

**ELCT KARAGWE DIOCESE  
NYAKAHANGA DESIGNATED DISTRICT HOSPITAL**

**ANNUAL REPORT 2010**

**TABLE OF CONTENTS**

1.	INTRODUCTION.....	PAGE 2
2.	GENERAL REVIEW OF 2010.....	PAGE 4
3.	HOSPITAL MANAGEMENT AND ADMINISTRATION.....	PAGE 6
4.	FINANCE.....	PAGE 8
5.	STAFF.....	PAGE 9
6.	TRAINING.....	PAGE 10
7.	HOSPITAL CURATIVE SERVICES.....	PAGE 11
8.	OTHER SERVICES, PROGRAMMES AND PROJECTS.....	PAGE 16
9.	SUPPORT SERVICES.....	PAGE 19
10.	SPIRITUAL SERVICES.....	PAGE 21
11.	VISITORS.....	PAGE 21

## **1. INTRODUCTION**

### **1.1 Background Information**

Nyakahanga Designated District Hospital (DDH) started in 1912 as a small first aid unit headed by a local wound dresser. In 1953, the unit was expanded into a 60-bed hospital that was again extended to 200 beds in 1965, partly with Danida assistance. Swedish, German and Danish Lutheran churches have assisted the hospital with personnel, equipment and both minor and major improvements over the years.

Nyakahanga started to serve as a District Hospital in 1972. In 1992, an agreement was signed to make it a Designated District Hospital and a board of Governors that draws members from the Government and ELCT Karagwe Diocese was formed. According to this agreement, ELCT Karagwe Diocese retains the hospital ownership. The hospital has 208 registered beds, although extra beds are often required increasing its actual capacity to 224. It provides both curative and preventive services. In addition, there are 4 ELCT dispensaries that are supervised by the hospital as follows: Ibamba, Nyakatera, Karagwe Secondary, and Katenga. Other health centres and dispensaries within the district belong to either the Kayanga Catholic Diocese or to the District Council. As with other DDHs, the government is responsible for the recurring expenditure and the church is responsible for any capital expenditure.

### **1.2 Location and Profile**

Nyakahanga Designated District Hospital is located in Karagwe District. Karagwe is one of the eight districts in Kagera region in the north-western corner of Tanzania and is itself located in the North-western part of the Kagera region. It is bounded by Ngara district in Southern part. River Kagera and Uganda lie in the Northern part of the district. Two districts namely Muleba and Bukoba bound the Eastern part. River Kagera and Rwanda bound the Western part.

The total area coverage is 7,716 square kilometres. Land area coverage is 5534 square kilometre and water area coverage is 1200 square kilometre. Karagwe district lies just below the Equator and east of 30°E [Position: 1° – 2° south (latitude) 30.6° – 31.4° East (longitude)].

The district has a tropical climate with an average annual rainfall of 1040mm. Rainfall distribution is bimodal with peak rains falling between September to December and March to May. The period between January and February is dry and between June and September there is a period of marginal or no rainfall. In general, rainfall decreases from East to West. The climate is generally favourable for agricultural development and thus household food security is assured throughout the year.

### **1.3 Administration**

Karagwe district is divided into 4 divisions, 28 wards and 115 registered villages. There are two parliamentary constituencies with elected members of parliament of Karagwe and Kyerwa.

#### **1.4 Transport and Communication**

The hospital is able to communicate with the rest of the world by road, water, air, post, telephone, radio call, fax, Internet and e-mail. In common with much of Tanzania however, travelling by road is challenging as most of the local roads are not tarmacked. During heavy rains roads are impassable. The hospital is 120 km away from Bukoba town where the Regional Hospital is located. As regards electronic communication, although the hospital has a rudimentary network and is connected to the Internet, connections are very slow.

#### **1.5 Other Health Units in the District**

There are two other hospitals, both owned by Kayanga Catholic Diocese in Karagwe District. Isingiro Hospital has 80 beds and is 80km away from Nyakahanga, and Nyakaiga Hospital has 50 beds and is 45km away. There are three rural health centres and 46 dispensaries. Among the three rural health centres, two belong to the Government and the Kayanga Catholic Diocese owns the third health centre. As regards to the dispensaries, 37 belong to the government and the rest are privately owned.

#### **1.6 Population**

Karagwe district has approximately 600,000 inhabitants. The natural growth rate is 2.9%, the birth rate is 4.6% and the death rate is 2.0%. Children up to the age of five years are approximately 139,761. 25% - 30% of the total population make up the Nyakahanga Hospital catchment's population. The major tribal groups now living in the district are the Nyambo, Haya, Rwandese and Kiga, with the Nyambo tribe being the original inhabitants. The Hayas from Bukoba district arrived in the 1950s and Rwandese refugees also coming into Karagwe during the early 1960s.

#### **1.7 Economic Situation**

Agriculture is the main economic activity employing more than 90% of the population. The major cash crops are coffee and beans. Food crops include bananas, potatoes, beans, maize, millet, vegetables and fruits. Livestock keeping is the second most important activity in the district. Of the three agro-ecological zones in the district, the south-eastern zone experiences food shortages due to poor soils and little rainfall.

## 2. 2010 GENERAL REVIEW

### 2.1 Overview

Generally the provision of health care services during 2010 was without incident. Outpatient workload increased by 6% with the average daily attendance rising from 107 in 2009 to 114 patients per day. Inpatient bed occupancy rate remained at 88%, although for some wards e.g. maternity, this figure frequently exceeded 100%. Under five and pregnant women accounted for 61% of all admissions and 54% of total inpatient days. Caesarean sections accounted for 67.3% of all major operations performed. Like other parts of the Lake zone, malaria continued to be a major cause of admissions. Encouragingly, HIV seropositivity among blood donors decreased to 1.5%, 8.3% less than 2009.

The AMREF specialist outreach programme was carried out as scheduled with the hospital receiving services from the following specialists: a Gynaecologist, a Urologist, a General Physician, a Paediatrician, a General Surgeon, and an ENT Surgeon. The hospital continued to receive funds from Government grants, although these were often late and smaller than expected. The Basket Fund programme improved the availability of drugs and other supplies.

The hospital is very grateful for support from the following organisations:

- Locally based partners such as The Rotary Club of Still Waters, The Rotary Club of Karagwe, ATEGRIS GmbH, DanMission and DMCCDD.
- Partners from abroad who continued to support the hospital financially, materially and with visiting specialist personnel.
- Friends in the USA who committed themselves to sustain their cash contribution to the food and milk fund, which was started in 2006.

### 2.2 Challenges

Although the hospital has dealt with many of the challenges it faces, several remain as follows:

- **Financial pressures.** In the year 2009/10 the financial gap was significant. Budgeted running costs were TSh 2,433,258,914, however the actual amount received was only TSh 1,454,713,309 – this represents a shortfall of 40.2%. As a result, the hospital is now facing difficulties in paying its bills to TANESCO, communication companies, water authorities and other service providers.
- **Insufficient staffing levels.** Further information is shown in Section 5 of this report.
- **Inadequate drugs and medical supplies.** This is partly due to insufficiency of funds for drugs received from the Government on one side (the General Budget for drugs was TSh 335,661,864.00, received TSh 178,795,996.00 equivalent to 53% of the need). On the other hand, frequent missed items from MSD had made the situation even worse. Other factors include the outdated system in handling logistics in our central pharmacy, leading to poor drug management especially inventory and reorder levels.

- **Poor infrastructure.** Most of the buildings are old and do not provide enough space for either patients or staff. In addition, the lack of funds to make minor repairs or to carry out basic maintenance has resulted in worsening condition as listed here:
  - Inadequate patient treatment facilities which leads to overcrowding and increased risk of cross infection
  - No offices for doctors which makes it difficult to locate them quickly after they have completed their ward rounds
  - Old and inadequate staff houses
  - A shortage of clean water and an out-of-date sewage system
  - An electrical system that frequently fails due to old circuits
  - Poor communication systems. Intercom systems have broken down and the network is insufficient to meet current needs

### **2.3 Priorities for 2011**

Using the limited resources available, the hospital will continue its efforts to improve the quality of services and hospital performance as a whole.

#### **Infrastructure development**

- To build a new water reservoir (with a capacity of 45,000 litres) expected to be partly supported by the Lottery Club of Oberhausen through ATEGRIS
- To install lightning protecting systems
- To install a new intercom system
- To complete work on the Infusion Unit
- To expand the Reproductive Child Health Clinic, adding two more consultation rooms and installing a water supply
- To continue with maintenance of our buildings and other infrastructure.
- To continue the existing programme of environmental cleanliness and planting of trees and flowers in and around the hospital
- To construct a Central Sterilisation Centre
- To develop Omurushaka House for future hospital use

#### **Management**

- To conduct a cost analysis of services provided by the hospital
- To install a Hospital Information Management System (AfyaPro) so that patient management can be improved

- To improve the management of drug and medical materials (a project to be implemented together with Hochschule Neu-Ulm University – Germany)
- To improve communication through regular managerial briefings and staff meetings
- To review the structure of in-service training
- To develop staff and build capacity by:
  - Continuing with plans to establish a Nursing School
  - Developing staff through local colleges
  - Implementing 'on the job' training
  - Putting in place strategies for staff recruitment and retention
  - Promoting staff in a timely fashion

### **Financial capacity building**

- To put strategies in improving revenue collection
- To reduce unnecessary expenditure
- To initiate new income generating projects
- To implement timely and correct financial reporting

### **3. HOSPITAL MANAGEMENT AND ADMINISTRATION**

The governance of the hospital is as described below:

#### **3.1 Board of Governors**

This is the supreme body of managing the hospital as per the mutual agreement between the Tanzania Government and the ELCT Karagwe Diocese. The Board is made up of ten members, six of whom are from the Diocese and four from the Government. The Board is responsible for policy making and the overall smooth running of the hospital. The Board Chairperson is the Assistant to the Bishop (Dean) and the Medical Officer in Charge is the Secretary of this Board.

#### **3.2 Diocesan Medical Board**

As the owner of the hospital, the ELCT Karagwe Diocese supervise the running of the hospital through the Diocesan Medical Board. The Medical Officer In Charge and the hospital Matron are both members. The Medical Board is responsible for staffing of all workers with recognised certificates except doctors and management team who are appointed / employed by the Diocesan Executive Council. The Executive Secretary is the Diocesan Medical Secretary.

#### **3.3 Hospital Management Committee**

The committee is chaired by the Medical Officer in Charge who is responsible for the day-to-day running of the hospital assisted by members of this Committee who comprise: Hospital Secretary, Matron, and the Hospital Accountant. This committee is responsible for all decision making. A team of three i.e. the Medical Officer in Charge, Matron and the Hospital Secretary meet frequently to discuss issues which require immediate action.

#### **3.4 Hospital Advisory Committee**

This committee consists of all members of the management committee, the District Medical Officer, the Workers Trade Union representative (TUGHE), the hospital chaplain and five departmental representatives. The committee advises the Management team on different hospital activities. The committee meets twice a year.

#### **3.5 Departmental Meetings**

In order to ensure smooth running of the hospital there are heads of department who are responsible organising and chairing routine departmental meetings for the day-to-day activities of their respective units.

#### 4. FINANCE

As in previous years, the hospital had five main sources of income during the financial year 2009/10. The Government provided grants for salaries, drugs and other charges. Sources of income for the year 2009/2010 were as follows:

<b>Income Source 2009/10</b>	<b>% of total</b>
Government Grants	67%
Health Service Fund (cost sharing)	9%
Donations from Abroad	1%
Other Sources	6%
Basket Fund	17%

Expenditure is as shown in the table below:

<b>Expenditure 2009/10</b>	<b>% of total</b>
Staff Salaries	58%
Drugs	13%
Supplies	3%
Patient's Food	2%
Electricity	2%
Equipment and Vehicles	1%
All other Expenditure	21%

**Please note:** A detailed income and expenditure report is available on request.

## 5. STAFF

As in the previous years, inadequate staffing levels continue to be a problem, however fortunately there were minimum observed losses of qualified and experienced staff during the year with only 3 staff leaving the hospital and 12 new employees joining.

The budgeted establishment for the hospital was 277 staff in 2010, but at the end of the year there were just 217 staff in post, a shortfall of 22%. There was a particular shortage of nurses and doctors: at the end of the year, there were just 47 nurses in post against an establishment of 84, and 7 Clinical Officers against an establishment of 13.

The profile of clinically qualified staff is as follows:

- 2 Medical Officers
- 1 Dental Surgeon
- 1 Assistant Dental Officer
- 7 Assistant Medical officers
- 10 Clinical Officers
- 1 Assistant Clinical Officer
- 20 Nursing Officers
- 44 Nurses / Nurse Midwives
- 1 Laboratory Technologist
- 1 Pharmaceutical Technician

There are no specialist doctors currently in post.

## **6. TRAINING**

There are three ways in which employees upgrade their skills through courses offered at the hospital, including:

### **6.1 Laboratory Microscopist Class**

Sixty six ex-form four students were enrolled. They were taught to perform minor laboratory tests. The class has 2 part time teachers. Hospital experienced staff members also take part in teaching.

### **6.2 Continuing Medical Education**

Daily clinical conferences are conducted for all doctors, clinical officers, pharmacy and laboratory staff, and for senior nurses. Topics of interest are presented to all the clinical staff on weekly basis. The hospital library is open to all clinical staff from Monday to Friday.

### **6.3 Distance Learning Programme**

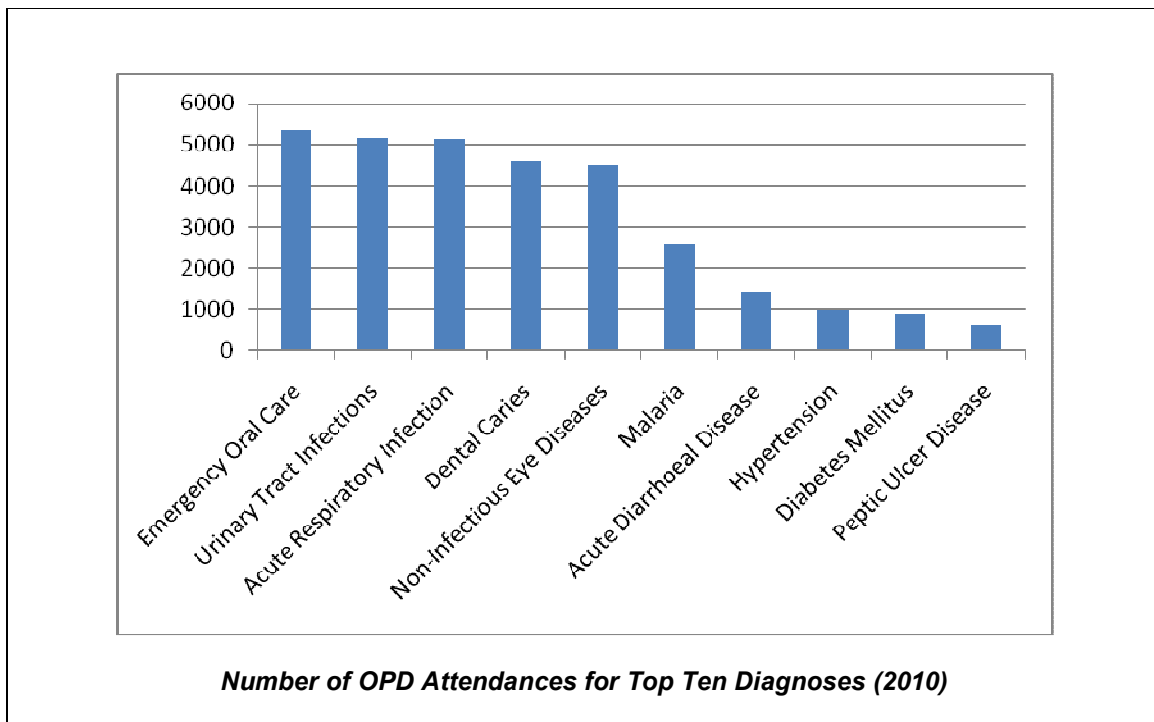
The staff at the hospital have set up a learning programme for nurses wishing to upgrade. Nurse Tutors from the hospital teach and provide continuous assessment examinations to these students before they go for their annual and final examinations in Magu. The class had 11 students in 2010: 8 were from Nyakahanga Hospital and 3 others were employees of local government facilities.

## 7. HOSPITAL CURATIVE SERVICES

### 7.1 Outpatient Department (OPD)

The outpatient department is open daily, and deals with emergencies as well as non urgent cases. Patients are triaged so that they are seen by appropriate grade of staff, either a clinical officer or a doctor. There is always a doctor on call to deal with emergencies after working hours and at weekends. Problems encountered are patients who report late for treatment, patients who self refer but could have been seen at a primary care facility, high workload, inadequate number of staff, working tools and infrastructure consultation rooms.

In 2010 there were 41,692 attendances making an increase of 6% compared to the year 2009. The average OPD attendance per day was 114. The most common ten diagnoses for those attending OPD in 2010 are as shown in the chart below:

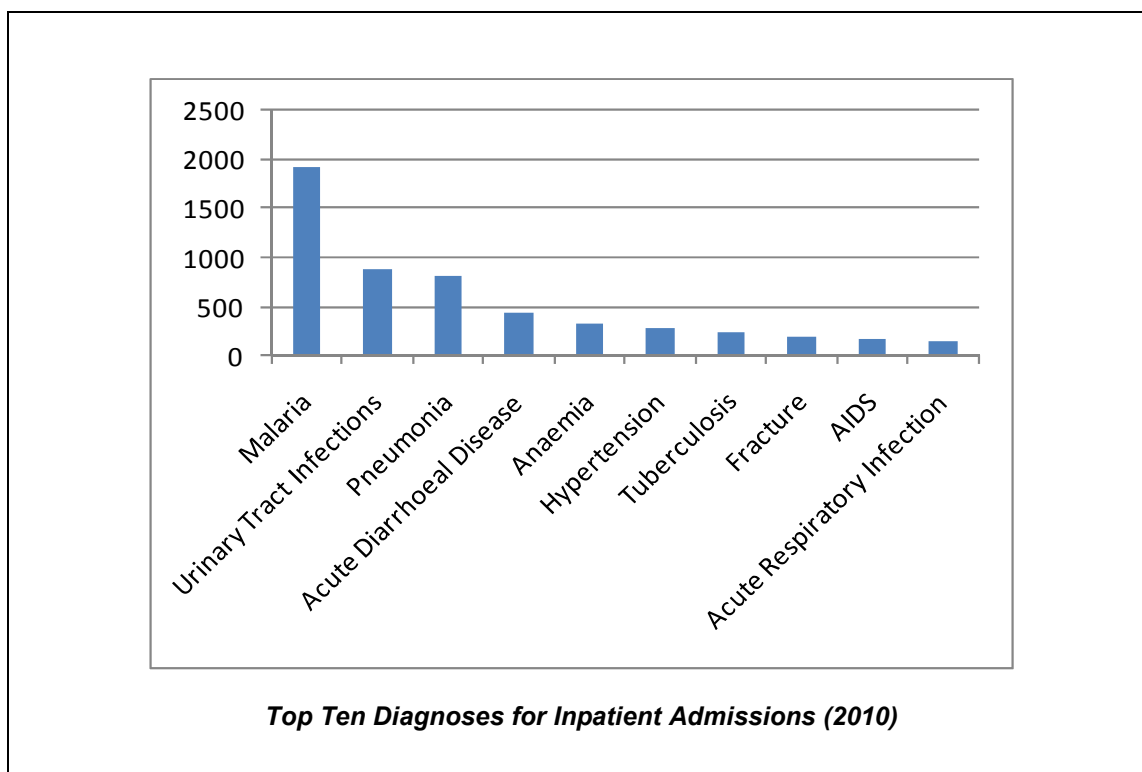


### 7.2 Inpatient Wards

The hospital has 200 registered beds although currently the actual number of beds is 224. Wards round are done five days a week and a doctor is always available to handle emergency cases after working hours. We encourage relatives of very ill patients to stay in the wards to help our nurses to look after them.

In 2010, there were 11,846 admissions with an average hospital stay of 5 days (down from 6 days in 2009). There was a slight increase in the number of admissions from the previous year, but the number is significantly less than 2006 / 7 when the number of admissions was in excess

of 15,500. Malaria is the leading diagnosis on admission accounting for 16% with the other top ten diagnoses being shown in the chart overleaf:



Although the overall bed occupancy rate for 2010 was 88%, this varied enormously by individual ward, with the maternity ward frequently exceeding 100% occupancy. Occupancy rates for ICU (3 beds) and the Isolation Ward (12 beds) had the lowest rates with ICU having no patients for five months of the year and the Isolation Ward was less than 50% utilised.

In 2010, the total number of deaths was 450 giving a hospital death rate of 3.7%, an increase of 2.6% from 2009. Anaemia and AIDS were the two primary diagnoses of patients who died accounting for 23% of all deaths. There were 22 cases of meningitis, and 8 of these died.

### 7.3 Obstetric and Maternity Services

The maternity ward has a total of 39 beds and 6 delivery beds. It is equipped with facilities for doing vacuum extraction, incubators for premature babies, an ultrasound machine, suction machines, and oxygen concentrators.

In 2010, the hospital delivered 3,484 babies, which was an increase of 14% from 2009. Unfortunately as in the previous year there were 15 maternal deaths. The Caesarian Section rate was 22%, representing an increase of 12% on the previous year. The hospital continued to receive late referrals of mothers in labour, which contributed markedly to the increased number of women with a ruptured uterus, causing both maternal and perinatal deaths. In order to

minimise mortality rates, the focus for medical education during the year was on emergency obstetric care.

#### **7.4 Surgical Operations**

Generally, elective / cold surgery cases are done on Tuesdays and Thursdays with other days being used for emergency operations. The hospital still uses OMV and EMO inhalers with Ether and Halothane being the main general anaesthetic drugs used. Oxygen concentrator machines are used for the provision of oxygen. Experienced anesthetic nurses administer anesthesia to patients. All post-operative patients are then admitted to the surgical ward apart from obstetric cases that are admitted to the maternity ward.

In 2010 a total of 1,768 operations were performed at the hospital (1,123 major and 645 minor), an increase of 19% of major operations on the previous year. Caesarean sections accounted for 67.3% of all major operations.

#### **7.5 Dental Unit**

The unit has a Dental Surgeon and an Assistant Dental Officer as well as the standard equipment that is required to carry out routine surgery.

In 2010, there were 5,446 new attendances which represents a small increase of 1.6% from 2009. Dental caries accounted for 85% of all diagnoses made and 4,897 extractions were performed during the year.

#### **7.6 Tuberculosis and Leprosy**

The hospital adheres to the National Tuberculosis and Leprosy treatment protocols and the Regional and District TB and Leprosy Coordinators (DTLC) conducted regular supervisions. The DTLC office is located within the hospital premises.

During 2010, the hospital had 247 new TB cases and 4 relapses. The number of new cases decreased by 18.5% compared to the year 2009. No new leprosy cases were identified.

#### **7.7 Ophthalmology**

Eye services are delivered both at the hospital and on an outreach basis. Patients usually attend outpatients in the first instance and are then referred on to the Eye Clinic.

The number of patients attending the Eye Clinic increased significantly from 2009, with 2,468 attending the hospital and 185 attending the mobile service, with the most prevalent diagnosis being allergic conjunctivitis (1,044). Most patients present with more than one diagnosis and other common diagnoses are cataract (294), blind eye (415), hyperopia (307). The most common surgical procedure is corneal removal.

## 7.8 Palliative Care

The hospital has provided palliative care services since 2008. The team comprises a Specialist Nurse, a Doctor, Pharmacist, Physiotherapist and an Evangelist. This service is given to patients in the Hospital and within the catchment area and to some special cases outside that perimeter (Home Based Care). A total of 537 patients received this service. In 2010 there were a total of 144 home visits and 23 day care services (day care is conducted in selected location e.g. School on selected days). Service providers find their clients and give them education and treatment wherever necessary. The table below shows the diagnosis of those patients visited by the palliative care team.

	HIV/AIDS	CANCER	OTHERS	TOTAL
MALE	136	23	32	191
FEMALE	286	32	28	346
TOTAL	422	55	60	537

## 7.9 Diabetic Clinic

The Diabetic Clinic runs every Wednesday providing the following services to all diabetic patients resident in the district: education sessions, lab testing, free diabetic treatment and treatment for complications. The hospital has seen an increase in the numbers of people diagnosed with diabetes, and the table below shows the figures for 2010.

	CURRENT CASELOAD			NEW CASES
	TYPE 1	TYPE 2	TOTAL	
FEMALE	65	260	325	19
MALE	42	240	282	25
TOTAL	107	500	607	44

## 7.10 Psychiatry

Although the hospital does not have specific psychiatric facilities, care was provided by general duty doctors and nursing officers trained in psychiatric nursing. Patients with a psychiatric diagnosis alone have to go the Regional Hospital in Bukoba but 84 patients with a psychiatric condition alongside another presenting condition were admitted to the hospital. 467 patients

with a psychiatric diagnosis attended the hospital during the year, which represents an increase of 5.3% on the previous year. The profile of diagnoses is shown in the table below.

CATEGORY OF DIAGNOSIS	OPD		INPATIENT	
	< 5 YEARS	5+ YEARS	< 5 YEARS	5+ YEARS
PSYCHOSES	0	35	0	38
NEUROSES	0	176	1	31
EPILEPSY	4	166	1	15
<b>TOTAL</b>	<b>4</b>	<b>377</b>	<b>2</b>	<b>84</b>

## **8. OTHER SERVICES, PROGRAMMES AND PROJECTS**

### **8.1 Primary Health Care (PHC)**

The Danida sponsorship of the Primary Health Care Programme which started in 2001, unfortunately came to an end in April 2010. The programme objective was to strengthen primary healthcare services within the catchment area but beyond the hospital compound itself. It aimed to address the root causes of health problem in collaboration with all stakeholders with an ultimate goal of community empowerment and sustainability of health services. PHC activities were carried in Kamuli Ward, Kitwe and Ruhita villages. The key health promotion and prevention activities were:

- Immunisation
- Antenatal service
- Family planning
- School health education
- Weight monitoring for children up to the age of 5 years
- Dental care outreach services
- Traditional birth attendants training
- Water and sanitation programmes
- Malaria preventive program, which included the distribution of mosquito nets
- Village health committee seminars

Although programme sponsorship has come to end, many of its activities are still carried out by hospital in its daily provision of services.

### **8.2 HIV/AIDS Control**

The ELCT AIDS Control Project is responsible for carrying out the following activities at the hospital: Counselling, Health Education, HIV Screening, and support to patients with HIV / AIDS. Counselling services are also offered to people coming for blood donation.

HIV seropositivity among blood donors at the hospital for the past 5 years is as shown overleaf and encouragingly shows a huge reduction:

	NO. OF DONORS	HIV +VE	% +VE
2006	2329	414	17.8%
2007	2000	369	18.5%
2008	1522	209	13.7%
2009	1127	111	9.8%
2010	1465	22	1.5%

### 8.3 HIV/AIDS Care and Treatment Centre (CTC)

The hospital is accredited by the Ministry of Health to provide care and treatment for HIV/AIDS patients. The CTC is supported by Columbia University, Mailman School of Public Health. The hospital also has a service in the Reproductive and Child Health department which is supported by AMREF.

By end of December 2010, the CTC had a caseload of 2,971 patients, 1,630 (55%) of whom are on Anti-Retroviral Therapy (ART). 37 of these were pregnant women and 51 were children aged under 4 years. 58% of those on ART were females aged over 14.

### 8.4 Immunisations

The Reproductive and Child Health Clinic carried out Immunisation Programmes in accordance with national policy. Vaccines given were BCG, Polio, DPT, Measles and Tetanus. The unit participated actively in national immunisation campaigns. Over 20,000 separate injections were given during 2010.

### 8.5 Antenatal Service

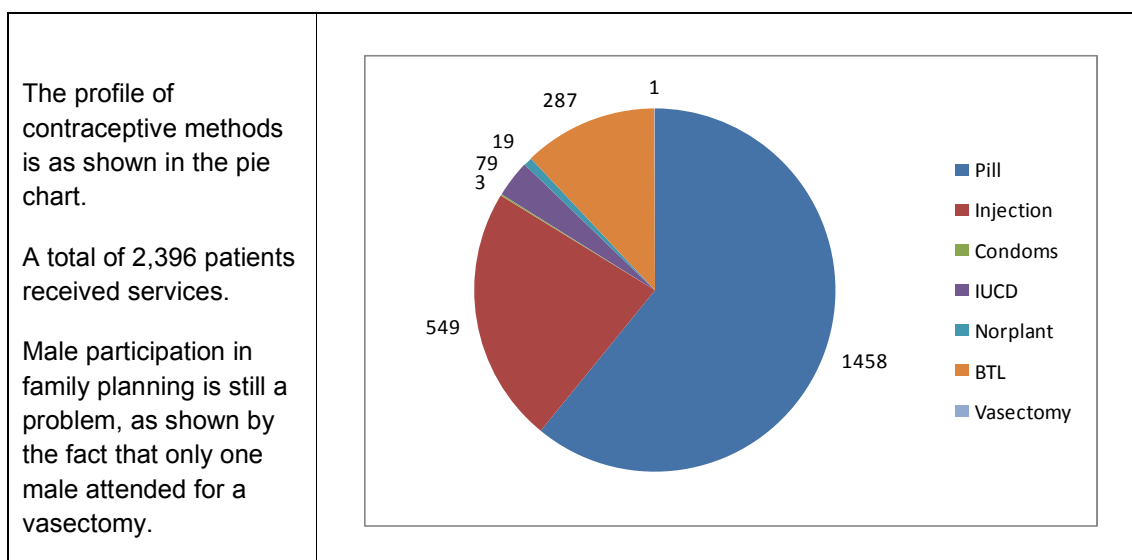
Antenatal services were carried out as planned in 2010. Of concern is the number of pregnant women (65% of the total) who only started to attend the service on or after the 20<sup>th</sup> week of pregnancy. The table below shows the patient profile for 2010.

	NO OF WOMEN
1 <sup>st</sup> visit before 20 weeks	756
1 <sup>st</sup> visit at 20 weeks or above	1391
Revisit	5967

	NO OF WOMEN
Five pregnancies and above	336
Maternal age < 18 years	156
Maternal age > 35 years	138
Severe anaemia	1
Other risky conditions	108

### 8.6 Family Planning

A wide range of family planning services are offered at the hospital, however the service faces many challenges including: shortage of supplies, shortage of trained staff, and a lack of adequate rooms for procedures. The operating theatre has to be used for Bilateral Tubal Ligations (BTL) and if an emergency procedure is needed, then these have to be postponed or cancelled.



### 8.7 School Health Programme

The school health program was conducted in 4 primary schools within and out of the Nyakahanga PHC catchment's area. School namely in KAMULI WARD (Kitwe & Ruhita villages) Mishisha, Kitwe, Ibamba and Nyerere.

## **9. SUPPORT SERVICES**

### **9.1 Laboratory**

The laboratory staff comprise one Laboratory Technologist, two Laboratory Assistants and six Laboratory Attendants.

In 2010, a total of 106,885 tests were done which was an increase of 22% compared to 2009. Blood slides accounted for 87.7% of total tests done. We were able to perform most of the basic laboratory tests. However during the year, we experienced occasional shortages of some reagents e.g. SGOT, SGPT, Na<sup>+</sup>, K<sup>+</sup> and Cl<sup>-</sup>, Widal, Pregnancy, and Glucose.

### **9.2 Diagnostic Radiology Department**

One Assistant Medical Officer and three Radiographic assistants run the department.

During 2010, 4,031 X-ray examinations were done with chest x-rays taken accounting for 53.4% of total x-rays examinations done. Unfortunately, we experienced several breakdowns of the x-ray machine. 3,007 ultrasound examinations were performed during the year.

### **9.3 Pharmacy**

The hospital pharmacy team comprise one Pharmaceutical Technician, three Pharmaceutical Assistants and four Medical Attendants. The main source of drugs and medical supplies is the Zonal Medical Stores (MSD). Other sources of supplies are private pharmacies and donations.

During 2010 (and now), the main problem was frequent stock shortages of essential drugs due to either lack of funds to buy or unavailability of items from MSD. Basket Fund allocations improved the availability of drugs and other medical supplies.

The infusion making plant continued to operate normally and the hospital produces different types of intravenous fluids; Normal Saline, 5% Dextrose, Dextrose/ Saline, Blood Bottles, Ringer lactate, water for injection and eye drops. In 2010, 6,524 litres was produced. Key challenges for this unit include the small number of staff, frequent breakdowns and out of stock of materials (bottles, caps and reagents).

In December 2010 the hospital was visited by Consultant Pharmacist, Dr. Gonnermann and Ms. Kerstin Schultheiß from Hochschule Neu-Ulm University. They have set up a project to help with hospital pharmacy management which will be implemented in during Sep – Nov 2011.

#### **9.4 Medical Records Department**

Patients' records are kept at OPD. We still use a manual way of keeping patients' records. However we have started to computerize some of patient statistics.

#### **9.5 Technical Department**

This department deals with all technical matters including medical equipment, plumbing, carpentry, electricity, motor vehicle mechanics and plant mechanics. The hospital has a contract with KAMTES (based in Bukoba) who make scheduled maintenance visits to the hospital, and this has been a great help. In addition to this service however, the hospital did occasionally have to hire other technicians to repair equipment.

#### **9.6 Domestic Department**

##### **Catering Services**

The hospital provides food to a small number of inpatients who are unable to feed themselves. We were able to sustain supply of food though kind assistance from the friends in USA who contributed to the fund. With the limited budget, it is becoming extremely difficult to provide food to a large number of patients.

##### **Laundry Services**

Laundry attendants provide this service for the hospital. They use new model electric operated machines. During 2010, although the water supply was adequate, some machine breakdowns were encountered. The facility needs lightening protecting gadgets to safeguard the valuable machines.

##### **Estate Services**

Staff work hard to keep the hospital compound clean and attractive, and to this end, flowers and trees have been planted around the hospital grounds. Staff who are accommodated within the facility compound, are encouraged to observe environmental cleanliness.

##### **Water supply**

The hospital is faced with big challenge in meeting the demand for water. The big still-made water reservoir has which was built in 1970 has worn out and had to be shut down. Now we have to pump water from the source down the valley directly to the hospital system. This resulted in massive electrical bills and risk of expensive machine (pumps) breakdown.

The hospital works closely with its partner ATEGRIS from Germany to build a new reservoir tank. As alternative source of water, the hospital has several water tanks for harvesting rainwater from roofs of some buildings amounting to 870,000 litres.

## **10. SPIRITUAL SERVICES**

The Hospital Chaplain works in collaboration with the Evangelist and is responsible for providing spiritual care to the patients and staff. Daily morning devotions for hospital staff were conducted as usual and the majority of staff attend these services.

Counselling services were also offered to the patients, their relatives and hospital staff. 3,539 patients were seen for spiritual services. Palliative and Hospice care was also provided with home visits being made alongside a Nurse.

## **11. VISITORS**

The hospital received many visitors throughout the year, including those from church partners in Denmark, Sweden, Germany and the USA. In total, 350 visitors came to the hospital.

Report submitted by

DR. ANDREW CHARLES CESARI, MD. PgD. Hosp. Mgt

**MEDICAL OFFICER IN CHARGE**