Evangelical Lutheran Church in Tanzania
Mbulu Diocese

Haydom Lutheran Hospital

Annual report 2011

Our motto:
"To the Praise of His Glory"

Introduction
Haydom Lutheran Hospital (HLH) has been saving thousands of people's lives during its 57 year history. The gradual growth and extension of the hospital attests clearly to its commitment to the patients, the local church & community and to the call of God. Its major foci are the core medical services: Preventive and curative services with a focus on improvements in patient treatment and care. This is done through capacity building and research and by the building of close relationships with the surrounding community and partners who have similar objectives.

Vision.
Since its early beginnings the hospital has practiced a holistic approach in it's care of its patients: "To cater for their physical, mental and spiritual needs."

Objectives

- Reduce the burden of disease
- Reduce poverty
- Increase community capacity
- Improve collaboration with like – minded partners
- Improve professional ethics and enhance moral responsibility among the employees

Geographic location

HLH is located in the Haydom ward of the Mbulu district in Manyara region. It was formerly part of the Arusha region, but in 2005 the President of the United Republic of Tanzania divided the Arusha Region and we became part of the new Manyara Region. In terms of catchment area the hospital naturally provide services to 7 districts in 4 regions. These are:

1. Manyara Region: • Mbulu district • Hanang district • Babati district	2. Singida Region • Iramba District • Singida District - Urban and Rural.
3. Arusha Region • Karatu District	4. Shinyanga Region • Meatu District

Management

There was a change in the management of the hospital in October this year. Dr. Isaack Malleyeck, who has been serving the hospital for most of his professional life, finished his second 4 year term an Assistant Managing Medical Director (AMMD) in the end of September. Dr. Malleyeck is a man of action and ability; he is a competent surgeon and clinician. He has also been acting director over longer periods of time. His departure from the position was marked with a farewell ceremony with the staff and Hospital Board at their meeting in November. The management is very thankful for his great contribution to the hospital over the years and he will continue his service as a senior clinician.

The management has also strengthened the administration during the year. In May we hired Mr. Amon Ndeki as the hospital Information Officer. He comes from a background as Human Resource Officer. One of his new areas of work in addition to information and visitors will be fund-raising. In July we hired Ms. Martha Massawe as an officer in the administration to strengthen its services. Her main area of work is strengthening motivation and ethics among our staff and to follow up decisions made by the management. From September Mr. Daudi Mayegga was employed in the position as Procurement Officer. The two last positions were also new.

The Specialist issue

On November 12th 2010 Government Gazette in Notice No. 828 published that 10 Faith Based Hospitals had been selected to be Referral Hospitals at level 2, i.e. regional level. One requirement for being a referral hospital is the access to specialists in patient treatment and care. With the shortage of specialists in the country this is a major difficulty. The Government appointed several people to come here to work, but none of them accepted the placement here. In June 2011 we were able to hire a specialist in gynecology & obstetrics (Gyn&Obs.), but unfortunately he has not yet been released by the Government to take up the position here. We are however working on the issue. In October 2010 we sent a doctor to Kilimanjaro Christian Medical Center (KCMC) to train as surgeon, in September 2011 another was sent there to specialize in Pediatrics and 3 more were sent to Muhimbili for specialization (Pediatrics, Internal Medicine and Gyn.&Obs. respectively), a sixth, an Assistant Medical Officer went to KCMC to train as a Radiologist.

Important ongoing and newly started processes:

1. Clinical Pediatric Guidelines have been prepared, but have not yet been printed.

2. The number of beds in the ICU was reduced from 19 to 12. The whole unit was repaired and painted white, and relatives were barred from the unit except for 1 hr. at mealtimes and in case of extremely sick patients. Improves monitoring systems were taken into use.
3. Haydom Early Warning Systems (HEWS) have been prepared and introduced to the Internal Care unit (ICU).
4. Excavation and later building of a new rainwater tank was started. Due to the difficult liquidity situation the building of the tank had to be delayed until October.
5. For the same reason building of the new delivery unit was also delayed until October, but walls and roof were ready before Christmas.
6. The training in Care2X of doctors and nurses started during the year, but this is a long process needing more time. We believe that Care2X proficiency of the staff is a prerequisite for improving our medical records.
7. A room in the medical ward (Old Ward) has been set aside and better equipped/prepared for special examinations and procedures for patients.
8. Four new incinerators were built using fire-resistant bricks and a modern system of combustion whereby heat is increased and the amount of ashes reduced. The health centers only had open pits for burning of rubbish and Government guidelines were enforced more tightly than before. The incinerators were built in the hospital itself and each of our 3 health centers. The situation was such that we had to do this even though we did not have a budget for it.
9. I major work throughout the year has been to go through all containers and stores. Old broken beds, refrigerators and other equipment have been sold off by weight to an Arusha company. Stores equipment has been sorted out and taken into use, as have clothes and uniforms.
10. The research unit has got its own place in the form of office containers and a large central roofed area.

General overview

HLH continued and upheld its services to the people in the surrounding districts. The main volume of work is of course the curative services, but the preventive services through the Reproductive and Child Health Services (RCHS) are also extensive and important, as are the teaching on prevention and spread of HIV/ Aids and treatment of patients with this disease. The hospital is organized in 9 divisions led by division leaders (DL). The divisions are divided according to the function it covers such as: Clinical, medical services and ancillary support services, technical. This system has been in place since 2007 and was up for evaluation in late 2011, but because of the major changes in the administrative leadership in the hospital, the evaluations were postponed to 2012.

The total number of in-patient in 2011 was 16.744 and outpatients were 72,484. This last number is considerably larger than last year. Part of the increase is caused by the inclusion of tuberculosis patients and patients from Reproductive and Child Health Services that were not included earlier. The number of deliveries was a record high of 5464. The numbers reflect the commitment of our staff to their work and we thank them for their dedication.

The clinical course in Developing Country Medicine that the hospital for the past few years has hosted was held this year as well. The course is operated by the Vest-Agder Branch of the Norwegian Medical Association and 25 doctors from Norway and a few relatives participate in the one week long course. This course gives the hospital and its staff a positive international experience and contributes to the building up of our capacity. The clinical bed-side teaching especially is marked as positive and useful to the doctors participating. It also gives our local doctors a positive and useful experience. As hospital we also gain a wider international experience. Through the year the hospital received well over 1000 visitors form various countries. Many of these were volunteers who stayed for longer or shorter period.

In September the Committee for Foreign & Defense Affairs of the Norwegian Parliament visited Tanzania and a group from the committee spent some hours in Haydom. There was a specific request to visit an out-reach clinic and they went to Muslur. One of the visiting delegates was the chairman of the GAVI and a few days later Haydom Lutheran Hospital and our out-reach service was positively referred to on their web-site. The GAVI Alliance was formerly called the “Global Alliance for Vaccines and Immunization.

The hospital can be proud of its 40-year long commitment to immunization of children – which is called the "Millennium Development Goal 4."

The management discovered an unfortunate fraud scam in February. This had been going on for at least 2 years. It was stopped and reported to the donors immediately. All staffs involved were immediately suspended and have all left the hospital.

Clinical services in 2011

These services are hospital services are given through the 8 divisions:

1. Mother and Child Division
2. Medical Division
3. Surgical Division
4. Out-patient Division
5. Out-reach Division
6. Pharmacy
7. Medical Services Division
8. Technical Division

The Haydom School of Nursing was a hospital division before. The school started in 2010 a process for accreditation and among the requirements for accreditation is a separate school board and finance. This process has been carried through and the school has now gained accreditation. The school had its separate accounts as from June 2011. The structure with divisions is different from what one finds in other hospitals in Tanzania, and is very unpopular with the hospital staff. The structure is up for evaluation next year.

Mother and Child Division

The division is comprised of the Gynecological & Obstetric Ward, the Pediatric Ward (Lena Ward) and the Child Care Unit (CCU). One of the main foci in out work, expressed in our annual work-plan, has been to reduce maternal and child mortality rate and to increase the quality of services provided. The no. of maternal deaths during the year was 16 and the hospital has one of the lowest maternal death rates in sub-Saharan Africa. Maternal death cases are discussed in the ward to learn from them (oral autopsy), and reported to a registry in Dar es Salaam. Neonatal death rate has not gone down during the year and is stable at 16-17 deaths per thousand live births. The partogram introduced in the autumn of 2010 does not seem to have had an effect so far, but the midwives are busy and may not have seen its importance. The no. of staff has increased considerably. This was according to our work-plan for the year. The number of deliveries increased substantially and was 5464, up from 5086 the year before. The reason is likely not just the availability of the free ambulance service given to pregnant mothers before delivery, but also the result of a choice made by mothers because of the comparative safety of delivering their babies here. The increase is substantial and we have increase the no. of staff in the ward. The total number of Caesarian sections was 600 as small increase from the 577 Caesarians the year before. In June we hired a Tanzanian specialist to take charge of the Maternity Ward. However he has not yet been released from his current position.

Late 2010 one of our board members generously, raised funds to build a new delivery section for the Maternity Ward. The current buildings were built in 1967 and were planned for a much lower no. of patients. The new section will have 7 delivery rooms and one theater for Caesarians. The building works started in October and the section will be ready in the middle of next year.

The Lena Ward (pediatric) has a capacity of 70 beds and is also a busy department. We have had Tanzanian doctors here all year, but have also for shorter periods had visiting overseas specialists. The department is a busy place and delivers a high quality of service. The doctors here also serve the neonatal rooms in the Maternity Ward.

Neonatal death-rate is low in the HLH, but still too high. The no. neonatal deaths have not gone down as we should have wished and we believe that we need a better trained and separate staff to reduce it further. In December we gave the neonatal service one more room in the Maternity Ward and established a neonatal team in an effort to improve services.

The CCU is a unit that caters to newborn children, who have lost their mothers during delivery here or at home. Some abandoned babies may be brought in by the police, some have special needs. The children are taken in for shorter or longer periods of time, from birth up to some months of age, until the families are able to take care of them. This is a very important service, as there are no other alternatives available and many of them therefore certainly would die. The unit has a capacity of 15.

Medical division

The medical division consists of the Medical Department which includes the TB-Ward, the Diabetic Clinic, Psychiatric out-patient clinic and Amani Ward, the Care and Treatment Clinic (CTC) for HIV & Aids and the Palliative Care Unit.

The Medical Department

The major part of Medical Division is the Medical Department. It has 130 beds in total and consists of the "Old Ward", called so because this was the original hospital built in 1954, and the TB ward. The department diagnoses and treats patients with internal medicine conditions. Most buildings in this department are old and not up to standard, neither for patients nor staff or the services required to be given. We urgently need better facilities for these patients. The department has for years been lacking specialists and is suffering because of this, but this year we have had good support form visiting doctors. We have prepared a special room for clinical examinations, minor procedures and ECG. We have not been able to get a junior doctor from Haydom to specialize in Internal Medicine yet, but we are hopeful for the future. The services continue as before and the department is very busy.

Mental Health Clinic

1. Psychiatric out-patient clinic has operated as before and runs smoothly. Psychiatric patients needing admission in an acute phase are treated in the medical unit. We try to discharge these patients early so that they come back to their families without being institutionalized. The psychiatric nurses from the clinic give liaison services to the somatic wards where the patient has been admitted. Our main treatment after hospitalization is therefore the out-patient setting. The outpatient services continue as before. Patients with epilepsy out-number the mental patients 5-fold as the table below shows. The reason for this is not clear.

2. **Amani ward** treats patients with substance use disorders, mainly patients with chronic alcoholism. This is done in an in-patient setting. Patients are admitted to a 6 week program using the 12-step programme approach. During the year 42 patients were admitted into the program. Before admission to Amani Ward the patients are detoxified and stabilized in the medical ward. They are also treated for infections or other concurrent medical conditions. The number of patients admitted has been small, as there are many misconceptions about the treatment. The Amani ward team is continuing its community awareness focus in the community. They cooperate with the Four Corner Culture program. Work with people with alcohol dependency is very important. According to the WHO alcohol abuse is the 3. most important cause of poverty in Sub-Saharan Africa, after malaria and HIV/Aids.

Mental Health Service

Unit	Diagnosis	M	F	No.	Total
Mental Health Opd	Epilepsy			3974	
	Psychiatric problem			690	4664
Amani Ward In-pat.	Alcohol dependency	40	2		42
Liaison In-pat Service	Psychiatric problem				2792
Grand Total					7498

Diabetic Clinic

The Diabetic Clinic is staffed by 2 nurses, one of which is senior and participated in international congresses in Kampala and Addis Ababa during the year. There is also an experienced medical attendant. The unit has received a positive recognition by overseas specialists. During the year 962 patients were seen, 55 of these were new cases. Approximately 1/3 has diabetes type 1, and approx. 50 % are below the age of 45 years. One of the doctors from medical ward assists here and support in cases with complications. The most common complication is hypertension (95), obesity (33), neuropathy (23), ketoacidosis (22), erectile dysfunction (18), foot & eye complications, hypoglycemia 10 each) & stroke (5). Of the patients 55 are on diet only, the rest fairly evenly distributed between insulin and oral anti-diabetics. Health education both in regard to dietary measures, prevention, complications and long term development is given.

Diabetic patients

New cases	55
Total patient visits	962
T1- DM	235
T2- DM	722

Palliative Care Unit

The palliative care team was established as a project supported from the Pepfar, USA through the Evangelical Church of Tanzania (ELCT). The project started in 2008. The aim is give palliative care to patients that are out-side the possibility of regular medical treatment. The team reaches out to very ill/terminal AIDS and cancer patients, but patients with other serious conditions are also included. The team works both with in- and out-patients – in the latter case by going home to the patients. The team has 3 full-time staff members and 2 part-time (doctor & pastor). This service is important for the patient groups. Many have in addition to primary disease also other difficulties like poverty, children without parents, need for practical and emotional support, advice etc. The children in the AIDS group need much support.

Palliative Care Patients

Diagnosis	Female	(D)	Male	(D)	Total	(D)	**The table shows the clear difference between HIV/Aids and cancer in survival rate, and also the difference in death rates between men and women.**
HIV/Aids	35	(1)	19	(1)	54	(2)	
Cancer	22	(12)	11	(10)	33	(22)	
Other illness	11	(0)	8	(1)	19	(1)	
Totals	**68**	**(13)**	**38**	**(12)**	**106**	**(25)**	

Care and Treatment Clinic

The Care and Treatment Clinic **(**CTC) is an out-patient clinic established to treat patients with HIV/ Aids. The centre collaborates with both the Reproductive and Child Health Services (RCHS) and the Voluntary Counseling and Testing (VCT) program that aim at preventing mother-child HIV transmission (PMCTC) during pregnancy. Patients are primarily seen in an out-patient setting, but the CTC team also evaluates and treats inpatients. These are followed up as out-patients after discharge.

All CTC patients are treated and counseled by the team. A baseline of CD4, chest x-ray and a full blood picture is always taken. They are staged and assessed for starting anti-retroviral treatment (ARV). The clinic is open daily, but CD4 tests are only done twice weekly. In addition to ARV treatment we also treat opportunistic infections. Treatment is free of charge.

Some patients miss their appointments. These are followed up by nurse counselors in the villages. The community home based care or palliative care supports in following up many of these severely ill patients.

Statistics for adults	Total 2010*	Total 2011*
Total patient currently in the program	1606	1780
Total no. patients started on ARV	1009	1165
Total patient currently on ARV	417	492
No. of deaths since program started	196	206
Transfer out on ARV since program started	341	409
Stopped, lost to follow -up, unknown	55	58

* Totals still in the program

Statistics for children	2010	2011	Current tot. since start	Comment
Total no. of new children included in the prog.	75	40	366	Cumulative since start
New children >18 months not Infected	60	8	269	Cumulative since start
New children HIV infected	1	0	12	Mostly due to mixed feed
Transferred out before 18 month-test	4	1	6	Cumulative since start
Sudden death	1	0	2	Malaria & pneumonia
Refused PMTCT program	0	0	3	Cumulative since start
Children waiting for the 18 month test	4	32	74	Cumulative since start

The **preventing mother to child transmission** (PMTCT) is very important and the cooperation between the CTC and the RCHS teams are very close and important. Mothers are educated about importance of exclusive breast feeding. After 6 months the hospital will continue to provide these children with milk up to the age of 18 months. Testing of these children is done in the Reproductive Child Health (Dried Blood Spot (DBS) examination) are sent to KCMC for analyses.

Surgical Division

The surgical division consists of Surgical 1 – the General Ward of the past the Surgical 2, which is an orthopedic & burns ward, the Intensive Care Unit (ICU) and the surgical theaters. The Surgical Department had a reduction of admissions in the year compared to 2010, the total no. of admissions being 3,399. The number of major and minor operations did also go down during the year. The introduction of three shifts from February 1st. was met with opposition from the staff, but was required to reduce costs.

Surgical Statistics:

Indicators for surgical services	2008	2009	2010	2011
No. of admissions	3,681	3,702	3,958	3, 399
No. of stay days	34,621	31,751	39,692	36,179
No. of deaths	282	365	319	347
No. of major operations	1,755	1,995	2,191	1,858
No. of minor operations	2,118	1,719	1,779	1,641 *

*Major surgery in the Eye Clinic (approx. 850) not included. The increase in stay days may be connected with a large no. of cancellations of surgery in the theatre because of the persistent "go-slow" action.

Out-patient division
The out-patient department has approximately 200-250 patients daily. The division provides drugs as per diagnosis and provides health education daily from Monday to Friday. Rapid malaria quick tests are used and the clinical laboratory has a small blood-sample collection room there. The total number patient seen in 2011 were are 66,449.

Out-patient statistics:

Indicator(s) for OPD	2008	2009	2010	2011
Number of Outpatients	60,508	57,896	52,330	were 72,484 *

*Increase mostly due to including sick OPD children seen by dr. in RCHS clinic, and TB cases, earlier not included.

Outreach division.
The outreach division including the Reproductive and Child Health care Services (RCHS), HIV / AIDS Prevention and Outreach (HAPO) and the 4 remote health intuitions of the hospital. (Buger dispensary, Kansay -, Gendabi - and Balangdalalu Health Centers).

RCHS - In the 29 RCHS clinics run by HLH itself and the 13 clinics run by the health centers and dispensary, a total of 83,610 children and 30,108 pregnant mothers attended and were given various services. Health information and teaching is also given at every clinic. Attendance rate is stable. The unit provides vouchers for bed-nets, this is provided also by the out-reach clinics of the health centers. The HLH clinics provided 3,000 bed net vouchers. The target of 14.000 nets was not reached due to lack of vouchers from the District Council.

Out-reach statistics:

Indicator(s) for outreach	2008	2009	2010	2011
Number of mothers	26,404	27,698	29,232	30,108
No. of children	85,103	81,594	80,716	83,610

Improvements in the staffing of these services have been considerable.

HAPO - These out-reach clinics include both male and female mobile clinics. The male clinics have in periods not been functioning. The main function is to teach and train people concerning the spread if HIV infection and the importance of prevention and treatment for those infected. An important work nationally. The incidence of HIV/AIDS in Manyara Region is among the lowest in the country. In Hanang District it is under 1 %. In Mbulu under 1.4 %.. People are tested for virus and the positive cases are referred to the Care and Treatment Clinic for further follow up.

The Dispensary and Health Centers

Buger Dispensary
The dispensary is located in Karatu District. There are no beds. It has a staff of 4, 1 of each of the following professions: Clinical Officer, nurse, medical attendant and watchmen. The number of patients seen daily is ranging from 20-50.er day. Also run RCHS activities and some simple laboratory tests. More seriously ill patients are referred to Endabash or Kansay Health Centers.

Kansay Health Centre
This is also located in the Karatu District. It has 15 staff members and provides more services than Buger. The health centre here suffers from not having electricity. We will do something here next year. There is another health center with electricity some distance away that has electricity. The centre also has a RCHS clinic and delivery unit. Difficult deliveries are referred to hospitals. For statistics, see table below.

Gendabi Health Centre
The health Center is situated in the Hanang District. It has 11 staff members and run the regular health center activities including RCHS and a maternity section. The center was connected to TANESCO – the National Grid for electric power supply during the year. Repairs of the roof were carried out. For statistics, see table below.

Balang'dalalu Health Centre
This health center also situated in the Hanang District. The center has 10 staff members and run all the regular health center activities including in-patients, out-patients, RCHS and a maternity section. For statistics see table below.

Doctors appointment the health centers regularly 2 days peer month. They all got new incinerators during the year. The centers need improvements in the field of X-ray service. This is being attended to. We are participating in an ELCT effort to introduce TELE-medicine into the health centers.

Statistics 2011 –Dispensaries and Health centers

		Balangida Lalu HC	Kansay HC	Gendabe HC	Bugir Disp.	Total
Inpatients	Under 5 yrs.	150	91	119	0	360
	Over 5 yrs.	457	517	358	0	1332
	Total	**607**	**608**	**477**	**0**	**1692**
Outpatients	Under 5 yrs.	2709	515	894	513	4631
	Over 5 yrs.	4400	1445	2084	570	8499
	Total	**7109**	**1960**	**2978**	**1083**	**13130**
Out-pat.	Under 5 yrs.	1530	560	795	87	2972
	Over 5 yrs.	1807	1518	2092	83	2972
	Total	**3337**	**2078**	**2887**	**170**	**8472**
OPD Reatt.	Under 5 yrs.	978	2	374	498	1852
	Over 5 yrs.	778	772	727	565	2842
	Total	**1754**	**774**	**1101**	**1063**	**4694**
OPD ref. to	Under 5 yrs.	14	0	2	88	104
higher level	Over 5 yrs.	36	2	13	94	145
	Total	**50**	**2**	**15**	**182**	**249**
Lab. Ex.	Pos. malaria	193	307	4	3	507
	Tot.blood sl.	+1557	402	532	45	2536
	Other lab.ex	1940	2408	946	40	5334
	Tot.lab.work	**3497**	**2810**	**1478**	**85**	**7870**
Deliveries	Normal	218	179	373	33	803
	Abortions	0	9	33	0	22
	Pat.referred	0	41	22	0	63
	Total	**218**	**229**	**408**	**33**	**888**
HIV counsel	VCT tested	239	134	21	22	416
Test&treat	VCT HIV +	2	0	0	0	2
	Pregn. tested	534	434	412	97	1477
	Preg. HIV+	3	1	0	0	4
	Nursing test.	154	0	0	0	154
	Nurs. HIV+	3	0	0	0	3
	On CTC treat	31	0	0	0	33
Fam. plan.	New	169	104	59	136	468
	Re-attending	118	517	160	286	1081
	Total	**287**	**621**	**219**	**422**	**1549**

Pharmacy division
The Pharmacy is responsible for purchase of all drugs for the hospital. The last year we got an increase in drugs from the Government Medical Stores Department. This is located in Moshi and is therefore distant. Very often half our order may be out of stock. We therefore have to purchase much drugs from private suppliers. There are plans to change the practice of hospitals picking up the drugs at the depots, rather they will be delivered to the hospitals directly. The drugs are provided to the wards daily according to the required amount prescribes by the doctor during the daily round. It is also responsible for the provision of new linen, medical equipment for the operating theatre and the wards. The electronic Web ERP system has improved the services of the pharmacy, but there are still problems in the use of the system. We will next year establish a pharmaceutical/treatment committee in the hospital.

Medical Services Division
The division is responsible for the maintenance and operations of medical/diagnostic equipment and services otherwise needed. The WebERP, accounting system was upgraded in May, and is mentioned here event though it strictly speaking does not belong here. The patient administrative system, Care 2 X, needs upgrading and maintenance. WE hope to be able to use it more actively in getting a usable electronic system, initially in the OPD. We have therefore trained some of our clinical staff and hope eventually that all doctors, clinical officers and nurses use the system daily.

Laboratory
Reorganization was carried out in 2010 whereby a reception was made and the Care2X system made working. Some new equipment was provided through the on-going Malnutrition & Enteric Disease (MalED) multi-center study. However we had constant breakdowns in the laboratory analyzer systems and at the end of the year we bought a new machine for electrolytes as the breakdowns were here. We need to improve our capabilities and need to invest in more machines. Old machines from Europe are often problematic and have many times no servicing technicians here.

Laundry
The laundry functions relatively well even though a lot of the equipment is old and non-functioning. We need a totally new laundry. The staffing has been strengthened.

Radiology Department
The department is well run, but we have had the CT machine that has been out of order since May last year. Again, it is a part that broke down in 2010 that broke again. It will likely be fixed by the end of April 2012. New Xenon gas from Germany has arrived together with spare parts. (March 2012).

Medical records
The newly introduced Care2X program and WebERP systems are both used in the Medical Records. Good systems for statistics have been wanting and we need more expertise in the area. The Care2X is used for statistical purposes here and the Web ERP is used for billing purposes. But generally speaking is are the records well in order, and it takes only a few minutes to get a specific record if the name and year is specified. Many Government visitors praise the system and organization.

Technical division
The technical service is divided according to the nature of the work as follows: Electrical, water supply, vehicles, including the ambulances, carpentry units. They are basic for our services, but are difficult to administer in a proper way. We prepared cost areas for many of out activities and services here, and will use these to evaluate out-sourcing of services. The basic general maintenance functions will however not be touched. The Tanesco supply of electricity has been failing in large periods. We have therefore had to produce electricity using our own generator. The generator we had was in a poor state and in October we purchased a new and stronger one. This machine was paid for by finds raised by supporters in Norway.

Haydom School of Nursing

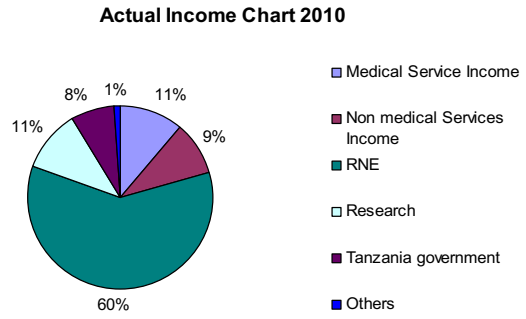
The Haydom School of Nursing (HSN) has now over 200 students. It has been given accreditation by the NACTE, it has its own board and has since June 2011 had its own accounts, separate from the hospital. They will produce their own reports.

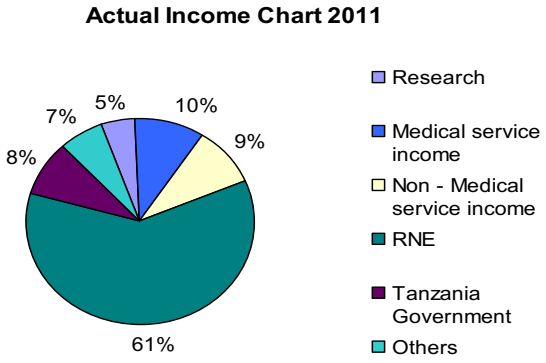
Finance & accounting

This is not here a place to report the budget and accounts. However, many people ask and talk about the lack of sustainability of the hospital. The accounts are presented separately. BUT: Where does our income derive from. Here are some figures.

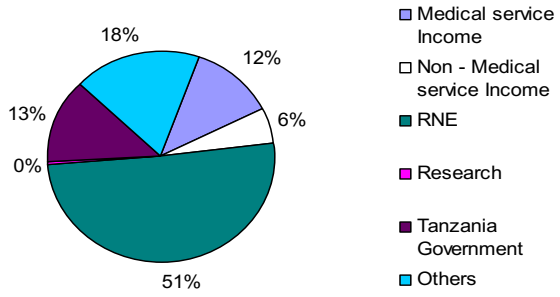
Where does our income come from?

Source of income	2010 Acc.	2011 Acc.	2012 Budg.
Medical Service Income (patients)	**11.2 %**	**10 %**	**11.83 %**
Non-medical Service Income	**9.3 %**	9 %	**5.69 %**
Research	**11.0 %**	5 %	**0.38 %**
Tanzanian Govt.	**7.5 %**	8 %	**13.17 %**
Norwegian Embassy (RNE)	**60.0%**	61 %	**50.63 %**
Others	**1.0 %**	7 %	**18.30%**





Budgeted Income Chart 2012



At the time of writing there seems to be a great possibility that the Government will take over 131 employees into the Government payroll. This will change the %'ages dramatically for 2012

Some Collaborative Partners

Ministry of Health & Social Welfare (MoHSW) and Regional and District Authorities

The hospital management has throughout the year had a major focus on establishing a good and close working relationship with the various levels of the government. Being a referral hospital means that we are included into the national health plans in a different way than before. On the 27.12 the Permanent Secretary in the MoHSW sent a letter to the regional administrations reminding them of their obligations towards the faith based hospitals. The hospital management has therefore focused on the necessity to collaborate more closely with the Government at various levels and work towards an increased public funding in our budget.

Royal Norwegian Embassy (RNE), Dar es Salaam

The RNE has been our major benefactor the last 2 years. In 2010 the percentage of our budget coming from there was over 60 %. This fraction has been reduced and we are planning to reduce it even more, hoping that a large part of the substitution will come from the Tanzanian Government. We thank the RNE greatly.

Friends of Haydom Foundation (FoH).

The hospital has for many years had a close relationship with the Norwegian town of Mandal. Mandal is the home town of the Olsen family and this relationship has been close. The FoH have been a great supporter of the hospital, especially in investments/equipment of various types and not with direct budgetary support. The relationship is good and continuing. We thank them for their generous support.

Norwegian Lutheran Mission (NLM)

The NLM was the Christian Mission that originally planned and built Haydom in the 1950'ties. They were the major supporters both financially and in terms of senior staff for the first 20-30 years or more. Although

the NLM gradually pulled out, the connection with the NLM has always been there and they supplied the Hospital with staff for many years. The last NLM missionaries, Dr. Kjartan Krogedal and his family left Haydom in May 2011. The NLM Annual Missionary Conference in Nairobi 2012 decided to discontinue the support of missionaries. We thank the NLM for their long support to our medical services and the training of nurses here at HLH.

Peace Corps, Norway (Fredskorpset)

The Peace Corps in Norway has continued the health personnel exchange program. We are very thankful for this support. It is valuable for our staff to be exposed to other cultures and working environments and for us here in Haydom to receive specialized personnel from overseas. We also believe that such exchange programs are valuable in a cultural sense as well.

Sykehuset Sørlandet HF (SSHF- Hospital)

The Peace Corps exchange program is through the SSHF. Without their close cooperation and support it would not have been. In addition we thank the SSHF personnel, who monthly contribute to the HLH through salary deductions. We are very grateful for their generous support.

Universities and University Colleges

The hospital has close cooperation with many institutions of training and research in areas of nursing, physiotherapy, health research. We thank each one of these for that relationship. We believe they help us in capacity building and in improving the services we provide. No names mentioned, no names forgotten.

Organizations supporting specialists & specialist volunteers

Annually the hospital receives support of specialists from many sources. These are the Tweega Foundation, Doctors Without Vacations, Madaktari Africa. The no. of specialist volunteers who annually come here and donate some of their expertise in various fields is great. We believe it improves out services and strengthen the capacity of our own personnel. We thank them all very much.

Research programs

There are many research programs connected to the hospital. Some of these generate some income for the hospital. We will especially mention the Lærdal Foundation, the MalEd Project, Center for International Health at the Haukeland University Hospital.

Vest -Agder Medical Association

The association has for a number of years arranged an annual seminar on the health services of Developing Economies. This was done also this year and the evaluation afterwards was good. We used many Haydom staffs as lecturers. The best parts were the radiology sessions and the clinical teaching rounds. The group are also considerable donors.

Discontinued cooperations

Deloitte, Norway

The Deloitte Norway has over the last years contributed greatly to the hospital in terms of strategy thinking, especially in the way of fund-raising. We have incorporated a substantial part of their views into the fund-raising proposal passed by the board in April.

Boxed solutions

This internet support service has supported the hospital for many years. They discontinued most of their services in the end of January. The hospital thanks them for their contribution and service.

ELCT Palliative care project

The funding from ELCT through American donors, in establishing and running the palliative care project has been important and valuable. The support ceased as from April 1st. However the services are important for the patients receiving it and the management decided that it should be continues and incorporated into our regular services. Most of the patients getting support from the services suffer from terminal AIDS. The rest are cancer patients. We continue therefore to provide pain relief for these patients through supply of morphine medication. We have also collaboration with Ocean Road Hospital in this out-reach service.

Closing remarks / acknowledgements

We thank God for sustaining the hospital and giving us this health ministry. We thank the ELCT Mbulu Diocese for understanding and support in many crucial matters of the hospital. We also thank Dr. Øystein Evjen Olsen and his family for their hard work and contributions to the hospital in the past 5 years. Special appreciations are given to the many individuals and groups for their untiring support for the HLH, not least the Friends of Haydom. Thanks also to doctors, nurses, technicians, accountants and others who unselfishly have come to the hospital at their own expense and contributed so much professionally to the hospital, its staff and patients. And last, but not least, to hospital staff and the local community for steady support and good will through 57 years of HLH history.

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Addendum

Some important numbers

Overview of the key medical statistics

General Indicators	2009	2010	2011	E2012	E2013	E2014
No. of staff	558	650	667	667	667	667
No. of beds	429	429	429	429	429	429
No. of inpatients	15,077	15,664	16,744	17,000	17,000	17,000
No. of outpatients	57,896	56,496	72,484	70,000	70,000	70,000
No. of deliveries	4,622	5,086	5,461	5,500	5,500	5,500
No. of treatment days	120,503	117,620	116,303	116,800	116,800	116,800
Average stay days	6.2	7,5	6.9	6.9	6.9	6.9
No. of mothers examined through RCHS	27,698	29,217	30,108	30,000	30,000	30,000
No. of children examined though RCHS	81,594	80,379	83,610	81,500	81,500	81,500
No. of women ambulance	2,822	3,147	3,206	3,000	3,000	3,000
No. of mothers PMTCT	48	51	22	20	20	20
No. of children PMTCT	53	51	17	18	18	18
No. of children admitted Paediatric ward	3,557	3,454	3,154	3,200	3,550	3,550
Under 5	1,942	2,582	2,202	2,000	2,000	2,000
Over 5	1,615	872	739	1,200	1,200	1,200
No. of deaths at Paediatric ward	200	217	203	210	210	210
Under 5	113	167	138	160	160	160
Over 5	87	50	43	50	50	50
No. of admissions maternity ward	5,225	5,990	7,222	7,500	7,500	7,500
No. mothers deaths at maternity ward	18	6	16	16	16	16
No. of deaths infants (0-28 days)	68	84	93	75	77	77
No. of Caesarian section surgeries	569	577	600	620	640	660