



CoRSU

There is hope...

..For people with disability

ANNUAL REPORT 2017

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ABBREVIATIONS

AFO	Ankle Foot Orthosis
AGM	Annual General Meeting
CME	Continuous Medical Education
CBM	Christian Blind Mission /Christoffel-Blindenmission
CBR	Community Based Rehabilitation
CEO	Chief Executive Officer
CoRSU	Comprehensive Rehabilitation Services in Uganda
CWDs	Children With Disabilities
IEC	Information Education and Communication
ISPO	International Society of Prosthetics and orthotics
FAI	Foundation Assistance Internationale
KAFO	Knee Ankle Foot Orthosis
MMed	Masters of Medicine
MUST	Mbarara University of Science and Technology
NRP	Nutrition Rehabilitation Program
OPA	Outreach Partnership and Advocacy
VHT	Village Health Team
VVF	Vesico Vaginal Fistula

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Mrs. Jakki Ssali	Member
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Mr. Malcom Simpson	CoRSU CEO (Jan-May)
Mr. Davide Naggi	CoRSU CEO (June-Dec)

BOARD MEMBERS

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Sr. Dr. Anthonia Nakamya	Member
Mr. Dan Ward	Member
Mr. Malcolm Simpson	CoRSU CEO (Jan-May)
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Halima Hussein	Head of Nursing
David Alip	Estates Manager



Dr. Emmanuel Luyirika
Executive Board President,
CoRSU

I would also like to extend my gratitude to all the other institutional and individual donors, volunteers and visitors who have supported CoRSU in all the various ways. We also thank the government of Uganda for its support and partnership that has made it possible for CoRSU to achieve in this last year.

MESSAGE FROM THE CoRSU BOARD PRESIDENT

Dear members and stakeholders in the work of CoRSU, I present to you the Annual Report for the financial year 2017. The focus of this report is on the transformed lives of people with disabilities as a result of CoRSU's contribution. The report reflects the work that was carried out in the different departments at CoRSU Hospital during this financial year. The board, general assembly, CoRSU senior management and staff all celebrate the achievements that have been registered in the financial year.

CoRSU has continued to provide corrective surgeries for both children and adults; this year, 5,312 surgeries were done.

I would like to thank Malcolm Simpson who served as CEO for the first half of 2017 before moving on to other assignments. I warmly welcome Mr. Davide Naggi, the CEO of CoRSU since June 2017. I look forward to his expert leadership and guidance to the team at CoRSU. I wish him a fruitful tenure during his service.

I thank the board and general assembly members for the strategic guidance and support given to the management and staff of CoRSU which spurred the staff to deliver the much needed services at CoRSU. I commend the management and staff of CoRSU who have not disappointed with the provision and execution of excellent services at the hospital. With the completion and inauguration of the Septic ward in 2017, the first of its kind in Uganda, CoRSU will continue to be a center of excellence.

CoRSU welcomes FAI (Foundation Assistance Internationale), a new donor who through CBM-Italy supported the construction of the new and state-of-the-art septic ward during this financial year. To our main donors; CBM and SMILE TRAIN, we are truly grateful for the continuous support. I would also like to extend my gratitude to all the other institutional and individual donors, volunteers and visitors who have supported CoRSU in all the various ways. We also thank the government of Uganda for its support and partnership that has made it possible for CoRSU to achieve in this last year.

We continue to appreciate all our partners and stakeholders for the good working relationship in the year 2017. We welcome more partners and stakeholders from government, private sector and the general public to join hands with CoRSU to continue to provide the required services to our patients. We look forward to a better working relationship with all of our partners and stakeholders in the coming years.

Finally, I would like to extend my appreciation to all the staff of CoRSU who work tirelessly to give our patients and their families an excellent service and experience at CoRSU.

I thank you all.

For God and My Country

A handwritten signature in black ink, appearing to read 'Emmanuel Luyirika', written in a cursive style.

Dr. Emmanuel BK Luyirika
Board President, CoRSU



Malcolm Simpson
Chief Executive Officer Jan - May



Davide Naggi
Chief Executive Officer June - December

MESSAGE FROM THE CEO

During the course of the year 2017, CoRSU continued to adhere to its core mandate of offering quality rehabilitative and surgical services to people with disabilities with a keen focus on children.

This was possible due to the great work done by the talented CoRSU staff and thanks to the efficient support and guidance provided by the CoRSU executive board and senior management.

A total of 5,312 surgeries and over 12,500 therapy sessions were conducted and more than 2,000 assistive devices were produced and distributed in 2017. These are astonishing results which portray a steady increase in terms of number of patients treated compared to previous years.

Among the many successes of 2017, are: the official opening of the Septic Ward, a project financed by Fondation Assistance Internationale (FAI) through CBM Italy; the integration of vesicovaginal fistula (VVF) treatment among the regular services provided by CoRSU; a number of fundraising events organised under the patronage of the Italian Embassy in Uganda; the organisation of the third screening camp for athletic injuries in collaboration with National Council of Sports and a team from Rebalance MD Canada; the organisation of the 4th Annual Disability Sport event through which CoRSU creates disability awareness and promotes social inclusion at all levels.

The year 2017 also recorded a slight increase in financial income from Shs. 10,070,286,943 in 2016 to Shs. 10,676,335,000 in 2017. Revenue generated by own sources decreased from Shs. 3,851,684,314 in 2016 to Shs. 3,217,592,000 in 2017, and grants and disbursements increased from Shs. 5,805,121,000 to Shs. 8,422,003,000 in 2017. The latter was mostly due to the funds mobilised for the construction and set up of the new septic Ward at CoRSU. Finally, the total CoRSU assets increased from Shs. 16,926,338,803 (2016) to Shs. 17,722,378,000 in 2017.

CoRSU continued to receive a large number of volunteers, researchers, medical team and specialized surgeons from Italy, Canada, Belgium, USA, India, UK, Switzerland, Germany and other countries. Their passion and dedication toward the treatment and rehabilitation of children with disabilities further nurtured our commitment and we look forward to continue the same level and quality of collaboration in the future.

During 2017 CoRSU maintained good corporate governance and management practices supported by an active senior management team that meets bi-monthly, an executive board that meets at least four times a year in addition to the yearly AGM meeting.

CoRSU continued to provide subsidised surgery and medical rehabilitation to disabled children and youths thanks to the continuous and vital support (in-kind and financial) provided by a number of organizations and generous individuals. This also includes the collaboration with local and international organizations working tirelessly with CoRSU for the identification and referral of patients.

A special thank goes to Smile Train for their continued partnership and support for the cleft patient's program and to the CBM fraternity which has "walked-the talk" by faithfully supporting CoRSU for over 8 years.

Finally, the CoRSU Annual report 2017, invites all of us to ponder about the stories hidden behind the statistics of treatments and surgical procedures conducted; this is because the impact of the work done by CoRSU goes far beyond the numbers of patients treated. Ultimately, our work is about stories of children and individuals regaining physical functionality, self-confidence, dignity, joy of life and ultimately social inclusion.

INTRODUCTION

Comprehensive Rehabilitation Services for People with Disability in Uganda (CoRSU) is a specialised rehabilitation Hospital registered as a local NGO with the main objective of providing high quality rehabilitation and surgical services to children with disabilities coming from vulnerable communities.

After more than 9 years of work we realised that many children with disabilities suffer from discrimination and social exclusion due to their condition. Targeting children with disability is a way to target the future, rebuilding the understanding that “there is hope” and that children with disability do have an active role to play within the society. That is why CoRSU’s core target remains children with disabilities who make up 80% of our beneficiaries.

CoRSU offers a vast array of services which will be described within the report:

- Orthopedic surgery
- Plastic and reconstructive surgery
- Medical rehabilitation services (such as physiotherapy, speech and language therapy, occupational therapy, cerebral palsy clinics, sport

medicine, play-therapy);

- Prosthesis and orthosis services for the production of assistive devices;
- Club-foot clinic;
- Nutrition therapy;
- Dental services;
- Vesico- Vaginal Fistula (VVF) Clinic;
- Psychosocial services;
- Community Based Rehabilitation or Community Based Inclusive Development (CBID), which includes (but not limited) to identification, screening and referral of cases, awareness activities, re-integration, home based interventions and follows up of cases.

The Annual Report 2017 represents a summary of CoRSU’s achievements, and describes the efforts put into place by donors, supporters and CoRSU staff to provide over 5,312 specialised surgeries and over 12,500 therapy sessions to needed children and persons with disability.



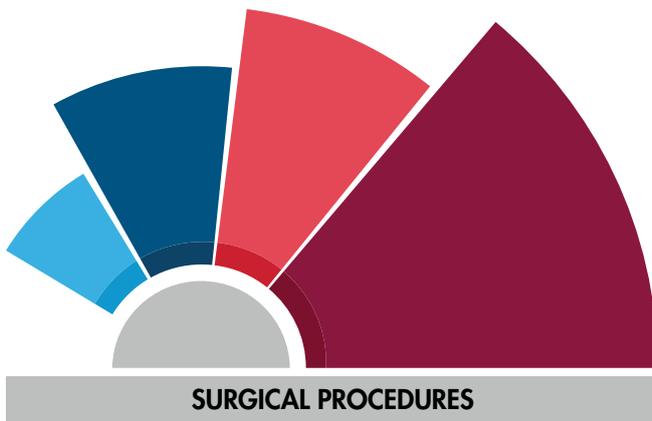
Surgical Procedures 2017 by Condition



■	Limb deformities	9.98%
■	Clubfoot	6.64%
■	Osteomyelitis/Infections	11.56%
■	Fractures/trauma	4.86%
■	Other Orthopedic procedures	26.05%
■	Burns	6.68%
■	Cleft lip/cleft palate	6.68%
■	Other plastic procedures	23.57%
■	Cosmetic surgery	0.41%
■	VF	3.75%

Procedures	Number	Percentage
Limb deformities	530	9.98%
Clubfoot	343	6.46%
Osteomyelitis/ infections	614	11.56%
Fractures/trauma	258	4.86%
Other ortho procedures	1384	26.05%
Burns	355	6.68%
Cleft lip/cleft palate	355	6.68%
Other plastic procedures	1252	23.57%
Cosmetic surgery	22	0.41%
VF	199	3.75%
Total	5312	100.00%

Surgical Procedures 2017 by Gender



■	Adult male	9.90%
■	Adult female	14.51%
■	Child male	45.59%
■	Child female	29.99%

Gender	Number	Percentage
Adult male	526	9.90%
Adult female	771	14.51%
Child male	2422	45.59%
Child female	1593	29.99%
Total	5312	100.00%



DEPARTMENT OF ORTHOPEDIC SURGERY

The department of Orthopedics at CoRSU deals with the assessment and management of a wide range of musculoskeletal conditions. Our goal and mandate is to capacitate all those who are physically disabled due to any musculoskeletal insufficiency.

Over the years, we have established ourselves as one of the leading provider of quality orthopedic services in Uganda and East Africa, becoming a key referral point for management of pediatric and adult orthopedic conditions. With diagnostic, surgical and rehabilitative services fully operational, patients have a one-stop shop to receive answers to their orthopedic problems.

Children account for the majority of our clientele and they come from vast walks of life within Uganda and from neighbouring countries such as South Sudan, DRC, Rwanda, among others.

The orthopedics department manages all kinds of pediatric acute and congenital conditions, which include angular deformities, clubfoot (we have weekly club foot clinics), tumours and infections of the bone like chronic osteomyelitis. Notable among our services is limb reconstruction especially arising from bone loss or bone absence.

In addition, we have progressively developed private patient services through the CoRSU Phoenix Ward providing the highest number of joint replacements (hip and knee joints) in the country, with very positive results. We have also consolidated the practice of arthroscopic surgery especially in the field of ligament reconstructions.

Our department is staffed with six full time orthopedic surgeons and three full time orthopedic officers who run the day-to-day activities. All our staff are well trained in the different modes of management of orthopedic conditions. We now run children's clinics five days a week and adult patient clinics four times a week. We have also increased our surgical days to five days a week.

Orthopedic services are also complemented by a physiotherapy and orthopedic workshop providing assistive devices and artificial limbs thus enabling us to provide a more comprehensive service to our clients.

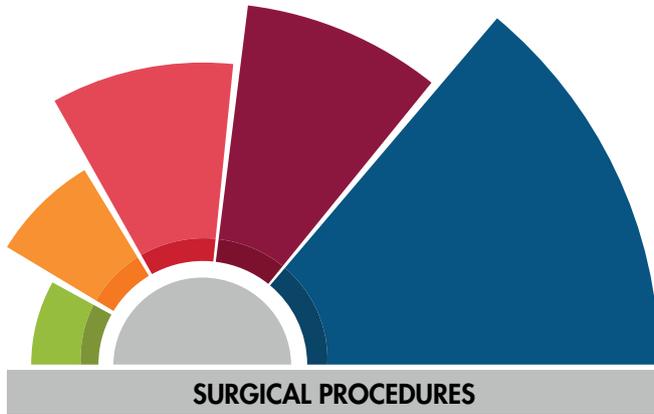
In conjunction with the plastics and reconstruction department, we are carrying out a prospective study on vascularized fibula flaps used in managing of large limb defects. This unique and interesting study is currently ongoing.

During the reported period we handled a total of 3,127 surgical procedures and attended to over 5,000 out patients.

Future plans

1. To start up collaborations with teaching institutions especially in the field of pediatric orthopedics
2. To start up a surgical skills-lab to build the staff technical capacity and to train surgeons and students within the country and region.

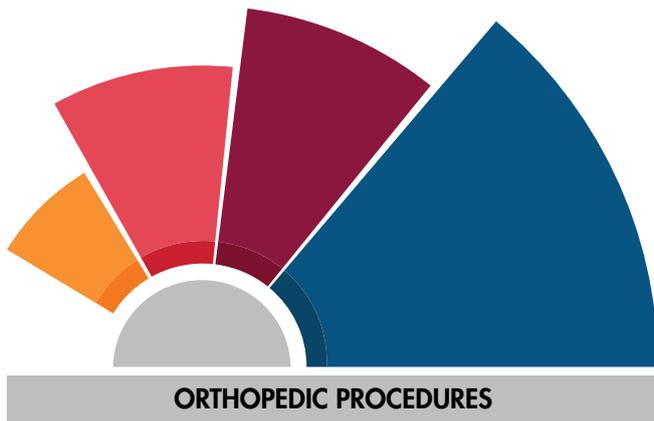
Orthopaedic Procedures 2017 by Condition



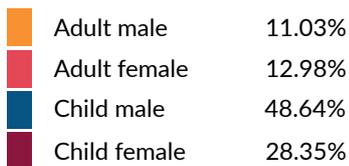
Procedure	Number	Percentage
Limb deformities	530	16.94%
Clubfoot	343	10.96%
Osteomyelitis	614	19.62%
Fractures/trauma	258	8.25%
Other orthopaedic procedures	1384	44.23%
Total	3129	100.00%



Orthopaedic Procedures 2017 by Gender



Gender	Number	Percentage
Adult male	345	11.03%
Adult Female	375	11.98%
Child male	1522	48.64%
Child female	887	28.35%
Total	3129	100.00%





BEFORE



AFTER

SHARON'S STORY

Aged 13 year, Sharon started school a year ago at a school for people with disability. She is the second born in a family of five children; a daughter of peasant farmers, Sharon was born with Club feet. She is the first of the kind in their family and the condition was very strange to all of them.

Although people called it "a curse", the Christian family was so sure that God had good plans when he gave them a child with a disability.

When Sharon was one-year-old, her parents consulted with a government owned hospital in Alebtong. They were told that her condition needed specialized treatment which they couldn't offer. They were referred to the national referral hospital 600km from their home which they could not reach as they could not afford the transport fare. That was when a relative advised them to use traditional medicine. They started using traditional herbs to massage her feet stopped after a while since there was no visible change.

The community members further discouraged them saying that nothing could be done to change Sharon's situation because it was the work of the gods of the land. Sharon was then named "Ajok", a vernacular name associated with the god of misfortunes.

Neglected and discriminated, Sharon's feet condition worsened with time, so much that she could not stand, let alone walk. She lacked balance and developed a terrible skin-wound.

Unable to move around, she was forced to sit in the dust outside their small hut. She had to crawl around to help her mother with house work while others children engaged in play and went to school. As time went on Sharon became sad, angry and introverted because of her inability to play with her friends and siblings.

Because the lower limbs could not support her weight, Sharon devised crawling around as her only way of moving from one place to another. Before long, her knees developed painful wounds. These were treated with herbal painkillers.

When family members and friends had given up hope of ever seeing her stand or walk, a community health mobiliser from Adina Foundation, a partner organisation of CoRSU identified Sharon, and referred her to CoRSU for assessment and treatment.

After a series of casts, surgeries and intensive rehabilitation at CoRSU, Sharon's feet were corrected! Towards the end of the treatment period Sharon confided her hope with us, saying "Life has just started for me."

Sharon is happy; she resumed school and can play with her friends. Overall, this was a beautiful venture which changed the understanding of disability at family and community levels.

Sharon is grateful to CoRSU, Adina Foundation and to all those who contributed towards restoring her hope in life.



DEPARTMENT OF PLASTICS AND RECONSTRUCTIVE SURGERY

"We don't simply change their appearance; we help change their lives." Dr. Naomi Leah Kekisa, CoRSU

The department of plastics and reconstructive surgery offers a wide range of services which include, cleft lip and palate, post burn contractures release, complex wound management, limb reconstruction and some aesthetic surgery.

Activities

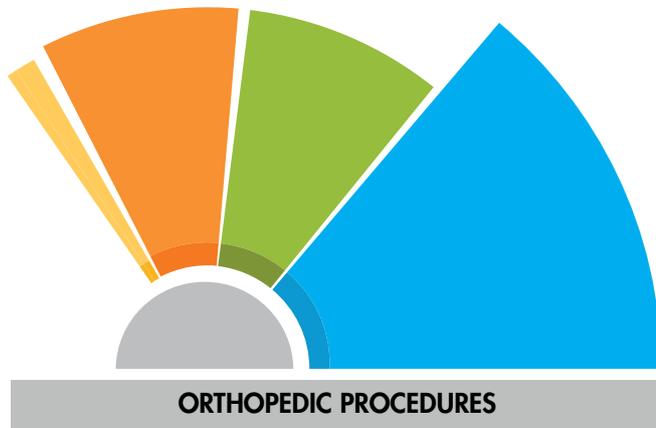
- At the outpatient clinic, we attended to 5,159 patients and performed 1,984 reconstructive procedures on 1,483 patients.
- Some team members participated in the 2017 Mission: Restore EART workshop held at Mombasa Coastal General Hospital in June 18-21st, 2017.
- Dr. Linda Katusabe graduated with MMed Plastic Surgery in October 2017. She is the third grandaunt of the MMed Plastic Surgery programme of Mbarara University of Science & Technology, hosted at CoRSU. She is currently a staff in the department.
- Two MMed students in their final year of training are working towards graduation in October 2018. As they complete work on their dissertations, they will be employed in the department.

Future Plans

- It is expected that the department will grow with addition of the recently qualified plastic surgeon from the MMed programme to the team.
- Further development of ortho-plastic reconstruction of limbs.
- Following the vibrant participation of the CoRSU team, Mission Restore is planning to hold the 2018 regional workshop at CoRSU in July 2018.

"The department of plastics and reconstructive surgery offers a wide range of services which include, cleft lip and palate, Post burn contractures release, complex wound management, limb reconstruction and some aesthetic surgery."

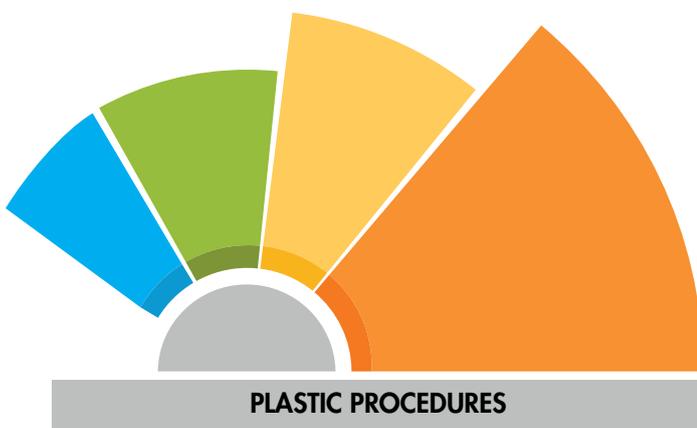
Plastic Procedures 2017 by Condition



Burns	17.89%
Cleft lip/cleft palate	17.89%
Cosmetic surgery	1.11%
Other plastic procedures	63.85%

Procedure	Number	Percentage
Burns	355	17.89%
Cleft lip/cleft palate	355	17.89%
Cosmetic surgery	22	1.11%
Other plastic procedures	1252	63.85%
Total	1984	100.00%

Plastic Procedures 2017 by Gender



Adult male	9.27%
Adult female	9.32%
Child male	46.95%
Child female	35.29%

Gender	Number	Percentage
Adult male	184	9.27%
Adult female	185	9.32%
Child male	922	46.95%
Child female	693	35.29%
Total	1964	100.00%

GIFT'S STORY



Gift before operation

Five-year-old Gift was admitted at CoRSU for a reconstructive surgery to release her post burn contractures of both her hands and neck.

Gift's injury was a sad accident. Her parents were working on the farm that day, and had left Gift playing with her siblings at their home. Despite her young age, she decided to make a meal for her siblings. She lit a stove and in the process, her dress caught fire. Her young, delicate skin was burnt badly. Luckily, it was not fatal.

However, months of intensive burns treatment mostly with herbs meant poor management of the burns.

As a result, Gift was left with severe contractures. These made it difficult for her to turn her neck or lift her hands.

The plastics and reconstructive team at CoRSU have been trying to restore the functionality of her neck and hands since 2016. Today, her neck and both hands have gained full functionality.

This has been made possible thanks to the technical skills and dedication of the CoRSU team but also thanks to our donors and supporters that give generously to help prevent and treat disabilities in children.

After Operation





REHABILITATION SERVICES DEPARTMENT



Our mission is to provide standardised, holistic and accessible rehabilitation services to people with disabilities to improve their functional potentials and enable their integration in society. The department comprises of:

- Therapy unit providing physiotherapy, occupational therapy, psychotherapy, speech and language therapy.
- Prosthetics and orthotics unit (workshop) providing artificial limbs and the assistive devices and appliances needed for the rehabilitation.
- Educational unit that provides educative and recreational activities for the children undergoing rehabilitation.

A) Therapy unit

Over 4,200 patient stories touched our lives this year. We saw an increase in the number of patients from 3,582 in 2016 to 4,292 in 2017. In addition, we saw an increase in therapy sessions conducted from 10,990 in 2016 to 12,509 in 2017. The Head of Rehabilitation Services was able to visit Canada. The objectives for the visit were expansion of research in the department, generation of ideas for the proposed rehabilitation center and development of sports medicine at CoRSU.

Dysphagia clinic

In collaboration with the nutrition unit, the rehabilitation team set up a dysphagia clinic that is run on Thursday. The clinic is conducted by a multidisciplinary team consisting of a pediatrician, nutritionist, speech and language therapist, occupational therapist and or a physiotherapist.

The clinics are geared towards improving the feeding of children that have swallowing difficulties. They have proved very beneficial particularly for children with neurological conditions such as cerebral palsy.

Trainings:

- Hosted an Intermediate wheelchair service training (according to World Health Organisation (WHO) guidelines) sponsored by Motivation Africa. Three staff participated in this training.
- Two staff participated in USAID/ Blaze Sports "Sports for all" training
- One staff presented a poster entitled "Experiences of Caregivers of Children with Spastic Cerebral Palsy Regarding Splinting in Uganda" at the World Congress of Physiotherapists (WCPT) congress 2017 in Cape Town, South Africa.
- Over 20 continuous medical education sessions were conducted.

Sports medicine camp

This was conducted in collaboration with Uganda National Council of Sports, RebalanceMD (Canada) and Allan McGavin Sports Medicine clinic (Canada).

Electrotherapy

Electrotherapy treatment modalities were enhanced by acquiring a muscle stimulator machine and therapeutic ultrasound machine. These were donated by RebalanceMD. The equipment has made the rehabilitation process more comprehensive.

B) Education Play therapy and recreational activities

The education program was developed to include Art and Craft skills development. Art and Craft artisan trainers were engaged to support the resident teacher with these skills development. The overall objective is to provide the children admitted at CoRSU with an opportunity to participate in activities that will develop their hand skills as well as promote physical activity. In October, about 15 children admitted at CoRSU were fortunate to go to the Uganda Wildlife Educational Center (UWEC) and learn more about wildlife and how to conserve it in Uganda. Meanwhile in December, some children attended the Blaze Sports/USAID Inclusive sports gala that was held in Lugogo in Kampala.

C) Prosthetics and orthotics (P&O) unit

Successful completion of the third phase of the 3D printability research in collaboration with Nia Technologies that yielded useful quantitative and qualitative data. The research has propelled us to another level in technological advancement at CoRSU.

There has been training and completion of a Bachelor's Degree in Prosthetics and orthotics for one staff (Moses Kaweesa) from the University of Tshwane Pretoria south Africa hence recognition as category one by International Society for Prosthetics and Orthotics (ISPO).

CoRSU Rehabilitation day

2017 was the first time that we celebrated the World Physiotherapy (CoRSU rehabilitation) day. The main activity for the day was a free children's camp providing services offered by the rehabilitation team (therapy and PNO units) on 15th September.

Challenges to rehabilitation process

- Limited space for therapy, prosthetic and orthotic units
- Late referrals particularly clients with neurological conditions.

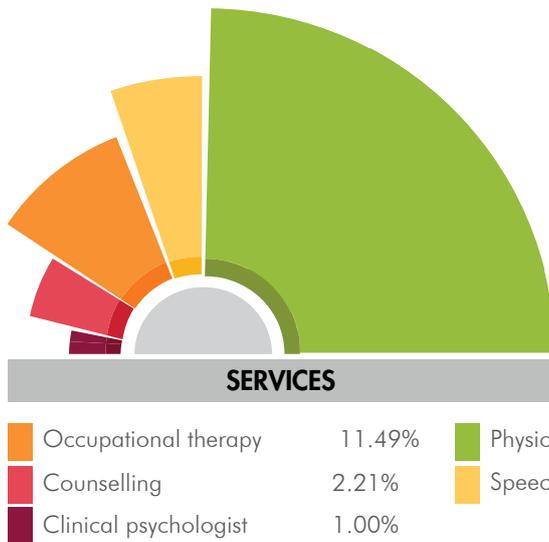
Way forward

- Staff participation in the 2018 African Federation of Orthopaedic Technicians (FATO) congress in Kigali, Rwanda.
- There is need to construct a purpose-built Rehabilitation block. This will improve and strengthen service delivery of both units.
- Develop research component in the department.
- Registration and membership for FATO and ISPO.
- Construct a well-designed children's playground.
- Formalize partnership with UWEC so as to continue with educational trips.



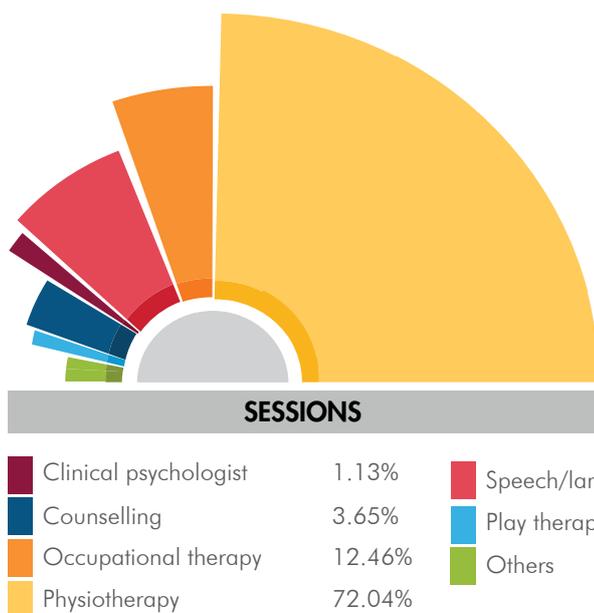
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Segregation by service given in 2017



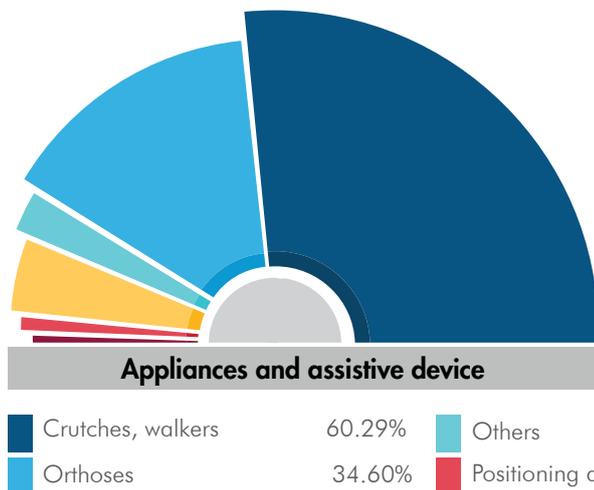
Patients		
Category	Number	Percentage
Clinical psychologist	43	1.00%
Counselling	95	2.21%
Occupational therapy	493	11.49%
Physiotherapy	3335	77.70%
Speech/Language Therapy	326	7.60%
Total	4292	100.00%

Therapy segregation by sessions 2017



Sessions		
Category	Number	Percentage
Clinical psychologist	141	1.13%
Counselling	457	3.65%
Occupational therapy	1558	12.46%
Physiotherapy	9009	72.04%
Speech/language therapy	1322	10.57%
Play therapy	18	0.14%
Others	1	0.01%
Total	12506	100.00%

Therapy appliances and assistive devices



Quantity		
Category	Number	Percentage
Crutches, walkers	1605	60.29%
Orthoses	921	34.60%
Others	39	1.47%
Positioning devices	19	0.71%
Wheel chairs APDK	14	0.53%
Wheel chairs	64	2.40%
Total	2662	100.00%



ELECTRO THERAPY HELPS JULIUS TO WALK AGAIN

It is a common belief among many people in Uganda that an injection is the most effective way of treating a fever. No wonder, when four-year-old Julius woke up with a temperature one Saturday, His mother rushed him to the nearest clinic for a quinine injection. A few days later, the malaria had subsidised but she noticed something strange about her son. He complained of acute pain in the right leg. He did not want it to be touched and could not step down with that leg. The clinic advised them to massage the leg with petroleum jelly. The pain was to reduce shortly. But two weeks later, the little boy was in excruciating pain. The parent sought for advice from a nearby health facility and that is when they were referred to CoRSU.

According to Miria Nagasha, a physiotherapist at CoRSU, Julius was diagnosed with post injection paralysis due to a quinine injection that damaged his sciatic nerve. Julius was limping, unable to stand on the right leg and he could not squat. He was generally in a lot of pain. But because the family sought treatment early the extent of the damage was mild and could be managed conservatively.

He was started on the cutaneous nerve stimulation treatment that helps relieve pain improve blood circulation to stimulate the nerves to be able function and strengthens muscles.

He was also instructed on stretching exercises to help flex the ankle, squatting, moving up and down the stairs exercise and playing football to strengthen the affected limb.

Julius's three months' progress is dumbfounding; it's the definition of early intervention yields good prognosis. He no longer complains of pain, he is back to playing his favorite games and has also resumed school thanks to a team of dedicated physiotherapist and the support of friends of CoRSU worldwide

“
He was generally in a lot of pain. But because the family sought treatment early the extent of the damage was mild and could be managed conservatively.
”



DEPARTMENT OF NURSING-2017 REPORT

CoRSU's accomplishments ultimately profile the impact of the nursing department in advancing patient care both in outpatient and in-patient services.

Nurses at CoRSU are privileged to create a supporting environment which becomes a home away from home, where the professional care given accelerates the general healing of both children and adult patients.

Undoubtedly, the work of our nurses continuously contributes in making CoRSU one of the best hospitals in the country and the region.

In 2017, we had several partners working with the nursing team to improve the care we give to children.

The Herzenberg family from US conducted capacity building trainings for nurses and donated medical equipment.

Jane Sibley, a cleft lip and palate nurse from UK trained the team in cleft lip management.

Audrey Hiebert a theatre nurse trained the nursing team in nursing protocols and procedures. CoRSU nursing team also mentored some Bachelor of Science in Nursing intern nurses like Josephine Kakeeto and Maria Lomelin from Denmark on how to better manage patients with disability.

On the International Nurses' Day, the department successfully graduated nursing assistants in central sterilisation supply department which recognizes our belief in continuous professional development

Five nurses were supported to upgrade from enrolled nurses to registered nurses, one registered nurse upgraded to Bachelor of Science in Nursing and another nurse to an Orthopedic Officer.

The department also worked with several training institutions such as Agakhan University, International Health Sciences University and Mulago School of Nursing and Midwifery to have the nurses' skills and competency up-graded.

During the course of 2017, the nursing department also actively embraced the 5S Standards as recommended by the Ministry of Health, so as to improve efficiency and compliance at various levels.

The nurses also conducted several Continuous Medical Education (CME) sessions on various topics in the hospital to raise awareness.

With the opening of the septic ward, skilled nurses were recruited for this unit.

Electric patient beds tailored for the High Dependence Unit were procured coupled with other equipment in the unit.

Future Plans

The department plans to further upgrade the technical and academic levels of nurses especially in the areas of orthopaedic, plastic and management of vesico vaginal fistula patients.



NUTRITION REHABILITATION PROGRAM AT CORSU HOSPITAL



To ensure effective nutrition management in 2017, the nutrition department carried out different nutrition interventions which included; nutrition assessment and diagnosis, inpatient and outpatient therapeutic care, nutrition education and counselling, capacity building and training, back yard garden demonstrations, OPD clinics (cerebral palsy and dysphagia).

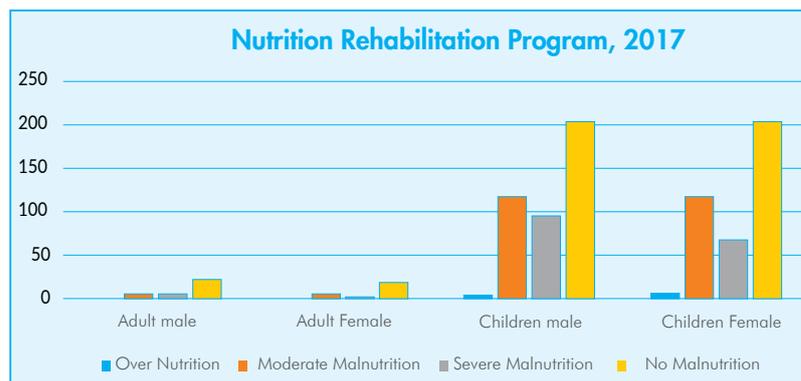


It is estimated that one billion people worldwide are living with a disability. 93 million are children aged 14 years and below. Malnutrition remains a major cause of child mortality, with the latest estimates suggesting that under nutrition causes 3.1 million child deaths annually. According to the 2017 nutrition annual report, the unit rehabilitated a total of 864 patients, of which 805 were children.

At present, although malnutrition and disability are rarely linked in policy, there is increasing awareness of the interrelationships between the two as malnutrition can lead to disability and disability can also lead to malnutrition

Therefore, an effective nutrition rehabilitation program is a key milestone needed to support children with disabilities in order to address their nutritional needs so as to reduce malnutrition and mortality.

CoRSU's nutrition rehabilitation unit extends support to disabled children and adults undergoing surgery. A total of 864 patients were seen in 2017 (male-452, F-412), of these 805 (93%) patients were children (Male- 422, F- 383) and 59 (7%) were adult patients (male- 30, female-29).



ANNUAL REPORT 2017

To ensure effective nutrition management in 2017, the nutrition department carried out different nutrition interventions which included; nutrition assessment and diagnosis, inpatient and outpatient therapeutic care, nutrition education and counselling, capacity building and training, back yard garden demonstrations, OPD clinics (cerebral palsy and dysphagia).

Nutrition Activity	Number of patients/ caretakers
Nutrition education and counselling	504
Focus group discussions(25 FGDs)	200
IEC trainings (12 trainings)	287
CP/Dysphagia clinics	38

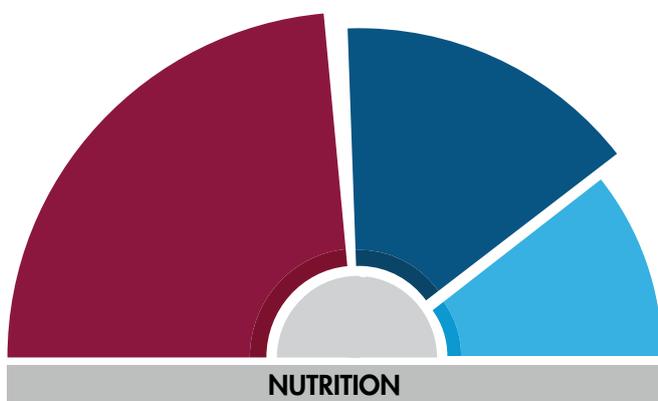
Highlights

In October 2017, the Nutrition Department with funding from Smile Train organized and facilitated a training that was aimed at empowering CoRSU partners and neighboring hospitals with knowledge and skills in nutrition management of children with cleft lip and palate before surgery.

Future plan

1. Seek and establish partnership with other nutrition and child health hospitals and organizations for effective nutrition management of patient.
2. Continue with the nutrition gardening project aimed at teaching the backyard gardening skills for the care takers
3. Follow up of partners and hospitals trained in nutrition management of CLP children, to assess the impact of the training
4. To introduce the kitobero Concept for inpatients from 6 months to 2 years to ensure appropriate hospital based IYCF practices

Nutrition



Severe acute malnutrition	20.14%
Moderate acute malnutrition	28.86%
No malnutrition	51%

Nutrition Rehabilitation		
Types of malnutrition	Cases	Percentage
Severe acute malnutrition	171	20.14%
Moderate acute malnutrition	245	28.86%
No malnutrition	433	51%
Total	849	100.00%



ASHER'S STORY

When she learnt that her fourth child was going to be a girl after she had had three boys, 23-year-old Zahara was very excited. But although the ultrasounds had picked up the sex of the baby, it had not indicated that she had a malformation on the face. Asher was born with a Cleft lip and palate.

Zahara had never come across this facial malformation. "I found it so hard to accept that this is my baby, why her?" she wondered. This is so strange but I pray that my son looks better after the surgery." At 3.2kg, Asher was born a very healthy baby but because she could not latch to breast feed she lost the two points in a day. The health workers at the Centre immediately referred Zahara to CoRSU to seek specialized cleft lip and palate care for her daughter.

According to Grace Nanyombi a nutritionist at CoRSU, Zahara needed more than just surgery for her one-week old baby witnessed from the type of foods that she was giving her. It was evident that she lacked knowledge on how to care for a baby with a cleft lip. She was instructed on how to express and guided on breast feeding positions for better latching. She was also taught how to prepare cow milk for the baby and was discharged.

On review two weeks later, the one month old Asher's weight had decreased tremendously. Zahara attributed the baby's loss of weight to inadequate breast milk.

The nutritionists now recommended cow milk which is high in proteins and asked to review her in a week's time. Asher's weight did not improve even then. This prompted the nutritionist to probe further with the assistance of a social worker. They later found out that there was food insecurity

at home. As such, although they recommended the foods the family could not afford them. This led to the decision to admit and monitor the child from the hospital.

According to the nutritionist, emphasis was put on expressed breast milk feeding and two hourly monitored feeds with protein rich cow milk day and night. This continued until the baby gained 2kgs. They were discharged home to await surgery when usher makes three months.

It is a known fact that nutrition plays a major role in determining surgical outcomes of a patient. Healthy children have reserves of energy and protein that allow survival and increased rate of wound healing. This is close to impossible with most of the mothers that we receive because of poverty and food insecurity.

Donate today to give a smile to patients with nutrition needs.

“According to Grace Nanyombi a nutritionist at CoRSU, Zahara needed more than just surgery for her one-week old baby witnessed from the type of foods that he was giving her.”





DENTAL CLINIC

The dental clinic registered steady progress in 2017. Originally established as a center to compliment cleft lip and palate services at the hospital, the clinic now receives non – cleft adult patients which has helped amass revenue for its sustainability. The clinic treated a total of 406 patients with various dental deficiencies.

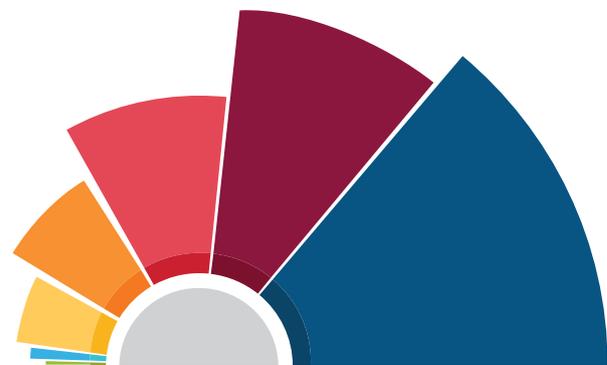
With a vision of being the leading provider of oral health, statistics confirm that there was an increase in the number of patients seeking services at the clinic in 2017.

The clinic is open on Monday, Wednesday and Thursday from 8:30am- 5:00pm.

Future plan:

- Acquire a dental panorama x-ray machine to speed up investigations
- Acquire digital dental sensor for taking x-ray to view the images at the time of investigations.
- Provide cleft and palate patients with a dental kit which includes toothpaste, toothbrush and fluoride gel.
- Accessing adequate equipment
- Commencing orthodontic services for children with clefts.

Dental Procedures 2017



DENTAL PROCEDURES

Filling	26.35%	Denture	0.49%
Extraction	32.75%	Consultation	11.82%
Root canal	12.56%	X-Ray	2.21%
Scaling & polishing	13.79%		

Procedures	Number	Percentage
Filling	107	26.35%
Extraction	133	32.75%
Root canal	51	12.56%
Scaling and polishing	56	13.79%
Denture	2	0.49%
Consultation	48	11.82%
X-Ray	9	2.21%
Total	406	100.00%



FISTULA CLINIC

The CoRSU VWF program is funded by Fistula Foundation with additional support from Direct Relief, Funds for Fistula and Center for International Migration (CIM).

In 2017, a total of 200 patients were treated during three treatment-weeks which were conducted by a team that comprised of Dr. Judith Stenkamp (CoRSU resident VWF surgeon) and Dr. Andrew Browning (visiting specialist surgeon).

Patients usually come from the eight districts namely: Apac, Ngora, Kaberamaido, Amolatar and Dokolo. In 2017 we expanded our target area to include Alebtong, Oyam and Pallisa districts. Outreach activities are carried out in coordination with District Health Officer (DHO) in the respective districts.

VWF patients are mobilised by a team of dedicated community mobilisers based in various districts some of whom are former VWF patients. The community mobilisers are also involved during the outreach clinics conducted by the CoRSU VWF Surgeon and CBR Staff. In addition, community mobilisers also supported in organising transport of the patients scheduled for surgery and they accompany the patients to CoRSU.

In March 2017 Fistula Foundation evaluated the CoRSU VWF program positively and a regular staff position of Fistula Surgeon and Program Coordinator was established by CoRSU with support from Centre of International Migration (CIM). The position is currently held by Dr. Judith Stenkamp, who initially developed the Fistula Program at CoRSU as a volunteer.

CoRSU management and the CoRSU executive board approved the Fistula Clinic work as an integrated part of CoRSU Hospital structure in September 2017.

VWF Statistics 2017		
Procedures	Numbers	Percentages (%)
Perineal Repair	75	37.69
VWF repair	25	12.56
Pelvic organ prolapse surgery	49	24.62
No surgery	13	6.53
Post VWF repair incontinence surgery	11	5.53
Stress incontinence surgery	9	4.52
Vaginoplasty	7	3.52
Ureteric Fistula repair	4	2.01
Examination under Anesthesia	2	1.01
Vaginal surgery others	1	0.50
Recto Vaginal Fistula repair	2	1.01
Congenital incontinence surgery	0	0
Abnominal surgery others	1	0.50
Total	199	100

Delivered at last- Khadija's Story

28-year-old Khadija experienced a difficult delivery with her sixth child. Having delivered all her other children with the help of the same birth attendant, Khadija thought the sixth delivery would be easier. Unfortunately, things did not go as expected. She endured pain for 18 hours before she finally gave birth to a still baby. This also left her with a hole between her vagina and the bladder.

Khadija's story is synonymous with those of many women especially those from rural areas of Uganda. An estimated 90% of women in the villages deliver at home with the help of traditional birth attendants. Because they lack the medical attention and services (such as a cesarean section) most of them end up sustaining fistula. Women who develop fistula are left incontinent and often prone to social stigma and shame.

Khadija has suffered both emotional and physical effects of having fistula. Her family is the only support system she had left as all other community members distanced themselves from her due to her predicament. She adds that "what is most disheartening is even my children have been victims of my illness, their mates tease them because of me and my husband has on several times told me that his friends have asked him to get another wife."

CoRSU's community based rehabilitation workers identified Khadija during one of their outreaches and referred her to the hospital for specialised repair treatment.

Today Khadija is happy to be completely dry and free from the urine stench thanks to the support of CoRSU hospital's partner organisation Fistula Foundation. She looks forward to walking confidently without being conscious of people's sneer.

Khadija has suffered both emotional and physical effects of having fistula. Her family is the only support system she had left as all other community members distanced themselves from them due to her predicament.





PHOENIX WARD-PRIVATE PATIENTS' SERVICES

With CoRSU's priority clientele being 80% children, the private patient clinic at CoRSU mainly serves adult patients. This was established to generate revenue for further subsidisation of services like surgery, rehabilitation and hospital stay for children.

Patients here enjoy 24-hour medical support, well furnished, quiet, spacious, self-contained private rooms.

The orthopaedic department offers treatment for joint (knee and hip) replacements, sports injury and other orthopedic services.

Our plastics/ reconstructive surgery clinic here offers head and neck surgery, hand surgery, cosmetic surgery and other plastic and reconstructive surgeries.

The clinic also offers rehabilitation services like exercise and electro therapy, massage, provision of prosthetics and assistive devices to help restore body movements and function.



Cosmetic surgery	16.67%
Total hip replacement	25.00%
Total knee replacement	15.15%
Arthroscopic surgery	43.18%

Common Conditions Handled at the Private Ward		
Procedure	Procedures	Percentage
Cosmetic surgery	22	16.67%
Total hip replacement	33	25.00%
Total knee replacement	20	15.15%
Arthroscopic surgery	57	43.18%
Total	132	100.00%

DEPARTMENT OF OUTREACH, PARTNERSHIPS AND ADVOCACY

Brief

The department runs three key activities namely: Community outreaches, partnerships and social work. In this reporting period, the team continued with implementation of community based rehabilitation activities in the districts of Masaka, Mityana, Wakiso and Kayunga (CBR Districts). In the same period, after several consultations management resolved that the team delivering outreach programmes should take on the role of social work at CoRSU Hospital due to the competencies they have in this field. This was seen as a strategy to bridge the gap in social work service delivery as well as improving patient satisfaction.

Achievements

- Four tools namely social economic assessment, child safe guarding Audit tool, accessibility audit and community resource mapping tools were developed
- Twenty-three organisations were audited in child safeguarding, majority lacked policy and knowledge in child safe guarding matters
- Four outreaches were carried out in districts that lacked rehabilitation facilities namely: Busia, Pallisa, Mubende and Kalungu (171 Village Health Teams were trained)
- 470 CWDs assessed and offered rehabilitation services while 200 received counselling services
- 520 community health extension workers (formerly VHTs) were trained in disability detection and prevention in Pallisa, Busia, Kalungu, Masaka, Mubende, Mityana and Kayunga Districts
- Thirty five community health extension workers were offered technical support in disability and rehabilitation by the social workers to strengthen their capacity

- Three joint field support supervisions were conducted by Ministry of Gender, Labour and Social Development, key observation was lack of community safety guidelines for the outreach team
- Conducted six radio talk shows in the CBR districts to create community awareness on disability prevention and inclusion.
- Three refresher trainings were organised for 100 VHTs in Masaka, Wakiso, Kayunga and Mityana Districts to strengthen their knowledge and skills in rehabilitation.
- Three disability sensitisation forums were organised for 100 local leaders and 97 primary school teachers in the CBR districts to equip them with skills to advocate for inclusion of CWDs in community development initiatives.

Key Challenges

- Lack of support from districts towards rehabilitation of CWDs
- CBR team still small to reach all corners of the districts
- Parents that abscond from the Rehabilitation programme

Future Plans

- Build capacity of OPA staff in community based inclusive development approach, social work aspects and continuous mentoring in child safeguarding
- Support audited organisations to develop child safe guarding policies and protocols
- Phase out of Masaka district and gradually build capacity of St. Vincent Palloti to take over.



HUMAN RESOURCE AND ORGANISATIONAL DEVELOPMENT DEPARTMENT



Overview;

As at the end of December 2017, the overall total number of staff at CoRSU was 216. 59.7% of these were females. This is a multidisciplinary team of individuals with blend competencies. 85% are skilled in workforce with a majority (85%) in the productive age range of 21 to 36years (millennials).

Achievements;

1. Successfully handled recruitment for over 50 positions by December 2017 (a quarter of them were for the new septic ward project).
2. Regular (quarterly) staff induction and orientation sessions were conducted.
3. Staff training:
 - a. Capacity building of 11 Sterilization team staff
 - b. Twenty-eight staff were trained in 5S's for quality improvement.
 - c. Six staff were given sponsorship support to upgrade/for further education, two were offered flexible time.
 - d. One MMed othopaedic doctor, one stores assistant at pharmacy and three nurses graduated and resumed full time service.
 - e. Staff awareness sessions were held on security, managing personal finance and staff medical insurance cover.
4. Performance appraisal for about 90% of all staff was completed by close of December 2017
5. Salaries of lowest paid staff and a few others were levelled up.

6. A staff welfare committee was launched to address employee concerns
7. Adherence to Occupational Safety and Health (OSH) practices have been closely monitored.
 - a. Bi-annual food handles' tests have been organised, coordinated and tested employees inspected.
 - b. Hepatitis B immunisation for employees has been organised.
8. Improvements made in Information Technology (IT) system included; deployment of a new network server machine; networking the main blocks with fiber-optic cable; sourced for an external data storage service (Oracle cloud); purchased and upgraded Microsoft software and their licenses; installed and setup a Microsoft Exchange 2016 mail system; patient management system was upgraded to file maker 15 from file maker 11 and licenses processed.

We plan to:

- Improve staff welfare (i.e. salary reviews, enhance benefits), payroll processing, boost staff training, performance management, team work and communication and budget management.
- Add Septic Ward on to the LAN, improve internet connectivity from current Microwave wireless to fiber and acquire IP based PBAX for voice calls connectivity.
- Improve closed circuit Television (CCTV) for better security surveillance.



Staff Profile

Sauda began her career with CoRSU in 2004 in Mengo Hospital, working as a nutrition support staff. She helped prepare patient meals as directed by the medical staff for five years. When CoRSU finally moved to its permanent hospital in Kisubi, Sauda moved. She joined the housekeeping team. Hospital housekeeping was much more complex than she thought, but she loved the cause the hospital stood for and would do anything to contribute to it. Nine years down the road she still enjoys her Job.

Sauda coordinates the daily duties of up to 20 housekeeping staff, responds to support staff requests, ensures that the unit is fully staffed, tracks maintenance and supervises quality control. With a hospital of CoRSU's size, it's a complex job. She says, that she is frequently challenged "to multi task and always be on top of her game". The smiles on people's faces every time they come to a clean hospital is what has kept Sauda going on this Job, "you know they are not very many hospitals that are as clean as this one in this country." She adds. All these factors, and the variety of people she meets, are why she loves her job.

Sauda doesn't hesitate in recommending her work, especially for people who were not privileged enough to go to school. "It has taken me places and made me meet people I would not have been able to meet, it pays my bills and I am so happy." she says.

Before retirement, Sauda intends to save enough money to buy land and invest in agriculture. Until then she is still happy to train more and more people in housekeeping "there is nothing as satisfying as training someone and they turn out to be so good I see this every now and then in the people I train." She adds.





Department of **Strategic Information and Reporting**



Information is always the heart of any successful venture. The department of Strategic Information and Reporting is home to six subsections that include research, communications, fundraising, M&E, Healing hugs project and customer care. The department is pivotal in making sure that the CoRSU brand is depicted in a professional and credible manner.

The hospital set up an M&E team that is working to ensure performance tracking and evaluation. In line with the established M&E framework, the function ensures that departmental work plans are reviewed, periodical performance reports are submitted and performance indicators are tracked to enable the writing of M&E reports to facilitate performance measurement of hospital activities including outputs, outcomes and impact. The function also ensures that all reports are submitted to respective donors.

Fundraising and grants: The section ensures public support to the hospital primarily through financial contributions. The section ensures that CoRSU generates more restricted and unrestricted funding.

To increase our interactions with the public, the section through the support of other team members organised and participated in awareness events which included the annual sports event, the vision medical camp as part of corporate social responsibility and the Italian cultural week where we showcased the organisational work through a photo exhibition and airing of the fundraising videos.

The media, communications and customer care office continues to ensure that day to day public relations with both the internal and external public is made in a timely manner. The office ensures that all strategic reports, education, information, and communication materials are availed every now and then. The office also ensures that CoRSU work is visible through use of social media sites like facebook and twitter.

The office also worked with mass media in seeking publicity or responding to their interests on matters pertaining the hospital.

Information is always the heart of any successful venture. The department of Strategic Information and Reporting is home to six subsections that include research, communications, fundraising, M&E, Healing hugs project and customer care.

RESEARCH AT CoRSU

Uganda Post Injection Disability Prevention Program (UPIDPP)

This is a collaborative research program between the University of California San Francisco, Makerere University School of Public Health, CoRSU Rehabilitation Hospital, Kumi Hospital and additional researchers from University of British Columbia and Harvard Medical School. UPIDPP focuses on several research studies designed to understand prevalence, risk factors, efficacy of surgical and non-surgical treatments of post injection paralysis and gluteal fibrosis, and ultimately the development of prevention studies.

Completed research studies include:

- Post injection injury in Ugandan children: gluteal fibrosis and post Injection paralysis - epidemiology and risk factors.
- Qualitative analysis of injection practices in Uganda.

Poster presentations for manuscripts designed from the above studies have been made at the following symposiums:

- The 1st international Makerere University Non-Communicable Diseases (NCD) Symposium 2018
- The Symposium on Trauma and Injuries in East Africa 2018

Proposed studies include:

- Post-injection Injury in Ugandan children- determining the scope of the problem through a cluster-based sampling study.
- Injection risk analysis for Ugandan children with gluteal fibrosis and acute flaccid paralysis.
- Pediatric orthopaedic outcomes instrument validation in healthy Ugandan children and children affected by musculoskeletal disabilities.
- Retrospective surgical outcomes study for treatment of children with gluteal fibrosis.

Testing 3D PrintAbility: Evaluation of the Effectiveness of 3D Printed Prosthetic devices compared with conventional prosthetic devices

This is a research project developed by Cbm Canada/ Nia Technologies Inc., the University of Toronto, AutoDesk Research and The Grand Challenge Canada in partnership with CoRSU. The purpose of this research is to compare the effectiveness of 3D printed prosthetic devices with conventionally produced prosthetic devices.

Long term impact of early (before the age of 6 months) primary palatal closure on speech characteristics (overall speech Intelligibility, articulation, resonance) in children with congenital isolated clefts in Uganda

This is a research study undertaken by Speech Language Pathologists from Ghent University, Belgium working with the speech and language therapists at CoRSU Hospital. The major objective of this study is to investigate to what extent differs the speech (i.e. articulation, resonance and speech intelligibility) of Ugandan children born with cleft lip and palate who underwent an early primary palatal closure, i.e. before the age of 6 months, using the Sommerlad technique (Sommerlad, 2003), from the speech of Ugandan children

Vascularised Fibula Flap for the Reconstruction of Segmental Bone Defects Secondary to Osteomyelitis in Children

This is an inter-departmental research study between the departments of orthopedics and plastic and reconstructive surgery undertaken by Dr. Antonio Loro (Orthopaedic Surgeon), Dr. George Galiwango (Plastic Surgeon) and Dr. Coleen Sabatini (Orthopaedic Surgeon). This study is funded by RJOS/Zimmer Biomet Clinical/Basic Science Research Grant. The purpose of this research is to provide prospective data to evaluate both surgeon defined and patient-reported outcomes in children suffering from large segmental bone defects due to osteomyelitis, who are treated with vascularized fibula flap.





CoRSU constructs a septic ward for handling nosocomial and surgical site infections

In 2016 CoRSU started a three-year program funded by Foundation Assistance Internationale through CBM Italy. The 1.4 Million Euro program supported a number of key activities including the construction of a new Septic Ward, the first of its kind in the country.

The program “Children’s hospital: a new septic ward for the nosocomial and surgical site infections treatment serving Ugandan vulnerable population” supported the construction of a new and equipped septic ward at CoRSU.

The new ward consists of 24 beds fully equipped with oxygen, an automated nurse call system, a consultation room, two dressing rooms, a therapy room, a micro biology laboratory, a therapy room and a kitchen.

Among other fittings and equipment, the septic ward has been furnished with new equipment including an automated chemistry analyser, biosafety cabinet, glass ware washer

& disinfector, natural convention incubator, microscope, digital analytical balance, thermos-scientific refrigerator, top table centrifuge and a vortex mixer.

On October 30, 2017, the septic ward was officially opened by Hon. Alitwaala Rebecca Kadaga, the Speaker of the Parliament of Uganda. In her remarks, the Speaker commended the CoRSU staff, board of governors, development partners and all stakeholders for the concerted efforts, diligence and sacrifices in community based rehabilitation for the persons with disabilities.

Also in attendance was the President of CoRSU Board – Dr. Emmanuel Luyirika, His Excellency the Ambassador of Italy to Uganda – Domenico Fornara, the CEO CoRSU – Davide Naggi, the president Cbm Italy- Mr. Maggio Massimo, the vice president FAI- Mrs. Mancini Stefania and CoRSU staff and patients.



FINANCES

INCOME (UGX)	AMOUNT (UGX)	Percentage	AMOUNT (UGX)	Percentage
Patient fees	3,217,592,000	24.93%	3,851,684,000	38.25%
CBM	5,638,390,000	43.68%	5,057,387,000	50.22%
Smile Train	548,339,000	4.25%	387,025,000	3.84%
Release unspent	1,642,718,000	12.73%	36,975,000	0.37%
Release from reserve	-	0.00%	34,000,000	0.34%
Diverse income	1,860,299,000	14.41%	703,216,000	6.98%
Total Income	12,907,338,000	100.00%	10,070,287,000	100.00%
RUNNING EXPENDITURES 2017				
Personnel costs	4,804,250,000	37.22%	4,114,904,000	40.86%
Administration expenses	3,253,848,000	25.21%	2,852,236,000	28.32%
Other operating expenses	1,978,076,000	15.33%	1,260,595,000	12.52%
Unspent donor funds	699,482,000	5.42%	1,254,266,000	12.46%
Allocated to capital expenditure	2,171,682,000	16.83%	588,286,000	5.84%
Total expenditure	12,907,338,000	100.00%	10,070,287,000	100.00%

OUR DONORS

We would like to thank our donors for all their donations to CoRSU Hospital in the year 2017. Your support has made it possible for over 5000 children to receive surgery. Thank you for walking with us.

International donors

- Cbm Member Associations
 - Cbm Germany
 - Cbm Canada
 - Cbm Italy
 - Cbm UK
 - Cbm EV
 - Cbm Switzerland
- Smile Train USA
- Brussels Airlines
- Giving Hope World Wide
- Harvest Churches
- Motivation Africa
- Interface Uganda
- Wonder Works
- Sozo Children
- Rebalance MD, Canada
- CASEM
- Vancouver Hospital
- Gospel Express Ministries
- Critical care Solutions

Friends of CoRSU

- Jane Sibley
- John Herzenberg
- Antonio Marmotti
- Vivian Kudda
- John Stuyck

Local Donors

- Coca cola
- Kampala Executive Aviation
- National Council of Sports
- Wild Frontiers
- Chimpanzee Trust
- Pacific Diagnostics Ltd
- General Mission Board
- ISEE limited
- International School of Uganda (ISU)
- Lugogo Lovelies
- Rotaract Club Kampala Ssese Island

CoRSU Network Partners 2017





CoRSU Services

- Orthopaedic Surgery
 - Plastic/Reconstructive Surgery
 - CBR-Community Based Rehabilitation Services
 - Therapy services (physiotherapy, occupational therapy, psychological therapy speech and language therapy)
 - Orthopaedic workshop for the production of assistive devices and artificial limbs
 - Rehabilitation Hostel
 - Training for professional and specialists
 - Nutrition rehabilitation services
 - Mobile surgical outreaches
 - Nationwide network of partners
 - Private patient care (Phoenix Centre)
 - WF Clinic
 - Dental Clinic
- Other Services

Main Donor Organisations:



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Email : customer@corsuhospital.org
Web : www.corsu-hospital.org
Facebook : CoRSU. For People with Disabilities



CoRSU Info DVD, 5 mins.
Available from CoRSU or at:
www.corsu-hospital.org