

Project number	39907911
Title	Nkinga Mission Hospital, Nkinga School of Nursing and FPCT Health Coordination Office

Countries

Tanzania

Summary

In 1936, Swedish missionaries established a dispensary at Nkinga. Nkinga lies on the boundary of Nzega and Ikunga Districts, Tabora Region, Tanzania. By 1960, Nkinga had grown to a 150-bed hospital under the management of Swedish missionaries and today includes a nursing school and a laboratory school.

Because of the historical ties with Sweden, there are many Swedish individuals, including former missionaries and institutions that have a strong attachment to Nkinga. Consequently, although the hospital and related institutions have been handed over to the FPCT and are fully owned and managed by Tanzanians, Nkinga continues to receive funding, technical assistance and donations in kind from Swedish institutions and individuals. It is felt that these institutions may not be able to function properly or survive without the Swedish support.

While the Nkinga Mission Hospital, the Nkinga School of Nursing and the FPCT Health Coordination Office continue to receive substantial support from Sweden, significant changes have taken place in Tanzania's national health policies and strategies. The current Health Sector Strategic Plan emphasizes collaboration between regional and local governments on the one hand, and private sector health providers on the other. It is against this background that this evaluation was commissioned to inquire into, and provide recommendations on the capacities and performance of the three institutions in the context of local needs and conditions for sustainability with special reference to Tanzanian health sector national plans and strategies. The evaluation has assessed the management and organization, the relevance, and the sustainability of the three institutions.

A key concern on the part of some of the stakeholders relates to the level of 'ownership' on the part of the FPCT. It was established that the FPCT and senior management has a strong sense of ownership with regard to the hospital and its institutions. All important decisions are made by the FPCT Health Board, the Health Coordination Office or the Hospital Board. Initiatives from Sweden are only carried out after consultation and agreement with the FPCT management in Tanzania. On the other hand there has not been enough ownership on the part of the FPCT in mobilizing resources and addressing the strategic direction and sustainability of the hospital, its projects and institutions.

In assessing organization of the three FPCT institutions, the evaluation has considered the roles of various actors. Organizational roles and responsibilities are well defined and understood in Tanzania. Further, the roles of various Swedish supporters seem to be clear among the Tanzanians. However, the Swedish actors did not appear to be always clear as to the roles of fellow Swedes that are involved with Nkinga. Neither were they always aware of what each other were doing. This is partly attributable to the spirit of freedom within the Swedish Pentecostal movement with many feeling that individuals and institutions should be left alone to do what they can to support the three institutions. On the other hand, many feel that the lack of a coordination and effective communication has the danger of promoting dependency and duplication of effort, effectively failing to realize synergies from joint effort.

The evaluation also assessed the capacity of the FPCT institutions to recruit, develop, motivate, remunerate and retain competent staff. All respondents to the evaluation were agreed that staffing levels among the various cadres were below the optimum numbers, causing staff to be overworked and threatening service quality. The general shortage of health personnel in Tanzania, and the remoteness of Nkinga were thought

to affect the ability of the hospital and the nursing school to attract competent staff negatively. On the other hand, Nkinga is thought to be highly attractive to young professionals wishing to improve their expertise as they are able to learn from highly trained and experienced older professionals.

- Recommendations
1. The FPCT Health Board, the Health Coordination Office, the Hospital Management Team and the local community should play, more proactively, a greater ownership role with regard to Nkinga Mission Hospital, the Health Coordination Office and the Nursing School.
 2. Structured coordination of Swedish support is required in order to avoid duplication and promote synergy. The FPCT Health Coordination Office should liaise with Filadelfia Church – Stockholm, Larkamissionen and PMU to establish an effective coordination structure.
 3. The FPCT needs to develop clear and very specific longer term financial goals, strategies and plans covering the next three to five years, with a focus on sustainability. As far as feasible, development of the goals, strategies and plans should involve a wide spectrum of stakeholders so as to ensure that they are well informed, and to promote ownership.
 4. Lakarmissionen as the largest single source of Swedish funding for the three health institutions under review ought to provide FPCT with a clear indication of its intended direction, given the latest developments. Such direction should take into account the current level of dependency by the institutions and avoid an abrupt disruption of operations at Nkinga.
 5. There are opportunities to increase funding from the Tanzania government by obtaining an enhanced status or government recognition for Nkinga Hospital, and ensuring fair implementation of government funding policies. This calls for the development of an effective advocacy strategy and the participation of FPCT leadership, the HCO and the hospital management in its implementation. Full advantage should be taken of the Swedish volunteer who has been available to spearhead advocacy.
 6. Any increase in income streams as a result of the implementation of the above strategies will not improve the sustainability of Nkinga Hospital, the School of Nursing and the Health Coordination Office, unless income received is safeguarded, and expenses controlled. This requires the development of an effective financial management and cost control system at Nkinga and would include the computerization of the hospital management information system as well as the revenue and stock control systems. It also requires a more comprehensive financial policy framework.
 7. The state of equipment and facilities at Nkinga is becoming a threat to the maintenance of established standards of health care, efficiency, and staff morale and patient satisfaction. Some studies have been conducted on individual departments. There is need for a comprehensive rehabilitation and development plan. As funding from Tanzania is highly unlikely, the FPCT should organize a forum with Swedish partners to deliberate on the issue. A fund to take care of future needs should be established.