

KISIIZI HOSPITAL



ANNUAL REPORT

2006-2007

"Life in all its fullness"

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1. INTRODUCTION

Church of Uganda Kisiizi Hospital a Church of Uganda Private Not for Profit (PNFP) Health Care Provider is rurally situated deep in the mountains of North Kigezi in Rukungiri district South West of Uganda. The hospital was founded in 1958 by Dr. John Sharp on the site of an old flax factory under the auspices of Rwanda Mission (CMS). Later it was handed over fully to the Church of Uganda and it's currently under direct supervision of the Diocese of North Kigezi.

From its inception, the aim was to be a place of healing, in body, mind and spirit.

The Hospital Vision is ***“to bring high standard, holistic healthcare to patients/clients and `life in all its fullness` to them and the whole community within and beyond the Hospital.***

The Scope of the Hospital's core purposes and activities:

We shall provide all the services appropriate to a district hospital, including community outreach, health education and disease prevention as a not-for-profit organization.

We will provide more specialist services resources permit provide they do not detract from the quality of our basic services.

So far as our resources permit, we aim to provide benefits to the local population socially and economically, as well as providing healing and spiritual benefits.

We see undergraduate and postgraduate education and staff development as part of our core purpose.

Our responsibilities:

Our first responsibility is to God

As a Church of Uganda Hospital, our ultimate aim will be to serve and glorify God in all that we do.

Our second responsibility will be to the community

Our care will be holistic in nature, providing for the physical, socio - economic, psychological and spiritual needs of the people we serve.

Through health education, we will enable local communities to make healthy choices and become more responsible for their own health.

Those who fall sick will be offered care to the highest standard at an affordable cost.

Our care will be characterized by compassion unaffected by ethnicity, socio - economic status, religious, denominational or political affiliation or any other prejudices.

Our ultimate aim is to provide 'life in all its fullness' through a living in the Lord Jesus Christ to the patients/clients and the community within and around the Hospital.

Our third responsibility will be to the State

We shall be responsible and law - abiding citizens and make every effort to cooperate with National and district medical services regarding health care delivery in our area.

Our fourth responsibility will be to our partners and donors

We will communicate effectively with all our partners and donors informing them of our progress and accounting properly for all assistance given. However, in the long term, we hope to reduce the need for financial support. We value and will seek to develop our clinical partnerships in Uganda and overseas.

Our fifth responsibility will be to the Board of Governors

All members of the Management and staff will work to the best of their ability and actively participate in the life of the Hospital Community.

All members of the Management Committee will be of mature Christian commitment, well educated, experienced and competent in their respective fields. They will be in Kisiizi most of the time and be accountable for their respective departments to the Chairman of the Management Committee who in turn is accountable to the Board.

The Management Committee will be responsible to the Board for financial, personnel and operational Management and for the maintenance of Hospital premises and property.

We shall conduct all our affairs with integrity and honesty.

Our sixth responsibility is to our staff

The Committee will ensure that all staff are rewarded with adequate accommodation, fair and adequate wages, access to high standard primary schooling for their children, job security, clean and safe working conditions and an organised system where suggestions and complaints are expressed and adequate feedback received.

Our seventh responsibility is to the environment

We are committed to the environment we live in including the preservation of the waterfall, proper forest Management and the safe disposal of waste material.

2. GENERAL REVIEW OF THE YEAR JULY 2006 - JUNE 2007

This has been a very busy year for us, seeing a lot of patients coming through and like wise having a number of activities.

We have continued to Offer Specialised services namely; Surgery, Obstetrics and Gynaecology, Urology, Orthopaedics, Ophthalmology, Physiotherapy, Occupational Therapy, Psychiatry and Dentistry.

We are committed to offering these services as it's a way of giving back to the community that needs them most but can't access them easily.

Construction of the new Out Patient block has continued; please continue praying for this project that it may come to completion in time for the much needed use.

The Children's Mission took place as scheduled with support from Christ Church Winchester under the leadership of Rev. David Williams. We are very glad for their support and Facilitation.

The hospital has continued to expand Net working in its HIV / AIDS care work during the year. Inter-religious council of Uganda (**IRCU**) continued to support our Care and support Community programmes for People living with HIV/AIDS. The Joint Clinical Research Centre (**JCRC**) continued to assist us in staff training and offering us antiretroviral drugs. The Government of Uganda has also offered us Free Antiretroviral drugs.

As a result of this combined effort, we are now offering free holistic treatment (Antiretroviral Drugs) to our patients.

The Electricity project has moved on, construction of water works is virtually complete. We have ordered the New Turbine which will possibly be installed by the end of the 2007/2008 Financial year. The contract for the distribution Network was signed and construction should start by the middle of the next financial year. Please continue praying for this project as it is a very big undertaking and for its completion by the end of the next financial year.

The association with Microcare Uganda has continued to strengthen our Health Insurance Scheme. More clients have been recruited and are active.

We now have established Internet Link within the Hospital and Homes. Expansion for this to reach the School of Nursing and the primary school is currently being undertaken. We are very grateful to JCRC and Dr. Dave and his Wife Chris for their support in seeing this happen.

The hospital has had several visits from visiting surgical teams during the year. Dr. Bitarabeho an Orthopaedic Surgeon from Mbarara Hospital has done Orthopaedic work – particularly on children with Congenital Deformities. Plastic surgeons led by Dr. Andrew Hodges have also visited and operated on many children with complex congenital abnormalities like cleft lips, hand injuries and burns and like wise the Dental Surgeon Dr. Chris a CMS partner working at Rugarama Health Centre in Kabale.

The Hospital has continued to benefit from Government support over the year which has remained relatively stable accounting for about 25% of the hospitals income. We are very grateful for this support.

Management started introducing flat rates with in the OPD, Maternity and Paediatrics initially. This process is continuous. This is being done cautiously so as not to create any imbalances in the Hospital cash flows more so in response to the Government support. Although we have seen a very big number of patients, we are studying the circumstances under which its happened. At the moment therefore this cannot conclusively be the reason behind it.

Development of A Hospital Master plan was undertaken in order to have proper management of Hospital space and have well focused infrastructure. A document is now available in regard to this.

3. MANAGEMENT

The day to day running of the hospital is carried out by the Hospital Management Committee, which comprises the Medical Superintendent, the Principal Nursing Officer, the Hospital Administrator, the Finance Manager, the Chaplain, and the Principal Nurse tutor with the Primary School Headmaster, as a co-opted member. Deputies to these positions have also been co-opted. Different members are also occasionally co-opted depending on the issue at hand.

The Management Committee meets at least once a month and Copies of the minutes are sent to the Chairman of the Board of Governors.

4. MISSION WORK IN THE HOSPITAL.

Kisiizi aims to disciple its staff members through worship, prayer and teaching and to share the Good news with patient's everyday. Chapel services for all staff are held every morning starting at 8:00am for 30minutes, and prayers are said on each ward daily too. There's a General fellowship on Tuesdays, bible studies on Thursday's, and Attendants Fellowship on Fridays.

These are beefed up with a Children and Adult Missions together with an annual Youth conference. Kisiizi community sends members to be involved in evangelistic missions and conferences.

The Hope Ministry team are also involved in evangelism every day as they minister to terminal HIV / AIDS patients and tell them about the Hope of heaven.

5. CHAPLAINCY.

A youth Sunday Service was introduced. You can see young people growing up to become church leaders. Rev. Allen left us and Rev. Patrick continues to serve as Chaplain with additional responsibility as acting Finance Manager. He is assisted by Rev. Ezra. However, different Members of Staff are occasionally called upon to assist with leading prayers.

Mrs. Jane Shutt assists with Sunday school weekly in the School. Teacher Enoth, Mrs. Night Kwesigwa and Norah Tugumehabwe assist her.

6. TRAINING.

The following members of staff were sent and are still undergoing training:

At School;

Dr. Gabriel Okumu	General Surgery
Gideon	Electrical Engineering
Medius Nahabwe	Registered Nurse
Nancy Mwebesa	Psychiatric Clinical Officer
Sr. Annette Komukama	Registered Midwife
Ampeire Charity	Registered Nurse
Sr. Moderate Tukwasibwe	Paediatric Nursing
Br. Wilber Tukamuhabwa	Paediatric Nursing

The following have completed their studies and are now working in their respective departments.

Moreen Ahimbisibwe	Registered Nurse
Eric Rwanyegamo	Registered Nurse
Sr. Moderate Tukwasibwe	Paediatric Nursing
Nancy Mwebesa	Psychiatric Clinical Officer

Training is seen as vital to the future of our institution. The staffs that have made a significant contribution to the hospital are the ones who have the best chance of being sponsored more so if what they wish to study is in line with the hospital plan.

7. FINANCES.

For the year July 2006/June 2007 please see the attached report.

8. HOSPITAL SERVICES

8.1 CURATIVE SERVICES

Outpatients

	02 – 03	'03 – '04	'04 – '05	'05 –'06	'06 –07
General OPD	21,461	22,107	29,020	29,902	29,703
Antenatal	5,092	3,984	4,780	4,569	4,257
Child welfare & Immunisation	6,512	4,285	6,886	8,002	7,572
Family Planning	581	591	487	505	395
Hospital Eye Clinic	1007	1,528	1,195	1,385	1,541
Physiotherapy	159	354	104	141	95
Dental	519	646	776	1,253	1,212
TOTAL	35428	34,046	43,425	45,757	44,775

Community

	02 - 03	'03 – '04	'04 – '05	'05 –'06	'06 –'07
Mobile Eye Clinics	1,986	2,202	910	-	0
Child Welfare & Immunisation	6,585	5,001	5,823	6963	6,519
Antenatal	2,982	2,728	2,737	2923	2,847
Physiotherapy & O.T	110	-	11	--	280
Dental services		-	509	--	495
TOTAL	12,056	11,288	11,694	9,886	10,141

8.1.2 In-Patients

A	B	C	D	E	F	G	H
Wards	Beds	Admissions	Deaths	Pt. Days	Av. Length of stay E/C	Average Occupancy E/365	Bed Occupancy G x 100/B
Medical	32	2,367	71	9,492	4	26	84%
Psychiatric	20	391	3	4,940	13	14	70%
Surgical	50	1,400	28	10,127	7	28	85%
Isolation	29	838	64	5,719	7	16	53%
Children's	39	3,540	75	17,597	5	48	120%
Maternity	32	1,646	1	8,143	5	22	104%
Rehab	24	392	0	6,932	18	19	79%
Total 06/07	226	10,583	246	62,826	56	172	76%

Total 05/06	199	10,574	242	62,950	8.4	173	85%
Total 04/05	199	8,256	260	51,397	8.7	144	70%
Total 03/04	199	6,526	280	45,049	12..1	123	62%

8.1.3 Maternity Services

	02 - 03	03 – 04	04 – 05	'05 –'06	'06 –'07
Number of deliveries	943	1,090	1,144	1,353	1472
Number of Caesarean sections	250	251	284	336	366
Caesarean section rate	26.5%	23%	24.8%	24.8%	24.9%
Maternal deaths	5	2	1	1	10
Maternal mortality per 100,000 live births -A	557	193	70	76	424
Perinatal mortality rate (No. Of stillbirths and deaths in the 1st week per 1000 total deliveries) –B	49	50	45	31	50

Live births = **1,413** Formula - A = $\frac{\text{Maternal deaths} \times 100,000}{\text{Total Live births}}$
 Still births = **45**
 New born deaths = **28** Formula - B = $\frac{\text{Still births} + \text{New born deaths} \times 1,000}{\text{Total deliveries}}$
 Maternal deaths = **6**

We have continued to register great improvements in our services and increased patient numbers. However, we noticed some un acceptable trends in this financial year. We are carrying out an Audit to determine the cause of these alarming figures but initial indicators show that there has been an increased tendency of mothers coming in irreversible situations with dead or very critical foetuses who die in our hands.

We attribute this to the tireless efforts of our staff led by our Obstetrician dr. Francis who have put in their all to see this happen. Kisiizi continues to act as a referral centre for Maternity services in the area and we are committed to offering high standard quality services.

Kisiizi receives referrals from as far as Ntungamo, Kanungu, Kabale and Rukungiri Town. TBA's (Traditional Birth Attendants) and midwives from lower level units continue to refer high-risk cases and problem deliveries to the hospital. Some TBA's are equipped with short-wave radios to aid referral and the Rescuer Ambulance is available to pick up mothers whose labour needs assistance.

8.1.4 Special Care Baby Unit (SCBU):

The Special Care Baby Unit continues to function as part of Maternity ward. Midwives and ward helpers staff the unit. Better training of these helpers would result in better care of the patients.

	02 - 03	03 – 04	04 – 05	05 –06	06-07
Admissions					
Pre-maturity	75 (97.4%)	58 (90.6%)	53 (41%)	68 (48%)	90 (52%)
Asphyxia/Infection	-	6 (9.4%)	55 (42%)	35 (24%)	56 (32.4%)
Congenital abnormality	2 (2.6%)	-	7 (5.5%)	5 (4%)	16 (9.2%)
Unrecorded	-	-	15 (11.5%)	35 (24%)	11 (6.4%)
Total	77 (100%)	64 (100%)	130 (100%)	143 (100%)	173 (100%)
Outcome					
Home	70 (90%)	65 (66.3%)	89 (57%)	75 (52.4%)	130 (75%)
Died	5 (6.5%)	33 (33.7%)	32 (20%)	43 (30.1%)	28 (16%)
Unrecorded	2 (2.5%)	-	36 (23%)	25 (17.5%)	15 (9%)
Total	77 (100%)	98 (100%)	157 (100%)	143 (100%)	173 (100%)

Babies aged 1-4 weeks admitted from homes with sepsis are now being nursed in a special room in the new Children's Ward.

8.1.5 Surgical work (Theatre)

The surgical service continues to attract patients from a wide geographical area.

	'02 – '03	'03 – '04	'04 – '05	'05 –'06	'06 –'07
Major cases	686	907	1,062	1,079	972
Minor cases	1012	927	1,257	1,294	1,217
Total	1,698	1,834	2,319	2,373	2,189

The Surgeon, Dr. Adrian Shutt is still heading the Surgical Team and Dr. Francis heads Obstetrics and Gynaecology Team supported by three General Doctor's. Dr. Adrian continues to carry out Fistula Operations at Gahini Hospital in Rwanda.

8.1.6. Anaesthesia.

The following procedures were carried out:

	02 - 03	03 - 04	'04 – '05	'05 –'06	'06 –'07
General Anaesthesia	292	343	444	432	373
Spinal Anaesthesia	314	364	273	344	413
Ketamine Anaesthesia	516	481	754	774	741
Local Anaesthesia	141	122	150	168	213
Sedation	37	21	59	42	40
Total	1300	1331	1,680	1,760	1,780

The above figures do not include Norplant insertions and removals.

Anaesthetic Officer Mr. Kabagambe Gershom heads the Anaesthesia Department. He is assisted by Anaesthetic Assistants Mr. Simon and the two newly trained Nurses Emmanuel and Andrew. We however intend to train another Anaesthetic Officer. These assist with the increasing workload, as the 2 specialists are now very active.

8.1.7 Dentistry.

	'03 - '04	'04 – '05	'05 –'06	'05 –'06
No. Of pts treated				1,707
Dental extractions	652	776	1,253	
Conservative treatment - fillings and scaling	533	652	858	911
	194	168	175	209
Others	3	106	156	256

As shown, we have continued to register increasing numbers and success in our dental services as the services increasingly become popular.

8.1.8. Rehabilitation

	02 - 03	03 - 04	04 - 05	'05 –'06	'06 –'07
Physiotherapy In-patients	295		410	354	407
Physiotherapy In-patients Treatments	2223	354	1,955	2,275	1,849
Physiotherapy Out-patients	107	1805	104	141	95
Occupational Therapy In/Out patients	338	551	510	753	288
Occupational Therapy Treatments	1700	2128	2,516	2,366	1,317

OT/Physiotherapy Home Visits	110	48	11	129	280
Rehab. Dormitory	170	109	155	392	462
Orthopaedic patients	Not	174	496	428	333
Outreaches			-	-	538

The Rehabilitation Department has had some changes over the year. We are now working much more closely with the North Kigezi Diocese Orphan Project.

Currently Mr. Grace Iga an Orthopaedic Officer is acting as head of the Rehabilitation Team. Please pray for him as he undertakes the new challenge.

A CBR Worker, Hannington Byamugisha was employed last year and has began a community rehabilitation programme.

We are grateful for our new Physiotherapist from Africa Inland Mission Ms. Louise who joined the team in September.

Developments:

- ✓ A new dormitory extension has been elected to accommodate more patients from the wards and the community for rehabilitation. The building is on the final touches.
- ✓ Kisiizi Clubfoot Clinic was officially opened to cater for conservative management of babies with CTVE. The work is done by the hospital Orthopaedic Officer, supervised by Uganda Sustainable Clubfoot Care Project and Dr. Bitariho – Orthopaedic Surgeon.
- ✓ A rehabilitation playground is also being put in place near the Rehabilitation kitchen, to cater for outside therapy of patients. This will expand on work capacity at Rehabilitation Centre.

8.1.8.1 Surgical Camps

There were a variety of specialist camps during the year with Orthopaedic team visits with Surgeons coming from Mbarara, including Dr. Bitarabeho. These were funded by CORU and focussed on children with neglected clubfeet and osteomyelitis.

There were also visits from Dr. Andrew Hodges and his Plastic surgery team from the Kampala. They operated on complex hand injuries, burns, Cleft Lip and other problems.

We are extremely grateful to all the surgeons and assistants who came and operated on our patients. In a special way, we would also like to thank those who continue to fund the work.

8.1.9. Eye Department.

	02 - 03	'03 - '04	'04 – '05	'05 –'06	'06 –'07
Patients seen in hospital clinic	1007	1,528	1,195	1,385	1,481
Patients seen in mobile clinics	1,986	2,202	910	0	0
Ophthalmic In-patients	80	76	43	47	0
Operations to restore sight	38	36	11	1	0
Minor operations	-	-	37	82	96
Eye drop production (bottles)	2,400	2,645	1,499	2,589	2,335
Spectacles dispensed	173	202	173	140	163
Number of Outreaches	>40	>40	30	0	0

Eye Patients' Conditions seen:

	02 - 03	'03 - '04	'04 - '05	'05 -'06	'06 -'07
Cataracts	697	396	98	92	56
Trachoma	36	4	2	1	0
Onchocerca	0	0	0	0	0
Xerophthalmia	27	6	0	2	0
Glaucoma	118	67	21	38	37
Leprosy eye lesions	0	0	0	0	0
Refractive Errors	751	464	188	152	143
Trauma	104	120	23	75	31
Others	1,209	2,677	1,741	1,295	1,214
Total	2,928	3,730	2,073	1,655	1,481

Ophthalmic Clinical Officer Mr. Twinomugabe Frank heads the Eye Department and is assisted by Mr. Benon Musimire an Ophthalmic assistant.

Outreach Visits were stopped due to the funding Gap that arose as a result of CBM withdrawing its funding. We have therefore reduced these activities to within Rubabo county. This explains the significant decrease in the numbers of patients seen.

8.1.10. Tuberculosis.

	02 - 03	'03 - '04	'04 - '05	'05 -'06	'06 -'07
Adults Sputum +ve	187	206	169	215	96
Adults Sputum -ve	886	932	1,306	1,023	633
Adults extra pulmonary	10	30	12	10	7
Total Adults new cases	137	143	1,487	1,248	736
Under 15yrs new cases	26	44	77	17	31
Total new cases	163	187	1,564	1,265	767

TB continues to be a major health problem in our area. There is a considerable association between TB & HIV. It is known that 50% of those with HIV/AIDS in the developing world will develop TB.

TB can be more difficult to diagnose in HIV positive patients because their sputum contains fewer bacilli, and CXR changes are often atypical.

As a result of the HIV/AIDS services rendered, many patients have come up and benefited from our TB services. We are yet to determine whether there's an association between HIV/AIDS care and support services with reduced numbers. These statistics however show that TB is still a very big problem.

Kisiizi uses the DOTS protocol (Directly Observed Treatment Short course). Patients who are very sick stay in the hospital for 56 days on initial phase TB treatment. Those who are less unwell stay for 2 weeks initially. Volunteers are trained to supervise the patients and their tablet taking. The volunteers return to the hospital every 2 weeks to collect the patient's medication. Health Education is done every week to inform the patients and their carers about their illness and the importance of completing the course of treatment. Drugs are however provided free of charge. We are now undertaking to integrate TB in HIV/AIDS Services to be offered as a package.

8.1.11. Mental Health

The Mental Health Services have continued to expand to amazing levels. However, Mr. Yusuf Kuule left us to join Kabale Regional Referral Hospital and has been replaced by Sr. Nancy Mwebesa.

8.2 SUPPORT SERVICES

8.2.1. Pharmacy – IV Fluid Production:

	02 - 03	'03 - '04	'04 – '05	'05 –'06	'06 –'07
Normal Saline 500ml	5,631	11,183	7,752	8,073	2,542
5% Dextrose 500ml	2,329	8,930	8,070	12,610	3,247
10% Dextrose 250ml	-	-	-	294	60
25% Dextrose 100ml	-	-	-	-	140
50% Dextrose 50ml	3,533	2,996	1,627	596	70
Water for injection 100ls		1,515	1,910	1,995	727
Potassium chloride 50mls		86	79	58	20

Miss Tushabe Jacqueline is acting head. We are still hoping to recruit a new Pharmacy Technician in the near future, as this is a pre-requisite in accepting us to manufacture some drugs and fluids. Please continue praying for this cause. However we are grateful for the support supervision visits of once a month that Miss Barbara continues to offer us. There are prospects that she will join us as Pharmacy Technician in future.

8.2.2. Laboratory.

	02 - 03	'03 - '04	'04 – '05	'05 –'06	'06 –'07
Malaria blood slides examined	9,003	10,391	14,882	16,633	16,489
% Positive	11%	12.1%	18%	23%	21%
Units of blood transfused	690	611	570	748	480
HIV tests performed	732	1,729	3,768	2,745	3,750
% Positive	23%	15.7%	15%	14%	13%

The Laboratory has continued to offer quality services. The team was joined by Mr. Numusiima Godwin a Laboratory Technologist and Mr. Bayo Joseph a Laboratory Technician. We are very glad that this happened as we plan to start modernising this department.

8.2.3 X-Ray

The X-ray Continues to be a major diagnostic tool at Kisiizi. We are very glad that it has been functional for most of the year.

	20004 – 20005		2005 –20006		2006-2007	
Department	X-Rays taken	Patients X-Rayed	X-Rays taken	Patients X-Rayed	X-Rays taken	Patients X-Rayed
Out-Patients	873	704	1,330	1,272	574	503
In-Patients	1,221	930	1,088	1,089	918	685
Totals	2,094	1,634	2,418	2,361	1,492	1,188

8.3 PREVENTIVE SERVICES

8.3.1 Community based health care (CBHC)

CBHC wound up Services and has now been integrated into the Primary Health Care (PHC) programme.

8.3.2. Primary health care (PHC)

Kisiizi hospital is the headquarters of Rubabo Health Sub-District (HSD). It carries out community-based activities in order to promote health and prevent people becoming ill. Primary Health Care work is funded by the Ministry of Health and 10% of funds from the government go towards this activity.

PHC work has an increasing profile as the Health Sub-District gets more responsibility. The PHC programme has taken over the CBHC activities.

8.3.3. Micro care Health Scheme

This means more financial security for the hospital and a more professional approach in managing the scheme.

The premiums of the Kisiizi scheme are the lowest in the whole country. Because the scheme is still not breaking even, there's was an increase in premiums. Despite the earlier fear that a lot of people could not afford a higher premium than the previous, the scheme has been stable with

notably an increase in the number of clients. The new groups joining the scheme are encouraging us in this approach.

Microcare’s main objective is: **“To make good quality healthcare accessible for all income groups”**.

8.3.4. Hope Ministries

Voluntary Counselling and Testing (VCT), and Care and Support.

The hospital has continued to carry out HIV/ AIDS Prevention, Care, and Support services to clients.

With the help of Inter-Religious Council of Uganda (IRCU), VCT in outreaches and RCT at the hospital have been strengthened with big numbers of clients tested for HIV, and Counsellors’ skills were enhanced.

The Hospital static clinic has been maintained working from Monday – Friday. We conducted VCT services to outreaches of Nyakishenyi H/C III, Nyabushenyi, Karama, Kyaruhotora, Ngoma, and Murama. We have also had Mobile VCT services to Nyarushanje and Nyakishenyi. In all, 8 service outlets (Outreaches) were conducted every month.

VCT counselled and tested clients were;

Total no. clients = 2204

All females = 1436, Positives = 211

All Males = 768, Positives = 160

2 Post-test clubs in Nyarushanje and Nyakishenyi sub-counties were supported by giving them Lunch and Transport refund at every meeting which is twice every week.

Home visits were carried out to HIV positive clients.

Distributed 243 Home Based Care kits, 50 Bicycles, 171 Mosquito Treated Nets, to clients for care/ support services.

11,542 pieces of Condoms were distributed for the prevention of STDs, AIDS, and to avoid re-infection among HIV positive clients.

8 PWA networks were strengthened.

We have Continued to offer Home Based Care to the vulnerable clients and support to Orphans and Vulnerable Children. See IRCU and DORCUS Reports For details.

8.3.5 Antiretroviral (ART) HIV/AIDS Clinic.

Clients on Antiretroviral Treatment

Adult females	196
Adult males	81

Children females	17
Children males	29
Total	271

The clinic continues to grow running twice a week with the future plan being to run daily. JCRC continues to avail free drugs to all Widows in addition to all the Children.

This is a very big relief to the majority of cases who are affected by the HIV/AIDS scourge. We are now also receiving free drugs from the Ministry of Health. With this collaboration patients who need the treatment can now get it. Their progress is monitored through immunological tests like CD4 counts. Our prayer is that this can be sustained as it would be a disaster in case of short supply of these drugs.

See JCRC Reports for details.

8.3.6. Prevention of Mother to Child Transmission of HIV/AIDS Infection (PMTCT) PROGRAMME.

The programme has continued to progress. Follow up has been the major challenge as some mothers do not come back and yet funds to follow them up at their respective homes is not available. This programme is being integrated into the ART Clinic for close monitoring of clients.

8.4. KISIIZI HOSPITAL PROJECTS.

8.4.1. Hospital Master Plan

A hospital Master plan was undertaken to look into the entire infrastructure development. A copy is now available as a guide.

8.4.2. Guesthouse.

The Guest House and Round House remain very popular and are often full. Mrs. Jane Shutt oversees them. A guest house manager Ms. Stella was appointed and we are glad to say that the conditions at the guest continues to improve. Plans are underway to expand the guesthouse, as there is a need for more rooms. Further assessments are being done as to what extent this will be necessary.

8.4.3. Wood Workshop.

The woodwork shop employs 6 staff that makes household items such as beds, chairs and tables. This continues to serve a very big purpose to the carpentry requirements of the Hospital.

8.4.4. Hospital Shop and Restaurant.

These are rented out as commercial enterprises. The new management has brought up some new competitive changes, however there's still room for improvement.

8.5 NEW BUILDINGS.

8.5.1 Out Patient Department building

Construction continues with support from both the Hospital and St. Andrews College Dublin. This once completed will go along way in improving the space and flow of patients which has been a prayer request for a very long time. Please continue praying for this project to come to pass.

9. KISIIZI HOSPITAL SCHOOL OF NURSING

Sr. Leah Tumuhairwe is now acting as Principal Tutor, Sr. Mary being away for further studies. She is supported by 2 staff.

The school of Nursing is also undergoing some changes in terms of curricula. We are currently offering the long awaited comprehensive nursing course. The school now has a total of 86 students. As can be seen, there's an urgent need for Nurse Tutor's to help with the teaching at the school.

We need a new Hostel and a classroom block as student numbers have increased in order to help sustain the school. A vehicle is also necessary as the course entails a lot of community movements.

9.1 Staff Development

The following are undergoing training;

Sr. Mary Mubeezi Degree in Nursing

Sr. Juliet Kobusingye Tutorship

Please continue praying for us as we do our best to build capacity for this our school.

10. KISIIZI HOSPITAL PRIMARY SCHOOL

The School continues to have very good academic results. John continues to lead the school team as Headmaster assisted by Obed. We are very glad for them and the entire school subcommittee for their leadership. Our prayer is that the school leadership will continue planning for the school to face the challenges that lie ahead.

10.1 Computer Laboratory and the Library.

The construction was completed and they are now available for use. I wish to thank those the Spencer Trust for their generous support in helping us achieve this, which I believe will go along way in improving the knowledge of both our Staff and Pupils.

10.2 Staff Development

The Headmaster John and Teacher Godfrey completed and passed their Degree courses. We are very grateful to the Donor's that supported them and hope that they will use the knowledge learnt to continue uplifting the school.

11. KISIIZI HOSPITAL POWER LIMITED

Charles has continued to offer Technical advice and service in getting the project going. Progress on the expansion of the current electricity system to have power supplied to the neighbouring communities has proceeded well.

All water works are virtually finished. The new was ordered and manufacture progress is on coarse.

The contract for the distribution Network is due to be signed by the end of the September 2007 and the materials start arriving on site immediately thereafter.. The Penstock was ordered and is due for completion by the middle of the next financial year.

By and large we are in the final and very crucial stages of having the project accomplished. We need all the support and prayers as this will determine the way forward.

12. THE FUTURE

12.1 Transport

We are grateful to Friends of Kisiizi for their support in this sector by helping us acquire another brand new vehicle. Please join me in thanking the Friends of Kisiizi in UK for this wonderful gift. This has gone a long way in reducing our vehicle running costs and improving the safety condition of staff on our very bad roads.

However, other vehicles are aging and another new vehicle is necessary to supplement the new one especially for use by staff.

12.2 Staff accommodation

Staff Accommodation currently offers the biggest challenge to the Hospital Management as the number of senior staffs continues to grow. There's need to have more descent Accommodation built especially for middle level staff.

12.3 Staffing

As CMS is changed its strategy by reducing the staff that it is sending forth, the issue at hand is how we can encourage Ugandans to see Kisiizi as their Mission field where they can serve in

difficult circumstances away from the bright lights and fatter pay cheques of the cities? We already have such people of course, but we must maintain them just as we need more. Career development is one of such methods that we have embarked on, as staffs that have been trained will come to give back their newly acquired skills to the Kisiizi community.

We are also praying for development of more local and international partnerships that will assist develop and motivate our human resource with a goal of continuous improving of our service delivery. Please support and pray with us that this cause will materialise for the Glory of God.

12.4 Drug store

This remains a challenge as the drug store remains a serious need. The stock levels have currently out grown the current drug store as the needs have expanded as a result of increase in numbers of patients coming to kisiizi for services. There's a need for having a well planned store to cater for this.

12.5 Jubilee

As Kisiizi comes to fifty years of existence in March 2008, there's a need for us to refocus on where we have come from, are and where we should be going.

We believe that this is the time to ponder about this, pray about it and plan for a day to thank God for the amazing things He has done in bringing Kisiizi thus far. We need God's wisdom and guidance not to lose focus and do His will in moving Kisiizi forward.

12.6 Road Diversion

There has been no progress as yet despite the Board led the Chaiman Bishop Edward Muhima and the Resident District Commissioner visiting the District Leadership to forge the way forward. We shall continue praying for Gods will to prevail in all that needs to be done.

12.7 Communication

Now that we have internet services, we are looking forward to improved communication services which will improve our correspondences with our stake holders. This has been our biggest short coming for which we can't but thank them for being so patient with us.

Kisiizi continues to have increasing links with the Government as the Ministry of Health starts to appreciate the good work going on in PNFP Hospitals generally.

This appreciation is also backed with the Finances we have continued to receive up to about 25% of our running costs.

Although this is a good development, Health Care costs have increased in real terms by approximately 10% per year in the last 5 years.

However, when adjusted for inflation which is also approximately 8%, and yet there's no expected Increase of this grant for the next Five years, (ref. Health Sector Strategic Plan (HSSP) 2) there's a very big challenge in sustaining the very much strained salary burden that we are running more so that about 1% of the Hospital staff are seconded by the Government.

It's against this background that we have to Review the User fees that have generally remained static for at least 4 years. However given the very poor community around Kisiizi, we have gone ahead to reduce User fees for the most vulnerable categories (**Children and Mothers**). The charge sheet is currently under review.

12.7 Infrastructure

As the Hospital structures continue to depreciate, there's need to have new and better structures put up. The OPD block is still undergoing construction and we hope to complete it in the next financial year. We also hope to have the Theatre and Surgical wards upgraded to better standards. Please pray for these projects.

13. ACKNOWLEDGEMENTS

We would like to thank:

- The staff of Kisiizi Hospital for tirelessly working to make Kisiizi hospital better and alive.
- The Church of Uganda for its supervision of and interest in the Institution.
- The government of Uganda for its financial support
- The "Friends of Kisiizi Hospital" for the many ways in which they support the Institution.
- The Church Mission Society – CMS/MAM who select and send staff to work in the hospital.
- Peter & Jeanette Auger for their ongoing very generous support through the Spencer trust.
- The Seba Trust for your ongoing support for the work at Kisiizi.
- Sponsor a Nurse and Sponsor an Orphan for the support they are rendering to us.
- DORCUS Aid for funding the orphan programme of the Hope Ministries work.
- St. Paul's Glenageary for your continued support towards the Hospital Capital Development
- All Churches that have continued to support us
- All who knit and or donate to us through the Kisiizi Containers.
- Inter-religious council of Uganda (IRCUC) for their support to Hope Ministries.
- Joint Clinical Research centre (JCRC) for their facilitation of the Antiretroviral (ART) HIV/AIDS Clinic.
- Lord Patriarchs trust for their support towards Rehab.
- Brethren from Botnnowog Church for their continued support
- Christ Church Winchester for the support especially for the Children's Mission
- Child's Trust for your continuous support
- All those who pray for the work at Kisiizi, your Prayers have made Kisiizi stand through all the storms that we've gone through.
- All those that are not mentioned who have supported us in one way or another.

May the Almighty God continue to bless and continue to use you mightily.

14. CONCLUSION

God has been so faithful even when we have been faithless, then what will He be if we are faithful? The answer is very clear, to do what He has called us to do. Provide **“life in all its fullness”**.

I can't but thank God for the financial year ending. That despite the many challenges and Irrespective of the shortages in staff coupled by the workload, He has seen us through and that Quality of service offered is still recognised as a key element by staff.

My particular thanks go to the Management Team and the entire staff for their selfless dedication, hard work and professionalism throughout the year.

It is only Him who knows the desires of our Heart and thus can quench all our thirst, lets look into the new Financial year with zeal as we endeavour to offer “life in all its fullness” to the poor in His Mighty Name.

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DR. TONNY TUMWESIGYE
MEDICAL SUPERINTENDENT