



Hospital Equipment for Uganda

Rotary Global Grant Proposal FY 2017-2018

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International Sponsor: San Diego, California, Rotary Club 33

Host Sponsor: Rotary Club of Gulu, Uganda.

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Objective.

The objective of this Global Grant is to bring state-of-the-art health care to the residents of Northern Uganda by providing medical and dental equipment for a new hospital in Atiak, Uganda. In its first phase, the new hospital will be a Grade IV Health Center, providing services ranging from surgery and anesthesiology to maternity and child health for a population of 100,000. However, the goal is to become a Grade V District Referral Hospital, serving 500,000 people.

Uganda has one of the highest rates of maternal and neonatal deaths in Sub-Saharan Africa. Infant mortality is 57.6/1000, compared to Europe at 4/1000. The rate of maternal death is also very high (1/47 compared to 1/5800 in Europe). Mortality for children under five is also high due to pneumonia, malaria, diarrhea, measles, whooping cough, tuberculosis, hepatitis and HIV/AIDS. The area has also been affected by Ebola and tropical diseases including sleeping sickness.

Who will benefit from this global grant? Uganda has the third highest birth rate in the world, at 43.4 per 1000 population. So the direct beneficiaries will include outpatient and inpatient care for an estimated 2,000 babies, their mothers, and their families. In addition, the new hospital will provide direct medical services for a population of 100,000 people. The grant will also improve the knowledge and skills of health personnel and staff who work at the hospital, and the hospital will provide an important source of jobs for the community. Because of its location near the border with South Sudan, the hospital is also expected to serve a substantial number of the 600,000 refugees that have fled the current civil war in that country.

Project implementation schedule.

No.	Activity	Duration
1	Project development and funding, two months	July-September 2017
2	Sourcing and purchase of equipment, 6 months	Sept, 2017 – Feb. 2018
3	Project handover, one month	March 2018
4	Monitoring and Evaluation, one month	May 2018

Meeting community needs.

In September 2015, radio announcements invited the people of Atiak and the surrounding area to a stakeholder engagement and public consultation. The focus of the consultation was to identify needs of the communities so as to make relative prioritization decisions for new investment in specialized services. Methods used for the consultation included eight focus group discussions, observation and interviews with key stakeholders. The participants were asked to identify the six most challenging problems they were facing in their parishes, and they identified lack of appropriate, accessible and affordable healthcare services as a major problem. To demonstrate the community’s commitment to improving health care services, the community of Pupwonya Parish donated five acres of land for a hospital, with the offer of more land if required to expand the hospital later. Community youth also voluntarily cleared the proposed hospital site. As a result, the major stakeholders came together to form a strategic partnership to design, build and staff the new hospital. The local community is recognized as the significant stakeholder and is actively engaged, ensuring that the socio-cultural elements that may promote or adversely impact the hospital’s services will be integrated into the plan. The hospital is being built using local labor.

The community planning process was coordinated by the Community Development Office of Atiak Sub-County and the Atiak community under the leadership of the Chief of Atiak—a legally recognized position in Uganda, and the community donated the land for the hospital. The hospital is named Teresa Ayiko Memorial Hospital in memory of Mama Teresa Ayiko, 1923 – 1981, who was a daughter, wife, mother and grandmother of Atiak. She was married in Atiak to Tulio Lam, the son of Musa Bongorwot, Chief of Atiak, and had eight children, five girls and three boys and left many grandchildren, great-grandchildren and great-great-grandchildren. Mama Teresa also took care of many of her sister’s children and put them through higher education. She also cared for children of relatives, friends, and neighbors as well as orphans in

the community. She would invite everybody into her home including many patients who visited a nearby hospital. She also visited patients in the hospital and brought them meals until they were discharged.

The hospital is owned by the Alliance for African Assistance, a Uganda non-governmental organization whose Board Chair is the current Chief of Atiak, Richard Santo Apire. Mr. Apire graduated from the University of Nairobi with a degree in financial management and has been Chairman of Uganda's Electricity Regulatory Authority (ERA) since 2010. The Uganda Alliance has close ties to a sister organization in San Diego, California, that has donated funds for the hospital. The Executive Director of the San Diego Alliance, Walter Lam, is one of Teresa Ayiko's sons, and is also a member of the San Diego Rotary Club. The Executive Director of the Uganda Alliance, Geoffrey Okello Openy, is a member of the Rotary Club of Gulu.

Training, community outreach, and educational programs.

The Chief Medical Officer, Dr. Enrico Frontini, has been a pediatrician since 1973, graduated in Milano (Italy) and specialized in Kingston (Canada). He has 10 years' experience in underdeveloped countries including four years in Gulu, Uganda. He has worked for several government and nongovernment organizations including the start-up of a children's hospital in Kumasi (Ghana) and has contributed to the development of primary health care services in Balaka (Malawi). He has been a consultant to UNICEF in Rwanda, and to WHO in Kosovo, Afghanistan, Serbia, Darfur (Sudan). Under Dr. Frontini's leadership, the hospital will provide continuous in-house training for staff and will develop outreach and educational programs for the community as well as for students in the undergraduate medical and public health programs at Gulu University. The hospital will coordinate training with community health clinics and community based health workers to engage the community. Special focus will be on partnering with community gatekeepers, male engagement and provision of socio-cultural sensitive messages for acceptability.

Area of Focus. The Rotary Area of focus for this project is Disease Prevention and Treatment. The Atiak hospital will receive modern medical equipment as detailed in the budget to enable the hospital to diagnose and treat a broad range of medical problems, including emergency, surgery, anesthesiology, x-ray, obstetrics, neonatal care, laboratory, pathology, and pharmacy.

Impact. The impact of this project will be measured initially by whether we successfully deliver the equipment in this proposal to Atiak and set it up in working order with technicians trained to operate it. In addition, the Rotary Club of Gulu will monitor the equipment during the first year, to insure that it is being maintained in good working order.

Primary Contacts

<u>Name</u>	<u>Club</u>	<u>Serving as</u>
Dr. Cyprian Opira Opira.Cyprian@iacorhospital.org	Rotary Club of Gulu, Uganda	Host Club
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Conflicts of Interest. No Rotarian who has a vested interest in the activity (e.g., an employee or board member of a cooperating organization, owner of a store where project goods will be purchased) serves on the grant committee.

BUDGET. Here is a list of equipment to be purchased for this grant. The costs are estimates and the actual costs may vary. The current exchange rate for Uganda shillings (UGX) is 1 UGX = 0.00028 USD, or alternatively, 1 USD = 3592 UGX.

Description	Number	Cost (USD)
Laboratory		
binocular microscope	1	400
centrifuge electric angle head, 8 tubes	1	200
complete blood cell counter	1	10,000
thermostatic bath	1	500
minor equipment (slides, tubes, pipettes etc.)		2,000
malaria rapid test	2000	2,000
blood group reagents	1	200
HIV test	200	400
Hepatitis B test	200	400
Hepatitis C test	200	400
VDRL (syphilis test)	200	400
glucometer and reagents	1	200
saturimeter (pulseoxymeter)	1	300
total		17,400
Imaging		
portable x-ray machine	1	70,000
developer	1	4,000
sonographer (echography apparatus)	1	70,000
total		144,000
Delivery rooms		
delivery bed	2	1,000
oxygen concentrator	2	1,000
lamp	2	1,000
hospital bed	4	600
resuscitation bag (adult and neonatal)	4	700
warming table for infant resuscitation	2	1,000
suction apparatus	2	1,000

surgical instruments kit	2	500	
vacuum extractor	2	500	
total			7,300
Outpatient department			
hospital beds	4	700	
ambulance	1	70,000	
clinical examination beds	8	2000	
otoscope/ ophtalmoscope	4	2000	
consultation room lamp	8	2000	
computers, printers, back-up units	8	6000	
total			82,700
Dental Equipment			<u>50,000</u>
Grand total			301,400

SUSTAINABILITY.

We will obtain at least three quotations for all equipment and supplies from at least three suppliers. Our preference of supplier will be local in line with Rotary guidelines. Where necessary we will enter into maintenance contracts. All equipment and supplies will conform to Uganda Ministry of Health Guidelines. A committee of at least three will form the Procurement Committee which will have the Primary and Secondary contacts as members.

How will the beneficiaries maintain these items? We will ensure that all equipment and suppliers have both local retailers and local maintenance. Where necessary we will enter into maintenance contracts.

Who will own the items purchased with grant funds at the end of the project.

Every item on this global grant will be in the sole ownership of the hospital at the end of the project.

Local funding source to ensure long-term project outcomes. The hospital will establish a fee schedule for services based on income, residence in the community, and level of care. It will also enter into contracts to provide health and medical services with the Uganda Ministry of Health, other government agencies including the United Nations High Commissioner for Refugees, and with medical insurance companies. Additional funding will be sought from private sources on an ongoing basis.