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## Chapter 1 Executive Summary

### Introduction

St Kizito Hospital - Matany is a private not-for-profit institution with social and spiritual aims belonging to the Catholic Diocese of Moroto (Northern Uganda).
It was built at the beginning of the 70's and has since then provided essential medical/health services to the population of the Karamoja Region, an extremely underdeveloped region of the Country.
The Hospital is presently equipped with 226 beds. Various services are provided by the Hospital including: surgery, laboratory, diagnostic imaging, and physiotherapy. The Hospital deals with an average of 7,000 admissions per year. Of these, 350-400 include major surgical operations and 25,000 - 30,000 outpatient consultations. The Hospital ensures regular supervision for the Health Units of Bokora Health Sub-District.
The Hospital operates in accordance with the policy guidelines of the Ministry of Health of the Republic of Uganda and in co-operation with the local Health Authorities.
Within this report the activities will be related to the Government financial year (July to June the following year) which was introduced in the accounting system of the Hospital in 1996. Where it is possible, the activities of previous financial years will be presented for the sake of comparison.

### Services offered and Activities carried out

The health and medical services provided by the Hospital cover a wide spectrum:

- preventive care (vaccinations, ante-natal clinic, growth monitoring and under 5 clinic, epidemiological surveillance)
- curative care (diagnosis and treatment of the most common diseases and of referred cases within and beyond the catchment area, emergency and elective surgery)
- promotive care (health education, training of professional and lay personnel)
- rehabilitative care (physiotherapy, occupational therapy).

About 80% of the infants of the area covered by the Hospital vaccination service receive a complete course of vaccinations before the first year of life. Vaccination coverage is above the target for the 6 killer diseases. Less than 20% of the numerous TB patients abandon treatment. More than 30% of the surgical operations performed are emergencies.

The Hospital opened a Nurses Training School in 1984 which is recognised by the MoH. Approximately twenty nurses qualify each year as Enrolled Nurses and fifteen as Registered Nurses every second year. It is the only recognised professional training offered in the entire Region of Karamoja.

A centre for research on health management and for permanent training of health personnel (Karamoja Human Resources Development Centre for Health) is attached to the Hospital. It is open to all those who wish to utilise it. It began to operate in 1994. This initiative sprang from a double need: the need to provide a structure for ongoing training and health management research and to generate income for the Hospital's recurrent costs. The structure was completed with an additional Hostel during the past financial year.

### Management and Finance

Since its foundation, the Hospital has relied on the presence of expatriate medical and managing personnel linked to the Italian Co-operation for Development (CUAMM) and to the Comboni Missionary Societies (Sisters, Fathers and Brothers). Dwindling external funding has severely affected the Hospital, depriving it of both skilled personnel and financial support. The employment of local medical personnel and the introduction of living wage salary levels by Government in 1996, has remarkably increased salaries, bringing the Hospital to the verge of financial collapse, from which it was rescued by an emergency intervention of the Royal Danish Embassy during FY 96/97, and in FY 97/98, through the release of Delegated Funds from Government. Delegated Funds from Government have increased yearly since their introduction in FY 97/98.

Extraordinary expenses (buildings, major equipment, and extraordinary maintenance) are exclusively financed by external aid. Ordinary expenditure (recurrent costs) are covered by patients' fees, recoveries and income generating activities (training centre, workshops, hospital guest house) and delegated funds from Government. The remaining costs are covered by donations and aid (from catholic organisations, international aid, NGOs, private benefactors). Since the beginning of 1997 the Hospital has operated without reserve funds.

Due to the extreme poverty of the population, all attempts at increasing the quota of income generated by fees has resulted in a reduction of the demand for service by the weakest sectors of the population (women, children and the destitute; women and children represent 80% of the admissions). This reached its climax with the introduction of a new fee structure in August 97, when the impact on utilisation was dramatic. Fees were reduced in November 97, after the release of delegated funds and an extraordinary fund raising mission abroad. Further reduction of fees took place in September 1998, July 2000, and July 2002.

The cost of the services offered has been analysed and will be presented in chapter 3. On average the cost of one **IP activity unit is now 46,200 Ushs** versus the average fee charge of 7,300 Ushs. The cost of one OPD activity unit is 7,700 Ushs versus an average fee charge of 1,300 UShs. Both activities are subsidised with the aim of maintaining the Hospital's accessibility to all strata of the population, thus remaining faithful to its mission statement. The effect of the increase of fees has closely been monitored and has lead to a reversal of policy in November 1997 and in September 98, the result being another reduction of user fees. Due to a higher release of delegated funds from Government, a further reduction of user fees was effected in July 2000. The financial year

2001/02 closed with a fair situation of the finances of the Hospital as compared to previous years. This gave a better outlook to the on-going financial year.

### The 2001/2002 Annual Report

The 2001/2002 annual report compares the activity reports to financial years in order to relate input and output. Therefore the comparison with previous years will be, wherever possible, presented with the activities of the corresponding FY.

The data presented here will be commented on and interpreted. Whenever possible a working hypothesis will be offered to explain data with controversial interpretation. The hypothesis proposed will be, where possible, tested in the course of 2002/03. Policy issues arising from the information presented will be highlighted. Points requiring action will be identified at the end of each chapter and compared with the points of action identified in the previous edition of the report. Therefore it is hoped that all data presented can be placed and viewed in a dynamic perspective, thus making the reading of this report more attractive and enlightening.

## Chapter 2 Human Resources

### *Introduction*

The recruitment of staff and its retention have always represented a serious challenge to the management of the Hospital. The harshness of living conditions in Karamoja, its many years of insecurity, its remoteness: all this concurs in rendering work in Matany less than attractive. Nevertheless, the Hospital has managed to have enough Medical Officers. During FY's 2001/02 an average of 4-5 Medical Officers were present in the station, one Ugandan; three expatriate volunteers (one from Italy, one from Austria / Horizont 3000 and one Medical Officer from CUAMM.) Two Ugandan Doctors left within their probation period and one Ugandan Doctor left at the end of June 2002 as he had applied for further training.

On the side of administrative staff the situation remained stable. The expatriate VSO volunteer appointed as Office Supervisor is of great help and his inputs are highly appreciated.

The opening of the training school for nurses in 1984 has managed to secure the needed qualified nursing staff. A challenge remains for all categories of allied medical professionals (for whom the opportunities of employment in large cities are many and very attractive) and for capable indigenous technical cadres. The technical department still has to rely on the supervision of one expatriate staff.

An additional problem is posed by the lack of qualified cadres from among the ranks of Karimojong indigenous. Despite the generous investment of the Hospital management in the training of young Karimojong the results are still poor. The low academic standards of schooling offered in Karamoja makes it more difficult for people there trained to have access to professional training. Another problem is that staff sponsored by the Hospital, honour their bonding agreements, but often leave soon after for more attractive places.
In addition to this, the lack of well established career development schemes and promotional outlets makes employment in Matany a temporary arrangement for most people who acquire professional qualifications.

### *Present situation (June 2002)*

The Hospital Management is trying to follow the Government Salary scale. At present, thanks to government intervention in the form of Delegated Funds, the Hospital Administration has been able to maintain salary levels of 95%. But the Hospital staff enjoy other benefits, like free medical care and free housing, thus reaching 100% of Government remuneration.

At the end of June 2002, Government posted Officers were three (one Health Educator, one Health Inspector for the Public Health Department and one Enrolled Nurse – currently under training as an Anaesthetic Nurse). The expatriate staff comprise three Medical Officers (CUAMM, Horizont 3000 and one privately contracted), the Administrator (mccj), the Senior Nursing Officer (cms), the Office Supervisor (VSO), one Technical Supervisors (mccj Lay missionary), the Domestic Officer (cms), the Assistant Tutor (cms), one Store Keeper (cms), one secretary (volunteer), and one theatre nurse (volunteer).
The total number of employees is 247. Karimojong are 184 (74.5%). The distribution by department appears in table 2.1. The number of qualified staff (employees holding a diploma, certificate or degree) is 74 (30%).

#### *Trends*

With the exception of nursing, administrative, PHC and teaching staff, the number of employees decreased in 1995 (graphic A, table 2.1) and increased again in 1996 and 1997. From 1998 onwards there was a marked increase in the overall number of employees, especially Nursing Staff, in order to face the increase demand for health care services. The number of Karimojong Staff (184) is the highest level noted ever. The institutional policy of favouring the employment of indigenous personnel is well established as it can be seen in the last years. The Technical Department maintained its staff level and continues to be a necessary department. On one hand this department is essential for the proper running of the Hospital; on the other side the department provides services

to the public and to projects, generating additional income. Its growing importance in the hospital economy justifies its size.
In the period covered by the report the hospital has continued promoting the up-grading of staff: more details are given in Table 2.3.
The salaries paid to the employees are slightly lower than in Government Hospitals but the housing provided seems to be better. All employees are covered by NSSF (National Social Security Fund) insurance. With the exception of some of the Technical department staff (casual or seasonal labourers), all employees are paid on a salary basis. The salary is composed of a basic salary to which some incentives have been added (in order to reach the salary scale of Government). Other payments (overtime, calls, stand-by allowance and specific tasks related allowances) are then added. The average salaries paid at the end of the year for the stated categories of staff are in Table 2.2.

Graphic A: Levels of employment at Matany Hospital

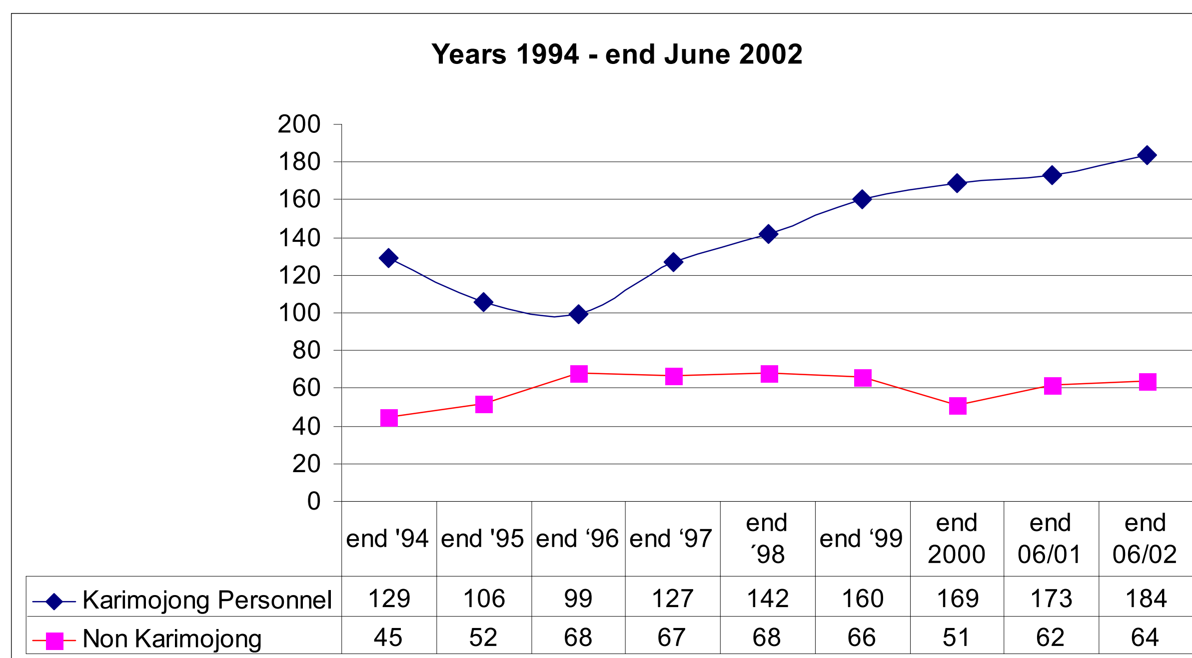



Table 2.1 : Establishment at Matany Hospital – 1995-06/2002

| | end '95 | end '96 | end '97 | end '98 | end '99 | end 2000 | end 06/01 | end 06/02 |
|---|---|---|---|---|---|---|---|---|
| **MEDICAL OFFICERS** | **4** | **5** | **4** | **6** | **7** | **6** | **4** | **3** |
| **ALLIED MEDICAL PROFESSIONS** | **7 (5)** | **8 (4)** | **13 (6)** | **14 (4)** | **14 (7)** | **11(7)** | **9 (7)** | **10 (4)** |
| **NURSING STAFF** | **44 (19)** | **46 (16)** | **42 (19)** | **57 (22)** | **53 (27)** | **56 (31)** | **65 (34)** | **64 (33)** |
| **ADMINISTRATIVE STAFF** | **5 (3)** | **8 (1)** | **8 (1)** | **11 (4)** | **11 (7)** | **11 (8)** | **11 (7)** | **11 (6)** |
| **PHC STAFF** | **25 (25)** | **23 (23)** | **29 (28)** | **27 (25)** | **33 (32)** | **29 (28)** | **33 (32)** | **37 (36)** |
| **TECHNICAL STAFF** | **32 (23)** | **35 (21)** | **43 (28)** | **42 (38)** | **54 (43)** | **50 (41)** | **55 (41)** | **56 (41)** |
| **SUPPORT STAFF** | **29 (22)** | **30 (25)** | **42 (36)** | **39 (38)** | **39 (39)** | **41 (41)** | **41 (38)** | **49 (47)** |
| **SCHOOL STAFF** | **12 (9)** | **12 (9)** | **11 (7)** | **12 (9)** | **11 (8)** | **10 (7)** | **12 (9)** | **14 (11)** |
| **KHRDCH STAFF** | | | **2 (2)** | **2 (2)** | **4 (4)** | **6 (6)** | **5 (5)** | **6 (6)** |
| **TOTAL** | **158** | **167** | **194** | **210** | **226** | **220** | **235** | **247** |
| *(.) = Karimojong Personnel* | *106* | *99* | *127* | *142* | *160* | *169* | *173* | *184* |
| Non Karimojong Personnel | 52 | 68 | 67 | 68 | 66 | 51 | 62 | 63 |

Table 2.2: Average monthly salary per category of employee, * qualified cadres

| Average Salaries in UShs | End '97 | End '98 | 06/2001 | 06/2002 |
|---|---|---|---|---|

| | Ushs | Ushs | Ushs | Ushs |
|---|---|---|---|---|
| **ALL. MEDICAL PROFESSIONS*** | **150,000** | **200,000** | **230,000** | **230,000** |
| **UEN/MW*** | **108,000** | **130,000** | **155,000** | **155,000** |
| **URN/MW*** | **146,000** | **180,000** | **220,000** | **220,000** |
| **Aide Nurse** | **66,000** | **80,000** | **115,000** | **115,000** |
| **ADMINISTRATIVE STAFF** | **140,000** | **170,000** | **190,000** | **190,000** |
| **PHC STAFF** | **50,000** | **52,000** | **60,000** | **60,000** |
| **TECHNICAL STAFF*** | **79,000** | **120,000** | **140,000** | **140,000** |
| **SUPPORT STAFF** | **48,000** | **65,000** | **72,000** | **72,000** |
| **SCHOOL STAFF*** | **100,000** | **200,000** | **300,000** | **300,000** |
| **KHRDCH STAFF** | **60,000** | **120,000** | **130,000** | **130,000** |

Table 2.3 : Training of Staff : (* Karimojong)

| Type of Training | Institution |
|---|---|
| Clinical Officer | Gulu Clinical Officer's Training School |
| Occupational Therapy 1 * | Paramedical School – Mulago Hospital |
| Enrolled Midwifery 3 (2*) | St. Mary's Midwifery T.S. Kalongo |
| Master in Health Services Management 1* | Nkozi University |
| Master in Surgery | Mulago |
| Diploma in Community Based Health 2 (1*) | AMREF Nairobi |
| Laboratory Technician 1* | Nsambia School of Laboratory Tec. |
| Diploma in Accountancy 1* | Rubaga Social Training Centre |
| Diploma in Pharmacy 1* | MEDS Nairobi |
| Electrical Installation 1* | BVTPC Tororo |
| Registered Nursing 6 (2*) | Matany School of Nursing |

***Conclusion***

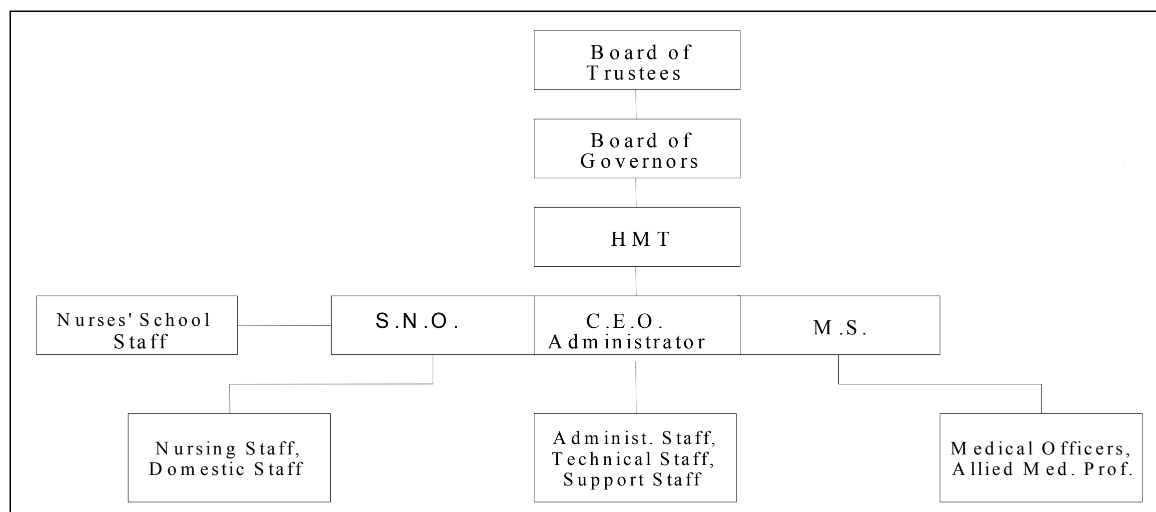
The management of human resources with the management of finances remain clearly the main management problems of the Hospital. The lack of qualified Karimojong personnel will require a more substantial investment in their training. The training will have to be focused in 2002/03 on the development of the following cadres as priority: Health Information/Record management, Secretary, Accountant, Dispenser, Clinical Officers, Public Health Officer and other Medical Officers to replace those who finished/will finish the contract. At the moment there are two candidates under training for tutorship for the Nurses Training School, which eventually will have to be transformed into a Comprehensive Nurses Training School. This conclusion also indicates the points of action for 2002/03.

# Chapter 3 Management and Financial Resources

## *Management*

The Hospital operates under the direction of the Board of Governors (BoG), which takes its mandate from the Board of Trustees of the Diocese through its Chairman, the Bishop. It is managed by the Hospital Management Team (HMT -Graph A) with its executive body (the daily board formed jointly by the Hospital Officers – Administrator (HA), Medical Superintendent (MS) and Senior Nursing Officer (SNO). Contrary to the present arrangement in Government Hospitals, the function of the Chief Executive Officer is not statutorily exercised by the MS. The Chief Executive Officer is at present the Hospital Administrator. However, the Constitution of the Hospital allows this office to be held by any of the Hospital Officers on the Bishop's nomination. The BoG is held twice during a financial year, as per Constitution.

Graph A: ORGANOGRAM OF MATANY HOSPITAL MANAGEMENT




The Chief Executive Officer has direct access to the Bishop in case of need and ensures the function of liaison with the Diocesan, District and National Health Authorities. The Nurses' School Staff operates under the supervision of the Daily Board (more specifically of the Senior Nursing Officer) and reports through it to the Hospital Management Team (HMT).

## *Introduction to the Financial Report*

The rescue of the situation (caused by the shortage of funds against a very high workload of heavily subsidised services of 1997) was explained in the previous editions of this Report. The financial situation of the Hospital has greatly improved with the release of Delegated funds from Government which have increased annually, starting from FY (financial year) 1997/98. Various capital development projects carried out by the technical department of the Hospital have also helped the financial situation to improve.
FY 2001/2002 ended in an equitable way and the possibility for a further reduction of user fees will be proposed during the next Board of Governors meeting. With the increased release of Delegated Funds from the Ugandan Government, we were enabled to maintain our Mission statement to provide services at accessible levels to the poor.
The determination of Government to continue increasing the allocation of Delegated Funds, together with the ongoing capital development projects and a fairly steady flow of donated funds from benefactors, allows us to make good projections for the new financial year.
The cost centre structure is operating since the start of the financial year 98-99. The tables below present this better:

***Table 3.1: Financial Report Details***

| INCOME | FY99/00 Ush, 000 | FY00/01 Ush ,000 | FY01/02 Ush, 000 | EXPENDITURE | FY99/00 Ush ,000 | FY00/01 Ush ,000 | FY 01/02 Ush ,000 |
|---|---|---|---|---|---|---|---|
| Fees | 100,479 | 84,313 | 81.458 | Hospital Running | 395,136 | 429,205 | 492,781 |
| Government ^ | 143,397 | 249,255 | 434.503 | Administration | 76,846 | 65,733.5 | 79,095 |
| External Aid § | 141,367 | 131,148 | 168,287 | PHC | 42,201 | 102,153 | 107,654 |
| Donations in kind | 91,277 | 145,207 | 104,278 | | | | |
| Ancillary Activities ° | 273,676 | 360,167 | 369,506 | KHRDCH* & Guest H. | 13,453 | 18,548.5 | 25,958 |
| | | | | Technical Department | 199,448 | 227,991 | 234,764 |
| Nurses School | 55,290 | 32,996 | 79,690 | Nurses School | 75,127 | 65,390 | 80,391 |
| **Total** | ***805,486*** | ***1,003,086*** | ***1,237,722*** | ***Total*** | ***802,211*** | ***909,021*** | ***1,020,643*** |
| ^ Delegated Funds / ° Income from KHRDCH, Technical Department, various sales, projects | | | | | | | |
| § Various benefactors – unconditional donations in funds / * KHRDCH = Karamoja Human Resources Development Centre for Health | | | | | | | |

***Table 3.2: In the following table the cost centres income and expenditure are shown***

| Cost Centres | FY 1999/2000 | | FY 2000/2001 | | FY 2001/2002 | |
|---|---|---|---|---|---|---|
| | **INCOME** | **EXPENDITURE** | **INCOME** | **EXPENDITURE** | **INCOME** | **EXPENDITURE** |

| HOSPITAL | 476.153.098 | 395.136.493 | 582.411.237 | 429.205.190 | 851.119.749 | 492.780.877 |
|---|---|---|---|---|---|---|
| ADMINISTRATION | 18.832.261 | 76.846.014 | 18.598.553 | 65.733.442 | 15.658.265 | 79.094.818 |
| NURSING TRAINING SCHOOL | 55.289.970 | 75.126.769 | 51.626.714 * | 65.390.398 | 79.690.092 | 80.390.741 |
| PUBLIC HEALTH DEPTARTMENT | 7.345.000 | 42.200.632 | 77.275.114 | 102.153.031 | 43.562.768 | 107.653.525 |
| WORKSHOP | 238.528.603 | 199.448.417 | 210.996.075 | 227.990.562 | 177.960.956 | 234,764,363 |
| KHRDCH | 9.337.100 | 13.453.436 | 62.178.450 | 18.548.411 | 69.729.900 | 25,958,319 |
| **TOTAL** | **805.486.032** | **802.211.762** | **1.003.086.143** | **909.021.034** | **1.237.721.730** | **1.020.642.644** |

Apart from the Cost Centre Accountability, the Hospital Administration has to report to Government in their given format. This is attached in the following spreadsheet, showing the comprehensive figures for the three Financial Years 1999/00, 2000/01 and 2001/02.

Table 3.3: EXPENDITURE - GOVERNMENT FORMAT

| Item | Description | FY 1999/2000 | FY 2000/2001 | FY 2001/02 |
|---|---|---|---|---|
| 71xx | EMPLOYMENT COST | | | |
| 7101 | Staff Salaries and wages | 153.389.389 | 189.478.801 | 217.642.232 |
| 7103 | Hous/bic/overtime&other all. | 4.466.886 | 5.249.591 | 7.008.379 |
| 7106 | Night/safari all. | 4.274.500 | 3.577.000 | 3.557.500 |
| 7109 | Welfare & staff health | 400.000 | 3.126.508 | 3.800.367 |
| 7111 | Uniforms & prot. clothing | 2.062.500 | 1.146.190 | |
| 7115 | Transport all. | | | |
| 7116 | Workshop/seminars | 19.160.350 | 20.709.663 | 34.816.450 |
| 7120 | XXX NSSF XXX | 13.832.332 | 15.354.676 | 17.556.750 |
| 7121 | Duty/Resp./Acting all. | 35.751.759 | 36.509.200 | 41.488.000 |
| 7122 | Lunch all. | | | |
| 72xx | ADMINISTRATION COSTS | | | |
| 7220 | Printing and stationery | 8.248.366 | 7.558.707 | 6.907.435 |
| 7230 | Tel./fax./postage/courier | 12.450.155 | 9.960.715 | 9.401.557 |
| 7231 | Bank charges | 632.163 | 583.887 | 504.100 |
| 7280 | Advertising and Public Relations | 1.118.200 | 1.901.200 | 2.145.000 |
| 7290 | Other office expenses | 7.520.850 | 12.920.242 | 16.659.637 |
| 73xx | PROPERTY COST | | | |
| 7310 | Water | | | |
| 7330 | Electricity | | | |
| 7380 | Repairs and upkeep of buildings | 42.665.286 | 41.220.699 | 43.916.403 |
| 75xx | TRANSPORT AND PLANT COST | | | |
| 7510 | Fuel | 21.735.062 | 28.523.557 | 32.900.041 |
| 7520 | Maintenance and repairs | | | 923.400 |
| 7240 | Tyres and spares | 10.207.048 | 11.738.770 | 15.819.287 |
| 7570 | Air travel | 5.465.496 | 4.163.800 | 11.186.490 |
| 7580 | License/Insurance of vehicles | 1.359.425 | 1.774.490 | 1.427.084 |
| 7590 | Operation/maintenance of generators | 2.841.290 | 2.963.887 | 2.151.424 |
| 76xx | SUPPLIES AND SERVICES | | | |
| 7630 | Equipment and supplies | 18.260.879 | 23.089.605 | 32.618.265 |
| 7635 | Maintenance of equipment and supplies | | | |
| 7660 | Newspapers and publications | | 2.106.574 | 2.477.950 |
| 77xx | MEDICAL GOODS AND SERVICES | | | |
| 7710 | Medical drugs | 44.041.675 | 47.554.017 | 59.641.252 |
| 7720 | Medical tools and equipment | 32.087.396 | 858.500 | 5.210.410 |
| 7725 | Maintenance of medical tools and equipment | | | |
| 7730 | Medical supplies | 41.923.150 | 54.156.100 | 50.274.454 |
| 7750 | Beds and beddings | | | |
| 7770 | Foodstuff and firewood | 15.599.490 | 35.640.034 | 31.464.306 |
| 7790 | Consultancy charges | | | |
| 8xxx | CAPITAL DEVELOPMENT | | | |
| 8500 | Major maintenance and upkeep of buildings | 503.030 | 13.209.939 | 16.027.518 |
| 8700 | Other capital expenditure | | | |
| | PHC (also field) | 42.200.632 | 102.153.031 | 107.569.725 |
| | NURSES SCHOOL | 75.126.769 | 65.390.398 | 80.390.741 |
| | *EXP. for INCOME GENERATING ACTIVITIES* | 184.887.684 | 166.478.443 | 165.433.136 |
| | | | | |
| GRAND TOTAL EXPENDITURE | | 802.211.762 | 909.098.224 | 1.020.919.294 |

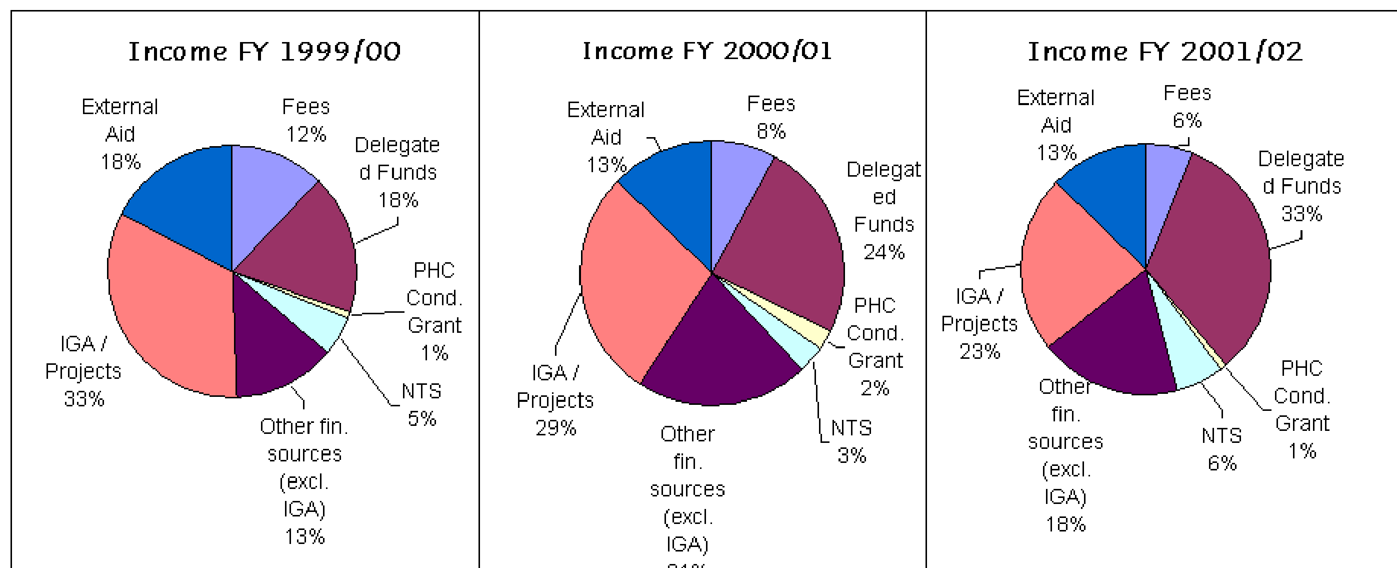
| INCOME GOV.T STRUCTURE | 805.486.032 | 1.032.027.850 | 1.237.721.730 |
|---|---|---|---|
| Fees | 100.478.600 | 84.312.700 | 81.457.863 |
| Delegated Funds | 143.397.210 | 249.254.863 | 434.502.580 |
| PHC Conditional Grant | 6.000.000 | 25.754.470 | 11.666.626 |
| Other financial sources (excluding IGA) | 104.588.907 | 216.024.680 | 255.812.009 |
| Income Generating Activities / Projects | 309.654.464 | 325.532.678 | 307.823.121 |
| External Aid | 141.366.851 | 131.148.459 | 168.287.363 |

For FY 2001/02 a surplus of 238.6 million Ushs can be noted. This figure contains funds for projects received, but not yet spent, like the Home Care Project funded by the EU and the semi detached tutors' houses not yet built, but the funds were already made available.

### *Income*

Over the last three years a continued decrease of income from user fees is evident, especially due to the reduction of fees. If we compare the sources of income in percentage of the last three financial years (Graph 3.1), it is demonstrated that Government support in form of Delegated Funds has continually increased, while the dependency on abroad in the form of offerings and donations in kind has reduced.

Graph 3.1 – INCOME –




Total: 805,486,032/=    Total: 1,032,027,850/=    Total: 1.237.721.730

A remarkable increase in absolute terms can be noticed for the Nursing Training School due to the support in the form of sponsorship from Danida/HSSP. In FY 2001/02 the KHRDCH was utilised more and brought added income to the Hospital. (See Table 3.2 on page 7)

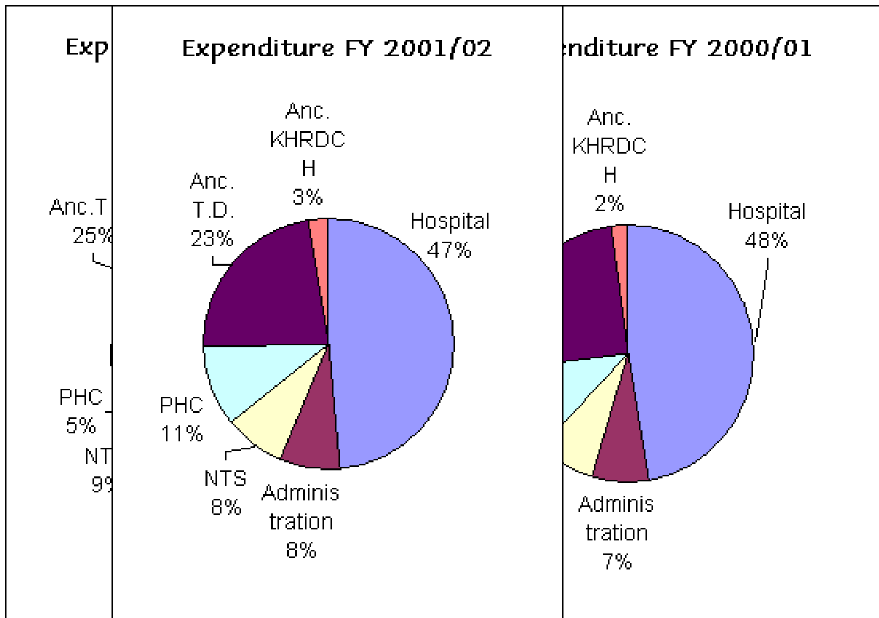
### *Expenditure*

The overall expenditure shows an increase of approximately 13% each financial year. This increase is related mainly to two factors:

- Hospital expenditure due to the increase of salaries, drugs and medical sundries.
- The expenditure for the capital development projects, which on the other side are the causes of the increase of income.

The comparison in percentage is shown in the Graph 3.2, where it shows that expenditure for PHC activities has doubled from FY 1999/00 to FY 2000/01 mainly due to commissioned training activities from the District. This remained at that level in FY 2001/02.

Graph 3.2 – EXPENDITURE -



Total: 802,211,761/=    Total: 909,021,034/=    Total: 1,020,919,294/=

The Cost Centre Structure demonstrates stock consumed for service and not stock purchased. This gives a better idea of the relative cost of each centre. Items bought still have their value and are not spent. Expenditure only takes place when an item out of the stock is consumed.

As a rough indicator of costs (table 3.5), the cost of a Hospital bed has increased about 11 % compared to 2000/01 (calculated on Hospital plus 30% of Administration expenditure). This is comparable to the general annual expenditure increase of 12 %. The cost per IP activity unit (n.OPD/6 + n.IP) and the OPD activity unit (6*n.IP + n.OPD) had increased by 22 %. The cost of training a Nurse has also increased (given that the Nursing Training School qualifies on average 25 nurses per year, and cost= NTS cost centre expenditure + 15% of Administration cost centre expenditure). The figure for 2001/02 was higher, because of extra costs incurred for the three months specialised training of the Registered Nurses in Kampala, which takes place every two years.

| INDICATORS *OF COST* | | | | |
|---|---|---|---|---|
| | **FY 1998-99** | **FY 1999-00** | **FY 2000/01** | **FY 2001/02** |
| Cost per bed per year | 1.65 M UShs | 1,91 M UShs | 2,11 M UShs | 2,35 M UShs |
| Cost per IP activity unit | 26,900 UShs | 36,500 UShs | 37,700 UShs | 46,200 Ushs |
| Cost per OPD activity unit | 4,500 UShs | 6,100 UShs | 6,300 UShs | 7,700 UShs |
| Cost per trained nurse | 2.52 M UShs | 3.47 M UShs | 3.01 M UShs | 3,64 M UShs |

Table 3.5: Indicators of cost (Basis of calculation: Hospital running and administrative expenditure)

### *Government Intervention*

As mentioned before Government's support of the Hospital has been substantial beginning with FY 97-98 and thereafter. This has been the result of the Memorandum of Understanding signed with the District Authorities, which is renewed on a yearly basis. The Hospital continues to have a good working relationship in the District. These two factors have assisted the Hospital in meeting various objectives.
Appreciation should be given to the Government not only for the financial support but also because the level of co-operation has been outstanding. The release of funds by the District Authorities, once received from the centre, is for the most part very punctual. The Government has shown great trust in us.

In FY (financial year) 1998/99 Government also implemented the Health Sub District policy. They selected Matany Hospital to head Bokora HSD, and therefore made us officially responsible for the implementation of the health activities in Bokora County. These responsibilities were actually being carried out by the Hospital prior to this Policy. Some provision of funds and guidelines on their use, were made available by the Government. Unfortunately, they were not as clear as those for Delegated Funds. Since FY 2000/01 yearly a Memorandum of Understanding between the District Local Government and the Hospital for the use of the public funds is signed.

### *Conclusion*

The critical situation reached in the year 1997 seems a long way away from today's situation. The trend to increase expenditure will continue, considering the "free market" policy adopted by the Government. There is a fair hope that Government will continue the implementation of the new Health Policy with the strengthening and integration of the PNFP sector in "One Health System". This highlights their concern and the need of supporting institutions other than Government with the overall view of the common goal of improving Health for the people of Uganda. Along these lines, there is hope that the network of external support thus far created can continue providing substantial support and income to the Hospital.
Therefore the outlook of the ongoing financial year is better than the previous ones, yet the financial stability of the hospital will remain very uncertain for the next few years.
As points of action for the ongoing financial year 2002/03 the following are carried forward from the previous year:

- Continue the dialogue with the Government at District and at National level through the strengthening of co-operation and mutual trust.
- Continue looking for other ways of funding the running costs of the Hospital, starting with the reestablishment of a reserve fund.
- Refining the cost centre structure apportioning costs on a more accurate departmental basis.

## Chapter 4 Outpatient services

### Introduction

The Hospital has a separate OP Department with two wings: one for adults and the other for children. The Building also hosts the Ophthalmology and ENT services, as well as the ANC and the immunisation services. The Dental and Private Service, though part of the OPD, are in separate buildings. The laboratory and radiological examinations are carried out on the Hospital premises. The arrangement is such that they can be accessed from the Hospital courtyard. Here follows data focused on the curative function of OPD services. The PHC function exercised is reported in chapter 7, as a global report for the Zone.

### Function of the Hospital OPD

According to its established function in the District Health System the Hospital should offer to the public Outpatient consultations of first contact (exclusively for the immediate catchment area of the hospital), Outpatient consultations of referral level (for referred patients only), Inpatient and emergency (medical and surgical) services and a package of preventive and promotive services (for the immediate catchment area). Things are much less clearly defined, and the Outpatient Department delivers a mix of services, pertaining to two different levels of care.
Matany Hospital OPD covers two separate functions within the Health System of the District: it serves as first contact for the patients of the immediate catchment area (the sub-county of Matany; Lokopo and Lopei were considered as immediate catchment area, because the new Health Units were opened during FY 2001/02). It also serves as a referral centre for patients who have first consulted elsewhere and have either been referred or have reported to the Hospital because their problem was not solved elsewhere. It serves as a first contact level for patients who bypass their first contact unit. The first two functions may be considered in line with a correct use of the health system. The third utilisation pattern (bypass of first contact near home) goes against a correct and cost-effective utilisation of the system. A study carried out in 1995 showed that about 72% of the patients seen in Matany OPD did not move correctly within the health system.

### Workload

All OPD workload data from 1994 onwards are reported in table 4.1. OPD activities were quite high in 1994, and then dropped in 1995. It increased again in 1996, and dropped sharply in 1997/98 as a consequence of an increase in user fees due to the financial crisis the Hospital was experiencing at that time. It increased again in FY 1998/99 and remained at an average of 30,000. In FY 2001/02 there was again a sharp drop, which can be explained due to the opening of the two Health Centres Lokopo and Lopei, which has an attendance of about 4,000 each in that period.

| GENERAL SERVICE | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| OUT-PATIENT | 1994 | 1995 | FY 96/97 | FY 97/98 | FY 98/99 | FY 99/00 | FY 00/01 | FY 01/02 |
| New attendance | 18.827 | 16.282 | 21.038 | 11.102 | 15.998 | 13.835 | 18.182 | 16,167 |
| Adults | 7.816 | 6.892 | 8.524 | 3.757 | 6.956 | 4.332 | 5.037 | 8,483 |
| Children | 11.011 | 9.390 | 12.514 | 7.345 | 9.042 | 9.503 | 13.145 | 7,684 |
| Re-attendance | 22.253 | 18.458 | 22.973 | 11.029 | 18.511 | 14.662 | 14.319 | 8,606 |
| *TOTAL* | *41.080* | *34.470* | *44.011* | *22.131* | *34.509* | *28.497* | *32.501* | *24,773* |

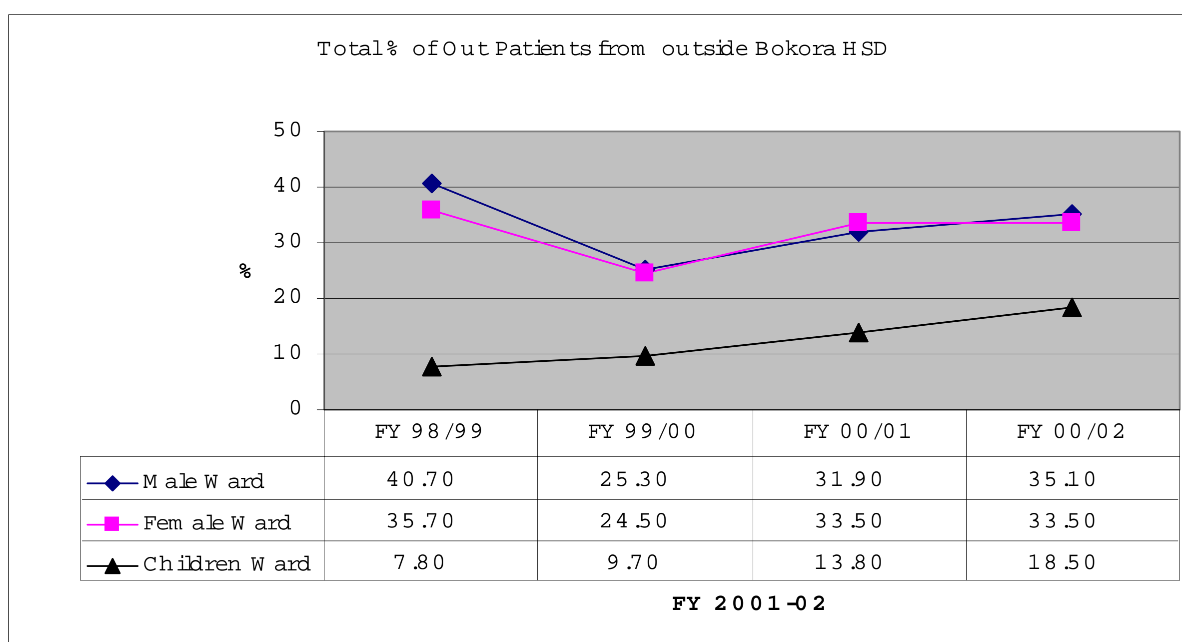
Table 4.1: OPD activities; workload of years 1994 – 95 and FY 96/97, 97/98, 98/99, 99/00, 00/01, 01/02

OUTPATIENTS PROVENANCE MATANY HOSPITAL
SOURCE: RECEIPTS OF OPD FEES (FY's 1998/99, 1999/2000, 2000/01, 2001/02)

| Ward | Financial Year | % from Matany, Lokopo, Lopei sub counties | % from others sub counties of Moroto District | % from other Districts | Total % of Out-patients from outside immediate catchment area |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| MALE | 1998/99 | 59,2% | 26,2% | 14,5% | 40,7% |
| | 1999/00 | 74,5% | 15,9% | 9,4% | 25,3% |
| | 2000/01 | 68,1% | 19,3% | 12,6% | 31,9% |
| | 2001/02 | 64.9% | 25.2% | 9.9% | 35.1% |
| FEMALE | 1998/99 | 64,2% | 23,5% | 12,2% | 35,7% |
| | 1999/00 | 75,5% | 15,4% | 9,1% | 24,5% |
| | 2000/01 | 66,5% | 18,9% | 14,6% | 33,5% |
| | 2001/02 | 66.5% | 23.1% | 10.4% | 33.5% |
| CHILDREN | 1998/99 | 92,2% | 6,5% | 1,3% | 7,8% |
| | 1999/00 | 90,3% | 8,8% | 0,9% | 9,7% |
| | 2000/01 | 86,2% | 12,9% | 0,9% | 13,8% |
| | 2001/02 | 81.5% | 15.9% | 2.6% | 18.5% |

The Above table and graph below show the provenance at Matany Hospital over the past four years. Patients seeking services from outside the immediate catchment area consist of about one third of adults and one fifth of children. These figures show the referral function of the Hospital.




## Special Outpatient Services

Some special services are offered as part of the OPD, and are run by trained personnel (table 4.2.): primary ophthalmology, primary ENT, and primary dentistry. A private service is also offered for the religious of the diocese and VIP's, it does not generate income. For the first group the Hospital Management has introduced a pre-payment scheme with the diocese of Moroto.

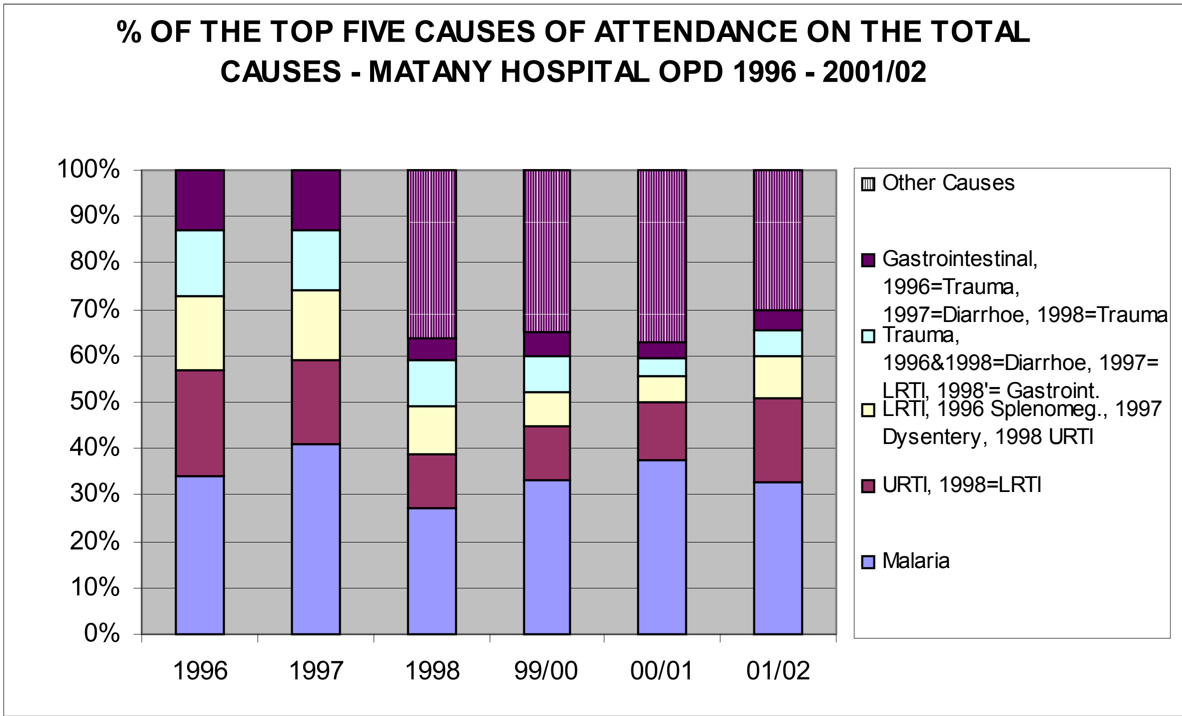
| SPECIAL OUTPATIENT SERVICES | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1994 | 1995 | 1996 | 1997 | 1998 | FY 98/99 | FY 99/00 | FY 00/01 | FY 01/02 |
| P. OPHTHALMOLOGY | | | | | | | | | |
| Patients examined | 969 | 494 | 139 | 812 | 859 | 990 | 892 | 749 | 688 |
| P. DENTISTRY | | | | | | | | | |
| Patients treated | n.a. | 267 | 95 | 92 | 74 | 126 | 146 | 130 | 235 |
| P. E.N.T. | | | | | | | | | |
| Patients treated | n.a. | 814 | 884 | 693 | 765 | 679 | 1,067 | 1,228 | 481 |
| PRIVATE SERVICE | | | | | | | | | |
| Patients examined | n.a. | 166 | 149 | 61 | 122 | 96 | 68 | 84 | 82 |

Table 4.2: Special Outpatient services

## Epidemiology

As far as the epidemiology is concerned the main diagnosis reported for FY 2001/02 is still malaria (9,180 episodes). In accordance with the points of action established in 1996, a more detailed classification of diseases in OPD has been introduced. The second most frequent diagnosis is URTI (5,009 episodes). The third most frequent pathology reported is LRTI (2,596), followed by Trauma (1,554) and Diarrhoea (1,064).
In the following graph C, the percentage of the five top causes of attendance is compared to the previous years:

**Graph C Five top causes of OPD attendance**




There are no significant changes in the epidemiological pattern, and the more “obvious” diseases remain to be the five top diseases. Some differences occur in some years concerning the fifth one. This is very difficult to explain, It can be trauma, worms, gastrointestinal diseases or splenomegally.
The points of action for the ongoing financial year 2002-03 remain as in the previous year:

Actions
- More effort on the accuracy of the data “production”, collection and analysis should be made in order to have epidemiological data to plan for the future.
- Improvement and updating of guidelines and standards of diagnosis and treatment.

## Chapter 5 Inpatient services

### Introduction

Matany Hospital in-patient service has the function of referral for the District and also for a wider functional catchment area for referral of emergency surgery. The Hospital bed strength at the end of the year was 220 beds over 5 Wards: Male Ward and Female Ward with 41 beds each (medical and surgical mixed together), Maternity Ward with 25 beds (ante-natal, post-natal, septic patients), Paediatric Ward with 55 beds including 5 beds for premature intensive care and 10 isolation beds, TB Ward with 58 beds. As remarked in OPD, the utilisation of the Hospital In-patient service dropped in August 97 while an increase has been registered overall FY 98/99. During the following years the utilisation went back to its average coverage. The global bed occupancy rate of FY 2001/02 was 94%.

- **Workload**

**INPATIENT WORKLOAD MATANY HOSPITAL**

| INPATIENT WARDS<br>WARDS | 1996/97 | 1997/98 | 1998/99 | 1999/00 | 2000/01 | 2001/02 |
|---|---|---|---|---|---|---|
| Male ward (41beds) | 993 | 731 | 1.005 | 921 | 859 | 1.014 |
| Female ward (41 beds) | 1.041 | 806 | 1.057 | 816 | 811 | 1.007 |
| Children ward (55 beds) (with Isol. + 6 Nutrition Unit) | 3.527 | 2.458 | 4.497 | 3.936 | 3.780 | 3,878 |
| Maternity ward ( 25 beds ) | 564 | 518 | 838 | 723 | 787 | 753 |
| TB Adult ward ( 58 beds ) | 272 | 193 | 225 | 187 | 145 | 232 |
| TB Paed. Ward ( with CW since '96 ) | 108 | 94 | 108 | 137 | 119 | 178 |
| **TOTAL (220)** | **6.505** | **4.800** | **7.730** | **6.720** | **6.501** | **7,062** |
| **SURGERY** | | | | | | |
| Major | 480 | 336 | 411 | 361 | 286 | 399 |
| Emergencies (%) | 17.7% | 32.4% | 24.1% | 35.7% | 55,6% | 38% |
| Minor | 2.621 | 1.904 | 1.474 | 1.156 | 1.032 | 1.194 |
| **MATERNITY** | | | | | | |
| Deliveries (Total) | 418 | 364 | 548 | 505 | 549 | 537 |
| Deliveries (Abnormal) | 111(26.6%) | 85(23.4%) | 111 (20%) | 103 (20%) | 88 (16%) | 79 (14.7%) |
| Caesarean Sections | | | 87 | 96 | 69 | 71 |
| Live births | 408 | 340 | 525 | 501 | 541 | 526 |
| Premature | 44 | 25 | 43 | 33 | 44 | 37 |

Table A: workload of years 1996/97-'02.

Table A (workload of years 1996/97-'02) shows the inpatient workload from 1995 up to June 2002. 1998/99 was a year with a very high workload and the following years have gone back to the average of the past years. The amount of major surgery, as well as minor surgery has increased in FY 2001/02. Matany Hospital has been

without a permanent surgeon since August 2000 and has failed to contract one. The visit of short term surgeons, almost without interruption has clearly shown the necessity of a permanent surgeon, because after some weeks of their presence patients arrived in good number for surgical interventions.

Matany Hospital due to its unique location and its good reputation has always been functioning as a referral hospital, also due to the tradition of specialised and committed doctors.

**Utilisation Indicators:**

All utilisation indicators (Bed Occupancy Rate, Turnover Interval and Throughput per Bed) have been calculated on the number of discharged patients. The following formulas were used:

| Bed Occupancy rate = Dur.n of stay (all pts) / No. of beds x 365 | Throughput per bed = No. pts. Discharged / No. of beds | Turnover Interval = (N. Beds x 365)-Dur..n of stay / No. of pts. Discharged |
|---|---|---|

**INPATIENT UTILISATION for the FY 1997/98 - 2000/01, MATANY HOSPITAL**

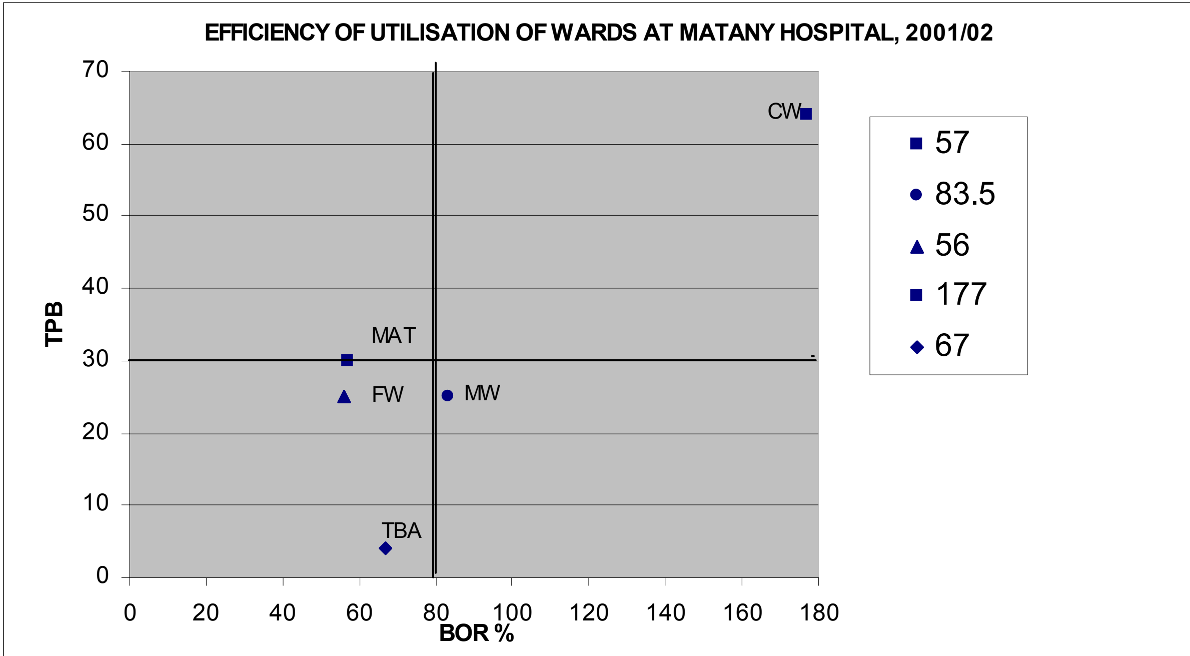
| **Male WARD (41 Beds)** | **97/98** | **98/99** | **99/00** | **00/01** | **01/02** | **Female WARD (41 Beds)** | **97/98** | **98/99** | **99/00** | **00/01** | **01/02** |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Patients Discharged | 731 | 1,005 | 921 | 859 | 1.014 | Patients Discharged | 806 | 1,057 | 816 | 811 | 1.007 |
| Duration of stay (No. of days) | 9,552 | 13,364 | 12,190 | 10,250 | 12,503 | Duration of stay (No. of days) | 8.705 | 11,735 | 10,726 | 8,247 | 8,365 |
| Avg. duration of stay (No. of days) | 13 | 13 | 13 | 12 | 12 | Avg. duration of stay (No. of days) | 11 | 11 | 13 | 10 | 8 |
| Bed Occupancy Rate (%) | 64% | 89% | 81% | 68% | 83.5% | Bed Occupancy Rate (%) | 58% | 78% | 72% | 55% | 56% |
| Turnover Interval (No. of days) | 7 | 2 | 3 | 5 | 2.4 | Turnover Interval (No. of days) | 8 | 3 | 5 | 8 | 6.5 |
| Throughput per Bed (No. of patients) | 18 | 25 | 22 | 21 | 25 | Throughput per Bed (No. of patients) | 20 | 26 | 20 | 20 | 25 |
| **Paediatric WARD (55 Beds)** | | | | | | **Maternity WARD (25 Beds)** | | | | | |
| Patients Discharged | 2,458 | 4,497 | 4,073 | 3,899 | 4,081 | Patients Discharged | 518 | 838 | 723 | 787 | 753 |
| Duration of stay (No. of days) | 18,938 | 32,531 | 34,859 | 34,326 | 35,479 | Duration of stay (No. of days) | 3,917 | 6,342 | 4,850 | 4,795 | 5,215 |
| Avg. duration of stay (No. of days) | 8 | 7 | 9 | 9 | 9 | Avg. duration of stay (No. of days) | 8 | 8 | 7 | 6 | 7 |
| Bed Occupancy Rate (%) | 94% | 162% | 174% | 171% | 177% | Bed Occupancy Rate (%) | 43% | 70% | 53% | 53% | 57% |
| Turnover Interval (No. of days) | 0 | -3 | -4 | -4 | -4 | Turnover Interval (No. of days) | 10 | 3 | 6 | 6 | 5 |
| Throughput per Bed (No. of patients) | 45 | 82 | 74 | 71 | 74 | Throughput per Bed (No. of patients) | 21 | 34 | 29 | 31 | 30 |
| **T.B Adults WARD (58 Beds)** | | | | | | **OVERALL indicators:** | | | | | |
| Patients Discharged | 193 | 225 | 187 | 145 | 232 | | | | | | |
| Duration of stay (No. of days) | 11,610 | 12,486 | 11,877 | 8,857 | 14,097 | **Overall B.O.R =** | **66%** | **95%** | **93%** | **83%** | **94%** |
| Avg. duration of stay (No. of days) | 60 | 55 | 63 | 61 | 60 | **Turnover interval =** | **6** | **0.5** | **0.9** | **2.1** | **0.7** |
| Bed Occupancy Rate (%) | 55% | 59% | 56% | 42% | 67% | **Throughput per bed** | **22** | **35** | **31** | **30** | **32** |
| Turnover Interval (No. of days) | 50 | 39 | 50 | 85 | 30 | | | | | | |
| Throughput per Bed (No. of patients) | 3 | 4 | 3 | 2.5 | 4 | | | | | | |

After very high utilisation in 1998/99 the above figures show a slight decrease of utilisation patterns. Children Ward being the busiest ward, followed by Male and Female Ward. TB Ward had a noteworthy increase compared to recent years with a bed occupancy rate of 67%, due to the long average duration of stay of each patient. The high number of TB children (178) raised the average duration of stay also in Children Ward.

It is clear that the overall indicators show for FY 2001/02 good efficiency in the utilisation of the Hospital with a B.O.R. of 94 % and a throughput per bed of 30 patients (if we consider "good" when BOR>=80% and throughput per bed >=30).

The following graph 5A shows that there are some significant differences between the Wards. While Children Ward and Maternity are beyond or at a throughput per bed of 30, the B.O.R. for Maternity and Female Ward is lower than 80% due to shorter duration of stay.
Children ward is clearly on the other side but too far from the average, which means an over-loaded ward with a risk of compromising the quality of care and the outcome. TB Ward due to the long stay of TB patients in the hospital has the lowest rate of throughput per bed.

Graph 5A




### *Quality Indicators*

Few quality indicators are available. Those available are based on the outcome of the patient's admission and classified as follows:

- Recovery rate (patients improved or recovered on discharge)
- Death rate (patients who died in the course of the admission)
- Self discharge rate (patients who abandoned the ward after admission, assuming that they did so because they were dissatisfied with the service given)
- Maternal Deaths (on the admission in Maternity – the existing information system does not allow evaluation of intra-hospital deaths of pregnant women admitted in Female or TB Wards).
- Fresh Stillbirth rates (the proportion of fresh stillborn over the total number of intra-hospital deliveries; it is assumed that no fresh stillbirth will occur if proper care is delivered). Medical audit takes place for all fresh stillbirths. This was initiated in July 98. Evaluation of this is presented under the quality assurance paragraph. The comparison with previous years raises the question of the accuracy of the data collected before the auditing exercise started.

The available data which are reported in the following table are self explanatory.

| Male WARD | 96/97 | 97/98 | 98/99 | 99/2000 | 2000/01 | 2001/02 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| Recovery Rate | 77 | 79.3 | 77.8 | 87.3 | 88.1 | 76.8 |
| Death Rate | 11 | 8.6 | 7.6 | 8.4 | 7.3 | 9.4 |
| Self Discharge Rate | 2.7 | 1.6 | 2.6 | 4.3 | 4.6 | 2.8 |
| **Paediatric WARD** | | | | | | |
| Recovery Rate | 88.7 | 96 | 85.4 | 86 | 83.6 | 87.7 |
| Death Rate | 9.1 | 7.2 | 9.2 | 11.2 | 12.9 | 7.1 |
| Self Discharge Rate | 2 | 1.4 | 2.4 | 2.8 | 3.5 | 1.5 |
| **TB Adults WARD** | | | | | | |
| Recovery Rate | 93 | 88.6 | 85.7 | 89.7 | 92.6 | 90 |
| Death Rate | 4 | 8.8 | 11.1 | 9.8 | 7.4 | 4.3 |
| Self Discharge Rate | 0.7 | 2 | - | 0.5 | - | 2 |
| **Female WARD** | | | | | | |
| Recovery Rate | 80 | 84 | 84 | 91.7 | 89.4 | 80 |
| Death Rate | 8.6 | 5.9 | 3.8 | 6.3 | 9.1 | 6.9 |
| Self Discharge Rate | 2 | 0.6 | 0.5 | 2 | 1.5 | 1.5 |
| **Maternity WARD** | | | | | | |
| Fresh Stillbirth Rate* (%) | 8.1 | 6 | 1.2 | 2.2 | 0.8 | 0.4 |
| Maternal Deaths | 2 | 2 | 4 | 2 | 5 | |
| Self Discharge Rates | 0.7 | - | 0.1 | 0.1 | 0.25 | 0.2 |
| **ALL WARDS** | | | | | | |
| Recovery Rate | 85.3 | 87.7 | 85.6 | 87.1 | 85.7 | 84.5 |
| Death Rate | 8.2 | 6.5 | 7.5 | 8.2 | 8.8 | 7.3 |
| Self Discharge Rate | 1.9 | 1.1 | 1.9 | 2.6 | 3.1 | 1.8 |

## Epidemiology

Using the fees structure we are now able to distinguish between patients from the immediate catchment area (pts of the System: Lopei, Lokopo and Matany sub counties) and from all other areas. Therefore an analysis of the 5 top causes of admission in each ward was completed and is presented in the following table:

| **FIVE TOP CAUSES OF ADMISSION BY WARD in FY 2001/2002** | | | | | | |
|---|---|---|---|---|---|---|
| | **Patients of the System 3,779 /58%** | | | **Patients outside of System 2812 /42%** | | |
| | **Disease** | **No.** | **%** | **Disease** | **No.** | **%** |
| **MALE WARD:** 411pts from System (41%) 603 pts out of System (59%) | Trauma | 90 | 21.9 | Trauma | 153 | 25,4 |
| | Malaria | 51 | 12.4 | Digestive system | 75 | 12.4 |
| | Digestive system | 46 | 11.2 | TB | 41 | 6.8 |
| | LRTI | 32 | 7.8 | LRTI | 38 | 6.3 |
| | Muscle-skeletal | 19 | 4,6 | Malaria | 38 | 6.3 |
| **FEMALE WARD:** 463 pts from System (46%) 544 pts out of System (54%) | Malaria | 99 | 21.4 | LRTI | 52 | 9.6 |
| | LRTI | 42 | 9.1 | Malaria | 44 | 8.1 |
| | Trauma | 32 | 6.9 | Trauma | 20 | 3.7 |
| | TB | 22 | 4.0 | TB | 19 | 3.5 |
| | Diarhoea | 15 | 3.0 | Gynaec. Diseases | 13 | 2.4 |
| **PAEDIATRIC W.:** 2,432 pts from System (66%) 1269 pts out of System (34%) | Malaria | 1131 | 46.5 | Malaria | 548 | 43.2 |
| | LRTI | 406 | 16,7 | LRTI | 180 | 14.2 |
| | Diarrhoea | 240 | 9.9 | Diarrhoea | 123 | 9.7 |
| | Malnutrition | 91 | 3.7 | Malnutrition | 40 | 3.2 |
| | Sepsis | 84 | 3.5 | Sepsis | 40 | 3.2 |
| **MATERNITY WARD:** 473 pts from System (63%) 280 pts out of System (37%) | Normal delivery | 242 | 51.2 | Normal delivery | 104 | 37.1 |
| | Abn. Del. And complications | 93 | 19.7 | Abn. Del. And complications | 87 | 31.1 |
| | Malaria | 55 | 11,6 | UTI | 31 | 11,1 |
| | Abortion | 23 | 4.9 | Malaria | 28 | 10 |
| | UTI | 12 | 2,5 | Abortion | 21 | 7.5 |

The very high number of inpatients coming from the immediate catchment area should be noted. This poses the question: if 3,779 are people who needed admission in an area where the total population is estimated to be around 40,000 inhabitants, how many will be in need of admission in the rest of the District?

With a simple calculation (3,779/40000*200,000) we can estimate that there are 18,895 people in need of admission. If we consider that 55.4% of these are children of which 46.5% are admitted with malaria, where in the District did these children receive the treatment?

## Quality assurance

### Perinatal death

During the last financial year, a medical audit took place for all the fresh stillbirths.

The term stillbirth refers to a baby who has issued forth from its mother after the 28th week of pregnancy and has not at anytime after being completely expelled from its mother, breathed or shown any sign of life. (Midwife's Code of Practice, 1989).

The stillbirth rate is defined as the number of stillbirths per 1000 total births.
The data are reported in the following table:

| ***Causes of perinatal death*** | ***Early neonatal deaths**** | | | | ***Stillbirths*** | | | |
|---|---|---|---|---|---|---|---|---|
| | 1998/ 99 | 1999/ 00 | 2000/ 01 | 2001/ 02 | 1998/ 99 | 1999/ 00 | 2000/ 01 | 2001/ 02 |
| Birth trauma and stress asphyxia | 3 | 3 | 2 | 1 | 3 | 2 | 1 | 3 |
| Ante partum haemorrhage | - | 1 | 3 | 6 | 3 | 2 | - | 4 |
| Maternal disease | 3 | 2 | 4 | 9 | 1 | 3 | 1 | 10 |
| Foetal abnormality | 2 | 3 | 2 | 0 | - | 1 | 1 | 1 |
| Cord Prolapse | 14 | 0 | 3 | 5 | - | 3 | 2 | 3 |
| Prematurity (cause unknown) | 4 | 18 | 7 | 0 | - | 5 | 1 | 0 |
| ***Other**** | 4 | - | - | 0 | - | 7 | 2 | 0 |
| **Total** | **30** | **27** | **21** | **21** | **7** | **23** | **8** | **21** |

*= A death occurring within the first 28 days of life
**= Infections, Rh and ABO incompatibilities, neonatal tetanus, macerated stillbirths, etc…

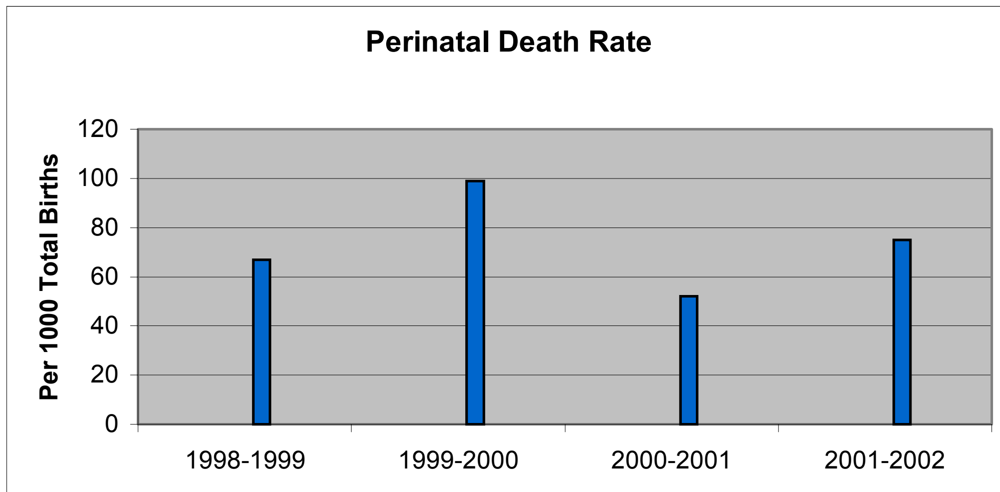
**COMMENTS**

The stillbirth rate calculated as the number of stillbirths/the number of total births x 1000. Therefore, for the year under review, the number was 38 per 1000.
The stillbirth rate in 1999/00 was considerably high. In fact, the vast majority of these were associated with LSCS's. (Lower segment caesarean sections) One may conclude therefore that all these babies were at high risk as the indications for a LSCS include things such as: prolonged or obstructed labour, CPD (Cephalo-pelvic disproportion), foetal distress, placenta praevia, placenta abruption, mal-presentations and positions, cord prolapse. The foetus would have been in a compromised position.
The number remaining (16) still remains higher than usual for in-hospital stillbirths. This may reflect poor foetal monitoring, or delay of theatre time.
In 2000/01 the number reduced again to eight with two of these being macerated still births.
In 2001/02, the number of stillbirths raised. The following maternal diseases were responsible: Pre-eclampsia, ruptured uterus, abruptio placentae, arm prolapse, and APH respectively.

Perinatal deaths were attributed to other causes, which included:

- Meningitis
- Severe anaemia
- Placenta praevia
- Extended breech
- Typhoid fever
- Latent stage of syphilis

We can demonstrate the incidence of perinatal death or what was previously called infant mortality with the following graph.




In 1999-2000, there was a great increase in the number of perinatal deaths, as shown by the jump of nearly 20 per 1000. This cause may have been attributed to the insecurity, which was experienced toward the end of 1999, making it harder for women to attend the antenatal clinic. This is only a supposition. During this year there were also a higher number of C/Sections due to obstructed labour. Therefore the children had a poorer chance of survival due to the complications that accompany prolonged labour. In the year under report, 2001/02 there was a slight increase in the number of perinatal deaths.

Most perinatal deaths in the year under review were due to maternal disease. There was better reporting in this year, and the causes of all the perinatal deaths were identified.

**Point of action for next FY:**

- Improve on antenatal care so as to identify high risk pregnancies.
- Improve neonatal care, especially for those infants born just after 28 weeks of life.
- To improve on the referral system in the villages with the TBA's, especially regarding those mothers with underlying medical problems.
- Establish a more effective routine quality assurance data collection system including antenatal care.

# Chapter 6 Support services

Introduction

The hospital activity is supported by a series of services. They can be categorised as clinical support, general support and training.

### *6.1. Clinical Support Services*

The six main clinical support services are the theatre, the laboratory and blood bank, the diagnostic imaging department, the pharmacy, the physiotherapy unit, and the dental department. The

Chaplaincy or pastoral care is an additional support. Other clinical support services are the fluid production unit, non-sterile production unit and the central sterile supply department.

**Surgical Theatre, FPU, CSSD, NSPU** (table 6.1.)
The theatre is well staffed and equipped. It can operate at any given time for emergency requirements. Only major operations are carried out in the theatre; biopsies and surgical debridements are performed in most cases in the Wards. Since May 98 the theatre has a solar power supply that makes it independent from the Hospital generator. Surgery is extremely expensive and all attempts are made to reduce it to strictly necessary interventions, though the proportion of emergency surgeries is rather high. The sterilisation services (centralised since the beginning of the AIDS epidemic to ensure quality), and the IV fluid production unit are attached to the theatre. One unit (standard 500 ml bottle) of fluid produced in Matany is costed at about 1,200 Ushs (including depreciation costs of equipment) and at about 800 Ushs without such costs, with a production of about 20,000 500ml unit/equivalent. The Hospital does not normally purchase IV fluids from outside.

In the following table 6.1 the surgery activities are presented.

| **Major Surgery Performed July 1998 – June 2002** | | | | | | Table 6.1 |
|---|---|---|---|---|---|---|
| | **FY 1999/2000** | | **FY2000/2001** | | **FY2001/2002** | |
| | Elective | Emergency | Elective | Emergency | Elective | Emergency |
| Caesarean Section | 12 | 71 | 4 | 68 | 32 | 39 |
| Pelvic Surgery | 23 | 4 | 26 | 5 | 41 | 2 |
| | | | | | | |
| Laparotomy: | | | | | | |
| - For peritonitis | 17 | 31 | 11 | 29 | 9 | 28 |
| - For intestinal obstruction | 4 | 8 | 1 | 10 | 9 | 13 |
| - For hemoperitoneum | 18 | 7 | 15 | 12 | 17 | 12 |
| | | | | | | |
| Hernia Repairs | 28 | 1 | 41 | 4 | 38 | 2 |
| Hydrocelectomy | 18 | | 12 | | 9 | |
| | | | | | | |
| Operations on the limbs: | | | | | | |
| - Amputation | 5 | 2 | 6 | | 9 | 2 |
| - External and internal fixation | 16 | | 3 | | 5 | |
| - Osteomyelitis | 9 | | 10 | | 38 | |
| - Others | 14 | 2 | 15 | 20 | | 23 |
| | | | | | | |
| 3rd Degree Tears, RVF, VVF | 6 | | 3 | | 4 | |
| | | | | | | |
| Others | 74 | | 35 | 6 | 36 | 31 |
| | | | | | | |
| **Total** | **244** | **126 (34%)** | **182** | **154 (45%)** | **247** | **152 (38%)** |
| **Grand Total** | **370** | | **336** | | **399** | |

**Laboratory - Blood Bank** (table 6.2)

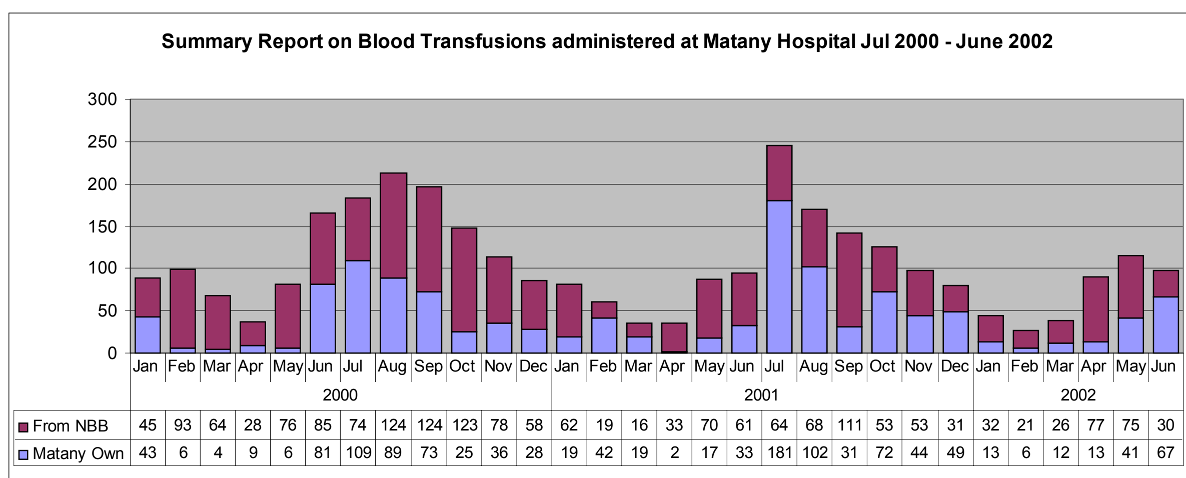
The staff comprised in June 2002 of one laboratory technician, one qualified laboratory assistant and two unqualified laboratory assistants, who were trained on the job. The staff coped with increased workload, especially in blood transfusions and remained on 24-hour call throughout the year.

In table 6.2 the laboratory tests performed are compared over the years.

| Laboratory Tests; table 6.2 | | | | | |
|---|---|---|---|---|---|
| Year | 1997 | 1998 | 1999 | 2000 | FY 2001/02 |
| Blood smear for Malaria parasites | 12,641 | 12,560 | 9,343 | 7,930 | 7.505 |
| Blood smear for other purposes | 1,613 | n.r. | 36 | 76 | 5 |

| | | | | | |
|---|---|---|---|---|---|
| WBC Count (total and differential) | 1,405 | 1,885 | 3,302 | 4,154 | 3.448 |
| Sputum smears (specific MT/a specific) | 1,607 | 2,101 | 2,085 | 2,059 | 2.444 |
| Urethra and vaginal smears | 359 | 394 | 297 | 314 | 70 |
| Haemoglobin estimations | 4,341 | 7,181 | 5,642 | 4,761 | 5.285 |
| PCV | 36 | 10 | 11 | 5 | 1 |
| Sickling Test | 54 | 47 | 40 | 63 | 47 |
| ESR | 514 | 542 | 443 | 1,352 | 1.879 |
| Blood grouping and X-Matching | 2,069 | 3,990 | 4,581 | 4,019 | 3,929 |
| Urine examination | 1,769 | 1,050 | 956 | 1,292 | 1,413 |
| CSF examination | 451 | 538 | 494 | 606 | 281 |
| Other body fluid examinations | 60 | 104 | 117 | 106 | 52 |
| Stool examinations | 2,480 | 1,655 | 1,618 | 2,020 | 1,502 |
| Widal test | 28 | 29 | 18 | 99 | 484 |
| VDRL | 71 | 316 | 313 | 273 | 657 |
| Serum Creatinine | 54 | 21 | 21 | 53 | 86 |
| Blood Glucose | 88 | 51 | 31 | 120 | 803 |
| Pregnancy test | 59 | 97 | 98 | 107 | 125 |
| HIV test | 412 | 487 | 660 | 563 | 940 |
| Hepatitis B | n.r | 144 | 256 | 447 | 556 |
| SGOT | n.r | 33 | 50 | 111 | 90 |
| SGPT | n.r | 33 | 50 | 111 | 90 |
| Other | 13 | n.r. | 551 | 907 | 818 |
| **TOTAL** | **30,124** | **33,268** | **31,013** | **31,548** | **32,510** |

Graph A




Nakasero continued to supply blood every 2-3 weeks by the MAF plane and also by road when Matany vehicles went to Kampala. Holding sufficient levels of blood proved difficult at periods throughout the year. A total of 210 Blood transfusions (mostly children with severe malaria in conjunction with anaemia) were administered in 1995, 732 in 1996, 781 in 1997, 1726 in 1998, 1815 in 1999, 1481 in 2000 and 1242 in 2001(Graph A).

In the following table the HIV and hepatitis B seroprevalence on replacement Blood Donors sent to Nakasero is shown:

| | **1996** | **1997** | **1998** | **1999/2000** | **2000/2001** | **2001/2002** |
|---|---|---|---|---|---|---|
| ***HIV*** seroprevalence | 2% | 2% | 4.2% | 7.1% | 8.3% | 8.7% |
| **Hbs Ag +** | 14.2% | 6.6% | 19.7% | 16.7% | 16.3% | 11.7% |

**The REACH Programme** ***Responding through Education and Care to HIV***

In the last years there has been a steady increase in the prevalence of HIV in Karamoja. Although numbers are still small, relative to other parts of Uganda, the trend is cause for concern. Indeed, it has been an obvious fact to anybody working in health service provision in the region that the numbers of patients presenting with HIV-related conditions have greatly increased.

In May 2001, Matany Hospital formed a partnership with The European Union and the Government of Uganda to instigate a project primarily aimed at alleviating the economic and social burden of the disease for those affected. The project, entitled *Improving Sexual and Reproductive Health (ISRH)*, targets the north of Uganda and is being carried out in conjunction with other agencies with expertise in the field of AIDS/HIV. The Matany Hospital project also includes a component based out of St. Joseph's TB and Leprosy Centre, Morulem. The project covers the Health Sub-Districts of Bokora and Labwor.

Early on in the implementation of the ISRH project it became apparent that the scope of the project was limited in some ways. For example, very little attention was paid to prevention of the spread of the disease. The project team decided a multi-faceted approach was needed if the project was to prove successful. Thus, the REACH programme was inaugurated at the beginning of 2002. REACH stands for Responding through Education and Care to HIV: it is an all-encompassing programme with the dual focus of prevention and care.

Under the 'care' aspect of the programme, the Primary Healthcare Departments of Matany Hospital and St. Joseph's Health Centre now provide regular outreach visits to the homes of clients. Through our networks of Traditional Birth Attendants and Field Health Workers, as well as a specialist team of counsellors and professional medical personnel, basic foodstuffs are distributed together with medical care and attention. Hospital care has been made free of charge for those on the 'Home-care' register and help with transport to and from hospital has also been made available. A Voluntary Counselling and Testing (VCT) service has also started at Matany Hospital.

A series of educational workshops were held for Traditional Birth Attendants and Field Health Workers with the aim of creating a large group of workers with up-to-date knowledge of HIV/AIDS who were also widely interspersed with the local population. As the mass media is not very effective at reaching the local population any message of prevention must be spread by word of mouth.

With the help of ACET (AIDS Care and Education Training) and VSO (Voluntary Service Overseas), a selected group of teachers and community workers were trained in the 'Life Skills' methodology of HIV/AIDS prevention. This pilot intervention proved successful with approximately 1500 children receiving instruction in life skills in the pilot area. The preventative activities of the REACH Programme are now being consolidated through the setting up of three working groups to be co-ordinated by a full-time community worker: a drama group, a teachers' group and a community support group.

Although too early to see any concrete results, it is an imperative that curative and preventative activities enter the mainstream work of Matany Hospital. The cultural isolation which has prevented the Karimojong from contracting AIDS/HIV in the past is the very reason why the Karimojong could be vulnerable in the future; the prevention messages which enter the national psyche through the mass media do not penetrate the indigenous Karimojong culture. It is intended that the REACH programme marks the beginning of a concerted effort on behalf of Matany Hospital to address this problem head-on. It marks a desire for the culture of medical professionalism in Matany hospital to be enhanced with an increased awareness of the HIV/AIDS pandemic and an increased understanding of the needs of people living with AIDS/HIV.

**Diagnostic Imaging** (table 6.4)

The diagnostic imaging service of the Hospital is equipped with X Ray machines as well as an Ultrasound scanner. Two radiographers trained on the job operate the X-ray machines. Medical Officers scan for the ultrasound investigations. The service is available on a 24-hr basis, though its utilisation outside duty hours is tentatively minimised.

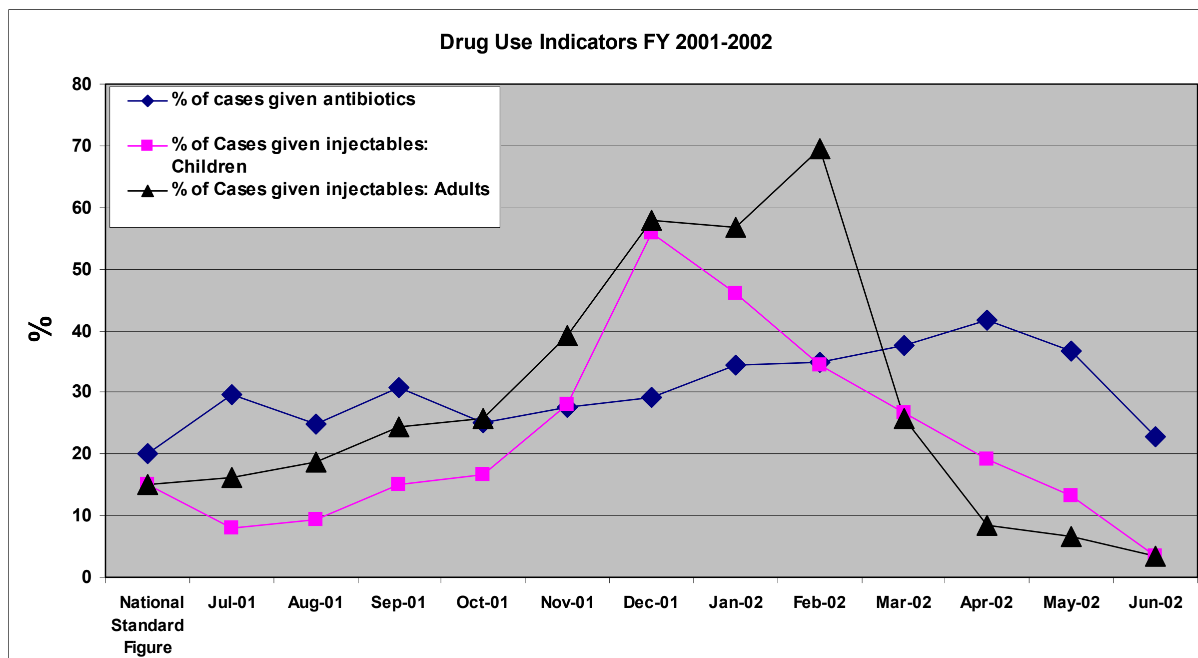
Activity of Diagnostic Imaging Department; table 6.4

| Year | 97/98 | 98/99 | 99/00 | 00/01 | 01/02 |
|---|---|---|---|---|---|
| **Radiology** | | | | | |
| Chest | 1,493 | 2,304 | 2,102 | 2,023 | 1,738 |
| Plain Abdomen | 84 | 70 | 97 | 92 | 72 |
| Barium Enema | 9 | 2 | 2 | 0 | 1 |
| Barium Meal | 20 | 15 | 9 | 5 | 5 |
| Traumatology | 829 | 995 | 1,147 | 987 | 868 |
| Skeletal | 624 | 691 | 685 | 549 | 443 |
| Urogenital | 17 | 3 | 6 | 3 | 0 |
| **TOTAL** | **3,076** | **4,080** | **4,048** | **3,659** | **3,127** |
| No. Of Patients | 1,310 | 3,594 | 3,842 | 3,618 | 3,017 |
| | | | | | |
| Chest Screening | 35 | 377 | 5 | 174 | 0 |
| **Ultrasound Scanning** | | | | | |
| Obstetric | 468 | 709 | 484 | 532 | 270 |

| | | | | | |
|---|---|---|---|---|---|
| Gynaecologic | 312 | 420 | 403 | 413 | 241 |
| Liver, Pancreas, Spleen | 679 | 917 | 1,033 | 1,028 | 137 |
| Abdomen | 236 | 317 | 349 | 340 | 533 |
| Urogenital Organs | 106 | 164 | 234 | 244 | 62 |
| Heart | 180 | 231 | 343 | 346 | 84 |
| Tissue | 52 | 110 | 210 | 208 | 55 |
| **TOTAL** | **2,033** | **2,868** | **3,056** | **3,111** | **1,382** |
| No. Of Patients | 1,833 | 2,458 | 2,505 | 2,357 | 1,349 |

## Pharmacy

During the year under review, the Hospital's main pharmacy and Dispensing store went under restructuring.
The Dispensing store was moved and has now been replaced by the Hospital archives. The Main pharmacy and Dispensing store were consolidated into one, in the place of the Main Pharmacy. After some restructuring the pharmacy is now one unit, and dispensing for the entire Hospital takes place from here. The restructuring has promoted the safe storage of these precious drugs. An additional dispensing area remains in OPD. The main store is also being utilised for laboratory reagents, while non-perishable items are now stored in the main Hospital store.
This change was implemented to facilitate the speedy procurement of drugs for the various departments. As there is no full time pharmacist, the SNO is handling the procurement of drugs, as well as distribution, stock taking and the annual inventory, assisted by an employee. There is a young man, Zachary Logono, who is at present being trained as a Pharmacist's assistant in Kenya. He will finish his course in 2003.
The graph represents the percentages of patients given antibiotics, and injectables during the year under review. The National Standard Figure is the target the Hospital must work toward. These figures are represented at the beginning of the graph. During the year these figures raised dramatically in the months from October to March. During this period two new medical officers were employed by the Hospital. The overuse of antibiotics and injectables reached its peak in February. The Medical Officers in question terminated their contracts with Matany in March (not in relation to prescriptions), and there was a rapid decline in the overuse as shown by the numbers in March of 25%. In June, there was further decline with the hiring of two Clinical officers from Congo. They prescribed more oral medications on the whole, and this can be seen on the graph as a reduction to less than 10% of injectables used.




## Physiotherapy Unit

Once manned by two staff trained on the job by a qualified physiotherapist, the unit had since 1996 become very dormant. The medical officers rarely requested interventions, though the high number of traumatology patients would require follow-up. Table 6.5 documents the decline of the unit. In December 1998 a Physiotherapist was interviewed and appointed, but he failed to appear. No records are available for 1997 and 1999. A physiotherapist was recruited in 2000, but left in 2001. Since November 2001 a new physiotherapist was employed and he is doing a commendable job.

| PHYSIOTHERAPY | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | FY 2001/02 |
| Patients treated | 58 | 48 | 40 | 15 | n.r. | 57 | n.r. | 51 | 120 |
| Number of sessions | 243 | 161 | 218 | - | - | 238 | - | 197 | 960 |
| Table 6.5: Physiotherapy unit activity data | | | | | | | | | |

Chaplaincy

The spiritual support of the patients is of paramount importance. For this reason the management has tried to secure for the hospital a permanent chaplain (obtained in 1995), and to erect a centre of prayer and worship easily accessible to patients. The Chapel's construction was started in 1995 and completed in 1996 thanks to the Italian organisation 'Cuore Amico'. Regular services for the RCC take place in the Chapel. The premises of the Hospital are made available to other Christian denominations for their worship. Unfortunately the Chaplain was transferred in December 1997 to another Parish and has not been replaced. The priests of the Matany Parish avail themselves only for a restricted time, due to other commitments.

***Points for Action for 2002/03***

- The laboratory unit needs to improve further the quality and type of investigations.
- The X-Ray department needs a new qualified radiographer to replace the one who left in June 1999, having completed his bonding agreement with the Hospital.
- Training of one staff in Clinical Pastoral Care

### *6.2. General Support Services*

Other services supporting the Hospital running are: the ambulance service, the mortuary and burial service, the domestic service, the administration, the medical record and archive, the technical department. Baseline information is given on all these in 1994 edition of this report. Here follows some updated information.

#### Domestic Service

The domestic service comprises catering and domestic store keeping, food preparation and supply, laundry, tailoring, compound and ward cleaning, waste disposal and wastewater treatment.
The domestic services of the Guest House and the Teaching Centre have become quite burdensome due to the increase of workshops and seminars. At the same time they generate additional income. For this reason the employment of a full time domestic officer became necessary and one has since been trained in catering services.
The water supply remains adequate: it is provided by two bore-holes (one about 1500 m west of the hospital, with one submersible pump linked to the hospital mains by an underground cable, another within the hospital compound, with a solar panel operated submersible pump, donated in 1995 by Grundfos and installed by LWF.) With the introduction of a new sewage system, it was realised that the main water supply system of the Hospital (30years old) is leaking and that a considerable amount of safe water is wasted along the pipes underground. The pipes will need to be completely replaced which will be done during this FY.

#### Administration, Medical Records and Archive

The Administration is strong at the moment with a full-time administrator (a Comboni Brother), one office supervisor (a VSO-volunteer), one secretary (volunteer)an office clerk, two cashiers, and two accountants. The office clerk was trained to deal with some of the most basic data processing; she is able to computerise the routine hospital data. The Administrator does the analysis of the financial data, while the Medical Superintendent completes the analysis of the epidemiological data.
The strengthening of the administration remains a priority for the next financial year.

#### Technical Department

The hospital workshops (carpentry, mechanic, electric workshop end building unit) provide most of the current maintenance, renovation and rehabilitation that take place in the Hospital. Besides the ordinary routine maintenance and repair of equipment and buildings, the works carried out in 2001/02 were as follows: completion of a semi detached Tutor's House, re-roofing of Male Ward, extension of the Hospital fence as a security measure, continuing with a tree nursery and tree plantation project, maintenance work of Hospital buildings, vehicles, etc., personnel support to building projects of Matany and Kangole parishes, Kanawat and Morulem HC's as well as the production of building blocks, school benches, desks, gates, doors, etc., were part of the 'income generating activities'.

***Points for action for 2002/03***

- Strengthening the Administration with more personnel, mainly in record management.
- Replace main water supply underground pipes
- Continue a rain water catchment project
- Start building additional staff houses

### *6.3. Training*

Training has always been given a priority by the Management, since the beginning, when training for aide nurses and field health workers was taking place in an informal yet effective way. As time went by the need for a more formal training for nurses emerged, and therefore a School was founded for this purpose. Recently a teaching centre was opened to facilitate the ongoing training for the region, as no easily accessible and well-equipped structure existed. The centre should be used more for activity development in the District. The main training activity, which took place in KHRDC Matany in the past two financial years, were two three-month training courses for Nursing Assistants.

# CHAPTER 7 Training

**1.0 St. Kizito Nurses' Training School** (table 7.1)

The School, established in 1984 has since qualified 267 nurses, EN (223) and RN (44). The teaching personnel have been stable for years and have managed to keep teaching standards high. In 1993 the vertical extension course for Enrolled to Registered Nursing occurred. To adapt the school to the new standards required a complete restructuring of the premises had to take place. A new kitchen, dining hall and new classrooms were built A larger library was constructed out of the former refectory. From 1998 to 2000 the Nurses Training School was renovated with the help of DANIDA, and a semidetached tutor's house was built. The school offices were restructured and relocated at the entrance of the school. Books for the school library, computer equipment, a photocopier and a slide projector were made available through DANIDA. A school bus was also acquired through DANIDA and one staff was trained as a tutor in Arusha/Tanzania. Two additional tutors are currently under training in Arusha, sponsored by DANIDA. Another semidetached tutors' house is under construction.

| | ‘89 | ‘90 | ‘91 | ‘92 | ‘93 | ‘94 | ‘95 | ‘96 | ‘97 | ‘98 | ‘99 | ‘00 | ‘01 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admitted to Enrolment Course | 38 | 24 | 26 | 29 | 20 | 25 | 26 | 25 | 26 | 26 | 24 | 30 | 28 |
| Admitted to Registration Course | | | | | 6 | - | 11 | - | 14 | - | 15 | - | 15 |
| Reported for E.C. | 27 | 24 | 26 | 29 | 20 | 22 | 26 | 25 | 26 | 26 | 24 | 30 | 28 |
| Reported for R.C. | | | | | 6 | - | 11 | - | 14 | - | 15 | - | 15 |
| Qualified as EN | 7 | 14 | 18 | 13 | 20 | 17 | 22 | 14 | 22 | 20 | 23 | 25 | 21 |
| Qualified as RN | | | | | | 5 | - | 11 | - | 13 | - | 15 | - |
| Dropped out E.C. | 7 | 1 | - | 1 | 1 | 1 | n.r. | 2 | 3 | 3 | 2 | 1 | 3 |
| Dropped out R.C. | | | | | | 1 | 5 | 6 | 1 | - | - | - | - |
| Sponsored candidates EN | | | | | | | 7 | 2 | 12 | 6 | 21 | 11 | 20 |
| Sponsored candidates RN | | | | | | | 7 | - | 8 | - | 10 | - | 6 |

Table 7.1: Activity data of the Nurses' Training School

**Karamoja Human Resources Development Centre for Health** (Table 7.2)

The Centre, established in 1994, was structurally completed during FY 2001/02. Its first building was the tuition block. A dining hall and hostel were built in 1997 with funds from Manos Unidas. In the year 2001 a facilitator's house was built, financed by Manos Unidas. A second hostel was constructed and this FY completed thanks to the support from Danida.
In 2001/02 it hosted five residential courses. The goal of the Hospital management is that of establishing a centre for training with the aim of addressing the local needs. It is envisioned that it will also build up, in the process, a team of skilled and experienced officers capable of analysing the performance of the local health system and identifying areas requiring correction. It should at the same time provide for the on-going formation of local health personnel (and their basic formation) identifying corrective actions. The Centre, together with the Nursing School, would thus, become a health reform oriented complex. This is a highly needed resource in the fast changing social environment.

| Type of training | Organisation |
|---|---|
| 2001/2002 | |

| Nursing Assistants Training (3 months) | UHSSP / DDHS Moroto |
|---|---|
| TB Leprosy documentation | Health Sub District / DDHS Moroto |
| Veterinarian Workshop | World Concern/Moroto |
| Integration of HEP B vaccine and HIB | Health Sub District/UNEPI |
| ACET Training Course for HIV/Aids | Reach Programme/Matany |

***Table 7.2: Training activities held at Matany Hospital Teaching Complex***

***Continuing professional education*** *(table 7.3)*

During the financial year the following topics were discussed and presented by the staff to the Hospital staff and/or student nurses.

| CME/DNE – In Service Training, Table 7.3 | | | |
|---|---|---|---|
| **Date** | **Topic** | **Presenter** | **Participants** |
| January 23rd, 2002 | HIV/AIDS | Dr. Philip | 39 |
| March 6th, 2002 | Hypertension | Dr. Dominique | 19 |
| March 27th, 2002 | Sickle Cell Anaemia | Dr. Simon | 50 |
| April 10th, 2002 | Charting | Sr. Cathy | 86 |
| May 8th, 2002 | Alcoholism | Dr. Alphonse | 37 |
| May 23rd, 2002 | Meningitis | Dr. Andrea | 53 |
| June 19th, 2002 | Patient's Hygiene- NA's | Sr. Cathy | 18 |

**Other Training Initiatives** (Table 7.4)

The Hospital has directly funded or obtained funds for the training of its personnel in other institutions. During 2001/02 19 employees were on or started long term training (see chapter 2 table 2.3) while others attended short courses, workshops and seminars on specific issues.

| Type of training | | | |
|---|---|---|---|
| **Date** | **Course** | **Participants** | **Place** |
| November 2001 | Education for Life | 3 Staff | Kangole |
| January 2002 | Store Management | 2 Staff | Kangole CTC |
| Feb - March, 2002 | EXCEL Course | 8 Staff | Matany |
| March 4th—8th, 02 | Leprosy Workshop | 1 Staff | Soroti |
| March 4th-5th, 02 | TB Workshop for In-Charges | 10 Staff | Matany KHRDCH |
| March 11th-28th, 02 | Home Based Care | 2 Staff | TASO/Kampala |
| March 19th-21st, 02 | Sentinel Surveillance Workshop | 2 Staff | Entebbe |
| March 26th-29th, 02 | Club Foot Workshop | 1 Staff | Mengo Hospital / K'la |
| April 15th-18th, 02 | UNEPI Workshop | 5 Staff | Matany/KHRDCH |
| May 13th-Aug 5th, 02 | Nursing Assistants' Training | 3 Staff | Moroto/St. Philip's |
| June 3rd-14th, 02 | Counselling Course | 2 Staff | TASO/Kampala |
| June 4th-8th, 02 | ACET Training of Trainers Course | 7 Staff | Matany/KHRDCH |

***Table 7.4: Training opportunities for Hospital employees***

The major problem identified for sponsored students is their retention at the end of the course. Once higher skills are acquired it becomes easy to find better employment and higher remuneration outside Karamoja. This phenomenon has to be expected and does not discourage the Hospital management. All students sign a bonding contract at the beginning of their course, though compliance with the stipulated terms has never been pursued in a court of law.

## Chapter 8 Primary Health Care

### 1.0 Catchment area

The health sub-district comprises 6 sub-counties of Bokora County (i.e. Matany, Iriir, Lokopo, Lopei, Ngoleriet, and Lotome) , with eight peripheral Health Units. These are respectively, Iriir HC III, Kangole HC III, Lokopo HC II, Lopei HC II, Lorengechora HC II, Lotome HC III, Ngoleriet HC II and Matany Hospital.

Table 8.1 Service population (catchment area population) for 2000/01 & 2001/02

| **BOKORA HEALTH ZONE 1998-99** | | | **BOKORA HEALTH ZONE 2001-02** | | |
|---|---|---|---|---|---|
| **Total service population** | | **80,264** | **Total service population** | | **82,270** |
| Infants < 1 Yr. | 4.7% | **3,772** | Infants < 1 Yr. | 4.7% | **3,867** |
| Children < 5 Yrs | 18.0% | **14,447** | Children < 5 Yrs | 18.0% | **14,807** |
| Women 15 to 49 Yrs | 23.0% | **18,461** | Women 15 to 49 Yrs | 23.0% | **18,922** |
| Pregnant Women | 5.2% | **4,174** | Pregnant Women | 5.2% | **4,278** |

### 2. Personnel/Staffing

### *2.1 Matany Hospital Public Health Department*

The Public Health Department (PHD) is strong with 6 established staff (1 double-trained registered nurse and registered midwife/TBA trainer, 1 health inspector, 1 primary ophthalmic assistant, two vaccinators, and 1 assistant to the public health officer) and a public health officer who supervises the department. At the community level there are 28 field health workers (FHW's) who are supervised by the PHD. The FHW's carry out PHC activities at community level. The activities include health education on common diseases (including School visits) immunisation, guinea worm eradication activities, TB case finding, contact tracing, and follow up of cases on maintenance.

### *2.2 Peripheral health units and staffing levels.*

26 % of personnel are non-professional/unqualified staff.

Table 8.2 Personnel by qualification and units in Bokora *Health Sub District as of 06/2001*

| HEALTH UNIT (OWNERSHIP) | Clinical Officer | Registered Nurs | Enrolled Nurse | Enrolled Midwife | Health Assistant | TB/LP assistant | Nurse Assistants | Nurse aides | Lab. Assistants | **TOTAL** | % of professiona |
|---|---|---|---|---|---|---|---|---|---|---|---|
| IRIIR HC III (Govt) | 1 | 1 | 0 | 0 | 1 | 1 | 2 | 1 | 1 | 8 | **88%** |
| KANGOLE HC III (Catholic Church) | 0 | 1 | 0 | 1 | 0 | 0 | 2 | 3 | 0 | 7 | **57%** |
| LOKOPO HC II (Govt) | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 3 | **100%** |
| LOPEI HC II (Govt) | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | **100%** |
| LORENGECHORA HC II (Govt) | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 2 | 0 | 4 | **50%** |
| LOTOME HC III (Govt) | 0 | 1 | 0 | 0 | 1 | 1 | 2 | 1 | 0 | 6 | **83%** |
| NGOLERIET HC II (Govt) | 0 | 1 | 0 | 0 | 1 | 0 | 3 | 2 | 0 | 7 | **71%** |

| APEITOLIM AID POST (Community) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | **0** |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **TOTAL** | **1** | **5** | **2** | **1** | **3** | **2** | **13** | **10** | **1** | **38** | **74%** |

## 3.0 Activities/Achievements

The PHD conducts Support supervision for the 6 peripheral health units of Bokora Health Zone and offers a package of service to the community. Community activities offered are in line with the concept of PHC. Integration, community participation, and multidisciplinary approach are the basis of our activities.
Activity areas include the following:

### *3.1 Support supervision to peripheral health units (Govt. & Non Govt.) and supply of logistics.*

A medical officer visits each of the 6 units once a month. Supervision is done with the aim of ensuring correct patient management and continuous quality assurance improvement. The activities supervised include clinical assessments and prescription habits to ensure rational drug use (EDMP), HMIS, UNEPI cold chain maintenance, and general quality of services offered at the health units. Problems identified by the unit staffs or the supervisor are discussed at the end of the working day, and possible solutions (which form the basis for subsequent supervision) are suggested and agreed upon for implementation.

Table 8.3: Support supervision visits to health units in Bokora Health Sub-district

| Health Units' Supervision | 1994 | 1995 | 1996 | 1997 | 1998* | 98/99** | 99/00** | 00/01** | 01/02** | Target |
|---|---|---|---|---|---|---|---|---|---|---|
| No. of visits to Government units | 34 | 13 | 10 | 17 | 18 | 31 | 31 | 44 | 44 | 60 |
| No. of visits to Diocesan units | 12 | 17 | 22 | 4 | 4 | 8 | 6 | 11 | 12 | 12 |
| Total visits to all the units | 46 | 30 | 32 | 21 | 22 | 39 | 37 | 55 | 56 | 72 |
| Total no. of the units | n.r. | n.r | n.r | n.r | 6 | 6 | 6 | 6 | 8 | 6 (8) " |
| Average visits per unit | | | | | 3.67 | 6.5 | 6.1 | 9.2 | 9.3 | 12 |

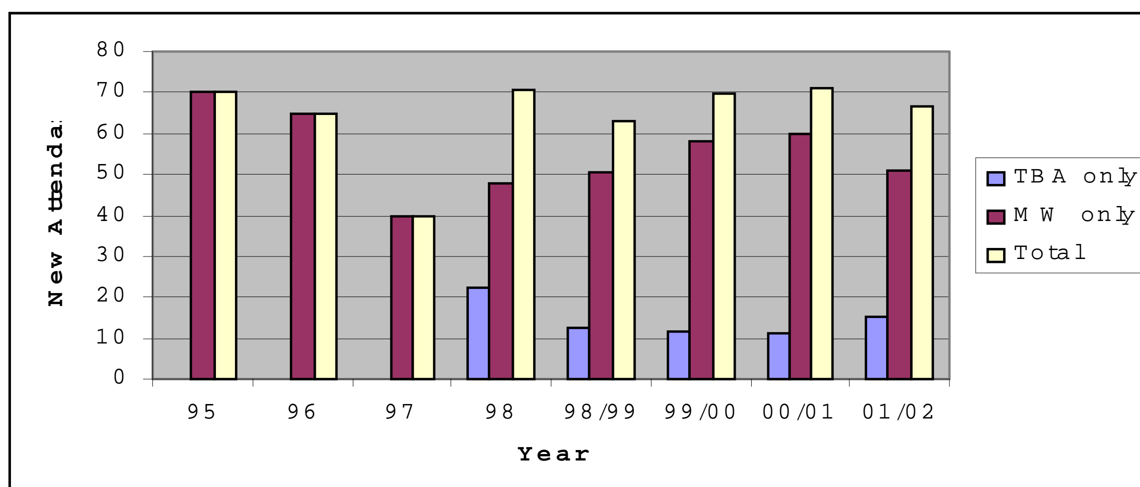
NB. Up to 1997, supervision visits included Kotido and Moroto Diocesan units.
For the year 1998, supervisory visits concentrated in Bokora county only.
* 1998 = period from January to December 1998
** = period from July to June the following year
" = eight health units starting from FY 2001/02

The target for supervision visits was not met due to insecurity in the region, leading to isolation of Iriir and Lorengechora in most instances.

### *3.2 MCH/FP*

A double trained registered nurse- midwife (URM/URN/TBA trainer), supervised by the Public Health Officer, is responsible for the "training and supervision" of TBA's and the delivery of ANC activities in the zone. All the sub-counties have trained TBA's (total 145) and they are supervised once every month. Four ANC outreaches every month and daily static hospital ANC services are done in Bokora HSD.

**Graph 8 A: Antenatal Care first attendance in Bokora health Zone From 1995.**




As demonstrated in Graph 8A above, the declining trend in ANC coverage observed from 1995 to 1997 has reversed. The coverage improved by 30% from 1997 to 1998 probably due to the intensive community mobilisation, increased

number of out reach services, training and supervision of TBA's carried out in 1998.The 5% drop in the year 98/99 could be explained by the rampant waves of insecurity which affected mobilisation hence low turn-up. FY 99/2000 and 2000/01 reached again a coverage of about 70%. The FY 2001/02 TBA ANC coverage was 662 (15.4%), midwives coverage 2,186 (51.1%); total: 2,848 (66.5%). The coverage reduced due to insecurity.

***Table 8.4: Activities carried out by trained TBA's in Bokora Health sub-district***

| | 1998 | 1998/99 | 1999/00 | 2000/01 | 2001/02 |
|---|---|---|---|---|---|
| Antenatal care | 23% | 14% | 13.3% | 10.2% | 15.4% |
| Deliveries | 14% | 11.4% | 9.1% | 7.2% | 13.8% |
| Referral to Hospital | 1.2% | 0.7% | 1% | 0.4% | 1.6% |
| Average number of contacts per pregnancy | 2 | 2.7 | 3.5 | 4.1 | 4.2 |

NB: indicators are expressed as new cases/target population x 100%, and total attendance/new attendance for average number of contacts.

In 1998/99 the TBA's successfully conducted 342 (9.1%) normal deliveries, referred 34 (1%) high-risk pregnant mothers to the Hospital, and carried out ANC to 541 (13.3%) first attendance and 1.352 re-attendances. In 2000/01 the TBA's successfully conducted 293 (7.2%) normal deliveries, referred 18 (0.4%) high-risk pregnant mothers to the Hospital, and carried out ANC to 416 (10.2%) first attendance and 908 re-attendances. The indicators compare unfavourably to those in 1998 with possible reasons as stated earlier. FY 2001/02 Re-attendants by TBA's 1,613. First attendance 662 (15.4%), Referrals 68 (1.6%) high risk mothers to hospital. In spite of the constraints that occurred in This FY there was some improvement compared to FY 2000/01.
Despite the above efforts, the proportion of pregnant mothers delivered under supervision of trained personnel (Hospital and TBA's) is as low as 20.6% (routine data collection, HMIS from Bokora HSD). This implies that the majority (80%) of deliveries in Bokora may not be clean and safe. A community survey is necessary to find out the factors influencing the utilisation of ANC and maternity services in Bokora health Zone.

### *3.3 UNEPI/(NIDs)*

Bokora County has 6 static units (corresponding to the number of health units supervised by the Public health department) and 28 outreach posts distributed all over the county. Each sub-county has on average 5 outreach posts manned by the field health workers and health unit staff attached to MATANY HOSPITAL or peripheral health units respectively.

**Table 8.5 Immunisation coverage by antigen for the six killer diseases in Bokora health Sub-district**

| **Antigen** | **Coverage 1998** | **Coverage 1998-99** | **Coverage 1999/00** | **Coverage 2000/01** | **Coverage 2001/02** | **Target** |
|---|---|---|---|---|---|---|
| BCG | 100% | 100% | 88% | 82.4% | 86.2% | 100% |
| POLIO $_3$ | 95% | 102% | 109% | 89.6% | 101.4% | 85% |
| DPT3 | 95% | 102% | 109% | 89.6% | 101.4% | 85% |
| MEASLES | 77% | 92% | 106% | 92% | 89.9% | 85% |
| $TT_{2+}$ P | 27% | 25% | 23,4% | 35.8% | 40.8% | 80% |
| $TT_{2+}$ NP | 11% | 10% | 30% | 50.9% | 38.9% | 20% |

Coverage for the BCG, and TT2+ pregnant were below target. TT2+ non-pregnant has increased in the last years and can be explained by the strong mobilisation efforts from FHW's and TBA's. Measles immunisation coverage is satisfactory. While for TT2+ P, most mothers reported having completed the 5 doses already when interviewed. There is yet no sufficient data to quantify and validate this. Another evidence is the barely reported incidence of neonatal tetanus in Bokora HSD.

### *3.4 TBLCP*

Although TB case finding is predominantly passive, our FHW's actively seek, identify, and refer all cases with chronic cough to the hospital for free TB screening. To achieve high case holding rate, the FHW's follow up TB patients discharged from the 2 months intensive treatment to ensure treatment compliance and to supply more drugs to patients on maintenance phase.
The expected number of sputum positive cases (Case finding) for the period 01/07/97 to 30/06/98 was estimated using the formula (55 x Annual rate of infection. x Population/100000) = 147 M+
Actual sputum positive cases found were 38 patients from Bokora health Zone thus a Case finding rate = 26% (29.4% in 1997, 42.6% in 1996). Is the control programme having an impact? Or are we not able to identify all the

cases. There is need to re-examine our policy on case finding and to strengthen supervision of the FHW's and unit staffs.

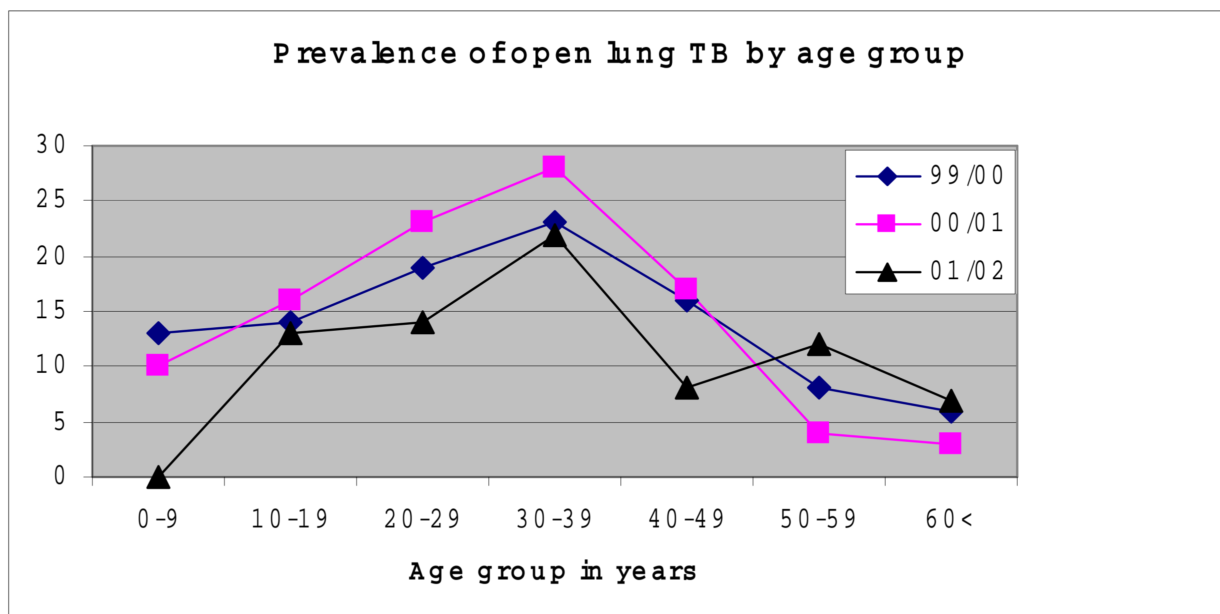
**Table 8.6 TB control: Case finding & case holding indicators for sputum positive cases in Bokora Health Zone**

| Indicators | 1996 | 1997 | 1997/98 | 1998/99 | 1999/2000 | 2000/01 | 2001/02 |
|---|---|---|---|---|---|---|---|
| **No. M+ cases identified** | 58 | 40 | 38 (147 target) | 55 (149 target | 65 (153 target) | 81 (157 target) | 78 (161 target) |
| **Case finding rate*** | 43% | 29% | 26% | 37% | 42% | 52% | 48.4%% |
| **Sputum conversion rat** | 91% | 93% | 89.5% (85%target) | 100% (85% targe | 100% (85% targe | 100% (85% target | 100% (85% target |
| **Case holding rate *** | 69% | | 60.5% (100%targe | | | | |
| **Cure rate *** | - | - | 58% (85%target) | | 47% (85% target | 51% (85% target | 64% (85% target |
| **Transferred out rate *** | 1.7% | - | 5.3% | | | | 3% |
| **Defaulting rate *** | 18.9% | - | 23.7% (<10%targe | | | | 23% |
| **Death rate *** | 10% | - | 10.5% | | 10 % | 10 % | 10 % |
| **Failure rate*** | | | 2.6% (<4%target) | | | | 0% |

NB. * The rates are computed on the cohort sputum positive.

The case finding improved over the last years, possibly due to the active case search and referral by the FHW's in Bokora health sub-district.

**Graph 8B. Age distribution of sputum positive tuberculosis in Bokora County in the years 1999/00 and 2000/01**




Open lung TB is more prevalent in the age group 20-29 and 30-39 years in Bokora County. This age group is sexually active hence prone to HIV/AIDS with the associated Tuberculosis. The same age group often socialises through sharing of local brew (kutu-kuto) where every body drinks from the same spot on the pot including those with prolonged cough. Interventions like active case search will be intensified for the age group 20-29 and 30-39 years and health education on prevention and control of TB targeted for all age groups.

## *3.5 PRIMARY EYE CARE*

The PHD has a primary ophthalmic assistant who conducts health education on primary prevention of eye problems and carries out treatment of simple eye problems on a daily basis. Complicated eye cases are referred or booked for the eye specialist's attention (visited Matany in June 2002 and carried out eye operations). Out reach services integrated with others are offered to the 6 sub-counties on scheduled visits. Eight to ten out-reaches are made per month.

Table 8.7 Primary Eye Care

| | 1998/99 | 1999/2000 | 2000/01 | 2001/02 |
|---|---|---|---|---|
| No. of uncomplicated cases treated | 855 | 919 | 830 | 688 |
| No. of cases booked and operated | 89 | 2 | 84 | 83 |
| No. of cases referred | | 9 | 4 | 5 |

### 3.6 GWEP

Bokora is the most highly endemic county for guinea worm disease in Moroto district. With the establishment of active surveillance, Bokora has achieved a high case containment (meaning cases identified, treated, prevented from contaminating water, and verified by Sub-county/District supervisor within 24 hrs of worm emerging from the blister). This was maintained throughout the reporting year to interrupt the transmission cycle

### 3.7 SURVEILLANCE (Measles, Cholera, AFP, NNT and Malaria)

In June 2001 a new format of reporting of notifiable diseases was introduced with addition of other diseases. The table below shows a summary of cases reported from July 2001 to June 2002.

Table 8.8 Notifiable Diseases in FY 2001/02

| Disease | Cases reported | Deaths |
|---|---|---|
| Cholera | 0 | 0 |
| Bacillary Dysentery | 899 | 0 |
| Measles | 19 | 0 |
| AFP/Polio | 0 | 0 |
| Meningitis | 59 | 3 |
| Malaria | 18,900 | 43 |
| Neonatal tetanus | 1 | 0 |
| Plague | 0 | 0 |
| Typhoid | 51 | 1 |
| Yellow fever | 0 | 0 |
| VHF | 0 | 0 |
| Dranculiasis | 0 | 0 |
| Animal bites, suspected rabies | 121 | 1 |

### *3.8 HEALTH EDUCATION*

Health education, a public health intervention cutting across all areas, is conducted at individual, family, community, and health unit levels. Hospital staffs, students, and FHW's carry out the activity using various methods and tools to facilitate learning through voluntary adoption of knowledge, attitude, behaviour, and practices for disease prevention, control, and health promotion.

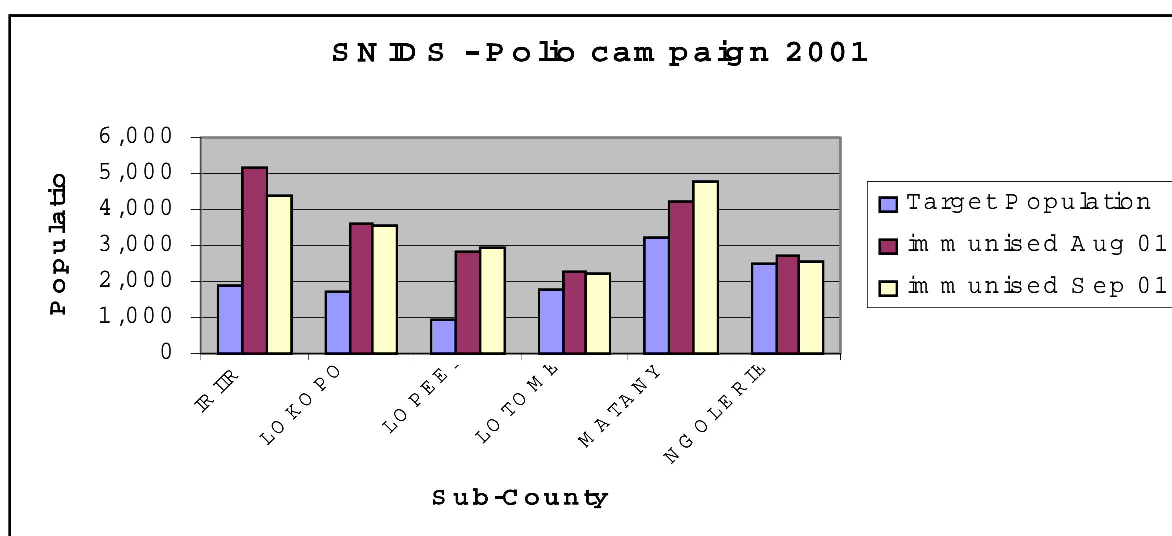
Table 8.9 Health education sessions by Field Health Workers (FHW's)

| | 1995 | 1996 | 1997 | 1998/99 | 1999/00 | 2000/01 | 2001/02 |
|---|---|---|---|---|---|---|---|
| **In the field** | 2,253 | 3,126 | 3,445 | 2,415 | 2,767 | 2,412 | 3,376 |
| **In the Hospital** | n.r. | n.r. | 119 | 52 | 48 | 49 | 49 |

### *3.9 SUB-NATIONAL IMMUNISATION MASS POLIO CAMPAIGN*

SNIDS refers to Sub-National immunisation that was set by the Ministry of Health to supplement and strengthen routine immunisation so as to eradicate polio. In Uganda is was implemented in 26 Districts bordering Kenya, Sudan and the Democratic Republic of Congo of which Moroto District was among these. These nations were also immunising at the same time as to prevent the high risk of cross border transmission of the wild poliovirus. The campaign was conducted on 11th and 12th of August 2001 for Oral polio vaccine and 15th and 16th September 2001 for both Oral polio vaccine and vitamin A supplementation.

| NO | SUB COUNTY | Target Population | Tot. Popn. immunised | Tot. Popn. immunised | Coverage | Coverage | Total Coverage |
|---|---|---|---|---|---|---|---|
| | | | Aug 2001 | Sept 2001 | Aug 2001 | Sept. 2001 | |
| 1 | IRIIR | 1,876 | 5,172 | 4,408 | 275.7% | 235% | 255% |
| 2 | LOKOPO | 1,741 | 3,616 | 3,557 | 207.8% | 204% | 205.8% |
| 3 | LOPEEI | 951 | 2,834 | 2,922 | 298.0% | 307% | 302.5% |
| 4 | LOTOME | 1,780 | 2,280 | 2,215 | 128.1% | 124% | 126.5% |
| 5 | MATANY | 3,207 | 4,210 | 4,791 | 131.1% | 158% | 144.5% |
| 6 | NGOLERIET | 2,500 | 2,720 | 2,528 | 108.8% | 101% | 104.9% |
| | HSD TOTAL | 12,055 | 20,832 | 20,421 | 172.7% | 169% | 171% |




Vitamin A supplementation
The target age for Vitamin A supplementation was children of 6 months to 59 months of age.

| NO | SUB COUNTY | Target Population | Tot. Popn. immunised | Coverage |
|---|---|---|---|---|
| 1 | IRIIR | 1,668 | 4,164 | 247% |
| 2 | LOKOPO | 1,567 | 3,169 | 202% |
| 3 | LOPEEI | 856 | 2,728 | 318.7% |
| 4 | LOTOME | 1,602 | 2,058 | 128.5% |
| 5 | MATANY | 2,886 | 4,277 | 148% |
| 6 | NGOLERIET | 2,250 | 2,449 | 109% |
| | HSD TOTAL | 10,850 | 18,845 | 174% |

Note: All figures for target populations used above were provided by the Ministry of Health.

## 4.0 Workshops

Three workshops were conducted in Bokora Health Sub District (HSD) in 2001/02.
The first, workshop a TB refresher workshop held in Matany Parish hall on 22nd September 2001. The 40 participants consisted of: all FHW's, Health Unit in charges, Health Assistants and TBLP assistants.

The second one was a refresher workshop for TB/Leprosy documentation for focal persons which was carried out from $21^{st}$ – $23^{rd}$ February 2002 at KHRDCH. 20 participants took part consisting of Health Unit in charges, health extension staff PHC and Staff of Matany Hospital involved in TB data collection.
A third one was a four day workshop on Integration of Hepatitis B and Haemophilus influenza B to routine DPT vaccine conducted from $15^{th}$ to $18^{th}$ April 2002. 50 participants from health units, health extension staff, FHW's and staffs of Matany Hospital attended.

### 5.0 Problems/Constraints

- Insecurity due to road ambushes and cattle rustling
- Prolonged drought associated with migration to neighbouring districts
- New settlements
- The basic staffing requirement of the community health department is not yet met.

### 6.0 Recommendations/possible solutions/action taken

- Ten outreach immunisation posts and two extra TBA outreaches were established.
- To recruit more staffs

### 7.0 Plan for next year 2002/03

- *Continue with support supervision and supply of logistics to peripheral health units*
- *Continue delivering an integrated MCH/FP/TBA, UNEPI, TBLCP, GWEP, EDMP, school health, dental care and primary eye care activities.*
- *Continue with epidemiological surveillance for notifiable diseases of cholera, AFP, Measles, NNT, and other diseases of epidemic potential like Malaria.*
- *Community survey on Utilisation of ANC and maternity services, and Immunisation coverage*
- *Train more TBA's covering almost all villages and discontinue the blind and very old ones, and organise courses for all the TBA's*
- *Increase outreach visits of the primary ophthalmic assistant and primary dental assistant to cover all the parishes in Bokora HSD*
- *Increase Immunisation out reaches to 38 and provide one other ANC post for Iriir.*
- *Strengthen and supervise mobilisation for PHC activities.*

## Acknowledgements

The Hospital Management team on behalf of the Board of Governors of Matany Hospital wish first of all to thank all the Hospital employees for the demanding and often unrewarding work without which all what was achieved and described in this report would have not been possible.

| Dr.Kababa L | Dominique | Act. MS | Namer | Grace | O/A | Chero | Paul | porter |
|---|---|---|---|---|---|---|---|---|
| Maynard | Sr. Cathy | SNO | Namuzungu | Grace | N/A | Echopu | Joseph | s.driver |
| Nährich | Br.Günther | Adm. | Nayolo | Clementina | N/A | Eliau | Julius | electr. |
| Dr. Bornati | Andrea | M/O | Okiror | Thomas | N/A | Idilla | Simon | carpenter |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Dr. Labi | Petra | M/O | Okuda | Matthew | N/A | Iiko | Daudi | mason |
| Galimberti | Sr. Fausta | Caterer | Amaese | Mary | N/A | Ikara | Stephen | carpenter |
| Pisetta | Sr. Silvia | Gen Store | Angella | Simon Peter | PHC | Korobe | Federico | carpenter |
| Zandonella | Sr. Lea | Tutor | Kokor | Magdalena | RN/M | Laalany | Felix | s.electr. |
| Obiru | Cyprian | Tutor | Locham | Justine | O/A | Lochugai | David | porter |
| Ikabat | James | Tutor | Lowoto | Catherine | PHC | Lochuu | Mark | cas.w. |
| O'Driscoll | Brendan | Adm. | Otim | Stephen | PHC | Logono | Andrew | mason |
| Venturelli | Paola | Gen Office | Adiaka | Margaret | cook | Logono | Peter | wetlands |
| Bonometti | Gigi | Theatre | Akol | Alice | cook | Lokiru | Peter | s.porter |
| Achia | Deborah | R/N | Akol | Martha | cook | Lokiyo | James | met.work. |
| Agan | Betty | E/M | Amuron | Hellen | Cook | Lokoru | Mark | porter |
| Agasiru | Juliet | E/M | Angella | Lucy Keem | G/H | Lokut | Galdino | plumber |
| Aigo | Rose | R/N | Angella | Magdalen | G/H | Lomer | Mark | mason |
| Aituk | Dorothy | E/N | Apiding | Christine | Cook G/H | Lomuudu | Michael Muya | storekeep. |
| Akech | Santina | R/N | Chero | Anna | cleaner | Loruko | Mike | porter |
| Akol | Anna | N/A | Lokoryo | Dorothy | cleaner | Lotimong | Christopher | wetlands |
| Akumu | Lucy | N/A | Lotukei | Margaret | cook | Loukai | Joseph | s.porter |
| Akwii | Margaret | N/A | Nabok | Veronica | cook | Menya | Kizito | j. carp. |
| Amito | Anna | E/N | Naduk | Alice | Cook | Moru | Rafael | j driver |
| Amodoi | Joseph | N/A | Nake | Cecilia | cleaner | Mubakye | Patrick | mason |
| Among | Mary | R/N | Nauga | Cecilia | cook | Ngorok | Eliya | porter |
| Amwola | Anna | E/N | Neno | Betty | cleaner | Ngorok | Zakaria | porter |
| Anyiko | Catherine | E/M | Ojao | Angelline | cook | Nyangan | Philip | porter |
| Apiding | Sarah | N/A | Sagal | Anna | cleaner | Ochan | James | plumber |
| Apolot | Florence | E/N | Aboka | Agnese | cleaner | Odeke | Simon | s.mason |
| Apuun | Regina | E/N | Aboka | Angello | comp | Okello | Jildo | storekeep. |
| Asio | Betty | N/A | Abura | Paul | W/M | Okiror | Matthew | mason |
| Atekit | Hellen | R/N | Achia | Giovanna | cleaner | Okuda | Cecerino | cas.w. |
| Atim | Christine | E/N | Achilla | Maria | cleaner | Okure | Simon | porter |
| Atukoit | Polly | E/N | Adiaka | Andrew | comp. | Omalla | Wilbroad Ogode | mechanic |
| Auma | Anna Grace | E/M | Adome | Gabriel | W/M | Ongom | Pasquale | plumber |
| Ayepa | Alfonse | T/A | Aguma | Thomas | W/M | Onnax | Felix | s.carp. |
| Bombo | Raymond | C/O | Aisu | Anna | storekeeper | Onyait | Christopher | mason |
| Chandia | Robert | D/A | Ajilo | Agnes | storekeeper | Onyanga | James | Driver/ |
| Dengel | Mary | E/N | Akung | Betty | cleaner | Opuuno | Kenneth | j.mason |
| Echatt | Anna | RN/M | Aleper | Peter | W/M | Otyang | Paul | electr. |
| Ikabat | Hellen | L/A | Aleper | Philip | comp. | Sagal | Eliya | j. driver |
| Imalany | Rose | LIB | Areman | Margret | cleaner | Sagal | Michael | app.carp. |
| Iryama | Paul Lorot | N/A | Atim | Magdalen | store | Edieru | Peter | mechanic |
| Kagwera | Eugeine | RCN | Awas | Casimiro | W/M | Abura | Anna | H/E |
| Keema | John | N/A | Chila | Agnes | cook | Adome | Benedict | H/E |
| Kolibi | Bernadette | N/A | Epur | Andrew | Watchman | Akol | Barnabas | H/E |
| Komol | Magdalen | R/N | Keem | Valeria | cleaner | Aleper | John | H/E |
| Lakot | Caroline | E/N | Kiyonga | Agnes | Cleaner | Ditekol | Massimino | H/E |
| Likana | George | C/O | Lakawa | Rebecca | cook | Emong | Betty | TBA |
| Lochap | Simon | Gen Office | Lochap | Paolo | comp | Irwata | Albert | H/E |
| Lojore | Maria Gina | N/A | Lochoro | Margaret | cleaner | Kiyonga | Antony | H/E |
| Lomma | Martha | N/A | Logiel | Agnes | cleaner | Loburo | Simon Peter | H/E |
| Lomonyang | Rose | E/N | Logwala | Philip | laundry | Logiel | Eliah | H/E |
| Longono | Alfred | N/A | Lokiru | Raphael | laundry | Lokoru | Philip | H/E |
| Lorot | Catherine | L/T | Lokodos | Joseph | Comp. | Lokwi | Mark | H/E |
| Lotukei | Anjello | N/A | Lokonya | Joseph | comp. | Lomilo | Paul | H/E |
| Loumo | Jacinta | E/N | Lokut | Marko | comp | Lomuria | Matthew | H/E |
| Lowanyang | Lucy | R/N | Lolem | Lucia | tailor | Longole | Philip | H/E |
| Mudong | Martina | N/A | Loma | Alice | tailor | Longoli | Mathew | H/E |
| Nachuge | Sakina | E/M | Lomeri | John | comp | Lopuka | Michael | H/E |
| Nachuwa | Mary | N/A | Lomudu | Samuel | W/M | Lorita | Joseph | H/E |
| Napeyok | Rosemary | Cashier | Longole | Peter | comp | Lotukei | John | H/E |
| Nawal | Angeline | Gen Office | Longorok | Sussan | cleaner | Lotukei | Simon Peter | H/E |
| Nayolo | Lucy | E/M | Lote | Joseph | W/M | Louga | Paolo | H/E |
| Ngorok | Magdalen | Cash. | Lotukei | Anyese | cleaner | Moru | Abiba | TBA |
| Ochen | Patrick | E/N | Munyes | Martha | Cleaner | Nangiro | Rosemary | H/E |
| Ochen | Patrick | E/N | Nachuge | Joyce | cleaner | Otyang | Zakaria | H/E |
| Odiit | Jesca | E/N | Nakiru | Hellen | Cook | Sagal | John | H/E |
| Olee | Alphonse A | A/C Dep | Namilo | Lucia | comp | Teko | Zachary | H/E |
| Omara | Florence | E/N | Nangiro | Paul | cleaner | Akol | Jermano | H/E |
| Omara | Bruno | A/C Dep | Napeyok | Lucy | cleaner | Kinei | Michael | H/E |
| Opiga | Fred | Physioth. | Nate | Catherine | Cleaner | Adio | Peter | H/E |
| Oryekot | Augustine | C/O | Pedo | Pia | G/S | Apalia | John | H/E |
| Risa | Agnes M. | s/keeper | Pulkol | John | laundry | Namoe | Veronica | H/E |
| Rubangam. | Kevin | E/N | Gandolfi | Roberto | Tec.Dept. | Apuun | Paul | carp. |
| Yeno | Maria | N/A | Abol | Thomas | porter | Atogo | Daniel | s.porter |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Idariot | Agnes | E/N | Agan | Mario | app.carp. | Awok | Domenic | carp. |
| Atim | Christine | E/N | Aleper | Gabriel | j.plumber | Baraza | Joseph | electr. |
| Akello | Esther | N/A | Angella | Gabriel | storekeep. | Bob | Charles | carp. |
| Akongo | Catherine | N/A | Apurio | Eliya | s.porter | Moru | Christine | N/A |
| Apalia | Monica | N/A | Etap | Betty | N/A | | | |
| Ayago | Florence | N/A | Liakori | Rose Mary | N/A | | | |

## Conclusion

We would like to thank God our Almighty Father for having graced us with yet another year to serve him in caring for the sick of Karamoja. He has given us the strength, courage and wisdom to carry out our healing service in fidelity to His call. We would also like to take this opportunity to thank all those who have assisted us in our mandate to make known the healing love of Christ during the past year. In a special way, we would like to honour two of our friends who have left us in death this past year: Fr. Declan O'Toole and Fr. John Omoding. We dedicate this annual report to them and their faithful service to the people of Karamoja. May they intercede for us from heaven.

We thank all our staff and students who have tirelessly cared for the sick.

We hope that this report, and the contents herein will help to inform all those who are together with us about our activities in our mission for the sick here in Karamoja.

They are:

- the Board of Governors of St. Kizito Hospital - Matany
- the Health Authorities of the District and the Country
- the Local Government
- the Diocesan Authorities

We thank them for having entrusted us with the task of serving the people of Karamoja and of Bokora Health Zone in particular.

We would also like to remember all those who support us from near and far (our benefactors) with spiritual and material resources. Without their contribution, and trust in us, we would not have been able to accomplish what we have in the past year. We thank those involved in making policy decisions in favour of the smooth running of our Institution. A special thanks to the Uganda Catholic Medical Bureau, for all its support and encouragement over the past year. And once again a special vote of gratitude to the numerous patients who have availed us with an opportunity to follow in the footsteps of Christ, to bring healing to the sick and suffering. Lastly, and once again we thank all our staff: our expatriates, and all the Ugandans who continue to make St. Kizito Hospital a model for others to follow.

We rejoice with and for all those who have encountered the Lord within the walls of the Hospital; we know that often we have made this encounter more difficult with our shortcomings and fragility: we ask forgiveness for it. Above everything else, we desire to remain faithful to the task, entrusted to us by the Church, of serving the sick: we are grateful to all those who made and who will make this task possible.

Matany, 15th November 2002

| Bro. Günther Nährich | Sr. Catherine Maynard | Dr. Dominique Kababa-Lubaya |
|---|---|---|
| Administrator/CEO | Senior Nursing Officer | Medical Superintendent |