





Dr. Ambrosoli Memorial Hospital, Kalongo

Year of Foundation: 1957

Management: Archdiocese of Gulu

Number of beds: 320

Staff: 135 Qualified 169 Unqualified

Medical Officers: 4

Outpatients 2004/05: 58.462

Inpatients 2004/05: 13.336

Inpatient Mortality: 2,2%

Children's Mortality: 2,1%

Average Length Of hospital Stay: 8 days

Bed Occupancy Rate: 89%

Background

Dr Ambrosoli Memorial Hospital is a private not for profit health institution with social and spiritual aims belonging to the Catholic Archdiocese of Gulu, officially recognized by the Uganda Government in 1957. It was started in 1934 by Sister Eletta Mantiero, a Comboni Missionary sister, as a small dispensary in a grass hut which rapidly developed into a maternity and medical unit. With the arrival of Father Giuseppe Ambrosoli, who spent more than 30 years in Kalongo, the hospital was built and developed with the support of many Comboni Missionaries, the congregation of the Sisters of Mary Immaculate and several expatriate doctors.

In 1959 Dr Ambrosoli officially opened the "St. Mary's Midwifery School". The first group of students qualified in 1961 and the institution soon reached a well known reputation all over Uganda. Since its start over 900 Midwives qualified from the school.

From February 1987 to November 1989, Kalongo Mission, the Hospital and the School were evacuated following a Government's decision, due to the war. Dr Ambrosoli died in Lira on the 27th March, 1987 because of renal failure. His memory is still vivid in the local people who used to call him "the doctor of God." From 1987 the hospital and the mission were protected against lootings by the local population. The hospital was officially reopened on December 2nd, 1989 and Dr Father Egidio Tocalli was appointed as Superintendent. The Midwifery School was temporarily moved to Angal Hospital in 1987 to continue training midwives and was brought back to Kalongo in 1990.



Context and Location

Kalongo's Dr. Ambrosoli Memorial Hospital (KAMH) is the only hospital in Pader District (populated by over 330.000 people), Acholi Subregion, Northern Uganda. It is situated in Kalongo town, Parabongo Sub-County, Agago County. In 2001 the establishment of a new District in Pader, forcibly made Kalongo the head of the Health Sub-District, to manage health in the whole district, both in Agago and in Aruu Counties. Due to access difficulties KAMH mostly serves a nearby population, and due to its isolation from other centres, it has to function not only as a district but as a referral (secondary) hospital for the whole district. The neighbouring districts of Kitgum, Lira and Kotido at times also benefit of it as referral hospital.

Because of insecurity, over 50.000 people in Kalongo are currently living within an Internally Displaced People (IDP) camp, in critical conditions, with poor sanitation.

KAMH has the duty of supervising all the lower health units of Pader District (7 Health Centres III and 7 Health Centres II).

Since the insurgency intensified in June 2002, road travelling is rather insecure and allowed only with military escort. In order to reach Pader headquarters, located 80 km away from Kalongo, it is necessary to make a detour of 138 Km.

The only alternative, although very expensive, is air transport of personnel, drugs and sundries. The hospital is in the process of extending the airfield to allow bigger planes to land, to facilitate the lifeline with Kampala, vital in such context.

A mobile phone communication network, already covering part of the district, is currently being set up for Kalongo town and the hospital. For the time being, KAMH still relies on a radio call communication system which links to the district headquarters and the neighbouring hospitals and on E-mail connection.

Hospital Mission

To offer services with a commitment to a holistic approach in healing by treating and preventing diseases, with preferential option for the less privileged.

HOSPITAL PROFILE

Outpatient Services

The Out Patient Department is open from Monday to Saturday and is covered by 5 clinical officers. Doctors join them when they have finished the ward activities taking care of medical obstetric/gynaecological, paediatric, surgical and dermatological cases. Services include laboratory, diagnostic imaging (X-ray and Ultrasound), Ante-Natal Clinic (ANC) and Physiotherapy. OPD attendance is boosted by insecurity (many patients could be seen at lower level health units), the poor health and nutritional status of the population and the lack of alternatives for cure. Not only there is no other hospital as in Kitgum and Gulu, but the health system of Pader District has deteriorated as a whole and the lack of staff in the peripheral units has also contributed to poor service provision. The majority of the population served resides in the Kalongo IDP camp. In order to help IDPs, since November 2002 the fees for paediatric and maternal consultations were lowered to 100 Ugandan Shillings (5 Eurocents) resulting in a surge in overall OPD attendance. The number of patients seen in KAMH OPD (figure 1) has been constantly increasing until 2004 when a peak of 60.465 was recorded. In 2005 patients were 58.462 (3% less). Considering the increase in ANC of 18%, OPD only reduced its performance by 2%.

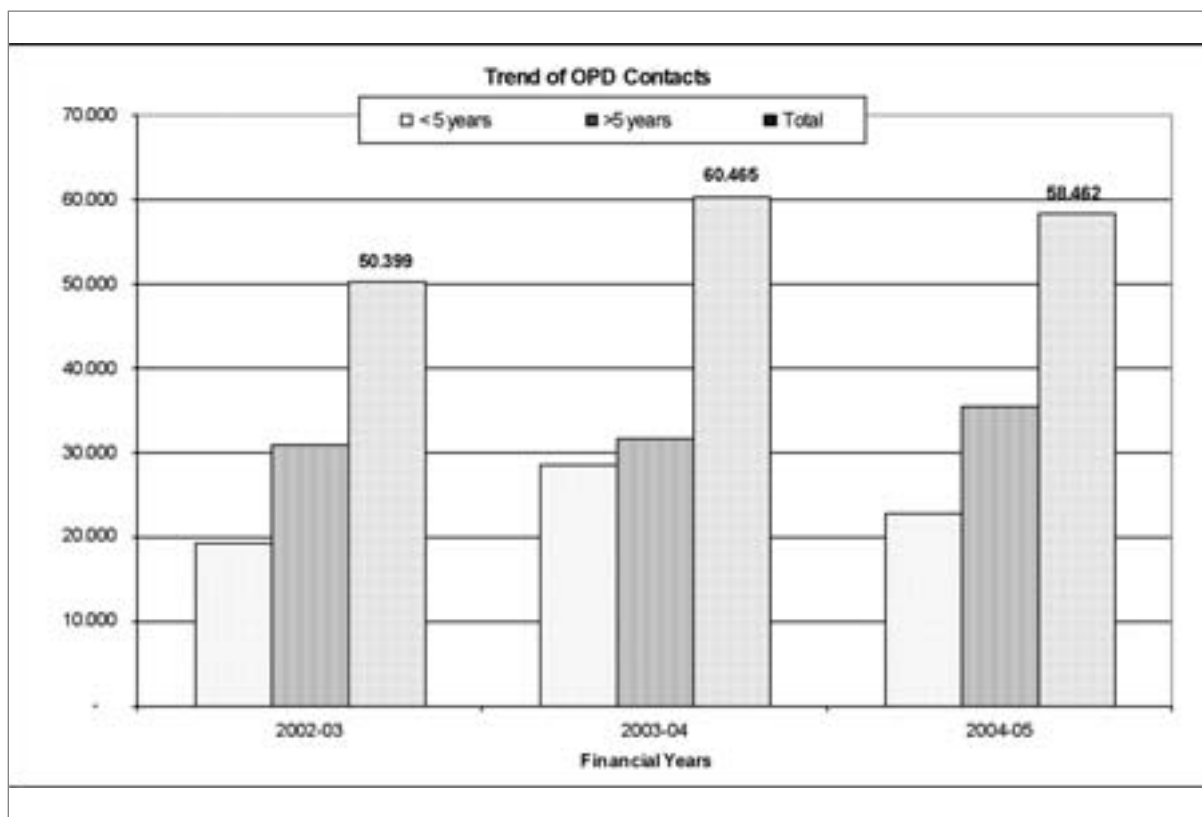


Figure 1. OPD trend of contacts during ECHO intervention

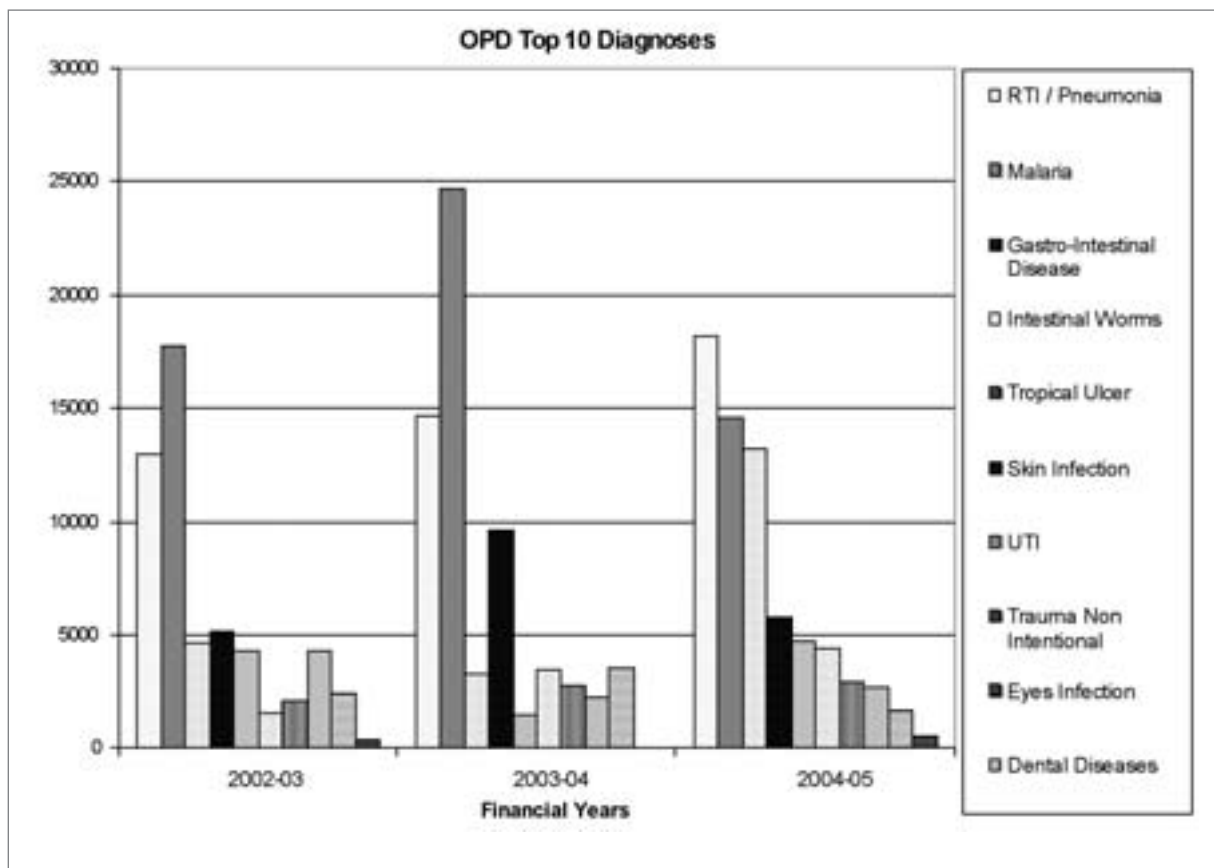


Figure 2. OPD Top 10 diagnoses in the last 3 financial years.

Impatient Activity

The hospital is presently equipped with 320 beds, distributed among a Medical Ward, a Surgical Ward, a Children's Ward, a Nutrition Unit, and a Maternity Ward (Table 1).

The inpatient numbers at Kalongo have been constantly rising during the last three financial years, and they still rose from 2003/2004 to 2004/2005 by 10% (13.078 versus 11.815 of 2003/2004 and 9.440 of 2002/2003) regardless of a 2% decrease in OPD contacts (figure 1). At the same time, there is a uniform improvement in mortality rates from the previous years. Since AVSI and ECHO intervention began overall CFR decreased from 4,7% in 2002/2003 to 3,6% in 2003/2004 and 2,2% in 2004/2005 (figure 4). The lower death rates are related both to improved medical supervision on the wards, as well as to a likely lesser acuity of admitted patients. Meaning that the increase of admissions might not concern only acute critical cases but better management of pre-acute patients. Overall, mortality rates have decreased by disease and in every ward (figure 4 and 6).

Ward	Beds	Ward	Beds	Ward	Beds	Ward	Beds
Surgical Ward	76	Medical Ward	85	Children Ward	83	Maternity Ward	76
Adults	70	Main ward	40	Main ward	43	Main ward	66
Children	6	Tuberculosis	24	Isolation	22	Premature	10 cots
		Isolation	21	Nutrition Unit	18		

Table 1. KAMH bed allocation.

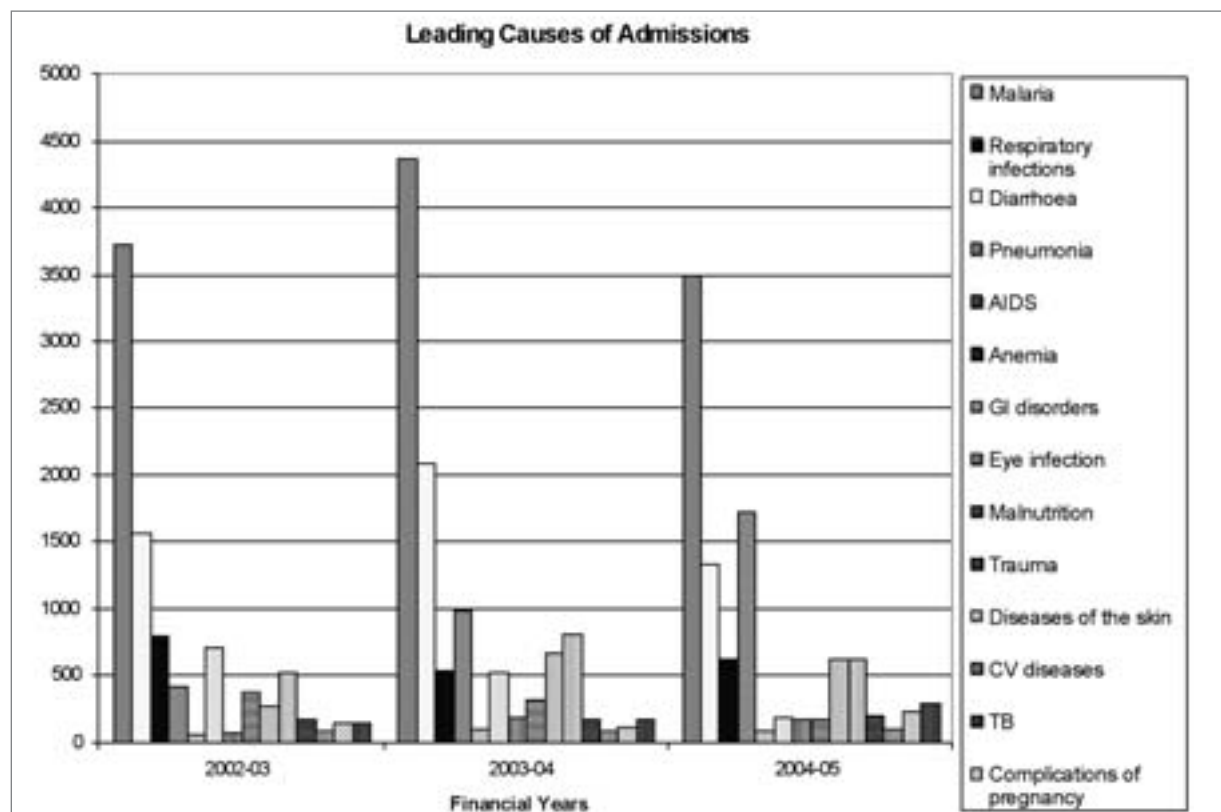


Figure 3. Ten leading causes of admission

TB patients started on treatment have increased from 185 to 258 in the last 12 months, while it seemed due to insurgency the lowest peak of 2002/2003 with only 77 TB patients treated.

Deliveries have also increased due to incentives from 2,191 of 2002/2003 and 2,005 of 2003/2004 to 3,303 of 2004/2005

Hospital Staff

Qualified staff are 100 out of 243 (41%). The hospital plan is to reduce unqualified staff upon contract expiry in order to pay remaining staff at rates more competitive with the increase to Ugandan government staff.

St. Mary's Midwifery School is located on site. A renovation of the school with construction of new buildings is under way. The training is more than just midwifery, and the school is in the process of transition to a Comprehensive Nursing school. The midwives that remain at KAMH appear to be well selected, and adapt readily to a variety of job descriptions.

To help student midwives to complete their required 20 deliveries from first stage during school before sitting for Government examination, KAMH encourages mothers to deliver within the hospital by supplying 1 kg of sugar and salt and 1 bar of soap to those who come at first stage of labour. All normal deliveries are free of charge.

The hospital has been looking more onto the local community as a source of staffing, by identifying suitable candidates and sending them for training with an agreement to come back to serve the hospital and their own people. Isolation also encourages staff not to drift to nearby institutions. Plus, the administration is very stable which encourages stability of staff.

Accommodation is given to the staff according to the availability and needs. Currently about 42 % of the employees reside within the hospital premises. There is still need for more houses to accommodate them.

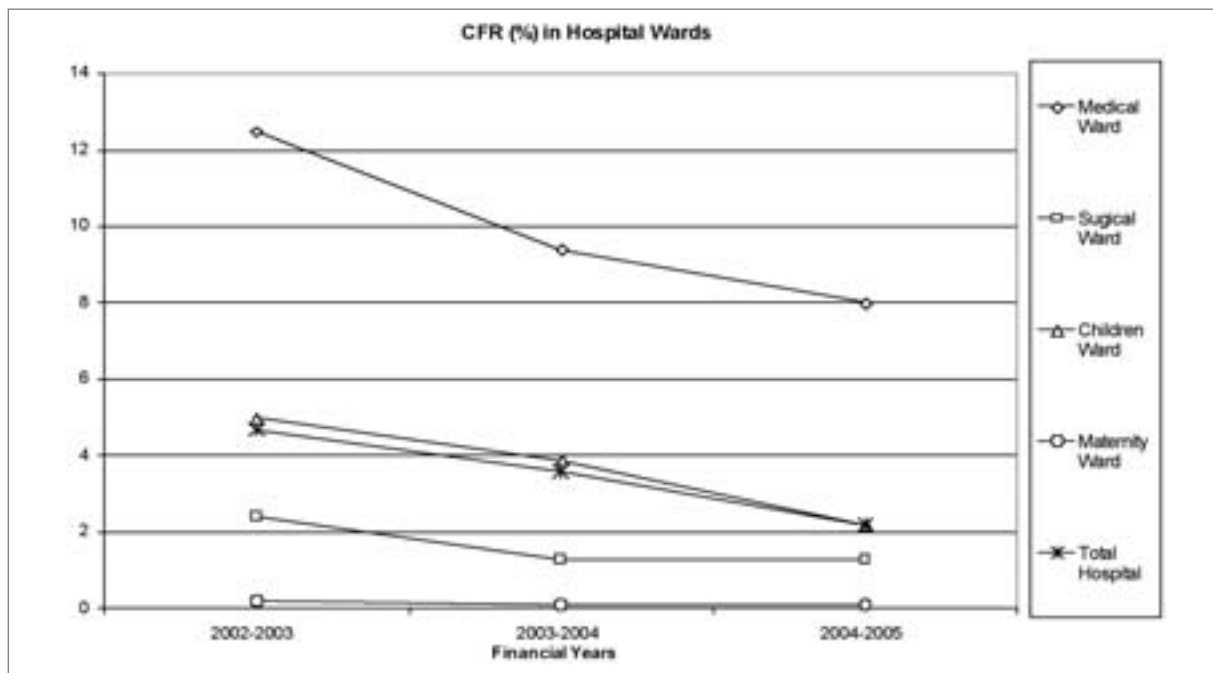


Figure 4. Case Fatality Rate by ward and total in the last three financial years.

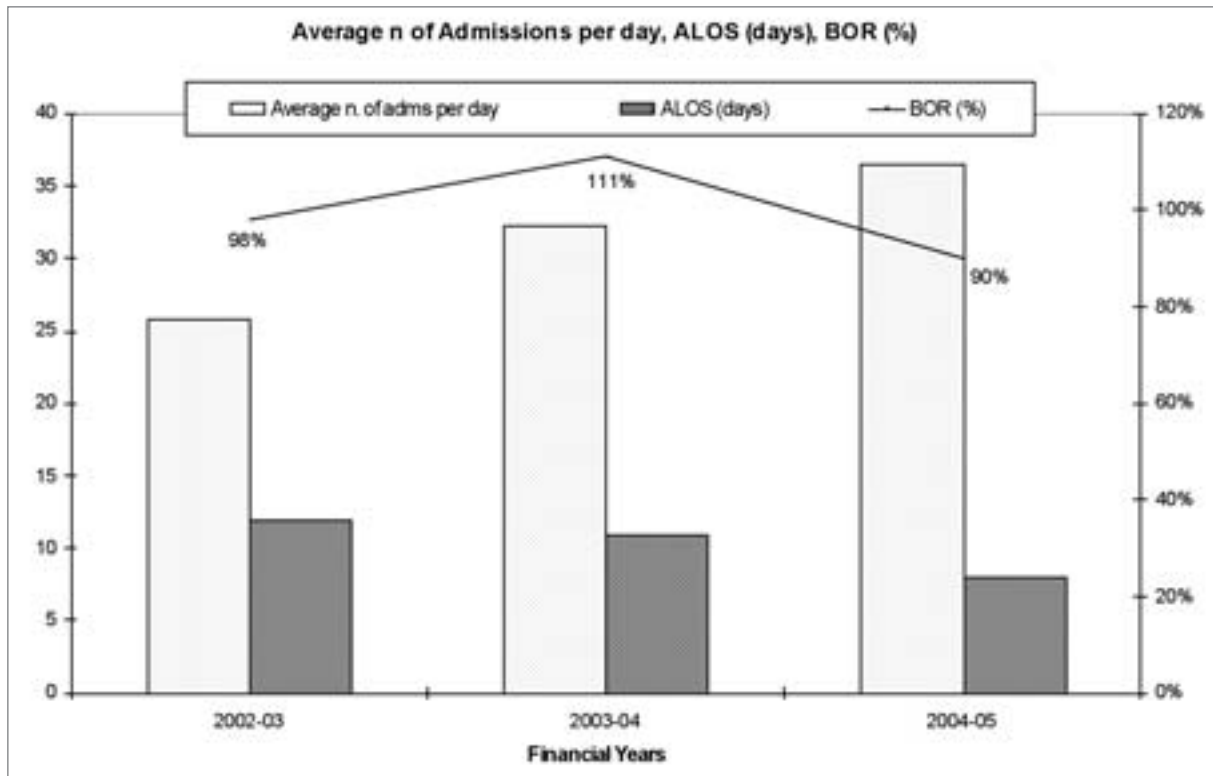


Figure 5. Average n. of admissions per day, Average Length of Hospital Stay and Bed Occupancy rate in the last three financial years.

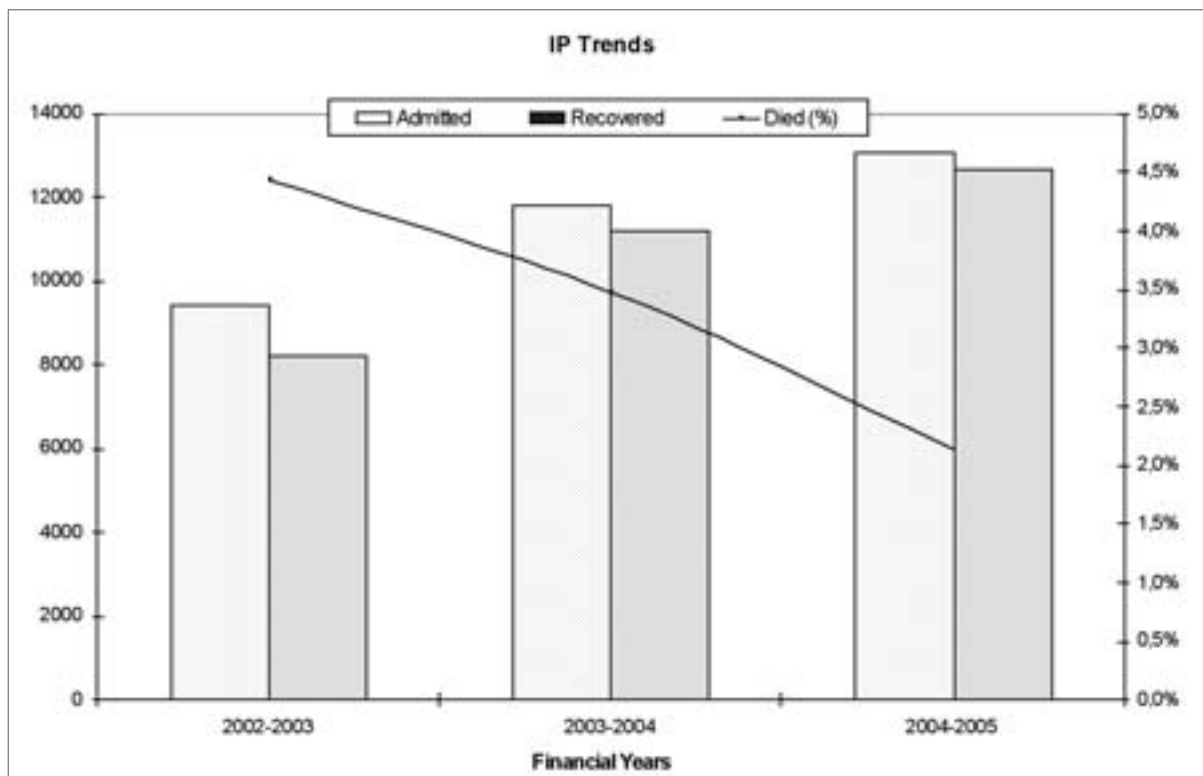
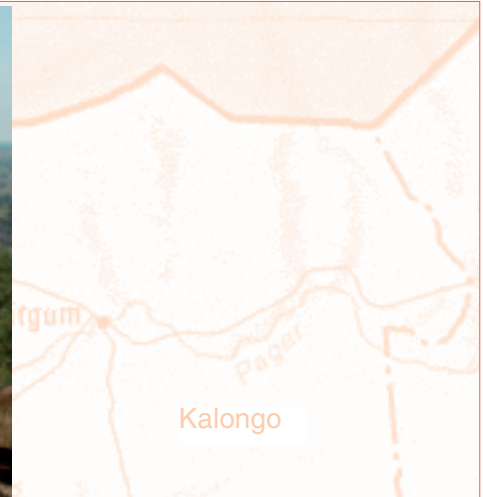


Figure 6. Inpatients trend of admission, recovery and death in the last three financial years.



AVSI-ECHO Interventions in Kalongo Hospital

ECHO Uganda 4 project: OCTOBER 2002 TO JANUARY 2003

Budget: 52.500.000 Uganda Shillings (27.300 Euros)

- Drugs and transport
- Construction of Ventilated Pit Latrines.

ECHO Uganda 5 Project: FEBRUARY 2003 TO APRIL 2004.

BUDGET: 205.300.000 Uganda Shillings (92.300 Euros)

- Support to 2 Medical Doctors.
- Support to 5 health workers and 1 night guard.
- Drugs, equipment, and disinfectant.
- Food for patients.
- Supplies and fuel for generator and vehicles
- Repair and support for hospital ambulance.
- Construction and fencing of night commuter shelter.
- Perimeter walls of night commuter shelters for protection from attacks.
- Construction of heat-proof incinerator.
- Implementation of emergency preparedness training and production of emergency procedures manual.
- Renovation of the IV Fluids Production Unit.
- Sanitation support with the emptying of permanent latrines and septic tanks in the Kalongo Town area and hospital, and latrine construction for patients/night commuters.

ECHO 7 PROJECT: April 2004 to March 2005.

BUDGET: 169.890.000 Ugandan Shillings (78.400 Euros)

- Support to 4 Ugandan Medical Doctors, directly employed by KAMH.
- Salary support for health workers and support staff as determined by hospital budget and needs.
- Food for patients.
- Medical drugs/sundries and disinfectants.
- Medical equipment.
- Solar Powered Laundry.
- Fuel, maintenance and spare parts for generator and hospital ambulance/vehicle.



FRONT LINE HEALTH WORKERS

Egidio Tocalli

Egidio Tocalli, 62 is a Combonian missionary who, already a priest, studied as a doctor in Italy and attended, after graduation in 1974, a surgical training of one year in England. In 1976 he worked in Kalongo with Father Ambrosoli. After that first experience he began a training program as a gynaecologist and at the same time was appointed in Aber Hospital in Pacwac District. After 5 years, in 1982 he was transferred to Lira district, to take care of the little leprosy center, an experience that he recalls happily because of the large commitment to preventive medicine, successful multidrug therapy reducing the total number of cases from 8 thousand to 500 and health education not to fear leprosy any longer because it could be treated and was not infectious as before. On March 27th, 1987 Egidio went with a military helicopter to rescue Father Ambrosoli in Lira but he only reached after his death due to renal failure. Two years later, in November 1989, Egidio was to reopen the hospital. In 1990 he brought back the Midwifery School from Angal.

«For years the hospital hosted up to 11 thousand night commuters to sleep within the compound. ECHO built the hospital protection walls through AVSI and some of the 18 shelters for night commuters that are used as schools for displaced people during day time. A displaced village has grown on the mountain side. The mountain remains a big danger for epidemics, especially cholera because it is difficult to build latrines on a slope». Egidio has worked hard to bring Ugandan doctors to work in Kalongo, paying them 40% more than government salaries. «They have a poor social life because of the hospital isolation. We are surrounded by the

army with weapons and tanks. Mobile telephone connection are about to be implemented but until now communications with distant relatives are not possible. We linked the hospital to Internet and offer it for free to doctors together with satellite TV as an incentive to their coming. Every 3 months they benefit of a week of rest and an air ticket because the road is dangerous». Egidio likes to describe the future of the hospital as “black”. «I do not mean dark. But black as Ugandan, considering that all position of full responsibility, from the Medical Superintendent, the administrators, the consultant surgeon and gynaecologist are in the process of being covered by trained Ugandan professionals».

Patrick Okao

Patrick Okao, 35 years old, from Lira, is the Specialist Surgeon of Ambrosoli Memorial Hospital. A Makerere graduate in 1998, after internship in St. Mary’s Hospital, Lacor in Gulu, he went straight to Kalongo where Father Egidio Tocalli was looking for a doctor to replace a vacancy. «A classmate of mine informed me about this opportunity and I did not loose time». One month later, in December 1999, Professor Bonini, the surgeon who had supervised his training in Lacor, also reached Kalongo. «I am still learning from him every day. He is the one who decided to send me for further studies in Mulago Hospital, a Master in Surgery from September 2001 all the way to 2005, being in frontline on major emergencies everyday».

Patrick researched about the surgical management of burns in Mulago. Now he is back in Kalongo for at least three years as signed on his sponsorship program. «I find it a very adequate way of keeping doctors motivated to work in a difficult isolated environment». A pediatrician and a gynecologist are following him closely and will come back next year. But there is another motivating factor for a surgeon: efficiency. «To be able to do well your work is a source of satisfaction. And in the theatre it matters a lot.

What is outstanding in Kalongo is the tremendous effort the hospital puts in everything that is done. The school, the new buildings, the administration, the management and first of all patient’s care are all points of excellence. What I see as critical is independent from the hospital’s will. Poverty of the region affects everything. We are the only hospital in a very wide area. Patients cannot afford to pay, yet there is good reasoning from the management to make them pay as little as possible not to give them everything for free. We hope to have in front of us improvement on security and poverty in order to raise one day again the user fees to an adequate cost sharing. Especially considering that, when security improves, patients pour in the hospital and increase dramatically the workload».

Alex Obwonyo

Alex Obwonyo, the Hospital administrator, is 36 years old. His family was deeply signed by the encounter with Father Ambrosoli, whom he knew since he was a child. He still remembers Father Ambrosoli’s love for the people and willingness to help everybody. «He was humble, kind, took everyone with the same interest, you



felt as if someone was caring for you». Alex's mother was one of the first midwives and worked closely with him from the first training for assistant midwives that was carried out in the hospital. Alex's sister was also trained as a midwife in Kalongo. Alex himself started in 1990 as a dark room attendant and trained on the job as assistant radiographer and assistant store-keeper. He knows how the hospital works from within. In 1996 he sat for a Diploma in Administration in the International Christian Medical Institute and the following year began working in the hospital administration. In 2001 he was sent for a 3 years course in Administration at the Uganda Christian University of Mukono and since he achieved his degree he gradually took the full responsibility of KAMH administration.



OVERVIEW

The hospital is providing a high standard of care in all fields of intervention, especially thanks to highly qualified personnel, doctors and trained midwives, greatly benefiting from the presence of the school on site. Structural improvement of the hospital is under way within the school and the Maternity department and it is about to begin for OPD, under ECHO funds.

Its financial future appears precarious and still dependent on foreign aid, although a gradual handing over to a Ugandan Medical Superintendent is planned in the next few years.

Government provides approximately 35% of the total budget through Poverty Action Funds but payments delay even 3 months and force the administration to pay salaries out of other hospital budget. The ECHO support has chiefly allowed drug supply, the fee reduction, now accounting only for 2% of the budget, and reasonable salaries to allow retention of some excellent Ugandan doctors. The fees are the lowest of all the Non-for Profit Hospitals of Uganda. In fact, not only OPD fees are low, but children pay in the Ward only 200 Ugandan Shillings (10 Eurocents) even if they are hospitalized for long. Pregnant mothers do not pay fees for delivery. Children only pay 100 Ugandan Shillings for OPD contact and 200 Ugandan Shillings for admissions. Women who need to undergo surgery only pay half of the fees.

The hospital is bearing the responsibility of managing the HSD of Agago County and to fulfil its obligation of continuous support supervision to the lower level units of the government to ensure that district inhabitants living far away from KAMH can also access quality services. Although there is insecurity KAMH managed to hold regular meetings with in-charges of peripheral health units belonging to the government to evaluate their work and train them.

The state of health services, though, apart from KAMH (and to a lesser extent, the small HC that the hospital supports) is generally poor in the district, creating a dependency of the population on the hospital for both primary and referred services where access is possible.