**Tammy Morrison Women & Children’s Hospital Project Proposal**

**Rape Hurts Foundation (**[**www.rapehurts.org**](http://www.rapehurts.org)**)**

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**Executive Summary**

The people of Uganda have been caught up in a war between their government's military and rebels of the Lord’s Resistance Army.   The LRA survival throughout this conflict is by kidnapping an estimated 66,000 children and forcing them to become child soldiers. This bloody civil war displaced nearly 90% of the region’s population (2.8 million people) and lead to northern Uganda being called the world’s worst neglected humanitarian crisis.  Although the LRA largely withdrew from the area in 2005-2006, the process of rebuilding Uganda has been a slow and arduous one. The poorest regions in one of Africa's poorest countries, Eastern & northern Uganda faces a lack of food and safe water, poor infrastructure and inadequate access to healthcare and education.  These factors affect rural areas disproportionately: indicators of health, including mortality rates and prevalence of disease are significantly worse in rural villages.

Bukyerimba is one such rural village in far North Eastern Uganda.  Residents here must travel over 18 km for even the most basic medical care. For the 122,000 residents in surrounding Bugabula County, the closest Regional Hospital is in Kamuli, some 65 km away along challenging roads. As such, people in this region suffer daily, and in some cases, die needlessly because they do not have access to routine, preventive health care or emergency medical attention.

One resident of Bukyerimba Village, Hellen Lunkuse W. T knows firsthand the suffering caused by the ever increasing domestic violence, poverty etc and the harsh realities of trying to survive in a remote neglected Village. Sarah was gruesomely raped by at the age of 11yrs when she was going to fetch water from the swamp. See her story

Rape Hurts Foundation (RHF) was officially incorporated in 2008 by Hellen Lunkuse Tanyinga and a board of directors in response to the dire situation faced by the residents of Busoga Sub region Uganda. RHF has a strong track record of fundraising through private donors, and has utilized those funds to provide shelter, food, clothing, education, healthcare and guidance to a group of the locals in Kamuli & Jinja. In addition, RHF has built a center for the community and provided food relief in times of famine, access to education, counselling, services for the survivors of sexual and gender based violence. In 2009, RHF received an NGO Charity Certificate designation and established a partnership with different Organizations around the world.

Rape Hurts Foundation (RHF) responds to over 2,000 cases of extreme sexual and gender based violence every year. In 65% of those cases, the victims and survivors require urgent life saving medical attention. It’s unfortunate that the Public Medical & Health sector is in a sorry state. So we’re reliant onto the available private health centers and hospitals in the city, this really strains our already limited financial resource and on several occasions, I have to run and make appeals for contributions towards a given case.

In 2013 RHF started drawing strategies and plans on how to establish the 1st of its kind Women & Children’s Hospital, with a capital of handling 250 patients at any one given time. Once established the hospital with be self sustaining in that we shall have categories of patients;- those who can afford the medical bills, those who have to receive the medical services at a reduced price and those who can’t afford any contribution, in that strategy we are able to keep the hospital running.

We also established strategic linkages with willing volunteers both local and international who can offer the professional medical services. The board of directors agreed to name the hospital after one of our very own friend and supporter Tammy Morrison. The Hospital will be staffed by a full time Hospital manager, full time comprehensive nurses, part-time physicians, Hospitalal officer, lab-technicians, midwives and additional support staff, augmented by visiting volunteer healthcare professionals from the US, Europe, Canada and Australia

RHF has undertaken a project to construct the Tammy Morrison Women & Children’s Hospital, a non-profit, non-sectarian hospital facility in Bukyerimba which represents the first level of interface between the formal health sector and the community.  It will be staffed by volunteer medical professionals to provide affordable, basic care to treat and triage the sick and injured.

The Hospital will be comprised of a main building with six diagnosis/treatment beds, a diagnostic laboratory, a supply storage room, a general ward, children’s ward, private wards, and a covered veranda serving as a waiting area.  A second building will contain separate living quarters for the permanent medical staff and traveling volunteers.

Within three months of opening, we expect to see and serve 140-150 patients per day from Kamuli and other areas of the surrounding Jinja District. During visits from healthcare professionals who are able to perform specialized services, we expect to serve 60 - 100 patients per day from this region.

The budget to build and equip the Hospital is approximately $125,755.  The budget to operate the Hospital for the first three years is approximately $15,000.  These funds will be comprised of cash contributions and in-kind donations of equipment and infrastructure by partner organizations. RHF has already established partnerships with other local and international organizations.

We expect to open the Hospital by January 1, 2018.  RHF will fund the Hospital's operation for the two years, after which our goal is for it to become financially self-sustaining.

**Statement of Need**

The approximately 122,000 residents of live 18 to 80 km from the nearest hospital, Kamuli Hospital. This facility is government-run, and as such, provides basic medical treatment. However, because it is the primary medical facility for several districts (and the only one consistently staffed by doctors), it is chronically over-crowded, under-staffed and lacking in sufficient inventories of medication. Its aging buildings and equipment are inadequate to meet the needs of the patients filling the floors and outdoor areas awaiting attention.

As a result, the vast majority of residents are required to travel many kilometers to reach medical care of *any* kind, often find those facilities unstaffed and lacking in medications, and cannot afford or access the infrequent motorized transportation to Kamuli for the health care offered there. As such, every day, people in this region suffer and sometimes die simply because lack access to basic preventive care, medicine and emergency medical attention.

Although the Ugandan Ministry of Health (MOH) has set forth goals related to reducing maternal and child mortality, fertility, malnutrition, the burden of HIV/AIDS, tuberculosis, malaria and the disparities in healthcare within the country, these efforts do not seem to have reached the most needy - namely residents of rural villages in the north of the country.  These residents routinely suffer from communicable diseases such as malaria, tuberculosis and HIV/AIDS, go without vaccinations, give birth without medical care, and lack education concerning hygiene, sanitation and family planning.

Of particular note is the disease burden posed by inadequate sanitation.  From the Uganda MOH Health Sector Strategic Plan II:

"Over 75% of Uganda’s disease burden is considered to be preventable as it is primarily caused by poor personal and domestic hygiene and inadequate sanitation practices (failure to break the faecal-oral disease transmission routes). This vicious cycle that affects most Ugandans can be reversed, as has already been proven in several other countries, through a well-integrated and coordinated deployment of existing resources.”

Again, however, this deployment of resources does not seem to have reached rural Kamuli.  According to the Kamuli Ministry of Health Office Director, William Ssebufu, “Kamuli District realizes severe sanitation problems with 17% of the population practicing basic sanitation versus 62% in Jinja. There is a need to focus on prevention and education as well as provide treatment. Health is made at home.”

Due to the lack of sufficient healthcare facilities in rural areas and the high vacancy rate of medical staff in existing facilities, the Ministry of Health highlights the need to augment the existing healthcare system in rural Uganda in its Health Sector Strategic Plan III 2010-2015.  The HSSP III goals include increasing the proportion of the population living within 5 km of a health facility from 72% to 90% and the number of health facilities by 30% by 2015. This wasn’t achieved and won’t be achieved even in their next new plan.

The Tammy Morrison Women & Children’s Hospital will augment the current healthcare delivery system in Uganda by providing access to affordable healthcare to a currently under-served area.

**Project Description**

The Hospital will be a non-profit, non-sectarian healthcare facility in the village. The Hospital will be designated a Health Centre 4 facility as defined by the Uganda Ministry of Health, representing the 4th level of interface between the formal health sector and the community.  The Hospital will provide primary medical care including triage and appropriate treatment, disease testing, admission, inoculation, medication dispensing, maternity services and health education.

RHF will fundraise and manage the Hospital’s creation, and will use local volunteer Ugandans to do as much of the on-site work as possible, including construction and administration. At completion, it will be staffed by local medical personnel, augmented by visiting medical professionals and managed by an on-site Hospital Manager who will report to the RHF Board.  Initially, its operations will be funded by a combination of RHF payments and nominal patient payments, with the goal of self-sufficiency within 2 years.

**Tammy Morrison Women & Children’s Hospital Objectives**

1. The first objective is to build, furnish, and staff a fully-functional medical Hospital in the village of Bukyerimba, Kamuli District by January 1, 2016.
2. The second objective is to treat, triage or refer every patient who comes to the Hospital, and to keep appropriate records of each patient visit. By the end of the first year of operation, we will have a record of every patient that attended the Hospital, with the following information: patient name, age, village, symptoms, diagnosis, treatment, payment and recommended follow-up.
3. The third objective is to have the Hospital operate self-sufficiently by the end of its second year of operation. At this point in time, the hospital will operate independently of RHF funding and oversight; it will be managed by local Ugandans and supported financially through a combination of nominal patient payments and a related income-generating project developed in concert with RHF partners and friend

**Methods**

***Hospital Description***

The Hospital will be modeled according to the approved drawings by the Ministry of Health. It will be comprised of a main Hospital building which will include:

* three exam/treatment rooms
* a larger room which can be sub-divided into three additional exam/treatment areas
* a diagnostic laboratory room
* a locked supply storage room
* Pharmacy
* a covered veranda serving as a waiting area.
* Children’s ward & Women’s ward
* Labour room

A second building will contain four separate living quarters with private living area, bedroom, kitchen, and shower for the three permanent medical staff and for traveling volunteers. Separate pit latrines will serve the Hospital and living quarters.

The Hospital will be furnished with a water collection system to harvest rainwater, and a bore-hole well will be drilled on the premises to augment water needs during the dry season. Solar panels will be installed to provide electricity sufficient to power a generator, lights, medical equipment and a refrigerator to store medications and a high-temperature incinerator will be installed on the premises to dispose of medical waste. Please see Appendix for Hospital Site Plan and Drawings.

The Hospital will be equipped with medical supplies including:

* diagnostics – including diagnostic kits (e.g. malaria), temperature and blood pressure measuring devices, otoscopes, opthalmascopes, glucose test kits, urinalysis kits
* electronic vital signs monitoring devices - spot check (NIBP, SPO2 and Temperature), continuous (ECG, NIBP, SPO2, Temp.)
* treatment - IV kits, non-refrigerated medicines, syringes, first aid supplies and other necessary supplies such as scales, durable mobility devices (crutches, canes, etc)
* blood bank etc

The Hospital will initially be open Monday through Sunday 24/7.  The following staff will manage its daily operations:

* **Medical Director** will be responsible for medical oversight, finalizing diagnostic and treatment protocols, licensing, treating higher-acuity patients and nursing supervision.  This physician or Hospitalal officer will be involved in setting up the Hospital operations, and will work part-time in the Hospital once it is open.
* **Enrolled Comprehensive Nurses & Midwives** will be responsible for patient diagnosis, triage, treatment and record-keeping.  The nurse will work at the Hospital full-time and will be provided living quarters on-site. We are assessing the ability to hire a back up nurse position for emergency situations.
* **Hospital Manager** will be responsible for site management, financial management, ordering of supplies and materials, supervision of caretaker and regular reporting to the RHF board. The Hospital manager will work at the Hospital full-time and will be provided living quarters on-site.
* **HIV / AIDs Counselor** will be responsible for administering HIV/AIDs tests, counseling and referring patients for treatment, and providing general education concerning HIV/AIDS.
* **Pharmacist** will be responsible for tracking and preparing medications and vaccines, as well as patient record-keeping.
* **Caretaker** will be responsible for cleaning the Hospital and dormitory, laundry and cooking for the medical staff and visiting volunteers.
* **Volunteer medical staff** will be hosted every other month for a duration of 2-4 weeks.  We plan to establish partnerships with 2-3 hospitals / medical schools that allow their doctors, nurses, technicians and students to visit us on a yearly medical mission.

***Hospital Services***

The Hospital will be a fully-functional Uganda Healthcare Level 4 facility providing basic triage, diagnostic and treatment services for the most common health issues facing rural Ugandans.  Data from Engeye Hospital which treats a similar demographic indicate that the following diagnoses are the most common: Malaria, Respiratory Tract Infection, GERD / Dyspepsia / Peptic Ulcer Disease, Hypertension, Gastroenteritis / Diarrhea, Urinary Tract Infection, Sexually Transmitted Infections / Pelvic Inflammatory Disease, Allergy, Type II Diabetes, injury / trauma and maternity. Hospital staff will be trained and prepared to treat these and similar conditions (exception maternity which will occur at a later date).

Medicines, purchased monthly at the Joint Medical Store in Kampala, will include the following as an initial inventory (based upon Engeye Hospital recommendation):

|  |  |  |  |
| --- | --- | --- | --- |
| **Medication** | **Diagnosis** | **Medication** | **Diagnosis** |
| Albendazole | Worm Infestation | Aminophylline | Asthma |
| Artemether | Malaria | Prednisone | Asthma |
| Quinine Sulfate | Malaria | Dexamethasone | Asthma |
| Lumefantrine | Malaria | Betamethasone | Eczema |
| Clindamycine | Malaria | Metoclopramide | Vomiting, Gastroenteritis |
| Ceftriaxone | Bacterial Pneumonia, Gonorrhea | Saline solution | Dehydration |
| Amoxicillin | Bacterial Pneumonia, Peptic Ulcer | Ciproflaxin | Dysentery, Gonorrhea |
| Magnesium Trisillicate | GERD | Diclofenac | Arthralgia |
| Omeprazole | GERD, Peptic Ulcer | Paracetamol | Arthralgia |
| Metronidazole | Peptic Ulcer, Trichomonas, Anerobes | Co-trimoxazole | UTI : Acute Cystitis, Pyelonephritis |
| Bendrofluazide | Hypertension | Ciprofloxacin | UTI : Acute Cystitis, Pyelonephritis |
| Atenolol | Hypertension | Doxycycline | Chlamydia |
| Nifdepine | Hypertension | Benzathine Penicillin | Syphillis |
| Spironolactone | Hypertension | Azithromycin | Chlamydia |
| Hydralazine | Hypertension | Cetirizine | Allergic Rhinitis |
| Salbutamol | Asthma | Chlorpheniramine | Allergic Rhinitis |
| Beclomethasone | Asthma | Glibenclimide | Diabetes Type II |
|  |  | Metformin | Diabetes Type II |

**Water, Hygiene, Sanitation & Education**

RHF has established a partnership with Friendly Water for the World - USA in order to provide, through its WASH (Water, Sanitation & Hygiene) Program, safe water, adequate sanitation and education concerning effective hygiene for the local community. This is done through afford BioSand Water Filters. Tammy Morrison from the USA and other friends already contributed to the construction of a bore-hole well at RHF Center. In addition, certified field trainers from Friendly Waters for the World's local in-country partner have trained the locals and RHF volunteers in WASH & BioSand filter making.

**HIV / AIDS**

The Hospital will partner with Aids Information Center- Uganda, Jinja branch Uganda to provide HIV testing, counseling and referral for treatment. Aids Information Center & TASO is one of Uganda's largest providers of AIDS treatment and its program has been identified by the World Health Organization and UNAIDS as a best practice model for antiretroviral therapy (ART).

The Hospital would receive free, unlimited HIV diagnostic kits (finger-stick test) from Ministry of Health Kampala. In order to qualify, must employ a registered counselor and have a higher-level healthcare facility to refer to for treatment.

**Dental Care**

Dental care will be provided only when a dentist visits the Hospital.  Our goal is to arrange for a US or Australia-based a volunteer dentist to visit the Hospital 12 times per year in order to provide basic services.

**Maternity, Obstetric & Newborn Care**

The Hospital’s operation, pre-natal care, delivery, post-natal and newborn care will be conducted daily

**Chronic Disease Management**

The Hospital’s operation, chronic disease management will be treated per established protocols and medications, if appropriate, or referred to Kamuli Hospital.

**Project Timeline**

**June 2014: Purchase land**

 An 200 meter by 150 meter parcel of land has been allocated to build the hospital.  The parcel of land is located centrally within the Bukyerimba Village community, and within walking distance of other community infrastructure including the trading center, church and school.  A bore hole well was installed, located directly adjacent to the Hospital site, in August 2014.

**Jan. 2015:  Hire in-country Volunteer Project Manager**

An in-country Volunteer project manager has been hired, based in Kamuli. The project manager is responsible for the overall Hospital construction co-ordination, oversight of construction personnel and materials and regular communication to the RHF board. Fund dispersal will be managed by RHF Executive Financial Committee of 5 people, reporting to the RHF board of directors. Ms. Peace Agutti has previously successfully managed the construction of the Rape Hurts Foundation Center.

**Feb. 2015:  Design buildings and site layout**

The Hospital design and construction design is now complete, including site plans and architectural drawings.

**Jan. - June 2016: Obtain permitting**

With final building and site design completed, necessary permits including NGO registration, Uganda bank account, Ministry of Health – Uganda Government approval has been obtained

**Construct bore hole well and latrine**

Bore-hole well and two latrines was built on the Hospital site. The well and latrine will provide water and toilet facilities during construction for the work staff. The well and latrines will be as well used by patients and staff.

**Nov/2017 – Jan/2018:** **Construct buildings and utilities**

Construction of main Hospital building and dormitory, water collection and storage system will take place. Hospital construction will use plans developed already. We will use local and Kamuli-based non-skilled and skilled labor for construction, and will use local materials, such as bricks and lumber, whenever possible.

**Dec 2017:  Purchase and install furnishings**

We will procure Hospital furnishings including beds, tables, storage cabinets, benches, chairs, curtains and linens locally or from Kamuli and Kampala.

**Dec 2017: Acquire medical equipment and supplies**

We will obtain medical equipment and supplies by donation or acquisition through partnerships (see Partners section). We will purchase medications from the Joint Medical Store based in Kampala, or obtain them through donations.

**Dec 2017:  Install solar power and incinerator**

Solar power will be designed and installed by Crown Renewable Energy and incinerator will be sourced from Uganda-based Technology for Tomorrow (T4T)

**Dec 2017:  Hire Volunteer staff**

With the assistance of Uganda Ministry of Health Kamuli, and Medical Teams International Kamuli, and Bukyerimba village leaders, RHF board members will interview and hire a full-time nurses and midwives, part-time doctors or Hospitalal officers, Hospital administrator and caretakers, and create contracts for each.

**Dec 2017: Establish diagnostic and treatment protocols**

Based upon the established Ministry of Health Model, we will implement medical diagnostic and treatment protocols and a patient reporting plan (recording information about patients for follow up, metrics, and quality control).

**Jan 1, 2018    Open Hospital**

**Feb. - Mar. 2012: Set up volunteer / visiting personnel protocols**

**Partnerships/ Suppliers**

RHF has begun forming partnerships with other non-profits, NGOs and local businesses for the purpose of gaining expertise, sharing methods and resources, and soliciting in-kind donations.

**Project Administration Staff**

The following represents the staff that will administer the development of Hospital and provide oversight during its daily operations:

* **Construction Project Manager** will be responsible for the overall Hospital construction co-ordination, oversight of construction personnel and materials and regular communication to the RHF board.
* **RHF Board of Directors** will be responsible for fundraising, financial governance, stateside coordination & communication with local Construction Project Manager, hiring of Hospitalal and administrative staff and implementing their contracts, organizing volunteer involvement and protocols, establishing partnerships with other NGOs and governmental organizations, and working with medical staff to establish diagnosis and treatment protocols.  Once the Hospital is running, RHF Board will provide general oversight, and will be responsible for reporting and project outcomes.

**Evaluation**

RHF Board of Directors is responsible for evaluating whether the objectives of the Hospital project have been met, and evaluating the impact the project is having on the people it is meant to serve.

***Objective 1: Hospital Construction***

The RHF Board will evaluate the progress of the project against the Project Timeline stated above on a quarterly basis starting at the end of Q2 2018.  Project status will be reported to funding agencies and to private donors and supporters.

***Objective 2: Treatment and Record-Keeping***

During the first year of operation, RHF Board will collect and examine the patient diagnosis and treatment records to ensure that appropriate record-keeping is being conducted.  This review will be conducted on a quarterly basis. Our plan is to add a medical professional to the RHF board with experience in medical administration and oversight.

After each year of operation, RHF Board will collect and examine the patient records generated during that year.  An annual report will be generated which details the number of patients seen by geographic area, age, gender, diagnosis and treatment. Recommendations will be made regarding changes to treatment, additional development projects, etc, based on the community's needs and our ability to meet those needs.  The Annual Report will be disseminated to funding agencies, private donor and supporters as well as partner agencies.

***Objective 3: Self-Sufficiency***

At the end of the second year of operation, an audit will be performed by the RHF Board to determine if  the Hospital is meeting its objective of operating independently of RHF funding and oversight.  The Board will assess if any requests for additional funding or for administrative intervention are being made to RHF.  The Board will perform an audit of the Hospital's financials, including expenses, patient payments and profits from the joint development project with Love Mercy Foundation.  A report on this audit will be disseminated to funding agency, private donors and supporters.

**Sustainability**

Each patient will be charged a nominal charge per visit consistent with the charges established at Engeye Hospital. This nominal fee will be requested primarily to ensure that the patient values the service being provided, and increases the likelihood of the patient following the recommended treatment course.  However, these fees will also be useful in defraying a portion of the Hospital's operating expenses.  As stated below in the Budget section, it is estimated that it will require approximately $500 per month to keep the Hospital operating.  While this payment will initially be made by RHF through private donations and grant funding, our goal is that it will, within 2 years, be financed through patient charges and a development project undertaken

We believe that our demonstrated ability to raise funds and complete development projects over the 9 years will continue to make RHF attractive to donor in the future.

**Conclusion**

In conclusion, the members of Rape Hurts Foundation are dedicated to its mission to improve quality of life in the rural through access to health care and education, improvements to infrastructure and means of self-sufficiency. We understand the people of Bukyerimba Village Kamuli is severely under-served with regard to medical care with the closest medical facility of any kind several miles away. As such, every day, people in this region suffer, and in some cases, die needlessly because they do not have access to routine, preventative health care or emergency medical attention. We are committed and determined to build the Hospital to provide primary medical care including triage and appropriate treatment, disease testing, inoculation, medication dispensing and education with a staff will be comprised of Ugandan medical professionals augmented the west based medical professionals. We are confident and have demonstrated expertise to raise the necessary funds to complete the project and the relationships to staff and maintain the Hospital. With the hard work and efforts of our Team and the support of individuals and corporations we will be successful.