

DUBBO  
St. MARY SMALL GENERAL HOSPITAL



ANNUAL REPORT 2005

Soddo-Hosanna Catholic Church Vicariate

Dubbo – Areka, Bolosso Sore - Wolayta - Ethiopia

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## INTRODUCTION

Dubbo St. Mary Small General Hospital is located in Bolosso Sore Woreda, Wolayta Zone, Southern Nations Nationalities and People Regional Government at 420 Km on southwest of Addis Ababa. The Hospital became operational in 2002 under the signed agreement with regional Health Authorities and Soddo hosanna Vicariate with overall objectives of improving health status of the general population given to mothers and children to decrease maternal, infant and children's morbidity and mortality.

The catchment area for the curative health services of St. Mary's Dubbo Hospital covers a population of 494.000, Bolosso Sore Woreda where there is one government Health Center, in Areka, and five Health Posts. In the bordering regions, Kambatta and Dawurro (population: about 2 million people) there are no other hospitals and more than 50% of the patients are coming from this two districts.

During this year Dubbo Small General Hospital remains with the same bed capacity of last years, 62 effective beds, but many times we are forced to prepare other 30 – 40 temporary beds, especially in the season of epidemic malaria or in case of epidemic meningitis.

At the same time the hospital continues rendering curative health services in Medical, Surgical, Gynecological and Pediatric Departments also an Out Patient, Laboratory, X-ray, Pharmacy and Ultrasound facilities are present to the hospital. In addition to these there is a Maternity Waiting Area that is a house for high risk delivering mothers, having occupancy of 18 beds, used also for the chronic treatment or for the malnutrition patients.

The strategies adopted for providing a Preventive Health Services for Mothers and Children are: stable outreach sites. The services are given in 10 outreach Kebeles (town) helping Government's Health activity of Bolosso Sore Woreda (total 44 Kebeles).

**The Board of Governors** is responsible for the policy of the hospital. It is composed of:

- The Chairman of Soddo-Hosanna Catholic Church represented by Bishop Domenico Marinozzi as the Chairman
- Father Angelo Antolini, representing Cappuccini Catholic Mission
- Sister Regina Canale, representing Cabrini Sisters Mission
- Mr. Massimo Maroli, representing Doctors with Africa CUAMM –( Italian NGO)

The Board of Governors elects the Management Team and delegates them for the daily running of the Hospital.

**The Hospital Management Team** composed of:

- The General Manager (Sr. John Giani MSc)
- The Medical Director (Dr. Mario Battocletti - Doctors with Africa CUAMM)
- The Matron (Sr. Elisabetta Lovato - Doctors with Africa CUAMM )
- The Administrative Manager (Mr. Gezahegn Awgechew)

Accordingly objectives set were concerning the various aspect of curative and preventive service, the strengthening of the health information system and the development of an ongoing quality of care evaluation. Target output for 2005 were not seted and monthly monitoring wasn't possible.

Most of the targets have been achieved, in particular the overall increases in the activities of the services.

More efforts will be needed during the coming year to better control the expenditure, both the fixed ones as well as the variable ones (Mainly drugs and medical/surgical supplies). This will require the implementation of protocols of diagnosis and treatment. On the other side flat rated fees structure was introduced with special consideration for children and pregnant mothers and will be implemented in the year 2006.

## OUTPATIENT DEPARTMENT

The OPD Department is open from Monday to Friday, from 8:00 am to 5:30 pm; during the night and on Saturday and Sunday for emergencies. Now it is completely operational, with two nurses ambulatory for the first approach at the patient, three medicals, one pediatric and one specialist surgical-orthopedic ambulatory

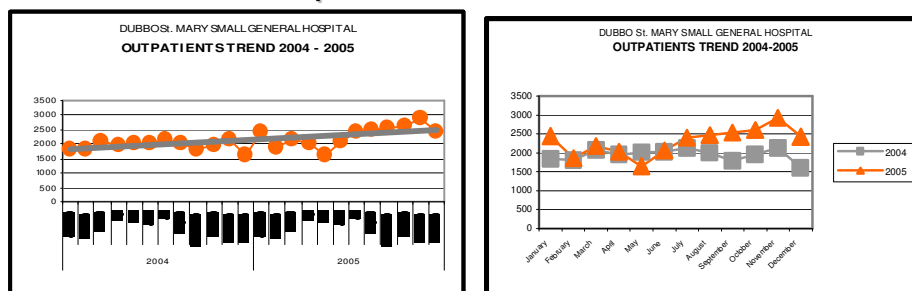
The first table shows that the attendance has constantly increased throughout the years, in comparison with the last 4 years. During the last four months of the year, after the rainy season, the flow of the patients in OPD was at its maximum, as it can be seen in the following diagram.

The Doctors of the hospital see all the patients. The average daily load is more than 100 patients , that has doubled since last year.

### Workload

Outpatient dept.	2002	2003	2004	2005
OPD first visit	8380	12738	18465	25499
OPD repeat visit	n.a.	4749	4887	2101
n. of repeat visit/pt	n.a.	1,37	1,26	1,08
Average daily load	33	70	97	105
TOTAL VISITS	n.a.	17487	23346	27600

### Outpatients' Attendance



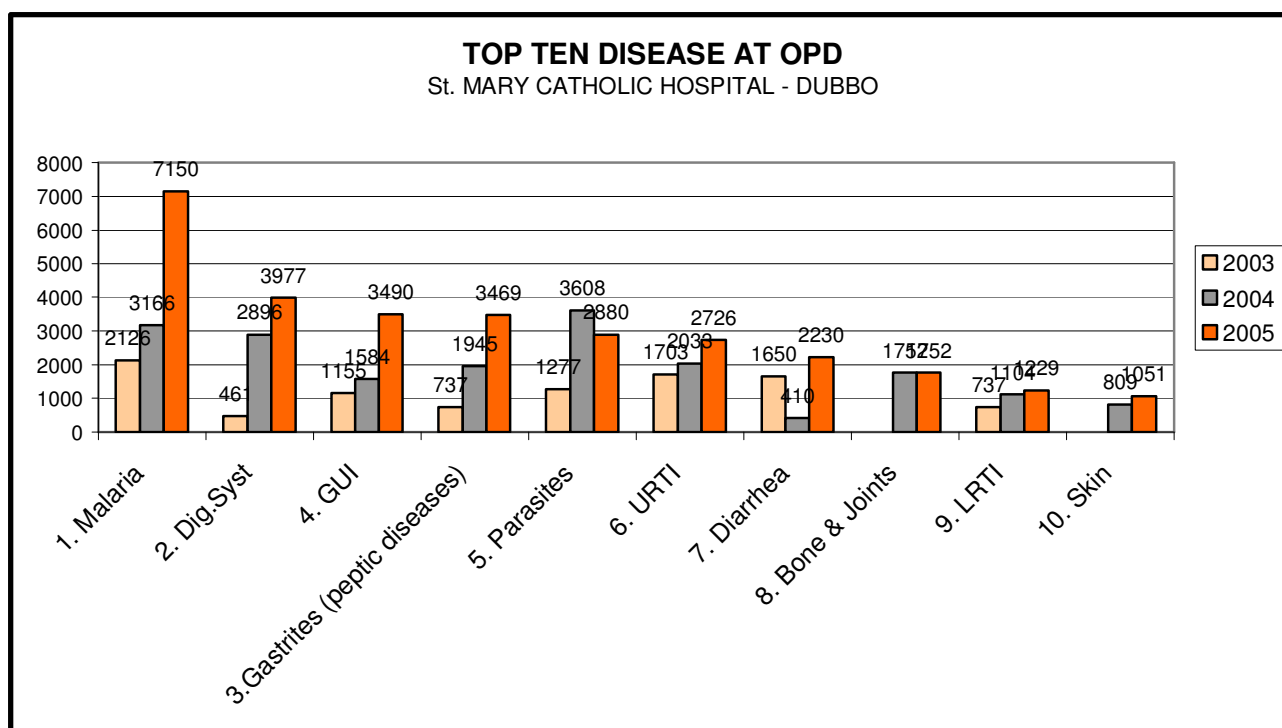
The outpatients attendance during last two years is representing in the two charts; how you can seen in the chart over, during the last six months of 2005 the attendance was increasing with progressive stability.

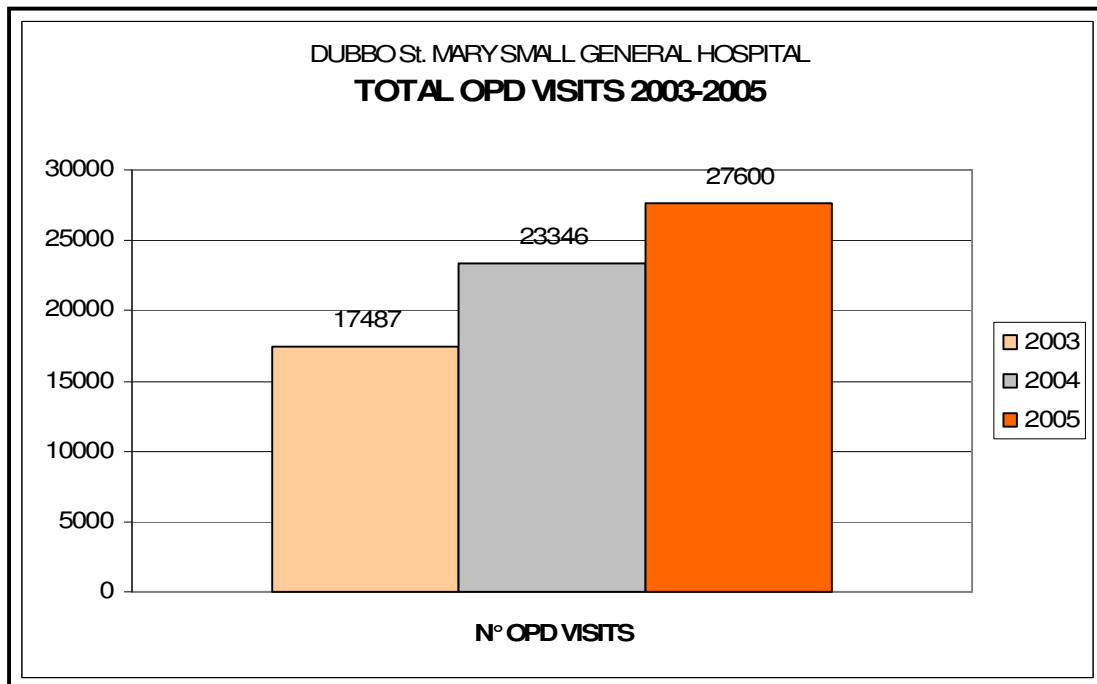
## Epidemiology

Out of the 10 main diseases that are monthly reported to the local authorities only 6 of them cover 51% of all cases registered during the year of 2005.

Malaria has occurred epidemically in all the country again this year and in the area is endemic. In fact it is first cause for high OPD visits with 7.150 cases and of the total 5.959 admission it accounted for 2.788 (48.1%) in 2005 hospital admission. The chart in figure show the annual trend of the disease.

The following tables give evidence to the top ten diseases of the OUT and IN-PATIENTS. It is definitely true that the one biggest reason for disease is lack of potable water and absence of latrines. It's confirmed that there are extreme difficulties for the people to encounter and observe proper hygienic practices.





### MCH - MOTHER AND CHILD HEALTH CARE

MCH is the service offered by a team of personnel from St. Mary's Small General Hospital, it intends to provide preventive health care in order to induce the insurgence of disease: by instructing, vaccinating, controlling the health of children and the development of pregnancies.

The service is mostly addressed to women who bring their children for control and vaccination (Under Five year's Clinic) and at the same time are monitored during the prenatal period for the screening of high risk abnormal deliveries. The women with high risk are sent to the mother's waiting area in the Hospital, shortly before the delivery.

The following table shows that in 2005 the MCH activity increased, frequently duplicating the data record of the previous year. However the deliveries in the Hospital and the admittance to the Mother's Waiting Area is still very low. This may be due to the custom of the population to deliver at home lacking care for a healthy delivery. We need plans to begin Antenatal Clinic for the all outreach areas.

<b>Vaccination 2005</b>		<b>N° 28749</b>	
Polio 0	3229	T.T.1 PW/non-PW	602
Polio 1	2963	T.T.2 PW/non-PW	645
Polio 2	2391	T.T.3 PW/non-PW	649
Polio 3	2755	T.T.4 PW/non-PW	8
DPT 1	2963	T.T.5 PW/non-PW	0
DPT 2	2391	/Measles	4169
DPT 3	2755	BCG	3229

Health Educat. Attendances	94360
<b>Total Antenatal visits 2005</b>	<b>3745</b>
<b>Antenatal</b> -1st visit	1619
->2nd visits	2126

### **LABORATORY SERVICE AND X-RAY, ULTRASOUND ACTIVITY**

The number of the tests performed for the OUT/IN-PATIENT during the year 2005 can be seen in the following tables.

The increasing flux of patients in the Hospital obviously promotes laboratory activity. The maximum increase of out/in-patients is in the fourth quarter of the year, so the most laboratory activity is in that period: at the end of the agricultural period.

With the increase of the operation already increases the number of donors of blood, volunteers or parents and relatives of the patients; now the hospital has a blood banking. The number of the tested patients prove to be positive with HIV may be considered a realistic data for prevalence of HIV (1,2%): very high if we compare the data with the last years.

The X-ray, Ultrasound and ECG investigations, referring to both OUT/IN-PATIENTS has increased with comparison to last years.

<b>LABORATORY SERVICE</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
Laboratory out patients	15201	19276	29529	<b>37496</b>
Laboratory in patients		2758	4656	<b>4853</b>
<b>TOTAL</b>	15201	22034	34185	<b>42349</b>

<b>Laboratory Tests 2005</b>	<b>37496</b>
OPD	32643
Inpatient	4853
Blood Grouping	670
Transfusions	517
AFB tests	570
AFB positive tests	174
HIV tests for volunteers	381
HIV Positive for volunteers	101
HIV tests for blood donors	566
HIV positive tests for blood donors	52
HIV tests	947
HIV positive	153
Counseling sessions	726
Clients counselled	24

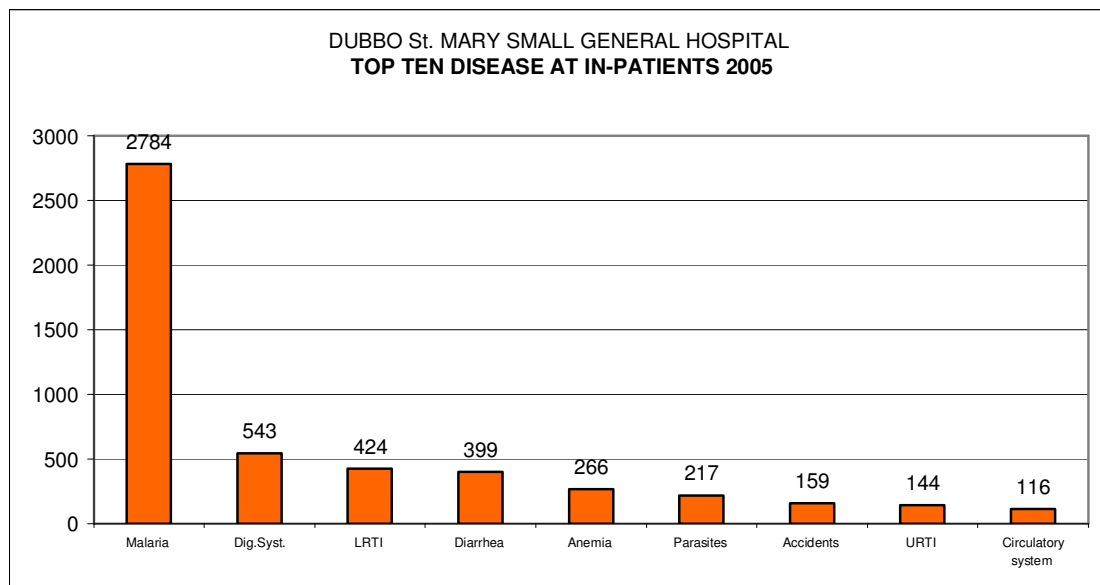
<b>X-RAY, ULTRASOUND and ECG SERVICE</b>	
<b>X-ray studies</b>	4087
<b>Ultrasound studies</b>	2413
<b>E.C.G</b>	118

## IN-PATIENTS ACTIVITIES

In 2005 the Hospital's bed capacity is 62 beds.

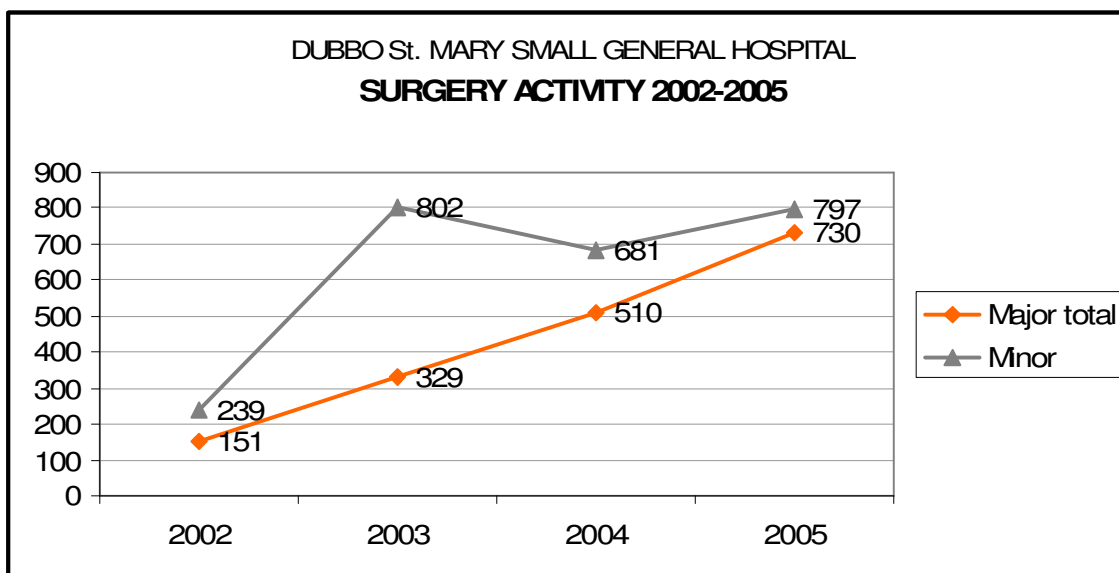
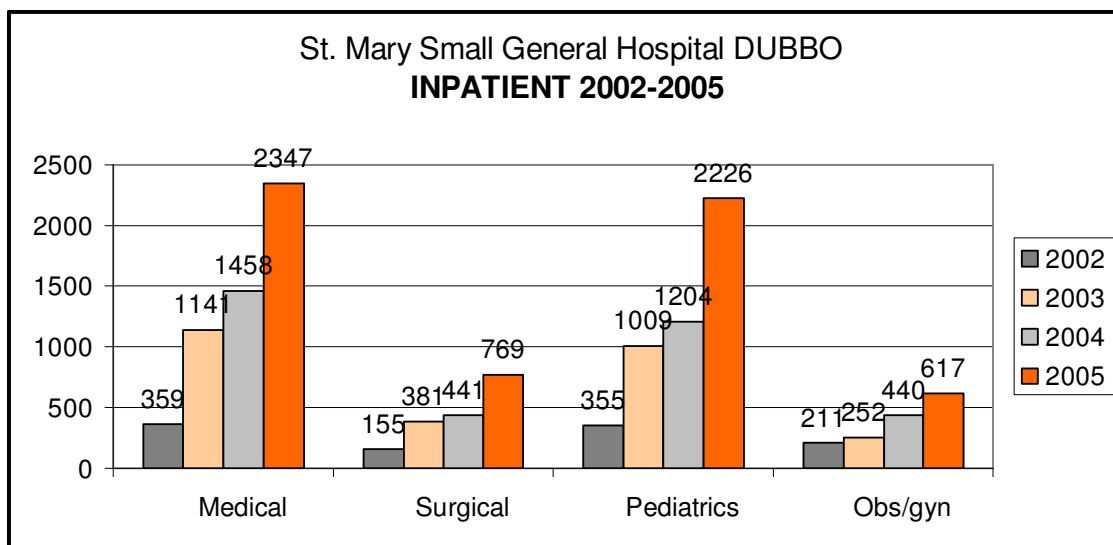
The workload of the hospital has been progressively increasing, as can be seen in the table below. Except for the maternity ward, all the other wards have increased, more than doubling their number.

**The Medical and the Pediatric Ward** have the major activity of the Hospital and the number of the admission is more than 1000 patients as last year. Complicated malaria is the first cause of the admission also for the children, followed to the digestive system disease and low respiratory tract infections.



**The major operations** have increased and the Hospital has only one surgical theatre and one team. This is already one point of discussion because the surgical activity is very expensive for the Hospital. More as 41% of the operations are in emergency. The surgical ward has 11 beds and the typology of operation is different: cesarean section, gastro-intestinal obstruction and tumor, rupture of uterus, goiter, gynaecological pathology, abscess etc. In July we started the orthopedic service with treatment of bone fracture (closed and open, with internal or external fixation), osteomyelitis, clubfoot, surgery of disability.

**The number of deliveries** has also increased, but still with a high rate of abnormal deliveries. The total number is however very low if we compare with the number of home delivery; the estimation of the admission is only 2% of the total delivery, so still 98% of the mothers deliveries at home with many complication, and many of them are at risk of life.



## OBSTETRIC SERVICE

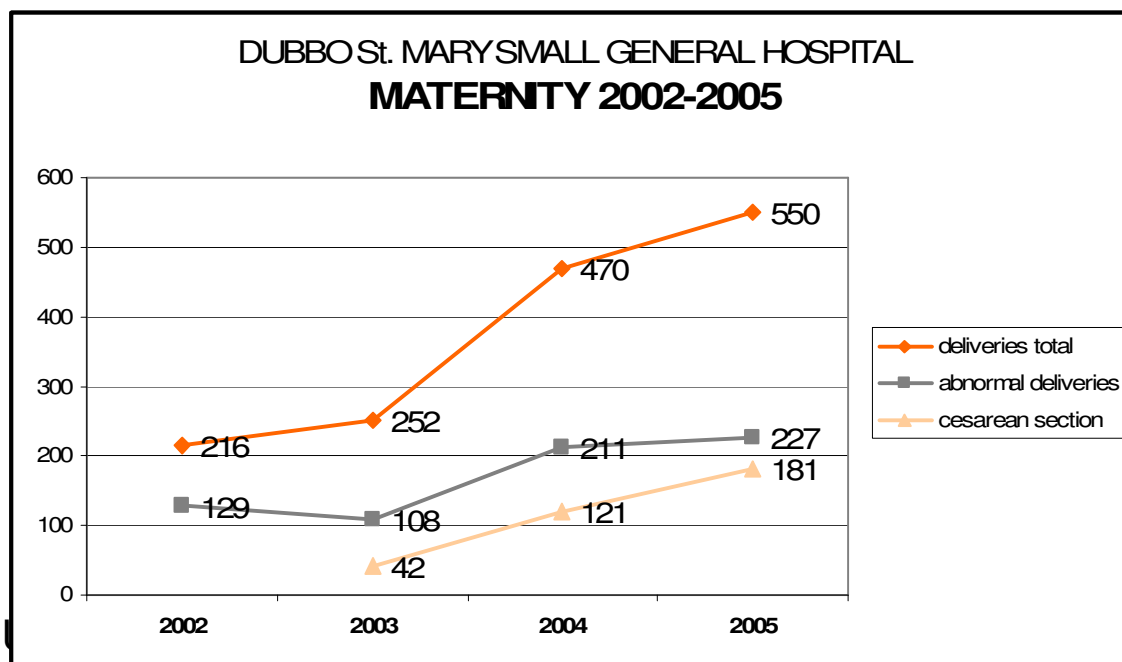
The percentage of abnormal deliveries in the Hospital is high (40%). Giving birth at home and the precarious means of transport available, are also reasons for the abnormal deliveries.

The danger of complications due to these practices is high: rupture of the uterus is frequent (4,8%) for the woman pregnant at her first delivery or for those after several deliveries.

Pregnant women, instructed in advance by the Antenatal Clinic can prevent the risk of abnormal delivery. The hospital's intent is to increase the screening for high risk of abnormal deliveries favoring the use of the Mothers' Waiting Area; actually the use of this ward for the pregnancy is low.

The rise of total deliveries in comparison with the last year 2004 doesn't show a significant increment if it compares with the others activity of the hospital ( 470 deliveries in 2004 against 550 in 2005).

OBSTETRIC SERVICE 2005	
<b>Deliveries</b>	<b>550</b>
Normal deliveries	<b>323</b>
Abnormal deliveries	<b>227</b>
Cesarean section	<b>181</b>
Rupture uterus	<b>23</b>
Forceps	<b>36</b>
Vacuum extraction	<b>37</b>
Breech extraction	<b>8</b>
Craniotomy/Disarticulation	<b>14</b>
Twins/triplets	<b>18</b>
Maternal deaths	<b>4</b>
Live Births	<b>570</b>
Stillbirths	<b>44</b>
Neonatal deaths	<b>12</b>
Episiotomies	<b>97</b>



All utilization indicators (Bed occupancy rate, turnover interval and output per bed) have been calculated on the number of discharged patients. As it can be seen in the new table, it is clear that in 2005 all indicators have reached a high level of efficiency.

Total admission	<b>5.959</b>
Pediatric admissions < 5 years	<b>2.675</b>
% pediatric admissions	<b>44 %</b>
Length of stay (days)	<b>24.941</b>
Average length of stay	<b>4.2</b>
BOR - Bed Occupancy Rate (%)	<b>110</b>

## MEDICAL AND PARAMEDICAL STAFF OF THE HOSPITAL, 2005

s.n.	TYPE OF PERSONNEL	NUMBERS
1	Medical Director\ Surgeon	1
2	Doctors Paed./ Gynecologist	2
3	Medical Practitioner	4
4	Pharmacist	1
5	Nurse Anaesthetist	1
6	Laboratory Technician	3
7	Druggist	2
8	Senior Nurse	22
9	Junior Nurse	8
10	Health Assistance	4
11	Radiographer	1
<b>TOTAL</b>		<b>49</b>

## ADMINISTRATION AND GENERAL SERVICES STAFF OF THE HOSPITAL, 2005

s.n	TYPE OF PERSONNEL	NUMBERS
	General Manager	1
1	Administrator	1
2	Accountant and Cashier	1
3	Secretary	1
4	Multipurpose Technician	1
5	Driver	2
6	Clerk	1
7	Daily Cash Collector	1
8	Tailor	1
9	Cook	4
10	Cleaner	17
11	Laundry Staff	3
12	Guard	13
<b>TOTAL</b>		<b>61</b>

## THE FINANCIAL SITUATION

### Income/Expenses Running Cost Statement January 1<sup>st</sup> - December 31<sup>st</sup> Annual Report 2005

I. Source of Income		Years 2005
a. Operating Income		
<b>Total Operating Income</b>		<b>2,275,559.40 Birr</b>
B. Non Operating Income		
▪ Forward from previous year		98,262.06 Birr
▪ From the Vicariate		485,919.29
▪ Donation for inpatient food		24,420.00
▪ Others		52,395.64
<b>Total Non Operating Income</b>		<b>660,996.99 Birr</b>
<b>Total Income</b>		<b>2,936,556.39</b>
II. Expenses		
C. Operative, Administrative and MCH		
<b>Total Expenses</b>		<b>2,748,448.43 Birr</b>
<b>Difference</b>		<b>188,107.96</b>
<b><u>N.B.</u></b> For very poor patients Dubbo Cabrini Sisters, Cappuccini Fathers and others expatriate volunteers Doctors covered the expenses.		
<b>Donation From Abroad</b>		
▪ Malnutrition Ward Building Construction		480,000.00 Birr
▪ Others In Kind, Ultrasound machines		400,000.00 Birr

## BUILDING OF HEALTH FACILITY DEPARTMENT

It is important that there be an adequate and good health sanitary system in the hospital.

When the original idea for this health facility was begun, there was no plan to establish a hospital. This hospital structure is inadequate for the necessary hospital activities.

Therefore the hospital needs additional construction according to its category

### II- Sanitary Health system

- Inadequate decomposable and noncombustible waste disposal units and placement pit.
- Inadequate workshop facility

### II. OPD and Other Facilities

- OPD is located inappropriately: in the same corridor with administration and bed rooms. Because of this, it is difficult for the normal running of the hospital.
- The laboratory facility is very narrow.
- There is no enough facility for HIV/AIDS volunteer counseling and testing.

Therefore, in addition to the ongoing construction and modification of the store rooms for medicine, the hospital needs:

- A functional OPD, dispensary and administration block.
- A drying area in the rainy season with cover.
- The installation of an additional laundry machine.
- Installation of the additional Generator.
- Construction of a small chapel for hospital.