



HALMASHAURYA YA WILAYA YA MWANGA

KITENGO CHA AFYA AKILI

MENTAL HEALTH SERVICE REPORT

From 1st January 2022 TO 30th June 2022

INTRODUCTION

POPULATION

The population of Mwanga district has total of 159,428 according to projection of 2012 census, people who are mainly Pare, Chaga, Masai, Ngoni and Luos tribes, this population comprises of 76,936 males and 82,492 females. Mwanga district has 72 villages, 12 hamlets at mwanga town ship, 20 Wards and five Division.

HUMAN RESOURCES FOR HEALTH

The Council has total of 325 (32%) health staff making a difficult of 700 (68%) staff that is required

MAIN ECONOMIC ACTIVITIES

Nearly all people of Mwanga (95%) depend on agriculture, livestock production and fishing activities for food and income generation, there is also small business commonly of those who own glossaries, carpentry work, shop and petty trade activities.

The annual income per capital is estimated to be USD 80 up to 150 marking Mwanga poorest district in Kilimanjaro region.

COMMUNITY INVOLVEMENT

For the purpose of community participation in the implementation of financial year 2021/2022 Plan and Budget, Mwanga district through Councilor sensitized the community to participate in the implementation of the approved plan.

The participation is determined to be physical during the rehabilitations of facilities as well as during construction of facilities by fetching water, collection of stones and sand to the representative from the community participate in preparation of health facility plans.

MULTI-SECTORAL COLLABORATION INCLUDING PARTNER WORKING IN THE COUNCIL

During financial year 2022/2023 varies stakeholder will be involved in improving social and economic Service delivery in Mwanga District; such, stake holder among other include NGO like, FBO, Roman Catholic church and Lutheran church and international organization like EGPAF,

JHPEIGO, Marie stopes, World Vision, Engender Health, JICA, BMAF, world Bank Global fund and empower Tanzania, village Government and the community as whole.

OBJECTIVE IN THE YEAR

- a) To establish outreach clinic in one (1) hospital and six (6) health center in district
- b) To sensitize multisector collaboration on neutral health and substance abuse in Mwanga district
- c) To conduct refresher courses to the health practioner in order to identify common mental illness
- d) To ensure ordering and sustainability of psychotropic drugs and working tools in Mwanga District.
- e) To improve Referral system and collaborating with nearby rehabilitation center

PROPOSED ACTIVITIES IN THE YEAR

Establishment of mental health outreach clinic in one of health center since January to June among six (6) healthy center which is Mwanga health Center.

CCHP accepted five activities to be included in annual 2022/2023 work plan

Mental health services and drug abuse complain where included. In the collaboration in freedom torch day and case where identified.

CONSTRAINTS

- a. Shortage of medical personnel leading to fewer practioner who are committed to mental health service
- b. Poor priority in mental health services leading to stigma discrimination in mental health
- c. Health facilities contributed to these report not reflect the actual leading to poor identification of mental health problem
- d. Shortage of psychotropic drugs leading poor for those identical cases
- e. Poor multisector collaboration leading to poor management of mental health patient, and substance abuse prevention.

WAYFORWARD (SUJESTION FOR IMPROVEMENT)

- a. To increase number of trained mental health provider in each health facilities
- b. Mental health service to be considered as priority in each level (from National (MOH) to primary level
- c. Health management system to emphasize on proper data management and reporting of mental health problem.
- d. To emphasize sustainable multisector collaborating through police making

HEALTH FACILITIES CONTRIBUTED TO REPORT

- 1. Mwanga Health center
- 2. Shighatini Lutheran Health Centre
- 3. Kisangara Health Centre

CAUSES OF DEATH

2 patient Sohizophemic patient died due to delirium.

NATIONAL MENTAL HEALTH PROGRAMME
DATA FOR 1 JANUARY 2022 TO 30 JUNE 2022
REGION KILIMANJARO DISTRICT MWANGA

CODE	DIAGNOSIS	PATIENT																ADIN		DISCH		TOTAL VISIT
		TOTAL			NEW		OLD		AGE			TRANSFER				DEATH						
		M	F	M&F	M	F	M	F	0-15	16-45	45+	M	F	M	F			M	F	M	F	
E	Epilepsy	50	28	78	6	4	44	24	4	63	11	0	0	1	2	0	0	3	1	3	1	261
FOO	Dementia	4	3	7	4	3	0	0	0	0	7	1	0	0	0	0	0	0	0	0	0	14
FO5	Delirium	5	2	7	5	2	0	0	0	1	6	0	0	0	0	2	0	1	0	1	0	7
F10	Alcohol misuse	10	3	13	6	2	4	1	0	10	3	0	0	0	0	0	0	5	2	5	2	31
F11	Drug misuse	13	4	17	8	5	3	1	0	16	1	0	0	0	0	0	0	2	0	2	0	27
F20	Schizpphrenia	7	3	10	3	1	4	2	0	7	3	0	0	1	1	2	0	0	0	0	0	51
F23	Acute psychosis	11	11	22	11	11	0	0	0	16	6	0	0	2	1	0	0	2	1	2	1	32
F31	Bipolar disorder	8	5	13	4	2	4	3	0	10	3	0	0	1	2	0	0	2	1	2	1	56
F32	Depression	7	6	13	4	2	3	4	0	8	5	0	0	0	0	0	0	0	0	0	0	52
F40	Anxiety	5	10	15	5	10	0	0	0	14	1	0	0	0	0	0	0	0	0	0	0	28
F44	Unexpsomatic	3	11	14	3	7	0	4	0	5	9	0	0	0	0	0	0	0	0	0	0	56
F70	Mretardation	3	2	5	2	1	1	1	3	1	1	0	0	1	0	0	0	0	0	0	0	14
F80	Child disoder	2	1	3	2	1	0	0	3	0	0	0	0	2	1	0	0	0	0	0	0	4
	TOTAL	128	89	217	63	51	63	40	10	151	56	1	0	8	7	4	0	15	5	15	5	633

Prepared by



GODLISTEN GODSON MSUYA

DMHCO

9/16/2022