## Kisiizi Hospital Power Ltd

## **Annual Report 2011**

The calendar year 2011 was the second full year of commercial operation for the company. Although the company financial year is from 1<sup>st</sup> July to 30<sup>th</sup> June it is more logical to report for the calendar year as commercial operations began in October 2009.

At the beginning of 2011 we had 170 customers connected and electricity sales averaging 1.14 million shillings per week. The number of customers and sales continued to grow in the early months of 2012 but sales peaked at 1.83M shillings in April but then slowly declined. In December they were averaging around 1.3M shillings per week. The cause seems to be the economic recession.

After the early months of the year customer numbers increased slowly, partly because of lack of funds to buy further meters. At the end of the year we had 269 customers connected and were in the process of purchasing more meters. We have a waiting list of people who wish to be connected. We have limited the waiting list so that we do not exceed the planned limit of 300 customers. The unfulfilled demand is more than this. The sales of electricity are much lower than originally forecast. It may be possible to have more than 300 customers in future. The limit is set by the amount of electricity we can produce in the dry season.

One large problem is the electricity used by hospital staff living on site. Only some hospital houses have meters and none are being charged for electricity until all have meters. Since the new generator came into use the use of electricity for cooking has greatly expanded. This is costing the company a great deal of money. The agreement with the hospital is that the clinical part of the hospital can take up to 60 kilowatts at any one time. This is not yet a problem, during the night the hospital uses 20 to 25 Kwatt, this increases to around 50Kw in the middle of the day, we are installing a new industrial washing machine which may increase the load to more than 60Kwatt.

The hospital residences and primary school take about 15Kwatt during the night but this increases rapidly to 60Kwatt between 6 and 8am. It then declines to around 30Kwatt by 3pm. Between 4pm and 8pm it increase to a peak of 60 to 70 Kwatt. The total power use by the residences and the school is 866 Kwatthours in 24 hours. If paid for at the current price this would cost 404,764 shillings including VAT. This would be 2.833M shillings for a week or 12.1M shillings per month. At present this is lost income for the company.

The School of Nursing has a separate supply from the rest of the hospital. When monitored the School of Nursing used 216 Kwatthours in 24 hours for which the cost including VAT would be 101,171 shillings or 708,193 per week or 3M shillings per month. This is more lost revenue for the company.

The answer to this loss of revenue is to fit meters to all the houses and other buildings outside the centre part of the hospital. The restriction on doing this has been lack of funds to buy meters.

The company still has large loans, the original intention was to repay these out of surplus income in the first five years of operation. It has not been possible as yet to repay any of the original loans.

## Staff

There were changes in the staff during the year. Previously the electricians were employed by the hospital and the company paid the hospital for their services. In May the company took over the employment of the four electricians and now we charge the hospital for the work they do for the hospital. The other staff are an office administrator, one person who cleans the trash grid daily and also removes trash from the channels. In addition he cleans the power house, the office and tends the garden around the power house. The other employee is the nightwatchman.

We are also in demand as a training place for students. Some of the ex-students are employed on a casual basis when we need extra help such as putting up line extensions.

## **External consultants**

KHPL is very grateful for technical help from external consultants, all of which has been provided free of charge. Our main consultants are Charles Swainson and Dr Bill Cave.

George Wadsworth 3<sup>rd</sup> February 2012

