



BUKUMBI HOSPITAL

# ANNUAL REPORT 2014

**MOTTO: HEALTH WITH GOD**

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## ABREVIATIONS

CTC- Centre for Treatment And Care  
BMC -Bugando Medical Centre  
CSSC- Christian Social Service Commission  
TEC Tanzania Episicopal Conference  
BoG -Board of Governors  
HMT- Hospital Management Team  
OIs -Opportunistic Infections  
MSD- Medical Supply Department  
FBP- Full Blood Picture  
MOHSW-Ministry Of Health And Social Welfare  
MMRI-Maternal Mortality Reduction Initiative  
DMO- District Medical Officer  
HDU-High Dependence Unit  
OPD -Outpatients Department  
BBA -Born Before Arrival  
CS -Caesarian Section  
STI- Sexual Transmitted Infections  
TURP- Transurethral Prostatectomy  
UTI - Urinary Tract Infection  
HIV- Human Immunosuppressant Virus  
PTB- Pulmonary Tuberculosis  
BPH-Benign Prostate Hyperplasia  
CCF- Congestive Cardiac Failure  
RTI -Respiratory Tract Infection  
RCH-Reproductive Child Health  
VCT-Voluntary Counseling and Testing  
HBCT-Home based Counseling and Testing  
PITC- Provider Initiated Counseling and Testing  
ART -Anti Retroviral Treatment  
LTF-Loss to Follow-Up  
ECG-Echocardiogram

## HOSPITAL PROFILE

### Genesis of the Hospital

Bukumbi Hospital is a non-profit voluntary organization owned by the Catholic Archdiocese of Mwanza. It was established as a dispensary in 1912 by the white fathers (missionaries of Africa) who arrived in this area in 1883 and founded Bukumbi Mission. Their aim was to serve the community whereby the majorities were poor people. The present Hospital was constructed in early sixty.

The hospital is located twenty six kilometre, 26 km, South of Mwanza city and about two kilometer, 2km, from lake Victoria shore, in the North West of Misungwi District Hospital .It serves patients not only from Bukumbi and Misungwi district but from the neighboring districts like Sengerema, Magu, Mwanza city and others. The catchment area of Bukumbi is not that much large. In a radius of 25 km, there are only about 40,000 people living. During the start of the hospital in 1960 and the present day the need of this hospital has changed. The economic development of the country did Mwanza increase in population and in the health facilities. The private patients shifted to the private health organizations in the city. Around the catchment area came as well private pharmacies and dispensaries (government and private). The hospital had capacity of 196 beds but then in 1990s dropped to a capacity of 150 beds as the leprosy services were terminated and shifted to a specific centre which was established namely Bukumbi Camp. The hospital presently has a bed strength of 150, serving an average of twenty five thousands, 25,000 patients annually. The Hospital is registered by the Ministry of Health and Social Welfare.

### Vision:

- To **embrace** the healing mission of Jesus, the Divine Healer and to show a firm solidarity with those deprived of health care and the marginalized so as to bring about an integrated humanity through health services.
- To **work** towards fullness of life, so that every person is assured of basic health and may enjoy respect, dignity and equality as human beings.
- To **ensure** the availability of promotive, preventive, and curative health care at affordable cost and to advocate indigenous medicine.
- To **reach out** more efficiently to the marginalized.

### Mission:

To provide quality health services through caring and being responsible to further the ministry of Jesus Christ to the family of God.

**Values:**

- Quality, equity, accessibility/availability and transparency with compassion and love.
- Availability of health profession adhering to ethical code of conduct and providing comforting services to all in need
- No practices of bribery neither corruption.

**Philosophy:**

- We believe in the values and principles of ethical and religious directives inherent in the medical and moral teachings of the Catholic Church, to provide health care services in accord with these teachings.
- We believe that each person is unique, created and loved by God, and has basic right to wholeness of life. We are committed to creating an environment that affirms the whole person: body, mind, and spirit.
- We believe that all who come together to serve on behalf of Bukumbi hospital deserve to be treated with the respect for their own self worth, dignity and potential for growth.
- We believe that all creation is a gift of God. As responsible stewards we care for human, natural, physical, and financial resources for the good of all. We particularly cherish, respect, support and defend human life from conception through its providential end.
- We believe the concept of total care embraces the physical, psychological, spiritual, social and economic needs of all individuals and families served, regardless of race, creed, gender, age, life style, or economic status.
- We believe that our healing ministry promotes and upholds attitudes of respect, healing presence, stewardship, community and personal and professional growth.
- Assurances of total health services, that are preventive, promotive and curative with high professional's skills and dedicated apostolic enthusiasm and care is the overall objective.

**Objectives:**

- To offer personalized services to the clients irrespective of religion, caste, Language or community and improve the health of those we serve in a spirit of love and compassion.
- To promote the advancement and application of new knowledge which will promote health, prevent illness, restore health, alleviate suffering and assist clients to face death with dignity and peace.
- To update continually the professional quality of services and facilities.
- To facilitate the all-round development, satisfaction and commitment of all staff members
- To provide facilities for a well organized medical, paramedical and nursing education, to produce dedicated competent and skilled professional health care personnel.

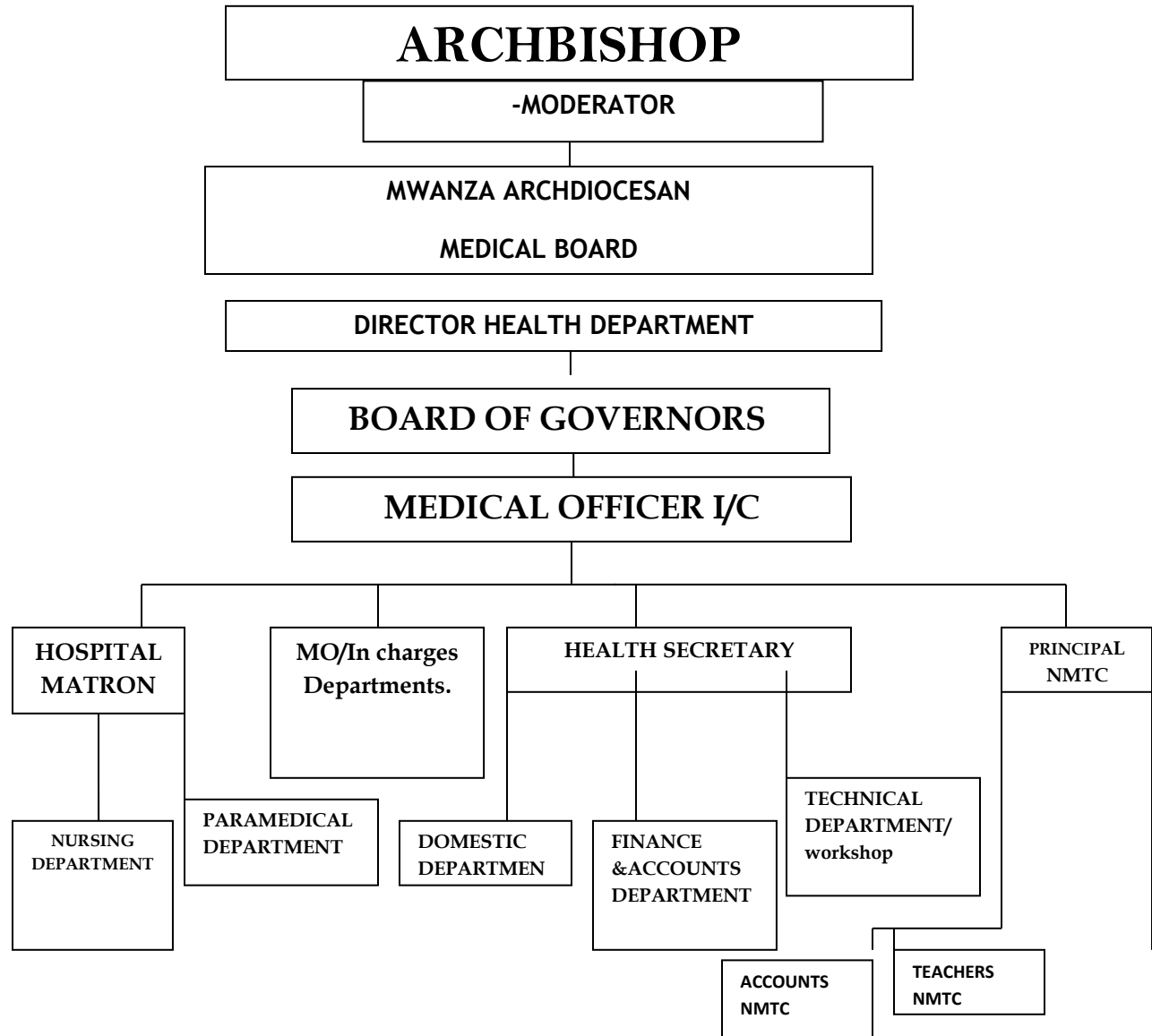
## Annual report 2014, Bukumbi hospital

The hospital has several departments. These include;

Out Patient Department, Pharmacy, Laboratory, Theatre, Radiology, Dental Unit, Physiotherapy Unit, Centre for Treatment and Care (CTC), Administration, Kitchen & Laundry and Workshop, Obstetrics and Gynaecology ward, Paediatric ward, male ward and female ward.

The hospital working together with Bugando Medical centre (BMC) has started to provide Surgical Specialties (General Surgery, OBS & Gynaecology, Urology) services to patients.

**CURRENT ORGANISATION STRUCTURE**



## Annual report 2014, Bukumbi hospital

### **Mwanza Archdiocese Medical Board (MAMB)**

This is the highest authority in the Archdiocese of Mwanza concerning all health issues and has a role in the establishment of health policies and safeguarding of essential values on church health facilities. The meeting is done once annually.

Representative for this meeting comprises of the following

- ✓ The archbishop of the Archdiocese of Mwanza as the chairperson
- ✓ The executive secretary of the department as the secretary of the meeting.
- ✓ The moderator of the departments of archdiocese of Mwanza.
- ✓ The director of the health department of archdiocese of Mwanza
- ✓ One representative from the medical department from Tanzania Episcopal conference TEC Dar es Salaam.
- ✓ A representative from the ministry of health
- ✓ Medical officer in-charges and hospital health secretaries

### **Hospital's Board of Governors.**

The hospital has the board of governors which is the highest authority in the hospital. It takes decisions in the more political and long term issues, it approves the annual budget and makes sure that all planned activities are implemented and that most healthy services are available and affordable as per available government and church health policies.

The board is supposed to meet at least once a year.

Its members include.

- ✓ The archbishop of the Archdiocese of Mwanza as the chairperson
- ✓ Medical Officer in charge as the secretary
- ✓ Nurse officer in charge
- ✓ The executive secretary for Diocesan health department
- ✓ District medical officer
- ✓ Hospital administrator
- ✓ District planning officer
- ✓ Parish priest
- ✓ Member of Parliament.

### **Hospital Management Committee (HMT)**

This is the own management team and meets every week on Friday. Its role is to discuss the daily activities of the hospital, ensures the planned activities are implemented and challenges are addressed. It recruits new staff except doctors who are recruited at the archdiocese level.



## Annual report 2014, Bukumbi hospital

HMT member include Medical Officer in charge, Hospital Health secretary (administrator), Nurse Officer Incharge and the principal of Bukumbi School of nursing which are permanent members. Invitees include the hospital accountant or any other from the department the management would prefer.



*Photo ; Hospital secretary on the left, Sr.Monica Lyimo and Medical officer incharge on the right. Dr. George K Kanani*

## GENERAL OVERVIEW 2014

Hospital has never closed its doors to patients. It has continued to provide both curative and preventive services smoothly throughout the year 2014. The hospital also has started to expand its services, now offering Consultant-led services in Obstetrics and Gynaecology and Surgery in collaboration with Bugando Medical Centre (BMC). Establishment of these services covering consultations, clinics and specialized surgical operations to our hospital has been important stage towards our strategic target. On June, 2014 the Board of Governors (BoG) met for the first time since eight years ago. New Bukumbi hospital strategic plan 2014-2017 was established and approved.

- **Hospital services**

- Inpatients and out-patients

A total of 26545 patients were served for the whole year 2014, where New patients were 5666, Return patients were 7708, Admission was 3829 while a total of 7117 patients were pregnant mothers and children from RCH and 2230 patients Care Treatment Centre(CTC). The number of patients is higher compared to the last year.

- surgical operations

Number of surgical operations has increased by 16% this year 2014 compared to previous year 2013. The rise has been attributed by procedures done by surgeons/urologist/gynecologist from BMC.

- Drug and other medical supplies, specialized services plus diagnostics.

There was no stock-out of important drugs and medical supplies throughout the year 2014. Drugs from MSD for Opportunist infections (OIs) to HIV patients and laboratory reagents continue to be a problem. Consultant- led services surgery, Obstetrics and Gynaecology and urology were initiated at the hospital where almost 60 surgical operations were done here of which, in one way or another, could not have been done in their absence. More than 100 specialized consultations were done.

The hospital got new X-ray machine from Italy (thanks to Prof Amadori of Italy). ECG machines, modern Ultrasound Machine with several probes where we can now be able to perform an echo, Doppler and other parties (thanks to IMA), Biochemistry machine (thanks to CSSC). Full blood picture machine didn't work most of the time throughout the year.

- **Staffing**

Problem of shortage of staff specifically nurse has persisted throughout. Despite this shortage, one nurse EN was terminated because of misconduct. More efforts to retain the skilled and committed staffs have been established and for the year 2014 the outcome was very promising. Total of three (3) staffs went to upgrade while one completed her studies and she joined the team.

- **Hospital Management**

New principal of Bukumbi nursing school, ms LYDIA CHUWA was appointed replacing C.Sollo who retired. New accountant, INNOCENT JAMES and Veronica John as assistant procurement officer. These were new faces to the department.

- **Finance**

Hospital financial instability has persisted as usual. The hospital continued to depend solely on cost sharing as a main source of income. Burden of debts has remained incredibly high since the efforts to reduce them didn't yield so much. The debts were due to long time unpaid NSSF contributions. Efforts to widen hospital source of income are being made as so far several projects are being undertaken. These projects include pharmacy project, canteen project, mortuary project etc.

The community we serve also is relatively poor, most of them fail to pay for services.

As efforts to improve internal financial control, we sought a team of financial experts from BMC who did an evaluation of the existed hospital system of cash collection, expenditure and the likes and came up with recommendations/suggestions. These suggestions led to introduction of new approaches thus the hospital needed to adopt urgently. The financial Audit wasn't done.

- **Infrastructures, construction and installations**

Still hospital infrastructure requires repair. No major constructions were done over the past year 2014. Rehabilitation was done to Grade one, male ward and maternity ward. The extension of solar electricity to the whole hospital was done. Staff houses remained un-repaired. Water pump was repaired.

CTC building was extensively renovated with help from IMA-

- **External relationship**

Bukumbi hospital has continued to work closely with health stake holders. These include Misungwi district council (Misungwi district health board, DED and DMO), CSSC, IMA, BMC, Project MMRI, Project TIBU HOMA, MOHSW , Bukumbi village and many more. Efforts to seek more partners continue.

- **Fundraising**

As non-profit organization, we also depend on friendly donation to our hospital to enable service provision. For year 2014, little was done concerning this. Fundraising efforts to renovate hospital wards are to be done.

- **Vision for the future**

We are working towards meeting our goal of being the best hospital in provision of quality and cost effective health services to all people of God in the region. Priority towards financial stability, strengthening consultant-led services, quality diagnostics , modern hospital infrastructure and enough skilled hospital staff will always be part of Bukumbi hospital routine. We seek to create positive and attractive image of Bukumbi hospital to the world.

- **Acknowledgements and heartfelt thanks**

Bukumbi Hospital is God's hospital and thankfully through many challenges He has remained faithful. We are grateful to our Staff who serve in caring for the patients with skill and compassion, and to our partners and supporters who have stood by us, prayed for and encouraged us, and given us full support to sustain and develop our mission of serving people of God.

We would also like to thank the Board Members, Catholic Archdiocese of Mwanza, CSSC, BMC, IMA, MOHSW, Misungwi district council (Misungwi district health board, DED and DMO). We would not have been able to achieve the current progress without this support.

We hope and pray that God will continue to show you His favour and blessings.

**Dr. George Kanani.**  
**Medical Officer Incharge.**  
**January 2015.**

## **REPORT OF OPERATION 2014**

### **Achievements**

We managed to achieve some of our goals; some of these included the following

- We continued smoothly with provision of health services throughout the year with introduction of consultant-led services, no shortage of drugs and other medical supplies throughout.
- We maintained team work, with high level of commitment to serve our patients
- On June 2014, the BoG met after almost 8 years. The last one met July 2007.
- Establishment of hospital strategic plan 2014-2017 which was approved by the board.
- Establishment of new hospital logo with new motto “ HEALTH WITH GOD” in parallel with installation of outdoor billboards at usagara high way and Bukumbi centre for purpose of showing/directing hospital location.
- Recruiting new accountant, Mr. Innocent John, and assistant procurement officer Miss Veronica John, to account and finance department along with introduction of new systems to the department with great help from account and finance from BMC.( thanks to the team for accepting our request)
- Despite limited fund, we renovated grade one ward and grade one ward started operating as other wards. CTC building was extensively renovated with help from IMA-
- Good ties with external atmosphere, from local government, partners and other health stakeholders.
- We got new x-ray machine, two ECG machines and one modern ultrasound machine.
- We reduced maternal death to zero.

### **Challenges**

- Shortage of staff
- Limited fund
- Large Hospital debts due to long time accumulation of unpaid NSSF contribution.
- Still poor hospital infrastructure
- The number of the patients attending are below our strategic target of 200-250 patients daily

## **STRATEGIC PRIORITIES 2015**

### **GOALS**

#### **1. Adult inpatient and diagnostics Goal**

To ensure the provision of excellent medical and nursing services for adult inpatients that save lives, prevent the spread of infectious diseases, reduce disability and care for the sick.

To aid diagnosis of diseases through the efficient use of investigations.

#### **2. Child Health Goal**

Improve child health through education, prevention and high quality treatment services in a child-centered environment.

### **3. Outpatients, Dental and Eyes Goal**

Any person in the area with a health problem can access a friendly clinician who will see them quickly, perform a thorough history and examination, order appropriate investigations, make the correct diagnosis, communicate this diagnosis to him/her, teach him/her how to treat this condition and offer health promotion and education.

### **4. Reproductive Health Goal**

Safe deliveries for all women, quality antenatal and postnatal care, all people with access to treatment for sexually transmitted infections, and all couples with knowledge about and access to family planning (natural methods)

### **5. Surgical services Goal**

Be able to perform a Caesarean Section, major and minor operations at any time, and host visiting surgeons who can reduce disability and improve health through operative interventions. Build a surgical team and service to meet the needs of the people of the area.

### **6. Accounts and Finance Goal**

Effective management of the financial resources of the Hospital, and quality financial reporting

### **7. Administration Goal**

Quality logistics, effective maintenance and steady expansion of the infrastructure of the Hospital to meet the health care needs of the community. Good internal communications and good communication with partners and the community.

### **8. Human Resources Goal**

To recruit and retain the best available staff at every level of the hospital.

### **9. Public Relations and Fundraising Goal**

Maintain a positive image for the organization in the eyes of donors, potential donors and other organizations working within the Region and the world at large.

Raise enough money to fill any gaps in the running costs of the organization not found from other sources, and raise money for capital developments.

### **Objectives for year 2015**

- I. To strengthen consultant-led services to the hospital together with BMC.
- II. Improve diagnostic sector to provide quality services to meet the need. For example , renovate laboratory to meet accreditation status. Also to start performing cultures and sensitivity, hormone assay etc. together with imaging.
- III. To seek more insurance companies so that to increase the scope of coverage to many patients. Eg JUBILEE, STRATEGY , GGM etc. this will go together with CHF.
- IV. Computerize the hospital .this includes AFYA PRO,internet
- V. Mortuary project.
- VI. Re-establish premature room(kangaroo mother care room), high dependency Unit(HDU) and mal-nutrition unit.
- VII. Stabilize OPD emergence.
- VIII. To increase more partners at least two new partners at the end of year 2015
- IX. Opening of physiotherapy unit by march 2015 with help of Mr. Fred and his colleague from Netherlands
- X. To make grade one ward more useful.
- XI. To publicize new services provided at Bukumbi through the media like radio etc.
- XII. Launching hospital website by the end of June 2015.
- XIII. Fundraising to raise money to renovate the hospital wards.
- XIV. Stabilize the account and finance unit by increasing transparency and accountability .

## **HOSPITAL SERVICES FOR YEAR 2014**

### **Out-Patient Department (opd)**

The out-patient department has approximately 100-130 patients daily. The division provides drugs as per diagnosis and provides health education daily from Monday to Sunday. A total of 22716 patients were attended by the year 2014 as out-patients.

We have analysed the problems of flow of patients through the department and plan to streamline this with a one-way system and a fairer queuing arrangement to ensure patients are seen in the correct order unless their clinical condition warrants urgent attention. We have allocated a separate area for children. We have ensured that presence of MD all the time at this department.

We have specialist clinic every Wednesday each week. This was introduced this year, April 2014. More than hundred 100, consultations have been made. As per now we have obs & gyn specialist, general surgeon and urologist.

| Indicator(s) for OPD  | 2013   | 2014   |
|-----------------------|--------|--------|
| Number of Outpatients | 13,036 | 22716* |

\*RCH & CTC included

### **Top ten diseases at out-patient (OPD) under five and above five years, *See vital statistics of the hospital 2014.***

Malaria has continued to be the leading diagnosis in both children and adult patients. Prevalence of non-communicable disease is rising compared to last year.

### **Inpatient services**

#### ***INPATIENT STATISTICS 2014.***

| <i>N<br/>O</i> | <i>WARD/DEPARTMEN<br/>T</i> | <i>Admissio<br/>n per<br/>Year</i> | <i>Averag<br/>e Stay<br/>in the<br/>Hospita<br/>l (days)</i> | <i>Operation<br/>s</i> | <i>Referra<br/>l</i> | <i>Abscondmen<br/>t</i> | <i>Nursin<br/>g Days</i> | <i>Discharg<br/>e</i> | <i>Deat<br/>h</i> |
|----------------|-----------------------------|------------------------------------|--|------------------------|----------------------|-------------------------|--------------------------|-----------------------|-------------------|
|                | <i>MALE WARD</i>            | 592                                | 43   | 38                     | 39                   | 6                       | 2035                     | 509...                | 34                |
|                | <i>FEMALE WARD</i>          | 450                                | 5  | 10                     | 28                   | 1                       | 3099                     | 1031                  | 27                |
|                | <i>(Pediatric WARD</i>      | 1107                               | 6  | 7                      | 20                   | 6                       | 1107                     | 1031                  | 42                |

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|                   |                                    |             |   |     |    |   |      |      |   |
|-------------------|------------------------------------|-------------|---|-----|----|---|------|------|---|
| 4                 | (Neonatal)                         | 77          | 4 | 0   | 9  | 0 | 273  | 61   | 7 |
| 4                 | MATERNITY WARD<br>(Obstetris)      | 1338        | 3 | 168 | 10 | 2 | 3721 | 1326 | 0 |
| 6                 | MATERNITY<br>WARD(Gynaecolog<br>y) | 211         | 4 | 21  | 6  | 0 | 957  | 204  | 1 |
| 7                 | Grade one Ward                     | 54          | 7 |     | 4  | 0 | 392  | 48   | 2 |
| <b>Total 2014</b> |                                    | <b>3829</b> |   |     |    |   |      |      |   |

NB:

Grade one ward has started to operate. This ward is special for those who need private admission and personalized care. It is different from general ward. It has a total of 12 beds accommodating patients of any category.

This ward was dormant for many years.



Photo 1- Waiting area for the patients at OPD



## MATERNITY WARD:

This is comprised of both Obstetrics and Gynaecology. It has three delivery beds. The ward has a total of 50 beds. By the end of year 2014, 1486 patients were admitted in this ward and, we had a total of 1198 hospital deliveries compared to 982 deliveries of last year 2013. We had no maternal death for whole year 2014.

The ward participates in several projects to reduce maternal and perinatal deaths. Example MMRI. mortality review sessions are conducted accordingly.

### Deliveries 2014

| No.               | Place of delivery | no          | %           |
|-------------------|-------------------|-------------|-------------|
| 1.                | Bukumbi Hospital  | 1198        | 98.1%       |
| 2.                | BBA               | 23          | 1.9%        |
| <b>Total 2014</b> |                   | <b>1221</b> | <b>100%</b> |

Tab.no deliveries of 2014

### Vital ward statistics.

| <i>indicator</i>           | <i>2013</i> | <i>2014</i> |
|----------------------------|-------------|-------------|
| <b>1. PREMATURE BABIES</b> | <b>21</b>   | <b>44</b>   |
| <b>2. NEONATAL DEATH</b>   | <b>8</b>    | <b>20</b>   |
| <b>3. MATERNAL DEATH</b>   | <b>1</b>    | <b>0</b>    |
| <b>4. TOTAL NO CS</b>      | <b>103</b>  | <b>168</b>  |

Tab of vital statistics of the ward year 2013 and 2014

The number of caesarian section has risen by 4% compared to last year 2013. Number of premature babies has doubled of the previous year, this has greatly contributed to the rise of neonatal deaths significantly thus necessitating the need to establish of premature unit to save the lives of these babies.

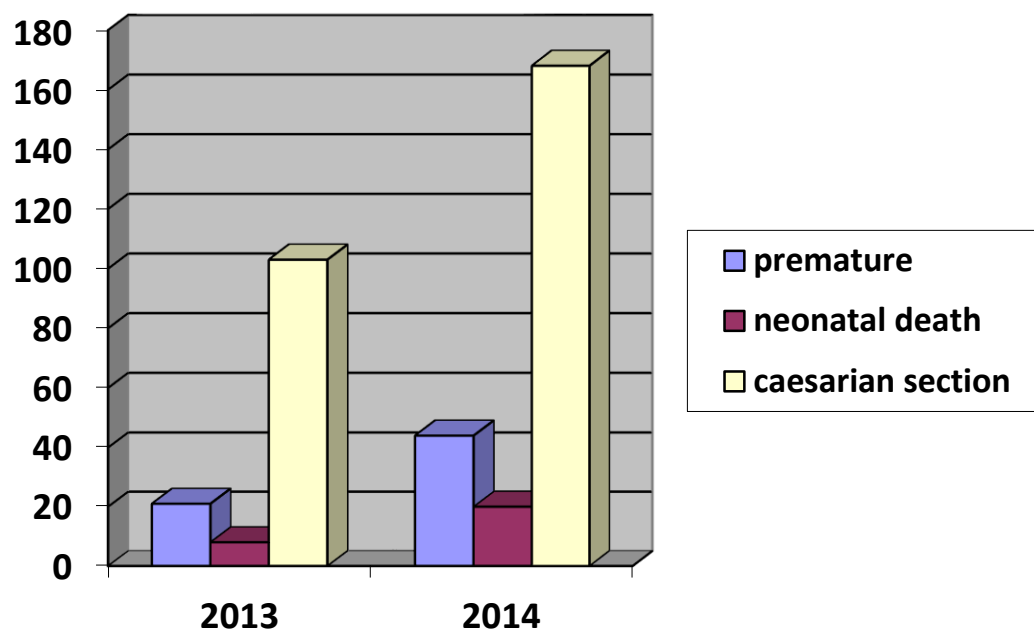


Chart showing premature, neonatal deaths and caesarian section by year 2013&14

**Pregnancy outcomes 2014**

| No           | Outcome               | Total |
|--------------|-----------------------|-------|
| 1.           | Premature Babies      | 44    |
| 2.           | Alive Babies          | 1190  |
| 3.           | Macerated still birth | 25    |
| 4.           | Fresh Still Birth     | 12    |
| 5.           | Twins                 | 31    |
| 6.           | Neonatal Death        | 20    |
| 7.           | Birth Asphyxia        | 35    |
| <b>Total</b> |                       |       |

**Gynaecology Ward common diagnosis 2014**

| <b>No;</b>   | <b>diagnosis</b>                        | <b>total</b> |
|--------------|---|--------------|
| 1.           | <i>Malaria in Pregnancy</i>             | 39           |
| 2.           | <i>Pelvic Inflammatory Disease(PID)</i> | 11           |
| 3.           | <i>S.T.I</i>                            | 8            |
| 4.           | <i>Anemia</i>                           | 12           |
| 5.           | <i>Ectopic Pregnancy</i>                | 97           |
| 6.           | <i>Urinary Tract Infections(UTI)</i>    | 28           |
| 7.           | <i>Complete Abortions</i>               | 6            |
| 8.           | <i>Incomplete Abortions</i>             | 54           |
| 9.           | <i>Treated Abortions</i>                | 15           |
| 10.          | <i>Evacuation</i>                       | 53           |
| 11.          | <i>Molar pregnancy</i>                  | 2            |
| 12.          | <i>Cystitis</i>                         | 2            |
| 13.          | <i>Salpingitis</i>                      | 3            |
| 15           | <i>Myomectomy</i>                       | 3            |
| 16           | <i>TAH</i>                              | 15           |
| <b>Total</b> |   | <b>344</b>   |

Malaria also here continues to be the leading cause of admission.

## OPERATING THEATRE:

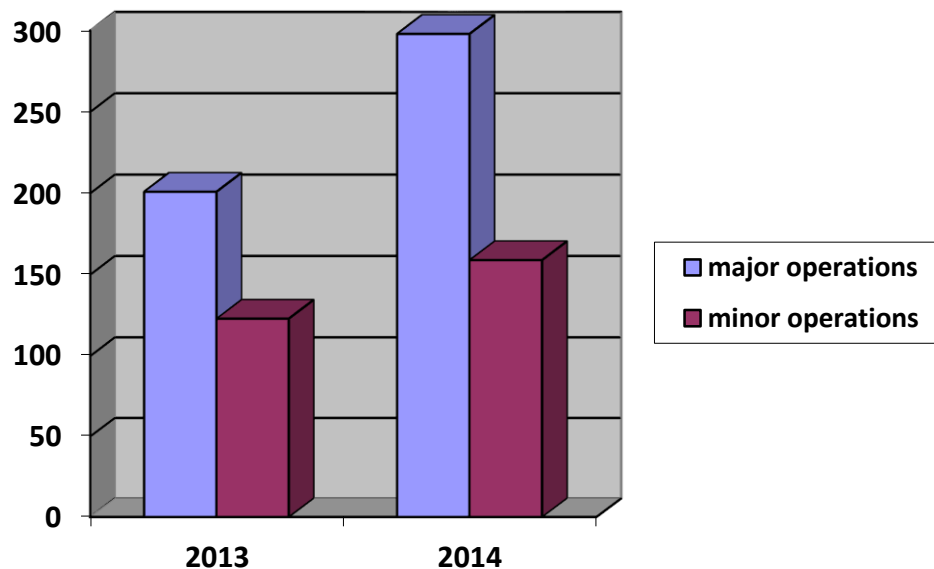
This is very important unit for the hospital. It has both major and minor rooms.



For the year 2014, number of operations tolled up in comparison to the previous year. This has been contributed by team of specialists from BMC who perform these procedures. Caesarean sections, TURP and Laparatomy were the common three procedures done. A total of 66 operations were specialized operations done by specialists. No sepsis has been recorded to post op patients for four years now. New oxygen concentrator from IMA was donated to Theatre. Shortage of nurses to this unit as the whole hospital cry continues to affect the desired effects.

### Operations done year 2013 and 2014

| <i>Type of operation</i> | <i>2013</i> | <i>2014</i> |
|--------------------------|-------------|-------------|
| <i>Major op</i>          | <i>201</i>  | <i>298</i>  |
| <i>minor</i>             | <i>123</i>  | <i>159</i>  |
| <i>total</i>             | <i>323</i>  | <i>457</i>  |



## MALE WARD

This ward deals with admission of both medical and surgical case of male patients who are aged 13 years old and above with a total of 41 beds. Annual number of patients admitted was 592 patients. This number has declined compared to last year 2013 though surgical patients increased. Minor rehabilitation was done to this ward. Working staff, mainly Nurses needs to be increased the team work of this ward. Male ward needs to be extensively renovated.

| <i>Indicator</i>          | <i>Year 2013</i> | <i>Year 2014</i> |
|---------------------------|------------------|------------------|
| <b>1. Admission</b>       | <b>725</b>       | <b>592</b>       |
| <b>2. Death</b>           | <b>46</b>        | <b>34</b>        |
| <b>3. Referral</b>        | <b>68</b>        | <b>39</b>        |
| <b>4. Surg operations</b> | <b>32</b>        | <b>38</b>        |

The table showing important indicators for year 2013 and 2014

#### **TOP TEN DIAGNOSIS IN MALE WARD 2014**

| <b>N0.</b>   | <b>Diagnosis</b>              | <b>%</b>    |
|--------------|-------------------------------|-------------|
| 1.           | Malaria                       | 25.4%       |
| 2.           | Urinary Tract Infections(UTI) | 14.8%       |
| 3.           | Typhoid Fever                 | 13.4%       |
| 4.           | HIV/AIDS                      | 11.5%       |
| 5.           | Road Traffic Accident         | 8.3%        |
| 6.           | P.T.B                         | 7.0%        |
| 7.           | B.P.H                         | 6.4%        |
| 8.           | Hernia                        | 6.0%        |
| 9.           | Pneumonia                     | 3.9%        |
| 10.          | Anaemia                       | 3.3%        |
| <b>Total</b> |                               | <b>100%</b> |

The common surgical operation has remained Herniorraphy.

#### **FEMALE AND PAEDITRIC WARD**

To this ward, female patients with medical and surgical issues plus paediatric patients are admitted in here. The problem of shortage of staff has affected this ward greatly. Ward infrastructure requires repair. We don't have mal-nutrition unit so far.

Malaria and anaemia continues to be the leading diagnosis.

**TOP TEN DIAGNOSIS IN FEMALE WARD**

| <b>NO.</b>        | <b>Diagnosis</b>                     | <b>%</b>    |
|-------------------|--------------------------------------|-------------|
| 1.                | <i>Malaria</i>                       | 40.3%       |
| 2.                | <i>Anemia</i>                        | 13.2%       |
| 3.                | <i>HIV/AIDS</i>                      | 10.9%       |
| 4.                | <i>Typhoid Fever</i>                 | 9.4%        |
| 5.                | <i>Pneumonia</i>                     | 7.1%        |
| 6.                | <i>Urinary Tract Infections(UTI)</i> | 6.8%        |
| 7.                | <i>Gastro-Enteritis</i>              | 4.3%        |
| 8.                | <i>R.T.I</i>                         | 3.3%        |
| 9.                | <i>CCF</i>                           | 2.3%        |
| 10.               | <i>Others</i>                        | 2.3%        |
| <b>Total 2014</b> |                                      | <b>100%</b> |

**TOP DISEASES IN PEDIATRIC WARD 2014**

| <b>Na.</b>             | <b>Diagnosis</b>                     | <b>%</b>    |
|------------------------|--------------------------------------|-------------|
| 1.                     | <i>Malaria</i>                       | 50.8%       |
| 2.                     | <i>Anemia</i>                        | 15.7%       |
| 3.                     | <i>Pneumonia</i>                     | 8.8%        |
| 4.                     | <i>Urinary Tract Infections(UTI)</i> | 6.5%        |
| 5.                     | <i>Gastro-Enteritis</i>              | 5.8%        |
| 6.                     | <i>R.T.I</i>                         | 4.5%        |
| 7.                     | <i>Hookworms</i>                     | 2.8%        |
| 8.                     | <i>Typhoid</i>                       | 2.2%        |
| 9.                     | <i>Meningitis</i>                    | 1.5%        |
| 10.                    | <i>HIV/AIDS</i>                      | 1.3%        |
| <b>Total year 2014</b> |                                      | <b>100%</b> |

***CAUSES OF DEATHS FOR PAEDIATRIC patients BY PERCENTAGE***

| <b>No.</b>        | <b>Causes</b>                    | <b>%</b>     |
|-------------------|----------------------------------|--------------|
| 1.                | <i>Severe Anemia</i>             | <i>62.8%</i> |
| 2.                | <i>Severe Pneumonia</i>          | <i>14.0%</i> |
| 3.                | <i>R.T.I</i>                     | <i>9.3%</i>  |
| 4.                | <i>Kwashiorkor/mal nutrition</i> | <i>4.6%</i>  |
| 5.                | <i>Severe Malaria</i>            | <i>7.0%</i>  |
| 6.                | <i>Complicated RTI</i>           | <i>2.3%</i>  |
| <b>Total 2014</b> |                                  | <b>100%</b>  |

## **REPRODUCTIVE AND CHILD HEALTH-RCH UNIT**

This is an outpatient clinic dealing with pregnant mothers, their husbands and children. Health information and teaching is given at every clinic. We also started option b+ from January 2014. Immunization, vaccination, screening of pregnant mother during antenatal and post natal visits and others are services that are commonly done in this unit. The problem husbands not accompanying their wives during clinic visit is still there.

In the year 2014, a total of 2056 pregnant mothers and 5056 children (under 5 years old) were attended. Of all pregnant mother attended, 233 women had danger signs already. Vaccinations included BCG, POLIO1-3, DPT1-3, MEASLES, VITAMIN, TT, PCV1-3, and ROTA 1-2



#### COMMON DIAGNOSIS TO PREGNANT WOMEN AFTER SCREENING BY YEAR 2014

1. MALARIA
2. SEVERE ANAEMIA
3. SYPHILIS
4. HYPERTENSION-PIH
5. LOWER LIMB OEDEMA

A total of 61 children were born from mother who were HIV +. One amongst those children tested positive and was referred to CTC.

#### CENTRE FOR TREATMENT AND CARE-CTC

The CTC Bukumbi hospital provides free care and treatment for patients living with HIV/AIDS. After receiving a positive test result patients are referred to the CTC where they will receive additional counseling and have to successfully attend 3 classes. In summary services provided by CTC include;

- Registration of new clients and taking of base line investigation.
- Staging of clients by using World Health Organization criteria.
- Monitoring of clients' health by taking body weight and CD4 Counts.
- Treatment of opportunistic infections (OIs) and prevention of OIs.
- Preparatory adherence counseling for clients eligible to start ARVs.
- Supportive counseling.
- Nutritional and infection prevention education.
- Tracking lost to follow up.
- Data/record keeping
- Home based care and testing (HBCT)
- Also Voluntary Counseling and Testing (VCT) services are available and are co-ordinated by this department

The cumulative number of patient by December 2014, were 2230 patients.

| HIV TEST                | GENDER | POST       | NEG         | TOTAL       |
|-------------------------|--------|------------|-------------|-------------|
| <b>VCT</b>              |        |            |             |             |
| ADULT                   | F      | 50         | 290         | 340         |
|                         | M      | 72         | 307         | 379         |
| CHILDREN                | F      | 4          | 60          | 64          |
|                         | M      | 3          | 72          | 75          |
| <b>SUB TOTAL</b>        |        | <b>129</b> | <b>189</b>  | <b>858</b>  |
| <b>PITC</b>             |        |            |             |             |
| ADULT                   | F      | 105        | 897         | 1002        |
|                         | M      | 145        | 1028        | 1173        |
| CHILDREN                | F      | 7          | 97          | 104         |
|                         | M      | 12         | 91          | 103         |
| <b>SUB TOTAL</b>        |        | <b>269</b> | <b>2113</b> | <b>2382</b> |
| <b>HBCT</b>             |        |            |             |             |
| ADULT                   | F      | 9          | 362         | 371         |
|                         | M      | 14         | 301         | 315         |
| CHILDREN                | F      | 0          | 103         | 103         |
|                         | M      | 0          | 89          | 89          |
| <b>SUB TOTAL</b>        |        | <b>23</b>  | <b>855</b>  | <b>878</b>  |
| <b>TOTAL # TEST HIV</b> |        | <b>421</b> | <b>3697</b> | <b>4118</b> |

| <b>CTC</b> |                       |      |
|------------|-----------------------|------|
| 1.0        | # OF NEW PTS          | 273  |
| 1.02       | T.I (sub # of new PT) | 35   |
| 2.0.       | STARTED ART           | 1316 |
| 2. 1       | CURRENT ON ART        | 828  |
| 3.0.       | DEATH                 | 32   |
| 4. 0       | CUMM ON CARE          | 2230 |

#### **ACHIEVEMENTS**

1. High number of visit to the villages.
2. LTF tracing going on.
3. Inter-department referral system example Maternity ward, RCH and OPD.

**CHALLENGES**

1. Irregular MSD OI drug supply HIV test Kit shortage
2. No FBP Investigations, CD4 and biochemistry investigation are irregular due to stock out of reagent.
3. Still poor family screening
  - distance.
  - travel cost.
  - discrimination (family disagreement).



Photo..Bukumbi nursing student attending the patient.

## **CLINICAL SUPPORT SERVICES**

### **Pharmacy:**

The Pharmacy unit is responsible for purchase of all drugs for the hospital. The drugs are provided to the wards daily according to the required amount prescribed by the doctor during the daily round. It is also responsible for the provision of new linen, medical equipment for the operating theatre and the wards. This unit works together with CTC Pharmacy. We wish to upgrade the IT system (Afya Pro) and use the system for ordering medicines. Main store is to be renovated next year with help of CSSC.

For the year 2014, we managed to reduce the problem of drug stock to a large extent. Drug and therapeutic committee met several times in a year.

The problem of shortage of staff also affects this unit. We need to employ a pharmacist, and two more pharmacy technicians.

### **Laboratory:**

This unit has been functional throughout the year.

There was change of incharge of the unit where KIDUNHU ELIAS was appointed as new incharge. There is a need to employ hospital laboratory technicians for the present ones are seconded from Misungwi district council.

B/s for MPS, urinalysis and checking HB level were the top leading investigations done. We have been experiencing the problem of blood from Lake Zone blood bank for some months now. This indeed has affected blood transfusion to those in need thus causing many patients to be referred to other centers. FBP machine didn't function most of the time throughout the year. On July 2014, biomedical engineers from CSSC repaired both FBP machine and biochemistry.

### **Imaging/radiology:**

We got new x-ray machine from Professor AMADOLI of ITALY and the machine was successfully installed but there was some technical difficulties related to the operator which made it that by the end of 2014, no x-ray image had been done yet.

An ultrasound machine was functional throughout the year.

We got one Echocardiogram -ECG machine and modern ultrasound machine from IMA.

The hospital administration plans to employ one more staff (Radiographer or Radiologist) and to move all radiological equipment to radiology department room.

### IMAGING UNIT STATISTICS FOR THE YEAR 2014

| <i>No</i>           | <i>Type of imaging</i>     | <i>Total</i> | <i>%</i>     |
|---------------------|----------------------------|--------------|--------------|
| <i>1.</i>           | <i>Abdominal pelvic</i>    | <i>1077</i>  | <i>73.6%</i> |
| <i>2.</i>           | <i>Obstetric</i>           | <i>375</i>   | <i>25.7%</i> |
| <i>3.</i>           | <i>Small/Special parts</i> | <i>10</i>    | <i>0.7%</i>  |
| <i>Total - 2014</i> |                            | <i>1462</i>  | <i>100%</i>  |

### Administration/finance:

New principal of Bukumbi nursing school, ms LYDIA CHUWA was appointed replacing C.Sollo who retired. New accountant, INNOCENT John and VERONICA John as assistant procurement officer. These were new faces to the department. HMT meetings are done regularly.

Drugs & Therapeutics committee met several times and Mortality is reviewed and interesting cases discussed.

We plan to re-organize finance and account department and create more of a bank style environment for security.

### Medical Record Unit:

In this unit, Medical data are collected according to the national MTUHA health information system and sent to the District Health Office, as well as the Archdiocesan Health Secretary. Patient records are kept at the office at the reception in the OPD building. Each patient gets a unique personal registration number.

New incharge was appointed, ms Immaculata Lyimo. Two staffs went for attachment to BMC for gain experience. One new staff was employed. One attendant quitted. So far the efforts to modify the unit continue. The members met several times to make sure things go well. There was a problem of shortage of supplies from store but the problem was taken care of. Two 2 New computers are needed.

The room seems congested thus alerting the need to increase the size of it.

### **DOMESTIC (KITCHEN, LAUNDRY AND ENVIRONMENTS)**

This department is responsible for food preparation, laundry activities, and environmental cleanliness and sanitation. The challenge is old incinerator for the disposal of the waste materials produced at the hospital. Laundry machine got repaired. We need to find another one just in case the present one malfunctions.

The hospital environment had been kept clean and smart throughout the year 2014. Kitchen maintained supply of chapatti and tea to the wards as required.

### **WORKSHOP**

This is responsible for repair and maintenance of the hospital assets. The workshop is very old therefore need renovation and installation of new working tools. Therefore the working tools have been the big challenge. Also the existing staff of this unit needs to upgrade.

## **FINANCE & ACCOUNTING REPORT 2014**

This is not here a place to report the budget and accounts. However, many people ask and talk about the lack of sustainability of the hospital. The accounts are presented separately. BUT: Where does our income derive from? Here are some figures.

**Where does our income come from?**

| <b>Source of income</b>                      | <b>2014<br/>Acc.</b> |
|--|----------------------|
| <b>Medical Service Income<br/>(patients)</b> | <b>56.3 %</b>        |
| <b>Non-medical Service<br/>Income</b>        | <b>0.29 %</b>        |
| <b>Tanzanian Govt.</b>                       | <b>39.2 %</b>        |
| <b>Others</b>                                | <b>4.21 %</b>        |

## **COLLABORATIVE PARTNERS**

### Ministry of Health and social welfare-MOHSW

MOHSW provides us with basket fund and pays salaries to some of the staffs. This has helped a lot the hospital. We continue to seek more help from MOHSW.

### Bugando Medical Centre-BMC

Bugando medical centre, on February 2014 signed an agreement with archdiocese of Mwanza to run this hospital. Since then, the steering committee was formulated and this committee met thrice in a year. The essence of the agreement is to turn the hospital to be satellite hospital of Bugando medical centre by enabling the quality health service provision to this hospital through specialists, technical and moral assistance, attachment, material support and supervision.

So far the hospital has benefited from this mutual partnership with BMC.

### Christian Social Service Commission-CSSC

CSSC has been supporting the hospital in ART project. We got computer, delivery beds, Biochemistry machine, repairing the FBP and biochemistry machines, supporting outreach programs and many activities linked to CTC department mainly and hospital at large.

We thank CSSC for the continued support.

### International Missionary Association-Italy

We thank IMA-Italy for their continued support and co-operation they have shown to Bukumbi hospital. IMA made the renovation of the whole CTC building, donated ultra sound machine, ECG machine, pulseoximeters, oxygen concentrator machine and many other supports. We really appreciate their readiness to work here.

## ADDENDUM

### Some important number

#### Overview of the key vital statistics

| General Indicators                       | E2013      | E2014  |
|--|------------|--------|
| No. of staff                             | 130        | 130    |
| No. of beds                              | 150        | 150    |
| No. of inpatients                        | 2500       | 3800   |
| No. of outpatients                       | 13,000     | 23000* |
| No. of deliveries                        | <b>982</b> | 1198   |
| No. of treatment days                    |            |        |
| Average stay days                        |            |        |
| No. of mothers examined through RCHS     | 1500       | 2100   |
| No. of children examined though RCHS     | 5100       | 5100   |
| No. of children admitted Paediatric ward | 1200       | 1100   |
| No. of mothers PMTCT                     |            |        |
| No. of children PMTCT                    |            |        |
| No. of deaths at Paediatric ward         | 30         | 40     |
| No. of admissions maternity ward         | 1100       | 1500   |
| No. mothers deaths at maternity ward     | 1          | 0      |
| No. of deaths infants (0-28 days)        | 10         | 20     |
| No. of Caesarian section surgeries       | 103        | 168    |



**Top ten diagnosis at OPD under 5 years and above 5 years**

| No. | diagnosis                           | Total   |          |
|-----|-------------------------------------|---------|----------|
|     |                                     | Under 5 | above 5+ |
| 1.  | Malaria                             | 1118    | 1555     |
| 2.  | Typhoid                             | 547     | 921      |
| 3.  | Urinary Respiratory Infections(UTI) | 442     | 853      |
| 4.  | Upper Respiratory Infections        | 129     | 429      |
| 5.  | Intestinal Worms                    | 141     | 306      |
| 6.  | Anaemia                             | 123     | 166      |
| 7.  | Diagnosis, Other                    | 59      | 191      |
| 8.  | Diarrhea                            | 73      | 107      |
| 9.  | Pneumonia, Non -Severe              | 57      | 96       |
| 10. | Human Immunodeficiency Virus        | 15      | 96       |

Gallery



Photo. Hospital workshop.



*Photo. Doctor after completing surgical procedure ready to write clinical notice in theatre at Bukumbi hospital.*