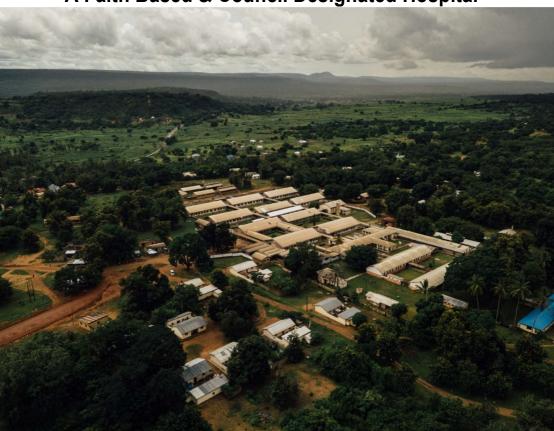


# St. Walburg's Hospital Nyangao A Faith Based & Council Designated Hospital



**Annual Report 2018** 

# St. Walburg's Hospital Nyangao draws inspiration from The Bible:

"Cure the sick and tell them: the reign of God is at hand"

Luke 10 verse 9

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#### 1. Introduction

St. Walburg's Hospital Nyangao is a Faith Based (FBH)/Council Designated Hospital (CDH) situated in Lindi District Council, Lindi Region. The hospital is owned by the Catholic Diocese of Lindi whose Bishop is Right Reverend Bruno P. Nonyani. The hospital has 220 beds and it has been supported by the Missionary Benedictine Sisters of Tutzing and the Tanzanian Government.

In 1947 a small dispensary was opened at Nyangao. In 1959 Sister Doctor Tekla Stinnesbeck ascertained that Nyangao was an



ideal location for upgrading the dispensary to a hospital. Therefore she initiated a plan for a hospital with 86 beds. The hospital has been progressively growing and provides health services to the majority of the populations surrounding it and beyond. Services provided are curative, preventive medicine and outreach. A Care and Treatment Centre (CTC) was established in 2005 and cares for HIV/AIDS patients and PMCTC.

# 1.1 Vision, mission and core values

Our Vision, Mission, and Core values are:

#### Vision

Nyangao Hospital will be a flourishing Catholic Church hospital with a strong emphasis on excellent curative and preventative services for its patients, who will be cared for with compassion by the best people available.

#### Mission

Nyangao Hospital will be fully integrated into Tanzania's health care system and recognised as a partner by Government, have high standards of Customer Care, have a motivated and well trained workforce, and promotes Catholic virtues through the values of the hospital, which are compassion, excellence, integrity, professionalism, and best people.

#### Core values:

- Compassion
- Excellence
- Integrity
- Best People
- Professional

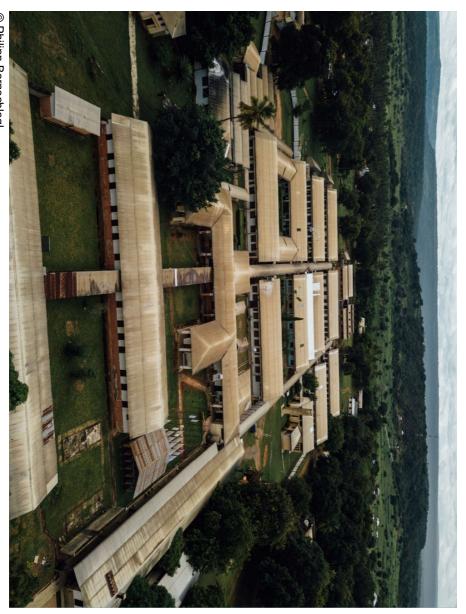
#### 1.2 Catchment area & population

St. Walburg's Hospital Nyangao is situated on the hills of the Nyangao Village, north to the border between the Lindi and Mtwara districts. Lindi district is surrounded by six other districts and all combined these have an estimated total of 900,000 inhabitants (2012 census). Other satellite facilities under the Diocese are the mission hospitals in Mnero and Kipatimu. Despite the fact that these hospitals exist, our hospital coverage is beyond Lindi region. Actually our operations cover the east-southern zone of Tanzania between Kilwa and the border of Mozambique. The hospital even receives patients out of Mozambique. This implies that even if the hospital acquires necessary resources at regional level, it still needs more resources to meet the growing health service demand. Nyangao hospital is estimated to serve a population of around one million people.

# 1.3 Hospital Governance

The hospital has a Governing Board which is chaired by The Vicar General of the Diocese of Lindi. The hospital Medical Officer in charge is the secretary of the Board.

	Board Members		
	Name	Role	Position
1	Fr. Angelus Chitanda	Hospital Board Chairman	Vicar General
2	Dr. Francis Msagati	Board Secretary	Acting Medical Officer in charge
3	Mr. Theophile Mrope	Member	Diocesan Health Secretary
4	Sr. Raphaela OSB	Member	MSB- Tutzing Sisters Representative
5	Fr. George Mwiru	Member	Diocesan Treasurer
6	Dr. Dismas Masulubu	Government Representative	District Medical Officer
7	Dr. Genchwele Makenge	Government Representative	Regional Medical Officer
8	Mr. Mathei Makwinya	Community Representative	Ward Executive Representative
9	Mrs. Germane Nkane	Member	Principal Nursing School
10	Mr. Charles D. Laiser	Invitee	Hospital Administrator
11	Ms. Winfrida Liundi	Invitee	Hospital Matron



#### 2. Summary

In 2018 the hospital strived to improve the quality of health services delivery with efforts on financial sustainability towards its vision.

In 2018 Lindi District Council transferred the pledged amount of basket funds almost in time. MSD provided medicines and medical supplies with availability of all essentials medicine and medical supplies. Through the ongoing support of the Missionary Benedictine Sisters (OSB) Nyangao hospital received donations for medicines and medical supplies via Action Medeor. With "Boresha Afya" (better health) USAID continue to support HIV/AIDS and VCT/CTC services on capacity building, essential equipment's and drugs.

Through the initiatives of surgeon Dr. R. Jankiewicz the Polish Embassy through Polish Aid continued to support the hospital infrastructure improvements, in 2018 they funded the renovation of old minor theatre which was completed and opened by the Bishop Bruno Ngonyani of the Catholic Diocese of Lindi.

During the year the hospital also organized a workshop on drugs chain management for pharmacy, with the participation of pharmacy staff from the diocesan health institutions.

Hospital received substantial support from German Senior Expert Service (SES) program and the SolMne hospital Partnership Program, sending experts to Nyangao like Gynecologist, Laboratory Technician, Dentists, Pediatrician for three months to support in our effort in improving quality of health care services delivery. The German Development Agency GIZ supported the hospital through their Improved Mother and Child Health Program.

During the year 2018 the Government of Tanzania continued to support in the improvement of quality of health care delivery with emphasis to compliances on quality aspects. The hospital continue to experience shortage of professional staff to meet the influx of patients especially out patients .In times of leave, workshops and seminars the hospital had to struggle with a serious staff shortage. The District Council allocated only four Medical Doctors to Nyangao Hospital. Due to this tight staff situation especially at medical sector the Hospital hired three young MDs on a voluntary basis to fill the gap. In addition 25 more volunteers are supporting hospital and medical services at Nyangao.

Taking into account all these factors Nyangao hospital increased the comprehensive medical service provision almost at every level. While the total number of out-patient visits increased significantly as well as, the number of in-patients. Also under five, RCH, VCT/CTC, Dental and Eye clinic registered an increase number of patients asking for medical services. The number of deliveries increased. The number of operations went down due to the renovation of major theatre. General the hospital maintained the quality of health services delivery as per prevailing national health policies and guidelines.

With concerted efforts of all staff members, with the encouraging input of the Bishop, the Vicar General, the Diocesan Health Secretary and the entire staff of the Diocese of Lindi, with the significant support of the Government and the tireless support of the MSB/OSB Sisters, the assistance of Sr. Raphaela Haendler, our partners ARTEMED, GIZ, KFW, NHIF, Friends of Nyangao in Germany, CSSC and all others, the hospital managed to conclude the financial year 2016/2017 on 30th of June 2018 without financial deficit, huge liabilities and debts in the financial statement. This indicated sound financial management improvement.

During the year the hospital plans to improve the quality of medical service provision through renovation of the operation theatre tract, maternity and labour ward, physiotherapy, dental and eye clinic. The stabilization of power and electric infrastructures was of top priority, together with establishment of electronic patient care management system. We also are looking forward to work together with a new partner willing to support our efforts: a team from Artemed, a charity from Germany who their technical team of expert made a situation analysis in December and committed themselves to start cooperation focusing to improve the above challenges in the coming year 2019.



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# 3. General overview 2018

Subject	2017	2018
Total Number of Outpatient1	52.247	67.097
Total Number Of Outpatients in Mobile Clinics	2675	2600
Daily Average Of Outpatients	143	184
Total Number of Insured patients	15071	18148
RCH – Under-Five	17639	15595
Total Vaccinations (all MCH Clinics)	8102	8639
Anténatal Attendance at Mobile Clinics	379	355
Total Number Of Beds Available	220	220
Total Number Of Inpatients/Admitted	9613	10565
Average Length Of Stay In Days	5	4
Admissions in Private Ward	252	270
Bed Occupancy Rate	69%	78%
Number Of Deaths	349	442
Mortality Rate	3,60%	4,20%
Major Theatre Operations	1713	1536
Minor Theatre Procedures	3.696	3.637
Deliveries	2.177	2.490

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<sup>&</sup>lt;sup>1</sup> The number of 2017 includes just outpatients visiting the OPD-department. The number of 2018 includes also patients visiting the RCH department and mobile clinics.

TB Diagnosis	1.793	2.189
Eye Clinic	461	604
Number of Patients enrolled in HIV Care	128	236
Total number of clients enrolled	2,134	2,371
Number of HIV tested HIV tested positive	128	236
Laboratory Examinations	66.931	75.303
Blood Transfusions	2.309	4.238
X- Rays & Ultrasounds Taken	7.388	6.417
Total Attendance Dental Unit	1.700	2.098
Total Hospital Employees	218	206
Total Hospital Expenditure	TZS 1.661.649.900	TZS 2.041.383.186
Total Income from Government <sup>2</sup>	TZS 145.356.389	TZS 227.248.374
Total Income from User fees	TZS 900.356.800	TZS 959.324.050
Total Income from Health Insurances	TZS 477.582.894	TZS 683.214.670
Total Income from Drugs	TZS 265.848.200	TZS 306.705.500
Total Income from Donors <sup>3</sup>	TZS 223.764.906	TZS 429.830.700 <sup>4</sup>
Total Other Income	TZS 19.053.200	TZS 20.464.367

<sup>&</sup>lt;sup>2</sup> Government salaries are directly paid to staff members and do not appear any more at hospital accounts.

OSB donations are not calculated in the operational budget but in a separate capital budget.
 Including major donations from Polish Medical Mission and Artemed for the building of the new Minor Theatre

# 4. Human resources manning level.

Cadre	Establishment (Minimum)	Strength	Male	Female	Difference
Specialist	0	1	1	0	-7
Medical Doctor	8	10	10	0	-2
Assistant Medical Officer	16	4	3	_	12
Dental Officer	1	0	0	0	
Assistant Dental Officer	1	2	2	0	-1
Dental Therapist	1	0	0	0	_
Radiology Scientist	1	0	0	0	1
Radiographer Technologists	2	2	2	0	0
Pharmacist	1	0	0	0	1
Pharmaceutical Technologist	2	1	1	0	1
Assistant Pharmaceutical Technologist	1	0	0	0	1
Health Lab Technologists	3	2	2	0	7
Assistant Health Lab Technologist	2	3	1	2	-1
Nutritionist	1	0	0	0	1
Occupational Therapist	1	0	0	0	1
Ophthalomologist	1	0	0	0	1
Optometrist	1	0	0	0	1
Physiotherapist	1	0	0	0	1
Social Welfare Officer	2	0	0	0	2
Assist Environmental Health Officer	2	1	1	0	1
Nursing Officer	12	0	0	0	12
Assistant Nursing Officer	33	31	13	18	2
Nurse	33	19	9	10	14
Medical Attendant	44	69	12	57	-25
Mortuary Attendant	2	0	0	0	2
Health Secretary	1	1	0	1	0
Biomedical Technologist	2	0	0	0	2
Computer System Analyst	1	0	0	0	_
Computer Operator	1	0	0	0	_
Electrical Technicians	0	0	0	0	0
Economist	1	0	0	0	_
Accountant	1	2	1	_	7
Accounts Assistant	1	_	1	0	0
Assistant Accountant	_	0	0	0	_
Personal Scretary	_	2	2	0	-
Plumber	0	0	0	0	0
Security Guard	4	7	7	0	ယ
Driver	3	ω	3	0	0
Assistant Supplies Officer	_	_	1	0	0
Medical Records Technician	3	0	0	0	ω
Cook	2	0	0	0	2
Dhobi	3	0	0	0	သ
Insurance Expert	2	0	0	0	2
	108	ŝ	73	8	S S

Others   7   6   8   8   8   8   8   8   8   8   8	Cadre	Strength	Male	Female
All Officer	Others			
al Asssistant     1     1     1       bing Assistant     25     0       Clerk     3     1       trids Management Assistant     2     1       rids Assistant     1     1     1       rids Assistant     1     1     0       pattern ant     7     0     0       ge Matron     1     1     0       ge Matron     1     1     1       al Attendant     1     1     1       al Attendant     1     1     1       al Doctor     1     1     1       t.Pharm. Tech     1     0     1       m.Dispenser     1     0     0       t.Pharm. Tech     1     0     0       m.Dispenser     1     0     0       m.Dispenser </td <td></td> <td>7</td> <td>6</td> <td>_</td>		7	6	_
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Clerk	Cleaners	25	0	25
1	Data Clerk	3	1	2
rids Management Assisiant 2 1  rids Assistant 1 0  nation Technology Technician 7 0  Battendant 7 0  ge Matron 1 1 1  Attendant 7 0  ge Matron 1 1 1  Attendant 1 1 1  Volunteers 50 12  cal Attendant 1 1 1  res 6 5  cal Doctor 1 1 1  rers 1 0  mDispenser 1 0  fifficer 1 0  mDispenser 1 0  fifficer 2 28 9  nd Total 87  by MOH Staff Categories 87  by DED 59  by RAS 4  teers 26  Volunteers 1 1 0  Total Male  Park 1 0  Total Male	Plumbing Asssistant	1	1	0
ords Assistant     1     0       nation Technology Technician     1     1       Attendant     7     0       ge Matron     1     1     0       ge Matron     1     1     1       n Resources Officer     5     1     1       res     6     5     5       cal Attendant     1     1     1       rers     4     0     1     1       rers     1     0     1     0       M.Pharm.Tech     1     0     0       filcer     1     0     0       filcer     1     0     0       g     26     9       nd Total     87     0       by PRAS     87     0       by PRAS     4     4       teers     26     9       teers     26     9	Records Management Asssistant	2	1	1
Ination Technology Technician	Records Assistant	1	0	1
Attendant 7 0 0 ge Matron 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Information Technology Technician	_	1	0
ge Matron     1     0       ge Matron     1     1     1       in Resources Officer     50     12       Voluntsers       Voluntsers       total Doctor     1     1     3       cal Doctor     1     1     0       t.Pharm.Tech     1     0     1     1       m.L.Pharm.Tech     1     0     0       filicer     1     0     0       filicer     1     0     0       m. Dispenser     1     0     0       filicer     1     0     0       g     238     93       nd Total     85     93       by MOH     Staff Categories     87       by PRAS     85       by PRAS     4       teers     26	Office Attendant	7	0	7
an Resources Officer     1     1     1       volunteers     12       cal Attendant     11     3       eal Dodor     1     1     1       neits     4     0       Epharm.Tech     1     1     0       m Dispenser     1     0     1     0       m Dispenser     1     0     0       m Dispenser     1 <td>College Matron</td> <td>1</td> <td>0</td> <td>1</td>	College Matron	1	0	1
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Volunteers   Vol		50	12	88
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Male	<u>a</u>	1	1	0
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1   0	HR Officer	1	0	1
26 9 9	Cook	1	0	1
26 9   9   9   9   9   9   9   9   9   9				
Nd Total         238         93           Total Male           Staff Categories         87           by MOH         87           by Hospital         85           by DED         35           by DED         35           by DFRAS         4           teers         26	Total	26	9	17
Total         Male           Staff Categories         87           by MOH         87           by Hospital         85           by DED         35           by RAS         4           by RAS         4           teers         26	Grand Total	238	93	145
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by DED by RAS titeers	Doid by Hoosite	9		
by RAS	Paid by DED	ယ္သ		
	Paid by RAS	4		
	Volunteers	26		

#### 5. Curative Services

In 2018 the hospital received 43.349 patients using Out-patient Department services. Compared to 2017 this was a increase of almost 29%. As in the years before Malaria again was the number one disease, followed by Anaemia and Hypertension. The number of OPD under five visits had a decrease of 12% (2.044 patients) compared to last year. This could be due to Government improving their primary health care facilities. Again a lot of patients came from outside the actual catchment area of Lindi rural district.

The Reproductive and Child Health (RCH) department deals with antenatal care and prevention of mother to child transmission of HIV for under five years old. It has one daily static clinic and several mobile clinics for the nearby three villages, which are CHIWERE, LITIGI and MAHIWA. This last one has been included from July 2018. Its main function is preventive medicine, interns of vaccine, health education and advising on family planning. The hospital health officer is the in charge of the vaccinations section. Senior registered nurse is the in charge of the RCH department. There are three clinical officers, two enrolled nurses and three medical attendants.

Antenatal Clir	nic
First attendance	468
Re-attendance	5.914
Total	6.382

Under five cl	inic
First attendance	6.767
Re-attendance	8.828
Total	15.595

Mobile clinics	
Under five clinic	2.727
Antenatal clinic	426
Total	3.153

17

For Preventing Mother to Child Transmission (PMTCT) services the number of first attendance in 2018 was 468 patients, whom were counselled and tested. Among these patients 456 were HIV-negative and 12 were HIV-positive.

RCH registered 6.382 pregnant women which is an increase of 875 patients compared to 2017. RCH registered 6.767 new under-five patients. Out of them the re-visits where 2.880. RCH counselled 457 women on PMTCT.

CTC & VCT had 3.854 visits which means an increase 27% of (809 patients) compared with 2017. Out of patients these visiting CTC & VCT 1.719 patients are ART registered and 851 patients were receivina ARV. Number of Provider Initiated Testing & Counselling (PITC)

Dental Unit 2018	
Total patients reattended	108
Patients with dental caries	1858
Patients with periodontal disease	160
Patients with dental abscess	90
Patients with imparted tooth	51
Patients with infected socket	23
Patients with trauma injuries	39
Patients with tumours	17
Teeth contracted	1314
Tooth filling	137
Incision & Drainage	1
Interdental fixation	6

patients was 6.797. The tuberculosis unit registered 396 new cases and 1793 re-visits.

Dental clinic registered 2.019 patient, which is an increase of 23% compared to 2017. Eye clinic had a total of 604 visits, which is an increase of 31%).

Starting the program from March 2018, 259 patients were exempted from payment by our finance department because they could not afford to pay for their treatment. In total the amount exempted for 2018 was TZS 4.446.900.

	Top 10 diagnoses in 2018	
No	Disease	Cases
1	Malaria	6.357
2	Anaemia	2.731
3	Hypertension	2.549
4	Urinary tract infection	2.221
5	Pneumonia	1.913
6	Diarrhoea	1.869
7	Orthopaedic condition	1.287
8	Gynaecological diseases	1.227
9	Surgical conditions	768
10	Cardiovascular diseases	529

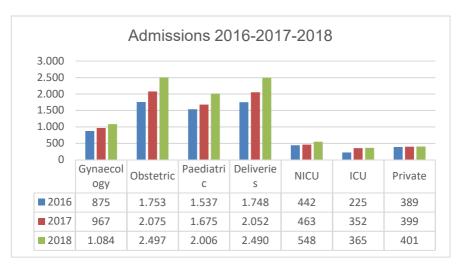




# 6. Medical Departments

The Internal Medicine departments counted a total admissions of 10.565 patients in 2018, which means an increase of 10% compared to 2017. This includes the admissions at the private wards of 401 patients. The increase is partly due to the employment of new young doctors. The number of admissions due to Malaria was 1.267. The number of admissions due to AIDS related diseases was 171.

The average length of stay for in-patients admissions was four days. The bed occupancy rate reached was 78%, which is an increase compared to the rate of 69% of 2017. In the year 2018 the Hospital had to register 442 deaths, 4,2% of total patients admitted.



# 6.1 Internal Medicine Department

The Internal Medicine Department in Nyangao Hospital is responsible for the diagnostic process and treatment of a wide range of different types of diseases, concerning both communicable and non-communicable diseases. These latter diseases can be in the field of cardiovascular, respiratory, gastro-intestinal, endocrinological, neurologic and psychiatric diseases.

Head of the department is Dr. Roswita Nyagali, assisted by Dr. Gaufried Mtendachi, Dr. Hagai Wisiko, Dr. Pim Schout and Dr. Francis Msagati. These doctors are dealing with both in- and outpatients. Dr. Wisiko is in charge of CTC unit. Dr. Mtendachi was also in charge of the TB-unit. On July 2018 Dr. Mtendachi sadly passed away. His position as in charge of the TB-unit was taken over by Dr. Francis Msagati. In November 2018 Dr. Pim Schout finished his contract and went back to the Netherlands. Also in November 2018 the Internal Medicine department was happy to welcome Dr. Gidion Kategugwa and Dr. Shukrani Ngeleja, seconded by the Lindi District Council.

The Internal Medicine department continued to use ECG machines and received three new portal ECG machine donated by visiting Dr. Albert. In total 181 ECG's were done during 2018. The department continued to conduct a weekly hypertension and diabetes clinic as it was initiated in March 2017.

#### **6.2 Pediatric Department**

The Pediatric Department is responsible for the diagnostic process and treatment of the under 15 years old in-patients and the under 5 years at age out-patients at RCH. Under 5 years patients are supported through a project of *Die Sternsinger* from Germany, which provides medication free for all children.

Dr. Simon Baicky is the Doctor in charge of the pediatric department, in 2018 assisted by Dr. Pim Schout for some patients with cardiologic problems. Surgeon Dr. Ryzard Jankiewicz is dealing with those patients with difficult medical and surgical problems.

The total number of admissions on the pediatric ward on medical side was 1.703 admissions. On the surgical side 297 admissions were registered.

	Pediatric Ward 2018					
	Top-5 diagnoses medical	Cases	% of total admissions			
1	Malaria	715	42,0%			
2	Anemia	468	27,5%			
3	Gastrointestinal disease	280	16,4%			
4	Pneumonia	277	16,3%			
5	Upper respiratory tract infection	50	2,9%			
	Top-5 diagnoses surgical	Cases	% of total admissions			
1	Fracture	96	32,0%			
2	Burn	28	9,0%			
3	Abscess	9	3,0%			
4	Poison	8	3,0%			
5	Osteomyelitis	8	3,0%			



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# 6.3 Reproductive Department.

# **6.3.1 Obstetrics & Gynaecology department**

In Nyangao Hospital the department Obstetrics & Gynaecology department (O&G) is led by Dr. David Mmambale, a retired Principal Assistant Medical Officer with a focus on International Public Health. Dr. Mmambale works with Dr. Ronald Mazengo (MD) and Dr. Marijke Kingma (MD, Medical specialist: International Health and Tropical Medicine).

The obstetric part of the department supervises healthy pregnancies and deliveries as well deals with problems or complications during the pregnancy, delivery or puerperium (the six weeks after delivery). During delivery patients are admitted to the labour ward (ward 5) which has eight beds for delivery. At this ward work five registered Nurse Midwives, three Enrolled Nurse Midwives supported by three experienced Medical Attendants and one Ward Attendant. Before and after delivery patients and their healthy babies are being cared for at the Obstetrics & Gynaecology ward (ward 4).

Gynaecological patients are women with problems with the reproductive system in early pregnancy or not concerning pregnancy. Some examples are cervical cancer, uterine myoma, sexual transmitted infections, miscarriage or extrauterine pregnancy. These women are also admitted at ward 4. At this ward work 2 registered nurses, 1 enrolled nurse and 6 Ward Attendants. At ward 5 there is a room for gynaecological minor surgical procedures like dilatation and curettage for complicated abortion of pregnancy.

Like in many low resource settings we are struggling with improving quality of care for mothers and babies. In 2019 we hope to start with an in-hospital multidisciplinary research about simulation training in the labour ward. Simulation training is a process where trainees practise an evidence based procedure or routine with a team in a controlled, simulated learning environment using realistic scenarios and equipment. After the simulation there is a debriefing with feedback and self-reflection. In this way our nurses and doctors can

hopefully prepare for emergency situations, by developing practical skills, improving team work and stimulating self-awareness. This way of training is proven to be very effective in low resource settings and we hope to find a way to develop a low cost- high impact training . birth attendants and attendants in comparable situations.



#### 6.3.2 Neonatal Intensive Care Unit

The Neonatal Intensive Care Unit (NICU) is an annex ward of the Obstetrics & Gynaecology Department. At this ward sick, small or premature new-born babies

2017	2018
463	548
37	74
8%	14%
81%	123%
	463 37 8%

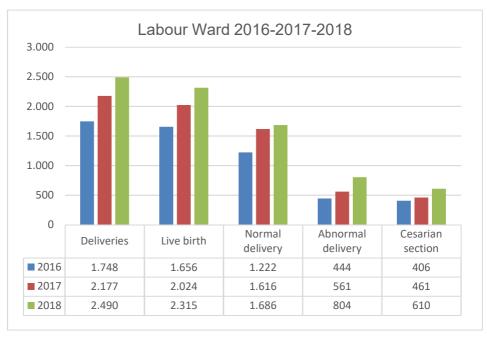
are admitted. Due to low resources and challenges in dealing with the vulnerable babies the mortality rate in 2018 was very high. To change this we created a new protocol for treatment of these babies. This way we try to practice evidence based care as well as possible in our setting. Also we will try to include mothers more in the medical parts of care. This gives a better and more continuous observation of the babies, both in the hospital as well as after discharge. Step by step we hope to lower the morbidity and mortality rates. At this ward work seven nurses.



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#### 6.3.3 Maternity & Labour ward

The Maternity & Labour Ward recorded 2.490 deliveries in the year 2018. This means an increase of 14% compared to the year 2017. Of these deliveries 1.686 babies were delivered with a normal birth. The amount of babies born through an abnormal birth was 804, which is an increase of 43% compared to the abnormal birth rate of 2017. The number of caesarean sections done in 2018 was 610, which is an increase of 48% compared to 2017.



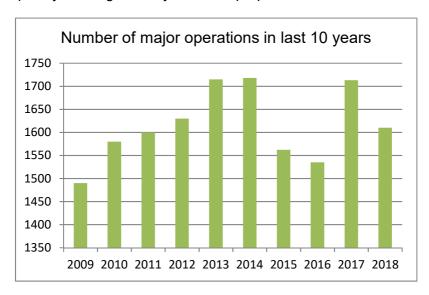
# 6.4 Surgical Department

#### 6.4.1. Surgical Department

The Surgical department of Nyangao Hospital has been steadily directed over the years by Surgeon Dr. Ryszard Jankiewicz assisted by Dr. Andreas Gai, Dr. Inge de Grauw, Dr. Vincent Kwai and other rotating doctors, performing operations at major and minor theatres. Dr. de Grauw and Dr. Kwai left the hospital and the Surgical Department in 2018 and were replaced by Dr. John Mtomo and Dr. Joel Msilimu.

In 2018 the total number of operated patients was 1.534, and the total number of major operations reached 1.610. The difference between number of operated patients and number of major operations results from some multiple procedures on one patient.

Compared to 2017 the total number of operated patients decreased with 10%. This is mostly due to reconstruction of the major theatre and – because of reconstruction – the transfer of procedures to a temporary building not very fit for the purpose.



Thanks to continued support of Polish Aid it was possible to offer two months practice in Surgery Department for doctors from neighbouring hospitals from Lindi and Mtwara Region. Also the hospital was able to organise a two day Workshop on "Most actual surgical problems in daily work", which took place on 22 - 23 October 2018. The participating doctors came from Hospitals at Mtwara, Lindi, Ndanda, Nyangao, Ruangwa, Kilwa Kipatimu, Kilwa Kinyonga, Tandahimba, Mangaka, Nachingwea, Newala, Mnero, Liwale and from various Health Centres.

Nyangao Hospital is the only hospital in Lindi Region offering most of specialist operations from general surgery, orthopaedics, urology and is practically acting as a referral hospital for the above mentioned specializations.

The number of traumatic cases treated in Nyangao Hospital is still increasing. Around 50% of total admissions in Surgical Department are traumatic cases. Most of the patients are victims of traffic accidents, caused especially by motorcycles. Around 60% of them have fractures, mainly lower extremities, many of them complicated open fractures. Most of the hospitals – including the Regional Referral Hospitals in Lindi and Mtwara - don't have basic equipment and experienced doctors in this field and therefore a lot of patients get referred to Nyangao Hospital.



Number of admissions to Surgical Ward 2018				
Ward	No. of beds	No. of admissions		
Male (1B)	30	956		
Female (2B)	16	308		
Children (3B)	8	297		
Private surg.	3	114		
Total	57	1.675		

Rates of different types of operations				
Type of operations				
Gyn. /Obs.	885	54,9%		
General Surgery	441	27,4%		
Orthopedics	206	12,8%		
Urology	78	12,8%		

Top five most common operations in 2018			
Type of operation	No. of cases		
Caesarean section	576		
Abdominal hysterectomy	168		
Herniorrhaphy (various type)	139		
Adnexectomy/salpingectomy/cystectomy	91		
Excision various superficial tumours, biopsy	47		

#### 6.4.2 Anaesthesia department

The anaesthesia department faced significant staff changes in 2018. The very experienced anaesthetic nurse Mrs. Gaudencia Ungele went for retirement in August after many years of excellent service. After their training Hasim Mbawala and Erick Kassim joined the anaesthetic team. In October Alfred Mwinuka and Alisante Manga also were added to the team.

The department is very grateful for the help provided by Dr. Daniela Kietzmann, a German consulting anaesthetist working in Sweden. She is coming every year for training of anaesthetic staff and supplying the department with important anaesthetic equipment.

Type of anesthesia	Major Theatre	Minor Theatre	OPD Theatre	Delivery Room	Total
Spinal	880	26	-	-	906
Ketamine	292	337	9	209	847
Gen. with intubation	342	-	-	-	342
Gen. with LMA	80	-	-	-	80
Local	16	113	13	13	155
Total	1.610	476	22	222	2.330



# 7. Supporting Departments

# 7.1 Laboratory

With Lab-Technologist Ausi Mtalika in charge the Laboratory is managed by six qualified staff members comprising of Laboratory Technologists, Technicians, Assistants, Attendants and Cleaners. The laboratory is equipped with basic laboratory equipment and maintains a simple and accurate inventory management system. The Laboratory performed in the year under report more than 74.500 investigations and tests.

Laboratory - Investigations	2017	2018
Haematology	20.762	23.045
Parasitology	10.491	12.768
Parasitology MRDT	18.871	19.260
Serology	4.836	4.615
Chemistry - Blood & Serology	6.181	5.898
Blood transfusion	3.784	4.615
Bacteriology	929	1.902
Chemistry - others	651	521
Microbiology	426	1.902
Total	66.931	74.526





#### 7.2 Pharmacy

Hospital patients are served through four Pharmacy units: Main Pharmacy, Emergency Pharmacy, CTC Pharmacy and Raphael Pharmacy. This units are effectively and economically directed by Pharmacy-Technologist Andrea Alfani. At the four pharmacies eleven staff members dispense medicines and medical supplies to patients on a daily basis. The emergency pharmacy is open for 24 hours, seven days a week.

Pha	2018	
1	Amoxicillin capsules 250mg	370.000
2	Paracetamol tablets 500mg	300.000
3	Nifedipine 20mg	240.000
4	Diclofenac 50mg	215.000
5	Cotrimoxazole 480mg	180.000
6	Bendroflumethiazide 5mg	150.000
7	Captopril 25mg	120.000
8	Atenolol 50mg	100.000
9	Doxycycline 100mg	25.000
10	Ampicillin injection 500mg	10.600

This year 24.871 BIMA prescriptions and 38.214 non-BIMA prescriptions were attended. In 2018, Hospital distributed around TZS 540 Million for medicines and medical supplies. The Medical Stores Department (MSD) of the Ministry of Health allocated medicines and supplies worth about TZS 171 Million, which will be paid on quarterly basis direct to MSD. Out of the basket fund TZS 40 Million has been used for medicines and medical supplies.

For the availability of medicine and medical supplies, the hospital is very happy for the presence of Action Medeor in Masasi. Action Medeor is covering for 45% all the routine and emergency supplies –

often out of stock at MSD. In 2018 Action Medeor also won a tender to supplement MSD supplies as Prime Vendor in Lindi Region and this runs very well. Through the Solidarity Mnero Foundation and the Diocese of Lindi the pharmacies of the hospital received supporting supervision for Pharmaceutical personnel. The supervisor is an Action Medeor senior consultant with broad experience in the pharmaceutical field in Tanzania. Part of this programme was the facilitation of two workshops in 2017 and 2018 to improve pharmaceutical services. Both years' twenty-five participants from all the health facilities under the Catholic Diocese of Lindi participated.

#### 7.3 Technical Department

The Technical Department consists of two electricians and one plumber. They ensure the hospital, nursing school and staff infrastructures are regularly maintained. The department continue to experience regular water pipes and water tank leakages due to its decay. The plan is to have major rehabilitation of the water infrastructures and back up water pump.

# 7.3.1 Buildings

By the end of year 2018, we thanked the Polish Government through PMM (Polish Medical Mission) and Artemed Foundation from Germany for renovation of a minor theatre and the refurbishment with extension of the existing operation theatres. In July 2018 the renovation of the minor operation theatre started and on November 13<sup>th</sup> 2018 the inauguration of the minor operation theatre was held. On December 17<sup>th</sup> 2018 the renovation of the old main theatre started as per the renovation contract it will be completed by end of March 2019.





Opening of new Minor Operation Theatre by the Bishop of Lindi in November 2018 / © Piotr Dymus / Polish Medical Mission

The technical department also renovated some of the staff houses in among those were the Sr. Thekla staff houses and the one staff house.

#### 7.3.2 Sewage

The sewage system was monitored and excavated. Two leaking area were cleared and maintained and a new scum board was fixed. The department is thanking Dr. Muller - Expert of Sewage system - for his help on sewage management. He comes regularly to Nyangao and in 2018 he was requested to make a technical pond rehabilitation.

#### 7.3.3 Electricity

Due to the unstable power provision of TANESCO the team fixed a big stabilizer at the powerhouse. Also ICU and NICU have been equipped with a back-up system, to make sure lifesaving equipment is working even on frequent power cuts.

### 7.3.4 ICT & GoTHomis

The hospital is striving to acquire the health management information systems which will enhance the proper resource utilization with reduced turn around time for the patients.

The Government has proposed the GoTHomis which is "the system is provided free by the Government". hospitals "only" need to set up the required hardware and infrastructure (LAN, computers, printers and other associated devices). According to our first quotations this is very expensive. The management continues to look for other system providers to reduce the costs of implementing hardware and infrastructure.

#### 7.4 X-ray department

The radiology department is organized by two radiographers: Abdallah Nambwanga and John Mgaya. A total of 4.703 X-Ray investigations were done in 2018. The unit is currently using the digital X-ray processing system.

#### 7.5 Histopathology

The Cooperation with Oncology Centre in Bydgoszcz Poland - which doing histopathology examinations for Nyangao Hospital has been continued during 2018. The costs of examination were by the covered Polish Medical Mission project. At the end of the year a cooperation between DHL

X-Ray Investigations			
	2017	2018	
Chest	2.307	2.568	
Pelvis	282	229	
Forearm	124	129	
Shoulder	67	71	
Elbow	106	106	
Wrist	147	148	
Skull	219	119	
Ankle	127	166	
Knee	170	121	
Femur	176	162	
Hand	32	35	
Foot	58	31	
Lower leg	396	374	
Cervical spine	29	24	
L/spine	80	107	
Plain Abdomen	226	234	
Contrast Studies	30	30	
Total	4.576	4.703	

and the hospital has been established, which allows to significantly decrease time of transport of the samples abroad.

## 7.6 Pastoral services and complain office

The pastor plays an important role in the hospital by supporting staff and patients spiritual. Also the pastor is the complains officer of the hospital for staff and patients. Besides his daily business doing so, the pastor also contributes on special days like Saint Walburga's Day – patroness of the hospital – and offering spiritual formation retreat around the time of Lent.

Pastoral and complain figures 2018					
Complains received					
From staff	From outpatients	From inpatients	Total complains	Solved complains	
4	28	20	52	52	
Pastoral services					
Patients served spiritual	Daily morning prayer				
298	247				

## 8. Sr. Thekla's Nursing School

In 2018 the School had a total of 45 students. The students are educated by eight full time and nine part-time tutors who are complemented by eight support staff. Theory sessions were

	1st year	2nd year
Male	31	1
Female	10	3
Total	41	4

facilitated as scheduled. Students had opportunity to have clinical rotation at the hospital where they gained practical experience in the care of patients.

The 2<sup>nd</sup> year students had field work practice at six Rural Health Centres in Lindi District Council, Ruangwa District Council and Masasi District Council. They lived in the villages for three weeks in March 2018. They were supervised by the In charges of their facility and our teachers also visited them for supervision.

In May 2018 Semester I Examinations were conducted for NTA Level 4 and 5. NTA Level 4 candidates were 4, 3 students passed at 1<sup>st</sup> attempt and 1 student passed at supplementary examination. NTA Level 5 candidates were 37, 21 passed at 1<sup>st</sup> attempt and 16 passed at supplementary examination.

The Ministry of Health completely and unexpectedly has abolished in 2017 the two-years-training for Certificate Nurses for which the school had been set up. Because the registration of the school also was for this Certificate Level only we could not recruit students any more. Lack of students however means lack of income and endangers the survival of the school. As there is no financial support from outside the school is supposed to cover all its expenses from its income – the students fees.

In order to assure survival of the school the staff worked very hard in 2018 for getting permission to train Diploma Nurses in three-years courses. This Accreditation Process is very complicated. Various documents were developed and the application Form for

Accreditation was filled and sent to NACTE Mtwara Southern Zone. On October 30 2018 the school received a letter of grant for Full Accreditation Status, allowing us to offer training up to NTA Level 6 (Diploma).

In August 2018, Semester I and II examination was conducted by the Ministry of Health and NACTE. There were 4 candidates for Semester I (NTA Level 4) and for Semester II (NTA Level 5) candidates were 32. Semester I was marked at the school and all 4 candidates passed the examination. There was a delay in getting results of Semester II of NTA Level 5 as it is marked centrally at Dodoma.

Within the year, the school still experienced difficulties in students enrolment due to the mentioned changes in criteria. In October 2018 there were only 4 students registered. Now having been granted permission to train Diploma Nurses there is hope that the school will manage to recruit adequate number of students for Intake of September 2019.





### 9. Other events

In November 2018 the house of one of the Hospital staff members burned down. The quick assistance of people from Nyangao to extinguish the fire – for which we are very thankful - regrettably didn't prevent the house becoming uninhabitable. Luckily person got harmed during the fire or extinguishing the fire. The house has to be destroyed and rebuild. To restore this building an estimated amount of TZS 20 million will be required.













### List of Abbreviations

AIDS Acquired Immune Deficiency Syndrome

AMO Assistant Medical Officer
ADO Assistant Dental Officer
ALOS Average Length of Stay
ANO Assistant Nursing Officer
ART Antiretroviral Therapy
ARV Antiretroviral drugs

CDH Council Designated Hospital

CO Clinical Officer
CA Clinical Assistant

CTC Care & Treatment Centre
DC District Commissioner
DED District Executive Director
DMO District Medical Officer
FBH Faith Based Hospital

GIZ German Development Agency
Gyn/Obst Gynaecology & Obstetric

HIV Human Immunodeficiency Virus
HGB Hospital Government Board
HMT Hospital Management Team
KFW German Development Bank

NACTE National Council of Technical Education

OSB The Order of St. Benedict

PICT Provider Initiated counselling and testing
PMTCT Prevention of Mother-to-Child Transmission

RAS Regional Administrative Secretary

RMO Regional Medical Officer

RC Roman Catholic

RCH Reproductive and Child Health

TB Tuberculosis
TZS Tanzania Shilling

VCT Voluntary Counselling & Treatment CSSC Christian Social Services Commission

# We thank the major donors for their continuing support of St. Walburg's Hospital Nyangao













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### **Acknowledgement**

We thank the Almighty God who has guided us each day of 2018 and who gave us the opportunity and privilege to serve Him in so many needy people. We implore Him to continue to be with us and to bless the countless number of people, organizations, friends and individuals who helped us in different ways throughout the year. May the Lord bless them all.

On behalf of the entire hospital staff, we the members of the Hospital Management Team (HMT) would like to thank all the benefactors of St. Walburg's Hospital Nyangao in Tanzania and Abroad. Their help is of great importance to our hospital in order to be able to continue providing quality health services to all our patients and clients.

Our thanks first goes to the Bishop of the Diocese of Lindi, Rt. Rev. Bruno Ngonyani, to Vicar General, Rev. Fr. Angelus Chitanda, to treasurer Fr. Willibald Mbinga and Fr. George Mwiru, to Diocesan Health Secretary Mr. Theophile Mrope and the entire staff of the Diocese. Special thanks go to all members of the Governing Board of St. Walbur's Hospital Nyangao .

Secondly we would like to thank the Government of United Republic of Tanzania, the Ministry of Health, the Regional and District Medical Officers of Lindi. Thanks go also to the Christian Social Services Commission (CSSC), Dar es Salaam.

Furthermore we would like to say thank you to Sr. Raphaela Haendler OSB and the Procure of the Missionary Benedictine Sister of Tutzing, Germany as well as Dr. Winfried Zacher for their tireless support, counselling and guidance.

Last but not least we would like to thank the entire hospital staff for their dedicated work for our hospital and in particular for all our patients. In name of all members of the Hospital Management Committee:

Dr. Francis Msagati (MO i/c)
Mr. Charles D. Laiser (Administrator)
Ms. Happy Mrope (H.S)
Mrs. Winfrida Liundi (Matron)
Mr. Lushinge Makelemo (Accountant)
Mrs. Germane Nkane (Principal Nursing School)
Mr. Coendert Slendebroek (Management Consultant)
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