



ORGANISATIONAL PROFILE KUMI

www.kumihospital.org

1.0 Location and Geographical Area of Operation

Kumi Hospital is located in Eastern Uganda 260 Km from Kampala the Capital City. It is Located in the Plains of Teso in the savanna Belt. Mt Elgon Borders Kumi and is the Physical Boundary Between Kenya and Uganda. Currently Kumi Hospital treats people from the Teso Sub-region. Kumi also receives patients from Central, Northern, Eastern Uganda, South Sudan and Western Kenya.

1.1 Background Founders

Kumi Hospital was established in 1929 by CMS as a Leprosy Colony/Leprosarium, to provide medical and psychosocial support to persons affected by leprosy.

In 1995 Kumi Leprosy Centre (KLC) was registered as an NGO FBO, PNFP (Private Not For Profit Organization).

In 1998 there was a Proposal to transform to General Hospital & a Board Of Governor's resolution was passed to change the name of the institution from KLC to Kumi Hospital Ongino owing to reduced prevalence of Leprosy,

In 2009 it was Legally transformed into a General Hospital, since then it has been operating as a General Hospital providing Medical, Maternal and Child Health services, Surgical Services in areas of Orthopaedics, General Surgery, Eye Surgery Emergency Obstetric Services

Kumi Hospital Timeline of Key Events,

1929

Kumi Leprosy Centre Leprosy founded as a Leprosy Colony by CMS to offer medical and psychosocial support to persons affected by leprosy

1971-1978

During Idi Amin's Regime most expatriates serving in the Organization, fled owing to Turmoil

1980s

Kumi Hospital was Devastated and vandalized during insurgency (Civil war), Cattle Rustling,

There was No Running water for 10 -15 years.

There was Only One Dr Working in the Hospital, there was No Rhythm of Work, and Services only limited leprosy surgery and correction and rehabilitation to post polio Paralysis some congenital orthopedic anomalies,

1995

Kumi Hospital was registered as an NGO FBO, PNFP,

1998

A Proposal to transform Kumi Hospital into a General Hospital made & BOD Resolution passed to change from KLC to KHO owing to reduced prevalence of Leprosy, by then Hospital was mainly partnering with visiting Reconstructive & Fistula Surgeons



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2000

Kumi Hospital was Supported by TLMI Australia to Upgrade 3 Operating Theatres, 3 wards & the Orthopaedic workshop at a cost of 326 million.

Support appealed for to restore water supply for staff patients and surrounding community

2002 Staff underwent training in specialities of Orthopaedics, Surgery, Gynaecology and Ophthalmology (All Supported by the Hospital under Bonding Policy)

Since 2000 to date well known for its services towards Children with disability, Orthopaedics, in collaboration with CBM

2009 became a preferred Destination for Emergency obstetrics

2004 2009

Rapid Growth made in area of CBR program Rehabilitation and orthopaedics, Eye work to restore sight

Resident specialists were on Ground

2009

Legally transformed to General Hospital to cater for non-leprosy patients, With the Name Changing to Kumi Hospital.

Additional services were provided Namely:

MCH, ART, Eye, General Surgery, Orthopedics' and Rehabilitation

2010

Year of Crises there was Exodus of Highly skilled staff

- Patient attendance went down
- Hospital Experienced Donor Cuts from TLMI, CBMI
- Hospital Accumulated Colossal (Astronomical) Debt, Power Bills, Unpaid Salary Arrears for 8 Months
- Electricity absent for 2 years
- Salaries and statutory obligations went unpaid for 7 months

Something good/Better came out of this Crises

Previously Ownership and Governance of the Hospital unclear, under Colonial upper Nile Diocese

2010 New Constitution defining ownership as Church Of Uganda under Kumi Diocese was made, Is Affiliated to UPMB network of Hospitals

There was realization of New Constitution, Effective and Professional BOD

2011 Lessons Learnt/Achievements

- Effective utilization of limited Staff, Adjustment from 3 shifts to 2 shifts model of work
- Controlled energy expenditure, metered prepaid power successfully supported by Kyoga Foundation
Got out and struggled to keep out of Debt
- Non Reliance on One Partner or Donor,
Relationship between Hospital and Donors should not be based on individuals but Organizational strategic objectives and needs
- Stringent Budgetary Controls of personal and Organizational earnings
- Became Better Crises Managers
- Strengths in Faith
- Professional supportive BOG Formed



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Challenges

- The Community was devastated drew its own lessons
- Limited Resource envelop, Prevalence of Poverty
- PNFP status
- Wage Bill Burden recurrent
- Limited staff -overworked and Burn out
- Old Vehicles unsuitable for Field programs
- No proper Ambulance for collecting patients from community referrals

Strengths During crises period

- Christian Values adhered to and we want to promote that, kept staff Cohesive and in solidarity
- Transparency honesty and integrity
- Loyalty and Commitment to Organization
- Top managers Good Negotiators, Mediators, Crises Managers

2014

Recovery Stabilization and Growth Period

- Hospital is Out of water or marshy land and is now on Dry land
- Innovations that can improve efficiency minimize costs to both patient and Hospital
- Enhance strategies for sustainability
- Adopt a cautious approach manage expectations well
- Adopt realistic expectations not too ambitious in our approach

2.0 Kumi Hospital the Organization

2.1 Our Vision

To be a center of excellence providing high quality Health care and rehabilitative services with strong Christian Values

2.2 Our Mission

Kumi Hospital shall provide Holistic, Preventive, Curative and Rehabilitative services that are efficient accessible and affordable to all based on the healing ministry of Christ

2.3 Biblical Foundation

Being a Faith Based Organization Kumi Hospital has its roots in the Biblical verse in Mathew 25:40 “What you have done to the Least of Mine”

Our Motto is “We Treat God Heals”

2.4 Values

The following are the core values, beliefs and principles upon which Kumi operates

- a. We Recognize the Supremacy of Jesus Christ in all that we do



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- b. We Seek to be Compassionate to the Poor, Highly stigmatized and Disabled Persons
- c. We Cherish Commitment, transparency, accountability and Continuous Consultation with our stake holders
- d. We Believe in strengths of Team work; we aim at promoting team building, teamwork and involvement
- e. We promote Truthful Communication with the Beneficiaries

2.5 Institutional Governance and management Structure

Kumi Hospital is governed by an 11-member board of directors entirely composed of Professional Ugandans. The Board of Trustees is composed of 3 members
The Board of Governors (BOG) supervises the running of the Hospital and ensures that it is managed according to the set Policies and strategies.

The Medical Director is secretary to the BOG and Reports to the BOG.
Kumi Hospital has in place the Hospital Management Committee HMC.
HMC is comprised of the Medical Director (MD), assisted by the SHA, HRM, Chief accountant, SNO, Farm Manager and two staff Representatives
The HODS supervise various Departments Namely
Outpatients Department, Accounts, Wards Children's (Stone), Surgical (Ojikan)
Medical Ward(Busimo),Maternity,Main Theatres
Physiotherapy and Rehabilitation, Orthopedic Workshop, Eye Department,
Pharmacy,Garage,Radiology Deaprtment, Laboratory,Pharmacy,Farm,Compound and
Maintanance, Records,Electrical,Medical Social,Chaplaincy,Community
Health,Nutrition Departmen ART,Theatre,Kitchen

We are regularly supported by GOU through the Districts Local Government
Quarterly Grants

We have had Overseas supporting Partners over the years Mainly CBM and TLMI
Key partners in the recent past include
Kyoga Foundation: A Dutch based charity who have mainly supported, ESCO Project
with the introduction of metered power supply, also supported Construction of the
Accommodation for Nurses and previously training of Nurses

Our other major funders are Friends of KUMI who support mainly the Human
Resource Development and Staff Children's welfare.

The Kumi Dutch Foundation has supported infrastructure improvements especially in
the Maternal Child Health sector,Staff Housing Renovations.

Below is a summary of the projects being carried out and those implemented in the
past with the gaps that require intervention.

3.0 Human Resource



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Staffing

We are a total of 180 staff with 4 Volunteers as of 1st June 2014. Staffing Comprises of Medical Staff and Non Medical Staff

We Have Three Resident Specialists (G.Surgeon, Obstetrician Gynecologist, Orthopedic Surgeon and a Visiting Ophthalmologist, Dental Surgeon) and three Medical Officers GPs, 69 Nursing Staff and 100 administrative and support staff

3.1 Service Delivery Model

The Government of Uganda National Policies and Health Sector Strategic Plan as well as the Millennium Development Goals inform the services we offer.

Our activities contribute to achieving the MDGs.

Our target beneficiaries are mainly the rural poor community, the stigmatized, Vulnerable, women and Children from our Geographical area of operation and beyond.

Service Categories

a. Free Health care services

- Tuberculosis and Leprosy management and care
- HIV care PMTCT, ART
- Antenatal care services and immunization
- Blood Transfusion
- Nutritional Rehabilitation
- Safe Male Circumcision
- Vesico - Vaginal Fistula and Repair of Birth injuries

b. Highly subsidized Health care services

- Reconstructive and Rehabilitative Surgery
- Epilepsy treatment
- Cataract Surgery
- Malaria treatment (Under Fives) and Admissions to Children's ward
- Normal Delivery and Emergency Caesarean Section
- Treatment of the Elderly and Internally displaced persons

c. Recovery Costs

- General Hospital Services, General Surgery, Orthopedics and Trauma services
- Fabrication and Fitting of Prosthesis
- Radiology and Ultra sound
- Laboratory Services

3.2 Financing of Activities, Previous Current and Planned

Areas for consideration discussion and action

Sustainability & realization mission & Vision, continuously offer benefits to the Vulnerable

For Growth, Quality, Efficiency and Result oriented management driven by sustainable drivers or innovations,

Maintain strategic and non-exploitative partnerships

Access to Health care should not be dependent on individual circumstance

3.4 Sustainability strategies



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We do recognize the prevalence of Poverty and our Role as a PNFP, Mission Access to Health care should not be dependent on individual circumstances Kumi Strategy of Growth and Development seeks to Continue to function, offer intended benefits indefinitely

The Main Beneficiaries are mainly the Community, Nursing and Medical students, Visitors, Staff, Uganda as a Nation

We recognize that achievement of sustainability is a Long Journey, Progress is made through continuous improvement areas highlighted below

a Health Service Provision/Community interventions

b Medical Education begin with Overseas Medical Electives and Nurses

c Internship Center

d Medical Research

e Collaboration with various overseas partners

Strategies for sustainability

- Develop and Maintain Strategic Partnerships/Broad-based/Collaboration with Various stakeholders
- Seek Supportive Accountable strategically focused Organizational Governance BOG, HMC, who are Visionary.
- Financial Dimension/Needs. Initiate or strengthen strategies for financial sustainability
Innovations that Minimize or Cut Costs or Expenses Save more and spend less, enhance Hospital income
- Policy of Organizational Funding, non-exploitative strategic partnerships
- Set up a Compassionate Fund Holland for the poor
- Community Health "Insurance" Schemes
- Subsidies to poorest HIV, TB Leprosy, VVF, Safe Male Circumcision
- Improve Finances at Local Level, Private Ward, and Specialist Clinics
- Skilled Efficient Effective self motivated Human Resource
- Staffing Attract and Maintain Consultants, Nurses, Technical, Administrative, Financial staff
- Attract Overseas Volunteers to offer their Skills Drs Nurses, Admin Finance managers.
Medical Education at Kumi
- Medical Electives program, formalized, Placement Fee to enhance the status of the organization and Electives could become ,future supporters of KUMI
- Medical Education Nurses School, Theatre Assistants school
- Enhance Loyalty by Train internally or Externally and Bond
- Circumvent Challenges, Govt Posting of staff , Attract Overseas Volunteers Doctors, Interns, Electives, Student Nurses
- Optimal Infrastructural Utilization Theatre fully utilized, Ward improvement
- Communication Website Share with the world the work of Kumi and its partners
- Share, Expertise, Successes,Resources through UPMB with other sister Hospitals Reflection and Retreats by staff and Hospital Leadership Study Tours, learning opportunities to sister Hospitals



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- Emphasize Values Mission and Vision Regulation of Human Behaviour to make staff more effective, Enforcing the Professional and Service Codes of Conduct and Ethics
- Staff Motivation Incentives, Recognition Employee of the Year
- Support Facilitative Supervision, Protocols etc
- Salary Support Sponsor a Nurse, Sponsor a Doctor etc
Ultimately Reduced Reliance on Donors and become self sustaining

Appeal:

We are seeking for new partners to work with in these areas
Together let us fight Poverty and disease

Olupot Robert

Medical Director –Kumi Hospital

Overview of Initiatives, Capital Projects & Activities 2006 to 2012



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Activity/Project	Funding Source	Funding Status	Project Outcomes and Benefits	Time Frame
Kumi Hospital Water Supply and Sanitation Project,	Australian Government Charitable Foundation Australia & Chritian Blind Mission International	Fully Funded	Improved Hygiene Infection Control Running Water Supply to Hospital Patients, Staff and Community	2007
Primary Health care PAF	GOU	Quarterly, Funding Gaps still exist	Underfunded Field Vehicle required	Continuous
Construction and Equiping of Maternity Theatre	Dutch Foundation	Fully Funded	Timely Surgical intervention in Mothers with Obstructed Labour	2008
Construction of Nurses Housing Units (Landheer Quarters)	Dutch Kyoga Foundation	Fully Funded	Improved on Staff Motivation and Efficiency at Service Delivery	2007/2008
Community Based Rehabilitation Field Programs	Elspeth & Chris	Service access enhanced enhanced	Underfunded, Poor Roads Field Vehicle required	2010 Continuous
Esco(Energy Service Co.)	Kyoga Foundation	Fully Funded	Economic Consumption of energy,Sustainable servicing of Bills	2011-2012
Childrens Ward	Dutch Foundation	Fully Funded	Infection Control	2012
Nutrition Unit	Dutch Medical students	Under funded Donor required	Nutritional Rehabilitation enhanced	2012
Activity	Funding Source	Funding Status	Project Outcomes and Benefits	Time Frame
Orthopaedic Workshop	Lillian Fund	Fully Funded	Equipment enhanced efficiency and output	2013
Eye Ward	Eine Welt Gauting BMZ CBM	Fully Funded But Underutilized	Many Blind Persons able to regain their Sight	2005
Patients treatment subsidies	CBM	Underfunded Cofunding	Enhanced Quality of Life	



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Orthopaedics and Eye Surgeries		required		
Incinerator	EFOD	Fully Funded	Infection Control of Biomedical waste	2012
Accounts Computerization	TDT	Volunteers	Efficiency realised	2012/2013
Billing system Computerisation	Hospital Medic Audit and Rotarians	Hospital Funded	More Computers and Epson LX 350 Dot Matrix Printers required	June 2014
Generator Diesel	FOAG	Co funding required	Min Operational Costs	Ongoing
Laboratory Supplies	IRCU	Terminated	Min Operational Costs	Terminated
Staff Children's Fees	Friends of Kumi	On-going Funding Underfunded	Promotes Locality to Organisation	
Training of Nurses	Friends of Kumi	Ongoing	Promotes Loyalty and Minimises Exodus of Staff	
New Strategic Plan, New Effective Professional BOD	UPMB	Fully Funded	Governance and Management Improved Capacity Built	

Priority areas requiring Support from Biomedical Engineers & Sister Hospital in form of Hospital equipment



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Expressed Need	Priority & timescales	Project brief	Project beneficiaries and needs	Project outcomes and benefits
Anaesthetic Machines Laryngoscopes Patient Monitors are currently Hand Held and very limited Set up Centralized Suction Apparatus	Priority One Urgent	To provide Safe Anaesthesia to a population of Close to 4 million persons Three Anaesthetic Machines are needed. Three to four patient Monitors would improve safety during surgery and recovery	Patients, requiring Safe Anaesthesia expectant mothers with complications of dying because obstructed Labour	To save at least 10 people per year who would otherwise have died.
Centralized Oxygen Supply, Tubings and Oxygen Delivery Systems	Priority One Urgent	To provide Reliable Oxygen Supply Source as a Life saving Drug to Patients with Respiratory Distress, Shock	Patients especially children with severe Pneumonia, Trauma patients requiring Prolonged Oxygenation	To Save at least 20 patients who would otherwise have died from complications of Anoxia Decrease infant Mortality
Washing Machines and Driers required Currently relying on Manual Labour and Sunshine to Dry Hospital Linen Surgical Instrument Washer	Priority Two	To provide a Constant supply of Clean Hospital Linen to over 8000 patients seen annually	At present there is no Laundry Section in the Hospital	Hospital operates efficiently and infection Control Eliminates Occupational Hazard of manually cleaning Blood stained instrument
Laundry system in main theatre	Priority Two	To upgrade the existing theatre laundry system using a domestic washing machine & tumble drier	To improve levels of hygiene and infection control.	Necessary for effective operating theatre.
Laundry system in maternity theatre	Priority Two	To upgrade the existing theatre laundry system using a domestic washing machine & tumble drier	To improve levels of hygiene and infection control.	Necessary for effective operating theatre.



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Laundry system for wards	Priority Two	To set up a separate laundry system using 2 domestic washing machines for the wards in the old stores building.	To improve levels of hygiene and infection control.	Necessary for effective hygiene control in the wards.
Laundry system for attendants	Priority Two	To set up a separate hand wash laundry system for attendants in the old stores building	To improve levels of hygiene and infection control.	Necessary for effective hygiene control of patients and attendants
Solar PV system for the hospital	Priority Three	To install a solar PV system of up to 30kw rating plus 200kwh battery backup in stages	To reduce the cost of electricity and diesel for the backup generator	7 year payback with a project useful life of 20 years
Clean up the electricity distribution system Power Surge Protection that is centralized	Priority Three	The present electricity distribution system round the hospital is old and dirty	Longer life for electrical equipment	
Modern Imaging equipment PACS system with CAT Scanner	Priority Three	The present X ray is for Plain Films and we are limited when we desire to do more detailed assessment	Fewer patients Referred to CAT Scan a distance of more than 300 Km	Fewer Referrals out Timely and Definitive diagnosis made Eliminates Travel Time Saving Lives
Expansion and equipping of the orthopedics workshop	Priority Three	Ovens, Heavy machinery, Materials for shoe making Fabrication of Limbs,Crutches		Fabricate Artificial Limbs and Get more than 700 people on to their Feet and Activities of Daily Living
Maintenance workshop for medical equipment	Priority Two	Maintenance of medical equipment is a major issue in Teso region. The project is to set up a maintenance workshop	At present 40% of medical equipment at Kumi Hospital is not working due to maintenance. It is similar at all hospitals in Teso region.	Major impact on medical equipment availability in all hospitals in the Teso Region. It will also generate funds for Kumi Hospital.



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Solar thermal water heaters	Priority Two	To install solar thermal water heaters in all of the wards and theatres.	All of the wards and theatres need hot water for washing.	Improved infection control and hygiene
Replace Autoclaves		Purchase Large Volume and Durable Auto Claves and Sterilisation Drums		Improved Efficiency and Quality of Service Delivery
Hospital latrines		The 6 hospital latrines need to be replaced with a hygienic Ecoscan design.		Improved Infection Control
Refurbish the grinder and sunflower press		The Grinder and Press have been Non Functional		Use by the local community Enhance income to community and Ultimately Hospital
Computerized Billing System		Hospital Medic Audit and Rotarians	More Computers and Epson LX 350 Dot Matrix Printers require	Patients and Community benefit indirectly and Directly. Efficiency Realised, Abuse of Drugs and Supplies Minimised in Low resource Setting. Sustainability Enhanced

Kumi Hospital-Organisational Profile Future Plans 2014-2019

	Expressed Need/Future Activities	Projected Expenditure	Anticipated Funding Source	Benefit Project Outcome	Timeline /Priority
1	Construction of Medical Ward Female and Male Wings		Japanese Government	Minimize Overcrowding, Floor cases Improve on	Priority 1



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				patient Privacy	
2	Completion of Staff Housing Renovation		Kumi Hospital Dutch Foundation	Motivated Staff, Asbestos Free Housing	Priority 1
3	Construction of Single Nurses Hostel		Kumi Hospital	Addresses Accommodation problems	Priority 2
4	Construction of Overseas Electives Hostel		Kumi Hospital	Provides Decent Convinient Accommodation To Overseas Electives	Priority 2
5	Hospital Fencing Secure Hospital Gates		Kumi Hospital	Minimizez Lossess from Escapees Minimizes Conflict Between Community and Hospital Staff	Priority 2
6	Nurses and Midwifery School and Library		Seeking Partners	Improves on Staffing and Labour, Enhance Organisational Income	Priority 2
7	Installation of ICT Set up with Electronic Library		Seeking Partners	Improved Internet Access to upto date Electronic Books	
8	Purchase of Hospital Ambulance		Survive Miva	Referral out safely transported Collect patients from Surrounding commity for timely intervention	
9	Purchase of Hospital Vehicle		Survive Miva	Efficient Field Programmes. Currently Old Vehicles	



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10	Support for Women Health, Genital Prolapse and Fistula or Birth injuries prevention and treatment		Fistula Foundation	Devastated Mothers Dignity Restored	
11	Pregnant Mothers Pregnancy Insurance scheme		Seeking Partners	Mothers will attend Antenatal and safely deliver in Hospital. Minimising Risk of Maternal and Foetal Death	
12	Set up Community Health Insurance Scheme		Seeking Partners	Minimises Cost to patients and Organisation. Organisation May Break even	
13	Support for Disability Work and Eye Work		CBM	Subsidies would increase access to Care.	
14	Support for Reconstructive Surgery for Cleft Lip and Post Burn Contracture's		Seeking Partners	Improved Quality of Life and activities of Daily living in affected Families and patients	
15	Set up Urological Centre and Subsidy Support for Urological disease		Seeking Partners. Urologists and Endoscopic as well as Equipment for Open Surgery	Improved access to Urological Services Reduce Prevalence of Urological ,improve Quality of Life	
16	Salary Support for Nurses, Doctors, Middle Level and Top Level managers		GOU Underfunded, Seeking for other Partners	Motivation, Loyalty to Organization Enhanced Reduced attrition rate.	

Background and Justification for Support



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Kumi Hospital is a Private not for Profit missionary Hospital located in Eastern Uganda, serving a rural population of close to 4 Million people with Surgical, Medical, Nursing and Community Outreach services all highly subsidized. It is a Low resource setting with limited Health care Budget and Minimal Health care financing.

The Staff in Kumi are doing as much as possible with the little that they have at their disposal.

Majority of Population in this region earn less than \$2 /Day.

The Doctor Patient Ratio is appalling

The situation by WHO estimate is one Doctor to 20000 patients

The WHO recommended Doctor to patient ratio in Africa is 1:10000

There are less than 9 Hospital or Health Units within a 100 Km Radius.

Key Statistics

Number of beds 300

Average out patients per month 3900

Average in patients per Month 826

Total Deliveries in last 12 months 1669

Caesarean Sections in last 12 Months 726

As Health care Providers we do as much as possible to save Lives as far as the available resources allow us but with all these limitations Life saving interventions may not be as effectively deployed.

The Support we are seeking will enhance service access, improve safety and efficiency, Minimize costs to the Patients and Hospital and therefore preventing premature death and leading to productive population