

Bwindi Community Hospital

**Annual Report
2011/2012**



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

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Message from the Executive Director

It is an honour to have you reading our 2011/12 annual report. We are truly grateful for whatever contribution you may make in support of our work at Bwindi Community Hospital.

Founded by Dr. Scott Kellermann about 10 years ago, BCH now has a 112-bed capacity and offers a wide range of high quality treatment and preventative services to the Bwindi population.

Throughout 2011/12, we have remained focused on increasing access to good quality health care, especially to vulnerable members of the community. We are steadily gaining ground in raising health awareness, and in community participation in healthcare planning & financing.

For this reason, we've now been ranked the best performing hospital by the UPMB for 3 years running, and have also won the prestigious 2011 STARS health impact award for Africa and Middle East region.

During 2011/12, our average monthly output was as follows:

Outpatients department attendance	2,300
Deliveries	95
Surgery (major operations)	40
Admissions to the adult's and children's wards	250
HIV testing	900
Bed occupancy rate	56%
Average length of stay	3.7 days
• Blood transfusions	161
• HIV diagnoses amongst pregnant women	4%
• HIV diagnoses in the general population	5%
• Health insurance scheme subscription	24,000 (over 40% of the target population)

91% of children born to mothers with HIV were protected from being infected (as tested at discharge), while 97% of our TB patients completed their treatment.

This year we would like to integrate mental health and care for the terminally sick and their families, into our community health program. We will use the existing social networks such as village health teams and Bataka groups in the community, which are already working with us in HIV Care and prevention and promotion of maternal & child health. We envision BCH being a center of clinical excellence and research for the region by 2020.

Whilst our estimate is that 1,148,685 USD is needed for BCH to run smoothly throughout 2012/13, we are yet to raise 546,557 USD of this. Our audited report for the year ended 30th June 2012 will be available on our website later this year. We will continue working closely with all our partners to ensure a healthy and productive community in the Bwindi area.

I thank you.



Dr. Birungi Mutahunga R
Executive Director BCH, July 2012.

Child Health

From before birth through to young adulthood there are a range of health issues that affect our children. Child Health covers many of those issues, from general childhood illnesses, nutrition and to allergies and parenting advice. In addition, there are many controversial issues that parents have to deal with relating to their children's health as we educate them.

It is this financial year, that the CHAP program, which acted as a subsidy to all under fives seen at the hospital, was included in eQuality micro insurance scheme. There is some worry however that some families with the most disadvantaged children may not afford even the small eQuality subscription. The program receives funding from Sustain for Life and the STARS Foundation.

Last year we admitted 1,725 children on the unit. In our chronic care clinics, we have a challenge of performing specialized investigations for some of the patients with conditions such as heart disease and epilepsy. Most of these patients cannot afford to access these services elsewhere.



Wealth and Alice attends to a newborn baby

Aspirations

- Have a steady supply of Ready-to-use therapeutic food for children with severe malnutrition in order to reduce re-admissions
- To find an additional support to subsidize costs of care for children who would not qualify or can not afford eQuality subscription
- Have more radio talks and develop more teaching materials on child health issues.
- Improve care for the very sick children with equipment such as suction machine, and breathing monitors for the newborns.

Achievements

- Maintained chronic care clinics for all children with long term health conditions
- Modified one of the rooms in the pediatric ward to act as a high-dependency unit where very sick can be treated.
- Reduced malnutrition deaths to 2.4% (down from 2.6%)
- Reduced child deaths on ward to 1.3% (work plan target was <1.5%)
- We received equipment and training and updated policies for neonatal care. In particular the CPAP circuits which help distressed newborns to breath
- Treated 1,725 children



A child admitted on our Pediatrics

HIV/AIDS & TB

Our success in reducing high HIV infection rates is the result of high-level commitment to HIV prevention and care, involving a wide range of partners and all sectors of society. Same-day results for HIV tests and social marketing of condoms, backed up by sex education programs, have helped reduce very high HIV infection rates in this area.

This program area is still getting support from the Elton John Aids Foundation (EJAF), STAR SW (Strengthening of TB and AIDS Responses in South Western Uganda) and all other well wishers.

The 2012 household community survey indicates that the number of TB suspects has reduced from 8% in 2009 to 4.4%. As we noted in the previous report, there is a steady decrease in the proportion of new HIV diagnoses at BCH from 5.1% in 2008/2009 to 4.2% in 2010/2011. This trend is being demonstrated again in test data from the last 6 months showing new HIV diagnoses at 4%. However, since this was not a random sample we cannot draw conclusions about HIV prevalence in the general Bwindi population, but we are cautiously optimistic that we may be seeing signs of a decrease in HIV transmission.



← George Biti attends to clients

Achievements

- We have tested 1,341 pregnant women for HIV which is above our target of 568.
- Enabled 91% of mothers with HIV infection to have HIV free babies
- Did over 11,051 tests which is above our target of 10,400 annually.
- TB suspects in our catchment area have reduced from 8% to 4.4% (591 /13,303) currently.
- 97 % of our TB patients completed treatment
- Participated in the candle light memorial celebration

Aspirations

- Ensure that the risk of HIV transmission is reduced
- Maintain Sex education programs in schools, communities, and on the radio focused on the need to negotiate safe sex and encourage teenagers to delay the age at which they first have sex
- Maintain the CD4 count machine in good condition
- Initiation of home based and palliative care services.



CD4 counting in our Laboratory by Gonzaga



← Candle light memorial celebration

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

Sexual Reproductive Health (SRH)

During 2011/2012, this department has been one of the busiest as we aim to increase the number of deliveries to 200 each month, improve the labour ward experience, treat every mother with dignity and to the highest professional standards and minimize the risk of child birth complications.

We realized a constant high number of teenage pregnancies with an overall average of 19.5% of the total deliveries. These included very young mothers below 16 years, school drop outs and rape victims.

Our activities include post abortion care, antenatal care, management of labour, post natal care, and screening for cancer of the cervix. Caesarean delivery is common in the hospital at a rate of 24% per month. Referrals normally are a major reason for high Caesarean Section rate.

Aspirations

- No drug stock outs
- Adequate staffing in the department
- Have all mothers in this area access safe hospital delivery
- Offer at least 70% of mothers an ultrasound scan
- Fully integrate FP activities into HIV as part of PMTCT strategy

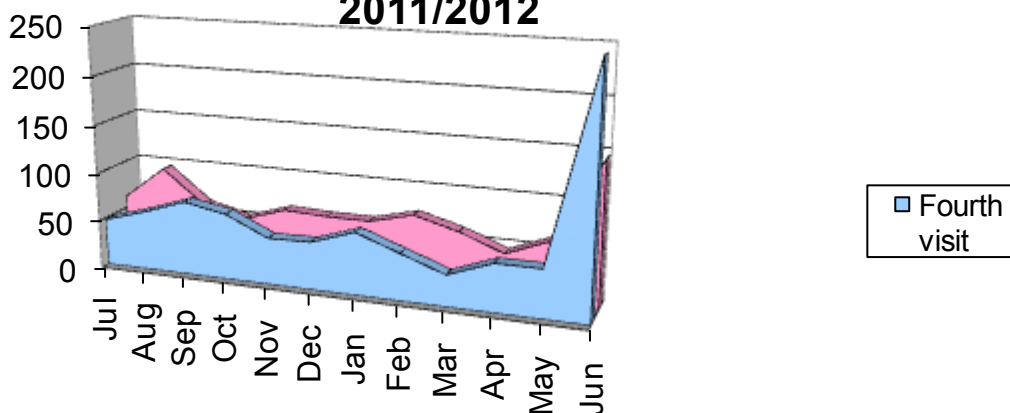
Achievements

- Conducted 1,174 deliveries
- Over 1,829 new clients accessed short term family planning services.
- Over 702 mothers accessed long term reversible methods including implants and intra uterine device and 47 were offered permanent method
- Continued maternal health campaigns.
- Monitored laboring mothers
- Moved into the new and better equipped Maternity ward.
- Linked 3 peripheral health units to BCH for obstetric ultra sound.



← Nurse Aria takes a mother's Blood pressure

Antenatal clients at Bwindi Community Hospital 2011/2012



Goal: To reduce maternal morbidity and mortality, under fives mortality and TFR through, quality antenatal and post-natal care, safe deliveries for all women in our catchment area, improved access to treatment for STI's and all individuals having access to Family Planning.

Surgery

Surgical conditions account for an estimated 11% of the causes of disability. At the moment, BCH is the only facility with capability of doing major operations in a catchment area of about 100,000 people. Although the unmet need for surgical conditions in this area cannot be easily ascertained, the importance of BCH's ability to handle both emergency and non-acute surgical conditions cannot be over emphasized.

The C/section rate has stayed in a range of 20-35% compared with the 15-20% target for the hospital because there has been an increase in the number of referrals into the hospital from other health centers outside our catchment area.



Picture above : Doctors carry out an operation (hernia repair)

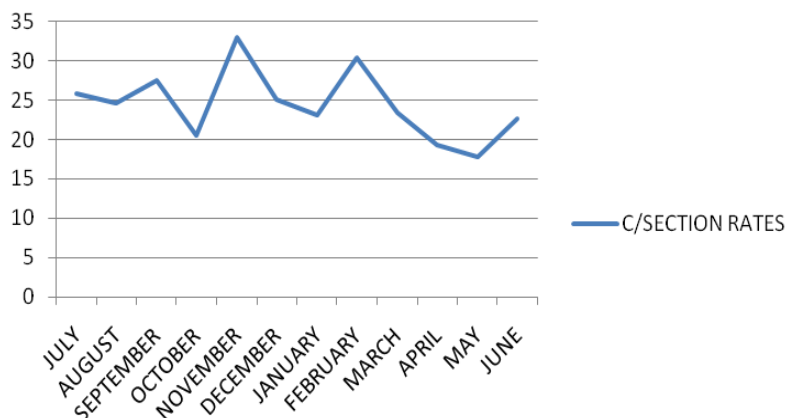
Achievements

- A successful gynecological surgical camp by the Swiss team
- Improved orthopedic services
- Implemented Safe Male circumcision (SMC)
- Theatre floor sealed with Terrazo
- Installed operating lights

Aspirations

- Install an air conditioning system
- Get a suction machine
- Functionalize the maternity theatre
- Drills for surgical emergencies
- Hold at least three surgical camps every year
- Introduce staff shifts.

C/SECTION RATES



Goal: Be able to offer emergency surgical care for obstetrics, trauma & non-trauma conditions at any time, and reduce disability.

Community Health and Batwa

Our community Health program aims at supporting integrated public health services for control of both endemic and epidemic diseases. We are well aware that in addition to building a nice hospital, we do not have to wait for the sick to find us. Our community health team spends every day in the field and does special outreaches to Batwa pygmy settlements each Friday. We believe prevention and education are fundamental in health care .

Among the many activities the team is implementing, is promoting sanitation in all schools in the area. We have partnered with the New vision media group and Volcanoes safari tour company to promote hand washing in schools. This work has also been complemented by other players such as Bwindi Mgahinga conservation trust (BMCT) through provision of safe water to the community.

Achievements

- Conducted a health and demographic survey in Kayonza, Mpungu and Kanyantorogo sub counties
- Daily Immunization for children
- Conducted school health program reaching 18,000 students with health massages
- Conducted weekly Batwa integrated outreaches
- Implemented WASH Project (Water, Sanitation and Hygiene program) in schools
- Followed cases on child protection and health rights
- Conducted water quality sampling in our catchment area
- Mosquito net distribution
- Conducted 7 young people's open day festivals (Sexual and reproductive Health)



Rev. Sam, head of community health and Batwa program visits a family



Providing safe water to the community has changed the lives of many children in this area .

We appreciate all our supporters in this program area.

Aspirations

- Increase awareness about good nutrition
- Improve sanitation and hygiene in schools and every house including vector control
- Increase ITN use
- Reduce malnutrition admissions from 10% to 5% by 2014
- Reach all young people with Sexual and reproductive Health messages
- To immunize at least 90% of all children under 1 year in BCH catchment area

Byumba & Kanyashogye Health Centre II's

Last year, with great support from partners and friends, Kanyashogye satellite clinic was opened up. Byumba and Kanyashogye were established to improve access and utilization of healthcare by those who could not access BCH due to geographic barriers. Byumba is located in a Batwa settlement approximately forty minutes drive away from Bwindi Community Hospital where as Kanyashogye is 35 miles away.

These 2 health centers have greatly improved access to health care services of the people in this area. Although the creation of these 2 health centers is a tremendous achievement for us, we are searching for funding of their day-to-day operations.



Patrick, the in-charge Kanyashogye clinic sees a patient

Achievements

- Attended to over 2,600 clients
- Over 90% of the Batwa utilized healthcare services at the facility including health education, reflecting an increase of 20% from the previous year.
- Offered HIV counselling and testing to every client
- Delivered quality family planning services
- Maintained the regular teachings in the community about disease prevention
- Offered quality antenatal and post-natal services
- Ensured that every child in the Batwa settlements completes the course of immunization.

Aspirations

- Maintain high level of immunization coverage
- Maintain availability of child survival commodities
- Promote eQuality health membership scheme to improve service utilization
- Host a visiting dental team from BCH twice a month
- Offer basic eye care clinic once a month
- Delivering quality Family planning services to the population
- Maintain focused high quality antenatal and post natal services
- Health education for disease prevention
- Maintain quality curative services for the common diseases

Byumba Health Centre II an affiliate of Bwindi Community Hospital

Services offered:

*Immunizations
Emergency deliveries
Antenatal & postnatal care
Treatment of STI's
Family Planning
HIV/AIDS testing and counseling
Out patient care
Mosquito net distribution
Malaria testing & treatment
Home visits
Health education*



www.bwindihospital.com

A poster at Byumba health centre II

Out Patient, Dental and Eyes department (OPD)

This department sees almost every patient at the hospital who is not hospitalized but visits for diagnosis or treatment. Over the past year we have seen many patients as people in this area get to learn about our services.

Our dental department has been strengthened with the return of Byaruhanga Elly who has just completed his training in public health dentistry. We appreciate Gillan King, Richard and Sue and Ashley and Moira for their enormous support.



Eye clinic

Achievements

- Hosted specialists in dental, eye and orthopedics clinics
- Maintained triage
- Continued to have Clinics for adults with long term medical problems (chronic diseases)
- Electronic data collection
- Recruited an orthopedic officer
- Maintained highest standards of care
- Created a treatment/ emergency room

Aspirations

- Develop a partnership with Kabale regional referral hospital, psychiatry department for skills development, training and awareness raising.
- Procurement of relevant equipment for the different units in OPD
- Ensure every patient attending OPD is offered an HIV test and asked about Birth control where applicable
- Fulltime dental and ophthalmic services
- Employment of a psychiatric nurse



Patients waiting at our Out Patient Department

Goal: Any person with a health problem can access prompt and high quality services including health promotion and education.

Adult Inpatient and Diagnostics (AIP)

We provide the highest level of health services to patients in a comfortable and safe setting. Inpatient services are available for children, adolescents and adults who need intervention. This program area now exhibits better privacy, better infection control and better nursing facilities.

The diagnostic capacity has also improved to include specialized tests such as, immunology (CD4 test), kidney and liver function tests, in addition to the traditional parasitology. We also successfully accommodated patients from the surgical camp with no post-operative complications.

Our laboratory is better equipped to help clinicians make the right diagnoses.

Achievements

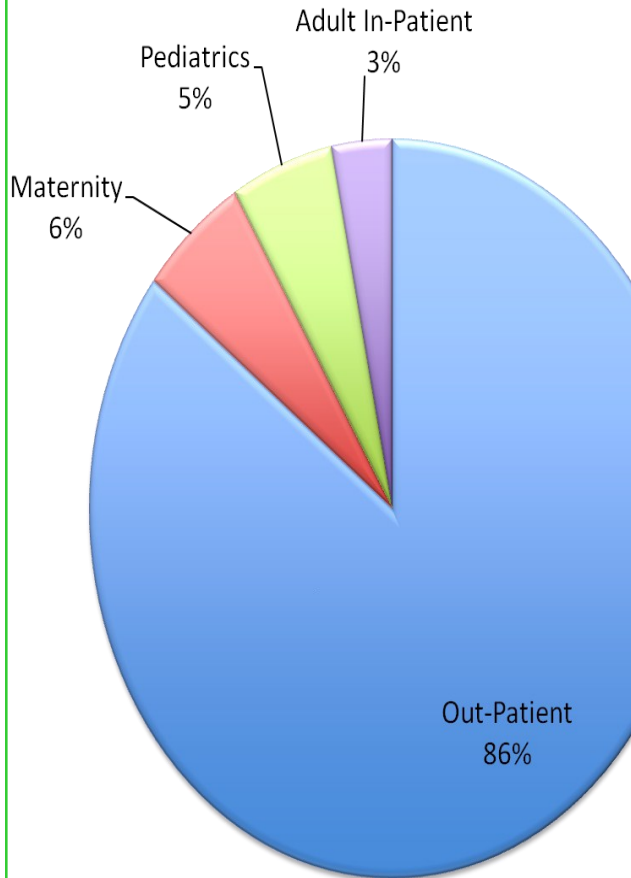
- Completed Adult inpatient manual including operational and clinical policies
 - Have improved medicines management
 - Have designated areas for critical nursing care for very sick patients including airway management, use and monitoring of oxygen
- Acquired 2 Microscopes
- Quality palliative care
- Provided a regular high quality x-ray and ultra sound service
- High quality control levels in the Laboratory
- Improved x-ray reporting and records storage.

Aspirations

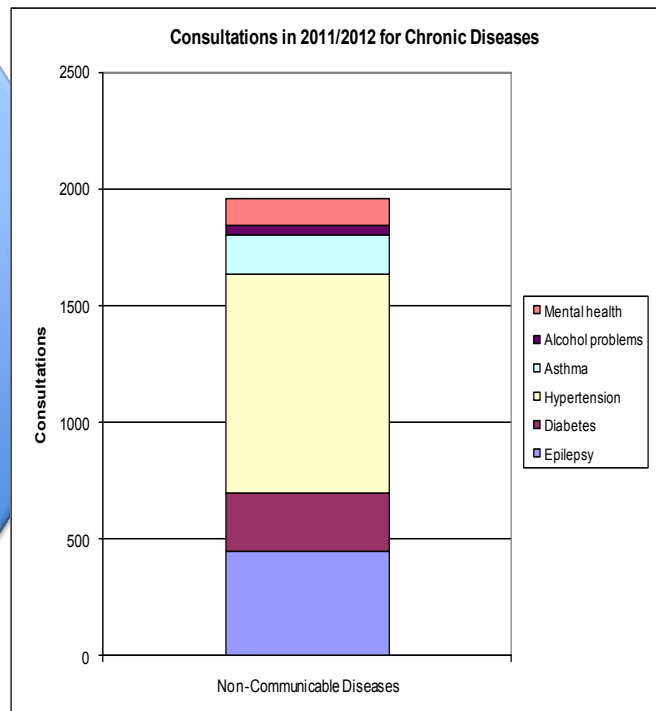
- Equip ward with hospital beds, trolleys , bed pans, bedside cupboards
- Introduce new tests and equipment in the lab
- Further improve Infection control and prevention



Mereth prepares to do a chest X-ray



Patients by ward, excluding HIV



Non-Communicable Diseases

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

eQuality Health Bwindi

eQuality is a community Health Membership scheme that was launched in March 2010 as a mechanism to help people of the Bwindi area to have access to equitable, quality and sustainable health care services affordable to all. BCH works in close relationship with the community through bataka groups to implement eQuality currently in the three sub counties of Kayonza, Mpungu and Kanyantorogo, although due to high demand, a few bataka groups in Kirima and Kanungu town council were included last year.

The scheme which is in its third year of operation has had its membership grow to **24,323** as at 1st June 2012. This is 40% of the target population of 60,000 people living in the three sub counties of Kayonza, Mpungu and Kanyantorogo.



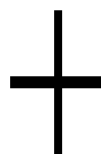
People register with eQuality health insurance scheme at the hospital

Achievements

- Continued to conduct eQuality community sensitization and mobilization outreaches
- Radio talk shows were conducted
- Bataka group heads in all Parishes of our operation were mobilized, educated, trained and equipped with basic knowledge about the scheme
- Recruited an eQuality office clerk
- Registered new household members onto the eQuality database.

Aspirations

- Upgrading the current eQuality database and make it more automatic in data input and output for efficiency.
- Our target for next year 2012-2013 is to enroll 63% (37,800 of 60,000 people)
- Recruit eQuality assistant coordinator
- Increase involvement of community leaders into eQuality program implementation and management.



Public Relations and Fundraising

This year, we were able to win some grants to run some of our program areas. Whereas this has been our strategy for reliable funding, the concern is that individual and unrestricted donations which meet 50% of our operational costs are lower than projected. This puts the organization at risk when current grants end and are not renewable. We are working with our partners to address this challenge.

We greatly appreciate the Kellermann Foundation, Friends of Bwindi Hospital charity, and Buy-A-Net malaria prevention group, Sustain for Life and the STARS Foundation for supporting BCH in keeping a positive image and raising funds.

Achievements

- Established relationship with Kanungu Broadcasting services (KBS)
- Won the STARS health Impact award
- Maintained good relationship with Sustain for life to implement the Live at birth project
- Secured funding for two unit staff housing
- Established relationship with New Vision media group and Volcanoes Tour company
- Increased funding from the government of Uganda.

What we plan to Achieve 2012/2013

- Increase individual donations
- Renewal of the EJAF grant
- Seek a matching fund for eQuality health insurance scheme
- Secure funding for capital projects such as Staff housing, construction of an incinerator, Hospital fence etc.
- Find long term supporters for Byumba & Kanyashogye Health Centres.

Goal: Keep a positive image of the hospital and keep confidence of all the supporters/partners and be able to raise enough funds to meet funding gap for both capital and running costs



Administration

It goes without saying what critical roles nurses, doctors and all the clinical staff play in the provision of excellent health care, but these valuable resources would greatly be stretched if it weren't for the role the support team in Administration plays. This team includes Cleaners who ensure the Hospital and its compound are always spotless; the IT Department which ensures efficient communication pathways, collection and organization of data; the Estates department which ensures sufficient and efficient Equipment and the Operations Department that looks into availability of supplies and takes care of mobility both into and out of the Hospital.

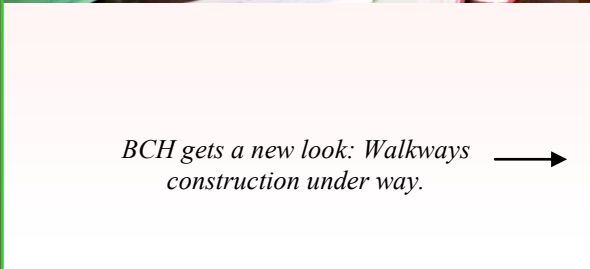
With nurses and doctors under increasing pressure, this team helps alleviate some of that stress whilst helping to save lives and improve the care given to every patient in this area.

Our current computers are not enough to carry out the needed BCH IT Functions and some computers are showing effects of wear and need to be replaced.

Achievements	Aspirations
<ul style="list-style-type: none"> 8 staff housing unit completed Completed maternity ward extension Constructed walk-ways connecting all buildings of the hospital. Backed up power supply with a new 60KVa generator (Donated by Hirsch Family Foundation) Connected the hospital to micro-hydro power. Motor vehicle service bay near completion Bought a new pickup truck (Nissan hard body). Enriched staff with computer skills Implemented Open KM; an Open Source Document management system. Purchased equipment for the maternity ward extension 	<ul style="list-style-type: none"> To construct a larger capacity incinerator to improve Hospital refuse disposal To start another 8-unit staff housing To construct and monitor the Nurse Training school To renovate the Kitchen/dining room and Child Health department To fence the Hospital with chain-link and erect a metallic gate to curb loss of Hospital property. To design and implement a general Hospital management information system



← Jackson in the drug store



BCH gets a new look: Walkways construction under way. →



Chaplaincy

This year we were able to visit almost all the 11 settlements taking the word of God to the Batwa families. We conducted guidance and counselling sessions with the Batwa parents and the young people in their respective settlements.

We hosted a strong mission team from Bishop Barham University for 4 days as they shared the word of God with the Batwa under the theme: ***“Seek ye first the Kingdom of God and the rest shall be added unto you” (Matt.6:33)***. This team did great work of ministry among our people and left 60 people having committed their lives to Jesus Christ. Many of the Batwa are now saved and have appreciated our ministry to them. They are giving thanks to God for the ministry which has given them a new sense of hope. They have been coming to pray with the hospital staff during morning prayers and their testimonies have touched many.



Mukongoro Batwa pygmies ministering at BCH during the morning prayers

Achievements

- Strengthened a worship team
- Ensured spiritual outreach ministry
- Put in place necessary items required for the office of the chaplain and his ministry.
- Continued morning Prayers and sharing of Gods' word with the Staff.
- Staff spiritual growth exemplified
- Continued regular Sunday services

Aspirations

- Ensure that patients who are waiting to see the doctor are ministered to at OPD through direct preaching or Television messages.
- Continue with regular Sunday services
- Regular pastoral patient ministry on the wards
- Staff spiritual Growth

Human Resources (HR)

BCH employed a team of 125. We filled the post of medical social worker to improve our community linkages and service to the socially disadvantaged as part of our mission to provide holistic care.

Each member of the team is appraised annually by their supervisor and it is those who care about their tasks that will work more efficiently and effectively. We have a total number of 11 staff on scholarships at various levels including undergraduate and post graduate as one of the ways to recruit and retain quality health workers.

Staff have acquired skills from a number of volunteers and our appreciation goes to the Swiss team, Andrew Dobson, Ashley and Moira among others.

Achievements

- Charles completed administrative law course
- Dr. Birungi completed a course in health systems management
- Low staff turnover rate
- Maintained CME's sessions
- Computer training for staff
- Built an 8-unit staff accommodation
- Staff trained on how to use the electronic library



Varence participates in voting the staff of the year-2011/2012

Aspirations

- Build a nurses' training school to create a reliable human resource base
- Maintain a Library
- To maintain and build relationships with partners/ institutions within Uganda
- Vacant positions filled in a timely manner
- Well-orientated new staff



Staff attending a Continuous Professional Development session (CPD).

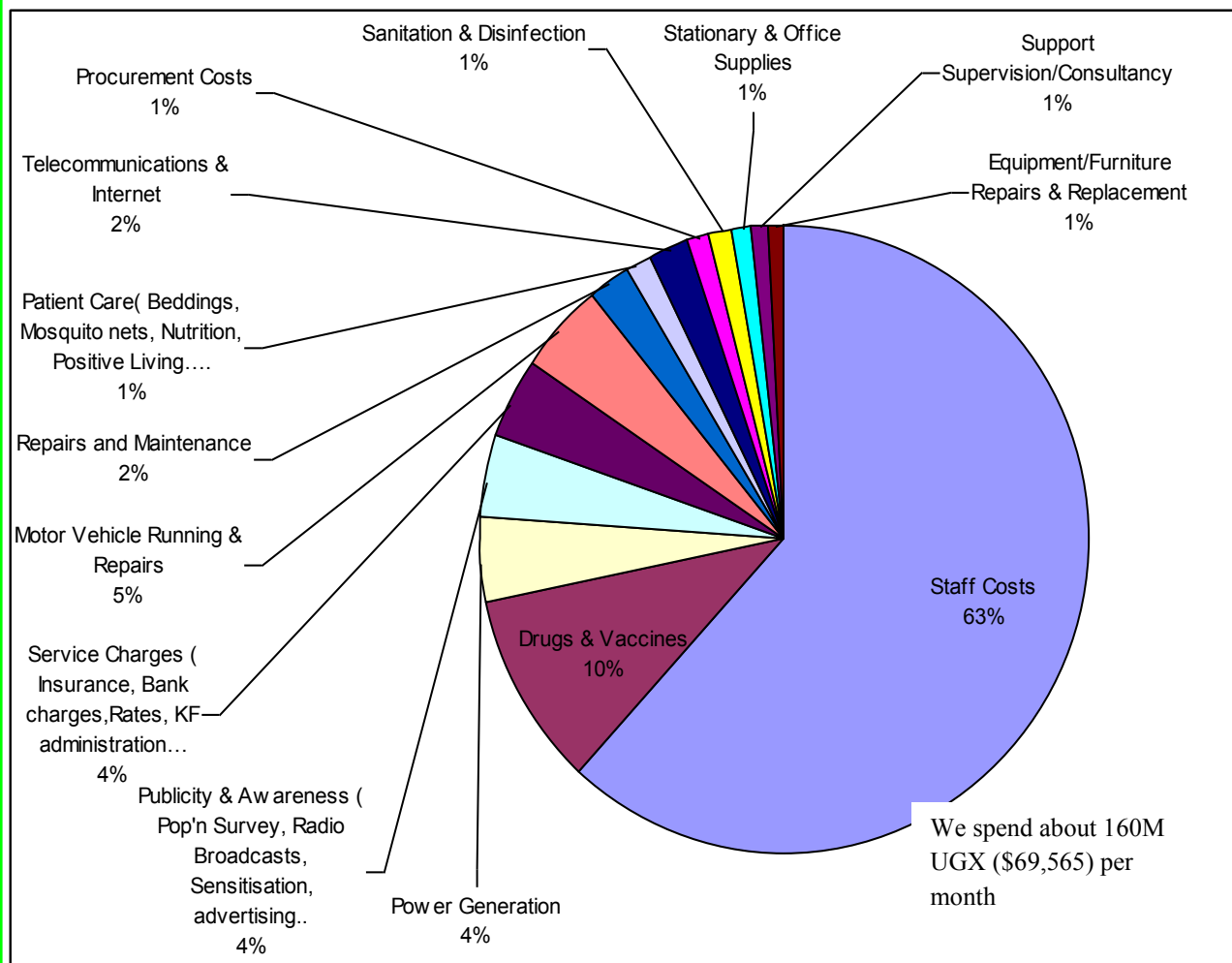
Accounts and Finance

This financial year, we raised 69% of our budgeted total income. The shortfall was mainly what we had planned for capital development where only 18% was raised. However, our operating income was 16% over what we projected and this is attributed to;

- 67% Increase in the Ugandan government funding
- Ms Patricia Crown's donation
- Increased enrolment with the eQuality health insurance Scheme

Further analysis of the sources of income indicates that 49% was raised from Organisations /Charities/ Trusts, 45% from Individual donors (including user fees) and 6% contributed by the Government of Uganda.

Operating Expenditure by Cost Item



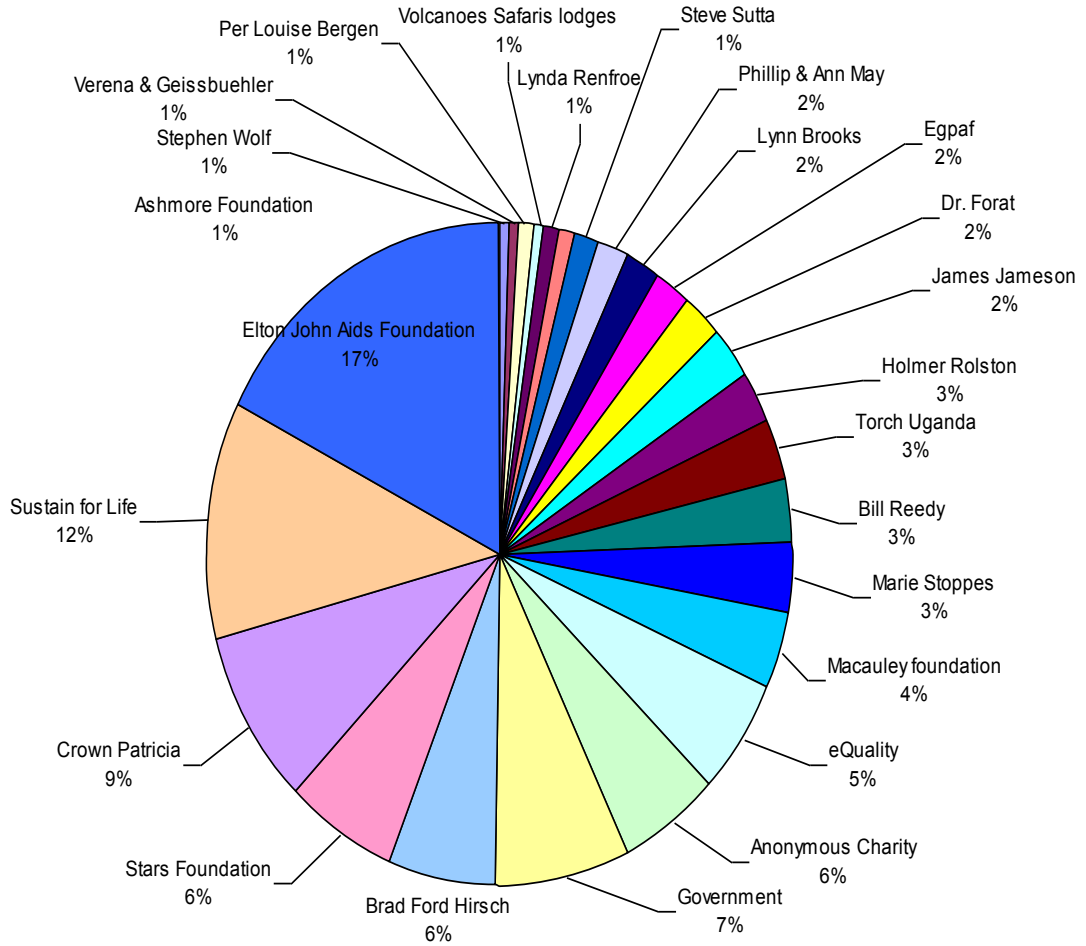
We are happy to highlight that;

- We secured a grant from Sustain for Life that spreads to 2015.
- Income from the government and the local community (eQuality scheme) has continued to increase.

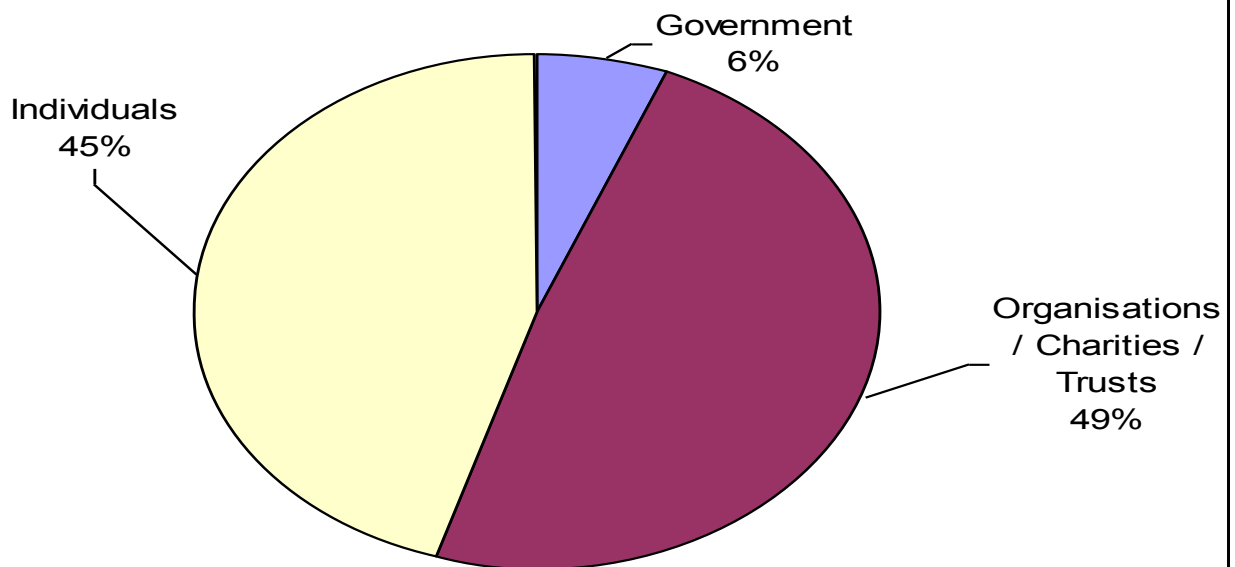
Challenges

- Even if we have secured a few grants that stretch over more than a year the funding gap is still worth sleepless nights.
- Building a reserve worth 3months of operating costs .
- Funding for most of our planned capital projects

Donations above 10M UGX; these 25 Sources account for 80% of our Total Income



Total Income by Source



Welcome to BWINDI COMMUNITY HOSPITAL





Bwindi Community Hospital Organisational chart

June 2012

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

Board of Governors of Bwindi Community Hospital

Executive Director
Dr Birungi Muteshaunga

Personal Assistant to ED
Vacant

Head of Clinical Services
Dr. Tutaryebwa Leonard

Head of Nursing Services
Mwazi Mereth

Principal Hospital Administrator
Can. Byarugaba Charles

Secretary
Arène Iwe Ruth

Clinical Services

Community Health & Batwa
Rev Sam Bigaruka

Adult inpatients & diagnostics
Dr. Gerald Rukundo

Laboratory Technician
Eusebia Gonzaga

Outpatients eye health & dentistry
Mugisha Obed

Dental Officer
Rwaruzanga Eliy

Sexual & Reproductive Health
Nabadda Elizabeth

Family Planning Coordinator
Uwimbabazi Sarah

Child Health
Dr. Tutaryebwa Leonard

eQuality
Tindwengi Amoc

HIV/AIDS & TB
Dr. Gerald Rukundo

HIV/TB Supervisor
Natabona Carolyn

Surgery
Dr. Kwitigamba Gideon

Senior Nurse
Kyokuzima Monik

Byumba Health Centre II
Terrvetu Andrew

Kanyashogye Health Centre II
Patrick Tweheyo

Support services

Chaplaincy
Rev. Can. Bernard Bagaba

Operations
Kwikiriza Smart

Estates
Kwikiriza Smart

Human Resources
Can. Byarugaba Charles

Information Technology
Babuku Godfrey

Accounts & Finance
Birungi Stella

Public relations & Fundraising
Nansige Aida Daphine



Neonatal care



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