



Haydom Lutheran Hospital

ELCT Mbulu Diocese



ANNUAL REPORT 2015

— OUR VISION —

Cater for the needs of the whole human being, physically, mentally, spiritually and socially.



DIACONAL TRUSTWORTHINESS
HOLISTIC APPROACH/CARE
DYNAMIC TEAM SPIRIT
HOSPITALITY COURAGE

TABLE OF CONTENTS

WORD FROM THE DIRECTOR	6
WORD FROM THE CHAIRPERSON OF THE HOSPITAL GOVERNING BOARD	8
THE HOSPITAL GOVERNING BOARD	10
GOVERNANCE	10
CORE ADMINISTRATIVE TEAM	10
GREETING FROM FRIENDS OF HAYDOM, NORWAY	12
STATISTICAL HIGHLIGHTS	14
TOWARDS SUSTAINABILITY	18
PARTNERSHIP WITH NORWEGIAN CHURCH AID	19
HAYDOM LUTHERAN HOSPITAL TESTED AS BEST REGIONAL HOSPITAL	20
NEW NEONATAL UNIT	22
EMERGENCY MEDICINE	24
FUNDRAISING	26
OUR PARTNERS	28
ADMINISTRATION	30
HUMAN RESOURCES	32
FINANCE	34
OBSTETRICS AND GYNECOLOGY	36
REPRODUCTIVE CHILD HEALTH SERVICES (RCHS)	38
PAEDIATRIC AND CHILD HEALTH	40
SURGERY DEPARTMENT	42
THEATRE UNIT	43
DENTAL UNIT	44
INTENSIVE CARE UNIT	45
EYE UNIT	46
SURGICAL II WARD	47
SURGICAL I WARD	47
MEDICAL DEPARTMENT	48
PSYCHIATRIC UNIT	49
CARE AND TREATMENT CENTER	49
MENTAL HEALTH	50
PHYSIOTHERAPY UNIT	52
MEDICAL RECORD	53
DIABETIC UNIT	53
PHARMACY DEPARTMENT	54
IMPROVEMENTS IN OUTPATIENT DEPARTMENT	56
OUTPATIENT DEPARTMENT	56
LABORATORY DEPARTMENT	58
RADIOLOGY DEPARTMENT	60
INFORMATION TECHNOLOGY DEPARTMENT	62
RESEARCH DEPARTMENT	64
TECHNICAL SUPPORT DEPARTMENT	66
PASTORAL AND DIACONICAL SERVICES	68
IN NUMBERS	70



WORD FROM THE DIRECTOR



Dr. Emanuel Q. Nuwass
(Acting) Managing Medical Director

The year 2015 has been a year of miracles. It started by celebrating the 60th anniversary of the Haydom Lutheran Hospital, which took place on the 15th of January. The event was very important to us and was attended by very important people including Honourable Mrs. Mary Nagu, the Minister of State in the Prime Minister's Office for Investment and Empowerment, Honourable Hanne-Marie Kaarstad, the Ambassador of the Royal Norwegian Embassy, and Bishop Nicolaus Nzangazelu. Other valued partners who attended, include representatives from the Government of Tanzania and the voluntary organisation, the Friends of Haydom.

Together with all the joy of celebration, the event was crowned by the immense contributions of all participants who managed to raise 180 million TZS (more than 80,000 USD) which has been earmarked for the rehabilitation of the hospital infrastructure.

Laying the foundation for the future at the 60-year anniversary, the hospital governance structure and hospital logo were revised and approved to meet current and future ambitions. These include increasing accountability, transparency and efficiency, with clearly embedded internal control and fundraising functions in the approved new organogram to enhance the mobilisation of resources and monitor effective resource utilisation for the sustainability of the hospital.

Sustainability of the hospital for the next five years was addressed with the development and approval of a 5-year strategic plan (2015-2019) with the overall goal of leading the way as well as the birth of the new partnership with Norwegian Church Aid following the signing of a four-year agreement with funding of NOK 56 million (approximately 6.5 million USD) with the overall goal of laying the foundation for sustainability through

ending single donor dependency (2015-2018). By 2018 the Norwegian public funding will have decreased to 22% of total hospital expenditure and it is paramount that all partners continue to hold hands to secure and maintain a safe future for our hospital.

Our partners' confidence, trust and motivation of our esteemed Haydom Lutheran Hospital staff and our management practices have been revived following various improvement processes. The Bishop and Director's trip to visit our many partners in Norway in November is already bearing new fruits and we have a bright future together.

The SafeCare programme on which we embarked in 2015, with a start rating of 2 stars, will help propel our hospital to the absolute top of Tanzanian healthcare quality (Read more about the SafeCare programme further on in this annual report).

Our esteemed motivated staff in collaboration with support from our partners have managed to improve quality clinical care despite limited resources by halving the neonatal deaths, reducing maternal mortality and increasing patients' satisfaction with a big increase in the number of outpatient and reproductive/child health clients and increased accessibility to specialised services for surgical, gynaecological and paediatric clients.

We still face challenges which energise our ambitions towards achieving sustainability, despite inadequate resources while maintaining and improving the quality of clinical care as a referral hospital and focusing to realise our potential for the future for a better hospital infrastructure, which meets the current and future demands for continued quality clinical and teaching practices and research.

Thank you
for your ongoing support

WORD FROM THE CHAIRPERSON OF THE HOSPITAL GOVERNING BOARD

Haydom Lutheran Hospital provides health services to the community in Manyara Region including Haydom, Mbulu, Hanang, Babati, Mkalama and Meatu. The hospital adopts a prevention and curative approach, aspiring to reduce mortality rates in the community. We have focussed our work on reducing mortality in infants and pregnant women in line with the Millennium Development Goals 4 and 5, to reduce child mortality and improve maternal health by 2015.

Our goals have been largely achieved for the year 2015 due to the united effort of the donors, the Government of Tanzania, Haydom Lutheran Hospital governing board, the management of the hospital and staff working at Haydom, who heartedly devote their time, employ their skills, knowledge and experience to provide tremendous quality service to the patients.

On behalf of Haydom Lutheran Hospital governing board, I acknowledge with high appreciation the support from our partner Norwegian Church Aid and the Norwegian Government, Tanzanian Government, and Friends of Haydom in Norway and individual contributions from staff, volunteers and the community surrounding the hospital.

Haydom Lutheran Hospital is 60 years old, founded in 1955. The hospital has been growing gradually in terms of infrastructure, number of beds (from 50 to 420), medical equipment and skilled medical personnel. We have now been recognised by the Government of Tanzania as a level 2 referral hospital. This is a great achievement for Haydom and we are extremely proud of this status. However, the hospital is facing the challenges of single donor dependency, insufficient support from our Government and some of the hospital buildings are very old. I hope in the very near future Haydom Lutheran Hospital will move from single donor to multi donor support, and with sufficient support from the Government, we will manage to construct a new hospital building and that we will move from a regional referral hospital to a zonal referral hospital.

Rev. John Nade
Chairperson of the Hospital Board



HOSPITAL GOVERNANCE

THE HOSPITAL GOVERNING BOARD

Rev. John Nade	Chairman
Managing Medical Director (HLH)	Secretary to the Board
Mr. Gilbert Eliezer	Member
Mrs. Josephine Shirima	Member
Mr. Gunstein Istefjord	Member
Dr. Sidney Ndeki	Member
Mrs Hilda Mungure (KCMC)	Member
Mr. Peter Maduki (CSSC)	Member
Chairman for TUGHE (HLH)	Member
Regional Medical Officer (RMO)	Member
District Medical Officer (DMO)	Member
Mrs. Loema Gisila	Member
Hon. Rose Kisanga	Member
Dr. Tome Maeda	Member
Regional Admin. Secretary (RAS)	Member

CORE ADMINISTRATIVE TEAM

Dr. Emanuel Q. Nuwass	Acting Managing Medical Director
Dr.Paschal Mdoe	Acting Director of Hospital Services
Emmanuel Mighay	Nurse Officer In charge up to November
Theodotha Malissa	Nurse Officer In charge from November
Joseph Ndukusi	Hospital Health Secretary
Emmanuel Fabiano	Chief Accountant
Jonas Rosenstok	Head of Fundraising up to October
Xander Pijnappel	Head of Fundraising from October
Elibariki Fissoo)	Internal Control
Rev.Zakaria Dallei	Hospital Chaplain



GREETINGS FROM FRIENDS OF HAYDOM, NORWAY



The Friends of Haydom is a voluntary foundation which provides financial and other support to activities and projects closely connected to Haydom Lutheran Hospital and the surrounding area. In particular, we support activities in schools, help to preserve culture, and assist with food production and farming. The foundation has supported Haydom for many years, and we are still strongly committed to our goals.

We want to express our gratitude and recognition for the great work that has been – and still is carried out by the staff and management of the hospital. From the very beginning the concept has been holistic, that is to care for body, spirit and soul. Thousands of people have realised a better life in so many ways. We thank God for this, and for your good work. Haydom Lutheran Hospital is truly a miracle!

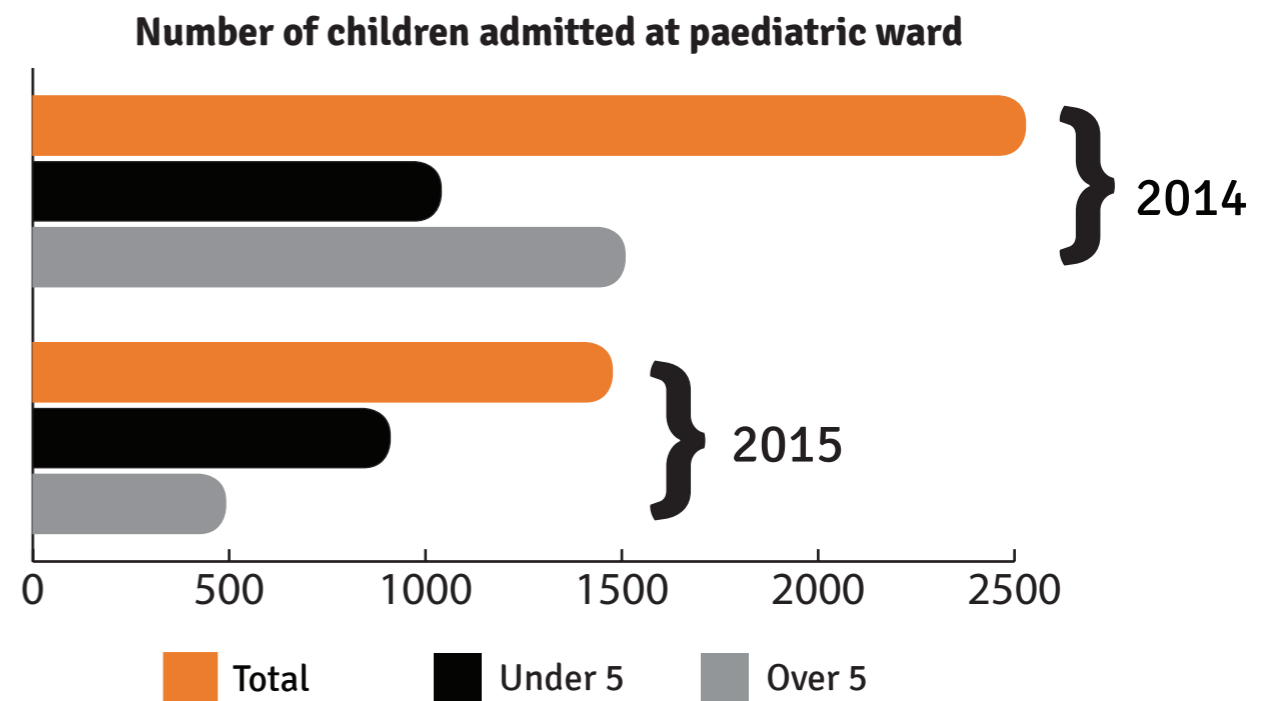
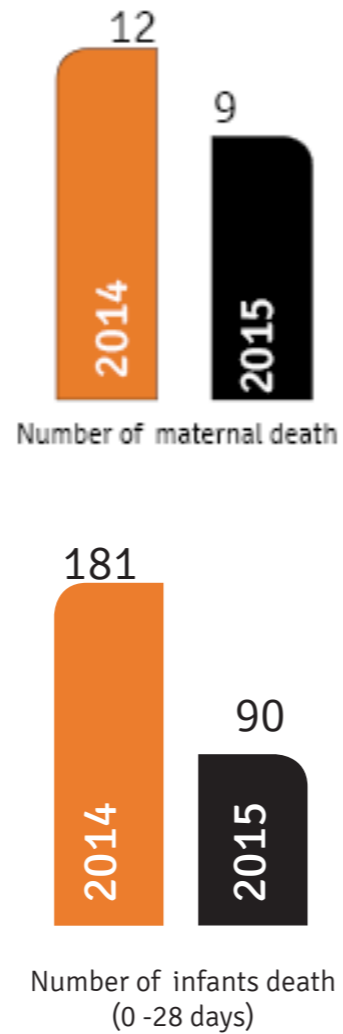
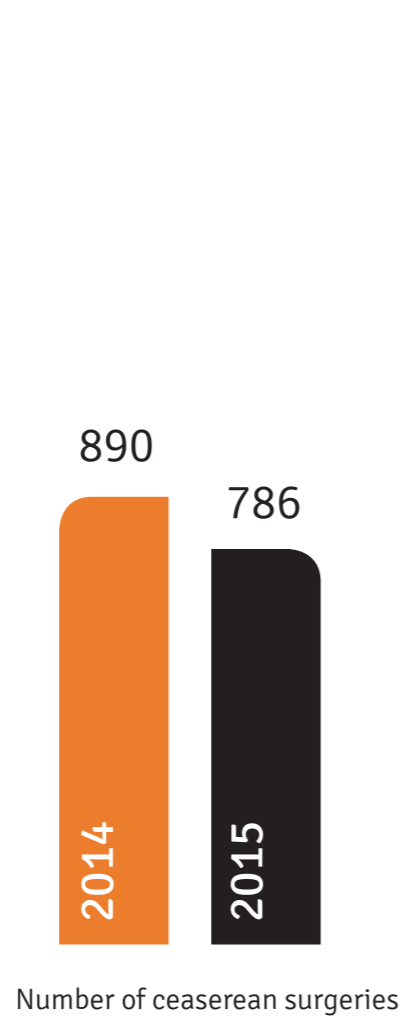
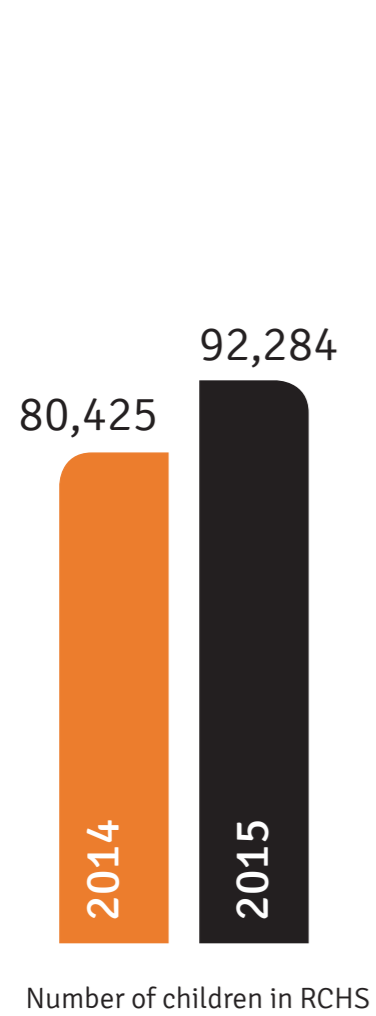
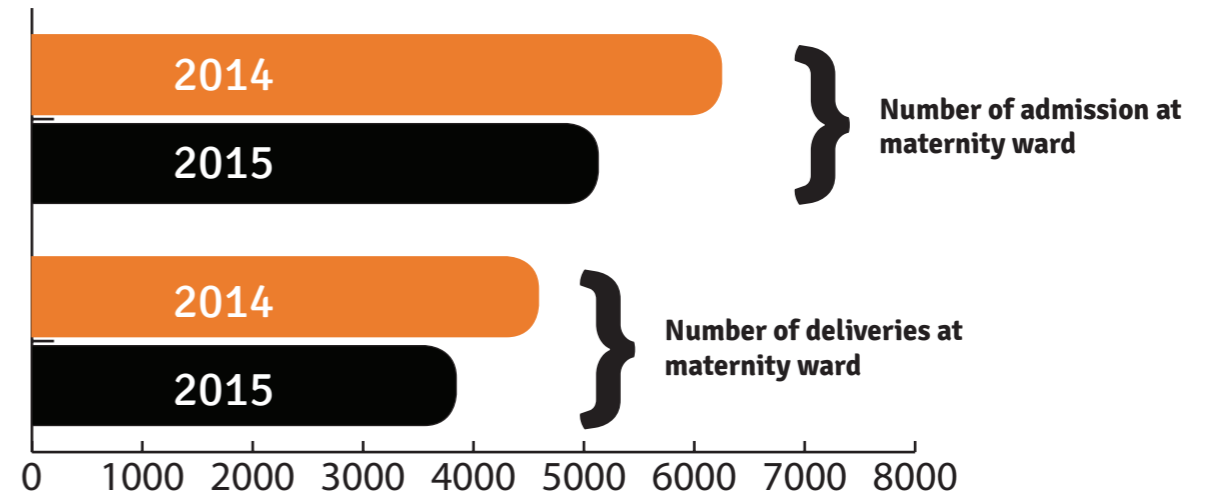
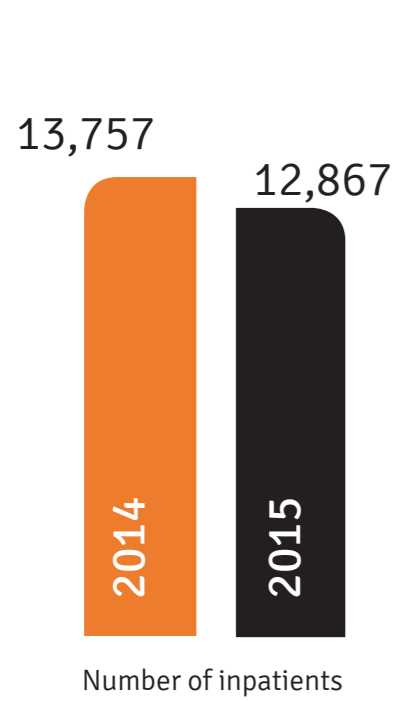
The Friends of Haydom wish you continued success with the good cause, and God's rich blessing!

Mandal, Norway, March 2016
 Thore Westermoen
 Chairperson Friends of Haydom





STATISTICAL HIGHLIGHTS

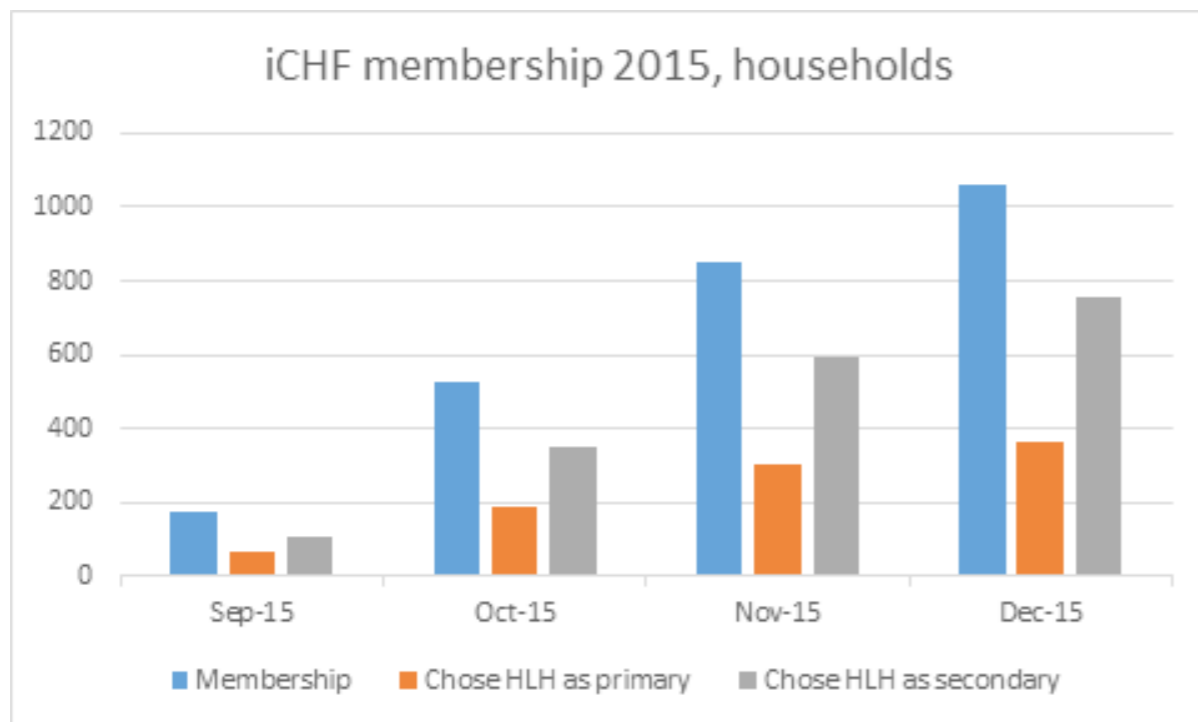


iCHF ENROLLMENT 2015

The below graphs show the first four months of membership since iCHF was introduced to our catchment area, first as number of households and then as number of individuals. Each household has on average 5 members. The growth in membership is steady and the HLH share of this is steady at about one third for primary care and more than 70% for

secondary care. This means HLH is performing very well in iCHF enrollment.

At the end of 2015 there were about 5.500 individuals enrolled, with about 1.800 having chosen HLH as primary and almost 4.000 having chose HLH as secondary level provider.



TOWARDS SUSTAINABILITY



40%

NORAD funds for year 2015 of total hospital income

◇ PARTNERSHIP WITH NORWEGIAN CHURCH AID

Norwegian Church Aid is proud and honoured to have entered into a partnership with Haydom Lutheran Hospital in 2015. Although our pathways have crossed before, it is the first time we have become partners within a regular Norad funded agreement. This marks historic ground, as it is a step for Haydom Lutheran Hospital to move away from the vulnerable situation of single-donor dependency.

Norwegian Church Aid is well aware of the challenges arising from changing aid paradigms and the decline in donor funding. This affects the hospital and the people it serves. We are committed to accompanying Haydom Lutheran Hospital on the road towards a better future. Our role will be to provide the hospital with support in three different areas: Firstly, capacity building of hospital management on issues related to human resources, administration and finance. Secondly, fundraising

to establish a more diverse funding base for the hospital. Thirdly, to strengthen advocacy and policy dialogue to ensure a role for Haydom Lutheran Hospital, together with other diaconal hospitals in a future well-functioning Tanzanian welfare-system.

As partners, Norwegian Church Aid and Haydom Lutheran Hospital share the same diaconal values motivating our service to realise the welfare and human rights of Tanzanian people. We also share the vision of the hospital becoming a sustainable diaconal hospital leading the way for a solid health service for Tanzanians. The first year of the cooperation has been promising and Norwegian Church Aid is looking very much forward to this continued partnership.

Tale Hungnes
Country Representative Tanzania
Norwegian Church Aid

Proud partners with



NCA
actalliance



Norad

“Laying the foundation for sustainability through ending single donor dependency”.

OVERALL GOAL

◇ HAYDOM LUTHERAN HOSPITAL TESTED AS BEST REGIONAL HOSPITAL

Safe Care

BASIC HEALTHCARE STANDARDS

In 2015, Haydom Lutheran Hospital was audited by PharmAccess's SafeCare auditors, making the quality of healthcare directly measurable. The hospital scored at level 2, the best amongst the 6 regional referral hospitals measured and placing it in the top 6% of over 360 health care providers measured in Tanzania (including small and private facilities).

With this baseline assessment, the hospital aims over the next few years to develop into a center of excellence of exemplary quality in Tanzania, as part of its strategy towards sustainability.

Read more about Haydom's strategy on our website, www.haydom.com, go to the menu "About HLH", then go to sub menu "Organisation".

PharmAccess
FOUNDATION

LEVEL 2

HLH scored at level 2, best amongst the 6 regional referral hospitals measured and placing it in the top 6% of over 360 health care providers measured in Tanzania (including small and private facilities).



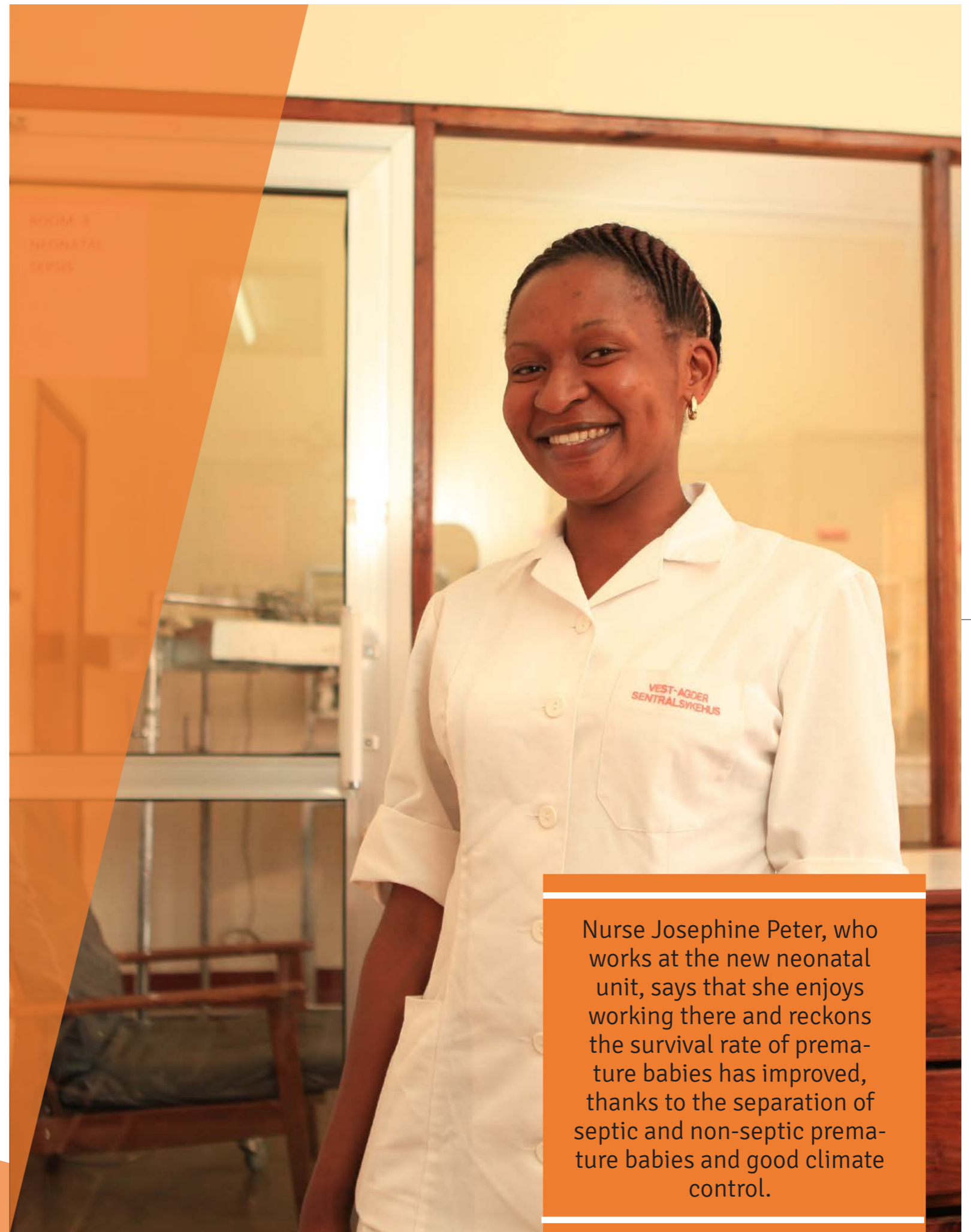
NEW NEONATAL UNIT



In 2015, with the generous support from the University of Stavanger and Friends of Haydom, we were able to upgrade our neonatal unit to become larger, better-ventilated and safer for premature babies ending up in its cribs. This is a huge improvement and will hopefully lead to ever better outcomes for babies born in Haydom!

441

Total admissions to neonatal unit



Nurse Josephine Peter, who works at the new neonatal unit, says that she enjoys working there and reckons the survival rate of premature babies has improved, thanks to the separation of septic and non-septic premature babies and good climate control.

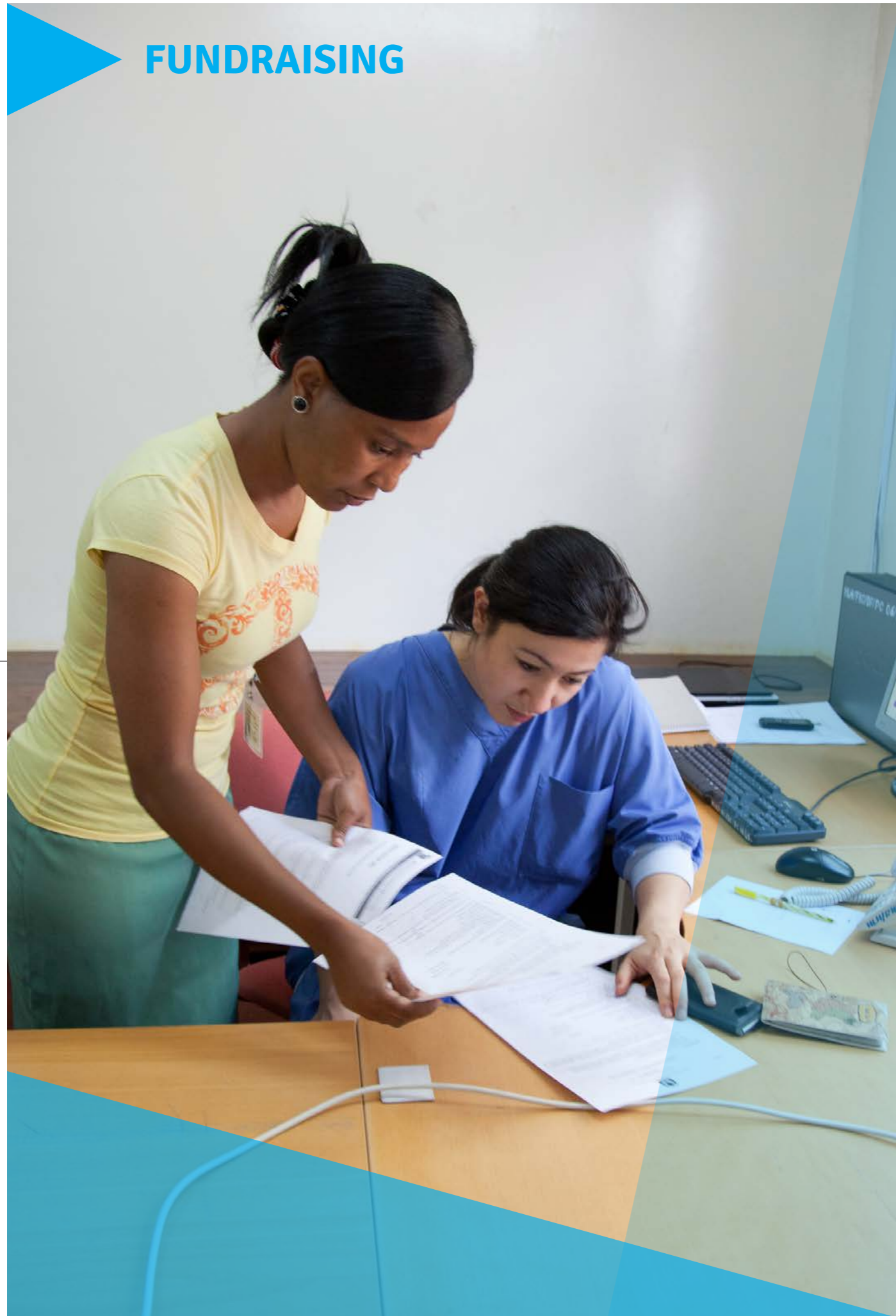
EMERGENCY MEDICINE



250 The number of patients passing through the reception / emergency department each week

Clinical Officer Agnes Chepkemai works in both the Outpatient Department and the Reception / Emergency Department. In 2015 the first steps were taken to transform the reception into a true Emergency Medicine Department, with its own nurse in charge, and dedicated staff. A Clinical Officer, Intern Doctors and a Medical Doctor are deployed to this department to ensure adequate emergency response at all times. In 2016, the department will be further developed with the necessary equipment permanently available and specific emergency medicine training for staff. An effective triage system is also envisaged.

FUNDRAISING



2015 was the year that our hospital celebrated 60 years of existence. This prompted a large celebration on the 15th of January, 2015, Haydom Day, the day the hospital first opened its doors in 1955. But it also gave us pause to think about Haydom's next 60 years, serving as the underlying theme of the celebrations. The hospital was delighted to have Mrs. Mary Nagu, Minister of State in the Prime Minister's Office for Investment and Empowerment, as a guest of honour. The Norwegian Ambassador Mrs. Hanne-Marie Kaarstad also graced us with her presence and so did the Chairman of Friends of Haydom, Thore Westermoen, and Anders Wahlstedt on behalf of Sørlandet Hospital, the Mayor of Mandal and many more valued partners.

As part of our reflections and thinking about the next 60 years, the hospital expressed its strategy for the next five years in a clear plan, which can be found on our website, www.haydom.com (About Haydom -> Organisation -> Annual Reports and Strategic Plans). It is a bold strategy that is about "Leading the Way into a Bright Future", recognising that the 60 years of investment in capacity and infrastructure has given

Haydom most of the pieces to complete the puzzle of becoming a sustainable provider of high quality specialised medical healthcare in a low-resource rural setting.

Embracing our strategy, Norwegian Church Aid has committed to a partnership for the next 4 years, securing continued Norwegian public (NORAD) funding, albeit with a steadily decreasing share in total costs of the hospital. Norwegian Church Aid is more than a grants manager. The organisation works with our institute towards shared goals with our hospital related to capacity building, replication of Haydom Lutheran Hospital health innovations, advocacy and fundraising. The agreement with Norwegian Church Aid was formally reached in the second half of 2015 but already the organisation has proven itself in many ways as a valuable partner to our hospital.

As part of the new strategy, dedicated to bringing in new partners and new funds, the hospital formalised the management position of Head of Fundraising in the Organogram, with Jonas Rosenstok in that position for most of 2015, until Xander Pijnappel was recruited to succeed Jonas from October onwards.



Haydom Lutheran Hospital

ELCT Mbulu Diocese

A new hospital logo, designed by Randi Hjemlestad as the winning entry to the logo competition organised at the end of 2014, was approved by the 2015 May board meeting of the Hospital Board and by the Executive Council of the Evangelical Lutheran Church of Tanzania, Mbulu Diocese on 30 June 2015.

The new logo is more versatile than the old logo for graphic printing purposes, as it can be easily printed on t-shirts, cups, cars, banners, research posters, etc. It is a simple and powerful logo that we expect over time will become strongly associated with Haydom.

The logo carries the following symbolism: The heart symbolises compassion, care and health. The cross symbolises the diaconal work of our hospital. The

surrounding shape, which started as an abstraction from the Lutheran Rose but is in the final logo iteration may also be interpreted as the shape of an acacia tree, referring to the "Chini ya Mti" (below-the-tree) value, referring to the communal way important decisions are taken in the local culture – a value that is fostered by our hospital.

The outstretched hand has dual meaning. It symbolises that the hospital carries the communities' health in its hands. It also symbolises a hand stretched out to others, indicating that we do reach out for support from partners to help our hospital grow further and further towards its bright future.

OUR PARTNERS



Tanzanian Ministry of Health & Social Welfare



NORWEGIAN CHURCH AID
actalliance



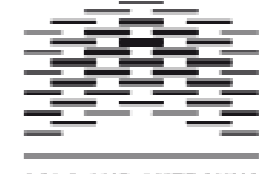
STIFTELSEN HRYDOMS VENNER



MAL-ED
mal-ed.fnih.org



MANDAL KOMMUNE
...soleklart!



OSLO AND AKERSHUS
UNIVERSITY COLLEGE
OF APPLIED SCIENCES



Laerdal
helping save lives



Norad



BASIC HEALTHCARE STANDARDS



NITO
NORGES INGENIØR- OG
TEKNOLOGORGANISASJON



Hrydom Friends e.V.



BILL & MELINDA
GATES foundation



DOKTERS
VAN DE WERELD



NTNU
Norwegian University of
Science and Technology



fk
Norway /
Fredskorpset



dental sør
OPPLEV 1.KLASSE



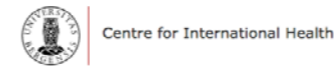
Centre for International Health



UNIVERSITY OF AGDER



SØRLANDET SYKEHUS



Centre for International Health



UNIVERSITY
OF OSLO



GE Healthcare



UNIVERSITETET I BERGEN



Humanity
direct



COMPREHENSIVE COMMUNITY BASED
REHABILITATION IN TANZANIA
CCBRT



STICHTING
TWEEGA MEDICA



UNIVERSITY
of VIRGINIA



KRISTIANSAND
KOMMUNE



PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Also we give thanks to:-

- » Mental Health (angalia mtoto)
- » Alex Hoogerhuis, Boxed Solutions
- » Rennesøy school (CCU)
- » Ingar Kviva
- » Elchem
- » Roha congregation
- » Lyo Lyock
- » Dr Seland
- » Madaktari Afrika
- » Dilan Ellegala

ADMINISTRATION

GOVERNANCE IMPROVEMENTS

The Administration Department has always been the main guide of all other hospital departments and units through guidance, leadership, planning, organising, staffing, coordinating, budgeting, supervision, motivation, monitoring with evaluation and control to fulfil responsibilities and objectives towards the hospital vision.

The year 2015 was a challenging but also a successful year since most key issues at management and administration level were implemented successfully. It was a remarkable year for policies and manuals formulation and approval by the board as part of comprehensive implementation of auditors, board recommendations in previous years and hospital management innovations and processes to improve hospital functions by providing quality medical care such as the “5S campaign” aimed to introduce structure (Sort, Set, Shine, Standardise, Sustain) to all work areas, the launch of the SafeCare program, and all-round monitoring and evaluation.

The management also managed to accomplish various key tasks including securing a new 4-year partnership with Norwegian Church Aid, the annual work plan 2015 and 2016, and final reports for the 5-year Royal Norwegian Embassy block grant contract. Board meetings were also conducted as planned.

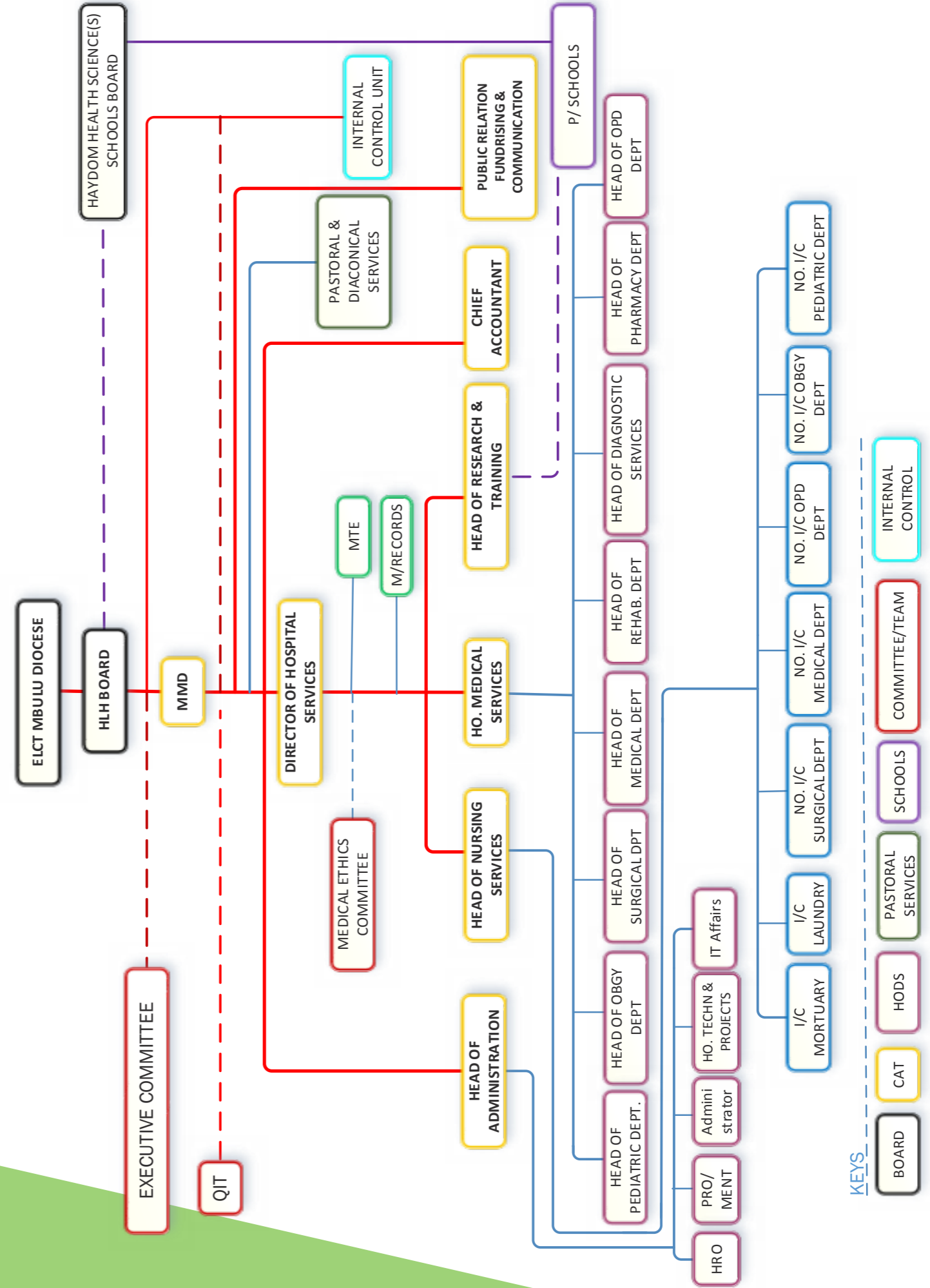
In the course of the year 2015 the hospital management, hospital board and executive council of the Mbulu Diocese has approved the revised hospital organogram. It has also made appointments for the Acting Managing Medical Director and Acting Assistant Managing Medical Director, following the retirement of our previous Director, Dr. Olav Espegren., as well as the appointment of a new Nursing Officer In-Charge (Theodtha Malissa) and the appointment of new hospital board members.

Expansion of new offices has been carried out so as to improve administration and patients’ care service. These include the registry office, social welfare office and a section for medical technology.

The fundraising function was strengthened and sustained by being embedding the Head of Fundraising function in the hospital organogram within top management, with the aim to find more funding sustainability of the hospital and reduction of single donor dependency.

THE YEAR 2015

Appointments for the Acting Managing Medical Director and Acting Assistant Managing Medical Director, following the retirement of our previous Director, Dr. Olav Espegren., as well as the appointment of a new Nursing Officer In-Charge (Theodtha Malissa) and the appointment of new hospital board members were made



HUMAN RESOURCES



7

The number of Tanzanian specialist doctors working at Haydom in 2015

In the process of improving hospital functions, there has been a recruitment drive to fill vacant posts from newly established offices and replacements. This includes the recruitment of two human resources officers, record management assistant officers for the registry, one social welfare officer and one psychologist.

Haydom Lutheran Hospital has always been hampered by a high staff turnover as people leave for permanent employment in the public sector. In the year 2015, the hospital lost 48 staff, mainly nurses. The hospital has continued to improve its working and living environment by placing motivation, allowances and programmes like scholarships and involvement in research and exchanges as an incentive for employees.

As part of staff capacity building and development in the year 2015, a total of 30 staff were sponsored for further training, 20 of whom were already enrolled in the previous academic years.

The Section for Medical Technology, dealing with

maintaining and repairing medical equipment was introduced and established with great support from Sørlandet Hospital. The management decided to introduce a social welfare office and recruit a social welfare officer for the purpose of strengthening the taking care of poor patients, and the well-being of the community including the elderly, children and disabled people who seek services at the hospital.

As part of the auditors recommendations and donors advice, the hospital has focussed on compliance with international principles for organisation, administration, transparency, accountability, responsibility and effective utilisation of resources. Various policies, guidelines and manuals were designed and presented to the board for approval and a participatory approach was adopted for high level decision making. For example, department leaders were involved defining the 5-year 2015 – 2019 strategy as well as in the preparation of the budget and work plan for 2016.

SUMMARY OF HAYDOM LUTHERAN HOSPITAL STAFF CADRES

CADRES	HLH PARYROL	GVNT SUPPORT
SPECIALISTS	2	6
MEDICAL DOCTORS	8	4
ASSISTANT MEDICAL OFFICERS	1	6
CLINICAL OFFICERS	3	2
PHYSIOTHERAPIST		2
PHYSIOTHERAPIST TECHNICIAN	2	
RADIOLOGY	2	
RADIOLOGY TECHNICIAN		1
OPTIMETRIST	1	
PALLIATIVE	1	
DENTAL THERAPIST		2
LIBRARY	3	
ACCOUNT	9	
ADMINISTRATION	8	
PASTORAL AND DIACONIAL	5	
NURSING OFFICER	1	13
ASSISTANT NURSING OFFICERS	79	98
ENROLLED NURSE	10	2
NURSE AUXILIARY	17	
PHARMACIST		1
PHARMACY TECHNICIAN	1	1

CADRES	HLH PARYROL	GVNT SUPPORT
PHARMACY ASSISTANT	1	1
PHARMACY	4	
LABORATORY	19	
LAB ASSISTANT		1
LAB TECHNOLOGIST		4
HUMAN RESOURCE OFFICER		2
CARE 2X SECRETARIES	18	
CASHIERS	7	
COOK	13	
SECRETARIES	9	1
SECURITIES	30	
DRIVERS	30	
ELECTRIC TECHNICIAN	6	
MV-MECHANICS	4	
PLUMBER	2	
WELDER	1	
STOREKEEPER	2	
COW KEEPER	1	
CARPENTRY	5	
IT-TECHNICIAN	4	
MEDICAL ATTENDANTS	193	
SOCIAL WELFARE	1	

The Finance/Treasury Office has the core activity of safeguarding the hospital resources, mainly cash and other non-cash resources. The department records revenues and expenditures, accounts payables and receivables, an inventory, payroll, fixed assets, etc.

Main sources of income for the hospital for 2015 were NORAD / Norwegian Church Aid, patient fees from cost sharing, the Ministry of Health of the Tanzania Government, Friends of Haydom in Norway and other private donors, non-medical and external services income.

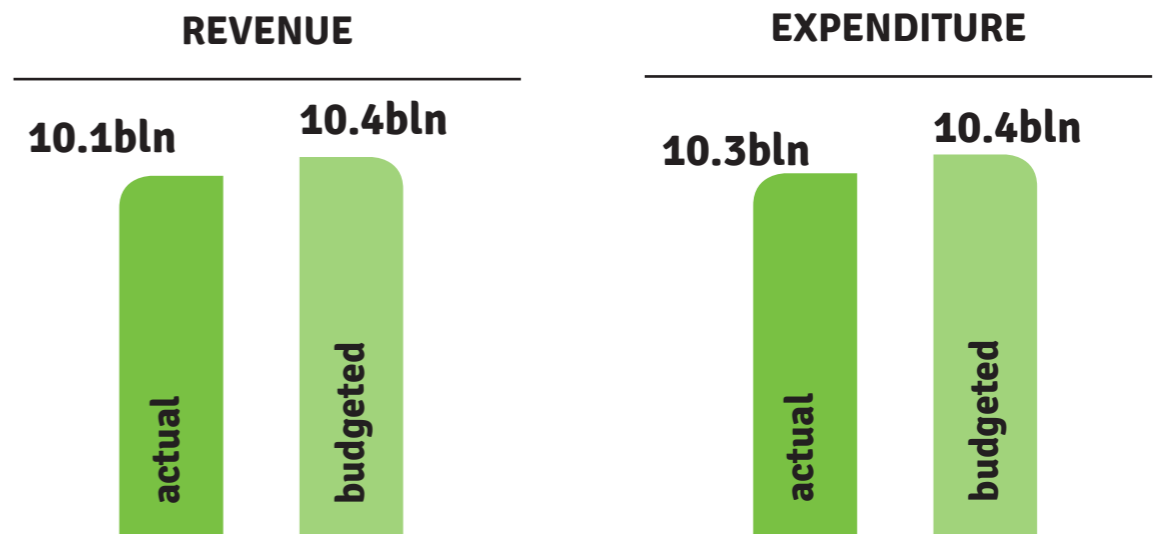
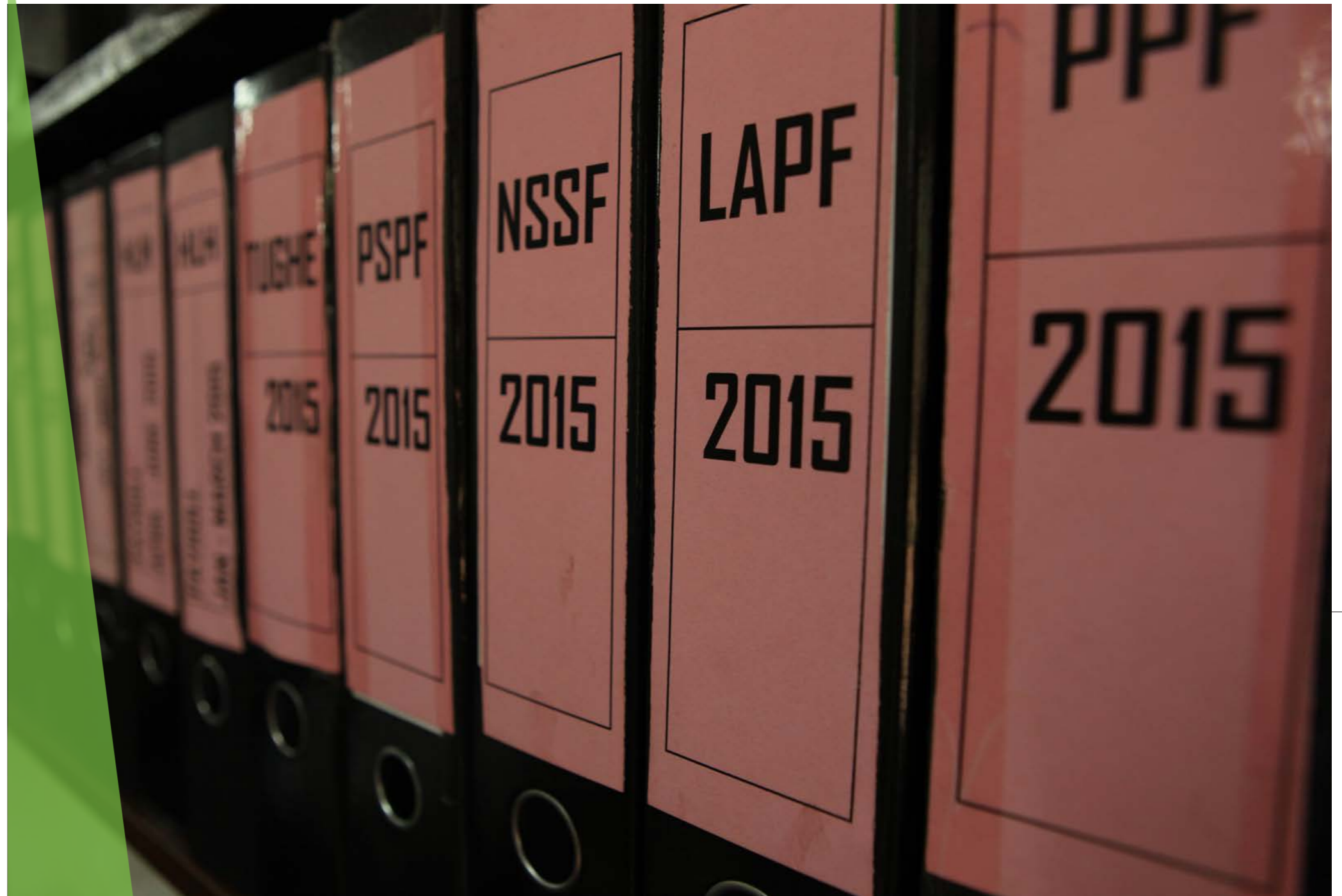
The department has implemented most of the work plan 2015 including revenue collection, proper authorisation of payments, as well as both being entered into the financial system. Monthly and quarterly management financial reports, inventory processes with a fixed assets register with complete labelling were also maintained.

Also in this reporting year, the hospital was able to save up to 20% in medicine and medical supplies, 1% on salaries and wages and overall 1.1% in terms of total expenditure.

Capacity building in 2015 further strengthened the finance department, with 2 of the finance staff graduating to a Master's degree level and 4 staff undergoing CPA (Certified Public Accountant) study.

In 2015, the hospital secured a 4 -year agreement from NORAD through Norwegian Church Aid. With the new agreement, the finance department is supposed to prepare a draft of the unaudited report by 31st Jan. This must be done each year and full audited financial statements presented by March 15th. This timeframe is very short compared to the volume of transactions, but we working hard to comply with the donor requirement to meet these deadlines.

The budgeting process of the hospital has been decentralised to department level as a bottom up and participatory process.



OBSTETRICS AND GYNECOLOGY

The Department of Obstetrics and Gynaecology is among the core departments of the hospital and it was established around 60 years ago. It comprises of a labour ward, postnatal and antenatal and neonatal units.

There is also a “Kangaroo Caring Room” which is registered by the Ministry of Health. Under this department there is a Reproductive and Child Health Unit, which offers preventive health services to the community. The ward has a total of 86 beds and among these beds, 6 are delivery beds

Achievements in 2015

- » Obstetric theatre room was

completed

- » Renovation of neonatal unit completed
- » Space improvements
- » Sluice room in labour ward was expanded

Challenges

Our services would benefit from having an anaesthetic machine, adequate anaesthetic staff and an operating bed in the new theatre. Culturally many women are still delivering at home, despite reliable and quality delivery services that we provide. It is our hope that the maternity waiting house may motivate more pregnant women to deliver safely at our hospital.



Laerdal
helping save lives

SAFER

Close collaboration between the international research programs targeting maternal and newborn health and our obstetrics department ensures the midwives are well-versed in how to respond to life-threatening situations such as post-partum haemorrhage and neonatal asphyxia. Research Assistant Agnes Dionice keeps close track of every birth, timing time from birth to bag-and-mask ventilation, and recording all vital statistics. The fruit of her labour: the international ILCOR guidelines on newborn resuscitation, updated in October 2015, has as its first and basic reference one of the studies done at Haydom.



3,844

The number of deliveries at haydom in 2015

◇ REPRODUCTIVE CHILD HEALTH SERVICES (RCHS)

The Reproductive Child Health Services (RCHS) unit offers preventive and curative services at the main station in the hospital and through several outreach stations.

There are 27 outreach clinics and 1 main clinic at Haydom Lutheran Hospital making a total of 28. 21 outreach sites are reached by car and 6 by aeroplane.

The unit also coordinates the health centres Balangdalalu, Gendabi, Kansay and Buger dispensary, which are all under the Mbulu Diocese.

Key services

- » Focused Antenatal Care
- » Prevention of Mother To Child Transmission of HIV/AIDS Services
- » Family Planning Services
- » Vaccinations

- » Cervical Cancer Prevention Services
- » Paediatric Clinic – for children under 5 years
- » Obstetric Ultrasound Services
- » Community Health Education

Achievements in 2015

The RCHS has continued to provide quality services with reliable schedules and of good quality, hence it is trusted by many clients. This has led to higher antenatal care coverage of 25% more than compared to 2014. The number of clients provided Family Planning Services increased significantly because of our outreach Family Planning services.

The RCHS unit also provides cervical cancer screening. For women diagnosed with early stages of cervical cancer, we are able to offer treatment with a cryotherapy machine, from our partner Engender Health, to treat premalignant cervical lesions.

RCHS STATISTICS 2015

Category	Number
Total women provided with ANC services	35162
Total children received child services	92284
Total vaccination doses given	99715
Family planning clients served	3572
Males involved in ANC	2396
Women offered cervical cancer screening	1918
Obstetric ultrasound exams performed in RCHS	1344



Gynaecologist Dr. Munyaw, who runs the maternity ward and RCHS, is one of an increasing flock of “born and raised in Haydom” specialists working at our hospital. With the increasing number of highly specialised healthcare workers returning to work at Haydom after completing their further training, the human capital is growing rapidly and leading the way to a truly sustainable future.

PAEDIATRIC AND CHILD HEALTH



The Paediatric and Child Health Department, widely known as “Lena Ward” remains the largest department at the hospital, with a total bed capacity of 70 and average daily occupancy of over 50 beds. The department has continued to improve and maintain patient care through curative and preventative services in the form of health education during the daily ward round. As per the hospital new organogram, the paediatric department is now an independent department with a head of department, a Nurse Officer In Charge and an Assistant Nurse Officer In Charge

The department provides general care for children in both an inpatients and outpatients setting, we conduct daily morning ward rounds and evening child intensive care unit (ICU) ward rounds, as well as difficult cases discussions. We also conduct paediatric continuing medical education every Monday.

We run a daily Paediatric Outpatient Clinic including a Paediatric Specialist Clinic every Tuesday and Thursday at the Reproductive and Child Health Services Department, together with routine check-ups of children at the Child Care Unit

Common top ten diseases

- » Pneumonia
- » Diarrheal Diseases

- » Malnutrition
- » Burns
- » Osteomyelitis
- » Trauma
- » Congenital abnormalities eg. Hydrocephalus / Spina Bifida
- » Tuberculosis
- » Malaria
- » Neonatal Sepsis

The department has achieved a remarkable step in terms of quality paediatric care at Haydom Lutheran Hospital. The department was glad to welcome back in September paediatrician Joshua Gideon from his further studies. This year the ward achieved “Best Ward of the Year in Patient Care” internally. Moreover, the patients stay days were significantly reduced to 2 days per week. The specialist paediatric clinic has improved its patient care in the Intensive Care Unit through modern facilities such as a new mechanical ventilator and CPAP (continuous positive airway pressure). Two sessions of one week workshops about children with hydrocephalus and spina bifida, in collaboration with CCBRT-Moshi and a paediatric surgeon from Arusha Lutheran Medical Centre were carried out successfully.

Departmental 2015 strategic plan implementation

Activities planned	Status achieved	Remarks
2 Neonatal ward round	80% achieved,	mainly team on call and paediatrician evening review
2 neonatal rooms in place for septic and non-septic	All operational	Only admit neonate born in hospital and few <4days old from other facilities
Extension of TB ward corridor to Paediatric ward	Not yet achieved	In progress could be completed 2016
Traning 1 AMO for further studies	Well achieved	Initially planned for MD course, due to hospital priority went for Anaesthetic course at KCMC.

SURGERY DEPARTMENT



◇ THEATRE UNIT

The Theatre Unit has various sections, which have enabled it to perform its functions of surgeries, endoscopy studies, sterilisation of equipment and other non-surgical procedures. The main services provided this year include major and specialised surgeries, minor surgeries, endoscopy examinations and proper care of different machines and surgical instruments.

In the course of the year the unit is proud to be able to perform 6 major operations and 10 minor operations per day on average. This amounts to 2,053 major and 1,366 minor operations in 2015. Due to the presence of permanent and visiting specialists there were significant increases of specialised surgeries for general, obstetrics and gynaecology, as well as orthopaedic surgeries, which signifies availability and accessibility of surgical services.

Despite budget constraints, there have been some important improvements including buying various sets of surgical instruments, which cost around TZS 10 million (approximately 4,500 USD). This has improved the quality of surgical procedures. Also the unit in collaboration with the hospital management has managed to create a sub-store within the theatre for anaesthetic drugs, other essential drugs and other supplies, which has increased internal controls and efficiency.

The unit, in collaboration with the hospital management, is focusing on capacity building of its staff in theatre management and the use of surgical instruments through on the job training and exchange programmes.

Our theatre could benefit from more highly qualified staff, newer surgical instruments and equipment (especially a suction machine, diathermy machine, operation sets and a c-armed X-Ray machine for orthopaedic surgeries).

3419

Total major and minor operation done in 2015

◇ DENTAL UNIT

The Dental deals with oral health problems for inpatients and outpatients. The unit has four staff members comprising of two dental therapists and two medical attendants.

In 2015 the unit enjoyed good collaboration with Dental Sør in Norway. Through this collaboration, the unit welcomed a several volunteer dentists who shared their expertise with local staff. In terms of equipment the unit received an autoclave sterilizer, office furniture and others various supplies, helping to further improve the dental services.

Common cases

Diagnosis	Percentage of each Diagnosis
Dental Caries	75%
Periodontal disease	50%
Dental Injury	30%
Other diagnosis	40%

Common Procedures Completed:

- » Dental Conservation (tooth filling)
- » Dental Extraction
- » Scaling and Root Planning
- » Root Canal Treatment
- » Tooth Fixation
- » Also some major surgery such as mandible wiring

Even with all these successes, the department faced inadequate qualified nursing staff. Also the unit has an inadequate infrastructure for storage equipment and changing rooms. The unit is working with the hospital management to solve these matters as the budget allows.



◇ INTENSIVE CARE UNIT

The Intensive Care Unit admits critically ill patients who require intensive care. They are referred through different channels including directly from reception, casualty, other wards, and also include post-operative patients with general and spinal anaesthesia and post caesarean section patients with complications such as severe haemorrhage. In 2015 the unit has enjoyed the services of a full responsible specialist in the Intensive Care Unit doing rounds and consultations.

In 2015 the hospital management through the Section Medical Technology and with its partner, the Friends of Haydom Norway, supported an assessment of much needed equipment and consequently secured some key equipment to improve the quality of care. The equipment has been shipped to Haydom through the support of the Friends of Haydom. This equipment is expected to be installed in early 2016. The main challenge now is the availability of a functioning ventilator and

monitors for patient care.

Along with equipment improvements, there are plans to train staff on emergency care, improve the availability of oxygen concentrators, portable pulse-oxy-meters and ventilator and monitors for critical patient care, as well as providing training on proper maintenance of equipment in collaboration with the Section Medical Technology.

The unit envisions improving care by admitting only critically ill patients and improving the quality of care through an increasing number of qualified and competent staff and performing regular training on critically ill patient care.

All these improvements concerning equipment, number of staff and training of personnel will improve the quality of care and ultimately reduce the number of stay days for post operative patients and critically ill patients admitted to the unit.



ICU ANNUAL STATISTICS

MONTH	TOTAL
NO. OF ADMISSIONS	822
ICU STAY DAYS	2.601
NO. OF DEATHS	108
AVARAGE STAYS DAYS	3.16

Pictured left is nurse Patricia doing hand ventilation on a post operative patient

◇ EYE UNIT

Haydom Eye Unit was officially opened in 2004 with 6 staff. It currently operates with 10 staff, which includes one Assisnta Medical Officer - Ophthalmologist and Cataract Surgeon, three Assistant Nursing Officers of whom two are ophthalmic assistants, and one clinical officer, one optometrist, one medical assistant, one cashier, one cataract surgical rate worker and a cleaner.

Key Activities/Services in the Department

The cohesive team of enthusiastic professionals provide medical, surgical and optical services at the station and also provide outreach services. Haydom Lutheran Hospital Eye Unit works as an outpatient department receiving and treating patients from its catchment area. We also receive numerous referrals from our catchment area and others outside the catchment area.

Overall Unit Performance in 2015 at the Station and Outreach

At the hospital station 4,114 patients were screened, of which 533 patients were operated on, among those major operation 453 were major and 80 were minor.

Outreach services were done twice a month in the dry season by providing medicine, spectacles and surgeries after consultation. The outreach services covered 5 administrative districts with a radius of 150km from Haydom where the team drove 5,465km for 22 outreach visits and performed surgeries in 19

visits. The districts were Mbulu, Babati rural, Kiomboi, Hanang and Mkalama. In all outreach stations, 2,130 (although we saw 2,175 patients) patients were screened and 288 patients were operated on, among those operations, 259 were for cataracts and 29 were minor operations.

Challenges

A second specialised eye doctor and anaesthetist would further strengthen the Eye Unit team.

An Intraocular lens calculator machine would help patients regain good vision after a cataract operation, instead of needing spectacles for routine correction.

The eye surgeries would benefit from an anaesthetic machine and a qualified anaesthetist.

Partners and Donors

The unit is grateful to all partners who supported the provision of eye services both at the station and outreach services by providing consultancies, equipment and funds. Sincere appreciation goes to Dr Brian Savage who together with other resources has donated one new slit-lamp, and Dr Seland who bought the lamp and donated it to the unit.

The Lyo Lyock foundation in the Netherlands continues to be a valuable partner, helping us to cover the costs of cataract surgery to poor patients.

In 2015, we are also pleased to mention a few people who have supported our eye activities including Dr Seland, Lise and her husband, Grethe from Norway, for raising funds to support our eye activities yearly.



◇ SURGICAL I WARD

This ward forms part of our Surgical Department dealing with pre- and post-operative patients with general and urological conditions. In 2015, the department admitted 1,675 patients with total stay days of 12,890.

The ward has been sharing resources with reception and casualty, however this causes a challenge and affects efficiency. Therefore, the management has decided to form two separate units to increase efficiency in patient care delivery by separating leadership of the units to be followed by separation of the staff.

The reception/casualty is in the process of making improvements by having specific staff doctors and nurses who also design and implement a triage system, as well as training staff. A priority is to improve the infrastructure in order to meet the requirements of being a fully functioning casualty unit.

◇ SURGICAL II WARD

Surgical Ward 2 is an orthopaedic ward dealing with patients with fractures, neurosurgical and other bone conditions requiring medical and surgical management. The ward is often overcrowded due to a large number of patients with trauma as a result of increased use of car and motorcycle use in the catchment area.

The long hospital stay days are as result of the absence of a C-arm X-Ray machine, which supports doctors during reduction surgeries. The introduction of such a machine would strongly reduce the hospital stay days and ward congestion.

MEDICAL DEPARTMENT



Amani Ward patients with psychologist Madawabora at the group meeting area for treating substance addiction.

◇ PSYCHIATRIC UNIT

The unit has been blessed again throughout the year 2015 whereby we provided mental health services that the hospital has incorporated into its vision. This unit serves under the Medical Department run by psychiatric nurses, psychologists and consulting doctors as the need arises.

The unit managed to provide medical care to mental health clients both inpatients and outpatients. The in-patient care is done partly in the medical ward and for drug addicts, who are admitted to the Amani ward for a 6-week rehabilitation programme using the 12-steps sessions.

The key observation is that there are fewer female patients. In 2015, 2 female patients (6.06%) are admitted for rehabilitation compared to 31 male patients (93.94%). The second observation is that the number of patients admitted to the Amani Ward is lower by 13 patients compared to 2014 admissions. This reduction could be related to the cost, as many alcoholics are poor, in 2015 there was a shortage of food in the community and in general many have a poor understanding of alcoholism as a disease, which requires medical treatment.

The inpatient services are done through consultations to some patients from other wards, mainly those with mental or neurological disorders. The main condition seen in 2015 were epilepsy and somatic disorders.

The main services offered in the year 2015 were assessments and treatments of mentally ill clients, those with epilepsy and we offered family therapy.

The outreach programme was done three times a month alongside the Reproductive and Child Health Services clinics where health education about mental health and addiction are combined with counselling in the community.

◇ CARE AND TREATMENT CENTER

The Care and Treatment Centre works in collaboration with the Ministry of Health and AIDS Relief to offer services to HIV/AIDS clients in hospital and for outreach patients. In 2015 the unit has continued providing care by consultation, counselling, drug administering, spiritual support and follow-up clinics.

Through these services the unit has managed to reduce the number of patients who have not attended follow up appointments, successfully started administering Anti Retroviral medication according to new guidelines, and strengthened Provider-Initiated Counseling and Testing.

In 2015 there were enrolments of 103 new patients and 6,421 visits were attended.

Despite the commendable output of the unit, there are still hurdles to be overcome. These include a lack of transport being made available for poor patients, an inadequate infrastructure at the centre and an increase in the number of missed appointments of patients in Prevention of Mother-To-Child Transmission of HIV/AIDS in Reproductive and Child Health Services.

Due to the high number of patients from Mkalama district the unit is envisioning a discussion with district authorities to start a counselling treatment centre locally, as this will also reduce number of missed appointments.

◇ MENTAL HEALTH

Mental wellbeing has so far received little attention in our part of the world. At Haydom, we are working to change this, because we believe there is a lot of unnecessary suffering in this respect. Since 2015, our hospital has employed a psychologist, Samson Madawabora. At the same time, through the Peace Corps exchange programme with Sørlandet Hospital in Kristiansand, Norway, psychologist Mette Marit Laading has been at our hospital for a full year.

A great ambition of our psychologists is to increase the prevention of mental health illness. They want to set up an outreach program, providing education and awareness to remote populations, aiming to reduce the stigma surrounding mental health, understanding anxiety and learning how to deal with difficult situations that can trigger depression.

The two colleagues enjoy their collaboration tremendously and the combination of Tanzanian and Norwegian insights in mental health is creating a great dynamic. Interestingly, some of the standard international tools work very well in our local context, such as those for treating anxiety and depression.

Having psychologists present also means that the patients in our addiction clinic, Amani Ward can benefit from individual therapy as complementary to the group therapy of the 12-step programme. This helps prevent relapse for the patients. The psychologists also help identify patients suffering from mental illness. Culturally, most people are not attuned to identifying mental health problems and all too often medication is seen as the first step. Ideally, mental health issues are identified and treated first with talking therapy, and if that fails, medication could be the next step.

“Thinking too much”
– as depression is locally known





◆ PHYSIOTHERAPY UNIT

In 2015 the Physiotherapy Department performed rehabilitation functions for both inpatients and outpatients. The department has a fair number of qualified and motivated staff who render services to the patient. The demand of this service has increased due to the number of trauma cases and non-communicable diseases as a result of a change in lifestyle of the surrounding community (e.g. less physical exercise due to modern lifestyle, and revalidation from motorcycle accidents).

The overall activities done by the Physiotherapy Department in 2015 are as follows:

Mobilisation of patients, massage, strengthening exercises, manual therapy, electro therapy, use of a Tens and vibration machine, increase in normal motor development for post cerebral palsy, delay of milestones, making prosthesis and orthotics for disabled people, manipulation of club feet, making orthopaedic devices like knee caps, shoe raisers, splintage, and arch support etc.

The department also enjoys the collaboration with universities and institutions from Tanzania and Norway by receiving equipment and students currently from Bergen University and KCMC Hospital in Moshi.

In the year 2015, the department in collaboration with the hospital management supported 2 staff to attend physiotherapy professional meetings as part of capacity building. One member of staff also published a research article as part of a replication of evidence based practices.

◆ MEDICAL RECORD

The Medical Records Department stores the hospital patient records for current and future use for patient management.

Additionally, the department assists in communication through handling radio call services for ambulance services. The archive goes back to the very beginning of the hospital in 1955.

The department collects statistics from inpatient, outpatient, Reproductive and Child Health Services and health centres.

Major plans in 2015

The Medical Records Department has been strengthened by the introduction of an electronic medical records system, which has become fully functional in the outpatient department. A short training course (6 months) on keeping medical records was provided for 2 employees at KCMC Hospital in Moshi.



◆ DIABETIC UNIT

The Diabetic Unit gives preventive and curative services to all inpatients and outpatients. The unit is working under the medical department and is operated by a trained nurse in diabetic management and consulting clinician/doctor when the need arises.

During the year 2015, 47 new cases were seen and 1,496 re-attendance patients attended follow-up clinics.

The patients successfully attended follow up clinics, where screening and health education were performed to patients and their families. Topics included diseases, food regimes, foot hygiene and drug adherence. These measures reduced significantly admissions of diabetes patients.

PHARMACY DEPARTMENT



Top ten medicines (cost wise)

SN	ITEM DESCRIPTION	UNIT
1	Antirabies vaccine	vial
2	Ceftriaxone injection 1g	Vial
3	Ampicillin inj, 500mg	Vial
4	Ampiclox capsule	Capsule
5	Metronidazole 500mg/100ml inj	Vial
6	Amoxicillin caps	Capsule
7	Ciproflaxine tabs	Tablet
8	Carbamazepine tabs	Tablet
9	Ferrous with folic acid tabs	Tablet
10	Erythromycin tabs	Tablet

Top ten medical supplies (cost wise)

SN	ITEM DESCRIPTION	UNIT
1	Gauze	Roll
2	Examination gloves	Each
3	Surgical gloves size 7.5	Pair
4	AVL 9180 snap pack reagent	kit
5	Surgical gloves size 7	Pair
6	Sodium hypochlorite (JIK)	Liter
7	Swelab alfa lyse	
8	Syringe 5ml	Each
9	Mission plus test strips	P/50
10	Surgical gloves size 8	pair

The Pharmacy Department is vital for the hospital in giving quality and good services to clients/patients. The department adheres to its principle of ensuring an uninterrupted supply of medicines and medical supplies to all departments/units within the hospital.

The department performed various activities, such as a selection of items to be held in stock for provision of health care services in the hospital, quantifying medicines/supplies requirements, preparation of requisitions for purchase, receiving and ensuring proper storage of medicine/ medical equipment and supplies, issuing medicine/medical equipment and supplies to various departments of the hospital and small-scale production of medicines.

In 2015, the department has achieved as follows:

- » Improved utilisation of a computer inventory management system- WebERP.
- » Quarterly stock taking process with significant improvements from one quarter to another.
- » Tallying of the physical stock counts with the computer system within the main pharmacy.
- » Review of the Pharmacy Manual (version 2).
- » New store for medical supplies.
- » Errors in issuing of medicine and medical supplies in WebERP system were minimised in the dispensing section (IPD).
- » In time quarterly reports of ARVS, ALU, narcotic drugs, TB drugs and all hospital drugs and medical supplies.
- » IV fluids production was done correctly.

In the process of improving its pharmaceutical activities, the hospital has a plan to establish a Hospital Medicines and Therapeutic Committee, which will create a standard and set policy to increase the number of qualified and competent personnel, as well as to increase storage space and also centralise all pharmacy activities.

OUTPATIENT DEPARTMENT

The Outpatient Department provides services for both primary and specialist clinics. There has been a lot of reorganisation done in 2015 to improve services. This includes the increased number of doctors from 2 to 4 daily with 2 permanently assigned to OPD.

The department was reorganised to make better provisions for appropriate triage of patients. This included offering same day examinations, results of X-rays and admissions in order to reduce waiting times for patients.

In the middle of the year 2015 the specialist clinic was relocated from the main operating theatre building to the main Outpatients Department, where specialists conduct general surgery/obstetric and gynaecological/orthopaedic and paediatric clinics twice a week. This was started at the end of the third quarter of 2015.

In March 2015, an Electronic Medical Record system (Care2x) was successfully introduced, greatly reducing waiting times for patients, especially in terms of lab and radiology results.

The department has managed to offer the following services: registration of patients, general medical consultations, a specialist clinic, pelvic and per-rectal exam, minor surgeries, wound dressings, voluntary counselling and testing and directly observed treatment of tuberculosis, laboratory services, oral and injectable medicine for both insured and non-insured patients.

One of the key success factors in 2015 was the continuous availability of essential medicine and medical supplies required throughout the year for the provision of medical care to outpatients.

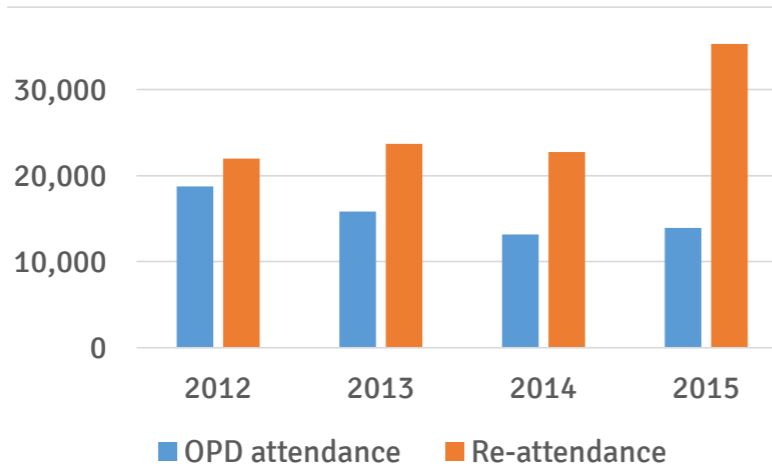
Future Plans

The department plans to improve efficiency in service provision by reducing patient waiting times and increasing patient satisfaction. To achieve this, it plans to have a sub-store for medicine and supplies, improved patients flow, an improved triage system, improved referral procedures and an increase in the number of qualified staff in key areas as the budget allows.

IMPROVEMENTS IN OUTPATIENT DEPARTMENT

In 2015, HLH put much effort into improving the outpatient services. The full patient process was computerized, including lab and radiology, drastically lowering waiting times for patients, and the number of doctors attending outpatients was structurally improved.

The results don't lie. In 2015, the fraction of revisits compared to previous years increased by half. This shows that first-time patients are more satisfied with their visit and therefore deciding to return to HLH more often than before.



Above: Chart which show OPD statistics



LABORATORY DEPARTMENT



The clinical laboratory department is a key unit of the hospital, delivering quality medical care by providing accurate, reliable and timely results by using quality indicators such as turnaround times, communication of critical results, internal quality control and external quality assessment. Apart from carrying out investigations, the department is also responsible for the following: maintenance, advising on procuring important equipment, and teaching and research. The department has been providing services to both inpatients and outpatients.

In 2015 it has maintained the provision of reliable results and has improved its services by adding more equipment, including a hormonal testing machine for thyroid function.

The outpatient department has reduced its turnaround time by increasing the frequency of sample collection and testing. Moreover, it has shifted some of the work carrying out simple tests to the outpatient laboratory that includes rapid blood glucose, malaria rapid test and VDRL (venereal disease research laboratory) testing.

The quicker turnaround time has been achieved mainly due to the re-introduction of the Care2x patient management system for outpatient services and partly for inpatients. The laboratory played a key role in the success of the reimplementation of the Care2x program at the outpatient department.

The Department has continued improving its quality both internally and externally by the motivation of a one star accreditation achieved in 2014. In 2015 it has prepared all internal quality assessment and monitoring for quality assurance processes and is working towards achieving a high score in the next external assessment, planned for early 2017.

The main aim of quality improvement is to increase customer satisfaction where the laboratory is continuously reducing turnaround times and plans to conduct regular customer satisfaction surveys.

The other aim of the quality improvement process is to become a teaching laboratory by establishing a laboratory training department under the Haydom School of Nursing. The aim is towards strengthening Haydom Lutheran Hospital as a teaching hospital.

Collaboration has remained vital to capacity building efforts in both human resources and procuring equipment for the department. The department appreciates the work carried out by the Ministry of Health and Social Welfare for continuing training and supervision. We thank the University of Agder for its equipment and exchange programme, and AIDS Relief for renovating the laboratory and equipment, the University of Colorado for capacity building the histology function, and to our esteemed individual partners who have continued to strengthen the medical laboratory.

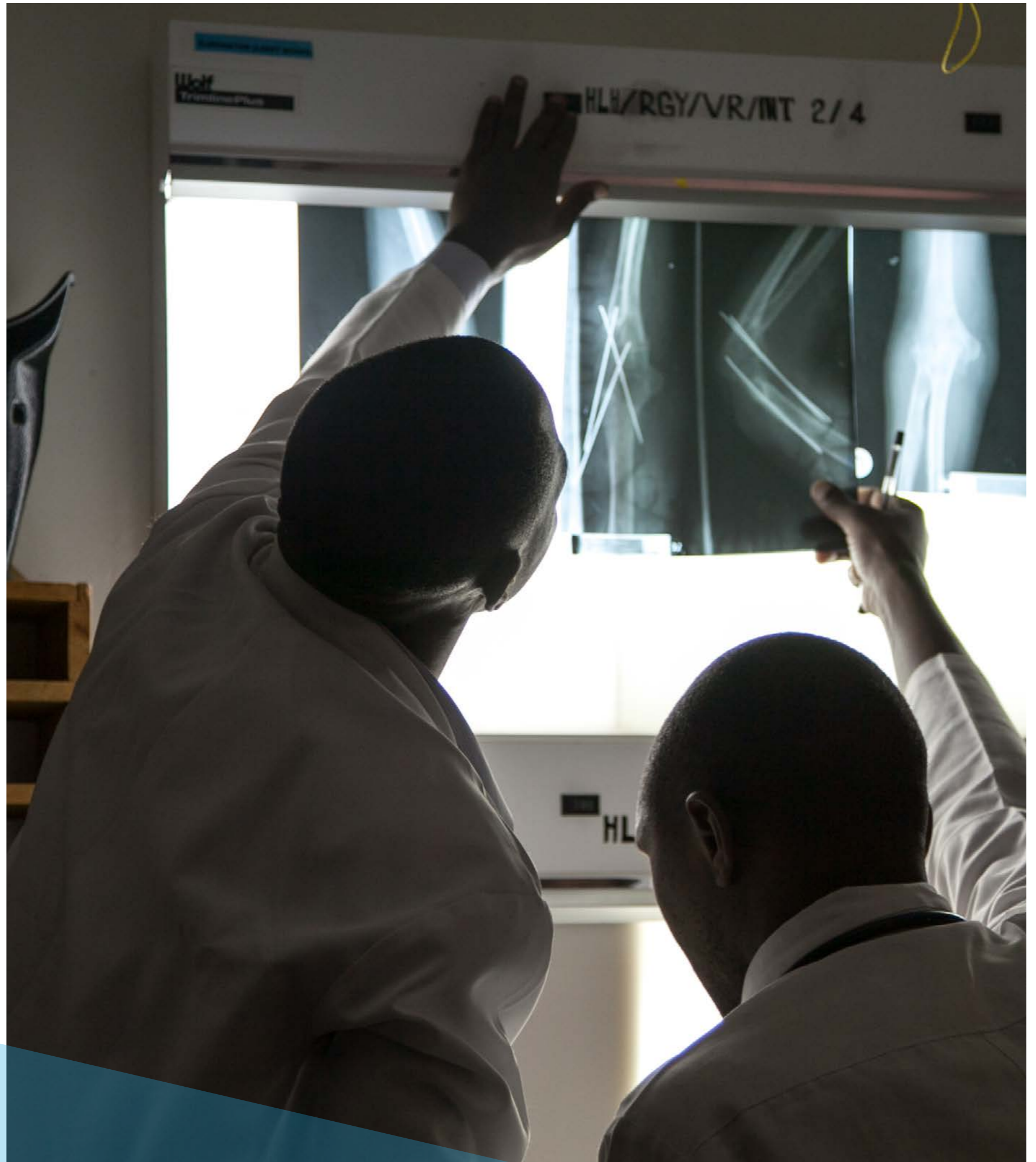
There are however, still issues needed to be addressed to continuously strengthen the laboratory functions which are as follows: Shortage of skilled staff, downtime of machines/equipment, delay in delivery of supplies from the supplier, inadequate blood units for transfusions from the zonal blood bank and in-house clinical laboratory shoes.

RADIOLOGY DEPARTMENT

The Radiology Department is one of the fundamental departments doing diagnostic functions utilising most of the key equipment in the hospital with few qualified and competent staff. The department performed various diagnostic investigations to assist clinicians in their decision making for adequate management of patient care. The most common key investigation includes X-rays, ultrasounds, contrast studies, CT-Scans, and Doppler studies.

In 2015, the department was able to deliver good quality services by utilising available resources like the usage of the Care2x patient management systems by reducing significantly the turnaround time for outpatients. Also the department was able to perform therapeutic procedures using ultrasound equipment, including conditions of huge heart with huge pericardial effusion and Pleural effusion.

Despite key functions being successfully performed, some of the key machines are outdated and too old in terms of technology. This includes mainly X-ray machines and fluoroscopy machines. Improvements on getting digital X-ray and fluoroscopy machines will improve significantly the quality of service, efficiency and will reduce operational costs. Due to budget constraints this improvement could not be implemented, however plans are underway either to buy new digital X-rays machines or obtain them through donations.



INFORMATION TECHNOLOGY DEPARTMENT



2015 was a dynamic year for Haydom in terms of IT developments. The year started with an ambitious project to take Care2x (the patient management system) to the next level by replacing the paper-based patient services system as much as possible. As a first step, the Outpatient Department was targeted and became a fully paperless operation.

After much preparatory work and training, the Outpatient Department switched over in the last week of March and has been fully computerised ever since. This includes all related processes such as laboratory tests, radiology tests, pharmacy and billing. As a result of the computerisation system, the turnaround time for outpatients has fallen dramatically and patient satisfaction has risen. This is evidenced by the much higher return-rate of patients in 2015 than in earlier years.

In May 2015 the hospital received a donation of 36 personal computers and 10 laptops from the Friends of Haydom, adding to the 80 personal computers already received in late 2014. The IT department's angel, Alexander Hoogerhuis, managed to convince his worldwide customers to donate ever more networking equipment to our hospital, leading to the further strengthening of the hospital network, now comparable to that of a medium-sized enterprise in Norway. Alex also donated countless hours of his time, invaluable and unaffordable if our hospital had to procure the same expertise on the commercial market. Alex even managed to squeeze in a visit to our hospital in early December.

In August, the IT department's longest-serving member, Kinto Arusha, was sponsored by the hospital to go for further training to update his knowledge on computer science. He is expected back at work late 2016. The hospital has also invested in upgrading its hardware, buying a new server that sits at the core of our network, as well as new server software.

In the last quarter of 2015, a Vietnamese company rolling out a new mobile network based on a fibre-optic backbone passed by our hospital with its fibre-optic network. Negotiations have started to get the hospital connected to this network, which would introduce speedy and unlimited internet access to the hospital premises. The fibre-optic connection is expected to be installed in early 2016.



- R**esearch being one of the three pillars for sustainability of the hospital has accomplished several activities in 2015 and some of the activities are ongoing. In collaboration with other international institutes, research department at HLH in 2015 had 4 projects which are:-
- » SAFER Births” A sub-study of the approved research protocol “Towards MDG 4 & 5, Helping Babies Breathe and Helping Mothers Survive bleeding after birth, later approved as a main project after closure of the Towards MDG4&5 study.
 - » 2. The Etiology, Risk Factors and Interactions of Enteric Infections and Malnutrition and the Consequences for Child Health and Development”
 - » 3. Improving Pediatric Tuberculosis Diagnosis and Management in Tanzania; The un-MASC TB Study.
 - » 4. Vaccine Effectiveness sub-study of MAL-ED study and ended in December

All these are ongoing projects. In the year 2015, the department has successfully got funding for 3 more projects to be started in the year 2016, these are

- » 1. Diagnostic and pharmacotherapy for severe form of tuberculosis. By NIH USA

- » 2. Microbiological causes of severe invasive infections in young infants in rural setting in sub sahara africa. Funded by WHO and TDR, Geneva .
- » 3. Targeted Interventions for Nutrition, Infection and Development for Children in Rural Tanzania. Grand challenge; creating and measuring integrated solution for healthy birth, growth and development. Funded by BMGF, USA

The department has been increasing both in infrastructure and human resources. In the year 2015 we did expansion of research infrastructure by expanding space for a laboratory and new structure for storage and office to accommodate the need of current and upcoming projects. Several trainings and recruitments of new staffs were done in 2015.

The research department has continued to support staff through scholarships. In 2015 through Laerdal Global Health and other partners, two Masters and five PhD candidates (two locals and three foreigners) were offered scholarship.

In the year 2015 some of our research staffs managed to attend and present research works at several international conferences and meetings, including Global Health and Vaccination Research (GLOBVAC) conference in Oslo, Norway, Paediatric Academic Societies conference in San Diego, USA, SACDAP of the Mal-ED meeting in London UK, Grand Challenges Meeting in Beijing China, TB

	Publication/Manuscript	Participants
1	Helping Mothers Survive Bleeding After Birth: retention of knowledge, skills, and confidence nine months after training.	Ellen Nelissen, Hege Ersdal, Estomih Mduma, Bjørg Evjen-Olsen, Jacqueline Broerse, Jos van Roosmalen, Jelle Stekelenburg.. BMC Pregnancy and Childbirth 2015;
2	Timing of cord clamping in relation to start of breathing or ventilation among depressed neonates—an observational study.	HL Ersdal, J Linde, B Auestad, E Mduma, S Lyanga, E Svensen, J Perlmang
3	Helping Mothers Survive Bleeding After Birth. An evaluation of simulation-based training in a low-resource setting”.	Ellen Nelissen, Hege Ersdal, D Ostergaard, Estomih Mduma, J Broerse, B. Evjen-Olsen, , Jos van Roosmalen and Jelle Stekelenburg. Obstetric Anesthesia Digest 09/2-15
4	Nutrient Sources in the Diets of Rural Tanzanian Children 9-24 Months and Local Pathways to Nutrient Adequacy	Bauck, A., Patil, C., Mduma, E., Svensen, E., & Caulfield, L. (2015).”.
5	Pathogen-specific burdens of community diarrhoea in developing countries (MAL-ED): a multisite birth cohort study.	James A Pltts-Mills, Sudhir Babji*, Ladaporn Bodhidatta*, Jean Gratz*, Rashidul Haque*, Alexandre Havt*, Benjamin JJ McCormick*, Monica McGrath*, Maribel Paredes Olortegui*, Amidou Samie*, Sadia Shakoor*, Dinesh Mondal, Ila FN Lima, Dinesh Hariraju, Bishnu B Rayamajhi, Shahida Qureshi, Furqan Kabir, Pablo P Yori, Brenda Mufamadi, Caroline Amour, J Daniel Carreon, Stephanie A Richard, Dennis Lang, Pascal Bessong, Esto Mduma, Tahmeed Ahmed, Aldo AAM Lima, Carl J Mason, Anita KM Zaidi, Zulfiqar A Bhutta, Margaret Kosek, Richard L Guerrant, Michael Gottlieb, Mark Miller, Gagandeep Kang, Eric R Houpt, and The MAL-ED Network Investigators
6	Frequent brief on-site simulation training and reduction in 24-h neonatal mortality-An educational intervention study.	Estomih Mduma, Hege Ersdal, Erling Svensen, Hussein Kidanto, Bjørn Auestad, Jeffrey Perlman “”

pharmacological study protocol in Istanbul, Turkey and FIGO conference in Vancouver Canada.

In year 2015 about 6 manuscript involving Haydom Research center were published, these are:-

1. Helping Mothers Survive Bleeding After Birth: retention of knowledge, skills, and confidence nine months after training. Ellen Nelissen, Hege Ersdal, Estomih Mduma, Bjørg Evjen-Olsen, Jacqueline Broerse, Jos van Roosmalen, Jelle Stekelenburg.. BMC Pregnancy and Childbirth 2015; 15:190-197. DOI 10.1186/s12884-015-0612-2
2. Timing of cord clamping in relation to start of breathing or ventilation among depressed neonates—an observational study. HL Ersdal, J Linde, B Auestad, E Mduma, S Lyanga, E Svensen, J Perlmang. DOI: 10.1111/1471-0528.13778 www.bjog.org
3. “Helping Mothers Survive Bleeding After Birth. An evaluation of simulation-based training in a low-resource setting”. Ellen Nelissen, Hege Ersdal, D Ostergaard, Estomih Mduma, J Broerse, B. Evjen-Olsen, , Jos van Roosmalen and Jelle Stekelenburg. Obstetric Anesthesia Digest 09/2-15; 35(3):148. Doi: 10.1097/01.88094.90
4. “Nutrient Sources in the Diets of Rural Tanzanian Children 9-24 Months and Local Pathways to Nutrient Adequacy Bauck, A., Patil, C., Mduma,

E., Svensen, E., & Caulfield, L. (2015).” . The FASEB Journal, 29 (1 Supplement), 391-2.

5. Pathogen-specific burdens of community diarrhoea in developing countries (MAL-ED): a multisite birth cohort study. James A Pltts-Mills, Sudhir Babji*, Ladaporn Bodhidatta*, Jean Gratz*, Rashidul Haque*, Alexandre Havt*, Benjamin JJ McCormick*, Monica McGrath*, Maribel Paredes Olortegui*, Amidou Samie*, Sadia Shakoor*, Dinesh Mondal, Ila FN Lima, Dinesh Hariraju, Bishnu B Rayamajhi, Shahida Qureshi, Furqan Kabir, Pablo P Yori, Brenda Mufamadi, Caroline Amour, J Daniel Carreon, Stephanie A Richard, Dennis Lang, Pascal Bessong, Esto Mduma, Tahmeed Ahmed, Aldo AAM Lima, Carl J Mason, Anita KM Zaidi, Zulfiqar A Bhutta, Margaret Kosek, Richard L Guerrant, Michael Gottlieb, Mark Miller, Gagandeep Kang, Eric R Houpt, and The MAL-ED Network Investigatorswww.thelancet.com/lancetgh http://dx.doi.org/10.1016/S2214-109X(15)70158-0

6. Frequent brief on-site simulation training and reduction in 24-h neonatal mortality-An educational intervention study. Estomih Mduma, Hege Ersdal, Erling Svensen, Hussein Kidanto, Bjørn Auestad, Jeffrey Perlman “” E.Mduma et al./Resuscitation 93 (2015) 1-7

TECHNICAL SUPPORT DEPARTMENT



The main function of the Technical Support department is to support the technical services of the hospital infrastructure to ensure a smooth provision of medical care. This support function includes electricity, plumbing, carpentry, mechanical and medical engineering for medical equipment.

Throughout the year the department has ensured regular maintenance services for ambulances and other vehicles for hospital functions including Reproductive and Child Health Services, outreach for the Care and Treatment Clinic, palliative care unit and the eye unit, and general research and administrative functions were carried without interruption.

Together with maintenance, the department managed to maintain key equipment which has saved a cost of around TZS 3 million (approximately 1,400 USD). This equipment includes a phototherapy light, neonatal unit beds, a rotatable chair, dustbins and a major operating table used in theatre.

The department also performed other various activities, such as repairs and maintenance of all wards to provide and maintain the water supply of the hospital.

PASTORAL AND DIACONICAL SERVICES



As from the start of the reporting year, the name of this department changed from Evangelism to Pastoral and Diaconical Services (PDS) as per our new Organogram.

By the grace of God in 2015, the department was able to offer several pastoral care and counselling services to patients, students and staff. The services include counselling, baptisms, encouragement talks, intercession, testifying the good news through radio, bible study and fellowship. Other pastoral services include assisting in repentance for the spiritual back slide of Christians who want to be restored back to God, and administering the sacrament of the Lord's Supper.

Achievements:

The department was also involved in diaconal activities outside the hospital by giving financial

support to four families of widows and orphans and one bag of maize for each family, and also supporting some poor patients with healthcare costs.

In 2015, there have been efforts to improve the capacity of the department to execute its duty. An evangelist went for Clinical Pastoral Education (CPE) at KCMC Hospital in Moshi, another evangelists was recruited, which makes the department with a total of 5 staff. The department is also grateful to have received tools for Sacraments services and 40 Bibles. Despite all these achievements, improvements are always needed to be done including installing a public address system (radio system) in order to reach more patients.

The department is eternally thankful to all staff for good cooperation, and especially for those who attended the morning devotions throughout the year and used their special talents to sing or preach. God's blessings to all!

S/N	TYPE OF SERVICE CONDUCTED AND TIME	ACTIVITIES	CLIENTS ATTENDED	NUMBER OF CLIENTS	SERVICE DAYS PER WEEK	NUMBER OF SERVICES
4.	Radio services	Preaching, Intercessions, Gospel music	All patients with their relatives in the wards, Staff and all visitors in the wards	More than 12992 more than clients	7 Days	About 730 times
5.	Bible studies and Fellowship	Teaching the word of God, sharing and praying together	HSN students, Relatives of the patients and addicted patients in Amani ward	More than 356 clients:-	8 times	343times
6.	Evangelism	Preaching, Testimonies, Prayers, Gospel music through radio and choirs from neighboring congregations	All in and out Patients, Visitors, Staff, and Students	More than 68354 clients	7days	365days
7.	Other Pastoral services	1.Serving the sacraments of baptism 2.Lord supper 3.Other services	All in and out Patients , Visitors, Staff, and Students	1.165 patients	7days	About 365days

S/N	TYPE OF SERVICE CONDUCTED AND TIME	ACTIVITIES	CLIENTS ATTENDED	NUMBER OF CLIENTS	SERVICE DAYS PER WEEK	NUMBER OF SERVICES
1.	Morning prayers for the Staff and Students at 8.00 -8.30am	Preaching, Singing , Prayers, Announcements, Lectures	Staff, Students, Guests	About 72000 clients	Monday -Friday, excluding week ends and public holy days (5 days).	226 days
2.	Morning Prayers for out patients at 10.00 - 10:15am	Preaching, Singing , Prayers,	Patients with their relatives in OPD,RCHS and CTC	- OPD -more than 55362 client,	- RCHS - more than 202498 clients, and CTC -more than 6524."	226 days
3.	Daily Counseling Services and Pastoral Care as needed and planed	As indicated in III above	Patients visited in wards with their relatives, Staff and Students	214 out of 190	7 Days	About 365 days

IN NUMBERS

Indicator	2013 Qty	2014 Qty	2015 Qty
Number of inpatients	15,005	13,757	12,867
Number of outpatients *	69,203	67,415	76,349
Number of women RCHS	28,979	28,397	35,162
Number of children RCHS	81,088	80,425	92,284
Number of admission maternity ward	7,074	6,246	5,130
Number of deliveries maternity ward	5,460	4,588	3,844
Number of mothers death ma-ternity ward	16	12	9
Number of mothers PMTCT	41	61	52
Number of children admitted pediatric ward	2,227	2,052	2,000
Under 5	1,606	1,040	1,508
Over 5	621	910	491
Number of pediatric ward deaths	147	138	153
Under 5	103	81	122
Over 5	44	57	31
Number of infants Deaths (0-28 days)	122	181	90
Deaths per 1000 live births	22.3	44.7	23.4
Number of caesarean surgeries	900	890	786
Number of beds	420	420	420





OUR MOTTO

To The Praise Of His Glory