

ST MARY'S HOSPITAL
LACOR

**ST. MARY'S HOSPITAL LACOR
ANNUAL REPORT
FINANCIAL YEAR JULY 2021 - JUNE 2022**



St. Mary's Hospital Lacor P.O. BOX 180, Gulu, Uganda
www.lacorhospital.org / info@lacorhospital.org

Tel: +256 393246024

LIST OF CONTENTS

LIST OF CONTENTS	1
LIST OF TABLES	4
LIST OF FIGURES	6
FOREWORD BY THE EXECUTIVE DIRECTOR	7
GEOGRAPHICAL LOCATION AND SIZE OF GULU CITY	8
LIST OF ABBREVIATION AND ACRONYMS	1
EXECUTIVE SUMMARY	1
<i>LACOR HOSPITAL AND ITS ENVIRONMENT</i>	1
SELECTED ACHIEVEMENTS 2021/22	2
SELECTED CRITICAL ISSUES 2021/22.....	2
RECOMMENDATIONS AND WAY FORWARD	3
SERVICE UTILISATION	3
FINANCIAL REPORT	3
CHAPTER 1	5
INTRODUCTION	5
1.1 <i>BACKGROUND</i>	5
1.2 <i>THE HOSPITAL AND ITS ENVIRONMENT</i>	5
CHAPTER 2	7
CITY HEALTH SERVICES AND HEALTH POLICY	7
2.1 <i>THE COMMUNITY AND HEALTH STATUS OF GULU CITY</i>	7
2.1.1 Administrative units in Gulu City.....	7
2.1.2 The main health development challenges.....	7
2.2 <i>HEALTH POLICY</i>	7
2.2.1 Health sector development plan, 2015/16-2019/20	7
2.2.2 The minimum health care package	8
CHAPTER 3	9
LACOR HOSPITAL HEALTH CARE ACTIVITIES	9
3.1 <i>AGGREGATED NUMBER OF IN/OUTPATIENTS IN THE HOSPITAL COMPLEX</i>	9
3.2 <i>ATTENDANCE BY SPECIFIC GROUPS</i>	9
3.2.1 Trend of attendance in the hospital complex	10
3.2.2 Group-specific trends.....	11
3.3 <i>TREND OF SELECTED MEDICAL SERVICES</i>	12
3.4 <i>OUTPATIENT SERVICES</i>	12
3.4.1 Outpatient services by categories of patients in the hospital complex	12
3.4.2 OPD attendance according to location.....	12
3.5 <i>DISEASE BURDEN IN THE HOSPITAL OUTPATIENTS</i>	13
3.5.1 Leading causes of morbidity among adult outpatients	13
3.5.2 Leading causes of morbidity among outpatient children under 5 years	13
3.6 <i>HIV/AIDS CARE SERVICES</i>	14
3.7 <i>INPATIENT CARE ACTIVITIES: ADMISSIONS</i>	16
3.7.1 Bed capacity (Hospital and Health Centres)	16
3.7.2 Admissions by specific groups at the Hospital complex.....	16
3.7.3 Admissions by location.....	17
3.7.4 Admission to the Health Centres.....	17
3.7.5 Admissions to the Hospital.....	18
3.8 <i>LEADING CAUSES OF ADMISSION TO THE HOSPITAL</i>	19
3.8.1 Admission among children	19
3.8.2 Admission among adults.....	20
3.8.3 Hospital Average Length of Stay (ALOS) and Bed Occupancy Rates (BOR).....	20
3.9 <i>INPATIENT MORTALITY RATE IN THE HOSPITAL</i>	22
3.9.1 Leading causes of death in children admitted to the Hospital	24
3.9.2 Leading causes of death in adults admitted to the Hospital.....	24
3.9.3 Summary of Hospital Mortality by Ward	25
3.9.4 Summary of Hospital inpatient statistics.....	26

St Mary's Hospital Lacor Annual Report FY 2021/22

3.10 OTHER CLINICAL ACTIVITIES AND CLINICAL SERVICES	26
3.10.1 Surgeries	26
3.10.2 Maternity services.....	27
3.10.3 Deliveries in the Hospital Complex	27
3.10.4 Maternal mortality ratio, still birth ratio and Caesarean section rate	28
3.11 DENTAL SERVICES.....	29
3.12 LABORATORY SERVICES.....	30
3.13 RADIOLOGICAL SERVICES.....	31
3.13.1 Trend of Radiological examinations.....	31
3.14 PHYSIOTHERAPY AND ENDOSCOPY SERVICES.....	32
3.15 PRIMARY HEALTH CARE ACTIVITIES	32
3.15.1 The Health Centres:.....	32
3.15.2 Immunisation activities in the hospital.....	33
3.15.3 Care for the paralyzed patients	33
3.15.4 Outreach activities	33
3.15.5 Epidemic preparedness and response to epidemics	34
3.15.6 Ambulance Services.....	34
3.15.7 Maternity Waiting Home, (Gang pa Min Atim).....	36
3.16 COVID-19 IN LACOR HOSPITAL	36
CHAPTER 4	39
QUALITY, PATIENT SAFETY AND RESEARCH IMPROVEMENT	39
4.1 QUALITY IMPROVEMENT ACTIVITIES.....	39
4.2 SAFETY.....	40
4.3 PASTORAL, PALLIATIVE AND SOCIAL CARE.....	41
4.3.1 Pastoral Care	41
4.3.2 Palliative Care.....	41
4.3.3 Social Care	41
4.4 RESEARCH	42
4.5 GULU CANCER REGISTRY	42
4.6 SUPPORT FOR CHILDREN WITH CANCER	43
CHAPTER 5.....	46
HOSPITAL HUMAN RESOURCES.....	46
5.1 LACOR HOSPITAL STAFFING	46
5.2 HUMAN RESOURCE MANAGEMENT	47
5.3 COMPREHENSIVE PACKAGES OFFERED TO LACOR HOSPITAL STAFF.....	48
5.4 HUMAN RESOURCE DEVELOPMENT	48
5.4.1 Staff on Hospital sponsorship	48
CHAPTER 6	50
LACOR HEALTH TRAINING INSTITUTIONS	50
6.0 BACKGROUND	50
6.1 ENROLMENT AND STUDENT POPULATION AT LACOR HEALTH TRAINING INSTITUTIONS.....	51
6.2 PERFORMANCE AND FAITHFULNESS TO THE MISSION.....	52
CHAPTER 7.....	53
TECHNICAL SERVICES.....	53
7.0 INTRODUCTION.....	53
7.1 LACOR HOSPITAL TECHNICAL FIGURES IN A GLANCE.....	53
7.2 MAIN ACTIVITIES IN FY 2021/20/22	55
7.3 UTILITIES SETUP AND MANAGEMENT	56
7.3.3 Waste management	58
7.4 UTILITIES AND OTHER SERVICES CONSUMPTIONS AND COSTS.....	58
7.4.1 Electricity and fuel for power generation	58
7.4.2 Fuel for other vehicles and incinerator	61
7.4.3 Water consumption.....	61
CHAPTER 8.....	63
HOSPITAL FINANCIAL MANAGEMENT REPORT	63
8.1 BACKGROUND TO LACOR HOSPITAL FINANCIAL REPORT	63
8.2 EXPENDITURES: RECURRENT AND TOTAL OPERATING COSTS.....	63

St Mary's Hospital Lacor Annual Report FY 2021/22

8.3. LACOR HOSPITAL INCOME	64
8.3 CAPITAL DEVELOPMENT	65
8.4 INSURANCE AUDITING AND PROCUREMENT	65
CHAPTER 9	66
HOSPITAL GOVERNANCE AND MANAGEMENT	66
9.1 LACOR HOSPITAL GOVERNANCE AND MANAGEMENT	66
9.1.1 The hospital statute	66
9.1.2 The NGO status.....	66
9.2 THE HOSPITAL BOARD OF GOVERNORS	66
9.3 THE HOSPITAL MANAGEMENT	66
9.4 COMPLIANCE WITH STATUTORY REQUIREMENTS	67
CHAPTER 10	68
PERFORMANCE OF THE HOSPITAL STRATEGIC PLAN 2017-2022	68
ANNEX-1 THE VISION, MISSION AND VALUES	74
ANNEX 2 - HOSPITAL MANAGEMENT TEAM	75
ANNEX 3 - HOSPITAL EXECUTIVE COMMITTEE	76
ANNEX 4 - BOARD OF GOVERNORS	77
ANNEX 5 - LACOR HOSPITAL ORGANOGRAM	78
ANNEX 6 - FINANCIAL STATEMENT FOR THE YEAR ENDED 30/06/2021	79
ANNEX 7 –BALANCE SHEET	81
ANNEX 8 – DONATIONS	82
ANNEX 9 USER FEES	84
PICTORIAL	85

DRAFT

LIST OF TABLES

TABLE 1: INCOME AND EXPENDITURE STATEMENT 2021	ERROR! BOOKMARK NOT DEFINED.
TABLE 2: ADMINISTRATIVE UNITS IN GULU DISTRICT.....	7
TABLE 3: NATIONAL AND DISTRICT INDICATORS (DHS)	ERROR! BOOKMARK NOT DEFINED.
TABLE 4: DISTRICT PERFORMANCE 2013/14-2020/21	ERROR! BOOKMARK NOT DEFINED.
TABLE 5: TRENDS OF TOTAL CONTACTS IN THE HOSPITAL COMPLEX FY- 2020/21 TO 2021/22	10
TABLE 6: CHANGE IN GROUP-SPECIFIC ATTENDANCE –FY 2020/21 TO 2021/22.....	11
TABLE 7: TRENDS OF ADMISSIONS AND OPD CONTACTS – FY 2020/21 TO 2021/22.....	11
TABLE 8: TRENDS IN CHILDREN AND ADULTS' ADMISSION – 2020/21 TO 2021/22	11
TABLE 9: TREND OF SELECTED SERVICES – 2020/21 AND 2021/22	12
TABLE 10: LEADING CAUSES OF MORBIDITY AMONG ADULTS ATTENDING OPD – 2021/22	13
TABLE 11: LEADING CAUSES OF MORBIDITY IN CHILDREN ATTENDING YCC IN THE HOSPITAL – 2021/22	13
TABLE 12: HIV SERVICES – FROM 2015/16 TO 2021/22	14
TABLE 13: LACOR HOSPITAL PMTCT ACTIVITIES – 2021/22.....	15
TABLE 14: CERVICAL CANCER SCREENING - FY2021/22	15
TABLE 15: DEPARTMENTS, WARDS AND NUMBER OF BEDS IN THE HOSPITAL - 2021/22	16
TABLE 16: ADMISSIONS TO THE HOSPITAL & HEALTH CENTRES - 2021/22.....	17
TABLE 17: ADMISSIONS BY WARD IN FY 2020/21 AND 2021/22.....	18
TABLE 18: LEADING CAUSES OF ADMISSION IN CHILDREN (HOSPITAL ONLY) IN FY 2021/22	19
TABLE 19: LEADING CAUSES OF ADMISSIONS IN ADULTS AT THE HOSPITAL IN FY 2021/22	20
TABLE 20: HOSPITAL ALOS AND BOR BY WARD IN 2021/22.....	21
TABLE 21: MORTALITY IN THE DIFFERENT UNITS IN THE VARIOUS WARDS FROM 2020/21 TO 2021/22.....	23
TABLE 22: LEADING CAUSES OF DEATH IN CHILDREN FY 2021/22.....	24
TABLE 23: MOST FREQUENT CAUSES OF DEATH IN ADULTS FY 2021/22.....	24
TABLE 24: SUMMARY OF HOSPITAL MORTALITY BY WARD – 2010/11 TO 2021/22	25
TABLE 25: SUMMARY OF HOSPITAL INPATIENT STATISTICS/ ACTIVITIES FY 2021/22....	26
TABLE 26: ANTENATAL CARE IN THE HOSPITAL AND HEALTH UNITS IN FY 2020/21 AND 2021/22.....	27
TABLE 27: DISTRIBUTION OF DELIVERIES BY LOCATION IN 2020/21 AND 2021/22.....	28
TABLE 28: SUMMARY OF MATERNITY SERVICES, FY 2013/14 TO 2021/22.	28
TABLE 29: NUMBER OF LABORATORY TESTS PERFORMED FY 2013/14 TO 2021/22.	30
TABLE 30: TRENDS OF IMMUNIZATION ACTIVITIES 2013/14 TO 2021/22.....	33
TABLE 31: SERVICES DELIVERED TO PARALYZED PATIENTS IN FY 2015/16 TO FY 2021/22	33
TABLE 32: PHC OUTREACH ACTIVITIES IN FY 2016/17 TO 2021/22.....	34
TABLE 33: AMBULANCE SERVICE - 2021/22	35
TABLE 34: MONTHLY COVID-19 STATISTICS	37
TABLE 35: SATISFACTION RATE (%) OF PATIENTS IN DIFFERENT AREAS FROM 2010/11 TO 2020/21.....	40
TABLE 36: NUMBER OF CASES IN MAJOR DIAGNOSIS GROUPS IN SINGLE CALENDAR YEARS OF OBSERVATION FROM 2013 TO 2020, GULU CANCER REGISTRY.	44
TABLE 37: STAFF MOVEMENTS – 2020/21	ERROR! BOOKMARK NOT DEFINED.
TABLE 38: HOSPITAL SPONSORSHIP AS OF 30TH JUNE, 2021 .	ERROR! BOOKMARK NOT DEFINED.
TABLE 39: STUDENTS ENROLLMENT FROM FY 2015/16 TO 2020/21.....	51

St Mary's Hospital Lacor Annual Report FY 2021/22

TABLE 40: STUDENT POPULATION AT LACOR HEALTH TRAINING INSTITUTIONS.51
TABLE 41: KEY PERFORMANCE INDICATORS FOR FAITHFULNESS TO THE MISSION FOR LACOR SCHOOLS.52
TABLE 42: TOTAL ELECTRICITY CONSUMPTION AND EXPENDITURES ACCORDING TO THE SOURCE.58
TABLE 43: TOTAL CONSUMPTION OF DIESEL FOR POWER GENERATION59
TABLE 44: CONSUMPTION OF ELECTRICITY FOR EACH DEPARTMENT.....59
TABLE 45: DIESEL CONSUMPTION OF INCINERATOR AND VEHICLES.61
TABLE 46: RECURRENT COSTS FY 2020/21 COMPARED TO PREVIOUS FY63
TABLE 47: SOURCE OF FUNDS FOR RECURRENT COSTS.....64

DRAFT

LIST OF FIGURES

FIGURE 1: MAP OF UGANDA SHOWING GULU.....**ERROR! BOOKMARK NOT DEFINED.**

FIGURE 2: DISTRIBUTION OF PATIENTS' LOAD IN THE HOSPITAL AND THE HEALTH CENTRES**ERROR! BOOKMARK NOT DEFINED.**

FIGURE 3: TREND OF ATTENDANCE IN THE HOSPITAL COMPLEX10

FIGURE 4: MONTHLY TRENDS OF OPD ATTENDANCE IN THE HOSPITAL COMPLEX FY-2021/22.....11

FIGURE 5: TRENDS OF ADMISSION TO THE HEALTH CENTRES - 2010/11 TO 2021/2217

FIGURE 6: TREND OF ADMISSIONS IN THE HOSPITAL BY DEPARTMENTS – 2010/11 TO 2021/22.....19

FIGURE 7: VARIATIONS IN DEPARTMENT SPECIFIC INPATIENT ALOS – 2004/05 TO 2021/2221

FIGURE 8: VARIATIONS IN DEPARTMENT SPECIFIC BOR – 2010/11 TO 2021/22.....22

FIGURE 9: VARIATIONS IN DEPARTMENT SPECIFIC MORTALITY 2010/11 TO 2021/2223

FIGURE 10: TREND OF MAJOR SURGICAL OPERATIONS – 2010/11 TO 2021/2226

FIGURE 11: TREND OF ASSISTED DELIVERIES – 2010/11 TO 2021/22.....27

FIGURE 12: TREND OF MMR 2010/11 TO 2021/2229

FIGURE 13: TREND OF DENTAL TREATMENT 2010/11 TO 2021/2229

FIGURE 14: TREND OF LABORATORY TESTS 2010/11 TO 2021/2230

FIGURE 15: TREND OF RADIOLOGICAL EXAMINATIONS 2010/11 TO 2021/22.....31

FIGURE 16: TREND OF PHYSIOTHERAPY AND ENDOSCOPY 2010/11 TO 2021/2232

FIGURE 17: MOTHERS ATTENDED TO MATERNITY WAITING HOME (GANG PA MIN ATIM)36

FIGURE 18: NUMBER OF EMPLOYEES OVER THE PAST YEARS**ERROR! BOOKMARK NOT DEFINED.**

FIGURE 19: POWER CONSUMPTION SHARE FROM DIFFERENT SOURCES.....60

FIGURE 20: ELECTRICITY CONSUMPTION OVER THE YEARS61

FIGURE 21: FIGURE 7.3: WATER CONSUMPTION OVER THE YEARS62

St Mary's Hospital Lacor Annual Report FY 2021/22
FOREWORD BY THE EXECUTIVE DIRECTOR

Dear Stakeholders of St. Mary's Hospital Lacor,

The going has been tough, but we have survived, thanks to the team work, resilience and perseverance of all concerned. As it is well known, the post lockdown situation has been hard on individuals, families, organizations and even government. The local and international situations have been detrimental to donor- dependent organizations like ours. Although the Covid-19 pandemic has scaled down, as a hospital, we are still maintaining the standard operating procedures adopted from the beginning of the pandemic. This means costs have not reduced in any way. Add to this, the Ebola epidemic in the country meant more vigilance, and protection. The hospital consumes a lot of non-medical goods like fuel, soap, cooking oil and many others. The steep increase in the price of these commodities added to the distress of not only the hospital as an organization but also our staffs.

Service delivery has been going on well with mixed trends; the number of women giving birth within the facilities has increased, OPD attendance and admissions show slight reductions. A key area of intervention by the hospital is in neonatal mortality where we are upgrading our neonatal intensive care unit.

It's also known that the Uganda Government has increased the salaries of scientists, including health workers. The PNFPs are finding it almost impossible to sustainably match this increase and so staff migration and dissatisfaction is increasing without any easy solution in sight. The hospital is doing what is within its means to both retain talent and ensure quality service delivery.

The fourth Strategic Plan of the hospital is in its final stages but we have had to take into account the prevailing circumstances within and outside the hospital. Carried over from the third Strategic Plan is the succession planning. The second generation of managers have done their part and it is time to begin to prepare the next generation of leaders and managers. The Board of Governors have instituted an ad hoc committee to facilitate this process.

The hospital has adopted Results-based Funding as one of its key resource mobilization strategy. And is actually involved in it with some partners. The demand for quantity but also quality requires more personnel and this is where the challenges arise. Should we recruit new staffs before improving the remuneration of the current ones?

Meanwhile, a well-wisher has been recapitalizing the Savings and Credit Society of the hospital workers and this same well-wisher also gave some funds to improve the housing of nurses. Together with free water, subsidized electricity cost and housing, we hope this will be of help to the staffs.

The school semesters have now been reset from the catch-up time. During the lockdown, we noticed that the parents and guardians are having a hard time meeting the school requirements.

The hospital, its health centers and schools will try their best to remain faithful to the mission despite the trying circumstances we are going through. Our request is for patience, team work and collaboration to carry us through this times. May God bless us all.



Dr Opira Cyprian

Executive Director.

St Mary's Hospital Lacor Annual Report FY 2021/22
GEOGRAPHICAL LOCATION AND SIZE OF GULU CITY

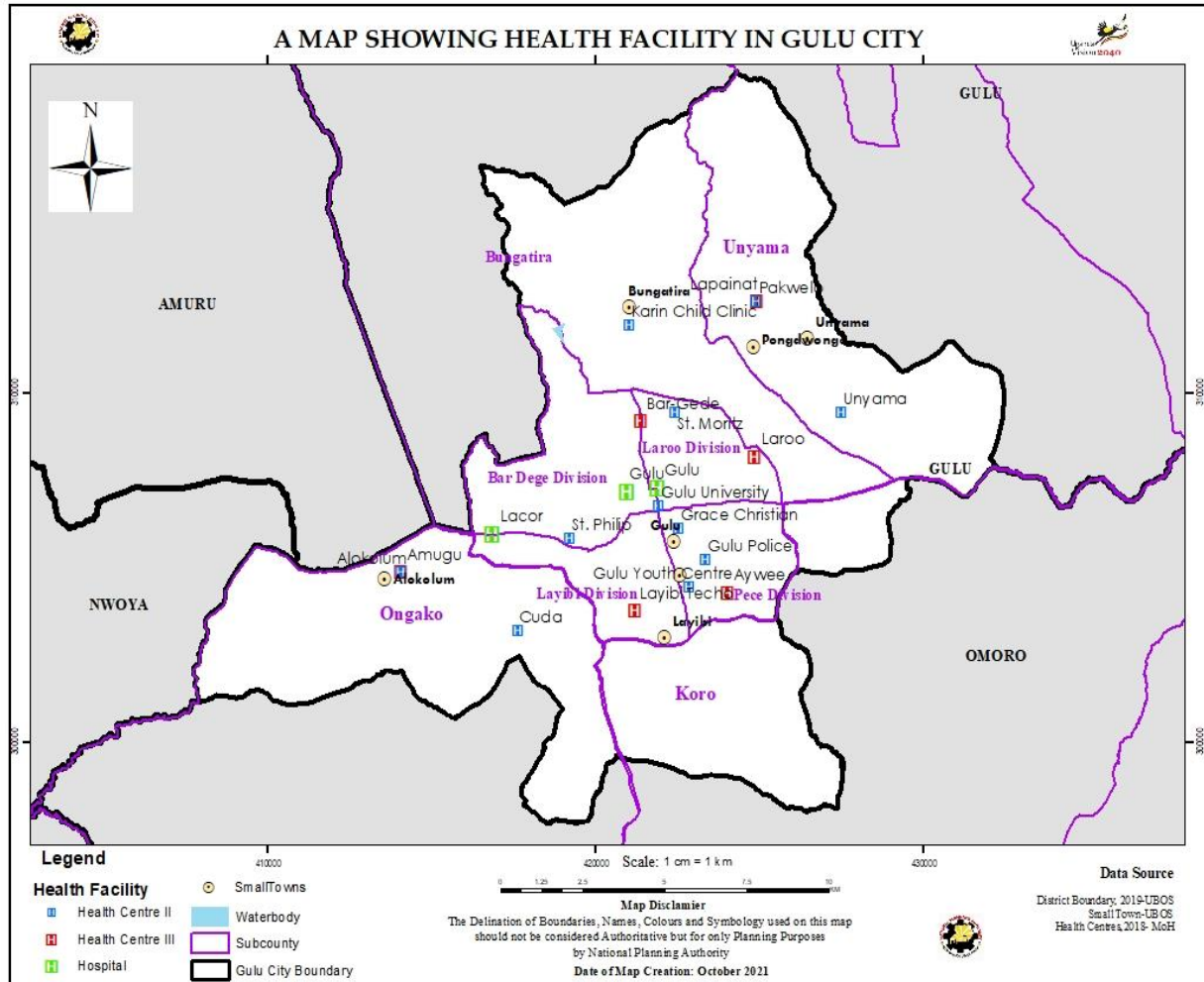
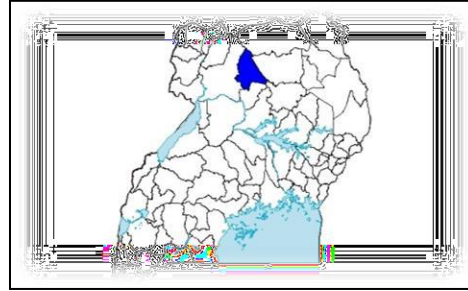


Figure 1: Map of Uganda showing Health Facilities in Gulu City

Gulu City 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	Health 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 Organizations 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 City, 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 City 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 Regional Referral Hospital, a Government Hospital, about 6 km from Lacor, has 335 beds and is the regional referral Hospital. There are other small private clinics and drug shops for commercial purposes in Gulu town and the suburbs. The approach of Lacor Hospital is to supplement the government's efforts in health service provision.

Lacor Hospital has operated in a very difficult social and economic environment. Insecurity has 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 2021/22

1. Large number of patients continue to access the hospital and its three health centres even during this COVID 19 pandemic.
2. Generally good nursing care have been sustained with very few complaints from patients and attendant.
3. The last five-year strategic plan 2017 – 2022 has been largely successfully implemented.
4. The Hospital statute and the human resource employee manual have been revised, published and distributed.
5. RBF has been established as a funding mechanism in the hospital.
6. Negotiations with and compensation of the squatters on the diocese land was completed for most of the squatters.
7. The hospital received a number of ICU equipment from both the government of Uganda as well as from other donors.
8. COVID 19 treatment Unit was successfully established in the hospital for management of severe COVID 19.
9. The hospital established an isolation place for staff, students, and other diocesan staff within the hospital outside the wards.
10. More than 90% of all the hospital workers have received COVID 19 vaccination.
11. 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.
12. The hospital has been able to replace staff who left.
13. Plan to improve the nurses' accommodation is at advanced stage.
14. Money has been found to construct the long awaited neonatal intensive care unit in the pediatrics block.
15. Good collaborations have been established with many schools for practical attachments in the hospital.

SELECTED CRITICAL ISSUES 2021/22

1. Escalating cost of running the hospital and the effect of COVID 19 on cash flow.
2. High level of attrition among anesthetic officers, nurses, and midwives.
3. Instability at the anesthetic department.
4. Delay in the construction of the neonatal intensive care unit (NICU).
5. Government has implemented increment in lunch allowance for nurses and midwives. High expectation from our nurses and midwives for a response by the hospital.
6. 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.
7. Some of the staff, nearly 50 of them have remained adamant to COVID 19 vaccination despites all the appeal. Vaccine hesitancy among staff.
8. There is serious overcrowding in the maternity ward.
9. High demands and consumption of Personal Protective Equipment (PPEs).
10. Biomedical equipment maintenance still poses challenges.
11. Maintenance of staff morale and motivation during the COVID 19 pandemic and government of Uganda increase in emolument to health workers.

12. Dwindling PHC funding from government of Uganda.

13. 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 admission in the hospital and its Health Centres this year as shown in the table E.1.

Table E.1 service utilization

Service output	2017/18	2018/19	2019/20	2020/21	2021/22	Variance
Total OPD attendance	209,195	225,000	198,588	177,947	178,877	0.5%
Admissions	38,199	45,701	34,560	29,960	29,850	-0.4%
Deliveries	8,515	9,713	8,123	8,079	9,268	14.7%
Major surgical	5,677	6,962	6,333	6,148	7,048	14.6%
Laboratory	388,058	544,154	491,966	403,871	383,296	-5.1%
Radiological	42,060	43,893	41,834	42,777	43,538	1.8%
Immunization doses	104,476	103,267	94,553	95,434	92,555	-3.0%

FINANCIAL REPORT

The financial report for the FY ended on 30/06/2022 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.

Thanks to its Donors and the contributions from the Government of Uganda, and despite the Covid Pandemic, the Hospital was able to continue to highly subsidize the patients without raising the fees. The total patient charges collected were US\$ 5.9 billion, amounting to around 22% of total Hospital Expenditures, school costs excluded.

Expenditures increased compared to previous year, from UGX 27.5 billion, to 28.9, mainly due to the increment of Personnel Costs (UGX 595 million), and Medical Items and Services (UGX 823 million). Personnel costs increased mainly because of the increase in Interns Salaries, in the allowances for staffs working with Covid Patients, and in the School Sponsorships (paused during the first period of the pandemic). Medical items, on the other hand, increased because of increased use of gloves and face masks (not

St Mary's Hospital Lacor Annual Report FY 2021/22

available in the previous financial year because of shortages), as well as because of price increases connected with shortages of several drugs in the country during the lock down.

Financing of recurrent costs	2021/22 (UGX '000)	2020/21 (UGX '000)	Difference	Diff. %
Income				
Patient charges	5,897,722	5,430,008	467,714	8.61%
Hospital school fees	2,215,509	1,448,555	766,954	52.95%
Uganda Government	1,169,881	1,086,965	82,916	7.63%
Other Local Revenues	280,334	347,603	-67,269	-19.35%
<i>Total Local Revenues*</i>	<i>9,563,446</i>	<i>8,313,134</i>	<i>1,250,312</i>	<i>-15.04%</i>
Donors	17,127,682	16,965,512	162,170	0.96%
Total recurrent revenue	26,691,128	25,278,643	1,412,485	5.59%
Amortization of deferred capital contributions	2,169,080	2,182,014	-12,934	-0.59%
Total revenue	28,860,208	27,460,657	1,399,551	5.10%
Expenditures				
Personnel	11,180,672	10,585,167	595,505	5.63%
Medical Items and services	9,872,907	9,049,823	823,084	9.10%
Generic Items	2,304,844	2,022,300	282,544	13.97%
Transport expenses	545,586	682,343	-136,757	-20.04%
Property expenses	1,515,235	1,736,609	-221,374	-12.75%
Administrative expenses	831,659	754,746	76,913	10.19%
Total Recurrent Costs	26,250,903	24,830,988	1,419,915	5.72%
Depreciations	2,169,080	2,182,014	-12,934	-0.59%
Other gains and losses	440,225	447,655	-7,430	-1.66%
Total Expenditures	28,860,208	27,460,657	1,399,551	5.10%

CHAPTER 1

INTRODUCTION

1.1 BACKGROUND

St. Mary's Hospital Lacor is a referral PNF 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

CITY HEALTH SERVICES AND HEALTH POLICY

2.1 THE COMMUNITY AND HEALTH STATUS OF GULU CITY

2.1.1 Administrative units in Gulu City

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

2.1.2 The main health development challenges

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

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

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

2.2 HEALTH POLICY

The 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:

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

2.2.1 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).

2.2.2 The minimum health care package

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

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

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

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 City 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 208,727 which is 0.39% slightly higher than that recorded last FY. A total of 178,877 (85.70%) were seen as outpatients, while 29,850 (14.30%) patients were treated in the wards. Out of them, 134,274 (64.30%) were treated in the Hospital, while 74,453(35.70%) clients were attended to at the Health Centres.

Table 3.1: Consolidated number of patient contacts – 2021/22

Unit	Inpatients (Children)	Inpatients (Maternity)	Inpatients (Other Adults)	Total In-patients	Outpatients (Children)	ANC	Out-patients Other Adults	Total Out-patients	TOTAL Contacts
Hospital	6,407	8,901	7,221	22,529	18,856	14,698	78,191	111,745	134,274
Amuru	1,405	1,164	436	3,005	9,248	6,250	9,910	25,408	28,413
Opit	928	864	280	2,072	7,743	4,607	8,942	21,292	23,364
Pabbo	640	1,288	316	2,244	7,481	6,939	6,012	20,432	22,676
TOTAL	9,380	12,217	8,253	29,850	43,328	32,494	103,055	178,877	208,727

3.2 ATTENDANCE BY SPECIFIC GROUPS

Children under 5 years made up a quarter or 25.3% (52,708) of the total attendance, while mothers (antenatal clinic and Obst &Gyn) contributed 21.4% (44,711) of the total attendance. A total of 53.3% (111,308) of the contacts were other adults. Therefore, women with reproductive health related problems and children constituted 46.7% (97,419) of the total patients served this FY.

Of the total patients seen this FY, 35.7% were seen in the Health Centres, while the 64.3% were seen in the main hospital. This is in line with the hospital strategy of taking services closer to the local communities through utilization of its three subsidiary Health Centres.

3.2.1 Trend of attendance in the hospital complex

This FY there was insignificant increase by 0.39% (820) in attendance from 207,907 in FY2020/21 to 208,727 clients in FY 2021/22 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 1: Trends of total contacts in the hospital complex FY- 2020/21 to 2021/22

Total contacts	FY-2020/21	FY-2021/22	Variance	Variance %
Lacor Hospital	130,717	134,274	(3,557)	2.7%
Amuru	27,223	28,413	(1,190)	4.4%
Opit	24,250	23,364	(886)	-3.7%
Pabbo	25,717	22,676	(3,041)	-11.8%
TOTAL	207,907	208,727	(820)	0.4%

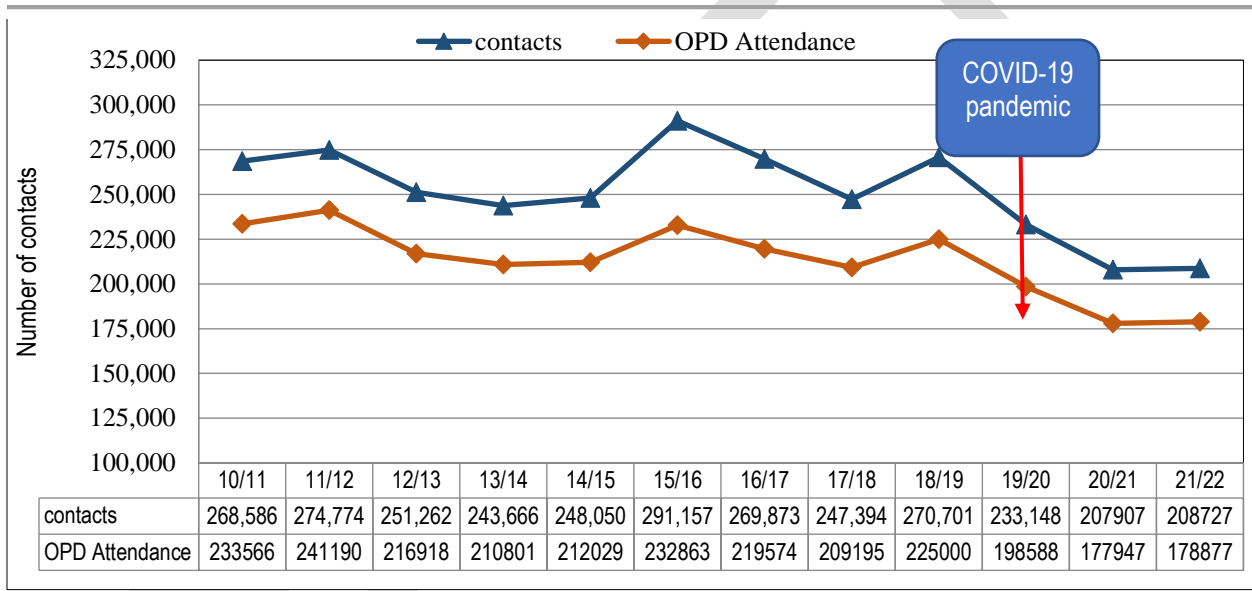


Figure 1: Trend of attendance in the hospital complex

St Mary's Hospital Lacor Annual Report FY 2021/22

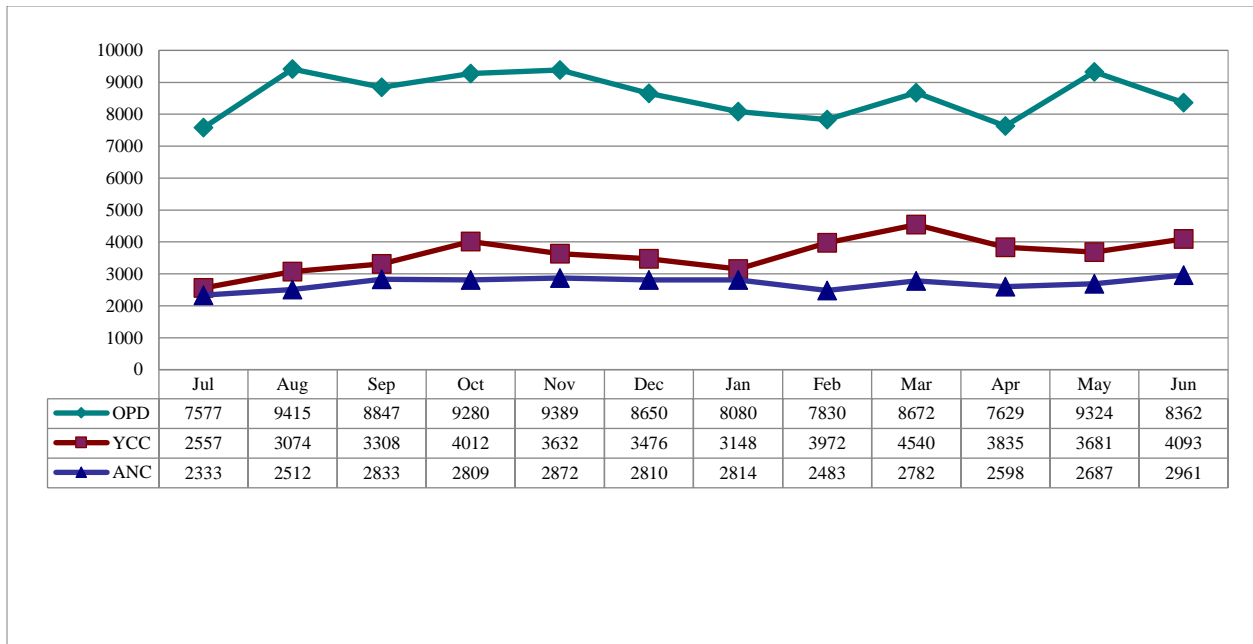


Figure 2: Monthly trends of OPD attendance in the Hospital Complex FY– 2021/22

3.2.2 Group-specific trends

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

Table 2: Change in group-specific attendance –FY 2020/21 to 2021/22

Total Attendance	FY-2020/21	FY-2021/22	Variance	Variance %
Children	52,641	52,708	(67)	0.1%
ANC & admission Maternity wards	39,938	44,711	(4773)	12.0%
Other Adults	115,328	111,308	(4020)	-3.5%
TOTAL	207,907	208,727	(820)	0.4%

Table 3: Trends of admissions and OPD contacts – FY 2020/21 to 2021/22

TOTAL ATTENDANCE	FY-2020/21	FY-2021/22	Variance	Variance %
Admissions	29,960	29,850	(110)	-0.4%
Outpatients	177,947	178,877	(930)	0.5%
TOTAL	207,907	208,727	(820)	0.4%

Table 4: Trends in children and adults' admission – 2020/21 to 2021/22

Admissions	FY-2020/21	FY-2021/22	Variance	Variance %
Children	10,834	9,380	(1,454)	-13.4%
Adults	19,126	20,470	(1,344)	7.0%
TOTAL	29,960	29,850	(110)	-0.4%

3.3 TREND OF SELECTED MEDICAL SERVICES

This FY 2021/22 compared to the previous FY 2020/21 registered an increase in special clinic attendances except for Emergency clinic. There was a remarkable increase in endoscopy services because the endoscopy equipment has been functional in the FY.

Table 5: Trend of selected Services – 2020/21 and 2021/22

Total Attendance	FY-2020/21	FY-2021/22	Variance	Variance %
Dental Clinic	7,154	7,473	319	4.5%
Endoscopy	30	453	423	1410.0%
Surgical operations (incl. minor).	7,325	8,166	841	11.5%
ICU	398	465	67	16.8%
Diagnostic imaging	42,777	43,538	761	1.8%
Sickle Cell Clinic	2,042	2,134	92	4.5%
Emergency Clinics	12,016	11,678	-338	-2.8%

3.4 OUTPATIENT SERVICES

In the Hospital, services are delivered through the adult Outpatients Department (OPD) for patients of five years or older, through the Young Child Clinic (YCC) for patients less than five 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, at least 490 patients were seen in the Hospital complex daily.

3.4.1 Outpatient services by categories of patients in the hospital complex

Of the total 178,877 outpatients seen, 103,055 (57.6%) were seen in the Adult OPD and the remaining 42.4% were children 43,328 (24.2%) seen in the YCC, and pregnant women 32,494 (18.2%) attending the ANC. The women seen in the adult OPD were 67,196 and added to the 32,494 who attended to the ANC and Obs & Gyn clinic makes a total of 99,690 women. If we add the 43,328 children of the Young Child Clinic, we have a total of 143,018, which is 79.95% 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 178,877 outpatients this FY, 62.5% (111,745) were attended to in the Hospital and 37.5% (67,132) were seen in the Health Centres.

3.5 DISEASE BURDEN IN THE HOSPITAL OUTPATIENTS

3.5.1 Leading causes of morbidity among adult outpatients

Gastrointestinal disorders were the leading cause of morbidity among adult OPD patients accounting for 4,163 (9.91%) of all OPD attendances followed by Arthritis at 8.07%, Injuries (7.44%), cough or cold (no pneumonia) at 7.41% and Urinary Tract Infection at 6.31%. The table below summarizes the leading causes of morbidity in the FY 2021/22 (multiple diagnosis considered).

Table 6: Leading causes of morbidity among adults attending OPD – 2021/22

S/N	Diagnosis	Diagnosis Counts	Percentage
01	Gastro-Intestinal disorders (vomiting, esophagitis, gastritis, enteritis/colitis, rectal and anal conditions, incl. tumors) - non-	4,163	9.91%
02	Arthritis, Lumbago, back pain, Musculoskeletal pain and	3,391	8.07%
03	Injuries, (incl. head injuries, soft tissue injuries, fractures &	3,126	7.44%
04	No pneumonia - cough or cold (incl. Rinitis, Tonsillitis,	3,113	7.41%
05	Urinary Tract Inf. (UTI) - incl. Pyelonephritis, Cystitis	2,653	6.31%
06	Dental Conditions including, dental filling, caries, pulpitis and	2,502	5.96%
07	Pregnancy and its complications	2,471	5.88%
08	Malaria confirmed includes malaria in pregnancy	1,953	4.65%
09	PID	1,868	4.45%
10	Hypertension	1,839	4.38%
11	All others	14,934	35.55%
	Total	42,013	100.00%

3.5.2 Leading causes of morbidity among outpatient children under 5 years

Cough or cold (no pneumonia) was the leading cause of morbidity among Under 5 year olds accounting for (34.85%), followed by Malaria at (10.93%), Diarrhoea acute and persistence (enterocolitis, salmonellosis) at (10.26%) and Skin Diseases at (6.80%). The table summarizes the causes of morbidity in children under 5 years in the FY 2021/22 (multiple diagnosis considered).

Table 7: Leading causes of morbidity in children attending YCC in the hospital – 2021/22

No	Diagnosis	Diagnosis Counts	Percentage
01	No pneumonia - cough or cold (incl. Rinitis, Tonsillitis,	7,514	34.85%
02	Malarial Total	2,357	10.93%
03	Diarrhea-Acute/persist (enterocolitis, Salmonellosis)	2,212	10.26%
04	Skin Diseases (incl. warts and cones)	1,467	6.80%
05	Pneumonia	1,125	5.22%
06	Bacteremia/septicemia	1,056	4.90%
07	Anaemia	979	4.54%
08	Injuries, (incl. head injuries, soft tissue injuries, fractures &	394	1.83%
09	Otitis Media	387	1.80%
10	Sickle Cell Disease (SCD)	380	1.76%
11	All others	3,687	17.10%
	Total	21,558	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 2021/22, funding was transitioned from RHITES North Acholi to UPMB (Uganda Protestant Medical Bureau). The scope of the program reduced to exclude WASH (Water, Sanitation, and Hygiene), Malaria, Natural Family planning, however, retained Sexual and Gender Based Violence (SGBV) and adolescent friendly services, as well as the routine testing, care and treatment cascade support for HIV infected persons and contacts. The Test and Treat policy continues to be implemented. Pre-exposure prophylaxis, a new component of the HIV treatment cascade is being provided. We are also providing HIV self-testing, and escalating community reach through client led approaches. Many clients have been transitioned to Dolutegravir based regimens this FY in line with the new treatment policies.

Table 8: HIV Services – from 2015/16 to 2021/22

HIV/AIDS Services	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22
Ever enrolled on HIV							
Children	1,537	1,566	1,932	2,099	2,119	2,150	2186
Adults	14,162	14,425	16,398	18,023	18,249	18,939	19267
TOTAL	15,699	15,991	18,330	20,122	20,368	21,089	21,453
Current Active on ART							
Children	562	491	485	524	374	334	298
Adults	5,967	6,072	8,248	6,772	6,826	6,798	6858
TOTAL on ART	6,529	6,563	8,733	7,296	7,200	7,132	7,156

The clinic has to date enrolled 21,453 clients. However, at the end of FY 2021/22, we had 7,156 clients on ART. Many have transferred to other centers or died or got lost to follow up. Of the 7,156 clients, 95.83% (6,858) are adults and 4.17% (298) are children. Females (4,838) comprise 67.61% and the rest (2,318) are males.

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 9: Lacor Hospital PMTCT activities – 2021/22

PMTCT Activity	2021/22
New ANC cases	7989
New ANC cases + Reattendance	10540
Women tested for HIV	10540
Post-test counselled and received HIV result	10540
Women tested positive for HIV (new positives)	81
Partners (of HIV tested women) tested for HIV	4649
Partners positive for HIV	37
ANC mothers already on ART before coming to ANC	240
Enrolled into PMTCT program (received ARVs)	318
HIV positive mothers delivered in the Hospital	391
Children of HIV positive mothers tested for HIV	306
Children of HIV positive mothers who tested HIV negative	300
Children of HIV positive mothers who tested HIV positive	6

Up to 10,540 women were tested for HIV. Of those tested, 81 (0.8%) turned positive. At least 44.1% (4,649) 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 2021/22.

CERVICAL CANCER SCREENING

Up to 1,868 women were screened for cervical cancer this FY through visual inspection with acetic acid (VIA). Of the 1,868 screened, 40.69% (760) were HIV positive. A total of 73 women were ultimately suspected of cervical cancer through screening and referred accordingly. This FY the cryotherapy machine, was functional serving 58 clients. All the women screened for cervical cancer also underwent screening for breast cancer.

Table 10: Cervical cancer screening - FY2021/22

FY 2020/21	HIV POS	HIV NEG	VIA	PAP Smear /LEPP	Biopsy	Cervical Cancer Suspect	Cryotherapy done
14-49	576	1454	1531	4	45	45	58
>49 Years	184	156	337	4	31	28	0
TOTAL	760	1610	1868	8	76	73	58

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 11: Departments, Wards and Number of beds in the hospital - 2021/22

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 29,850 this FY, a slight reduction of 0.37% (110) from the previous FY. Children ward having the greatest decline of 13.4% (1,454), maternity ward registered an increase in admission at 13.5% (1,449) and Other adults admitted had a decline of 1.3% (105). Admissions in children and maternity wards accounted (72.35%) of all admissions in the hospital complex.

St Mary's Hospital Lacor Annual Report FY 2021/22

Table 12: Admissions to the Hospital & Health Centres - 2021/22

Admissions	FY-2020/21	FY-2021/22	Variance	Variance %
Total admissions children	10,834	9,380	(1,454)	-13.4%
Total admission maternity	10,768	12,217	1,449	13.5%
Total admissions adults	8,358	8,253	(105)	-1.3%
Total	29,960	29,850	(110)	-0.4%

3.7.3 Admissions by location

Out of the 29,850 admitted patients, 22,529 (75.5%) were admitted in the Hospital and 7,321 (24.5%) in the three Health Centres.

On average, 82 new patients were admitted per day into the hospital complex in the FY 2021/22; 62 admissions for the hospital only, and the average number of patients present in the wards was 375 for the 482 beds in the Hospital and 40 for the 72 beds in the three health centres. Consequently, the Bed Occupancy Rate (BOR) was 77.8% in the hospital and 55.4% in the health centres.

3.7.4 Admission to the Health Centres

In this FY, the overall admissions in the Health Centres (7,321) decreased by 10.6% (868). The decline in admissions in the three Health Centres ranged from 11.0% to 22.6% with Pabbo 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.

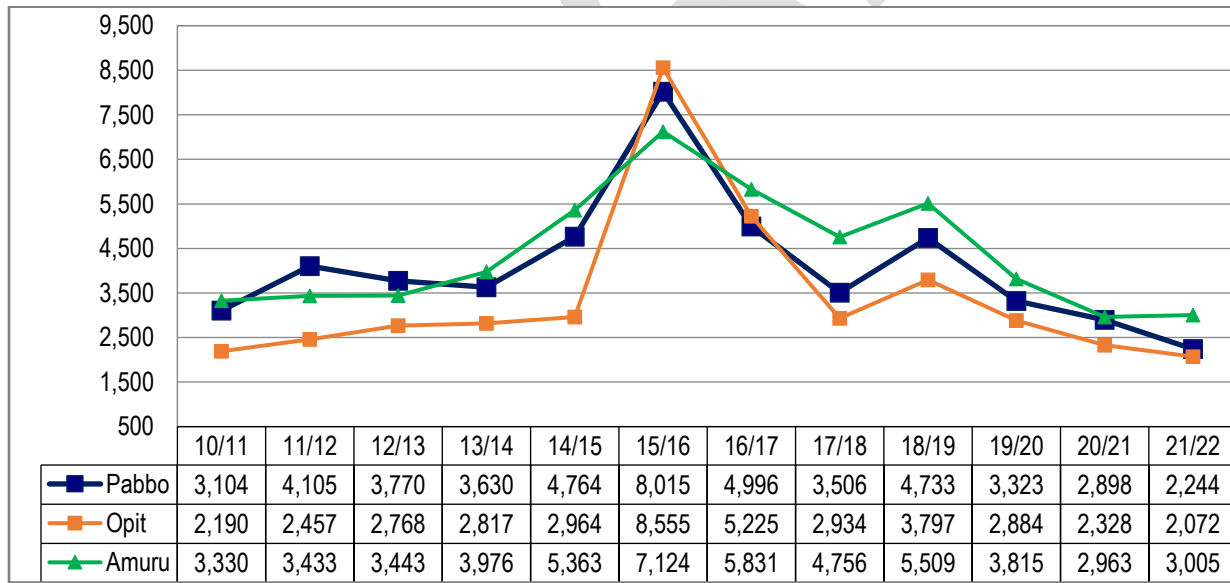


Figure 3: Trends of admission to the Health Centres - 2010/11 to 2021/22

3.7.5 Admissions to the Hospital

In this FY, an overall increase of 3 % (758) in admissions was observed. Surgical and Gynaecology and Obstetrics departments registered an increase in the number of admissions except Paediatric and Medical. However, the specialized units including Neonatal unit, orthopaedic and ICU registered increments. Specialized clients consume a lot of resources and the patients stay longer in the hospital. The reduction in Covid-19 pandemic cases throughout the FY led to the decrease in Isolation ward admissions. This is summarized in the table and figure below.

Table 13: Admissions by Ward in FY 2020/21 and 2021/22

Admissions	FY-2020/21	FY-2021/22	Difference	% Variance
Paediatric Department				
Gen Paediatric and Nutrition	6960	5968	-992	-14%
Neonatal	414	439	25	6%
Total Paediatric Dept	7,374	6,407	-967	-13%
Medical Department				
General Medicine	2,554	2,498	-56	-2%
TB	3	0	-3	-100%
Isolation	519	493	-26	-5%
Total Medical Dept	3,076	2,991	-85	-3%
Surgical Department				
Surgery 1	1,020	1,010	-10	-1%
Burns	128	117	-11	-9%
Surgery 2	1,524	1,588	64	4%
Orthopaedic/Trauma ward	861	1,050	189	22%
ICU	398	465	67	17%
Total Surgical Dept	3,931	4,230	299	8%
Obstetrics and Gynaecology				
Maternity	5,852	7,262	1410	24%
Gynaecology	1,538	1,639	101	7%
Total Obs&Gyn	7,390	8,901	1511	20%
TOTAL	21,771	22,529	758	3%

St Mary's Hospital Lacor Annual Report FY 2021/22

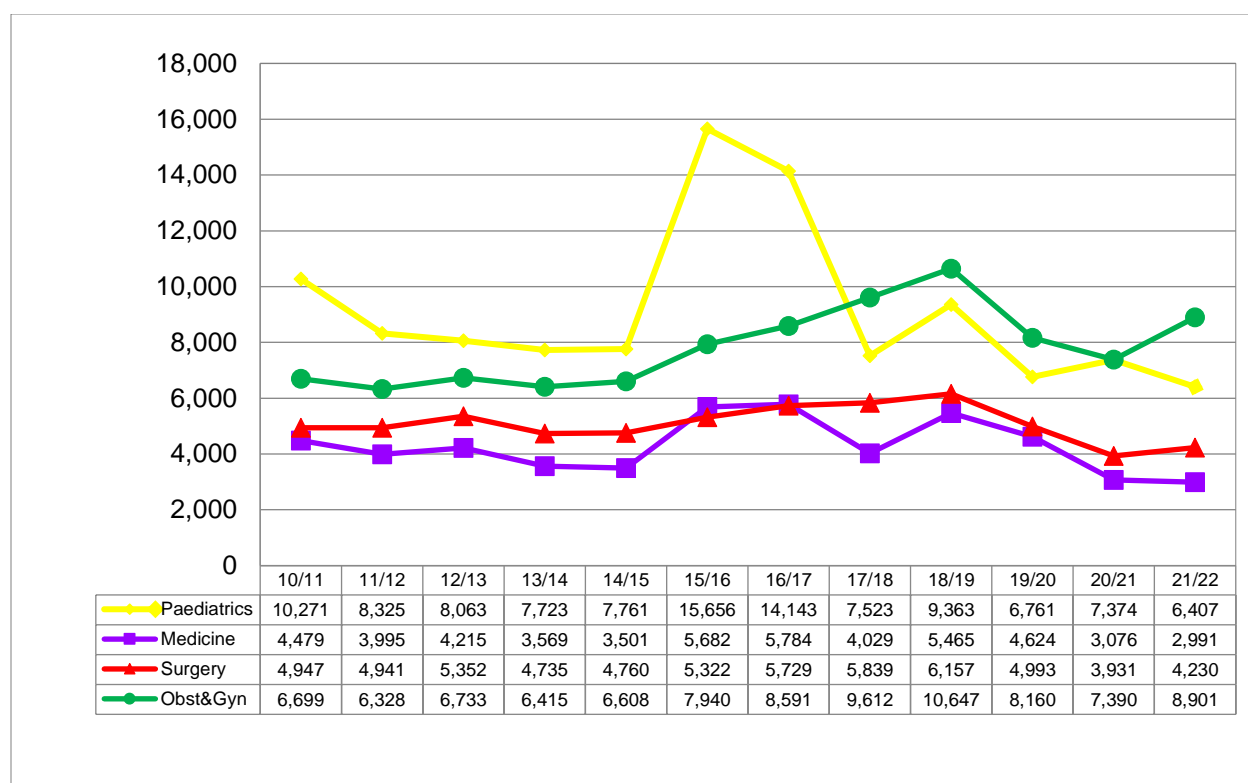


Figure 4: Trend of admissions in the Hospital by departments – 2010/11 to 2021/22

3.8 LEADING CAUSES OF ADMISSION TO THE HOSPITAL

3.8.1 Admission among children

In FY 2021/22, malaria was the commonest condition among admissions for Under Five age group accounting for 15.85% of all admissions, followed by anaemia at 12.11%, Neonatal conditions at 10.24% and premature and low birth weight at 7.88%. This is very similar to the previous FY trends, except for Neonatal conditions overtaking Premature and low birth weight. The table below summarizes the top leading causes of admission among children in St Mary's Hospital Lacor.

Table 14: Leading causes of admission in children (hospital only) in FY 2021/22

N	Diagnosis	Counts	Percentage
1	Severe, uncomplicated and all types of Malaria	1,133	15.85%
2	Anaemia, all causes	866	12.11%
3	Neonatal conditions Except Birth Asphyxia	732	10.24%
4	Premature baby (preterm) & Low Birth Weight	563	7.88%
5	Respiratory tract infection/Bronchiolitis/URTI	407	5.69%
6	Bacteraemia/Septicaemia/Sepsis, non-neonatal Conditions	373	5.22%
7	Pneumonia	359	5.02%
8	Birth Asphyxia	287	4.01%
9	Sickle Cell Disease (SCD) and complications	237	3.32%
10	Injuries all types including burns	231	3.23%
11	Malnutrition severe/Protein Energy Malnutrition type (PEM)	221	3.09%
12	Acute Diarrhoea/Gastroenteritis/Enteritis	204	2.85%
13	Congestive Heart Failure (CHF)/Congestive Cardiac Failure	167	2.34%
14	All others	1,369	19.15%
	Total Diagnoses	7,149	100.0%

3.8.2 Admission among adults

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

Table 15: Leading causes of admissions in adults at the hospital in FY 2021/22

N	Diagnosis	Counts	Percentage
1	Deliveries	6,571	25.30%
2	Abortions and pregnancy complications	4,295	16.54%
3	Injuries, RTA, fractures, including burns	1,991	7.67%
4	Anaemia all types	1,844	7.10%
5	Malaria all types (severe)	1,601	6.17%
6	Sickle cell disease and complications	537	2.07%
7	Pneumonia	487	1.88%
8	Cancers, Tumors , Carcinoma and Malignancies	437	1.68%
9	Bacteremia/ Septicemia	361	1.39%
10	Urinary tract infection	340	1.31%
11	Heart diseases/ cardiovascular excluding hypertension	313	1.21%
12	Hypertension all types	264	1.02%
13	Diabetes All types	237	0.91%
14	Severe sepsis/ septic shock	156	0.60%
15	Upper gastrointestinal (UGI) bleeding/ Mallory Weiss tears	147	0.57%
16	All Others	6,388	24.60%
	Total Diagnosis	25,969	100.00%

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

The hospital length of stay in FY 2021/22 remained to 6.08. 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 2.79 days, Surgery still has the highest ALOS of 11.83 days but is lower than last FY which was 12.38. 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 77.8% from 76.8% observed in the previous FY. Paediatric department had the highest BOR of 99.88% followed by Surgery at 82.61%. Medicine and Obstetrics ward had the lowest BOR at 65.49% and 68.07% respectively. The table and figure below summarize the ALOS and Bed Occupancy Rate (BOR).

St Mary's Hospital Lacor Annual Report FY 2021/22

Table 16: Hospital ALOS and BOR by ward in 2021/22

Department	Bed	Admissions	Bed State	ALOS	BOR
Pediatrics	112	6,407	37153	5.80	90.88%
Medicine	104	2,991	24861	8.31	65.49%
Surgery	166	4,230	50051	11.83	82.61%
Obs & Gyn	100	8,901	24844	2.79	68.07%
Total/Averag	482	22,529	136909	6.08	77.82%

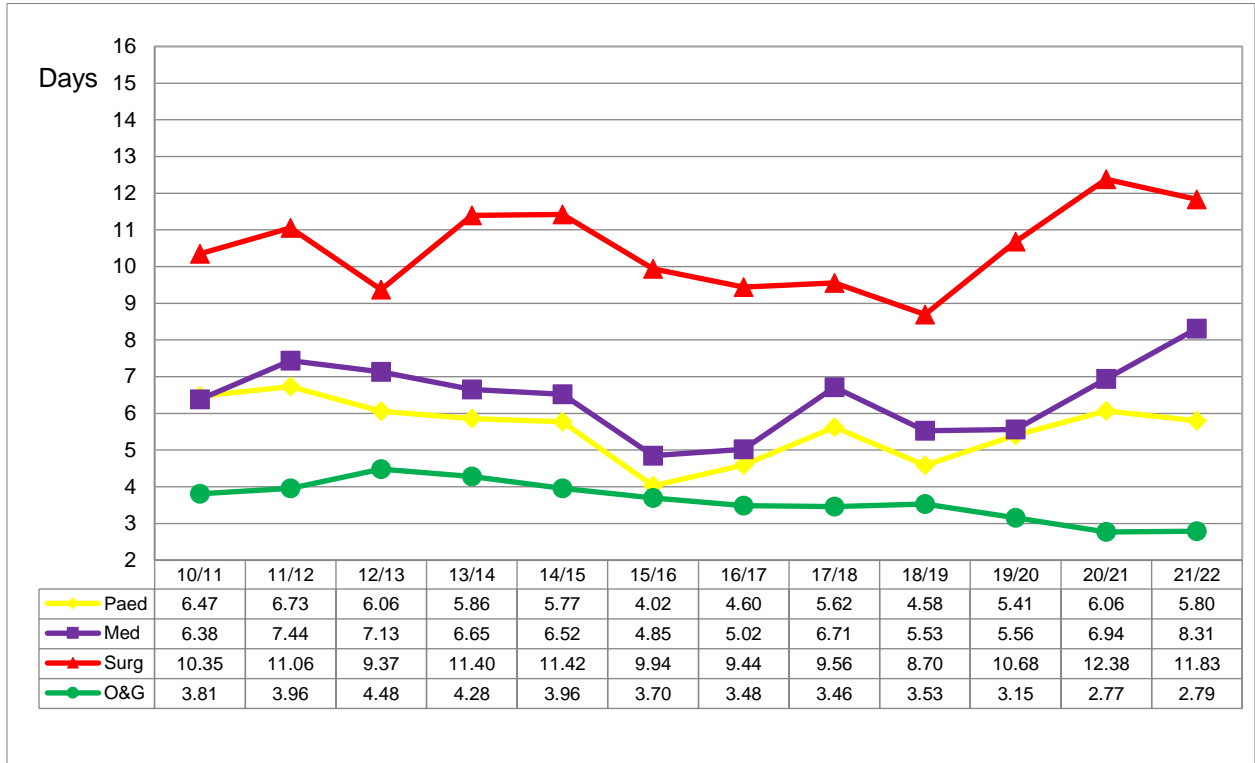


Figure 5: Variations in department specific inpatient ALOS – 2004/05 to 2021/22

St Mary's Hospital Lacor Annual Report FY 2021/22

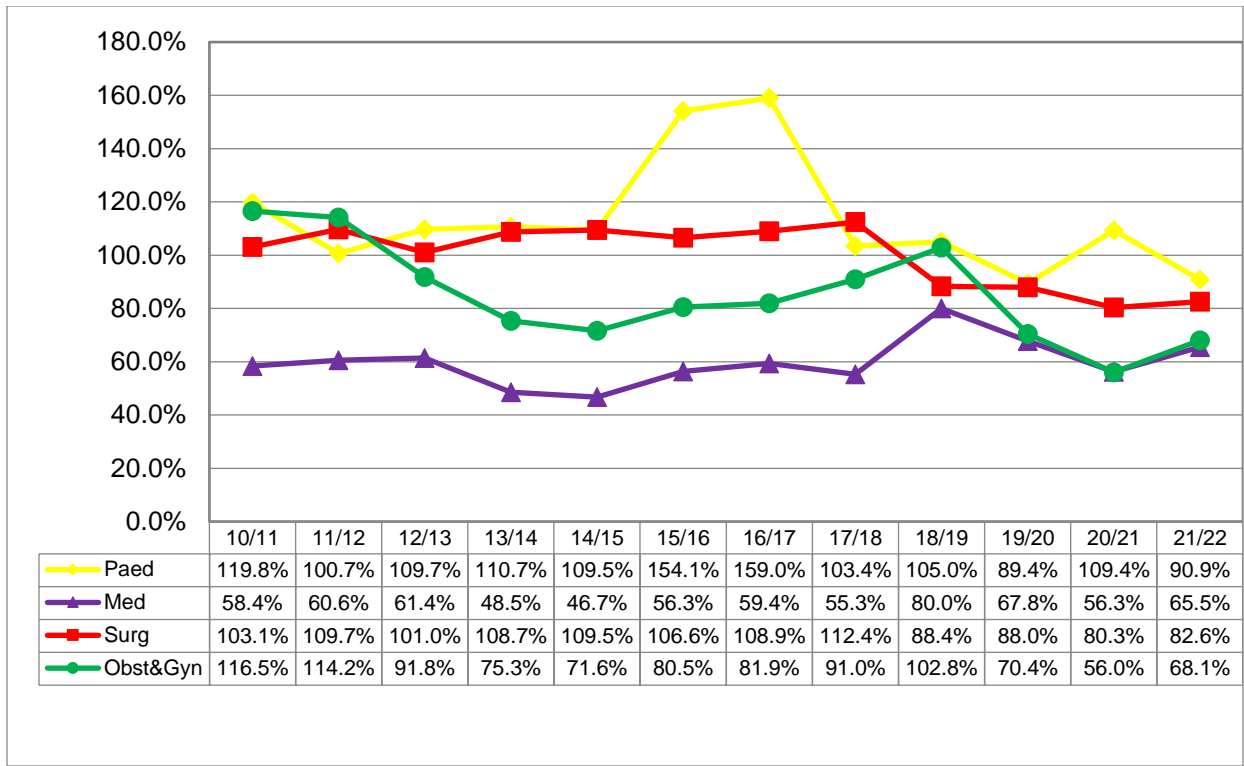


Figure 6: Variations in department specific BOR – 2010/11 to 2021/22

3.9 INPATIENT MORTALITY RATE IN THE HOSPITAL

The total number of deaths in the Hospital, this FY decreased to 1,062 (10.3%) from 1,184 observed in the FY 2020/21. Medical ward had the highest mortality at 13.1% which was mainly attributed to the increased number of deaths in the isolation unit. 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 7.4% (16) in mortality from the 217 deaths registered in the FY 2020/21. 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.

St Mary's Hospital Lacor Annual Report FY 2021/22

Table 17: Mortality in the different units in the various wards from 2020/21 to 2021/22

Ward	Unit	2020/21	2021/22	Variance
Surgery	Burns	26	2	-24
	Casualty	0	7	7
	ICU	217	233	16
	Trauma	6	6	0
	Surgery 1	59	42	-17
	Surgery II	53	47	-6
	Subtotal	361	337	-24
Medicine	Isolation	127	100	-27
	Medicine	317	282	-35
	Subtotal	444	382	-62
Children's	Main	284	238	-46
	Neonatal ICU	73	72	-1
	Subtotal	357	310	-47
Maternity	Maternity	16	21	5
	Gynecology	6	12	6
	Subtotal	22	33	11
Unspecified ward		0	0	0
Grand total		1,184	1,062	-122

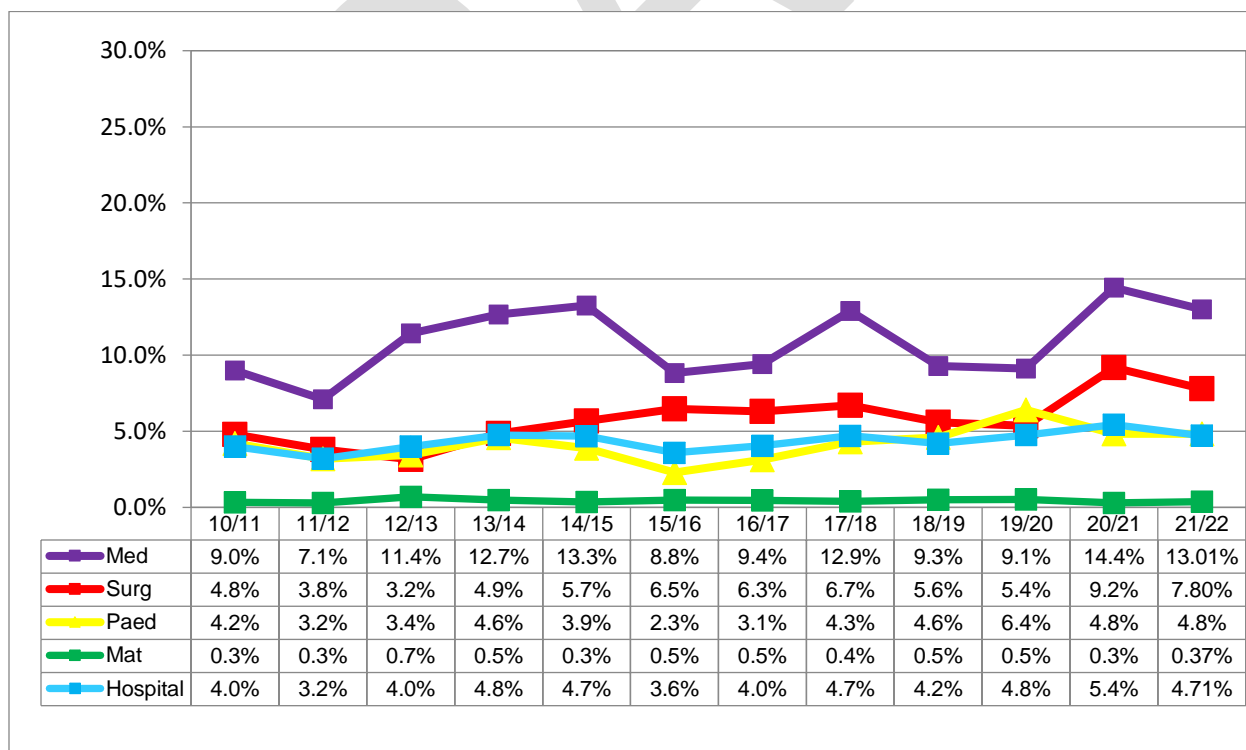


Figure 7: Variations in department specific Mortality 2010/11 to 2021/22

3.9.1 Leading causes of death in children admitted to the Hospital

Table 18: Leading causes of death in children FY 2021/22

No	Diagnosis (Multiple Diagnosis allowed)	No of Deaths	Percentage
1	Premature baby and Low birth weight	106	16.18%
2	Respiratory/pulmonary failure/distress	60	9.16%
3	Birth Asphyxia/apnoea of the newborn	45	6.87%
4	Malaria severe	44	6.72%
5	Heart failure/CCF/Cardiovascular	38	5.80%
6	Gastroschisis	33	5.04%
7	Anemia all types	32	4.89%
8	Pneumonia	24	3.66%
9	Malnutrition	23	3.51%
10	Septic shock/severe sepsis	17	2.60%
11	convulsion all type	12	1.83%
12	All Others	221	33.74%
	GRAND TOTAL	655	100.00%

Prematurity and Low birth weight were the leading causes of death in FY 2021/22. Respiratory distress, Birth Asphyxia/ apnoea of the new-born and Malaria make up the top 4 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 injuries all types including burns accounting for 8.85%, followed by heart diseases, stroke and cardiomyopathy at 8.03%, Pneumonia at 7.78%, septic shock/sepsis at 6.84% and Anaemia all types at 6.46% make up the top 5 causes of mortality among adults as summarized in Table 23 below.

Table 19: Most frequent causes of death in Adults FY 2021/22

No	Diagnosis (Multiple Diagnosis allowed)	No of Deaths	Percentage
1	Injuries, fracture & burns	141	8.85%
2	Heart diseases, stroke, Valvular and Cardiomyopathy	128	8.03%
3	Pneumonia	124	7.78%
4	Septic shock/severe sepsis	109	6.84%
5	Anaemia all types	103	6.46%
6	Respiratory Infection/distress/SARI	85	5.33%
7	Liver cirrhosis, hepatitis and liver diseases	76	4.77%
8	Severe Malaria	62	3.89%
9	Cancer, malignancies & tumors excludes liver cancers	52	3.26%
10	Encephalopathy all types	42	2.63%
11	Hypertension	31	1.94%
12	Diabetes all types	27	1.69%
13	All others	614	38.52%
	Grand Total	1594	100.00%

3.9.3 Summary of Hospital Mortality by Ward

Table 20: Summary of Hospital mortality by Ward – 2010/11 to 2021/22

	2010/1 1	2011/1 2	2012/1 3	2013/1 4	2014/1 5	2015/1 6	2016/1 7	2017/1 8	2018/1 9	2019/2 0	2020/2 1	2021/2 2
Medicine ward (General Med, TB & Isolation)												
Admissions	4,479	3,995	4,215	3,569	3,501	5,682	5,681	4,029	5,495	4,624	3,076	2,991
Total deaths	403	283	482	452	464	501	535	520	509	357	444	389
Mortality rate	9.00%	7.08%	11.44%	12.66%	13.25%	8.82%	9.42%	12.91%	9.26%	7.72%	14.43%	13.01%
Pediatric ward (Children ward, Nutrition & Neonatal)												
Admissions	10,271	8,325	8,063	7,723	7,761	15,656	14,039	7,523	9,363	6,761	7,374	6,407
Total deaths	432	267	277	354	302	359	440	325	432	377	357	310
Mortality rate	4.21%	3.21%	3.44%	4.58%	3.89%	2.29%	3.13%	4.32%	4.61%	5.58%	4.84%	4.84%
Surgical ward (Surgery I, II trauma, burns & ICU)												
Admissions	4,947	4,941	5,352	4,735	4,760	5,322	5,881	5,839	6,157	4,993	3,932	4,230
Total deaths	238	188	169	230	270	345	371	394	343	290	361	330
Mortality rate	4.81%	3.80%	3.16%	4.86%	5.67%	6.48%	6.31%	6.75%	5.57%	5.80%	9.18%	7.80%
Maternity ward (Obstetrics & Gynecology)												
Admissions	6,699	6,328	6,733	6,415	6,608	7,940	8,650	9,612	10,647	8,160	7,390	8,901
Total deaths	22	17	47	31	23	38	40	41	57	35	22	33
Mortality rate	0.33%	0.27%	0.70%	0.48%	0.35%	0.48%	0.46%	0.43%	0.54%	0.43%	0.30%	0.37%
All wards												
Admissions	26,396	23,589	24,363	22,442	22,630	34,600	34,251	27,003	31,662	24,538	21,771	22,529
Total deaths	1,095	755	975	1,067	1,059	1,243	1,386	1,280	1,341	1,063	1,184	1,062
Mortality rate	4.15%	3.20%	4.00%	4.75%	4.68%	3.59%	4.05%	4.74%	4.24%	4.33%	5.44%	4.71%

3.9.4 Summary of Hospital inpatient statistics

Table 21: Summary of hospital inpatient statistics/ activities FY 2021/22

Ward	Medicine	Pediatrics	Obs & Gyn	Surgery	Total / average
Number of beds	104	112	100	166	482
Admissions	2,991	6,407	8901	4,230	22,529
Bed days	24,861	37,153	24844	50,051	136,909
Occupancy rate	65.49%	90.88%	68.07%	82.61%	77.82%
Average length of stay	8.31	5.80	2.79	11.83	6.08
Number of deaths	389	310	33	330	1,062
Death rate	13.01%	4.84%	0.37%	7.80%	4.71%

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 Accidentand Emergency (A/E) department, the procedure rooms in the wards and POP rooms. The volume of majorsurgical operations has progressively risen, with drops observed in the FYs 2019/20 and 2020/21 consistentwith the COVID-19 pandemic. This FY-2021/22, 7,048 major operations were performed, however, this wasmore by 14.6% registered in the previous FY.

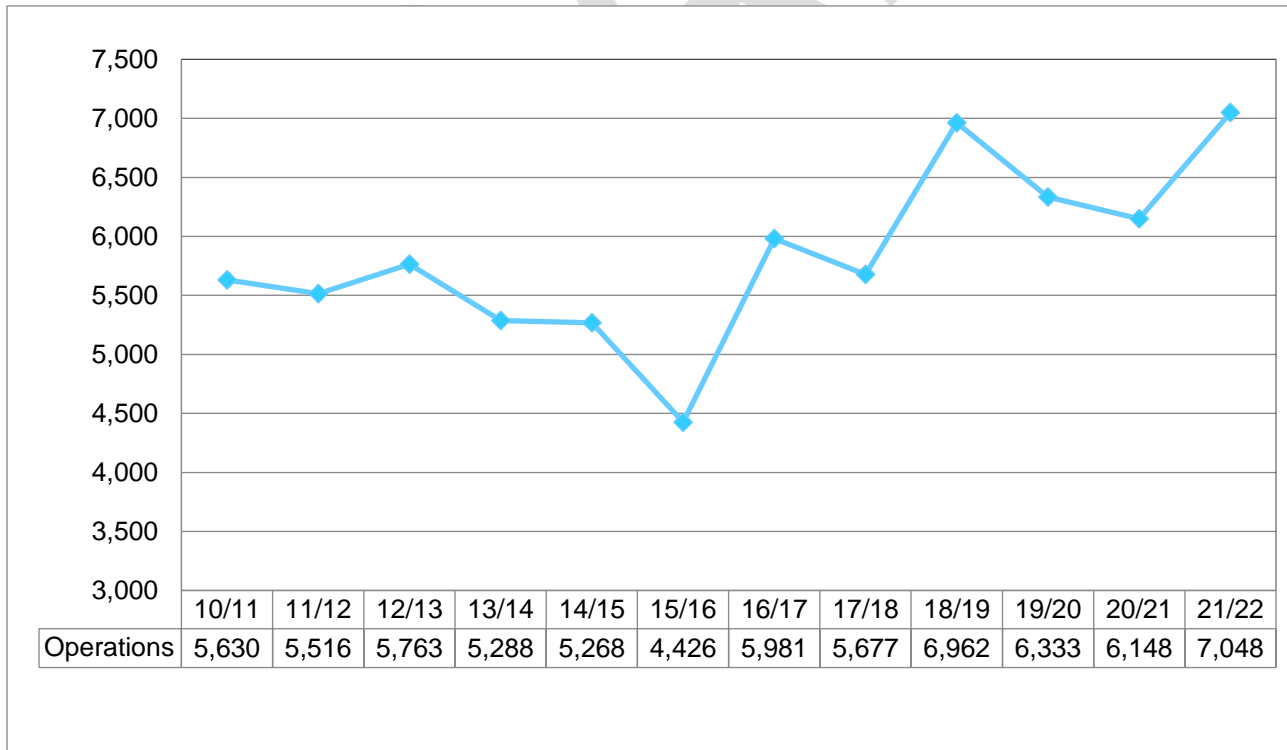


Figure 8: Trend of major surgical operations – 2010/11 to 2021/22

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 32,494 (11.4%) this FY from 29,170 in 2020/21. Both the hospital and health centres registered an increase in ANC attendance with the hospital having an increase as high as 20.9% (2,536) in ANC attendance and the health centres registered an increase in ANC attendance as summarized in the table below.

Table 22: Antenatal care in the Hospital and health units in FY 2020/21 and 2021/22.

ANC	2020/21	2021/22	Difference	% Variance
Hospital	12,162	14,698	2536	20.9%
Amuru	6,315	6,250	-65	-1.0%
Opit	4,439	4,607	168	3.8%
Pabbo	6,254	6,939	685	11.0%
Total	29,170	32,494	3324	11.4%

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.

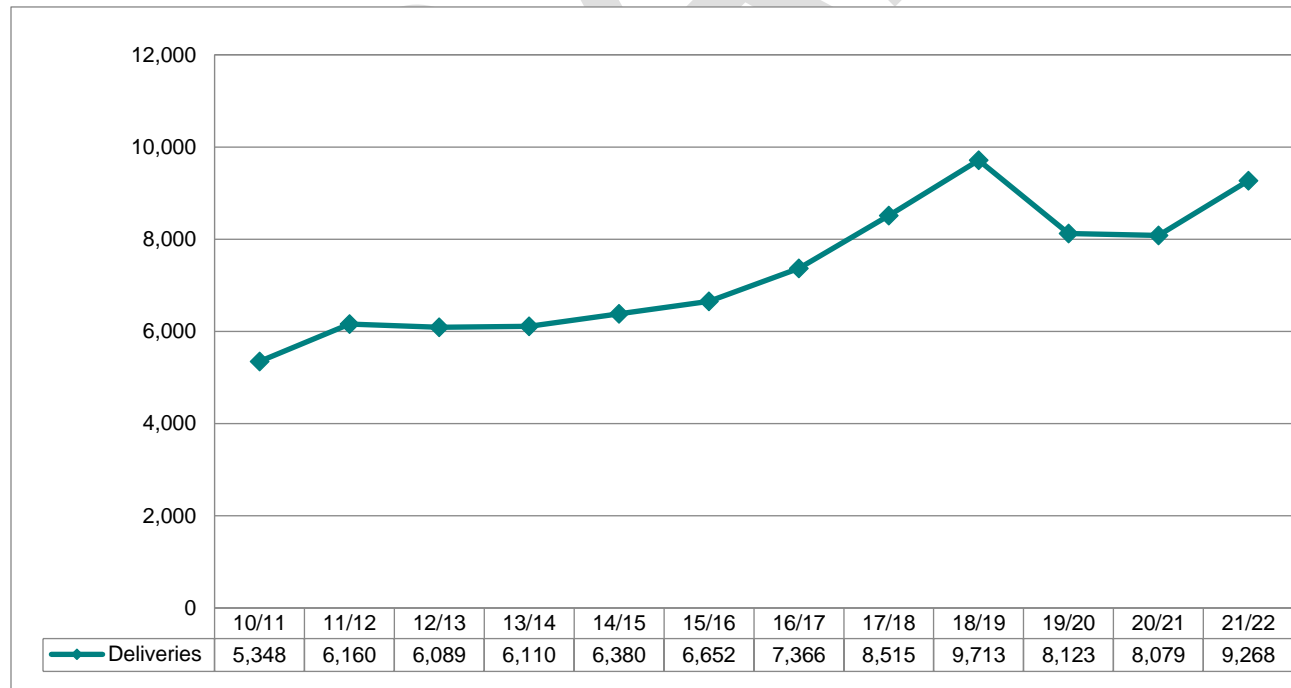


Figure 9: Trend of assisted deliveries – 2010/11 to 2021/22

This FY registered 9,268 deliveries, 14.72% (1,189) more than the previous FY possibly because of the reduction in Covid-19 pandemic with its associated challenges. At least a third (31%) of all the deliveries took place in the three health centres. The table below summarizes the deliveries in the hospital complex.

Table 23: Distribution of deliveries by location in 2020/21 and 2021/22

Deliveries	2020/21	2021/22	Difference	% Variance
Hospital	5,271	6,384	1113	21.1%
Health Centres				
Amuru	1,261	1,158	-103	-8.2%
Opit	603	758	155	25.7%
Pabbo	944	968	24	2.5%
Total Health Centres	2,808	2,884	76	2.7%
Total	8,079	9,268	1189	14.7%

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 births². The next table and figure present the trends of maternity services in Lacor Hospital.

Table 24: Summary of Maternity services, FY 2013/14 to 2021/22.

Statistic	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22
Total deliveries	6,110	6,380	6,652	7,366	8,515	9,713	8,123	8,079	9,268
Deliveries in HCs	2,195	2,148	2,033	2,355	2,539	3,024	2,666	2,808	2,884
Number of C/Sections	1,003	1,105	1,253	1,230	1,580	1,857	1,623	1,710	2,398
C/Section rates	16.4%	17.3%	18.8%	16.7%	18.6%	19.1%	20.0%	21.2%	25.9%
No. of Maternal deaths	10	11	17	30	23	32	28	28	36
MMR* /100,000	165.6	173.0	257.3	412.7	273.9	335.1	343.4	349.7	393.8
Number of live births	6,038	6,357	6,607	7,269	8,397	9,547	8,154	8,006	9,142
Number of still births	173	163	154	162	128	247	208	187	197
Still birth rate: (per 1,000 deliveries)	28.3	25.5	23.2	22.0	15.0	25.4	25.6	23.1	21.5

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.

St Mary's Hospital Lacor Annual Report FY 2021/2022

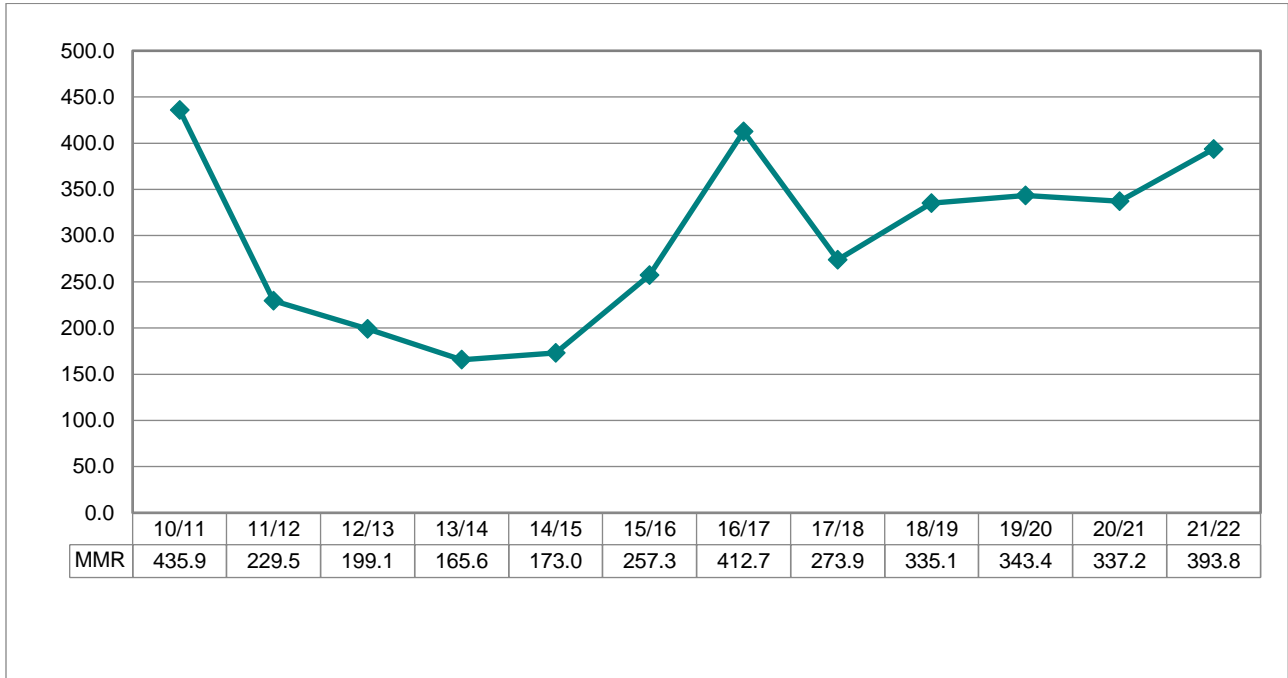


Figure 10: Trend of MMR 2010/11 to 2021/22

3.11 DENTAL SERVICES

This FY registered an increase of 4.46% (319) 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 7,473 interventions this FY 2021/22. Maxillofacial operations are not included here.

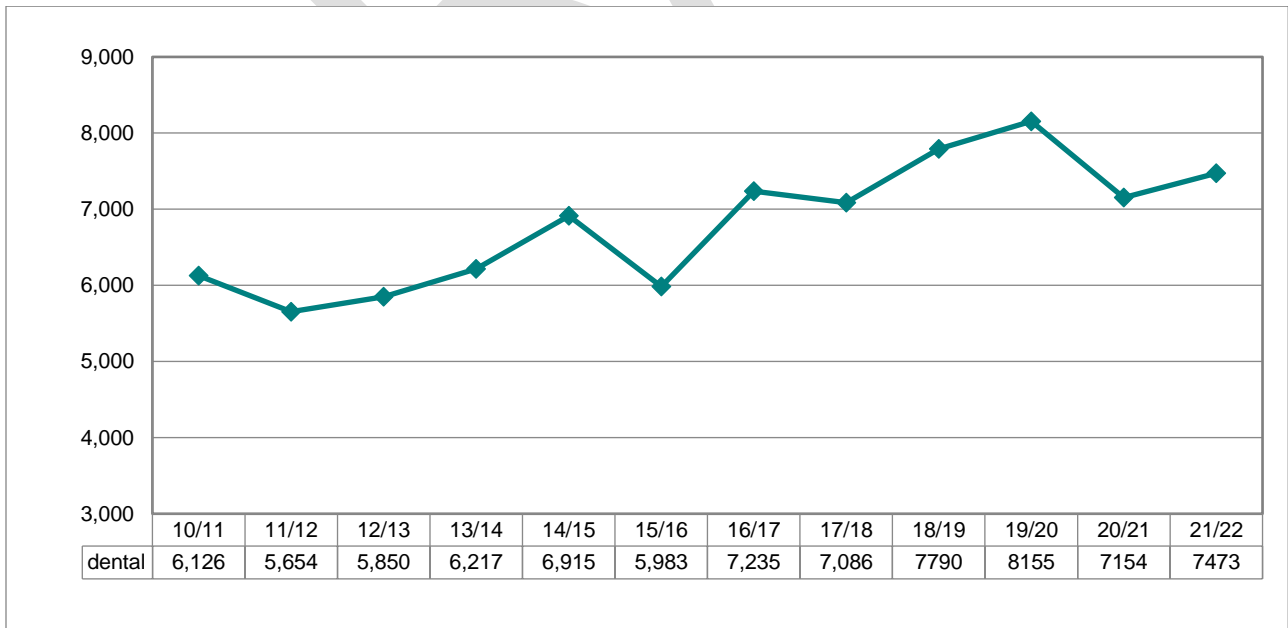


Figure 11: Trend of dental treatment 2010/11 to 2021/22

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 5.09% (20,575) 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 25: Number of Laboratory tests performed FY 2013/14 to 2021/22.

FY	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Hospital	237,506	244,039	384,642	480,210	306,522	457,666	408,131	324,104	306909
HCs	54188	76,503	102,539	61,600	81,536	86,488	83,835	79,767	76387
Total	291,694	320,542	487,181	541,810	388,058	544,154	491,966	403,871	383,296

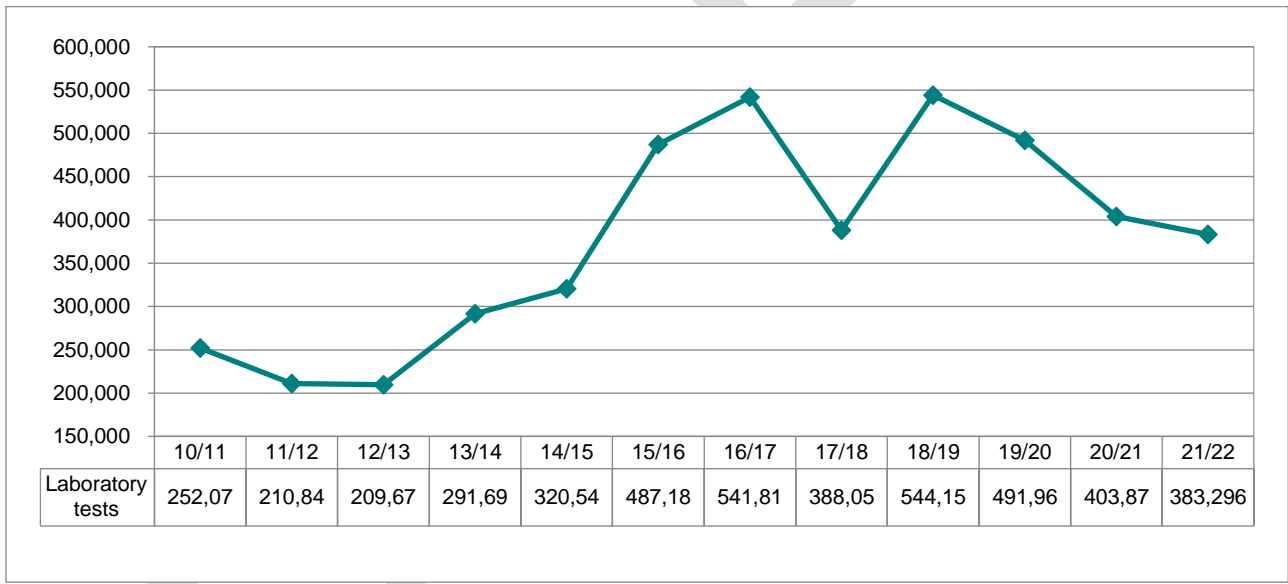


Figure 12: Trend of laboratory tests 2010/11 to 2021/22

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 2021/22, radiology department recorded an increase of 1.8% 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 decrease in US examinations may be attributed to increase number of US machine within the nearby health facilities for radiological examinations. X-ray recorded an increase of 13.1% this FY. Mainly attributable to the high cases of Road Traffic Accident.

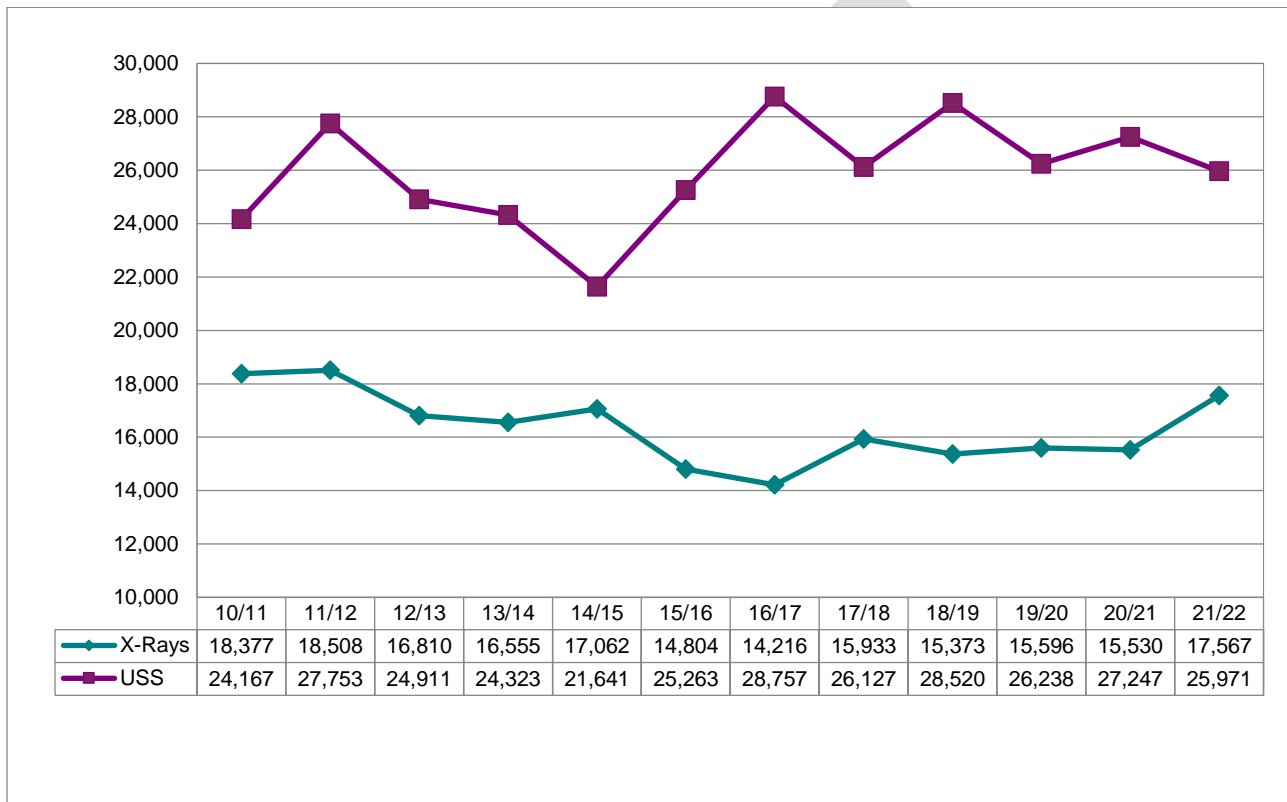


Figure 13: Trend of Radiological examinations 2010/11 to 2021/22

3.14 PHYSIOTHERAPY AND ENDOSCOPY SERVICES

Endoscopy and physiotherapy are two other specialized services offered by the hospital. This FY 2021/22, 453 endoscopic examinations were performed and 4,309 physiotherapy sessions were carried out. There was a slight decrease of 2.6% (114) on physiotherapy, while endoscopy recorded a significant increase of 1410% (423) this FY. Endoscopic machines was fully functional.

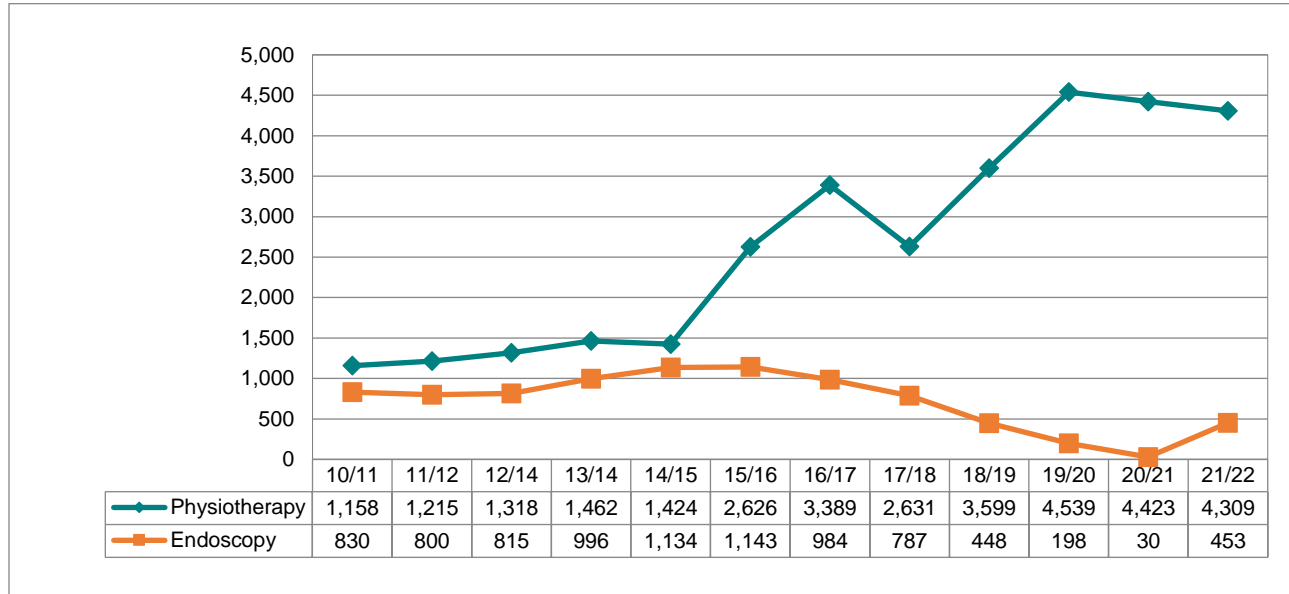


Figure 14: Trend of Physiotherapy and Endoscopy 2010/11 to 2021/22

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 26: Trends of immunization activities 2013/14 to 2021/22.

Antigen	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22
BCG	6,704	6,646	7,883	8,623	9,787	9,881	8,641	8,688	8,429
Polio	18,550	21,020	23,326	25,793	29,916	26,627	26,680	26,613	26,503
DPT/Hib/HepB	12,487	15,037	16,940	16,816	19,348	17,418	14,579	14,821	13,920
Measles	3,688	3,555	4,911	5,051	4,972	4,498	4,400	4,150	4,161
Tetanus tox.	17,865	20,941	16,375	15,542	15,424	14,027	13,871	15,375	15,544
PCV		1,397	15,847	14,592	18,002	16,695	14,984	14,630	14,464
HPV		-	1,058	2,975	4,348	1,236	2,027	1,223	915
Hep.B-adults		-	4,109	8,704	1,874	1,534	249	61	26
Rotavirus		-	-	-	805	11,341	9,122	9,873	8,593
COVID-19								2,315	
Total	59,294	68,596	90,449	98,096	104,476	103,267	94,553	97,749	92,555

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 2020/21. 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 27: Services delivered to paralyzed patients in FY 2015/16 to FY 2021/22

Type of care	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Community based care	46	44	42	42	40	44	42
OPD care in Hospital	58	80	43	51	60	44	21
Admissions	5	47	48	46	42	36	41
Home/community visits	1,482	1,465	1,229	1,273	787	0	69

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 2.7% (416) increase in the number of PHC activities performed, totalling to 15,615 down from 15,199 sessions in FY 2020/21.

Table 28: PHC Outreach activities in FY 2016/17 to 2021/22

Nature of activity	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Immunization outreaches	59	66	102	113	75	80
Home visits	162	224	194	100	200	0
School health	40	48	40	16	7	14
Voluntary counselling and testing outreaches	38	39	89	129	78	72
Health education outside hospital	132	141	101	258	75	136
Health education within the Hospital	10,459	11,499	14,144	15,061	14,769	15,313

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 29: Ambulance service - 2021/22

Trips Covered	No of Trips	No of Trips	No of Trips	No of Trips	No of Trips	No of Trips	Total
	Amuru	Pabbo	Opit	Community	Aber	Mulago	
Mothers	242	76	61	14	29	48	470
Children	131	61	43				235
Adult	100	47	35				182
Total	473	184	139	14	29	48	887

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.

DRAFT

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. Thirty-three mothers were taken care of this FY, a number less than 46 of last FY. Most of them have had safe delivery in the hospital.

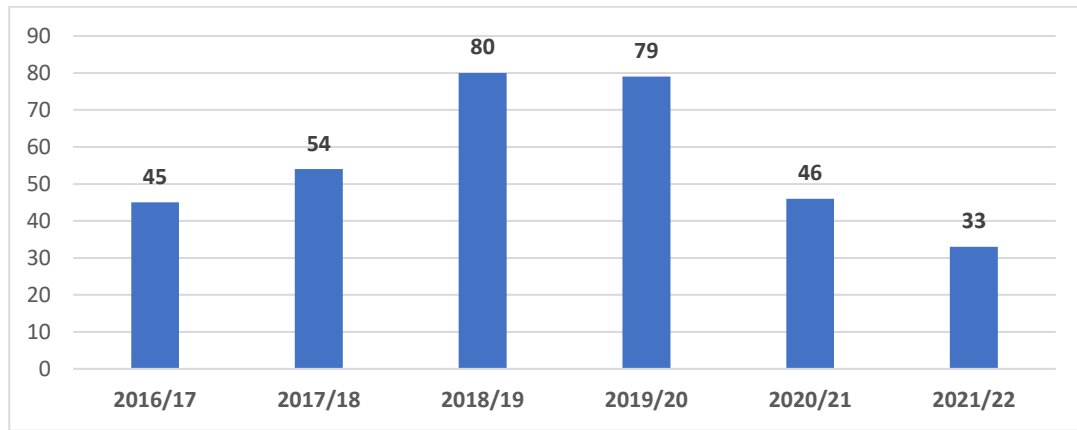


Figure 15: Mothers attended to maternity waiting home (Gang Pa Min Atim)

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

St Mary's Hospital Lacor Annual Report FY 2021/2022

(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 30: 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.

DRAFT

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.

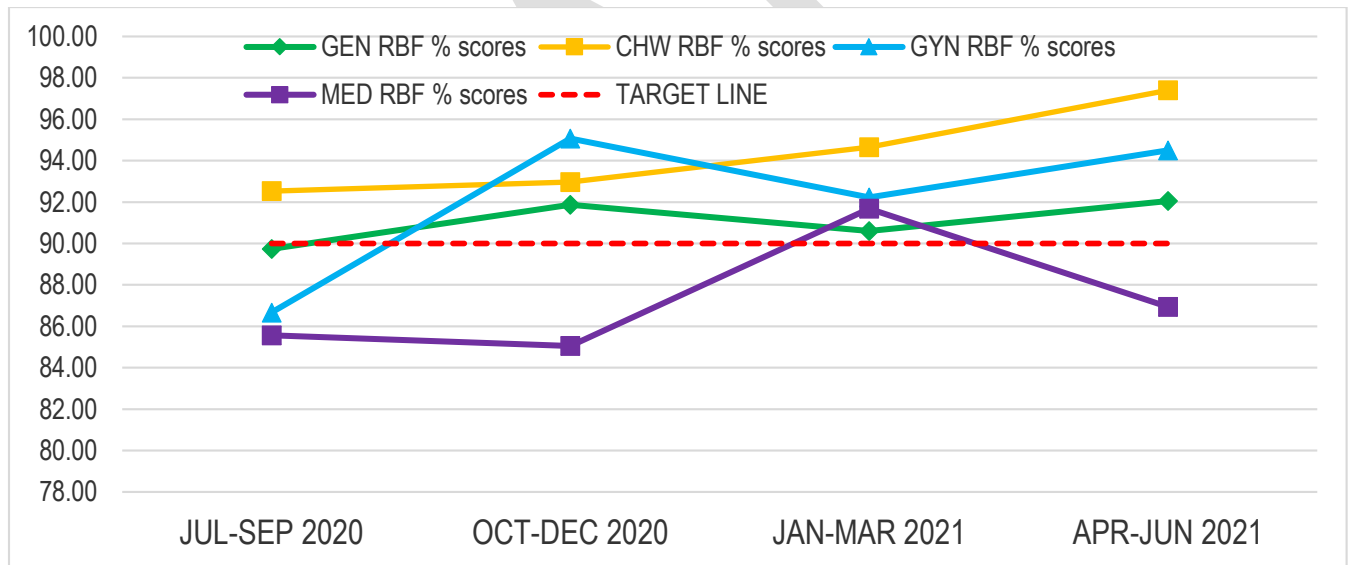


Figure 4.1 Quarterly quality scores, Lacor hospital

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 31: 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 providers, 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 all health facilities and medical centres within the districts of Gulu, Amuru, Omoro, Nwoya and Gulu City. The Health Units include; Lacor Hospital, Gulu Regional Referral Hospital, Gulu Independent Hospital, Military Hospital, Anaka Hospital and TASO Gulu Centre. All the private medical centres and clinical or pathology laboratories are also visited to extract cancer data. Patients who might have been referred directly to Mulago and other Medical Facilities in Kampala are also followed up to have their information extracted and merged

at the Gulu based cancer registry. It uses a database called CanReg 5 software from World Health Organization for the data entry, cleaning, analysis and reporting. To date over 4,008 cancer cases for 2013 to 2022 have been registered into the database for the four districts in Acholi Sub region. Top five female cancers include; Cervical Cancer 39.5%, Breast 17.5%, Non-Hodgkin's Lymphomas 6.7%, Liver 5.3%, and Ovarian Cancers 2.9%. In males the commonest cancers are; Prostate 18.7%, Oesophagus 16.4%, Non-Hodgkin's Lymphomas 10.5%, Liver 10.4% and Kaposi's Sarcoma 4.7%. In Children, the top 3 cancers are; Lymphomas 49.5% where Burkitts type account for more than 80% of the Childhood Lymphomas, Malignant Renal Tumours 17.4% and Bone Tumours 13.8%. Data from Gulu and Kampala Cancer registries has helped to improve on estimating the cancer incidence and burden in Uganda. Consequently, more targeted intervention such as Cervical Cancer Screening, Breast Self-Examination and cancer prevention education programs have been intensively provided to the community members of Northern Uganda and beyond.

4.6 SUPPORT FOR CHILDREN WITH CANCER

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 nutrition and accommodation to children with cancers and their caregivers, running the 'Rainbow home' at lacor hospital. There is also psychosocial support and education for children while on chemotherapy at the hospital. There are also awareness and screening activities for cancer in the Acholi subregion and beyond.

St Mary's Hospital Lacor Annual Report FY 2021/2022

Table 32: 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)

St Mary's Hospital Lacor Annual Report FY 2021/2022

75)									
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 has been fairly stable at Lacor Hospital in this period under review due to the Covid-19 pandemic which affected many institutions forcing some to close or down-size. Otherwise previously before the pandemic struck, more workers would leave to join positions with other NGOs and the public sector as staff demand by other health institutions is high.

Due to the low to moderate staff turnover, Lacor Hospital routinely replaces those who leave. The hospital had an attrition rate of 5.9% (43) in FY 21/22. compromising the operations of many would be prospective employers. On the other hand, the hospital recruited 64 new staff mainly as replacements but also additionally to boost the newly created Covid-19 ward. The low attrition was due to raging Covid-19 pandemic which affected not only school programmes for those who had intentions to upgrade but also the capability of other institutions to actively recruit. The cadres of staff with the highest movement are the enrolled nurses/midwives followed by the Allied health group. The more senior cadres like registered nurses and medical specialists tend to be more stable.

By the end of FY 2021/22, the hospital complex had a total of 698 employees including those on hospital sponsorship for further studies (12). These figures do not include the 39 *Interns (doctors, nurses and pharmacists)* as well as the 90 *builders on short-term contracts*. The figure and table below summarizes the number of employees over the years and the staff movements in FY 2021/22.

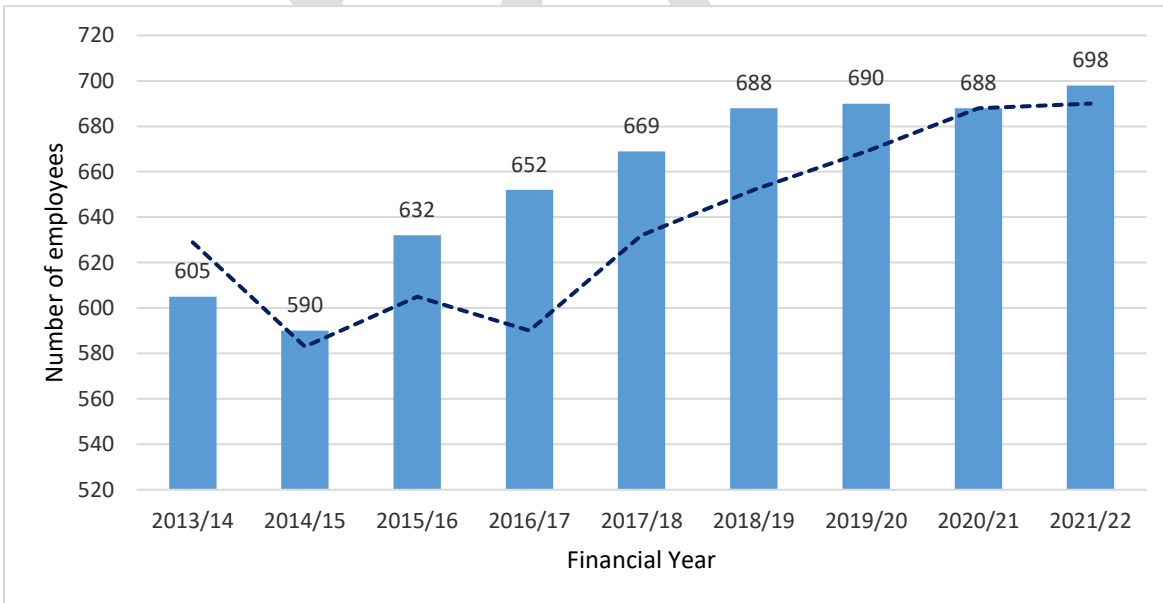


Figure 5.1: Number of employees over the past years

Table 5.2: Staff movements – 2021/22

St Mary's Hospital Lacor Annual Report FY 2021/2022

Movement of Staff by cadres 2021/22	Total Lost by 30/06/2022	Total Recruited by 30/06/2022	Total as at 30/06/2022
Medical Specialists and Consultants, Medical officers, Dental Surgeons, Pharmacists	9	13	45
Tutors and clinical instructors	01	08	24
Clinical, public health dental, orthopaedic officers	02	01	15
Anaesthetic officer, radiographers, sonographers, occupational therapists, pharmacy technicians	05	09	18
Lab Scientists, technologists and technicians	01	00	14
Lab assistant and attendant	00	00	05
Bsc. Nurses, Registered nurses and midwives	03	03	104
EN, EM, Theatre Assistants, Pharm Assistants & H.Educ.	14	25	124
Nursing assistants and physiotherapy assistants	01	00	44
Nursing aides	00	00	76
Administrative staffs, Matron's Office	04	03	79
Technical staff + Drivers	00	01	48
Others	03	01	129
Builders on short-term Contract	00	00	90
Total Staff on study leave on hospital sponsorship 2021/2022 only	00	00	12
TOTAL STAFF EXCLUDING SPONSORSHIP	43	64	815

- The Senior Nursing Officers are part of Administration staff.
- All the sponsored employees except those for weekend don't form part of the total staff. If they are counted, the total rises to **698**

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.

As stipulated in the *Human Resource Employee Manual*, working hours for all staff shall not exceed 45hrs per week. However, doctors do not neatly fit into this category as they periodically do night calls on rotational basis. The hospital has a *Human Resource Employee Manual* that is used to guide Management on how to handle employee-related issues. This is used alongside the Employment Act of Uganda in case of any contradictions. Lacor Hospital has a fairly good range of incentives for its staff as a retention measure. First and foremost, there is the strict adherence and compliance to employment and other related laws that ensure continuity of employment. Other pertinent incentives include provision of accommodation to key personnel within the Hospital or payment of a housing subsidy for those commuting from outside, access to free water for those accommodated as well as highly subsidized electricity and a stand-by generator for lighting in case of power outage.

There are also prospects for sponsorship in relevant fields, Continuous Professional Development for all medical personnel, prompt payment of salaries with access to 30% of the salary as an advance, access to heavily subsidized healthcare to the staff, spouse, parents, children and dependents up to a total number of 5 and *up to the age of 18 as per the revised Human Resource Employee Manual 2021*.

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

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

5.3 COMPREHENSIVE PACKAGES OFFERED TO LACOR HOSPITAL STAFF

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

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

5.4 HUMAN RESOURCE DEVELOPMENT

In the 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 current Strategic Plan 2017-2022

has, as its first objective 'Providing Sustainable Quality Care in a Humane and Supportive Environment'. This has seen an all-staff involvement in the roll-out of the Strategic Plan followed up by on-going 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. Despite the challenges imposed by the pandemic however, the hospital managed to send 12 staff for upgrading in the FY 2021/22 as shown in the table below:-

Table 5.3 Hospital sponsorship as of 30th June, 2022

Course	Cadre of staff	Duration of training (years)	No. sent for training
Diploma in Midwifery	EM	18 months	3
Diploma in Nursing	EN	18 months	5
Diploma in Med. Radiography	EN	3	1
Bachelor of Science-Nursing	RN	3	1
MMED (OBs Gyn, Emergency Medicine)	MO	3	2
TOTAL			12

DRAFT

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.

CATEGORY	2015/16	2016/2017	2017/2018	2018/19	2019/2020	2020/2021	2021/2022
Certificate in Nursing	70	64	85	68	69	70	82
Certificate in Midwifery	40	42	54	30	42	46	48
Diploma in Nursing	24	22	31	31	35	25	29
Diploma in Midwifery	00	18	17	20	10	09	13
Certificate in Theatre	00	14	23	27	23	22	18
Certificate Med Lab	42	00	23	23	34	29	24
Diploma Med Lab	46	23	19	13	15	06	13
Total	222	183	252	212	228	207	227

Table 33: Students enrollment from FY 2015/16 to 2020/22.

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 34: Student population at Lacor Health Training Institutions.

Program	Year of study	Male	Female	Total
Certificate in Nursing	Yr.1.Sem.1	30	52	82
	Yr.2.Sem.1	22	44	66
	Yr.2.Sem.2	24	45	69
Sub-total		76	141	217
Certificate in Midwifery	Yr.1.Sem.1	00	48	48
	Yr.2 Sem.1	00	45	45
	Yr.2.Sem.2	00	44	44
Sub - total		00	137	137
Certificate in Medical Theatre Technique	Yr.1.Sem.1	10	08	18
	Yr.2.Sem.1	13	09	22
	Yr.2.Sem.2	14	07	21
Finalist April 2022				
Sub -Total		37	24	61
Certificate in Medical Lab. Technique	Yr.1.Sem.1	20	04	24
	Yr.2.Sem.1	25	04	29
	Yr.2.Sem.2	30	04	34
Finalist April 2022				
Sub-Total		75	12	87
Diploma in Nursing Finalist June 2022	Yr.1Sem.1	14	15	29
	Yr.2.Sem.2	08	14	22
Sub-Total:		22	29	51
Diploma in Midwifery Finalist June 2022	Yr.1.Sem.1	00	13	13
	Yr.2.Sem.2	00	09	09
Sub-Total:		00	22	22
Diploma Medical Lab. Technique	Yr.1.Sem.1	08	03	11
	Yr.2 Sem.1	04	02	06

St Mary's Hospital Lacor Annual Report FY 2021/2022

	Yr.2.Sem.2	12	03	15
	Yr.3 sem.2	06	04	10
Sub-Total:		30	1 2	42
Post Basic Diploma in Anesthesia	Yr.1.Sem.1	11	04	15
	Yr.2 Sem.1	09	03	12
	Yr.2.Sem.2	05	04	09
Sub-Total		25	11	36
Grand Total:		265	388	653

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 in 2018/2019 is due to concerted effort between the schools and the hospital.

Table 35: Key performance Indicators for faithfulness to the Mission for Lacor Schools.

	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Access	89%	93%	92%	93%	69%	69%	73%
Equity	2,139,178	2,872,053	2,347,663	3,168,538	3,054,294	1,829,292	2,463,759
Efficiency	2,149,405	2,525,899	1,956,829	3,358,789	3,820,749	3,122,811	3,396,947
Pass Rate	96%	95%	95%	91%	100%	98%	96%
Quality*	1:48	1:42	1.42	1.48	1:50	1:46	1:55

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: \approx 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 m³ / 650 kg per cycle
- Wastewater treatment system: 2 x Pre-Treatment Unit pools, 200 m³ each; 4 stabilization ponds with total capacity 6,750 m³; 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 2021/20/22

The technical department has been implementing various projects and works in the FY 2021/22: 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.

1. Fire responses for fires in the hospital and in the surrounding community (Lacor fire brigade)
2. Service of all fire extinguishers in the hospital
3. Extraordinary major maintenance of UPSs, Washing machines, Power Factor compensator; Main transformer; Water tanks; Incinerator; All hospital beds; Borehole pumps
4. Replacement of 200m 4x50mm² cable damaged by third-party company
5. Replacement of the main power transfer switch of the hospital with a new automatic unit (2000A)
6. Installation of new main distributors for PV in the main control room and Maternity control room
7. Installation of voltage regulators in all health centres
8. Increase of waste segregation and recycling of plastics in all hospital wards
9. Started extraordinary major renovations of the three HCs
10. Provision of continuous trainings to the health operators about correct usage of biomedical machines
11. Replacement of mosquito nets in most buildings
12. Full renovation of staff village houses and several apartments
13. Completion of Oxygen plant production and distribution project, with extension of the supply to Maternity
14. Remodelling of main pharmacy (still ongoing)
15. 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
16. Installation of an additional 50kWp PV system
17. Planted 25 hectare of eucalyptus in hospital acquired land in Amuru District (Kaladima)
18. 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 O₂ 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 m³) 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 m³. 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 2021/22 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 40 provides more details about the expenditure related to diesel generators.

Table 36: 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 37: 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 38: 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).

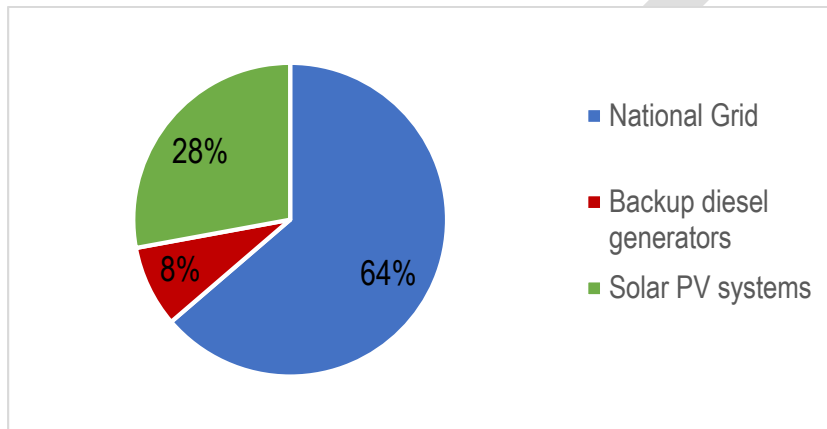


Figure 16: Power consumption share from different sources

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.

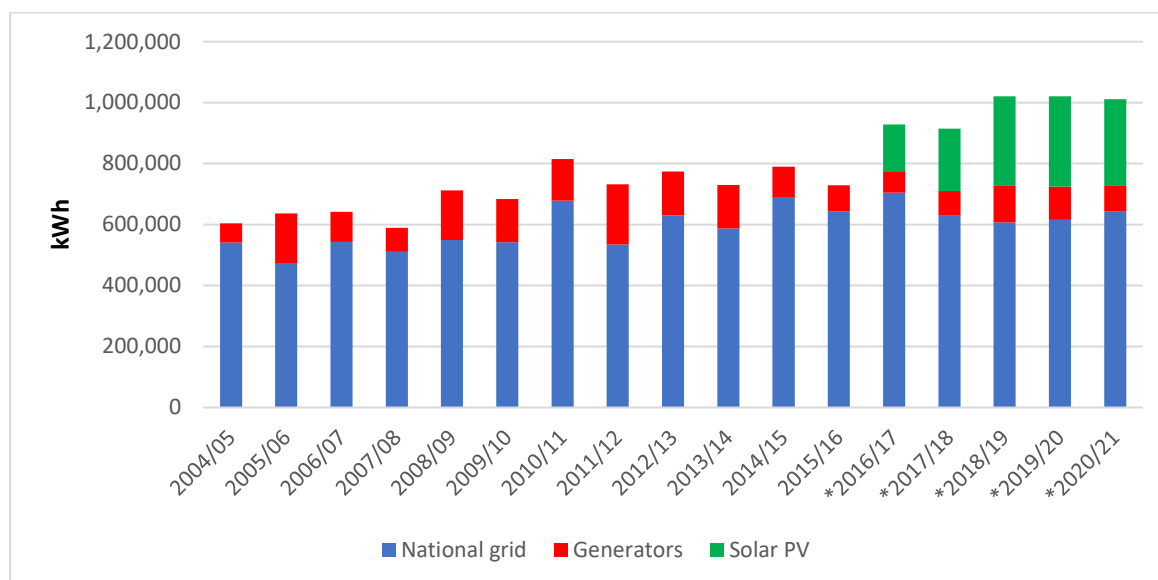


Figure 17: Electricity consumption over the years

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 39: 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).

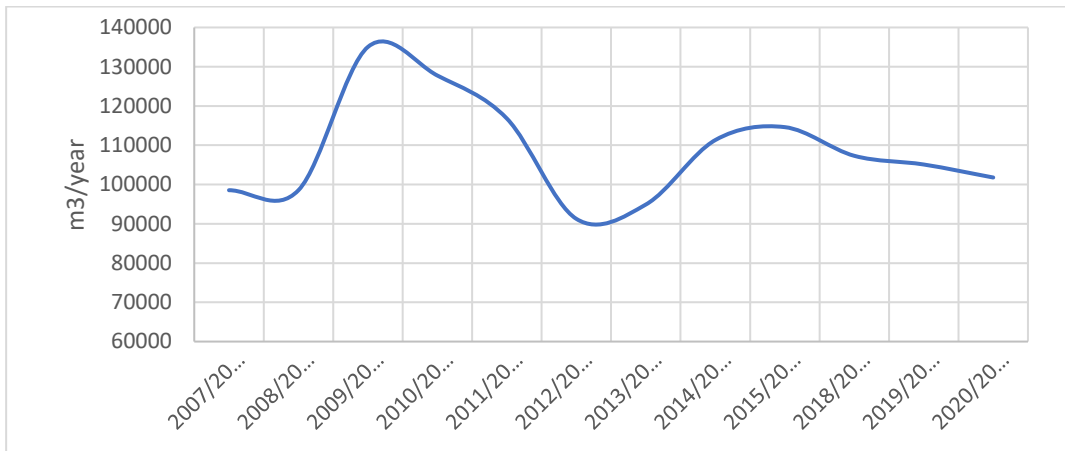


Figure 18: Figure 7.3: Water consumption over the years

DRAFT

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 2021/2022 increased by 5.7% (1.4 billion) from UGX 24.8 billion (2020/21) to UGX 26.25 billion (2021/22). The breakdown of recurrent costs is illustrated in **Table 8.1**

Personnel costs account for the largest expenditure (38.74%), with an increase by 5.63% compared to the last FY. Medical items (34.21%), including medical drugs, sundries and Lab and X-Ray items, are the second largest expenditure, with an increase of 9.10% over the previous year. Generic items (7.98%), which includes food, stationery, and cleaning materials, increased by 13.97%. Property expenses decrease by (12.75%).

Table 40: Recurrent Costs FY 2021/22 compared to previous FY

	2021/2022 (UGX '000)	Percentage	2020/21 (UGX '000)	Difference	Diff. %
Personnel	11,180,672	38.74%	10,585,167	595,505	5.63%
Medical Items and services	9,872,907	34.21%	9,049,823	823,084	9.10%
Generic Items	2,304,844	7.98%	2,022,300	282,544	13.97%
Transport expenses	545,586	1.90%	682,343	-136,757	-20.04%
Property expenses	1,515,235	5.25%	1,736,609	-221,374	-12.75%
Administrative expenses	831,659	2.88%	754,746	76,913	10.19%
Total Recurrent Costs	26,250,903		24,830,988	1,419,915	5.72%
Depreciations	2,169,080	7.52%	2,182,014	-12,934	-0.59%
Other gains and losses*	440,225	1.52%	447,655	-7,430	-1.66%
Total Expenditures	28,860,208	100.00%	27,460,657	1,399,551	5.10%

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

The increase in Personnel costs were due to increase in Interns salaries, by 278 million UGX, increase in School Sponsorships, due to the end of the lockdown (164 million UGX), and to the increment in risk allowances for staffs working with Covid patients (139 million UGX increase).

The increase in Medical Items costs is partly due to a generalize increment in the quantities consumed of certain drugs (for example anesthetics and muscle relaxant drugs for Operating Theatre), as well as price increases connected with drug shortages in the country during the lock down. On top of that, there was a

marked increase in the use of gloves and face masks (230 million UGX increase), as well as new bedsheets and mattress covers (180 million UGX).

The increase in Generic items is due to the increase in the consumption of cleaning materials (103 million UGX), as well as food (90 million UGX) for the Schools which reopened after the end of the lockdown.

The reduction in the Transport expenses is due to the decrease in costs for shipment of Containers from Italy, while the reduction by 221 million UGX in property Expenses is due to a reduction in ordinary maintenance due to the fact that the Technical Department has focused more on extraordinary maintenance, which is capitalized and is not included among the running costs.

Finally, administrative expenses increased mainly due to increased registration fees for the schools.

Out of the total expenditures of UGX 28,860,208,000, the Expenditures for the Schools were UGX 2,163,280,000, while the expenses for main Hospital (Schools excluded), were UGX 26,696,928,000.

8.3. LACOR HOSPITAL INCOME

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

Table 41: Source of funds for recurrent costs

Financing of recurrent costs	2021/22 (UGX '000)	% of total	2020/21 (UGX '000)	Difference	Diff. %
Patient charges	5,897,722	20.44%	5,430,008	467,714	8.61%
Hospital school fees	2,215,509	7.67%	1,448,555	766,954	52.95%
Uganda Government	1,169,881	4.05%	1,086,965	82,916	7.63%
Other Local Revenues	280,334	0.97%	347,603	-67,269	-19.35%
Total Local Revenues*	9,563,446		8,313,134	1,250,312	-15.04%
Donors	17,127,682	59.35%	16,965,512	162,170	0.96%
Total recurrent revenue	26,691,128		25,278,643	1,412,485	5.59%
Amortization of deferred capital contributions**	2,169,080	7.52%	2,182,014	-12,934	-0.59%
Total revenue	28,860,208	100.00%	27,460,657	1,399,551	5.10%

*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.

Despite of the pandemic, and thanks to its donors, the Hospital was able to continue to highly subsidize the patients without raising its fees. The total patient charges collected were US\$ 5.9 billion, US\$ 467 million higher than last year, representing 22% of the total Hospital expenditures (UGX 26,696,928,000, Schools excluded). The overall subsidy for the patients was therefore 78%. Mothers and children, as well as patients

with chronic diseases, continue to pay reduced fees, while those in destitute financial position have their fees waived off as necessary.

8.3 CAPITAL DEVELOPMENT

Investment for capital development in 2021/22 amounted to UGX 1.66 billion. All these investments were financed by donors. Of these, UGX 343 million for new Hospital and Clinic Equipment, UGX 194 million for Computer Equipment, UGX 152 million for new vehicles (including a new Lorry), and UGX 954 million for work in progress (mainly for new staff housing).

8.4 INSURANCE AUDITING AND PROCUREMENT

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

- timeliness of financial reporting
- need for independent reviews of journal entries and system trail mechanism
- some inventory controls to be improved
- gaps in the cash collections, processing of refunds, and approval of cash refunds
- gaps in accounting-for and management of fixed assets

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 last year are still being worked upon.

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

CHAPTER 9

HOSPITAL GOVERNANCE AND MANAGEMENT

9.1 LACOR HOSPITAL GOVERNANCE AND MANAGEMENT

9.1.1 The hospital statute

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.

DRAFT

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 3 rd 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 <i>Work Improvement Team</i> to resolve issues/gaps identified. The teams have requested for further training MOH/ENABEL RBF (Enabling Health in Acholi) 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.	
<p>a) Preserve core services</p>	<p>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,</p>
<p>b) Provide protected services to selected group of patients</p>	<p>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.</p>
<p>c) Provide support to patients suffering from Chronic diseases</p>	<p>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</p>

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	<p>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.</p> <p>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)</p> <p>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</p> <p>Staff attrition Within acceptable range <10%; replacement recruitment ongoing Strategic Plan Issue</p> <ul style="list-style-type: none"> ❖ 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	<p>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)</p> <p>Under Training: Anaesthetic officers (6), Critical Care Nurses (10) (MoH sponsorship)</p>

Succession Plan
<p>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</p>

Priority Capital Development
<p>1.Accomplished: Essential equipment identified in Strategic plan has been bought; Patient monitors, washing machine, Lab remodelling, trauma ward establishment, Solar installation</p> <p>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.</p> <p>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.</p> <p>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)</p>

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

DRAFT

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. Kansime 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
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
28	Dr. Okello Alfred	Head, Public Health Department

ANNEX 3 - HOSPITAL EXECUTIVE COMMITTEE

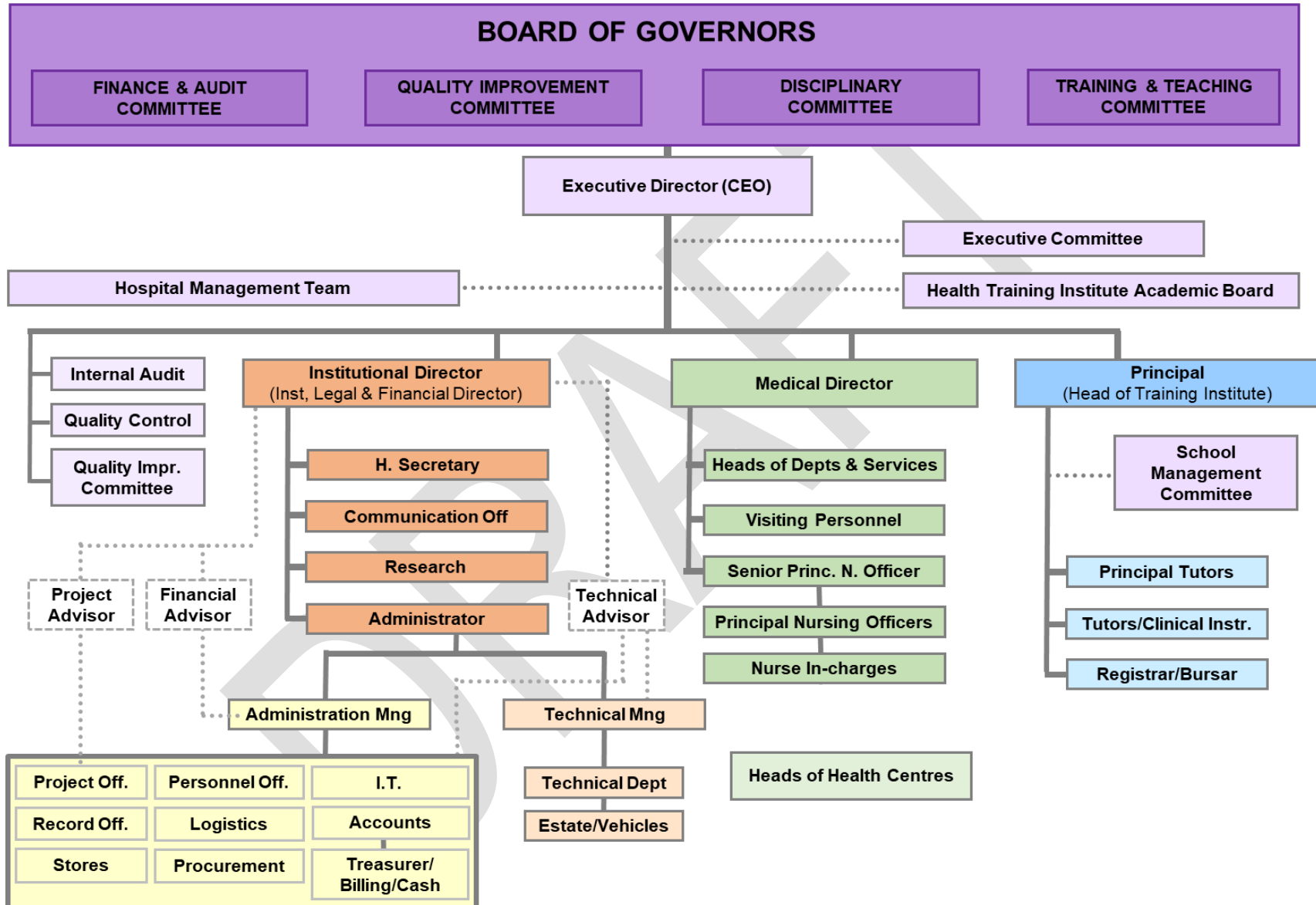
S/N	Name	Position
1	Dr. Cyprian Opira	Executive Director- Chairman
2	Dr. Martin Ogwang	Institutional Director
3	Dr. Emintone A. Odong	Medical Director
4	Sr. Milly Among	Matron (senior nursing officer)
5	Mr. Evandro Ciaccia	Administration manager
6	Mr. Pier Paul Ocaya	Hospital Secretary- Secretary

DRAFT

ANNEX 4 - BOARD OF GOVERNORS

Name	Personal position	Board position
HG. Dr. John Baptist Odama	Archbishop Gulu Roman Catholic Church Archdiocese	Chairman
Dr. Ojom Lawrence	Member	Non-Exec. Member
Justice Galdino Okello	Judge of the Supreme Court of Uganda	Non-Exec. Member
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	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

REVENUE	2022	2021
	UShs'000	UShs'000
Donations	15,391,951	15,234,522
Donations in kind	2,905,612	2,817,955
Patient charges	5,897,722	5,430,008
Hospital school fees	2,215,509	1,448,555
Other local revenues	280,334	347,603
Revenue before amortisation of deferred capital contribution	26,691,128	25,278,643
Amortisation of deferred capital contributions	2,169,080	2,182,014
Total revenue	28,860,208	27,460,657
EXPENSES:		
Personnel		
Salaries and wages	(9,572,770)	(9,192,839)
NSSF Hospital contribution	(817,510)	(797,019)
School sponsorships	(292,516)	(147,149)
Insurance	(248,272)	(248,732)
Other staff costs	(249,604)	(199,428)
	11,180,672	(10,585,167)
Medical items and services		
Medical drugs	(5,238,628)	(5,257,206)
Laboratory and radiology items	(1,124,376)	(1,034,683)
Medical sundries	(3,509,903)	(2,757,934)
	(9,872,907)	(9,049,823)
Generic items		
Food supplies (includes food for students)	(824,419)	(733,854)
Printing and stationery	(276,940)	(498,812)
General supplies	(1,203,485)	(789,634)
	(2,304,844)	(2,022,300)
Transport expenses		
Cargo clearing fees	(325)	(180,684)
Fuel for ambulances and other vehicles	(292,834)	(303,746)
Insurance - ambulances and other	(37,756)	(36,274)

vehicles		
Vehicle maintenance	(190,947)	(128,482)
Other transportation expenses	(23,724)	(33,157)
	(545,586)	(682,343)
Property expenditure		
Electricity (metered and generator)	(627,712)	(618,675)
Repairs and maintenance	(643,165)	(954,577)
Other utilities	(39,093)	(29,627)
Other property expenses	(205,265)	(133,730)
	(1,515,235)	(1,736,609)
Administrative expenses		
Audit fees	(121,130)	(130,203)
Other professional fees	(91,637)	(98,675)
Communication	(151,163)	(160,663)
Bank charges	(48,738)	(40,763)
Office equipment and software maintenance	(110,204)	(145,517)
Other administrative expenses	(308,787)	(178,925)
	(831,659)	(754,746)
Total recurrent costs	26,250,903	(24,830,988)
Depreciation and amortisation	(2,169,080)	(2,182,014)
Total operating expenditure	28,419,983	(27,013,002)
Provision for bad debts	(198,855)	(386,433)
Gain from disposals of assets	-	27,000
Net foreign exchange gains/(losses)	79,142	(43,138)
Write offs*	(330,512)	(45,084)
	(440,225)	(447,655)
Total expenditure	(28,860,208)	(27,460,657)
Surplus before income tax	-	-
Tax	-	-

ANNEX 7 –BALANCE SHEET

STATEMENT OF FINANCIAL POSITION

(,000)	2022 UShs'000	2021 UShs'000
ASSETS		
Non-current assets		
Property and equipment	32,575,330	33,058,897
Right of use asset	3,552	3,653
Intangible assets	24,491	48,982
	32,603,373	33,111,532
Current assets		
Inventories	4,925,820	4,712,253
Trade and other receivables	2,198,298	2,212,876
Cash and cash equivalents	1,867,116	2,761,812
	8,991,234	9,686,941
	41,594,607	42,798,473
OPERATING FUND AND LIABILITIES		
Current liabilities		
Trade and other payables	2,558,332	1,662,166
Deferred income	5,514,083	7,118,225
	8,072,415	8,780,391
Non-current liabilities		
Deferred capital contribution	33,026,800	33,522,690
	33,026,800	33,522,690
Operating fund		
Operating funds	495,392	495,392
	495,392	495,392
TOTAL OPERATING FUND		
AND LIABILITIES	41,594,607	42,798,473

ANNEX 8 – DONATIONS

CASH RECEIPTS FROM DONORS* (,000)

	2022 UShs'000	2021 UShs'000
Foundation Piero and Lucille Corti - Italy	6,492,234	7,663,120
Government of Uganda	791,272	638,511
AIDS care & treatment	276,380	-
Foundation Teasdale Lucille - Canada	2,007,703	1,486,371
Ugandan Protestant Medical Bureau	71,523	626,144
AI-Real (formerly RTI-EMBLEM)	207,580	98,776
Hope for Uganda	177,087	-
Province of Bolzano	180,885	151,070
Soletterre Strategie Di Pace Onlus	112,151	97,889
International Network of Cancer Treatment and Research (INCTR)	88,796	75,949
RHITES and ACHOLI project	-	741,353
Social Promise	4,391,036	4,334,539
Riva Foundation	-	112,872
Other cash donations	51,972	-
Voucher plus project	-	75,347
Private donations	26,828	142,583
RBF ENABEL	440,539	169,724
ELMA Foundation	-	38,428
Mochelass - IDRC TORIT	124,818	-
Medical Mission Foundation	23,036	21,080
East African Public Laboratory Networking Project	60,119	35,005
Direct Relief International	-	182,563
	<u>15,523,959</u>	<u>16,691,324</u>

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

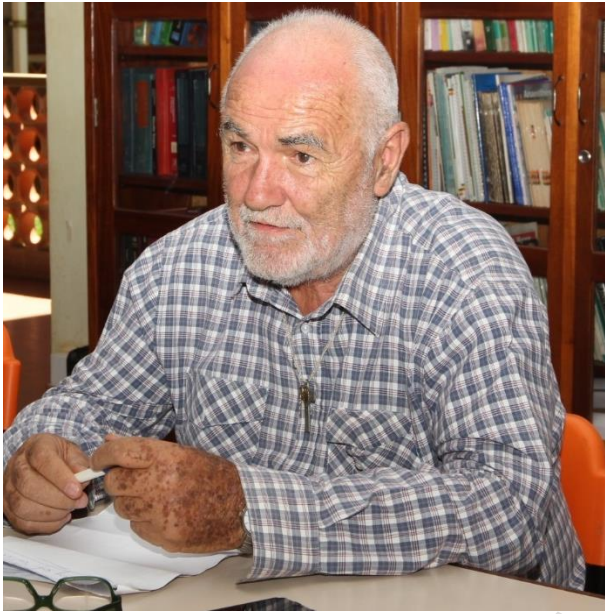
DONATIONS IN KIND	2022 UShs'000	2021 UShs'000
AIDS Relieve Drugs	2,456,992	2,121,988
Government of Uganda - Credit line	91,129	248,458
Uganda Government PHC	287,480	335,246
Foundation Piero and Lucille Corti - Italy	30,664	6,709
World Health Organisation	6,089	-
UKAid Department for International Development	-	10,515
Other donations	33,258	95,039
	<u>2,905,612</u>	<u>2,817,955</u>

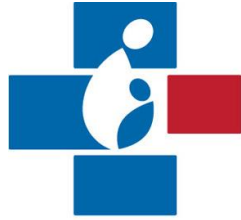
DRAFT

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





ST MARY'S HOSPITAL
LACOR

**ST. MARY'S HOSPITAL LACOR
ANNUAL REPORT
FINANCIAL YEAR JULY 2021 - JUNE 2022**



RAR Fine Art