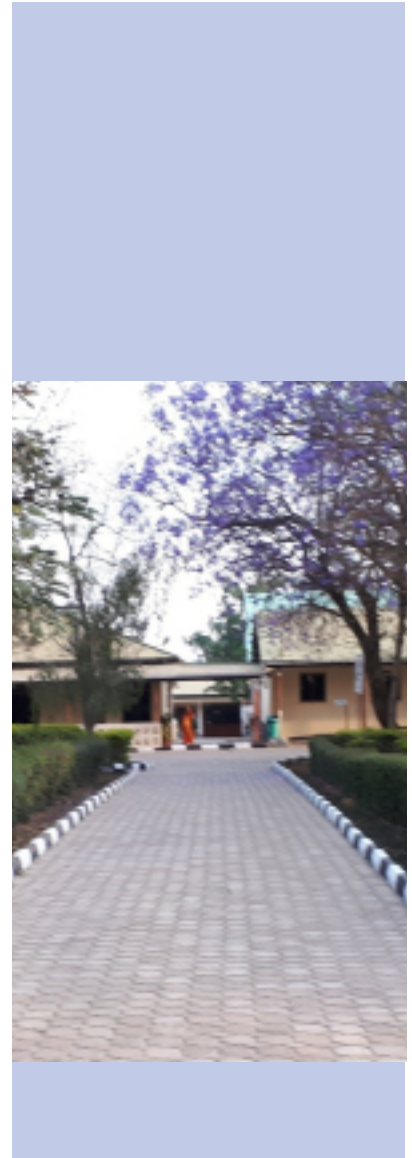




Cork-Singida Newsletter

January 2019 Charity Registration Number (CHY 8586)

The Cork-Singida Partnership is a registered charity set up over 30 years ago by UCC staff. The partnership works to provide support for Makiungu Hospital in Singida, Tanzania. Over the years, this support has funded many initiatives and has seen the hospital grow to become a Council Designated Hospital serving the community in Singida and the surrounding region.



Report: Projects and Developments at Makiungu Hospital

November 2018

Makiungu CDH which is owned by the Catholic Diocese of Singida and managed by the Medical Missionaries of Mary Congregation wrote a proposal to Cork – Singida Partnership group for construction of a standard incinerator, Equipment for Laboratory, Theatre and Physiotherapy and Capacity Building in April 2017.

The proposal was approved towards the end of 2017, with the Partnership contributing €116,827 to the total estimated cost of €156,984. Management of Makiungu Hospital commenced implementing the project at the beginning of 2018. A progress report follows. Makiungu Hospital has enjoyed a long, cordial relationship with the Cork – Singida Partnership group in Ireland for more than thirty years. Management, Staff and Patients of Makiungu CDH are very grateful for the sponsorship of the above named project.

REPORT ON IMPLEMENTATION OF THE PROJECT

Incinerator

Makiungu CDH had an Incinerator that was not sufficient for the hospital. The project has helped to build a new incinerator which is adequate for the amount of waste produced by the hospital.

Work began in early March 2018. The hospital first constructed the shelter for the incinerator. This was followed by tender application from three different health care waste management firms. The Department of waste management in the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) was consulted for recommended incinerator specification. The high Tech incinerator was modified to suit Makiungu hospital environment. Hence, there was no need for hydraulic bin type system and additional chimney sections in the modification. The construction itself was slightly adjusted. This resulted in not using funds meant for these activities. The construction of the incinerator was completed in late June, 2018.

In early July, training of staff was done. The incinerator is functioning properly now.

The amount requested for entire work on the incinerator was fifty one thousand, three hundred and ten (€ 51,310) euro. What has been spent is as follows:

• Construction of incinerator	€15,384.37
• Electricity so far x 4 months	€1,446.69
• Transportation	€1,781.00
• Installation, Training & Commissioning	€3,000.00
Total	€ 21,612.06



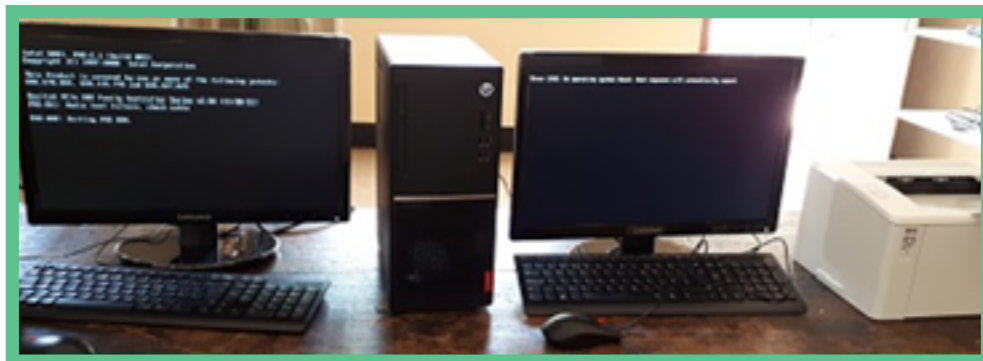
Laboratory equipment

Equipment for the Laboratory have been ordered from KAS MEDICS. The company informed us that it would take some months due to the recent laws in the Country regarding importation. Attached is the pro forma invoice of the laboratory equipment ordered.

The equipment is expected to arrive in the Hospital at the beginning of December 2018.

• Equipment from KAS MEDICS	€40,728.88
• Computer (2)	€680.00
• Printer (1)	€177.60
Total	€ 41,586.48

Installation, training and commissioning would be done when the equipment arrive. Meanwhile, one more Laboratory Technician and two Laboratory Assistants have been employed to carry out required diagnostic tests.



Physiotherapy and theatre equipment

Therapeutic Ultrasound, TENS machine, Leg Curl Press machine (for increasing power in muscles of lower limbs) and Exercise Mats have been purchased for physiotherapy Department. These have helped to improve the quality of services rendered by the department to patients.

Tilting Bed has been paid for, and ordered by the company which is experiencing the same obstacle as that of Laboratory equipment – takes longer to clear. It is also expected to arrive in the Hospital at the beginning of December 2018. The price of Treadmill machine has highly gone up compared with the time of writing the project. Oxygen concentrators as well as emergency Stretchers have been bought and are in use in theatre.

Nine thousand, four hundred and two euro (€ 9,402) was requested for Physiotherapy and theatre equipment. What has been spent is as follows:

• Therapeutic Ultrasound (2), TENS Machine (3) & Exercise mat	€1,632.00
• Tilting Bed	€4,400.00
• Oxygen Concentrators	€2,520.00
• Emergency Stretcher (2)	€820.00
Total	€ 9,372.00



Pictured (l-r): Two physio ultrasound machines; Oxygen concentrators; Exercise on a physiotherapy mat; Tens machines

Training of administrative staff

The administrative staff who needed training were transferred by her congregation to another institution before the proposal was approved. Permission to use the fund for short administrative course training for three new administrative staff members over the same three years was requested and obtained in April 2018.

The first administrative staff did a four week course on 'Hospital Systems Management' at CORAT AFRICA, Nairobi from 20th August to 5th September 2018. This course was found to be helpful. Feedback has been given to the management team and some staff members.

Six thousand, one hundred and ninety four euro (€6,194) was requested for training over three years' period for administrative staff. Two thousand and sixty five euro (€2,065) would be for training of each administrative staff member.

Amount spent:

• Course fee	€1,791.19
• Visa	€45.87
• Transport	€99.00
Total	€1,936.06

Overall general administrative cost:

- Proposal and report writing **€1,904.72**



Surgeon Noonan Volunteers at Makiungu Hospital

Summer 2018

Each year, a number of medical students volunteer at Makiungu Hospital in Singida, Tanzania under the Surgeon Noonan society. The Surgeon Noonan Society raises funds in advance of the visit so that they can make a significant donation to the hospital, while the students pay for their own meals, transport and personal costs. This year, five students spent four weeks in Makiungu Hospital in June and the Cork Singida Partnership spoke with three of them about their experiences.

Sister Magdalena Umoren collected us from the airport in Arusha which is the second largest city in Tanzania and took us by jeep to Singida which is a few hours away. Sr Magdelana is a very warm person and we were made immediately feel welcome. Makiungu Hospital is located a little way outside the town of Singida itself and we stayed in the accommodation block on the hospital grounds. The accommodation was clean and comfortable (which was a relief as we didn't know what to expect) and displays a plaque saying that it was built with funds from the Cork Singida Partnership which gave us a feeling of connectedness and pride. It had a kitchen where we took our meals with the dinner each day being provided by the hospital kitchen. During our weeks in Makiungu the flying doctors came to provide expert help and they also stayed in the accommodation block so it is put to good use.

Our four week stay was well organised by Sr Magdalene who is the doctor-in-charge of the hospital and is a dedicated and very professional obstetrician. We rotated to different parts of the hospital each week and also got to go on outreach clinics. Much of the work of the hospital is focused on women and children's health with ante natal and obstetrics care being a big part of their work. During our stay we met a wide range of staff who were always willing to teach us and we were always supervised when providing care. We met midwives and nurses, nursing assistants and physician assistants (staff who are not doctors but who complete two years of training). These staff impressed us with their work ethic and dedication and while there were cultural differences caring for patients was a uniting theme. We started each day by attending the morning meeting which takes place daily and is conducted in English. The staff review new patients admitted, those discharged and any significant happenings scheduled for the day.



Pictured (l-r): Rachel Finn, Niamh Ryan, Siobhan Hulston, Rebecca Howley, Gillian Kavanagh

We then went to whichever part of the hospital we were working in that week; the labour ward, out-patient clinics, theatre or the HIV clinics. One immediately impressive aspect of the work is that the hospital operates an electronic patient record system – something that is only now being introduced in Ireland. Often the doctors or other staff rotate so these records make patient information easily available.

The labour ward was always busy with mothers travelling some distance to give birth. This meant that they often travelled to the hospital towards the end of their pregnancy and were waiting for labour to begin. They would wait outside the labour ward but would not be allowed in until they were actually in labour. These mothers were almost all young and would arrive with their own sheets and a bucket. The sheets (they brought about eight) were used on the mother's bed as they delivered and were then put in the bucket. The smaller clean sheets were used to wrap the new baby. We noticed that there were few cries of pain as the labour progressed and expect that this must be part of the culture. Once the baby was born, they were generally wrapped in one of the sheets and given to the

mother, though incubators are available for babies who need them. Thirty minutes after giving birth, the mother walked to the regular ward to recover. Seeing these women and midwives work – literally labour – further increased our respect for both staff and patients.



Left: Inside the female ward of the Makiungu Hospital

Sometimes, mothers required a caesarean section and then they were taken to theatre where Sr Magdalene or her colleague, Sister Maria, another obstetrician, performed the procedure. Fertility treatment was also offered by the hospital as women in this region are expected to have babies.

Some patients are particularly memorable. There was the time when a mother needed a caesarean section to deliver her baby and then Sr Maria pulled out the second baby – an unexpected joy. There was also the woman with cervical cancer who had treatment in Dar Es Salaam and was now attending Makiungu with further complications but was very pleased with her care and had a very positive attitude.

We finished our day at about 4pm and then had dinner brought to our accommodation. We spent the evenings quietly, often walking along the hospital airstrip where local children would follow us curiously. We played games with these children, mainly singing and they taught us their songs that they had learned in English in their school. Later, we would play cards on the balcony or read but most nights were early nights. Friday night was an exception as the nuns invited us for Mass, which involved much joyful singing, and dinner afterwards. We got to know these exceptional women quite well.

Their house is in Dundalk so many of them had visited Ireland and trained there and we had many discussions about Ireland. The nun's coconut cake is legendary and previous students had told us not to miss it; it lived up to our expectations.

We had the opportunity to accompany the outreach team as they held clinics in outlying villages. These clinics were well organised with good documentation. Pregnant women were given ante natal care and babies were weighted, monitored, vaccinated and checked. Whilst there were long queues the patients were seen very quickly. The outreach team also conduct HIV clinics and they often drove to people's homes to take care of these patients. We got the impression that HIV screening was good with a high level of HIV awareness amongst the patients and that the disease itself was well controlled.

The Flying Doctor Service adds another dimension to the work of the hospital. The doctors land their small planes on the hospital airstrip and they visit three times a year. During our time there, the doctor visiting was a plastic surgeon who was operating on cleft lip and palate patients. The patients, who come from the surrounding district, are told in advance when the specialist doctor is expected and they travel to the hospital to be examined and sometimes have their cleft repaired. There was also a physiotherapist there who had long queues for their services every day. Both of these professionals gave talks on their work at the weekly educational seminar held for staff. The next of the visits will be from an ENT (ear, nose and throat) surgeon; so patients with these problems have to wait until that once-a-year visit comes round.



Pictured (l-r): Rebecca, Sr Magdalene and Siobhan on the day the flying doctors arrived.

Another rotation in the hospital involved us attending general out-patient clinics which were like a GP practice. There were people with malaria and dysentery as well as the more usual coughs and colds. One unusual case that underlined how different the disease profile can be involved a man who had contracted rabies and who sadly died shortly afterwards.

Our time in Makiungu Hospital was a life enhancing experience. The hospital is run by the Medical Missionaries of Mary but it treats patients of all religions, mainly Christian, Muslim and traditional religions. To see the staff care for patients with such dedication and to know that they improved their patients' lives – last year no woman died in childbirth – reminds us of the value of good healthcare. What struck us was that scarce resources were well targeted to have the best impact on patient care and that the care itself was of a good standard and there were constant efforts to improve it. We were volunteering for a short time and we would like to think that we helped the hospital but, as is often the case, in giving we receive. We certainly learned more from our time in Makiungu than we could have expected and we will never forget the people of Singida



Pictured (l-r): Sr Lydia, Niamh, Sr Magdalene, Rebecca, Siobhan, Rachel, Gillian, Sr Goretti (seated: Sr Oliver, Sr Maria) on our final night in Makiungu

Report: Makiungu Hospital

The following is extracted from a talk given by Sr Dr Magdalene Umoren, MMM Obstetrician/ Gynaecologist medical officer in-charge; Makiungu Council Designated Hospital (CDH) Report, October 2018.



KARIBUNI SANA MAKIUNGU

Brief History of Makiungu Hospital

Makiungu Hospital is located in Ikungi District of Singida Region; about 200 kms south of the Tanzania/ Kenya border and 550 kms up country from Dar es Salaam, the capital and port. The Hospital owes its origin to an invitation made by Bishop Patrick Winters in 1954. Two Medical Missionaries of Mary arrived and their aim was to provide a service for Maternity patients and sick children and to train Midwifery Students. In 1956 the first Sister-Doctor arrived and the maternity and male wards were built.

The hospital continued to expand over these past sixty-four years until July 2008, when it was approved as a Council Designated Hospital. As a result, the Government now pays slightly over half of the salary bill. One big concern was the lack of proper transport facilities; patients had to come, many on foot, from very far distances. Formerly, the 40 km journey from Singida town to Makiungu was over a potholed track, which was often impassible in the wet season. But, in the last six years, this road has been tarmacked, and this has made it much easier for transport of patients and

supplies. However, the roads to many villages are still inadequate, there is still much poverty.

Apart from the traditional religion, Christianity and Islam are dominant. Many are peasants living off their fields, with little money to spare for nutrition, education and health.

Staff

There are 40+ staff members, headed by Dr. Umoren, Medical Officer In-charge and Sr. Nalumaga, Nursing Officer In-charge. Following the designation of the hospital, almost all of the staff have recognised qualifications in their field. There are six MMM members, with the remainder being lay people.

Management

- The Tripartite (Medical Officer In-charge, Medical officer In-charge and Administrator) still meets weekly
- There are regular monthly Hospital Management Team (HMT) meeting and General Staff Meeting.
- Hospital Governing Committee (HGC) Meetings have been regular too.

Training

- In May 2018, both existing & new staff were sensitised & trained on Quality Improvement and Child/Vulnerable Adult Protection Policy.
- There is continuous Medical Education every Friday for Staff members & each Department takes its turn to present a topic. In addition, Makiungu CDH is fortunate to get training sessions from visiting African Medical and Research Foundation Specialists on various interesting topics.
- Many staff members have attended various workshops at different times both inside & outside the hospital and many have given feedback on return.
- Sr. Magdalene participated in the Health System Management course at CORAT AFRICA for four weeks, thanks to our friends and benefactors from the Cork – Singida Partnership group.
- Sr. Mary O'Malley trained Staff members on human trafficking. Many were emotionally touched. It made a deep and lasting impression on all who attended. Thanks, Mary.
- Dr Eamonn and Sr Rose gave a session on data collection and its importance.

Services offered in Makiungu CDH

General Out Patients

Reproductive and Child Health – RCH Clinics and Outreach

Care and Treatment Centre – CTC for HIV/AIDS

TB Clinic

Cervical cancer screening unit

In-patients

Laboratory

Pharmacy

Ultrasonography

Gynae/Obstetric clinic

Pastoral care

Surgical clinics & ops

Physiotherapy

Medical Records

Radiology with contrast studies:

X – Ray

Hysterosalpingogram (HSG) for infertility cases

Intravenous Pyelograms

Urethrogram

Some statistics from 1st Jan - 31st Aug 2018

Category	Total Number
Outpatients (OPD)	15,680
Inpatients - FW & MW (IPD)	1,320
Gynae / Obstetrics Clinic	1,293
Antenatal clinic attendance	3,056
Maternity admissions	2,005
Deliveries	2,948
Outpatients - Under 5 years	5,187
Inpatients - Under 5 years (IPD)	422
Major operations	679
Minor operations	376

Of these deliveries, there were premature triplets on 21st August 2018 weighing 1.9; 2.1 & 1.6 kg who were nursed to life & discharged home in good health. To God's greater glory & no credit of ours, there has been **no maternal death** since 1st January to date.

Social issues / Donors

- The poor are still being cared for. We are grateful to our donors who constantly support the elderly, TB patients, CTC patients and malnourished children.
- The Cork – Singida Partnership group has built a new incinerator for the hospital which has helped greatly in proper waste disposal as well as buying equipment for laboratory, theatre, Physiotherapy Departments and training of Administrative staff – 1 did training this year as mentioned above & 2 more will do in the next 2 years.
- Friends from Malta helped to repair the airstrip this year.
- The German Leprosy and TB services are supporting TB patients for x – ray treatment.

Michael House in USA support the elderly with food. They have informed us that they are going to reduce their support from next year as they can no longer continue.

Strengths

- Makiungu offers good services which attract patients from distant Regions.
- Makiungu digitalization system is very good and has attracted Teams on study tours from other hospitals including the Muhimbili National Hospital.
- Renovation of the airstrip. Thanks to our Maltese

friends, Joan Gabriele and Furtu Caruana.

- Assets evaluation has been carried out in March/ April 2018.
- Many Health Institutions both in and outside Tanzania, including the UCC Surgeon Noonan Scheme, send their Students to Makiungu for field work.
- The hospital introduced NO Plastic bags on the compound policy in collaboration with Government leaders (Villages, wards, etc) on 1st May 2018.
- The Hospital hosted top Government Officials who came from Dar – Es – Salaam for Mwenge (the Torch which is a symbol of Tanzania Independence) celebration.

Challenges

- There is a qualified Accountant but not Registered Chartered Public Accountant (CPA). Efforts are still being made to get a CPA.
 - Inadequate funds especially for staff salary and purchase of drugs
 - Government inability to fulfil some parts of the Service Agreement e.g. reduction and delayed in payment of basket funds.
 - Need for Ambulance and modern Mortuary
 - Lack of Social Workers
 - Solar System in some staff houses
 - Internet wireless connection
-

Cork-Singida Committee

2018/2019

Committee Member	Department
Mike Mansfield (Chair)	Physics
Collette Cunningham	School of Public Health
Mary Donnelly	Law
John Doran	Accounting
Gerard Dunne	UCC Chaplaincy
Angela Flynn	Nursing & Midwifery
Ray Foley	Retired Staff
Anne Gannon	HR
David Morgan	Law
Kathryn Neville	College of Medicine & Health
Ivan Perry	School of Public Health

Contact



singida@ucc.ie



www.ucc.ie/en/singida

Charity Registration Number (CHY 8586)