

要請（見積）金額

TOTAL BUDGET FINANCIAL SCHEDULE Parts 1, 2 and 3

	YEAR 1	YEAR 2	YEAR 3	TOTAL
CEP fund	72,833,877	23,610,500	3,104,000	<b>99,548,377</b>
NGO				
in cash	7,880,000	7,880,000	6,560,000	<b>22,320,000</b>
in kind	Unvalued, office space/rental, etc.			
Community				
in cash	3,200,000	900,000		<b>4,100,000</b>
in kind	4,350,623			<b>4,350,623</b>
TOTAL				<b>130,319,000</b>

SEMINAR AND TRAINING BREAKDOWN BUDGET (Tanzanian shillings)													
NAME OF VILLAGE, DISPENSARY	Kigondo	Kidyama	Lalembe	Shunguliba	Mwayaya	Titye	Kaguruka	Rungwe Mpya	Nyumbigwa	TOTAL PROJECT COST		TOTAL PROJECT COST	NOTES
Seminar and Training											Seminar and Training		
Dispensary staff	205,000		205,000	205,000	205,000	205,000				1,025,000	Dispensary staff	1,025,000	1 week each village, 1 facilitator District health department x 2 days (@20,000 per day), 1 facilitator CORD x 5 days, 1 Doctor CORD x 1 day, 1 Project Leader x 2 days. Food and accommodation for facilitators = 60,000, materials = 30,000, lunches for guest participants (VG, PHC) and 3 staff = 30,000, transport = 150 x km, average 9,000 per day = 45,000.
Village Health Workers	462,000	462,000	462,000	462,000	462,000	462,000	462,000	462,000	462,000	4,158,000	Community Health Workers	4,158,000	CHW - recruitment - 3,000 per village, supervision through PHC, District Health personnel to attend selection interviews @ 1,000 allowance and 8,000 transport, 2 weeks village-based training for average 3 CHWs each village @ 450,000.
Traditional Birth Attendants	870,000	870,000	870,000	870,000	870,000	870,000	870,000	870,000	870,000	7,830,000	Traditional Birth Attendants	7,830,000	TBA training - 2 weeks x average 8 TBAs per village @ 550,000 each village. Training cost includes facilitator seconded from District, accommodation, food and materials in village of training. Plus provision with delivery kit at 40,000 each average 8 per village.
Primary Healthcare Committees	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	540,000	Primary Healthcare Committees	540,000	Ongoing attendance/structured meeting programme. Training cost includes transport fuel and maintenance and materials @ 20,000 per village per annum.
General population	912,000	912,000	912,000	912,000	912,000	912,000	912,000	912,000	912,000	8,208,000	General population	8,208,000	30 month programme facilitated by CHWs and CORD. Training cost includes initial provision of financial incentive to CHWs managed by PHC, materials, use of cultural groups, and expenses incurred materials for health education (postcards, t-shirts, cultural group) @100,000 per year. Incentives to CHWs @ 3,000 per month x 3 per village x 36 months. Community contributes to cost of materials for CHWs in third year.
Skilled labour for construction	450,000		450,000	450,000	500,000	450,000				2,700,000	Skilled labour for construction	2,700,000	Refresher courses and introduction to dispensary construction for existing teams in all villages except Mwayaya - two week basic construction course. Training cost inclusive of transport to training site, accommodation, food, demonstration materials, District and college tutors, participant allowances and stationery.
TOTAL	2,959,000	2,304,000	2,959,000	2,959,000	3,409,000	2,959,000	2,304,000	2,304,000	2,304,000	24,461,000	TOTAL	24,461,000	
Construction and Civil Works											Construction and Civil Works		
Construction materials	7,000,000		7,000,000	7,000,000	7,000,000	5,000,000				33,000,000	Construction materials	33,000,000	Excluding community contribution of 1,020,805 this should be 6,644,480. For dispensary, latrines, rainwater harvesting tank.
Construction tools	600,000		600,000	600,000	600,000	600,000				3,000,000	Construction tools	3,000,000	Toolkits which include carpentry and masonry tools
Skilled Labour	1,500,000		1,500,000	1,500,000	1,500,000	1,200,000				7,200,000	Skilled Labour	7,200,000	For construction of dispensary, latrines and rain water tank; 1 dispensary at 391.5 man days x 3000 tsh/day, 1 latrine at 22.5 man days x 3000tsh/day, 1 tank at 36 man days x 300,000 tsh/day
Unskilled labour	675,000		675,000	675,000	675,000	500,000				3,200,000	Unskilled labour	3,200,000	675,000 for unskilled labour at each dispensary except Titye = 500,000
Transport of materials	2480000		3656000	3720000	4980000	4030000				18,848,000	Transport of materials	18,848,000	Cost of fuel and truck maintenance: 26 trips @xkm x 1000/= fuel/maintenance x 1 dispensary, 5 trips @xkm x 1000/= for latrines and rainwater tank (xkm = 2xdistance from material site to village).
Dispensary equipment	2,000,000		2,000,000	2,000,000	2,000,000	2,000,000				10,000,000	Dispensary equipment	10,000,000	
TOTAL	14,255,000		15,433,000	15,495,000	16,735,000	13,330,000				75,248,000	TOTAL	75,248,000	
Research, Monitoring and Evaluation													
Collection of baseline information	0 Integrated into other programme costs												
Monitoring systems	0 Integrated into other programme costs and work with VG/PHC and VHWs												
Evaluation of project impact a) annual, b) end of project period	100,000	Cost of Information collection and research, 1 day staff and District assessment over two week period											
TOTAL	100,000												

<b>Other Operational Costs</b>												
Wear on project vehicle	2,750,000	Annual repairs and maintenance budget 3,500,000 plus general wear and tear/vehicle depreciation 2,000,000 = 5,500,000 x 25% attributable to project = 1,375,000 x 2 years										
Wear on project truck	4,125,000	Annual repairs and maintenance budget 5,500,000 plus general wear and tear/vehicle depreciation 2,750,000 = 8,250,000 x 25% attributable to project = 2,062,500 x 2 years										
Rental of office space/Utility expenses (existing CORD-owned office)	CORD	Funded by CORD General Funds.										
Property donated	CORD	Funded by CORD General Funds.										
Electricity	CORD	Funded by CORD General Funds.										
Water	CORD	Funded by CORD General Funds.										
Telephone and communication expenses	165,000	Annual budget = 100,000 x 25% allocable to project, plus 30,000 extra incurred for reporting costs of email and telephone/fax communications x 3 years.										
Official handover occasions	150,000	5 x 30,000 for handover arrangements, journalist charges, transport of district officials, refreshment										
TOTAL	7,190,000											
<b>Salaries for Project Staff</b>												
		Monthly gross pay x % of time spent on the project:										
Construction Officer	2,840,000	220,000 x 50% x 24 months										
Projects Leader	4,800,000	400,000 x 33% x 36 months										
Programme Officer	7,200,000	1000,000 x 20% x 36 months										
Health Project Officer	5,280,000	220,000 x 80% x 36 months										
CORD Doctor	2,400,000	1,000,000 x 10% x 24 months										
TOTAL	22,320,000											
<b>Administrative Costs</b>												
Stationery	500,000	Paper, printing, photocopying over 3 years										
Postage	500,000	Standard and DHL for reporting over 3 years										
TOTAL	1,000,000											
GRAND TOTAL	130,319,000											

TOTAL BUDGET AND COUNTERPART CONTRIBUTIONS (Tanzanian shillings) Parts 1,2 and 3						
Budget item	Total Project Cost	Counterpart Contribution				CEP fund requested
		In cash		In kind		
		NGO	Community	NGO	Community	
<b>Seminar and Training</b>						
Dispensary staff	1,025,000			Facilitation	District personnel time for facilitation	1,025,000
Village Health Workers	4,158,000			Facilitation	District personnel time for facilitation	4,158,000
Traditional Birth Attendants	7,830,000			Facilitation	District personnel time for facilitation	7,830,000
Primary Healthcare Committees	540,000			Time/training	District personnel time for facilitation	540,000
General population	8,208,000		900,000	Facilitation	District personnel time for facilitation	7,308,000
Skilled labour for construction training	2,700,000			Facilitation		2,700,000
TOTAL	24,461,000		900,000			23,561,000
<b>Construction and Civil Works</b>						
Construction materials	33,000,000				4,350,623	28,649,377
Construction tools	3,000,000					3,000,000
Skilled Labour	7,200,000					7,200,000
Unskilled Labour	3,200,000		3,200,000			
Transport of materials	18,848,000					18,848,000
Dispensary equipment	10,000,000		Ongoing financial contribution		Medical kits from District	10,000,000
Dispensary maintenance			Full cost			
TOTAL	75,248,000		3,200,000		4,350,623	67,697,377
<b>Research, Monitoring and Evaluation</b>						
Collection of baseline information	Integrated			Full cost		Integrated into programme costs
Monitoring systems	Integrated			Full cost	VG/PHC-time	
Evaluation of project impact a) annual, b) end of project period	100,000			100,000	VG/PHC -time	
TOTAL	100,000			100,000		0

<b>Other Operational Costs</b>							
Wear on project vehicle	2,750,000					2,750,000	
Wear on project truck	4,125,000					4,125,000	
Rental of office space/utility expenses /existing CORD-owned office		CORD General Funds					
Property donated to project/building or office equipment/storage		CORD General Funds					
Electricity		CORD General Funds					
Water		CORD General Funds					
Telephone and communication expenses	165,000					165,000	
Official handover occasions	150,000					150,000	
TOTAL	7,190,000					7,190,000	
<b>Salaries for Project Staff</b>							
Construction Officer	2,640,000	2,640,000					
Projects Leader	4,800,000	4,800,000					
Programme Officer	7,200,000	7,200,000					
Health Project Officer	5,280,000	5,280,000					
CORD Doctor	2,400,000	2,400,000					
TOTAL	22,320,000	22,320,000				0	
<b>Administrative Costs</b>							
Stationery	500,000					500,000	
Postage	500,000					500,000	
TOTAL	1,000,000					1,000,000	
<b>GRAND TOTAL</b>	<b>130,319,000</b>	<b>22,320,000</b>	<b>4,100,000</b>	<b>100,000</b>	<b>4,350,623</b>	<b>99,448,377</b>	

## CORD の活動経費支出実績（2000 年）

A Code	1 Code	Jan	1st QTR total	Apr	May	Jun	2nd QTR total	Jul	Aug	Sep	3rd QTR total	Oct	Nov	Dec	4th QTR total	Annual Budget	Annual Total	% Budget since Jan
Full-time Staff	R60 101	(510,000)	(1,530,000)	(510,000)	(510,000)	(510,000)	(1,530,000)	(510,000)	(510,000)	(510,000)	(1,530,000)	(510,000)	(510,000)	(510,000)	(1,530,000)	(6,120,000)	(6,120,000)	100%
Staff Training Courses	R60 164		(5,150)													(615,126)	(5,150)	1%
Telephone/Fax/Courier	R60 211			(6,200)			(6,200)	(29,175)		(4,740)	(33,915)	(18,000)	(23,500)		(41,500)	(100,000)	(81,615)	82%
Postage	R60 212	(15,000)	(33,000)							(4,200)	(4,200)					(100,000)	(37,200)	37%
Stationery and Admin Supplies	R60 213	(8,800)	(16,800)	(2,000)		(8,500)	(10,500)			(4,900)	(4,900)	(12,800)	(8,000)		(20,800)	(100,000)	(53,100)	53%
Fuel and Oil	R60 311		(585,928)	(49,554)	(1,033,760)	(1,062,820)	(2,146,134)	(460,410)		(201,340)	(661,750)	(317,070)		(1,068,190)	(1,385,260)	(4,392,000)	(4,779,072)	109%
Repairs and Parts	R60 312	(570,000)	(979,000)	(64,000)	(70,000)		(134,000)	(67,200)		(22,000)	(89,200)	(188,000)		(2,018,450)	(2,206,450)	(3,669,572)	(3,408,650)	93%
Tax and Insurance	R60 313		(78,592)													(150,000)	(78,592)	52%
Associated Travel Costs	R60 339	(60,000)	(201,000)	(781,600)	(109,760)	(93,000)	(984,360)	(163,500)	(58,000)	(108,000)	(329,500)	(156,000)	(136,550)	(7,000)	(299,550)	(2,000,000)	(1,814,410)	91%
Full-time Staff	R61 101	(220,000)	(660,000)	(220,000)	(220,000)	(220,000)	(660,000)	(220,000)	(220,000)	(220,000)	(660,000)	(220,000)	(220,000)		(660,000)	(2,200,000)	(2,640,000)	120%
Casual Labour	R61 105	(311,000)	(816,350)	(384,650)	(2,467,460)	(2,627,950)	(5,480,060)	(30,600)			(30,600)					(3,940,949)	(3,900,560)	99%
Building Grants	R61 410		(380,200)	(310,200)	(863,400)	(973,800)	(2,147,400)	(1,336,410)	(36,550)		(1,372,960)					(800,000)	(899,800)	100%
Credit Fund	R61 551			(249,800)	(320,000)	(330,000)	(899,800)									(2,707,380)	(2,640,000)	98%
Full-time Staff	R62 101	(220,000)	(660,000)	(220,000)	(220,000)	(220,000)	(660,000)	(220,000)	(220,000)	(220,000)	(660,000)	(220,000)	(220,000)		(660,000)	(2,200,000)	(2,640,000)	120%
Trainers Fees	R62 454		(57,000)	(69,000)	(3,000)	(51,000)	(123,000)	(225,400)			(225,400)					(580,890)	(405,400)	70%
Training Costs	R62 456				(738,520)	(555,120)	(1,293,640)		(26,510)		(26,510)					(1,375,270)	(1,320,150)	96%
Social Fund	R62 552		(48,819)													(2,622,667)	(2,426,469)	93%
Full-time Staff	R63 101	(220,000)	(660,000)	(220,000)	(220,000)	(220,000)	(660,000)	(220,000)	(220,000)	(220,000)	(660,000)	(220,000)	(220,000)		(660,000)	(2,200,000)	(2,640,000)	120%
Casual Labour	R63 105															(1,000,000)	(240,000)	24%
Truck Rental	R63 346															(2,000,000)	(1,938,000)	97%
Building Grants	R63 410	(346,800)	(646,800)	210,200	(380,000)	(320,000)	(489,800)	(373,500)	(20,000)	(630,000)	(1,023,500)	(151,100)	(3,500)	(58,500)	(213,100)	(2,462,520)	(2,373,200)	96%
Other Materials / Building Repairs	R63 419							(5,359,050)	(708,500)	(232,100)	(6,299,650)				(6,940)	(7,000,000)	(6,306,590)	90%
Medical Equipment	R63 511				(375,000)		(375,000)	(720,420)			(720,420)	(246,300)				(246,300)	(1,341,720)	62%
Truck Fuel and Oil	R64 341															(650,000)	(650,000)	9%
Building Grants	R64 410															(10,331,000)	(10,331,000)	27%
Other Materials / Building Repairs	R64 419															(2,052,800)	(2,052,800)	103%
Training Costs	R64 456															(3,081,842)	(3,081,842)	86%
																(105,986,415)	(67,882,330)	



THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF FINANCE

Telegrams: "TREASURY", DAR ES SALAAM.

Tel: 111174/6, Fax: 110326, Telex: 41329.

(All Official communications should be addressed to the Permanent Secretary to the Treasury and NOT to individuals).

In reply please quote:



P.O. Box 9111,  
DAR ES SALAAM.

Ref. No. ....TYC/E/450/11.....

9<sup>th</sup> February, 2001

The Embassy of Japan,  
P.O. Box 2577,  
DAR ES SALAAM.

Dear Sir,

**RE: REQUEST FOR JAPANESE GRANT AID UNDER THE SPECIAL  
PROGRAMME FOR REFUGEE AFFECTED AREAS PROJECT  
FOR IMPROVEMENT OF KIGOMA REGIONAL  
HOSPITALS (MAWENI)**

We have the honour to attach herewith a letter and project proposal from the Ministry of Regional Administration and Local government (RA & LG) in which the Ministry is requesting for financial assistance for improvement of the Hospital Infrastructure and supply of important medical equipment estimated at US\$ 4.0 million.

We wish to emphasize that following the negative effects of refugees influx in Kigoma Region the Government has given high priority to the project and to this end we are requesting the Government of Japan to provide assistance in order to mitigate the effects from refugee influx. Details for the works required are highlighted in the attached project proposal.

Thanking you for your cooperation

Yours faithfully,

A handwritten signature in dark ink, appearing to read 'J.A. Momburi'.

For: PERMANENT SECRETARY

cc: Resident Representative,  
JICA,  
DAR ES SALAAM.

cc: Permanent Secretary,  
Prime Minister Office,  
P.O. Box 3021,  
DAR ES SALAAM.  
(Attention A.S. Nyumayo)

# GRANT AID PROPOSAL

THE PROJECT FOR IMPROVEMENT  
OF  
THE KIGOMA REGIONAL HOSPITAL  
IN  
THE REPUBLIC OF TANZANIA

DECEMBER, 2000

PRIME MINISTER'S OFFICE  
(Special Programme for Refugees Areas)  
IN COLLABORATION WITH  
MINISTRY OF HEALTH

## APPLICATION FOR JAPANESE GRANT AID

1. Date of Application : December 2000
2. Applicant : The Republic of Tanzania
3. Name of the Project : The Project for Improvement of the Maweni (Kigoma)  
Regional Hospital in Kigoma Region
4. Sector: : Health
5. Type of the Project : Rehabilitation and Equipment Supply
6. Project site : Kigoma Regional Hospital
7. Amount : 400,000,000 Japanese Yen
8. Year of Implementation : Basic Design Study May 2000  
Implementation From January 2002 to December 2002
9. Responsible Agency : Mr. R.O.S. Mollel, Permanent Secretary, Prime Minister's  
Office, P.O. Box 3021

Tel: 255-22-2117249-58

Fax: 255-22-2112850

in collaboration with:

Ministry of Health, the Republic of Tanzania

P.O. Box 9083, Dar es Salaam, Tanzania

Person in charge: Mrs. Mwaffisi

Permanent Secretary

Tel: 255-022-122194

10. Implementation Agency : Kigoma Regional Office

P.O. Box 16, Kigoma, Tanzania

Person in charge: Dr. Godfrey Mbaruku

Regional Medical Officer, Kigoma Region

Regional Hospital, Maweni

Tel: 255-28-280-3922

## 11. Situational Analysis of the Health Sector

### 11-1. Outline of the Ministry of health

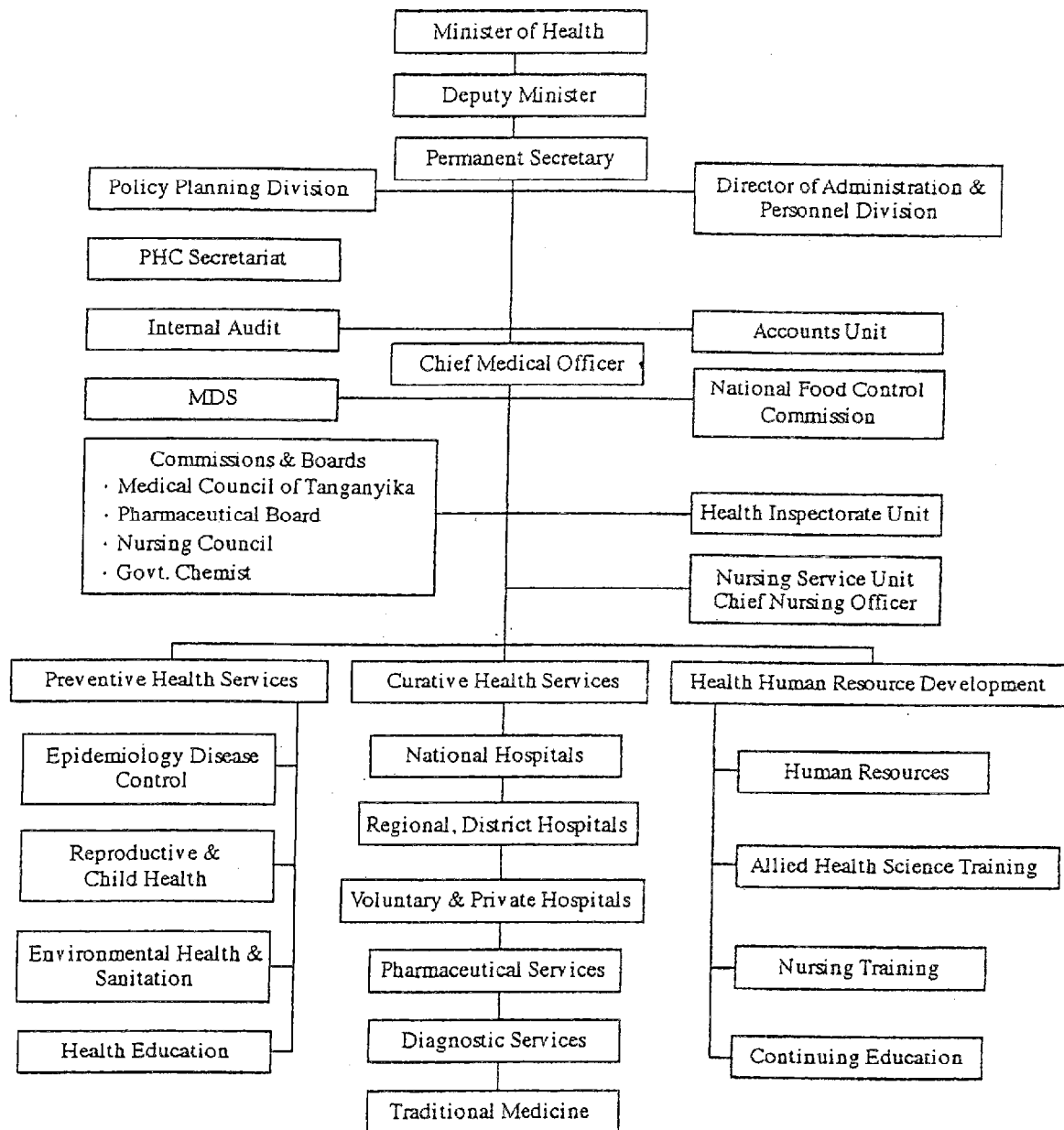
The Ministry of Health (MOH) is a multi-layered organization of district, regional and tertiary level health services to the operational level. The MOH has been introducing decentralization since the early 1998. In terms of organization and management, the Regional Medical Officer (RMO) assumed full responsibility for activities in each of the 3 districts in the Kigoma region, with regional hospital that assume the responsibility of tertiary care in the region.

Below the regional level, the district level was established through the integration of all local activities under the control and supervision of the District Medical Officer (DMO). From organizational and management point of views, the district became the basic planning unit in the public health sector.

On the medical services, the regional and district hospitals offer tertiary and secondary level health care. The primary function of the district level is to support and supervise the work of the network of the public health personnel and the facilities operating at community level plays an important role in the primary health care approach by offering preventive, promotive and rehabilitation services.

The role of central hospitals such as Muhimbili Medical Centre, traditionally, the national hospitals and the institutions have been supervised directly from the central MOH.

Figure 11.1: Organizational Structure of the Ministry of Health



## 11-2. Kigoma Region

Kigoma Region is located in western part of Tanzania, bordering Burundi and the Democratic Republic of Congo (DRC). The region is located in a very remote part of the country, where infrastructure facilities such as roads, electricity, etc. are under developed. The economy of Kigoma Region is based mainly on subsistence farming and fisheries in Lake Tanganyika. The Region has a population of 1,165,000 as per below breakdown with other profile:

Table 11.1: Regional Profile

Characteristics	Kigoma District	Kasulu District	Kibondo District	Total
Land Area (km <sup>2</sup> )	11,369	9,324	16,058	36,751
Water Area (km <sup>2</sup> )	8,315	-	-	8,315
Administrative Structure				
1) Number of Divisions	7	7	4	18
2) Number of Wards	31	30	20	81
3) Number of Villages	71	83	66	220
Population				
1) Year of 1988	359,478	319,735	175,604	854,817
2) Year of 1999	507,000	410,000	226,000	1,143,000

(Source: Kigoma Annual Report, 1999)

While only an estimated 20% of this population live in the towns of Kigoma, Kasulu and Kibondo, the remaining 80% live in villages scattered in the region with difficult access roads. Kigoma is one of the poorest regions in the country. Kigoma Region per capita income ranks from the bottom of the National figures.

Table 11.2: Socio-economic Indicators

Indicator	District			
	Kigoma Urban	Kigoma Rural	Kasulu	Kibondo
Infant Mortality Rate	15/1,000	-	21/1,000	32/1,000
Under Five (5) Mortality Rate	10/1,000	-	7/1,000	-
Maternal Mortality Rate	288/100,000	282/100,000	94/100,000	93/100,000
Per Capita Income (Tsh.)	37,200	18,600	30,000	37,200
Population per Physician	6,645	74,648	47,667	75,945
Population per Health Facility	612	7,282	47,667	75,945
Population per Nursing Staff	1,639	19,297	4,740	12,256
Population Growth Rate	3.7	3.4	2.3	2.3
Population per Bed	402	2,244	754	246

(Source: Kigoma Annual Report, 1999)

### As Refugee Affected Area (RAA)

The Region is a traditional safe heaven for the refugees. Kigoma was receiving refugees from the bordering countries since the 1950s. The current caseload is estimated 350,000. The figure represents about 32% of the local population of the Region. The refugee proportion is even higher in places such as Kibondo where the figure more than 40% of the local population.

Refugees depended totally on the local health system when they first arrived. Still after

establishment of health facilities in the camps, between 200-300 refugees are referred to the public hospitals in the Region every month. Refugees represent about 20-30% of the bed occupancy of the local hospitals at any given time. The extra health demand from the refugees has over stretched the meagre capacity of the health system, which is already struggling to provide services to the local population. For example in Kigoma, the medical referrals from the camps have the hospital authorities to turn the psychiatric ward to an in-patient ward for refugees.

The influx of refugees necessitated a diversion of medical services and supplies and other health programmes from the local population to the refugees in spite of their (services) inadequacy for the former. The consequences of this move were particularly very acute to local residents living on transit routes and around temporary camps where the services were out-stretched and weakened. The health impact of refugees on the local communities is best reflected in the following areas:

- Outbreak of new disease patterns,
- Poor sanitary conditions,
- Over stretched medical personnel,
- Inadequacy of medical supplies, and
- Destruction / over-use of medical facilities.

The infiltration of refugees in the local population, their over-crowding in temporary camps and their subsequent interaction with local residents put in motion a series of processes. It is recognized that poor sanitary conditions and inadequate food and water supply resulted in new disease patterns that spread across the entire population like bush fire. Fatal diseases included the outbreak of bloody diarrhea (Bacillary Dysentery), cholera, meningitis, tuberculosis and other diarrheal diseases.

The refugee influx also saw the prevalence of malaria, a common communicable disease in the Region which, this time, became very resistant and could not be treated with common drugs such as Chloroquine, Camoquine. This new experience called for the use of second line drugs, for example, Fancidar which were not available and are very expensive thus threatening lives of people.

Further, increased population due to the refugee influx lead to promiscuity resulting in increased cases of sexually transmitted diseases including HIV/AIDS pandemic whose consequences may not be pronounced in less than five to ten years. Due to a high prevalence of HIV/AIDS in the Republic of Burundi the refugee influx poses a health threat not only to the young men and women in Kigoma Region but also to the whole nation.

### **11-3. Health and Medical Services in the Region**

Currently the health system in the country is adopting Health Service Reform (HSR) policy, which transfers the health system management under local government in the districts.

The introduction of the HSR has given the districts ownership of the health services and this is a positive move towards strengthening the health services at the grass roots. However the capacity of the district in the terms of procedures, accounting systems, management of the health system remains to be strengthened in area such as manpower, staffing and training.

The health services in the Region are mainly hospitals and dispensaries based with weak outreach (village health workers) component. The health facilities in the Region are as follows:

Table 11.3: Number of Health Facility in the Region

District	Hospital	Health Centre	Dispensary	Village Health Post	Number of Beds
Kigoma Urban / Ujiji	GVT: 1    VA: 1	-	GVT: 10    VA: 1 PVT: 7	-	299
Kigoma Rural	-	GVT: 3    VA: 1	GVT: 45    VA: 3 PVT: 1	-	172
Kasulu	GVT: 1    VA: 2	GVT: 4    VA: 2	GVT: 35    VA: 14 PVT: 1	-	456
Kibondo	GVT: 1	GVT: 4	GVT: 41    VA: 3	-	300

\*Remarks: GVT/Government, VA/Voluntary Agencies, PVT/Private

(Source: Kigoma Annual Health Report, 1999)

Drugs supply for the government health facilities are obtained from Medical Store Department (MSD), an autonomous non profit making organization based in Dar es Salaam with zonal stores distributed all over the country. Kigoma procure its drug from Tabora zonal MSD while voluntary and private health facilities procure their drugs from private pharmacies within the Kigoma or outside and even from abroad. From 1999, the Tanzanian Government has introducing the drug revolving fund (capitalization) at the hospital level. The MOH covered the initial cost of drugs and pharmaceutical (including consumables and reagents), but from the year of 2000, each hospital trying to collect the money equivalent to the capitalization values from the patients.

Table 11.4: Cost of Medicines and Pharmaceutical, 1999 (unit: Tsh.)

Origin	Kigoma (Maweni)	Kasulu and Kibondo District Hospitals
MOH Through MOF (Sent to Central Medical Store, Tabora)	67,908,000	22,413,000
Capitalization (MOH)	34,188,300	26,846,000 (Kasulu) 14,914,000 (Kibondo)
Total	102,096,300	64,173,999

(Source: Kigoma Annual Report, RMO, 1999)

#### 11-4. Health Situation

The top ten disease conditions affecting Kigoma population are Malaria, ARI (Acute Respiratory Infection), Diarrhea, Intestinal Worm Infestations and Eye Infection. In the Mortality pattern, Malaria is the single highest cause of death followed by Pneumonia and Acute Diarrhea Disease. The pattern equally applies to children and adult population.



Table 11.5: Mortality Rates

	Kigoma Urban	Kigoma Rural	Kasulu	Kibondo
Infant Mortality	15/100,000	282/100,000	-	116/100,000
Maternal Mortality	288/100,000	282/100,000	174/100,000	-
Crude Death Rate	2/1,000	-	2/1,000	-
Under Five Mortality Rate	-	-	31/1,000	-
Crude Birth Rate	10/1,000	-	155/1,000	85/1,000
Total Fertility Rate	20/100	-	17/100	17/100

(Source: Kigoma Regional Medical Office, 1997)

### 11-5. Health Finance in the Region

The revenue and expenditures of the Maweni Regional Hospital is as follows:

Table 11.6: Revenue and Expenditures (unit: Ths.)

Revenue	1997/98	1998/99	1999/2000
MOH	-	17,406,999	14,675,000
Cost Sharing	15,468,000	13,688,000	13,996,800
Other Support (UNHCR)	8,000,000	28,726,045	35,729,186
Expenditures			
MOH Fund	-	17,406,999	14,675,000
Cost Sharing Money	17,854,885	16,620,600	16,150,385
Other Fund (UNHCR)	8,000,000	28,726,045	35,729,186

(Source: Maweni Regional Hospital, 2000)

### 11-6. Health Personnel

The table 11.6 shows the distribution of the health personnel per district. It has been able to field about 40% of the established posts in the Region.

Table 11.7: Present Situation of the Health Personnel

Post	Estimated Posts			Filled posts		
	Kigoma	Kasulu	Kibondo	Kigoma	Kasulu	Kibondo
Medical Officer	7	6	2	2	5	1
Assistant Medical Officer	19	9	3	-	2	1
Medical Assistant	6	56	6	15	27	7
Nursing Officer	30	316	18	27	65	7
Nurse Mid-wife	75	30	-	44	21	-
Laboratory Technician	3	1	-	-	-	-
Rural Medical Aid	51	50	-	46	54	-
MCH Aid	59	184	-	27	21	-

(Source: Kigoma Regional Medical Officer, 1999)

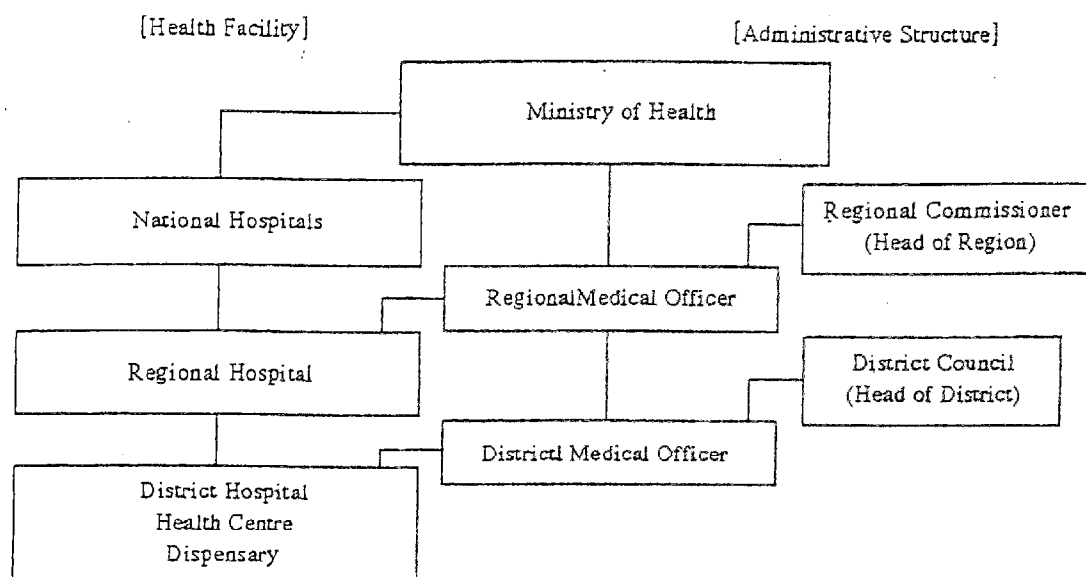


Figure 11.2: Administrative Structure of the Kigoma Region

#### 11-7. Assistance by the Donor Countries, Agencies and NGO

The Kigoma Baptist Hospital scheduled to be operational effective March 1996 under the management of the Baptist Convention of Tanzania request for US\$40,800, from the Donor community in order to improve the Region's capacity in the delivery of health services. In addition to the existing facilities at the health centre, the Foreign Mission Board has allocated US\$10,000 as seed capital.

The UNHCR is renovating the paediatric ward and supplying laboratory reagents to the Kasulu Hospital, sterilizers and delivery supplies to the Kibondo Hospital as well as microscope, boilers and other instruments to the Maweni (Kigoma) Regional Hospital as well as undertaking the extension of the dental unit.

Meanwhile Kigoma Integrated Development Programme (KIDEP) has assisted by the NORAD in the partial rehabilitation of the Maweni Regional Hospital, Mabamba and the Kigoma-Ujiji Health Centres. The renovation of the theatre and sanitary facilities at the Maweni Regional Hospital is completed and the MSF Belgium has partially rehabilitated the Kigoma-Ujiji Health Centres buildings. However, the rehabilitation of district hospitals and other health centres and dispensaries in the Region as well as provision of medical supplies require additional support.

#### 11-8. Health Programme

Realizing that when the refugees entered Kigoma Region they shared with the local people medical services, supplies and other health related facilities initially allocated to the nationals, there is, therefore, an urgent need to set up a preparedness plan to cater for an eminent refugee influx as

well as the growing local population.

Recognizing that the provision of health services to refugees did not end in 1993 and that this is an on-going activity being borne by the local communities and their government. The health programme should address both the current problems and future health needs in the refugee prone zone in the Region.

The priority areas identified by the local communities in the refugee affected area (RAA) and by the Local and Regional Administration.

First, the rehabilitation / renovation of all health units which were occupied and /or used by the refugees and replacement of the equipment and furniture. The health facilities proposed for rehabilitation are the Mawni Regional Hospital, the District Hospitals, the Rural Health Centres and the Dispensaries located along the border corridor.

Second, the prevention and control of diseases affecting the refugees and local communities around the refugee established comps. Currently the highly rated health problems faced by the refugees and the local people are Bacillary Dysentery and other diarrheal diseases, cholera, malaria, HIV/AIDS, meningitis, rabbies, malnutrition and Trypanosomiasis (sleeping sickness).

Third is the provision of preventive and curative services to the local communities and the refugees. This will involve the promotion of good environmental sanitation and establishment of sustainable community-based health care to support health services through increased community-based awareness creation.

Fourth, capacity strengthens at the Regional Hospital and District hospitals as well as at the health centres and dispensaries along the border corridor.

## **12. Background of the Project**

In the Kigoma Region, in 50 percent of the cases their deaths are due to malaria, diarrhea and ARI such as related to the communicable diseases. Malaria also causes the deaths of two out of ten mothers. Diarrhea diseases and ARI are the other most common causes of death among children under five. Although preventable and responsive to low cost treatment, these diseases are killing children and women in the Region due to delayed treatment, chronically poor health services, and the generally weak physical of the population. The health information system remains weak, as do coordination and epidemiological surveillance and response.

On the other hand, the health facilities have been trying to improve with assisting by several donors. For example, the Regional Hospital had been assisted by the UNHCR, KIDEP and Danida as well as NGO since 1990s, but still insufficient situation for providing the tertiary medical care services to local communities and the refugees due to lacking the basic utilities and medical equipment.

### 13. Objectives of the Project

In the Health Service Reform (HSR), the government set health promotion objectives within the context of "Health for All Strategy (HFA 2000)" by the World Health Organization (WHO) in order to provide health care services equitably to all people. One of the major development objectives listed in the HSR is to make education and health care available to all people. Accordingly, a HSR measure is being implemented in cooperation with international organizations or other donor countries to improve the health of the people, targeting especially at the maternal and child health. However, the progress of the HSR presented by the government is hampered by financial difficulty as a large part of the budget has been directed to the building of the nation. The economic conditions have been unfavorable, too.

In such a condition, the purpose of this Project is to contribute to the improvement of the health care services for mothers and children, which is defined as top priority of the health development policies and strategies in the Region. Some of the specific policies which are defined in the plan are instituting a district health system as the decentralization of authority in the health care administration, securing funds for the HSR with the cooperation of the Ministry of Finance so as to make the health care system self-reliant.

### 14. Basic Concept of the Project

The Regional Government has been executing various measures to implement the health development plan in line with the approach of the HSR. The objective of this Project is to assist the improvement of the referral system in the Kigoma Region through strengthening of the Maweni Regional Hospital, with assistance of Japan, taking into consideration the balanced development of the regional health system according to the HSR.

The Regional Government has set indices for development of maternal and child health for year 2005 as follows.

Table 14.1: Indices for Development of Mother and Child Health

Index items	Present Situation (average of the Region)	Goals in year 2005
- Infant Mortality	23/1,000	10/1,000
- Under Five Mortality	8/1,000	3/1,000
- Maternal Mortality (per 100,000 births)	200/100,000	100/100,000

Any project / programme which is to improve medical services provided at health facilities involves the improvement of infrastructures and equipment, and such improvement requires a large amount of funding. Because of limited available funds, it is financially difficult for the Regional Government implement such improvement.

## 15. Outline of the Maweni Regional Hospital

The outline of the Maweni Regional Hospital is as follows:

Table 15.1: Staff Summary (December 2000)

Qualification	Number	Qualification	Number
Medical Doctor, Specialist	2	Physiotherapist	1
Medical Doctor, GP	4	Dental Therapist	1
Assistant Medical Officer	4	Health Officer	5
Assistant Dental Officer	1	Laboratory Assistant	1
Pharmacist	1	Medical Attendant	127
Clinical Officer	15	Mortuary Attendant	2
Assistant Clinical Officer	-	Supplies Officer	1
Nursing Officer	14	Carpenter	1
Public Health Nurse "A" (PHN A)	4	Accountant	1
Nurse Midwife	23	Office Supervisor / Registry Assistant	1
Trained Nurse	13	Plumber	1
MCH Aide	1	Telephone Operator	1
Laboratory Technician	4	Tailor	1
Dental Technician	-	Driver	4
Optometrist	1	Watchman	7
Optometry Technician	-	Laundry Attendant	3
Radiographer	2	Kitchen Attendant	3
Pharmaceutical Technician	1	Port Health Officer	3
Total			251

(Source: Maweni Regional Hospital, 2000)

Table 15.2: Number of Out-patient and In-patient Admissions

	1997	1998	1999
(1) Out-patient			
Tanzanian	115,496	112,188	116,826
Refugees	268	156	182
(2) In-patient			
Tanzanian	10,980	10,889	13,558
Refugees	1,668	1,230	1,049

(Source: Maweni Regional Hospital, 2000)

Table 15.3: Surgical Operation

	1997	1998	1999
(1) Major Operation			
Tanzanian	705	627	719
Refugees	106	96	112
(2) Minor Operation			
Tanzanian	968	1,975	2,041
Refugees	106	220	278
(3) Admission in Surgical Ward			
Tanzanian	856	508	612
Refugees	728	466	522

(Source: Maweni Regional Hospital, 2000)

Table 15.4: Obstetrics Department

	1997	1998	1999
Maternal Deaths	16	14	12
Number of Delivery	4,333	4,532	3,825
Number of Cesarean Case	177	225	241

(Source: Maweni Regional Hospital, 2000)

Table 15.5: Diagnostics

	1997	1998	1999
(1) X-ray (*figures are film numbers)	12,825	15,813	14,934
(2) Laboratory (Specimens)			
- FBP	2,637	1,874	4,779
- HB	28,066	70,142	136,201
- BS for Malaria	104,933	104,597	110,763
- Blood Group & X-match	13,267	14,629	15,209
- Stools	22,826	42,307	39,862

(Source: Maweni Regional Hospital, 2000)

## 16. Contents of the Request

The components of the request are consisted mentioned below items.

### (1) Re-roofing including Walk Way Roof

The present roof is asbestos and was put up 37 years ago. Now the roofing a serious health hazards to the staff and patients.

### (2) Construction of the Psychiatric Ward

Due to the large influx of refugees, refugees as an in-patient ward took the psychiatric ward. Psychiatric referrals from various parts in the Region have no place to go currently.

### (3) Construction of the X-ray / Ultrasound Block

Given the poor condition of the existing X-ray machine and lack of Ultrasound Scanner, which is more and more demanded for by the obstetric department, funds have been allocated for the procurement of the new equipment. However the existing X-ray block is too small to install the planned.

(\*Fund: Government of Tanzania and cost of Holland)

### (4) Construction of the New Out-patient Department (OPD) and MCH Block

This hospital was built as a District Hospital over 30 years ago. Although some extension work has been done, the capacity of the hospital does not meet office-space requirement of the existing staff as the needs of Regional / Referral Hospital. MCH services are not being accommodated.

Doctors are sharing clinical consultation rooms and nurses are all in one room. The Hospital needs a whole new block of OPD and MCH facility to accommodate increased demands due to increased population of Kigoma.

#### (5) Mortuary

5 to 7 deaths need mortuary services / week in the Hospital unfortunately the current space is without cold facilities and with the hot weather the corpses deteriorate fast. Therefore, there is a need for extension of the existing building and mortuary refrigerator capable keeping with 6 bodies.

#### (6) Staff House

There is chronic staff shortage in the Region. The Region aims to increase the number of staff houses as a means of retaining the health staff whom many of them go out of the Region soon after their arrival. The capacity of accommodation is 10 beds room.

#### (7) Extension of the Maternity Ward

There is only one maternity facility in the Hospital. The Kigoma rural area does not have a hospital, so the maternity is also dealing with complicated referral cases.

#### (8) Construction of the Isolation Ward

Despite all the infectious diseases in the area the Maweni Regional Hospital does not have an isolation ward. The request space is 20 beds facility.

#### (9) Equipment

1/3

Department	Name of the Equipment
1) Out-patient	Stethoscope
	Sphygmomanometer
	Instrument Cabinet
	Instrument Trolley
	Examination Table
	Examination Light
	Weighing Scale for Adult and Infant
	Fetal Doppler Unit, Manual
	Diagnostic Instrument Set
	Examining Instrument Set
	Suction Unit, Electric and Mechanical
	Medication Trolley
	Boiling Sterilizer, Kerosine Use
	Resuscitator
	Portable Oxygen Concentrator
	Patient Trolley
	Examination Table
	Electroconvulsive Therapy Machine

Department	Name of the Equipment
2) In-patient	Stethoscope
	Sphygmomanometer
	Instrument Cabinet
	Instrument Trolley
	Bed, with Mattress
	Examination Light
	Weighing Scale for Adult
	Weighing scale for Infant
	Diagnostic Instrument Set
	Examining Instrument Set
	Examining Instrument Set
	Boiling Sterilizer, Kerosine Use
	Resuscitator
	Wheel Chair
	Suction Unit, Mechanical Type
3) Delivery	Observation Bed, for Post and Pre-natal
	Delivery Bed
	Examination Table
	Examination Light
	Suction Unit, Electric and Mechanical
	Foot Steps
	Instrument Cabinet
	Instrument Trolley
	Wash Basin Stand with Basin
	Cot
	Delivery Instrument Set
	Weighing Scale
	Weighing Scale for Baby
	Boiling Sterilizer, Kerosine Type
	Sphygmomanometer
	Stethoscope
	Vacuum Extractor, Mechanical Type
	Hot Air Sterilizer
	Boiling Sterilizer, Electric
	Resuscitator, Infant and Adult
	Portable Oxygen Concentrator
	Colposcope
4) Operating Theatre	Operating Table
	Operating Light, Ceiling Type
	Operating Light, Mobile Type with battery
	Anaesthetic Machine
	Portable Oxygen Concentrator
	Suction Unit, Electric and Mechanical
	High Pressure Steam Sterilizer, Vertical Type
	Instrument Cabinet
	Resuscitator
	Pulse Oximeter
	Blood Pressure Machine
	Surgical Instrument Set
	Hysterectomy Set



Department	Name of the Equipment
5) Pharmacy	Water Distiller
	Refrigerator
	Air Conditioner
6) Laboratory	Binocular Microscope
	Centrifuge
	Micro Centrifuge
	Blood Sedimentation Apparatus
	Automatic Timer
	Leucocyte Counter, Manual
	Water Bath
	Medical Refrigerator
	Hot Air Sterilizer
	Laboratory Glass Wares
	Blood Bank Refrigerator
	Colorimeter
	Water Distiller
	Deionizer
	pH Meter
	Hot Air Sterilizer
	Water Bath
	Incubator
	Spectrophotometer
	Glass Wares
7) Eye Department	Ophthalmoscope
	Slip Lamp
	Trial Lens Set
	Trial Frame
8) Radiology	Diagnostic X-ray Unit with Bucky Stand
	X-ray Film Processing Unit, Manual
	Film Dryer
	Film Hanger
	Film Storage Cabinet
	X-ray Protection Apron
	Intensifying Screen, 2 pairs
9) Dental Department	Boiling Sterilizer, Electric and Kerosine Use
	Dental X-ray Machine
	Film Processor for Dental X-ray
10) Others	Generator, 150kVA
	Incinerator
	Biogas Plant System
	Filing Cabinet, General Purpose