HAYDOM LUTHERAN HOSPITAL

Annual Report
2006

-To His Praise and Glory-

INTRODUCTION AND SUMMARY 4

BACKGROUND 4

VISION AND OBJECTIVE 4
CATCHMENT AREA 5

CORE ACTIVITIES 6

MEDICAL CARE 6
HOSPITAL SERVICES 6
OTHER MEDICAL SERVICES 6
PHYSICAL SUPPORT SERVICES 6
CAPACITY BUILDING 7
POVERTY ALLEVIATION 7

2006 RESULTS 7

SPECIAL EVENTS 7
MAMA KARI 7
INAUGURATING THE NEW DIRECTOR 8
OPENING OF THE NIMR RESEARCH STATION AT HAYDOM LUTHERAN HOSPITAL 8
Opening the Four Corners Cultural Programme 8
THE FARMS AT MULBADAW 8
HOSPITAL SERVICES 9
DISEASES 10
SERVICES 11
HIV/AIDS 11
Eye Clinic 12
HEALTH CENTERS AND DISPENSARIES RUN BY HLH 12
Kansay Health Center 12
Gendabe Health Center 12
Balangda Lalu Health Center 13
Bugir Dispensary 13
SALES OF DRUGS 13
PHYSICAL SUPPORT SERVICES 13
Job Description process and Human Resource Departmen 13
Care2x 13
Workshop 13
Intravenous Unit 14
Library 14
Tailoring Department 14

Vegetable Garden....14
Milk production 14
Pastoral and Social services. 14
CAPACITY BUILDING 14
ORGANISATIONAL REVIEW 14
NURSES TRAINING SCHOOL 15
RESEARCH PROGRAMMES....15
Research....15
COOPERATION WITH OTHER INSTITUTIONS (BOTH LOCAL AND FOREIGN) 16
POVERTY ALLEVIATION 17
OTHER ACTIVITIES 17
HOSPITAL REHABILITATION 17

FINANCIAL OVERVIEW....17

COOPERATION WITH GOVERNMENT....18

ASSESSMENT OF PROBLEMS AND RISKS AFFECTING THE SUCCESS OF THE PROJECT 18

GUESTS 2006....20

CONCLUSION 20

HAYDOM LUTHERAN HOSPITAL

Annual Report
2006

-To His Praise and Glory-

Introduction and Summary

In 2006 there were changes in the direction for Haydom Lutheran Hospital (HLH). As the year commenced, the Hospital embarked on the difficult task of further understanding its identity in a context of rapidly changing policies and resource environments. The year was still marked by the passing of Dr Ole Halgrim Evjen Olsen in 2005. Dr. Evjen Olsen was the founder of the hospital as we know it today. As the year has passed, the staff, together with the management, struggled to find its way. The challenge was to rise to the challenge of institutionalizing and understanding important management concepts necessary for continued quality services within the limited scope of the budget. The challenge remains in 2007 as there are clearly different levels of willingness and ability to change within the institution. Nevertheless the change processes started, all in the spirit of the late Dr Evjen Olsen, have come a very long way in the year passed. It is clear that the hospital staff, management and institutions are capable of moving forward, and this will therefore continue to be the goal also into the year 2007.

Background

Haydom Lutheran Hospital (HLH) was built in 1954 and has since its inception slowly developed to be one of the largest and most comprehensive development projects in Tanzania. It not only covers the medical needs of the people it serves, but also the developmental and human needs of the community. Its success is mostly due to the motto of the hospital- ***to His Praise and Glory***- where all people, be they staff, local capacities or foreign donors and friends, unite for this one purpose.

The success is also built on the unique philosophy of the hospital- ***same dance different drums***- where the beat of the developmental drum that the hospital follows, is the belief in the assistance and development of the whole human being, ***a holistic approach to health*****.**

Vision and Objective

To Cater for the Needs of the Whole Human Being- Physical, Mental, Spiritual and Social

This vision is the basis for the main objectives defined as

- Reducing the Burden of Disease
- Poverty Alleviation
- Building and Maintaining Institutional Capacity of both HLH and its Partners
- Improved Collaboration with Likeminded Institutions

In achieving these objectives, the hospital has decided upon a set of strategies for medical care, capacity building and poverty alleviation. These main strategies give the foundation for the core activities of the hospital.

Catchment Area

The total immediate catchment area of the hospital comprises 285,812 people, (according to the national Census 2002 and extrapolated using an annual population growth rate of 3.8% for Manyara Region and 2.3% for Singida Region). The total greater reference area is extrapolated to 1,970,947 people. The breakdown of these can be seen in the table below.

Table I

Immediate Catchment Area				**Greater Reference Area**	
District	***Division***	***Population***		***District***	***Population***
Mbulu	Total Dongobesh division	61,879		Hanang District (3.8% annual growth)	237,564
	Total Haydom division	83.484		Mbulu District (3.8% annual growth)	275,455
Hanang	Total Basotu division	67,622		Iramba District (2.3% annual growth)	401,986
Iramba	Total Nduguti division	72,828		Meatu District (3.3% annual growth)	283,473
Total		**285,812**		Mang'ola Ward, Karatu District (4.0% ann growth)	208,178
				Singida Rural District (2.3% ann. Growth)	438,502
				Singida Urban District (2.3% ann. Growth)	125,790
				Total	**1,970,947**

Immediate Catchment Area				**Greater Reference Area**		
District	Division	Population		District	Division	Population
Mbulu	Total Dongobesh division	61,879		Hanang District (3.8% annual growth)		237,564
	Total Haydom Division	83,484		Mbulu District (3.8% annual growth)		275,455

Hanang	Total Basotu division	67,622		Iramba District (2.3% annual growth)		401,986
Iramba	Total Nduguti division	72,828		Meatu District (3.3% annual growth)		274,417
Total		285,812		Karatu District (4.0% ann growth)		208,278
				Singida Rural District (2.3% ann. Growth)		438,502
				Singida Urban District (2.3% ann. Growth)		125,790
				Total		1,970,947

Core Activities

Medical Care

Maintaining a high quality of medical care is the central theme of the Hospital. The Hospital relies on the trust of the people it serves, and to maintain this trust, a high quality and accessibility of health services is needed. The medical care incorporates a close link between the curative, preventive and palliative care. In addition to this, because of the remote location of the hospital, adequate physical support services are essential.
The activities for this strategy in 2006 included:

Hospital Services

a. Surgical ward
b. General ward
c. Maternity ward
d. Tuberculosis ward
e. Pediatric Ward (Lena Ward)
f. Physiotherapy
g. Eye Department
h. Outpatient Department

Other Medical Services

i. Reproductive and Child Health Services
    i. Mother and Child Mobile Clinics
    ii. Male Mobile Clinics
j. HIV/AIDS
    i. HIV/AIDS Prevention and Outreach (HAPO) Project
    ii. Treatment and Care
    iii. Prevention of Mother To Child Transmission programmes
k. Mental Clinic
    i. Alcohol Rehabilitation Clinic
    ii. Epilepsy clinic
l. Diabetes Clinic
m. Dental Clinic
n. Ambulance Service
o. Drug Store
p. Pastoral Services
q. Centers and Dispensaries
    i. Kansay Health Center
    ii. Balangda Lalu Health Center
    iii. Gendabe Health Center
    iv. Bugir Dispensary
    v. Harbangheid Dispensary

Physical Support Services

r. Financial Department
s. Workshop
t. Laundry
u. Library
v. IV (intravenous) Unit
w. Tailoring Department
x. Vegetable Garden
y. Bookshop
z. Internet
aa. Milk Production

Capacity Building

During its 52 years of operation, the hospital has always put emphasis on building the capacity of the population it serves. This includes capacity building of the staff for the hospital as well as education for the general population in the catchment area. Through its Nurses Training School, and the research co-operation with foreign and local institutions, Haydom is promoting capacity building for other health institutions in Tanzania as well. In addition, the close co-operation with the Government of Tanzania has also made it possible for HLH to participate in health policy discussions in the country.

In 2006, HLH continued emphasis on:

a) Organisational review
b) Middle management Training
c) Nurses Training School
d) General staff upgrading
e) Staff training
f) Research programmes
g) Cooperation with other institutions, both local and foreign
h) Secondary School
i) Financing mechanisms
j) Organizational review and structure
k) Building a Police Station for the Haydom Community

Poverty Alleviation

Since its inception, HLH has recognised the importance of combating poverty to improve the health status of the target population. The Macro Economic and Health Report published by WHO, stresses the same issue. Haydom therefore continues to focus on infrastructure development, development of educational facilities, outreach programmes and food aid projects.

In 2006, HLH emphasised:

a) Infrastructure Development (Roads, Water etc.)
b) Food for Work (although less than previous years)
c) Farm and Crop Development (Consolidation of the activities on Mulbadaw farm)

2006 Results

Special events

Mama Kari

Mama Kari has continued her support to the hospital and she came back to live at Haydom after the passing of her husband. Mama Kari and Dr Olsen have been one subject of the same sentence, and now that she stands

alone, she chose to continue the effort of her late husband. She has been an immense support to the hospital and has acted both as an institutional memory bank and as a support to the administration. She has continued her work in the accounting department and has also continued her work of showing visitors the great joy of Haydom. It is partly thanks to her effort that the hospital has managed to stand its course through this difficult year.

Inaugurating the new director

In February 2006 the new director, Dr Øystein Evjen Olsen, was inaugurated into the position through a ceremony at the Haydom Lutheran Church. With participants from the congregation of Haydom, the Mbulu Diocese, the congregation of Mandal and the Friends of Haydom, this ceremony marked the importance of the church as a global institution fully trusting in God to lead the way for the new director, his family, the staff of the hospital and the hospital as a diaconical institution showing Gods greatness through compassion and action. The new Managing Medical Director focused on the definition and content of the meaning of diaconia, and its power as the implementation of the salvation of Christ.

Opening of the NIMR Research Station at Haydom Lutheran Hospital

In February officials and researchers from the National Institute for Medical Research were in Haydom to officially open an additional research station to NIMR. The offices at the hospital were inspected and officially opened, and official meetings further developed the plans and budgets for the collaboration.

Opening the Four Corners Cultural Programme

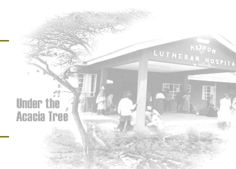
In March 2006, Haydom Lutheran Hospital sponsored a workshop addressing the cultural programme for the four linguistic groups in the HLH catchment area. The workshop brought together representatives from the four groups as well as representatives from the government, the districts in the catchment area and interested donors to discuss the possibility of starting a Haydom Four Corners Cultural Programme. The workshop discussed ways forward regarding the preservation and celebration of the cultural identity of each group and how to face the future in an environment where the challenges are escalating. The growing population coupled with scarcity of resources is moving cultures that before lived in coexistence, due to diverging interest and use of land, into conflict both over land issues and over historical and cultural understanding of their rights.

The workshop culminated in a way forward for a Haydom Four Corners Cultural Programme with the main purpose being to develop a program of cultural celebration and coexistence for the four ethno-linguistic groups in the catchment area based soundly on securing rights to land, education and health and preserving both the culture and language.

The programme was followed up with a workshop in November in which these activities were further developed and the design process for the programme started. Throughout the year emphasis was put on identifying participants with strong roots in their own communities, chosen by their own communities.

The Farms at Mulbadaw

The year was a challenging year for the farms at Mulbadaw. During the year the organization of the farm and its administration changed. In August the Haydom Development Company officially ceased its role as the managing company of the farms. This responsibility was taken over by the HLH Farms and Development Trust.



Hospital Services

The main activities of the hospital can be summarized in the table below.

Table 2 – Main activities of the hospital

.

Indicators	*Total*	*Haydom Lutheran Hospital*	*Health centres N = 3*
Staff		500	15
Beds		400	45
Inpatients	12629	11082	1547
Outpatients	56305	50129	6176
Health facility deliveries	3679	3201	478
Born before arrival	25	9	16
Home deliveries with nurse midwife, RCHS aides or traditional birth attendant	139	13	126
Pregnancy complications – In/outpatients	718	576	142
Caesarean sections and ruptured uterus operations	534	534 (525 + 9)	
Maternal deaths – Direct/Indirect	19	19 (2/17)	
Number of RCHS clinics (static/mobile)	4/35	1/27	3/8
New women examined – RCHS (39 clinics)	8164	6706	1458
New children examined – RCHS (39 clinics)	8378	6982	1396
Total women examined –RCHS (39 clinics)	32675	28113	4562
Total children examined –RCHS (39 clinics)	100809	83007	17802
PMTCT – women tested for HIV at RCHS clinics	5397	5397	
Estimated live births catchment area HLH [12,13]	11918	11918	
Percent estimated live births HIV tested in catchment area	45·3%	45·3%	
PMTCT – pregnant women tested	3884	3884	
PMTCT – lactating women tested	1513	1513	
HIV positive pregnant women	32	32	

HIV positive lactating mothers	27	27
Uptake of HIV positive women in PMTCT plus programme	42%	42%
Cumulative number HIV positive women from RCHS/PMTCT included in Care and treatment programme (2003-2006)	83	83
Cumulative number of HIV positive patients in the HAART programme (2003-2006)	808	808
Total number Community Home-based Care Counsellors' vistis Based Councelling visits for follow-up of HIV/AIDS patients	777812172	777812172

Diseases

As can be seen from the statistics, the hospital has had a wide range of diseases for treatment and a wide range of different operations. The Top 5 Diseases that were cause for admission to HLH are shown in the table below.

Table 3

	2006			
	Age 5 below years		Age 5 years and above	
	Disease	No	Disease	No
1	Malaria	761	SVD	2752
2	Pneumonia	486	Malaria	1716
3	Gastroenteritis	423	Tuberculosis	486
4	Prematurity	104	Pneumonia	374
5	Tuberculosis	76	C.P.D	254

Malaria, including cerebral malaria, is still the biggest problem. The standard treatment for serious malaria cases is the Artemisin – Lumefantrin combination, although Quinine is still used in serious cases. Haydom follows the standard treatment regimes recommended by the Government of Tanzania.

Tuberculosis is still a very big problem in this area. Our TB ward is constantly full, and many of the patients are very sick. The increasing HIV/ AIDS prevalence is also adding to this problem. Haydom is following the government schedule on monitoring patients with regards to treatment, but the problem is that this strategy only catches those patients who actually come to the hospital. There is still no plan for follow up and treatment in the homes, nor for active case finding. The same procedure for tuberculosis eradication has been adhered to since 1961. Haydom has had TB home visitors who did a very good job. However, these are no longer active and the present tuberculosis eradication strategy has put no effort whatsoever in prevention. As far as we can see from the hospital statistics, the number of TB patients is increasing. The patients are treated with good and adequate drugs, but the question arising seems to be: Would it be cheaper in the long run to do a proper preventive schedule? A strategy of prevention may be costly at the moment, but it will be much cheaper in the long run, not to mention the reduction of the suffering both for the patient and the family. The supply of drugs has sometimes been a problem, but lately we seem to be getting a fairly good supply. There are, however, sometimes delays in the supply of medicine, resulting in that the patients have to wait. The hospital awaits new policies in 2007 that will hopefully address some of these issues.

Pneumonia continues to be a big problem, especially among children. The houses of the people are often in bad condition and the children are most vulnerable to the cold and windy conditions.

Services

The services within the departments have been conducted as normal. There is only reason to briefly mention a few of the services in this report.

HIV/AIDS

The Haydom Voluntary AIDS Control Program (HAVACOP) was up to the beginning of the year responsible for an HIV/AIDS prevention program, which includes several components: a) Information, education, communication (IEC), b) Voluntary counselling and testing (VCT), c) Prevention of mother to child transmission (PMTCT), and d) Male mobile clinic. We are very grateful for the assistance from the Norwegian Government through the Royal Norwegian Embassy in Dar es Salaam which provided a 4 year funding grant for the HAVACOP project from

2002-2006. This program was officially closed, and for the remaining of the year integrated fully into hospital services, for the most part through the RCHS and Maternity departments of the hospital. All the activities were running again by the end of the year, through the integrated HIV/AIDS Prevention and Outreach (HAPO) programme.

HLH continued to provide the Anti Retro Viral Treatment (ART) services as for previous years. This is done also through extensive collaboration with the National AIDS Control Programme and the "President's Emergency Plan for AIDS Relief" (PEPFAR). This is implemented under the Government plan, and for HLH, by the AIDS Relief Consortium and the Interchurch Medical Assistance. They fund all expenses related to the treatment and care program, except the procurement and distribution of HAART.

By being included in these two programs, HLH hopes that there will be a regular funding for medicines, laboratory equipment and supplies, and a regular and adequate supply of drugs for the HAART and Opportunistic Infections program. This has been a problem till now, with inadequate supplies of medicines and reagents. Currently HLH is still using its own funds to procure antiretroviral drugs, since the share we are getting from the government is very small compared with the number of patients we are serving. It is essential to secure a regular drug supply in order to avoid the development of resistance. It is the policy of the HLH that all programs related to HIV/AIDS be an integral part of the hospital services, and not a vertical and separate program.

Eye Clinic

One of the programs expanding during the year was the work of the eye clinic. In addition to the large workload at the clinic at the hospital, the eye clinic has expanded to also visit villages, health centers and dispensaries with outreach services. Some of these services also follow the RCHS clinics. This service has shown to be both needed and wanted in the communities.

Health Centers and Dispensaries run by HLH

Kansay Health Center

Improvements have been made regarding the buildings and some of the equipment. A small X-ray unit has been installed, and seems to be a big help for the people in the area. The health centre is running well, with inpatient and outpatient facilities. There is also an RCHS service with two outreach clinics run by the health centre. We are grateful for the co-operation with the government. However, we have not been able to get any support from the Basket Fund and we still feel that according to the regulations in the Health Sector Reform, the health centre should receive the amount of 15 to 20 % of the fund divided between the health centers in the district. Financially we are running at a big loss. Although we try our best to get help from friends, this is not sustainable. In the long run we may not be able to keep up the service to the people.

Gendabe Health Center

This health center has been running fairly well during 2006, although all Health Centers have received financial support from the hospital. The staff has done a good job keeping the center running. The facilities are quite good and the houses are in a very good condition. A small X-ray unit is being planned, which will also improve the service. The centre is also running a RCHS service, with three RCHS outreach clinics. The co-operation with the different departments of the government is very good, and recently we have also been assisted with drugs through the basket fund.

Balangda Lalu Health Center

The houses and physical facilities are very good. We are trying to do our best to give the people a good service. However Balangda Lalu has been very unfortunate, with several years with no rains and no crops. We have tried to help the famine situation by helping the population with maize. Due to this, the financial situation for the center has been very difficult and the deficit has been very big. We have also here been assisted partly with drugs through the basket fund. The other government departments have been co-operative and the relation has been good.

Bugir Dispensary

The situation has been very difficult, and the people have not followed up their promises to bring water to the dispensary and to provide housing for the staff. The government initially wanted to take over the dispensary, but this was discussed with the district authorities and the matter has been resolved with the hospital still running this dispensary.

Sales of drugs

The local shops are still selling expensive medicines and antibiotics without any control. Medicine is sold freely without prescriptions or doctors examination. This will of course sooner or later create resistant bacteria, which will mean a big danger to the people and the country. However, this problem has to be solved by the government.

Physical Support Services

Job Description process and Human Resource Departmen

During 2006 the hospital almost completely finalized the process of making job descriptions for every position at the hospital. This was a demanding task involving many stakeholders as well as synthesizing national guidelines, diocese regulations and hospital needs. This work has been coupled with the establishment of a Human Resource Department. The plans for the department are ready, and the staff will be recruited in 2007.

Care2x

The hospital takes care of large amounts of statistics in every department and for every activity. These statistics have evolved over the years to incorporate the needs of ministries and donors. Very little of this information has been able to be used for the benefit of the patient, the clinician or the management. This is mostly due to the lack of managerial capacity in processing and analyzing the data. The hospital has therefore embarked on developing a system together with the ELCT Headquarters and Dr Mauri Niemi. Using an open source software, developed across the world to capture Health Management Information, this system is flexible and can be tailored to the specific needs of the hospital. The system is called Care2x and more information can be found on www.care2x.org. The hospital spent the year to train and develop the concepts, and it will be implemented in 2007.

Workshop

HLH is fortunate to have a very good workshop. The workshop has developed together with the hospital since 1954 and is now a large and efficiently run institution on its own. Most of the workers receive on-the-job training after an initial training at mechanical schools elsewhere. All repairs of cars, tractors etc. are done here, and all

the welding work needed by the hospital is performed at the workshop. The equipment for the workshop has been upgraded in 2006 thanks to the support of Mr. Ingar Kvia, Martin Vold, Martin Haugaland, Lars Løge and many others. This has eased the work considerably although the workshop is still in need of extensive modernisation and rehabilitation to function effectively. It is further a challenge to fully enable the workshop to provide a comprehensive maintenance plan for the hospital, partly supported by the Health Care Technical Services of the ELCT. It is of utmost importance for any hospital located in a remote bush area to have an efficient and well functioning workshop.

Intravenous Unit

Thanks to Dr Kam and his institute in Moshi, we have been able to continue our intravenous production. We are self reliant for IV solutions to all our patients.

Library

A new library was set up in 2004. All research documentation done at Haydom Lutheran Hospital should be available at the library, as well as medical books and other literature. The Internet café also provides much needed web access to the community, the staff and the visitors. The library has increasingly been used by secondary school students in the community, as well as secondary upgrading for the staff.

Tailoring Department

The tailoring department is kept very busy during the year due to the extensive rehabilitation done at the hospital.

Vegetable Garden

The vegetable garden has been very productive, and is now creating revenue for the first time in years. The garden supplies both vegetables and fruits to residents and visitors in Haydom.

Milk production

The milk production supplies fresh milk to the children at the hospital, children of HIV positive mothers who ar ein the PMTCT program, and others that need specialised feeding. The Matron, Ms. Selina Sanka has taken a special interest in this project, and the project is going very well.

Pastoral and Social services.

HLH has supported the full theological training of the first woman from Haydom. When the church agrees, she can be ordained. Pastor Athanasio Mathias is still continuing, together with two other female evangelists. Their work is very much appreciated by the patients and many seek their advice and help.

Capacity Building

<u>Organisational Review</u>

HLH started a complete organisational review in 2004 with the hope of creating a more modern institution. In co-operation with specialised personnel, Anders Wahlstedt, from the Regional Hospital in Kristiansand, a full

organisational review has been conducted, and a new organisational plan has been made. This plan was approved by the General Assembly in 2005 and will be finally implemented in 2007.

Nurses Training School

In 2006, the Nurses Training School had a large amount of applicants and all classes were full. All but one of the student nurses attempting their Final Nursing examination passed. A major process at the school during the year was continuing the work to be accredited by NACTE.

The school continued the exchange programs with the four schools in Norway (Betanien, Haukeland, Haraldsplass and Stavanger nurses training colleges). In addition it started a collaborative program with the North Trondelag College of Nursing with a special emphasis on Reflective Practice in nursing. This programme was introduced to the Surgical Ward II as a pilot project, also with exchange of staff and students between the institutions. The main challenge of the school has been to continue its work to be finally accredited by the NACTE accreditation board. For a full report from the school please refer to the appendix.

Research Programmes

Research

Haydom Lutheran Hospital and the surrounding community have a history of welcoming researchers from many different fields. The hospital tries to accommodate the researchers and assist in creating good working conditions as far as possible. The hospital has formal research collaboration agreements and research candidates from several institutions:

a) National Institute for Medical Research (NIMR), Dar es Salaam, Tanzania
b) Centre for Educational Development in Health Arusha (CEDHA), Arusha, Tanzania
c) Centre for International Health (CIH) at the University of Bergen, Norway
d) Sørlandet Sykehus Helseforetak (SSHF), Kristiansand, Norway
e) Ullevål University Hospital (UUH), Oslo, Norway
f) Ohio State University, (OSU), USA (no formal agreement, but PhD candidates)
g) University of Innsbrück, Austria (no formal agreement, but medical students)
h) Umeå International School of Public Health, Sweden

A long-term strategy of the HLH is to build capacity with candidates from the hospital who can study further, and obtain formal research degrees. Until now, this has not been possible. However, HLH is currently applying for one candidate for a PhD programme at CIH. In time, HLH hopes to include several candidates in the formal research programmes with the collaborating institutions.

For a full overview of the most recent researchers, medical students and their respective publications at HLH, we advise the reader to look at the HLH website at www.haydom.no under the heading “Research”.

In addition, HLH has a policy that each researcher should obtain ethical clearance through the appropriate channels in their home country, as well as in Tanzania for each project. HLH also requests that each researcher send a draft of their writings to the hospital before sending it to publishers so that misunderstandings and incorrect information may be cleared before printing takes place. This is to secure the quality of the publications. Further, the HLH requests that each researcher send at least three or more copies of their publications back to the hospital. Thus, the newly opened library at the HLH and the libraries in the Nursing school will contain updated research material. The hospital also requests that publications be written in English in order to be available to a wider audience.

Cooperation with other institutions (both local and foreign)

Collaborating institutions

In 2006, previous links have been strengthened and new links were established between HLH and our collaborating institutions. We are grateful to all our collaborators for the good relations. However, as has been the case in previous years, we would like to once more suggest that the northern collaborating institutions apply for funding in order to receive more candidates from HLH to their respective countries and institutions. The current situation is that HLH is receiving many candidates from other countries, but that few candidates from HLH are going back to the northern institutions. We realise that there is interest from the northern institutions to increase the number of candidates from HLH, but that there is lack of funding. We would like to especially commend those institutions that have managed to secure a two-way arrangement, and would encourage other institutions to follow these examples.

The programmes fall into several categories, as shown in the overview below:

Tanzania

- National Institute of Medical Research (TB research)
- Centre for Educational Development in Health, Arusha (Diploma candidates for field work at HLH)
- Kilimanjaro Christian Medical Center (KCMC) Ophtalmology students with field work at HLH
- Several schools in Tanzania sending students to HLH
- National programs with field work, workshops or seminars at the HLH
  - IMCI
  - TB and Leprosy Control

Norway

- Centre for International Health, University of Bergen (research, medical students and two-way exchange of information technology personnel through Fredskorpset)
- Haraldsplass Hospital, Bergen (diabetes clinic by Dr. Kaare Vetvik with two-way exchange of personnel through Fredskorpset)
- Sørlandet Sykehus Helseforetak (SSHF), Kristiansand (two-way exchange of health and technical support personnel in several categories including, laboratory, radiology, paediatrics, psychiatry, gynaecology and obstetrics, neurology, infectious medicine, and organisational strategy support for reorganising the HLH administrative structure)
- Ullevål University Hospital (UUH), Oslo (HIV/AIDS infectious medicine support through Professor Johan N. Bruun)
- Bergen University College, School of Nursing (two-way exchange of nursing students)
- Haraldsplass College of Nursing, Bergen (two-way exchange of nursing students)
- Betanien College of Nursing, Bergen (exchange of nursing students)
- Stavanger University College, School of Nursing, Stavanger (two-way exchange of nursing students)

Finland

- Helsinki University College, School of Nursing. For several years, since 2001 the Helsinki School of Nursing has exchanged teachers and students both ways, to the benefit of both nursing school and HLH in Haydom.
- Finnish Christian Medical Association; support for the development of a Mental Health clinic and a respiratory clinic

The Netherlands

- Afrika Foundation from the Scheper Hospital in Emmen. Introduced by Professor Jan van der Meulen, University of Groningen (programme support with laboratory personnel from the Netherlands, equipment, supplies and services)

Others

NetSpear, a WHO collaborative programme to improve laboratory services for the monitoring of Haemophilus Influenzae and other diseases.

Poverty Alleviation

The hospital put special emphasis on improving the water situation for the people and the hospital in 2006. Two boreholes were drilled, with the main objective being to reduce the use of water from sources also shared by the communities. As the water consumption needs of the hospital are continually rising, it is a challenge to maintain obligations to the community made in previous years, in which the hospital is to share the water with the communities. The hospital therefore needs to find additional water sources.

Other Activities

Hospital Rehabilitation

The hospital has continued improving its infrastructure, although at a much slower pace than in the previous years. Through extensive practical aid from people like Magne Øydvin, Kjell Skår and John Kittelstad the hospital has continued important maintenance processes. As mentioned earlier, however, there is still a very large need of securing adequate facilities and infrastructure. It could be specifically mentioned that the hospital uses large amounts of diesel to overcome the very unreliable electricity supply of the national grid supplied by TANESCO. This puts a heavy strain on the only generator of the hospital. A new backup generator is therefore a high priority for the hospital.

Financial Overview

The main expenditure deviations from the budget in 2006 relates to the salary expenditure. Nationally, the salaries have increased with more than 172% over the past year. These increases have been implemented through different ministerial directives throughout this period. The hospital salary policy follows the government scales, and it has therefore been forced to comply with these directives. This is also essential for retainment purposes, as we are relying on qualified staff staying in this remote area.

Fortunately the hospital did foresee a major increase in the salary structure when budgeting for the year 2006. Nevertheless the increase has exceeded the projected increase with more than 37 percent.

Other selected (details can be seen in the attached spreadsheet) expenditure related deviations include increased spending on medical supplies (67 million), workshop (75 million), education (35 million), transport (30 million) and electricity (27 million). These increases in spending are related to two main factors – increase in commodity prices (diesel, electricity, salaries and allowances) and an increased focus on the need to further educate qualified health personnel to the hospital to secure future availability.

Income related deviations mostly relate to the reduction of income from the patients by more than 57 million. This is mostly due to the lack of qualified doctors for a great part of the year. The deficit for 2006 was 69 million shillings. (Get last figures from audited report)

The total budget of the hospital (3.37 billion shillings – approximately 2.7 million USD) covers:

- The Hospital running budget and capital expenditures

- The Nurses Training school
- The large Reproductive and Child Health Services (RCHS) work with 28 clinics (1 static and 27 outreach)
- The Outpatient work
- The 24-hour ambulance service
- Subsidizing the Health Centers and Dispensaries

Table 4

Income	Percent of total budget 2006
Patient fees	11%
HLH Equipment & Facilities	15%
Donor grants and other donations	65%
Grants from Government of Tanzania	9%
TOTAL	100%

Cooperation with Government

The co –operation with the local government on ward, district, and regional level has been very good. The co-operation with the medical authorities in Mbulu and Hanang District has also been very good.

The co-operation with the Central Government has also been good. However, we have not yet been able to improve the number of staff grants as hoped. The Basket Fund is still a very big problem, and funds for the health centres have not yet been made fully available. This underlines the problem of the lack of government recognition of the voluntary agency medical work as equivalent to the government medical work, although this is improving.

Assessment of problems and risks affecting the success of the project

The main risk to the success of the hospital is the availability of specialized human resources, particularly at doctor level. This availability is crucial to all other activities as it secures quality, ensures efficient use of resources, increases demand and utilization, reduces the burden of disease and increases capacity building possibilities.

The second risk to the success of the project is the increased spending on salaries and medical equipment and supplies. The hospital projects an increase in expenditure towards medical supplies and equipment following the increase in the price of basic commodities such as diesel and electricity.

It also however foresees a continued increase in the spending on salaries as it is likely that the government will continue to increase the salary levels to comply with their newly adopted Human Resource for health policy.

In addition however, the hospital has another challenge related to salaries that both drive costs upwards and complicate the retainment and hiring situation of the hospital. As mentioned the hospital follows government salary scales. These scales depend on the education and diploma of the employee as well as their approved

annual increments and their approved promotion based on their cadre specific promotion policy, decided by the government through the Standing Orders.

The HLH has historically been fully reliant on the government to approve promotions of its staff, but has been allowed to approve annual increments. The government pays for 82 of the approximately 560 staff of the hospital, based on the salary scale approval. Unfortunately however, the hospital has not had any staff approved for promotion since 2001, and before that since 1995. The government does not follow up its responsibility to approve the promotion of staff, mostly due to its inability to guarantee the payment for the mentioned 82 staff. It seems therefore that the government hesitates to approve promotion (although it is the right of the employee) because of financial constraints. The problem with this is not only that the employee is left without promotion, but that the hospital is faced with demotivated and frustrated staff.

In addition the new government salary scales are engineered to completely remove salary difference based on seniority and years of service. A nurse employed last month will therefore have the same salary as a nurse employed 20 years ago. This also demotivates and frustrates the staff. The hospital has written letters and presented this problem to the Mbulu Diocese of the ELCT (owners of the hospital), the Christian Social Services Commission (CSSC – the representative institution of all voluntary agency hospitals towards the government), the Director of Hospital Services and the Permanent Secretary at the Ministry of Health and Social Welfare and finally the Prime Minister of Tanzania. This issue is well known throughout the country.

A third risk to the success of the project is the successful implementation of managerial tools and the establishment of a Human Resource department. Unless the hospitals manages to establish proper job descriptions and human resource routines and regulations, it is not likely that it will manage to improve the efficiency of the staff as well as secure the rights and adhere to the regulations of Tanzania. This is similarly the case for the planned introduction of financial management and process monitoring routines and software enabling improved monitoring, planning and quality control.

Another crucial factor important to the project is the presence of political will towards Voluntary Agency services in general and the Haydom Lutheran Hospital in particular. It is certainly the case that the hospital enjoys great political will at ministerial and local government levels. This is often confirmed through meetings and other common events. It is less evident however that this will is equally present within the technical and decision making circles of the ministries. The hospital was not successful in the application to be a secondary referral hospital although we had at least equal amount of infrastructure and resources as present secondary referral hospitals. The application stranded on the availability of qualified doctors, even if the hospital had a guarantee from the Kilimanjaro Christian Medical Center (KCMC) that it would supply these doctors if it became a secondary referral hospital. Furthermore the hospital does not receive medical supplies to its Focused Antenatal Care programme to clients outside the Mbulu District. The district boundaries allows district authorities to deny such supplies even if a very large segment of the clients come from the other 5 neighbouring districts. The same applies to the Basket Fund funding mechanism and other governmental health initiatives. The hospital also experiences a trend to increased need for the government to control its activities, policy making and staff. As an example the Ministry of Health and Social Welfare in June this year issued a decree that all Voluntary Agencies needed to supply a private bank account number for the staff paid by the government (82 in the case of HLH) to facilitate the direct payment from the government to the individual concerned. Previously this support has been given to the hospital to enable it to pay the salaries, not being specific about which staff receives the payment. Due to alleged misuse of these funds the government decided unilaterally and without consultation (even with the CSSC) to adopt a new strategy. The HLH wrote a letter in which it asked for an exemption to the policy given that there is no bank in Haydom, that we loose control of compulsory deductions such as tax and National Social Security Fund contributions etc. and that we were uncomfortable with the likely divisioning of staff into those paid by the government and those paid by the HLH. This letter has not yet been answered by the MOHSW.

Finally an important risk to the long and medium term success of the project is the relatively unstable donor situation. Although the hospital is very grateful for the RNE support during the coming 3 years, this support is rapidly decreasing throughout year 4 and 5 of the 5-year project duration. Given the amount of effort and time needed to secure alternative donors the hospital needs to put great emphasis on such activities in the next year in order to secure planning for sustained activities in 2009, 2010 and onwards.

Guests 2006

A Tanzanian saying, “Guests are a blessing” has been the fundamental principle of the hospital for many years. We certainly have appreciated the many guests that arrived in 2006. People have come from different countries, denominations and backgrounds. Haydom now has many good ambassadors from all paths of life. As they have passed through, the guests left behind new knowledge and initiative for the staff of the hospital and have therefore been a “double blessing” for us..

Conclusion

In spite of many difficulties and challenges, we have experienced the joy and satisfaction of being able to help people in need. Many people have turned to us for help, and many people have walked out of the hospital cured of their ailments. We are grateful to our many friends within and outside Tanzania who have supported the hospital through giving their time and knowledge or by sending gifts. People from all over the world have contributed in some way to the miracle of Haydom. Many remember Haydom in their prayers and we give them all our deep and heartfelt thanks. Our internet homepage www.haydom.no seems to be visited by many people and we try to keep it updated with information.

The economical situation for the hospital and the work surrounding it is still a challenge, and we are very grateful to The Norwegian Government through The Royal Norwegian Embassy in Dar Es Salaam who have promised to help us for another 3 years. Further we give thanks to many friends in Norway and other places who give their contribution to our work and make it possible to continue.

The question is always the same. It is not a question of whether HLH should continue or not, but a question of who will provide medical service for the people presently served by Haydom Lutheran Hospital should we fail to go on. Looking back to the year 2006, there are three words that make the summary of the year that has passed.

Challenges, Partnership and Change

Our aim is still the same. We will serve people, the whole person, whether rich or poor, of any creed, since it is our belief that all human beings are created by God and highly valuable to HIM and therefore need our help as far as we can manage.
Our motto for the hospital remains

To His Praise and Glory

ØysteinEvjen Olsen
Managing Medical Director
Haydom Lutheran Hospital