



ARKANGELO ALI ASSOCIATION

P.O. BOX 21102 - 00505, NAIROBI - KENYA

**ST.FRANCESCO D'ASSISI HOSPITAL
MARIAL LOU TONJ NORTH COUNTY
WARRAP STATE, SOUTH SUDAN**

HOSPITAL ANNUAL REPORT 2014

PERIOD COVERED : JANUARY TO 30th DECEMBER 2014.

REPORT SUBMITTED TO : Dr. CALLIXTE MINANI/AAA HEALTH COORDINATOR

REPORT PREPARED BY : SSENYONDO FRED - HOSPITAL PATRON.

DATE OF REPORTING : 23.01.2015.



ACKNOWLEDGEMENT.

The services rendered at st.Francesco D’Assisi Hospital would have not been possible without the invaluable support of AAA, AMICI DI ANTONIO, ERKO, DKA, LAGOCCIA, HPF and ROSS and St. Elizabeth University Slovakia. The support enabled patients get access to essential and vital health services throughout the year. We look forward for the continued support to the hospital.

Much appreciation also goes to the members of staffs who have been providing health services tirelessly at the hospital for the better quality services rendered to the patients.

We appreciate and thank the Executive Director of AAA Ms Natalina Sala and AAA Health Coordinator Dr. Minani Callixte for their effort and timely support made to ensure the hospital runs smoothly all the time.

We ask the almighty God for his guidance, protection, and wisdom give to the team of staffs to run the hospital and assist the community in their struggle to look for the better and quality services from this hospital.

INTRODUCTION:

St. Francesco D'Assisi Hospital is a rural hospital located in Warrap state. Warrap state comprises of seven counties namely, Gogrial West, Gogrial East, Twic, Abyei, Tonji South and Tonj North. It is bordered by south Kodofon in the North Western Bahr EI Ghazal in the west, Western Equatoria and lakes in the south and Unity in the East.

The payams are strategically divided to provide access to the major rivers and associated fisheries that transverse the state. The state also has one of the largest cattle herds in southern sudan. Warrap state is comprised of 2,449,630 people, of which, the population of Tonj North County is 165,222 and Marial Lou Payam is 11,929 (5th Sudan census and housing 2008).

The hospital helps the community a lot in medical assistance because it is rural based rendering free medical services to the community and neighbours.

Mariallou hospital is located in Tonj North County which comprises of ten payams namely ; Mariallou where the hospital is located, Akop, Alabek, Aliek, Awuul, Ruabet, Kirik, Pagol, Warrap and Manloor. It serves as the referal hospital of Tonj North County and Surrounding areas. The hospital is handling various activities with a view of providing quality health care to the people and to improve the level of the hospital through cooperation, working tirelessly, training the locals to acquire more skills from a qualified personel and also provides health education to the community managed by Arkangelo Ali Association (AAA).

GOAL :

The goal of the program is to provide medical services to improve the health status of the community and its surrounding areas within the target population.

SPECIFIC OBJECTIVES

- To provide health education to the community in order to prevent disease infections.
- To reduce on morbidity and mortality rate in the community.
- To provide the care, management and curative quality services to the community who are in need of the services.
- To provide access of safe drinking water to the patients and the hospital staff.
- To provide good waste management system in the hospital to prevent health harzads to the staff and community.
- To provide permanent structures for the patients and staff in the hospital.
- Train local staffs who are able to work at the hospital and in the community.

HOSPITAL DEPARTMENTS

The hospital comprises of two departments, Out-Patient and In –patient departments run by expatriates and local health personnel as follows-

IN-PATIENT DEPARTMENT

It comprises of five departments each managed by one incharge and some nurse assistants.

The following are the five departments, although nutrition (Therapeutic Feeding Programme) is in paediatric ward.

- Medical and surgical department
- Paediatric department
- Gynaecological and obstetric department
- Theatre (major and minor)
- Nutrition(Therapeutic Feeding Programme)in paediatric ward

BED CAPACITY

The hospital has a capacity of **86** beds as follows-

- Adult ward (surgical and medical patients) = 42 beds
- Paediatric ward= 24 beds
- Marternity ward= 9 beds
- Isolation ward, (paediatric = 6 and Adult=5)= 11 beds

IN-PATIENT

The numbers of the patient being hospitalized from the hospital shows that there was a great input toward the management of the patient from the time of admission till discharge as the table below gives the full details of the outcome. The hospital staffs managed to render quality services to all the patients that appeared to the facility.

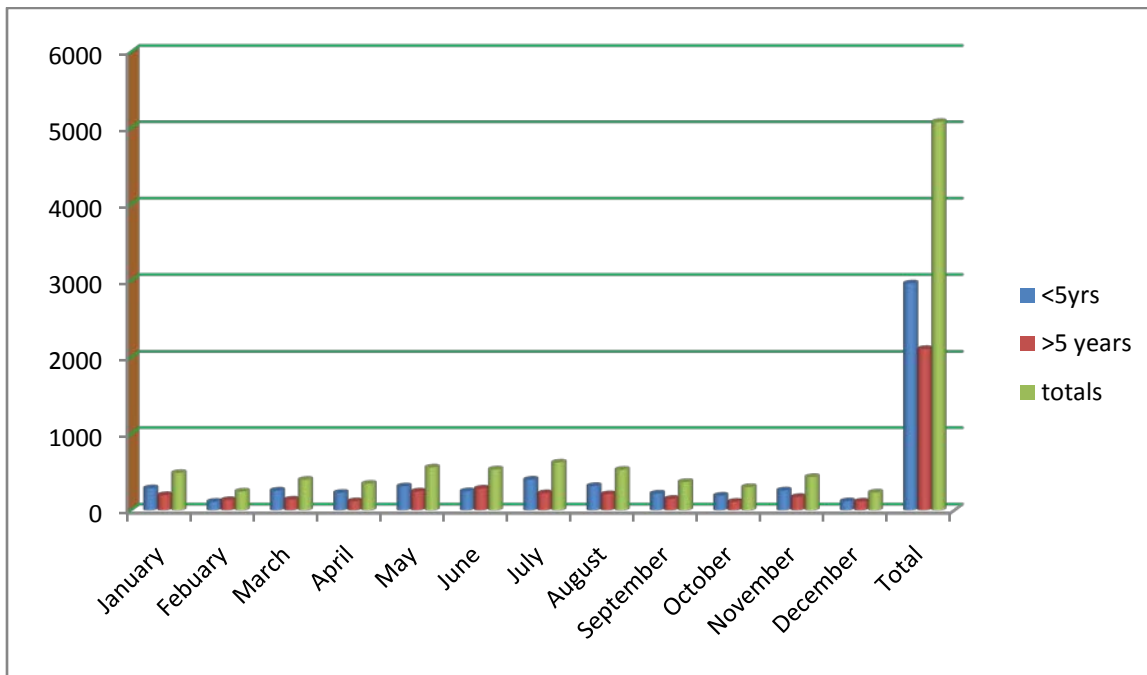
The table categorizes the patient ages from below <5 and above >5 as seen and gives you in details the number accordingly to the month in the calendar year 2014.

Table 1: below shows the number of patients hospitalized by diagnosis in 2014

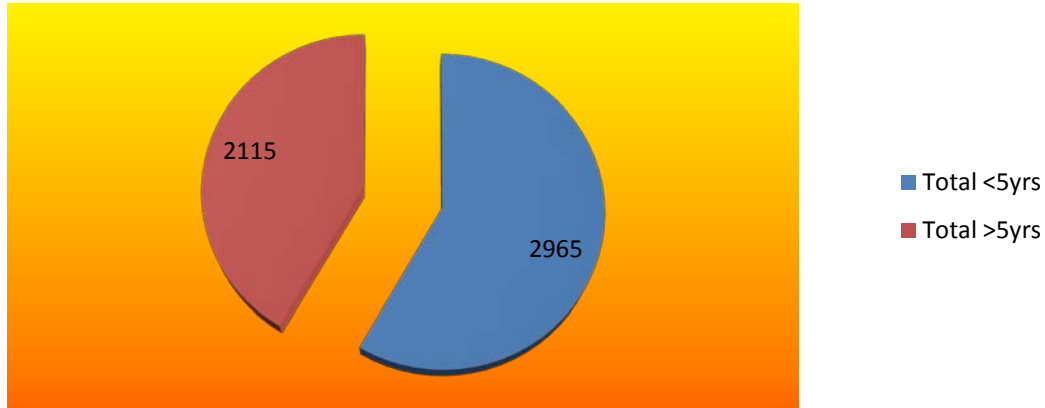
Months	<5years	>5years	Total
January	289	200	489
February	112	134	246
March	259	141	400

April	229	119	348
May	314	247	561
June	250	285	535
July	402	224	626
August	319	212	531
September	220	151	371
October	192	112	304
November	261	175	436
December	118	115	233
Total	2965	2115	5080

Figure 1: below shows the number of IPD patients <5 &>5years hospitalized at the end of the year 2014.



Overall Annual totals for <5yrs and >5yrs hospitalised in 2014



GUN SHOTS

The security this year all through was actually not so good that we received more gunshot patients being admitted in the hospital, Most were due to tribal clashes either for a girl issue or due to some long time problems with the months of March and September having higher numbers of casualties and not until when the government intervened that things went to normal.

All the patients who came with gun shot wounds were managed accordingly.

Table2: below shows s admitted with Gunshot throughout the year 2014.

Months	No_ of patients admitted
January	1
February	6
March	18
April	12
May	1

June	2
July	3
August	0
September	19
October	3
November	2
December	4
Total	69

THEATRES (SURGICAL ACTIVITIES)

This hospital is mainly meant to be for the emergencies cases, however there so many cases that would be elective if the resources can allow.

A number of major and minor cases were done throughout the year, emergencies such as obstructed labour leading to Caesarean section, Laparotomy due to strangulated hernia, intestinal obstruction and intersusception. Most patients operated had a good prognosis. Total surgeries performed throughout the year, **Q1 =110, Q2 =54, Q3 =71, Q4 = 56**. As per the activities done throughout the year, quarter 1 and quarter 3 has the higher percentage as the numbers of patient were also many due to the availability of the water and the pasture near by for their animals and many people have come near the hospital and the availability of surgoen.

The table below give the details of the operation through January to December 2014.

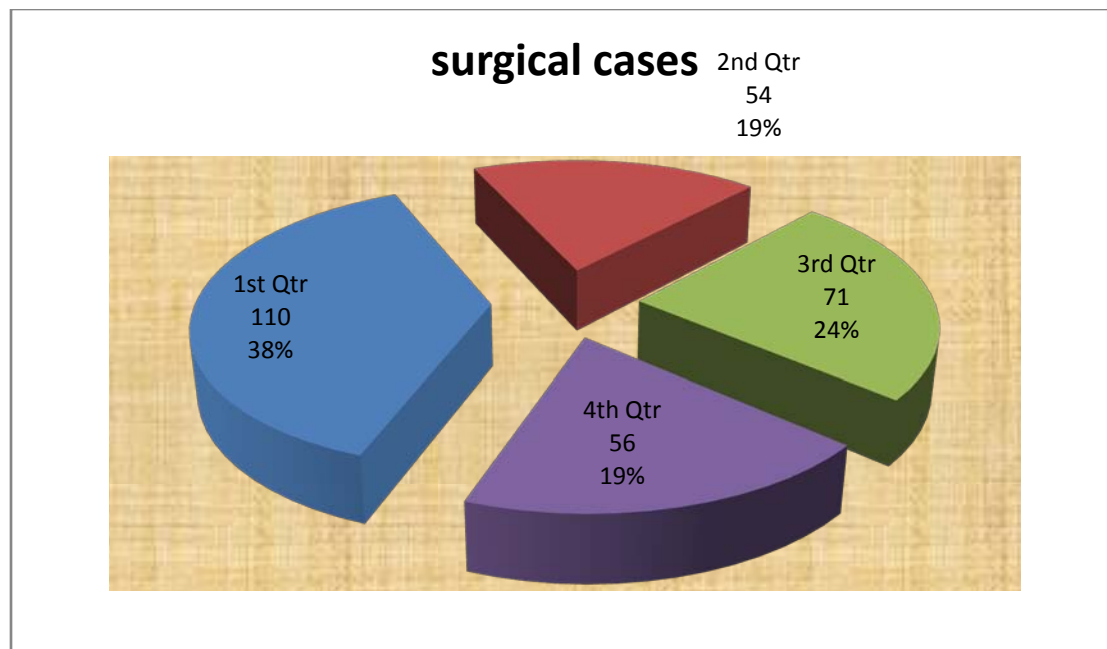
Table 3: shows the nature of the operation in each quarter at the end of the year 2014.

Type of Operation	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Debridement	25	20	13	11
Secondary closure	0	0	10	6
Exp-Laparotomy	4	1	3	0
Herniorrhapy	18	4	0	0
Surgical Toilet and STS	1	3	13	4
Incision & Drainage	6	6	13	14
Amputation	0	3	3	0

Caesarean Section	3	7	5	3
Reduction	1	0	0	0
Excision	9	0	0	0
Foreign Body Removal	5	8	9	12
Circumcision	9	0	0	0
Sequestrectomy	6	0	0	0
Appendectomy	0	0	1	0
Thoracic Drainage (UWSD)	2	1	1	0
Hydrocelectomy	4	0	0	0
Hymenectomy	3	0	0	2
Oophrectomy	2	0	0	0
Thyroidectomy	2	0	0	0
Prostatectomy	2	0	0	0
Examination Under Anesthesia (EUA)	1	1	0	2
Surgical reduction of rectocele and cystocele	4	0	0	0
Decapitation	0	0	0	2
Total	110	54	71	56

NB : The number of patients who benefited from the surgery was **291 patients**.

Figure 2: Show the Surgical cases done in the operation theatre in % of each quarter 2014



NUTRITION PROGRAM

AAA in partnership with **AMICI DI ANTONIO** mitigated in the problem of malnutrition at Mariallou hospital from 2009 to December 2014.

The burden of malnutrition among children up to 5 years old in Tonj North County was real and life threatening. Therefore the need for nutrition project was real and is still wanted at Mariallou hospital because it is the only centre capable of managing complicated cases of malnutrition for the two counties i.e Tonj North and East. And secondly the prevalence and incidence of malnutrition is far from over in this service area.

Therapeutic food was provided in 2014 (30 cartons of plumpy nuts and 3 cartons of milk F75 and this allowed to carry on nutrition program even if the supply was not sufficient.

The nutrition program was static and based at Mariallou and Comboni Mariallou TB/Leprosy hospitals both managed by AAA. Clients enrolled into the nutrition program through two nutrition interventions:

1. Therapeutic Feeding Program (TFP) for both Inpatient Therapeutic feeding Program (ITP) and Outpatient Therapeutic feeding Program (OTP).
2. Supplementary Feeding Program (SFP).

2014 started with 1 client admitted in late December 2013 and all clients exited the program by the end of this reporting period. There was 1 readmission in 2014; a child found on home visiting in response to a whistle blower. In summary the project outputs was as follows:

- ✚ **410** clients (245 males & 165 females) were enrolled for all age groups in comparison to 461 enrolled in 2013. The target of 2014 was 500. The breakdown is as follows:
 - 203 U5 children presented with Severe Acute Malnutrition (SAM) of which, 161 went through ITP and 42 were enrolled in OTP.
 - 200 U5 children presented with Moderate Acute Malnutrition (MAM) and went through SFP as OPD clients.
 - 7 clients (4 males & 3 females) above 5 years old were enrolled into the nutrition program as ITP, of which, 2 were pregnant women.

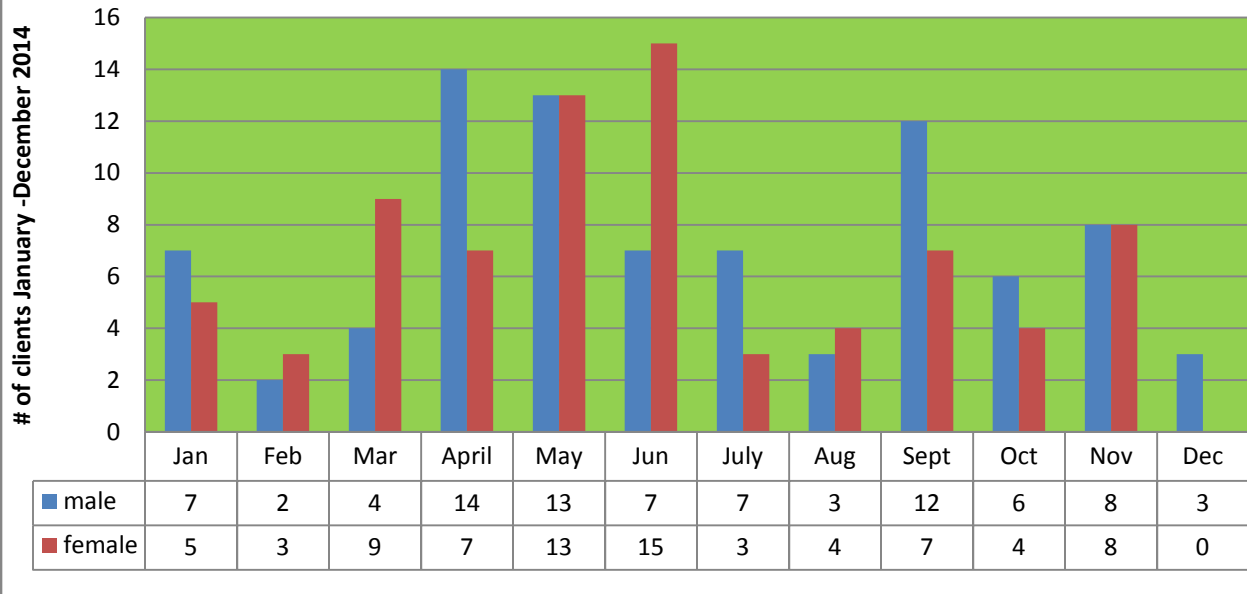
Malnourished clients exited as follows; 370 cured, 5 died, 22 defaulted and 13 (all recuperated) were referred for TB treatment in Comboni Mariallou TB Unit.

Table below shows details of monthly admissions into the nutrition program in 2014 for U5 clients.

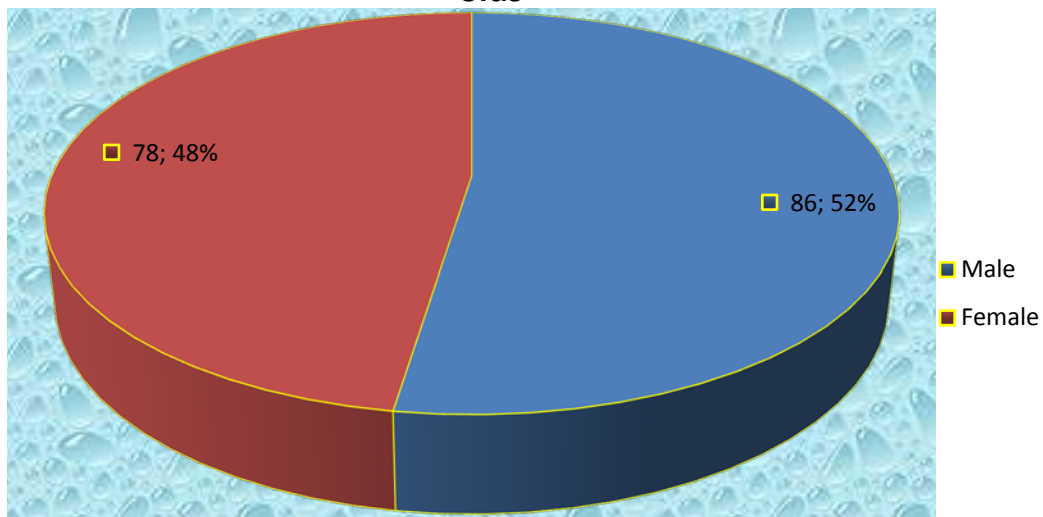
C a t e g o r y	I n t e r v e n t i o n	G e n d e r	Enrolment by month/gender												T o t
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
S A M	ITP (SC)	M	7	2	4	14	13	7	7	3	12	6	8	3	86
		F	5	3	9	7	13	15	3	4	7	4	8	0	78
	OTP	M	0	0	0	3	5	9	1	1	1	2	4	0	26
		F	0	0	0	0	3	1	1	2	3	1	4	0	15
M A M	SFP	M	12	1	6	12	19	5	13	15	8	19	22	3	135
		F	1	5	4	4	6	1	10	4	7	11	15	2	70
Grand Total			25	11	23	40	59	38	35	29	38	43	61	8	410

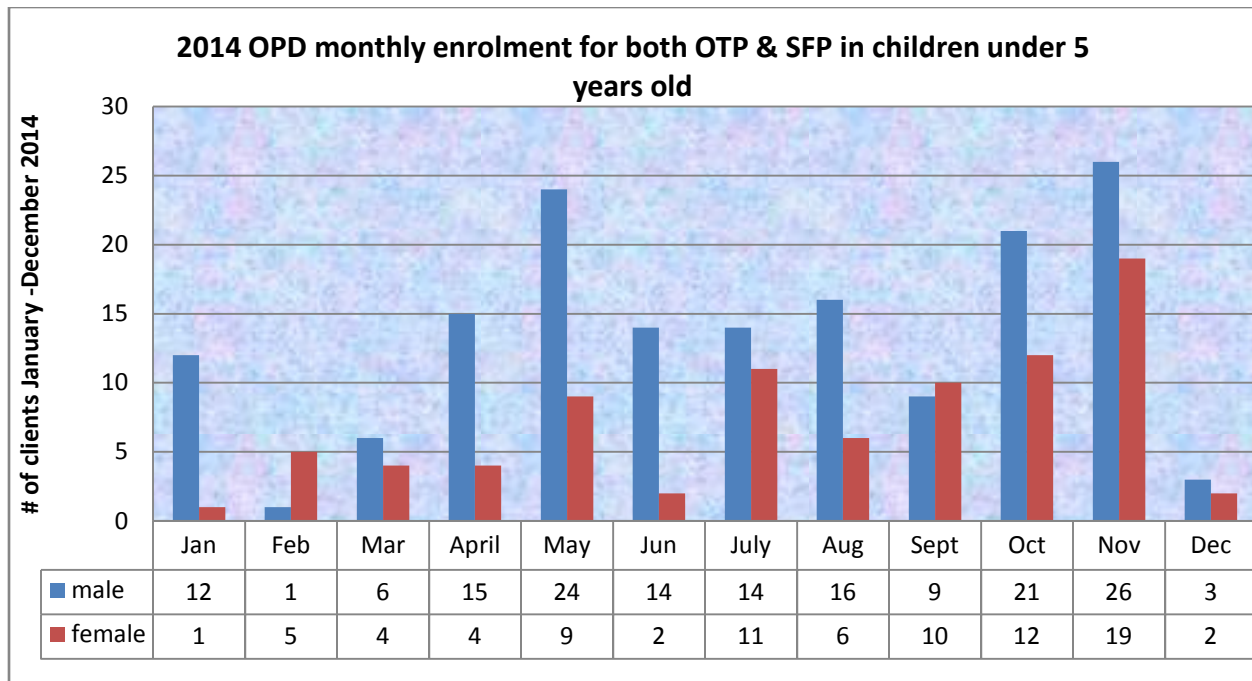
Figure 3: Shows IPD monthly enrolment in the TFP in children up to 5 years old.

2014 IPD monthly enrolment by gender



IPD Malnourished Patients in Totals by Sex in under 5 year olds





OBSTETRIC AND GYNACOLOGY

Many pregnant women from the community prefer to deliver at home assisted by traditional birth attendants due to culture and lack of transport.

But we are trying our best to erase that stigma and that is why numbers of those who attend ANC are increasing. We also provide delivery kits to use at home in case they do not make it to the hospital whenever available in the facility.

Health education at the ANC has brought some impact to the hospital as the pregnant mothers who attended the clinic some prefer to deliver in the hospital as per the number of delivery at the hospital this year was good but not yet satisfactory compared to the big numbers of ANC attendance.

Most of the patients who aborted had brucellosis positive due to drinking unboiled milk and meat not well cooked and others were RPR positive and also severe attacks of malaria contribute to some abortions. Patients diagnosed with RPR positive and brucellosis positive were put on treatment.

The gynecological patients were attended by the gynaecologist, Dr. Yel and others who covered the department full time for the whole year and when they are not there then the **Hospital Patron and the deputy** have to take full responsibility for all the normal deliveries together with the hospital maternity local staff.

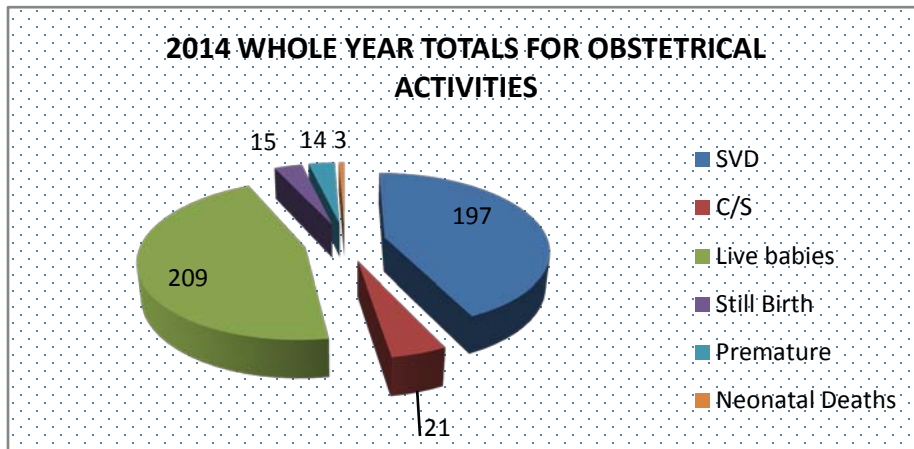
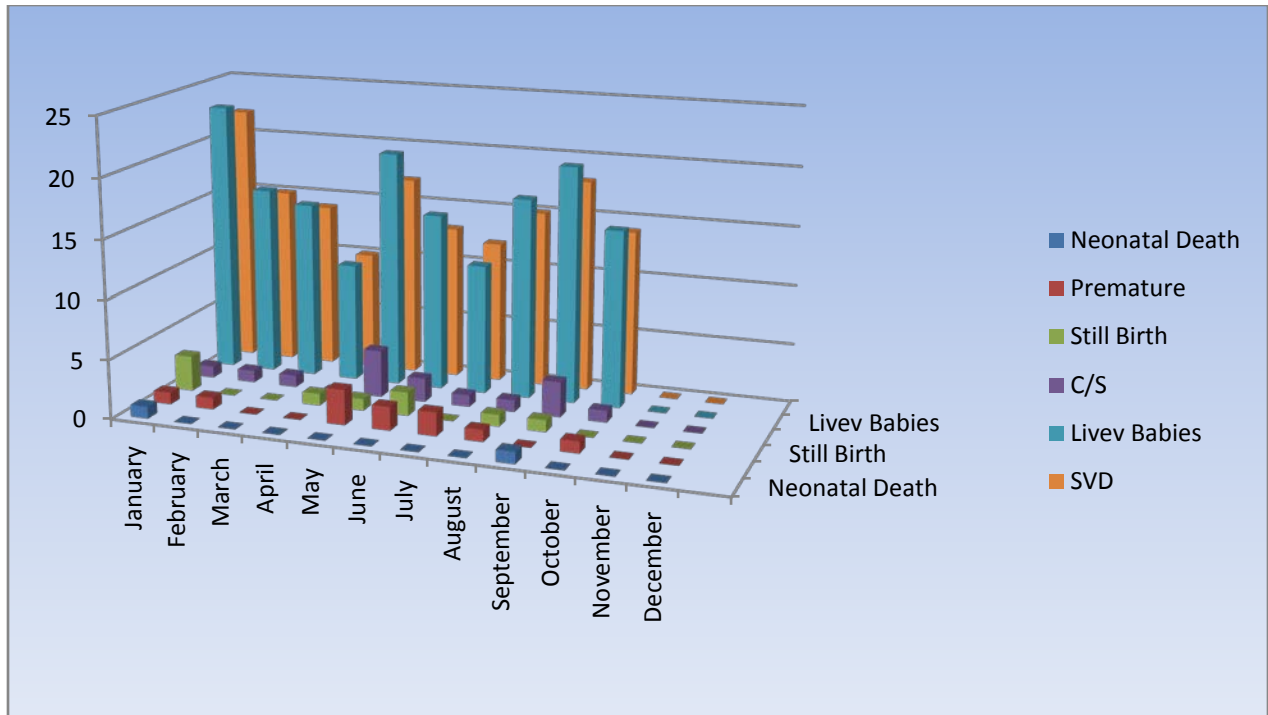
As the impact of the health education given to the pregnant mothers at ANC, we managed to register a total number of **alive babies** of =231, **SVD=219**, **CEASERIAN SECTION = 21**, **STILL BIRTH=15**, **PREMATURE =14**, **NEONATAL DEATHS =3** AND A TOTAL

DELIVERIES = 240. In the year 2014 thus good achievement made as a result of good turn up by the mothers to have safe delivery in the hospital, however we still need more to clients to deliver in the hands of skilled personnel now that at ANC they come in big numbers..

Table4: shows the obstetrical activities during the year 2014.

Months	SVD	C/S	TOTAL DELIVERIES	ALIVE BABIES	STILL BIRTH	PREMATU RE	NEONATAL DEATHS
January	22	1	15	23	3	1	1
February	15	1	16	16	0	1	0
March	14	1	15	15	0	0	0
April	10	0	10	10	1	0	0
May	17	4	21	20	1	3	0
June	13	2	15	15	2	2	0
July	11	1	12	12	0	2	0
August	15	1	16	17	1	1	0
September	18	3	21	20	1	0	1
October	14	1	15	15	0	1	0
November	18	2	20	17	3	1	1
December	22	0	22	22	0	0	0
Total	189	17	206	202	12	12	3

2014 OBSTETRICAL ACTIVITIES ON A GRAPH



COMMON DISEASES OF ADMITTED PATIENTS

Malaria had been at the highest peaks number of admissions at the end of the year, the month between July to November with the highest number of admission as the result of heavy rain leading to a lot of mosquitoes due to a lot of the stagnant water around which act as a breeding place to the many mosquitoes.

The number of pneumonia cases were also high due to cold weather and rain as the community had poor accommodation system, they get exposed to more coldness and its the young ones who

are more affected. A big number in the community stay at the cattle camp with minimal shelter, most of them responded after being put on intravenous antibiotics.

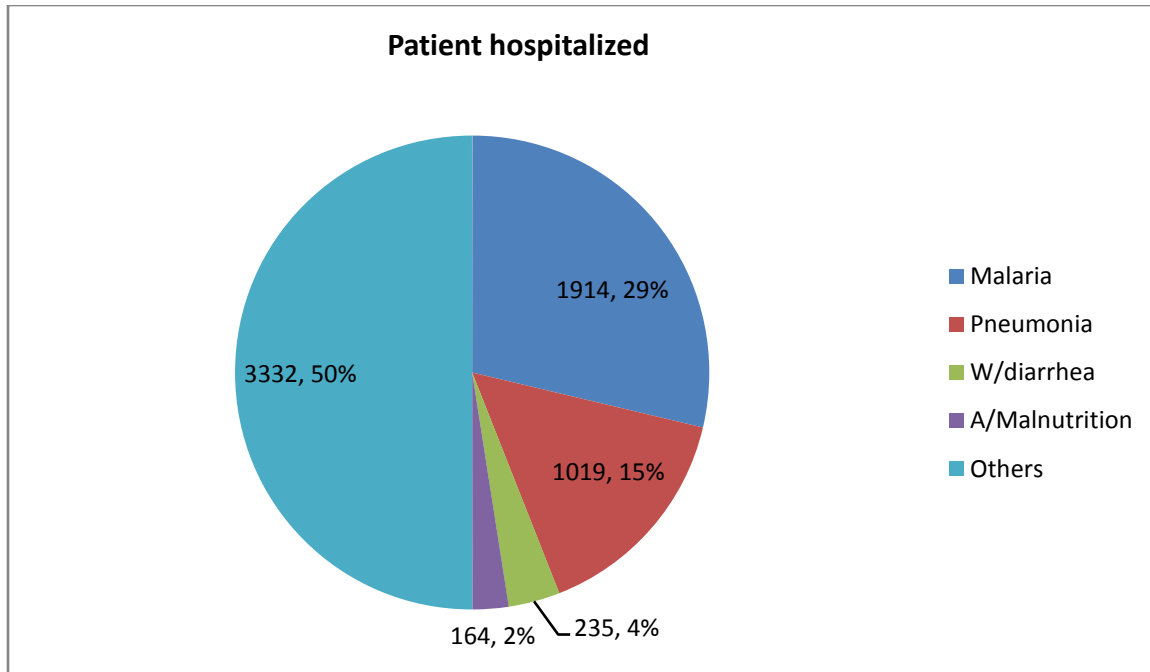
Acute malnutrition was still high due to food shortages and cultural practices in the community. As per the statistics its the boys that are mainly affected much with malnutrition.

The number of children admitted with watery diarrhoea was still high due to poor hygienic practices in food preparation and lack of clean drinking water since they depend on drinking stagnant water around.

Table5: The below shows the common diseases in IPD patients who were hospitalized in the hospital 2014.

Months	Malaria	Pneumonia	W/diarrhea	SAM	Bruce llosis	Typhoid	Bloody Diarrhoea	Others
January	187	117	26	12	12	1	1	72
February	82	40	17	5	7	1	3	25
March	66	94	30	13	4	1	7	79
April	104	79	37	21	4	0	1	69
May	237	107	23	26	15	10	5	88
June	278	59	12	22	14	3	0	94
July	288	184	5	10	2	1	0	100
August	236	133	4	7	7	0	0	107
September	126	13	23	19	14	0	1	95
October	97	70	16	10	2	2	1	73
November	115	89	28	16	5	4	1	111
December	98	34	14	3	2	0	5	41
Total	1914	1019	235	164	88	23	25	954

Figure 5: The Pie - chat shows common diseases in patients who were hospitalized in IPD 2014.



MORBIDITY

Table 6: below shows the Morbidity at the end of the year 2014.

Months	No_ of patients admitted
January	406
February	236
March	280
April	251
May	426
June	420
July	516
August	408
September	315
October	218
November	260
December	222
Total	3958

As per the table above, our admissions per chart stand at **3,958 patients in 2014**.

Figure 6: Show the morbidity of the calendar year 2014

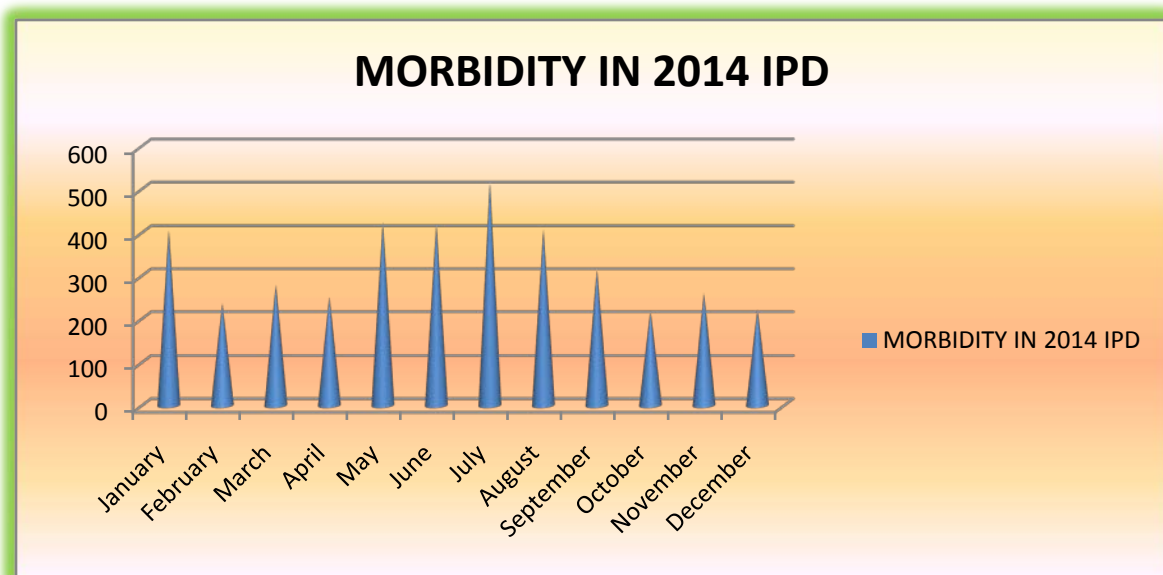
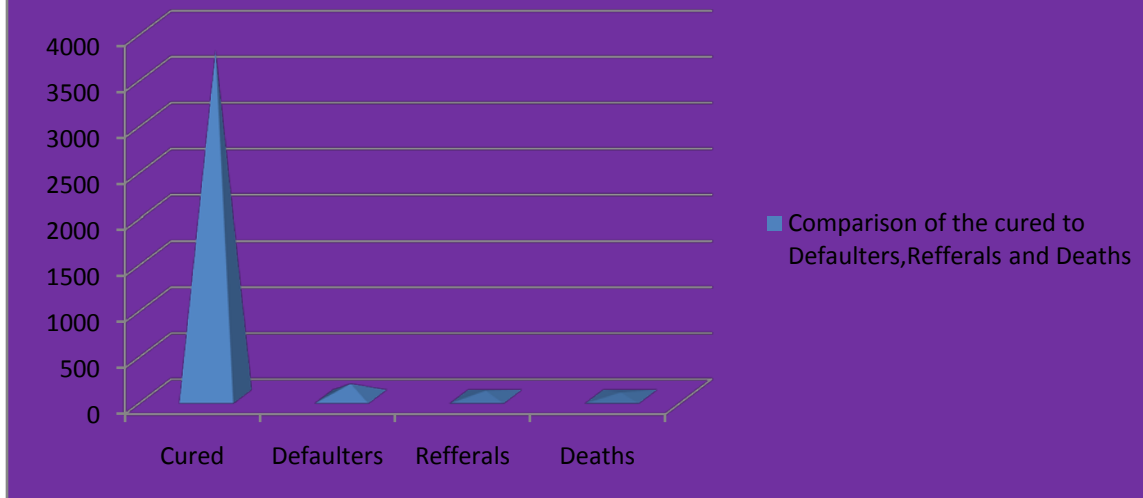


Table7: below shows the number of patients Cured, Default and Referred at the end of the year 2014.

Months	Cured	Defaulters	Referral	Deaths
January	385	7	2	2
February	224	12	0	6
March	256	20	2	8
April	225	17	3	4
May	388	13	3	6
June	420	8	9	1
July	534	5	18	3
August	399	14	2	1
September	307	10	11	5
October	199	7	3	4
November	233	8	6	4
December	198	17	7	3
Total	3768	141	66	47

Good management and care rendered to all the patient admitted in the hospital shows that **3768 patients** were recorded as the cured, defaulters= 141, referrals= 60 and annual deaths = 47 and it gives the full image of what kind of the management skills we have in the hospital, they were treated and cured from the time of admission till discharge.

Comparison of the cured to Defaulters,Refferals and Deaths



OUT-PATIENT DEPARTMENTS

Outpatient department being the first entrance was very busy and received many patients

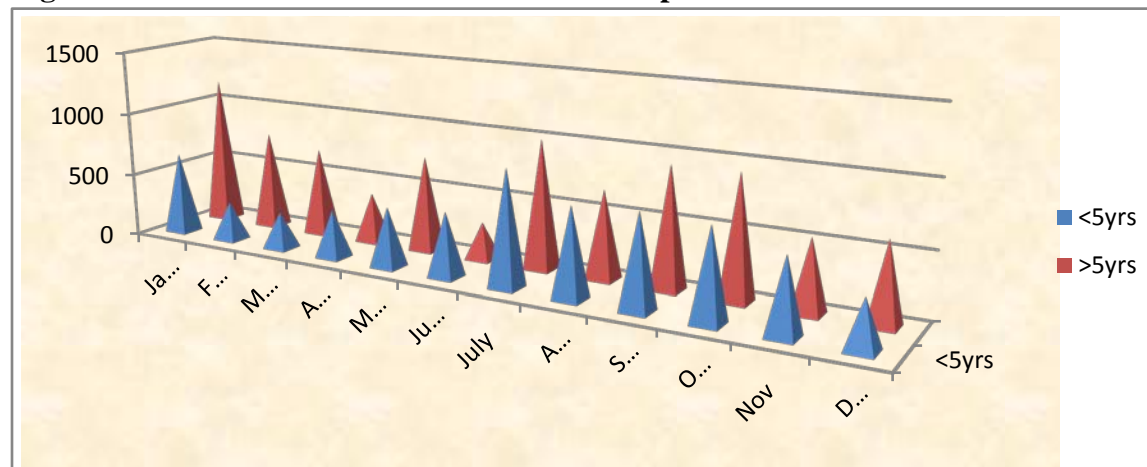
Patients increase dramatically from earlier July till late October when rain ceases off and in that period of three months patient start to present with severe condition of which others became complicated. The department has registered a total number of **14371 patients** attended and received the treatment. The numbers of patient attended to in outpatient department are as shown below on the table.

Table8: below shows the number of patients' attended and treated at OPD in 2014.

Months	<5yrs	>5yrs	Totals
January	649	1175	1824
February	306	776	1082
March	292	697	989
April	379	390	769
May	468	752	1220
June	503	291	794
July	898	1008	1906
August	690	686	1376
September	718	935	1653
October	696	943	1639
November	567	549	1116

December	370	610	980
Total	6536	8812	15348

Figure 7: Shows the number of patient treated at OPD in 2014



The most common illness in OPD was malaria at **4189 cases**, followed by other respiratory infections **2001**, STI- genito urinary infections at **1801**, pneumonia **1156**, Typhoid **963**, intestinal parasites **994**, watery diarrhoea **827**, skin disease with **699**, Brucellosis **124**, and anaemia **486**, patients, then some patients presented with other diseases like, trauma/burns chronic diseases and etc.but few in numbers.

Table9: below shows the most common diseases seen in OPD at the end of the year 2014.

Diseases	Numbers
Malaria	4189
Other Respiratory Infection	2001
STI-Genito Urinary Infection	1801
Watery Diarrhea	827
Intestinal Parasites	994
Pneumonia	1156
Typhoid	963
Eye Infection	346

Skin Infection	699
Brucellosis	124
Anaemia	486
Grand Total	13586

LABORATORY ACTIVITIES

The laboratory department has done a remarkable work during the year by carrying out diagnostic tests in time to help the clinician diagnose properly for the better achievement of the patient's condition as they look forward for the services as our tables and graphs shows and the pie-chart give us the percentage of the tests done at the end of the calendar year.

Though towards the end of the year many reagents were out of stock ie for malaria, brucellosis, typhoid, syphilis, hepatitis all were are completely out of stock.

As the year show from our activities, statistics indicate that malaria was at it's peak in the months of JULY-SEPTEMBER as it was raining heavily in the country and many patients has been registered in our register of the year which call for the earlier attention for the prompt treatment.

Table 10: Laboratory Epidemiology Statistics Report at the end of the year 2014.

Months	Numbers
January	1452
February	986
March	942
April	1081
May	903
June	1005
July	1217
August	908
September	1187
October	931

November	740
December	394
Grand Total	11746

THE TABLE BELOW SHOWS THE LABORATORY PERFORMANCE PER DEPARTMENT IN YEAR 2014

YEAR 2014
MARIAL LOU HOSPITAL

TESTS	ANC	POS	NEG	IPD	POS	NEG	OPD	POS	NEG
Blood slide	1156	377	916	405	156	289	2386	1168	11
Paracheck	778	124	654	191	144	242	638	485	8
Urinalysis	169	0	0	20	0	0	531	0	0
RPR	235	19	39	7	2	3	235	16	0
Stool	97	0	0	149	0	0	646	0	0
HB	1	0	0	109	0	0	80	0	0
Brucellosis	28	0	0	32	0	0	55	0	0
Widal	33	0	3	51	0	8	70	1	0
HCG	97	8	5	2	0	0	26	2	0
HIV	100	3	294	18	4	38	60	2	0
HCV	1	0	1	19	6	28	23	2	0
HBV	1	0	1	12	8	26	34	5	0
WBC	0	0	0	0	0	0	0	0	0
ESR	0	0	0	0	0	0	1	0	0
HVS	3	0	0	1	0	0	54	0	0
Differential count	0	0	0	0	0	0	0	0	0
Leishmania	0	0	0	0	0	0	0	0	0
RF	0	0	0	0	0	0	0	0	0
CRP	0	0	0	0	0	0	0	0	0
Blood Transfusion	0	0	0	21	0	0	0	0	0
Blood Glucose	0	0	0	0	0	0	0	0	0
Blood Group	0	0	0	29	0	2	61	0	0
GRAND TOTAL	2699	531	1913	1066	320	636	4900	1681	2

Details activities from our well equipped laboratory shows that **4900** patients from outpatient department benefited from the test done to confirmed the diagnosis. The above table gives us the clear details of the activities done for the whole year.

ANTE-NATAL CLINIC

The activities provided are as follows-

- ◆ Antenatal care
- ◆ Health education
- ◆ Family planning
- ◆ Routine screening of syphilis and urinalysis
- ◆ Immunisation with tetanus toxoid
- ◆ Issuing the pregnant mothers with delivery kit when available.
- ◆ Issuing them with mosquito nets when ever available.
- ◆ STI consultation
- ◆ HIV testing and counselling.

The number of patients who came for ANC was high, **4,785 mothers** benefited from the services, the patients had routine examinations and checkups done, and treatment was given depending on the results. Health education was given encouraging the mothers to deliver in the hospital to avoid complications.

Many delivery kits were given to use at home in case they did not make it to come to the hospital for delivery. This would help them use clean sets for safe deliveries to avoid infections like neonatal sepsis and tetanus but still with no aseptic technique being followed we received new born with neonatal sepsis in the hospital as our outpatient department shows. Routine drugs like folic acid and ferrous sulphate to prevent anaemia, fansidar for malaria prophylaxis and albendazole for deworming.

Table 11: shows the Antenatal per Quarter 2014.

Months	QTR 1	QTR2	QTR 3	OCT-NOV 30 th	Total
1 ST Visit	721	456	410	423	2010
Follow-Up	404	262	330	288	1284
2 nd T.T	71	80	83	27	267
2 nd IPT	109	77	71	54	311
Mosquito net	0	0	0	0	0
Delivery kits	80	30	0	0	110
RPR done	0	11	0	0	11
RPR +ve	0	2	0	0	2
RPR on RX	0	20	62	98	180
TOTAL	1385	938	956	890	4175

As per the quarter attendance at ANC, quarter1 has been recorded as the remarkable period where mothers attended the clinic most.

CAPACITY BUILDING/TRAINING

A total lack of the education in the communities as there are no proper schools and teachers in the country hence the hospital has got no manpower to run the hospital as we are trying our best to teach them with the basic knowledge of the medical skill to manage the patient in the wards but still very difficult to get them as they are mostly from primary 4-8 with no or little english which in turn the nature of the profession with poor background of the profession, difficult to understand the terminologies used in the field but we are trying to give them all basic they need for patients' care.

We enrolled10 students in the training as nursing Assistants of which 6 completed and waiting for their Certificates. Training is still continuing for the Nurse in sterilization because he started it after the Nursing assistant had finished. But very difficult to train them for 9 months without any allowances like money given to them.

Elizabeth Achol is now doing a Midwifery course in Wau training school.

Arol Paul was taken to Rumbek for the training to be the hospital electrician of which he finished and practicing in the hospital with continued support from Odong Patrick.

HOSPITAL HYGIENE

As the communities are routed deep in the culture, it has been very difficult for us to maintain the hospital to the standard level as it is expected but we tried our best to keep it clean. The patient and the caretakers plus the relatives makes it very much difficult to use the latrine, still they are using the bush as the way to despose off the waste, but health education is still going on as one of our priority in the hospital.

The hospital was kept clean with the help of the gate keepers who every day in the morning they look after the cleanliness though the grass is a big problem in the hospital compound during the rainy season as it grows faster.

HOSPITAL MEETING

Meetings are done on three different days in the month, regional staffs meeting is done every Saturday, In charges, Pharmacist, Matron and the Doctors including the director is done every Friday and the hospital staffs meeting done every Saturday of the beginning of the month.

The meeting has given us a lot of impact and the improvement in the management of the patients and running of the hospital smoothly where every problems are discussed and suggestion given to make the good running of the patient and the hospital it self.

VISITORS

A lot of the visitors were received this year as some came to do the evaluation and monitoring as there are a lot of the infrastructures going on at the ground.

- One of the Main donors Mr Marian (ErKo) was here for the evaluation of the hospital Activities.
- Mr Norbert was here on behalf of BBM to monitor the work of phase three where they reaced with the construction of Operation theatre and maternity.
- Main Contractors from BBM and the sub-contractor from Uganda to initiate Phase III construction theatre and maternity.
- Charles Omona for water quality testing.

CHALLENGES

- Workload of medical qualified staffs as most of staffs are trained on job
- Delay of salaries of staffs from the State Ministry of Health as from 1st January 2013 the Ministry took over
- **Lack of EMO/OMV or any standard anaesthetic Machine for theatre and reference books for students training.**
- NO theatre Nurse Available and yet the sterilisation nurse is alone when he is for leave or sick or off duty it is big challenge.
- The laboratory rotator broke making it difficult to have all ANC mothers and other suspects to be examined of RPR for syphilis as its supposed to be.
- Lacking of **blood bags** to rescue those critical conditions in need of immediate blood transfusion.
- All cars are grounded due to mechanical problem

ACHIEVEMENTS

- Provision of good curative care to all patients seeking medical services at the hospital and saving alot of lives especially malaria condition, obstetric and surgical cases as seen in the detailed reports above.
- Saved so many lives of people who would have died if the hospital was not there and the medical staffs.
- ANC and maternity services improved dramatically as our statistics shows.
- Management of malnourished children has been done however plumpy nuts got finished.

- Increased knowledge and skills among the medical national staffs through job training and continuous learning.
- Provision of 24 hour surgical intervention and good nursing care while in the ward post operatively.
- Health education given in OPD and IPD increased the knowledge and awareness of the community about general hygiene and diseases and importance of medical treatment than traditional healers.
- HPF support to the hospital from July 2014. So far, salaries of staffs were paid till end of December 2014

RECOMMENDATIONS.

- Anaesthetic machine needs to be bought, buy reference books for theatre and Nurse assistant.
- Need of qualified medical staffs (doctors, nurses/midwives, lab staffs, etc).
- Provision of drugs before the rainy season to avoid running out of stock.
- Provision of Laboratory Rotator to be able use reagents for RPR and manage patients accordingly.
- The blood bank should be initiated in order to store blood for the needy and for
- Repair of cars
- Provision of sterilizer for Operation Theatre.

SUPPORTING DONORS

- LaGoccia for supporting salaries of expatriate staffs
- AMICI DI ANTONIO for providing nutrition items
- Erko/DKA for improving water, solar and infrastructure in the Hospital
- BBM and ECOSAN for implementing construction work to be done in the hospital
- Ministry of Health for providing some medical items
- St Elizabeth University Slovakia to provide volunteer medical doctors
- HPF for entering in agreement with AAA

WAYFORWARD

Continue to engage HPF in program implementation in order to soften their rules and regulations as the AAA does not have funds to advance for implementation.

CONCLUSION

The hospital really was very busy as per our statistics in the calendar year. Good numbers of patients were cured, many patients benefited from the hospital in various ways such as operation, laboratory examination, antenatal clinic, and maternity services, counseling, etc

We are grateful for the health support given to the people of Marial-Lou and surroundings by our donors/benefactors. Your contribution has saved so many people who could not make it in 2014.