

KILIMANJARO BARN & HELSE (Kilimanjaro Children & Health (KC&H)) Annual report 2005.

1. Board of trustees

The board of trustees has been composed the following way since the creation of the organisation 21. October 2004

Chairman:	Martin Kolberg
Assistant chairman:	Unny Aronsen
Cashier:	Marit Olafsen
Secretary:	Jorunn Høgeli
Member:	Henrik Steinfeldt-Foss
Member:	Bent Eriksen
Member and founder:	Tone Ellefsrud
Observer and founder:	Gunnar Hjorth

During 2005, one meeting in the board of trustees has been arranged. This was also the meeting of constitution.

The goal of the board of trustees is to assist the founders in a way to enable them to work in a responsible manner and according to accepted laws and rules and that the economy is taken care of in a responsible way.

2. Founders:

Gunnar is working as senior doctor at the hospital Monday to Friday every week. Tone is working as quality coordinator three days a week, as a part of the hospital administration, both with the exception during necessary stays in Norway. During the year 2005 this was the case for three weeks in January/February, when they got a free travel between Tanzania and Norway to make lessons and speak at five seminars on tropical and travel medicine, HIV/AIDS and also about how to work in a hospital in a developing country. During the period primo May to medio September they stayed in Norway to make speeches in different meetings and also to work actively to have sponsors to the projects at Marangu Lutheran Hospital. One definite object was to collect, load and send a container of 20' from Oslo to Tanga, Tanzania. The container was loaded with medical equipment for the hospital and collected from different sources in Norway as hospitals, medical centres, schools and pharmaceutical firms. A detailed list is available by the board. Some items, mostly clothes and sport equipment were included as a present to a centre for street children.

3. Marangu Hospital: Organisation and structure

"The Hospital Board of Trustees consists of persons elected from the Evangelical Lutheran church system in the Kilimanjaro region, the administration of the hospital, and heads of the six dispensaries sorting under Marangu Lutheran Hospital. The Board of Trustees of the hospital is obliged to arrange at least four meetings every year.

The Management Committee consists of the director/doctor in charge, as well assistant director, assistant doctor in charge, matron, assistant matron, chief accountant and dental officer. The meeting schedule is to have monthly meetings.

The Steering Committee (set down by Tone and the director/doctor in charge) consists of those two and the management committee. According to need Gunnar is invited to participate. The work of this committee started September 2005 as it was needed a supplement for the Board of Trustees and the Management committee, to make a better communication between the hospital and the projects of KC&H. This committee has had one meeting. One decision of this committee is that all the different committees of different projects have to be headed by a person from the administration. This has been showed to be necessary after the constitution of the projects committees has been changed a couple of times. The Steering Committee has their meetings according to a meeting plan, defined on a yearly base. Tone is secretary in all the project committees. The heads of the project committees are obliged to prepare for the meetings with a summary of activities.

4. How to work in projects

From the beginning it has been considered to be essential that the whole staff is engaged in the projects. Tone and Gunnar have proposed projects and priorities about what projects to be started, the baseline situation, defined and written propositions on how to progress in the work in the projects. These propositions have been presented to the director and a representative from the board of trustees. Due to lack of written routines and consensus, all projects have been revised repeatedly before final acceptance. These have been to the staff in general hospital meetings. It has been considered to be important to involve as many persons in the staff as possible. As a consequence the committees has been consisting of five to seven persons form different professions. This is not the habit in this area, as the normal situation is that only the heads are participating and deciding what to do.

The first meeting in each committee has been used to inform about how to work in projects and to present and discuss the description of the project and why the project is considered to be necessary and fruitful. This was followed up with an introduction and description of the structure of the hospital and of the problems and challenges in the future, including a description of possibilities and limitations. This will create the base for creating a detailed strategic plan and plan of action and also a budget for the year to come. The first meeting in all project committees was used to make a yearly meeting plan, signed by all, to try to make the members remember the dates and obligations for the meetings in the project committees. It has shown that it is very difficult to have members meet at the meetings in spite of their own decisions on the meeting plan. Very often members are attending without any preparations and the lack of understanding how to work in projects. New methods and approaches will we tried in 2006 to improve the work.

5. The projects.

Tone and Gunnar have started five defined projects at Marangu Hospital.

Starting from April 2005 all project committees has been reorganised and are now consisting of three persons compared to the earlier five to seven. The project committee has a leader chosen according to qualifications related to the actual project. Tone is secretary in all projects. In all projects it have been elaborated an annual report in English, and the reports are also placed in our home page www.marangu.org at the internet

We have the following projects:

1. AIDS project 2004-2006
2. Hygiene project 2004-2006
3. Course and seminar project - annual
4. Procedure, structure and routine project 2005-2007
5. Personal policy project 2006-2008

5.1 The AIDS-project 2004-2006

Members of the project committee:

Head: Director/Dr. in Charge Joseph Tesha. Members: Midwife/nurse supervisor and counsellor Mama Moshi and quality coordinator/secretary Mama Tone

The work in the committee has followed the annual plan of action. Specifically mentioned are The Voluntary Women Group for Public health in the northern part of the community Modum in Norway (Nordre Modum Sanitetsforening) and The Red Cross children's support group in Drammen Norway as they have given earmarked money for this purpose. Most of the money given is used for testing and follow-up of children with parents who are HIV-positive or dead of AIDS and living in the Marangu district. Otherwise money has been used to arrange a seminary on the International AIDS-day December 1st where 20 headmasters of district schools were invited, other seminars for health personnel and the general population. In addition the project has given 45 000 condoms as part of the HIV preventing work, to be given for free through ANGAZA VCT centre.

5.2 The Hygiene project 2004-2006

Members of the project committee:

Head: Assistant nurse in charge Abell Massawe. Members: Midwife/public health nurse Mama M. Urrio and quality coordinator/secretary Mama Tone

The work in the committee has followed the annual plan of action. The cleaning unit is now something we are proud of. It is not common that hospitals in Tanzania have such a unit with designated cleaners, and it took some argumentation to have this unit established. After one year in action there is no doubt that this unit is a very important part of the hospital. During the year five persons are employed on a full time base, and they have their own wardrobe/office/room where they also store the necessary equipment. Through a number of courses and individual instructions they have acquired some knowledge about the importance of hygiene. The cleaners are to report about equipment destroyed in the wards and other irregularities in order to have them repaired as fast as possible. Nevertheless, it is a problem related to lack of persons to control and follow up. It is the foundation KC&H who has bought all the necessary equipment, soaps, clothes and uniforms. Tone has made a budget for this unit, to visualise all the expenses split down to salaries, equipment and stationeries. Our small hospital has been declared the cleanest hospital in Tanzania.

Another matter in focus is to elaborate routines and systems for the handling of sharp objects and biologic waists as needles, scalpels, glass, and tissue after operations, pus, blood, food etc. Tone has participated in a seminar on that issue arranged by The Ministry of Health, and this was followed up with three internal courses at the hospital.

There is a shortage of bedside tables in the wards. A local carpenter has repaired 25 of the old and partly destroyed bedside tables. As electricity is varying and often cut off, it has been common to use candles. The make them stand up at the bedside tables was has been dripped on the surface. This practice is both dangerous and very unhygienic. As a consequence candles has been banned from the wards, and replaced by 10 emergency

lamps, bought by the KC&H and given to the different wards. The daily recharge of batteries is done in the pharmacy according to written instructions, and picked up and delivered back by the nurses at the wards.

In the operation department and theatre the KC&H has given head torches to all staff. At all operations started in the late afternoon the staff is automatically carrying a head torch. We also had two Norwegian nurse students spring and two in the autumn. They have been following up all matters sorting under the hygiene project including speaking at seminars arranged for the staff. Their involvement has been very fruitful.

5.3 Course and education project, -annual

Members of the committee:

Head: Assistant AMO Dr. Oscar Mafole. Members: Clinical Officer Mama C. Urio and quality coordinator/secretary Mama Tone

This committee has not followed up the annual plan of action. It was suggested by Tone to close down the project, as the intentions were not followed up. After discussion and a promise of better follow up it was decided to continue. In the future it will be incorporated within the Staff Policy Project. From important English sponsors related to Gunnar's effort as expedition doctor to the top of Kilimanjaro, we have received means to be able to renovate old buildings and create a new conference centre. This kind of facility has not been available before. It consists of a lecture hall, a library room, new canteen with kitchen and two new toilets. This facility is considered to be of great importance for the further development of the hospital as well as for the education of the staff. The inventory (chairs, tables, TV, video, DVD) has been brought in a container from Norway, arranged by the foundation.

5.4 Procedure, structure and routine project 2005-2007

Members of the committee:

Head; Ass. Director/ass.dr. in charge Dr. John Lauwo, Senior Advisor Dr. Gunnar and quality coordinator/secretary Mama Tone

The committee has followed up the annual plan of action. Among activities done is to send an application to NORAD for economical support. Answer expected primo 2006. (Later comment: Not granted). The work in this project is extensive and costly, as it does not exist any forms or written procedures. Everything has to be elaborated from scratch and made according to European standards and adjusted to African situation. From September 2005 the use of newly elaborated forms for in- and outpatients have been implemented. But not all nurses and doctors are following the recommendations. We will focus on this during the year 2006.

5.5 Staff policy project 2006-2008

Members of the committee:

Head: Chief Accountant/Treasurer Mr. John Mlay, Nurse in Charge Mama Mallyo and quality coordinator Mama Tone

The work in the committee has not really started and has only had a couple of informal, planning meetings. The project and plan of action is ready to be implemented. All subjects related to courses and education, and also exchange programs with Norwegian nurse students are sorting under this project. In the year 2005 we have had five students of social workers from the University college of Trondheim working on a thesis and staying for 6 weeks, and 2 nurse students from Diakonhjemmets University college in Oslo,

staying for a period of three months from September, participating in the program.

6. Marketing – www.marangu.org

The home page has shown to be of great value. We get a lot of positive feedback, but the picture gallery is not finished. Some new information has been included. It has been missed a group based in Norway, to work on different marketing procedures. This has to be worked more to accomplish. To all supporters and sponsors, a card of gratitude has been sent by “snail-mail. These have grown in numbers and there is at present quite a lot, some giving smaller amounts, some bigger, but all very, very welcome. Next year (2006) we have to limit our expression of gratitude to be put on our homepage at the internet. This is due to both economy and lack of time. Drammen Red Cross’ Children’s help are profiling our projects and they arrange a flea market every year to support our projects. Drolsum Sanitetsforenig (Drolsum voluntary women health support group) has also arranged a flea market spring 2005 giving the money to our projects.

Bodø Rotary Club had meetings in December and are planning to support orphans suffering from the consequences of AIDS. They have also recommended other Rotary clubs to do the same.

Mark Strachan of Entertainment Software Charity in England has a program of charity climbs in the Kilimanjaro. He is supporting three projects in the region, whereof KC&H is one.

If we succeed to improve the marketing of the organisation in Norway, we hope to acquire sponsors and through that obtain a more predictable economy. Hence it will be easier to plan for the more long-term future of the hospital. The regional newspaper Drammens Tidende has had three articles on the projects and the weekly magazine, Norsk Ukeblad had a three-page article about the projects and the founders October 2005.

Marangu Hospital faces three main challenges: To collect enough money to buy enough essential medicines, money to buy or to acquire otherwise necessary hospital equipment and to elaborate a rewarding and caretaking staff policy.

Medicines:

Annual budget for buying medicines: 60 000 US\$

Equipment:

To be able to send a container every year from Norway, filled with hospital equipment.

Cost of container transport 5000 US\$.

Exchange program for two Marangu hospital nurses: Invite them to Norway for a period of two months. Costs 14 000 US\$.

7. Annual accountant

According to the Norwegian law of accountant §3-3, it is confirmed that the conditions for continued activity is present is forming the base of the accountant.

Income during the period 21.10.2004 – 31.12.2005 NOK 498 557, -. (ca 80 000 US\$)

Annual result NOK 120 090 (ca 19400 US\$) transferred to capital account.

As of 31.12.2005 the KC&H has a capital account of NOK125 090, placed on a bank account totalling NOK 125 090,-.

The opinion of the board is that the annual accountant is describing a correct picture of the economical situation of the foundation, as to income, expenses and owned items, as well as result.

Vikersund, July 31st 2006

Sign
Martin Kolberg
leader

sign
Unny Aronsen
Assistant leader

sign
Jorunn Høgeli
secretary

sign
Henrik Steinfeldt-Foss
Member of the board

sign
Bent Eriksen
Member of the board

sign
Tone Ellefsrud
Member of the board and
founder