ST MARY'S HOSPITAL
LACOR

ST. MARY'S HOSPITAL LACOR ANNUAL REPORT

FINANCIAL YEAR JULY 2020 - JUNE 2021

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FOREWORD BY THE EXECUTIVE DIRECTOR

Dear Stakeholders,

Greetings to you all and let us thank the Almighty God for seeing us through this very trying times.
This has been the most challenging times in recent memory. For individual, family, institutional, government and indeed the entire world. Whereas the Hospital has faced other outbreaks like meningitis, cholera and Ebola, the Covid 19 pandemic put us in a situation of each for himself, where very little external technical or financial support was available. All aspects of life were affected, economic, health, education, transport to mention but a few.
In the Hospital, the lockdown drastically reduced patient numbers, which meant also reduced collection of user fees. Coupled with that, the introduction of the standard operating procedures was a very expensive exercise and Personal Protective Equipment were not easy to get locally, importation was expensive and slow.
The disruptive nature of the pandemic meant the hospital had to create isolation and covid treatment wards, reallocate staffs, patients and so on. The functional oxygen plant put Lacor Hospital far ahead of many other hospitals in the management of Covid -19.
Just like other schools, the students in our schools also went home, depriving the patients of the care that they offered. The patients who travelled to hospital were the very sick ones. Patients with chronic diseases were given drugs to cover at least three months. Outreaches were suspended.
The hospital did not get away unscathed, we lost Bro. Elio Croce to COVID-19, other staff and students fortunately had mild disease. We also lost other staff including Sr. Sharon Aber to other causes. May their souls rest in eternal peace.
Vaccine uptake by the staffs was very good, more than 90%. This could have contributed to mild cases in the second wave.
I would like to acknowledge the support by The Corti Foundation which made emergency funds available to support the hospital and because of this, the hospital did not have to lay off staffs nor reduce salaries. The Government of Uganda also supported the Hospital with Intensive Care equipment. As we continue with the new normal, there is need to carefully balance the pandemic effort with other diseases which have also not gone away. Pray for Gods protection as we strive to carry out the mission set out by the founders.

May God bless us all,

Dr Opira Cyprian

Executive Director.

GEOGRAPHICAL LOCATION AND SIZE OF GULU DISTRICT

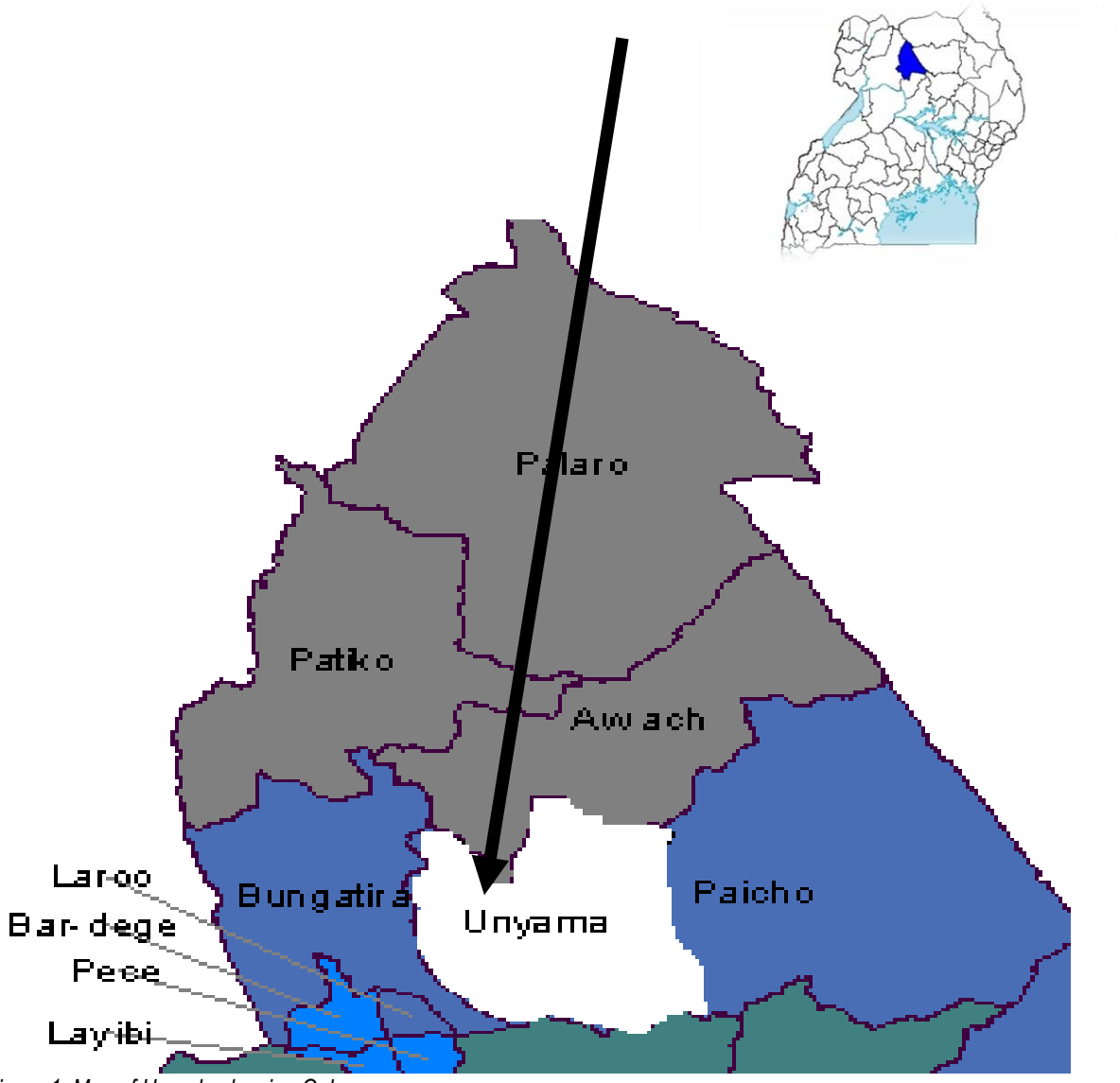


Figure 1: Map of Uganda showing Gulu

Gulu District 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, Lira District in the Southeast and Oyam District in the South. The total land area of Gulu District is 3,449.08 sq. km (1.44% of the Uganda land size). 96.9 sq. km (0.8%) is open water and Gulu Town, the district headquarters, is 332 km by road from Kampala.

LIST OF ABBREVIATION 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
CPD	Continuing Professional Development
DHMT	District Health Management Team
DSDM	Differentiated Service Delivery Model
ECN	Enrolled Comprehensive Nurses
eMTCT	Elimination of Mother to Child Transmission of HIV.
EPI	Expanded Programme of Immunisation
HMIS	Health Management Information System
HSD	Health Sub-District
HUMC	Heath Unit Management Committee
ICU	Intensive Care Unit
IDP	Internally Displaced Persons camp
IRS	Indoor Residual Spraying
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
PMTCT	Prevention of Mother to Child Transmission
PNFP	Private Not for Profit
MTC	Medicines and Therapeutic Committee
QIN	Quality Improvement Nurse
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
URN	Uganda Registered Nursing
VCT	Voluntary Counselling and Testing
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 based institution in Uganda. It was founded in 1959. It is owned by the Registered Trustees of Gulu Diocese. 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 reform, which was implemented from 1996/1997.

From a small 30-bed Hospital 62 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), 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 Municipality, about 6 km west of Gulu town 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 Municipality has 196,400 inhabitants, while the total population of Gulu district is 334,500 and that of Amuru and Omoro districts are 222.000 and 203,000 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. 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 since 1986 devastated the economy of northern Uganda 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 600 outpatients. There are about 2,000 people living within the hospital, employees combined with their family members.

SELECTED ACHIEVEMENTS 2020/21

- Large number of patients continue to access the hospital and its three health centres even during this COVID 19 pandemic.
- Generally good nursing care have been sustained with very few complaints from patients and attendant.
- The last five-year strategic plan 2017 – 2022 has been largely successfully implemented.
- The Hospital statute and the human resource employee manual have been revised, published and distributed.
- RBF has been established as a funding mechanism in the hospital.
- Negotiations with and compensation of the squatters on the diocese land was completed for most of the squatters.
- The hospital received a number of ICU equipment from both the government of Uganda as well as from other donors.
- COVID 19 treatment Unit was successfully established in the hospital for management of severe COVID 19.
- The hospital established an isolation place for staff, students, and other diocesan staff within the hospital outside the wards.
- More than 90% of all the hospital workers have received COVID 19 vaccination.
- Good cooperation and understanding among the hospital staff during the COVID 19 pandemic. Exception was when the hospital attempted to pay some COVID allowances to some staff.
- The hospital has been able to replace staff who left.
- Plan to improve the nurses' accommodation is at advanced stage.
- Money has been found to construct the long awaited neonatal intensive care unit in the pediatrics block.
- Good collaborations have been established with many schools for practical attachments in the hospital.

SELECTED CRITICAL ISSUES 2020/21

- Escalating cost of running the hospital and the effect of COVID 19 on cash flow.
- High level of attrition among anesthetic officers, nurses, and midwives.
- Instability at the anesthetic department.
- Delay in the construction of the neonatal intensive care unit (NICU).
- Government has implemented increment in lunch allowance for nurses and midwives. High expectation from our nurses and midwives for a response by the hospital.
- Fund raising for CT scan which was launched by his Grace the Archbishop of Gulu Archdiocese has stalled yet a number of people and the community have contributed some money.
- Some of the staff, nearly 50 of them have remained adamant to COVID 19 vaccination despites all the appeal. Vaccine hesitancy among staff.
- There is serious overcrowding in the maternity ward.
- High demands and consumption of Personal Protective Equipment (PPEs).
- Biomedical equipment maintenance still poses challenges.
- Maintenance of staff morale and motivation during the COVID 19 pandemic and government of Uganda increase in emolument to health workers.
- Dwindling PHC funding from government of Uganda.
- Thefts of materials at the lagoon.

RECOMMENDATIONS AND WAY FORWARD

- There is need to lobby for more support from government of Uganda.
- We need to utilize the collaboration with Gulu University to benefit the hospital much more.
- The continuous increase in the number of COVID 19 needs continued support.
- Construction of the neonatal unit needs to be fast tracked where possible.
- We need to see what to do for our staff motivation in the period of COVID 19 pandemic and government increase in emoluments
- Security fence needs to be constructed around the water waste site/lagoon.
- Vaccine hesitancy among health workers needs to be handled.
- Start the process of making the next strategic plan.

SERVICE UTILISATION

There has been a decrease in the total number of patients served in the hospital and its Health Centres this year as shown in the table E.1.

Table E.1 service utilization

Service output	2016/17	2017/18	2018/19	2019/20	2020/21	Variance
Total OPD attendance	219,574	209,195	225,000	198,588	177,947	-10.4%
Admissions	50,299	38,199	45,701	34,560	29,960	-13.3%
Deliveries	7,366	8,515	9,713	8,123	8,079	-0.5%
Major surgical operations	5,981	5,677	6,962	6,333	6,148	-2.9%
Laboratory examinations	571,786	388,058	544,154	491,966	403,871	-17.9%
Radiological examinations	39,422	42,060	43,893	41,834	42,777	2.3%
Immunization doses	98,096	104,476	103,267	94,553	95,434	0.9%

FINANCIAL REPORT

The financial report for the FY ended on 30/06/2021 was audited by BDO East Africa (BDO), a leading international audit firm, and reported as unqualified, i.e., presenting a true and fair view of Lacor Hospital financial position.

Due to the pandemic, there has been an increase of 4% in medical items costs, mainly due to acquisition of the anti-Covid PPEs, such as non-surgical gloves and masks. On the other side, total recurrent costs decreased by 377 million UGX (-1.5%), because of the Covid restrictions which caused a reduction in non-Covid related patients, and the closure of the schools for long periods. Generic Items Cost decreased by 1 billion UGX (mainly due to reduction in food and stationery consumption), while Transport Expenses reduced by 110 million UGX.

Most importantly, thanks to its Donors and the contributions from the Government of Uganda, the Hospital was able to continue to highly subsidize the patients without raising the fees. The total patient charges collected were UShs 5.4 billion, amounting to around 21% of total Hospital Expenditures, school costs excluded.

Table 1: Income and Expenditure Statement 2021

	2020/21 (UGX '000)	2019/20 (UGX '000)	Difference	Diff. %
Income				
Patient charges	5,430,008	5,064,954	365,054	7.21%
Hospital school fees	1,448,555	1,751,617	-303,062	-17.30%
Uganda Government	1,086,965	1,224,835	-137,870	-11.26%
Other Local Revenues	347,603	759,391	-411,788	-54.23%
Total Local Revenues	*8,313,131*	*8,800,797*	*-487,666*	*-5.54%*
Donors	16,965,512	17,379,075	-413,563	-2.38%
Total recurrent revenue	**25,278,643**	**26,179,872**	**-901,229**	-3.44%
Amortization of deferred capital contributions	2,182,014	1,990,696	191,318	9.6%
Total revenue	**27,460,657**	**28,170,570**	**-709,913**	-2.5%
Expenditures				
Personnel	10,585,167	10,310,799	274,368	2.66%
Medical Items and services	9,049,823	8,683,847	365,976	4.21%
Generic Items	2,022,300	3,056,941	-1,034,641	-33.85%
Transport expenses	682,343	792,420	-110,077	-13.89%
Property expenses	1,736,609	1,561,088	175,521	11.24%
Administrative expenses	754,746	803,423	-48,677	-6.06%
Total Recurrent Costs	**24,830,988**	**25,208,518**	**-377,530**	-1.50%
Depreciations	2,182,014	1,990,696	191,318	9.6%
Other gains and losses*	447,655	971,356	523,701	-53.9%
Total Expenditures	**27,460,657**	**28,170,570**	**-709,913**	-2.50%

CHAPTER 1

INTRODUCTION

1.1 BACKGROUND

St. Mary's Hospital Lacor is a referral PNFP hospital. It is the largest private non-profit Catholic based institution in Uganda. It was founded by the Comboni missionaries in 1959. It is owned by the Registered Trustees of Gulu Diocese. 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 reform, which was implemented from 1996/1997.

From a small 30-bed hospital 60 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), a Nurse and Midwifery Training School, a Laboratory Training School, School of Anaesthesia and Gulu University teaching site for its faculty of medicine.

The total bed capacity of the hospital complex including the three Health Centres are 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 supplement the government's efforts in health service provision.

Lacor Hospital operates in a very difficult social and economic environment. The over two decades of civil war in the northern part of Uganda devastated the economy of the region and only recently the economy has started experiencing significant growth. 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].

The Hospital together with its Health Centres last year, in spite of Covid 19 accommodated every day on average 418 inpatients plus their attendants and received on average 593 outpatients on a daily basis. There are about 2,000 people; 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 Municipality, Bardege division, about 6 km west of Gulu Town 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 municipality has 196,400 inhabitants, while the total population of Gulu district is 334,500. Amuru and Omoro district populations are 220,000 and 203,000 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 259,800 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, and Amuru and Omoro districts, 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. The IDP camps have now been closed. In the Acholi region, most people have already returned to their original homes. Normal life, food production, education, health, and other social services that had all been disrupted by the insecurity for all this time is slowly returning to normal today. Cross border economy with South Sudan has resulted in growth of Gulu town, 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

DISTRICT HEALTH SERVICES AND HEALTH POLICY

2.1 THE COMMUNITY AND HEALTH STATUS OF GULU DISTRICT

2.1.1 Administrative units in Gulu district

Administratively, Gulu District is composed of two (2) Counties which are equivalent to the 2 HSD of Aswa and Gulu Municipality. There are a total of 16 Lower Local Governments (12 Sub-counties and 4 Divisions). There is a total of 70 Parishes (54 parishes in the rural sub-counties).

Table 2: Administrative units in Gulu District

County	Sub-County
ASWA	Awach, Bungatira, Paicho, Unyama, Palaro and Patiko
MUNICIPALITY	Bar-dege, Laroo, Layibi and Pece

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 NATIONAL GULU DISTRICT TREND OF MORTALITY

Table 3: National and District indicators (DHS)

	Uganda DHS 2011	Uganda DHS 2016	Uganda DHS 2018	Gulu 2019	Gulu 2020
MMR/100,000 LB	438	336	215	222	249
IMR/1,000 LB	54	43	31	35	32
U5MR/1,000 LB	90	54	30	48	50

2.3 DISTRICT PERFORMANCE FY 2013/14 –2020/21

Table 4: District performance 2013/14-2020/21

Key Indicators	2013/14	2017/18	2018/19	2019/20	2020/21
Accessibility within 5 km (%)	72	75	75	75	75
Staffing level % filled	88	80.4	84	84	84
Latrine coverage (%)	72	78	83.2	82	83.2
HIV/AIDS Prevalence – ANC (%)	07	3.5	3.37	3.2	2.1
No stock out of Essential medicines (%)	75	92	67.5	57.8	70.5
Malnutrition (%)	1.4	3.5	0.62	---	---
Timely Reporting HMIS (%)	72	95.7	98.2	67.8	70.1
HUMC Functionality (%)	50	100	100	100	100

Source: Gulu District Health Office

2.4 HEALTH POLICY

The focus for the Uganda National Health Policy (NHP) II 2010 – 2020 is on health promotion, disease prevention and early diagnosis and treatment of disease with emphasis on vulnerable populations.

In addition, the NHP is focused on health systems strengthening, specifically:

- Strengthening health systems in line with decentralization through training, mentoring, technical assistance and financial support.
- 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.
- Establishing a functional integration within the public and between the public and private sectors in healthcare delivery, training and research.
- Addressing the human resource crisis and re-defining the institutional framework for training health workers, including the mandate of all actors.
- Leadership and coordination mechanisms, with the aim of improving the quantity and quality of health workers production shall also be a priority.

2.4.1 Health sector development plan, 2015/16-2019/20

The GoU, with the stewardship of the MoH, has also developed the second National Health Sector Development Plan, HSDP whose focus is on strengthening health systems capacity 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).

2.4.2 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:

- Health promotion, environmental health, disease prevention and community health initiatives, including epidemic and disaster preparedness and response.
- Maternal and Child Health.
- Prevention, management and control of communicable diseases.
- Prevention, management and control of non-communicable diseases.
- 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.

With creation of the new district of Omoro, 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, VCT (Voluntary 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 district health plan.

CHAPTER 3

LACOR HOSPITAL HEALTH CARE ACTIVITIES

3.1 AGGREGATED NUMBER OF IN/OUTPATIENTS IN THE HOSPITAL COMPLEX

The overall number of patients who attended Lacor Hospital and its three Health Centres this FY was 207,907 which is 10.83% lower than that recorded last FY. A total of 177,947 (85.59%) were seen as outpatients, while 29,960 (14.41%) patients were treated in the wards. Out of them, 130,717 (62.87%) were treated in the Hospital, while 77,190 (37.13%) clients were attended to at the Health Centres.

Table 3.1: Consolidated number of patient contacts – 2020/21

Unit	Inpatients (Children)	Inpatients (Maternity)	Inpatients (Other Adults)	Total In-patients	Outpatients (Children)	ANC	Out-patients Other Adults	Total Out-patients	TOTAL Contacts
Hospital	7,374	7,390	7,007	**21,771**	17,492	12,162	79,292	**108,946**	**130,717**
Amuru	1,130	1,292	541	**2,963**	8,202	6,315	9,743	**24,260**	**27,223**
Opit	1,177	790	361	**2,328**	6,726	4,439	10,757	**21,922**	**24,250**
Pabbo	1,153	1,296	449	**2,898**	9,387	6,254	7,178	**22,819**	**25,717**
TOTAL	**10,834**	**10,768**	**8,358**	**29,960**	**41,807**	**29,170**	**106,970**	**177,947**	**207,907**

3.2 ATTENDANCE BY SPECIFIC GROUPS

Children under 5 years made up 25.3% (52,641) of the total attendance, while mothers (antenatal clinic and Obst &Gyn) contributed an additional 19.2% (39,938) of the total attendance. A total of 55.5% (115,328) of the contacts were other adults.

In Lacor hospital, 44.5% (92,579) of all the patients served this FY were children and women with reproductive health related problems.

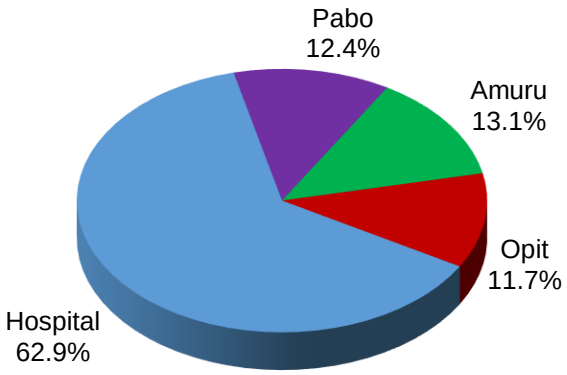


Figure 2: Distribution of patients' load in the hospital and the health centres

Out of the total patients contacted, 37.1% were in the Health Centres. While the main hospital handled 62.9% of the total workload. This is in line with the hospital strategy of taking service closer to the local

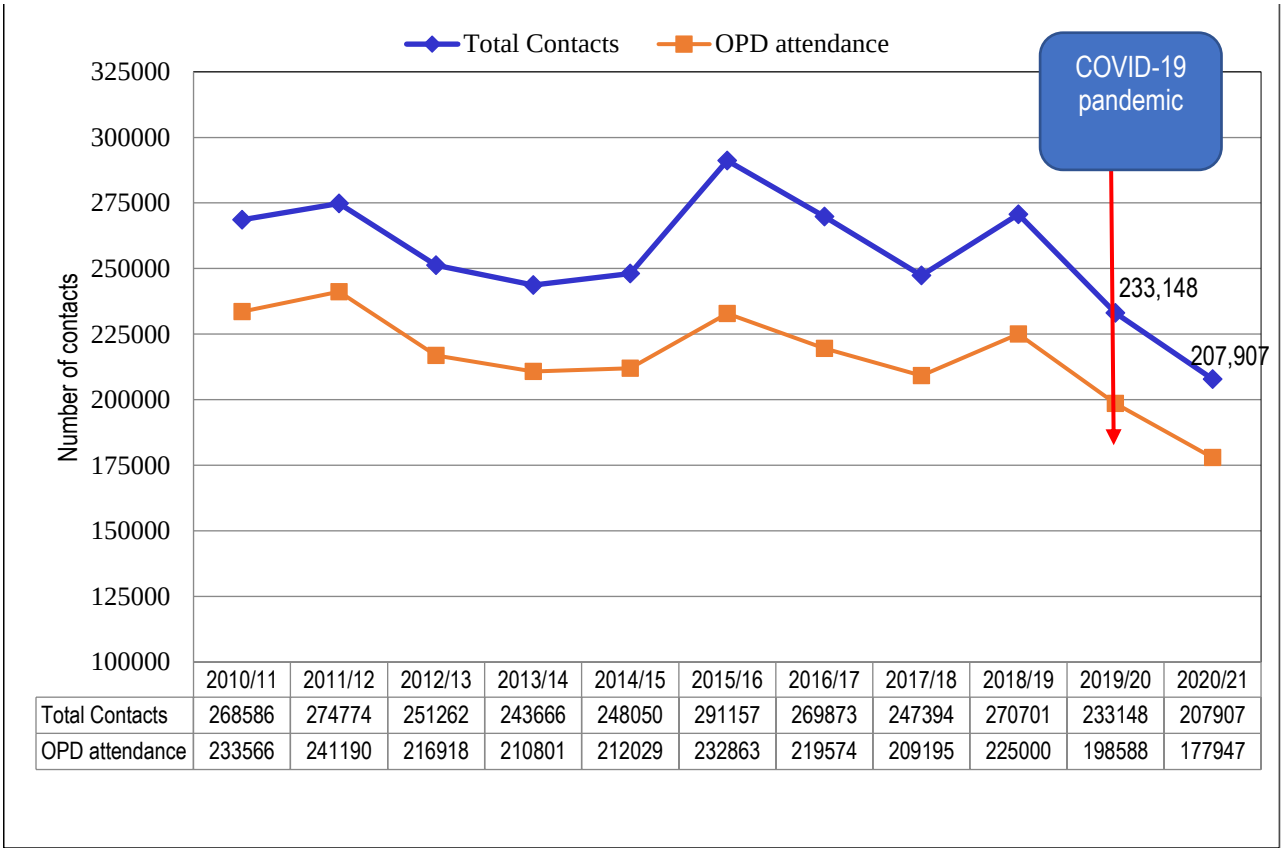
community through greater utilisation of its three Health Centres.

3.2.1 Trend of attendance in the hospital complex

This FY there was a significant decrease by 10.8% (25,241) in attendance from 233,148 in FY2019/20 to 207,907 clients in FY 2020/21 majorly due to the disruptive nature of the COVID -19 pandemic that led to a lock-down of the country including public transportation. This meant the majority of the patients couldn't easily move since they depend on public transport. The trend of attendance is summarized in the table and figures below.

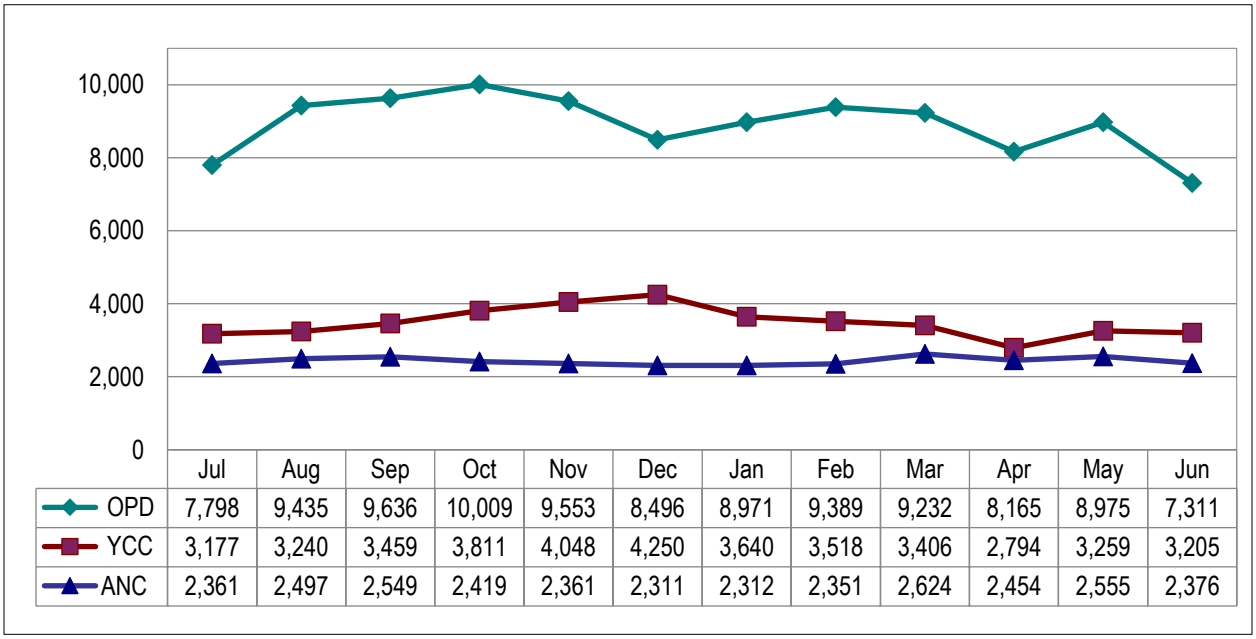
Table 5: Trends of total contacts in the hospital complex FY- 2019/20 to 2020/21

Total contacts	FY-2019/20	FY-2020/21	Variance	Variance %
Lacor Hospital	149,273	130,717	(18,556)	-12.4%
Amuru	31,182	27,223	(3,959)	-12.7%
Opit	25,042	24,250	(792)	-3.2%
Pabbo	27,651	25,717	(1,934)	-7.0%
TOTAL	233,148	207,907	(25,241)	-10.8%



	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Total Contacts	268586	274774	251262	243666	248050	291157	269873	247394	270701	233148	207907
OPD attendance	233566	241190	216918	210801	212029	232863	219574	209195	225000	198588	177947

Figure 3: Trend of attendance in the hospital complex



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
OPD	7,798	9,435	9,636	10,009	9,553	8,496	8,971	9,389	9,232	8,165	8,975	7,311
YCC	3,177	3,240	3,459	3,811	4,048	4,250	3,640	3,518	3,406	2,794	3,259	3,205
ANC	2,361	2,497	2,549	2,419	2,361	2,311	2,312	2,351	2,624	2,454	2,555	2,376

Figure 4: Monthly trends of adult OPD attendance in the Hospital Complex FY– 2020/21

3.2.2 Group-specific trends

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

Table 6: Change in group-specific attendance –FY 2019/20 to 2020/21

Total Attendance	FY-2019/20	FY-2020/21	Variance	**Variance %**
Children	64,781	52,641	(12,140)	-18.7%
ANC & admission Maternity wards	38,829	39,938	(11,09)	2.9%
Other Adults	129,538	115,328	(14,210)	-11.0%
TOTAL	233,148	207,907	(25,241)	-10.8%

Table 7: Trends of admissions and OPD contacts – FY 2019/20 to 2020/21

TOTAL ATTENDANCE	FY-2019/20	FY-2020/21	Variance	Variance %
Admissions	34,560	29,960	(4,600)	-13.3%
Outpatients	198,588	177,947	(20,641)	-10.4%
TOTAL	233,148	207,907	(25,241)	-10.8%

Table 8: Trends in children and adults' admission – 2020/21

Admissions	FY-2019/20	FY-2020/21	Variance	**Variance %**
Children	11,560	10,834	(726)	-6.3%
Adults	23,000	19,126	(3,874)	-16.8%
TOTAL	34,560	29,960	(4,600)	-13.3%

3.3 TREND OF SELECTED MEDICAL SERVICES

This FY 2020/21 compared to the previous FY 2019/20 registered a decline in special clinic attendances except for the Sickle Cell Clinic, ICU care and Diagnostic imaging. There was a remarkable decline in endoscopy services because the endoscopy equipment had broken down, however, it is now functional, and we hope to register an increase in its utilization in the next FY.

Table 9: Trend of selected Services – 2020/21

Total Attendance	FY-2019/20	FY-2020/21	Variance	Variance %
Dental Clinic	8,155	7,154	-1001	-12.3%
Endoscopy	198	30	-168	-84.8%
Surgical operations (incl. minor).	7,871	7,325	-546	-6.9%
ICU	372	398	26	7.0%
Diagnostic imaging	41,834	42,777	943	2.3%
Sickle Cell Clinic	1,770	2,042	272	15.4%
Emergency Clinics	14,529	12,016	-2513	-17.3%

3.4 OUTPATIENT SERVICES

In the Hospital, services are delivered through the adult Outpatients Department (OPD) for patients of six years or older, through the Young Child Clinic (YCC) for patients less than six 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 from Monday to Friday from 8:00am to 5:00pm and on Saturdays from 8:00am to 1:00pm. The Young Child Clinic also opens on Sundays and public holidays to handle emergency cases. The ANC opens from 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 363 outpatients have been seen in the Hospital daily. Another 230 outpatients were served daily on average in the Health Centres for 6 days a week.

3.4.1 Outpatient services by categories of patients in the hospital complex

Of the total 177,947 outpatients seen, 106,970 (60.1%) were seen in the Adult OPD and remaining 39.9% were children 41,807 (23.5%) seen in the YCC, and pregnant women 29,170 (16.4%) attending the ANC. The women seen in the adult OPD were 71,471 and added to the 29,170 who attended to the ANC and Obs & Gyn clinic makes a total of 100,641 women. If we add the 41,807 children of the Young Child Clinic, we have a total of 142,448, which is 80.05% of all outpatient contacts, implying that the OPD attendance is in line with the hospital mission to care for the most vulnerable groups.

3.4.2 OPD attendance according to location

Of the total 177,947 outpatients this FY, 61.2% (108,946) were attended to in the Hospital and 38.8% (69,001) were seen in the Health Centres.

3.5 DISEASE BURDEN IN THE HOSPITAL OUTPATIENTS

3.5.1 Leading causes of morbidity among adult outpatients

Gastro-intestinal Disorders were the leading cause of morbidity. The table below summarizes the leading causes of morbidity in the FY 2020/21 (multiple diagnosis considered).

Table 10: Leading causes of morbidity among adults attending OPD – 2020/21

S/N	Diagnosis	Diagnosis Counts	Percentage
01	Gastro-Intestinal disorders (vomiting, esophagitis, gastritis, enteritis/colitis, rectal and anal conditions, incl. tumors) - non-infective	4,164	9.70%
02	Injuries RTA (incl. head injuries, soft tissue injuries, fractures) & burns	3,810	8.88%
03	Pregnancy and its complications	3,458	8.06%
04	Urinary Tract Inf. (UTI) - incl. Pyelonephritis, Cystitis	3,032	7.06%
05	Arthritis, Lumbago, back pain, Musculoskeletal pain and spondylosis	3,017	7.03%
06	Dental Conditions including, dental filling, caries, pulpitis and tooth	2,307	5.37%
07	Hypertension	2,103	4.90%
08	PID	2,002	4.66%
09	Malaria confirmed, malaria and malaria in pregnancy	1,830	4.26%
10	No pneumonia - cough or cold (incl. Rhinitis, Tonsillitis, Pharyngitis, Bronchitis)	1,770	4.12%
11	All others	15,429	35.95%
	Total	**42,922**	**100.00%**

3.5.2 Leading causes of morbidity among outpatient children under 5 years

Among children less than 5 years, malaria is the leading cause of morbidity followed by respiratory conditions, including cough and then diarrhoea. The table below summarizes the causes of morbidity in children under 5 years in the FY 2020/21 (multiple diagnosis considered).

Table 11: Leading causes of morbidity in children attending YCC in the hospital – 2020/21

No.	Diagnosis	Diagnosis Counts	Percentage
01	Malaria, malaria confirmed	6,084	24.74%
02	No pneumonia - cough or cold (incl. Rhinitis, Tonsillitis, Pharyngitis,	4,942	20.09%
03	Diarrhea-Acute/persist (enterocolitis, Salmonellosis	2,212	8.99%
04	Skin Diseases (incl. warts and cones)	2,179	8.86%
05	Pneumonia	1,439	5.85%
06	Anemia	1,264	5.14%
07	Bacteremia	747	3.04%
08	Urinary Tract Inf. (UTI) - incl. Pyelonephritis, Cystitis	545	2.22%
09	Gastro-Intestinal disorders (vomiting, esophagitis, gastritis, enteritis/colitis, rectal and anal conditions, incl. tumors) - non-infective	437	1.78%
10	Sickle Cell Disease (SCD)	405	1.65%
11	All others	4,340	17.65%
	Total	**24,594**	**100.00%**

3.6 HIV/AIDS CARE SERVICES

Started in 1993, the HIV/AIDS clinic offers comprehensive care to HIV infected patients. The package of care includes HIV counseling 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 and Community Drug Distribution Points (CDDPs) are being operated. Community follow up is done by community volunteers, whose numbers are dwindling due to reducing funding.

In FY 2020/21, funding was transitioned from RHITES North Acholi to UPMB (Uganda Protestant Medical Bureau). The scope of the program includes was reduced to exclude WASH (Water, Sanitation, and Hygiene), Malaria, Natural Family planning, but retain Sexual and Gender Based Violence (SGBV) and adolescent friendly services, as well as and the routine testing, care and treatment cascade support for HIV infected persons and contacts. The Test and Treat policy continue to be implemented. Pre-exposure prophylaxis, a new component of the HIV treatment cascade is now being provided. We are also providing HIV self-testing, and escalating community reach through client led approached. We massively transitioned many clients on Dolutegravir based regimens this FY in line with the new treatment policies.

Table 12: HIV Services – from 2014/15 to 2020/21

HIV/AIDS Services	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Ever enrolled on HIV care							
Children	1,467	1,537	1,566	1,932	2,099	2,119	2,150
Adults	13,459	14,162	14,425	16,398	18,023	18,249	18,939
TOTAL	**14,926**	**15,699**	**15,991**	**18,330**	**20,122**	**20,368**	**21,089**
Current Active on ART							
Children	510	562	491	485	524	374	334
Adults	5,707	5,967	6,072	8,248	6,772	6,826	6,798
TOTAL on ART	**6,217**	**6,529**	**6,563**	**8,733**	**7,296**	**7,200**	**7,132**

The clinic has to date enrolled 21,089 clients. However, at the end of FY 2020/21, we had 7,132 clients on ART as many have been transferred to other centers or died or got lost to follow up. Of the 7,132 clients, 95.32% (6,798) are adults and 4.68% (334) are children. Females (4,824) comprise 67.64% and the rest (2,308) are males.

On average, 66 clients were treated by the hospital HIV clinic daily, with monthly visitation to the CDDPs. Lacor Hospital is one of the government-designated 21 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.

Table 13: Lacor Hospital PMTCT activities – 2020/21

PMTCT Activity	2020/21
New ANC cases	7,520
New ANC cases + Reattendance	11,382
Women tested for HIV	11,263
Post-test counselled and received HIV result	11,263
Women tested positive for HIV (new positives)	102
Partners (of HIV tested women) tested for HIV	4,922
Partners positive for HIV	56
ANC mothers already on ART before coming to ANC	269
Enrolled into PMTCT program (received ARVs)	352
HIV positive mothers delivered in the Hospital	383
Children of HIV positive mothers tested for HIV	296
Children of HIV positive mothers who tested HIV negative	294
Children of HIV positive mothers who tested HIV positive	2

Up to 11,263 women were tested for HIV. Of those tested, 102 (0.9%) turned positive. At least 43.7% (4,922) of the women tested had their partners tested too. The need to have the male involved cannot be over emphasized. The above table summarize the PMTCT activities conducted in 2020/21.

CERVICAL CANCER SCREENING

Up to 1,739 women were screened for cervical cancer this FY through visual inspection with acetic acid (VIA). Of the 1,739 screened, 21.56% (375) were HIV positive. A total of 78 women were ultimately suspected of cervical cancer through screening and referred accordingly. There was a breakdown of the cryotherapy machine, limiting its services to only 23 clients. All the women screened for cervical cancer also underwent screening for breast cancer.

Table 14: Cervical cancer screening - FY2020/21

FY 2020/21	HIV POS	HIV NEG	VIA	PAP Smear /LEPP	Biopsy	Cervical Cancer Suspect	Cryotherapy done
14-49 Years	316	1164	1480	0	36	35	20
>49 Years	59	200	259	0	42	43	3
TOTAL	**375**	**1364**	**1739**	**0**	**78**	**78**	**23**

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 15: Departments, Wards and Number of beds in the hospital - 2020/21

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
OVERALL TOTAL	**482**
Total private beds (included in the Overall Total)	**19**

3.7.2 Admissions by specific groups at the Hospital complex

The total number of admissions in the hospital complex was 29,960 this FY, a reduction of 13.3% (4,600) from the previous FY. The decline was registered in all the wards with other adults having the greatest decline of 26.4% (3,002), maternity ward at 7.5% (872) and Children admitted in paediatric ward had a decline of 6.3% (726). Admissions in children and maternity wards accounted (72.10%) of all admissions in the hospital complex.

Table 16: Admissions to the Hospital & Health Centres - 2020/21

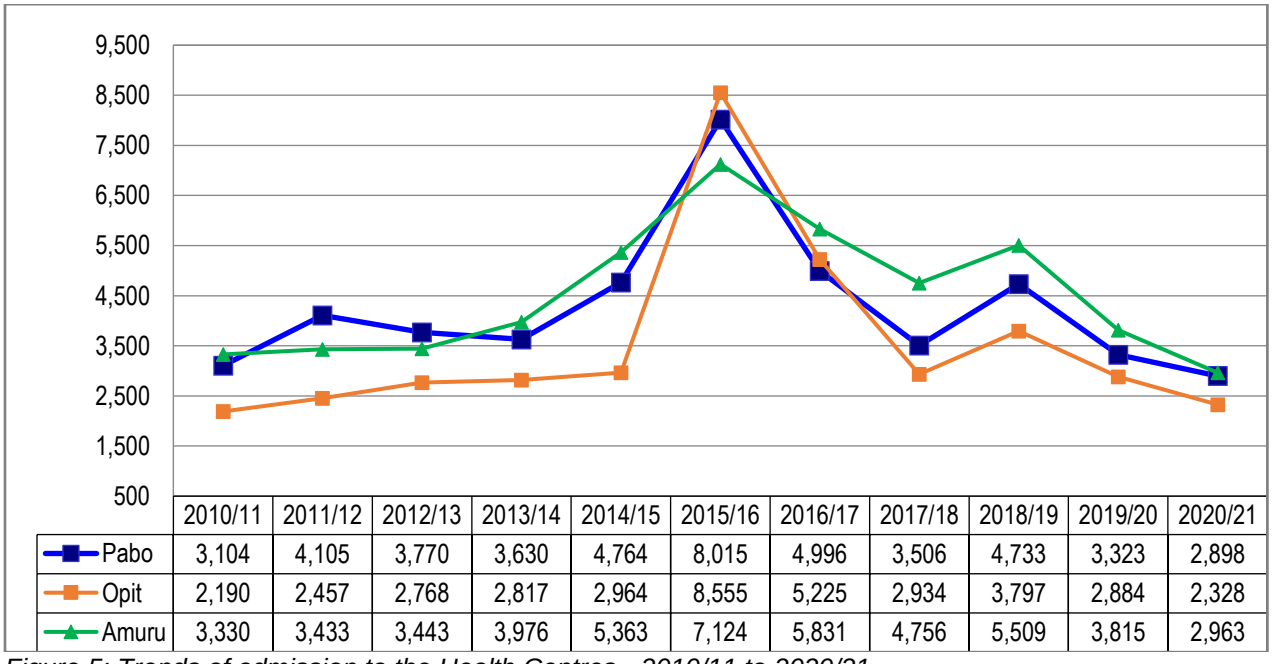
Admissions	FY-2019/20	FY-2020/21	Variance	Variance %
Total admissions children	11,560	10,834	(726)	-6.3%
Total admission maternity	11,640	10,768	(872)	-7.5%
Total admissions adults	11,360	8,358	(3,002)	-26.4%
Total	34,560	29,960	(4,600)	-13.3%

3.7.3 Admissions by location

Out of the 29,960 admitted patients, 21,771 (72.7%) were admitted in the Hospital and 8,189 (27.3%) in the three Health Centres.
On average, 82 new patients were admitted per day into the hospital complex in the FY 2020/21; 60 admissions for the hospital only, and the average number of patients present in the wards was 370 for the 482 beds in the Hospital and 48 for the 72 beds in the three health centres. Consequently, the Bed Occupancy Rate (BOR) was 76.8% in the hospital and 66.0% in the health centres.

3.7.4 Admission to the Health Centres

In this FY, the overall admissions in the Health Centres (8,189) decreased by 18.3% (-1,833). The decline in admissions in the three Health Centres ranged from 12.8% to 22.3% with Amuru Health Centre registering the highest decrease. A possible reason for this decrease could be the COVID-19 pandemic with its associated challenges. The figure and table below summarize admissions to the health centres.



	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Pabo	3,104	4,105	3,770	3,630	4,764	8,015	4,996	3,506	4,733	3,323	2,898
Opit	2,190	2,457	2,768	2,817	2,964	8,555	5,225	2,934	3,797	2,884	2,328
Amuru	3,330	3,433	3,443	3,976	5,363	7,124	5,831	4,756	5,509	3,815	2,963

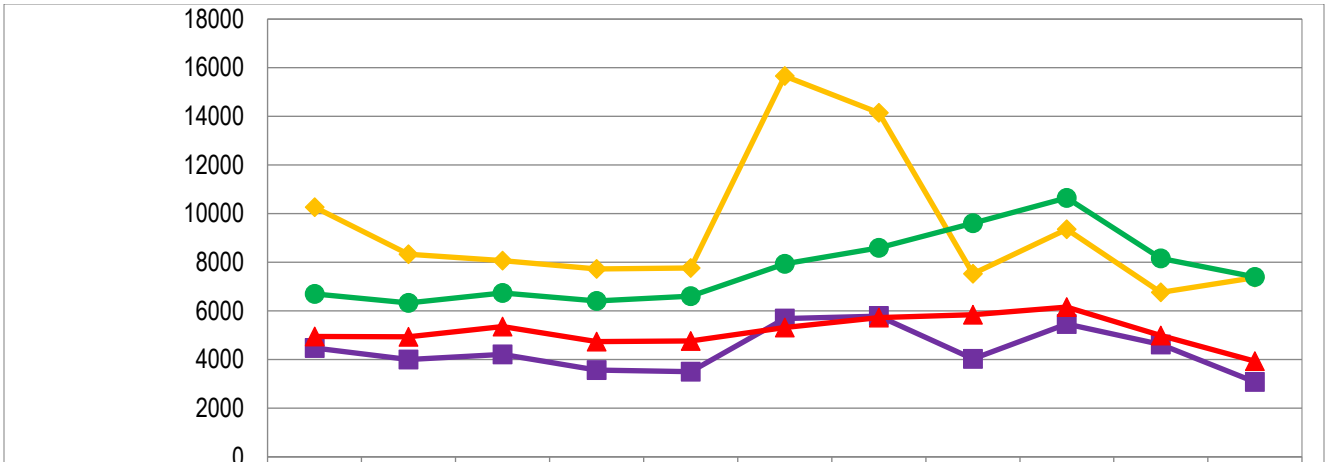
Figure 5: Trends of admission to the Health Centres - 2010/11 to 2020/21

3.7.6 Admissions to the Hospital

In this FY, an overall decline of 11 % (2,767) in admissions was observed. All the departments registered a decline in the number of admissions except Paediatric. However, the specialised units including Neonatal unit, Isolation unit, Burns unit and ICU registered increments. Specialised clients consume a lot of resources and the patients stay longer in the hospital. The Covid-19 pandemic throughout the FY led to the increase in Isolation ward admissions. This is summarized in the table and figure below.

Table 17: Admissions by Ward in FY 2019/20 and 2020/21

Admissions	FY-2019/20	FY-2020/21	Difference	% Variance
Paediatric Department				
Gen Peadiatric and Nutrition	6373	6960	587	9%
Neonatal	388	414	26	7%
Total Paediatric Dept	6,761	7,374	613	9%
Medical Department				
General Medicine	4,276	2,554	-1722	-40%
TB	67	3	-64	-96%
Isolation	281	519	238	85%
Total Medical Dept	4,624	3,076	-1548	-33%
Surgical Department				
Surgery 1	1,455	1,020	-435	-30%
Burns	123	128	5	4%
Surgery 2	2,393	1,524	-869	-36%
Orthopaedic/Trauma ward	650	861	211	32%
ICU	372	398	26	7%
Total Surgical Dept	4,993	3,931	-1062	-21%
Obstetrics and Gynaecology Dept				
Maternity	6,283	5,852	-431	-7%
Gynaecology	1,877	1,538	-339	-18%
Total Obs&Gyn	8,160	7,390	-770	-9%
TOTAL	**24,538**	**21,771**	**2,767**	**-11%**



	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Paediatrics	10271	8325	8063	7723	7761	15656	14143	7523	9363	6761	7374
Medicine	4479	3995	4215	3569	3501	5682	5784	4029	5465	4624	3076
Surgery	4947	4941	5352	4735	4760	5322	5729	5839	6157	4993	3931
Obst&Gyn	6699	6328	6733	6415	6608	7940	8591	9612	10647	8160	7390

Figure 6: Trend of admissions in the Hospital by departments – 2010/11 to 2020/21

3.8 LEADING CAUSES OF ADMISSION TO THE HOSPITAL

3.8.1 Admission among children

The five leading causes of admission were Malaria, Anaemia, Premature baby and low birth weight, Neonatal conditions of the new-born, Septicaemia, Pneumonia, Sickle Cell Disease, Respiratory infection, Malnutrition and Injuries/burns follow closely. This is very similar to the previous FY trends, except for anaemia overtaking neonatal conditions.

Table 18: Leading causes of admission in children (hospital only) in FY 2020/21

N	Diagnosis	Counts	Percentage
1	Severe, uncomplicated and all types of Malaria	1,992	27.78%
2	Anemia, all causes	999	13.93%
3	Premature baby (preterm) & Low Birth Weight	662	9.23%
4	Neonatal conditions Except Birth Asphyxia	405	5.65%
5	Bacteremia/Septicemia/Sepsis, non-neonatal Conditions	319	4.45%
6	Pneumonia	285	3.97%
7	Sickle Cell Disease (SCD) and complications	240	3.35%
8	Respiratory tract infection/Bronchiolitis/URTI	234	3.26%
9	Malnutrition severe/Protein Energy Malnutrition type (PEM)	231	3.22%
10	Injuries all types including burns	199	2.78%
11	Acute Diarrhoea/Gastroenteritis/Enteritis	193	2.69%
12	Birth Asphyxia	172	2.40%
13	Congestive Heart Failure (CHF)/Congestive Cardiac Failure	133	1.85%
14	All others	1,106	15.43%
	Total Diagnoses	**7,170**	**100.0%**

3.8.2 Admission among adults

Pregnancy and delivery and their complications remain as the commonest causes of admission. This is followed by malaria, anaemia, injuries and pneumonia. Other causes of admission include sickle cell diseases, cancers, heart diseases and UTI. The table below summarizes the top leading causes of admission among adults in St Mary's Hospital Lacor.

Table 19: Leading causes of admissions in adults at the hospital in FY 2020/21.

N	Diagnosis	Counts	Percentage
01	Deliveries	7,228	36.13%
02	Abortions and pregnancy complications	2,313	11.56%
03	Malaria all types	1,461	7.30%
04	Anemia all types	1,299	6.49%
05	Injuries, RTA, fractures, including burns	1,164	5.82%
06	Pneumonia	421	2.10%
07	Heart diseases/ cardiovascular excluding hypertension	416	2.08%
08	Cancers, Tumors, Carcinoma and Malignancies	353	1.76%
09	Sickle cell disease and complications	351	1.75%
10	Urinary tract infection	213	1.06%
11	Diabetes All types	192	0.96%
12	Hypertension all types	190	0.95%
13	Bacteremia/ Septicemia	185	0.92%
14	Upper gastrointestinal (UGI) bleeding/ Mallory Weiss tears	149	0.74%
15	All Others	4,073	20.36%
	Total Diagnosis	**20,008**	**100.00%**

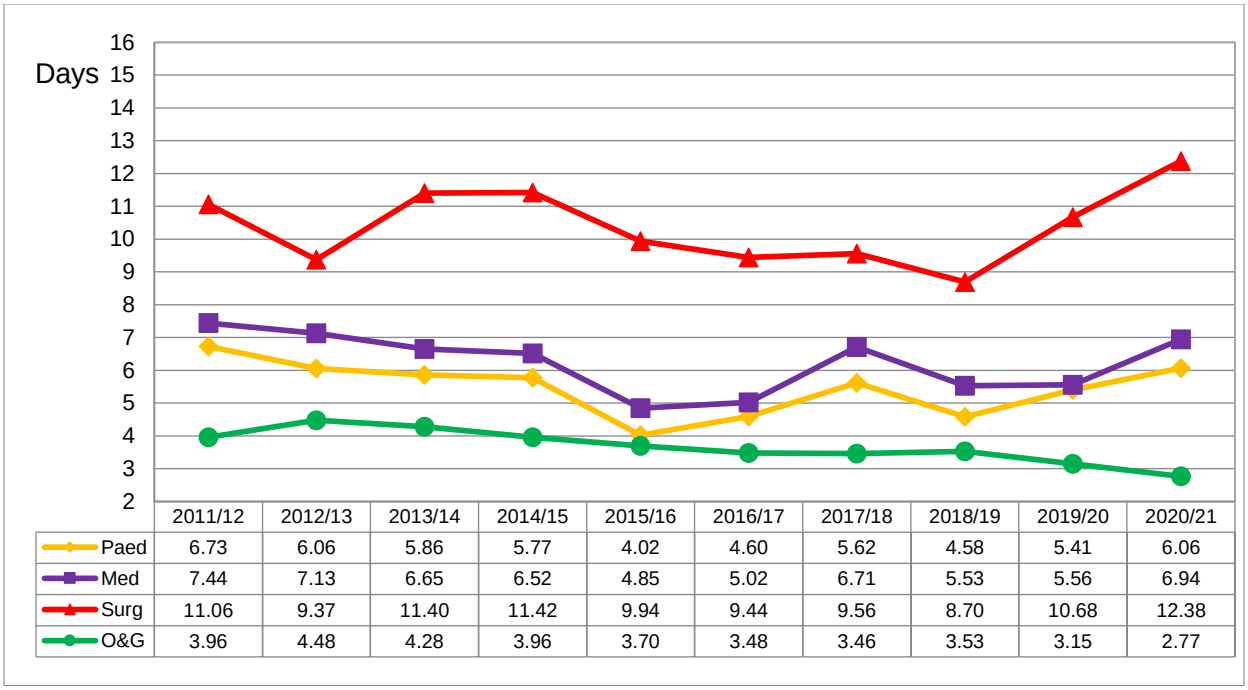
3.8.3 Hospital Average Length of Stay (ALOS) and Bed Occupancy Rates (BOR)

The hospital length of stay in FY 2020/21 increased to 6.21 compared to 5.76 days in the previous FY. This could be attributed to increased cases in specialised wards which take longer time to treat. The average length of stay varied (ALOS) by ward, with maternity and gynaecology wards having the lowest ALOS of 2.77 days, Surgery still has the highest ALOS of 12.38 days but is higher than last FY which was 10.68. 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 reduced to 76.8% from 80.3% observed in the previous FY. Paediatric department had the highest BOR of 109.4% followed by Surgery at 80.3%. Medicine and Obstetrics ward had the lowest BOR at 56%. The table and figure below summarize the ALOS and Bed Occupancy Rate (BOR).

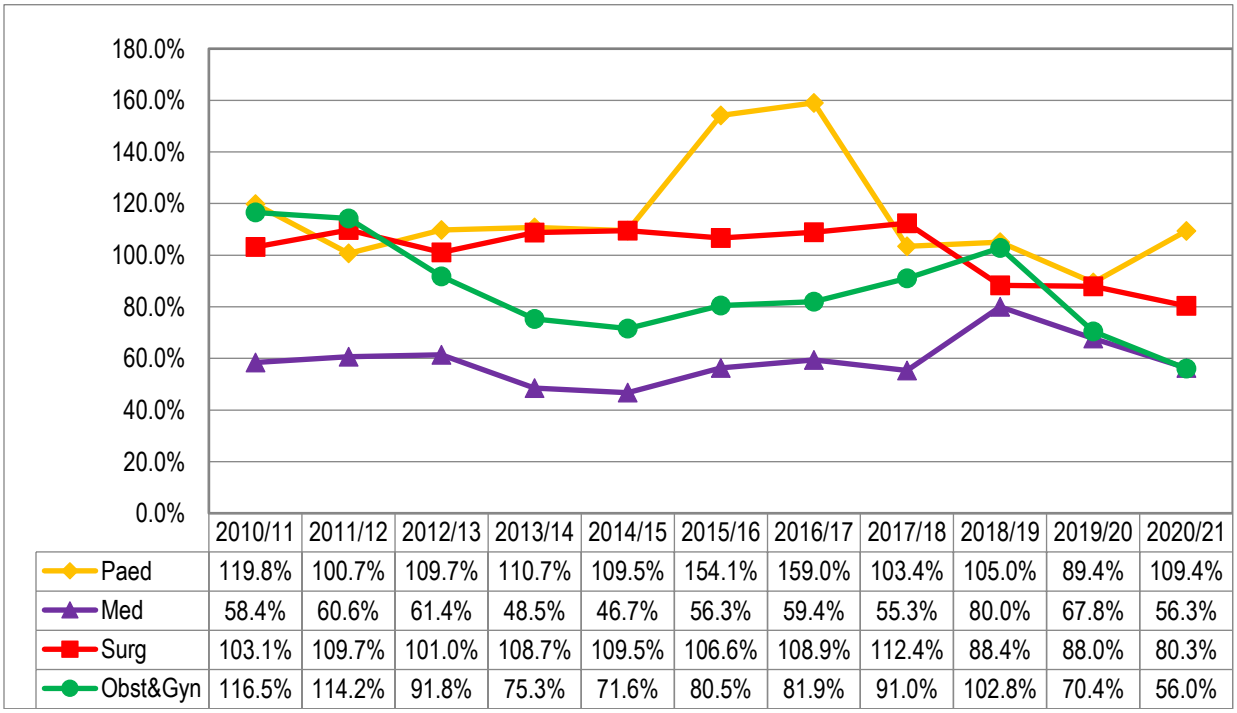
Table 20: Hospital ALOS and BOR by ward in 2020/21

Department	Bed Capacity	Admissions	Bed State	ALOS	BOR
Peadiatrics	112	7,374	44,712	6.06	109.37%
Medicine	104	3,076	21,358	6.94	56.26%
Surgery	166	3,931	48,673	12.38	80.33%
Obs & Gyn	100	7,390	20,450	2.77	56.03%
Total/Average	482	21,771	135,193	6.21	76.84%



	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Paed	6.73	6.06	5.86	5.77	4.02	4.60	5.62	4.58	5.41	6.06
Med	7.44	7.13	6.65	6.52	4.85	5.02	6.71	5.53	5.56	6.94
Surg	11.06	9.37	11.40	11.42	9.94	9.44	9.56	8.70	10.68	12.38
O&G	3.96	4.48	4.28	3.96	3.70	3.48	3.46	3.53	3.15	2.77

Figure 7: Variations in department specific inpatient ALOS – 2004/05 to 2020/21



	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Paed	119.8%	100.7%	109.7%	110.7%	109.5%	154.1%	159.0%	103.4%	105.0%	89.4%	109.4%
Med	58.4%	60.6%	61.4%	48.5%	46.7%	56.3%	59.4%	55.3%	80.0%	67.8%	56.3%
Surg	103.1%	109.7%	101.0%	108.7%	109.5%	106.6%	108.9%	112.4%	88.4%	88.0%	80.3%
Obst&Gyn	116.5%	114.2%	91.8%	75.3%	71.6%	80.5%	81.9%	91.0%	102.8%	70.4%	56.0%

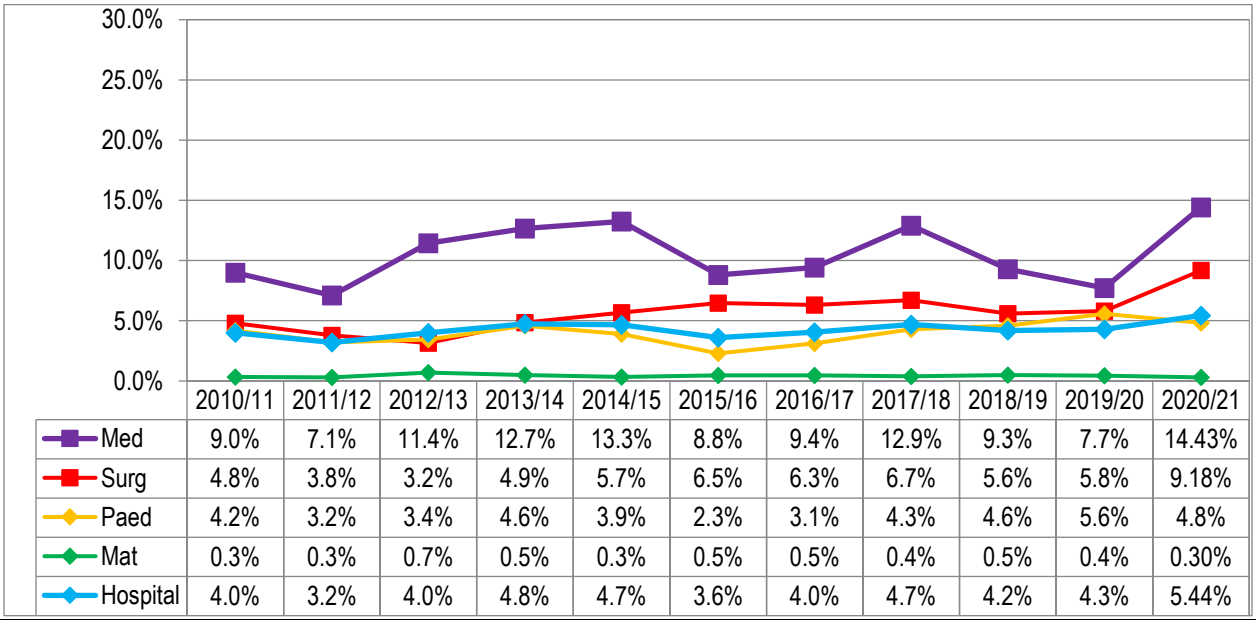
Figure 8: Variations in department specific BOR – 2010/11 to 2020/21

3.9 INPATIENT MORTALITY RATE IN THE HOSPITAL

The total number of deaths in the Hospital, this FY increased to 1,184 (5.44%) from the 1,063 (4.33%) observed in the FY 2019/20. Medical ward had the highest mortality at 14.43% which was mainly attributed to the increased number of deaths in the isolation unit. There was a six-fold increase in the number of deaths in the isolation unit, from 21 deaths in the FY 2019/20 to 127 deaths in the FY 2020/21 hence the exponential rise in mortality in medicine ward. The isolation unit admitted suspected and confirmed COVID-19 cases. The high mortality observed in Surgery department was contributed greatly by ICU deaths. The ICU had an increase of 28% (48) in mortality from the 169 deaths registered in the FY 2019/20. The pandemic coupled with the associated lock-downs had patients being brought in critically ill hence the increased ICU mortality. The trend of the inpatient mortality is summarized in *figure 9* and in *Tables 21 and 24 below.*

Table 21:Mortality in the different units in the various wards from 2019/20 to 2020/21

Ward	Unit	2019/20	2020/21	Variance
Surgery	Burns	11	26	15
	Casualty	2	0	-2
	ICU	169	217	48
	Trauma	5	6	1
	Surgery 1	57	59	2
	Surgery II	46	53	7
	Subtotal	**290**	**361**	**71**
Medicine	Isolation	21	127	106
	Medicine	336	317	-19
	Subtotal	**357**	**444**	**87**
Children's	Main	319	284	-35
	Neonatal ICU	58	73	15
	Subtotal	**377**	**357**	**-20**
Maternity	Maternity	17	16	-1
	Gynecology	18	6	-12
	Subtotal	**35**	**22**	**-13**
Unspecified ward		04	0	-4
Grand total		**1,063**	**1,184**	**121**



	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Med	9.0%	7.1%	11.4%	12.7%	13.3%	8.8%	9.4%	12.9%	9.3%	7.7%	14.43%
Surg	4.8%	3.8%	3.2%	4.9%	5.7%	6.5%	6.3%	6.7%	5.6%	5.8%	9.18%
Paed	4.2%	3.2%	3.4%	4.6%	3.9%	2.3%	3.1%	4.3%	4.6%	5.6%	4.8%
Mat	0.3%	0.3%	0.7%	0.5%	0.3%	0.5%	0.5%	0.4%	0.5%	0.4%	0.30%
Hospital	4.0%	3.2%	4.0%	4.8%	4.7%	3.6%	4.0%	4.7%	4.2%	4.3%	5.44%

Figure 9: Variations in department specific Mortality 2010/11 to 2020/21

3.9.1 Leading causes of death in children admitted to the Hospital

Table 22: Leading causes of death in children FY 2020/21

No	Diagnosis (Multiple Diagnosis allowed)	No of Deaths	Percentage
1	Premature baby and Low birth weight	76	20.82%
2	Gastroschisis	38	10.41%
3	Severe/complicated Malaria	31	8.49%
4	Birth Asphyxia/ apnea of the newborn	29	7.95%
5	Malnutrition	25	6.85%
6	Anemia, all types	23	6.30%
7	Burns	21	5.75%
8	Neonatal sepsis	15	4.11%
9	Heart failure/CCF/Cardiovascular	14	3.84%
10	Pneumonia	11	3.01%
11	All others	82	22.47%
	GRAND TOTAL	**365**	**100.00%**

Prematurity and Low birth weight were the leading causes of death in FY 2020/21. Gastroschisis, severe Malaria, Birth Asphyxia/ apnoea of the new-born and Malnutrition make up the top 5 causes of death. The other causes of death are summarized in *Table 22* above.

3.9.2 Leading causes of death in adults admitted to the Hospital

The leading causes of death among admitted adults were respiratory infections including pneumonia (12.45%), Anaemia of all types (7.81%), heart diseases (7.20%) and liver diseases (6.11%) respectively as summarized in *Table 22* below.

Table 23: Most frequent causes of death in Adults FY 2020/21 Versus 2019/20

No	Diagnosis (Multiple Diagnosis allowed)	No. of Deaths (%)-	Diagnosis (Multiple Diagnosis allowed)	No of Deaths (%)-
	2020/21		2019/20	
1	Pneumonia/Respiratory infections	102(12.45%)	Anemia, All types	77(11.31%)
2	Anemia, all types	64(7.81%)	Severe/complicated Malaria	72(10.57%)
3	Heart diseases, Valvular and Cardiomyopathy	59(7.20%)	Bronchopneumonia/Pneumonia/ Lobar pneumonia	58(8.52%)
4	Liver cirrhosis, hepatitis and liver diseases	50(6.11%)	Injuries, All types	58(8.52%)
5	Severe/complicated Malaria	48(5.86%)	Heart diseases, Valvular and Cardiomyopathy	47(6.90%)
6	Septic shock/Sepsis	25(3.05%)	Liver cirrhosis, hepatitis and liver diseases	33(4.85%)
7	Upper gastrointestinal bleeding	24(2.93%)	Stroke	17(2.50%)
8	Stroke	19(2.32%)	Intestinal obstruction	14(2.06%)
9	Lymphoma	17(2.08%)	Upper gastrointestinal bleeding	13(1.91%)
10	Chronic Kidney disease	12(1.47%)	Encephalitis/(Viral)	11(1.62%)
11	Other diagnoses	399(48.72%)	Other diagnoses	281(41.26%)
	Grand Total	**819(100.00%**	**Grand Total**	**681(100%)**

3.9.3 Summary of Hospital Mortality by Ward

Table 24: Summary of Hospital mortality by Ward – 2009/10 to 2020/21

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Medicine ward (General Med, TB & Isolation)												
Admissions	5,641	4,479	3,995	4,215	3,569	3,501	5,682	5,681	4,029	5,495	4,624	3,076
Total deaths	502	403	283	482	452	464	501	535	520	509	357	444
Mortality rate	8.90%	9.00%	7.08%	11.44%	12.66%	13.25%	8.82%	9.42%	12.91%	9.26%	7.72%	14.43%
Pediatric ward (Children ward, Nutrition & Neonatal)												
Admissions	22,097	10,271	8,325	8,063	7,723	7,761	15,656	14,039	7,523	9,363	6,761	7,374
Total deaths	792	432	267	277	354	302	359	440	325	432	377	357
Mortality rate	3.58%	4.21%	3.21%	3.44%	4.58%	3.89%	2.29%	3.13%	4.32%	4.61%	5.58%	4.84%
Surgical ward (Surgery I, II trauma, burns & ICU)												
Admissions	4,863	4,947	4,941	5,352	4,735	4,760	5,322	5,881	5,839	6,157	4,993	3,932
Total deaths	221	238	188	169	230	270	345	371	394	343	290	361
Mortality rate	4.54%	4.81%	3.80%	3.16%	4.86%	5.67%	6.48%	6.31%	6.75%	5.57%	5.80%	9.18%
Maternity ward (Obstetrics & Gynecology)												
Admissions	6,672	6,699	6,328	6,733	6,415	6,608	7,940	8,650	9,612	10,647	8,160	7,390
Total deaths	21	22	17	47	31	23	38	40	41	57	35	22
Mortality rate	0.31%	0.33%	0.27%	0.70%	0.48%	0.35%	0.48%	0.46%	0.43%	0.54%	0.43%	0.30%
All wards												
Admissions	39,273	26,396	23,589	24,363	22,442	22,630	34,600	34,251	27,003	31,662	24538	21,771
Total deaths	1,536	1,095	755	975	1,067	1,059	1,243	1,386	1,280	1,341	1,063	1,184
Mortality rate	3.91%	4.15%	3.20%	4.00%	4.75%	4.68%	3.59%	4.05%	4.74%	4.24%	4.33%	5.44%

3.9.4 Summary of Hospital inpatient statistics

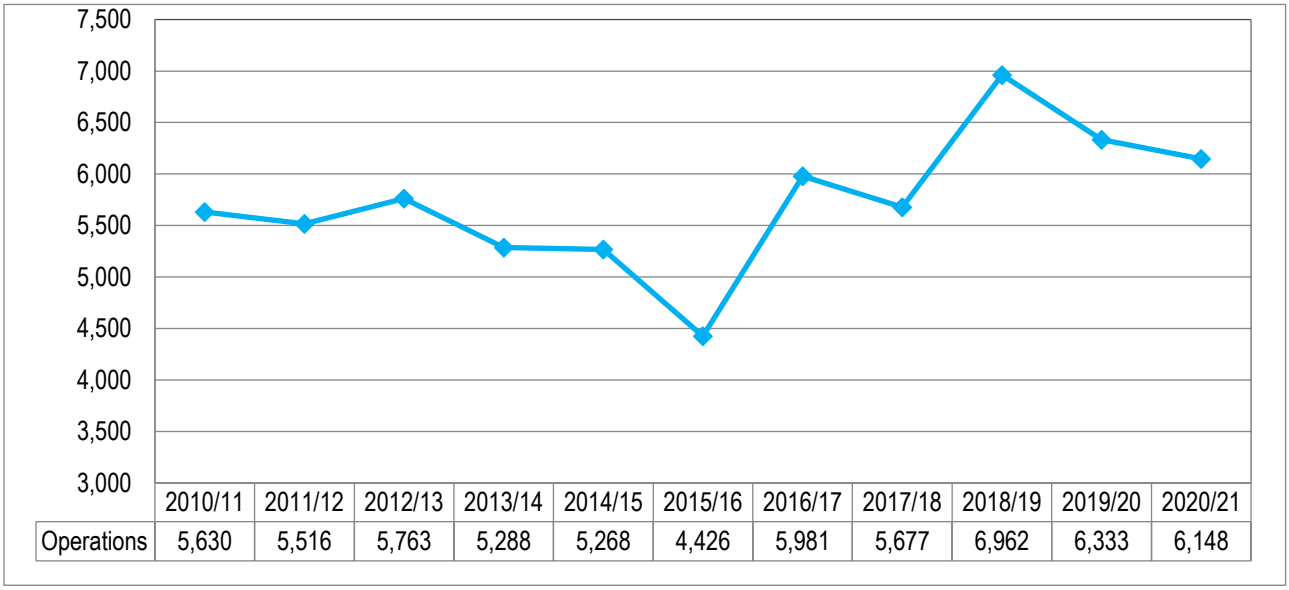
Table 25: Summary of hospital inpatient statistics/ activities FY 2020/21

Ward	Medicine	Pediatrics	Obs & Gyn	Surgery	Total / average
Number of beds	104	112	100	166	**482**
Admissions	3,076	7,374	7390	3,931	**21,771**
Bed days	21,358	44,712	20450	48,673	**135,193**
Occupancy rate	56.26%	109.37%	56.03%	80.33%	**76.84%**
Average length of stay	6.94	6.06	2.77	12.38	**6.21**
Number of deaths	801	516	39	512	**1,868**
Death rate	26.04%	7.00%	0.53%	13.02%	**8.58%**

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 procedure rooms in the wards and POP rooms. The volume of major surgical operations has progressively risen, with drops observed in the FYs 2019/20 and 2020/21 consistent with the COVID-19 pandemic. This FY, 6,148 major operations were performed, however, this was less by 2.9% registered in the previous FY.



	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Operations	5,630	5,516	5,763	5,288	5,268	4,426	5,981	5,677	6,962	6,333	6,148

Figure 10: Trend of major surgical operations – 2010/11 to 2020/21

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 increased in the hospital complex to 29,170 (0.3%) this FY from 27,189 in 2019/20. The hospital registered decrease of 7.9% (1,039) in ANC attendance, however, the health centres registered an increase in ANC attendance as summarized in the table below.

Table 26: Antenatal care in the Hospital and health units in FY 2019/20 and 2020/21.

ANC	2019/20	2020/21	Difference	% Variance
Hospital	13,201	12,162	-1039	-7.9%
Amuru	5,542	6,315	773	13.9%
Opit	3,667	4,439	772	21.1%
Pabbo	4,779	6,254	1475	30.9%
Total	**27,189**	**29,170**	**1981**	**7.3%**

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.

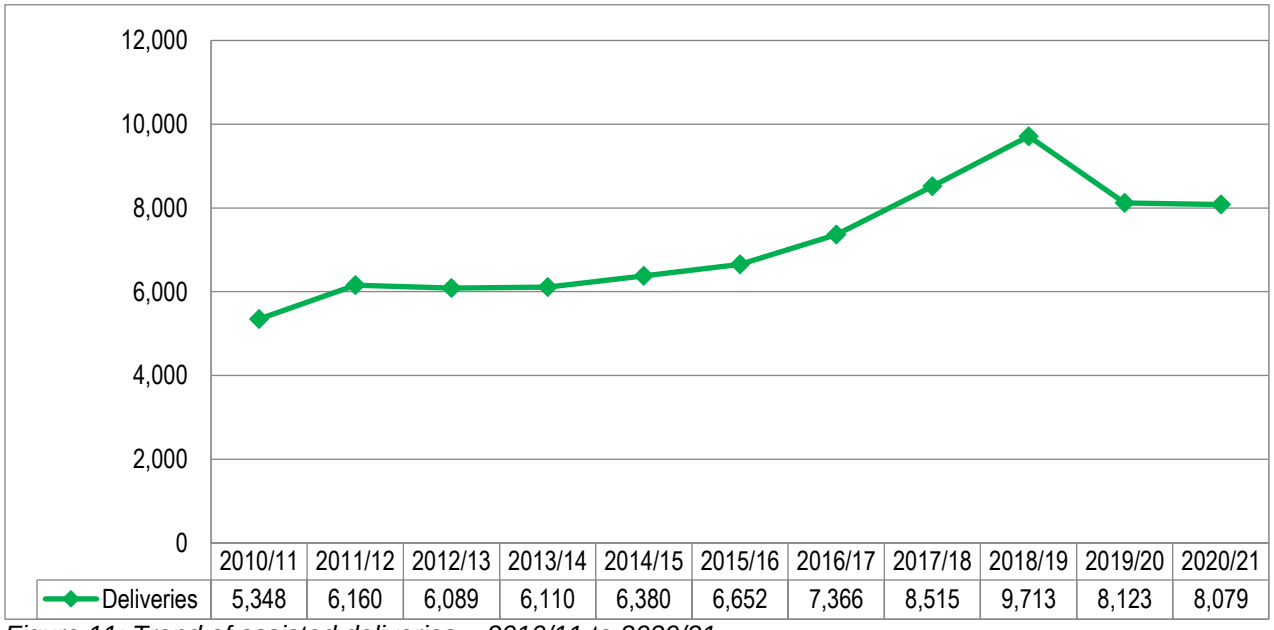


Figure 11: Trend of assisted deliveries – 2010/11 to 2020/21

This FY registered 8,079 deliveries, 0.54% (44) less than the previous FY possibly because of the Covid-19 pandemic with its associated challenges. 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 27: Distribution of deliveries by location in 2019/20 and 2020/21

Deliveries	2019/20	2020/21	Difference	% Variance
Hospital	5,457	5,271	-186	-3.4%
Health Centres				
Amuru	1,205	1,261	56	4.6%
Opit	609	603	-6	-1.0%
Pabbo	852	944	92	10.8%
Total Health Centres	2,666	2,808	142	5.3%
Total	8,123	8,079	-44	-0.5%

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

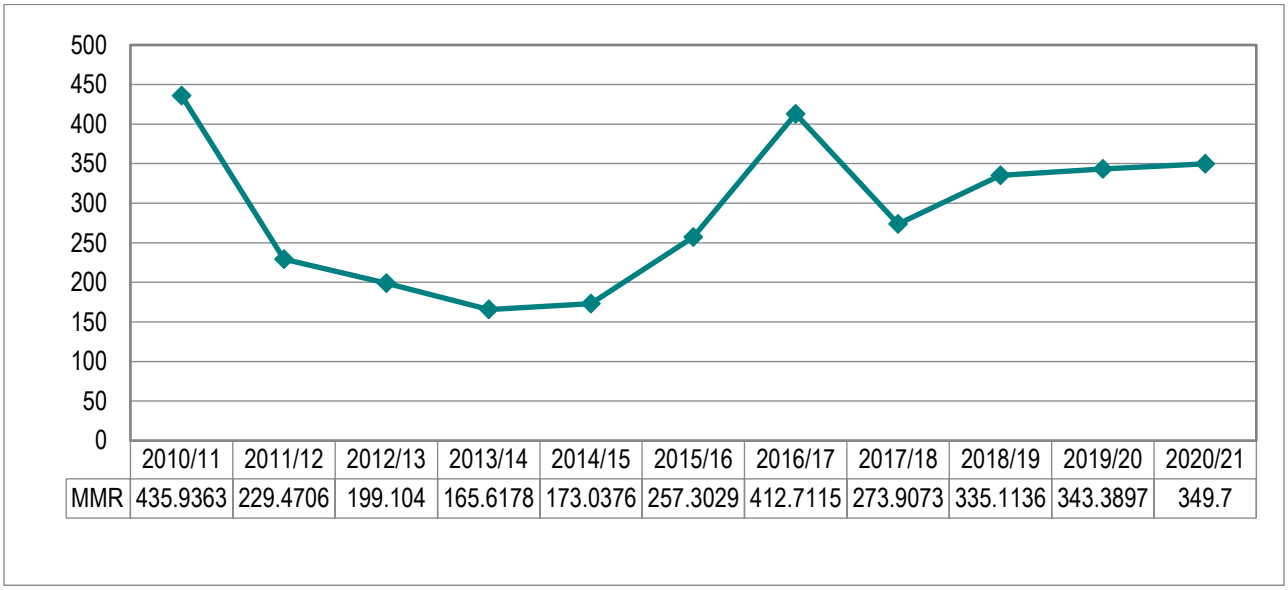
The current National Maternal mortality ratio is at 336 per 100,000 live births[2]. The next table and figure present the trends of maternity services in Lacor Hospital.

Table 28: Summary of Maternity services, FY 2012/13 to 2020/21.

Statistic	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21
Total deliveries	6,089	6,110	6,380	6,652	7,366	8,515	9,713	8,123	8,079
Deliveries in HCs	2,178	2,195	2,148	2,033	2,355	2,539	3,024	2,666	2,808
Number of C/Sections	886	1,003	1,105	1,253	1,230	1,580	1,857	1,623	1,710
C/Section rates	14.6%	16.4%	17.3%	18.8%	16.7%	18.6%	19.1%	20.0%	21.2%
No. of Maternal deaths	12	10	11	17	30	23	32	28	28
MMR* /100,000	199.1	165.6	173.0	257.3	412.7	273.9	335.1	343.4	349.7
Number of live births	6,027	6,038	6,357	6,607	7,269	8,397	9,547	8,154	8,006
Number of still births	130	173	163	154	162	128	247	208	187
Still birth rate: (per 1,000 deliveries)	21.3	28.3	25.5	23.2	22.0	15.0	25.4	25.6	23.1

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 2016.

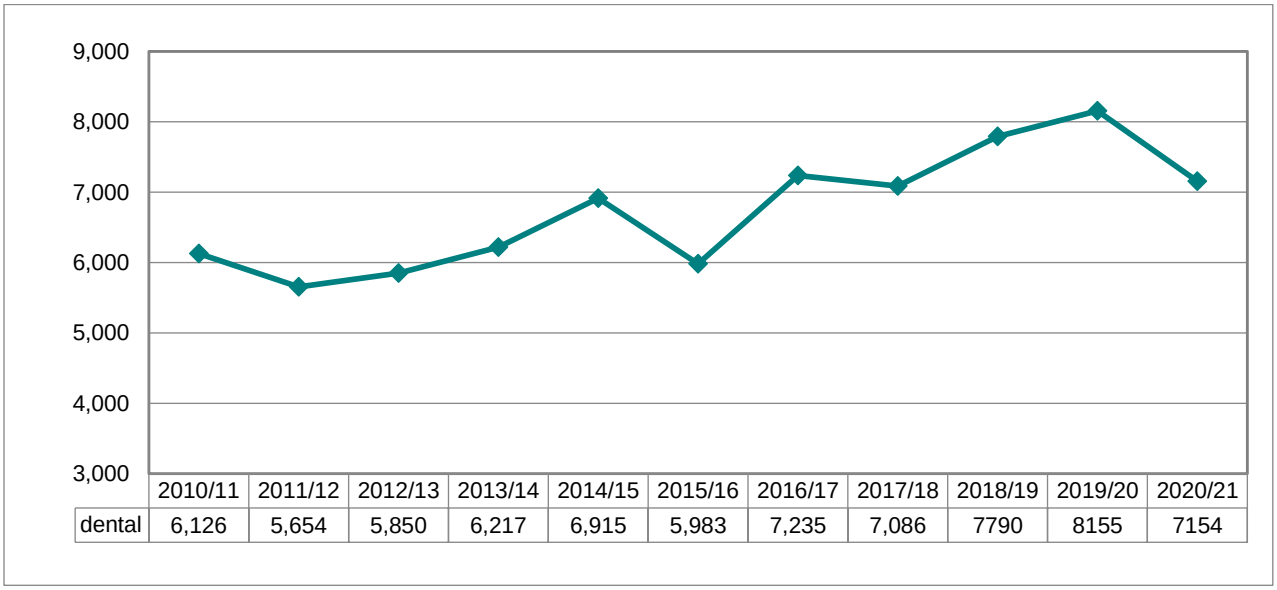


	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
MMR	435.9363	229.4706	199.104	165.6178	173.0376	257.3029	412.7115	273.9073	335.1136	343.3897	349.7

Figure 12: Trend of MMR 2010/11 to 2020/21

3.11 DENTAL SERVICES

This FY registered a decrease of 12.3% (1,001) 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 7,154 interventions this FY 2020/21. Maxillofacial operations are not included here.



	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
dental	6,126	5,654	5,850	6,217	6,915	5,983	7,235	7,086	7790	8155	7154

Figure 13: Trend of dental treatment 2010/11 to 2020/21

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. Samples for viral load and diagnostic DNA PCR are taken and sent to Central Public Health Laboratories.

This FY, there was a decrease of 17.9% (88,095) in the number of laboratory tests performed in the hospital complex. This is mainly attributed to decrease in attendance as a result of Covid-19 pandemic. This is summarized in the table and figure below.

Table 29: Number of Laboratory tests performed FY 2012/13 to 2020/21.

FY	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Hospital	172,300	237,506	244,039	384,642	480,210	306,522	457,666	408,131	324,104
HCs	37371	54188	76,503	102,539	61,600	81,536	86,488	83,835	79,767
Total	**209,671**	**291,694**	**320,542**	**487,181**	**541,810**	**388,058**	**544,154**	**491,966**	**403,871**

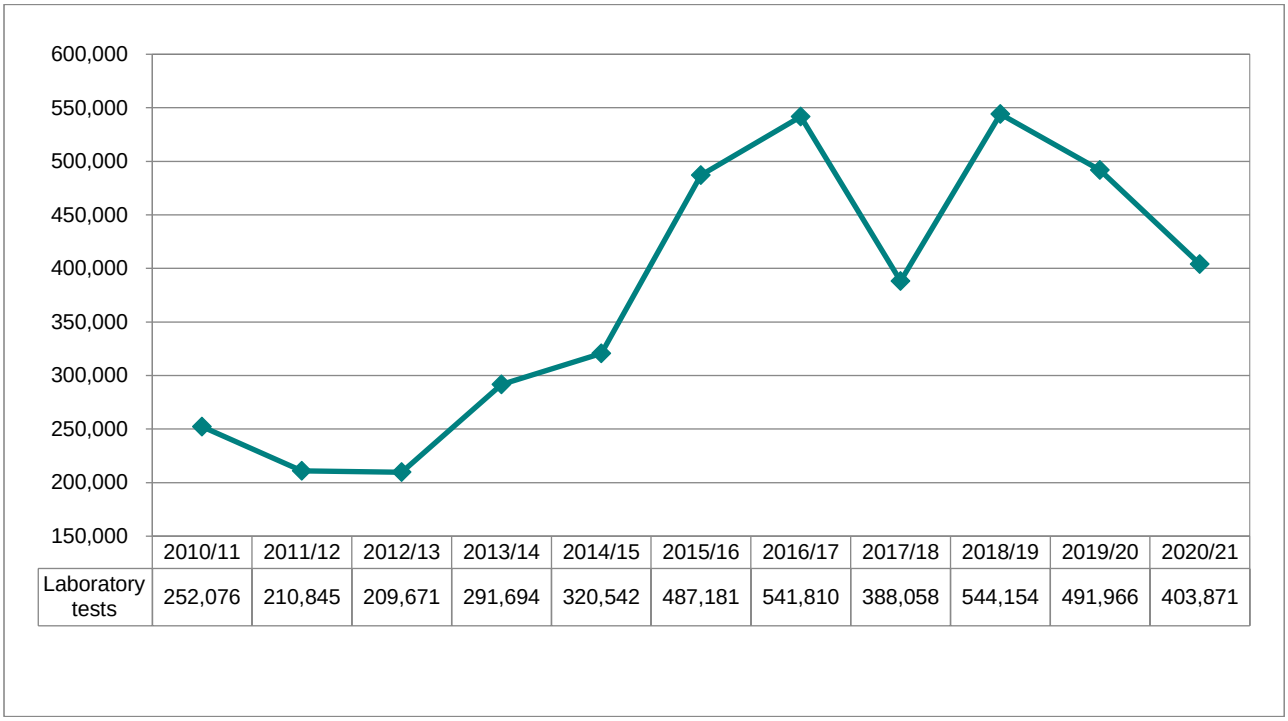


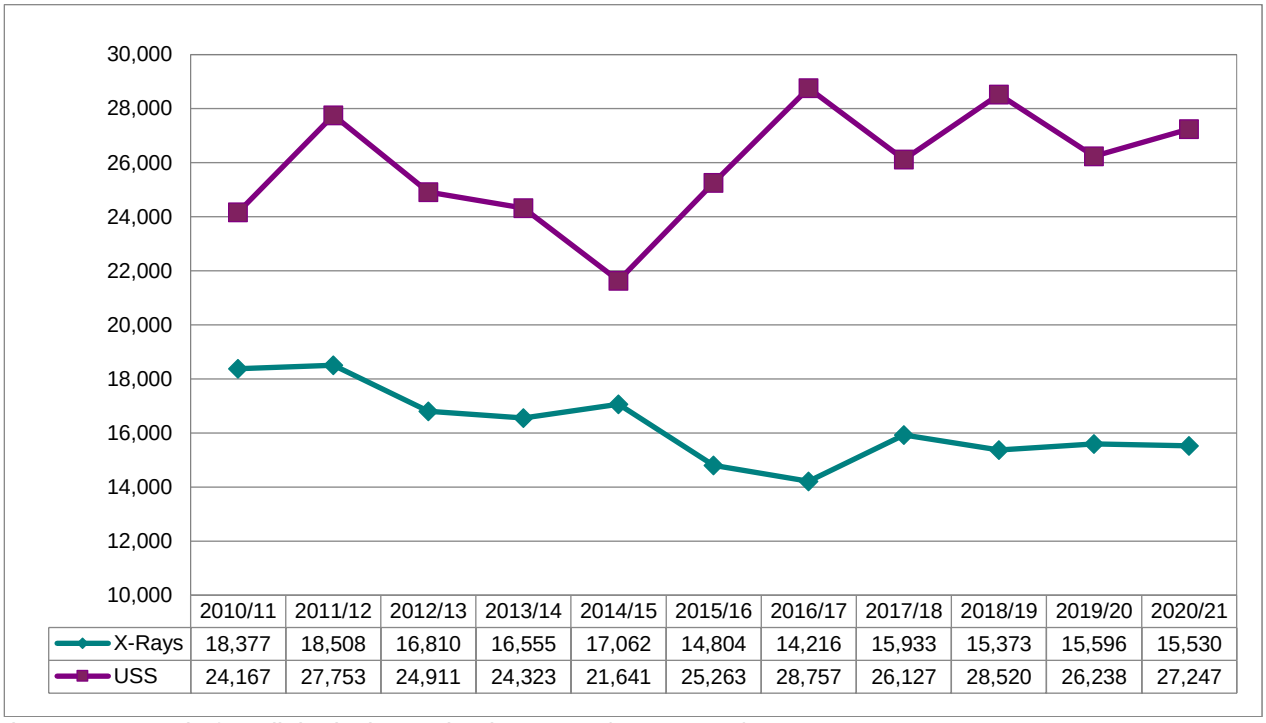
Figure 14: Trend of laboratory tests 2006/07 to 2020/21

3.13 RADIOLOGICAL SERVICES

3.13.1 Trend of Radiological 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 2020/21, radiology department recorded an increase of 2.2% 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 increased attendance of pregnant women, and the big number of people with abdominal conditions, as well as many patients being referred from the nearby health facilities for radiological examinations. X-ray recorded a slight decrease this FY.

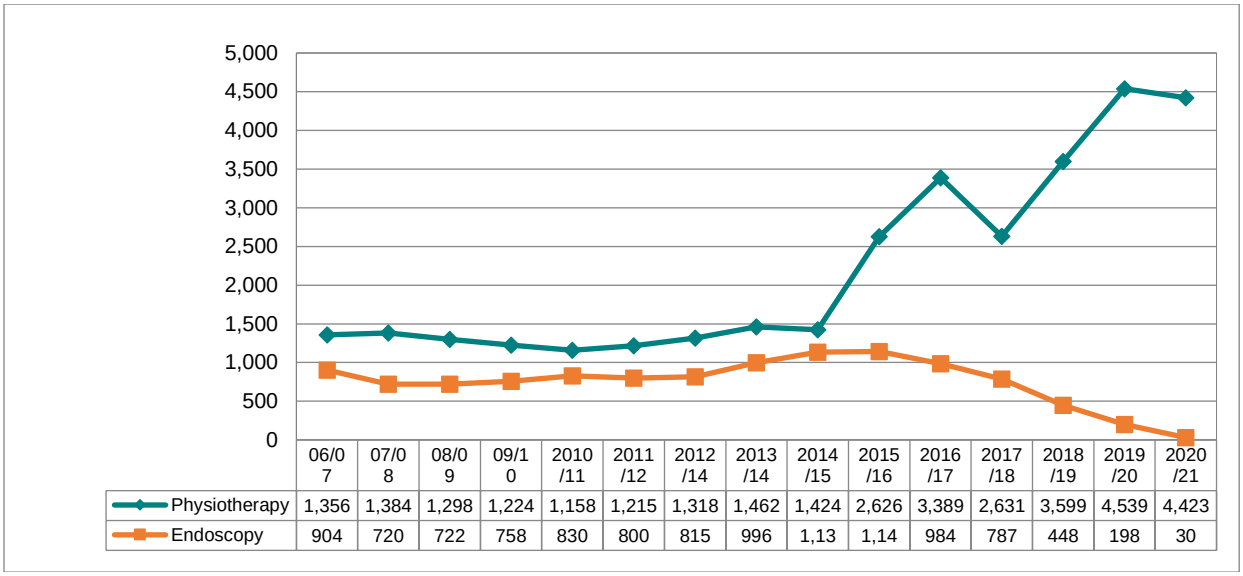


	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
X-Rays	18,377	18,508	16,810	16,555	17,062	14,804	14,216	15,933	15,373	15,596	15,530
USS	24,167	27,753	24,911	24,323	21,641	25,263	28,757	26,127	28,520	26,238	27,247

Figure 15: Trend of Radiological examinations 2010/11 to 2020/21

3.14 PHYSIOTHERAPY AND ENDOSCOPY SERVICES

Endoscopy and physiotherapy are two other specialized services offered by the hospital. This FY 2020/21, 30 endoscopic examinations were performed and 4,423 physiotherapy sessions were carried out. There was a slight decrease of 3.4% (116) on physiotherapy, while endoscopy recorded a significant decrease of 83.8% (168) this FY. Endoscopic machines had breakdowns.



	06/07	07/08	08/09	09/10	2010/11	2011/12	2012/14	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Physiotherapy	1,356	1,384	1,298	1,224	1,158	1,215	1,318	1,462	1,424	2,626	3,389	2,631	3,599	4,539	4,423
Endoscopy	904	720	722	758	830	800	815	996	1,13	1,14	984	787	448	198	30

Figure 16: Trend of Physiotherapy and Endoscopy 2010/11 to 2020/21

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, VCT 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.

After the creation of new districts, 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 30: Trends of immunization activities 2012/13 to 2020/21.

Antigen	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21
BCG	7,370	6,704	6,646	7,883	8,623	9,787	9,881	8,641	8,688
Polio	19,897	18,550	21,020	23,326	25,793	29,916	26,627	26,680	26,613
DPT/Hib/HepB	13,810	12,487	15,037	16,940	16,816	19,348	17,418	14,579	14,821
Measles	4,734	3,688	3,555	4,911	5,051	4,972	4,498	4,400	4,150
Tetanus tox.	14,915	17,865	20,941	16,375	15,542	15,424	14,027	13,871	15,375
PCV			1,397	15,847	14,592	18,002	16,695	14,984	14,630
HPV			-	1,058	2,975	4,348	1,236	2,027	1,223
Hep.B-**adults**			-	4,109	8,704	1,874	1,534	249	61
Rotavirus			-	-	-	805	11,341	9,122	9,873
COVID-19									2,315
Total	**60,726**	**59,294**	**68,596**	**90,449**	**98,096**	**104,476**	**103,267**	**94,553**	**99,837**

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 2019/20. 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 rolled out in March 2021 with the initial target of front-line workers including health workers. Lacor Hospital was able to administer at least 2,315 doses of COVID-19 vaccines by the end of June 2021.

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 were not conducted this FY due to the disruption of staff mobility by the COVID 19 restrictions. 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 31: Services delivered to paralyzed patients in FY 2014/15 to FY 2020/21.

Type of care	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Community based care	44	46	44	42	42	40	44
OPD care in Hospital	63	58	80	43	51	60	44
Admissions	79	5	47	48	46	42	36
Home/community visits	1,287	1,482	1,465	1,229	1,273	787	0

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, Voluntary counselling and testing (VCT) 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 3% (-478) decrease in the number of PHC activities performed, totalling to 15,199 down from 15,667 sessions in FY 2019/20.

Table 32: PHC Outreach activities in FY 2015/16 to 2020/21

Nature of activity	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Immunization outreaches	74	59	66	102	113	75
Home visits	98	162	224	194	100	200
School health	32	40	48	40	16	7
Voluntary counselling and testing outreaches	36	38	39	89	129	78
Health education outside hospital		132	141	101	258	75
Health education within the Hospital	10,018	10,459	11,499	14,144	15,061	14,769

3.15.5 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, a public health specialist, 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 District Epidemic Response team chaired by the Resident District Commissioner (RDC).
Lacor does daily routine surveillance for epidemic-prone and 'strange' diseases in all the departments, including the laboratories. Suspicious cases are immediately isolated in a dedicated 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.

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.

3.15.6 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 ambulances also respond 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, for services which are not currently available in Gulu.

Table 33: Ambulance service - 2020/21

Trips Covered	No of Trips Amuru	No of Trips Pabbo	No of Trips Opit	No of Trips Community	No of Trips To Mulago	Total
Mothers	72	69	50	unrecorded	unrecorded	191
Children	70	67	48	unrecorded	unrecorded	185
Adult	63	48	30	unrecorded	unrecorded	141
Others				53	41	94
Total	205	184	128	53	41	611

The highest number of calls for the ambulance 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. The table above summarizes the trips covered by the ambulances.

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.

3.15.7 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. Forty-six mothers were taken care of this FY, a number less than 79 of last FY. Most of them have had safe delivery in the hospital.

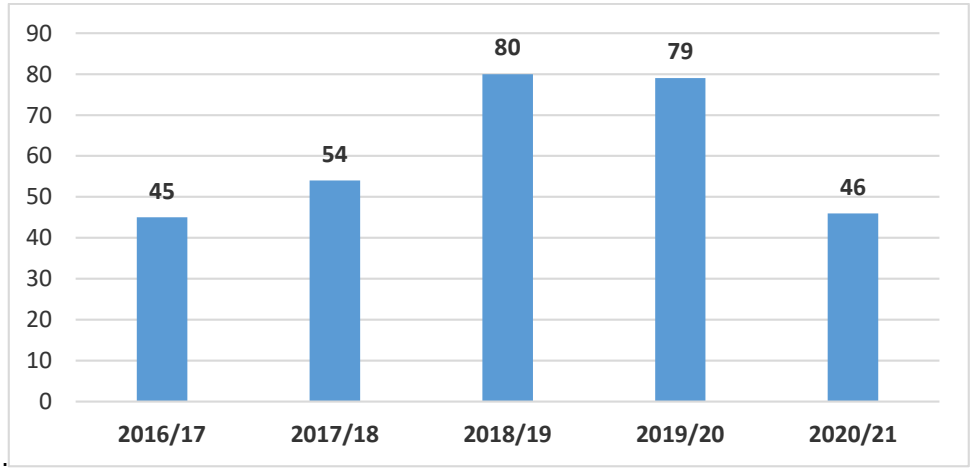


Figure 17: Mothers attended to maternity waiting home (Gang Pa Min Atim)

3.16 COVID-19 IN LACOR HOSPITAL

In early March 2020, St Mary's Hospital Lacor had a preparedness and response plan towards COVID-19 made and implemented. The implementation included the assembly of response teams, training of staff on IPC and case management, creation of Lacor hospital COVID-19 taskforce with Case Management, Infection Prevention and Control, Psychosocial Support, Scientific, and Resource Mobilization subcommittees among others, massive sensitization of the staff and the surrounding communities, making orders for infection prevention and control supplies, developing and implementing Standard operating procedures on screening, patient flow, crowd control, case management, and the standard precautions among others, and reorganization of work schedules to cater for the lock-downs.

Medicine, Gynecology and Isolation wards were restructured to help as the COVID-19 treatment unit (CTU). The Gynecology and Isolation Unit eventually became the CTU. Gulu Regional Referral Hospital was initially the designated regional CTU, however, with emerging and increasing moderate to severe cases, the cases had to be referred to Lacor Hospital. Lacor Hospital established a quarantine unit for its staff which later on morphed into an isolation unit following increased COVID-19 cases among the staff.

The first COVID-19 case in Uganda was registered on 21st March 2020. Gulu registered its index case on the 1st May 2020 and Lacor Hospital admitted its index case on 25th Aug 2020. Uganda has had two waves of the pandemic. Lacor Hospital had the first wave peaking up in October 2020 and the second wave began at the end of March 2021 with an exponential increase in cases in June 2021. By the end of June 2021, Lacor Hospital had cumulatively seen at least 3,146 alerts (suspects), registered 667 (21.2% of alerts) positive cases with 226

(33.9% of cases) admissions to the CTU and 69 (10.3% of cases) deaths. The table below summarizes the monthly statistics.

Table 34:Monthly COVID-19 statistics

Month	Alerts seen	Cases confirmed	CTU Admission	COVID-19 death	Positivity rate	Cumulative Alerts	Cumulative cases
Jul-20	50	1	0	0	2.0%	50	1
Aug-20	119	4	1	0	3.4%	169	5
Sep-20	313	25	14	5	8.0%	482	30
Oct-20	234	58	29	5	24.8%	716	88
Nov-20	150	35	18	9	23.3%	866	123
Dec-20	166	13	10	5	7.8%	1,032	136
Jan-21	113	5	2	0	4.4%	1,145	141
Feb-21	75	3	1	1	4.0%	1,220	144
Mar-21	99	17	3	1	17.2%	1,319	161
Apr-21	497	98	12	4	19.7%	1,816	259
May-21	283	88	27	3	31.1%	2,099	347
Jun-21	1,047	320	109	36	30.6%	3,146	667
Total	**3,146**	**667**	**226**	**69**	21.2%		

By 30th June 2021, 81 of the staff had been confirmed COVID-19 positive. All but one recovered.

Cluster events were recorded in Lacor Hospital including the Health Training Institute. The cluster event in the training school had a quarter (105) of the students testing positive for COVID-19. All the contacts and positive cases were quarantined and isolated appropriately until all recovered. Risk communication was carried out. Psychosocial support (PSS) was provided by the PSS team of Lacor COVID-19 task force. The student leaders were involved to aid in the enforcement of the SOPs. The recovered positives were used to champion the adherence to the SOPs.

Uganda introduced the COVID-19 vaccines in March 2021. Lacor Hospital is a designated COVID-19 vaccination centre and had by 30th June 2021 given out 2,315 doses of which 1,509 (65%) were first dose. Up to 90.2% (659) of the hospital staff had received at least a dose of the COVID-19 vaccine by end of June 2021.

Several challenges have been experienced during the response to the COVID-19 outbreak. They include the following;

Noncompliance to some of the SOPs e.g., standard precautions, crowd control for instance in tea rooms and in the wards.

The lockdowns have led to reduced functionality of neighboring facilities with many late referrals to Lacor Hospital, and reduction in provision of some services e.g., elective surgical procedures.

Challenges from the designated regional CTU. The regional CTU has a bed capacity of 12 with inconsistent power supply and oxygen production.

Costly IPC supplies and high monthly consumption of consumables including alcohol, JIK and PPE among others.

Inadequate funding to facilitate smooth operation of the different COVID-19 response activities. Lacor spends up to 180M monthly due to COVID-19.

Referral challenges; slow response from the District Task Force, bureaucratic referral system.

Lacor Hospital being a high-volume hospital continues to struggle with the inadequate staffing level.

Diagnostic challenges; there are two laboratories within the region which have been designated to perform the COVID-19 tests. The turnaround time for results is usually high, sometimes going beyond one week. Stock out of test kits, lab request forms etc. is common.

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 has embarked on institutionalization of 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 Systems (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, surgical care, inpatient care, outpatient care, and laboratory services, among others. The figure below summarizes the quality scores obtained by the various units in this FY.

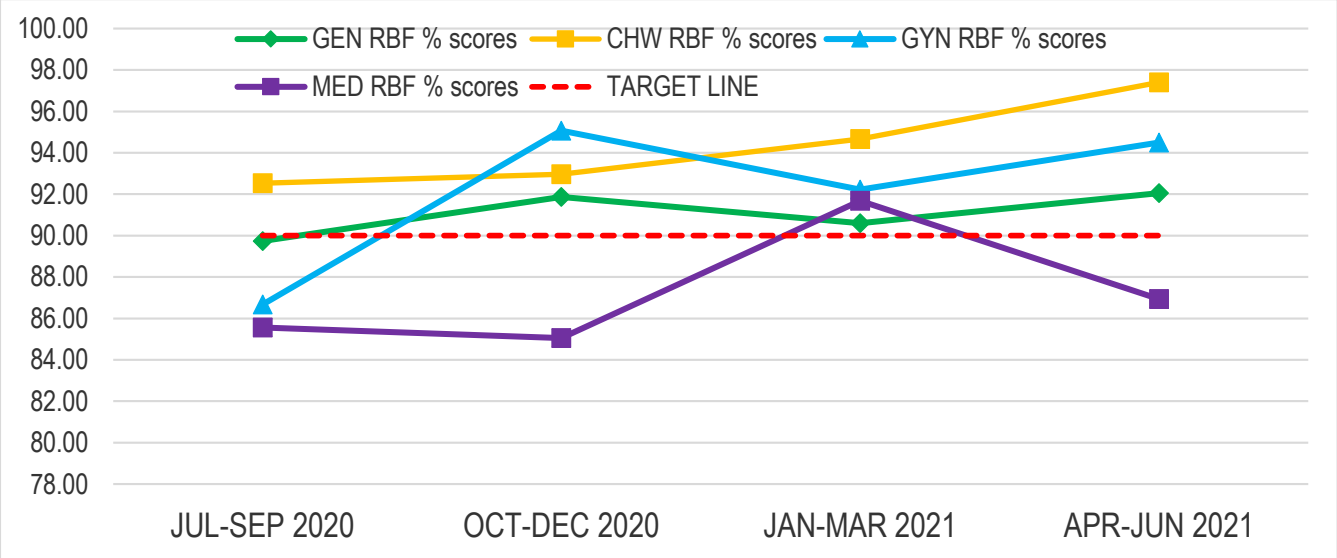


Figure 4.1 Quarterly quality scores, Lacor hospital

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 based on client experience. The quality office this FY lost Sharon, the Quality Assurance Nurse, but Administration continues to support the office with staffing.

Future activities include internal mentorship and support supervision, conducting clinical chart audits and death reviews/audits. Nurses, specialists, laboratory, pharmacy, and technical department now carry out intensified

supervision. 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.

A key focus of the team currently is the formation and activation of smaller quality improvement teams at departmental levels. 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 35: satisfaction rate (%) of patients in different areas from 2010/11 to 2020/21

Year	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21
Clinical outcome, patient improved	90%	70%	83%	92%	83%	77%	78%	87%	79%	87%	82.5%
Humanity of care (patient well received, respected	88%	96%	95%	97%	97%	99%	99%	99%	97%	98%	98.8%
Patients care environment clean	88%	95%	88%	75%	91%	99%	100%	100%	99%	99.6%	100%
Client waited long before treatment	47%	38%	4%	46%	21%	43%	21%	9%	34%	24%	33.1%
Clients waited to some extent	41%	22%	36%	34%	35%	17%	11%	35%	16%	22%	23.5%
Clients did not wait for long	12%	40%	21%	20%	44%	40%	68%	56%	50%	53%	43.0%

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. However, with COVID-19, specific measures were instituted to enhance infection prevention, as well as protection of health workers. We instituted a COVID task force, with a specific Infection prevention and control committee, that also came up with many guidelines corresponding to the changing standards for protection against COVID-19. Patient and staff flow was flexibly modified, and multiple trainings were conducted to enhance client and staff safety. The hospital Administration struggled to acquire very costly PPE (Personnel Protective Equipment) in the midst of a highly competitive time characterized by hoarding. COVID infections among health workers was kept minimum, with some level of surveillance.

The radiology department was inspected in the FY 2019/20 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).

The inspection noted the facility had implemented all the issues of immediate attention and 50% of the other inspection requirements and recommendations from the previous inspection report number AEC/TEC/50-RI/02. The safety gaps requiring immediate actions were implemented including

- Use of only qualified persons to operate the X-ray machines as per regulation

- The acquisition 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.
- The repair of the collimator system of the mammography X-ray machine.

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 Village Health team (VHT). This entails home visits, community meetings and engagement of HIV patients, families, and community leaders.

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 hospital has an established Institutional Research and Ethics Committee accredited by the Uganda National Council for Science and 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.

MoCHeLaSS (Mother and Child Health Lacor South Sudan) is a research collaboration that aims to improve community focused primary health care for maternal and neonatal health, by empowering women in the communities. MoCHeLaSS operates in Lacor, Amuru, Opit, Pabbo, as well as the Torit State in South Sudan. It is a mixed methods quasi experimental study funded by IDRC-Canada. Its health system side focuses on a plan-do-study-act cycle to improve leadership and quality among health workers. MoCheLaSS closed this FY, but published in areas of referrals, and community engagement.

Malaria Resistance Studies: GO-MARC collaboration between Gulu University and Osaka University is seeking to detect artemisinin resistant malaria. A good number of publications came.

Publications: Lacor has recorded a few publications in the area of Pediatric HIV care, cancers, Hepatitis B and community engagement, malaria, Burkitt's lymphoma, and surgical interventions. These will be available on our website.

H2U (HIV and Hepatocellular carcinoma in Uganda) 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 NIH. The key finding of HBV-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) that 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. Is a four-year studies which started in 2020.

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).

The registry routinely collects cancer data from six health facilities and medical centres within four districts. The Health Units include; Lacor, GRRH, Gulu Independent Hospital, Military Hospital, Anaka Hospital and TASO Gulu. The other health Centres/Clinics are within Gulu, Amuru, Omoro and Nwoya Districts. It uses a database called CanReg 5 software for the data entry, cleaning, analysis and reporting. To date over 3,226 cancer cases for 2013 to 2020 have been registered into the database for the four districts in Acholi Sub region. Whereas the risk of getting cancers in males remained the same in 2020 compared to 2017, there is a decreasing trend in incidence of female cancers for the same period. The common cancers in females in the year 2020 are cervical (45% from 58%) and Breast (10.8% from 13%) cancers. In males, cancer incidences stagnated with cancers of the Prostate accounting for (15.7%), and Liver (13.2%). Other common cancers include; Burkitt's Lymphoma in Children (80%), Kaposi Sarcoma (10%) and Lymphomas (10%) in both males and females as summarized in

Table 36 on page 45. 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

Since 2015, Lacor partners with Soleterre Foundation, an international NGO, to support children with cancer and their respective caregivers. Currently soleterre is undertaking two projects with St Mary's Hospital Lacor as summarised below. The collaborations provide nutition and accommodation to children with cancers and their caregivers, running the 'Rainbow home' at lacor hospital. There is also psychosocial support and eduction for chidlren while on chemotherapy at the hospital. There are also awareness and screening activities for cancer in the Acholi subregion and beyond.

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

MALE									
SITE	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**Total**
Lip, oral cavity and 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)
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)
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)
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)
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)
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)
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)
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)
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)	1283 (100.0)
FEMALE									
SITE	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**Total**
Lip, oral cavity and 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)
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)
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)
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)
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)
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)
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)
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)	1821 (100.0)
BOTH SEXES									
SITE	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**Total**
Lip, oral cavity and 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)	3104 (100.0)
Average registrations per month	**35**	**36**	**41**	**29**	**28**	**32**	**32**	**25**	

CHAPTER 5

HOSPITAL HUMAN RESOURCES

5.1 LACOR HOSPITAL STAFFING

Uganda, like many developing countries, experiences a human resource for health crisis. Uganda is ranked (WHO Report 2013) among the 57 countries with a critical shortage of health service providers. Staffing is unstable at Lacor Hospital as workers leave to join positions with other NGOs and the public sector. The staff demand by other health institutions is high.

Due to moderate staff turnover, Lacor Hospital routinely updates staffing levels to replace those who leave. The hospital had an attrition rate of 7.6% (56) in FY 2020/21, much lower than in the previous year due to the pandemic that led to closure of training schools for those intending to upgrade and compromising the operations of many would be prospective employers. On a sad note, we regret to report that of the 56 exits, 7 were due to deaths, a number that hasn't been registered before in any single FY. The hospital recruited 53 staff. The attrition was due to various reasons among which is the desire to join other employers. The cadres of staff with the highest movement are the enrolled nurses/midwives followed by the medical officers. The more senior cadres like registered nurses and medical specialists tend to be more stable.

By the end of FY 2020/21, the hospital complex had a total of 705 employees including those on hospital sponsorship for further studies (8). These figures do not include the *34 Interns (doctors, nurses and pharmacists), but the 13 builders on short-term contracts are included. The figure and table below summarize the number of employees over the years and the staff movements in FY 2020/21.*

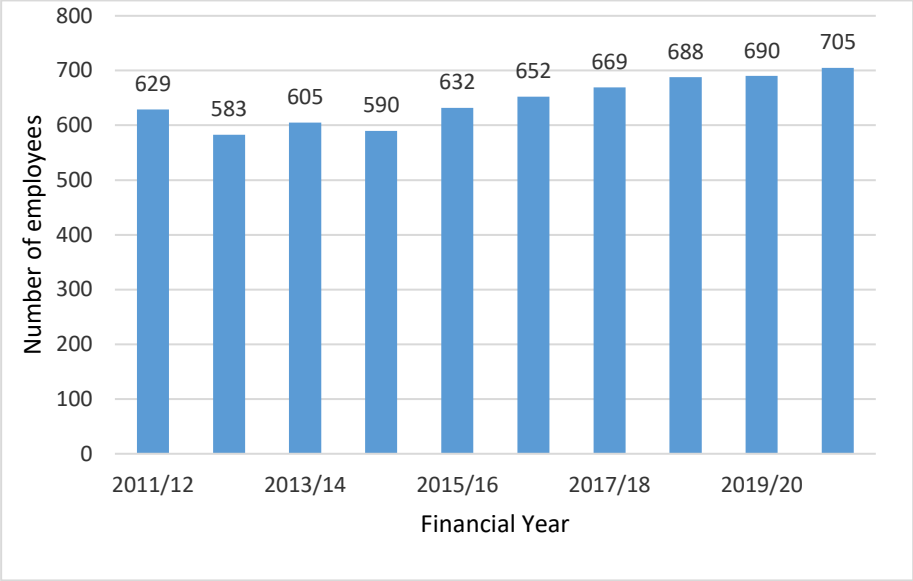


Figure 18: Number of employees over the past years

Table 37: Staff movements – 2020/21

Movement of Staff by cadres 2020/21	Total Lost by 30/06/2021	Total Recruited by 30/06/2021	Total as at 30/06/2021
Medical Specialists and Consultants, Medical officers, Dental Surgeons, Pharmacists	10	13	43
Tutors and clinical instructors	02	01	22
Clinical, public health dental, orthopaedic officers	03	04	18
Anaesthetic officer, radiographers, sonographers, occupational therapists, pharmacy technicians	03	04	20
Lab Scientists, technologists and technicians	00	00	14
Lab assistant and attendant	00	00	05
Bsc. Nurses, Registered nurses and midwives	06	04	62
EN, EM, Theatre Assistants, Pharm Assistants & H. Educ.	14	22	169
Nursing assistants and physiotherapy assistants	03	00	51
Nursing aides	03	00	77
Administrative staffs, Matron's Office	03	02	64
Technical staff + Drivers	02	01	49
Others	07	02	94
Builders on short-term Contract	00	00	13
Total Staff on study leave on hospital sponsorship 2020/2021 only	00	00	08
TOTAL STAFF EXCLUDING SPONSORSHIP	**56**	**53**	**701**

- *The Senior Nursing Officers are part of Administration staff.*
- *All the sponsored employees except 4 doctors were at work as at June 2021. Except for those who were on the payroll, the 4 sponsored staff don't form part of the total staff! If they are counted, the total rises to* ***705***

5.2 HUMAN RESOURCE 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.

The hospital has *a revised Human Resource Employee Manual2021* 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. 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. All Hospital employees are enrolled with National Social Security Fund, NSSF and there is diligent remittance of member savings to NSSF. There are regular departmental meetings through which staff can air their grievances. As stipulated in the *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.

5.3 COMPREHENSIVE PACKAGES OFFERED TO LACOR HOSPITAL STAFF

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. Staff retention strategies, among others, include sharing of Lacor Hospital's vision with all the categories of staff; prompt payment of salaries with access to 30% of the salary as an advance, and quarterly payment of performance bonuses after assessments are done; 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. 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; there is 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, and Continuous Professional Development for all medical personnel. Besides the above, 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 Hospital Strategic Plan of 2012-2017, the Capacity Building Objective (2) carried forward from the 2007-2012 Strategic Plan 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. The same Strategic Plan has, as its first objective 'Providing Sustainable Quality Care in a Humane and Supportive Environment'. This has seen an all-staff involvement in the implementation of the Strategic Plan including trainings on Customer Care as a deliberate move 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. *We note, however, that the Covid-19 pandemic which hit the world in 2020 interrupted studies globally and Uganda was no exception. Uganda is on record as one of the countries in the world that locked-down longest. As such, there were no new scholarships in 2020.*

Table 38: Hospital sponsorship as of 30th June, 2021

Course	Cadre of staff	Duration of training (years)	No. sent for training
Diploma in Anaesthesia	RN	2	6
Bachelor of Science-Midwifery	RM	3	1
MMED Surgery	MO	3	1
TOTAL			**08**

CHAPTER 6

LACOR HEALTH TRAINING INSTITUTIONS

6.0 BACKGROUND

Lacor Hospital has four Health Training Institutions 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 in the schools, during hospital as well as health centre placements. In the vision of the founders, it is crucial to train local health workers who could carry on the work in Lacor, as well as 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, as well as internship is 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 nursing trainees are from within Uganda, but there are also students from South Sudan and Kenya. Laboratory training started in 1979 to empower the trainees to be able to provide the much-needed quality medical laboratory services to the community, that was then, like now, direly needed. Training in anesthesia was started in 2016 and runs in collaboration with Uganda Institute of Allied Health and Management Sciences (UIAHMS), for the purpose of training personnel in anesthesia in order build capacity of anesthetic services to district hospitals and many NGO missionary hospitals in Uganda. This is because many hospitals and HCIV theatres were underutilized due to lack of anesthetists, giving a big surgical burden to functional theatres.

6.1 ENROLMENT AND STUDENT POPULATION AT LACOR HEALTH TRAINING INSTITUTIONS

This FY, the enrolment decreased by 9.2% (11) to 227, mainly by lower demand for diploma in nursing and in medical laboratory technology.

Table 39: Students enrollment from FY 2015/16 to 2020/21.

CATEGORY	2015/16	2016/2017	2017/2018	2018/19	2019/2020	2020/2021
Certificate in Nursing	70	64	85	68	69	70
Certificate in Midwifery	40	42	54	30	42	46
Diploma in Nursing	24	22	31	31	35	25
Diploma in Midwifery	00	18	17	20	10	09
Certificate in Theatre	00	14	23	27	23	22
Certificate Med Lab	42	00	23	23	34	29
Diploma Med Lab	46	23	19	13	15	06
Total	222	183	252	212	228	207

This FY, there was an overall total of 418 students. This is close to the capacity of the school. 58.3% (244/418) 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	1	24	46	70
	2	25	44	69
Sub-total		49	90	139
Certificate in Midwifery	1	00	47	47
	2	00	43	43
Sub - total		00	90	90
Certificate in Medical Theatre technique	1	13	09	22
	2	15	07	22
Sub -Total		**28**	**16**	**44**
Certificate in Medical Lab. Technique	1	24	04	28
	2	30	04	34
Sub-Total		**54**	**08**	**62**
Diploma in Nursing	1	08	14	22
Diploma in Midwifery	1	00	08	08
Diploma Medical Lab. Technique	1	04	02	06
	2	12	03	15
	3	07	04	11
Post Basic Diploma in Anesthesia	1	09	03	12
	2	05	04	09
Grand Total:		**174**	**244**	**418**

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.

Table 41: Key performance Indicators for faithfulness to the Mission for Lacor Schools.

INDICATOR	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Access[3]	93%	89%	93%	92%	93%	100%	100%
Equity[4]	2,076,917	2,139,178	2,872,053	2,347,663	3,168,538	2.934,781	1,558,286
Efficiency[5]	2,057,481	2,149,405	2,525,899	1,956,829	3,358,789	3,603,736	3,029,181
Pass Rate	98%	96%	95%	95%	91%	100%	100%
Quality[6]	1:51	1:48	1:42	1.42	1.62	1:50	1:46

[3] Utilisation Rate
[4] Equity measures an average of fees per student
[5] The average recurrent cost per student
[6] The tutor to student's ratio.

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 waste water 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 (310 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 5.2 kWp each

Water

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

Compound and buildings

- Number of people residing in the compound: about 2000 and more than 400 students
- Total area of main compound: 180,000 sqm, about 100 buildings
- Kaladima farm area: 40 hectares planted with Eucalyptus
- Health Centers: c.a. 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: c.a. 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 theaters: 3 x redundant vacuum pumps
- Air conditioning and treatment system for theaters: 1 x chiller; 6 Air Treatment Units with HEPA filters (one for each theater room).

Vehicles fleet

- 9 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; 1 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 liters 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 2020/20/21

The technical department has been implementing various projects and works in the FY 2020/21: here is the list of the most important ones. It is important to underline that the COVID-19 emergency response has characterized and driven some activities of the Department.

- Fire responses for fires in the hospital and in the surrounding community (Lacor fire brigade)
- Service of all fire extinguishers in the hospital
- Extraordinary major maintenance of UPSs, Washing machines, Power Factor compensator; Main transformer; Water tanks; Incinerator; All hospital beds; Borehole pumps
- Replacement of 200m 4x50mm^2 cable damaged by third-party company
- Replacement of the main power transfer switch of the hospital with a new automatic unit (2000A)
- Installation of new main distributors for PV in the main control room and Maternity control room
- Installation of voltage regulators in all health centres
- Increase of waste segregation and recycling of plastics in all hospital wards
- Started extraordinary major renovations of the three HCs
- Provision of continuous trainings to the health operators about correct usage of biomedical machines
- Replacement of mosquito nets in most buildings
- Full renovation of staff village houses and several apartments
- Completion of Oxygen plant production and distribution project, with extension of the supply to Maternity
- Remodelling of main pharmacy (still ongoing)
- Completion of the Power Control and Management Systems (PCMS) of the hospital, that allows managing electricity production from PV systems and water pumping, and monitoring power and water consumptions
- Installation of an additional 50kWp PV system
- Planted 25 hectare of eucalyptus in hospital acquired land in Amuru District (Kaladima)
- Over 700 interventions for maintenance or repairs made by the *Electrical* and *Biomedical equipment* departments (60 per month on average); more than 1000 interventions for maintenance or repair of buildings and other structures, also including doors, furniture etc. (83 per month on average).

Covid-19 response

The Technical Department continued the support to the response to Covid-19 emergency, with the following main activities:

- COVID-19 emergency plan: completion of renovations and modifications of Isolation, and former Gynecology wards
- Maintenance operations in the COVID ICU
- Support to the procurement of PPEs
- Maintenance and repair of c.a. 20 O_2 portable concentrators, and procurement of 7 new units
- Procurement and installation of several other pieces of equipment, including: one portable x-ray system, several patient monitors and ventilators, Covid ICU beds

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, 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

The total peak power installed in the main Hospital is therefore 315 kWp.

Each of the **Health Centres** is equipped with an independent photovoltaic system with 5,200 Wp solar array, 3 kW inverter and storage batteries of 1000 Ah capacity.

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 wastewater treatment plant is stored in the sludge drying bed before disposal.
Special waste (medical) produced by the hospital amounts at about 600 kg per day. This is destroyed in a medical waste incinerator managed by the hospital. Human tissues are deposited in sealed placenta pits.

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 2020/21 was 2,772 kWh/day (slight decrease compared to the previous financial year). The figure is cumulative of all supply sources for the main hospital only. The average consumption was 2900 kWh/day when the **Health Centres** and St Jude water pump are also included in the picture. The overall expenditure for electricity was around 620 million UGX. Out of this amount, around 34 million UGX were spent for the three **Health Centres** and St. Jude water pump. Table 7.1 shows the disaggregated figure in terms of sources and expenditures for the electricity while Table 7.2 provides more details about the expenditure related to diesel generators.

Table 42: Total electricity consumption and expenditures according to the source.

Power source	Electricity [kWh]	Cost [UGX]
UMEME (National Grid)	644,570	466,555,746
Backup diesel generators	85,024	121,127,610
Solar PV systems	282,173	N/A
Health Centers and St. Jude water pump	46,689	33,794,775
Total	**1,058,456**	**621,478,131**

Table 43: Total consumption of diesel for power generation

Diesel consumption	Quantity [lts]	Total cost [UGX]
Backup diesel generators	35,488	121,127,610
Water pumps backup generator	903	3,082,119
Total	*36,391*	*124,209,729*

The overall running costs of diesel for generators were about 124 million UGX (-13% compared to the previous year). About 35,500 litres of fuel were used, with an average consumption of 0.4 litres/kWh, which corresponds to an average conversion efficiency of 22%. The cost of the electricity produced with the diesel generators was 1,425 UGX/kWh, compared to an average cost of the electricity from the main grid equal to 725 UGX/kWh (+8% compared to the previous financial year).

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 44: Consumption of electricity for each department.

Department	Electricity [kWh]	%
SAFE LINE (under UPS)	542,498	53.62%
OPD	8,560	0.85%
CHILDREN WARD/LAB	99,568	9.84%
XRAY	14,508	1.43%
MATERNITY	15,775	1.56%
GYNECOLOGY	14,639	1.45%
NURSING SCHOOL	14,407	1.42%
THEATERS	58,063	5.74%
SURGERY I / BURNS / PHYSIOTHERAPY	3,480	0.34%
SURGERY II / PHARMACY	32,529	3.22%
MEDICINE	6,593	0.65%
CASUALTY	2,828	0.28%
LAUNDRY	49,747	4.92%
UNIVERSITY CAMPUS	8,276	0.82%
ADMINISTRATION	3,625	0.36%
TECHNICAL WORKSHOP	7,309	0.72%
STAFF QUARTERS/GUESTHOUSE/OTHER LOADS	129,361	12.79%

Share of electricity sources and consumption over the years

The National Grid covered the 64% of the supply, while 8% was covered by diesel generators. The solar PV systems covered 28% of the total consumption (similarly to the previous year).

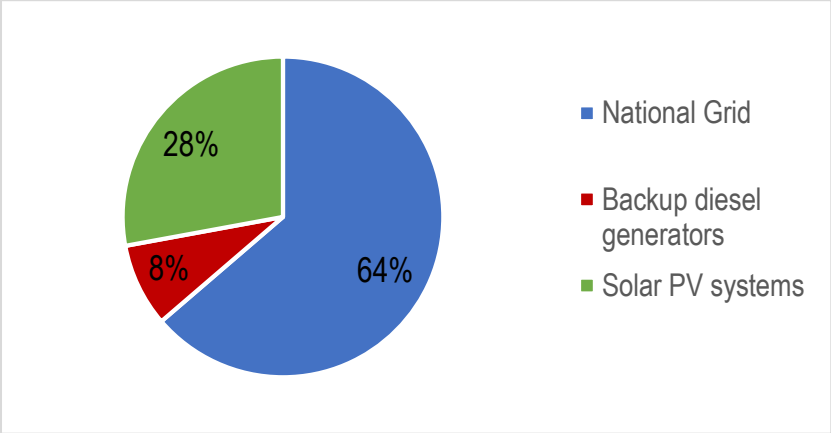


Figure 19: Power consumption share from different sources

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 280 MWh. This allowed saving more than 205 million UGX compared to the equivalent expense that would have been due from UMEME.

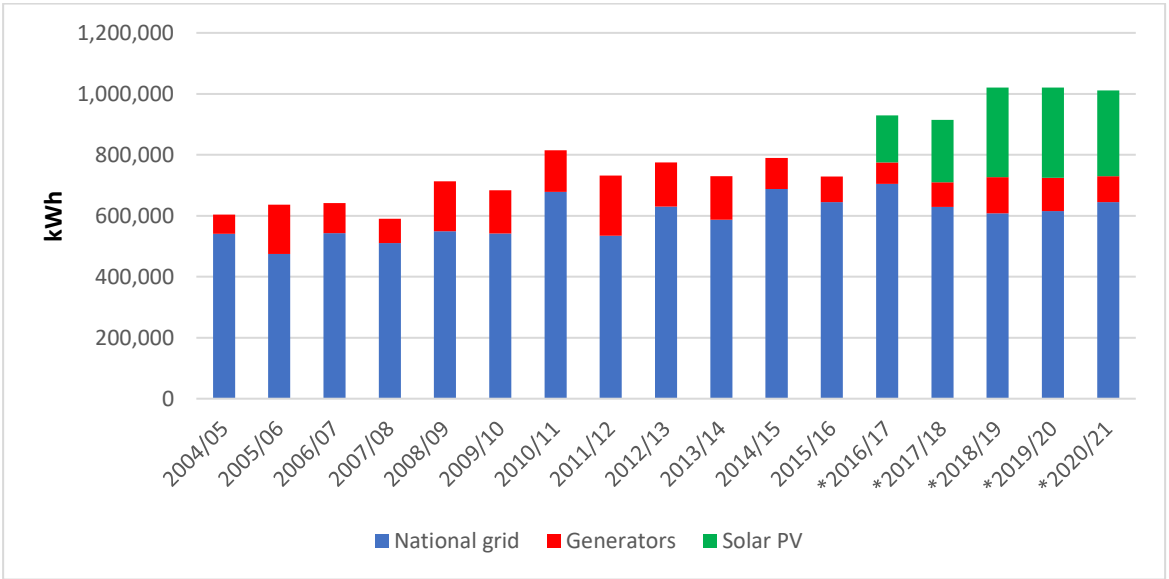


Figure 20: Electricity consumption over the years

As shown in Figure 20 above, 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 somehow improved during the last 5-6 years. Consequently, the production from diesel generators has seen a slight reduction. The increase in consumptions was not observed during the last financial year, mainly due to the effect of Covid-19 pandemic, which reduced significantly the average number of patients referring to the hospital.

7.4.2 Fuel for other vehicles and incinerator

The hospital incinerator 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 11,000 liters. For vehicles, instead, the total consumption of fuel was around 89,000 liters. This figure also includes some other few consumptions (e.g., portable generator for welding). The total expenditure for all such services amounted at about 340,000,000 UGX.

Table 45: Diesel consumption of incinerator and vehicles.

Diesel consumption	Quantity [lts]	Total cost [UGX]
Incinerator	10,935	37,320,480
Vehicles and other	88,997	303,746,153

7.4.3 Water consumption

The total water consumption in the reference financial year was equal to 101,783 cubic meters (the figure does not include the Heath Centres).

Average daily consumption was about 279 cubic meters per day. The consumption was slightly reduced compared to the previous financial period. 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 21 shows the trend over the years (reliable data for financial years 2016/17 and 2017/18 are not available).

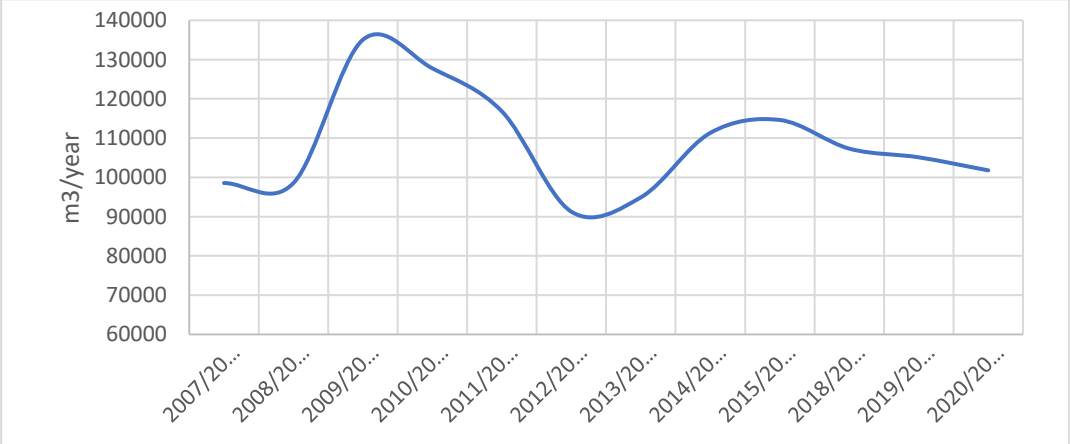


Figure 21: Figure 7.3: Water consumption over the years

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. In the pages that follow, revenues, recurrent expenditures and capital development costs shall be illustrated and briefly analyzed.

8.2 EXPENDITURES: RECURRENT AND TOTAL OPERATING COSTS

The recurrent costs for the FY 2020/2021 decreased by 1.5% (377,530 million) from UGX 25.209 million (2019/20) to UGX 24.831 million (2020/21). The breakdown of recurrent costs is illustrated in *Table 8.1*. Personnel costs account for the largest expenditure (42.63% of the recurrent costs), with an increase by 2.66% compared to the previous FY. Medical items (36.45% of the recurrent costs), including medical drugs, sundries and Lab and X-Ray items, are the second largest expenditure, with an increase of 4.21% over the previous year. Generic items (8.14% of the recurrent costs), which includes food, stationery, and cleaning materials, decreased by 33.85%. Property expenses had also a significant increase (11.24%) due to electricity, fuel for generators and repairs/maintenance.

Table 46: Recurrent Costs FY 2020/21 compared to previous FY

	2020/2021 (UGX '000)	Percentage of total cost	2019/20 (UGX '000)	Difference	Diff. %
Personnel	10,585,167	38.55%	10,310,799	274,368	2.66%
Medical Items and services	9,049,823	32.96%	8,683,847	365,976	4.21%
Generic Items	2,022,300	7.36%	3,056,941	-1,034,641	-33.85%
Transport expenses	682,343	2.48%	792,420	-110,077	-13.89%
Property expenses	1,736,609	6.32%	1,561,088	175,521	11.24%
Administrative expenses	754,746	2.75%	803,423	-48,677	-6.06%
Total Recurrent Costs	**24,830,988**		**25,208,518**	**-377,530**	-1.50%
Depreciations	2,182,014	7.95%	1,990,696	191,318	9.6%
Other gains and losses*	447,655	1.63%	971,356	523,701	-53.9%
Total Expenditures	**27,460,657**	100.00%	**28,170,570**	**-709,913**	-2.50%

**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.*

Due to the pandemic, there has been an increase in medical items costs, mainly due to acquisition of the anti-Covid PPEs, such as non-surgical gloves and masks. In general, the costs related to the treatment of and safeguards from COVID have been estimated at around UShs 2.1 billion. Despite this, total recurrent costs for the year were reduced by UShs 377.530. The reason was mainly related to the lower number of patients, as each patient represents a cost to the hospital, and the reduction in the number translated into a reduction in costs.

8.3. LACOR HOSPITAL INCOME

The 24.831 billion of recurrent costs were covered through internally generated funds, Government subsidy and donations (***Table 46***).

Table 47: Source of funds for recurrent costs

Financing of recurrent costs	2020/21 (UGX '000)	% of total	2019/20 (UGX '000)	Difference	Diff. %
Patient charges	5,430,008	19.77%	5,064,954	365,054	7.21%
Hospital school fees	1,448,555	5.27%	1,751,617	-303,062	-17.30%
Uganda Government	1,086,965	3.96%	1,224,835	-137,870	-11.26%
Other Local Revenues	347,603	1.27%	759,391	-411,788	-54.23%
*Total Local Revenues**	*8,313,131*		*8,800,797*	*-487,666*	*-5.54%*
Donors	16,965,512	61.78%	17,379,075	-413,563	-2.38%
Total recurrent revenue	**25,278,643**		**26,179,872**	**-901,229**	-3.44%
Amortization of deferred capital contributions**	2,182,014	7.95%	1,990,696	191,318	9.6%
Total revenue	**27,460,657**	100.00%	**28,170,570**	**-709,913**	-2.5%

**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' fees without raising its fees, despite of the pandemic. The total patient charges collected were UShs 5.4 billion. This was UShs 365 million higher than last year but still lower than last pre-covid financial year charges (FY 2018-19, UShs 5.7 billion).

8.4 CAPITAL DEVELOPMENT

Investment for capital development in 2020/21 amounted to UShs 2.582 billion. All these investments were financed by donors. Of these, 1.86 billion UShs for new Hospital and Clinic Equipment, 75 million UShs for computers, IT equipment, and other office equipment, 309 million UShs for Furniture and fittings, and the rest for other investing activities.

8.5 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:

- lack of ageing report of debtor balances
- premature recognition of prepayments
- late update of stock use of excel sheets to maintain accounting records
- delay in posting of some adjustments.
- use of manual receipt of revenue at health centers
- Delays in updating bank reconciliations in the Accounting Software

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. BDO also highlighted that some of the findings from previous year were still being worked upon.

The Hospital has a Procurement and Disposal Committee, a procurement manual and 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

The hospital identity, mission statement, ownership and legal status together with institutional organization and government are clearly stipulated in the hospital statute which was recently reviewed and approved by the hospital Board of Governors.

9.1.2 The NGO status

The Hospital is incorporated as a registered NGO under the Non-Governmental Organizations Registration (Amendment) Act, 2006. Pursuant to the deed dated 21/05/2008, the legal owner has granted the Hospital a semi-autonomous status to operate with its own separate management and administration and with full and absolute control of its assets and liabilities.

9.2 THE HOSPITAL BOARD OF GOVERNORS

The Hospital Board is the supreme governing body of the hospital, including the training schools and the 3 Health Centres of Opit, Pabbo and Amuru. The Board of Governors, headed by the Archbishop of Gulu Roman Catholic Archdiocese, is the major policy decision-making body of Lacor Hospital. The Training schools have a standing committee; (School sub–Board Committee) that oversees the operations of the schools. The Internal Board is composed of the Executive Director, Medical Director and the Institutional Director.

9.3 THE HOSPITAL MANAGEMENT

The Executive Director is the Chief Executive Officer. Two other Directors, Institutional Director and the Medical Director, work hand in hand with the Executive Director but with clearly defined responsibilities. The Executive Committee, with the Hospital Management Team having an advisory role, makes the day-to-day operational decisions. The Executive Director heads the Executive Committee (comprising the three Directors, the Administrator, the Hospital Secretary and the Senior Nursing Officer) and is responsible for the operations of Lacor Hospital.

The Executive Committee meets every two weeks, but may convene meetings as and when the situation demands. The Hospital Management Team (comprising all heads of departments and clinical and administrative services) is the main link between the top management and Hospital staff, and meets once in two months. The Medical Director is the overseer of all the medical services and the Institutional Director is responsible for legal and institutional matters, including human resource management and financial matters. The non-medical and administrative issues are the responsibilities of the Hospital Administrator. The Hospital Matron and her assistants are responsible for all nursing matters supervised by the Medical Director. The training schools are headed by the principal tutors and are supervised by the Executive Director who also is the secretary to the Board of Directors. 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.

Besides the Executive and Management Committees, there are other specialised committees e.g., the Disciplinary Committee, the Medicines and Therapeutic Committee (MTC), The Infection control committee, the Quality committee, the Promotion and Training Committee and the Staff Welfare and Housing Committee.

Each Health Centre has its Management Team headed by the Executive Director (Lacor HC Pabbo), the Institutional Director (Lacor HC Amuru) and the Medical Director (Lacor HC Opit).
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 fully compliant with the statutory requirements for accreditation with the UCMB yet again in FY 2020/21 with a score of 112%. The hospital was therefore accredited without any condition.

CHAPTER 10

PERFORMANCE OF THE HOSPITAL STRATEGIC PLAN 2017-2022

1. Re-focus the concept of quality	
a) Promote Caring Attitude	Two Rounds of Customer care training completed 3rd Round done for targeted departments (Security, Lab and Cashiers)
b) Improve Customer Care	Plan to carry customer care training at ward level Major complaint is now related to delays in receiving treatment other than bad language Pertinent issues that come up are discussed in Continuous Medical Education (CME) meetings. **Measure:** Satisfaction survey and quarterly RBF shows satisfaction at >80% **Challenges** COVID 19 and Infection Prevention and control refresher courses interrupted planned customer care training as attention was shifted to psychosocial support to staff and patients Communication officer who was spearheading the training left and recruitment is underway
c) Provide Evidence-Based Care	Essential SOP in place: COVID 19, Nursing, Departmental SOPs, Nursing Procedure SOP Hospital Acquired Infection rates now at 9.48%-2019 (initial assessment 2011 28.57%) Medicine and therapeutic committee functional and now incorporated into the National Antibiotic stewardship program (funded by USAID). National Survey showed good results with finding at level greater than 70% Unit dose administration being rolled out to include other wards **Challenges:** Staff attrition created staff shortages a fact worsened by transfer of more staff to Covid Treatment Unit (CTU)
d) Ensure continuous quality improvement	**Quality Assurance** Quality Assurance office fully constituted Quality Improvement Committee reappointed. Quality Assurance Draft Manual in place awaits final approval by Executive Committee **Result Based Funding (RBF)** **Hospital RBF**: Routine quarterly assessment ongoing, need to revamp Ward Quality *Work Improvement Team* to resolve issues/gaps identified. The teams have requested for further training **MOH/ENABEL RBF (E**nabling **H**ealth in **A**cholI**)** **Hospital:** Assessment done with good quality scores however need to have functional maternal mortality committee and institution of an ambulance committee **Health Centres**: Fully operational and now spending money received to solve gaps identified in their Performance Improvement Plan. Contact made with MOH for possible collaborations in area of training **Safe Care Recommendations** Planned benchmarking quality visit on hold due to current Pandemic

2. Be more selective in the offer of services.	
a) Preserve core services	Core services with emphasis towards acute and critical care being provided. Current care is now skewed towards care for COVID19 patients but hospital now opening up for other cases too (Elective Surgery has resumed) Remodelling of Gynaecology, Medicine and Isolation completed for COVID 19 management Critical Care Nurses training under MOH ongoing, 6 nurses trained and further 4 nurses undergoing training. Lacor is a practical site for this training and we hope to take on this training. Children 6-12 now admitted in children's ward **Planned infrastructure changes for streamlining services**: Strengthening of General ICU to accommodate Pedants supplied by MOH Remodelling of Neonatal Care Unit within Paediatric ward – Funding secured Remodelling of Private OPD-To be done once funding allows` Refresher course in emergency care and adjustment of staffing deployment / Rota ongoing **Challenges:** Need to increase establishment for ICU considering improved standard brought by COVID 19 management. Increased expenditure on C19 consumables (Masks, sanitizers) Recruitment of Emergency physician failed but a scholarship has been offered to one MO to undergo such training,
b) Provide protected services to selected group of patients	Provision of low **flat fees** for protected groups and policy on fees waiver is in place. **Challenges:** high disease burden of malaria, neonatal sickness, sickle cell and heart conditions, plan is to put heart clinic for the latter as the other conditions have special clinics.
c) Provide support to patients suffering from Chronic diseases	Review of the drug price is ongoing and planned increase in Operation fees envisaged starting with third quarter of FY 21/22 Minor Surgery: 130,000 to 180,000 Intermediate: 180,000- 230,000 Major; 230,000M to 300,000 Caesarean section: 30,000 – 40,000 Endoscopy 40,000 – 50,000 Admission: 50,000 – 60,000, Children (0-5) 6,000 – 7,000 Private admission 60,000 per day Minor Intermediate Major Surgery Destitute patients' register and fees waiver in place 30% discount for patients >69 not yet in place because of disruption of services due to COVID 19, the number of patients attending services dropped and has just started picking up Strategic Plan Considerations ❖ CT SCAN ought to be put in place but this should be accompanied by neurosurgical services for trauma cases. Part of surgery 2 could be used by neurosurgical patients. Many patients with CT scan elsewhere end up here. ❖ Upgrade Lab at health centres to have some more tests CBC as planned by the GOU ❖ Station one Ambulance at Amuru Health Centre for Emergencies ❖ Take on Training of Critical Care Nursing at certificate/diploma level

3)Strengthen Outpatient Services (OPD) and re-orient in patient services towards Acute and Critical care	
a) Reduce number of admitted patients	In light of COVID 19 the following has been noted Patient Numbers have picked up with Maternity ward receiving more patients Elective surgeries have resumed with day surgery cases increasing
b) Provide quicker services in OPD and other service points	Queue management and social distancing is in place with good cooperation from patients, Pharmacy is now open **24 hours** and staffing establishment in OPD filled. Patient attendance and admission slowly returning to numbers before C-19 X-RAY, and Mondays remain very crowded worsened by shortage of radiographers
c) Enhance Emergency care	Emergency Response team / and emergency equipment are in place needs clear leadership structure and this would be better if the emergency specialist is in place. Training on Medical Emergency are mainly done for COVID 19 related cases Critical care nurses including students of practicum deployed in Emergency wards and ICU **Strategic Plan considerations** ❖ High demand for heart and cardiovascular specialists: Look at possibilities of having cardiac specialists (Doing echo and referral for catheter Lab or collaborate with heart institute) Expand emergency Unit and collaborate with centre training emergency specialists to use it as a training Centre. Demand: more patients are using Accident and Emergency (A&E) and need to have a 2 well equipped resuscitation areas and an Isolation area as well; currently done in the corridor.

4. Uphold Traditional health system approach of Lacor	
a) a) Strengthen health Centres	More midwives deployed to Health Centres and quality improvement teams have been activated. Quarterly RBF is being done routinely with improvement in scores. Support supervision activities is carried out quarterly. Further strengthening of Human Resource as well as infrastructure expected to take place once the ENABEL RBF is in place. This has been delayed by COVID19
b) Enhance Primary health care	It has not been possible to increase primary health care activities due to increasing numbers of mothers attending ANC and deliveries because of the Voucher plus activities; it has also been affected by the pandemic The Public health specialists have reviewed the health Centre work plan and schedule for support supervision has been availed and shall be done together with internal RBF assessment. Hard to reach areas integrated support has been affected by COVID19
c) Provide good referral and back up	The referral system is working well with improved documentation.
d) Promote Collaborations with local health authorities and local health providers	The health centres and hospital continue to work closely with the various districts and send data to District Health Information System timely. The district team also participates actively in Health Unit Management Committee meetings

e) Improve utilization of health training institutions	The current courses are running on well and Laboratory certificate course was successfully re-introduced. Scholarships have been availed to tutors and there is ongoing reorganization of school administration as effort to unify the schools continue

	Planned takeover of Anaesthesia School for Uganda Allied Health Management Institute is under consideration
f) Promote research and develop research capabilities	A functional Research and ethics committee is in place, fully accredited with members trained. Public health Specialist have been recruited and plan to activate research and grant desk under considerations
g) Strategic Plan consideration	Review the Staffing Norm at health Centres Review government plan to Upgrade the health centres with possibility of placing a medical officer there

5. Pursue Operational and Financial Sustainability	
a) Promote efficient use of resources	Medicine and Therapeutic Committee in place and monitoring medicine /drug use. Unit drug administration started (SII, Trauma), roll out disrupted by COVID19 to resume in April 2022 with Surgery1(assessment completed) roll out this month Infection Control Committee in place and monitor appropriate use of supplies like PPE and disinfectants New projects are profiled ensuring for sustainability however this is now skewed towards COVID19 effort. **Pending:** Reorganization of private OPD (needs resources of remodelling), Implementation of **Performance Improvement Plan** underway through RBF-EHA program and gaps filled in by money earned. Completion of the pharmacy infrastructure on course, equipment installation in progress New Strategic Plan Consideration ❖ Consideration for a private inpatient wing, this demand may increase if National Health Insurance Act becomes affective
b) Promote proactive grant Search	**PEPFAR funding** on going under new implementation agency (Uganda Protestant Medical Bureau) Uganda is slowly moving towards RBF Grant desk on Hold, need to rethink the process after resumption of normal services Strategic Plan Consideration ❖ Need to reorganize the project office together with grant office for resource mobilization
c) Provide long term technical sustainability	**Monitoring of staffing** in Clinical departments is being done, continuous challenge is getting critical cadres in the area of Anaesthesia, Radiology, Haematology and Critical care nurses. However, for anaesthesia and Critical care nurses (certificate level) training is now ongoing and hospital is engaging with ministry to be a centre for training of Critical care nurses. **Reorganization underway in** Laboratory, Technical department and Project Office **Clinic Master software** being rolled out (could help streamline processes in place and there is demand for the same) **Navision and other Software:** continuously being monitored and integration in progress

6. Uphold a Human Resource policy in line with the tradition of respect for workers' rights and welfare	
a) Improve human resource management	**HR Management** Revision of Employment Manual completed, Necessary Insurance policy in place

	Staff Mobility still expected to occur but with Less than 10% attrition Rate; however, there is need to have clear establishment so that personnel can plan for their carrier path some of which is not available un Lacor. **Challenges** Study of hospital establishment amidst increased demand for Critical care and quality needed Need for funding training of staff on continuous Basis (Registered Nurses, BSN nurses-to replace those absorbed in anaesthesia (6 persons) and retiring senior Nurses (4) **Staff Welfare** Welfare project under implementation **SACCO**: Most staff now access loan through the Co-operative thanks to the recapitalization I Housing project in advanced stage of planning **Staff attrition** Within acceptable range <10%; replacement recruitment ongoing Strategic Plan Issue ❖ Establishment per department to guide personnel to plan for their career ❖ Look at emolument to match government level should increase in salary materialize, funds could be raised through Private wing and Hopefully National Health Insurance.
b) Maintain Human Resource development policy	The policy is in place with emphasis on critical cadres which are not widely available in the market through sponsorship Funds is continuously being sourced to provide scholarship for these critical cadres. (Emergency Doctor, General Practitioners, Pathologists) Under Training: Anaesthetic officers (6), Critical Care Nurses (10) (MoH sponsorship)

Succession Plan
Top Management term expires together with strategic plan in June 2022 Succession planning process has kicked off, to be shared with the board when ready (2022) Process of the new Strategic Plan has started with sourcing of local Consultant

Priority Capital Development
1.Accomplished: Essential equipment identified in Strategic plan has been bought; Patient monitors, washing machine, Lab remodelling, trauma ward establishment, Solar installation **2. Work in Progress:** replacement of intercom system (now becoming Urgent because of closure of Closed User Group), Hospital and residence wide coverage of Internet and security cameras, new staff accommodation and rehabilitation of residences. Health Centre Rehabilitation. Replacement of surgical instruments and monitors. **4.Pending:** Multipurpose building for school (Library, staff room, ICT room and conference rooms), New Emergency wing, New Hostel for patients from afar attending Out Patient Services. Autoclave in Theatre (only 3/5 working, one of which is very old and manual and difficult to operate) and spares are being looked for. Re-equipping of neonatal unit under new project. **5.Emerging Needs:** CT Scan Project, on hold due to COVID 19 pandemic (need for follow up presidential Pledge); Sewerage and Storm water management system need detailed study because of flooding of the lagoon area and wetland. BBM has accepted to fund a consultant to study the problem) **6.Extra- ordinary Maintenance** of Hospital infrastructure, this includes review of the toilet system Revamping and Replacement of equipment (Surgical instruments, equipment, monitors for wards, Solar, generators etc) **Hospital Master Plan:** Still under discussion

Effect of COVID 19:
Staff infected: 81 Deaths 1 Vaccine uptake >90% **Challenges:** Continuous need for supply of consumables: PPE, Sanitizers, Cleaning materials **Infrastructure Remodelling:** ICU to have pedants in place Community: Many still reluctant to get vaccinated, government starting community vaccination this week

ANNEX-1 THE VISION, MISSION AND VALUES

During the formulation of the hospital strategic plan for year 2017 to 2022 the hospital mission, vision and values were revised.

THE VISION

To be a Hospital of Choice Providing Quality, Sustainable Care in a Humane and Supportive Environment

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.

ANNEX 2 - 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
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. Kayima Peter	Head, Surgery Department
9	Dr. Emmanuel Ochola	Head, HIV, Research & Documentation Department
10	Mr. Olal Marcelino Sabuni	Principal Lacor Nurse Training School
13	Mr. Olara Walter	Principal Lacor Laboratory School
14	Sr. Millie Among	Senior Nursing Officer
15	Sr. Josephine Oyella	Head, Pharmacy
16	Mr. Ocakacon Robert	Head, Laboratory Department
17	Mr. Ojok Geoffrey P'kingstone	Representative of Paramedical Staff
18	Mr. Jacopo Barbieri	Head, Technical Department
19	Mr. Evandro Ciaccia	Administration manager
20	Mr. Pier Paul Ocaya	Hospital secretary
21	Mr Henry Omal	Chief Accountant
22	Mr. Enangu John	In-charge Lacor Health Centre III Amuru
23	Ms Ogwang Morris	In-charge Lacor Health Centre III Opit
24	Mr. Openy Julius	In charge Lacor Health Centre III Pabbo
25	Sr. Amito Jacinta	Head of Anaesthesia/School of Anaesthesia
26	Sr. Okwarmoi Joyce	Head Theatre Assistant Training School
27	Mrs. Caroline Okello	Personnel officer- Secretary management committee
28	Dr. Okello Alfred	Head, Pubic Health Department

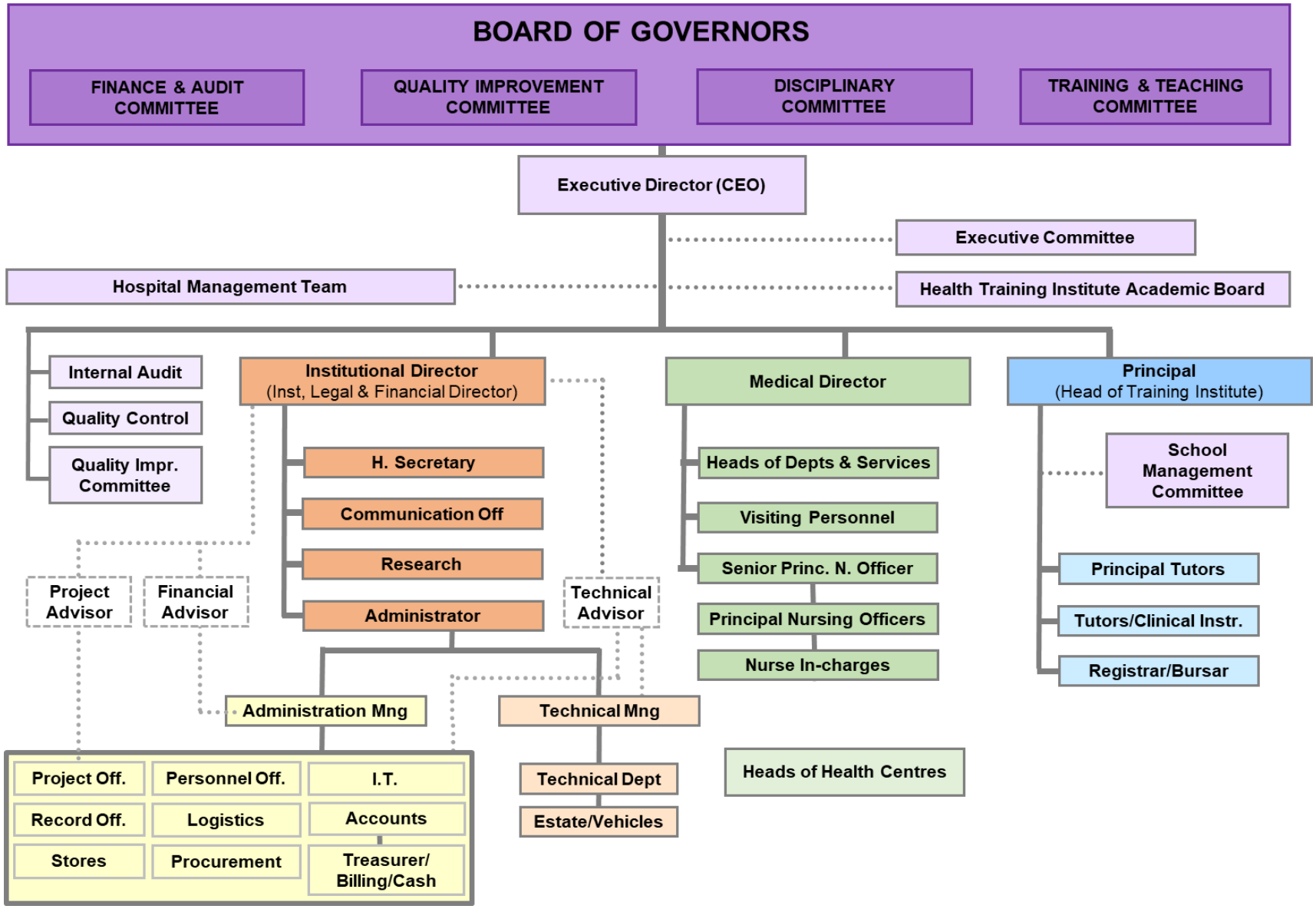
ANNEX 3 - HOSPITAL EXECUTIVE COMMITTEE

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	Sr. Milly Among	Matron (senior nursing officer)
5	Mr. Evandro Ciaccia	Administration manager
6	Mr. Pier Paul Ocaya	Hospital Secretary- Secretary

ANNEX 4 - BOARD OF GOVERNORS

Name	Personal position	Board position
HG. Dr. John Baptist Odama	Archbishop Gulu Roman Catholic Church Archdiocese	Chairman
Dr. Ojom Lawerence	Member	Non-Exec. Member
Justice Galdino Okello	Judge of the Supreme Court of Uganda	Non-Exec. Member
Mr. Davide Bonechi	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	Retired General Manager Banking, Bank of Uganda, Manager Private Bank,	Non-Exec. Member
Dr. Paul A. Onek	Former DHO Gulu	Non-Exec. Member
Dr. Cyprian Opira	Executive Director, Lacor Hospital	Executive Member
Dr. Emintone A. Odong	Medical Director, Lacor Hospital	Executive Member
Dr. Martin Ogwang	Institutional Director, Lacor Hospital	Executive Member
Mr. Evandro Ciaccia	Hospital Administration Manager	Executive Member
Mr. Pier Paul Ocaya	Hospital Secretary	Executive Member

ANNEX 5 - LACOR HOSPITAL ORGANOGRAM



ANNEX 6 - FINANCIAL STATEMENT FOR THE YEAR ENDED 30/06/2021

	FY 2020/21 UShs'000	FY 2019/20 UShs'000
REVENUE		
Donations	15,234,522	15,018,966
Donations in kind	2,817,955	3,584,944
Patient charges	5,430,008	5,064,954
Hospital school fees	1,448,555	1,751,617
Other local revenues	347,603	759,391
Revenue before amortization of deferred capital contribution	25,278,643	26,179,874
Amortisation of deferred capital contributions	2,182,014	1,990,696
Total revenue	**27,460,657**	**28,170,570**
EXPENSES:		
Personnel		
Salaries and wages	(7,580,578)	(7,375,675)
NSSF Hospital contribution	(797,019)	(770,319)
School sponsorships	(147,149)	(180,596)
Insurance	(248,732)	(133,141)
Other staff costs	(1,811,689)	(1,851,068)
	(10,585,167)	**(10,310,799)**
Medical items and services		
Medical drugs	(5,257,206)	(5,447,063)
Laboratory and radiology items	(1,034,683)	(999,550)
Medical sundries	(2,757,934)	(2,237,234)
	(9,049,823)	**(8,683,847)**
Generic items		
Food supplies (includes food for students)	(733,854)	(1,061,660)
Printing and stationery	(498,812)	(532,743)
General supplies	(789,634)	(1,462,538)
	(2,022,300)	**(3,056,941)**

	FY 2020/21 UShs'000	FY 2019/20 UShs'000
Transport expenses		
Cargo clearing fees	(180,684)	(105,279)
Fuel for ambulances and other vehicles	(303,746)	(281,050
Insurance - ambulances and othervehicles	(36,274)	(51,462)
Vehicle maintenance	(128,482)	(69,757)
Other transportation expenses	(33,157)	(284,872)
	(682,343)	**(792,420)**
Property expenditure		
Electricity (metered and generator)	(618,675)	(714,870)
Repairs and maintenance	(954,577)	(674,965)
Other utilities	(29,627)	(34,892)
Other property expenses	(133,730)	(136,361)
	(1,736,609)	**(1,561,088)**
Administrative expenses		
Professional fees	(228,878)	(179,252)
Communication	(160,663)	(147,946)
Bank charges	(40,763)	(61,718)
Office equipment and software maintenance	(145,517)	(153,224)
Other administrative expenses	(178,925)	(261,283)
	(754,746)	**(803,423)**
Total recurrent costs	**(24,830,988)**	**(25,208,518)**
Depreciation and amortization	(2,182,014)	(1,990,696)
Total operating expenditure	**(27,013,002)**	**(27,199,214)**
Other gains and (losses)		
Provision for bad debts	(386,433)	(373,693)
Gain/(loss) from disposals of assets	27,000	(10,119)
Net foreign exchange (losses)/gains	(43,138)	(111,479)
Write offs	(45,084)	(476,065)
	(447,655)	**(971,356)**
Total expenditure	**(27,460,657)**	**(28,170,570)**

ANNEX 7 –BALANCE SHEET

STATEMENT OF FINANCIAL POSITION

	FY 2020/21 UShs'000	FY 2019/20 UShs'000
ASSETS		
Non-current assets		
Property and equipment	33,058,897	32,633,411
Right of use asset*	3,653	3,755
Intangible assets	48,982	73,964
	33,111,532	**32,711,130**
Current assets		
Inventories	4,712,253	5,140,968
Trade and other receivables	2,212,876	3,738,148
Cash and bank	2,761,812	1,436,121
	9,686,941	10,315,237
	42,798,473	**43,026,367**
OPERATING FUND AND LIABILITIES		
Current liabilities		
Other local activities	1,704,910	928,027
Deferred income	7,075,481	8,852,996
	8,780,391	**9,781,023**
Non-current liabilities		
Deferred capital contribution**	**33,522,690**	**32,749,952**
Operating fund		
Operating funds	**495,392**	**495,392**
TOTAL OPERATING FUND AND LIABILITIES	**42,798,473**	**43,026,367**

*Operating lease prepayment comprises 49 years' leasehold on land on which Lacor Hospital is situated

**Capital Contributions not yet amortized represent the total Capital Contributions received over the years to purchase fixed assets. They are amortized among the Hospital revenue over time, along with the depreciation period of the fixed assets to which they are related along with the depreciation period of the fixed assets to which they are related

ANNEX 8 – DONATIONS

CASH DONATIONS* RECEIVED FROM DONORS

	FY 2020/21 UShs'000	FY2019/20 UShs'000
Foundation Piero and Lucille Corti - Italy	7,663,120	8,204,708
Italian Episcopal Conference	-	123,474
Government of Uganda	638,511	615,259
Foundation Teasdale Lucille - Canada	1,486,371	4,540,664
Ugandan Protestant Medical Bureau	626,144	-
RTI-EMBLEM	98,776	-
Province of Bolzano	151,070	-
Soleterre Strategie Di Pace Onlus	97,889	123,354
International Network of Cancer Treatment and Research (INCTR)	75,949	69,900
RHITES and ACHOLI project	741,353	1,456,243
Social Promise	4,334,539	810,648
Riva Foundation	112,872	73,517
CT Scan Fundraising	-	66,380
Voucher plus project	75,347	630,641
Private donations	142,583	92,189
RBF ENABEL	169,724	-
ELMA Foundation	38,428	-
International Development Research Centre	-	222,215
Medical Mission Foundation	21,080	-
East African Public Laboratory Networking Project	35,005	545,435
Direct Relief International	182,563	-
	16,691,324	**17,574,627**

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

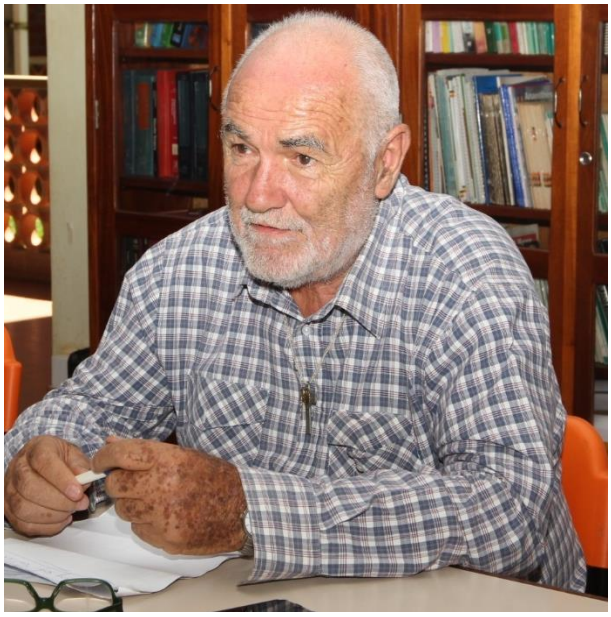
DONATIONS* IN KIND RECEIVED

	FY 2020/21 UShs'000	FY2019/20 UShs'000
AIDS Relieve Drugs (PEPFAR)	2,121,988	2,692,169
Government of Uganda - Credit line	248,458	286,519
Uganda Government PHC	335,246	323,057
Foundation Piero and Lucille Corti - Italy	6,709	5,603
UKAid Department for International Development	10,515	-
Other donations	95,039	277,596
	2,817,955	3,584,944

ANNEX 9 USER FEES

Service	Shs
Deliveries and admission of children in HCs (investigations and drugs included)	Free
Young Child Clinic in the HCs (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)	5,000
Antenatal Clinic and admission of children in the Hospital (investigations and drugs included)	6,000
Delivery in the Hospital, inclusive of admission fees	20,000
Admission maternity ward (flat rate) (with delivery)	15,000
Admission adults through AIDS Clinic (flat rate)	30,000
Admission adults in other wards (flat rate)	50,000

PICTORIAL

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