

Ralph Settaree reports – Saturday 6th February – Room 6, Guest House, Kagando

The General Situation

Mixed weather and farming fortunes – school fees a problem – still a vibrant community

It is supposed to be the dry season, but we have just had a thunderstorm right overhead and a heavy downpour for one hour. The thunder is still rumbling in the hills. It is true, there have been a few warm days, very warm by Kagando's standards at 35degC, and the brick makers were beginning to think it was safe to leave out newly cast bricks to dry. There have only been a few days in the last five weeks when the beautiful Rwenzoris were clearly visible.

Like the weather the views of the people are mixed. There is clearly anxiety among the farmers. Many banana plantains have had to be cut down because of the blight, cycles of which can last four years or more. The cassava yield has not been good and changeable weather has caused the loss of many ground-nut crops. Maize in the lower areas, growing alongside the cotton, has been getting low yields and low prices. The cotton picking season has begun, but due to the weather the pods are not opening and could be spoiled before they do. The coffee market is holding up, but Kagando's altitude is too low for the best quality especially when compared to Kilembe, just up in the mountains above Kasese. If the farmers do not have enough to feed their families from their own land, they also face higher prices in the markets. It is hard to see how many of them are going to avoid a time of great difficulty and even hunger.

The school term has just started, always a time of struggle for parents and guardians to find school fees, but this time it seems more intense and difficult than ever. School attendance and literacy rates in Kasese District and Kisinga Sub-County are lower than the national average. With large families and the pressure to stay longer in school to have a chance to compete in the ever larger labour market, the costs for parents have risen. Primary education is supported by the Government but apart from salaries for the relatively few teachers and a very low annual budget per child, no government aided school can survive without additional support from parents. The apparently essential uniform, though not expensive, is more than the poorer parents can afford. Even the hospital staff, who have the advantage of a salaried job, feel the stress and some require small loans.

Despite these pressures it is still difficult not to feel the place is thriving. Compared even to the start of my own return visits in 2006, the hospital is clearly busier. The road outside is crowded and more Boda Boda riders than ever point hopefully at their machines as I walk past, hoping for a fair. The new 'Kilembe Investment Company' overhead electricity poles, though far from elegant, are beginning to blend in and the loss of the lovely trees on the last run in to the hospital is becoming less painful to me. Almost

everyone has a mobile telephone. There is always a crowd around the hospital shop, known as 'the canteen'. A new 'Hotel', charging for 40,000/- to 90,000/- UGX per room per night, has just opened four kilometres away towards Kyburara and the main road, and will soon sport a swimming pool! At the moment, the big attraction is the bar and British Football Premiership television coverage. Perhaps this is a symbol of the growing gap between the rich and the poor in this fast changing country whose population doubles every 15 years.

This newsletter outlines some of the current challenges that face Kagando Hospital and Rural Development Centre (KARUDEC) and its community. They also challenge the 'Friends of Kagando' if we are going to help them overcome them.

Electricity – Bad news and good news, but big expenses lie ahead

There would not have been a thriving community and hospital at Kagando if it had not been for the dam and hydro-electricity installation, which has been supplying the hospital compound for nearly 30 years. Now it is showing its age and November saw a spell of four days when the hydro power, the emergency diesel and even the newly arrived 'Kilembe Investment' mains all failed together. The team of three 'electricians' were also in urgent action again recently with more than 24 hours without any power when a freak rainstorm caused a slide that filled the dam and primary filter with huge boulders and damaged the pipe.

A more chronic underlying problem, literally, is the underground cable from the turbine and generator at Nsenyi to the Hospital. It is breaking up and now has more than 12 improvised joins at difficult to locate points along its path, and the situation is likely to deteriorate further. An estimate for the replacing the cable alone comes to more than £100,000. Estimates for installing a new overhead link are awaited. It also appears as if the frequent failures and wide fluctuations in supply have damaged sensitive equipment, particular computers and possibly even some 'uninterruptible power supplies' (UPSs), which it was hoped would help get around the problem of the quality of supply.

The new 'mains' supply, when it is working, is expensive, though not much more than diesel for the generators. So far it seems just as variable and unreliable. The alternator from the old diesel generator lies in pieces awaiting an armature rewind. It is actually the old 80KVA generator from the Hydro scheme with an improvised coupling. Both turbine and alternator at Nsenyi were replaced in 1995. The diesel engine is only capable of getting 33KVA output from the alternator though the two have served together for many years.

The good news is that a UK donor, Lister-Petter Diesels, is providing a new 33KVA Generator Set. This will be installed to guarantee a good quality supply to the Xray and Ultrasound Scan department, the Operating Theatres including the Sterile Supply Department and the Laboratories, the Maternity and Paediatric Wards. These are the most electricity intense and busiest parts of the hospital. It will be the first time they have

enjoyed an automatic emergency switch-over supply, something generally considered essential in all hospitals. It will also be used at times for routine supply when the other sources are overloaded or failing, or the system needs a maintenance run. It should be able to provide enough transient power to utilise the Xray unit to its full potential, though that may require switching off some high wattage uses, such as the Autoclaves when they need those particular facilities. Scheduling use may be required to solve such problems.

On top of that, another supplier with links to Lister-Petter has agreed to provide a new 33KVA alternator/generator that will couple directly to the old, but still serviceable 'Lister' diesel as an additional reserve available to the other parts of the site. Both these modern generators will be better regulated.

As a further act of generosity, Lister-Petter's shipping agent has agreed to package them and deliver to Kampala free of charge.

The hospital compound probably needs about 100KVA to function fully, but recently it has been fortunate if it has received half of that amount. This has been a source of great frustration to staff in the living quarter's areas, who have been the first to be cut off whenever there is a problem. Free electricity has been part of the inducement to living on site at Kagando as partial compensation for the lower than national average salaries. This may have to change as the costs of electricity rise.

This donated provision of emergency power is very good news indeed, buying time while difficult decisions are taken and alternative high quality supplies are found. However there will be extra cost for the diesel fuel, which is not in the current budget. Electricity is now so important to the functioning of the hospital that the Friends are considering supporting it directly by a 'sponsor a day' (of diesel for the generators or paying for mains supply) scheme.

Canon Benson has spent a lot of time searching for schemes and partners that can provide alternative energy sources, such as solar power and submerged river turbines, not to mention 'Biogas' for cooking. He has had partial success, but none of them will be operational any time soon. These schemes include KARUDEC as a major stakeholder in a much larger Hydro Electric scheme from damming the Nyamagasani River above Kyarumba, about six miles away. This could provide electricity for the whole community, but it will be some years and a lot of money and planning away. It could be an integral part of what is becoming known as 'Phase 2' of the development of Kagando, which would be a major expansion of the site as it becomes significant training centre with University Status.

Senior Personnel

Medical Paediatrics

It is with great sadness that we report the resignation of Dr Michael Tindikahwa. Michael has been the specialist Paediatrician at Kagando since 2004, though first visited

as a student in 1992, came back as a Resident and was supported by KARUDEC for his specialist training. Together with Sr Tokunbo (Toks) Akinbadewa, (then a CMS missionary, now Mrs Plumtre and mother of two living in Kampala), he set up many of the treatment protocols for the frequent seriously ill admissions and was rewarded with a sharp drop in hospital mortality rates. His reasons for leaving are largely personal and not unanticipated, but he will be sadly missed. Dr Brenda Ahimbisibwe, Asa's wife (see below) is holding the fort with the help of some other residents and medical elective students, including two from GMMT, who fortunately feel very fulfilled on a ward that has been exceptionally busy recently.

General Surgery

The organisation is also bracing itself for the departure some time this year of long-serving Dr Frank Asimwe. He has long wanted to specialise in Urology and the process has started under Dave Lyth's tutelage. Now he has the opportunity to study at Kilimanjaro Christian Medical Centre for two years, coinciding with his and Sharon's wish to start their children's education in Kampala. Sharon and the children have moved there in the last two weeks. Frank will stay living in Kagando on his own and continue all his duties until final arrangements are made. He will be very hard to replace, not only for his surgical skills, but his many other talents and his enthusiasm over the 14 years since he first came as a Medical Student from Mbarara. Efforts are being made to recruit a like-for-like replacement, at least from the medical point of view. This is an urgent prayer request, accompanied by sincere gratitude for all his work so far. We cannot believe he won't want to come back!

Surgery - Urology

Dave Lyth a consultant urologist and fistula surgeon and his wife Helen, a primary school teacher, are well settled following their arrival in August 2009 and are committed for at least two years. Their 'Blog' details some of their adventures so far [<http://helendavelyth.blogspot.com/>]. Dave is beginning to feel more comfortable having to cope with general surgery and even maternity, disciplines he has not practised for some years. He has 'survived' two of Frank's absences 'on leave', but acknowledges considerable support from his COSECA surgical trainee and namesake, David Mutiibwa. Known locally as 'little Dave', he is greatly appreciating the secure medical library set up by 'big Dave' (Lyth) serviced by a computer and online text books.

Maternity and Gynaecology

Asa Ahimbisibwe arrived back in Kagando in April 2009 with his new wife, and previous Kagando Resident, Doctor Brenda. After the emotional and physical traumas of working at Mulago he will admit he is having difficulty settling down. The problems of maternal mortality and its underlying causes are very similar in Kagando to those in Mulago, though fortunately on a much lower scale. He is seeking support for some innovative ideas for incorporating Traditional Birth Attendants (TBAs) into a care scheme that begins in the community and overcomes some of the resistance that some mothers, and their husbands, have towards moving to hospital when complications arise. He also has some ideas relating to the prevention or earlier detection of cancer of the cervix, which is a common gynaecological problem in Uganda.

Resident Doctors and Medical Students

In January and February 2010 there will be six Ugandan resident doctors (Drs Herbert, Yusuf, Edward, Hassan, Brenda and David), in addition to the three specialists. Two final year medical students from Germany (Markus and Sarah), who are in Kagando for six months as part of German Medical Mission Team (GMMT) have joined the first on call rota for Paediatrics as junior residents/interns. Dr Yusuf Baseke has been deputising as Medical Superintendent during Dr Frank's absences. A specialist trainee obstetrician and gynaecologist from Berlin (Constanza), has also been helping out at times while collecting material for a dissertation on Maternal Mortality.

There will be up to nine other short-term medical students on site for up to six weeks who will help out with the rota after orientation and induction. Four are from Germany, three from the UK and two from Ugandan medical schools.

Some Ugandan medical students visit regularly to work at Kagando during their holidays. One of them, Baluku, was a clinical officer at Kagando and is now in year five of his six year training at Kampala International University, which now includes a campus in Ishaka, near Bushenyi about 70 miles from Kagando on the road to Mbarara. Imposing new buildings are not functioning anywhere near full capacity at present, but offer hope for the future if the University can continue to attract adequate funds. His training was sponsored by Kagando and he is expected to return to Kagando, which is his home area, for some years as a post-graduate.

Logistics Officer

The board of Trustees of Friends of Kagando expressed great concern when they heard of the transfer of Canon Josephat Bwalhama to Diocese HQ for an expanded health administration role. His hand in the running of Kagando has been competent and stabilising and he was an enormous support to Canon Benson, the Director. Despite protests to Bishop Jackson, who is also chair of the board of KARUDEC the transfer stood and he moved out to Kasese in December 2009.

Fortunately his replacement was not slow to arrive. Wilson Maali started work on January 5th and his family soon followed him to live on the compound. His wife, Defrose, is headmistress of a primary school in Kasese, or was. Within a month of arrival and only just before the start of term the separately managed Government Department of Education in Kasese ordered the transfer of the Headmaster at Kagando, Revd Benjamin Bwambale to a Kamaiba Primary School near the Diocese HQ in Kasese, to be replaced by Defrose. (See also – the Primary School)

Nursing

High staff turnover; concerns about standards; new leadership; new sources of support

Dr Herbert Bumbi returned to Kagando in 2009 following his training in public health having previously worked at Kagando from 2001 to 2005, during part of which time he

was Medical Superintendent. On his return he noticed that almost all the senior nursing staff and midwives had changed and he hardly knew any of them.

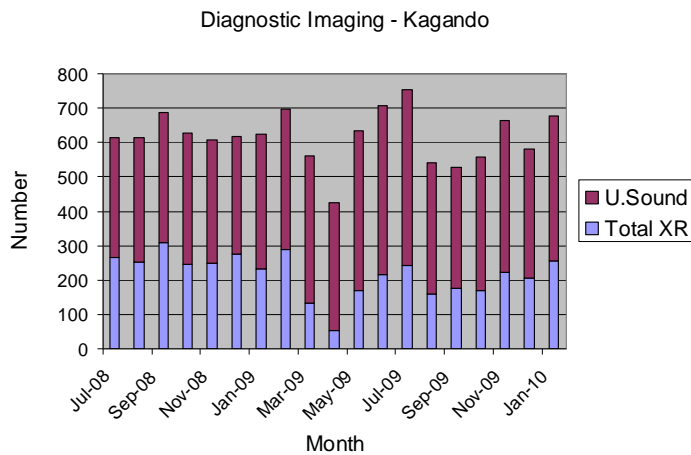
Reasons for the high turnover in nursing staff are many. They include the lower than average salaries paid to nurses at Kagando, a desire to return to a hospital or health centre nearer to their home region, the relative isolation of Kagando for those who prefer city life, and feeling the increasing pressure of work. (See Tables). If one of the reasons for moving away is expecting to join a better quality of service elsewhere then many will have been disappointed. The difficulties reported in many directly managed Government health centres and hospitals are a kind of compliment to Kagando, which has been largely free from similar major problems. These include have few if any drugs, no doctors or doctors not always on site. Consequently the service is poor and de-motivating and many patients who might have been suitable for treatment in a Health Centre are forced to travel to better staffed and supplied centres, like Kagando, to be seen. They will incur transport expense as well as fees for being seen and the costs of any treatment prescribed. The number of patients is certainly increasing at Kagando.

There have been some anxieties expressed about basic nursing standards in the last year or two, which have been a worrying departure from the high reputation for nursing that Kagando has acquired over the years. The School of Nursing and Midwifery, in particular has been widely recognised as a good place to train. Some of the problems relate to poor attendance and documentation, and others to inadequate sometimes fictitious observations, and non compliance with treatment plans. Some of this could be due to the steady increase in workload, without an increase in staff, but it represents a threat to the integrity of the service and a change in attitude to 'care', which is at the core of the Kagando motto, ...'we care and God heals'. An observation paper was prepared by Andrew Holt during the Trustees visit in May 2009 and the management has addressed these issues directly and instituted some changes.

Following the departure of Sr Jeneva Ithungu, Sr Lahiri Kabughu has taken over as Matron, or Acting Senior Nursing Officer (ASNO) – Kagando to give her the proper title. She is ably assisted by Sr Yeresi Mbambu as her deputy. It is hoped these changes will be accompanied by some stabilisation of the senior nursing workforce, which has seen a high turnover in recent years.

In a new venture the 'Friends' have formed an 'affiliation' with the 'Yorkshire Practice Nurses Association' (YPNA) who have started a charity arm YPNAid. Two senior nurses (Rita Miller and Christine Robinson) visited Kagando for two weeks in January 2010 to assess areas of need in Kagando for which they might have the appropriate skills and resources to help over the longer term. The nursing school and outpatients were identified as possible areas for future collaboration. Recommendations are being presented to the management in Kagando and plans made to support them by fund-raising in the UK. The Trustees believe that consistent relationships of this kind could develop into valuable resources for Kagando and would like to hear from other organisations willing to make similar commitments to Kagando in their specialist area.

Xrays and Ultrasound Scans



Following a hiatus in supervision in this department in 2009, a compromise has been reached which has allowed virtually the same throughput as before.

Completed Projects

Neonatal extension

The first increase in bed numbers in Kagando since 1995 were opened in February 2010. Built using donations from the USA, the 15 bedded Neonatal Extension is attached to the children's ward and has additional space for resuscitation and incubators. It was planned to take sick newborn babies born within and outside the hospital. It is beginning to provide some facilities for very premature babies using an effective locally made design. They are also using 'Kangaroo' care, which requires close mother and baby skin to skin ventral (front of body) contact. It has come just in time to relieve some of the pressures on the Children's ward, which seems to have been over-occupied for weeks, providing major challenges for doctors, nurses and carers.

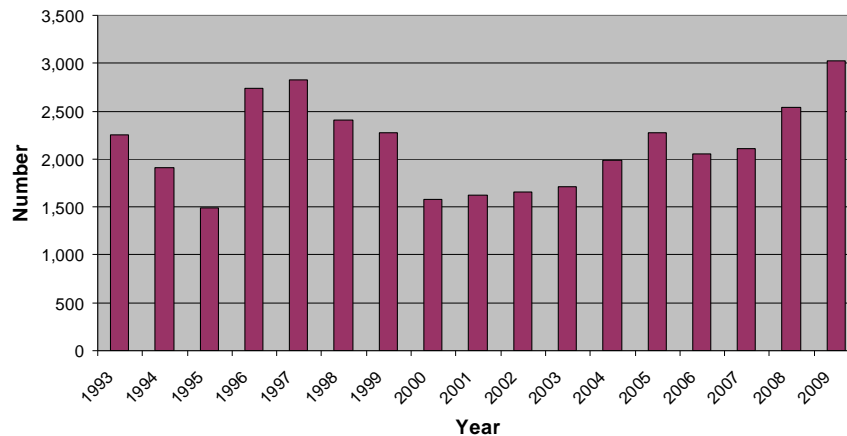
Water Projects

Again due to generous donations from the USA the community water projects continue with one almost finishing and another just about to start. One of the new projects caps springs that feed a swampy area only a few kilometres from the hospital and provides a gravity feed to one large and a number of smaller tanks down the valley towards the main road. Local people who will benefit from the project willingly dig the long trenches that bring clean and germ free water much closer to their homes. Recently completed water projects include; Kahokya-Kikorongo scheme in Lake Katwe Sub-County – 18 km of pipes, with three reservoir tanks and 18 taps serving approximately 7,000 people; Mankunyu Sub-County with 31km pipe, five reservoir tanks, 31 taps serving 15,000. In progress are one in Kyondo Sub County (11km) and on in Kajwenge (13km).

New Projects

Operating Theatres

Total Operations - Kagando Hospital



2009 was a record year for operations, exceeding 3000 for the first time ever and overtaking the previous highest annual number, which was achieved during Andrew Hodges time as Surgeon Specialist. Specialists for Eyes, Plastic Surgery, Orthopaedics and Fistula surgery visited during the year.

Theatre Upgrading

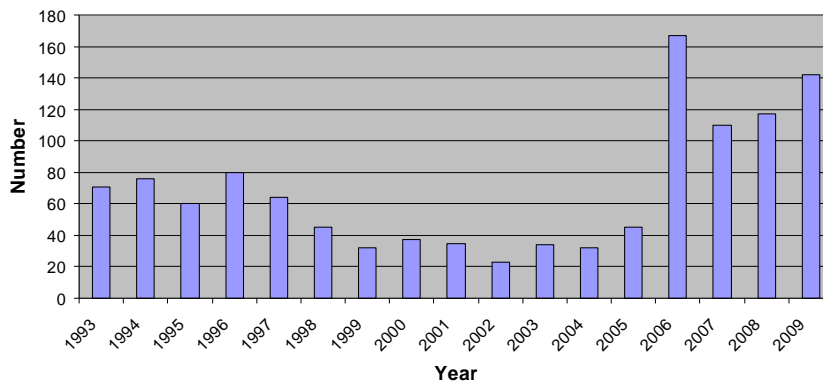
External assessors, including Engender Health and COSECA and several visitors now agree that the operating theatres, which were built in 1982 with minor extensions in 2007 and 2008, are in urgent need of re-furbishing and upgrading. An additional theatre would help relieve congestion at critical times and a new CSSD would allow this to be relocated to allow a much needed extension to the labour ward / delivery suite. This should coincide with the arrival of good quality used equipment from both the USA and UK. The 'Friends of Kagando' already have some 'restricted' funds set aside for this, mainly courtesy of a generous Christmas gift from a Church in Cheltenham, but it is not yet quite enough to complete a minimum scheme. Another charitable Trust has offered a substantial gift and the Christian University of Uganda had also offered to contribute. It is therefore hoped to link partners to provide a package of improvements starting soon. Architects have been contacted to advise.

There has been a long-standing plan for a new suite of theatres much closer to the Surgical ward. Internal debate has been long but the consensus is emerging that the new building will be both more expensive and risk operational difficulties for maternity, which is at the end of the same building as the current theatres and provides more than one third of all cases, often very urgent Caesarean Sections. It is much more convenient for anaesthetists to work within one building, and as there is destined to be a shortage of these essential team members it will be better to keep them together for the time being. A separate 'new build' will have to await much more ambitious plans for hospital enlargement in what is becoming referred to as 'Phase 2'.

Fistula Surgery

Building on an earlier tradition of performing operations for Obstetric Fistula, record numbers of women have been treated and Kagando is close to providing more of these operations than any other hospital in Uganda. All three specialist surgeons are trained in these sometimes very difficult operations and one, Frank Asimwe, has become a trainer. Both he and Dave Lyth attended a conference in Nairobi where Dave presented two papers on his researches as a fistula surgeon in Sierra Leone.

Obstetric Fistula Operations - Kagando Hospital



Since 2006, most of the cases were funded by 'Engender Health', a wing of U.S.Aid, who held a workshop and training days in Kagando in the middle of January. This provided information and family planning training. Though nothing is assured at the time of writing, there is every expectation that this funding will continue, which is essential to these women who are almost always destitute, in addition to the distress caused by their condition. Prior to 2006 operations were funded by the hospital and special donations including sometimes by visiting surgeons themselves.

International Medical support

Medical volunteers from Germany

Kagando has benefitted enormously from support from the German Medical Mission Team, particularly with regard to personnel. It has also become a popular destination for senior German medical students, whose elective lasts six months, instead of the more usual six to 10 weeks of UK medical students. There have been no GMMT doctors since the departure of Dr Sigrid Leilich in November 2009 after three years service. And Jael Gudrun was not replaced after her two years service. There is one long-term (one year, possibly two) occupational therapist (Carmen Beckh) and two GMMT-linked medical students, (Markus Sans and Sarah Müller) in Kagando at present.

UK graduates returning for short-term and medium term service

However overlapping with Dave Lyth's long-term commitment there has been a recent resurgence of UK doctor short to medium-term volunteers.

Morwena Marshall a surgical trainee about to start her formal training scheme in Devon and Cornwall provided very valuable surgical support between May and July 2009.

Colin MacArthur and Kirsty Thomas from Aberdeen will be coming for at least three months in March having been most of January in Kagando on 'orientation'. Colin was at Kagando as a medical student on elective in 2007.

Clare Shinton, a recent graduate from Newcastle will be spending one month at Kagando in March.

Simon Eyre, a GP in Sussex will be visiting for six to eight weeks at a time two or three times per year. He spent time in Africa as a younger doctor and was a senior trainee in paediatrics before transferring to primary care. He is devising a pre-retirement plan with a view to a longer spells in Africa following retirement.

Rachel Pagnamenta, a GP trainee from Bath is planning eight months at Kagando doing adult medicine or paediatrics in January 2011.

Jeffrey van Gangelen, a surgical registrar from Bega, NSW in Australia met Dr Frank at a Fistula training camp with the 'Mercy Ships' in West Africa and will be coming to work in Kagando for four months in 2010.

There were visits from various medical teams from the United States during 2009, but no medium or long-term commitments so far.

Computers and Network

Kagando was well provided with computers, but the electricity problems have damaged many of them and most are infected with computer Viruses and Trojans. Changes in IT staffing have stalled the development of a Hospital Network and Patient Master Index. Most applications are now stand alone and being developed on basic platforms, such as Excel by individual enthusiasts. The administration block remains networked, but the only networked function is access to the Internet via the Joint Clinical Research Council's (JCRC) satellite. This had become all but unusable after it had been put on 'restriction' by the internet provider (IWAY / AFSAT) when it regularly exceeded its monthly data cap. Most internet linkage is now by individual mobile phone network modems and without them contact with the internet for the fortunate owners would be lost. There is a hire scheme, which although only 5,000/- per day (nearly £2.00) is considered expensive by many.

Friends of Kagando are now funding an upgrade of the JCRC link at a cost of \$350 USD per month on an experimental basis and are examining a package of measures to help stabilise and develop IT in the hospital. Despite the problems, the finance system is probably now dependent on computers. The operating theatre book is now on an Excel

Spreadsheet with information going back to 2005. Laptops work well because with internal batteries and chargers they are more independent of erratic electricity supply.

Balancing the Budget

KARUDEC should be congratulated for producing audited annual accounts for the year to end of May 2009 within six months of the year end, which are about to be approved. Overall the Centre has managed to maintain slightly more income than expenditure. The hospital deficit was less than 2007/8 despite rising costs, due to greater than expected income from patient fees due to higher levels of clinical activity, particularly ward admissions. Costs have again accelerated above budget in the current year 2009/10 to a level that will be worrying if fee income does not also exceed budget expectations as it did in the previous year. There are likely to be several unbudgeted costs, such as for electricity, and the inflation in the cost of living. Salaries paid elsewhere in the health economy are rising, which is increasing a hard to resist pressure for increased wages and salaries at Kagando or risk losing staff. The financial future is far from secure.

Community Projects

Microfinance

The Microfinance project is financially completely independent of KARUDEC, but comes under the same board level governance. There is about 70,000,000/- UGX out on recurring short-term loans. There are many suitable projects that only await more capital being donated to the scheme. Longer term loans will have to wait until there is considerably more capital available. Maate Johnson continues to manage this project in his reassuringly competent way and has written a comprehensive report.

Kagando Hospital Employees Cooperative Savings and Credit Society Ltd (a Cooperative Bank)

What is effectively a cooperative bank for employees since 1995 has run in parallel with Microfinance. The benefit to employees is as a means of saving as they do not have to hold their salary payments as cash. They can begin to develop saving habits and can obtain small short term loans with repayments stopped from their salaries. This organisation also manages the canteen from which it makes a small operating profit. There were 184 members of the Society in mid 2009. In 2008 the Society held almost 50,000,000/- of members savings and had a loan portfolio of just over 30,000,000/-. It cannot, at the moment, use its deposits to lend in the microfinance scheme, though if the organisation became large enough, that could be considered in the future under certain strictly regulated conditions.

Water Filter Project

With generous donations from an individual enthusiast and his Church in Derbyshire, KARUDEC's own water engineer, Yona Bairinga, has been helping supervise an experimental initiative to convert dirty or possibly contaminated water into drinking water using locally available materials. Key to this are large locally made clay pots and a

graded succession of sand and rubble. If the conditions are right a layer of bacteria growing in the filter actually serves to remove both debris and dangerous bacteria. There have been encouraging early results. The water is certainly much cleaner, but it proving difficult to stop participants drinking the water before it has passed appropriate tests over a period of time. Making the pots in adequate numbers and quality is also a problem to overcome and carrying them to the more remote mountain areas away from the gravity fed capped spring schemes where they have the potential to do the most good will be challenging.

To be completed:

Palliative Care

The New School of Nursing

Christian University of Uganda

The Primary School

Change of Head Teacher

Helen Lyth's role

Numbers

NOTDEC and SADDICH – Summary and Links

Containers

?Need for a container for Kagando only, rather than sharing with Kisiizi

Need for a container coordinator

Friends of Kagando 'Volunteer' Scheme:

Applications and awards criteria

Reduced direct flight fares

Direct payment of 'hospitality costs (guest house bills etc)

Sponsorship donation management

Visitors identity passes