



## Operational Plan

PRESENT	FUTURE	CHANGE REQUIRED
<p><b>1: MATERNITY SERVICE</b> – delivers 26% of expected births, Max. 40 per month</p>	<p>To provide an extended maternity service to provide pre-natal and post natal care to all in need.</p>	<p>Renovate and upgrade existing delivery unit. Build major Operating Theatre and employ full time doctor appropriately trained to carry out Caesarean sections</p>
<p><b>2: INPATIENT OCCUPANCY</b> 13% bed occupancy (equates to ave. 4 beds in use out of 30 beds available)</p>	<p>To achieve occupancy levels in excess of 80% which supports the more extensive surgical services available, as well as in-patient medical needs.</p>	<p>Provide more and better services, including Operating Theatre, employ a Medical doctor (MD) and second Clinical Officer (CO)</p>
<p><b>3: SURGERY</b> Minor, uncomplicated surgery. Now done once per week by surgeon plus anaesthetist from Stonetown (Mnazi Moja Hospital)</p>	<p><b>MINOR SURGERY</b> – Facility delivering minor surgical procedures as well as A and E minor surgery. <b>MAJOR SURGERY</b> Fully equipped operating theatre and trained supporting staff, to deliver emergency and elective surgical procedures, including emergency sections.</p>	<p>Renovate, upgrade and fully equip <b>Minor Theatre</b> and <b>POP unit</b>. New <b>Major Theatre</b> to be built and fully equipped. Employ MD and CO for performing surgery and outpatient clinics as required.</p>



<p><b>4: STAFF LEVELS</b></p> <p>Currently there are over 70 staff employed in the hospital which given existing workload seems excessive</p>	<p>Appropriate staffing levels need to be achieved to ensure job satisfaction and avoid duplication of tasks.</p>	<p>Complete review of current staff levels and an assessment of staff needs appropriate to changing workload within the hospital. Rodion Kraus has agreed to assist with this</p>
<p><b>5: PRIMARY HEALTHCARE</b></p> <p>Currently a GP type consultation and outpatient service is provided and well attended. OPD attendance consists of 99% non referred patients</p>	<p>To continue to deliver a primary healthcare service, well defined and separate to the acute hospital development.</p>	<p>New PHCU to be built on Mak Hosp premises to relieve pressure on Hospital's OPD (including maternal and child health clinics (MCH) and Health Education/Counselling)</p>
<p><b>6: ACCIDENT AND EMERGENCY DEPARTMENT</b></p> <p>Because of lack of services and equipment nearly all emergency cases are referred to Mnazi Moja Hospital in Stonetown, 70 kms away (good road)</p>	<p>To treat where possible any emergency, which may potentially occur in the local community. Operating 24 hours daily, to include comprehensive emergency obstetric care.</p>	<p>Renovate, upgrade and fully equip Minor Theatre and POP unit. Major Theatre to be built and fully equipped. Employ MD and CO for performing surgery and outpatient clinics as required</p>
<p><b>8: PAEDIATRIC SERVICES</b></p> <p>MCH (under 5) clinic is held daily and well attended. There is no special paediatric service</p>	<p>The provision of a range of Paediatric services for the most common serious conditions seen locally, including basic neo-natal care.</p>	<p>MCH to be moved to new PHCU on Makunduchi Hospital premises</p>



<p><b>9. TRANSPORT</b> Currently the hospital has a number of part time drivers and a single vehicle</p>	<p>Fully functioning and regularly maintained car and larger vehicle for transport of sick patients to the Referral Hospital. Suitable trained drivers available at all times</p>	<p>An assessment of transport requirement including the number of vehicles and drivers required.</p>
<p><b>PRESENT</b></p>	<p><b>FUTURE</b></p>	<p><b>CHANGE REQUIRED</b></p>
<p><b>10: OUTREACH CLINICS</b> Currently no outreach services to Makunduchi Hospital</p>	<p>To organise a variety of outreach clinics and services from Mnazi Moja Hospital to Makunduchi Hospital and vice versa, to complement each other in terms of accessibility of services offered.</p>	<p>To source expertise in specialist areas such as ophthalmology and dentistry. To have discussions with Kivunge Hospital re; sharing staff and equipment and staff rotas.</p>
<p><b>11: TECHNICAL/INVESTIGATORY PROCEDURES</b> A new x-ray machine was recently installed, but not enough plates, etc. There is no office or registration place for this department. Lab. Equipment is inadequate and not sufficient.</p>	<p>To provide a range of facilities for Investigatory and diagnostic purposes including x-ray, ultrasound, Haematology, Blood Transfusion, Pathology, Cytology etc.</p>	<p>Office for X-Ray department to be created. For both departments registration area to be made Expansion of lab testing and blood bank, services.</p>
<p><b>12: TRAINING AND TRAINING CENTRE</b>  No current training facility</p>	<p>Appropriate numbers of staff throughout the hospital in relation to workload and requirement, To train 100% of staff in wider range of skills and competences, and as a minimum to</p>	<p>To organise the training of additional Doctors and Nurses to meet planned levels of need identified. Identification of a suitable trained MO will need to be achieved at an early stage. To construct and equip a</p>



	include professional and effective Induction training and Health and Safety training for all.	training centre / library to serve the staff of the Main Hospital and the PHCU.
<p><b>13: IN-HOUSE PHARMACY</b> Essential drugs supplied by Danida.</p>	To provide an on-site pharmacy service to patients with prescribed needs.	A review of both essential and non-essential drug provision. Pharmacy / Dispensary to be located such that it can supply both the Main hospital and the PHCU.
<p><b>14: CATERING SERVICES FOR PATIENTS</b> Food for patients is prepared in a dirty shed on an open fire, while the food itself is rather basic.</p>	The supply of a high quality, nutritional catering service will be a high priority in the services we provide to our inpatients, as its contribution to health is well known.	A new well equipped kitchen is needed; Explore provisions for food production on site in substantial hospital gardens and consider employing a gardener for this purpose.
<p><b>15: DENTAL SERVICE</b> Due to very basic and inadequate equipment, only extractions and dental hygiene are performed</p>	The provision of basic dental services to include extractions, fillings etc. and ongoing maintenance.	Should be totally modernised. Dental surgeon possibly shared with Kivunge.
<p><b>16: OPHTHALMOLOGY SERVICES</b> None existing.</p>	The provision of ophthalmology services to include, minor eye surgery	An ophthalmologist should visit Mak Hosp at least once a week; possibly to be shared with Kivunge Hosp



<p><b>17: STAFF ACCOMMODATION</b> 12 staff houses in total, (5 three bedrooms, 7 two bedrooms), which are badly – if ever – maintained. Several families and single staff members are sharing houses.</p>	<p>Appropriate use of staff accommodation.</p>	<p>A full review of staff quarter allocation. And modernisation of existing facilities.</p>
<p><b>18: MORTUARY</b> No water, no facilities for autopsy Doubles as mosque for male staff &amp; patients.</p>	<p>Although not many autopsies are done, and bodies usually are buried the same day, a proper mortuary is essential</p>	<p>Renovate and possibly relocate mortuary</p>
<p><b>19: PARKING AREA + ROAD ACCESS</b> During rainy seasons the hospital is nearly inaccessible and wheelchairs use is not possible. Parking area insufficient. Road very congested in front of hospital.</p>	<p>Good accessibility to hospital is of the highest priority Reroute road to side of hospital</p>	<p>Renovate road and create more parking. Reroute road to side entrance of hospital.</p>
<p><b>20: OPD AND INPATIENT REGISTRATION</b> The method of registration is hopelessly primitive</p>	<p>Adequate registration is required</p>	<p>Need for an official and computerised office for registration, information, payment and patient cards.</p>



<p><b>21. COMMUNICATION SYSTEMS</b> A single functioning computer and no telephone system. No computerisation of hospital finances.</p>	<p>Development of an IT system for the hospital</p>	<p>Review of current system and how an appropriate system could be introduced. Employment of a nominated individual to lead IT.</p>
<p><b>22. EQUIPMENT</b> Equipment in general is inadequate, poorly functioning and not maintained.</p>	<p>Full re-equipping of hospital to level appropriate to service provision</p>	<p>Full review of existing equipment and future equipment needs</p>