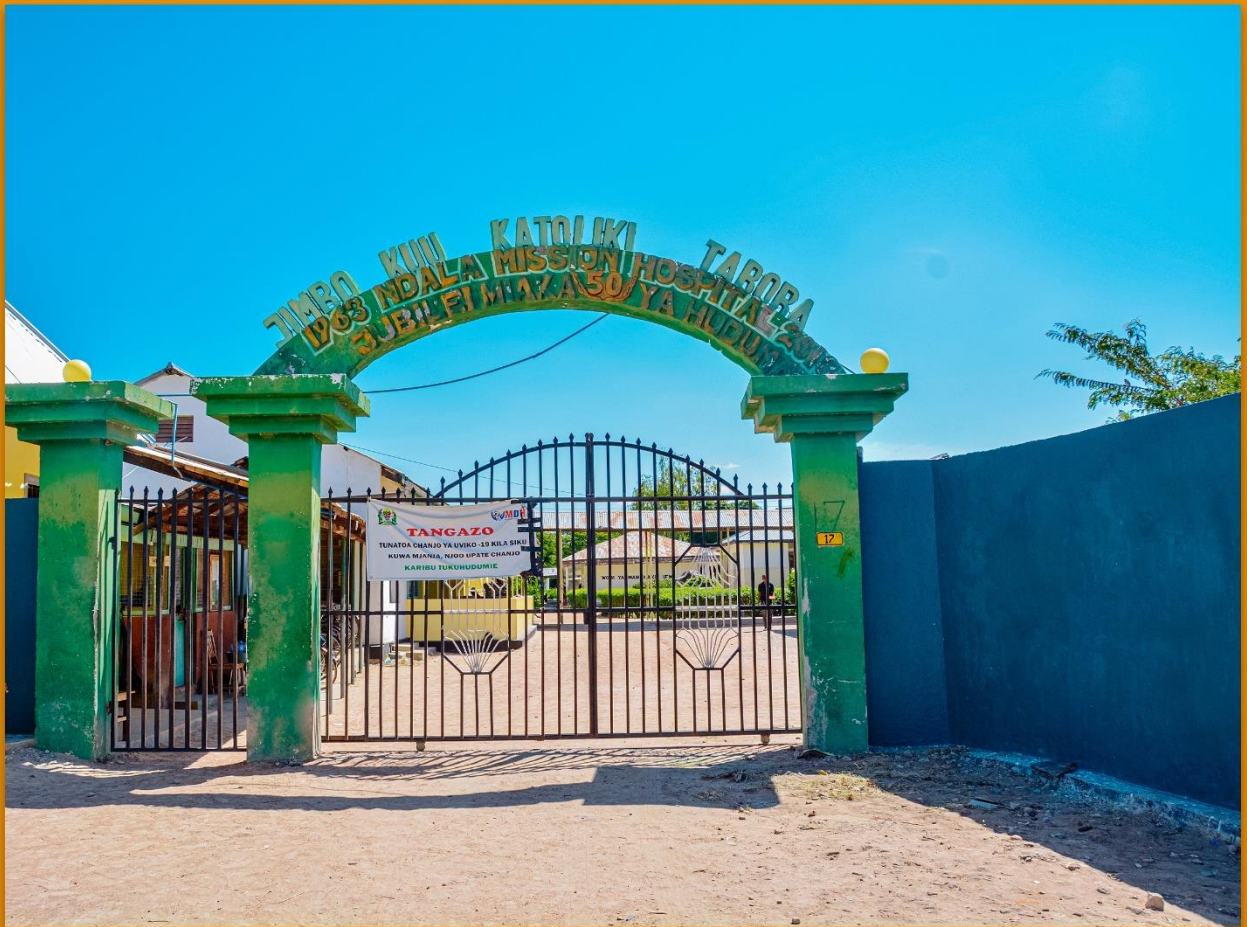


ARCHDIOCESE OF TABORA, TANZANIA

NDALA HOSPITAL

# Annual Report 2021.



Ndala Hospital,

P. O. Box 15,

Ndala, Tabora,

Tanzania.

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

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## **2. LIST OF ACRONOMY**

AMO	Assistant Medical Officer
ANO	Assistant Nursing Officer
CHF	Community Health Fund
CHOP	Comprehensive Hospital Operational Plan
CO	Clinical Officer
CSSC	Christian Social Service Commission
EN	Enrolled nurse
GVT	Government
HMT	Hospital Management Team
HS	Health Secretary
IPD	In Patient Discharge
MO	Medical Officer
Mo I/C	Medical Officer In-Charge
MSD	Medical Store Department
NHIF	National Health Insurance Fund
NO	Nursing Officer
OC	Other Chargers
OPD	Outpatient Department
OPRAS	Open Performance Appraisal System
PE	Personal Emolument
PPM	Planned Preventive Maintenance
RCH	Reproductive Child Health
TB	Tuberculosis

## **ACKNOWLEDGEMENT.**

The development process of this annual report for the year 2021 has involved different actors. I would like to thank all individuals within and outside Ndala Hospital for their willingness to offer support and contributions, which have made this report complete.

On behalf of the Management of Ndala Hospital, I would like to acknowledge the support rendered by all staff working in different departments and units for their participation in different stages of developing this report from the stage of data collection to the stage of reporting.

Furthermore, I appreciate and acknowledge the valuable technical support from the Nzega District Council Health Department in facilitating the preparation of this annual report, through Mr Thomas J. Lutungulu the Council Health Secretary for Nzega District Council by using his experience critically he justified and validated a number of raised issues hence his contribution was very useful in developing this report.

Secondly, I would like to thank the Diocesan Management and senior officials of the Ndala Hospital who availed their time to work on the document among them are Sr. Florida Andrea, the Hospital Administrator, Mr. Thomas Mtilimbanya (Patron of Ndala Hospital), Ms. Agnes Elikana Mtakasa (Matron of Ndala hospital), Sr. Beatrice Ekisa (The Hospital Accountant), Ms. Lucy Michael (the Hospital medical Record officer) and Mrs Kitundu , the Hospital Secretary for typing and setting this report, to all other I extend special gratitude.

Last but not least, I wish to extend our sincere thanks to all stakeholders and friends of Ndala from different parts of the world, who in one way or another participated to make possible what is in this report, your contributions and financial support are highly acknowledged, we wish you the best, and look forward to your continued commitment and dedication in supporting Ndala Hospital. We promise you our prayers, may our good Lord continue always granting you good health and all the graces you are most in need.

Respectively Submitted,



**Dr John Romanus Nyeho, MD**  
**Medical Officer In charge**  
**Ndala Hospital**  
**NDALA**

## **GENERAL OVERVIEW OF THE YEAR 2021.**

Generally, the provision of the health services in the Hospital went on smoothly despite of the challenges experienced in the year especially. that of budget deficit and COVID 19 disease and problems associated with it. The number of total OPD attendance decreased from **20162** in 2020 to **19777** in the year 2021 while inpatients cases decreased from **9,646** in the year 2020 to **8,733** in the year 2021. Like other parts of the country Malaria Continues to be a major cause of OPD attendance, admission and death as well. HIV positivity in PITC decreased significantly from 11.8% in the year 2020 for Males to 5.8% in the year 2021 while for female it decreased from 6.5 in 2020 to 2.5% in the year 2021.

Grants from Government was received with irregularities, Health Basket Funds was received for all four quarters but no funds from Results Based Financing was received in the year, this affected the implementation of the comprehensive Hospital Operational Plan significantly as most of the planned activities were either partially implemented or not implemented at all due to lack of funds from this source of funding.

Water supply in the hospital improved markedly especially after connection of the hospital with water supply from Lake Victoria water supply project which supplies water in the hospital and the village of Ndala as whole, we have also continued to harvest rainwater and to store it in our tanks. Our partner from abroad continued to support the hospital wherever funds were available for the services and maintenance of water tanks.

### **ACHIEVEMENTS.**

- i. Installation of electronic revenue collection system through CRDB Bank in the hospital and thus avoiding cash collection.
- ii. Minor repair of the hospital building and medical equipment especially the x-ray machine.
- iii. Installation of Culture and sensitivity services at the hospital.
- iv. Timely payment of staff salaries and other employment benefits including contributions to social security systems.

### **CHALLENGES**

Despite of the achievement obtained in the year, the hospital faces several challenges which affected its performance, some of the challenges includes:

- i. Decreased number of staff paid by the Government centrally to the permit issued of 37 staff currently only 8 staff are paid by the Government hence increased wage bill to the hospital.
- ii. Financial gaps in budget resulting in loans to the facility.
- iii. Delay in disbursement of fund and sometimes non disbursement of fund especially Results Based Financing.
- iv. Insufficient funds to support the training of staff and other components of retention of qualified and experienced staff.

- v. Lack of allocation of funds for health commodities at Medical Stores Department (MSD) for Ndola Hospital which is the only hospital in the council since July 2020.
- vi. Decline in the number of patients arriving at our hospital, this is caused by the new health facilities constructed by the government in the neighboring villages, resulting in the reduced hospital revenue due to the fact that some patients with minor illness are being treated in those new constructed dispensaries.

## **HOW THE HOSPITAL PLAN TO COOP WITH THE CHALLENGES.**

In order to cope with existing challenges, the hospital management has put in place strategies to keep the hospital in line with current competition by providing health services that are unique and not available in the nearby health facilities and thus enabling more patients to continue to be treated in our hospital. Some of those strategies are: -

- i. Opening of Hospital Retail Pharmacy to Improve availability of health commodities in the Hospital. This pharmacy will be able to supply medicines to wholesale and retail customers from the community, it will also sell drugs that will not be available at the hospital for a period of time, as well as for NHIF patients where some medicines cannot be prescribed in our hospital due to the level of the Hospital and can be available on in the Pharmacies only.
- ii. Establishment of the Dental Unit at the Hospital. This will help us to provide some specialized oral and dental procedures and to reduce some referrals to other hospitals, by doing so the income of the facility will increase.
- iii. Continue to provide specialized services and in doing so, for the next year we plan to partner with specialists in the field of Urology, General Surgery, ENT and ophthalmology from Bugando Medical Centre and Tabora regional hospital, this will help to attract more patients to our hospital for the health services.
- iv. Empowering our doctors in providing specialized services, and in doing so the hospital management is in process of raising funds through donations from the different friends of Ndala and finding the hospital where some of our doctors will gain knowledge and experience in orthopedic treatment.

Ndala Hospital continued to provide its quality 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 the implementation of Management Development for Health project (MDH) in the community, is teaching on prevention and spread of HIV/ AIDS and treatment of patients with this disease. The hospital is organized into 5 departments led by department in-charges. The department is divided according to the function it covers such as: Clinical, medical services and ancillary support services, technical and domestic.

## **PATIENTS.**

The total number of in-patients in 2021 was **8,733** and outpatients were **19,777**, This last number is considerably lower than last year; this is due to an increasing number of government health facilities in the service area of Ndala Hospital. The numbers reflect the commitment of our staff to their work and we thank them for their dedication.

The number of minor procedures decreased from 3820 in the year 2020 to 2349 in 2021 while major procedures decreased from 645 in 2020 to 489 in 2021. The percentage of caesarean sections remained almost the same.

The number of deliveries increased from **1,368** in 2020 to **1,494** in the year 2021 whereby the caesarian sections decreased from **288** to **201** in 2021, there was 1 maternal death compared to 2020 where we had 2 maternal deaths.

The number of HIV tests (PITC) has increased several times from 4380 in 2020 to 5451 in the year 2021 increased number of tests is due to increased public awareness of HIV/AIDS and active PITC and VCT services in the hospital, especially with the support from Management Development for Health which is currently supporting HIV /AIDS activities in our hospital. Additionally, the number of clients enrolled in the CTC increased from 1856 in 2020 to 1978 in the year 2021 and home-based care visits increased from 2654 in 2020 to 2839 in 2021 whereby patients visited also increased from 856 in 2020 to 1831 in 2021.

**Top Ten In-patients Diseases (ADULTS) \_ 2021:**

	<b>Diseases</b>
1	Malaria
2	Pneumonia
3	Anaemia
4	Urinary Tract Infections (UTI)
5	Acute Respiratory Infections (ARI)
6	Arterial Hypertension
7	Diabetes mellitus
8	HIV/AIDS
9	Pulmonary Tuberculosis
10	Pelvic inflammatory disease

**Top-Ten of Out-Patients (ADULTS)\_2021:**

	<b>Diseases</b>
1	Malaria
2	Acute Respiratory Infections (ARI)

3	Urinary Tract Infections (UTI)
4	Anaemia
5	Peptic Ulcer
6	Arterial Hypertension
7	Diabetes Mellitus
8	Pneumonia
9	Pulmonary Tuberculosis
10	Hepatitis B

### **ELECTRICITY:**

Source of power remained National grid through TANESCO, 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, however the standby generator need regular maintenance especially when it is running for long time when electricity from TANESCO went off, still solar power need regular maintenance especially the batteries in order to survive for long time.

### **HUMAN RESOURCES FOR HEALTH**

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 3 staffs who returned from further studies 2 laboratory technologist and 1 clinical officer. The Management appreciates the joint efforts and team spirits, which resulted the hospital providing quality services to our clients throughout the year, despite of existing challenges in terms of motivation and fringe benefits to our staff, our staff has continued working hard in the provision of health services to our customers even for long time out of routine time table. During the year under review, the hospital continued to use employees seconded by the council and also staff paid by the Ministry of health through the council.

The staffing situation in the year 2021 had no big turnover compared to the previous years when staff left Ndala and joined to the Government.

Summary of key hospital staff are as follows: -

1. Doctors – 1 Medical Officer and 3 Assistant Medical Officers
2. Clinical Officers 6
3. Assistant Nursing Officers 16
4. Nurses 1
5. Laboratory Technologist 4
6. Pharmaceutical technologist 1



## **FINANCE.**

Still, the hospital as a whole still remains dependent on funds from Government especially the health Sector Basket Fund (HSBF), which have been declining year after year and the Results-Based Financing (RBF), although government supports very little compared to hospital need for funds, the User fee collections from patients has been low due to declining in patient numbers and as most of the patients are poor who cannot afford to pay actual costs for treatment and still the hospital has no allocation of funds for health commodities at the Medical Stores Department despite the fact Ndala is the only hospital in the Council since July 2020, efforts are being made by the office of Regional Medical officer to ensure the hospital is getting funds for medicines from the Government.

Respectively submitted on behalf of the hospital management team.



Dr. John Romanus Nyeho, MD.

**Medical officer incharge.**

**NDALA HOSPITAL.**

# **NDALA HOSPITAL**

## **MANAGEMENT TEAM**



**SR. FLORIDA ANDREA.**

Hospital Administrator



**DR. JOHN ROMANUS NYEHO, MD.**

Medical Officer Incharge



**MR. THOMAS MTLIMBANYA.**

Patron



**AGNES ELIKAN MTAKASA.**

Matron

## **1.0: INTRODUCTION**

### **1.1. History:**

The beginning of Health Facility of 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 until now when it is now 89 years since it began, the Hospital served the population of large part of Nzega District Council and part of Uyui and Igunga District, and sometimes patients are coming from other areas of Tabora Region and the neighboring region of Singida and Shinyanga.

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 availability of small village drug stores called “Duka la dawa Muhimu” where by patients prefer to start with self-medication until when the case become complicated is when they opt to come to the hospital for proper management of their health problems.

### **1.2. Location**

Ndala hospital is located at the border of Nzega, Uyui, districts. Nzega, Uyui and Igunga District has a government hospital, but Nzega District Council has no hospital to date, it has 4 health centres and 45 dispensaries, about 55 kilometres to the Northeast, in Igunga district there is Nkinga Mission Hospital, which is a referral hospital and offers good referral options for ophthalmological and orthopaedic patients.

District of Nzega council is estimated to have a population of 598,441 inhabitants and its area measures 6,569 km. The District of Nzega is part of the western Tanzanian plateau lying 345-5 00 latitude and 32 30 – 33 30 longitudes. 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 crops grown are for food and also for sale: - potatoes, rice, maize, groundnuts and hardwood timber and animal husbandry.

## **2. MANAGEMENT**

### **2.1. HOSPITAL MANAGEMENT**

Ndala Hospital has management led by Hospital Administrator. The hospital management that undertakes day-to-day administrative and operational function of the hospital. 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 and whenever needs arises.

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

In the year 2021, the Board of Governors met only once for its regular meeting, there was no emergency meeting in the year 2021, and all issues concerning the Board were scheduled and discussed in the regular meetings. 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 2021 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.

The Health Facility Governing Committee meets on quarterly basis and one more meeting to approve hospital budget for the year 2021-2022, the Hospital Management Team did weekly meeting 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 2021 and we appreciate employee motivation and courage in the face of a challenging working environment due to a lack of resources. The Management appreciates the joint efforts and team spirits, which resulted in good cooperation among staff.



*Motivated Staffs in Labour rooms are waiting for clients and patients to attend, after routine works in different unit and department staffs come together to share work experience and discussing on how best they can improve their performance, this informal on job training assist new staff to learn quickly and act accordingly.*

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 Care, 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	1	7
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

No	Cadres	Requirement Minimum Number	Requirement Maximum Number	Available number	Deficit
6	Nursing Officer	12	24	1	11
7	Assistant Nursing Officer	33	34	16	18
8	Nurse	33	41	16	19
9	Health Laboratory technologist	3	4	4	0
10	Assistant Health Laboratory technologist	2	4	2	1
11	Radiology scientist	1	1	0	1
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
18	Social welfare	2	3	0	1
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	46	+2
28	Mortuary attendant	2	5	0	2
29	Computer system	1	1	2	+1



No	Cadres	Requirement Minimum Number	Requirement Maximum Number	Available number	Deficit
	analyst				
30	Computer operator	1	1	2	+1
31	Accountants	1	1	1	0
32	Accounts assistant	1	1	0	1
33	Assistant accountant	1	0	1	1
34	Assistant supplies officer	1	1	0	1
35	Electrical technician	1	4	0	1
36	Personal secretary	1	1	1	0
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>118</b>	<b>93</b>

## TURNOVER OF MEDICAL PERSONNEL

In the hospital we did not experienced staff turnover in the year 2021. 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 shifting 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. Access to salary advance monthly.
- ii. Access to and support for continuous professional development
- iii. Availability of soft loans from financial institutions.

- iv. Almost free of charge provision of house with full free of charge water supply 24 hours a day with very minimum costs of electricity.
- v. Payment of statutory benefit timely immediately in payment of salaries.
- vi. Social and moral support to employees in time of social issues like death and marriage.

### **2.3. FINANCIAL MANAGEMENT:**

The economic situation of the hospital for this year was still very challenging, making it impossible for the institution to implement some of the activities contained in the comprehensive hospital operational plan (CHOP) of the 2021, due to this situation it has forced the hospital to work on cost reduction measures and financial control of unnecessary expenditure. However, the hospital, has continued to work with friends of Ndala hospital located in different parts of the world in providing the financial and technical assistance with the aim of improving and establishing new sources of revenue so that the hospital can continue to provide a quality healthcare.

With the stop of receiving Results Based Financing, the financial position of the hospital has been negatively affected with deficit budget of Tshs 285,254,000 things which affect significantly operation of the hospital.



*The finance Department is headed by Sr Beatrice Ekisa the Hospital accountant who is responsible for financial management in the Hospital (budgeting and budget control) to ensure smooth operation of the hospital in terms of finance, this department is backbone of hospital operation including staff welfare. With time Ndala is planning to computerize all functions in this department, computerization of registry is on the way together with billing system whereby today no cash transaction is done in the Hospital.*



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

Income		2021	2020	2019	2018
Cost sharing		810,000,000	968,174,702	778,897,093	1,243,450,678.65
Government	HSBF	113,623,940	82,336,875	97,174,250	69,000,000
	RBF	285,254,000	68,300,593.57	67,239,865	177,039,341.83
Donations		61,086,696	96,257,469	51,940,000	
Study sponsors		0	0	10,124,000	0
Bank		75,753,799	17,708,553.07	- 31,313,158	4,859,951.86
SHIB		5,823,784.01	0	5,386,500	0
NHIF		110,423,383	75,539,748	110,423,385	70,755,279
<b>Total income</b>		<b>1,428,730,804</b>	<b>1,308,317,941</b>	<b>1,121,185,093</b>	<b>1,560,245,299.48</b>
<b>Expenditure</b>					
Medicines and new private ward (Pius XII)		302,748,674	292,643,105	243,555,554	234,979,444
Staff grants		170,675,874	159,588,000	159,588,000	159,588,000
Running costs and support for students		61,086,696	96,257,469	-	-
Running costs (administrative)		818,459,761	739,328,367	661,612,730	1,051,716,202.51
<b>Total expenditure</b>		<b>1,352,971,005</b>	<b>1,287,816,941</b>	<b>1,074,880,283.57</b>	<b>1,446,553,646.51</b>
<b>Balance</b>		<b>75,759,799</b>	<b>20,501,000</b>		
<b>Addendum</b>					
NSSF sharing (SHIB)		5,823,784.01	0	37,951,610	40,434,980.50
Treatment employees (expenditure)		0	0	0	0
Unpaid patient fees (expenditure)		273,044,163.10	217,655,120.12	0	0

## ANALYSIS

Despite the big number of patients treated with exemption 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 the basis a normal number of beds. Nzega District Council seconded 3 staff as compensation for different services the hospital is providing to the population of the council according to the service agreement signing of 2019 between the council and Ndala Hospital.

This year we received a total of **Euro 26,072** from our friends in Europe for financing different activities including support to staff children undergoing training, major repair of x-ray machine in the hospital, and solar system. The funds came from different friends such as Stitching Tabora, Gen Bestuur Lifedezuester and Arnchemse Sticking, to all these friends we thank you very much, your contribution is highly appreciated and we promise you our daily prayers.

### 3. HEALTH SERVICES

The Ndala Hospital has managed to continue providing quality health services to its client despite the many operational challenges that existed. In 2021 a total of **19,782** patients were treated in outpatient clinics compared to **20,159** patients treated in 2020, meanwhile, a total of **8,733** patients received inpatient treatment compared to a total of **9,646** patients received the same treatment in 2020. This could have been a result of several factors including the establishment of health facilities around the area by the council like Uhemeli dispensary, Wita dispensary and Mabisilo dispensary together with improved services in government health facilities especially in the health center of Busondo in our catchment area

**Table No3.1. OUTPATIENT DEPARTMENT**

<b>General OPD</b>	<b>2021</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>
New cases	7024	6,883	7,794	8,082
Re-attendances	12523	13,044	21,297	12,468
Re-attendances (dressing room)	235	230		
<b>Total</b>	<b>19782</b>	<b>20159</b>	<b>29,097</b>	<b>20,550</b>
<b>Special clinics</b>				
TB/Leprosy registered/attendance	189	228	169	123
Epilepsy & Mental health registered (attendance)	236	223		
Eye-clinic (attendances)	547	401	444	352
Dental clinic (extractions)	67	51	77	56



*Outpatient department at Ndala Hospital, Patients are in waiting for places waiting to get consultation in five consultation rooms staffed with Medical Officers, Assistant Medical Officer and Clinical Officers, other patients are waiting for registration in the registration window while others are waiting to take the medication in the dispensing room for Out Patients.*

### 3.2 TB and Leprosy clinic

The hospital has continued to provide free of charge diagnostic and advanced treatment services to all Tuberculosis patients, but there has been a challenge for many patients to discontinue treatment due to poor living conditions, lack of money for food and accommodation, while they are in Hospital. All TB and Leprosy drugs are provided by the Ministry of health under the National TB & Leprosy Control Programme through the Medical Store Department (MSD). TB clinics are run by one Clinical Officer and one Tb DOT (Directly Observed Therapy) nurse. Furthermore, we have continued to receive funding from sonnebank foundation to support the patient with Tuberculosis for food and medicine and also for the nurses who are taking care of them, we are most grateful for their help.

Our laboratory has been upgraded and equipped with the Gene Xpert machine that is used to detect both the presence of Mycobacterium Tuberculosis complex genome in patients' specimens and the presence of the genomic sequences of the main mutations responsible for rifampicin resistance.

**Table No 4. Trend tuberculosis**

	<b>2021</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>
Patients on Jan. 1 <sup>st</sup>				
New patients	113	149	106	95
Re-treatment	6	10	16	4
Transferred –in	9	4	6	4
Transferred –out	58	61	41	23
<b>Total registered</b>	<b>186</b>	<b>224</b>	<b>169</b>	<b>123</b>
Pulm. (Sputum pos.)	59	56	62	63
Pulm. (Sputum-neg.)	47	69	87	47
Extra-pulmonary	03	09	13	7
HIV-pos	24	46	50	44
<b>Treatment results:</b>				
Completed	17	75	91	45
Cured	11	25	36	44
Failed	0	0	1	1
Transferred	0	0	1	1
Died	9	9	9	12
Defaulted	2	0	3	0

Table No 5: Trend Leprosy

	<b>2021</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>
<b>Total registered</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>5</b>

Table No 6. Epilepsy and Mental Health Clinic.

	<b>2021</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>
Patients registered: visits	236	223	218	203

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

### **Eye clinic**

Eye care services have continued to be provided; however, they have been provided with low quality due to lack of equipments. We have continued to collaborate with an ophthalmologist from Tabora regional hospital in providing a specialized eye care services at our hospital through a specialized clinic program. In 2021 the Regional medical officer of Tabora organized a specialized eye clinic at our hospital and was conducted by an ophthalmologist from Tabora Regional hospital whereby a total of 225 patients were attended.

In order to be able to put into practice the safe vision policy the hospital plan to upgrade the eye unit so that it can provide better and safer services and by doing so plans to find a qualified candidate to study the course of optometry are still ongoing.

Table No 7: Most common eye diseases

<b>Eye disease</b>	<b>2021</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>
Conjunctivitis	128	105	121	102
Cataract	93	41	45	35
Trauma	33	22	61	50
Refraction	31	48	29	25
Presbyopia	14	14	10	7
Others	248	171	178	133
<b>Total:</b>	<b>547</b>	<b>401</b>	<b>444</b>	<b>352</b>

### **Dental clinic.**

Ndala hospital since the inauguration has been providing oral and dental care services through the Dental unit of the hospital, however the services that we have been providing are only the routine oral exam and an emergency tooth extraction. This is due to the lack of instruments and causing many dental procedures not to be done at our dental clinic and as a result, the hospital lacks income by referring them to other hospitals which provide such services. The hospital in planning to revive and upgrade the dental unit and to make it more modern to be able to provide all services that we currently lacking. In line with the improvement of the unit, the hospital management continues to asks for support from the stakeholders and friends of Ndala Hospital to provide scholarship to one of staff member to study the Dental therapist course (Diploma level).



*This image shows the internal appearance of the dental department, with old dental chair one of the reasons why some services cannot be provided.*

### **3.2. IN PATIENT DEPARTMENT**

The inpatient department of Ndala hospital is made up of a total of 6 medical wards which are: Male ward, Female ward, Children ward, Maternity ward, TB ward and Private ward. All the wards have an isolation room, in which the children ward has five of these rooms and an extension which can be used in case of epidemics. The conditions of the ward buildings are good despite the need of minor renovations, however the needs of medical equipment's in the wards are still high.

Table No 8. Trend inpatients 2018 – 2019-2020 and 2021

	<b>2021</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>
General admissions	7239	7646	7,213	7,092
Admissions for delivery	1481	1341	1,898	2,115
(+BBA)	13	27		
<b>Total admissions</b>	<b>8,733</b>	<b>9,646</b>	<b>9,111</b>	<b>9,207</b>
Number of deaths	230	313	308	244
Overall death rate (per 1000 <b>general</b> admissions)		25/1000	34/1000	26/1000

Table No 9: In-patients per ward 2018 – 2019-2020-2021

	Beds		Admissions		Deaths		Death rate	
	2021	2020	2021	2020	2021	2020	%	
Male	32	32	1722	2036	82	97	4.76	1.16
Female	32	32	2834	3122	70	83	2.47	3.38
Children	51	51	2218	2765	73	131	3.29	5.38
Maternity	29	29	1866	1631	1	2	0.05	0.15
Premature (in Mat.)	4	4	43	34	4	6	9.30	0
Private	4	4	50	58	0	0	0	0
<b>Total</b>	<b>152</b>	<b>152</b>	<b>8,733</b>	<b>9,646</b>	<b>230</b>	<b>313</b>	<b>2.63</b>	<b>3.75</b>



*This is part of Pediatric ward, Nurses are providing Nursing care to children suffering from different diseases, the ward has 55 beds, the occupancy rate is above 50% throughout the year, during the peak of malaria the occupancy rate reach above 100% and above which results into some children has to share a single bed.*



### 3.3. OBSTETRICT DEPARTMENT

Table No 10. Trend obstetric department

	2021	2020	2019	2018
Deliveries	1,481	1,341	1,864	2,101
BBA	13	27	34	14
<b>Total deliveries</b>	<b>1,494</b>	<b>1,368</b>	<b>1,898</b>	<b>2,115</b>
Spontaneous vertex delivery	1,236	1,019	1,470	1,746
Breech delivery	41	30	41	57
Assisted Vacuum Delivery	3	4	16	15
Multiple pregnancies: 2x 3x	42	2x34	44x2 1x3	10x2 1x3
Caesarean sections*	201	288 21.1%	292 20.0%	272 13.0%
Maternal deaths	1	2	3	5

Table No 11. Complications

	2021	2020	2019	2018
Uterine rupture	10	12	15	6
Placenta praevia	13	14	31	18
Post-partum haemorrhage (PPH)	164	17	17	21
Abruptio of placenta*	7	11		
Eclampsia	62	23	25	19

Table No 12: Trend neonatal outcome

<b>Births</b>	2021	2020	2019	2018
In hospital deliveries	1,481	1,341	1,726	1,753
Before arrival	13	27	34	14
Extra neonates from multiple pregnancies	40	34	92	44
<b>Total babies</b>	<b>1534</b>	<b>1402</b>	<b>1,852</b>	<b>1,811</b>
Macerated stillbirths	46	31	58	54
Fresh stillbirths (per 1000 newborns)	47	17	50 27/1000	76 50/1000
Pre mature babies who admitted	43	34		
Patients being admitted Maternity But not delivered	372	358		
Number of multiple pregnancies mother	40	34		

#### Maternal deaths 2018

	Diagnosis & cause
1.	<b>Anaemia:</b> A young primigravida brought in as a referral patient from a private medical shop with very severe anaemia. Died before blood transfusion.
2.	<b>PPH:</b> Delivered SVD developed Primary PPH, during processing blood transfusion patient passed away due to haemorrhagic anaemia.

3.	<b>Puerperium Sepsis:</b> Self-referral from home with prolonged obstructed labour, delivered by c/s then developed persistent high fever associated with peritonitis. Died on day four post operative.
4.	<b>Eclampsia:</b> Primigravida came from home in comatose condition, died few hours after admission
5.	<b>Sudden death:</b> A multipara woman delivered by c/s due obstructed labour because of malposition. Dead suddenly on day two after operation.

### Maternal deaths 2019

	Diagnosis & cause
1.	<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
2.	<b>Eclampsia:</b> Primigravida brought in from home with continuous eclamptic seizures for more than 24 hours at home associated with high blood pressure, died within few hours after admission.
3.	<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.

### Maternal deaths 2020

	Diagnosis & cause
1.	<b>Postpartum Haemorrhage secondary to Uterine Atony:</b> Gravida 6 woman delivered on the nearby dispensary and developed PPH due to failure contracture of the uterus, arrived in stage of irremissible shock, died on operation Table.
2.	<b>Eclampsia:</b> Primigravida patient self-referral from home after suffering episodes of convulsions, on arrival was not in labour, induction of labour was done, died on the next day after delivery with <b>HELLP SYNDROME</b>

### Maternal deaths 2021

	Diagnosis & cause
1.	<b>Sickle cell complications in pregnancy:</b> A 25 yrs. old, G2P1L0, amenorrhea of 7months known with SCD self-referral from home, on arrival was diagnosed with acute chest syndrome in sickle cell disease in pregnancy, she stayed in the ward for almost 11 hours, died from complications of Sickle cell disease.





*This is Labor room, a mother who safely delivered and the nurses are assisting her to breast-feeding the newborn child for first time.*

## **B. PREVENTIVE SERVICES**

### **Public Health care**

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 Ndala ward, with a total population of approximately more than 20,000 people. During the dry season a mobile RCH clinic visits the villages of Kigandu, Mitundu and Mwakipanda. Additional clinics are for HIV/AIDS where by mobile clinic are held for care and treatment services in these villages which are located far away from health facilities.

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

	2021	2020	2019	2018
Under-5 and ANC	24439	27,652		

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

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

Ndala RCH	2021		2020		2019	
	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.	812	10098	1363	15,211	1,200	11,130
Children > 12 m.	0	2945	0	4541	0	5,069
<b>Subtotal Ndala RCH</b>	<b>812</b>	<b>13043</b>	<b>1363</b>	<b>19,752</b>	<b>1,200</b>	<b>16,199</b>
<b>Mobile clinics</b>						
Children < 12 m.	334	4350	270	1168	247	1,768
Children > 12 m.	0	2375	0	1112	0	872
<b>Subtotal mobile clinic.</b>	<b>334</b>	<b>6725</b>	<b>1633</b>	<b>2230</b>	<b>247</b>	<b>2,640</b>
<b>Total under-5</b>	<b>1,146</b>	<b>19768</b>	<b>23,665</b>		<b>20,286</b>	

## Antenatal attendances

Table No 13: Antenatal attendance

Ndala RCH	2021	2020	2019	2018
New Cases	891	1031	1,736	1,612
Reattendance	2066	2526	2,200	4,138
<b>Total:</b>	<b>2957</b>	<b>3557</b>	<b>3,436</b>	<b>4,138</b>
Mobile Clinics	568	430	543	559
<b>Total antenatal</b>	<b>3525</b>	<b>3,987</b>	<b>3,979</b>	<b>4,697</b>



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

Assistant nursing Officer Neema Malembeka providing a health education to a parent of a child., Ndala Hospital RCH department is very busy attending more than 100 clients daily.

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

<b>Malnutrition Under-5 1<sup>st</sup> attend.</b>	<b>2021</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>
			<b>1,236</b>	<b>1,672</b>
BWT 60-80 percentile	59	77	1,174	1,594
BWT below 60 percentiles	13	18	62 (5.0%)	78 (4.6%)
<b>Risk factors Antenatal 1<sup>st</sup> attend.</b>	135	537	746	768
Age < 16 years	15	16	5	2
Age > 35 years	164	124	178	153
Parity > 4	420	455	563	613
Hypertension (>140/90)	13	7	2 (0.3%)	3 (0.4%)
Anaemia (Hb <6g/dL)	76	29	1 (0.1%)	3 (0.4%)

**Table no 15: Vaccines given**

<b>Tetanus toxoid (antenatal)</b>	<b>2021</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>
Dose I	418	602	750	710
Dose II	663	692	675	595
Dose III	406	403	364	867
Dose IV	270	442	307	328
Dose V	182	228	198	298
<b>BCG</b>	0			
At birth + at later time	960	2,000	4,380	1,909
At later time		0	0	0
<b>Polio</b>				
0 (at birth)	1029	1128	2,111	1,982
I	976	1015	1,923	911
II	873	900	1,782	826
III	779	807	1,586	688
<b>DTP &gt; Penta</b>				
I	1433	1607	1,832	1,543
II	1312	1421	1,688	1,333
III	1137	1253	1,517	1,104
<b>Measles</b>	1895	1895	1,728	1,728
<b>Rotavirus</b>				
I	1102	1155	1,137	1,231
II	991	978	923	984
<b>PCV-13</b>				
I	1339	1340	1,554	1,101

II	1199	1186	1,478	1,022
III	1044	1035	1,206	735
<b>Total vaccinations (old)</b>	<b>18008</b>	<b>20167</b>	<b>20,932</b>	<b>14,822</b>
<b>Total vaccinations + Rotavirus + PCV-13</b>		<b>25861</b>	<b>27,230</b>	<b>19,895</b>
Vitamin A supplied	<b>15973</b>	<b>16360</b>	<b>17,058</b>	<b>11,810</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 increase awareness and promotes prevention by means of early detection.

Table No 16: Trend Patients Tested

	2021			2020			2019			2018	
	Fem	Male	Total	Fem	Male	Total	Fem	Male	Total	Fem.	Male
(New) Clients counselled	457	505	962	579	635	1214	581	733	1,314	370	390
Reattendance	75	51	126	2	5	7	-	-	-	-	-
Tested	532	556	1088	581	640	1221	581	733	1,314	370	390
HIV positive	3	3	6	1	1	2	17	26	43	30	32

### Care and Treatment Clinic (CTC)

Ndala hospital CTC department was established in the year 2006 to provide free care and treatment for patients living with HIV/AIDS, the program is currently financed by Management Development for Health (MDH) in the Hospital and 5 outreach mobile clinic in the service area of Ndala Hospital.

HIV positive patients are referred to the CTC where they get additional counselling and have to successfully attend 3 classes, after which they can start treatment with anti-retroviral therapy (ART). While previously only some first line drugs were available, the clinicians have started to choose from a variety of drugs, including second line. The laboratory is equipped with modern CD4-counter and Virus Counter machine whereby the viral load can be assessed to determine the trend of virus suppression in patient who is taking ARV.

Furthermore Gene-Xpert Machine is available for detection of HIV infection in neonate born from infected mothers in the hospital by using dried blood spot (DBS) at age 18 weeks after delivery for the first test and second test at age of 9 months.

**Table No 17: Trend patients CTC**

	<b>2021</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>
Number enrolled patients	161	334	5,029	4,612
Patients on ART	1978	1856	1,695	1,596

Through the CTC, 45 Village Health Workers (called Home based Care service providers) are visiting chronically ill patients to assist them in adhering to drugs, and also patients when getting referral to health facilities for further management. The Community Health Workers are not being paid salary, but are provided with bicycles and get small allowances to sustain them.

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

	<b>2021</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>
Visits	2839	2654	1,851	1,543
HIV/AIDS	1831	856	1,350	898

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

Ndala Hospital participates in the national PMTCT program since year 2006. 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 are tested HIV positive are eligible for ARV regardless of WHO Clinical staging. In maternity ward all women delivering are tested, if they have not been tested before.

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>2021</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>
Pregnant mothers tested RCH	901	1762	1,188	1,562
Mothers HIV positive RCH (Percentage of total)	1	2 (0.11%)	14 (1.2%)	17 (1.1%)

## Provider Initiated Testing and Counselling (PITC)

Patients and their relatives who attend the hospital because of any health complaints are 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 asymptomatic HIV have already been tested (before, elsewhere or through VCT) and do not need PITC.

**Table No 20: Trend PITC.**

	2021		2020		2019		2018	
	F	M	F	M	F	M	F	M
<b>Patients tested</b>	4088	1363	3285	1095	3,457	3,253	3,171	3,052
Patients positive (percentage)	101	79	215	129	213	166	188	182
Positive Percentage	2.5	5.8	6.5%	11.8%	(6.0%)	(5.0%)	(6.0%)	(6.0%)

## C. SUPPORTING SERVICE

### i. Laboratory investigations 2019 – 2020-21

**Table No 21: Trend in Laboratory Investigation**

	Total 2021	ve+	Total 2020	ve+
<b>Parasitology</b>				
Blood slide	7992	3852	4433	1972
Malaria	5077	2143	2873	2222
Stool	<b>1184</b>			
Hookworm	11		10	
Giardia	11		4	
Ascaris	3		5	
Strongyloides	0		3	

Urine	3984			
Schistosoma	4		3	
Trichomonas	11		7	
<b>Bacteriology</b>				
Ziehl-Neelsen	286	28	90	11
Tuberculosis	956	66	1585	84
Gram stain	14	10	0	
<b>Bacteria</b>				
H.pylory	1032	400	937	499
Hepatitis B	2102	115	1103	95
Growth Hormone	2		0	
P.S. A	23		0	
<b>Haematology</b>				
Blood Group	6078		2578	
Haemoglobin	13950		10718	
White blood cells	1666		2578	
ESR	12		14	
Sickle Cell Test	44	23	69	21
<b>Biochemistry</b>				
Cholesterol	24		0	
Liver function	75		22	
Blood glucose	2881		7450	
Urine protein	945	389	1009	420
Urine pregnancy	365	190	375	342
<b>Serology</b>				
VDRL (Syphilis)	2461	139	2116	101



HIV (see VCT / PITC)	6523	191	4380	344
<b>Blood donation</b> (Units transfused)	2722		2195	
Other (e.g., WIDAL)	971	35	656	7
Sperm analysis	7		12	
CD4	211		419	
Renal Function Test	290		22	21
<b>GRAND TOTAL</b>	<b>60,972</b>	<b>7,192</b>	<b>45,666</b>	<b>6,139</b>



*Our Laboratory department is staffed with 7 staff, One Medical Attendant Laboratory, Four Laboratory Technologist and two Assistant Laboratory technicians, they provide quality diagnostic services to the patient attending in the Hospital, the Laboratory is equipped with all modern laboratory equipment and supplies, all the equipment is operated by qualified and experienced personnel who are capable of diagnosing all the diseases found in the area of Ndala and Tanzania in general. Services in the laboratory is provided in twenty-four hours basis regardless of weekends and public holiday*



## ii. Pharmacy and IV fluid production Unit.

Hospital pharmacy is staffed with pharmaceutical technician Mr. Peter Emmanuel, together with Mr. Maganga Hussein are always happy to oblige, they have enough information about a person's medical history, allergies, or treatment plans to give more complete advice. Using an electronic system of data transfer connected to the pharmacy Valuable data is collected and transformed into insights that help make life or death decisions with more confidence.

The Hospital allocated sufficient budget for procurement of Health Commodities every year, about 40% of total budget went to procurement of health commodities while the remaining amount goes to employee benefit and other operational costs. For Health Basket fund 35% of funds allocated to hospital is supposed to be utilized for purchasing of health commodities and the remaining amounts went to other running costs. Generally, availability of drugs in the hospital is more than 80% throughout the year.

From July, 2020, Ndala Hospital is the only Hospital in Nzega District Council after handing over of the former District Hospital to Nzega Town Council, the hospital is not receiving any grants for receipt in kind through Medical Stores Department to facilitate availability of drugs in the Hospital, lacking receipt in kind has significantly affected the financial position of the hospital because significant proportion of the funds received from user fees goes to drugs and salaries for majority of employees who are not paid by government.

### **The IV fluid production unit produces sterile fluids for injection.**

IV Unit is always busy with production of intravenous fluids, the production in the year 2021 was much higher compared to the previous year 2020 and 2019 as indicated in the table below. The IV production has significantly saved a lot of money which would otherwise be used in purchasing of IV from Medical Stores, thanks to the team working in this unit.

#### **Trend IV unit Production:**

<b>LITRES</b>	<b>2021</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>
Normal saline	3,218	2860	1910	948.5
Dextrose 5%	1627	920	1730	805
Ringer's Lactate	4088	3730	1985	780
Irrigation fluid	416	629	1685	1530
Dextrose 50%	34	0	216	180



*The IV unit is increasingly helping Ndala Hospital to save a reasonable amount of money which would otherwise be used for purchase of dextrose and normal saline which are always out of stock at Medical Stores Department and they are extremely expensive to procure from prime vendors, thanks to Mr Peter, Mr Kakema and Mr Maganga for good works they perform.*

### iii. **Radiology Department.**

This department is headed by Sr. Catherine who is radiographer of the Hospital, there is additional radiographic technician Mr Abel Amon who are working in the department. The department supplies the hospital with radiography and ultrasonography diagnostic services.

The department is busy in assisting diagnostic findings for prescribers in the hospital, the number of cases attended in the department is continuously increasing each year as indicated in the table below indicating statistic of Radiology department since the year 2019.

## Radiology

X-Rays	2021	2020	2019
Chest	657	420	406
Extremities	333	311	305
Shoulder	48	35	25
Pelvis/hip	64	70	41
Skull	41	31	42
Vertebral column	58	39	40
Plain abdomen	58	66	49
Barium Swallow	4	2	2
Barium Meal	3	1	2
Hysterosalpingogram	3	9	8
<b>Total</b>	<b>1269</b>	<b>984</b>	<b>920</b>
<b>Films used</b>	<b>1349</b>	<b>1030</b>	<b>1050</b>



*Sr Catherine radiographer of the hospital preparing a patient for abdominal x ray at radiology unit.*

## Ultrasound.

	2021	2020	2019	2018
Obstetrical	444	390	430	316
Gynaecological	581	489	562	441
Abdominal	412	382	435	516
Urological	209	205	169	154
Heart	80	17	-	-
Other	5		3	-
<b>Total</b>	<b>1707</b>	<b>1,483</b>	<b>1599</b>	<b>1427</b>



*Sr. Catherine is attending a pregnant patient in the ultrasound unit.*

#### **iv. Medical records and statistics.**

The medical records unit is responsible for records keeping, statistics, and reports to the Medical Officer In-charge. Medical data are collected according to the national Health Management Information System (HMIS commonly known in Swahili MTUHA) and sent to the District Health Officer, as well as the Archdiocesan Health Secretary. Patient records are kept at reception office. Each patient gets a unique personal registration number for easy identification and continuity of treatment. In line with the Government directives for all health facilities to have an electronic health information system (eHIMS), the hospital is in process of raising funds for the installation of the system.



v. **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 the 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 throughout the whole year and thus has saved quite a lot of money. furthermore, the solar system needs more maintenance service so that it can be used for many years.



The hospital uses 4 vehicles: 2 Toyota Land Cruisers and 1 Landrover pick-up and 1 Toyota Hillux double cabin. 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 two staff from technical department work as drivers. 1 Landrover 110 donated for general purposes has been grounded as it is becoming too old and thus the running costs has been too much to be afforded by the hospital.

vi. **Domestic Department.**

The domestic department handles a variety of responsibilities, Bed, bath and kitchen – our Domestic department has something for all of these rooms! Pillows and sheets are set at unbeatable prices. Check out the incredible selection at the store. such as laundry, environmental control, bicycle sheds, guesthouses, staff houses, and storage of non-medical goods.

The guest houses are frequently used to accommodate visitors in the hospital. With increasing responsibilities, the domestic department need additional budget to support its activities, activities such as cleaning the environment during the rainy season need additional funds due to size of the area of Ndala hospital, additional funds will be budgeted every year to cover the costs of renovation of guest house and staff house.

#### **4. PLAN FOR 2022.**

For the year 2022, the management of Ndala hospital plans to implement the following activities:

- Improving the health services provided at Ndala Hospital.
- Establishing the Hospital Retail Pharmacy.
- Establishing of the New Dental Unit.
- Installation of the electronic hospital information system.
- Establishing of the orthopaedic services.

We believe that with our plan and through your help, all impossibilities are possible before God.

