

ST. ANNA'S HEALTH CENTRE UWEMBA

MISSIONARY BENEDICTINE SISTERS



ANNUAL REPORT 2016

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1. Introduction

History: The beginnings of the Health Facility of the Uwemba Health Centre, now named St. Anna's Health Centre Uwemba, dates back now exactly 80 years. The Missionary Benedictine Sisters arrived in **1936** and started immediately to care for the sick. From the very beginning the Sisters (Swiss and German) focused their special care to the weakest of the society, i.e. women, infants and children - and this remained true until today. During foundation time and the following 50 years the Health Facility of Uwemba served the population of the whole area, i.e. from the main road (going to Makambako > Daressalaam) to the Lake Nyasa, which is now the whole newly erected Region of Njombe.

The St. Anna's Health Centre is a non-profit-making FBO (Faith Based Organization). In 1997 it was registered by the MOH&SW (Ministry of Health and Social Welfare). **Registration No. 113008.**

After the Government of Tanzania built many Dispensaries in the rural area (after the year 2000), the burden of work lessened considerably, the same effect had the small village drugstores called "Duka la dawa Muhimu" which were initialized by private entrepreneurs.

At the same time the administration of the HC was handed over from expatriate to our Tanzanian sisters. Sr. Margret M. OSB (Swiss Nurse Midwife) who headed the HC for many years returned to her homeland for a well-deserved rest. Under her leadership the Uwemba St. Anna's Orphanage for infants was founded with the help of Fr. Wilhelm OSB.

Location: The Region of Njombe has a population of 702,097 (2012) inhabitants and its area measures 21,347 km².

The Region of Njombe is part of the Southern Tanzanian Highlands: 2,000 m altitude.

The area is inhabited by following tribes: Wabena, Wapangwa, Wakinga, Wawanji. The Region of Njombe is mainly an agricultural area where following crops are produced for sale: potatoes, wheat, tea and soft-wood timber.

2. Management:

The St. Anna’s Health Centre is run and managed by the Missionary Benedictine Sisters of Tutzing (MBS).



MBS Priory Government Peramiho
 Prioress of Priory Peramiho
 |
 Superior of St. Gertrud Convent Uwemba
 with her council
 |
 AMO or CO i.c. (Sister)



3. Staff

	Description	No.
1.	Assistant Medical Officer (in studies)	1 (Sr.)
2.	Clinical Officer	2 (1 Sr.)
3	Clinical Dentist	1
3	Assistant Nursing Officer	2 Srs.
4	Nurse/Midwife	7 (3 Srs.)
5	Nurse Assistants	11
6	Ward Attendants	6
7	Lab. Technician	2
8	Lab. Assistant	1
9.	Lab. Attendant	1
10.	Driver	1
11.	Medical Records	1
12.	Guard and Gardener	2 - 1
13.	Tailor and Laundry Attendant	1 - 1
	Total	40

5. Finances:

I		Expenses	Income	Expenses
	1	Salaries and related expenses		129,212,359.81
	2	Medicine, Lab, Equipment		82,899,690.00
	3	Food & Household		3,532,619.00
	4	Utilities: Water & Electricity		5,252,350.00
	5	Vehicles & Transport		7,489,906.71
	6	Office, Communication etc.		7,487,922.00
	7	Buildings, Repair		2,684,650.00
	8	Charity & Liabilities		658,000.00
	9	Training		1,165,000.00
II		Income	200,531,689.00	
	1	Patients' fees		
		Totals	200,531,689.00	240,382,497.52
III		Deficit covered by donations of our benefactors from abroad	39,850,808.52	
		Balance	240,382,497.52	240,382,497.52

Comments:

- Thanks to the Local Government of Njombe (Town Council) 4 (four) of our employees are seconded and receive their salaries from the Government. Otherwise the deficit of about 20 % would be much higher.
- In the last few years the donations from abroad have de-creased considerably. Therefor we had to find a balance, first to maintain or even increase the quality of our health services and on the other side to take into account the economic situation of our patients. Purchase of a new ambulance car in cases of emergencies.

6. Health Centre Services

a) CURATIVE SERVICES

i) Out Patient Department Attendance

2013	2014	2015	2016	Fem. 2,825
5,427	4,061	4,138	4,625	Male 1,800

ii) In Patient Department Admission

iii)

2013	2014	2015	2016
1,281	1,417	1,955	2,391

The number of attendance both at OPD and Admission increased in comparison with the last 2 years.

Reasons of increased attendance: Completion of total renovation of all the buildings. Improvement of laboratory examinations. Hiring qualified staff in Lab. and Dental department.. Purchase of new equipment in laboratory and HC at large.

iv) MINOR SURGICAL PROCEDURES PERFORMED

1	Sutures after accidents	102
2	I & D by abscess	52
3	D & C during deliveries and incomplete abortion	18
4	Others	7
	Total	179

TOP TEN DISEASES

Inpatients			Outpatients		
1	Pneumonia	509	1	Upper Respiratory Infection (URT)	653
2	Diarrhea	334	2	Gastro Intestinal Tract infection (GIT)	614
3	Upper respiratory Inf. (URTI)	187	3	Urinary Tract Infection	598
4	Asthma	63	4	Surgical condition & others	398
5	Peptic Ulcers Disease	61	5	Hypertension	297
6	Hypertension	53	6	Peptic Ulcer Disease	252
7	Urinary Tract Infection	38	7	Rheumatoid & Joint Diseases	236
8	Burn	30	8	Others	202
9	Skin Infection	25	9	Pneumonia	179
10	Road traffic accident	22	10	Pregnant complications	121

v) Obstetric Department (Maternity) Deliveries

2013	2014	2015	2016
259	289	324	313

Comments:

- The low number of deliveries in 2013 was mainly caused by relative high fees in comparison to other health institutions in our area. After adjusting the fees to the accustomed rates the number of deliveries is picking up again.
- It is worth mentioning that official birth control measures just in our area play a significant role in the decrease of births in general.
- We observed that the complications in the course of labour have increased in the birth-giving mothers. Therefore we referred those mothers to hospitals with the possibility of carrying out Caesarean Sections, in the reporting year we referred **47** mothers for CS.

The following chart shows our endeavors to monitor the mothers during their entire pregnancy:

All the services for mothers and infants mentioned in the chart are free of charge.

Ante Natal Program of Attendance of Pregnant Mothers' Visits

A t t e n d a n c e >	1st	2nd	3rd	4rth
<i>CLINICAL EXAMINATIONS</i>				
- Abdominal Examination	x	x	x	x
- Hemoglobin checkup	x	32 >	weeks	
- Urine Protein checkup	x	x	x	x
- Blood Pressure checkup	x	x	x	x
- Venereal Disease checkup	x			
<i>ANAEMIA PROTECTION</i>				
- Mebendazole Medication	x		x	
- Ferrous Folic Medication	x	x	x	
<i>PREVENTION OF MALARIA</i>				
- Fansidar tbs. Medication	x	x	x	
- Cotrimoxazole tbs. Medication	x	x	x	
- Mosquito Nets (use advised)				
<i>HIV AIDS CONTROL</i>				
- HIV Test	x			
<i>TETANUS PROTECTION</i>				
- Tetanus Toxoid inj.	x	x	x	
<i>HIV AIDS TREATMENT</i>				
- For HIV positive Mother	x	x	x	x
- For an Infant: DBS	after 6 weeks, 9 months to 1 year			

vi) Dental Service

Total number of patients attended to for oral health care and dental management:

No.	Condition	
1	Dental Caries	1,168
2	Periodontal disease	14
3	Periodontal abscess	22
4	Periodontal cysts	2
5	Dry socket	2
	Total	1,208

Management offered in the dental department throughout the year:

1	Extraction	1,213
2	Restoration	38
3	Scaling and root planning	10
	Total	1,263

vii) Ophthalmic Department

Since 1998 a German Ophthalmologist, Dr. Grasbon, comes once or twice a year to our Health Centre to perform eye operations, mainly lens-implantation due to Cataract. He performs about 30-40 operations per visit. His assistant, Mr. Vitus Mgaya, a retired Clin.Off. Makes the case finding in the surrounding villages through personal contact or announcement in the public media.

A special mention deserves the personal commitment of Dr. Grasbon to convert the former old children ward into an ophthalmic clinic. He donated also the necessary equipment for a theatre, for examination and Laser-appliance to cure secondary cataracts.

We thank Dr. Grasbon and his accompanying helpers and pray he stays healthy to continue this noble task.

In the reporting year 66 Cataract operations were performed:

a) Male 32, b) Female 28, c) Children 6 - of whom 2 were completely blind.

b) Preventive Services

RCH (Reproductive & Child Health Clinic)

Ante- and Post-Natal Clinics

i) Child Health Care, Attendance

○ in the Health Centre Uwemba itself

○ 3 Villages (Njoomlole, Makanjaula, Magoda) and a good number of parents are looking for good and reliable services while other parents are neglecting this service as observed during the clinic days because of their working schedule in their fields.

ii) Ante- and Post Natal Services.

Attendance RHC for children

2013	2014	2015	2016
6,221	5,000	4,516	4,217

Services rendered to Infants and Children:

1. Controlling weight and height, monthly
2. Immunization (Vaccination): when due
 - a) Children: BCG (Tuberculosis)
 - b) Poliomyelitis, Polio "O" drops
 - c) P.C.V. (Pneumonia)
 - d) D.P.T. (Diphtheria, Pertussis, Tetanus, Hepatitis B)
 - e) ROTARIX (Diarrhea)
 - f) Measles (Booster)
3. Vitamin-A cps. are administered to prevent eye problems.

Ante- and Post Natal Care

2013		2014		2015		2016	
Ante-	Post-Natal	Ante-	Post-Natal	Ante-	Post-Natal	Ante	Post-Natal
244	247	256	574	264	828	480	313

iii) AIDS, CTC Clinic

The infection-rate nationwide in Tanzania 2015 was ~ 5.2 % of the population between 19 to 60 years of age.

The region of Njombe has the highest infection-rate nationwide. More than 14.8 %. This calls for extraordinary efforts to help the afflicted persons.

Result of HIV Testing in the RCH Clinic: (PMTCT)

	People tested	HIV AID positive	Male	Female
2015	541	87	203	338
	100%	16.08 %	37.5%	62.5%
2016	314	16	90	224
	100%	5.1%	28.7%	71.3%

All the visiting patients were at the same time counselled:

- Inviting the client to be ready to be tested
- Inquiry about the own life style
- Making the people aware of HIV AIDS in connection with his/her life style and the present situation of HIV AIDS in the community
- To prepare the person to accept the outcome of the test and how to deal with either result: if positive or negative.
- Then the testing follows and revealing the result which is the most challenging part for both.
- The patient is made aware of any other diseases and is strongly advised to consult immediately and only a medical clinician in a dispensary, HC or hospital.

The number of patients tested were less than 2015, i.e. 227 whereby 71.3% are women. The testing of pregnant women is compulsory during clinic visits. Therefore the low testing number of men.

c) Supportive Service

i) Laboratory, Test performed

	2015			2016		
	Tests	Pos.	%	Tests	Pos.	%
Malaria (Bloodslide)	1,950	121	6.2	500	30	4
Widal Test., Typhoid	957	191	20.0	2,505	1,753	70
ESR (Erythrocytes Sedimentation Rate)	138	55	are high	470	260	55
Urine sediment	534	154	Positive	2,700	1,652	61.2
Stool examinations	600	98	Positive	2,631	42	1.6
RPR (Syphilis)	253	18		13	2	15.4
FBP				84	6	7.1
Blood grouping				181	0	0
Hemoglobin				1,338	10	0.7
VDRL				600	45	7.5
ASO (Ant-Streptomycin O)				32	0	0
Rheumatoid Factor				4	1	25
H.P Test (Helicobacter pyl.				416	125	0.3
Sputum				85	0	0
Malaria				1,750	16	0.9
Urine Pregnancy Test				456	26	6
Blood Sugar				50	7	14
HIV Test				940	73	7.7
HIV Eliza Test		controls		120	61	50.8

We have completed significant steps to improve the laboratory services:

- a) Employment of qualified staff members: 3 Lab. Technologists
- b) Renovated the laboratory rooms
- c) We have purchased new up-to-date equipment for
 - i) Hematology.
 - ii) Biochemistry

This equipment enabled us to perform all the above mentioned tests.

ii) Pharmacy

We purchase the needed medicines from MSD Iringa and other private pharmacies in Daressalaam and Njombe.

DRUG CONSUMPTION		2015	2016
A	Acyclovir ointment	230	71
	Acyclovir tbs.	200	375
	Adrenalin inj. 1 mg	230	292
	Albendazole tbs. 100 mg	700	3,480
	ALU Arthemeter Lumefantrine 20/120	13,200	5,209
	ABO Reagent		14
	Aminophylline inj. 250 mg	10	140
	Aminophylline tbs.	4,000	6,000
	Amoxicillin syrup 125 mg	395	424
	Amoxicillin tbs. 250 mg	38,000	65,000
	Ampicillin inj. 500 mg	1,589	6,290
	Antimigraine		140
	Anusol pess.	190	95
	ASA tbs. 300 mg	3,000	2,000
	Applicator stick		6
	Atenolol tbs 50 mg	200	900
	Atropine inj. 0.5 mg	30	50
B	B.B.E. lotion	73	69
	Bendroflumethiazide 5mg		3,700
	Benzathine Penicillin 2.4 MU	290	410
	Bisacodyl 5mg		1,100
	Burn ointment	25	741

DRUG CONSUMPTION		2015	2016
C	Canula		3,774
	CFC		24
	Captopril tbs. 25 or 50 mg	7,500	5,300
	Ceftriaxone 1g, 500mg	782	989
	Cephalexin cps. 250 mg	782	22,400
	Clean gloves		943
	Clinical thermometer		17
	Chlorpheniramine tbs. 4 mg	2,500	3,000
	Ciprofloxacin cps. 500 mg	16,200	25,510
	Citrizine 10mg		4800
	Clotrimazole ointment	210	
	Clotrimazole pess.	45	49
	Co-Trimoxazole tbs.	27,000	30,000
	Cotton wool		24
	Cord Cramp		440
	Cough syrup	1,020	1,378
	Cut gut 31 mm		318
D	Dettol 1 ltr.	5	13
	Diazepam inj. 10 mg	60	110
	Diazepam tbs. 10 mg	300	300
	Diclofenac Gel	460 /	517
	Diclofenac inj. 75mg	1,025	1,290
	Doxycycline tbs.	8,000	9,000
E	Erythromycin syrup, 125 mg	148	156
	Erythromycin tbs. 250 mg	13,000	12,000
F	Ferrous Sulfate tbs.	22,000	28,000
	Fluconazole cps. / inj. 109	1,220	1220
	Furosemide inj., 10 mg	180	222
	Furosemide tbs. 40 mg	8,000	8,100

DRUG CONSUMPTION		2015	2016
G	Gauze		27
	Gentamicin eye drops	65	110
	Gentamycin inj. 80 mg	1,150	2,055
	Gentiana Violet solution, bottles	35	20
	i.v. Giving Sets		2,000
	Griseofulvin tbs. 500 mg	1,300	2,000
	Gluco, plus		150
H	Hemovit syrup	40	142
	Hydrocortisone inj. 100 mh	190	270
	Hydrocortisone ointment	45	45
	Hydrogen Mouthwash sol. 3%	50	71
	Hydrogen Peroxide sol.;l	60	125
	Hyoscine tbs. 50 mg	1,000	500
I	Ibuprofen tbs. 200 mg	34,000	48,000
	Immersion Oil		1
J	Iodine 250 ml 10%	3	0
L	Lab cuvette		21
	Lignocaine inj. 2%	197	226
	Loperamide tbs.	100	200
	Losartan tbs. 50 mg	56	387
M	Magnesium Trisilicate	23	9
	Mebendazole tbs. 100 mg	220	3,120
	Magnesium Sulfate tbs	2000	3,000
	Methylated Spirit 90%, gallon		2
	Methyl dopa tbs. 200 mg	2,800	2,800
	Metronidazole syrup 200 mg	184	105
	Metronidazole inj. 500 mg	188	524
	Metronidazole tbs. 200 mg	42.000	54,000
	MRTD		78

	DRUG CONSUMPTION	2015	2016
N	Nifedipin tbs. 20 mg	5,400	7,000
	Nitrofurantoin tbs. 10 mg	1,000	0
	Nystatin 100.000 oral	75	55
O	Omeprazole cps 20mg	6,800	10,400
	ORS (packets)		302
	Oxytocin Inj. 600mg	555	706
P	Paracetamol Syrup	468	530
	Paracetamol tabs 500mg	62,000	82,000
	Pen V. tabs 250 mg	2,000	3,000
	Phenobarbital 30mg tabs	5,000	3,000
	Plain tubes (kits)		39
	Potassium Permanganate Sol.	184	300
	Povidone		28
	PPF inj.	60	90
	Prednisolone tabs 500mg	15,400	25,000
	Plaster 7.5 cm x 5 cm		219
	Prickers		100
	Promethazine tabs	1,000	0
	Promethazine inj.	300	300
Purple tubes		602	
Q	Quinine Inj.	1,129	480
	Quinine tabs 300mg	9,000	4,000
R	RPR kit		12
	RT for peptic ulcers		850
S	Scalp vein		190
	Salbutamol tabs 25 mg	2,000	4,000
	Slides		900
	Silk 75 cm		276
	Stool container		1,215

	DRUG CONSUMPTION	2015	2016
S	Spirolactone tabs 25 mg	1,600	1,700
	Sulphadoxine 500mg	1,580	2,010
	Surgical gloves		5,900
	Surgical blades		950
	Syringe 10 cc		6,700
	Syringe 5cc		18,100
	Syringe 2cc		13,800
T	TCL eye ointment 5mg		275
U	U.P.T. strips		
	Urinalysis strips		2,500
	Urine bag		360
	Urine catheter		390
V	Vitamin B complex tabs	37,000	42,000
	Vitamin B complex Inj.	575	857
	Vitamin K Inj.	20	10
W	Water for inj. 10 mils	2,576	5,279
	Water for drinking		727
	White field 40gm		15
Z	Zinc Sulfate 20 mg	3,200	3,400
X	X-pen inj. 5MU	1,270	922
	Normal Saline 0.9% 500 ml	235	343
	Dextrose 5% 500ml	2,576	630
	Ringer Lactate 500 mls	2,592	3,360

Comments:

- a) The necessary medicines were always available. Although in the para-statal pharmacy MSD often urgent necessary medicines are out-of-stock, we were financially in the position to purchase from private pharmacies to meet the needs of our patients.

- b) The numbers of consumption show that especially antibiotics are in high demand, might be due to the secondary infections of so many HIV afflicted persons but also due to the cold and moist climate up in an altitude of 2,000 m causing RTIs.
- c) Painkillers (PCM and Ibuprofen, Diclofenac inj.) seem to rank as second runner in drug consumption, most probably connected to reason mentioned in b) and injuries.
- d) The high consumption of Prednisolon can also be ascribed to the condition of HIV + patients with skin problems etc.

iii) Medical Ultrasound

This useful and life-saving service started in October 2014. The Ultrasound machine was donated by our friends and benefactors **STICHTING PERAMIHO** located in the Netherlands; but behind this foundation name hide very dedicated persons, namely Mrs. Monique Derrez and Leon van Enckevort and again their friends and partners.

	2014	2015	2016
No. of examinations performed	312	994	1.046

Diagnoses:

	Findings of Ultrasound Examinations	2015	2016
1	Abdominal Ascites	6	8
2	Appendicitis	2	2
3	BPH (Enlargement of Prostate)	3	9
4	Ectopic Pregnancy	1	0
5	Gallbladder stones	1	0
6	Hepatomegaly	2	5
7	Hernia	1	2
8	Hydronephrosis	24	27
9	Intestinal Obstruction	3	1
10	Intra-Uterine Fetal Death	1	3

	Findings of Ultrasound Examinations cont.	2015	2016
11	Liver Abscess	3	0
12	Liver Cirrhosis	1	0
13	Obstetric pregnancy control	480	658
14	Ovarian Cyst	15	39
15	PID (Pelvic Inflammatory Disease)	18	43
17	Uterus Fibroids	10	27
16	NAD	423	207
	Total	994	1,046

iv) Accomplishments

i) Personnel:

- Sr. Bernarda Hyera OSB completed her studies: Bachelor degree in health system management at Mzumbe University and started working in October 2016.

ii) Building Project: Medical Theater and Renovation of the HC

- Since few years we saw the need to improve and extend our services, especially for women and children. We took also up the recommendation of the Ministry of Health and Welfare to establish a medical theatre, especially for the performance of Caesarean Sections with the aim to attend to the pregnant mothers in time and save lives of mothers and babies. The number of deaths of women and newborns is still high in Tanzania.
- The concrete planning started early in 2014 and in the end of the reporting year 2016 the renovation construction of the operating theatre within the existing buildings was completed.
- Likewise, the necessary equipment for the operating room has been installed.
- For an easy access to the 1st floor where the operating theatre and delivery room are situated a ramp was constructed.
- Renovation of rooms for CTC, Dream Program for HIV- AIDS patients by St. Egidio Community (Italy) was done, inclusive the installation of network and officially opened.

8. Plans for 2017

- Official blessing and opening of the operating theatre in May 2017.
- Renovation of two staff houses for Doctors
- Construction of the waiting area for RCH clinic.
- Construction of waiting area in outpatient department
- Construction of a mortuary.
- Fencing the Health Centre compound
- Construction of an incinerator.
- Construction of a mortuary.
- Training of qualified staff for pharmacy and eye department.

9. Acknowledgements

- Special thanks and acknowledgment deserves our former prioress Sr. Rosann Ocken OSB, her team and her benefactors who saw the needs of St. Anna's Health Centre and took action, not only looking for the necessary finances but also accompanying the entire process of planning and building.
- We are also grateful to "Ein Herz fuer Kinder" BILD HILFT e.V. (Germany) for their considerable financial help which was actually the initial encouraging spark to start the project.
- As already mentioned in the section of Medical Ultrasound, the new equipment of the Laboratory and the entire equipment for the new theatre has been donated by "STICHTING PERAMIHO", We would like also to express our sincere gratitude for educational sponsorship offered to three sisters.
 Namely: Mrs. Monique Derrez and Mr. Leon van Enckevort together with their friends and partners (The Netherlands). We want just here to express our special gratefulness for their participation in our work, personal interest and enormous moral and financial support.
- We thank the "St. Egidio Community" for their considerable financial support for the program of HIV patients and their very personal engagement. Their readiness to give training to the CTC (DREAM) staff.

- The Missionary Benedictine Fathers, Abbey Uznach, (Mission Procure) Switzerland who continuously support our work in Uwemba, likewise we thank the Missionary Benedictine Priory in Schuyler, USA who answered the plea of our former Prioress, Sr. Rosann Ocken, to initiate a drive to collect funds from their benefactors.
- We express our gratitude to our neighbouring Benedictine Fathers and Brothers of the Uwemba Priory for their help in various fields of our ministries.
- We thank our Town Medical Officer and his team for their continued technical advice.
- Not to forget the Health Department of the Njombe Diocese and its secretarial office for advice and guidance.

Sr. Ruth Bartonico O.S.B.
Prioress

Sr. Hildegard Fuli O.S.B.
Superior

Sr. Gloria Haule O.S.B.
Clinical Officer in charge



Access by ramp to the 1st floor > Theatre, Maternity



Theatre room with equipment



Registration of Patients



lft. Ground floor = OPD, 1st floor Maternity / rt. Sanitary Facilities



lft. Orphanage, middle: DREAM centre, rt. Theatre



Orphanage, Maternity, Theatre
Picture before renovating process.

