Bethsaida Health Centre with a Home Care facility

Annual Report 2013

Bethsaida Health Centre

Prepared by the Management Team of Bethsaida Health Centre, Musoma, Tanzania, January 2014
Website: www.BethsaidaCHD.org

TANZANIA - MUSOMA

BETHSAIDA

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1. Introduction

Bethsaida CHD is a non profit Tanzanian registered organization (incorp. no. 60280) that operates a Health Centre with a Home Care facility. The Health Centre offers both services at the center as well as at patients' homes during visits in accordance with health and social welfare policy and health practitioners ethical standards.

2. Our mission and strategy

General goal:
We strive to offer services based on the Tanzanian Development Vision – 2025, her present Health Policy(2005) and in line with the Development Millennium Goals for 2015. Bethsaida CHD therefore envisages offering equitable accessible and effective health services to people in our service area with efficiency to improve health and livelihood.

Our motivation and commitment:

Acknowledging our Government resource limitations and realizing the availability of poor, disadvantaged and vulnerable groups among us, we are determined to offer quality health services to all through:

- Public-Private Partnership arrangement with our local Government Authority and collaboration with all other stakeholders.
- Principals of equity where we offer services not only at the center but also through a Community Home care Facility with a target exemption provision to unable to pay clients.
- Comprehensive and integrated approach by coordinating all activities in our strategic plans be it preventive, curative, rehabilitative, educative or health promotion in liaison with other health providers in the region.
- Quality Insurance Strategy where supervision, open performance appraisals and helpful client's suggestions are considered.
- Our Working Philosophy**:** we cling to practical and efficient working that manifest integrity, innovation, effective use of resources and ethical consideration for holistic development of Mankind.


home care visit

- Our Services through Home care: following the Tanzanian Ministry of Health and Social Welfare guidelines (2005) and upon arrangement, we can offer Home Care in accordance with the available resources as follows:

Medical- and nursing care, Counseling and Testing, Palliative Care including pain management , Ensuring patients medical adherence, psychological- ans social support, nutritional guidance & food support, preventive – and health education, support equipment for disabled patients.

3. Services we offer

Health services at the Centre.
Medical- and Nursing care, Counseling & Testing, Palliative Care including Pain Management, Ensuring patients' Medical Adherence, Psychological – and social support, Nutritional Guidance & Food Support, Preventive and Health Education, Support equipment for disabled patients.

Health services at home.
Bethsaida Health Centre offers in cooperation with Kigera Dispensary Home care to everybody who is not able to come to the Centre. It is all inclusive care meaning there is no differentiation in the type of illness or disability a patient has.

4. Contact

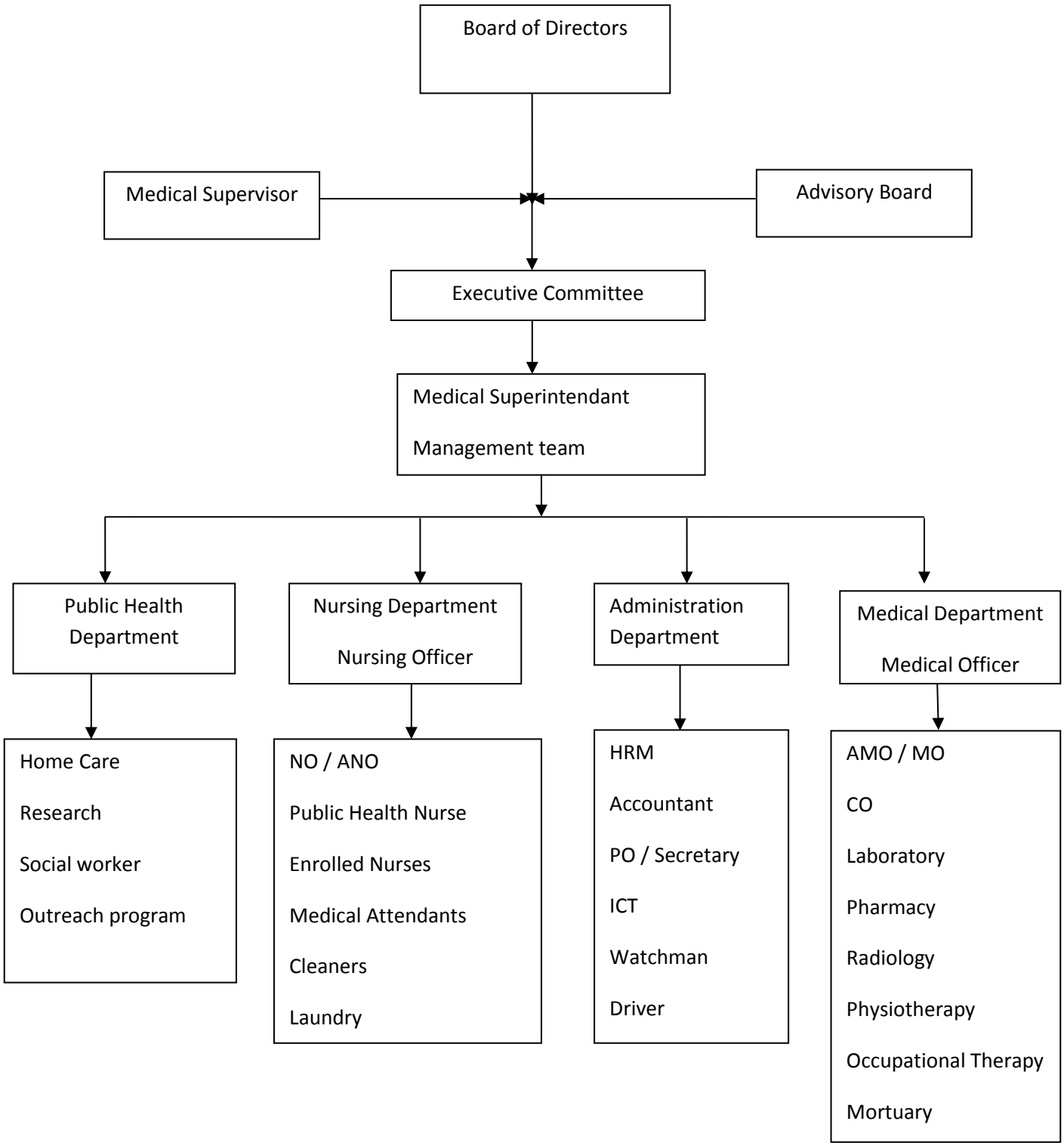
Bethsaida Health Centre:

Health Secretary: Paul Magiri
Chirangi Street,Kwangwa Area
P.O.Box 666, Musoma,Tanzania.

Office number: Tel. +255 684154223
(Health Secretary)

Bethsaida Court Yard during visiting hours

5. ORGANOGRAM BETHSAIDA CENTRE FOR HEALTH AND DEVELOPMENT



6. BETHSAIDA CENTRE FOR HEALTH AND DEVELOPMENT, THE ORGANIZATION

CO-DIRECTORS

1. Mrs. Elisabeth de Quant, BHA
2. Mr. Dr. Musuto Chirangi
3. Mr. Jumanne Magiri, MPH

EXECUTIVE COMMITTEE

1. Dr. BM Chirangi, chairperson
2. Mrs. Penina Nyitambe
3. Mr. Godfrey Chirangi
4. Mr. Jesse Mwangwa
5. Dr. Alfred Waryoba (Secretary)

MEDICAL SUPERVISOR

Dr. B.M. Chirangi MSc, MPH

MANAGEMENT TEAM

1. Mr. Paul Magiri : Acting Health Secretary,Researcher Home Care Development
2. Dr. Alfred Waryoba : Assistant Medical Officer
3. Miss. Millicent Rabach : Matron
4. Mr. Alex Chezi : Accountant

ADVISORY BOARD

1. Mr. Benedict Mwijarubi : Regional Nursing Officer, Chair person
2. Dr. Margareth Shaku : District Medical Officer, Deputy Chair person
3. Mrs. Penina Nyitambe : District Nursing Officer
4. Dr. Mtaki : Health Officer Musoma Municipal Council
5. Dr. Sindano : Home Based Care (HBC) specialist
6. Dr. Joseph Bukara : Doctor in Charge of the Kigera Dispensary
7. Vacancy : Coordinator Africare (Organization for HIV/Aids HBC)
8. Mr. Ocharo : Ward Executive Officer
9. Mr. Nyandiso : Street Executive Officer
10. Dr. B.M. Chirangi : Medical Supervisor
11. Dr. A. Waryoba : Medical Officer
12. Co-Directors

7. Narrative Report about 2013

Accountancy Department

In the Accountancy Department the bookkeeping was changed from the old manual one into a modern and electronically system with QuickBooks. The Auditor came to prepare the Financial Audit Report over the year 2012. Our accountant prepared several other financial reports for donors.

MCC helps us by paying for 3 workers while waiting for the PPP. In 2015 this will stop.

NHIF: the problem with NHIF is that they pay even 5 month to late which brings us a lot of difficulties with paying the salaries of our workers in time.

Debt: The debt of the Construction work of Chwezi was reduced with 6 million. Remaining in December 2013 was Tsh. 12 m.

Special visitors:

MCC visited us 3 times and gave a workshop in project planning.

The Regional Medical Officer came twice for the normal supervision. There were no complains.

Two Dutch doctors worked in Bethsaida for 5 weeks.

The Tanzania Food and Drug Authority came twice: after a first inspection it appeared that many drugs were not marked as legal by the Tanzanian Food and Drug Authority. Later they came back for inspection: there were no vague drugs (sometimes sold by the former pharmacy but they were changed for legal ones). They congratulated Bethsaida. This time everything was all right.

Nursing Department

Millicent Rabach completed her Diploma. Now she is no longer acting matron but matron. She was able to instruct the nurses to work in the way we want them to work and to develop their knowledge. In December we had a good number of deliveries (8). Also in December we were able to attract enough staff for the nursing Department. Also action was taken to include the Bethsaida workers in seminars arranged by the Government to keep their knowledge up to date.

Home Care

Home care visits were done 3 x per week for 2 hours. Each week 15 patients were seen. If a patient was very sick we brought him or her to Bethsaida. Otherwise, drugs were given at home and also one time box with food like rice, beans and also soap.

Reproductive Child Health Care: Service Agreement with PSI

We made a service agreement with Public Service International (PSI). Millicent Rabach went for a seminar about Reproductive Child Health Services. The topic was about special methods of family planning (long term anti-conception methods). Bethsaida will start to provide these services in 2014.


Happiness after a good delivery

Medical Department

In this department there were many changes of Clinical Officers. This is due to the fact that all of them like to work more for the government than for a private institution because of salaries and seminars. If we have the PPP with the Government this problem will be solved.

Laboratory

We added one big room to the laboratory and bought a biochemistry machine and a hematology machine with donor money. By this we have a good and fully equipped laboratory.

Minibus

On request of many patients we were able to buy in January 2013 a minibus. This bus is meant to transport patients from town to Bethsaida. The minibus will be operating in February 2014. It took long because many things were needed and demanded by Sumatra, the organization that deals with public and private transport like the small busses (daladala's). We had to change one window in the back of the bus into a sliding window, the direction needed to be painted to the bus (Bweri – Mjini – Bethsaida), the license needed to be proceeded. Meanwhile we used the bus for transport of patients but not as a line - service. We also employed per March 1st a good and so-far faithful driver for a salary of Euro 75,00 per month and for a period of 3 month probation period.

Our Minibus, a Toyota Hiache operating very well.

The bus goes from Bweri (a large bus stand somehow outside of Musoma town where all the big busses are coming), to town (mjini) to Bethsaida (which is located in Kwangwa area). And than back again. We have two drivers who can drive and being the conductor. \the last one takes care that everybody is paying. They work interchangeable.

Building related issues

Water problems: many times there are water related problems. Either roots of trees are blocking the pipes, taps are leaking or broken or the water pump does not work. In 2013 we bought a new water pump, but the mechanism inside the pump was broken after a short period of time. This mechanism is called the ampira. It happened to be from plastic and was replaced by an iron one.

Also a rain gutter system is made with donor money from IMO to catch the main amount of rain gutter. This is to have back-up water and it will protect the walls. Mainly in March, during the main rain season there are huge storms and rain fall downs. This can destroy a lot. Like in 2013 a whole security wall came down. We connected the 4 tanks to the laboratory (2 sides), and 2 tanks to 2 sides of patients rooms see the pictures).

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Repairs: a total maintenance of the building inside and outside started in 2013 and will be ready by the end of 2014. This was necessary because the building is actual sometimes over-utilized due to the amount of patients with their families.

8. Evaluation of the challenges 2013

	Subject	**Status**
1	Laboratory expansion by making one more room, buy and install a biochemistry machine and a hematology machine.	Done. With all of this we have a real good lab. That will attract many patients.
2	Open the shop	The shop is open per January 2013
3	Buy a minibus for Shuttle Service.	Done and operating
4	Organize Home care by scheduling all workers.	Done: 2 times per week home care visits are done on a regular basis. Emergency cases are handled accordingly.
5	Research for the development of a model/handbook for Home Care.	The research project entered year 2 and is on schedule. The questionnaires can be analyzed by SPSS. For the questionnaires there was a consultation with the National Institute of Medical Research and also with the University of Dar es Salaam, the Department of Science, Prof. Huruma Sigara. Meanwhile a good collaboration with Africare Kaya Community Care Initiative (CCI) started.
6	Make a plan for necessary small maintenance of computers and buildings.	For the computers: done. For the building: total maintenance is done from October 2013 - 2014

7	PPP	PPP : we went to the Ministry of Health and Social Welfare in Dar es Salaam. Dr. Kebwe who was, as RMO for the Mara region, very committed to Bethsaida, is now the Deputy Minister in this Ministry. He promised the answer to our request for PPP before April 2014.He knows the place very well as he signed for our license.
8	Replace of the present domestic generator by a industrial generator of 30 KVA/380V.	We are still looking for the proper generator because the proposed one seems to us very big.

9: Challenges 2014

1. PPP realization
2. Training about palliative care
3. Opening of the Pharmacy
4. Operating of the Ultrasound Machine by Bethsaida staff. For this issue Dr. Waryoba, the AMO (our medical superintendent) will go to a 3-month training at KCMC in Moshi in September.
5. Get the Accreditation for the Laboratory
6. Collecting money for one more ward with 12 beds (phase 1 of the new building plan)

10: The research project on Home Care

At this moment there is a good follow up made on our Home Care research in our service area of 26.000 people. The results of this research should become the baseline of the model for Home Care which we will offer to the Tanzanian Government in 2015. The research project entered year 2 and is on schedule. The questionnaires can be analyzed by SPSS.

For the questionnaires there was a consultation with the National Institute of Medical Research and also with the University of Dar es Salaam, the Department of Science, Prof. Huruma Sigara. Meanwhile a good collaboration with Africare Kaya CCI – (Community Care Initiative) started. The questionnaires were ready in 2013 and will be analyzed in SPSS in the first half year of 2014. After that the conclusions can be made.

We are working in collaboration with the Kigera Dispensary, Musoma Municipal council, as well as different educational facilities that include; Kigera Primary School, Kwangwa Primary School, Nyamatare Primary School and Kyara Primary School.

The research shall give feedback or response to the following issues.

Determination of the essence of certain behavior pattern in Mwiyare of Kigera ward as well as collecting demographic information. During this reporting period we were able to observe the following indicators:

a. Prevalence of practice of Homecare services
b. Attitudes towards Homecare services
c. School attendance
d. Ethnic groups.

This old women (84 years) broke her hip but was not operated because of lack of money. At this moment it is to late for an operation. We take care for her. We are visiting het several times per week, also for her body hygiene and we give her painkillers. The women can not walk anymore. On the picture you can see that the right leg is rotated to the inside and is shorter than the left leg. This is due to t problem.

Determination of current indicator level before intervention, where as we were able to tackle the following issues

1. Prepare the program objectives
2. To evaluate progress
3. Accomplishment of additional objectives

Establishment of target level as well as provision of base values or chosen indicators

PROJECT IMPLEMENTATION

On focusing on the past six months our main activity has been to develop tools to carry out an effective baseline survey. So far the baseline study has gone through the following stages.

I. Review of documentation and development of data gathering tools.
We have so far reviewed different literature and we still research other existing documents / studies on homecare services which were conducted both in developed and developing countries. We are using these documents as the basis of developing tools.

II. Survey population, geographical area and approach used.
- Target groups:
- Husbands, wives and children
- Key informants

III. Administrative and political authorities; health and educational facilities.

We have decided to use the above target group because we are certain that it will help us so much in Data analysis, which is often thought as a rather mechanical and expert – driven task.

Some of the advantages of using the above target group is that during monitoring and evaluation we expect to use participatory monitoring and evaluation (PM & E) approach.

Advantages in using PM & E, which include and not limited to

1. Involving beneficiaries therefore increasing reliability and provide opportunity to receive useful feedback and ideas for collective actions.
2. Allowing flexibility where by activities will be stopped or adapted when evaluation makes it clear that they are not contributing to the intended improvement.
3. Strengthening ownership regarding successful outputs and outcomes of planned initiatives.
4. Increasing the motivation of stakeholders to contribute ideas to collective action.
5. Creating trust in local government policy and action (provided that the stakeholders input is genuinely taken into account)
6. Finally yet important, it contributes to the learning of all involved.

We are aware that it has a number of disadvantages, which may include: -

i. Domination by strong voices in the community for example men dominating women in discussion, political, cultural or religious leaders dominating discussions and decision-making.
ii. Can be time – consuming
It may need support of donors, as does not always use traditional indicators.

11: Cooperation with other organizations

Bethsaida works together with:

- International Mennonite Organization (IMO, Europe): direct support, adoption program.
- Mennonitische Hilfe (MH, Germany): payment of the research for Home Care.
- Doopsgezind WereldWerk (dgWW, The Netherlands): general support.
- Mennonite Central Committee (MCC, The Unites States): payment of 3 workers and palliative care.
- Municipality of Musoma: paying the Reproductive Child health Care Department.
- Tanesco: through a tender for medical care for their workers.
- NHIF: the National Health Insurance Fund.
- Kanisa la Mennonite Tanzania, KMT in Shirati Hospital: cooperation about vacancies and medical issues.
- Africare: for Home care Research and advise.
- Public Service International (PSI): for Family Planning and seminars for workers.
- APHTA: Association for Private Health Sector in Tanzania: representing the Privat Health Care sector towards the government for matters as the PPP. Furthermore they help with medical materials, they organize relevant seminars. From APHTA I learned that in the whole MARA region of which Musoma is the \capital, there is no Private Health \institution like Bethsaida which has a Public Private Partnership signed with the local Musoma Government. APHTA organized many meetings with this local government and their members but up to today There was no concrete result. But at this moment we are in contact with Dr. Kebwe, who we know very well and who became the deputy Minister of Health and Social Welfare.

12: Top ten of common diseases

1. Malaria
2. Urine Tract Infection
3. Diarrhea
4. Schistomiasis
5. Intestinal worms, Ameba disssentary
6. Anemia
7. Clinical Aids
8. Tuberculosis
9. Pelvic Inflammatory Disease
10. Pneumonia

(If you are staying or coming many times in Tanzania you will belong also to this top ten: I got already the numbers 1, 2, 3, 5, 10. This is the difficult part of this work.)

13: Results in amounts of services of Bethsaida in 2012 and 2013

Activities in amounts	Amounts 2012	Amounts 2013
OPD male, female and children	3.694	3.947
Admissions	743	1.684
Pregnant women	369	618
Children under 5	4.586	7.257
Operations	28	18
Deliveries	46	41
Home Care Patients	100	200
Amount of Home Care visits	480	780
Total amount of patients	10.799	12.071
Total amount of lab investigations	17.780	18.579
Ultrasounds	1.090	927

14: Financial results 2012 – 2013

Income from patients, activities and donors	**2012 (Tsh.)**	**2013 (Tsh)**
Tanesco	886.253	401,230
NHIF	13,871,233	24,736,782
Drugs	48,781,115	55,049,900
Registrations	7,736,500	6,918,000
Lab investigations	20,309,000	18,191,500
Admissions	2,578,000	2,698,000
Deliveries	422,000	439,000
Ultrasounds	10,810,000	18,538,000
Operations	334,280	642,000
Cantine	480,000	480,000
Shop	-	300,000
Donors	62,034,730	78,759,807
Total Income	**193,911,161**	**215,694,219**
Expenditures	**Tsh.**	**Tsh.**
Operational costs	69,716,357	62,371,736
Salary costs	121,686,764	138,771,380
Bank costs	593,748	1,354,350
BOQ update for phase 1 second building		400,000
Laptop		900,000
Quickbooks		500,000
Waterpump		1,520,000
Camera		344,358
Total Expenditures	**191,996,870**	**206,161,824**
Result	**1,914,291**	**9,532,395** (E. 4.333,00)