THE ARCHDIOCESE OF TABORA



NDALA HOSPITAL, TANZANIA

2025 ANNUAL REPORT

NDALA HOSPITAL
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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 Transmission.
PITC	Provider Initiated Testing and Counselling.
VCT	Voluntary Counselling and Testing.

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ACKNOWLEDGEMENT

My deep and sincere gratitude to the Almighty God for His continuous care and blessings upon Ndala Hospital's management team and staff, on their effort to respond to the inevitable healing mission of Christ. By God's providence we were made worthy to provide medical treatment and pastoral care. Ndala Hospital is constantly committed to sharing compassionately and redemptively in Patients Suffering. God has enabled us to perform this healing ministry 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. Through its annual meeting in the year 2025 it enhanced provision of an ambulance to 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 2025.

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 2025. 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 2025. 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, the Health Sector Basket Fund (HSBF) from the government and Management and Development for Health (MDH) funds have 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

Distinguished guests and all who have been hand in hand with us for the year 2025. We are grateful for the graces we received from The Almighty God who enabled us to continue taking care of the sick and the needy in our hospital. Thankful to His Eminence Protas Cardinal Rugambwa our Archbishop and His Auxiliary Bishop Josephat Bududu and all who respectfully helped us in undertaking this delicate task for the sick.

The work was not at all easy as we had many challenges. Nevertheless, we managed to come through. We believe it is due to the power of God, and also to your eminent support that we managed; we ask for the same support as well as we embark on the new financial year 2026/2027.

To the hospital staff and all stakeholders, I come before you thanking you for your support, so that we managed to render creditable services which people deserve. We have together achieved tremendous results in and around the catchment area of our services. We hope to do the same also in this financial year.

The management team of Ndala Hospital has continued to implement its comprehensive hospital operational plan to mitigate risks and minimize operational and financial impacts on daily basis. Operation of the hospital, while ensuring that resources though scarce were made available. For example, equipment supplies, raw material, human resources and funds were sensitively managed and preserved throughout the hospital.

I wish to express my appreciation to our benefactors and benefactresses in and out of our country who have supported us in many ways, financial assistance, provision of medical supplies, prayers, and words of encouragement to mention a few. Thank you so much. We still need your support so that we may break through to meet all the demands for our services.

To our stakeholders who have partnered with us: your technical expertise, training opportunities for our staff and donation of equipment have greatly enhanced our services; we efficiently rendered our services nicely. I know that despite all those services we may have overstepped some of those we had to serve. I say on behalf of the hospital staff and all stakeholders: we are profoundly sorry.

The year 2026 is at hand and we expect to do even better than last year. As our hospital keeps growing and needs keep increasing, we need to enhance and expand our services as well. We will need your esteemed support, as you did last year. When we approach you again for your esteemed support, please do not turn your back but come again to us with your open hands. We will be grateful if you respond positively to our requests.

Last year we had many demands like updating our medical equipment and diagnostic materials, ventilator machine, ECHO, OGD, CT scan, ambulance and many others.

We are grateful to our government for having provided us with an ambulance, which helps a lot in rushing patients in critical condition to referral hospitals and other services. Thank you so much.

Last but not least, we do promise to render our serves to the best of our knowledge to meet the demands and needs of our clients. So, help us God.

I wish you all the best and pray for everyone. And we really ask for your prayers, so that our serves may help us attain the beatific vision which is the kingdom of God.

Sincerely yours

May Peace and Blessings be with You all.



Sr Florida Andrea CB.
Administrator
Ndala Hospital

GENERAL OVERVIEW OF THE YEAR 2025

The year 2025 has been remarkably successful for Ndala Hospital compared to previous years, particularly in terms of the significant support received from the Government of the United Republic of Tanzania. A major milestone was achieved with the donation of a brand-new Toyota ambulance from the Ministry of Health, effectively addressing the hospital's longstanding transportation challenges for patient referrals. Since its handover in late 2025, referral operations to higher-level facilities have run smoothly and efficiently.

Key Clinical Services & Specialized Care

- Neonatal Intensive Care Unit (NICU): Following its official inauguration on June 6, 2025, neonatal care saw dramatic expansion. Total admitted neonates increased by 81.5%; rising from 130 in 2024 to 339 in 2025, with 169 admitted in the new unit between June and December. Almost all admitted neonates recovered; 4 neonates were reported who passed away and 5 were referred to higher centres.

- Inpatient Trends: While overall inpatient admissions slightly decreased by 3.8% (5,984 total admissions in 2025 down from 6,210 in 2024), specialized areas like Orthopedic, General surgery and ENT experienced notable growth. Admissions in the Children's Ward rose by 14.4% (1,912 in 2025 compared to 1,672 in 2024).

- Specialized Outreach Programs: The hospital successfully hosted multiple visiting specialist clinics from Bugando Medical Centre and other partners:

    - Orthopedic Team attended 62 patients and performed 6 major surgical procedures.

    - Ophthalmology Team conducted 3 visits, attended 147 patients, performed 67 procedures and executed 17 surgeries.

    - ENT & General Surgery conducted 2 outreach visits, attended 104 patients and performed 59 surgeries.

Maternal and Child Health Trends

- Deliveries & Surgical Care: Total deliveries recorded 1,352 in 2025, down from 1,470 in 2024. Caesarean sections stabilized at 428 cases (compared to 452 in 2024) as assisted vaginal deliveries rebounded. Combined stillbirths (fresh and macerated) decreased significantly by 27.6% (falling from 58 in 2024 down to 42 in 2025). One maternal death happened in 2025, compared to 2 deaths in 2024. The success is due to efforts made by the Government to raise awareness of health workers, and to the attention paid to all at risk women who were referred early.

- Morbidity & Mortality: Malaria and severe anemia remained the leading causes of inpatient admission across both pediatric and adult populations. Tanzania played a critical role in the research behind the world's leading malaria vaccines (RTS, S and R21/Matrix-M) and is currently rolling out the vaccines through its national childhood immunization program. In line with updated WHO guidelines, young children in target regions receive a 4-dose regimen to ensure maximum protection against severe illness and hospitalization. There is currently no malaria vaccine approved for adults. They must rely on oral preventive medications (such as Atovaquone/Proguanil, Doxycycline, or Mefloquine), bed nets, and insect repellents.

- For children under five, severe pneumonia, malaria, and neonatal asphyxia were the primary causes of mortality. In adults, non-communicable diseases led mortality figures, with hypertension being the primary cause of death, followed by pneumonia, HIV, and sickle cell disease.

Operations, Pharmacy, & Diagnostic Expansion

- Diagnostic & Health Information Services: utilization of the electronic medical record system (INAYA) reached 95% across all hospital departments, with only the mortuary pending linkage.

- Advanced molecular diagnostic capabilities expanded, featuring a 130% increase in HIV Viral Load testing (4,102 tests) and the introduction of Urine TB LAM and HPV DNA testing.

- Human Resources & Staffing: the hospital continued to face staffing deficits against its 152-bed capacity, maintaining a core staff of 120 employees against a deficit of 61 positions. However, essential positions were successfully filled to replace retiring personnel and staff transitioning to government facilities.

Financial Outlook & Sustainability

Hospital revenues demonstrated strong performance in 2025, reaching a total income of Tshs 1,957,590,652.38 (up from Tshs 1,449,326,402.53 in 2024), driven by increased cost-sharing efficiency, enhanced specialized services, and increased government Health Sector Basket Fund (HSBF) allocations (Tshs 144,093,877.18). Despite these gains, financial sustainability remains constrained by inflation, delayed NHIF reimbursements, and the financial burden of providing exemptions to vulnerable patients without dedicated government cost-recovery mechanisms.

STRATEGIES OUTLINED BY THE HOSPITAL TO ADDRESS CHALLENGES IN 2026

To sustain high-quality healthcare delivery and address existing operational bottlenecks, the Hospital Management Team has outlined the following strategic priorities for 2026:

1. Service Integration: complete full operational integration and capacity building of staff in the newly inaugurated Neonatal Intensive Care Unit (NICU). The unit still needs a stable source of electricity and regular training of its staff.

2. Specialized Surgical & Rehabilitation Expansion: formalize the orthopedic surgery outreach partnership with Bugando Medical Centre and establish dedicated in-house physiotherapy services.

3. Infrastructure & Power Security: expand and upgrade the hospital's solar energy infrastructure in collaboration with partners to ensure stable power delivery for critical departments.

4. Partnership & Governance: strengthen Public-Private Partnerships (PPP) with the District Medical Officer (DMO), Council Health Management Team (CHMT), Council Executive Director (CED) of Nzega and partner organizations to secure continuous funding, essential staffing allocations, and medical commodities.

On behalf of the Management and Staff of Ndala Hospital, I respectfully 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. The 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 necessary care.



1.2 Location

Ndala Hospital is 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 Districts of Uyui and Igunga and parts of Nzega Town council.

Nzega district is a stunning region located in the western Tanzania plateau covering an area of 6,569 kilometers with a population of approximately 616,610, out of whom 303,158 are males and 313,452 female inhabitants. 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 Ndala Hospital management team plays a crucial role in ensuring the smooth functioning of the hospital, maintaining high standards of care, and meeting the needs of patients, staff, and the community.

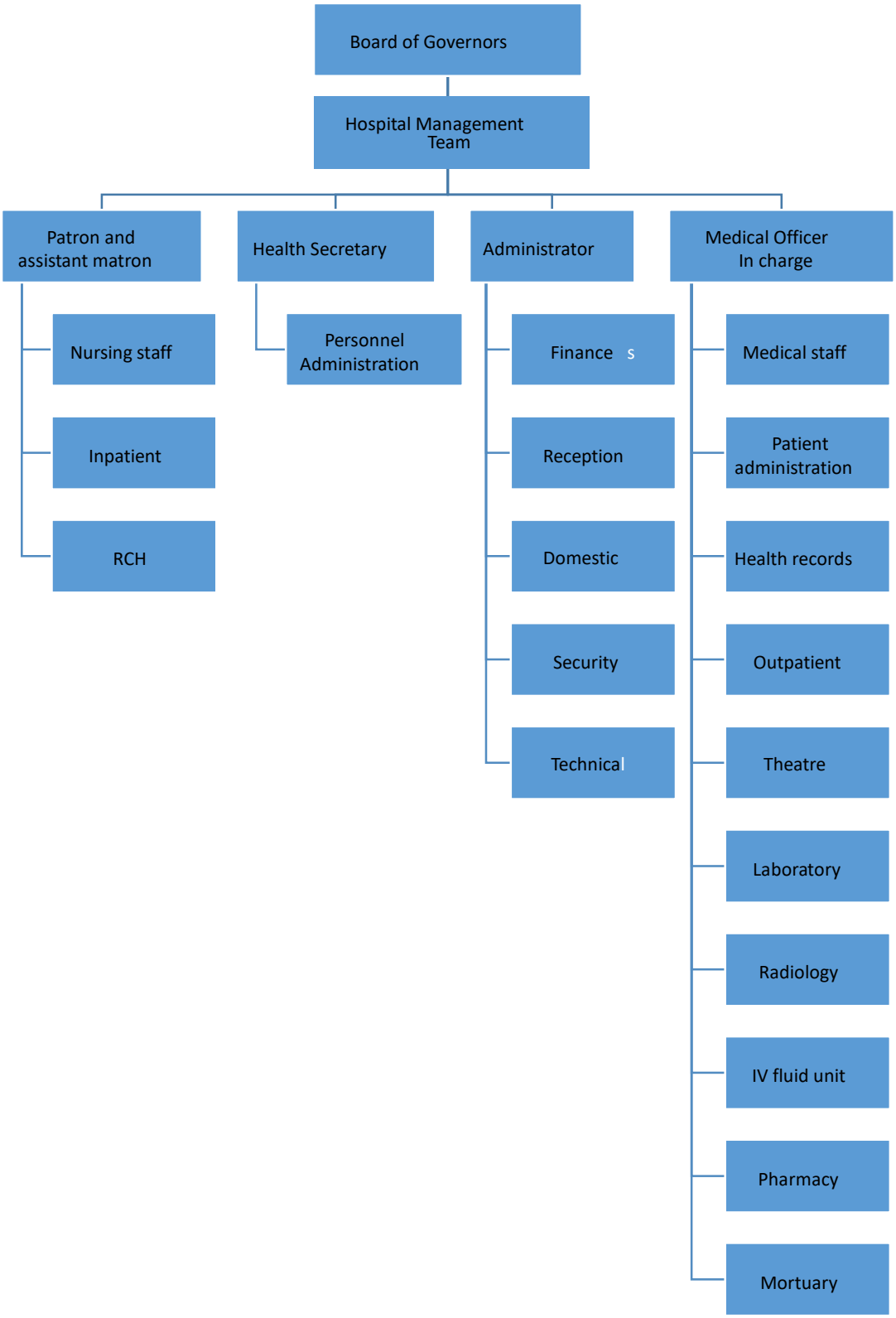
The Hospital Management Team is under the Board of Governors chaired by the Archbishop of the Archdioceses of Tabora. The Board of Governors acts as the highest governing body responsible for ensuring safe, high-quality patient care, strategic planning, and financial accountability. The board meeting is usually held twice a year. Board members include The Archbishop and Auxiliary Bishop of Tabora, Regional medical officer, District Medical officer, Medical officer in charge of Ndala Hospital, Diocesan Health secretary of Tabora, Regional Superior of the Sisters of Charity of St Charles Borromeo, Two representatives from the community and one member from the health workers union, prominent financial management expert and legal officer.

Routine management of the Hospital Management Team whose members are the Administrator, Matron/Patron, and Accountant: 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 Board of Governors 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 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 2025 the 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 has been constant replacement of staff from different cadres when they receive Government employment and when they retire. In the year 2025 one doctor, three nurses and three retired attendants were replaced. In the end of the year interviews were undertaken with nurses and doctors to replace staff who went to the government posts.

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 Specialist (General Surgeon)	1	4
2	Medical Officer	2	3
3	Assistant Medical Officer	2	3
4	Clinical Officer	7	0
4	Dental Officer	0	1
5	Assistant Dental Officer	0	1
6	Dental Therapist	1	0
7	Nursing Officer	2	10
8	Assistant Nursing Officer	16	4
9	Nurse	15	18
10	Health Laboratory Technologist	5	0
11	Assistant Health Laboratory Technologist	1	1
12	Radiology Scientist	0	1
13	Radiographer Technologist	2	0
14	Nutritionist	0	1
15	Occupational Therapist	0	1
16	Optometrist Nurse	1	1
17	Physiotherapist	0	1
18	Social Welfare	1	0
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	2	2
26	Health Secretary	0	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	6	0
39	Kitchen Attendant	2	0
40	Laundry Assistants	3	0
TOTAL		**120**	**61**

Currently we have several staff members who are pursuing further studies with the support of various sponsors in different training institutions, which is 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	Kilimanjaro Christian Medical Centre (KCMC)	3rd	2027
2.	Sr Cresensia Peter Epimack	Diploma in Pharmacy	Tabora Foundation and CSSC	Catholic University of Health and Allied Sciences-Bugando	3rd	2026
3.	Sr Maria Joseph Albini	Diploma in Pharmacy	Tabora Foundation	Sengerema Health Training Institute	2nd	2027

4.	John Ziyota	Diploma in Physiotherapy	JOCS	Kilimanjaro Christian Medical Centre (KCMC)	1st	2028

No staff members completed their studies in the year 2025. We are grateful that the staff members who have completed their studies with the support of our benefactors before 2025 are back in the field. We experience that their presence brings high professionalism in service and handling our patients.

2.3 Financial Management

In 2025 the income for the Hospital increased compared to the previous years. Ndala Hospital financial status depends on the income received from various sources, including cost sharing which is the contribution from patients for their treatment and is the main source of income. The cost sharing 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 of income is the grant from the government Health Sector Basket Fund (HSBF), which in the year 2025 increased from 84,910,581 in 2024 to 144,093,877.18 in 2025. Likewise, the National Health insurance Fund (NHIF) had a small increment from 120,312,627 to 123,219,001.

Operational costs were spent more on personnel costs followed by health commodities and administrative expenses.

Like in 2024 the hospital continued to experience financial difficulties, resulting from increasing running costs compared to the income generated, and to which the increasing number of exempted patients without proper mechanism for cost recovery contributed as well. In previous years exempted patients were included in the administrative expenses. For the year 2025, these expenses are described separate in the table below.

Table 3: Income and expenditure of Ndala Hospital in Tanzanian Shillings

INCOME	2025	2024	2023
Cost Sharing	1,242,675.12	989,249,543.50	819,831,182.40
Government HSBF	144,093,877.18	84,910,581	113,203,000.00
NHIF	123,219,001.00	120,312,627	169,592,500.00
MDH	184,278,406.20	184,278,406.20	105,408,000.00
REFUND FROM BANK		1,140,000	
Donors	274,384,887.08	34,433,941.83	98,859,074.99
Other income	18,993,845.00	35,001,303	7,000,000.00
TOTAL INCOME	**1,957,590,652.38**	**1,449,326,402.53**	**1,313,893,757.39**
Admin expenses	181,394,753.41	157,547,968.66	218,557,214.05
Exempt Patients	20,618,100.00		
Salaries and Wages	915,176,165.00	843,724,794.50	644,787,954.00
Medicine and Med devices	334,826,322.51	264,846,133.74	223,710,274.09
Maintenance & repair	107,274,427.78	38,080,440	67,922,180.00
Taxes and levies	19,440,000.00	4,950,000	10,225,000.00
Utilities	79,055,462.52	16,627,960	8,198,500.00
Transport & travelling	16,222,431.00	26,036,638	21,932,600.00
Post & communication	7,425,700.00	1,032,899.99	2,058,700.00
Other: Clergy Liturgical	6,709,000.00	37,130,000	49,360,200.00
Bank charges	1,511,151.94	1,673,870.52	1,9 66,592.25
TOTAL EXPENDITURE	**1,925,016,214.16**	**1,391,650,705.41**	**1,248,719,214.39**
Surplus	**32,574,438.22**	**57,675,697.12**	**65,174,543.00**

Looking at financial trends for the last three years, Hospital income continues to increase from 1,248,719,214.39 in the year 2023, 1,391,650,705.41 in 2024 and recently 1,925,016,214.16. This indicates that despite various challenges experienced by the hospital the demand for and the trust in our services is high.

CHAPTER THREE: HEALTH SERVICES

A: CURATIVE SERVICES

3.1 Inpatient services

NEONATAL INTENSIVE CARE UNIT (NICU) REPORT.

Before construction of NICU, Neonates were admitted into isolated cubicles in the maternity ward. The number of admitted neonates were 67 from January to May 2025, among these 37 were referrals from other Health facilities and 30 were from the labor ward. Two death was reported.

After official inauguration of NICU on June 6th, 2025, many neonates were admitted from other facilities. A total of 169 patients were admitted from June to December 2026; among these were 107 referrals from facilities and 62 from labor ward. Also two death were reported.

So, the total number of neonates admitted from January to December 2025 were 339, 4 passed away and 5 were referred out to Bugando due to congenital malformation like gastroschisis and spina bifida.

Most referrals came from dispensaries and health centers around Igunga Uyui and Nzega District.

The common cases admitted included: birth asphyxia, respiratory distress syndrome, early neonatal sepsis, late neonatal sepsis, neonatal jaundice and meconium aspiration syndrome. Congenital abnormalities included neurological (spinal bifida, hydrocephalus), musculoskeletal (talipes equinovarus, talipes alcaneovalgus), cleft lip and cleft palate.

GENERAL WARDS

Ndala Hospital still has four general wards; Males, Females, Children's and Maternity. However, the Maternity ward will be extended to accommodate the labor ward near the NICU building and the theatre near the labor room. 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

Review of the operation of the retail hospital pharmacy from January to December 2025.

Ndala hospital started to operate a retail hospital pharmacy on the 14th of August 2023 with an initial capital of Tshs 52,872,500/= after completion of construction of the infrastructure.
In the first period of 12 months in 2025, the retain pharmacy has made all the required commodities available for the patients from within the hospital premises. From January to December 2025, a total of Tshs 142,931,134.01 was spent for the procurement of health commodities (drugs, medication and hospital supplies). A total of Tshs 14,032,359.99 was spent for other operating expenses, while the income generated by the sale of commodities was Tshs 152,978,200. The ending stock balance by the end of December 2025 was valued at Tshs 79,100,450 while the bank balance was Tshs 42,963,665.01.
Thus, surplus was 22,242,656 for the 12 months of operation of the pharmacy.

Table 4: Summary of financial position of the Retail pharmacy

	Initial Capital	Total Sales	Total Runing Cost	Closing Balance (surplus)
	52,872,500	152,978,200	156,963,494	22,242,656

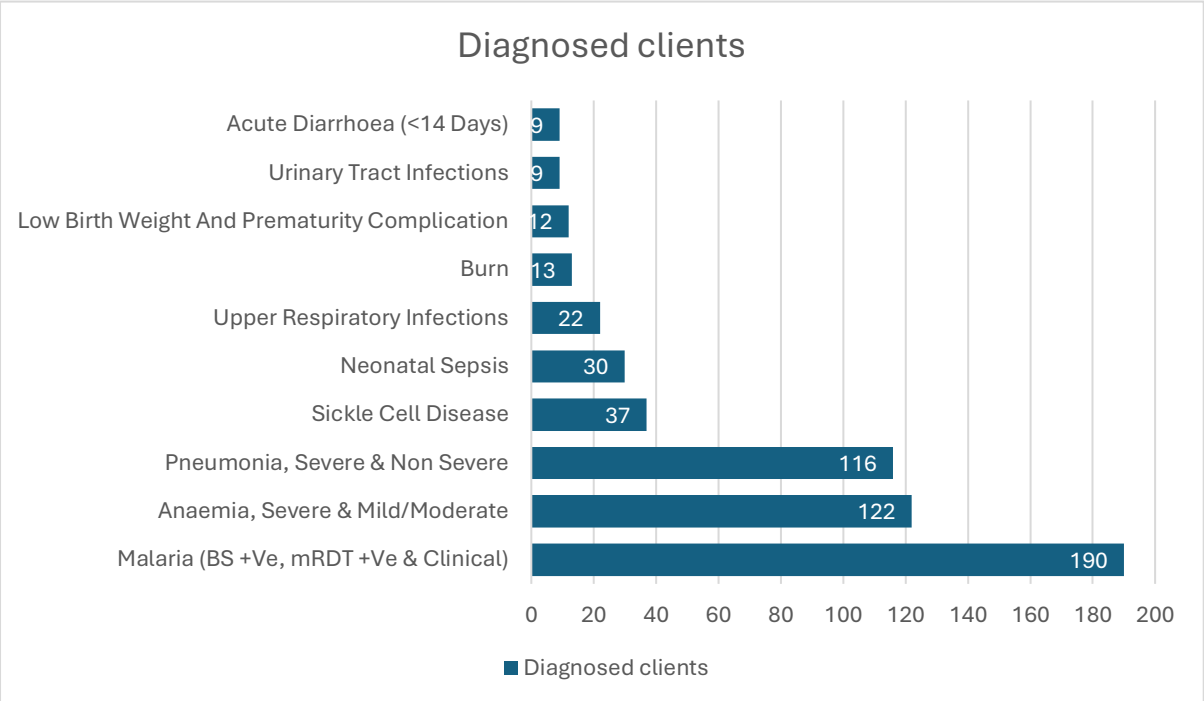
HOSPITAL STATISTICS, TRENDS FROM 2023-2025

Despite the decreasing overall number of IPD patients by 3.8% in 2025, the number of neonates increased by 62% and the number of admitted pediatric patients increased by 12.5%. Patients admitted in the maternity ward decreased by 14% in 2025. Despite this decrease, the hospital received 384 complicated obstetric cases from other health facilities.

Table 5: Total number of admissions

WARD	2025	2024	2023
Male Ward	648	933	1257
Female Ward	1408	1530	2072
Children Ward	1912	1672	1864
Maternity Ward	1673	1945	1630
Neonatal ward (0-28 days post-delivery)	339	130	67
Private Ward	4	1	2
Total number of admissions	**5984**	**6210**	**6892**

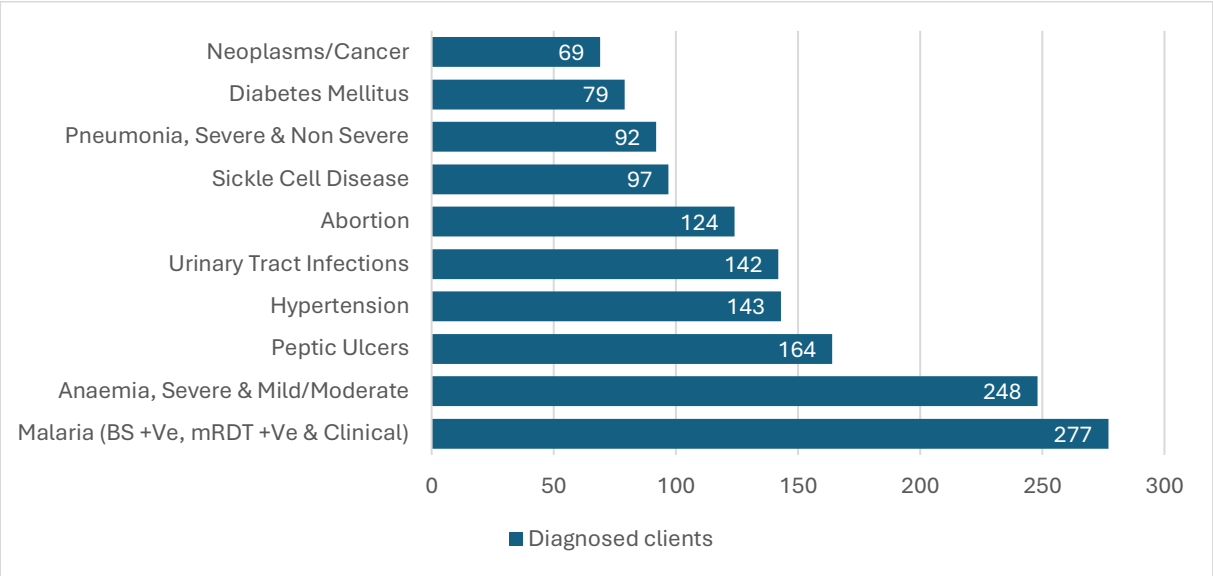
Chart 1: Top Ten diseases in IPD children under 5 years



Analysis

Malaria (diagnosed via Blood Smear positive, Rapid Diagnostic Test positive, or clinical symptoms) is the most prevalent condition, accounting for **190 clients** or **31.67%** of overall diagnoses. Anaemia (encompassing both severe and mild/moderate cases) is the second most common condition, with **122 clients**, representing **20.33%** of all diagnoses.

Chart 2: Top Ten diseases in IPD for 5 years and above



Malaria has continued to be the leading cause of admission in people above five years of age, and second cause in the under-five children. Mostly, anemia in people above 5 years of age-children is due to malaria and sickle cell disease.

Table 6: Total number of deaths

	2025	**%**	**2024**	**%**	**2023**	**%**
Male Ward	43	30%	37	25%	52	27%
Female Ward	34	24%	40	27%	53	28%
Children Ward	61	43%	67	45%	84	44%
Maternity Ward	1	1%	2	1%	0	0%
Neonatal ward (0 - 28 days post - delivery)	4	3%	3	2%	3	2%

Total Number of deaths	**143**	**100%**	**149**	**100%**	**192**	**100%**

Total recorded deaths across all wards decreased steadily over the three-year period, dropping from 192 deaths in 2023 to 149 deaths in 2024, and further down to 143 deaths in 2025 (an overall 25.5% reduction from 2023 to 2025). Only one maternal death happened in 2025, even lower than in 2024.

Table 7: Top five causes of death in 2025

S/N	Cause of death	<5 yrs	%	Cause of death	Above 5 yrs	%
1	Pneumonia	22	49%	Septicemia	11	25%
2	Bacterial infection	10	22%	Heart failure	9	20%
3	Malaria	5	11%	Bacterial infection	8	18%
4	Neonatal Asphyxia	4	9%	Anemia	8	18%
5	Sickle cell disease	4	9%	Hypertension	8	18%
	Total	**45**	**100%**	**Total**	**44**	**100%**

Children under 5 years of age: mortality in this group is heavily concentrated in three primary conditions, namely, Pneumonia, Bacterial infection and Malaria. which together account for nearly 46% of all recorded deaths among young children. Above 5 years of age mortality is led by septicemia, followed by hypertension.

3.1.1 Obstetric services

Table 8: Total number of deliveries

TYPE OF DELIVERY	2025	2024	2023
Spontaneous vertex delivery	873	981	1100
Spontaneous breech delivery	23	26	27
Assisted vaginal delivery	28	11	40
Delivery by caesarean section	428	452	279
Home delivery/BBA	0	0	0
TOTAL DELIVERIES	**1352**	**1470**	**1425**

In 2024, assisted vaginal deliveries dropped to a low of 11 cases (0.7% of the total deliveries). Correspondingly, C-sections almost doubled to 452 cases (30.7%). Since the use of instrumental vaginal delivery was reduced, a larger volume of complicated labors shifted directly to surgical extraction. In 2025, as assisted vaginal delivery rebounded to 28 cases (2.1%), C-section volume stabilized and even decreased to 428 cases.

Table 9: Obstetric complications

OBSTETRIC EMERGENCIES	2025	2024	2023
Uterine Rupture	7 (7%)	6 (5%)	5 (7%)
Antepartum Hemorrhage	35 (34%)	32 (25%)	19 (27%)
Postpartum Hemorrhage	36 (35%)	43 (33%)	27 (38%)
Eclampsia	24 (23%)	46 (35%)	20 (28%)
Maternal death	1 (1%)	2 (2%)	0 (0%)
Total of complications	**104 (100%)**	**129 (100%)**	**71 (100%)**

Table 10: Pregnancy outcomes

	2025	2024	2023
Live births	1538	1450	1377
Fresh stillbirths (FSB)	22	30	28
Macerated stillbirths (MSB)	20	28	22
Preterm births	58	30	32
Total	**1638**	**1538**	**1459**

Combined stillbirths (fresh stillbirths + macerated stillbirths) peaked in 2024 at 58 cases, before falling significantly to 42 cases in 2025. This may be due to raised community awareness on importance of attending ANC resulting in a 27.6% drop in stillbirths. Preterm births remained steady in 2023 and 2024 (32 and 30 cases respectively) before nearly doubling in 2025 to 58 cases. The reasons could be due to establishment of NICU and improved documentation.

3.1.2 Surgical services

Over the three-year reporting period from 2023 to 2025, Ndala Hospital experienced an overall upward trajectory in total surgical volume.

This consistent growth underscores Ndala Hospital's position as an important surgical referral center in the region. The sustained high volume could be due to structural and institutional factors:

- **Primary Care Limitations:** Most public peripheral facilities (dispensaries and health centres) lack the infrastructure, surgical theatres, and specialized workforce to perform major or minor procedures, directing patient flow to Ndala.
- **Affordability:** Affordable, cost-effective service pricing ensures surgical care remains accessible to the community.
- **Client Trust & Quality of Care:** Strong patient confidence and a well-established reputation for safe, high-quality surgical outcomes make Ndala Hospital the preferred facility for surgical interventions.

Table 11: Total surgical procedures

TYPE OF PROCEDURE	2025	2024	2023
Major surgical procedures	750	720	677
Minor surgical procedures	4018	3781	4,078
Total	**4768**	**4501**	**4755**

Table12: Top ten major surgical procedures

S/N	TYPE OF PROCEDURE	2025	2024	2023
1	Caesarean section	428	452	279
2	Open prostatectomy	108	121	148
3	Explorative laparotomies	57	67	93
4	Herniorrhaphy	40	31	39
5	Total abdominal hysterectomy	23	26	40
6	Tonsillectomy/Adenoidectomy	21	20	20
7	Uterine myomectomy	20	17	20
8	Splenectomy	6	6	12
9	Appendectomy	5	4	10
10	Thyroidectomy	8	2	3
	TOTAL	**716**	**746**	**664**

Table 13: Top ten minor surgical procedures

S/N	TYPE OF PROCEDURE	2025	2024	2023
1	Wound dressing/ Surgical debridement	1814	1962	1963
2	Suture removal	1001	570	911
3	Uterine evacuation	187	211	220
4	Wound suturing	393	370	389
5	Urethral catheterization	217	243	209
6	Application of P.O.P (back slab/full cast)	130	180	117
7	Closed reduction (fracture/dislocation)	69	71	80
8	Incision and drainage	57	46	77
9	Foreign body removal	83	53	68
10	Ear syringing	67	27	44
	Total	**4018**	**3733**	**4078**

3.2 Outpatient services

The outpatient department for the year 2025 received 16,022 patients: this is a slightly reduced number of attendances as compared to the year 2024 with 16,066 clients. The OPD has a reproductive and child health unit which is busy attending 40-90 clients daily. Also, the OPD has 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.

Chart 3 Top Ten Diseases OPD children under 5 years

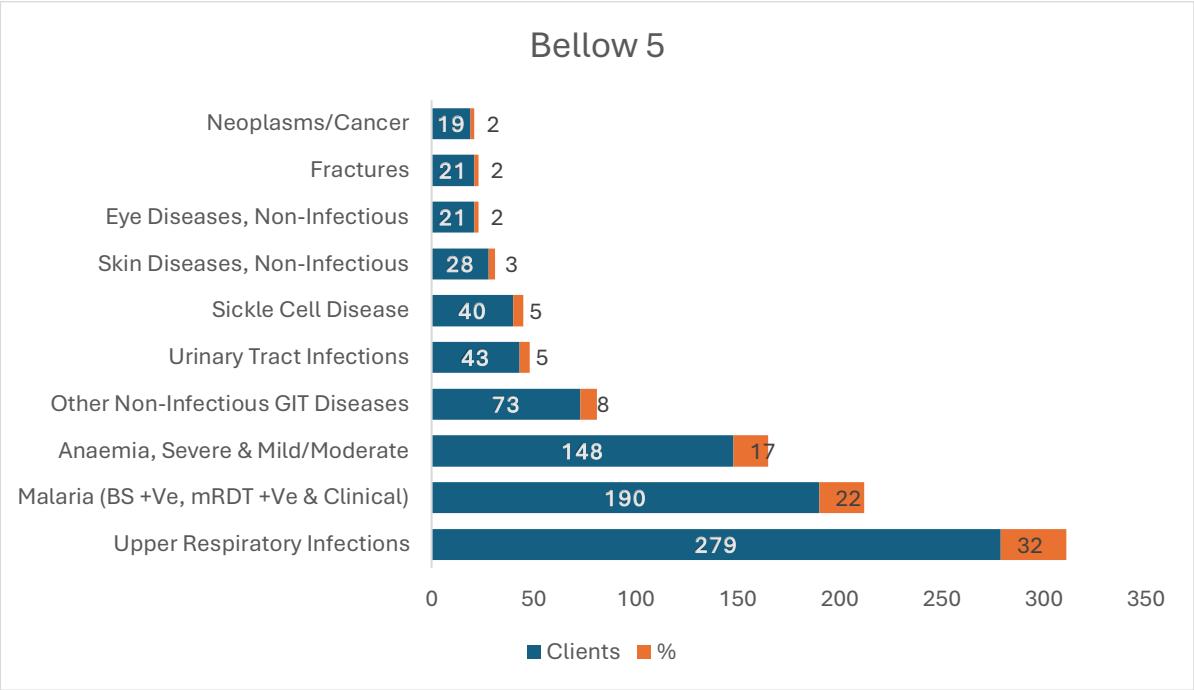
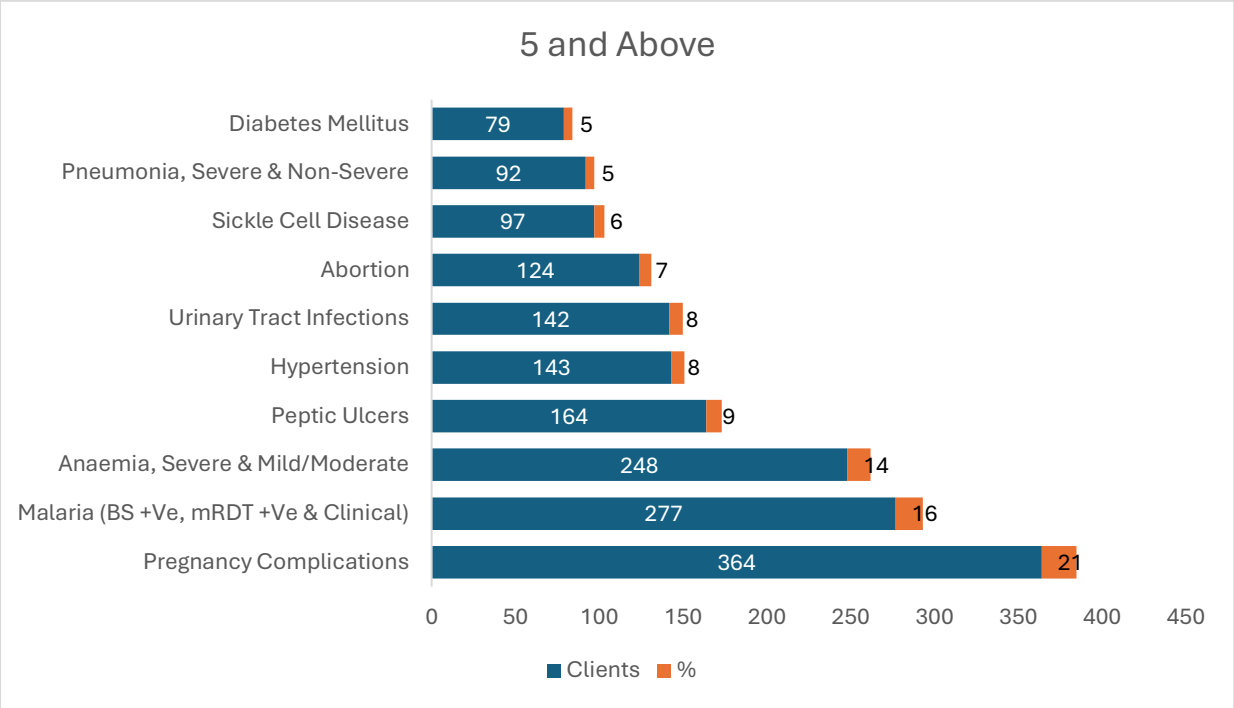


Chart 4 Top Ten Diseases OPD for 5 years and above



The top three conditions (URI, Malaria, Anaemia) account for 71% of all top ten visits in children under 5 years, highlighting a heavy burden of preventable/communicable diseases and nutritional/hematological deficiencies. Pregnancy complications rank number one accounting for 21% (364 cases), reflecting a substantial caseload of maternal health conditions. Reproductive health, vector-borne disease, and blood disorders drive over 50% of adult/older consultations.

Table 14: Total number of OPD cases

General OPD	**2025**	**2024**	**2023**
New cases	5825	5857	5835
Re–attendances	10,197	10,209	10,364
Total	**16,022**	**16,066**	**16,199**

In 2023, the facility recorded its highest patient traffic at 16,199 total OPD visits. This elevated volume was heavily inflated by repeat visits, where every new client generated an average of 2.14 re-attendances.

3.2.1 Eye care services

After the ophthalmology nurse completed three courses and required his certificate in ophthalmology in Kilimanjaro Medical Centre, many more patients attended the eye unit in 2025 as compared to the year 2024.

Table 15: Common eye diseases

Eye diseases	**2025**	**2024**	**2023**
Conjunctivitis	170	101	93
Cataract	116	52	28
Eye trauma	28	26	21
Refractive errors	102	25	16
Glaucoma	53	30	23
Cornea ulcer	7	10	20
Diabetic retinopathy	3	3	2
Presbyopia	29	19	6
Corneal opacities	12	7	8
Others	125	49	104
TOTAL	**645**	**360**	**321**

Table 46: Eye procedures

Eye Procedures	**2025**	**2024**	**2023**
Cataract surgery	10	4	4
Refraction	70	32	6
Incision	1	2	2
Evisceration	1		0
Total	82	38	12

The eye table above reveals a dramatic expansion in ophthalmic service delivery, rising from a baseline of 321 cases in 2023 to a peak of 645 cases in 2025.

The certification of the nurse, introduction of donor funding and visiting specialists from Bugando Medical Centre in 2024 initiated a clear recovery trajectory, which fully accelerated in 2025, driving a 79.2% increase in annual patient consultations year-over-year (360 to 645).

3.2.2 Dental services.

Table 57: Dental cases attended

		2025	**2024**	**2023**
1.	Dental caries	105	112	147
2.	Periodontal disease	6	10	30
3.	Periapical abscess	2	4	8
4.	Dental abscess/ Ludwig angina	15	6	4
5.	Lateral luxation/Intrusion	1	2	3
6.	Mandible Fracture	0	1	1
7.	Dry socket	0	0	1
8.	Tooth fracture	2	0	1
9.	Soft tissue injury	0	0	1
10.	Sensitivity	3	2	0
11.	Tumor	1	2	0
	TOTAL	**135**	**149**	**196**

Total dental consultations have steadily decreased over the three-year period this can be due to positive impacts of knowledge given to society and primary school, dropping 31.1% from 196 cases in 2023 down to 135 cases in 2025. Dental caries (tooth decay) is consistently the number one reason for presentation, making up 75% to 78% of all annual dental visits. While chronic/routine cases (caries, periodontal disease) declined, severe acute dental infections (dental abscess / Ludwig's angina) showed a nearly 4x increase from 2023 (4 cases) to 2025 (15 cases).

Table 18: Dental procedures

	PROCEDURES	**2025**	**2024**	**2023**
1.	Tooth extraction	63	69	97
2.	Tooth fillings	22	18	30
3.	Scaling	1	3	18
4.	Incision and drainage	0	9	3
	TOTAL	**86**	**99**	**148**
	REFERRALS	**2**	**4**	**1**

Although we saw many abscesses, no I&D was done because almost all cases either came draining pus or bursted on the course of treatment. Therefore, no surgical procedure was required.

Referred cases were Tumor and Tooth fracture (for splinting).

3.2.3 Radiology services

Table 19: Total number of X-rays

Type of X-rays	**2025**	**2024**	**2023**
Chest	1222	910	570
Extremities	488	427	350
Shoulder	55	59	55
Pelvis/hip	108	92	55
Skull	77	74	41
Vertebral column	90	81	54
Plain abdomen	146	108	84
Barium swallow	2	5	4
Barium meal	1	6	-
Hysterosalpingogram	13	14	3
Total	**2202**	**1776**	**1219**

Total annual radiological investigations surged by 80.6% over the two-year period, rising from 1219 procedures in 2023 to 2202 in 2025. Chest X-rays account for over half of all imaging accounting (55.5%, 1,222 cases) of all scans in 2025 and increased by 114.4% since 2023. Extremity, pelvis/hip, skull, and vertebral column imaging collectively represent 34.7% (763 cases) of the 2025 workload, reflecting a major ongoing burden of orthopedic injury and trauma.

Table 20: Total numbers of ultrasounds

Type of Ultrasound	**2025**	**2024**	**2023**
Obstetrical	1198	894	581
Gynecological	844	783	599
Abdominal	1016	821	472
Urological	268	245	236
Cardial	220	428	105
Other	80	65	23
Total	**3626**	**3236**	**2016**

Total annual ultrasound examinations expanded by 76.7% over the three-year period, rising from 2016 in 2023 to 3626 in 2025. This reflects the major equipment upgrades and improved technician availability. Maternal & reproductive health dominated: obstetrical and gynecological scans together consistently make up most of the diagnostic workload, representing 56.3% (2042 cases) of all scans in 2025. Is has been the requirement for all pregnant women at gestation age of 20 weeks, to perform at least one obstetric ultrasound, resulting in an increase of ultrasound examinations within this group of patients. Abdominal ultrasounds emerged as the fastest-growing major category, more than doubling (+139.6%) from 424 in 2022 to 1016 in 2025 and capturing 28.0% of total facility imaging.

3.2.4 Trend in Laboratory services

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

Table 21: Trend in parasitology investigations

1. PARASITOLOGY						
TYPE OF LABORATORY TEST	**2025**	**Abnormal values**	**2024**	**Abnormal values**	**2023**	**Abnormal values**
Bloodsmear for malaria	1044	152	2238		1610	444
Malaria Rapid Test	5886	384	4924		4724	715
Stool analysis	1076		1323		1543	
Urine analysis	4528	1498	4047		3958	

The Parasitology Section maintained a high operational capacity from 2023 through 2025, conducting 36,901 total tests over the three-year period. Service delivery was heavily anchored by malaria testing and routine urinalysis. The department successfully streamlined malaria diagnostics, increasing rapid test (MRDT) utilization to nearly 85% of malaria evaluations to reserve microscopy for MRDT positive cases. Significantly, malaria positivity rates among tested patients declined substantially between 2023 and 2025 (MRDT positivity falling from 15.1% to 6.5%) due to improved immunity after repeated attacks of malaria. Urinalysis demonstrated high clinical diagnostic value, with 33.1% of tests in 2025.

Table 22: Trend in Bacteriology investigations

2. BACTERIOLOGY						
TYPE OF LABORATORY TEST	**2025**	**Abnormal values**	**2024**	**Abnormal values**	**2023**	**Abnormal Values**
Culture and sensitivity	31		99		31	
MTB Gene Xpert	1004	63	1573		1198	
Gram Stain	58		47		04	
TB Microscope	38		54			
CSF analysis	14		14			
HIV Early Infant Diagnostic	571		306			
HIV Viral load (HVL)	4102		1784		2099	
Urine TB LAM	56	7	-		-	
HPV DNA	134		-		-	
TOTAL	**5977**	**70**	**3877**		**3332**	

The Bacteriology and Molecular Diagnostics Section experienced exceptional growth between 2023 and 2025, processing 13,186 total tests and expanding nearly two-fold over the three-year period. HIV care and monitoring represented the highest volume, highlighted by a 129.9% increase in HIV Viral Load testing (4102 tests in 2025) and 571 HIV Early Infant Diagnosis evaluations. Tuberculosis diagnostic capabilities were significantly enhanced through molecular GeneXpert testing (3,775 total tests) and the 2025 introduction of Urine TB LAM, which yielded a 12.5% positivity rate in high-risk patients. Furthermore, the successful integration of HPV DNA testing in 2025 establishes cervical cancer screening capabilities directly within the facility.

Table 23: Trend in Biochemistry investigations

3. BIOCHEMISTRY						
TYPE OF LABORATORY TEST	**2025**	**Abnormal values**	**2024**	**Abnormal values**	**2023**	**Abnormal values**
PSA	37		75		29	
Serum Cholesterol	421		320		107	
ASAT (SGOT)	330		255		85	
ALAT (SGPT)	352		261		80	
Blood Glucose	4644		3714		3400	

Serum Creatinine	738		1066		1417	
Serum Urea	288		257		44	
Serum Uric Acid	552		352		204	
TSH	23		12		6	
Serum T4	11		12		6	
Serum T3	17		11		6	
Urine for Protein	388	206	409	206	3341	93
UPT	356	163	352	142	282	142
FSH	21		26			
Progesterone	5		19			
Prolactin	6		44			
Luteinizing Hormones	19		30			
D-Dimer	14		29			
C-Reactive Protein	18		49			
Glycosylated Hemoglobin (HBA1c)	274		27			
Sodium	33		125			
Chloride	21		95			
Potassium	62		165			
Total Protein	1		5			
Bilirubin	12		-			

The Biochemistry Section performed 25,360 tests between 2023 and 2025, maintaining strong overall operational output averaging over 8400 tests annually. Diabetes management experienced notable expansion, led by a 36.6% increase in blood glucose testing (reaching 4644 tests in 2025) and a ten-fold increase in HbA1c testing following its introduction in 2024. Diagnostic yield for target conditions was particularly high: urine protein abnormal findings rose to 53.1% in 2025. The addition of automated hormones, electrolytes, and cardiac/thrombotic panels since 2024, has significantly enhanced the hospital's diagnostic capacity for complex medical conditions.

Table 24: Trend in Serology investigations

4. SEROLOGY						
TYPE OF LABORATORY TEST	**2025**	**Abnormal values**	**2024**	**Abnormal values**	**2023**	**Abnormal Values**
Widal test	32		113	2	470	
Typhoid antigen test	34	1	344	2	484	39
H Pylori Antigen Test	1260	437	1249	479	1226	551
Hepatitis B	68	15	159		292	13
Hepatitis C	52		139		271	01
Brucella Test	24	2	47	1	269	49
CrAg Test	206	3	104	6	119	6
HEID (HIV Early infant diagnosis)	571		306		207	5
HIV (VCT/PITC)	5939		6394		5433	114
TOTAL	**8186**	**458**	**2461**	**490**	**3338**	**664**

The Serology Section maintained a strong operational baseline between 2023 and 2025, performing 25,812 total tests across three years. Routine HIV testing (VCT/PITC) and H. pylori stool antigen testing represented most of the workload. H. pylori positive tests remained high, averaging 39.3% over three years and demonstrating sustained clinical demand for gastrointestinal diagnostics. Advanced HIV Care screening saw significant reinforcement, marked by a 98.1% increase in Cryptococcal Antigen (CrAg) testing in 2025 (206 tests) and a 175.8% rise in HIV Early Infant Diagnosis (571 tests). Concurrently, the facility demonstrated improved laboratory stewardship through a deliberate 92.7% reduction in non-specific febrile serology (Widal and Typhoid testing).

Table 25: Trend in Hematology investigations

5. HEMATOLOGY						
TYPE OF LABORATORY TEST	**2025**	**Abnormal values**	**2024**	**Abnormal values**	**2023**	**Abnormal values**
Hb	3548		7350		9647	
Blood Grouping & Rh typing	3003		4145		3750	
Full blood Picture	7933		6151		1863	
ESR	706		383		15	
CD4	225		695		568	
Sickling test	30	11	72	26	122	44
Sickle scan Test	247	124	216	80		
TOTAL	**15692**	**125**	**19012**	**106**	**15965**	**44**

The Hematology Section remained the largest provider of diagnostic testing in the facility, completing 50,669 tests between 2023 and 2025. The triennium was marked by a major diagnostic upgrade as clinicians transitioned from basic standalone Hemoglobin testing to automated Full Blood Picture (FBP) evaluations, which grew by 325.8% to reach 7933 annual tests in 2025. Sickle cell screening was similarly modernized through the implementation of Sickle SCAN rapid immunoassay testing, which detected HbS trait or disease in 50.2% of screened suspects in 2025. Concurrently, CD4 testing volume contracted by 67.6% in 2025, mirroring the successful integration of routine HIV Viral Load monitoring across patient management workflows.

Table 26: Trend in Histopathology investigations

6. HISTOPATHOLOGY						
TYPE OF LABORATORY TEST	**2025**	**Abnormal values**	**2024**	**Abnormal values**	**2023**	**Abnormal values**
Semen Analysis	6		6		9	
Prostate biopsy	5		7		16	
Breast biopsy	3		2		2	
Other tumors biopsy	17		12		8	
TOTAL	**31**		**27**		**35**	

The Histopathology Section provided specialized tissue diagnostic and reproductive support services, completing 93 total evaluations between 2023 and 2025. Surgical oncology specimen examinations experienced notable growth, with general tumor biopsies more than doubling from 8 in 2023 to 17 in 2025 (+112.5%). Conversely, prostate biopsies decreased from 16 to 5 cases over the same period, Biopsy investigations performed at Mwanza and its costly therefore some patients are not willing to pay, therefore we continue to counsel patients to pay hoping the numbers will increase. Breast tissue biopsies and male fertility analyses maintained low, stable baselines.

Table 27: Trend in Safe Blood collection and transfusion services

	2025	**2024**	**2023**
Number of blood units collected	1923	2198	1323
Number of Safe Blood Units transfused	2194	2245	1141

Between 2022 and 2025, we collected 6810 units of blood and administered 6879 safe transfusions. Clinical demand for blood services increased dramatically in 2024 and 2025, averaging over 2200 transfusions per year compared to ~1200 in previous years. This is due to high demand in maternity and labor ward caused by anemias in pregnancy and post-partum hemorrhages. To meet this clinical demand, local blood donation drives were expanded (peaking at 2198 units in 2024), supplemented by strategic blood requisitions from regional blood bank centers to maintain uninterrupted emergency preparedness.

Table 28: Trend in intravenous fluid production

LITRES	**2025**	**2024**	**2023**
Normal saline 0.9%	1400	4242	1799
Dextrose 5%	249	1495	445
Ringer's Lactate	1871	6040	2736
Dextrose 50%	0	-	-
OTHER FLUIDS in litres			
Irrigation fluid	144	1612	3845
Water for injection	0	2788	365

Medical fluid utilization data from 2023 to 2025 reflects a total three-year consumption of 29,031 liters across crystalloids, irrigation, and reconstitution fluids. Overall consumption peaked in 2024 at 16,177 liters, driven by a surge in Ringer's Lactate (6040 liters) and Water for Injection (2788 liters), reflecting expanded surgical and

acute inpatient care protocols. However, we saw a decrease in iv fluids production in 2025 due to the unavailability of aluminum bottle caps from our supplier within the country; we had to import the caps from outside after waiting for long time. Normal Saline 0.9% and Ringer's Lactate remained the core mainstays of resuscitation, making up over 90% of main IV fluid volume. In 2025, total recorded fluid volume decreased to 3664 liters.

3.2.5 TB clinic services

Table 29: Trend in TB patients

	2025	**2024**	**2023**
New patients	90	84	96
Re-treatment	4	1	5
Transferred–in	1	2	4
Transferred out	10	25	25
Total registered	**116**	**112**	**126**
Pulm. (Sputum pos.)	41	37	37
Pulm. (Sputum-neg.)	40	48	54
Extra-pulmonary	4	5	24
HIV-Pos	20	11	26
Treatment results:			
Completed	75	66	101
Cured	35	13	21
Failed	0	0	0
Transferred	1	25	4
Died	6	3	7
Defaulted	0	1	1

Detailed TB case management from 2023 to 2025 demonstrates exceptional clinical care and robust cohort retention. Cumulative registrations reached 354 patients, with new case notifications holding steady at an average of 89 patients annually. The facility achieved an impressive 94.0% Treatment Success Rate in 2025, supported by zero treatment defaults and a record 35 bacteriologically confirmed cures following improved lab follow-up protocols. Crucially, zero treatment failures were recorded across the entire four-year evaluation period.

3.2.6 Epilepsy and mental health clinic services

Table 30: Trend in epilepsy and mental health patient's registrations

	2025	2024	2023
Patient registered	195	249	232

Epilepsy registration data from 2023 to 2025 demonstrates a strong diagnostic performance at Ndala Hospital, with a cumulative total of 676 patients registered over the three-year period. In 2025, registrations experienced a 21.7% drop to 195 cases. This drop was due to redistribution of patients to go to nearby health facilities who also provide same service for free. This was necessary to reduce the scarcity of funds to buy drugs for epilepsy from donors while government is taking care of these patients to other facilities.

B: PREVENTATIVE SERVICES

3.3 Reproductive and child health services (RCH)

The outreach team continued to offer service to the nearby villages despite the decreasing number of patients in these services. This decrease is due to an increasing number of health facilities and services in the peripheral areas. However, our visits are still important to ensure safe delivery and to reduce complications related to labor and delivery. Also, these visits stimulate the collaboration with the community health workers.

Table 31: Trend in total under-5 RCH attendances

	2025	2024	2023
Under-5 and ANC	15,374	18,452	20,273

Attendance decreased consistently each year—down by 4.1% in 2023, 9.0% in 2024, and 16.7% in 2025. The rate of decline is speeding up over time, with the largest drop occurring between 2024 and 2025. Increasing number of Public Health facilities around Ndala Hospital enable local community members to access services in their immediate environment rather than traveling long distances. This explains the drop-in attendance rate as seen during outreach.

Table 32: Trend under 5-RCH 1st and re-attendances

NDALA RCH	**2025**		**2024**		**2023**	
	1st att	**2nd att**	**1st att**	**2nd att**	**1st att**	**2nd att**
Children <12 months	1230	4100	1074	7713	1109	10,530
Children >12 months	0	3614	0	5165	0	3940
Subtotal Ndala RCH	**1230**	**7714**	**1074**	**12,878**	**1109**	**14,470**
MOBILE CLINIC	**2025**		**2024**		**2023**	
Children <12 months	58	632	62	670	35	627
Children >12 months	0	706	25	674	4	752
Subtotal mobile clinic.	**58**	**1338**	**8**	**1344**	**39**	**1380**
Total Ndala RCH & Mobile Clinic	**1288**	**9052**	**15,383**		**16,998**	

Child Health service data from 2023 to 2025 reflects strong baseline infant engagement in routine follow-up utilization. First-time infant registrations at Ndala Hospital's static clinic expanded by 19.4% (reaching 1230 in 2025), confirming high demand for newborn enrollment. However, repeat attendance for infants under 12 months declined from 11,826 to 4100. This shift aligns with the expansion of primary care facilities in surrounding Ndala, where mothers now conveniently access routine monthly growth monitoring. Meanwhile, Ndala Hospital's Mobile Outreach Services maintained a steady workload of approximately 1300 child visits annually for hard-to-reach populations.

Table 33: Trend in antenatal attendances

NDALA RCH	**2025**	**2024**	**2023**
New Cases	831	780	829
Re-attendance	2776	2053	2270
Total:	**3607**	**2833**	**3,099**
MOBILE CLINIC	126	236	176
Total:	**3733**	**3069**	**3275**

New client intake remains remarkably stable within the 780–830 range per year. This demonstrates a reliable baseline of women in the catchment area choosing Ndala Hospital for their initial pregnancy enrollment. In previous years (2023–2024), expectant mothers averaged 3.6 to 3.7 total ANC visits. In 2025, that figure jumped to 4.3 visits per mother. This rise indicates better client follow-up, improved appointment compliance, and stronger maternal retention.

Table 34: Trend in risk factors seen at RCH

Malnutrition Under 5, 1st attendance	**2025**	**2024**	**2023**
BWT 60-80th percentile	21	35	28
	11	35	21
TOTAL	32	70	49
Risk factors antenatal 1st attendance			
Age < 16 years	11	3	1
Age > 35 years (primi gravid)	0	0	0
Parity > 4	403	423	430
Hypertension (>140/90 mmHg)	9	3	4
Anemia (Hb <6g/dL)	30	43	31

Severe maternal anemia (Hb < 6g/dL) peaked at 43 cases in 2024 before dropping to 30 in 2025. Given that severe anemia increases risk of postpartum hemorrhage, keeping this below 20 cases should be a top priority. Hypertensive cases jumped to 9 in 2025 (up from 2–4 cases historically), signaling better screening or an increase in pre-eclampsia risk among attending mothers.

Table 35: Trends in vaccinations

TYPE OF VACCINE	**2025**	**2024**	**2023**
Tetanus toxoid (antenatal)			
Dose I	226	306	323
Dose II	402	355	409
Dose III	342	288	343
Dose IV	272	217	266
Dose V	252	152	154
BCG			
At birth + at later time	3253	2494	3620
At later time	210	281	222

Polio			
0 (at birth)	1215	980	1715
I	976	835	1487
II	870	739	1122
III	1047	896	1505
DTP > Penta			
I	1069	1205	1221
II	835	886	966
III	1104	958	994
Measles	1317	1767	
Rotavirus			
I	808	1027	1358
II	582	743	1026
III	808	958	859
PCV-13			
I	930	1140	1306
II	91	638	955
III	104	1040	1080
Vitamin A	12,900	15,361	12,514
Total Vaccinations	10,382	17,724	10,445

Between 2023 and 2025, the Immunization Unit maintained robust coverage across infant antigens and maternal antenatal tetanus protection. Pentavalent completion improved significantly, eliminating historic dropouts by 2025 because of out of stock. Maternal protection reached a three-year peak with 252 women completing full lifetime Tetanus Toxoid protection (TT5) in 2025. Attention is urgently directed to PCV-13 follow-up doses in 2025: steep declines in Dose II (91) and Dose III (104) This also was due to a stock shortage.

3.4 HIV/AIDS control program

Table 36: Trend in VCT

	2025			2024			2023		
	Female	**Male**	**Total**	**Female**	**Male**	**Total**	**Female**	**Male**	**Total**
(New) Clients counselled	1	1	2	7	5	12	15	22	27
Re-attendance	15	16	31	73	73	146	157	188	345
Tested	16	17	33	80	78	158	172	210	382
HIV positive	0	0	0	0	0	0	0	0	0

When health facilities introduced an Eligibility Assessment Standard (screening tools, risk-stratification checklists, or symptom-based triage) before offering the HIV rapid test, the total number of people tested drops dramatically.

Under eligibility screening, these clients are screened out using a brief questionnaire (e.g., assessing recent exposure, STI symptoms, partner status) and not re-tested except when the clients return with high-risk factors. This reduction in retesting causes the total number of tested individuals to fall significantly. By screening out 80–90% of low-risk clients, the absolute number of tests conducted in the VCT/HTS clinic drops from hundreds to dozens, while the proportion of true positives identified among those tested increases.

Table 37: Trend in CTC patients

	2025	**2024**	**2023**
Number of enrolled patients	56	62	79
Patients on ART	1856	1872	1963

Care and Treatment Center (CTC) data from 2022 to 2025 reveals a steady decline in annual new patient enrollments (from 113 to 56) and a slight reduction in the total active ART patient volume (from 1989 to 1856). This downward trend is directly linked to the successful decentralization and expansion of ART services across surrounding peripheral dispensaries and health centers. With neighborhood facilities now providing routine HIV care, counseling, and refill distribution, clients increasingly opt to receive services locally rather than traveling long distances. The hospital's CTC continues to maintain a stable core cohort of 1856 active ART clients while acting as a referral center for complex management. As surrounding primary healthcare facilities and local dispensaries are equipped with CTC services, newly diagnosed individuals are increasingly initiated directly at their nearest community dispensary rather than being referred to Ndala Hospital.

Table 38: Trend in PMTCT

	2025	**2024**	**2023**
Pregnant mothers tested RCH	805	788	763
Mothers HIV positive RCH	0	4	5

Reproductive and Child Health (RCH) HIV testing performance from 2023 to 2025 highlights a strong and sustained PMTCT screening routine, with total pregnant women tested remaining steady between 763 and 820 annually (3,176 total tested). New HIV identification among pregnant mothers remained exceptionally low across the four years, totaling 10 cases (an average positivity yield of 0.31%), culminating in zero new positive diagnoses among the 805 mothers screened in 2025.

C: SUPPORTIVE SERVICES

3.5 Medical records and statistics

Since 2022 the hospital has been using 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.

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 2025. Most of the hospital equipment suffered from damage, primarily due to ageing and the absence of Planned Preventive Maintenance (PPM) services together with fluctuation of electrical power. 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. In this year, we have received a new Toyota Ambulance donated by the Ministry of Health, to strengthen the referral system from the Ndala hospital to higher level facilities as well as from lower levels to Ndala Hospital. The ambulance will significantly end the dependency of Ndala hospital on the nearby ambulance from for example Busondo Health Centre and Nzega Town Council Hospital.

CHAPTER FOUR: PROJECTS FOR 2026

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, including continuous on-the-job training of the staff. Regular maintenance of the machines and equipment at NICU, and Integrating an operating theatre in the maternity complex

- 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;

- Improvement of Mortuary services by sending staff for a mortuary course, by the procurement of a mortuary refrigerator and by the expansion and renovation of the building.

- Empowering the solar system to cover the demand of power supply to our facility. The solar power supply has declined significantly due to old infrastructure; it needs new solar panels and an inventor with high capacity, to cover the demand of the hospital. There are several new machines in NICU and the laboratory, both requiring constant power supply. Frequent cut-offs in the electricity supply from TANESCO have resulted in increased costs in running the generator. This will be reduced by a well-functioning solar system.

- Most of the hospital equipment suffered damage, primarily due to ageing and the absence of Planned Preventive Maintenance (PPM) services together with fluctuation of electrical power. A lack of funding and the absence of an in-house biomedical engineer have resulted in a delay in improving the above. Hence, we are looking forward to the possibility of sending someone for the course or employing a biomedical engineer for the hospital.

CHAPTER FIVE: IN APPRECIATION OF OUR DONORS AND FRIENDS 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 Government of the United Republic of Tanzania. A major milestone was achieved with the donation of a brand-new Toyota ambulance from the Ministry of Health, effectively addressing the hospital's longstanding transportation challenges for patient referrals. Since its handover in December 2025, referral operations to higher-level facilities have run smoothly and efficiently.

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. 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 are especially thankful to Dr. Herman’s Fund for the 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.

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