St. Kizito Hospital Matany / Uganda

Hospital and its environment

St Kizito Hospital Matany is a Private Not-For-Profit (PNFP) institution with social and spiritual objectives, belonging to the Catholic Diocese of Moroto (North-Eastern Uganda).
It was built at the beginning of the 70's with the help of MISEREOR (a German Church Organisation) on request of the Comboni missionaries and has since then provided a very essential comprehensive package of medical/health services to the population of the Karamoja region, an extremely remote, underdeveloped and relatively insecure region of the Country characterized by very poor health indicators.
The Hospital capacity constitutes 226 beds distributed through Obstetrics/Gynaecology, Internal Medicine, Tuberculosis, Paediatrics and Surgery Departments. Other services provided by the Hospital include: Diagnostic Laboratory, diagnostic imaging, General surgery, Orthopaedic and Physiotherapy, Counselling, HIV/AIDS Clinic, Antenatal Clinic and Prevention of Mother to Child Transmission, human resource development to meet the Hospital needs. Annexed to the Hospital are a Nursing Training Institution, a Human Resource Development Centre and an Air Strip. Functionally (due to its relatively well developed and well maintained infrastructure as compared to the neighbouring Moroto Hospital) the Hospital is a de facto regional referral health facility for the entire Karamoja Region including the neighbouring Districts of Teso (Amuria, Katakwi, Soroti), and deals with an average annual admissions of about 11 - 12,000 inpatients and 40,000 outpatient consultations.
The Hospital holds a significant public health influence in the catchment's population and is linked to nine peripheral Health Units in Bokora Health Sub-District; serves as an administrative headquarters where planning, implementation, monitoring and evaluation of all PHC activities are done. The socio-economic impact of the Hospital to the immediate surrounding community is quite evident by a fast growing and busy Matany Trading Centre which has now been declared a town board by the District Local council. This lively economic focus in our Health Sub District is a daily convergence point of the community with great influence on the economic and social organization in Bokora. It caters for all needs of the residents, patients, attendants and visitors.
The Hospital entirely depends on the inhabitants of this Trading Centre for its support staff and a few skilled labourers, thus not only providing employment opportunity to the community but also creates a symbiotic co-existence between the Hospital and its neighbourhood as well as a sense of ownership of the Hospital facility and its services by the community.
The functionality of Matany Hospital is in accordance with the National Hospital policy of the Republic of Uganda with technical guidance from the Uganda Catholic Medical Bureau (UCMB) as well as Moroto District Health Office, local authorities, and other partners in the Health sector (including the service beneficiaries).

Services offered and Activities carried out:

The health and medical services provided by the Hospital cover a wide spectrum:

- Preventive Care (vaccinations, ante-natal clinic, growth monitoring, and under 5 clinic, epidemiological surveillance)
- Curative Care (diagnosis and treatment of the most common diseases and of referred cases within and beyond the catchment area, emergency and elective surgery)
- Promotive Care (health education, training of professional and lay personnel, home based care)
- Rehabilitative Care (physiotherapy, counselling services and nutritional rehabilitation).
- Planning, monitoring and evaluation of health services in the Health Sub-District.

Coordination with the District Health Office, Ministry of Health, Uganda Catholic Medical Bureau and other partners is a strategy. The leading top ten causes for OPD visits in the catchment's area mainly include infectious diseases like malaria, respiratory tract infections, pneumonia, infective diarrhoeas and other hygiene related disease conditions e.g, scabies, eye infections etc. The prevalence of HIV/AIDS among the community is progressively on the rise though still below the national average. The overall bed occupancy rate was 136%, the average length of stay was 9 days and the throughput per bed was 47.4. There has been a progressive improvement in ward utilization far beyond the WHO minimal recommendations. Recovery rate in the year was 95.6%; self-discharge rate was 1.1% and death rate 3.3%. About 642 surgical operations were performed (36.3% of which were emergencies).

Management and Finance

Since its foundation, the Hospital has relied on the presence of expatriate medical and managing personnel linked to the Italian NGO, Doctors with Africa (CUAMM), and to the Comboni Missionary Societies (Sisters, Fathers and Brothers). After years of financial difficulty the Hospital is now more stable due to the release of Delegated Funds (PHC Conditional Grant) from Government since FY 1997/98, and Essential Drugs support through the Joint Medical Store under the credit line of Government. Delegated Funds from Government currently constitute 30% of the Hospital annual running cost, unfortunately this amount is subject to budget cuts in spite the rise in inflation, cost of supplies and growing population.

Extraordinary expenses (buildings, major equipment, and extraordinary maintenance) are financed exclusively by external aid. Ordinary expenditure (recurrent costs) are covered by recoveries from patients' fees, income generating activities (Training Centre, Workshops, Hospital Technical Department), and Delegated Funds from Government. The remaining costs are covered by donations and aid (from Catholic Organizations, International Aid, NGOs, and private Benefactors).

Due to the extreme poverty of the population, any attempts at increasing the quota of income generated by user-fees will have a significant negative impact on equity and access of services by the vulnerable sectors of the population (women, children and the destitute; women and children represent 80% of the admissions). Therefore further reductions of fees took place in September 1998, July 2000, July 2002, January 2004 and 2006.

The cost of the services offered has been analyzed and will be presented in chapter 9. On average, the cost of one IP activity unit is now 115,024 UGX verses the average fee charge of 8,985 UGX. The cost of one OPD activity unit is 8,127 UGX verses an average fee charge of 537 UGX. Both activities are subsidized with the aim of maintaining the Hospital's accessibility and equity to all strata of the population, thus improving on our faithfulness to its mission. Beginning with the financial year 2006/07, the Hospital started reserving some finances to cater for the depreciation costs of all fixed assets / capital investments. This undertaking should provide readily available source of funding when it comes to renovation, replacements or reconstruction of assets like cars, medical equipments and buildings.

New Achievements

Every year the Hospital makes significant achievements both in improved service delivery and infrastructural development. Throughput FY 2008/09, the hospital has realized a number of achievements in terms of human resource and financial management, infrastructural development and improved quality indicators.

1. The situation of the senior staff and clinical team remained stable Throughput the year, staff retention has been one of the great challenges that we have faced through the past years especially for the above category. The necessity for replacements was also fore seen and relatively well managed. The tutors for the Nursing Training School and the nursing staff have been identified as an area for special attention through the next financial year.

There is need to improve the retention potential for these cadres although it is a global / National problem manifested within Matany dimensions.

2. The full renovation of the Out Patient Department into a more organized and neat facility was completed, this provides a suitable environment to handle the ever increasing number of out patients and those attending special clinics. During 2008/09, a total of 55,600 patients were attended to in this facility, this provides a justification for the investment to improve on the service delivery in this department.
3. The money to cater for the depreciation costs of all fixed assets as a percentage of the current value has been kept intact. It is considered to increase it in annual rates in order to cater for future replacement or renovation of these assets.
4. The use of FiPro - programme for accountability, budgeting and reporting has significantly improved and not posed any technical challenges through the financial year. This enabled a qualitative analysis of all Hospital Cost Centres and provides a link or correlation between the patient figures (HMIS) and the financial data. The findings from observations made provide technical support to the management to analyze departmental expenditures in relation to income thus closely monitor the cost recovery efficiency; appreciate the average cost of treating a patient in each department at any particular time. This should greatly improve monitoring the use of limited resources. It was however noted, that it has also its limits in providing quick and slim management reports.
5. An additional Paediatric Ward is currently under construction and it is hoped to be completed towards the end of 2009 or beginning of 2010. Due to the increasing demand to provide child health, there was urgent need to expand the inadequate Paediatric Ward that sometimes accommodates up to 350 children during the peak season in a space of only 55 (fifty five) beds. An Italian NGO donated the needed funds and our Technical Department is executing the work.

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CHAPTER 2: The Hospital and its Environment

Moroto District is located in the north east of Uganda, bordering Kenya to the east side, Katakwii, Amuria, Soroti and Kumi districts to the west side, Nakapiripirit to the south side; Kotido and Abim Districts to the north side (see map in annexes). Mainly a plain topography with gentle undulating hills and spotted inselbergs, Moroto District has an average altitude of 900 meters above sea level, with mountains Moroto (3,084 mt) and Kadam (3,068 mt) along east side. Savannah grass is the typical vegetation with thorny bushes and scattered few big trees. The rain usually comes from April to August and in form of torrential down pours which carry away the top soils; however the climatic patterns over the last two years have become so irregular and unpredictable with prolonged drought spells. Due to several heavy rains though, some areas close to the mountains become difficult to reach and remain completely cut off from any form of health care for some months during the year. Even sections of the main roads become difficult to pass.

During the dry season, lasting from September to March, Moroto District experiences an absolute shortage of water. The temperature ranges from 21 to 36 C under the shadow. Because of the high temperature, the wind and the long dry season the soil, in most areas, has lost its grass cover exposing it to the wind erosion. For this reason, most of the population is forced to migrate with cattle looking for water and pasture. The semi-nomadic lifestyle and the rampant cattle rustling are a big challenge in delivering health services to the hard to reach population.

Due to periodic drought the entire Karamoja Region is always at risk of famine, over the last ten years this risk worsened subsequently. The prevalence of malnutrition still remains high in the region, now at 9.2% (GAM was at 12% in the previous FY). With the age bracket 6 to 59 months being most vulnerable. A nutrition project in collaboration with UNICEF and WFP

has been running in the Hospital during the course of the FY. This was instituted as an emergency response to intervene in this humanitarian emergency and contribute to the improvement of child survival in the District. In Matany Hospital a Therapeutic Feeding Centre (TFC) was set up some years back as a referral centre for severely malnourished children. The hospital records show about 1400 severely malnourished children have so far been treated in the TFC since its establishment in April 2006 and the case fatality due to severe malnutrition is at 16% (far above the expected, below 5%) this leaves a lot to be desired. Urgent need to involve the community in addressing the issue of malnutrition is on going, an ambulatory feeding program in which villages are screened for malnutrition; severely malnourished children with medical complications are referred to the TFC while the moderately malnourished are enrolled in a supplementary feeding program as out patients.

Besides very poor health seeking behaviour, the poor road network, hard to reach settlements and the irregular telephone network coverage are responsible for delays in getting to health care facilities and therefore contribute to the poor health indicators; most especially for vulnerable groups, like children and pregnant women.

A non-reliable public transport in the entire region, poor road net work and insecurity along the roads even makes matters worse for the referral system Throughput the five districts of Karamoja.