

# ARCHDIOCESE OF TABORA

## NDALA HOSPITAL

### TANZANIA

#### 2022 ANNUAL REPORT



**NDALA HOSPITAL**

**P.O BOX 15**

**TABORA,**

**UNITED REPUBLIC OF TANZANIA**

**Email: [ndalahospital@gmail.com](mailto:ndalahospital@gmail.com)**

**@2023**

## TABLE OF CONTENTS

LIST OF ACRONYMS .....	2
LIST OF TABLES.....	3
ACKNOWLEDGEMENT .....	4
A WORD FROM THE HOSPITAL ADMINSTRATOR .....	5
GENERAL OVERVIEW OF THE YEAR 2022 .....	6
CHAPTER ONE: INTRODUCTION .....	10
History .....	10
Location .....	10
CHAPTER TWO: MANAGEMENT .....	11
2.1 Hospital Management .....	11
2.2 Human Resource Management.....	13
2.3 Financial Management .....	15
CHAPTER THREE: HEALTH SERVICES.....	16
A: CURATIVE SERVICES .....	16
3.1 Inpatient services .....	16
3.2 Outpatient services .....	19
B: PREVENTIVE SERVICES.....	27
3.3 Reproductive and child health services (RCH) .....	27
3.4 HIV/AIDS control programme .....	30
C: SUPPORTIVE SERVICES .....	32
3.5 Medical records and statistics .....	32
3.6 Technical department and transport.....	32
CHAPTER FOUR: PROJECTS FOR 2023 .....	33
CHAPTER FIVE: IN APPRECIATION OF OUR DONORS AND FRIENDS OF NDALA...34	

## LIST OF ACRONYMS

AMO	Assistant Medical Officer.
NHIF	National Health Insurance Fund.
OPD	Outpatient Department.
HIMS	Hospital Information Management System.
FBO	Faith Based Organization.
JOCS	Japan Overseas Christian Medical Cooperative Service.
RBF	Result Based Financing.
HSBF	Health Sector Basket Funds.
HIMS	Hospital Information Management System.
PLHIV	Patient Living with HIV.
EGPAF	Elizabeth Grassier Pediatric AIDS Foundation.
MDH	Management and Development for Health.
CTC	Care and treatment clinic.
PMTCT	Prevention of mother to child infection.
PITC	Provider initiated counselling and testing.
VCT	Voluntary counselling and testing.

## LIST OF TABLES

Table No:	Name	Page
Table 1	Staffing levels at Ndala Hospital	13
Table 2	List of Ndala Hospital staff members pursuing further studies	14
Table 3	Income and expenditure of Ndala Hospital in Tanzanian Shillings	15
Table 4	Total number of admissions	16
Table 5	Top ten diseases in IPD for the year 2022	16
Table 6	Total number of deaths for the year 2022	16
Table 7	Top five causes of death for the year 2022	17
Table 8	Total number of deliveries	17
Table 9	Obstetrics complications	17
Table 10	Pregnancy outcomes	17
Table 11	Maternal death 2022	17
Table 12	Total surgical procedures	19
Table 13	Top ten Major surgical procedures	19
Table 14	Top ten Minor surgical procedures	19
Table 15	Top ten diseases in OPD for the year 2022	19
Table 16	Total number of OPD cases	20
Table 17	Procedures done by the visiting ophthalmologist through the regional mobile eye care program in 2022	20
Table 18	Common eye diseases	20
Table 19	Total number of X rays	24
Table 20	Total number of ultrasounds	24
Table 21	Trend in laboratory investigations	24
Table 22	Trend in Safe Blood collection and transfusion services	25
Table 23	Trend in Intravenous fluid production	26
Table 24	Trend in TB patients	27
Table 25	Trend in epilepsy and mental health patient's registrations	27
Table 26	Trend in Total RCH attendances	28
Table 27	Trend under 5 RCH 1 <sup>st</sup> and re – attendances	28
Table 28	Trend in antenatal attendances	28
Table 29	Trend in risk factors seen at RCH	28
Table 30	Trend in vaccination	29
Table 31	Trend in VCT	31
Table 32	Trend in CTC patients	31
Table 33	Trend in home-based care visits	31
Table 34	Trend in PMTCT	31
Table 35	Trend in PITC	31

## ACKNOWLEDGEMENT

On behalf of Ndala Hospital, I would like to express my sincere appreciation to everyone who contributed to the success of our hospital in 2022. First, I would like to thank our hospital management team for their invaluable support in preparing this report.

I would also like to extend our gratitude to the Archdiocese Health Secretary, the District Medical Officer and District Health Secretary for their collaboration with our hospital. We could not have achieved our goals without their partnership and support.

Furthermore, I would like to thank all our staff members who worked tirelessly behind the scenes to make our hospital's operations run smoothly. Your hard work and dedication are greatly appreciated.

Finally, I would like to acknowledge and thank all friends of Ndala Hospital and organizations that worked with us in 2022. Your contributions and collaborations have been instrumental in helping us to provide quality healthcare services to our patients.

Once again, thank you all for your support and commitment to our hospital's mission. We look forward to continuing our work together in the years to come.



**Dr. John Romanus Nyeho, MD.**  
**Medical Officer In Charge**  
**Ndala Hospital**

## A WORD FROM THE HOSPITAL ADMINSTRATOR

The year 2022 was one of the toughest years for our hospital due to a combination of factors beyond our control. The region of Ndala experienced low rainfall, which affected the availability of water and other essential resources. Additionally, the conflict of Ukraine led to high prices of consumable. Despite the challenges, I am proud to say that our hospital succeeded in providing excellent care for our patients.

I want to express my gratitude to all public and private organizations and friends of Ndala from inside and outside the country, who supported us during this challenging time. Your contributions made a significant impact on our ability to provide quality healthcare to our patients.

Lastly, I want to acknowledge and appreciate the commitment of our staff from different departments. Their hard work, resilience, and unwavering dedication to our patients were truly remarkable. I am proud to be part of this team and look forward to working together to overcome any challenges that lie ahead.

A handwritten signature in blue ink that reads "Sr. Florida Andrea, CB." The signature is written in a cursive style with a large initial "A" and "F" that are connected.

**Sr. Florida Andrea, CB.  
Hospital Administrator**

## GENERAL OVERVIEW OF THE YEAR 2022

The 2022, Annual report of Ndala Hospital highlights the hospital's activities throughout the year. The hospital faced challenges which put strain on the budget; these included a budget deficit because of Covid-19, effects of the 2022 drought which resulted in lack of income for many families which impacted their ability to afford healthcare services at the hospital, high costs of living caused by the Ukraine war, and inflation increasing the costs of consumables including drugs. The hospital had to prioritize its spending and find ways to cut costs to continue providing quality healthcare to its patients.

One notable area of concern was the decrease in number of outpatients and inpatients seen at the hospital. The number of outpatient clients decreased by 11% from 19,782 in 2021 to 17,678 in 2022, while the number of inpatient clients decreased with 12% from 8,733 in 2021 to 7,685 in 2022. The construction of new government dispensaries near the hospital may have contributed to this decrease in the number of patients. This trend is something that the hospital needs to consider in future planning and strategy.

Malaria continues to be a major health concern, remaining the leading disease among the top ten outpatient and inpatient cases. Tragically, it is also the leading cause of death for children under five years of age.

The year 2022 also witnessed positive developments in healthcare. We saw a 16% increase in deliveries. The percentage of cesarean sections increased slightly from 13% to 15%, but the assisted vaginal delivery, although still performed scarcely, went up from 0.2% to 0.6%. Death cases reduced, but calculated against the total admissions gives a stable percentage of 2.7%.

The staffing situation was favorable. Few staff members chose to leave their positions to work for the government health facilities in different councils, we also welcomed two new government staff members from Nzega District Council to join our team in Ndala. Additionally, we were pleased to have six of our own staff members entering the government payroll, which helped to ensure continuity and stability in our workforce. So, there was no significant staff turnover, and we were able to maintain a skilled and dedicated team throughout the year.

Ndala Hospital continued to collaborate with the government in providing high quality healthcare services to the community. The government demonstrated its commitment to support the hospital's effort to provide care to low-income families, by providing grants to the hospital. But it is important to note that the amount of governmental funding received by the hospital decreased significantly in comparison to previous years. This decrease impacted on the hospital's ability to provide certain services like maternal and pediatric health services as these must be provided at low price as per service agreement contract between the hospital and the government. Going forward, the hospital needs to advocate for increased funding from the government and private donors, to ensure that it has the necessary resources to provide quality healthcare services to the community to continue to make a positive impact in the lives of its patients.

Furthermore, our hospital was fortunate to receive ongoing financial and advisory support from several foreign organizations and friends of Ndala Hospital. This support played a significant role in helping us to overcome challenges that we faced during the year. Additionally, this enabled us to finish the new projects like the dental unit project, hospital community pharmacy, culture and sensitivity project, which had a positive impact on our hospital and the community we serve. We are very grateful for the generous assistance that we have received and look forward to continuing this valuable partnership in the future.

Ndala Hospital achieved several important milestones in 2022 including:

- Installation of the Hospital Information Management System (HIMS) in both inpatient and outpatient departments. This allowed the hospital to streamline its administrative and record keeping processes, resulting in improved accuracy and efficiency in patient data management. The HIMS also enabled doctors and nurses to access patient information in real-time, which improves the quality and timeliness of patient care.
- Collaboration with Soft Med Laboratory from Arusha to provide diagnostic histopathology services, which has greatly improved our ability to diagnose and treat complex medical conditions. Furthermore, we now offer services for investigation of culture and sensitivity, further enhancing the quality of care we provide to our patients.
- Establishment of the new dental unit with new and modern equipment. This was a significant achievement, as it allowed the hospital to provide dental care to patient who previously had to travel far to other facilities for the treatment. The new equipment also improved the quality of dental care, being more accurate and efficient than the former equipment.
- Six hospital employees successfully entered the government payroll, which was a significant achievement for the hospital as well. The government is paying the salaries of those employees, reducing the financial burden on the hospital. This additional funding allowed the hospital to invest in additional equipment and resources.
- The construction of the hospital retail pharmacy. This retail pharmacy will provide a convenient source of medication to patients, and the hospital will be able to generate additional revenue through selling medicines, especially those medicines not available in the hospital main pharmacy. Although the pharmacy is currently waiting for the premises registration and operating license from the Pharmacy Council of Tanzania, the hospital is optimistic that this will be granted soon.
- Establishment of specialized surgical camps with the collaboration with the ENT, general surgery and ophthalmology specialists from Bugando and Kitete Hospital. These camps provide surgical services to a large number of patients at significantly lower cost. Overall, these surgical camps were an enormous success: the camps improved access to vital healthcare services for many people in need and attracted more patients to our hospital.
- The hospital management was able to pay all salaries and employment benefits to our staff in a timely manner, without incurring any debts to our employees. This demonstrates our commitment to ensuring that our employees are fairly compensated for their hard work and dedication.



Ndala Hospital also faced several challenges in 2022 such as:

- Severe damage to the hospital's washing machines which made its use impossible. The damage was caused by ageing as well as the fact that these domestic models were not designed for heavy duty use in a hospital setting. The hospital is still forced to revert to the old method of boiling clothes using wood as source of heat.
- Ndala Hospital faced significant electricity cuts from the national grid because of 2022 drought. As a result, the hospital had to rely heavily on solar power capacity to generate electricity, however some of the solar batteries were damaged reducing the capacity to store energy. The hospital was forced to run its expensive backup generator, which strongly increased the energy costs.
- The hospital faced high costs for consumables such as drugs and laboratory reagents. These costs were caused by the numerous factors including the ongoing conflict in Ukraine that disrupted the global supply chains, and the effect of Covid-19 pandemic which increased the demand for medical supplies and strained global production capacity. As a result, the hospital's operation costs were much higher than usual, putting strain on its financial resources.
- Ndala Hospital has also been experiencing late payments from the National Health Insurance Fund (NHIF), which fund covers the costs of serving the patients who are enrolled in the NHIF.
- In 2022, the drought affected many families, resulting in a considerable number of patients being unable to pay their treatment bills.

Overall, despite facing a challenging year, Ndala Hospital remained committed to providing high quality health care to its patients. The hospital's leadership and staff members worked together to overcome the obstacles posed by the budget deficit, inflation and other challenges, ensuring that patients received the care they needed.

### **STRATEGIES OUTLINED BY THE HOSPITAL TO ADDRESS THE CHALLENGES.**

Given the challenges we are facing, our hospital has developed a plan to address these issues to ensure that we can continue to provide quality healthcare services to our patients:

- To address the severe damage to the washing machines, financial assistance will be sought from friends of Ndala Hospital and organizations both inside and outside the country.
- For routine maintenance of existing equipment, every year budget will be allocated. Additionally, some equipment is outdated and may not survive for many more years; we are actively seeking funds to purchase new equipment as replacement.
- To address the challenge of high consumable costs, such as drugs and laboratory reagents, the hospital management is in close communication with the Pharmacy Council to expedite the release of the hospital retail pharmacy license. The retail pharmacy will not only increase the hospital revenue but will also provide access to purchase consumables directly from the pharmaceutical industries. By sourcing consumables directly, the hospital will be able to purchase items at a lower cost than from the vendors, improving the hospital's financial situation. Additionally, the Hospital retail pharmacy will provide a convenient and accessible location for patient to purchase medications not

available at the hospital as some medications are not allowed to be stored in the hospital, being the Level C hospital; this will further enhance the quality of healthcare services.

- The hospital management is considering replacing the damaged batteries to ensure that the solar system is functioning to its highest capacity. Communication with the ENSOL SOLAR COMPANY from Arusha has started. Assessment will be done and technical advice to the management will be given. Now, the hospital management is actively exploring various financing options to support the maintenance of the solar system. This includes options such as loans or grants. In the meantime, the management has taken measures to reduce energy use by implementing energy saving policies like to turn off light and other electrical devices when they are not in use. Also, the management is planning to conduct a check of electrical connections in the buildings to ensure that there is no leakage, remembering that the electrical wiring of these buildings was done many years ago and has never been serviced.
- To attract more patients and to ensure that patients receive the best possible care, initiatives include increasing the availability of drugs and investigations, collaborating with specialist from Bugando and Kitete hospital to bring specialized clinics and reducing the waiting time at the reception, OPD and laboratory. Moreover, the hospital staff has been directed to work diligently within their respective areas to ensure prompt service delivery.

As management team, we are proud of our staff's hard work and dedication, and we are grateful for the trust and support of our patients and community. We look forward to continuing our efforts to improve and expand our services in the coming year.

Respectfully submitted on behalf of the Ndala Hospital Management Team,



**Dr. John Romanus Nyeho, MD.**  
**Medical Officer In Charge**  
**Ndala Hospital**

## **CHAPTER ONE: INTRODUCTION**

### **History**

Ndala hospital has a long and rich history of providing healthcare services to the people of Nzega, Uyui and Igunga districts in Tanzania. The hospital was established in 1930's by the Missionary Sisters of Our Lady of Africa, also known as the white sisters. Initially it was just a dispensary, but in 1965, it was upgraded to a hospital beginning with 115 beds capacity, 15 nurses and one doctor, to cater to the growing healthcare needs of the people in the region.

Ndala hospital is a faith-based organization (FBO) that operates under the Archdiocese of Tabora. Since 1965, the sisters of Charity of St. Charles Borromeo have been responsible for operating the hospital. The sisters have worked tirelessly to improve the quality of medical care provided at the hospital and to expand its services to meet the growing needs of the community. Over the years, Ndala hospital has become a vital healthcare facility in the region. Today, Ndala hospital is still a beacon of hope for the people. The hospital continues to play a vital role in providing essential healthcare services to the community, and its legacy of compassion and dedication to healing continues to inspire those who work here and those who benefit from its services. The hospital has a team of highly skilled and dedicated healthcare professionals who work around the clock to ensure that patients receive the best possible care.

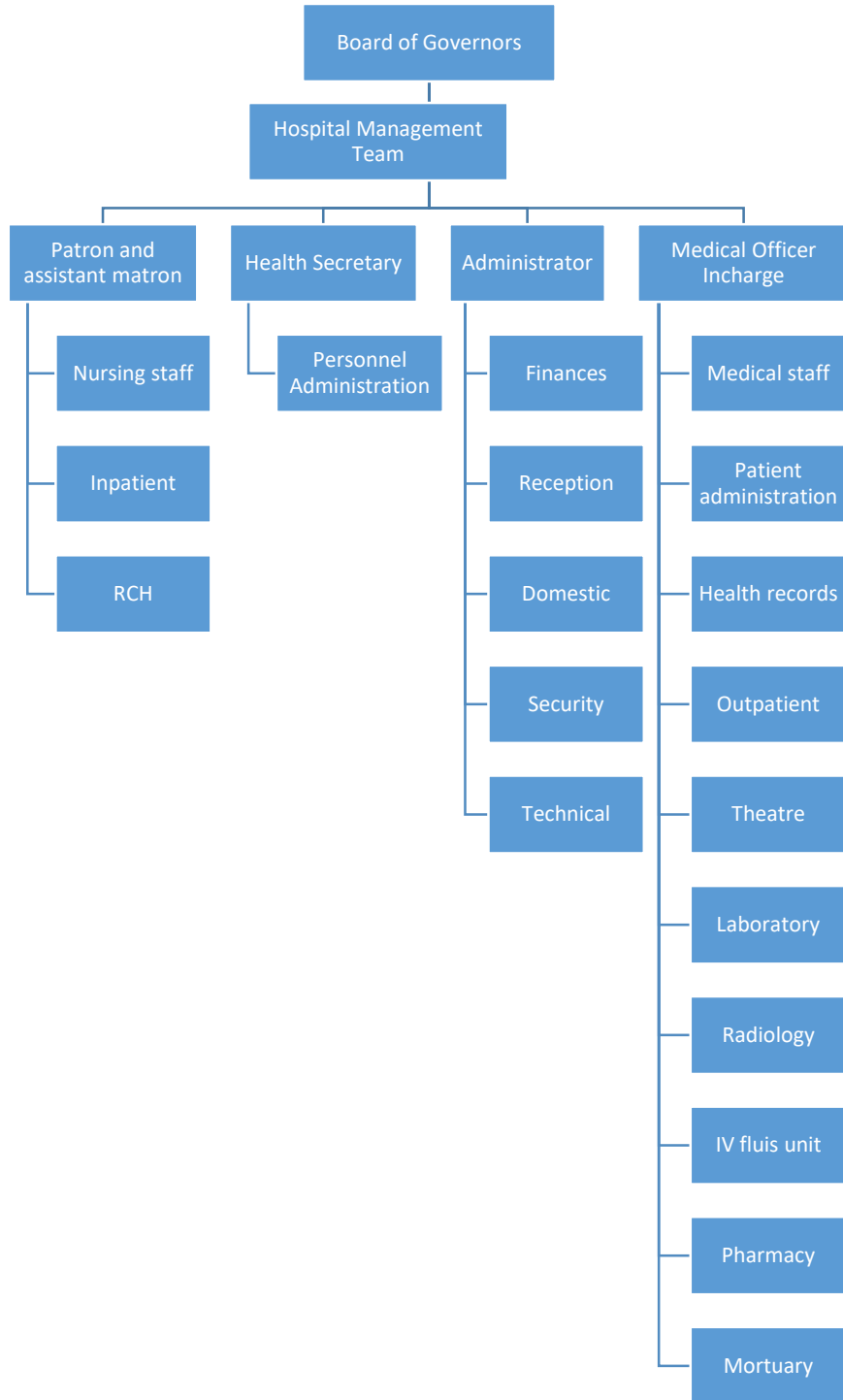
### **Location**

Ndala Hospital is situated in Nzega district Council at the border of Nzega, Uyui and Igunga districts. In addition to Ndala Hospital, the district has five public health centers and 49 public dispensaries to provide services to its residents.

Nzega district is a stunning region located in the western Tanzania plateau with a population of approximately 598,441 inhabitants and covering an area of 6,569 kilometers. The district is primarily inhabited by Sukuma and Nyamwezi tribes, with other smaller communities having migrated from the area for a variety of reasons, such as employment and business opportunities. Agricultural and pastoral activities are the mainstay of the district's economy, making it a vital contributor to the growth and development of the region.

# CHAPTER TWO: MANAGEMENT

## 2.1 Hospital management





**Fig. 1: Hospital Management Team**

Front line from right - Agnes Elikana (Matron), Sr. Beatrice Ekisa (Hospital Accountant), Sr. Esther Muharami (Human Resources Officer), Mr. Thomas Mtilimbanya (Patron).

Back line from Right - Sr. Florida Andrea (Hospital Administrator), Dr. John Romanus Nyeho (Medical Officer In Charge).

## 2.2 Human Resource management

In 2022, the human resource management team of Ndala Hospital was successful in maintaining a stable workforce with no staff fatalities or significant turnover. This was a positive outcome for the hospital, as it allowed for consistent delivery of healthcare services to the local community. Additionally, six hospital employees entered the government payroll, which was a significant achievement for the hospital. As a result, the government pays the salaries of those employees, reducing the financial burden on the hospital.

To further illustrate the staffing levels at Ndala Hospital, a table is provided below:

**Table No 1: Staffing levels at Ndala Hospital**

No	Cadres	Available number	Deficits
1	Medical Officer	2	6
2	Assistant Medical Officer	3	9
3	Dental Officer	0	1
4	Assistant Dental Officer	0	1
5	Dental therapist	1	1
6	Nursing Officer	2	10
7	Assistant Nursing Officer	16	17
8	Nurse	14	19
9	Health Laboratory technologist	4	0
10	Assistant Health Laboratory technologist	2	0
11	Radiology scientist	0	1
12	Radiographer technologist	2	0
13	Nutritionist	0	1
14	Occupational therapist	0	1
16	Optometrist	1	1
17	Physiotherapist	0	1
18	Social welfare	0	1
19	Pharmacist	0	1
20	Pharmaceutical technologist	1	1
21	Assistant pharmaceutical technologist	0	1
22	Assistant environmental health officer	0	1
23	Economist	0	1
24	Biochemical technologist	0	1
25	Medical Record Technician	1	2
26	Health secretary	1	1
27	Medical attendant	45	0
28	Mortuary attendant	0	2
29	Computer system analyst	1	1
30	Computer operator	0	1

31	Accountants	1	0
32	Accounts assistant	0	1
34	Assistant supplies officer	0	1
35	Electrical technician	0	1
36	Personal secretary	1	0
37	Plumber	0	1
38	Security guard	8	0
39	Kitchen Attendant	1	0
40	Laundry Assistants	3	0
<b>TOTAL</b>		<b>110</b>	<b>87</b>

As part of our commitment to human resource management, we encourage our staff to continue their education and acquire skills. We are proud to support our staff in their pursuit of higher education, and we believe that their newly acquired knowledge will help to provide better care to our patients. Currently we have several staff members who are pursuing further studies with the support of various sponsors.

**Table No 2: List of Ndala Hospital staff members pursuing further studies**

No	Name	Course	Name of Sponsor	Institution	Year of Study	Expected Year of Graduation
1	Dr. Sr. Christina Mapunda	Master of Medicine in General Surgery	ASBN	KCMC	4 <sup>th</sup> year	2023
2	Sr. Magreth Njuguna	Bachelor of Medicine and Bachelor of Surgery	Imelda Nolet Foundation	Kampala International University	4 <sup>th</sup> year	2024
3	Sr. Jackline Mabimbi	Clinical Officer	JOCS	Sengerema Health Training Institute	2 <sup>nd</sup> year	2024
4	Fr. Francis Kiguli	Clinical Officer	JOCS	Sengerema Health Training Institute	2 <sup>nd</sup> year	2024
5	Fr. Renatus Mashishanga	Diploma in Pharmacy	JOCS	CUHAS	2 <sup>nd</sup> year	2024
6	Japhet Kazilo	Diploma in Nursing (Upgrading)	JOCS	Sumve school of Nursing	1 <sup>st</sup> year	2024

## 2.3 Financial Management

The year 2022 was a challenging year for the organization's financial management. However, despite the difficulties, the hospital was able to successfully manage its finances and achieve its goals. The hospital faced unexpected expenses and disruptions to its activities but was able to develop contingency plans and negotiate payment terms with suppliers to minimize the impact. During this time, the Hospital Management Team prioritized financial management and budgeting, reviewing its policies and procedures to ensure that they were effective and robust. The hospital also explored alternative sources of funding and received support from donors, which helped to mitigate some of the financial challenges.

To provide a detailed overview of the Ndala Hospital financial performance during the challenging year of 2022, the following table presents a breakdown of the hospital's income and expenditure.

**Table No 3: Income and expenditure of Ndala Hospital in Tanzanian Shillings**

INCOME		2022	2021	2020
Cost Sharing		935,753,799.00	980,000,000.00	968,174,702.00
Government	HSBF	69,010,604.00	119,665,000.00	82,336,875.00
	RBF	0	0	68,300,593.57
NHIF		121,800,780.00	110,674,145.00	75,539,748.00
SHIB		0	5,823,784.01	0
MDH		32,961,797.25		
EGPAF		10,987,265.75	1,192,000.00	
Other income		40,641,142.00	18,530,005.00	833,250.00
<b>TOTAL INCOME</b>		<b>1,211,155,388.00</b>	<b>1,235,884,934.01</b>	<b>1,195,185,168.57</b>
EXPENDITURE				
Administrative expenses		108,956,694.00	102,835,157.00	106,645,440.00
Salaries and Wages		674,295,651.00	705,540,852.07	702,869,715.00
Medicines and Medical devices		220,557,370.00	289,074,067.01	333,313,102.50
Maintenances and repairs		31,373,140.00	35,240,455.07	3,283,558.00
Taxes and Levies		12,000,000.00	7,514,669.93	
Utilities		8,908,200.00	7,111,523.00	8,256,000.00
Transport & Travelling		12,949,020.00	4,500,000.00	6,545,000.00
Postage and communication		8,730,020.00	2,500,000.00	1,850,000.00
Other expenses (Clergy & Liturgical)		40,075,184.00	1,300,000.00	14,713,800.00
Bank charges		3,978,449.00	4,514,669.93	4,581,250.00
Building new pharmacy		35,342,500.00		
<b>TOTAL EXPENDITURE</b>		<b>1,157,166,228.00</b>	<b>1,160,131,394.01</b>	<b>1,177,476,615.50</b>
<b>SURPLUS</b>		<b>53,989,160.00</b>	<b>75,753,540.00</b>	<b>17,708,553.07</b>

\*\* internet bundle and monthly HIMS service fee, TRA penalties to hospital, Annual leave Allowances to staffs, contributions to construction of ifucha and archdiocese and CB community caused the increase in expenditure in the category of taxes and levies, postage and communication, clergy and liturgical and transport and travelling\*\*\*



**CHAPTER THREE: HEALTH SERVICES**  
**A: CURATIVE SERVICES**

**3.1 Inpatient services**

**Table No 4: Total Number of admissions**

	<b>2022</b>	<b>2021</b>	<b>2020</b>
Male Ward	1632	1,722	2,036
Female Ward	1,949	2,834	3,122
Children Ward	2,093	2,218	2,765
Maternity Ward	1,805	1,866	1,631
Neonatal ward (0-28 days post-delivery)	37	43	34
Private Ward	89	50	58
<b>Total hospital admission</b>	<b>7,685</b>	<b>8,733</b>	<b>9,646</b>

**Table No 5: Top ten diseases in IPD for the year 2022**

<b>S/N</b>	<b>DISEASES</b>
1	Complicated Malaria
2	Anemia
3	Pneumonia
4	Urinary tract Infections
5	Abortion and Gynecological diseases
6	Upper respiratory tract Infections
7	Sickle cell disease (crisis)
8	Diarrhea and Gastrointestinal diseases
9	Diabetes mellitus
10	Arterial hypertension

**Table No 6: Total number of deaths for the year 2022**

	<b>2022</b>	<b>2021</b>	<b>2020</b>
Male Ward	59	82	97
Female Ward	60	70	83
Children Ward	85	73	131
Maternity Ward	1	1	2
Neonatal ward (0 -28 days post-delivery)	9	4	6
Private Ward	0	0	0
<b>Total Number of Deaths</b>	<b>214</b>	<b>230</b>	<b>313</b>

**Table No 7: Top five causes of death for the year 2022**

S/N	DISEASES
1	Complicated Malaria
2	Severe Anemia
3	Pneumonia
4	Heart Failure
5	HIV/AIDS

**3.1.0 Obstetric services****Table No 8: Total number of deliveries**

TYPE OF DELIVERY	2022	2021	2020
Spontaneous vertex delivery	1384	1236	1,019
Spontaneous breech delivery	64	42	30
Assisted Vaginal delivery	12	3	4
Delivery by Caesarean section	268	201	288
Home delivery/BBA	12	13	27
<b>TOTAL DELIVERIES</b>	<b>1740</b>	<b>1494</b>	<b>1368</b>

**Table No 9: Obstetrics complications**

OBSTETRICS EMERGENCIES	2022	2021	2020
Uterine Rupture	9	10	12
Antepartum Hemorrhage	23	20	25
Postpartum Hemorrhage	26	164	17
Eclampsia	15	62	23
Maternal death	1	1	2

**Table No 10: Pregnancy outcomes**

	2022	2021	2020
Live births	1,728	1,481	1,341
Born before arrival (BBA)/ Home delivery	12	13	27
Fresh stillbirths (FSB)	28	41	17
Macerated stillbirths (MSB)	18	46	31
Preterm births	23	43	34

**Table No 11: Maternal death 2022**

	Diagnosis & cause
1.	<b>Hypovolemic shock secondary to uterine rupture:</b> A 37 yrs old patient G8P8L8, was referred from Uhemeli Dispensary. The delivery was conducted at Uhemeli dispensary: the patient stayed at the dispensary for almost 3 hours until changes in her condition were noticed. They decided to refer the patient to our hospital. On arrival the patient was in shock, The USS revealed the accumulation of blood in the abdominal cavity, resuscitation was done, and patient was taken to OR; she died on table during operation, due to excessive blood loss.



Fig 2: Mr. Kasitu (registered nurse) and Dr. Merius Ordas (AMO) are teaching neonatal resuscitation techniques.

### 3.1.1 Surgical services

**Table No 12: Total surgical procedures**

TYPE OF PROCEDURE	2022	2021	2020
Major surgical procedures	686	489	645
Minor surgical procedures	3,894	2,349	3,820
<b>Total</b>	<b>4,580</b>	<b>2,838</b>	<b>4,465</b>

**Table No 13: Top ten of major surgical procedures**

S/N	TYPE OF PROCEDURE	2022	2021	2020
1	Caesarean section	300	201	288
2	Open prostatectomy	151	103	145
3	Explorative laparotomies	69	65	53
4	Herniorrhaphy	35	34	47
5	Total abdominal hysterectomy	36	40	26
6	Tonsillectomy/Adenoidectomy	15	0	1
7	Uterine myomectomy	24	30	46
8	Splenectomy	10	8	23
9	Appendectomy	13	6	16
10	Thyroidectomy	7	2	0

**Table No 14: Top ten minor surgical procedures**

S/N	TYPE OF PROCEDURE	2022	2021	2020
1	Wound dressing/ Surgical debridement	1,710	1,089	1,688
2	Suture removal	856	578	945
3	Uterine evacuation	396	125	235
4	Wound suturing	321	236	405
5	Urethral catheterization	252	120	235
6	Application of P.O.P (back slab/full cast)	123	48	84
7	Closed reduction (fracture/dislocation)	77	60	65
8	Incision and drainage	71	55	86
9	Foreign body removal	50	15	32
10	Ear syringing	38	23	45

### 3.2 Outpatient service

**Table No 15: Top 10 diseases in OPD for the year 2022**

S/N	DISEASES
1	Uncomplicated Malaria
2	Anemia
3	Urinary Tract Infections
4	Upper Respiratory Tract Infections
5	Arterial Hypertension

6	Peptic Ulcer Disease
7	Pelvic Inflammatory Disease
8	Diabetes Mellitus Type 2
9	Animal bites
10	Cardiovascular Diseases

**Table No 16: Total number of OPD cases**

<b>General OPD</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
New cases	5,630	7,024	6,883
Re-attendances	12,048	12,758	13,276
<b>Total</b>	<b>17,678</b>	<b>19,782</b>	<b>20,159</b>

### 3.2.0 Eye care services

**Table No 17: Procedures done by the visiting ophthalmologist through the regional mobile eye care program in 2022**

<b>TYPE OF EYE PROCEDURE</b>	<b>NUMBER OF PATIENTS</b>
Secondary Intraocular lens implantation	2
Cornea Repair	4
Lens Washout	10
Foreign body removal	15
Cataract surgery	30
Blepharoplasty	1

**Table No 18: Common eye diseases**

<b>Eye diseases</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
Conjunctivitis	124	128	105
Cataract	90	93	41
Eye trauma	40	33	22
Refractive errors	35	31	48
Glaucoma	16	23	39
Cornea ulcer	14	18	27
Diabetic retinopathy	10	15	20
Presbyopia	9	14	14
Corneal opacities	6	9	14
Others	76	183	71
<b>TOTAL</b>	<b>420</b>	<b>547</b>	<b>401</b>

The most common causes of vision loss among the patients attended at our hospital are cataract, glaucoma and diabetic retinopathy. Due to lack of well-trained personnel and instruments at our

hospital, it is impossible to detect these diseases at early stage and thus these become a major obstacle in its treatment.

In 2023 the hospital management has planned to cooperate with various stakeholders inside and outside the country to ask for financial assistance for procurement of modern ophthalmic equipment, and for scholarship for one student candidate to join Mvumi Institute of health Science for 3 years' optometry diploma course. The improvement of the eye care services at our hospital will reduce referrals to other hospital to a substantial extent; this will be of benefit for our patients.

### 3.2.1 Dental services.

Dental services in our hospital have improved significantly; at the end of 2022, our dental unit has started to provide many services that were absent in the past due to a lack of equipment. These improvements have been achieved with the financial support from **PIUS XII Foundation** for the establishment of the new dental unit. The number of patients with dental problems arriving to get services has increased significantly, and the referral of patients to Kitete and Nkinga Hospital has decreased by more than 95%,

In the year 2023/2024 the hospital is planning to send Ms. Priscila, our dental therapist, to Kitete Hospital for some months to get trained in Root Canal Treatment (RCT) and Dental Crown Procedure. Our aim is that by the year 2024 all dental services will be provided at our hospital.



Fig 3: This picture shows the old dental unit before renovations.



Fig 4: The appearance of our new dental unit, showing the new equipment and new dental instrument Cabinet. Some of the instruments and materials for filling, dentures, tooth extraction etc. are stored on this cabinet.



Fig 5: Our Dental Surgeon Ms. Priscilla is attending to a client at the Ndala hospital dental clinic.

### 3.2.2 Radiology services

**Table No 19: Total number of X-rays**

Type of X-rays	2022	2021	2020
Chest	542	657	420
Extremities	306	333	311
Shoulder	52	48	35
Pelvis/hip	82	64	70
Skull	34	41	31
Vertebral column	56	58	39
Plain abdomen	92	58	66
Barium swallow	1	4	2
Barium meal	2	3	1
Hysterosalpingogram	12	3	9
<b>Total</b>	<b>1,183</b>	<b>1,269</b>	<b>984</b>
<b>Films used</b>	<b>1,233</b>	<b>1,349</b>	<b>1,030</b>

**Table No 20: Total number of ultrasounds**

Type of Ultrasound	2022	2020	2020
Obstetrical	563	444	390
Gynecological	751	581	489
Abdominal	424	412	382
Urological	235	209	205
Cardial	70	80	17
Other	10	5	0
<b>Total</b>	<b>2,053</b>	<b>1,707</b>	<b>1,483</b>

### 3.2.3 Laboratory services

**Table No 21: Trend in laboratory investigations**

TYPE OF LABORATORY TEST	2022	Abnormal Values	2021	Abnormal Values	2020	Abnormal Values
<b>1. PARASITOLOGY</b>						
Blood smear for malaria	5,085	1,996	7,992	3,852	4,433	1,972
Malaria Rapid Test	4,175	877	5,077	2,143	2,873	2,222
Stool analysis	898	8	1,184	25	1,124	22
Urine analysis	1,901	787	3,984	2,002	1,987	1,009
<b>2. BACTERIOLOGY</b>						
Culture & Sensitivity	41	21	-	-	-	-
MTB (GX, FM)	1,662	91	1,242	94	1,675	95
Gram Stain	41	29	14	10	-	-
<b>3. BIOCHEMISTRY</b>						
PSA	30	22	23	14	-	-
Serum Cholesterol	23	14	24	15	-	-
ASAT (SGOT)	70	42	75	42	20	11



ALAT (SGPT)	73	45	75	44	20	7
Blood Glucose	2,362	905	2,881	1,403	7,450	3,118
Serum Creatinine	1,285	128	145	36	11	5
Serum Urea	107	51	154	54	11	8
Serum Uric Acid	112	53	38	18	9	5
TSH	11	9	2	1	-	-
Serum T4	16	13	-	-	-	-
Serum T3	16	11	-	-	-	-
Urine for Protein	1,625	1,324	1,987	918	1,009	420
UPT	325	297	365	190	375	342
<b>4. SEROLOGY</b>						
RPR	742	57	2,461	139	2,116	101
Widal test	101	3	971	35	656	7
Typhoid antigen test	632	50	-	-	-	-
H pylori Antigen Test	1,075	492	1,032	400	937	499
Hepatitis B	485	35	2,102	115	1,103	95
Hepatitis C	593	9	-	-	-	-
Brucella Test	23	9	-	-	-	-
CrAg Test	71	12	-	-	-	-
HEID (HIV Early infant diagnosis)	447	12	-	-	-	-
HIV (VCT/PITC)	4,911	116	6,523	191	4,380	344
<b>5. HEMATOLOGY</b>						
Hb	15,913	2,082	13,950	3,414	10,718	2,503
Blood Grouping & Rh typing	753					
Full blood Picture	1,898	854	1,166	964	2,578	1,243
ESR	28	21	12	8	14	7
CD4	256	71	211		419	
Sickling test	104	57	44	23	69	21
HVL	1,718		-	-	-	-
<b>6. HISTOPATHOLOGY</b>						
Semen Analysis	9	3	7	5	12	9
Prostate biopsy	88	36	-	-	-	-
Breast biopsy	9	1	-	-	-	-
Other tumor biopsy	23	12	-	-	-	-

**Table No 22: Trend in Safe Blood collection and transfusion services**

	<b>2022</b>	<b>2021</b>	<b>2020</b>
<b>Number of blood units collected</b>	1,366	2,918	2,394
<b>Number of Safe Blood Units transfused</b>	1,299	2,722	2,295



Fig 6: Mr. Kala, laboratory technician, is extracting blood from the donor at the blood unit room of Ndala Hospital.

### 3.2.4 Infusion and pharmacy services

**Table No 23: Trend in Intravenous fluid production consecutives periods of three years**

LITRES	2022	2021	2020
Normal saline	5,447	3,634	3,489
Dextrose 5%	382	1,627	920
Ringer's Lactate	805	4,088	3,730
Dextrose 50%	9.5	34	0

### 3.2.4 TB clinic services

**Table No 24: Trend in TB patients**

	<b>2022</b>	<b>2021</b>	<b>2020</b>
New patients	85	113	149
Re-treatment	3	6	10
Transferred-in	4	9	4
Transferred out	43	58	61
<b>Total registered</b>	<b>142</b>	<b>186</b>	<b>224</b>
Pulm. (Sputum pos.)	37	59	56
Pulm. (Sputum-neg.)	41	47	69
Extra-pulmonary	31	03	09
HIV-Pos	41	24	46
<b>Treatment results:</b>			
Completed	87	17	75
Cured	14	11	25
Failed	0	0	0
Transferred	0	0	0
Died	8	9	9
Defaulted	2	2	0

### 3.2.5 Epilepsy and mental health clinic services

**Table No 25: Trend in epilepsy and mental health patient's registrations**

	<b>2022</b>	<b>2021</b>	<b>2020</b>
Patient registered	245	236	223

## **B: PREVENTIVE SERVICES**

### **3.3 Reproductive and child health services (RCH).**

In 2022, we have remained committed to providing RCH Services in accordance with the guidelines of the World Health Organization and the Ministry of Health. Our goal is to ensure safe delivery for the mothers and the birth of healthy children. However, we have observed a decline in the number of clients attending RCH services, a decrease attributed to the recent establishment of government dispensary near our hospital that also provide RCH services. As a results, some clients who live near to these dispensaries opt to seek services there instead of coming to our hospital.

**Table No 26: Trend in total RCH attendances**

	2022	2021	2020
Under-5 and ANC	21,129	24,439	27,652

**Table No 27: Trend under 5 RCH 1<sup>st</sup> and re-attendances**

NDALA RCH	2022		2021		2020	
	1 <sup>st</sup> att	2 <sup>nd</sup> att	1 <sup>st</sup> att	2 <sup>nd</sup> att	1 <sup>st</sup> att	2 <sup>nd</sup> att
Children < 12 m.	1,030	11,826	812	10,098	1,363	15,211
Children > 12 m.	0	3,764	0	2,945	0	4,541
<b>Subtotal Ndala RCH</b>	<b>1,030</b>	<b>15,590</b>	<b>812</b>	<b>13,043</b>	<b>1,363</b>	<b>19,752</b>
MOBILE CLINIC	2022		2021		2020	
	1 <sup>st</sup> att	2 <sup>nd</sup> att	1 <sup>st</sup> att	2 <sup>nd</sup> att	1 <sup>st</sup> att	2 <sup>nd</sup> att
Children < 12 m.	51	575	334	4,350	270	1,168
Children > 12 m.	0	602	0	2,375	0	1,112
<b>Subtotal mobile clinic.</b>	<b>51</b>	<b>1,177</b>	<b>334</b>	<b>6,725</b>	<b>1,633</b>	<b>2,230</b>
<b>Ndala RCH &amp; Mobile Clinic</b>	<b>17,848</b>		<b>20,914</b>		<b>23,665</b>	

**Table No 28: Trend in antenatal attendances**

NDALA RCH	2022	2021	2020
New Cases	799	891	1,031
Re-attendance	2,213	2066	2526
<b>Total:</b>	<b>3,012</b>	<b>2957</b>	<b>3557</b>
MOBILE CLINIC	269	568	430
<b>Total:</b>	<b>3,281</b>	<b>3525</b>	<b>3,987</b>

**Table No 29: Trend in risk factors seen at RCH**

Malnutrition Under 5, 1 <sup>st</sup> attendance	2022	2021	2020
BWT 60-80 <sup>th</sup> percentile	16	59	177
BWT below 60 <sup>th</sup> percentile	78	13	18
Risk factors Antenatal 1 <sup>st</sup> attendance			
Age < 16 years	1	15	161
Age > 35 years	139	164	124
Parity > 4	432	420	455
Hypertension (≥140/90 mmHg)	2	13	7
Anemia (Hb <6g/dL)	19	76	29

**Table No 30: Trend in vaccinations**

<b>TYPE OF VACCINE</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>
<b>Tetanus toxoid(antenatal)</b>			
Dose I	290	418	602
Dose II	318	663	692
Dose III	229	406	403
Dose IV	185	270	442
Dose V	88	182	228
<b>BCG</b>			
At birth + at later time	2,520	960	2,000
At later time	0	0	0
<b>Polio</b>			
0 (at birth)	1,012	1,029	1,128
I	843	976	1,015
II	733	873	900
III	635	779	807
<b>DTP &gt; Penta</b>			
I	1,387	1,433	1,607
II	1,167	1,312	1,421
III	996	1,137	1,253
<b>Measles</b>	1,554	1,895	1,895
<b>Rotavirus</b>			
I	802	1,102	1,155
II	708	991	978
<b>PCV-13</b>			
I	1,208	1,339	1,340
II	1,044	1,199	1,186
III	877	1,044	1,035
<b>Vitamin A</b>	16,254	15,973	16,360
<b>Total Vaccinations</b>	32,850	33,981	36,447



Fig: 7: This picture shows some of the staff members of the RCH.

### **3.4 HIV/AIDS control program**

In 2022, we have continued to improve services for patient living with HIV (PLHIV). The Government, in collaboration with MDH and EGPAF has continued to support the provision of CTC services at our hospital. They have supported to hire some staffs to work at the CTC clinic, and they have contributed to the hospital's budget especially in activities related to CTC. Due to ongoing efforts to educate the community about this disease, the number of new HIV infected patients has decreased. In the year 2022 home based care visits to patients living with HIV was ended because the implementing and financing partner had completed the contract term. Unfortunately, no other implementing partner has been found to carry out this activity.

**Table No 31: Trend in VCT**

	2022			2021			2020		
	Fem	Male	Total	Fem	Male	Total	Fem	Male	Total
(New) Clients counselled	72	60	132	457	505	962	579	635	1,214
Re-attendance	211	238	449	75	51	126	2	5	7
Tested	283	298	581	532	556	1,088	581	640	1,221
HIV positive	4	2	6	3	3	6	1	1	2

**Table No 32: Trend in CTC patients**

	2022	2021	2020
Number of enrolled patients	113	161	334
Patients on ART	1,989	1,978	1,856

**Table No 33: Trend in home-based care visits**

	2022	2021	2020
Visits	0	2,839	2,654
HIV/AIDS	0	1,831	856

**Table No 34: Trend in PMTCT**

	2022	2021	2020
Pregnant mothers tested RCH	820	901	1,762
Mothers HIV positive RCH	1	1	2

**Table No 35: Trend in PITC**

	2022		2021		2020	
	F	M	F	M	F	M
Patients tested	2,238	2561	4088	1363	3285	1095
Patients Tested positive	65	65	101	79	215	129

## C: SUPPORTIVE SERVICES

### 3.5 Medical records and statistics

The implementation of the Health Information Management System (HIMS) has led to significant improvement of medical records and statistics. With HIMS in place, data entry has become a much easier and streamlined process, resulting in more accurate and up-to-date patient records. The use of electronic records has eliminated the need for paper files, making data records more secure and easily accessible. In addition, the fast and easy registration of patients has made it possible to quickly and efficiently retrieve information, ultimately improving patient outcomes.

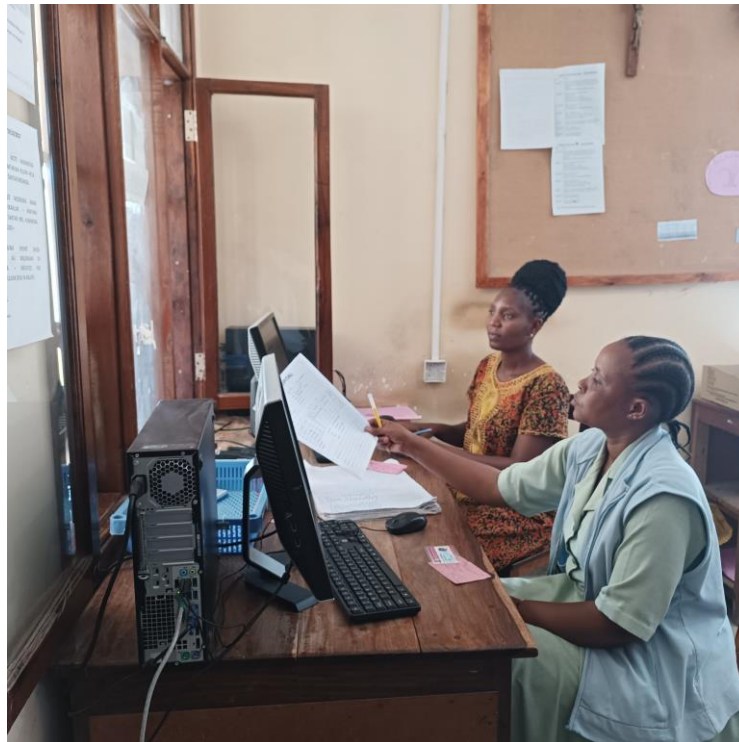


Fig 8: Medical records personnel registering patients through the HMIS before posting their names to doctor's rooms. The full process is done through the HMIS; no papers are used any more.

### 3.6 Technical department and transport

The technical and transport department of the hospital faced several challenges in the year 2022. As mentioned before, the department experienced damages to the hospital instruments, which was mainly due to the old age of the equipment and lack of maintenance services. Unfortunately, lack of funds and a biomedical engineer within the hospital resulted in the hospital having to depend on expensive biomedical engineers. In addition to the challenges faced with the hospital's instruments, the department also faced challenges with the hospital's cars. The cars lack proper servicing, making it difficult to travel far reaching outreach programs.



## **CHAPTER FOUR: PROJECTS FOR 2023**

We are excited to share our plans for the upcoming year as we continue to expand and enhance our healthcare services. Our goal is to provide the highest quality care to our patients and their families, and we believe that the following projects will help us achieve that aim.

List of the proposed Projects:

- To start operating a Constructed Community Pharmacy.
- Construction of Neonatal Intensive Care Unit (NICU) and Pediatric Intensive Care Unit (PICU) to provide critical care for newborn infants and children who require specialized medical attention.
- To improve the eye clinic by equipping it with modern equipment, to provide highly quality treatment for the patients with eye conditions.

## **CHAPTER FIVE: IN APPRECIATION OF OUR DONORS AND FRIENDS OF NDALA**

The journey of Ndala Hospital is a testament to the power of collective effort and shared visions. We have been blessed by the generosity of numerous organizations and individuals who have selflessly contributed to our mission of providing quality healthcare services. This chapter extends our heartfelt appreciation to our esteemed donors and friends who have made a significant difference in the lives of our patients and staff members.

Foremost, we acknowledge the immense contribution of the Tabora Foundation, under the dynamic leadership of Dr. George P.A Joosten and Dr. Rob Mooij, along with their dedicated team. The foundation has consistently sponsored multiple projects at our hospital, from providing educational resources for our staff to supporting the procurement of essential drugs for our epileptic patients. Their continuous support has been instrumental in elevating the standard of care we provide.

Our partnership with ASBN has been a cornerstone in our growth. Their financial backing has not only enabled us to undertake various projects but also facilitated the upgrading of skills for many of our staff members. Their sponsorship has been pivotal in fostering a learning environment within our hospital.

The Sonnevank Foundation, through their provision of funds, has made it possible for us to extend comprehensive care to our TB patients. Their commitment to our cause is deeply appreciated.

We extend our gratitude to the Imelda Nolet Foundation for its generous financial support, which has been crucial in advancing various projects at Ndala and in promoting staff education. The contributions have significantly uplifted our capacity to deliver quality healthcare.

JOCS has been a valued partner in our mission. Their financial assistance towards staff scholarships, the procurement of medical equipment, and the provision of technical support has been instrumental in improving our service delivery.

Special recognition goes to the Dr. Max Fund for their substantial support towards the treatment of our underprivileged patients. Their noble initiative has ensured that financial constraints do not hinder quality care.

We express our appreciation to the Tabora Archdiocese Health Office for their exceptional role in supervising and coordinating health activities within the archdiocese. Their involvement has been crucial in connecting us with various organizations, including JOCS.

We are indebted to Dr. Herman's Funds for their ongoing investment in the education of Ndala staff through the Workers' Children Education Fund. Their dedication to nurturing talent is commendable.

We cannot end this chapter without expressing our deep appreciation to Mr. Bhart Van de Ploeg. His generous financial contributions have been instrumental in turning our dream of constructing a Ndala Retail Pharmacy within our hospital into a reality. His generosity has indeed left a indelible mark on the story of Ndala hospital.

Special recognition goes also to Dr. Myrrith Hulsbergen, a long-time friend and supporter of Ndala Hospital She provided her time and knowledge to meticulously review and correct technical aspects of this annual report, therefore ensuring its accuracy and comprehensiveness.

Finally, we pay tribute to our long-standing friends - Dr. George Joosten, Dr. Rob Mooij, Dr. Gerald Haverkamp, Dr. Myrrith Hulsbergen, and others old Dutch Doctors who worked at Ndala in the previous years, their assistance in linking the hospital with organizations and individuals willing to support Ndala has been invaluable. Their technical support, advice, and oversight of funds donated from Friends of Ndala in the Netherlands, among other organizations, have been instrumental in our growth and success.

In addition, the progress we have made and the lives we have touched have been made possible through the kindness and generosity of our donors and all friends, even those not mentioned in this report. We are immensely grateful for their support and commitment to our cause. We look forward to fostering these partnerships as we continue to strive for healthcare excellence at Ndala Hospital.

<b>S/N</b>	<b>ORGANIZATIONS &amp; FRIENDS OF NDALA HOSPITAL</b>
<b>1</b>	Arnhemse stichting bijzondere noden (ASBN)
<b>2</b>	Stichting Tabora
<b>3</b>	Stichting Imelda – Nolet
<b>4</b>	Stichting PIUS XII
<b>5</b>	Japan Overseas Christian Medical Cooperative Service (JOCS)
<b>6</b>	The Sonnevank Foundation
<b>7</b>	Archdiocese of Tabora, Health Department
<b>8</b>	Nzega District Council
<b>9</b>	Dr. Max’s Fund for poor patients
<b>10</b>	Dr. Herman’s Fund for Workers children Education (WCEF)
<b>11</b>	Mr. Bhart Van de Ploeg
<b>12</b>	Dr. Myrrith Hulsbergen
<b>13</b>	Dr. Gerald Haverkamp
<b>14</b>	Dr. George P.A. Joosten
<b>15</b>	Dr. Rob Mooij
<b>16</b>	Family of Dr. Wander and Dr. Erika Kars.
<b>17</b>	Sisters of Charity of St. Charles Borromeo (Maastricht, Netherland)
<b>18</b>	RK. Caritas St. Brigitta, Ommen Parish
<b>19</b>	Mr. Paulus Lips