

Archdiocese of Tabora, Tanzania

# Ndala Hospital

## Annual Report 2019



Ndala Hospital

P.O. Box 15

Ndala via Tabora

Tanzania

Tel: +255 784566016 (Medical Officer in Charge)

E-mail: [ndalahospital@gmail.com](mailto:ndalahospital@gmail.com)

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## **ACKNOWLEDGEMENT**

I thank God for his grace that He took on his mighty hands through the year 2019. The Hospital encountered several challenges, the main being the deficit. By God's help, the commitment of the Board, Hospital management, staff and all stakeholders those challenges were minimized to the point that the Hospital provided the necessary service to the end of the year 2019.

On behalf of the Management and staff in Ndala Hospital, I would like to send a word of appreciation to our partners and stakeholders. My sincere gratitude to everyone who had contributed to support hospital to fulfill its vision, mission and objectives. The Management Team had worked in collaboration with its partners and ensured the hospital functions as planned throughout the year.

We deeply appreciate the very generous support from Nzega District Council and Ministry of Health to the hospital despite of significant decrease of its support to the Hospital on annual bases.

Special thanks go to all staff who contributed in one way or another toward accomplishment of this task of developing this annual report for the year 2019. Last but not least thanks to Ms Kitundu for her work in processing words to develop this report and Mr Thomas Lutungulu the District health secretary of Nzega District Council for his advices and support during preparation of this report, however the management of Ndala Hospital resume its accountability for the report.

Respectively submitted,

Dr Joseph Lugumalila,  
Medical Officer In charge  
Ndala Hospital

## GENERAL OVERVIEW OF 2019

Ndala Hospital continued and upheld its services to the people in the surrounding area of Nzega district council. The main volume of work is of course the curative services, but the preventive services through the Reproductive and Child mobile Health Services (RCHS) are also extensive and important also implementation of Management Development for Health project(MDH) in the community, as are the teaching on prevention and spread of HIV/ Aids and treatment of patients with this disease. The hospital is organized in 5 department led by department in charges. The department are divided according to the function it covers such as: Clinical, medical services and ancillary support services, technical.

### ***Patients.***

The total number of in-patient in 2019 was 9111 and outpatients were 29,097. This last number is considerably larger than last year. The numbers reflect the commitment of our staff to their work and we thank them for their dedication.

The percentage of caesarean sections remained the same. There were 3 maternal deaths compared to 5 in the year 2018. one of them caused by eclampsia, one uterine rupture at home, one PPH and one sudden death from unknown causes.

There is slight an increase of minor surgical procedures in the theatre due to increase of motor vehicle accidents.

The number of HIV tests has increased several times more than last year due to public awareness of HIV/AIDS and active PITC and VCT services in the hospital.

**Results Based Financing Assesment** was conducted by governments where government trained officials passed in every Health Facility with Tools for assesment on which the results were categorised and used in allocation of Results Based Financing funds to facilities. The Results Based Financing assesment tools had indicators according to the level of the health facility i.e Hospitals, Health centres and Dispensaries on which perfomance is counted. Some indicators are common to all facilities and carry the same score. Based on facility score allocation of funds is done.

Quality Improvement Team (QI-Team) as per ministry directives, is supported by the Hospital Management team to sustain the perfomance and to achieve more on service improvement in order to get more funds from Results Based Financing.

**Top-Ten of In-patients (ADULTS):**

1. Malaria
2. Anaemia
3. HIV/Aids
4. Diarrhoea
5. Pneumonia
6. Urinary Tract Infections (UTI)
7. (Minor) complications of pregnancy (abortion)
8. Hypertension
9. Diabetes mellitus
10. Fractures/wounds

**Top-Ten of Out-Patients (ADULTS):**

1. Malaria
2. Peptic Ulcer
3. Urinary Tract Infections (UTI)
4. Diarrhoea
5. Pelvic Inflammatory Diseases (PID)
6. Hypertension
7. Acute Respiratory Infections (ARI)
8. Diabetes Mellitus
9. HIV/Aids
10. Intestinal worms.

**ELECTRICITY:**

Source of power remained National grid through TANESCO and alternatives are Solar power and Standby generator, these sources has ensured availability of constant and reliable supply of electricity in the Hospital throughout the year.

**PERSONNEL**

Staffing levels have been stable throughout the year and we appreciate employee motivation and courage in the face of a challenging working environment due to lack of resources. We have some of our staff returning from further studies. The Management appreciates the joint efforts and team spirits which resulted the hospital to provide quality services to our clients throughout the year.

**FINANCE**

This year the financial situation remained steady, but the hospital faces a great challenge on getting supplies for essential medicines and other consumables for medical material/items of which the price was raised from time to time especially when the items were missing at Medical Store Department. The hospital as a whole is still remaining dependent on funds from Government, although government supports very little compared to hospital need for funds, Cost sharing from patients is very little as most of patients are poor who cannot afford to pay actual costs for treatment.

On behalf of the hospital management team,

.....  
Dr. Joseph Lugumila ( AMO)  
Doctor In-charge



## **1.0: INTRODUCTION**

### **1.1. History:**

The beginnings of the Health Facility of the Ndala Hospital, dates back now exactly 89 years when Missionary Sisters of Our Lady of Africa “The White Sisters” started a dispensary in the village of Uhemeli, Ndala Hospital was built in 1965. It is a voluntary agency hospital. Under the auspices of the Archdiocese of Tabora, the Sisters of Charity of St. Charles Borromeo are responsible for its management. Since its establishment in the years 1930’s Ndala Hospital focused their special care to the weakest of the society, i.e. women, infants and children - and this remained true until today.

During foundation time and the following 89 years the Health Facility of Ndala Hospital served the population of the whole area, i.e. from the main road (going to Tabora > Nzega) to the area of Uyui and Igunga , which is now the whole newly erected Nzega District council with its head quarter at Kampala area very close to Ndala Hospital. The Ndala Hospital is a non-profit-making FBO (Faith Based Organization. After the Government of Tanzania built many Dispensaries in the rural area (after the year 2000), the burden of work lessened considerably, the same effect had the small village drugstores called “Duka la dawa Muhimu” which were initialized by private entrepreneurs. At the same time the administration of the Ndala Hospital was handed over from expatriate to our Tanzanian sisters the Sisters of Charity of St. Charles Borromeo.

### **1.2. Location**

Ndala hospital is situated at the border of Nzega, Igunga and Uyui districts. Nzega district has a government hospital, but Uyui district has no hospital. About 55 kilometers to the Northeast, in Igunga district is Nkinga Mission Hospital, which is a referral hospital and offers good referral options for ophthalmological and orthopaedic patients.

District of Nzega has a population of 478,066 (2012) inhabitants and its area measures 6,569 km<sup>2</sup>. The District of Nzega is part of the western Tanzanian plateau lying 345-500 altitude and 32°30' – 33°30' longitude. The area is inhabited mainly by Sukuma and Nyamwezi tribes with small other tribes which has immigrated in the district for various reasons including employee of the council and those dealing with business. The District of Nzega is mainly an agricultural and pastoralist area where following crops are produced for food and also for sale: - potatoes, rice, maize, groundnuts and hardwood timber and animal husbandry.

## **2. MANAGEMENT**

### **2.1. HOSPITAL MANAGEMENT**

Ndala Hospital Hospital has management led by Hospital Administrator. The hospital management which undertake day to day administrative and operational duties. Ndala Hospital Management Team (HMT) is composed of 05 members representing key departments and supportive functions of the hospital. The Hospital Management Team usually meets once per week and Health Facility Management Team meets once per quarter as per schedules.

In addition to Hospital Management Team, there are two other committee / team namely Quality Improvement Team and Drug Therapeutically Committee to oversee quality delivery of health services in the Hospital.

In the year 2019, the Board of Governors met only ones for its regular meeting, there was no emergency meeting in the year 2019, all issues concerning the Board were scheduled and discussed on regular meeting. The board has played a key role to ensure that the hospital is on the right track in fulfilling its strategic plans for achieving its vision and mission.

In the year 2019 Hospital Management and the board worked together to address key challenges without compromising the services. Most of the board key decisions were handled by the management and others are still on progress. The success has been attributed by esteemed collective efforts made by the church as owner, the Government of Tanzania, partners, individual donors, the Board, hospital management, motivated staff, trusting patients and the community at large. Therefore, we appreciate the partnership spirit and tireless efforts played by each partner and the various Government and Church authorities.

Board of Governors met only ones for its regular meeting, there was no emergency meeting in the year 2019, all issues concerning the Board were scheduled and discussed on regular meeting.

The Health Facility Governing Committee meets on quarterly basis and one more meeting to approve hospital budget for the year 2019-2020, weekly meeting was done by the Hospital Management Team in the year to discuss all matters pertaining administration of the Hospital and also dealing with routine administration and managerial issues in the Hospital.

### **2.2. HUMAN RESOURCES MANAGEMENT**

Staffing levels have been stable throughout the year 2019 and we appreciate employee motivation and courage in the face of a challenging working environment due to lack of resources. We have some of our staff returning from further studies including doctors and other cadres and now we are having the



first female Radiology Technologist. The Management appreciates the joint efforts and team spirits which resulted into good performance of the Hospital in Results Based Financing which has significantly increased motivation for our staff through Payment for Performance.

At Ndala Hospital Human Resources for Health comprises various staffs from (Hospital employees, Local government authorities, and employees of the Hospital paid through Ministry of Health) working in different departments and Units such as Administration, Laboratory Unit, Pharmacy, Maternity, OPD, Reproductive and Child Health services, Dental Unit, ICU, Theatre, Supportive staffs and Health Cadre, Finance Department, Library, Workshops, Security, Records, Child Care, Dental and Eye unit, Laundry, Guest House for income generation, Drivers, and Cook.

**Figure No 1 Staffing level at Ndala Hospital**

No	Cadres	Requirement Minimum Number	Requirement Maximum Number	Available number	Deficit
1	Medical Officer	8	23	3	5
2	Assistant Medical Officer	16	39	3	13
3	Dental Officer	1	1	0	1
4	Assistant Dental Officer	1	2	0	1
5	Dental Officer therapist	1	2	0	1
6	Nursing Officer	12	24	1	11
7	Assistant Nursing Officer	33	34	15	18
8	Nurse	33	41	14	19
9	Health Laboratory technologist	3	4	4	0
10	Assistant Health Laboratory technologist	2	4	3	1
11	Radiology scientist	1	1	0	0
12	Radiographer technologist	2	3	2	1
13	Nutritionist	1	1	0	1
14	Occupational therapist	1	2	0	1
15	Ophthalmologist	1	1	0	1
16	Optometrist	1	3	0	1
17	Physiotherapist	1	2	0	1

<b>No</b>	<b>Cadres</b>	<b>Requirement Minimum Number</b>	<b>Requirement Maximum Number</b>	<b>Available number</b>	<b>Deficit</b>
18	Social welfare	2	3	0	2
19	Pharmacist	1	2	0	1
20	Pharmaceutical technologist	2	3	1	1
21	Assistant pharmaceutical technologist	1	8	0	1
22	Assistant environmental health officer	2	3	0	2
23	Economist	1	1	0	1
24	Biochemical technologist	2	4	0	2
25	Medical Record Technician	3	5	1	2
26	Health secretary	1	1	0	1
27	Medical attendant	44	62	45	1
28	Mortuary attendant	2	5	0	2
29	Computer system analyst	1	1	0	1
30	Computer operator	1	1	2	1
31	Accountants	1	1	1	0
32	Accounts assistant	1	1	0	1
33	Assistant accountant	1	2	0	1
34	Assistant supplies officer	1	1	0	1
35	Electrical technician	1	4	0	1
36	Personal secretary	1	1	1	1
37	Plumber	1	1	0	1
38	Security guard	4	4	8	4
39	Kitchen Attendant	2	2	0	2
40	Laundry Assistants	3	4	3	0
41	Driver	3	5	2	1
		<b>200</b>	<b>309</b>	<b>107</b>	<b>93</b>

## **TURNOVER OF MEDICAL PERSONNEL**

Although the Hospital took the step since many years ago to align salary levels to those of the Tanzanian Government, nursing staff and junior medics have been leaving for NGOs, government hospitals and other institutions. In the hospital we did not experienced staff turnover in the year. The reasons causing staff to leave the Hospital in the past might be found in the poor environment and distance from big towns however things have changed Ndala is growing today with all elements of urbanization with increasing population especially after the shift of Nzega District Council headquarter from Nzega town to Kampala which is very close to the Hospital.

In order to reduce staff turnover, the hospital has tried to retain the medical personnel by several means, as for example:

- i. Almost free of charge provision of house with full free of charge water supply 24 hours a day with very minimum costs of electricity.
- ii. Access to salary advance
- iii. Access to and support for continuous professional development
- iv. Payment of statutory benefit timely without delay in payment of salaries

## **2.3. FINANCIAL MANAGEMENT:**

The financial situation continued to be challenging and hence forced the hospital to work on cost reduction measures and financial control of unnecessary expenditure. This is a great achievement and sets a challenge for the hospital management, board and partners to put more efforts into advocacy and resource mobilization to overcome the financial constraints. On the aspects of quality improvement programs, the hospital observed remarkable achievements both internally and externally, in Results Based Assesment the Hospital scored above 85% in all assessment in the year thereby increasing funds allocation from 47 million in the year 2017-2018 to 60m and above in the year 2019.

**Table No 2 Trend income/expenditure** (Tanzanian Shillings)

<b>Income</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>
Hospital (own income)	778,897,093	1,243,450,678.65	
Government	-BF	97,174,250	69,000,000
	-RBF	67,239,865	177,039,341.83
Donations	51,940,000		
Study sponsors	10,124,000		
Bank			

SHIB	5,386,500	0	
NHIF	110,423,385	70,755,279	
<b>Total income</b>	<b>1,121,185,,093</b>	<b>1,560,245,299.48</b>	
<b>Expenditure</b>			
Medicines and new priave ward (Pius XII)	243,555,554	234,979,444	
TB ward (Sonnevanck fooundation)	0	0	
Study/training/etc:	10,124,000	270,000	
Staff grants	159,588,000	159,588,000	
Running costs (administrative)	661,612,730	1,051,716,202.51	
<b>Total expenditure</b>	<b>1,074,880,283.57</b>	<b>1,446,553,646.51</b>	
<b>Balance</b>	<b>46,304,809.43</b>	<b>113,691,652.97</b>	
Hosp. own income			
Running costs			
<b>Balance</b>			
Hosp. own income			
Total expenditure			
<b>Balance</b>			
<b>Addendum</b>			
NSSF sharing (income)	37,951,610	40,434,980.50	
Treatment employees (expenditure)	0	0	
Unpaid patient fees (expenditure)	0	0	

## ANALYSIS

Despite increased number of patients in our hospital, the financial support from the Government has not increased, only 9 workers are paid by the Government and not **37** as promised on basis normal number of beds. Nzega Dc sent 4 staff as compensation of different services the hospital is providing to the population of the council according to the service agreement signed of 2019 between the council and Ndala Hospital.

### 3. HEALTH SERVICES

In the course of the year we had mixed experienced on number of attended patients in most service areas as outpatients was 9207 in 2018 compared to 9111 patient in 2019. The inpatients were 20550 in 2018 and 29097 in 2019. This could have been a result of several factors of improved government and private health facilities in our catchment area. There are some other improvement indicators observed in 2019. These include the increase of stay days to 5 in 2018 compared to 6 days in 2019, and 5 maternal deaths in 2018 compared to 3 in 2019.

**Table No 3.1. OUT PATIENT DEPARTMENT**

<b>General OPD</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>
New cases	7,794	8,082	11.839
Re-attendances	21,297	12,468	17.485
Re-attendances (dressing room)			1.175
<b>Total OPD</b>	<b>29,097</b>	<b>20,550</b>	<b>30.499</b>
<b>Special clinics</b>			
TB/Leprosy registered/attendance	169/4	123/4	190/4
Epilepsy & Mental health registered (attendance)			597
Eye-clinic (attendances)	444	352	323
Dental clinic (extractions)	77	56	67



*Reception point in Ndala Hospital is equipped with computerized means of validating the National health insurance cards for members attending for treatment, on future the Hospital will install electronic device for collecting health information and income from patient fees.*

There are several reasons for a decline of patients' attendance. -

Local beliefs are still a setback to the utilization of Hospital services as a results patient opt first for the cheapest opportunity to be treated thereafter coming to the hospital with condition of the patients often worse and need a more costly treatment. Besides this, there are other drugstores rendering their "services". It is worth mentioning that those small stores often do more harm than good. They dispense drugs without proper medication as a results bacteria resistance to antibiotics is common issue due to improper intake of medicine.

### TB and Leprosy clinic

All TB activities and treatment costs are sponsored by the Sonnevank foundation and Ministry of health under the National TB & Leprose Control Programme, so we can provide free services to all TB patients. TB clinics are run by one Clinical Officer and one Tb DOT (Directly Observed Therapy) nurse.

Currently our Laboratory is using Gene-xpert machine to make a diagnosis of TB infection, particularly pulmonary tuberculosis, as well as to detect Rifampicin resistant strains of Tb infection.

**Table No 4. Trend tuberculosis**

	<b>2019</b>	<b>2018</b>	<b>2017</b>
Patients on Jan. 1 <sup>st</sup>			60
New patients	106	95	124
Re-treatment	16	4	4
Transferred -in	6	4	1
Transferred -out	41	23	1
<b>Total registered</b>	169	123	190
Pulm. (sputum pos.)	62	63	53
Pulm. (sputum-neg.)	87	47	62
Extra-pulmonary	13	7	9
HIV-pos	50	44	50
<b>Treatment results:</b>			
Completed	91	45	53
Cured	36	44	2
Failed	1	1	0
Transferred	1	1	25
Died	9	12	17
Defaulted	3	0	1

Table No 5: Trend Leprosy

	<b>2019</b>	<b>2018</b>	<b>2017</b>
<b>Total registered</b>	243	235	220

Table No 6. Epilepsy and Mental Health Clinic.

	<b>2019</b>	<b>2018</b>	<b>2017</b>
Patients registered: visits in 2017:			597 190

The medication is free of charge as sponsored by the Tabora Foundation.

### **Eye clinic**

A specialized nurse runs the weekly eye clinic. Patients can be referred to Nkinga hospital for refraction tests and cataract surgery. Ocassionary we were visited by Eye surgeon from Regional referral hospital Kitete Tabora since 2019 who is able to do cataract surgery at our hospital, this programme is organized by the Region Medical Officer.

Table No 7: Most common eye diseases

<b>Eye disease</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>
Conjunctivitis	121	102	82
Cataract	45	35	40
Trauma	61	50	38
Refraction	29	25	31
Presbyopia	10	7	15
Others	178	133	117
<b>Total:</b>	<b>444</b>	<b>352</b>	<b>323</b>

### **Dental clinic**

The Clinic is managed by two trained personel from group of theatre staff. Dental extraction and other minor services are done, complicated cases are referred to Kitete Regional Hospital.

## **3.2. IN PATIENT DEPARTMENT**

Patients are admitted in one of the four wards: Male, Female, Children and Maternity ward, buildings for Male and Female ward have two wings, one side for Surgical conditions and the other side for Medical conditions. There is one private ward, but also every regular ward has a semi-private room. All the ward have isolation rooms; the children ward has five of these and an extension which can be used in case of epidemics. There is also an isolated building used for admission of highly infectious communicable diseases like Tuberclosis, measles, etc.



Table No 8. Trend inpatients 2017, 2018 – 2019

	<b>2019</b>	<b>2018</b>	<b>2017</b>
General admissions	7,213	7,092	7497
Admissions for delivery (+BBA)	1,898	2,115	2320
<b>Total admissions</b>	9,111	9,207	9817
Number of deaths	308	244	309
Adult / under 5 year	146/162	128/116	118/191
Overall death rate (per 1000 <b>general admissions</b> )	34/1000	26/1000	31/1000

Table No 9: In-patients per ward 2018 – 2019

	<b>Beds</b>		<b>Admissions</b>		<b>Deaths</b>		<b>Death rate %</b>	
	2019	2018	2019	2018	2019	2018	2019	2018
Male	32	32	1,019	1,086	106	71	10.4%	6.5%
Female	32	32	1,867	1,924	80	59	4.3%	3%
Children	51	51	2,976	2,930	156	115	5.2%	3.9%
Maternity	29	29	278	333	-	-	-	-
Premature (in Mat.)	4	4	-	-	-	-	-	-
Private	4	4	-	-	-	-	-	-
<b>Total</b>	<b>152</b>	<b>152</b>	<b>6,140</b>	<b>6,273</b>	<b>342</b>	<b>245</b>	<b>5.6%</b>	<b>4%</b>



Children ward has 55 beds, the occupancy rate is above 50% throughout the year, during the peak of malaria the occupancy rate reach above 100% whereby some children has to share a single bed.

### 3.3. OBSTETRICT DEPARTMENT

Table No 10. Trend obstetric department

	<b>2019</b>	<b>2018</b>	<b>2017</b>
Deliveries	1,864	2,101	2301
BBA	34	14	19
<b>Total deliveries</b>	1,898	2,115	2320
Spontaneous vertex delivery	1,470	1,746	2068
Breech delivery	41	57	26
Vacuum (ventouse) extraction	16	15	13
Multiple pregnancies: 2x 3x	44x2 1x3	10x2 1x3	46 x 2 -
Caesarean sections*	292 20.0%	272 13.0%	359 15.5%
Maternal deaths	3	5	5

\*This number have been extracted from the theatre register and not from the delivery book.

Table No 11. Complications

	<b>2019</b>	<b>2018</b>	<b>2017</b>
Uterine rupture	15	6	9
Placenta praevia / APH	31	18	9
Post-partumhemorrhage (PPH)	17	21	12
Abruptio of placenta*			3
Eclampsia	<b>25</b>	<b>19</b>	<b>12</b>

**\*Data not available**

Table No 12: Trend neonatal outcome

<b>Births</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>
In hospital deliveries	1,726	1,753	2301
Before arrival	34	14	19
Extra neonates from multiple pregnancies	92	44	94
<b>Total babies</b>	1,852	1,811	2414
Macerated stillbirths	58	54	66
Fresh stillbirths (per 1000 newborns)	50 27/1000	76 50/1000	71 29/1000

### Maternal deaths 2018

	<b>Diagnosis &amp; cause</b>
<b>1.</b>	<b>Anaemia:</b> A young primegravida brought in as a referral patient from a private medical shop with very severe anaemia. Died before blood transfusion.
<b>2.</b>	<b>PPH:</b> Delivered SVD developed Primary pph, during processing blood transfusion patient passed away due to haemorrhagic anaemia.
<b>3.</b>	<b>Peuperium Sepsis:</b> Self referral from home with prolonged obstructed labour, delivered by c/s then developed persistant high fever associated with peritonitis. Died on day four post operative.
<b>4.</b>	<b>Eclampsia:</b> Primegravida came from home in comatous condition, died few hours after admission
<b>5.</b>	<b>Sudden death:</b> A multipara woman delivered by c/s due obstructed labour because of malposition. Dead suddenly on day two after operation. ??Embolism.

### Maternal deaths 2019

	<b>Diagnosis &amp; cause</b>
<b>1.</b>	<b>Ruptured Uterus:</b> Multipara woman came in from home in poor condition with already ruptured uterus after use of local traditional medicine to acceralate labour, Subtotal hysterectomy was done, died on day three post operation due to peritonitis and septicaemia
<b>2.</b>	<b>Eclampsia:</b> Primegravida brought in from home with continuous eclamptic seizures for more than 24 hours at home associatted with high blood presure, died within few hours after admission.

<b>3.</b>	<b>Ruptured Uterus:</b> A multipara woman referred from a dispensary after two days in labour pain, on arrival in the hospital immediately confirmed to have ruptured uterus, Subtotal hysterectomy was done, died few hours later after operation.
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## **B. PREVENTIVE SERVICES**

### **Public Health care / Tabora Foundation**

Besides the RCH activities Ndala hospital has other programs focused on public health care, such as malnutrition program and several HIV/AIDS related services that are conducted at the Care and Treatment Clinic (CTC).

#### **i. Reproductive and Child Health (RCH).**

The preventive clinics of the RCH are responsible for the ward Ndala with a total population of approximately more than 20.000 people. During the dry season a mobile RCH clinic visited the villages of Kigandu, Mitundu and Mwakipanda.

#### **Trend total RCH attendances**

	<b>2019</b>	<b>2018</b>	<b>2017</b>
<b>Under-5 and ANC</b>			<b>27.550</b>

#### **Trend under-5 RCH attendances (1<sup>st</sup> and re-attendance)**

Table No 12: RCH 1<sup>st</sup> and re attendance

<b>Ndala</b>	<b>2019</b>		<b>2018</b>		<b>2017</b>	
	<b>1<sup>st</sup> att</b>	<b>2<sup>nd</sup> att</b>	<b>1<sup>st</sup> att</b>	<b>2<sup>nd</sup>att</b>	<b>1<sup>st</sup> att</b>	<b>2<sup>nd</sup> att</b>
Children < 12 m.	1,200	11,130	1,095	14,021	2252	13.041
Children > 12 m.	0	5,069	0	6,388	4536	5469
<b>Subtotal Ndala</b>	<b>1,200</b>	<b>16,199</b>	<b>1,095</b>	<b>20,409</b>	<b>6.788</b>	<b>18.510</b>
<b>Mobile clinics</b>						
Children < 12 m.	247	1,768	450	2,450	-	-
Children > 12 m.	0	872	0	958	-	-

<b>Subtotal mobile clinic.</b>	<b>247</b>	<b>2,640</b>	<b>450</b>	<b>3,408</b>	<b>-</b>	<b>-</b>
<b>Total under-5</b>	<b>20,286</b>		<b>25,362</b>		<b>25.298</b>	

### **Antenatal attendances**

Table No 13: Antenatal attendance

<b>Ndala</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>
<b>New Cases</b>	1,736	1,612	2,280
<b>Reattendance</b>	2,200	4,138	4,508
<b>Total:</b>	<b>3,436</b>	<b>4,138</b>	<b>6,788</b>
<b>Mobile Clinics</b>	543	559	-
<b>Total antenatal</b>	<b>3,979</b>	<b>4,697</b>	<b>6,788</b>



## **Reproductive and Child health services Department**

Assistant nursing Officer Monica Andrea providing services in the department, she is taking weight for the child attending RCH clinic in the Hospital, the RCH department is very busy attending more than 100 client daily.

**Table no 14: Trend risk factors seen at RCH**

<b>Malnutrition Under-5 1<sup>st</sup> attend.</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>
	<b>1,236</b>	<b>1,672</b>	<b>5411</b>
BWT 60-80 percentile	1,174	1,594	?
BWT below 60 percentile	62 (5.0%)	78 (4.6%)	41 (1,3%)
<b>Risk factors Antenatal 1<sup>st</sup> attend.</b>			
	746	768	(total: 2969)
Age < 16 years	5	2	?
Age > 35 years	178	153	308 (10%)
Parity > 4	563	613	975 (32%)
Hypertension (>140/90)	2 (0.3%)	3 (0.4%)	5 (0,2%)
Anaemia (Hb <6g/dL)	1 (0.1%)	3 (0.4%)	9 (0,3%)?

**Table no 15: Vaccines given**

<b>Tetanus toxoid (antenatal)</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>
I	750	710	1.024
II	675	595	
III (no recording In MTUHA)	364	867	
IV (no recording In MTUHA)	307	328	
V (no recording In MTUHA)	198	298	
<b>BCG</b>			
At birth + at later time	4,380	1,909	2252
At later time	0	0	40
<b>Polio</b>			
0 (at birth)	2,111	1,982	1,454
I	1,923	911	1,391
II	1,782	826	1,250
III	1,586	688	1,177



<b>DTP &gt; Penta</b>			
I	1,832	1,543	1,844
II	1,688	1,333	1,653
III	1,517	1,104	1,445
<b>Measles</b>	1,728	1,728	1,449
<b>Rotavirus</b>			
I	1,137	1,231	1,232
II	923	984	1,107
<b>PCV-13</b>			
I	1,554	1,101	1,071
II	1,478	1,022	967
III	1,206	735	766
<b>Total vaccinations (old)</b>	<b>20,932</b>	<b>14,822</b>	<b>(14,997)</b>
<b>Total vaccinations + Rotavirus + PCV-13</b>	<b>27,230</b>	<b>19,895</b>	<b>20,140</b>
Vitamin A suppl	<b>17,058</b>	<b>11,810</b>	<b>6,692</b>

## ii. HIV/AIDS programs

HIV/AIDS programs consist of various forms of testing and treatment aimed at early detection, increase health and prevention of transmission. Different departments are involved and in this report all these activities will be discussed in this section. The programs fall under the National AIDS control program and in Tabora region currently is supported by MDH (Management and Development for Health) as an implementing partner.

### Voluntary counselling and testing (VCT)

Voluntary counselling and testing increases awareness and promotes prevention by means of early detection.

Table No 16: Trend patients tested

	<b>2019</b>			<b>2018</b>			<b>2017</b>		
	<b>Fem</b>	<b>Male</b>	<b>Total</b>	<b>Fem.</b>	<b>Male</b>	<b>Total</b>	<b>Fem.</b>	<b>Male</b>	<b>Total</b>
(New) Clients counselled	581	733	1,314	370	390	760			2,498
Reattendance	-	-	-	-	-	-			
Tested	581	733	1,314	370	390	760			2,498
HIV positive	17	26	43	30	32	62			44 1.7%

### Care and Treatment Clinic (CTC)

The CTC of Ndala hospital, started in 2006, provides free care and treatment for patients living with HIV/AIDS. After receiving a positive test result patients are referred to the CTC where they will receive additional counselling and have to successfully attend 3 classes. After this they can start treatment with anti-retroviral therapy (ART). While previously only some first line drugs were available, the clinicians can now choose from a variety of drugs, including second line. The laboratory is equipped with a CD4-counter and Virus Counter machine whereby the viral load can be accessed to determine the trend of virus suppression in patient who is taking ARV.

Further more Gene-Xpert Machine is available for detection of HIV infection in neonate born from infected mothers in

**Table No 17: Trend patients CTC**

		<b>2019</b>	<b>2018</b>	<b>2017</b>
Number enrolled patients		5,029	4,612	4103
Patients on ART		1,695	1,596	1489

Data not yet available because of computer mistake. Expertise needed to recover these data .

Through the CTC 45 Village Health Workers (called Home based Care service providers) are visiting chronically ill patients. They are not being paid salary, but are provided with bicycles and get allowances to maintain them.

**Table NO 18: Trend visits Home Based Care**

	<b>2019</b>	<b>2018</b>	<b>2017</b>
Visits	1,851	1,543	2277
HIV/AIDS	1,350	898	2232

### Prevention of Mother to Child Transmission (PMTCT)

Since 2006 Ndala Hospital participates in the national PMTCT program. In the RCH all pregnant women are counselled and tested with their male partners, but the response of male partners is still low. According to current national HIV/AIDS guideline all pregnant women who is tested HIV positive is eligible for ARV regardless of WHO Clinical staging. In maternity ward all women delivering are tested, if they have not been tested already.

Drugs are supplied to mother and infant and they are referred back to the RCH for follow-up treatment and controls. Although this PMTCT schedule is proven

to be very effective many barriers exist, mainly because women do not get tested during pregnancy (mainly because not attending any clinic) and because they abscond from follow-up after delivery.

**Table No 19: Trend PMTCT**

	<b>2019</b>	<b>2018</b>	<b>2017</b>
Pregnant mothers tested RCH	1,188	1,562	2498
Mothers HIV positive RCH (percentage of total)	14 (1.2%)	17 (1.1%)	44 (1.7%)

### **Provider Initiated Testing and Counselling (PITC)**

Patients and their relative who attend the hospital because of any health complaints is Counsellor and offered opportunity of testing HIV free of charge. Specially trained counsellors, either at the OPD or in the wards, counsel patients and relatives as well.

Increasingly PITC is used as a screening method for asymptomatic patients, for example for all admissions in children ward, which accounts for the fall in patients tested positive. Also an increasing number of patients with symptomatic HIV have already been tested (before, elsewhere or through VCT) and do not need PITC.

**Table No 20: Trend PITC**

	<b>2019</b>		<b>2018</b>		<b>2017</b>	
	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>
Patients tested	3,457	3,253	3,171	3,052	See VTC data	
Patients positive (percentage)	213 (6.0%)	166 (5.0%)	188 (6.0%)	182 (6.0%)		

## C. SUPPORTING SERVICE

### i. Laboratory investigations 2019 – 2018

Table No 21: Trend in Laboratory Investigation

	Total 2019	+ve	Total 2018	+ve		Total 2019	+ve	Total 2018	+ve
<b>Parasitology</b>					<b>Haematology</b>				
Blood slide	684	279	17	9	Blood Group	3,544		4,131	
Malaria	10,894	4,168	9,864	3,544	Haemoglobin	13,189		13,534	
Stool					White blood cells	260		104	
Hookworm	9		21		ESR	5		46	
Giardia	15		2		Sickle Cell Test	60		70	
					<b>Biochemistry</b>				
Ascaris	1		1		Cholesterol	28		13	
Strongyloides	1		0		Liver function	42		2	
Urine					Blood glucose	3,736		1,618	
Schistosoma	0		1		Urine protein	1,297		1,661	
Trichomonas	0		2		Urine pregnancy	497		461	
<b>Bacteriology</b>					<b>Serology</b>				
Ziehl-Neelsen	120	20	616	39	VDRL (Syphilis)	1,631	11	2,389	22
Tuberculosis	912	69	112	25	HIV (see VCT / PITC)	8,024	422	6,983	432
Gram stain	42		59		<b>Blood donation</b>				
Bacteria	9	5	7	4	Units transfused	2,289		1,949	
H.pylory	1,265	297	1,057	203	<b>Other (e.g. WIDAL)</b>	1,511	22	1,343	46
Hepatitis B	1,196	27		18	Sperm analysis	15		13	
Growth Hormone	2	1	4	2	CD4	476		305	
P.S.A	2	2	6	0	Renal Function Test	48	21	37	23
					<b>GRAND TOTAL</b>	<b>51,804</b>	<b>5,344</b>	<b>47,961</b>	<b>4,367</b>



**Our Laboratory department is staffed with 8 staff, they provide quality diagnostic to the patient attending in the Hospital, the Laboratory is equipped with all modern laboratory equipment and supplies.**

**iii. PHARMACY AND IV FLUID PRODUCTION UNIT**

Drugs are kept in the Main Pharmacy from which daily drugs are given out to the dispensing room at the OPD. In 2011 this building, together with the IV-unit have been renovated and enlarged. The whole IV unit has been approved by KCMC quality standards.



The IV fluid production unit produces sterile fluids for injection.

**Trend IV unit Production:**

<b>LITRES</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>
Normal saline	1910	948.5	1665
Dextrose 5%	1730	805	1626
Ringer's Lactate	1985	780	1523
Irrigation fluid	1685	1530	925
Dextrose 50%	216	180	185

#### iv. RADIOLOGY

The radiology department supplies the hospital with radiography and ultrasonography diagnostic assistance. In 2012 a new modern ultrasound machine has been installed, donated by Vlietland ziekenhuis and transported through Nolet Foundation, both from Holland is still working in good condition.

The longstanding problem with the back-up batteries of the major X-ray machine has been solved by replacement of new set batteries and connection to the national grid TANESCO. Two qualified radiographer technicians has been employed to provide radiological diagnostic services.

#### Radiology

<b>X-Rays</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>
Chest	406	374	129
Extremities	305	211	114
Shoulder	25	24	10
Pelvis/hip	41	47	14
Skull	42	30	7
Vertebral column	40	33	19
Plain abdomen	49	30	9
Barium Swallow	2	0	-
Barium Meal	2	0	-
Hysteros- alpingogram	8	19	8
<b>Total</b>	<b>918</b>	<b>770</b>	<b>310</b>
<b>Films used</b>	<b>1050</b>	<b>860</b>	<b>354</b>

#### Ultrasound

	<b>2019</b>	<b>2018</b>	<b>2017</b>
Obstetrical	430	316	237
Gynaecological	562	441	412
Abdominal	435	516	406
Urological	169	154	150
Heart	-	-	-
Other	3	-	2
<b>Total</b>	<b>1599</b>	<b>1427</b>	<b>1,207</b>

Currently there are two qualified (assistant) Radiology Technician with addition of one doctor experienced in using ultrasound, the x-ray department is better utilized.

### **3.4 ADMINISTRATION**

The administrator is responsible for finances and control. Most of this work is still done manually, although increasingly computers are used.

#### **Medical records and statistics**

The medical records clerk is responsible for records keeping, statistics, and reports to the MOiC. Medical data are collected according to the national MTUHA health information system and sent to the District Health Office, as well as the Archdiocesan Health Secretary. Patient records are kept at the office at the reception in the renovated OPD building. Each patients gets a unique personal registration number.

### **3.5 TECHNICAL DEPARTMENT (TD) AND TRANSPORT**

The Technical Department has the task of maintenance of hospital buildings, staff houses, water collection, electrical systems, medical equipment and vehicles. The hospital has been using a combination of solar and generator powered electricity. TANESCO has connected Ndala to the national power grid in 2013 and a consultant electrical company, together with staff of the Technical Department, has finished upgrading the hospital electrical supply system to be able to accommodate TANESCO electricity. The Solar System has been delivering cheap electricity almost the whole year through and thus has saved quite a lot of money.

The hospital uses 3 vehicles: 2 Toyota Landcruisers and 1 Landrover pick-up. The vehicles are mostly used for transport of goods, supplies and staff. Occasionally a car is used for the referral of patients. Two of the TD staff work as drivers. 1 Landrover 110 has been donated for general purposes.

### **3.6 DOMESTIC DEPARTMENT**

The domestic department handles a variety of responsibilities, such as laundry, environmental control, bicycle shed, guesthouses, staff houses and storage of non-medical goods. The guesthouses are frequently used to accommodate visitors.