

Bwindi Community Hospital

**Annual Report
2012/2013**



Our 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

Once again we are privileged to have you reading this annual report.

BCH has continuously developed interventions to drive its vision of attaining a healthy and productive community.

I am happy to inform you that our Hospital has maintained high standards of care to our clients and, still, enjoys the top position as best performing Hospital in Uganda (UPMB ranking).

This Annual Report is an exciting moment for BCH to share information and updates concerning achievements and aspirations to our esteemed stakeholders. It marks the end of implementation of year two of our second three- year strategic plan ending 2013/2014.

Our service delivery, compared with the previous year, has been as follows:

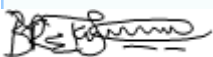
- Our volume of service generally grew by 1.7%
- Hospital deliveries increased by 8% (1,162), OPD 7% (29,680) and admissions 14% (4,272)
- Hospital visits due to malaria reduced by 56% (2,967)
- Diarrheal disease, as cause of hospitalization among children, also reduced by 49%
- Newly diagnosed HIV patients reduced by 26 % (354) despite testing about the same number as last year.

The top causes of admissions among children under five years of age were; pneumonia, malaria, diarrhea, prenatal (newborn) conditions, and malnutrition while those above five years, heart disease, malaria, pneumonia, and trauma (injuries) topped the list.

This year 2013/2014 we hope to intensify malaria prevention in the community through distribution of ITNs to every household, put more effort on the non-communicable diseases, and also start alcohol dependency rehabilitation services.

Please read on, if you can, for these and more exciting stories.

We are because you are!



Dr. Birungi Mutahunga R
Executive Director BCH, July 2013.

Child Health department

This year about 1,927 children were admitted on the children's ward compared to 1,725 previous year and the top causes of admission being pneumonia, respiratory tract infections, malaria, diarrhea, neonatal conditions and malnutrition respectively.

We increased access to health care because of more community awareness through eQuality health insurance scheme and trust in our quality care services.



Dr. Leonard, a pediatrician reviews a sick child on the ward

Achievements

- Got therapeutic feeds for malnourished children from MoH and UNICEF.
- Malnutrition death rates reduced from 2.6% over last year to 2.4%
- Maintained chronic care clinics and 3 epileptic patients were discharged.
- Obtained a new nebulizer to ensure availability of life saving equipment
- Radio talk shows held to promote service utilization.
- Did research studies

We plan to:

- Obtain crucial equipment for newborn care that can help to save more babies
- To scale up the nutrition rehabilitation service for malnourished children through the Integrated Management of Acute Malnutrition strategy
- Have a well-constructed outdoor play area for inpatients and for the Ariel Club.
- Improve our electronic records systems
- Conduct more research
- Advocate for children to get the pneumococcal vaccine.
- Complete a set of guidelines for managing both acute and chronic conditions.

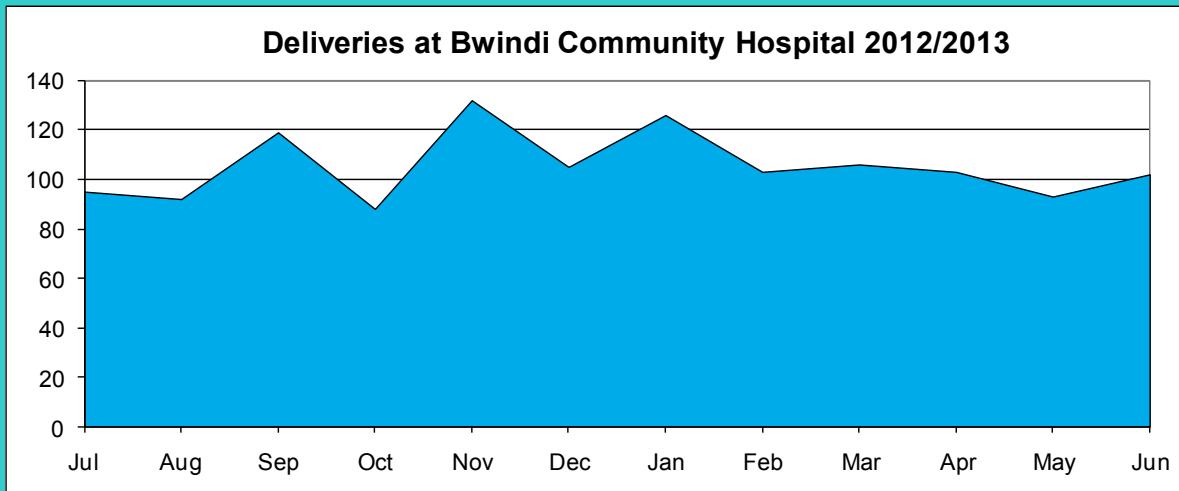


Cooking session in progress: Nurse Agnes demonstrates to mothers how to prepare a nutritious meal

Sexual and Reproductive Health department

According to the Uganda's Demographic and Health Survey 2011, 95% of Ugandan women now receive antenatal care from a skilled provider at least once during each pregnancy, 57% deliver babies in a health facility under the supervision of a skilled provider. Furthermore, 33% of the mothers receive postnatal check-up within a day of birth.

At BCH maternal, child and general health awareness, including understanding of proper neonatal care and child nutrition improved last year as a result of radio broadcasts, outreaches and health education talks held at the mothers' waiting hostel.



We Plan to:

- Advocate for adequate staffing in the department
- Fully integrate family planning into all activities of the Hospital
- Ensure all pregnant women in the area access safe delivery services.
- Ensure all expectant mothers to fully utilize the Waiting Mothers' Hostel.
- Ensure, at least, 90% of mothers attending ANC are done ultrasound scan.
- Ensure, at least, 95% of all mothers are attending ANC

Achievements

- Held a 2-day training of Bataka leaders about issues of maternal health in Kayonza Mpungu and Kanyantorogo,
- Over 49 hospital staff were trained in basic family planning
- Conducted 1,257 deliveries; 8% increase
- 78% (2,651) women received long-term methods of family planning, 2% (80) were given permanent methods and 20% got short term methods of family planning.
- 30% (668) women came for ANC 1st visit, and 31% (700) came for ANC 4th visits.



Nurse Alex helps a mother after she has delivered

HIV/AIDS and TB department

Over this last year, this program area fared well as it received funding from Elton John Aids Foundation until June 2013 when this funding came to an end. We are still hopeful that EJAF may give the Hospital another opportunity for further funding.

Over 11,624 HIV tests were done and, out of those tested, 432 (3.72%) were HIV positive, and were linked to HIV care.

At the expiration of this grant, BCH handed over outreach clinics to government health facilities for sustainability of activities that we were handling. We are supporting these health units with logistics /medicines in the meantime as they stabilize to fully take on this function.

We are seeking financial support for this program area.

We Plan to:

- Provide testing kits to lower level health units
- Acquire training on Ariel club management.
- Get enough funding to carry out outreaches
- Continue active TB care
- Continue active CD4 backlog clearance
- Intensify work with most-at-risk persons: (Commercial Sex Workers, Batwa, tour guides, uniformed personnel)
- Deeper utilization of IT in departmental work i.e. data management and report generation

Achievements

- 174 clients investigated for TB, 31 patients enrolled on treatment, 17 completed TB treatment and were discharged
- Facility based EMTCT success rate at 100%
- Started Ariel Club meetings
- Continued physical social support for HIV positive pregnant and breastfeeding mothers and their families.
- Cleared over 600 CD4 backlog



HIV testing



Nurse Hope and Addah teach children how to draw diagrams during an Ariel club meeting at the hospital

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 department

The Surgery team has worked tirelessly hard over the last year to ensure work of performing both elective and emergency operations proceeds on. The total number of major operations increased to 68; a 13% increase.

The average C/section rate for the year has been 29.3% as compared to the required 15-20% for this Hospital. This is due increased number of referral cases into the Hospital from other health centers outside our catchment area as well as better quality of health care given by BCH.

In collaboration with STAR-South West, we have implemented a Safe Male Circumcision geared towards offering circumcision to all males in the Bwindi area. We circumcised, on average, 240 clients each month.



BCH together with the Swiss teams operating upon a virginal fistula.

Month	Major operations	Minor operations
July	58	158
Aug	48	162
Sept	36	129
Oct	48	127
Nov	50	85
Dec	45	181
Jan	45	146
Feb	46	232
March	52	229
April	47	385
May	76	232
June	56	230
TOTAL	607	2296

Achievements

- Staffing increased to expected levels
- Hosted the Swiss Team and orthopedic surgeons.
- Sepsis rate kept below 1%
- Kept the time response for emergencies below 25 minutes
- Air conditioner installed in the major operating room

We Plan to:

- Perform tru-cut biopsies to screen for prostatic cancer
- Functionalize the maternity theatre to reduce delays in patient transfer
- Start screening for colorectal cancer using sigmoidoscopy
- Hold at least three surgical camps every year
- Introduce staff shifts.

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

Community Health and Batwa department

Last year, the CH & B team started implementing Confidential Inquiry, a new research project seeking to discover key factors involved in maternal and under-five child deaths in the three sub-counties served by Bwindi Community Hospital.

Whilst partnering with Colgate University, we also conducted a study into Maternal and Child health.

The CH & B team conducted several outreaches on immunization, school health education, and young people's open days among others.

Achievements

- Immunized 1,000 children that were born at BCH.
- Conducted school health outreaches to a total of 18,000 pupils and students
- Conducted weekly Batwa Integrated Outreaches
- Conducted teaching sessions about child nutrition/feeding during immunization sessions, on radio and during community outreaches
- Conducted teachings on malaria at the Hospital, on community outreaches and held 6 radio talk shows about malaria.



We plan to;

- Continue raising awareness about child nutrition
- Continue to improve sanitation in all schools and homes in BCH catchment area.
- Create a youth friendly corner at BCH with youth friendly services
- Reach all young people in schools and out of schools with sexual and reproductive health messages including Safe Male Circumcision
- Immunize all children born at BCH and, at least, 90% of all children in BCH immunization catchment area.
- Reduce maternal and child health deaths through sensitization during radio talk-shows and during community outreaches
- Reduce child malnutrition admission from 6% to 3% by end of 2014



Haven, a public health worker, conducts a malnutrition screening exercise

Byumba & Kanyashogye Health Centre II's

Byumba and Kanyashogye health centre II's achieved tremendously last year. Over 3,914 patients attended OPD at Byumba health centre II where as Kanyashogye health centre II saw 2,631 patients.



Andrew Teriyeitu, the nurse in-charge Byumba Health Centre II working on a report to be submitted to BCH

Achievements

- Offered HIV testing and counseling to every pregnant mother and other clients
- Received ultrasound scan for Obstetric sonography
- 105 pregnant mothers were scanned.
- Offered ANC and postnatal services
- Maintained regular teaching in the community, sensitized the community about the services offered through the radio program
- Hosted dental clinic once a month from BCH.
- Offered 10 emergence deliveries

We plan to;

- Maintain immunization days
- Maintain HIV testing and counseling services
- Deliver both short and long term methods of Family planning
- Increase ANC and scanning attendances
- Incorporate option B⁺ to HIV positive mothers
- Work with different stakeholders to obtain a gas vaccine fridge
- Continue sensitization about eQuality membership scheme



Mothers ready to immunize their children at Kanyashogye Health Centre II

Goal: To provide sustainable quality healthcare with focus on disease prevention and improving utilization of health services.

Out Patient, Dental and Eyes department (OPD)

Over the last year, this program achieved tremendous work as staff increased in number as more clinical officers were taken on. OPD is the entry point to access most of our curative services. With a 3-fold increase of clients over the last years, this department is the busiest in the Hospital.

Achievements

- Saw about 90 patients per day, 19% of those were under five years and 81% were five years and above.
- Continued to run a number of clinics such as hypertension, diabetes, orthopedics, dental ophthalmology, epilepsy, psychiatry and palliative care.
- Continued to welcome client, patient, visitors and friends of BCH, with outermost respect.
- Electronic system introduced enabling electronic records for all patients
- Partnered with Kabale Hospital for psychiatry services



Drugs dispensing at OPD



Patients waiting at OPD

We Plan to:

- Acquire a full time Ophthalmic Clinical Officer
- Acquire Oscopes, ophthalmoscope, and more stethoscopes
- Maintain the triage system
- Maintain chronic care clinics

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

Adult Inpatient department

This department provides intensive medication management, medication education, and reality-based programming to improve self-awareness. This program is designed to provide the highest quality of care to patients. Comprehensive treatment is provided in a compassionate and individualized manner, taking into account the unique circumstances of each person.

We had 578 males admitted to the male wing, 640 admitted to female wing and 133 in private / isolation rooms. In total we admitted 1,351 patients in the year.

The team in this department was strengthened upon the arrival of two Scottish volunteer doctors; Dr. Kieran and Sarah.

Achievements

- Had full time medical doctors; Dr. Kieran and Sarah
- Modified high dependency beds for critical ill patients
- Acquired four good metallic bed pans and five hospital beds increasing AIP total bed capacity to 22
- Improved audit performances which include RCT, patient orientation, death audits, patient review by medical officers, X-ray audits etc.
- Developed a protocol on palliative care ,updated some of the policies like referral policy, Blood transfusion, hypertension etc

We Plan to:

- No stock out of essential drugs
- Improve infrastructure to meet quality standards of modern healthcare
- Maintain medical doctors full time on the ward



Dr. Kieran with his team at Adult inpatients' ward

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 Health Bwindi scheme, is an innovative program aimed at helping people of the Bwindi area to access quality and affordable health care services. This scheme enables people to pay for health care collectively and in advance instead of waiting until they become sick, thus the slogan **BATAKA TWETAMBIRE** - literally, let's heal our selves.

We included another 3,000 household member's demographics including their images and fingerprints on the eQuality population database.



Amos, Assistant eQuality Manager attends to a client

Achievements

- Enrolled 46% of the targeted population thus 17% membership growth compared to the previous year.
- Enabled the community do their health care planning and financing through eQuality.
- Conducted a study tour to Kisiizi Hospital Health Insurance to learn and share their vast experiences.
- Continued community sensitization and mobilization for eQuality
- Designed a multifunctional eQuality population database.
- Maintained strong collaboration and good networking both locally and internationally in implementation of this scheme.

We Plan to:

- Maintain good relationships with all partners at all levels.
- Encourage staff training and sharing experience with other similar organizations
- Continuous community sensitization
- Work with communities to come up with systems and rules that will counter check excessive use of services.
- Work with government agencies to encourage the communities to venture into various income generating activities.



Evans, eQuality office clerk stamps the books

Diagnostics department

Over last year Diagnostics was made an independent program Area. The team participated in community outreaches, medical camps, Voluntary Counseling and Testing (VCT) outreaches and, this program area is the pivot of all these programs. We have ensured better maintenance of laboratory equipment.



Gonzaga carries out a test in the Laboratory

Achievements

- Established and maintained an external quality control relationship with AFRQUELAB (Dakar, Senegal).
- Fully utilized the HIV (minor) laboratory with the newly acquired centrifuge and microscopes.
- Frank Ssedyabane completed his studies in Medical Laboratory Sciences, and is back to strengthen the workforce with more skills and knowledge.
- Maintained radiology and sonography activities

We Plan to:

- Expand Laboratory in terms of physical structure and tests done.
- Participate in research projects
- Acquire a full time radiographer.



Victor bleeds a patient during routine investigations

Goal: To offer affordable, sustainable and high quality lab, radiology and imaging services

Public Relations and Fundraising

Although this has been a tough year due to concerns of financial crisis worldwide, our PR and Fundraising team has been able to plan, direct, and coordinate activities designed to create or maintain a favorable public image of BCH.

However the main challenge has been to raise enough money to meet running costs of the Hospital. We are exploring ways of having a constant flow of funds and, one such way is to enlist donors who will commit to giving periodically.

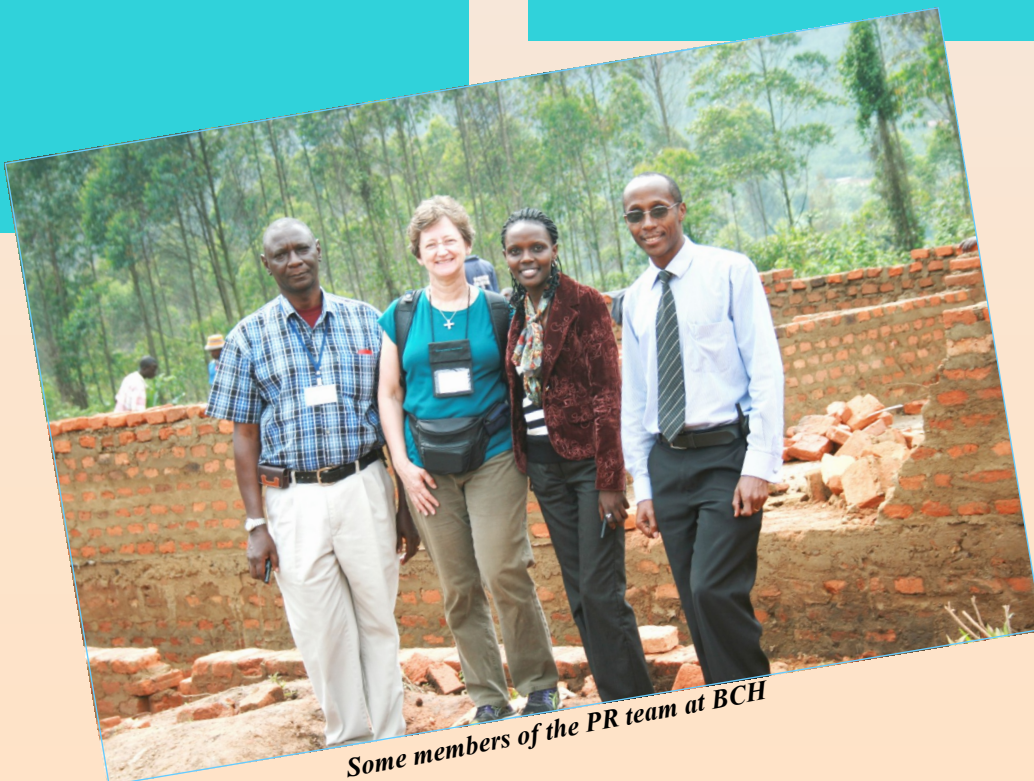
The EJAF grant expired. We are seeking alternative ways to sustain the running costs of the HIV/AIDS and TB program area.

Achievements; we have

- Maintained good relations with Hospital partners/supporters such as SFL, Swiss team etc
- Established new partnerships such as Kangu, Watsi, Tulane University.
- Attracted funding for a temporary incinerator
- Secured funding for Hospital gate
- Attracted funding for Hospital walkways
- Continued support from Crown Family Philanthropies.

We plan to:

- Make more appeals for unrestricted donations to meet core costs like staff costs.
- Fundraise for a bigger incinerator
- Appeal for funding for staff housing and the Hospital fence
- Find an alternative funding for running HIV/AIDS and TB program area



Some members of the PR team at BCH

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, Operations, Projects & Estates

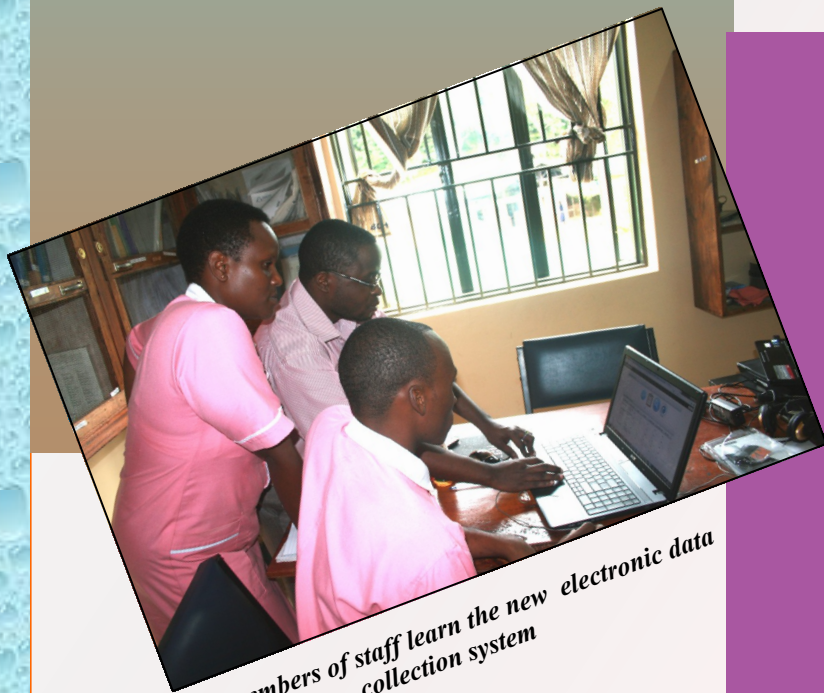
During last year this department upgraded BCH database to ensure maintenance of a computerized collection of all data. The team ensured completion of weekly HMIS epidemic surveillance reports, monthly HMIS reports, annual reports to the District and UPMB and the Hospital Database for annual reporting and inventories.

Achievements

- Ensured appropriate documentation of working framework with various stakeholders
- Constructed covered walkways connecting all service centers of the Hospital
- Maintained power and water available at all times
- Maintained Hospital assets including medical and non-medical equipment
- Improved flooring to Maternity and Operating Theatre
- Maintained efficient refrigeration services
- Implemented a policy that ensures regular maintenance of septic tanks and pit latrines with chemicals to encourage biodegradation of waste
- Maintained relationship with UPDF with regular meetings and support for soldiers guarding the premises at night in a bid to maintain security at the Hospital



Waste incineration



Some members of staff learn the new electronic data collection system

We plan to;

- Re-design and implement a complaint policy to maintain high quality client and partners care by developing a tool for taking in suggestions and complaints and addressing them
- Review every two months, in a Management Executive Meeting, progress in each programme area
- Review adherence to UAP insurance standards
- Complete the creation of more hospital gardens
- Continue to lobby for government support at Hospital level
- Promote and market eQuality locally and internationally

Chaplaincy

The immediate beneficiaries of our ministry are Hospital staff members who have an opportunity to listen to the word of God every morning as it is shared during the assembly before work begins. The sharing of the word is done not only by the Hospital Chaplain but, also, by some members of staff who are motivated by the love of God. Some of them have had their preaching skills improved through training organized internally.

The other groups of people who have benefited from our ministry are the patients and their relatives /attendants, and the neighboring communities.

We are grateful to God and those people who support us for the many lives that were touched during these youth rallies.



BCH holds a youth rally at Kanyashande Church of Uganda

Achievements

- Conducted regular Sunday services to both Hospital staff and patients
- Staff and patient fellowship meetings
- Support to the needy patients through the Good Samaritan Fund
- Conducted Bible study classes for the preachers team
- Staff marriages regularized and strengthened
- Baptisms for staff and patients' children
- Regular thanksgiving services conducted
- Two youth rallies

We Plan to:

- Buy uniform for the church choir worship team
- Conduct school spiritual outreaches to be started
- Strengthen the Good Samaritan Fund

Goal: To improve spiritual wellbeing of staff, patients and the surrounding community.

Human Resources (HR)

We are in the process of building a nurses' training school to create a reliable human resource base and provide opportunity for enrolled nurses wishing to upgrade to diploma. Last year we approached and identified staff valuable to the organization to explore future paths to reduce staff attrition levels.

We have maintained and built relationships with partners/ institutions within Uganda including Mbarara University and Kisiizi Nursing School and institutions from overseas Medical School in Denmark, Tulane Medical School and College of Royal General practitioners with the particular aim of developing expertise and having a constant flow of medical students, nursing and mid-wifery students from Ugandan institutions



The jolly BCH Staff

We plan to;

- Recruit of a full time Human Resource Manager
- Establish staffing norms by adopting the WISN as developed by UPMB
- Develop succession procedure for some key positions
- Brainstorm on potential strategies for recruitment
- Reduce attrition rate to below 20% during the first half 2013/14
- Engage with the staff representative to develop, budget and implement an annual entertainment plan including staff excursions, parties, Development of staff social clubs

Achievements

- Engaged all staff in continuous professional development and kept a data base for all staff's performance
- Celebrated achievements as part of the on-going HR programme
- Maintained a well-stocked Library
- Built relationship with 2way Development and encouraged a long-term relationship to provide development expertise for different parts of the organization
- Successfully coordinated the Hospital volunteer programme

Vegetable Garden Project

Goal: To improve the quality of life through promotion of sustainable production of quality food and its subsequent consumption.

During the last 2 years, we initiated another program area called the Vegetable Garden Programme Area. We are extremely grateful to Sustain for Life for the financial support offered to this agricultural program. The aims of this project are to provide sufficient nutritional, fresh food to feed both patients and Hospital staff, and to include a teaching program directed towards the less skilled local communities including the Batwa pygmies.

We plan to;

- Train the Bwindi community on Sustainable production of quality foods.
- Maintain good relationship with Sustain for Life
- Integrate quality food production in the Hospital strategic plane
- Frequent production, of quality foods thought year.
- Continue monitoring the project.
- Carry out soil sampling and testing
- Initiate our own composite manure formation
- Fence the garden.
- Conduct the annual market survey.

Achievements; we have

- Recruited full time gardeners
- Re-activated flood irrigation system.
- Created drainage channels.
- Opened a new garden in addition to what was handed over to us for more crop production.
- Initiated sack mound gardens within hospital compound.
- Planting of dry season vegetables.
- Prepared seedlings for planting.

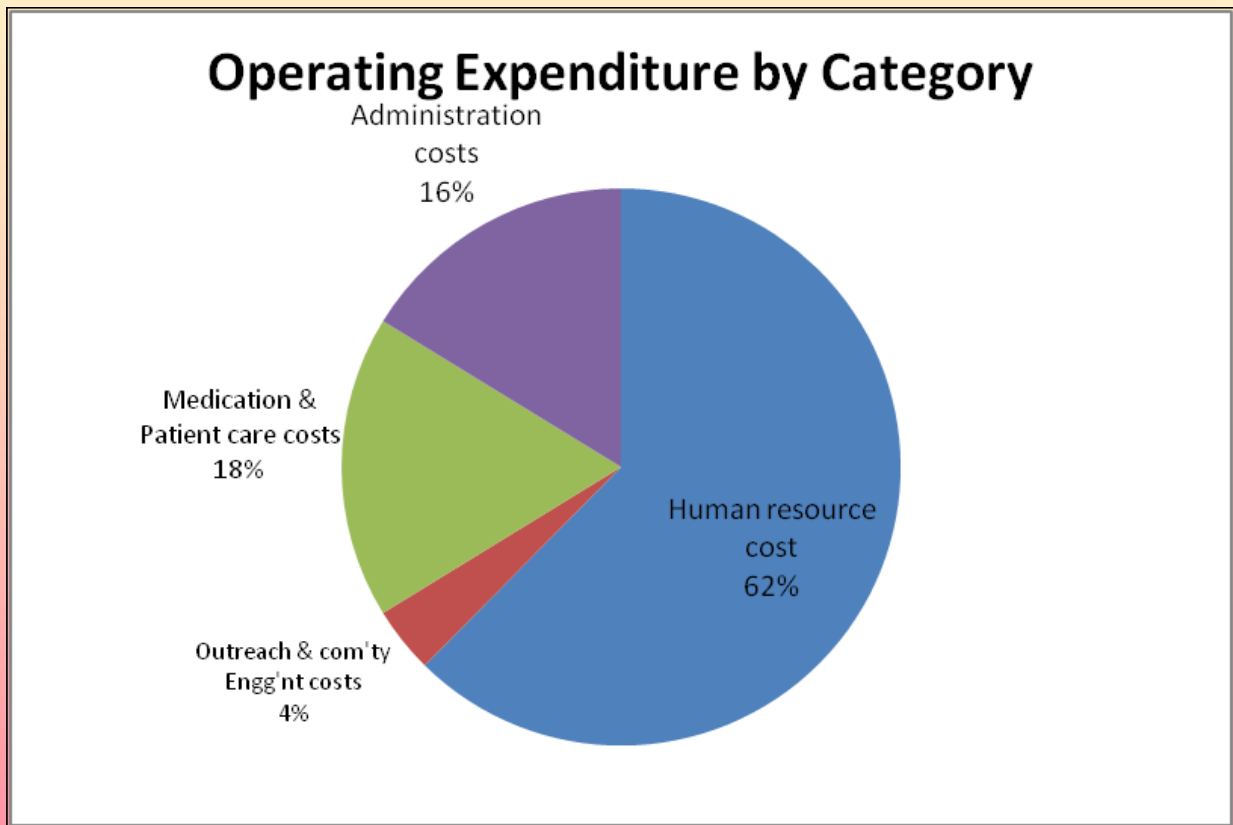


Staff manuring vegetables in the garden with “green Tea”

Accounts and Finance

We have realized about 74% of our expected income and spent close to 77% of budgeted expenditure. Our income has majorly been heightened by funder's of the Nursing School (James Jameson and Steve Wolf), Crown Family Foundation, Elton John Aids Foundation, and Sustain for Life to mention but a few.

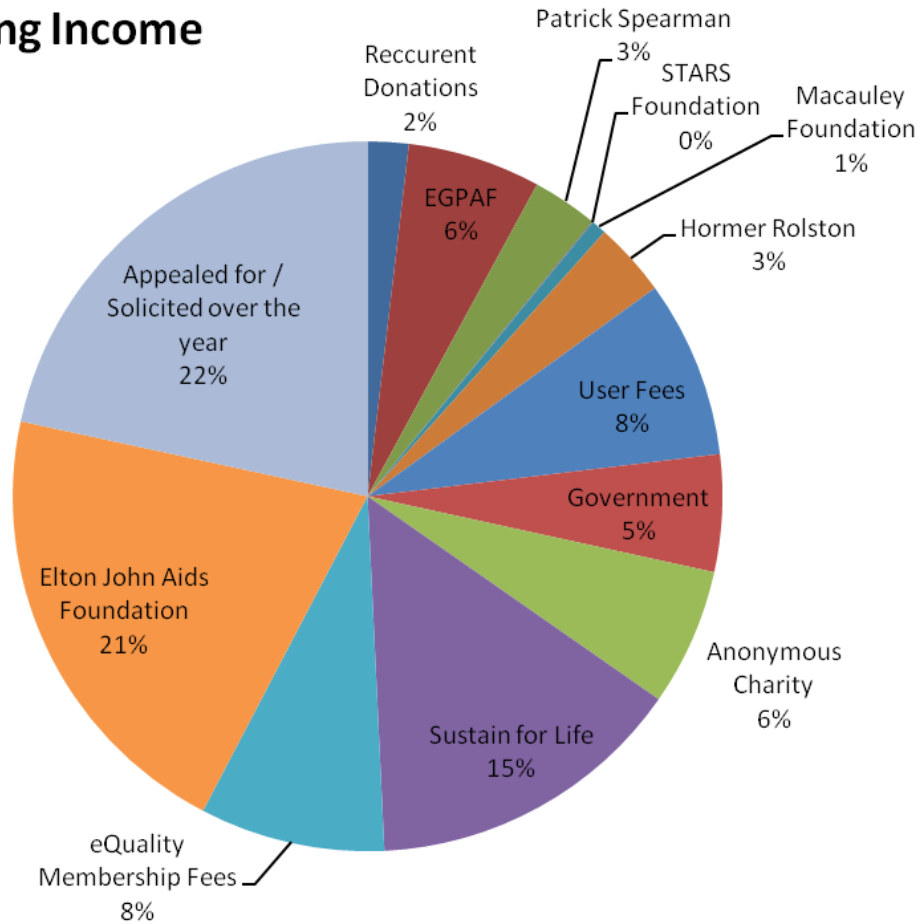
The operating expenditure is 62% of total expenditure, and the Nursing School is 82% of the capital costs this year.



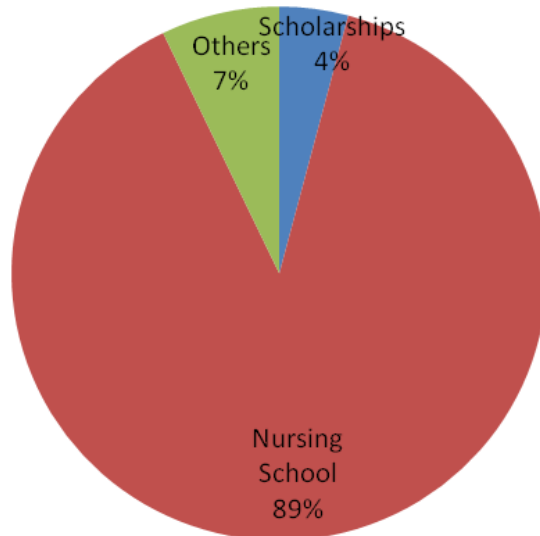
Challenges

- There is need for unrestricted funds to cover the funding gap
- Acquire funding for most of our planned capital projects
- Build reserve worth 3 months of operating costs

Operating Income

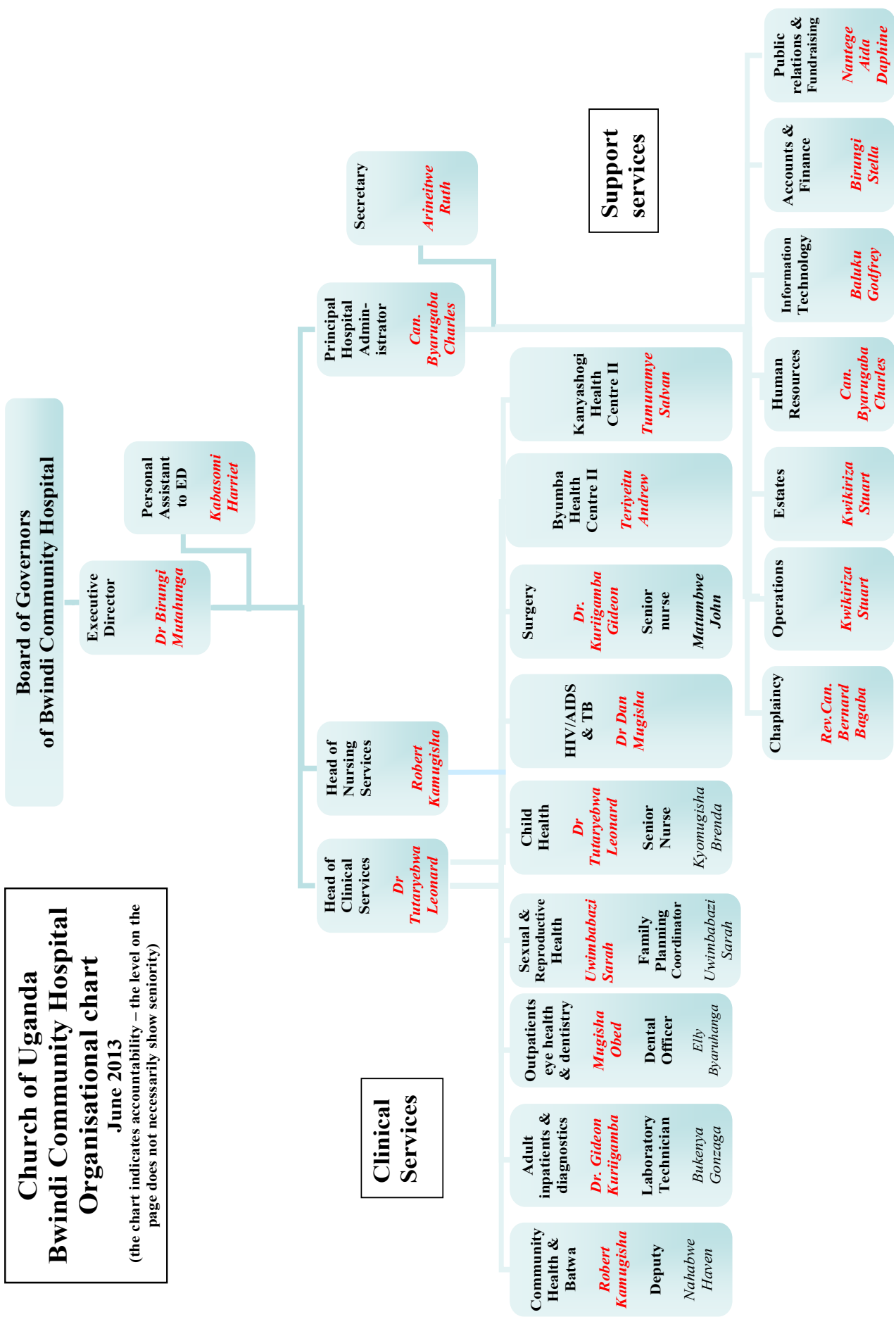


Capital Income by Category



Church of Uganda Bwindi Community Hospital Organisational chart June 2013

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





Children care



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