



HAYDOM LUTHERAN HOSPITAL

Annual Report 2007



-To His Praise and Glory-



INTRODUCTION AND SUMMARY	4
BACKGROUND	4
VISION AND OBJECTIVE	4
CATCHMENT AREA	5
CORE ACTIVITIES	5
MEDICAL CARE – REDUCING THE BURDEN OF DISEASE	5
HOSPITAL SERVICES	6
PHYSICAL SUPPORT SERVICES	6
OTHER MEDICAL SERVICES.....	6
CAPACITY BUILDING	6
POVERTY ALLEVIATION	7
2007 RESULTS	7
SPECIAL EVENTS	12
MAMA KARI.....	13
<u>Four Corners Cultural Programme</u>	13
<u>The Haydom Trade School</u>	13
THE FARMS AT MULBADAW.....	13
PARTNERSHIPS	14
HOSPITAL SERVICES	7
DISEASES	8
SERVICES	9
Psychiatry and Alcohol Dependency Treatment	9
HIV/AIDS	9
Eye Clinic	9
HEALTH CENTERS AND DISPENSARIES RUN BY HLH.....	10
Kansay Health Center.....	10
Gendabe Health Center.....	10
Balangda Lalu Health Center	10
Bugir Dispensary	10
PHYSICAL SUPPORT SERVICES	10
Job Description process and Human Resource Departmen	10
Care2x	11
WebERP	11
Workshop	11
Intravenous Unit	11
Library	11



Tailoring Department 11

Vegetable Garden 12

Milk production 12

Pastoral and Social services 12

CAPACITY BUILDING 14

ORGANISATIONAL REVIEW 14

NURSES TRAINING SCHOOL 14

RESEARCH PROGRAMMES 15

Research and Training hospital 15

POVERTY ALLEVIATION 17

OTHER ACTIVITIES 17

HOSPITAL REHABILITATION 17

FINANCIAL OVERVIEW AND HUMAN RESOURCES 17

PERFORMANCE MONITORING FEIL! BOKMERKE ER IKKE DEFINERT.

COOPERATION WITH GOVERNMENT 18

ASSESSMENT OF PROBLEMS AND RISKS AFFECTING THE SUCCESS OF THE HOSPITAL ... 18

CONCLUSION 19



Introduction and Summary

The year 2007 started much as 2006 had ended – with great organizational challenges and very different levels of willingness and ability to change within the institution. The change processes started in 2006, all in the spirit of the late Dr Evjen Olsen, moved slowly but surely forward. A major achievement of the year was the implementation of a new organizational structure with the introduction of the nine divisions encompassing all the activities of the hospital, including the Haydom School of Nursing. New, competent and very dedicated division leaders were added to the main management team of the hospital, greatly enabling the hospital to further tackle its challenges. There were also some changes in the main leadership positions of the hospital following the general assembly of the diocese. One of the main additional challenges was the implementation of the Employment and Relations Act in which many new and challenging employment regulations needed to be discussed, adapted and enforced. The task of making job descriptions and further preparing the way for opening a Personnel Office was completed and the hospital started introducing simple performance monitoring within the wards. In terms of clinical care the most prominent achievement was the start-up of psychiatric treatment and the opening of Amani Ward, a 12 step alcohol dependency treatment unit. Financial challenges continued to be the major risk factor of the hospital, and the hospital lacked liquid funds to pay salaries for the last two months of the year. Fortunately our partners rose to the challenge, and the Foundation Friends of Haydom mobilized resources in Norway to cover the gap. In addition the hospital secured a 5-year contract with the Royal Norwegian Embassy to further improve its Mother and Child work through Millennium Development Goals 4 and 5 earmarked funding from the Norwegian Government.

The main contributor to the running of the hospital, the Royal Norwegian Embassy, also conducted a mid-term review of the collaboration, as was specified in the 5-year contract between the RNE and the HLH. This review prompted many very useful and stimulating recommendations guiding the work as we entered the year 2008. It is hoped that the year 2008 will be the year in which the values of the hospital become visible beacons to guide the hospital in its continued efforts to further confirm its role as an efficient organization able to be a servant to its partners and the people of Tanzania, not losing sight of its 53 year history, vision and objectives.

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 295 581 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 2 030 348 people. The breakdown of these can be seen in the table below.

Table I

	Census 2002	Extrapolation 2006	Extrapolation 2007	Extrapolation 2008
Total Dongobesh division 2002 (Mbulu district) (3.8% annual growth)	53 303	61 879	64 230	66 671
Total Haydom division 2002 (Mbulu district) (3.8% annual growth)	71 914	83 484	86 656	89 949
Total Basotu division 2002 (Hanang district) (3.8% annual growth)	58 250	67 622	70 191	72 858
Total Nduguti division 2002 (Iramba district) (2.3% annual growth)	66 496	72 828	74 503	76 217
Total immediate catchment area HLH	249 963	285 812	295 581	305 695
Hanang District (3.8% annual growth)	204 640	237 564	246 591	255 962
Mbulu District (3.8% annual growth)	237 280	275 455	285 922	296 787
Iramba District (2.3% annual growth)	367 036	401 986	411 232	420 690
Meatu District (3.3% annual growth)	248 949	283 473	292 828	302 491
Karatu District (4.0% annual growth)	177 951	208 178	216 505	225 165
Singida Rural District (2.3% annual growth)	400 377	438 502	448 588	458 905
Singida Urban District (2.3% annual growth)	114 853	125 790	128 683	131 643
Total greater reference area HLH	1 751 086	1 970 947	2 030 348	2 091 642

Core Activities

Medical Care – reducing the Burden of Disease

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 2007 included:

Table II



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

Physical Support Services

- i. Financial Department
- j. Workshop
- k. Laundry
- l. Library
- m. IV (intravenous) Unit
- n. Tailoring Department
- o. Vegetable Garden
- p. Bookshop
- q. Internet
- r. Milk Production

Other Medical Services

- s. Reproductive and Child Health Services
 - i. Mother and Child Mobile Clinics
 - ii. Male Mobile Clinics
- t. HIV/AIDS
 - i. HIV/AIDS Prevention and Outreach (HAPO) Project
 - ii. Treatment and Care
 - iii. Prevention of Mother To Child Transmission programmes
- u. Mental Clinic
 - i. Alcohol Rehabilitation Clinic
 - ii. Epilepsy clinic
- v. Diabetes Clinic
- w. Dental Clinic
- x. Ambulance Service
- y. Drug Store
- z. Pastoral Services
- aa. Centers and Dispensaries
 - i. Kansay Health Center
 - ii. Balangda Lalu Health Center
 - iii. Gendabe Health Center
 - iv. Bugir Dispensary
 - v. Harbangheid Dispensary
 - vi. Dongobesh CTC and Diakonia

Capacity Building

During its 53 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 2007, 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
- l) Further establishing the Four Corners Cultural Center
- m) Continuation of planning process of Haydom Trade School

Poverty Alleviation

Since its inception, HLH has recognised the importance of combating poverty to improve the health status of the target population. HLH therefore continues to focus on infrastructure development, development of educational facilities, outreach programmes and food aid projects.

In 2007, HLH emphasised:

- a) Infrastructure Development (Roads, Water etc.)
- b) Farm and Crop Development (Consolidation of the activities on Mulbadaw farm)

2007 Results

Hospital Services

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

Table III – Selected statistics of the hospital

<i>Indicators</i>	<i>Number</i>
Staff	500
Beds	400
Inpatients	12 499
Outpatients	54 331
Deliveries	3 343
Treatment days	122 086
Average stay days	10.4
Mothers examined through Reproductive and Child Health Care services	24 033
Children examined through Reproductive and Child Health Care services	81 664
Number of RCHS clinics (static/mobile)	1/28



Table IV. Inpatients statistics 2007

	Actual discharged 2006	Plan 2007	Actual pr 31.12.07	Actual in % of planned	Patient days in bed	Average length of stay
Medical div						
Old ward, MALE	972	972,0	1 049,0	107,9	11 853	11
old ward, FEMALE	1 122	1 122,0	1 284,0	114,4	10 931	9
TB ward	572	572,0	523,0	91,4	23 151	44
Amani ward	-	2,0	2,0	100,0	-	-
Sum Medical div.	2 666	2 666,0	2 858,0	107,2	45 935	16
Surgical div.						
Surgical ward 1	949	949,0	1 213,0	127,8	12 828	11
Surgical ward 2	500	500,0	688,0	137,6	10 150	15
ICU	1 057	1 057,0	1 045,0	98,9	3 705	4
Sum Surgical div.	2 506	2 506,0	2 946,0	141,1	26 683	9
Mother & Child div.	-					
Maternity ward	4 017	4 017,0	3 859,0	96,1	17 818	5
Lena ward	2 886	2 886,0	2 836,0	98,3	31 650	11
Sum Mother & Child div.	6 903	6 903,0	6 695,0	97,0	49 468	7
SUM	12 075	12 075	12 499	103,5	122 086	10

Diseases

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 challenge 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, or for active case finding.



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.

Psychiatry and Alcohol Dependency Treatment

The year 2007 marked the year of the establishment of a psychiatric treatment programme, particularly focusing on mental health disorders such as depression and anxiety. It is estimated that these diseases contribute to the overall burden of disease profile in developing countries making them the fourth largest burden. In addition the hospital opened Amani ward, a 12 bed unit offering a 6-week alcohol dependency treatment programme based on the internationally acknowledged 12 step programme.

HIV/AIDS

The HIV/AIDS Prevention and Outreach (HAPO) programme, 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, continued to consolidate its activities in 2007. The programme tested 5 023 clients through the VCT programme and 7 438 clients through the PMTCT 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. There were 90 children and 948 adults (total 1 038) clients enrolled in the Care and Treatment Programme at the end of the year 2007.

HLH hopes that there will be regular, long term 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 from time to time.

It is the policy of the HLH that all programs, also those related to HIV/AIDS, be an integral part of the hospital services, and not vertical and separate programs.

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 more 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. A separate report of the activities of the eye clinic is available in the appendix.

Dental Clinic

The dental clinic continued to increase its activities through preventive and curative services in outreach, schools and in the clinic. The clinic was only active in the months in which dentists from Norway were present. A total of 911 procedures were conducted during the year and the service is becoming increasingly known and used by the population in the catchment area.



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 support from 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 2007, 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 good but need rehabilitation. 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. The hospital plans to further improve its relation to the local authorities and to establish a plan of action in terms of the water supply and improving the infrastructure.

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.

Physical Support Services

Job Description process and Human Resource Department

During 2007 the hospital 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 2008.



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 hopefully be implemented in 2008.

WebERP

To further facilitate improved financial management and internal control mechanisms, the hospital aims to implement a new software and administrative system called WebERP (www.weberp.org). This is also an open sources, web-based software intended to help organisations in developing countries to have easy and cheap access to improved financial management systems.

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 2007 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 are in 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.

Special events

Dr Olsen's Memorial Day

The Executive Council of the diocese decided to commemorate the life and achievements of the late Dr Ole Halgrim Evjen Olsen on the day of his death, the 29th of May. The further aim was to establish a foundation in his name with the objective of providing funds dedicated to poor patients. The guest of honour was the Member of Parliament Mr Marmo, and there were guests from all over Tanzania and abroad. The celebration was conducted in the spirit of Dr Olsen, and more than TSH 30 million were collected through gifts and pledges.

Dr Olsen's Cup

This sporting event was moved from January to September in order to avoid the major rains. In 2007 the events included football, volleyball, netball and added a "mini-marathon" that, because of the extreme heat on the day, was shortened to 5km's for women and 10km's for men. There were hundreds of participants and thousands of spectators, and this year marked an increased participation also of district sporting and other authorities.

Ukwata CD recording

The Haydom School of Nursing Christian Union (Ukwata) choir were this year also successful in travelling to Arusha to record a CD of their songs at the Habari Maalum recording studios in Ngaramtoni. This has been a welcome addition to the many DVD's and CD's of the other choirs of the Haydom church community.

Visitors to the HLH

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 2007. 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.. In 2007 more than 725 visitors signed the guest book at the guest



house. We believe that more than one thousand visitors came to Haydom to share our achievements and challenges, and we thank all of the visitors coming to Haydom for the continued blessing they represent to the hospital and the community.

Tropical medicine course for Norwegian doctors

The year 2007 marked the first year of a one week course in tropical medicine for Norwegian doctors. In February about 25 doctors, most of them with spouses and some with children, came to Haydom to share the experiences of the doctors and clinical officers of the hospital. This course was accredited by the Norwegian Medical Association and organized by the Medical Association of Vest Agder in Norway. It was decided that it was a great success to be repeated in 2008.

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.

Four Corners Cultural Programme

The cultural programme continued to gain momentum through several workshops in which identified issues such as corruption, land rights and alcoholism were highlighted and discussed as challenges to the cultures. In addition the representatives of the language groups continued to define the scope and content of the center itself. Of the main achievements was the funding received from the RNE through the Norwegian Peoples Aid for the further development of the programme. Other important funding agencies and partners included the Norwegian Church Aid, the Ujamaa Community Resource Trust and others.

The Haydom Trade School

The planning of this school gained momentum in 2007. The project group based in Mandal, Norway had many meetings and reinforced its group members with several experts and major capacities in trade school planning and implementation. The project group in Haydom also made great progress in terms of defining the main objectives and scope of the school and establishing important national and local contacts.

The Farms at Mulbadaw

The year was another challenging year for the farms at Mulbadaw. Due to heavy rains, invasion of birds, rats and other challenges, the yield did not meet the expectations of the farm managers and the hospital. These are however, challenges that need to be expected from time to time, and the farm concept, both in terms of its objectives of providing funds for the hospital and capacity building for the people is still strong.



Partnerships

The year 2007 was a very good year for the hospital in terms of consolidating and adding to its list of partners willing to share the vision and objectives of the hospital. It has been a humbling experience to witness the dedication of individuals and institutions in their support to the hospital through these very difficult years of transition and challenge. Many individual professionals and volunteers have worked and contributed to the hospital in many ways throughout the year. In addition the institutional relationships have been manifested through collaborative efforts, new contracts and shared intentions. The foundation Friends of Haydom, the Sørlandet Hospital, the Fredskorpset (Peace Corps), Norwegian Lutheran Mission, Tweega Foundation, North Trøndelag University College, University of Bergen, University of Oslo, Ullevål Hospital, Agder University and many many others have visited the hospital and shared their expertise and enthusiasm with the HLH. These partnerships, together with the partnership with the patients, the staff and the local and national authorities are what makes the hospital sustainable.

In particular the partnership with the Royal Norwegian Embassy (RNE) and the foundation Friends of Haydom (FoH) should be mentioned. Together with the RNE the hospital embarked on its large scale organizational change programme, and the success of this program is largely due to the collaborative and mutual respect between the two institutions. We are very grateful for the understanding and joint objectives shared by the RNE, enabling an environment in which we can contribute to the objectives of the RNE while constantly working with them to improve our service to the people.

Similarly we are indebted to the FoH for its tireless efforts and friendship in good as well as in challenging times. It is through the economic, physical, mental and spiritual support of all of our friends that we find the energy and motivation to continue working towards reaching our common goals. We experience in the FoH a sincere sharing of values that make all challenges seem possible to overcome.

Capacity Building

Organisational Review

HLH started a complete organisational review in 2004 with the hope of creating a more modern institution. In cooperation 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 was finally implemented in 2007. The new organization was complemented with nine new division leaders who were included into the top management of the hospital. The new organizational diagram has been included in the appendix.

In addition there were some changes in the top leadership of the hospital following the General Assembly of the diocese.

Nurses Training School

In 2007, the Nurses Training School had a large amount of applicants and all classes were nearly full. All 25 final year students passed their examinations. This year also marked the 25 year anniversary of the school since its start on the 15th of June 1982. The four year training is conducted by 9 full time teachers and 4 part time teachers. A major process at the school during the year was continuing the work to be accredited by the National Council for Technical Education (NACTE) in Tanzania. This year marked the last year of Ulumbi Lyanga as the Principal of the school. The hospital is grateful for her many years of dedication to the school. She was replaced by Else Marie Voll.



The school continued the exchange programs with the four schools in Norway (Betanien, Haukeland, Haraldsplass and Stavanger nurses training colleges). In addition it continued the 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. For a full report from the school please refer to the appendix.

Continued Education

The continuing education programme has provided a varied programme during 2007. Sessions have been held on topics as varied as management of malaria, health sector reform, waste disposal, problem solving methods and gas safety. More than 85 sessions have been held during the year. 28 of these were presented by local resident staff while the rest by visiting students or temporary staff. There have usually been 2 sessions per week.

Research Programmes

Research and Training hospital

The National Institute for Medical Research (NIMR) of the Ministry of Health and Social Welfare of the Government of Tanzania has established and is running a research station at the hospital. 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 Innsbruck, 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. HLH hopes to include several candidates in the formal research programmes with the collaborating institutions. It is also the objective of the hospital to engage in a more formal research coordination activity with partners linked to the University of Bergen.

For the latest 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.

The aim of the hospital is to integrate its research portfolio and training profile into becoming an accredited training hospital within several fields such as AMO training, neurosurgery, pediatrics, laboratory sciences etc. In addition the hospital is currently seeking research coordination support from the University of Bergen University



UNIFOB Health section (<http://www.unifobhelse.uib.no/index.php?Gruppe=0&Lang=eng&ID=FaktaOm>). We believe that this will improve research quality, coordination, dissemination and relevance to the hospital, the local community, national authorities and international research networks.

The research and training programmes fall into several categories with institutions in many countries around the world.

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) Ophthalmology 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
 - o IMCI
 - o 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.

Hospital affiliations and memberships

The hospital is a member of several associations. To mention some include the Association of Tanzania Employers (ATE), the Christian Social Services Commission (CSSC), the Tanzania Christian Medical Association (TCMA) the WHO Health Inter Network Access to Research (HINARI) to mention a few.

Financial Overview and Human Resources

The main expenditure deviations from the budget in 2007 relate to the salary expenditure, as was also the case in 2006. Nationally, the salaries have increased with more than 200% over the past 2 years. 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 2007.

Other selected expenditure related deviations include increased spending on medical supplies, workshop, education, transport and electricity. 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. This is mostly due to the lack of qualified doctors for a great part of the year.

The total budget of the hospital (4.47 billion shillings – approximately 3.7 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
- Training of new students and upgrading of staff (more than 55 students on full-time training courses)

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 hospital

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 hospital was successful in attracting several more qualified doctors, most of them from abroad. The year marked the completion of studies for the first medical student sponsored by the hospital however, and there were also additional Assistant Medical Officers completing their studies and returning to the hospital.

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.

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. In 2007 the hospital, through a hospital board resolution, received the responsibility of promoting its own staff, also as compliance to the new employment and labour relations act.

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. 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 the years to come.

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 through the Friends of Haydom 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 2007, the three words summarizing the year 2006 continued to be the main summarizing words also for 2007 -

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

Øystein Evjen Olsen
Managing Medical Director
Haydom Lutheran Hospital



