



ST. JOHN OF GOD CATHOLIC HEALTH AND  
SOCIAL SERVICES - SIERRA LEONE

20  
19



# ANNUAL REPORT



I  
BELONG TO  
SJOB  
FAMILY



## MISSION STATEMENT

As a Catholic Organisation, the Saint John of God Catholic Health and Social Services springs from the Christian values and the holistic approach practiced by its founder Saint John of God. Its mission is to evangelise through the provision of accessible, affordable, efficient, and acceptable quality health-related services to all people in Sierra Leone irrespective of race, tribe, religion, or nationality.

## VISION

St. John of God Catholic Health and Social Services wants to be recognised as leader in the provision and maintenance of excellent and quality health-related services that are acceptable, affordable and efficient to all our clients.

## CORE VALUES

### Hospitality

As a hospital we believe that the life of the patient is the immediate consideration in care delivery and that no patient's life should be lost as a result of any fringe considerations.

### Quality

Our aim is to ensure that the hospital will deliver quality patient care by balancing patient expectations, patient needs, and resources that are available to the hospital.

### Respect

Respect for human dignity, the sick, and the aged is highly valued by the hospital. We believe the patient has the right to expect that his human person shall be respected and high sense of professionalism will be displayed by care givers.

### Justice

Every patient shall be treated in a fair manner with equal rights and responsibilities. No patient shall be denied medical care on the basis of race, colour, religious beliefs, ethnicity, and/or sexual orientation.

### Excellence

Being a center of excellence in hospitality, professionalism, care delivery and general attitude of staff is a core value of the hospital.

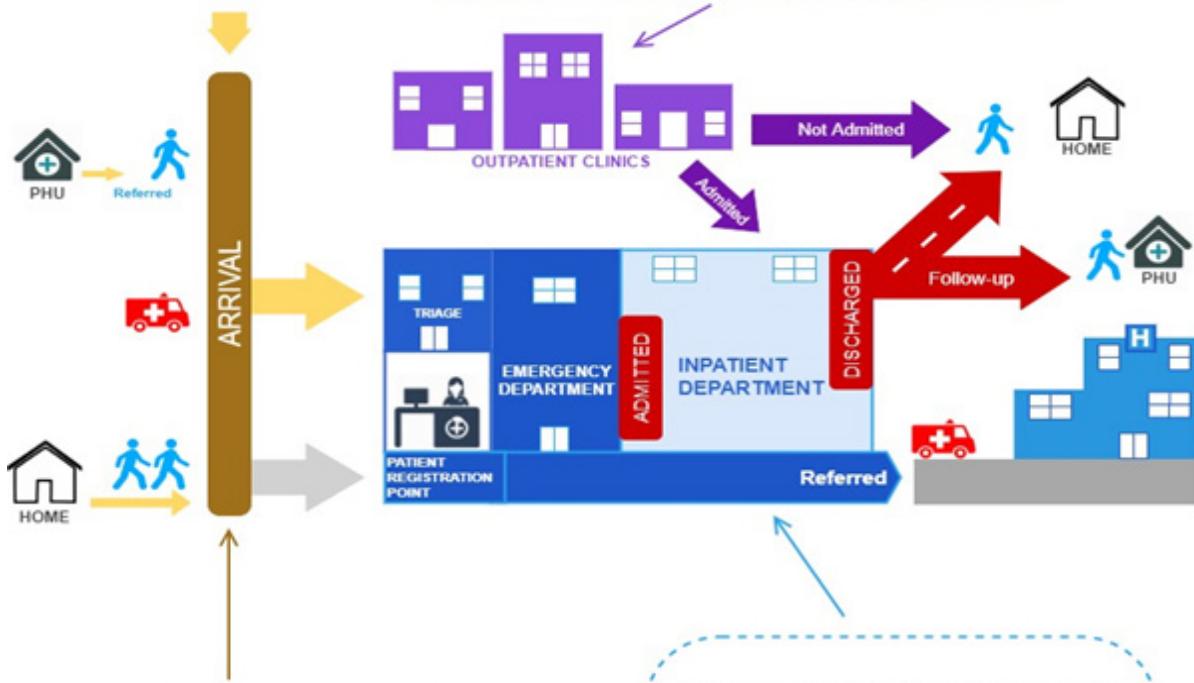
### Spirituality

We value spiritual healing as much as clinical healing. We believe that types of care are important for healing of every patient and it is our aim to deliver quality spiritual and emotional care to our patients.



# Where It All Begins

Let's start this story at the beginning: a patient enters SJOG Hospital.



Patients arrive at the SJOG Hospital from multiple areas. They could come directly from home or referred from a **Peripheral health unit "PHU"** within the catchment area of the hospital. The SJOG hospital also operate an "**outreach clinic**" and patient seen at the outreach could be referred to the hospital for further treatment. Every patient arriving at the hospital first go through the "**Triage**" and "**Registration** points"

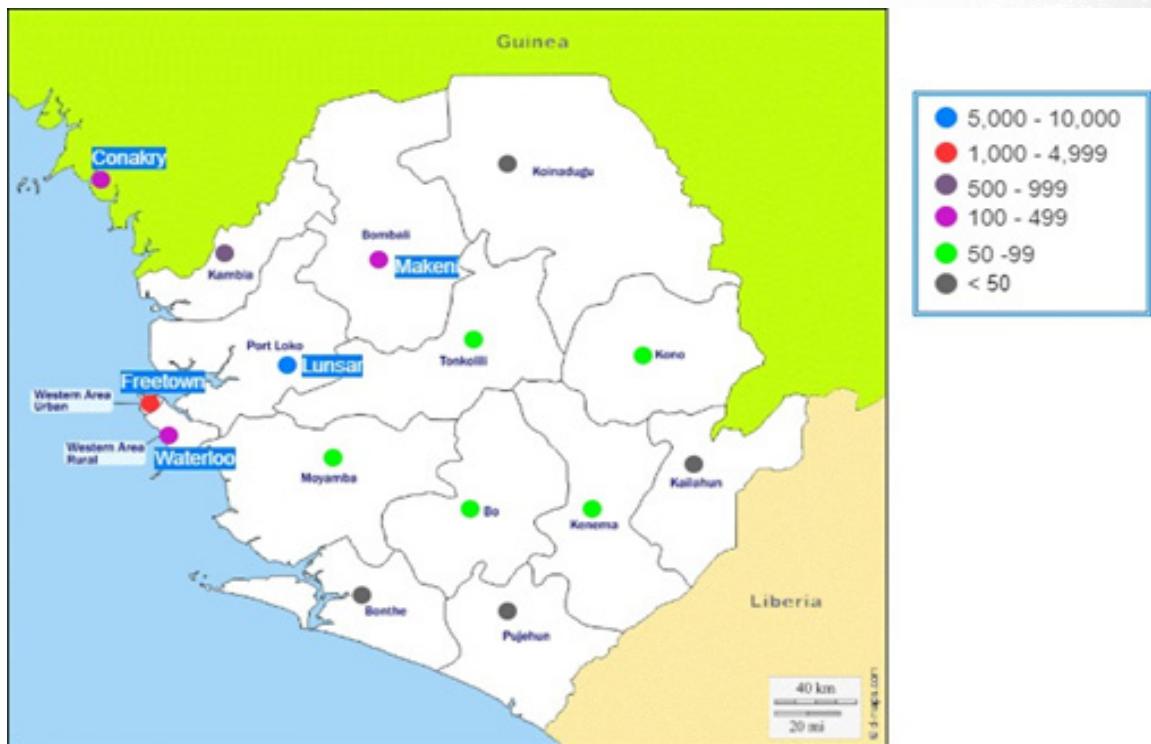
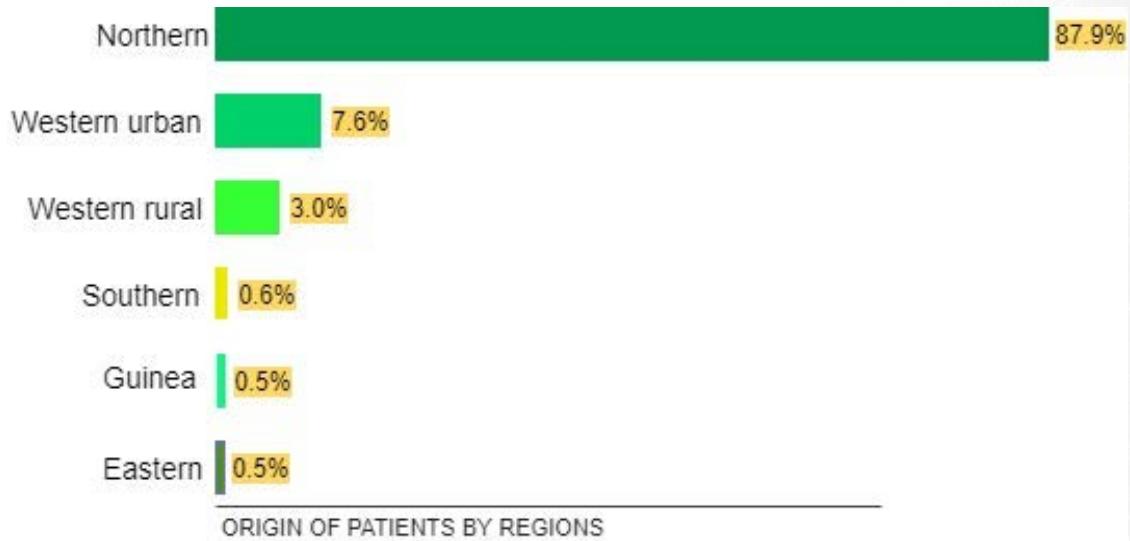
From Triage, patients either go to the **outpatient "OPD"** or Emergency department depending on the patient's condition. The vast majority of visits to SJOG hospital are outpatient; in 2019 over 23,000 visits were recorded.

Patients are admitted through the outpatient and emergency departments for medical or surgical reasons. In 2019, more than 5,000 patients were admitted and over 700 surgeries were performed. The **average length of stay "ALOS"** during the year was about **3.5 days**. With our new PHC approach, the SJOG work in integrated manner with the community. Some discharged patients are advised for further follow-up visits at the PHU. In rare instances conditions that require specialist interventions are referred to other hospitals.



Continuing in St. John of God's tradition of hospitality and strong connection with the community, we are distributing this annual report to all stakeholders and partners whose tremendous support help us to continue to provide our services to the population.

# Where our patients come from



Our patients come from all over the country and from neighbouring Guinea. A huge majority of patients are from the Port Loko district where our hospital is located.



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## 2019 annual report

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# Abbreviations

BPEHS	<i>Basic Package of Essential Health Services</i>
CHC	<i>Community Health Center</i>
CHP	<i>Community Health Post</i>
CUAMM	<i>Doctors with Africa</i>
DHMT	<i>District Health Management Team</i>
FHCI	<i>Free Healthcare Initiative</i>
FY19	<i>Financial Year 2019</i>
GDP	<i>Gross Domestic Product</i>
HRH	<i>Human Resource for Health</i>
MAB	<i>Management Advisory Board</i>
MAM	<i>Moderate Acute Malnutrition</i>
MCHP	<i>Maternal and Child Health Post</i>
MOHS	<i>Ministry of Health and Sanitation</i>
MUAC	<i>Mid Upper Arm Circumference</i>
NACP	<i>National Aids Control Program</i>
NEC	<i>National Electoral Commission</i>
NHSSP	<i>National Health Sector Strategic Plan</i>
NMCP	<i>National Malaria Control Program</i>
PHC	<i>Primary Health Care</i>
PIH	<i>Pregnancy Induced Hypertension</i>
PPH	<i>Postpartum Hemorrhage</i>
RMNCAH	<i>Reproductive, Maternal, Newborn, Child and Adolescent Health</i>
RUTF	<i>Ready to Use Therapeutic Food</i>
SAM	<i>Severe Acute Malnutrition</i>
SECHN	<i>State Enrolled Community Health Nurse</i>
SJOGCHC	<i>St. John of God Community Health Center</i>
SJOGH	<i>St. John of God Catholic Hospital</i>
SJOGSN	<i>St. John of God Catholic School of Nursing</i>
SRN	<i>State Registered Nurse</i>
WHO	<i>World Health Organization</i>



# Chief Executive's Message



Typically, I use this space in the Annual Report to tell you some of the highlights of the past year, and certainly there have been many. For this year's report however, I will let the content within stand for that, and I encourage you to review the information on the following pages.

During the year under review ("FY19") our commitment to delivering high-quality, cost-effective healthcare services on a sustainable basis supported the achievement of our core strategic objective of putting Patients First.

Many have witnessed the hospital's cultural transformation over the past several years. It took some time, but slowly things began to change. You could feel it and you could see it. We set clear goals and we stuck with it. We measured how we were doing against our own history and, perhaps more importantly, against hospitals across the country. We set the bar high for ourselves and we never, ever, ever gave up or looked back. Perhaps this is what I am most proud of: the commitment the staff has made to move forward with a new culture of patient and employee engagement. This, in itself, was inspiring to me.

We have made new friends both local and abroad just to ensure that our mission continues, and its objective are achieved. Putting our patients and students first, as our core objective has always motivated my management team and staff to endeavour to deliver quality health care services to all irrespective of race, religion and status.

On behalf of my team and staff, I remain grateful to all our benefactors, partners, friends and religious authorities who have been on our side trying to help us achieve our goal during the year. I look forward to receiving their continuous and relentless support in the year ahead so that the hospital will continue to deliver a much improved and friendly services to its local population.

God bless you All

*Br. Michael M. Koroma*

SJOG Health & Social Services, SL, CEO



# Executive Summary

The St. John of God Catholic Health and Social Services is a leading health service provider in Sierra Leone and comprises a network of three health facilities; the St. John of God Catholic Hospital in Mabesseneh, Lunsar, the St. John of God Catholic School of Nursing in Malompoh, Lunsar and the St. John of God Community Health Center in Maloko, Lungi.

Once again our health facilities continued to deliver on their core mandate during 2019 and especially at the hospital, the staff together with the Brothers delivered safe high quality patient care despite increased demand on services and very tight resources. This Annual Report chronicles the details of these achievements as well as challenges and it acknowledges the tremendous partnerships that made it possible to deliver our services to neglected communities and to the most vulnerable people.

## Service development

At SJOG Health and Social Services, continuous development of our services is a hallmark we pride ourselves with, as we always strive to put our patients and students first in our strategy. In 2019 we continued to strengthen our commitment in Primary Health Care activities including health promotion and prevention in one area assigned to the hospital. We also invested heavily in key infrastructure all aimed at addressing problems related to patient care. A new Central Sterilization Block was constructed, which is one of a kind in the country which would enable us to address problems of sterilization and infections. The treatment area of our emergency department was expanded to accommodate more patients at a time and we also installed a new oxygen plant at the pediatric ward, just but to name a few.

Our academic and clinical excellence, marked by quality processes and patient safety practices, and on-going commitment to innovation, has not only helped us make quality healthcare more

accessible and affordable, but has placed us on the cutting-edge of healthcare delivery, affording us several differentiators in our various Centers of Excellence.

## Activity & Financial performance

Continuing the trends of recent years, patient activity during the year under review showed an increase in all key areas at the hospital. 95 beds were available and treatment was provided to 5,795 inpatients (increasing by 19% compared to 2018) and 23,357 outpatients an increase of 14%. Bed occupancy rate also increased in the various wards with the Pediatric ward recording about 14% increase in occupancy rate. Theater activity rose by 2% whilst Laboratory diagnostic services to support these activities also increased by 29% overall. At the Maternity ward however, total deliveries of 685 during the year meant a decrease of 6% compared to last year. A detailed breakdown of activity is illustrated under chapter 4.

Activity at the SJOG Health Center also declined in all key areas during the year under review. The center received 2,532 outpatient visits indicating 22% decrease compared to 2018. Admissions decreased by 5% and the laboratory and scan diagnostic services which are a major source of income for the center all decreased by 27% and 47% respectively. At the School of Nursing, total enrollment in the SRN program as at the end of the year was 180 since the programme started in 2016 and so far 12 students have graduated.

Regarding financial performance, the hospital continue to make progress towards financial sustainability as patient numbers continue to rise. Patient fees of SLL 4,100,189 was about 76% of total expenditure and about 96% of operational cost. This is a tremendous achievement looking at the trend of the post Ebola era. However, it must be said that a huge part of patient



bills are borne by partners such as the Apadrina fund which cover all cost of under-five services, delivery cost for pregnant women covered by CUAMM and specialist orthopedic, pediatric and other general surgeries paid by international missions. Other religious sponsors such as the Josephite Fathers and Clarisian Sisters in Lunsar are also instrumental in covering patient bills. Without these support, most patients could not afford the minimum of all cost of services provided at the hospital. This, going forward remains a great challenge.

### Giving back to the community

SJOG Health and Social services continued to provide free delivery services, subsidized consultation services to pregnant women, and medical services to under five children, scholarships to poor and studious for student nurses, thanks to the continuous and vital support (in-kind and financial) provided by a number of organizations and generous individuals. During 2019, we continued to receive a large number of volunteers, medical team and specialized surgeons from Italy, Spain, Germany and other countries. Their passion and dedication toward the treatment and restoration of children with

disabilities and adults with broken bones further nurtured our commitment and we look forward to continue the same level and quality of collaboration in the future. Our outreach services provided through the Primary Healthcare department enable us to continue to take healthcare to the door post of vulnerable communities where location, accessibility and cost factors have placed the people at a huge disadvantage in receiving quality and timely healthcare.

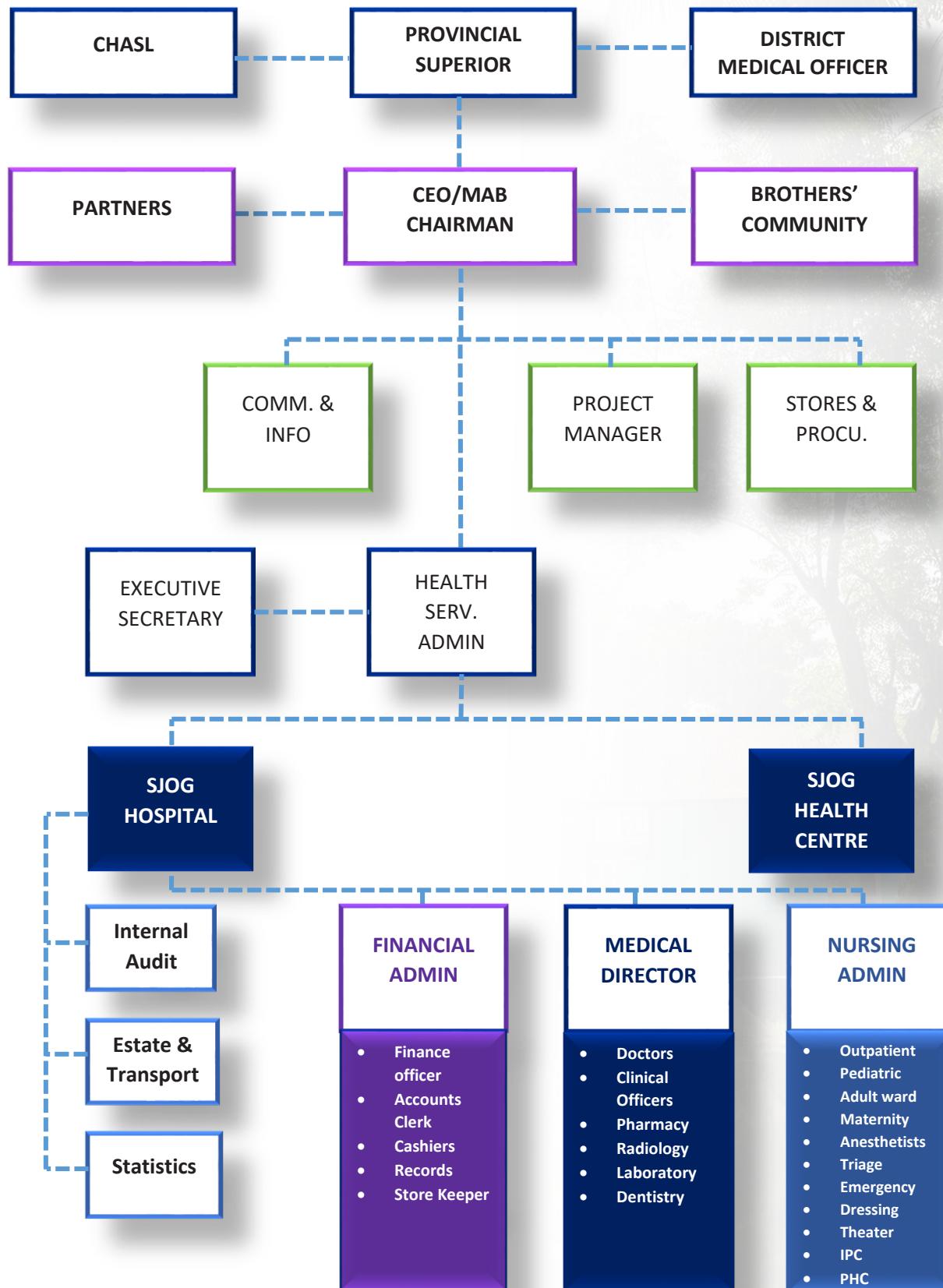
### Challenges

Despite the numerous successes, yet rising challenges posed by antimicrobial drug resistance, communicable diseases like Hepatitis, HIV and Tuberculosis and Non-Communicable Diseases (NCDs) like diabetes, and heart disease, drive us to strive even harder each day. Cost of utilities rose during the last half of the year due to suspension of electricity supply from the national grid to the entire town of Lunsar. This placed further strain on the hospital's generators and solar plant due to over use. The hospital also lost significant number of clients from sponsors due to closure of the mining company.





# Organizational Structure



ORGANIZATIONAL STRUCTURE, HOSPITAL



# Governance Structure



The governance structure of the services within the St. John of God Province is summarized above. Every center has been assigned to a regional management block known as the MAB - comprising of two to five centers within a region. The purpose of the MAB is to ensure a more participatory advice from Brothers, Co-workers and non-Co-workers expertise.

The principal responsibilities of the MAB are to coordinate activities of all the centers, promote sustainability, achieve cost advantage and facilitate a link between the Provincial Curia and the centers.



# MANAGEMENT TEAM 2019

SJOG SCHOOL OF NURSING	SJOG HOSPITAL
<ul style="list-style-type: none"><li>• Bro. Michael M. Koroma - Principal</li><li>• Mr. Usman Toronka - Administrator</li><li>• Mrs. Beatrice Bangalie - SECHN Programme Coordinator (Jan 2019 - Oct 2019)</li><li>• Mr. Gibrille S. Conteh - SRN Programme Coordinator (Jan 2019 - Apr 2019)</li></ul>	<ul style="list-style-type: none"><li>• Bro. Michael M. Koroma - CEO/MAB Chairman</li><li>• Mr. Eugene Osei-Wusu - Health Service Administrator</li><li>• Bro. Patrick Njungbung - Medical Coordinator</li><li>• Ms. Fatamata Mansary - Executive Secretary</li><li>• Ms. Aminata B. Bangura - Financial Administrator</li><li>• Ms. Sylvia Jabbie - Nursing Administrator</li><li>• Bro. Nestor Banboye - Local Superior of Brothers' Community</li></ul>
SJOG HEALTH CENTER	<ul style="list-style-type: none"><li>• Ms. Kadiatu Mansaray - Ag. Clinic Supervisor (Jan 2019 - Apr 2019)</li><li>• Br. Michael Eke - Clinic Supervisor (From Apr 2019)</li><li>• Mr. Alfred A. Lahai (Jan 2019 - May 2019)</li><li>• Bro. Thomas Antwi - Store Keeper</li></ul>



*In 2019, the management team held 7 meetings. Our greatest appreciation goes to all members and invited guests who served on meetings of the management team during the year.*



# Legal & Banking 2019

## Bankers:

Marampa Masimera Community Bank  
Siaka Stevens Street  
Lunsar, Sierra Leone

Eco Bank Sierra Leone  
Lightfoot-Boston Street  
Freetown, Sierra Leone

Union Trust Bank, Ltd  
Lunsar Branch, Sierra Leone

## Auditors:

Peter Kamaray & Co.  
Chartered Accountants  
Freetown, Sierra Leone

## Labour Advisors:

Mr. Abdul Deen  
Labour Consultant  
Makeni, Sierra Leon



# 1.0 COUNTRY GEOGRAPHY, DEMOGRAPHY AND GOVERNANCE

Located in West Africa, Sierra Leone is a beautiful country of approximately 7 million people, sharing borders with Guinea, Liberia and the Atlantic Ocean. The capital, Freetown is a city built on a hill, interlocked with many natural beaches and lagoons. It is a nation born out of resilience whose recent history of a near decade civil conflict has reversed the fortunes of a once vibrant and fast growing country. Today, Sierra Leone is a constitutional republic, governed by an elected president and a single house of Parliament.

The country is divided into five administrative regions: the Northern, Eastern and Southern provinces, and the Western Area, where the capital city of Freetown is located. Roughly 21% of Sierra Leoneans live in the geographically small Western Area; 35% in the Northern region; 23% in the Eastern; and 20% in the Southern. These regions are subdivided into 16 districts and one area (Western Area). The districts are further subdivided into 152 chiefdoms, and the Western Area is subdivided into 12 wards. The country has roughly sixteen different ethnic groups. The official language is English, and most people also speak Krio, the most common local language. The population is predominantly Muslim (80%) and the largest ethnic group is Temne.

Sierra Leone has experienced substantial economic growth in recent years, until the ruinous effects of the Ebola outbreak between 2014 and 2016. With the discovery of iron ore in 2011, mining became the main growth driver, resulting in an unprecedented growth rate of 21% in 2013 (African Economic Outlook, AEO 2018). It is estimated that, the country's economy contracted by more than 20.6% in 2015 as a result of decline in global iron ore prices and the outbreak of the Ebola virus in 2014. The government's projected GDP growth rate from 2019-2021 is estimated between 4.9% and 5.1%.

The healthcare situation in Sierra Leone is likewise challenging – common health problems in the country include malaria, pneumonia, HIV, TB, diarrhoea and malnutrition. The country also has one of the highest maternal mortality rates worldwide (1,360 maternal deaths per 100,000 live births and a women's life time risk of 1 in 21 in 2015). Maternal deaths account for 36% of all deaths among women ages 15-49 (WHO, 2015). The child health indicators remain equally poor with a mortality rate of 120 and 86.2 per 1000 live births for children under-five and infants respectively.

However, the government of Sierra is determined to improve the healthcare systems in the country. There has been a massive development of a number of policies such as the Basic Package of Essential Health Services (BPEHS), Free Healthcare Initiative (FHCI), National Health Sector Strategic plan (2017-2021), the Sierra Leone RMNCAH strategy (2017-2021), among others, aimed at strengthening the health system. There is also a renewed focus on primary healthcare supported by an introduction of a nationwide free ambulance referral system - National Emergency Medical Services (NEMS), from primary to secondary facilities, expanding training of skilled health workforce such as SRNs and Midwives and health sector infrastructural development all are among strategies geared towards improving the country's health system.



Fig 1: Map of Sierra Leone showing districts





# 2.0 SERVICE DELIVERY

## 2.1 Sierra Leone's Health Delivery System



Sierra Leone's health service delivery system consists of primary and secondary levels. The BPEHS covers both levels. Primary health care facilities are referred to as Peripheral Health Units (PHUs) and are sub categorized into these three levels: Maternal and Child Health Post (MCHP), Community Health Post (CHP), and Community Health Center (CHC). The BPEHS defines the functions of each level of care as well as the essential facilities, supplies and staffing levels.

Secondary care is delivered in district hospitals. District hospitals receive referrals from primary care facilities, and accept walk-in patients directly.

Even though the SJOGH is not recognized as a district hospital within Port Loko district, its facilities, services and staffing structure align with the classification of a secondary care center and receives referrals from the various PHUs within its catchment area. The Lungi Health Center on the other hand is currently classified as a CHC.

There are a total of 111 health facilities within the Port Loko district: 70 MCHP, 21 CHP, 15 CHC, 4 hospitals. 4 of these health facilities are private whilst the remaining are public. The catchment area of SJOGH Comprises a total of 3 Community Health Centres, 3 Community health posts and 15 Maternal & Child Health Care posts sited in the chiefdoms of Marampa, Masimera and Buya. Figure 2 below shows the health facility density per 10,000 population in Sierra Leone. In the Port Loko district the figure is comparative lower than the required target of 2.0 health facilities per 10,000 population and the national figure of 1.8 is much lower.

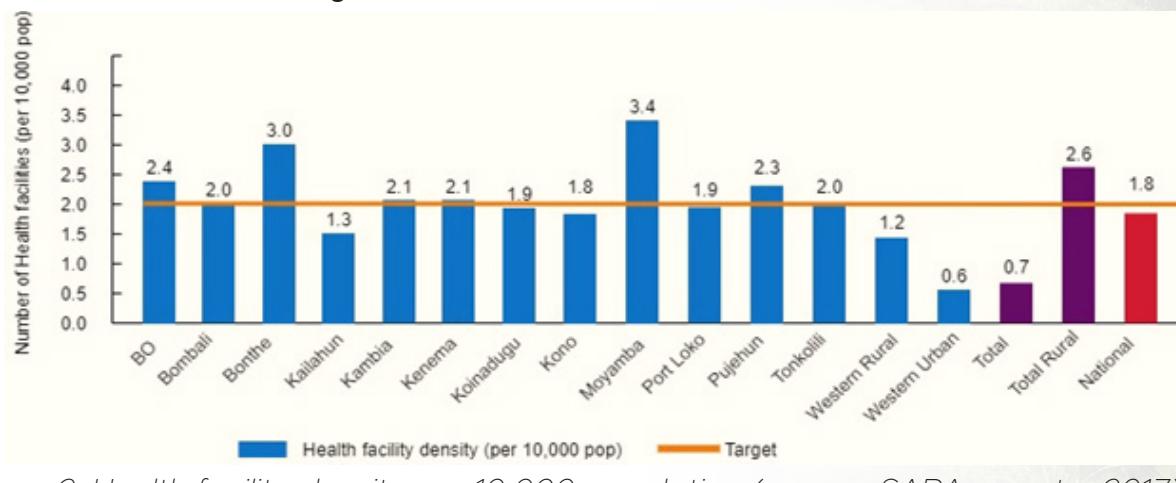


Figure 2: Health facility density per 10,000 population (source, SARA report – 2017)



## 2.2 SJOG Services & Locations

The St. John of God Catholic Health and Social Services comprising of three facilities - operate in the Port Loko district, located in the Northern province of Sierra Leone. The St. John of God Catholic Hospital (SJOGH) and the St. John of God Catholic School of Nursing (SJOGSN) are located Lun-sar whereas the St. John God Catholic Health Center (SJOGCHC) is located in Lungi.

About 9.5% of the population in Sierra Leone live in Port Loko district. It borders the Western Area to the west, Kambia district to the north, Bombali District to the east and Tonkolili District to the south. The district is made up of eleven (11) chiefdoms as the third level of administrative subdivision, Bureh Kaseh, Buya Romende, Debia, KaffuBullom, Lokomassama, Maforki, Marampa, Masimera, Koya, Sanda Magbolontor, and Safroko (TMS).

The SJOGH and SJOGSN are located in Marampa chiefdom whilst the SJOGCHC, is located in Kaffu Bullom chiefdom. Data from a 2018 health assessment in the catchment area of the hospital puts the catchment population of the Marampa chiefdom at about 152,394, more than ¼ of the Port Loko district's population.

The Kaffu Bullom chiefdom however has a catchment population of 122,506 (about 20% of the population of Port Loko district) – thus, according to the 2017 constituency boundary delimitation report by the National Electoral Commission (NEC) of Sierra Leone. The city of Lungi is host to the Freetown International Airport, and it is only separated from Freetown, the capital city of Sierra Leone by approximately, 20km stretch of the Atlantic Ocean.

The three centers in 2019 provided services summarized below. Utilization of our wide range of services improved significantly in 2019 compared to 2018 in all the centers.

### • SJOG Hospital

1. General Medicine
2. General Surgery
3. Orthopaedic & Traumatology
4. Obstetrics & Gynaecology
5. Pediatric services
6. Dentistry
7. Diagnostics - Lab, Xray, ECG, USG
8. Antenatal clinic
9. 24/7 Emergency services
10. PHC services (Medical outreach, TB/HIV program, under five clinic, Nutrition program, Safe Motherhood promotion center Reproductive & Maternal Health Care (Antenatal & Post natal)

### • SJOG Health Center

1. General Medicine
2. Diagnostic services (Lab, Xray, Ultrasonography)
3. PHC services (TB/HIV clinic and under five clinic)

### • SJOG School of Nursing

1. Diploma programme in State Registered Nursing
2. Certificate programme in State Enrolled Community Health Nurses (Last intake, 2017)

# 3.1 ADMINISTRATION & HUMAN RESOURCE DEPARTMENT

The Administrative function of the services in Sierra Leone takes a linear approach with three main sub divisions right beneath this structure – the Hospital, the Nursing School and the Lungi CHC. At the top of the structure, is the Hospital Director who is responsible for all the centers and maintains a supervisory responsibility. Presently, both the hospital and nursing school are headed by Administrators with operational and managerial responsibilities. The Lungi health center is however under the hospital Administrator as we seek to bridge the management gap between the two centers.



**Eugene Osei-Wusu**  
(Health Service Administrator)

## 3.1.1 Performance Highlights

Key performance highlights during the year are summarized below:

- **Development of five year strategic plan (2019-2024)** – The development of the Strategic Plan of St John of God Catholic Health and Social Services 2019-2024 came in a very special moment, just after the Declaration of Astana (October 2018) to recommit to achieve universal health coverage and the Sustainable Development Goals, 40 years since declaration on Primary Health Care in Alma-Ata. It provided SJOG a good opportunity to reaffirm the willingness to strengthen Primary Health Care as a basis of comprehensive health systems and set relevant directions in this line either at hospital level at Mabesseneh, the community health center at Lungi and the Nursing School in Lunsar, rather than focusing on single disease interventions. The strategies in the next five years will seek to address challenges such as financial sustainability, low access and utilization of health services, poor integration into the district, unavailability of distinctive services and analogic data management system.
- **Improvement in infrastructure and equipment** - Major improvement in infrastructure and equipment were made during the year under review. This is in view of our quest to continuously respond to the needs of our clients and improve quality. The newly built and fully equipped Central Sterilization department (CSSD), rehabilitation and expansion of the treatment area of the Emergency department, New Patient relative's kitchen, rehabilitation of the Delivery room and installation of an Oxygen generation plant at the Paediatric ward are prominent among others.
- **Improved Internal Income Generation and Financial Controls** - Internal fund generation has grown steadily year on year post Ebola even though achieving financial sustainability still remains a long term target. In 2019, internal income financed about 96% of operational cost and about 76% of total expenditure.
- **Successful Roll Out of the Primary Health Care Program** - In 2019, the hospital took a bold step in accelerating the Primary Health Care Program and to respond to needs and priorities identified through the needs assessment research conducted in 2018 with additional expertise



and financial resource from our donor community. The PHC unit was reorganized during the year with all the units fully functional. Next year, the program seeks to implement plans such as construction of Birth waiting home, a Social center incorporating all the various PHC units and the construction of a Health center at Mange.

- **Strengthened collaboration with government departments and agencies** - Efforts to strengthening cooperation with the MOHS and government agencies were taken a step further this year. The hospital is included in the allocation of Nurses and Midwives to health facilities. During the year four separate postings including two Midwives and two SRNs were sent to hospital by the MOHS. We also continued to receive anti-malaria drugs (9,864 ampoules of Artesunate 60mg injections received during the year) and RDT kits (8,225 test kits received during the year) supplies from the National Malaria Control Program (NMCP) to support free malaria treatment for children and pregnant women during antenatal visits.
- **Strengthened collaboration with Partners** - Partnership with several external donors, and organizations was again prioritized this year and yielded significant dividends. Our hospital has survived over the years through partnerships that often times take away some of our cost burden and ultimately respond to the needs of our patients who are at the core of everything we do. Within Sierra Leone, it is significant to highlight our CHASL as the body responsible for advocating and driving the interest Christian health institutions in the country as well as the Ministry Health. Other traditional and nontraditional partners in Europe continued to provide tremendous support through projects.

### 3.1.2 Workforce

As at December 2019, there were a total of 163 workforce of the hospital, consisting of 118 skilled health workers and 45 non health workers: 98 permanent staff (8 of whom are posted by the MOHS), 33 contract staff, 5 volunteers, and 27 nurses serving bond terms. 156 out of the total workforce were active throughout the period whereas 7 were on study leave. 60% of the staff population are females and the average tenure of service for all staff is about 3.8 years.

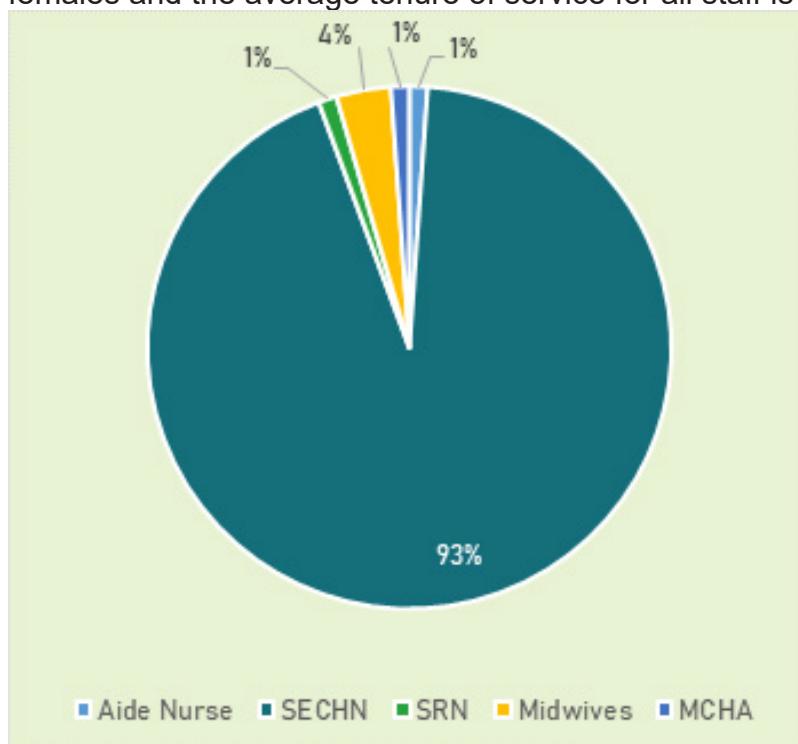


Figure 3: Distribution of nursing staff by Cadre

Nursing staff are critical to our service delivery. 93% of nursing staff during 2019 were SECHNs. These cadres of nurses are, according to the Human resource for health (HRH) policy 2017, care givers at Primary level facility. However, in Sierra Leone, about 76% of nurses are SECHNs. The national nurse density per 1,000 population of about 0.42, where as in the Port Loko district the figure is even much lower at 0.30 – indicative of a real need for qualified nurses in the country.

### 3.1.3 Recruitment

2019 was a busy year for the HR department in terms of recruitment. Staff turnover rate during the year was about 3.7% compared to 1.2% in 2018. This in turn resulted in demand to fill vacan-



cies created by these departures. In total about 10 nurses were recruited and an additional 27 nurses served their sponsorship bond for a period of six months after graduating from the SJOG Nursing school.

In summary, there were 45 new employees (new recruited nurses: 10, volunteer nurses: 3, Bond nurses: 27), 1 Medical Doctor, Billing Officer (1), Data officer (1), two other volunteers assigned to the Transport and Administration departments.

### 3.1.4 Staff representation

Involving our staff in everything we do is a core value of this organization. The staff association formed in 2016 has been instrumental in our change agenda of promoting ownership and responsibility among the staff.

During 2019, employee relations were constructive and productive albeit with some minor challenges. Through the staff president, we were able to

- Effectively plan and coordinate various activities both within and outside of the hospital such as the feast day of St. John of God as well as other general meetings involving all three centers.
- The staff president also played key roles in coordinating information flow from management to staff and vice versa.
- A key role of the staff association is to maintain and supervise the staff welfare fund – named after the late, Brother Richard Botifoll, one of the pioneering brothers of the Lunsar Community. The purpose of this fund is to cater for the welfare of staff and its use has so far been limited to fuelling of staff bus and payments to small contributions towards occasions such as funerals or marriages of staff members or dependents. In 2020, our objective is to transform the welfare fund to a more beneficial contributory scheme for the staff.

### 3.1.5 Staff awards

Employee awards is one of the most important activity of the hospital spearheaded every year by the HR department. It is an occasion dedicated to say thank you to all staff who have been outstanding in their area of work throughout the year. This year, Winners were chosen randomly across all departments. However, they all had one thing in common; they go the extra mile to make sure that their work was done in a way that make tangible improvements to the services we provide and the lives of those who use the services.

Some of the award category included; best male staff, best female staff, staff who demonstrate extraordinary passion for their work, most loyal staff, etc. Winners were each given financial reward and a signed certificate by the CEO.

### 3.1.6 Learning and Development

Again this year, we facilitated a number of opportunities for our staff to participate in both internal and external trainings and workshops. This is in view of our goal to meet the learning and development needs of staff. Table 1 shows training topics and participating staff during the year.



Table 1: Staff trainings and developments in 2019

No	Training topic	Participating staff	Organizers/ Facilitators	Venue
1	Integrated Management of IMAM training on IPF	Miatta Bangura, Dankay H. Suma, Isatu Bangura	MOHS	External
2	Training courses on Burns Care and Hand Trauma	Dr. Patrick Bung & Dr. Andrew Uwareme	ReSURGE Africa	External
3	Training on Lightning Protection	Hassan E. Fofanah & Hassan Demba	EnDev	External
4	Quality Improvement collaborative learning: Session 2	All QI team members	ICAP	External
5	Vitamin A Red & Blue and Deworming Administration and Importance	PHC Staff	CHASL	External
6	National Immunization Campaign Micro Planning Training	PHC Staff	DHMT, Port Loko	External
7	Testing: Viral Load, Early Referral & Diagnosing	HIV/AIDS Coordinator	NACP	External
8	Care and Treatment of Sickle cell Patients	PHC Staff	Sickle Cell Association Sierra Leone	External
9	Major Direct Obstetric Complications: Various topics	Maternity Staff	CUAMM	Internal

### 3.1.7 Further Education

In 2019, we continued to pursue our objective of upgrading the skills and knowledge of key staff through further education and training. The following staffs were granted scholarship for further studies in 2019:

- Mr. Abdul Ahmed Sankoh – BSc. Statistics and Mathematics
- Ms. Lovetta Z. Kabba – Diploma programme in State Registered Nursing (SRN)
- Ms. Kadiatu Mansaray - Diploma programme in State Registered Nursing (SRN)

Overall, educational and training activity has increased substantially year on year since 2014. Funding for further education has also increased significantly, in view of our goal to improve staff capacity and ensure competencies in key positions.

From next year, educational opportunities for Nurses who are willing to pursue midwifery will be a top priority. Already two SECHNs have been granted approval to pursue Midwifery during the 2020/2021 academic year. Two SECHN (one assigned to the Lungi clinic) have also been approved for the SRN programme during the next academic year.



## 3.2 FINANCE DEPARTMENT

The Accounts department plays a crucial role for the hospital. The department has some key roles and responsibilities including accounts receivables, accounts payables, Payroll, Budgeting, Financial reporting and maintaining financial controls. The department comprises of several other staff including a Finance officer, Billing officer and five cashiers. It also maintains supervision over the financial affairs of the SJOG Community Health Center in Lungi. We are grateful for all your kind and cash donations that help us to continue to do more for our patients and the community.



**Aminata Borbor Bangura**  
(Financial Administrator)

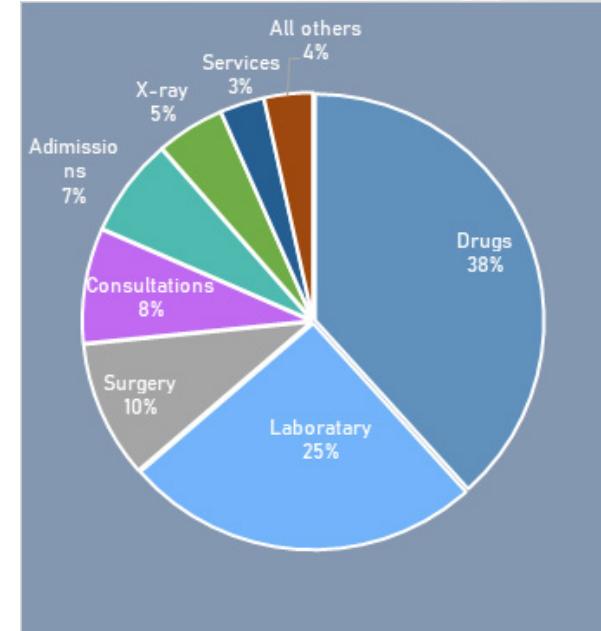
### 3.2.1 Income

Internal income generation from patient fees recorded a significant improvement in 2019 compared to 2018 (about 18% increase) mainly due to increased patient attendance. Income from sale of drugs and laboratory services constituted more than half of total patient income. This year, patient fees was the main source of funds to finance operational costs of the hospital – payroll constituting more than half of total operational cost.

The hospital also received significant funds from donors (about 31% of total income) mainly to finance specific projects.

*Fig 4: Percentage contribution to patient income*

Income	2019 SLL (m)
Patient income	4,100,189
Donor funds	1,876,236
Other income	48,848
Total	6,025,273





## 3.2.2 Expenditure

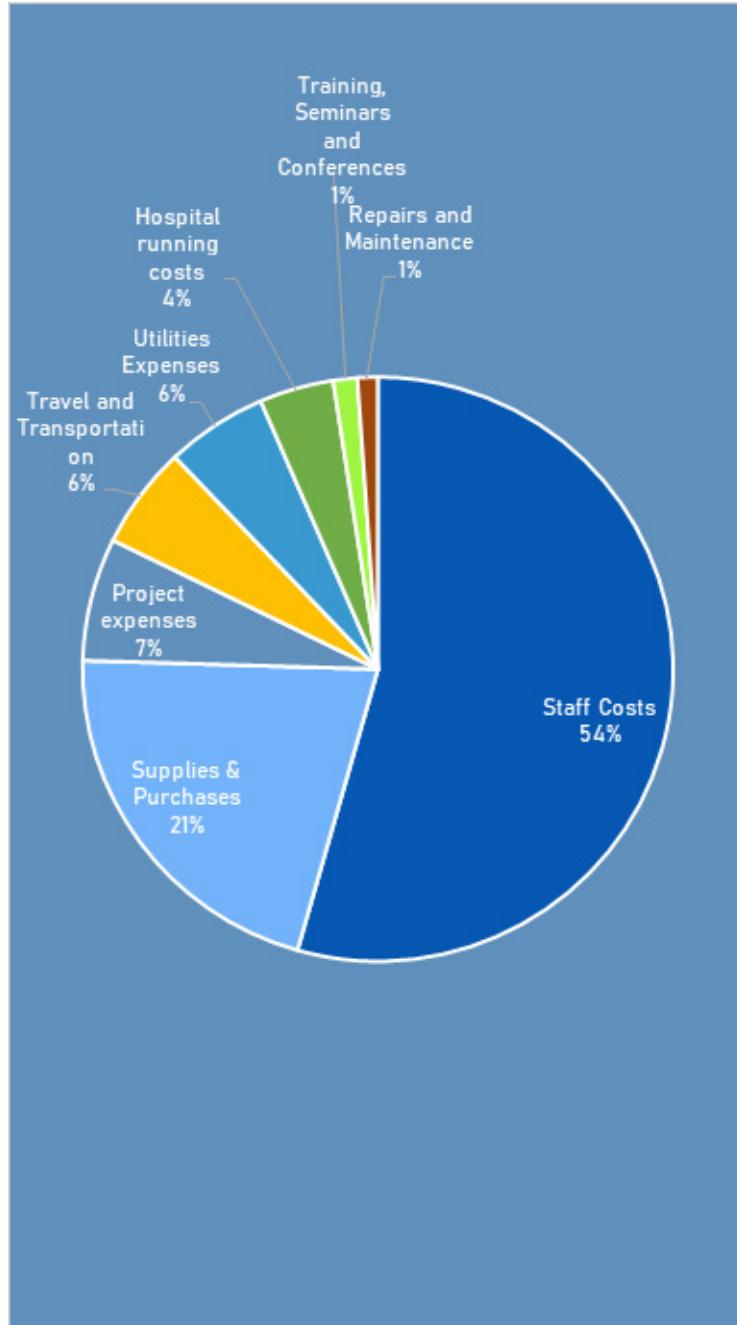
Payroll cost and related staff expenditure constituted more than  $\frac{1}{2}$  of the total hospital expenditure and nearly 72% of income generated from patient fees is used to cover payroll cost.

Close to 21% of total expenditure related to drugs and other supplies used mainly in direct patient care (Fig 5). Project expenses relate to direct donor financed projects within the hospital and the community.

The hospital has huge cost burden and the current volume of patients as well as affordability factors make it difficult to meet this cost. The finance department will continue to promote a culture of financial responsibility across the hospital and strengthen internal controls in 2020.

Direct Patient Care	2019 SLL (m)
Drugs & Pharmacy supplies	809,896
Laboratory supplies	158,190
Non-drug consumables	57,368
Stationeries & Printing	25,669
X-ray supplies	53,609
Patient feeding	39,113
<b>Total</b>	<b>1,143,845</b>

Operational cost	2019 SLL (m)
Staff Costs	2,951,958
Project expenses	369,318
Hospital running costs	221,014
Utilities Expenses	302,010
Travel and Transportation	307,109
Repairs and Maintenance	59,990
Training, Seminars and Conferences	71,672
<b>Total</b>	<b>4,283,070</b>



## 3.2.3 Stores & Procurement



The procurement and store units control a vital part of our health service delivery system. Again this year, the the store and procurement units collaborated effectively to improve the procurement processes



our services albeit without challenges. Procurement for both the hospital and the clinic was done monthly.

Non-availability of some essential supplies in the country and persistent increases in prices of goods by suppliers continued to hamper smooth operations of the unit. In this year, supplies and purchases accounted for about 21% of total recurrent expenditure.

### 3.2.4 Internal Audit

The Internal Audit unit plays a key role of evaluating the systems of control that operate within the hospital.

The unit monitors purchases, daily revenue collections, repairs and maintenance, fixed assets, inventory and store requisitions. The office also controls purchase of fuel for generators and vehicles which are key areas of expenditure in the hospital.

The Internal Auditor reports to the Health Service Administrator (HSA) and is responsible to the CEO on all operational matters. Annually, the hospital engages external audit firm to carry out general audit work.



## 3.3 MEDICAL DEPARTMENT

2019 was a positive year for the hospital as it witnessed an increase in numbers and activities as well as more stability of the post Ebola period. The medical department played an important role in this achievement and was very dynamic throughout the year. All the units under the medical department: the clinical, laboratory, pharmacy and X-ray units witnessed improvement in their activities in the course of 2019. I am particularly grateful for the contributions of various visiting teams of specialists who assisted the department in ways that would have lasting impact on the lives of many.



**Bro. Dr. Patrick Njungbung**  
(Medical Coordinator)

### 3.3.1 The Clinical Team



The medical team experienced some significant changes in its composition. Dr. Harrison IMINABO, a Nigerian Medical Officer, who joined the team at the beginning of the year to fill in the surgical gap, left the team at the end of the year. Sadly, the team also lost one of the longest serving employees of the hospital – SACHO Sulaiman Pizaro Kamara who passed away in November, 2019. Dr. Luis A. Shayo, a Tanzanian Gynaecologist also joined the team at the beginning of the year under the CUAMM project. Two members of

the team assigned to the Lungi clinic include Bro Michel EKE, a Cameroonian Brother and Medical Assistant and Mr. Alfred A. Lahai, a Community Health Assistant. The clinical team at the end of 2019 was made up of the following clinicians:

- Bro. Dr. Patrick Njungiyini Bung - Medical Coordinator, GP
- Dr. Andrew Temitope Ohiole Uwareme, GP
- Dr. Iminabo Harrison Isoboye, GP (Mar, 2019 – Dec 2019)
- Sulaiman P. Kamara - SACHO (Jan 2019 – Dec 2019)
- Bro Michel EKE, MA assigned to Lungi clinic
- Mr. Alfred Lahai, CHA assigned to Lungi clinic

In December, the hospital also recruited another Medical officer and is due to start work in January, 2020. The following Doctors were also assigned under the CUAMM project and complemented the work of the medical team specifically in obstetrics and gynaecology as well as general surgeries:



- Dr. Lius Ambrose Shayo, Gynaecologist.
- Dr. Paulo, General Surgeon (August 2019 – October 2019)

### 3.3.2 Volunteers and Surgical Missions

The following volunteers and surgical missions visited the hospital in 2019:

- German Orthopaedic and surgical teams who visited the hospital in five different groups during February, October, and November and December led by Dr. Markus Stumpf, Dr. Robert Schmid Dr. Artur Klaiber, Dr. Wolfgang Heller, Dr. Frijof Schmidt-Hoensdorf and Dr. Susanne Müller.
- Dr. Anna Cirera – Public Health Consultant for the Primary Health program
- Dr. Victoria Fumadó – Pediatrician, NGO, Africa Viva
- Two sets of pediatricians from Barcelona.

### 3.3.3 Medical Records



The hospital continues to face huge challenge in keeping pace with volumes of manual records of patients that the Records department has to keep. Some of the challenges include finding space to accommodate new records, filing and retrieval of records, and prevalent cases of missing records. In order to solve this problem, it is the goal of management to put in place an electronic patient record system. This is part of a broad aim to digitize the patient activity through a comprehensive hospital information management system (HIMS) in the medium to long term.

### 3.3.4 Laboratory Unit

The laboratory department is made up of the following functional units: Microbiology, Serology and immunology, Parasitology, Biochemistry and Blood bank. During the year, the staff at the unit comprised of five laboratory technicians, and two nurses (one as registration officer and the other as phlebotomist). One nurse serving sponsorship bond term also worked in the unit for six months.

In 2019, about 65,305 tests were done across all the units of the lab, egging our previous year figure by some 29%. The department received about 11,915 patients (52% of total hospital attendance in 2019).





## Highlights

- Ongoing staff capacity and resource upgrade program supported by the GlobalLAB organization based in Germany has had a significant impact on the laboratory department over the years and in 2019 as well. A lot of the focus during the year was directed towards training, mentorship and supply of much needed materials, reagents and equipment to the unit. The training was conducted by three German microbiologists from GLOBOLAB in November 2019 during a four week period.
- The hospital faces high demand for blood transfusion every year, and the laboratory unit strive to meet this demand. In 2019, the unit provided a total of 2,697 safe blood to patients, and about 74% of all transfusions were children (table 2).
- Blood culture was also added to the list of test carried out in the laboratory in 2019.
- There was significant improvement in supply of reagents this year compared to 2018 and this ensured smooth operations of the unit.
- The department however, suspended its electronic data management system during the middle of year due to malfunctioning of the software supported by the Probitas Foundation and as a result data was recorded manually.
- Utilization of laboratory services was highest at the Pediatric ward and outpatient departments during the year with Antenatal and Maternity ward sharing the lowest referrals (Fig. 6). Additionally, the Serology/Immunology and Haematology departments received more than half of all laboratory requests (Fig. 7). Table 2 below is a detailed list of all tests done in 2019.



## Challenges

- The information system of the laboratory crashed towards the end of the year leading to loss of data.
- Unstable electricity supply to the unit which posed great challenges to the storage of reagents and carrying out of cultures.
- There are a lot of losses incurred in the laboratory in the screening of potential blood donors in search of suitable and safe donors. Over 2000 donors were screened free (at the expense of the hospital)

## Recommendations

- Need to organize more internal training for the laboratory staff
- Improve the procurement system of the hospital to avoid frequent shortages of important laboratory reagents
- Conduct periodic blood donation campaigns.
- Find cheaper and standby solar energy to keep reagents in good temperature at all times.

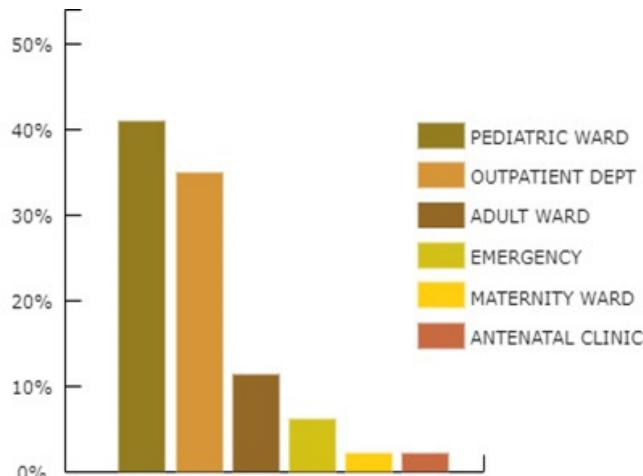


Figure 6: Laboratory requests by department

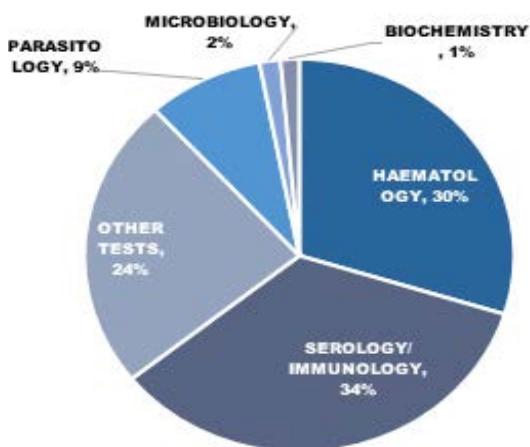


Figure 7: Utilization by Laboratory area

Table 2: Number of Lab tests by type

Test attribute	Number of tests
MALARIA SMEAR	8,393
RDT	7,228
WIDAL	7,140
HCT (HB)	5,557
HEPATITIS B	4,959
URINE R/E	4,765
BLOOD TYPE	4,112
FBC	3,410
H.PYLORI	2,887
VDRL/RPR	2,757
HEPATITIS C	2,577
GLUCOSE	2,484
HIV TEST	2,072
CHILDREN TRANFUSED	1,982
ADULT TRANFUSED	697
ESR	658
HCG/PT	657
SPUTUM FOR AFB	652
SICKELL CELL	423
STOOL R/E	217
All others	1,678



### 3.3.5 Radiology Unit

The Radiology unit provides an extensive radiology service to all patients attending SJOGH both on an in-patient and outpatient basis. The unit's dig-



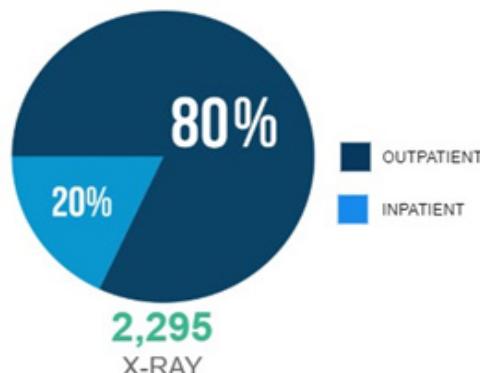
ital x-ray machine is one of the only three in the entire Port Loko district which results in a number of referrals.

The imaging modalities available include General Radiology and Ultrasound done by means of an ultrasound scanner at the outpatient consulting room. There is however, a Fluoroscopy at the theatre which is only being used by visiting orthopaedic surgeons. The Electrocardiogram machine was however dysfunctional for major part of year resulting in only 27 procedures done.

Total number of X-rays done in 2019 dropped by some 14% compared to 2018 perhaps due to reduction in number of pre-employment candidates from the SL Mining Company this year compared to 2018. No major technical issue or breakdown was encountered with the machine during the year. Routine maintenance was however done which normally involve huge cost as a result of non-availability of expertise in the country.

Utilization of services was mainly from the outpatient department. Of the total x-rays done during the year, 80% of the visits were from OPD and 20% from inpatient. Service utilization was also boosted due to visits of the ODW orthopedic teams during the year.

Likewise there was significant drop (about 68%) in the number of ultrasound scans in 2019 compared to 2018 due to non-availability of expertise for ultrasound scan. There is ongoing discussion with a Telemedicine clinic based in Spain to establish a possible relationship that will involve training, repairs of equipment and support to im-



prove the radiology department of the hospital.

### 3.3.6 Pharmacy Unit



The pharmacy department continues to be the “power house” of the hospital as its activities either directly or indirectly influence other units’ activities. Therefore, collaboration with other departments was at its peak throughout 2019 in order to ensure that they function effectively by providing them with what they need for patient care. No major challenges were encountered during the year as we continue to monitor supplies to this facility so as to avoid stocking of fake, counterfeited, substandard and expired products. We still encountered the problem of having unique brands of products in our facility which was a major challenge over the years.

In 2020, we shall put more priority on drugs/products that generate more income and whose consumption statistics continue to be high.

### Pharmacy Team

The pharmacy department had the following caliber of staff in 2018:

- Pharmacist – 1
- State Enrolled Community Health Nurses (SECHNs) – 2
- Auxiliary Nurses – 2, until around June when one of them left the institution because his contract was terminated. He was then temporarily replaced by a female nurse who volunteered to work for a period of six (6) months-until when she decided to leave by end of December 2019.



## Daily Drug Requisitions

The department remained open to our clients on a 24-hour basis throughout 2019. Daily pharmacy requisitions were prepared by the pharmacist and submitted to the hospital Administrator for approval. Following approval, the storekeeper prepared a consignment of the approved items which were later collected from the main store by one of the pharmacy staff on duty. The quantities of each item requested were then recorded on the “Daily activities form” at the dispensary under the supervision of the pharmacist.

## Dispensary activities/Drug management

Prescriptions are filled according to the directions of the prescriber and sometimes amended if there is any mistake/error after the pharmacist has notified the prescriber. Prescription filling is done by the pharmacy staff on duty and later verified by the pharmacist before such prescriptions are dispensed to the patients.

The dispensed items and their quantities are recorded in a ledger book and later collated before the final recording on the ‘daily activities at the dispensary form’.

A Data officer maintains a computerized database of all dispensed drugs – an excel spreadsheet is used to record items dispensed on a daily basis. By using a computer system, the data officer’s role is to record all drugs dispensed recording the client name, type of client, payment method, name of





Prescriber and quantity of each drug dispensed. This process is intended to further enhance drug management and determine a consumption pattern for drugs based on evidence.

## Performance Highlights

The pharmacy department maintains an effective drug management system that ensures that the hospital gets value for money whiles maintaining a continuous chain of product availability for our customers. Our clients are grouped into various categories depending on who pays for bills. Among the various group of clients, fee for service clients who paid direct cash constituted more than half (62%) of all drugs sales from the pharmacy. More than 30% of clients were either insured clients or are beneficiaries of some company, donor or religious medical scheme. Drug consumption by clients under the hospital's medical and charity scheme constituted about 4%. Income from sale of drugs constitutes about 60% of total patient revenues and thus the single most significant source of revenues for the hospital.

The unit received essential products through donation from organizations such as Caritas Freetown and also through projects from organizations such as Africa viva foundation foundation and Fundacion Heres. The control systems

of the unit was strengthened during the year and as a result no pilferage or theft case was identified during the year.

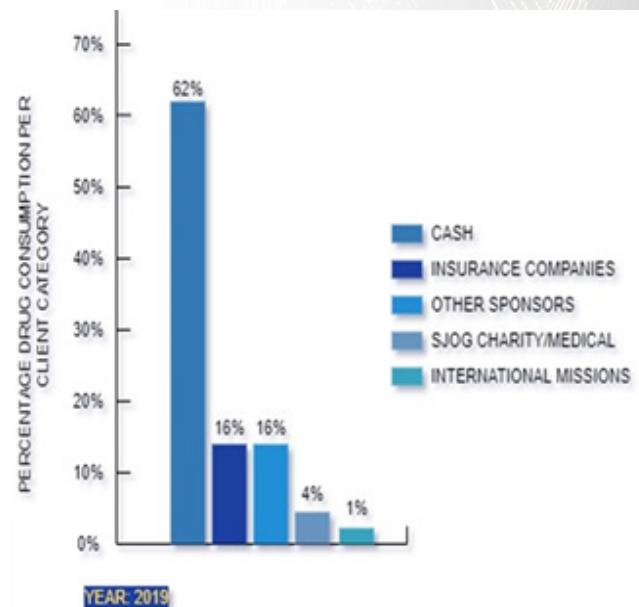
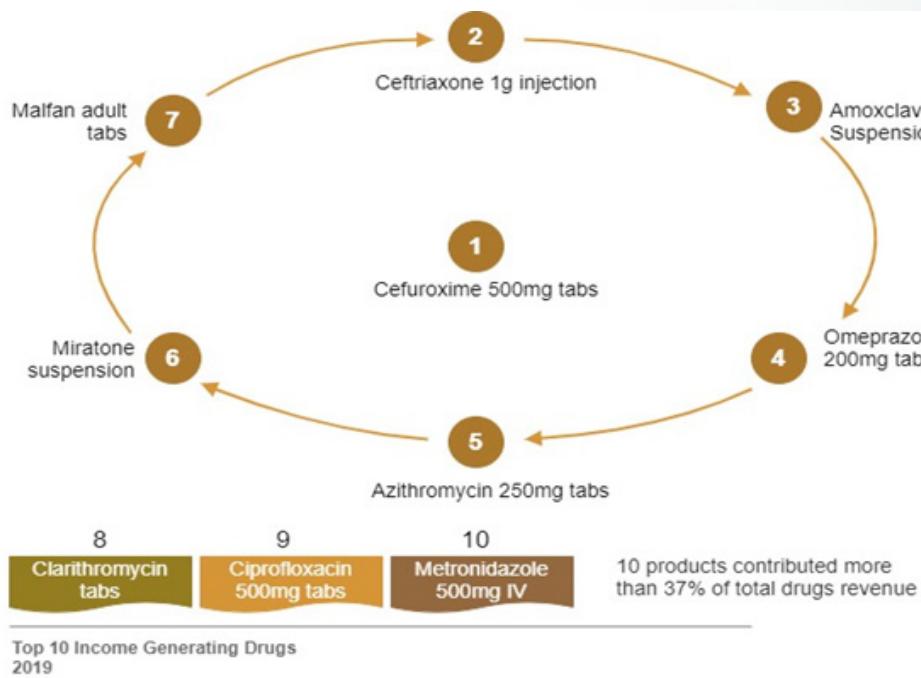


Figure 8: Drug consumption per client category, 2019





CHALLENGES	2020 OBJECTIVES
<ul style="list-style-type: none"> <li>• Lack of unique brands of products on the market</li> <li>• Lack of dispensers who have acquired pre-pharmacy experience</li> <li>• Frequent stock out of anti retroviral drugs, HIV test kits, and TB drugs</li> <li>• Frequent stock out of essential drugs due to delays in receiving orders from suppliers</li> </ul>	<ul style="list-style-type: none"> <li>• Continue in-service training for pharmacy staff and cashiers</li> <li>• Continue post market surveillance especially at inpatient pharmacy department</li> <li>• Strengthening monitoring and reporting system</li> <li>• Monitoring of adverse drug reaction and introduction of adverse drug reporting form to nurses</li> <li>• Strengthen collaboration with procurement department to resolve bottlenecks within the procurement process</li> </ul>

## Essential drug use

Below is analysis of sampled essential drugs consumption per month in 2019.

Table 3: showing Infusions– average stock dispensed per month

CATEGORY	PRODUCT DESCRIPTION	INFUSIONS
Infusions	Dextrose 5% (D5)-500ml	371
	Dextrose 50% (D50%)	38
	DNS (500ml)	892
	N/S (500ml)	694
	ORS	164
	RL(500ml)	692
	Water For Inj.	24

Table 4: showing Antidiabetic drugs - average stock dispensed per month

CATEGORY	PRODUCT DESCRIPTION	TABS/CAPS
Antidiabetic	Glibenclamide 5mg Tabs	541
	Metformin 500mg Tabs	1,563

Table 5: Anthelmintics – average stock dispensed per month

CATEGORY	PRODUCT DESCRIPTION	TABS/CAPS
Anthelmintics	Albendazole 400mg Tab	240
	Praziquantel 600mg Tabs	122

Table 6: showing Antimalaria drugs - average stock dispensed per month

CATEGORY	PRODUCT DESCRIPTION	VIALS/AMPOULES	TABS/CAPS
Antimalarial	Artemether 80mg Inj.	359	
	Artesunate 60mg inj	8,291	
	Fansidar Tabs		762



Table 7: showing Analgesics/Antipyretics &amp; NSAIDs – average stock dispensed per month

CATEGORY	PRODUCT DESCRIPTION	CREAM	VIALS/AAM-POULES	SUPPOSITORY	SUSPENSION	TABS/CAPS
Analgesics/ NSAIDs/ Antipyretics	Aspirin 75mg Tabs		1,316			
	Diclofenac 75mg Inj.		226			
	Diclofenac 75mg tabs					2,130
	Diclofenac Cream	50				
	Diclofenac Suppository 100mg			146		
	Ibuprofen 400mg Tabs					2,156
	Ibuprofen Suspension				21	
	Paracetamol 500mg Tabs					26,501
	Paracetamol Suppository 125mg			368		
	Paracetamol Suppository 250mg			256		
	Paracetamol Syrup					325
	Tramadol 100mg Inj.	176				

Table 8: showing Obs/Gyn drugs - average stock dispensed per month

CATEGORY	PRODUCT DESCRIPTION	VIALS/AM-POULES	Tabs/Caps	SUSPENSION
Obs/Gyn	Adrenaline Inj.	19		
	Dexamethasone 0.5mg Tabs		86	
	Dexamethasone 4mg Inj.	132		
	Ergometrine 0.5mg Inj.	24		
	Magnesium Sulphate 50% Inj.	92		
	Misoprostol Tab 200mcg		189	
	Oxytocin 10IU Inj.	198		
	Promethazine 25mg Tabs		786	
	Promethazine 50mg Inj.	148		
	Promethazine Syrup			6





Table 9: showing Antifungal drugs - average stock dispensed per month

CATEGORY	PRODUCT DESCRIPTION	BOTTLE	CREAM	SUSPENSION	TABS/CAPS
Antifungal	Clotrimazole Vaginal Tabs				429
	Cotrimoxazole 480mg Tabs				3,606
	Cotrimoxazole Suspension			16	
	Fluconazole 150mg Caps				53
	Funbact A Cream		40		
	Hydrogen Peroxide (200ml)	5			
	Ketoconazole 200mg Tabs				576
	Nystatin oral suspension			4	

Table 10: showing cardiovascular drugs - average stock dispensed per month

CATEGORY	PRODUCT DESCRIPTION	VIALS/AMPOULES	TABS/CAPS
Cardiovascular	Amlodipine 10mg tabs		2,248
	Atenolol 50mg Tabs		1,267
	Bendroflumethiazide 2.5/5mg Tabs		2,922
	Calcium Gluconate 10% Inj.	8	
	Digoxin 0.25mg tabs		235
	Furosemide 20mg Inj.	455	
	Furosemide 40mg Tabs		2,304
	Hydralazine Inj. 20mg	22	
	Lisinopril 10mg Tabs		3,519
	Methyldopa 250mg Tabs		1,723
	Nifedipine 20mg Tabs		5,453
	Spironolactone 25mg Tabs		1,779

Table 11: showing Vitamins/Minerals - average stock dispensed per month

CATEGORY	PRODUCT DESCRIPTION	VIALS / A M - POULES	SUSPENSION	TABS/CAPS
Vitamins & Minerals	Calcium Lactate 300mg Tabs			577
	Ferrous Sulphate Tabs			8,824
	Folic Acid 5mg Tabs			8,212
	Immunoboost Caps			840
	Multivitamin Syrup		23	
	Multivitamin Tabs			4,260
	Vitamin Bco Inj.	54		
	Vitamin Bco Tabs			4,186
	Vitamin C 100mg Tabs			9,941



Table 12: showing Anaesthetic drugs - average stock dispensed per month

CATEGORY	PRODUCT DESCRIPTION	VIALS/AMPOULES
Anaesthetics	Atropine 0.5mg Inj.	34
	Bupivacaine Inj.	76
	Fentanyl Inj.	31
	Ketamine Inj.	79
	Lidocaine 2% Inj.	26
	Neostigmine Inj.	18
	Suxamethonium Inj.	26

Table 13: showing Antibiotics – average stock dispensed per month

CATEGORY	PRODUCT DESCRIPTION	BOT-TLE	VIALS/AMPOULES	TUBE	BOT-TLE	TABS/CAPS	INFUSIONS
Antibacterials	Amox-clav 1.2g Inj.		101				
	Amox-clav 625mg Tabs					1,718	
	Amox-clav Suspension				227		
	Amoxicillin 500mg Caps					6,636	
	Ampicillin 1G Inj.		318				
	Ampiclox 500mg Caps					1,596	
	Azithromycin 500mg Tabs					1,959	
	Benzathine 2.4mu Inj.		40				
	Ceftriaxone 1g Inj.		584				
	Cefuroxime 500mg Tabs					1,173	
	Cefuroxime 750mg Inj.		73				
	Cefuroxime Suspension				114		
	Chloramphenicol eye drops	4					
	Chloramphenicol Suspension				100		
	Cimetidine 200mg Inj.		122				
	Ciprofloxacin 500mg Tabs					8,720	
	Ciprofloxacin Infusion						473
	Cloxacillin 500mg Inj.		114				
	Crystalline/Benzylpenicillin Inj. 1mu		245				
	Doxycycline 100mg Caps					1,769	
	Erythromycin 250mg Tabs					2,217	
	Erythromycin suspension				68		
	GV Lotion (28ml)	2					
	Metronidazole 200mg Tabs					15,960	
	Metronidazole Infusion 500mg						625
	Metronidazole Suspension				17		
	Penicillin ointment		2				

### 3.3.7 Primary Health Care



The PHC unit comprises the following sub units: Mobile Outreach Unit, Nutrition unit, Safe motherhood promotion unit, HIV/AIDS unit and Tuberculosis unit.

The mobile outreach clinic provides prevention and essential health care services to the doorpost of rural communities in three sites of the Mange Section (where there is no health facility) called Mange, Rokeika and Mammassa, whilst the Safe Motherhood promotes access for pregnant women to nonclinical maternal services and the hospital linkage to enhance safe deliveries.

In 2019, the hospital rolled out the revised PHC program following a thorough study in 2018 that sought to re-organising the Primary Health Care Unit and to redefine the strategies to be able to respond to the main needs and priorities, especially as far as RMNCAH is concerned.

#### The Mobile Outreach unit

##### Patient Attendance

Regarding patient attendance at the outreach clinic, table 14 shows the main diseases diagnosed by age group at Mange section during 2019. Malaria and respiratory tract infections by far constitute the highest proportion of diseases especially among children less than five years.

Table 14: Outreach disease conditions

Disease conditions	0-11m	12-59 m	5-15 years	16-35 years	36-58 years	59 years and >	Total	Total Re-ferrals
Malaria	114	130	70	72	19	12	417	4
RTI/ARI	119	100	10	12	6	0	247	0
Gastroenteritis	31	31	0	0	0	0	62	0
Malnutrition	4	6	0	0	0	0	10	0
Anemia	0	9	1	1	0	0	11	6
Measles	0	0	0	0	0	0	0	0
STDs	0	0	0	53	2	0	55	0
PUD	0	0	0	13	4	4	21	0
Skin infection	6	13	2	1	5	0	27	0
Enteric fever (suspected)	0	1	0	4	0	0	5	0
Hernia	0	2	0	0	2	0	4	0
All others	12	17	12	41	3	6	91	1
Total	286	309	95	197	41	22	950	11

Coverage of ANC visits for pregnant women during the outreach was also high for first visits exceeding our target of 127 women. However, declining numbers are recorded from second visit and significantly low number of women attend the ANC during 4th and 5th visits (Figure 9). The same trend is observed in Figure 11 regarding vaccination of pregnant women during ANC.

The results of children from 0-11 months and 12-23 months vaccinated at the outreach sites are shown in tables 15 and 16. Whereas, the coverage was quite high among children 0-11 months, only about 15% of children aged between 12-23 months completed a full course of vaccination against the most common diseases (BCG, DPT, Polio and Measles).

Figure 9

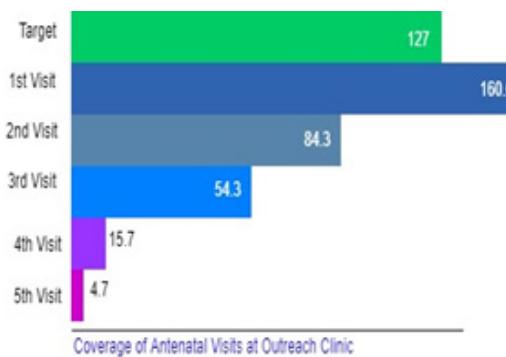


Figure 10

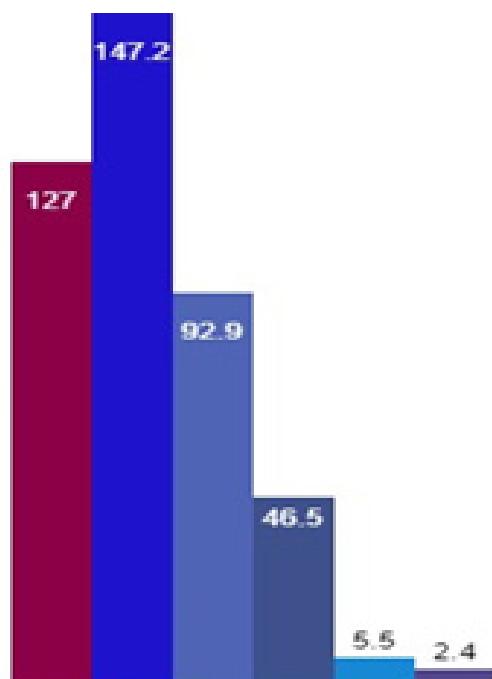


Table 15:

Target: 105 Children 0-11m			
Vaccination children 0-11m			
	Doses	Nº	Coverage
BCG		204	194.3
Measles	1	108	102.9
	2	28	26.7
OPV	1	168	160.0
	2	145	138.1
	3	90	85.7
Penta	1	168	160.0
	2	145	138.1
	3	90	85.7
YF		97	92.4
PCV	1	168	160.0
	2	145	138.1
	3	90	85.7
Rota	1	168	160.0
	2	145	138.1
IPV		108	102.9

Table 16

Target: 99 children 12-23m			
Vaccination children 12-23m			
	Doses	Nº	Coverage
BCG		0	0.0
Measles	1	22	22.2
	2	39	39.4
OPV	1	10	10.1
	2	18	18.2
	3	11	11.1
Penta	1	10	10.1
	2	21	21.2
	3	9	9.1
YF		21	21.2
PCV	1	10	10.1
	2	18	18.2
	3	11	11.1
Rota	1	10	10.1
	2	19	19.2



## HIV/AIDS Unit

Sierra Leone has a mixed HIV epidemic, with estimated 54,000 people living with HIV in 2014 and an adult (15-49 years) prevalence of 1.4% as compared to the national prevalence rate of 1.5%. In the same year, 4,300 children under the age of 15 were living with HIV (National Strategic Plan on HIV/AIDS 2016-2020). In total 207 patients at the hospital tested positive in the year (about 11.1% of population tested for HIV). Among patients who tested positive, adults (Adults>14 years, constituted about 91.8%).

Whereas, the goal of the 2016 – 2020 HIV and AIDS Strategic Plan is to achieve zero new infection, zero discrimination and zero AIDS related deaths, it is known that access to ARTs continue to be a challenge in the country. At SJOG Hospital, supply of ARTs was irregular during the year, and at national level, less than one third of the estimated number of people living with HIV are on antiretroviral therapy. At SJOG hospital, 17.0% of TB patients tested for HIV in 2019 were positive and it is estimated that 13% of people living with HIV in Sierra Leone are coinfected with tuberculosis. Additional information about HIV/AIDS interventions by target population are shown in table 17.

Table 17: HIV/AIDS activities in 2018

ENTRY POINT	HIV COUNSELLING & TESTING	Adults>14y		Children 0-14y		%
		No.	M	M	F	
General hospital patients	Total No. of general patients	17,430	3,958	8,831	2,318	2,323
	CT No. Pre-Test	918	416	450	20	32
	CT No. Tested	917	416	450	19	32
	CT No. Tested Positive	156	54	94	2	6
	CT N° Post-Test	917	416	450	19	32
Pregnant women attending ANC	Total no. of Pregnant women	1,793		1,790		3
	N° pregnant women HIV positive before pregnancy			13		0
	PMTCT No. Pre-Test	750		745		5
	PMTCT No. Tested	750		745		5
	PMTCT No. Tested Positive	21		21		0
	PMTCT No. Post-Test	750		745		5
Maternity	N° deliveries at SJOGH	540		540		0
	N° deliveries at SJOGH without HIV test	329		329		0
	No of women tested during labour/delivery at SJOGH	54		54		0
	No of women tested positive during labour/delivery at SJOGH	2		2		3.7%
Children	N° Tested for HIV	52			20	32
	N° Tested HIV Positive	8			2	6
TB patients	N° TB cases	210	114	70	15	11
	N° Tested for HIV	47	28	14	3	2
	N° Tested HIV Positive	8	4	3	0	1
Others VCT	N° Tested for HIV	48	24	21	1	2
	N° Tested HIV Positive	8	2	5	0	1
YEAR TOTAL	N° Tested for HIV	1,868	468	1,284	43	73
	N° Tested HIV Positive	207	60	130	4	13
	N° Partners being tested	213	65	148		
	N° Discordant partners/Couples	2	1	1	0	0



## Tuberculosis Unit

Sierra Leone is considered a high TB burden with 17,169 TB cases in 2018 (WHO, 2018) and an estimated incidence rate of 298 (191–427) per 100,000 population. At SJOG hospital, 114 cases were diagnosed in 2019 and there are presently 325 patients being followed up at Marampa chiefdom. During this period, 22.8% of cases were extra pulmonary TB and 4 deaths were registered (Table 18).

Table 18: Screening and treatment of TB cases

MONTHS	No. Patients Screened	No. Positive cases	%	Extra Pulmonary	%	Transferred in	Deaths	Follow-ups	Failed to Follow-up	Co-infection	Referred	%	On Treatment in Marampa
Jan	43	11	25.6%	1	9.1%	3	0	0	0	0	3	27.3%	8
Feb	44	10	22.7%	1	10.0%	3	0	1	0	0	6	60.0%	3
Mar	43	11	25.6%	5	45.5%	4	0	18	37	0	1	9.1%	8
Apr	28	8	28.6%	1	12.5%	1	0	46	12	1	4	50.0%	4
May	87	22	25.3%	5	22.7%	0	0	14	7	1	4	18.2%	8
June	52	5	9.6%	3	60.0%	2	0	31	7	0	3	60.0%	0
July	18	5	27.8%	1	20.0%	2	0	26	14	0	2	40.0%	2
Aug	39	11	28.2%	2	18.2%	1	0	31	15	0	4	36.4%	6
Sep	50	6	12.0%	0	0.0%	1	0	36	7	0	0	0.0%	4
Oct	49	10	20.4%	2	20.0%	1	1	46	4	3	3	30.0%	8
Nov	40	8	20.0%	1	12.5%	1	0	35	5	0	0	0.0%	4
Dec	38	7	18.4%	4	57.1%	1	3	41	7	1	1	14.3%	4
<b>TOTAL</b>	<b>531</b>	<b>114</b>	<b>21.5%</b>	<b>26</b>	<b>22.8%</b>	<b>20</b>	<b>4</b>	<b>325</b>	<b>115</b>	<b>6</b>	<b>31</b>	<b>27.2%</b>	<b>5</b>

## Nutrition Unit



The Nutrition unit of the PHC program at SJOGH was started in mid-2018 to complement the efforts of the district nutrition program. The program is currently supported by NGO Africa Viva and has recruited a Nutritionist since June 2018.

The Sierra Leone National Nutrition Survey of 2017 conducted on a total of 9,069 children aged 6–59 months from 9,469 households, found a prevalence rate of 5.8% Global Acute Malnutrition (GAM), based on weight-for-height Z scores (WHZ) in Port Loko. Prevalence of global stunting based on height-for age Z score reached 27.7% (Health Assessment in catchment community of SJOGH, 2018). A similar study was conducted in 2016 in five villages of Mange section by the SJOG hospital with a small sample of 198 children (76.5% of the total children aged from 6–59 months). The prevalence rates of wasting and stunting were higher; the GAM based on MUAC was 6.6% compared to the 4.4% rate from the results of the national survey 2017.



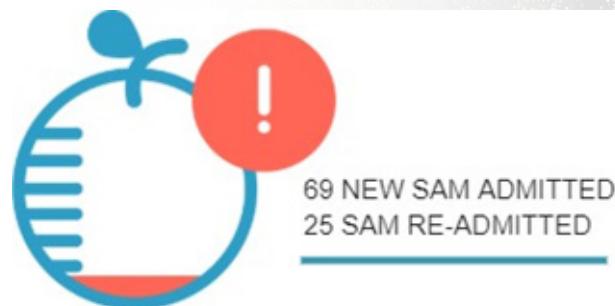
In 2019, 6,341 children U5 were registered in the U5s register of the Hospital. 5,566 children were between 6 to 59 months of age and were therefore eligible to be screened for malnutrition. Out of those eligible, 5,405 children were screened for malnutrition suggesting 97% effectiveness of the screening process in the hospital (See Table 19).

Table 19: Screening of Anthropometric Measurement, 2019

Indicators	Total
Under 5	6,341
Males	3,329
Females	3,012
Under 6m	755
No 6-59M Children	5,566
No 6-59 Screened	5,405
% 6-59 Screened	97%

Table 20: Results from Anthropometric Measurement, 2019

Measurement	Total
No. (6-59) Screened	5,405
MUAC <115mm	101
OEDEMA	0
No SAM	90
% SAM	2%
MUAC <125mm &>115mm	313
% MAM	6%



Out of the 6,341 children screened, 101 cases presented MUAC less than 115cm and no oedema case was recorded. The SAM and MAM incidences in the population screened was 2% and 6% respectively during the year (Table 20).

Table 21 shows SAM cases at the Paediatric ward during 2019. A total of 94 cases of SAM were admitted during the year (comprising of 69 new SAM cases and 25 re-admission cases). Five deaths were recorded majority of deaths occurring in the 6-23 months age category.

Table 21: SAM cases admitted (Oct – Dec 2018)

Indicators	6-23 M	24-59 M	Total
SAM admitted	71	23	94
Deaths	4	1	5
Positive appetite test	48	12	60
Received RUFT Treatment	52	14	66
Receive RUFT Treatment (1-F75) Milk	12	4	16
Continuous Treatment upon discharge	4	5	9
SAM cases cured	0	0	0
RUFT Treatment Defaulted	0	0	0



## Safe Motherhood Promotion Unit

The Safe motherhood Promotion Center, and now often called by its participants as the “Pregnancy School” is a friendly call-in center for pregnant women and women of child bearing age. It is a friendly, confidence building environment established for pregnancy related services. It was founded in 2016 and its activities have since been funded by NGO Africa Viva in Spain. The



aim of this intervention is to make provision for all women who are pregnant, desire to become pregnant or vice versa, to gain relevant information about pregnancy, childbirth, childcare, fertility health and also birth control in order to reduce women and child mortality to the minimum.

The center has no clinical facilities, but merely provide teaching and learning sessions to its clients on pregnancy and social related topics whilst also allowing feedbacks from these clients on their individual experiences. There is also provision for confidential discussions with those who opt for it on issues bothering clients that require private hearing in one of the rooms in the center. Activities of the center are summarized in tables 22 and 23 below.

Table 22: Maternal data of pregnant women who visited the center in 2019

MATERNAL DATA		N°	%
PARITY	1 CHILD	N°	49
	%	12.3	
	N°	113	
	%	28.3	
	N°	54	
	%	13.5	
AVERAGE NO. OF VISIT TO THE S.M BEFORE DELIVERY		N°	
WOMEN WITH 4 ANC VISIT BEFORE DELIVERY		N°	43
N° DELIVERIES EACH MONTH	TOTAL	N°	50
	INSTITUTIONAL	N°	47
	%	94	
WOMEN WITH BIRTH PLAN WHO DELIVERED		N°	47
WOMEN WITH 3 PNC VISITS AFTER DELIVERY		%	94
MATERNAL DEATHS		N°	24
NEONATAL DEATHS		%	48
MATERNAL DEATHS		N°	0
NEONATAL DEATHS		N°	1

As seen in table 22, majority of the women (28.3%) who visited the safe motherhood center in 2019 had between 2-4 children. Of significance however, is that 90% of the women completed four ANC visits indicating adherence to the training and education provided at the center. Among women who visited the center, 50 delivered during the year and 47 (94%) of them delivered at a health facility. There was no maternal death whereas 1 neonatal death was recorded.

Since 2016, as seen in table 23, a total of 1,555 women have joined the safe motherhood program. 399 women joined in 2019 of which 87% of them were resident in Lunsar. Among women who joined the program in 2019, more than (53.1%) were within 21-30 age bracket and close to half (47.1%) of the women were engaged in some petty trading as their main economic activity.



Table 23: General information on activities of the center 2016-2019

GENERAL INFORMATION		
TOTAL N° WOMEN WHO JOINED THE PROGRAM (2016-2019)	N°	1555
TOTAL N° WOMEN WHO ENTERED THE PROGRAM IN 2019	N°	399
TOTAL N° WOMEN STILL IN THE PROGRAM (2016-2019)	N°	1555
TOTAL NO. OF WOMEN WHO GRADUATED IN 2019	N°	0
NO. OF WOMEN FROM LUNSAR WHO ENTERED THE PROGRAM IN 2019	N°	347
	%	87.0%
AGE OF THE WOMEN WHEN THEY ENTERED THE PROGRAM	<15 years	N° 0 % 0.0%
	15-20 yrs	N° 104 % 26.1%
	21-30 yrs	N° 212 % 53.1%
	31-40 yrs	N° 80 % 20.1%
	ABOVE 40	N° 1 % 0.3%
OCCUPATION OF THE WOMEN WHEN THEY ENTERED THE PROGRAM	STUDENT	N° 58 % 14.5%
	TRADER	N° 188 % 47.1%
	FARMER	N° 18 % 4.5%
	H/WIFE	N° 105 % 26.3%
	OTHERS	N° 30 % 7.5%

## Welfare & Insurance Scheme

The Safe motherhood's group business activity for the promotion of a pregnancy insurance scheme was launched in October 2016. Registration of interested pregnant women and suckling mothers, further sensitisation and formation of groups continued until February 2017 with a total of four groups formed. The Welfare and Insurance scheme of the Safe motherhood program is very much voluntary and only seek to ensure economic empowerment and access to affordable healthcare.

The Welfare Scheme: as at the end of the 2019, there were 3 active groups in the Welfare scheme. The original concept was developed to empower the members financially so as to be able to engage in micro economic activities within the framework of small business and income generation to help them meet with their domestic demands in relation to pregnancy and motherhood welfares. The contributions are categorized into shares. Each share goes at Le 5,000 per biweekly and a total of four shares is the optimum number of shares that can be bought per person. With this arrangement, one share costs SLL 10,000 per month, two shares is SLL 20,000 per month and so on, up to Le 40,000 maximum per month. Provisional accounts have been set up for each group to allow safe deposit of moneys paid by clients whilst proper documentation is maintained. Signatories to the accounts are the group Leaders, Secretaries and Treasurers of each group.

The Insurance Scheme: Here, all members of the scheme's registered groups are contributing the

sum of SLL 5,000 per month as an insurance cover to meet certain ailments for pregnancies and newborn within the scope of 1yr after birth. Group members contribute for a period of 6 months before the insurance benefits could be assessed. Table 24 below shows activities of the insurance and social welfare scheme.

Table 24: Insurance and social welfare scheme activity

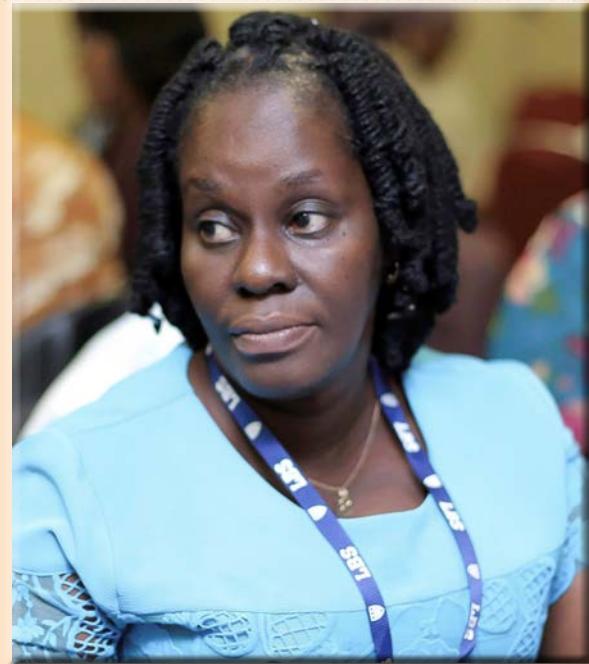
INSURANCE SCHEME & SOCIAL WELFARE		
<b>Nº SOCIAL WELFARE GROUPS</b>	ACTIVE	3
	TOTAL	8
Nº WOMEN STILL IN THE SOCIAL WELFARE		113
AVERAGE Nº MONTHS WOMEN PARTICIPATED IN THE SOCIAL WELFARE SM		12
TOTAL AMOUNT OF MONEY CONTRIBUTED TO THE INSURANCE SCHEME (5000)		5,525,000
TOTAL MONEY SPENT AT THE HOSPITAL		0
BALANCE		5,525,000
Nº OF WOMEN WHO INVESTED THE MONEY OF SOCIAL WELFARE BY MONTH		15
AVERAGE MONEY INVESTED FOR INCOME GENERATING ACTIVITIES		300,000
Nº WOMEN JOINING A SUBSEQUENT SOCIAL WELFARE GROUP		0





## 3.4 NURSING DEPARTMENT

I congratulate our team of nursing staff on achieving another year filled with exciting changes and progress on our journey toward nursing excellence. As we review our work done, we reflect on the results of our hard work, taking place on our units and the commitment, dedication and skills. As you know, the healthcare environment is changing rapidly. St. John of God Catholic Hospital Sierra Leone nursing division must evolve and stay agile to meet the challenges, patient demands taking into consideration the traditional beliefs and practices that sometimes interfere with the services we provide. At the same time, we must also continue to elevate the professional practice of nursing. I wish to personally thank each and every one of our nurses for their commitment to excellence in their professional practice. The energy is palpable, and I know that we are well on our way to achieving nursing excellence. Please take a moment to consider how much of an impact you make on our patients and our community. Day in and day out, you are healing and saving lives. There are so



**Ms. Sylvia Jabbie**

(Nursing Administrator)

many committed and dedicated nurses here at St. John of God Catholic Hospital and I want each of you to know that I am extremely proud to work with you and serve you. Thank you for all you do!

### 3.4.1 Duty reports



Nurses write reports for every shift covered and their reports on the daily activities of the units are submitted to the matron. It is also worth sharing that the report writing skills of the nurses has improved.

### 3.4.2 Nurses meetings

All Nurses meet every Thursday. The nurses have been highly participating with genuine concerns, sharing lessons learned and necessary suggestions. These meetings are held weekly in order to create a forum for all the nurses to meet.

Some challenges reported are promptly addressed, whilst others are documented as action points.



### 3.4.3 Staff Strength

Challenges relating to nurse staffing was at its minimum during this reporting period. SECHN cadre of nurses constituted the largest number of nursing staff during the year. As seen below, we had a total of 83 SECHNs within the department; 30 of them worked for about 6 months serving bond and volunteer terms. 6 SECHNs are currently on study leave and the department worked with 77 active SECHNs during the reporting period.

### 3.4.4 Capacity Building

We are particular about creating work environments that promote the academic progression of our nurses. Thus we support nurses' effort to upgrade and continue their work with update knowledge and skills. During this reporting period, the staff attended several trainings; internal conducted by a resident partner doctors with Africa (CUAMM) and the institution and external conducted by partners. Nurses from different units as appropriate attend these trainings and on their return present written reports. Based on the skills and knowledge acquired, nurses are also encouraged to cascade all trainings to colleagues in their different units.

### 3.4.5 Educational opportunities



Nurses here have an extraordinary opportunity to advance their nursing education. Our Nursing school provides our nurses with tuition, certification and diploma for courses and support an environment in which academic progression is highly valued, including scholarships and study leave with pay.

This year, four of our nurses were enrolled in to pursue Diploma in Registered Nursing (RN) at the St. John of God School of Nursing.



### 3.4.6 Clinical Placement

During this year, nurses in training doing State registered nursing (RN) and Community health nursing (SECHN) and midwifery were sent to the hospital for clinical placements at different times. They were allocated to different units in the hospital in three shifts. These nurses were supervised by the nurses on the wards, their clinical instructors and the matron to ensure that they achieve their expected competencies. The students also benefit from training sessions that are planned by the matron during their clinical placement in the hospital.



CHALLENGES	OBJECTIVES
<ul style="list-style-type: none"> <li>Patient waiting time needs improving at the outpatient</li> <li>Inadequate essential materials, instruments and equipment</li> <li>Delays in repairs or replacement of damaged equipment or instruments</li> </ul>	<ul style="list-style-type: none"> <li>To be recognized and celebrated within our community as the gold standard for nursing excellence</li> <li>Provide ongoing leadership development coaching for unit supervisors</li> <li>Enhance opportunity for continuous nursing education for all nurses</li> <li>Increase all nursing staff knowledge regarding the use of evidence in nursing practice.</li> <li>All will practice within the scope of state practice act.</li> <li>Support nursing staff career coaching/succession plan</li> </ul>

Nursing Department Challenges & Objectives

## 3.5 PASTORAL CARE & BIOETHICS

The pastoral care team is a body that sees into the pastoral or spiritual needs of the patients and workers. The group's activity which in the past included addressing social needs of patients, especially those who could not afford their bills have since 2018 been focused on its core mandate of attending to the spiritual needs of patients and staff.

Social welfare of patients is now handled by a separate group including a Brother of the community, the Financial Administrator and Hospital Administrator. Its composition is intended to ensure quick and effective assessment of the social and financial status of patients who need assistance.

### 3.5.1 Composition of Pastoral Team



In 2019, management appointed a Chaplain for services – Fr. Manasseh of the Josephite Fathers in Lunsar joined the team as the new Chaplain and Ms. Margaret Kamara has been included as member of the team to represent the Nursing school:

- Bro. Nestor Banboye (Leader)
- Fr. Manasseh Ioryue (Chaplain)
- Mr. Joshua sandy (Member)
- Mr. Kizito kamara (Member)
- Ms. Hajaratu Bah (Member)
- Ms. Margaret Kamara (Member, representing the Nursing School)

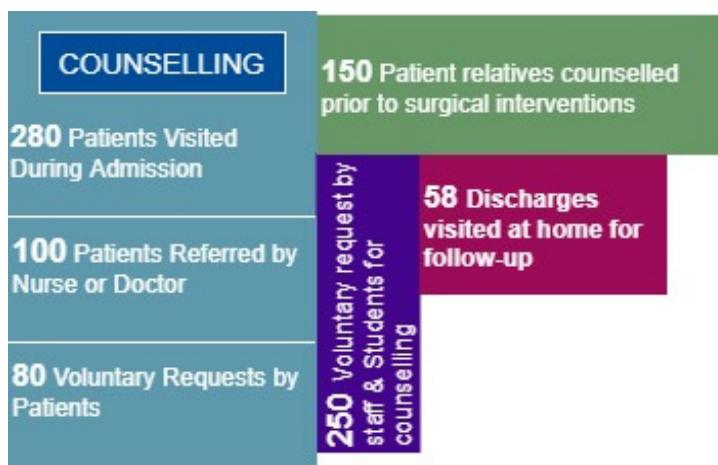
During the year, the pastoral team was active in organizing morning sessions prayers at the outpatient department, visitations to inpatients to provide spiritual care and assisting in a wide range of interventions such as acquiring blood for transfusion and counselling patients with sicknesses that have social implications.



### 3.5.2 Performance highlights, 2019



- Organizing daily Morning Prayer session sat the outpatient department and every Friday morning was allotted to the Muslim prayers bringing into limelight our belief in religious diversity.
- Visitations to inpatients who need spiritual assistance and those with other challenges such as acquiring blood for transfusion, patients with complications, patients with sickness that have social implications such as TB, HIV, Mental or psychological problems.
- Organized orientation for newly recruited staff on the history and values of the order.
- Organized various activities including the distribution of gift items to staff and patients during the feast days.
- The pastoral team participated actively in the blood donation campaign organized by CUAMM. The team also facilitated the payments of about 500 children and 51 pregnant women who could not afford their blood transfusion cost



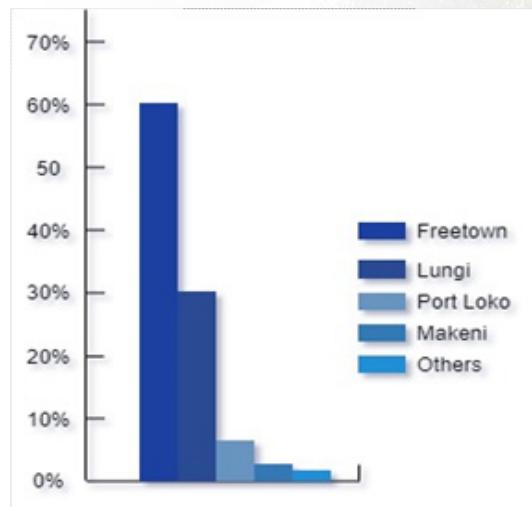
Pastoral Team  
Counselling activity, 2019

## 3.6 GENERAL SERVICES

The General services department provides a full range of support services in an integrated manner that both enhances the patients experience and supports the various other department of the hospital to function effectively. The department comprises the following sub units:

- Estate, Maintenance and Transport
- Catering
- Sanitary
- Laundry

mainly include fuel cost, repairs and maintenance of vehicles, foreign travels and other travel expenses



*Fig 11: Local travel destinations, 2019*

The Maintenance department continue to serve as a direct resource to the hospital in providing a safe, functional, supportive and effective environment for patients, staff members, and individuals who use our facilities. The unit currently has 5 staff including one Labourer, one Plumber, one Plumbing assistant, one Electrician and a Masonry technician.

### 3.6.2 Catering, Cleaning, & Laundry

The unit plays a key role in facilitating transportation of staff members, visitors and volunteers. As at the end of the year, the unit had five drivers. Three contracted by the hospital, one volunteer and a support driver from the CUAMM project. In December 2019, the Driver for SJOG CHC in Lungi was transferred to Lunsar as a result of work demands. The transport unit constitute one of the major areas of expenditure for the hospital – about 7.2% of annual operational cost of the hospital. This

Two trained and experienced cooks are responsible for catering in the hospital. Catering service is provided daily to all inpatients and meals are served once a day during lunch as part of the inpatient day fee. During the year, we revamped the operations of the hospital canteen to serve as additional source of food to patients, staff and visitors. A proposal to construct a kitchen for patient relatives was not realized during the year due to funding challenges. This will remain a key area of focus in 2019 so as to provide space for patient



relatives who prefer to prepare their meals at the hospital whilst the patient is on admission.

The sanitary unit continue to play a key function for the hospital albeit without challenges. The unit has a distinctive role, with regards to its functions of cleaning the entire hospital, infection control and sanitation. Having to work with 10 staff (comprising of 6 females and 4 males) was quite challenging at some times of the year due to the complex nature of the task and the inhibit problems faced with patients and relatives who have limited familiarity regarding the use of facilities such as the water closet and shower. Final disposal and management of waste is by means of a disposal pit and incinerator.

The Laundry unit is of utmost importance to the hospital and serves to provide clean materials to the patients. The unit currently has one staff who is assisted on daily basis by the Mortuary attendant to ensure optimum use of employees work hours. The unit has only two functioning laundry machines but has no Dryer machine and linens are dried by means of drying ropes.

### 3.6.3 Security & Fire safety

The hospital maintains a very active security service with the objective to provide a safe and secure environment for all patients, staff and visitors.

The unit has 9 dedicated and committed security officers, recruited mainly from the community and locally trained by the hospital. The security team assist in additional functions such as:

- Helping and escorting patients where necessary.
- Receive visitors and provide directions.
- Receive goods, letters and other wares delivered to the hospital.
- Manage operations of the generator and solar system during off hours.

For fire safety purposes, the hospital is fully equipped with fire extinguishers and anti-smoke detectors at key locations. In 2019, there was one fire incident close to the Nursing school, sparked by an indiscriminate wild fire but was successfully put out by the swift intervention of personnel from the Mining Company. Installation of fire safety equipment at the Nursing school was completed during the year.





## 3.7 CAPITAL PROJECTS & DEVELOPMENTS

The Capital Projects office oversees several Capital development and programme for the MAB. Our donor partners and benefactors have been very supportive in ensuring that this key department continues to deliver on its core mandate. During the year, a number of projects and developments were undertaken in all of the three centers through the support of various partners, and our donor community.

### 3.7.1 Status of Projects and Programs Commenced in 2019

Table 25: SJOG Hospital Status of Projects & Programs

NO	PROJECT/PROGRAM	FINANCED PARTNER	VALUE	STATUS
1	Electrification Hospital Buildings	GENERAL CURIA, ROME	€56,700	Completed
3	Replacement of Solar Batteries	-	-	Seeking funding
4	Construction of Central Sterilization Supply Department (CSSD)& Patients Relatives' Kitchen	MANOS UNIDAS, SPAIN	€27,160	Completed
5	Development of PHC Program	JUAN CIUDAD, SPAIN	€4,786	Continued Implementation
6	Improvement of water supply system	FuR SIERRA LEONE	\$18,987	Completed
7	Implementation of Safe motherhood & women empowerment Program	AFRICA VIVA FOUNDATION, SPAIN	€46,600	Continued Implementation
8	Implementation of Malnutrition Program	HOSPITAL INFANTIL, BARCELONA SPAIN	€39,396	Continued Implementation
9	Renovation of Emergency Treatment Room	AFRICA VIVA FOUNDATION, SPAIN	€4,360	Completed
10	PPEs Support	PHARMAMUNDI, SPAIN	€25,100	Completed
11	Free Medical Care for Under-fives	TWINNING-APADRINA SPAIN	€64,150	Continued Implementation
12	Installation of Oxygen Production Plant	AZIMUT 360, SPAIN	€31,558.15	Completed
13	Improving Infection control in the hospital	HOSPITAL INFANTIL, BARCELONA	€11,606.46	Completed
14	Training of Nurses & Midwives on Human Rights	MANOS UNIDAS, SPAIN	€19,008	Completed
15	Improving data management and storage in the hospital	HOSPITAAL BROEDERS NETHERLANDS	€6,754	Completed



Table 26: SJOG School of Nursing – Status of Projects &amp; Programs

NO	PROJECT/PROGRAM	FINANCED PARTNER	VALUE	STATUS
1	Training and Capacity Building for Teaching Staff	CAMPUS DOSCENT, SPAIN	€ 350	Completed
2	Twinning support to School	CAMPUS DOSCENT, SPAIN	€ 40,000	Continued Implementation
3	Renovation of Classroom Blocks	CAMPUS DOSCENT, SPAIN	€1,000	Completed
4	Internet Service and E-learning for Students	CAMPUS DOSCENT, SPAIN	€650	Completed
5	Training of Registered Nurses	CAMPUS DOSCENT, SPAIN	€ 2,560	Continued Implementation
6	Training of Registered Nurses	BR. JOSEPH & BENJAMIN CHARITY CO, USA	\$5,000	Continued Implementation
7	Improvement of Ventilation in Lecture Halls	LA CAIXA BANK	€1,000	Completed
8	Training of Registered Nurses	AFRICA VIVA FOUNDATION, SPAIN	€14,700	Continued Implementation
9	Training of Registered Nurses	HOSPITAALBROEDERS, NETHERLANDS	€16,288	Continued Implementation
10	Training of Registered Nurses	AGERMANAMENT SOLIDARY ESPLUGES, SPAIN	€ 1,220	Continued Implementation
11	Installation of fire extinguishers	CAMPUS DOSCENT, SPAIN	€ 450	Completed

Table 27: SJOG Health Center, Lungi – Status of Projects &amp; Programs

NO	PROJECT/PROGRAM	FINANCED PARTNER	VALUE	STATUS
1	Renovation of Staff and Brothers Quarters	-	€37,327	Seeking funding
2	Construction of Patients Relatives' Kitchen	AYUNTAMIENTO DE LAGUNA DE DUERO	€ 3,742.69	Completed

### 3.7.2 Special Income Generating Projects

There are two income generating ventures operated to complement the services of the hospital. The goal is provide a holistic point of service that addresses the patients, staff and the population needs.

#### Hospital Canteen

The hospital canteen provides an additional avenue of catering services for patients, staff, as well as visitors. During the year, the canteen focused mainly on retail services – serving meals, retail drinks and a few event catering services. So far, the canteen has been a moving success and there are plans to continuously improve its operations in 2020.

#### Granada Water Factory

The Granada Water Factory was established about seven years ago through a loan facility. The goal was to provide an alternative income generating project to support the hospital and the Brothers' community. The factory is the main source of reputable drinking water for the hospital staff, patients, the Brothers and the community. Its sales van delivers supplies to far distant towns within the Port Loko district.

The factory is currently managed by the Brothers' through the Superior of the Community. It employs six staff (one Driver, two Sales persons and three Production personnel). The success of the Grana-

da factory, encouraged the construction of a second factory in Lungi thanks to funds received from Fundacion Zero 7 in 2017.





# 4.0 ANALYSIS OF ACTIVITY DATA

## 4.1 Patient Attendance



Patient attendance at both outpatient and inpatient departments of the hospital has been on increasing trend since 2015 (Fig 12), pushing closer to the pre Ebola record (about 28% and 32% lower at the outpatient and inpatient departments respectively). The health system in the country has been on a slow recovery almost four years since the outbreak of Ebola. The problem has been further compounded by economic factors affecting household incomes of the population. With enormous support from partners, various programs implemented by the hospital over the years have had significant effect on patient attendance. Key highlight include periodic visiting specialist teams from Europe, free maternal delivery services (implemented since 2015), and free treatment for under-fives supported by Apadrina fund.

Total outpatient visits during year was 23, 357 patients and 5,795 were admitted. Close to half (48%) of total admissions at the hospital in 2019 were children between the ages of 1-9 years (Table 29). Whereas, at the OPD adults between the ages of 18-50 constituted highest

(54%) population of hospital visits (Table 28).

Children under five accounted for 50% of total inpatient deaths and almost 57% of deaths in the emergency. More than ¼ of under-five deaths occurred during neonatal period with neonatal sepsis being the leading cause of neonatal deaths during the year. Nearly 70% of deaths were under-fives resulting mainly from severe malaria. Death rate at the paediatric ward was 4% compared to total discharges and about 55% of them were males.

Inpatient Activity		
	Admissions	Discharges
Inpatient	5,795	5,619

Outpatient Activity		
	New	Return
Attendance	13,335	10,022





At the general ward, hypertension, congestive cardiac failure, cerebrovascular accident, peptic ulcer disease and malaria were the leading causes of deaths (about 59% of total deaths). More than half (58%) of deaths at the general ward were males with the vast number of deaths occurring between the ages of 40-69.



Regarding morbidity, malaria, typhoid fever, acute respiratory infections, peptic ulcer disease and hypertension accounted for 44% of the total OPD consultations whereas, malaria, peptic ulcer disease, acute respiratory infections and hypertension accounted for more than 50% of total hospital admissions in 2019. The national confirmed malaria cases per 1000 population as at 2016 was estimated to be around 229 persons in Sierra Leone (NHSSP 2017-2021).

Table 28: Age categorization of outpatient visits

Age Group	2018	2019	% Change
under 1 year	1,421	1,888	33%
1-4	2,010	2,979	48%
5-9	659	882	34%
10-14	492	660	34%
15-17	741	876	18%
18-19	977	1,205	23%
20-34	7,383	7,775	5%
35-49	3,661	3,604	-2%
50-59	1,301	1,441	11%
60-69	959	1,137	19%
70 >	854	910	7%
Totals	20,458	23,357	14%

Table 29: Age categorization inpatient visits

Age Group	2018	2019	% Change
under 1 year	797	1,002	26%
1-4	1,162	1,436	24%
5-9	232	321	38%
10-14	135	162	20%
15-17	151	151	0%
18-19	209	228	9%
20-34	1,083	1,256	16%
35-49	551	596	8%
50-59	200	258	29%
60-69	185	196	6%
70 >	183	189	3%
Totals	4,888	5,795	19%

## 4.2 Bed utilization Analysis

Bed utilization indicators have been improving year on year since 2015. Bed capacity at Adult, Maternity and Paediatric wards remained unchanged from the previous year. Compared to 2018, admissions data during the year under review, was significantly higher in all the wards as the hospital moves towards records of attendance prior to the Ebola outbreak. Occupancy rate (total hospital beds of 95) was about 58% with almost about 14% increase in occupancy recorded at Paediatric ward (Table 30). Evidence of more and more children requiring admission was seen throughout the year. Slightly improved bed turnover rate was also recorded in Maternity ward indicating efficiency and utilization of beds.



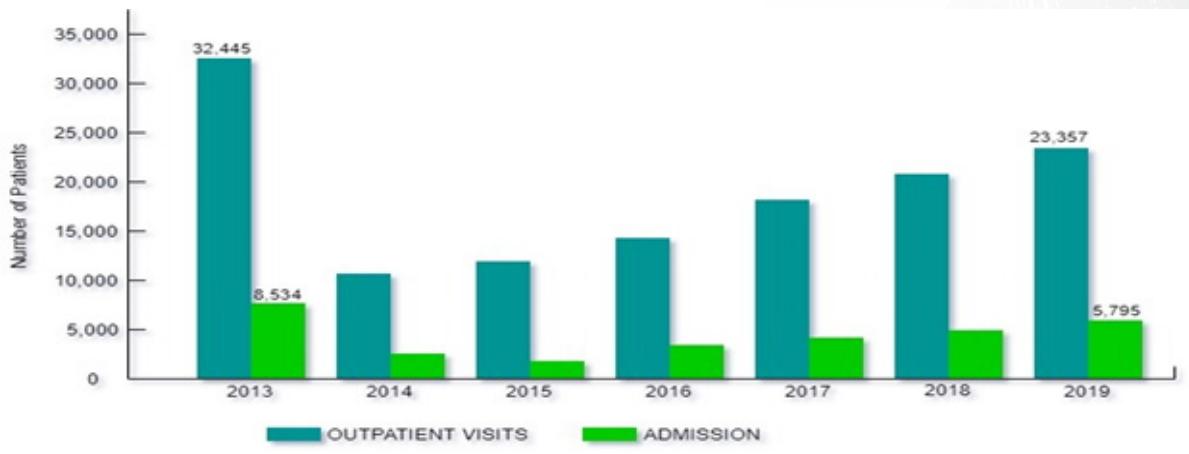


Figure 12: Trend of patient attendance 2013-2019

Table 30: Bed utilization analysis

WARD	ADULT WARD		MATERNITY WARD		PEDIATRIC WARD	
	2018	2019	2018	2019	2018	2019
Number of beds	40.0	40.0	35.0	35.0	20.0	20.0
Admissions	1,570.0	1,816.0	2,326.0	2,938.0	992.0	1,041.0
Discharge	1,512.0	1,743.0	2,252.0	2,846.0	961.0	1,030.0
Deaths	64.0	84.0	72.0	105.0	15.0	9.0
AV.B.DAYS	14,600.0	14,600.0	12,775.0	12,775.0	7,300.0	7,300.0
PATS.DAYS	8,886.0	9,083.0	6,472.0	8,277.0	3,010.0	2,868.0
AV.D.OCCUP	24.3	24.9	17.7	22.7	8.2	7.9
% OCCUP	61%	62%	51%	65%	41%	39%
AV.L.O.STAY	5.6	5.0	2.8	2.8	3.1	2.8
T.O.P.BED	39.4	45.7	66.4	84.3	48.8	52.0
T. O. INTVL.	3.6	3.0	2.7	1.5	4.4	4.3

### 4.3 Surgical Interventions

Total surgical interventions in 2019 increased marginally by some 2% compared to 2018. Number of Orthopaedic and General surgical cases increased significantly during the year. Orthopaedic interventions were handled by specialist teams from the ODW organization based in Germany. Five separate teams - starting in January to February and from October through to December performed 197 cases. Reduction in obstetrics and gynaecological cases could be attributed to reduction in the number of caesarean section cases during the year.

Table 31: Surgical interventions by specialty

SURGICAL SPECIALTY	2018	2019	% Change
General Surgery	219	273	25%
Orthopaedic	126	197	56%
Obstetrics and Gynaecology	353	277	-22%
Other Major surgeries	3	0	-100%
Minor surgeries	57	24	-58%
Total	758	771	2%

## 4.4 Maternal & Child Health



Sierra Leone remains amongst countries with the highest maternal, newborn, and child mortality rates, as well as adolescent fertility rate globally. The country's health system suffered further battering by the recent Ebola epidemic outbreak which had devastating impact on the health care systems. Sierra Leone's RMNCAH strategy (2017-2021) is aimed at reducing preventable deaths of women, children and adolescents and ensuring their health and wellbeing. However, the country's maternal mortality rate of 1,360 remains one of the highest worldwide. Maternal deaths account for 36 % of all deaths of women aged 15-49 years in Sierra Leone. It is estimated that some 32% of all maternal deaths are caused by postpartum haemorrhage (PPH) followed by pregnancy induced hypertension (PIH) (16%). The child health indicators remain equally poor with a mortality rate of 122 and 75 per 1000 live births for children under-five and infants respectively (SLDHS, 2019).

Data recorded in the hospital in 2019 suggest disconnect between antenatal attendance and the number of deliveries at the facility. Total number of deliveries during the year was only about 25.7% compared to total Antenatal visits. On the other hand, the number of maternal deaths reduced significantly this year (1.3%) compared to 2018 (2.1%). 33.1% of assisted deliveries ended up in caesarean sections whereas around 12.1% of new-born babies were still births (table 32). The SJOG is a referral center within its catchment area receiving cases from all the PHUs. Support for free delivery services has been provided at the hospital since 2015 under the CEI project. However, enormous challenges lie ahead as the project comes to end in 2020.

Table 32: Maternity data 2019

Interventions	Category	Number	%
Ante-natal	Total pregnancy cases	2,663	
	New Pregnancy cases	1,200	45.1%
	Old Pregnancy cases	1,463	54.9%
Deliveries	Total deliveries	685	25.7%
	Normal Deliveries	458	66.9%
	C/S Deliveries	227	33.1%
Maternal Deaths	Maternal Death	9	1.3%
	Maternal Death Audited	9	100.0%
Abortion	Abortion Complication/EOU	25	3.6%
New born babies	Fresh Still Birth	31	4.5%
	Macerated Still Birth	52	7.5%
	Male Babies	364	52.1%
	Female Babies	335	47.9%
	Twin Delivery	35	5.1%
PNC	Post Natal Clinic	227	33.1%





## 5.0

# SJOG HEALTH CENTER- LUNGI

The SJOG CHC located in Maloko, Lungi was established in 1999 as an extension of the SJOGH in Lunsar. The main purpose was to address basic health needs of the population in the Kaffu Bullom chiefdom within the Port Loko district. This was after the chief of Malokoh had offered the land to the Brothers and expressed the need for a health facility. After a brief suspension of services during the Ebola crisis in 2014, the clinic resumed operations in March 2015

## 5.1 Services & Workforce

Total workforce at the Clinic as at the end of the year was 18; Twelve (12) health workers and six (6) non health staff. These few but dedicated workers offer their skills every day to ensure that the services of the center are delivered to the population.

In 2019, the center provided both day and admission services for minor conditions. Bro. Michel Eke joined the Lungi Community in May 2019 after his transfer from Cameroun by the Provincial. A Physician Assistant by qualification, presently supervise both medical and Administrative functions of the center.

### Services

- General medicine
- Diagnostics (Laboratory, X-ray, Ultrasoundography)
- Primary Healthcare (HIV, Under-five clinic)



Core Health Workforce



## 5.2 Overview of financial performance

### Income

generation at the center reduced significantly in 2019 compared to 2018 mainly due to reduction in patient attendance. Operational activities of the center was mainly financed with internal income generated from patient fees. However, 7% of additional income was received through local contribution to support operational activities of the center.

Income	SLL (m) 2018	SLL (m) 2019
Patient fees	336,476	225,673
Local contribution	17,210	17,210
Donor funds	45,000	-
Total income	398,686	242,883



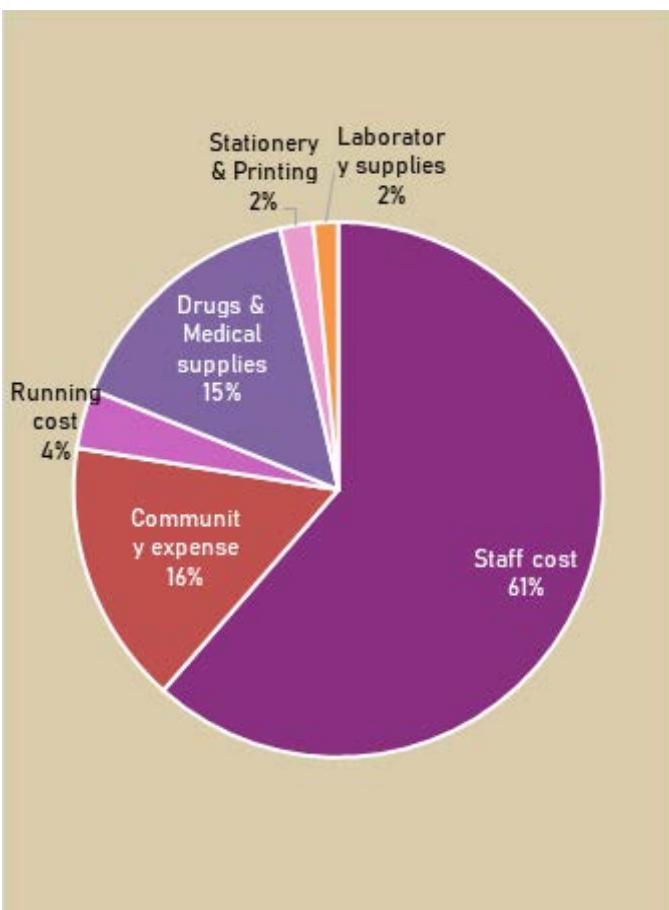
## Expenditure

In terms of expenditure, staff cost and purchases constituted the major lines of expenditure during the year. Total expenditure during the year was SLL 250,221,000 leading to a deficit of SLL 7,338,000

Operational cost	SLL (m)	SLL (m)
	2018	2019
Staff cost	155,247	153,893
Project expenses	45,000	-
Community expense	24,000	40,000
Running cost	2,980	9,000
<b>Total</b>	<b>227,227</b>	<b>202,893</b>

Direct Patient Care	SLL (m) 2018	SLL (m) 2019
Drugs & Medical supplies	60,091	38,493
Stationery & Printing	6,331	5,020
Laboratory supplies	7,500	3,815
<b>Total</b>	<b>73,922</b>	<b>47,328</b>

Fig 13: Percentage of total expenditure, 2019



## 5.3 Activity and Performance Indicators

Patient attendance in 2019 dipped marginally compared to 2018. After a comparatively high turnout in 2017, attendance at the center has been on a decline over the past three years. Figure 14 below shows the trend of attendance from 2016.

Regarding morbidity, Malaria and Typhoid fever constituted more than half of the causes of OPD attendance with Gastritis, Hypertension and Lumberthrosis in the top five cases (Table 33). 258 pregnant women were seen at the Antenatal during the year.

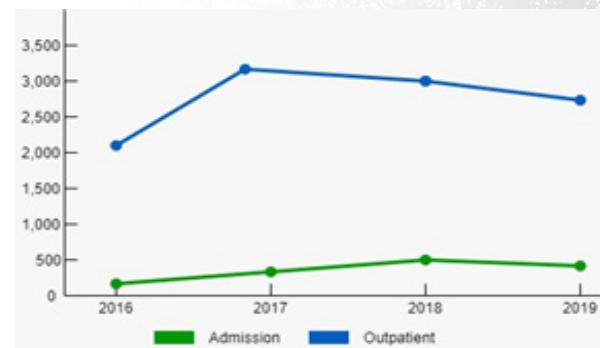


Figure 14: Trend of Outpatient and Inpatient Attendance

Table 33: Outpatient morbidity

Diseases	Percentage cases
Malaria	32.9%
Typhoid fever	17.8%
Gastritis	10.0%
Hypertension	9.2%
Lumberthrosis	3.9%
Anemia	3.7%
HIV	3.1%
PID	3.1%
PUD	3.1%
Pneumonia	2.7%
Others	11.3%

The center is still operating under capacity within the scope of services currently offered. The clinic faces competition from two other bigger health facilities also located in the Lungi. Moreover, the clinic is not enrolled under the government's free health care program unlike the government hospital and therefore not a preferred center in terms of affordability.



Table 34: SJOGCHC service utilization 2016-2019

Service	2016	2017	2018	2019
Outpatient visits	2,189	3,421	3,258	2,532
Admission	16	323	413	391
Scan	548	678	766	406
Laboratory	3,422	6,344	7,606	5,576
X-ray	54	79	81	18
Deliveries	5	28	32	31
Deaths	0	1	2	5
Number of beds	10	20	18	18
Number of staff	15	18	17	18





# 6.0 SJOG NURSING SCHOOL

The SJOG School of Nursing (SJOGSN) is a Training unit at St. John of God Catholic Hospital, located at Malomphoh, a suburb of Lunsar town in the Port Loko district. The school was established in 2007 with the aim to augment the demand for qualified nursing staff primarily, in the SJOGH as well as the entire country.

Its vision is “To stand out as the first class Nursing School in Sierra Leone in terms of nursing education aimed at developing the next generation of innovative nurses to give excellence in patient care, education and nursing research.”

## 6.1 Student Enrolment



The training center has the capacity to accommodate 300 students. Below is the record of enrolment and graduates since 2007. Recruitment for the SECHN programme was put on hold in 2017 and the last set 10 SECHN students graduated in 2019.

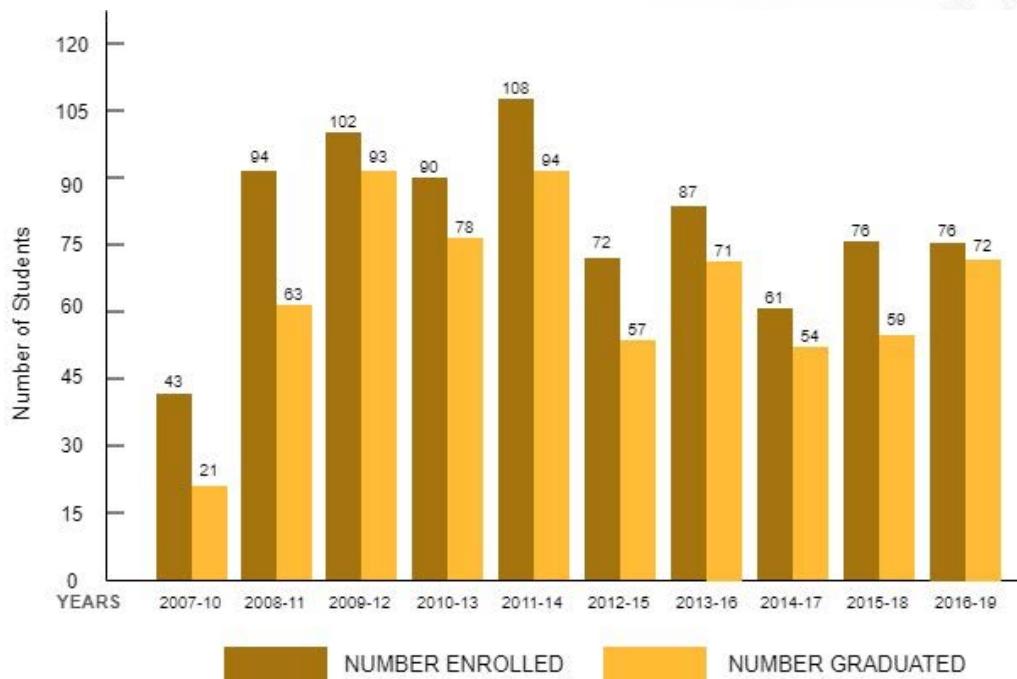


Figure 15: SECHN Student Enrolment/Graduates from 2007-2019

Table 34: SRN Student Enrolment/Graduates from 2016-2019

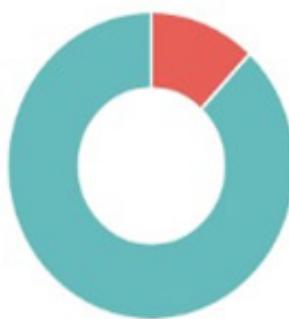
Year of Enrolment	Set	Number Enrolled	Number Graduated
2016 -- 2019	1	20	12
2017 -- 2020	2	49	0
2018 -- 2021	3	43	0
2019 -- 2022	4	68	0
<b>Total</b>		<b>180</b>	<b>12</b>



## 6.2 Faculty



The SJOGSN maintains a strong faculty of very professional tutors, administrative as well as support staff in view of our commitment to provide quality nursing education to the population. 18 staff engaged in 2019 were on permanent contract basis whilst 3 were on part-time. Three (3) of the School's staff are government posted staff as part of ongoing support from the MOHS.



Total staff	21
Permanent	18
Part-time	3

## 6.3 Achievements, Challenges & Future Plans

### Achievement

- Installed fire extinguishers in and around the school and students' hostel
- Replaced students' mattresses at the hostel
- Renewed electrical wiring at two students' hostels
- Completed maintenance works in two classrooms

### Challenges

- Insufficient school charges and payments
- Reduced water supply for domestic use by students
- Challenges in recruitment of tutors due to unavailability of tutors in the country.

### Future plans

- Improve local fund generation
- Improve online teaching and learning for students and staff
- Source funding for the construction of staff bungalow and Administrative block.
- Improve capacity of teaching staff





## GRATEFUL THANK YOU



**SULAIMAN P. KAMARA, S.A.C.H.O  
(1970-2019)**

We would like to remember all our bereaved colleagues whose untimely death occurred during 2019 after years of service to the institution:

Mr. Sulaiman P. Kamara

Ms. Elizabeth Bangura

Mr. Thomas Coker

Mr. John Fontie

Mr. Alieu Kargbo

Mr. Daniel O. Koroma

And finally, our particular gratitude to everyone who lives our values every day: the Brothers, our staff, volunteers and students. They make each SJOG Center in Sierra Leone the very special place that it is.



## VISIT US

St. John of God Catholic Hospital

Mabesseneh, Lunsar

Sierra Leone

St. John of God Community Health Center

Malokoh, Lungi

Sierra Leone

St. John of God Catholic School of Nursing

Malomphoh, Lunsar

Sierra Leone

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# 2019

## ANNUAL REPORT