

Iganga

Iganga TC Clinic at the old Council Offices

During 2004 Iganga Town Council (ITC) moved from their old offices, situated opposite the Mwaana Highway Hotel in the centre of Iganga, to their new partly built offices at the bottom of Saza Road near to the District Offices. **The old offices**, in addition to including space for Finance and Administration, housed the offices of the Public Health Inspector and his staff and included a small Clinic for immunisation, non serious medical problems and mother and child health clinics. This standard was a Health Centre II (HCII)

In May 2005 the Group visit to Iganga worked on the old Offices as their main Project to help in its conversion to a **Health Centre III**. Several members of the party worked on cleaning, painting and repairs including the roof and fitting of ceiling panels. Local labour was also employed to help with the works needed. By the end of the visit everyone was pleased with their efforts which meant that the buildings could now be called 'Iganga Town Council Clinic'



However in the 9 months between then and Peter and David's visit in March 2006, little progress had been made, although the loyal staff, Joseph, Muzamiru, Hajji, Simon, John, Justine, Ronah and Eva continued to do their best with not many drugs and very few patients. This was mainly because there are such poor provisions at the Clinic.

David and Peter, during their visit in March 2006, met with District Health Officials to discuss development of the HCII to a Health Centre III, which when open and properly in use, would be run by the District Office on behalf of the Town Council. They discussed in

detail the plans for improving the Clinic and its management and use. Problems were:

- Provision of Drugs in the Annual Budget, had they been included for 2006/7? - as they hadn't for 2005/6.
- Maternity wards were needed including a delivery room and related washing and disposal (of placenta) facilities.
- The water was not connected as previously the Council had not paid the bill! And had therefore been cut off.
- Drainage - were the drains sufficient and connected to the very poor local sewage system or was an expensive septic tank/cesspool needed?
- One of the rooms was used for the storage of Council equipment and they were not sure where to move it so that it would be secure. This would stop the Maternity Ward being developed.
- Someone said that a HCIII had to have a security fence, If required to give security to the increased level of equipment on the premises, then that could be a future improvement but hopefully it would not delay the Project.



Ros Seal arrived before we left in March 06 and we introduced her to Ruth and left Ros with the job of persuading all the interested parties of what we were intending to do when the Container with the beds arrived and also the party of visitors arrived in May.

Ros later met the DMO who said that he intended

supplying the drugs and using the Clinic as a HCIII from some time in May when the beds had arrived.

Beds and a container you may ask what is that all about, well one of our Members and visitor to Iganga in 2005 was Susanne Howes a nurse working with the Health protection Agency (HPA) in Leicestershire. Susanne found a hospital in Leicester that was closing and was able to acquire several beds and mattresses that were no longer required. We had been storing these and intended

sending them with other equipment in a container to arrive in Iganga before the next visit in June 2006.

So in May 2006 the work included more cleaning and maintenance where required, with painting and decoration of the wards especially the maternity wards. Connection of the water supply was supervised by a plumber who accompanied us. A wall was knocked down to make a door between the delivery room and the maternity ward. Washing facilities were put in and a sink or 2



in the lab, a few notice boards were put up and basic improvements and some signs to make the place a friendlier to visit and work. Yes, the container arrived and the beds were unpacked and installed in the wards, and Iganga Town Council HCII was almost ready to open as a proper HCIII with maternity facilities.



Before leaving in 2006 a wonderful official opening ceremony was held at the clinic with many of the local people, and officers and dignitaries of the community along with dancing and celebration.

At last it felt as if all our hard work was being rewarded with success.

November 2006

The Clinic is open and busier. Later advised that patients have increased 3 fold from 400 in February 2006 to 1200+ October.

It was still not open 24 hours due to security problems, and the employment of a guard to work at the site at night is required.

However changes are that several new nurses are in post and Kagoda John has an unpaid trained assistant, Dennis, in his Laboratory who is very keen and keeping Kagoda on his toes!

The Nurses we met are:

Ruth	Senior Midwife, In Charge
Justine	Enrolled Nurse
Joy	Midwife
Florence	Nursing Assistant
Mwatuma	Nursing Assistant
Persis	Psychiatric Nurse
Eva Nantale	Nursing Assistant



Justine was working in cramped conditions in what was the small security hut to the right as entering the yard. This needs improvement as does the layout of the lab which is now in the old Chairman's Office on the right of the yard being part of the old Council Chamber which is

now a secure store. Susanne again visiting Iganga arranged for some of the equipment not used properly in the lab, due to no space and no power, to be re-sited in the reception room to Maternity. We discussed with Joseph, the clinical Officer, Justine's concerns which he hopes to improve. They are still not using the main reception area; it is empty and could be put to good use. Susanne arranges a small clinic there during her visit and we need to persuade Joseph to use it.

It is noticeable how busy the clinic is and staff are not sitting around doing nothing quite as much as before. During the day some of the wards are being used mainly for children with Malaria but sadly they have to go home at night due to the security problems. No babies are born there during our visit although on the day we left one mother is in the middle of labour but we have to leave before she delivers.

November 2006

Iganga Town Council Clinic, Monday 27th Meeting with ITC Chair, Katono Siraj and Acting Town Clerk, Ezekiel Kimpa ITC, also Gwaivu Abdalla, PHO and Muzamiru Bidondole SHA. Discuss security - they would like to see a new fence but would be expensive. Repair of existing fence possible and provision of at least one armed guard would be best method at present. Later in the visit they agreed to provide the armed guard, and we need to check that this is happening.

Meeting with the Medical Superintendent (MS) Dr Lubega Muhamadi at the Hospital, his nurse in charge and PCM, DW and SH.

We met the Hospital Administrator Julius Kabusere who signs all the correspondence. He has written again regarding the need for an Ambulance and our further assistance. David met Ellie of the Iganga Rotary regarding a letter to Northants Rotary asking for consideration for an Ambulance for Iganga Hospital. David hopes to pass on these 2 letters.

The MS told us they have had a Japanese delegation offer 35million Ug Sch which is about £10.000 and they hope to use this for some repairs and new buildings required.

MS very pleased with what we have done at the Clinic and its status now as a Heath Centre (HC) III.

It has been inspected by central government and he is expecting full approval. However, this may take until July 2007. In the meantime they only receive from central government 300.000/- (£90) per ¼ quarter and this will rise to 800.000/- (£250) per ¼ when officially registered as a HC III.

Iganga TC Clinic was 100% funded by ITC but is now coming more under support of Medical Officer of Health (MOH) and all drugs should be provided by Hospital under control of MOH. This is still not clear to all at ITC and David and Peter need to ensure during further visits in 2007 that somehow this is clearly understood by all.



Meeting with MOH DR Muwanguzi at his office on morning of Thursday 30th November with Shaban Kalinaki, District Public Health Officer, PO Box 358 Iganga. Also DW and SH.

Confirmed support of clinic and increased use, and pleased to see what we have helped with. Possible provision of Emergency Drugs for the clinic, a concern of staff at ITC Clinic and the MOH and previously the MS agreed to look into the provision of these when they are open 24hrs.

June 2007



A further visit to Iganga and this time the group had a midwife in the party. She was able to spend a great deal of time at the Clinic and work with the nurses and midwives which the local staff were very thrilled about. The Clinic, although still needing a great deal of development, was found in a reasonable condition and

many births took place while we were there. Several of the newborn being named after the visiting Bazungu (white people)! Further roof repairs were made especially when the electrician, Kagwa fell through the roof when trying to make some repairs to electricity fittings. The use of the clinic continued to increase as the local population became more aware of its presence and the good standard of health care provided.

The staff they told us that getting to the different wards when it was raining heavily was difficult as they had to go outside. At the District Hospital there were covered walk ways between wards. So with some spare Project money and a clever local builder we were able to provide roofed verandas in front of all the wards which in addition to providing shelter when it rained provided some shading to the wards and a place to sit out of the sun.

Dr Lubega now advised us that due to the quality of maternity service offered at the clinic he had made the Iganga District Hospital IDH a referral Hospital and anyone needing maternity care in Iganga had to first attend the clinic for examination and would

only be moved to the IDH if they had complications and needed more care. It was so pleasing for all concerned with the development of the ITC HCIII that its standards were now so high that all Maternity was being dealt with there.

November 2007 and a very short and quick visit by Peter to the clinic found everything working well, all staff on duty and the number of people using the facility had further increased. Dr Lubega was providing more staff and regular checks found very high standards.

June 2008 and this year's visit concentrated on some repairs and decoration required at the District hospital, but regular visits were made to the HCIII and once again the standards were further improved and more patients were being seen every day.



We would like to plan for improvements to wards to make them bigger and more permanent and also make improvements to the laboratory and areas for Health Education. We perhaps need to plan for a larger project at sometime in the future.

However in discussion with the Hospital management regarding the possible provision of an Ambulance we hope to be able to send one soon as Rotary in Northampton have found one for us. If we do manage to get this sent to Iganga we are planning to give it to Iganga Friends of Daventry IFOD who will give it on permanent loan to the Iganga Town Council for use at the Clinic. The Clinic regularly has problems with transport for any patients who may need urgent transfer to the hospital or collection around Iganga. Until now they have had to use private hire. The provision of an Ambulance for ITC to use at the Clinic will be a big improvement to health care in Iganga. The Ambulance can of course be shared with the IDH as needed and for urgent transfers to Jinja and Kampala using the good quality tarmac main roads.