

# MARY IMMACULATE DOR AAA HOSPITAL- Mapuordit R.S.S.



ANNUAL  
REPORT  
2011

# 1. GENERAL INTRODUCTION/ REVIEW OF THE YEAR TO DATE:

The Hospital, started in 2001, is under the joint administration of Diocese of Rumbek (DOR), Comboni Missionary Congregation (MCCJ) and Archangelo Ali Association (AAA). The bed capacity is 112 beds and both curative services (including elective and emergency surgery), as well as preventive health programs such as community health and eye programs are being carried out. Many of our patients come from far distant places, either with a medical referral, or simply seeking a place which can address their medical needs in some sort of competent and professional way. Our Hospital, which deals with approximately 3,000 inpatients, and about 23,000 outpatients annually, has had to rely heavily on expatriate professional **staff to support locally trained staff. It has long been our hope to have qualified Sudanese staff caring competently for their own people.**

The year 2011 has been a year of great contrasts - of exhilaration and of desolation. We have seen the long march to Independence finally **giving birth to this newest nation – Republic of South Sudan, on July 9<sup>th</sup>**. This moment brought so much pride, joy and great hope to the people of South Sudan and to our Hospital staff as they proudly raised their new flag on the great day. Just a week later, came the stunning news of the **sudden death of our beloved Bishop Caesar Mazzolari, the founding father of Diocese of Rumbek**, who had been so instrumental during his long tenure, in steering the Diocese to its present stage of development. One could sense that he gave his own life for the birth of the new nation. So many people here have been touched by the simple goodness of this great man and we all carry such a debt of gratitude for the tireless work of Bishop Caesar and all are praying for his suitable replacement.

## INDEPENDENCE DAY CELEBRATION – JULY 9<sup>th</sup>. 2011.



Hospital staff  
raise the flag.

In March, the relatively stable Peace which we had been enjoying very suddenly erupted into a severe and protracted tribal clash between the local Dinka Atuot and the neighboring Jur Mvolo tribes, lasting for many weeks. During the worst weeks of the fighting, many local people were displaced from their homes and villages, and as they fled in fear of their lives, their villages were looted and homes burned. Many people took refuge within the Hospital compound, the School buildings, the Comboni Compound, and then others moved out and lived in the bush, as far as they could get from the areas of fighting. Many of our own staff took up residence in the Hospital, in every available corner they could find. It was a very difficult time for them. At least 2 new communities have grown out of this displacement, and their settling has been helped through generous donations (mainly water wells). As a response to the Emergency, through DOR and other Organizations like Caritas, many of the internally displaced people (IDPs) were given emergency assistance (large tarpaulins for making temporary shelters, buckets for water, small amounts of food, cultivating tools).



**IDP temporary bush shelters in Pokic Village**

Some of our most affected staff were also helped by donations towards rebuilding their homes. The situation was closely monitored by UN Peace Keepers, who worked tirelessly to broker the recent successful Peace Agreement signed on 16<sup>th</sup> September by the two Commissioners (of Lakes State and Western Equatoria State). Again, Providence seemed to provide a very late-onset rainy season, which coincided with the movement of the majority of people back to some sort of permanent living arrangement. The basis of the clash appears to have been about grazing rights etc. **The impact on our Hospital was keenly felt, with a huge downturn in both outpatient and inpatient attendances during the months of March to July. It was only from August, that we see our client base returning to some sort of normality. For months, there was not one Jur patient seen here, and as well, our 4 Jur staff felt they had to leave temporarily. One of these staff has returned, while the remaining three may return early in 2012 if the Peace Agreement holds. By now, Jur patients are starting to return, but still not in the numbers we previously saw.**

During this year we have remained with a static Ministry of Health Payroll, and even though the work of the Hospital continues to expand, the necessary Ministry Budget to cover this growth, is not there. We remain with **73 employed Sudanese staff, although only 58 of the 73 are permanent Ministry of Health Employees (the remaining 15 are DOR–paid employees, to cover the gap of the lack of staff)**. Of the 58 permanent staff, 7 are working in two outside PHCUs of Atiriu and Wou Wou (although the four Wou Wou staff are presently working here until their clinic is reopened, having been greatly damaged during the tribal clashes). There are expatriate staff in all the key senior positions (except for the 2 Sudanese intern clinical officers). The Medical Director/ Administrator, Doctors, Senior Nursing officer, Assistant Senior Nursing Officer, Midwife/ Anaesthetist, Pharmacist, Electrician, Administrative Assistant are all expatriate (most are salaried and several are volunteers). In November, when our 2 seconded Nurse students had successfully completed their Certificate in Community Nursing and returned to work here, we also offered private contracts to another 4 of these graduates, with the hope that the Ministry of Health will enter them into their next budget. Ministry of Health encouraged us to do this, however it makes a huge financial burden on us **and we hope that really the Ministry of Health will enter these 4 as well as our Sudanese Clinical Officer when the new budget is handed down.**

During the year, Trnava University (Slovakia) has continued to send at least one Doctor, several times accompanied by a Social Worker or Public Health Worker, to fulfil the MOU which finished on November 30<sup>th</sup>. 2011. At different times during the year Trnava University also sent three nurses, two of whom were very helpful in teaching in our Nursing School. In fact, most of the Slovakian team has willingly helped on the Education side. We have had two Sudanese Clinical Officers who completed their internship in November and December. Throughout the year, we benefitted from the wonderful and generous support and expertise of a number of short term volunteers - Doctors, Nurses, Psychologist, some who have been with us before and others coming for the first time. All seem to have found it a positive experience and our staff have benefitted from their presence both at the professional and social level. Some, who stayed during the rather frightening tribal clashes, gave confidence, courage and great hope to the people here that they were not abandoned. We really thank all these people, whose names are too many to elaborate in this narrative.

In June, Dr. Raassen, an experienced surgeon sponsored by **AMREF**, came for his fifth visit to our hospital for a five day surgical mission and was able to operate on **12** women affected by Vesico-Vaginal Fistula(VVF), a terrible complication which follows difficult and prolonged labour, as well as 2 other women with serious post-delivery complications.

**Dark and Light** (a Netherlands/ Austrian NGO) in collaboration with AAA, continued the Eye Program under the supervision of two Tanzanian Clinical Eye Officers. This year, they extended their cataract camps to Yiról and to Rumbek State Hospital. In November, a successful Cataract camp was held here and **85** operations were performed. **We were very sorry indeed to be informed only in early December, that Dark and Light would be withdrawing the Eye Program in Mapuordit at the end of 2011. Any future Eye Program remains uncertain at this stage.**



**Opening Ceremony of ART Centre- 25.3.11 in presence of Bishop Caesar and "Find the Cure" representatives.**



**The VCT/ART Centre was officially opened by Bishop Mazzolari on 25.3.11 in the presence of the donors of the actual building, an Italian NGO -“ Find the Cure” . Our Bishop blessed the building and the work of the ART Team. Regular reporting to WHO/UNDP was done throughout the year, but **this major donor has presently withdrawn from supporting any new enrolment from the end of the budget line which finished in November, 2011.** We are presently sourcing possible donors to support the enrollment of new patients from December, when WHO will only continue to support the patients already admitted in the Program as well as staff salaries. The funding will be reviewed on completion of the present MOU, in March 2012. **There are approximately 70 clients currently enrolled to ARV (Anti Retro Viral) Therapy, and 121 receiving Cotrimoxazole prophylaxis.****

**The SMOH Rumbek Certified Nurse Training School continues with the first year of the Course being run from this campus. 11 final year students sat the Licensing Exam in November, 2011, and all were successful.**

**Consequently, 2 of those 11,(both of them women) who were seconded into the training(from this Hospital), have returned to assume in charge positions- one as assistant to the Senior Nursing Officer and in charge of the Maternity Ward, and the other to take over the Medical Ward in charge position. Another 4 of the 11 have taken up private contracts with us, while waiting for permanency through the SMOH.**



**Our Pioneer Nursing Graduates.....welcome to Mapuordit!!**

There are 11 students remaining in the second year (2 were asked to retire back to repeat the first year due to weak academic performance) and there are 15 students in the new first year group (including the 2 students who are repeating the year). There is one annual intake, normally in May. The clinical placements of the 2<sup>nd</sup> and 3<sup>rd</sup> year groups, rotating between Rumbek, Yirol and Mapuordit Hospitals, have worked quite well, although the tribal clashes in March/April certainly disrupted some of the planned programs and even delayed the starting of the new first year intake. In 2011 we have admitted students from Upper Nile, Jonglei and Western Equatoria States (Nzara), as well as Yirol, Cuibet and Mapuordit. The cultural mix can be a challenge, but, we trust, in the end, it becomes a positive growing experience. We are very grateful to Yirol County (CUAMM) Hospital Medical Director, Dr. Enzo Pisani, for his enthusiasm and his willingness to enter into the clinical placement training. **This clinical placement option for the 2<sup>nd</sup> and 3<sup>rd</sup> year students has only become possible since the building of another classroom and another dormitory wing (24 beds), both completed during this year, and both funded by ERKO.** The new dormitory is superior in design to its predecessor and students seem very happy in their new student quarters. The attached kitchen/dining facility is working well.

For our own nursing staff, (24 HAN) we continue to struggle to get them upgraded, always hoping for some way of attaining a recognised nursing qualification for them. Our hope is to try to enter in the School at least one or two staff per year (even though they lack the requisite educational standard of senior 4) through competitive examination as well as through the “prior knowledge” clause. We have our Continuing Medical Education program for our Hospital Nurses, and as well any new student nurses employed undergo a 9 week training program for Hospital Auxiliary Nurses (HAN), which exposes the new staff to basic nursing theory and practice. Senior staff participate as lecturers in these training sessions. This year we have run 3 such sessions, and in the last 2 sessions, have had students sent to us from Nzara, Old Fangak, Wau and Yirol.

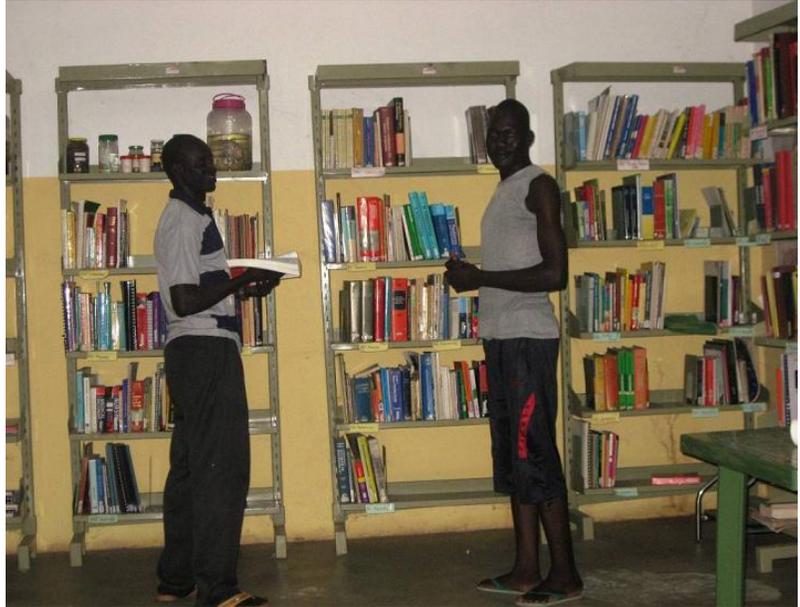


**First Year Nursing Students-  
CISP Nursing School  
Mapuordit Campus.**

Diocese of Rumbek (DOR) is presently sponsoring 4 nurses in training in the Registered Nursing School at Catholic Health Training Institute, Wau (CHTI). The Hospital, through generous donations, has two sponsored persons in the Diploma Course for Clinical Medicine and Public Health in Maridi. As well this year, we have had to sponsor our CISP Nursing School candidates, and so have 3 sponsored students in this course. **This is a very big commitment for the Hospital to find the annual fee for so many students under training, but we are making this a top priority as we realize the importance of having professional Sudanese staff to ensure a sustainable future for this Hospital.** We also have one student entering 3<sup>rd</sup> year of a Business Administration Degree at Juba University, whom we have agreed to assist to complete his course of 4 years, with the hope that he will join our staff on successful completion of his studies. Our Laboratory Technician in training in Malteser School, Rumbek, completed his course and returned here in May 2011. To those generous donors whose donations were specifically for Nurse Education, we are deeply grateful.

We are slowly increasing the capacity of the **Student Reference Library** and are always grateful for either donated books or for donations that have made it possible to have the more than 1600 reference/ text books we now have under catalogue. Students are encouraged to use the library for supervised study 3 times per week. The recent donation of a laptop computer will allow the students to study using the growing number of CD-ROMs we have in the Library.

Students in Reference library



## **2. ACTIVITIES IN THE HOSPITAL**

### **A. INPATIENT AND OUTPATIENT ACTIVITIES**

#### **INPATIENT ACTIVITIES**

The capacity of the Hospital remains at 112 beds.

Across all services, numbers are reduced, due to the big decrease in attendees during the months of tribal fighting. This year has seen **2,921** patients admitted. For **Medical Admissions (1,800)**, highest Morbidity /Mortality was due to **Malaria**, with **1,023** admissions for Malaria of whom **830** were between **0- 5 years**. **Malaria was particularly severe this year** (as the figures show), as even though the rainy season was of late onset, the rainfall was very heavy. **There were 44 deaths attributed to Malaria complications (43 of the 44 being children < 5 years)**. Second highest morbidity was **HIV-related complex (146)**, followed by **URTI ( 79)**, **Pneumonia( 73 )** and **Diarrhoeal Diseases (56)**.

For **Surgical Admissions (1,121)**, combined elective and emergency operations numbered **720** (this reduced number of operations is surely a reflection of the months of tribal fighting when admissions took such a downturn). Elective surgery included - Appendicectomy (**213**), Herniorrhaphy (**150**), Haemorrhoidectomy (**44** ). Gun Shot Wound admissions were **34**. There were **10 emergency operations for intestinal obstruction- at least half being due to incarcerated hernia**.

**On the Obstetrical side**, Spontaneous Vaginal Deliveries were **101**, while spontaneous Abortions were **60**, some requiring D&C. There were **21** Caesarian Sections performed for Obstructed Labour.

Every Wednesday and Saturday elective operations have been regularly performed, although the numbers dropped off dramatically during the months of the tribal clashes (between March-June). Emergency operations have averaged about one per week, with slightly more during the fighting (from the increased number of gunshot victims requiring surgical intervention). We continue to receive surgical cases from Akot, Yirol, Mvolo, Rumbek, Cuibet, Tonj and even Wau and Awiel. Some of these were medical referrals, while others were self-referred. There is a decrease of cases coming from Yirol area (since CUAMM opened an O.T there, with resident surgeon). We were grateful for the very generous assistance of two volunteer visiting surgeons, Dr. Stefano Baldo (“Find the Cure”) and Dr. Nigel Ackroyd, who relieved our Surgeon during several unavoidable absences during the year.



**Dr. Rosario assisted by Dr. Arnold in Operating Theatre.**

Small surgical procedures and ultrasound scans have been performed in the Surgeon’s office.

**Ultrasound** exams were **approximately 900** and **ECG exam approximately 300**. Several patients have been referred to Uganda for more advanced treatments than are possible here, the last being a young boy with an abdominal mass and wasting syndrome, who was in need of a diagnostic CT scan. For such cases, the hospital relies on donations and asks also the family to make a contribution towards the cost involved.

## **LABORATORY**

A second Lab. Technician completed his studies in Rumbek and returned to work here in May. Together with the Senior Lab. Technician, they attended a capacity building workshop held in Juba for HIV team members, sponsored through WHO, with a specific emphasis on using the new CD4 machines and the Humacount machines. WHO made delivery of a CD4 machine which allows the clinicians a more accurate staging for HIV positive cases. An on-the-job trainer was sent to do the installation, to fine tune the machine and to supervise the staff as they were introduced to the machine. Total number of **Blood Analysis tests** performed in the Laboratory were **approximately 14,330**, including Haematology/Serology/Biochemistry tests, while other tests numbered: stool exam (742 ), Urine Exam (1,044 ), Sputum Exam (105). **All HIV tests (other than for Blood Donor screening) were performed in the ART Centre, so those statistics are separated from the above,** but total HIV tests were approx **2,573**. One of the major constraints of this department is the lack of the readily available expertise necessary for servicing and repair of the delicate machinery. A case in point, as we compile this report, is the malfunctioning HumaCount machine, which has now been out of order for more than one month. It would appear that the only recourse in such a case, is to get information via email for our technician to follow, to try to rectify the cause of the malfunction.

## **ii) OUTPATIENT DEPARTMENT (OPD)**

OPD attendees for the year were **22,882**, of which **21,044** were new cases, while **1,838** were re-attendees (i.e. clients attending again with the same pathology).

**Malaria continues to be the overall leading cause of morbidity/mortality.** According to WHO/MOH GOSS Malaria Treatment guidelines, ACT (Artesunate Combined Therapy) given as first line treatment, still works well, although we had still many complicated malaria cases, children in particular, needing admission for quinine drip treatment and/or urgent Blood Transfusion (with Hb <4mg/dl). **The busiest month in the OPD was October (it is more commonly July- August), with 2,818 attendees (the majority with Malaria). This shift can be perhaps explained by the fact that the rainy season had a very late onset this year, as well as the Peace allowing free movement once again.**

There is still a very high prevalence of Respiratory Diseases and severe Pneumonia especially in children under 1 year, this being one of the major causes of mortality in that age group. There is increasing resistance to Penicillin which is sold in the market without prescription and widely used in haphazard way in the cattle camps. These practices contribute to drug resistance and as a result we have often had to resort to the very costly Cephalosporins in the severe admitted cases.

## **iii) PRIMARY HEALTH PROGRAMMES**

**1)ANTENATAL SERVICES:** Although attendance numbers at the twice weekly static clinics have dropped, the overall attendance figures have increased due to good attendances at the outreach clinics which were started in June 2011. At first, the Outreach was only weekly and conducted alternately in the centres of Agany and Aluak Luak. **From December, through the Safe Motherhood Program, the Outreach has embraced a number of other centres and involves three outreach services per week.** We provide all the pregnant women with Tetanus Toxoid vaccination, IPT (Malaria Prophylaxis) first and second doses, Mebendazole and Iron + Folic treatment, and referral for Ultrasound /Obstetric consultation when necessary. As well, PMTCT services are recommended to all the women and any women identified as HIV+ are referred back to the Centre for adherence counseling and enrolment in the program.

**Annual attendance was as follows: First attenders- 1,149. Second or other attendances- 1,100. Total annual attendance for Antenatal services- 2,249.**

**Health Education** topics such as hygiene in pregnancy, safe delivery at home, danger signs in pregnancy and labour, malaria in pregnancy, HIV/AIDS etc, are introduced during the clinic sessions. **No mosquito nets have been available for distribution.** All antenatal attenders are referred for VCT and the total number passing through VCT were **1,053** with **28** positive. There is only **1** woman on PMTCT therapy, with **4** on prophylaxis. The exercise is one way of raising the profile of this disease, and getting people talking and thinking about this reality in their midst, but as these figures indicate, there is still a huge amount of conscientisation to be achieved.

Hospital deliveries are still relatively few, with many women who present for delivery having some sort of complication (**101 normal deliveries, 21 emergency caesarean sections, 13 premature deliveries**). It is the **cultural norm for women to deliver in their own home.** We have no way of knowing the real maternal/neonatal mortality figures. Statistics from TBA-assisted deliveries number **113**. A total of **1,692 Tetanus Toxoid Vaccinations** were given to antenatal attenders.

Regular Health Education sessions within the Hospital are also encouraged and staff talk to patients and their carers mainly about environmental hygiene - how to use a latrine, hand washing, disposal of rubbish, diarrhoeal diseases, malaria preventive measures.

**2) EPI/Child Health Static Program:** In late June our kerosene vaccine fridge broke down and we were not able to procure the necessary parts. A new solar fridge (generously donated by Liberty International Underwriters in Sydney, Australia) was installed in late November and now the program has taken off again, coinciding with the three times weekly Outreach through the Safe Motherhood program. EPI is also a component of this Program. It was possible to keep a supply of Tetanus Toxoid vaccine for the Antenatal attenders during the months the vaccination fridge was not working.

**STATISTICS:** for January to December, 2011 are as follows:

**BCG: 288**

**OPV: 300**

**DPT: 390**

**MEASLES: 2**

**Tet. Toxoid(antenatal attenders): 1,692.**



New solar vaccination fridge

## **B.ONGOING EDUCATION**

### **1) SMOH Rumbek Certified Nurse Training School:**

In this, the third year since the starting of the Course, we have seen the remaining 11 students of the first intake **successfully pass their National Exam and graduate in November**. We are very proud of this, the first group of Certified Community Nurses, and are very happy to have 6 of the 11 working in our Hospital. **The present second year group also numbers 11, while the first year group presently numbers 15, and their training is at Mapuordit Campus. They will move to Rumbek on completion of first year in May, 2012.** This year we introduced a group rotation between Rumbek, Mapuordit and Yirol Hospitals,



First Aid Lesson for First Year Students!!

making the whole clinical experience more manageable. We are grateful to the former **CISP Project Director, Ms. Lucia Sorrentino** and to **Mr. Fabio Vitali**, who replaced Ms. Sorrentino, and applaud their hard work to iron out the daily difficulties of this pioneer project. They have been ably assisted by our Nursing School Director, **Ms. Magdalen Awor, a gifted and dedicated Tutor and Manager**. With the split campuses and also each successive intake enlarging the School, another tutor was employed this year and has mainly been in Mapuordit campus, assisted by two tutor/ clinical supervisors (one in Rumbek and one in

Mapuordit). The 2011 group has students from Yirol, Cuibet, Mapuordit and 6 students from Upper Nile, Jonglei and Western Equatoria States. This provides a healthy cultural mix and is a very good experience for all concerned. In deference to the long term sustainability of the School, **this year CISP introduced a modest fee-paying schedule, although no student is paying privately, all being sponsored by their sending organization.** The new dormitory building and new classroom, both donated through ERKO, have made it possible to be as active a participant in the Nursing School as we are.

**Getting serious now!!!  
First Aid Lessons continue  
for First Year Students!**



**2).Continuing Medical Education-** (for our employed HANs) has been continued, with weekly lectures on a wide variety of interesting topics delivered throughout the year by various staff members. A Certificate of Attendance/Achievement is presented at the end of the year to those students who attend lectures and sit the periodic assessment exams. Attendance has been poor throughout, with only a small number of students qualifying to receive an attendance certificate. This year, 2 staff who gained the highest marks in the end of year exam of 2010 were able to compete to join the Nursing School and both were successful. **It is our hope that at least 1-2 staff could gain professional training in this way, and this chance acts as an incentive for those who are keen to go to the Nursing School in spite of the fact that they lack the required Secondary School Leaving Certificate.** Three Basic Nursing courses for new Student Hospital Auxiliary Nurses have been conducted in 2011, with a total of **30** student HAN attending the courses. In this year's courses, we have had students sent from other Health Institutions- Nzara(1), Old Fangak (2), Wau (3) and Yirol (2). These students return to their own Health Centres on completion of the course. Several students have benefitted from repeating the Basic Course.



Nowadays more of our student HAN applicants come with their form 4 certificate and so it is much easier for them to grasp the basic context of Nursing. Some of them are hoping to go on to careers in the medical field and this clinical exposure is a good basis for them from which to start the process and to even decide whether or not Nursing is the career for them.

**Students of Basic Nursing  
Course outside new classroom**

**3) Professional Training Courses- One Laboratory Assistant** graduated as Laboratory Technician in mid- 2011, having completed the Course at Rumbek - Malteser training School for Lab. Technology. He has since rejoined our staff. Our 2 female HAN who were seconded to the **Certified Nursing course**, successfully passed the National Exam in November and have since rejoined the staff and we are very happy to welcome them back. We are sponsoring 2 former staff in the **Diploma Course of Clinical Medicine and Public Health in Maridi**, and hope to send another staff member in 2012. We have 3 young men in training in the **Registered Nurse Training Course at Catholic Health Training Institute (CHTI), Wau**- one in the first year and 2 who have just recently joined the new intake. Unfortunately, 1 student left the course abruptly during his first year, which was a big disappointment for us. This year, a **Midwifery Diploma Course** is being offered and though we sent one person to join this Course, he decided to change to the Registered Nursing Course. We are looking for a suitable female candidate for the 2012 intake. The RN/ RM Diploma Program, under the direction of Solidarity with South Sudan (SSS) formed from the combined Religious Congregations, and in conjunction with the Sudan Catholic Bishops Conference (SCBC), is accepting up to 2 sponsored students per year from each diocese. The Medical Director was nominated as the contact person for the Diocese of Rumbek and has been very much involved in recruitment and interviews, and in providing advice. Finally, we are sponsoring a student in the **Business Admin. Degree Course at Juba Catholic University**. He has just entered year 3 of the 4 year course, and we have invited him to join our Administration team when he completes his Degree. We are very happy to know that a qualified Business Administrator is soon to join us here and it will be his role to train and mentor this Sudanese counterpart.



Students at work!



### **c. CONSTRUCTION and MAINTENANCE**

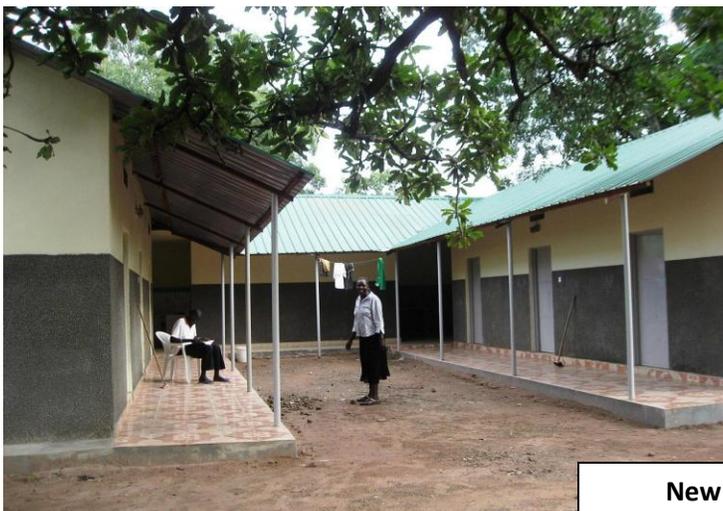
A number of projects started in 2010 were carried over to early 2011 for completion. The Ugandan Building team could not reach the target date for completion which had been set for prior to the Referendum in January. In fact, some small number of the team was working up until the post-Independence Day period. Projects needing completion in 2011 were:

- 1. The water and electricity augmentation** - this was the biggest project undertaken and involved huge expense and a lot of manpower and expertise. We now have increased capacity electrical and water systems, all solar generated. The provision of adequate lighting, and electricity enables good lighting throughout the hospital and the ability to run equipment like the oxygen concentrator for as many hours as needed without fear of draining the system. The new water system, with a holding tank capacity of 20,000 litres, gives running water at 35 water points throughout the Hospital, and in key areas like Labour Ward, Operating Theatre, Laundry and classrooms/ dormitories, it has made a huge difference. Some water system improvements were also made in the expatriate compound. Unfortunately, in October there were some major technical issues arising which required certain modifications to be made to the installation. Luckily, most of the parts are still under warranty, but flushing of the borehole, labour, etc were an unplanned outlay. As well, at the time of the borehole flushing, **it was foreseen that within 2 years, it will be necessary to sink a new borehole.**



**Newly installed Water Tower  
(20,000 litre capacity)**

- 2. Completion of the third classroom and new dormitory block** - with the re-arrangement of the clinical placement of the 2<sup>nd</sup> and 3<sup>rd</sup> year students of the nursing school, with clinical blocks either in Mapuordit , or Yiol as well as the main campus in Rumbek, extra accommodation was necessary. The new dormitory has enough room for 24 students, and is a better design than the original dormitory built several years ago. The new classroom allows for an additional room for lectures (Hospital staff use this area as well) and is also used as the clinical teaching area.



**New Dormitory Block for Nursing Students**

3. **Completion of the expatriate staff accommodation** - 4 single rooms have been added to the existing expatriate staff accommodation. The four rooms are in one wing, with a toilet and shower facility adjacent. The rooms are large enough for one (or even two) person to live comfortably and our expatriate staff and occasional visitors are very pleased with this new addition to their living quarters.

All these building achievements in this year will mean a big improvement in the quality of care able to be offered to our patients, and we remain grateful to both the hard working Ugandan team and to our amazingly generous donors.



New expatriate accommodation block providing 4 rooms and shower and toilet facilities.

4. **Maintenance** has been under supervision of a qualified Malawian Electrician. He has one assistant and one apprentice who came to us for a one year consolidation training having completed a Solar Electrical Installation/ Maintenance course at the Jesuit Training Centre in Rumbek. Both the supervisor and his apprentice attended a solar water installation intensive training. We are **still hopeful to find a suitably qualified person who could act as general Maintenance Supervisor, to relieve the Medical Director of this work**, for which he has neither the time nor the qualifications.

### **3. OUTREACH PROGRAMMES**

#### **i) HIV/AIDS PROGRAM**

This program has been running since March, 2010, under the financial support of WHO in conjunction with the ROSS MOH. The future of this program is very uncertain as the present Budget line finished at end of November, 2011. Now that the Program is already established with presently **70** clients enrolled to ARVs, we are committed to keeping the Program running in some form, with perhaps several donors supporting various facets of the program. Due to the sporadic drug, laboratory reagents and HIV test kit supplies, this will be one area which will need donor support. WHO has guaranteed staff salaries until March, 2012. Already, in November, the Medical Director went to Nairobi to purchase supplies of ARVs and to try to put in place the necessary logistics.

<b>Total number of clients tested during 2011</b>	
<b>TOTAL TESTED</b>	<b>2,573</b>
<b>TOTAL POSITIVE</b>	<b>189</b>
<b>TOTAL ENROLLED</b>	<b>121</b>
<b>INITIATED ON TO ARV</b>	<b>82</b>
<b>DEATHS AFTER INITIATION TO ARV</b>	<b>5</b>
<b>TRANSFERRED OUT (on ARVs)</b>	<b>7</b>
<b>PRESENT NUMBER ON ARV</b>	<b>70</b>
<b>PRESENT NUMBER ON CTZ</b>	<b>121</b>

Fulltime staff in the ART centre comprises 7 with **1 fulltime Clinical Officer who acts as program Supervisor**, directly accountable to the Medical Director and to the WHO Consultant/ advisor. **2 more full time counsellors for ART and Outreach were added to the original team from March 2011.** At least one of these counsellors is encouraged to spend more time on inpatient supervision of drug-taking, nutrition needs etc. Sometimes such basic nursing duties can be overlooked. Part time staff has increased from the present 4 to 5, with the addition of another Laboratory Technician. The reason for this is that since the installation of two complicated lab. Machines (Humacount, and CD4 ) the work of the Lab. has increased in terms of time allocation to tests related to HIV clients. This increase of one staff member should hopefully motivate the productive output and the quality of their work. **Community Mobilisers** were removed from the program on completion of the WHO funding. They had already been considered one of the weaker points of the overall program, probably due to the difficulty involved in supervising and suitably motivating them in their work.

ART Centre staff sees the need for continued efforts in the area of community awareness and acceptance. The community has been slow to embrace the ideas and notions of HIV. The fact that Mobiliser performance has been so poor has not helped. **The team had initiated a mobile PMTCT/ ANC weekly in two of the bigger outreach centres, hoping that this would be a source of awareness raising and of filtering clients to the centre. From December this work has expanded to a three times weekly outreach involving a number of centres. Initial response is encouraging. This new outreach falls under the "Safe Motherhood" project.** More workshops would be useful. ART staff were grateful for the mentoring arrangement available through the WHO HIV Office.

In 2011, to date, the **defaulter rate** is definitely showing a downward trend, and though not totally accurate, we consider it to be **around 25 %**. Surely, the huge effort into awareness raising, and in the community actually seeing clients who were so very ill making a good recovery (particularly one very "high profile" Government employee), is an encouragement in itself to clients not to default. As well, the policy of strict adherence counselling prior to starting treatment has surely contributed to the reduced defaulter rate.

## **ii) NUTRITION PROGRAM**

**Sponsored by SOH and supported by UNICEF and WFP, and under the supervision of AAA**, it has continued the distribution of dry food mostly to malnourished children admitted in the Paediatric Ward and to the anaemic mothers of the ANC and admitted in the Maternity Ward, but also other malnourished/anaemic patients admitted in the Medical or Surgical Wards. **Many of the clients admitted into the feeding program are HIV positive, and one of the major supports to this rigorous therapy is nutritious food.** For weakened and chronically ill clients such as these, the type of foods supplied, such as maize, are not always appropriate and some clients have no carer to prepare the maize. **We would need more ready mix foods, such as Plumpy Nut, High Energy Biscuits, Oil, Sugar, CSB, Infant Formula.** There have been several consignments of nutritional food supplied through the SMOH for which we are very grateful. During the year, the prolonged severe tribal clashes caused widespread internal displacement, and no Jur clients came to the hospital due to the insecurity. Therefore, the total beneficiaries in 2011 were much reduced, numbering **157**

## **iii) TBAs and IECHC Village Volunteer Program**

**Sponsored by Medicus Mundi** the program continues **under the direction and supervision of AAA**, implemented in the field by Mrs. Christine Obwoya RN/RM. The TBAs are about **14** in number, trained and supervised by Ms. Obwoya, and cover most of our catchment area. TBA-assisted deliveries were reported as **113** assisted deliveries, with **14 abortions** reported. Complicated deliveries are referred to the hospital, occasionally accompanied by the TBA, although often the lack of an available vehicle is a big constraint for the transport of the mothers, since some of the TBAs are located at 50 or more km distance from the hospital. **329 patients were referred to Hospital. 895 health talks were given..**

There are **14** Village Volunteers in the combined Mapuordit/ Yiol area. They have continued to deliver essential Health Care to children under 5 years – **Total number seen- 2767 (Malaria- 1,558; URTI/LRTI- 897; Diarrhoea- 891). Total number of sick children seen-3,346.** Health education beneficiaries were **3,949**

Again, we **commend the dedication and hard work of Ms. Obwoya, the supervisor of this Program, and are grateful to AAA for their input.**

## **iv) LEPROSY PROGRAM**

**Sponsored by AAA private Italian donor(s) and under the supervision of AAA**, this program has continued, but at a very reduced level. The peace has allowed mobilization activities, with a total of **2** new cases.

POD activities continued especially in the village of Adidir and in Pan Amat Clinic.

The SER (Social Economical Rehabilitation) activities continue, with small agricultural projects and by the continued running of a grinding mill cooperative. There were **4 referrals in, 1 discharged, 1 referred out and presently 87 on treatment (MDT).**

## **v) EYE PROGRAM**

This program has been sponsored by **Dark and Light Organisation**, and supervised by our Tanzanian Ophthalmic Clinical Officers (2) who report to AAA. Both static and outreach clinics were run throughout the year, with successful eye camps held in Yiol and Rumbek. The only eye camp to be held in Mapuordit this year was in November, with **85** patients being operated. Unfortunately we have recently learned that Dark and Light will no longer be supporting an Eye Program in Mapuordit, **with the program closing on December 31<sup>st</sup>.** We sincerely thank Dark and Light, and also their predecessor, Light for the World, for the wonderful work they did during their tenure in Mapuordit. **We also thank the staff, both expatriate and local, but especially the two Eye Clinical Officers, Mr. Jeremiah Mwteve and Mrs. Sara Saraweki, who worked to make the program a success. We hope that at some future point the Program may restart.**

The following report was submitted by the Senior C.O. Mr. Jeremiah Mwteve:

	TARGETS / YEAR	ACHIEVED TO DATE
<b>OPD Consultations</b>	3, 000	<b>4545</b>
<b>Trachoma Surgeries</b>	150	<b>194</b>
<b>Cataract Surgeries</b>	300	<b>459</b>
<b>Health Educations beneficiaries</b>	8, 500	<b>9063</b>
<b>Screening of school children</b>	2, 000	<b>1896</b>
<b>Training of PECW</b>	2	<b>2</b>

#### **vi) TB PROGRAM**

**Sponsored by UNDP-GF, the programme is under the direction of AAA** and supervised locally by Ms. Christine Obwoya, who transferred into the TB/Leprosy programs when the Malaria Program closed. She is supported by one Officer for TB Patients and Leprosy patients. Since 2009, the Hospital has been **treating intensive phase sputum positive cases instead of referring** them to Yirol.

#### **2011 Statistics**

No. Patients screened-110

No. Patients smear positive-11

No. patients smear Negative-6

No. patients-Extra pulmonary TB- 13

## **4.ACHIEVEMENTS, CONSTRAINTS, FUTURE PLANS**

### **i) ACHIEVEMENTS**

- **Continuation of the SMOH Rumbek Nurse Training School for Certified Community Nurses** with Year 1 in Mapuordit Hospital and Year 2 to conclusion, in Rumbek State Hospital. **The first graduates (11) completed their studies in November, 2011 and we now have our first certified community nurses on staff.**
- Consolidating the work of the HIV/ VCT/ ART Referral Centre with increase in enrolments and community conscientization.
- Building of another Lecture Room for the Nurse Training School - **ERKO**
- Building of a 24 bed dormitory (4 per room) and shower/toilet facility for Nursing School students- **ERKO**
- Increasing the electricity solar capacity of the Hospital. (**Bolzano Missionary Centre**)
- Providing running water at 35 water points throughout the Hospital which will improve the general hygiene and facilitate patient care(solar powered)- **ERKO-DKA-Comboni Missionaries (co-sponsorship)**
- Fifth VVF surgical mission and 1 planned eye surgery mission held in our hospital during the year.
- Constant supply of drugs and medical equipment with funding provided by **ERKO** specifically for drugs and medical sundries.
- Regular Health Education sessions about malaria, malnutrition, HIV/AIDS, Hygiene.
- Employment of 2 Sudanese Clinical Officers for internship- completed in November/ December.
- Three Staff in Certified Nurse Training; two staff in the Diploma of Public Health and Clinical Medicine Training; Four candidates from DOR in the Registered Nurse Training course. Sponsorship of one

student of Business Administration Degree Course at Juba University. Completion of Lab. technician training for one staff.

- Dialogue with the SMOH in regard to the formal recognition of this Institution as a Rural Hospital and the signing of an MOU with the SMOH.
- **Full 100% salary payment of 58 permanent staff by SMOH from August, 2011.**
- Signing of an MOU with **Trnava University** for the starting of a **“Safe Motherhood”** project which started in December, 2011.
- Employment of an expatriate (Ugandan) qualified pharmacist to run the Central Pharmacy and Medical Store.
- Employment of an expatriate (Ugandan) qualified Medical Doctor and Surgeon as from end October .
- Mobile ANCs started weekly to Agany and Aluak Luak, until the launching of (three times weekly) the Safe Motherhood Outreach Program. **Through a generous donation from Comboni Missionaries** we now have a *Land Cruiser/Ambulance* to facilitate the Safe Motherhood project and for bringing emergency cases to the hospital, (especially the mothers in obstructed labour), in order to reduce the maternal/ infant mortality.

## II) CONSTRAINTS

- Lack of Sudanese qualified staff and continued reliance on expatriate professional expertise, with the Medical Director/ Senior Surgeon(Italian), supported by Slovakian Doctors on 3 month rotation(through MOU with Trnava University), 1 Junior Surgeon(Uganda), 1 senior Clinical Officer(Ugandan), 1 Pharmacist(Ugandan), 5 Registered(or enrolled) Nurse / Midwives(Ugandan, Kenyan, Papuan, Australian), 2 anaesthetic Nurses(one presently on Leave(Mexican) and the other to replace him(Ugandan), 1 Electrician(Malawian).
- Losing locally trained staff for different reasons. Two more senior HAN have now entered the SMOH Rumbek Nursing School, making a total of 3 in training, and while we are so thrilled for this chance for them, it has left a big gap in our senior nursing pool. As they are seconded / on study paid Leave, their paid positions are frozen, and so the Hospital has to pay to employ staff to fill the gap. We have 4 senior student HAN on private contract to try to address the staff drain, as well as the four recent certified nurse graduates.
- Shortage of some important drugs - **the MOH GOSS has apparently stopped to provide drugs to our hospital- the reason is not clear. Only 1 MoH Drug consignment was received in February, probably the last.**
- Lack of an X-Ray Facility, although we are presently in negotiations to purchase a portable x-ray machine with a reconditioned Digital Printer and have already sent one of our graduate certified nurses for a 6 month in-service training in Uganda . We hope the building of the X-Ray room will start in early 2012.
- Still no clear way forward to ensure a qualification for our 24 HAN who work in nursing positions, but without a formal training. **The only hope for them is to try to enter into the Rumbek Nursing Course by competitive examination and through the “years of service”, or “prior knowledge” clause.**
- Lack of a Hospital Maintenance/ Building/ Construction Supervisor.
- Deteriorating condition of the roads between Rumbek to Mapuordit, and the impassable Bar Naam bridge connection on the Rumbek- Yirrol road (a temporary pass has been in operation throughout this Rainy Season).
- Still without network access for the area.
- Introduction of Visa system with increased cost involved, which could make some difficulties for the many expatriates who come to work or to volunteer. Also an 100% increase in the Airport entry tax .

### III) FUTURE PLANS

- Continued cooperation **with CISP and Lakes State MOH** in the running of the SMOH Rumbek Nursing School for Community Certified Nurses, which started on the 4<sup>th</sup> May 2009 within the hospital compound with presently **26** students. **Sustainability strategies**, such as the introduction of fee-paying, to prepare for the planned handing over of the project by CISP in 2012. The 2012 interview/ selection process has already been taken over by GOSS Ministry of Health.
- **Rebuilding of the Central Sterilising Unit**- plans drawn and to start in March, 2012.
- **Building of an X-Ray Unit**- plans drawn and to start in March, 2012.
- **Re-building of the Hospital Incinerator** (possibly not till 2013).
- **Remodelling of the present Surgeon Consulting room** (re-roofing, new windows, rendering of walls, new stainless steel sink, tiled floor, efficient lighting).
- Fund-raising in order to cover the expenditures for expatriate staff, local staff salaries and medicines. ERKO (and Rotary?) will hopefully again pay for the drugs. The rest will come as usual from the OLSH Sisters and Comboni Missionaries through several Italian Missionary Groups.
- To continue to put pressure on the MOH-RSS through the MOH Lakes States in order that the Mary Immaculate Mapuordit Hospital be officially recognized as a County Rural Hospital (no longer as a simple PHCC), so that the MOH-GOSS will regularly provide the adequate amount of drugs and increase the number of staff.
- **A qualified Business Administrator has been recruited by HORIZONT 3000 and will work on a one year contract, to train and mentor a suitable Sudanese counterpart**( presently in the midst of university Studies for Business Administration). **We hope to welcome the Administrator to the position in March, 2012.**
- To find a **suitably qualified Maintenance person** to oversee the heavy maintenance program of the hospital.
- Donor support for the EPI programme, started in 2009, so that it may continue and expand to provide mobile (3 times per week) as well as static clinics (2 times per week) now that the new EPI Fridge is installed.
- To create self supporting and home based care HIV/AIDS patients groups, motivating clients to periodically come for collection of the preventive and ARV therapy and Health Education Sessions by providing these attendees with food. We have applied to WFP for the needed food supply.
- To lobby at Government level for a **bridging course to allow experienced HAN to enter into recognised nurse training courses despite their lower than required educational standard.**
- To start an ambulance service for pregnant women to have them to deliver in the hospital or to reach in time the hospital in case of complications during the delivery.
- To **establish the new SAFE MOTHERHOOD Project**, (a joint project of Slovak Aid, Find the Cure, Kindermissionswerk, and Comboni Missionaries) offering 3 times per week mobile ANC clinics (inclusive of EPI, VCT and PMTCT services), identifying and referring high risk pregnant women, and by offering free of charge admissions, operations and emergency care to all pregnant women with a pregnancy- related health issue. The whole purpose of this project is to try to reduce the incidence of Maternal/Neonatal mortality.
- To send a **female Sudanese senior 4 leaver for training in the Midwifery** School of Yei or Kajo Keji , or the newly opened Diploma Midwifery course in CHTI Wau.
- To continue to upgrade the accommodation in the expatriate compound, with possibility for further accommodation to be built.

## **5. DONORS and BENEFACTORS:**

- **We are grateful to the SMOH and RSS MoH (South Sudan Lakes State and Government Ministries of Health), for their cooperation and their recent decision to accept to pay the full 100% of staff salaries for those on the SMOH Payroll.** We are also thankful for the equipment, medical supplies and drugs for the various SMOH sponsored Health programs (EPI, HIV, MCH).
- **We thank AAA for their supervision and management of most of the Outreach activities from the Hospital and for all the logistic support** needed to purchase and send drugs and other equipment and to organize for the travel, permits and contracts of their expatriate staff. .
- **COMBONI MISSIONARIES (MCCJ)**, who continue to support us both financially and spiritually. In particular we thank the Italian Province who paid for most of the new Hospital solar powered water system as well as the vehicle for the Safe Motherhood Project. Our particular gratitude to the South Sudan Procure (in Juba), and the Bursar of Kenya Province (in Nairobi). They are always ready to assist and advise, and for this we are very grateful.
- **DOR LOGISTICS/COORDINATON- Nairobi - in particular, to Mr. Jonathan Bardsley**, DOR Administrator, for very helpful advice on certain Administrative/ Legal matters and to **Mr. Barnabas Cheruyiot** for much willing assistance with purchasing and transportation of equipment and supplies from private donors.
- **GF** which has fully **sponsored through UNDP/WHO the HIV/ARV Program in Mapuordit from March, 2010 until November, 2011** and then only partially by supporting only the already enrolled patients.
- **ERKO-Slovakia**, who continued to pay for most of the drugs, stationery and linen needed by the hospital and who have funded the construction of a new classroom and dormitory of the Nurses Training School. ERKO has also sponsored a small part of the new water installation (solar powered) for the Hospital.
- **TRNAVA UNIVERSITY- Slovakia**, for sending two doctors (or a Doctor and a Social Worker or Public Health Officer, or registered Nurses) in rotation every 3 months, and who will sponsor the innovative "Safe Motherhood" Project from December, 2011.
- **DKA-Austria** who also sponsored part of the new water and electrical installation, a new solar powered fridge for the hospital pharmacy and the salary for the Maintenance Apprentice.
- **HORIZON 3000-Austria** who have continued to sponsor the salary, the accommodation and the travel expenses of an expatriate medical doctor and who will do the same for an expatriate hospital administrator who will join us in March 2012..
- **SIGN OF HOPE (SOH)-Germany** for supporting the **Nutrition** program and **the EPI Program**
- **UNICEF** for supporting the Nutrition program and the Maternal Health Care.
- **WORLD FOOD PROGRAM (WFP)** for supporting the feeding program for our TB, Leprosy and HIV patients, and for malnourished and poor patients.
- **ROTARY –Brescia, Italy** who paid for part of the annual drug supply.
- **OLSH OVERSEAS AID, Australia**, for continuing to contribute up to July 2011 to the payment of 30 % of the salaries of the 50 Hospital Sudanese Staff plus still of some Sudanese staff private contracts, as well as dedicated projects such as ongoing staff development, incentives and benefits, educational aids, and so many other smaller projects. Their generous fundraising efforts have made available funds for our staff presently in training courses....**a wonderful gift for the future of this Hospital.**
- **ASSOCIAZIONE P. IVO CICCACCI** of Villanova Parish - **Napoli, Italy**, who have continued to sponsor the salary, the accommodation and travel expenses of our expatriate Senior Nursing Officer and has funded the remodeling of the Surgical Dressing Room.
- **SANTA MARIA DI CONSTANTINOPOLI A CAPELLA CANGIANI PARISH- Napoli, Italy**, who sponsor the salary, the accommodation and travel expenses of our expatriate Assistant Matron.

- **GRANELLO DI SENAPE ONLUS, Soiano Del Lago, Brescia, Italy** - who funded the 20,000 liter Water Tank of the new water system.
- **FILCA-CISL-Napoli, Italy**, who has sponsored the re-flooring with tiles of the Nursing School Refectory
- **MISSIONARY DIOCESAN CENTRE OF BOLZANO, Italy**, who sponsored the extension of the Hospital central solar powered electrical system.
- **FIND THE CURE- Ceriale, Savona, Italy:** Dr. Daniele Sciuto, the project manager for this Association, visited, together with a medical team, and brought much needed drugs and equipment. This organization has paid for the HIV/ ART Centre Building, and was present at the Official Opening of the Unit in March. **Their team then stayed to offer the necessary medical cover to the Hospital, during the absence of the Senior Surgeon/ Medical Director.** They have also offered to support the ART Program for newly enrolled AIDS patients as from December 2011, since from that date GF/WHO will continue to provide ARV drugs and support only for the patients already enrolled in the program but not for any newly admitted patients.
- **KINDERMISSIONSWERK-Germany**, for funding the purchase of new equipment, lab. reagents and drugs for the hospital Children Ward and Pediatric OPD Clinic , and for agreeing to sponsor the salary of a midwife for the Safe Motherhood project and to pay for the admission and operations performed on pregnant women.
- **ANNE and IAN JACKSON FAMILY and friends**, who have continued their active involvement in the development of this hospital, and **who have just completed a third volunteer service here.** Their donations continue to support the Hospital through the works of OLSH Overseas Aid. A major assistance this year has been a generous donation towards the purchase of a solar fridge for the EPI Vaccination Program from Ian's employer, **Liberty International Underwriters.** We are very grateful to Anne Jackson for her sterling efforts in the Nurse Training Programs of the Hospital and in her clinical supervision of the staff and students during her 2011 visit.
- **MERCY BEYOND BORDERS-** Sr. Marilyn Lacey RSM visited again during the year and continues to support one of our female Nursing students.
- **VOLUNTEERS** - from all corners of the world, people with a diversity of talents and a generosity of spirit have come forward to willingly share with us. We know they do not expect to see their names written here, but we **assure each person who has offered their physical presence and expertise, that they are gratefully remembered.**

## **6.CONCLUSION**

A year goes by so quickly- we realize this only too well as we reach the milestone of our **10<sup>th</sup> anniversary of the foundation of this Hospital in February, 2012.** Each and every day is filled with moments when we are reminded in one way or another, of the good fortune with which we are surrounded, strengthened and blessed. We trust and hope that the work of the Hospital, already detailed above, is more than enough thanks for the many people who help in so many different and often unobtrusive ways, to make our daily work possible.

We thank all our staff - our Sudanese staff, our expatriate staff, our visiting volunteers from so many countries, for the work they have done to carry the Hospital through this sometimes difficult, challenging and exciting year. **During the worst of the tribal fighting, we were able to rely on the continued presence of staff despite the terrible difficulties that many were facing during that time. We were very grateful that the Hospital could continue to function because of their commitment.** We recognise the huge commitment taken by the Comboni Congregation to continue to sustain this Hospital as it does, always ready to help us go forward and encouraging us by their support unflinchingly offered.

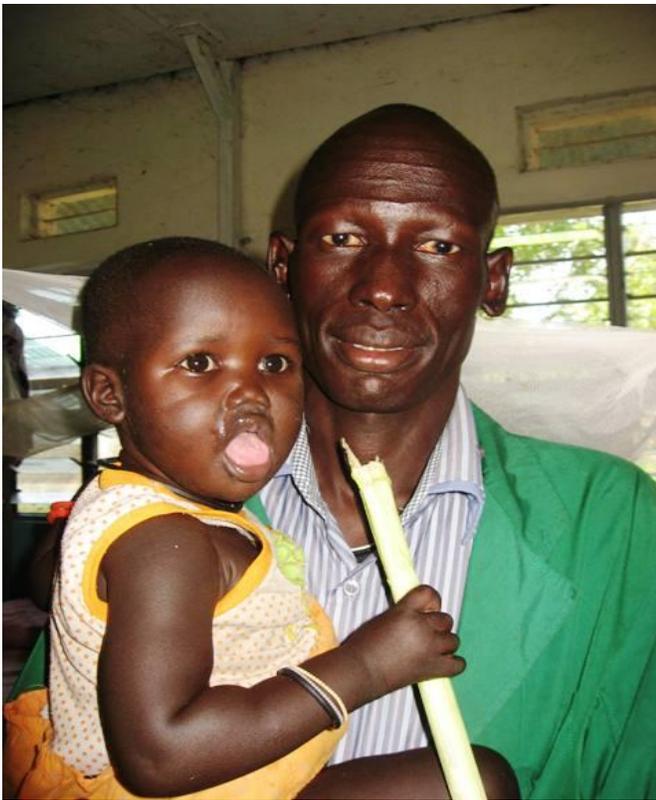
**We feel a deep sense of gratitude for the life of our recently deceased Bishop Caesar Mazzolari** and for being part of his vision of the New Sudan, which became a reality on July 9<sup>th</sup>, as the flag was raised over the world's newest Nation - Republic of South Sudan. We also realize that to see this dream continue into a peaceful and successful future, we must constantly strive for a better life for the people we are here to serve.

We cannot do this without your continued support and interest and we ask God's blessings on all the wonderful people and on all the efforts that have brought us thus far. We look towards a future full of hope!

In faith,

Dr. Br. Rosario Iannetti, MCCJ  
(Medical Director)

13.1.2012.



**Unite us from every tribe,  
tongue and people!  
God, bless our new Nation;  
bless the Republic of South  
Sudan!**