Haydom Lutheran Hospital

Mbulu

Annual Report 2013

The hospital motto:

"To the praise of His Glory

Vision

Since its early beginnings the hospital has practiced a holistic approach in its 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

Introduction

Haydom Lutheran Hospital (HLH) is located in the Mbulu District in the south-west area of the Manyara Region, about 120 km. from the Regional headquarters in Babati and 300 km from Arusha City. The immediate catchment area has about 300 000 residents and in the referral area there are about 2 million residents – in 7 districts and 4 regions (Manyara, Arusha, Singida and Shinyanga).The referral area has about 2 million residents – in 7 districts and 4 regions (Manyara, Arusha, Singida and Shinyanga).

Manyara Region: Mbulu, Hanang, Babati D	Singida Rg.: Iramba,Singida Urban & Rural. Dist.
Arusha region: Karatu district	Shinyanga Region: Meatu District

The hospital was built by the Norwegian Lutheran Mission and opened its services on January 15th 1955. It will be 60 years old the coming January. The management of the hospital was in 1963 handed over the Evangelical Lutheran Church Tz. (ELCT) Mbulu Diocese The hospital Board is elected by the General Assembly of the ELCT Mbulu Diocese.

The original hospital had 50 beds. There were at that time few residents in the immediate area. However the population increased rapidly and the hospital expanded. New wards, theatres, service buildings were built, and the capacity grew to 250 beds. Donors were Lutheran World Federation, Oxfam & "Brot Fùr die Welt". New extensions came in the 1983 and the new pediatric Lena Ward was opened in January 2003. Hospital capacity has at most been 550, currently we have 420 beds. Government supported beds are 250.

The new hospital in 1967 was officially opened the Honorable president, Mwl. Julius Nyere.

Development

The gradual growth and extension of the hospital attests clearly to its commitment both to the patients, the local church & the community at large and to the call of God. Our core focuses are the medical tasks: Preventive and curative services with a focus on better patient examinations, treatment and care. We are active in capacity building, research and in the building of close relationships with the surrounding community and partners with similar objectives.

The development and changes have been gradual and fairly stable over the years and we believe that they are to the benefit of patients, families and life situation in general. Most of the s760 staff members are steady, stable and committed in their service. We treat 340 inpatients every day and have daily approximately 300 out-patients. The Haydom Lutheran Hospital (HLH) has been part of the Tanzanian central health plan since 1967. In 2013 we had an average of 41 admissions daily, 277 in-patient beds occupied every day and average of 2.73 deaths daily.

Government support

In 2010 the Government of Tanzania upgraded the hospital to the position of regional referral hospital, level 2 for the Manyara Region. The decision was published on November 12th in the Government Gazette - notice no. 828. 10 Faith Based Hospitals were selected at level 2 - i.e. regional level. During the presidential election campaign the president of Tanzania, His Excellency Jakaya Mrisho Kikwete promised that the government would support the HLH with personnel salaries, medicines and equipment so that these could improve the health status for people in the new region of Manyara.

Hospital income sources

The annual income is of course of basic importance for our operations.

1. In 2013 the Tz. Govt. support to the hospital budget was approximately 12 % of the total. This includes salary grants for 94 HLH staff and 23 other seconded staff, medicine grants

through the MSD, Basket Fund support through Mbulu District Council and finally bed-grants for 250 beds.

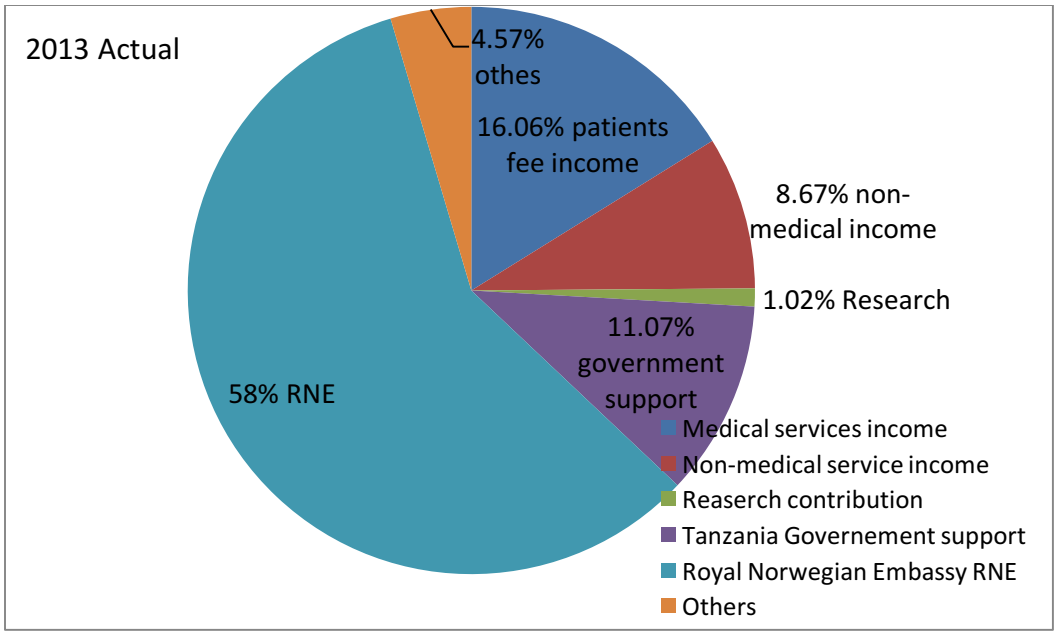
2. Support from the Norwegian govt. through the Royal Norwegian Embassy (RNE) in Dar es Salaam was 55 %.
3. Support from "Friends of Haydom" in Norway was 3 %, but important. They also support in the purchase of various kinds of equipment and assist with repairs and advice.
4. Miscellaneous donor support is small, perhaps 1-2 % annually.
5. Patient fees annually 14 %
6. Other hospital generated income 16 %

In 2010 the HLH entered a 5 year (2010 – 14) financial support agreement with the NE in Dar es Salaam. As this expires in December this year we are hoping to enter a new 5 year Memorandum of Understanding (MoU) with the embassy. We also hope that the Tz. Government will support us more when the new agreement with the Government has been signed. The MoU signed between the Regional authorities and the Mbulu Diocese in Oct. 2012, was not accepted centrally.

SOURCES OF INCOMES 2013

	2010	2011	2012	2013	2014 budget
Medical services income	11.20%	10%	13.26%	16.06%	15.17%
Non-medical service income	9.30%	9%	8.43%	8.67%	8.86%
Research contribution	11.0%	5%	1. 38%	1.02%	1.09%
Tanzania Government support	7.50%	8%	10%	11.07%	14.87%
Royal Norwegian Embassy RNE	60%	61%	59.08%	58.61%	52.16%
Others	1.0%	7%	7.85%	4.57	7.85%

Note: Budget 2014 divided into 3 parts & All RNE support goes into clinical part. This will therefore increase %'age slightly.



Administration and management

The daily running of the hospital and challenges are many and the staff has worked steadily and well to solve the issues coming. The Managing Medical Director (MMD) visited Dar in February, fell in a staircase and had a serious head injury. This was referred to his home-country for treatment. He was back for work in November 2013. The person in charge of finance left in September 2013 after 18 months of service. We thank him for his good work. The person to replace him arrived in September, but was unfortunately not able to get a work-permit and left with his family. In-charge of finance and responsible for these functions is Mr. Timoth Burra who took over in the autumn 2013. Our information officer left his position in November and resigned.

The management has focused on efficiency and improvement in various areas of daily management such as: Decision making and follow-up, needs in area of human resources, financial issues, routines and guidelines, development of an internal control system, IT functions and more. Below are some important issues that will be focused on in 2014:

- HR development has long been a challenge. The management will consult an HR professional firm to analyze staffing level in a referral hospital, evaluate current functions and advise management of improvements required to obtain a good referral hospital status.
- A major task is establishing and using of a good internal control system. This has also been recommended by the Baker Tilly Consultants and auditors. An Internal Control Department was established in late 2013 for this job.
- Guidelines: The management has made an extensive list of procedures, guidelines, controls and other changes that need to be made, approved and set in motion during 2014. One result of these new procedures and changes we hope will be a greater degree to transparency in the hospital processes and systems. Several previous HLH evaluations have requested an increase in transparency in the HLH and we hope that our process changes will give more transparency. The decisions made should be approved by the Executive Committee / Hospital Board in the year 2014. This work with processes and system will be regularly reported to the RNE, our main donor, regularly.
- IT systems. The hospital introduced computers and IT functions many years ago. The 2 major systems used are: 1. WebERP – for finance and book-keeping processes etc. and the other is: 2. Care 2X – for patient records, patient history, laboratory, out-patient records and a lot more. The patient system is not used in a good or possible well enough way. We need a much better function of it. Both systems need to be introduced better than it is today. We have tried teaching periods before but the effect has been poor. The nurses and doctors are not well enough interested in learning the systems. When both these systems are well known/learned/practiced – they – the 2 systems - can be linked together .This will give better accounting practices. Patient billings, payment and follow-up functions, banking reconciliations. These are tasks that will be planned again for 2014. It will be a long and difficult process.

- Specialists. The need for specialists in a referral hospital is very essential and is required in order to give patients good medical examinations, treatment and care. The government has placed people here earlier, but nobody turned up. We also employed one in 2011, but he was not released by the government. In 2012 and 2013 we hired 2 specialists and both started work here during 2013. We also expect 4 more local specialists to start working here in 2014. They have been supported by the hospital.

  In 2011 we sent 5 MD`s for specialization and after that se have sent more. We have also sent AMOs for specializations. We therefore will have 6 Tanzanian MD's as specialists here in the autumn 2014. The hope is that we by 2015 will have 10 local MD specialists. We also have 3 AMO specialists who are excellent in their specialties (X-ray and eye), and more will come.

Some developments during the year

1. During the year we purchased 3 new machines for anesthesia. We have had need for renewal for some period of time and the new machines were very important for the hospital. People from the company delivered the goods and trained our staff in the usage. The donor was a long time supporter of the hospital.

2. Neonatal unit. We have for a long time been hoping to get a new and improved neonatal unit. Part of the support to the new delivery unit has been planned for this by the donors. We have allocated special staff for the unit. The patients will be better separated in the new unit and hopefully get less infections.

3. The servers in the IT-unit are placed in an area where the security is not a good as we need. We therefore hope for funds to get a new location for the equipment.

4. This year we got a new pharmacist who has been trained by the hospital. The pharmacist will improve the quality of the pharmacy functions, especially in the area of purchase and storage of drugs. The Ministry of Health will also give a better credit as hospital.

5. The turnover rate of the hospital staff, especially nurses, is high. This trend was seen clearly in 2013, but is also seen this year. This will be a great challenge for the hospital in the current financial situation it may helpful to the budget, but we need to monitor t he staff very clearly.

6. The Board asked us in November to deliver three HLH balanced budgets. This is positive as it separates the costs of the various activities in the hospital. The "balance" problem is great, but the major reason is the lack of an agreement with the Government. We have 3 budgets for 2014 – the hospital clinical budget, the farming and renting out budget, (tractors, trailers and digging machine) and the guesthouse + book-store.

7. As you know the Government did not accept the MoU that Mbulu Diocese signed with the Manyara Region in October 2012. The Ministry has now prepared a new one that should be signed this year. Without the agreement it will likely be more difficult with Government financial support. This issue was perhaps partly contributing to the 2013 financial difficulties Without a clear agreement the financial situation of the HLH will be difficult.

8. Organization of the HLH health care
   The management has been discussing this issue. The question is: Would it be better to separate specialist and primary health care functions? Current development of health care often separates these two parts. Health care services in Tanzania also develop in this way. It might be useful and perhaps necessary to consider this also in Haydom?
   8.1Primary Health Care (Haydom Health Center)
   - out-patient clinic
   - RCHS Out-reach services
   - Parts of the HIV/Aids services
   - Certain laboratory functions and perhaps some minor x-ray service.

   8.2 Specialist Health Care (Haydom Lutheran Hospital)
   - All specialist services
   - Specialist clinics
   - Patient hotel?

9. Clinical activity. The Clinical services provided in the hospital in all areas have basically continued as before and basically at the same level. Some of out-reach services will later be transferred to the local health services as they reach out or have capacity. The same goes for the health centers. All these issues need of course to be discussed with the diocese beforehand. But services have been delivered. A major statistic is shown on the last page of the report, the rest as Appendix 1 in the documents. For income and certain other statistics see Appendix 2.

10. Research. Research activity is important and continues as before. Several of our staff participates in research and it is important that we get more knowledge and participate. Recently Esto Mduma wrote the text in an article soon to be published in the Journal of American Medical Association (JAMA). We need to employ a special person to be in charge of research in the hospital. Through two research programs and neurosurgery clinical training, we are also in close corporation with research and clinical activity in the Muhimbili National Hospital in Dar es Salaam. Areas we are cooperating in the use of Marthe Meo technique, Helping Babies breathe, chemical TB diagnostics in small children.

11. External Cooperation. The agreement of cooperation with the Sørlandet Hospital through the Peace Corps in Norway finished last year. After consultations with the Sørlandet Hospital in August 2013 we entered a new agreement. However we are still waiting for a new contract to sign. Last year we sent an electrician to Sørlandet Hospital for 6 months and that was a positive experience and we need to send more. Modern hospitals are very technical and advanced and need more than doctors and nurses to function well. We also continue our cooperation with Madaktari Africa, University of Virginia (through research), laboratories in the US and Norway, Medical Association of Norway through Legeforeningen (Aust and Vest Agder). We also have a good relation to the Friends of Haydom in Norway and their good and supportive assistance through many years. We also thank technical people that over internet or phone can guide and assist our technicians in certain technical problems – even with the CT-machine. We are also very grateful for good and supportive cooperation with many institutions in the country:, Mbulu District, the Manyara Region, Immigration Department and various health authorities - and of course - many hospitals.

HLH STATISTICS SUMMARY 2008-2013

General Indicators	2008	2009	2010	2011	2013	2014	2015
Number of out patients (OPD)	60,508	57,896	52,330	66,449	79,277		
Number of Inpatients (IPD)	16,635	15,077	15,664	16,744	14,870		
Number of Delivaries	4,558	4,622	5,086	5,461	5,460		
Number of Admissions (RCHS) Lena and Maternity	9,758	9,782	9,444	10,374	9,346		
Number of Maternal Deaths	16	16	6	16	16		
Number of Mother examined through RCHS	26,404	27,698	29,232	30,108	28,979		
Number of Children examined through RCHS	85,103	81,594	80,716	83,610	81,085		
Number of Women ambulance	2,053	2,822	3,147	3,206	1,302		
Number of children ambulance	9	19	24	17	8		
Average number of staydays RCHS	50,171	50,135	41,300	43,418	40,700		
Number of major operations	1,755	1,995	2,191	1,858	2,302		
Number of minor operations	2,118	1,719	1,779	1,641	1,756		
Number of Caesarian section	591	582	573	549	6,310		
Number of admissions pediatric (Lena Ward)	3,314	3,557	3,454	3,152	2,282		
Average number of staydays pediatric ward					9		
Number of deaths pediatric ward (lena ward)	184	200	217	205	157		
Number of admissions Maternity Ward	6,444	5,225	5,990	7,222	7,074		
Average number of staydaysMaternity Ward	3.9	3.3	2.8	3.1	2.9		
Number of neonatal death at maternity ward	73	62	77	92	127		
Number of HIV nursing mothers tested at RCHS							
Number of mothers on PMCTC (new) at RCHS	51	48	51	65			
Total X-ray examinations done	6,456	6,110	8,164	7,401	7,918		
Total Ultrasound examinations done	9,163	9,450	10,210	12,630	12,919		
Total CT scan examination done	741		404	193	638		
Number of patients seen for Eye Program	7106	6288	6327	6831	7570		
Cataracts Operation	598	677	738	797	795		
Other Operation	158	155	121	165	248		
Total Operation for eye program	756	832	859	962	1043		

Dr. Endersen Sakweli, Assistant Medical Director

Dr. Olav Espegren Managing Medical Director