

**2007**

**E L C T**

**Nyakahanga**

**Hospital**

**ANNUAL REPORT**

## **1. INTRODUCTION**

### **1.1 Background Information**

Nyakahanga Designated District Hospital started way back in 1912 as a small first aid unit headed by a local 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. A board of Governors that draws members from the Government and ELCT Karagwe Diocese was formed. According to the agreement, ELCT Karagwe Diocese retained the hospital ownership. The hospital has a bed capacity of 200. It provides both curative and preventive services. There are 3 ELCT dispensaries that are supervised by the hospital. ELCT dispensaries are; Ibamba, Nyakatera and Karagwe Secondary. Other health centres and dispensaries within the district belong to either the Rulenge Catholic Diocese or the District Council.

Like other Designated District Hospitals, the government is responsible for the recurrent expenditure and the church being the owner of the hospital, is responsible for the capital expenditures.

### **1.2 Location and Profile**

Nyakahanga Designated District Hospital is located in Karagwe District. Karagwe is one of the six districts in Kagera region in the North Western corner of Tanzania. It is found in the Northwestern part of 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 6,734 square kilometres. Land area coverage is 5534 square kilometre. 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)], while Nyakahanga hospital lies on 1656 metres elevation with GPS location at 01° 36.222' North/South and 031° 08.499' East/West.

The district has a tropical climate. The average annual rainfall is 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. June to September 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.

### **1.2.1 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.

### **1.2.2 Communication**

Nyakahanga hospital can communicate with the rest of the world by roads, water, air, post, telephone, radio call, fax, Internet and e-mail. Like most parts of the country, our road communication system is very rough. During heavy rains roads are impassable. The hospital is 120 km away from Bukoba town where the Regional Hospital is located.

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

There are two other hospitals (voluntary agencies) namely, Isingiro which is about 80km away from Nyakahanga, and Nyakaiga about 45km away. The Rulenge Catholic Diocese owns the two hospitals. There are three rural health centres and 46 dispensaries. Among the three rural health centres, two belong to the Government and the Rulenge Catholic Diocese owns the third health centre. As regards the dispensaries, 37 belong to the government and the rest are privately owned.

## **1.3 Population**

Karagwe district has approximately 489,483 inhabitants. Males are estimated to be 249,636 while females are estimated to be 239,847. The natural growth rate is 2.9%, crude birth rate is 4.6% and the crude death rate is 2.0%. Children up to the age of five years are approximately 139,761. 25% - 30% of the total population make the Nyakahanga Hospital catchment population. The major tribal groups found in the district are Nyambo, Haya, Rwandese and Kiga. The Nyambo tribe originally inhabited the district. The Hayas from Bukoba district started to move in from 1950's. Rwandese refugees also found their way into Karagwe in early 1960's. These four major tribal groups have some similarities and differences culture wise.

## **1.4 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. There are three Agro-ecological zones, the Northwestern zone, the central zone and southeastern zone. The southeastern zone experiences food shortages due to poor soils and little rainfall.

## **2. GENERAL REVIEW OF THE YEAR**

### **2.1 Broad Overview**

Generally the provision of health care services went on smoothly. The hospital workload decreased slightly in the year 2006. The average OPD attendance decreased to 131 patients per day compared to 135 in the year 2006. The bed occupancy rate was 117% being an increase of 2% compared to the year 2006. Under fives and pregnant women accounted for 66% of all admissions. Caesarean section accounted for 67% of all major operations performed. Like other parts of the country, malaria continued to be a major cause of OPD attendances, admissions and deaths as well. The HIV seropositivity among blood donors in the year 2007 was 18.5% being an increase of 0.7% compared to the year 2006.

The AMREF specialist outreach programme was carried out as scheduled. The hospital received the following specialists; Gynaecologist, Urologist, Physician, Paediatrician, and Orthopaedic Surgeon.

Government grants were received in time except for some few occasions. The hospital pharmacies through MSD, with boost of Basket fund programme improved the availability of drugs and other supplies.

Water supply to the hospital improved markedly after completion of the water tank at Nyakagera water source, though the main saver tank with capacity of 120,000 Litres started leaking due to rust and old age. Thanks to our partners; Rotary club of Stillwaters and Rotary club of Karagwe for their support.

Our partners from abroad continued to support the hospital financially, materially and personnel. Thanks to friends in USA who committed themselves to sustain contribution in cash to the food and milk fund from 2006, to date.

### **ACHIEVEMENTS**

1. Renovation of Laboratory by providing new working tables with concrete slabs covered with tiles, cupboards, painting and provision of donation room and staff toilet. Make water available for twenty four hours for laboratory use.

2. Renovation of Ward Entebbe, repairing a leaking slab roof and all other damages within the ward.
3. Two washing machines and Dryer procured and transported to Nyakahanga hospital.
4. Employment of 16 staff of different cadre to cover for major deficiency in areas of Nursing, Clinicians, Records and Doctors. Also, secondment of 12 staff (8 Nurses and 4 Medical Attendants) from Karagwe District Council to fill in the gap.
5. Maintain the sponsorship of training to staff that was previously paid for by the hospital. Support short trainings, seminars, conferences and continuing medical education weekly. Secondary Education for private candidates was promoted and encouraged to staff. Total of ten staff graduated in 2007 ( Doctors 2, Nurses 5, Physiotherapist 1, Pharmaceutical Technician 1, Hospital Technician 1) Ten more are continuing with studies.
6. Facilitate Malaria prevention by providing treated mosquito nets to vulnerable groups.
7. Strategies put forward to reduce delay in late payment of staff promotion and salary areas.

### **CHALLENGES**

1. Marked high staff turns over, causing great deficiency in trained cadre staff.
2. Financial gap in budget, resulting into big loans to the facility.
3. Shortage of drugs and medical equipments due to none availability at Medical Stores Department.
4. Delay in disbursement of grants for recurrent expenditures.
5. Insufficient funds to support training and retention of staff.

### **PLANNED ACTIVITIES 2008**

- a. Renovate the infusion Unit to meet the standard specifications
- b. Purchase the Laundry Roller Ironer machine
- c. To build two soak away pits for sewage collections
- d. Computer Networking to Departments and training of health workers on its use. Computerise all hospital data.
- e. Install two washing machines and dryer, put them into use.

- f. Recruit one Pharmacist and two Pharmaceutical Technicians, clinicians and Nurses to cover the gap in human resource.

### 3. **MANAGEMENT AND ADMISTRATION**

The following are the levels of hospital Management:

- 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 10 members; six of whom are from the Diocese and four from the Government. The Board is responsible for policymaking 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. In 2006, the Board met once.
- 3.2 **Diocesan Medical Board:** The ELCT Karagwe Diocese being the owner of the hospital supervises the running of the hospital through the Diocesan Medical Board. The Medical Officer In charge and the hospital Matron are members of this Board. 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. In 2004, new members of the Medical Board were appointed by the Diocesan Executive Council.
- 3.3 **Hospital Management Committee:** The committee is headed by the Medical Officer in charge who is charged with the day to day running of the hospital assisted by members of this Committee. Other members are; The Hospital Secretary, Matron, and the Hospital Accountant. The committee is responsible for all decision-making issues. For easy execution of the day to day issues usually a team of three i.e. the Medical Officer In charge, Matron and the Hospital Secretary meet for immediate actions and solutions.
- 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 for day-to-day activities of their respective units. There are routine departmental meetings.

#### 4. **FINANCES**

Like the previous year, in 2006/2007 the hospital had four sources of income. The Government provided grants for salaries, drugs and other charges. The hospital source of income for the year 2006/2007 was contributed as follows:

Government grants	75.4%
Health Service fund (cost sharing)	12.5%
Donations from abroad	5.7%
Local Income	6.4%

Expenditures percentage wise were as follows:

Personal Emoluments	55%
Drugs	16%
Supplies	1.3%
Hospital diet	0.5%
Electricity	1%
Plants and Vehicles	2.5%
Upkeep of station	0.8%
All others	22.8%

#### 5. **STAFF**

The staff situation in the year 2007 had a big turn over. There was big losses of qualified and experienced staff. Mostly nurses, clinical officers and Nurse anaesthetists, who left between March and April, 23 at once, for employment in district Council. However, we received 8 nurses and 4 Medical Attendants posted to us by the district council. The number of Key hospital staff was as follows:

1. Doctors    1 Gynecologist  
                  2 Medical Officers  
                  1 Dental Surgeon  
                  1 Assistant Dental Officer  
                  7 Assistant Medical officers
2. 7 Clinical Officers
3. 16 Nursing Officers
4. 57 Nurses/ Nurse midwives

5. 1 Laboratory Technologist
6. 1 Pharmaceutical Technician

In 2007, a total of 28 left the hospital and 16 new employees joined the hospital  
(See appendices C.1, C.2 and C.3)

## **6. TRAINING**

In 2007, a total of 17 employees were pursuing their upgrading courses in various fields. 6 were funded by Nyakahanga hospital, 2 by ELCT Arusha HQ, 6 By Danmission funds and 3 self sponsored. ( see Appendix D )

### **Courses offered at the Hospital**

There is one course of one-year duration

#### **6.1.1 Laboratory Microscopists Class**

Thirteen ex-form four students were enrolled. They were taught to perform minor laboratory tests. The class has 2 part time teachers.

#### **6.2 Continuing Medical Education**

Daily clinical conferences were conducted for all doctors, clinical officers, Pharmacy and laboratory staff, and senior nurses. Topics of interest were presented to all the clinical staff on weekly basis. The hospital library was open to all clinical staff from Monday to Friday. It has four computers connected to the internet.

## **7. HOSPITAL ACTIVITIES**

### **7.1 CURATIVE SERVICES**

#### **7.1.1 Outpatient Department (OPD)**

In 2007, there were 47,718 attendances making a decrease of 3% compared to the year 2006. The average OPD attendance per day was 131. The decrease in OPD attendance in the year 2006 is due to the decreased cases of malaria in all age groups. The top ten causes of OPD attendance were Emergency oral care, Malaria, Dental caries, non infections eye diseases, acute respiratory infection, Peptic ulcer diseases, minor surgical conditions, hypertension, other dental diseases and rheumatoid & joint diseases. The outpatient department was open from Monday to Sunday to cater for ordinary cases and emergencies as well. There was always a doctor to cater for emergencies after working hours and weekends. At OPD patients was either seen by clinical officers or doctors depending on the condition and patient's grade. The problem of self-referrals was still there.

(See appendices F, G1, G2 for OPD attendance)

#### **7.1.2 Inpatient Department**

The Hospital has 200 registered beds. In 2007, the bed occupancy was 117%. A total of 15,899 patients were admitted with an average hospital stay of 5 days. Unlike OPD attendances, there was an increase of the number of patients admitted. The hospital death rate was 4.2% being a decrease of 0.7% compared to the year 2006. Malaria was the leading cause of deaths accounting for 32.7% of all deaths.

Wards round were done three days a week (Monday, Wednesday, and Friday). One doctor was always available to handle emergency cases after working hours.

Nurses of different cadres did the nursing care. We allowed relatives of very ill patients to stay in the wards to help our nurses to look after them. We had 6cases of measles with no death. There were 43 cases of meningitis, 27 died.

See appendices H, I & J for inpatient statistics)

### **7.1.3 Obstetrical Services**

The maternity ward has a total of 36 beds and 6 delivery beds. It is equipped with facilities for doing vacuum extraction, incubators for premature babies, ultrasound machine, suction machines, oxygen concentrators etc.

In 2007, we had a total of 4,750 deliveries being an increase of 35.6% compared to the year 2006. At the hospital, qualified nurse midwives/officers and doctors conduct deliveries.

The caesarian section rate was 18.9% being an increase of 2.9% compared to the year 2006.

We continued to observe the late referrals of mothers who were in labour. This contributed markedly to the increased number of perinatal deaths. Continued Medical Education with emphasis on emergency obstetric care was done to nurses working in the maternity ward.

There were 20 maternal deaths caused by factors shown in appendix K1, K2 & K3.

### **7.1.4 Surgical Operations**

In 2007, we performed a total of 1,036 major and 1,116 minor operations. Caesarean section accounted for 58.8% of all major operation performed. Generally, there was an increase of 0.2% for major operations done compared to the year 2006. Cold cases were done on Tuesdays and Thursdays. Other days were for ward rounds and emergency operations. We still use the OMV and EMO. Ether and Halothane are the main general anaesthetic drugs used. Oxygen concentrator machines are used for the provision of oxygen.

We have experienced anesthetic nurses who were able to administer anesthesia to patients with different conditions.

All post-operative patients were admitted to the surgical ward except for obstetrical cases that were admitted in the maternity ward.

(See appendix L for operations done)

### **7.1.5 Dental Unit**

In 2007, the Unit attended 4,514 patients being an increase of 8.5% compared to the year 2006. Dental caries accounted for 87% of all diagnoses made. The Unit has 2 doctors; Dental Surgeon and Assistant Dental Officer. The hospital is doing everything possible to equip the dental unit to the basic standard. Dental filling was done without break in resources, the whole year around.(See appendix M – for Dental Unit statistics).

### **7.1.6 Tuberculosis and Leprosy**

The National Tuberculosis and Leprosy treatment protocols were adhered to. The Regional and District TB and Leprosy coordinators conducted regular supervisions. The DTLC office is located within the hospital premises. We had 261 new TB cases and 1 relapses. The number of new cases increased for 39% compared to the year 2006. No patient with Leprosy was seen.

### **7.1.7 Ophthalmology**

Eye services were carried out on both static and outreach basis. The number of patients attended increased significantly. The outreach services were done to seven posts catered for by the hospital PHC unit.

(See appendix V for services offered in the year 2007)

### **7.1.8 Psychiatry**

In 2007, a total of 716 psychiatric patients were attended. The number of patients attended decreased by 6% compared to the year 2006.

The diagnoses made were as follows

DIAGNOSIS	OPD		INPATIENTS	
	< 5 YEARS	+ 5 YEARS	< 5 YEARS	+ 5 YEARS
PSYCHOSES	1	93	0	45
NEUROSES	0	152	3	27
EPILEPSY	111	262	2	20
<b>TOTAL</b>	<b>112</b>	<b>507</b>	<b>5</b>	<b>92</b>

Patients' care was done by general duty doctors and nursing officers trained in psychiatric nursing.

## **7.2 PRIMARY HEALTH CARE**

A five-year Primary Health Care Program funded by DANIDA through DMCDD started in September 2001 and ended in 2007, January. The program objective was to strengthen PHC services within Nyakahanga Hospital catchments area. It entails deliberate effort towards extension of the hospital services beyond the hospital compound to address the root cause in collaboration with the stakeholders with ultimate goal of community empowerment and

sustainability of the health services. This program was maintained under the basket fund and corroborative efforts of the village health committees.

The PHC activities were carried out in three Wards namely; Nyakahanga, Bugene and Ihanda. A total of ten villages were served namely: Nyakahanga, Bugene, Ihanda, Rukole, Chonyonyo, Kishao, Bujuruga, Omurusimbi, Bisheshe and Kashanda.

Activities, preventive and promotive services carried out were;

- HIV/AIDS Control
- Immunization
- Antenatal service
- Family planning
- School health education
- Weight monitoring for children up to the age of 5 years
- Village health committees seminars
- Eye care outreach services
- Dental care outreach services
- Traditional birth attendants training
- Water and sanitation
- Essential drugs Program
- Malaria preventive program – distribution of mosquito nets

PHC activities were carried out on both static and outreach basis. Villages served at Nyakahanga MCH clinic were – Nyakahanga, Bugene, Kishao, Omurushaka and Ihanda. Villages served on outreach basis were; Kashanda, Chonyonyo, Bisheshe, Bujuruga, Cherunga, Omurusimbi and Rukole.

(There is a detailed separate report on PHC activities)

### **7.2.1 HIV/AIDS Control**

The ELCT AIDS CONTROL PROJECT carried out HIV/AIDS Control activities. Activities done were; Counseling, Health education, HIV Screening, support to HIV/AIDS victims, counseling services were also extended to people coming for blood donation.

Based on blood donors at Nyakahanga Hospital the HIV seropositivity was increasing by 0.6% compared to the year 2004. HIV seropositivity among blood donors for the past 5 years is as follows

YEAR	TOTAL DONORS	HIV POSITIVE	HIV NEGATIVE	PERCENTAGE +VE
2003	970	229	741	23.6%
2004	1909	334	1575	17.5%
2005	1988	361	1627	18.1%
2006	2329	414	1915	17.8%
2007	2000	369	1631	18.5%

### **HIV/AIDS Care and Treatment**

Our Hospital was accredited by the Ministry of Health to provide care and treatment for HIV/AIDS patients. The clinic is supported by Columbia University, Mailman School of Public health.

Furthermore, we have PMTCT services provided by the Reproductive and Child Health Clinic. This service is supported by AMREF.

#### **7.2.2 Immunization**

MCH Clinic carried out the Immunization program according to the national policy. Vaccines given were BCG, Polio, DPT, Measles and Tetanus Toxoid. The unit participated very well in the National Immunization campaigns.

#### **7.2.3 Antenatal Service**

Antenatal services were carried out as planned. Many pregnant mothers started to attend after the 20<sup>th</sup> week of pregnancy.

#### **7.2.4 Family planning**

A wide range of contraception methods was offered. The number of women who came for surgical contraception (BTL) was 391, being a decrease of 13% compared to the year 2006. However many clients opted for injectables.

#### **7.2.5 School Health Program**

School health program was conducted in 42 primary schools within and out of the Nyakahanga PHC catchment's area.

### **7.3 SUPPORTIVE SERVICES**

#### **7.3.1 Laboratory**

In 2007, a total of 99313 tests were done being an increase of 3% compared to the year 2005. Blood slides accounted for 23% of total tests done. We were able to perform most of the basic laboratory tests. We experienced occasional shortages of some reagents e.g. for testing SGOT, SGPT, Na<sup>+</sup>, K<sup>+</sup> and Cl<sup>-</sup>.

The laboratory staff consisted of two laboratory Technologist, three laboratory assistants and 6 laboratory attendants. We were also privileged to be visited by Laboratory Specialists from AMREF Nairobi Kenya. Their inputs helped very much to improve the quality of service.

#### **7.3.2 X-ray Department**

2 Radiographic assistants ran the department. We experienced several breakdowns of the newly installed x-ray machine. X-rays examinations done were 2172; Chest x-rays taken accounted for 52% of total x-rays examinations done.

Ultrasound examinations done were 2547.

#### **7.3.3 Pharmacy**

The hospital pharmacy staff consisted of one Pharmaceutical Technicians, two Pharmaceutical Assistants and four other medical attendants. The main source of drugs and medical supplies was The Zonal Medical Stores (MSD). Other sources were private pharmacies and some donations. The main problem we faced was on and off out of stocks of some essential drugs at MSD. The Basket Fund allocations improved the availability of drugs and other medical supplies.

The drug revolving fund project continued very well. The infusion making plant continued to operate normally. We produced different types of intravenous fluids; Normal Saline, 5% Dextrose, Dextrose/ Saline, Blood Bottles, Ringer lactate, water for injection and eye drops. Supervisory visits from the Infusion unit in Moshi were done as scheduled. (See appendix U)

#### **7.3.4 Technical Department**

The department dealt with all technical matters including medical equipment, plumbing, carpentry, electricity, motor vehicle mechanics and plant mechanics. The department has

one trained hospital technician. Occasionally we had to hire technicians from outside the hospital to repair our equipment. Technicians from KAMTES made routine visits to the hospital.

### **7.3.5 Domestic Department**

#### **7.3.5.1 Catering Services**

The hospital provided food to all inpatients until Jan. 2006 when The World Food Program (WFP) stopped to support the hospital. Patients got 3 meals per day but now, food is given to those who are unable to feed for themselves.

We used firewood and charcoal for preparing food. We haven't started using electric cookers.

The food support from the World Food Programme came to an end on the 31<sup>st</sup> December 2005. We were able to sustain supply of food through kind assistance from the District Council and friends in USA who contributed to the fund.

#### **7.3.5.2 Laundry Services**

Laundry attendants carried out the service. They used electric operated machine. Water supply was adequate, Motor breakdowns were encountered since they are very old. At the end of the year we had managed to get new machines, two for washing and one dryer from friends to Bielefeld Hospital, Germany. All machines are still on the way to Nyakahanga.

#### **7.3.5.3 Estate Services**

Staff tried their best to keep the hospital compound clean and attractive. Flowers and trees were maintained in the hospital compound.

#### **7.3.5.4 Water supply**

Water supply to the hospital compound and staff houses was steady. We had some machine/pump breakdowns but did not significantly affect the hospital water supply. The hospital has big water tanks for harvesting rainwater amounting to 870,000 liters. With support from Dan mission/DMCDD, we overhauled the whole water supply system from the source to the hospital. We added a water collecting tank at Nyakagera water

source with support from Still Water Rotary club. However, our main receiver tank started to leak as soon as we finished the construction at Nyakagera water source.

### **7.3.6 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.

## **8. SPIRITUAL SERVICES**

The Hospital Chaplain who is responsible for providing spiritual care to the patients and staff heads the department. He also works in collaboration with the Evangelist. Daily morning devotions for hospital staff were conducted as usual. Almost all hospital staff participated fully.

Counselling services were also offered to the patients, their relatives and hospital staff. The hospital has 4 employees trained in clinical-pastoral education. Palliative/Hospice care has been an additional task, whereby home visits and care was given in collaboration with a Nurse.

## **9. VISITORS**

The hospital received visitors from several places. They came from within the district, region, and country, also from abroad. We received many visitors from our church partners in Denmark, Sweden, Germany and USA. In total we received 398 visitors.

## **10. ACKNOWLEDGEMENTS**

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- Church of Sweden Mission
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May our Heavenly Father bless all those who supported the Hospital in one-way or the other.

Submitted by

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