THE ARCHDIOCESE OF TABORA







NDALA HOSPITAL, TANZANIA

2024 ANNUAL REPORT

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LIST OF ACRONYMS

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

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ACKNOWLEDGEMENT

My profound gratitude to the Almighty God for His endless care and blessings upon Ndala Hospital's family, in its endeavor to respond to the inevitable healing mission of Christ "Heal the sick''…saying, the Kingdom of God is at hand (*Mathew 10:7-8*). These words of Jesus form the basis of the church's mission to promote the advancement of the whole human person in all their dimension through the provision of medical treatment, assistance and pastoral care. Ndala Hospital is constantly committed in sharing compassionately and redemptively in Patients Suffering. God has enabled us to perform this healing ministry in the best level with great efficiency and good collaboration.

Special gratitude goes to the board of Ndala Hospital for their indispensable collaboration and contribution for the growth and well-being of the hospital. Similarly, I acknowledge and deeply appreciate the Hospital management team and all staff members for their enthusiasm, dedication, support and collaboration towards accomplishing the Ndala Hospital mission in the year 2024.

The Archdiocese Health Secretary, the District Medical Officer and District Health Secretary have all offered significant collaboration with Ndala hospital. We would not have achieved our goals without their partnership and support. Moreover, I am grateful to Mr Thomas Lutungulu, the District health secretary of Nzega District Council, for his advice and support during the preparation of this report.

I am particularly grateful to my fellow team members in the management who worked alongside me, sharing their knowledge and skills during the preparation of this report for the year 2024. I would also like to acknowledge the support received from staff and heads of all Departments for providing the necessary information and data that enabled the completion of this report.

Heartfelt gratitude to Dr Myrrith for her willingness and generosity with which she made her time and energy to collaborate and assist in editing and making suggestions for the best of this report. Her expertise and contributions have significantly enhanced the quality of this work. Special gratitude to Mrs. Kitundu for her competent secretarial help such as processing and arranging words tables and figures.

Finally, a very special word of thanks goes to all friends of Ndala Hospital and organizations that worked with us in the year 2024. MANOS UNIDAS particular funded different projects in the Hospital, including the construction of the NICU as well as sponsoring on-job/ upgrading training for our staff. Tabora Foundation also funded staff who are undertaking pharmacy

courses and promised to support the boosting of solar system in the hospital. Much appreciation to JOCS and ASBN for their continuous support in training Ndala Hospital staff, as well as Sonnevank for their constant support for TB patients. Furthermore, Health sector Basket Fund (HSBF) from the government and Management and Development for Health (MDH) funds, has both been very helpful in the success of provision of good services to the patients in the Hospital and to the people living with HIV respectfully.

The support we received from you all has been exceptionally helpful in providing quality healthcare services to our patients. Once again, thank you for your support and commitment to our hospital's mission. We look forward to continuing working together in the years to come.



Sr Dr. Christina Njendela Mapunda, MMED.
Medical Officer in Charge
Ndala Hospital

A WORD FROM THE HOSPITAL ADMINSTRATOR

Greetings in the name of our LORD JESUS CHRIST

As we came close to the end of the year 2024 and stepping into a new year 2025, I wish to take this moment on behalf Ndala Hospital, to extend my heartfelt thanks and sincere appreciation to God and all who have journeyed with us. I give thanks to God for His unremitted guidance and protection over our hospital, our staff, and all those we serve. Each day has been a testimony of His mercy and provision, despite the challenges we have faced from financial constraints to the heavy burden of diseases. His hand has been with us for that we are truly grateful. To our hospital staff, your generosity, dedication, and Love have allowed us to achieve great things in the year 2024. Without your help, many of the developments and services that have taken place within the hospital and the surrounding villages would not have been possible.

I would like to extend special thanks to all our benefactors, both near and far, who have supported Ndala hospital with open hearts through financial assistance, medical supplies, Prayers, or words of encouragement, your support has been the lifeline that sustains our mission same have provide funds that enable the purchase of essential medicines while others have supported construction of project that have improved our facilities.

In a particular way, we express our gratitude to the friends of Ndala Hospital individuals and organizations, who have remained faithful to us through the year. Your continued support has not only brought hope within the walls of the hospital but also touches the life of many families in the neighboring village. Programs aimed at maternal and child health, community outreach and sanitation initiatives have reached more people this year, improving the overall well-being of our community.

We also wish to acknowledge the stakeholders who have partnered with us. Your technical expertise, training opportunities for our staff and donation of equipment have greatly enhanced the quality of care. We were able to offer collaborative projects with government agencies; non-government organizations and international partners have helped us strengthen our service delivery and work more efficiently for the good of all our patients.

At this time, I must give special words of thanks to the Ndala Hospital Management team. Your tireless efforts, your wisdom in decision making, and your perseverance amidst difficulties have been the backbone of our operations. You have led by example, with humility and determination ensuring that the mission and vision of Ndala hospital are lived out daily.

Each department from administration, nursing, laboratory services, pharmacy, security guards, environment, technical department, laundry, domestic department, maintenance

team and medical officers has worked with commitment and professionalism. I thank you for standing firm especially in the many challenges that rural health care setting brings.

As we look ahead to the year 2025 with hope and with an awareness of many needs that remain. Our hospital is growing and so are the demands placed upon it. We dream of improving and expanding our services to offer even better care to the people of this region. To achieve this, we humbly ask all our friends, donors and stakeholders to continue walking this journey with us.

Our greatest needs at the moment are to update old machines and procure modern medical equipment and diagnostic tools like Ventilator machine, ECHO probe, OGD, CT scan, Ambulance and many others that are greatly needed. Some of our machines such as patient monitors, diathermy machine, suction machines and stretchers are old and prone to failure. We would like to ask from the bottom of our hearts, for your support in providing us with new modern machines. These will greatly enhance our ability to diagnose and treat various conditions efficiently and safely. Having right equipment will also reduce patient referral rates to distant hospitals and help save more lives right here in Ndala.

Additionally, our hospital needs support in planned preventive maintenance (PPM) for medical devices and infrastructure, training our staff, and funding outreach services to the surrounding villages. Each contribution, no matter how small, plays a critical role in building a healthier stronger community. We pray that God will bless each one of you, our donors, friends, stakeholders, management team, staff and the broader community abundantly for the sacrifices you have made and the love you have shown. May you continue to find joy and fulfillment in the knowledge that your generosity changes life every single day.

Let us work together to make 2025 a year of even great progress, compassion and service. May we continue to be instruments of healing and hope to all those who come through the gate of Ndala hospital seeking care and comfort.

With a grateful heart I send you all warm greetings and best wishes in the lives of service.

May Peace and Blessings be with You all.



Sr Florida Andrea CB
Administrator
Ndala Hospital

GENERAL OVERVIEW OF THE YEAR 2024

Ndala Hospital has always been a vital health facility in Tabora region for its prominent services rendered to the people within and outside the region. The commitment of the hospital is to provide holistic healing services to the patients. Additionally, curative services and preventive services through the Reproductive and Child mobile Health Services (RCHS) are extensive and important for the implementation of Management Development for Health project (MDH) in the community, and sensitization on prevention and spreading of HIV/Aids and treatment of patients with this disease.

The hospital is ordered in 4 departments which are: Inpatient, Outpatient, Laboratory and Technical Department. There are also units including Pharmacy, Reproductive and child health, Ophthalmology, Dental, Mental, Radiology, and CTC (care and treatment clinic) led by department/unit persons in charge.

The number of outpatients clients decreased again slightly by 0.82% from 16,199 in 2023 to 16,066 in 2024 this is the table no 16 page 27. The number of inpatients decreased as well with 9.9% to 6,210 admissions in 2024". Due to the efforts done by the staff in customer care and increased specialized clinics provided, there was not much decrease of patients in outpatient department.

In the year 2024, clinics in ophthalmology, dermatology, ENT, surgery and pediatrics were conducted as explained in page 25. There has been constantly decreasing number of inpatients although this has not affected the overall number of patients in obstetric. In maternity ward the number of admitted patients was raised by 19.3% from 1,630 patients in 2023 to 1,945 in 2024. The construction of new government dispensaries near the hospital may have contributed to the decrease in number of patients. However, Ndala hospital continues to receive more complicated obstetric cases.

In 2024 the number of deliveries increased by 3.2% (1470) after the decrease of 19% (1,630) in 2023 as indicated in table no 8 in pg. 22. The percentage of cesarean sections increased by 31.9%: in 2023 279 CS were performed, in 2024 were 368. The high number of CS was due to complicated cases like antepartum hemorrhage (APH), postpartum hemorrhage (PPH) and eclampsia. APH raised with 68% to 32 cases in 2024, PPH increased with 59% to 43 cases in 2024 and eclampsia cases doubled from 20 (in 2023) to 46 (in 2024); most of these cases were operated. Reason might be that the dispensaries provide basic delivery services and refer all complicated cases to the hospital for further management. Another reason is due to delay by the nurses from referring facility who wait too long with referring the patient. We also received delayed cases from home who were assisted by traditional birth attendants who have skills for deliveries, but failed to recognize danger signs. Therefore, when patient get complications, they rush to the dispensary who refer to us, so the complications do not die at home or dispensary but to the Hospital. Two of these cases resulted in maternal deaths.

Malaria has continued to be the number one leading cause of admissions in adults and second cause in the children under five, followed by anemia. Malaria and Sickle Cell disease are the most common causes of anemia in children. Leading cause of death for children

under five years of age was severe pneumonia followed by anemia and malaria. In adults, the leading cause of death was anemia and the second one was bacterial infections followed by heart failure.

The staffing situation was still unfavorable: some staff members left Ndala Hospital to government health facilities in different councils, and Ndala Hospital is still behind the staffing standard for this hospital with 152 bed capacity. Additional staff, especially nurses, are highly needed in order to cover three shifts in the day.

Since the opening of the retail pharmacy on 14th August 2023, until 31st December 2024, the pharmacy managed to collect surplus of Tshs. 75,004,250, approximately equal to Tshs. 4,687,765 per month. The supply demand is growing from our neighboring dispensaries and local shops; therefore, we need to make it better and expand our service from retail services offered to supply in bigger quantities. We planned to upgrade it to wholesale to capture more health facilities and other retail shops around Ndala. We would like to express our gratitude to donors and friends of Ndala Hospital who have been supporting us throughout the year. Particularly we thank Mr. Bart van der Ploeg and the Tabora foundation for their support to our retail pharmacy to ensure its sustainability.

In the year 2024 we were blessed with heavy rainfall which resulted in plentiful harvest.

However, many people experienced floods, some houses broke down and the hospital compound was flooded due to lack of drainage system.



Floods between the outpatient department and minor theatre building to the front part of the administration block.



Floods in the area near the sister's convent open fields

Financially, most of the challenges faced during the year was due to non-payment for patients treated on exemption without cost recovery by the Government, due to a decreasing number of patients attending the hospital because of an increase of government facilities around Ndala area, due to a delay in payment from the National Health Insurance Funds for treatment of its members and due to inflation, which increased the costs of consumables including drugs. The hospital had to prioritize its spendings; two of the priorities were to start building the drainage system to prevent epidemic diseases and the renovation of the Hospital fence. The third priority was to increase quality of the service to the neonates: the hospital built a Neonatal intensive care unit.



Hospital fence after renovation



New building of NICU

STRATEGIES OUTLINED BY THE HOSPITAL TO ADDRESS THE CHALLENGES IN 2024

In the year 2024 Hospital Management planned to implement two new projects, namely establishing an orthopedic and Physiotherapy Department in the Hospital, Up to 31st December 2024 these two projects have not secured a potential donor to finance its implementation. However, an orthopedic outreach program from Bugando Medical Center will be implemented in 2025.

Currently the management of Ndala Hospital continue to look for another donor. Another proposal for support will be submitted to MANUS UNIDAS.

Requests for financial support to potential donors are an ongoing activity. Requests for financial support to potential donors are an ongoing activity.

On behalf of the Management and Staff of Ndala Hospital, I respectively submit,

Sr Dr Christina Njendela Mapunda, MMED.
Medical Officer in Charge
Ndala Hospital

CHAPTER ONE: INTRODUCTION

1.1 History

Ndala hospital has a long and rich history of providing healthcare services to the people of Nzega, Uyui and Igunga districts in Tanzania. The hospital was established in 1930's by the Missionary Sisters of Our Lady of Africa, also known as the white sisters. Initially it was just a dispensary, but in 1965, it was upgraded to a hospital beginning with 115 beds capacity, 15 nurses and one doctor, Dr H.R. Folmer was the 1st Medical Officer in Charge (MOiC) till 15/9/1971, Dr Herman J. Drewes was the 2nd, and Dr Gerald Haverkamp was the 3rd MOiC to cater the growing healthcare needs of the people in the region.

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

1.2 Location

Ndala Hospital is located in Nzega District at the border of Nzega, Uyui and Igunga District. In addition to Ndala Hospital, Nzega District Council has 6 Public Health Centres, 1 FBO's Health Centre, 52 Public Dispensaries, 1 FBO's Dispensary and 1 Private Dispensary all of which together with Ndala Hospital provide quality primary health care to the population of Nzega District Council and nearby District of Uyui and Igunga and parts of Nzega Town council.

Nzega district is a stunning region located in the western Tanzania plateau with a population of approximately 616,610 out of whom 303,158 are males and 313,452 female inhabitants and covering an area of 6,569 kilometers. Nzega district is primarily inhabited by Sukuma, Nyamwezi and Nyiramba tribes, with other smaller communities having migrated from the area for a variety of reasons, such as employment and business opportunities. Agricultural and pastoralist activities including Bees keeping are the mainstay of the District Council's economy, making it a vital contributor to the growth and development of the Council.

CHAPTER TWO: MANAGEMENT

2.1 Hospital management

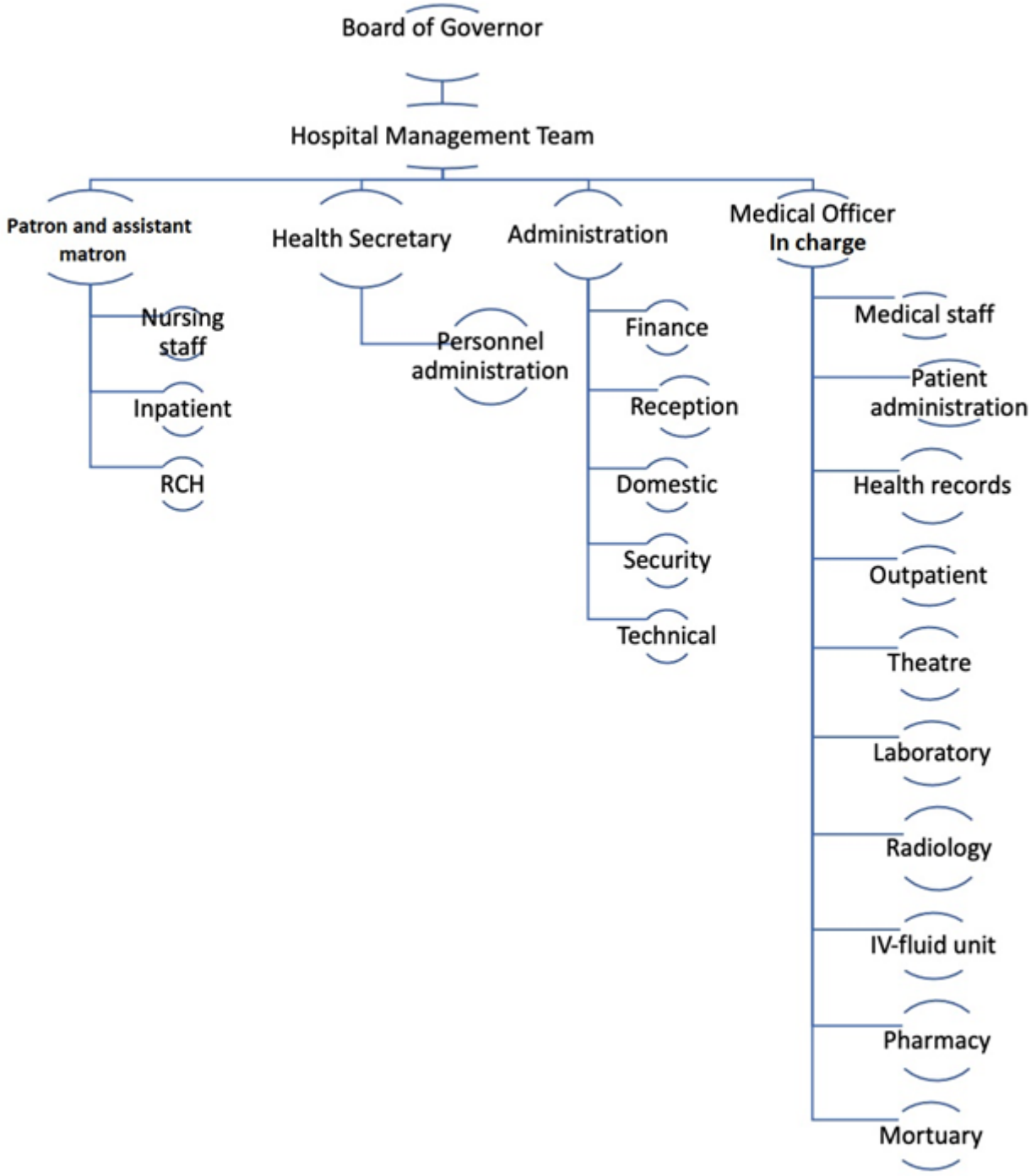
The Management of Ndala Hospital and the Hospital Governing Board chaired by the Archbishop of the Archdioceses of Tabora, meet twice per year to discuss matters pertaining the operation of the Hospital. Whenever needs arise emergence meetings are convened to discuss matters arising in the period under consideration.

Routine management of the Hospital Management Team is chaired by the Hospital Medical Officer In charge. The Hospital Management Team meets on monthly basis to discuss all issues of operation of the hospital including the monitoring and evaluation of the services offered to the clients together with the financial position of the Hospital.

The Hospital Management Team is responsible for the management of human and financial resources of the hospital. It prepares the Annual Budget Plan together with the Comprehensive Hospital Operation Plan and submits the plan to the Hospital Governing Board for approval before submission to higher authorities including the office of the Archbishop of the Archdioceses of Tabora, the Christian Social Services Commission and Nzega District Council. Also, the Hospital Management Team prepares and submits combined Technical and Financial Report to these higher authorities monthly, quarterly and annually.

The relation and channel of communication between the various sections, Hospital Management Team and the Hospital Board of Governors is clearly stipulated in the Hospital Organization Chart in the following figure.

HOSPITAL ORGANIZATION CHART



2.2 Human resource management

In the year 2024 number of staff in relation to patients attended at Ndala Hospital was not sufficiently enough to meet the demand and ensured provision of quality and efficiency service. There was no significant shift of staff to the government employment, however there were few staff replacement for some vacancies left by Nurses, Lab Technologists and a Doctor.

To further illustrate the staffing levels at Ndala Hospital, table 1 is provided below:

Table 1: Staffing levels at Ndala Hospital

No	Cadres	Available number	Deficits
1	Medical Officer	3	5
2	Assistant Medical Officer	2	10
3	Dental Officer	0	1
4	Assistant Dental Officer	0	1
5	Dental therapist	1	0
6	Nursing Officer	2	10
7	Assistant Nursing Officer	16	4
8	Nurse	15	18
9	Health Laboratory Technologist	5	0
10	Assistant Health Laboratory Technologist	1	1
11	Radiology Scientist	0	1
12	Radiographer Technologist	2	0
13	Nutritionist	0	1
14	Occupational Therapist	0	1
16	Optometrist	1	1
17	Physiotherapist	0	1
18	Social Welfare	0	1
19	Pharmacist	0	1
20	Pharmaceutical Technologist	3	0
21	Assistant Pharmaceutical Technologist	0	1
22	Assistant Environmental Health Officer	0	1
23	Economist	0	1
24	Biochemical Technologist	0	1
25	Medical Record Technician	1	2
26	Health Secretary	1	1
27	Medical Attendant	45	0

28	Mortuary Attendant	0	2
29	Computer System Analyst	1	1
30	Computer Operator	0	0
31	Accountants	1	0
32	Accounts Assistant	0	1
34	Assistant Supplies Officer	0	1
35	Electrical Technician	0	1
36	Personal Secretary	1	0
37	Plumber	0	1
38	Security Guard	8	0
39	Kitchen Attendant	2	0
40	Laundry Assistants	3	0
TOTAL		**116**	**87**

As we can see in the table above there is big number of medical attendants as compared to other cadres. They play big role in supporting Nurses and Doctors to render service to the patients and ensure the wards are clean and other medical equipment's and supplies are in good condition as required.

The programmed continuous upgrading of our staff members had resulted in an increased number of trained staff in Neonatal Intensive care, Nursing care in Maternity and overall patient's care. Two nurses were sent to Bugando Medical Centre in the Neonatal Intensive care Unit (NICU) for 3-month attachment, and three other health workers were sent for attachment at the NICU in Sengerema Referral Hospital.

Currently we have several staff members who are pursuing further studies with the support of various sponsors in different training institutions, which is further detailed in the table below.

Table 2: List of Ndala Hospital staff members pursuing further studies

No	**Name**	**Course**	**Name of Sponsor**	**Institution**	**Year of Study**	**Expected Year of Graduation**
1.	Dr John Romanus Nyeho	Master of Medicine in Obstetrics & Gynecology	ASBN	KCMC	2nd	2027
2.	Emmanuel Makono	Diploma in Nursing (Upgrading)	JOCS	Sengerema school of Nursing	1st	2025

3.	Sr Magreth Njuguna	Currently doing her internship	Imelda Norlet and JOCS	Medical Doctor	6th	2025
4.	Sr Cresensia Peter Epimack	Catholic University of Health and Allied Sciences-Bugando	Tabora Foundation and CSSC	Diploma in Pharmacy	2nd	2026
5.	Sr Maria Joseph Albini	Sengerema Health Training Institute	Tabora Foundation	Diploma in Pharmacy	1st	2027

We are grateful that the staff members, who have completed their studies with the support of our benefactors, are back in the field. We believe that their presence will bring efficiency and high professionalism in service and handling our patients. The staff that completed their studies in 2024 is mentioned in the table below.

Table 3: List of Staff who completed their studies in 2024.

No	Name	Course	Name of Sponsor	Institution	Duration of Study
1.	Fr. Francis Kiguli	Clinical Officer	JOCS	Sengerema Health Training Institute	3yrs
2.	Sr. Jackline Mabimbi	Clinical Officer	JOCS	Sengerema Health Training Institute	3yrs
3.	Irene Lyakurwa	Diploma in Pharmacy	JOCS	St Maximillian Tabora	3yrs
4.	Calvin Robert	Clinical Officer	JOCS	Mtwara Clinical Training institute	3yrs
5.	Japhet Kazilo	Diploma in Nursing (Upgrading)	JOCS	Sumve school of Nursing	2yrs

2.3 Financial Management

Ndala Hospital financial status depends on the income received from various sources, these includes Cost sharing which is the contribution from patients' treatment cost, in the table which has increased due to increased efficiency in service offered but also due to good harvest which enabled many people to afford treatment. There were many specialized services and improved laboratory services. The other source is from Government Health sector basket Fund, which in the year 2024 amount decreased because we received three quarters only. Like wise we had reduced fund from National Health insurance fund (NHIF) due to new regulations imposed by the Government. These included changes in pricing of medical services offered, drugs, procedures and laboratory investigations. The other source of fund is from the Non-Government MDH (Management and Development for Health) which support most of activities related to People living with HIV. It supports staffing in CTC (Care and treatment clinics) and supporting all services and activities concerning patient with HIV.

Apart from all income sources mentioned above there were other sources which was significantly increased as compared in 2023. These sources of funds included house rent, hospital shops renting, canteen. Most of rented shops in 2023 were not paid until 2024.

In 2024 the income for the Hospital increased compared to the previous years. Operational costs were spent more on personnel costs followed by Health commodities and administrative expenses. Increased personnel costs were the result of the fact that only 12 staff members were paid by the Government leaving the remaining 116 staff members paid by the Hospital using funds collected from cost sharing.

Like last year the Hospital continues to experience financial difficulties resulting from increasing running costs compared to the income generated which is contributed by increasing number of exempted patients without proper mechanism for cost recovery.

Table 4: Income and expenditure of Ndala Hospital in Tanzanian Shillings

INCOME	**2024**	**2023**	**2022**
Cost Sharing	989,249,543.50	819,831,182.40	935,753,799.00
Government HSBF	84,910,581	113,203,000.00	69,010,604.00
NHIF	120,312,627	169,592,500.00	121,800,780.00
SHIB		0	0
MDH	184,278,406.20	105,408,000.00	32,961,797.25
REFUND FROM BANK	1,140,000		
Donors	34,433,941.83	98,859,074.99	10,987,265.75
Other income	35,001,303	7,000,000.00	40,641,142.00
TOTAL INCOME	**1,449,326,402.53**	**1,313,893,757.39**	**1,211,155,388.00**
Administrative expenses	157,547,968.66	218,557,214.05	108,956,694.00

Exempt Patients			
Salaries and Wages	843,724,794.50	644,787,954.00	674,295,651.00
Medicines and Medical devices	264,846,133.74	223,710,274.09	220,557,370.00
Maintenances and repairs	38,080,440	67,922,180.00	31,373,140.00
Taxes and Levies	4,950,000	10,225,000.00	12,000,000.00
Utilities	16,627,960	8,198,500.00	8,908,200.00
Transport &travelling	26,036,638	21,932,600.00	12,949,020.00
Postage and communication	1,032,899.99	2,058,700.00	8,730,020.00
Other expenses (Clergy & Liturgical)	37,130,000	49,360,200.00	40,075,184.00
Bank charges	1,673,870.52	1,9 66,592.25	3,978,449.00
Building new pharmacy			35,342,500.00
TOTAL EXPENDITURE	**1,391,650,705.41**	**1,248,719,214.39**	**1,157,166,228.00**
SURPLUS	**57,675,697.12**	**65,174,543.00**	**53,989,160.00**

CHAPTER THREE: HEALTH SERVICES

A: CURATIVE SERVICES

3.1 Inpatient services

THE WARDS

For many years Ndala Hospital has been facing the challenge of managing the care for newborn babies because of lack of facilities, including medical devices and specific wards to attend to sickly neonates. To mitigate this challenge, the management team of Ndala Hospital took initiative to search for donors.

Providentially, in 2024 Ndala Hospital was blessed to construct a new building for the Intensive care of the Neonates. We are most grateful to Manos Unidas from Spain for funding this building and resolve the long-standing problem. The new building has three wards, namely a general ward with four beds for sick neonates, an isolation room with two beds for infectious neonates and an intensive care ward with capacity to take care of 10 critically ill neonates at once.



Next to this newly constructed ward, Ndala hospital has four general wards for Males, Females, Children's and Maternity. The Male and Female wards have two wings, one for surgical and the other for medical conditions. All wards have isolation rooms: the Children ward has five isolation rooms and has an extension- which can be used in case of epidemics. A separate isolation building is used for the admission of patients with highly infectious communicable diseases like Tuberculosis, Measles and Covid 19. The hospital has a private ward, and each regular ward has a semiprivate room as well

PHARMACY UNIT

Ndala hospital has a main pharmacy (Main store) in-hospital pharmacy. Besides this, there is Ndala community pharmacy (Retail Pharmacy) that supplies patients and community with medications".

This main Pharmacy (main store) is under Pharmacy In charge. It usually ensures full availability of medicines and medical supplies by purchasing from different suppliers through a quotation system. When medicines and medical supplies are received in the main store, these are documented in the store bin-cards and ledger books. Thereafter, issued to the sub store and then to the dispensing unit. Dispensing unit is the main outlet of dispensed medicines and medical supplies to the outpatients and in patients. Essential medicines and medical supplies are usually available

NDALA COMMUNITY PHARMACY

This Hospital community Pharmacy initially started operating as 14th August 2023, to ensure fully supply of medicines and medical supplies which are not easily accessible in the hospital, as well as those medicines which are not of the level of the district hospital. Via this community pharmacy, patients can easily access the necessary medication. The aim of the hospital for the establishment of the community pharmacy was to increase hospital income by using the surplus gained from it.

Also, the unit has extended more its services by supply allowed the community shops (PLOM) at Ndala and even outside Ndala As a result, due to the presence of this community Pharmacy the hospital ensures a broader availability of medicines and medical supplies.



Finances of the Community Pharmacy:

Community (Retail) Pharmacy in Ndala Hospital was officially opened 14th August 2023 the project which was funded by Tabora foundation.

During its operation up to December 2024 the following were the procurement, sales, other expenses, bank balance and surplus obtained.

The procurement of health commodities (Drugs, medicine, Hospital supplies)	Tshs 197,306,250.00
operating expenses	Tshs 21,110,000.00
The income generated for sales of commodities	Tshs 49,782,895.87
Bank balance	Tshs 44,680,960.00
The surplus for the 16 months of operation of the community pharmacy	Tshs 75,004,250.35
Total Cost (Initial Capital + Other operating cost)	Tshs 218,416,250.00
Income generated after sale	Tshs 293,420,500.00
Difference between Total cost and Income	Tshs 75,004,250.35

After this analysis the Management of the Hospital suggested that the Retail Pharmacy can start annually with the contribution of 3,000,000 Tshs to the operation of the hospital until when further analysis is done in December 2025.

INFUSION UNIT

The infusion unit consists of 3 staff, who work on the production of quality sterile fluids under standard operating procedures. This unit ensures the availability of intravenous fluids, which are Ringer's Lactate solution. Dextrose 5%, sodium chloride 0.9%, Dextrose 10%, Dextrose and Sodium Chloride (DNS), sterile water for injection as well as sterile irrigation fluid. Costs of own production is lower than purchasing the necessary fluids for the hospital.

However, the unit still requires more extension and renovation of advanced machines, autoclave machine, etc. The unit still needs compounding area; this is necessary for compounding process of different drugs to operate.

HOSPITAL STATISTICS, TRENDS FROM 2022-2024

In the year 2024, like in 2023, the number of admitted patients decreased due to the increasing number of health facilities in the district. However, the number of patients admitted in the maternity ward increased from 1630 patients in 2023 to 1945 in 2024, possibly due to increased number of complicated obstetric cases referred to our hospital from the new health facilities.

Neonatal complications also doubled: from 67 neonates admitted in 2023 to 130 neonates in 2024. Among these complications 37.69% were referrals from other health facilities, 35.38% delivered at Ndala Hospital and 26.92% were home deliveries.

Table 5: Total number of admissions

WARD	2024	2023	2022
Male Ward	933	1257	1632
Female Ward	1530	2072	1,949
Children Ward	1672	1864	2,093
Maternity Ward	1945	1630	1,805
Neonatal ward (0-28 days post-delivery)	130	67	37
Private Ward	1	2	89
Total number of admissions	**6210**	**6892**	**7,685**

Table 6: Top ten diseases in IPD for the year 2024

S/N	DISEASES FOR ADULTS	Total	%	CHILDREN Under 5	Total	%
1	Malaria	381	24.5	Pneumonia	297	29.5
2	Anaemia	243	15.6	Malaria	283	28.0
3	Urinary tract infection	176	11.3	Anaemia	140	13.9
4	Gastroenteritis	156	10.0	Neonatal sepsis	95	9.0
5	Pneumonia	151	9.7	Malnutrition	60	6.0
6	Hypertension	141	9.0	Gastroenteritis	49	4.9
7	Sickle cell Disease	97	6.2	Sickle cell	26	2.6
8	Peptic ulcers	75	4.8	URTI	26	2.6
9	Asthma	68	4.4	UTI	17	1.7
10	Diabetes Mellitus	66	4.2	Asthma	15	1.5
	TOTAL	**1554**	**100**		**1008**	**100**

Malaria has continued to be the leading cause of admissions in adults and second cause in the under-five children, followed by anemia in both groups. Mostly, anemia in children is due to malaria and sickle cell disease.

Table 7: Total number of deaths for the year 2024

	2024	%	2023	%	2022	%	2021	%
Male Ward	37	24.8	52	27	59	27.6	82	35.7
Female Ward	40	26.8	53	27.6	60	28	70	30.4

Children Ward	67	45.1	84	43.8	85	39.7	73	31.7
Maternity Ward	2	1.3	0	0	1	0.5	1	0.5
Neonatal ward (0 -28 days post-delivery)	3	2.0	3	1.6	9	4.2	4	1.7
Private Ward	0	0	0	0	0	0	0	0
Total Number of Deaths	**149**	**100**	**192**	**100**	**214**	**100**	**230**	**100**

The number of deaths has been decreasing every year in all wards, possibly due to the continuing decreasing number of admissions. Unfortunately, in 2024 we had two maternal deaths as specified in table 11.

Table 8: Top five causes of death for the year 2024

S/N	Under 5	Number	Adult	Number
1	Severe Pneumonia	17	Anaemia	16
2	Anaemia	8	Bacterial Infection	16
3	Malaria	6	Heart failure	15
4	Bacterial Infection	5	Diabetes Mellitus	7
5	Gastroenteritis	4	Hypertension	6

The majority of deaths was due to severe pneumonia followed by anemia among children under 5, while anemia due to chronic diseases was the leading cause of death for adult. Most of these adult patients came in with heart failure secondary to anaemia, therefore blood transfusions could not save them. We counted four deaths due to gastroenteritis (diarrhoea), of which all death occurred during the epidemic of diarrhoea from July to September. The patients who passed away came in late, and were severely dehydrated. Stool samples were taken from all patients who were admitted with diarrhea, all tested negative for cholera rapid test and culture. Total of Gastroenteritis cases admitted were 156.

3.1.1 Obstetric services

Table 9: Total number of deliveries

TYPE OF DELIVERY	2024	2023	2022
Spontaneous vertex delivery	981	1100	1384
Spontaneous breech delivery	26	27	64
Assisted Vaginal delivery	11	40	12
Delivery by Caesarean section	452	279	268
Home delivery/BBA	0	0	12
TOTAL DELIVERIES	**1470**	**1425**	**1740**

The increased number of caesarean sections is due to an increased number of complicated referrals from nearby health facilities. There is reduced number of assisted vaginal deliveries (AVD) due to increased number of complicated cases of Antepartum Hemorrhage and eclampsia which did not fit criteria for AVD. However more on-job training on AVD will be emphasized in the year 2025.

Table 10: Obstetric complications

OBSTETRICS EMERGENCIES	2024	2023	2022
Uterine Rupture	6 (0.4%)	5(0.35%)	9 (12.16%)
Antepartum Hemorrhage	32(2.2%)	19(1.33%)	23 (31.08%)
Postpartum Hemorrhage	43(2.9%)	27(1.9%)	26 (35.14%)
Eclampsia	46(3.1%)	20(1.4%)	15
Maternal death	2(0.1%)	0(0%)	1 (1.4%)

Table 11: Pregnancy outcomes

	2024	2023	2022
Live births	1450	1377	1,728
Born before arrival (BBA)/ Home delivery	0	0	12
Fresh stillbirths (FSB)	30	28	28
Macerated stillbirths (MSB)	28	22	18
Preterm births	30	32	23

Table 12: Maternal death 2024

	Diagnosis & cause
1.	Hypovolemic shock secondary to APH 29yrs old G8P7L7 Newly diagnosed HIV patient not on ART, referred from Lutende Dispensary. Patient came with the history of 14hrs of PV bleeding. On arrival she was in shock, with active PV bleeding. Ultrasound scanning revealed low lying placenta. Resuscitation was done and patient was taken to theatre. The blood pressure was low throughout the operation, blood transfusion, iv fluids and medications were given. Intra operative findings placenta was low lying, with larger part detached from the uterus. Fresh still birth extracted. The patient died 4hrs post c/s due to multi organ failure secondary to Hypovolemia.
2.	Eclampsia 25yrs old prime gravida with twin pregnancy, came as self-referral from home. She had a history of convulsions several episodes for one day. On arrival the patient was unconscious with GCS 7/15 (E-1V-1M-5), in second stage of labour and she had adequate contractions, she managed to deliver premature twins. Lab investigations showed elevated liver enzymes with Protein +3 in the urine and leucocytes. Chest x-ray showed severe pulmonary edema. Patient passed away on the way to Nkinga referral hospital.

3.1.2 Surgical services

Table 13: Total surgical procedures

TYPE OF PROCEDURE	**2024**	**2023**	**2022**
Major surgical procedures	720	677	686
Minor surgical procedures	3781	4,078	3,894
Total	**4501**	**4,755**	4,580

The number of procedures has been increasing yearly. One of the reasons is that most of the public facilities at level of dispensaries cannot provide such services, and also, possibly due to low costs and the trust from our clients Ndala is a best place to get surgery.

Table 14: Top ten of major surgical procedures

S/N	TYPE OF PROCEDURE	2024	2023	2022
1	Caesarean section	452	279	300
2	Open prostatectomy	121	148	151
3	Explorative laparotomies	67	93	69
4	Herniorrhaphy	31	39	35
5	Total abdominal hysterectomy	26	40	36
6	Tonsillectomy/Adenoidectomy	20	20	15
7	Uterine myomectomy	17	20	24
8	Splenectomy	6	12	10
9	Appendectomy	4	10	13
10	Thyroidectomy	2	3	7
	TOTAL	746	664	660



Sister Christina and Macrina



Dr. Charles, student doctor and ...



Sr. Christina and student doctor



Sister Christina, student doctor and Macrina

Table 15: Top ten minor surgical procedures

S/N	TYPE OF PROCEDURE	2024	2023	2022
1	Wound dressing/ Surgical debridement	1962	1963	1,710
2	Suture removal	570	911	856
3	Uterine evacuation	211	220	396
4	Wound suturing	370	389	321
5	Urethral catheterization	243	209	252
6	Application of P.O.P (back slab/full cast)	180	117	123
7	Closed reduction (fracture/dislocation)	71	80	77

8	Incision and drainage	46	77	71
9	Foreign body removal	53	68	50
10	Ear syringing	27	44	38

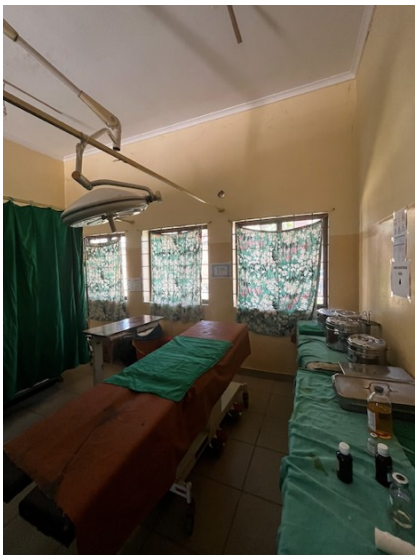
SURGICAL PROCEDURES PERFOMED AT NDALA BY VISITING SURGEONS

In the year 2024 Ndala Hospital managed to conduct various specialized procedures by using the internal and external experts. The surgical procedures performed by Dr Fidelis visiting ENT and General surgeon from Bugando Referral Hospital included Tonsilitis, Adenoidectomy and Thyroidectomies. Other major procedures conducted by Dr Sosoma Ophthalmology surgeon from Kitete referral Hospital included cataract surgery. Also, we conducted two dermatology clinics by Dr Mary Mgalega Dermatologist from Nzega District and one visit by Dr Amon Pediatrician from Kitete Regional Hospital. In the coming year we plan to conduct more visits and surgeries in Ophthalmology, general surgery and orthopedic clinics this time will be done by specialist from Bugando zonal referral Hospital.

3.2 Outpatient services

The out-patient department for the year 2024 received 16,066 patients: this is a reduced number of attendances as compared to the year 2023 with 16,199 clients. The OPD has a reproductive and child health unit (RCH clinic is busy attending 40-90 clients daily.), an eye unit, a CECAP, a dental unit, a mental health clinic, a radiology unit, a TB unit, a CTC, a pharmacy dispensing unit and a minor theatre.







Some stations in OPD: right picture shows the corridor with waiting area for the patients visiting CECAP Dental radiology, middle picture shows the minor theatre and on the left picture you find the receiving area with an ambulance from the nearby health facility

Table 16: Top ten diseases in OPD for the year 2024

S/N	ADULTS	NUMBER	%	UNDER 5	NUMBER	%
1	UTI	1258	20.2	URTI	424	29.9
2	Hypertension	985	15.8	Malaria	275	19.4
3	URTI	850	13.6	Pneumonia	246	17.4
4	Rheumatoid and joint Diseases	678	10.9	Anaemia	167	11.8
5	Gastroenteritis	560	9.0	UTI	100	7.0
6	Peptic ulcers	556	8.9	Gastroenteritis	62	4.4
7	Malaria	508	8.0	Malnutrition	49	3.5
8	Diabetic Mellitus	330	5.3	Sickle cell	47	3.3
9	Anaemia	290	4.6	Neonatal Sepsis	35	2.5
10	Pneumonia	228	3.7	Asthma	12	0.8
	TOTAL	**6,243**	**100**		**1,417**	**100**

Table 17: Total number of OPD cases

General OPD	**2024**	**2023**	**2022**
New cases	5,857	5,835	5,630
Re–attendances	10,209	10,364	12,048
Total	**16,066**	**16,199**	**17,678**

3.2.1 Eye care services

Many patients attended the eye unit in 2024 as compared to the year 2023 after the ophthalmology nurse completed the three course in Kilimanjaro Medical Centre. He acquired certificate in ophthalmology.

Table 18: Eye procedures

Eye Procedures	**2024**	**2023**	**2022**
Cataract surgery	4		
Refraction	32		
Incision	2		
Total	38		

Table 19: Common eye diseases

Eye diseases	2024	2023	2022
Conjunctivitis	101	93	124
Cataract	52	28	90
Eye trauma	26	21	40
Refractive errors	25	16	35
Glaucoma	30	23	16
Cornea ulcer	10	20	14
Diabetic retinopathy	3	2	10
Presbyopia	19	6	9
Corneal opacities	7	8	6
Pterygum	25		
Myopia	13		
Others	49	104	76
TOTAL	**360**	**321**	**420**

The most common causes of vision loss among the patients attended at our hospital are cataract, glaucoma and diabetic retinopathy.

3.2.2 Dental services.

Dental services in our hospital have improved significantly; since the end of 2022, our dental unit has started to provide many services that were absent in the past due to lack of equipment. These improvements have been made with financial support from **PIUS XII Foundation** for the establishment of the new dental unit. The number of patients with dental problems arriving to get services has increased significantly. However, in 2024 the number of patients reduced due to the 3 months maternity leave of the dental therapist.

Table 20: Dental cases attended from 2022-2024

		2024	2023	2022
1.	Dental caries	112	147	73
2.	Periodontal disease	10	30	9
3.	Periapical abscess	4	8	3

4.	Dental abscess/ Ludwig angina	6	4	2
5.	Lateral luxation/Intrusion	2	3	0
6.	Mandible Fracture	1	1	0
7.	Dry socket	0	1	0
8.	Tooth fracture	0	1	0
9.	Soft tissue injury	0	1	0
10.	Sensitivity	2	0	0
11.	Tumor	2	0	0
	TOTAL	**149**	**196**	**87**

Table 21: Dental procedures from 2022-2024

	PROCEDURES	**2024**	**2023**	**2022**
1.	Tooth extraction	69	97	50
2.	Tooth fillings	18	30	13
3.	Scaling	3	18	11
4.	Incision and drainage	9	3	0
	TOTAL	**99**	**148**	**74**
	REFERRALS	**4**	**1**	**6**

3.2.3 Radiology services

The radiology department supplies the hospital with radiography and ultrasonography diagnostic investigations. In 2024 Ndala hospital managed to install a digitalized x-ray machine and procured a new ultrasound machine with more capacity to identify 3D images. This reduced the cost of purchasing x-ray films, fastened the process and reduced waiting time. The number of patients for x-ray investigations and Ultrasound investigations increased due to improved skilled doctors who maximized their utilization.

Table 22: Total number of X-rays

Type of X-rays	**2024**	**2023**	**2022**
Chest	910	570	542
Extremities	427	350	306
Shoulder	59	55	52
Pelvis/hip	92	55	82

Skull	74	41	34
Vertebral column	81	54	56
Plain abdomen	108	84	92
Barium swallow	5	4	1
Barium meal	6	-	2
Hysterosalpingogram	14	3	12
Total	**1,776**	**1,219**	**1,183**
Films used	**0**	**1,299**	**1,233**

Table 23: Total numbers of ultrasounds

Type of Ultrasound	**2024**	**2023**	**2022**
Obstetrical	894	581	563
Gynecological	783	599	751
Abdominal	821	472	424
Urological	245	236	235
Cardial	428	105	70
Other	65	23	10
Total	**3,236**	**2,016**	**2,053**

3.2.4 Laboratory services

The Laboratory unit has 7 staff members who operate in 24 hours shifts. The tables below describe trends in laboratory investigations.

Table 24: Trend in laboratory investigations

TYPE OF LABORATORY TEST	**2024**	**Abnormal values**	**2023**	**Abnormal values**	**2022**	**Abnormal Values**
1. PARASITOLOGY						
Bloodsmear for malaria	2238		1610	444	5,085	1,996
Malaria Rapid Test	4924		4724	715	4,175	877
Stool analysis	1323		1543		898	8
Urine analysis	4047		3958		1,901	787
2. BACTERIOLOGY						
Culture & Sensitivity	99		31		41	21
MTB (GX, FM)	1573		1198		1,662	91

Gram Stain	47		04		41	29
MTB Gene Xpert	1573					
TB Microscope	54					
CSF analysis	14					
HIV Early Infant Diagnostic	306					
HIV(VCT/PITC)	6394					
HIV Viral load (HVL)	1784		2099		1718	
3. BIOCHEMISTRY						
PSA	75		29		30	22
Serum Cholesterol	320		107		23	14
ASAT (SGOT)	255		85		70	42
ALAT (SGPT)	261		80		73	45
Blood Glucose	3714		3400		2,362	905
Serum Creatinine	1066		1417		1,285	128
Serum Urea	257		44		107	51
Serum Uric Acid	352		204		112	53
TSH	12		6		11	*9*
Serum T4	12		6		16	13
Serum T3	11		6		16	11
Urine for Protein	409	206	3341	93	1,625	1,324
UPT	352	142	282	142	325	297
FSH	26					
Progesterone	19					
Prolactin	44					
Luteinizing Hormones	30					
D-Dimer	29					
C-Reactive Protein	49					
Glycosylated Hemoglobin	27					
Sodium	125					
Chloride	95					
Potassium	165					
Total Protein	5					
4. SEROLOGY						

RPR	397	44	371	21	742	57
Widal test	113	2	470		101	3
Typhoid antigen test	344	2	484	39	632	50
H pylori Antigen Test	1249	479	1226	551	1,075	492
Hepatitis B	159		292	13	485	35
Hepatitis C	139		271	01	593	9
Brucella Test	47	1	269	49	23	9
CrAg Test	104	6	119	6	71	12
HEID (HIV Early infant diagnosis)	306		207	5	447	12
HIV (VCT/PITC)	6394		5433	114	4,911	116
5. HEMATOLOGY						
Hb	7350		9647		15,913	2,082
Blood Grouping & Rh typing	4145		3750		753	
Full blood Picture	6151		1863		1,898	854
ESR	383		15		28	21
CD4	695		568		256	71
Sickling test	72	26	122	44	104	57
Sickle scan Test	216	80				
6. HISTOPATHOLOGY						
Semen Analysis	6		9		9	3
Prostate biopsy	7		16		88	36
Breast biopsy	2		2		9	1
Other tumors biopsy	12		8		23	12

New investigations in 2024 include hormonal tests like Progesterone, prolactin, Follicle stimulating hormones (FSH) and Luteinizing Hormones (LH). Others include D-Dimer, C-Reactive Protein, Glycosylated Hemoglobin, Total protein and electrolytes. Pathology samples were sent to Arusha or Mwanza pathology laboratory. In the table we also see increasing number of Helicobacter infection this is due to increase in tests performed and high prevalence of H. Pylori infection in Tanzania. The prevalence varies between 39.1% and 65% between regions of Tanzania.

Table 25: Trend in Safe Blood collection and transfusion services

	2024	**2023**	**2023**
Number of blood units collected	2198	1323	1,366
Number of Safe Blood Units transfused	2245	1141	1,299

Proper equipment management refers to Investing in high quality laboratory equipment such as Urine Analyzer machine and ensuring the availability of electricity all the time for the stability of reagent which needs to be stored at 2 – 8 degree Celsius, Blood and Other Blood product which are stored at 2 – 6 degree Celsius.

Table 26: Trend in intravenous fluid production consecutive periods of three years

LITRES	**2024**	**2023**	**2023**
Normal saline 0.9%	4242	1799	5,447
Dextrose 5%	1495	445	382
Ringer's Lactate	6040	2736	805
Dextrose 50%	-	-	9.5
	2024	**2023**	**2022**
OTHER FLUIDS in litres			
Irrigation fluid	1612	3845	
Water for injection	2788	365	

3.2.5 TB clinic services

Table 27: Trend in TB patients

	2024	**2023**	**2022**
New patients	84	96	85
Re-treatment	1	5	3
Transferred–in	2	4	4
Transferred out	25	25	43
Total registered	**112**	**126**	**142**
Pulm. (Sputum pos.)	37	37	37
Pulm. (Sputum-neg.)	48	54	41
Extra-pulmonary	5	24	31
HIV-Pos	11	26	41

Treatment results:			
Completed	66	101	87
Cured	13	21	14
Failed	0	0	0
Transferred	25	4	0
Died	3	7	8
Defaulted	1	1	2

3.2.6 Epilepsy and mental health clinic services

Table 28: Trend in epilepsy and mental health patient's registrations

	2024	**2023**	**2023**
Patient registered	249	232	245

B: PREVENTITIVE SERVICES

3.3 Reproductive and child health services (RCH)

The outreach team continued to offer service to the nearby villages. Despite decreasing number of patients in these services due to increasing Health facilities and services, the visits are still important to ensure safe delivery and to reduce complications related to labor and delivery.





Student doctors Luca, Levy and Bas, together with nurses from Ndala Hospital. Wearing the black shirt is Mr Bruno (Driver) and on the right Winfrida (clinician).

Table 29: Trend in total under-5 RCH attendances

	2024	**2023**	**2023**
Under-5 and ANC	18,452	20,273	21,129

Table 30: Trend under 5-RCH 1st and re-attendances

NDALA RCH			**2023**		**2022**	
	1st att	**2nd att**	**1st att**	**2nd att**	**1st att**	**2nd att**
Children < 12 m.	1,074	7,713	1109	10530	1030	11,826
Children > 12 m.	0	5,165	0	3940	0	3,764
Subtotal Ndala RCH	**1,074**	**12,878**	**1109**	**14470**	**1030**	**15,590**
MOBILE CLINIC	**2024**		**2023**		**2022**	

Children < 12 m.	62	670	35	627	51	575
Children > 12 m.	25	674	4	752	0	602
Subtotal mobile clinic.	**87**	**1344**	**39**	**1380**	**51**	**1177**
Ndala RCH & Mobile Clinic	**15,383**		**16,998**		**17,848**	

Table 31: Trend in antenatal attendances

NDALA RCH	**2024**	**2023**	**2022**
New Cases	780	829	799
Re-attendance	2053	2270	2,213
Total:	**2833**	**3,099**	**3,012**
MOBILE CLINIC	236	176	269
Total:	**3069**	**3275**	**3,281**

Table 32: Trend in risk factors seen at RCH

Malnutrition Under 5, 1st attendance	**2024**	**2023**	**2022**
BWT 60-80th percentile	35	28	16
BWT below 60th percentile	35	21	78
TOTAL	70	49	94
Risk factors Antenatal 1st attendance			
Age < 16 years	3	1	1
Age > 35 years (prime gravid)	0	0	139
Parity > 4	423	430	432
Hypertension (>140/90 mmHg)	3	4	2
Anemia (Hb <6g/dL)	43	31	19

Table 33: Trens in vaccinations

TYPE OF VACCINE	**2024**	**2023**	**2022**
Tetanus toxoid (antenatal)			
Dose I	306	323	290
Dose II	355	409	318

Dose III	288	343	229
Dose IV	217	266	185
Dose V	152	154	88
BCG			
At birth + at later time	2494	3620	2,520
At later time	281	222	0
Polio			
0 (at birth)	980	1715	1,012
I	835	1487	843
II	739	1122	733
III	896	1505	635
DTP > Penta			
I	1205	1,221	1,387
II	886	966	1,167
III	958	994	996
Measles	1767		1,554
Rotavirus			
I	1027	1,358	802
II	743	1,026	708
III	958	859	-
PCV-13			
I	1140	1,306	1,208
II	638	955	1,044
III	1040	1,080	877
Vitamin A	15,361	12,514	16,254
Total Vaccinations	17,724	10,445	32,850

We see reduced number of Polio vaccination due to scarcity and availability of vaccines.





Outreach program to villages, with some of the staff members from the RCH-clinic and student doctors from the Netherlands

3.4 HIV/AIDS control program

In 2024, we continued to improve services for patients living with HIV (PLHIV). The Government, in collaboration with MDH (Management and Development for Health) who continued to support the provision of CTC services and with EGPAF who currently deals with TB patients and child growth development and care at our hospital, have supported to hire staffs to work at the CTC clinic and have contributed to the hospital's budget especially in activities related to CTC. Due to ongoing efforts to educate the community about this disease, the number of new HIV infected patients has decreased. In the year 2024 MDH got a notice from the CDC (the funder) not to execute any activities related to spending its fund, related to the new government of America under the new American president. It is unsure whether the fund will be reinstated in the upcoming years. Therefore, the Tanzanian Government is preparing to ensure continuity of these services by training more staff to ensure that all HIV patients receive the necessary care.

Table 34: Trend in VCT

	2024			**2023**			**2022**		
	Fem	**Male**	**Total**	**Fem**	**Male**	**Total**	**Fem**	**Male**	**Total**
(New) Clients counselled	7	5	12	15	22	27	72	60	132

Re-attendance	73	73	146	157	188	345	211	238	449
Tested	80	78	158	172	210	382	283	298	581
HIV positive	0	0	0	0	0	0	4	2	6

The CTC Department has separated the adult from the pediatric clinic. The pediatric CTC clinics is held on every first and last Saturday of the month, where children will come from home with their care giver or parents for checkup and drug (ART) collection

Table 35: Trend in CTC patients

	2024	**2023**	**2022**
Number of enrolled patients	62	79	113
Patients on ART	1872	1,963	1,989

Table 36: Trend in home-based care visits

	2024	**2023**	**2022**
Visits	0	0	0
HIV/AIDS	0	0	0

Table 37: Trend in PMTCT

	2024	**2023**	**2022**
Pregnant mothers tested RCH	788	763	820
Mothers HIV positive RCH	4	5	1

There was increased number of Females patients who were tested due to repeated tests done to pregnant womens according to the new protocol.

C: SUPPORTIVE SERVICES

3.5 Medical records and statistics

The hospital uses the INAYA system to manage medical records. Communication between departments is streamlined through INAYA, from patient registration to medication administration. This system has simplified workflows, enhanced data accuracy, and provided precise tracking of health commodity usage. By replacing paper files with electronic records, INAYA has strengthened data security and accessibility. Additionally, the quick and efficient patient registration process enables rapid information retrieval, ultimately contributing to better patient outcomes. In 2024 we have extended the INAYA system to our newly built NICU ward.

3.6 Technical department and transport

The hospital's Technical and Transport Department plays a vital role in its daily operations. However, the department faced several challenges in 2024. Many hospital instruments and equipment suffered from damage, primarily due to ageing and the absence of Planned Preventive Maintenance (PPM) services. A lack of funding and the absence of an in-house biomedical engineer forced the hospital to rely on external biomedical engineers, resulting in increased maintenance costs.

The department also encountered difficulties with the hospital's vehicles, most of which are outdated and expensive to operate. Furthermore, the hospital is actively seeking donors to support the procurement of a new ambulance to improve emergency response services.

CHAPTER FOUR: PROFJECTS FOR 2025

In 2025, Ndala Hospital will continue to work on various plans to enhance its healthcare services. It is our aim to provide the highest quality care for patients, as well as for their families. We believe that the following projects will aid us in achieving this goal.

List of the proposed projects:

- Further integration of services of the newly built Neonatal Intensive Care Unit;
- Improvement of our Eye Clinic by obtaining modern equipment such as a slit lamp ophthalmoscope, w-display ophthalmic frame and a trial frame;
- Establishing a specialized clinic for orthopedic surgery, through an outreach program in collaboration with Bugando Medical Center, as well as the provision of physiotherapy services;
- Procurement of an ambulance.

CHAPTER FIVE: IN APPRECIATION OF OUR DONORS AND FRIEND OF NDALA

The story of Ndala Hospital reflects the profound impact of collaboration and shared purpose. Our progress has been shaped by the generosity of numerous individuals and organizations who have contributed selflessly to our mission of delivering high-quality healthcare. This section is dedicated to expressing our sincere gratitude to the donors and friends who have made a meaningful difference in the lives of our patients and staff.

We begin by acknowledging the exceptional support of the Tabora Foundation, led with dedication by Dr. George P.A. Joosten and Dr. Rob Mooij, along with their committed team. The foundation has been a constant presence in our development, funding various initiatives ranging from staff education to the provision of essential medications for our epilepsy patients. Their unwavering support has significantly enhanced the standard of care we offer.

Our collaboration with ASBN has been instrumental in driving our growth. Their financial support has enabled the execution of key projects and the ongoing development of our staff's skills. This partnership has fostered a strong learning culture within the hospital, for which we are truly grateful.

We also thank the Sonnevank Foundation, whose financial contributions have allowed us to deliver comprehensive care to our TB patients. Their commitment to supporting vulnerable populations is deeply appreciated.

Our heartfelt thanks go to the Imelda Nolet Foundation for its generous funding, which has been essential in advancing several projects at Ndala and promoting professional development among our staff. Their support has strengthened our ability to provide quality healthcare.

The organization JOCS has been a valued ally in our work. Their contributions — ranging from scholarships and medical equipment to technical assistance — have played a vital role in enhancing our service delivery.

Special thanks are due to the Dr. Max Fund for the vital support in treating patients from underprivileged backgrounds. The generosity has ensured that financial hardship does not stand in the way of access to quality healthcare for the most marginalized members of our community.

We also recognize the critical role played by the Tabora Archdiocese Health Office, whose efforts in overseeing health initiatives and facilitating connections with partners such as JOCS have been invaluable to our work.

We are especially thankful to Dr. Herman’s Funds for their continued investment in the education of our staff through the Workers' Children Education Fund. Their dedication to developing future talent is commendable and deeply appreciated.

Our sincere appreciation goes to Mr. Bart Van de Ploeg, whose financial support was key in realizing our vision of establishing a Ndala Retail Pharmacy within the hospital. His generosity has made a lasting impact on our institution.

We would also like to thank Dr. Myrrith Hulsbergen, a longstanding supporter and friend of Ndala Hospital, for generously offering her time and expertise in reviewing the technical content of this annual report. Her meticulous attention to detail has greatly contributed to its clarity and accuracy.

A special tribute goes to our long-time friends and former colleagues—Dr. George Joosten, Dr. Rob Mooij, Dr. Gerard Haverkamp, Dr. Myrrith Hulsbergen, and other former Dutch doctors who once served at Ndala. Their continued support in connecting us with donors, offering technical advice, and overseeing the use of funds from Friends of Ndala in the Netherlands and other partners has been vital to our growth.

Lastly, we extend our heartfelt gratitude to all donors and friends—named and unnamed—who have supported our journey. Your kindness and dedication have fueled our progress and touched countless lives. We look forward to continuing these valued partnerships as we pursue excellence in healthcare at Ndala Hospital.





Dr. Myrrith Hulsenbergen with the Sisters





Student doctors from the Netherlands with staff members of the hospital






Student doctors from the Netherlands visiting traditional healer Selloye

S/N	ORGANIZATIONS & FRIENDS OF NDALA HOSPITAL
1	Arnhemse Stichting Bijzondere Nonnen (ASBN)
2	Stitching Tabora
3	Stichting Imelda – Nolet
4	Stichting PIUS XII
5	Japan Overseas Christian Medical Cooperative Service (JOCS)
6	The Sonnevank Foundation
7	Archdiocese of Tabora, Health Department
8	Nzega District Council
9	Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
10	Management and Development for Health (MDH)
11	Christian Social Services Commission (CSSC)
12	Dr. Max's Fund for poor patients
13	Dr. Herman's Fund for Workers Children Education (WCEF)
14	Mr. Bart van de Ploeg
15	Dr. Myrrith Hulsbergen
16	Dr. Gerard Haverkamp
17	Dr. George P.A. Joosten
18	Dr. Rob Mooij
19	Family of Dr. Wander and Dr. Erika Kars.
20	Sisters of Charity of St. Charles Borromeo (Maastricht, Netherland)
21	RK. Caritas St. Brigitta, Ommen Parish
22	Mr. Paulus Lips
23	MANOS UNIDAS