

# **Application for Mobile Ultrasound (Outreach) Services supported by the Mount Meru Foundation**

## **Project goal**

The goal is to strengthen the existing ultrasound services by integrating mobile ultrasound into antenatal (outreach) services in Tanzania in order to contribute to the health of both pregnant women and the unborn. The aim is to increase the capacity, availability, accessibility, quality and affordability of obstetric and gynaecological ultrasound services in remote areas.

## **Role of the Applying Tanzanian Health Care Facility**

The facility will use its existing health care network, staff and, if already available, outreach services to initiate and facilitate the provision of mobile ultrasound outreach services to pregnant women and the unborn in remote areas.

The facility will provide the Mount Meru Foundation with monthly reports on the number of scans and the number of referrals made.

## **Role of the Mount Meru Foundation**

The Mount Meru Foundation will provide the necessary equipment, as well as provide knowledge, expertise and additional training where needed.

## **Conditions**

Aspiring facilities will provide all the information that is asked for, plus any other information that might be relevant. On the basis of this, the Mount Meru Foundation will decide which projects qualify.

Aspiring facilities will show that they have the logistical and organisational capacity needed to run the project.

The Mount Meru Foundation will provide a point of care ultrasound device to facilities that have qualified. Signing a user agreement is mandatory for receiving a point of care ultrasound device.

# Project Application Form for Initiating Mobile Ultrasound (Outreach) Services with support of the Mount Meru Foundation

## 1 Initiating Health Care Facility

Add name + Address:

Mark the level of health care:

- Regional Hospital
- District Hospital
- Health Centre; HIMO HEALTH CENTRE
- Dispensary
- Other (specify) .....

Add name, position/qualification and contact details (email/mobile/WhatsApp number) of the person in charge of the facility: DR SUDI MEDICAL OFFICER INCHARGE  
PHONE NUMBER;0620534688

Add name, position/qualification and contact details (email/mobile/WhatsApp number) of the person in charge of the planned ultrasound service outreach project:

KAMANDAMAEDA@GMAIL.COM

PHONE NUMBER;0713034373  
ASSISSTANT MEDICAL OFFICER IN RADIOLOGY

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## 2 Description of the Initiating Health Care Facility

How long has the facility been in operation?

5 years

Which services are currently provided at the facility?  
OBSTETRIC ULTRASOUND FOR PREGNANT WOMEN  
SCREENING  
INTARUTERINE FETUS 20 TO 24 WEEKS

How many patient visits does the facility have in a day / week / year  
? DURING ANTENATAL CLINIC IS MORE THAN 50 CLIENTS DAILY.

Since when has this medical facility been providing antenatal care and/or labour and delivery services?  
MORE THAN TWO YEARS NOW.

If deliveries take place in your facility, how many deliveries are there yearly? If deliveries take place elsewhere, please provide information on where the majority of the deliveries in the area under consideration take place.

MORE THAN TWO HUNDRED PER YEAR

How is your centre staffed? Describe the number of MD's, Clinical Officers, Registered/Enrolled nurses, technicians et cetera.

MDS;1

AMO;2

AMO RADIOLOGIST,1

CLINICAL OFFICER;3

ENROLLED NURSE4

STAFF NURSE ,,,,,,2

NURSE ASSISTANT,4

LABARATORY TECHNITION...2

LAB ASSISTANT,,,,,,,1

DOMESIC KEEPER....1

WATCHMAN,,,,,,,,,,,,,2

LAUNDRY PERSONAL....1

CTC STAFF ,,,,,,,,,,,,,, 4

Is there any existing ultrasound service in your facility at this moment? YES

If so, what type of scans are made and how many (monthly/yearly)? OBSTETRIC SCANNING AND GENERAL ULTRA SCANNING; ABDOMEN. SOFT TISSUE, CHEST MUSCLE SKELETAL, AND OTHERS.

If so, provide the number of ultrasound machines available, their brand, type, available probes, and technical specifications. Also, describe how many of the available machines are in use.

ONE ULTRASOUND MACHINE LOGIQ5  
CURVED/LINEAR PROBE.

Who is currently making the ultrasound scans in your facility? Please add name, qualifications, years of experience and contact details.

DR CYTONHILL MAEDA; AMO RADIOLOGIST

SR JACLINE SHIRIMA STAFF NURSE& CERTIFICATE IN OBS/GYNAL SONOGRAPHER

Do patients pay for obtaining OB/GYN ultrasound scans in your centre? If so, how much?  
FOR 20 TO 24 THEY NOT PAYING

What is the referral centre for your facility and what is the main reason for referring OB/GYN patients?

DISTRICT HOSPITAL.

'KILEMA DESGNATED DISTRICT HOSPITAL

MAIN REASON FOR REFERAL

OBSTRACTED LABOUR

PRIM PARA

ABNORMAL PREGNANT

MALPOSITIONING

EARLY RUPTURED MEMBRANE

SHORT STATURE WOMEN WITH INADEQUATE PELVIC BRIM

INTRA UTERINE FETAL DEATH

WOMEN WITH UTERINE MASSES

Is your facility currently providing any outreach services? If so, please describe the services, frequency, equipment, available vehicles and the areas covered. Also mention who is currently in charge of the outreach and who is covering the costs

YES

SR MFOY

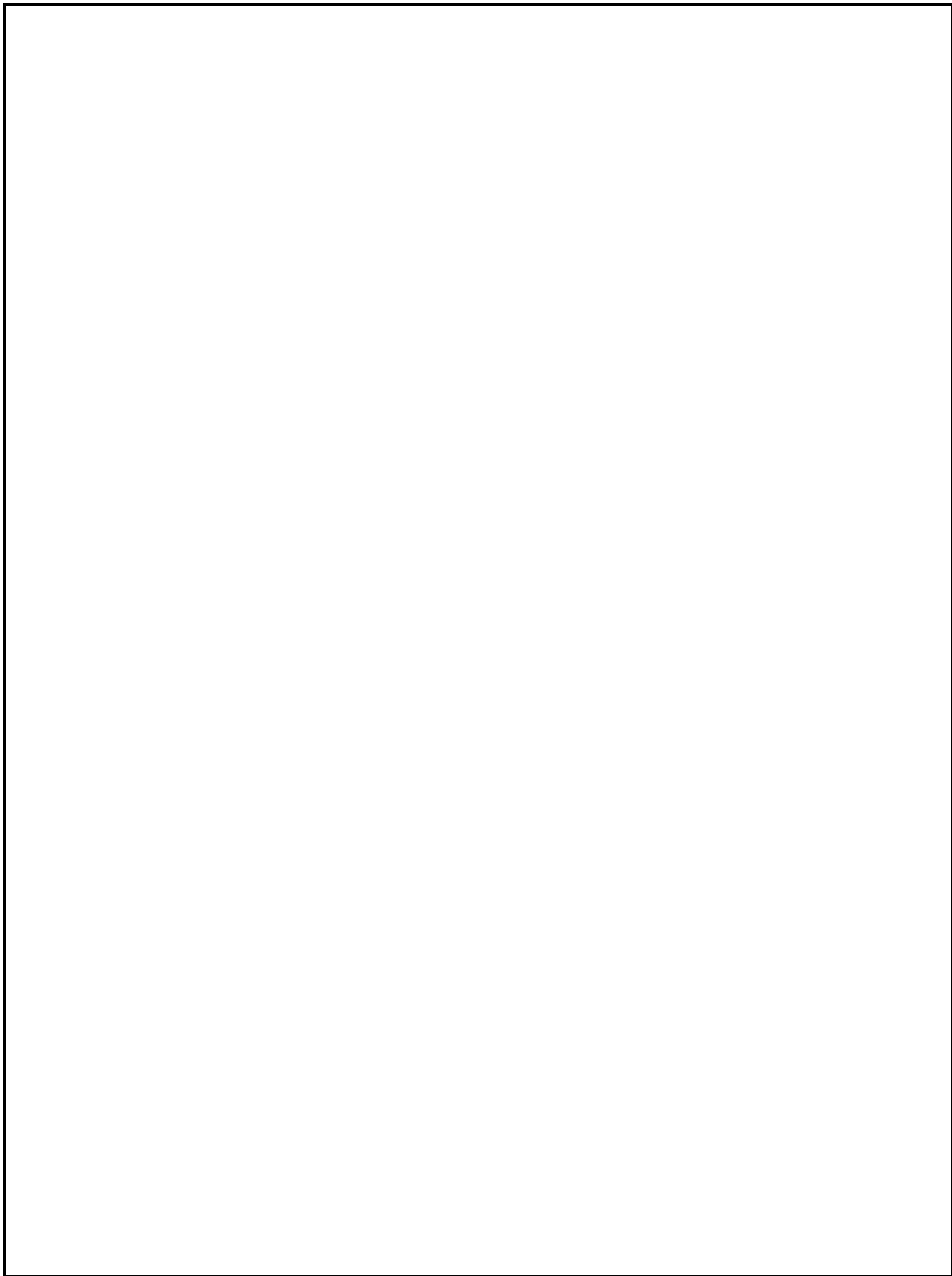
MCH SERVIES; VACCIINATION/FAMILY PLANNING/TB/ENVIRONMENT HEALTH CARE.HEALTH EDUCATION

Is there a need for setting up (or extending current) outreach services with ultrasound services? Motivate why this is needed and mention the area/region that should ideally be covered and why.

YES

THE GEOGRAPHIC DISTRIBUTION AND AVAILABILITY OF THIS SERVICES IS NOT AVAILABLE AT RURAL AREAS OF MOSH DISTRICT  
WE HAVE MORE THAN THREE HEALTH CENTRE AND MORE THAN 30 DISPENSARIES DOES NOT PROVIDIG OBS ULTRASOUND.





**3 Description of the Project Area**

Describe as precisely as possible the outreach area where you think mobile ultrasound outreach services provided by your facility would be of added value. This is a very important part of this application, so try to give as much relevant information as possible. Think, for

example, of mentioning the type of communities living in the planned outreach area, their main (economical) activities, the particular health threats/needs/challenges of that area/community, the names of the villages/communities/tribes involved, the type of landscape, the quality of the road network, the accessibility of the area, the population density and the type of population.

RURAL AREAS COMMUNITY ARE PIESANT, GROWING MAIZE BANANA, BEANS AND FRUITS EG, OVACADO SUGARCAINE, MANGOES, COFFEE ANIMAL KEEPERS.COW GOATS, SHIPS CAT, AND, DOGS.  
RURAL AREA ROAD IS MORRUM/OR MUDS ROADS FEW WITH TURMUCROADS.  
MORE THAN 60 VILLAGES WILL BENIFT FROM THIS PROGRAMM  
MOBILE PHONE INTRERNET, INTERGRAM, ETC.  
MIXED TRIBES ALONG MOSH DISTRICT  
LITTLE LAND SCAPES DURING RAIN SEASON  
HEALTH THREADS MOBIDITY AND MORTALITY FOR PREGNANT WOMEN EG OBSTRUCTED LABOUR IN PRIM PARA

Please map the first line of healthcare facilities that are currently available for the communities in your planned outreach area, and provide the distances these communities have to travel to get to these facilities. Also, describe the services provided by these facilities.

MORE THAN 10 KLM  
MCH SERVICES

Are there any other outreach projects organised by other healthcare facilities in the same region? If so, please describe which outreach projects are ongoing and what services they are providing.

NO

Why would adding or setting up mobile ultrasound outreach services be of added value to your project area? Motivate your answer (if possible, quantify the benefits you expect).  
WE HAVE NOT YET ACHIEVED THE EXPECTED TARGET  
TO SCREEN ALL PREGNANT WOMEN OF 20 TO 24 WEEK OF GESTATION

Map the currently available ultrasound services in your area as precisely as possible.

DISTRICT HOSPITAL 2 MORE THAN 4 USS MACHINE  
PRIVATE HOLDER FACILITIES 3 HOSPITALS MORE THAN 6 USS MACHINE  
GOVERNMENT HEALTH CENTRE 4  
ONE HAVING USS MACHINE OTHERS NONE  
THITY DISPENSARIES ALL HAVE NO USS MACHINE

Are any of these facilities currently providing ultrasound services in the planned outreach area? If so, in which facilities and where are these facilities located?

NO

If they are outside of the planned outreach area, how far are they from this area?

DIFFER ACCORDING TO POPULATION DISTRIBUTION MORE THAN 10 KILOMETERS FROM EACH HEALTH FACILITY.

What type of equipment do they have in those centres (mention, if possible, brand/type of machine/probes, etc.)

LOGICQ5 GE

TWO PROBES; LINEAR/CURVED PROBE.

Provide contact details and qualifications of the sonographer/technician in charge in these centres.

0713034373 MAEDA

Do existing ultrasound services currently cover (part of) the population of your planned outreach area? NO

NO

**4 Description of the Available/Needed Facilities and Support**

Who are the local medical leaders that will be supporting the mobile ultrasound outreach project? Is the local government supportive? Please mention names and contact details of the RMO/DMO/community leaders/doctors in charge etc.

DMO/DOCTER INCHARGE OF HEALTH FACILITY

At this moment, is there any mobile ultrasound equipment in place/available at your own facility? If so, why would extra mobile equipment be required?

NO

Does your facility currently employ a sonographer who could be involved in doing the mobile ultrasound outreach? Please mention name/qualifications/experience and contact details.

YES

If your centre currently doesn't employ a sonographer, do you have someone in mind in the region who could be involved? Please mention name/qualifications/experience, and contact details and current workplace/position.

YES

How are the internet access and mobile network in the area? Is the electric power supply reliable? Is there a vehicle in which devices can be recharged?

GOOD/  
YES.

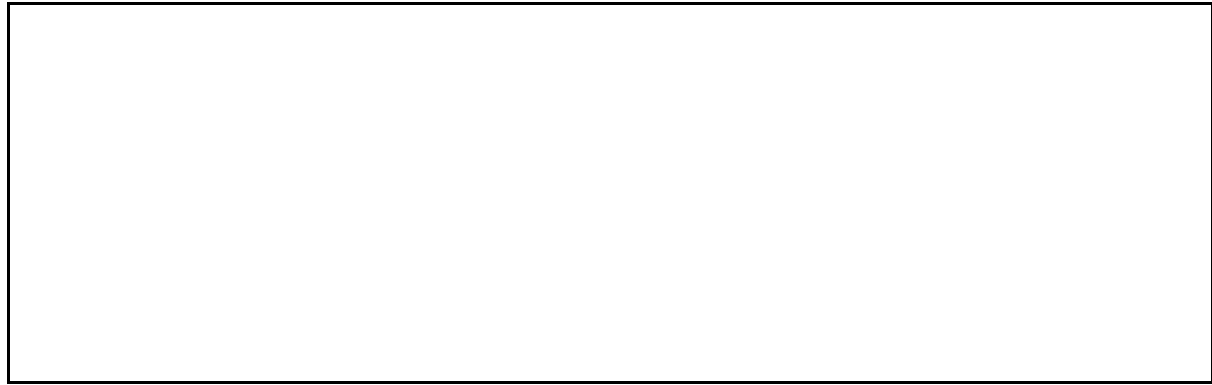
Is your facility currently cooperating with or receiving support of any regional or international NGO? If so, please mention their names and their activities in your centre or intended outreach project region.

NO

Are any of these NGO's currently involved in outreach activities? If so, which NGO is involved in what activity?

NO





**HERE WE ARE SUGGESTING SOME FEW POINTS TO CONSIDER**

**1; AT RURAL AREAS NEED MOBILE USS MACHINE AS THE MAJORITY HAVE NO ACCESSIBILITY TO MAJOR HOSPITAL WHERE THIS SERVICES IS AVAILABLE.**

**WE RECOMMEND TO HAVE A CAR WHICH CAN MOVE TO ROUGHLY ROADS/SMOOTH/TARMACROADS**

**IN CASE OF ELECTRICITY SHORTAGE WE SHOULD HAVE STANDBY GENERATOR OR SOLAR PACKAGE.**

**THANKS FOR GOOD COOPERATION**

**CYTHONHILL RAPHAEL MAEDA**

**ASSISTANT MEDICAL OFFICER IN RADIOLOGY**

**21/7/21**

**HIMO HEALTH CENTRE**

**KILIMANJARO REGION**

**MOSHI RURAL DISTRICT**

**SUBMIT P/S**