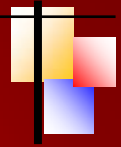


Bwindi Community Hospital



Annual Report 2008/9



“The model of a Community Hospital...
extraordinary and inspiring”
Stephen Fry, actor, 2008

Members of the Board of Governors 2008/9

Board Members

Rt. Rev John Wilson Ntegyereize	Bishop Kinkiizi/Chairman
Dr Paul Williams	Medical Superintendent/Secretary
Rev Canon Bernard Bagaba	Diocesan Secretary
Charles Byarugaba	Principal Hospital Administrator
Vicky Holt	Principal Nursing Officer
Dr Scott Kellerman	Hospital founder
Veronica Ndagano	Accountant
Beyeza Eldard	Parish Priest, Buhoma
Christine Tumusiime	Mothers' Union President
Alfred Twinomujuni	Chairman, Buhoma Community Rest Camp

Ex-officio Members

Sam Karibwende	Chairperson LCIII, Kayonza
Dr Sarah Kyobe	Voluntary Service Overseas
Hon Amama Mbabazi	Area MP Kinkiizi West
Dr Ben Mbonye	Retired Civil Servant
Precious Ngabirano	Diocesan Chancellor
Dr Stephen Sebudde	District Health Officer
Rev Dan Zureka	Diocesan Health Co-ordinator



Members of the Board of Governors of Bwindi Community Hospital

The picture on the front cover shows Lorna, a nursing assistant in the HIV/AIDS team together with Susan, one of her patients

Vision: A healthy and productive community free from preventable disease and with excellent health services accessible to all.

Introduction from the Medical Superintendent

The last twelve months have been a time of expansion and delivery in Bwindi Community Hospital. We published an ambitious strategic plan on our website in July 2008, and by the end of June 2009 had delivered 75% of it. The Hospital has limited resources and is located in a remote, rural part of Uganda where poverty abounds. Every single percent represents a huge amount of hard work from the team.

We will always remain indebted to the Hospital founders, Scott and Carol Kellermann. But sustainability has required investment in local people. There are now more than 100 Ugandans working for Bwindi Community Hospital, including doctors, clinical officers and more than forty nurses. Some people work in the community all the time,



some in the operating theatre and some staff live and work at the new Health Centre in the Batwa pygmy settlement of Byumba. We even employ someone who is based in Kampala to help with procurement of supplies. Bwindi has become a medium-sized Hospital which costs more than \$40,000 a month to run.

The outputs of the organisation are phenomenal. More than 15,000 outpatients were seen in the Hospital last year, including 3,500 cared for by the HIV team. Two thousand people were admitted to Hospital. More than 10,000 people were tested for HIV and 2,000 consultations took place with pregnant women in the antenatal clinic. There were 1,000 consultations for family planning and more than 50,000 condoms were distributed. 750 babies were born in the Hospital and there were 50 deaths.

In the Community and Batwa Health department the activity was no less. We held weekly outreach clinics in Batwa pygmy settlements, giving education and treatment to thousands. Each school in the area was visited as part of the child-to-child programme to teach about water safety, sanitation and good nutrition. The dental team screened more than 4,000 people, and provided treatment in the community to more than 1,000. We sold at low prices or bartered 2,000 insecticide-treated mosquito nets and immunisation outreaches reached the very poorest children.

Our team of 207 Village Health Promoters (one for every village in Kayonza and Mpungu, the area of more than 60,000 people that we serve) remain integral to the



prevention, education and health improvement work of the Hospital. We meet with each village health promoter once a month and work with them on a theme – for example, malaria prevention, how to grow a balanced diet, or how to detect TB – and expect them to undertake tasks in their villages to spread information to every household. Each year we undertake a community survey to assess the effectiveness of their work, which is published on the website at www.BwindiHospital.com

The most significant accomplishment of 2008/9 should have been the recognition of the Hospital by the Ministry of Health, and the funding that has been agreed for 2009/10. The Church of Uganda have really helped us with this, but at the time of writing we are all disappointed that money has not been

forthcoming and optimism is fading. However, real advances were made during the year in the development of a community health insurance scheme. Microcare is an experienced company which has developed affordable insurance in other parts of Uganda. Thousands of local people are ready to contribute small amounts of money towards their own health care. This is a real focus for the next year. We want to get the Microcare scheme running, and make health care affordable for everyone.

We have come a long way in just six years, from a small clinic under a tree to a high quality Hospital, but we have further ambitions. We want the area served by the Hospital to be a healthy and productive community free from preventable disease, and with excellent health services accessible to all. We can only hope to deliver this dream because we have excellent staff and because of the formidable support that we get from our donors and friends. Thank you for everything that has been done in the last year. We ask all you to continue to give us the backing that we need.

Dr Paul Williams

31st July 2009

Six key areas of need at Bwindi Community Hospital in 2009/10

- Building decent accommodation with water and power for our staff
- A donor for the running costs and further development of the Health Centre in the Batwa settlement of Byumba, and for the Community Health programme
- Support for the running costs of some of the Hospital-based services that we offer: inpatient wards, outpatients and dental care
- Safety and environmental improvements: fire protection, a fence, covered walkways and landscaping
- Construction of a new adult ward with better isolation and improved nursing facilities
- We have 110 staff. Paying their wages and other employment costs consumes 65% of our operating budget.

Medical Superintendent

The main responsibility of the Medical Superintendent in 2008/9 has been to lead the delivery of workplans in each department on behalf of the Board. This has been done through regular evaluation with the heads and staff of each programme area. At the same time plans for 2009/10 have been drawn up through feedback sessions from staff, a stakeholders meeting with more than 200 members of the community in January, and work done with individual programme heads and their teams.



An exhausted refugee child from the Democratic Republic of Congo sleeps on a rock

Partnerships have been built with Marie Stopes International, Microcare, and the Elton John AIDS Foundation to supplement existing relationships with Joint Clinical Research Centre, AIDS Information Centre, Population Services International, TOUCH Uganda, Family Health International, Elizabeth Glaser Paediatric AIDS Foundation, VSO and the Eurochange Charity.

Part of a Hospital poster campaign encouraging condom use in the community



Hospital achievements

- Partnering with Microcare to plan a community-based health insurance scheme at only \$3.30 per person aged five years or over
- Providing help to refugees fleeing the war in the Democratic Republic of Congo
- High standards of corporate governance
- Delivering 75% of the workplan for 2008/9
- Strong funding partnerships with Marie Stopes, Eurochange Charity and Elton John AIDS Foundation

By the end of 2009/10 we want to have:

- A fully operational health insurance scheme
- Firm financial and drug support from Government
- Better long-term funding
- Started to write the next Hospital Strategic Plan for 2011 onwards
- Developed Ugandan leadership

Sexual & Reproductive Health

Uganda has one of the highest birth rates in the world and we are trying to help families to have more control over the number of children they have. By the end of the year the training of community-based family planning workers had resulted in 350 women accessing birth control implants, injections or pills each month.

More than 225 women are seen each month for antenatal care and during the year we delivered more than 700 babies in the Hospital. Our Waiting Mother's Hostel is always full with women from distant villages who want to deliver in Bwindi. We have a team of high quality nurses and midwives under the leadership of Elizabeth Nabadda, a graduate nurse who first came to Bwindi when she was a student at Mbarara University.



The first baby to be born by Caesarean section in Bwindi with her mother

Our partnership with Marie Stopes International allows women to buy vouchers at 3000 shillings (\$1.67) that entitle them to four antenatal visits, a Hospital delivery (including a Caesarean section if necessary) and a postnatal visit. Marie Stopes refund the Hospital for the actual cost of providing this service

A Traditional Birth Attendant working with the Hospital



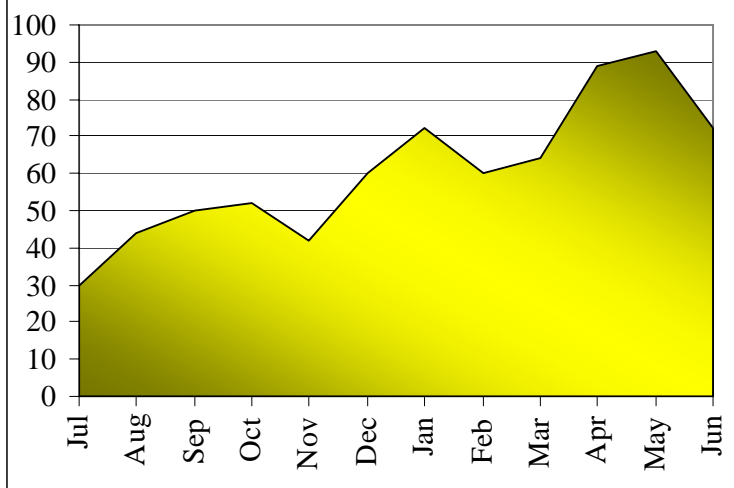
Achievements in Sexual & Reproductive Health

- 90 Hospital deliveries a month
- Waiting Mother's Hostel always fully occupied
- Caesarean deliveries
- 14 staff working in the department
- Partnership with Marie Stopes for affordable maternity services
- 350 women getting family planning each month
- Staff trained in managing rape
- Adolescent sexual and reproductive health groups in every part of the area served by the Hospital

By the end of 2009/10 we want to have:

- 150 deliveries a month, and at least 60 women returning for postnatal clinics
- A larger Waiting Mother's Hostel
- Extended the Maternity ward
- 500 Women receiving family planning each month
- Contact tracing for people with sexually transmitted infections

Deliveries at Bwindi Community Hospital 2008/9



Goal: To ensure the provision of excellent medical and nursing services for adult inpatients that save lives, prevent the spread of infectious diseases, reduce disability and care for the sick.

Adult inpatients & Diagnostics

Dr Birungi Mutahunga leads this programme area, together with nurse Bampabwire Godfrey and Laboratory Technologist Tumusiime Parkrasio. Sixty adults are admitted to the Hospital each month, mainly with problems related to HIV and TB. The adult ward is full most of the time, and isolation facilities are inadequate, so we have designed a new ward with better privacy, better infection control and better nursing facilities. Fundraising for this is one of the priorities for the Hospital in 2009/10. Power and oxygen have made a big difference to our ability to deal with very sick patients, and the laboratory is now better equipped to help the three Doctors and five Clinical Officers to make the right diagnoses.



Laboratory Technologist Parkrasio and the new biochemistry analyser machine



Some of the nurses sharing a drink and a joke

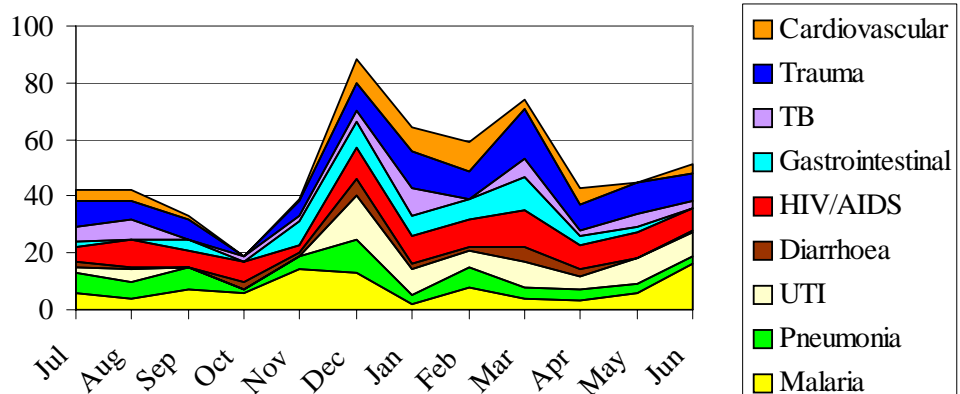
Achievements in Adult inpatients and diagnostics

- More than 700 x-rays and ultrasounds performed
- High dependency beds with oxygen and monitoring of very ill patients
- New CD4 and biochemistry machines
- New ultrasound machine
- Training of staff to handle large-scale emergencies and in x-ray and ultrasound techniques

By the end of 2009/10 we want to have:

- A new 60 bed adult ward with isolation for people with TB and better nursing facilities
- Improved laboratory services with a haematology machine
- A new ECG machine
- Better quality palliative care
- Better care for people with mental health problems
- Physiotherapy, Occupational Therapy and a Nutritionist

Reasons for admission in people > 5 years at Bwindi Community Hospital 2008/9



Byumba Health Centre II

Bwindi Community Hospital will never forget that it came into existence because of the need to provide health care for the Batwa pygmies. In June 2009 we opened a satellite clinic close to the Batwa settlement of Byumba. If you think Bwindi is remote, then Byumba is extreme. The staff of six who live and work at the new Health Centre focus on education and prevention in the surrounding villages, churches and schools. They provide basic treatment services, family planning, HIV testing and even performed one delivery during the first month that they were open. Other staff from the Hospital visit Byumba to provide specialist clinics there.



The staff of the new health centre (led by Patric Tweheyo – right) in Byumba with local leaders



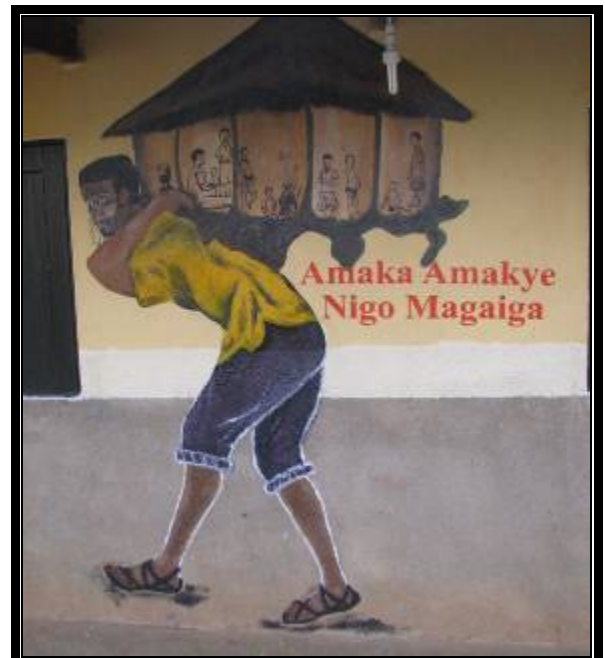
Byumba Health Centre II is located in Bujengwe Parish, one of the poorest and most remote areas served by the Hospital

Achievements at Byumba Health Centre II

- Opening a clinic in a remote area with six staff, including three Batwa.
- Monthly dental clinic in Byumba
- Family Planning for 40 couples in the first month
- Project set up with strong involvement from community members

By the end of 2009/10 we want to have:

- Secured funding for Byumba - we received a grant to start the clinic but have no donor for running costs
- A monthly HIV clinic in Byumba
- Quality antenatal, malaria prevention and chronic care services in Byumba
- An immunisation fridge and a motorcycle to aid transport
- Linked Byumba to the Hospital computing system
- Opened another Health Centre II on the other side of the Bwindi Impenetrable Forest close to the Batwa settlement of Nteko



A mural in Byumba illustrating the burden of a large family

Goal: Maintain a positive image for the organisation in the eyes of donors, potential donors and other organisations working within Uganda. Raise enough money to fill any gaps in the running costs of the organisation not found from other sources, and raise money for capital developments

Public Relations & Fundraising

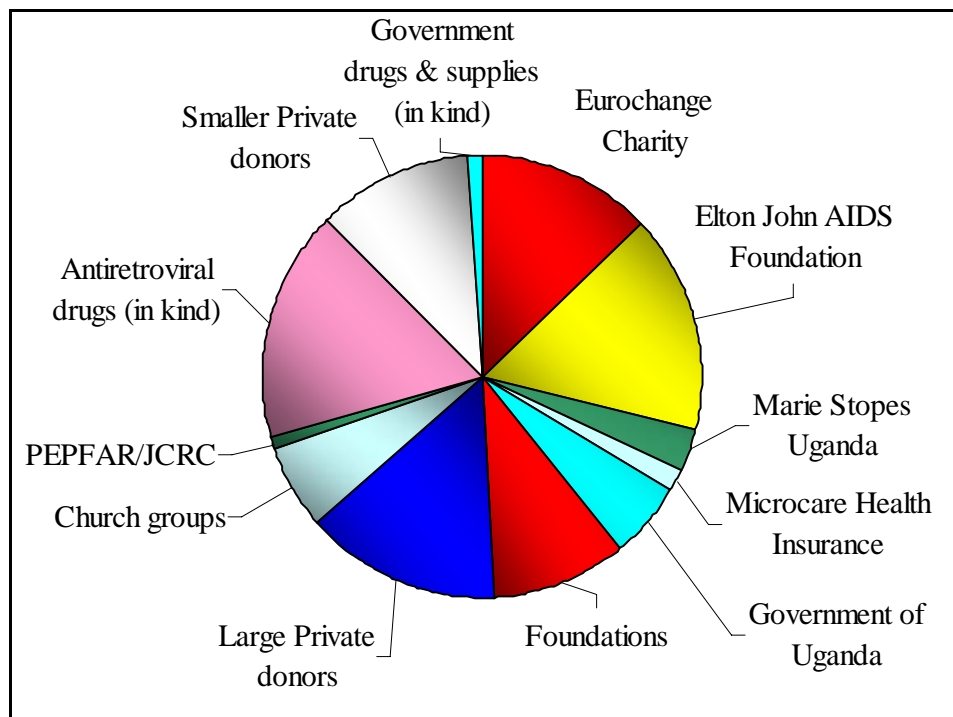
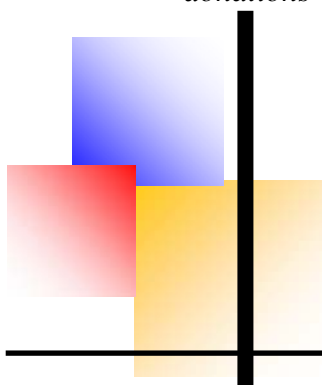
This has been a tough year for fundraising, but the Hospital has worked hard to maintain a quality website at www.BwindiHospital.com, apply for grants and to build relationships with tour camps and travel companies to attract tourists to visit the outstanding work that we are doing in Bwindi. We have a PR and fundraising team that brings together Ugandan and Western talent. The main challenge has been to raise enough money to meet the running costs of the Hospital, which exceed \$40,000 each month. But this amount, which is often spent treating just one person in the West, goes a long, long way providing care for thousands of people.



Actor and Bwindi Community Hospital supporter Stephen Fry visited the Children's ward in October 2008.

100% of money donated to the Hospital gets spent on delivery of services. The charities that support the Hospital are run by volunteers or fund their own overheads.

We hope that 47% of our income for the running costs of the Hospital in 2009/10 will come from sources in the UK, 35% from the United States and 16% from within Uganda. This chart shows the predicted sources of income based on pledges and previous donations



Achievements in Public Relations & Fundraising

- Opened a community internet cafe
- New Women's Health building
- Weekly radio education programmes
- Grants for the running costs of the HIV programme for the next four years
- Launch of a charity in the UK (www.BwindiFriends.co.uk) as well as in the existing 501(c)3 in the US (www.KellermannFoundation.org)
- Community Walk partnership

During 2009/10 we want to have:

- Encouraged people to contribute to an Endowment Fund for the Hospital
- Raised funds for scholarships for staff
- Encouraged people to contribute to capital projects like staff housing, the new adult ward and a hospital fence
- Found long-term supporters for the Community Health programme and for Byumba Health Centre.

Child Health

The Children's ward is the busiest in the Hospital. Led by Dr Agasha Doreen and nurse Kamugisha Robert, there are up to 90 admissions a month with conditions like pneumonia, burns and malnutrition. The neonatal unit is now heated and nurses are careful to feed newborn babies regularly and to prevent and treat infections. A large part of the work of the children's ward is education and prevention. Mothers of malnourished children work in the demonstration garden and have cooking lessons. Family planning, immunisations and mosquito nets are offered to all families admitted to the ward.



A child recovering on the Children's ward



Children's ward lit up at night

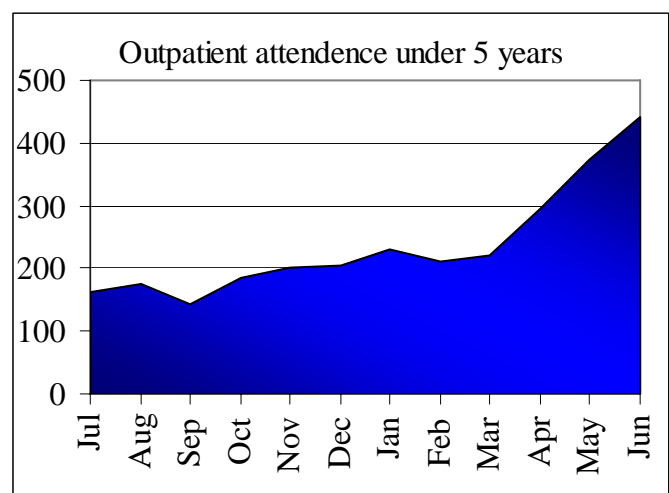
Achievements in Child Health

- 750 admissions to the Children's ward, and only 25 deaths, 12 of which were in neonates
- 129 children with malnutrition cared for in the Nutrition unit with only two deaths
- Many more children with respiratory illness being seen and receiving treatment
- Low levels of HIV, meaning that the Prevention of Mother to Child Transmission programme is working
- New monthly epilepsy clinic

By the end of 2009/10 we want to have:

- 1200 children under five attending outpatients each month, and 120 admission
- Improved neonatal survival rates
- All children with long-term health problems being reviewed regularly by the Child Health team
- Better follow up of malnutrition in the community

The Child Health Access Programme (CHAP) was launched in April 2009 and is supported by the Eurochange Charity. It helps all children under the age of five years access health care in Bwindi for a nominal fee. The number of children coming to the Hospital more than doubled in the first three months of the scheme, and by the end of this year we expect more than 1,000 children each month to access the Hospital



Community and Batwa Health

You do not improve health by building a nice Hospital and waiting for sick patients to find you. Prevention and education are fundamental. The Hospital has a Community Health team who spend every day in the field. They teach in every school, sell mosquito nets at subsidised prices in churches and do special outreaches to Batwa pygmy settlements each Friday.

Our strategy has been to train volunteer health workers, Village Health Promoters, in every village. We meet with them each month to educate them about a particular topic – tuberculosis, good nutrition, malaria prevention or water and sanitation improvement. They are then given tasks to undertake in their villages, spreading the message of health improvement. Each year the VHP's undertake a massive community survey to measure mortality rates, fertility, mosquito net and immunisation coverage and other indicators of progress in public health improvement.



Village Health Promoters in their uniforms prepare to collect information from 10,000 households for the Community Survey



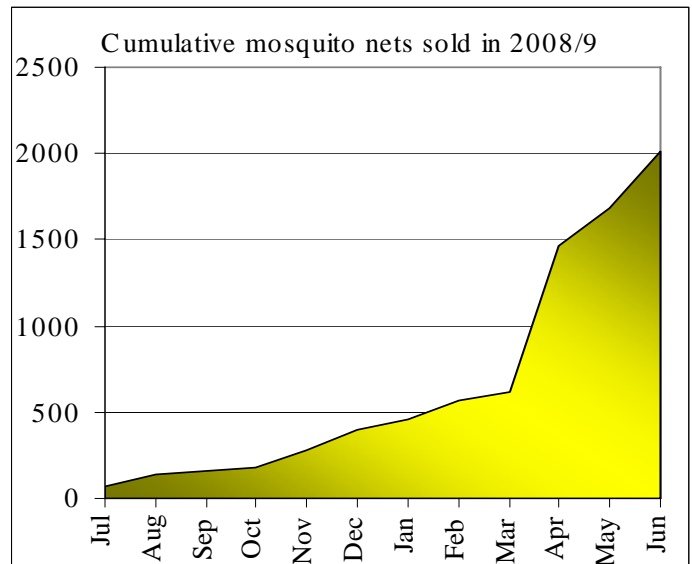
A Batwa family in their home close to the Hospital

Community and Batwa Health achievements

- Community survey of 1,000 homes measuring public health indicators
- Immunisation in the Hospital and on outreaches
- Weekly clinics in Batwa pygmy settlements
- More than 2,000 mosquito nets distributed
- Teaching in every school

By the end of 2009/10 we want to have:

- Distributed 12,000 mosquito nets
- Used Village Health Promoters to screen every child for malnutrition
- Used the data collected in the community health survey to target action to those most in need
- Prepared to extend the VHP programme to Kanyantorogo sub-county



Bwindi Community Hospital by day



Bwindi Community Hospital has grown from a clinic under a tree in 2003 to a 62-bed Hospital providing quality health care to thousands of people every month. Most of the activities of the Hospital take place in surrounding communities.

Bwindi Community Hospital by night



The new HIV/AIDS, TB and Women's Health building was opened by Expert Patient George Bitti on 14th February 2009. Power was switched on in the Hospital for the first time in three months later.

Administration, IT, Estates and Logistics

The job of keeping the Hospital running on a day to day basis falls to Charles Byarugaba, the Hospital Administrator. He leads a team that includes cleaners who ensure that the Hospital and compound are always spotless, IT people who organise information and communications, repairmen who paint and maintain the Hospital and equipment, and the drivers who look after the two ambulances and two other vehicles that we use to take our activities into the community.



The nightwatchmen who protect the Hospital at night now have lights to help their work

Working on the new laundry room



During the last year we have overseen construction of the HIV and Women's Health building and new staff housing units, installed power to the whole Hospital, improved drainage, extended the outpatient department, built a wooden hut for registration of health insurance clients and installed a laundry room.

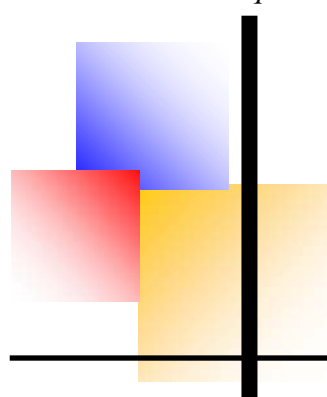
Achievements in Administration

- Bringing 24-hour power to the Hospital
- Computerisation of many parts of our work
- Insuring the Hospital buildings and possessions
- Excellent internet and telephone communication
- Database of all families living in the area
- No stock-outs of essential drugs during the year
- Construction of a Mortuary
- Waste disposal system with incinerator

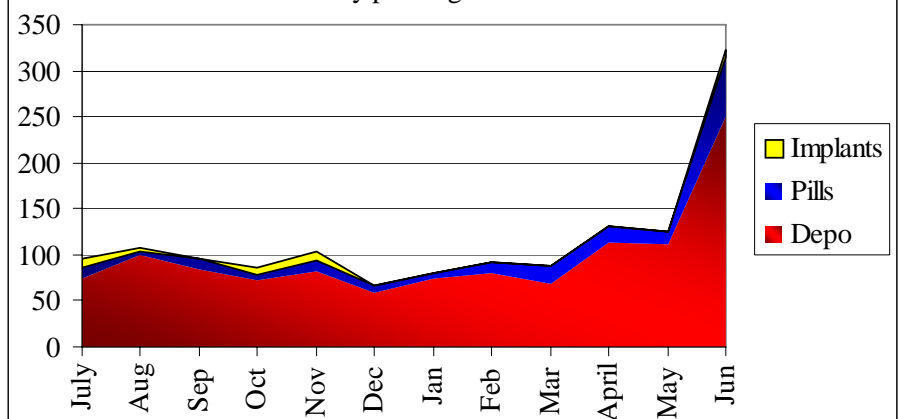
By the end of 2009/10 we want to have:

- 20 staff passing the European Computer Driving License
- Completed a water supply and drainage project
- Landscaped the Hospital site
- Extended the Waiting Mother's Hostel, and Maternity ward. Begun work on a new Adult ward
- Improved security by fencing the Hospital site

Increases in family planning uptake mean more supplies are required



Family planning users 2008/9



Human Resources

There are 110 employees of Bwindi Community Hospital. 47 new staff joined the organisation in 2008/9, and 14 departed (most for further studies or because they did not complete their probation). All of these workers need accommodation, lunch, orientation and induction, and of course salaries. Absenteeism rates are low, and each member of the team is appraised annually by their supervisor. Four scholarships were awarded to existing staff for further study, in exchange for them returning to serve the Hospital in the future, and three previous recipients of scholarships returned to Bwindi.



The Hospital football team model their new kit



Some of the new staff housing units with power and water – the accommodation committee chose the lucky recipients

Achievements in Human Resources

- Low staff turnover rate
- New accommodation with water and power for ten staff
- Annual staff satisfaction survey
- Full time Personnel Officer
- Weekly fellowship arranged and led by staff
- Fifteen members of staff hold University degrees
- Teaching sessions at least twice a week, and free use of internet
- Strong relationships with Ugandan teaching institutions

By the end of 2009/10 we want to have:

- Built accommodation for 18 staff
- Awarded scholarships to 10 people for study
- Given all staff the chance to enjoy an 'away day' trip
- Rewarded the best performing staff with extra pay
- A staff library



Katashaya Jackson, dental assistant and drugs storekeeper, was voted Staff Member of the Year by his peers in December 2008 and won a trip to Clouds Lodge in Nkuringo

Goal: Any person in the area with a health problem can access a friendly clinician, who will see them quickly, perform a thorough history and examination, order appropriate investigations, make and communicate the correct diagnosis, teach him/her how to treat this condition and offer health promotion and education

Outpatients, dental and eyes

Two thousand patients each month are seen in the outpatients department, where they are triaged by a nurse and usually managed by a clinical officer. We are starting to see the shift away from acute, infectious diseases (like malaria and pneumonia) and towards long term non-communicable conditions (like mental health problems, epilepsy and diabetes). We have recruited a British doctor to volunteer with the OPD department for the next year to help establish better care for these patients. The dental service operates for three days a week in the Hospital and three days in the community, balancing treatment against education and prevention. Starting a decent eye clinic is a priority for the next year.



Patients waiting in the OPD (above) and being welcomed by Medius (right)

During the year we undertook an audit of waiting times so that we could study which parts of the system were slow, and we then intervened to prevent unnecessary delays. Elly is a support worker who welcomes patients and signposts them.

Achievements in Outpatients, dental and eyes

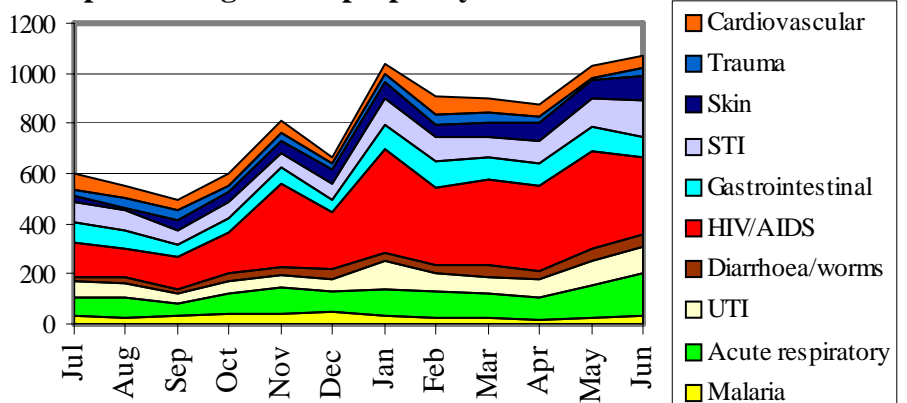
- Doubling the number of people seen to 2,000 a month
- Two additional clinical officers
- Dental team screened 4,000 mouths and gave treatment to more than 1,000.

By the end of 2009/10 we want to have:

- Been to every school in the Bwindi area for dental teaching and screening
- Clinics for long-term diseases led by a doctor
- Weekly eye clinics
- Mental health clinics



Outpatient diagnosis in people 5 years and over



Goal: A community free from HIV/AIDS and TB transmission, and with all infected clients accessing treatment programmes in a safe, confidential and friendly environment

HIV/AIDS & Tuberculosis

We have opened the first truly integrated HIV, tuberculosis, prevention of mother to child transmission of HIV, family planning and antenatal clinic in the country, bringing all of these services under one roof. The team also travel to other health centres three times a week to take HIV testing and treatment to all parts of the Bwindi area. People with HIV used to face only death. Now there is a reduction in stigma, an active group of hundreds of patients that meets each month, and antiretroviral drugs bring real hope. People living with HIV attend primary schools to share their story, and they give encouragement and information to those who are newly diagnosed. We still have a long way to go, though, as we estimate that there are 2,500 HIV positive people in the area who do not yet know their status. Donations for the cost of staff have been supplemented by help from our partners Joint Clinical Research Centre, PointCare, AIDS Information Centre, PACE and HIV/AIDS Alliance.



A crowd watch the Patient Drama Group in the new HIV/AIDS and Women's Health building



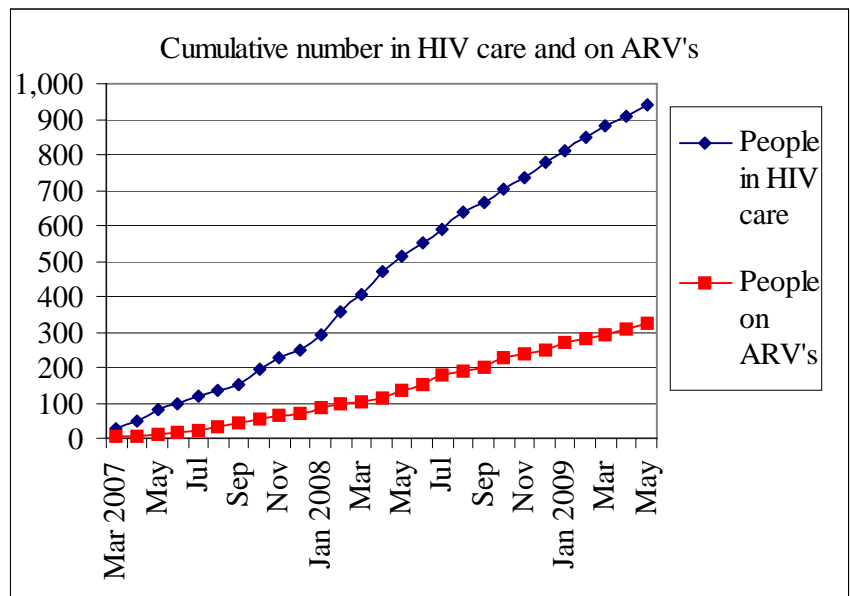
George Bitti, Expert Patient. People diagnosed with HIV today in Bwindi can expect healthy lives on antiretroviral drugs (ARV's)

Achievements in HIV/AIDS & TB

- 10,000 people tested for HIV during the year, including more than 1,500 pregnant women to help prevent mother to child transmission of HIV
- More than 1,000 people in treatment
- Antiretroviral drugs, portable CD4 testing, HIV testing and adherence counselling taken to three different locations every week
- 90 people treated for Tuberculosis
- Patient Support Group with 200 HIV positive members

By the end of 2009/10 we want to have:

- Expanded the number of HIV treatment sites
- Taught children in every school about HIV
- Tested many more men for HIV
- Screened everyone in the area for TB



Goal: Be able to perform a Caesarean Section at any time, and host visiting surgeons who can reduce disability and improve health through operative interventions. Build a surgical team and service to meet the needs of the people of the area

Surgery

Until December 2008 women who needed a Caesarean section were transferred as emergencies to a Hospital three hours from Bwindi. Thanks to help from the Swarovski Crystal Society and the Macauley Foundation we were able to purchase most of the equipment needed to begin operations, train staff and run the an operating theatre. Dr Birungi Mutahunga leads the surgical team, performing emergency and routine operations. The department also hosts the sterilising and infection control facilities for the whole Hospital.



Dr Birungi, head of Surgery

Achievements in Surgery

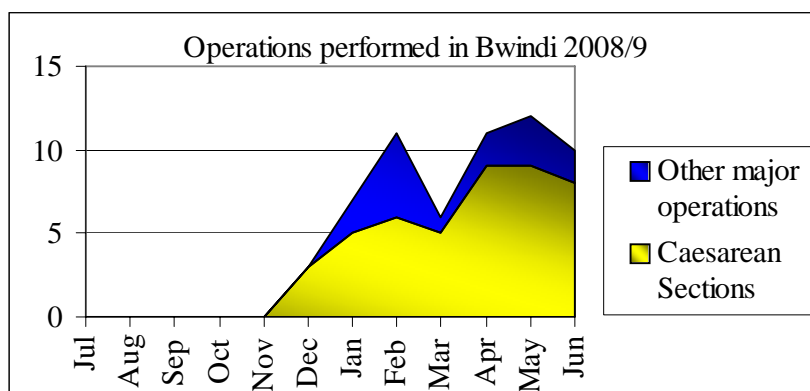
- Weekly surgical clinic, and operating list
- An average of two Caesarean sections each week
- Sterilisation facilities for the whole Hospital
- Anaesthetic Officer
- High quality and safe surgical service

By the end of 2009/10 we want to have:

- Orthopaedic clinics
- Converted the old adult ward into a surgical ward
- Hosted visiting surgeons for plastic, orthopaedic and eye procedures
- Improved infection control measures across the whole Hospital
- Re-floored the entire surgical unit
- An anaesthetic machine

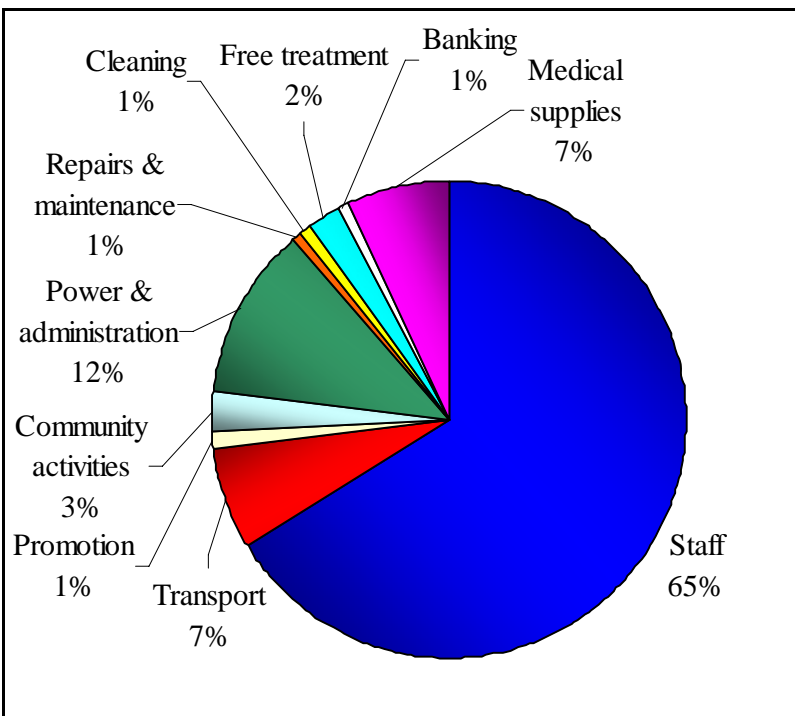


Operating theatre (right) and Christine in the sterilization room (left)



Accounts and Finance

The Hospital spent \$476,349 on operating costs in 2008/9 and \$338,861 on capital developments. The budget for operating in 2009/10 is \$916,473. This reflects additional HIV/AIDS activities funded by the Elton John AIDS Foundation, large increases in the number of children being seen by the Hospital as a result of the Child Health Access Programme (CHAP) and a continued rise in the number of Hospital deliveries, supported by Marie Stopes International. It also includes more surgery, much more work in outpatients as more patients use the Hospital, and the running of new Health Centres in the Batwa settlements of Byumba and Nteko. Other reasons for the increase include an investment in community health and community-based family planning, and a change in our accounting practices whereby we include some donations in kind in our budget, as recommended by our auditors.



Staff form the largest cost to the Hospital, but they are also our greatest resource. We are proud to be one of the largest employers in the Bwindi area, and that we enable good quality doctors, nurses and midwives to be able to earn a living in a poor, rural area rather than having to move to Kampala or even overseas. Staff costs include salaries, housing, meals, tax and provision of health care.

Information about Accounts and Finance

- The financial information in this report has not yet been independently audited. We publish annual audited accounts on the website in October of each year
- All expenditure is authorised by the Medical Superintendent
- The Hospital banks at Stanbic Bank in Kihhihi, and can access information and make bank transfers online
- Veronica, the Hospital Accountant will complete her University degree this year.
- We budget in US dollars at US\$ 1 to UGX 1800, but exchange rates fluctuate throughout the year
- The financial year in Uganda runs from July through to June
- The Hospital usually has about a month of operating expenses in reserve, but we aim to have six months to enable us to sleep well!



Finance team Peace, Annet and Veronica afford a smile

Bwindi Community Hospital Organisational chart July 2009

(The chart indicates accountability – the level on the page does not necessarily show seniority)

**Board of Governors
of Bwindi Community Hospital**

Medical Superintendent
Dr Paul Williams

Personal Assistant to MS
Vacant

Clinical Services

Principal Medical Officer
Dr Birungi Mutahunga

Principal Nursing Officer
Vicky Holt

Principal Hospital Administrator
Byarugaba Charles

Secretary
Arineitwe Ruth

Support services

Community Health & Batwa
Rev Sam Bigaruka

Community Sexual health
Nandago Sylvia

Adult inpatients & diagnostics
Dr Birungi Mutahunga

Senior nurse
Bampabwire Godfrey

Laboratory Technologist
Tumusime Parkrasio

Outpatients eye health & dentistry
Twebaze James

Senior nurse
Mutesa Alex

Dental Officer
Kiplangat Jacob

Sexual & Reproductive Health
Dr Agasha Doreen

Senior midwife
Nabadda Elizabeth

Child Health
Dr Agasha Doreen

Senior nurse & asst. PNO
Kamugisha Robert

HIV/AIDS & TB
Dr Paul Williams

Supervisor
Natabona Carolyne

Surgery
Dr Birungi Mutahunga

Senior nurse
Happiness Doreen

Byumba Health Centre II
Vicky Holt

Senior nurse
Tweheyo Patric

Operations
Bulime Murshid

Estates
Opira Richard

Human Resources
Abaasa Emmanuel

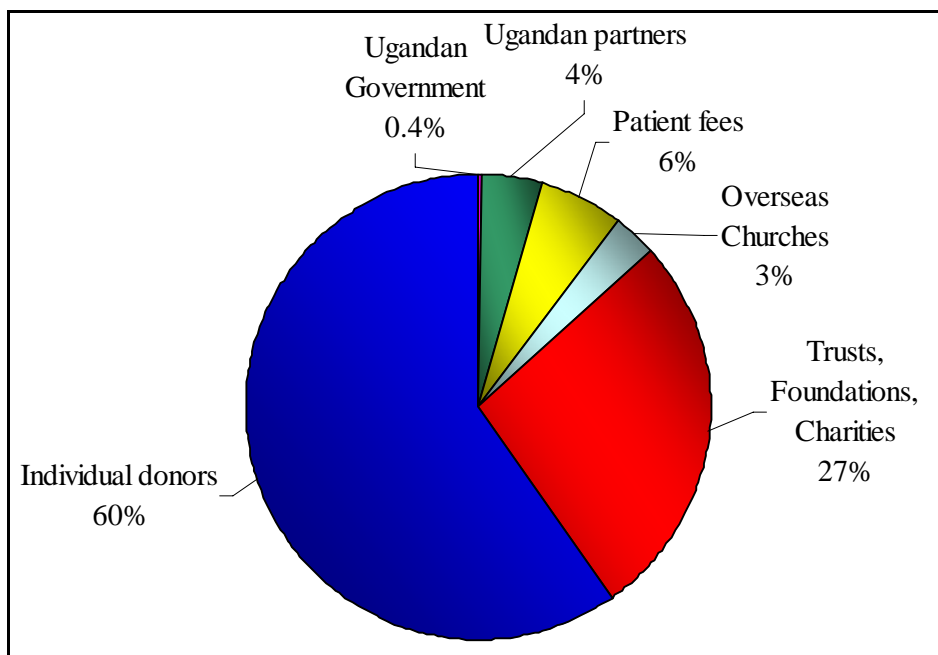
Information Technology
Twesigye Wence

Accounts & Finance
Ndagano Veronica

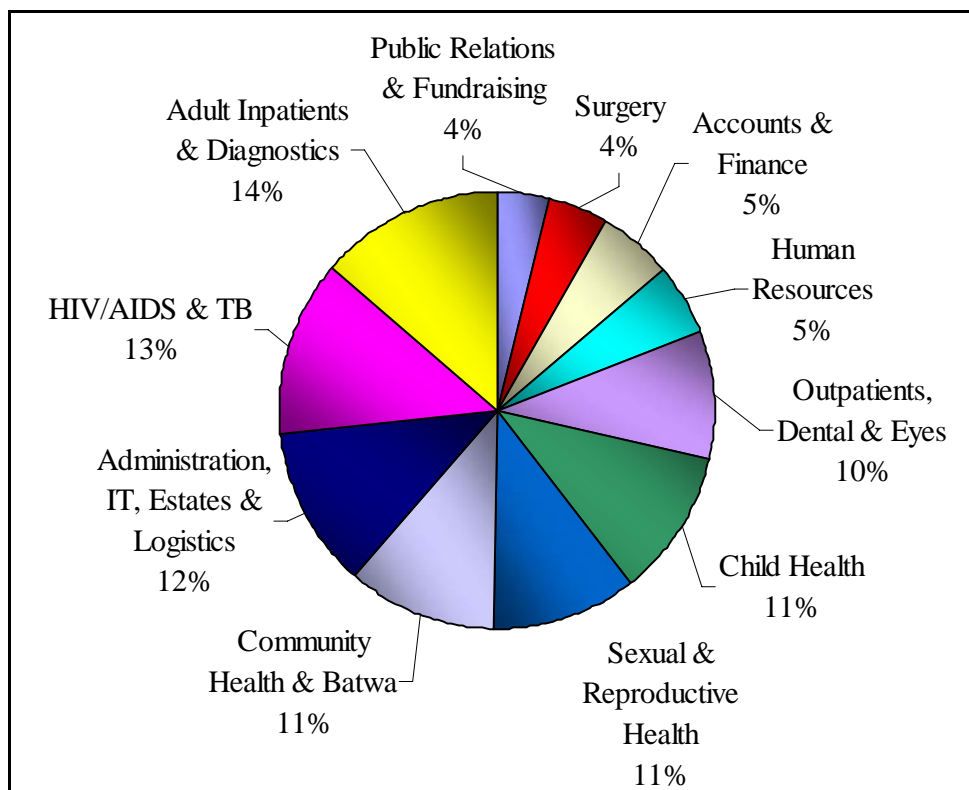
PR & Fund-raising
Austin Sutta

Financial Summary 2008/9

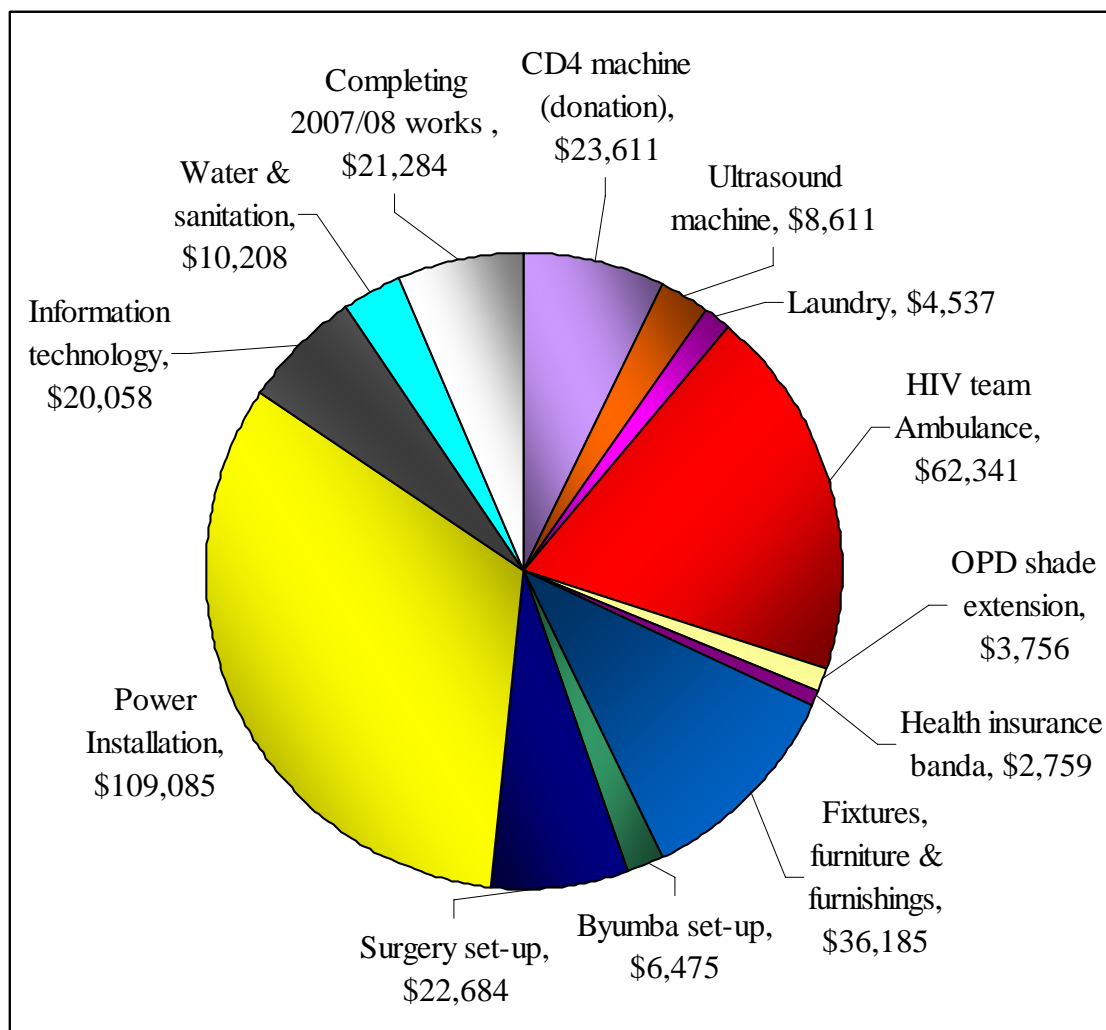
Income sources for operating expenditure 2008/9



Operating expenditure by programme area 2007/8



Capital expenditure 2008/9



Some of the capital expenditure in 2008/9 – an ambulance, washing machines, building a drainage channel and the CD4 machine (front) and the new health centre in Byumba (behind). All capital expenditure is made from donations

Summary of costs in 2008/9 and budget for 2009/10

Programme Area running costs	Cost in 2008/9	Budget for 2009/10
Administration, IT, Estates & Logistics	\$57,091	\$80,036
Adult Inpatients & Diagnostics	\$65,125	\$91,884
Child Health	\$50,410	\$100,422
Community Health & Batwa	\$52,833	\$75,056
Accounts & Finance	\$25,334	\$39,978
HIV/AIDS & TB	\$61,887	\$162,887
Human Resources	\$25,342	\$31,288
Outpatients, Dental & Eyes	\$45,855	\$105,750
Public Relations & Fundraising	\$19,103	\$50,298
Sexual & Reproductive Health	\$52,170	\$99,190
Surgery	\$21,200	\$53,552
Byumba Health Centre II (& Nteko 2010)	0	\$26,033
Total operating cost/budget	\$476,349	\$916,473

Summary of intended capital development 2009/10

Planned capital investment	Estimate
Maternity Ward extension	\$85,000
Waiting Mothers Hostel extension	\$16,000
Water and sanitation improvements	\$40,000
Community Ambulance	\$65,000
Motorbike for Byumba	\$2,000
Adult Ward transformation to Surgical ward	\$8,000
Haematology machine	\$10,000
New Adult inpatient Ward	\$225,000
Administration block with garages and workshops	\$115,000
Doctor's House & 2 Staff blocks	\$90,000
Electronics/IT supplies	\$6,500
Infection control improvements	\$5,000
Fire safety improvement	\$8,000
Placenta pit	\$2,000
Hospital Fencing & landscaping	\$21,000
Set up costs for Library	\$8,000
Set-up costs for Workshop	\$6,000
ECG machine	\$4,000
Anaesthetic machine	\$5,000
Furniture, fittings & fixtures	\$25,000
Total capital budget for 2009/10	\$736,500

Further details of the budget for 2009/10 are found on the website at www.BwindiHospital.com

The financial audit by Carr Stanyer Sims & Co. of Kampala, the external auditors for the Hospital, is also available online. The financial year ended on 30th June 2009.



An impromptu clinic set up high on the border with the Democratic Republic of Congo during the refugee crisis in 2008



Bwindi Community Hospital
PO Box 58
Kanungu
Uganda

+256 703 34 28 91
+256 751 36 66 64
+256 392 88 02 42

BwindiCommunityHospital@gmail.com

www.BwindiHospital.com