



Friends of Kumi Hospital Project 'Human Resources – Recruitment, Retention and Training'

Introduction

Kumi Hospital is a private, non profit making hospital located in eastern Uganda. It is a rural hospital, in an area that suffers from extreme poverty. Most of the patients are locals who live off the land with no form of income other than occasionally selling a goat or cow. The average nuclear family size is 12 where most parents struggle to pay for school fees, or the children stay at home and work on the land.

Kumi Hospital serves an area of around 3 million people, but due to it's speciality in orthopaedics, people come from far and wide for treatment here.

One of the key issues identified by Kumi Hospital is their struggle with obtaining and retaining good human resources. This is due to a variety of reasons – primarily being a limited pool of local trained staff, rural restrictions preventing attraction to non local staff and competition for staff from government funded hospitals. Human resources are vital for Kumi Hospital to provide good quality care to its patients and for its development in becoming 'A Place of Excellence in Rehabilitative Medicine and Disability Care'.

We are a UK based charity that supports Kumi Hospital through financial aid for its overall development. We request funding for a human resource focused project, which has been ongoing since 2011.

Friends of Kumi Hospital: Who We Are

'Friends of Kumi Hospital' (FKH) is a newly established charity in its fifth year of charitable business. It was created at the end of 2008 in response to the financial difficulties that Kumi Hospital has been facing since the early 90's, when conflict in the region had left the hospital in a state of total collapse both in services and infrastructure. Since the 90's Kumi Hospital has gradually grown back, undergoing major structural development and upgrading of

facilities. It now has the one of the only two orthopaedic surgeons in the region of east Uganda and is a referral hospital for orthopaedic surgery as well as leprosy and TB. Funding support however, has remained fragile. A variety of charities have supported different individual projects at the hospital, resulting in some departments developing at a faster rate than the rest of the hospital.

The aim of Friends of Kumi Hospital is to provide aid for the development and support of Kumi Hospital as a whole. The objectives are to do this through assistance with funding for:

- Development of infrastructure of the hospital
- Medical equipment for the hospital
- Training & continuous education of national staff
- Facilitating links with visiting clinicians
- Projects to raise the profile of the hospital as “A Place of Excellence in Rehabilitation Medicine and Disability Care”
- Projects aimed at the local community in health education and community based rehabilitation (CBR)

FKH was registered with the Charity Commission in December 2008 (# 1126962) with a UK and Ugandan membership. The charity has 2 Ugandan national trustees, who manage and represent the Ugandan members. FKH is committed to responding to the needs of the hospital, therefore all projects and plans are discussed closely with the medical superintendent and heads of the departments to establish the priorities. The first year of charitable business started with a project aiming to target the high number of hospital acquired infections in the Surgical Ward and resulted in the successful completion of a shelter for the patient' attendants, as a method of tackling the overcrowding on the ward. Whilst the infection control audit will be ongoing, FKH would now like to turn its attention to the issues of human resources for the hospital, an area that also links in with the infection control problems.

Good Human Resources: The Challenge

Kumi Hospital is situated in the eastern part of Uganda, 300 km away from Kampala, Uganda's capital city. Uganda is made up of a large number of different tribes, each with their own local languages, but there are 4 main regions, where many of those tribes have close similarities between their own cultures and their languages. This tends to split Uganda into the North, East, West and Central regions. Commonly people who grow up in one of these

regions have a tendency to either stay to live and work there, or return there following their studying.

The eastern region of Uganda is an area that suffers greatly from poverty. Traditionally its' tribes are cattle farmers and subsequently their focus on cattle rearing has not led them to develop in trade and business, as is more the case in the West and Central regions of Uganda.

Engaging local people to work for the hospital would be the ideal for both the hospital and the development of the eastern region. However the problems with this lie with the severe poverty, which has restricted both the primary and secondary education of school children, and then subsequent professional training that is needed for hospital staff.

Part of Ugandan 5 Year National Development Plan, set a paper looking at social protection for Uganda's most vulnerable and chronically poor. It states that:

'About 1.3 million children aged 6 to 12 years (school going age) are still excluded from Universal Primary Education¹ Programme and therefore from enjoyment of their right to education. High drop-out rates make the situation worse, especially in rural areas, where the majority of those who are trapped in poverty live. Close to 50% of pupils who enrol in Primary One do not complete Primary Seven in the set timeframe. According to the 2007 Primary Leaving Examination (PLE) results, only 444,019 of the 890,997 who enrolled in 2001 sat for the examinations in 2007². This according to studies has been attributed to the failure by poor parents to raise/meet additional non-tuition costs/requirements related to school attendance such as provision of uniforms, scholastic materials, and examination fees, among others. Lack of lunch at schools is also documented as one of the main causes for the high drop out rates³. The cost implications of so many children missing out on education are quite considerable as they will be likely to fall into exploitative labour and be unable to contribute to national economic growth in the future. This is even made worse by the fact that over 50% of the Orphans and Vulnerable Children under the age of 18 years are under the care of Older Persons who often form the majority of people living in chronic poverty only further sinks families and households into deeper poverty'.

This high dropout rate from primary and secondary school, results in a limited human resource pool from this region, for the hospital to employ. Kumi Hospital's challenge is then in trying to encourage trained staff from the central and western regions of Uganda, to come and work in Kumi.

The challenges here are numerous – limited transport links and long travel times to the capital city, poor electricity and erratic water supply to the hospital and Kumi town, as well as

¹ George Beekunda, Presentation made during the 2nd Joint Social Development Sector Review, Ministry of Gender, Labour and Social Development. 13th-14th December 2007

² New Vision, Monday 21st January 2008, Page 12.

³ UBOS UNHS 2005/6

differences in culture and spoken language between the east and west, all contribute to having a negative impact on the non locals' desire to work in this rural area. In addition to this, the larger government funded hospitals offer a more attractive package for staff through higher wages, study leave for further education and less supervision at work (enabling staff to leave their work and find private employment when they are being paid to be at the government hospital). This further reduces the ability of Kumi Hospital, who cannot provide this, to attract staff for employment.

Without good human resources, the hospital is severely limited in the quality and variety of healthcare that it is able to provide, its' ability to develop its' services and staff and its role in the wider community's support and development.

The Project:

FKH has proposed the following project to have a long and short term effect on the problems highlighted above.

FKH will provide 2 types of grants to Kumi Hospital staff members. These grants aim to reward and encourage morale and retention of current staff members, in addition to providing the necessary skills and training within the hospital and encourage employment of future staff members.

The first grant offered will be a professional training grant. Initially this will be focused on the nursing cadre, as this is highlighted by the hospital, as the profession which is most lacking in trained staff. The Human Resource Manager at the hospital will identify appropriate nursing aids and nursing assistants (who currently hold no official nursing training) to apply for the grant. The grant will fund the tuition fees and living costs for the enrolled nursing training course (this is offered by 2 nursing schools in Uganda, one of which is local to the hospital) for the entire time period required for completion of the course (approx 2 ½ years). The nurses who have received grants will be responsible for setting up and maintaining the 'In Service Training' programme at Kumi Hospital, with the assistance of the senior nurses. All nursing aids and assistants will then have a regular form of formal teaching provided to them.

The second grant offered will be for 1 academic year's children's school fees (primary and secondary) for the children of staff members. This grant will be offered for staff members with an income under a set amount, for it to be of the most benefit for those struggling financially. There will be strict criteria for successful grants, which will take into account number of children and income and expenditure in the family, years served at the hospital and recommendations made in their staff reports, as well as particular reasons given by the

applicant as to why they require a grant. A copy of the application form and the marking criteria has been included for more detailed information. The grant will also include the expense of school books and materials required for that academic year, as well as examination fees at the end of the year.

The Ugandan Trustees for FKH will be responsible for checking the accuracy given on the application forms, with regards cost of school fees, as well as monitoring the children's attendance and school reports once the grant has been paid.

For both of the grants given, tuition fees will be paid directly to the academic institutions. The school books and materials (which are standard across the country) will be purchased on bulk by the Ugandan Trustees and given to successful applicants. The only money that will be given directly will be the living costs (paid on a monthly basis) for those in receipt of the professional training grants. Both grants will be given with a contract for the staff member to remain working for the hospital for a set period of time following receipt of the grant. If this agreement is broken either by dismissal or notice given, the grant will be paid back to the charity.

Justification: Nursing Training and Children's Education

Currently the hospital has 80 nursing staff, but only 30 of these hold nursing qualifications. The others are a mixture of nursing aids and assistants who are usually school leavers, hoping to learn on the job, or save enough money for the nursing training course.

Unfortunately there are not sufficient trained nurses working with them on a day to day basis to train them on the job, and the pay is so low that there is poor likelihood of saving enough for a course. The level of professional experience in the hospital, specifically for nursing, is therefore poor and enormously impacts the care that is provided to patients.

Correct nursing education and procedures are essential when treating patients post surgery, and avoidable infections and disabilities often follow at Kumi Hospital.

By providing the qualifications to the nursing aids and assistants we will be increasing the ratio of skilled to non skilled nurses, in addition to making links with the local nursing school, where the hospital will encourage student placements, to encourage future recruitment of trained nurses.

The children's education grants aims to tackle the wider problem of future development in this area, in addition to providing reward, encouragement and morale for the dedicated lower paid staff members of Kumi Hospital. 80% of the 250 staff earn under £85 a month and on many months due to the hospitals financial difficulties, the staff are not paid for several

months at a time. In Eastern Uganda the average family consists of between 7-12 children, so the largest problem for the majority of staff is covering their children's educational costs.

Primary schooling is free in Uganda following the governments' Universal Primary Education Programme, but the state schools have an average of 150-200 children per class, to just 1 teacher. Currently, the majority of available secondary schooling is privately funded only. Most private schools in this area cost the equivalent of £180 per semester for secondary education and £95 per semester for primary education, with 3 semesters in an academic year. Many parents resort to taking out loans to cover the cost of schooling, but these are often not sufficient, and children have to remain home until they have acquired the money to fund their next semester or school year, or drop out entirely.

Progression and development of this region is limited due to the continuous cycle of poverty and restricted education. This has limited the locals from gaining the skills that they need to develop Teso. The hospital's human resources difficulties are a symptom of this and need to be addressed on a long and short term basis.

Success Criteria:

The project will be monitored by specific success criteria. The defined outcome measures are as follows:

- 1) There should be a significant increase in the ratio of enrolled & registered nurses working with every nursing assistant and nursing aid. By the end of the 8 years, the ratio should have altered to 1:1 during a nursing shift.
- 2) There should be a nursing training programme for Kumi Hospital staff, established within 3 years of the start of the project.
- 3) The percentage of hospital acquired infections and wound sepsis should have significantly reduced within 5 years of the project start date (audit to demonstrate).
- 4) The total time spent out of school for staff children (illness not included) should have significantly reduced within 2 year of the start of the project (audit to demonstrate).

Costs and Funding:

Costs are based on the current exchange rate of £1 = 3800 Ugandan Shillings (UGX).

Budget Year 1

Description	Breakdown of cost per grant (UGX)	Total cost in Pound Sterling
Nursing Training (enrolled) X 3 (@ £2,200 per grant)	Tuition fees UGX 1,000,000 per semester @ 5 = UGX 5,000,000 Transport and scholastic materials = UGX 150,000 Living costs UGX 100,000 @ 30 months = UGX 3,000,000 Total 8,150,000 per grant	£ 6,600
Primary School Grants X 10 (@ £315 per grant)	Tuition Fees UGX 350,000 per semester MAX @ 3 (inclusive of examination fees) = UGX 1,050,000 School books/materials/uniform = UGX 135,000 Total 1,185,000 per grant	£ 3,150
Secondary School Grants X 10 (@ £550 per grant)	Tuition Fees UGX 650,000 per semester MAX @ 3 (inclusive of examination fees) = UGX 1,950,000 School books/materials/uniform = UGX 135,000 Total 2,085,000 per grant	£ 5,500
GRANTS TOTAL		£ 15,250

Budget Year 2

Description	Breakdown of cost per grant (UGX)	Total cost in Pound Sterling
Nursing Training (enrolled) X 4 (@ £2,200 per grant)	Tuition fees UGX 1,000,000 per semester @ 5 = UGX 5,000,000 Transport and scholastic materials = UGX 150,000 Living costs UGX 100,000 @ 30 months = UGX 3,000,000 Total 8,150,000 per grant	£ 8,800
Primary School Grants X 15 (@ £315 per grant)	Tuition Fees UGX 350,000 per semester MAX @ 3 (inclusive of examination fees) = UGX 1,050,000 School books/materials/uniform = UGX 135,000 Total 1,185,000 per grant	£ 4,725
Secondary School Grants X 20 (@ £550 per grant)	Tuition Fees UGX 650,000 per semester MAX @ 3 (inclusive of examination fees) = UGX 1,950,000 School books/materials/uniform = UGX 135,000 Total 2,085,000 per grant	£ 11,000
GRANTS TOTAL		£ 24,550

Budget Year 3

Description	Breakdown of cost per grant (UGX)	Total cost in Pound Sterling
Nursing Training (enrolled) X 3 (@ £2,200 per grant)	Tuition fees UGX 1,000,000 per semester @ 5 = UGX 5,000,000 Transport and scholastic materials = UGX 150,000 Living costs UGX 100,000 @ 30 months = UGX 3,000,000 Total 8,150,000 per grant	£ 6,600
Administration Staff Training (3 months) X 2 (@ £1,360 per grant)	Tuition fees = UGX 2,500,000 Breakfast UGX 3,000 @ 90 days = UGX 270,000 Lunch & dinner UGX 5,000 (x2) @ 90 days = UGX 900,000 Transport and living costs UGX 500,000 @ 3 = UGX 1,500,000 Total 5,170,000 per grant	£ 2,720
Primary School Grants X 15 (@ £315 per grant)	Tuition Fees UGX 350,000 per semester MAX @ 3 (inclusive of examination fees) = UGX 1,050,000 School books/materials/uniform = UGX 135,000 Total 1,185,000 per grant	£ 4,725
Secondary School Grants X 20 (@ £550 per grant)	Tuition Fees UGX 650,000 per semester MAX @ 3 (inclusive of examination fees) = UGX 1,950,000 School books/materials/uniform = UGX 135,000 Total 2,085,000 per grant	£ 11,000
GRANTS TOTAL		£ 25,045