility.	Number of health facilities whose two health professionals are trained on environmental health.	6	26	2018
	CHWs trained on environmental health	% of CHWs trained on environmental health.	0%	100%	2018
Improvement of environmental health	Greening and beautification at public and private institutions	% of private and public institution with greening and beautification	70%	100%	2018
Promotion of public toilets usage	Availability of Public toilets	% of business center with public toilets	7%	50%	2018

4.3. Governance

Table 4.3.1: Governance

Goal 9: To improve governance					
Current Situation: • Low implication of administrative authorities in Health facilities management • Lack of reporting system for health committee					
Strategy/ Intervention	Output/ Outcomes	Indicator	Baseline	Target	Time-frame

Goal 9: To improve governance					
Current Situation: • Low implication of administrative authorities in Health facilities management • Lack of reporting system for health committee					
Strategy/ Intervention	Output/ Outcomes	Indicator	Baseline	Target	Time-frame
To foster the management of health facilities.	Existence of reporting system by health committees.	% of health facilities with health committee reports (at hospital and district level)	N/A	100%	2014
	Coordination meeting held	Number of district health coordination meeting per year	12	12	2018
	DHMT meeting held	Number of DHMT meeting per year	0	4	2018
	PBF steering committee meeting held	Number of PBF steering committee meetings per year	4	4	2018
	Administrative supervision promoted	Number of administrative supervision Per Health facility per quarter	1	2	2018

4.4. Human Resource for health

Table 4.4.1: Human Resource for health

Goal 10: To improve human resources					
Current Situation: • Shortage of human resources for health • Not enough personnel at District Health Office • Defective human resources management • Payment doesn't match the task assigned to health staff • Skills gaps • Low level of ICT usage • High rate of staff turnover, especially in remote areas					
Strategy/ Intervention	Output/ Outcomes	Indicator	Baseline	Target	Time-frame
To improve staff motivation through team building, performance feedback and more robust training programs	Existence of financial and non-financial motivation like staff appraisal, education, appreciation certificates, top up's, etc.	Number of health facilities with monetary (Bonus) and nonmonetary motivation	0	18	2018
		Number of health facilities with internal training plans	0	12	2015
To employee needed health care provider as per facility structure	Existence of human resource for health at each health facilities	Number of hygienists recruited	5	13	2014
		Number of medical doctors	10(2012)	24	2018
		Number of midwifes	12(2012)	51	2018
		Number of nurses (A1 & AO)	20(2012)	107	2018
	Staff turnover rate reduced	Staff turnover rate	48%	10%	2018

4.5. Maternal and child health

Table 4.5.1: Maternal and child health

Goal 11: To improve MCH					
Current Situation: • Maternal and under five mortality • Malnutrition • Low level of FP coverage • Teenage pregnancies • Home deliveries • Lack of Breastfeeding support • Low post natal visit within 2 days • Low rate of four ANC					
Strategy/ Intervention	Output/ Outcomes	Indicator	Baseline	Target	Time-frame
Ensure that adolescent health program is available in all health facilities	Existence of adolescent reproductive health package at health center	Number of HCs offering adolescent reproductive health service package	0	12	2015
To improve accessibility and quality of modern family planning methods	Increased uptake of FP services	% of women 15-49 using modern contraceptives	45.5%	75%	2018
		Number of vasectomy	55(2012)	80	2018
Promotion of ANC standards visits during pregnancy.	Increased percentage of women who consult for 4 ANC standards visits.	% of pregnant women with 4 ANC standards visits	25.8%	60%	2018
	Increased % of women who consult for first standards visits in first quarter	% of pregnant women with first ANC standard visits in first quarter	33.4%	80%	2018
Ensure that all deliveries are Assisted by skilled health professional	Increased safe facility-based deliveries	% of deliveries assisted by skilled health professional	80.4%	98%	2018
Ensure provision of emergency obstetric and neo-	Increased safe facility-based deliveries	Maternal mortality ratio	117/100.000	80/100.000	2018

Goal 11: To improve MCH					
Current Situation: • Maternal and under five mortality • Malnutrition • Low level of FP coverage • Teenage pregnancies • Home deliveries • Lack of Breastfeeding support • Low post natal visit within 2 days • Low rate of four ANC					
Strategy/ Intervention	Output/ Outcomes	Indicator	Baseline	Target	Time-frame
natal services		Number of maternal deaths	10(2012)	4	2018
		Number of home deliveries	424(2012-2013)	50	2018
	Neonatal mortality rate reduced	Neonatal mortality rate	1.17/1000	0.8/1000	2018
	Number of neonatal deaths reduced	Number of neonatal deaths	99(2012)	20	2018
Strengthen community cases management of childhood illnesses	Under five mortality rate reduced	Under 5 mortality rate	157/1000 (DHS 2010)	57/1000	2018
	Number of deaths in under 5 years children reduced	Number of deaths in under 5 years children	102	30	2018
Increase of immunization services utilization	All children receive BCG vaccine	BCG immunization coverage rate	98%(2012)	99%	
	Children are immunized against measles	Measles immunization coverage rate	84.7% (HMIS 2012)	95%	2018
Promote good nutrition Practices especially for under five children and pregnant women.	Chronic malnutrition reduced	% of children with chronic malnutrition	20.7 % (% below -3 SD)	5%	2015
	Reduction of acute	Acute malnutrition	0.4% (2012)	0.1%	2015

Goal 11: To improve MCH					
Current Situation: • Maternal and under five mortality • Malnutrition • Low level of FP coverage • Teenage pregnancies • Home deliveries • Lack of Breastfeeding support • Low post natal visit within 2 days • Low rate of four ANC					
Strategy/ Intervention	Output/ Outcomes	Indicator	Baseline	Target	Time-frame
	malnutrition rate	rate			
	Availability of kitchen garden in every household	% of HH with Kitchen garden	90%	100%	2015
Usage of Rapid SMS to track first 1000 days of child' life by community health workers(CHMs)	CHWs are using RAPIDSMS to track first 1000 days of life	% of CHWs reporting using Rapid SMS	11%(2012)	100%	2014
Installation of demonstration kitchen in each village	Existence of demonstration kitchen in each village	% of village with demonstration kitchen	10%	100%	2018

4.6. Financial accessibility

Table 4.6.1: Financial accessibility

Goal 12: To improve financial accessibility					
Current Situation: • Cover services not covered by health insurance, e.g. circumcision • 20% of people in Ngoma are not enrolled in MUSA • Some people are not able to pay user fees • MUSA does not cover some relevant medical services					
Strategy / Intervention	Output / Outcomes	Indicator	Baseline	Target	Time-frame

Goal 12: To improve financial accessibility					
Current Situation: • Cover services not covered by health insurance, e.g. circumcision • 20% of people in Ngoma are not enrolled in MUSA • Some people are not able to pay user fees • MUSA does not cover some relevant medical services					
Strategy / Intervention	Output / Outcomes	Indicator	Baseline	Target	Time-frame
To improve the enrollment of population in community health insurance schemes	All Ngoma district people are covered by health insurance	% of Ngoma district people covered health insurance	82.4%(2012)	100%	2018
Advocacy for MUSA to pay accrual bill	Payment of accrual bill	% of accrued bill paid	0%	100%	2015
Advocacy for all medical services to be covered by MUSA	Almost all medical services are covered by MUSA	% of medical service covered by health insurance	82%	100%	2018

4.7. Information system and research

Table 4.7.1: Information system and research

Goal 13: To improve information system and promote research					
Current Situation: • Poor data quality assurance • Lack of evidence based decision making • Absence of research program					
Strategy/ Intervention	Output/ Outcomes	Indicator	Baseline	Target	Time-frame
To improve the electronic data collection, analysis and reporting	Usage of ICT in health sector data management.	% of health facility with ICT in each services	1	13	2017
Promotion of available software usage	Usage of clinic, financial pharmacy , Mutuelle and human resource	% of health facilities with at least 3 functioning software in	1	13	2018

Goal 13: To improve information system and promote research					
Current Situation: • Poor data quality assurance • Lack of evidence based decision making • Absence of research program					
Strategy/ Intervention	Output/ Outcomes	Indicator	Baseline	Target	Time-frame
	software	different domains			
Promotion of ICT in health facilities	Availability of internet in health facilities	Number of health facilities with reliable internet connection	4	18	2018
Putting in place research team	Existence of research team at district level	Number of research team	0	1	2018

4.8. Drugs and consumables

Table 4.8.1: Drugs and consumables

Goal 14: To improve drugs and consumables					
Current Situation: • Stock outs are common • Inadequate supply chain • Lack of pharmaceutical skills at health center level					
Strategy/ Intervention	Output/ Outcomes	Indicator	Baseline	Target	Tim e-frame
To improve the drug supply chain by utilizing electronic management systems.	Developed accurate pharmaceutical annual procurement plan	Number of health facilities with pharmaceutical annual procurement plan	1	13	2018
		Number of health facilities submitting a monthly report about pharmacy management on time	1	13	2018

Goal 14: To improve drugs and consumables					
Current Situation: • Stock outs are common • Inadequate supply chain • Lack of pharmaceutical skills at health center level					
Strategy/ Intervention	Output/ Outcomes	Indicator	Baseline	Target	Tim e-frame
Training of health center personnel in pharmaceutical management	Improved pharmaceutical management	% of health facilities without any tracer drug stock outs	8	13	2018

4.9. Quality of care

Table 4.9.1: Quality of care

Goal 15: To improve quality of care					
Current Situation: • Long waiting time • Suggestion boxes not used and where used not analyzed • Lack of kitchen for patients in all health facilities • Problem with Client orientation • No resting place for patients caregivers					
Strategy/ Intervention	Output/ Outcomes	Indicator	Baseline	Target	Time-frame
To improve patient-care by ensuring there are methods for addressing customer care, feedback and quality audit recommendations	Presence of suggestion boxes in health facilities	Number of health facilities with functioning suggestion boxes	1	18	2014
	Constructed kitchen for hospitalized patients	Number of health facilities with kitchens for patients	3	13	2018
	All health facilities have well-functioning quality assurance teams	Number of health facilities with well functioning quality improvement teams	1	13	2018
To conduct a study on quality	Availability of study results on	Study result	N/A	One study	2018

Goal 15: To improve quality of care					
Current Situation: • Long waiting time • Suggestion boxes not used and where used not analyzed • Lack of kitchen for patients in all health facilities • Problem with Client orientation • No resting place for patients caregivers					
Strategy/ Intervention	Output/ Outcomes	Indicator	Baseline	Target	Time-frame
insurance	quality insurance			result	
Improving customer care	Availability of customer care service	Number of health facilities with customer care service	2	18	2018

4.10. Health promotion

Table 4.10.1: Health promotion

Goal 15: To improve health promotion					
Current Situation: • Limited IEC • Lack of meeting reports of health facilities with population in umuganda on behavior change					
Strategy/ Intervention	Output/ Outcomes	Indicator	Baseline	Target	Time-frame
Promote behavior communication change during Umuganda	Change in behavior of population	Number of umuganda meeting report of health facilities with population per month on behavior change	1	13	2018
Promote IEC in all health facilities	Existence of IEC in all health facilities and needed equipments	Number of IEC report in each health facility per month	4	8	2018

5. COSTING AND BUDGETING OF THE STRATEGIC PLAN

The costing of Ngoma district health strategic plan has been carried out in line with the MoH guidelines, in respect of the format and approach. Program Based Budgeting is the preferred method of costing the district health strategic plan. As Ngoma district is not able to generate the necessary funding from its own internal revenues, financing of the plan will be based on the commitments made by both the Government and its cooperating partners, projected inflows from other sources including the Global Fund, health insurance, district revenue and direct project funding from various donors, and income generating opportunities

5.1. Costing Approach

A marginal and activity based costing approach was employed. The costs have been aligned according to program or pillar as follows:

- MCH
- Disease prevention and control
- Health promotion
- Governance
- Human resources for health
- Geographical accessibility
- Financial accessibility
- Information system and research
- Drugs and consumables
- Quality of care

The costing and financing plan covers a period of 5 years starting with June 2012 to July 2017,

which is in line with the HSSP III.

Table 5.1.1: Summary Strategy Plan Costing

Component	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	Total Cost	Funding expected	GAP
A. Health Programs	**818,598,827**	**832,843,827**	**884,653,827**	**817,558,827**	**842,773,827**	**810,558,827**	**5,006,987,962**	**118,394,000**	**-4,888,593,962**
MCH - Maternal and Neonatal Health	45,544,000	45,544,000	45,544,000	45,544,000	45,544,000	45,544,000	273,264,000		-273,264,000
MCH - Integrated Management of Childhood Hillness	24,582,000	24,582,000	24,582,000	24,582,000	24,582,000	24,582,000	147,492,000		-147,492,000
MCH - Sexual and Gender Based Violence	31,285,000	15,285,000	15,285,000	15,285,000	15,285,000	15,285,000	107,710,000		-107,710,000
MCH - Expanded Programme on Immunization	26,911,000	26,911,000	26,911,000	26,911,000	26,911,000	26,911,000	161,466,000	8,290,000	-153,176,000
MCH - Adolescent sexual health, reproductive health and rights	39,880,000	39,880,000	39,880,000	39,880,000	39,880,000	39,880,000	239,280,000		-239,280,000
MCH - Family Planning	50,624,000	50,624,000	50,624,000	50,624,000	50,624,000	50,624,000	303,744,000	108,104,000	-195,640,000
MCH – Nutrition	19,224,000	19,224,000	19,224,000	19,224,000	19,224,000	19,224,000	115,344,000		-115,344,000
DPC - HIV/AIDS	213,015,333	213,015,333	213,015,333	213,015,333	213,015,333	213,015,333	1,278,092,000		-1,278,092,000
DPC – Malaria	27,385,980	27,385,980	27,385,980	27,385,980	27,385,980	27,385,980	164,315,880	2,000,000	-162,315,880
DPC - Tuberculosis	64,599,000	57,864,000	67,599,000	60,864,000	64,599,000	57,864,000	373,389,000		-373,389,000
DPC - Mental Health	14,416,000	14,416,000	14,416,000	14,416,000	14,416,000	14,416,000	86,496,000		-86,496,000
DPC - Non Communicable Diseases	-	6,960,000	6,960,000	-	6,960,000	-	20,880,000		-20,880,000
DPC - Neglected Tropical Diseases	600,000	7,240,000	600,000	7,240,000	600,000	7,240,000	23,520,000		-23,520,000
DPC - Integrated Disease Surveillance and Response	49,154,000	49,154,000	49,154,000	49,154,000	49,154,000	49,154,000	294,924,000		-294,924,000
DPC – Disabilities	13,039,680	13,039,680	81,079,680	13,039,680	42,199,680	13,039,680	175,438,080		-175,438,080
HP - Health promotion	90,704,167	90,704,167	90,704,167	90,704,167	90,704,167	90,704,167	544,225,002		-544,225,002

Component	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	Total Cost	Funding	GAP
EH - Environmental Health and medical waste management	94,902,667	118,282,667	98,957,667	106,957,667	98,957,667	102,957,667	621,016,000		-621,016,000
TM -Traditional medicine	12,732,000	12,732,000	12,732,000	12,732,000	12,732,000	12,732,000	76,392,000		-76,392,000
B. Systems Strengthening	**1,217,020,760**	**1,218,710,328**	**1,241,560,553**	**1,276,936,160**	**1,299,483,135**	**1,336,199,422**	**7,589,910,358**	**10,000,000**	**-7,579,910,358**
Planning. Budgeting and monitoring	5,402,000	5,402,000	5,402,000	5,402,000	5,402,000	5,402,000	32,412,000		-32,412,000
Medical product management ands regulation	317,961,954	326,449,873	345,559,087	365,455,901	375,211,659	396,477,430	2,127,115,904		-2,127,115,904
Diagnostic services							0		0
Health financing	766,005,556	777,819,205	789,948,217	802,401,009	815,186,226	828,312,741	4,779,672,954	10,000,000	-4,769,672,954
Quality assurance and standards	74,387,000	82,775,000	74,387,000	77,413,000	77,419,000	79,743,000	466,124,000		-466,124,000
Health Information management	49,938,000	22,938,000	22,938,000	22,938,000	22,938,000	22,938,000	164,628,000		-164,628,000
Knowledge management / research	3,326,250	3,326,250	3,326,250	3,326,250	3,326,250	3,326,250	19,957,500		-19,957,500
C. Service delivery	**3,077,440,575**	**3,851,509,206**	**4,054,498,047**	**3,981,371,681**	**4,143,190,720**	**4,333,171,215**	**23,441,181,443**	**5,802,653,954**	**-17,638,527,489**
Recurring costs (Including also HRH)	2,333,045,575	2,571,919,206	2,851,503,047	3,147,221,681	3,290,410,720	3,582,531,215	17,776,631,443	3,844,913,784	-13,931,717,659
Investments (including equipment)	744,395,000	1,279,590,000	1,202,995,000	834,150,000	852,780,000	750,640,000	5,664,550,000	1,957,740,170	-3,706,809,830
Total costs	**5,113,060,162**	**5,903,063,361**	**6,180,712,427**	**6,075,866,668**	**6,285,447,682**	**6,479,929,463**	**36,038,079,763**	**5,931,047,954**	**-30,107,031,809**

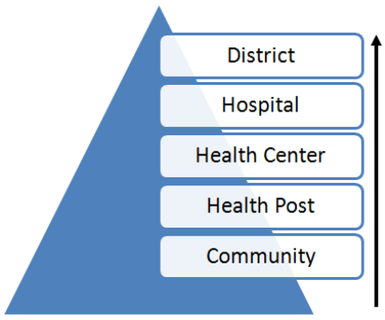
Source: Strategic interventions and service delivery costing models

6. MONITORING AND EVALUATION FRAMEWORK

6.1. Information flows from the community to District level

Information is collected through a bottom-up approach via manual and electronic methods.

Figure 6.1.1: Information flows from the community to District level



6.2. Mechanisms and timeline for monitoring

a. Data will be reviewed on a monthly, quarterly and yearly basis at each level and feedback will be provided by top-down manner.

6.3. Roles and responsibilities of each actor in data management

Table 6.3.1: Roles and responsibilities of each actor in data management

Roles	Responsibilities
Director of health at district level	Reviewing all reports and make decision
District M&E officer	Review and assess outcomes and outputs from district strategic plan
Hospital Director / Administrator	Review quarterly M&E and data management reports
Director of Mutuelle at district level	Track and monitor District Mutuelle enrollment and engage with sector Executive Secretaries to develop Mutuelle enrollment reports
Director of pharmacy	Track and monitor District pharmacy
Hospital M&E officer	Review and assess outcomes and outputs from hospital strategic plan and collaborate with District M&E officer whenever necessary
Hospital Data Manager	Review, analyze and consolidated health metrics reports from DHIS 2 and distribute reports to hospital and district level
Hospital Community Health officer	Collect and report community health data and collaborate with hospital data manager to streamline gaps in data reporting

Roles	Responsibilities
Health Center Titulaire	Review monthly data analysis and HMIS reports
Health Center Data Manager	Compile monthly HMIS report, record data in DHIS 2 and conduct data analysis
Health Center Mutuelle Managers	Track Mutuelle enrollment and develop monthly enrollment reports
Health Center Community Health officer	Compile monthly community health data reports

6.4. Expected evaluations results during the lifespan of the plan

Outputs and outcomes will be reviewed quarterly and annually against expected results(health indicators improvement) at the District level, hospital level and then health center level

6.5. Monitoring and Evaluation plan

Table 6.5.1: Monitoring and evaluation plan

Goals	Indicators and their definitions	Data source	Method of data collection	Frequency and schedule of data collection	Responsibilities for acquiring data	Baseline (year)	Target					
							2012 - 2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
To improve health services geographical accessibility	% of people walking less than one hour to reach health facilities	EICV	surveys	every two years	DHM&E Officer	51%(2010)			70			100%
	Number of H.C whose CPC utilization rate is more than 90%	HMIS	Reports	Monthly	DHM&E Officer, Hospital M&E Officer and Data Manager	*7*(2012)			10			12
	Number of sectors that have a health center.	District infrastructure one stop center reports. Sectors reports,	Reports	Annually	DHM&E Officer	11 (2012)		12		13		14

Goals	Indicators and their definitions	Data source	Method of data collection	Frequency and schedule of data collection	Responsibilities for acquiring data	Baseline (year)	Target					
							2012 - 2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
	Number of cells that have a health post.	District infrastructure one stop center report. Sectors reports	Reports	Annually	DHM&E Officer	5(2012)	7	10	13	16	19	22
	Number of health post rehabilitated	District infrastructure one stop center report. Sectors reports	Reports	Annually	DHM&E Officer	0		1	1	1	1	
	Number of working ambulance	Kibungo hospital reports	Reports	Annually	KIBUNGO Hospital Logistical Officer	7	8	10	12	13	14	15
	Number of functioning modern laboratories	Health centers reports, NGOMA district infrastructural reports	Reports	Annually	DHM&E Officer, District Logistical officer	7	8		9		11	12

Goals	Indicators and their definitions	Data source	Method of data collection	Frequency and schedule of data collection	Responsibilities for acquiring data	Baseline (year)	Target					
							2012 - 2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
	Number of modern maternity ward	Health centers reports, NGOMA district infrastructural reports	Reports	Quarterly	DHM&E Officer, Kibungo Hospital Logistical Officer	5	6	7	9	10	11	12
	Number of health facilities with staff house	District infrastructure reports	Reports	Yearly	District Infrastructure Officer, DHM&E Officer	6		8		10		12
To improve diseases prevention and control (commicable diseases)	Diarrheal diseases Prevalence rate in under 5 children	DHS	Surveys	After three years	DHM&E Officer	16,9%(2010)			10%			8%
	% of Ngoma district households with handwashing facilities	Sectors reports	Surveys	After three years	DHM&E Officer	18.2%(DHS 2010)	30%	50%	70%	80%	90%	95%
	% Ngoma district household using safe driking water	DHS	surveys	After three years	DHM&E Officer	68.30%			80			90%

Goals	Indicators and their definitions	Data source	Method of data collection	Frequency and schedule of data collection	Responsibilities for acquiring data	Baseline (year)	Target					
							2012 - 2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
	% of households with cleaned pit latrines	Sectors reports, community health reports	Reports	Quarterly	DHM&E Officer, District Environmental health Officer	66%(2011)			75%			80%
	% of well functioning hygienic committees in the district.	District health reports. Ngoma district hospital reports	Reports	quarterly	DHM&E Officer, District Environmental Health Officer	10%	30%		50%	60%		100%
	Number of health facilities with availability of internal running water	District infrustructure report	Reports	Annuarly	DHM&E report	5		7	9	13	15	18
	Number of health facilities with electricity from national grid	District infrustructure report, health facilities report	Reports	Annuarly	DHM&E report	14			18			18
	Number of health facility with source of water	District infrustructure report	Reports	Annuarly	DHM&E report	11	12	13	14	16	18	

Goals	Indicators and their definitions	Data source	Method of data collection	Frequency and schedule of data collection	Responsibilities for acquiring data	Baseline (year)	Target					
							2012 - 2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
To improve non communicable diseases prevention and contorl	Number of Ngoma public health facilities providing integrated management of chronic disease	Kibungo hospital reports. District Health Unity reports	Reports	Biannually	Hospital M&E Officer, Data manager, DHM&E Officer	1			2			4
	% of Ngoma district institutions (public and private) whose 80% of staff practice weekly physical exercice	Sector reports	Reports	Quarterly	District Youth, Sport and culture Officer	10%	30%	70%	100%			
	Number of sensitization session on local media about medical check up	District Hospital repot, District health unity report	Reports	Annually	DHM&E Officer, Hospital M&E Officer	0		2	4	4	4	4
To improve diseases prevention and control(VIH)	HIV seropositivity rate	HMIS, Health sector survey reports	Reports, surveys	Montly	DHM&E Officer	0.45%(2012)			0.30%			0.20%

Goals	Indicators and their definitions	Data source	Method of data collection	Frequency and schedule of data collection	Responsibilities for acquiring data	Baseline (year)	Target					
							2012 - 2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
	% of HIV positives women in ANC services	HMIS, tracknet	Reports	Monthly	DHM&E Officer	1.1%	1%	0.8%	0.7%	0.6%	0.5%	0.4%
	% of couples of PLWHIV using moderns family planning methods	Tracnet, HMIS, HC reports	Reports, surveys	Monthly	DHM&E Officer, Hospital M&E Officer	30%(2012)		40%	60%	70%		90%
	% of pregnant women and their husbands tested for HIV and know their test results	HMIS, tracknet, HC PMTCT reports	Reports, surveys	Monthly	DHM&E Officer, Hospital M&E Officer , Hospital Data Manager	91%(2012)			94%			98%
	Number of functional clubs anti SIDA	Tracnet, CDLS reports	Reports	Quarterly	DHM&E Officer, CDLS Coordinator	5(2012)	10	13	14			14
	% of well functioning cooperatives of PLWHIV	CDLS reports, Tracnet, Credi reports	Repors, surveys	Quaterly	CDLS Officer, DHM&E Officer	80%(2012)		90%		95%		98%
To improve diseases prevention and control(Malaria)	Malaria morbidity rate	HMIS	Reports	Monthly	Hospital M&E Officer, Hospital Datamanager and District	89/1000(2012)		50	40	35	30	30

Goals	Indicators and their definitions	Data source	Method of data collection	Frequency and schedule of data collection	Responsibilities for acquiring data	Baseline (year)	Target					
							2012 - 2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
					M&E Officer							
	Number of malaria deaths	HMIS	Reports	Monthly	Hospital M&E Officer, Hospital Datamanager and District M&E Officer	18(2012)		10	8	5	4	4
	Malaria positivity rate	HMIS, H.F laboratories reports and registers	Reports	Monthly	Hospital M&E Officer, Data manager, DHM&E Officer	16.5%(2013)			10%			4%
	% of under 5 children with positive malaria test that receive treatment within 24 hours of diagnostic	SIScom	Reports	Quarterly	District Community Health Supervisor, Hospital M&E Officer, DHM&E Officer	95%			97			99%
	% of households with at least two LLTNs	Sectors reports, EICV repors	Reports	Yearly	DHM&E Officer, Hospital M&E	59%(2012)	62%	65%	70%	75%	80%	90%

Goals	Indicators and their definitions	Data source	Method of data collection	Frequency and schedule of data collection	Responsibilities for acquiring data	Baseline (year)	Target					
							2012 - 2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
					reports							
	Number of health centers that sell LLTN	Health centers reports.	Reports	Yearly	DHM&E Officer, Hospital M&E	0						12%
To improve diseases prevention and control(Tuberculosis)	TB screening rate	HMIS	Reports	Monthly	DHM&E Officer, Hospital M&E	96%	97%	98%	99%	100%	100 %	100%
	TB positivity rate(TB detection rate)	HMIS	Reports	Monthly	DHM&E Officer, Hospital M&E	41%	50%	60%	65%	70%	80%	85%
	Therapeutic Success rate of TB cases treated under DOTS	HMIS	Reports	Quarterly	Hospital data manager	94%(2012)	95%	96%	97%	98%		99%
	Number of health facilities with single use cups in drugs distribution pharmacy	HF reports	reports	Monthly	Hospital TB supervisors, DHM&E Officer	0	3	6	18			
	% of village where IEC sessions about single use of straws and cups	CHWs reports, HF reports	reports	Quarterly	Hospital Community Health Supervisor, DHM&E	0%			100%			

Goals	Indicators and their definitions	Data source	Method of data collection	Frequency and schedule of data collection	Responsibilities for acquiring data	Baseline (year)	Target					
							2012 - 2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
	per quarter were held				Officer							
To improve diseases prevention and control(NTDs)	Intestinal parasites disease proportionality rate.	HMIS	Reports	Yearly	Hospital Data Manager	10.6%(2012)	10%	9%	8%	7%	6%	5%
	% of households using boiled water or sur eau (safe drinking water)	sectors reports	Reports	Quartely	District statician, DHM&E Officer	60%		80%	90%	100%		
	% of schools using boiled water or sur eau (safe drinking water)	schools reports	Reports	Quartely	DEO& DHM&E Officer	30%	50%	80%	100%			
	% of hospital laboratory technicians trained on bilharisiosis laboratory diagnosis	Hospital capacity building reports	Reports	Yearly	Hospital Data manager, Hospital HR Manager, In charge of hospital laboratory	0% (2012)	10%		20%	30%	70%	80%

Goals	Indicators and their definitions	Data source	Method of data collection	Frequency and schedule of data collection	Responsibilities for acquiring data	Baseline (year)	Target					
							2012 - 2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
To improve health promotion and environmental health	Number of sectors with waste disposal sites	Sectors reports, District Health Unity reports, District environmental office reports	Reports	Biannually	DHM&E Officer , District Planner, District Environmental Officer	1 waste disposal site (2012)	3	5	7	9	11	14
	Number of health facilities whose two health professionals are trained on environmental health.	Hospital reports	Reports	Bianualy	Hospital Environmental Health Officer	6		26				
	% of CHWs trained on environmental health.	Hospital reports	Reports	Biannually	Hospital CHWs Supervisor, Hospital Environmental Health Officer	0		100%				
	% of private and public institutions with greening and beautification	District environmental office report	Reports	Biannually	District environmental Oficcer, DHM&E Officer	70%	80%	90%	100%			

Goals	Indicators and their definitions	Data source	Method of data collection	Frequency and schedule of data collection	Responsibilities for acquiring data	Baseline (year)	Target					
							2012 - 2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
	% of busness centers with public toilets	Sectors reports	Reports	Biannually	District Environmental Oficcer, DHM&E Officer	7%		20%	30%	40%	50%	
	% of households using hand washing facilities (kandagira ukarabe)	Sectors reports	Reports	Montly	District health Environmental Oficcer, DHM&E Officer	20%	30%	50%	70%	75%	80%	
To improve district health sector governance	% of health facilities with health committee reports(at the district and hospital level)	Health facilities reports	Reports	Quarterly	DHM&E Officer	0%	50%	100%				
	Number of district health coordination meeting per year	District health reports.	**Reports**	Monthly	District Healt Unity	12	12	12	12	12	12	12
	Number of DHMT meeting per year	District health reports.	Reports	Quarterly	District Healt Unity	4	4	4	4	4	4	4
	Number of PBF steering commettee	District health office reports.	Reports	Quarterly	District Healt Unity	4	4	4	4	4	4	4

Goals	Indicators and their definitions	Data source	Method of data collection	Frequency and schedule of data collection	Responsibilities for acquiring data	Baseline (year)	Target					
							2012 - 2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
	meeting											
	Number of administrative supervision Per H facility per quarter	District health office reports.	Reports	Quarterly	District Healt Unity	1	2	2	2	2	2	2
To reduce maternal and child mortality rate through the promotion of maternal and child heallth services utilisations	Maternal mortality rate	DHS	surveys	After three years	District Healt Unity	117/100000			80/100000			70
	Number of maternal deaths	HMIs, health facilities reports	Reports	Montly	DHM&E Officer, Hospital M&E Officer and Data Manager	10(2012)		8	6	5	4	4
	Assited deliveries rate	HMIS, Health facility reports	reports	Montly	DHM&E Officer, Hospital M&E Officer, Hospital Data Manager	80.4% (2012)		85%	90%	92%	95%	98%

Goals	Indicators and their definitions	Data source	Method of data collection	Frequency and schedule of data collection	Responsibilities for acquiring data	Baseline (year)	Target					
							2012 - 2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
	Number of home deliveries	HMIS	reports	Montly	DHM&E Officer, Hospital M&E Officer, Hospital Data Manager	424(2012-2013)		200	100	80	50	50
	% of pregnant women with first ANC standard visit in 1st quarter.	HMIS, Health facility reports	Reports	Montly	DHM&E Officer, Hospital M&E Officer, Hospital Data Manager	33.4%(2013 HMIS)	35%	40%	45%	50%	55%	60%
	% of pregnant women with 4 ANC visits	HMIS, Health facility reports	Reports	Montly	DHM&E Officer, Hospital M&E Officer, Hospital Data Manager	25.8% (2012)	30%	40%	50%	60%	70%	80%
	% of women aged bettween 15-49 years of age using modern contraceptives methods	HMIS	Reports	Montly	DHM&E Officer, Hospital M&E Officer, Hospital Data Manager	45.5% (2012)	50%	55%	60%	65%	70%	75%

Goals	Indicators and their definitions	Data source	Method of data collection	Frequency and schedule of data collection	Responsibilities for acquiring data	Baseline (year)	Target					
							2012 - 2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
	Number of vasectomy	HMIS	Reports	Montly	DHM&E Officer, Hospital M&E Officer, Hospital Data Manager	51(2012)		55	60	70	80	80
	BCG immunization coverage rate	HMIS	Reports	Montly	DHM&E Officer, Hospital M&E Officer, Hospital Data Manager	89%(2012)	90%	92%	94%	96%	98%	
	Measles immunization coverage rate	HMIS	Reports	monthly	DHM&E Officer, Hospital M&E Officer, Hospital Data Manager	84.7%(2012)	87%	89%	91%	93%	95%	
	Neonatal mortality rate	HMIS	Reports	Yearly	DHM&E Officer, Hospital M&E Officer, Hospital Data Manager	1.17/1000		1/1000	0.9/1000	0.8/1000		0.80%

Goals	Indicators and their definitions	Data source	Method of data collection	Frequency and schedule of data collection	Responsibilities for acquiring data	Baseline (year)	Target					
							2012 - 2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
	Under five mortality rate	HMIS	Reports	Yearly	DHM&E Officer, Hospital M&E Officer, Hospital Data Manager	157/1000(DHS 2010)			57/1000			57/1000
	Number of neonatal deaths	HMIS	Reports	monthly	DHM&E Officer, Hospital M&E Officer, Hospital Data Manager	99(2012)		50	40	30	20	20
	Number of deaths in under five children	HMIS	Reports	monthly	DHM&E Officer, Hospital M&E Officer, Hospital Data Manager	102		60	50	40	30	30
	% of acute malnutrition	SIScom	Reports	monthly	DHM&E Officer, Hospital M&E Officer, Hospital Data Manager	0.4%		0.2 %	0.1%			0.1%

Goals	Indicators and their definitions	Data source	Method of data collection	Frequency and schedule of data collection	Responsibilities for acquiring data	Baseline (year)	Target					
							2012 - 2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
	% of under 5 children with chronic malnutrition	DHS report	Reports	After three years	DHM&E Officer, Hospital M&E Officer, Hospital Data Manager	20.7%(below -3 SD)			10%			
	Number of HCs offering adolescent reproductive health service package	district hospital report	Reports	Yearly	DHM&E Officer, Hospital M&E Officer	0		12				12
	% of villages with demonstration kitchen	Sectors reports	Reports	Quarterly	DHM&E Officer, District Statician	10%		50%	100%			
	% of households with kitchen gardens	Sectors reports	Reports	Quarterly	DHM&E Officer, District Statician	90%		95%	100%			
	% of CHWS reporting using RAPIDSMS	RAPIDSMS report	Reports	Monthly	Access project, Hospital CHWs Supervisor	11%(2012)	79%	100%	100%	100%	100 %	100%

Goals	Indicators and their definitions	Data source	Method of data collection	Frequency and schedule of data collection	Responsibilities for acquiring data	Baseline (year)	Target					
							2012 - 2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
To Improve population health financing coverage	% of Ngoma district people covered by health assurance	MUSA reports	Reports	Monthly	Director of social mutual health, DHM&E Officer	82.4%(2012)	85%	87%	90%	92%	95%	98%
	% of accrued bill paid	MUSA reports	Reports	Yearly	Director of MUSA, DHM&E Officer	0%		100%				
	% of medical service covered by MUSA(Community based health insurance)	District hospital report	Reports	Yearly	District hospital finance office	82%			91%			100%
Improve the availability of human ressources for health	Number of health facilities with motivation programs	health facilities reports	Reports	Quarterly	DHM&E Officer, District hospital supervisors	0		18				
	Number of health facilities with training programs	health facilities reports	Reports	Quarterly	DHM&E Officer, District hospital supervisors	0			12			13

Goals	Indicators and their definitions	Data source	Method of data collection	Frequency and schedule of data collection	Responsibilities for acquiring data	Baseline (year)	Target					
							2012 - 2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
	Number of medical doctor	Kibungo hospital reports	Reports	Yearly	kibungo Hospital Human ressource officer	10(2012)	14	16	18	20	22	24
	Number of midwives	Kibungo hospital reports	Reports	Yearly	kibungo Hospital Human ressource officer	12(2012)	12	18	29	35	48	51
	Number of hygienists	Kibungo hospital reports	Reports	Yearly	kibungo Hospital Human ressource officer	5(2012)		8	10	12	13	
	Number of nurses (A1,A0)	Kibungo hospital reports	Reports	Yearly	kibungo Hospital Human ressource officer	20(2012)	29	46	62	76	94	107
	Staff turnover rate	District and hospital human resources offices reports	Reports	Yearly	District and hospital human resources officers	30%(2012)						10%

Goals	Indicators and their definitions	Data source	Method of data collection	Frequency and schedule of data collection	Responsibilities for acquiring data	Baseline (year)	Target					
							2012 - 2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
To improve district health information system	Number of health facilities with ICT in each service	Health facilities reports	Reports	Quarterly	District hospital ICT Officer	1		3	6	8	10	13
	% of health facilities with at least 3 functioning software in different domains	Health facilities reports	Reports	Quarterly	District hospital ICT Officer	1		3	6	8	10	13
	Number of health facilities with reliable internet connection	Health facilities reports	Reports	Quarterly	District hospital ICT Officer	4		6	10	18		18
	Number of reseach team	district hospital report	Report		District Hospital Director	0			1			
To improve supply chain of drugs and consumables	Number of health facilities with pharmaceutical annual procurement plan	District pharmacy report	Report	Yearly		1		6	13	13	13	13

Goals	Indicators and their definitions	Data source	Method of data collection	Frequency and schedule of data collection	Responsibilities for acquiring data	Baseline (year)	Target					
							2012 - 2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
	Number of health facilities submiting a montly report about pharmacy management on time	District pharmacy report	Report	Quarterly	Director of District Pharmacy	1		13	13	13	13	13
	Number of health facilities without any tracer drug stock out	District pharmacy report	Report	montly	Director of District Pharmacy	8		13	13	13	13	13
To improve health facilities quality of care	Number of health facilities with functioning suggestion boxes	District health office reports.	Report	montly	District health Officer	1		13	13	13	13	13
	Number of health facilities with kitchen for patients	district hospital report	Report	Yearly	District Hospital Nutritionist	1		3	6	9	12	13
	Number of health facilities with well functionning quality assurance team	Health facilities reports	Report	montly	District health Officer	1		13	13	13	13	13

Goals	Indicators and their definitions	Data source	Method of data collection	Frequency and schedule of data collection	Responsibilities for acquiring data	Baseline (year)	Target					
							2012 - 2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
	Study result on quality insurance	district hospital report	Report		District Hospital Director	NA						One study result
	Number of health facilities with customer care service	Health facilities reports	Report	Yearly	District Health Officer	2		6	12	18	18	18

7. IMPLEMENTATION FRAMEWORK

Table 7.1: Implementation plan

Strategy/ Intervention	Output/ Outcomes	Indicator	Priority Status(1=high, 2=Middle, 3= low	Baseline	2012 - 2013	2013-2014	2014-2015	2015-2016	2016 - 2017	2017-2018	STAKEHOLDER	BUDGET
Improving access to healthcare by constructing new health facilities and revitalizing key departments	Health centers in Gashanda, Kazo, and Karembo sectors	Number of sectors that have a health center	1	11 (source: DIOSC, 2012)		12		13		14	MOH, NGOMA DISTRICT	1,574,370,000
	Availability of health post in underserved areas.	Number of cells that have a health post	1	5 (source: DIOSC, 2012)	7	10	13	16	19	22	MOH, NGOMA DISTRICT	935,000,000
	Availability of working ambulances in district	Number of working ambulance	1	7	8	10	12	13	14	15	MOH, NGOMA DISTRICT	320,000,000
	Rehabilitation of health posts of Kibara, Gasetsa, Rubona, Muhurire	Number of health posts rehabilitated	2	0		1	2	3	4	4	MOH, NGOMA DISTRICT	220,000,000

Strategy/ Intervention	Output/ Outcomes	Indicator	Priority Status(1=high, 2=Middle, 3= low	Baseline	2012 - 2013	2013-2014	2014-2015	2015-2016	2016 - 2017	2017-2018	STAKEHOLDER	BUDGET
	Laboratories constructed and renovated	Number of functioning modern laboratories	2	7		8	9	10	11	12	MOH, NGOMA DISTRICT	350,000,000
	Maternity wards constructed and renovated	Number of modern maternity ward	1	5	6	7	9	10	11	12	MOH, NGOMA DISTRICT	490,000,000
	Proximity of health facilities to population	% of people walking less than one hour to reach health facilities	2	51% (EICV,2010)			70%			100%	MOH, NGOMA DISTRICT	-
	People using health facility service	Number of H.C whose CPC utilization rate is more than 90%	1	7 HCs (HMIS, 2012)			10			12	MOH, NGOMA DISTRICT, HEALTH FACILITIES	-
	Improved living conditions for health staff through construction of staff housing	Number of health facilities with staff house	2	6		8		10		12	MOH, NGOMA DISTRICT, HEALTH FACILITIES	420,000,000

Strategy/ Intervention	Output/ Outcomes	Indicator	Priority Status(1=high, 2=Middle, 3= low	Baseline	2012 - 2013	2013-2014	2014-2015	2015-2016	2016 - 2017	2017-2018	STAKEHOLDER	BUDGET
To promote hygienic and sanitary habits in the community in order to reduce disease	Reduced diarrheal diseases prevalence rate	Diarrheal diseases Prevalence rate in under 5 children	1	13.9% (source: DHS, 2010)			10%			8%	MOH, NGOMA DISTRICT, HEALTH FACILITIES	479,584,000
	Cleaned latrines in the community	% of households with cleaned latrines	1	66%		70%	75%			80%		
	Safe drinking water are used in the community	% of households using safe (clean) drinking water	1	68.30%		70%				90%		
	Existence of hand washing facilities in the community	% of households with hand washing facilities (Kandagirukarabe)	1	18.20%	30%	50%	70%	80%	90%	95%		
	Availability of source of water in health facility	Number of health facilities with source of water	1	11	12	13	14	16	18	18		

Strategy/ Intervention	Output/ Outcomes	Indicator	Priority Status(1=high, 2=Middle, 3= low	Baseline	2012 - 2013	2013-2014	2014-2015	2015-2016	2016 - 2017	2017-2018	STAKEHOLDER	BUDGET
	Availability of internal running water in health facility	Number of health facilities with availability of internal running water	1	5		7	9	13	15	18		
	Availability of electricity in health facility	Number of health facilities with electricity from national grid	1	14			18			18		
Mobilization of hygienic committees for hygienic supervision	- hygiene committees are functioning	% of well functioning hygienic committees in the district	1	10%	30%		50%	60%		100%	MOH, NGOMA DISTRICT, HEALTH FACILITIES	-
Improve accessibility to TB prevention, diagnostics and treatment.	Population sensitized about single use of cup and straws	% of village where IEC sessions about single use of straws and cups per quarter were held	1	0%		50%	100%			100%	MOH, NGOMA DISTRICT, HEALTH FACILITIES	373,389,000
	Availability of single-use cups at health centers	Number of health facilities with single use cups in drugs distribution pharmacy	2	0	3	6	18			18		

Strategy/ Intervention	Output/ Outcomes	Indicator	Priority Status(1=high, 2=Middle, 3= low	Baseline	2012 - 2013	2013-2014	2014-2015	2015-2016	2016 - 2017	2017-2018	STAKEHOLDER	BUDGET
	All possible TB cases are identified.	TB screening rate	1	96%		98%	99%	100%	100 %	100%		
	TB is diagnosed and controlled	TB positivity rate(TB detection rate)	1	41%	50%	60%	65%	70%	80%	85%		
	Increased success rate for TB cases registered under Directly Observed Treatment (DOTS)	Therapeutic Success rate of TB cases treated under DOTS	1	94%	95%	96%	97%	98%		99%		
Sensitization for modern family planning method in PLWHIV	Strengthened family planning program for PLWHIV	% of couples of PLWHIV using moderns family planning methods	1	30%(2012)		40%	60%	70%	80%	90%	MOH, NGOMA DISTRICT, HEALTH FACILITIES	1,278,092,000
	Reduction of HIV incidence	HIV sero-positivity rate	1	0.45%			0.30%			0.20%		

Strategy/ Intervention	Output/ Outcomes	Indicator	Priority Status(1=high, 2=Middle, 3= low	Baseline	2012 - 2013	2013-2014	2014-2015	2015-2016	2016 - 2017	2017-2018	STAKEHOLDER	BUDGET
Promotion of Club anti-SIDA	Existence of anti-Sida clubs in community	Number of functional clubs anti SIDA	2	10		13	14			14		
Increasing proportion of couple accessing PMTCT programs	Couple using PMTCT program increased	% of pregnant women and their husband tested for HIV and know their test results	1	91%(2012)		93%	94%	96%	97%	98%		
	Couple using PMTCT program increased	% of HIV positives women in ANC	1	1.1%(HMIS 2013)	1%	0.8%	0.7%	0.6%	0.5%	0.4%		
Promoting income generating activities of PLWHIV	Cooperative of PLWHIV with income generating activities	% of well functioning cooperatives of PLWHIV	2	80%(2012)		90%		95%		98%		
Sensitization, Diagnostic and curative Interventions expanded	Health centers sell LLTN	Number of health centers that sell LLTN	3	0						14	MOH, NGOMA DISTRICT, HEALTH FACILITIES	161,094,000
	Malaria morbidity rate reduced	Malaria morbidity rate	1	89/1000(2012)		50	40	35	30	30		
	Malaria deaths reduced	Number of malaria deaths	1	18(2012)		10	8	5	4	4		

Strategy/ Intervention	Output/ Outcomes	Indicator	Priority Status(1=high, 2=Middle, 3= low	Baseline	2012 - 2013	2013-2014	2014-2015	2015-2016	2016 - 2017	2017-2018	STAKEHOLDER	BUDGET
	Reduced malaria positivity rate	Malaria positivity rate	1	16.5% (HMIS, 2012)			10%			4%		
	Increased timely treatment of malaria for under 5 children	% of under 5 children with positive malaria test that receive treatment within 24 hours of diagnostic	1	95%			97%			99%		
Replacing old mosquito net and avail mosquito net to household	Increased proportion of households possessing two or more LLTNs	% of household with at least two LLTNs	1	59%	62%	65%	70%	75%	80%	90%		
Adequate management of cases of NTDs including parasitic diseases	Intestinal parasites diseases proportionate rate reduced	Intestinal parasites disease proportionality rate.	1	10.6%	10%	9%	8%	7%	6%	5%	MOH, NGOMA DISTRICT, HEALTH FACILITIES	23,520,000
	Usage of treated water by boiling or sur eau	% of households using boiled water or sur eau(safe drinking water)	1	60%		80%	90%	100%		100%		

Strategy/ Intervention	Output/ Outcomes	Indicator	Priority Status(1=high, 2=Middle, 3= low	Baseline	2012 - 2013	2013-2014	2014-2015	2015-2016	2016 - 2017	2017-2018	STAKEHOLDER	BUDGET
	Usage of treated water by boiling or sur eau	% of schools using boiled water or sur eau(safe drinking water)	1	30%	50%	80%	100%			100%		
Training on laboratory diagnosis tools	Trained laboratory staff on NTD and diagnosis tools.	% of hospital laboratory technicians trained on bilharziosis (schistosomiasis) laboratory diagnosis	1	0%(2012)		10%	20%	30%	70%	80%		
Non communicable diseases prevention, diagnosis and care & treatment	Integration of care and treatment of chronic diseases in the packages of all levels of district health system	Number of Public facilities providing integrated management of chronic disease	2	1			2		4	4	MOH, NGOMA DISTRICT, HEALTH FACILITIES	20,880,000

Strategy/ Intervention	Output/ Outcomes	Indicator	Priority Status(1=high, 2=Middle, 3= low	Baseline	2012 - 2013	2013-2014	2014-2015	2015-2016	2016 - 2017	2017-2018	STAKEHOLDER	BUDGET
To promote physical exercise	Ngoma institutions staff are doing physical exercise	% of Ngoma district instititions(public and private) whose 80% of staff practice weekly physical exercise	2	10%	30%	70	100			100		
To promote medical check up	Population sensitized about medical check up	Number of sensitization session on local media about medical chek up per year	2	0		2	4	4	4	4		
To improve environmental health by promoting personal and community practices that enhance waste and resource management	Availability of waste disposal sites	Number of sectors with waste disposal sites	1	1(2012)		5	7	9	11	14	MOH, NGOMA DISTRICT, HEALTH FACILITIES	141,432,000
	Two health professional staff trained on environmental health at each health facility.	Number of health facilities whose two health professionals are trained on environmental health.	2	6		26				26		

Strategy/ Intervention	Output/ Outcomes	Indicator	Priority Status(1=high, 2=Middle, 3= low	Baseline	2012 - 2013	2013-2014	2014-2015	2015-2016	2016 - 2017	2017-2018	STAKEHOLDER	BUDGET
	CHWs trained on environmental health	% of CHWs trained on environmental health.	2	0%		100%				100%		
Improvement of environmental health	Greening and beautification at public and private institutions	% of private and public institution with greening and beautification	1	70%	80%	90%	100%			100%		
Promotion of public toilets usage	Availability of Public toilets	% of business center with public toilets		7%		20%	30%	40%	50%	50%		
	Availability of hand washing facilities.	% of householfd using hand washing facilities	1	20%		50%	70%	75%	80%	80%		
	Existence of reporting system by health committees.	% of health facilities with health committee reports (at hospital and district level)	2	0%		50%	100%			100%		
To foster the management of health facilities.	Coordination meeting held	Number of district health coordination meeting per year	1	12	12	12	12	12	12	12	MOH, NGOMA DISTRICT, HEALTH FACILITIES	32,412,000

Strategy/ Intervention	Output/ Outcomes	Indicator	Priority Status(1=high, 2=Middle, 3= low	Baseline	2012 - 2013	2013-2014	2014-2015	2015-2016	2016 - 2017	2017-2018	STAKEHOLDER	BUDGET
	DHMT meeting held	Number of DHMT meeting per year	1	0	4	4	4	4	4	4		
	PBF steering committee meeting held	Number of PBF steering committee meetings per year	1	4	4	4	4	4	4	4		
	Administrative supervision promoted	Number of administrative supervision Per Health facility per quarter	1	1	2	2	2	2	2	2		
To improve staff motivation through team building, performance feedback and more robust training programs	Existence of financial and non-financial motivation like staff appraisal, education, appreciation certificates, top up's, etc.	Number of health facilities with motivation programs	1	0		18				18	MOH, NGOMA DISTRICT, HEALTH FACILITIES	17,776,631,443
		Number of health facilities with training programs	1	0			0			100%		
	Existence of human resource for	Number of hygienists recruited	1	5		8	10	12	13	13		

Strategy/ Intervention	Output/ Outcomes	Indicator	Priority Status(1=high, 2=Middle, 3= low	Baseline	2012 - 2013	2013-2014	2014-2015	2015-2016	2016 - 2017	2017-2018	STAKEHOLDER	BUDGET
	health at each health facilities	Number of medical doctors	1	10(2012)		16	18	20	22	24		
		Number of midwifes	1	12(2012)	12	18	29	35	48	51		
		Number of nurses (A1 & AO)	1	20(2012)	29	46	62	76	94	107		
	Staff turnover rate reduced	Staff turnover rate	2	30%						10%		
Ensure that adolescent health program is available in all health facilities	Existence of adolescent reproductive health package at health center	Number of HCs offering adolescent reproductive health service package	1	0		12				12	MOH, NGOMA DISTRICT, HEALTH FACILITIES	239,280,000
To improve accessibility and quality of modern family planning methods	Increased uptake of FP services	% of women 15-49 using modern contraceptive methodes	1	45.5%(2012)	50%	55%	60%	65%	70%	75%	MOH, NGOMA DISTRICT, HEALTH FACILITIES	303,744,000
		Number of vasectomy	1	51(2012)		55	60	70	80	80		
Promotion of ANC standards visits during pregnancy.	Increased percentage of women who consult for 4 ANC	% of pregnant women with 4 ANC standards visits	1	25.80%	30%	40%	50%	60%	70%	80%	MOH, NGOMA DISTRICT, HEALTH FACILITIES	273,264,000

Strategy/ Intervention	Output/ Outcomes	Indicator	Priority Status(1=high, 2=Middle, 3= low	Baseline	2012 - 2013	2013-2014	2014-2015	2015-2016	2016 - 2017	2017-2018	STAKEHOLDER	BUDGET
	standards visits.											
	Increased % of women who consult for first standards visits in first quarter	% of pregnant women with first ANC standard visits in first quarter	1	33.4%(2013 HMIS)	35%	40%	45%	50%	55%	60%		
Insure that all deliveries are assisted by skilled health professionel	Increased safe facility-based deliveries	% of deliveries assisted by skilled health professional	1	80.40%		85%	90%	92%	95%	98%		
Ensure provision of emergency obstetric and neo-natal services	Increased safe facility-based deliveries	Maternal mortality ratio	1	117/100,000			80/100,000			80/100,000		
		Number of maternal deaths	1	10(2012)		8	6	5	4	4		
		Number of home deliveries	1	424(2012-2013)		200	100	80	50	50		
	Neonatal mortality rate	Neonatal mortality rate	1	1,17 /1000		1/1000	0.9/1000	0.8/1000		0.8/1000		

Strategy/ Intervention	Output/ Outcomes	Indicator	Priority Status(1=high, 2=Middle, 3= low	Baseline	2012 - 2013	2013-2014	2014-2015	2015-2016	2016 - 2017	2017-2018	STAKEHOLDER	BUDGET
	reduced											
	Number of neonatal deaths reduced	Number of neonatal deaths	1	99(2012)		50	40	30	20	20		
Strengthen community cases management of childhood illnesses	Under five mortality rate reduced	Under 5 mortality rate	1	157/1000 (DHS 2010)			57/1000			57/1000		
	Number of deaths in under 5 years children reduced	Number of deaths in under 5 years children	1	102(2012)		60	50	40	30	30		
Usage of Rapid SMS to track first 1000 days of child' life by community health workers(CHMs)	CHWs are using RAPIDSMS to track first 1000 days of life	% of CHWs reporting using Rapid SMS	1	11%(2012)	79%	100%	100%	100%	100 %	100%		
Increase of immunization services	All children receive BCG vaccine	BCG immunization coverage rate	1	89%(2012)	90%	92%	94%	96%	98%	98%	MOH, NGOMA DISTRICT, HEALTH	161,466,000

Strategy/ Intervention	Output/ Outcomes	Indicator	Priority Status(1=high, 2=Middle, 3= low	Baseline	2012 - 2013	2013-2014	2014-2015	2015-2016	2016 - 2017	2017-2018	STAKEHOLDER	BUDGET
utilization	Children are immunized against measles	Measles immunization coverage rate	1	84.7% (HMIS 2012)	87%	89%	91%	93%	95%	95%	FACILITIES	
Promote good nutrition Practices especially for under five children and pregnant women.	Chronic malnutrition reduced	% of children with chronic malnutrition	1	20.7 % (% below -3 SD)			10%			10%	MOH, NGOMA DISTRICT, HEALTH FACILITIES	115,344,000
	Reduction of acute malnutrition rate	Acute malnutrition rate	1	0.4%		0.2%	0.1%			0.1%		
	Availability of kitchen garden in every household	% of household with kitchen garden	1	90%		95%	100%					
Installation of demonstration kitchen in each village	Existence of demonstration kitchen in each village	% of village with demonstration kitchen	1	10%		50%	100%			100%		
To improve the enrollment of population in community health insurance	All Ngoma district people are covered by health insurance	% of Ngoma district people covered health insurance	1	82.4%(2012)	85%	87%	90%	92%	95%	98%	MOH, NGOMA DISTRICT, HEALTH FACILITIES	347,684,928

Strategy/ Intervention	Output/ Outcomes	Indicator	Priority Status(1=high, 2=Middle, 3= low	Baseline	2012 - 2013	2013-2014	2014-2015	2015-2016	2016 - 2017	2017-2018	STAKEHOLDER	BUDGET
schemes												
Advocacy for MUSA to pay accrual bill	Payment of accrual bill	% of accrued bill paid	2	0%		100%				100%		
Advocacy for all medical services to be covered by MUSA	Almost all medical services are covered by MUSA	% of medical service covered by health insurance	2	82%						100%		
To improve the electronic data collection, analysis and reporting	Usage of ICT in health sector data management.	Number of health facility with ICT in each services	1	1		3	6	8	10	13	MOH, NGOMA DISTRICT, HEALTH FACILITIES	164,628,000
Promotion of available software usage	Usage of clinic, financial pharmacy , Mutuelle and human resource software	% of health facilities with at least 3 functioning software in different domains	1	1		3	6	8	10	13		

Strategy/ Intervention	Output/ Outcomes	Indicator	Priority Status(1=high, 2=Middle, 3= low	Baseline	2012 - 2013	2013-2014	2014-2015	2015-2016	2016 - 2017	2017-2018	STAKEHOLDER	BUDGET
Promotion of ICT in health facilities	Availability of internet in health facilities	Number of health facilities with reliable internet connection	1	4		6	10	18		18		
Putting in place research team	Existence of research team at district level	Number of research team	1	0			1			1	MOH, NGOMA DISTRICT, HEALTH FACILITIES	19,957,500
To improve the drug supply chain by utilizing electronic management systems.	Developed accurate pharmaceutical annual procurement plan	% of health facilities with pharmaceutical annual procurement plan	1	1		6	13	13	13	13	MOH, NGOMA DISTRICT, HEALTH FACILITIES	2,127,115,904
		Number of health facilities submitting a monthly report about pharmacy management on time	1	1		13	13	13	13	13		
Training of health center personnel in pharmaceutical management	Improved pharmaceutical management	% of health facilities without any tracer drug stock outs	1	8		13	13	13	13	13		

Strategy/ Intervention	Output/ Outcomes	Indicator	Priority Status(1=high, 2=Middle, 3= low	Baseline	2012 - 2013	2013-2014	2014-2015	2015-2016	2016 - 2017	2017-2018	STAKEHOLDER	BUDGET
To improve patient-care by ensuring there are methods for addressing customer care, feedback and quality audit recommendations	Presence of suggestion boxes in health facilities	Number of health facilities with functioning suggestion boxes	1	1		13	13	13	13	13	MOH, NGOMA DISTRICT, HEALTH FACILITIES	466,124,000
	Constructed kitchen for hospitalized patients	Number of health facilities with kitchens for patients		1		3	6	9	12	13		
	All health facilities have well-functioning quality assurance teams	Number of health facilities with well functioning quality assurance teams	1	1		13	13	13	13	13		
To conduct a study on quality insurance	Availability of study results on quality insurance	Study result	1	N/A						One study result		
Improving customer care	Availability of customer care service	Number of health facilities with customer care service	1	2		6	12	18	18	18		

ANNEXES