HAYDOM LUTHERAN HOSPITAL

Annual Report
2008

HAYDOM LUTHERAN HOSPITAL

ELCT – Mbulu Diocese
P.O. Mbulu Tanzania

-To His Praise and Glory-

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Introduction and Summary

The year 2008 was a historic year in many aspects for the hospital. Following the restructuring of the organization and the hiring and placement of leaders in the new division, the year was dominated by leadership and organizational changes. These changes were evident at all levels and areas of work, and included the start of a management project programme in which 15 large organizational processes were started. The organizational change was started by the late Dr Evjen Olsen several years earlier, and fully implemented by the beginning of the year. The organizational processes were heavily influenced by the mid-term evaluation of Christian Michelsens Institute and the consultancy of the Baker Tilly Group and included the establishment of division strategies, division manual, new accounting manual, new procurement manual and improved maintenance routines. In addition the quality and efficiency project was initiated to improve patient treatment and use of resources. Much of this was related to the development of a new financial management system (WebERP) and a health management information system (Care2x). These were developed together with experts from abroad and with wide participation and ownership processes within the hospital. The mentioned mid-term review prompted many very useful and stimulating recommendations guiding the work as we entered the year 2008. The values of the hospital were described further and became increasingly meaningful through the year when determining the division strategies and objectives. Another major achievement of the hospital was the provisional accreditation of the Haydom School of Nursing complying with the standards of the National Accreditation of Technical Education (NACTE) board in June. The school also received accreditation to start in-service training to upgrade nurses with certificate level to diploma level.

The year 2009 will be another very important year in which these values, the hospital objectives and its vision are again subjected to new changes as the hospital develops towards becoming a teaching hospital and foundation. It is hoped that the year 2009 will be a valuable year in these respects, and that the negotiations with the Royal Norwegian Embassy and the collaborative dialogue with the Tanzanian Ministry of Health and Social Welfare, as well as the multiple individual and institutional partnerships across the world will reflect these long term strategies of the hospital in order for its activities to be sustained and the quality improved.

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 316,168 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 2,154,894 people. The breakdown of these can be seen in the table below.

Table I

	Census 2002	Extrapolation 2007	Extrapolation 2008	Extrapolation 2009
Total Dongobesh division 2002 (Mbulu district) (3.8% annual growth)	53 303	64 230	66 671	69,204
Total Haydom division 2002 (Mbulu district) (3.8% annual growth)	71 914	86 656	89 949	93,367
Total Basotu division 2002 (Hanang district) (3.8% annual growth)	58 250	70 191	72 858	75,627
Total Nduguti division 2002 (Iramba district) (2.3% annual growth)	66 496	74 503	76 217	77,970
Total immediate catchment area HLH	**249 963**	**295 581**	**305 695**	**316,168**
Hanang District (3.8% annual growth)	204 640	246 591	255 962	265,688
Mbulu District (3.8% annual growth)	237 280	285 922	296 787	308,065
Iramba District (2.3% annual growth)	367 036	411 232	420 690	430,366
Meatu District (3.3% annual growth)	248 949	292 828	302 491	312,473
Karatu District (4.0% annual growth)	177 951	216 505	225 165	234,171
Singida Rural District (2.3% annual growth)	400 377	448 588	458 905	469,460
Singida Urban District (2.3% annual growth)	114 853	128 683	131 643	134,670
Total greater reference area HLH	**1 751 086**	**2 030 348**	**2 091 642**	**2,154,894**

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 2008 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 54 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 2008, 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) Further establishing the Four Corners Cultural Center
l) 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 2008, HLH emphasised:

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

2008 Results

Hospital Services

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

Table – Selected statistics of the hospital

Indicators	*2007*	*2008*
Staff	500	580
Beds	400	400
Inpatients	12 499	16 635
Outpatients	54 331	60 508
Deliveries	3 343	4 558
Treatment days	122 086	129 793
Average stay days	10.4	8.5
Mothers examined through Reproductive and Child Health Care services	24 033	26 404
Children examined through Reproductive and Child Health Care services	81 664	85 103
Major operations		1 707
Villages with HLH VCT		75
Patients on ART (HIV treatment)		> 1 200

Summary report of all clinical divisions for annual report statistics

Year	End of year 2007					
Division	**Admissions**	**Stay days**	**Average length of stay**	**Deaths**	**Death %**	**Beds**
Medical	2,333	22,784	9.91	243	10.4%	63
TB ward	523	23,151	44.27	83	15.9%	57
Amani ward	0					
Surgical	2,946	33,373	11.33	249	8.5%	101
Mother and Child	6,795	49,468	7.70	247	3.6%	125
Total Inpatient	**12,597**	**128,776**	**9.64**	**822**	**6.5%**	**346**
			Excluding TB ward			
Outpatient	**54,331**					
Outreach	**Mothers examined**	**Children examined**	**Deliveries**			
	24,033	81,664	3,343			
Medical Service	**Total examinations Lab**	**Total examinations X-ray**				
	77,865	10,529				
Other activities	**Major operations**	**Minor operations**				
	2,024	2,190				

Year	End of year 2008					
Division	**Admissions**	**Stay days**	**Average length of stay**	**Deaths**	**Death %**	**Beds**
Medical	2,387	21,652	9.07	242	10.1%	63
TB ward	734	22,136	30.16	75	10.2%	57
Amani ward	77	3,234	42.00			
Surgical	3,681	28,786	7.82	282	7.7%	101
Mother and Child	9,756	45,418	4.66	246	2.5%	125
Total Inpatient	**16,635**	**121,226**	**7.18**	**845**	**5.1%**	**346**
			Excluding TB and Amani ward			
Outpatient	**60,508**					
Outreach	**Mothers examined**	**Children examined**	**Deliveries**			
	26,404	85,103	4,558			
Medical Service	**Total examinations Lab**	**Total examinations X-ray**				
	130,601	16,385				
Other activities	**Major operations**	**Minor operations**				
	1,665	2,118				

Diseases

Malaria, including cerebral malaria, is still a large challenge. There is anecdotal evidence however that the disease might be on a decline as we see less positive blood slides from the patients. If this is true it might be due to a range of reasons including delay of taking the sample to after start of treatment, self-medication of patients before admission or positive effects of the extensive preventive program the hospital has been part of nationally. 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.

Top ten diseases - cause of admission

Age 5 below years		Age 5 years and above	
1. Malaria	1246	SVD	4109
2. Pneumonia	859	Malaria	2011
3. Gastroenteritis	488	Pneumonia	637
4. Prematurity	81	TB Lungs	330
5. Diarrhoea	62	Amoebiasis	319
6. Amoebiasis	56	Complete abortion	279
7. Septicaemia	55	Traumatic pain	274
8. Malnutrition	48	Incomplete abortion	273
9. Cellulitis	43	CCF	196
10. Burn	42	Typhoid fever	184

Top ten diseases - cause of death

Age 5 below years		Age 5 year and above	
1. Pneumonia	76	1. Malaria	76
2. Malaria	29	2. CCF	56
3. Prematurity	24	3. Pneumonia	51
4. Septicaemia	17	4. TB Lungs	51
5. Meningitis	11	5. HIV/AIDS	25

6. Birth asphyxia	8	6. Intestinal obstrution	12
7. Dehydration	7	7. Benign neoplasms	11
8. Burn	5	8. Peptic ulcer	9
9.Malnutrition	5	9. Hyperplasia	7
10.Gastroenteritis	5	10. Meningitis	6

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 2008 was the first full year of the alcohol dependency treatment program with 77 patients admitted during the year. The full efficiency of the treatment is difficult to assess as the patients are followed for a full 11 months after treatment to assess the outcome. There is however numerous accounts of children and families being united with their mother and father being previously robbed of them due to the effects of alcoholism. These accounts are deeply moving and inspiring, and patients come from all over the country to seek treatment, including places such as Dar Es Salaam and Tanga.

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 serve more than 75 villages ni the area. The programme tested 1 611 clients (5 023 in 2007) through the VCT programme and 8 511 clients (7 438 in 2007) through the PMTCT programme. The decrease in clients tested through the VCT programme is largely due to much of the population tested during the early years of the programme, but also due to a lack of availability of HIV testing kits through the Government distribution system. This is a serious challenge that must be addressed at all levels of the logistics chain.

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 97 children (90 in 2007) and 1,193 adults (948 in 2007) with a total of 1,290 (1,038 in 2007)) clients enrolled in the Care and Treatment Programme at the end of the year 2008. 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. The clinic examined 7,106 patients, did 756 operations or which 598 were cataract operations. In addition they dispensed 880 pairs of glasses.

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 1,674 procedures (911 in 2007) 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 continuously challenged by rising salary costs and needs for equipment and improved infrastructure. There were no funds available for improvements of this centre and it is a priority to maintain the utilization and provision of services in this area. 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.

Gendabe Health Center

This health center has been running fairly well during 2008, 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. Much of the relative success of the health centre at Gendabe is due to the wonderful support of the Norwegian doctors arriving annually to Haydom for the tropical medicine course arranged by the Norwegian Medical Association of southern Norway.

Balangda Lalu Health Center

The houses and physical facilities are good but need rehabilitation. The health centre has seen a stable use of the services by the people. The main challenge has been to secure the villages with a stable water supply and the hospital agreed in 2008 to take over the management of the water system and install new pumps and water committees. This was possible through the support of Mr Ingar Kvia and his associates in western Norway.

Physical Support Services

Management processes and Human Resource Department

The most relevant achievements related to efficiency are nevertheless the management programme initiated with the help of Baker Tilly and Mr Jøran Nybakk, otherwise employed at Deloitte Norway. This programme is a response to the evaluation reports provided by Baker Tilly and Christian Michelsens Institute in 2007 and subsequent discussions in the Annual General Meeting with the RNE. The programme initiated 15 projects related to improving internal control, financial management, efficiency and quality improvement at the hospital. The list of these programmes is as follows:

1. High level vision / strategy formulation
2. Strategies / objectives for each division
3. CMT agreements
4. Human Resource manual
5. Budget manual
6. Division and department manuals
7. Efficiency measures indicators
8. Accounting manual
9. WebERP (Financial management system)
10. Care2x (Statistics and patient information system)
11. Filing system
12. Personnel database
13. Maintenance manual
14. Evaluation of the programme

All of these projects have been coordinated through the special programme management with an emphasis on change management and leadership training in parallel activities. The projects that still need further input into 2009 are the Human Resource manual, CMT agreements, Care2x and the Maintenance manual. Baker Tilly, in cooperation with the hospital, is expected to finalize the other internal control and financial management systems.

Finally another major change in the hospital was the opening of the Human Resource office in the beginning of January 2008. This has enabled a coordinated response to many of the staff related issues previously handled by the other members of the administration.

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 fully in 2009.

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. This system will be in full effect from 1st of January, 2009.

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.

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 was active for a large part of the year, but his health condition forced him to seek further treatment and retire in 2008. The hospital is indebted to his service for more than 40 years to the hospital and will continue to enjoy the fruit of his work for a long time still.

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. This day was celebrated with a commemoration of his service, his values and with an opportunity for staff and friends of Haydom to provide their support to the poor patients fund of the hospital.

Dr Olsen's Cup

This sporting event was moved from January to September in order to avoid the major rains. In 2008 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.

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 2008. 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 2008 more than 1,000 visitors signed the guest book at the guest house. We thank all of the visitors coming to Haydom to share our achievements and challenges for the continued blessing they represent to the hospital and the community.

Tropical medicine course for Norwegian doctors

The year 2008 marked the third 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 to be continued in 2009.

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 building of the infrastructure in which the traditional households, the school building and the meeting pavilion were also started in 2008.

The Haydom Trade School

The planning of this school gained momentum in 2008. 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 Vocational Education and Training Authority (VETA) approved the plans for the school and provided the initial curriculum needed for the planning to continue.

Partnerships

The year 2008 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, University of Virginia 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 – Training hospital and Foundation

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 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 to the objective of becoming a training hospital, the hospital board decided to explore the plans for the hospital becoming a Foundation under the Mbulu Diocese – similar to the example set by the Kilimanjaro Christian Medical Center. Through a year long facilitation and consultancy process by CORAT, a final report will be presented by CORAT to the board in which the details and advantages of such a foundation are to be presented. It is clear that the hospital should move in the direction of a foundation in order to improve its managerial capacity, provide a wider range quality services and training opportunities as well as to attract and diversify its funding base for a more stable flow of resources.

Haydom Nurses Training School

In 2008, the Nurses Training School had a large amount of applicants and all classes were nearly full. All 25 final year students passed their examinations. A major achievement at the school during the year was the provisional accreditation by the National Council for Technical Education (NACTE) in Tanzania. The hospital continued to implement the recommendations of the NACTE in order to gain full accreditation by June 2009. In addition the school was accredited to start in-service upgrading of certificate nurses to diploma nurses. The school enrolled 20 new students to this programme. Finally the school implemented the new 3-year curriculum of the Diploma course, and there are therefore currently three different curriculum implemented at the school, as the 4 year curriculum will continue until 2011. The school had a total of 157 students enrolled by the end of the year within all of these courses. There is still a major challenge to have enough qualified teachers at the school, and this is a need that continues to be a priority request in collaboration will all of our partners nationally and internationally.

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.

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 metods 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 Innsbrück, Austria (no formal agreement, but medical students)
h) Umeå International School of Public Health, Sweden

The main active programmes in 2008 were as follows:

- "Use of HAART" – U of Tromsø, Ullevål, Agder University, SSHF, NIMR
- PMTCT – CiH, UiS, Dep of Public health (UoB), Muhimbili
- Mental Health – CiH, Faculty of Psycholgy, UoB
- "Intracranial and spinal pathologies" - Ludwig-Maximilians University, Munich, Germany, Innsbruck Medical University, Austria
- Nutritive value of hospital diets at HLH – UMB, Sokoine University
- Neurosurgical Procedures in Rural Tz - PTP, Medical U. of South Carolina, Oregon Health & Science

The main programmes starting up in 2009 are these:

- Enteric Infections and Malnutrition – U of Virginia, CiH, Karolinska, U of Illinois, Gates Foundation, Foundation for the National Institute of Health and 7 other sites
- The cost-effectiveness of HIV/AIDS interventions in Haydom, Tanzania
- "A biocultural Examiniation of the Peripartum" –U of Illinois
- "System impact of free transport and care for delivering mothers" – CiH, ??
- Immunization status of infants in a remote area in rural Tanzania - Curtin University of Technology, Perth Australia

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 and Agder University among others.

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 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 engagement of a Research Coordinator to the staff of the HLH was a step taken in order to coordinate the research programs towards increased synergy between the programmes and to the hospital as a measure to utilize lessons learned to improve quality and efficiency of the hospital services. It has also greatly improved the visibility of research and the interest of research within the hospital. The hospital engaged Mr Erling Svensen at the Center for International Health, University of Bergen, in this position.

Poverty Alleviation

The hospital put special emphasis on improving the water situation for the people and the hospital in 2008. The main objective of the water project in 2008 was to reduce the use of water by the hospital from sources also shared by the communities as well as to increase the use of rainwater harvesting in the hospital and the community. The hospital was assisted with funds from the Norwegian Church Aid for this purpose.

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 Ole Petter Bergman 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. A main priority is also to improve the stability of the electricity supply. A plan has been made, but the funds are not yet available. To secure a stable electricity supply would cost to the effect of 1.8 million Norwegian Kroners (equivalent to nearly 300,000 USD).

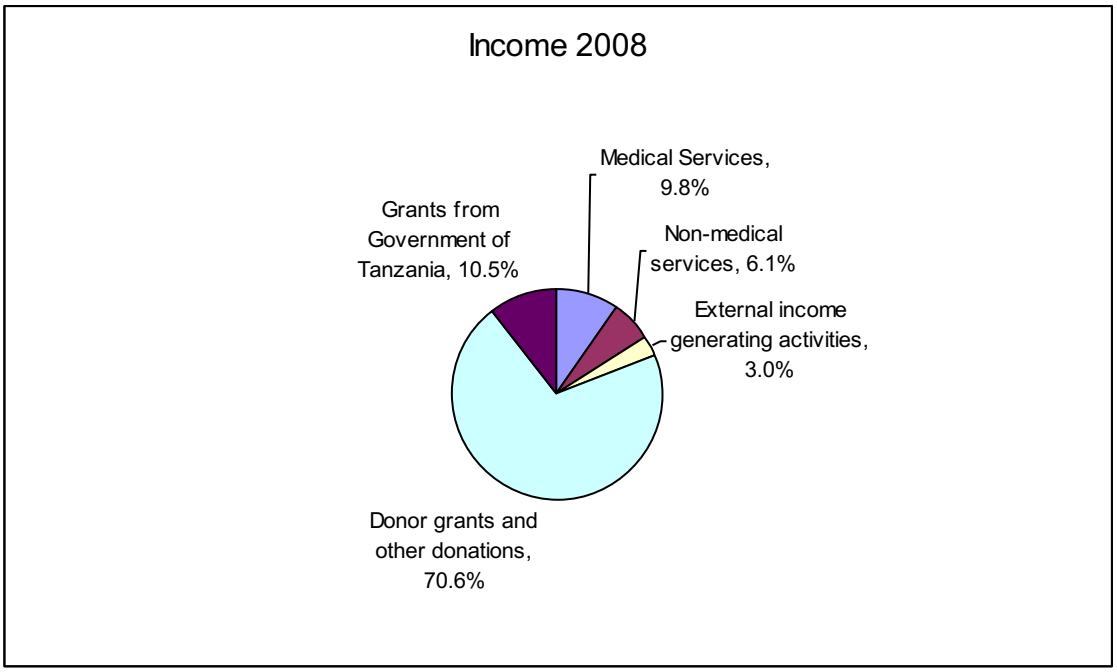
A major achievement in 2008 however was the complete registration and inventory of all medical equipment in the hospital. This included equipment in the wards but also that stored in containers and warehouses on the compound. This inventory shows the make, model, serial number and condition of the equipment and will be used to assess future needs of 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 2008 relate to the salary expenditure and the major fluctuation and devaluation of the Norwegian Kroner due to the global financial crisis. This led to a substantial deficit of about 1 million NOK. The Royal Norwegian Embassy approved a special application to help reduce this deficit, and the hospital is particularly grateful to the embassy for this special support. , The Income and Expenditure report in the AFS has been summarized as follows:



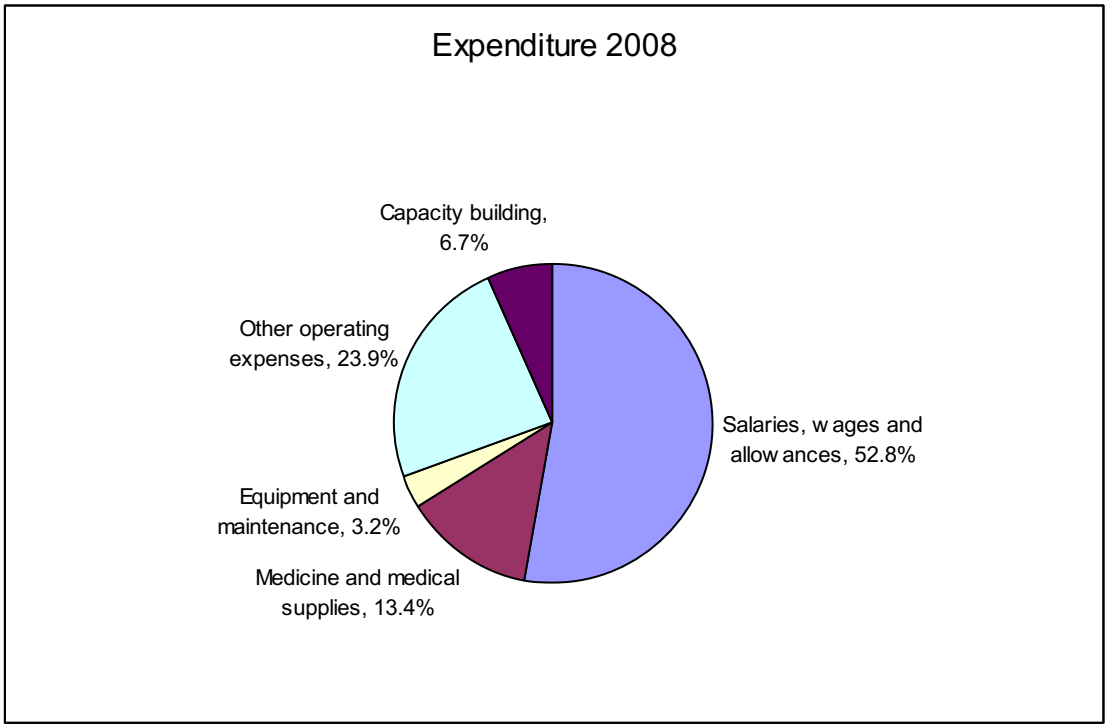


Figure 1 page 6. **The Income and Expenditure percentage report as presented in the AFS 2008**

It should be noted that this Income and Expenditure overview is historic in the sense that it is the first overview made through the new financial management system WebERP. Throughout the year the hospital has worked hard on making the requirements for and making the programme for this system to be implemented. We have collaborated closely with the Baker Tilly auditing group in Dar Es Salaam as part of the Royal Norwegian Embassy funded initiative to improve internal control and financial management systems. We have also received very valuable help from a UK based WebERP consultant, Tim Schoefield, who has reworked and improved the software to fit our needs. We expect the system to be fully operational in January 2009.

It should also be noted that the chart of accounts of the new system are substantially different from those in the old ACTAN based system. This means that several of the old accounts have had to be transferred to new accounts, sometimes making the direct comparison between 2007 and 2008 figures difficult. This also complicates the analysis of deviances and projections etc. as new accounts will be shown without a figure in the Budget of 2008, while they might have figures in the actual of 2008 and the budget of 2009.

Another major difference is the separation of running costs and investment costs in the new accounts system. This has been done to better reflect the needs for investment and provide better opportunities for evaluation of annual running costs. In the previous system investment was part of the overall budget making direct comparison from year to year very difficult. This will also improve the ability to reflect donations and assistance for purchasing of vehicles and equipment to the hospital.

Performance monitoring

The new division leaders have been through an extensive leadership programme, in which part of this programme also focused on performance monitoring. By keeping track of a few important indicators they are now able to monitor the performance of the division and suggest causality implicating areas for improvement of quality and efficiency. Below is one example off these indicators for the year 2008:

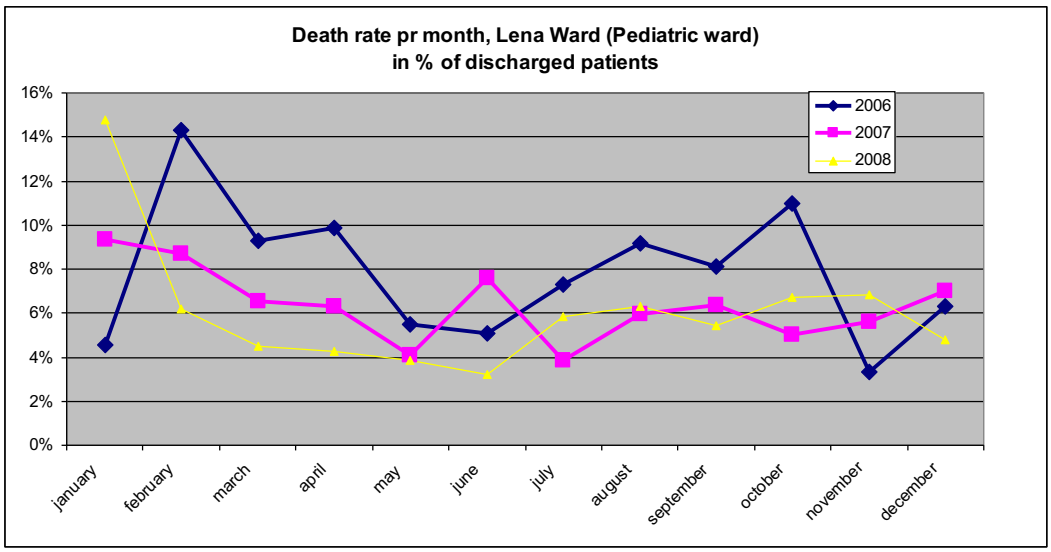


Figure 1. Death rate per month at the Paediatric ward

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

As will emerge from the earlier sections of this report the main risk to the success of the project is the availability of qualified human resources, particularly at nurses, clinical officers and doctor level. It has been shown that the increase in qualified Human Resources has led to an increase in activities, in line with the objectives of the hospital. This availability is crucial to all other activities as it secures quality, enables 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. The hospital 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 Tanzanian Government do not follow up increased salaries with increased support to salaries to the hospital. This creates an expectations management crisis as well as a budget crisis now on an annual basis.

A third risk to the success of the project in 2009 is related to the value of the Norwegian Kroner. Should the value remain the same as of today the hospital will incur a substantial deficit as shown in the budget. This must be subject for discussions during the AGM of 2008.

Another 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 and finally very 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. Furthermore the hospital does not receive medical supplies to its Focused Antenatal Care programme to clients outside the Mbulu District. The district boundaries allow 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 for increased need for the government to control its activities, policy making and staff subjecting it to legislation with a varying degree of feasibility and logic creating an unclear picture of the agenda and objectives of the government towards the Voluntary Agency hospitals.

Conclusion

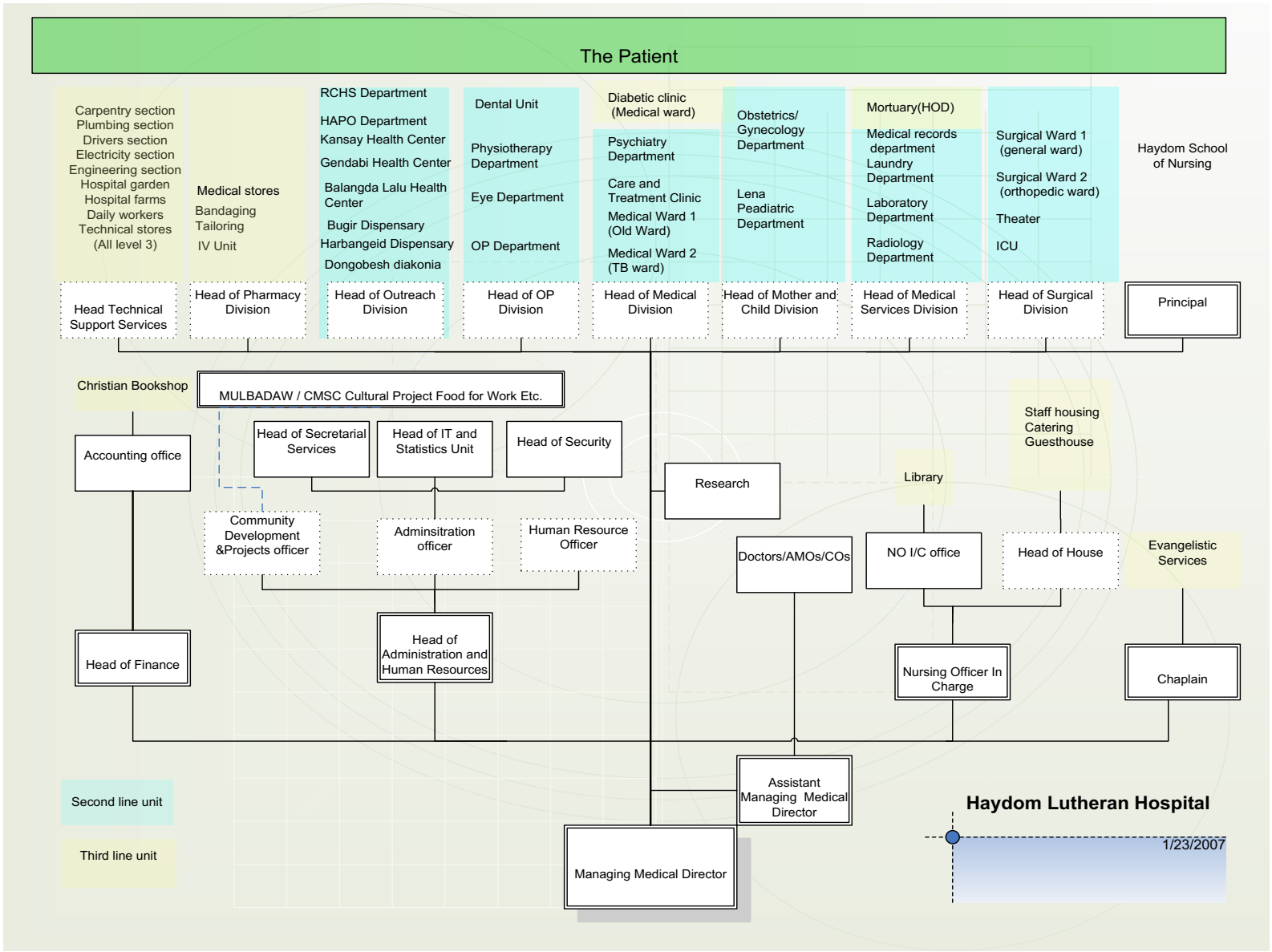
In spite of many difficulties and challenges, we have experienced the joy and satisfaction of being able to help more people in need also in 2008. Many people have turned to us for help, and many people have walked out of the hospital cured of their ailments. We are grateful to our many friends within 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 helped us with special funding. 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.

Our motto for the hospital remains

To His Praise and Glory

Øystein Evjen Olsen
Managing Medical Director
Haydom Lutheran Hospital


The Patient
Carpentry section
Plumbing section
Drivers section
Electricity section
Engineering section
Hospital garden
Hospital farms
Daily workers
Technical stores
(All level 3)
Medical stores
Bandaging
Tailoring
IV Unit
RCHS Department
HAPO Department
Kansay Health Center
Gendabi Health Center
Balangda Lalu Health Center
Bugir Dispensary
Harbangeid Dispensary
Dongobesh diakonia
Dental Unit
Physiotherapy Department
Eye Department
OP Department
Diabetic clinic (Medical ward)
Psychiatry Department
Care and Treatment Clinic
Medical Ward 1 (Old Ward)
Medical Ward 2 (TB ward)
Obstetrics/ Gynecology Department
Lena Peadiatric Department
Mortuary(HOD)
Medical records department
Laundry Department
Laboratory Department
Radiology Department
Surgical Ward 1 (general ward)
Surgical Ward 2 (orthopedic ward)
Theater
ICU
Haydom School of Nursing
Head Technical Support Services
Head of Pharmacy Division
Head of Outreach Division
Head of OP Division
Head of Medical Division
Head of Mother and Child Division
Head of Medical Services Division
Head of Surgical Division
Principal
Christian Bookshop
MULBADAW / CMSC Cultural Project Food for Work Etc.
Staff housing
Catering
Guesthouse
Accounting office
Head of Secretarial Services
Head of IT and Statistics Unit
Head of Security
Research
Library
Community Development &Projects officer
Adminsitration officer
Human Resource Officer
Doctors/AMOs/COs
NO I/C office
Head of House
Evangelistic Services
Head of Finance
Head of Administration and Human Resources
Nursing Officer In Charge
Chaplain
Assistant Managing Medical Director
Second line unit
Third line unit
Managing Medical Director
Haydom Lutheran Hospital
1/23/2007


HAYDOM
LUTHERAN HOSPITAL
Under the
Acacia Tree