QUALITY HEALTH SERVICES FOR ALL

Bethsaida Health Centre with a Home Care facility

Annual Report 2015



Prepared by the Management Team of Bethsaida Health Centre, Musoma, Tanzania, February 2015
Website: www.BethsaidaCHD.org

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 practitioner's 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- and 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, Contraceptive and Cervical Cancer screening, Ultrasounds and ECG's, all laboratory investigations, 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.

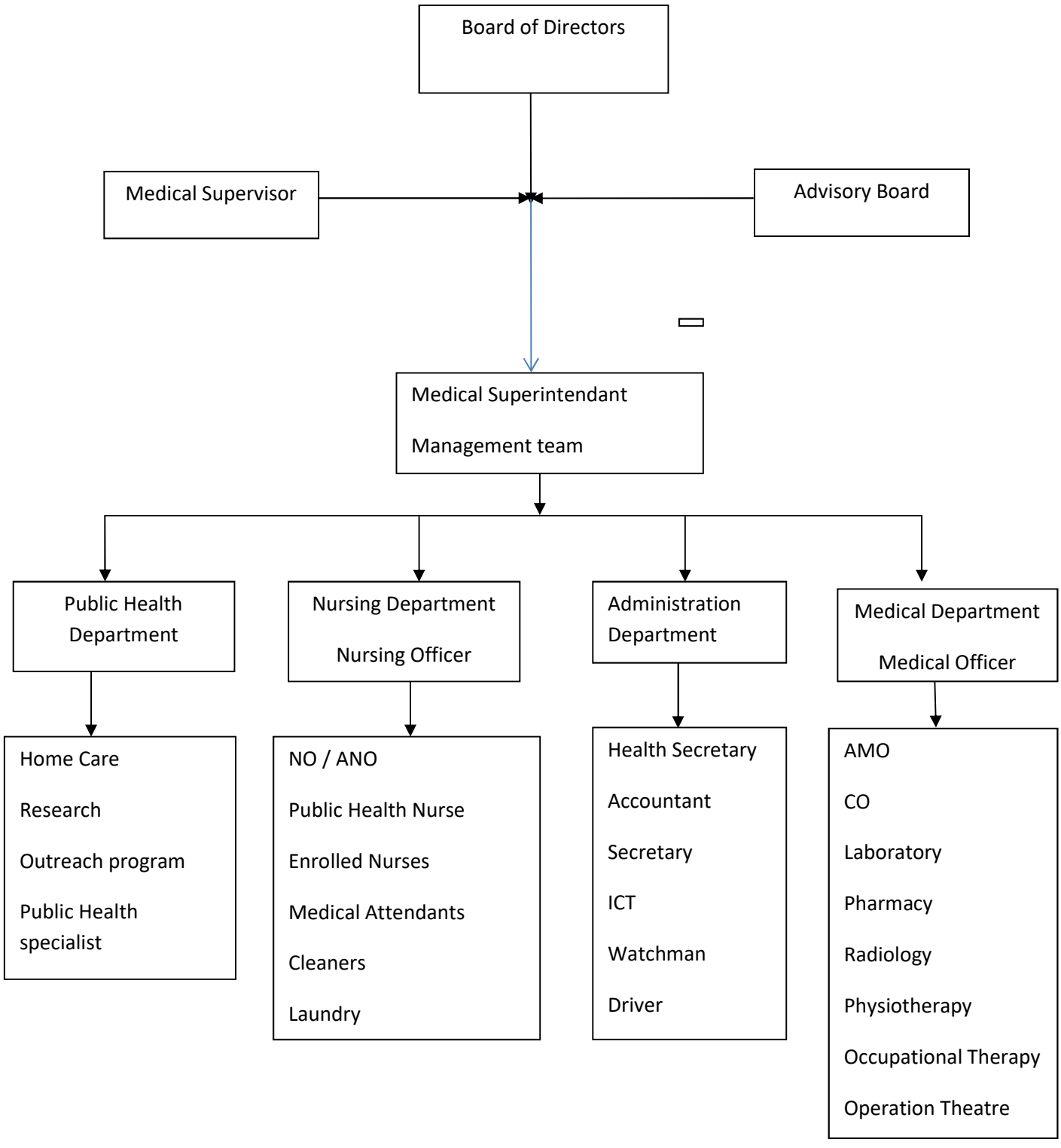
4. Contact

Bethsaida Health Centre:
Office number: Tel. +255 684154223
Health Secretary: Paul Magiri
Adress: Chirangi Street, Kwangwa Area
P.O.Box 666, Musoma,Tanzania.



Female Ward

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. MusutoChirangi, Phd
3. Mr. Jumanne Magiri, MPH

MEDICAL SUPERVISOR

Dr. B.M. Chirangi MSc, MPH

MANAGEMENT TEAM

1. Mr.Benedict Mwijarubi : Health Secretary
2. Dr.Alfred Waryoba : Assistant Medical Officer
3. Miss. Millicent Rabach : Matron
4. Mr.Robert Mochomba : Accountant

ADVISORY BOARD

1. Mr. Benedict Mwujarubi : Regional Nursing Officer, Chair person
2. Dr. MargarethShaku : District Medical Officer, Deputy Chair person
3. Mrs. PeninaNyitambe : 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. Vacancy : Assistant Medical Officer
12. Co-Directors

7. Narrative Report about 2015

Accountancy Department

In the Accountancy Department the bookkeeping was changed from the old manual system into a modern system with QuickBooks. The Auditor came to prepare the Financial Audit Report over the year 2013. Our accountant prepared several other financial reports for donors. This year we will finish the Audit Reports over 2014 and 2015.

PPP: hopefully Dr. Kebwe (Deputy Minister of Health and Social Welfare) will send a specialist to the next Council Meeting in April in Musoma to try to get us this PPP. This did not happen. Since there were elections in Tanzania in 2015, he whole government changed. The health secretary will continue with the PPP in July when everything with the government is settled again.

Donors in 2015:

1. Mennonite Central Committee, United States, (MCC) helped us by paying the salaries for 3 workers during 3 years, while waiting for the PPP, with an amount of Euro 6.164,09 per year. In 2015 this stopped.
2. Mennonitisches Hilfswerk, Germany, (MH) paid the research for Home Care for 3 years with an amount of Euro 10.000,00 per year. This will also finish in 2015.



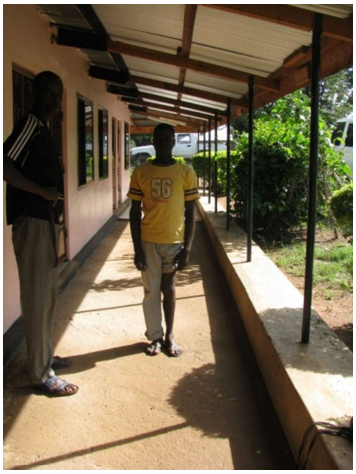

Home Care visit with Jens Brenner from MH.

3. Doopsgezind WereldWerk, Netherlands, (dgWW): donated Euro 10.000,00 for general use, which is a very good contribution.

4. The Dutch Mennonite Congregation of Ouddorp in The Netherlands donated in the years 2013 and 2014 Euro 10.000,00 for our Home care patients and for Bethsaida. We made for this money a separate plan which we finished and which we send to them. Even from now on the will continue to donate money for Bethsaida and Home Care. Also from this money we have done several operations.

5. Running for Walking. This is a program from the Dutch. They collect money by walking or running in specific organized walking or running programs in The Netherlands. The sponsor money is meant for disabled people by getting them an operations when this is necessary to let them walk or stand again.





. These pictures show the same man before and after his operation. The leg grew in that wrong position after an accident. He is not able to bend his knee but he can walk.

6. The Mare Fund of the Netherlands in Rijswijk donated Euro 3.000,00 for drugs.





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Special visitors:

1. MCC Tanzania visited us 4 time for a friendly visit, discussions and introduction of the new country coordinator. Also for their project about albino's.
2. Public Service International (PSI) Mara: they came 7 times for post-training follow up and supportive supervision about Servical Cancer screening and Contraceptive procedures.
   Also from PSI came 4 times for supervision and external Auditing on long term methods of Family Planning namely IUCD insertions and Implanons.By them Bethsaida came out being number one in Mara Region.They delivered a Certificate on Millicents name. and treatment. Bethsaida still gives the service of servical cancer screening
3. NSSF: 3x discussions about payments.
4. From Dar es Salaam: Biomedical Engeneering Services, for supervision of machines.
5. Haron & Company, for Audit reports 2013 and 2014.
6. Government Dar es Salaam: for data collection
7. NHIF Mara: they came 2 times.

8. RHMC (Regional Health Management team – RNO Mara): 2x for supervision: for quality improvement and baseline assessment.
9. MCSP - Mara: baseline assessment: collecting data
10. Jipiego: for quality improvement and plan of action; they work with Nursing Departments, they are training also.
11. Musoma Municipal Trade Officer: dealing with matters of procurement.
12. Tanzania Interface Partnership (TIP): for mapping.
13. Manager of Health and Social Work from Dar es Salaam 2x for rapid assessment; the mark was average because of the amount of technical staff.
14. Aids Relief: for assessment about having a CTC
15. RAC: Regional Aids Coordinator: CTC assessment: they trained 3 persons og Bethsaida.
16. Fire and Rescue Force: for certification
17. APHTA: membership and training on smart folder.
18. PPP: discussions telling that they have not forgotten our health Centre. Prommissed to make a follow up.

Nursing – and medical Department

Challenge for salaries:

it is still difficult for Bethsaida to pay all the salaries in time. For that reason we will start more working with students from nursing schools. We do have 3 volunteers at this moment of which one is a Public Health Specialist. Also we will reduce the number of staff. Our operational expenses we keep them as low as possible.

Income generating activities:

This time we will try to get a doctor from the Regional Hospital to run the ECG machine for us. It will probably a Chinese doctor, Dr. Huan. The problem is the language, he speaks even little English.

X-Ray. There is a big need to have an X-Ray machine. Because of that we changed the building pln in a way we can directly earn money after finishing. We will build the X-ray facility and private rooms (which can also be used as a normal ward).

Dental services. This service we will try to start in the present inside kitchen. We have a dental kit and a chair. The dentist should first come to see if he is able to do that work.

Shortages of materials:

We need a weighing scale for babies and foradults; also we need a blood pressure machine and and a pulsometer.

General remarks:

The workers are dedicated; they hope that there will come a better future for Bethsaida.

The departments are stable. They work as a team, team meetings are once per month and clinical meetings on a daily basis. The workers feel themselves informed enough.

Home Care

Manny visits have been made to home care patients (about 500) to make a follow up. Advices were given and in some cases we brought them to Bethsaida. There are some patients who need special attention like food, drugs and other things like soap. If we succeed with MCC to make Home care as a special wing with its own workers, it will help the patients a lot.


Home care visit with Jens Brenner.

Laboratory

We need a maabara technician in place of the present attendant. Furthermore the lab is just running normal.

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.

Transport / 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 was operating in February 2014.The bus which was meant to be for transport of patients as a line – service got an accident. After repairing the minibus will only be used for transport of patients and workers.

Our Minibus after reparing.



On the way,

We always have to travel a lot. Sometimes there is a coincidentally beautiful meting alongside of the road and we discover places to rest a bit where we never have been before watching nice flowers and birds.









Building related issues



8. Evaluation of the challenges 2015

	Subject	Status
2	Open the shop	The shop is closed again because of to little profit..
5	Research for the development of a model/handbook for Home Care.	The researchproject entered year 3 and is on schedule. Thequestionnaires 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. HurumaSigara. Meanwhile a good collaboration with AfricareKaya Community Care Initiative (CCI) started. The research project with the manual will be finished in 2015.
6	Make a plan for necessary small maintenance of computers and buildings.	For the computers: done. We plan to organize an indoor training for the workers who are working with computers. For the building: there are still many small issues that needs our attention.
7	PPP	PPP :we went to the Ministry of Health and Social Welfare in Dodoma: Dr. Kebwe who is at this moment the Deputy Minister. He is committed to Bethsaida, He promised to send some technical PPP staff to the Municipal Health Committee Meeting in March in Musoma to make an opening in this ongoing difficult process with no positive result. We keep in touch about this with the Mayor of Musoma who is the chairperson of this meeting.

9: Challenges 2016

1. PPP realization
2. Reopening the shop
3. Operating of the Cardio/ echo-machine and the ECG machine
4. Stock taking should be under control.
5. We will open special times for Diabetes patients and for patients with Blood Pressure problems. These could become our specializations.
6. We will work more together with the Regional Hospital: surgeons can do operations in Bethsaida e.g. it can benefit also our home care because they can discharge their patients earlier if Home Care makes a follow up.
7. We should establish a CTC department

10: The research project on Home Care


Home Care visit

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.


The family of Daudi and Jens Brenner.


Daudi and his father, one of our whatchmen

11: Cooperation with other organizations

Bethsaida works together with:

- International Mennonite Organization (IMO, Europe): direct support, adoption program.
- MennonitischesHilfswerk (MH, Germany): payment of the research for Home Care.
- Doopsgezind WereldWerk(dgWW, The Netherlands): general support.
- Mennonite Central Committee (MCC, The Unites States)
- Municipality of Musoma: paying the Reproductive Child health Care Department, provision of supportive supervision and baseline assessment.
- Tanesco: through a tender for medical care for their workers.
- Public Service International (PSI): for Family Planning and seminars for workers. Through this organization Millicent Rabach, the Matron of Bethsaida was trained for giving services as Long Acting Reversible Contraception (LARC) and Cervical Cancer Screening.
- 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.
- KMT: the General Secretary is one of our co-Directors. They help us sometimes with transport, with advises and more general issues.

- NHIF: this is the National health Insurance Fund. We have a contract with them. 45% of all our patients are under NHIF.
- NBC Bank: we discuss with them to get the opportunity for workers to get a loan.
- Anglican Church. They work on Home Care for HIV/Aids patients and when necessary they always bring their patients to Bethsaida.

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



RCHC: Mother and Child Health Care/ Family planning

13: Results in amounts of services of Bethsaida in 2012, 2013, 2014, 2015

Activities in amounts	Amounts 2012	Amounts 2013	Amounts 2014	Amounts 2015
OPD male, female and children	3.694	3.947	*5.538	
Admissions	743	684	654	
CRCH / Pregnant women	369	618	*778	
CRCH / Children under 5	4.586	7.257	*6.371	
Operations	28	18	31	
Deliveries	46	41	*34	
Home Care Patients	100	200	*250	
Amount of Home Care visits	480	780	5500	
Total amount of lab investigations	17.780	18.579	15.359	
Ultrasounds	1.090	927	*1.165	
Contraceptive procedures (new)			*55	
Cervical Cancer screenings (new)			*3	
Total amount of patients	10.799	12.071	*14.194	

14: Financial results 2012, 2013, 2014

Income from patients, activities and donors	2012 (Tsh.)	2013 (Tsh.)	2014 (Tsh.)
Tanesco	886.253	401,230	-
NHIF	13,871,233	24,736,782	17.379.551
Drugs	48,781,115	55,049,900	37.587.850
Registrations	7,736,500	6,918,000	6.198.000
Lab investigations	20,309,000	18,191,500	10.884.500
Admissions	2,578,000	2,698,000	1.673.500
Deliveries	422,000	439,000	467.000
Ultrasounds	10,810,000	18,538,000	16.336.000
Operations	334,280	642,000	710.000
Cantine	480,000	480,000	120.000
Shop	-	300,000	
Minibus			1.245.000
Total income from Bethsaida			*92.506,401*
Total income from donors	62,034,730	78,759,807	*114,765,541*
Total Income	193,911,161	215,694,219	207,271,942
Expenditures	Tsh.	Tsh.	Tsh.
Operational costs	69,716,357	62,371,736	54.710.804
Salary costs	121,686,764	138,771,380	100.531.486
Bank charges	593,748	1,354,350	1.900.236
BOQ update for phase 1 second building		400,000	
Advanced and assets acquisition		900,000	49.025.105 New lab room, lab equipment and drugs, Biochemistry machine, Haematology machine, and a Generator
Quickbooks		500,000	
Waterpump		1,520,000	
Camera		344,358	
Total expenditures	191,996,870	206,161,824	206.167.631
Balance 2014	**1,914,291** E. 957,00	**9,532,395** E. 4.333,00	**1.104.311** E 552,16