

St.stephen's Hospital Church Of Uganda Mpererwe

"Munawonna mwenna bwemukiriza Yesu Kub. 21:9"



ANNUAL REPORT
2010

"We celebrate your health"



2010

The year 2010 has been a year of excitement and accomplishment, and yet not without several challenges. We are truly thankful to God for this for He has brought us. We also applaud the management and staff for the commitment and determination they have exhibited throughout the year.

This annual report gives a detailed account of the activities, achievements and financial performance of St. Stephen's Hospital during the year 2010.

We hosted several visitors throughout the year. The Medical Superintendent visited San Diego and learnt a great deal about their health systems.

Our future plans include writing a grant proposal to obtain funds for a student's center, organize a health fair, conduct a cancer screening day, intensify efforts to repair the access roads, start a fundraising drive, complete tiling of the hospital floors, provide ART, enhance laboratory capacity, develop a hospital website and fence the hospital compound.

We appreciate the support of the Rope Trust, the Government of Uganda, UPMB, AFENET, Rotary Clubs of Kampala North and Kololo and the Community at large.

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ANNUAL REPORT 2010

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1.0 Abbreviations

AFENET:	African Field Epidemiology Network
AIDS:	Acquired Immunodeficiency Syndrome
ART:	Antiretroviral Therapy
ARV:	Anti Retroviral
BCG:	Bacilli Culmmette Guerin
CBC:	Complete Blood Count
CME:	Continuing Medical Education
C.O	Clinical Officer
COBES:	Community Based Education Service
CPD:	Continuing Professional Development
DM:	Diabetes Mellitus
DPT:	Diphtheria Pertussis Tetanus
Hb:	Hemoglobin
Hep B:	Hepatitis B antigen
Hib:	Haemophilus Influenza type B
HIV:	Human Immunodeficiency Virus
HT:	Hypertension
IUD:	Intra uterine Device
LFT:	Liver Function Tests
LTP:	Learning through Play
MNH:	Maternal and Neonatal Health
M.O	Medical Officer
NSSF:	National Social Security Fund
PACE:	Program for Accessible Health Communication and Education
PSA:	Prostate Specific antigen
RFT:	Renal Function tests
STI:	Sexually Transmitted Infection
TB:	Tuberculosis
TT:	Tetanus Toxoid
UPMB:	Uganda Protestant Medical Bureau
VDRL:	Venereal Diseases Research Laboratory

2.0 Executive Summary

The year 2010 has been a year of excitement and accomplishment, and yet not without several challenges. We are truly thankful to God for this far He has brought us. We also applaud the management and staff for the commitment and determination they have exhibited throughout the year.

This annual report gives a detailed account of the activities, achievements and financial performance of St. Stephen's Hospital during the year 2010.

We have noted improvement in the outpatient attendance. (From 11,395 to 12,064). Utilization of the antenatal clinic improved (by 160) laboratory tests were 10251 in total (an increment of 1867). However we registered a decline in the number of children who were immunized, the number of mothers who delivered from St Stephen's and the number of major surgical operations carried out. Our total income was 274,730,990/= and our total expenditure was 274,643,761/=

We acquired an ultrasound scan, procured two additional water tanks for water harvesting, we are partnering with UPMB to improve the Maternal and Neonatal Health, providing twenty-four hour laboratory services, and this has greatly improved the quality of our services.

We hosted several visitors throughout the year. The Medical Superintendent visited San Diego and learnt a great deal about their health systems.

Our future plans include writing a grant proposal to obtain funds for a student's center, organize a health fair, conduct a cancer screening day, intensify efforts to repair the access roads, start a fundraising drive, complete tiling of the hospital floors, provide ART, enhance laboratory capacity, develop a hospital website and fence the hospital compound.

We appreciate the support of the Rope Trust, the Government of Uganda, UPMB, AFENET, Rotary Clubs of Kampala North and Kololo and the Community at large.

3.0 Appreciation

Heartfelt gratitude goes to the following:

- The Rope Trust Charitable Fund for the continued support rendered to St. Stephen's since 2006.
- The congregation of St. Cuthbert Church in Canada for their support to the orphans and needy in and around Mpererwe through the Good Samaritan Orphans project.
- The Hinks DellCrest Centre through the department of Public Health Toronto for funding the Learning Through Play Uganda Chapter project.
- The Government of Uganda for their support through delegated funds.
- The Rotary Clubs of Kololo and Kampala North for their continued support.
- The Uganda Protestant Medical Bureau (UPMB) for the support, and funding for the Maternal and Neonatal Health project and capacity building.
- The teachers and head teachers of all the schools in our catchment area for their cooperation during the community dental days.
- The entire community for their continued support, for trusting our services and for their feedback.
- AFENET for their support to the laboratory and for their donation of a computer and printer and capacity building through training of the laboratory staff.
- The Abaana Ministries who donated blankets, bed sheets and bed covers to the hospital. May God reward you abundantly.
- The Board of Directors of St. Stephen's Hospital, for your commitment and guidance.
- Rev. Prof Sam Luboga for his mentorship, guidance and kindness to us. May the almighty God continue to use you and bless you.
- The staff members of St. Stephen's Hospital for their commitment and resilience despite the several challenges.
- Above all to our Lord Jesus Christ without whom, we would not have come this far.

4.0 Background

St. Stephen's Hospital Mpererwe is a Private Not for Profit organization which was founded in July 1987 by the Christians of St. Stephen's Church of Uganda Mpererwe. It is registered with the Ministry of Health and with the Uganda Protestant Medical Bureau through Namirembe Diocese.

The Hospital is located seven kilometers from Kampala city center off Gayaza Road on Buwambo – Kiteezi Road. It serves eight parishes namely Kawempe II, Mpererwe, Komamboga, Kanyanya, Katalemwa and Kitettikka. The catchment area has a population of about 80,000 people.

St. Stephen's Hospital Mpererwe collaborates with Kampala City Council, Makerere University College of Health Sciences, the Rotary Club of Kololo and the Rotary Club of Kampala North. It receives support from the Mrs. L D Rope third Charitable Settlement in the U.K and from the Government of Uganda in form of delegated funds.

The hospital offers both curative and preventive services including treatment of common illnesses, maternity, dental, immunization, surgery and community outreaches.

4.1 Vision

St. Stephen's Hospital vision is to become a model of excellence in health service provision, training, research in Uganda and beyond.

We strive to achieve excellence in all we are and do.

4.2 Mission

St. Stephen's Hospital strives to provide holistic health care to all in need without discrimination on any ground.

We collaborate with others to deliver a continuum of care and treat all people with dignity.

4.3 Aims and Objectives of St. Stephen's Hospital

1. To offer treatment of common illnesses at a reasonable cost.
2. To promote health and prevent diseases through health education, immunization and provision of reproductive health services to the community.
3. To promote reproductive health services in order to reduce maternal mortality and the spread of HIV/AIDS and other S.T.I's.
4. Limit the transmission of vector borne diseases with an emphasis on malaria by providing treated mosquito nets.
5. Promote community involvement in the betterment of their health and that of their children by holding annual community health fairs.
6. To carry out bi - annual surveys on the health status of the community and plan to fill the gaps.
7. To help, assist, protect, love and generally care for the aged, poor, needy, destitute, and orphaned and people with disabilities as may be found practicable through the Good Samaritan project.

4.4 Core Values

Integrity

We foster a high level of integrity. We ensure transparency and accountability both to the hospital staff and to the community.

Respect

We treat ourselves, our patients, our leaders and all community members with respect.

Patient satisfaction

We are committed to putting the patient first. Our success is measured by our patients' satisfaction and better health of the community.

Time management

At St. Stephen's Hospital we value time as a resource.

Effective Communication

We are committed to communicating in the most efficient way possible both amongst ourselves and with our patients.

We offer services at an affordable cost

We are focused on our mission and our patients. We make sure that our service prices are reasonable to our people.

Creativity and Innovation

We encourage creativity and innovation amongst all staff members in order to live up to the high expectations and standards of the community and the world at large.

Professionalism

We believe in high standards of professionalism in order to achieve a competitive advantage.

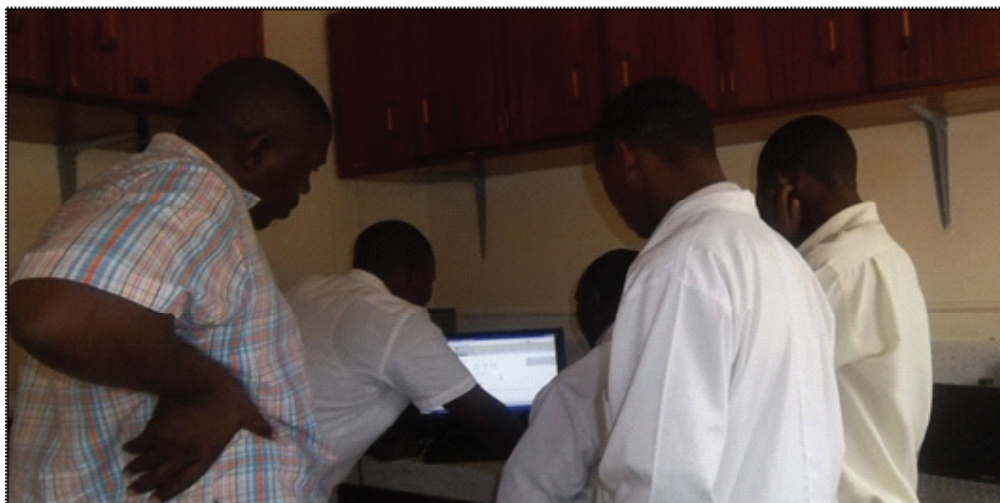
5.0 Achievements during the year 2010

We were able to acquire an ultrasound scan machine. This advancement in diagnostics has greatly improved the quality of care at St. Stephen's Hospital. We have a specialist radio-oncologist who comes every Thursday to do the specialized scans for instance the small parts. The medical officer does the obstetric scans.



Radiologist does a scan as he teaches health workers.

We acquired a computer and printer in the laboratory, donated by the AFENET project. This has greatly improved patient records and data collection. It is a step to achieving electronic records at St. Stephen's Hospital.



I.T specialist from AFENET demonstrates to lab technicians on how to enter lab data into the computer

We were also accredited as an ART center by the Ministry of Health and soon we will be providing ARV's to our HIV patients.

We are partnering with UPMB in improving the maternal and neonatal health in Uganda by carrying out several activities like training of community own resource persons and empowering them to be able to recognize danger signs and to encourage mothers to deliver under the supervision of trained health workers.



Motor cycle ambulance donated by UPMB for the MNH project

The MNH project also provided mosquito nets, mama kits, medicine, and equipment to improve emergency obstetric care.

A bicycle and motorbike ambulance were donated for transporting referred pregnant mothers from the community to the hospital.

We also entered into a partnership with PACE to provide long term family planning methods to women. These are the implants and the intrauterine device. This aims at improving maternal health.

We procured two additional water tanks for rain water harvesting. This is a cost effective way of ensuring a constant supply of water during both the dry and wet seasons when there is water shortage.

We started providing 24 hour laboratory services with professional and competent laboratory technicians.

6.0 Activities during the year 2010

6.1 Treatment of common illnesses

Table 1: Out Patient attendance by month during the year 2010

Condition	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total	%
Malaria	449	295	370	355	364	501	386	298	240	316	289	246	4109	34
ARI	143	176	90	74	204	229	187	269	144	173	224	221	2134	17.6
UTI	13	13	13	13	13	13	13	13	13	13	13	29	172	1
STI	25	26	4	3	28	2	6	3	9	9	6	14	135	1
Diarrhea	37	28	26	20	81	51	49	55	53	77	51	57	585	4.8
Skin infections	21	19	11	11	34	12	17	34	9	16	18	18	220	1.8
Injuries	61	54	29	21	41	32	26	30	31	34	31	32	422	3
ENT	8	2	8	5	7	3	10	10	6	6	8	4	77	0.6
Eye Diseases	8	1	0	7	17	14	12	16	8	12	11	7	113	0.9
Anemia	7	10	6	1	2	3	5	6	4	4	9	3	60	0.4
Diabetes	5	0	6	3	7	4	5	4	6	1	5	8	54	0.4
Hypertension	30	48	24	21	46	14	32	7	36	39	26	49	372	3
Worm infection	2	8	3	3	11	2	8	11	12	7	16	8	91	0.7
Dental cases	71	58	79	76	94	70	80	111	87	83	86	85	980	8
Community Dental days	0	92	0	0	0	0	0	0	0	158	0	0	250	2
Deliveries	7	7	16	8	9	9	5	18	12	15	19	16	141	1
ANC	33	20	31	33	17	41	36	37	29	39	33	50	399	3
Others	96	93	148	111	143	231	318	214	171	180	153	173	2031	16.8
Total		1107	864	765	1118	1231	1195	1136	870	1187	709	1020	12,064	100

Malaria is still the principal challenge faced by the community of Mpererwe as shown in the table 1 above. It accounted for 33.6 % of all diagnoses. The high incidence of malaria is due to the conducive environment for the mass reproduction of the mosquito that spreads the malaria causing parasite.

We continue to offer preventive health education and also provide insecticide treated mosquito nets at subsidized prices.

Malaria was followed by the acute respiratory tract infections (17.5%)

Figure 1: Out patient Attendance by month during the year 2010

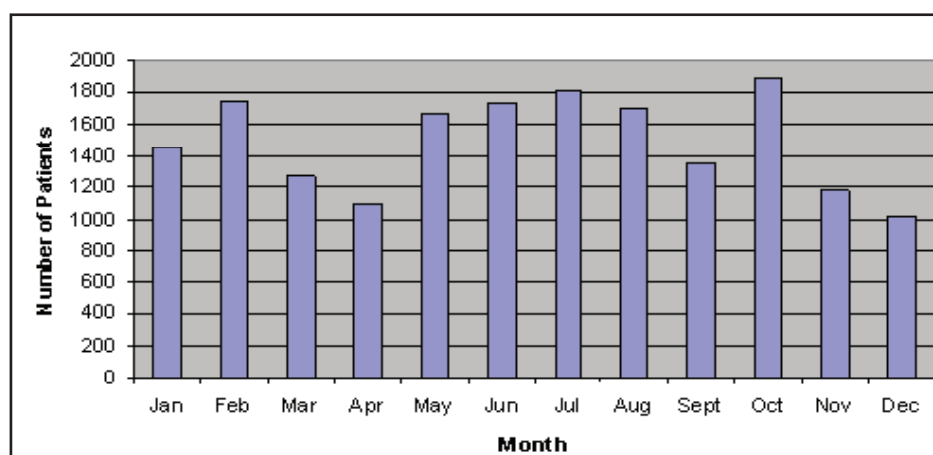
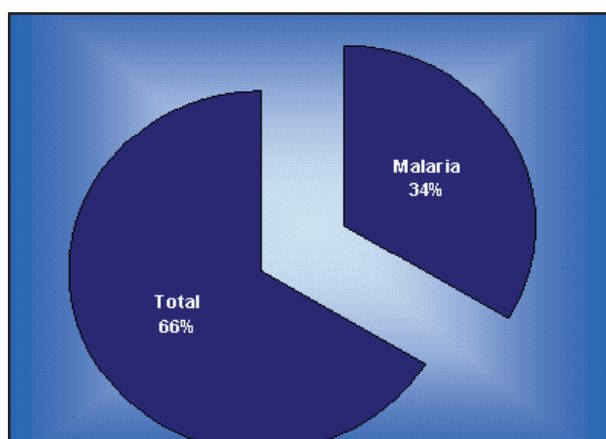
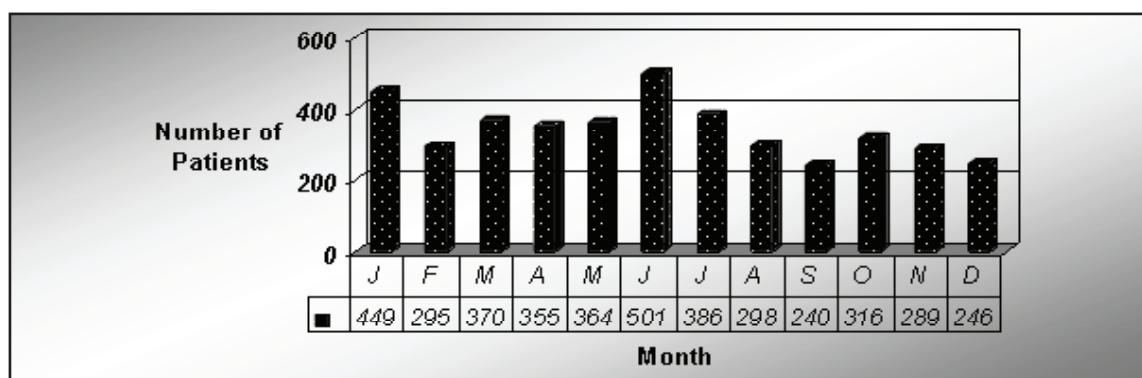


Figure 2: Percentage of Malaria Cases



The number of patients was highest during the months of May, June and July because of the many malaria cases brought about by the rainy seasons that favor breeding of mosquitoes.

Figure 3: Number of Malaria Patients by the month during the year 2010

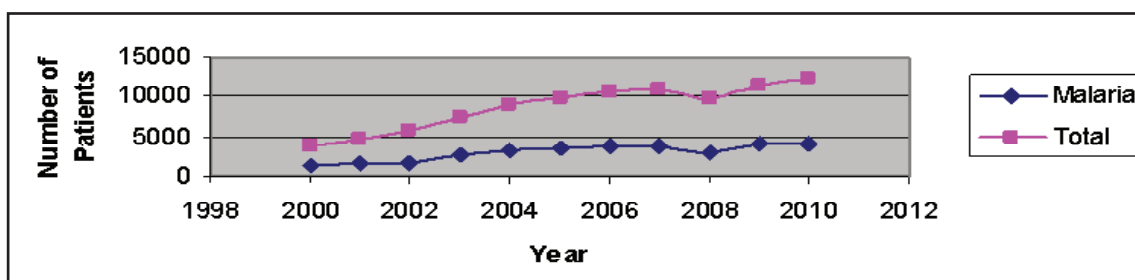


The number of malaria cases peaked during the months of January and June.

Table 2: Number of malaria cases and total number of outpatients from 2000 to 2010

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Malaria	1461	1687	1690	2664	3147	3520	3782	3947	2985	3980	4109
Total	3895	4633	5750	7413	9058	9682	10586	10990	9893	11395	12064
%	37.5	36.4	29.3	35.9	34.7	36.3	35.7	35.9	30.1	34.9	33.6

Figure 4: Total number of patients compared to malaria patients from 2000 to 2010



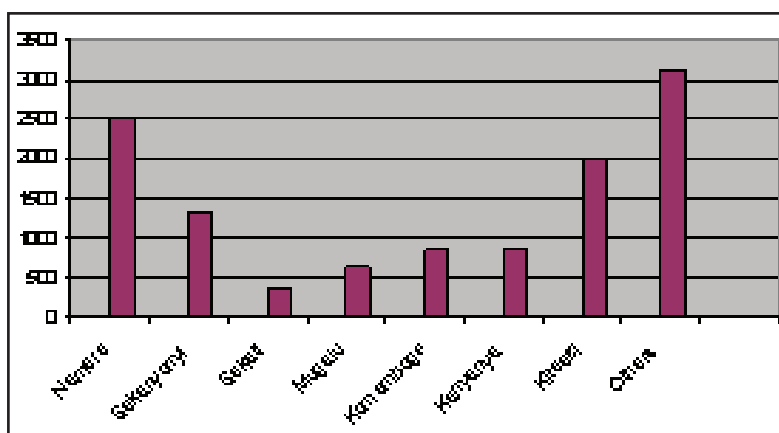
The graph and table above demonstrate the rising number of patients who utilize the outpatient services over the years. This is attributed to the increased publicity and the improving quality of

services provided at St. Stephen's Hospital. There are also immigrants to the catchment area who prefer St. Stephen's Hospital services. The graph also shows that there is a decrease in the number of malaria cases as a percentage of the total number of patients over the years. This may be attributed in part to the provision of mosquito nets and health education on prevention of malaria.

Table 3: Number of Outpatient attendances by zone

Zone	Namere	Sekanyonyi	Sekati	Mugalu	Komamboga Katalemwa	Kanyanya	Kiteezi Lusanja	Others	Total
No. of Patients	2,525	1,326	370	645	854	865	1,984	3,139	12,064

Figure 5: Number of Outpatient attendances by zone



The highest numbers of patients were from other areas (places beyond our designated catchment areas), followed by Namere and Kiteezi. Patients from areas outside our catchment area have also begun to trust and utilize our improving services. In addition they are willing to pay.

6.2 Inpatient Services

Table 4 Number of inpatients by Month during the year 2010

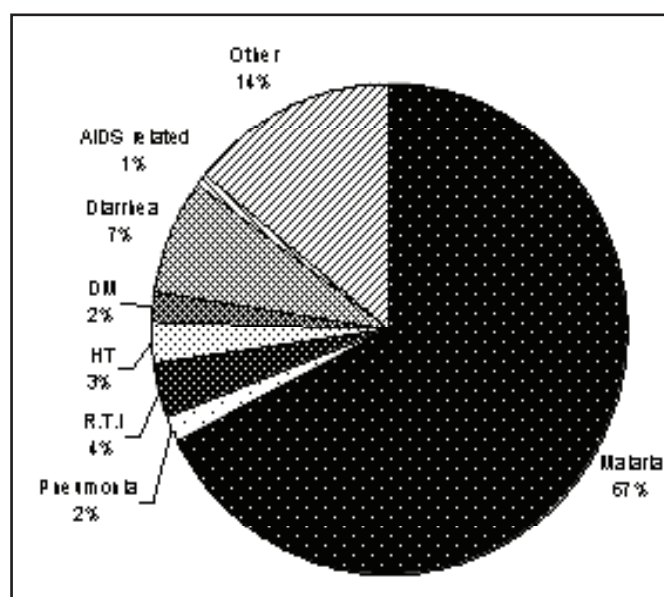
	J	F	M	A	M	J	J	A	S	O	N	D	TOTAL
2009	55	54	60	70	96	120	88	78	105	96	98	135	1055
2010	127	71	72	88	99	105	76	50	57	67	75	63	950

A decrease in the number of patients who were admitted is noted.

List of Wards	Beds	Admissions	Patient days	Average length of Stay	Average occupancy	Bed Occupancy (%)
Pediatrics	6	299	458	1.5	1.25	20.83
Male	5	227	449	2.0	1.23	24.60
Female	6	424	795	2.0	2.18	36.33
Total	17	950	1702	2.0	4.66	27.4

The female ward had the highest number of inpatients followed by pediatrics. The average bed occupancy was 27.4%. This is noted to be low. We are working on improving the inpatient service utilization, by reducing costs and do facelift to the wards.

Figure 6: Common causes of admission during the year 2010



Severe malaria was the most common cause of admission (67%). We have noted that the number of severe malaria cases is still high despite stock immunity. Severe malaria was followed by diarrhea (7%). Significant to note is the high

percentage of admissions due to diabetes (2%) and hypertension (3%). This is probably due to the increase in the elderly population and also the changing lifestyles of the community members. We continue to educate the community on the prevention of these diseases.

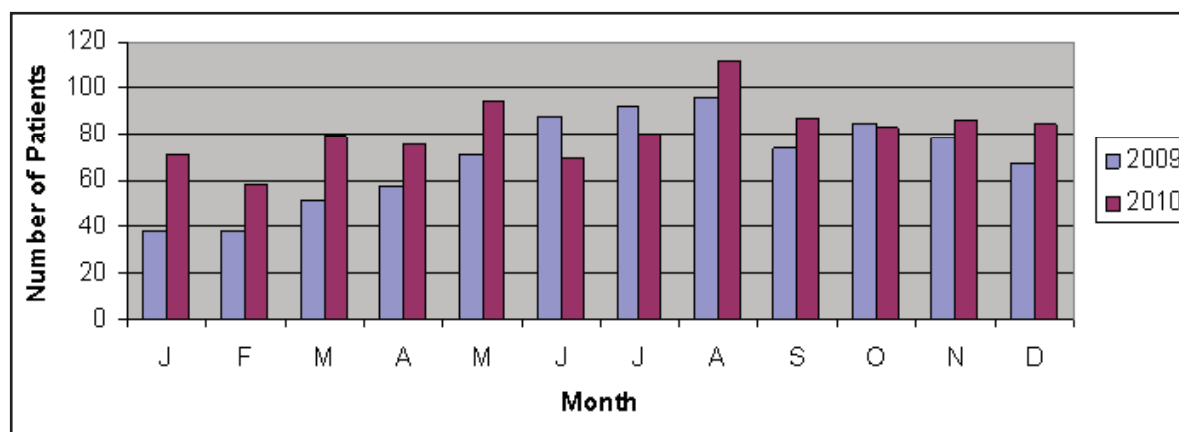
6.3 Dental Services

Utilization of the dental services has improved over last year as shown below.

Table 5: Dental Patients during the year 2010

MONTH/YEAR	J	F	M	A	M	J	J	A	S	O	N	D	TOTAL
2009	38	38	51	57	71	88	92	96	74	84	78	67	834
2010	71	58	79	76	94	70	80	111	87	83	86	85	980

Figure 7: Number of Dental Patients by Month in 2010

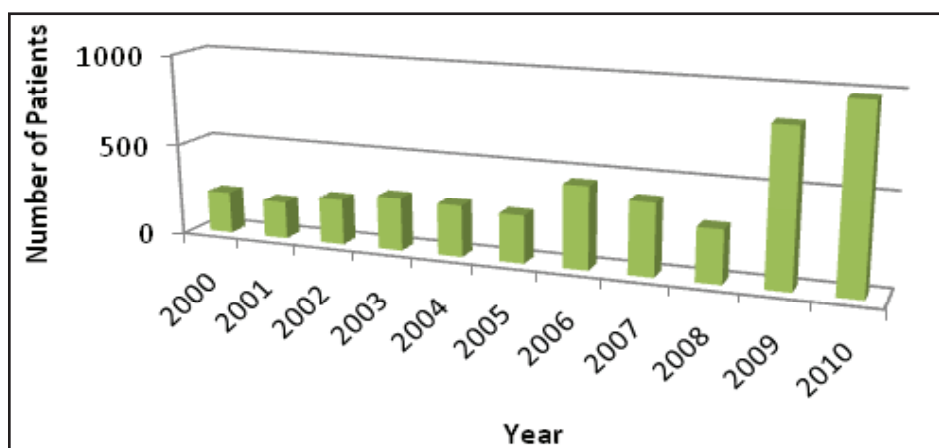


There was an increment of 145 patients (17.4%) over the previous year. This improvement in utilization of the dental services is attributed to the improved publicity.

Table 6 Number of dental patients from the year 2000 to 2010

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Patients	228	205	251	291	282	261	448	394	289	834	980

Figure 8: Number of Dental Patients from 2000 to 2010



Dental Officer at work: Improvised dental chair donated by Rotary Club of Kololo

At the moment we are only able to carry out tooth extractions and simple scaling. We hope to perform better when we obtain a complete dental set. We applied for one from Dentaaid with help from Elspeth Robinson from the UK and there is hope that we shall get it.

6.4 Reproductive Health

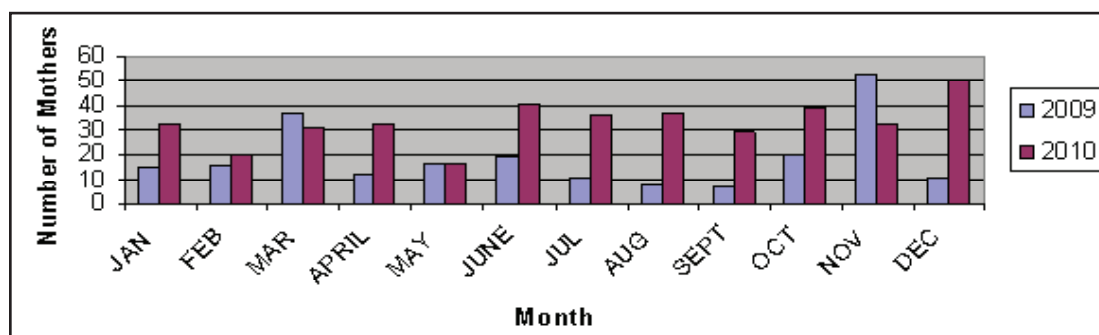
6.4.1 Antenatal Care

Table 7: Number of Mothers attending antenatal Care Clinics during the year 2010 by Month

Month/Year	J	F	M	A	M	J	J	A	S	O	N	D	Total
2009	15	16	37	12	17	19	11	8	7	20	53	11	226
2010	33	20	31	33	17	41	36	37	29	39	33	50	399

The number of mothers that attended the antenatal clinics improved over last year because of the improving awareness of the community about the services and the improved quality of services.

Figure 9: Antenatal service utilization during the year 2010 by month



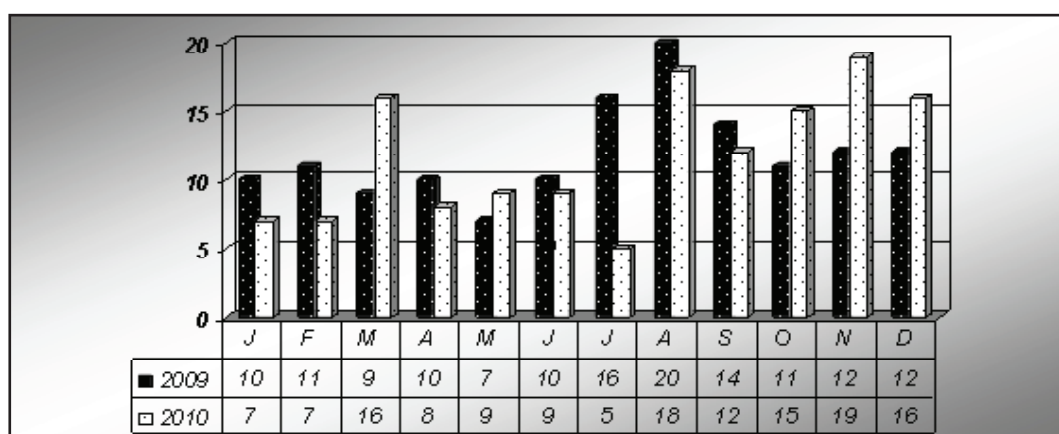
We plan to conduct a study on preferred delivery positions among women in the coming year.

6.4.2 Maternity

Table 8: Number of Mothers who delivered from St. Stephen's Hospital in 2010 by Month

Month/Year	J	F	M	A	M	J	J	A	S	O	N	D	Total
2009	10	11	9	10	7	10	16	20	14	11	12	12	142
2010	7	7	16	8	9	9	5	18	12	15	19	16	141

Figure 10: Normal Deliveries during the year 2010 by month



6.4.3 Family Planning

Table 9: Number of mothers accessing family planning services from St. Stephen's Hospital

	J	F	M	A	M	J	J	A	S	O	N	D	Total
Pills	6	0	11	9	16	18	15	13	9	32	8	8	134
Injectable	19	20	20	19	15	19	19	22	13	16	15	19	196
Implants	-	-	-	7	-	-	4	4	4	4	5	4	32
IUD's	-	-	-	1	-	-	13	4	6	2	0	1	27
Total	25	20	31	36	31	37	51	43	32	54	28	32	420

The table above shows that women preferred the Injectable contraceptives to the pills. The long term family planning methods (inplants and IUD's) were introduced in April 2010.

7.0 Child health

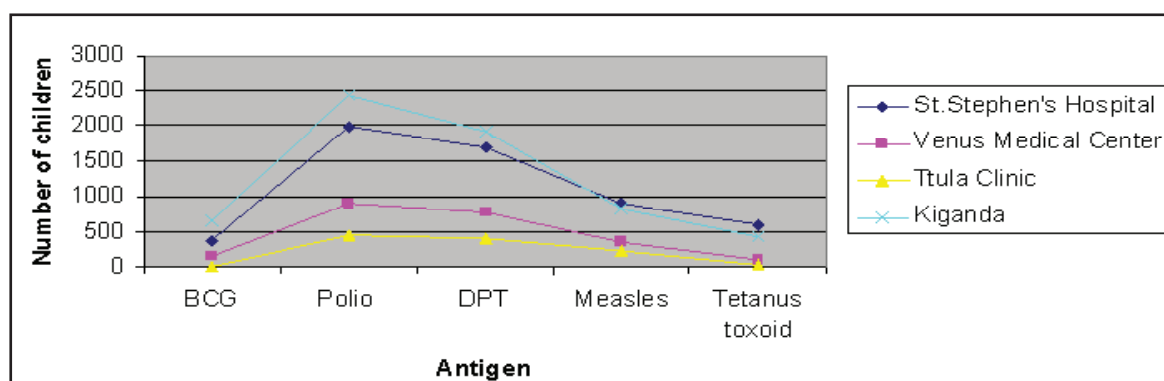
Table 10: Number of children immunized every month during the year 2010 by antigen

ANTIGEN	J	F	M	A	M	J	J	A	S	O	N	D	Total
BCG	137	125	87	83	69	83	77	85	98	85	106	108	1143
Polio	519	595	392	419	395	483	391	521	438	471	542	605	5771
DPT,HIB,HEP	404	487	321	346	344	411	320	448	346	390	451	502	4770
Measles	197	203	168	166	150	214	153	225	177	189	208	241	2291
TT	109	111	83	90	78	76	87	118	112	64	92	106	1126
Total	1366	1521	1051	1104	1036	1267	1028	1397	1171	1199	1399	1562	15101

Table 11: Immunization at different sites during 2010

	BCG	Polio	DPT	Measles	Tetanus Toxoid	Total
St. Stephen's Hospital	361	1985	1693	883	604	5526
Venus Medical Center	144	889	757	353	89	2232
Ttula Clinic	0	458	401	229	21	1109
Kiganda	638	2439	1919	826	412	6234
Total	1143	5771	4770	2291	1126	15101

Figure 11: Immunization at different sites in 2010



Kiganda outreach site had the highest turn up of children for immunization in 2010

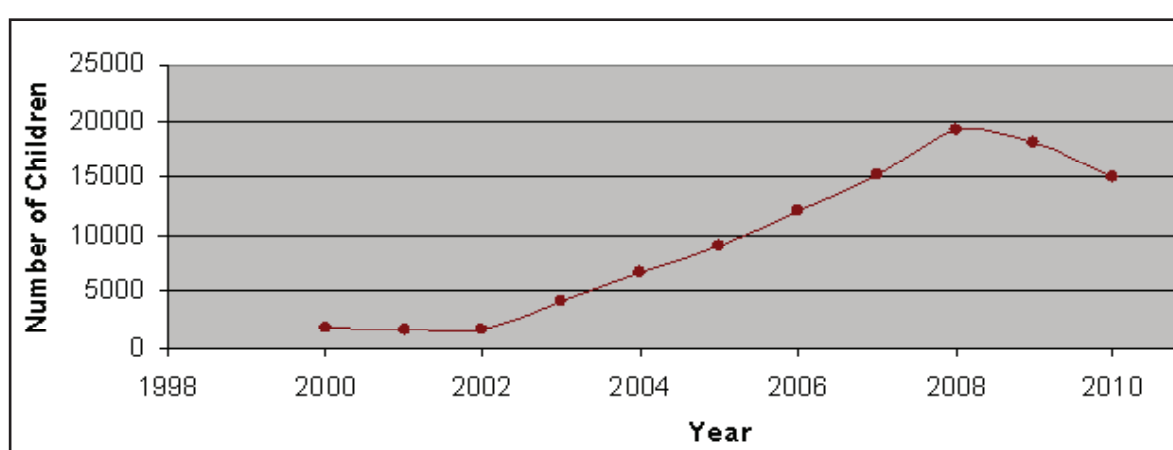
Table 12: Children Immunized from the year 2000 to 2010

Year/Antigen	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
BCG	127	105	118	1216	556	767	992	1223	1577	1397	1143
POLIO	684	618	488	277	2543	3371	4294	5875	7529	7084	5771
DPT	619	404	448	1010	2076	2763	3552	4785	6127	5919	4770
MEASLES	186	137	135	199	891	1236	1951	2231	2703	2516	2291
TETANUS	266	390	443	1495	709	879	1141	1112	1250	1161	1126
TOTAL	1,882	1,540	1,632	4,197	6,775	9,034	12,156	15,226	19,186	18,077	15,101



Immunization session at St. Stephen's

Figure 12: Number of Children Immunized from 2000 to 2010



We have noted a reduction in the numbers of children brought for immunization. This is probably due to the frequent shortage of antigens. We plan to study the reasons for this decrease and forge ways to address any hindrances.

7.1 De-worming and Vitamin A supplementation

Table 13: Number of children that were de-wormed and given vitamin A supplementation during the year 2010

Month	J	F	M	A	M	J	J	A	S	O	N	D	Total
Vitamin A	132	141	142	145	149	141	159	189	138	166	182	158	1,842
De-wormers	88	97	60	52	63	85	73	98	63	105	166	135	1,085
Total	220	238	202	197	212	226	232	287	201	271	348	293	2,927

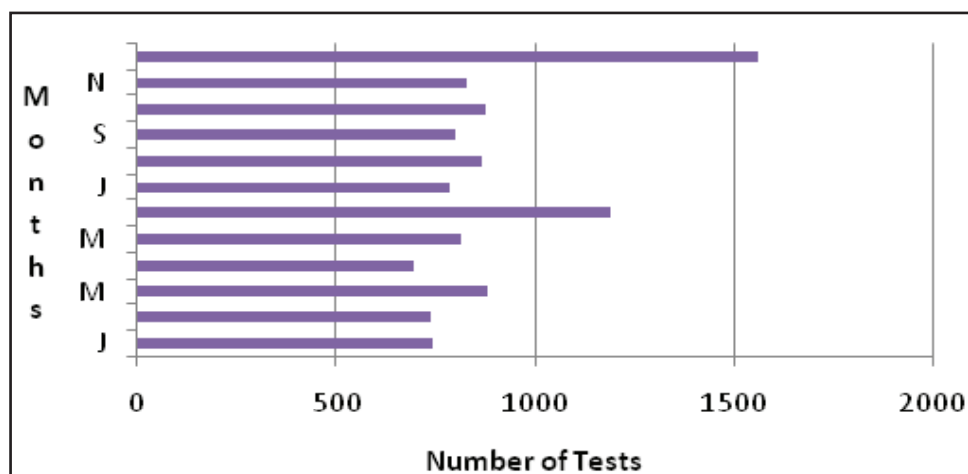
8.0 Laboratory

Table 14: Number of tests done during the year 2010 by month

Tests/Month	J	F	M	A	M	J	J	A	S	O	N	D	TOTAL
HIV	130	92	190	151	203	435	141	210	124	217	151	395	2044
Malaria	417	437	507	384	421	612	482	395	401	397	432	418	5303
Urinalysis	62	73	54	58	60	54	48	65	81	85	80	108	828
VDRL	17	18	16	11	17	4	20	37	35	23	21	23	242
Blood sugar	26	27	29	19	23	21	27	23	57	27	39	22	340
CBC	7	4	2	5	1	6	4	2	7	4	7	5	54
Pregnancy tests	18	17	20	17	21	15	20	60	25	17	23	22	275
B.A.T	3	2	1	5	0	0	0	2	0	0	0	0	13
Sputum	7	8	9	8	7	0	0	6	8	7	10	5	75
Stool exam	5	4	3	0	2	1	1	9	0	6	4	1	36
Blood group	16	15	14	15	18	17	23	23	23	60	23	27	274
Thyroid Function Tests	1	0	0	0	0	0	0	0	0	0	0	0	1
Lipid profile	1	1	1	1	0	0	0	1	1	1	0	0	7
Hb	18	26	22	8	25	8	7	17	22	21	24	0	198
Rheumatoid Factor	3	2	1	0	1	0	2	2	0	0	0	0	11
Culture & Sensitivity	4	5	5	6	4	5	4	4	6	5	6	4	58
Amylase	0	0	0	0	0	0	0	0	0	0	0	0	0
H. pylori Test	1	1	0	0	0	1	0	0	0	0	0	0	3
LFT	1	0	1	2	1	3	5	5	5	2	2	1	28
RFT	2	2	2	5	1	6	4	5	3	2	3	1	36
CD4 Counts	1	0	0	0	0	1	0	0	1	3	0	0	8
PSA	0	0	0	0	0	0	0	0	0		0	2	2
Sickling Test	2	3	4	0	7	0	0	0	0	0	2	2	20
Total	742	737	881	695	812	1189	788	866	799	877	827	1562	10,251

The number of laboratory tests done at St. Stephen's has increased as shown above.

Figure 13 : Total Number of Laboratory Tests done during 2010



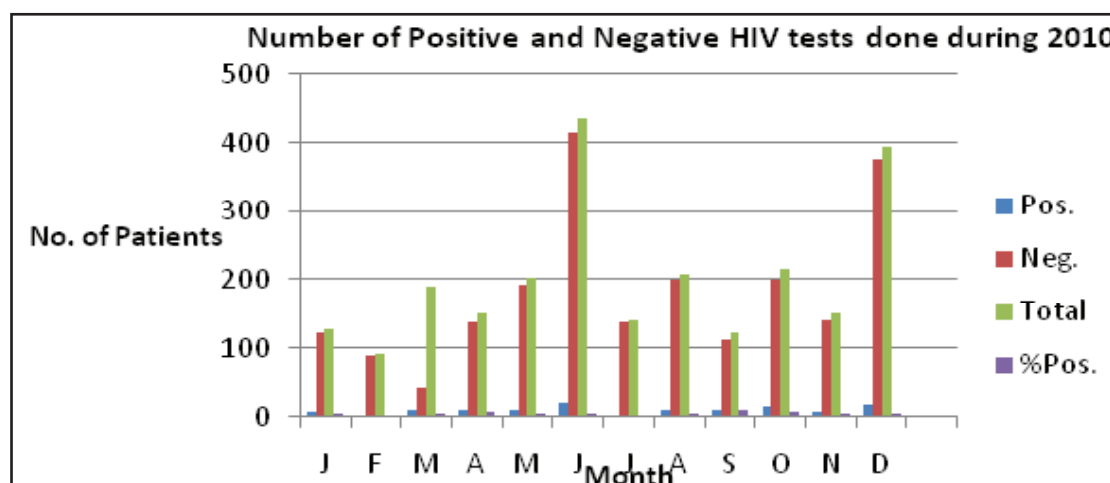
December had the highest number of tests because 3 VCT outreaches were carried out compared to only one done the other months.

Table 15: Number of Positive and Negative HIV tests done during the year 2010

Tests	J	F	M	A	M	J	J	A	S	O	N	D	Total
Pos.	7	2	10	11	10	21	3	9	11	15	8	18	125
Neg.	123	90	44	140	193	414	138	201	113	202	143	377	2,178
Total	130	92	190	151	203	435	141	210	124	217	151	395	2,439
%Pos.	5.38	2.17	5.26	7.3	4.9	4.82	2.12	4.28	8.9	6.9	5.3	4.6	5.1

The number of HIV tests done during the year 2010 was 2,439 and out of these 125 were positive (5.1%)

Figure 14 : Number of Positive and anegative HIV tests done during 2010



Surgery

St. Stephen's Hospital began offering surgical services in the year 2006 when the operating theatre was inaugurated. Since then over one hundred major operations have been conducted. These include caesarean sections, laparotomies, and total abdominal hysterectomies among others. Over 400 minor surgeries have been done on outpatient basis. These include surgical toilet and suture, incision and drainage of abscesses, ENT procedures and wound care.

We mainly carry out elective operations because we lack an anesthetist who would have worked during emergencies.

During the year 2010 twenty three major operations and ninety minor operations were done. We encourage specialist surgeons to work on their patients from our theatre. We are also planning a surgical camp. We plan to partner with Infectious Diseases Institute to offer free medical male circumcision services.



Surgeons at work in St. Stephen's Hospital theatre

9.0 Other Activities

9.1 Research

We carried out a community survey to determine the factors that promote, and barriers to service utilization at St. Stephen's Hospital. We found out that accessibility, competent and caring staffs and the fact that St. Stephen's is a community owned hospital were promoters to utilization of the services.

Barriers to service utilization included high charges, poor customer care, lack of diagnostic equipment and poor accessibility due to bad roads. Hence we are doing all that is possible to consolidate the promoters of utilization and also rectify the barriers. For instance we procured an ultrasound scan, we held a workshop on customer care for all staff members and we also revised our charges and we continue to publicize the hospital. We also continue to collaborate with politicians and local leaders to repair the access roads.

9.2 Training of students

We train medical students from Makerere College of Health Sciences under Community Based Education Services (COBES) program. We had two groups the second and third year medical students.

Two medical students from Makerere University College of Health Sciences also did their electives from St. Stephen's Hospital. They were involved in patient care, immunization and community outreaches.

We also hosted several students and residents from Yale and Stanford Universities during the year 2010. Other students were nursing, counseling and laboratory technology students who had their placements at the hospital.

9.3 Continuing Professional Development

In an effort to attain our vision we continuously seek to improve and maintain staff competences by carrying out Continuing Professional Development sessions. We had several sessions last year including management of diarrhea, hypertension, HIV new treatment guidelines, prevention of mother to child transmission of HIV/AIDS among others. These CME/CPD sessions were facilitated by both staff members and residents from Yale and Stanford Universities.



CME session on TB-HIV co-management

Table 16: Showing list of topics done during the year 2010

	Topic	Facilitator/s	Designation
1.	Time management	Dr. Christine Nalwadda	Visiting M.O
2.	Team building	Dr. Christine Nalwadda	Visiting M.O
3.	Fire , types causes and how to use fire extinguishers – (drill)	Fire dept representative	Fire department representative from Uganda Police
4.	Management of diarrhea in adults and children	Denis Ssesanga	Clinical Officer
5.	Sickle cell disease (quiz)	Catherine Nakibuule	M.O
6.	PMTCT	Sarah Nanyonjo	E.N
7.	Management of severe malaria	Charles Mugume	S.C.O
8	HIV replication - video	Catherine Nakibuule	M.O
9	Mechanism of action of ARVs and development of resistance - video	Catherine Nakibuule	M.O
10	Common antibiotics and their use	Tomas Davee	Resident Stanford University
11	Cardiac emergencies	Andrew Cohen	Resident Stanford University
12	Current HIV treatment guidelines	Andrew ,Sharon, Nancy, Channa, Rosie, Esther	Resident Stanford University
13	Quarterly review / clinical audits	Catherine Nakibuule	M.O
14	Sterilization, disinfection and care for surgical instruments	Sekasanvu Richard	Theatre attendant
15	Emotional intelligence and interpersonal relations	Canon Godfrey Njagala	Chairman B.O.D
16	TB-HIV diagnosis	Kawesa Robert	Lab technician
17	TB –HIV treatment	Catherine Nakibuule	M.O
18	TB-HIV in children	Catherine/Robert	M.O/ lab technician
19	TB infection control	Robert/Catherine	M.O/Lab tech.
20	Ultrasound in Obstetrics and gynecology	Homa Khorrami	Resident Yale
21	Customer care	Mrs. Ssebuggwawo	Board member
22	Medical Audits and patient records	Catherine/ Charles	M.O/ S.C.O

9.4 Home Visits

We carried a number of home visits with an aim of following up patients who had been admitted and also to study their living conditions in relation to their illnesses. We also do health education and address other problems including social and economic problems.



Home visit: Dr. Examines patient

9.5 African Child Day Celebration

We celebrated the African Child Day on the 16th of June Messages on child development, child rights and child health were passed on to the community members.



School children listen to speeches during the African Child Day celebrations



Rev. Sam Lwere the Parish Priest giving a speech during the celebrations

9.6 Group Study exchange program

This is a program of Rotary international where professionals are sponsored to visit other professionals in different areas of the world. The Medical Superintendent got the chance to visit San Diego California. She visited several health units including the San Diego Hospice, and got a chance to interact with several health professionals sharing challenges and plans.



Medical Superintendent presents to Rotarians



Discussion with neonatologist at Mary Birch Hospital

9.7 Community Dental Days

We organized and carried out two community dental days where staff members visited primary schools and screened children for dental ailments. They also educated the children on how to care for their teeth to prevent decay.

A total of twenty-four schools were visited and 3820 children were screened. Out of these 738 children had dental defects and 250 were treated at a fee of 1000/=only.



Children listen attentively during health education talk on oral health

10.0 St. Stephen's Hospital Projects

10.1 The Good Samaritan Orphans Project

The Good Samaritan Orphans project was started in 1992 by the Christians of St. Stephen's Church of Uganda Mpererwe. It is funded by the congregations of St. Stephen's COU Mpererwe in collaboration with St. Cuthbert Presbyterian Church in Canada.

The project started by supporting three (3) orphans with tuition fees and providing some basic necessities to the elderly and the sick in the community. Currently it is supporting fifty-six (56) orphans, thirty-five (35) orphans are in primary school and nineteen (19) orphans are in senior secondary school and two (2) in post secondary training institutions. The children live with their relatives.

Activities during 2010

Members reviewed the three years of the partnership with St. Cuthbert Church and noted the following: training and sensitizing the community to improve their living conditions by working together as families. This will be intensified as stated in a proposal to the Stephen Lewis foundation (S.L.F). It was agreed in the proposal to focus on supporting and strengthening the capacity of care givers and to explore the feasibility of creating a church related "business."

The project continues to pay school fees for the beneficiaries and also supports them with scholastic materials and we are happy to report that the children's academic performance has greatly improved. Committee members have been interacting with the beneficiaries every first Sunday in the month

The project hosted visitors from Canada



Good Samaritan Children interacting with visitors from Canada

Challenges

1. The sickness of the project chair person has had negative impact on the running of the project.
2. The cost of living has become very high therefore meeting the needs of these orphans has become a challenge.
3. More of the children are joining secondary school level in 2011 thus increasing the budget.
4. The committee continues to receive more and more guardians who request for a helping hand but are not enrolled because of the limited resources.

Way forward

1. Solicit for more funds by writing project proposals.
2. Enroll more children into the project funds permitting

10.2 The Learning through Play Project

“Make Parenting Fun”

This project aims at training parents and care givers about the importance of play in child development. It is run by a national coordinator, a director and a secretary. It has three categories of members: the master trainers who were trained originally by trainers from the public health department in Toronto Canada, trainers who are trained by master trainers and parents /care giver groups who are trained by trainers.

It is funded by CIDA (Canadian International Development Agency).

Appreciation

1. Team at Hincks Dellcrest centre in Canada for their continued support.
2. The management and Christians of St. Stephen’s Church of Uganda Mpererwe for their cooperation.
3. The staff of St. Stephen’s Hospital Mpererwe Church of Uganda for their support of all activities.

Achievements

1. There has been a great increase in the number of members. The project now has 1000 members.
2. We hosted the Learning through Play African Regional Conference from 17th to 27th of November 2010. Participant came from Ethiopia, Ghana, Burkina Faso, Kenya and Canada. The conference was a success.
3. Training in Ethiopia was carried out successfully by two master trainers from Uganda.
4. We managed to print LTP materials for the trainers which included T-Shirts, training manuals, LTP calendars, parents’ leaders’ guide, LTP pictorials and LTP certificates.
5. We enjoy a good relation with the church which makes the work of the project easy. The church is supportive and has provided offices for LTP and the venue for the African Regional Conference.
6. We have managed to publicize the project through television talk shows. LTP is starting to be known throughout Uganda.
7. Several trainees have started running day care centers as a result of the training and skills acquired through the training received, through the project.
8. Our secretary was blessed with a baby girl.

Challenges

1. Some areas are not accessible due to impassable roads and lack of a vehicle.
2. Since we have many languages in Uganda, there is a constant need to translate the training materials in more and more local languages.
3. The cost of printing the LTP materials is still quite high. We have only been able to translate the materials into one local language (Luganda) yet there are many other languages used in Uganda.
4. Cultural beliefs and perceptions are a barrier to people accepting and practicing what they are taught.
5. The slow internet makes communication difficult.
6. The community members expect to be given money during trainings and this is not possible.
7. Some of the parents cannot apply what they learnt due to domestic violence.
8. We still lack enough funds to train people in all the districts in Uganda. We only have one funder and the contract is ending in March 2011.

Way forward

1. Plans are underway to solicit for funds to train more people and sustain the project.
2. We plan to train more trainers of trainers and parents groups all over Uganda and also in the neighboring countries.
3. We plan to translate the training materials and calendars into more local languages in addition to luganda.
4. We also plan to do research to study the effect of the trainings on the well being of children and their caretakers.

10.3 The Women's group

"Empower women, build families"

This project was founded in 1999. Its aim is to improve the socioeconomic status of women in and around Mpererwe. The project was funded by the Rotary Club of Kololo at its inception.

Activities

A total of twenty-two heifers were given out to twenty-two needy families.

Regular training of the women by the extension workers was done during the year 2010. Because the practice of passing on the heifer, the number of women who have received heifers is now well over 100.

Members continued to plant fruit trees around the community.

Challenges

1. We lack funds to pay the extension workers salary.
2. Lack of land to grow pastures for the cows.
3. Several members have lost their cows due to the dry conditions that prevailed over the previous year.

War forward

1. We plan to write proposals to solicit for more funds
2. We also plan to partner with other projects like the East African Diary Development Project to boost project sustainability.

11.0 Visitors to St. Stephen's Hospital

We received several visitors during the year 2010. They were from UPMB, Rotary, KCC/ JMS, Canada, USA, Mulago Hospital, Yale University and Stanford University.

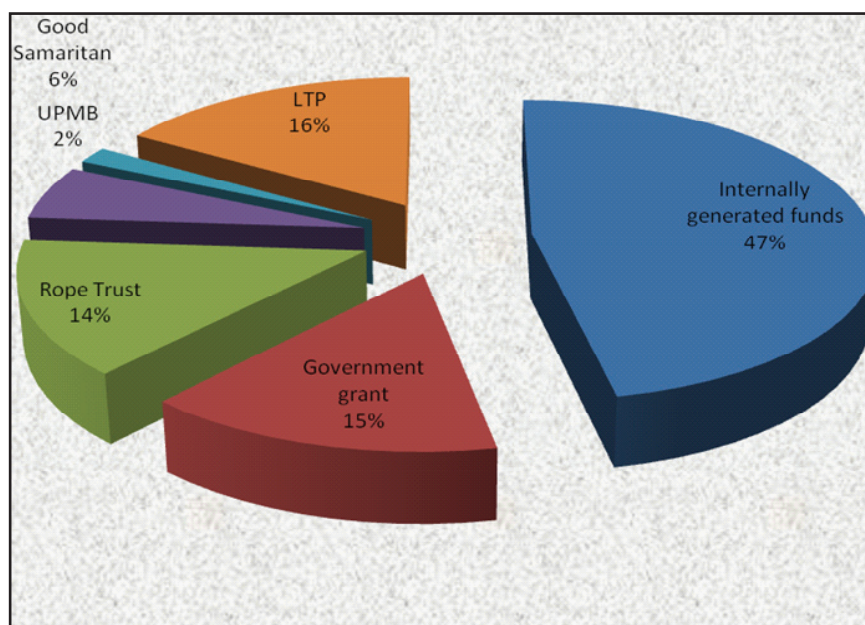


With Visitors from the Rotary Clubs of Kololo and Canada

12.0 St. Stephen's Hospital Finances in 2010

12.1 Income

Figure 15: Sources of income in 2010.



Internally generated funds contributed the highest percentage of the total income. More people are willing to pay. This is a great improvement as we strive for self sustenance.

The Rope trust charitable fund contributed 14% of the recurrent budget during the year 2010. We appreciate their contributions without which we would not have reached where we are now. Their help funded most of the capital investments at St. Stephen's Hospital.

Contributions by the government grant was 15%. We appreciate the Government's partnership with the PNFP hospitals such as St. Stephen's. It has greatly improved the access to health care by the community.

The learning through play project donation contributed 16%. This is a donation from the Public Health Department of Toronto Canada. Its aim is to train parents and caregivers in how to use play to promote child development.

The Good Samaritan project income contributed 6%. It is a donation from the congregation of St. Cuthbert church in Canada for supporting orphans, elderly and the needy in Mpererwe.

The income from UPMB was for the Maternal and Neonatal Health project. It accounted for 2% of the total income.

Table 17: Sources of Income from 2001 to 2010

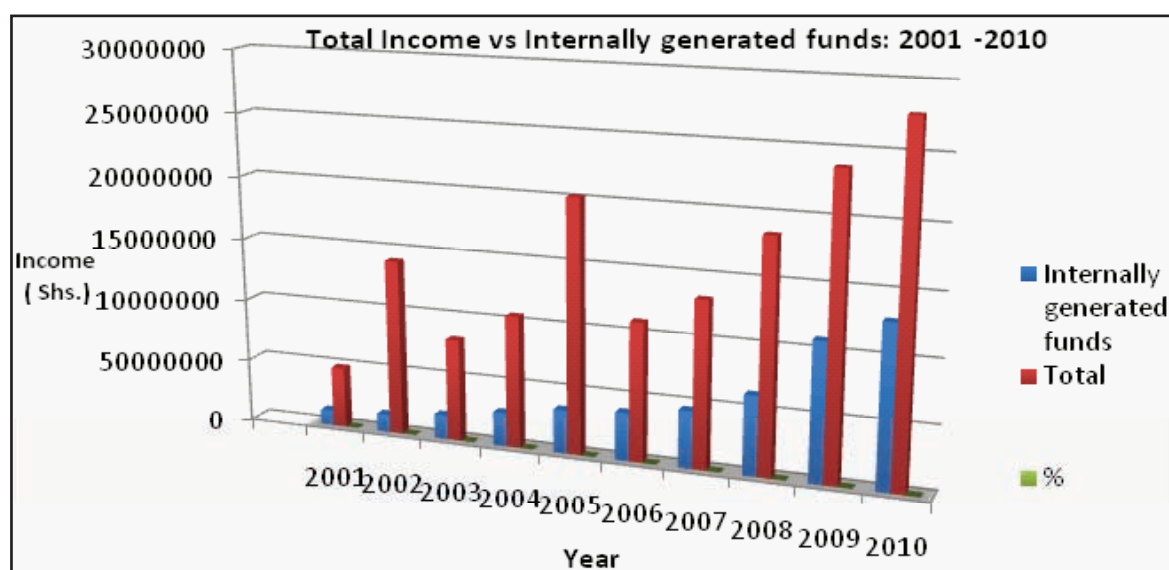
Year	Internally generated funds	Government grant	Rotary	Rope trust	Interest	Drugs in Kind	Good Samaritan	Other projects	Total
2001	12,543,100	9,452,200	5,351,000	19,892,000	408,395	-	865,800	-	48,512,695
2002	14,615,350	26,605,049	8,881,200	88,842,000	193,602	-	1,319,500	-	140,456,701
2003	19,721,400	18,893,243	-	25,117,000	238,119	12,873,700	850,000	3,752,121	81,445,583
2004	27,147,100	32,390,885	-	40,396,000	228,265	-	290,000	5,148,152	105,600,402
2005	35,003,200	31,457,026	-	105,633,000	195,494	10,715,017	14,048,500	4,940,800	201,993,037
2006	38,468,350	23,893,764	10,620,000	26,460,000	0	-	10,698,000	294,875	110,434,989
2007	45,784,360	35,194,267	1,700,000	30,929,750	48,741	-	17,369,000	1,442,500	132,468,618
2008	63,221,950	25,000,000	-	64,114,825	-	-	13,881,400	18,938,868	185,157,043
2009	109,470,250	39,561,843	-	35,526,000	-	15,183,684	9,687,130	27,473,496	236,902,403
2010	128,811,100	40,669,107	-	39,684,000	-	2,323,646	15,867,379	49,699,404	274,730,990

The financial performance of St. Stephen's hospital has improved greatly over the years. This has been attributed to the increasing number of patients who are willing and able to pay for the services offered at the hospital.

Table 18: Contribution of internally generated funds to total Income over the years.

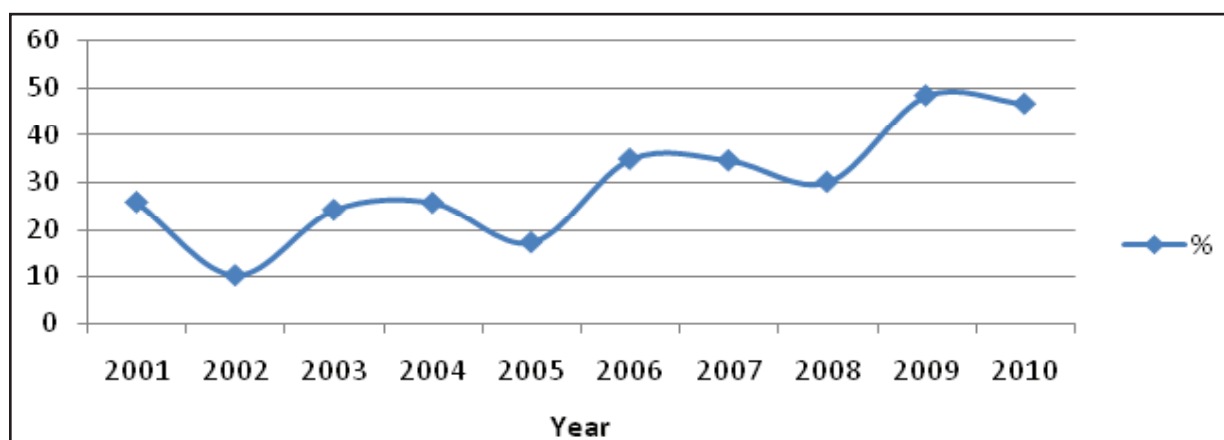
	Internally generated funds	Total Income	%
2001	12,543,100	48,512,695	25.855
2002	14,615,350	140,456,701	10.405
2003	19,721,400	81,445,583	24.214
2004	27,147,100	105,600,402	25.707
2005	35,003,200	201,993,037	17.328
2006	38,468,350	110,434,989	34.833
2007	45,784,360	132,468,618	34.562
2008	63,221,950	185,157,043	34.145
2009	109,470,250	236,902,403	46.209
2010	128,811,100	277,054,636	46.493

Figure 16: Total Income vs internally generated funds



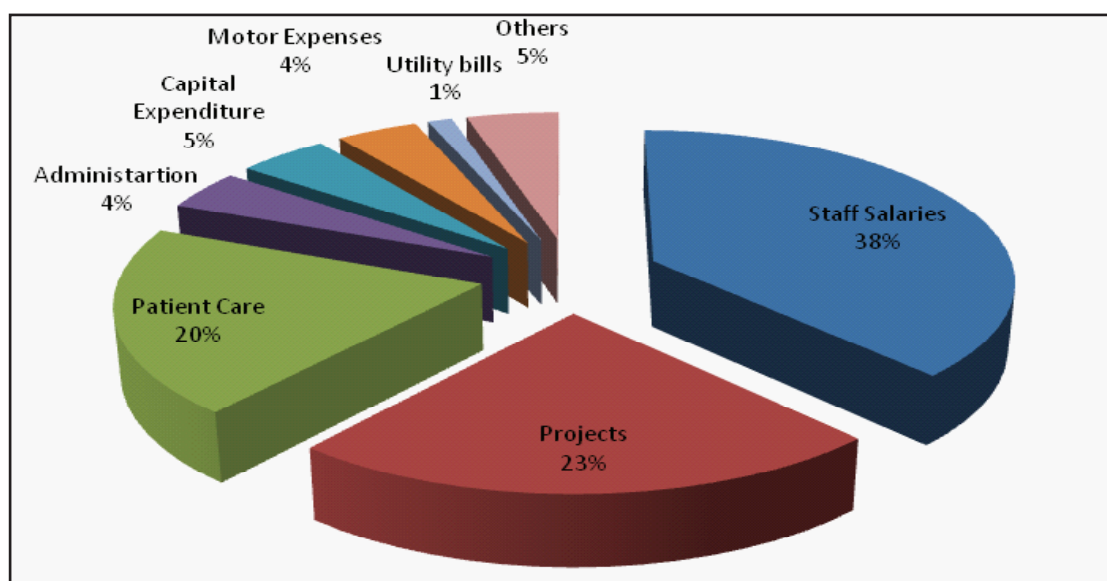
We have noted the increasing percentage of internally generated funds which shows that more patients are willing to pay.

Figure 17: Percentage of Internally generated income: 2001 - 2010



12.1 Expenditure during the year 2010

Figure 18: Expenditure during the year 2010



Expenditure on staff salaries was highest (38%) followed by that on projects (23%). These are the Good Samaritan orphan project and the Learning through Play project.

The expenditure on patient care accounted for 20 %. This included expenses on medical drugs and supplies, laboratory, theater, consultancy and outreaches.

Capital expenditure (5%) was on water tanks, ultrasound scan machine, trolleys and a pulse Oximeter.

Cost of care = Total income excluding income for projects/ total number of patients 211,487,853 / 12064 = 17,530/=

It is noted that the average cost of care is still high. Care includes outpatients, inpatients, maternity as well as surgical operations.

Vision: A model of excellence in Health Service provision, Training, Research in Uganda and beyond
Mission: To provide Wholistic Health Care to all in need without discrimination on any ground

13.0 Discussion

There is evidence of steady development of St. Stephen's Hospital amidst challenges as shown by the findings above. The continued support from different organizations like AFENET, UPMB and partnership with Makerere University College of Health Sciences and the community indicates good relations and a promising future.

Malaria is still the greatest challenge faced by the community of Mpererwe. Malaria leads to absenteeism from school, and from work thus affecting the economic status of the people and the community. Malaria is also the commonest cause of admissions because of its severity. The most affected groups are the children below five years of age. Malaria prevention is still a challenge given the fact that many people in the community grow fodder grass for cattle which is a conducive environment for the multiplication of mosquitoes and many do bricklaying which involves digging ponds that collect stagnant water around their residences. We continue to offer health education on prevention of malaria and insecticide treated mosquito nets at subsidized price.

Significant to note is the increased prevalence of hypertension and diabetes mellitus. This is because of the population is adopting a more sedentary lifestyle and the increased consumption of fast foods. We carry out health education and sensitization on the importance of exercise and proper nutrition.

The dental service utilization has improved greatly. This is because of the increased publicity and as result of the community dental days carried out by St. Stephen's Hospital. We hope to perform even better when we acquire a complete dental set from Dentaaid.

Utilization of the antenatal care services has improved. This is in response to the community outreaches funded by the UPMB MNH project. However the number of mothers who delivered from St. Stephen's Hospital is still quite low. This is a common trend throughout Uganda.

We plan to study the preferred delivery positions among women in Kampala District. The number of children who were immunized decreased over the last year. Although this is partly due to the frequent stock out of antigens throughout the country, a study to assess the knowledge and attitudes of parents towards immunization is needed to find out why the numbers have reduced.

The laboratory utilization has greatly improved because we introduced twenty four hour services. However we are still not able to carry out some tests like renal and liver function tests. We hope to improve the capacity by procuring a chemistry analyzer and a hematology analyzer.

The financial performance of St. Stephen's Hospital has greatly improved. However we still need to raise more funds for capacity building and expansion of the hospital as well as self sustainability.

14.0 Challenges

1. We still lack adequate funds to run the hospital and expand it.
2. We lack specialized staffs like a fulltime anesthetist so we cannot carry out emergency operations especially at night.
3. The number of patients utilizing the immunization, theatre and inpatient services has reduced.

4. The access road is still in poor state making accessibility to the hospital very difficult.
5. We lack accommodation for staff members so many staff members who come from far report late for work.
6. We still lack equipment like a chemistry analyzer, hematology analyzer so we have to transport blood samples to Mulago Hospital and other laboratories and this has become costly to the hospital.
7. We lack a blood bank for transfusion of severely anaemic patients so we have to refer all of them to Mulago Hospital.

15.0 Future plans

1. We plan to acquire more diagnostic equipment like a hematology analyzer and chemistry analyzer.
2. Complete tiling of the hospital floor
3. Write a grant proposal to acquire funds for construction of a students hostel
4. Procure proper hospital beds
5. Construct a placenta pit
6. Acquire an incinerator for proper medical waste disposal
7. Organize and carry out a surgical camp
8. Acquire more land for expansion
9. Train staff members in theatre, ultrasound scanning, e.t.c
10. Procure a blood bank fridge as recommended by Nakasero blood bank.

16.0 Conclusion

Remarkable improvement and achievement has been noted during the year 2010. We have been able to increase on the number of services offered for example the ultrasound scan machine, long term family planning methods and we started conducting mobile clinics for antenatal mothers (MNH project). Financial performance has also greatly improved with over 47% internally generated income. We plan to continue to partner with the community and to solicit more funds to improve our services as we endeavor to fulfill our mission of offering wholistic health care to all in need without discrimination on any ground.

Appendix 1: Income and expenditure 2010 compared to 2009

Item	2010 Budget	2009 actual	2010 actual	Variance
Treatment	150,000,000	109,470,250	128,811,100	-21,188,900
Government grant	50,000,000	39,561,843	40,669,107	-9,330,893
Rope Trust	35,000,000	35,526,000	39,684,000	4,684,000
Good Samaritan	20,000,000	9,687,130	15,867,379	-4,132,621
UPMB		1,108,000	4,794,000	4,794,000
LTP	19,000,000	18,821,875	44,905,404	
Fundraising	50,000,000	0	0	-50,000,000
Miscellaneous	1,000,000	7,543,621	0	-1,000,000
Drugs in kind	25,000,000	15,183,684		-25,000,000
Interest	0	0	0	0
Total Income	350,000,000	236,902,403	274,730,990	-102,496,110
Capital Expenditure	65,500,000	3,650,000	12,296,666	-64,220,000
Amt After capital Expenditure	285,000,000	233,252,403	262,434,324	-38,776,110
Operational Expenses				
Salaries	94,200,000	65,383,400	90,154,100	-4,045,900
Transport	1,920,000	977,000	3,287,500	1,367,500
Lunch & tea	7,200,000	5,915,700	7,137,600	-62,400
Meetings	4,480,000	1,050,000	530,000	-3,950,000
Drugs	40,000,000	32,281,550	39,721,990	-278,010
Office expenses	1,000,000	730,200	1,178,700	178,700
Cleaning	1,500,000	564,500	4,045,500	6,406,500
Membership	650,000	550,000	850,000	200,000
Repair & maintenance	3,000,000	2,470,000	3,654,811	654,811
Uniforms	1,000,000	1,300,000	1,163,000	163,000
Telephone Postage	3,360,000	1,131,000	3,456,000	96,000
Motor Expenses	8,040,000	8,749,000	5,207,000	-10,033,000
Fuel	7,200,000		5,800,000	14,000,000
Stationary	3,600,000	2,327,900	4,173,000	1,573,000
Bank charges	900,000	855,500	1,164,494	264,494
Estate management	9,000,000	9,346,500	3,360,000	-1,790,000
Volunteer allowances	360,000	480,000	507,000	147,000
Electricity	5,000,000	4,513,200	2,350,000	-2,650,000
Water	600,000	504,500	950,000	350,000
NSSF	9,000,000	5,299,900	4,357,500	4,642,500
Good Samaritan	20,000,000	11,565,000	17,730,900	-6,220,100
Laboratory	1,000,000	913,000	1,980,000	980,000
Outreaches	3,500,000	2,140,000	3,780,000	280,000
Training & workshops	1,500,000	604,000	250,000	-1,250,000
Theatre	0	228,500	204,500	204,500
Responsibility allowances	1,960,000	3,870,000	4,830,000	2,870,000
LTP	19,000,000	30,329,500	43,893,500	24,893,500
Consultancy	2,500,000	2,330,000	1,080,000	-1,420,000
MNH UPMB		250,800	3,032,000	3,032,000
Support supervision	200,000	200,000	0	-200,000
Generator	1,000,000	167,000	568,000	432,000
Malaria Control		570,000	870,000	870,000
Report writing annual & news letter	4,000,000		1,000,000	-3,000,000
Resource mobilization planning & fundraising	5,000,000		0	-5,000,000
Health fair and community days	2,500,000		0	-2,500,000
Auditing accounts	4,000,000		0	-4,000,000
Miscellaneous	1,500,000	1,288,200	905,000	-595,000
Total Operating Expenses	269,670,000	198,885,850	262,347,095	-9,930,905
Surplus/deficit	15,330,000	34,376,553	87,228	

10.2.1 Notes

10.2.2 Income

Internally generated income

This is income from user fees collected from patients. There was an increase of 19,340,850 /= over the previous year because of the introduction of new services like the ultrasound scan, twenty-four hour laboratory services and long term family planning services. Income from this source was less than was budgeted because we got fewer patients than we had expected.

Rope Trust

This is income from the Mrs. LD Rope Charitable Trust fund. It was higher than 2009 because the exchange rate of the pound was higher at the time of the second release compared to last year.

Good Samaritan

This is a donation from St. Cuthbert church in Canada for the Good Samaritan orphan project. It was more than the previous year but less than was budgeted.

UPMB

This is a donation from UPMB was for the Maternal and Neonatal Health project which began this year.

LTP

This is a donation from CIDA through the Department of Public Health in Toronto, Canada for the Learning through play project activities.

Drugs in kind

These are drugs supplied by the Government of Uganda through the essential drug program.

10.3 Expenditure

10.3.1 Capital Expenditure

This was expense on procurement of an Ultrasound Scan machine, Pulse Oximeter, A television set, Theatre trolleys and water tanks.

10.3.2 Operating Expenses

Salaries

This expense on staff salaries was slightly less than was budgeted because we got fewer staff than we had expected and more than that of last year because of the increased number of staff members compared to the previous year.

Transport

The expense on transport refund for staff was higher than that of 2009 because of the increased number of staff members, and more than what was budgeted because on several occasions the ambulance was being used for administrative duties and staff had to use public means to go for outreaches.

Lunch & tea

This expense on staff meals was more than that of the previous year because of the increased number of staff members and increase in food stbut slightly less than budgeted.

Meetings

Expenses on board meetings were less than those of the previous year and the budget because fewer meetings than planned were held.

Drugs

This was expense on medical drugs and supplies. It was more than that of last year because of the slight increase in patient numbers and slightly less than the budget because the number of patients increased to a degree less than expected.

Office expenses

This was expense on news papers, computer table, wall clocks and an office desk phone. It was higher than that of the previous year and the budget.

Cleaning

The expense on cleaning the hospital was higher than that of last year because of the increased cost of detergents and of medical waste disposal.

Membership

This was payment for registration with the Ministry of Health and UPMB. It was higher than the previous year and was budgeted because the fee was increased.

Repair and maintenance

This was expense on repair of equipment for example the autoclave, the toilets, doors, drainage systems, shelter for medical waste, fans, beds, broken benches. It was higher than the budget and the previous year because of the increased costs of materials.

Uniforms

This was expense on staff uniforms. It was slightly higher than the budget, and less than that of the previous year.

Telephone and Postage

This was expense on internet monthly subscriptions and on airtime for coordinating hospital activities. It was much higher than the previous years because we procured a desk top phone.

Motor Expenses

This was expense on maintenance and repair of the ambulance.

Fuel

This was expense on ambulance and generator fuel.

Stationary

This was expense on printing medical forms, laboratory forms, discharge, referral, receipt books, cash vouchers, inpatient files, antenatal and Immunization cards.

Estate management

This was expense on tiling the hospital floor, fixing window nets, minor road repairs and fixing the laboratory work area. It was less than the previous years and budgeted because fewer items were worked on than we had planned.

Volunteer allowances

This is payment of allowances for volunteers at the hospital. It was higher than that of last year and the budget because we got more volunteers than we had expected. We get volunteers when there is a need or gap to be covered for instance when a staff member is on leave.

Electricity

This was expense on payment of electricity bills. It was less than that of last year because the hospital no longer pays the bills for the staff quarters.

Water

This was expense on water bills. It was higher than that of the previous year because we utilized more water.

NSSF

This is statutory requirement was less than budgeted for because less staff members were recruited than we had planned.

Good Samaritan

This is expense on the Good Samaritan activities: payment of school fees and procurement of scholastic materials for orphans.

Laboratory

This was expense on laboratory tests done from laboratories that are more equipped than St. Stephen's Hospital laboratory.

Outreaches

This was expense on integrated outreaches. It was higher than the previous years because of the increase in staff members and the increased number of outreaches.

Training & workshops

This was expense on a workshop on customer care organized for staff members.

Theatre

This was expense on the theatre (refund to a patient whose operation was cancelled)

Responsibility allowances

These are allowances paid to the parish priest, lay leader, chairman board of directors and to staff members as public holidays and acting allowances.

LTP

This was expense on the Learning through Play project activities. It was much higher than that of the previous year because this year we had to organize the African Regional Conference.

Consultancy

This was expense on consultancy fees paid to consultant surgeons and the anesthetists. It was much less than that of last year because we had fewer consultants than the previous year.

MNH UPMB

This was expense on the activities of the Maternal and Neonatal Health project funded by UPMB like organizing mobile clinics, meetings for mothers in the PMTCT program.

Generator

This was expense on generator repair and maintenance.

Malaria Control

This was expense on procuring Insecticide Treated Mosquito Nets that were availed to the community at a subsidized cost.

Report writing annual and news letter

This was expense on printing the 2009 annual report. It was less than the budget because we were not able to publish the news letter.

Miscellaneous

This was expense on condolences of staff and board members who lost their loved ones during the year 2010.

Appendix 2

List of Board members as of 31st December 2010

1.	Canon Godfrey Njagala	Chairman
2.	Mrs. Deborah Ssengendo	Vice Chair Person
3.	Mr. Nicolas Kasirye	Treasurer
4.	Dr. Kalyesubula Israel	Chairman Technical Committee
5.	Mr. Bwabye	Chairman Building Committee
6.	Mr. Subi Birungi	Member
7.	Mrs. Betty Mugoya	Member
8.	Prof. Sam Luboga	Coordinator
9.	Mrs. Joy kaddu	Chairperson Women's group
10.	Mrs. Miriam Njagala	Bishop's representative
11.	Dr. Catherine Nakibuule	Secretary/Medical superintendent
12.	Mr. Kawesa Robert	Staff representative
13.	Rev. Sam Lwere	Parish priest Mpererwe C.O.U
14.	Mr. Charles Mugume	Head P.H.C
15.	Ms. Nangendo Olivia	Administrator
16.	Mrs. Molly Zziwa	Member
17.	Mr. Ham Tumuhairwe	Rotary club representative
18.	Mrs. Robinah Ssebuggwaawo	Member
19.	Mr. Paddy Male	Member
20.	Mr. Kiyingi Samuel	Member

Membership on the Committees of the Hospital Board of Directors

Executive committee

1.	Canon Njagala Godfrey	Chairman
2.	Prof. Sam Luboga	Coordinator
3.	Mr. Kasirye Nicolas	Member
4.	Dr. Israel Kalyesubula	Member
5.	Mr. Paddy Male	Member
6.	Mrs. Robinah Ssebugwawo	Member
7.	Mrs. C.D. Ssengendo	Member
8.	Rev. Sam Lwere	Member

Finance committee

1.	Mr. Kasirye Nicolas	Chairman
2.	Canon Njagala	Chairman B.O.D
3.	Rev. Sam Lwere	Parish Priest
4.	Ms Olivia Nangendo	Administrator
5.	Mrs. C.D. Ssengendo	Member
6.	Mr. Paddy Male	Member
7.	Mr. Kiyingi Sam	Member
8.	Dr. Kalyesubula	Chairman Technical Committee
9.	Mr. Bwabye John	Chairman Building Committee
10.	Dr. Nakibuule Catherine	M/S

Technical Committee

1.	Dr. Kalyesubula	Chairman
2.	Dr. Sam Luboga	Member
3.	Canon Njagala Godfrey	Chairman B.O.D
4.	Mr. Male Paddy	Member
5.	Mr. Subi Birungi	Member
6.	Mr. John Bwabye	Member
7.	Mrs. C.D. Ssengendo	Member
8.	Mrs. Betty Mugoya	Member
9.	Dr. Catherine Nakibuule	M/S
10.	Mr. Mugume Charles	Head PHC
11.	Ms. Olivia Nangendo	Hospital administrator
12.	Mr. Kawesa Robert	Staff Representative

Disciplinary Committee

1.	Canon Njagala	Chairman B.O.D
2.	Dr. Sam Luboga	Coordinator
3.	Mrs. C.D. Ssengendo	Vice Chairperson
4.	Dr. Nakibuule Catherine	Secretary
6.	Rev. Sam Lwere	Parish Priest
7.	Dr. Israel Kalyesubula	Chairman Technical Committee
8.	Mrs. Robinah Ssebugwawo	Member
9.	Mrs. Miriam Njagala	Member

Community Outreaches Committee

1.	Mrs. C.D. Ssengendo	Chair Person
2.	Mrs. Joy Kaddu	Chair Person women's group
3.	Mrs. Miriam Njagala	Bishop's Representative
4.	Mrs. Betty Mugoya	Member
6.	Mrs. Robinah Sebugwawo	Member
7.	Mr. Kiyingi Samuel	Member
8.	Canon Njagala Godfrey	Chairman B.O.D
9.	Dr. Nakibuule Catherine	M/S
10.	Mr. Mugume Charles	Head PHC
11.	Ms. Nangendo Olivia	Hospital Administrator

St. Stephen's Hospital staff members as at 31st December 2010

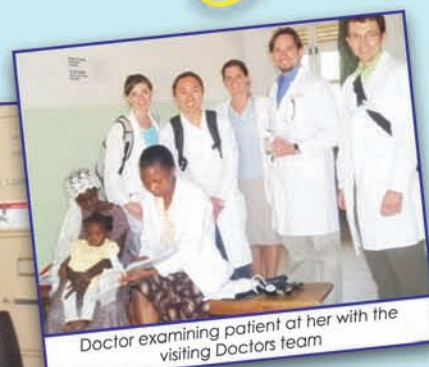
1.	Dr. Juliet Nakku	Visiting psychiatrist
2.	Dr. Christine Nalwadda	Visiting dental surgeon
3.	Dr. Luutu Israel	Visiting Onco-radiologist
4.	Dr. Catherine Nakibuule	Medical Superintendent
5.	Mr. Mugume Charles	Senior Clinical Officer and head PHC
6.	Mrs. Baguma Lovincer	Senior Nursing Officer
7.	Mr. Kawesa Robert	Laboratory Technician
8.	Mr. Lubega Gonzaga	Transport Officer
9.	Mr. Ssenkungu Javira	Public Health Dental Officer

10.	Ms. Namuddu Florence Matovu	Registered Midwife
11.	Ms. Namande Florence	Nursing Assistant
12.	Mr. Okumu Alfred	Askari
13.	Mr. Wantate Godfrey	Community health worker/counselor
14.	Mr. Ssesanga Denis	Clinical Officer
15.	Ms. Namwanje Annette Kisakye	Registered Midwife
16.	Ms. Nangendo Olivia	Hospital Administrator
17.	Ms. Nampeera Penninah Bisoboka	Accounts Assistant
18.	Ms. Namusoke Bakka Olivia	Registered Nurse
19.	Ms. Nakiranda Christine	Registered Midwife
20.	Mr. Mutebi Vincent	Records Officer
21.	Mrs. Baseke Justine	Welfare
22.	Mr. Ssekasanvu Richard Bbosa	Theatre Attendant
23.	Ms. Sarah Nanyonjo	Enrolled Nurse
24.	Mr. Nvule Javira Edward	Cleaning Department
25.	Ms. Birungi Joy	Cleaning Department
26.	Ms. Nakimuli Lillian	Cashier
27.	Ms. Nakintu Nuruh	Lab Assistant (Volunteer)
28.	Mr. Naita Benon	Lab Assistant (Volunteer)
29.	Mr. Ssenkubuge Kenneth	Lab Assistant (Volunteer)
30.	Ms. Namuyiga May	Counselor (Volunteer)

Special Visitors 2010 Pictorial



Visiting Doctors examining patient at her home



Doctor examining patient at her with the visiting Doctors team



Bishop Kityo Luwalira of Namirembe Diocese also visited St. Stephen's Hospital.



Dr. Charles Holt ready to treat patients in the community

Team Gatherings



Continuing Professional Development session



One of the CME sessions facilitated by residents from Stanford University.



Resident from Stanford giving a talk on new guidelines for HIV treatment



Staffs participate in an exercise during a workshop on emotional intelligence



Participants discuss during a workshop



Participants during the training of Community Own resource Persons sponsored by UPMB - MNH project



Cn. Njagala gives a talk during a workshop on interpersonal skills and emotional intelligence

Special Events



Gathering for the Demonstration and display of LTP Play materials



Good samaritan beneficiaries entertain visitors from Canada



Cutting the Christmas Cake at the End of year party for the staff



Demonstration of LTP Play materials



Embrassing the value of team work at St. Stephen's Hospital with the exchange of gifts.

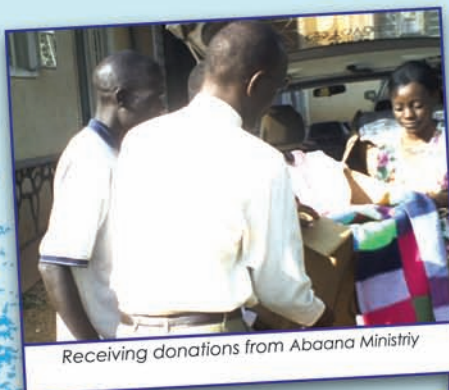


local hand washing demonstration during the LTP African Regional Conference



St. Stephens' staff celebrating as a family

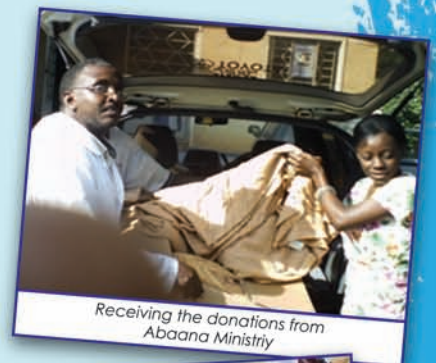
Heartly Donations



Receiving donations from Abaana Ministriy



Computer donated by AFENET



Receiving the donations from Abaana Ministriy



Motorccycle ambulance donated by UPMB, MNH Project



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