

# MUHEZA DISTRICT STRATEGIC PLAN AND OPERATIONAL PLAN FOR THE YEAR 2018/19-2022/23



**DISTRICT EXECUTIVE DIRECTOR**

**P. O. BOX 20**

**MUHEZA**

**TANGA**

**TEL: 0272641105**

**FAX: 0272641414**

**Email: [dedmuheza@gmail.com](mailto:dedmuheza@gmail.com)**

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## **STATEMENT OF THE CHAIRPERSON**



First and foremost may, I take this opportunity to acknowledge the government of the United Republic of Tanzania for the numerous efforts to make both financial and human resource available as well as ensuring all public goods are efficient delivery in Muheza District Council. Also the various Community partners have been supporting the council efforts in various ways including the valuable support in development activity. This 2018/2019 – 2022/2023 Muheza District Council Plan has been prepared in accordance to the National frameworks which guides the preparation of strategic plan. The National development Vision 2025, FYDP II (2016/17-2020/21), Development Agenda 2030 (Sustainable Development Goals), The National Strategy for Economic Growth and reduction of Poverty 2015 (NSGRP II), CCM General election manifesto 2015, Public Service Reform Programme (PSRP II), National and Sectorial policies and other ongoing Local Government and Public reforms just to mention a few.

The plan has outlined our Mission, Vision, Objectives and targets for the medium term 2018/2019 – 2022/2023 and implementation process is expected to be in accordance to the set up rules, regulations and procedures which in the end will bring about the intended results and 9 broader sustainable developments to the people living in Muheza District. I understand all the challenges which are ahead of us. But in order to achieve the intended objectives especially that of improving service delivery to the municipal population, I strongly urge all stakeholders to play their part and participation in all stages of implementation process leading to improvement in service delivery over the next five years. Finally, I call upon all councilors, village government and all council staff to take into consideration the reforms measures undertaken by the Fifth Phase Government, so that together we can realize the intended results in the next five years.

**Hon: Bakari Mhando**  
**MUHEZA DISTRICT COUNCIL**

## **STATEMENT OF DISTRICT DIRECTOR**



With pursuant to Local Government (Council Authorities) Act as revised in the year 2000; under the S.54 (1) (a)-(g) of the act, Muheza District Council has continued to performing number of responsibilities within area of jurisdiction such as; maintenance of peace, order and good governance; promote the social welfare and economic well-being, ensuring effective and equitable social services delivery and ensure proper mobilization and utilization of council resources; subject to the national laws, policy and programme for social and economic development of Muheza District Council.

The methodology adapted for preparation was participatory approach and also multifaceted, including consultations from our Council management team (CMT) and all stakeholders, also reviews of key national planning documents i.e (vision 2025, FYDP II, MKUKUTA II, CCM Election Manifesto 2015) as well as previous strategic plan and council MTEF. It also plan benefitted from international development Agenda 2030 for sustainable development. Through commendable achievements from our previous strategic plan including expanded service delivery especially in health, water, education and roads just mention a few, as well as increase own source collections through LGRCIS, waste collection management, preparation of General Planning Scheme, recruitment and capacity building of council staff. In order to meet a well-envisioned next Five-year Strategic Plan (2018/19 – 2022/23).

The strategies are: to deriver standard and equitable customer focus, efficient, accountability and transparency in a 11 best fit organizational structure, Enhancement council revenue collection, Support of development projects in line with value of money through strengthening M&E, and Improve and management of environment. This strategic plan is the guiding reference document for the preparation of our annual plans. Henceforth, I wish therefore, to commend all staff of Muheza District Council for the effort deployed towards finalizing the plan. It gives me great pleasure to launch this strategic plan for 2017/18 – 2021/22 which is expected to be implemented from July, 2017.

**Luiza O. Mlelwa**  
**DISTRICT EXECUTIVE DIRECTOR**  
**MUHEZA DISTRICT COUNCIL**  
**CHAPTER ONE**

## **1.0 INTRODUCTION**

The Council strategic plan is a useful tool geared to achieve the Tanzania vision or part of realization. The reviews of strategic plan of the council 2015/16 -2017/18 and challenges resulting from its implementation are the main drive to the formulation of this Plan. The Plan will cover a period of five years from 2018/19 to 2022/23. The Plan describes Vision and mission of the council, Core Values, Objectives and targets.

The plan preparation is in line with requirement of National Development frameworks on the need for lower level governments; in this case the local Authorities to have a medium term development perspectives through which all their plans will be directed in achieving local priorities focusing on achieving wide range of results spelt in Tanzania Development vision 2025. Strategic plan is therefore a tool to operationalize the long term perspective plan and a means for monitoring and evaluation of plans developed within the medium term context. Besides it based on the needs and priorities of the people of Muheza and emphasizes involvement of stakeholders and complementarities of resources, both human and finance.

Based on its mandate, Muheza District Council has a role of fostering development and socio-economic services that will ensure sustainable development and therefore improve people's wellbeing.

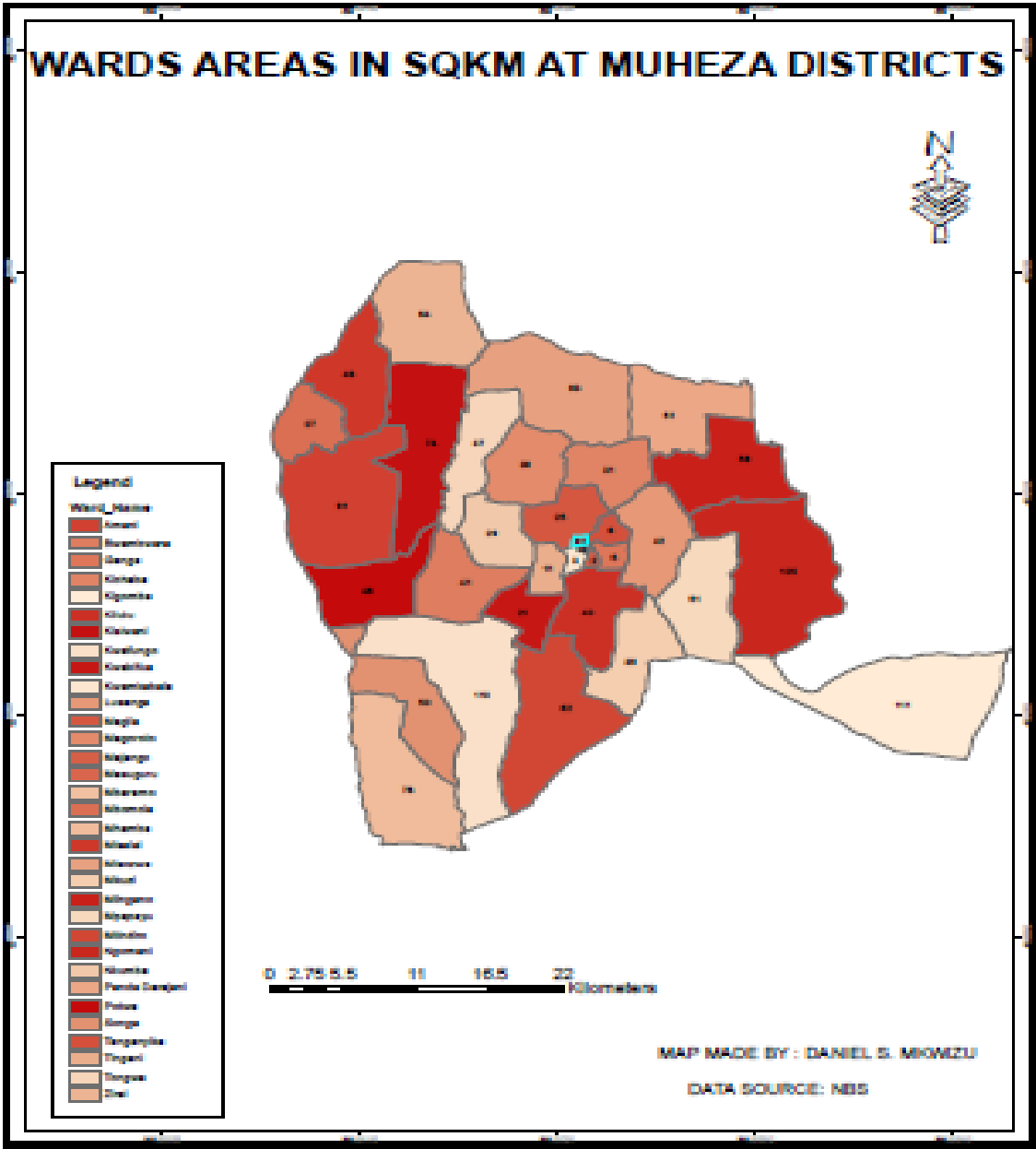
### **1.1 An Overview**

Chapter one provides information on Muheza District Council geographical allocation, Land, Climate and Agro-ecological Zones. It also gives information on ethnic groups, migration, population distribution and growth.

### **1.2 Geographical Location**

Muheza is one of the eleven councils in Tanga Region located in northeastern Tanzania. The district lies west and south of Tanga City and is bordered by Mkinga to the north, Pangani in the south and Korogwe district in the west. The District lies between latitude 4° 54' 18" S and longitude of 38° 55' 23"E. Muheza District Council covers 1,497 square kilometers and it occupies about 7.0 percent of Tanga Region total land area of 28,055sq kilometers.

Map 1.1: Tanga Region Boundary and Location of Muheza District Council (MAP)



**1.2.1 Land and Water Area**

Table 1.1 shows that, Muheza District council has a surface area of 1,496.6sq. kms. The largest surface area is found in Kwafungo ward (110 sq.kms; 7.4 percent), followed by Kigombe ward with 98 sq. kms (6.6 percent) and Amani ward (91 sq.kms; 6.1 percent). However, Masuguru ward had the smallest surface area of 0.8 sq. kms (0.1 percent). On the other hand, the largest part of the council surface area (1,483.6sq.kms; 99.1 percent) is land area and only 13 sq.kms (0.9 percent) at Kigombe ward is covered with water in the council.

### 1.2.2 Administrative Units

Administratively, Muheza District Council is one among the eleven councils available in Tanga Region. It is divided into four divisions; Amani, Bwembwera, Ngomneni and Muheza. Table 1.2 reveals that, the council has 37 wards, 135 villages and 522 hamlets.

**Table 1: Number of Administrative Units Council, Muheza District Council, 2015**

| Name of Division | Ward      | No. of Villages | No. of Hamlets |
|------------------|-----------|-----------------|----------------|
| Amani            | 6         | 24              | 88             |
| Bwembwera        | 8         | 36              | 149            |
| Ngomneni         | 9         | 32              | 119            |
| Muheza           | 14        | 43              | 166            |
| <b>Total</b>     | <b>37</b> | <b>135</b>      | <b>522</b>     |

**Source:**Administrative Office, Muheza District Council

### 1.2.3 Ethnicity

According to the 2012 Population and Housing Census, Muheza District Council had a population of 204,461 with three major indigenous ethnic groups which are; Bondei, Sambia and Zigua (Table 1.3). The Bondei and Sambia are the largest ethnic groups in the council occupying more than eighty percent of Muheza population with agriculture being their main activity. Zigua group are sparsely and scattered within the council

## 1.3 Agro-Ecological Zones and People

### 1.3.1 Climate

Muheza climate is classified as tropical. The hot season has much more rainfall and the driest month is February with smallest amount of rainfall at an average of 40 mm. In April, the rainfall reaches its peak, with an average of 199 mm. The difference in rainfall between the driest and wettest months is 159 mm. The temperatures are highest in February, at an average of 27.2 °C. At 22.8 °C, July is the coldest month of the year. Muheza DC has a climate that is influenced by several factors including the Usambara mountains and both its highlands and foothills.

### **1.3.2 Population Size and Growth**

Table 1.4 shows that, Muheza District Council had a population of 171,568 in 2002 and 204,461 in 2012, depicting an increase of 32,893 persons (19.2 percent). The largest increase was observed for females (18,201 persons or 21.3 percent) from 85,417 in 2002 to 103,618 in 2012, compare to male's with an increase of 14,692 persons or 17.1 percent from 86,151 in 2002 to 100,843 in 2012. Across the councils, Muheza DC had a share of 10.0 percent to the regional population in 2012.

## **1.4 Productive sector**

### **1.4.1 Agriculture**

Agriculture continued to be the main source of livelihood for the residents of Muheza District Council. The 2012 Population and Housing Census reveal that, more than 79 percent of households in the council were involved in agricultural activities. Muheza District Council produces maize, cassava and banana as the major food crops and oranges, coconuts, black paper, cloves, cinnamon and tea are produced for cash crops. However, some people in the council use food crops as cash crops in order to enhance their incomes.

### **1.4.2 Livestock**

Livestock is the third important economic activity for the residents of Muheza District Council after natural resources. The 2012 Population and Housing Census reveal that, a total of 21,821 households in the council kept livestock which is equivalent to 45.8 percent of the total household in the council. Muheza District Council the council had a total of 302,484 livestock in 2015. Chicken with 230,070 (76.1 percent) populations was the dominant livestock followed by 37,409 goats (12.4 percent) and cattle 27,999 (9.3 percent). The least populated livestock were donkeys 212 (0.1 percent), pigs 2,688 (0.9 percent) and sheep 4,106 (1.4 percent).

### **1.4.3 Natural Resource**

Muheza District Council is also blessed with forestry potential. The woodlands are lightly exploited to fulfill demands on fuel wood, charcoal, timber and building materials. Efforts have been made to preserve certain forests with a view to prevent effect of over deforestation. So far, the council has a total of 30,127 hectares of natural forest reserve and forest plantations covering

11,273 hectares, making a total forest cover of 41,400 hectares surrounded by 16 wards in the council.

#### **1.4.4 Fisheries**

Fishing is not a usual economic activity in Muheza DC due to the limited number of water bodies. Small scale fishing is carried out in one ward only by individuals who were organized in a group and established fishing projects in Indian Ocean. In 2015, the council had 256 fishermen located at Kigombe ward and among them 185 (72.3 percent) have fishing licenses. On the other hand, the council had 167 vessels of which more than a half 97 (58.1 percent) are registered and 70 (41.9 percent) are not registered. The council also produces a total of 50,654 kilograms of fish worth 174.8 million in 2015.

#### **1.4.5 Tourism**

Muheza District Council is endowed with cultural and historical attractions that are of great potential for cultural tourism. It has cultural set ups that can help to lead the sector in the region. Sometimes the interest of a tourist to visit a particular place is to know its history and culture. Unluckily, most of the historic sites in Muheza DC are known to the local people in the council. Muheza District Council has a number of historical places which provides an opportunity for council's residents and foreigner to visit such as Amani and NILO Natural Reserves and Kigombe Beach.

#### **1.4.6 Mining**

The mineral deposits available in the district council are sands which are found in Ngomeni ward in small scale. In 2015, the council extracts about 4,200,000 kilograms of sands worth TZS 16,800,000. Nevertheless, its contribution to the council's economy is still negligible compared to other productive sectors such as agriculture and livestock.

#### **1.4.7 Road Network**

Muheza District Council is served by trunk, regional, district and feeder roads. The length of road network by ward and by type of which there was a total road network of 932 km in 2015. The roads that are maintained by the central government are classified as trunk or regional roads, while those that are maintained by the district council are called district or feeder roads; the rest



of the roads are called peripheral roads or feeder roads and are mostly maintained by Village/Mitaa communities. It is observed that, about 45 kilometers (4.8 percent) of total road network were trunk roads. Regional roads were 122 kilometers (13.1 percent); district roads were 246 kilometers (26.4percent). Feeder roads constituted 519 kilometers (55.7 percent) of total length of all roads in the council.

## **1.5 Social Services**

### **1.5.1 Health Sector**

Muheza District Council had 47 health facilities (Table 5.1). The council had only 1 private hospital residing at Tanganyika ward, 4 public health centers (2 public and 2 private) and 44 public dispensaries. However, only Misalai, Mkuzi, Mbaramo and Genge wards had health centers (1 health centre each). Mtindiro, Kwafungo, Zirai, Misalai and Kisiwani were the most privileged wards with 2 public dispensaries each. Kisiwani and Misalai wards had 3 dispensaries each (2 public and 1 private), Amani and Kigombe wards had also 3 dispensaries each (1 public and 2 private). Preferably, no ward in the council is without health facility.

### **1.5.2 Education**

Muheza District Council had 111 public primary schools and 4 private primary schools in 2011. The number of public primary schools in the council remained the same in 2015, with a slight increase of the number of private primary schools from 4 in 2011 to 7 in 2015. At wards level, Bwembwera, Kilulu, Lusanga and Ngomeni Wards were the leading with 5 public primary schools each while Kwabada, Kwemingoji and Masuguru Wards had the least number of public primary schools (2 each). The number public secondary schools in Muheza District Council neither increased nor decreased in the period of five years, from 2011 to 2015. Ward wise, Genge and Mlingano Wards had the largest number of public secondary schools (2) and the remaining wards had one public secondary school each, except Majengo Ward which had no public secondary school.

### **1.5.3 Water**

Muheza District Council has managed to supply water to most public secondary schools mainly through water wells. In 2013 and 2015, public secondary schools in the council had 15 water

tanks, 7 water wells and 3 tape water facilities. In addition, all the wards in the council had the same number of water wells (1 each) except Bwembwera, Magila, Misalai, Magoroto, Mlingano, Nkumba, Amani and Zirai Wards which had none. Only Genge Ward accessed water through the three sources, water tank, and water well and tape water.

## **CHAPTER TWO**

### **SITUATION ANALYSIS**

#### **2.0 Introduction**

This chapter has undertaken the Organization scan of the Muheza District Council within the past three years between 2014/15- 2016/17. The Organizational scan looked at the mandate of

the Council as stipulated in the Local Government (Urban Authorities) Act, no 8 of 1982 as amended. The roles and functions current Vision and Mission, performance review in terms of achievements, challenge and way forward for each objective.

This chapter also gives a brief summary of the results of stakeholders of Muheza District analysis showing the stakeholders of Muheza District Council, their expectations and services are offered to them by Muheza District Council, and finally SWOC analysis. Through the review of the organizational scan areas for improvement were identified as critical issues to be addressed in the next plan.

## **2.1 Mandate and Function of Muheza District Council**

The Government enacted the Local Government (Urban Authorities) Act No. 8 of 1982 and its subsequent amendment which aimed at strengthening and promoting the local government system by devolution by decentralization.

### **2.1.1 Roles and Function of Muheza District Council**

Pursuant to the Local Government (Council Authorities) Act No. 7 of 1982 as Revised in the year 2000; Under the S. 54 (1) (a)-(g) of the act Muheza District Council as provided by the law are performing following functions:- To Maintain and facilitate the maintenance of peace, order and good governance within its area of jurisdiction; to promote the social welfare and economic well-being of all persons within its area of jurisdiction; to ensuring effective and equitable delivery of qualitative and quantitative social services to its community; to make by-laws applicable throughout their areas of jurisdiction, and considering and improving by-laws made by village councils within their areas of jurisdiction; To ensure the collection and proper utilization of the revenues of the council; to Strengthen and ensuring democracy participation and controlling the access on decision making who are concerned.

### **2.1.2 Objective of the Council in performing its functions**

Is to give effect to the meaningful decentralisation in political, financial and administrative matters relating to the functions, powers, responsibilities and services at all levels of council; to promote and ensure democratic participation in and control of decision- making by the people concerned; and establish and maintain reliable source of revenue and other resources in order to

enable council to perform its functions effectively and to enhance financial accountability of the council, its members and employees.

## **2.2 Current Vision**

Muheza District Council anticipates to have a community that enjoys high quality and sustainable living standards by 2025”.

## **2.3 Current Mission statement**

Muheza District Council in collaboration with internal and external stakeholders, will strive to offer high quality and proper services to its community, derived from priorities set in a participatory and democratic approach, good governance and the rule of law and the sustainable use of available resources to increase their income and improve the quality of life”

## **2.4 Performance Review**

This part examines sector performances within the past three years compared to targets set in 2015/16 – 2017/18, and national performances. The part provides assessment of the MDC strategic objectives with detailed planned target from sector performances necessary for rolling out key result areas (kra), for the past three years:-

**Table 2: Performance Review Vs Strategic Objective**

| No. | Strategic Objective  | Number of Target | Assessment        |                       |                 |
|-----|--|------------------|-------------------|-----------------------|-----------------|
|     |  |                  | Fully Implemented | Partially Implemented | Not Implemented |
| 1   | To uphold quality and quantity of good governance and Administration services within the district.                                     | 13               | 13                | 7                     | 5               |
| 2   | To ensure Muheza District Council with adequate, qualified and motivated staff.  | 5                | 5                 | 3                     | 1               |
| 3   | To set a stable and effective legal framework and operations to support legitimacy and powers of the Council in development activities | 5                | 5                 | 3                     | 2               |
| 4   | To ensure that District financial resources are effectively economically utilized  | 7                | 7                 | 3                     | 4               |
| 5   | To ensure district plans are able to facilitate poverty reduction initiatives  | 9                | 9                 | 4                     | 4               |
| 6   | To promote efficient collection and management of revenues and ensure viable spending of Council financial resources                   | 4                | 4                 | 3                     | 1               |
| 7   | To ensure Council Procurements activities adhere to principles and procedures of Public procurements                                   | 4                | 4                 | 3                     | 1               |
| 8   | To facilitate mainstreaming of HIV/AIDS prevention, treatment and care in all sectors and assure reduction of its infection            | 6                | 6                 | 2                     | 3               |
| 9   | To contribute reduction of human vulnerability and enhance their competitiveness   | 4                | 4                 | 2                     | 1               |
| 10  | To facilitate sustainable and balanced gender relations within the district  | 4                | 4                 | 2                     | 2               |
| 11  | To ensure district is featured by peace and harmony, collective and active civil society   | 4                | 4                 | 3                     | 1               |

| No. | Strategic Objective   | Number of Target | Assessment        |                       |                 |
|-----|---|------------------|-------------------|-----------------------|-----------------|
|     |   |                  | Fully Implemented | Partially Implemented | Not Implemented |
| 12  | To promote high access to safe and clean water and sanitation services  | 3                | 3                 | 0                     | 2               |
| 13  | To improve quality of roads and establish new networks of feeder and District roads, totalling length of 605.4                            | 4                | 4                 | 2                     | 2               |
| 14  | To promote and ensure reliability and affordability of communication services within and outside the District                             | 1                | 1                 |                       | 1               |
| 15  | To facilitate sustainable use of land resources and sufficient access to building services and materials                                  | 9                | 9                 | 1                     | 5               |
| 16  | Access, quality and equitable social economic services delivery in Muheza District improved   | 4                | 4                 | 2                     | 2               |
| 17  | Access, quality and equitable social economic services delivered in Muheza District improved  | 4                | 4                 | 2                     | 1               |
| 18  | Ensure Services are improved, good governance adhere to management and HIV/AIDS infection, its impact and corruption reduced              | 1                | 1                 | 0                     | 1               |
| 19  | Access quality and equitable social economic services delivered in Muheza District improved   | 6                | 6                 | 3                     | 3               |
| 20  | Ensure Services are improved: good governance adhered to environment management and HIV/AIDS infection, its impact and corruption reduced | 1                | 1                 | 1                     | 0               |
| 21  | To ensure equitable and high quality health services delivered to all people in the district  | 6                | 6                 | 3                     | 2               |
| 22  | To facilitate sustainable management of forest resources in the district and ensure district forest resources benefits local population   | 5                | 5                 | 3                     | 2               |

| No. | Strategic Objective   | Number of Target | Assessment        |                       |                 |
|-----|---|------------------|-------------------|-----------------------|-----------------|
|     |   |                  | Fully Implemented | Partially Implemented | Not Implemented |
| 23  | To facilitate sustainable management of wildlife resources in the district and ensure the resources benefits local population                   | 4                | 4                 | 1                     | 3               |
| 24  | To facilitate sustainable environmental conservation and management in the district and ensure that the district environments are improved      | 5                | 5                 | 2                     | 3               |
| 25  | To create the viable environment for tourism attractions in the district and ensure district tourism benefits local population                  | 3                | 3                 | 2                     | 1               |
| 21  | To promote bee-keeping activities processing and wax production promoted  | 4                | 4                 | 2                     | 2               |
| 22  | To promote livestock productivity   | 4                | 4                 | 2                     | 2               |
| 23  | To promote agriculture productivity   | 3                | 3                 | 2                     | 1               |
| 24  | To promote and strengthen quality of cooperative  | 2                | 2                 | 1                     | 1               |
| 25  | To raise business sector volume by 5% and industrial sector production by 3% annually in order to increase both Council and per capital income. | 7                | 7                 | 3                     | 3               |

### **2.4.2 Challenges**

- i. Unpredictable release of funds from the Central Government for projects implementation.
- ii. Low level of community commitment to contribute in development projects.
- iii. Some of the revenue sources were not operationalized. This leads to low collection of revenue which affects local contribution.
- iv. Inadequate number of staffs and working tools in some of the key sector namely, health and agriculture, planning, as well as insufficient of working tools.
- v. Market inaccessibility to agricultural products especially for oranges and spices
- vi. Shortage of safe and clean water due to unreliable water sources.

### **2.7 Stakeholders' analysis**

In our strategic planning process we carried out a stakeholders' analysis. In the analysis we discussed the question as to who are our main stakeholders into fifteen (15) main groups as illustrated in Table 3. A summary of our main whos, what's and the potential impact of not meeting their expectations. The stakeholders' analysis was based on activities conducted by the council and information as part of interaction with them and was carried out in a form of a workshop in December 2017. The meeting invited 50 stakeholders representing the following communities:- women, farming, livestock keeper youth, NGO's and elders.

#### **Names of the key stakeholders**

The major development stakeholders of Muheza District Council are:

- i. Community - The recipient of the services
- ii. APOC - support control of onchorcerciasis
- iii. WV- World Vision - support education and health sectors
- iv. GIZ - support Reproductive Health Programmers
- v. ABBORT- support establishment of paralegal centers
- vi. World Bank



- vii. Regional Secretariat
- viii. PO-RALG
- ix. Regional Secretariat
- x. Community - The recipient of the services
- xi. ANR - Amani Nature Reserve Support environmental conservation
- xii. EAMCEF -Eastern Arch Endowment and Conservation Fund
- xiii. Private sector – Public Private Partnership in service delivery
- xiv. JICA- Support development projects (road projects)
- xv. Central Government

**Table 3: Needs/Expectation of Stakeholders**

| STAKEHOLDER'S NAME                                  | EXPECTATIONS  | RAKING H, M or L |
|---|---|------------------|
| COMMUNITY   | <ul style="list-style-type: none"> <li>• High quality service delivered by the council</li> <li>• Fair taxation rate,</li> <li>• Involvement in decision-making</li> <li>• Good governance</li> <li>• Better service at reasonable cost</li> <li>• Harmonised in revenue collection.</li> </ul>   | H                |
| NGO, CBO'S, AND PRIVATE SECTOR                      | <ul style="list-style-type: none"> <li>• Supportive and collaborative environment</li> <li>• Partnership in service delivery</li> </ul>   | M                |
| GIZ, JICA, WORLD VISION, APOC, EAMCEF, TACAIDS, ANR | <ul style="list-style-type: none"> <li>• Strictly adherence to the laid down financial guidelines and procedures.</li> <li>• Conducive working environment to make them for smooth work, transparency and good governance</li> <li>• Community involvement in decision-making</li> <li>• Supportive policy, staff commitment</li> </ul> | M                |

|  |   |   |
|--|---|---|
| Central Government,<br>PORALG, Regional<br>Secretariat | <ul style="list-style-type: none"> <li>• Adherence to the given National Policy</li> <li>• Staff commitment to accomplish tasks</li> <li>• Observe Financial Regulations</li> <li>• Good governance &amp; rule of law</li> <li>• Public sector partnership</li> </ul> | H |
|--|---|---|

## 2.5 SWOC Analysis

During this Strategic planning process under SWOT/C analysis process we reviewed the organization scan of Muheza District Council to inform appropriate planning as regarding the relevant strategic internal and external environment factor. In this context, SWOCs analysis internal scan aimed at identifying areas of Strengths, Weaknesses (Table 3), while the external scan aimed at identifying opportunities and threat/challenges (Table 4). All this enables the Muheza District Council to come up with priorities and key issues to be addressed in the current/Future budget.

### 2.5.1 The Internal Scan (Strengths and weakness)

In part of the internal scan, we assessed that internal environmental factor that aim is to identify the factors which are currently influence the institution to perform in service delivery and those which are likely to waken in the future. During the analysis we considered several aspects: People Management, Management & Leadership, Customer focus, performance and review and key performance. The scan mentioned above can be assessed in the following matrix Table 3.

**Table 3: Internal factor (Strengths and weakness)**

| SN | STRENGTHS                                      | WEAKNESSES   |
|----|--|--|
| 1  | Well trained staff                             | Shortage of trained staff                                      |
| 2  | Good relationship between staff and Councilors | Low community contribution to the village development projects |
| 3  | Village development plans in place             | Unstable council revenue sources                               |
| 4  | Presence of laws and By laws                   | Poor reinforcement   |
| 5  | MTEF budget in place                           | Minimum project funds  |
| 6  | Availability of working equipments             | Inadequate of working equipment facilities                     |

### 2.5.2 The external Factor (opportunities, threat/ challenges)

Any organization including Muheza District Municipal council influenced by the external environment factors what either be opportunities and threats. As part of our strategic planning process, we assessed that external environmental, the future by using PESTLE analysis in a SWOT analysis. PESTLE covers all political, economic, social/cultural, technological, legal, and ecological/ environment issues, PESTLE influences in the council and national service delivery operates in. The aim is to identify the factors which are currently affecting service delivery and those which are likely to become significant in the future.

During the analysis we considered several aspects: **Political** trends (Government stability, taxation policy and regulations, Government leadership), **Economic** trends (Globalization, service delivery cycles, inflation, unemployment, exchange rates), **Sociological** (income distribution, social mobility, levels of education/health, demographic distributions, lifestyle changes, attitudes and beliefs, ethics and religion) **Technological** trends (Government investment and R&D policy, new discoveries: products and methods of services creation, speed of technology transfer), **Legal** trends(environment protection laws, employment law, consumer protection, health and safety regulations), and **Ecological** trend (sustainability issues, e.g energy, natural resources, pollution and green issues). The trends mentioned above can be assessed in the following matrix Table 4.

**Table 4: External Factor (Opportunities, Threat/Challenges)**

| S/N | OPPORTUNITIES   | CHALLENGES   |
|-----|---|--|
| 1.  | MDA and Regional Secretariat  | Geographical and vast of the district  |
| 2.  | Availability of social facilities                                   | High rate of HIV/AIDS infection  |
| 3.  | Availability of NGOs assisting on development and social activities | Unreliable weather conditions<br>High rate of children under difficult circumstances |
| 4.  | Presence of National Programs                                       | Minimum programs funds   |
| 5.  | Presence of National and Sectoral policies and guidelines           | Unreliable market for agricultural and livestock products                            |

|    |  |  |
|----|--|--|
| 6. | Availability of enough natural resources | Possibility of Environmental degradation and destruction of water sources as a result of human activities. |
|----|--|--|

**2.6 Key Issues:**

Through performing stake-holder's and SWOC analysis, some critical problems were ranked highly and so became key issues that the District Council ought to address so as to deliver her mission and achieve the vision.

- Inadequate agricultural production
- Crop production harvest loss.
- Poor conducive teaching and learning environment.
- Insufficient revenue collection because of out dated by laws and low income level of majority in the community.
- Water shortage due to oldness of water networks and rapid population growth.
- Poor road network due to insufficient maintenance.
- Environment degradation.
- Shortage of Council staff
- Shortage of classrooms for both primary and secondary school
- HIV/AIDS infection Prevalence rate.
- Poor marketing networks.
- Problem of Climate Change

## **CHAPTER THREE**

### **THE PLAN 2017/18 - 2021/22**

#### **3.0 Introduction**

This Chapter presents the plan (objectives and targets) that are predicted to be implemented and realized in five years periods (2018/19 - 2022/23). The chapter shows also how the various strategic interventions to be undertaken during the next five years of the strategic planning cycle that will lead to achievement of the Municipal objectives. Plan it presents the Municipal vision, mission, core values, strategic objectives, key targets and strategies as well as performance indicators.

#### **3.1 Vision**

Muheza District Council anticipates to have a community that enjoys high quality and sustainable living standards by 2025”

#### **3.2 Mission**

To empower local communities to efficiently, effectively and sustainable use the available resources aimed at increasing their income and improving their standard of living for sustainable development.

#### **3.3 Core Values**

In response to the above objectives, the District Council in the next five years developed core values which will be uniting the council in order to achieve the vision and mission of the council:-

- a. Accountability/Responsibility;
- b. Commitment;
- c. Free Corruption;
- d. Team Work;
- e. Integrity

### **3.4 District Council Objectives**

In attaining the above Vision and Mission statements, the District Council had the following nine (9) Objectives:

- A. Service improved and HIV infection reduced
- B. National Ant- Corruption Implementation Strategies Enhanced and Sustained
- C. Access to Quality and Equitable Social Services delivery Improved
- D. Quantity and quality of Socio- Economic Services and Infrastructure increased
- E. Good Governance and Administrative Services Enhance
- F. Social Welfare, Gender and Community Empowerment Improve
- G. Management of Natural Resources and Environmental Enhanced and Sustained
- H. Local Economic Development Coordination Enhanced
- I. Emergency and Disaster Management Improved

## OBJECTIVE AND PERFORMANCE INDICATOR

### DEPARTMENT: PLANNING MONITORING AND STATISTICS

| OBJECTIVE   | TARGET   | PERFORMANCE INDICATOR  | SERVICE OUTPUT   |
|---|--|--|--|
| C: Access to Quality and Equitable Social Services Delivery Improved              | Program, Projects and Development activities monitored and evaluated by June 2021                                      | Number of projects implemented and monitored                     | Planned activities/ projects implemented and monitored                 |
|   | Percentage of Community priority projects addressed in Council plans and Budget increased from 60% to 80% by June 2021 | % of Community needs/priorities addressed in Council Plan        | Community needs/ priorities well addressed in Council plans and budget |
| D: Quality and Quantity of Socio – Economic Services and Infrastructure Increased | 40 Council buildings improved and maintained by June 2021  | Number of Government buildings adhered to building specification | Quality buildings constructed and renovated                            |
|   | Availability of working tool in Planning Department increased from 50% to 80% by June 2021                             | Number of computers and working tools                            | Ensure availability of working tools                                   |
| E: Good Governance and Administrative Services enhanced                           | Quality of Council and village plans improved and maintained at 100% by June 2020                                      | Number of Villages with Council village plans                    | Participatory Planning and Budgeting conducted                         |
| H: Local Economic Development Coordination Enhanced                               | Number of Investor increased from 12 to 18 by June 2021  | Number of Investors available. Types of Investment Conducted     | Conducive environment for investors created                            |

**DEPARTMENT: ADMINISTRATION AND HUMAN RESOURCE**

| <b>OBJECTIVE</b>   | <b>TARGET</b>   | <b>PERFORMANCE INDICATOR</b>  | <b>SERVICE OUTPUT</b>                                     |
|--|---|---|---|
| Service improved and HIV/AIDS infection reduced                            | Council and Community HIV and AIDS response strengthened in 37 wards by June 2021                                       | Increased percentage of staff awareness on health and safety policy | Health of staff enhanced                                  |
| National Anti- Corruption Implementation Strategies Enhanced and sustained | Anti corruption strategy and campaign enhanced among Council staffs by June 2021  | Number of corruption cases reported and attended                    | Rule of law be enhanced                                   |
| Access to quality and equitable Social Services Delivery Improved          | Availability of working tools in Administration and Human Resource increased from 60% to 90% by June 2021               | Number of computer and working tools                                | Ensure availability of working tools                      |
| Good Governance and Administrative Services Enhanced                       | Complains among the community and public servants in Council level reduced from 200 to 120 by June 2021                 | Number of complaints received and handled                           | Complains among the community and public servants reduced |
| Good Governance and Administrative Services Enhanced                       | Community participation in decision making increased from 60% to 80% by the year 2021                                   | Number of village conducted quarterly statutory meetings            | Participation in decision making enhanced                 |
| Good Governance and Administrative Services Enhanced                       | Statutory meetings conducted in lower level increased from 60% to 80% and from 95% to 100% in higher level by June 2021 | Number of statutory meetings conducted in both level                | Transparency and accountability maintained                |



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| Good Governance and Administrative Services Enhanced | Office and Administrative cost in Administration Department supported by 100% by June 2021                          | Availability of working equipment   | Conducive working environment improved |
| Good Governance and Administrative Services Enhanced | Staff integrity in village, ward and Council level improved from 70% to 90% by June 2021                            | Percentage of staffs awareness on Roles and Regulation                      | Staff integrity enhanced               |
| Good Governance and Administrative Services Enhanced | Retention of employee by providing leave and travel, incentives and promotion improved from 60% to 80% by June 2021 | Number of incentives  | Retention of employee enhanced         |
| Good Governance and Administrative Services Enhanced | Adequate staffs in the Council maintained at 90% by June 2021   | Number of staffs in work place  | Adequate staff maintained              |
| Good Governance and Administrative Services Enhanced | Qualified staff increased in the Council from 2,180 to 2,890 by the year 2021                                       | Number of staffs with right skill and knowledge in all Department and Units | Qualified skilled staffs increased     |

**DEPARTMENT: AGRICULTURE, IRRIGATION AND COOPERATIVE**

| <b>OBJECTIVE</b>   | <b>TARGET</b>                                       | <b>PERFORMANCE INDICATOR</b>                      | <b>SERVICE OUTPUT</b>                |
|--|---|---|--------------------------------------|
| D. Increase quantity and Quality of social services and Infrastructure | Two ward resources center constructed by June 2020. | Number of Agriculture resource center constructed | Agriculture infrastructure improved. |
| D. Increase quantity and Quality of social services and Infrastructure | Two markets constructed by June 2020.               | Number of markets constructed                     | Agriculture infrastructure improved. |

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| D. Increase quantity and Quality of social services and Infrastructure  | Two irrigation schemes established by June 2020.                                       | Number of irrigation schemes constructed                         | Agriculture infrastructure improved.                  |
| D. Increase quantity and Quality of social services and Infrastructure  | 125 extension staff capacitated by June 2020   | Number of extension staff attended different training programmes | Agricultures extension services improved.             |
| D. Increase quantity and Quality of social services and Infrastructure  | 80,000 farmers trained on good agriculture husbandry by June 2020.                     | Number of farmers trained  | Agricultures extension services improved.             |
| D. Increase quantity and Quality of social services and Infrastructure. | Two cassava processing units constructed in two villages, by June 2020.                | Number of processing facilities constructed.                     | Crop products processing and value addition increased |
| D. Increase quantity and Quality of social services and Infrastructure. | Farmers using improved agricultural inputs increased from 20% to 60% by June 2020.     | Percentage of farmers using improved agricultural inputs         | Agricultures extension services improved.             |
| D. Increase quantity and Quality of social services and Infrastructure. | Number of crop field schools increased from 15 to 60 by June 2020.                     | Number of crop field schools                                     | Agricultures extension services improved.             |
| D. Increase quantity and Quality of social services and Infrastructure. | Percentage of farmers using modern technologies increased from 4% to 20% by June 2020. | Percentage of farmers using modern technology                    | Agricultures extension services improved.             |
| D. Increase quantity and Quality of social services and Infrastructure. | Number of SACCOS and AMCOS Increased from 24 to 27 and empowered by June 2020          | Number of AMCOS and SACCOS established                           | Agricultures extension services improved.             |
| C. Access to quality and equitable social services delivery improved.   | Number of House hold with sufficient food increased from 50% to 80%, by June 2020.     | % of house hold with sufficient food.                            | Household food security enhanced.                     |

**DEPARTMENT: LIVESTOCK AND FISHERIES**

| <b>OBJECTIVES</b>   | <b>TARGET</b>  | <b>PERFORMANCE INDICATOR</b>  | <b>SERVICE OUTPUT</b>                            |
|---|--|---|--|
| C. Access to quality and equitable social services delivery improved. | Conducive working environment to 42 livestock staffs ensured by June 2021                              | Number of livestock extension staff   | Livestock extension services improved            |
| C. Access to quality and equitable social services delivery improved. | Livestock extension services delivery improved in 135 villages by June 2021                            | Number of livestock extension staffs attended different training programmes | Livestock extension services improved            |
| C. Access to quality and equitable social services delivery improved. | Livestock extension services delivery improved in 135 villages by June 2021                            | Number of livestock farmers attended different training programmes          | Livestock extension services improved            |
| C. Access to quality and equitable social services delivery improved. | Livestock extension services improved in 135 villages by June 2021                                     | Number of livestock keepers adopted improved extension services             | Livestock extension services improved            |
| C. Access to quality and equitable social services delivery improved. |  | Average annual number of livestock per household                            | Livestock productions and productivity increased |
| C. Access to quality and equitable social services delivery improved. | Milk production increased from 8 lts / cow /day to 10lts / cow / day in Muheza district by June, 2021. | Average production per livestock (milk)                                     | Livestock productions and productivity increased |
| C. Access to quality and equitable social services delivery improved. | Livestock extension services delivery improved in 135 villages by June 2021                            | Number of livestock field schools   | Livestock extension services improved            |

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| C. Access to quality and equitable social services delivery improved.   | Mortality rate of dairy calves reduced from 30% to 15% in Muheza district by June 2021            | Number of livestock vaccinated   | Prevalence of livestock diseases reduced               |
| C. Access to quality and equitable social services delivery improved.   | Mortality rate of dairy calves reduced from 30% to 15% in Muheza district by June 2021            | Number of livestock immunized  | Prevalence of livestock diseases reduced               |
| D. Increase quantity and Quality of social services and Infrastructure. | Livestock facilities improved in 4 divisions of Muheza District by 2021                           | Number of veterinary investigation centres constructed                   | Livestock infrastructure improved                      |
| D. Increase quantity and Quality of social services and Infrastructure. | Livestock infrastructures improved in three (3) villages in Muheza district by June 2021          | Number of cattle dips tanks contracted or rehabilitated                  | Livestock infrastructure improved                      |
| D. Increase quantity and Quality of social services and Infrastructure. | Livestock infrastructures improved in three villages in Muheza district by June 2021              | Number of slaughter houses/slabs constructed/rehabilitated               | Livestock infrastructure improved                      |
| C. Access to quality and equitable social services delivery improved.   | Fisheries and aquaculture extension services delivery improved in 135 villages by June 2021       | Number of fisheries staff  | Fisheries and aquaculture extension services improved  |
| C. Access to quality and equitable social services delivery improved.   | Fisheries and aquaculture extension services delivery improved in 135 villages by June 2021       | Percent of fish farmers adopt improved fisheries skills and acknowledges | Fisheries and aquaculture extension services improved. |
| D. Increase quantity and Quality of social services and Infrastructure. | Fisheries and aquaculture infrastructures improved in 10 villages in Muheza district by June 2021 | Number of fisheries and aquaculture infrastructures constructed          | Fisheries and aquaculture infrastructure enhanced.     |

**DEPARTMENT: WORKS AND FIRE RESCUE**

| <b>OBJECTIVE</b>  | <b>TARGET</b>  | <b>PERFORMANCE INDICATOR</b>                                    | <b>SERVICE OUTPUT</b>   |
|---|--|---|---|
| C; Access to quality and equitable/social service delivery improved     | Conducive working environment to 8 staff ensured by June 2021                        | Number of computer and working tools                            | Ensure availability of working tools                                      |
| D: Quantity and Quality of Social economic and infrastructure increased | 90% of Office and administrative cost supported by June 2021                         | Percentage of Office utilities                                  | Increase accessibility of public services infrastructures                 |
| D: Quantity and Quality of Social economic and infrastructure increased | 140 community and institutional Project implemented and monitored                    | Number of project implemented and monitored                     | Planned activities/project implemented and monitored                      |
| D: Quantity and Quality of Social economic and infrastructure increased | Council buildings improved and maintained by June 2021                               | Number of Government Building adhered to building specification | Quality building constructed and 140 renovated                            |
| D: Quantity and Quality of Social economic and infrastructure increased | 22 Council Motor vehicles, 2 tractors buildings improved and maintained by June 2021 | Increased Number of tools for servicing vehicles and plants     | Increased capacity of Council to carry maintenance of vehicles and plants |

**DEPARTMENT: LAND AND NATURAL RESOURCES**

| <b>OBJECTIVE</b>  | <b>TARGET</b>  | <b>PERFORMANCE INDICATOR</b>                     | <b>SERVICE OUTPUT</b>                |
|---|--|--|--------------------------------------|
| A: Service improved and HIV/AIDS infection reduced                            | Council and Community HIV and AIDS response strengthened in 37 wards by June 2021                            | Number of staff attends in work place            | Health of staff enhanced             |
| B: National Anti- Corruption Implementation Strategies Enhanced and sustained | Anti corruption strategy and campaign enhanced among Council staffs by June 2021                             | Number of corruption cases reported and attended | Rule of law be enhanced              |
| C: Access to quality and equitable Social Services Delivery Improved          | Availability of working tools in Land and Natural resource Department increased from 30% to 60% by June 2021 | Number of computer and working tools             | Ensure availability of working tools |
| D: Quantity and Quality of Socio- Economic Services                           | Land use management services in 135 villages facilitated by June 2021  | Number of title deed offered                     | Quality of land services enhanced    |
| D: Quantity and Quality of Socio- Economic Services                           | Planned settlements in urban areas increased from 12 to 15 by June 2021                                      | Number of surveyed plots increased               | Quality of land services enhanced    |
| D: Quantity and Quality of Socio- Economic Services                           | Villages with operational Land Use Plans increased from 14 villages to 20 villages by June 2021              | Number of land use plan                          | Quality of land services enhanced    |

|   |   |   |                                      |
|---|---|---|--------------------------------------|
| E: Good Governance and Administrative Service enhanced                    | Complains among community on land issues reduced from 50% to 30% by June 2021 | Number of complaints received and handled | Complains among community reduced    |
| G: Management of Natural Resources and Environment Enhanced and Sustained | Environmental management policies mainstreamed in 135 villages by June 2021   | Number of reserved forests                | Natural Resource Management Enhanced |

**DEPARTMENT: ENVIRONMENTAL & SOLID WASTE MANAGEMENT**

| <b>OBJECTIVE</b>  | <b>TARGET</b>  | <b>PERFORMANCE INDICATOR</b>                                     | <b>SERVICE OUTPUT</b>                |
|---|--|--|--------------------------------------|
| D: Quality and Quantity of Socio – Economic Services and Infrastructure Increased | Availability of working tool in Planning Department increased from 50% to 80% by June 2021   | Number of computers and working tools                            | Ensure availability of working tools |
|   | 5 Heath Facilities Surroundings / Compounds Established and Maintained By June 2021  | Collection and Disposal of Solid Waste increased from 25% to 50% | Environmental Health and Sanitation  |
| G: Management of Natural Resource Economic Initiatives.                           | Land and Natural Resource Management Sustained to alleviate land degraded, maintains ecosystem service and improves livelihoods by June 2012 | Number of established Natural resources Economic Initiatives.    | Natural Resource Management Enhanced |
|   | Environmental Management Policies Mainstreamed in all development projects in 135 villages by June 2021                                      | Number of established Natural resources Economic Initiatives.    | Natural Resource Management Enhanced |
|   | Good environmental management practiced in 135 villages by June 2021   | Number of Tree Planted   | Increase number of tree planted      |

**DEPARTMENT: PRIMARY EDUCATION**

| <b>OBJECTIVE</b>   | <b>TARGET</b>  | <b>PERFORMANCE INDICATOR</b>  | <b>SERVICE OUTPUT</b>   |
|--|--|---|---|
| A: Service improved and HIV/AIDS infection reduced                   | Council and Community HIV and AIDS response strengthened in 37 wards by June 2021  | Number of staffs attends in work place  | Health of staff enhanced  |
| C: Access to quality and equitable Social Services Delivery Improved | Pupils enrollment in pre-primary education increased from 95% to 100% by June 2021   | % of children with official school age enrolled in pre-primary education (Net enrollment ratio) | Access to Pre-primary education enhanced                              |
| C: Access to quality and equitable Social Services Delivery Improved | Enrollment in primary education maintained in 100% by June 2021<br>Enrollment in primary education maintained in 100% by June 2021 | % of children with official school age enrolled in primary education (Net enrollment ratio)     | Access to primary education enhanced                                  |
| C: Access to quality and equitable Social Services Delivery Improved | Pupils enrollment of special education increased from 68% to 90% by June 2021  | Enrollment of pupils with disabilities (Pre- primary, primary and secondary education)          | Equitable and participation in basic education opportunities improved |
| C: Access to quality and equitable Social Services Delivery Improved | Pass rate in PSLE increased from 66% to 100% and from 90% 100 for STD IV by June 2021  | Pass rate (PSLE, CSEE, ACSEE)   | Quality of education improved   |
| C: Access to quality and equitable Social Services Delivery Improved | Promotion of adult education enhanced from 20% to 60% by June 2021   | Pass rate (PSLE, CSEE, ACSEE)   | Quality of education improved   |
| C: Access to quality and equitable Social Services Delivery Improved | Working environment for 11 Staffs, 37 Ward Education and 737 Teachers improved from 65% to 75% by June 2021                        | Dropout rate in primary and secondary education   | Internal efficiency of education system improved                      |



**DEPARTMENT: SECONDARY EDUCATION**

| <b>OBJECTIVE</b>   | <b>TARGET</b>   | <b>PERFORMANCE INDICATOR</b>   | <b>SERVICE OUTPUT</b>                            |
|--|---|--|--|
| A: Service improved and HIV/AIDS infection reduced                   | Council and Community HIV and AIDS response strengthened in 37 wards by June 2021                                       | Number of staffs attends in work place   | Health of staff enhanced                         |
| C: Access to quality and equitable Social Services Delivery Improved | Enrollment in secondary education increased from 97% to 100% by June 2021   | % of youth with official school ages enrolled in secondary school (Net enrollment ratio) | Access to secondary education enhanced           |
| C: Access to quality and equitable Social Services Delivery Improved | Pupils enrollment of special education increased from 52% to 80% by June 2021   | % of youth with official school ages enrolled in secondary school (Net enrollment ratio) | Access to secondary education enhanced           |
| C: Access to quality and equitable Social Services Delivery Improved | Pass rate in FTNA increased from 78% to 95%, CSEE increased from 60.2% to 75% and ACSEE maintained at 100% by June 2021 | Pass rate (PSLE, CSEE, ACSEE)  | Quality of education improved                    |
| C: Access to quality and equitable Social Services Delivery Improved | Working environment for 3 Staffs and 617 Teachers improved from 65% to 75% by June 2021                                 | Dropout rate in primary and secondary education  | Internal efficiency of education system improved |

**DEPARTMENT: WATER**

| <b>OBJECTIVE</b>  | <b>TARGETS</b>  | <b>PERFORMANCE INDICATOR</b>                              | <b>SERVICE OUTPUT</b>                     |
|---|---|---|---|
| Service improved and HIV AIDS reduced   | Council and Community HIV and AIDS response strengthened in 37 wards by June 2021                 | Number of staff attends in work place                     | Health of staff enhanced                  |
| C: Access to quality and equitable social services delivery improved.           | Ensure 82% of Muheza resident have access to quality water and sanitation services by June 2020   | Equity in Water accessibility.                            | Increases access to safe and clean Water. |
| C: Access to quality and equitable social services delivery improved.           | Ensure integration of environment and sustainable measures in water and sanitation services       | Number of water sources                                   | Increases access to safe and clean Water. |
| C: Access to quality and equitable social services delivery improved.           | Availability of working tools in Water Department increased from 40% to 60% by June 2021          | Equity in water accessibility                             | Increase access to safe and clean water   |
| D: Quality and Quantity of Socio-Economic Services and Infrastructure Increased | Environmental Health and Sanitation in 49 Health facilities improved from 50% to 70% by June 2021 | 100% of Health facilities have adequate safe water supply | Environmental Health and Sanitation       |

**DEPARTMENT: COMMUNITY DEVELOPMENT**

| <b>OBJECTIVE</b>   | <b>TARGET</b>  | <b>PERFORMANCE INDICATOR</b>  | <b>SERVICE OUTPUT</b>                                    |
|--|--|---|--|
| A; Service improved and HIV/AIDS infection reduced                   | Council and Community HIV and AIDS response strengthened in 37 wards by June 2021                        | Number of staff attends work place                                      | Health of staff enhanced                                 |
| F: Social Welfare, Gender and Community Empowerment improved         | Income generating activities improved from 200 to 600 groups by June 2021                                | Number of Community Income Group Activities received loans from Council | Community Income increased                               |
| F: Social Welfare, Gender and Community Empowerment improved         | Community participation in development activities in 4 Division improved from 20% to 60% by June 2021    | Number of Community Initiatives Projects                                | Community participation and sense of ownership increased |
| C: Access to quality and equitable Social Services Delivery Improved | Availability of working tools in Community Development Department increased from 30% to 50% by June 2021 | Number of computer and working tools                                    | Ensure availability of working tools                     |

**DEPARTMENT: HEALTH**

| <b>OBJECTIVE</b>  | <b>TARGET</b>  | <b>PERFORMANCE INDICATOR</b>  | <b>SERVICE OUTPUT</b>  |
|---|--|---|--|
| A; Service improved and HIV/AIDS infection reduced                              | New HIV infection reduced from 3.8 to 2.5% by June 2022  | Number of STI episodes treated  | STI care Management and HIV new transmission improved                        |
| C: Access to quality and equitable social services delivery improved.           | Shortage of Medicines, Medical equipments Hospital supplies and diagnostic laboratory reagents reduced from 16% to 4% by June 2022 | Proportion of health facilities (Hospital, Health Centres and Dispensaries) with constant supply of medicines/medical supplies/vaccines and Laboratory reagents increased | Medical /Medical supplies Laboratory reagents and vaccines services improved |
| C: Access to quality and equitable social services delivery improved.           | Organization Structure and institutional management capacity of all levels strengthened from 60% to 85% by June 2022               | Increase proportion of District implementing the minimum budget allocated to nutrition from 30% to 50% by June 2021   | Organization structure Institution management at all level strengthened      |
| D: Quality and Quantity of Socio-Economic Services and Infrastructure Increased | Organization Structure and institutional management capacity of all levels strengthened from 60% to 85% by June 2022               | Proportion of health facilities (Hospital, Health Centres and Dispensaries) with improved storage conditions/infrastructures  | Health Facility state insured  |
| C: Access to quality and equitable social services delivery improved.           | Organization Structure and institutional management capacity of all levels strengthened from 60% to 85% by June 2022               | Proportion of health facilities (Hospital, Health Centres and Dispensaries) with improved storage conditions/infrastructures  | Organization structure Institution Management at all level strengthened      |

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|---|--|---|--|
| C: Access to quality and equitable social services delivery improved. | Maternal mortality rate reduced from 4/5,173 live birth to 2/5,173 by June 2022  | Increased ANC attendance for four visits from 64% to 90%  | Reproductive and health care improved  |
| C: Access to quality and equitable social services delivery improved. | Maternal mortality rate reduced from 4/5,173 live birth to 2/5,173 by June 2022  | 100 % of ANC clients are tested for syphilis  | Reproductive and health care improved  |
| C: Access to quality and equitable social services delivery improved. | Access to social welfare services in most vulnerable group improved from 45% to 60% by June 2022                                   | Proportion of vulnerable children and children in need of care and protection provided with appropriate services  | Family and children care protection ensured                                  |
| C: Access to quality and equitable social services delivery improved. | Maternal mortality rate reduced from 4/5,173 live birth to 2/5,173 by June 2022  | 85 % of pregnant women receive at least 2 doses of TT   | Reproductive and health care improved  |
| C: Access to quality and equitable social services delivery improved. | Shortage of Medicines, Medical equipments Hospital supplies and diagnostic laboratory reagents reduced from 16% to 4% by June 2022 | Proportion of health facilities (Hospital, Health Centers and Dispensaries) with constant supply of medicines/medical supplies/vaccines and Laboratory reagents increased | Medical /Medical supplies Laboratory reagents and vaccines services improved |
| C: Access to quality and equitable social services delivery improved. | Maternal mortality rate reduced from 4/5,173 live birth to 2/5,173 by June 2022  | 80% of pregnant women receive IPT2  | Reproductive and health care improved  |
| C: Access to quality and equitable social services delivery improved. | Maternal mortality rate reduced from 4/5,173 live birth to 2/5,173 by June 2022  | At least 80% of all HIV positive pregnant women and their babies receive Antiretroviral prophylaxis to prevent mother to child transmission                               | Reproductive and health care improved  |

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| C: Access to quality and equitable social services delivery improved. | Maternal mortality rate reduced from 4/5,173 live birth to 2/5,173 by June 2022                                      | Increased coverage of health facility based deliveries from 47% to 80%                             | Reproductive and health care improved  |
| C: Access to quality and equitable social services delivery improved. | Organization Structure and institutional management capacity of all levels strengthened from 60% to 85% by June 2022 | Number of staffs Capacitated   | Human resource for health in terms of number professional Mix at all levels improved |
| C: Access to quality and equitable social services delivery improved. | Maternal mortality rate reduced from 4/5,173 live birth to 2/5,173 by June 2022                                      | 100% of hospitals and 50% of Health Centers provide Comprehensive EmOC                             | Reproductive and health care improved  |
| C: Access to quality and equitable social services delivery improved. | Access to social welfare services in most vulnerable group improved from 45% to 60% by June 2022                     | Percent of MVC (under 5 years) malnourished  | Family and children care protection ensured  |
| C: Access to quality and equitable social services delivery improved. | Infant mortality rate reduced from 7/1000 to 2/1000 live birth by June 2022  | 80% of postpartum women receive Vitamin A supplementation  | Reproductive and health care improved  |
| C: Access to quality and equitable social services delivery improved. | Maternal mortality rate reduced from 4/5,173 live birth to 2/5,173 by June 2022                                      | 100% of district hospitals have a unit/room for the care of neonates                               | Reproductive and health care improved  |
| C: Access to quality and equitable social services delivery improved. | Infant mortality rate reduced from 7/1000 to 2/1000 live birth by June 2022  | Immunization coverage for DPT3-HB-HiB (Pentavalent) and measles above 90% in 90 % of the districts | Reproductive and health care improved  |

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| C: Access to quality and equitable social services delivery improved. | Infant mortality rate reduced from 2/1000 to 1/1000 live birth by June 2022  | Vitamin A supplementation and deworming reach at least 90% of children under five years.     | Reproductive and health care improved        |
| C: Access to quality and equitable social services delivery improved. | Prevalence rate of Malaria cases reduced 16% to 5% by June 2022  | 80% of health facilities have at least 60% of health care workers trained on IMCI            | Reproductive and health care improved        |
| C: Access to quality and equitable social services delivery improved. | Prevalence rate of Malaria cases reduced 16% to 5% by June 2022  | Increased coverage of under fives sleeping under ITNs from 26% to 80%                        | Communicable diseases managed and controlled |
| C: Access to quality and equitable social services delivery improved. | Maternal mortality rate reduced from 4/5,173 live birth to 2/5,173 by June 2022  | 70% of villages have community health care workers offering MNCH services at community level | Reproductive and health care improved        |
| C: Access to quality and equitable social services delivery improved. | Shortage of Medicines, Medical equipments Hospital supplies and diagnostic laboratory reagents reduced from 16% to 4% by June 2022 | 100% of the elderly receive free medical care from government hospitals and medical centers  | Elderly care and support services insured    |
| C: Access to quality and equitable social services delivery improved. | New HIV infection reduced from 3.8 to 2.5% by June 2022  | 100% of patients who test HIV+ are put on ART Treatment                                      | Communicable diseases managed and controlled |
| C: Access to quality and equitable social services delivery improved. | New HIV infection reduced from 3.8 to 2.5% by June 2022  | 100% of TB patients are offered HIV testing and counseling                                   | Communicable diseases managed and controlled |
| C: Access to quality and equitable social services delivery improved. | Prevalence rate of tuberculosis reduced from 12% to 5% by June 2022  | At least 85 percent treatment success of TB patients is attained.                            | Communicable diseases managed and controlled |

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|---|--|---|--|
| C: Access to quality and equitable social services delivery improved. | Shortage of Medicines, Medical equipments Hospital supplies and diagnostic laboratory reagents reduced from 16% to 4% by June 2022 | 100% health facilities have essential medicines for treatment of communicable diseases  | Communicable diseases managed and controlled |
| C: Access to quality and equitable social services delivery improved. | Prevalence rate of tuberculosis reduced from 12% to 5% by June 2022  | At least 70 percent of TB-patients are detected and correctly treated (by DOTS) both in health facilities and communities                             | Communicable diseases managed and controlled |
| C: Access to quality and equitable social services delivery improved. | Health care waste management improved from 65% to 80% by June 2022   | 100% of health facilities and staff adhere to infection prevention measures   | Communicable diseases managed and controlled |
| C: Access to quality and equitable social services delivery improved. | Prevalence rate of Malaria cases reduced 16% to 5% by June 2022  | he proportion of pregnant women sleeping under Insecticides Treated Nets (ITN's)/ Long lasting Insecticidal (LLINs) nests raised from 23% to 80% "    | Communicable diseases managed and controlled |
| C: Access to quality and equitable social services delivery improved. | Prevalence rate of Malaria cases reduced 16% to 5% by June 2022  | Percentage of children under 5 years of age with fever receiving appropriate treatment within 24 hours of onset for fever increased from 28% to 80% " | Communicable diseases managed and controlled |
| C: Access to quality and equitable social services delivery improved. | Prevalence rate of Malaria cases reduced 16% to 5% by June 2022  | Proportion of Health facilities/Councils with essential equipment and facilities for early containment of Malaria epidemics.                          | Communicable diseases managed and controlled |



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| C: Access to quality and equitable social services delivery improved. | Prevalence rate of Malaria cases reduced 16% to 5% by June 2022          | Percentage of health facilities without stock out of recommended Ant malaria drug any time of the year  | Communicable diseases managed and controlled            |
| C: Access to quality and equitable social services delivery improved. | Prevalence rate of Malaria cases reduced 16% to 5% by June 2022          | 100% of children under 5 years of age diagnosed with uncomplicated malaria in health facilities are appropriately managed   | Communicable diseases managed and controlled            |
| C: Access to quality and equitable social services delivery improved. | Prevalence rate of Malaria cases reduced 16% to 5% by June 2022          | Household owning at least 1 ITN's raised from 36% to 80%  | Communicable diseases managed and controlled            |
| C: Access to quality and equitable social services delivery improved. | Prevalence rate of Malaria cases reduced 16% to 5% by June 2022          | Household owning at least 2 ITN's/LLIS raised to 80%  | Communicable diseases managed and controlled            |
| C: Access to quality and equitable social services delivery improved. | Prevalence rate of diabetes mellitus reduced from 10% to 7% by June 2022 | "100% health facilities are equipped with appropriate equipment, medicines and medical supplies for screening, diagnosis and treatment of non-communicable diseases according to the National Minimum Standard (NMS) levels." | Non Communicable Disease Control Managed and Controlled |

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| C: Access to quality and equitable social services delivery improved. | Prevalence rate of Hypertension reduced from 25% to 20% by June 2022            | "At least 30% of community members are reached by essential and effective health promotion and education messages addressing NCDs (e.g., healthy life styles, appropriate health seeking behaviour, associated risk factors and regular medical check up)" | Non Communicable Disease Control Managed and Controlled                     |
| C: Access to quality and equitable social services delivery improved. | Prevalence rate of mental health reduced from 0.7% to 0.2% by June 2022         | 100% of Health facilities/councils have integrated out-reach services for NCDs   | Non Communicable Disease Control Managed and Controlled                     |
| C: Access to quality and equitable social services delivery improved. | prevalence of eye diseases among OPD cases reduced from 43% to 13% by June 2022 | Proportion of Community with accessibility to eye care supplies and consumables  | Treatment and other care of common diseases of local priority improved      |
| C: Access to quality and equitable social services delivery improved. | Prevalence of oral disease among OPD cases reduced from 2.5% to 1% by June 2022 | "Oral health education is provided at all dental and RCH clinics, 30% primary schools and institutions caring for special groups   | treatment and other care of common diseases of local priority improved      |
| C: Access to quality and equitable social services delivery improved. | Infant mortality rate reduced from 7/1000 to 2/1000 live birth by June 2022     | Improved quality of MIYCAN services at the health facilities level to reach 65 percent by June 2021 from a baseline of 20 percent.   | Maternal, infant, Young child and adolescents nutrition behaviours promoted |

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| C: Access to quality and equitable social services delivery improved. | Infant mortality rate reduced from 7/1000 to 2/1000 live birth by June 2022     | MIYCAN is promoted at all levels through mass-media and the use of new technologies to reach at least 50 percent of the population by June 2021.   | Maternal, infant, Young child and adolescents nutrition behaviours promoted                                  |
| C: Access to quality and equitable social services delivery improved. | Maternal mortality rate reduced from 4/5,173 live birth to 2/5,173 by June 2022 | Children and women utilize improved services for anemia reduction, reflected by an increased proportion of women 15-49 years of age who took iron and folic acid (IFA) supplementation during pregnancy for past birth from 9% in 2014 to 20% by 2021. | Improved intake of essential vitamins and minerals to meet physiological requirements and prevent deficiency |
| C: Access to quality and equitable social services delivery improved. | Maternal mortality rate reduced from 4/5,173 live birth to 2/5,173 by June 2022 | Adequately iodized salt is available for households' consumption with an increased percentage of the edible salt produced in Tanzania which is iodized from 70% in 2014 to 80% by 2021.  | Improved intake of essential vitamins and minerals to meet physiological requirements and prevent deficiency |
| C: Access to quality and equitable social services delivery improved. | Maternal mortality rate reduced from 4/5,173 live birth to 2/5,173 by June 2022 | Children receive regular supplementation of Vitamin A and deworming, with percentage of children receiving vitamin A supplementation increasing from 89% in 2015 and being sustained at least at 95% .   | Improved intake of essential vitamins and minerals to meet physiological requirements and prevent deficiency |

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| C: Access to quality and equitable social services delivery improved. | Prevalence rate of diabetes mellitus reduced from 10% to 7% by June 2022                                       | Policies, social, cultural and structural norms are established to enable at least 50% of the community to engage in healthy lifestyles by 2021. | Increased physical activity and healthier dietary habits by the community         |
| C: Access to quality and equitable social services delivery improved. | Reduce prevalence rate of global acute malnutrition among under five years children from 5% to 3% by June 2022 | Communities have access to a diverse range of nutritious foods throughout the year.  | Increase coverage of nutrition sensitive intervention in key development sectors  |
| C: Access to quality and equitable social services delivery improved. | Reduce prevalence rate of global acute malnutrition among under five years children from 5% to 3% by June 2022 | Poorest households benefit from TASAF conditional cash transfers, cash for work, and nutrition education during the community sessions.          | Increase coverage of nutrition sensitive intervention in key development sectors  |
| C: Access to quality and equitable social services delivery improved. | Infant mortality rate reduced from 7/1000 to 2/1000 live birth by June 2022                                    | Strengthened integration of Management of severe and moderate acute Malnutrition at the national and Sub-National level by June 2021             | Increased coverage of integrated management of acute malnutrition (IMAM) services |
| C: Access to quality and equitable social services delivery improved. | Reduce prevalence rate of global acute malnutrition among under five years children from 5% to 3% by June 2022 | Vulnerable communities are able to cope with drought and climate change to avoid shortage of nutritious food during shocks.                      | Increase coverage of nutrition sensitive intervention in key development sectors  |
| C: Access to quality and equitable social services delivery improved. | Infant mortality rate reduced from 7/1000 to 2/1000 live birth by June 2022                                    | Children under five years old are reached through screening for severe and moderate acute malnutrition at least 75 percent by 2021.              | Increased coverage of integrated management of acute malnutrition (IMAM) services |

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| C: Access to quality and equitable social services delivery improved. | Infant mortality rate reduced from 7/1000 to 2/1000 live birth by June 2022  | Increase proportion of districts implementing the minimum budget allocation to nutrition from 30% to 50% by 2021                            | Improved effectiveness and efficiency of nutrition governance                     |
| C: Access to quality and equitable social services delivery improved. | Infant mortality rate reduced from 7/1000 to 2/1000 live birth by June 2022  | Percentage of Pregnant mothers received iron and folic acid   | Maternal, infant, Young child and adolescents nutrition behaviors promoted        |
| C: Access to quality and equitable social services delivery improved. | Infant mortality rate reduced from 7/1000 to 2/1000 live birth by June 2022  | Number of HCW Trained on MIYCAN   | Maternal, infant, Young child and adolescents nutrition behaviours promoted       |
| C: Access to quality and equitable social services delivery improved. | Infant mortality rate reduced from 7/1000 to 2/1000 live birth by June 2022  | Percentage of mothers practicing exclusive breast feeding   | Maternal, infant, Young child and adolescents nutrition behaviours promoted       |
| C: Access to quality and equitable social services delivery improved. | Prevalence of oral disease among OPD cases reduced from 2.5% to 1% by June 2022                                      | Oral health education is provided at all dental and RCH clinics, 30% primary schools and institutions caring for special groups (disabled)" | Treatment and other care of common diseases of local priority improved            |
| C: Access to quality and equitable social services delivery improved. | Organization Structure and institutional management capacity of all levels strengthened from 50% to 75% by June 2022 | Proportion of health facilities with proper data management (HMIS)  | Organization structure institution management at all level strengthened           |
| C: Access to quality and equitable social services delivery improved. | Reduce early pregnancy (<20years) from 15% to 10% by June 2022   | Girls complete primary and secondary education.   | Increased coverage of nutrition sensitive intervention in key development Sectors |

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| C: Access to quality and equitable social services delivery improved.           | Prevalence rate of NTD reduced from 25% to 10% by June 2022                               | At least 80-100% therapeutic coverage of all eligible population covered with mass NTD medicine administration campaigns | Treatment and other care of common diseases of local priority improved |
| D: Quality and Quantity of Socio-Economic Services and Infrastructure Increased | Sanitation facilitate coverage increased from 75% to 85 by 2022                           | Number of unsanitary settlements reduced from 70% to 35%   | Environmental health and sanitation                                    |
| D: Quality and Quantity of Socio-Economic Services and Infrastructure Increased | Health facilitate solid and liquid waste management improved from 45% to 85% by June 2022 | Vector breeding sites reduced from 80% to 20% in all settlement  | Environmental health and sanitation                                    |
| D: Quality and Quantity of Socio-Economic Services and Infrastructure Increased | Sanitation facilitate coverage increased from 75% to 85 by 2022                           | Water, hygiene and sanitation related diseases reduced from 60% to 30%   | Environmental health and sanitation                                    |
| D: Quality and Quantity of Socio-Economic Services and Infrastructure Increased | Health facilitate solid and liquid waste management improved from 45% to 85% by June 2022 | 100% of health facilities have appropriate medical waste management  | Environmental health and sanitation                                    |
| D: Quality and Quantity of Socio-Economic Services and Infrastructure Increased | Health facilitate solid and liquid waste management improved from 45% to 85% by June 2022 | Collection and disposal of solid waste increased from 25% to 50%   | Environmental health and sanitation                                    |
| D: Quality and Quantity of Socio-Economic Services and Infrastructure Increased | Sanitation facilitate coverage increased from 75% to 85 by 2022                           | 100% of Health facilities keep their surroundings clean  | Environmental health and sanitation                                    |
| D: Quality and Quantity of Socio-Economic Services and Infrastructure Increased | Sanitation facilitate coverage increased from 75% to 85 by 2022                           | "Coverage of improved sanitary toilets in schools increased from 50% to 100%"  | Environmental health and sanitation                                    |

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| D: Quality and Quantity of Socio-Economic Services and Infrastructure Increased | Sanitation facilitate coverage increased from 75% to 85 by 2022                                  | "Number of household with permanent sanitary latrines increased from 47% to 73% "  | Environmental health and sanitation         |
| D: Quality and Quantity of Socio-Economic Services and Infrastructure Increased | Sanitation facilitate coverage increased from 75% to 85 by 2022                                  | Number of household using toilet increased from 90% to 100%  | Environmental health and sanitation         |
| D: Quality and Quantity of Socio-Economic Services and Infrastructure Increased | Sanitation facilitate coverage increased from 75% to 85 by 2022                                  | Communities and schools access adequate water, sanitation and hygiene services.  | Environmental health and sanitation         |
| C: Access to quality and equitable social services delivery improved.           | Access to social welfare services in most vulnerable group improved from 45% to 60% by June 2022 | Number of cases of violence against children reported to relevant authorities  | Family and children care protection ensured |
| C: Access to quality and equitable social services delivery improved.           | Access to social welfare services in most vulnerable group improved from 45% to 60% by June 2023 | Number of cases of violence against children reported to relevant authorities that have been confirmed as child protection cases | Family and children care protection ensured |
| C: Access to quality and equitable social services delivery improved.           | Access to social welfare services in most vulnerable group improved from 45% to 60% by June 2024 | Number/ percentage of cases of child violence that received appropriate support  | Family and children care protection ensured |
| C: Access to quality and equitable social services delivery improved.           | Access to social welfare services in most vulnerable group improved from 45% to 60% by June 2022 | Percentage of children living and working on the streets from City, and town councils provided with services type                | Family and children care protection ensured |
| C: Access to quality and equitable social services delivery improved.           | Access to social welfare services in most vulnerable group improved from 45% to 60% by June 2022 | Number of MVCs registered by MVCC  | Family and children care protection ensured |

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| C: Access to quality and equitable social services delivery improved. | Access to social welfare services in most vulnerable group improved from 45% to 60% by June 2022 | Number of individuals participating in individual and/ or small-group interventions that focus on MVC issues | Family and children care protection ensured |
| C: Access to quality and equitable social services delivery improved. | Access to social welfare services in most vulnerable group improved from 45% to 60% by June 2022 | Percent of MVC with a birth certificate  | Family and children care protection ensured |
| C: Access to quality and equitable social services delivery improved. | Access to social welfare services in most vulnerable group improved from 45% to 60% by June 2022 | Number of MVCs referred for care and support, by type of referring service                                   | Family and children care protection ensured |
| C: Access to quality and equitable social services delivery improved. | Access to social welfare services in most vulnerable group improved from 45% to 60% by June 2022 | Proportion of MVCs referred for care and support, by type of referring service                               | Family and children care protection ensured |
| C: Access to quality and equitable social services delivery improved. | Access to social welfare services in most vulnerable group improved from 45% to 60% by June 2022 | Percent of MVC over five years enrolled in schools   | Family and children care protection ensured |



**DEPARTMENT: FINANCE**

| <b>OBJECTIVE</b>                                     | <b>TARGET</b>   | <b>PERFORMANCE INDICATOR</b>                         | <b>SERVICE OUTPUT</b>  |
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| Good Governance and Administrative Services Enhanced | Council revenue collection increased from 1.8 billion to 3.2 billion by June, 2021  | Trend of Own Source Revenue collected                | Own source revenue collection improved   |
| Good Governance and Administrative Services Enhanced | Government financial accounting procedure adhered to and strengthened by June, 2021   | Number of Audit queries related to accounting system | Sound accounting system and safe keeping of all accountable documents enhanced |
| Good Governance and Administrative Services Enhanced | Conducive working environment ensured to 15 staff by June, 2021   | Availability of working equipment                    | Conducive working environment improved   |
| Good Governance and Administrative Services Enhanced | Transparency and accountability of Financial Management improved from 70% to 90% by June, 2021  | Financial reports submission dates against deadlines | Production of quality and timely financial reports improved                    |
| Good Governance and Administrative Services Enhanced | To ensure businesses and entrepreneurs follow government regulations, procedures and ethics and appropriate revenue is collected by the council by June, 2021 | Number of business license issued per year           | Business license provision system improved                                     |

**SECTION/UNITY: LEGAL**

| <b>OBJECTIVE</b>  | <b>TARGET</b>   | <b>PERFOMANCE INDICATOR</b>   | <b>SERVICE OUTPUT</b>  |
|---|---|---|--|
| B: National Anti- Corruption Implementation Strategy Enhanced and Sustained       | Legal Rights and enforcement of by-laws in 37 Wards and 135 villages coordinated by June 2021             | Number of cases received and attended<br>Availability of Wards Tribunal | Rule of law enhanced   |
| D: Quality and Quantity of Socio – Economic Services and Infrastructure Increased | Availability of working tool in Legal Unit increased from 50% to 80% by June 2021                         | Number of computers and working tools                                   | Ensure availability of working tools   |
| E: Good Governance and Administrative Service enhanced                            | Organizational Structure and Institutional Management at all levels improved from 60% to 90% by June 2021 | Number of service agreement achieved with public private partnership    | Organizational Structure and Institutional Management at all levels strengthened |

**SECTION/UNITY: TRADE**

| <b>OBJECTIVE</b>  | <b>TARGET</b>   | <b>PERFOMANCE INDICATOR</b>                | <b>SERVICE OUTPUT</b>                  |
|---|---|--|--|
| D: Quantity and Quality of Social economic Services and Infrastructure improved | Business license provision in 37 wards improved from 75% to 100% by June 2021     | Number of business license issued per year | Business license provision improved    |
| E: Good Governance and Administrative service enhanced                          | Availability of working tool in Trade unit increased from 50% to 80% by June 2021 | Availability of office equipment           | Conducive working environment improved |

**SECTION/UNITY: ICT**

| <b>OBJECTIVE</b>  | <b>TARGET</b>  | <b>PERFORMANCE INDICATOR</b>                                  | <b>SERVICE OUTPUT</b>                      |
|---|--|---|--|
| C: Access to quality and equitable social services delivery improved.           | Implementation of Plan Preventive maintenance to all ICT devices.  | 99.95% Availability and accessibility of the systems          | Management of Information systems Enhanced |
| C: Access to quality and equitable social services delivery improved.           | Increase number of site viewers ranging from 30% to 70% by providing ads and updating website information whenever available by June 2021. | Information Dissemination using websites and other multimedia | Access of multimedia systems improved      |
| D: Quantity and Quality of Social economic Services and Infrastructure improved | Installation and configuration of LAN infrastructure to office from 30% to 70% by June 2021.   | Number of offices with standard local area network "LAN"      | ICT Infrastructure improved                |
| E: Good Governance and Administrative service enhanced                          | Availability of working tool in ICT section increased from 50% to 80% by June 2021   | Availability of office equipment.                             | Conducive working environment improved.    |

**SECTION/UNITY: INTERNAL AUDIT**

| <b>OBJECTIVE</b>   | <b>TARGET</b>  | <b>PERFOMANCE INDICATOR</b>                           | <b>SERVICE OUTPUT</b>   |
|--|--|---|---|
| C: Access to Quality and Equitable Social Services Delivery Improved | Ensure internal financial control system by June 2021                | Number of Audit queries related to internal controls  | Production of quality and timely financial reports improved             |
| C: Access to Quality and Equitable Social Services Delivery Improved | Clean audit report acquired by the council annually by the year 2021 | Number of audit queries related to accounting systems | Assurance of internal control systems for financial management enhanced |

**SECTION/UNITY: PROCUREMENT**

| <b>OBJECTIVE</b>   | <b>TARGET</b>   | <b>PERFOMANCE INDICATOR</b>              | <b>SERVICE OUTPUT</b>                                     |
|--|---|--|---|
| C: Access to Quality and Equitable Social Services Delivery Improved | Efficiency and effective procurement services improved by June 2021                           | Availability of office equipment         | Ensure availability of working tools                      |
| C: Access to Quality and Equitable Social Services Delivery Improved | Government procurement procedures and regulation adhered to and strengthened by the year 2021 | Number of community projects implemented | Increased accessibility of public services infrastructure |