

Haydom Lutheran Hospital

ANNUAL REPORT - 2009

WHO WE ARE



It is not the critic who counts; not the man who points out where the strong man stumbles or where the doer of the deeds could have done better. The credit belongs to the man who is actually IN THE ARENA... (citation continues)
Theodore Roosevelt

The people in the Arena

For close to three generations, the Haydom Hospital has served the people of Tanzania. HLH has about 580 dedicated staff who work towards serving the whole person in a holistic manner through following the main objectives of the hospital.

HLH has nine divisions. The inpatients at the hospital have increased from 12,959 in 2007, to 16,159 in 2009 and the number of outpatients has increased from 50,310 to 57,896 in the same time period. This has been achieved through a tireless commitment and dedication of the people actually in the arena.

In addition to the health services, HLH staff have focused their commitment on programmes targeting the well being of the whole person through capacity building and poverty reduction strategies. The capacity building programmes range from the Haydom School of Nursing,

to various staff upgrading, continuous education, the ongoing building of the Haydom Vocational and Entrepreneurial Training Center, various support to secondary schools in the area and the training done by the collaborative partners.

Reducing poverty is supported by, among others, the ongoing collaboration between Haydom and Mandal Town in Norway on waste management in Haydom village, the newly established Christian Sports Contact Programme, the Climatic Adaptation Programme targeting water availability as well as the Four Corners Cultural Programme focusing on coexistence dialogue and celebration of the four language groups the HLH caters to.

All of these efforts are the results of the dedicated staff of HLH and its collaborative partners. And in 2009, the credit of a very successful year belongs to the people **IN THE ARENA**.

The Vision

Since its inception, HLH has practised a holistic approach to health care of patients. summarized in its overall vision: **“To cater for all physical, mental and spiritual needs of its patients”**

The Objective

- Reducing the burden of disease
- Reducing poverty
- Increasing community capacity
- Improving collaborations with like-minded institutions

The Catchment Area

Situated in the corner of Manyara region and Mbulu district the hospital serves more than 7 districts (Mbulu, Hanang, Meatu, Iramba, Babati, Karatu, Singida Urban and Singida Rural) in 4 regions (Manyara, Singida, Shinyanga, Arusha)

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...whose face is marred by dust and sweat and blood, who strives valiantly, who errs and comes up short again and again, because there is no effort without error or shortcoming, but who knows the GREAT ENTHUSIASM, the great devotions.....

Let me tell you the Great Enthusiasms!

Haydom Lutheran Hospital was this year awarded with the **best workers** for the third year in a row in the region in the 1st May celebration. Mama Kari and Helena Gidmanqaw were chosen by the regional authorities to represent the region as the best workers in Musoma. The award was given by the President Kikwete in a large national celebration. In addition to the National Award, the hospital was also represented in the Regional Award ceremony held in Babati by four people for the second time in a row, and by 6 people in the District Award ceremony.

In February 2009, HLH again hosted the **Tropical Medicine course** for the Norwegian Medical Association. Over 25 doctors from Norway participated in the one week course giving HLH a chance to both build the capacity of its own personnel as well as further increase the international cooperation.

The annual **Dr. Olsen Memorial Day** was held on the 29th May in memory of the late Dr. Ole Halgrim Evjen Olsen. The event has developed into an annual event where the whole community participates in collecting funds for the Poor Patient Fund .



The annual **Dr. Olsen Cup**, a football tournament held over a three week period, was also a joyous event giving the surrounding communities the opportunity to play football against both local and international teams.

Olsen and Olsen - Dr. Ole Halgrim Evjen Olsen and the child named after him

In April, the **Palliative Care Unit** was donated a vehicle by the Evangelical Lutheran Church of America further enabling the palliative care unit to reach the people most in need of their services in the villages.

The HLH has in 2009, been blessed with over 1065 guests from far and near. Schools from Norway, friends of Haydom, volunteers and international experts, have all blessed the hospital with short and long visits.

...who spends himself for a WORTHY CAUSE...

Some of the Main Collaborative Partners -but not comprehensive

Ministry of Health and Social Welfare, District and Regional Authorities,

The **MoHSW** supports the Swine flu and Bird Flu surveillance programme. Supports the hospital with basket fund, staff grant and bed grant, as well as with vaccinations, medicine and medical supplies for outreach, TB, and HIV services. HLH also has good collaboration with both District and Regional Authorities through outbreaks control, TB drugs, HIV kits and RCHS material. Regional health Authorities are also assisting HLH in becoming a training hospital.

Friends of Haydom (FoH)

The Friends of Haydom is a trust established in Norway with the sole purpose of supporting HLH. The trust assists in many levels, ranging from financial support to support of human resources and equipment. The main projects supported by Friends of Haydom include the Haydom Vocational and Entrepreneurial Training Center, the electricity project and the HLH website. The trust has in 2009 assisted with over 3 million Norwegian Kroner in direct financial support and assisted with capacity building and various technical expertise. FoH have also assisted in getting support from **GE Healthcare Lindesnes** who have provided various equipment.

Royal Norwegian Embassy

HLH has developed an increasingly meaningful relationship with RNE, the main donor, over the last contract period. From being a passive recipient of funds, the hospital now engages with the RNE on issues such as capacity development of the hospital and the community to advocacy issues relating to health and development in Tanzania. One of the main collaboration efforts between HLH and RNE is the Millennium Development Goals 4 and 5 initiatives.

MaIED

The MaIED study is the largest ever worldwide effort to investigate how malnutrition and intestinal infections lead to serious lifelong physical and mental problems in children living in developing countries. This project is described in The Journal of the Norwegian Medical Association <http://www.tidsskriftet.no/index.php?seks_id=1872730> In the MaIED project the major part of 2009 was spent on necessary preparations before we could enroll the first children. We started enrollment in October 2009, as the first site in this 8-site study.

Madaktari Africa

The partnership with Madaktari Africa, a US based organization, has brought about national and international accreditation for a training programme of neurosurgeons and nurses at the hospital. Through a MoU with the Ministry of health and Social Welfare in Tanzania, the HLH is now included as a neurosurgical training site in Tanzania. The capacity building of both surgeons and nurses has increased the capacity of the hospital to perform complicated procedures as well as improved the pre-, intra- and post operative care.

Some of the Main Collaborative Partners -but not comprehensive

Fredskorps, Norway

Through the Soerlandet Hospital in Norway, the Norwegian Fredskorps are assisting the HLH with exchange of personnel. The focus of exchange has been on ICU upgrading, financial management support and maternal and child health.

Soerlandet Hospital, Norway (SSHF)

The hospital situated in Kristiansand, Norway supports HLH through support to equipment, personnel, administrative support and direct financial support via the voluntary employees monthly cut in their salary.

Norwegian Lutheran Mission(NLM) and the Medical Aviation Fellowship (MAF)

MAF are now as in the past supporting the HLH in upholding the historical and future values and visions. Through maintaining the focus on diaconia, networking and friendship building, these two organizations continue to be part of the cornerstone of HLH through support to outreach, some salary components and personnel as well as subsidized prices for travel.

VestAgder Ilegeforening, (Doctors Association) Norway, Dental Soer, Norway

The annual Norwegian approved tropical medicine course of the **Vest Agder Doctors Association** is now held at HLH. The course assists the HLH in gaining experience from Norwegian doctors, building the capacity of HLH staff as well as raising awareness of HLH among doctors in Norway. HLH also receives some financial assistance through the course.

Dental Soer is supporting HLH through providing equipment and personnel to the dental Unit.

Mandal Municipality, Norway

Mandal Municipality has incorporated Haydom town as a friendship town and are assisting the town in providing capacity building regarding safe drinking water, sewage management and garbage disposal management. Mandal Municipality also assists the orphaned children at the hospital.

KRIK/CHRISC

The Christian Sports Contact both in Norway and in East Africa, have newly established collaboration with HLH. The organizations now support village sports and leadership training, hospital staff development through leadership training, motivation and sport management as well as sports facility infrastructure improvement both in the village and at the HLH.

ELCT and Palliative Care

The ELCT palliative care is supporting the palliative care at HLH which is growing with its outreach activities. ELCT HQ is also supporting the hospital with a range of quality improvement programmes and IT system support.

Some of the Main Collaborative Partners

-but not comprehensive

NIMR, Tanzania, Center for International Health, Norway

HLH has a large research component which is supported by both Tanzanian and International partners. In addition to NIMR and CIH is also the previously mentioned MalEd programme. See own section on research partners.

Norwegian Church Aid

HLH has for many years been a partner of Norwegian Church Aid (NCA). NCA are supporting the Climatic Change programme which provides clean water to the indigenous peoples in the area as well as the Four Corners Cultural Programme which supports celebration and coexistence between the four language groups of the area, focusing on conflict resolution and dialogue.

Twiega Foundation, Senior Expert Service, Christian Medical Center

Both Twiga Foundation and Senior Expert Service are supplying qualified personnel to the hospital (surgeons, financial management, doctors and nurses). HLH has also a newly formed collaboration with the Christian medical Center in Vellore, India. This collaboration provides south-south capacity building and leadership training.

University in Agder and 7 Schools of Nursing in Norway

(Haukeland Sykepleier Høyskole, Haraldsplass, Betanien, Nord-Troendelag Høyskole, Diakonhjemmet, Diakonova and Stavanger Sykepleierhøyskole) support the Haydom School of Nursing and the HLH in capacity building, networking and exchange focusing on reflective practices in nursing.

WHO, PEPFAR

PEPFAR supports CTC and HAPO programmes. **WHO** supports the Netspears programme.

Deloitte, Norway

HLH has initiated cooperation with Deloitte Norway, who provide professional services and advice within audit, tax, consulting and financial advisory services. The cooperation with Deloitte aims at giving HLH a 5 year plan and long term strategic plan within strategy development, leadership training and capacity building.

Boxed Solutions

The IT company Boxed Solutions based in Norway, has provided the HLH with valuable IT consultative services, internet solutions and various equipment.

... Who, at the best, knows, in the end, the TRIUMPH OF HIGH ACHIEVEMENTS....

Main achievements of HLH

– celebrating the values of the past with a vision of the future

The year 2009 was a year in which many of the ongoing processes during the past five years were summarized and consolidated. The hospital has now institutionalized many of its leadership processes, implemented new leadership tools and consolidated patient services. All of the processes are a result of the values and vision of the hospital’s 55 year history.

These include important processes such as

- The introduction of clinical guidelines
- Consolidation of the organizational chart
- New Health Management Information System (Care2x)
- New Financial Management System (WebERP)
- A complete set of division strategies and manuals with corresponding quality and efficiency monitoring tools.

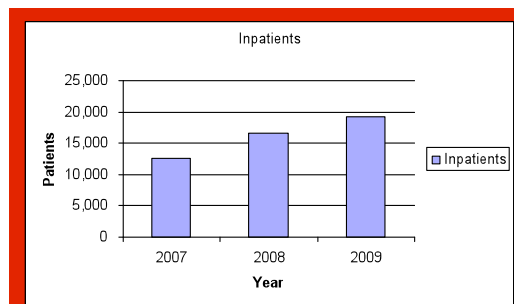
The communication and governance routines of the hospital are now delegated and decentralized, and all these factors combined provide a natural milestone for the new five-year plan being developed.

During the past five years the hospital has managed to maintain a compound average growth rate of more than 20% on the income side, keeping the budget balanced in spite of massive salary increases through the concurrent global recession. In real terms this means that we have increased the income from Tanzania Shillings 2,726,254,000 in 2005 to Tanzanian Shillings 6,438,673,415 in 2009. The corresponding salary payment has increased from Tanzanian Shillings 1,112,209,000 in 2005 to Tanzanian Shillings 3,715,724,260 in 2009.

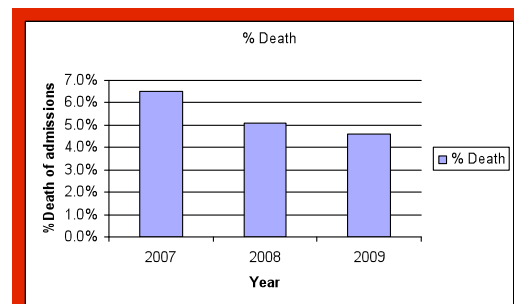
Most of the main hospital indicators show a positive trend, including increased deliveries and inpatient attendance, lower hospital mortality rate and decreased average length of stay.

We have increased in total the number of staff, including number of doctors from 7 in July 2005 to 17 today working for a longer period of time at the hospital.

The hospital has vastly increased its research portfolio (including the Bill and Melinda Gates funded research through the University of Virginia), started many new and important clinical programmes and managed to



Number of Inpatients 2007-2009



% Death 2007-2009

secure several major partnership agreements with national and international institutions (such as with the Christian Medical Center of Vellore, India and Madaktari Africa, USA). Several major collaborative efforts have been initiated and are close to fruition (e.g. the relationship with the Norwegian Directorate of Health and the coordinated partnership with 8 nurses’ training schools in Norway).

In addition to the continued attention to the burden of disease the hospital has maintained its focus of poverty alleviation, capacity building and partnership development. In addition we have now finalized the application process towards the Royal Norwegian Embassy largely securing the funds for the running of the hospital for at least the next two years.

Together with the Halmashauri Kuu (Executive Council of the ELCT Mbulu Diocese) and the administration and staff (including the trade union) of the hospital, the hospital board has, during the past four years, also thoroughly discussed and through a wide consultative process assessed the future strategy and objectives of the hospital. These processes will continue into the next five-year period in collaboration with all relevant stakeholders also with the professional facilitation of Deloitte.

Changes, projects and processes

During 2009, processes started earlier on changing the hospital organizational structure and management processes, have been finalized.

Organizational management and internal control processes

In terms of the organizational management of the hospital one of the main processes has been the development of a new organizational chart in which a new management level, the division level, has been introduced. The main aim of introducing this level of management has been to bridge the gap between the administration of the hospital and the staff and patients, as well as to decentralize and delegate core quality and efficiency improvement processes towards the departments and wards responsible for implementation.

Extensive leadership training has been conducted over the past year. Included in this process has been the development of a value document involving the whole hospital (including the trade union) and division strategy documents and activity manuals developed by each division.

In addition the hospital has developed and implemented a completely new procurement and accounting manuals as well as a financial management control system based on the WebERP open source platform (weberp.org) modernizing these processes to comply with the needs of the management to provide financial and activity data relevant to improving quality and efficiency of the hospital activities. This also applies to the patient statistics and information management in which the hospital has developed a completely new Health Management Information System based on the Care2x open source platform (care2x.org). These processes are extensive organizational management activities in which the whole organization has been involved in the whole of 2009.



Millennium Development Goals 4 & 5 and Mental Health

Other major projects initiated earlier and ongoing in 2009 has been the massive focus on the Millennium Development Goals 4 and 5, improving the maternal and child morbidity and mortality indicators, but at the same time critically straining the capacity of the human and infrastructure resources of the hospital to accommodate the increase of work load related to this process.

An ongoing program is the extensive outreach and treatment activities related to HIV and AIDS. Similarly the hospital intends to continue its increased attention to mental health through strengthening the outreach program of the psychiatric unit as well as improving the service given at the Alcohol and Substance Abuse Treatment Unit (Amani ward).



Introducing a new motivation strategy

Motivational strategy overview

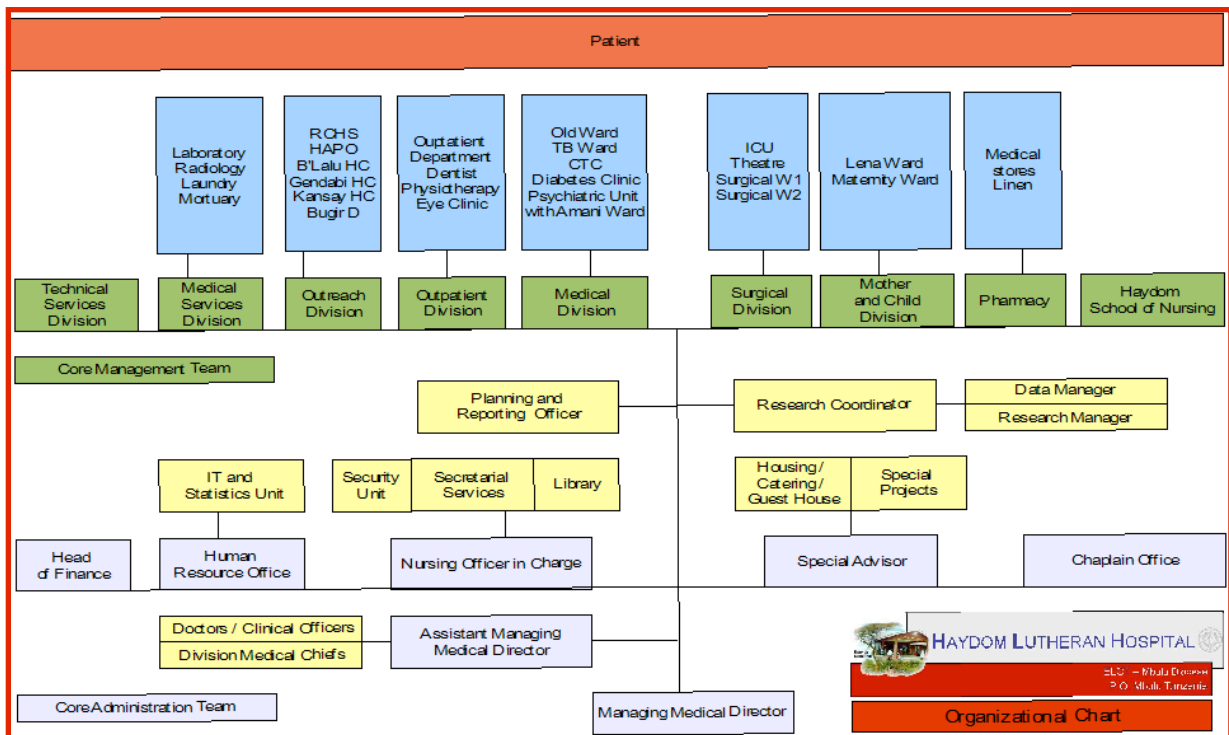
The following strategy is a result of a Core Management Team (CMT) deliberative process based on the observed need to increase motivation and quality of work among the staff. Key to the formation of this strategy is the report from the CMI regarding the complex determinants of quality of work and the relationship also to workload and payment.

It must be recognized that workload and payment schemes are only partly and often not the main determinant of quality and motivation. The CMT implemented in 2009 the following concepts found to be important and particularly relevant in order to improve motivation and quality of staff performance:

1. **True compliments between staff** – this is important as we need to ensure and encourage each other of the good work being done, even if it is part of our regular duties.
2. **Asking culture** – to encourage each other to not be afraid of asking. Asking should be rewarded and approved as a positive thing both for staff and students.
3. **Identifying negligence** – we need to show leadership and courage towards

fellow staff and to students when we experience negligence and when guidelines, work ethics and routines are not followed. If we are not clear in our communication and react firmly to negligence we allow it to continue, and there is little possibility of correcting it. As division leaders you have the power to give warnings and to inform staff and students about non-productive and negligent behaviour.

4. **Inclusion / approach** – to ensure that all staff work together as a team and include each others experience and input to decisions being made in a good spirit and with constructive and kind communication. This does not however replace the authority of leaders or doctors when making final decisions, but improves the decision making process and the feeling of being included and useful to the hospital for all workers.





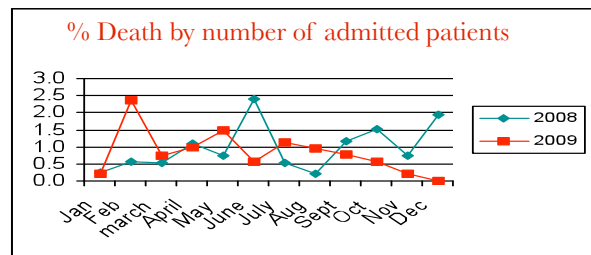
Mother and Child Division

The main achievements are tied to the two main targets for 2009, reducing maternal and child mortality and morbidity.

The continued high influx of delivering mothers is partly due to the free ambulance service for delivering mothers and children and partly due to the high quality of service the mothers are receiving. In 2009, the number of deliveries has reached 4622 increasing the workload substantially in the maternity ward. As can be seen from the chart below, the deliveries per month have reached over 400 in 2009 and has doubled since 2007.



The death rate of delivering mothers and infants remains low and has decreased from 2008, which gives an indication that maternity ward has succeeded in increasing the efficiency and quality of care.



The hospital has a 70 bed dedicated paediatric department (Lena Ward). The department has seen a slight increase in attendance during 2008, and has seen a very positive development trend in 2009. Among the activities is the development of a nutrition formula that complies with the F 75 (malnourished) and F 100 (children) National Formula. Milk from cows and goats from the hospital farm is used in the formula. In addition, meat is now being provided to the children from the HLH guesthouse. Although statistics are not available for reason for death for children at the moment, there is a general agreement among Lena Ward staff that the improved formula has greatly decreased the death rate due to malnutrition.

A total of 582 cesarean sections and 23 deliveries using suction were performed in 2009.



Plans for 2010 include increasing delivery rooms and providing a waiting house for pregnant mothers. There is also a need to supply more premature rooms and one theater within maternity ward.

No. of Neonatal Deaths	Cause
10	Septicemia
3	Pneumonia
9	Birth asphyxia
20	Prematurity
2	Congenital malformations
3	Hypothermia
1	Malarial congenital
1	Anaemia
1	Incompatibility

No. of Maternal Deaths	Cause
2	PPH
2	Septicemia
1	Criminal abortion/septicemia
2	Ruptured uterus
1	Car accident
2	Pulmonary embolism
2	Relapsing fever
1	Acites and pneumonia
1	Sepsis to appendicitis
1	Hypertensive disorder without eclampsia
1	Malaria

Child Care Unit (CCU)

The CCU is a unit under maternity ward where orphaned or special needs children are taken in for a short period of time until the families can support them at home. The current unit was opened in March 2009, it was before based in the maternity ward. 26 children have been cared for in 2009, of these 3 died and 9 have been reunited with

their families. The aim is to reunite children with their families at 3-4 months, but families often delay picking up their children due to food shortage at home. In the future, the unit hopes to receive income by opening the CCU as a day care unit for staff at HLH.

Outreach Division

The Outreach Division of HLH includes the **RCHS** (Reproductive and Child Health Care Services), **HAPO** (HIV/AIDS Prevention and Outreach) and the 4 remote institutions of the hospital (Buger Dispensary and Kansay, Gendabi and Balangdalalu Health Centers).

In the 29 clinics run by HLH, 81,362 children and 27,671 mothers attended. All together 53,111 vaccines were given in these clinics. The number of attendants have been stable for the last years. Many villages are urging to get RCHS clinics from HLH, but the availability of staff and funds does not allow for further expansion.



HAPO includes both a male and female mobile clinic and in 2009, 8043 females and 66 males were tested for HIV. Of these, 53 were found to be positive.

The staff of the division have undergone training in PMTCT, family planning, VCT, early diagnosis of HIV in children, CHBC, PMTCT statistics and treatment management in 2009.

The unit also provides vouchers for bed-nets and all the health centers and outreach clinics provide these vouchers free of charge to pregnant women and children. In 2009, the outreach clinics alone provided 3569 bed net vouchers.

The outreach clinics are extremely popular in the area, and HLH has recently received two more applications for clinics besides the two new already opened in 2009.

Many success stories are told by the staff of the outreach clinics, dispensaries and clinics supported by HLH. From ruptured uterus emergency operations where the child was found to be alive in the stomach cavity, to emergency equipment saving lives on car battery power, to stories of quick and successful HLH ambulance service reaching severely anemic women in time with safe blood. The staff report of good communication within each unit and good working moral. These are men and women who are willing to go the extra mile for each patient.

Buger Dispensary has one clinical officer, one nurse midwife and two medical attendants permanently based at Buger, as well as several supporting staff. In 2009 the staff have obtained training in PMTCT and management of TB. 512 patients have been treated and 23 deliveries have been done in Buger in 2009. Also, 102 bed-nets have been distributed free of charge to pregnant women.

The working facilities are difficult with no electricity, but in spite of this, many success stories have been born in Buger. In 2010, Buger hopes to obtain solar paneled electricity, at the moment the dispensary runs all necessary equipment on car battery power.

In 2010, the plans are to maintain the current buildings and water pump, build a placenta pit as well as obtain new autoclaves, delivery beds and examination bed.

HIV / AIDS work at Haydom

The HIV/AIDS prevention and outreach programme is maintaining its level of activities, in very close collaboration with the RCHS outreach schedule. There is a slow increase in the number of patients enrolled in the HIV/AIDS treatment programme, now totaling more than one thousand two hundred patients.

Gendabi Health Center

The Gendabi Health Center has one clinical officer, two nurses, three ward attendants, two laboratory assistants one evangelist and a number of support staff. In 2009, 6 of the staff attended various training ranging from seminars on family planning to TB, malaria, PMTCT to DOTS training.

In 2010 the health center plans to apply for a new ambulance, rehabilitate buildings and get more man power from HLH.

Balangda Lalu Lutheran Health Center

The BLHC has one clinical officer, one nurse midwife, one MCH aid, one lab assistant, 6 med attendants and a number of support staff. However, the size of the health center demands one AMO, three Cos and one Nursing officer. In 2009, the staff have obtained training in ARV, CTC, TB and HIV management, malaria, safe motherhood and delivery as well as VCT. There have been 196 deliveries, and a distribution of 500 bed-nets. 877 inpatients and 10295 outpatients have been treated at the health center in 2009.

The BLHC plans to build a new lab facility, build an incinerator and placenta pit as well as obtain new delivery beds and suction machine in 2009. In addition to this the needs

for further maintenance is also seen in 2010, including maintenance of vehicle, buildings, fence and building of a new water tank. The HC also sees the need to start using the care2x system of HLH as soon as possible.

Kansay Lutheran Health Center

The Kansay LHC has a total of 15 staff serving the community. These include 1 CO, two NOs, one Lab technician and 6 medical attendants as well as the many support staff. Three of these received training in 2009 in malaria, family planning and TB management. 382 bed nets have been distributed, 575 inpatients and 1871 outpatients have been served in 2009.

In 2009, the road to Kansay has been rehabilitated and the radio call has been fixed.

Doctors arrive from HLH on timely visits, and all in all the facility functions well.

The plans of 2010 include to continue the current relationship with doctors coming from HLH. A major concern for Kansay is the electricity. Two machines give electricity to the center, but one of these is broken while the other only gives 15 KVA. In addition to this there is a great need for a new x-ray machine. The HC cannot give x ray services, this is one of the main reasons so few people are attracted to the health center, at present.



Pharmacy Division

The WebERP has revolutionized the pharmacy in 2009. The ordering, supply needs and purchasing is now running smoothly and the pharmacy has greatly reduced the out of stock days as well as the expired drugs during 2009. The new system has also reduced the human resource needs on preparation of local purchasing orders and goods received notes, and the monthly reports are now easily available.

The plans for 2010 include to expand the main medical store, to train all staff further according to

needs and to improve the WebERP system so as to alert staff on medicine stock level.

The Pharmacy also includes the Linen Rooms which in 2009 has supplied the hospital with new sheets, plastic covers for all mattresses and uniforms as needed. The plans for 2010 is to expand the rooms of the linen in order to have more space for the sewing activities.

Surgical Division

The year 2009 was a year with optimism and many good results. Even though few of our doctors have many years of experience in the operating theatre, they show interest in learning and are never afraid of doing whatever the situation demands. We have also in 2009 had good collaboration with visiting doctors, both from Amref and other visitors. When seeing the timing of many of these visits related to the added experience needed at that particular time, we can only be amazed how God is providing for our hospital. But there will always be a need for our own doctors to acquire new skills and knowledge. As such we have introduced weekly small lectures in our morning reports at least once a week for all doctors and clinical officers in addition to the continued education in Assembly Hall.

In addition to the planned increase in competence among our doctors, we hope that we in the not too far future will be able to provide our patients with increased service by introducing a new system of a three-shift duty system also in theatre. This would reduce the time delay from the decision for operation until it can start, and will hopefully reduce the work load on our theatre staff.

In 2009 the surgical division has seen a relatively stable increased number of admissions from 3681 in 2008 to 3702 in 2009. The number of major operations has increased substantially from 1755 in 2008 to 1995 in 2009. Minor operations has decreased slightly from 2118 in 2008 to 1719 in 2009. The division has also managed to reduce the number of stay-days in the surgical wards. In 2008, the total number of stay-days was 34621, giving an average stay-day of 9.4 per patient. This average was reduced to 8.5 (total stay-days 31751) in 2009.



Medical Division

Amani Ward: The Alcohol Dependency Treatment Unit (Amani ward) follows the world renowned 12 step programme focusing on the physical, mental and spiritual well being of every person admitted. In 2009, 58 patients were treated in Amani ward. As opposed to 77 in 2008. Strict intake procedures and a lack of sufficient space coupled with shortness of staff has led to a decrease in patients admitted.

The great achievements in 2009 include graduations held twice for those who have stayed sober for one year. Also, although 2009 has seen a severe shortness of staff, all planned lectures have been held. Throughout the programme, patients are tested and treated for infections and are tested for alcohol consumption.

Amani ward has also started community awareness raising programmes in the surrounding villages in cooperation with the Four Corners Cultural programme.

The plans for 2010 include starting follow up treatment in the villages, conducting general maintenance of the ward, to seek additional staff, including one doctor and one CO and to acquire a vehicle for the community work.

Old Ward: admitted 1983 patients in 2009 as opposed to 2387 patients in 2008. The average stay days in the ward dropped from 9.07 in 2008 to 8.09 in 2009. This is mostly due to the new care2x system as well as new efficiency routines in all the wards.

The great achievements in old ward in 2009 include the new mosquito nets now covering all the windows and the increased efficiency of staff. Quality

measures have also been introduced, such as all mattresses covered with plastic covers, reduction of patients sent to ICU due to increased use of suction and oxygen machines, and the overall improvement of nursing care which again has reduced the number of stay days.

The future plan for the ward includes keeping mental health patients in a separate ward as well as obtaining a new suction machine and ox meter. Some of the rooms also need extra lighting.

Diabetic clinic: 674 patients were treated in the diabetic clinic in 2009 as opposed to 829 in 2008. Education was given to all patients on dietary measures needed as well as how to handle injections.

The plans for 2010 include obtaining urine sticks for self tests and to increase the number of staff with one doctor.

The HLH **CTC Unit** collaborates with both the RCHS and the VCT in PMCTC issues. In 2009, the unit managed to test the neonatals at the hospital and provide orphans and poor patients with food and follow up support.

The **Palliative Care Unit** has regularly visited 445 patients in 2009. of these 19 died during the year. The Unit goes 5 days per week to visit people who need home care. Three of these days are reserved for vulnerable orphans. The orphans often live with the extended families and need special follow up. the Unit has 5 staff including 2 nurses, one evangelist, one social worker and one clinical officer. In addition, the orphans are especially followed up by the church district pastor



Medical Services Division

The Medical Services Division has had a good year in 2009. This is mostly due to the new improved recording and tracking systems initialized through the Care2X and the WebERP. Although some shortcomings are still noted, mainly the lack of human resources and need of training, the overall performance of the division is very good.

Laundry has increased efficiency in 2009 by making a separation wall for clean and dirty sheets and has repaired all laundry machines.

The Laboratory has been reorganized in 2009. A reception has been created and the supply system

through care2x has reduced the number of out of stock days substantially. New equipment has been bought through the Mal Ed project.

The Radiology unit has established a new viewing room in 2009. The new ordering system has led to fewer out of stock days.

In Medical Records, the new Care2x and WebERP system has led to quick and timely billing of patients, again reducing the number of stay-days in the wards.

The **Mortuary** has also established a new recording system.

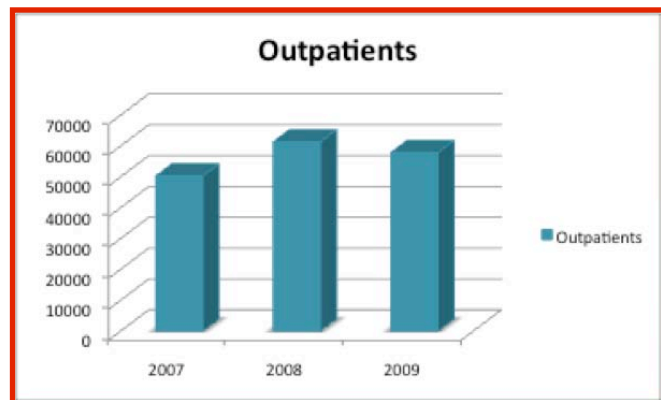


Outpatients Division (OPD)

The OPD department has approximately 150-200 patients daily. The department provides drugs as per diagnosis and health education.

Several quality improvements measures have been done in 2009. The department now monitors daily the attendance and observes the seriousness of patient situation and provides prioritized care.

The achievements in 2009 include providing quicker lab results to patients through the new health care management system set in place as well as reducing the number of O/S drugs and retain a stable number of patients throughout the year. OPD also won the annual hospital clean-ward cup in 2009.

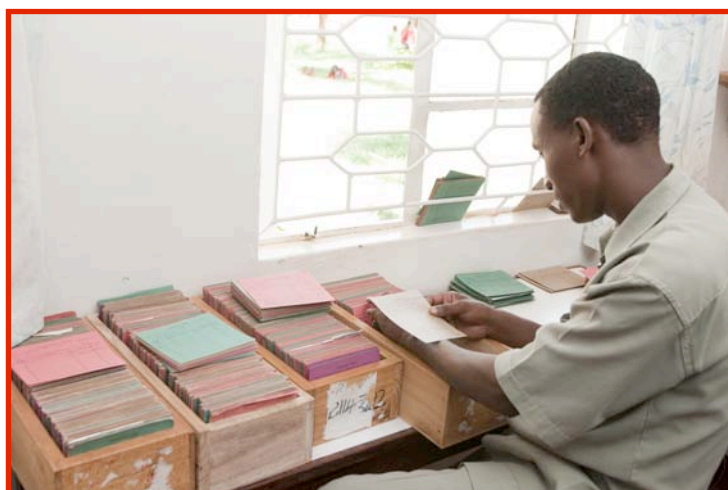


In 2009 a total of 6288 new patients were seen by team members from the HLH **Eye Department**. More than half of these, 3192 people, were seen at outreach locations. We reached a new record in performing 566 sight-restoring cataract operations during the calendar year. 485 of these were on outreach. 151 other non-cataract operations were performed of which 62 were on outreach. 211 people in outreach locations were helped by receiving reading glasses, and the total figure including Haydom is likely to be much greater.

Our surgical outreaches to Iramba district(177 cataract operations), distant Tabora region (103) and Hanang district (78) were particularly successful. During 2010 we will increase our co-operation with KCMC in Moshi and also continue existing arrangements with Iambi Hospital and with the Singida Regional eye Programme, other committed organizations and health providers.

We received visits from a number of supporters from Norway, and also were privileged to teach several medical and cataract surgery students. It was good to receive back from training an AMO cataract surgeon, and two people upgraded to registered nurses. We thank all staff for their commitment to their work and patients, often at inconvenient times and in unsocial circumstances.

The **Dental Unit** has been operative for the most of 2009 with a specialized dentists from Norway based in Haydom. The dentistry has provided dental health through the dental office at Haydom as well as through participating in the outreach clinics of the RCHS.



Technical Services Division

The Technical services division is divided in four units and 67 staff. The units are as follows;

1. Electricity Unit
2. Vehicle Unit
3. Water Unit
4. Carpentry Unit

The Technical Service division is responsible for the 22 land cruisers of the hospital, the 6 tractors, 2 Scania, one Unimog, one excavator and one tipper.

Five of the Land cruisers are in ambulance service and have covered 92,000 km for ordinary ambulance and 105984 km for delivering mothers.

The other cars are divided among the several projects of the hospital, PEPFAR, RCHS, HAPO, CTC, MalEd, Eye Clinic and the 4 health centers of Kansay, Gendabi, Balangdalalu, and Dongobesh. In addition, two cars are used by the administration, two cars by project activities and one car by garage. One of the cars is not in working condition.

The available 6 tractors are use on the many farms of the hospital and the unimog, tipper and scanias are all used for various projects and hospital needs.

The water unit has in 2009 built several Rain water Harvest Units both at the hospital and in the surrounding villages, with emphasis on the Yaida Valley, providing water for the indigenous peoples. It has also maintained the water system of the hospital. The pipeline from the Basonyangwe new well to the four tanks system of the hospital and a pipeline to the 4CCP site was also done in 2009.

The Electricity Unit has repaired several of the HLH and clinic equipment during the year. Regular maintenance is done for the HLH generator, oxygen

machines, laundry, steam boiler and freezers, also in collaboration with the ELCT Health Care Technical Services office in Moshi.

The technical Service Division are also responsible for all building works and have provided staff and material for building the Dr Olsen Secondary School, Pavilion of Four Corners, Haydom Vocational and Entrepreneurial Training Center and other projects.



Haydom School of Nursing

In 2009, the school had a total of 174 students divided in 5 classes and 3 programmes. There are two pre service integrated courses of 4 and 3 years duration. In this are included midwifery and mental health curriculum.

In 2009 all 33 students taking the State examination, passed. This was a great achievement for the school and a trend seen for the last five years. Since 2004, only one student has failed in one subject, but succeeded the re-sit.

The school has also been through a self-evaluation process to apply for the full accreditation from NACTE/Ministry of Health and Social Welfare. The process is now in its final stages. Several of the academic staff are also undergoing upgrading.

Two of these are studying advanced diploma in teaching methodology and one is undergoing a degree course. HSN is in the stages of applying for Bachelor Degree in Nursing Programme. The school is now applying for qualified teachers to be able to upgrade to this level.

The school collaborates closely with the MoHSW regarding the quality control. In addition to this, HSN collaborates with 5 University Colleges in Norway. A comprehensive exchange programme is now under the process for expansion to include 2 to 3 more University Colleges in Nursing in both Norway and the USA (Madaktari Africa Program). In 2009, 23 international students participated in the exchange programme. The students participated in the school programme from 1-3 months.

One of the dreams of the HSN in 2010 is to get funding to expand the current revolving fund for students. This fund assists the students to manage the school fees as a loan, to be paid back after finalization of the course. The revolving fund especially targets the poor students who would otherwise not be able to study.

The teachers of the school have done a remarkable job in 2009. The recommended teacher /student ratio is 1/8, while the school has in 2009, had a teacher/student ratio of 1/20 and have at the same time managed to support the students for all to pass the final examinations.

In 2009, a new wing of male dormitory was finished, which additionally gave 16 more beds. HSN also started a fruit tree project with 30 different fruit trees. This is now an addition to the vegetable and pig project of the school.

Graduates

1992-1996	Enrolled nurses	297
1988-1997	Enrolled midwives	156
1994-2009	Registered nurses	306



Haydom School of Nursing Team at the Dr. Olsen Cup, 2009



Other Projects

HLH has during the years helped initialize many projects in the surrounding villages and has functioned as a development agent, catering for not only the health needs of the population, but also the social and development needs.

The Dr. Olsen Secondary School and Haydom Police Station are both examples of the function HLH has as a development agency in the society.

In 2009, HLH has supported the **Indigenous water project**, a project funded by Norwegian Church Aid (NCA). The project has aimed at providing the indigenous peoples in the Yaeda valley with water through freeing an artesian well utilized by the hospital, and through providing rain water harvest points a primary and secondary schools as well as other available roofing structures in the valley.

The project successfully reduced the load on the Endagulda artesian well, built pipelines from a new well at Basonyangwe and provided several RWH points in Mongo wa Mono, Domanga, Eskesh, and other villages.

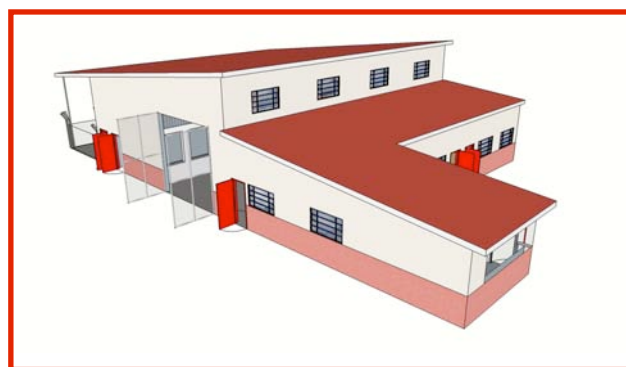
Haydom Vocational and Entrepreneur Training Center

A vocational training school is now a prioritized objective for Haydom, with Haydom Lutheran Hospital as the catalyst for development. The aim of this school is to educate employers, able to run and manage their own business for development, thereby employing more people, enabling them to pursue sustainable livelihoods. The vision is to further practical knowledge for development, locally rooted but with global actuality. This translates into the following stated objectives:

- To enable recruitment of qualified technical personnel to Haydom Lutheran Hospital
- To train entrepreneurs able to employ and manage their own business locally and nationally rooted.
- To further training in a global context
- To further training in a cultural context
- To ensure qualified personnel trained in ethical, good governance management principles
- To enable partnership between organisations, business and authorities to secure these objectives

The plans and curriculum has been developed together with, and approved by the Vocational Education and Training Authority (VETA) regional headquarters in Dodoma. All further planning and coordination of the school will be conducted in close collaboration with

VETA and district educational authorities, with a stated aim of the school to acquire the status of a District Designated Trade School of Mbulu District. The school is estimated to accommodate 15 students in phase I and another 15 students in phase II, and should include boarding facilities to enable students to be recruited from a wider catchment area and secure a proper teaching environment. The hospital board has approved the formation of an autonomous not-for-profit company taking over the responsibility of the school.



The new vocational training center





The Four Corners Cultural Programme (4CCP)

The 4CCP, a programme initiated in 2006 funded by NCA and following the vision of the late Dr. O.H.Evjen Olsen, has grown to become a unique programme in the area.

The HLH catchment area is special in the sense that this is the only area in Africa where all four main ethno- linguistic groups of the continent meet in one place. The Bantu language group is represented in the area by the tribes Nyiramba and Isanzu, The Khoisan language group is represented by the Hadzabe, the Nilotic are represented by Datoga and the Cushitic are represented by the Iraqw. Each of these groups has a distinct language, culture, historical understanding and mode of resource utilization. Although these groups have lived in coexistence, the scarcity of resources is now becoming a challenge as the populations grow. Cultures that before lived in coexistence due to diverging interest and use of land, are now in danger of moving into conflict both over land issues and over historical and cultural understanding of their rights.

4CCP was initiated as a direct result of these challenges and the programme was developed through several consultative meetings with elder representatives chosen by each of the four ethno-linguistic groups. Today the programme has parallel objectives aimed at **celebration** and **coexistence**. While the **celebration stream** focuses on design and building of a cultural center and a systematic process of cultural/linguistic preservation, the **coexistence stream** focuses on peaceful development of the 4 groups using the cultural heritage as a base for development. This stream has been identified by the elder representatives as linked to six pillars- Environment, Health, Education, Values, Governance and Livelihoods.





Mama Kari and Yotam Girgis at a 4CCP elders workshop



In 2009, two land use surveys, looking at the different understanding of land use, inheritance, mode of obtaining land between the different groups and creating an understanding of how these systems combine with the land laws of Tanzania have been conducted with the aim to reduce conflict between the groups. In addition, 3 elders workshops were held at HLH and several outreach meetings were conducted in the villages.

The programme has also collected traditional knowledge on medicinal plants from the four groups and these are now planted on the cultural site. Traditional dwellings have been built at site as well as a central pavilion for meetings and gatherings.

Over 300 children stories have been collected in the traditional languages, now being translated to Kiswahili and English. These will at a later date be published and made available in primary schools in the area.

The programme hopes the children's stories can be a starting point for creating awareness of the importance to develop with integrity, using own knowledge and own culture to create development, and creating awareness on the importance of keeping traditional values through an ever changing world.

Artifacts, stories, songs etc will also be collected and in 2010 an exhibition is planned at site.

The 4CCP collaborated closely with district, regional, and national cultural authorities as well as with the Institute for Anthropology, Gender, and African studies at the University of Nairobi.

The hospital board has approved the formation of an autonomous not-for-profit company taking over the responsibility of the cultural project.

HLH statistics 2009

Selected statistics of the hospital

Indicators	2007	2008	2009
Staff	500	580	558
Beds	400	400	429
Inpatients	12499	16635	15077
Outpatients	54331	60508	57896
Deliveries	3343	4558	4622
Treatment days	122086	129793	
Average stay days	10.4	8.5	6.2
Mothers examined through Reproductive and Child Health Care services	24033	26404	27698
Children examined through Reproductive and Child Health Care services	81664	85103	81594

Inpatients: IPD

Total number of admissions from HLH registers is 15077. The frequency of diseases are categorized into groups of similar diseases. This reflects number of diagnoses, some patients have more than one diagnosis. They are listed according to age group.

Infants 0-11 months

Rank	Diagnosis category	Number
1	Gastroenteritis	580
2	Respiratory tract infection	410
3	Malaria	469
4	Prematurity	99
5	Sepsis	34
6	Birth asphyxia	19
7	Malnutrition	18
8	Menigitis	13
9	Anaemia	12
10	Talipes	12

Child 1-14 years

Rank	Diagnosis category	Number
1	Malaria	734
2	Gastroenteritis	609
3	Respiratory tract infections	357
4	Wounds, burns, skin infect.	125
5	Injuries	104
6	Malnutrition	95
7	Tuberculosis	75
8	Anemia	48
9	Sickle cell disease	43
10	Epilepsy	27

Adults 15+

Rank	Diagnosis	Number
1	Normal and abnormal deliveries	5313
2	Malaria	1697
3	Respiratory tract infection	589
4	Gastroenteritis	564
5	Tuberculosis	356
6	Fractures	311
7	Wounds, skin	220
8	Congestive cardiac failure	188
9	Trauma	154
10	Benign prostate hypertrophy	138
11	HIV	118

Outpatients Department 2009

Number of Outpatients 2009: 57,896

Most common diagnoses at OPD.

Infants 0-11m

Rank	Diagnosis	Cases
1	Malaria	639
2	ARI	611
3	GE	276
4	Skin infect	53
5	Conjunctivitis	47
6	Med. exam	31
7	Otitis Media	28
8	Fungus	20
9	UTI	20
10	Abscess	20

Children 1-14y

Rank	Diagnosis	Cases
1	Malaria	1235
2	Respiratory tract inf.	727
3	Bite	301
4	Gastroenteritis diarrhea	389
5	Wounds and burns	219
6	Skin infection and fungus	199
7	Otitis	90
8	Urinary tract inf.	66
9	Typhoid	63
10	Conjunctivitis	41

Adults 15+

Rank	Diagnosis	Cases
1	Malaria	1393
2	Urinary tract inf.	596
3	Respiratory tract inf.	550
4	Pelvic inflammatory disease	342
5	Typhoid	338
6	Peptic ulcer, gastritis	332
7	Wounds	288
8	Bite	278
9	Brucellosis	274
10	Trauma	196
11	Gastroenteritis, diarrhea	186
12	Caries	129
13	Gastritis	125
14	Abscess	103
15	Asthma	101

Indicators for 2009

*And who, at the worst, if he fails, at least fails while
DARING GREATLY...*

The Road into 2010 for Haydom

Hospital values

Diaconia:

God, To His Praise and Glory, alleviate suffering, servanthood, showing and living the word of God

Hospitality:

Rule of rescue (always treating patients no matter how sick), no discrimination, respect, friendliness, staff motivation

Dynamic:

Always on the move to become better, capable of implementing when something needs to be done, being in the front of development, not standing still, quality improvement

Team Spirit:

Taking care of each other, working together with many people and partners sharing the same goals and objectives,

Holistic approach / care:

Always approaching needs from a comprehensive perspective – patients and community. Providing care to the body, soul and mind, treating each patient with all their needs, treating the community needs and providing community assistance such as water, roads, education etc.

Trustworthiness:

Quality, enough equipment, good examples, research, service attitude, taking patients needs and demands seriously, patient satisfaction, efficient use of resources, service before payment, respect, transparency

Courage:

Doing things that need to be done the way we know will succeed, self-reliance, uniqueness, dancing to the beat of a different drum, not always listening to experts from distant places but more often listening to the expertise in the community and among the staff, resilience, defiance, “we see what needs to be done and we do it”, not always accepting that things are impossible, trusting our own “knowledge of there-and-then”

Central to the future development of the hospital is the focus on sustainability of the **value platform** as the basis for priority setting and future plans. It is vital for the hospital that there is sustained trust to the services, emerging from the diaconical perspective of the organization, to ensure proper and increased utilization of the services in order to cater for the needs of the local and national community.

The hospital aims at continuing its effort as a rural hospital, servicing the marginalized communities of Tanzania, as well as adjacent health services and hospitals, in an efficient and effective manner with adequate quality. The hospital aims at maintaining its function as a high level health service able to attract patients as well as to attract, develop and retain qualified human resources.

Sustainability strategy of HLH

The sustainability factor, both in terms of finances, human resources, equipment and values, is **the ability of the hospital to be relevant to the stakeholders that are able and willing to support these efforts.** These stakeholders include the patients, the staff, local and national health authorities as well as international health authorities and donors. The hospital cannot aim at becoming financially sustainable without the continued support of all. It is clear that, given the severe lack of resources available to the national contributors, the hospital must rely on assistance from other international stakeholders sharing our vision and objectives for a very long time into the future.

HLH as a training hospital

In addition to the core hospital preventive, curative and palliative services, a major strategic effort in this regard is to continue to develop the hospital into a fully fledged training hospital. The aim of this strategy is to increase the number of qualified personnel locally and nationally to respond to the human resource crisis in this area of the world. The hospital has been affected by this crisis to its full effect and is in dire need of more and better qualified staff. Given the population basis, the existing level of services and infrastructure and network of national and international training partners, it has been decided by the hospital board that the hospital is a natural site for conducting training to increase availability of qualified staff both to the hospital as well as to the national human resource needs.

The Ministry of Health and Social Welfare of the Government of Tanzania has responded positively to the training hospital strategy of the hospital.

Additional to the existing Haydom School of Nursing and the current Neurosurgical training programme, the hospital aims at engaging in a dialogue with the MOHSW to establish the most pressing national needs in terms of other training courses to be started. The hospital has suggested the establishment of a Laboratory Assistant, Assistant Medical Officer and Clinical Officer training facilities as well as starting with Internship placement facilities of newly qualified national Medical Doctors.

In addition to the local and national effect of this capacity building, the hospital also aims at becoming a relevant training site for international health care professionals. It is clear, from discussions with several professional career institutions and authorities, that the hospital has the potential to provide training to international health care professionals in areas in which there is a need to experience a wider range of patient and diagnostic material, otherwise not available in many countries.

Research

Conceptually linked to this strategy is the continued development of the hospital as a research institution involving the National Institute of Medical Research (of which there is a local research station at the hospital) as well as international collaborators. There are currently 24 active research projects at the hospital, including a large project assessing the relationship between malnutrition and enteric diseases funded by the Gates Foundation through the Foundation for the National Institute of Health USA and the University of Virginia (see this web page <http://mal-ed.fnih.org/>).

Research will continue to be a core strategic activity related to both the capacity building of human resources, the national and international collaborative linkages and increasingly also a funding platform for hospital activities. Currently the RNE is supporting a small, but important, research component as part of the MDG 4&5 support. These funds, together with funding through universities in different countries, have enabled the hospital to sustain 11 research programs focusing specifically on MDG 4 & 5 related subjects

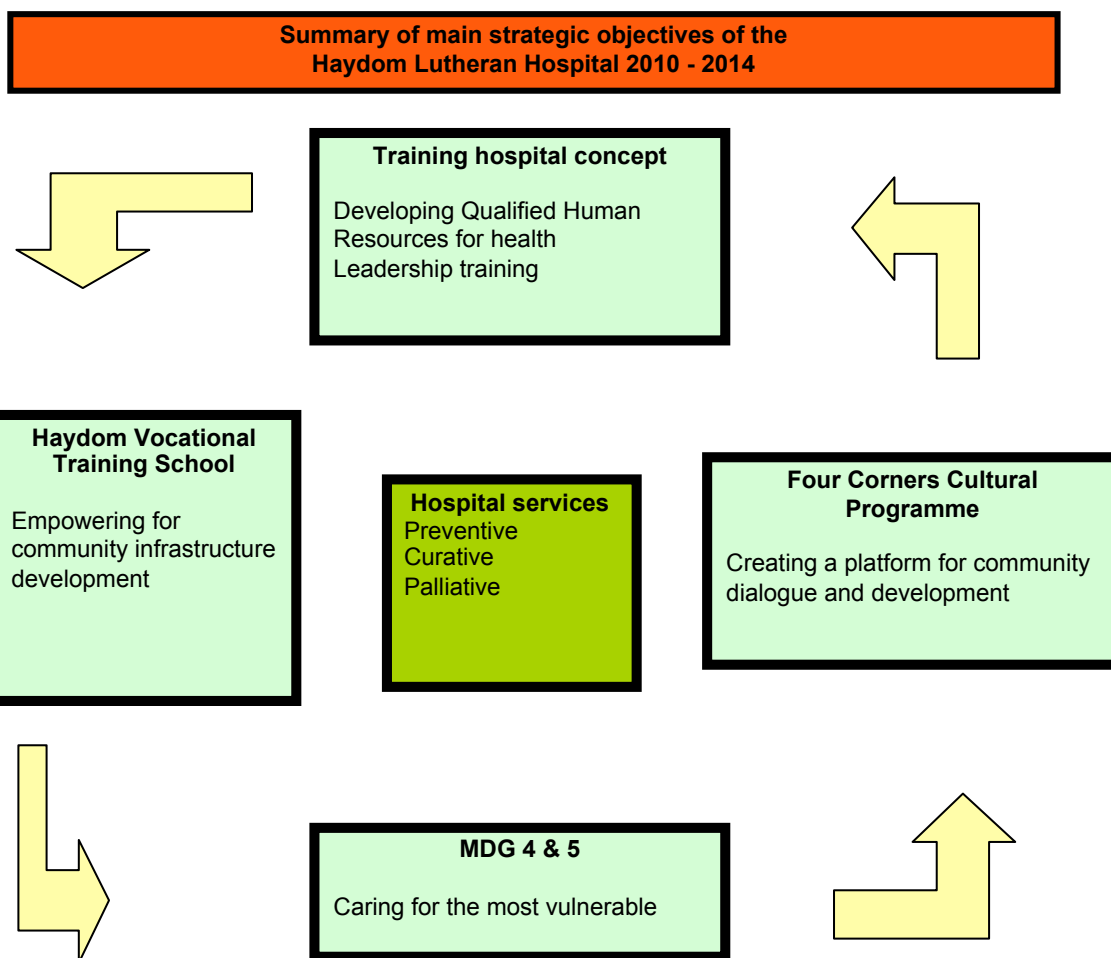
It is our aim that the research and development investments in the hospital budget should reach up to 10% of the total budget over the next five years. The main objective of the research at the hospital is centred on the need to utilize the available data gathered by the many projects and also generated by the new Health Management Information System (Care2x).

Norwegian research and training partners

University of Bergen
 University of Oslo
 University of Tromsø
 Agder University
 Ullevål Hospital
 Stavanger University Hospital
 The Laerdal Foundation of Acute Medicine
 Norwegian University of Life Sciences
 Nord-Trøndelag University College
 Haukeland Nurses Training College
 Haraldsplass Nurses Training College
 Betanien Nurses Training College
 Bergen University College
 Diakonhjemmet University College
 Oslo University College
 Soerlandet Sykehus, Norway

National and International research and training partners

AB Prisma (Peru)
 Aga Khan University (Pakistan)
 American Academy of Pediatrics (USA)
 Christian Medical College Vellore (India)
 Curtin University of Technology (Australia)
 Federal University of Ceará (Brazil)
 Fogarty International Centre (USA)
 Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc (USA)
 ICDDR B (Bangladesh)
 Innsbruck Medical University (Austria)
 Institute of Medicine (Nepal)
 Institute of Tropical Medicine (Belgium)
 Ludwig-Maximilians University (Germany)
 Lund University (Sweden)
 Medical University of South Carolina (USA)
 National Institute of Medical Research Muhimbili (Tanzania)
 RTA-AFRIMS (Nepal and Thailand)
 Sokoine University (Tanzania)
 The Johns Hopkins University Bloomberg School of Public Health (USA)
 University of Florida (USA)
 University of Illinois (USA)
 University of Leiden (Holland)
 University of Venda (South Africa)
 University of Virginia (USA)
 Free University of Amsterdam, Holland



HLH, civil society and advocacy

Apart from the institutionalization processes of these programmes the hospital will still pursue funding for other community development projects and emergency relief projects improving the availability of clean water, road infrastructure and other programmes that enhances public health and availability of health services in collaboration with local authorities. The hospital maintains that it is an important actor within the civil society sector and functions as a catalyst for development and a change agent within the community. The hospital emphasizes its importance in providing advocacy support to marginalized communities as well as providing feedback to policy makers on the impact of policies (national and international) and communicating the need for change.

HLH under a Foundation

Finally, among the major changes that has been initiated in 2009 and will be finalized within the next five year period, is the intention of developing the hospital into an autonomous foundation, similar to that of the Kilimanjaro Christian Medical Centre and others, under the Evangelical Lutheran Church in Tanzania, Mbulu Diocese. The aim is to improve the managerial and leadership platform of the hospital to accommodate the needed changes envisaged into the future, as well as to provide a more stable organizational context also enabling long-term funding and collaborative stability.

The concept has been approved in principle by the General Assembly of the ELCT Mbulu Diocese, delegating the authority to process the detailed content and development of this process to the Executive Council.

A joint workshop was held in November 2009 between the hospital board and the Executive Council discussing the objectives and content of a foundation further.

Challenges for 2010

The year 2010 will mark the end of the present 5-year contract of the current Managing Medical Director of the hospital. Although the next leader of the hospital will have a very good starting point for implementing the mentioned result areas, the next leader is still faced with major challenges. The funding situation of the hospital is still critical, as is the availability of qualified staff. Developing the professional reflection capacity and professional integrity of the staff, should also be a concern. There is still need to consolidate and improve the clinical processes and guidelines, continuing the work initiated on issues such as guidelines for paediatric and surgical procedures, monitoring and evaluation of effective drug use and iatrogenic infections in the wards.

In addition however, the next leader of the hospital is faced with a great opportunity in terms of further developing the relationships with local and national health authorities (at district, regional and ministry levels) to complete the training hospital and service agreement processes to further involve and expand the funding platform provided by the government of Tanzania. Maintaining and further developing the relationship with international donors, particularly the Royal Norwegian Embassy and the Friends of Haydom, is of great importance both for funding and capacity building objectives.



Board Member Jappe Eriksen and MMD Dr. Øystein Evjen Olsen

Resources

Resources – Qualified staff and funding

The main barriers to implementation of the strategies remain twofold – qualified human resources and stable financial resources. These need special attention, both in terms of hospital policies and in terms of external funding.

Human Resource strategy of HLH

Given the severe human resource constraints in Tanzania, coupled with the liberalization of the human resource market mechanisms, the hospital is increasingly subjected to potentially detrimental competition due the remote location of the hospital. The hospital aims at attracting and retaining qualified and dedicated human resources, and key to this is the availability of stable and competitive salaries, pension schemes, training opportunities and family and social opportunities. The hospital has addressed all of these concerns and has sustained a salary level equal to and in many cases slightly above the government salary scale.

In addition the hospital, in close collaboration with the hospital board and the trade union, has focused on the present pension schemes (in which government personnel are heavily favored and subsidized) and through national advocacy provided input to the ongoing national pension reforms.

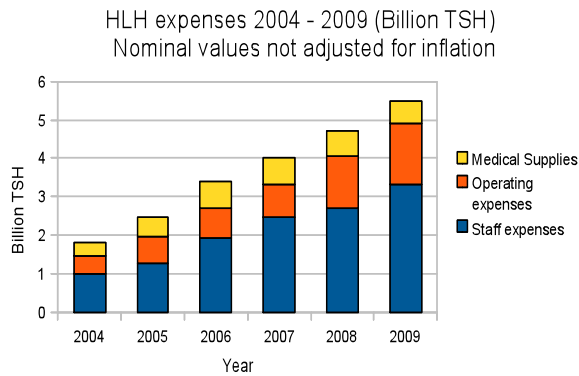
The hospital furthermore provides multiple training schemes and encourages and funds staff to pursue further training. As much as 10% of the hospital running budget is spent on training

In addition the hospital has now added to this list of retention projects the plans of opening an international school in Haydom providing education following the International Baccalaureate concept. Through initial positive dialogue with the International School Moshi (ISM) the hospital has been successful in attracting ISM to Haydom to assess the feasibility and implications of starting a primary school at this level in Haydom.

Key to this strategy is also the availability of adequate staff housing and guesthouse facilities in which key personnel can stay for shorter and longer periods of time.

Funding strategies

The main resource constraint in order to successfully fulfill the strategies will nevertheless be the availability of financial resources over the next planning period.



In order to obtain the status of a training hospital it is important that the hospital sustains current levels of activity in order to maintain its high standing both within the local community and the national authorities.

There has been substantial increases in the cost of running health services in Tanzania, primarily due to the major increases in salary and remuneration to

staff, but also due to the general price increases of goods and services .

The total budget of the hospital reached approximately 5,78 Billion TSH in 2009 and is expected to grow at a rate equivalent to the projected inflation of about 7% over the next 5 years. The hospital has struggled to manage the running of the hospital with the previous support level being nominally constant throughout the contract period.

Furthermore there will be a need to invest in primary infrastructure (investment grant) to facilitate the training concepts described earlier.

It is stressed however that each training concept will be assessed individually in terms of its income and expenditure profile in which much of the costs are expected to be covered by the government of Tanzania and training participants, as well as other Stakeholders with the shared objectives of providing this training.

In 2009 the main income was distributed among the main partners and stakeholders as follows:

- 59% Royal Norwegian Embassy
- 8% Government of Tanzania
- 12% Patient fees
- 8% Income Generating Projects
- 7% Visitors / Donations and Friends of Haydom
- 6% Research activities





FOR THE PAST 55 YEARS, HLH HAS LEARNED THAT THROUGH IT ALL, IT IS NOT THE CRITICAL VOICES THAT COUNT, BUT THE PEOPLE IN THE ARENA, WHO HAVE GIVEN THEIR LIVES AND SAVED LIVES, WHO HAVE STOOD WITH INTEGRITY IN THEIR DAY TO DAY WORK, THEY HAVE DONE SO ALWAYS KNOWING AND ALWAYS FOLLOWING THE VISION OF THE HAYDOM LUTHERAN HOSPITAL

...so that his place shall never be with those cold and timid souls who knew neither VICTORY nor defeat.

Theodore Roosevelt

Partnership for Sustainability



It is our sincere hope that all of the partners of the hospital join hands to secure the resources and trust needed in the context of recognizing Haydom Lutheran Hospital as a value driven change agent and civil society actor relevant to the needs of the individual patient, the local community, the regional and national strategies as well as the global health community objectives.

We extend our sincere gratefulness to all the patients, staff, church leaders, local and international individuals, visitors, students, expatriates, institutions, and governments that have made this possible for the year of 2009 and the past 55 years.

All **“To His Praise and Glory”** (Ephesians 1:14)

Dr Øystein Evjen Olsen
Managing Medical Director
Haydom Lutheran Hospital

Note from the Editor

While making the annual report, one of the questions we asked was for the Division leaders to tell success stories from the work in 2009. Unfortunately we were not able to print these stories in this report. But the stories were many. Stories of saved lives in difficult situations with little equipment available. And every story was told with a smile of knowing that in 2009, we walked the extra mile for the people we serve. The editorial team would like to thank the division leaders for these stories.

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