

# Mengo Hospital

Rose Mutumba tells the story of a faith-based not-for-profit organisation contributing to health care in Uganda

Mengo Hospital is a 'not for profit' but neither is it 'for loss'. It is led by the Board of Trustees under the Church of Uganda with the Archbishop as its Patron. The hospital was started in 1897 by the Church Missionary Society that sent Sir Albert Cook who came on the invitation of King Muteesa of the Buganda Kingdom. In 1958, it was handed over to indigenous people of Uganda through a governing body which constituted of members from the Ministry of Health, Makerere University, Church of Uganda and the community. In 2015, the Hospital Trusteeship was formalized under the Church of Uganda. Cook came in 1897 and constructed a grass hatched structure an operating theatre. He travelled around Uganda providing medical services. The hospital was struck by lightning and burned down, and had to be rebuilt in 1912. Cook started training Africans as medical assistants, which is how old Mulago was founded in 1913; it later became the Makerere University Medical School.<sup>1</sup>

In 1919, Cook's wife Catherine founded the Midwifery School which still exists in Mengo Hospital. Currently it has a total of 511 students, 50% of whom are training as midwives. It also has a laboratory training school. Recently the school has partnered with Uganda Christian University to start training undergraduate medical and dental students and the first cohort started in August 2018. They train medical and pharmacy interns and run imaging and biomedical courses through the Ernest Cook Ultrasound Research and Imaging Institute (ECUREI). They are an accredited site for the college of physicians, the fellowship training will start in September 2019.<sup>2</sup>

Mengo sits on 22 acres but the buildings are scattered and this provides a challenge for monitoring and managing the services. Therefore it has come up with masterplan to re-plan the hospital. It has a vision, mission and values.<sup>3</sup> Its bed capacity is 300, there are 7,500 general out patients per month and 38% of them are children. Each month, the eye clinic sees nearly six thousand patients, while 360 general surgeries and 415 deliveries are done.

In recognition of its great work, it was awarded a certificate of recognition in 2017 for innovatively maintaining the lowest maternal death rates in all regional referral hospitals in Uganda. We have done this by stressing improved care in handling obstetrics emergencies through regular trainings and identifying critical cases. We have put up standard operating procedures in the maternity units and they carry out strict weekly audits. Nurse managers have been appointed in all the departments to supervise the quality of care. The hospital has also introduced a

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performance-linked pay system for the midwives and we recruit doctors who have the right attitude and passion for the maternity services.

The hospital has a blood bank (a gift from the Rotarians in Uganda) that operates under the National Transfusion Services and supplies major hospitals in central Uganda. In August, the ground will be broken for a new accident and emergency unit. It has also received a five-year grant of 4.3 million euros from the Christian development association CBM and the University of Saarland to build and equip a new modern eye hospital.

Inadequate income generation is an issue as income is based on user fees, which is not sufficient to sustain capital development and salaries. So the salaries are not optimal, the infrastructure is old and balancing sustainability versus accessibility is not easy.

Mengo hospital has learnt that health workers must embrace the right value system if it is going to improve health systems. Health care must be accessible to communities in terms of costs, distance, equipment and human resource. Training and research are important and that governance and leadership are key to offering credible health care.

Faith-based health institutions in general are self-governing private organisations that do not distribute their surplus to owners or directors; they have substantial capital in terms of infrastructure and also have some provisions for subsidies. In Uganda they account for 40–42% of Uganda's National Health output. These private not-for-profit (PNFP) organisations are organised into medical bureaus including the Catholic, Protestant, Muslim and the Orthodox. The PNFP sector significantly contributes to each of the building blocks in Uganda's health system.

In conclusion, it takes many types of organisation to contribute to a health system: PNFPs, the private health providers, the government and the traditional and complementary health systems as well.

## References

- 1 <https://chs.mak.ac.ug>
- 2 <https://ecsacop.org>
- 3 <https://mengohospital.org>