ST MARY'S HOSPITAL
LACOR

ST. MARY'S HOSPITAL LACOR

ANNUAL REPORT

FINANCIAL YEAR JULY 2022 - JUNE 2023

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The surgical team operating on a patient.

FOREWORD BY THE EXECUTIVE DIRECTOR

Our dear esteemed stakeholders,

It is my honoured privilege to present to you the annual report of St. Mary's Hospital Lacor for the year 2023.

Since the last Hospital Annual report 2022, the hospital has been running on smoothly though financial and other challenges still persist. With the new appointments in January 2023 of the Hospital Administrator, the Deputy Medical Director Clinical Services, the Deputy Institutional Director, the Deputy Medical Director Community Services and the Deputy Administrator – Human Resources, the hospital evolution / reorganization is taking root although one of the appointed deputy directors (Deputy Medical Director Clinical Services) left for further studies.

Lacor hospital has been recognized by Ministry of Health as one of the best hospitals in the country and the Executive Director Dr. Cyprian Opira and a physician, Dr. Dan Oriba, have also been awarded accolades for their exemplary performance during this year's Heroes in Health Awards. We congratulate them for this no mean achievements. We are also pleased to report on the appointment of 4 new Board members (Rev. Fr. Martin Agwee, Dr. Alfred Driwale, Rtd. Justice Augustus Kania and Mr. Richard Charles Kinyera). We warmly welcome the new team and look forward to fruitful interactions, representation and support.

The hospital continues to provide services and the numbers of patients are slowly recovering. Complications of Malaria, Sickle Cell Disease, trauma, bleeding in pregnancy continue to raise big demand on blood transfusion services and are a challenge, which we face daily. The neonatal unit has been expanded after completing the remodelling of the unit within paediatric ward and is already running at full capacity. The cancer patients are still with us and hopefully when the Uganda Cancer Institute opens fully in Gulu City-Koro next year these services will be transferred there.

On the side of the Health Training Institute, the school activities have been going on smoothly with good tutor-student ratio at the moment, good exams pass grade, improved fee payment and good progress on accreditation. The student's guild constitution has been approved. New committees have been instituted in line with the new hospital statute for Lacor HTI as below:

- The School Management Committee chaired by Principal HTI.
- The School Disciplinary Committee – chaired by Deputy Principal HTI.
- The HTI Academic Board -- chaired by the Medical Director.
- Board Committee/Council -- chaired by School Council chairperson, membership include student and Alumni representatives with Deputy Medical Director Community Services as Secretary.

The school has also received accreditation for all its program from National Council of Higher Education / Ministry of Education and the intention is to take diploma during January intake and Certificate courses in July intake.

Activities at the three health centres are running smoothly and six teams of students and their teachers from Sherbrooke University Canada under faculty of family medicine had their one month community experience in Lacor Health Centres. Renovation works have been successfully completed in the two health centres (Amuru and Pabbo), next will be in Opit. We commend the team at the Hospital Technical Department for work well done.

The new Strategic Plan 2022-2027 was approved by the Board in December 2022 and management has further refined the indicators. This strategic plan comes at a time where even meeting the current wage bill is not a forgone consideration. It takes a lot of efforts from the the hospital management, the Board and the donors not only to sustain it but to be on the lookout for improvement opportunities. In this Strategic Plan, we set out a programme of consolidation but above all refocusing on the hospital mission for a comprehensive, integrated quality health service delivery to everyone with special consideration to the disadvantaged of our society.

We continue to collaborate with partners and this year we have received many health workers and students from these institute, to mention but a few this including University of Milan-Bicocca, Sherbrooke University, Busitema University, Earnest Cook Research Institute-Mengo and Allied Health Management Institute Mulago.

Much has been achieved despite challenges. We thank Board members, all our staff and management for the great work done during the year. Thank you, please keep it up. We also thank you our esteemed partners especially Foundation Piero & Lucille Corti-Italy, Social Promise, Foundation Teasdale Corti–Canada, the Province of Bolzano, Infectious Disease Institute, AIDS Relief, Government of Uganda and all stakeholders for your contributions and support.

On behalf of staff and management, we wish to pledge our commitment to continue providing quality health services to our esteemed clients. We wish you all a merry Christmas and a prosperous new year.

Dr Opira Cyprian
Executive Director, Lacor Hospital

GEOGRAPHICAL LOCATION AND SIZE OF GULU CITY

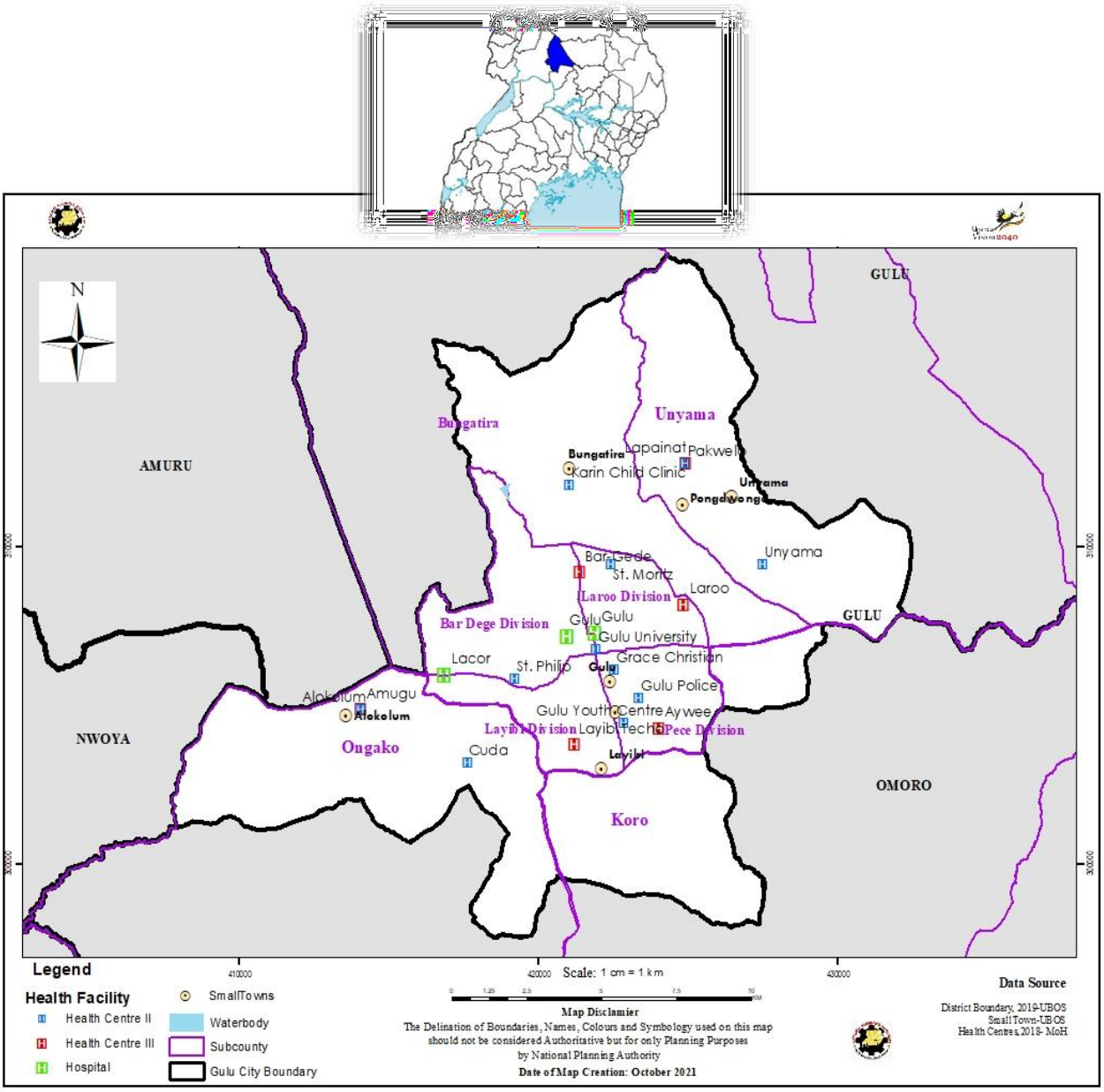


Figure 1: Map of Uganda showing Health Facilities in Gulu City

Gulu City, where Lacor falls, in 2021 was carved out of Gulu district, which is located in Northern Uganda between longitude 30-32 degrees East; latitude 02-4 degrees North.

It is bordered by Amuru District in the West, Lamwo District in the Northeast, Pader District in the East, Omoro and Nwoya in the Southeast and Southwest respectively. Gulu city is 332 km by road from Kampala.

LIST OF ABBREVIATIONS AND ACRONYMS

AICS	Italian Cooperation (Agenzia Italiana per la Cooperazione allo Sviluppo)
ALOS	Average Length of Stay
ARI	Acute Respiratory tract Infection
BDO	BDO East Africa, an accounting/audit firm
BOR	Bed Occupancy Rate
CDDP	Community drug distribution points
DHMT	District Health Management Team
DSDM	Differentiated Service Delivery Model
eMTCT	Elimination of Mother to Child Transmission of HIV
EPI	Expanded Programme of Immunisation
HCT	HIV counselling and testing
HSD	Health Sub-District
HUMC	Heath Unit Management Committee
ICU	Intensive Care Unit
IDP	Internally Displaced Persons camp
LHTI	Lacor Health Training Institute
LSDA	Local Service Delivery Activity
MMR	Maternal Mortality Ratio
MoES	Ministry of Education and Sports
MoH	Ministry of Health
NHP	National Health Policy
NSSF	National Social Security Fund
OPD	Out-Patient Department
PHC	Primary Health Care
PNFP	Private Not for Profit
PPPH	Public Private Partnership for Health
MTC	Medicines and Therapeutic Committee
RBF	Results Based Funding
RHITES	Regional Health Integration to Enhance Systems (USAID-RHITES)
TB	Tuberculosis
UBOS	Uganda Bureau of Statistics
UCMB	Uganda Catholic Medical Bureau
UDHS	Uganda Demographic Health Survey
UPMB	Uganda Protestant Medical Bureau
VHT	Village Health Team
YCC	Young Child Clinic

EXECUTIVE SUMMARY

LACOR HOSPITAL AND ITS ENVIRONMENT

St. Mary's Hospital Lacor is the largest private non-profit Catholic health institution in Uganda. It was founded in 1959. It is owned by the Gulu Archdiocese. Lacor Hospital is registered with the National Board for Non-Governmental Organizations and is accredited to Uganda Catholic Medical Bureau. Lacor Hospital activities are in line with Uganda Ministry of Health policies for health care provision. The integration of Lacor Hospital into the Uganda national health system is in line with national health reform, which was implemented from 1996/1997 and continues with the Public Private Partnership for Health [PPPH].

From a small 30-bed Hospital 63 years ago, Lacor Hospital is now a complex with 482-bed capacity and 3 Peripheral Health Centres - each with 24 beds (Opit, Amuru and Pabbo). It includes a Health Training Institute with a Nurse and midwifery Training School, a Laboratory Training School, a Theatre assistant Training School, a school for training Anaesthetic Officers (under Uganda Allied Health training schools), and it is a teaching site for the medical school of Gulu University, plus other placement and training programmes. The total bed capacity of the hospital complex including the three health centres is therefore 554.

The Hospital is located in Gulu City, about 6 km west of Gulu city centre along the highway to South Sudan. It has been built on land owned by Gulu Catholic Archdiocese. The Christian doctrine of dedication and providing care to the sick is the strong pillar on which Lacor Hospital's identity and performance rests.

Gulu City has 219,800 inhabitants, while the total population of Gulu district (excluding Gulu City) is 124,735 and that of Amuru, Omoro and Nwoya districts are 228,660, 209,090 and 267,594 respectively. Gulu Regional Referral Hospital, a Government Hospital, about 6 km from Lacor, has 335 beds and is the regional referral Hospital. There are other small private clinics and drug shops for commercial purposes in Gulu town and the suburbs. The approach of Lacor Hospital is to supplement the government's efforts in health service provision.

Lacor Hospital has operated in a very difficult social and economic environment. Insecurity has devastated the economy of northern Uganda since 1986 leaving the population in dire need, suffering and in despair. Most of the patients served are among the poorest of the poor, who live well below the poverty line.

Even with the disbanding of the IDP (Internally Displaced Persons) Camps and the local populace accessing their land, the Acholi sub-region is the one with the highest portion of the population living in poverty. The recent conflict in South Sudan has also created demand for the services of Lacor hospital.

The Hospital and its health Centres accommodate every day on average more than 400 inpatients plus their attendants and receives on average more than 500 outpatients. There are about 500 students and 2,000 employees combined with their family members living within the hospital.

SELECTED ACHIEVEMENTS 2022/23

1. The five-year strategic plan 2022 – 2027 has been approved.
2. Security at the water waste and incinerator site has improved.
3. Biomedical Engineering department improving.
4. Construction of the new nurses' accommodation is progressing well.
5. NICU and neonatal care unit has been constructed and is in use in the Paediatric ward.
6. Good collaborations have been maintained with both national and international institutions for practical attachments in the hospital.
7. Successful Registration of the hospital as a company LTD, as required by the national NGO Board, completed.
8. Renovations are ongoing in the three health centres. Only one HC is yet to be renovated.
9. Gulu City Council is helping with transportation of domestics wastes from the hospital.

SELECTED CRITICAL ISSUES 2022/23

1. High rate of equipment breakages due to poor handling by employees.
2. Escalating cost of running the hospital and effect of COVID 19 on cash flow still being felt.
3. Many hospital employees continue to leave the hospital for greener pastures.
4. High cost of living including food stuff for the hospital and Health Training Institute students.
5. Dwindling PHC funding from government of Uganda.
6. Waste segregation in the hospital still poses challenges in the hospital.

RECOMMENDATIONS AND WAY FORWARD

- Regular training and preventive maintenance of equipment needed.
- Scale up resource mobilisation and lobby for more support from government of Uganda in terms of PHC grants.
- Continuous sensitisation of hospital employees regarding cost saving practices.
- Strengthen collaborations with health training institutions locally and abroad.
- Complete the renovations of the health centres.
- Ensure continuous improvement in waste management.
- Develop implementation work plan for the Strategic Plan.

SERVICE UTILISATION

There has been a decrease in the total number of outpatient contacts in the hospital and its Health Centres this year as shown in the table E.1, while the number of admissions is stable.

Table 1: Service utilization

Service output	2018/19	2019/20	2020/21	2021/22	2022/23	Variance
Total OPD attendance	225,000	198,588	177,947	178,877	159,262	-10.97%
Admissions	45,701	34,560	29,960	29,850	30,263	1.40%
Deliveries	9,713	8,123	8,079	9,268	8,839	-4.63%
Major surgical operations	6,962	6,333	6,148	7,048	6,446	-8.50%
Laboratory examinations	544,154	491,966	403,871	383,296	440,209	14.85%
Radiological examinations	43,893	41,834	42,777	43,538	45,563	4.70%
Immunization doses	103,267	94,553	95,434	100,436	92,313	-8.09%

FINANCIAL REPORT

The financial report for FY ended on 30/06/2023 was audited by BDO East Africa (BDO), a leading international audit firm, and was reported as unqualified, i.e. presenting a true and fair view of Lacor Hospital's financial position.

The recurrent costs for the FY 2022/2023 increased by 2.1% (556 million) from UGX 26.250 billion (2021/22) to UGX 26.806 billion (2022/23). Personnel costs account for the largest expenditure (39.86%), with an increase by 4.88% compared to the last FY. Medical items (29.92%), including medical drugs, sundries and Lab and X-Ray items, are the second largest expenditure, with a decrease of 10.84% over the previous year. Generic items (10.45%), which includes food, stationery, and cleaning materials, increased by 33.38%. Property expenses increase by (4.63%). The increase in Personnel costs (4.8%) were due the budgeted salary increment implemented by January 2023. The reduction of the Medical Items and Service (-10,84%) is due a strategy of cost reduction implemented by the 4Q 2022/23. The increase in Generic items is due to the increase in the consumption of cleaning materials, food and stationery. Out of the total expenditures of UGX 29.42 billion the Expenditures for the Schools were UGX 2.04 billion while the expenses for main Hospital (Schools excluded), were UGX 27.37 billion. As summarizes in Table 2 below.

Table 2: Financing of recurrent costs

Financing of recurrent costs	2022/23 (UGX '000)	2021/22 (UGX '000)	Difference	Diff. %
Income				
Patient charges	6,658,731	5,897,722	761,009	12.90
Hospital school fees	2,078,387	2,215,509	-137,122	-6.19
Uganda Government	1,319,140	1,169,881	149,259	12.76
Other Local Revenues	682,797	280,334	402,463	143.57
Total Local Revenues*	***10,739,055***	***9,563,446***	***1,175,609***	*12.29*
Donors	16,581,469	17,127,682	-546,213	-3.19
Total recurrent revenue	**27,320,524**	**26,691,128**	**629,396**	2.36
Amortization of deferred capital contrib.	2,099,612	2,169,080	-69,468	-3.20%
Total revenue	**29,420,136**	**28,860,208**	**559,928**	1.94
Expenditures				
Personnel	11,726,579	11,180,672	545,907	4.88
Medical Items and services	8,802,275	9,872,907	-1,070,632	-10.84
Generic Items	3,074,251	2,304,844	769,407	33.38
Transport expenses	663,396	545,586	117,810	21.59
Property expenses	1,585,463	1,515,235	70,228	4.63
Administrative expenses	954,384	831,659	122,725	14.76
Total Recurrent Costs	**26,806,348**	**26,250,903**	**555,445**	2.12
Depreciations	2,099,612	2,169,080	-69,468	-3.20
Other gains and losses	514,176	440,225	73,951	16.80
Total Expenditures	**29,420,136**	**28,860,208**	**559,928**	1.94

CHAPTER 1: INTRODUCTION

1.1 BACKGROUND

St. Mary's Hospital Lacor is a referral PNFP hospital. It is the largest private non-profit faith based institution in Uganda. It was founded by the Comboni missionaries in 1959. It is owned by the Registered Trustees of Gulu Catholic Archdiocese. Lacor Hospital is registered with the National Board for Non-Governmental Organisations and is accredited to Uganda Catholic Medical Bureau. Lacor Hospital activities are in line with Uganda Ministry of Health policies of health care provision. The integration of Lacor Hospital into the Uganda national health system has been in line with national health reforms, which have been implemented since 1996/1997.

Lacor Hospital is now a complex with 482-bed capacity and 3 Peripheral Health Centres - each with 24 beds (Opit, Amuru and Pabbo). It includes a Health Training Institute with a Nurse and Midwifery Training School, a Laboratory Training School, School of Anaesthesia and Gulu University teaching site for its faculty of medicine. This is a big development from the small 30-bed hospital it was 63 years ago.

The total bed capacity of the hospital complex, including the three Health Centres, is therefore 554. It offers general health care services ranging from curative, promotive, preventive, and rehabilitative health care services including specialist services and is a training centre for different cadres of medical personnel.

The selected specialised services provided includes urology, orthopaedic, paediatric, plastic and fistula surgery, treatment of selected childhood malignancies and detection and treatment of early cervical cancers and endoscopy. The approach of Lacor Hospital is to complement the government's efforts (not to compete) in health service provision.

The economic environment in which Lacor Hospital operates is very challenging. The over two decades of civil war in the northern part of Uganda devastated the economy of the region and the anticipated economic recovery has been far less than anticipated. Most of the patients served are among the poorest of the poor, who live well below the poverty line, since the Acholi sub-region is the area in the country with the highest ratio of people below poverty line (67.7%)[1].

As we recover from the adverse effects of COVID-19 the Hospital, together with its Health Centres, last year accommodated every day on average 425 inpatients plus their attendants and received on average 531 outpatients on a daily basis. There are about 500 students and 2,000 people, including employees combined with their family members, living within the Hospital.

1.2 THE HOSPITAL AND ITS ENVIRONMENT

Lacor Hospital is a complex institution, comprising of the main Hospital, the three Peripheral Health Centres at Amuru, Opit and Pabbo. The training wing includes the Schools of Nursing and Midwifery, the school of medical Laboratory Technology, the School of Anaesthesia, and the school of theatre Assistants. The schools have been unified under the name of St. Mary's Health Training Institute recognised by the National Council of Higher Education. The Hospital is also an official teaching site for Gulu University faculty of medicine, now for 17 years since the latter's inception in the year 2004.

[1] The Uganda National Household Survey 2019/2020, Uganda Bureau of Statistics.

Lacor Hospital refers to the Hospital complex, the Hospital refers to the main Hospital only and the Health Centres are referred to as Lacor Health Centre III - Amuru, Lacor Health Centre III - Opit and Lacor Health Centre III – Pabbo.

The Hospital is located in Gulu City [carved out of the former Gulu district and part of Omoro district], within the city's Bardege- Layibi division. It is about 6 km west of Gulu city centre along the Highway to the Republic of South Sudan. It has been built on land owned by Gulu Catholic Archdiocese leased to Lacor Hospital. The Christian doctrine of dedication and providing holistic care to the sick in a compassionate manner is the strong pillar on which Lacor Hospital's identity and performance rests.

Gulu city has 219,800 inhabitants, while the total population of Gulu district is 124,735. Amuru and Omoro district populations are 228,660 and 209,090 respectively. Gulu Government Hospital, about 6 km from Lacor, has 335 beds and is the regional referral Hospital. There are other small private clinics and drug shops for commercial purposes in Gulu Town and the suburbs. Neighbouring Nwoya district has a population of 267,594 people.

Currently the hospital has a bed capacity of 482 beds offering referral services, primarily serving the population of Gulu, Amuru, Omoro, and Nwoya districts. Many patients also come from the other districts of Acholi sub-region including Kitgum, Pader, Agago and Lamwo districts as well as from other parts of Uganda. In the last FY, Lacor has served some of the refugees from South Sudan, coming from the camps in Uganda. In order to further improve accessibility of health services to the community, Lacor Hospital constructed three satellite Health Centres in Amuru, Opit and Pabbo. Each Health Centre is located about 40 km away from the Lacor Hospital.

Lacor Hospital is mainly funded from three main sources: the delegated funds from government of Uganda, user fees and mostly from foreign donations.

Gulu city and the districts of Gulu, Amuru and Omoro, where Lacor Hospital and its Health Centres are located, are bordered by seven districts: Adjumani, Arua and Nebbi to the West; Oyam, and Nwoya to the South and Kitgum and Pader to the East. The northern border of Amuru district borders South Sudan.

For over 20 years, Northern Uganda have had insecurity, which has led to many deaths and disruption of life, with massive displacement of people, most of whom had ended up either in urban areas or in protected camps for the Internally Displaced. Normal life, food production, education, health, and other social services that had all been disrupted by the insecurity for all this time to normal today. Cross border economy with South Sudan has resulted in growth of Gulu city, but many peripheral areas had limited benefit. Gulu, Amuru and Omoro districts have some of the worst health indicators in the Country. Formal employment rates are generally low, and majority of the households survive on subsistence farming.

CHAPTER 2: CITY HEALTH SERVICES AND HEALTH POLICY

2.1 THE COMMUNITY AND HEALTH STATUS OF GULU CITY

2.1.1 Administrative units in Gulu City

Administratively, Gulu City is composed of two (2) constituencies, making the 2 HSD of Bardege-Layibi and Pece-Laroo, giving a total of 32 parishes.

2.1.2 The main health development challenges

Inadequate health infrastructure lowers physical accessibility to health services. This coupled with lack of qualified human resources further lowers the quality of health services provided. Logistics and health supplies are limited and sometimes not regular. Lack of transport and communication affects referral as well as health data management system.

The high level of maternal and child morbidity and mortality rates are partly attributed to the high prevalence of HIV/AIDS/TB and other communicable diseases. Reproductive health services (e.g., Emergency Obstetric Care) are generally limited to urban hospitals.

High level of poor hygiene and sanitation also exists at household level.

2.2 HEALTH POLICY

The goal of the National Health Policy (NHP) is to "attain a good standard of health for all people in order to promote a healthy and productive life". The key priority areas of the NHP are.

1. Strengthening health systems in line with decentralization through training, mentoring, technical assistance and financial support.
2. Re-conceptualizing and organizing supervision and monitoring of health systems at all levels in both public and private health sectors and improving the collection and utilization of data for evidence-based decision-making at all levels.
3. Establishing a functional integration within the public and between the public and private sectors in healthcare delivery, training and research.
4. Addressing the human resource crisis and re-defining the institutional framework for training health workers, including the mandate of all actors.
5. Leadership and coordination mechanisms, with the aim of improving the quantity and quality of health workers production shall also be a priority.
6.

2.2.1 Health sector development plan, 2021/22-2024/25

The GoU, with the stewardship of the MoH, has also developed the third National Health Sector Development Plan, HSDP whose focus is on achieving 'health for all Ugandans' by focusing on promoting health, using evidence to design and implement health programs and services. In the spirit of continuous quality improvement, to deliver a comprehensive health care package that includes disease prevention, health promotion, curative, rehabilitative and palliative services on top of the Uganda National Minimum Health Care Package, (UNMHCP).

2.2.2 The minimum health care package

The minimum health care package in Uganda involves the most cost-effective priority healthcare interventions and services addressing the high disease burden that are acceptable and affordable within the total resource envelope of the sector. The package consists of the following clusters:

1. Health promotion, environmental health, disease prevention and community health initiatives, including epidemic and disaster preparedness and response.
2. Maternal and Child Health.
3. Prevention, management and control of communicable diseases.
4. Prevention, management and control of non-communicable diseases.
5. Elimination of mother to child transmission of diseases.

Lacor Hospital continues to implement the Uganda National Health Policy and the Health Sector Strategic Plan by providing the major components of the Uganda Minimum Health Care Package offering in-patient, out-patient and community-based services. The Hospital receives patients referred from all the districts of northern Uganda and beyond, in particular serving South Sudanese refugees. The range of services offered includes diagnostic, therapeutic and preventive services.

All our three Health Centres (Lacor Health Centre III-Amuru and Lacor Health Centre III-Pabbo and Lacor Health Centre Opit) are now located in Amuru and Omoro districts. The operational plan of each of the health units is incorporated into the overall activity plan of the respective districts.

Each of Lacor Hospital's peripheral Health Centres is a designated Health Centre III and offers a range of services including maternal and child health care, HCT (HIV Counselling and Testing) for HIV/AIDS as well as PHC (Primary Health Care) activities, and other clinical services. The Health Centres provide support supervision to the local lower-level units within their catchment areas, including the lower-level government health units. The Health Centres also serve as points of screening of patients for referral to the Hospital. Ambulance services are available free of charge for referral of patients from the Health Centres to the Hospital.

Lacor Hospital participates in the District Health Management Team (DHMT) and District Health Cluster meetings and the operational plans for the common activities are incorporated in the City health plan.

CHAPTER 3: LACOR HOSPITAL HEALTH CARE ACTIVITIES

3.1 AGGREGATED NUMBER OF IN- AND OUT-PATIENTS IN THE HOSPITAL COMPLEX

The overall number of patients who attended Lacor Hospital and its three Health Centres this FY was 189,525, which is 9.2% lower than last FY. A total of 159,262 (84.03%) were seen as outpatients, while 30,263 (15.97%) were treated in the wards. Out of them, 122,923 (64.86%) were treated in the Hospital, while 66,602 (35.14%) clients were attended to at the Health Centres.

Table 3: Consolidated number of patient contacts - 2022/23

Unit	In-pts children	In-pts Maternity	Other Adults	Total In-pts	Out-pts Children	ANC	Other Adults	Total Out-pts	TOTAL Contacts
Hospital	7,017	8,514	6,764	**22,295**	17,811	12,775	70,042	**100,628**	**122,923**
Amuru	1,195	1,664	358	**3,217**	7,345	5,777	7,087	**20,209**	**23,426**
Opit	883	864	331	**2,078**	7,121	4,215	7,551	**18,887**	**20,965**
Pabbo	721	1,565	387	**2,673**	7,590	6,245	5,703	**19,538**	**22,211**
TOTAL	**9,816**	**12,607**	**7840**	**30,263**	**39,867**	**29,012**	**90,383**	**159,262**	**189,525**

3.2 ATTENDANCE BY SPECIFIC GROUPS

Children under 5 years made up 26.2% (49,863) of the total attendance, while mothers (Antenatal clinic and Obst &Gyn) contributed 22.0% (41,619) and 51.7% (98,043) were other adults. Therefore, women with reproductive health related problems and children constituted 48.3% (91,402) of the total patients served this FY.

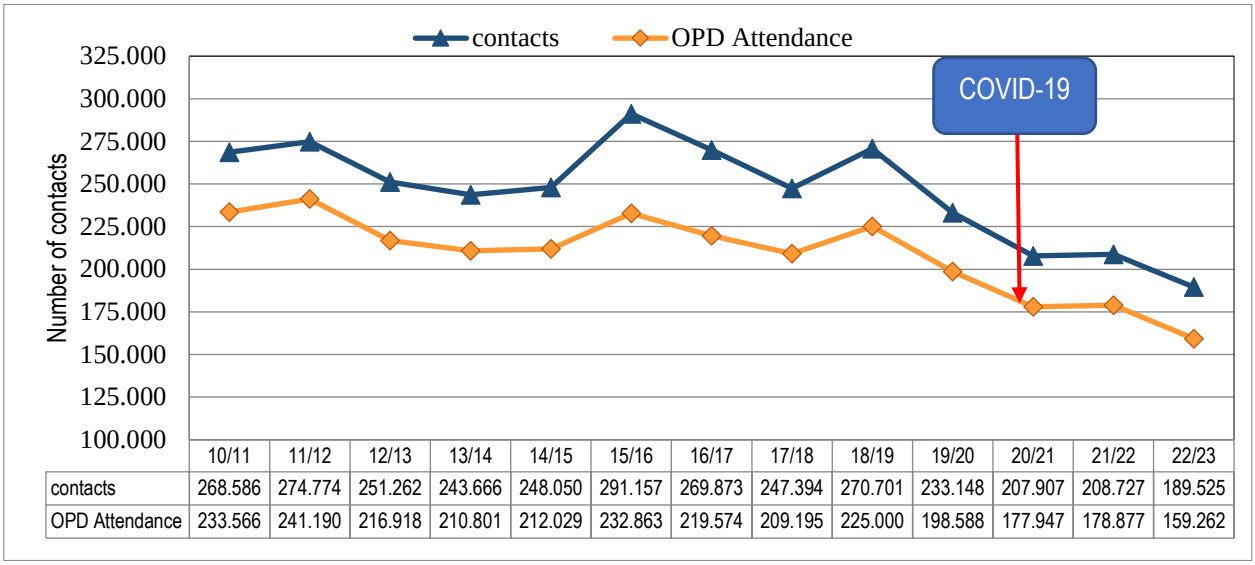
The Health Centres cared for 35.1% of the patients, while 64.9% were seen in the main hospital. This is in line with the hospital strategy of taking services closer to the local communities through utilization of its three subsidiary Health Centres.

3.2.1 Trend of attendance in the hospital complex

There was a significant decrease by 9.2% (19,202) in total attendance from 208,727 in FY-2021/22 to 189,525 clients in this FY-2022/23 majorly due to increased functionality of government and other private health facilities. This meant that many patients can easily get services near their jurisdiction, but the most complex and emergency cases report to Lacor. The 6 month dispensing of ARV's has also implied less clinic visits for HIV care. The decrease regards only the OPD contacts, while admissions remained stable recording a small increment.

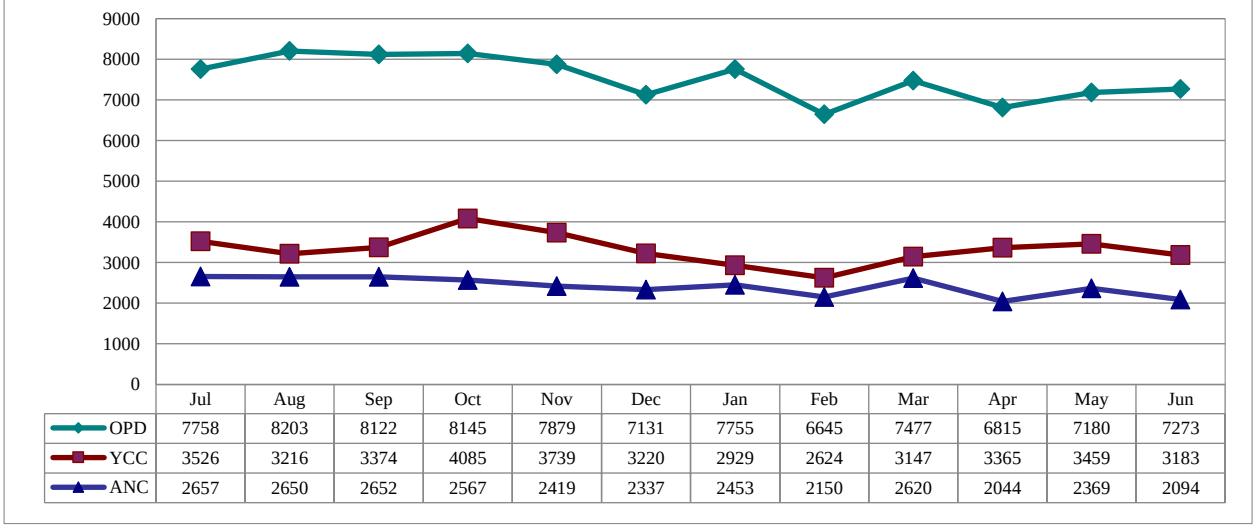
Table 4: Trends of total contacts in the hospital complex FY 2021/22 to 22/23

Total contacts	FY-2021/22	FY-2022/23	Variance	Variance %
Lacor Hospital	134,274	122,923	(11,351)	-8.5%
Amuru	28,413	23,426	(4,987)	-17.6%
Opit	23,364	20,965	(2,399)	-10.3%
Pabbo	22,676	22,211	(465)	-2.1%
TOTAL	**208,727**	**189,525**	**(19,202)**	**-9.2%**



	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23
contacts	268.586	274.774	251.262	243.666	248.050	291.157	269.873	247.394	270.701	233.148	207.907	208.727	189.525
OPD Attendance	233.566	241.190	216.918	210.801	212.029	232.863	219.574	209.195	225.000	198.588	177.947	178.877	159.262

Figure 2: Trend of attendance in the hospital complex



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
OPD	7758	8203	8122	8145	7879	7131	7755	6645	7477	6815	7180	7273
YCC	3526	3216	3374	4085	3739	3220	2929	2624	3147	3365	3459	3183
ANC	2657	2650	2652	2567	2419	2337	2453	2150	2620	2044	2369	2094

Figure 3: Monthly trends of OPD attendance in the Hospital Complex FY– 2022/23

3.2.2 Group-specific trends

The tables below summarize the group specific trends in attendance in the hospital complex.

Table 5: Change in group-specific attendance FY 2021/22 to 2022/23

Total Attendance	FY-2021/22	FY-2022/23	Variance	Variance %
Children	52,708	49,683	(3025)	-5.7%
ANC & admission Maternity wards	44,711	41,619	(3092)	-6.9%
Other Adults	111,308	98,223	(13085)	-11.8%
TOTAL	**208,727**	**189,525**	**(19202)**	**-9.2%**

Table 6: Trends of admissions and OPD contacts FY 2021/22 to 2022/23

Total Attendance	FY-2021/22	FY-2022/23	Variance	Variance %
Admission	29,850	30,263	(413)	1.4%
Outpatients	178,877	159,262	(19,615)	-11.0%
TOTAL	**208,727**	**189,525**	**(19,202)**	**-9.2%**

Table 7: Trends in numbers of children and adults admitted FY 2021/22 to 2022/23

Admissions	FY-2021/22	FY-2022/23	Variance	Variance %
Children	9,380	9,816	436	4.6%
Adults	20,470	20,447	(23)	-0.1%
TOTAL	**29,850**	**30,263**	**413**	**1.4%**

3.3 TREND OF SELECTED MEDICAL SERVICES

This FY 2022/23 compared to the previous FY 2021/22 registered an increase in special clinic attendances except for Dental, ICU and Emergency clinics. There was a remarkable increase in endoscopy services because the endoscopy equipment has been functional in the FY.

Table 8: Trends in selected services FY 2021/22 to 2022/23

Total Attendance	FY-2021/22	FY-2022/23	Variance	Variance %
Dental Clinic	7,473	7,216	(257)	-3.4%
Endoscopy	453	906	453	100.0%
Surgical operations (incl. minor).	8,166	8,762	596	7.3%
ICU	465	362	(103)	-22.2%
Diagnostic imaging	43,538	45,563	2,025	4.7%
Sickle Cell Clinic	2,134	2,622	488	22.9%
Emergency Clinics	11,678	11,641	(37)	-0.3%

3.4 OUTPATIENT SERVICES

In the Hospital, services are delivered through the adult Outpatients Department (OPD) for patients of twelve years or older, through the Young Child Clinic (YCC) for patients less than twelve years of age and through the Antenatal Clinic (ANC) for pregnant women.

The Hospital also runs the following special clinics on outpatient basis: HIV clinic, Dental clinic, Obstetrics and Gynaecology clinics, surgical clinic, Sickle Cell clinic, TB outpatient clinic, cardiovascular and diabetic clinics, as well as a private clinic.

The OPD opens Monday to Friday from 8:00am to 5:00pm and Saturdays from 8:00am to 1:00pm. The Young Child Clinic also opens Sundays and public holidays to handle emergency cases. The ANC opens Monday to Friday. Emergencies that come after work hours are served in the respective inpatient wards and/or in the casualty department, which remains open twenty-four hours a day. On average, 531 patients were seen in the Hospital complex daily.

3.4.1 Outpatient services by categories of patients in the hospital complex

Of the total 159,262 outpatients, 90,383 (56.75%) were seen in the Adult OPD and the remaining 43.25% were composed of children 39,867 (25.03%) seen in the YCC and pregnant women 29,012 (18.22%) attending the ANC. Total women seen were 87,993 (58,981 in Adult OPD, 29,012 in ANC and Obs & Gyn clinic). If we add the 39,867 Young Child Clinic children, we have a total of 127,860, (80.28%) of all outpatient contacts, implying that the OPD attendance is in line with the hospital mission to provide care for the most vulnerable groups.

3.4.2 OPD attendance according to location

Of the total 159,262 outpatients this FY, 63.2% (100,628) were attended to in the Hospital and 36.8% (58,634) were seen in the Health Centres.

3.5 DISEASE BURDEN IN OUTPATIENTS AT THE HOSPITAL

3.5.1 Leading causes of morbidity among adult outpatients

Gastrointestinal disorders were the leading cause of morbidity among adult OPD patients accounting for 2,616 (7.74%) of attendance, followed by Injuries at 7.29%, Malaria at 7.17%, cough or cold (no pneumonia) at 7.15% and Urinary Tract Infections at 6.38%. The table below summarizes the leading causes of morbidity in the FY 2022/23 (multiple diagnosis considered).

Table 9: Leading causes of morbidity among adults attending OPD FY 2022/23

S/N	Diagnosis	Diagnosis Counts	Percentage
01	Gastro-Intestinal disorders (esophagitis, gastritis, enteritis/ colitis, rectal and anal conditions, incl. tumors) - non-infective	2,616	7.74
02	Injuries, (head injuries, soft tissue injuries, fractures & burns)	2,464	7.29
03	Malaria confirmed includes malaria in pregnancy	2,422	7.17
04	No pneumonia - cough or cold (incl. Rhinitis, Tonsillitis, Pharyngitis, Bronchitis)	2,417	7.15
05	Urinary Tract Inf. (UTI) - incl. Pyelonephritis, Cystitis	2,156	6.38
06	Dental Conditions including, dental caries, pulpitis, dental	1,661	4.92
07	PID	1,541	4.56
08	Arthritis, disc prolapse/compression/herniation, spondylosis and musculoskeletal pain	1,492	4.42
09	Pregnancy and its complications	1,448	4.29
10	Hypertension	1,428	4.23
11	All others	14,142	41.86
	TOTAL	**33,787**	**100.00**

3.5.2 Leading causes of morbidity among outpatient children under 5 years

Malaria was the leading cause of morbidity among Under 5 year olds, accounting for 23.92% of patients, followed by Cough or cold (no pneumonia) at 21.65%, Diarrhoea, both acute and

persistent (enterocolitis, salmonellosis) at 9.72%, Anaemia at 6.76% and Skin Diseases at 3.89%. The following table summarizes the causes of morbidity in children under 5 years in FY 2022/23 (multiple diagnosis considered).

Table 10: Leading causes of morbidity in children under 5 attending YCC in the hospital FY 2022/23

No	Diagnosis	Diagnosis Counts	Percentage
01	Malarial Total	2,585	23.92
02	No pneumonia - cough or cold (Rhinitis, Tonsillitis, Pharyngitis,	2,339	21.65
03	Diarrhoea-Acute/persist (enterocolitis, Salmonellosis)	1,050	9.72
04	Anaemia	730	6.76
05	Skin Diseases (incl. warts and cones)	420	3.89
06	Injuries, (incl. head injuries, soft tissue injuries, fractures &	360	3.33
07	Sickle Cell Disease (SCD)	324	3.00
08	Gastro-Intestinal disorders (esophagitis, gastritis,	256	2.37
09	Bacteraemia/septicaemia	248	2.30
100	Pneumonia	192	1.78
11	All others	2,301	21.30
	TOTAL	**10,805**	**100.00%**

3.6 HIV/AIDS CARE SERVICES

Lacor HIV/AIDS clinic was started in 1993, and offers comprehensive care to HIV infected patients. The package of care includes HIV prevention, counselling and testing services, care and treatment of opportunistic infections, provision of anti- retroviral treatment (ART) with routine clinical, laboratory and community follow up, health education, as well as elimination of mother-to-child transmission (eMTCT), safe male circumcision, and post exposure prophylaxis. The Differentiated Service Delivery Model [DSDM], Community Drug Distribution Points (CDDPs), and alternative drug distribution points are being operated. Community follow up is done by few community volunteers, whose numbers are dwindling due to reducing funding.

Currently funding is from USAID through the Local Service Delivery Activity [LSDA] implemented by the Uganda Protestant Medical Bureau [UPMB]. Some community partners include Youth Alive and KARIN.

The Test and Treat policy continues to be implemented, with optimization of treatment, Pre-exposure prophylaxis for HIV and an increased emphasis on client attachment to community structures. We are also providing HIV self-testing, and escalating community reach through client led approached. Transition to Dolutegravir based regimens was practically completed this FY in line with the new treatment policies, and more clients are monitored closely by viral load and other tests. Testing is targeted to Key populations and indexes among others, and linkage to care continued to be optimized.

Multi-month ARV dispensing for 6 months has been escalated markedly this FY.

Table 11: HIV services from FY 2016/17 to 2022/23

HIV/AIDS Services	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23
Ever enrolled on HIV care (incl. pats on ART)							
Children	1,566	1,932	2,099	2,119	2,150	2,186	2,208
Adults	14,425	16,398	18,023	18,249	18,939	19,267	19,797
TOTAL in CARE	**15,991**	**18,330**	**20,122**	**20,368**	**21,089**	**21,453**	**22,005**
Current Active on ART							
Children	491	485	524	374	334	298	255
Adults	6,072	8,248	6,772	6,826	6,798	6,858	6,729
TOTAL on ART	**6,563**	**8,733**	**7,296**	**7,200**	**7,132**	**7,156**	**6,984**

The clinic has to date enrolled 22,005 clients. However, at the end of FY 2022/23, we had 6,984 clients on ART. Many have transferred to other centers or died or got lost to follow up. Of the 6,984 clients, 96.35% (6,729) are adults and 3.65% (255) are children. Females (4,733) comprise 67.77% and the rest (2,251) are males.

Lacor Hospital is one of the government-designated national sentinel surveillance sites for monitoring trends of HIV/AIDS epidemic in Uganda. HIV prevalence trends are monitored based on testing all pregnant mothers attending Ante Natal Clinic for the first time, as well as adverse drug reaction monitoring. HIV recency testing is also being done to determine how many of the new positives have acquired HIV in the past one year.

Table 12: Lacor Hospital eMTCT activities - FY 2022/23

eMTCT Activity	2022/23
New ANC cases	6,581
Counselled	9,403
Women tested for HIV	9,366
Post-test counselled and received HIV result	9,366
Women tested positive for HIV (new positives)	66
Partners (of HIV tested women) tested for HIV	3,382
Partners positive for HIV	29
ANC mothers already on ART before coming to ANC	187
Enrolled into eMTCT program (received ARVs)	250
HIV positive mothers delivered in the Hospital	329
Children of HIV positive mothers tested for HIV	237
Children of HIV positive mothers who tested HIV negative	233
Children of HIV positive mothers who tested HIV positive	4

Up to 9,366 women were tested for HIV. Of those tested, 66 (0.7%) turned positive. At least 51.4% (3,382) of the new ANC women tested had their partners tested too. The need to have the male involved cannot be over emphasized. Table 10 summarize the eMTCT activities conducted in 2022/23. Practically all HIV positive mothers in ANC received ARVs'. The four cases of positive infants were mostly related to post-delivery discovery or non adherence in pregnant mothers.

3.6.1 Cervical Cancer Screening

Up to 1,849 women were screened for cervical cancer this FY through visual inspection with acetic acid (VIA). Of the 1,849 screened, 37.0% (691) were HIV positive. A total of 55 women were ultimately suspected of cervical cancer through screening and referred accordingly. This FY the cryotherapy and Thermocoagulation machines, were partially functional serving only 2 and 11 clients respectively. Follow up for those who go through hysterectomy has been difficult. All the women screened for cervical cancer also underwent screening for breast cancer.

Table 13: Cervical cancer screening - FY 2022/23

FY 2022/23	14-49 Years	>49 Years	TOTAL
HIV POS	507	184	691
HIV NEG	1,005	153	1,158
VIA	1,512	337	1,849
PAP Smear	4	4	8
Biopsy	45	31	76
Cervical cancer suspect	33	22	55
Cryotherapy	2	0	2
Thermocoagulation	9	2	11

Taking care of a child before operation

3.7 INPATIENT CARE ACTIVITIES: ADMISSIONS

3.7.1 Bed capacity (Hospital and Health Centres)

The total bed capacity of the Hospital complex is 554 with the main hospital taking up 482 and each of three health centres having 24 beds. Of the 482 beds in the hospital, 19 are private.

Table 14: Departments, wards, and number of beds in the hospital - FY 2022/23

Department/Ward	Beds per Unit/Ward
PAEDIATRIC DEPARTMENT	**112**
1. Nutrition	17
2. General Paediatric.	89
3. Neonatal Unit	6
MEDICAL DEPARTMENT	**104**
1. Medicine	80
2. Medicine Private	4
3. Tb Ward	4
4. Isolation	16
SURGICAL DEPARTMENT	**166**
1. Surgery 1 (Septic Surgery)	62
2. Surgery 1 Side Room	2
3. Burns Unit	8
4. Surgery 2 (Clean Surgery)	47
5. Surgery 2 Private	5
6. Surgery 2 Private Grade 1	4
7. Orthopaedic/ Trauma ward	30
8. ICU- Intensive Care Unit	8
OBST & GYN DEPARTMENT	**100**
1. Maternity	54
2. Gynaecology	40
3. Maternity Private	6
No of Private beds (included in the Total)	*19*
TOTAL	**482**

3.7.2 Admissions by specific groups at the Hospital complex

The total number of admissions in the hospital complex was 30,263 this FY, a slight increase of 1.4% (413) from the previous FY. Children ward having the greatest increase of 4.6% (436), maternity ward registered an increase in admission at 3.2% (390) and Other adults admitted had a decline of 5.0% (413). Admissions in children and maternity wards accounted (74.09%) of all admissions in the hospital complex.

Table 15: Admissions to the Hospital and the Health Centres - FY 2022/23

Admissions	FY-2021/22	FY-2022/23	Variance	Variance %
Total admissions children	9,380	9,816	436	4.6%
Total admission maternity	12,217	12,607	390	3.2%
Total admissions adults	8,253	7,840	(413)	-5.0%
TOTAL	**29,850**	**30,263**	**413**	**1.4%**

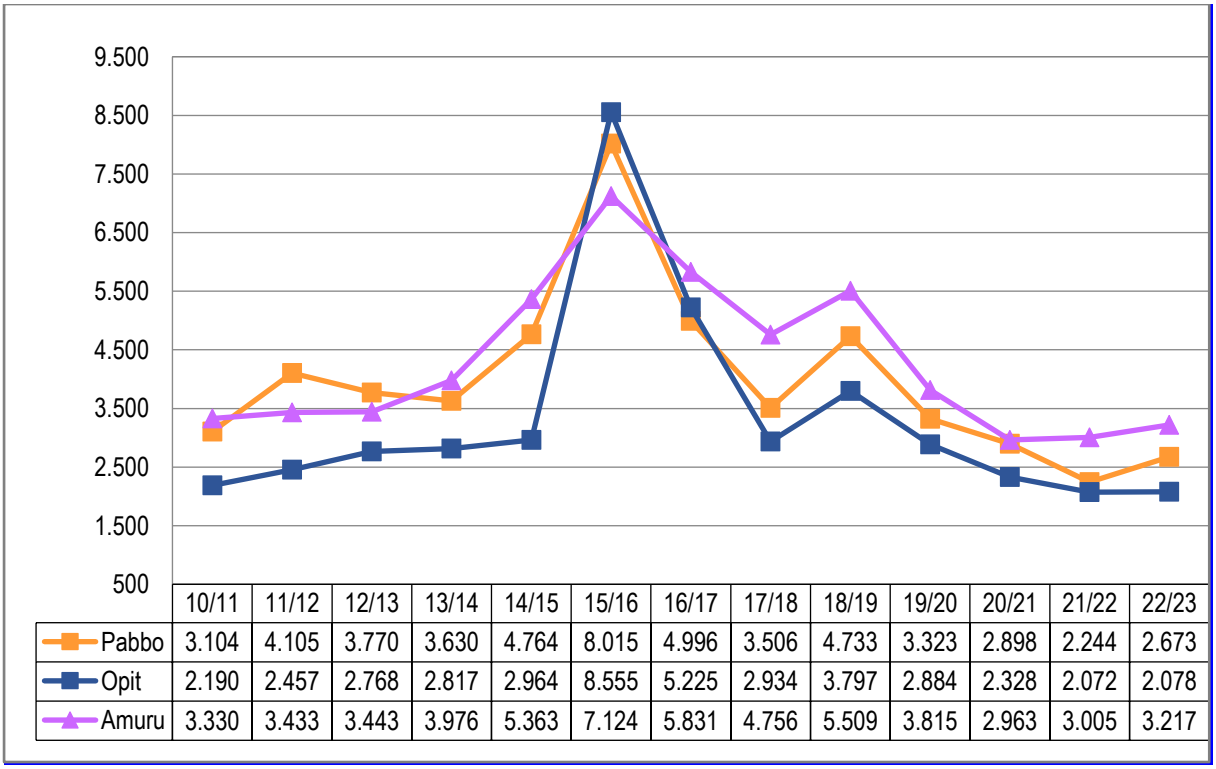
3.7.3 Admissions by location

Out of the 30,263 admitted patients, 22,295 (73.7%) were admitted in the Hospital and 7,968 (26.3%) in the three Health Centres.

On average, 83 new patients were admitted per day into the hospital complex in FY 2022/23; 61 admissions for the hospital only. The average number of patients present in the wards was 383 for the 482 beds in the Hospital and 42 for the 72 beds in the three health centres. Consequently, the Bed Occupancy Rate (BOR) was 79.47% in the hospital and 58.15% in the health centres.

3.7.4 Admission to the Health Centres

In this FY, the overall admissions in the Health Centres (7,968) increased by 8.84% (647), ranging from 0.3% to 19.1% with Pabbo Health Centre registering the highest increase. A possible reason could be the outbreak of malaria. The hospital has strategically moved to strengthen the Health Centres so that services can be taken nearer to the rural population, improving access to services, but also decongesting the hospital and leaving it for more complex cases. The figure and table below summarize admissions to the health centres.



	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23
Pabbo	3.104	4.105	3.770	3.630	4.764	8.015	4.996	3.506	4.733	3.323	2.898	2.244	2.673
Opit	2.190	2.457	2.768	2.817	2.964	8.555	5.225	2.934	3.797	2.884	2.328	2.072	2.078
Amuru	3.330	3.433	3.443	3.976	5.363	7.124	5.831	4.756	5.509	3.815	2.963	3.005	3.217

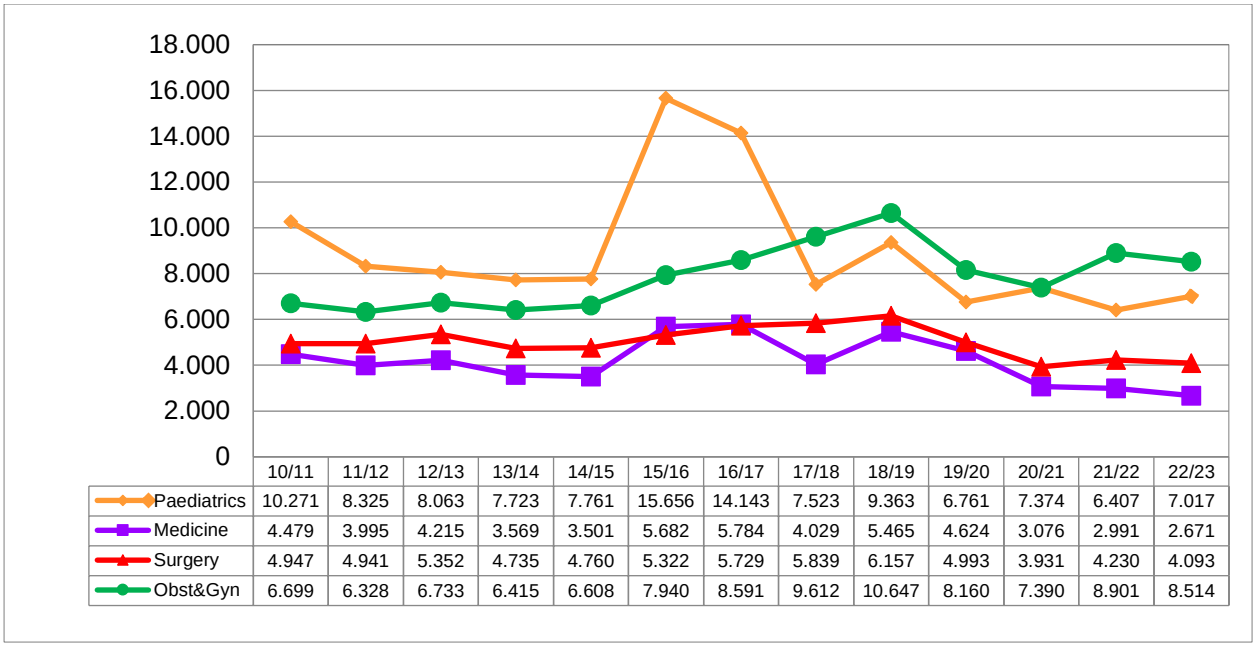
Figure 4: Trends of admission to the Health Centres - 2010/11 to 2022/23

3.7.5 Admissions to the Hospital

In this FY, an overall decrease of 1% (758) in admissions was observed. Most of this figure is due to the decrease of admissions in Isolation (462) and in ICU (103), since the peak of the Covid -19 was over. Paediatric department registered a 10% increase in the number of admissions while Surgical (-3%) and Gynaecology and Obstetrics departments (-4%) registered a decline in admission, probably due to the increased offer of specialist services in the area. This might mean that for some specialised units like Neonatal unit, Isolation, Surgery I, Burns, ICU, Orthopaedic and maternity, which consume a lot of resources, some of them also requiring a long stay in the hospital, Lacor Hospital can increasingly share the burden with the Regional Hospital. This is summarized in the table and figure below.

Table 16: Admissions by ward in FY 2021/22 and 2022/23

Admissions	FY-2021/22	FY-2022/23	Difference	% Variance
PAEDIATRIC DEPARTMENT				
Gen Paediatric and Nutrition	5,968	6,627	659	11%
Neonatal	439	390	-49	-11%
Total Paediatric Department	**6,407**	**7,017**	**610**	**10%**
MEDICAL DEPARTMENT				
General Medicine	2,498	2,640	142	6%
TB	0	0	0	0%
Isolation	493	31	-462	-94%
Total Medical Department	**2,991**	**2,671**	**-320**	**-11%**
SURGICAL DEPARTMENT				
Surgery 1	1,010	977	-33	-3%
Burns	117	100	-17	-15%
Surgery 2	1,588	1,732	144	9%
Orthopaedic/Trauma ward	1,050	922	-128	-12%
ICU	465	362	-103	-22%
Total Surgical Department	**4,230**	**4,093**	**-137**	**-3%**
OBST & GYN DEPT				
Maternity	7,262	6,611	-651	-9%
Gynaecology	1,639	1,903	264	16%
Total Obstetrics &Gynaecology	**8,901**	**8,514**	**-387**	**-4%**
TOTAL	**22,529**	**22,295**	**-234**	**-1%**



	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23
Paediatrics	10.271	8.325	8.063	7.723	7.761	15.656	14.143	7.523	9.363	6.761	7.374	6.407	7.017
Medicine	4.479	3.995	4.215	3.569	3.501	5.682	5.784	4.029	5.465	4.624	3.076	2.991	2.671
Surgery	4.947	4.941	5.352	4.735	4.760	5.322	5.729	5.839	6.157	4.993	3.931	4.230	4.093
Obst&Gyn	6.699	6.328	6.733	6.415	6.608	7.940	8.591	9.612	10.647	8.160	7.390	8.901	8.514

Figure 5: Trend of admissions in the Hospital by departments – 2010/11 to 2022/23

3.8 LEADING CAUSES OF ADMISSION TO THE HOSPITAL

3.8.1 Admission among children

In FY 2022/23, malaria was the commonest condition among admissions for Under Five age group accounting for 22.46% of all admissions, followed by anaemia at 11.92%, Neonatal conditions at 10.85%, premature and low birth weight at 8.95% and Pneumonia at 4.37%. This is very similar to the previous FY trends, except for pneumonia overtaking Respiratory infections. The table below summarizes the top leading causes of admission among children. Clearly prematurity and neonatal conditions combined adds a great burden.

Table 17: Leading causes of admission in children (hospital only) in FY 2022/23

sn	Diagnosis (Multiple diagnosis allowed)	Counts	Percentage
1	Severe, uncomplicated and all types of Malaria	1,989	22.46%
2	Anaemia, all causes	1055	11.92%
3	Neonatal conditions Except Birth Asphyxia	961	10.85%
4	Premature baby (preterm) & Low Birth Weight	792	8.95%
5	Pneumonia	387	4.37%
6	Respiratory tract infection/Bronchiolitis/URTI	323	3.65%
7	Sickle Cell Disease (SCD) and complications	319	3.60%
8	Bacteraemia / Septicaemia/Sepsis, non-neonatal conditions	313	3.54%
9	Injuries all types including burns	269	3.04%
10	Acute Diarrhoea/Gastroenteritis/Enteritis	241	2.72%
11	Malnutrition severe/Protein Energy Malnutrition type (PEM)	236	2.67%
12	Birth Asphyxia	224	2.53%
13	All others	1,745	19.71%
	TOTAL DIAGNOSES	**8,854**	**100.00%**

3.8.2 Admission among adults

Deliveries and pregnancy related complications remain as the commonest causes of admission. This is followed by Malaria, injuries, anaemia and heart diseases. Other causes of admission include sickle cell disease, UTI, cancers, septicaemia, pneumonia and liver diseases. The table below summarizes the top leading causes of admission among adults in St Mary's Hospital Lacor.

Table 18: Leading causes of admissions in adults at the hospital in FY 2022/23

sn	Diagnosis (Multiple diagnosis allowed)	Counts	Percentage
1	Normal pregnancies and deliveries	7,982	28.65%
2	Abortions and pregnancy complications	6,008	21.57%
3	Malaria all types (severe)	2,095	7.52%
4	Injuries, RTA, fractures, including burns	1,985	7.13%
5	Anaemia all types	1,646	5.91%
6	Heart diseases/ cardiovascular excluding hypertension	659	2.37%
7	Sickle cell disease and complications	526	1.89%
8	Urinary tract infection	481	1.73%
9	Cancers , Carcinoma and Malignancies except Liver cancer	472	1.69%
10	Bacteraemia / Septicaemia	410	1.47%
11	Pneumonia	309	1.11%
12	Liver cirrhosis, hepatitis and liver diseases	295	1.06%
13	All others	4,989	17.91%
	Total Diagnosis	**27,857**	**100.00%**

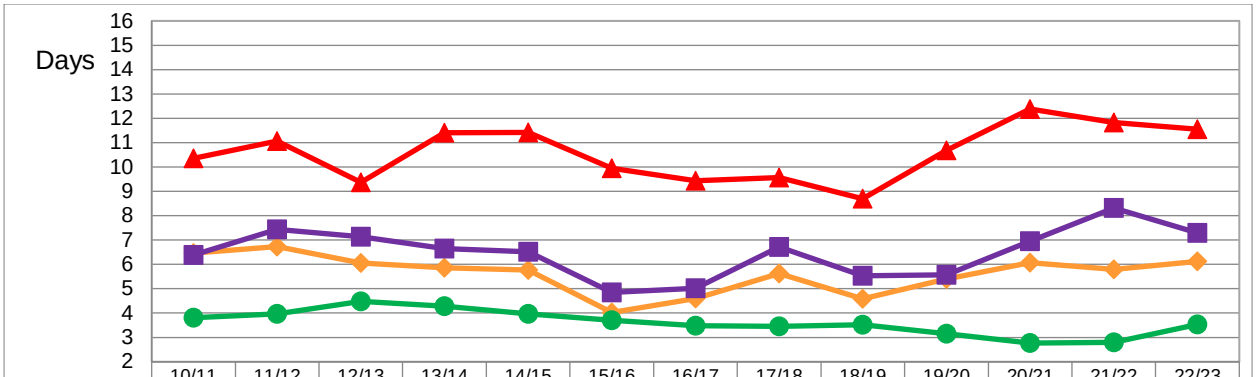
3.8.3 Hospital Average Length of Stay (ALOS) and Bed Occupancy Rates (BOR)

The hospital length of stay in FY 2022/23 was 6.27 days. The average length of stay (ALOS) varied by ward, with maternity and gynaecology wards having the lowest ALOS of 3.54 days. Surgery still has the highest ALOS of 11.55 days, approximately the same as last FY's 11.83 days. Trauma and conditions requiring operations treated in the surgical wards take longer to recuperate while the cases handled in the maternity ward, like normal deliveries, recover faster.

This FY, the BOR increased to 79.47% from 77.8% observed in the previous FY. Paediatric department had the highest BOR of 105.00% followed by Obstetrics at 82.50%. Medicine and Surgical ward had the lowest BOR at 51.33% and 78.05% respectively. The table and figure below summarize the ALOS and Bed Occupancy Rate (BOR).

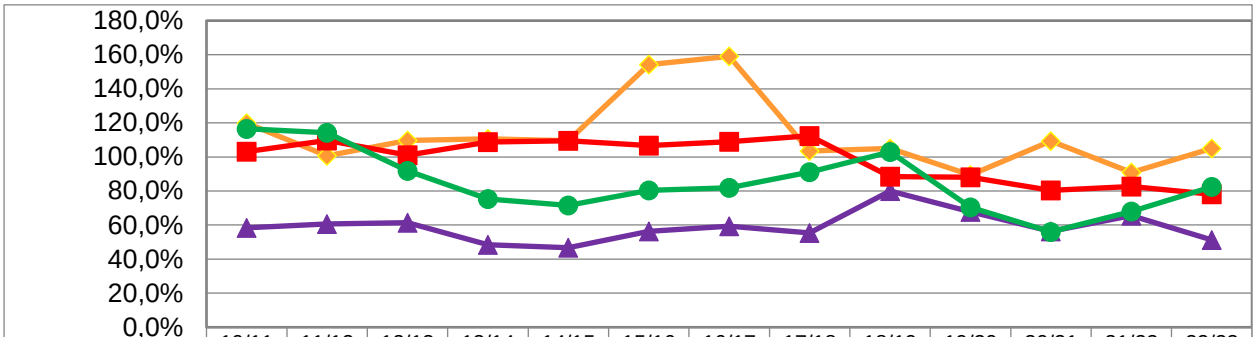
Table 19: Hospital ALOS and BOR by ward in 2022/23

Department	Bed Capacity	Admissions	Bed State	ALOS	BOR
Paediatrics	112	7,017	42,924	6.12	105.00%
Medicine	104	2,671	19,485	7.30	51.33%
Surgery	166	4,093	47,293	11.55	78.05%
Obs & Gyn	100	8,514	30,113	3.54	82.50%
TOTAL / AVERAGE	**482**	**22,295**	**139,815**	**6.27**	**79.47%**



	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23
Paed	6,47	6,73	6,06	5,86	5,77	4,02	4,60	5,62	4,58	5,41	6,06	5,80	6,12
Med	6,38	7,44	7,13	6,65	6,52	4,85	5,02	6,71	5,53	5,56	6,94	8,31	7,30
Surg	10,35	11,06	9,37	11,40	11,42	9,94	9,44	9,56	8,70	10,68	12,38	11,83	11,55
O&G	3,81	3,96	4,48	4,28	3,96	3,70	3,48	3,46	3,53	3,15	2,77	2,79	3,54

Figure 6: Variations in department specific inpatient ALOS – 2010/11 to 2022/23



	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23
Paed	119,8%	100,7%	109,7%	110,7%	109,5%	154,1%	159,0%	103,4%	105,0%	89,4%	109,4%	90,9%	105,0%
Med	58,4%	60,6%	61,4%	48,5%	46,7%	56,3%	59,4%	55,3%	80,0%	67,8%	56,3%	65,5%	51,3%
Surg	103,1%	109,7%	101,0%	108,7%	109,5%	106,6%	108,9%	112,4%	88,4%	88,0%	80,3%	82,6%	78,1%
Obst&Gyn	116,5%	114,2%	91,8%	75,3%	71,6%	80,5%	81,9%	91,0%	102,8%	70,4%	56,0%	68,1%	82,5%

Figure 7: Variations in department specific BOR – 2010/11 to 2022/23

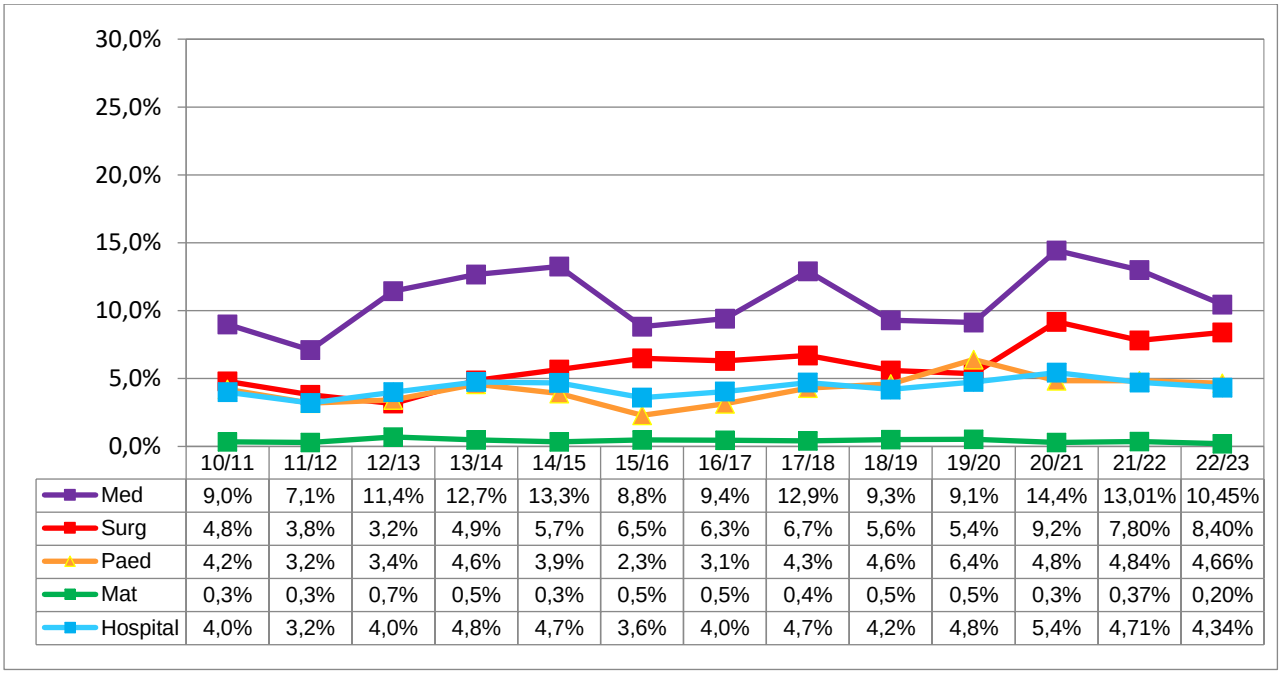
3.9 INPATIENT MORTALITY RATE IN THE HOSPITAL

The total number of deaths in the Hospital, this FY decreased to 967 (8.76%) from 1,062 observed in FY 2021/22. The mortality rate this year (4.34%) is lower than last FY's (4.71%), due to a decline in deaths (numerator). The highest mortality rate was registered in medical wards (10.45%), which was mainly attributed to HIV, cancers, TB and chronic diseases. Many such patients are brought for care at the terminal stages of their illness. The paediatric ward, including the neonatal unit, which receives very delicate premature babies, had 4.66% mortality. The surgical ward, which includes the Intensive Care Unit had mortality of 8.40% due mainly to high cases of Road Traffic Accidents (RTA) which need critical care, with high potential of dying.

The trend of inpatient mortality is summarized in *figure 9* and in *Tables 17 and 20.*

Table 20: Mortality in the different wards and units from FY 2021/22 to 2022/23

Ward	Unit	2021/22	2022/23	Variance
SURGERY	Burns	2	8	6
	Casualty	7	2	-5
	ICU	233	243	10
	Trauma	6	4	-2
	Surgery 1	42	47	5
	Surgery II	47	42	-5
	Subtotal	**337**	**346**	**9**
MEDICINE	Isolation	100	18	-82
	Medicine	282	261	-21
	Subtotal	**382**	**279**	**-103**
PAEDIATRIC	Main CHW	238	259	21
	Neonatal ICU	72	68	-4
	Subtotal	**310**	**327**	**17**
OBS & GYN	Maternity	21	3	-18
	Gynaecology	12	14	2
	Subtotal	**33**	**17**	**-16**
TOTAL		**1,062**	**969**	**-93**



	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23
Med	9,0%	7,1%	11,4%	12,7%	13,3%	8,8%	9,4%	12,9%	9,3%	9,1%	14,4%	13,01%	10,45%
Surg	4,8%	3,8%	3,2%	4,9%	5,7%	6,5%	6,3%	6,7%	5,6%	5,4%	9,2%	7,80%	8,40%
Paed	4,2%	3,2%	3,4%	4,6%	3,9%	2,3%	3,1%	4,3%	4,6%	6,4%	4,8%	4,84%	4,66%
Mat	0,3%	0,3%	0,7%	0,5%	0,3%	0,5%	0,5%	0,4%	0,5%	0,5%	0,3%	0,37%	0,20%
Hospital	4,0%	3,2%	4,0%	4,8%	4,7%	3,6%	4,0%	4,7%	4,2%	4,8%	5,4%	4,71%	4,34%

Figure 8: Variations in department specific Mortality, 2010/11 to 2022/23

3.9.1 Leading causes of death in children admitted to the Hospital

Prematurity and Low birth weight were the leading causes of death in FY 2022/23. Respiratory distress, Neonatal conditions and Malaria make up the top 4 causes of death. The other causes of death are summarized in *Table 18.* It is clear that neonatal conditions are the drivers of death among children under 5 years.

Table 21: Leading causes of death in children - FY 2022/23

No	Diagnosis (Multiple Diagnosis allowed)	No of Deaths	%
1	Premature baby and Low birth weight	112	15.47%
2	Respiratory/pulmonary failure/distress	79	10.91%
3	Neonatal conditions Except Birth Asphyxia	59	8.15%
4	Malaria severe	56	7.73%
5	Congestive heart disease/CCF/Cardiovascular	53	7.32%
6	Anaemia all types	43	5.94%
7	Birth Asphyxia/apnoea of the newborn	42	5.80%
8	Gastroschisis	32	4.42%
9	Pneumonia	31	4.28%
10	Malnutrition	25	3.45%
111	All Others	192	26.52%
	TOTAL	**724**	**100.00%**

3.9.2 Leading causes of death in adults admitted to the Hospital

The leading causes of death among admitted adults were Heart diseases all types, accounting for 14.35%, followed by septic shock/ severe sepsis at 7.93%, Liver cirrhosis, hepatitis and liver diseases at 7.86%, Anaemia at 6.27% and Injuries, fracture including burns at 6.20% make up the top 5 causes of mortality among adults as summarized in Table 19 below.

Table 22: Leading causes of death in adults - FY 2022/23

No	Diagnosis (Multiple Diagnosis allowed)	No of Deaths	%
1	Heart diseases, stroke, valvular and cardiomyopathy	199	14.35%
2	Septic shock/severe sepsis	110	7.93%
3	Liver cirrhosis, hepatitis and liver diseases	109	7.86%
4	Anaemia all types	87	6.27%
5	Injuries, fracture & burns	86	6.20%
6	Severe Malaria	75	5.41%
7	Pneumonia	73	5.26%
8	Cancer, malignancies & tumors excludes liver cancers	65	4.69%
9	Hypovolemic shock (haemorrhagic, dehydration/all causes)	64	4.61%
10	Respiratory Infection/distress/SARI	51	3.68%
11	All others	468	33.74%
	TOTAL	**1,387**	**100.00%**

3.9.3 Summary of Hospital Mortality by Ward

Table 23: Summary of Hospital mortality by ward - FY 2013/14 to 2022/23

Indicator	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
MEDICINE WARD (GENERAL MED, TB & ISOLATION)										
Admissions	3,569	3,501	5,682	5,681	4,029	5,495	4,624	3,076	2,991	2,671
Total deaths	452	464	501	535	520	509	357	444	389	279
Mortality rate	12.66%	13.25%	8.82%	9.42%	12.91%	9.26%	7.72%	14.43%	13.01%	10.45%
PAEDIATRIC WARD (CHILDREN WARD, NUTRITION & NEONATAL)										
Admissions	7,723	7,761	15,656	14,039	7,523	9,363	6,761	7,374	6,407	7,017
Total deaths	354	302	359	440	325	432	377	357	310	327
Mortality rate	4.58%	3.89%	2.29%	3.13%	4.32%	4.61%	5.58%	4.84%	4.84%	4.66%
SURGICAL WARD (SURGERY I, II & ICU)										
Admissions	4,735	4,760	5,322	5,881	5,839	6,157	4,993	3,932	4,230	4,093
Total deaths	230	270	345	371	394	343	290	361	330	346
Mortality rate	4.86%	5.67%	6.48%	6.31%	6.75%	5.57%	5.80%	9.18%	7.80%	8.45%
MATERNITY WARD (OBSTETRICS & GYNAECOLOGY)										
Admissions	6,415	6,608	7,940	8,650	9,612	10,647	8,160	7,390	8,901	8,514
Total deaths	31	23	38	40	41	57	35	22	33	17
Mortality rate	0.48%	0.35%	0.48%	0.46%	0.43%	0.54%	0.43%	0.30%	0.37%	0.20%
ALL WARDS										
Admissions	22,442	22,630	34,600	34,251	27,003	31,662	24,538	21,771	22,529	22,295
Total deaths	1,067	1,059	1,243	1,386	1,280	1,341	1,063	1,184	1062	969
Mortality rate	4.75%	4.68%	3.59%	4.05%	4.74%	4.24%	4.33%	5.44%	4.71%	4.34%

3.9.4 Summary of Hospital inpatient statistics

Table 24: Summary of hospital inpatient statistics/activities - FY 2022/23

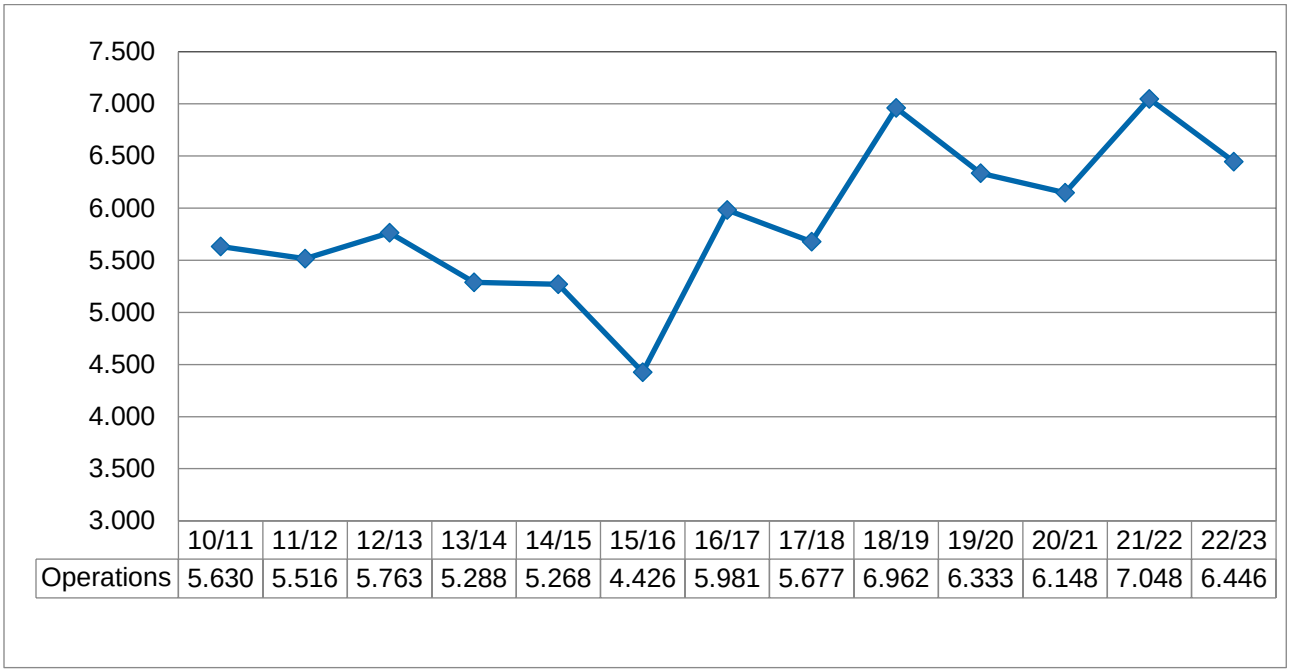
Ward	Medicine	Pediatrics	Obs & Gyn	Surgery	Total / average
Number of beds	104	112	100	166	**482**
Admissions	2,671	7,017	8514	4,093	**22,295**
Bed days	19,485	42,924	30113	47,293	**139,815**
Occupancy rate	51.33%	105.00%	82.50%	78.05%	**79.47%**
Average length of stay	7.30	6.12	3.54	11.55	**6.27**
Number of deaths	279	327	17	346	**969**
Death rate	10.45%	4.66%	0.20%	8.45%	**4.34%**

3.10 OTHER CLINICAL ACTIVITIES AND CLINICAL SERVICES

3.10.1 Surgeries

There are seven operating theatres operating every day for emergency surgical procedures and from Mondays to Fridays for elective cases. General, orthopaedic, maxillofacial and obstetric and gynaecological surgeries are performed in the theatres. Maternity ward has an Emergency Obstetric theatre that has been operational since 2020.

All surgeries done in the theatres are major while minor surgeries are performed in the Accident and Emergency (A/E) department, the ward procedure and POP rooms. The volume of major surgical operations has progressively risen, with drops observed in FYs 2019/20 and 2020/21, consistent with the COVID-19 pandemic. This FY-2022/23, 6,446 major operations were performed, however, this was less by 8.5% registered in the previous FY since some camps were not realised.



	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23
Operations	5.630	5.516	5.763	5.288	5.268	4.426	5.981	5.677	6.962	6.333	6.148	7.048	6.446

Figure 9: Trend of major surgical operations – 2010/11 to 2022/23

3.10.2 Maternity services

The three subsidiary health centres provide basic emergency obstetric care, while the hospital provides comprehensive emergency obstetric care. Antenatal care is provided at the hospital complex on a daily basis with the exception of weekends. The health centres do now provide ultra sound services in maternity.

The total number of antenatal (ANC) visits declined in the hospital complex to 29,012 (10.7%) this FY from 32,494 in 2021/22, possibly related to more functional public ANC facilities. Both the hospital and health centres registered a decrease in ANC attendance with the main hospital having a decrease as high as 13.1% (1,923) in ANC attendance.

Table 25: Antenatal care in the Hospital and health units in FY 2021/22 and 2022/23

ANC	2021/22	2022/23	Difference	% Variance
Hospital	14,698	12,775	-1,923	-13.1%
Amuru	6,250	5,777	-473	-7.6%
Opit	4,607	4,215	-392	-8.5%
Pabbo	6,939	6,245	-694	-10.0%
TOTAL	**32,494**	**29,012**	**-3,482**	**-10.7%**

3.10.3 Deliveries in the Hospital Complex

The number of assisted deliveries in the Hospital and the Health Centres has been increasing steadily over the time as shown in the figure below.

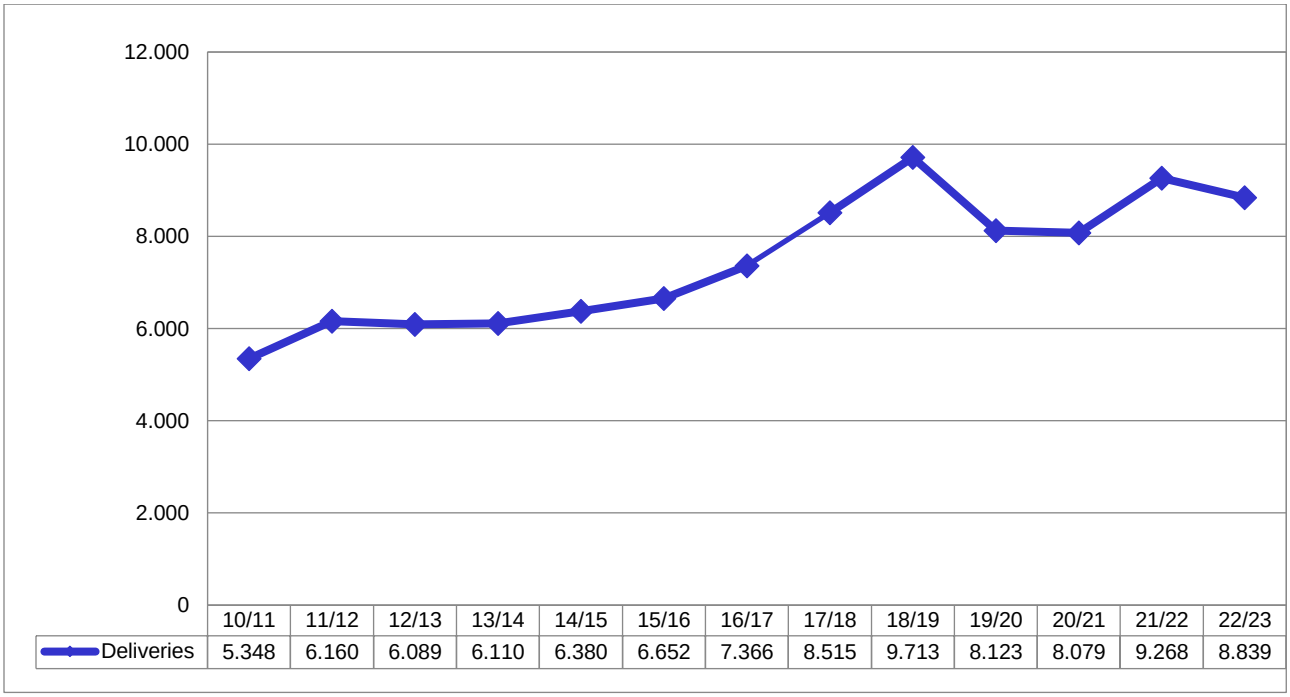


Figure 10: Trend of assisted deliveries – 2010/11 to 2022/23

This FY registered 8,839 deliveries, 4.63% (429) less than the previous FY possibly because of the functional government health facilities and many more private medical facilities. At least a third (35%) of all the deliveries took place in the three health centres. The table below summarizes the deliveries in the hospital complex.

Table 26: Distribution of deliveries by location in FY 2021/22 and 2022/23

Deliveries	2021/22	2022/23	Difference	% Variance
Hospital	6,384	5,788	-596	-9.3
Amuru Health Centre	1,158	1,199	41	3.5%
Opit Health Centre	758	683	-75	-9.9%
Pabbo Health Centre	968	1169	201	20.8%
Subtotal Health Centres	2,884	3,051	167	5.8%
TOTAL	**9,268**	**8,839**	**-429**	**-4.6%**

3.10.4 Maternal mortality ratio, still birth ratio and Caesarean section rate

The current National Maternal mortality ratio is at 189 per 100,000 live births[2]. The next table and figure present the trends of maternity services in Lacor Hospital.

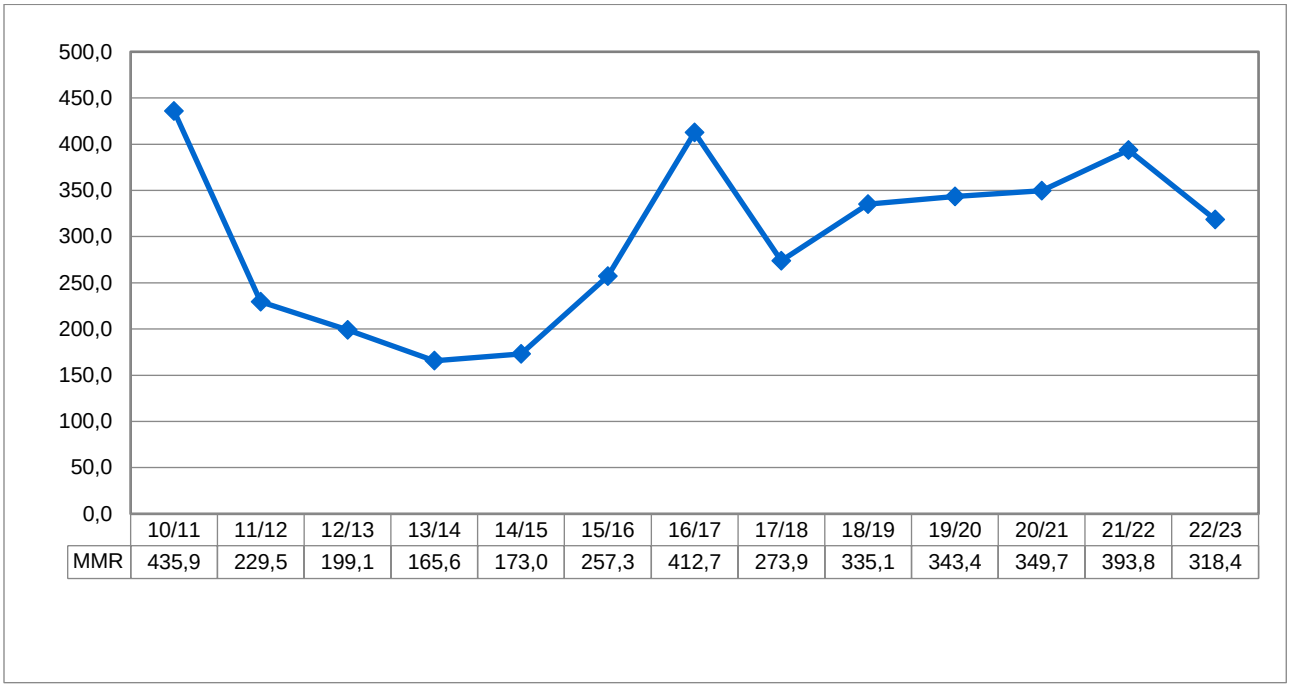
Table 27: Summary of maternity services FY2014/15 to 2022/23

Statistic	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23
Total deliveries	6,380	6,652	7,366	8,515	9,713	8,123	8,079	9,268	8,839
Deliveries in HCs	2,148	2,033	2,355	2,539	3,024	2,666	2,808	2,884	3,051
N. of C/Sections	1,105	1,253	1,230	1,580	1,857	1,623	1,710	2,398	2,212
C/Section rates	17.3%	18.8%	16.7%	18.6%	19.1%	20.0%	21.2%	25.9%	25.0%
N. Maternal deaths	11	17	30	23	32	28	28	36	28
MMR* /100,000	173.0	257.3	412.7	273.9	335.1	343.4	349.7	393.8	318.4
N. of live births	6,357	6,607	7,269	8,397	9,549	8,154	8,006	9,142	8,794
N. of still births	163	154	162	128	247	208	187	197	169
Still birth rate: (per 1,000 deliveries)	25.6	23.3	22.3	15.2	25.9	25.6	23.4	21.5	19.2

MMR dropped slightly this FY, but the increase in MMR in recent years has been attributed to many late referrals from other health facilities when the mothers are in dying stages. We continue to encourage all healthcare facilities to refer patients early.

The increase in caesarean section rate is due to a large number of complicated pregnancies being referred to Lacor Hospital from the many Health Centres in the districts. Lacor Hospital performs more than 70% of all caesarean sections in Gulu, Amuru and Nwoya districts.

[2] MINISTRY OF HEALTH, Uganda Demographic and Health Survey Report, Financial Year 2022.

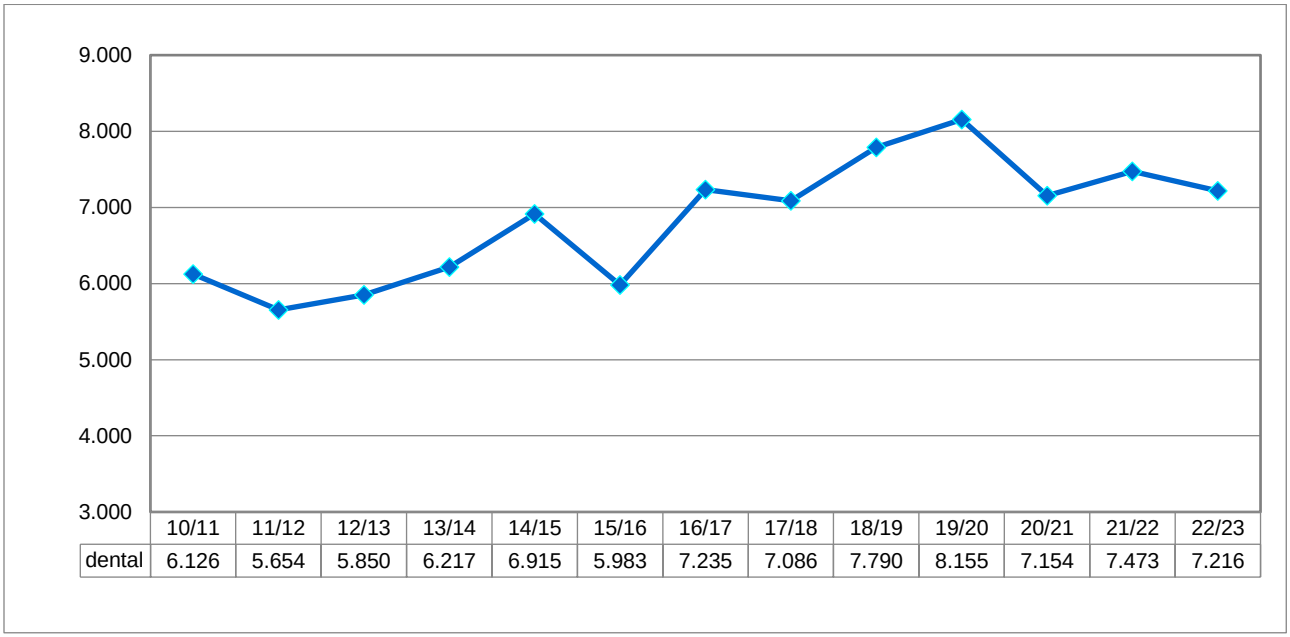


	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23
MMR	435,9	229,5	199,1	165,6	173,0	257,3	412,7	273,9	335,1	343,4	349,7	393,8	318,4

Figure 11: Trend of MMR 2010/11 to 2022/23

3.11 DENTAL SERVICES

This FY registered a decrease of 3.44% (257) in the number of patients receiving dental treatment compared to the previous FY. Attendance for dental services generally increased in the past years until the peak of 8,155 in 2019/20. Dental services performed include conservative dentistry, tooth extractions, as well as other emergency dental treatment, totalling to 7,216 interventions this FY 2022/23. Maxillofacial operations are not included here.



	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23
dental	6.126	5.654	5.850	6.217	6.915	5.983	7.235	7.086	7.790	8.155	7.154	7.473	7.216

Figure 12: Trend of dental treatment 2010/11 to 2022/23

3.12 LABORATORY SERVICES

Clinical/diagnostic laboratory examinations are routine in both Lacor Hospital and the three Health Centres. The laboratory tests performed at the Health Centres are basic microscopy and haematological tests, while the laboratory services at the Hospital ranges from blood bank, haematology, biochemistry, parasitology, microbiology, serology, immunology (CD4 count), hormonal, histology and histopathology. Point of care tests (Gene Xpert based DNA PCR) are now available for early infant diagnosis of HIV and viral load in pregnancy, while for those in HIV chronic care, samples for viral load are taken and sent to Central Public Health Laboratories. The Gene Xpert machine runs modules for HPV testing, TB testing as well as HIV DNA PCR test.

This FY, there was an increase of 14.85% (56,913) in the number of laboratory tests performed in the hospital complex. This is mainly attributed to increase in the need to test before treating. This is summarized in the table and figure below.

Table 28: Number of laboratory tests performed FY 2014/15 to 2022/23

FY	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Hospital	244,039	384,642	480,210	306,522	457,666	408,131	324,104	306909	377,626
HCs	76,503	102,539	61,600	81,536	86,488	83,835	79,767	76387	62,583
TOTAL	**320,542**	**487,181**	**541,810**	**388,058**	**544,154**	**491,966**	**403,871**	**383,296**	**440,209**

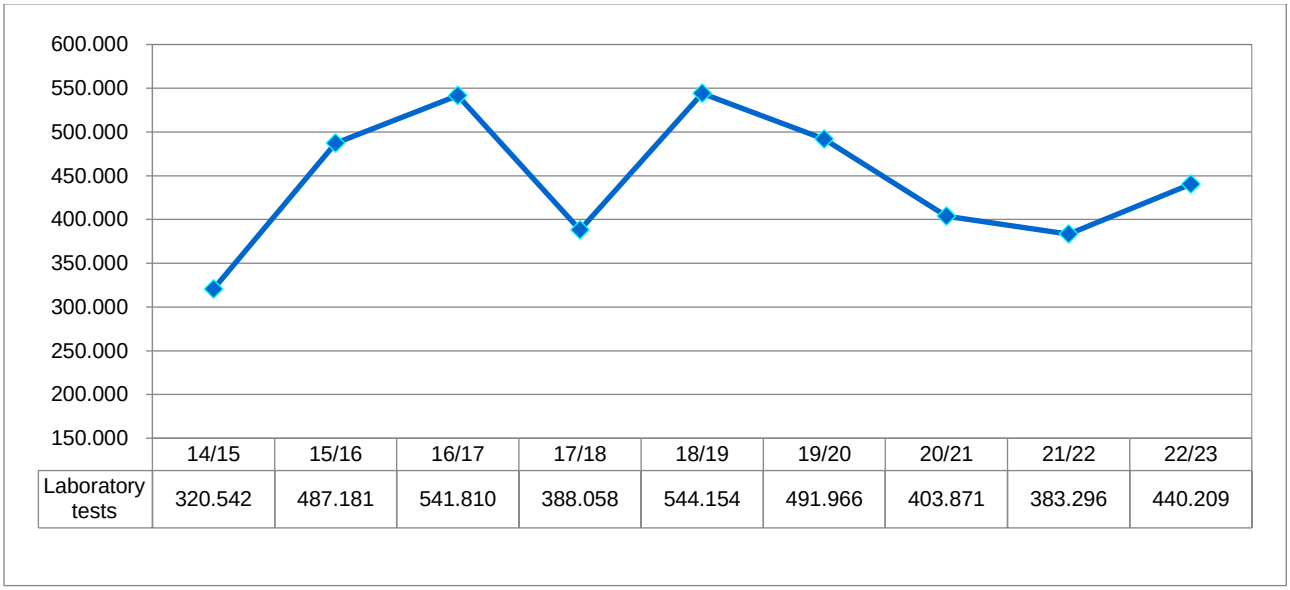


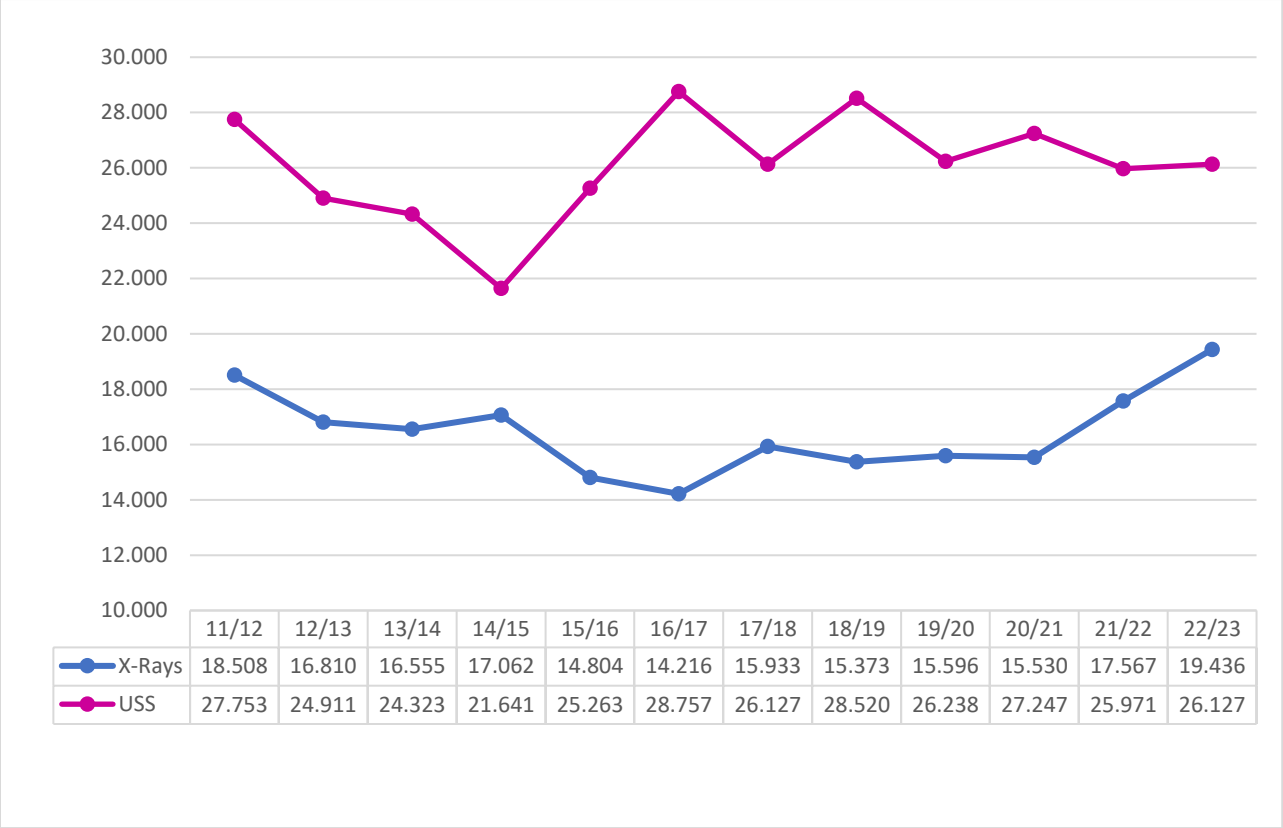
Figure 13: Trend of laboratory tests 2014/15 to 2022/23

3.13 DIAGNOSTIC IMAGING

3.13.1 Trend of Radiological and Ultrasound examinations

The radiology department provides both diagnostic and interventional services. The routine diagnostic procedures include X-rays and ultrasound examinations. We receive many direct referrals from neighbouring hospitals for radiological examinations. This FY 2022/23, radiology department recorded an increase of 4.7% in attendance.

The figure below summarizes the trend of X-ray and US examinations performed over the years in St Mary's Hospital Lacor. This increase in US examinations may be attributed to functionality of US machine in our health centres facilities. X-ray recorded an increase of 0.6% this FY. Mainly attributable to the high cases of Road Traffic Accident.

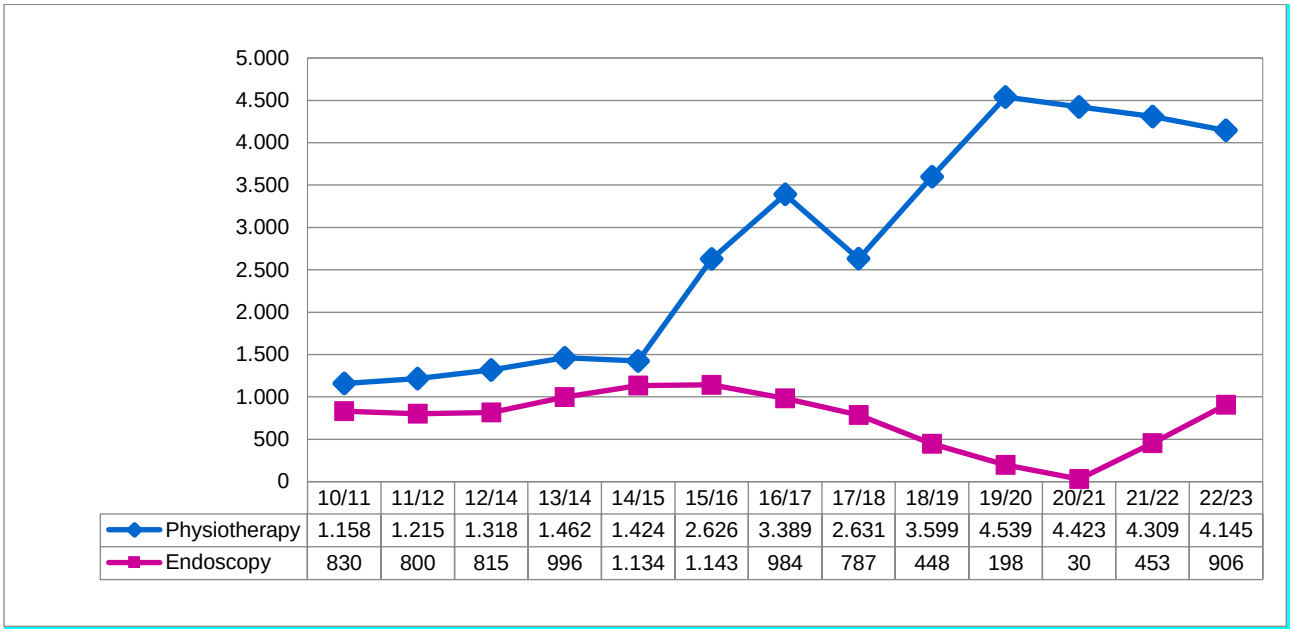


	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23
X-Rays	18.508	16.810	16.555	17.062	14.804	14.216	15.933	15.373	15.596	15.530	17.567	19.436
USS	27.753	24.911	24.323	21.641	25.263	28.757	26.127	28.520	26.238	27.247	25.971	26.127

Figure 14: Trend of Radiological examinations 2011/12 to 2022/23

3.14 PHYSIOTHERAPY AND ENDOSCOPY SERVICES

Endoscopy and physiotherapy are two other specialized services offered by the hospital. This FY 2022/23, 906 endoscopic examinations were performed, and 4,145 physiotherapy sessions were carried out. There was a slight decrease of 3.8% (164) on physiotherapy, while endoscopy recorded a significant increase of 100% (453) this FY. Endoscopic machine was fully functional after precious downtime.



	10/11	11/12	12/14	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23
Physiotherapy	1.158	1.215	1.318	1.462	1.424	2.626	3.389	2.631	3.599	4.539	4.423	4.309	4.145
Endoscopy	830	800	815	996	1.134	1.143	984	787	448	198	30	453	906

Figure 15: Trend of Physiotherapy and Endoscopy 2010/11 to 2022/23

3.15 PRIMARY HEALTH CARE ACTIVITIES

3.15.1 The Health Centres:

The subsidiary health centres are designated Health Centres III. Each has 24 beds and provides both clinical and preventive services. Clinical services offered include treatment of common ailments within outpatient and inpatient settings with maternity services (ANC, conducting normal deliveries, identification and referral of complicated cases to the Hospital). Among the preventive services offered are immunisation, routine health education in the health centres and the nearby communities including schools, counselling and testing for HIV/AIDS. Antiretroviral refill and treatment for opportunistic infections are also provided at all the Health Centres. The Health Centres offer admission for children below five years and for delivery for pregnant women free of charge.

Lacor Health Centre Pabbo and Lacor Health Centre Amuru are now located in Amuru district, while Lacor Health Centre Opit is now located in Omoro district. The Health Centres are fully incorporated into the District Health System. Lacor Health Centre Pabbo and Lacor Health Centre Amuru are under Kilak Health Sub-district, while Lacor Health Centre Opit is under Omoro Health sub-district. They are answerable to Lacor Hospital but supervised by both Lacor Hospital and district health officers of the respective districts.

Each Health Centre has a management committee with representation from the local community leaders. Staff for the Health Centres are drawn from Lacor Hospital through a rotational system. The senior staff of Lacor Hospital, on routine and emergency basis, provide support and supervision.

3.15.2 Immunisation activities in the hospital

Lacor Hospital continues to carry out immunization in its mobile and static centres. The table below summarises the output in terms of vaccines administered.

Table 29: Trends of immunization activities FY 2014/15 to 2022/23

Antigen	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23
BCG	6,646	7,883	8,623	9,787	9,881	8,641	8,688	8,429	8,399
Polio	21,020	23,326	25,793	29,916	26,627	26,680	26,613	26,503	26,258
DPT/Hib/HepB	15,037	16,940	16,816	19,348	17,418	14,579	14,821	13,920	13,788
Measles	3,555	4,911	5,051	4,972	4,498	4,400	4,150	4,161	3,682
Tetanus tox.	20,941	16,375	15,542	15,424	14,027	13,871	15,375	15,544	14,459
PCV	1,397	15,847	14,592	18,002	16,695	14,984	14,630	14,464	14,522
HPV	-	1,058	2,975	4,348	1,236	2,027	1,223	915	1,991
Hep.B-adults	-	4,109	8,704	1,874	1,534	249	61	26	44
Rotavirus	-	-	-	805	11,341	9,122	9,873	8,593	9,214
COVID-19							2,315	7,881	
Yellow fever									32,280
TOTAL	**68,596**	**90,449**	**98,096**	**104,476**	**103,267**	**94,553**	**97,749**	**100,436**	**124,637**

The above data include the routine UNEPI vaccination outputs, and some of the outreach data. Lacor Hospital also participates in the National Immunization days and family health days, as well as special immunisation drives. The number of routine vaccines given this FY remained constant as compared to the previous FY 2021/22. Hepatitis B vaccination is generally for adults as children receive the pentavalent vaccine and the pandemic of covid-19, which limited outreaches activities and Hep.B vaccination. The COVID-19 vaccine was not very accessible.

3.15.3 Care for the paralyzed patients

The hospital has been caring for paralysed patients since 2008, with both hospital-based and home-based care to these patients. The occupational therapist, nurse and community-based rehabilitative workers used to do 2-3 visits weekly to the community. Home visits that had to stop due to the disruption of staff mobility by the COVID 19 restrictions have resumed. The care has given hope to clients, restored functionality, environmental modification, and linkage to income generating activities or support for such persons' children. The reduction in this number corresponds to the reducing financial support for it.

Table 30: Services delivered to paralysed patients in FY 2016/17 to 2022/23

Type of care	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Community based care	44	42	42	40	44	42	44
OPD care in Hospital	80	43	51	60	44	21	52
Admissions	47	48	46	42	36	41	41
Home/community visits	1,465	1,229	1,273	787	0	69	482

3.15.4 Outreach activities

Primary Health Care (PHC) outreaches carried out by the hospital included immunisation outreaches, home visits for TB and VHT meetings, school health programs, HIV counselling and testing (HCT) outreaches and support supervision to lower-level units. Significantly, Lacor Hospital now works with over 100 VHTs (vaccinators inclusive) in the sub counties of Lakwana, Amuru, and Pabbo. This FY, there was a 25.74% (4019) decline in the number of PHC activities performed, totalling to 11,596 down from 15,615 sessions in FY 2021/22.

Table 31: PHC Outreach activities in FY 2017/18 to 2022/23

Nature of activity	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Immunization outreaches	66	102	113	75	80	86
Home visits	224	194	100	200	0	29
School health	48	40	16	7	14	27
Voluntary counselling & testing	39	89	129	78	72	91
Health education outside hospital	141	101	258	75	136	86
Health education within the Hospital	11,499	14,144	15,061	14,769	15,313	11,277

3.15.5 Ambulance Services

The hospital provides ambulance services from the Health Centres of Amuru, Pabbo and Opit, and to the community along the way to these Health Centres, and in Gulu District. The hospital also responds to accidents when alerted. Most of the calls came from our three Health Centres, some surrounding communities, as well as from Gulu District/City in some cases of mass accidents requiring immediate evacuation of victims. Most of the referrals to Mulago National Referral Hospital were related to foreign bodies or airway problems, or other emergencies requiring CT scans or services not currently available in Gulu. In a special way, this FY the hospital endeavoured to have a nurse or midwife move with the ambulance for evacuation of emergencies.

Table 32: Ambulance services FY 2022/23

Destinations	N.of trips	Mothers	Children	Others	Total
Aber	144			144	144
Amuru Health Centre	310	211	99	38	348
Opit Health Centre	168	106	62	30	198
Mulago	53			53	53
Pabbo Health Centre	188	101	87	28	216
Others	11			11	11
TOTAL	**874**	**418**	**248**	**304**	**970**

The highest number of calls this year was from Amuru followed by Pabbo and Opit. However, this figure does not show the actual number of patients transported since many times when the vehicle is called for one client, it ends up transporting other emergency cases. Besides, ambulances going for routine activities end up coming back to the hospital with many referrals.

Most of the ambulance services were for mothers and children; even most of the other calls from the community were for transferring pregnant mothers to the hospital for emergency obstetric care. A major hindrance to this service has been the very bad roads, which sometimes become impassable in the rainy season, especially the road to Amuru. Lacor also responds in cases of accidents.

3.15.6 Maternity Waiting Home (Gang pa Min Atim)

The maternity waiting home was established at the hospital in September 2013 with the aim of allowing the mothers who come from far away yet are at high-risk pregnancy to be within the hospital. Twenty-seven mothers were taken care of this FY, a number less than 33 of last FY. Most of them have had safe delivery in the hospital.

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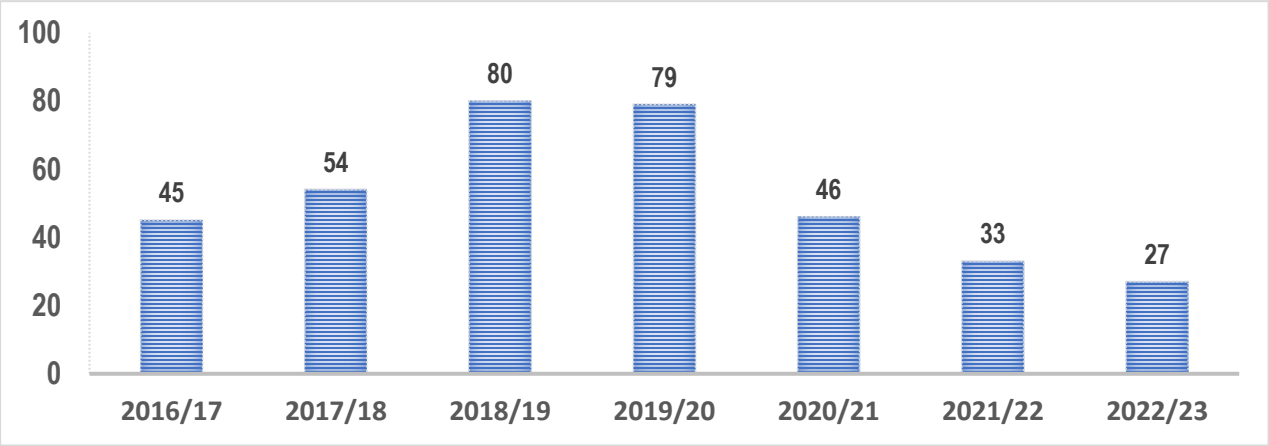


Figure 16: Mothers attended to maternity waiting home (Gang Pa Min Atim)

3.15.7 Epidemic preparedness and response to epidemics

Lacor Hospital continues to play crucial roles in detection and control of disease epidemics, with functional and active epidemic detection and rapid response systems. It has an epidemiologist, with a surveillance public health team, and a small isolation unit with a dedicated team ready to swing into action. It works together with and provides technical support to the Gulu City Epidemic Response team chaired by the Resident City Commissioner.

After the active participation in the fight against COVID pandemic from 2020 to 2023, Lacor participated in orientation awareness for the Ebola outbreak in Congo and Uganda. We supported pilgrim's health during the Beatification of Fr. Dr Giuseppe Ambrosoli in Kalongo.

Lacor uniquely has an Epidemic Preparedness Plan, which involves daily routine surveillance for epidemic-prone and 'strange' diseases in all the departments, including the laboratories. Suspicious cases are immediately isolated in a special isolation ward for further investigation. An infection control committee is in place to mitigate spread of infections within the hospital, with a documented Infection control manual. Lacor annually does hospital acquired infection surveys.

In October 2000, Lacor Hospital detected the outbreak of Ebola Virus Disease. Although it lost 12 of its experienced staff in controlling the outbreak, the epidemic prevention, detection and response mechanisms have been greatly strengthened after the outbreak. Lacor Hospital community health department conducts PHC activities in Gulu City, Amuru and Omoro districts. However, this scope has been widened with the community drug distribution points where we take antiretroviral drugs to clients in diverse communities.

CHAPTER 4: QUALITY, PATIENT SAFETY AND RESEARCH IMPROVEMENT

4.1 QUALITY IMPROVEMENT ACTIVITIES

Lacor Hospital has a functional Quality Improvement Committee (QIC) with functional quality and work improvement teams. The QIC continues to institutionalize quality improvement policies and practices in the hospital. The QIC works together with the Infection Prevention and Control Committee, and the Medicines and Therapeutics Committee.

Due to positive experiences in quality improvement gained through the Northern Uganda Health (NU-Health) result based funding project, other funders have adopted the processes which include critical deliverables, quality improvement bottleneck analysis, and implementation of solutions with facility staff and utilization of data generated through the District Health Information software (DHIS2).

We are increasingly expanding the quality indicators for routine measurement from varied aspects of care including pharmacy and pharmaceutical management, pediatric in-patient care, maternal and child health, inpatient care, outpatient care, and laboratory services, among others. This FY we introduced the Surgical and trauma wards to the RBF ward assessment. The figure below summarizes the quality scores obtained by the various units in this FY. Surgery and Trauma ward were added only recently and have still to show the impact on the quality improvement activities.

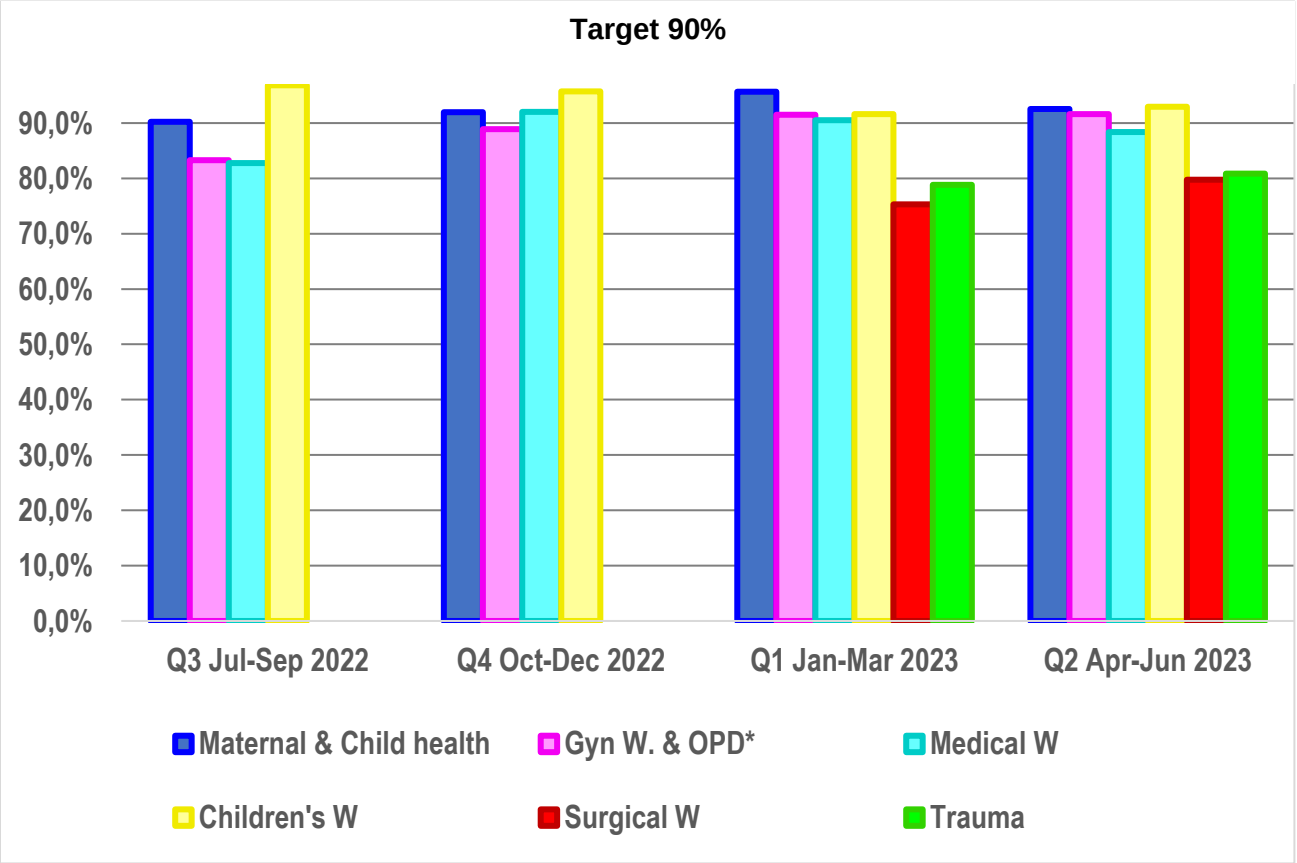


Figure 17: Quarterly quality scores, Lacor Hospital

Other quality initiatives include the nurses' peer quality audit, hospital acquired infection surveys, drug prescription surveys, and continuing professional development. All departments have ongoing

quality initiatives, with some active documented/journal quality projects. All departments also carry out continuing medical audits: deaths, near miss, and unique client experiences/. The quality office has a Quality Assurance Nurse who doubling as Principal Nursing Officer, a Senior nurse and Senior midwife also support the departments' office.

Internal and external assessments are now ingrained, and continue to be done, especially through the RBFs and the various audits, which are expected to continue. We shall continue to have routine hospital acquired infection surveys, nurses' audits, and result based funding quality audits. Furthermore, we shall have interdepartmental meetings and peer reviews. The maternal and perinatal death surveillance and reporting [MPDSR] committee is fully functional and audits all maternal and perinatal deaths in a timely manner, though online reporting can still improve.

Some departments have functional work improvement teams for quality, while others still need support. This is believed to be crucial for the future of self-driven quality initiatives. Clients are generally satisfied with the care, although there is a longstanding complaint of delays as summarized in the table below. In Paediatrics unit, we are now implementing the "smart discharge" which improves messaging and follow up of discharged children and their caretakers. The hospital Medicines and Therapeutics committee has embarked on sensitizing the hospital on antimicrobial resistance.

Table 33: Patient satisfaction rate (%) of patients in different areas from FY 2013/14 to 2022/23

Year	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23
Clinical outcome, (patient improved)*	92	83	77	78	87	79	87	82.5	89.3	90.42
Humanity of care (patient well received, respected)	97	97	99	99	99	97	98	98.8	98.7	97.49
Patients care environment clean	75	91	99	100	100	99	99.6	100	99.5	100
Client waited long before treatment	46	21	43	21	9	34	24	33.1	46.8	26.28
Clients waited to some extent	34	35	17	11	35	16	22	23.5	31.2	27.67
Clients did not wait for long	20	44	40	68	56	50	53	43.0	22.0	46.05

**Here an adjusted rate was used, to exclude those who are not applicable*

4.2 SAFETY

The COVID-19 pandemic produced a new unique challenge to safety, bringing to reality one among the very many risks involved in provision of health care, ranging from possible harm to patients, health care providers, and patient attendants and even to the general community.

The hospital has a Risk Assessment Manual as part of the quality control framework, which individuates the potential risks that could lead to failure of achieving the strategic plan, and includes key controls in place, gaps in control/assurance and actions to close the gaps. The COVID-19 specific measures for infection prevention and protection of health workers have grossly relaxed.

The Radiology department is inspected routinely to assess the compliance of the facility with the radiation protection and safety requirements of the Atomic Energy Act No. 24 of 2008 (AEA,2008) and the Atomic Energy Regulations, 2012 (AER, 2012). Inspections find Lacor hospital structures and staff compliant. The safety measures being implemented include:

- Use of only qualified persons to operate the X-ray machines, as per regulation.
- The acquisition and use of more gonad shields for fluoroscopy room, the ceiling mounted X-ray rooms 3 and 4, and the mammography X-ray room.
- Documenting and implementing the quality control programme for the practices as per the regulations of AER.
- Recalibration of the OPG X-ray machine.
- Appointment of a new safety Officer after the former one left.

4.3 PASTORAL, PALLIATIVE AND SOCIAL CARE

4.3.1 Pastoral Care

Lacor Hospital has a pastoral care team comprised of the hospital chaplain, catechist, lay women, and a trained pastoral care nurse. They work together with the palliative care team. They do a round of all hospital units in the morning with the Blessed Sacrament and two other rounds later in the day for consultation and counselling. The pastoral care nurse has routine ward counselling sessions in the afternoons. The chaplaincy is available 24 hours on call for emergency sacraments/consultation. On Sundays and feast days Mass is offered within the hospital with the patients.

There is increased sense of faith-based assistance among patients and health care workers alike since arrangements can be made to get specific care. Many patients and caretakers are very much satisfied with the care, and some came back to the sacraments after many years. There is a need to train more people to provide pastoral care to patients.

4.3.2 Palliative Care

Palliative care in Lacor Hospital is supported by trained palliative care provides, organized for admitted patients, and in an outpatient palliative care clinic. The patients and their relatives/attendants are given a humane care during the course of their illness and after their death through bereavement counselling of the family members. This has improved their quality of life. Terminally ill patients receive end of life care and are prepared to write their will to avoid family differences or disputes after the death of a breadwinner. Myths and misconceptions about oral morphine are dispelled and more clinicians are comfortable prescribing oral morphine in the right route, dose, frequency and duration without fear of addiction or respiratory depression.

4.3.3 Social Care

The Hospital attempts to provide social care to patients, mainly in the form of counselling. There is however no qualified social medical worker, which we hope to get in future. The matron's office handles care for the needy or desolate in the hospital.

However, for HIV patients, community follow up is done in collaboration with engagement of Community Lay workers, or Village Health team (VHT), and in partnership with Youth Alive for Orphans and Vulnerable children. This entails home visits, community meetings and engagement of HIV patients, families, and community leaders. We work closely with Police for child protection and with St. Jude Children's home for children whose mothers die or orphans in HIV care.

For paralyzed patients, there is also limited follow up at homes within Gulu Municipality. They are provided with physiotherapy and occupational therapy services, including the teaching of their care providers.

4.4 RESEARCH

The **Lacor Hospital Institutional Research and Ethics Committee** was re-accredited by Uganda National Council for Science and Technology to provide oversight for research approval and monitoring in this region. The Lacor Hospital Institutional Research and Ethics Committee (LHIREC) meets bimonthly to review and monitor research, and also carries out field visits. Active research is being done by hospital and collaborating researchers including the following among others. Over 70 studies were approved during the FY, a significant number being student research.

Malaria Resistance Studies: GO-MARC collaboration between Gulu University and Osaka University is seeking to detect artemisinin resistant malaria. One of the publications from this study, Balikagala et al., 2021[3], which reported evidence of resistance agains artemisinins in Uganada, has been instrumental in the antimalarial treatment policy chagne in Uganda. It is now looking at the mosquitoes that can potentially carry the parasites.

H2U and H2A (HIV and Hepatocellular carcinoma in Uganda, and Africa) study collaboration is a case control study looking at the occurrence of Hepatocellular carcinoma and its association to hepatitis B and HIV among patients coming to Lacor hospital. It involves a collaboration with Infectious Diseases Institute, Makerere University, funded by American National Institute for Health. The key finding of the interaction between Hepatitis B and schistosomiasis as a driver of liver cancer is now being investigated further.

AIREAL (Aggressive Infection - Related East Africa Lymphoma) is a collaboration between clinical and academic institutions in Tanzania (Muhimbili National Hospital, Kilimanjaro Christian Medical Centre, Muhimbili University of Health and Allied Sciences), Uganda (St Mary's Hospital, Lacor) and the UK (University of Oxford). It aims to assess the accuracy of two low cost novel technologies (for diagnosing EBVL in East African patients aged 3 years to 30 years suspected of having lymphomata validating Liquid biopsy diagnosis of lymphoma as compared to the gold standard; Histology. It is a four-year study, which started in 2020.

KS- study This study explores a diagnostic kit to simplify skin biopsy for Kaposi's sarcoma, and improve timeliness to diagnosis and treatment. It is being done in collaboration with Infectious Diseases Institute, Kampala. Due to funding challenges, this study was halted towards the end of this FY.

Research publications: Lacor has recorded publications in the area of Pediatric HIV care, cancers, maternal and child health, physiotherapy services, Hepatitis B and community engagement, malaria, Burkitt's lymphoma, and surgical interventions. In the past year, there have been a good number of studies done, some in collaboration with students. Some published work are available on www.lacorhospital.org, but a simple google scholar search of St. Mary's hospital Lacor will reveal some of our work.

4.5 GULU CANCER REGISTRY

Gulu cancer registry (GCR) located at St Mary's Hospital Lacor is a population-based cancer registry that became operational in June 2014. Its major objective is to assess the incidence and burden of cancer in Northern Uganda to inform policy that leads to tailored intervention to fight cancer in Northern region and Uganda at large. Gulu Cancer serves the districts of Gulu, Nwoya, Omoro and Amuru with a total population of 762,343 people [M= 371,011 F= 391,332] (UBOS, 2014 Population Census). It is a very critical source and authority for population cancer burden in the region.

The registry routinely collects cancer data from all health facilities and medical centres within the districts of Gulu, Amuru, Omoro, Nwoya and Gulu City. The Health Units include; Lacor Hospital, Gulu Regional Referral Hospital, Gulu Independent Hospital, Military Hospital, Anaka Hospital and TASO Gulu Centre. All the private medical centres and clinical or pathology laboratories are also visited to extract cancer data. Patients who might have been referred directly to Mulago and other Medical Facilities in Kampala are also followed up to have their information extracted and merged at the Gulu based cancer registry. It uses a database called CanReg 5 software from World Health Organization for the data entry, cleaning, analysis and reporting.

Over 4,008 cancer cases from 2013 to 2022 have been registered into the database for the four districts in Acholi Sub region. Top five female cancers include; Cervical Cancer 39.5%, Breast

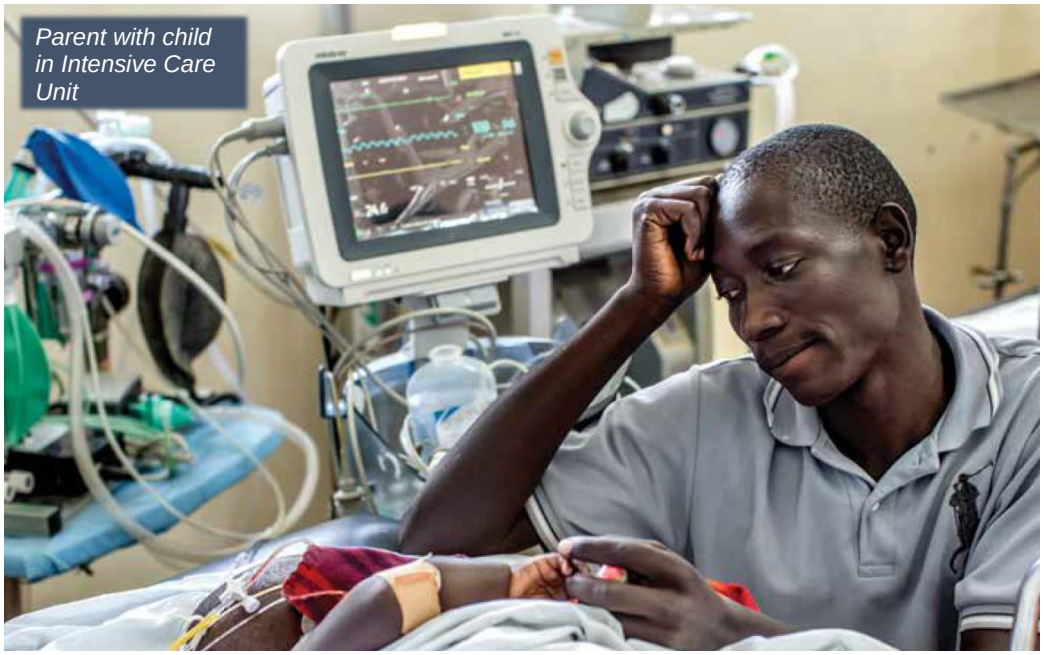
[3] Balikagala, B., Fukuda, N., Ikeda, M., Katuro, O. T., Tachibana, S.-I., Yamauchi, M., Kimura, E. (2021). Evidence of artemisinin-resistant malaria in Africa. *New England Journal of Medicine, 385*(13), 1163-1171.

17.5%, Non-Hodgkin's Lymphomas 6.7%, Liver 5.3%, and Ovarian Cancers 2.9%. In males the commonest cancers are; Prostate 18.7%, Oesophagus 16.4%, Non-Hodgkin's Lymphomas 10.5%, Liver 10.4% and Kaposi's Sarcoma 4.7%.

In Children, the top 3 cancers are; Lymphomas 49.5% where Burkitts type account for more than 80% of the Childhood Lymphomas, Malignant Renal Tumours 17.4% and Bone Tumours 13.8%. Data from Gulu and Kampala Cancer registries has helped to improve on estimating the cancer incidence and burden in Uganda. Consequently, more targeted intervention such as Cervical Cancer Screening, Breast Self-Examination and cancer prevention education programs have been intensively provided to the community members of Northern Uganda and beyond.

4.6 SUPPORT FOR CHILDREN WITH CANCER

Lacor hospital has several activities aimed at providing special nutrition, accommodation, feeding, skilling in income generating activities by relatives, recreational activities, and hosting the 'Rainbow home'. There is also psychosocial support and education for children while on chemotherapy at the hospital. Additionally, children defaulting on chemotherapy treatment are followed up. There are also awareness and screening activities for cancer in the Acholi sub region and beyond, and training of health workers.



Parent with child in Intensive Care Unit

Table 34: Number of male cases in major diagnosis groups in single calendar years of observation from 2013 to 2020, Gulu Cancer Registry

SITE- MALE	2013	2014	2015	2016	2017	2018	2019	2020	Total	EAPC
Lip oral cavity & pharynx (C00-14)	3 (1.5)	4 (2.3)	10 (4.6)	1 (0.7)	4 (3.1)	2 (1.2)	2 (1.5)	1 (0.8)	27 (2.1)	-15.95
Digestive organs (C15-26)	55 (27.4)	37 (21.5)	58 (26.7)	33 (23.6)	45 (35.2)	56 (33.7)	48 (35.8)	36 (28.8)	368 (28.7)	-1.72
Respiratory organs (C30-39)	5 (2.5)	8 (4.7)	7 (3.2)	9 (6.4)	3 (2.3)	1 (0.6)	2 (1.5)	5 (4.0)	40 (3.1)	-15.22
Bone cartilage melanoma (C40-43)	2 (1.0)	1 (0.6)	1 (0.5)	7 (5.0)	1 (0.8)	1 (0.6)	6 (4.5)	4 (3.2)	23 (1.8)	15.17
Kaposi sarcoma (C46)	30 (14.9)	22 (12.8)	26 (12.0)	25 (17.9)	5 (3.9)	12 (7.2)	10 (7.5)	9 (7.2)	139 (10.8)	-17.64
Male genital (C60-63)	38 (18.9)	37 (21.5)	37 (17.1)	18 (12.9)	35 (27.3)	38 (22.9)	32 (23.9)	27 (21.6)	262 (20.4)	-2.79
Urinary organs (C64-68)	0 (0.0)	8 (4.7)	4 (1.8)	5 (3.6)	5 (3.9)	3 (1.8)	4 (3.0)	7 (5.6)	36 (2.8)	-
Eye, brain, thyroid etc. (C69-75)	12 (6.0)	8 (4.7)	6 (2.8)	5 (3.6)	3 (2.3)	1 (0.6)	0 (0.0)	1 (0.8)	36 (2.8)	-
Haematopoietic (C81-96)	32 (15.9)	29 (16.9)	51 (23.5)	32 (22.9)	12 (9.4)	25 (15.1)	11 (8.2)	19 (15.2)	211 (16.4)	-12.91
Other and unspecified	18 (9.0)	16 (9.3)	14 (6.5)	4 (2.9)	14 (10.9)	24 (14.5)	19 (14.2)	13 (10.4)	122 (9.5)	1.74
All sites (C00-96)	**201 (100.0)**	**172 (100.0)**	**217 (100.0)**	**140 (100.0)**	**128 (100.0)**	**166 (100.0)**	**134 (100.0)**	**125 (100.0)**	**1,283 (100.0)**	**-6.30**

Table 35: Number of female cases in major diagnosis groups in single calendar years of observation from 2013 to 2020, Gulu Cancer Registry

SITE - FEMALE	2013	2014	2015	2016	2017	2018	2019	2020	Total	EAPC
Lip oral cavity & pharynx (C00-14)	3 (1.4)	3 (1.2)	5 (1.9)	5 (2.4)	0 (0.0)	1 (0.5)	4 (1.6)	1 (0.6)	22 (1.2)	-
Digestive organs (C15-26)	26 (11.8)	23 (8.9)	19 (7.0)	25 (12.2)	31 (14.8)	16 (7.2)	29 (11.4)	32 (17.8)	201 (11.0)	2.79
Respiratory organs (C30-39)	5 (2.3)	4 (1.6)	6 (2.2)	4 (2.0)	3 (1.4)	2 (0.9)	0 (0.0)	3 (1.7)	27 (1.5)	-
Bone cartilage melanoma (C40-43)	1 (0.5)	3 (1.2)	3 (1.1)	7 (3.4)	6 (2.9)	5 (2.3)	5 (2.0)	4 (2.2)	34 (1.9)	17.63
Kaposi sarcoma (C46)	10 (4.5)	17 (6.6)	9 (3.3)	6 (2.9)	9 (4.3)	4 (1.8)	0 (0.0)	3 (1.7)	58 (3.2)	-
Breast (C50)	28 (12.7)	18 (7.0)	16 (5.9)	20 (9.8)	28 (13.3)	31 (14.0)	35 (13.7)	23 (12.8)	199 (10.9)	5.21
Female genital (C51-58)	110 (49.8)	155 (60.1)	132 (48.9)	92 (44.9)	92 (43.8)	112 (50.5)	128 (50.2)	93 (51.7)	914 (50.2)	-3.08
Urinary organs (C64-68)	1 (0.5)	4 (1.6)	4 (1.5)	1 (0.5)	5 (2.4)	3 (1.4)	2 (0.8)	1 (0.6)	21 (1.2)	-3.19
Eye brain thyroid etc. (C69-75)	8 (3.6)	7 (2.7)	4 (1.5)	3 (1.5)	4 (1.9)	7 (3.2)	3 (1.2)	3 (1.7)	39 (2.1)	-10.31
Haematopoietic (C81-96)	25 (11.3)	22 (8.5)	62 (23.0)	35 (17.1)	15 (7.1)	18 (8.1)	19 (7.5)	8 (4.4)	204 (11.2)	-14.61
Other and unspecified	3 (1.4)	0 (0.0)	3 (1.1)	4 (2.0)	15 (7.1)	21 (9.5)	29 (11.4)	9 (5.0)	84 (4.6)	-
All sites (C00-96)	**221 (100.0)**	**258 (100.0)**	**270 (100.0)**	**205 (100.0)**	**210 (100.0)**	**222 (100.0)**	**255 (100.0)**	**180 (100.0)**	**1,821 (100.0)**	**-2.42**

Table 36: Total number of cases in major diagnosis groups in single calendar years of observation from 2013 to 2020, Gulu Cancer Registry

SITE - BOTH SEXES	2013	2014	2015	2016	2017	2018	2019	2020	Total
Lip oral cavity & pharynx (C00-14)	6 (1.4)	7 (1.6)	15 (3.1)	6 (1.7)	4 (1.2)	3 (0.8)	6 (1.5)	2 (0.7)	49 (1.6)
Digestive organs (C15-26)	81 (19.2)	60 (14.0)	77 (15.8)	58 (16.8)	76 (22.5)	72 (18.6)	77 (19.8)	68 (22.3)	569 (18.3)
Respiratory organs (C30-39)	10 (2.4)	12 (2.8)	13 (2.7)	13 (3.8)	6 (1.8)	3 (0.8)	2 (0.5)	8 (2.6)	67 (2.2)
Bone cartilage melanoma (C40-43)	3 (0.7)	4 (0.9)	4 (0.8)	14 (4.1)	7 (2.1)	6 (1.5)	11 (2.8)	8 (2.6)	57 (1.8)
Kaposi sarcoma (C46)	40 (9.5)	39 (9.1)	35 (7.2)	31 (9.0)	14 (4.1)	16 (4.1)	10 (2.6)	12 (3.9)	197 (6.3)
Breast (C50)	28 (6.6)	18 (4.2)	16 (3.3)	20 (5.8)	28 (8.3)	31 (8.0)	35 (9.0)	23 (7.5)	199 (6.4)
Female genital (C51-58)	110 (26.1)	155 (36.0)	132 (27.1)	92 (26.7)	92 (27.2)	112 (28.9)	128 (32.9)	93 (30.5)	914 (29.4)
Male genital (C60-63)	38 (9.0)	37 (8.6)	37 (7.6)	18 (5.2)	35 (10.4)	38 (9.8)	32 (8.2)	27 (8.9)	262 (8.4)
Urinary organs (C64-68)	1 (0.2)	12 (2.8)	8 (1.6)	6 (1.7)	10 (3.0)	6 (1.5)	6 (1.5)	8 (2.6)	57 (1.8)
Eye brain thyroid etc. (C69-75)	20 (4.7)	15 (3.5)	10 (2.1)	8 (2.3)	7 (2.1)	8 (2.1)	3 (0.8)	4 (1.3)	75 (2.4)
Haematopoietic (C81-96)	57 (13.5)	51 (11.9)	113 (23.2)	67 (19.4)	27 (8.0)	43 (11.1)	30 (7.7)	27 (8.9)	415 (13.4)
Other and unspecified	21 (5.0)	16 (3.7)	17 (3.5)	8 (2.3)	29 (8.6)	45 (11.6)	48 (12.3)	22 (7.2)	206 (6.6)
All sites (C00-96)	**422 (100.0)**	**430 (100.0)**	**487 (100.0)**	**345 (100.0)**	**338 (100.0)**	**388 (100.0)**	**389 (100.0)**	**305 (100.0)**	**3,104 (100.0)**
Average registrations per month	**35**	**36**	**41**	**29**	**28**	**32**	**32**	**25**	

PICTORIAL


Patients waiting to be seen by a doctor are educated by carefully selected videos on TV


Expectant mothers attending ANC

Reconstructive Surgeons (UK) team up with Uganda doctors during a Surgical Camp in 2023

Dr. Venice Omona (R) leads a team of intern doctors during ward round in the children's ward

An elderly man is wheeled into the Emergency Unit

Parents receiving milk for their children in the Nutrition Unit

Famous Italian musician, Nicolo (L) visited Lacor and composed a song for the hospital

Sarah McGee (L) of Social Promise (USA) visiting the neonatology Unit

CHAPTER 5: HOSPITAL HUMAN RESOURCES

5.1 LACOR HOSPITAL STAFFING

Like many developing countries, Uganda experiences a human resource for health crisis. Staffing is unstable at Lacor Hospital as workers leave to join positions with other NGOs and the public sector.

Due to the low to moderate staff turnover, Lacor Hospital routinely replaces those who leave. The hospital had an attrition rate of 9.4% (63) in FY 2022/23. On the other hand, the hospital recruited 35 new staff mainly as replacements. The high attrition rate was attributable to desire for further studies and joining public sector but also to the capability of other institutions to actively recruit. The cadres of staff with the highest movement are the enrolled nurses/midwives followed by the Allied health group. The more senior cadres like registered nurses and medical specialists tend to be more stable.

By the end of FY 2022/23, the hospital complex had a total of 671 employees including those on hospital sponsorship for further studies (5). These figures do not include the 53 Interns (doctors, nurses and pharmacists) as well as the 109 builders on short-term contracts. The figure and table below summarizes the number of employees over the years and the staff movements in FY 2022/23.

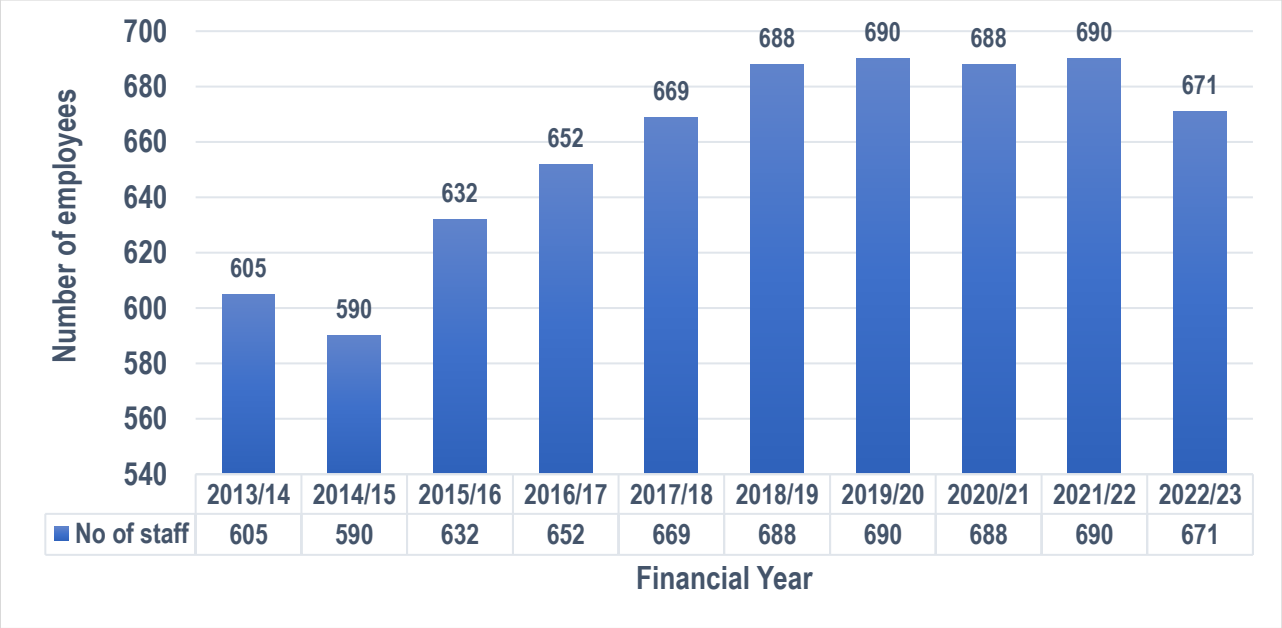


Figure 18: Number of employees over the past years

Table 37: Staff movements – FY 2022/23

Movement of Staff by cadres 2022/23	Lost by 30/06/2023	Recruited by 30/06/2023	Total as at 30/06/2023
Medical Specialists and Consultants, Medical officers, Dental Surgeons, Pharmacists	11	8	50
Tutors and clinical instructors	1	0	23
Clinical, public health dental, orthopaedic officers	2	2	17
Anaesthetic officer, radiographers, sonographers, occupational therapists, pharmacy technicians	7	1	14
Lab Scientists, technologists and technicians	0	0	12
Lab assistant and attendant	1	0	4
Bsc. Nurses, Registered nurses and midwives	2	0	55
EN EM Theatre Assistants Pharm Ass & H. Educ.	25	24	162
Nursing assistants and physiotherapy assistants	1	0	46
Nursing aides	2	0	72
Administrative staffs, Matron's Office	6	0	75
Technical staff + Drivers	2	0	41
Others	3	0	100
Total Staff on study leave on hospital sponsorship	0	0	22
TOTAL STAFF EXCLUDING SPONSORSHIP	**63**	**35**	**671**

The total above excludes interns (53) & casual workers (109).
The Senior Nursing Officers are part of Administration staff.
All sponsored employees are at school at June-2023, otherwise sponsorship for the FY are **5**

5.2 HUMAN RESOURCES MANAGEMENT

Given the scarcity of health-workers in the Country as well as Lacor Hospital being an equal opportunity employer, opportunities are open to competent and interested persons whenever needs arise. The presence of training institutions within the Hospital allows it to source interested candidates more easily.

As stipulated in the *Human Resource Employee Manual*, working hours for all staff shall not exceed 45hrs per week. However, doctors do not neatly fit into this category as they periodically do night calls on rotational basis. The hospital has *a Human Resource Employee Manual* that is used to guide Management on how to handle employee-related issues. This is used alongside the Employment Act of Uganda in case of any contradictions.

Lacor Hospital has a fairly good range of incentives for its staff as a retention measure. First and foremost, there is the strict adherence and compliance to employment and other related laws that ensure continuity of employment. Other pertinent incentives include provision of accommodation to key personnel within the Hospital or payment of a housing subsidy for those commuting from outside, access to free water for those accommodated as well as highly subsidized electricity and a stand-by generator for lighting in case of power outage.

There are also prospects for sponsorship in relevant fields, Continuous Professional Development for all medical personnel, prompt payment of salaries with access to 30% of the salary as an advance, access to heavily subsidized healthcare to the staff, spouse,

parents, children and dependents up to a total number of 5 and *up to the age of 18 as per the revised Human Resource Employee Manual 2021*.

Besides the above, the Hospital also has a cooperative society from which subscribed members can get soft loans for personal development; there is diligent remittance of member savings to NSSF and regular departmental meetings through which staff can air their grievances.

The Hospital does not engage in exchange of employees with other healthcare institutions, however, Lacor being one of the teaching institutions of Gulu University Medical school, most of the doctors are engaged in teaching of the students. Private practice is strictly forbidden by the Human Resource Employee Manual.

5.3 COMPREHENSIVE PACKAGES OFFERED TO LACOR

Staff retention strategies, among others, include sharing of Lacor Hospital's vision with all the categories of staff, prompt and commensurate monthly salaries with access to salary advances whenever the staff needs, quarterly payment of performance bonuses after assessments are done, staff involvement in the roll-out of the New Strategic Plan 2017-2022, training opportunities including CME, provision of loans, free medical care to all the staff and their immediate relatives. For all its staff, Lacor Hospital either provides free housing within the Hospital quarters (i.e., for staff who work on night shifts or need to be available 24 hours a day) or pays a housing subsidy for those who are not accommodated. All Hospital employees are enrolled with National Social Security Fund, NSSF.

The Hospital employees can obtain loans from their own credit cooperative society that the Hospital has helped establish. Associated with the loan, there are also savings that members are encouraged to make, which they are free to withdraw as they exit the institution.

5.4 HUMAN RESOURCE DEVELOPMENT

In the fourth Hospital Strategic Plan of 2022-2027, maintaining the traditional concern for staff welfare and development remains an important objective(6) focused on the recruitment and retention of sufficient number of qualified, satisfied and committed personnel continued with focus on training not only middle managers but extended to cover the training schools. This has seen an all-staff involvement in the roll-out of the Strategic Plan. On-going trainings on Customer Care and client responsiveness are being done as deliberate moves to improve the quality of Care in the hospital by instilling soft human skills in the staff when dealing with clients who come to the hospital. The safety and security, radiation and infection control and quality assurance committees have been duly instituted and are operational.

5.4.1 Staff on Hospital sponsorship

The Hospital has continued to offer scholarship for further training to its employees in relevant fields that will help enhance the services in the Hospital. It is also aimed at retaining these employees after the completion of their training. The hospital managed to send 5 staff for upgrading in the FY 2022/23 as shown in the table below:

Table 38: Hospital sponsorships as of 30th June, 2023

Course	Cadre of staff	Duration of training (years)	N. sent for training
Diploma in Sonography	RM	9 months	2
Diploma in Biomedical Engineering	Electrician	2	1
Diploma in Med. Radiography	EN	3	1
MMED (Pathology)	MO	3	1
TOTAL			**5**

Obstetric department team meeting.

CHAPTER 6: LACOR HEALTH TRAINING INSTITUTIONS

6.0 BACKGROUND

Lacor Hospital has four Health Training Institutions [LHTI] within its premises including Lacor School of Nursing and Midwifery, Lacor School of Medical Laboratory Technology, Lacor School of Theatre Assistants and Lacor School of Anaesthesia. Training is enhanced with hospital and health centre placements. The founders' vision was to train local health workers who could carry on the work in Lacor, and to respond to critical health human resource needs. Trainings have thus been strategic and needs driven, with national relevance. Training of Medical students in collaboration with Gulu University, placement of various health worker cadres, as well as internship are not discussed here.

Training of enrolled nurses started in 1973 and has, over the years, progressed, with additional training in Diploma nursing, enrolled midwifery, and diploma midwifery. Most trainees are from within Uganda, but few also come from South Sudan and Kenya.

Laboratory training started in 1979 to provide the much-needed quality medical laboratory services to the community. Training in anaesthesia was started in 2016 and runs in collaboration with Uganda Institute of Allied Health and Management Sciences (UIAHMS), and recently with Busitema university for the purpose of training personnel in anaesthesia to improve anaesthetic services to district, NGO and missionary hospitals. Many hospitals and HCIV theatres were underutilized due to lack of anaesthetists, giving a big surgical burden to functional theatres. LHTI works in line with Ministry of Education and Sports [MoES] and MoH guidelines.

Lacor Health Training Institute student during assembly.

6.1 ENROLMENT & STUDENT POPULATION AT LACOR HEALTH TRAINING INSTITUTIONS

This FY, the enrolment decreased by 77.1% (175) to 52), mainly due to realignment in the timing of admissions and academic calendar after COVID. There was lower than expected admission for diploma in nursing and in medical laboratory technology.

Table 39: Student enrolment from FY 2015/16 to 2022/23

CATEGORY	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23
Certificate in Nursing	70	64	85	68	69	70	82	00*
Certificate in Midwifery	40	42	54	30	42	46	48	00*
Diploma in Nursing	24	22	31	31	35	25	29	24
Diploma in Midwifery	00	18	17	20	10	09	13	13
Certificate in Theatre	00	14	23	27	23	22	18	00*
Certificate Med Lab	42	00	23	23	34	29	24	00*
Diploma Med Lab	46	23	19	13	15	06	13	15
TOTAL	**222**	**183**	**252**	**212**	**228**	**207**	**227**	**52**

** Note that in July 2023, there were admissions for certificate courses*

This FY, there was an overall total of 431 students. This is close to the capacity of the school. 63.57% of the students are female, an important empowerment factor.

Table 40: Student population at Lacor Health Training Institutions

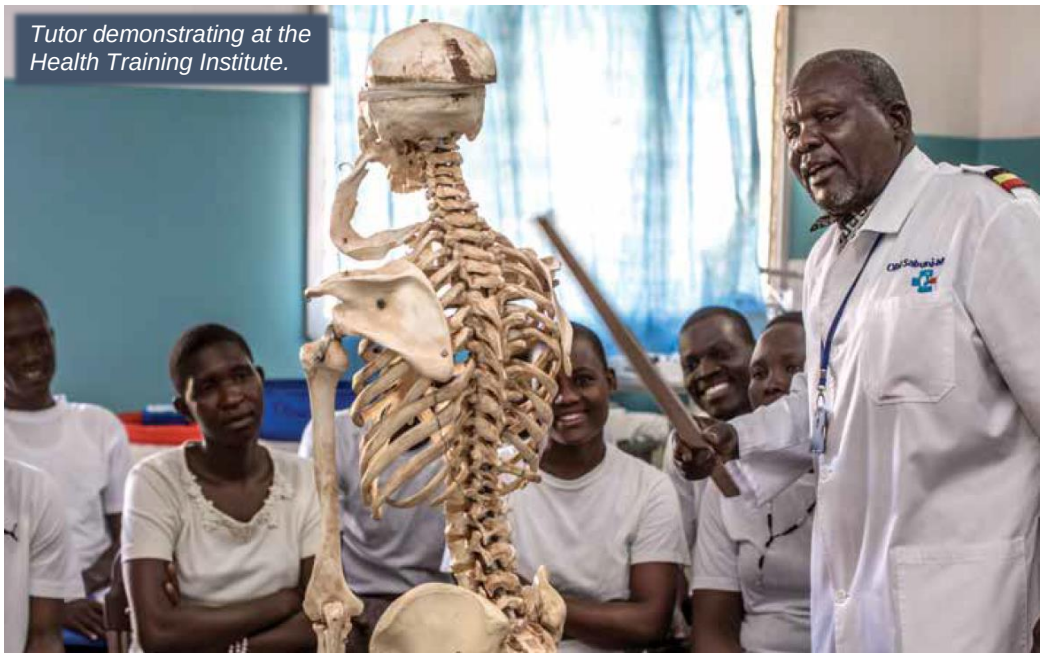
Program	Year of study	Male	Female	Total
Certificate in Nursing	Yr 3 Sem 1	21	43	64
	Yr 2 Sem 1	30	52	82
	Total	**51**	**95**	**146**
Certificate in Midwifery	Yr 2 Sem 1	-	48	48
	Yr 3 Sem 1	-	48	48
	Total	**-**	**96**	**96**
Certificate in Medical Theatre Technique	Yr 2 Sem 1	10	08	18
	Total	**10**	**08**	**18**
Certificate in Medical Lab. Technique	Yr 2 Sem 1	20	04	24
	Total	**20**	**4**	**24**
Diploma in Nursing	Yr 2 Sem 2	14	14	28
	Yr 1 Sem 1	09	15	24
	Total	**23**	**29**	**52**
Diploma in Midwifery	Yr 2 Sem 2	-	13	13
	Yr 1 Sem 1	-	13	13
	Total	**-**	**26**	**26**
Diploma Medical Lab. Technique	Yr 2 Sem 1	10	02	12
	Yr 2 Sem 2	04	02.	06
	Yr 3 Sem 2	09	03	12
	Yr 1 sem 1	12	03	15
	Total	**35**	**10**	**45**
Post Basic Diploma in Anaesthesia	Yr 2 Sem 2	10	03	13
	Yr 1 Sem 1	08	03	11
	Total	**18**	**06**	**24**
GRAND TOTAL		**157**	**274**	**431**

6.2 PERFORMANCE AND FAITHFULNESS TO THE MISSION

The overall objective of the school is to provide training opportunity to students within the region so that they can offer "quality health service" to the needy community population. The goal is to produce quality and competent nurses and midwives able to love and serve the needy without discrimination.

The school currently has six classrooms with capacity to host sixty students per class. We also have a demonstration/skills laboratory. The principal is supported by other tutors, and clinical instructors and administrative staff in running the school.

Generally, the hospital remains faithful to the Mission, with increasing access as well as equity and overall quality. The increment in pass rate after a slight reduction ion 2018/2019 is due to concerted effort between the schools and the hospital. This is now stabilized at 96%.



Tutor demonstrating at the Health Training Institute.

CHAPTER 7: TECHNICAL SERVICES

7.0 INTRODUCTION

The hospital has an established Technical Department under direct management of the Technical Manager and overseen by the Institutional Director. The Department is divided into two main sections: the *Civil Works Section*, and the *Electrical, Biomedical Equipment and Plants Maintenance Section*.

The Technical Department carries out the following duties:

- All civil construction works (new constructions) of hospital structures.
- General repairs in buildings structures like doors and furniture.
- Utilities management: electricity and water supplies.
- Waste management system including the incineration of medical waste and management of wastewater treatment plants.
- Maintenance and management of mechanical plants: power generators, compressors, air conditioning systems, laundry equipment and oxygen plants.
- General medical equipment maintenance and installations.
- Transport, mobility and fleet management; mechanical works to repair ambulances, and drivers' management.
- Management of fire response team and fire brigade trucks.
- Maintenance of the hospital compound, drainage and underlying cables and pipes.

7.1 LACOR HOSPITAL TECHNICAL FIGURES IN A GLANCE

Energy and power

- Average energy consumption: ≈ 1,000,000 kWh/year.
- Power peak: 275kW.
- Main power supply: UMEME 11kV line.
- Additional supply: Photovoltaic (PV) systems (335 kWp).
- Backup supply: 3 x main diesel gensets (1x500 kVA, 2 x 350 kVA).
- Safe line supply: 2 x parallel redundant UPS (2 x 160 kVA); 2 x safe line gensets (2 x 150 kVA)
- 100% sanitary hot water and 60-70% laundry hot water from solar water heaters.
- Health Centers: one PV solar system 7.2 kWp each in Amuru and Pabbo, one system 5.2kWp in Opit.

Water

- Average potable water consumption: 290 mc/day.
- Main water tank capacity: 2 x 75,000 litres.
- Additional water reservoirs: rain water total about 300,000 litres (mainly for laundry and sterilizers).
- Health Centres: one tank 10,000 litres each.

Compound and buildings

- Number of people residing in the compound: c.a. 2000 plus c.a. 500 students.
- Total area of main compound: 180,000 sqm, about 100 buildings.
- Kaladima farm area: 40 hectares planted with Eucalyptus.
- Health Centres: about 16,000 sqm each.

Waste management and wastewater treatment
- Incinerator with a capacity of 5 m^3 / 650 kg per cycle.
- Wastewater treatment system: 2 x Pre-Treatment Unit pools, 200 m^3 each; 4 stabilization ponds with total capacity 6,750 m^3; artificial wetland 800 sqm.
- Green area around lagoons: about 20,000 sqm.

Main medical-related systems
- Oxygen generation and distribution system: double parallel system with a capacity of 220 l/minute for each production line; One refill station for oxygen cylinders.
- Vacuum system for theatres: 3 x redundant vacuum pumps.
- Air conditioning and treatment system for theatres: 1 x chiller; 6 Air Treatment Units with HEPA filters (one for each theatre room).

Vehicles fleet
- 8 ambulances (Toyota Land Cruiser hard top).
- General vehicles: 5 cars; 2 bus 30 seaters.
- Technical vehicles: 1 pickup; 1 heavy truck; 1 tipping lorry; 2 tractors; 2 forklift; 2 fire trucks.

Laundry
- Industrial washing machines: 1 x 45 kg loading capacity; 2 x 80 kg loading capacity; 1 x 120 kg loading capacity.
- 2 x industrial ironing machines.
- Average quantity of bed sheets and clothes processed: 10,000 kg per month.
- Solar heating system with 3,000 litres tank.

Technical Department general figures
- Number of staff: 67 people with permanent contract.
- Maintenance requests processed: c.a. 2000 per year.
- Technical Department sections: Carpentry; Mechanical workshop; Painting; Masonry; Drivers; Electrical; Biomedical; Technical stores; Water and sanitation; HVAC and oxygen; Compound and generic waste; Hospital waste, incinerator and wastewater treatment.

7.2 MAIN ACTIVITIES IN FY 2022/23

7.2.1 Projects and works

The technical department has been implementing various projects and works in the FY 2022/23: here is the list of the most important ones.

- Fire responses for fires in the hospital and in the surrounding community (Lacor fire brigade)
- Service of all fire extinguishers in the hospital.
- Major maintenance of the incinerator; borehole pumps: centralized oxygen system; sterilizers; main UPS; main generator; replacement of one sterilizer, replacement of 2 scialytic lamps and 3 operating beds.
- Excavation of a channel to drain rainwater in the area after lagoons.
- Increase of waste segregation and recycling of plastics in all hospital wards.
- Extraordinary major renovations of the three HCs have been completed for Pabò and Amuru.
- Provision of continuous trainings to the health operators about correct usage of biomedical machines.
- Continued the construction of a new staff quarter with several buildings.
- Started the project for a new ring cable for UPS line.

- Procurement and beta testing of OpenMAINT software for the maintenance of biomedical equipment.
- Installation of 2 solar systems in Pabbo and Amuru with lithium batteries.
- Installation of new water heating system for main school kitchen.

7.2.2 Maintenance activities

The Technical Department executed over 2300 maintenance interventions. Out of this figure (see Figure 7.1 for reference), more than 900 interventions were covered by the Biomedical team, about 430 by the team of the Electricians, 500 by the plumbers, and about 500 were miscellaneous interventions. The number of interventions was significantly boosted, especially in the case of the biomedical devices (+50%). This is due to a new project, which specifically focuses on the management of biomedical assets (OpenMAINT project).

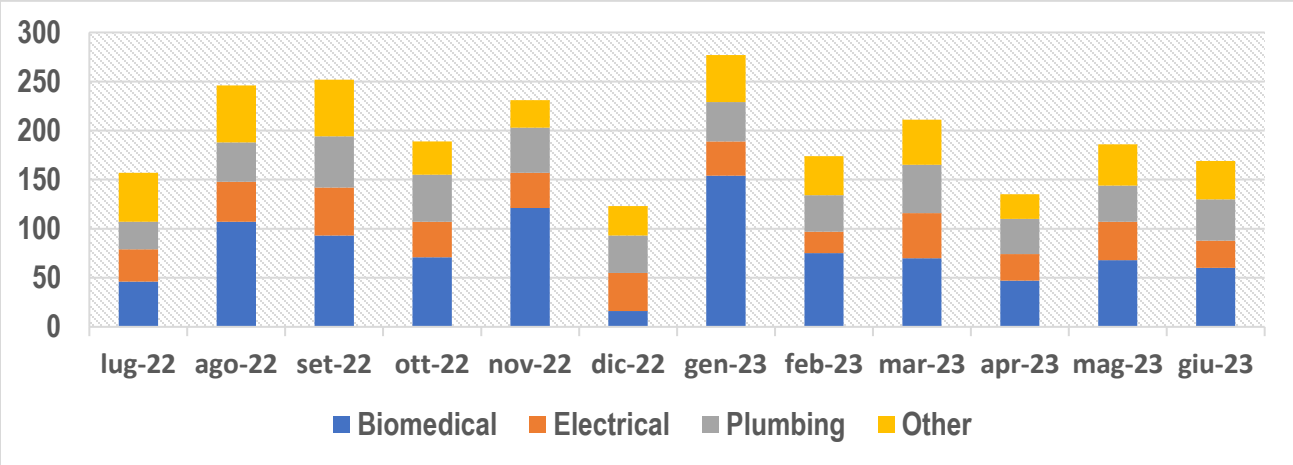


Figure 19: Maintenance and repair interventions per category

7.3 UTILITIES SETUP AND MANAGEMENT

The Technical Department is in charge for management of the following utilities: water supply, power supply, oxygen generation plant and distribution, air conditioning, medical and non-medical waste disposal, wastewater treatment.

7.3.1 Electricity supply

The management of electrical supply is done for the whole hospital compound: i.e. the main hospital and schools, the staff quarters, and the three Health Centres.

For the main hospital, five power supply sources are available, some of which constitute backup systems:

- The National Grid (UMEME)
- Backup diesel generators to supply the whole compound when the national network is not available.
- Redundant Uninterruptible Power Supply (UPS) equipped with two battery banks and a backup generator, supplying the Hospital's critical areas through a safe line, including the ICU, theatres, patients on oxygen and security lights.
- Additional extra battery backup systems for selected locations: one for the laboratory and children ward, one for the theatre and another for ICU.

- Solar PV systems, injecting power directly in the hospital grid.

The three **Health Centres** are connected to the National Grid, with additional solar and battery backups. An additional backup solar system is fully dedicated to maternity.

National Grid (UMEME), main supply

The Main Hospital is connected to the 11 kV line of UMEME. The Hospital uses its own 1 MVA three-phase transformer for internal supply.

The main electrical distribution is in star configuration, from the main distribution room, with a network of about 16,000 m of underground cables. The most remote places are supplied from four sub distributors (e.g., residence buildings).

The transformer, main distributor and distribution network were installed in 2003. Since then, extensions have been made due to the new constructions of school, staff and doctor's residences, the theatre air conditioning systems, and the oxygen production plant.

The **Health Centres** are supplied separately from the national grid: UMEME or UEDCL (Uganda Electrical Distribution Company Ltd).

Diesel Generators

The Hospital has 3 big backup diesel generators: one 500 kVA and two 350 kVA. Each one can supply the whole compound in case of blackout of the National Grid.

There are no backup generators in the **Health Centres**.

Safe line

The safe line is supplied through two redundant UPS of 160 kVA (3 phase 400 V) in parallel configuration. Each UPS has a battery bank operating at 480 V DC with a capacity of 220 Ah (40 sealed batteries). The safe line is distributed from the main distribution house and is configured as a closed ring system. It serves all the hospital departments and supplies vital equipment for patients, lights, computers and servers.

The battery bank is backed up with a generator of 160 kVA which starts automatically when the battery needs to be re-charged in the absence of the main line. This generator also powers the water pumps. This generator usually runs during the night in case of blackout of the National Grid, in order to cover the essential loads, including x-rays or sterilization, and the oxygen plant.

Photovoltaic Solar systems

Several photovoltaic systems have been installed during the years on the roofs of the main Hospital, some of which have been recently recombined. The systems are as follows:

- 3 x 50 kWp
- 3 x 45 kWp
- 2 x 15 kWp
- 1 x 20 kWp

The total peak power installed in the main Hospital is therefore 335 kWp.

Each of the **Health Centres** is equipped with an independent photovoltaic system:

- Opit – 5.2kWp solar array, 3kW inverter and storage batteries of 1000Ah capacity
- Amuru and Pabbo – 7.2kWp solar array, 5 kW inverter and 15kWh lithium storage

7.3.2 Water supply

The main hospital gets its potable water from underground boreholes. Rainwater is also used for some specific applications, including laundry and sterilization.

In the **Health Centres**, the main water source are underground boreholes.

Boreholes equipped with electrical water pumps

The hospital has acquired permits from the Directorate of Water Resource Management to abstract water from underground. Water is pumped from 4 main underground boreholes to the storage tanks for general use in the hospital as follows:

- 2 wells: depth 50m (each with a pump) 2.5 Km far away from the Hospital near St. Joseph's Cathedral, supplying together 6,000 liters/hour.
- 1 well: depth 50m, within the Hospital at Doctor's quarters, supplying 3,500 liters/ hour.
- 1 water well at St. Jude's orphanage depth 70m, 3.5 km from the Hospital supplying 6,000 liters/hour.

The water from the wells is conveyed in 2 tanks with a capacity of 75,000 liters each, from which it is distributed to the hospital through main distribution pipes.

The three **Health Centres** have one motorized water pump each and one hand pump. The motorized pumps are driven by solar power. Pumped water is stored into a 10,000 litres tank.

Rainwater

Rainwater is harvested from rooftops to be used by the patient's attendants and the staff. It is used only as a supplement for washing utensils and clothing, since no purification is done. In addition, rainwater is used as 'soft' water for the sterilizers and laundry. Total capacity of the rainwater tanks is c.a. 295,000 litres. Sterilization and laundry are supplied through two underground storage tanks (each 50,000 litres).

7.3.3 Waste management

Liquid waste

This includes drainage from sinks, washing basins, showers, toilets, and (partially) rainwater from gutters. Within the Hospital compound, there are about 4,000 m of drainage pipes.

The wastewater treatment plant includes a Pre-Treatment Unit (PTU) for the sludge, 4 stabilization ponds with a total capacity of 6,750,000 litres (6,750 m^3) designed to receive 250,000 litres per day. After the lagoon, an artificial wetland filters the treated water. The artificial wetland is in turn connected to a natural wetland.

Solid waste

Organic and domestic waste is collected from pits twice a day, with a total volume of about 12 m^3. The waste is disposed at the municipal disposal site every day.

Sludge from the waste water treatment plant is stored in the sludge drying bed before disposal.

Special waste (medical) produced by the hospital amounts at about 300 kg per day (figure reduced by about 50% compared to the previous year thanks to better segregation of waste in the wards). This is destroyed in a medical waste incinerator managed by the hospital. Human tissues are deposited in sealed placenta pits.

Thanks to an ongoing program having the objective of improving waste recycling, the hospital has

managed to achieve the goal to recycle around 600 kg/month of glass waste (mostly from medicine bottles), that is crushed and mixed with sand as an aggregate for concrete. In addition, non-contaminated plastics from the wards are also segregated and recycled by a partner social business in Gulu.

7.4 UTILITIES AND OTHER SERVICES CONSUMPTIONS AND COSTS

7.4.1 Electricity and fuel for power generation

The average electricity consumption for the financial year 2022/23 was 3,026 kWh/day (+5.6% compared to the previous financial year). The figure is cumulative of all supply sources for the main hospital only. The average consumption was 3,217 kWh/day when the **Health Centres**, St Jude water pump and other small loads are also included in the picture. The overall expenditure for electricity was around 600 Million UGX. Out of this amount, around 44 Million UGX were spent for the three **Health Centres**, St. Jude water pump and other minor loads not in the main compound. Table 7.1 shows the disaggregated figure in terms of sources and expenditures for the electricity.

Table 41: Total electricity consumption and expenditures according to source

Power source	Electricity [kWh]	Cost [UGX]
UMEME (National Grid)	735,076	459,797,845
Backup diesel generators	56,419	95,981,026
Solar PV systems*	312,882	NA
HCs, water pumps, other	69,645	43,563,815
TOTAL	**1,174,022**	**599,342,686**

Table 42: Total consumption of diesel for power generation

Diesel consumption	Quantity [lts]	Total cost [UGX]
Backup diesel generators	18,734	95,981,026
Backup generator for water pumps	1,143	5,856,000
Total	**19,877**	**101,837,027**

The overall running costs of diesel for generators were about 101 Million UGX (+39% compared to the previous year). This increase in costs is mainly due to the increase of fuel prices. About 19,800 litres of fuel were used, with an average consumption of 0.34 litres/kWh, which corresponds to an average conversion efficiency of 27%. There was no significant difference in the consumption compare to the previous year (+3%). On the other hand, the cost of the electricity produced with the diesel generators was 1,701 UGX/kWh, compared to an average cost of the electricity from the main grid equal to 626 UGX/kWh (+9% compared to the previous financial year, due to the increased price of diesel).

Electricity consumption by department

The consumption of electricity of each department is reported in Table 7.3. It is worth noting that the "Safe line" department actually corresponds to all the loads protected by the safe line under UPS, which are distributed around the hospital (main loads under safe line are: laboratory machines; theaters; oxygen plant; servers and computers in the administration).

Table 43: Electricity consumption by each department

Department	Electricity [kWh]	Percentage %
Safe Line (under UPS)	530,151	45%
OPD	8,606	1%
Children Ward/Lab	11,483	1%
Xray	10,744	1%
Maternity	18,326	2%
Gynecology	35,212	3%
Nursing school	10,088	1%
Theaters	29,749	3%
Surgery I Burns Physiotherapy	72,627	6%
Surgery II Pharmacy	30,571	3%
Medicine	4,266	0%
Casualty	5,484	0%
Laundry	2,580	0%
University Campus	9,182	1%
Administration	3,266	0%
Technical Workshop	16,566	1%
Staff quarters Guesthouse Other loads	375,123	32%

Share of electricity sources and consumption over the years

The National Grid covered the 67% of the supply, while 5% was covered by diesel generators. The solar PV systems covered 28% of the total consumption.

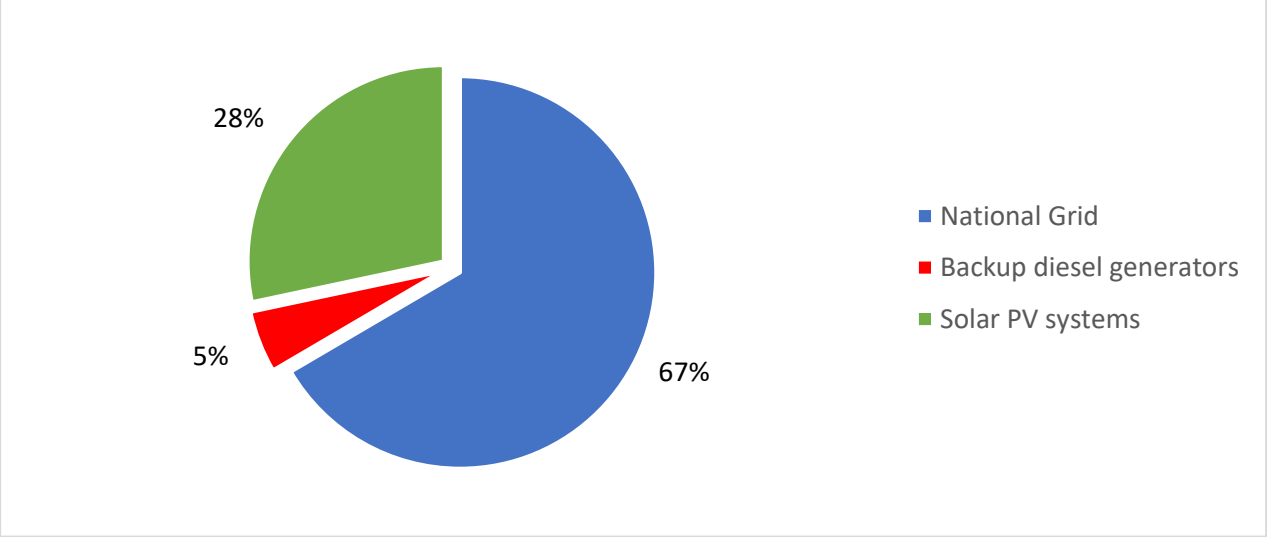


Figure 20: Power consumption share from different sources

The solar systems in use require either the National Grid (UMEME) or the diesel generators to be available in order to produce power.

In a normal sunny day, the solar production is between 8 am to 6 pm with peak production between mid-day and 1 pm. The total energy produced and used by the installed solar system

during this financial year was around 312 MWh. This allowed saving about 200 million UGX compared to the equivalent expense that would have been due from UMEME.

Starting from February 2022 Lacor hospital has obtained the EKOenergy[4] ecolabel for the electricity produced and consumed by its PV systems. A move that certifies its commitment towards a just and ecological energy transition.

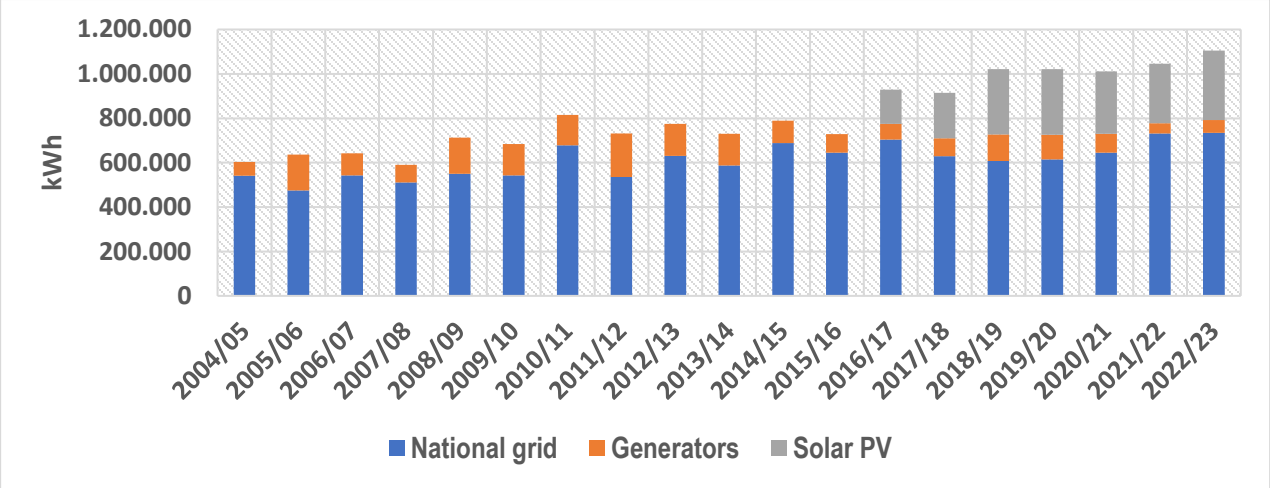


Figure 21: Electricity consumption over the years

As shown in Figure 19, the trend over the years has seen an overall increase in consumptions, that has however been mitigated by the increasing trend of production from solar PV. The reliability of the National Grid has also improved during the last years. Consequently, the production from diesel generators has seen a reducing trend.

7.4.2 Fuel for incinerator, vehicles and other

The hospital incinerator is used to safely destroy biohazardous waste. It consumes diesel in order to control the temperature during the incineration cycle. The post combustion chamber is always maintained at an average temperature of 800°C to avoid emission of dioxins. During the reference financial year, the consumption of diesel at the incinerator was around 13,600 litres. The figure is similar to the previous year. The 50% reduction of the amount of waste delivered to the incinerator obtained during the previous financial year was confirmed. This allows to save fuel and avoid the emission of an estimated 300 tons/month of CO_2.

As concerns vehicles, instead, the total consumption of fuel was around 71,000 litres. This figure also includes some other few consumptions (e.g. portable generator for welding, etc).
The total expenditure for all such services amounted at about 436 Million UGX.

Table 44: Consumption of diesel by incinerator and vehicles

Diesel consumption	Quantity [lts]	Total cost [UGX]
Incinerator	13,600	69,677,696
Vehicles and other	71,423	365,925,741

[4] https://www.ekoenergy.org/

7.4.3 Water consumption

The total water consumption in the reference financial year was equal to 110,480 cubic meters (the figure does not include the **Heath Centres**).
The figure is similar to the one of the previous years, with an average daily consumption of about 303 cubic meters per day. This usage is for all hospital and residential water needs, including: flush toilets, washing sinks, laundry, and domestic use (cooking, bathing etc). It is worth underlining that this figure also includes water used for construction works and other technical activities.
Figure 7.4 shows the trend over the years (reliable data for financial years 2016/17 and 2017/18 are not available).
Figure 21 shows the trend over the years (reliable data for financial years 2016/17 and 2017/18 are not available).

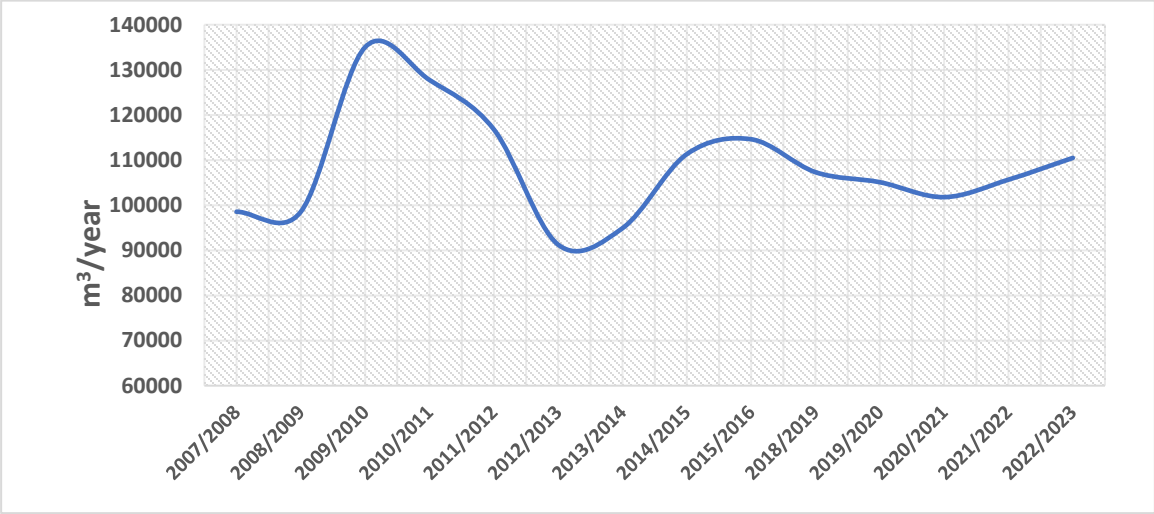
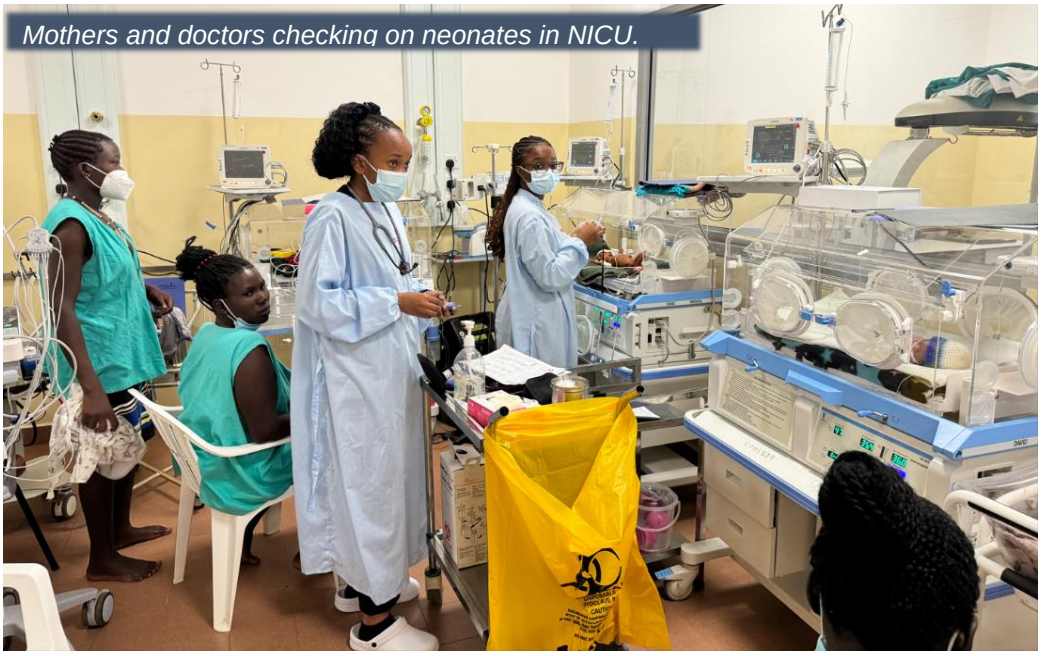


Figure 22: Water consumption over the years


Mothers and doctors checking on neonates in NICU.

CHAPTER 8: HOSPITAL FINANCIAL MANAGEMENT REPORT

8.1 BACKGROUND TO LACOR HOSPITAL FINANCIAL REPORT

The Financial Report of the Hospital has been externally audited by BDO East Africa and found to be unqualified. In the pages that follow, revenues, recurrent expenditures and capital development costs are illustrated and briefly analysed.

8.2 EXPENDITURES: RECURRENT AND TOTAL OPERATING COSTS

The recurrent costs for the FY 2022/2023 increased by 2.1% (556 million) from UGX 26.250 billion (2021/22) to UGX 26.806 billion (2022/23). The breakdown of recurrent costs is illustrated in Table 43.

Personnel costs account for the largest expenditure (39.86%), with an increase by 4.88% compared to the last FY. Medical items (29.92%), including medical drugs, sundries and Lab and X-Ray items, are the second largest expenditure, with a decrease of 10.84% over the previous year. Generic items (10.45%), which includes food, stationery, and cleaning materials, increased by 33.38%. Property expenses increase by (4.63%).

Table 45: Recurrent Costs FY 2022/23 compared to FY 2021/22

	2022/23 (UGX '000)	Percentage	2021/22 (UGX '000)	Difference	Diff. %
Personnel	11,726,579	39.86	11,180,672	545,907	4.88
Medical Items and services	8,802,275	29.92	9,872,907	-1,070,632	-10.84
Generic Items	3,074,251	10.45	2,304,844	769,407	33.38
Transport expenses	663,396	2.25	545,586	117,810	21.59
Property expenses	1,585,463	5.39	1,515,235	70,228	4.63
Administrative expenses	954,384	3.24	831,659	122,725	14.76
Total Recurrent Costs	**26,806,348**		**26,250,903**	**555,445**	**2.12**
Depreciations	2,099,612	7.14	2,169,080	-69,468	-3.20
Other gains and losses*	514,176	1.75	440,225	73,951	16.80
TOTAL EXPENDITURES	**29,420,136**	100	**28,860,208**	**559,928**	**1.94**

**other gains and losses include gains and losses from foreign exchange fluctuations, various prudential provisions to accommodate possible future losses according to international accounting standards, write offs of receivables or payables, as well as disposal of old assets.*

The increase in Personnel costs (4.8%) were due the budgeted salary increment implemented by January 2023. The reduction of the Medical Items and Service (-10,84%) is due a strategy of cost reduction implemented by the 4Q 22/23. The increase in Generic items is due to the increase in the consumption of cleaning materials, food and stationery.

Out of the total expenditures of UGX 29,420,136, the Expenditures for the Schools were UGX 2,047,437, while the expenses for main Hospital (Schools excluded), were UGX 27,372,699.

8.3. LACOR HOSPITAL INCOME

The 28.86 billion of recurrent costs were covered through internally generated funds, Government subsidy and donations (Table 44).

Table 46: Sources of funds for recurrent costs

Financing of recurrent costs2022/23	2022/23 (UGX '000)	% of total	2021/22 (UGX '000)	Difference	Diff. %
Patient charges	6,658,731	24.37	5,897,722	761,009	12.90
Hospital school fees	2,078,387	7.61	2,215,509	-137,122	-6.19
Uganda Government	1,319,140	4.83	1,169,881	149,259	12.76
Other Local Revenues	682,797	2.50	280,334	402,463	143.57
Total Local Revenues*	**10,739,055**		**9,563,446**	**1,175,609**	**12.29**
Donors	16,581,469	60.69	17,127,682	-546,213	-3.19
Total recurrent revenue	**27,320,524**		**26,691,128**	**629,396**	2.36
Amortization of def. cap. contributions**	2,099,612	7.14	2,169,080	-69,468	-3.20
TOTAL REVENUE	**29,420,136**	**100.00**	**28,860,208**	**559,928**	**1.94**

**Local Revenues refers to "in-country funding" and therefore includes user fees, PHC CG, Local Govt contributions, IGAs, etc.*

*** According to the International Accounting standards (IAS 20), Capital Contributions received over the years to purchase fixed assets, are amortized among the Hospital revenue over time, along with the depreciation period of the fixed assets to which they are related.*

Thanks to its donors, the Hospital was able to continue to highly subsidize the patients without raising its fees. The total patient charges collected were UShs 6.6 billion, UShs 761 million higher than last year, representing 24% of the total Hospital expenditures (UGX 27,372,699) Schools excluded. The overall subsidy for the patients was therefore 76%. Mothers and children, as well as patients with chronic diseases, continue to pay reduced fees, while those in destitute financial position including some elderly have their fees waived off as necessary.

8.3.1 Capital Development

Investment for capital development in 2022/2023 amounted to UGX 3.43 billion. All these investments were financed by donors. Of these, UGX 1.02 billion were for new buildings, UGX 679 million for new Hospital and Clinic Equipment, UGX 114 million for Computer Equipment, and UGX 1.62 billion for work in progress (mainly for new staff housing).

8.4 ASSURANCE, AUDITING AND PROCUREMENT

The External Audit of the Hospital has been carried out by BDO, a major international accounting firm. The audit was clean and the opinion was not qualified. The auditors presented the management letter during the Financial Committee of the Board, highlighting the areas that show ineffective internal controls and should be addressed by management to strengthen assurance. These areas include:

- timeliness of financial reporting
- need for independent reviews of journal entries

- deficiencies in recording and accounting for Hospital School fees
- gaps in the segregation of duties in Clinic Master and Navision
- some reconciliation controls to be improved (school, prepayment, vendors, receivables)
- deficiencies under stock management
- gaps in accounting-for and management of fixed assets
- gaps in some policies and procedures

As mentioned, each issue has been discussed and responded to by Management who has agreed to address the identified issues. Other issues that pose lower risks were also discussed.

The Hospital has strict procurement guidelines, which are regularly audited by the Internal Auditor. The Procurement policy requires quotations from at least three suppliers and segregation of duties in all the procurement phases (requisition, quotation, ordering and receipts of good, invoicing and payment). The whole process is traced in the Administrative Software and all Local Purchasing Orders are signed by the Administrator or Directors. All cheque payments require two signatures out of four signatories from Executive Board members.

CHAPTER 9: HOSPITAL GOVERNANCE AND MANAGEMENT

9.1 LACOR HOSPITAL GOVERNANCE AND MANAGEMENT

9.1.1 The hospital statute and the Memorandum and article of Association

The hospital identity, mission statement, ownership and legal status together with institutional organization and government are clearly stipulated in the hospital statute and the Memorandum and Article of Association following the registration and incorporation in August 2022.

9.1.2 The NGO status

The Hospital is registered as an NGO under the Non-Governmental Organizations Registration (Amendment) Act, 2016. Following the enactment of the Non-Governmental Organisations Act of 2016 and to ensure compliance with the same, the National Bureau for NGOs (the body charged with registering and regulating NGOs) has directed the Hospital to incorporate as a Company to enable the renewal of its registration as an NGO. The incorporation of the Company has been undertaken pursuant to this directive. On the 17th of August 2022 "St. Mary's Hospital Lacor" was incorporated as a Company limited by Guarantee, with licence to dispense with the word "Limited". The subscribers (members) of the memorandum of association are the Registered Trustees of the Gulu Diocese Uganda and the St. Mary's Lacor Foundation Ltd. The NGO status has been renewed on 1/2/2023 under number 8392.

9.2 THE HOSPITAL BOARD OF DIRECTORS

His Grace the Archbishop of the Roman Catholic Archdiocese of Gulu is the Chairman of the Board with seven (7) to ten (10) independent members (Independent Directors) and four (4) ex-officio members comprised of the Executive Director, the Institutional Director, the Medical Director and the Hospital Administrator. The Health Training Institute (the school) has a Board standing Committee (the Training and Teaching Committee), which oversees the operations of the school together with School Academic Board. The Hospital Internal Management Board oversees the day-to-day operations of Lacor Hospital Complex (the hospital, health centres and the school) and is composed of the Executive Director, Medical Director, the Institutional Director and the Hospital Administrator.

9.3 THE HOSPITAL MANAGEMENT

The Board appoints the Executive Director, the Medical Director, the Institutional Director and the Hospital Administrator for a period of 5 years (appointment renewable without limit) and can relieve each of them of his/her office at any moment without notice and with no need to explain its decision. The Internal Management Board appoints the Deputy Medical Director, the Deputy Institutional Director, and the Deputy Administrator and establishes their job descriptions. The Internal Management Board organises the Hospital in clinical, administrative, and technical departments according to the evolving needs and also takes care of the leadership structure of vital clinical services, like nursing and laboratory, pharmacy, and technical services.

Various internal committees (Disciplinary, Housing and Welfare, recruitment, the Medicines and Therapeutic Committee (MTC), the Infection control committee, the Quality committee, the Promotion and Training Committee) assist Management in the decision-making process, to ensure large participation in decision making, team spirit, transparency, equity and finally extended "ownership" of the Hospital operation. They are established and regulated at discretion of the Internal Management Board, which is also responsible for the definition of the Hospital Organogram below the directorship level of the Executive Director, the Institutional Director, the Medical Director and the Administrator.

The Hospital has an Executive Committee that is responsible for the implementation of the hospital strategic plan and coordinates the interventions of the different sections while trying to solve possible problems. The EC has an advisory role towards the ED, who can decide independently from the prevailing opinion in the meeting. Decisions taken or approved by the ED are immediately executive and is the duty of the managers to implement them. The EC meets at least once a month, or whenever the ED deems it necessary.

The Hospital Matron and her assistants are responsible for all nursing matters supervised by the Medical Director. The heads of departments and the ward in-charges are responsible for planning and supervising the departmental services/activities. The departments hold routine meetings where performance reviews and subsequent remedial plans are devised. Key decisions made at departmental level are fed back to the management through the Hospital management team.

The Deputy Medical Director Community Services is the Chairman for the Health Unit Management Committees of the three health centres in Amuru, Pabbo and Opit.The other members are appointed by the Executive Director. The main responsibilities of the Management committee are to assure that the quality of the health service delivery in the unit is up to accepted standards, the relation with the patients and with the community always responding to ethical and charitable commitments of Lacor Hospital, the interaction with the community and with the local authorities always respectful and cooperative. Towards Lacor Hospital the Management committee is responsible for the best and correct use of the resources provided by the Hospital and by the patients’ contribution, and for the preservation of the Hospital properties. The Management Team meets quarterly. The committee assists the Directors in the decision-making process on all relevant matters regarding the Health Centres.

9.4 COMPLIANCE WITH STATUTORY REQUIREMENTS

The hospital was compliant with the statutory requirements for accreditation with the UCMB yet again in FY 2022/23 with a score of 69%. The hospital was therefore accredited without any condition.

Additionally, the hospital was recognised by the Ministry of Health as the best performing PNFP hospital and the third best performing regional hospital in the 2022-23 period.

CHAPTER 10: PERFORMANCE OF THE HOSPITAL STRATEGIC PLAN 2022-2027

Legend:	POOR	FAIR	GOOD	VERY GOOD

Strategic Actions	OUTPUY INDICATORS (KPI)	Means of verification	5 Year Target		Timelines YEAR 1	Respon sibility
STRATEGIC OBJECTIVE 1: To Strengthen Health Promotion, Prevention & Frontline Services of The Hospital & Health Centres						
Outpatient, community and emergency health care strengthened						
1.1 Improve outpatient follow-up for chronic diseases and across the board.	Appointment system for NCD's set up in place	Inspection	70%		SCD, DM, HTN have appointment, but not followed up yet actively	MD
1.3 Continue integration of OPD into Hospital quality assurance	OPD quality indicators clarified, expanded	Inspection			Few indicators added: QI meetings, hygiene	RBF FP
	Scores of PSS	Client feedback	90%		95% satisfied completely or to some extent. 3% not satisfied	DMD
	Scores of RBF	Verification report	90%		89% past three quarters, due to introduction of Surgical wards which scored low	DID
1.2 Increase screening for most common non-communicable diseases and cancers	Number and range of screened patients increased (BMI, BP, RBS, Cacx, BSE, mammography, Wellness clinic, growth monitoring, nutritional screening, SCD, HBV, HIV, HTN, Ca Colon, etc)	HMIS reports			Done for BMI, BP, Cervical cancer but documentation not formalised for wellness, colon cancer, HTN	QI Chair
1.6 Develop criteria for admission to the Hospital	SOP/criteria developed	inspection			Few criteria in YCC, ICU	HoD
1.7 Engage the districts in more collaboratively covering relevant catchment areas with public facilities	No of engagements with district, POPULATION	Inspection			Ongoing meetings and collaboration, Radio sensitisation with Soleterre, PACIS, dialogues	
1.8 Review the District supported out-reach peri-urban programme and negotiate relocation to rural/relevant areas	No of outreaches conducted				Outreaches going on, numbers low in some new	
	No of patients served in outreaches	HMIS, reports				
	Current catchment maps drawn	map			outreach map drawn, modified	

1.12: Keep fees for emergency surgery lower than elective surgery	Fees for emergency surgery kept lower than electives	Inspection	1 pa			
1.16: Improve hospital ambulance coordination	Ambulance coordination committee meets at least quarterly	Minutes	4 pa		Committee meeting not consistent	DMD-CHS
1.14: Referral criteria for Ambulances pickup/referral established	Criteria Document developed and implemented				Criteria SOP not yet finalised, but working SOP is in place	
1.13: Consider setting Acute care section/unit in Paed.	Unit set up, functional	Price list			Due to ongoing work, "mobile unit" still in place	ID, HoD
Health workers trained on emergency care/Critical topics	No of trainings done	Training report	1 pq		Multiple trainings ongoing, CME. Nursing CNE. Basic Life Support, etc.	DID
Ensure Availability of functional emergency equipment	Availability of equipment/boxes	inspection			Equipment generally in place, gaps identified and requested	Matron, Incharge
Monitor outcomes of critically ill patients in the hospital	Mortality rate of critical patients in HDU and ICU	HMIS	Qtrly			HoD, MD CS

STRATEGIC OBJECTIVE 2: Provide hospital services, which focus on needs of patients						
High quality and accessible services provided based on patient need						
Complete the construction and commission the new Neonatology	Neonatal unit set up and functional	Inspection			Started 13November 2023	ID
	Number of neonates served increased	HMIS reports				HoD
	Preventable neonatal mortality decreased	Audit reports			Audits done, but challenges with timeliness of audit and of reporting. Highest death rates still in the region. MMR still about 318- MD report, National declined	HoD
2.6: Surgical camps increased in scope and reach	Camps held for VVF, plastic surgery, goitre, urology, anorectal malformations, general	Surgical camp report	3 pa		General Surgery, Plastic Surgery, and goitre camps held. More to come January	HoD
2.9: Refurbish Private rooms	Number of Private rooms refurbished	Inspection	8 rooms			Tech Supervisor
2.11: Implement staff entitlement criteria as per HR manual	Staff medical entitlement revised in HR manual and implemented	Inspection			Most staff re-enrolled when sick	HRM

	IT system updated with HR criteria	inspection			IT system reset, but ceiling and outputs to be explored	IT
	Report on health services to staff and dependants provided	Report	Quar-terly			HRM/ Finance
Patients satisfied with the services	PSS> 90	Client feedback	90%		95% satisfied completely or to some extent. 3% not satisfied. KEY issues include long waiting times, and some staff rudeness. Most still happy with payment, but not "satisfied completely"	
	RBF score> 90	Verification report	90%		89% past three quarters, due to introduction of Surgical wards which scored low. Some decline in GYN, CHW	

STRATEGIC OBJECTIVE 3: To ensure accessibility and quality of the services provided by Lacor Hospital						
Access is assured						
3.1 Aim at maintaining the global average cost sharing below 35% of the actual operational costs.	Patient out of pocked (cost sharing) average kept below 35% of costs	Second level indicator report	<35%		Awaits audit report, but generally below 305	DID, ID
3.2 Maintain the following services highly accessible: ANC, YCC, Maternity, Nursery/Neonatology, Burns Unit, Sickle-cell disease and Obstetric fistulas shall maintain token fees	Fees for protected groups kept low in absolute terms				Following fees revision, some concerns were recorded, related to ambulance to GRRH, some few drugs, ANC fees in the health centres, and some side-room operations like MVA. Operations also attracted some complaints. No real serious impact on attendance noted yet, but watching before January revisions	ID/DID
3.6 Regularly update and display the price list, including additional fees.	Price list updated at least annually	Inspection	1 pa		Updates done in April 2023, and review of complaints done, BUT price list not updated promptly	DID/ID
Quality is assured						
3.8 Pursue the extension of RBF to Surgery, Casualty, Laboratory, and Pharmacy.	No of new departments with RBF	RBF reports	1 pa		RBF expanded to Surgery 1 and Orthopaedic	DID
	RBF indicators refined/updated routinely				Indicators updated. Work closely with Key Donors on SOPs, some glitch with Teasdale Foundation	

	RBF score above 90% each department				At departmental level, we have achieved 90% in only in some, with slight decline noted	DID
3.9 Maintain the accreditations (Laboratory, hospital, REC)	Score 3 star achieved, lab		90%		Accreditation program on hold	
	Hospital UCMB accreditation obtained	Inspection	Star 3		Obtained, though with a low mark of 69%, the least in the network	DID
	Research and Ethics Committee is accredited	Inspection	>75%		Obtained from UNCST, until 2025	DID
3.10 Regular sensitization of health workers on appropriate prescription practice, (tests and drugs)	No of meetings, CPD's held	CPD register			Weekly CPD held, though quality of presentations need to improve. Late coming	
3.11 Carry out regular prescription [tests and drugs] audits.	Drug prescription practices compliant with MOH/WHO standards	Polypharmacy	<2.5%		3.06%.	DMD-CS
3.13 Carry out regular satisfaction surveys.		ABC rate	<20%		32%	DMD-CS
		injectable rate	<15%		None had an injectable antibiotic in OPD	
		dispensing rate	100%		100%, though patients complain when sent out rarely	
	Hospital acquired infection rates <10%	HAI survey	<10%		9.8% in March 2023	Chair IPC
	Quarterly departmental and hospital QI meetings				Many departmental teams not yet actively doing projects	QA Nurse
3.13 Carry out regular satisfaction surveys.					Suggestion box, feedback book, surveys	MD

STRATEGIC OBJECTIVE 4: **To focus the training role of Lacor Health Training Institute on the needs of the health system while strengthening its integration with the hospital**						
High quality training and collaborations ensured						
4.1 Examine the sustainability of particular courses considering their strategic value and alternatives in the region.	Course review done	Report			Informal so far	Principal
4.2 Consider admitting A-Level students directly for a diploma in Nursing/Midwifery.					Ministry has granted permission, due to start in January, will be 3 years	

4.3 Improve collaboration between the HTI and the hospital.	Biannual coordination meetings held	Meeting minutes			Meeting started with Matron's Office, not yet quarterly	Matron, Principal
	-Pass rate above 90% in all courses		>90 %		Good pass rate, best student from Lacor. One unfortunate incident of Exam malpractice investigated	Principal
	Compliance with statutory requirements of the National Council, Accreditations		approved		Another obtained yesterday from UCMB valid until 2024 December	
4.4 Study the possibility of offering E-learning, online and/or distance learning programmes.	E-learning/online programs established	School report			Explored, but not fully operational	DID/ principal
	Weekend programs started				started for laboratory	ID/ Principal
Collaborations with institutions.	Number of collaborations with universities and other institutions	School report			Few sponsorship projects; Sherbrooke, University of Milan Bicocca	ID/ Principal
Students are satisfied	Student satisfaction rate >90%	Survey report			Student satisfaction	Registrar

STRATEGIC OBJECTIVE 5: To strengthen institutional capacity and financial sustainability						
Goal: to find ways to offset the significant increase in costs without compromising accessibility to the hospital by the critical mission group						
Involve heads of departments in annual and quarterly departmental budgeting	Departmental quarterly budgets made HoD involved in the process	Departmental budget	3		Note yet started, await disaggregation	ID, HoD, Finance
Describe ways of handling budget deficits	Interventions in case of deficits identified quarterly	report			not yet done, prediction still delayed	HoD
5.4 Study a list of a few services that, if necessary, could be discontinued, with indications of the expected impact on the hospital constituency and the savings expected.	'Parking list' and case scenarios for potential service discontinuation made	List of services made			TB, Malnutrition, cancer	ID, MD
5.5. Continue the development of middle management and of the shared decision approach, also considering specific training needs in management.	Middle management formation/ mentorship repots	Report on development			More informal for now, a lot of mentorship. No formal report	ED, Administrator
5.6 Regularise and harmonise the committees in the Hospital (Both management committees and Clinical committees).	Committees meet at least quarterly 	Quarterly minutes and annual report			Committees just clarified by the Executive committee. Meeting minutes not yet there	Committee Chairs Administrator

	Committee writes annual report to management					
5.7 Share financial information with middle management.	Semestral feedback to department specific financial info shared	Departmental feedback report			Not yet started	Financial Manager
5,8 Reinforce the active role of middle managers in cost control.	Annual departmental report on cost control	Report			partly done in departments, but reports not completed by all, but needs improvement	HoD, DID, cost control officer
5.10 Improve on the capacity of accounting to produce regular and correct financial reports.	Quarterly financial reports and budget performance produced				Given to steering committee quarterly	Administrator
	Annual financial reports produced, presented to Before Christmas	By December			on track	
	Balanced fanatical reports	Financial reports			Awaits audit report	Financial Manger, ID
	Unqualified audit reports	Audit report				
5.11 Improve budgeting and budget performance control, closely monitoring expense decisions versus budget.	Quarterly and annual financial reports and budget performance reports produced				Annual yes, quarterly not yet formalised	Finance Manager
5.13 Upgrade the financial management software, to disaggregate finer cost and revenue centres, stores management dashboards	Financial management system upgraded and functional	NAV Business central functional			Resources got, BC engaged, await installation	Administrator
	No cyberattacks/ cyberattacks defended				Seeming attacks investigated	
	No accidental data loss registered				none recently	
	SOPs for IT procedures in produced and utilised				SOP shared for emails, and other processes	IT Office
Improve credit and debt control						
Upgrade clinical software	Clinical software upgraded				Exploring EMR for Navision by HRP. Clinic Master quite disappointing	IT Office
Upgrade list of diagnoses and comply with insurance client requirements	List and coding of diagnoses upgraded on system				Not yet done, but some effort for updating death recording to ICD 11	
5.19 Improver debt collection	Quarterly report on debt collection/insurance	Report on debt collection			Reports present but not very formal	Credit officer
	Internal Claim process improved- involving clinicians [document related rejections reduced]	Claim Rejection rates			Still high rejection rate, or non-payment	
	Debt analysis made quarterly	Reports			still sub optimally done, and highly delayed	

Improve timeliness of payment to suppliers, NSSF, PAYE	Unpaid debts explained/justified					Finance manager
	Suppliers	Maturation reports				
5.24 Establish a formal cost control function in the Hospital.	Cost control office established	Recruitment report			Job description done, recruitment is in progress	HR
Carry out regular cost analysis by departments and by cost items to identify potential savings and prevent waste.	Cost control reports	Report			Gross cost report made by Finance, little fine disaggregation	Cost control officer
5.27 Review staffing levels in each department to identify potential redistribution and cost saving.	Staff norm reviewed per department	Staff norm report/scenario			Staff norm drafted, awaits discussion and approval by Executive Committee.	HR Administrator
Procurement and resource mobilization improved						
5.28 Define Standard Operating Procedures (SOP) for procurement (Procurement Manual).	Procurement manual finalized and in use				Draft, not final	Administrator
	Procurement committee reactivated				committee not actively meeting	Administrator
SOP for resource mobilization and project management	SOP for project preparation/submission and project management finalized and utilizes	observation			not yet completed, although there is some draft	DID/ID
	'Cases for support' drafted				Few draft projects	DID
Research projects, collaborations, management improved	Research collaborations established and Research studies conducted by staff	MoU/ proposals	1 pa		Some staff conducting studies based on hospital data/patients	Head, Research
	Papers published with Lacor	publications/ presentations	1 pa		some papers published out of Lacor work	
	REC meets at least quarterly	Minutes	4 pa		Meetings held	
	REC accreditation maintained	Accreditation	3 yearly		With UNCST, valid till 2024	

STRATEGIC OBJECTIVE 6. **Maintain the traditional concern for staff welfare and development**						
Improve human resource management and development						
Develop a framework for staff sensitization on strategies, policies, and plans	SOP's defined and functionalized for performance evaluation, recruitment and promotion, disciplinary actions				HR manual revised 2021. Policies on Sexual harassment, communication, photography done	Administrator

Improve interactive communication	staff sensitisations on benefits				Done informally in staff meetings	HRM
Improve staff accommodation and welfare by housing critical staff and upholding the SACCO	Clocking system re-functionalised				Not yet, machine compatibility issues	HRM
	Percentage of clinical staff accommodated in the hospital premises	report			Most on call staff are accommodated	Housing committee
	Percentage of staff trained as per approved trainings				trainings done, but targets not yet set	
	Total funds contributed to the SACCO				SACCO recapitalised	

STRATEGIC OBJECTIVE 7. To strengthen infrastructure and environmental sustainability						
Provide long term technical sustainability						
Strengthen waste management (medical, solid, liquid, chemical, cytotoxic)	100 percent of waste collected is disposed of.				Waste collection generally good	Super-visor Technical dept
Keep compliant with atomic energy council regarding radiations	Keep UAEC compliance updated				Maintained. Radiation safety acceptable	Head Radiology
Improve equipment documentation, and their pre-emptive and reactive maintenance	Interruption in service due to broken equipment kept at minimum	Incident reports.	No Xray, laundry down time		No major outages. Water, electricity downtimes usually have prompt intervention	BEMS lead
		Equipment job cards			electronic system in place, but not yet uptodate	

ANNEX 1 - THE VISION, MISSION AND VALUES

During the formulation of the Hospital Strategic Plan for year 2022 to 2027, the Hospital Mission, Vision and Values were revised.

THE VISION

To be the hospital that takes care of the most common conditions of a large number of people, that has specialists in the main clinical areas, provides quality care and charges affordable, often symbolic fees for the more vulnerable patient categories.

MISSION

To provide Affordable, Quality and Sustainable Healthcare to the Needy and to train Professionals of High Integrity, in Witness of the Church's Concern for all.

VALUES

Our guiding principle is respect for human dignity, which puts people at the centre of all that we do. As a manifestation of our Motto "Patient First", compassion, professionalism and team spirit take a special place. We value honesty, transparency, accountability and optimal utilization of all hospital resources.

Board members, July 2023.

ANNEX 2 - HOSPITAL INTERNAL MANAGEMENT BOARD

	Name	Position
1.	Dr. Cyprian Opira	Executive director (chairman)
2.	Dr. Odong Emintone Ayella	Medical director
3.	Dr. Ogwang David Martin	Institutional director
4.	Mr. Pier Paul Ocaya	Hospital Administrator (Secretary)

ANNEX 3 - HOSPITAL EXECUTIVE COMMITTEE

S/N	Name	Position
1	Dr. Cyprian Opira	Executive Director- Chairman
2	Dr. Martin Ogwang	Institutional Director
3	Dr. Emintone A. Odong	Medical Director
4	Pier Paul Ocaya (Mr)	Hospital Administrator
5	Dr. Ochola Emmanuel	Deputy ID
6	Dr. Kansiime Jackson	Deputy MD clinical
7	Mr Ojok Godfrey P'Kingstone	Deputy MD community (secretary)
8	Ms Okello Caroline	Deputy admin. HR
9	Sr Among Milly	Matron/Senior principal nursing officer
10	Mr Stefano Fagnani	Financial Manager
11	Mr Barbieri Jacopo	Head technical department
12	Ms Betty Anyiri Justine	Principal of the School
13	Sr. Josephine Oyella	Head of Pharmacy

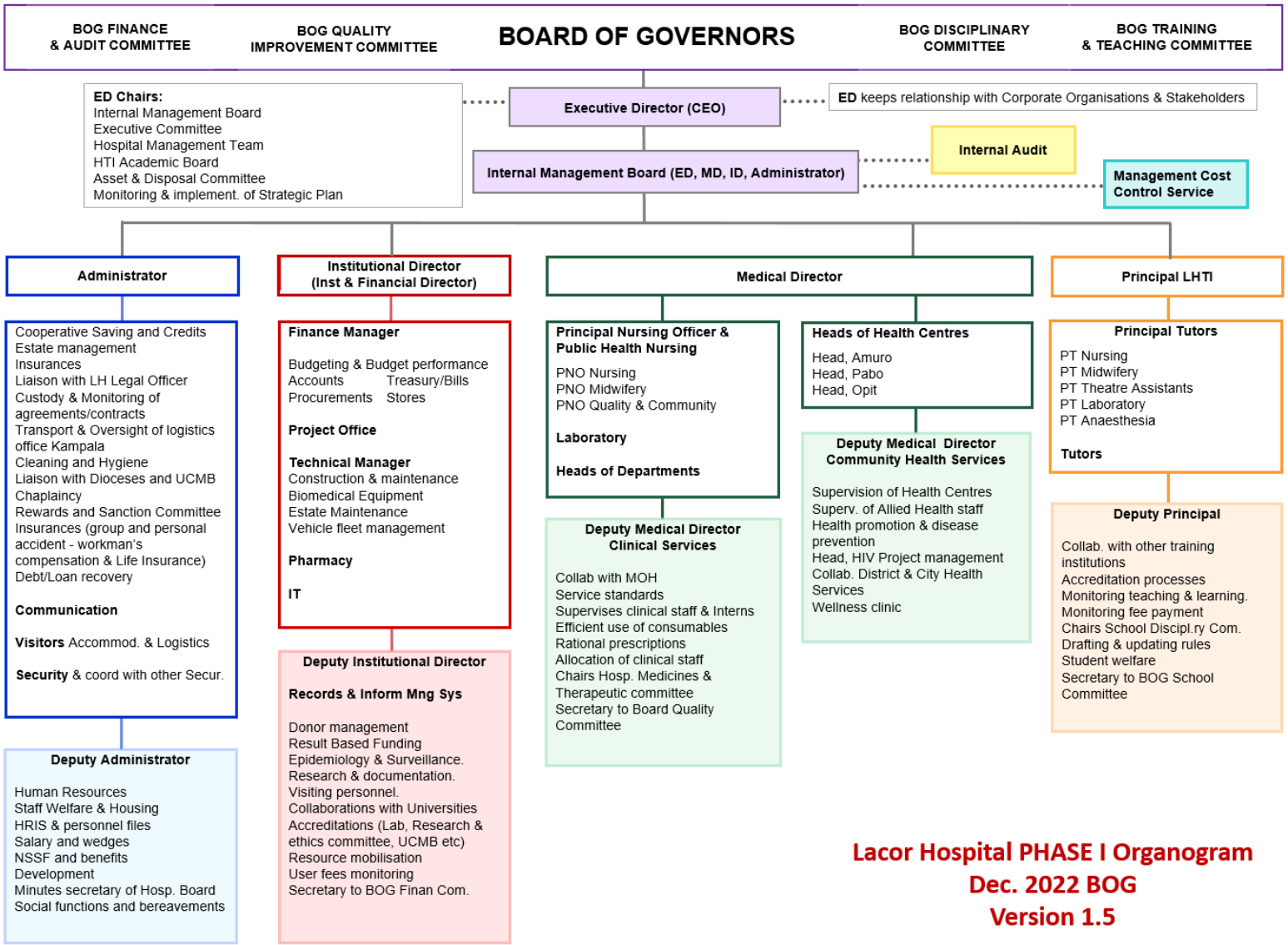
ANNEX 4 - HOSPITAL MANAGEMENT TEAM

	Name	Position in the Hospital
1	Dr. Emintone A. Odong	Medical Director and Chairman
2	Dr. Martin D. Ogwang	Institutional Director
3	Dr Kansiime Jackson	Head, Medicine Department, Deputy Medical Director Clinical Services
4	Dr. Joses Komakech	Head, Dental/Oral Surgery Department
5	Dr.Omona Venice	Head, Paediatrics Department
6	Dr. Buga Paul	Head, Obstetrics and Gynaecology Department
7	Dr. Opira Cyprian	Head, Radiology Department
8	Dr. Ronald Okidi	Head, Surgery Department
9	Dr. Emmanuel Ochola	Head, HIV, Research & Documentation. Deputy Institutional Director
10	Mr. Olal Marcelino Sabuni	Principal Lacor Nurse Training School
11	Mr. Olara Walter	Principal Lacor Laboratory School
12	Sr. Millie Among	Senior Nursing Officer
13	Sr. Josephine Oyella	Head, Pharmacy
14	Mr. Ocakacon Robert	Head, Laboratory Department
15	Mr. Ojok Geoffrey P'Kingstone	Representative of Paramedical Staff. Deputy Medical Director, Community Health Services
16	Mr. Jacopo Barbieri	Head, Technical Department
17	Mr. Stefano Fagnani	Finance Manager
18	Mr. Pier Paul Ocaya	Hospital Administrator
19	Mr Henry Omal	Chief Accountant
20	Mr. Enangu John	In-charge Lacor Health Centre III Amuru
21	Ms Tekkwo Joyce	In-charge Lacor Health Centre III Opit
22	Mr. Openy Julius	In charge Lacor Health Centre III Pabbo
23	Sr. Amito Jacinta	Head of Anaesthesia/School of Anaesthesia
24	Sr. Okwarmoi Joyce	Head Theatre Assistant Training School
25	Mrs. Caroline Okello	Human Resources Officer Deputy Administrator
26	Dr. Okello Alfred	Head, Pubic Health Department

ANNEX 5 - BOARD OF GOVERNORS

Name	Personal position	Board position
HG. Dr. John Baptist Odama	Archbishop Gulu Roman Catholic Church Archdiocese	Chairman
Dr. Ojom Lawrence	Member	Non-Exec. Member
Justice Galdino Okello	Judge of the Supreme Court of Uganda	Non-Exec. Member
Dr. Paolo Giambelli	Representative Italian Cooperation	Non-Exec. Member
Dr. Dominique Corti	President Corti Foundation, Milan	Non-Exec. Member
Mr. Guido Coppadoro	Representative of Corti Foundation	Non-Exec. Member
Mr. Okema Akena Achellis	Rt General Manager Banking, Bank of Uganda Manager Private Bank, Kampala	Non-Exec. Member
Retired Justice Augustus Kania	Retired Court Justice, Member	Non-Exec. Member
Dr. Alfred Driwale	Commissioner MoH, Member	Non-Exec. Member
Mr. Kinyera Richard Charles	Bank Manager, Member	Non-Exec. Member
Dr. Cyprian Opira	Executive Director, Lacor Hospital (Board Secretary)	Executive Member
Dr. Emintone A. Odong	Medical Director, Lacor Hospital	Executive Member
Dr. Martin Ogwang	Institutional Director, Lacor Hospital	Executive Member
Fr. Martin Agwee	Chancellor Gulu Archdiocese-Member	Executive Member
Mr. Pier Paul Ocaya	Hospital Administrator	Executive Member

ANNEX 6 - LACOR HOSPITAL ORGANOGRAM



ANNEX 7 - FINANCIAL STATEMENT FOR THE YEAR ENDED 30/06/2023

REVENUE	2022/23 UShs '000	2021/22 UShs '000
Donations	15,926,798	15,391,951
Donations in kind	1,973,811	2,905,612
Patient charges	6,658,731	5,897,722
Hospital school fees	2,078,387	2,215,509
Other local revenues	682,797	280,334
Rev. before amortisation of deferred capital contrib.	27,320,524	26,691,128
Amortisation of deferred capital contributions	2,099,612	2,169,080
Total revenue	**29,420,136**	28,860,208
EXPENSES:		
Personnel		
Salaries and wages	(9,967,628)	(9,572,770)
NSSF Hospital contribution	(839,622)	(817,510)
School sponsorships	(315,730)	(292,516)
Insurance	(195,121)	(248,272)
Other staff costs	(408,478)	(249,604)
	(11,726,579)	(11,180,672)
Medical items and services		
Medical drugs	(4,517,425)	(5,238,628)
Laboratory and radiology items	(1,088,040)	(1,124,376)
Medical sundries	(3,196,810)	(3,509,903)
	(8,802,275)	(9,872,907)
Generic Items		
Food supplies (includes food for students)	(1,232,716)	(824,419)
Printing and stationery	(557,287)	(276,940)
General supplies	(1,284,248)	(1,203,485)
	(3,074,251)	(2,304,844)
Transport expenses		
Cargo clearing fees	(55,730)	(325)
Fuel for ambulances and other vehicles	(406,529)	(292,834)
Insurance ambulances and other vehicles	(47,183)	(37,756)
Vehicle maintenance	(139,105)	(190,947)
Other transportation expenses	(14,849)	(23,724)
	(663,396)	(545,586)
Property expenditure		
Electricity (metered and generator)	(590,135)	(627,712)
Repairs and maintenance	(695,422)	(643,165)
Other utilities	(42,051)	(39,093)
Other property expenses	(257,855)	(205,265)

	(1,585,463)	(1,515,235)
Administrative expenses		
Audit fees	(139,696)	(121,130)
Other professional fees	(130,750)	(91,637)
Communication	(180,580)	(151,163)
Bank charges	(49,055)	(48,738)
Office equipment and softwaremaintenance	(143,193)	(110,204)
Other administrative expenses	(311,110)	(308,787)
	(954,384)	(831,659)
TOTAL RECURRENT COSTS	**(26,806,348)**	(26,250,903)
Depreciation and amortization	(2,099,612)	(2,169,080)
TOTAL OPERATING EXPENDITURES	**(28,905,960)**	(28,419,983)
Other gains and (losses)		
Increase in provision for bad debts	(195,584)	(198,855)
Gains from disposal of assets	71,058	10,000
Net foreign exchange gains/(losses)	(162,468)	79,142
Write offs	(227,182)	(330,512)
	(514,176)	(440,225)
TOTAL EXPENDITURE	**(29,420,136)**	(28,860,208)
Total surplus for the year		
Surplus before income tax	-	-
Tax	-	-

ANNEX 8 – BALANCE SHEET

STATEMENT OF FINANCIAL POSITION (,000)	2023 UShs '000	2022 UShs '000
ASSETS		
Non-current assets		
Property and equipment	33,936,256	32,575,330
Right of use asset	3,450	3,552
Intangible assets	-	24,491
	33,939,706	32,603,373
Current assets		
Inventories	4,892,991	4,925,820
Trade and other receivables	1,600,634	2,198,298
Cash and cash equivalents	3,595,353	1,867,116
	10,088,978	8,991,234
TOTAL ASSETS	**44,028,684**	41,594,607
OPERATING FUND & LIABILITIES		
Current liabilities		
Trade and other payables	2,096,471	2,558,332
Deferred income	5,635,789	5,514,083
	7,732,260	8,072,415
Non-current liabilities		
Deferred capital contribution	**35,801,032**	33,026,800
Operating fund		
Operating funds	**495,392**	495,392
TOTAL OPERATING FUND & LIABILITIES	**44,028,684**	41,594,607

ANNEX 9 – DONATIONS

CASH RECEIPTS FROM DONORS* (,000)	2023 UShs'000	2022 UShs'000
Foundation Piero and Lucille Corti - Italy	7,7620,228	6,492,234
Government of Uganda	792,320	791,272
AIDS care & treatment	-	276,380
Foundation Teasdale Corti - Canada	1,137,329	2,007,703
Ugandan Protestant Medical Bureau	980,875	71,523
Al-Real (formerly RTI-EMBLEM)	126,120	207,580
Hope for Uganda	-	177,087
Province of Bolzano	463,082	180,885
Soleterre Strategie di Pace Onlus	109,962	112,151
Int. Network of Cancer Treatment & Research (INCTR)	-	88,796
Social Promise - USA	7,828,803	4,391,036
Other cash donations	241,486	51,972
Private donations	151,845	26,828
RBF ENABEL	1,264,388	440,539
Mochelass - IDRC Torit	-	124,818
Medical Mission Foundation	-	23,036
East African Public Laboratory Networking Project	-	60,119
	20,716,438	15,523,959

* Cash donations received from donors include 2 billion UGX of capital contributions, while they don't include 1,9 billion UGX of donations pertaining to this financial year but received in advance in previous years (included in the income statement in Annex 7).

CAPITAL CONTRIBUTIONS FROM DONORS (,000)	2023 Ushs '000	2022 Ushs '000
Piero and Lucille Corti Foundation - Italy	806,307	566,600
Province of Bolzano	463,081	180,885
Teasdale Corti Foundation - Canada	83,095	293,857
Social Promise	3,575,377	35,393
Infectious Disease Institute	4,457	-
Hope for Uganda	-	177,087
	4,932,317	**1,253,822**

ANNEX 10 – USER FEES

Service	Shs
Admission of children in HCs (investigations and drugs included)	5,000
Young Child Clinic in the HC (investigations and drugs included)	3,000
Antenatal Clinic in HCs and Young Child Clinic in Hospital (investigations & drugs included)	5,000
Adult outpatient (only consultation)	5,000
AIDS Clinic (investigations and drugs included)	6,000
Antenatal Clinic and admission of children in the Hospital (investigations & drugs included)	6,000
Delivery in the Hospital, inclusive of admission fees	25,000
Admission maternity ward HC (flat rate) (with delivery)	15,000
Admission adults and children with epidemic cases	free
Admission adults in other wards (flat rate)	75,000
Caesarean Section	50,000
VVF repair	free

PICTORIAL

Medical Missions Foundation (USA) arrive at Lacor Hospital for a Surgical Camp

A Medical Officer examines a preterm baby

ST MARY'S HOSPITAL
LACOR

ANNUAL REPORT FINANCIAL YEAR JULY 2022 - JUNE 2023

Ways to support us:

Directly to:

ST MARY'S HOSPITAL LACOR

www.lacorhospital.org
info@lacorhospital.org

From other countries:

Italy

FONDAZIONE ETS PIERO E LUCILLE CORTI
CURA E SVILUPPO CON LACOR HOSPITAL

www.fondazionecorti.it
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U.S.A.

SocialPromise

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socialpromise@socialpromise.org

Canada

FONDATION TEASDALE-CORTI
POUR L'HÔPITAL LACOR

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info@teasdalecorti.org