Our modern Incinerator

Now with our multidisciplinary staff, Bwindi Community Hospital is poised to offer specialist services in the near future. Our multipronged approach includes building human resource base that encompasses training of registered nurses at Uganda Nursing School-Bwindi and sponsoring specialist training for doctors. This happens hand in hand with improvement of infrastructure, especially in the area of diagnostics, to be able to deal with the changing disease pattern and health needs. Focused and evidence based public health intervention in the community is a key pillar of our services.

It is interesting to note that;

- Hospitalization among adults due to HIV related complications has reduced to 4% compared to 60% five years ago.
- HIV transmission from mothers to their babies is less than 2% while 97% of our clients complete their TB treatment.
- Outpatient visits due to Malaria have reduced from 14% three years ago to 4%
- Heart disease and physical injuries now rank top as reason for hospitalization among adults. Malaria and diarrheal disease rank third and fourth among causes of illness in the area.
- Child deaths have reduced from 92/1000 live births three years ago to 62/10000 today. Maternal deaths have reduced but are still of great concern. Last year there were five maternal deaths in our catchment area. In the same period we registered 1, 880 live births.

Certainly, you have been part of these achievements. So if you can, read on for these and more in this report. You can also visit our website; www.BwindiHospital.com for more information.
Our goals for 2020
• Fully fledged referral specialist centre in the region
• Reduce maternal mortality in the area by 25%
• Reduce child mortality by 25%
• Reduce unmet need for Family planning to less than 10%
• Increase number of people with health insurance plan with our insurance scheme to 60%
• Generate 60% of our running costs from local sources.
• Graduate top notch nurses from Uganda Nursing School Bwindi

Six years ago, 95% of our running costs were financed through donations. Today this has reduced to 68% and we all joyfully share in what we have achieved. I therefore thank all of you who have been supportive through this transition period and urge you not to tire because, together, we have touched and saved many lives.

With gratitude,

Dr. Birungi Mutahunga R.
Executive Director, BCH

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Uganda Nursing School Bwindi- *Uganda Christian University Affiliate*

**Vision:** An outstanding institution in health care training to solve health challenges in the community.

Uganda Nursing School Bwindi is progressing well with the number of students expected to double with the September/November intake. This will take us to full capacity of 90 students. Hard work by our students, their tutors and partnership with Imaging the World-Africa (ITW-A), University of San Francisco, and Stanford University, have seen all our students excel in national promotional exams. We are now looking forward to graduating pioneer students extensor cohort, November this year.

This year we launched ultrasound training program. This program is implemented in partnership with University of Vermont, USA, through a charitable organization, ITW-A. It is the first of its kind in the region. This program will enhance capabilities of our graduates deal with obstetric and other surgical conditions more pro-actively than before.

**Achievements:**
- Acquired curricula for all courses being offered
- Established collaborations with other education institutions of learning (UCU, University of Vermont, Stanford University, University of San Francisco, etc).
- Undertook exchange visits with other already fully established education institutions (Nyakibale, Kisiizi and Kagando).
- Attained Memorandum of understandings for clinical placement of students with national referral hospitals of Mulago and Butabika. Our students are allowed in all other health facilities in the district for learning purposes.
- Started Sonography course with two Portable ultrasound machines
- Extended power to the school.

**Challenges:**
- Many of our students are from rural poor families and hence unable to meet their tuition requirements
- Attracting staff to the Bwindi area
- Limited space for accommodating male students.

**What Next!**
- Recruit and retain trained tutors and clinical instructors.
- Strengthening collaborations with other already existing educational institutions.
- Equipping the library with extra key/title books.
- Establishing a fully equipped computer laboratory with electronic copies of textbooks on each computer/server including iPad.
- Construction of a male hostel, a laundry and a store

*Mary a midwife student demonstrates to visiting secondary students in the skills lab*
Child Health
Goal: To improve child health through education, prevention and high quality treatment services in a child centered environment.

Last year we treated over 1,200 children. Newborn conditions, respiratory infections, malaria and malnutrition were the major reasons for admission. We attend to an average of five premature babies in our neonatal unit each month. We offer health education to mothers on the common causes of childhood mortality as a preventative strategy. Cooking lessons and a tour of our demonstration garden help educate attendants about malnutrition. We have also worked with volunteer pediatricians over the past year courtesy of Global Links Programme of the UK Royal College of Pediatrics and Child Health. Sharing of experience and knowledge has helped improve care on the ward.

Achievements:
• Reduction in mortality rate of both neonates and infants from 5% to 3%
• Reduction in neonatal hypothermia from 15% to 2%
• Health education, Voluntary Counseling and Testing, Orientation from 90% to 98%
• Improved transfer and resuscitation at birth points.
• Received one pulse oximeter and oxygen concentrator from the Rotary club of Hull and Kanungu.
• Maintaining therapeutic food stocks.

Challenges:
• Lack of a physiotherapist to provide sufficient rehabilitative services.
• Inadequate incubators for the premature newborns.
• Less room in the High Dependence Unit.

What Next!
• Modification of the High Dependency Unit to meet Intensive Care Unit standards.
• Modify child play area for better rehabilitation and child stimulation.
• Acquire apnea monitor, incubators and oxygen concentrator.

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

The Department runs mobile intervention outreaches in addition to the daily HIV clinic. Currently, we have 853 active clients in our clinic of which 640 are on Highly Active Anti-Retroviral Therapy (HAART). Through partners like Civil Society Fund and Star SW, the program has continued the remarkable outreach programs that aim at reducing new HIV infections in the community including newborns.

The team in this department is led by Dr. Daniel Ranga and boasts of full time staff of three nurses, three counselors, four peer educators and one records person. In addition, we have an extensive network of 84 Community Health leaders (VHTs) we work with.

Achievements:
• Over 65,537 HIV tests (including 16,479 this past year) have been done. We enrolled 118 new clients in care last year.
• 853 active clients in care, of whom 640 are on Highly Active Antiretroviral Therapy (HAART) and the rest are on Cotrimoxazole.
• Over 8,080 pregnant women (including 980 in the last year) have been tested for HIV.
• All patients who are HIV positive are able to access a high quality, free, confidential, holistic treatment service, under the new World Health Organization (WHO)/Ministry of Health (MoH) guidelines.
• All HIV positive children below 15 years, (77 in number) in our care have been enrolled on HAART as per the new MoH/WHO guidelines.
• All HIV positive pregnant mothers under our care are on option B+
• TB treatment completion rate is at 97%

Challenges:
• Over 65,537 HIV tests (including 16,479 this past year) have been done. We enrolled 118 new clients in care last year.
• 853 active clients in care, of whom 640 are on Highly Active Antiretroviral Therapy (HAART) and the rest are on Cotrimoxazole.
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• All HIV positive pregnant mothers under our care are on option B+
• TB treatment completion rate is at 97%

What Next!
• Reduce Mother to Child Transmission Facility Positivity rate from 1.7% to less than 1%
• Enroll at least 50% of our clients in Family Support Groups.
• Looking for partnerships to continue HIV care services in the community.

What Next!
• Modification of the High Dependency Unit to meet Intensive Care Unit standards.
• Modify child play area for better rehabilitation and child stimulation.
• Acquire apnea monitor, incubators and oxygen concentrator.

Conducting a Voluntary counselling and Testing for HIV among the Batwa
Sexual And Reproductive Health

**Goal:** To reduce Maternal morbidity and mortality, under-fives mortality and Total Fertility Rate through quality antenatal and post-natal care, safe delivery-ies for all women in our catchment area, improved access to treatment for Sexual-ity Transmitted Infections and all individual having access to family planning.

Bwindi Community Hospital is now a referral facility for maternal health for the 270,000 people in the Kanungu District. Dr. Julius Nkalubo is the only specialist in Obstetrics and Gynaecology in the entire district. Every month the hospital receives around 30 referrals of pregnant women. These women often present with complications, sometimes requiring emergency caesarian section. On average 30-40 emergency caesarian sections are performed per month.

This year we have further developed our family planning services and education through the work of Uganda Sexual Health and Pastoral Education (USHAPE). USHAPE is an initiative run in conjunction with the Royal College of General Practitioners in the UK and is supported by the Tropical Health & Education Trust (THET) as part of the Health Partnership plan with funding from the UK Department for International Development (DFID). This has boosted our family planning services including uptake of long acting methods of contraception.

**Achievements:**
- Screened 250 women for cervical cancer out of whom 24 turned out positive.
- On average we have been able to see 60 new clients come for Antenatal services every month.
- Reduced the mothers overall waiting time for hospital services
- 100% of the mothers who come for Antenatal services get tested for HIV.
- 100% of mothers who test positive for HIV have been linked to a Prevention of Mother to Child Transmission midwife to initiate the care.
- All referrals from other facilities reviewed by a doctor on arrival.

**Challenges:**
- We did not have the oxygen concentrator for some time.

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Surgery

**Goal:** Be able to offer emergency surgical care for obstetrics, trauma & non-trauma conditions at any time, as well as reducing disability through operative interventions.

We have the capacity to offer both elective and emergency surgical care to patients. Our surgery program area benefits from well trained staff and a well stocked theatre. On average we perform 30-40 emergency caesarian sections, 10 major surgical and gynecological operations a month.

We have also continued to host orthopedic, general surgery and gynecological camps throughout the year. This has further extended surgical care to the disadvantaged populations and has reducing disability and improved the quality of life of many patients.

**Achievements:**
- Conducted three surgical camps: Obstetric fistula camp, Orthopedic and a general camp. In total 116 patients were worked on.
- Acquired an anesthesia machine which was donated by rotary club of Los Angeles
- Recruited a second Anesthetic officer and 1 nursing officer
- Controlled post-surgery sepsis to 0%.
- Acquired 1 baby coach.
- Improved on response time for surgical emergencies to now less than 10 minutes.

**Challenges:**
- Few theater gowns and drapes.
- Congested theatre
- Not enough patient trolleys to transfer patients between wards and theater.

**What next!**
- Redesigning of current theatre into a modern standard one in order to meet aseptic standards.
- Construction of a surgical ward.
- Develop a computerized patient booking system.

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![Operations performed at Bwindi Community Hospital 2014/2015](image-url)
Community Health and Batwa.

**Goal:** Effective and efficient Health promotion and disease prevention through Health education our community department conducts participatory activities and integrates health education and social action to improve health and reduce health disparities.

We provide continuous services in the 101 villages of our catchment area. Every community is visited 12 times every year. We reach out to 14,735 households and serve over 60,000 people. The department works with 501 volunteers (village health promoters) to reach every member of the community with health messages. Through our community based approaches the general health of the communities which we serve has improved greatly.

**Achievements:**
- Immunized all the children born at the hospital.
- Conducted school health talks for over 6000 students at upper primary schools and secondary schools in the BCH catchment area.
- Over 1000 pregnant women were visited and received health education and counseling in our ongoing maternal health improvement program.
- Conducted enquiry into maternal and child deaths to inform approaches for reducing such deaths
- Vaccinated all eligible Batwa children in the hospital’s catchment area.
- Conducted malnutrition screening for all children under five years of age and provided rehabilitation and follow-up for all with malnutrition.
- Continued implementation of community based mental health services.
- Conducted 1212 village meetings for community health education in 101 villages of BCH catchment area working with 501 village volunteers.
- Conducted 101 feedback meetings with village leaders.
- Conducted 12 radio talk shows with health education messages for the masses.
- Conducted a sanitation survey in the hospital’s catchment area.

![Image of a team investigating a trachoma outbreak in one of the Villages near Congo (DRC) border](image)

**Challenges:**
- Inadequate funding for all the activities
- Unreliable internet connection for data entry offsite stations
- Ragged terrain

**What next!**
- To reduce malnutrition to less than 4% for the children under 5 in the hospital catchment area.
- To reduce under 5 deaths from preventable illnesses and circumstances by 50% by 2020 through focused community health education messages.
- To conduct a catchment area insecticide treated mosquito net census and supply mosquito nets to ensure that every household has at least 2-3 mosquito nets
- Reduce maternal deaths by 20% by 2020
- To ensure that 95% of all eligible children under 5 in the hospitals’ catchment area complete their immunization schedule
- Have a model community based mental health programme

Byumba & Kanyashogye Satellite Clinics.

**Goal:** Sustainable quality healthcare with focus on disease prevention and improving utilization of health services.

Bwindi Community Hospital runs two nurse-led satellite clinics (Byumba Centre II and Kanyashogye Health Centre II) in order to improve access to high quality health care to everyone in the catchment area. Byumba is approximately one hour’s drive from the main Hospital and Kanyashogye is about two hours. The two health centers commit to:

1. Improving Sexual and reproductive health
2. Control and prevention of communicable diseases
3. Improving Child health
4. Community mobilization, health promotion and disease prevention
5. Maintenance of adequate and quality staff

**Achievements:**
- Attended to 3563 patients in outpatient department among them, 361 Batwa.
- 308 people received HIV counselling & testing.
- Scanned 28 mothers who completed 4 antenatal visits.
- Offered comprehensive Antenatal care (ANC) to 183 mothers and postnatal services.
- Maintained regular teaching in the community, sensitized the community about the services offered.
- Ensured proper identification and referral of complicated cases to BCH. 47 cases were referred.
- Offered 3 emergency deliveries.
- Offered Family Planning services to 412 clients.
- Maintained weekly immunization of children (0-5) years reaching 871 children.

**Challenges:**
- Unstable internet.
- Lack of fridge for vaccines.
- Lack of appropriate means of transport to navigate through the hilly terrain
- Power cut-off after lightning struck invertors.
- Limited land for expansion

![Bar chart showing reasons for admission in people > 5 years at Bwindi Community Hospital 2014/2015](chart)

**What next!**
- Increase ANC through Behavioral Change Communication & Ultra Sound Scan outreach at our H/unit from BCH.
- Installation of lightning conductors and repair of solar power bank.
- Ensure all HIV positive pregnant women access Anti retro viral treatment.
- Work with different stakeholders to obtain a gas fridge for vaccines.
- Purchase a motorcycle to ease transport for Byumba H/C II
Out Patient, Dental and Eyes Program Area (OPD)

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

OPD is the entry point to access most of our curative services. We prioritize safety, quality and the patient experience, respecting the differences [cultural, religious, racial, sexual etc.] of patients and families who seek care at BCH.

**Challenges:**
- Maintaining a public Health Dental Officer
- No stationary oxygen concentrator in the emergency room

**What next!**
- To Reinforce Hospital’s learning and teaching role to both Students and interns attached to the department.
- Revive dental and eyes services
- Improve the electronic system to be able to manage day to day data needs.
- Acquire an oxygen concentrator for the emergency room

**Achievements:**
- We have maintained daily consultation services throughout the week
- Had close to 30,000 consultations
- Ensured every patient is quickly assessed on arrival for any life threatening signs (triage)
- Maintained a well-functioning emergency treatment room throughout the year.

Adult Inpatient (AIP)

**Goal:** Provide excellent, efficient healthcare to treat disease and promote preventive health practices using evidence based medicine.

This Program Area, which has the principal admission ward for all adults (save for obstetrics and gynecology cases), offers intensive medical management of patient conditions as well as patient education. We aim at provision of the highest quality of services to the patients.

The team in this department is led by Dr. Daniel Ranga., Volunteer doctor; Rita Sandhu, on placement under our partnership with Royal College of General Practitioners (RCGP) (UK), has greatly strengthened the team.

**Challenges:**
- Limited space on the ward
- Lack of modern hospital beds
- Limited human resources

**What next!**
- Acquire hospital beds to improve nursing experience (15 in total)- Get a Suction Machine
- Involve nursing students in ward audits, death audits as well critical patient case discussions

**Achievements:**
- Maintained regular audits of patient deaths and case discussions of seriously ill patients
- Ensured Ward audits: Family Planning, VCT and Alcohol habits
- Acquired a new oxygen concentrator
- Daily ward rounds: every patient is reviewed by a Doctor at least once a day
- Continuously hosted volunteer doctors improve staffing as well as knowledge sharing.
- Provided effective nursing care to all patients.
- Ensured timely and proper referral system
Diagnostics:

**Goal:** To offer affordable, sustainable and high quality lab, radiology and imaging services for better patient management.

Diagnostic tests are fundamental aspect of clinical practice for they assist clinicians in establishing whether a patient has or does not have a specific condition. This year we have been able to boost our Laboratory with two modern machines for hematology and chemistry. These will greatly aid clinicians to monitor patients with chronic diseases such as diabetes or high blood pressure.

**Achievements:**
- We managed to purchase a Hematology analyzer and Chemistry machine
- Developed Standard operation procedures (SOPs) for all tests.
- Maintained the external quality control for Tuberculosis.
- Continued teachings on sample collection.
- Maintained monthly teachings on the use of SOPs.
- Ensured safety - monthly safety and infection control assessment.
- Continued timely ordering of blood and maintaining a cold chain during transportation.
- Enhanced ultrasound and x-ray capacity building.
- Trained at least 4 staffs on how to operate the new X-Ray machine
- Established and maintained a link for sharing radiology with external partners

**Challenges:**
- We keep blood, specimen and reagents due to not having a blood bank refrigerator.
- We do not have a safety cabinet for the safety of staff and patients during TB testing.

**What next!**
- The solution should be constructing another lab with separate sections, or procuring a safety cabinet.
- We hope to have microbiology services here at BCH.

Nutrition and Dietetics Program BCH.

**Goal:** To improve the quality of life through promotion of sustainable production and consumption of quality foods and nutrition.

This year, we continued training Hospital staff, UNSB students, patients and attendants in nutrition and sustainable agriculture. Consequently, we are seeing decline in malnutrition in the community. As we promote sustainable agriculture, we have had a challenge of high soil acidity. We have worked with Makerere University to do soil testing and are currently working with the district to identify nutritious crops that can be grown.

**Achievements:**
- 45 BCH staffs and 12 students from UNSB trained in nutrition and sustainable agriculture.
- Expanded on the garden and created a demonstration garden that is accessible.
- Continued conducting outreaches especially in the Batwa communities.
- Trained patient attendants in Nutrition and sustainable production of nutritious food and food preparation. E.g. using cooking sessions.
- Managed to do soil sampling and testing in the vegetable garden through Makerere University.
- Constructed a new goats’ house.
- Reduced severe acute malnutrition by 6%.
- Increased malnutrition screening in the hospital to 73%.

**Challenges:**
- High soil acidity has been affecting the yields of the vegetables and thus most foods served to children lack the necessary micronutrients.
- Most community members have not yet appreciated the value in eating fresh vegetables.
- Uncertainty of continuous funding of the vegetable gardens.

**What next!**
- Extend Outpatient Therapeutic Care (OTC) services to the Hospital satellite clinics.
- Integrating quality food production into business enterprise especially among the poorest of the poor.
- Improve the soil fertility through neutralizing acidity using wood ash.
- Working hand in hand with other technical organizations like Kachwekano agricultural research institute etc. to boost food security in the area.
eQuality Health Bwindi

**Goal:** To ensure that all people in our catchment area can access quality healthcare irrespective of their financial means.

eQuality Health Bwindi plan is premised on working with naturally existing social networks of burial society groups, to pool resources for healthcare financing. This program which was launched in March 2010 now benefits 37% of the intended population.

**Achievements:**
- Recruited over 7000 new members
- Continued sensitization and mobilization meetings in the sub-counties of Kirima, Kihihi, Nyanga, Nyakinoni, Kanungu and Kihihi town councils. Five new groups with over 600 members enrolled.
- Over 60% of the planned outreaches were conducted, which included visits to Bataka groups, quarterly and annual stake holders meetings.

**Challenges:**
- Inability of some group members to raise subscription in time due to low incomes.
- Distance and poor means of transport to the hospital
- Inadequate office space,
- Lack of motorcycle for community mobilization.

**What next!**
- Enable people under the plan who live in areas far away from BCH be able to access health services in their nearby health facilities in catchment area.
- Promote the work of other community development agencies and their programs to improve payment of premiums.
- Continue advocacy campaign with other stake holders for adoption of national health insurance

---

Administration

**Goal:** Effective governance to ensure efficient support to deliver the Hospital Mission and Vision

The administration department supports all hospital departments in delivering the hospital mission and vision. Another important role is in risk assessment; through deliberate consultations they prescribe measures to mitigate these risks. An area that has been challenging and still requires development is policy implementation monitoring. A strategy has been planned for all policies to be tracked, reviewed, updated, their implementation assessed and corrective measures applied.

A ‘hospital daily dashboard’ is being creating to serve as a year planner. All major hospital activities will be added to the plan. This will aid in planning and support departments to conceptualize their work plans. We hope this will assist in timely delivery of work plans and in monitoring their implementation.

**Challenges:**
- Insufficient funding for implementation of all planned activities
- We have had challenges of recruiting a Handyman which, essentially, limits our abilities to effectively maintain Hospital infrastructure

**What next!**
- Enable people under the plan who live in areas far away from BCH be able to access health services in their nearby health facilities in catchment area.
- Promote the work of other community development agencies and their programs to improve payment of premiums.
- Continue advocacy campaign with other stakeholders for adoption of national health insurance

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Private wing of AIP under construction
**Information and Technology Department**

**Goal:** To Implement and Maintain Excellent Communications, Data Collection and Management Systems that meet the needs of BCH.

Our hospital services have been radically transformed by information and technology. IT has improved care quality, through quick access to patient records from inpatient and remote locations for more coordinated, efficient care, Improved decision support, clinical alerts, reminders, and medical information, real-time quality reporting. Comprehensive, complete documentation that facilitates accurate coding and billing. Interfaces with labs, registries, accounts, reduced disparities, and improved outcomes.

An electronic systems of operation has transformed our daily lives and the way we communicate. With the IT department, information is available whenever and wherever it is needed. We have been able to ensure that the right information is available at all stages of health care process, increased efficiency.

**Achievements:**
- Maintained internet service & fast LAN throughout the entire hospital/school
- Reduced Antivirus protection fees saving the hospital USD $ 671.5
- Acquired two extra backup drives i.e. Full back up and Incremental backup - Protecting data against loss, corruption disasters
- Escalation of Hardware repair and maintenance/software upgrades.
- Designed a new Donor Data Management System.
- Built and enhanced our Firewall.
- Introduced the Open MRS system into HIV/AIDS & Maternity, and developed and implemented a redesign of the Community Health database.

**Challenges:**
- Aging Ward machines and File Servers
- Complexity in querying databases for reports
- High costs of acquiring new IT equipment
- Less tools and equipment in the computer Lab

**What next!**
- Redesign and merge all Hospital systems into a one “Multi-functional” diverse system with a one-click reporting tool
- Setting up a remote host site and ensure timely data backups to protect data against loss, corruption and disasters.
- Design IT Training packages – Train departments to become highly cross-functional, resulting in greater IT efficiency.
- Design a new UNSB Website and update BCH/FOB websites periodically.
- Explore deployment of state of art technologies i.e. Card Access Control System, automated fire/Intrusion detection systems etc.
- Design and build an open ITOA (Open IT Operations Analytics) Architecture – To enable the discovery of new valuable relationships and insights derived from combined data sets

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**Chaplaincy**

**Goal:** To ensure excellent pastoral ministry and provide an environment for spiritual healing among the staff, patients and neighboring communities.

Rev. Canon Bernard Bagaba heads a team committed to contributing spiritual growth of staff, communities around and local schools.

**Achievements:**
- Chaplaincy has been strengthened through setting up a studio for easy and regular communication with patients on the ward.
- Registered six Church weddings and one Civil marriage during the period under review.
- Purchased 15 pieces of choir uniform for our worship team known as Living streams choir.
- Procured 30 copies of Uganda Youth Praise and 50 copies of Come and worship booklets.
- 30 copies of local language hymn books were also purchased for use in the hospital.
- Effected registration with Church of Uganda and thus acquired new status and name; St. Luke’s Chapel, Bwindi Community Hospital.
- Now able to register and conduct church marriages.
- Over three million shillings were raised in support of the Good Samaritan Fund
- Eight thanksgiving services were conducted including Christmas and Easter celebrations.
- Hosted the Diocesan Bishop of Kinkiizi and he presided over our Christmas thanksgiving service.

**Challenges:**
- Getting most of more community members to participate in chapel programs
- The Good Samaritan Fund is still small to meet the demands of needy clients
- The worship space is becoming smaller as our congregation increases.
- The Chaplain’s office is small and houses a store, vestry, counseling and studio.

**What next!**
- Acquire urgently needed worship space and store.
- Procure a projector needed to reduce expenses on books.
- Increase income through stewardship campaign
- Carry out discipleship training for the interested members.
- Acquire new amplifier and acoustic guitar

---

*The IT team testing the data base*
Human Resource

**Goal:** To recruit and retain the best available staff at every level of the organization.

Our strength lies in our human resources. We are 160 staff, all working to our best abilities to achieve the organization’s mission and vision. Continuous professional development are highly encouraged both at all levels. We are immensely grateful to our partners who have availed scholarships to our staff. Currently we have 7 clinical staff and 2 non clinical who on scholarship both undergraduate and post graduate levels. This does not only boost staff morale but also improve their performance.

**Achievements:**
- Awarded various scholarships in line with our strategic objective of offering specialist care services.
- All staff had their scheduled performance appraisals done including multi-source feedback.
- Ensured all our staff have accommodation, most in rented premises.
- Maintained feedback from staff through regular staff meeting and staff satisfaction surveys.
- Introduced complaints/inquiries matrix to improve communication across the organization.

**Challenges:**
- Some cadres have been difficult to retain owing to our remote location with limited social services.
- No appropriate accommodation for most staff.
- Limited scholarships.

**What next!**
- Solicit for more scholarships.
- Bench mark key positions and have them bonded.
- Improve staffing norms by use of the Workload Indicators for Staffing Needs (WISN) tool.
- Work closely with the fundraising team to fundraise for more staff accommodation.
- Ensure continuity of Professional Development teachings.

BCH staff, Volunteers and UNSB students take a nature walk in the Bwindi Forest

Accounts

**Goal:** Effective involvement in raising financial resources for the hospital, efficient management of these resources and Quality / Timely financial reporting.

**Achievements:**
- Have maintained timely accountability to stakeholders.
- Kept up-to-date with statutory tax requirements and remittances to National Social Security Fund for staff.
- Supported all other program areas with budgeting and efficiency audits.
- Improved collection of local revenue.
- An external audit of our accounts was done and their report availed to stakeholders and our website.

**Challenges:**
- Locally generated funds not yet enough to cover basic operations.
- Identifying partners to support our budget during our transition period. We expect to be locally generating 70-80% by 2020.

**What next!**
- Maintain timely accountability to stakeholders.
- Continue promoting efficiency across all departments.
- Raise locally generated funds from 30% to 40% of our operating costs.

Operating income

- Operating Income: 49%
- Donors/ Donations: 22%
- Government PHC: 4%
- EGPAF: 16%
- EGPAF: 2%
- User Fees: 18%
- EGPAF: 1%
-macaulay Foundation: 2%
- EGPAF: 12%
- East Bay Community: 3%
- Patricia Crown: 10%
- Deloite Multi Donor: 10%
- Sustain for Life: 1%
- EGPAF: 1%

Medical & Operating costs: 60%
- Medication & Patient Care costs: 14%
- Outreach & Community Engagement costs: 10%
- Administration costs: 16%
- Human resource costs: 10%
Public Relations and Fundraising

**Goal:** To keep positive images of the hospital and the school, and to keep confidence of all supporters/partners and be able to raise enough funds to meet the funding gap for both capital and running costs.

On the whole, we have enjoyed cordial relations with our stakeholders and donors both local and international. We are committed to reduce donor dependency to ensure sustainability of our core programs. Locally generated revenue has steadily increased from 5% six years ago to 32% today. Our annual operating budget of US$1 million is still largely funded by donations and grants. A reasonable fraction of the funds go to Public Health interventions, including HIV care, which the local community is unable to fund on their own.

**Achievements:**
- BCH recognized by the Mama Alive Initiative Uganda for the Public Health award
- Secured funding for Premium ward, a dental Unit, and a staff Unit.
- Attracted Scholarships for UNSB students.
- Established new partnerships including; Tropical Health Education Trust (THET)
- Started confectionary business to generate income for UNSB.
- Improved donor data management system

**Challenges:**
- Still heavily donor dependent especially for community health interventions
- Our visibility at national level is not as much as if we were not in a rural and remote area
- Grants for HIV/AIDS care have come to an end.

**What next!**
- Raise more income locally: car washing bay, levy research fees, private ward charges
- Strengthen grant writing capacity of BCH by working with Program Area heads in developing model proposals for all program areas.
- Liaise with hospital partners to link BCH/UNSB to other prospective funding organisations especially for HIV & TB care.
- Set up an exhibition center at the hospital to enhance and promote BCH/UNSB to tourists
- Liaise with hospital partners to establish a charitable foundation in Australia that allows tax deductible donations.
- Improve our participation in national conferences and workshops

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Sheila Hosner, a volunteer conducting a fund-raising teaching to BCH staff

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**Our Funding Priorities**

**Budget requirements for high level service delivery**
- US $130,000 annually; Maintaining a child health department with a pediatrician 24/7;
- US $145,000 annually; Maintaining a sexual and reproductive health program area with an obstetrician cover 24/7
- US $76,000 annually; Maintaining an operating theatre for emergency assisted deliveries;
- US $100,000; Operating cost support for the nurses’ training school over the next two years before the school reaches full enrollment for greater financial sustainability.

**Capital projects:**
- $ 8,000: A blood bank fridge for laboratory
- $ 7,500: Remaining to purchase the nursing school’s bus
- US $ 10,000; 20 Computers each @ $ 5000 for the School and Hospital to enable delivery of service and facilitation of e-learning.
- US $75,000; Ambulance:
- US $ 296,000: A new block of Adult Inpatients. Funding received $90,000 for the first floor; funding need $40,000 for equipment. Construction underway.
- US $48,000; A new block of dormitories for the nurses’ training school.

**How you can support our work**

Account Name: Bwindi Community Hospital
Bank: Stanbic
Branch: Kihihi
Account Number: 0240064116501
Sort Code: 040147
Swift Code: SBICUGKX

In Canada, you can mail in cheques/money orders, made out to Buy-A-Net, directly to:
Buy-A-Net Malaria Prevention Group
P.O. Box 1063 Kingston, ON K7L 4Y5

In the USA,
The Kellermann Foundation
Email: info@kellermannfoundation.org
www.KellermannFoundation.org/donate.htm
or
make a tax deductible donation to our US Charity; Abercrombie & Kent Philanthropy
Link: http://www.akphilanthropy.org

Please earmark the donations for use at Bwindi Community Hospital.
Use of Smart Boards: State of art technology to deliver lectures