

Kumi Hospital

Annual Report (Financial Year, 2021)

Kumi Hospital Ongino

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FOREWORD BY THE HOSPITAL DIRECTOR

Kumi Hospital marked the last FY 2021 with a focused vision on expanding and delivering high-quality care, however we found ourselves face to face with COVID-19 Second wave, it was the most unprecedented challenges not only to the Hospital, but to our community, Teso, Uganda and the world.



I am very proud of how Kumi Hospital has weathered the coronavirus pandemic — in fact, I believe it has been our finest hour. Our staff and Specialist worked unconditionally to implement critical changes to our protocols, facilities, and supplies so we could handle surges in COVID-19 patients while protecting the health and safety of all patients and those on the frontlines of this battle.

We are dedicated to meeting the health care needs of district residents, now and going forward. We will continue to develop our strong affiliation with our partners, Donors, Government and Stakeholders to bring more academic-level physicians, medical technology and care to the area.

Late last year, Kumi Hospital got funding from Christoffel Blinden Mission to purchase new equipment for Orthopaedic Workshop, Eye Department, Physiotherapy, Renovation of few departments in the Hospital and include Eye, Orthopaedic workshop, Children Village and Construction of Physiotherapy and Fabrication workshop building.

Together we are gradually implementing new ambulatory services in order to bring primary and specialty care to this burgeoning area of Kumi and Teso Following our Strategic plan, we remain focused on continually improving and growing our specialty service lines including Maternal Child Health, Eye Services, Orthopedics. We will continue promoting these high-quality health care services. We were pleased to have our Laboratory Credited by African Society of Laboratory services.

To say my first year as Acting Medical Director was eventful would be an understatement. While I never imagined a global pandemic would be part of my initiation, I have been awed by the resilience of the heroic people who work throughout the Healthcare System, as well as the loyal support of this community. In good times and those that challenge us, I will make sure this Healthcare System remains dedicated to our Patient First Ethic and the health and safety of the community we serve now and into the future.

The hospital is trying its level best to meet the expectation of the stake holders despite the serious challenges of bridging the gap between expenditure and income, by mapping potential donors. We are ready to listen to suggestions and therefore implore the stake holders to come forth with ideas for the new strategic plan. To all our partners let us continue to work together for the benefit of our patients.

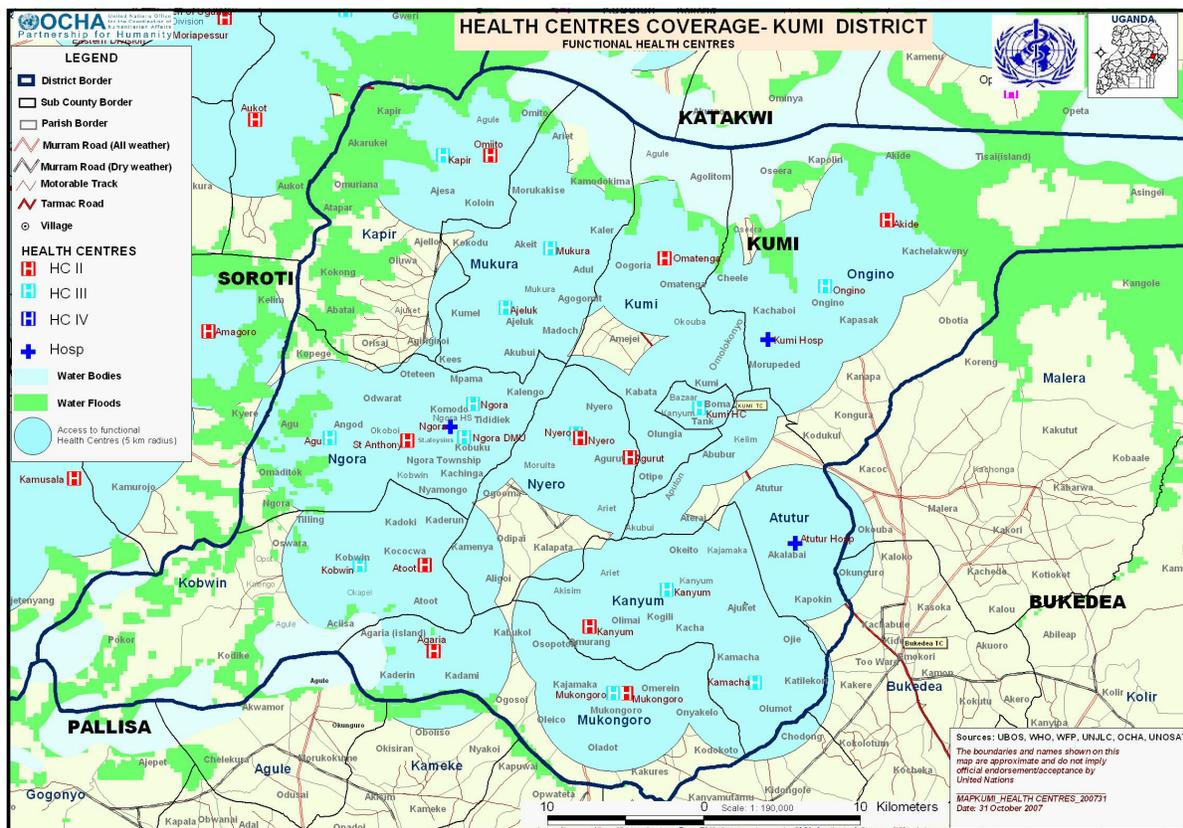
We would like to thank all the staff, Government of Uganda, partners, the Board of Governors and the patients. The successful conclusion of the year can be attributed to your unwavering support.

Challenges will continue to exist and I hope let us all be part of the solution.

Yours in service

Dr. Alinda Nicholas Owen

GEOGRAPHICAL LOCATION AND SIZE OF KUMI DISTRICT



Map 1: Showing HC Coverage in Kumi District

Kumi District is a district in the Eastern Region of Uganda. The town of Kumi hosts the district headquarters. The District is bordered by Katakwi District to the north, Nakapiripirit District to the northeast, Bukedea District to the east, Pallisa District to the south, and Ngora District to the west. Kumi Hospital is located in Ongino County.

EXECUTIVE SUMMARY KUMI HOSPITAL AND ITS ENVIRONMENT

Kumi Hospital was established in 1929 as a leprosy center to help people with leprosy in the eastern and northern regions of Uganda and South Sudan. Kumi Hospital (KH) currently has a reach of approximately 4 million people. Kumi Hospital is a member of the Uganda Protestant Medical Bureau (UPMB); it is therefore a private non-profit (PNFP) institution. The hospital is a registered entity and accredited by the Ministry of Health (MoH). Since its foundation in 1929, Kumi Hospital has undergone a transformation from a center for the disabled to a general hospital. Since then, it has significantly expanded its activities to challenges and adapted its working methods to the situation.

Kumi hospital has a bed capacity of 300 beds. Patients with severe medical and surgical conditions are admitted and treated as inpatient in the Hospital and those who require Hospital treatment are referred to the Hospital from the nearby health Centre's through the Hospital ambulance services which is on standby 24 hours a day.

2021 KEY HIGHLIGHTS

Highlighted below are some selected achievements in the FY 2021 as well as selected critical issues in the different areas. There were less direct investments in the hospital, and service delivery got affected by the roll out of RBF mechanism.

- In comparison to 2020 OPD attendance, there was still a general decline in attendance in relation to gender, and children below 6 years, FY 2021 the OPD attendance was at 17154.
- The highest attendance was in March with 3187 and the least was in October with 1585 patients.
- There were more adults Inpatients in FY 2021 with 2539, as compared to 616 children, the trend is similar for adults in OPD with an attendance of 12836 as compared to 4398 Children in the Hospital.
- Trends of deliveries has been declining in hospital over time, though there was a little decrease by the end of FY 2021.
- The number of dental patients coming to the facility has slightly increased, from 134 in FY 2020, to 188 in FY 2021.
- ART enrolment is slow, this could be associated with the model of care, enabling retention of ART patients on services.
- ANC has increased by 40% in the FY 2021 but it should be noted that deliveries have kept on declining.
- Kumi Hospital directly provides primary healthcare in the HSD. The key services are immunization, Nutrition, WASH, health promotion, referral services, VCTs etc, Overall, it is observed there is a decline in immunization attendance
- The hospital has made strides to ensure that they request timely for EMHS, ARV basket, TB basket drugs, Lab, RMNCAH basket supplies, through procurements to fill in the gaps.
- Infection Prevention and Control is an essential part of Kumi hospital health care delivery system. It addresses factors related to the spread of infections within the health care settings (Hospital Associated Infections (HAI).
- Pastoral care of the sick in the hospital is an important part of work of every pastor, and this has been guided by our mission.
- Staff have continuously kept on leaving the Organisation and our attrition rate is still at 3% as compared to 2020, however Kumi Hospital tries its level best to update human resources statistics
- In the Estates and technical departments, a hospital got funds from Christian Blinded Mission to renovate and equip Hospital Departments that will be directly involved in the implementation of CBID approach.

FINANCIAL REPORT

Table 1: Summary of financial audited reported 2021

<i>Costs</i>	<i>FY 2020</i>	<i>FY2021</i>	<i>Difference</i>
	UGX	UGX	UGX
<i>Personnel</i>	948,679,399	987,670,201	38,990,802
<i>Medical Items and services</i>	134,850,540	119,621,310	-15,229,230
<i>Transport expenses</i>	400,818,967	397,930,949	-2,888,018
<i>Property expenses</i>	82,799,300	81,558,117	-1,241,183
<i>Administrative expenses</i>	249,814,534	390,139,705	140,325,171
<i>Total Recurrent Costs</i>	1,816,962,740	1,976,920,102	159,957,362
<i>Depreciations</i>	-195,998,704	-220,782,976	-24,784,272
<i>Total Operating Costs</i>	1,620,964,036	1,756,137,126	135,173,090

The hospital audited report has shown a difference in FY2020 and FY 2021

<i>Costs</i>	<i>FY 2020</i>	<i>FY 2021</i>
	UGX	UGX
<i>Uganda Government</i>	159,125,524	173,409,049
<i>Donors*</i>	128,910,175	855,860,404
<i>TOTAL DONATIONS</i>	288,035,699	1,029,269,453
<i>User fees</i>	2,087,693,658	2,054,459,950
<i>Other Local Revenues</i>	92,627,428	69,250,300

Due to COVID -19 uncertainty, Kumi Hospital experienced a reduction in Donor's contribution in the FY 2021.

CHAPTER 1

INTRODUCTION

BACKGROUND

Established in 1929 as a leprosy colony in the eastern and northern regions of Uganda and receiving patients as far as from South Sudan. Kumi Hospital (KH) currently has a reach of approximately 4 million people. Kumi Hospital is a member of the Uganda Protestant Medical Bureau (UPMB); it is therefore a private non-profit (PNFP) institution. The hospital is a registered entity and accredited by the Ministry of Health (MoH). Since its foundation in 1929, Kumi Hospital has undergone a transformation from a center for the disabled to a general hospital. Since then, it has significantly expanded its activities to challenges and adapted its working methods to the situation. KH has been involved in the needs of community health care for over 90 years.

THE HOSPITAL AND ITS ENVIRONMENT

The Hospital has a bed capacity of 300 and employs 180 Staff who work in different departments and sections as shown in the table below.

<i>Key Hospital Departments</i>	<i>Major Wards in The Hospital</i>
<ul style="list-style-type: none">▪ <i>Accounts Department</i>▪ <i>Administration Department.</i>▪ <i>ART Department</i>▪ <i>Community Health Department.</i>▪ <i>Eye Department</i>▪ <i>Hospital Farm</i>▪ <i>Laboratory Department</i>▪ <i>Maternity Department</i>▪ <i>MCH Department</i>▪ <i>Orthopaedic Workshop</i>▪ <i>Out Patients Department.</i>▪ <i>Pharmacy Department</i>▪ <i>Radiology Department</i>	<ul style="list-style-type: none">▪ <i>Medical Ward</i>▪ <i>Surgical Ward (Ojikan Ward)</i>▪ <i>Paediatrics Ward/ Children's Ward (Stone Ward)</i>▪ <i>Maternity Ward</i>▪ <i>Leprosy Ward</i>▪ <i>Private Ward (Ndahura Ward)</i>▪ <i>Nutrition Unit</i>

The Hospital is located in Kumi District, Kumi County, Ongino Sub- County, approximately 7 Km from Kumi town, bordered by Katakwi District to the north. It's a church founded institution owned by Church of Uganda. The hospital provides its services based on the healing mission of Jesus Christ, taken from Mathew 25:40

It has 7 sub counties, 83 parishes and 293 villages.

CHAPTER 2

DISTRICT HEALTH SERVICES AND HEALTH POLICY

THE COMMUNITY AND HEALTH STATUS OF KUMI DISTRICT

ADMINISTRATIVE UNITS IN KUMI DISTRICT

Kumi District has 7 administrative sub counties, 83 parishes and 293 villages. The subcounty include Atatur, Kanyum, Kumi, Kumi Tc, Mukongoro, Nyero, and Ongino.

THE MAIN HEALTH DEVELOPMENT CHALLENGES

Country Level: Besides the current pandemic, Uganda has a disease burden that contributes to death that needs not to be ignored during this period as the country is focused on mitigating the spread of COVID-19. Malaria has been the leading cause of death followed by Pneumonia across the three past financial years. Death due to injuries, Tuberculosis and hypertension also had an upward trend over the three financial years. • The other emerging causes of death in health facilities that affected all ages in the last financial year 2018/19 include: other cardiovascular diseases (963 death), Diabetes mellitus (863 death), Gastro-intestinal disorders (701 death), cancer (613 death), and Stroke (581 death).

NATIONAL TREND OF MORTALITY

Source the UDHS 2006, 2011 and 2016

Mortality	Uganda DHS 2006	Uganda DHS 2011	Uganda DHS 2016
MMR/100,000 LB	435	438	336
IMR/1,000 LB	76	54	27
U5MR/1,000 LB	137	90	64

HEALTH POLICY

The focus for the Uganda NHP II 2010 – 2020 is on health promotion, disease prevention and early diagnosis and treatment of disease with emphasis on vulnerable populations. In addition, the NHP is focused on health systems strengthening, specifically:

- Strengthening health systems in line with decentralization through training, mentoring, technical assistance and financial support;
- Re-conceptualizing and organizing supervision and monitoring of health systems at all levels in both public and private health sectors and improving the collection and utilization of data for evidence-based decision-making at all levels;
- Establishing a functional integration within the public and between the public and private sectors in healthcare delivery, training and research;
- Addressing the human resource crisis and re-defining the institutional framework for training health workers, including the mandate of all actors;
- Leadership and coordination mechanisms, with the aim of improving the quantity and quality of health workers production shall also be a priority.

The GoU, with the stewardship of the MoH, has also developed the second National Health Policy (NHP II) that covers a ten-year period 2010/11-2019/20. The HSSP III has therefore been developed to operationalize the NHP II and the health sector component of the NDP. The focus is on strengthening health systems' capacity to deliver the UNMHCP including health promotion, environmental health, disease prevention, early diagnosis and treatment.

THE MINIMUM HEALTH CARE PACKAGE

The minimum health care package in Uganda involves the most cost-effective priority healthcare interventions and services addressing the high disease burden that are acceptable and affordable within the total resource envelope of the sector. The package consists of the following clusters:

- Health promotion, environmental health, disease prevention and community health initiatives, including epidemic and disaster preparedness and response;
- Maternal and Child Health;
- Prevention, management and control of communicable diseases;
- Prevention, management and control of non-communicable diseases.

Kumi Hospital continues to implement the Uganda National Health Policy and the Health Sector Strategic Plan by providing the major components of the Uganda Minimum Health Care Package offering in-patient, out-patient and community-based services. The Hospital receives patients referred from all the districts of northern Uganda and beyond. The range of services offered includes diagnostic, therapeutic and preventive services.

Kumi Hospital offers a range of services including maternal and child health care, VCT for HIV/AIDS as well as PHC activities, and other clinical services with maternity component, support supervision to the local lower-level units within the catchment areas, including the lower level government health units, Ambulance services which are available at a fee for referral of patients from the Health Centre's to the Hospital.

Kumi Hospital participates in the DHMT and DHC meetings and the operational plans for the common activities are incorporated in the district health plan.

CHAPTER 3

KUMI HOSPITAL HEALTH CARE ACTIVITIES

Our OPD is open from Monday to Sunday, 24 hours a day including public holidays and offering the services to the public: Accident and emergency service, Administration of general, regional or spinal anesthesia, Antenatal care, Antiretroviral therapy, Anti-TB therapy, Leprosy services, Cervical cancer screening, Mental Clinic, Counselling, Dental clinic, Diagnosis and treatment of infectious and non-infectious conditions and many more services that are offered as per the departments and wards respectively.

CONSOLIDATED NUMBER OF IN/OUT PATIENTS

The overall number of patients who attended OPD in Kumi Hospital during the FY 2021 was 19190 compared to 23680 in 2020.

Service Outputs	Inpatients Children	Inpatients Adults	Total Inpatients	Outpatients Children	ANCs	Outpatients Adults	Total Outpatient	Total Contacts
2020	999	2607	3606	6090	1396	17154	23680	27286
2021	616	2539	3155	4398	1956	12836	19190	22345

ATTENDANCE BY SPECIFIC GROUPS

There were more adults Inpatients in FY 2021 with 2539, as compared to 616 children, the trend is similar for adults in OPD with an attendance of 12836 as compared to 4398 Children in the Hospital.

TREND OF ATTENDANCE

Table 2: Total Number of Attendance in the Hospital (Contacts)

Month (2021)	Total Number of Attendance in the Hospital (Contacts)
January	1632
Feb	1761
March	3187
April	1607
May	1618
June	1970
July	1727
Aug	2066
Sept	2425
Oct	1585
Nov	2469
Dec	1861
Total	23908

The highest attendance was in March with 3187 and the least number of attendances was in October with 1585 patients.

GROUP-SPECIFIC TRENDS

Table 3: Change in group-specific attendance 2021

Total Attendance	FY 2019	FY 2020	FY 2021	Variance	Percentage Variance
Children	12825	7089	4711	-2378	-34%
ANC & admission Maternity wards	2864	2568	2985	-417	-16%
Other Adults	29616	23680	15678	-8002	-34%
TOTAL	43829	32338	23374	-8964	-28%

In FY 2021 the decrease in attendance was mostly attributed to by the -34% decrease in attendance of children below 6 years and other adults, this is mainly due to the other facilities in the district providing free services of quality due to RBF, hence a decline in attendance across all ages as in the table above.

TRENDS OF ADMISSIONS COMPARED TO OUT-PATIENT CONTACTS

Table 4: Trends of admissions compared to out-patient contacts 2021

Total Attendance	FY 2019	FY 2020	FY 2021	Variance	Percentage Variance
Admission	4741	3606	3155	-451	-13%
Outpatient	29616	23680	17234	-6446	-27%
TOTAL	34357	27286	20389	-6897	-25%

There was -6897 less patients admitted in the hospital this FY 2021 this constituted over -25% decrease in admission in one FY alone. This has been attributed to the government rollout of RBF in the district and the country at large due to improved quality of services at a free cost.

TRENDS IN CHILDREN AND ADULTS' ADMISSION

Table 5: Trends in children and adultsadmission-2021

Total Attendance	FY 2019	FY 2020	FY 2021	Variance	Percentage Variance
Children	1476	999	616	-383	-38%
Adults	3265	2607	2539	-68	-3%
TOTAL	4741	3606	3155	-451	-13%

There was a -13% decrease in overall admissions, with children contributing the highest with decrease of -38%. As explained, this declines and decrease has been attributed to RBF rollout in the district, hence government facilities providing improved quality of services.

TREND OF SELECTED ACTIVITIES

Table 6: Trend of selected activities-FY 2021

Total Attendance	FY 2019	FY 2020	FY 2021	Variance	Percentage Variance
Dental Clinic	138	134	188	54	40%
Surgical operations	NA		941		
Eye Clinic	3948	927	874	-53	-6%
Diagnostic imaging	NA	2469			
Emergency Clinics	NA	2537	1186		

There has been an increase dental in with 40% services while eye clinic services have remarkable decline of -6%. Most of the data definition changed from DHIS2, hence could not be generated from the old DHIS2.

CHANGE IN MATERNITY SERVICES

Table 7: Change in Maternity services-FY 2021

Total Attendance	FY 2019	FY 2020	FY 2021	Variance	Percentage Variance
Deliveries	673	747	660	-87	-12%
Caesarean sections	349	472	365	-107	-23%
ANC	1635	1396	1956	560	40%

The number of deliveries is on decline trend that with -12% decrease, and the total number of Caesarean sections also continues to decrease by -23%, this is a worrying trend just as much as Kumi Hospital acts a district referral hospital. The Hospital have noted an increase in attendance at the antenatal clinic, this is probably due to the RBF rollout in the district.

OUTPATIENT SERVICES

The outpatient department is the reception point for most patients receiving services in the Hospital. In the Hospital, services are delivered through the adult Outpatients Department (OPD) for patients of six years and over, through the Young Child Clinic (YCC) for patients less than six years of age and through the Antenatal Clinic (ANC) for pregnant women.

The Hospital also runs the following special clinics on outpatient basis: HIV clinic, Dental clinic, Obstetrics and Gynaecology clinics, surgical clinic, TB outpatient clinic, eye clinic, as well as private clinic.

The OPD is open from Monday to Saturday during working hours, Young Child Clinic is also open on Sundays and public holidays to handle emergency cases. The ANC is open 5 days a week. Emergencies that come after hours are served in the respective inpatient wards and/or in the casualty department, which remains open twenty-four hours a day.

MONTHLY TRENDS OF ADULT OPD ATTENDANCE IN THE HOSPITAL

Table 8: Monthly trends of adult OPD attendance in the Hospital-2021

Month (2021)	OPD	ANC	YCC
January	1222	81	
Feb	1368	120	
March	1002	144	
April	1234	153	
May	1125	174	
June	1537	181	
July	1252	192	
Aug	1610	190	
Sept	1207	185	
Oct	2128	145	
Nov	1399	192	
Dec	17234	199	
Total	17154	1956	

OUTPATIENT ATTENDANCE IN THE HOSPITAL BY DEPARTMENT

The Hospital out-patients services are organized along three lines with the three main groups of patients it serves, i.e. Children, Pregnant Women and all other Adults (both male and female). However, in the Hospital bedside the general clinics there are several specialist or condition-specific clinics.

Table 9: OPD attendance in the Hospital Departments-2021

Total Attendance	FY 2019	FY 2020	FY 2021	Variance	Percentage Variance
Services for Adult Outpatients					
General OPD (incl and >4 seen in YCC, SCD adults)	18269	17154		-1115	-6%
Emergency Room					
AIDS Clinic					
TB Clinic					
Surgical Clinic					
Dental Clinic	138	134	188	54	40%
Eye Clinic	3948	927	874	-53	-6%
Orthopedic Unit	2469				

Most data for OPD by the department could not easily be generated from the DHIS2 due to data migration from the old DHIS2 to the new DHIS2, as such affecting data tabulation for the hospital.

DISEASE BURDEN IN THE HOSPITAL OUTPATIENTS

LEADING CAUSES OF MORBIDITY AMONG ADULT OUTPATIENTS

Table 10: Leading causes of morbidity among adults attending OPD-2021

#	Diagnosis	Diagnosis Counts	Percentage
1	Malaria	868	17.32%
2	Injuries due to trauma	421	8.40%
3	Anaemia	188	3.75%
4	Abortion due to causes	93	1.86%
5	Gastro intestinal disorders	1395	27.84%
6	Skin Diseases	627	12.51%
7	Cough or Cold	406	8.10%
8	UTI	549	10.96%
9	Other Sexual transmitted infections	231	4.61%
10	Pneumonia	233	4.65%
	Total	5011	100.00%

Gastro Intestinal Disorders was reported to be the highest Leading causes of morbidity among adults attending OPD in 2021 by 27.84% and Abortion being the least cause of morbidity with 1.86%.

HIV/AIDS CARE SERVICES

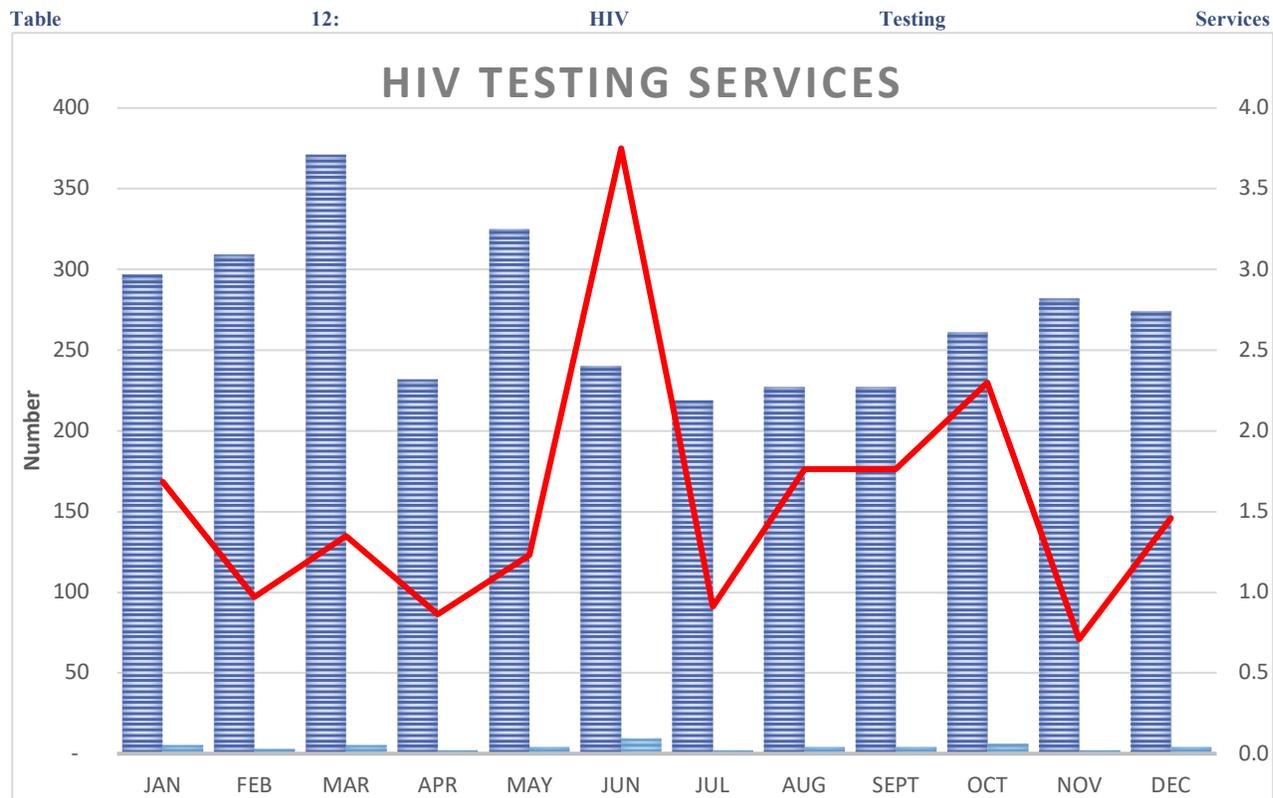
The Hospital has a very busy AIDS clinic, which operates daily from Monday to Friday. The package of care includes voluntary counselling and testing (VCT) for HIV, treatment of opportunistic infections, provision of anti-retroviral treatment (ART) with routine clinical, laboratory and community follow up, health education, as well as elimination of mother-to-child transmission (EMTCT) program; Safe male circumcision, and Post exposure prophylaxis, community follow up Other interventions for HIV prevention include abstinence and being faithful, and health education at various levels, in collaboration with the district HIV/TB working group.

Table 11: HIV Services-2021

HIV AIDS Services	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Active patients on ART	1350	1468	1497	1412	1388
Children	103	103	89	70	109
Adults	1247	1335	1408	1342	1279
TOTAL Active patients on ART	1350	1468	1497	1412	1388

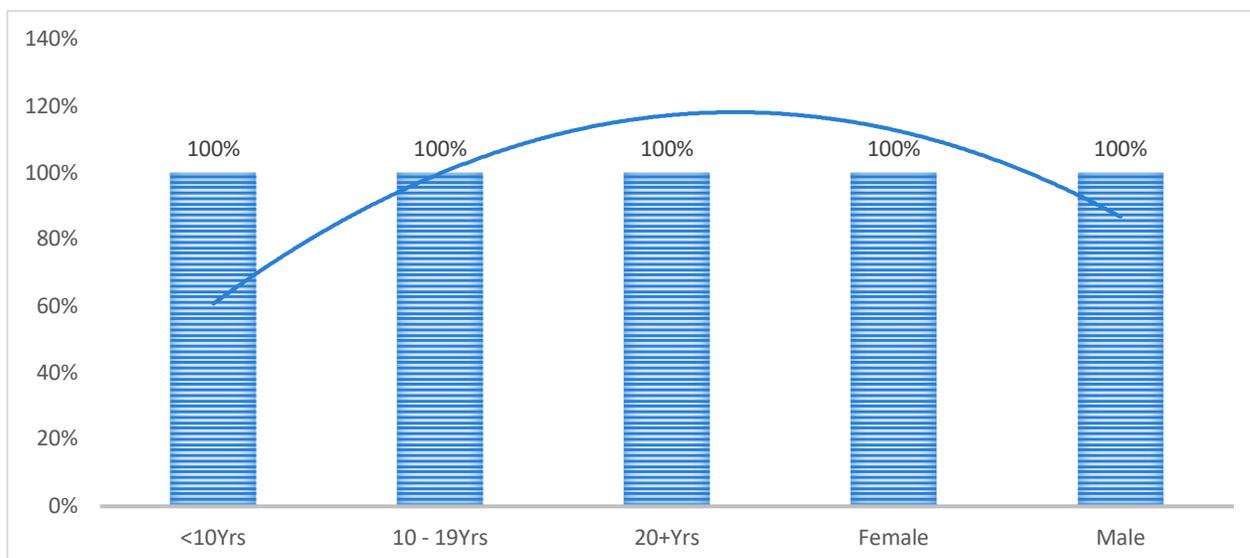
Currently the hospital provides ART services to 1388 clients, with 109 children and 1279 adults respectively.

HIV TESTING SERVICES



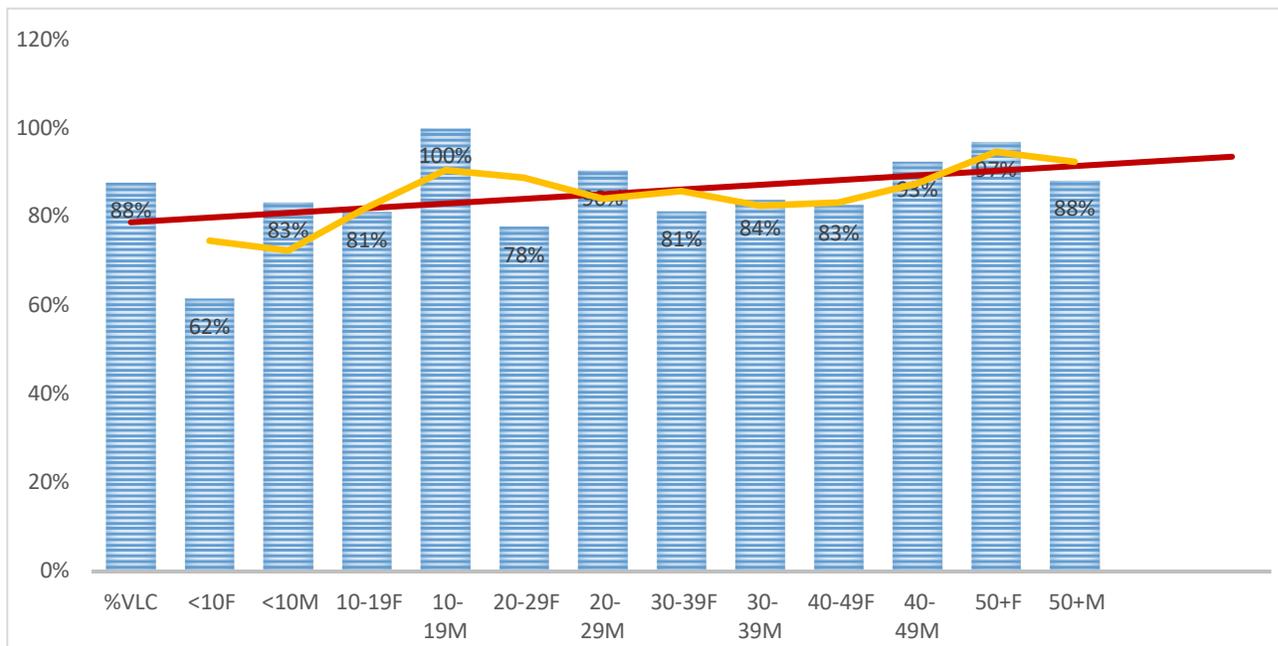
LINKAGE OF HIV POSITIVES INTO CARE

Linkage of Newly identified PLHIVs into HIV care by Age groups by Sex



In 2021, 53 were newly tested HIV positive and the overall linkage to HIV care was at 100% (53)

VIRAL LOAD COVERAGE BY SEX AND AGE GROUPS



During the year 2021, there was low VL coverage in children <10 years as compared to other age group. However, the overall viral load coverage was at 88% which is against the WHO/MOH target of 100% of eligible clients access viral load.

PMTCT ACTIVITIES

Table 13: PMTCT activities-2021

eMTCT Activities	FY-2021
New ANC cases	527
New ANC cases + others pre-test counseled	498
Women tested for HIV	498
Post-test counselled and received HIV result	498
Women tested positive for HIV	07
Partners (of HIV tested women) tested for HIV	268
Partners positive for HIV	01
ANC mothers already on ART	25
Enrolled into PMTCT program (received ARVs)	07
HIV positive mothers delivered in the Hospital	21
Children of HIV positive mothers tested for HIV	
Children of HIV positive mothers who tested HIV negative	
Children of HIV positive mothers who tested HIV positive	
HIV exposed babies given Nevirapine Syrup	18

Elimination of mother to child transmission of HIV is still a priority. In the Hospital the positive mothers tested positive for HIV were ensured to be on ART for eMTCT (Elimination of Mother to Child Transmission of HIV) for life, and in the same year 4, Children of HIV positive mothers who tested HIV positive.

INPATIENT CARE ACTIVITIES: ADMISSIONS

Kumi hospital has a bed capacity of 300 beds. Patients with severe medical and surgical conditions are admitted and treated as inpatient in the Hospital and in the Homes. Patients who require Hospital treatment are referred to the Hospital from the nearby health Centre's through the Hospital ambulance services which is on standby 24 hours a day.

HOSPITAL BED CAPACITY

The hospital has close to 180 staff with a bed capacity of 300 beds.

ADMISSIONS BY SPECIFIC GROUPS

Table 14: Admissions by specific groups-2020 - 2021

Admissions	Counts-2020	Counts-2021
Admissions Adults	2607	2539
Admissions Children	999	616
Admissions Maternity	1172	1032

Total admission in the Hospital was highest among adults, with 2539, followed by Maternity with 1032, and the least were children with 616.

MONTHLY TRENDS IN ADMISSIONS

Table 15: Numbers (Total Admission all Departments) by Month

Month 2021	Numbers (Total Admission all Departments)
January	329
Feb	273
March	280
April	220
May	319
June	252
July	283
Aug	266
Sept	193
Oct	196
Nov	281
Dec	263
Total	3155

The highest number of admissions occurred in the month of January 2021, 329, while the least was September with 193 admissions in the Hospital generally.

ADMISSIONS IN THE HOSPITAL

Admissions FY-2021	FY-2019	FY-2020	FY - 2021	Variance	Percentage Variance
Total admissions children	1476	999	616	-383	-38%
Total admission maternity	1228	1172	1032	-140	-12%
Total admissions adults	2037	1578	1507	-71	-6%
Total	4741	3749	3155	-594	-16%

The number of children admitted has decreased in 2021 at the same time number of admissions in both maternity and other adults decreased this trend was similar to that of FY 2020. The overall decline is due to the COVID -19, Prolonged dry spells and the rollout of the RBF scheme across the district and country at large, which has led to competition as a result of improvements in quality of improvements of services in other facilities.

ADMISSIONS TO THE HOSPITAL DEPARTMENTS-BEDS

The hospital has more beds in the surgical ward, 60, and the least unit with beds is maternity private with 4.

Table 16: Departments, Wards and Number of beds in the Hospital-2021

Department/Ward	Beds per Unit/Ward
PAEDIATRIC DEPARTMENT	
Nutrition	12
General Pediatric.	54
Neonatal Unit	4
MEDICAL DEPARTMENT	
Medicine	42
Medicine Private	30
Tb Ward	8
solation	
SURGICAL DEPARTMENT	
Surgery 1 (Septic Surgery)	30
Surgery 1 Side Room	
Burns Unit	
Surgery 2 (Clean Surgery)	60
ICU- Intensive Care Unit	
OBST&GYN DEPARTMENT	
Maternity	35
Gynaecology	21
Maternity Private	4
OVERALL TOTAL	

TREND OF ADMISSIONS TO THE HOSPITAL BY DEPARTMENTS

Table 17: Trend of admissions to the Hospital by department's Annually-FY 2015-2021

FY	Pediatrics	Medicine	Surgery	Obs & Gyn
2015	1636	681	897	1278
2016	2458	1262	1688	2579
2017	1298	909	1294	2844
2018	1431	864	1125	1863
2019	1476	760	1060	1228
2020	871	735	700	1172
2021	616	563	744	1032
Total	9786	5774	7508	11996

All major departments of admission show a decline in admissions. As noted from earlier explanations of RBF mechanism being rolled out, it has affected the attendance and services delivery in the hospital., however there was slight upward movement in Surgery cases as indicated in FY 2021 with 744 compared to the FY 2020. The increase due to availability of Surgeon and Medical Officers.

MONTHLY RATES OF ADMISSION

Table 18: Monthly rates of admission to the Hospital by wards-FY 2021

Month (2021)	Pediatrics	Medicine	Surgery	Obs & Gyn
January	57	67	79	136
Feb	60	58	55	100
March	53	60	62	95
April	27	57	52	84
May	88	77	59	95
June	59	73	48	72
July	60	73	60	90
Aug	36	63	68	99
Sept	27	58	50	58
Oct	24	58	52	70
Nov	50	61	101	69
Dec	64	66	58	64

The Obs & Gyn department had more admissions in the hospital as compared any other in the FY 2021.

HOSPITAL AVERAGE LENGTH OF STAY (ALOS) AND BED OCCUPANCY RATE (BOR)

Table 19: Hospital ALOS and BOR by ward-FY 2021

Department	Bed Capacity	Admissions	ALOS	BOR
Pediatrics	70	871	6.6	15.9
Medicine	80	755	4.2	8.6
Surgery	90	680	16.0	29.8
Obs & Gyn	60	1263	3.6	11.8
Total/Average	300	3569	6.7	66.3

The average length of stay in the Hospital has changed much trends are similar to those of 2020 FY.

BED OCCUPANCY RATES (BOR)

Table 20: Variations in department specific BOR-FY 2020-2021

BOR				
FY	Pediatrics	Medicine	Surgery	Obs & Gyn
2020	15.9	18.6	29.8	11.8
2021	433.5	166.8	692.1	353.3

INPATIENT MORTALITY RATE IN THE HOSPITAL

Table 21: Variations in department specific Mortality-FY 2020-2021

FY	Pediatrics		Medicine		Surgery		Obs & Gyn	
	Admission	Deaths	Admission	Deaths	Admission	Deaths	Admission	Deaths
2020	871	21	755	25	680	12	1263	3
2021	616	18	763	41	744	20	1032	01

Mortality was high in the medicine ward with 41 deaths occurring in the FY 2021, and the least was maternal death of 1.

OTHER CLINICAL ACTIVITIES AND CLINICAL SERVICES

The theatres operate every day for emergency surgical procedures and from Mondays to Fridays for elective cases. The major operations include general surgery, Orthopaedic surgery, and obstetric and gynaecological procedures.

MATERNITY SERVICES

The Hospital provides basic emergency obstetric care, and all the comprehensive emergency obstetric care. Antenatal care is provided at the hospital on a daily basis with the exception of weekends.

ANTENATAL CARE

Table 22: Antenatal care in the Hospital-FY 2019-2021

ANC	FY 2019	FY 2020	FY 2021	Variance	%age Variance
Kumi Hospital	1636	1396	1956	560	40%

ANC attendance has increased by 40% in the FY 2021.

TRENDS IN DELIVERIES IN THE HOSPITAL

Table 23: Trend of assisted deliveries-FY 2015-2021

FYs	Deliveries
2015	893
2016	1664
2017	1983
2018	1113
2019	671
2020	794
2021	660

Trends of deliveries has been declining in hospital over time, though there was a little decrease by the end of FY 2021.

MATERNAL MORTALITY RATIO, STILL BIRTH RATIO AND CAESAREAN SECTION RATE

Table 24: Trends of MMR-FY 2015-2021

Services	2015	2016	2017	2018	2019	2020	2021
Total deliveries	893	1664	1983	1113	671	794	660
NC/Sections	224	618	702	464	284	472	360
C/Section rates	32%	37%	35%	42%	42%	59%	55%
Maternal deaths			4	2	1	3	1
N. live births			1840	1087	640	746	649
N. still births			40	17	18	14	14
Still birth rate (:1000)			2%	2%	3%	1.4%	1.4%

The Uganda National Health policy and the Health Sector Strategic and Investment Plans both prioritize the reduction of maternal mortality and perinatal mortality.

DENTAL SERVICES

Table 25: Numbers of Dental Care Services Provided-FY 2019-2021

FYs	Dental
2019	138
2020	134
2021	188

The number of dental patients coming to the facility has slightly increased, from 134 in FY 2020, to 188 in FY 2021.

Dental Departments comprehensive offers the following services; Screening patients to identify the oral and dental conditions, Treatment of patients with dental/oral conditions, conducting school health/dental health promotion and Referral of patients with unmanageable dental and oral conditions basing on the facility setting.

EYE HEALTH SERVICES

With funding from CBM, Kumi Hospital has started to reposition itself as a center of excellence in eye services and Rehabilitation. During the FY 2021, the following achievements were attained: -

1. 770 patients were screened of eye conditions
2. 107 refractions were done
3. 87 glasses/spectacles were dispensed.
4. One (01) staff is on training for ophthalmic clinical officer on a sponsorship from The Netherland ladies.
5. A major donor CBM accepted to sign a memorandum of understanding with the hospital to fund CBID program for eye care.

Human Resource.

Ophthalmic Assistant 1

Ophthalmic theatre nurse 2

Department Services

1. Screening, Assessment and treatment of patients in OPD, referral of complicated cases
2. Conducting Out reaches clinic
3. Carrying out eye surgeries
4. Follow up of Operated patients and other specific patients
5. Mobilization of communities for eye health
6. Identification and training of eye mobilizers
7. Making Timely reports

Table 26: Number of Eye Healthcare services provided-FY 2015-2021

FYs	Static/ OPD	Out Reach	Surgeries		Spects Dispensed
			Major	Minor	
2015	2017	4917	389	36	17
2016	1923	4362	333	29	27
2017	1288	1419	236	337	25
2018	1423	1834	143	31	34
2019	1126	2822	70	28	93
2020	841	86	0	26	81
2021	770	104	0	107	87

Table 27: Number of Eye Healthcare services provided-FY 2019-2021

FYs	Dental
2019	3948
2020	927
2021	874

Eye Health attendance has also been declining in the hospital, from 927 in FY 2020, to 874 in FY 2021

LABORATORY SERVICES

Clinical/diagnostic laboratory examinations is a routine in Kumi Hospital. The laboratory tests performed at the hospital are: Microscopic tests e.g. Malaria, stool Analysis, Urinalysis, Hematological tests, serological tests e.g. HIV, H. Pylori, RPR etc., Clinical Chemistry i.e. LFTs, RFTs, Lipid profiles, and hormonal tests (TSH, T3, T4, PSA & fPSA) etc., Microbiological test e.g. Gram staining, Culture & sensitivity test to leaser extend & GeneXpert test, immunology e.g., CD4 counts, viral load tests which is refers to Uganda National Health Laboratory Services (UNHLS/CPHL).

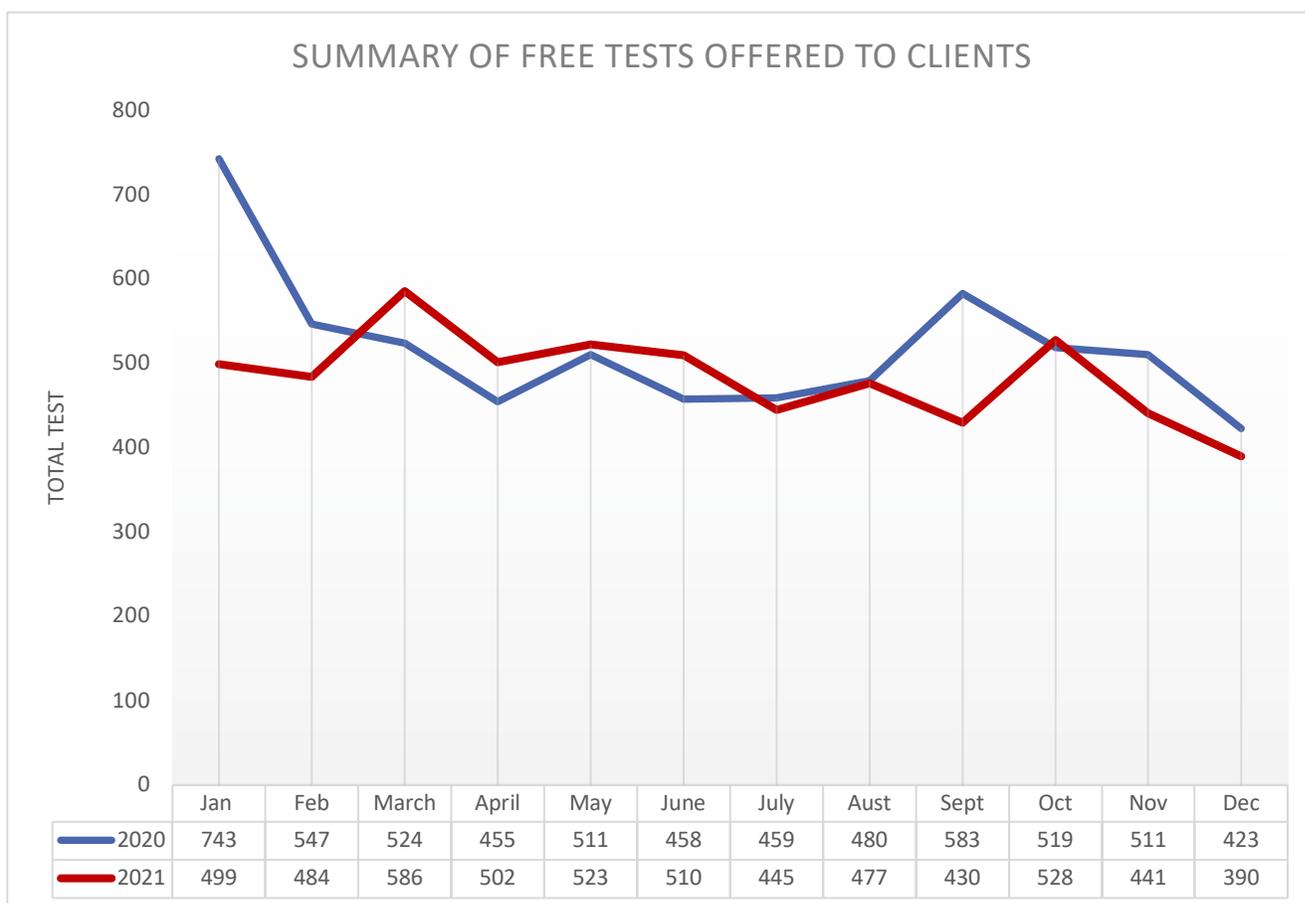
Clinical/diagnostic laboratory examinations is a routine in the Hospital. The laboratory tests performed at the hospital are: basic microscopy and hematological tests, microscopy to more complex serological tests.

Table 28: Number of Laboratory tests performed-FY 2015-2021

FYs	Total Laboratory Tests
2015	43084
2016	54929
2017	59339
2018	47872
2019	48409
2020	57876
2021	56840

There was decrease in total numbers of patients tested in Laboratory in year 2021 as compared to 2021, a difference of 1,036 (3.5%) patients.

The free tests offered to our clients are HIV, TB, CD4, Viral Load (VL) total to 6213 in 2020 & 5815 in 2021 and it is included in grand total above and disaggregated in the chart below.



RADIOLOGICAL SERVICES

The department provides both diagnostic and interventional services. The routine diagnostic procedures include X-rays and ultrasound examinations.

TREND OF RADIOLOGICAL EXAMINATIONS

Table 29: Trends of Radiological examinations-FY 2015-2020

FYs	X-Ray	USS
2020	1339	1103
2021	1247	1030

The Radiology department receives many direct referrals from neighbouring hospitals for radiological examinations. The number has been declining, because of the establishments of units with functional X-rays and USS.

PHYSIOTHERAPY Y SERVICES

Physiotherapy is the treatment modality which specializes in re-establishing the movement, physical strength and functioning in individuals affected by some form of injury, illness or disability. Physiotherapy started in 1929 in Kumi hospital, since then the department has taken about 92 years in existence at the hospital.

SERVICES PROVIDED BY THE PHYSIOTHERAPY DEPARTMENT ARE;

1. Assessment, diagnosis and treatment services for movement issues.
2. Development of treatment programs.
3. Development of exercise programs
4. Injury treatment.
5. Manual therapy, such as massage and joint manipulation.
6. Electrotherapy, such as ultrasound and TENS (transcutaneous electrical nerve stimulation), IFT (interferential therapy), infra-red radiation.
7. Advice on mobility aids, care for the back and carrying techniques for cerebral palsy children.
8. Community based rehabilitation services.

Table 30: Trends of Physiotherapy and Endoscopy-FY 2020-2021

FYs	Physiotherapy
2020	1019
2021	1659

PRIMARY HEALTH CARE ACTIVITIES

Kumi Hospital directly provides primary healthcare in the HSD. The key services are immunization, Nutrition, WASH, health promotion, referral services, VCTs etc.

IMMUNISATION ACTIVITIES

Table 31: Trends of Immunization activities-FY 2017-2021

FYs	BCG	Polio	DPT	Measles	TT
2017	1603	2460	2562	747	1349
2018	1446	2491	2487	889	1428
2019	1054	2172	2248	1111	1043
2020	854	1475	1475	622	855
2021	674	1958	1288	410	1496

It can be observed that there is a decline in the numbers of children being immunized against BCG, DPT and Measles, however there has been an increase on Polio and TT (Tetanus), across the 5 immunisable diseases.

ORTHOPAEDIC WORKSHOP ANNUAL REPORT 2021.

Section	Description of Services	Number of Patients in FY 2020			Number of Patients in FY 2021		
		M	F	Sub-Total	M	F	Sub-total
SHOE (FOOT WEAR)	Orthopaedic boot	04	02	06	00	01	01
	Ordinary shoe	02	00	02	00	02	02
	Shoe Raise	35	85	120	04	04	08
	Steinbeck foot abduction Braces (SFAB's)	31	25	56	17	18	36
	Ordinary sandals	03	02	05	04	02	06
	Microcellular Rubber sandals (MCR-Sandals)	12	10	22	12	17	29
	Total served			211			82
	Demand			500			350
ORTHOTICS.	Arch support	01	01	02	00	01	01
	Ankle foot orthotics.	30	31	61	26	28	54
	Knee Ankle foot orthotics	10	08	18	14	20	34
	Knee Braces	01	01	02	01	01	02

	Cervical collars	01	03	04	01	02	03
	Spinal orthotics	08	08	16	03	06	09
	Hand Splints	03	02	05	04	05	09
	Repair of orthotic	10	20	30	06	12	18
	Total served			108			112
	Demand			200			250
PROSTHETICS		M	F	Sub- total	M	F	Sub-total
	Symes	01	00	01	00	01	01
	Trans-tibial (BK)	10	14	24	06	04	10
	Trans femoral (AK)	02	02	04	05	04	09
	Knee disarticulation (TK)	01	01	02	00	01	01
	Prosthetics Repairs	03	05	08	05	06	11
	Upper limb	00	00	00	00	00	00
	Total served			31			21
	Demand			80			75
CARPENTRY		M	F	Sub- total	M	F	Sub-total
	Cerebral palsy Chair	30	24	54	12	20	32

	Standing frame	01	02	03	00	01	01
	Wooden crutches	67	56	123	90	37	127
	Wooden walkers	04	04	08	04	05	09
	Corner seats	01	01	02	01	01	02
	Total served				190		
	Demand				400		

PHC AND OUTREACH ACTIVITIES

Primary Health Care activities was implemented by the hospital and among them included immunization outreach programs to the communities, VHT meetings, school health programs and support supervision to lower level units.

Table 32: PHC Outreach activities-FY 2015-2021

FYs	Immunizations outreaches	Home visits	School health	Health education within the Hospital	Voluntary counselling and testing (VCT) outreaches
2015	96				
2016	96				
2017	96				
2018	96				
2019	96				
2020	64		0	225	5
2021	107		21	172	9

The number of immunization outreaches has been increasing over time.

EPIDEMIC PREPAREDNESS AND RESPONSE TO EPIDEMICS

Kumi Hospital, just like any other Hospitals and other healthcare facilities play a critical role in national and local responses to emergencies, such as communicable disease epidemics. KH has existing plans and capacity to cope with epidemics (including implementation of measures to protect staff, patients and visitors from infection), especially with the coming of Covid-19 and other infectious diseases.

AMBULANCE SERVICES

The hospital provides ambulance services to communities and nearby health-centers. The hospital ambulances also respond to accidents when alerted. Most of the calls came from our three Health Centres, some surrounding community, as well as from the district in some cases of mass accidents requiring immediate evacuation of victims. Most of the referrals to Mulago National Referral Hospital were related to foreign bodies or airway problems, for services which are not currently available in Kumi, and the sub-region. Overall, there was poor statistics and tracking for ambulance use to understand the statistics as per the table below.

CHAPTER 4

ESSENTIAL MEDICINE AND HEALTH SUPPLIES

AVAILABILITY OF 41 TRACER MEDICINES

Table 33: AVAILABILITY FOR THE 41 COMMODITIES BY BASKETS FY 2020

Indicator	Disaggregation	Baseline	Target	Quarterly			Status
		Data- 2020	Data 2021	Availability FY 2021			
		Values	Values	Q1	Q2	Q3	Q4
Average percentage availability of a basket of 41 commodities based on all reporting facilities in the previous quarter	EMHS						
	Artemether/lumefantrine 120/20mg.	3720	22320	5040	3600	6480	7200
	Amoxicillin 250mg capsule	7015	11200	3000	2000	3700	2500
	Sulfadoxine/pyrimethamine tablet	2800	5700	1500	2000	1200	1000
	ORS sachets with zinc tablet	425	252	105	90	37	20
	Therapeutic milk F75(75Kcal/100ml) Sacket	149	123	41	32	27	23
	Oral liquid morphine 5ml/ml	60	26	6	20	0	0
	Ready to use therapeutic feeds (RUTF)	276	2550	0	600	450	1500
	Cotrimoxazole 960mg pack of 1000 tablets	91	61	11	19	13	18
	Misoprostol 200mcg tablet	450	550	110	100	200	140
	Amoxicillin dispersible 250mg tablet	880	915	15	500	100	200
	Ceftriaxone 1g injection	12010	9,843	2860	2433	2040	2510
	Oxytocin injection ampoule	5375	1420	510	350	310	250
	Chlorhexidine Di gluconate Gel7.1% (equivalent to 4% Chlorhexidine)	1501	19	19	0	0	0
	Mama kit	-	167	0	36	37	94
	Bendroflumethiazide (Aprinox) 5mg	2000	2852	800	700	900	452
	Artesunate 60mg injection	2088	1263				
	Nifedipine tablets 20mg tablet	900	2132	800	20	1000	13
	Captopril 25mg tablet	100	300	90	25	85	100
	Metformin 500mg tablet	220	1800	600	500	200	500
Glibenclamide 5mg tablet	150	150	0	20	50	80	
Insulin short- acting vial							

Cardiac Aspirin 75mg	11 1700	21 3100	7 600	6 300	7 1300	1 900
ARVs						
TDF/3TC/EFV 300/300/600 or 400mg tablet 30 pack	3885	81	60	18	3	0
AZT/3TC/NVP 300/150/200mg 60 pack	82	64	42	22	0	0
Atazanavir (ATV/r)300/100mg 30pack	695	607	228	201	70	108
TDF/3TC 300/300mg 30 pack	579	489	126	157	100	106
TDF/3TC/DTG300/300/50mg 30 pack	7774	4561	2595	600	645	721
TDF/3TC/EFV 300/300/400mg 90 pack	956	172	80	38	34	20
ABC/3TC 120/60mg 30 pack	657	586	194	100	114	178
Lopinavir/ritonavir (LPV/r)40/10mg pellets in capsules pack of 120mg	24	28	0	10	12	6
TB						
RHZE Blister strip 150/75/400/275mg tablets of 28	150	168	48	48	48	24
RHZ Blister strip 75/50/150mg tablets of 28	100	24	12	0	12	0
Lab						
Determine HIV 1&2 Screening test	3030	4300	1100	1000	1100	1100
Stat-pack HIV Confirmatory rapid tests	240	140	40	40	20	40
SD Bioline test-Tie Breaker CD4 reagent						
Malaria Rapid Diagnostic tests	50	150				
Gene Xpert cartridges	4873	4525	1600	1375	850	700
Blood product unit	200	219	80	60	50	29
	24	40				
RMNCH						

	Depot medroxy progesterone acetate (DMPA)	75	50	0	10	20	20
95% availability (Overall Average)							

The hospital has made strides to ensure that they request timely for EMHS, ARV basket, TB basket drugs, Lab, RMNCAH basket supplies

EMHS BASKET

Therapeutic milk F75(75Kcal/100ml) Sacket consumption decreased due to stock outs as a result of few quantities that the hospital always receives.

Oral liquid morphine 5ml/ml consumption decreased probably due to decreased clients that could benefit from it and since the one previous existing expired in June 2021, we haven't received any other.

Chlorhexidine Di gluconate Gel7.1% (equivalent to 4% Chlorhexidine) was less consumed due to the fact that the hospital is no longer using that concentration of chlorhexidine. The hospital is now using chlorhexidine/cetrimide 1.5%w/v/1.5%w/v

Artesunate 60mg injection was less consumed due to few quantities supplied by Joint Medical Stores

Most of the other tracer medicines their consumption increased from the previous year.

ARV BASKET

AZT/3TC/NVP was not consumed because patients were optimized to TDF/3TC/DTG

Consumption of TDF/3TC/DTG pack of 30 decreased due to the introduction of TDF/3TC/DTG pack of 90 which was mainly issued to clients for 3 month and 6-month refill.

TDF/3TC/EFV was less consumed due to optimization of clients to TDF/3TC/DTG.

TB BASKET

RHZE had increased consumption. this resulted from increased screening of patients for TB from outpatient department.

RHZ pediatric had a decrease in consumption due frequent stock outs

We still face challenge of shortage of anti- TB medicines

LAB BASKET

There was a decrease in the consumption of malaria rapid diagnostic tests due to the low quantities supplied from joint medical stores

RMNCAH BASKET

Depot medroxy progesterone acetate (DMPA) consumption decreased in the year 2021 probably due to out of stocks previously registered resulting from few quantities supplied

CAUSES OF STOCK OUTS

Low quantities supplied by joint medical stores

Supply of items with a due expiry date EMHS Credit Line at JMS

EMHS CREDIT LINE FOR PNFP'S AT JOINT MEDICAL STORES (JMS)

The hospital receives some aid from government for drugs through the primary health care (PHC) fund
EMHS Credit Line for PNFP's at Joint Medical Stores (JMS)

EMHS CREDIT LINE AT NMS & JMS

The hospital receives some aid from government for drugs through the primary health care (PHC) fund.
EMHS Credit Line for PNFP's at Joint Medical Stores (JMS)

Output Description	2019	2020	2021	% change in expenditure	% of expenditure for EMHS
Supply of EMHS to GHs	150,577,811.77	151,577,811.77		6.5%	

EMHS PROCURED

Items procured by the hospital from various pharmacies and other suppliers

Output Description	2019	2020	2021
Supply of EMHS to GHs	276,275,133.24	242,222,079.04	226,178,480
Supply of Laboratory Commodities to accredited Facilities	44,798,000	34,460,000	5,402,466
Supply of Anti-Malarial Medicines to accredited Facilities (procured).	-	480,000	

CHALLENGES

- Stock outs due to funding shortage
- Lack of automated system for easy generation and segregation of data
- Fluctuating prices drugs and health supplies
- Delay in the supply of credited EMHS due to delayed disbursement of funds to joint medical stores by the government which eventually leads to stock outs

NEXT STEPS

- There is need for automation of the system to facilitate work progress
- Need to buy drugs and health supplies to counteract fluctuation in prices
- Need for early disbursement of PHC fund so that orders can be made in time to mitigate stock outs
- Need for funding to mitigate funding shortage.

CHAPTER 5

QUALITY AND PATIENT SAFETY IMPROVEMENT

Quality is defined as the degree to which healthcare services meet or exceed established professional standards and client's expectations. The key objective for quality is to; improve outcome of cares, improve client's perception of the health services and improve client's safety among others.

The concept of quality improvement (QI) that is, "continuous day to day process of identifying opportunities for improvement and implementing the solutions to them") started way back in 2016 in Kumi hospital especially in ART Clinic and the hospital established the QIT which comprised of 15 members.

These team conducted a number of assessments of the hospital using SQIS tool to identify the areas for improvement. They also conducted numbers of training (CMEs) with the staff. We also meet monthly.

With the introduction of RFB, some staff and the top hospital management were trained on quality issues of healthcare services and since then the facility self-assessment has been conducted using the RBF standard tools and numbers of areas for improvement identified and gaps identified bridged and excise done quarterly.

QUALITY OF SERVICES-RBF

FYs	Q1	Q2	Q3	Q4	Annual Average-Quality
2020	77.9	88.62	88	89.44	85.99
2021	88	89.2	93	89.44	89.91

Quality of services has been improving as a result of the implementation of the PIP as a requirement for getting RBF. The average annual quality score is standing at 89.91%.

PIP ACTIVITIES-FUTURE

Key quality improvement activities are planned for in the PIP.

SAFETY

Infection Prevention and Control (IPC) is a set of measures which aim at preventing Health Care Associated Infections, thereby ensuring safe medical procedures and interventions. IPC is a quality standard essential for the safety of patients, staff, and visitors.

Infection Prevention and Control is an essential part of Kumi hospital health care delivery system. It addresses factors related to the spread of infections within the health care settings (Hospital Associated Infections (HAI).

Kumi hospital has well established infection prevention and control (IPC) programs and implement the core components of IPC by 15 IPC team of the hospital.

The team meet monthly and identify areas for improvement and recommend it to the management for action to be taken.

PASTORAL AND SOCIAL CARE

PASTORAL CARE

Established by the CMS in 1929, Kumi Hospital has over the years offered pastoral care to its staff and Patient. This is based on the healing Ministry of Jesus *Matthew 4:23*.

Pastoral Care aims to respond to the diverse spiritual and emotional concerns experienced through hospitalisation for patients and those who care for them.

Our Pastoral and Spiritual team support patients and Staff as they journey through times of illness and associated uncertainty. We assist our patients and Staff to draw on their own 'spiritual' resources, those things that provide meaning, purpose and a sense of belonging. For some people, the 'spiritual' is expressed through formal religious belief, practice and community. For others, it is realised through informal beliefs and practice, often connected to meaning drawn from culture, relationships and life experiences. Our service is provided by trained Spiritual Care practitioners and Hospital Chaplain.

Our services include

- Confidential emotional and spiritual support during illness, surgery, and hospitalisation
- Emotional and spiritual support for families and carers
- Religious and sacramental care including prayer, communion, anointing
- Coordinating visits by representatives from most religious traditions
- Support for staff and volunteers of Kumi Hospital

ACTIVITIES WE DO AT KUMI HOSPITAL AS FAR AS PASTORAL CARE IS CONCERN.

- Daily Morning devotions from 7;30am-8;30am at hall of hope.
- Visiting those who are sick in the wards.
- Praying with and for them.
- Encouraging them with the word of God.
- Leading some who do accept Jesus Christ as the Lord and savior.
- Counselling.
- Health talks.
- To administer sacraments like baptism and holy communion.
- Some time helping a person to prepare for death or to endure the life of continuous suffering.
- Reconciling them to build their relationship with one another and God.

CHAPTER 6

HOSPITAL HUMAN RESOURCES

KUMI HOSPITAL STAFFING

The staff demand by the other health institutions is high. Due to moderate staff turnover, Kumi Hospital routinely up-dates staffing levels. Staffs are recruited on regular basis to replace those who leave. A total of six (06) staff left In FY 2021, making the attrition rate 3.3% as compared attrition rate of 3% in 2020.

NUMBER OF EMPLOYEES OVER THE PAST YEARS

Table 34: Number of employees over the past years-FY 2015-2021

FYs	Number of Staffs
2015	182
2016	179
2017	175
2018	179
2019	179
2020	175
2021	180

HUMAN RESOURCE MANAGEMENT

Kumi Hospital is an equal opportunity employer, opportunities are open to competent and interested persons whenever needs arise.

STAFF MOVEMENTS

Table 35: Staff movements-FY 2018-2021

Movement of Staff by cadres of staff	2018	2019	2020	2021
Medical specialist and consultant, Medical officers and dental surgeons, pharmacists	05	05	05	08
Clinical, pub health, dental, orthopaedic officers	07	08	08	11
Anaesthetic officer, radiographer, occupational	03	03	03	04
Lab technologist and technicians	04	03	03	03
Lab assistant and attendant	04	03	03	03
Registered nurse and midwives	14	14	12	08
Enrolled nurses, midwives, Theatre Assistants	42	40	44	48
Nursing assistants and physiotherapy assistants	04	04	04	07
Nursing aides	-		-	
Administrative staffs, pharmaceutical assistant	04	04	04	04

Technical staffs				
Others	92	93	89	83
Staff on study leave on hospital sponsorship				
TOTAL	179	179	175	180

COMPREHENSIVE PACKAGES OFFERED TO KUMI HOSPITAL STAFF

Staff retention strategies, among others, include sharing of Kumi Hospital's vision with all the categories of staff, prompt and commensurate monthly salaries with access to salary advances whenever the staff needs, training opportunities including CME, provision of loans, free medical care to all the staff and their immediate relatives.

STAFF ON HOSPITAL SPONSORSHIP

Course	Cadre	Duration of Training	Number sent for Training
MBchB	UCO	5yrs	02
Diploma Ophthalmic Clinical Officer	MCO	01	01
Dip Anesthesia	RM	02	01
MMEd-Surgery	MO	03	01
Bachelor of Pharmacy	Pharmacy Technician	4	01
TOTAL			

There are also prospects for sponsorship in relevant fields, Continuous Professional Development for all medical personnel.

CHAPTER 8

ESTATES & TECHNICAL SERVICES

The Technical Department Has Five Sections

- Electrical And Engineering Section Formerly Electrical Section
- Water & Sanitation Section Formerly Plumbing Section
- Construction, Roads & Buildings Section Formerly Called Building Section
- Hygiene & Infection Control Section Formerly Known as Cleaning Section
- Environment Section- Newly Created

PERSONNEL

The Following Personnel Are Available

1. Estates Officer	01	Graduate
2. Electricians/Electrical engineering Assistant Certificate	02	Diploma/Volunteer
3. Water& Sanitation Engineering Assistant	03	Craft in Plumbing
4. Carpenters/Construction Assistants	02	Technicians Certificates
5. Ward Assistants	35	
6. Lavatory Assistants	02	
7. Compound Hygiene & Sanitation Assistants	02	
8. Compound Assistants	15	

ACTIVITIES REPORT IN FY 2021

WATER ELECTRICAL & ENGINEERING SECTION FORMERLY ELECTRICAL SECTION

1. Installation of solar systems and its maintenance
2. Initiating requisitions for spares and materials for maintenance
3. Maintenance and service of some hospital equipment's generators, motors
4. Installation and repair of electrical systems in the hospital and staff quarters
5. Service and maintenance of the hospital generator
6. Training and supervising student trainees

Achievements

- a. Service of the hospital generator:
- b. Cleaning of the solar panels and the solar water heart. Quarterly done
- c. Mentorship of student's trainees from different training institutions were trained: St Kizito Training Institute, Kyambogo University, St. Peters Technical Institute

Challenges

The 3-phase generator broke down, that has led to suspension of services when there is no power.

Recommendations

- a. Consider purchasing a new 3 phase generator
- b. Replace old wiring systems especially at staff quarters
- c. Replacement of all old wooden electrical poles

WATER & SANITATION SECTION FORMERLY PLUMBING SECTION

- a. Distribution & Maintenance of all water systems within the hospital, staff quarters and Adesso primary school
- b. Maintenance of wash hand basins, tanks, sinks, toilets,
- c. Service & distribution networks –pipelines

Activities done last year

- a. Replaced spare parts (repaired) one borehole at A quarters
- b. Submersible pump
- c. Service water engines

Challenges

- a. Use of non-treated water
- b. Floating islands
- c. Unfiltered water
- d. Small water engine is not functional
- e. Broken water gutters unable to deliver water to the underground tank
- f. Lack of tools/equipment/spanners
- g. Wastage of water especially staff quarters
- h. Broken water stands especially at the hospital quarters

Plans

- a. Purchase water chlorinator
- b. Filter water
- c. Repair small water engine in order to deliver water to the reservoir in case there is a breakdown down at the Oseera water pump
- d. Replace gutters and delivery pipes to the underground tank
- e. Purchase a new arrange spanners for maintenance works
- f. Repair water stands

CONSTRUCTION, ROADS & BUILDINGS

Section formerly called Building Section. Main activities here include renovation and repair of hospital and staff housing, road works and walk ways

Achievements

- a. Renovation of Staff Houses
- b. Construction of pit latrines.

Challenges

- a. Lack of construction tools e.g. wheelbarrows, spades, hoes and other tools
- b. Termites have continuously destroyed buildings especially door frames
- c. Dilapidated staff quarters, many houses are leaking, poor doors and windows, no stores/kitchens
- d. Poor human excreta disposal because there are inadequate pit latrines

- e. Bats have infested most buildings/houses

Plans

- a. Renovate staff houses one by one
- b. Removal of asbestos at the staff quarters
- c. Construction more new pit latrines for both hospital and staff quarters
- d. Construct kitchen/stores for staff
- e. Bush clear staff quarters roads
- f. Block bat entries

HYGIENE & INFECTION CONTROL SECTION FORMERLY KNOWN AS CLEANING SECTION

Challenges

- a. Most personnel are casual not on payroll
- b. Low qualifications
- c. No job security
- d. Lack of PPEs
- e. No insurance in case of accidental at work

Plans

- a. Recruit educated Staff and absorb them onto the payroll depending on experience and discipline.
- b. Expedite the process of weighing waste

COMPOUND & ENVIRONMENT SECTION- NEWLY CREATED SECTION

The main activities of this section include

- a. Compound cleaning/ mowing
- b. Planting trees and flowers
- c. Maintaining compound vegetation
- d. Control stone quarry

Challenges

- a. Expensive mowing especially on rainy season
- b. Dry spell affected planting of more flowers
- c. Financial challenges
- d. No system for weighing waste
- e. Difficult weather some flowers dried.

Achievements

- a. Planted trees
- b. Trimmed some trees
- c. Planted compound flowers
- d. Continuous cleaning of the green compound/mowing

Plans

- a. Purchase lawn mowers
- b. Level the compound to allow easy mowing
- c. Put up own nursery bed for seedlings of flowers and small trees
- d. Covert grass slashed into manure for use in the orchard and flower beds
- e. Strengthen weighing of waste to establish the quantity
- f. Recruit florist

TECHNICAL INFORMATION

HOSPITAL SURFACE AREA

The hospital is sitting on a one Square KM of land.

WATER SUPPLY

There has been good water supply to the hospital and staff quarters and also to the farm troughs and community members as well.

ELECTRICAL WATER PUMPS

There is one engine for pumping water from the underground to the main reservoir. Apparently, it has a mechanical fault-not functional and with a mechanic in Kampala.

RAINWATER TANKS

There are six in number (plastic) that receive water from ward roofs and send to the underground tank.

WATER CONSUMPTION

Table 36: Showing Trend of Daily Water Consumption from FY 2015-2021

Year	Water Consumption
2015	70m3
2016	68m3
2017	65m3
2018	65m3
2019	64m3
2020	60m3
2021	70m3

ELECTRICITY SUPPLY

NATIONAL GRID (UMEME), GENERATORS AND MAIN SUPPLY

National grid is Umeme is a 3phase line from Kumi substation. The hospital line and meter are separated from the staff quarters line and meter. Sometimes there are shut downs for routine maintenance and technical faults. The generator (60KVA) mainly supplies power to the hospital. Solar system is for lighting apart from the two solar powered fridge and incubator in the laboratory

POWER CONSUMPTION

FYs	Umeme (kWh)UMEM	Consumption	Generator (kWh)SOL	Consumption	Solar (kWh)	Consumption
2015			3.48kwh		8.64kh	
2016			5.7kwh		8.64kwh	
2017			3.9kwh		8.64kwh	
2018			3.2kwh		10.56kwh	
2019			4.8kwh		9.6kwh	
2020			4.06kwh		1.7kwh	
2021			4.04kwh		1.6kwh	

ELECTRICAL SUPPLY TO THE STAFF QUARTERS

Mainly on UMEME line with each house having its meter which are prepaid system.

SOLAR SYSTEMS

Mainly for lighting in the hospital wards. In the lab it is used for running the incubator

WASTE MANAGEMENT

LIQUID WASTE

Liquid waste mainly saliva, blood and urine is collected in poured in the drainage system to the soak pit, sometimes like urine from patients is poured in the pit latrines

SOLID WASTE

Waste is collected, segregated, disposed according to the recommended disposal method

INCINERATOR

The modern incinerator was constructed in 2017 with the support from EFOD engineers. Since then, it has been repaired 2 times and it is expensive costing not less 2 million. It has helped so much in waste incineration. It is operated by trained personnel.

CHAPTER 9

HOSPITAL FINANCIAL MANAGEMENT REPORT

Kumi hospital financial and accounting department is composed of the core accounting department, billing and revenue clerks situated in various points of the hospital. The Hospitals financial operations are guided by the accounting and Finance policies manual with a yearly budget that is developed based on the chart of accounts.

The hospital has computerized its user fees collection (Medicaudit billing system) and the accounting work is done with the help of the QuickBooks accounting system.

The hospitals accounts department is headed by the accountant who reports to the Medical Director. At the board level, the department is supervised by the Finance committee of the board that sits on quarterly basis

The hospital conducts yearly external audit with Certified public Accountants (Evlo and Company CPAs)

The hospital operates banks accounts in selected banks and for each partner a different bank account is maintained to guarantee accountability and transparency. The Medical Director is the principal signatory to all hospital bank accounts and he is the authority to all hospital expenditures. The senior hospital Administrator and a board member are the other signatories to the bank transactions.

BACKGROUND

The financial report has been externally audited, in the following pages revenue, expenditures and capital development costs will be illustrated and briefly analyzed. For a more detailed exposition of the Income Statement, Balance Sheet

EXPENDITURES: RECURRENT COSTS

Table 37: Operating Costs comparing-FY 2020-2021

<i>Costs</i>	<i>FY 2020</i>	<i>FY2021</i>	<i>Difference</i>
	UGX	UGX	UGX
<i>Personnel</i>	948,679,399	987,670,201	38,990,802
<i>Medical Items and services</i>	134,850,540	119,621,310	-15,229,230
<i>Transport expenses</i>	400,818,967	397,930,949	-2,888,018
<i>Property expenses</i>	82,799,300	81,558,117	-1,241,183
<i>Administrative expenses</i>	249,814,534	390,139,705	140,325,171
<i>Total Recurrent Costs</i>	1,816,962,740	1,976,920,102	159,957,362
<i>Depreciations</i>	-195,998,704	-220,782,976	-24,784,272
<i>Total Operating Costs</i>	1,620,964,036	1,756,137,126	135,173,090

The hospital audited report has shown a difference in FY2020 and FY 2021

<i>Costs</i>	<i>FY 2020</i> <i>UGX ‘</i>	<i>FY 2021</i> <i>UGX</i>
<i>Uganda Government</i>	159,125,524	173,409,049
<i>Donors*</i>	128,910,175	855,860,404
<i>TOTAL DONATIONS</i>	288,035,699	1,029,269,453
<i>User fees</i>	2,087,693,658	2,054,459,950
<i>Other Local Revenues</i>	92,627,428	69,250,300

Due to COVID -19 uncertainty, Kumi Hospital experienced a reduction in Donor’s contribution in the FY 2021.

SOURCE OF INCOME FOR RECURRENT COSTS

Table 38: Source of funds for recurrent costs-FY 2020

<i>Costs</i>	<i>FY 2020</i> <i>UGX ‘</i>	<i>FY 2021</i> <i>UGX ‘</i>
<i>Uganda Government</i>	159,125,524	173,409,049
<i>Donors*</i>	128,910,175	855,860,404
<i>TOTAL DONATIONS</i>	288,035,699	1,029,269,453
<i>User fees</i>	2,087,693,658	2,054,459,950
<i>Other Local Revenues</i>	92,627,428	69,250,300

- Ministry of Health
- Relief Fund Kyoga (RFK)
- The Aids Support Organization (TASO)
- Farmers Overseas Action Group (FOAG)
- Lillian Foundation
- Uganda Investment Corporation-Vandorp Instalities(UIC)
- Teso Development Trust (TDT)
- Stitching Kumi (Dutch Foundation)
- Engineers For Overseas Development (EFOD)
- Kumi Community Fund
- Jamie Fund UK
- Uganda Protestant Medical Bureau (UPMB).

CHAPTER 10

KUMI HOSPITAL GOVERNANCE AND MANAGEMENT

KUMI HOSPITAL GOVERNANCE AND MANAGEMENT

The governance of Kumi Hospital is structured in such a way that, there is a board of trustees where below it is the Diocesan synod which appoints the members of the board. Below the board is the Medical Director who is the secretary to the board and chairman of the Hospital management committee and the accounting officer of the Hospital. The board is composed of; Full board that sits three times a year (every four months), The Finance Committee of the board that is in charge of the hospital finances, budgeting and audit that sits four times a year (Quarterly). The management committee of the board in charge of human resources sitting four times in a year (Quarterly). The planning and development committee of the board in charge of planning and development sitting four times a year (quarterly).

The hospital management committee is composed of Medical Director (chairman) the Hospital administrator (Secretary) the Senior nursing officer, the farm manager, the public health nurse (in charge community health) the hospital chaplain, human resource manager and the hospital accountant. This committee is in charge of the day to day running of the hospital. This committee meets monthly document and resolve on matters of the hospital but meet on a weekly basis to plan and agree on the weekly activities and how they will be financed.

THE HOSPITAL STATUTE

The hospital identity, mission statement, ownership and legal status together with institutional organization and government are clearly stipulated in the hospital statute which was recently reviewed and approved by the hospital Board of Governors.

THE NGO STATUS

The hospital has not yet been incorporated to operate as an NG; however, the hospital is registered as a corporate body (certificate of registration 247) under the trustees (Incorporation) ordinance Cap 126 revised edition 1951.

THE HOSPITAL BOARD OF GOVERNORS

The members who served in the hospital board in 2021 include;

- | | |
|-----------------------------|---|
| 1) Rev. Robert Erone | Chairman |
| 2) Mr Osire Enos | Vice chairman |
| 3) Mr Bwalatum Micheal | Member and chair planning and development committee |
| 4) Sr Suzan Okwakol | Member Representing DHO |
| 5) Mr Malinga Fred | Member representing CAO |
| 6) Mr Ongolinyang Alex | Member representing LC 5 |
| 7) Dr Odiit Amos | Member MD Ngora Freda car Hospital |
| 8) Rev. Okunya Charles Oode | Member and chair board Management committee |
| 9) Rev. Ejjet Martin | Member Diocesan Health coordinator |
| 10) Dr Tumwesigye Tonny | Member and ED UPMB |

11) Mr Omoding Kenneth Paul	Member and Hospital lawyer
12) Mr Otwao Denis Geoffrey	Member and chair board finance
13) Mr Alutia Samuel	Member and community Representative
14) Mr Ogwang Samson	Member and community Representative
15) Dr Odwar Lazarus	Secretary and MD from 15/12/2021
16) Dr Alinda Nichola Owen	Chairman and MD from 01/08/2020

THE HOSPITAL MANAGEMENT

The members who served in the hospital management in 2021 include;

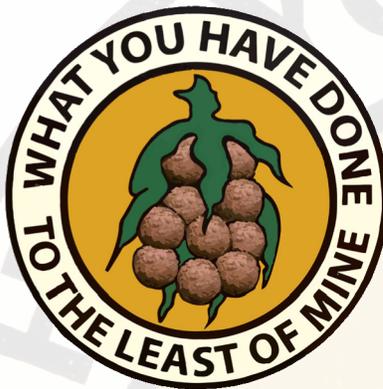
1) Dr Alinda Nichola Owen	Chairman and MD from 01/08/2020
2) Dr Odwar Lazarus	Chairman and MD upto 01/08/2020
3) Mr James Okweny	Secretary and SHA
4) Sr Odikor Magrate Iwato	Principal Nursing Officer
5) Rev. Akemo Simon	Chaplain
6) Mr Elungat Julius Moses	Human Resource Manager
7) Ms Aseku Sarah	Public Health Nurse Incharge Community Health
8) Mr Odiit Enos	Farm Manager
9) Mr Akuku Emmanuel	Hospital accountant
10) Ms Akurut Beatrice	Minute secretary

COMPLIANCE WITH STATUTORY REQUIREMENTS

The hospital is registered with URA under TIN 1000805916, the hospital is a withholding agent of URA when paying staff, PAYE is withheld from staff salary and subsequent payment to URA. The hospital is registered with NSSF under employer number NSO01654SOR where the hospital contributes to the NSSF for the staff on a monthly basis.

The Hospital conducts annual external audit of its books of accounts every year.

The hospital was under the supervision of a qualified general surgeon in whose license the hospital obtained an annual practicing license



Hospital Contact Information

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