ST MARY'S HOSPITAL
LACOR

ST. MARY'S HOSPITAL LACOR
ANNUAL REPORT
FINANCIAL YEAR JULY 2024 - JUNE 2025



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STATEMENT OF INCOME AND EXPENDITURE

FOR THE YEAR ENDED	Notes	2025 UShs '000	2024 UShs '000
REVENUE			
Donations in cash	5(a)	**12,814,726**	15,016,394
Donations in kind	5(d)	**878,270**	2,264,071
Patient charges	5(h)	**7,294,711**	7,109,732
Hospital school fees	5(i)	**2,889,902**	2,545,386
Other incomes	5(j)	**772,763**	941,189
Revenue before amortisation of deferred capital contribution		**24,650,372**	27,876,772
Amortisation of deferred capital contributions	19	**2,208,706**	2,627,310
Total Income		**26,859,078**	30,504,082
EXPENSES			
Personnel			
Salaries and wages		**(10,453,718)**	(10,622,430)
NSSF Hospital contribution		**(930,597)**	(897,814)
School sponsorships		**(128,423)**	(175,275)
Insurance		**(204,629)**	(195,331)
Other staff costs	6	**(495,026)**	(395,054)
		(12,212,393)	(12,285,904)
Medical items and services			
Medical drugs		**(3,396,075)**	(4,322,208)
Laboratory and radiology items		**(1,094,719)**	(1,036,439)
Medical sundries		**(2,258,987)**	(2,694,613)
		(6,749,781)	(8,053,260)
Generic items			
Food supplies (includes food for students)		**(930,720)**	(1,481,855)
Printing and stationery		**(519,611)**	(727,256)
General supplies		**(575,245)**	(1,455,280)
		(2,025,576)	(3,664,391)
Transport expenses			
Cargo clearing fees		**(77,994)**	(69,604)
Fuel for ambulance and other vehicles		**(323,825)**	(340,332)
Insurance - ambulance and other vehicles		**(50,738)**	(39,860)
Vehicle maintenance		**(88,509)**	(236,749)
Other transportation expenses		**(115,926)**	(18,247)
		(656,992)	(704,792)

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FOREWORD BY CHAIRPERSON INTERNAL MANAGEMENT BOARD

Dear Stakeholders of St. Mary's Hospital Lacor,

With great honour, we remember Dr. Cyprian Opira(RIP), our Executive Director, who steered the hospital as Executive Director from 2008 until October 2024, and pray for his peaceful repose.

The hospital has been running harmoniously even amidst persistent financial and other challenges. We received and welcomed the New Chairperson of the Board, His Grace Raphael P'Mony Wokorach, Archbishop of Gulu even as we thank Arcbishop Emeritus John Baptist Odama for the decades of service as our Board Chairperson.

In 2024/2025, Lacor continued to provide services, with an 8% rise in attendance. Common conditions still continue to cause morbidity and deaths, and outbreaks, like Cholera, have been experienced again, relating to the cross border interactions with South Sudan. The need for blood transfusion services is high, with high demands coming from patients with complications of Malaria, Sickle Cell Disease, trauma, bleeding in pregnancy among others. The Gulu cancer Institute is coming up, but the need for paediatric solid tumours is still unmet, thus we continue to carry the burden. The Neonatal unit was filled up immediately since we started in November 2023, and mortality rate is now falling.

The Lacor Hospital Health Training Institute(schools) 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. There has been a change in the eligibility criteria for the selection of students for certificate courses, following the new curriculum at Ugandan Ordinary Levels. There has also been a change is the regulatory body at the ministry of education and sports. The Uganda Health Profession Assessment Board has replaced UNMEB and UAHEB. The new BTVET Act has also been enacted into law, and the Health Training Institute has now submitted accreditation requirements.

The three health centres activities are running smoothly, and many teams of family medicine health professionals and their mentors from Sherbrooke University Canada had their one month community experience in Lacor Health Centres. There are pending renovations in Lacor Opit. The Hospital Technical Department continues to do needed maintenance work.

This third year of our 2022-2027 Strategic Plan was implemented well albeit challenges. A lot of effort is needed from the hospital management, the Board and the donors not only to sustain it but to be on the lookout for improvement opportunities amidst rising cost and high wage bill. We have moved steps in the evolution of systems for patient management and financial management, with the selection of Streamline and HRP's Business central. The Strategic plan reaffirms our commitment to our mission, by setting more efficient systems to improve quality care.

Collaboration is thus critical and we are grateful to our partners like University of Milano Bicocca who launched an outpost here in Lacor hospital to strengthen training, experience sharing, and research for postgraduate and undergraduate levels for both staff and 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.

We continue to emulate and learn from the giants and heroes who served diligently in Lacor hospital leadership, like Dr. Cyprian Opira who served as Executive Director till his very last, exuding profound

professionalism, humility and humanity; like Dr. Mathew Lukwiya who courageously served until death, like Dr. Lucille and Corti who stayed, and contrived, against all hope, to build up a modern Lacor from scratch; like Brother Elio Croce with such a big heart and powerful hands that build Lacor. We are grateful to Board members, all our staff and management for the great work done during the year. Last but not least, we extend gratitude to all our esteemed partners, especially Foundation Piero & Lucille Corti-Italy, Social Promise, Fondation Teasdale Corti–Canada, the Province of Bolzano, Government of Uganda and all stakeholders for your contributions and support.

Together as staff and management, our commitment is unwavering, our faitful to the mission is steadfast despite the challenging circumstances we are going through. We encourage resilience, teamwork, efficiency, collaboration, and diligenceso that we can brace the difficult times. May God bless us all

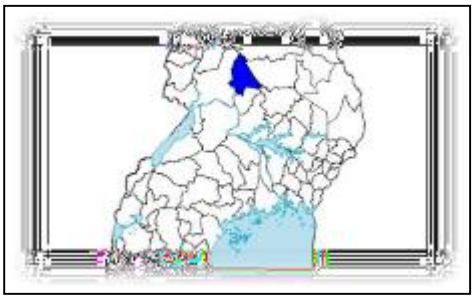
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Dr Odong Emintone Ayella

Chairperson Internal Management Board.

GEOGRAPHICAL LOCATION AND SIZE OF GULU CITY



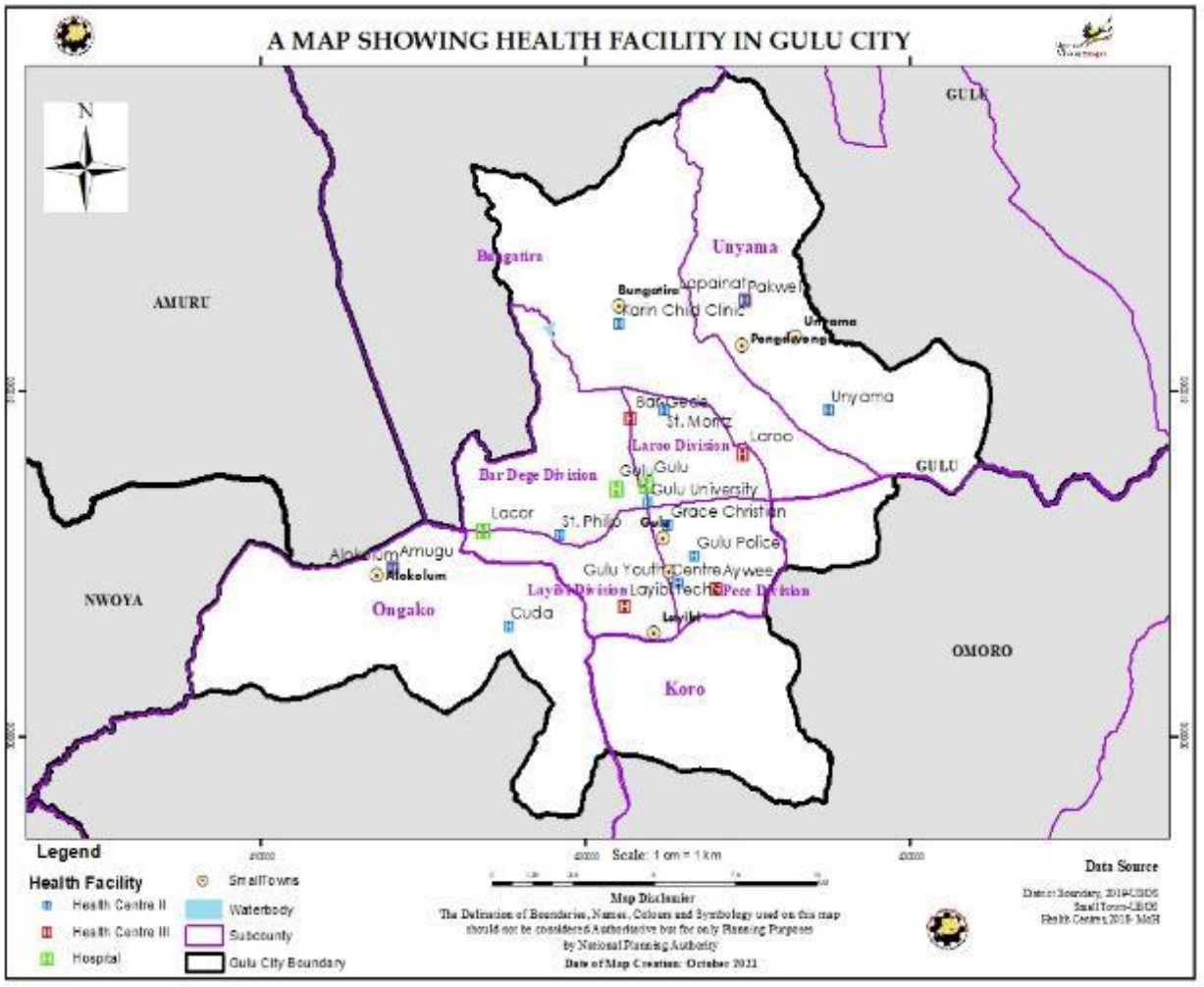


Figure 1: Map of Uganda showing Health Facilities in Gulu City

Gulu City where Lacor is located, was in 2021 curved out of Gulu district 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	Heath Unit Management Committee
ICU	Intensive Care Unit
IDP	Internally Displaced Persons camp
LHTI	Lacor Health Training Institute
LSDA	Local Service Delivery Activity
MMR	Maternal Mortality Ratio
MoES	Ministry of Education and Sports
MoH	Ministry of Health
NHP	National Health Policy
NSSF	National Social Security Fund
OPD	Out-Patient Department
PHC	Primary Health Care
PNFP	Private Not for Profit
PPPH	Public Private Partnership for Health
MTC	Medicines and Therapeutic Committee
RBF	Results Based Funding
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, founded in 1959 and owned by the Registered Trustees of Gulu Diocese. Lacor Hospital is registered with the NationalBoard 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. Lacor complements government policies and is fully integrated in the national health system in line with the Public Private Partnership for Health [PPPH].

Lacor Hospital is a complex with comprising of 482 hospital beds, 3 Peripheral Health Centres - each with 24 beds (Opit, Amuru and Pabbo), a Nurse and midwifery TrainingSchool, 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 on land owned by Gulu Catholic Archdiocese, located 6km away from Gulu town on Gulu-Juba road. 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's population is 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. Therecent 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 432 inpatients plus their attendants and receives on average 563 outpatients. There are about 2,000 people living within the hospital, employees combined with their family members.

SELECTED ACHIEVEMENTS 2024/25

1. Hospital continued to provide quality services, with 8% increase in attendance
2. Mortality kept low, 4.5%
3. Lacor hospital was ranked the third third best hospital among the Regional Referral and large Private Not For Profit hospitals in Uganda (Annual Health Sector Performance Report)
4. A mid-term review of the strategic plan was done, most strategic objectives implemented on track, with rising contribution by improving government facilities.
5. Lacor has maintained critical partnerships with institutions and universities in and outside Uganda, in areas of training, education, technical support, and health.
6. Stability and harmony has been maintained in the hospital, critical staff mainained.
7. Humanity of care has improved in the provision of patients' care.
8. Construction of the new nurses' accommodation has been completed.
9. Accreditation with UCMB has been maintained.
10. Asbestos has been removed completely from all hospital roofs , while Radioactive Cobalt 20 nuclear head decommissioned and removed from Lacor hospital.

SELECTED CRITICAL ISSUES 2024/25

1. The death of the hospital executive director at the beginning of this FY leaves a big gap
2. Staff expectations for increased salary to match government, some leaving the hospital for greener pastures.
3. PHC funds is dwindling, and PHC for Lacor HCIII Opit has not been obtained yet due to PIN numbering
4. Waste segregation still possess challenges in the hospital, from generation, collection, transportation, to disposal
5. Increasing cost of running the hospital.
6. High cost of living including food staff for the hospital and students in the Health Training Institute.
7. Low attraction of diploma students at the Lacor Health Training Institute
8. Renovation of Health Center not completed remaining for Lacor Health Centre IIII Opit.

RECOMMENDATIONS AND WAY FORWARD

1. Continue efforts towards more quality and good patient experience and customer care.
2. Advocacy to government for increased PHC funds, secondment of staff and support.
3. Consider obtaining more land for wood fuel to support school
4. Conclude the registration of Lacor HCIII Opit for PHC, with Omoro district local government.
5. With more recent outbreaks, need for high vigilance and implementation of infection prevention practices to prevent and avert epidemics.
6. Source funds for renovation of Lacor HCIII Opit
7. Waste management needs to be strengthened with closed supervision by senior nurses and midwives
8. Succession: the Directors will appoint deputies and build next generation Hospital leaders.
9. Digitization of clinical care and improvement of Financial system is critical.
10. Contingency plan needs to be considered in the face of reduced funding for the hospital.

SERVICE UTILISATION

With the exception of Laboratory services, we saw an increase in the total number of Outpatient contacts, Admissions, deliveries, Major surgical Operations Radiological services and immunization services in the Financial Year 2024/25 as seen in the table 1 Below.

Table 1: service utilization

Service output	2020/21	2021/22	2022/23	2023/24	2024/25	Variance (%)
Total OPD attendance	177,947	178,877	159,262	156,024	168,811	8.20%
Admissions	29,960	29,850	30,263	33,318	36,497	9.54%
Deliveries	8,079	9,268	8,839	8,853	9,674	9.27%
Major surgical operations	6,148	7,048	6,446	6,147	6,281	2.18%
Laboratory examinations	403,871	383,296	440,209	505,400	386,191	-23.59%
Radiological examinations	42,777	43,538	45,563	35,828	37,616	4.99%
Immunization doses	95,434	100,436	92,313	105,445	132,732	25.88%

CHAPTER ONE: INTRODUCTION

St. Mary's Hospital Lacor is a referral PNFP hospital. It is the largest private non-profit faith-based hospital in Uganda. In the Ministry of Health performance assessment for the 2024/2025 financial year, the hospital scored 41%, making it the third-highest ranked hospital in the country. The Hospital 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. St. Mary's Hospital Lacor activities are in line with Uganda Ministry of Health policies for health care provision. The integration of St. Mary's Hospital Lacor 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, Theatre assistants and Diploma in Critical Care Nursing commencing in the new academic year. Lacor is also a Teaching site for Gulu university Medical School. This is a big development from the small 30-bed hospital it was 66 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 St. Mary's Hospital Lacor is to supplement the government's efforts in health service provision.

St. Mary's Hospital Lacor'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

St. Mary's Hospital Lacor 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, and the school of Theatre Assistants. The schools have been unified under the name of St. Mary's Health Training Institute recognized by the National Council of Higher Education. The Hospital is also an official teaching

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

site for Gulu University faculty of medicine, now for 2 years since the latter's inception in the year 2004.

In this document, *St. Mary's Hospital Lacor* 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 St. Mary's Hospital Lacor. The Christian doctrine of dedication and providing holistic care to the sick in a compassionate manner is the strong pillar on which St. Mary's Hospital Lacor'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, St. Mary's Hospital Lacor constructed three satellite Health Centres in Amuru, Opit and Pabbo. Each Health Centre is located about 40 km away from the St. Mary's Hospital Lacor.

St. Mary's Hospital Lacor 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 St. Mary's Hospital Lacor 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 the Acholi subregion. It was granted city status in 2020. Administratively, Gulu City comprises two constituencies, which also serve as two Health Sub-Districts: Bardege–Layibi and Pece–Laroo, encompassing a total of 32 parishes. As an emerging urban center, Gulu City continues to face challenges related to rapid urbanization and population growth. Efforts are underway to promote sustainable development while integrating community participation into governance and service delivery frameworks.

2.1.2 Major Health Development Challenges

Gulu City faces multiple health system challenges that constrain the delivery of quality and equitable healthcare services.

Health infrastructure remains inadequate, limiting physical access to essential health services. This is compounded by a shortage of qualified health professionals, irregular medical supplies, and an underdeveloped referral and ambulance system. Health data management systems also remain weak, affecting evidence-based planning and monitoring.

The city's cosmopolitan nature has led to the growth of numerous private clinics. While these facilities increase access to basic healthcare, they often result in delayed referrals of critically ill patients to higher-level facilities.

The city continues to record high prevalence rates of HIV/AIDS, tuberculosis, malaria, and other communicable diseases. The two major referral hospitals—St. Mary's Hospital Lacor and Gulu Regional Referral Hospital (GRRH)—receive the most critically ill patients, especially mothers and children, resulting in high morbidity and mortality rates.

Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services are largely limited to urban hospitals. Peripheral areas still struggle with skilled birth attendance and timely referrals.

Rapid urbanization has outpaced sanitation infrastructure, resulting in poor hygiene and the expansion of informal settlements with inadequate waste management.

To effectively address these interconnected challenges, a comprehensive, multi-sectoral approach is essential—one that strengthens infrastructure, improves human resources, fosters community engagement, and implements targeted health programs.

2.1.3 Lacor Hospital and City Health Services

St. Mary's Hospital Lacor is one of the leading healthcare institutions in Gulu City, providing a comprehensive range of preventive, curative, and palliative care services, alongside specialized clinical care. In partnership with the Gulu City Health Authority, five parishes (wards)—Kweyo, Patuda, For God, Pageya, and Kal—have been assigned to Lacor Hospital to enhance the delivery of primary healthcare services. These parishes encompass 24 cells, supported by 58 Village Health Team (VHT) members who collaborate closely with the hospital.

Through this partnership, Lacor Hospital and VHTs ensure that essential services—such as immunization, school health programs, antenatal care, and community outreach activities—are delivered effectively to residents. Regular outreach programs are conducted to improve accessibility and promote health awareness within these communities.

2.2 NATIONAL POLICIES ON HEALTH

The overarching goal of Uganda's National Health Policy (NHP) is: *'To attain a good standard of health for all people in order to promote a healthy and productive life.'*

Key Priority Areas of the National Health Policy

1. Strengthening health systems in line with decentralization through training, mentoring, technical assistance, and financial support.
2. Enhancing supervision and monitoring of both public and private health sectors, and improving health data collection and utilization for evidence-based decision-making.
3. Promoting functional integration within the public sector and between public and private sectors in healthcare delivery, training, and research.
4. Addressing the human resource crisis through improved training frameworks and redefining institutional mandates.
5. Strengthening leadership and coordination mechanisms to improve the quantity and quality of health worker production.

2.2.1 Health Sector Development Plan (HSDP) 2021/22–2024/25

The Health Sector Development Plan (HSDP) provides the strategic framework for achieving Universal Health Coverage (UHC) and ensuring access to essential healthcare services. It aligns with Uganda Vision 2040, which envisions a productive and healthy population contributing effectively to socio-economic transformation.

The plan seeks to achieve 'Health for All' by promoting health through prevention and community engagement, strengthening health systems infrastructure and human resources, enhancing service delivery and quality improvement, and prioritizing maternal and child health, disease prevention, and control.

Implementation involves robust monitoring and evaluation mechanisms, capacity building, and resource mobilization. Stakeholder engagement—across government, private sector, and development partners—is emphasized to ensure alignment and accountability. The Uganda Minimum Health Care Package (UMHCP) serves as the cornerstone for implementing this plan.

2.2.2 The Uganda Minimum Health Care Package (UMHCP)

6. Health Promotion and Disease Prevention: Environmental health, community health initiatives, epidemic preparedness, and disaster response.
7. Maternal and Child Health: Antenatal, postnatal, and neonatal care services.
8. Communicable Disease Control: Prevention, management, and control of diseases such as HIV/AIDS, TB, and malaria.
9. Non-Communicable Disease Control: Screening, prevention, and management of conditions like diabetes, hypertension, and cancers.
10. Elimination of Mother-to-Child Transmission (eMTCT) of major diseases.

2.3 LACOR HOSPITAL AND NATIONAL HEALTH POLICIES

Lacor Hospital operationalizes the National Health Policy and the Health Sector Strategic Plan by delivering the core components of the Uganda Minimum Health Care Package through inpatient, outpatient, and community-based services. The hospital receives referrals from across Northern Uganda and South Sudanese refugee settlements, providing diagnostic, therapeutic, preventive, and rehabilitative care.

2.3.1 Peripheral Health Centres

Lacor Hospital oversees three peripheral Health Centre IIIs: Lacor Health Centre III – Amuru, Lacor Health Centre III – Pabbo (both in Amuru District), and Lacor Health Centre – Opit (Omoro District). Each Health Centre offers services including maternal and child health care, HIV counselling and testing (HCT), Primary Health Care (PHC) activities, and basic clinical care. They also supervise lower-level government health units within their catchment areas and facilitate referrals to Lacor Hospital, with free ambulance services available for emergency transfers.

2.3.2 Collaboration and Community Health Services

Lacor Hospital actively participates in the District (City) Health Management Team (DHMT) and Health Cluster meetings, ensuring alignment with the City Health Plan. Its community health department delivers a wide range of services, including screening for sickle cell disease, cancers (breast and cervical), hypertension, and diabetes; immunization and nutrition counselling; HIV/AIDS outreach and ART distribution; health promotion programs such as physical activity and community engagement; and pastoral, palliative, and social care services. Through these integrated programs, Lacor Hospital continues to play a pivotal role in advancing public health, reducing disease burden, and promoting equitable access to quality healthcare in Gulu City and beyond.

CHAPTER THREE: LACOR HOSPITAL HEALTH CARE ACTIVITIES

3.1 AGGREGATED NUMBER OF IN/OUTPATIENTS IN THE HOSPITAL COMPLEX

In the financial year 2024/25, the hospital complex recorded a total of 205,308 patient contacts, marking an increase of 8.4% (15,966 contacts) from 189,342 in FY 2023/24. This growth reflects steady demand for services across the hospital and its three subsidiary health centres, with patients accessing both routine and specialized care.

Table 2: Consolidated number of patient contacts – 2024/25

Unit	In-pts Children	In-pts Maternity	Other Adults	Total In-pts	Out-pts Children	ANC	Other Adults	Total Out-pts	TOTAL Contacts
Hospital	7,528	9,518	7,391	**24,437**	22,358	12,671	73,910	**108,939**	**133,376**
Amuru	1,993	1,824	596	**4,413**	8,170	6,834	6,575	**21,579**	**25,992**
Opit	2,448	1,235	550	**4,233**	7,271	4,225	6,437	**17,933**	**22,166**
Pabbo	1,149	1,673	592	**3,414**	7,976	6,620	5,764	**20,360**	**23,774**
TOTAL	**13,118**	**14,250**	**9,129**	**36,497**	**45,775**	**30,350**	**92,686**	**168,811**	**205,308**

3.2 ATTENDANCE BY SPECIFIC GROUPS

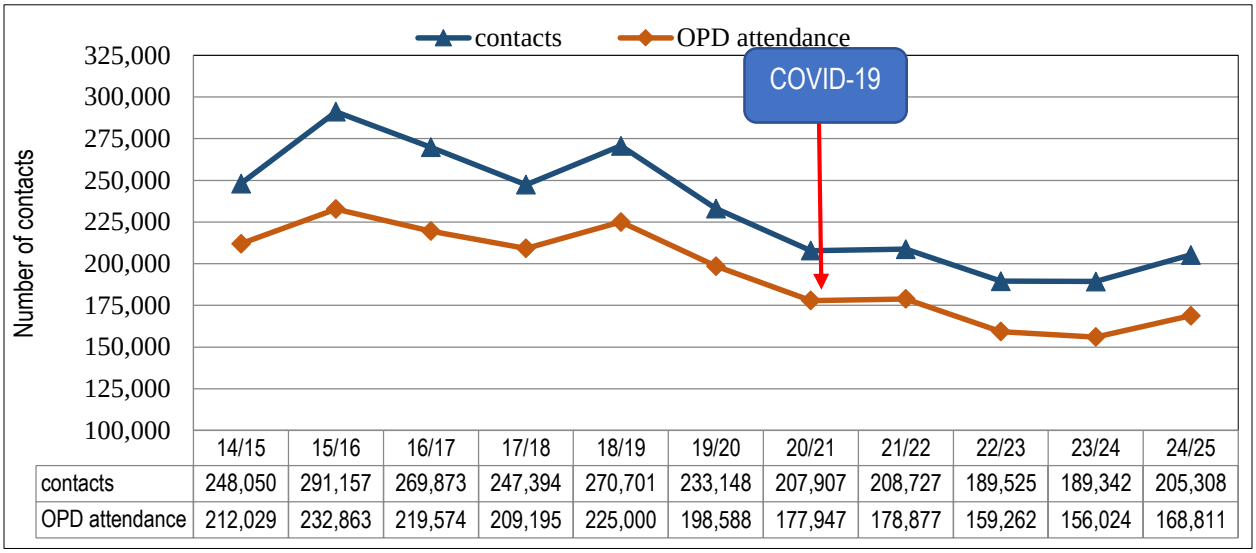
Children under five years contributed **28.2% (57,247)** of total patient contacts, while mothers attending **antenatal and maternity services accounted for 21.2% (43,221)**. Together, these groups represented nearly **49.4% (100,468)** of total contacts, highlighting the hospital's continued focus on **maternal and child health**. The remaining **50.6% (104,840)** of contacts were from other adults, reflecting the hospital's role in managing general adult health needs. The health centres managed 35.1% contacts supplementing the 64.9% seen at the hospital, aligning with the strategy to increase community access to services, through the health centres.

3.2.1 Trend of attendance in the hospital complex

The total contacts in the hospital complex increased steadily by 8.43%, with the largest relative growth observed at Opit HC (12.1%). Lacor Hospital recorded a 9.2% increase, reflecting its continued role in managing more complex cases, including inpatient admissions. Amuru and Pabbo health centres saw modest increases of 3.16% and 6.83%, respectively. The data suggests that while routine visits, such as 6-month HIV refills, continue to reduce outpatient load, the hospital remains a referral hub for complicated cases. Inpatient attendance across the complex showed a consistent increase, underscoring the hospital's critical role in specialized care provision.

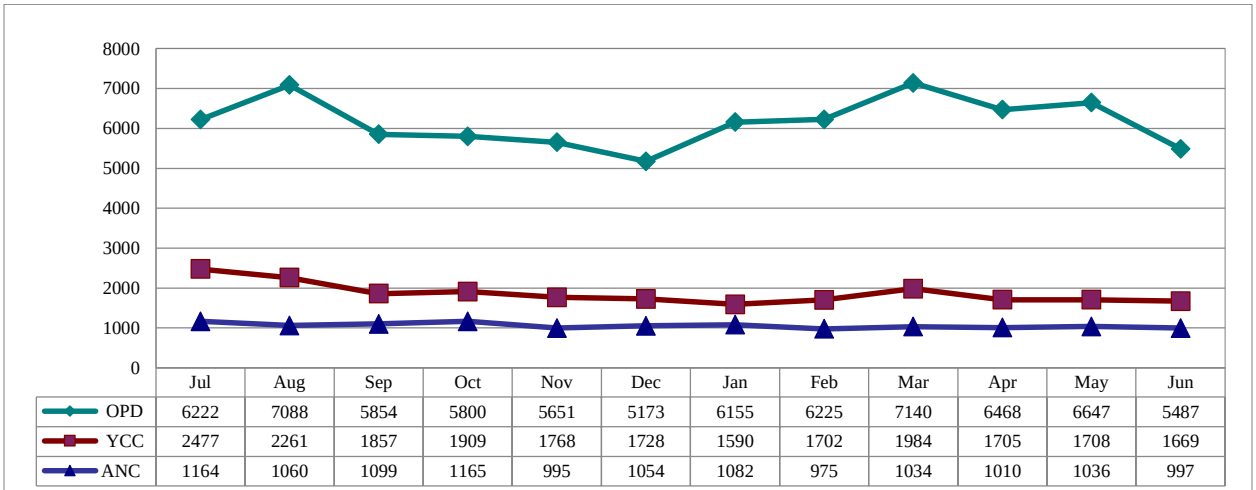
Table 3 : Trends of total contacts in the hospital complex FY 2022/23 to 2024/25

Total contacts	FY-2023/24	FY-2024/25	Variance	**Variance (%)**
Lacor Hospital	122,122	133,376	11,254	9.22%
Amuru	25,196	25,992	796	3.16%
Opit	19,770	22,166	2,396	12.12%
Pabbo	22,254	23,774	1,520	6.83%
TOTAL	**189,342**	**205,308**	**15,966**	**8.43%**



	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25
contacts	248,050	291,157	269,873	247,394	270,701	233,148	207,907	208,727	189,525	189,342	205,308
OPD attendance	212,029	232,863	219,574	209,195	225,000	198,588	177,947	178,877	159,262	156,024	168,811

Figure 2: Trend of attendance in the hospital complex



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
OPD	6222	7088	5854	5800	5651	5173	6155	6225	7140	6468	6647	5487
YCC	2477	2261	1857	1909	1768	1728	1590	1702	1984	1705	1708	1669
ANC	1164	1060	1099	1165	995	1054	1082	975	1034	1010	1036	997

Figure 3:Monthly trends of OPD attendance in the Hospital Complex FY– 2024/25

3.2.2 Group-specific trends

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

Table 4:Change in group-specific attendance FY 2022/23 to 2024/25

Total Attendance	FY-2023/24	FY-2024/25	Variance	**Variance (%)**
Children	53,416	58,893	5,477	10.25%
ANC & admission Maternity wards	40,221	44,600	4,379	10.89%
Other Adults	95,705	101,815	6,110	6.38%
TOTAL	**189,342**	**205,308**	**15,966**	**8.43%**

Table 5: Trends of admissions and OPD contacts FY 2023/24 to 2024/25

TOTAL ATTENDANCE	FY-2023/24	FY-2024/25	Variance	Variance (%)
Admission	33,318	36,497	3,179	9.54%
Outpatients	156,024	168,811	12,787	8.20%
Total	**189,342**	**205,308**	**15,966**	**8.43%**

Table 6:Trends in children and adults' admission FY 2023/24 to 2024/25

Admissions	FY-2023/24	FY-2024/25	Variance	Variance (%)
Children	11,527	13,118	1,591	13.80%
Adults	21,791	23,379	1,588	7.29%
TOTAL	**33,318**	**36,497**	**3,179**	**9.54%**

3.3 TREND OF SELECTED MEDICAL SERVICES

In FY 2024/25, Lacor Hospital continued to observe growth in critical and specialized services. Notably, ICU attendance more than doubled with a 109.68% increase, and Emergency Clinic visits increased by 1.58%, reflecting sustained demand for acute care. The Sickle Cell Clinic also recorded a modest rise of 3.61%, continuing the trend seen over the past few years.

Some services, however, experienced slight declines. Endoscopy saw a 5.17% decrease, while diagnostic imaging declined by 3.21%, largely due to equipment challenges and increased reliance on point-of-care scans. Other key services, including Dental Clinic and surgical operations (including minor procedures), demonstrated positive growth of 11.15% and 6.25%, respectively

Table 7:Trend of selected Services FY 2023/24 to 2024/25

Total Attendance	FY-2023/24	FY-2024/25	Variance	Variance (%)
Dental Clinic	6,835	7,597	762	11.15%
Endoscopy	715	678	-37	-5.17%
Surgical operations (incl. minor).	8,416	8,942	526	6.25%
ICU	434	910	476	109.68%
Diagnostic imaging	35,828	34,677	-1151	-3.21%
Sickle Cell Clinic	2,773	2,873	100	3.61%
Emergency Clinics	13,233	13,442	209	1.58%

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 168,811 outpatients seen in FY 2024/25, Adult OPD: 92,686 (54.91%), comprising both men and women aged five years and above, Children under five (YCC): 45,775 (27.11%), Pregnant women (ANC): 30,350 (17.98%)
When combining all women (ANC + adult female OPD) and children, the hospital served 122,468 patients (72.58%), while adult males accounted for 46,343 patients (27.42%).
These figures highlight the hospital's focus on maternal, child, and women's health, prioritizing care for the most vulnerable groups.

3.4.2 OPD attendance according to location

During FY 2024/25, Lacor Hospital: 108,939 patients (64.56%), Three health centers (Amuru, Opit, Pabbo): 59,872 patients (35.44%). This distribution demonstrates the hospital's strategy to bring services closer to the community, enabling health centers to handle routine cases while the main hospital focuses on complex and specialized care.

3.5 DISEASE BURDEN IN THE HOSPITAL OUTPATIENTS

3.5.1 Leading causes of morbidity among adult outpatients

During FY 2024/25, **malaria remained the leading cause of morbidity** among adult OPD patients, accounting for **9.23%** of new attendance. Other common conditions included **Gastro-intestinal disorders (non-infective) at 7.15%**, **injuries (all types) 6.89%**, **respiratory infections 6.33%**, and **urinary tract infections 5.63%**.

Non-communicable diseases such as **hypertension (4.28%)** and **arthritis/lumbago (2.96%)** are increasingly contributing to the outpatient burden, while **anaemia (2.60%)** remains a significant challenge due to limited availability of blood for transfusions.

Table 8:Leading causes of morbidity among adults attending OPD 2024/25

Rank	Grouped Diagnosis	Frequency	% Contribution
1	Malaria	3,377	9.23%
2	Gastro-Intestinal disorders (non-infective)	2,615	7.15%
3	Injuries (all, incl. RTA, other, motorcycle, GBV)	2,520	6.89%
4	Respiratory infections (cough/cold, bronchitis, tonsillitis, pharyngitis, rhinitis)	2,318	6.33%
5	Urinary Tract Infections (UTI)	2,059	5.63%
6	Pelvic Inflammatory Disease (PID)	1,616	4.42%
7	Hypertension (high blood pressure)	1,567	4.28%
8	Arthritis & back pain (lumbago)	1,085	2.96%
9	Pregnancy-related conditions (incl. complications)	975	2.67%
10	Anaemia	951	2.60%
11	All others combined	17,510	47.84%
	Grand Total	36,593	100%

3.5.2 Leading causes of morbidity among outpatient children under 5 years

For children under five, the top causes of outpatient morbidity were respiratory infections (non-pneumonia) 28.03%, malaria 16.75%, diarrheal diseases 10.76%, anaemia 5.70%, and skin diseases 4.44%. Other important conditions included sickle cell disease (3.72%), neonatal conditions (3.70%), and pneumonia (2.30%).

Table 9: Leading causes of morbidity in children attending YCC in the hospital 2024/25

Rank	Grouped Diagnosis	Frequency	% Contribution	
1	Respiratory infections (non-pneumonia)	6,559	28.03%	
2	Malaria (all)	3,919	16.75%	
3	Diarrheal diseases (acute)	2,519	10.76%	
4	Anaemia	1,335	5.70%	
5	Skin diseases	1,038	4.44%	
6	Sickle Cell Disease	871	3.72%	
7	Neonatal conditions (other)	866	3.70%	
8	Bacteremia	724	3.09%	
9	Prematurity	711	3.04%	
10	Pneumonia	537	2.30%	
11	Others combined	4,323	18.47%	
	Grand Total	**23,402**	**100%**	

3.6 HIV/AIDS CARE SERVICES

The Lacor HIV/AIDS Clinic, established in 1993, continues to provide comprehensive care for people living with HIV and their families. The clinic delivers a full package of services, including HIV prevention, counselling and testing, management of opportunistic infections, antiretroviral therapy (ART), health education, elimination of mother-to-child transmission (eMTCT), and post-exposure prophylaxis. Community-based care has been expanded through over 26 Community Drug Distribution Points (CDDPs), as well as alternative distribution points such as local drug shops, enabling clients to access ART conveniently. Community lay workers support follow-up, adherence monitoring, and health education at the household level.

By the end of FY 2024/25, the clinic had ever enrolled 22,631 clients, with 2,269 children and 20,362 adults, reflecting a gradual but consistent increase in service coverage over time. Currently, 6,715 clients are actively receiving ART, with adults comprising 98.78% and children 1.22% of this cohort. Female clients represent 67.77% of adults on ART, highlighting gender differences in health-seeking behavior. The implementation of multi-month ART dispensing for six months, transition to Dolutegravir-based regimens, and enhanced viral load monitoring are critical steps towards optimizing treatment outcomes.

Table 10: HIV Services – from 2017/18 to 2024/25

HIV/AIDS Services	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Ever enrolled on HIV (include patients on ART)							
Children	2,099	2,119	2,150	2,186	2,208	2,227	2,269

Adults	18,023	18,249	18,939	19,267	19,797	20,065	20,362
TOTAL	**20,122**	**20,368**	**21,089**	**21,453**	**22,005**	**22,292**	**22,631**
Current Active on ART							
Children	524	374	334	298	255	104	89
Adults	6,772	6,826	6,798	6858	6729	6,844	6,626
TOTAL on ART	**7,296**	**7,200**	**7,132**	**7,156**	**6,984**	**6,948**	**6,715**

The elimination of mother-to-child transmission (eMTCT) program has continued to show progress, albeit with some operational challenges. In FY 2024/25, the number of new antenatal care (ANC) visits increased by 5.5%, reaching 7,718, reflecting growing engagement of pregnant women with health services. Of these, 7,182 women (93.06%) were tested for HIV for the first time during the current pregnancy, resulting in 60 new HIV-positive cases (0.84%). Male involvement remains significant, with 4,042 partners of HIV-tested women screened, though the proportion of positive cases among partners remained low at 0.07%.

Despite these improvements, there were declines in enrollment in the eMTCT program, with only 26 women (43.33% of eligible) receiving ARVs through the program, suggesting operational or resource constraints. Nevertheless, there was a 4% increase in deliveries by HIV-positive mothers, totaling 344, and 522 children of HIV-positive mothers tested negative (99.24%), demonstrating continued effectiveness in preventing vertical transmission.



Table 11: Lacor Hospital eMTCT activities – 2022/23 to 2024/25

eMTCT Activity	2023/24	2024/25	(%)
ANC New Visits	7319	7718	
Counselled	7319	7718	**100%**
Women tested for HIV 1st Time in the Current Pregnancy	7046	7182	**100% of eligible**
Post-test counselled and received HIV result	7046	7182	**100%**
Women tested positive for HIV (new positives)	54	60	**0.84%**
Partners (of HIV tested women) tested for HIV	4132	4042	**52%**
Partners positive for HIV	23	3	**0.074%**
ANC mothers already on ART before coming to ANC	195	102	**1.32%**
Enrolled into eMTCT program (received ARVs)	213	26	**43.33%**
HIV positive mothers delivered in the Hospital	358	344	**4%**
Children of HIV positive mothers tested for HIV	219	526	**-**
Children of HIV positive mothers who tested HIV negative	214	522	**99%**
Children of HIV positive mothers who tested HIV positive	5	4	**0.76%**

3.6.1 CERVICAL CANCER SCREENING

In FY 2024/25, Lacor Hospital screened a total of 2,537 women for cervical cancer, using Visual Inspection with Acetic Acid (VIA). Of these women 20.30% were HIV-positive, while 79.70% were HIV-negative . This reflects the hospital's continued focus on integrating cervical cancer screening with HIV care, targeting high-risk populations to ensure early detection and timely intervention. All the women did both cervical and breast cancer screening,
There were 77 women (3.04%) of having cervical cancer. Cryotherapy was done for 7 women and thermocoagulation for 31 women, while individuals with advanced disease were referred to gynecologists for further evaluation and management.
Biopsy procedures were performed for 56 women to confirm suspected malignancies, underscoring the hospital's commitment to evidence-based diagnosis. The data highlight that HIV-positive women remain a priority group,.
Overall, the FY 2024/25 cervical cancer screening program reflects Lacor Hospital's strategic approach to early detection, risk-targeted intervention, and comprehensive women's health care, aligning with broader public health objectives to reduce morbidity and mortality from cervical cancer in the region.

Table 12: Cervical cancer screening - FY2024/25

FY 2024/25	14-49 Years	>49 Years above	TOTAL
HIV POS	375	140	515
HIV NEG	1716	306	2022
VIA	1938	389	2327
PAP Smear /LEPP	0	0	0
Biopsy	39	17	56
Cervical Cancer Suspect	55	22	77
Cryotherapy done	7	0	7
Thermo coagulation done	31	0	31

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 13: Departments, Wards and Number of beds in the hospital - 2024/25

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

In FY 2024/25, the total number of admissions in the Lacor Hospital complex increased to 36,497, representing a 10.10% rise (3,179 additional admissions) compared to the previous year. This growth reflects the hospital's capacity to manage more complex cases and the increasing demand for inpatient services across all age groups and departments.

Children's wards experienced the most significant increase in admissions, rising by 13.80% from 11,527 to 13,118. The maternity ward also saw a 4.40% increase, with 14,250 admissions, while other adult admissions rose by 10.10% to 9,129. Collectively, admissions for children and maternity wards accounted for 74.09% of all hospital complex admissions, highlighting the hospital's focus on maternal and child health service

Table 14: Admissions to the Hospital & Health Centres - 2022/23 to 2024/25

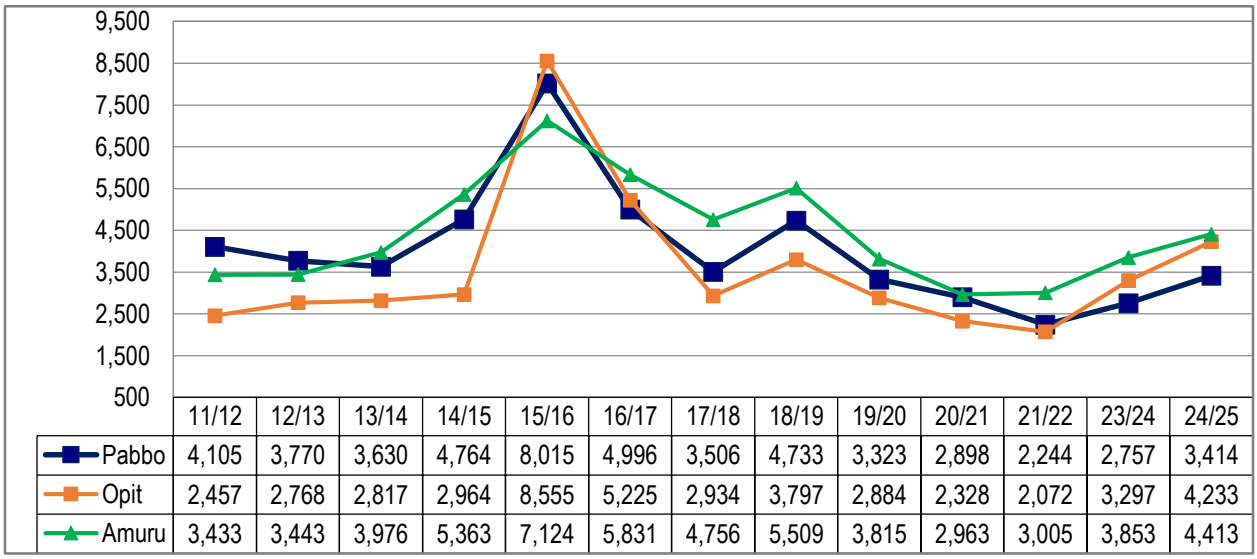
Admissions	FY-2023/24	FY-2024/25	Variance	Variance (%)
Total admissions children	11,527	13,118	1,591	13.80%
Total admission maternity	13,157	14,250	1,093	4.40%
Total admissions adults	8,634	9,129	495	10.10%
Total	**33,318**	**36,497**	3,179	10.10%

3.7.3 Admissions by location

Of the 36,497 total admissions in the hospital complex, 24,437 (66.97%) were admitted to St. Mary's Lacor Hospital, while 12,060 (33.03%) were admitted across the three health centres. On average, the hospital admitted 91 new patients daily, with 67 admissions per day at the main hospital, highlighting continued demand for inpatient care at the central facility

3.7.4 Admission to the Health Centres

Admissions across the health centres totaled 12,060, reflecting a strategic increase in decentralization to improve rural access and reduce congestion at the main hospital. Opit Health Centre recorded the highest growth in admissions, followed by Amuru and Pabbo, consistent with the hospital's aim to strengthen peripheral services. These trends illustrate the effectiveness of providing services closer to local populations while allowing the central hospital to focus on more complex cases.



	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	23/24	24/25
Pabbo	4,105	3,770	3,630	4,764	8,015	4,996	3,506	4,733	3,323	2,898	2,244	2,757	3,414
Opit	2,457	2,768	2,817	2,964	8,555	5,225	2,934	3,797	2,884	2,328	2,072	3,297	4,233
Amuru	3,433	3,443	3,976	5,363	7,124	5,831	4,756	5,509	3,815	2,963	3,005	3,853	4,413

Figure 4: Trends of admission to the Health Centres - 2011/12 to 2023/24

3.7.5 Admissions to the Hospital

Within Lacor Hospital, the Paediatric Department admitted 7,528 patients, with the Neonatal Unit experiencing a substantial 86.40% increase, from 794 to 1,480 admissions, reflecting rising

demand for specialized neonatal care. The General Paediatric and Nutrition Unit recorded 6,048 admissions, a slight decrease of 9.16%, showing stability in general pediatric demand.

The Medical Department admitted 2,715 patients, a 2.76% decrease, with General Medicine accounting for most of the decline.

The Surgical Department admitted 4,676 patients, representing a 5.32% increase, largely due to a 109.68% rise in ICU admissions and gains in Surgery 1. However, Surgery 2, Burns, and Orthopaedic/Trauma wards saw declines, reflecting shifts in surgical case distribution.

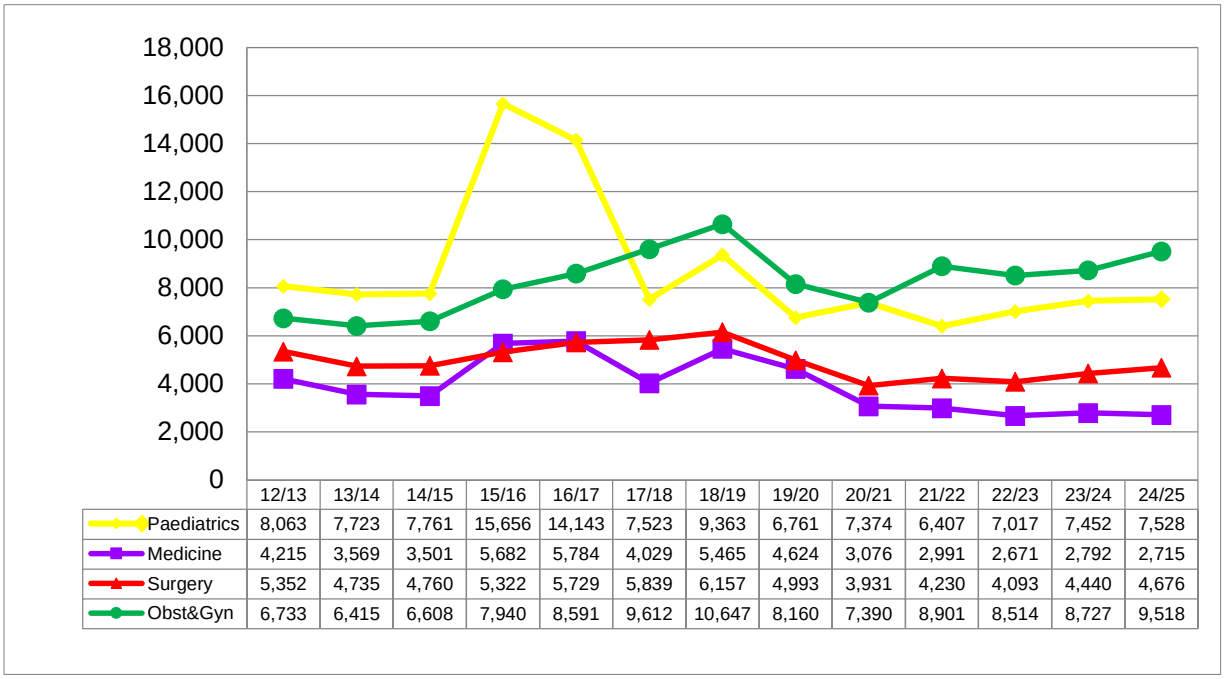
The Obstetrics and Gynaecology Department admitted 9,518 patients, with maternity admissions rising 14.62% to 7,849, while Gynaecology admissions decreased by 11.18% to 1,669. This indicates a continued emphasis on maternal care and selective management of complex gynecological cases.

Overall, the hospital managed 24,437 admissions, a 4.38% increase compared to the previous year, reflecting its role as a referral center for complex cases, particularly in neonatal, ICU, and maternity services.

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Table 15: Admissions by Ward in FY 2022/23 and 2024/25

Admissions	FY-2023/24	FY-2024/25	Variance	Vari(%)
Paediatric Department				
Gen Paediatric and Nutrition	6,658	6,048	-610	-9.16%
Neonatal	794	1,480	686	86.40%
Total Paediatric Department	7,452	7,528	76	1.02%
Medical Department				
General Medicine	2,792	2,715	-77	-2.76%
TB	-	-		
Isolation	-	-		
Total Medical Department	2,792	2,715	-77	-2.76%
Surgical Department				
Surgery 1	983	1,094	111	11.29%
Burns	116	72	-44	-37.93%
Surgery 2	2,052	1,781	-271	-13.21%
Orthopaedic/Trauma ward	855	819	-36	-4.21%
ICU	434	910	476	109.68%
Total Surgical Department	4,440	4,676	236	5.32%
Obstetrics and Gynaecology Dept				
Maternity	6,848	7,849	1,001	14.62%
Gynaecology	1,879	1,669	-210	-11.18%
Total Obstetrics &Gynaecology	8,727	9,518	791	9.06%
TOTAL	**23,411**	**24,437**	**1,026**	**4%**



	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25
Paediatrics	8,063	7,723	7,761	15,656	14,143	7,523	9,363	6,761	7,374	6,407	7,017	7,452	7,528
Medicine	4,215	3,569	3,501	5,682	5,784	4,029	5,465	4,624	3,076	2,991	2,671	2,792	2,715
Surgery	5,352	4,735	4,760	5,322	5,729	5,839	6,157	4,993	3,931	4,230	4,093	4,440	4,676
Obst&Gyn	6,733	6,415	6,608	7,940	8,591	9,612	10,647	8,160	7,390	8,901	8,514	8,727	9,518

Figure 5: Trend of admissions in the Hospital by departments – 2012/13 to 2024/25

3.8 LEADING CAUSES OF ADMISSION TO THE HOSPITAL

3.8.1 Admission among children

In FY 2024/25, pediatric admissions at St. Mary's Lacor Hospital were dominated by malaria, (16.20% of all admissions), followed closely by perinatal and neonatal conditions at 14.50%. Anaemia of all types contributed 8.30%, respiratory infections 8.10%, and diarrhoeal diseases 5.10%. Other notable causes included sepsis (5.40%), sickle cell disease (5.70%), severe malnutrition (3.90%), tuberculosis (2.50%), and injuries and trauma (3.10%). Collectively, these conditions underscore the dual burden of infectious diseases, nutritional deficiencies, and neonatal complications among children. The remaining 30.40% of admissions were distributed among less frequent conditions, reflecting the diversity of pediatric morbidity (Table 17).

Table 16: Leading causes of admission in children (hospital only) in FY 2024/25

Rank	Grouped Diagnosis	Frequency	% Contribution
1	Malaria	1,090	16.20%
2	Perinatal & Neonatal Conditions	975	14.50%
3	Anaemia (all types)	556	8.30%
4	Respiratory Infections	546	8.10%
5	Diarrhoea	346	5.10%
6	Sepsis	361	5.40%
7	Sickle Cell Disease	385	5.70%
8	Severe Malnutrition	264	3.90%
9	Tuberculosis	169	2.50%
10	Injuries & Trauma	207	3.10%
11	Others	2,045	30.40%
	Grand Total	**6,944**	**100%**

3.8.2 Admission among adults

Among adults, maternal and obstetric conditions remained the leading cause of admission, comprising 48.40% of all adult cases. Injuries and trauma contributed 9.00%, while anaemia and sickle cell disease accounted for 7.50%. Malaria (7.20%) and gastrointestinal disorders (5.20%) were also prominent. Cardiovascular diseases, cancers, respiratory conditions, diabetes, and other infectious diseases collectively represented 13.6% of adult admissions, highlighting the interplay between maternal health, trauma, infectious, and non-communicable diseases in this population (Table 18)

Table 17: Leading causes of admissions in adults at the hospital in FY 2024/25

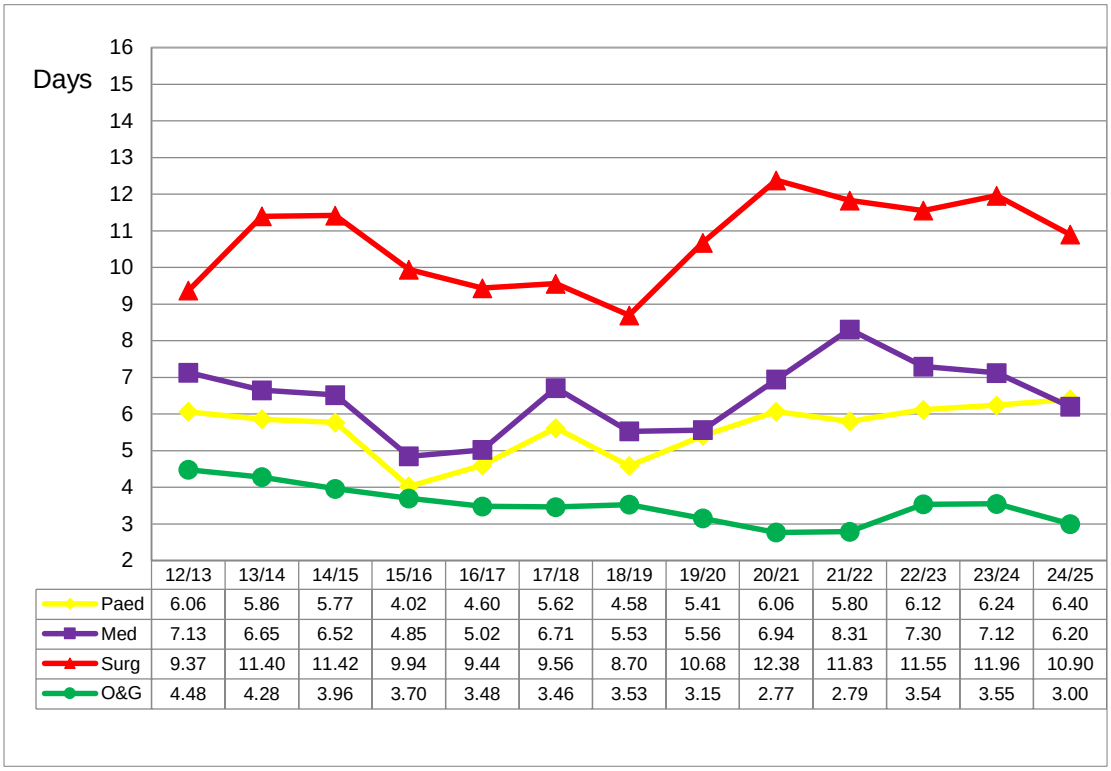
Rank	Grouped Diagnosis	Frequency	% Contribution
1	Maternal & Obstetric cond.	8,885	48.4%
2	Injuries & Trauma	1,648	9.0%
3	Anaemia & Sickle Cell	1,377	7.5%
4	Malaria	1,320	7.2%
5	GI Disorders	945	5.2%
6	Cardiovascular & Stroke	672	3.7%
7	Cancers & Tumors	489	2.7%
8	Respiratory cond.	259	1.4%
9	Diabetes	197	1.1%
10	Infectious diseases	187	1.0%
11	All Others	2,487	13.6%
	Grand Total	**18,343**	**100.0%**

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

The hospital-wide average length of stay (ALOS) was 5.81 days, reflecting the increased complexity of cases in specialized wards. The shortest ALOS was observed in the Obstetrics & Gynaecology Department (3.01 days), while the longest stay occurred in the surgical department (10.67 days), driven by complex trauma and surgical procedures. Pediatric wards recorded an ALOS of 6.18 days, and medical wards 6.20 days.
The overall bed occupancy rate (BOR) was 81.09%, with the highest occupancy in pediatrics (114.46%) and surgical wards (82.80%), followed by Obstetrics & Gynaecology (78.83%) and medical wards (55.21%). These figures highlight persistent high demand in pediatrics and surgery, emphasizing the need for targeted resource planning to manage patient flow efficiently.

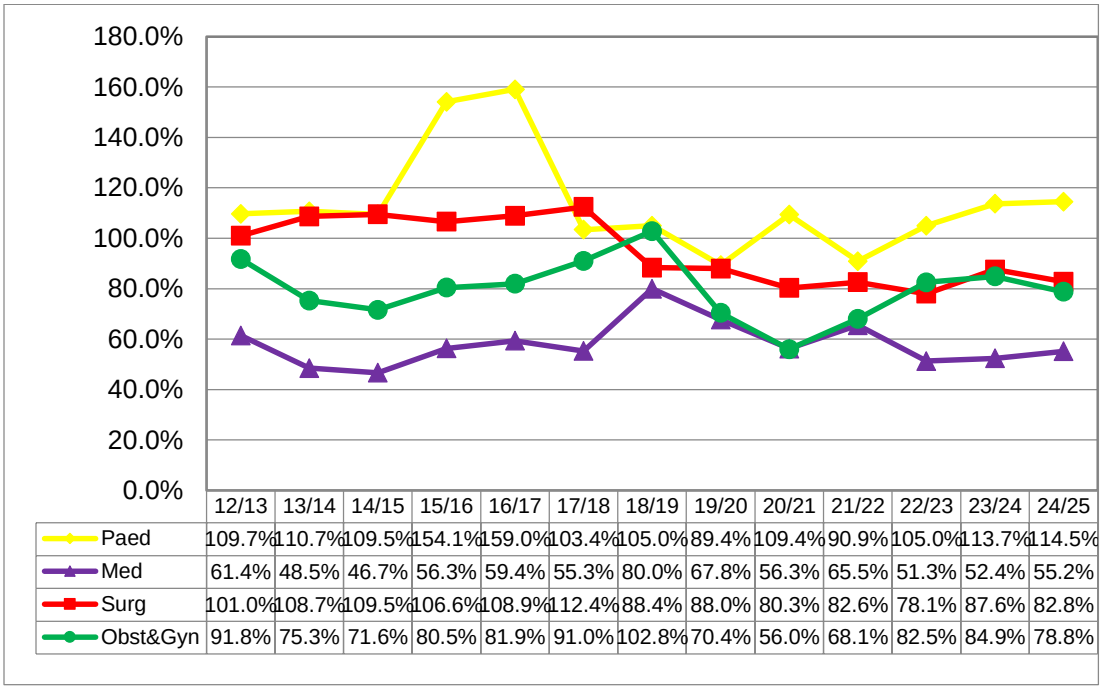
Table 18: Hospital ALOS and BOR by ward in 2024/25

Department	Bed Capacity	Admissions	Bed State	ALOS	BOR
Peadiatrics	112	7,528	46,533	6.18	114.46%
Medicine	104	2,715	16,834	6.20	55.21%
Surgery	166	4,676	49,894	10.67	82.80%
Obs & Gyn	100	9,518	28,617	3.01	78.83%
Total/Average	**482**	**24,437**	**141,878**	**5.81**	**81.1%**



	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25
Paed	6.06	5.86	5.77	4.02	4.60	5.62	4.58	5.41	6.06	5.80	6.12	6.24	6.40
Med	7.13	6.65	6.52	4.85	5.02	6.71	5.53	5.56	6.94	8.31	7.30	7.12	6.20
Surg	9.37	11.40	11.42	9.94	9.44	9.56	8.70	10.68	12.38	11.83	11.55	11.96	10.90
O&G	4.48	4.28	3.96	3.70	3.48	3.46	3.53	3.15	2.77	2.79	3.54	3.55	3.00

Figure 6: Variations in department specific inpatient ALOS – 2012/13 to 2024/25



	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25
Paed	109.7%	110.7%	109.5%	154.1%	159.0%	103.4%	105.0%	89.4%	109.4%	90.9%	105.0%	113.7%	114.5%
Med	61.4%	48.5%	46.7%	56.3%	59.4%	55.3%	80.0%	67.8%	56.3%	65.5%	51.3%	52.4%	55.2%
Surg	101.0%	108.7%	109.5%	106.6%	108.9%	112.4%	88.4%	88.0%	80.3%	82.6%	78.1%	87.6%	82.8%
Obst&Gyn	91.8%	75.3%	71.6%	80.5%	81.9%	91.0%	102.8%	70.4%	56.0%	68.1%	82.5%	84.9%	78.8%

Figure 7: Variations in department specific BOR – 2012/13 to 2024/25

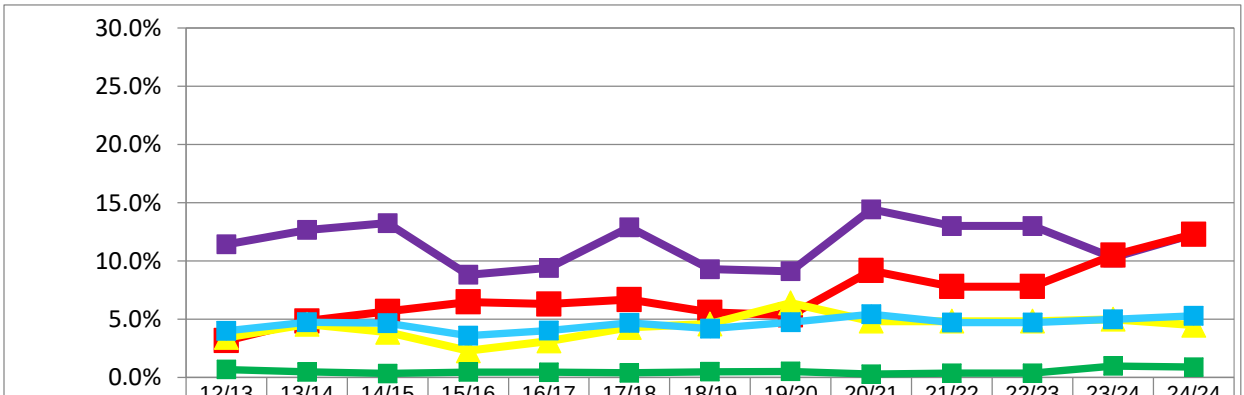
3.9 INPATIENT MORTALITY RATE IN THE HOSPITAL

In FY 2024/25, St. Mary's Lacor Hospital recorded 1,292 inpatient deaths from 24,437 admissions, resulting in an overall mortality rate of 5.29%, slightly higher than the previous year.

Mortality was highest in the surgical department (12.25%), largely due to ICU cases, followed closely by medical wards (12.34%). Pediatrics had a mortality rate of 4.50%, while the lowest mortality was observed in the maternity ward (0.47%), reflecting effective maternal care interventions (Table 23).

Table 19:Mortality in the different units in the various wards from 2022/23 to 2023/24

Ward	Unit	2023/24	2024/25	Variance	Variance (%)
Surgery	Burns	8	7	-1	-13%
	Casualty Emergency	70	98	28	40%
	ICU	293	347	54	18%
	Trauma	5	4	-1	-20%
	Surgery 1	40	69	29	73%
	Surgery II	52	48	-4	-8%
	Subtotal	**468**	**573**	**105**	**22%**
Medicine	Isolation	3	0	-3	-100%
	Medicine	285	335	50	18%
	Subtotal	**288**	**335**	**47**	**16%**
Paediatric	Main CHW	246	138	-108	-44%
	Neonatal ICU	128	201	73	57%
	Subtotal	**374**	**339**	**-35**	**-9%**
Obs & Gyn	Maternity	16	30	14	88%
	Gynecology	19	15	-4	-21%
	Subtotal	**35**	**45**	**10**	**29%**
GRAND TOTAL		**1165**	**1292**	**127**	**11%**



	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/24
Med	11.4%	12.7%	13.3%	8.8%	9.4%	12.9%	9.3%	9.1%	14.4%	13.01%	13.01%	10.30%	12.30%
Surg	3.2%	4.9%	5.7%	6.5%	6.3%	6.7%	5.6%	5.4%	9.2%	7.80%	7.80%	10.50%	12.30%
Paed	3.4%	4.6%	3.9%	2.3%	3.1%	4.3%	4.6%	6.4%	4.8%	4.84%	4.8%	5.0%	4.5%
Mat	0.7%	0.5%	0.3%	0.5%	0.5%	0.4%	0.5%	0.5%	0.3%	0.37%	0.37%	1.00%	0.90%
Hospital	4.0%	4.8%	4.7%	3.6%	4.0%	4.7%	4.2%	4.8%	5.4%	4.71%	4.71%	5.00%	5.30%

Figure 8: Variations in department specific Mortality 2012/13 to 2024/25

3.9.1 Leading causes of death in children admitted to the Hospital

Among pediatric deaths, malaria and cardiovascular diseases each accounted for 10.10%, followed by pneumonia (9.80%), perinatal conditions in newborns (9.10%), and anaemia (9.10%). Gastrointestinal disorders and acute sepsis each contributed 6.60%, while respiratory distress accounted for 4.60%, and congenital malformations and chromosomal abnormalities made up 4.10%. Severe malnutrition accounted for 1.80%, with other conditions representing 9.90%. These statistics reinforce the critical importance of neonatal care, infectious disease control, and nutritional support in reducing pediatric mortality (Table 21).

Table 20: Leading causes of death in children FY 2024/25

No	Diagnosis (Multiple Diagnosis allowed)	No of Deaths	%
1	Malaria (incl. confirmed microscopic & RDT)	40	**10.10%**
2	Cardiovascular diseases	40	**10.10%**
3	Pneumonia	39	**9.80%**
4	Perinatal conditions in newborns (0–7 days)	36	**9.10%**
5	Anaemia (all types)	36	**9.10%**
6	Gastrointestinal disorders (non-infective)	26	**6.60%**
7	Acute sepsis (incl. neonatal sepsis variants)	26	**6.60%**
8	Respiratory distress	18	**4.60%**
9	Congenital malformations & chromosomal abnormalities	16	**4.10%**
10	Severe malnutrition (all forms)	7	**1.80%**
11	All others	39	**9.90%**
	TOTAL	**393**	**100.00%**

3.9.2 Leading causes of death in adults admitted to the Hospital

Adult mortality was dominated by cardiovascular diseases (22.4%), followed by injuries and trauma (14.8%), pneumonia (12.3%), and other respiratory diseases (11.5%). Gastrointestinal disorders accounted for 11.5%, malaria 11.0%, and cancers 6.3%, with liver diseases, diabetes, and HIV contributing smaller proportions. These patterns illustrate the ongoing challenge of managing non-communicable diseases alongside infectious diseases and trauma in adults.

Table 21: Most frequent causes of death in Adults FY 2024/25

No	Diagnosis (Multiple Diagnosis allowed)	No of Deaths	%
1	Cardiovascular diseases (stroke, hypertension, ischemic, cardiac	272	22.4%
2	Injuries (trauma, road traffic, animal & snake bites)	180	14.8%
3	Pneumonia	149	12.3%
4	Respiratory diseases (COPD, respiratory distress, asthma)	139	11.5%
5	Gastro-intestinal disorders (non-infective, bleeding, appendix)	139	11.5%
6	Malaria (adult)	133	11.0%
7	Cancer (all adult types)	76	6.3%
8	Liver diseases (cirrhosis, hepatocellular carcinoma, others)	53	4.4%
9	Diabetes mellitus (all)	39	3.2%
10	HIV	12	1.0%
11	All Others	21	1.7%
	TOTAL	**1,213**	100.0%

3.9.3 Summary of Hospital Mortality by Ward

Table 22: Summary of Hospital mortality by Ward – 2014/15 to 2024/25

Indicator	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
MEDICINE WARD (GENERAL MEDICINE, TB & ISOLATION)											
Admissions	3,501	5,682	5,681	4,029	5,495	4,624	3,076	2,991	2,671	2,792	2,715
Total deaths	464	501	535	520	509	357	444	389	279	288	335
Mortality rate	13.25%	8.82%	9.42%	12.91%	9.26%	7.72%	14.43%	13.01%	10.45%	10.32%	12.34%
PAEDIATRIC WARD (CHILDREN WARD, NUTRITION & NEONATAL)											
Admissions	7,761	15,656	14,039	7,523	9,363	6,761	7,374	6,407	7,017	7,452	7,528
Total deaths	302	359	440	325	432	377	357	310	327	374	339
Mortality rate	3.89%	2.29%	3.13%	4.32%	4.61%	5.58%	4.84%	4.84%	4.66%	5.02%	4.50%
SURGICAL WARD (SURGERY I, II, TRAUMA & ICU)											
Admissions	4,760	5,322	5,881	5,839	6,157	4,993	3,932	4,230	4,093	4,440	4,676
Total deaths	270	345	371	394	343	290	361	330	344	463	573
Mortality rate	5.67%	6.48%	6.31%	6.75%	5.57%	5.80%	9.18%	7.80%	8.40%	10.43%	12.25%
MATERNAITY WARD (OBSTETRICS AND GYNAECOLOGY)											
Admissions	6,608	7,940	8,650	9,612	10,647	8,160	7,390	8,901	8,514	8,727	9,518
Total deaths	23	38	40	41	57	35	22	33	17	35	45
Mortality rate	0.35%	0.48%	0.46%	0.43%	0.54%	0.43%	0.30%	0.37%	0.20%	0.40%	0.47%
ALL WARDS											
Admissions	22,630	34,600	34,251	27,003	31,662	24,538	21,771	22,529	22,295	23,411	24,437
Total deaths	1,059	1,243	1,386	1,280	1,341	1,063	1,184	1062	967	1160	1292
Mortality rate	4.68%	3.59%	4.05%	4.74%	4.24%	4.33%	5.44%	4.71%	4.34%	4.95%	5.29%

3.9.4 Summary of Hospital inpatient statistics

Table 23: Summary of hospital inpatient statistics/ activities FY 2024/25

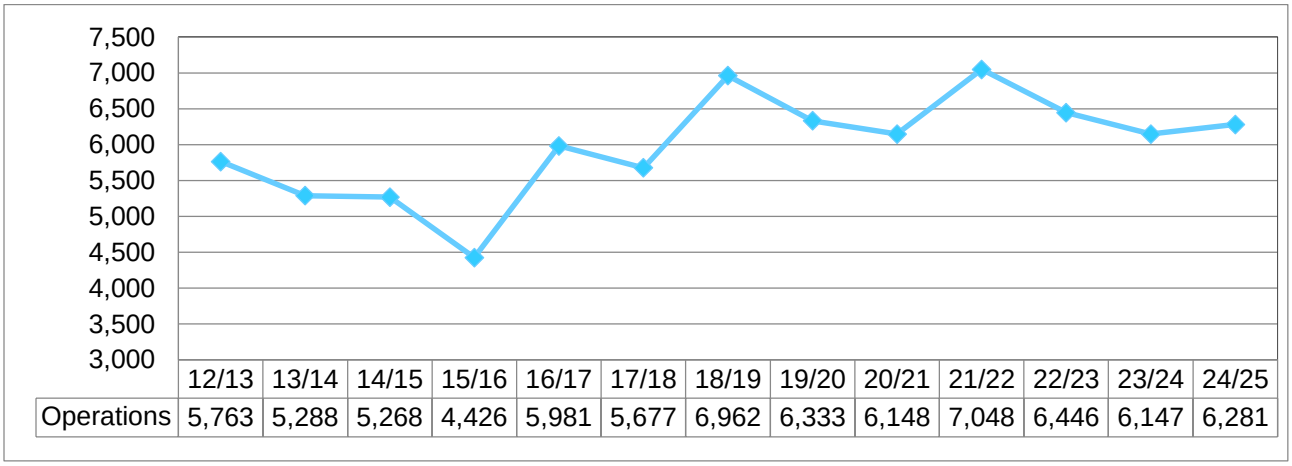
Ward	Medicine	Pediatrics	Obs & Gyn	Surgery	Total / average
Number of beds	104	112	100	166	**482**
Admissions	2,715	7,528	9,518	4,676	**24,437**
Bed days	16,834	46,533	28,617	49,894	**141,878**
Occupancy rate	**55.21%**	**114.46%**	**78.83%**	**82.80%**	**81.09%**
Average length of stay	6.20	6.18	3.01	10.67	5.81
Number of deaths	335	339	45	573	**1,292**
Death rate	**12.34%**	**4.50%**	**0.47%**	**12.25%**	**5.29%**

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. In FY 2024/25, St. Mary's Lacor Hospital conducted 6,281 major surgeries, reflecting a slight increase from 6,147 in FY 2023/24, following a downward trend from 7,048 in FY 2021/22 and 6,446 in FY 2022/23, indicating an overall slight decline over the past four years with a minor rebound this year.



	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25
Operations	5,763	5,288	5,268	4,426	5,981	5,677	6,962	6,333	6,148	7,048	6,446	6,147	6,281

Figure 9: Trend of major surgical operations – 2012/13 to 2024/25

3.10.2 Maternity services

The hospital provides comprehensive emergency obstetric care, while the subsidiary health centres offer basic emergency services. Daily antenatal care (ANC) services are available at the hospital, except on weekends, with the health centres now providing ultrasound services as part of maternity care. In FY 2024/25, total ANC visits across the hospital and health centres increased to 30,350, a 12.14% rise from 27,064 in FY 2023/24. The hospital itself recorded 12,671 ANC visits, an 18.52% increase, while Amuru, Opit, and Pabbo health centres saw rises of 14.49%, 6.40%, and 2.91%, respectively (Table 25)

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Table 24: Antenatal care in the Hospital and health units in FY 2023/24 and 2024/25.

ANC	2023/24	2024/25	Difference	% Variance
Hospital	10,691	12,671	1,980	18.52%
Amuru	5,969	6,834	865	14.49%
Opit	3,971	4,225	254	6.40%
Pabbo	6,433	6,620	187	2.91%
TOTAL	**27,064**	**30,350**	**3286**	**12.14%**

3.10.3 Deliveries in the Hospital Complex

During FY 2024/25, the hospital complex managed 9,674 deliveries, marking a 9.27% increase from 8,853 in FY 2023/24.

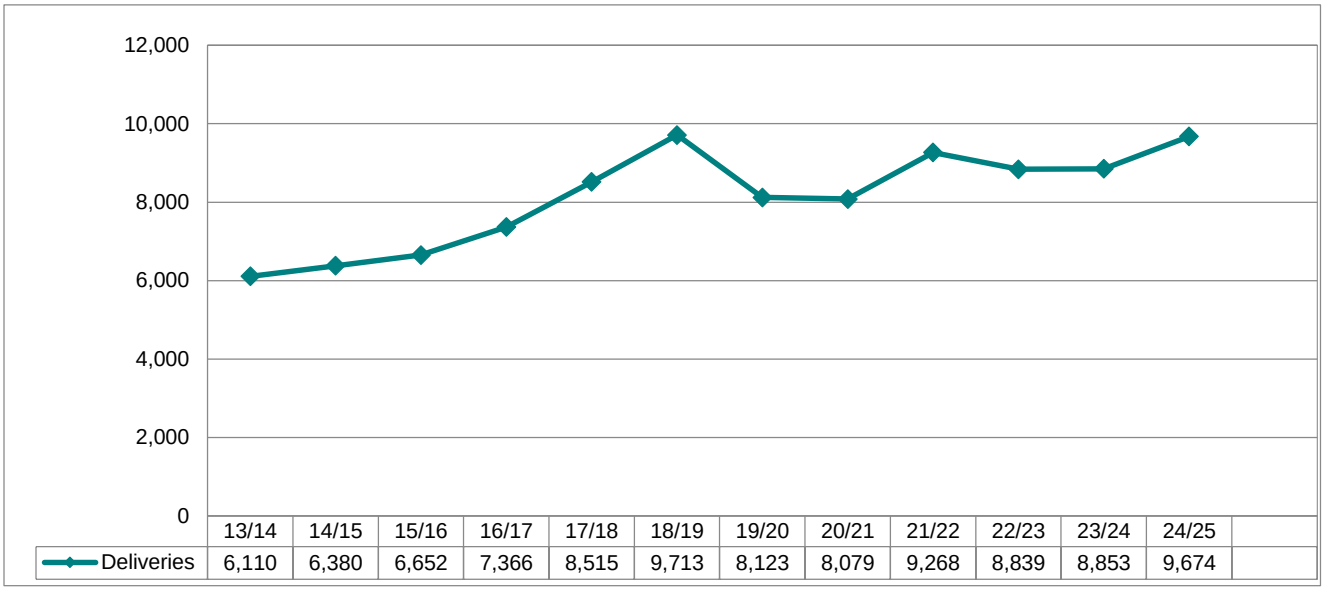


Figure 10: Trend of assisted deliveries – 2013/14 to 2024/25

The hospital conducted 6,872 deliveries (16.69% increase), Lacor Amuru HC III recorded 1,001 deliveries (-18.75%), Opit HC III 645 deliveries (10.26% increase), and Pabbo HC III 1,156 deliveries (0.78% increase). The trends reflect shifts in service utilization, likely influenced by improved access to functional government health facilities and private providers

(Table 26).Table 25: Distribution of deliveries by location in 2023/24 and 2024/25

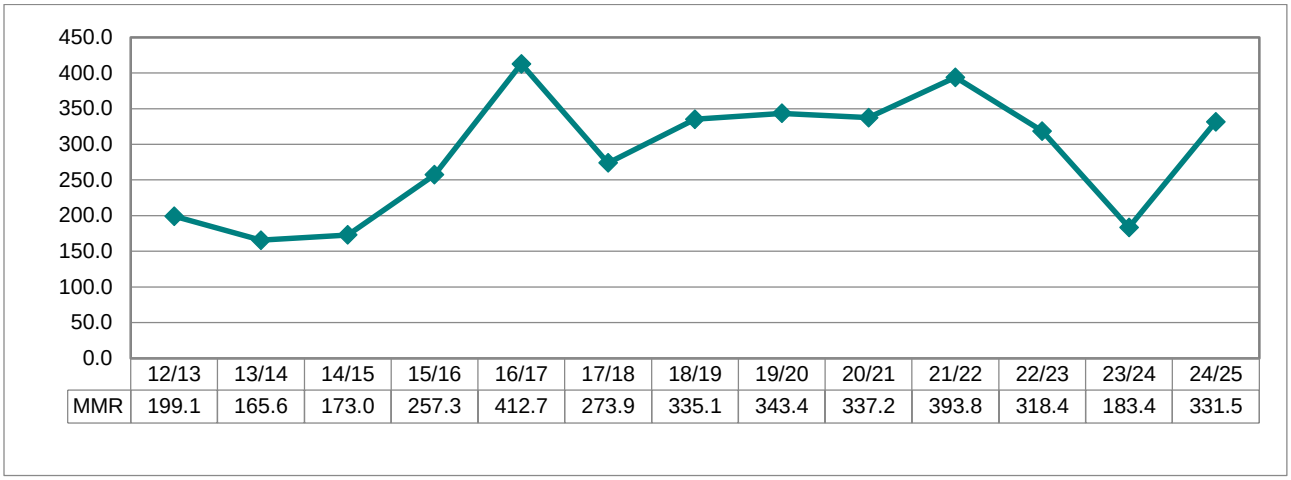
Deliveries	2023/24	2024/25	Difference	Variance (%)
Hospital	5,889	6,872	983	16.69%
Lacor Amuru HC III	1,232	1,001	-231	-18.75%
Lacor Opit HC III	585	645	60	10.26%
Lacor Pabbo HC III	1147	1,156	9	0.78%
TOTAL	**8,853**	**9,674**	**821**	**9.27%**

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

In FY 2024/25, the hospital performed 2,334 caesarean sections, representing 24.13% of all deliveries, above the WHO standard of 15%, reflecting the high proportion of complicated referrals. There were 32 maternal deaths, yielding a maternal mortality ratio (MMR) of 331.5 per 100,000 live births, slightly higher than FY 2023/24 due to late referrals and complications such as antepartum/postpartum hemorrhage, eclampsia, pre-eclampsia, and sepsis.
The hospital recorded 191 stillbirths, giving a stillbirth rate of 19.8 per 1,000 deliveries. Lacor Hospital continues to manage high-risk pregnancies, performing over 70% of all caesarean sections in the Gulu, Amuru, and Nwoya districts, highlighting its critical role in maternal and neonatal care (Table 27)

Table 26: Summary of Maternity services, FY 2017/18 to 2024/25.

Statistic	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25
Total deliveries	8,515	9,713	8,123	8,079	9,268	8,839	8,853	9,674
Deliveries in HCs	2,539	3,024	2,666	2,808	2,884	3,051	2,964	2,802
No of C/Sections	1,580	1,857	1,623	1,710	2,398	2,212	2,193	2,334
C/Section rates	18.60%	19.10%	20.00%	21.20%	25.90%	25.00%	24.77%	24.13%
Maternal deaths	23	32	28	28	36	28	16	32
MMR* /100,000	273.9	335.1	343.4	349.7	393.8	318	183.4	331.5
Number of live births	8,397	9,549	8,154	8,006	9,142	8,794	8,726	9,653
Number of still births	128	247	208	187	197	169	223	191
Still birth rate: (per 1,000 deliveries)	15.2	25.9	25.6	23.4	21.5	19.2	25.6	19.8

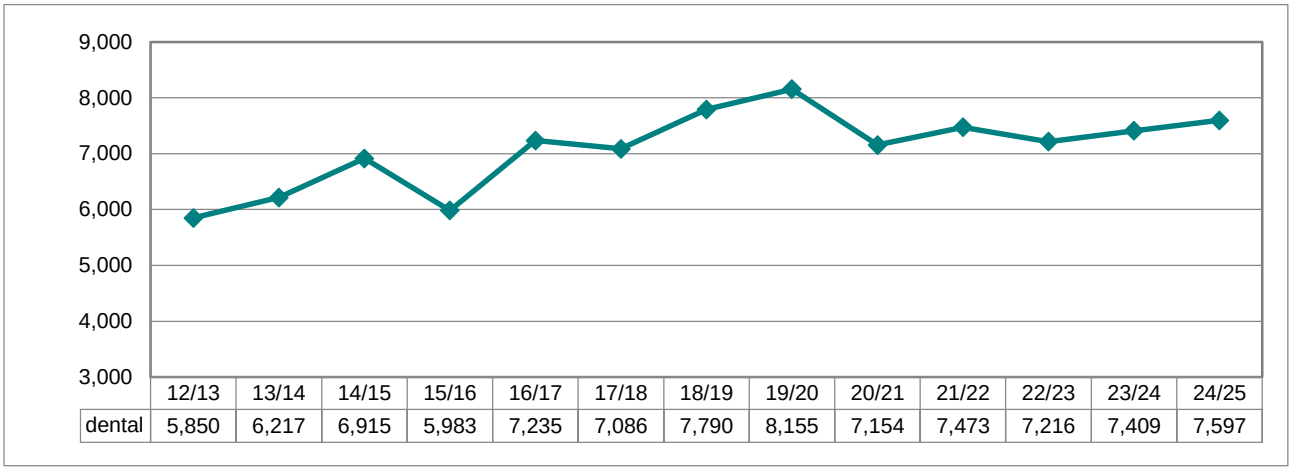


	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25
MMR	199.1	165.6	173.0	257.3	412.7	273.9	335.1	343.4	337.2	393.8	318.4	183.4	331.5

Figure 11: Trend of MMR 2012/13 to 2024/25

3.11 DENTAL SERVICES

This FY registered a 2.53% increase in the number of patients receiving dental treatment, serving 7,597 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.



	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25
dental	5,850	6,217	6,915	5,983	7,235	7,086	7,790	8,155	7,154	7,473	7,216	7,409	7,597

Figure 12: Trend of dental treatment 2012/13 to 2024/25

3.12 LABORATORY SERVICES

Laboratory testing across Lacor Hospital and its health centres totaled 386,191 tests in FY 2024/25. While hospital-based testing decreased to 314,839 from 435,891 in FY 2023/24, health centre testing slightly increased to 71,352. Laboratory services cover blood banking, haematology, biochemistry, parasitology, microbiology, serology, immunology, hormonal assays, histology, and histopathology. Advanced testing such as viral load and DNA PCR are sent to Central Public

Health Laboratories. The hospital increasingly utilizes electronic patient management systems to capture lab results (Table 28)

Table 27: Number of Laboratory tests performed FY 2017/18 to 2024/25.

FY	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Hospital	306,522	457,666	408,131	324,104	306,909	377,626	435,891	314,839
HCs	81,536	86,488	83,835	79,767	76,387	62,583	69,509	71,352
Total	**388,058**	**544,154**	**491,966**	**403,871**	**383,296**	**440,209**	**505,400**	**386,191**

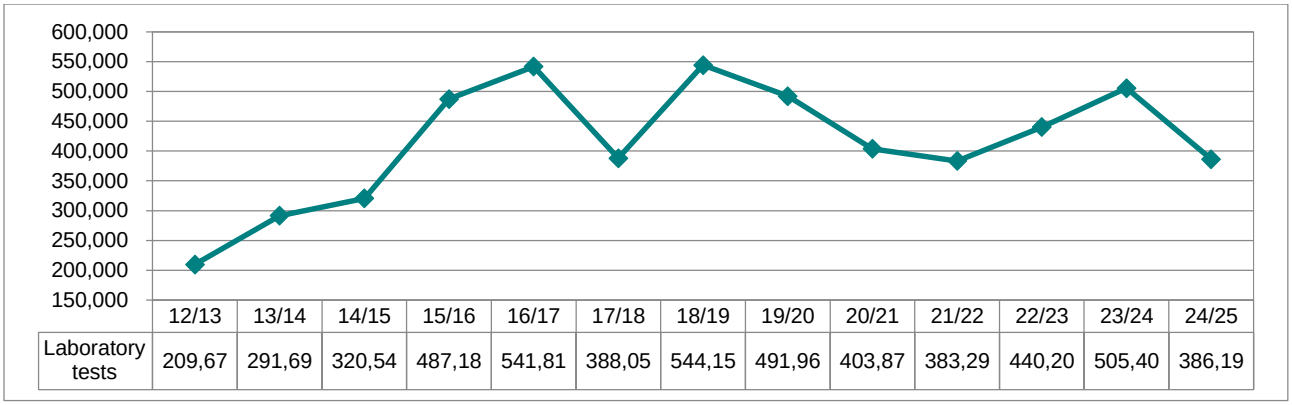


Figure 13: Trend of laboratory tests 2012/13 to 2024/25

3.13 RADIOLOGICAL SERVICES

3.13.1 Trend of Radiological examinations

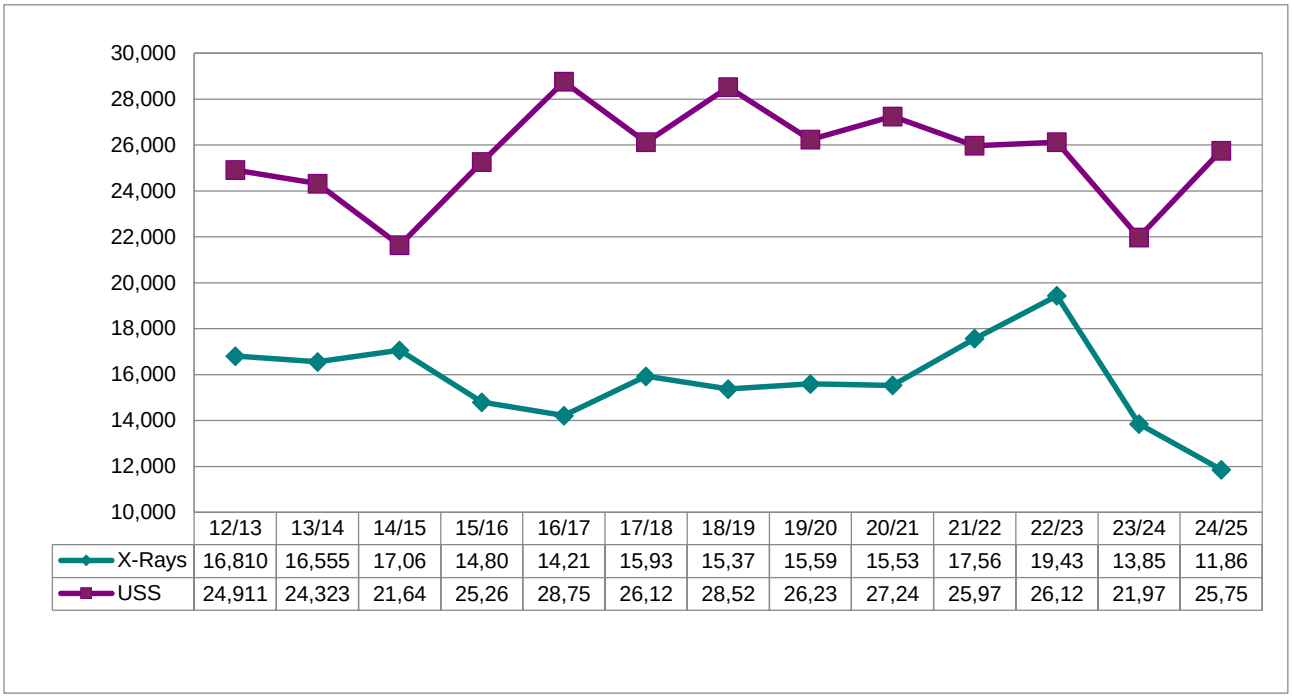
The Radiology Department at St. Mary's Lacor Hospital continues to serve as a vital diagnostic hub, providing both routine and specialized imaging services, including X-rays and ultrasound (USS) examinations. The department supports a wide range of clinical units within the hospital and receives numerous direct referrals from neighboring health facilities, reflecting its regional importance in diagnostic care.

In FY 2024/25, the department performed a total of 37,616 radiological examinations, representing a 4.99% increase compared to 35,828 examinations in FY 2023/24. This growth followed a temporary decline the previous year, largely attributed to challenges encountered during the hospital's migration to a new digital data management system. The rebound indicates successful system stabilization and improved workflow efficiency.

Of the total radiological procedures conducted in FY 2024/25, X-rays accounted for 11,863 examinations (31.5%), while ultrasound scans made up 25,753 examinations (68.5%). The continued predominance of ultrasound reflects the hospital's increasing reliance on non-invasive, real-time imaging to support clinical decision-making across departments, particularly in obstetrics, emergency medicine, and internal medicine. The trend toward point-of-care ultrasound (POCUS) at the bedside also contributed significantly to improved service delivery, even though not all such examinations are captured in the Radiology unit's registry.

Over the long term, the trend in radiological examinations at Lacor Hospital demonstrates steady service utilization, averaging around 41,000 investigations annually between FY 2004/05 and FY 2024/25. While X-ray volumes have gradually declined from 31,109 in FY 2004/05 to 11,863 in FY 2024/25 ultrasound use has expanded markedly, rising from 13,697 to 25,753 over the same period. This shift underscores a broader transformation in diagnostic practice, driven by

technological advances, clinician preference for dynamic imaging, and the hospital's investment in portable ultrasound devices.
The hospital's IT team and Radiology leadership continue to enhance data capture, integration, and reporting systems to ensure that all radiological activities, including bedside imaging, are systematically documented. These improvements are expected to strengthen operational monitoring, reduce patient waiting times, and enhance the quality and efficiency of diagnostic services within the hospital complex.



	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25
X-Rays	16,810	16,555	17,06	14,80	14,21	15,93	15,37	15,59	15,53	17,56	19,43	13,85	11,86
USS	24,911	24,323	21,64	25,26	28,75	26,12	28,52	26,23	27,24	25,97	26,12	21,97	25,75

Figure 14: Trend of Radiological examinations 2012/13 to 2024/25



Executive Director(RIP) after performing Echocardiography

3.14 PHYSIOTHERAPY AND ENDOSCOPY SERVICES

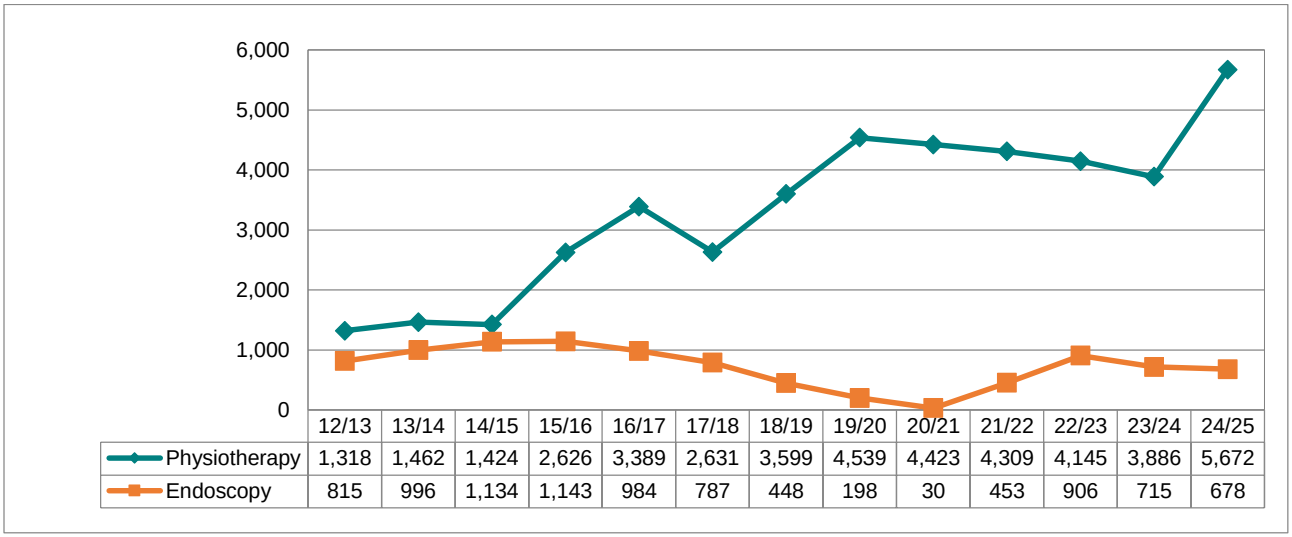
Endoscopy and physiotherapy remain two of the key specialized diagnostic and rehabilitative services offered at St. Mary's Lacor Hospital, supporting both inpatient and outpatient care. These services play a vital role in clinical management, particularly for gastrointestinal, musculoskeletal, and post-surgical recovery cases.

In FY 2024/25, the hospital performed a total of 678 endoscopic examinations, representing a 5.2% decline from 715 procedures recorded in FY 2023/24. Despite this slight decrease, endoscopy services continue to contribute significantly to the diagnosis and management of gastrointestinal and upper airway conditions. The service maintains its importance as a referral point for surrounding health facilities, with most procedures involving gastroscopy and colonoscopy. The reduction in numbers this year can be attributed partly to equipment maintenance downtime and the prioritization of high-need cases due to limited capacity.

Conversely, physiotherapy services recorded a strong rebound, with 5,672 sessions conducted in FY 2024/25, marking a 46% increase from 3,886 sessions in FY 2023/24. This growth reflects both improved service accessibility and rising demand for rehabilitation among post-surgical, orthopedic, and stroke patients. The physiotherapy unit continues to emphasize community-based rehabilitation and health education, aiming to empower patients and reduce the need for repeated in-person visits.

Over the long term, data show a steady expansion of physiotherapy services at Lacor Hospital from just 1,121 sessions in FY 2002/03 to over 5,600 in FY 2024/25 indicating growing awareness and integration of rehabilitation into patient care pathways. Endoscopy, on the other hand, has exhibited fluctuations over the years, with activity peaking at 1,143 procedures in FY 2015/16 and stabilizing around 700 cases annually in recent years.

Overall, these trends underscore Lacor Hospital's continued commitment to strengthening specialized services beyond routine medical and surgical care, with ongoing investments in equipment maintenance, staff training, and patient-centered rehabilitation to enhance outcomes and service quality



	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25
Physiotherapy	1,318	1,462	1,424	2,626	3,389	2,631	3,599	4,539	4,423	4,309	4,145	3,886	5,672
Endoscopy	815	996	1,134	1,143	984	787	448	198	30	453	906	715	678

Figure 15: Trend of Physiotherapy and Endoscopy 2012/13 to 2024/25

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 play a leading role in supporting routine and outreach immunization across Gulu, Amuru, and Omoro districts. In FY 2024/25, the hospital administered 132,732 doses, marking a 26% increase from 105,445 doses in FY 2023/24.

Table 28:Trends of immunization activities 2016/17 to 2024/25

Antigen	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25
BCG	8,623	9,787	9,881	8,641	8,688	8,429	8,399	7,387	9,819
Polio	25,793	29,916	26,627	26,680	26,613	26,503	26,258	19,096	22,879
DPT/Hib/HepB	16,816	19,348	17,418	14,579	14,821	13,920	13,788	13,455	14,466
Measles	5,051	4,972	4,498	4,400	4,150	4,161	3,682	5,739	5,258
Tetanus tox.	15,542	15,424	14,027	13,871	15,375	15,544	14,459	19,163	21,451
PCV	14,592	18,002	16,695	14,984	14,630	14,464	14,522	13,316	14,622
HPV	2,975	4,348	1,236	2,027	1,223	915	1991	2,934	2,368
Hep.B-adults	8,704	1,874	1,534	249	61	26	44	390	66
Rotavirus	-	805	11341	9,122	9,873	8,593	9,214	7,994	11,915
COVID-19					2315	7,881	0	0	0
Yellow fever							32280	822	2,998
Others(Hep B zero, PAB, IPV, Malaria)								15,149	26,890
Total	**98,096**	**104,476**	**103,267**	**94,553**	**97,749**	**100,436**	**124,637**	**105,445**	**132,732**

All key antigens showed improved performance this year, with notable increases in BCG (9,819), Polio (22,879), DPT-HepB-Hib (14,466), and Tetanus toxoid (21,451). The Rotavirus vaccine rose significantly to 11,915 doses, reflecting improved reporting and stock consistency. Yellow fever vaccination also expanded, with 2,998 doses administered, up from 822 in FY 2023/24.
While HPV vaccinations slightly declined to 2,368 from 2,934 the previous year, they remain a focus for adolescent health. COVID-19 vaccination was phased out following the end of active national campaigns.
The overall increase in total immunizations demonstrates effective coordination between static and outreach teams, improved vaccine availability, and enhanced community demand generation through Village Health Teams (VHTs).

3.15.3 Care for the paralyzed patients

St. Mary's Hospital Lacor continues its long-standing commitment to caring for paralyzed patients through hospital-based rehabilitation, OPD physiotherapy, and community/home-based services. In FY 2024/25, a total of 42 paralyzed patients received community-based , OPD rehabilitation services were provided to 32 patients, and hospital admissions, dropped markedly from 68 to 43, No community visits were done, mainly due to funding shortfalls and transport challenges affecting outreach follow-up for this highly vulnerable group. Despite these limitations, the multidisciplinary team comprising nurses, occupational therapists, and community-based rehabilitation workers remains dedicated to offering compassionate and holistic care, integrating both physical therapy and psychosocial support.

Table 29:Services delivered to paralysed patients in FY-2017/18 to FY-2024/25

Type of care	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Community based care	42	40	44	42	44	49	42
OPD care in Hospital	51	60	44	21	52	40	32
Admissions	46	42	36	41	41	68	43
Home/community visits	1,273	787	0	69	482	102	0

3.15.4 Outreach activities

Lacor Hospital sustained a strong Primary Health Care (PHC) outreach program during FY 2024/25, working closely with over 100 Village Health Teams (VHTs) across Lakwana, Amuru, and Pabbo sub-counties.
The year saw 92 immunization outreaches, consistent with FY 2023/24, ensuring steady vaccine access in remote areas. Home visits increased from 24 to 33, reflecting renewed post-COVID recovery of community-based services. School health activities reached 49 institutions, slightly lower than 60 the previous year, focusing on hygiene promotion, deworming, and adolescent health education.
Voluntary Counseling and Testing (VCT) outreaches rose sharply from 16 to 125, representing a major rebound in HIV testing coverage, particularly among youths and mothers. Health education sessions outside the hospital remained stable (86 sessions), while in-hospital health education reached 12,256 participants, down from 14,684, mainly due to shorter inpatient stays and fewer group sessions per day.
Overall, these efforts demonstrate Lacor Hospital's continued leadership in community health engagement, integrating prevention, screening, and education to promote wellness beyond hospital walls.

Table 30: PHC Outreach activities in FY 2018/19 to FY 2024/25 (Hospital only)

Nature of activity	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Immunization outreaches	113	75	80	86	92	92
Home visits	100	200	0	29	24	33
School health	16	7	14	27	60	49
Voluntary counselling& testing outreaches	129	78	72	91	16	125
Health education outside hospital	258	75	136	86	78	86
Health education within the Hospital	15,061	14,769	15,313	11,277	14,684	12,256

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, by responding to emergencies, including accidents, often from remote areas to the hospital for urgent care.

Table 31: Ambulance service FY- 2024/25

DESTINATIONS	No of Trips	MOTHERS	CHILDREN	OTHERS	TOTAL
Lacor Amuru HCIII	512	237	225	50	512
Lacor Pabbo HCIII	451	220	190	41	451
Lacor Opit HCIII	378	178	176	24	378
Gulu RRH	160	0	22	138	160
UCI Koro	59	0	0	59	59
Mulago NRH	51	0	21	30	51
Aber Hospital	30	0	11	19	30
Lira RRH	27	0	3	24	27
Others	48	2	26	20	48
TOTAL	**1,716**	**637**	**674**	**405**	**1,716**

In FY 2024/25, the hospital's ambulance fleet made 1,716 trips, representing an increase of 14.7% from 1,496 trips in FY 2023/24. These trips benefited 1,716 patients, including 637 mothers, 674 children, and 405 other patients referred for specialized care. The majority of cases were obstetric and neonatal emergencies requiring timely transfer to the main hospital.
Among the destinations, Amuru HCIII recorded the highest number of trips (512), followed by Pabbo (451) and Opit (378). Inter-facility referrals included transfers to Gulu Regional Referral Hospital (160), Mulago National Referral Hospital (51), and other tertiary facilities.
The hospital continues to ensure that a nurse or midwife accompanies each ambulance, enhancing pre-hospital care for critical cases, particularly during childbirth emergencies. However, poor road conditions, especially in rainy seasons, remain a major challenge affecting response time most notably on routes to Amuru.
Despite these obstacles, the ambulance service remains a vital pillar of emergency care, bridging rural communities with advanced medical support. Sustained investment in fleet maintenance, fuel, and driver training will be key to improving service reliability and coverage.

3.15.6 Maternity Waiting Home, (Gang pa Min Atim)

The Maternity Waiting Home at St. Mary's Hospital Lacor, established in September 2013, continues to play a vital role in providing accommodation and care for high-risk pregnant mothers from distant or hard-to-reach areas, ensuring they remain close to essential medical services as they near delivery. In the Financial Year 2024/25, the home cared for 14 mothers, reflecting a decline from 32 mothers in the previous year. This reduction highlights the lingering effects of reduced utilization that began during the COVID-19 period, when movement restrictions and fear of infection significantly affected health-seeking behavior. In response, the hospital has intensified community sensitization and strengthened collaboration with health workers and Village Health Teams (VHTs) to identify and refer eligible high-risk mothers earlier. Additionally, the newly established high-risk antenatal clinics are being used to systematically screen and enroll mothers who would benefit from the maternity waiting home, aiming to restore and even surpass pre-pandemic utilization levels

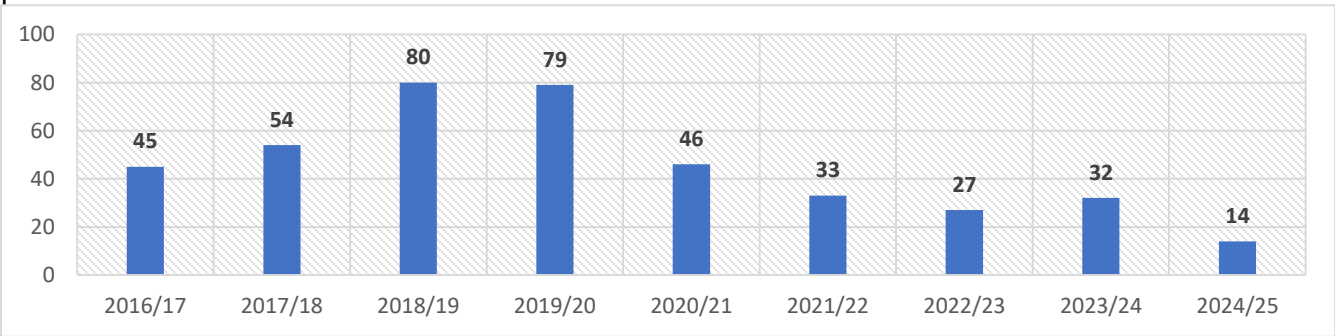


Figure 16: Mothers attended to maternity waiting home (Gang Pa Min Atim)

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

In FY 2024/25, St. Mary's Hospital Lacor and its three satellite health centres — Opit, Pabbo, and Amuru — maintained strong performance across most National League Table Indicators, demonstrating continued commitment to quality service delivery and community health improvement. Significant progress was recorded in TB case notification, which nearly doubled from 121.4% to 239%, reflecting intensified case detection and reporting efforts through strengthened collaboration with Village Health Teams (VHTs). Similarly, IPT3 coverage rose from 86.5% to 93%, and ANC 4 attendance improved from 71.8% to 78%, both surpassing national targets and underscoring consistent antenatal care delivery. Institutional deliveries also increased to 180%, more than double the national target, showing strong community confidence in facility-based care and improved referral systems. Moreover, VHT/ICCM reporting improved remarkably from 46.9% to 73%, exceeding the national target for the first time, and under-5 deworming achieved an impressive 92% coverage following its reintroduction into the reporting framework.

Table 32: Performance against National League Table Indicators from 2023/2024 to 2024/25

Indicator	DPT 3 (%)		TB Case Notification Rate		IPT3 Cov (%)		ANC 4 Visit (%)		Deliveries (%)		Under-5 Vitamin A 2nd dose (%)	
Financial Year	**FY 23/24**	**FY 24/25**	**FY 23/24**	**FY 24/25**	**FY 23/24**	**FY 24/25**	**FY 23/24**	**FY 24/25**	**FY 23/24**	**FY 24/25**	**FY 23/24**	**FY 24/25**
St. Mary's Hospital Lacor	49.8	53.2	169.3	298	65.3	75	58.4	66	223.6	256	23.3	14
Lacor Opit Health Centre III	123.6	134.6	112.3	347	83.2	87	80.4	77	73.7	78	44.4	109
Lacor-Pabbo Health Centre III	174.7	159.5	68.7	108	211.7	207	160.7	164	213	196	105.2	105
Amuru Lacor Health Centre III	102.1	94.3	50.8	107	79.5	85	56.8	66	96	77	40.3	19
Total	86.6	87.8	121.4	239	86.5	93	71.8	78	168.6	180	39	39

National Target	90	<173	66	52	70	60

Despite these gains, several areas still require focused improvement. DPT3 coverage (87.8%) remains slightly below the 90% target, while Vitamin A supplementation for under-fives continues to lag at 39%, highlighting gaps in outreach and supply continuity. The DPT1–MR dropout rate remains high at 22%, suggesting the need for improved follow-up mechanisms for partially immunized children. Although maternal death reviews (93%) and perinatal death reviews (75%) remain above national targets, the slight declines point to challenges in timely case documentation and feedback. Strengthening community-level health education, enhancing data quality, and ensuring reliable vaccine and supplement supplies will be key to sustaining these achievements and addressing performance gaps across all service delivery areas.

Table 33: Performance against National League Table Indicators from 2023/2024 to 2024/25 continued

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	
Financial Year	FY 23/24	FY 24/25	FY 23/24	FY 24/25	FY 23/24	FY 24/25	FY 23/24	FY 24/25	FY 23/24	FY 24/25	FY 23/24	FY 24/25	FY 23/24	FY 24/25
St. Mary's Hospital Lacor	95.7	95	96.5	96	22	25	100	93	83.3	75	50	97	0	88
Lacor Opit Health Centre III	96.6	97	93.9	95	7.1	1	-	-	86.7	100	12.5	69	0	101
Lacor-Pabbo Health Centre III	92.7	99	94.9	93	24.2	23	-	-	100	73	37.5	43	0	113
Amuru Lacor Health Centre III	99	98	92	92	35.7	34	-	100	87	100	87.5	84	0	94
Total	95.9	97	95.7	96	23.4	22	100	93	84.4	75	46.9	73	0	92
National Target	100		93		<5		85		29		60		72	

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.

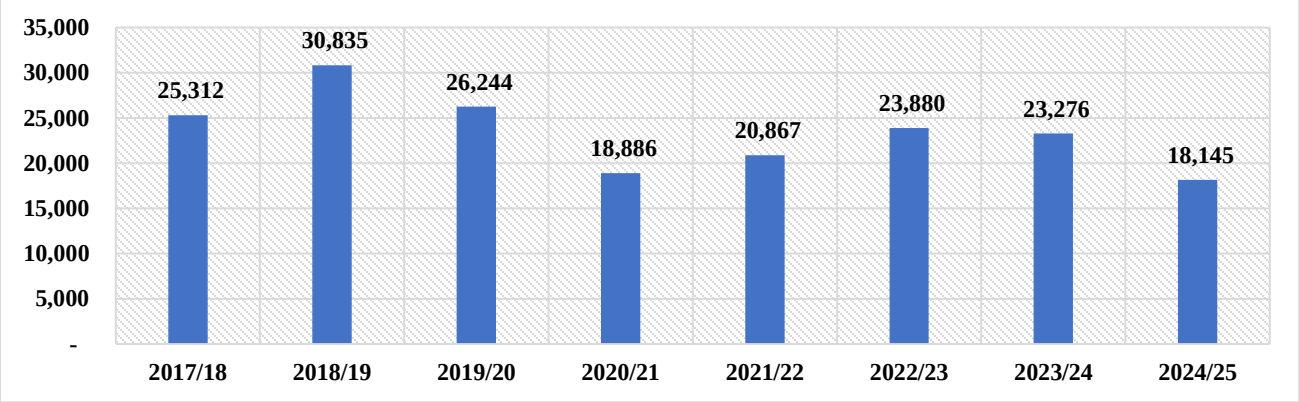


Figure 17: patients receiving Pastoral care services overtime

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

4.1.1 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 tacking different aspects and processes of client care.

4.2 QUARTERLY QUALITY ASSESSMENT

The QI committee completed 100% of quarterly assessments using approved quality assessment tools in line with sets of indicators showing effective practices in continual monitoring. The average score from these assessments was 92.0%, against our target of 90%, improving from the previous year's 90.5%. This illustrates high standards of care within the hospital.

Table 34: Quarterly Quality Assessment Scores

UNIT/WARD, OCT2025	JAN-MAR 2024	APRIL-JUN2024	JUL-SEP 2024	OCT-DEC2024	JAN-MAR 2025	APR-JUN 2025	JUL-SEP 2025	TRENDS
Maternal &Child health	93.35%	93.01%	94.76%	90.13%	90.16%	89.29%	92.62%	
GYN W. and OPD*	80.73%	90.59%	90.68%	89.41%	95.12%	90.59%	87.82%	
MEDICAL WARD	90.47%	90.12%	84.83%	90.11%	90.02%	90.58%	86.40%	
CHILDREN'S WARD	91.40%	92.22%	97.60%	94.62%	96.74%	94.52%	88.13%	
SURGICAL WARD	90.19%	86.27%	93.35%	90.63%	91.33%	91.46%	91.62%	
TRAUMA	96.15%	96.00%	91.93%	92.69%	92.57%	94.67%	86.38%	
Average score	90.38%	91.37%	92.19%	91.27%	92.66%	91.85%	88.83%	

4.2.1 Patient Satisfaction Survey/Feedback

The patient satisfaction survey was conducted as planned in May 2025 and the overall patient satisfaction rate was 98.0%, with 87.0% of patients indicating they would definitely recommend our services.

Table 35:Satisfaction rate (%) of patients in different areas from 2016/17 to 2023/24

Year	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25
Clinical outcome, (patient improved)*	87%	79%	87%	82.50%	89.30%	90.42%	98.40%	78.0%
Humanity of care (patient well received, respected	99%	97%	98%	98.80%	98.70%	97.49%	99.60%	96.7%
Patients care environment clean	100%	99%	99.60%	100%	99.50%	100%	95.5%	100%
Client waited long before treatment	9%	34%	24%	33.10%	46.80%	26.28%	40.5%	22.0%
Clients waited to some extent	35%	16%	22%	23.50%	31.20%	27.67%	25.5%	34.4%
Clients did not wait for long	56%	50%	53%	43.00%	22.00%	46.05%	34.0%	42%

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

Table 36: 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	356	74.6%	49	62.0%	82	75.9%	75	74.3%
Yes, to some extent	107	22.4%	28	35.4%	24	22.2%	14	13.9%
No	14	2.9%	2	2.5%	2	1.9%	21	11.9%
Grand Total	**477**	**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 2025, affirming our commitment to infection control. The HAI rate was 9.75%, below our internal target of 10%, mostly contributed by UTI from catheters, and surgical site infections, necessitating continued vigilance in this area. The drug prescription survey 2025 showed that our drug prescription practices were slifhtly above to Ministry of Health standards for most parameters. The average prescription rate was 3.1 drugs per patient (MoH standard <3), antibiotic prescription rate was 31%, Injectable prescription rate was 0%, while dispensing rates were 85%.

4.3 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Our commitment to staff education remained strong, with CPD programs ongoing. General CPD (CME) takes place every Saturday while all major departments now conduct weekly departmental CPD/CME for all carders. Additionally, death and chart reviews are important learning mechanisms.

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.

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 37: Summary of Qualitity Improvement Project

Quality assurance activity	Schedule & Target	Actual performance	2024/2025			
			Q1	Q2	Q3	Q4
Quarterly quality assessment	Every Quarter (100%)	100%	Done	Done	Done	Done
Patient satisfaction survey/feedback	May (100%)	100%				Done
Lacor HTI – students satisfaction survey	May (100%)	100%				Done
Hospital acquired infection surveys	March (100%)	100%				Done
Drug prescription surveys	May (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

Safety of staff, patients, caretakers and is community is critical in Lacor's strategy. Reinforced with past experiences of Ebola, COVID-19 and other outbreaks threatening safety especially of health workers and patients, 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 generally compliant. The safety measures being implemented include

- Use of only qualified persons to operate the X-ray machines as per regulation
- All Asbestos have now been removed from the hospital, a key activity of the year.
- Preparations are in advanced stage to remove/decommission the cobalt nucrlear head in the former Radiotherapy unit (in compliance with IAEA and UAEA who have done multiple risk assessments here). A hospital emergency team is set up, transportation of nuclear material has been arranged, and Police escorts have also been organized.
- Radiation protection equipment were tested periodically (from Lacor, under Fluoroscopy)- Xrayed to see if there are cracks.
- 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.
- TLD's-Thermoluminiscent dosimeters: readings are all within the designated normal limit for all staff working with radiation, for all the periods: Sent every 3 months for reading to Kampala (last one was received in July 2025)
- We established SOP for female radiation workers who became pregnant

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 80 studies 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., 2021[2], which reported evidence of resistance agains artemisinins in Uganada, has been instrumental in the antimalarial treatment policy chagne in Uganda.

Publications: Lacor has recently recorded publications in the area of Hepatitis, early warning systems, Energy use and waste management, sickle cell disease, cancers, maternal and child

[2] 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.

health, surgical care, malaria, Burkitt's lymphoma. We also have published on energy consumption optimisation,. These will be available on www.lacorhospital.org.

H2U and H2A (HIV and Hepatocellular carcinoma in Uganda, and Africa) study collaboration is a case control study looking at the occurrence of Hepatocellular carcinoma and its association to hepatitis B and HIV among patients coming to Lacor hospital. It involves a collaboration with Infectious Diseases Institute, Makerere University, funded by 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.



Figure 17: Lacor Hospital Institutional Research and Ethics Committee members during ANREC

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, Atiak health centre IV, Tereza Ayiko International Hospital Attiak 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 5,055 cancer cases from 2013 to 2024 have been registered into the database for the four districts in Acholi Sub region. Top five female cancers include; Cervical Cancer 37.5, Breast 10.9, Non-Hodgkin's Lymphomas 5.1, Liver 4.7, and Ovarian Cancers 2.2. In males the commonest cancers are; Prostate 12.1, Liver 7.8, Oesophagus 7.7, Non-Hodgkin's Lymphomas 5.2, and Kaposi's Sarcoma 3.7.

In Children, the top 5 cancers are; Lymphomas 49.3% where Burkitts type account for more than 80% of the Childhood Lymphomas, Malignant Renal Tumours 10.9% and Bone Tumours 9.5%, Retinoblastoma 5.1% and Leukemia 4.4%. 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 caretatekers) 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.

Table 38: Number of male cases in major diagnosis groups, Gulu Cancer Registry.

SITE-MALE	2017	2018	2019	2020	2021	2022	2023	2024	Total	EAPC
Lip, oral cavity and pharynx (C00-14)	4 (3.1)	2 (1.2)	2 (1.5)	1 (0.8)	1 (0.9)	5 (3.7)	12 (7.5)	2 (1.3)	29 (2.6)	**8.50**
Digestive organs (C15-26)	45(35.2)	56 (33.7)	48 (35.8)	36 (28.8)	59 (50.9)	55 (41)	74 (46.5)	62 (40.5)	435 (38.9)	**5.55**
Respiratory organs (C30-39)	3 (2.3)	1 (0.6)	2 (1.5)	5 (4.0)	1(0.8)	13 (9.7)	3 (1.9)	5 (3.3)	32 (2.9)	**16.84**
Bone, cartilage, melanoma (C40-43)	1 (0.8)	1 (0.6)	6 (4.5)	4 (3.2)	4 (3.4)	4 (3)	10 (6.3)	5 (3.3)	35 (3.1)	**29.27**
Kaposi sarcoma (C46)	5 (3.9)	12 (7.2)	10 (7.5)	9 (7.2)	5 (1.7)	1 (1.5)	2 (0.6)	1 (0.7)	45 (4.0)	**-28.11**
Male genital (C60-63)	35(27.3)	38 (22.9)	32 (23.9)	27 (21.6)	20 (17.2)	28 (20.9)	17 (10.7)	34 (22.2)	231 (20.7)	**-5.70**
Urinary organs (C64-68)	5 (3.9)	3 (1.8)	4 (3.0)	7 (5.6)	3 (2.6)	1 (0.7)	7 (4.4)	7 (4.6)	37 (3.3)	**1.91**
Eye, brain, thyroid etc. (C69-75)	3 (2.3)	1 (0.6)	1 (0.7)	1 (0.8)	3 (2.6)	2 (1.5)	5 (3.1)	5 (3.3)	20 (1.8)	**19.27**
Haematopoietic (C81-96)	12 (9.4)	25 (15.1)	11 (8.2)	19 (15.2)	15 (12.9)	13 (9.7)	22 (13.8)	18 (11.8)	135 (12.1)	**2.98**
Other and unspecified	14 (10.9)	24 (14.5)	19 (14.2)	13 (10.4)	9 (7.8)	11 (8.2)	8 (5.0)	14 (9.2)	112 (10.0)	**-8.54**
All sites (C00-96)	128 (100.0)	166 (100.0)	134(100.0)	125 (100.0)	119 (100)	133 (100)	160 (100)	153 (100)	1118 (100.0)	**1.19**

Table 39: Number of female cases in major diagnosis groups, Gulu Cancer Registry.

SITE-FEMALE	2017	2018	2019	2020	2021	2022	2023	2024	Total	EAPC
Lip, oral cavity and pharynx (C00-14)	0 (0.0)	1 (0.5)	4 (1.6)	1 (0.6)	0 (0)	3 (1.3)	5 (2.1)	3 (1.1)	17 (0.9)	**-**
Digestive organs (C15-26)	31 (14.8)	16 (7.2)	29 (11.4)	32 (17.8)	24 (9.9)	18 (7.9)	41 (17.5)	35 (12.4)	226 (12.2)	**4.67**
Respiratory organs (C30-39)	3 (1.4)	2 (0.9)	0 (0.0)	3 (1.7)	3 (1.2)	2 (0.9)	4 (1.7)	5 (1.8)	22 (1.2)	**-**
Bone, cartilage, melanoma (C40-43)	6 (2.9)	5 (2.3)	5 (2.0)	4 (2.2)	8 (3.3)	6 (2.6)	10 (4.3)	3 (1.1)	47 (2.5)	**-0.17**
Kaposi sarcoma (C46)	9 (4.3)	4 (1.8)	0 (0.0)	3 (1.7)	3 (1.2)	0 (0.0)	0 (0.0)	1 (0.4)	20 (1.1)	**-**
Breast (C50)	28 (13.3)	31 (14.0)	35 (13.7)	23 (12.8)	24 (9.9)	36 (15.9)	43 (18.4)	29 (10.2)	249 (13.4)	**2.42**
Female genital (C51-58)	92 (43.8)	112 (50.5)	128 (50.2)	93 (51.7)	157 (64.6)	141 (62.1)	100 (42.7)	169 (59.7)	992 (53.4)	**5.51**
Urinary organs (C64-68)	5 (2.4)	3 (1.4)	2 (0.8)	1 (0.6)	2 (0.8)	1 (0.4)	9 (3.8)	8 (2.8)	31 (1.7)	**9.21**
Eye, brain, thyroid etc. (C69-75)	4 (1.9)	7 (3.2)	3 (1.2)	3 (1.7)	5 (2.1)	7 (3.1)	9 (3.8)	9 (3.2)	47 (2.5)	**12.62**
Haematopoietic (C81-96)	15 (7.1)	18 (8.1)	19 (7.5)	8 (4.4)	13 (5.3)	8 (3.5)	9 (3.8)	14 (4.9)	104 (5.6)	**-6.96**
Other and unspecified	15 (7.1)	21 (9.5)	29 (11.4)	9 (5.0)	7 (2.9)	5 (2.2)	4 (1.7)	8 (2.8)	98 (5.3)	**-19.50**
All sites (C00-96)	210 (100.0)	222 (100.0)	255 (100.0)	180 (100.0)	246 (100)	227 (100)	234 (100)	283 (100)	1857 (100.0)	**2.79**

Table 40: Total number of cases in major diagnosis groups, Gulu Cancer Registry.

SITE-BOTH SEXES	2017	2018	2019	2020	2021	2022	2023	2024	Total	EAPC
Lip, oral cavity and pharynx (C00-14)	4 (1.2)	3 (0.8)	6 (1.5)	2 (0.7)	1 (0.3)	8 (2.2)	17 (4.3)	5 (1.1)	46 (1.5)	13.19
Digestive organs (C15-26)	76 (22.5)	72 (18.6)	77 (19.8)	68 (22.3)	83 (23.1)	73 (20.2)	115 (29.3)	97 (22.2)	661 (22.2)	4.99
Respiratory organs (C30-39)	6 (1.8)	3 (0.8)	2 (0.5)	8 (2.6)	3 (0.8)	15 (4.2)	7 (1.8)	10 (2.3)	54 (1.8)	16.57
Bone, cartilage, melanoma (C40-43)	7 (2.1)	6 (1.5)	11 (2.8)	8 (2.6)	12 (3.3)	11 (2.8)	20 (5.1)	8 (1.8)	83 (2.8)	9.16
sarcoma (C46)	14 (4.1)	16 (4.1)	10 (2.6)	12 (3.9)	8 (2.2)	2 (0.3)	2 (0.7)	2 (0.2)	65 (2.2)	-29.41
Breast (C50)	28 (8.3)	31 (8.0)	35 (9.0)	23 (7.5)	24 (6.6)	36 (15.9)	43 (10.9)	29 (6.6)	249 (8.4)	2.42
Female genital (C51-58)	92 (27.2)	112 (28.9)	128 (32.9)	93 (30.5)	158 (43.1)	141 (39.1)	100 (25.4)	170 (38.9)	993 (33.4)	5.57
Male genital (C60-63)	35 (10.4)	38 (9.8)	32 (8.2)	27 (8.9)	20 (5.5)	28 (7.8)	17 (4.3)	34 (7.8)	231 (7.8)	-5.70
Urinary organs (C64-68)	10 (3.0)	6 (1.5)	6 (1.5)	8 (2.6)	6 (1.5)	2 (0.6)	16 (4.1)	15 (3.4)	68 (2.3)	5.08
Eye, brain, thyroid etc. (C69-75)	8 ((2.4)	8 (2.1)	3 (0.8)	4 (1.3)	8 (2.2)	9 (2.5)	14 (3.6)	14 (3.2)	67 (2.3)	13.59
Haematopoietic (C81-96)	27 (8.0)	43 (11.1)	30 (7.7)	27 (8.9)	28 (7.8)	21 (5.8)	31 (7.9)	32 (7.3)	239 (8.0)	-1.75
Other and unspecified	29 (8.6)	45 (11.6)	48 (12.3)	22 (7.2)	16 (4.4)	16 (4.4)	12 (3.1)	22 (5.0)	210 (7.1)	-13.47
All sites (C00-96)	336 (100.0)	385 (100.0)	388 (100.0)	305 (100.0)	367 (100)	362 (100)	395 (100)	437 (100)	2975 (100.0)	2.34
Average registrations per month	**28**	**32**	**32**	**25**	**30**	**30**	**33**	**36**		



Health Educator at work during Integrated community outreach



Child immunisation

Mother returns to say thank you to Maternity





Tackling Sickle cell disease



NHS England training on critical patient care in Emergency

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 55 countries with a critical shortage of health service providers. Staffing has remained 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 4.04% (31) in FY 2024/25. On the other hand, the hospital recruited 34new 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 this period 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 2024/25, the hospital complex had a total of 685 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* 82 *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 2024/25.*

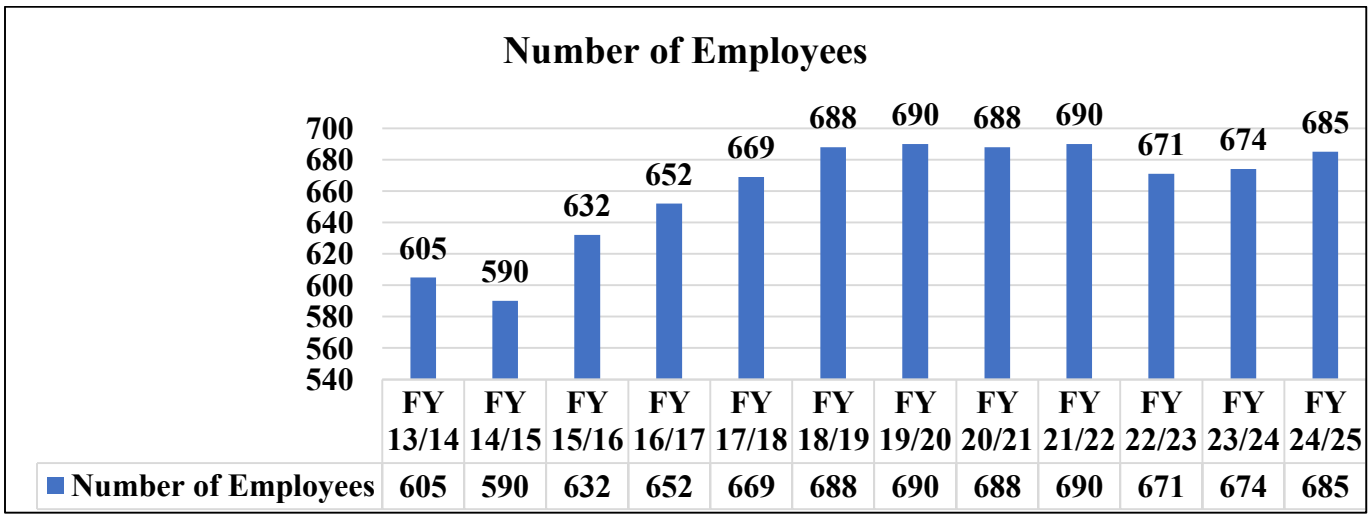


Figure 18: Number of employees over the past years

Table 41:Staff movements – 2024/25

Movement of Staff by cadres 2024/25	Total Lost by 30/06/2025	Total Recruited by 30/06/2025	Total as at 30/06/2025

Medical Specialists and Consultants, Medical officers, Dental Surgeons,	8	10	**46**
Tutors and clinical instructors	0	00	**28**
Clinical, public health dental, orthopaedic	03	03	**18**
Anaesthetic officer, radiographers, sonographers, occupational therapists,	01	04	**21**
Lab Scientists, technologists and	00	01	**14**
Lab assistant and attendant	00	00	**06**
Bsc. Nurses, Registered nurses and	02	02	**56**
EN, EM, Theatre Assistants, Pharm Assistants &	08	00	**159**
Nursing assistants and physiotherapy	00	00	**45**
Nursing aides	02	00	**72**
Administrative staffs, Matron's Office	04	10	**76**
Technical staff + Drivers	01	04	**61**
Others	02	00	**83**
Total Staff on study leave on hospital	0	0	**09**
TOTAL STAFF EXCLUDING	**31**	**34**	**685**

- *The total above is exclusive of interns (55) & construction workers (82).*
- *The Senior Nursing Officers are part of Administration staff.*
- *All sponsored employees as at June-20254 form part of the total sponsorship, otherwise sponsorship for the FY 2024/25 only are **03. Of those under sponsorship, 5 were on the payroll for June; 2 because they were on holidays while the other 3 due to the modular/weekend nature of their courses.***

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 the 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. To strengthen its Human Resources management, the hospital carried out a Human Resources Audit between May and August 2025 to determine how the HR policies, systems and practices align with the Mission of the Hospital. The gaps identified and recommendations made once implemented will further consolidate HR management.

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 Current Strategic Plan 2022-2027, training opportunities including CME, Mentorships and coaching, 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 has seen the recruitment of 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 has invested 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 3 staff for upgrading in the FY 2024/25 as shown in the table below: -

Table 42:Hospital sponsorship as of 30th June, 2025

Course	Cadre of staff	Duration of training (years)	No. sent for training
MMed Paediatrics	MO	3	1
Dip. Clinical Mentorship	DN	1	2
Bachelor in Medical Education	DN	3	1
Bachelor Science in Midwifery	DN	4	1
TOTAL			**5**

Nursing incharges oriented on ambulances



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),** which 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 2009 and runs in collaboration with Uganda Institute of Allied Health and Management Sciences (UIAHMS), and recently with Busitema university in order to improve anesthetic services to CEMONC centres since many hospitals and HCIV theatres were underutilized due to lack of anesthetists. LHTI works in line with Ministry of Education and Sports [MoES] and MoH guidelines.

Lacor Health Training Institute Students oriented by Medical Director



6.1 STAFF AND STUDENT POPULATION AT LACOR HEALTH TRAINING INSTITUTIONS

The general student population stood at 700 comprising of 462 female and 238 male students across the range of programs offered and the breakdown per program is shown in the table below:-

Table 43: showing student population academic year 2024/2025 Lacor HTI

Program	Year of study	Male	Female	Total
Certificate in Nursing	Yr.1.Sem.2 (Set: 43)	35	61	96
	Yr. 2. Sem. 1 (set: 42)	55	93	148
Sub-total		**90**	**154**	**244**
Certificate in Midwifery	Yr.1.Sem.2 (set:13)	00	52	52
	Yr. 2. Sem. 2 (set: 12)	00	89	89
Sub - total		**00**	**141**	**141**
Certificate in Medical Theatre	Yr. 1. Sem. 2	04	15	19
Finalist June 2025	Yr. 2. Sem. 2	13	14	27
Sub - Total		**17**	**29**	**46**
Certificate in Medical Lab. Tech.	Yr.1.Sem.2	21	13	34
Finalist June 2025	Yr. 2. Sem. 2	39	14	53
Sub-Total		**60**	**27**	**87**
Diploma in Nursing	Yr. 1 Sem. 1 (set: 30)	09	17	26
Finalist June 2025	Yr.2. Sem.1 (set: 29)	16	28	44
Sub-Total:		**25**	**45**	**70**
Diploma in Midwifery	Yr. 1 Sem. 1 (set: 10)	00	20	20
Finalist June 2025	Yr.2. Sem.1(set: 9)	00	15	15
Sub-Total:		**00**	**35**	**35**
Diploma Medical Lab. Tech.	Yr.1.Sem.1	10	23	33
	Yr. 2. Sem.2	12	03	15
Sub-Total:		**22**	**26**	**48**
Post Basic Diploma in Anaes.	Yr. 1. Sem. 2	19	04	23
Finalist June 2025	Yr. 2. Sem.2	05	01	06
Sub-Total		**24**	**05**	**29**
Grand Total:		**238**	**462**	**700**

This gives tutors students ration of 1:43, similar to 1:44 in the previous academic year 2023/24

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 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 year 2024/25 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 desirable change in ratio from 1:44. to 1:43). This was because one midwifery tutor was recruited and again the reduced access (student numbers. However, the ratio is still within acceptable limit, below 1:50.

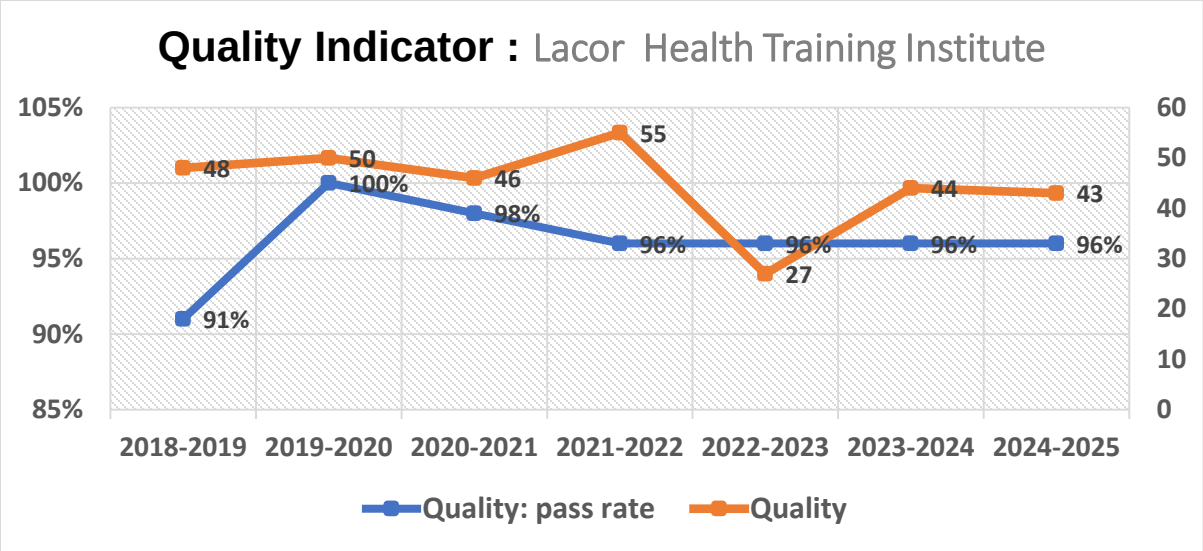


Figure 19: figure showing average students pass/success rate

The overall evaluation of faithfulness to the mission indicators shows general improvement in the quality indicators (Tutor student ratio reducing from 1:44 to 1:43 of the previous year, and the student success rate maintained at 96%). For Equity, and efficiency there was undesirable increase of 27% and 28% respectively. 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 44: Key performance Indicators for faithfulness to the Mission for Lacor HTI

Indicator	FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Access	93%	69%	69%	73%	52%	92%	85%
Equity	3,168,538	3,054,294	1,829,292	2,463,759	3,953,083	3,172,258	4,050,838
Efficiency	3,358,789	3,820,749	3,122,811	3,396,947	4,714,797	3,273,417	4,194,826
Pass Rate	91%	100%	98%	96%	96%	96%	96%
Quality*	1.48	1:50	1:46	1:55	1:27	1:44	1:43

6.3 ACHIEVEMENTS, OPPORTUNITIES AND CONCLUSION

In the FY 2024/25, the LHTI achieved the following

- All School Board meetings were conducted as per the schedule.
- Lacor HTI has recruited one more qualified midwifery tutor improving tutor: student ratio.
- The institute sponsored one more staff for PGDME in Tutor's college making two tutor trainee in the institute, and three Diploma nurses were sponsored for clinical mentorship course.
- Examination results: the HTI continues to register high success rate with average percentage pass of 96%.
- The Institute has approved school moto "Empowering to Love and Serve." and the school anthem launched.
- The school board approved starting the training diploma I critical care nursing in the next academic year 2026/26.
- The general discipline of the students has fairly and steadily been improving.
- Lacor HTI was fully accredited, 100% compliance with UCMB criteria.
- Two sets of Sponsorship received by the HTI from pencil for Education this group has given 8 positions for midwifery stydents.

Challenges include

- Demise of our Executive Director
- Increasing commodity and utility cost
- Delayed school fee payment and late reporting of students back to school,
- Low uptake for diploma classes, and certificate theatre courses, below the objective capacity.
- Difficulties in getting fire wood used as fuel in the school kitchen
- Limited space for skills laboratory and staff room

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 *Biomedical Services and Utilities 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, water and medical gas supplies
- Waste management, 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.
- Biomedical equipment maintenance and installations
- Transport, mobility and fleet management: mechanical works to repair ambulances, and drivers team.
- Management of fire response team and fire brigade trucks
- Maintenance of the hospital compound, including drainage and underlying cables and pipes.

7.1 LACOR HOSPITAL TECHNICAL FIGURES IN A GLANCE

Energy and power

- Average energy consumption: ≈ 1,300,000 kWh/year
- Power peak: 275kW
- Main power supply: National Grid 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, Pabbo and Opit

Water

- Average potable water consumption: 320 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 students[3]
- Total area of main compound: 230,000 sqm, about 120 buildings
- Kaladyma farm area: 40 hectares planted with eucalyptus trees
- Health Centers: c.a. 16,000 sqm each

[3] Pre-Covid figures

Waste management and wastewater treatment

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

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: 8 cars; 2 bus
- 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: 64 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.

7.2 MAIN ACTIVITIES IN FY 2024/25

7.2.1 Projects and works

The technical department has been implementing various projects and works in the FY 2024/25: here is the list of the most important ones.

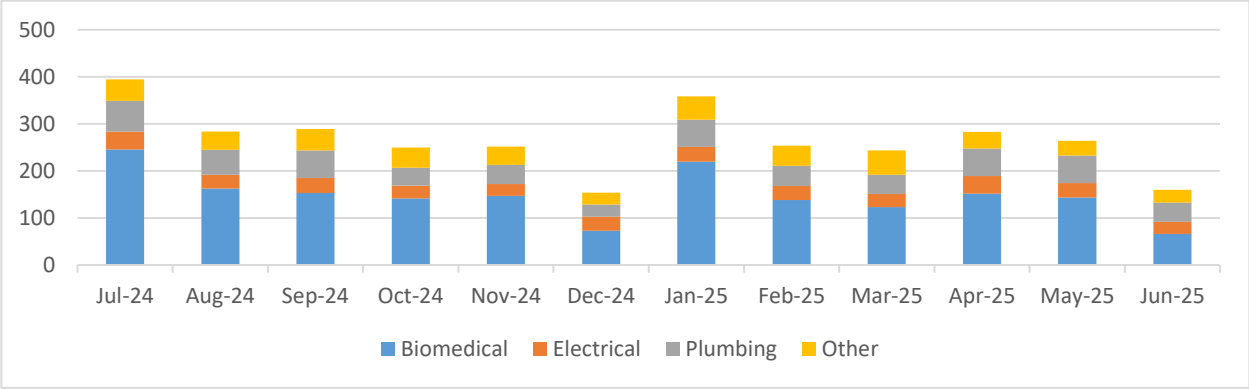
- Fire responses for fires in the hospital and in the surrounding community (Lacor fire brigade)
- Service of all fire extinguishers in the hospital
- Major maintenance of centralized oxygen system; sterilizers; main UPS; main generators; incinerator
- Increase of waste segregation and recycling of plastics in all hospital wards
- Provision of continuous trainings to the health operators about correct usage of biomedical machines
- Continued the construction of a new staff quarter including 29 buildings (almost completed)

- Upgrade of the main sterilization unit with the installation of a new sterilizer
- Upgrade of the theaters block with installation of new operating tables and operating lights
- Upgrade of the old incinerator building and installation of a new machine to treat medical waste without combustion (NW15 waste sterilizer/shredder)
- Full implementation of a program for preventive maintenance tasks
- Scientific collaboration for R&D with the Polytechnic University of Milan and Gulu University

7.2.2 Maintenance activities

The Technical Department executed over 3100 corrective maintenance interventions. Out of this figure (see Figure 7.1 for reference), more than 1700 interventions were covered by the Biomedical team (89% of which were preventive maintenance interventions), about 350 by the team of the Electricians, 580 by the plumbers, and about 450 were miscellaneous interventions. The number of interventions was significantly boosted, especially in the case of the biomedical devices (+14% 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. The program of preventive maintenance of biomedical equipment allowed to reduce by 46% the corrective maintenance interventions.

Figure 7.1: Maintenance and repair interventions per category



7.3 UTILITIES SETUP AND MANAGEMENT

The Technical Department is in charge for management of the following utilities and systems: 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
- 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.

National Grid, main supply

The Main Hospital is connected to the National Grid through a 11 kV line. 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 with a 7.2kWp solar array, 5 kW inverter and 15kWh lithium storage battery.

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.

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 m^3) designed to receive 250,000 litres per day. After the lagoon, an artificial wetland filters the treated water. The artificial wetland is in turn connected to a natural wetland.

Solid waste

Organic and domestic waste is collected from pits twice a day, with a total volume of about 12 m^3. The waste is disposed at the municipal disposal site every day.
Sludge from the waste water treatment plant is stored in the sludge drying bed before disposal.
Special waste (medical) produced by the hospital amounts at about 300 kg per day. This is destroyed in a medical waste incinerator managed by the hospital. Human tissues are deposited in sealed placenta pits.
Starting from December 2024, a new machine able to shred and sterilize medical waste entered in production, in order to reduce the utilization of the incinerator and therefore its impact on finance and environment. About 40% of the waste is now treated with this new machine.
Thanks to an ongoing program having the objective of improving waste recycling, the hospital has managed to achieve the goal to recycle around 250-300 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 2024/25 was 3,312 kWh/day (+2.4% compared to the previous financial year). The figure is cumulative of all supply sources for the main hospital only. The average consumption was 3,566 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 510 Million UGX. Out of this amount, about 43 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 7.1 Total electricity consumption and expenditures according to the source.

Power source	Electricity [kWh]	Cost [UGX]
National Grid	791,118	426,810,285
Backup diesel generators	29,172	40,208,194
Solar PV systems*	388,504	0
Solar PV Pabo HC	7,136	0
Solar PV Amuru	5,770	0
Solar PV Opit	NA	0
HCs other than PV, water pumps, other	79,985	43,151,931
Total	*1,301,684*	*510,170,410*

Table 7.2 provides more details about the expenditure related to diesel generators.

Table 7.2 Total consumption of diesel for power generation.

Diesel consumption	Quantity [lts]	Total cost [UGX]
Backup diesel generators	9,082	40,208,194

The overall running costs of diesel for generators were about 40 Million UGX (-50% compared to the previous year). This decrease in costs is due to both a decrease of fuel prices and a remarkable increase of the reliability of the National Grid. In fact, about 9,000 litres of fuel were used, compared to the figure of 17,000 litres of the previous fiscal year. The average consumption was 0.31 litres/kWh, which corresponds to an average conversion efficiency of 30%. The cost of the electricity produced with the diesel generators was 1,378 UGX/kWh, compared to an average cost of the electricity from the main grid equal to 540 UGX/kWh (-9% 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 *UPS line* "department" actually refers to all the loads supplied under UPS. Of such loads, the oxygen system alone consumes over 30% of the supplied electricity (186,140 kWh).

Table 7.3 Consumption of electricity for main departments

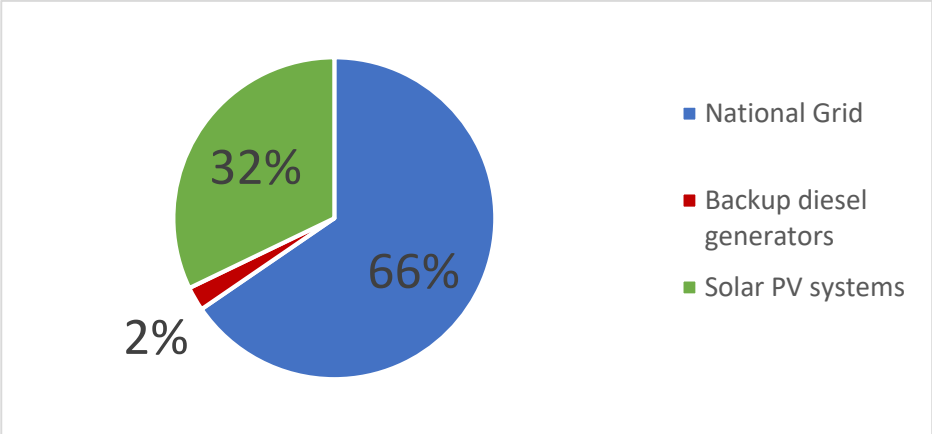
Department	Electricity [kWh]	Percent

UPS LINE	596,682	51.2%
STAFF QUARTERS/GUESTHOUSE/OTHER LOADS	179,625	15.4%
THEATERS	94,450	8.1%
CHW/LAB	53,916	4.6%
LAUNDRY	48,017	4.1%
SURG_II/PHARMACY	35,951	3.1%
NURSING SCHOOL	31,462	2.7%
XRAY	18,811	1.6%
GYN	17,558	1.5%
HOT WATER SCHOOL KITCHEN	17,139	1.5%
UNIVERSITY CAMPUS	10,623	0.9%
OPD	10,287	0.9%
TECHNICAL WORKSHOP	9,422	0.8%
POST BANK	8,493	0.7%
SURG1/BURNS/PHYSIO	8,246	0.7%
MATERNITY	7,541	0.6%
ADMINISTRATION	7,444	0.6%
MEDICINE	7,286	0.6%
CASUALTY	3,441	0.3%
NETWORK Losses	*42,401*	*3.6%*

Share of electricity sources and consumption over the years

The National Grid covered the 66% of the electricity needs, while 2% was covered by diesel generators. The solar PV systems covered 32% of the total consumption.

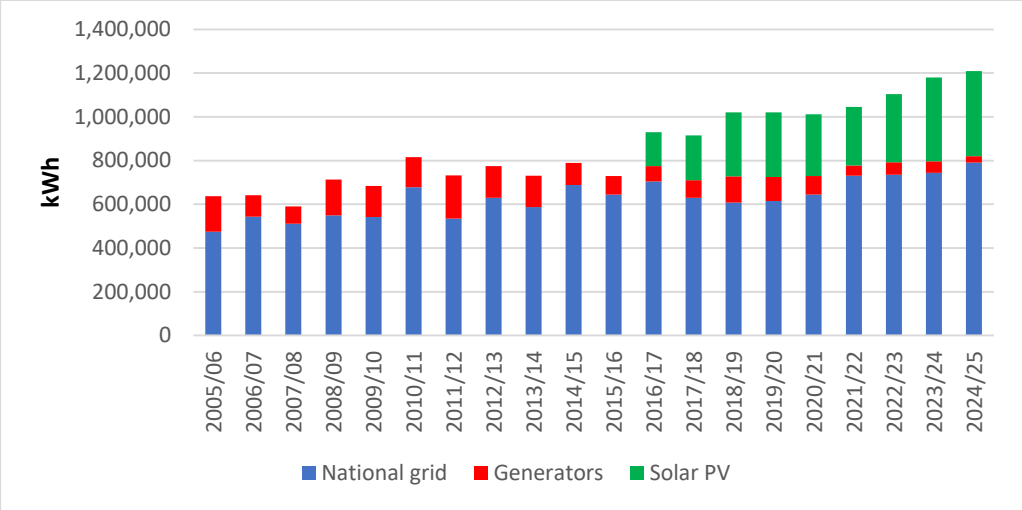
Figure 7.2: Power consumption shares from different sources



The solar systems in use require either the National Grid 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 389 MWh. This allowed saving about 210 million UGX compared to the equivalent expense that would have been due from the National Grid. In addition, solar PV systems in the Amuru and Pabbo health centers produced about 13 MWh, which allowed to save about 7 million UGX. Starting from February 2022 Lacor hospital has obtained the EKOenergy[4] ecolabel for the electricity produced and consumed by its PV systems. A move that certifies its commitment towards a just and ecological energy transition.

Figure 7.3: 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.

7.3.2 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 13,700 liters, with a reduction of about 10-15% compared to the previous year, due to the recent introduction of the new machine (shredder/sterilizer) to treat the medical waste.
As concerns vehicles, the total consumption of fuel was around 50,000 liters, with a significant reduction compared to the previous financial year, partially due to the outsourcing of some of the transport services for international visitors. 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.
Table 7.4 Diesel consumption of incinerator and vehicles.

Diesel consumption	Quantity [lts]	Total cost [UGX]
Incinerator	13,761	60,923,250
Vehicles and other	48,642	215,349,808

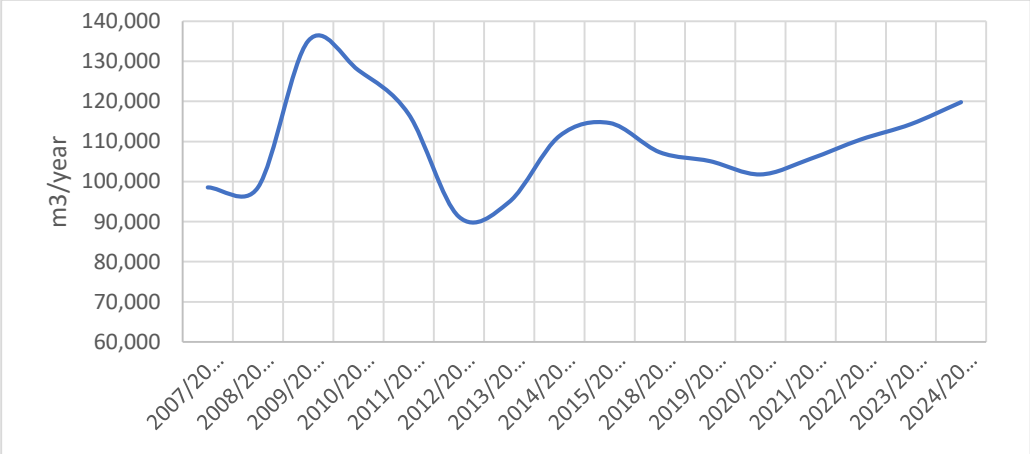
[4] https://www.ekoenergy.org/

Total	*62,403*	*276,273,058*

7.3.3 Water consumption

The total water consumption in the reference financial year was equal to 119,792 cubic meters (the figure does not include the **Heath Centres**).
The figure is slightly larger compared to the previous years, with an average daily consumption of about 328 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 7.4 Water consumption over the years



7.5 ENVIRONMENTAL IMPACT AND SUSTAINABILITY- *LAUDATO SI'*

Lacor Hospital recognizes the funding principles of Global Health. Global Health is a dynamic field focused on improving health and achieving equity for all, thus including not only the management of infectious and non-communicable diseases but also broader social, economic, and environmental factors that influence health outcomes.

The hospital recognizes that embedding sustainability principles in health systems is key to ensure the responsible management of resources and to provide quality healthcare services without harming the environment and our home, the Earth.

7.5.1 Carbon footprint: emissions data

Carbon emission of the hospital for the financial year 2024/25 have been estimated based on the available data.

Scope 1 CO_2 emissions[5]

Scope 1 emissions are direct emissions from company-owned and controlled resources. Scope 1 emissions at Lacor hospital are due to the consumption of different fuels. Diesel, firewood and emissions from waste incineration represent the largest share of fuels consumption.

Estimated Scope 1 CO_2 emissions: 442 tons

- From diesel: 152 tons
- From firewood: 111 tons (estimated figure - emissions from firewood consumption are not considered as net zero since firewood provenience is not from certified sustainable sources)
- From infectious waste incineration: 177 tons
- From LPG: 2 tons

Avoided Scope 1 CO_2 emissions due to the operation of the NW15 waste treatment machine: 26 tons.

Scope 2 CO_2 emissions[6]

Scope 2 emissions are indirect emissions from the generation of purchased energy, from a utility provider. In the case of Lacor hospital, Scope 2 CO_2 emissions are due to consumption of electricity from the national grid only.

Estimated Scope 2 CO_2 emissions: 17 tons

Avoided Scope 2 CO_2 emissions due to solar PV systems (main hospital): 8 tons

The electricity generated through photovoltaic systems at Lacor Hospital is EKOEnergy certified, adhering to rigorous sustainability and traceability standards. This certification ensures that the solar energy produced not only supports the hospital's sustainability goals but also contributes to funding renewable energy projects in the Global South, fostering broader environmental and social impacts.

Notes about Thermal Energy and Heating

The hospital has implemented over 20 solar thermal systems to meet the heating demands of both the hospital and residential areas, covering most of the hot water needs. A large system has been specifically installed to preheat water for the hospital's main laundry, which processes around 300 kg of sheets, towels, and other fabrics daily, washed at temperatures ranging from 60°C to 90°C. This preheating system plays a crucial role in reducing energy consumption, resulting in estimated savings of up to 70% of the electricity previously required for laundry operations.

In addition, Lacor has introduced one of its most innovative solutions at the nursing school kitchen, where large quantities of water are required daily to prepare meals for over 600 students. The menu primarily consists of porridge for breakfast and *posho*—a local polenta made from white corn—with beans for lunch and dinner. These meals require substantial amounts of water to boil, leading to high consumption of firewood for cooking. To address this, a cutting-edge photovoltaic pre-heating system (20 kWp) has been designed and installed to preheat water to temperatures of 70–80°C. This preheated water is directly used for cooking, significantly reducing the need for

[5] Emission factors from IEA database; S.C. Bhattacharya et all, *Emission factors of wood and charcoal-fired cookstoves*, Biomass and Bioenergy, 2002; Eriksson O. et all, *Plastic waste as a fuel - CO2-neutral or not?*, Energy Environ. Sci., 2009. Quantities of firewood are estimated.
[6] Emission factors from IEA database.

firewood. Preliminary estimates suggest the system will cut firewood consumption by approximately 30-50%.

7.5.2 Water management

The hospital employs a rainwater harvesting system that collects rainwater from the roofs for various non-potable uses. This harvested rainwater is used by patients' relatives and hospital staff for washing dishes and clothes. It is also used to feed the sterilizers in the theaters block, effectively eliminating the need for demineralized water production. By utilizing rainwater for these purposes, the hospital significantly reduces its reliance on potable water from the main tanks, which requires energy for pumping from wells. The total storage capacity of the rainwater tanks exceeds 250,000 liters.

Additionally, the hospital has implemented a wastewater management system. Wastewater is channeled through a sewer system to a series of settling tanks where the water undergoes purification before being safely returned to the environment. This system includes two pre-treatment tanks, three stabilization ponds and an artificial lagoon. After undergoing treatment, the purified water is discharged into a natural wetland through an underground pipeline, ensuring minimal environmental impact and supporting the local ecosystem. The system treats over 200m3 of wastewater per day.

7.5.3 Waste management

Lacor Hospital is committed to reducing the environmental impact of its waste through continuous innovation in waste treatment and recycling. Uncontaminated plastic waste, such as PET bottles and hard plastic from medical wards, is collected and donated to Takataka Plastic, a social enterprise in Uganda. Takataka transforms this waste into valuable products, including tiles, chairs, and other objects, which are then sold to cover processing costs.

Glass waste (250-300 kg/month) is collected and crushed. The crushed glass is then repurposed as a binder for concrete, reducing the need for sand. Wood shavings and waste from the hospital's carpentry workshop, along with some paper waste, are sent to the nearby Saint Jude Orphanage, where they are burned in improved wood-burning stoves to cook food. Used mineral oils (100 l/month) are collected and repurposed to treat wooden beams for protection against woodworms and termites. Metal waste, collected in the hospital's workshop, is sold to scrap dealers and sent for recycling in steel industries.

Recently, the hospital started the SOIL (Sustainable Organic Integrated Loop) composting project in collaboration with the University of Insubria. This initiative focuses on the separate collection and conversion of organic waste into compost. Organic waste constitutes 67% of the total waste generated at the hospital, and its separation significantly reduces emissions of toxic pollutants and greenhouse gases that would otherwise be released from open-air landfills. As part of this project, a pilot composting plant was established, where organic waste is processed through various stages—mixed, aerated, and left to mature over two and a half months—before being converted into nutrient-rich compost. This compost is then used to fertilize the soil on the hospital’s farm, closing the loop on waste and promoting sustainability within the hospital's operations.

7.5.4 Land and food management

The largest kitchen of the hospital, which serves the students of the schools, is equipped with improved wood-burning stoves. Compared to traditional cooking methods that rely on charcoal and three-stone fires, these stoves use no charcoal and maintain high temperatures for extended

periods, reducing overall wood consumption. Literature data indicate a reduction in the consumption of firewood in the range 40-50% compared to traditional methods on average.

Lacor hospital main compound extends on an area of about 230,000 sqm. About 26% of such surface (over 60,000 sqm) is covered by trees, which sequestered an estimated 18 tons of carbon (equivalent to 69 tons of $CO_{2)}$ during the last financial year, and permanently store over 460 tons of carbon (equivalent to 1,700 tons of CO_2)[7].

Since 7 years, the Hospital has initiated an eucalyptus tree plantation on a 40-hectare plot of land, primarily located in the Amuru district. Eucalyptus trees—growing at a rate of approximately 2 meters per year—are intended to be harvested for production of timber and firewood. Within a few years, the trees mature enough to produce small beams or firewood, providing a sustainable source of biomass.

Further contribution to the hospital's sustainability efforts is provided by its two-hectare vegetable garden, managed by Task Farm Uganda, which supplies fresh, local products to hospital patients and visitors at controlled prices. Located next to the hospital's perimeter wall, this garden grows a variety of vegetables and fruits, including tomatoes, amaranth, eggplants, onions, cucumbers, and peppers. Particular attention is given to selecting plant species that thrive in the local climate and soil. The farm uses organic fertilizers, including what is produced through its SOIL composting project, along with animal manure, and biological pest control methods. This approach minimizes the need for chemical pesticides. The land is organized into lots to facilitate crop rotation and ensure soil regeneration. Irrigation is provided through a drip system powered by the hospital's water network, ensuring efficient water use.



Technical staff trained on emergency handling

[7] Estimates based on the assessment performed using the i-Tree canopy tool https://canopy.itreetools.org/



Bro Elio's sister remembering Bro Croce







Lacor applying diversity equity and inclisiveness

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, which gave a clean audit finding(unqualified). In the pages that follow, revenues, recurrent expenditures and capital development are illustrated and briefly analyzed.

8.2 EXPENDITURES: RECURRENT AND TOTAL OPERATING COSTS

The recurrent costs for the FY 2024/2025 decreased by 13.89% (3,827,916, billion) from UGX 27.564 billion (2023/24) to UGX 23,736 billion (2024/25). Most expenditures recorded a decrease with the exception of administrative expenses which increased by 8.28%. The others decreased as follows: Medical items and services (-16.19%), generic items (-44.72 %), property expenses (-41.17%).

Table 45:Recurrent Costs FY 2024/25 compared to previous FY 2023/24

	2024/2025 (UGX '000)	Percentage	2023/24 (UGX '000)	Difference	Diff. %
Personnel	12,212,393	45.47%	12,285,904	-73,511	-0.60%
Medical Items and services	6,749,781	25.13%	8,053,260	-1,303,479	-16.19%
Generic Items	2,025,576	7.54%	3,664,391	-1,638,815	-44.72%
Transport expenses	656,992	2.45%	704,792	-47,800	-6.78%
Property expenses	1,190,551	4.43%	2,023,768	-833,217	-41.17%
Administrative expenses	901,576	3.36%	832,670	68,906	8.28%
Total Recurrent Costs	**23,736,869**		**27,564,785**	-3,827,916	-13.89%
Depreciations	2,208,706	8.22%	2,627,310	-418,604	-15.93%
Other gains and losses*	913,503	3.40%	311,987	601,516	192.80%
Total Expenditures	**26,859,078**	100.00%	**30,504,082**	-3,645,004	-11.95%

**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 reduction of in costs is mainly due the strategy of cost reduction being implemented. The decrease in Generic items is due to reduction in the consumption of cleaning materials, food and stationery.

8.3. LACOR HOSPITAL INCOME

The 23..7 billion of recurrent costs were covered through internally generated funds, Government subsidy and donations (***Table 52)***.

Table 46 Recurrent: Source of funds for recurrent costs

Financing of recurrent costs	2024/25 (UGX '000)	% of total	2023/24 (UGX '000)	Difference	Diff. %
Patient charges	7,294,711	27.16%	7,109,732	184,979	2.60%
Hospital school fees	2,889,902	10.76%	2,545,386	344,516	13.53%
Uganda Government	878,270	3.27%	1,701,144	-822,874	-48.37%
Other Local Revenues	772,763	2.88%	941,189	-168,426	-17.90%
*Total Local Revenues**	**11,835,646**	44.07%	12,297,451	-461,805	**-3.76%**
Donors	12,814,726	47.71%	15,579,321	-2,764,595	-17.75%
Total recurrent revenue	**24,650,372**	91.78%	**27,876,772**	-3,226,400	**-11.57%**
Amortization of deferred capital contributions**	2,208,706	8.22%	2,627,310	-418,604	-15.93%
Total revenue	**26,859,078**	**100.00%**	**30,504,082**	-3,645,004	-11.95%

**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 7.3 billion, UGX 185 million higher than last year, representing 27% of the total Hospital Revenues. The overall subsidy for the patients was therefore 73%. 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 2024/2025 amounted to UGX 2.3 billion. All these investments were financed by donors. Most of these are 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
- Deficiency in the accounting and management of fixed assets
- Inadequate maintenance of personnel files & inconsistent payroll records.

Management has discussed and responded to each audit query, and is committed to address the identified issues. An Internal auditor has been employed to support the resolution of these gaps. Other issues that pose lower risks were also discussed.

The Hospital has been updating its Financial Manual and procurement policies, and is in advanced stages of adopting a new Financial Management system (Business Central). The Procurement policy requires quotations from at least three suppliers. There is segregation of duties in all the procurement phases (requisition, quotation, ordering and receipts of good, invoicing and payment)- and subcommittees to support procurement of medical supplies. 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. In the absence of the ED,

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.
In case of vacancy in the position of the Executive Director, who is the ex-officio Chairman of the Internal Management Board, the Board of Directors shall appoint one of the Members of the Internal Management Board as its Chairman.

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 2024/25. The hospital was therefore accredited without any conditions.

UCMB statutory compliance status for FY 2023/2024

SR N.	REQUIREMENT	MEANS OF VERIFICATION AT UCMB	STATUS
1	Analytical Report 2024/2025	Copy of analytical report available at UCMB	Achieved & submitted
2	External Audit 2024/2025	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 2025	Copy of license available at UCMB	License copy sent to UCMB
7	Contribution to UCMB for 2025	Deposit of money affected at UCMB	Done and sent
8	Comprehensive summary report 2024/25 (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 30.6.2024	Copy of staffing status report available at UCMB on right format	Achieved
10	**Report on Undertakings and Actions 2024-2025	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	24/25	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 60%. SCD, DM, HTN have appointment, but not followed up yet actively	DMD-CHS
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%	97.1% satisfied completely or to some extent. 2.9% not satisfied	DMD
	Scores of RBF	Verification report	90%	89%	90.4%	92.0%	Average score 92.0% as Most wards achieved 90% target consistently	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			SCD 2887	SCD 3384	Ongoing SCD and HIV screening, and ongoing for BMI, BP, Cervical cancer/Breast cancer. Documentation not formalised for wellness, colon cancer, HTN	DMD-CHS
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 dialogies, 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				285	309	Patiko sites added for outreaches	DMD-CHS
	No of patients served in outreaches	HMIS, reports			17125	29814	Numbers very high in	DMD-CHS
	Current catchment maps drawn	map					outreach locations updated	
1.12: Keep fees for emergency surgery lower than elective surgery	Fees for emergency surgery kept lower than electives	Inspection	1 pa				Emergency services prioritised even without payment but fees disaggregation dropped	ID
1.16: Improve hospital ambulance coordination	Ambulance coordination committee meets at least quarterly	Minutes	4 pa				Committee meeting not held, Type B and C ambulances collaboration with RESCUE.org	SD
1.14: Referral criteria for Ambulances pickup/referral established	Criteria Document developed and implemented						SOP in place	DMD-CHS
1.13: Consider setting Acute care section/unit in Paed.	Unit set up, functional	Price list					Shelved due to funds. Service provided in ward	ID,
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.	SD
Ensure Availability of functional emergency equipment	Availability of equipment/boxes	inspection					Biomed dept focusing more on preventive maintenance	Matron, Incharge
Monitor outcomes of critically ill patients in the hospital	Mortality rate of critical patients in HDU and ICU	HMIS	Qtrly		NICU 10.7%, ICU 34.7%	NICU 9.5%, ICU 39%	Mortality rates reduced in NICU but rose slightly in ICU. Burns department mortality reduced from 9.4% to 5.16% in DP Year 3. Lacor still leading maternal and neonatal mortality in the region, with Late referrals.of complex cases being important drivers	HoD, MD CS

	STRATEGIC OBJECTIVE 2: **Provide hospital services, which focus on needs of patients**							
	High quality and accessible services provided based on patient need							
Complete the construction and commission the new Neonatology	Neonatal unit set up and functional	Inspection					Complete, opened 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
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 as scheduled.	HoD
2.9: Refurbish Private rooms	Number of Private rooms refurbished	Inspection	8 rooms				This has not been implemented beyond basic painting	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, mozt 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%	97.1%	Most complaints around delays and some unpleasant interactions with staff. Students are satisfied over 90%	SD
	RBF score> 90	Verification report	90%	89%	90.4%	92.0%	Achieved	SD

	STRATEGIC OBJECTIVE 3: **To ensure accessibility and quality of the services provided by Lacor Hospital**							
	Access is assured							
3.1 Aim at maintaining the global average cost sharing below 35% of the actual operational costs.	Patient out of pocked (cost sharing) average kept below 35% of costs	Second level indicator report	<35%				Awaits audit report, but generally below 305	DID, ID

3.2 Maintain the following services highly accessible: ANC, YCC, Maternity, Nursery/Neonatology, Burns Unit, Sickle-cell disease and Obstetric fistulas shall maintain token fees	Fees for protected groups kept low in absolute terms						Following fees revision, some concerns were recorded, related to ambulance to GRRH, some few drugs, ANC fees in the health centres, and some side-room operations like MVA. Operations also attracted some complaints. No real serious impact on attendance noted yet, but watching before January revisions	ID/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
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%				Laboratory accreditation preliminary assessment done, but no move to accreditation	
	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 %			3.11	High prescriptions for noncommunicable diseases	DMD-CS
3.13 Carry out regular satisfaction surveys.	Hospital acquired infection rates <10%	ABC rate	<20%			31%	Many malaria diagnosed also get antibiotics	DMD-CS
		injectable rate	<15%	0	0%	0%	Injectable drugs hardly used in OPD, in line with policy	

		dispensing rate	100%	98%		100%	100%, though patients complain when sent out rarely	
		HAI survey	<10%	9.8%	14.3%	9.75%	Improved to 9.75% from previous year decline	Chair IPC
	Quarterly departmental and hospital QI meetings						Projects started. Need for better followup.	QA Nurse
3.13 Carry out regular satisfaction surveys.							Ongoing: Suggestion box, feedback book, surveys quarterly	MD

	STRATEGIC OBJECTIVE 4: **To focus the training role of Lacor Health Training Institute on the needs of the health system while strengthening its integration with the hospital**							
	High quality training and collaborations ensured							
4.1 Examine the sustainability of particular courses considering their strategic value and alternatives in the region.	Course review done	Report					Weekend highly preferred by over half of diploma students. Courses under review, planning critical care course	Principal
4.2 Consider admitting A-Level students directly for a diploma in Nursing/Midwifery.							Ministry has granted permission, but uptake is poor because of similar university requirements	
4.3 Improve collaboration between the HTI and the hospital.	Biannual coordination meetings held	Meeting minutes					Meetings held but inconsistent	SPNO, Principal
	-Pass rate above 90% in all courses		>90 %				Generally achieved. School Academic committee and Board reviews semestral performance.	Principal
	Compliance with statutory requirements of the National Council, Accreditations		approved				Valid. Applied to new Examination Body	Principal
4.4 Study the possibility of offering E-learning, online and/or distance learning programmes.	E-learning/online programs established	School report					Only partly. Computer rooms active	DID/ principal
	Weekend programs started						Great uptake. All Diploma lab most nurses and some midwives	ID/ Principal
Collaborations with institutions.	Number of collaborations with universities and other institutions	School report					Collaborating with University of Milan Bicocca and other universitites- Sherbrooke, HUMANITAS among others	DID
Students are satisfied	Student satisfaction rate >90%	Survey report				88%	Students generally satisfied. Some gaps in academic and professional support	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				Partly done. Cost control officer in place,	ID,DID-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
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					Informal mentorship is ongoing, but no direct formal training	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					Done quarterly and partly	Financial Manager
5,8 Reinforce the active role of middle managers in cost control.	Annual departmental report on cost control	Report					partly done in select priority departments	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 madefor emails, and other IT security procedures	IT Office
		Improve credit and debt control						
Upgrade clinical software	Clinical software upgraded						Streamline and BC selected	SD, ID
Upgrade list of diagnoses and comply with insurance client requirements	List and coding of diagnoses upgraded on system						To be done after selecting software. Planned to use ICD11	SD
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					Negotiations for write-off are ongoing	
Improve timeliness of payment to suppliers, NSSF, PAYE	Debt analysis made quarterly	Reports					Some improvement and engagements	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					Established, filled	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. Prioritising departments for now	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	SD
Research projects, collaborations, management improved	Research collaborations established and Research studies conducted by staff	MoU/ proposals	1 pa				Some staff conducting studies based on hospital data/patients	Head, Research
	Papers published with Lacor	publications/ presentations	1 pa				some papers published out of Lacor work	
	REC meets at least quarterly	Minutes	4 pa				Meetings held	
	REC accreditation maintained	Accreditation	3 yearly				Reaccredited	

	STRATEGIC OBJECTIVE 6. **Maintain the traditional concern for staff welfare and development**							
	Improve human resource management and development							
Develop a framework for staff sensitization on strategies, policies, and plans	SOP's defined and functionalized for performance evaluation, recruitment and promotion, disciplinary actions						HR manual 2021 still valid. Policies on Sexual harassment, communication, photography done	Admin
Improve interactive communication	staff sensitisations on benefits						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						Started functioning. Detailed analysis not yet routine	HRM

	Percentage of clinical staff accommodated in the hospital premises	report					Most on call staff are accommodated	Housing committee
	Percentage of staff trained as per approved trainings						trainings done, but targets not yet set	
	Total funds contributed to the SACCO						SACCO recapitalised	

	STRATEGIC OBJECTIVE 7. **To strengthen infrastructure and environmental sustainability**							
	Provide long term technical sustainability							
Strengthen waste management (medical, solid, liquid, chemical, cytotoxic)	100 percent of waste collected is disposed of.						Waste collection generally good	Supervisor Technical dept
Keep compliant with atomic energy council regarding radiations	Keep UAEC compliance updated						Maintained. Radiation safety acceptable	Head Radiology
Improve equipment documentation, and their pre-emptive and reactive maintenance	Interruption in service due to broken equipment kept at minimum	Incident reports.	No Xray, laundry down time				No major outages. Water, electricity downtimes usually have prompt intervention	BEMS lead
		Equipment job cards					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

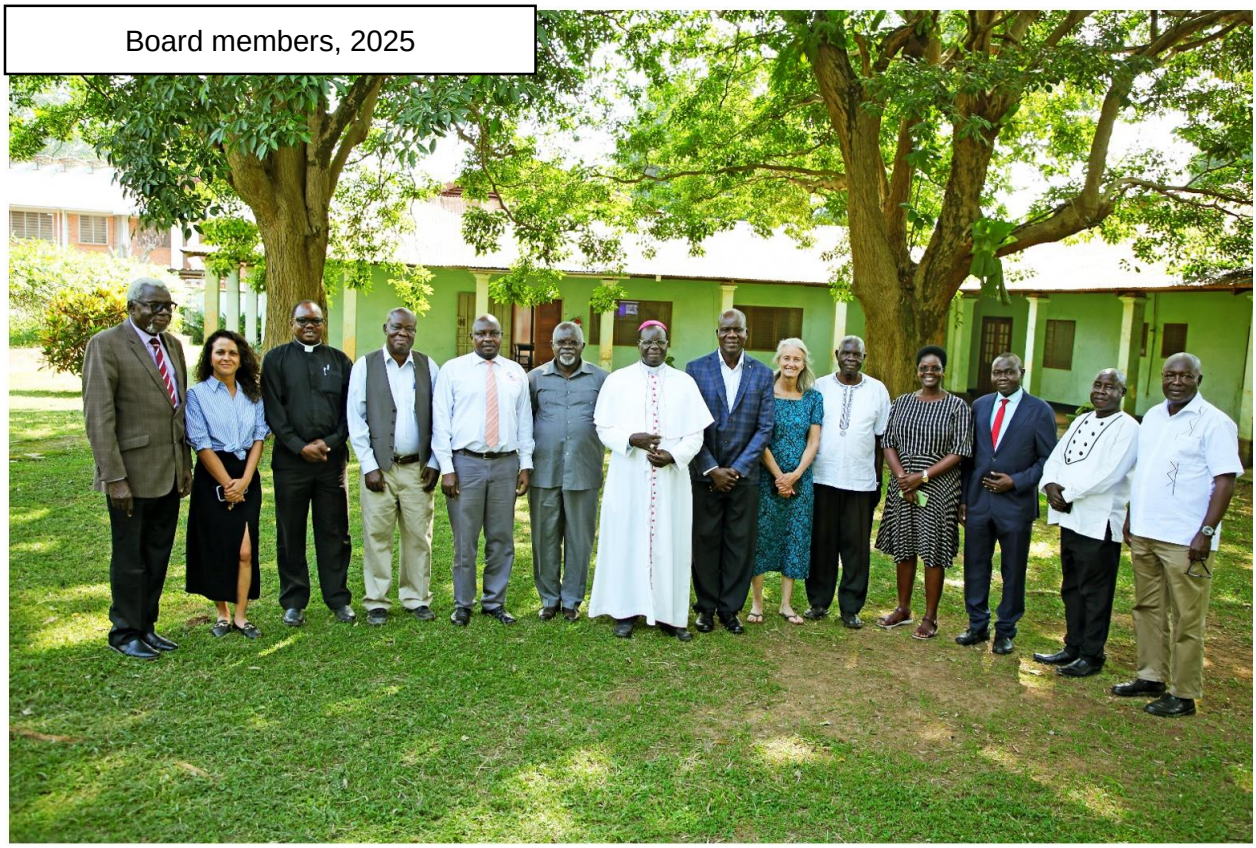
MISSION

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.

Board members, 2025



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, Deputy MD, Clinical Svs
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 &Document. Scientific Director
10	Ms.Betty Anyiri Justine	Principal Lacor Health Training Institute
13	Mr.Olara Walter	Principal Lacor Laboratory School
14	Sr.Betty Lajara P'Atingo	Senior Nursing Officer
15	Sr.Josephine Oyella	Head, Pharmacy
16	Mr.Ocakacon Robert	Head, Laboratory Department
17	Mr.Ojok Geoffrey P'kingstone	Head of Paramedical-Deputy MD-Community Health Services.
18	Mr.Jacopo Barbieri	Head, Technical Department
19	Ms.Giulia Monti	Finance manager
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[RIP]	Executive Director- Chairman
2	Dr.Martin Ogwang	Institutional Director
3	Dr.Emintone A. Odong	Medical Director(ongoing Chair)
4	Dr.Emmanuel Ochola	Scientific Director
5	Mr.Ojok Godfrey P'Kingstone	Deputy Medical Director-Community-Secretary
6	Ms.Caroline Okello	Deputy Administrator-Human Resource
7	Sr. Betty Lajara P'Atingo	Matron (Senior Nursing Officer)
8	Ms.Giulia Monti	Finance Manager
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
13	Dr. Venice Omona	Deputy Medical Director, Clinical Services

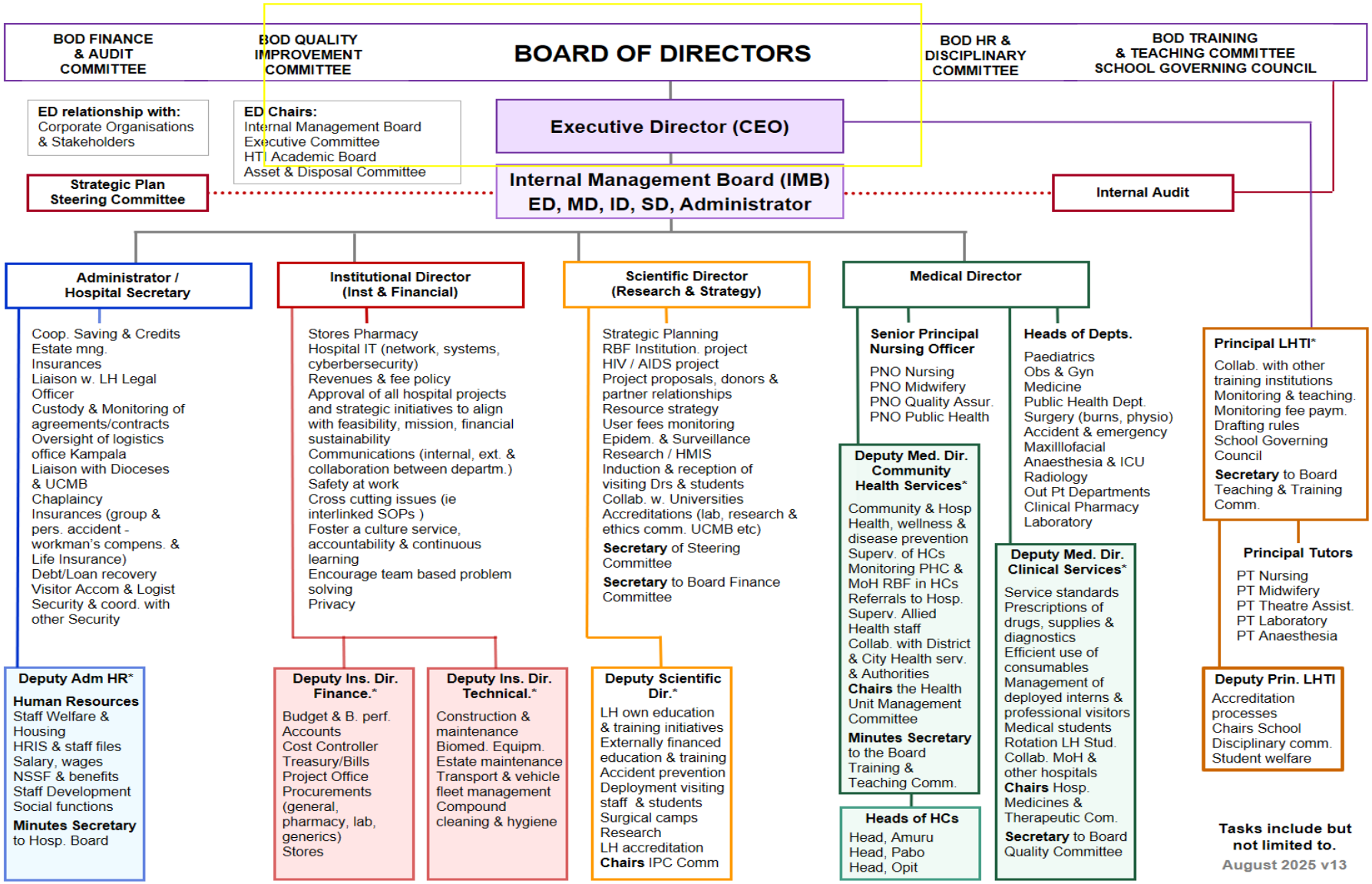
Dr. Cyprian Opira passed on in October 2024. May His soul rest with God.

ANNEX 4 - BOARD OF GOVERNORS

Name	Personal position	Board position
HG. Raphael P'Mony Wokorach	Archbishop Gulu Roman Catholic Church Archdiocese	Chairman
Dr. Ojom Lawerence	Member	Non-Exec. Member
Justice Galdino Okello	Judge of the Supreme Court of Uganda	Non-Exec. Member
Dr. Driwale Alfred	Ministry of Health	Non-Exec. Member
Mr. Kinyera Charles Richard	Centenary Bank	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
Rev. Fr. Martin Agwee	Vicar General Archdiocese of Gulu	Non-Exec. Member
HL, (Rtd) Justice Augustus Kania	Retired Judge	Non-Exec. Member
Dr. Cyprian Opira$^{+(RIP)}$	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. Pier Paul Ocaya	Hospital Administrator	Executive Member
Dr. Emmanuel Ochola	Scientific Director	Executive Member

Dr. Cyprian Opira died on 30th October 2024, May his soul rest with God.

ANNEX 5 - LACOR HOSPITAL ORGANOGRAM



ANNEX 6 - FINANCIAL REPORT FOR THE YEAR ENDED 30/06/2025

STATEMENT OF INCOME AND EXPENDITURE

FOR THE YEAR ENDED	Notes	2025 UShs '000	2024 UShs '000
REVENUE			
Donations in cash	5(a)	**12,814,726**	15,016,394
Donations in kind	5(d)	**878,270**	2,264,071
Patient charges	5(h)	**7,294,711**	7,109,732
Hospital school fees	5(i)	**2,889,902**	2,545,386
Other incomes	5(j)	**772,763**	941,189
Revenue before amortisation of deferred capital contribution		**24,650,372**	27,876,772
Amortisation of deferred capital contributions	19	**2,208,706**	2,627,310
Total Income		**26,859,078**	30,504,082
EXPENSES			
Personnel			
Salaries and wages		**(10,453,718)**	(10,622,430)
NSSF Hospital contribution		**(930,597)**	(897,814)
School sponsorships		**(128,423)**	(175,275)
Insurance		**(204,629)**	(195,331)
Other staff costs	6	**(495,026)**	(395,054)
		(12,212,393)	(12,285,904)
Medical items and services			
Medical drugs		**(3,396,075)**	(4,322,208)
Laboratory and radiology items		**(1,094,719)**	(1,036,439)
Medical sundries		**(2,258,987)**	(2,694,613)
		(6,749,781)	(8,053,260)
Generic items			
Food supplies (includes food for students)		**(930,720)**	(1,481,855)
Printing and stationery		**(519,611)**	(727,256)
General supplies		**(575,245)**	(1,455,280)
		(2,025,576)	(3,664,391)
Transport expenses			
Cargo clearing fees		**(77,994)**	(69,604)
Fuel for ambulance and other vehicles		**(323,825)**	(340,332)
Insurance - ambulance and other vehicles		**(50,738)**	(39,860)
Vehicle maintenance		**(88,509)**	(236,749)
Other transportation expenses		**(115,926)**	(18,247)
		(656,992)	(704,792)

STATEMENT OF INCOME AND EXPENDITURE (CONTINUED)

For the year ended	Notes	2025 UShs '000	2024 UShs '000
Property expenditure			
Electricity (metered and generator)*		**(511,911)**	(614,044)
Repairs and maintenance	7	**(490,405)**	(1,082,914)
Other utilities		**(18,889)**	(40,059)
Other property expenses	8	**(169,346)**	(286,751)
		(1,190,551)	(2,023,768)

**Included in the electricity expense above UShs 512 million (2024: UShs 614 million), is an amount of UShs 51 million (2024: UShs 136 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		**(141,494)**	(150,408)
Other professional fees		**(96,127)**	(60,552)
Communication		**(131,820)**	(96,020)
Bank charges		**(54,363)**	(56,575)
Office equipment & software maintenance		**(119,884)**	(116,807)
Other administrative expenses	9	**(357,888)**	(352,308)
		(901,576)	(832,670)
Total recurrent costs		**(23,736,869)**	(27,564,785)
Depreciation and amortisation	11,12 & 13	**(2,208,706)**	(2,627,310)
Total operating expenditure		**(25,945,575)**	(30,192,095)
Other gains and (losses)			
Increase in provision for bad debts	15(b)	**(476,661)**	(158,882)
Net foreign exchange gains/(losses)		**(108,402)**	(103,149)
Write offs*	9.1	**(328,440)**	(49,956)
		(913,503)	(311,987)
Total expenditure		**(26,859,078)**	(30,504,082)
Surplus before income tax		**-**	-
Tax	10	**-**	-
Total surplus/(deficit) for the year		**-**	-

**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

STATEMENT OF FINANCIAL POSITION

AS AT	Notes	2025 Ushs '000	2024 Ushs '000
ASSETS			
Non-current assets			
Property and equipment	11	**36,587,543**	35,861,866
Right of use asset	12	**3,246**	3,348
Intangible assets	13	**54,634**	74,009
		36,645,423	35,939,223
Current assets			
Inventories	14	**3,646,824**	3,658,243
Trade and other receivables	15	**1,284,207**	1,862,732
Cash and cash equivalents	16	**4,363,998**	2,606,968
		9,295,029	8,127,943
		45,940,452	44,067,166
OPERATING & CAPITAL FUNDS, AND LIABILITIES			
Current liabilities			
Trade and other payables	17	**2,430,331**	2,025,879
Deferred income	18	**6,369,306**	5,606,672
		8,799,637	7,632,551
Operating and capital funds			
Operating fund		**495,392**	495,392
Capital contribution fund	19	**36,645,423**	35,939,223
		37,140,815	36,434,615
TOTAL OPERATING & CAPITAL FUNDS, AND LIABILITIES		45,940,452	44,067,166

ANNEX 8 – DONATIONS

CASH RECEIPTS FROM DONORS* (,000)		2024	2023
Foundations Piero and Lucille Corti - Italy	5(g)	**5,906,818**	3,269,389
Government of Uganda	5(i)	**768,006**	954,260
Foundation Teasdale Lucille - Canada	5(h)	**2,566,726**	2,368,913
Uganda Protestant Medical Bureau		**489,800**	564,226
Al-Real (Formerly RTI EMBLEM)		-	-
Province of Bolzano		**237,199**	201,457
Soleterre Strategie Di Pace Onlus		**55,872**	118,729
Social Promise	5(j)	**5,340,633**	9,738,118
Other cash donations		**68,782**	44,807
Private donations		**132,144**	385,739
RBF ENABEL		**202,811**	-
Infectious disease institute			36,281
EMBLEM AFENET		**21,632**	157,954
Building Hope and Future Together		**9,960**	36,084
		15,800,383	17,875,957

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
	5,052,790	1,253,822

DONATIONS IN KIND (,000)		
AIDS Relieve drugs	299,141	1,500,030
Government of Uganda - Credit line	125,357	547,155
Uganda Government PHC	369,117	199,729
Foundation Piero and Lucille Corti - Italy	58,712	7,746
Other donations	25,943	9,411
	878,270	2,264,071

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
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