



ST MARY'S HOSPITAL
LACOR

**ST. MARY'S HOSPITAL LACOR
ANNUAL REPORT
FINANCIAL YEAR JULY 2023 - JUNE 2024**



**DR CYPRIAN OPIRA
Northern Uganda's father of
Radiology and Executive Director
2008 - 2024 of Lacor Hospital**

"Dr. Opira's commitment to healthcare and his exemplary leadership have left an indelible mark on our institution and the community at large. His dedication and tireless efforts have significantly contributed to the mission and vision of St. Mary's Hospital Lacor". **Dr. Emintone Odong Ayella, Medical Director.**

"He lived among us for 34 years. A part of us has left."
Dr. Martin Ogwang, Institutional Director.

"If professionalism were a person it would be Dr. CP. After the death of the Cortis and Dr. Mathew Lukwiya, he stood firmly in the gap ensuring that Lacor Hospital continued to excel. May his Soul rest in Peace."
Hon. Norbert Mao, Minister of Justice and Constitutional Affairs.

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

Tel: +256 393246024

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FOREWORD BY CHAIRPERSON INTERNAL MANAGEMENT BOARD

Dear Stakeholders of St. Mary's Hospital Lacor,

By the time of completion of this report, we had lost our Executive Director, Dr Cyprian Opira, of blessed memory, who steered the hospital as Executive Director since 2008. We pray for the peaceful repose of his soul and solace to his family and to this institution.

Since our last annual report, the hospital has been running smoothly albeit the persistence of financial and other challenges. A new Archbishop of Gulu has been elected, and will become the new Chairperson of our Board. We thank Archbishop Emeritus John Baptist Odama for the decades of service as our Board Chairperson. In view of transition of leadership, there are preparations for a Scientific Directorate and some reorganization in the organogram.

During the year, Lacor hospital excellent performance was recognized, among the 5 star hospitals in providing quality in Uganda, and the Medical Director Dr. Emintone Odong Ayella was recognized with the lifetime Achievement Award of exemplary service by the Ministry of Health's Heroes in Health awards.

The hospital continues to provide services and the numbers of patients are slowly recovering. Complications of Malaria, Sickle Cell Disease, trauma, bleeding in pregnancy continue to raise big demand on blood transfusion services and are a challenge, which we face daily. The neonatal unit has been expanded after completing the remodelling of the unit within paediatric ward and is already running at full capacity. The cancer patients are still with us and hopefully when the Uganda Cancer Institute starts to run fully in Gulu City-Koro, these services will be transferred there. We have started to provide dialysis services this year, focusing on acute kidney failure mainly. Mpox outbreak and ebola outbreak have kept our epidemic surveillance and response teams on high alert.

On the side of the Health Training Institute, the school activities have been going on smoothly with good tutor-student ratio at the moment, good exams pass grade, improved fee payment and good progress on accreditation. The student's guild constitution has been approved, and school rules are under revision. The school has also received accreditation for all its program from National Council of Higher Education / Ministry of Education and the intention is to take diploma during January intake and Certificate courses in July intake.

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

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

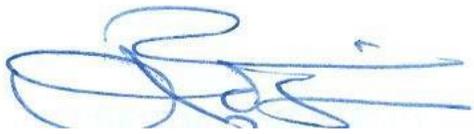
We continue to collaborate with partners and this year we have initiated a collaboration with University of Milano Bicocca who are set to launch an outpost here in Lacor hospital to strengthen training, experience sharing, and research for postgraduate and undergraduate levels for both staff and

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students bilaterally. We also received many health workers and students from many other institutions including Sherbrooke University, Busitema University, Earnest Cook Research Institute-Mengo and Allied Health Management Institute Mulago.

Much has been achieved despite challenges. We are particularly thankful to Dr. Cyprian Opira who served as Executive Director till his very last, exuding profound professionalism, humility and humanity. We also thank Board members, all our staff and management for the great work done during the year. Please keep it up. We also thank you our esteemed partners especially Foundation Piero & Lucille Corti-Italy, Social Promise, Foundation Teasdale Corti-Canada, the Province of Bolzano, Government of Uganda and all stakeholders for your contributions and support.

On behalf of staff and management, we pledge our commitment to remain faithful to the mission despite the challenging circumstances we are going through. We request for patience, team work, and collaboration to brace the difficult times. May God bless us all

A handwritten signature in blue ink, appearing to be 'Dr Odong Emintone Ayella', written in a cursive style.

Dr Odong Emintone Ayella

Chairperson Internal Management Board.

GEOGRAPHICAL LOCATION AND SIZE OF GULU CITY

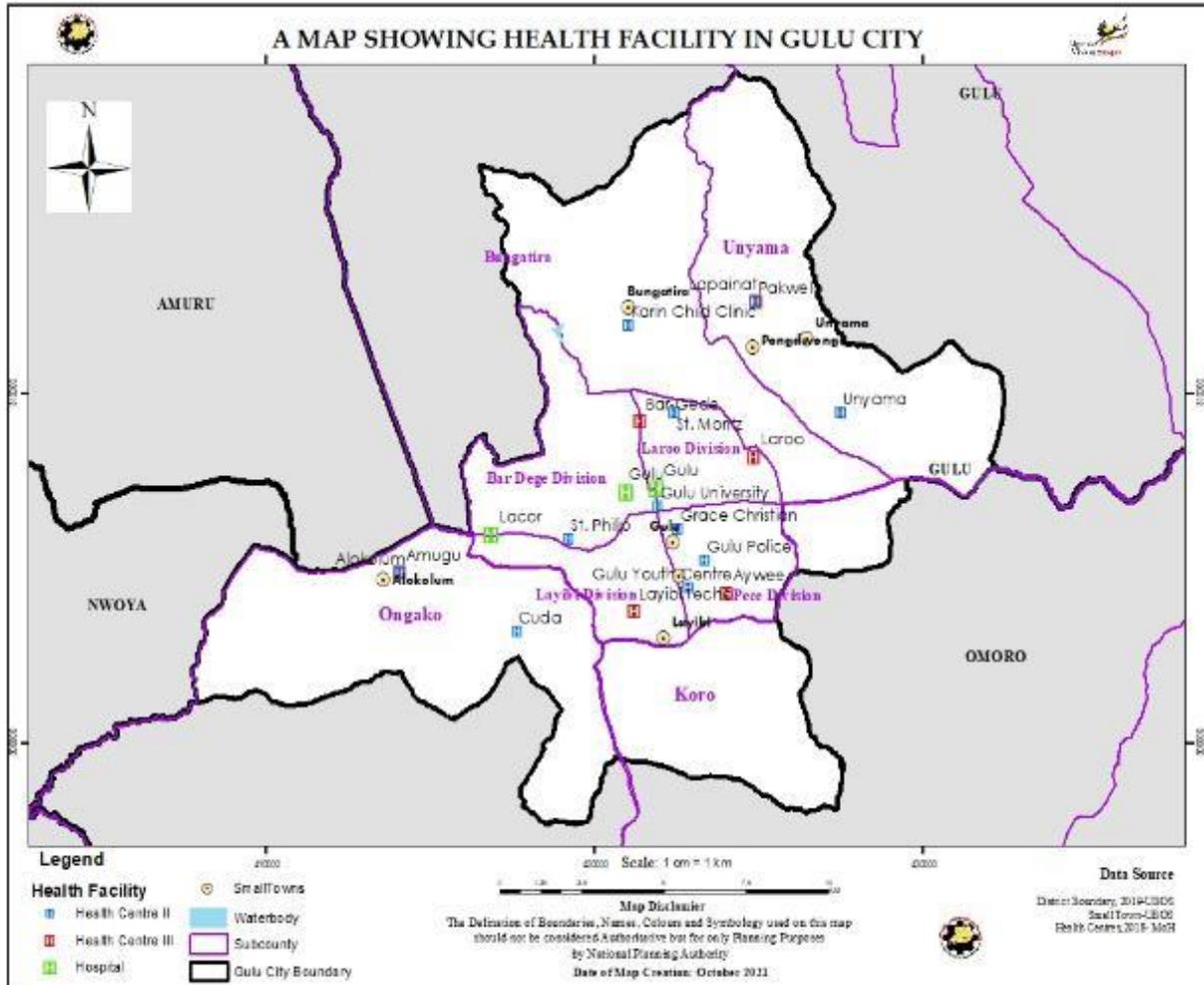
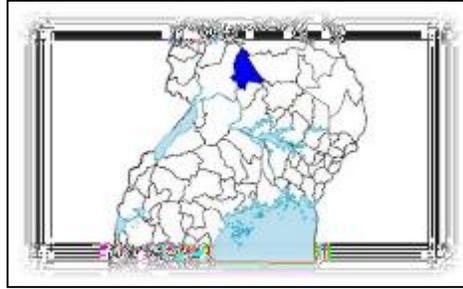


Figure 1: Map of Uganda showing Health Facilities in Gulu City

Gulu City where Lacor falls, was in 2021 carved out of Gulu district which is located in Northern Uganda between longitude 30-32 degrees East; latitude 02-4 degrees North. It is bordered by Amuru District in the West, Lamwo District in the Northeast, Pader District in the East, Omoro and Nwoya in the South East and South west respectively. Gulu city 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
DHMT	District Health Management Team
DSDM	Differentiated Service Delivery Model
eMTCT	Elimination of Mother to Child Transmission of HIV.
EPI	Expanded Programme of Immunisation
HCT	HIV counselling and testing
HSD	Health Sub-District
HUMC	Health Unit Management Committee
ICU	Intensive Care Unit
IDP	Internally Displaced Persons camp
LHTI	Lacor Health Training Institute
LSDA	Local Service Delivery Activity
MMR	Maternal Mortality Ratio
MoES	Ministry of Education and Sports
MoH	Ministry of Health
NHP	National Health Policy
NSSF	National Social Security Fund
OPD	Out-Patient Department
PHC	Primary Health Care
PNFP	Private Not for Profit
PPPH	Public Private Partnership for Health
MTC	Medicines and Therapeutic Committee
RBF	Results Based Funding
TB	Tuberculosis
UBOS	Uganda Bureau of Statistics
UCMB	Uganda Catholic Medical Bureau
UDHS	Uganda Demographic Health Survey
UPMB	Uganda Protestant Medical Bureau
VHT	Village Health Team
YCC	Young Child Clinic

EXECUTIVE SUMMARY

LACOR HOSPITAL AND ITS ENVIRONMENT

St. Mary's Hospital Lacor is the largest private non-profit Catholic health institution in Uganda. It was founded in 1959. It is owned by the 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 for health care provision. The integration of Lacor Hospital into the Uganda national health system is in line with national health reform, which was implemented from 1996/1997 and continues with the Public Private Partnership for Health [PPPH].

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

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

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

Lacor Hospital has operated in a very difficult social and economic environment. Insecurity has 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 2023/24

1. Stability and harmony has been maintained in the hospital.
2. Humanity of care has improved in the provision of patients' care.
3. Critical cadres have been recruited including, Biostatistician, project manager, finance manager, ICT expert, cost controller, paediatrician, drivers and mechanics.
4. Dialysis services opened for acute kidney injuries, thanks to Mary Anne, an American national volunteering for more than 10 years
5. Construction of the new nurses' accommodation has reached near completion.
6. Unconditional accreditation with UCMB has been achieved.
7. Electricity has remained stable this FY.
8. The Hospital acquired a new transport vehicle and a new ambulance.
9. Renovations of two health centres have been completed. However, one health centre is yet to be renovated.
10. Gulu university faculty of medicine has seconded seven lecturers to work at Lacor hospital on full time basis.
11. Proposal to remove the Cobalt 20 from Lacor Hospital is at advanced state.
12. . Most of the Asbestos roofs have now been removed, and the remaining are planned for removal.

SELECTED CRITICAL ISSUES 2023/24

1. The death of the hospital executive director in October 30th MHSRIEP.
2. Waste segregation still possess challenges in the hospital, occasionally instruments are discovered at the incinerator machine
3. Increasing cost of running the hospital.
4. Staff continue to leave the hospital for greener pastures. There is high staff expectation for increased salaries to match government, yet hospital funding is unable to sustain.
5. Dwindling PHC funding from government of Uganda.
6. PHC for Lacor Health Centre III Opit has been retained by Omoro district local government due to lack of TIN number in the names of the health centre.
7. The high prescription of CT scan and lack of clarity on the presidential pledge for a CT scan for Lacor Hospital.
8. High cost of living including food staff for the hospital and students in the Health Training Institute.
9. Renovation of Health Center not completed remaining for Lacor Health Centre III Opit.

RECOMMENDATIONS AND WAY FORWARD

1. There is need to lobby for more support from government of Uganda in terms of PHC grants.
2. We need to solve the issues of PHC with Omoro district local government and to advocate for more government support.
3. We need to appreciate Gulu University for the secondment of its lecturers to Lacor hospital.
4. The Hospital should maintain the high alert on the detection of disease of epidemic potentials. Like M pox, Ebola, COVID 19, Viral haemorrhagic fevers and other emerging viral diseases.
5. Continue with the renovations in the health centres.
6. Waste management needs to be strengthened with closed supervision by senior nurses and midwives
7. The Directors will support the succession plan for the next group of Hospital leaders.
8. Contingency plan needs to be considered in the face of reduced funding for the hospital.

SERVICE UTILISATION

For a second year, we saw a decrease in the total number of Outpatient contacts, while Admissions, laboratory examinations, and immunization services have showed an upward trend.. This may point to a shift towards community-level care or improved preventive health strategies. The hospital needs to be ready for increasing number of complex cases admitted, as seen in the table 1 Below.

Table 1: service utilization

Service output	2019/20	2020/21	2021/22	2022/23	2023/24	Variance (%)
Total OPD attendance	198,588	177,947	178,877	159,262	156,024	-2.03%
Admissions	34,560	29,960	29,850	30,263	33,318	10.09%
Deliveries	8,123	8,079	9,268	8,839	8,853	0.16%
Major surgical operations	6,333	6,148	7,048	6,446	6,147	-4.64%
Laboratory examinations	491,966	403,871	383,296	440,209	505,400	14.81%
Radiological examinations	41,834	42,777	43,538	45,563	35,828	-21.37%
Immunization doses	94,553	95,434	100,436	92,313	105,445	14.23%

FINANCIAL REPORT

The financial report for the FY ended on 30/06/2024 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's financial position.

The recurrent costs for the FY 2023/2024 increased by 2.83% (758 million) from UGX 26.806 billion (2022/23) to UGX 27,564 billion (2023/24). Personnel costs account for the largest expenditure (40.28%), with an increase by 4.77% compared to the last FY. Medical items (26.4%), including medical drugs, sundries and Lab and X-Ray items, are the second largest expenditure, with a decrease of 8.51% over the previous year. Generic items (12.01%), which includes food, stationery, and cleaning materials, increased by 19.20%. Property expenses increase by 27.65%, as summarize in the table below.

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Table 2: Financial Report summary

Financing of recurrent costs	2023/24 (UGX '000)	2022/23 (UGX '000)	Difference	Diff. %
Income				
Patient charges	7,109,732	6,658,731	451,001	6.77%
Hospital school fees	2,545,386	2,078,387	466,999	22.47%
Uganda Government	1,701,144	1,319,140	382,004	28.96%
Other Local Revenues	941,189	682,797	258,392	37.84%
Total Local Revenues*	12,297,451	10,739,055	1,558,396	14.51%
Donors	15,579,321	16,581,469	-1,002,148	-6.04%
Total recurrent revenue	27,876,772	27,320,524	556,248	2.04%
Amortization of deferred capital contributions	2,627,310	2,099,612	527,698	25.13%
Total revenue	30,504,082	29,420,136	1,083,946	3.68%
Expenditures				
Personnel	12,285,904	11,726,579	559,325	4.77%
Medical Items and services	8,053,260	8,802,275	-749,015	-8.51%
Generic Items	3,664,391	3,074,251	590,140	19.20%
Transport expenses	704,792	663,396	41,396	6.24%
Property expenses	2,023,768	1,585,463	438,305	27.65%
Administrative expenses	832,670	954,384	-121,714	-12.75%
Total Recurrent Costs	27,564,785	26,806,348	758,437	2.83%
Depreciations	2,627,310	2,099,612	527,698	25.13%
Other gains and losses	311,987	514,176	-202,189	-39.32%
Total Expenditures	30,504,082	29,420,136	1,083,946	3.68%

1.1 BACKGROUND

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

Lacor is currently a complex with the 482 bed capacity hospital, three peripheral health centres—each with 24 beds (at Opit, Amuru and Pabbo), a Health Training Institute with courses in Nursing, Midwifery, Laboratory, Anaesthesia, and Theatre assistants. Lacor is also a Teaching site for Gulu university Medical School. This is a big development from the small 30-bed hospital it was 64 years ago.

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

The selected specialised services provided includes urology, orthopaedic, paediatric, plastic and fistula surgery, treatment of selected childhood malignancies and detection and treatment of early cervical cancers, renal dialysis, and endoscopy. The approach of Lacor Hospital is to supplement the government's efforts in health service provision.

Lacor Hospital's socioeconomic and environmental context is highly challenging. Economic recovery has fallen far below anticipated following the end in 2007 of the over two decades of civil war in the northern part of Uganda that devastated the economy of the region. 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.

We continue the recovery from the devastating impacts of COVID. The Hospital together with its Health Centres this Financial Year accommodated every day on average 465 inpatients plus their attendants and received on average 520 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, and a 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

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

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official teaching site for Gulu University faculty of medicine, now for 20 years since the latter's inception in the year 2004.

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

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

Gulu city has 232,723 inhabitants as per UBOS 2024 Census , while the total population of Gulu district is approximately 127,000. Amuru and Omoro district populations are approximately 237,000 and 215,000 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 277,000 people. The hospital is within 6 km of all four districts.

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 West Nile and other parts of Uganda. In the last FY, Lacor also served some of the refugees from South Sudan, coming from the camps in Uganda. In order to further improve accessibility of health services to the community, Lacor Hospital constructed three satellite Health Centres in Amuru, Opit and Pabbo. Each Health Centre is located about 40 km away from the Lacor Hospital.

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

Gulu city and the districts of Gulu, Amuru and Omoro, where Lacor Hospital and its Health Centres are located, are bordered by seven districts: Adjumani, Arua and Nebbi to the West; Oyam, and Nwoya to the South and Kitgum and Pader to the East. The northern part of Amuru district borders South Sudan. From 1986 to 2006, Northern Uganda had insecurity, which 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 city, but many peripheral areas had limited benefit. Gulu, Amuru and Omoro districts have some of the worst health indicators in the Country. Formal employment rates are generally low, and majority of the households survive on subsistence farming.

CHAPTER TWO: CITY HEALTH SERVICES AND HEALTH POLICY

2.1 THE COMMUNITY AND HEALTH STATUS OF GULU CITY

2.1.1 Administrative units in Gulu City

Gulu City, located in northern Uganda, serves as the administrative and commercial hub of Acholi subregion and became a city in 2020. Administratively, Gulu city is comprised of two constituencies making the two Health sub-districts of Bardege-Layibi and Pece-Laroo, giving a total of 32 Parishes. Gulu City continues to evolve, facing urbanization challenges, and pursuing sustainable development while integrating local community dynamics into its governance frameworks.

2.1.2 The main health development challenges

Inadequate health infrastructure lowers physical accessibility to health services. This, coupled with insufficient qualified human resources lowers the quality of services provided. Logistics and health supplies are limited and sometimes irregular. Referral ambulance systems, though improving, is still heavily suboptimal. Health data management continues to be a challenge. The cosmopolitan nature has attracted many private clinics that might attract patients for the most basic health care, but also lead to delayed referrals of critical patients.

There is a high prevalence of HIV, TB, Malaria and other communicable diseases. The two major referral hospitals (Lacor and GRRH) receive the sickest children, especially mothers and children, with potential high morbidity and mortality. Comprehensive Emergency Obstetric Care services are generally limited to urban hospitals. Poor hygiene and sanitation also exists in many households with the development of more shanty populations. To effectively tackle these interconnected health challenges, a comprehensive approach that includes strengthening infrastructure, fostering community engagement, and implementing targeted health programs is essential.

2.1.3 Lacor Hospital and City Health Services.

Lacor Hospital as one of the health care institution in Gulu City provides a comprehensive array of preventive and curative and palliative care services, along with selected specialized clinical services, to the residents of Gulu City. In collaboration with the Gulu City Health Authority, five parishes (Wards) —Kweo, Patuda, For God, Pageya, and Kal—have been designated to St. Mary's Hospital Lacor to enhance the delivery of primary healthcare services. Collectively, these parishes (Wards) encompass 24 cells and are supported by a total of 58 Village Health Team members who collaborate with St. Mary's Hospital Lacor.

The hospital, in partnership with the Village Health Team members assigned to these catchment areas, ensures that essential services, including immunization, school health visits, and mobile antenatal care, are effectively delivered to local residents. To further enhance accessibility to healthcare services, regular outreach programs are conducted in these parishes, promoting the overall well-being of the community.

2.2 NATIONAL POLICIES ON HEALTH

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

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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 2021/22-2024/25

The Health Sector Development Plan (HSDP) serves as a strategic framework established by the Ministry of Health, with the primary objective of advancing Universal Health Coverage (UHC) and ensuring access to essential health services that are critical for promoting a healthy and productive populace. In alignment with Uganda Vision 2040, the health sector is committed to creating a productive population that contributes effectively to socio-economic growth through the provision of accessible, high-quality healthcare services to all Ugandans.

The plan aspires to achieve health for all Ugandans by focusing on promoting health, using a holistic approach to strengthen health systems, enhance service delivery, and improve health outcomes across the nation in the spirit of continuous quality improvement. It intends to fortify health systems through infrastructure development and workforce training, and prioritizing disease prevention and control efforts. Maternal and child health services, health information systems, multi-sectoral collaboration among stakeholders, and development of a resilient health system responsive to emergencies are emphasized.

The implementation framework for this Strategic Plan incorporates mechanisms for regular monitoring and evaluation to track progress. It also includes initiatives aimed at capacity building, resource mobilization, and stakeholder engagement to facilitate successful execution. By providing a clear roadmap for progress in the health sector, the Ministry of Health seeks to significantly enhance the quality of life for citizens and promote a healthier population nationwide. The effective implementation of the Uganda Minimum Health Care Package is pivotal to the success of this Strategic Plan.

2.2.3 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.

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4. Prevention, management and control of non-communicable diseases.
5. Elimination of mother to child transmission of diseases.

2.3 LACOR HOSPITAL AND NATIONAL POLICIES

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

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

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

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

Lacor's community health services is robust, with activities including but not limited to:

Screening (Sickle cell disease, breast and cervical cancers, hypertension, diabetes), immunisations, nutritional counseling, and preventive medications, HIV outreaches and drug distribution, Health promotion: health education, weekly physical exercise times and community engagement, Pastoral, Palliative and social care.

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CHAPTER THREE: LACOR HOSPITAL HEALTH CARE ACTIVITIES

3.1 AGGREGATED NUMBER OF IN/OUTPATIENTS IN THE HOSPITAL COMPLEX

In the financial year 2023/24, there was a noticeable shift in patient attendance across the hospital complex. The total number of patient contacts saw a slight decrease of approximately 0.2% (422), from 189,525 in FY-2022/23 to 189,342 in FY-2023/24. This decline can be attributed to improved access to healthcare services at nearby government and private facilities, which has reduced the patient load at our facilities. The detailed attendance figures for all four facilities are summarized in the table below, showing a distribution of patient contacts across various categories:

Table 3: Consolidated number of patient contacts – 2023/24

Unit	In-pts Children	In-pts Maternity	Other Adults	Total In-pts	Out-pts Children	ANC	Other Adults	Total Out-pts	TOTAL Contacts
Hospital	7,452	8,727	7,232	23,411	20,105	10,691	67,915	98,711	122,122
Amuru	1,523	1,860	470	3,853	8,256	5,969	7,118	21,343	25,196
Opit	1,850	1,000	447	3,297	5,997	3,971	6,505	16,473	19,770
Pabbo	702	1,570	485	2,757	7,531	6,433	5,533	19,497	22,254
TOTAL	11,527	13,157	8,634	33,318	41,650	27,064	87,071	156,024	189,342

3.2 ATTENDANCE BY SPECIFIC GROUPS

Children under 5 years accounted for **28.2%** (53,416) of the total attendance, while mothers attending antenatal clinics (ANC) and maternity services contributed **21.2%** (40,221). Together, these two groups represented **49.5%** (93,637) of the total patient contacts. The remaining **50.3%** (95,705) of contacts were from other adults. This highlights the hospital's strong focus on maternal and child health, as well as serving the general adult population.

The health centres cared for 35.5% of the patients, while 64.5% were seen in the main hospital, which is in line with the hospital strategy of increasing accessibility by taking services closer to the local community through utilization of its three subsidiary health centres.

3.2.1 Trend of attendance in the hospital complex

There was no significant difference in attendance this FY compared to the previous, with a slight decrease of 0.1% (183 contacts), indicating steady demand for services, while Amuru saw a notable increase of 7.6% (1,770 contacts), Opit reported a 5.7% decline (1,195 contacts). This means that many patients can get services near their jurisdiction, but more complex cases are referred to Lacor. HIV patients get 6month HIV refills reducing visit numbers. Inpatient attendance however showed an increment, emphasizing Lacor's role for managing more complex cases.

Table 4 : Trends of total contacts in the hospital complex FY 2022/23 to 2023/24

Total contacts	FY-2022/23	FY-2023/24	Variance	Variance (%)
Lacor Hospital	122,923	122,122	(801)	-0.7%
Amuru	23,426	25,196	1,770	7.6%
Opit	20,965	19,770	(1,195)	-5.7%
Pabbo	22,211	22,254	43	0.2%
TOTAL	189,525	189,342	(183)	-0.1%

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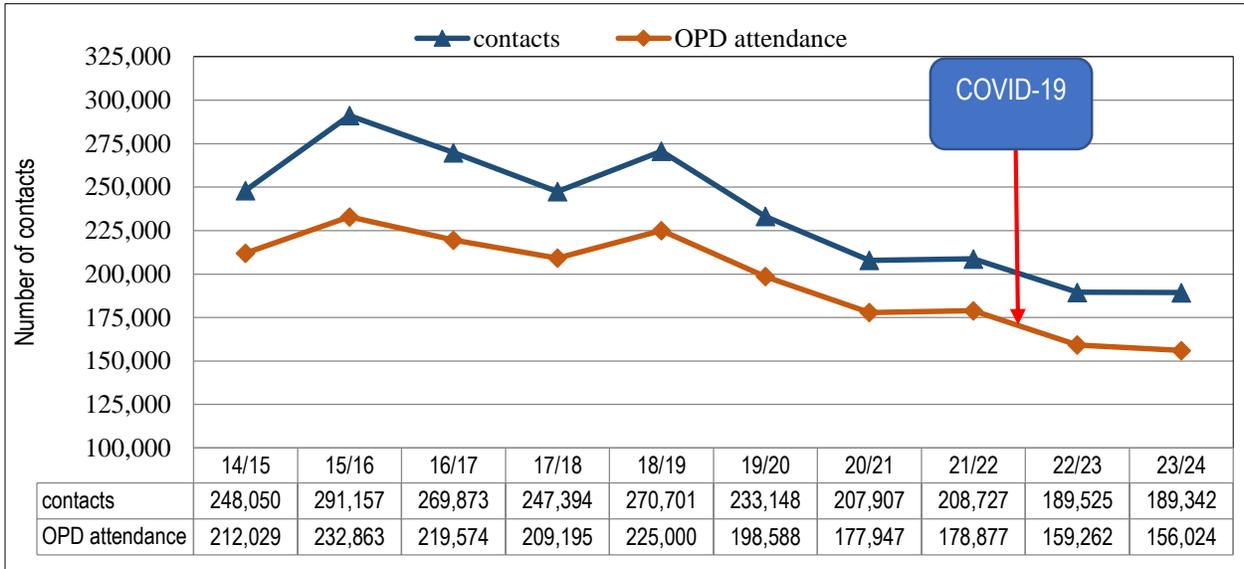


Figure 2: Trend of attendance in the hospital complex

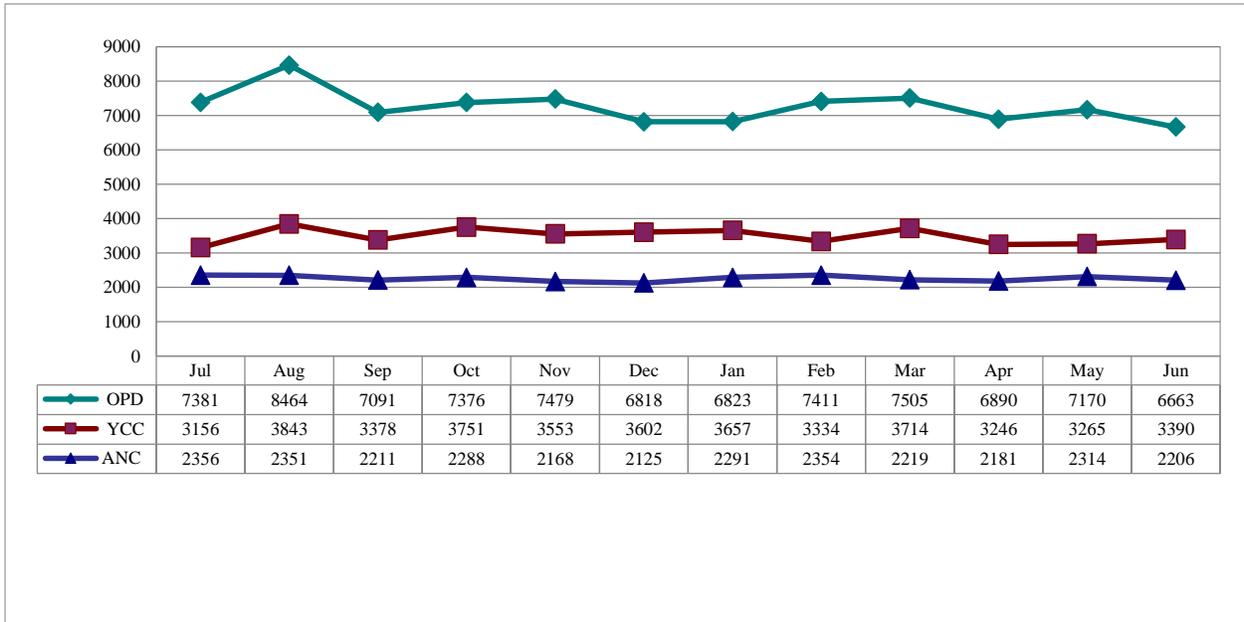


Figure 3: Monthly trends of OPD attendance in the Hospital Complex FY- 2023/24

3.2.2 Group-specific trends

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

Table 5: Change in group-specific attendance FY 2022/23 to 2023/24

Total Attendance	FY-2022/23	FY-2023/24	Variance	Variance (%)
Children	49,683	53,416	3,733	7.51%
ANC & admission Maternity wards	41,619	40,221	-1398	-3.36%
Other Adults	98,223	95,705	-2518	-2.56%
TOTAL	189,525	189,342	-183	-0.09%

Table 6: Trends of admissions and OPD contacts FY 2022/23 to 2023/24

TOTAL ATTENDANCE	FY-2022/23	FY-2023/24	Variance	Variance (%)
Admission	30,263	33,318	3,055	10.09%
Outpatients	159,262	156,024	-3,238	-2.03%
Total	189,525	189,342	-183	-0.10%

Table 7: Trends in children and adults' admission 2022/23 to 2023/24

Admissions	FY-2022/23	FY-2023/24	Variance	Variance (%)
Children	9,816	11,527	1,711	17.43%
Adults	20,447	21,791	1344	6.57%
TOTAL	30,263	33,318	3055	10.09%

3.3 TREND OF SELECTED MEDICAL SERVICES

This FY Lacor observed increased attendance in ICU (20%), Emergency (24%), and sickle cell disease (6%), continuing the trend in the last few years. Endoscopy and diagnostic imaging registered some declines, related to challenges with equipment, as well as increased use of point of care scans.

Table 8: Trend of selected Services 2022/23 and 2023/24

Total Attendance	FY-2022/23	FY-2023/24	Variance	Variance (%)
Dental Clinic	7,216	6,835	-381	-5.28%
Endoscopy	906	715	-191	-21.08%
Surgical operations (incl. minor).	8,762	8,416	-346	-3.95%
ICU	362	434	72	19.89%
Diagnostic imaging	45,563	35,828	-9735	-21.37%
Sickle Cell Clinic	2,622	2,773	151	5.76%
Emergency Clinics	11,641	13,233	1592	13.68%

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 7:00pm 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 611 patients were seen in the Hospital complex daily (520 OPD and 91 Inpatient). An evening extension to 7pm was initiated during this FY to cater for patients who come late in the day.

3.4.1 Outpatient services by categories of patients in the hospital complex

Of the total 156,024 outpatients, 87,071 (55.8%) were seen in the adult OPD and the remaining 44.2% were comprised of children 41,889 (26.8%) and seen in the YCC and pregnant women 27,064(17.3%) attending the ANC. Total women seen were 81,961 attending both OPD, and ANC. Adding together all women and children, we get 123,850(79.4%) of the total, with adult males being only 32,211, implying that OPD attendance is in line with the hospital mission to provide care for the most vulnerable groups.

3.4.2 OPD attendance according to location

This FY 2023/24, we had a total of **156,024** outpatients, of whom 63.3%(98,711) were in the hospital, while **36.7%** (57313) were served at the health centers.

3.5 DISEASE BURDEN IN THE HOSPITAL OUTPATIENTS

3.5.1 Leading causes of morbidity among adult outpatients

Malaria was the leading cause of morbidity among adult OPD patients accounting for 12.39% of new attendance, followed by Gastro-intestinal disorders (non-infective) at 6.82%, no pneumonia 6.78%, Urinary Tract Infections 5.94% and Injuries (5.15%, closely associated with Bodabodas) . The table 9 summarizes the leading causes of morbidity in the FY 2023/24 (multiple diagnosis considered), mainly for new diagnoses. Anaemia is a big problem with challenges of getting blood for transfusion, while hypertension and arthritis/lumbago shows the rising burden of non-communicable diseases.

Table 9:Leading causes of morbidity among adults attending OPD 2023/24

Rank	Grouped Diagnosis	Frequency	% Contribution
1	Malaria	4,801	12.39%
2	Gastro-Intestinal disorders (non-infective)	2,644	6.82%
3	No pneumonia - cough or cold (incl. Rhinitis, Tonsillitis, etc.)	2,628	6.78%
4	Urinary Tract Infections (incl. Pyelonephritis, Cystitis)	2,303	5.94%
5	Injuries (incl. head injuries, soft tissue, fractures)	1,995	5.15%
6	PID (Pelvic Inflammatory Disease)	1,851	4.78%
7	Hypertension	1,301	3.36%
8	Anaemia	1,242	3.20%
9	Pregnancy Related	966	2.49%
10	Arthritis/back pain/Lumbago	877	2.26%
11	All Others (combined)	18,152	46.83%
	Grand Total	38,760	100%

3.5.2 Leading causes of morbidity among outpatient children under 5 years

Among children under 5 years this FY 2023/24 at Lacor Hospital, the leading causes of morbidity were no pneumonia, cough or cold (26.57%), malaria (23.46%), acute diarrhea (9.80%), skin diseases (9.02%) and anaemia all types (8.32%), making up the top 5 causes of outpatient attendance among children under five, with other significant causes including, neonatal conditions (2.79%) and pneumonia (2.70%) as shown in table 10 (multiple diagnoses considered).

Table 10: Leading causes of morbidity in children attending YCC in the hospital 2023/24

Rank	Grouped Diagnosis	Frequency	% Contribution
1	No pneumonia & cough	6,509	26.57%
2	Malaria	5,745	23.46%
3	Diarrhea & GI	2,401	9.80%
4	Skin Diseases & Infections	2,210	9.02%
5	Anaemia & Sickle Cell	2,038	8.32%
6	Neonatal conditions	683	2.79%
7	Pneumonia & Respiratory	662	2.70%
8	Injuries & Trauma	273	1.11%
9	Malnutrition	185	0.76%
10	Cardiovascular diseases	150	0.61%
11	Others (combined)	2,375	9.70%
	Grand Total	24,493	100%

3.6 HIV/AIDS CARE SERVICES

Lacor HIV/AIDS clinic was started in 1993, and offers comprehensive care to HIV infected patients and their families. The package of care includes HIV prevention, counselling and testing services, care and treatment of opportunistic infections, provision of anti-retroviral treatment (ART) with routine clinical, laboratory and community follow up, health education, as well as elimination of mother-to-child transmission (eMTCT), and post exposure prophylaxis. Through the Differentiated Service Delivery Model [DSDM], we take antiretroviral drugs and services to over 26 communities at Community Drug Distribution Points (CDDPs), and clients can also pick up their refill at the alternative drug distribution point (a drug shop in town). We work with community lay workers to do community follow up of clients. Currently funding is from USAID through the Local Service Delivery Activity [LSDA] implemented by the Uganda Protestant Medical Bureau [UPMB] but funding challenges have led to significant reduction in number of staff and volunteers supported to serve.

The Test and Treat policy continues to be implemented, with optimization of treatment, Pre-exposure prophylaxis for HIV and an increased emphasis on client attachment to community structures. We are also providing HIV self-testing, and escalating community reach through client led approach. Transition to Dolutegravir based regimens was practically completed this FY in line with the new treatment policies, and more clients are monitored closely by viral load and other tests. HIV testing is targeted to Key populations and indexes among others, and linkage to care continued to be optimized. We continue to make efforts for triple elimination (HIV, Hepatitis, syphilis). Multi-month ARV dispensing for 6 months has been escalated markedly this FY.

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Table 11: HIV Services – from 2017/18 to 2023/24

HIV/AIDS Services	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Ever enrolled on HIV (include patients on ART)							
Children	1,932	2,099	2,119	2,150	2,186	2,208	2,227
Adults	16,398	18,023	18,249	18,939	19,267	19,797	20,065
TOTAL	18,330	20,122	20,368	21,089	21,453	22,005	22,292
Current Active on ART							
Children	485	524	374	334	298	255	104
Adults	8,248	6,772	6,826	6,798	6858	6729	6,844
TOTAL on ART	8,733	7,296	7,200	7,132	7,156	6,984	6,948

Since its inception to date, the clinic has ever enrolled 22,005 clients. However, at the end of FY 2023/24, we had 6,948 clients active on ART, of whom 96.35% (6,729) are adults and 3.65% (255) are children. Females (4,733) comprise 67.77% and the rest (2,251) are males. Many have transferred to other centers or died or got lost to follow up accounting for the apparent reduction in numbers over time.

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

The number of new ANC visits increased by 11% to 7,319, reflecting a rise in antenatal care engagement. However, the number of pregnant women tested for HIV dropped by 25% to 7,046, and the number of new HIV-positive was 54, indicating improved effectiveness in preventing mother-to-child transmission. Notably, there was a significant 22% increase in partners of HIV-tested women who were also tested, reaching 4,132, underscoring the importance of male involvement in HIV care. Despite these advances, enrollment in the e-MTCT program and the number of children of HIV-positive mothers testing negative both experienced declines. Meanwhile, there was a 9% rise in deliveries by HIV-positive mothers, totaling 358, suggesting continued progress in providing comprehensive care and support to these families as shown in the table below.

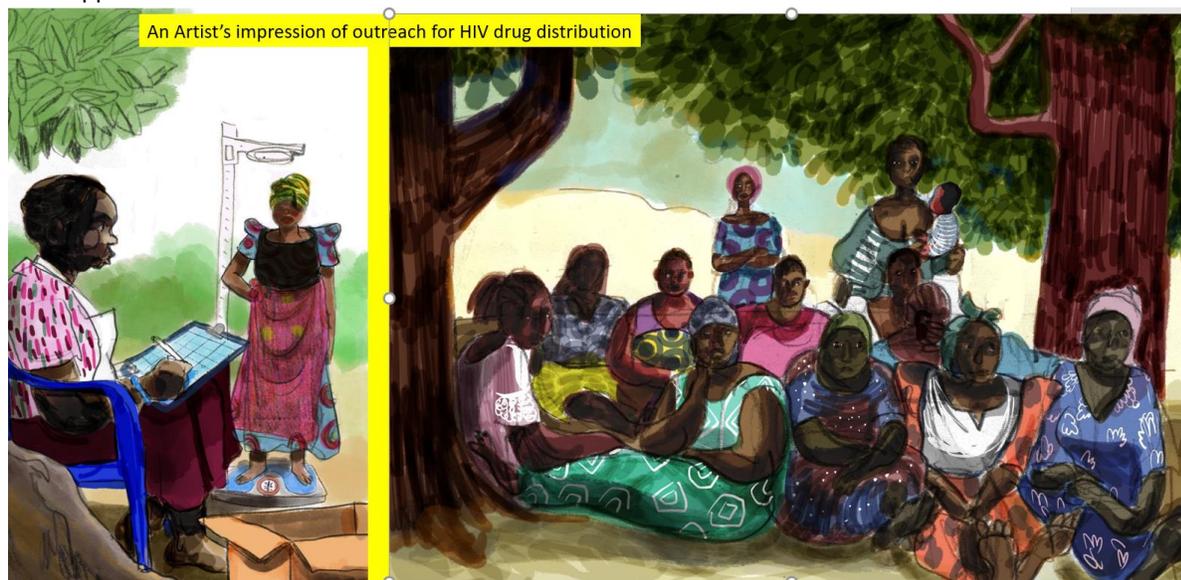


Table 12: Lacor Hospital eMTCT activities – 2022/23 to 2023/24

eMTCT Activity	2022/23	2023/24	(%)
ANC New Visits	6,581	7319	
Counselled	9,403	7319	100 of ANC visits%
Women tested for HIV 1st Time in the Current Pregnancy	9,366	7046	100% of eligible%
Post-test counselled and received HIV result	9,366	7046	100%
Women tested positive for HIV (new positives)	66	54	0.77% of tested are positive
Partners (of HIV tested women) tested for HIV	3,382	4132	58.6% of new ANC mothers
Partners positive for HIV	29	23	0.56% of male partners are positive
ANC mothers already on ART before coming to ANC	187	195	2.7% of pregnant mothers are known HIV positive
Enrolled into eMTCT program (received ARVs)	250	213	
HIV positive mothers delivered in the Hospital	329	358	
Children of HIV positive mothers tested for HIV	237	219	
Children of HIV positive mothers who tested HIV negative	233	214	
Children of HIV positive mothers who tested HIV positive	4	5	2.3%%- many are postpartum discoveries

3.6.1 CERVICAL CANCER SCREENING

Lacor Hospital screened 1,017 women for cervical cancer through visual inspection with acetic acid (VIA) and HPV screening this financial year. Among those screened, 427 were HIV positive and 586 were HIV negative. A total of 68 women were suspected of having cervical cancer and were referred for further evaluation. The cryotherapy machine treated 3 women, while the thermocoagulation machine was used for 12 women, and those with advanced cancer were sent for Gynaecologist's review- some underwent debulking surgery. Additionally, all women screened for cervical cancer also underwent breast cancer screening.

Table 13: Cervical cancer screening - FY2023/24

FY 2023/24	14-49 Years	>49 Years above	TOTAL
HIV POS	374	53	427
HIV NEG	515	71	586
VIA	892	125	1017
PAP Smear /LEPP	0	0	0
Biopsy	19	10	29
Cervical Cancer Suspect	51	17	68
Cryotherapy done	3	0	3
Thermo coagulation done	12	0	12

3.7 INPATIENT CARE ACTIVITIES: ADMISSIONS

3.7.1 Bed capacity (Hospital and Health Centres)

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

Table 14: Departments, Wards and Number of beds in the hospital - 2023/24

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 increased by 10.6% to 33,318, up by 3,055 admissions from the previous year. Children's wards had the greatest increase 17.4% (1,711 admissions), while the maternity ward saw a 4.4% increase (550 admissions). However,

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admissions for other adults increased by 10.1% (794 admissions). The combined admissions for children and maternity wards accounted for 74.09% of the total admission as seen below.

Table 15: Admissions to the Hospital & Health Centres - 2022/23 to 2023/24

Admissions	FY-2022/23	FY-2023/24	Variance	Variance (%)
Total admissions children	9,816	11,527	1,711	17.4%
Total admission maternity	12,607	13,157	550	4.4%
Total admissions adults	7,840	8,634	794	10.1%
Total	30,263	33,318	3,055	10.1%

3.7.3 Admissions by location

Out of the 33,318 patients admitted during FY 2023/24, 23,411 (70.3%) were admitted to St. Mary's Lacor Hospital, while the remaining 9,907 (29.7%) were admitted across the three health centres. On average, 91 new patients were admitted per day into the Lacor hospital complex, with 64 daily admissions occurring at the main hospital alone

3.7.4 Admission to the Health Centres

In the FY 2023/2024, the total admissions across the health centres reached 9,907, reflecting a significant increase of 24.3% (1,939 more admissions) compared to the previous year. This rise was observed consistently across all three sentinel sites, most notably at Lacor Opit (58%), followed by Lacor Amuru (19.7%), and Lacor Pabbo (3%). The hospital has strategically moved to strengthen the health centres so that services can be taken nearer to the rural population, improving access to services, but also decongesting the hospital and leaving it for more complex cases. The following figure illustrate the trends in admissions across the health centres.

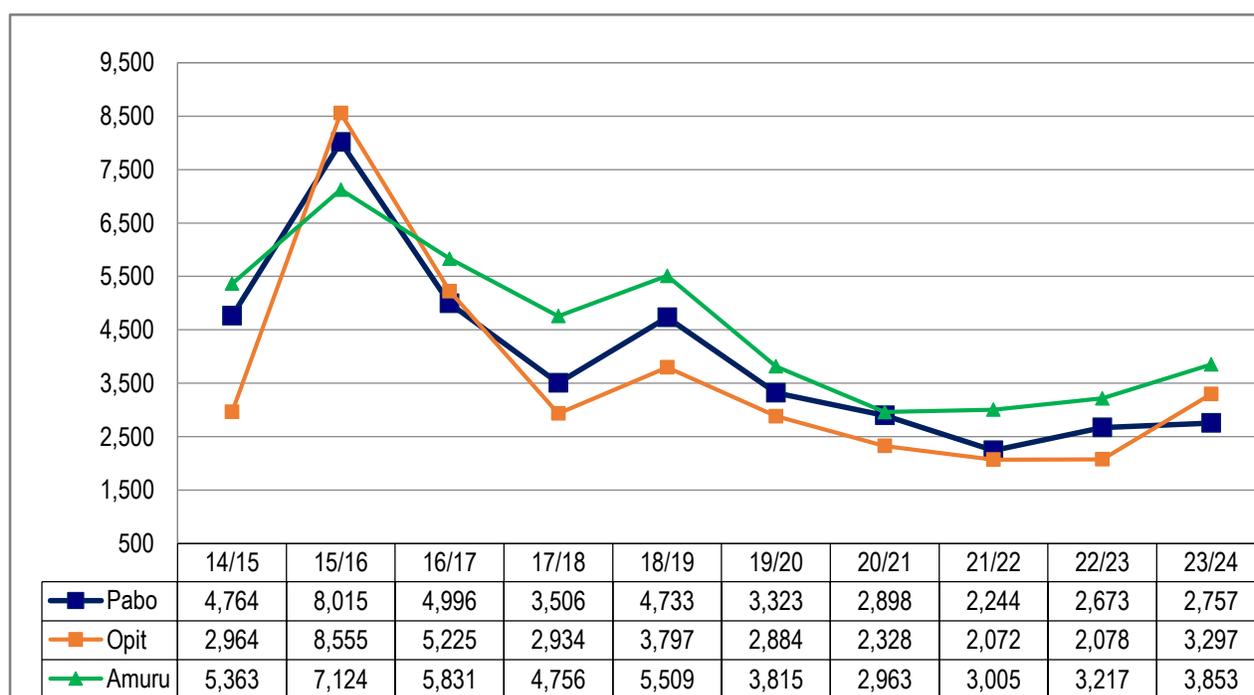


Figure 4: Trends of admission to the Health Centres - 2014/15 to 2023/24

3.7.5 Admissions to the Hospital

In this FY, an overall increase of 5% in admissions, was observed (from 22,295 last FY to the current 23,411), representing an additional 1,116 admissions. The Paediatric Department saw a 6.2% increase, primarily driven by the Neonatal Unit, which registered a 103.6% rise in admissions, from 390 to 794. The General Paediatric and Nutrition Unit remained relatively stable, with a modest 0.5% increase (from 6,627 to 6,658). The Medical Department also reported growth, with total admissions increasing by 4.5%, largely due to a 5.8% rise in General Medicine admissions. There was no specific admission to Isolation ward (although transfers were made. In the Surgical Department, admissions increased by 8.5%, driven by significant gains in Surgery 2 (up 18.5%) and ICU admissions, which grew by 19.9%. The Burns Unit also showed a strong 16% increase. However, Orthopaedic/Trauma Ward admissions declined by 7.3%. The Obstetrics and Gynaecology Department recorded a 2.5% increase in overall admissions, with the Maternity Unit rising by 3.6% (from 6,611 to 6,848). Gynaecology Unit experienced a slight 1.3% decline in admissions.

This overall increase in admissions reflects both the hospital's capacity to manage more complex cases. The marked growth in Neonatal and ICU admissions further underscores the increasing demand for the specialized care in these areas.

Table 16: Admissions by Ward in FY 2022/23 and 2023/24

Admissions	FY-2022/23	FY-2023/24	Variance	Vari(%)
Paediatric Department				
Gen Paediatric and Nutrition	6627	6658	31	0.5%
Neonatal	390	794	404	103.6%
Total Paediatric Department	7,017	7,452	435	6.2%
Medical Department				
General Medicine	2,640	2,792	152	5.8%
TB	0	0	0	0
Isolation	31	0	-31	-100.0%
Total Medical Department	2,671	2,792	121	4.5%
Surgical Department				
Surgery 1	977	983	6	0.6%
Burns	100	116	16	16.0%
Surgery 2	1,732	2052	320	18.5%
Orthopaedic/Trauma ward	922	855	-67	-7.3%
ICU	362	434	72	19.9%
Total Surgical Department	4,093	4,440	347	8.5%
Obstetrics and Gynaecology Dept				
Maternity	6,611	6,848	237	3.6%
Gynaecology	1,903	1,879	-24	-1.3%
Total Obstetrics &Gynaecology	8,514	8,727	213	2.5%
TOTAL	22,295	23,411	1116	5%

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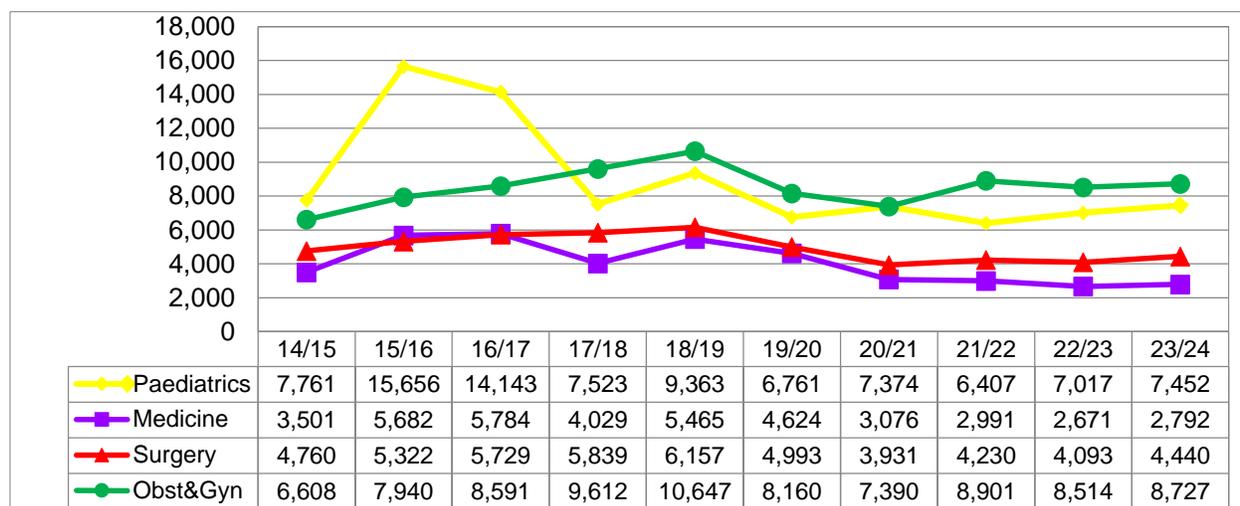


Figure 5: Trend of admissions in the Hospital by departments – 2014/15 to 2023/24

3.8 LEADING CAUSES OF ADMISSION TO THE HOSPITAL

3.8.1 Admission among children

In this FY 2023/24, Perinatal conditions was the leading cause of pediatric admissions at St. Mary's Lacor Hospital, accounting for 24.07% of all admissions. Malaria was the second most common cause, representing 18.65% of admissions. Anaemia all types accounted for 13.58% of admissions. Sepsis all types accounted for 9.88% of all admissions. Respiratory conditions ranked fifth, contributing to 8.76% of admissions. The table 17 summarizes the leading causes of morbidity in the FY 2023/24 (multiple diagnosis considered), mainly for pediatric admission.

Table 17: Leading causes of admission in children (hospital only) in FY 2023/24

Rank	Grouped Diagnosis	Frequency	% Contribution
1	Perinatal Conditions	1,138	24.07%
2	Malaria	882	18.65%
3	Anaemia (All types)	642	13.58%
4	Sepsis (All)	467	9.88%
5	Respiratory Conditions	414	8.76%
6	Gastrointestinal	295	6.24%
7	Tuberculosis (All)	134	2.83%
8	Nutritional Disorders	94	1.99%
9	Injuries (All types)	93	1.97%
10	Cardiovascular	30	0.63%
11	All Others	539	11.40%
	Grand Total	4,728	100%

3.8.2 Admission among adults

In FY 2023/24, maternal and obstetric conditions remained the leading cause of adult admissions at St. Mary's Lacor Hospital, accounting for 53.59% of all admissions (10,013 cases). Followed

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by anaemia accounting for 7.61% of admissions (1,421 cases). Then malaria contributed to 7.48% of the admission, injuries all types accounted for 7.40% and Gastrointestinal disorder made up the top 5 cause of morbidity among admitted adults. The table 18 summarizes the leading causes of morbidity in the FY 2023/24 (multiple diagnosis considered), mainly for adult admission.

Table 18: Leading causes of admissions in adults at the hospital in FY 2023/24

Rank	Grouped Diagnosis	Frequency	% Contribution
1	Maternal & Obstetric	10,013	53.59%
2	Anaemia (All types)	1,421	7.61%
3	Malaria (All)	1,397	7.48%
4	Injuries & Trauma (All)	1,383	7.40%
5	Gastrointestinal Disorders	1,117	5.98%
6	Neoplasms/Cancers	677	3.62%
7	Cardiovascular Diseases	668	3.58%
8	Sepsis & Infections	434	2.32%
9	Metabolic/Endocrine Disorders	229	1.23%
10	Respiratory Conditions	227	1.22%
11	All Others	1,117	5.98%
	Grand Total	18,683	100%

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

The average length of stay (ALOS) at the hospital was 6.4 days, a slight increase compared to the previous fiscal year, attributed to a rise in cases treated in specialized wards that typically require longer recovery times. Maternity and Gynaecology wards had the lowest ALOS of 3.6 days, followed by Children's ward (6.2 days) and Medicine (7.1days). In contrast, the surgical ward exhibited the highest ALOS at 12.0 days, consistent with the complex nature of trauma cases and surgical procedures.

This FY, the bed occupancy rate (BOR) again increased, to 85.28% from 79.47% in FY 2022/23. Paediatric department reported the highest BOR at 113.4%, followed by Surgery (87.4%), Obstetrics and gynaecology at 84.7%. Medicine ward had the lowest BOR of 64.7% as shown in the figure and table below.

Table 19: Hospital ALOS and BOR by ward in 2023/24

Department	Bed Capacity	Admissions	Bed State	ALOS	BOR
Peadiatrics	112	7,452	46,470	6.2	113.4%
Medicine	104	2,792	19,889	7.1	64.7%
Surgery	166	4,440	53,084	12.0	87.4%
Obs & Gyn	100	8,727	31,002	3.6	84.7%
Total/Average	482	23,411	150,445	6.4	85.28%

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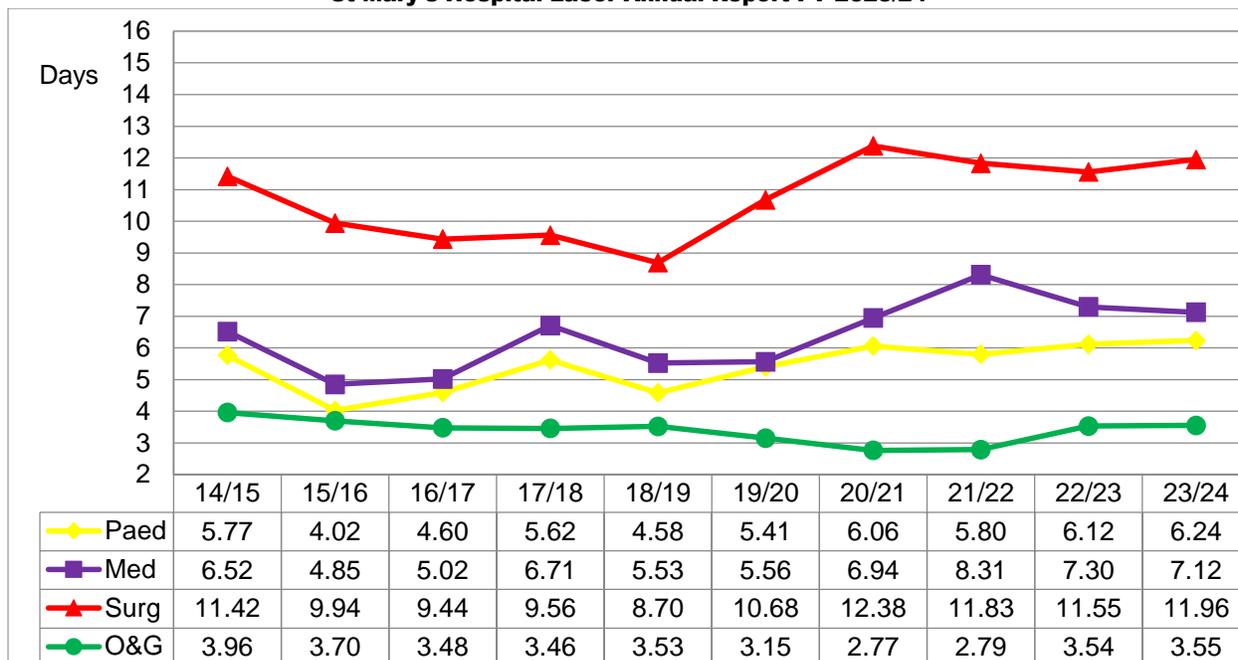


Figure 6: Variations in department specific inpatient ALOS – 2014/15 to 2023/24

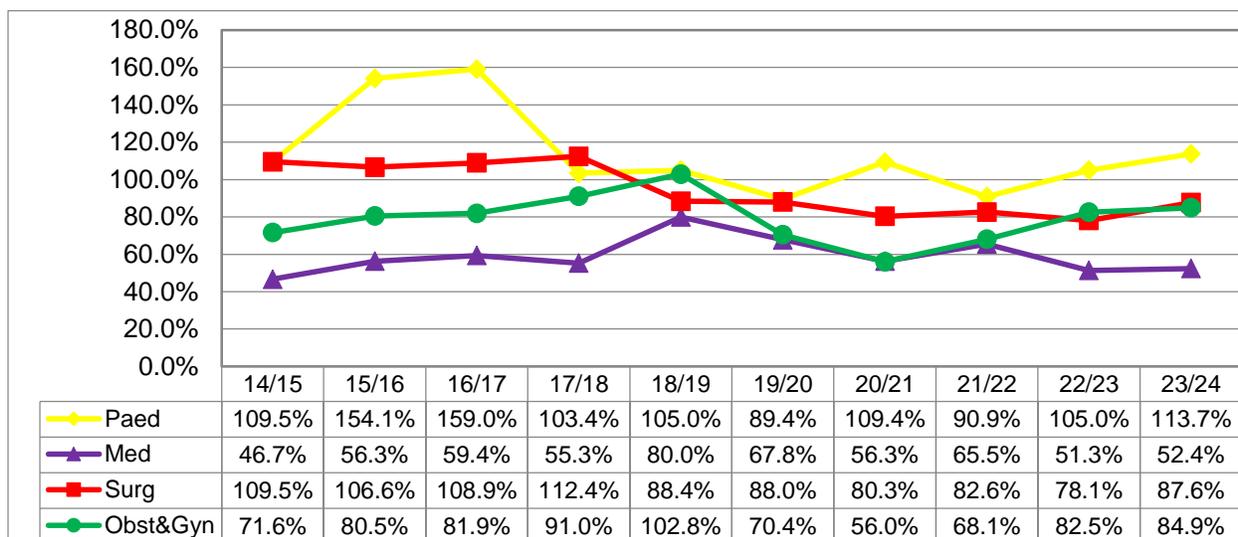


Figure 7: Variations in department specific BOR – 2014/15 to 2023/24

3.9 INPATIENT MORTALITY RATE IN THE HOSPITAL

In FY 2023/24, the total number of deaths at St. Mary's Lacor Hospital increased to 1,160, reflecting a 19.7% rise from 969 deaths recorded in FY 2022/23, and going to levels similar to previous years. The overall mortality rate this year was 4.95%, a slight increase from the previous financial year's rate of 4.71%. Mortality was highest in the surgical wards at 10.43%, mainly from ICU This was followed by the medicine wards at 10.32%, while the maternity ward had the lowest mortality rate at 0.40%. Emergency is now including deaths at arrival.

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Table 20: Mortality in the different units in the various wards from 2022/23 to 2023/24

Ward	Unit	2022/23	2023/24	Variance	Variance (%)
Surgery	Burns	8	8	0	0%
	Casualty Emergency	2	70	63	3150%
	ICU	243	293	50	21%
	Trauma	4	5	1	25%
	Surgery 1	47	40	-7	-15%
	Surgery II	42	52	10	24%
	Subtotal	346	463	117	34%
Medicine	Isolation	18	3	-15	-83%
	Medicine	261	285	24	9%
	Subtotal	279	288	9	3%
Paediatric	Main CHW	259	246	-13	-5%
	Neonatal ICU	68	128	60	88%
	Subtotal	327	374	47	14%
Obs & Gyn	Maternity	3	16	13	433%
	Gynecology	14	19	5	36%
	Subtotal	17	35	18	106%
GRAND TOTAL		969	1160	191	20%

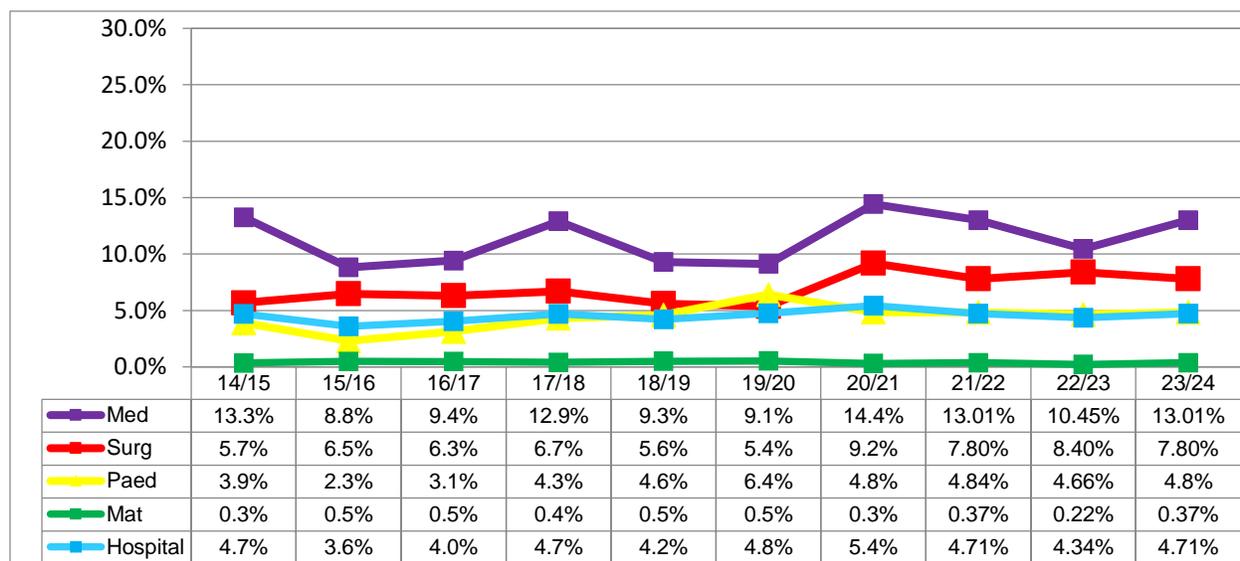


Figure 8: Variations in department specific Mortality 2014/15 to 2023/24

3.9.1 Leading causes of death in children admitted to the Hospital

Perinatal conditions were the leading cause of death in FY 2023/24, accounting for 30.60% (149 cases) of deaths. This underscores the critical need for enhanced neonatal care and support for newborns during their first week of life. Following this, congenital malformations and chromosome abnormalities were responsible for 13.14% (64 cases) of pediatric deaths, indicating a necessity for early detection and intervention. Respiratory distress 12.11%, acute sepsis 9.65% and malaria remained a significant health threat, contributing to

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7.80%% made up the top 5 causes of death. The other causes of death are summarized in table 21. It is clear that perinatal conditions such as birth asphyxia, low birth weight and other neonatal conditions are the drivers of death among children under 5 years.

Table 21: Leading causes of death in children FY 2023/24

No	Diagnosis (Multiple Diagnosis allowed)	No of Deaths	%
1	Perinatal conditions in newborns (0–7 days)	149	30.60%
2	Congenital malformations & chromosomal abnormalities	64	13.14%
3	Respiratory distress	59	12.11%
4	Acute sepsis (incl. neonatal sepsis variants)	48	9.65%
5	Malaria (incl. confirmed microscopic & RDT)	38	7.80%
6	Anaemia (all types)	33	6.78%
7	Severe malnutrition (all forms)	30	6.16%
8	Pneumonia	19	3.90%
9	Cardiovascular diseases	17	3.49%
10	Gastrointestinal disorders (non-infective)	9	1.85%
11	All Others	22	4.52%
	TOTAL	724	100.00%

3.9.2 Leading causes of death in adults admitted to the Hospital

In FY 2023/24, the leading causes of death among admitted adults were: cardiovascular diseases of all types (17.98%), followed by sepsis of all types (15.16%), cancers of all types (12.48%), gastrointestinal and liver disorders (12.04%), and anaemia of all types (10.85%). These constituted the top five causes of adult mortality, as summarized in Table 22.

Table 22: Most frequent causes of death in Adults FY 2023/24

No	Diagnosis (Multiple Diagnosis allowed)	No of Deaths	%
1	Cardiovascular diseases (all)	121	17.98%
2	Sepsis (all types)	102	15.16%
3	Cancers (all types)	84	12.48%
4	Gastrointestinal & liver disorders	81	12.04%
5	Anaemia (all types)	73	10.85%
6	Injuries (all causes)	67	9.96%
7	Pneumonia	40	5.94%
8	Respiratory conditions (all)	30	4.46%
9	RVI/HIV-related conditions	27	4.01%
10	Malaria (incl. confirmed & pregnancy)	25	3.71%
11	All Others	23	3.42%
	TOTAL	1,387	100.00%

3.9.3 Summary of Hospital Mortality by Ward

Table 23: Summary of Hospital mortality by Ward – 2013/14 to 2023/24

Indicator	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
MEDICINE WARD (GENERAL MEDICINE, TB & ISOLATION)											
Admissions	3,569	3,501	5,682	5,681	4,029	5,495	4,624	3,076	2,991	2,671	2,792
Total deaths	452	464	501	535	520	509	357	444	389	279	288
Mortality rate	12.66%	13.25%	8.82%	9.42%	12.91%	9.26%	7.72%	14.43%	13.01%	10.45%	10.32%
PAEDIATRIC WARD (CHILDREN WARD, NUTRITION & NEONATAL)											
Admissions	7,723	7,761	15,656	14,039	7,523	9,363	6,761	7,374	6,407	7,017	7,452
Total deaths	354	302	359	440	325	432	377	357	310	327	374
Mortality rate	4.58%	3.89%	2.29%	3.13%	4.32%	4.61%	5.58%	4.84%	4.84%	4.66%	5.02%
SURGICAL WARD (SURGERY I, II, TRAUMA & ICU)											
Admissions	4,735	4,760	5,322	5,881	5,839	6,157	4,993	3,932	4,230	4,093	4,440
Total deaths	230	270	345	371	394	343	290	361	330	344	463
Mortality rate	4.86%	5.67%	6.48%	6.31%	6.75%	5.57%	5.80%	9.18%	7.80%	8.40%	10.43%
MATERNALTY WARD (OBSTETRICS AND GYNAECOLOGY)											
Admissions	6,415	6,608	7,940	8,650	9,612	10,647	8,160	7,390	8,901	8,514	8,727
Total deaths	31	23	38	40	41	57	35	22	33	17	35
Mortality rate	0.48%	0.35%	0.48%	0.46%	0.43%	0.54%	0.43%	0.30%	0.37%	0.20%	0.40%
ALL WARDS											
Admissions	22,442	22,630	34,600	34,251	27,003	31,662	24,538	21,771	22,529	22,295	23,411
Total deaths	1,067	1,059	1,243	1,386	1,280	1,341	1,063	1,184	1062	967	1160
Mortality rate	4.75%	4.68%	3.59%	4.05%	4.74%	4.24%	4.33%	5.44%	4.71%	4.34%	4.95%

3.9.4 Summary of Hospital inpatient statistics

Table 24: Summary of hospital inpatient statistics/ activities FY 2023/24

Ward	Medicine	Pediatrics	Obs & Gyn	Surgery	Total / average
Number of beds	104	112	100	166	482
Admissions	2,792	7,452	8727	4,440	23,411
Bed days	19,889	46,470	31002	53,084	150,445
Occupancy rate	52.25%	113.36%	84.70%	87.37%	84.42%
Average length of stay	7.1	6.2	3.6	12.0	7.2
Number of deaths	288	374	35	463	1160
Death rate	10.32%	5.02%	0.40%	10.43%	4.95%

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 conducted in the theatres are major, while minor surgeries are carried out in the Accident and Emergency (A/E) department, procedure rooms in the wards, and POP rooms. The volume of major surgical operations has been declining over the past two financial years. In FY 2022/23, a total of 6,446 major operations were performed, reflecting an 8.5% decrease from the 7,048 operations recorded in FY 2021/22. This downward trend continued into FY 2023/24, with 6,147 operations performed, averaging approximately 17 operations per day over 366 days.

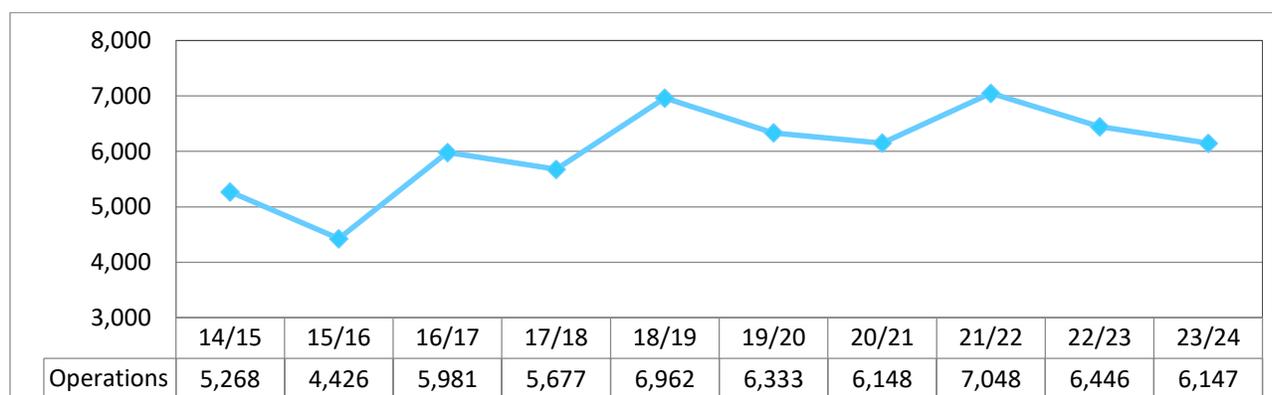


Figure 9: Trend of major surgical operations – 2014/15 to 2023/24

3.10.2 Maternity services

The three subsidiary health centres provide basic emergency obstetric care, while the hospital offers comprehensive emergency obstetric services. Antenatal care (ANC) is available at the hospital complex daily, except on weekends. Notably, the health centres are now providing ultrasound services in maternity care.

The total number of ANC visits at the hospital complex declined by 6.7% to 27,064 this FY from 29,012 in 2022/23, spread in both the hospital and its lower level facilities, possibly related to more functional public ANC facilities.

Table 25: Antenatal care in the Hospital and health units in FY 2022/23 and 2023/24.

ANC	2022/23	2023/24	Difference	% Variance
Hospital	12,775	10,691	-2,084	-16.31%
Amuru	5,777	5,969	-473	-8.19%
Opit	4,215	3,971	-392	-9.30%
Pabbo	6,245	6,433	-694	-11.11%
TOTAL	29,012	27,064	-1948	-6.7%

3.10.3 Deliveries in the Hospital Complex

The number of assisted deliveries in the hospital complex has shown varied trends over recent years. In FY 2023/24, a total of **8,853 deliveries** were registered, marking a slight increase of **0.16%** (14 more deliveries) compared to the **8,839 deliveries** recorded in FY 2022/23. This stabilization follows a **4.63%** decrease (429 fewer deliveries) from **9,268** in FY 2021/22, which may be attributed to the availability of functional government health facilities and a growing number of private medical facilities

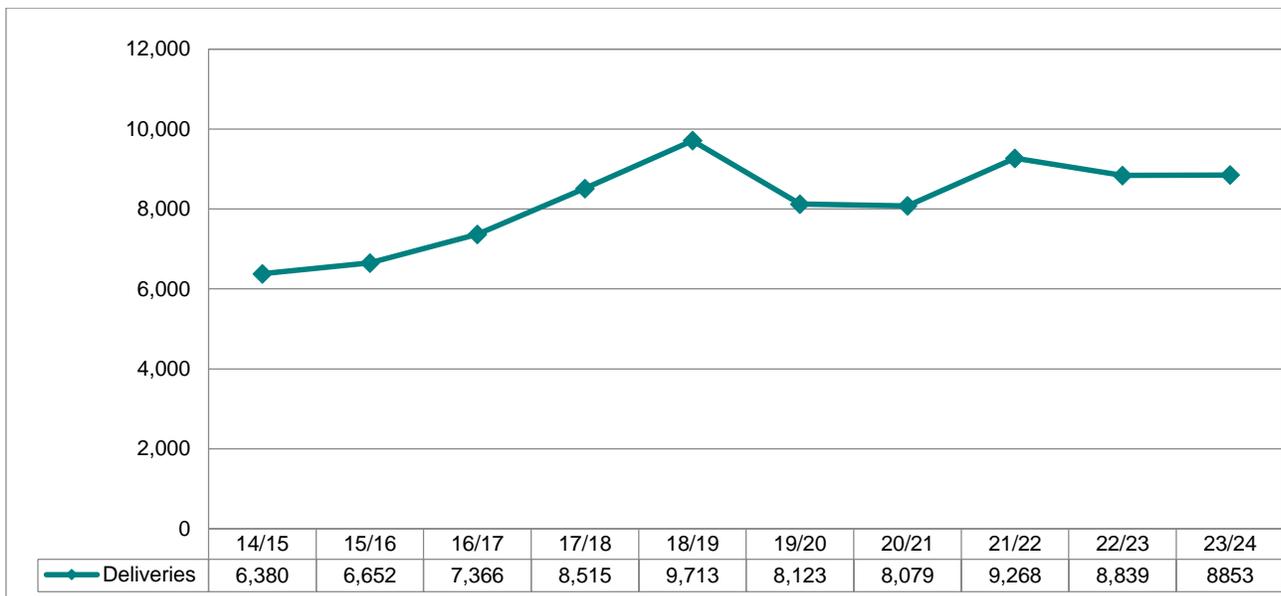


Figure 10: Trend of assisted deliveries – 2014/15 to 2023/24

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In FY 2023/24, the hospital conducted 5,889 deliveries, reflecting a 1.74% increase (101 more deliveries) from the previous year. Lacor Amuru reported an increase of 2.75% (33 more deliveries), while Opit Health Centre saw a 14.35% decrease (98 fewer deliveries), and Pabbo Health Centre experienced a minor decline of 1.88% (22 fewer deliveries).

Table 26: Distribution of deliveries by location in 2022/23 and 2023/24

Deliveries	2022/23	2023/24	Difference	Variance (%)
Hospital	5,788	5,889	101	1.74%
Lacor Amuru HC III	1,199	1,232	33	2.75%
Lacor Opit HC III	683	585	-98	-14.35%
Lacor Pabbo HC III	1169	1,147	-22	-1.88%
TOTAL	8,839	8,853	14	0.2%

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

The current National Maternal Mortality Ratio (MMR) stands at **189 per 100,000 live births (UDHS 2022)**². The following table presents the trends in maternity services at Lacor Hospital from FY 2016/17 to FY 2023/24.

Table 27: Summary of Maternity services, FY 2016/17 to 2023/24.

Statistic	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24
Total deliveries	7,366	8,515	9,713	8,123	8,079	9,268	8,839	8,853
Deliveries in HCs	2,355	2,539	3,024	2,666	2,808	2,884	3,051	2,964
No of C/Sections	1,230	1,580	1,857	1,623	1,710	2,398	2,212	2,193
C/Section rates	16.70%	18.60%	19.10%	20.00%	21.20%	25.90%	25.00%	24.77%
Maternal deaths	30	23	32	28	28	36	28	16
MMR* /100,000	412.7	273.9	335.1	343.4	349.7	393.8	318	183.4
Number of live births	7,269	8,397	9,549	8,154	8,006	9,142	8,794	8,726
Number of still births	162	128	247	208	187	197	169	223
Still birth rate: (per 1,000 deliveries)	22.3	15.2	25.9	25.6	23.4	21.5	19.2	25.6

This FY we recorded a decline in MMR, with 16 maternal deaths, mainly related to antepartum, postpartum hemorrhage, eclampsia and pre-eclampsia, and sepsis. The MMR around is still high, and Lacor tends to receive very late referrals from lower health facilities, often when mothers are in critical condition. We continue to encourage all healthcare facilities to refer patients early to prevent such outcomes.

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

Caesarean section was performed in 24.7% of mothers, a rate higher than WHO standard of 15%. The high rate of in the caesarean section rate is linked to an increasing number of complicated pregnancies being referred to Lacor Hospital from various health centres in the region. Notably, Lacor Hospital performs over **70%** of all caesarean sections in the Gulu, Amuru, and Nwoya districts, underscoring its critical role in managing high-risk pregnancies.

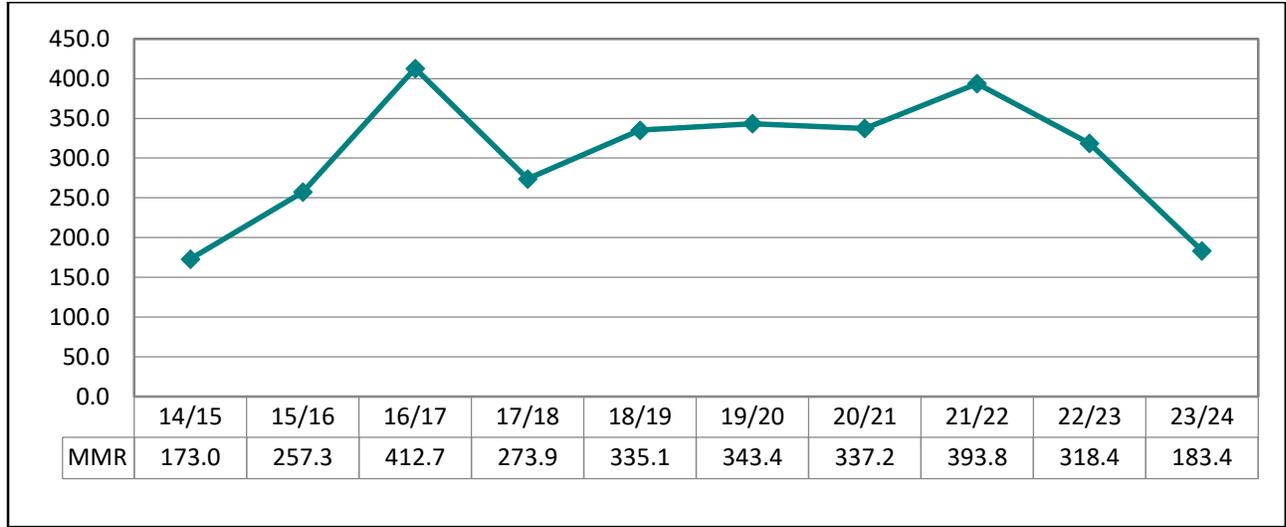


Figure 11: Trend of MMR 2014/15 to 2023/24

3.11 DENTAL SERVICES

This FY registered a 3.59% increase in the number of patients receiving dental treatment, serving 7,216 clients.. The range of dental services offered includes conservative dentistry, tooth extractions, and other emergency treatments; however, maxillofacial operations are not included in this data. The need for dental public health is increasing in the region, and the practice of preventive dentistry has been difficult for the few Officers who are managing decayed, missing, or filled teeth.

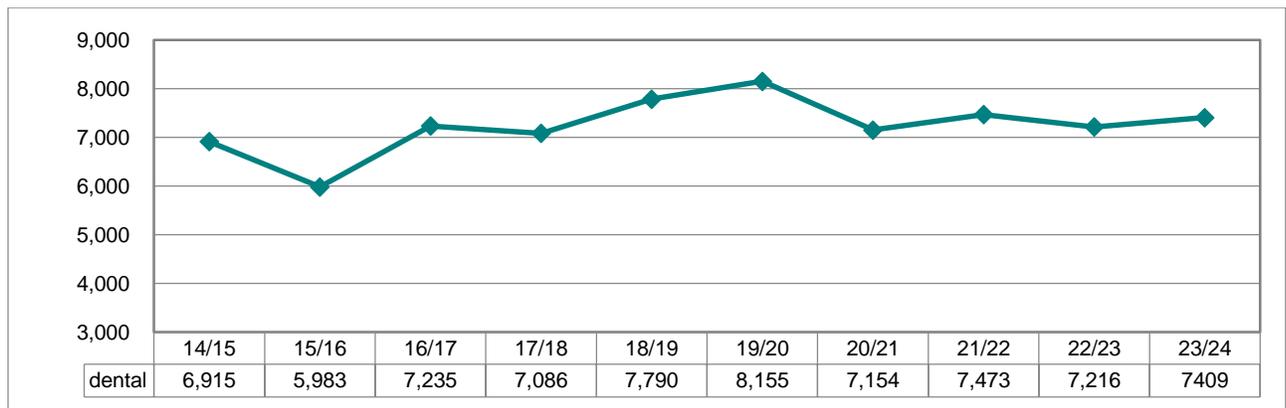


Figure 12: Trend of dental treatment 2014/15 to 2023/24

3.12 LABORATORY SERVICES

In FY 2023/24, the number of laboratory tests performed at Lacor Hospital and the three Health Centres increased to **505,400**, reflecting a significant rise of **14.85%** (from **440,209 tests** in FY 2022/23). This surge is primarily attributed to an increased emphasis on diagnostic testing prior to treatment, highlighting the commitment to improved patient care and outcomes. Laboratory services at Lacor Hospital are comprehensive, encompassing blood banking, haematology, biochemistry, parasitology, microbiology, serology, immunology (including CD4 counts), hormonal assays, histology, and histopathology. Basic microscopy and haematological tests are conducted at the Health Centres, while samples for viral load and diagnostic DNA PCR are sent to Central Public Health Laboratories for advanced testing. Many tests are now being entered onto the electronic patient management system.

Table 28: Number of Laboratory tests performed FY 2016/17 to 2023/24.

FY	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Hospital	480,210	306,522	457,666	408,131	324,104	306,909	377,626	435,891
HCs	61,600	81,536	86,488	83,835	79,767	76,387	62,583	69,509
Total	541,810	388,058	544,154	491,966	403,871	383,296	440,209	505,400

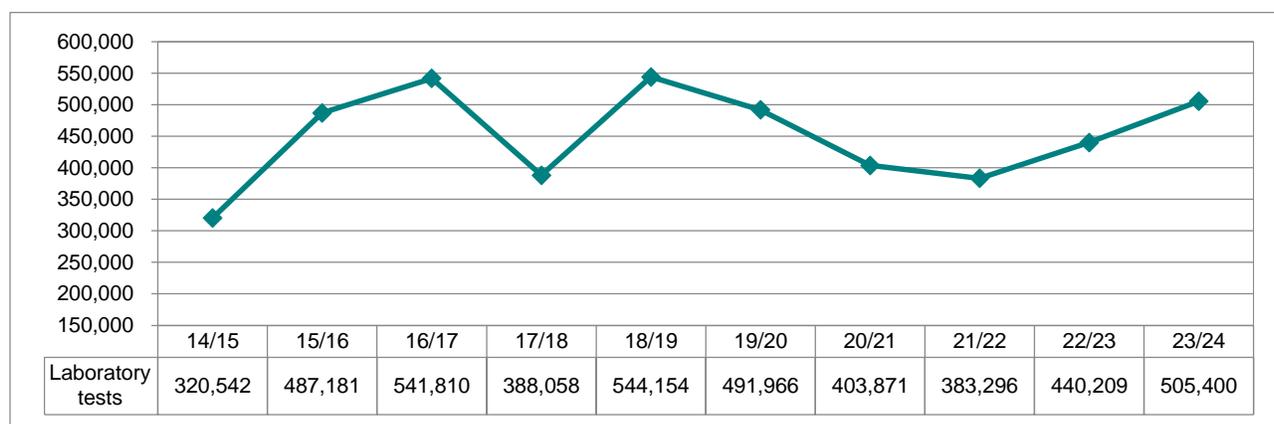


Figure 13: Trend of laboratory tests 2014/15 to 2023/24

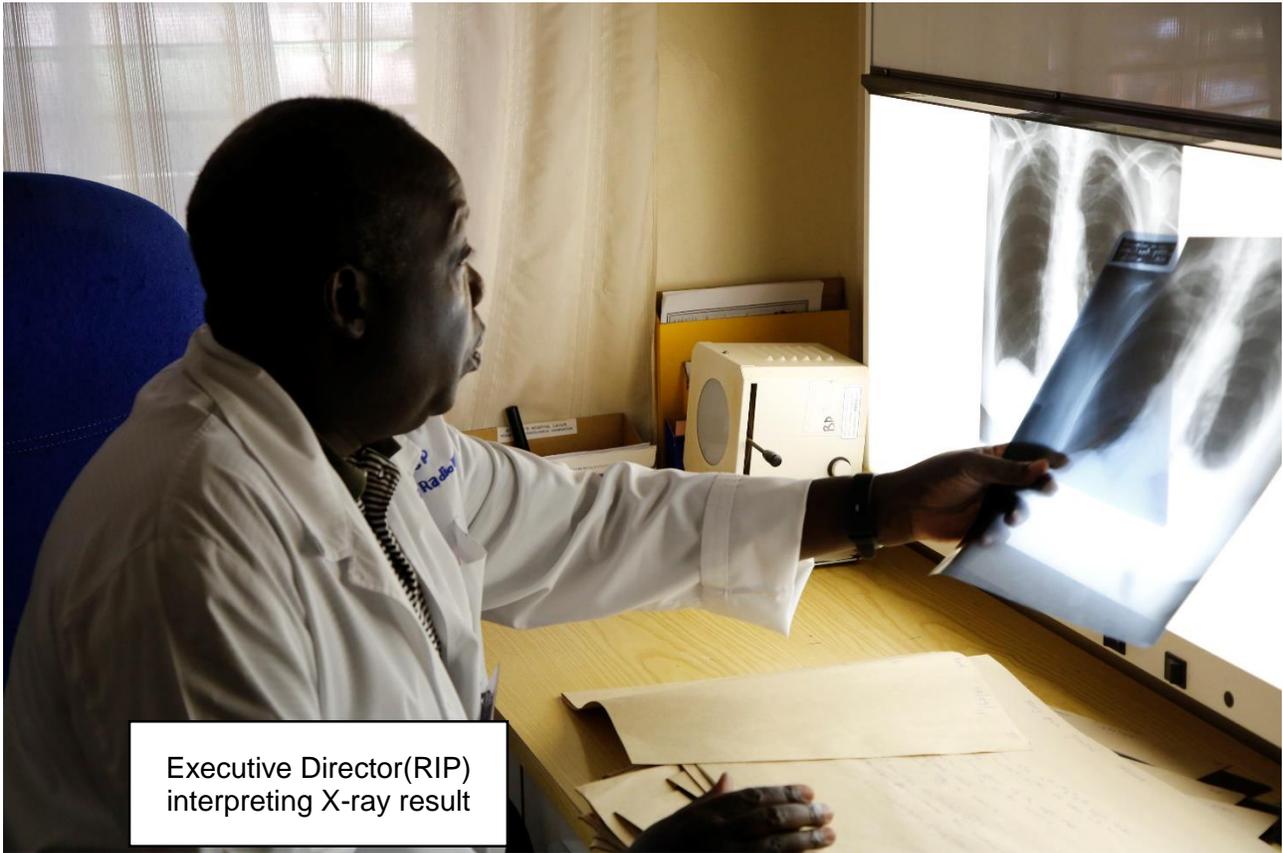
3.13 RADIOLOGICAL SERVICES

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 2022/23, radiology department recorded a 21% decline to 35,828 examinations from 45,563 performed in FY 2022/23. This can be closely related to data migration to a new system that had challenges in capturing the number of clients served. However, there is increased use of point of care investigations at the bedside (ultrasound) in different departments, that hardly get to the

Radiology unit. Our IT team is working to improve the capture of data, and to reduce the waiting time at the Radiology unit.



Executive Director(RIP) interpreting X-ray result

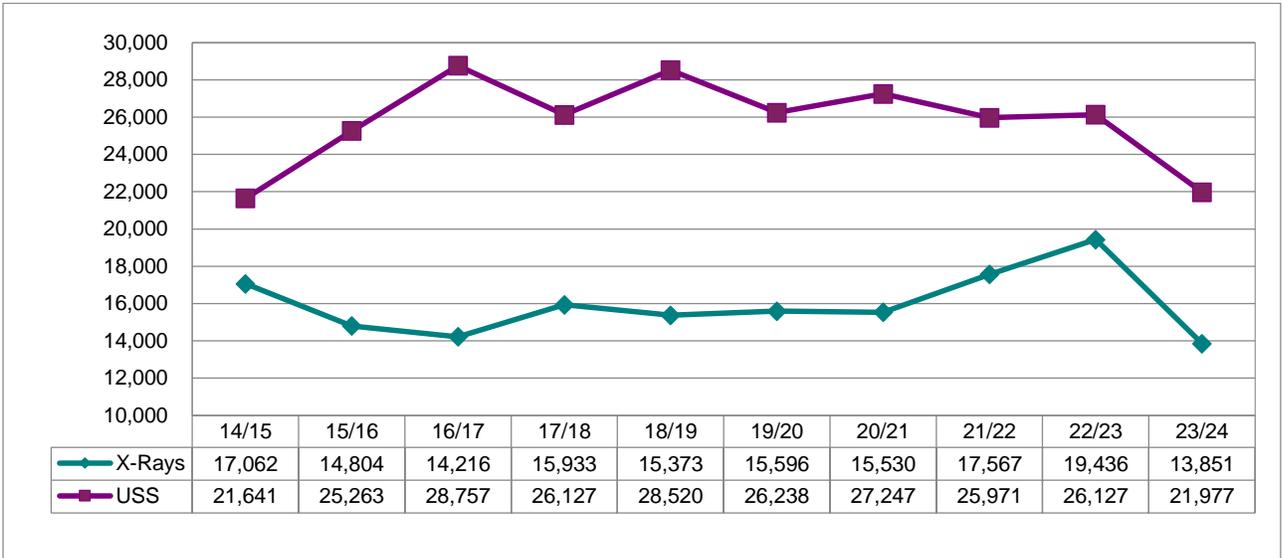


Figure 14: Trend of Radiological examinations 2014/15 to 2023/24

3.14 PHYSIOTHERAPY AND ENDOSCOPY SERVICES

Endoscopy and physiotherapy are two other specialised services offered by the hospital. This FY 2023/24, 715 endoscopic examinations were performed, marking a slight decrease from the 906 procedures conducted in FY 2022/23. The hospital recorded 3,886 physiotherapy sessions this fiscal year, down from 4,145 in the previous year. Health education for rehabilitation is being conducted, to reduce the in-person sessions.

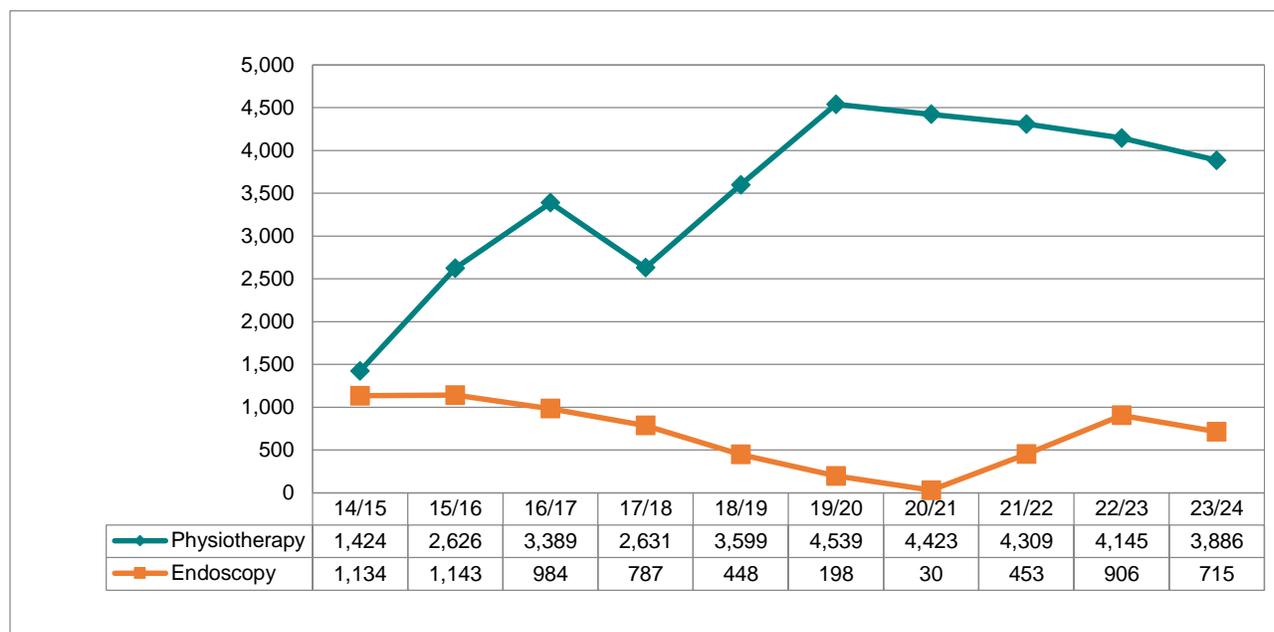


Figure 15: Trend of Physiotherapy and Endoscopy 2014/15 to 2023/24

3.15 PRIMARY HEALTH CARE ACTIVITIES

3.15.1 The Health Centres:

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

Following 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 29:Trends of immunization activities 2015/16 to 2023/24

Antigen	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24
BCG	7,883	8,623	9,787	9,881	8,641	8,688	8,429	8,399	7,387
Polio	23,326	25,793	29,916	26,627	26,680	26,613	26,503	26,258	19,096
DPT/Hib/HepB	16,940	16,816	19,348	17,418	14,579	14,821	13,920	13,788	13,455
Measles	4,911	5,051	4,972	4,498	4,400	4,150	4,161	3,682	5,739
Tetanus tox.	16,375	15,542	15,424	14,027	13,871	15,375	15,544	14,459	19,163
PCV	15,847	14,592	18,002	16,695	14,984	14,630	14,464	14,522	13,316
HPV	1,058	2,975	4,348	1,236	2,027	1,223	915	1,991	2,934
Hep.B-adults	4,109	8,704	1,874	1,534	249	61	26	44	390
Rotavirus	-	-	805	11,341	9,122	9,873	8,593	9,214	7,994
COVID-19						2,315	7,881	0	0
Yellow fever								32,280	822
Others(Birth dose HBV, IPV inclusive)									15,149
Total	90,449	98,096	104,476	103,267	94,553	97,749	100,436	124,637	105,445

In FY 2023/24, St. Mary's Hospital Lacor continued its commitment to immunization through routine vaccinations and participation in outreach programs, including National Immunization Days and Family Health Days. The overall number of routine vaccines administered remained consistent compared to the previous fiscal year (FY 2022/23) albeit a slight decline- usually related to vaccine occasional stock-outs. Birth dose of Hepatitis vaccination is taking root, while COVID-19 vaccination was not very accessible.

3.15.3 Care for the paralyzed patients

St. Mary's Hospital Lacor has been providing care for paralyzed patients since 2008, offering both hospital-based and home-based services. This care is delivered through a collaborative approach involving occupational therapists, nurses, and community-based rehabilitative workers. In FY 2023/24, the hospital recorded an increase in community-based care services, with a total of 49 patients receiving care, reflecting a 11% increase from the previous year. However, outpatient department (OPD) care saw a decline, dropping to 40 patients, a 23% decrease compared to FY 2022/23. The most notable change occurred in hospital admissions for paralyzed patients, which increased significantly to 68, marking a 66% rise from the previous year. This uptick may indicate a

growing need for intensive support and rehabilitation for these patients. Unfortunately, home/community visits have dramatically decreased, with only 102 visits reported in FY 2023/24, reflecting a 79% reduction compared to previous years. This decline can be attributed to various challenges, including reduced financial support for these services in a particularly needy group.

Table 30: Services delivered to paralysed patients in FY-2017/18 to FY-2023/24

Type of care	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Community based care	42	42	40	44	42	44	49
OPD care in Hospital	43	51	60	44	21	52	40
Admissions	48	46	42	36	41	41	68
Home/community visits	1,229	1,273	787	0	69	482	102

3.15.4 Outreach activities

St. Mary's Hospital Lacor has been actively involved in various Primary Health Care (PHC) outreach activities, including immunization drives, home visits for tuberculosis (TB), community health meetings with Village Health Teams (VHTs), school health programs, and HIV counseling and testing (HCT) outreaches. This year, the hospital collaborates with over 100 VHTs, including vaccinators, in the sub-counties of Lakwana, Amuru, and Pabbo.

Table 31: PHC Outreach activities in FY 2018/19 to FY 2023/24

Nature of activity	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Immunization outreaches	102	113	75	80	86	92
Home visits	194	100	200	0	29	24
School health	40	16	7	14	27	60
Voluntary counselling & testing outreaches	89	129	78	72	91	16
Health education outside hospital	101	258	75	136	86	78
Health education within the Hospital	14,144	15,061	14,769	15,313	11,277	14,684

3.15.5 Ambulance Services

St. Mary's Hospital Lacor provides crucial ambulance services from the Health Centres of Amuru, Pabbo, and Opit, extending to surrounding communities and Gulu District. The ambulances are essential for responding to emergencies, including accidents, and often transport patients from remote areas to the hospital for urgent care.

Table 32: Ambulance service FY- 2023/24

DESTINATIONS	No of Trips	MOTHERS	CHILDREN	OTHERS	TOTAL
Aber hospital	15	0	3	12	15
Lacor Amuru HCIII	425	291	220	99	610
Lacor Opit HCIII	317	125	154	75	354
Lacor Pabbo HCIII	454	175	209	104	488
Mulago National Referral hospital	9	0	2	7	9
Others	5	2	0	17	20
TOTAL	1,225	593	588	314	1,496

This financial year, the hospital recorded a total of 1,225 ambulance trips, benefiting 1,496 individuals across various destinations. Among these, 29 critical cases were referred to Mulago and other major national referral hospitals. Notably, 610 beneficiaries were transported from Amuru, with a significant portion of these calls related to emergency obstetric care. Additionally, the ambulances provided essential services to 354 patients from Opit and 488 from Pabbo, underscoring the vital role of this service in ensuring timely medical assistance for those in need. The hospital has made a concerted effort this year to have a nurse or midwife accompany the ambulance for immediate medical assistance during emergencies. This initiative aims to enhance the quality of care provided during transport, particularly for expectant mothers and children, who comprise the majority of ambulance beneficiaries. Despite these successes, the service faces challenges, particularly due to the poor condition of roads, which can become impassable during the rainy season. This is especially problematic on the route to Amuru, impacting timely patient transfers. Overall, the ambulance services remain a vital component of healthcare delivery for the community, ensuring that critical medical attention is accessible to those in need, especially mothers and children. Continued investment in infrastructure and vehicle maintenance will be essential to improve service efficiency and reach more patients effectively.

3.15.6 Maternity Waiting Home, (Gang pa Min Atim)

The Maternity Waiting Home at the hospital, established in September 2013, serves to accommodate high-risk pregnant mothers from remote areas, ensuring they are close to medical care. This Financial year, the home provided care for 32 mothers, a slight increase from 27 in the previous Financial year. Lacor is re-sensitising mothers following the significant drops associated with COVID-19 restrictions. The high risk clinics have been started to identify mothers eligible for the maternity waiting home.

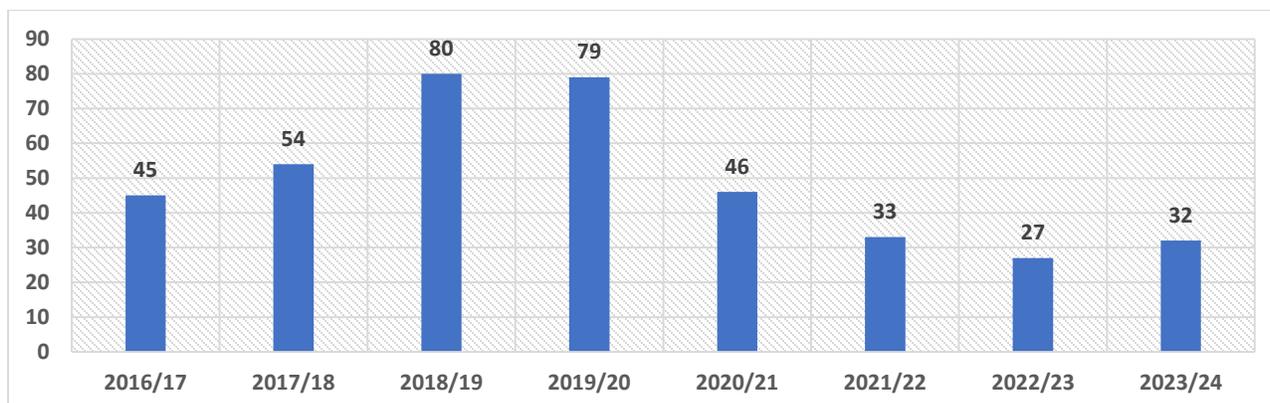


Figure 16: Mothers attended to maternity waiting home (Gang Pa Min Atim)

3.15.7 Epidemic preparedness and response to epidemics

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

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

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

In October 2000, Lacor Hospital detected the outbreak of Ebola Virus Disease. Although it lost 13 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, Gulu 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, and "hard to reach" outreaches serving underserved groups.

3.15.8 Performance in the National League Table indicators

This dashboard evaluates the performance of St. Mary's Hospital Lacor and its satellite centers (Lacor Opit, Lacor-Pabbo, and Amuru Lacor Health Centre) against the National League Table Indicators for FY 2022/23 and FY 2023/24. In FY 2022/23 and FY 2023/24, St. Mary's Hospital Lacor and its sentinel sites saw a decline in DPT 3 coverage (93.2% to 86.6%), a decrease in the TB case notification rate (126.8% to 121.4%), strong IPT3 coverage (90.8% to 86.5%), a drop in ANC 4 visits (84.6% to 71.8%), stable yet high deliveries (173.5% to 168.6%), a sharp fall in under-5 Vitamin A coverage (37.0% to 23.3%), improved HIV testing in pregnant women (93.2% to 95.9%), enhanced ART viral suppression (94.7% to 95.7%), a lower DPT1 to MR drop-out rate (29.5% to 23.4%), consistently 100% maternal death reviews, increased perinatal death reviews (65.0% to 84.4%), and improvement in VHT/ICCM reporting (35.4% to 46.9%), though under-5 deworming remained untracked

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Table 33: Performance against National League Table Indicators from 2022/2023 to 2023/24

Indicator	DPT 3 (%)		TB Case Notification Rate		IPT3 Coverage (%)		ANC 4 Visits (%)		Deliveries (%)		Under-5 Vitamin A 2nd dose (%)	
	FY 22/23	FY 23/24	FY 22/23	FY 23/24	FY 22/23	FY 23/24	FY 22/23	FY 23/24	FY 22/23	FY 23/24	FY 22/23	FY 23/24
St. Mary's Hospital Lacor	71.7	49.8	182.2	169.3	77.6	65.3	71.9	58.4	226.6	223.6	60.7	23.3
Lacor Opit Health Centre III	122.8	123.6	98.8	112.3	93.7	83.2	92.0	80.4	88.7	73.7	28.7	44.4
Lacor-Pabbo Health Centre III	211.4	174.7	95.8	68.7	192.4	211.7	196.9	160.7	223.8	213.0	0.2	105.2
Amuru Lacor Health Centre III	69.5	102.1	43.6	50.8	73.5	79.5	59.1	56.8	96.2	96.0	9.2	40.3
Total	93.2	86.6	126.8	121.4	90.8	86.5	84.6	71.8	173.5	168.6	37.0	39.0
National Target	90		<173		66		52		70		60	

DPT 3 Vaccination: Overall coverage dropped from 93.2% to 86.6%, falling below the national target of 90%. Although Lacor Opit Health Centre III showed a slight improvement from 122.8% to 123.6%, such high percentages may indicate administrative discrepancies or over-reporting.

TB Case Notification Rate: This rate decreased from 126.8% to 121.4%, remaining above the national target of <173. This decline could suggest challenges in active case identification or reporting.

IPT3 Coverage: There was a decrease from 90.8% to 86.5%, yet it still exceeds the national target of 66%, indicating satisfactory performance in this area.

ANC 4 Visits: Coverage decreased from 84.6% to 71.8%, remaining above the national target of 52%, reflecting relatively fair performance despite the decline.

Deliveries: The percentage slightly declined from 173.5% to 168.6%, continuing to surpass the national target of 70%, demonstrating strong maternal health performance.

Under-5 Vitamin A 2nd Dose: A significant drop was observed, with coverage decreasing from 37.0% to 39.0%, well below the national target of 60%. This decline is concerning and highlights the urgent need for renewed efforts to ensure children receive this essential supplement.

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Table 34: Performance against National League Table Indicators from 2022/2023 to 2023/24

Indicator	Pregnant women tested for HIV during the current pregnancy (%)		ART Viral Suppression Rate (%)		DPT1 to MR Drop Out Rate (%)		Maternal deaths reviewed (%)		Perinatal deaths reviewed (%)		VHT/ICCM quarterly reports rate (%)		% of under 5 dewormed in the last 6 months	
	FY 22/23	FY 23/24	FY 22/23	FY 23/24	FY 22/23	FY 23/24	FY 22/23	FY 23/24	FY 22/23	FY 23/24	FY 22/23	FY 23/24	FY 22/23	FY 23/24
St. Mary's Hospital Lacor	93.0	95.7	95.3	96.5	24.5	22.0	100.0	100.0	63.8	83.3	50.0	50.0	0	0
Lacor Opit Health Centre III	95.8	96.6	94.1	93.9	19.2	7.1	-	-	70.0	86.7	33.3	12.5	0	0
Lacor-Pabbo Health Centre III	87.5	92.7	94.6	94.9	49.5	24.2	-	-	86.7	100.0	25.0	37.5	0	0
Amuru Lacor Health Centre III	98.0	99.0	90.5	92.0	25.8	35.7	-	-	70.0	87.0	33.3	87.5	0	0
Total	93.2	95.9	94.7	95.7	29.5	23.4	100.0	100.0	65.0	84.4	35.4	46.9	0	0
National Target	100		93		<5		85		29		60		72	

Pregnant Women Tested for HIV: The percentage of pregnant women tested for HIV during their current pregnancy increased from 93.2% in FY 22/23 to 95.9% in FY 23/24, although it still falls short of the national target of 100%. This improvement is particularly notable at Amuru Lacor Health Centre III, which reported a commendable 99.0%.

ART Viral Suppression Rate: This rate improved from 94.7% to 95.7%, surpassing the national target of 93%. The effective management of ART across St. Mary's Hospital Lacor and its sentinel sites reflects strong health service delivery in this area.

DPT1 to MR Drop-Out Rate: The drop-out rate decreased from 29.5% to 23.4%, yet both figures remain significantly above the national target of <5%, indicating ongoing challenges in maintaining vaccination coverage.

Maternal Deaths Reviewed: The percentage of maternal deaths reviewed remained consistently high at 100%, significantly exceeding the national target of 85%. This indicates the effective functioning of the Maternal and Perinatal Death Surveillance and Response (MPDSR) committee, which plays a crucial role in enhancing quality care and implementing strategies for improved maternal health outcomes.

Perinatal Deaths Reviewed: There was a notable increase in the percentage of perinatal deaths reviewed, rising from 65.0% to 84.4%, surpassing the national target of 29%. This improvement reflects a strong commitment to learning from perinatal cases to enhance care.

VHT/ICCM Quarterly Reports Rate: The rate of VHT/ICCM quarterly reports remained below the national target of 60% for both financial years, yet it showed improvement from 35.4% to 46.9%. Continued efforts are necessary to strengthen community health reporting and engagement with Village Health Teams (VHTs) for better data collection and health outcomes.

% of Under-5 Dewormed in the Last 6 Months: There was no data collection for this indicator in either year, highlighting a critical area requiring enhanced focus on deworming programs for children under five.

3.16 Summary of Community Health services at Lacor hospital

3.16.1 Preventive services:

Preventive services at St. Mary's Hospital Lacor encompass a range of healthcare practices aimed at preventing diseases, detecting health issues at an early stage, and promoting overall health and well-being. These services are crucial in reducing the incidence and impact of diseases, improving patient outcomes, and minimizing healthcare costs in the long run. Common types of preventive services offered at St. Mary's Hospital in the year 2023/2024 included:

- ❖ **Screening for Sickle Cell, Cervical Cancer, Hypertension and diabetes.**
- ❖ **Immunizations** – Was provided as static and during outreaches.
- ❖ **Nutrition Counselling Services.**
- ❖ **Preventive Medications** – This was provided in the form of Intermittent Preventive Treatment in pregnancy (IPTp), Tuberculosis (TB) preventive treatment (or TPT).

3.16.2 Health Promotion services:

Health promotion services encompass a range of activities and programs designed to improve individual and community health outcomes by encouraging healthy behaviours and lifestyles. These services aim to prevent illness, enhance well-being, and empower people to take control over their health. Key components of health promotion services offered by St. Mary's Hospital Lacor in the year 2023/2024 included;

- ❖ **Daily Health Education:** - in Wards/service points and during community outreaches.
- ❖ **Wash Visits at Schools during school health visits.**
- ❖ **Community Engagement:** - One hospital based annual Stakeholders meeting and community based dialogue.
- ❖ **Screening and Assessment:** - these services included health screenings such as blood pressure, cholesterol, diabetes, Sickle Cell screening, Cervical Cancer Screening to identify health risks and needs (static and in the community).

As part of enhancing health promotion, St. Mary's Hospital Lacor will initiate and functionalize a wellness clinic which will be open to the general population.

3.16.3 PASTORAL CARE, PALLIATIVE AND SOCIAL CARE SERVICES

Palliative care

Palliative care is a specialized form of medical care aimed at providing relief from the symptoms, pain, and stress associated with serious illnesses, irrespective of the diagnosis or stage of the disease. The primary goal of this service is to enhance the quality of life for both patients and their families. In the fiscal year 2023/2024, St. Mary's Hospital Lacor successfully improved the quality of life for patients facing serious health challenges, offering comprehensive palliative care services which included:

- ❖ **Symptom Management:** Addressing pain and other distressing symptoms effectively.
- ❖ **Psychological Support:** Providing emotional and psychological assistance through trained professionals.

- ❖ **Spiritual Care:** Offering spiritual guidance to patients and their families to fulfil their spiritual needs.
- ❖ **Interdisciplinary Team Approach:** Collaborative care involving a diverse team of healthcare professionals.
- ❖ **Care Coordination:** Ensuring seamless integration of services for optimal patient support.
- ❖ **Advanced Care Planning:** Assisting patients and families in making informed decisions.
- ❖ **Counselling for Families:** Supporting family members through the challenges of illness and loss.

During this period, a total of 1,895 patients, including both outpatients and inpatients, benefitted from the palliative care services at St. Mary's Hospital Lacor.

2.5.1 Pastoral Care

At Lacor Hospital, the pastoral care team consists of a dedicated chaplain, catechist, lay women, and a trained pastoral care nurse. This team collaborates closely with the palliative care department to offer holistic support. They conduct morning rounds in all hospital units, accompanied by the Blessed Sacrament, followed by additional consultations and counselling sessions throughout the day. The pastoral care nurse also holds routine counselling sessions in the afternoons, while the chaplaincy remains accessible 24/7 for emergency sacraments and consultations. On Sundays and feast days, Mass is celebrated within the hospital, providing spiritual nourishment to patients. Every evening, there is Rosary prayer at the hospital.

This faith-based support system has fostered an increased sense of community and assistance among patients and healthcare workers alike. Many patients and caregivers report high levels of satisfaction with the care received, with some returning to sacraments after many years. Recognizing the growing demand for pastoral care, there is an ongoing need for training more individuals to expand this critical service.

2.5.3 Social Care

The hospital actively seeks to provide social care to patients, primarily through counselling services. Currently, there is a gap in qualified social medical workers; however, plans are in place to address this need in the future. The matron's office plays an instrumental role in extending care to the needy and vulnerable within the hospital setting.

For patients living with HIV, the hospital collaborates with Village Health Teams (VHT) to conduct community follow-ups. This initiative includes home visits, community meetings, and active engagement with patients, their families, and community leaders, fostering a supportive environment for those affected by the virus. Furthermore, the hospital offers limited home follow-ups for paralyzed patients within Gulu Municipality, providing essential physiotherapy and occupational therapy services, and equipping caregivers with the necessary skills for ongoing support.

CHAPTER FOUR: QUALITY IMPROVEMENT, PATIENT SAFETY AND RESEARCH

4.1 QUALITY IMPROVEMENT ACTIVITIES

4.1.1 Introduction

Quality Improvement is ingrained in the activities of Lacor hospital. The hospital has a functional Quality Improvement Committee (QIC) which continues to institutionalize quality improvement policies and practices in the hospital, with the help of departmental work improvement teams. The Quality Office, run by Quality Nurses, ensures the coordination of these activities. In the FY 2023/24, the Clinical Committees comprised of QIC, Infection Prevention and Control Committee(IPC), Medicines and Therapeutics Committee(MTC), as well as the Maternal Perinatal Death Surveillance and Response Committee(MPDSR) to advance the quality of patient care and safety through systematic quality assurance activities.

With positive experiences in quality improvement gained through the Result Based Financing(RBF) mechanism, and the buy-in from some funders, we continue to perform quarterly internal and external quality assessments, with pre-specified quality indicators, covering many departments.

Additionally, the hospital work improvement teams run a number of quality improvement projects, increasingly tackling different aspects and processes of client care.

4.2 QUARTERLY QUALITY ASSESSMENT

The QI committee uses approved quality assessment tool to conduct quarterly quality assessment in line with sets of indicators. The QIC successfully achieved 100% completion of quarterly quality assessments, indicating effective practices in continual monitoring. The average score from these assessments was 90.4%, against our target of 90%, which shows an upward trend from the previous year 2022/23, illustrating high standards of care within the hospital.

Table 35: Quarterly Quality Assessment Scores

UNIT/WARD, 2023	AN-MAR 2023	APR-JUN 2023	JULY-SEP 2023	OCT-DEC 2023	JAN-MAR 2024	APRIL- JUN2024	TRENDS
Maternal & Child health	95.66%	92.53%	91.33%	90.99%	93.35%	93.01%	
GYN W. and OPD*	91.50%	91.60%	87.90%	95.45%	80.73%	90.59%	
MEDICAL WARD	90.50%	88.37%	89.53%	84.27%	90.47%	90.12%	
CHILDREN'S WARD	91.60%	92.94%	90.86%	91.83%	91.40%	92.22%	
SURGICAL WARD	75.30%	79.75%	83.67%	91.32%	90.19%	86.27%	
TRAUMA	78.80%	80.86%	87.16%	94.44%	96.15%	96.00%	
Average score	87.23%	87.68%	88.41%	91.38%	90.38%	91.37%	

4.2.1 Patient Satisfaction Survey/Feedback

The patient satisfaction survey is often conducted in Quarter 1 and Quarter 3. Successful survey was conducted and the overall patient satisfaction rate was 98.4%, with 87.0% of patients indicating they would definitely recommend our services.

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Table 36: Satisfaction rate (%) of patients in different areas from 2016/17 to 2023/24

Year	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24
Clinical outcome, (patient improved)*	78%	87%	79%	87%	82.50%	89.30%	90.42%	98.40%
Humanity of care (patient well received, respected)	99%	99%	97%	98%	98.80%	98.70%	97.49%	99.60%
Patients care environment clean	100%	100%	99%	99.60%	100%	99.50%	100%	95.5%
Client waited long before treatment	21%	9%	34%	24%	33.10%	46.80%	26.28%	40.5%
Clients waited to some extent	11%	35%	16%	22%	23.50%	31.20%	27.67%	25.5%
Clients did not wait for long	68%	56%	50%	53%	43.00%	22.00%	46.05%	34.0%

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

Table 37: Patient Satisfaction Survey for Lacor Hospital complex

Are you satisfied with the care you received?	Lacor Hospital		Lacor Amuru		LacorOpit		Lacor Pabbo	
	No.	%	No.	%age	No.	%age	No.	%
Yes definitely	267	87.25%	34	97.10%	34	87.20%	46	97.90%
Yes, to some extent	35	11.44%	0		4	10.30%	1	2.10%
No	3	0.98%	1	2.90%	1	2.60%	0	
Not sure	1	0.33%	0		0		0	
Grand Total	306	100%	35	100%	39	100%	47	100%

4.2.3 Hospital Acquired Infection (HAI) and Drug Prescription Surveys

Both HAI and drug prescription surveys were completed by the end of May 2024, affirming our commitment to infection control. The HAI rate reported stood at 14.01%- above our internal target of 10%, with many infections of the catheters, necessitating continued vigilance in this area. The drug prescription survey 2024 showed that our drug prescription practices were compliant to Ministry of Health and WHO standards for most parameters. The average prescription rate was 2.6 drugs per patient (MoH standard <3), antibiotic prescription rate was high- 46%, mostly in the young child clinic, Injectable prescription rate was 1%, while dispensing rates were 98%.

4.3 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Our commitment to staff education remained strong, with CPD programs ongoing despite occasional interruptions due to public holidays and major events. General CPD (CME) takes place every Saturday while there are also weekly departmental CPD/CME for all carders.

4.3.1 Quality/Work Improvement Teams (WIT)

Establishment and functionality of WITs across the hospital are currently at 64%. While teams are in place, further support and guidance are needed to enhance their effectiveness and ensure active project execution.

Table 38: Quality improvement Project within the hospital

Ward	QI projects/Indicators	Start date	Target (%)	Baseline	Progress
Medicine	% Documentation of nurses' notes.	Mar – 2024	100	8	48
Surgery 1	% of patients' wound dressed while observing Aseptic techniques.	June – 2023	90	25	60
Trauma	% Documentation of nurses' notes.	Jan - 2024	100	57	92
GYNE	% Documentation of Post Abortion Care (PAC)	Nov - 2023	100	90	95
CHW	% of critically ill patients whose Vital signs were taken as required.	Nov - 2021	100	0.5	76.6
	% of shift with proper waste segregation.	Dec- 2022	90	63	90
MOPD	% of patient waiting 30minutes to 1 hour		30 min - 1 hr	3 hours	1:30min
GYNE OPD/ANC	% 1 st ANC visit first trimester	Feb 2024	20	40	25
Maternity	Inproving % of patients entered in in-patient register		100	45	80

4.3.2 MPDSR and Clinical Quality and Safety Initiatives

Achieving 100% completion for both the Maternal and Perinatal Death Surveillance and Review (MPDSR) and Clinical Quality and Safety initiatives demonstrated our robust commitment to patient safety and adherence to procedural standards.

4.3.3 Integrated Support Supervisions

We achieved 75% monitoring in Q1, Q2, and Q4. Ongoing integrated support supervision is crucial for maintaining quality assurance at health centers.

4.3.4 Quality Improvement Meetings

Attendance and engagement in quality improvement meetings have been inconsistent, with only 50% attendance recorded in Q1 and missed meetings in Q2 and Q4. Renewed focus on participation is essential to effectively address performance gaps.

Table 39: Summary of Quality Improvement Project

Quality assurance activity	Schedule & Target	Actual performance	2023/2024			
			Q1	Q2	Q3	Q4
Quarterly quality assessment	Every Quarter (100%)	100%	Done	Done	Done	Done
Patient satisfaction survey/feedback	May & October (100%)	50%		Not done		Done
Lacor HTI – students satisfaction survey	May (100%)	100%				Done
Hospital acquired infection surveys	October (100%)	100%				Done
Drug prescription surveys	October (100%)	100%				Done
Continuing professional development (CPD)	Every Saturday (On-going)	100%	On-going	On-going	On-going	On-going
Departmental Quality /Work Improvement Teams (WIT) formed, functional	All wards/units (100%)	64%†	64%	64%	64%	64%
Running QI projects	All wards/units (100%)	64%	64%	64%	64%	64%
MPDSR (Notification & Reviews)	Monthly/Notification within 24 hrs (100%)	100%	Done	Done	Done	Done
Clinical Quality and Safety initiatives (Availability of SOPs)	All wards/units	100%	Done	Done	Done	Done
Integrated Support supervision	Quarterly	75%	Done	Done	Not done	Done
Quality Improvement Meetings	Quarterly (100%)	50%	Done	Not done	Done	Not done

† Some departments were not having functional Work improvement teams

4.4 SAFETY

Lacor hospital strongly values the safety of health workers, patients, their caretakers and the community at large. In the past, experiences with Ebola, and later the COVID-19 pandemic produced a new unique challenges to safety, bringing to reality the potential harm and the very many health risks involved in provision of health care..

The hospital has thus embarked on provision of appropriate levels of Personnel Protective Equipment (PPE's) which were particularly costly during COVID), and training health workers on the appropriate universal and specific precautions. We have also designed standard operating procedures. We do set up task forces are needed, and continue to keep surveillance..

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

- Use of only qualified persons to operate the X-ray machines as per regulation
- The acquisition and use of more gonad shields for fluoroscopy room, the ceiling mounted X-ray rooms 3 and 4, and the mammography X-ray room.

- Documenting and implementing the quality control programme for the practices as per the regulations of AER. In this FY, a new Safety Officer was appointed after departure of the previous.
- Recalibration of the OPG X-ray machine.
- The repair of the collimator system of the mammography X-ray machine.
- Provision of lead PPE's for radiations.

4.5 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. The committee approved more than 70 during the financial year, from different researchers including our own health training institute, Gulu university, and collaborative research

Malaria Resistance Studies: GO-MARC collaboration between Gulu University and Osaka University is seeking to detect artemisinin resistant malaria. One of the publications from this study, Balikagala et al., 2021³, which reported evidence of resistance against artemisinins in Uganda, has been instrumental in the antimalarial treatment policy change in Uganda.

Publications: Lacor has recently recorded a few publications in the area of Pediatric HIV care, cancers, maternal and child health, physiotherapy services, Hepatitis B and community engagement, malaria, Burkitt's lymphoma, and surgical interventions. We also have published on energy consumption optimisation, fuel and waste management. These will be available on www.lacorhospital.org.

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

AIREAL (Aggressive Infection - Related East Africa Lymphoma) is a collaboration between clinical and academic institutions in Tanzania (Muhimbili National Hospital, Kilimanjaro Christian Medical Centre, Muhimbili University of Health and Allied Sciences), Uganda (St Mary's Hospital, Lacor) and the UK (University of Oxford) 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.

Partnership with University of Milano-Bicocca: this partnership has born some research, mainly in setting up and validating early warning systems in Obstetrics and Paediatrics. We have also set up mechanisms to improve pathology sample reading by use of a scanner that can allow the pathology slide to be shared across the world.

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



Figure 17: Monitoring visit from the Uganda Council for Science and Technology

4.6 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.

4.7 SUPPORT FOR CHILDREN WITH CANCER

Lacor hospital works with partners to provide children with cancer (and their caretakers) special nutrition, accommodation, feeding, recreational activities, hosted at the "Rainbow home. We also support relatives with income generating skills, and provide psychosocial support and education for children while on chemotherapy at the hospital. Children who default on chemotherapy are followed up and supported back to care. We also do activities to awareness and screen for cancers, especially in the Acholi sub region and beyond.

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Table 40: Number of male cases in major diagnosis groups, Gulu Cancer Registry.

SITE-MALE	2013	2014	2015	2016	2017	2018	2019	2020	Total	EAPC
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)	-15.95
Digestive organs (C15-26)	55 (27.4)	37 (21.5)	58 (26.7)	33(23.6)	45(35.2)	56 (33.7)	48 (35.8)	36 (28.8)	368(28.7)	-1.72
Respiratory organs (C30-39)	5 (2.5)	8 (4.7)	7 (3.2)	9 (6.4)	3 (2.3)	1 (0.6)	2 (1.5)	5 (4.0)	40 (3.1)	-15.22
Bone, cartilage, melanoma (C40-43)	2 (1.0)	1 (0.6)	1 (0.5)	7 (5.0)	1 (0.8)	1 (0.6)	6 (4.5)	4 (3.2)	23 (1.8)	15.17
Kaposi sarcoma (C46)	30(14.9)	22 (12.8)	26 (12.0)	25(17.9)	5 (3.9)	12 (7.2)	10 (7.5)	9 (7.2)	139 (10.8)	-17.64
Male genital (C60-63)	38(18.9)	37 (21.5)	37 (17.1)	18(12.9)	35(27.3)	38 (22.9)	32 (23.9)	27 (21.6)	262 (20.4)	-2.79
Urinary organs (C64-68)	0 (0.0)	8 (4.7)	4 (1.8)	5 (3.6)	5 (3.9)	3 (1.8)	4 (3.0)	7 (5.6)	36 (2.8)	-
Eye, brain, thyroid etc. (C69-75)	12 (6.0)	8 (4.7)	6 (2.8)	5 (3.6)	3 (2.3)	1 (0.6)	0 (0.0)	1 (0.8)	36 (2.8)	-
Haematopoietic (C81-96)	32 (15.9)	29 (16.9)	51 (23.5)	32 (22.9)	12 (9.4)	25 (15.1)	11 (8.2)	19 (15.2)	211 (16.4)	-12.91
Other and unspecified	18 (9.0)	16 (9.3)	14 (6.5)	4 (2.9)	14 (10.9)	24 (14.5)	19 (14.2)	13 (10.4)	122 (9.5)	1.74
All sites (C00-96)	201(100.0)	172(100.0)	217(100.0)	140(100.0)	128 (100.0)	166 (100.0)	134(100.0)	125 (100.0)	1283 (100.0)	-6.30

Table 41: Number of female cases in major diagnosis groups, Gulu Cancer Registry.

SITE-FEMALE	2013	2014	2015	2016	2017	2018	2019	2020	Total	EAPC
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)	2.79
Respiratory organs (C30-39)	5 (2.3)	4 (1.6)	6 (2.2)	4 (2.0)	3 (1.4)	2 (0.9)	0 (0.0)	3 (1.7)	27 (1.5)	-
Bone, cartilage, melanoma (C40-43)	1 (0.5)	3 (1.2)	3 (1.1)	7 (3.4)	6 (2.9)	5 (2.3)	5 (2.0)	4 (2.2)	34 (1.9)	17.63
Kaposi sarcoma (C46)	10 (4.5)	17 (6.6)	9 (3.3)	6 (2.9)	9 (4.3)	4 (1.8)	0 (0.0)	3 (1.7)	58 (3.2)	-
Breast (C50)	28 (12.7)	18 (7.0)	16 (5.9)	20 (9.8)	28 (13.3)	31 (14.0)	35 (13.7)	23 (12.8)	199 (10.9)	5.21
Female genital (C51-58)	110 (49.8)	155 (60.1)	132 (48.9)	92 (44.9)	92 (43.8)	112 (50.5)	128 (50.2)	93 (51.7)	914 (50.2)	-3.08
Urinary organs (C64-68)	1 (0.5)	4 (1.6)	4 (1.5)	1 (0.5)	5 (2.4)	3 (1.4)	2 (0.8)	1 (0.6)	21 (1.2)	-3.19
Eye, brain, thyroid etc. (C69-75)	8 (3.6)	7 (2.7)	4 (1.5)	3 (1.5)	4 (1.9)	7 (3.2)	3 (1.2)	3 (1.7)	39 (2.1)	-10.31
Haematopoietic (C81-96)	25 (11.3)	22 (8.5)	62 (23.0)	35 (17.1)	15 (7.1)	18 (8.1)	19 (7.5)	8 (4.4)	204 (11.2)	-14.61
Other and unspecified	3 (1.4)	0 (0.0)	3 (1.1)	4 (2.0)	15 (7.1)	21 (9.5)	29 (11.4)	9 (5.0)	84 (4.6)	-
All sites (C00-96)	221 (100.0)	258 (100.0)	270 (100.0)	205(100.0)	210 (100.0)	222 (100.0)	255 (100.0)	180 (100.0)	1821 (100.0)	-2.42

Table 42: Total number of cases in major diagnosis groups, Gulu Cancer Registry.

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SITE-BOTH SEXES	2013	2014	2015	2016	2017	2018	2019	2020	Total	EAPC
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)	-15.04
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)	0.11
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)	-17.04
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)	15.97
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)	-19.65
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)	5.21
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)	-3.08
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)	-2.79
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)	13.64
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)	-21.30
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)	-12.99
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)	12.68
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)	-4.05
Average registrations per month	35	36	41	29	28	32	32	25		

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



Expectant mothers attending ANC



Surgical team "on table" at the Operating Theatres



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





Medicine works better with prayers- Pastoral care team praying with patient



Student nurse learn from nurse on duty at children ward

CHAPTER FIVE: HOSPITAL HUMAN RESOURCES

5.1 LACOR HOSPITAL STAFFING

Uganda, like many developing countries, experiences a human resource for health crisis. Uganda is ranked (WHO Report 2013) among the 57 countries with a critical shortage of health service providers. Staffing is becoming increasingly unstable at Lacor Hospital especially among senior doctors as workers leave to pursue further studies in a bid to super-specialise, join positions with other NGOs, Universities and the public sector. This is especially true following the government enhancement of pay for medical workers as well as University lecturers.

Due to the low to moderate staff turnover, Lacor Hospital routinely replaces those who leave. The hospital had an attrition rate of 5.5% (37) in FY 2023/24. On the other hand, the hospital recruited 32 new staff mainly as replacements. The attrition is attributable to the desire for further studies and joining public sector as well as the capability of other institutions to actively recruit. The cadres of staff with the highest movement are the specialists and medical doctors followed by the enrolled nurses/midwives.. The rest of the cadres have remained fairly stable.

By the end of FY 2023/24, the hospital complex had a total of 674 employees excluding those on hospital sponsorship for further studies (2). These figures do not include the 55 *Interns (doctors, nurses, midwives and pharmacists)* as well as the 119 *construction workers on short-term contracts*. The figure and table below summarizes the number of employees over the years and the staff movements in FY 2023/24.

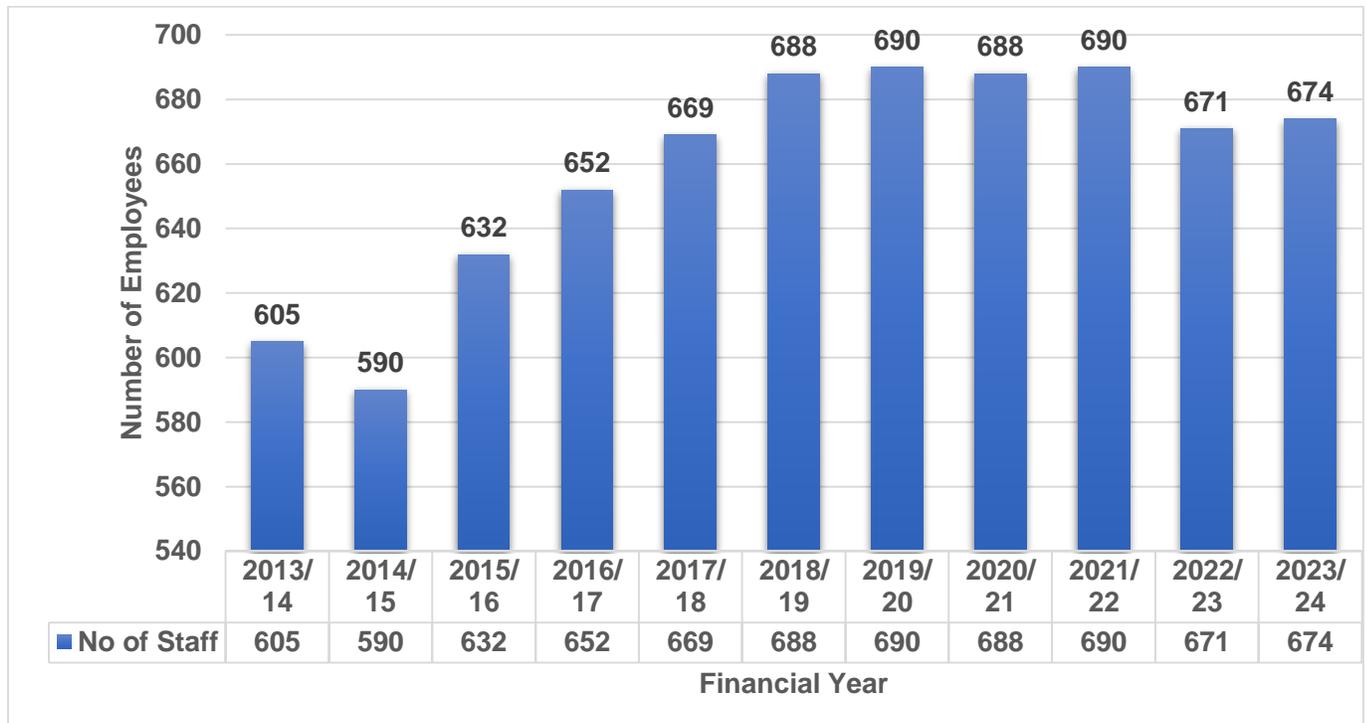


Figure 18: Number of employees over the past years

Table 43: Staff movements – 2023/24

Movement of Staff by cadres 2023/24	Total Lost by 30/06/2024	Total Recruited by 30/06/2024	Total as at 30/06/2024
Medical Specialists and Consultants, Medical officers, Dental Surgeons, Pharmacists	09	04	43
Tutors and clinical instructors	02	02	20
Clinical, public health dental, orthopaedic officers	01	00	15
Anaesthetic officer, radiographers, sonographers, occupational therapists, pharmacy technicians	06	00	18
Lab Scientists, technologists and technicians	01	01	14
Lab assistant and attendant	01	03	05
Bsc. Nurses, Registered nurses and midwives	03	00	58
EN, EM, Theatre Assistants, Pharm Assistants &	08	12	164
Nursing assistants and physiotherapy assistants	00	01	48
Nursing aides	00	00	76
Administrative staffs, Matron's Office	03	04	70
Technical staff + Drivers	01	05	54
Others	02	00	89
Total Staff on study leave on hospital sponsorship	0	0	08
TOTAL STAFF EXCLUDING SPONSORSHIP	37	32	674

- The total above is exclusive of interns (55) & construction workers (119).

- The Senior Nursing Officers are part of Administration staff.

- All sponsored employees as at June-2024 form part of the total sponsorship, otherwise sponsorship for the FY 2023/24 only are 02

5.2 HUMAN RESOURCE MANAGEMENT

The number of institutions training health-workers in the Country is increasing and consequently the number of health workers produced. Lacor Hospital being an equal opportunity employer, opportunities are open to competent and interested persons whenever needs arise. The presence of training institute within the Hospital allows it to source interested candidates more easily unless the cadres required aren't among those trained from within.

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. Recently, the Hospital was selected as a Fellowship Training Centre for Surgeons and Obstetricians and Gynaecologists, giving opportunity to staff interested in the programs to enroll. A few doctors have taken advantage of this status to enroll. 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 2022-2027, 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 eligible 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

The current Hospital Strategic Plan 2022-2027, has as part of its objective 6.5 'To Strengthen Institutional Capacity'. The focus here is to strengthen Management's capacity to take timely and informed decisions and the way to achieve this is thought to depend on a strengthened middle management. Positions of deputies have been created with clear roles and targeted trainings are being planned to achieve this alongside mentorship. Aside from this, the evolution project is geared towards recruiting cadres whose technical expertise shall help drive the institution to a higher level.

Objective 6.6 of the Strategic Plan aims 'To Maintain The Traditional Concern For Staff Welfare And Development'. Staff welfare and development remains a key priority for the hospital because satisfied staff are productive and value their institution. Consequently, the hospital is investing in construction of 69 additional housing units for its core staff who work even night shifts. The accommodation of these cadres ensures accessibility and timely response in case of emergency. Furthermore, the hospital SACCO has been recapitalized to ensure that members have access to soft loans for personal development and payment of fees for their loved ones hence guaranteeing them the ability to work with relatively settled minds.

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. Although there is a noticeable decline in the local as well as global economy following the Covid-19 pandemic as well as the impact of wars on the international scene

which in turn affects the financial position of the institution, the hospital managed to send 2 staff for upgrading in the FY 2023/24 as shown in the table below: -

Table 44: Hospital sponsorship sent for training in 2023/20244

Course	Cadre of staff	Duration of training (years)	No. sent for training
Bachelor of Science in Midwifery	RM	4	1
Bachelor of Medical Education	RM/Clinical Instructor	3	1
TOTAL			2



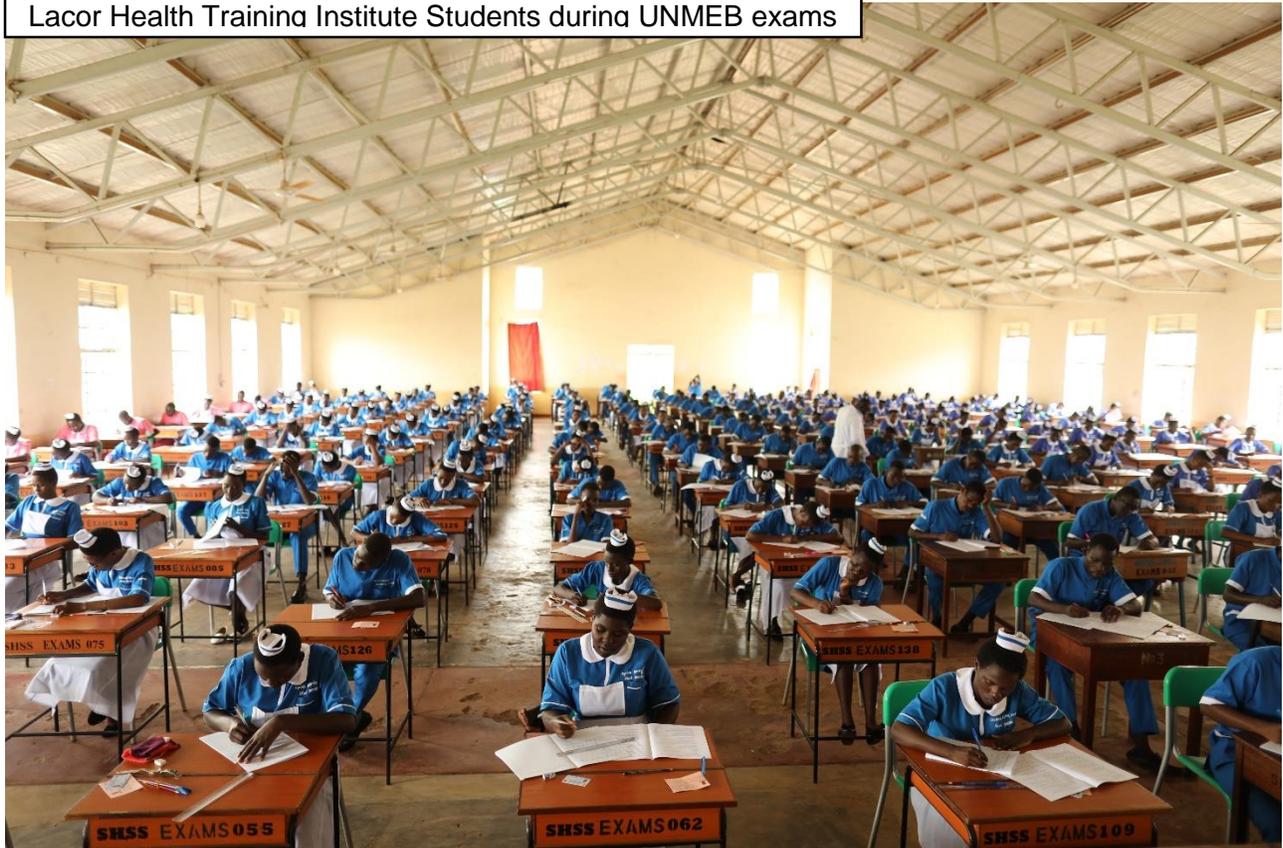
CHAPTER SIX:LACOR HEALTH TRAINING INSTITUTIONS

6.0 BACKGROUND

Lacor Hospital has a Health Training Institution under the name **St. Mary's Hospital Lacor Health Training Institute (LHTI)**. The Institute offers courses leading to award of certificates and Diplomas in the fields of Nursing, Midwifery, Laboratory Technology, Theatre Assistants and Post Basic Diploma in Anaesthesia which is operating as satellite branch of Mulago. Training is enhanced with hospital and health centre placements. The founders' vision was to train local health workers who could carry on the work in Lacor, and to respond to critical health human resource needs. Trainings have thus been strategic and needs driven, with national relevance. Training of Medical students in collaboration with Gulu university, placement of various health worker cadres, as well as internship are not discussed here.

Training of enrolled nurses started in 1973 and has over the years progressed, with additional training in Diploma nursing, enrolled midwifery, and diploma midwifery. Most trainees are from within Uganda, but few also come from South Sudan and Kenya. Laboratory training started in 1979 to empower the trainees to provide the much-needed quality medical laboratory services to the community, that continues to be, direly needed. Training in anesthesia was started in 2016 and runs in collaboration with Uganda Institute of Allied Health and Management Sciences (UIAHMS), and recently with Busitema university for the purpose of training personnel in anesthesia in order to improve anesthetic services to district hospitals and many NGO and 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. LHTI works in line with Ministry of Education and Sports [MoES] and MoH guidelines.

Lacor Health Training Institute Students during UNMEB exams



6.1 STAFF AND STUDENT POPULATION AT LACOR HEALTH TRAINING INSTITUTIONS

The general student population stood at 613 comprising of 385 female and 228 male students across the range of programs offered and the breakdown per program is shown in the table below:-

Table 45: showing student population academic year 2023/2024 Lacor HTI

Program	Year of study	Male	Female	Total
Certificate in Nursing program	Yr.1.Sem.1	56	93	149
	Yr.2.Sem.2	30	53	83
	Yr. 3 Sem.1 (RP)	02	00	02
Sub-total		88	146	234
Certificate in Midwifery program	Yr.1.Sem.1	00	89	89
	Yr.2 Sem.2	00	49	49
	Yr.3 Sem. 1 (RP)	00	07	07
Sub - total		00	145	145
Certificate in Medical Theatre technique program	Yr.1.Sem.1	13	14	27
	Yr. 2.Sem.2	10	08	18
Sub - Total		23	22	45
Certificate in Medical Lab. Technique program	Yr.1.Sem.1	38	15	53
	Yr.2. Sem.2	20	04	24
Sub-Total		58	19	77
Diploma in Nursing program.	Yr.1Sem.1	04	07	11
	Yr.1 Sem.2	10	14	24
Sub-Total:		14	21	35
Diploma in Midwifery program	Yr.1 Sem.1	00	05	05
	Yr.2Sem.1	00	12	12
Sub-Total:		00	17	17
Diploma Medical Lab. Technique program	Yr.1Sem.2	12	03	15
	Yr.2.Sem.2	07	03	10
	Yr.3 Sem.1	04	02.	06
Sub-Total:		23	08	31
Post Basic Diploma in Anaesthesia	Yr. 1 Sem. 1	05	01	06
	Yr.1 Sem. 2	07	03	10
	Yr. 2 Sem. 2	10	03	13
Sub-Total		22	07	29
Grand Total:		228	385	613

There are a total 43 staff supporting the students. Of these, 17 are full timeTutors (10 of them female), 10 are part time tutors(all male), 3 are clinical instructors, and other staff cadres include a School Chaplain, Registrar, Librarian, Bursar, and Secretary. There are 8 other support staff.

General tutor's student ratio is 1:36

The July intake of certificate classes was double the usual number as shown above. This brings a total number of students in the school to 613. If computed with the total number of qualified tutors of 17, we will have tutors to student ratio of 1:36.

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. The goal is to produce quality and competent health workers able to love and serve with compassion without discrimination.

Uganda Nurses and Midwives Examinations Board (UNMEB) and Uganda Allied Health Examinations Board (UAHEB) conducted end of semester examinations for both finalist and continuing students. General performance was indeed excellent (96% pass rate), though some course units were not performed as expected, the case of histopathology in diploma laboratory.

Two indicators have been used to monitor quality trends namely; the students pass rate in percentage and the Tutor to student's ratio. In the last years the HTI maintained the pass rate of 96%. This is within the acceptable and set goal of above 90% range. For Tutor-Students ratio, there was undesirable change in ratio from 1:27. 1:44). This again is attributed to the increased access (student numbers). However, the ratio is still within acceptable limit, below 1:50.

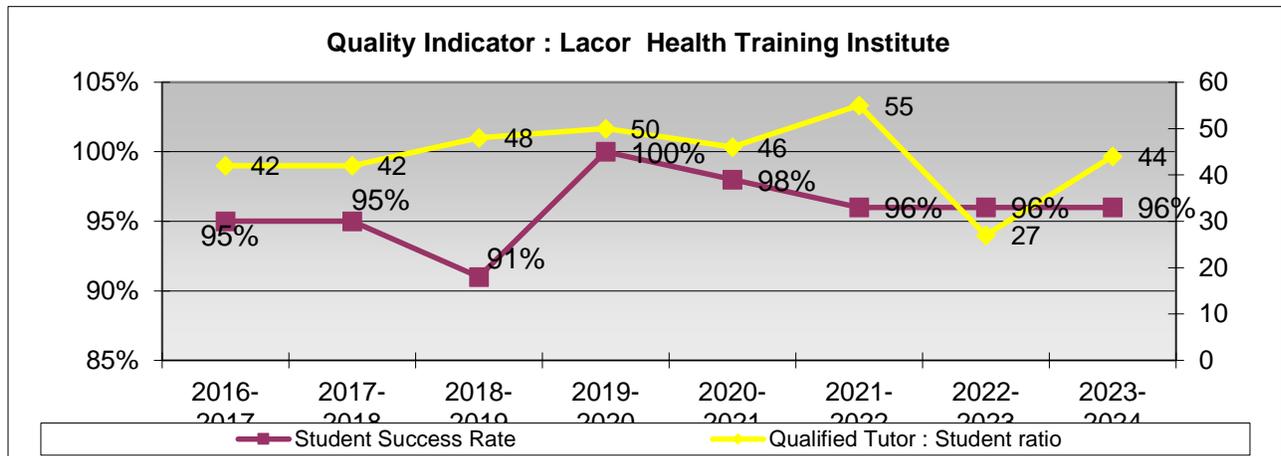


Figure 19: figure showing average students pass/success rate

In reference to the four key indicators of faithfulness to the mission (refer to table below), the overall evaluation shows general improvement in all the quality indicators, except for Tutor student ratio increasing to 1:44 from 1:27 of the previous year, still within acceptable limit. The Institute registered 96% success rate. For Equity, there was a favorable 20% decrease in average fee from previous year 2022/23. There was also a 31% improvement in the efficiency indicator this year. With the above performance, Lacor Health Training School remained faithful to the mission by providing affordable quality and sustainable training, consistently increasing the number of qualified health workers.

Table 46: Key performance Indicators for faithfulness to the Mission for Lacor HTI

Indicator	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Access	92%	93%	69%	69%	73%	52%	92%
Equity	2,347,663	3,168,538	3,054,294	1,829,292	2,463,759	3,953,083	3,172,258
Efficiency	1,956,829	3,358,789	3,820,749	3,122,811	3,396,947	4,714,797	3,273,417
Pass Rate	95%	91%	100%	98%	96%	96%	96%
Quality*	1.42	1.48	1:50	1:46	1:55	1:27	1:44

6.3 ACHIEVEMENTS, OPPORTUNITIES AND CONCLUSION

In the course of the year 2023/24, Lacor HTI registered a number of achievements despite some setbacks. We note with appreciation the good turn up of the admitted students for certificate courses, the successful completion of health centre attachment programs, the successful registration for national examinations within set deadline, the generally excellent performance in examinations, the wining of 5 trophies in sports by our students; these were some of the outstanding achievements. Among the setbacks and opportunities, we note the increasing cost of feeding, utilities and maintenance which sky rocketed and the need for infrastructural improvements, especially for a multipurpose hall, extension of Library, skills lab and computer laboratory needed to accommodate the increasing number of students.

Overall Lacor HTI continued to demonstrate maximum resilience coping with operational challenges. In the concluded FY 2023/24, Lacor Health Training Institute remained faithful to the mission by providing affordable, quality and sustainable training to an increased number of health workers.

CHAPTER SEVEN: 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 1,200,000 kWh/year
- Power peak: 275kW
- Main power supply: UMEME 11kV line
- Additional supply: PV systems (335 kWp)
- Backup supply: 4 x main diesel gensets (2x500 kVA, 2 x 350 kVA)
- Safe line supply: 2 x parallel redundant UPS (2 x 160 kVA); 2 x safe line gensets (2 x 150 kVA)
- 100% sanitary hot water and 60-70% laundry hot water from solar water heaters
- Health Centers: one PV solar system 7.2 kWp each in Amuru and Pabbo, one system 5.2kWp in Opit

Water

- Average potable water consumption: 300 mc/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: c.a. 2000 plus c.a. 500 students⁴
- Total area of main compound: 190,000 sqm, about 120 buildings
- Kaladyma farm area: 40 hectares planted with Eucalyptus

⁴ Pre-Covid figures

- 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 square meters
- Green area around lagoons: c.a. 20,000 square meters
- Farm area: c.a. 20,000 square meters

Main medical-related systems

- Oxygen generation and distribution system: double parallel system with a capacity of 220 l/m 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

- 8 ambulances (Toyota Land Cruiser hard top)
- General vehicles: 6 cars; 2 bus 30 seaters
- Technical vehicles: 1 pickup; 1 heavy truck; 1 tipping lorry; 2 tractors; 2 forklifts; 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: over 2500 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 2023/24

7.2.1 Projects and works

The technical department has been implementing various projects and works in the FY 2023/24: here is the list of the most important ones.

- Fire responses for fires in the hospital and in the surrounding community (Lacor fire brigade)
- Service of all fire extinguishers in the hospital
- Major maintenance of centralized oxygen system; sterilizers; main UPS; main generators
- Increase of waste segregation and recycling of plastics in all hospital wards, and piloting a project for organic waste segregation and composting
- Provision of continuous trainings to the health operators about correct usage of biomedical machines

- Continued the construction of a new staff quarter with several buildings
- Completed the project for a new ring cable for UPS line
- Full implementation of OpenMAINT software for the maintenance of biomedical equipment, including defining a program for preventive maintenance tasks
- Installation and commissioning of a new power generator
- Renovation of CHW and commissioning of new NICU
- Installation of new aeration system in the waste water treatment unit
- Installation of new power lines and water lines for the new staff quarter under construction and for the waste treatment area
- Installation of 2 new X-Ray machines
- Scientific collaboration for R&D with the Polytechnic University of Milan, University of Insubria, Gulu University

7.2.2 Maintenance activities

The Technical Department executed over 2700 corrective maintenance interventions. Out of this figure (see Figure 7.1 for reference), more than 1500 interventions were covered by the Biomedical team (75% of which were preventive maintenance interventions), about 400 by the team of the Electricians, 550 by the plumbers, and about 500 were miscellaneous interventions. The number of interventions was significantly boosted, especially in the case of the biomedical devices (+38% compared to the previous year). This has been possible thanks to the full implementation of the new OpenMAINT software, to handle the maintenance of biomedical assets.

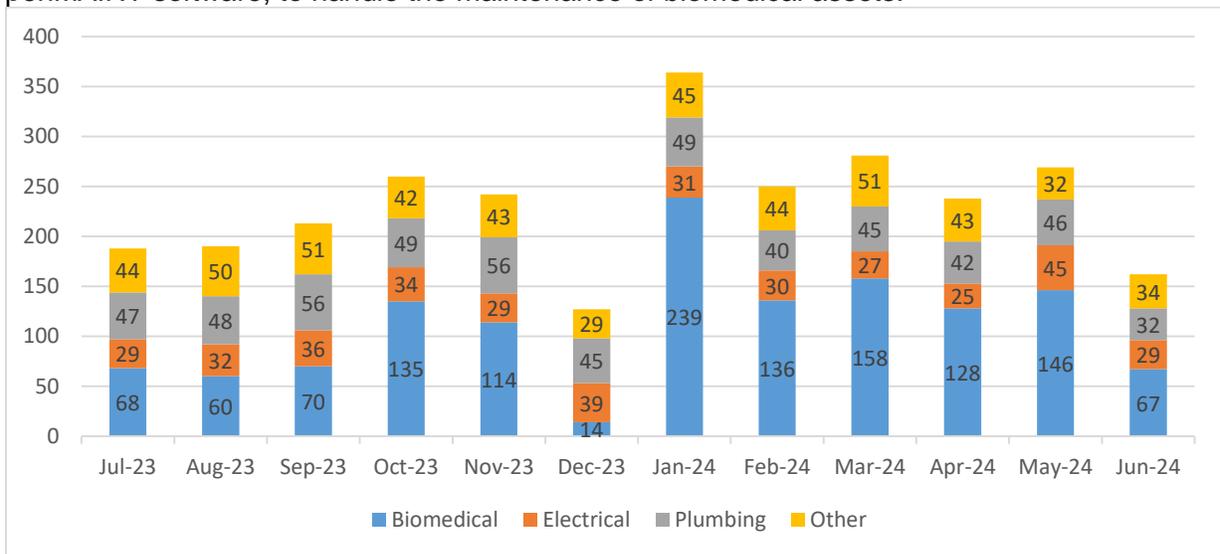


Figure 20: Maintenance and repair interventions per category

7.3 UTILITIES SETUP AND MANAGEMENT

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

7.3.1 Electricity supply

The management of electrical supply is done for the whole hospital compound: i.e. the main hospital, 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 1MVA 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 4 big backup diesel generators: two 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 200 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 150 kVA which starts automatically when the battery needs to be re-charged in the absence of the main line. This generator also powers the water pumps. This generator usually runs during the night in case of blackout of the National Grid, in order to cover the essential loads, including x-rays or sterilization, and the oxygen plant.

Photovoltaic Solar systems

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

The systems are as follows:

- 3 x 50 kWp
- 3 x 45 kWp

- 2 x 15 kWp
- 1 x 20 kWp

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

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

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

7.3.2 Water supply

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

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

Boreholes equipped with electrical water pumps

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

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

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

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

Rainwater

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

Sterilization and laundry, are supplied through two underground storage tanks (each 50,000 litres).

7.3.3 Waste management

Liquid waste

This includes drainage from sinks, washing basins, showers, toilets, and (partially) rain water 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 waste water treatment plant is stored in the sludge drying bed before disposal.

Special waste (medical) produced by the hospital amounts at about 270 kg per day (figure slightly reduced compared to the previous year thanks to better segregation of waste in the wards). This is destroyed in a medical waste incinerator managed by the hospital. Human tissues are deposited in sealed placenta pits.

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

7.4 UTILITIES AND OTHER SERVICES CONSUMPTIONS AND COSTS

7.4.1 Electricity and fuel for power generation

The average electricity consumption for the financial year 2023/24 was 3,234 kWh/day (+6% compared to the previous financial year). The figure is cumulative of all supply sources for the main hospital only. The average consumption was 3,444 kWh/day when the **Health Centres**, St Jude water pump and other small loads are also included in the picture. The overall expenditure for electricity was around 560 Million UGX. Out of this amount, around 38 Million UGX were spent for the three **Health Centres**, St. Jude water pump and other minor loads not in the main compound. Table 7.1 shows the disaggregated figure in terms of sources and expenditures for the electricity.

Table 47: Total electricity consumption and expenditures according to the source.

Power source	Electricity [kWh]	Cost [UGX]
UMEME (National Grid)	744,104	440,228,625
Backup diesel generators	51,837	82,065,052
Solar PV systems*	384,283	NA
Solar PV Pabo HC	8,032	NA
Solar PV Amuru	5,209	NA
HCs other than PV, water pumps, other	63,760	37,721,768
Total	1,239,840	560,015,445

Table 48: Total consumption of diesel for power generation.

Diesel consumption	Quantity [lts]	Total cost [UGX]
Backup diesel generators	17,306	82,065,052
Backup generator for water pumps	568	2,693,456
Total	17,874	84,758,508

The overall running costs of diesel for generators were about 85 Million UGX (-17% compared to the previous year). This decrease in costs is due to both a decrease of fuel prices and an increase of the availability of power from UMEME. In fact, about 17,870 litres of fuel were used, compared to the figure of 19,900 liters of the previous fiscal year. The average consumption was 0.34 litres/kWh, which corresponds to an average conversion efficiency of 28%. The cost of the electricity produced with the diesel generators was 1,583 UGX/kWh, compared to an average cost of the electricity from the main grid equal to 592 UGX/kWh (-17% 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 refers 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; theatres; oxygen plant; servers and computers).

Table 49: Consumption of electricity for each department.

Department	Electricity [kWh]	Percentage (%)
Safe line	600,594	52.5%
Opd	9,415	0.8%
Chw/lab	40,689	3.6%
Xray	15,484	1.4%
Maternity	15,343	1.3%
Laundry	76,553	6.7%
Technical workshop	10,888	1.0%
Nursing school	31,265	2.7%
Theaters	92,488	8.1%
Surg_ii/pharmacy	30,291	2.6%
Surg1/burns/physio	5,400	0.5%
Medicine	6,356	0.6%
Casualty	3,148	0.3%
University campus	9,941	0.9%
Administration	6,060	0.5%
Gyn	18,333	1.6%
Staff quarters/guesthouse/other loads	172,104	15.0%
Hot water school kitchen	8,872	0.8%
Post bank	6,423	0.6%

Share of electricity sources and consumption over the years

The National Grid covered the 63% of the supply, while 4% was covered by diesel generators. The solar PV systems covered 33% of the total consumption.

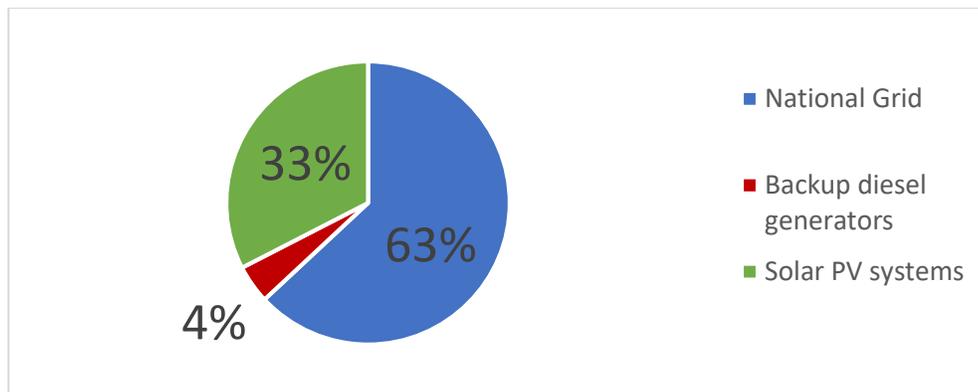


Figure 21:: Power consumption share from different sources

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 384 MWh. This allowed saving about 227 million UGX compared to the equivalent expense that would have been due from UMEME. In addition, sola PV systems in the Amuru and Pabbo health centers produced about 13 MWh, which allowed to save about 8 million UGX. Starting from February 2022 Lacor hospital has obtained the EKOenergy⁵ ecolabel for the electricity produced and consumed by its PV systems. A move that certifies its commitment towards a just and ecological energy transition.

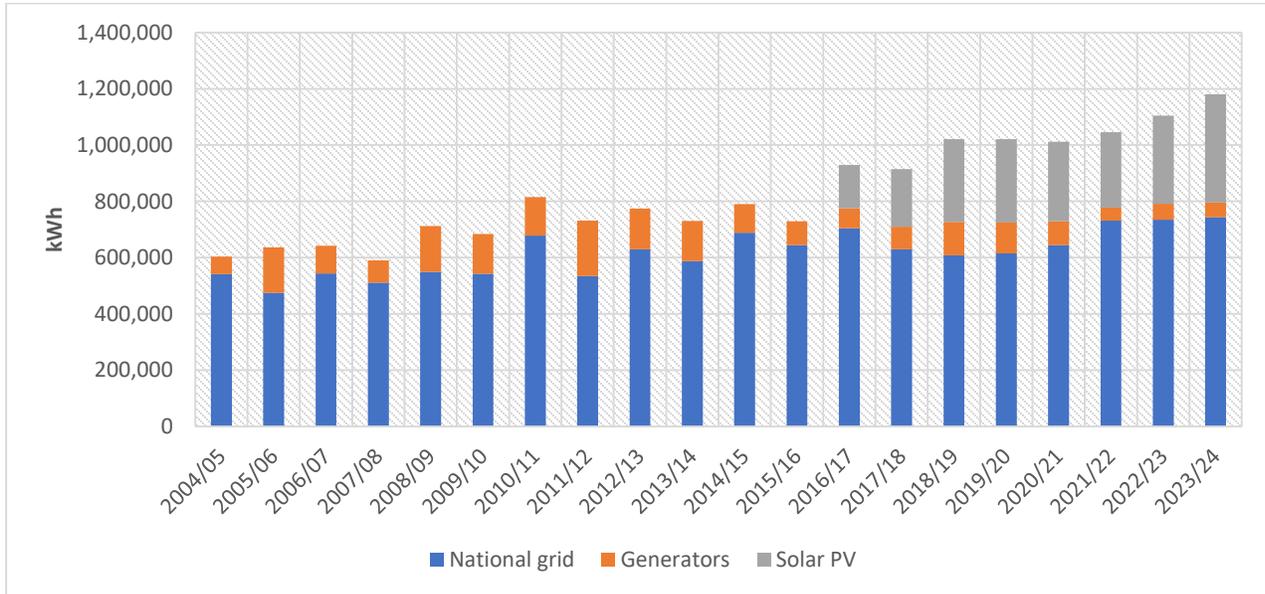


Figure 22: Electricity consumption over the years

As shown in Figure 7.3, the trend over the years has seen an overall increase in consumptions, that has however been mitigated by the increasing trend of production from solar PV. The reliability of the National Grid has also improved during the last years. Consequently, the production from diesel generators has seen a reducing trend.

7.4.2 Fuel for other vehicles and incinerator

The hospital incinerator is used to safely destroy biohazardous waste. It consumes diesel in order to control the temperature during the incineration cycle. The post combustion chamber is always maintained at an average temperature of 800°C to avoid emission of dioxins. During the reference financial year, the consumption of diesel at the incinerator was around 15,000 liters. The figure is similar to the previous year. The 50% reduction of the amount of waste delivered to the incinerator obtained during the previous financial year was confirmed. This allows to save fuel and avoid the emission of an estimated 300 tons/month of CO₂.

As concerns vehicles, instead, the total consumption of fuel was around 70,000 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 403 Million UGX.

⁵ <https://www.ekoenergy.org/>

Table 50: Diesel consumption of incinerator and vehicles.

Diesel consumption	Quantity [Its]	Total cost [UGX]
Incinerator	15,200	72,078,400
Vehicles and other	69,824	331,105,408
Total	85,024	403,183,808

7.4.3 Water consumption

The total water consumption in the reference financial year was equal to 114, 319 cubic meters (the figure does not include the **Heath Centres**).

The figure is similar to the one of the previous years, with an average daily consumption of about 313 cubic meters per day. This usage is for all hospital and residential water needs, including: flush toilets, washing sinks, laundry, and domestic use (cooking, bathing etc). It is worth underlining that this figure also includes water used for construction works and other technical activities.

Figure 7.4 shows the trend over the years (reliable data for financial years 2016/17 and 2017/18 are not available).

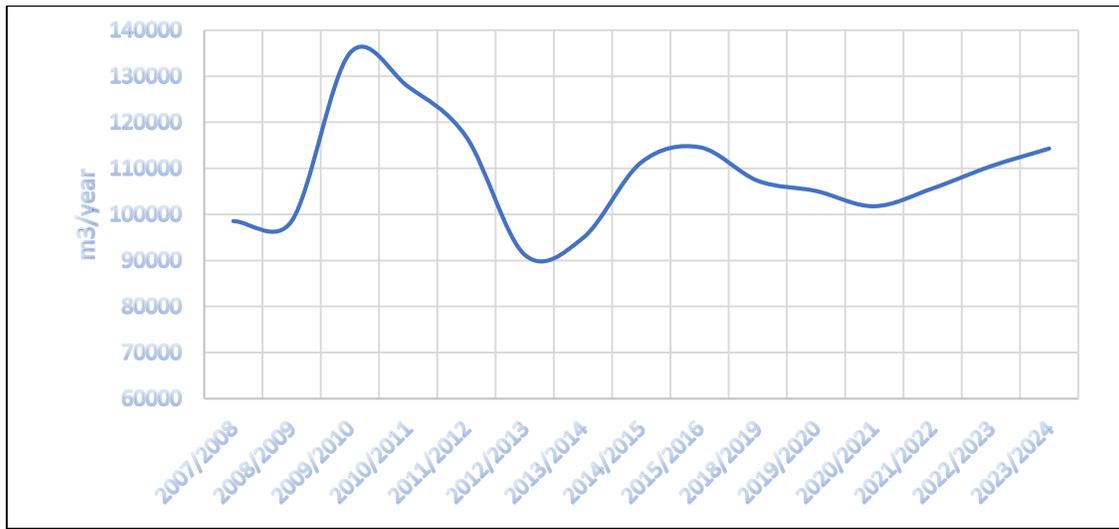


Figure 23: Water consumption over the years

Technical staff constructing the New Staff houses



Technical staff working on Electricals



CHAPTER EIGHT: 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 2023/2024 increased by 2.83% (758 million) from UGX 26.806 billion (2022/23) to UGX 27,564 billion (2023/24). Personnel costs account for the largest expenditure (40.28%), with an increase by 4.77% compared to the last FY. Medical items (26.40%), including medical drugs, sundries and Lab and X-Ray items, are the second largest expenditure, with a decrease of 8.51% over the previous year. Generic items (12.01%), which includes food, stationery, and cleaning materials, increased by 19.20%. Property expenses increase by 27.65%.

Table 51: Recurrent Costs FY 2023/24 compared to previous FY 2022/23

	2023/2024 (UGX '000)	Percentage	2022/23 (UGX '000)	Difference	Diff. %
Personnel	12,285,904	40.28%	11,726,579	559,325	4.77%
Medical Items and services	8,053,260	26.40%	8,802,275	-749,015	-8.51%
Generic Items	3,664,391	12.01%	3,074,251	590,140	19.20%
Transport expenses	704,792	2.31%	663,396	41,396	6.24%
Property expenses	2,023,768	6.63%	1,585,463	438,305	27.65%
Administrative expenses	832,670	2.73%	954,384	-121,714	-12.75%
Total Recurrent Costs	27,564,785	90.36%	26,806,348	758,437	2.83%
Depreciations	2,627,310	8.61%	2,099,612	527,698	25.13%
Other gains and losses*	311,987	1.02%	514,176	-202,189	-39.32%
Total Expenditures	30,504,082	100%	29,420,136	1,083,946	3.68%

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

The increase in Personnel costs (4.8%) were due the budgeted salary increment implemented by January 2023. The reduction of the Medical Items and Service (-8,51%) is due a strategy of cost reduction implemented by the 4Q 22.23. The increase in Generic items is due to the increase in the consumption of cleaning materials, food and stationery.

8.3. LACOR HOSPITAL INCOME

The 28.86 billion of recurrent costs were covered through internally generated funds, Government subsidy and donations (**Table 8.2**).

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Table 52 Recurrent: Source of funds for recurrent costs

Financing of recurrent costs	2023/24 (UGX '000)	% of total	2022/23 (UGX '000)	Difference	Diff. %
Patient charges	7,109,732	23.31%	6,658,731	451,001	6.77%
Hospital school fees	2,545,386	8.34%	2,078,387	466,999	22.47%
Uganda Government	1,701,144	5.58%	1,319,140	382,004	28.96%
Other Local Revenues	941,189	3.09%	682,797	258,392	37.84%
Total Local Revenues*	12,297,451	40.31%	10,739,055	1,558,396	14.51%
Donors	15,579,321	51.07%	16,581,469	-1,002,148	-6.04%
Total recurrent revenue	27,876,772	91.39%	27,320,524	556,248	2.04%
Amortization of deferred capital contributions**	2,627,310	8.61%	2,099,612	527,698	25.13%
Total revenue	30,504,082	100.00%	29,420,136	1,083,946	3.68%

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

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

Thanks to its donors, the Hospital was able to continue to highly subsidize the patients' services without raising its fees. The total patient charges collected were UGX 7.1 billion, UGX 451 million higher than last year, representing 23% of the total Hospital Revenues. The overall subsidy for the patients was therefore 77%. 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.

8.3.1 CAPITAL DEVELOPMENT

Investment for capital development in 2023/2024 amounted to UGX 3.34 billion. All these investments were financed by donors. Of these, UGX 1,86 billion for work in progress (mainly for new staff housing) and the rest for new Hospital and Clinic Equipment and other Equipment.

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:

- Deficiencies under stock management
- Gaps in management and accounting for accounts payable and other payables
- Deficiencies in accounting and collection of revenues
- Deficiencies under trade and other receivables management
- Deficiencies in recording and accounting for Hospital School fees

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- Deficiency in the accounting and management of fixed assets
- Inadequate maintenance of personnel files & inconsistent payroll records.

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

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

CHAPTER NINE: HOSPITAL GOVERNANCE AND MANAGEMENT

9.0. LACOR HOSPITAL GOVERNANCE AND MANAGEMENT

9.1. THE HOSPITAL OWNERSHIP AND LEGAL STATUS

The hospital identity, mission statement, ownership and legal status together with institutional organization and governance are clearly stipulated in the hospital statute which was recently reviewed and approved by the hospital Board of Directors. In 1998, the Hospital was registered as a non-governmental organization (NGO) under the Non-Government Organisations Act of 1989. Following the enactment of the Non-Governmental Organisations Act of 2016 and to ensure compliance with the same, the National Bureau for NGOs (the body charged with registering and regulating NGOs) has directed the Hospital to incorporate as a Company to enable the renewal of its registration as an NGO, and the incorporation of the Company has been undertaken pursuant to this directive. On the 17th of August 2022 "ST. MARY'S HOSPITAL LACOR" was incorporated as a Company limited by Guarantee, with license to dispense with the word "Limited". The subscribers (members) of the memorandum of association are the Registered Trustees of the Gulu Diocese Uganda and the St. Mary's Lacor Foundation Ltd. The NGO status has been renewed on 1/2/2023 under number 8392.

9.2 THE HOSPITAL BOARD OF DIRECTORS

The Hospital Board is the supreme governing body of the hospital, including the training school (St. Mary's Hospital Lacor Health Training Institute) and the three Health Centres (Lacor Health Centre III-Opit, Lacor Health Centre III- Pabbo and Lacor Health Centre III-Amuru). At the reporting period, the Hospital Board membership comprise of 15(fifteen) directors headed by HG the Archbishop of Gulu who is ex-officio (Chairman), ten (10) independent directors and five (5) other ex-officio directors namely; the Executive Director, the Institutional Director, the Medical Director, the Scientific Director and the Hospital Administrator.

The Board works through the Committees, comprising Board Finance Committee, Disciplinary Committee, Quality Improvement Committee and the Training and Teaching Committee/Governing Council. The Board Committees are comprised of at least three independent members specifically selected by the Board for each Committee, except for the Disciplinary Committee which is comprised of five independent members. However, a Committee can validly meet in the presence of at least two independent members of the Board, while for the Disciplinary Committee at least three of the five independent members of the Board shall need to be present. The Training and Teaching Committee is charged with the duty of examining and reporting to the plenary on the activity and performance of the Hospital's Health training Institute, and the teaching and training programmes. It also suggests to the Board policies and strategic decisions regarding this area.

9.3 THE HOSPITAL INTERNAL MANAGEMENT BOARD (IMB)

The Executive Director is the Chief Executive Officer and is assisted by the Internal Management Board. The Internal Management Board is comprised of the Executive Director (Chairman), the Medical Director, the Institutional Director, the Scientific Director, and the Hospital Administrator. It examines and approves the submission to the BoD of the institutional documents (financial/audit report, annual report, strategic plan, thematic reports to the BoD committees) of the entire Hospital

complex. It examines and decides on, or, if need, refers to the BoD, all issues pertaining to the legal status and statutory requirements of the Hospital. It also maintains a general overview of the Hospital affairs with special focus on the preservation of its assets and reputation. It is a responsibility of the Internal Management Board to plan and monitor preparation/induction programmes for future top managers. The Internal Management Board is empowered to make changes in the Hospital organisational structure, adapting job descriptions and chains of command. The Internal Board meets at least once a month and whenever the ED convenes a meeting. The ED is responsible for the implementation of the decision of the Internal board, except in case he/she had voted against the adopted decision, he can decide to suspend the implementation and refer the matter to the Board or a Board committee.

Various internal committees assist the Management in the decision-making process, to ensure large participation in decision making, team spirit, transparency, equity and finally extended "ownership" of the Hospital operation. They are established and regulated at discretion of the Internal Management Board, which is also responsible for the definition of the Hospital Organogram below the directorship level of the Executive Director, the Institutional Director, the Medical Director, the Scientific Director, and the Hospital Administrator.

9.4 THE HOSPITAL EXECUTIVE COMMITTEE (EC)

The Executive Director is chair of the Executive Committee assisted by the Deputy Medical Director Community Services as secretary to the Committee. Below is the membership;

1. Executive director (Chairman)
2. Medical director
3. Institutional director
4. Hospital administrator
5. Scientific Director
6. Deputy Medical Director clinical
7. Deputy Medical Director community (secretary)
8. Deputy Administrator Human Resource
9. Matron/Senior Principal Nursing Officer
10. Financial Manager
11. Head Technical Department
12. Principal of the Training Institute
13. Head Pharmacy

The EC meets at least once a month, or whenever the ED deems it necessary. While the Steering committee pronounces itself on what needs to be done regarding the strategic plan and checks that there are financial resources for it, the Executive Committee is responsible for the implementation. The EC coordinates the interventions of the different sections and tries to solve possible problems. The EC has an advisory role towards the ED, who can decide independently from the prevailing opinion in the meeting. Decisions taken or approved by the ED are immediately executive and it is the duty of the managers to implement them.

9.5 COMPLIANCE WITH STATUTORY REQUIREMENTS

The hospital has been able to comply with all statutory requirements including Company requirements, Uganda Registration Services Bureau (URSB), NGO Bureau and UCMB amongst others. The hospital was fully compliant with the statutory requirements for accreditation with UCMB yet again in FY 2023/24. The hospital was therefore accredited without any conditions.

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UCMB statutory compliance status for FY 2023/2024

SR N.	REQUIREMENT	MEANS OF VERIFICATION AT UCMB	STATUS
1	Analytical Report 2023/2024	Copy of analytical report available at UCMB	Achieved & submitted
2	External Audit 2023/2024	Statement of the CEO that the Audit has been executed	submitted
3	*Charter (still valid)	n.a. if still valid*	Still valid
4	*Manual of Employment (still valid)	n.a. if still valid*	Still valid
5	*Manual of Financial Management (still valid)	n.a. if still valid*	Still valid
6	License 2024	Copy of license available at UCMB	License copy sent to UCMB
7	Contribution to UCMB for 2024	Deposit of money affected at UCMB	Done and sent
8	Comprehensive summary report 2023/24 (HMIS 107, Financial report and Quality Indicator).	Copy of comprehensive report available at UCMB on right format	Achieved and sent
9	Status of staffing as of 30.6.2023	Copy of staffing status report available at UCMB on right format	Achieved
10	**Report on Undertakings and Actions 2023-2024	Copy of U&A report available at UCMB on right format**	Completed and sent late

CHAPTER TEN: YEAR 2 PERFORMANCE OF THE HOSPITAL STRATEGIC PLAN 2022-2027

Legend: POOR FAIR GOOD / ON TRACK

Strategic Actions	OUTPUT INDICATORS (KPI)	Means of verification	5 Year Target	22/23	23/24	Status YEAR 2	Responsibility
STRATEGIC OBJECTIVE 1: To Strengthen Health Promotion, Prevention & Frontline Services of The Hospital & Health Centres							
Outpatient, community and emergency health care strengthened							
1.1 Improve outpatient follow-up for chronic diseases and across the board.	Appointment system for NCD's set up in place	Inspection	70%			About 50%. SCD, DM, HTN have appointment, but not followed up yet actively	MD
1.3 Continue integration of OPD into Hospital quality assurance	OPD quality indicators clarified, expanded	Inspection				Few indicators added in year1 on QI meetings, hygiene	RBF FP
	Scores of PSS	Client feedback	90%	95	98.6%	98.6% satisfied completely or to some extent. 1.4% not satisfied	DMD
	Scores of RBF	Verification report	90%	89%	90.4%	Average score 90.39% as Surgical units showed marked improvement after low start	DID
1.2 Increase screening for most common non-communicable diseases and cancers	Number and range of screened patients increased (BMI, BP, RBS, Cacx, BSE, mammography, Wellness clinic, growth monitoring, nutritional screening, SCD, HBV, HIV, HTN, Ca Colon, etc)	HMIS reports				Increased SCD and HIV screening, and ongoing for BMI, BP, Cervical cancer/Breast cancer. Documentation not formalised for wellness, colon cancer, HTN	QI Chair
1.6 Develop criteria for admission to the Hospital	SOP/criteria developed	inspection				Few criteria in YCC, ICU, possible new SOP	HoD
1.7 Engage the districts in more collaboratively covering relevant catchment areas with public facilities	No of engagements with district, POPULATION	Inspection				Ongoing community dialogues, district meetings and collaboration, Radio sensitisation with Soleterre, and Radio PACIS	
1.8 Review the District supported out-reach peri-urban programme and negotiate relocation to rural/relevant areas	No of outreaches conducted				608	Outreaches going on, reaching new areas, improving outputs	

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	No of patients served in outreaches	HMIS, reports			Numbers very high in																
	Current catchment maps drawn	map			outreach locations modified by city health off																
1.12: Keep fees for emergency surgery lower than elective surgery	Fees for emergency surgery kept lower than electives	Inspection	1 pa		fee disaggregation not yet made but services continues to be prioritised even without payment																
1.16: Improve hospital ambulance coordination	Ambulance coordination committee meets at least quarterly	Minutes	4 pa		Committee meeting not held, modifying ambulances	DMD-CHS															
1.14: Referral criteria for Ambulances pickup/referral established	Criteria Document developed and implemented				Criteria SOP not yet finalised, but working SOP is in place																
1.13: Consider setting Acute care section/unit in Paed.	Unit set up, functional	Price list			Due to ongoing work, "mobile unit" still in place	ID, HoD															
Health workers trained on emergency care/Critical topics	No of trainings done	Training report	1 pq		Multiple trainings ongoing, CME. Nursing CNE. Basic Life Support, etc.	DID															
Ensure Availability of functional emergency equipment	Availability of equipment/boxes	inspection			Equipment generally in place, gaps identified and requested	Matron, Incharge															
Monitor outcomes of critically ill patients in the hospital	Mortality rate of critical patients in HDU and ICU	HMIS	Qtrly		Mortality rates reducing over the year. ICU 34%, NICU 10.7%, Burns 9.4%. In Q4 NICU mortality was 7.3%. Lacor still leading maternal and neonatal mortality in the region, with Late referrals. Maternal deaths reduced from 25 to 16	HoD, MD CS															
					<table border="1"> <tr> <td>Mortality rates at the ICU</td> <td>38.96%</td> <td>29.82%</td> <td>41.42%</td> <td>25.91%</td> </tr> <tr> <td>Mortality rates at NICU</td> <td>15.0%</td> <td>11.5%</td> <td>12.3%</td> <td>7.3%</td> </tr> <tr> <td>Mortality rates at Burns unit</td> <td>13.79%</td> <td>0.00%</td> <td>24.00%</td> <td>3.23%</td> </tr> </table>	Mortality rates at the ICU	38.96%	29.82%	41.42%	25.91%	Mortality rates at NICU	15.0%	11.5%	12.3%	7.3%	Mortality rates at Burns unit	13.79%	0.00%	24.00%	3.23%	
Mortality rates at the ICU	38.96%	29.82%	41.42%	25.91%																	
Mortality rates at NICU	15.0%	11.5%	12.3%	7.3%																	
Mortality rates at Burns unit	13.79%	0.00%	24.00%	3.23%																	

STRATEGIC OBJECTIVE 2:

Provide hospital services, which focus on needs of patients

High quality and accessible services provided based on patient need

Complete the construction and commission the new Neonatology	Neonatal unit set up and functional	Inspection			Started 13November 2023.	ID
	Number of neonates served increased	HMIS reports			Average 40 patients daily	HoD
	Preventable neonatal mortality decreased	Audit reports			Some decrease noted, but delayed audit still a challenge	HoD

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2.6: Surgical camps increased in scope and reach	Camps held for VVF, plastic surgery, goitre, urology, anorectal malformations, general	Surgical camp report	3 pa			General Surgery, Plastic Surgery, and goitre camps held. More to come January	HoD
2.9: Refurbish Private rooms	Number of Private rooms refurbished	Inspection	8 rooms			not implemented yet	Tech Supervisor
2.11: Implement staff entitlement criteria as per HR manual	Staff medical entitlement revised in HR manual and implemented	Inspection				Most staff re-enrolled when sick	HRM
	IT system updated with HR criteria	inspection				IT system reset, most staff re-enrolled	IT
	Report on health services to staff and dependants provided	Report	Quarterly			rough copy provided 350M spent in the year on staff health	HRM/ Finance
Patients satisfied with the services	PSS > 90	Client feedback	90%			98% "	
	RBF score > 90	Verification report	90%			19%	

**STRATEGIC OBJECTIVE 3:
To ensure accessibility and quality of the services provided by Lacor Hospital**

Access is assured

3.1 Aim at maintaining the global average cost sharing below 35% of the actual operational costs.	Patient out of pocket (cost sharing) average kept below 35% of costs	Second level indicator report	<35%			Awaits audit report, but generally below 305	DID, ID
3.2 Maintain the following services highly accessible: ANC, YCC, Maternity, Nursery/Neonatology, Burns Unit, Sickle-cell disease and Obstetric fistulas shall maintain token fees	Fees for protected groups kept low in absolute terms					Following fees revision, some concerns were recorded, related to ambulance to GRRH, some few drugs, ANC fees in the health centres, and some side-room operations like MVA. Operations also attracted some complaints. No real serious impact on attendance noted yet, but watching before January revisions	ID/SD
3.6 Regularly update and display the price list, including additional fees.	Price list updated at least annually	Inspection	1 pa			Updates done in April 2023, and review of complaints done, Reductions for ambulance and manual vacuum aspiration	DID/ID

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Quality is assured							
3.8 Pursue the extension of RBF to Surgery, Casualty, Laboratory, and Pharmacy.	No of new departments with RBF	RBF reports	1 pa			RBF expanded to Surgery 1 and Orthopaedic in 2023. Agreeing with Partners on new departments	SD
	RBF indicators refined/updated routinely					Indicators updated. Working closely with Key Donors.	
	RBF score above 90% each department					Overall, average 90.4% for the year, but at departmental level, there have been some fluctuations. There was progressive increase through the quarters	SD
3.9 Maintain the accreditations (Laboratory, hospital, REC)	Score 3 star achieved, lab		90%			Accreditation program on hold	
	Hospital UCMB accreditation obtained	Inspection	Star 3		4	Obtained, Star 4. 92% score. Also got MoH 5Star rating	DID
	Research and Ethics Committee is accredited	Inspection	>75%			Obtained from UNCST, until 2025	DID
3.10 Regular sensitization of health workers on appropriate prescription practice, (tests and drugs)	No of meetings, CPD's held	CPD register				Weekly CPD held, though quality of presentations need to improve. Late coming	
3.11 Carry out regular prescription [tests and drugs] audits.	Drug prescription practices compliant with MOH/WHO standards	Polypharmacy	<2.5 %			3.06%.	DMD-CS
		ABC rate	<20%			31%	DMD-CS
3.13 Carry out regular satisfaction surveys.	Hospital acquired infection rates <10%	injectable rate	<15%			None had an injectable antibiotic in OPD	
		dispensing rate	100%	98%	100%	100%, though patients complain when sent out rarely	
		HAI survey	<10%			14.3% in March 2024 from 9.8% last year	Chair IPC
		Quarterly departmental and hospital QI meetings				Projects started. Need for better followup.	QA Nurse
							Ongoing: Suggestion box, feedback book, surveys

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STRATEGIC OBJECTIVE 4: To focus the training role of Lacor Health Training Institute on the needs of the health system while strengthening its integration with the hospital						
High quality training and collaborations ensured						
4.1 Examine the sustainability of particular courses considering their strategic value and alternatives in the region.	Course review done	Report			Done. Weekend training started	Principal
4.2 Consider admitting A-Level students directly for a diploma in Nursing/Midwifery.					Ministry has granted permission, but uptake was poor.. only one applied. Needs more sensitisation	
4.3 Improve collaboration between the HTI and the hospital.	Biannual coordination meetings held	Meeting minutes			Meeting started with Matron's Office, not yet quarterly	Matron, Principal
	-Pass rate above 90% in all courses		>90 %		>96% for the May and November exams	Principal
	Compliance with statutory requirements of the National Council, Accreditations		approved		Valid, new applications for accreditation submitted.	
4.4 Study the possibility of offering E-learning, online and/or distance learning programmes.	E-learning/online programs established	School report			Explored, but not fully operational. School has better connectivity to internet	DID/ principal
	Weekend programs started				Great uptake. Diploma lab 16/16, and 9/9, nurse 14/43, midwife 4/11 took it up.	ID/ Principal
Collaborations with institutions.	Number of collaborations with universities and other institutions	School report			Collaborating with University of Milan Bicocca and other universities- Sherbroke, HUMANITAS among others	DID
Students are satisfied	Student satisfaction rate >90%	Survey report			Students generally satisfied. Key gaps in some mentorship and resources.	Registrar

STRATEGIC OBJECTIVE 5: To strengthen institutional capacity and financial sustainability						
Goal: to find ways to offset the significant increase in costs without compromising accessibility to the hospital by the critical mission group						
Involve heads of departments in annual and quarterly departmental budgeting	Departmental quarterly budgets made	Departmental budget	3		Note yet started, but cost control officer has been engaged to start work	ID, HoD, Finance
	HoD involved in the process					
Describe ways of handling budget deficits	Interventions in case of deficits identified quarterly	report			not yet done, prediction still delayed	HoD

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5.4 Study a list of a few services that, if necessary, could be discontinued, with indications of the expected impact on the hospital constituency and the savings expected.	'Parking list' and case scenarios for potential service discontinuation made	List of services made				TB, Malnutrition, cancer	ID, MD
5.5. Continue the development of middle management and of the shared decision approach, also considering specific training needs in management.	Middle management formation/ mentorship repots	Report on development				More informal for now, a lot of mentorship. No formal report	ED, Administrator
5.6 Regularise and harmonise the committees in the Hospital (Both management committees and Clinical committees).	Committees meet at least quarterly	Quarterly minutes and annual report				Committees just clarified by the Executive committee. Meetings held at least quarterly	Committee Chairs
					Administrator		
	Committee writes annual report to management						
5.7 Share financial information with middle management.	Semestral feedback to department specific financial info shared	Departmental feedback report				Not yet started, but cost control controller to start in September	Financial Manager
5,8 Reinforce the active role of middle managers in cost control.	Annual departmental report on cost control	Report				partly done in departments, but reports not completed by all, but needs improvement	HoD, DID, cost control officer
5.10 Improve on the capacity of accounting to produce regular and correct financial reports.	Quarterly financial reports and budget performance produced					Given to steering committee quarterly	Administrator
	Annual financial reports produced, presented to Before Christmas	By December				on track	
	Balanced fanatical reports	Financial reports				Awaits audit report	Financial Manger, ID
	Unqualified audit reports	Audit report					
5.11 Improve budgeting and budget performance control, closely monitoring expense decisions versus budget.	Quarterly and annual financial reports and budget performance reports produced					Annual yes, quarterly not yet formalised	Finance Manager
5.13 Upgrade the financial management software, to disaggregate finer cost and revenue centres, stores management dashboards	Financial management system upgraded and functional	NAV Business central functional				Resources got, BC engaged, await installation	Administrator
	No cyberattacks/ cyberattacks defended					Seeming attacks investigated	
	No accidental data loss registered					none recently	
	SOPs for IT procedures is produced and utilised					Comprehensive SOP's made for emails, and other IT security procedures	IT Office

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Improve credit and debt control						
Upgrade clinical software	Clinical software upgraded					final selection process before implementation planning- main candidates are Streamline, Hospedia, with NAV Business Central IT Office
Upgrade list of diagnoses and comply with insurance client requirements	List and coding of diagnoses upgraded on system					To be done after selecting software. Many use ICD10.
5.19 Improver debt collection	Quarterly report on debt collection/insurance	Report on debt collection				Reports occasionally presented but needs frequency and structure Credit officer
	Internal Claim process improved- involving clinicians [document related rejections reduced]	Claim Rejection rates				Rejections are being negotiated
Improve timeliness of payment to suppliers, NSSF, PAYE	Debt analysis made quarterly	Reports				still sub optimally done, and highly delayed Finance manager
	Unpaid debts explained/justified					
	Suppliers	Maturation reports				
5.24 Establish a formal cost control function in the Hospital.	Cost control office established	Recruitment report				Job description done, recruitment is in progress HR
Carry out regular cost analysis by departments and by cost items to identify potential savings and prevent waste.	Cost control reports	Report				Gross cost report made by Finance, little fine disaggregation Cost control officer
5.27 Review staffing levels in each department to identify potential redistribution and cost saving.	Staff norm reviewed per department	Staff norm report/scenario				Drafted but awaits approval HR Administrator
Procurement and resource mobilization improved						
5.28 Define Standard Operating Procedures (SOP) for procurement (Procurement Manual).	Procurement manual finalized and in use					Draft not complete Administrator
	Procurement committee reactivated					committee not actively meeting Administrator
SOP for resource mobilization and project management	SOP for project preparation/submission and project management finalized and utilizes	observation				Draft under review DID/ID
	'Cases for support' drafted					A few projects successful DID
	Research collaborations established and Research studies conducted by staff	MoU/ proposals	1 pa			Some staff conducting studies based on hospital data/patients Head, Research

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Research projects, collaborations, management improved	Papers published with Lacor	publications/ presentations	1 pa	Yellow	Green	some papers published out of Lacor work	
	REC meets at least quarterly	Minutes	4 pa	Yellow	Green	Meetings held	
	REC accreditation maintained	Accreditation	3 yearly	Green	Green	With UNCST, valid till 2024	

STRATEGIC OBJECTIVE 6.

Maintain the traditional concern for staff welfare and development

Improve human resource management and development

Develop a framework for staff sensitization on strategies, policies, and plans	SOP's defined and functionalized for performance evaluation, recruitment and promotion, disciplinary actions			Yellow	Green	HR manual 2021 still valid. Policies on Sexual harassment, communication, photography done	Administrator
Improve interactive communication	staff sensitisations on benefits			Yellow	Green	Done informally during staff meetings and induction	HRM
Improve staff accommodation and welfare by housing critical staff and upholding the SACCO	Clocking system re-functionalised			Yellow	Green	Started functioning. Detailed analysis not yet routine	HRM
	Percentage of clinical staff accommodated in the hospital premises	report		Green	Green	Most on call staff are accommodated	Housing committee
	Percentage of staff trained as per approved trainings			White	Yellow	trainings done, but targets not yet set	
	Total funds contributed to the SACCO			Green	Green	SACCO recapitalised	

STRATEGIC OBJECTIVE 7.

To strengthen infrastructure and environmental sustainability

Provide long term technical sustainability

Strengthen waste management (medical, solid, liquid, chemical, cytotoxic)	100 percent of waste collected is disposed of.			Green	Green	Waste collection generally good	Supervisor Technical dept
Keep compliant with atomic energy council regarding radiations	Keep UAEC compliance updated			Green	Green	Maintained. Radiation safety acceptable	Head Radiology
Improve equipment documentation, and their pre-emptive and reactive maintenance	Interruption in service due to broken equipment kept at minimum	Incident reports.	No Xray, laundry downtime	Green	Green	No major outages. Water, electricity downtimes usually have prompt intervention	BEMS lead
		Equipment job cards		Yellow	Green	Improved use of the electronic system to pre-empt servicing. End user training ongoing	

ANNEX 1 - THE VISION, MISSION AND VALUES

During the formulation of the hospital strategic plan for year 2022-2027, a short form of the hospital mission was added.

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 Oriba Dan Langoya	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.Ronald Okidi	Head, Surgery Department
9	Dr.Emmanuel Ochola	Head, HIV, Research & Documentation. Dep Inst Director
10	Ms.Betty Anyiri Justine	Principal Lacor Health Training Institute
13	Mr.Olara Walter	Principal Lacor Laboratory School
14	Sr.Millie Among	Senior Nursing Officer
15	Sr.Josephine Oyella	Head, Pharmacy
16	Mr.Ocacacon Robert	Head, Laboratory Department
17	Mr.Ojok Geoffrey P'kingstone	Representative of Paramedical-Deputy Medical Director-Community Health Services.
18	Mr.Jacopo Barbieri	Head, Technical Department
19	Ms.Giulia Monti	Finance manager-Cost controller
20	Mr.Pier Paul Ocaya	Hospital Administrator
21	Mr Henry Omal	Chief Accountant
22	Mr.Otii Benedict	In-charge Lacor Health Centre III Amuru
23	Mr Andevuku Christopher	In-charge Lacor Health Centre III Opit
24	Mr.Ocira Christopher	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	Deputy Administrator-Human Resource Officer

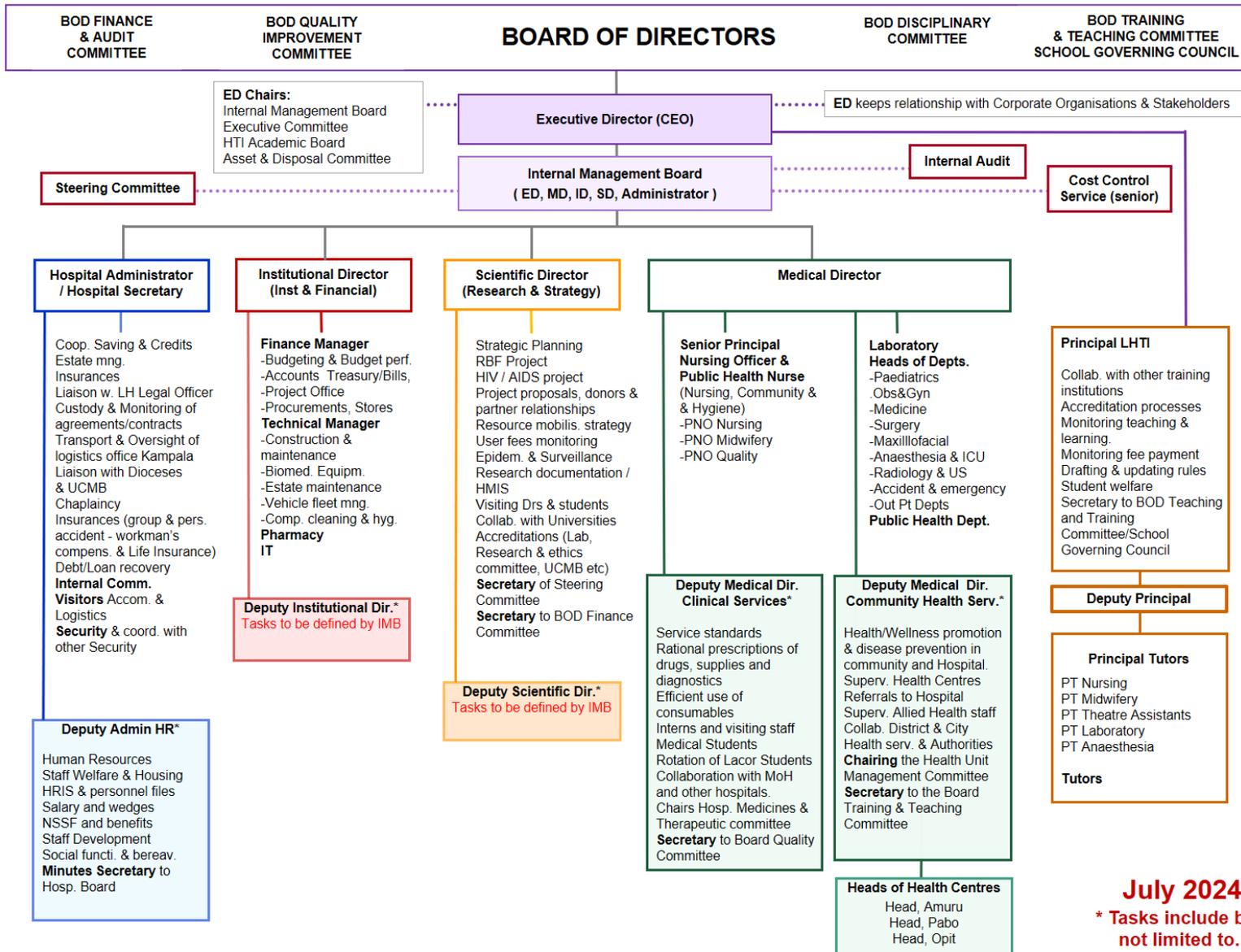
ANNEX 3 - HOSPITAL EXECUTIVE COMMITTEE

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	Dr.Emmanuel Ochola	Deputy Institutional Director
5	Mr.Ojok Godfrey P'Kingstone	Deputy Medical Director-Community-Secretary
6	Ms.Caroline Okello	Deputy Administrator-Human Resource
7	Sr.Milly Among	Matron (Senior Nursing Officer)
8	Ms.Giulia Monti	Finance Manager-Cost controller
9	Mr.Pier Paul Ocaya	Hospital Administrator
10	Mr.Barbieri Jacopo	Head Technical department
11	Ms.Betty Anyiri Justine	Principal Lacor Health Training Institute
12	Sr.Josephine Oyella	Head of Pharmacy

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. Onok	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 Administrator	Executive Member

ANNEX 5 - LACOR HOSPITAL ORGANOGRAM



ANNEX 6 - FINANCIAL STATEMENT FOR THE YEAR ENDED 30/06/2024

FOR THE YEAR ENDED		2024	2023
	Notes	UShs '000	UShs '000
REVENUE			
Donations	5(a)	15,016,394	15,926,798
Donations in kind	5(f)	2,264,071	1,973,811
Patient charges	5(k)	7,109,732	6,658,731
Hospital school fees	5(l)	2,545,386	2,078,387
Other local revenue		941,189	682,797
Revenue before amortisation of deferred capital contribution		27,876,772	27,320,524
Amortisation of deferred capital contributions	19	2,627,310	2,099,612
Total revenue		30,504,082	29,420,136
EXPENSES			
Personnel			
Salaries and wages		(10,622,430)	(9,967,628)
NSSF Hospital contribution		(897,814)	(839,622)
School sponsorships		(175,275)	(315,730)
Insurance		(195,331)	(195,121)
Other staff costs	6	(395,054)	(408,478)
		(12,285,904)	(11,726,579)
Medical items and services			
Medical drugs		(4,322,208)	(4,517,425)
Laboratory and radiology items		(1,036,439)	(1,088,040)
Medical sundries		(2,694,613)	(3,196,810)
		(8,053,260)	(8,802,275)
Generic items			
Food supplies (includes food for students)		(1,481,855)	(1,232,716)
Printing and stationery		(727,256)	(557,287)
General supplies		(1,455,280)	(1,284,248)
		(3,664,391)	(3,074,251)
Transport expenses			
Cargo clearing fees		(69,604)	(55,730)
Fuel for ambulance and other vehicles		(340,332)	(406,529)
Insurance - ambulance and other vehicles		(39,860)	(47,183)
Vehicle maintenance		(236,749)	(139,105)
Other transportation expenses		(18,247)	(14,849)

For the year ended		<u>(704,792)</u>	<u>(663,396)</u>
		2024	2023
Notes		US\$ '000	US\$ '000
Property expenditure			
Electricity (metered and generator)*		(614,044)	(590,135)
Repairs and maintenance	7	(1,082,914)	(695,422)
Other utilities		(40,059)	(42,051)
Other property expenses	8	(286,751)	(257,855)
		<u>(2,023,768)</u>	<u>(1,585,463)</u>
*Included in the electricity expense above US\$ 614 million (2023: US\$ 590 million), is an amount of US\$ 136 million (2023: US\$ 105.9 million) relating to fuel purchased for the generator used to generate power. The balance relates to metered electricity principally supplied by Umeme, Uganda's principal electricity distributor.			
Administrative expenses			
Audit fees		(150,408)	(139,696)
Other professional fees		(60,552)	(130,750)
Communication		(96,020)	(180,580)
Bank charges		(56,575)	(49,055)
Office equipment & software maintenance		(116,807)	(143,193)
Other administrative expenses	9	(352,308)	(311,110)
		<u>(832,670)</u>	<u>(954,384)</u>
Total recurrent costs		(27,564,785)	(26,806,348)
Depreciation and amortisation		<u>(2,627,310)</u>	<u>(2,099,612)</u>
Total operating expenditure		<u>(30,192,095)</u>	<u>(28,905,960)</u>
Other gains and (losses)			
Increase in provision for bad debts		(158,882)	(195,584)
Gains from disposal of assets		-	71,058
Net foreign exchange gains/(losses)		(103,149)	(162,468)
Write offs*	9.1	(49,956)	(227,182)
		<u>(311,987)</u>	<u>(514,176)</u>
Total expenditure		(30,504,082)	(29,420,136)
Surplus before income tax		-	-
Tax	10	-	-
Total surplus for the year		<u>-</u>	<u>-</u>

*Write offs include amounts that management, through comprehensive reconciliations with institutional patient receivables deemed as balances for which no payment is expected for example the Lacor needy project and therefore, are irrecoverable, trade payables to whom no amounts are owed and write-offs of counterfeit notes that were received at the hospital collection points.

ANNEX 7 –BALANCE SHEET

As at		2024	2023
	Notes	Ushs '000	Ushs '000
ASSETS			
Non-current assets			
Property and equipment	11	35,861,866	33,936,256
Right of use asset	12	3,348	3,450
Intangible assets	13	74,009	-
		<u>35,939,223</u>	<u>33,939,706</u>
Current assets			
Inventories	14	3,658,243	4,892,991
Trade and other receivables	15	1,862,732	1,600,634
Cash and cash equivalents	16	2,606,968	3,595,353
		<u>8,127,943</u>	<u>10,088,978</u>
		<u>44,067,166</u>	<u>44,028,684</u>
OPERATING FUND AND LIABILITIES			
Current liabilities			
Trade and other payables	17	2,025,879	2,096,471
Deferred income	18	4,506,509	5,635,789
		<u>6,532,388</u>	<u>7,732,260</u>
Non-current liabilities			
Deferred capital contribution	19	37,039,386	35,801,032
Operating fund			
Operating funds		<u>495,392</u>	<u>495,392</u>
TOTAL OPERATING FUND AND LIABILITIES		<u>44,067,166</u>	<u>44,028,684</u>

ANNEX 8 – DONATIONS

CASH RECEIPTS FROM DONORS* (,000)		2024	2023
Foundations Piero and Lucille Corti - Italy	5(g)	3,269,389	7,740,701
Government of Uganda	5(i)	954,260	792,320
Foundation Teasdale Lucille - Canada	5(h)	2,368,913	1,137,329
Uganda Protestant Medical Bureau		564,226	980,875
Al-Real (Formerly RTI EMBLEM)		-	126,120
Province of Bolzano		201,457	463,082
Soleterre Strategie Di Pace Onlus		118,729	109,962
Social Promise	5(j)	9,738,118	7,828,803
Other cash donations		44,807	241,486
Private donations		385,739	151,845
RBF ENABEL		-	1,264,388
Infectious disease institute		36,281	-
EMBLEM AFENET		157,954	-
Building Hope and Future Together		36,084	-
		<u>17,875,957</u>	<u>20,836,911</u>
CAPITAL CONTRIBUTIONS FROM DONORS (,000)			
Province of Bolzano		463,081	180,885
Foundation Teasdale Lucille - Canada		83,095	293,857
Social Promise		3,575,377	35,393
Infectious Disease Institute		4,457	-
Hope for Uganda		-	177,087
		<u>5,052,790</u>	<u>1,253,822</u>
DONATIONS IN KIND (,000)			
AIDS Relieve drugs		1,500,030	1,345,576
Government of Uganda - Credit line		547,155	232,986
Uganda Government PHC		199,729	293,834
Foundation Piero and Lucille Corti - Italy		7,746	82,272
Other donations		9,411	19,143
		<u>2,264,071</u>	<u>1,973,811</u>

ANNEX 9 - USER FEES

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



ST MARY'S HOSPITAL
LACOR

ANNUAL REPORT FINANCIAL YEAR JULY 2023 - JUNE 2024



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www.lacorhospital.org
info@lacorhospital.org



www.fondazionecorti.it
info@fondazionecorti.it

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TEASDALE-CORTI FOUNDATION

www.becomepart.org
info@teasdalecorti.org



www.socialpromise.org
info@socialpromise.org