

# **Sr. Dr. Thekla Nursing School Nyangao**

## **Strategic Plan**

**2013 – 2016**

updated version of  
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*The school is named in honour of Sr. Dr. Thekla Stinnesbeck, OSB, who started Nyangao Hospital in 1959 and dedicated her life to provide care and consolation for the sick and worked for the health of people.*

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## 1. Background

St. Walburg's hospital in Nyangao in South-East Tanzania belongs to the Catholic Diocese of Lindi. On behalf of the Ministry of Health it is working as Council Designated Hospital (CDH) for Lindi Rural District. It has 220 beds and provides comprehensive curative, preventive and rehabilitation services to a large rural population.

There is a substantial lack of qualified staff for the existing health institutions in Tanzania. While the World Health Organization sets the minimum of health staff at 2.3 per 1000 population, the current ratio in Tanzania is 0.4 per 1000. The existing training capacities are not even sufficient to avoid a deterioration of the current ratio - given the high attrition rate of staff and the current population growth. The ambitious plans of the Ministry of Health and Social Welfare on the huge expansion of health facilities will create much more – unmet – demand. Lack of training institutions is one of the main reasons for this situation. Therefore nobody in Tanzania has any serious doubts about the necessity of additional schools for nursing.

The lack of qualified staff is more pronounced in rural areas and more in the South of the Country. Lindi Region and Nyangao Hospital are especially disadvantaged. Therefore Nyangao Hospital has been discussing the set-up of a nursing school for several years; partly because it feels a responsibility for training and partly because it would also profit considerably from a school as would the hospital: the students would find a good set-up for theoretical and practical learning; the hospital – hard pressed for staff – would benefit from the practical work of the students. In addition it could retain students after graduation as staff. In Feb. 2012 a detailed feasibility study was done in order to analyze the situation and the need for a school of nursing. (see: [www.nyangaohospital.com](http://www.nyangaohospital.com) under "Nursing School"). The Ministry of Health and Social Welfare from the central level to the Region down to the District were all very much in favour of starting a new school but they are not able to contribute substantial support to the set-up or running.

The catholic diocese of Lindi as the owner of the Nyangao hospital was also supportive to the idea and ready to provide existing buildings for the institution and to take on the administrative responsibility. However it also is not able to support such a school financially. In spite of this lack of financial support the decision was taken to start a private nursing school in Nyangao – provided the necessary funds would be found. Generous donors from Germany – mainly the Benedictine Sisters of Tutzing and the Benedictine Fathers of St. Ottilien – have provided sufficient funds to now start the school. The funds are only sufficient for the start-up phase. If the school wants to continue and be sustainable it needs to create sufficient income to cover all the running expenses. This can only be achieved by charging the students a fully cost recovering fee. At the same time the school wants to provide a training opportunity also to students who are too poor to cover the fee. Therefore a revolving fund has been created to offer loans to them which have to be repaid when the graduates start to work.

It will be – for the time being - the only private non-profit nursing school in the Lindi region. A private school has – as opposed to government schools - the advantage of being able to select more students from its own and adjacent regions thus increasing the probability of them wanting to stay on after graduation. This would not only benefit the hospital but the region as a whole and will counteract the country-internal brain-drain from south to north. Moreover it will be one of the few institutions in the region which provide training and a career perspective to mostly young women who have completed Form IV, thus reducing the general gender bias in training opportunities.

The set-up of the new school is in the interest of the country, the region, the hospital and all the people of Tanzania. It is hoped to become a success.

## 2. Vision, Mission, Goals

The **vision** of Sr. Dr. Thekla Nursing School Nyangao is to help protect and improve the health of Tanzanians by being an institution of excellence where competent and caring nurses are trained.

The **mission** of the school is to provide students with the best knowledge, skills and attitudes which will enable graduates to heal, to reduce suffering and to improve people's health by working in different and challenging situations as highly skilled and proud health workers.

The **goals** of the school are

- to provide an attractive training and career perspective for students
- to offer a training option for poor students by granting loans as far as available
- to reduce general gender imbalance by opening up more opportunities to female applicants
- to work with excellent and sufficient staff
- to provide very good teaching and learning tools;
- that students will perform very well in exams as an indicator for quality teaching
- that graduates have acquired the attitude and the ability for life-long learning
- that graduates of the school will be very much in demand by potential employers because of the good reputation of the school

## 3. Phases of the school

Basically the **time horizon** of the school should be seen in 5 phases:

1. exploration and planning phase                      2009 – 3/2012
2. fund raising phase                                      5/2012 – 1/2013
3. set-up phase                                              2/2013 – 9/2013
4. implementation phase                                  10/2013 - 4/2015
5. consolidation phase                                    05/2015 - 4/2016
6. development phase                                    05/2016 - open

exploration and planning phase	fund raising phase	preparation phase	implementation phase	consolidation phase	development phase
up to 2011	2012	2013	2014	2015	2016

The phases are not as strictly separated as the graph suggests but in reality are overlapping. However, it should be clear that conceptually they have to be seen separately.

### 3.1. Planning phase

The discussions about setting up a nursing school in Nyangao have been going on for several years and became more focused in the Strategic Plan the Hospital developed in 2011. In February 2012 a feasibility study (cp. [www.hospitalnyangao.com](http://www.hospitalnyangao.com)) analyzed in detail the need for such a school and the challenges to be met by setting up a new school. There was consensus to plan for a two-years' course for "Certificate Nurse-Midwife" training. The results were presented to the hospital board, to political and health authorities of Lindi Region and Lindi Rural District, and all potential stakeholders involved strongly favoured the plan to set up such a school. The Bishop of the Catholic Diocese of Lindi as the owner of the hospital in May 2012 mandated the hospital with taking concrete steps to set it up.

### 3.2. Fund raising phase

Only after receiving this official "go-ahead", activities for fund raising and for other support could be started.

**Within Tanzania:** a number of development aid agencies were approached. Support with financing one staff for a limited period and with general cooperation was pledged by the Tanzanian-German-Project-to-support-health (TGPSH) run by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). Voluntary Service Overseas also promised to second staff to the new school.

In addition, a fundraising committee was established with members from the diocese, from the political and health administration from Government side, from the public and the hospital in order to mobilize local, national and international organizations and companies to provide support.

The Tutzing Sisters of the order of St. Benedict who originally founded the hospital and ran it for many years before it was handed over to the Diocese of Lindi were also approached and contributed the biggest part of the funds needed. After they had already pledged to finance the revolving fund in mid-2012 their new large commitment in January 2013 was the decisive point to change into implementation phase.

**In Germany,** too, a number of agencies were approached to provide support. The Benedictine Sisters of Tutzing made the largest contribution but also the Fathers of St. Ottilien assented to provide help as did the Diocese of Rottenburg-Stuttgart, the Kindermissionswerk and the Archdiocese of Cologne. "Solidarität Mnero", an NGO of previous German Development Workers in Mnero Hospital, together with the German Ministry of Economic Cooperation, granted support, too.

### 3.3. Set-up phase and implementation phase

As the practical set-up of the school and the implementation were overlapping very much they are considered together.

This phase was started in Feb. 2013 with steps to recruit the essential staff for the school – a principal and nurse tutors. Renovation of buildings was done between April and Sept., while the timely ordering of furniture, tools for the skills lab, the library, the computer lab and other equipment ensured that delivery and set-up were completed by Sept. Support staff was recruited in due course. The hospital has started to plan for students to be taught in the wards and hospital set-up. Nurses for clinical instruction and helping as nurse preceptors will be identified as soon as the school starts. All the pre-requisites for registration with the National Council for Technical Education (NACTE) and the Tanzanian Nurse-Midwifery-Council (TNMC) were met to allow for a speedy registration.

In September the accreditation committee from NACTE visited the place. Apart from some minor recommendations for change they really liked the set-up and consented to open the school. As this permission has not been received in writing the school could not open as planned on the 4<sup>th</sup> of November but is still waiting for this letter.

This is a bad blow for the school because it is not clear yet what this means in regard to the real opening date.

### **3.3.1. Buildings**

The existing buildings surround a beautiful courtyard with trees and plants which creates a very friendly atmosphere. They have been thoroughly renovated to accommodate the school. All the necessary rooms and facilities are available (cp. sketch map in the attachment)

### **3.3.2. Teaching and learning equipment in the school**

The library has been completely stocked with new books and reference literature for students and teachers alike.

The big computer lab will enable all students to become familiar and conversant with all information and learning options the internet as well as CD-ROMs etc. are offering nowadays. CD-ROMs are still being collected – partly to be used by teachers in class, partly to be used as self-learning-tool by students. The skills lab equipment, too, has been newly acquired and offers all the necessary equipment for training clinically relevant procedures.

### **3.3.3. Students**

The physical and teaching facilities have been provided for an intake of altogether 80 students – 40 for the 1<sup>st</sup> and 40 for the 2<sup>nd</sup> year.

### **3.3.4. Admission policy**

Admission to the school will be granted to all applicants – as long as there are openings available - who fulfil all three of the following criteria:

- they meet the MoHSW academic criteria for being admitted to a training for Certificate Nurse (currently at least D in Chemistry plus D in Biology plus D in Physics)
- they prove in an interview and a written test the intellectual and personal suitability for being a good student and a dedicated nurse and
- they are able to pay the school fees either directly or by having secured a loan.

No applicant will be discriminated against for reasons of sex, age, marital status, disability, sexuality (including sexual orientation and gender-reassignment), race, colour, religion, ethnic or national origin.

Applications are accepted for pre-service as well as for in-service training.

However, according to the mandate and goals of the School preference will be given to candidates who come from the direct vicinity or from Lindi and Mtwara Region respectively. This should not discourage students from all over the country and from neighbouring countries to apply as a lively and productive mix of students with different backgrounds is aimed for by the school.

### **3.3.5. Admission procedure**

1. Written applications are invited and accepted all year long for the next intake.
2. Application deadline for the subsequent intake will be announced each year.
3. Written applications will be scrutinized by the admission committee for fulfilment of academic requirements as set by MoHSW.
4. Suitable candidates will be invited for a personal interview\* and test which will be performed from mid-May until mid-June.

- 5.1. The interview will consist of one oral part held between applicant and members of the admission committee to inform about the applicant's
- general communication ability,
  - command of English
  - command of Kiswahili
  - attitudes
  - overall personality.
- 5.2 The second part of the interview will be a written exam of about two hours on issues of
- general knowledge
  - biology
  - mathematics
6. Each candidate will receive a written information on acceptance (or some communication if rejected) to the training within three weeks of the interview.
7. The acceptance letter will also specify on
- payments to be made in advance to prove the intention to join the school
  - details about items/things to be brought along to school
  - date for arriving at the school for orientation
  - date of the beginning of courses.

\* Interview fees will be set by the school committee and will be paid by applicants before the interviews.

### 3.3.6. Teaching

The curriculum to be taught is given by the MoHSW. It contains all the details regarding the contents of teaching and explains about the number of hours to be taught in classroom as well as in practice.

One of the big weaknesses of most students leaving Form IV is their lack of command of the English language. This is an enormous drawback when it comes to learning in classes being taught in English and in using books, CDs and online-material which are all in English. Therefore a special endeavour will be made to work on this deficit. As there are young, enthusiastic and competent native speakers from VSO working in the hospital this resource will not only be used for teaching specific medical topics in the school but also to organize a regular opportunity for students to systematically improve on their passive and active command of the English language.

### 3.3.7. Fee schedule

Per student per academic year

Tuition	700,000
Accommodation	300,000
Food	400,000
Identity card	5,000
Medical treatment	50,000
Books, procedures	25,000
Field work	150,000
Caution money	50,000
Exam. fees; stationary	100,000
Uniforms 2 pairs	50,000
Total	1,830,000
<b>Total fee charged = total cost</b>	<b>1,800,000</b>

**This fee schedule is valid for the time being and may be revised as need arises.**

The fee for each year can be paid fully in advance or in two instalments.

All students – also the ones asking for a loan – have to pay a confirmation fee of TZS 50,000 within 6 weeks after receiving the information of being admitted. If this confirmation fee is not received within this period and no notification/follow up has been done, the admission will be forfeited.

Every student has to make a down payment of TZS 250,000 when arriving at school. Together with the confirmation fee this will total to TZS 300,000. This down payment will be deducted from the total fee.

The difference between the down payment and the total fee (or the sum of the loan provided) can be paid in two instalments per year: each half of the remaining sum before the end of the month prior to the start of each term.

If the expected sum is not received within 4 weeks of these dates the student may be relegated from school

The above applies to Tanzanian nationals.

Students from abroad will have to pay a school fee of TZS 2.3 Million per year in addition to their possible immigration fees and will not be eligible for the loan scheme unless there is a special arrangement with the respective country's embassy.

### **3.3.8. Loan scheme for needy students**

The financial support received from outside sources was only for the set-up of the school. There is no support whatsoever from outside for the running of the institution. Therefore the school depends completely on the income it can generate itself. The only source for this is the school fees paid by students which currently have been set at TZS 1.8 Million per student per year.

At the same time the Diocese and the Hospital in view of their commitment to the poor want to open the school also to families who are not able to directly raise these fees. This will only be possible by offering them a loan which needs to be repaid later by deductions from the salary of the graduate after finding employment.

To start such a scheme of revolving funds required a substantial sum of money to be used for the loans. This start-up fund has been provided by a generous donor.

The loan will be administered by the Afya-Nyangao-SACCOS, the loans and savings scheme of the employees of Nyangao Hospital.

The steps are as follows: (cp. admission procedure above)

1. SACCOS will receive a copy of the admission letter indicating that the student has been admitted and therefore is eligible to join the loan scheme.
2. The student and his family may directly approach SACCOS for receiving a loan.
3. *Depending on the capacity of the parents, several loaning options will be available:*
4. If granted the amount of the loan will be transferred from the revolving fund to the school account for covering the running expenses for the student.
5. After graduation the Original of the Graduation Certificate will be kept by the school until it is informed by SACCOS that the loan has been paid back fully and according to the conditions set in the contract between SACCOS and the student and the student's family or guarantor.
6. A standard contract between SACCOS and a student for an educational loan can be found on the homepage of Nyangao Hospital in the chapter on the school.

Arrangements will be made between the school and the employer of the graduate to ensure that the loan together with the accumulated interest will be paid back by the employer of the former student to SACCOS directly by instalments over a maximum period of three years.

The **maximum loan** a student can get is:

If school fee for two years	=	TZS 1.8 Mio x 2	=	3.6 Million.
Minus down payment of	=	TZS 0.5 Mio per yr. x 2 yrs	=	- 1.0 Million
Net loan of TZS			=	2.6 Million.

The amount to be paid back will be the loan plus a small interest rate to accommodate for inflation plus the handling charges agreed upon between SACCOS and the school which will be part of the contract between SACCOS, the student and the student's guarantor.

**The revolving fund is not big enough to provide loans to all students. A substantial number of candidates therefore must be able to pay their fees in full.**

### **Conclusion**

The school together with SACCOS will try to agree on and sign a Memorandum of Understanding with the Political and Health authorities of Lindi and Mtwara region which after graduation will help to place students in government employment and assure direct deduction of salaries for the repayment of loans. The same applies to Faith Based Organisations.

### **Fellowships**

As there may be students whose families cannot even afford the down-payments requested, the school will start to investigate possibilities of securing fellowships for such students. At the moment no such fellowships are yet available.

### **3.3.9 Staff**

While recruiting staff the school has placed high priority on looking for people with very good professional background, sound working experience and personalities to guide students to become excellent nurses.

Yet initial recruitment may not be enough as staff motivation and staff retention are not easily achieved in an environment where finances are tight, where good staff are scarce and where competition between schools is high.

The MoHSW's "Rapid assessment of ongoing enrolment trends of students in health training institutions in Mainland Tanzania" of 2008 has thoroughly and systematically analyzed the main problems of government nursing schools. It enumerates a long list of major problems as given by 50 heads of training institutions.

Some of the problems relating to staff may in future become relevant for our school, too:

"....

- j) Shortage of teaching staff
- k) Ordinary hospital staff who could be used as part time teachers lack exposure to teaching methodology;
- l) Insufficient staff houses....
- p) Low staff morale partly due to lack of scheme of service for teachers .....

### **Conclusion**

Precautions will be taken in advance to prevent such problems to develop. To avoid staff shortage or discontent the most important aspect will be to provide proper housing. As this is a bottleneck already now it will be tackled in due course.

Hospital staff will be offered the chance to be sent for in-service training to acquire teaching competence.

### **3.4. Risk analysis**

For any institution – and even more so for a new one – it is important to anticipate potential problems which might impede smooth operation or even endanger the existence of it. Therefore it is important to reflect on these issues to possibly prevent them or at least to be prepared to face them adequately in case they arise.

#### **3.4.1. Risk 1            The school does not get enough students.**

Although there is no doubt about the grave lack of nurses in the country this does not automatically mean that nursing schools will get enough applications for training. What is the situation?

For 2010 the MoHSW reported more than 8000 applications for nurse training of which more than 5800 were qualified while the intake capacity for training was only 2200. So the existing training capacity does not even provide opportunities for 40 % of qualified applicants.

Yet are these high application numbers only the result of the lower school fees in government training school? (In Sept 13 the fees for government nursing schools were raised from TZS 600 000 per year to TZS 930 000 plus TZS 50 000 for health insurance.) No, the same holds true for private schools. The FBO-nursing schools contacted during the planning phase all reported a much higher number of qualified applications than places they could offer to students.

Moreover there is no doubt that becoming a nurse is socially and economically attractive: nurses enjoy substantial esteem by the population as a profession giving service to their people; their jobs are also financially quite attractive: since the pay rise in 2008 the starting salary of a certificate nurse is TSh 327.700 per month, a pay comparing favourably with other jobs.

There have been two important changes during the last year, however, which may have a strong bearing on the question of applications. Up until recently a Form IV leaver with two D passes in Science was qualified for being admitted for Certificate nurse training. In 2012 the entrance requirements have been changed and ask now for at least a D in Chemistry plus a D in Biology plus a D in Physics. Thus the entrance hurdle has been raised considerably.

At the same time, however, the result of school exams deteriorated dramatically: in Feb. 2013 it was announced that of all 397,000 students in the country who sat in 2012 for Form IV exams 61 % had failed - a rate which had never before occurred in the history of the country. Compared to last year's results this was an increase by over 20 %. And 26 % of the students have achieved Division IV only, again much more than in previous years. This means that – at least for this year - there will be considerably fewer students countrywide who qualify for admission.

This situation has led to a third and new threat for the school. The Ndanda Nursing School – in Mtwara Region and only 40 km away – has for a long time been very successfully training Diploma Nurses in a three years' course. Last October, because of the deterioration of school exams, they could not get enough qualified applications for their Diploma course. In order to use the available teaching and housing capacity they finally accepted less qualified students and – after receiving approval by the MoHSW – have started now a certificate course which amounts to being a strong and nearby competitor for the new school.

This situation is aggravated by the fact that Ndanda is currently charging only TZS 1.3 Mio. per student per year. They do not need to charge cost-covering fees – which would be considerably higher - because the school receives substantial subsidies from outside.

Raised entrance requirements together with a deteriorating educational system are probably the most important reasons if the school should not get enough applications and students.

Other possible causes could be

1. The school is not sufficiently known to potential applicants; this may result from
  - information on the school to the public has been placed too late
  - information to the public has not been distributed in a sufficiently wide radius
2. Too many applications are not fulfilling the academic requirements
3. The competition among private schools has increased and is so high that there are not enough students for all private schools
4. The school fees are too high
5. The loan scheme is not sufficiently known
6. The loan scheme is not accepted/acceptable to the candidates and their families

The first three reasons should be avoided from the outset by running a proper information campaign in time.

Also no. 4 could perhaps be avoided by clearly indicating the entrance requirements in publications and information material to the public.

To which extent no. 5 and 6 might be responsible for a lack of candidates would have to be thoroughly analyzed after the problem has arisen.

### **Conclusion**

The school should regularly collect application and admission facts from other private and government nursing schools for the last intake; should stay in touch on how their application numbers develop for the next intake and should closely cooperate with Ndanda in order to possibly get forwarded applications beyond their capacity.

### **Conclusion**

The school will continue to inform the public about the school and its requirements; we will use advertisements in Newspapers, announcements in secondary schools, churches, mosques etc.

The information page in the appendix will be used for distribution and updated regularly.

We will place all relevant information about the school on the homepage of

[www.nyangaohospital.com](http://www.nyangaohospital.com) and consider setting up our own homepage in due course.

### **Conclusion**

We will continue to remind the RAS of his promise to (regularly) finance 10 students for the school and get a written confirmation.

We will encourage District authorities in Lindi Rural, Lindi Urban, Masasi to do the same.

### **Conclusion**

One option to reduce the danger of not being able to recruit sufficient students for pre-service training is to look for in-service students.

Therefore in order to recruit students for in-service training the school will inform employers (Hospitals, Districts, Regions) and negotiate with them so send students.

### **3.4.2. Risk 2            The school develops financial problems**

This is probably the biggest risk the school is facing from the outset

- partly because the cost calculation for the setup has been done generally on a restrictive base
- partly because of the assumption that a high standard of teaching and learning can be achieved with a quite modest standard of housing and living for the students.

In more detail the original cost calculation for the setup of the school is based on the following assumptions

- that the school runs with its full capacity of 80 students from the 2<sup>nd</sup> year onwards

- that all students pay – either directly or per loan – TZS 1.8 Mio per year
- that after 2 years the revolving fund will be refilled by loan repayments
- that 80 fully paying students are covering the complete running costs of the school and thus make it financially independent and sustainable.

During the exploration period it turned out to be almost impossible to get proper and comprehensive figures about real costs from other private schools. (For government schools there exists no useful information at all.) Therefore many cost calculations are best guesses – and it remains to be seen whether and how far off they will be from reality.

**Conclusion:**

The school will install a rigid process where budget and expenses are monitored regularly and closely in order to detect arising problems.

We will make sure expense planning is done on a modest base.

If risk 1 should become reality it has a heavy bearing on risk 2: if there are not enough students there is not enough income to run the school. While some of the running costs are directly related to the number of students in the school (e.g. cost for food) and would accordingly not occur with fewer students, many of the overhead costs are more or less fixed costs which cannot quickly and easily be adapted to the number of students. This applies mainly to staff costs.

In case many students finance their fees via loans another problem can turn up which might pose a specific risk for the revolving fund: because the MoHSW has been and still is desperate for nurses, two years ago it assigned all new graduates to government openings all over the country – without taking into account bonding agreements with their schools. Although it was later admitted by the MoHSW that this was an oversight it created big problems for the loans to be repaid.

**3.4.2.1. Continued efforts to raise funds and other support**

It has been mentioned several times that the financial situation of the school is tight and this in itself creates a risk for the future. In order to reduce this risk it will be necessary to continuously look for additional support.

This support may come in the form of

- funds for the school
- funds for staff housing
- funding for staff or directly providing/seconding staff
- fellowships for students
- fellowships for in-service upgrade for nurses to become nurse trainers
- in kind (furniture, books, computers ....)

The school already has established good working relations with GIZ (German Gesellschaft fuer Internationale Zusammenarbeit) and with VSO (Voluntary Service Overseas) and receives substantial support from there.

However it is necessary to approach more potential supporters. They must be all checked for all options of support.

Specifically we will approach

- the MoHSW
- the Regional and District Political and Health authorities
- the Christian Social Services Commission (CSSC)
- the African Medical and Research Foundation (AMREF)
- Canadian International Development AID (CIDA)
- Department for International Development (DFID)

- .....
- .....

The school's **fund raising committee** established a few months ago should be encouraged to continue and increase its endeavours to raise support for the school.

### **Conclusion**

Fund and support raising efforts need to be partly continued, partly systematically established as a continuous and permanent area of work by and for the school. In addition the school will work closely with the established fund raising committee.

Theoretically it is the responsibility of the Tanzanian Government and the Ministry of Health respectively to provide adequate training facilities for the staff needed for the health services of the country.

But because there are not sufficient government institutions and because nurses are urgently needed everywhere the Diocese has decided to help by setting up such a school. However this does not mean that the government is relieved of its responsibility. It is hoped that in due course it will take on a large and increasing part of the costs of the school. This would enable the school to reduce the amount of fees it needs to charge for the time being and thus relieve the poor population to finance the training of their children.

### **Conclusion**

The Ministry of Health, the Regional and the District authorities will be approached regularly to provide and increase support in terms of staff and finances to the school.

#### **3.4.3. Risk 3            Staff recruitment and/or retention are difficult for lack of housing**

From other private/faith based nursing schools we have learned that they try to provide good housing for their staff and consider this an important asset for recruiting and retaining staff in up-country and remote places.

Lack of housing for staff is a problem the school has been facing from the beginning. For the first year the problem hopefully can be resolved. In case the planned numbers of students will be achieved more staff will have to be recruited later on and housing may become the most important bottleneck.

### **Conclusion:**

To find additional funds for building new staff houses is of high importance for the future proper functioning of the school. It will constitute the central issue of our continued fundraising attempts in Tanzania and abroad. A sum of TZS 200 Million should be raised to build modest yet decent and functional homes.

The Diocese will be approached by the Hospital Board and the School Advisory Board respectively to provide the land for these houses.

## **4.        Phases of the school to come in future**

### **4.1.    Consolidation phase**

The time from (a few months before) the arrival of the first students up to the completion of the first two years cycle should be considered the implementation phase.

This will overlap with the consolidation phase: when all the questions coming up during the start of a new school have been answered, when routine of teaching and learning has been established, when day-to-day activities are running smoothly the implementation phase is completed and the consolidation phase has started.

"Consolidation" means that it is not yet the time to start thinking about how the school could expand, what additional courses might be offered beyond the curriculum or which new activities could be developed by the school; it is rather the time to fine-tune things, to improve on rules and regulations, to discuss with students and staff what small improvements are necessary to increase efficiency and guarantee a smooth running of the school.

This phase should take about one and a half years: from the first graduation up to the time when the third batch of students will need to be admitted and where thinking about the subsequent (4<sup>th</sup>) year of the school becomes necessary.

Only if it turns out that the school is not able to attract sufficient students for two years, need may arise to start thinking seriously about additional or even alternative use for the facilities.

#### **4.2. Development phase**

Only if the school has enough students and has successfully delivered its first graduates and is moreover running smoothly one might start discussing the future development from the third year onwards.

Emphasis should be placed in this stage to further improve on the quality of the institution in the first place.

To increase the number of students should only be considered if this does not compromise on the quality of the training.

## 5. Tasks for follow up

The conclusions drawn in the different sections of this paper are summarized here for easy reference and follow up.

We will assign responsibility for the follow-up to different persons and provide deadlines or time horizons for completion of the tasks.

### 1. Conclusion (p. 9)

The school together with SACCOS will try to agree on and sign a Memorandum of Understanding with the Political and Health authorities of Lindi and Mtwara region which after graduation will help to place students in government employment and assure direct deduction of salaries for the repayment of loans.

The same applies to Faith Based Organisations.

### 2. Conclusion (p. 9)

In order to avoid staff shortage or discontent it will be important to provide proper housing. As this is a bottleneck already now it will be tackled as soon as possible. Hospital staff will be offered the chance to be sent for in-service training to acquire teaching competence.

### 3. Conclusion (p. 11)

Get regularly application and admission facts from other private and government nursing schools for the last intake; stay in touch on how their application numbers develop for the next intake; closely cooperate with Ndanda in order to possibly get forwarded applications beyond their capacity.

### 4. Conclusion (p. 11)

We will continue to inform the public about the new school; we will use advertisements in newspapers, announcements in secondary schools, churches, mosques etc.

The information page in the appendix will be used for distribution right away and updated regularly.

We will place all relevant information about the school on the homepage of [www.nyanqaohospital.com](http://www.nyanqaohospital.com) under the heading of "Nursing School" and consider setting up our own homepage in due course.

### 5. Conclusion (p. 11)

We will remind the RAS of his promise to (regularly) finance 10 students for the school and get a written confirmation.

We will encourage District authorities in Lindi Rural, Lindi Urban, Masasi ..... to do the same.

### 6. Conclusion (p. 12)

We will install a rigid process where budget and expenses are monitored regularly and closely in order to detect arising problems.

We will make sure expense planning is done on a modest base.

### 7. Conclusion (p. 13)

Fund and support raising efforts need to be partly continued, partly systematically established as a continuous and permanent area of work by and for the school.

In addition the school will work closely with the established fund raising committee.

**8. Conclusion**

(p. 13)

The Ministry of Health, the Regional and the District authorities will be regularly approached to provide and increase support in terms of staff and finances to the school.

**9. Conclusion**

(p. 13)

To find additional funds for building new staff houses is of high importance for the future proper functioning of the school. It will constitute the central issue of our continued fundraising attempts in Tanzania and abroad. A sum of TZS 200 Mio. should be raised to that end to build modest yet decent and functional homes.

The Diocese will be approached by the Hospital Board and the School Advisory Board respectively to provide the land for these houses.

# Organigram of the Nursing School as part of the Hospital setup

**Diocese/Bishop of Lindi**

**Hospital Board =  
Hospital Governing  
Committee**

appointed by Bishop  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

**Nursing School Advisory  
Board**

appointed By Bishop

1 Rep. of Diocese, Chairman,  
 2 Rep. Sisters of Tutzing,  
 3 Rep. Regional Health Auth. (RNO),  
 4 Namupa Sec. School,  
 5 Rep. of parents/Community  
 6 Rep. of donors  
 7  
 8  
 9  
 10

Non-Voting:  
 7 Doctor i/c;  
 8 Hospital Admin.;  
 9 Principal

**Doctor i/c of Hospital**

<b>Admin. and Finance Dept.</b>	<b>Nursing Dept.</b>	<b>Medical Departments and Sections</b>	<b>Nursing School Principal</b>
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I

- Nurse tutor
- Nurse tutor
- Nurse tutor
- Admin.Ass./Secr.
- Warden
- Cooks
- Watchmen
- Gardener

## Invitation for applications

### **Sr. Dr. Thekla Nursing School Nyangao**

A new nursing school for a two-years-course to train Certificate Nurse-Midwives has been set up in Nyangao, Lindi Rural District, Lindi Region and will start as soon as possible.

Working closely together with St. Walburga's Hospital, Nyangao, we want to be one of the best nursing schools and have great ambitions to deliver first class training for hard working students.

For the time being it will be a boarding school for female students. Applications from male students are welcome, too, however will only be considered if students have an opportunity to stay with family in Nyangao.

For the start the school has received the necessary funding from donors. For the running phase however it does not have any financial support from outside. Therefore it depends completely on the school fees to be paid by the students.

The annual school fee currently amounts to TSZ 1.8 Mio. per student per year.

But as the school wants to offer its training facility also to students from families who are not able to raise this amount a loan scheme is available to them.

If you have successfully completed Form IV (having at least D's in Chemistry and Biology and Mathematics or Physics) and if you are interested to start an attractive career in health, improving the health of people and serving the sick you are invited to apply by sending an application letter together with a copy of your Form IV certificate to: Nursing School Nyangao, P.O. Box 1002, Nyangao, Lindi, [nyangaonursingschool@gmail.com](mailto:nyangaonursingschool@gmail.com)

For further information please consult [www.nyangaohospital.com](http://www.nyangaohospital.com) under "Nursing School", write to us or ring Mobile No. [+255 717 119 665/57](tel:+25571711966557)



**St. Walburg's Hospital Nyangao**

P.O Box 1002, Nyangao, Lindi

Region – Tanzania,

Mobile no. +255 717 119 665/57

**Kizito Tamba**

Principal

**please turn over**

## Maombi ya Kujiunga na Chuo cha Uuguzi

### Sr. Dr. Thekla Nursing School Nyangao

Chuo kipya cha Uuguzi kwa kozi ya miaka miwili ngazi ya cheti kwa Wauguzi Wakunga kipo Nyangao Wilaya ya Lindi vijijini mkoa wa Lindi kitaanza hivi karibuni.

Kikifanya kazi pamoja na Hospitali ya Nyangao, tuna nia ya kuwa chuo bora cha Uuguzi na kuwa na nia ya kutoa mafunzo ya daraja la kwanza ??? kwa wanafunzi wenye bidii (wachapa kazi)

Kwa sasa chuo kitakuwa ni cha bweni kwa wanafunzi wa kike. Maombi ya wanafunzi wa kiume pia tunayakaribisha lakini kama wapo tayari kuishi na ndugu zao Nyangao.

Kwa kuanza shule imepokea fedha muhimu za uendeshaji kutoka kwa wafadhili. Hata hivyo ili kujiendesha, chuo hakijapokea fedha zozote kutoka nje. Hivyo tunategemea zaidi pesa za ada kutoka kwa wanafunzi (zitakazolipwa na wanafunzi)

Ada ya mwaka ya kwa sasa ni TZS Milioni moja na laki nane (1,800,000.00) kwa mwanafunzi kwa mwaka.

Kwa vile chuo kina nia ya kutoa huduma ya elimu kwa wanafunzi kutoka katika familia ambazo hazina uwezo wa kuwa na ada ya kiasi hiki, utaratibu wa mkopo upo kwa ajili yao.

Kama umefanikiwa kumaliza kidato cha nne (ukiwa na angalau/walau ufaulu wa D katika masomo ya Kemia na ya Baiolojia na Hesabu au Fizikia) na kama unapendelea kuanza na fani ya kuvutia ya Afya, ili kuboresha afya za watu na kuwahudumia wagonjwa uanaalikwa kutuma barua yako ya maombi ukiambatanisha nakala yako ya cheti cha Kidato cha nne kwenda kwa; Nursing School Nyangao, P.O. Box 1002, Nyangao, Lindi, [nyangaonursingschool@gmail.com](mailto:nyangaonursingschool@gmail.com)

*Kwa maelezo zaidi tafadhali tembelea [www.nyangaohospital.com](http://www.nyangaohospital.com) sehemu ya "Nursing School" tuandikie au tupigie kupitia simu ya mkononi +255 717 119 665/57*



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Principal

# very rough draft sketch of existing buildings for possible nursing school in Nyangao

scale: one square represents approx. one square meter;

thick lines are walls ; doors and windows not marked; thin lines except for the passages the whole area is surrounded by the wall  5000 l watertank

