Suubi Trust

Registered UK Charity: 1119874

working with

International Medical Foundation

Registered Ugandan NGO: 1652

Establishing Community Healthcare Clinics in Northern Uganda

This paper outlines how Suubi Trust is supporting the work of International Medical Foundation in Lira, Northern Uganda.

Our initial aim is to provide funds totalling **£18,000**, during 2008, to provide primary healthcare to the most disadvantaged in this region. We anticipate that such care and treatment will be received by 200 patients each month, 2,400 over the full year.

Without such intervention, those being treated would either be unable to find the care needed or simply not be able to afford the fees being charged.

Working together in this way with IMF and its affiliate organisations is a model that we hope to be able to extend to other parts of Northern Uganda throughout 2008 and beyond.

We have plans and strategies to support a number of other programmes in Lira and these are outlined below; though our initial focus is to raise the funding required for the Community Clinic.

Your support would be most gratefully received.

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1 Introductions

1.1 Suubi Trust

Suubi Trust is a UK registered charity, No: 1119874, established in June 2007 to support the work of International Medical Foundation (IMF) in Uganda.

Our vision is to offer expert healthcare, changing lives and making a difference to the most vulnerable in Ugandan society. Suubi Trust has the following objectives:

- To relieve suffering, sickness and disease of financially disadvantaged people by providing or assisting in the provision of services, facilities and equipment in healthcare.
- To advance education and training in Medicine and related disciplines.

This document describes how, by working with IMF, we are helping to provide much needed healthcare and community services to the disadvantaged living in and around Lira in Northern Uganda.

1.2 International Medical Foundation

IMF is a Ugandan Non Governmental Organisation, NGO, registration number 1652, currently operating within six districts in Uganda, in particular Kampala and Lira and with the available infrastructure to extend and increase activities in all other districts.

IMF was registered as an NGO in Uganda in 2002 in order to operate the charitable work of a private healthcare company, International Medical Group (IMG).

Through IMG, we have access to top-quality medical facilities and highly trained clinical staff with twenty years experience of delivering quality medical services in Uganda. IMG is committed to the long term support of IMF, both through provision of infrastructure throughout the country, direct funding and access to senior management, medical, technical and administrative support.

This strategy places IMF in a unique position to deliver scalable and sustainable health-care projects within Uganda.

Our “Private-For-Profit / Private-Not-For-Profit” model and strategy reflects the Ugandan Ministry of Health policy of making the private sector a major partner in the health sector countrywide.

1.3 International Medical Group

International Medical Group (IMG) was founded in 1996 by Dr Ian Clarke and comprises of two companies:

- International Hospital Kampala (IHK): This is the largest private hospital in Uganda, located in Namuwongo Kampala, which aims to deliver excellence in health care, and set new standards for clinical care in Uganda. IHK has 300 employees.

- IAA Healthcare (IAA): This is the health insurance company of IMG, which operates through IHK, a network of IHK clinics and a select number of other Healthcare Service Providers across Uganda. IAA has 25 employees.

IHK has been a pioneer of excellence in Health Care in Uganda and has been ISO 9001:2000 certified for its quality management systems since 2005. This certification was renewed at the end of 2007 after a successful external audit at which time IHK also achieved accreditation for its Environmental Management.

Acknowledgement of the achievements of IHK are demonstrated by:

- Winning runner up in the Uganda Investment Authority Investor of the Year Award
- Winning first prize in the Health Category, Presidents Transformers Award
- Winning the Federation of Ugandan Employers Best Corporate Social Responsibility (CSR) award
- International recognition for carrying out Uganda's first open heart surgery operations in 2007.

Through its implementation of Hope Ward, IHK has pioneered free treatment for complex medical conditions in Uganda, including plastic surgery, open heart surgery and specialist cancer care. In its first full year (to May 2007) Hope Ward provided such care to more than 250 patients.

The operational costs for Hope Ward are subsidised by IHK, e.g. Hope Ward does not pay rent or contribute to the capital costs of establishing the required infrastructure; allocated costs of providing care, including drugs and surgery, are made at zero margin, the equivalent of a 30% subsidy.

Notwithstanding the above, first year costs were almost £100,000. These costs were met largely by corporate sponsorship by locally based national and international organisations, £54,000 of which was given by International Medical Group.

1.4 Suubi Trust Governance

Suubi Trust complies with all relevant regulations and best practice as determined by the UK Charity Commission. This includes publishing audited accounts on an annual basis to the Commission.

All the money received by Suubi Trust is used to support the work of IMF. We make no deductions, either from contributions received or from tax relief claimed through Gift Aid.

Our Trustees are volunteers, they do not charge for their time, do not claim any expenses and do not receive any payment. We have no admin costs. Material costs, such as that for our website, are met directly by a number of our corporate sponsors. Our Trustees meet their own cost of travel, including trips to Uganda.

1.5 IMF Board

IMF has a board consisting of, Mr Kevin Duffy, a Business Consultant in the UK, as chairman. Mr Duffy is the founder and chairman of Suubi Trust.

Other board members are:

- Mr Babubai Ruparelia, a Ugandan businessman
- Hon Tim Lwanga, previous Minister of Ethics and Integrity
- Mr Andrew Kasirye, a senior advocate in Kampala
- Dr Ian Clarke, the founder and CEO of International Medical Group
- The Company Secretary is a senior representative from Messrs Katende, Ssempebwa & Co, Advocates, Solicitors and Legal Consultants.

The IMF board adheres to all appropriate corporate governance, including adherence to legal requirements and best practice as advised and guided by the company secretary and other board members who are experienced professionals in the legal, business and medical sectors.

2 The IMF Model For Community Clinics

The Community

- Needs good quality healthcare services and programmes free of charge
- Wants to be sure that these services will be available as and when needed
- Wants guidance on what it can be done at individual and community levels to improve health
- Wants to be equipped to help others in the community

Private

- Needs to have a viable clinic in Lira to provide healthcare services to Insured and cash paying clients
- Needs breadth and depth of services
- Needs to at least break-even on recurrent costs
- Needs a high level of utilisation

The Clinic Staff

- Want a healthcare career, with a leading service provider, in which they are trained and developed
- Want to be busy
- Want a breadth and depth of pathology
- Want to do worthwhile work; to make a difference

The Charity

- Wants to provide high quality, low cost healthcare services and programmes to the disadvantaged in Lira
- Wants to be sure that the care given is of good quality, adhering to best treatment protocols and drug policies
- Does not want to invest capital up front
- Does not want to pay margin on recurrent costs
- Does not want long term contractual or commercial commitment in advance of securing long term sponsorship
- Wants to be sure that services and programmes are fully utilised, are supported by the Department of Health and that duplication and waste are avoided

The Sponsors

- Want to be sure that their gifts will be used effectively and reach those in need
- Need to be sure of adequate, accurate and timely monitoring, evaluation and reporting

2.1 IMG Needs Clinics

Many of the Employers that IMG provides health insurance to have some employees working up-country, away from the Kampala district. As part of its business strategy IMG is committed to ensuring a full and complete healthcare service to all of its policyholders. It therefore often has the need to establish its own clinics in parts of the country where such care is either very poor or non existent.

In recent years IMG has established such clinics in each of the following:

- Jinja

- Lira
- Gulu
- and Juba in South Sudan.

2.2 Lira

Lira is about 350km north of Kampala and the district has a population of more than half a million. This region is beginning to recover from more than two decades of civil strife which has had a significant impact on the lives and health of those living there. To date approximately 180,000 remain displaced by the LRA insurgency.

Most people in this region simply cannot afford to pay for the fees required to access healthcare.

2.3 The IMG Clinic in Lira

In the summer of 2007 IMG opened its new clinic in Lira. This was established with all the necessary resources to provide the services required and to ensure viability.

The clinic provides primarily out-patient treatments, has its own Lab capable of performing the basic set of tests normally required, a Dispensary and some beds that can be used to provide short in-patient day treatments such as IV infusions.

The core team includes:

- A Clinical Officer
- Midwife
- State Enrolled Nurse
- Lab Technician
- Support staff including reception, security and a cook.

This core team is supported, as required, by other staff and professionals from within the IMG group including medical staff, management and corporate services which include HR, Training, Facilities and Finance. Patients requiring more serious attention can be taken to the hospital in Kampala for any necessary care and treatment.

IMG has met all of the setup costs for this clinic including e.g. furniture, fixtures and fittings, lab equipment and initial stocks of drugs and consumables.

2.4 Lira Clinic Recurrent Costs and Capacity

The clinic was established to meet the healthcare needs of IMG policyholders. However in this region there is not yet enough insured business to keep the clinic and its team fully utilised. Current forecasts indicate that this may remain so for at least the next 12-18 months.

It is not possible for IMG to either operate a smaller team or to reduce the range of services provided without the risk of either unsafe healthcare or a lack of clinic viability.

That said it is a necessary part of the overall IMG portfolio and as such the IMG board are committed to this clinic, and the region, on a long term basis.

Recent experience has shown that this clinic could easily provide care and treatment to about 200 additional patients each month.

2.5 IMF and IMG Working Together

Lira is poorly served by the Healthcare sector. There is not sufficient service capacity, often that which does exist is of poor standard and in any case most people living in and around Lira simply cannot afford to pay the required fees.

IMF is committed to helping change this. We have established an understanding with IMG that enables us to provide high quality healthcare from the Lira clinic at marginal cost.

In the last quarter of 2007 the Lira clinic provided care to more than 500 patients on behalf of IMF. This helped to ensure that the clinic was fully utilised, which the staff find very rewarding and helps to engender a real sense that their work is more worthwhile.

It costs on average 25,000 Ugandan Shillings (UGX) (about £7.50) for each treatment, including all necessary lab tests and drugs.

In 2007 all of these costs were fully met by IMG as part of its commitment to Corporate Social Responsibility and to the development of this strategic Private/Public model.

In the same period IMF, through its UK partner Suubi Trust, raised funds to buy and implement a generator to help minimise the impact of the regular loss of mains power to the clinic.

2.6 IMF Referral Scheme

It is important to make sure that this care is reaching those that need it most. In order to do so we work closely with local community leaders, focussing initially on 2 schools and a number of faith based organisations (churches and a mosque).

Senior individuals at these organisations, e.g. the Headmaster, are given a number of vouchers which can be used to refer the most needy from their groups to the clinic.

We ask those attending to make a small contribution to the care and treatment provided. In the past we found that when we made no charge the service was either abused or taken for granted.

In Lira we ask for contributions up to, but no more than, 2,000 UGX which is equivalent to about 60p.

2.7 Lira Primary School

This school was established in 1951 and now has more than 1,700 students. It is the largest primary school in Northern Uganda. The school takes children from Primary One to Primary Seven.

The children are aged between 6 and 13 years. There are 900 girls and 800 boys. The school is government funded but parents are asked to contribute 10,000 UGX per term (equivalent to about £3) to pay for items such as utilities, water, support staff etc. They also pay for the exams.

During the last quarter of 2007, the main health problem, as identified by Yapi Sam Bob, the headmaster and one of our referees, was dehydration caused by malaria. Treating this with an IV can cost up to 40,000 UGX (about £12, for many the equivalent to a whole week's income) which is prohibitive for most of their parents. At our Lira clinic we are providing such treatment for no more than 2,000 UGX.

Bob identified the most common diseases as malaria, typhoid, cough, skin infections and diarrhoea. Skin infections are especially common in the younger grades.

This school anticipates sending around 20 children to the clinic each week.

3 IMF 2008 Strategy for the Lira Clinic

At IMF we want to provide necessary, good quality, health clinic services and community healthcare programmes to the most disadvantaged in Northern Uganda. As a charity we want our focus to be ensuring that such services and programmes reach those that need it most and in the most efficient, effective manner.

IMF will seek the provision of healthcare services from well established professional providers such as those at IMG. We will seek to work with partners, the local Department of Health and other charity organisations to ensure we minimise duplication of effort and maximise the use of all available resources.

3.1 Ensure We Maximise Spare Capacity From IMG

We now have a formal arrangement with IMG that we can, throughout 2008, use its spare capacity to provide this charitable service at cost. This means that we only pay for the actual cost of the drugs and for staff time given to these patients. IMG does not make any charge for its normal margin nor does it ask us to pay a contribution towards the recurrent cost of operating the clinic (e.g. rent and utilities).

We have agreed that such capacity is 200 patients each month at an average cost of 25,000 UGX, a monthly total of 5m UGX.

Thus in 2008 IMF will be able to provide this very necessary, in many cases life-changing, care to 2,400 people, many of whom are young children, for a total cost of less than £18,000.

This is our primary objective.

3.2 Community Outreach Programme

Once we have raised sufficient funds to cover the clinic referrals discussed above, we want to work together with IMG and other partners to perform outreach programmes to the wider community in and around Lira.

Recent analysis and evaluation of the needs and existing programmes in Lira has shown the need for a comprehensive programme providing HIV/AIDS voluntary counselling and testing (VCT) and required clinical treatment using Anti-Retroviral Therapy (ART).

The Uganda Government will provide the necessary drugs (ARVs) free of charge. Suubi Trust recently donated funds to provide the formal training needed for the clinic team to allow us to participate in this way with the relevant Government bodies.

Of course patients often have other infections and conditions, as a result of being HIV positive and which are not treated by the ARVs; in which case we will provide necessary treatment on a free-of-charge basis.

IMF has recently made a number of proposals to potential partners and grant organisations for such a programme.

One such partner is Hands of Help, an Australian NGO, with which IMF is

running a similar community healthcare outreach programme in Jinja, SE Uganda.

4 Millennium Development Goals (MDGs)

IMF is particularly focussed on helping to develop, implement and support programmes that assist Uganda in meeting its agreed healthcare MDG targets . These include:

4.1 Goal 4: Reduce Child Mortality

Target: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

In Lira one child in 10 dies before its fifth birthday - that's more than ten times the rate of children dying every year in wealthy countries like the UK. These young children die mostly from preventable illnesses such as acute respiratory infections (mostly pneumonia), diarrhoea, malaria, measles, HIV/AIDS and neonatal conditions – which are all avoidable through existing interventions. These conditions are regularly those being treated at the Lira clinic through the IMF referral schemes mentioned above.

Change can be achieved as the 2007 UN Africa/MDG update shows:

> Under-five mortality rates dropped from 185 per 1,000 live births in 1990 to 166 per 1,000 in 2005 – hardly making a dent in the objective of a two-thirds reduction by 2015. One positive step though, due to extensive vaccination campaigns, measles cases and deaths on the sub-continent fell by nearly 75 per cent between 1999 and 2005.

4.2 Goal 5: Improve Maternal Health

Target: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

Target: Achieve, by 2015, universal access to reproductive health

The chances of suffering a maternal death over a woman's lifetime is one in 200 in Lira compared to one in 3,800 in the UK – a 19 fold difference.

Maternal deaths are just the tip of the iceberg – which is why MDG 5 also aims to improve maternal health. For every maternal death, there are at least another 20 women who suffer serious pregnancy-related complications that can cause lifelong disabilities. (Hope Ward has provided surgery to a number of women with such conditions.)

The health and survival chances of a newborn baby are largely determined by the mother's health and nutrition and prenatal and antenatal care that she receives. Almost all causes of infant and maternal mortality are preventable, as

can be seen from the low IMR and MMR in high resource settings (e.g. UK) where supervised delivery and antenatal attendance is high. Making sure women have timely access to competent hospital care and e.g. caesarean section when necessary is essential to achieve low levels of maternal mortality.

In Lira there is currently an extremely low level of supervised deliveries, 14.8% (in the UK this is 99%), which contributes directly to the alarming statistics above.

IMF will seek to work with affiliates and partners to develop a specific programme aimed at improving Maternal Health by providing high quality ante-natal and maternity care and services.

4.3 Goal 6: Combat HIV/AIDS, Malaria and other diseases

Target: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Target: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

Target: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

The spread of diseases like HIV and AIDS, malaria and tuberculosis, TB, wreak havoc in poor countries. In 2002, 42 million adults and five million children were living with HIV and AIDS and 95% of those people were in developing countries. Seven out of 10 were in Sub-Saharan Africa. Malaria, a wholly-treatable disease, is thought to account for up to 25% of child deaths in the developing world, while tuberculosis kills about two million people a year.

As well as the personal tragedy, these diseases are also having a devastating effect on the economies and social development of poor countries. For example, in 1999 an estimated 860,000 African children lost their teachers to AIDS.

Despite early success at tackling the HIV pandemic, prevalence in Uganda, standing at 6.8% has not decreased in recent years. The 2005 HIV Sero Behavioural study showed that HIV prevalence in Uganda is 10.2% among urban residents compared to 5.7% among their rural counterparts.

IMF has carried out a number of one-day pilot outreaches including one in the Mbarara district. Using supplementary staff hired from another local HIV/AIDS support organisation, it counselled and tested 100 people for HIV. 13% were positive.

IMF will seek to work with partners, the Government and grant organisations to conduct comprehensive programmes providing HIV/AIDS voluntary counselling and testing (VCT) and required clinical treatment using Anti-Retroviral Therapy (ART). A number of proposals are currently being considered for Lira, Mbarara and the slums of the Makindye division in Kampala close to the Hospital.

4.4 TB Diagnostics

TB kills one person every 20 seconds, even though it is preventable and curable. TB causes a huge toll in the HIV positive population. Half of HIV positive patients who die are dying from TB and 20% of HIV patients have TB at any time.

TB management is difficult - we are still reliant on a microscopic test for diagnosis that was invented in 1882 and drugs for its treatment that don't work well and haven't been improved since the 1950s. In this regard TB is a classic disease of poverty, affecting mainly the poor and ignored by the rich.

In the last 5 years a small group of people has been working to redress this situation. A modern and relatively cheap test for TB, MODS, has been invented in Peru and we are hoping to introduce this to East Africa by making it the central provision of a new TB diagnostic service run at IHK.

In 2007 IMF, through support from Suubi Trust, built and equipped a new lab at the Hospital to be used for staff training, testing and validation of the MOTS/MODS methodology.

In 2008 IMF will work with a number of affiliate organisations in Kampala to promote the use of this and other similar low cost diagnostic methods, making the services available to those that need it most, at an affordable price.

Community Health Workers (pictured with their children) in Buwagi village receive their free long-lasting insecticide treated nets as part of the CHP incentive program for volunteers. Also pictured is Katherine Bethell, Project Manager (IMF) on far right and Phoebe Williams, Hands of Help Founder (left).