

Completion Report/Plan

Construction of the Kitgum Midwifery School – Project

(Kitgum Medical Institute of Sciences and Clinical Practice)



Implemented by: Kitgum Maternity and Medical Centre (KMMC)

Donation /Grants: The University of Naples Federico II/
Salerno Rotary club of Italy

Funding Directors: Prof. Luciano Mayol, prof. Greco Luigi an

Total Grant: 33,252 Euro (Code: 00876220633)

Total Absorbed: 33,252 Euro, (UGX 128,189,300.0)

Duration/Period: Feb 2019 – Feb. 2020

Project Location: Northern Uganda, Kitgum District, Municipal
Bibong Village, Alango Subcounty.

Contact Person: Dr. Okello Bosco O. (256, 783 771 363)
Email: Okellootuuuu@gmail.com

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I. Photos	Errore. Il segnalibro non è definito.
II. Building Plan ad BoQ.....	Errore. Il segnalibro non è definito.
III. Land Documents	Errore. Il segnalibro non è definito.
IV. List of Personnel.....	Errore. Il segnalibro non è definito.
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1.0 INTRODUCTION

Admissions to medical schools in Uganda and most African regions are usually reported to be predominantly taken up always by students from urban areas and from mostly wealthy families. According to the Medical Education Review Initiatives, the revelation has been raising the question of equitable access to training opportunities in the health science domain and also the access to health services among some pockets of poor and the hard to reach communities in Uganda. This equally explains why a large part of northern Uganda districts has remained service poor or enjoying unequal living or health status in the same country. Poverty rates in northern Uganda is 41 percent compared to 17 percent in the central regions of Uganda while 19 percent is the national average(NUSAF). A study done in 2014 to review the regional composition of medical students in Uganda suggested that only 4 percent were medic from true northern region and even less were of Acholi ethnic origin. Midwives patient ratio and Doctors patient ratio in the district of Kitgum stands at 40:350,000 and 8:350,000 respectively. Currently there are only two Gynaecology Specialist in the district. Further Uganda has on 40 eye specialist in the entire Country of 45 million people.

The “**Kitgum Midwives School**” – a medical institute of Science and Clinical Practitioners was an initiative of the Maternity Medical Centre in Kitgum conceived in February 2013 to establish a facility for Training and supporting continued Capacity building of human resource for health in Uganda. The scheme is intended to reduce inequalities to health professional education by increasing the access to higher medical education in northern Uganda and also in line with the government of Uganda health ministry’s Minimum Package for health care, Medical education Partnership initiative, Uganda National health Policy and the National Strategic Plan to respectively; strengthen maternal child health services, reduce disparities in education access, eradicate extreme poverty and ensure health for all Ugandan by 2040. The facility will focus on the services poor northern Uganda districts that has remained socio- economically underdeveloped as a results of two decades of civil strife from the insurgencies by the Lord Resistance Army of Josephs Kony and which lead to the Displacement of over 1million people into IDP camps by 2004 and subsequent deterioration of health services and indicators in the regions.

The decision of the Italian University of Naples Federico II and its associates, Rotary Club of Salerno Italy to finance the construction of the facility in March 24th 2019 was not only timely but was warmly welcomed and has strengthened the workability perception, enabling the completion of the first phase of the school project – physical superstructures have been completed according to the structural designs or plan. The total funding towards this project thus far received was to a tune of 33,252 Euro. The construction project and the support were provided with the following aims and objectives:

1.1 General Project objective;

- To support the development of the “Kitgum Midwives School” *KIMISCHO (Kitgum Midwives School)* to deliver integrated quality health care services that protect and enhance the lives of the poor community in Kitgum district.

1.2 Specific Objectives

Specifically, the grants support and construction of the KIMISCHO project was aims to:

1. To Strengthen human resources for health in Northern Uganda and to facilitate continues building of their capacity to provide quality maternal and new born skilled health care
2. To improve the availability of, access to, and utilisation of quality maternal and new born care services, particularly at the sub-counties in Northern Uganda.
3. Strengthen and co-ordinate quality management of MNH care services including sharing of good practices and technologies in collaboration with the donor country Italy (University of Napal Federico II)
4. To empower the local communities to ensure a continuum of care between the household and health care facilities including Health education, sensitisation on health seeking behaviours and others.

This report was prepared after implementation of the construction of this facilities and as part of accountability for the 33,252 euro grant support provided by the donor (University of Napal Federrico II of Italy) and were directed by Prof. Greco Luigi during this agreement period. The same document is intended to highlight future prospects and the plans currently conceived to enable the operationalization of the school inline with the overall project goals and objective.

We also hope this would serve as an appeal for well wishers and the donor to continue to commit more resources for the same course and for the success of the project. We remain grateful and indebted to the University of Naples Federico II, The Rotarian of Italy and the entire cheerfully giving citizens of Italy for the supports already extended to enable the completion of the physical structures in line with the financing agreements at play.

Further we wish to acknowledge and cherish the relationships already built from past engagements with this institution. In deed Kitgum Maternity and Medical Centre (KMMC) is a registered Community Based Organisation (CBO) formed by a group of doctors and midwives and other medical associates who come from Kitgum and neighbouring districts with the commitment to provide quality health services to the poor and under served communities in the north of Uganda. Under the leadership of Dr. Okello Bosco Otuu a GULUNAP graduate of 2009. The team as been committed to mobilisation and application of resources to support this disadvantaged community since 2006 and following the aftermath of the Civil Strife and resource conflict between the northern rebels - LRA and Government of Uganda.

2,0 Project Support Rationale and Justification.

The Northern Uganda district of Kitgum, Gulu, Pader, Lamwo, Agago, Amuru, Abim, Apac, Lira Yumbe, Nakapiritpirit, Kotido, Maracha, and 10 others suffered signnificantly the effect of northern conflicts and activities of the LRA. Over 1.5 million of this population were forced to live in IDP camps under squalid conditions and the camp became breeding ground for all sorts of morbidities and mortalities. The communities lost over 23 years of productive livelihood leading to the socio economic stagnation and deterioration of the region. The

district of Kitgum and Gulu were the worst hit and currently are districts recorded with very poor health services livelihood indicators according to recent national Demographic survey (UNDHS 2016).

The situation lead to severe socio economic inequalities between the northern region and rest of the country including the inequalities of enrolment in higher education and medical education. As already mentioned, poverty and other deprivation has lead to exclusion of a number of northern Uganda students from joining the higher education, medical learning institutions, and resulting increased poverty, low economic activities and underserved of the community in this region. For instance, Kitgum has only 7 fulltime doctors taking care of over 300,000 people in the district.

Drawing from the positive experience of the GULUNAP project between the Faculty of Medicine of the University of Naples Federico II and the University of Gulu University, in 2007 a MOU was signed between the two universities to extend the collaboration to the Faculty of Agriculture and the Faculty of Sciences, in order to strengthen the collaboration between the two countries in the field of higher education, by tailoring the curricula to the local needs and adopting a student-based innovative trainings. There may be further need to monitor training impacts in the community and to selectively support further initiatives by the university graduates as part of the perspective to continue the cooperation developed in Northern Uganda and to trickle down the actual impact and benefits of trained medics to the community. This also may help to avert brain drains and unnecessary migration of the sons and daughters of the soil “looking for greener Pastures” and its associated challenges.

This project is commendable and thanks to these ventures by one of the first medical graduates and thanks to the GULUNAP project, KIMISCHO aims to diffuse the scientific knowledge, to support the local development, enlarge services and ensure services equitability and inclusiveness for the people in northern Uganda and other pockets of hard to reach part of this country.

It is further envisaged that a new fields of common interest for research and training will be established including students professional personnel exchanges. The development of the School and the Medical Centre, together with the growth of the University of Gulu, through the knowhow (Technology) transfer from the university of Naples, to contribute to the production of the technical and management skills to facilitate the integration of the University with the local community. The exchange of the experiences in the field of research will help Uganda to participate to the international network of knowledge, experimenting a new method of cooperation aimed to an independent growth of the beneficiary country.

We can confirm, The University of Naples Federico II will be able to expand its expertise to the typical problems of Northern Uganda, producing new experiences and study issues of great importance for the development of emerging economies and Italy itself.

The school overall mission is to:

Establish a training centre of excellence in the production of highly skilful midwives and clinical officers in a long run, knowledgeable and professional medical and clinical

practitioners able to support the delivery of an integrated quality health care services that protect and enhance the lives of the poor community in Kitgum district.

3.0 THE STRATEGIES.

To achieve the above mission, the urgent intervention is to establish a facility to train a cohort of qualified Medical professional beginning with midwives and clinical Officers later (Assistant Doctors) to be spread throughout the districts of northern Uganda and southern Sudan in order to reduce the mortality of mothers and children. The KIMISCHO will train about 30 -60 midwives and 30 clinical Officers per year, who will begin their infield training in the second year.

The following could be some of the strategies that can work; when implemented by KIMISCHCO (KITGUM MIDWIVES SCHOOL):

- I. Finalise construction of training facility, equipment and furnish facility in line with minimum registration requirement
- II. Collaborate with National council of higher education, MoH and District hospitals to guarantee student clinical placement. Finalise registration of school with relevant bodies including certification
- III. Ensure a multi-institutional collaboration and partnership in line with equitable medical education Initiative.
- IV. Institute a transparent and open student enrolment base on affirmative action's and in favour of disadvantaged communities, families in northern Uganda and female medical student.
- V. Improve access to essential medical services, train community health leaders, and health care provides for mothers and their children from 42% to 75%.
- VI. Review teaching programmes and implement training quality improvement initiatives to retain standards and quality of instruction ad learning in the school. Bench mark with donor countries for continues improvement and advancements.
- VII. Arrange in-service Medical education for facility based Government servants as part of professional development and contentious Medical Education
- VIII. Maintain community contacts and approach to elevate public health and healthy living among community of operation.
- IX. Establish leadership in medical training in clinical, midwifery and Maternal child health in Uganda.

3.0 EXPECTED OUTCOMES.

- Equitable access to higher medical education for disadvantaged families and girls in Uganda
- Increased human resources for health in northern Uganda

- Reduced mortality and morbidity rate of children under five from 17% to 50% by 2022.
- Reduced maternal mortality and morbidity rate from 40% to 20% by 2022.
- Improved access to essential medical services, train community health leaders, and health care provides for mothers and their children from 42% to 75%.

In order to support this development (**KIMISCHO**), the Centro Napoli Fedderico II –COINOR has been committed to provide the following contribution: Euro s 5,000,00

4.0 NAPAL FEDERICO UNIVERSITY GRANTS

4.1 Fund transfers' Schedule

The followings were the schedule of donation received to support the project purpose thus far;

Dates	Trench	Amount Transferred(£)	Amounts Received (UGX)	Acknowledgement
01/03/2019	1st	1,000	4,000,000	yes
26/03/2019	2nd	5,000	20,081,925	yes
23/05/2017	3rd	4,252	17,010,832	yes
25/11/2019	4th	4,000	16,000,000	yes
17/12/2019	5th	10,000	39,700,000	yes
18/12/2019	6th	9,000	35,650,600	yes
total		33,252	132,443,357	

5.0 IMPLEMENTATION OF THE CONSTRUCTION WORK / WORK SCOPE

5.1 The Work Scope

The construction work commenced from roofing of the block, in march 2019 and was completed in Feb 2019.

The followings were the list of technical works accomplished by the project based on the BOQ shared with the donor;

- I. Provision of timbers and roofing works
- II. Procurement of Iron sheet from Gulu for roofing
- III. Roofing works and carpentry works
- IV. Construction of the ceiling board.
- V. Rendering of plastering of walls (Interior and exterior)
- VI. Fittings of 22 windows and 14 doors complete with glasses
- VII. Screeding of floors
- VIII. provision of floor tiles (520 square meters)
- IX. Complete Painting works including veranda
- X. Doing septic tank (from savings on BoQ figures)
- XI. Compound works (from Savings)

5.2 Pending Works

Power installation need for next phase at operationalization.

Interior furnishers (Tables 12, chairs 180, cupboards 6, shelves 8 of assorted sizes, document cabins 3, Power point projector 2, laptops 6) school, registration and enrolment of eligible students (see Comprehensive listing and the planification)

5.3 Construction services providers;

We preferred to use individual Local artisans, work men and masonries. We considered that working directly with providers would allow money to get directly in the hands of the poor locals. Working through intermediate companies would also increase the cost of the works and each stage of the works as were detailed in the BOQ. The cost and prices quoted and supplied to the donor in the Building Bill of quantity (BOQ) were market prices and any cost variation due to inflation would encroach on some of the committed funds. We therefore eliminated middlemen challenges by working directly with those who we knew can do good works among the community. Decisions arrived at were done in consultation with the board members.

Project Works	Number of Locals employed	Work Outcomes rating
I. Provision of timbers and roofing works	4	Very Good (mature pines tree)
II. Procurement of 200 pcs of Iron sheet from Gulu for roofing	1	Very good (Guage 28)
III. Roofing works and carpentry works	6	Very good
IV. Construction of the ceiling board.	10	Very good
V. Rendering of plastering of walls (Interior and exterior)	14 masons	Very good
VI. Fittings of 22 windows and 14 doors complete with glasses	14 masons	Good
VII. Screeding of floors and provision of	14	Good
VIII. floor tiles (520 square meters)		Excellent tiling work
IX. Complete Painting works		Very good

including veranda	4	
X. Doing septic tank (from savings on BoQ figures)	7	Very good
XI. Compound works (from Savings)	5	Very good

5.4 Procurement methods Used

As mentioned above KMMC used community procurement to obtain project materials. In most cases single Sourcing and direct procurements methods were used. It was very easy to mobilise local labour as labour is in abundant. Also a number of skilled masons and local artisans are available in this community. To obtain roofing materials such as iron sheets, timbers nails and assorted paints, Local bidding was used. Quotations were sourced from at least two or three suppliers and lowest bidder took the supply. Direct procurement saved time an enabled bargain during which some savings were made and applied to other areas of works. We were also comfortable with these methods as financing agreement gave us more liberty on procurements.

5.5 Inauguration.


While we plan for a more formal and elaborate inauguration or ground breaking ceremony, we have been glad that prof. Greco was able to pass by to oversee progress thus far and also lay a foundation stone. We plan to officially open structure somewhere in October of this year 2020.

5.6 Challenges/Mitigation measures ;

- I. Low level of the available technology – one of the rooms had to be redone at the time of sceeding door to poor tools used. The mason used defective floor levelling spirit level. We lost over 6 bags of cement undoing the floor.
- II. Power shortage and black out- affected water consistencies. In two occasions work became staled due to water supply from national water pipe line. Water is generated with power supplied by national grid.
- III. Ill health we got cases of some workers falling sick – and social issues.
- IV. Lack of dedicated project officer to undertake documentation of project works and timely reporting – we had to work with Maternity centre staff to do some of the project works even with the tight medical centre schedule.

5.7 Recommendation/ Appeal

The following are our kind recommendation to further the development of the project;

1. Any further grants considerations should be applied to install and provide power and lighting systems e.g standby generator and solar power systems, Furniture's and some e basic instruction equipments to enable school oprationalisation.
 2. Support resource mobilisation with other potential donor bodies as matched grants or independent initiatives
 3. Support to monitor qualities and standard of instruction, benchmarking and supply research collaboration opportunities if any.
 4. Continues support visit by NApal University technocrats
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6.0 FINANCIAL ACCOUNTABILITY/EXPENDITURES REPORT

6.1 Operationalisation Milestones.

- a) Mobilisation of funds and matching grants
- b) Procurement of Furnishings and installations
- c) Taming of the environment and compound
- d) Completion of Toilet systems
- e) Construction of Kitchen
- f) Registration and certification of school
- g) Establishment of MOUs and clinical supervision arrangements
- h) Recruitment of instructors and others staffing placements
- i) Social Mobilisation of beneficiary communities, Stakeholders engagement and consultations
- j) Enrolment of students (Prospective Midwives and Clinical Officers)
- k) Further Mobilisation of funds and partnership
- l) Operations – (student instruction, Quality assurance and periodic examinations)
- m) Strengthening Institutional partnership, research collaboration and donor exchange visits.
- n) Community engagements

6.2 Sustainability and sources of funds;

This school will rely on following sources of funding for sustainability;

- I. Grants from Government Health Ministry and Education Ministry
- II. Donor grants and partnership projects
- III. School fees and tuition fees from students enrolled
- IV. Contracts and School businesses
- V. Gifts from partisans

7.0 PLANNING MATRIX / SCHEDULE OF PENDING INTERVENTION



8.0 Budget For Pending Project Activities

See excels Sheet