PD-ABJ-354

ST. MARY'S HOSPITAL LACOR

USAID PROGRAM

"IMPROVING MOTHER AND CHILD CARE
AT LACOR HOSPITAL"

FINAL PERFORMANCE REPORT

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FINAL PERFORMANCE REPORT

AUGUST 2002 - APRIL 2003

Award No. 617-G-00-01-0003-00	**Signed**	**August 1, 2001**
Implementation	**Started**	**August 1, 2001**
	Completed	**April 30, 2003**
Duration	**21 Months**	

PROGRAM'S SUMMARY

The basic purpose of the Project was to contribute to reverse the trend of deterioration of the health status of the population of Northern Uganda caused by years of insecurity.

The Project intended to pursue this goal by helping Lacor Hospital, which is the major health service provider of the region, continue providing quality health services to its target population, which consists mostly of very vulnerable people, among whom mothers and children are the largest group.

Objectives

1) Infrastructure Improvements in order to solve the problem of inadequate facilities for children by building and equipping a new General Pediatric and a new Nutrition Ward

2) Continuity of the Hospital operation in favor of mothers and children and achievement of the higher clinical and hygienic standards needed in the aftermath of the Ebola epidemic by providing some supplements of drugs and medical and generic supplies and a lorry to ensure adequate logistics.

IMPLEMENTATION

The construction of the new wards was started immediately and was carried out directly by the Hospital through its technical department.

The new Nutrition Ward became operational on August 27, 2002 and the new General Pediatric Ward on May 18, 2003.

With the agreement of USAID Mission it was decided not to purchase new equipment for the two wards, but rather to recondition and utilize existing equipment, in order to have more resources for supplements of supplies to cope with unprecedented influx of children patients (see below service output indicators). By utilizing also some reserve equipment available in the Hospital it was possible to fully and adequately equip the two wards. The lorry has also been ordered and is expected to arrive towards the end of September 2003.

Supplements purchased included drugs, medical supplies, generic supplies (fuel, hygienic products, beddings, etc.) whenever there was a need in order to avoid any interruption of service or substandard service.

The final report of Pricewaterhouse Coopers, the independent firm of accountants appointed for the administration of the grant, gives a detailed account of the construction works performed and of the supplies purchased. It also includes pictures of the new buildings.

RESULTS

1) INFRASTRUCTURES

Thanks to the new General Pediatric Wards and the new Nutrition Ward included in the Project and to the new Isolation Ward and Maternity Ward that the Hospital had constructed just before the beginning of the Project, all Hospital activities in favor of Mothers and children are now adequately accommodated.

In the new General Pediatric and new Nutrition Ward:

- ⇒ Patients have at their disposal more than two time the space that they had before
- ⇒ Patients are grouped in different rooms according to their pathology
- ⇒ There are special rooms for intensive care, for patients on antiblastic treatment, for examinations and procedures.
- ⇒ Halls are available for health education and demonstrations.
- ⇒ There are duty rooms for doctors, nurses and ward administrative staffs.
- ⇒ There is a laboratory wing where diagnostic activities are centralized

⇒ There is space for a library and for training activities
⇒ There is enough storage space for the needs of the ward and for spare equipment and supplies

In general it can be said that with the above constructions the Hospital has greatly progressed towards a substantial renovation of all its infrastructures. As mentioned before, the Maternity Ward and the Isolation Ward are also new. The Medicine Ward shall be soon transferred to a refurbished building, TB Ward is undergoing renovation, a building shall be soon renovated to accommodate Radiology and Intensive Care, the power generation and distribution system is undergoing full renovation, as well as the water distribution system.

2) SERVICE OUTPUT

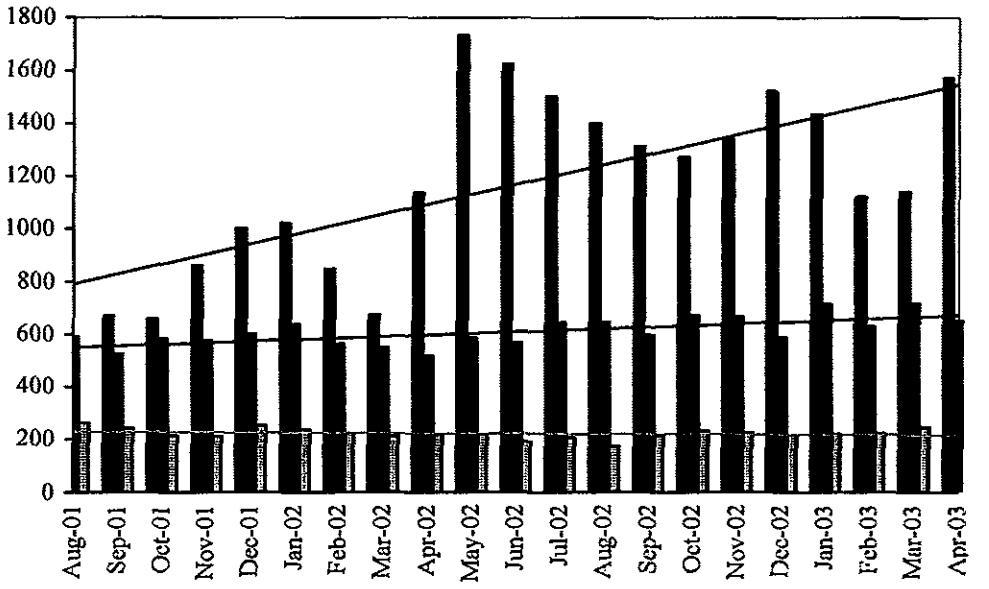
The following table summarizes to total service output during the 21 months of the Project"

	Total in 21 months	Monthly Average
Number of patients admitted in Children Wards		
- General Pediatric Ward	22,397	1,066.52
- Isolation	395	18.81
- Nutrition Ward	1,780	84.76
Total number of patients admitted in Children Wards	24,572	1,170.10
Number of patients admitted in Maternity Wards	4,687	223.19
Total number of patients admitted in the whole Hospital	42,104	2,004.95
Number of consultations in Children Clinics		
- In the Hospital	127,657	6,078.90
- In the Health Centers	44,151	2,102.43
Total number of pediatric consultations in the Hospital and HC	171,808	8,181.33
Number of consultations in Antenatal Clinics		
- In the Hospital	26,136	1,244.57
- In the Health Centers	14,793	704.43
Total number of antenatal consultations in the Hospital and HC	40,929	1,949.00
Total out-patient consultations (Adults, Children, Antenatal)		
- In the Hospital	261,631	12,458.62
- In the Health Centers	77,393	3,685.38
Total number of consultations in the Hospital and HC	339,024	16,144.00
Number of assisted deliveries		
- In the Hospital	2,350	111.90
- In the Health Centers	711	33.86
Total number of assisted deliveries in the Hospital and HC	3,061	145.76

The average length of stay in the Hospital was 6.51 days in the Pediatric Wards, 7.34 days in Maternity and 7.87 in the whole Hospital, while the bed occupancy rate was respectively 152%, 79% and 108%.

As shown in the following graph and table the workload in the Pediatric Wards (General Pediatric, Nutrition and Isolation) has nearly doubled since the beginning of the Project (21 months), while the number of admissions in Maternity and in the other wards has remained stable or increased at a lower rate:

Number of Hospital Admissions



The number of admissions of children follows a double peak pattern with the first peak in May-June-July and a second in December-January.

	Pediatric Wards	Other Wards	Maternity W.	All Wards
Aug-01	724	591	263	1,578
Sep-01	670	525	242	1,437
Oct-01	658	584	214	1,456
Nov-01	861	577	212	1,650
Dec-01	1001	601	253	1,855
Jan-02	1020	640	238	1,898
Feb-02	849	563	225	1,637
Mar-02	675	549	211	1,435
Apr-02	1136	517	220	1,873
May-02	1732	587	222	2,541
Jun-02	1624	570	192	2,386
Jul-02	1503	646	206	2,355
Aug-02	1399	646	173	2,218
Sep-02	1312	598	217	2,127
Oct-02	1272	673	233	2,178
Nov-02	1341	669	227	2,237
Dec-02	1522	590	219	2,331
Jan-03	1436	716	220	2,372
Feb-03	1122	632	224	1,978
Mar-03	1142	720	248	2,110
Apr-03	1573	651	228	2,452
Total	24572	12845	4687	42,104

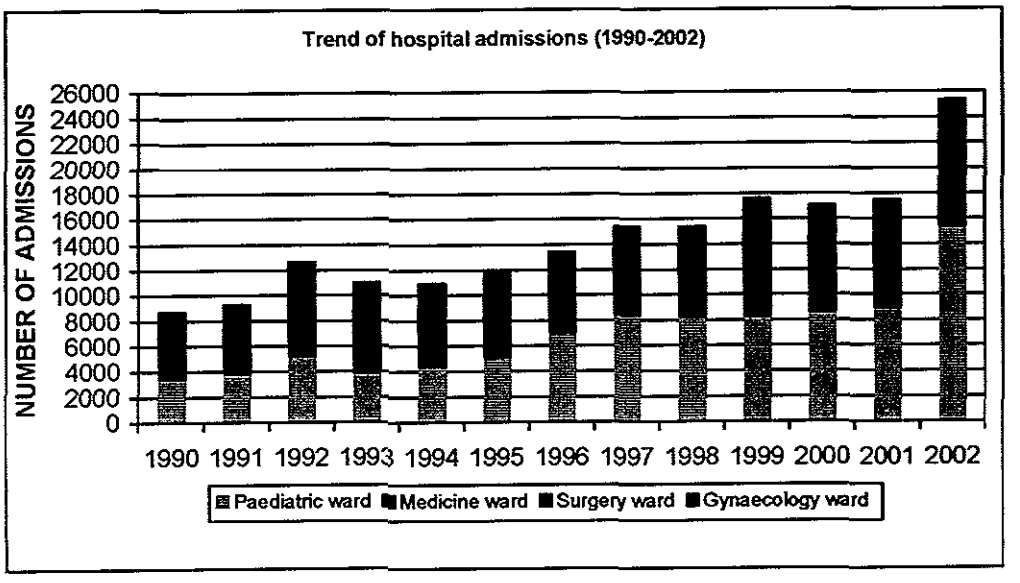
Due to the increase in the number of children treated, maternal and childcare represent the vast majority of the services delivered by Lacor Hospital:

Hospital Admissions	No.	% of the total
Children Wards	24,522	58.24%
Maternity Ward	4,687	11.14%
Mother & Child	29,209	69.38%
Other Wards	12,895	30.62%
Whole Hospital	42,104	100.00%

Outpatient Services	No.	% of the total
Children Clinics	171,808	50.68%
Antenatal clinic	40,929	12.07%
Mother & Child	212,737	62.75%
Other clinics	126,287	37.25%
Hospital & HC	339,024	100.00%

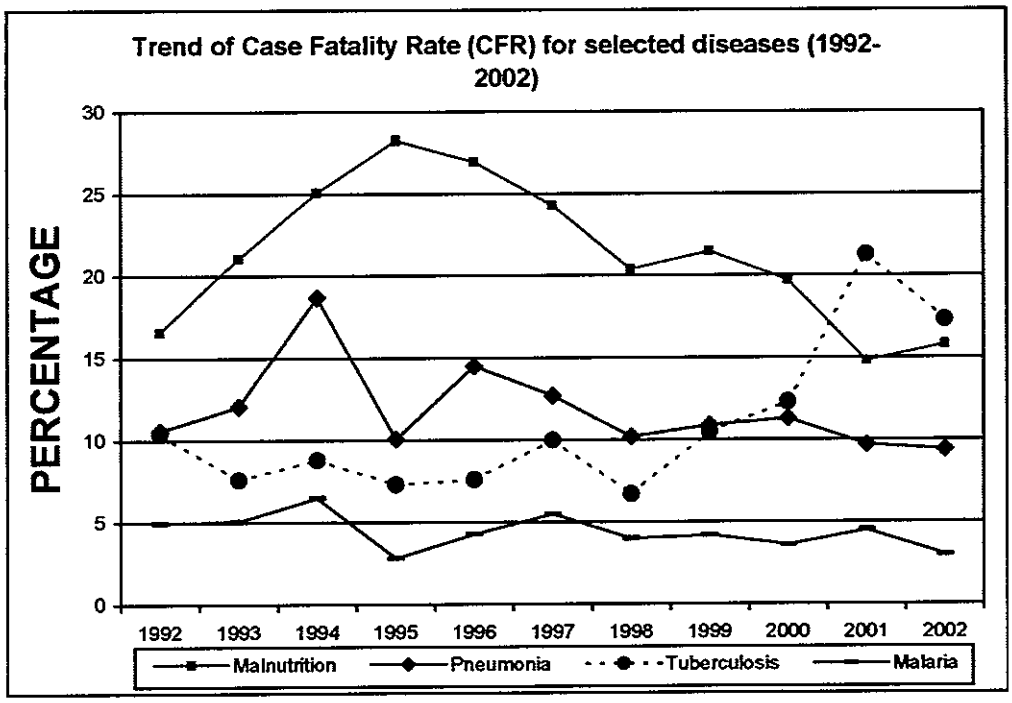
If one considers also the women admitted in other wards and the AIDS patients, the total share of service delivered to vulnerable groups exceeds 80%.

As shown by the following graph the higher growth in the services delivered to children is a trend that started many years but got a strong acceleration in year 2002.



This is probably the consequence of insecurity in the area. Children are immediately and disproportionately more affected by the unhealthy living conditions associated with displacement and lack of food.

When the service output increases so fast there is the risk that the quality of service might suffer. A recent study by the Italian National Institute of Health has shown that in spite of the steadily increasing workload the mortality for selected pathologies has decreased



CFR for Malaria has decreased to 4.1% in 2002 (4.2 for pediatric ward and 3.8 in the medical ward), which is in line with international standards and lower than the national average of 7% for children under five.

There is a downward trend in CFR for malnutrition and pneumonia.

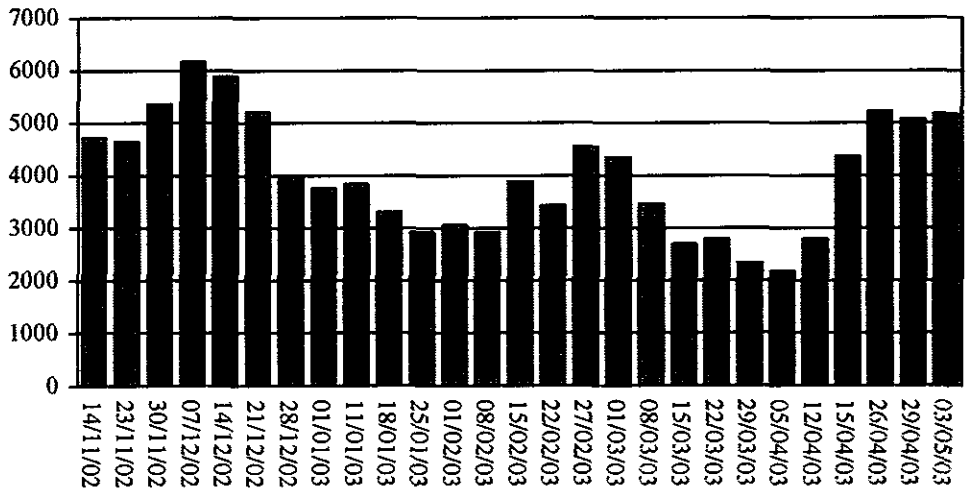
The increase in CFR of TB in 2001 and 2002 is due to the implementation of community-based DOTS, with a change in the admission policy, whereby only the more severe cases are admitted to the hospitals.

The quality of service seem not to have suffered because of the high workload and this is probably the result of the longstanding policy of the Hospital of investing a lot in human resources development, including medical specialists. Presently the Hospital has three Ugandan Consultants (Radiology, Surgery, Obstetrics and Gynecology) and two Ugandan Specialists (Internal Medicine and Pediatrics). All of them were sponsored by the Hospital for their postgraduate studies.

The above service output indicators confirm that the of the goal of helping Lacor Hospital to continue providing quality health services to its target population, which consists mostly of very vulnerable people, among whom mothers and children are the largest group has been largely achieved.

3) PRESERVING HYGIENIC STANDARDS

This objective has become of primary importance in the course of the project. Actually in July 2002 the security situation in Northern Uganda deteriorated significantly due to a new spate of rebel activities. The consequence was not only a marked increase in the number of patients coming to the Hospital, as reflected in the above statistics, but also an high influx of displaced people and of night commuters. Night commuters are people who come to spend the night inside the Hospital, where they feel better protected from the rebels.



The number of the night commuters fluctuates according to the vicinity of the rebels. Additional 2,000 has settled semi-permanently in the Hospital camp.

This high number of people, added to the increased population of patients, relatives and staffs, posed a serious hygienic hazard for the Hospital, and part of the Project resources were directed towards the construction of additional latrines and specific supplies of items for the hospital hygiene.

During the project period there was no epidemic outbreak and the Hospital managed to keep its recognized hygienic standards.

CONCLUSIONS

The project came at a very delicate point of the life of the Hospital, where the steadily increasing demand for service, the equality increasing costs of providing health services and the progressive wearing out of its infrastructures could have put into question the very continuity of its activities. Considering the role that the Hospital plays as a provider of health services, as a training institution and as the sole sizeable private employer in the all region of

Northern Uganda, it would have been a real crisis it the Hospital was forced to size down its activities or compromise the quality of care.

This crisis was not only avoided, but the could fully recover from the disaster of the Ebola epidemic and achieve even higher levels of quality and efficiency, thus consolidating its role as one of the few stabilizing factors in a region affected by civil strife, armed rebellion, poverty and outright destitution of a large part of the population.

Gulu, June 2003

27/06/03

ST. MARY'S HOSPITAL
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GULU - UGANDA

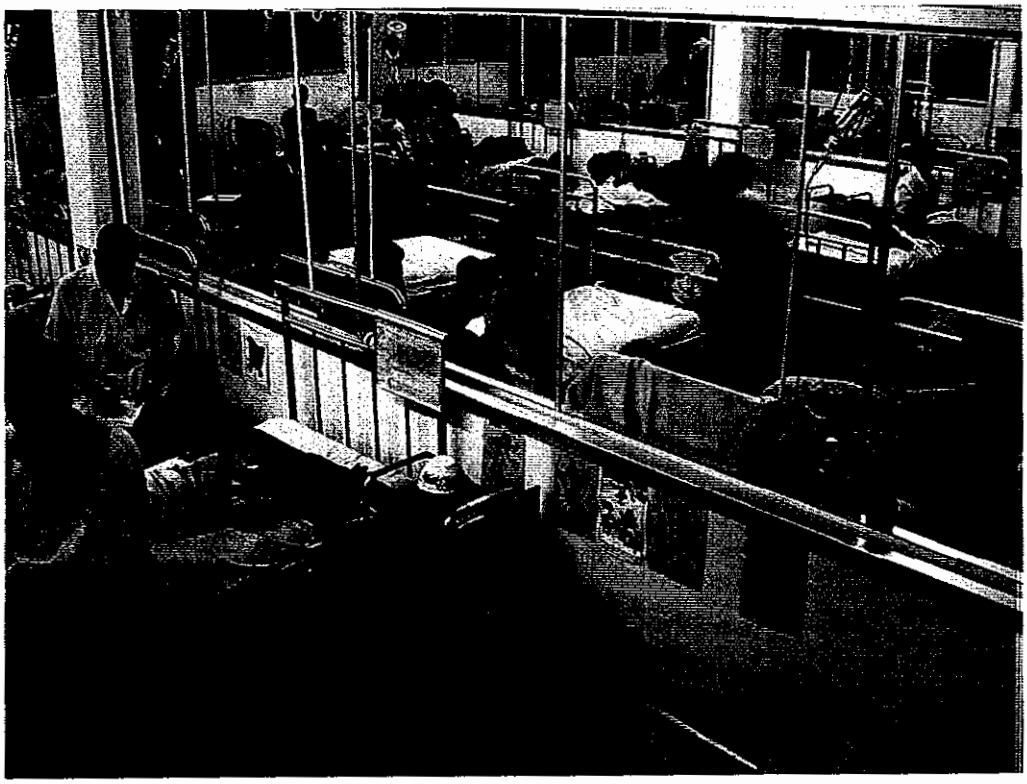
PHOTOGRAPHS

View of Lacor Hospital

No. 1 is the new General Pediatric Ward
No. 2 is the new Nutrition Ward

Lacor Hospital

The new General Pediatric Ward



Lacor Hospital

The new General Pediatric Ward

Lacor Hospital

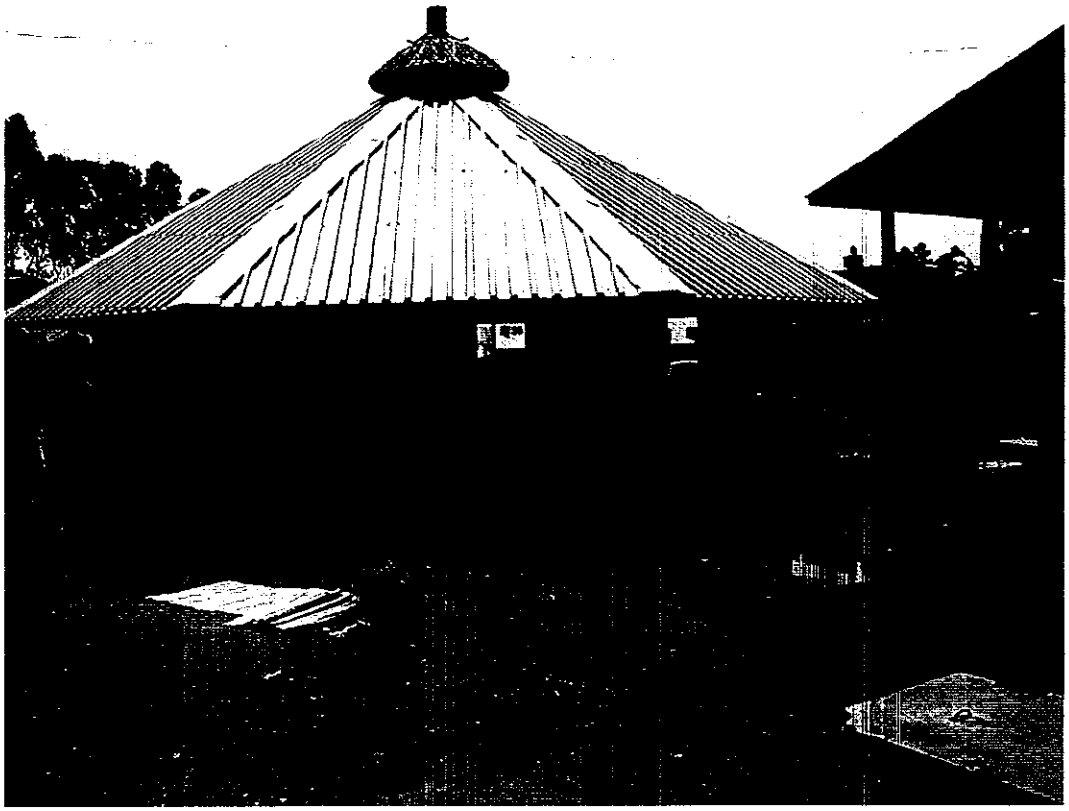
The Medical Personnel in the General Pediatric Ward

Lacor Hospital

New Pediatric Ward at Night

Lacor Hospital

The new Nutrition Unit



Lacor Hospital

The Health Education Hall outside the New Nutrition Unit

Lacor Hospital

Outside the Health Education Hall of the Nutrition Unit

Lacor Hospital

Night Commuters inside the Hospital

Lacor Hospital

Night Commuters leave the Hospital early in the morning