



# LUBAGA HOSPITAL

## ANNUAL REPORT



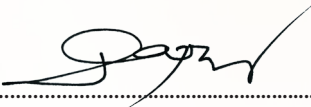
**FINANCIAL YEAR**  
**2021 - 2022**



## ENDORSEMENT OF THE REPORT.

This Annual Analytical Report for Uganda Martyr's Hospital Lubaga covering the period of July 2021 to June 2022 has been collectively prepared by Hospital Management.

I endorse that it represents Management's views on the position of the Hospital in the period under review.

  
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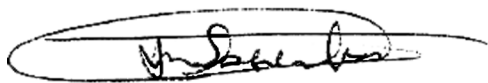
Dr. Luyimbaazi Julius

Executive Director

Uganda Martyr's Hospital Lubaga

This is to acknowledge that I have received this Annual Analytical Report for Uganda Martyr's Hospital Lubaga covering the period of July 2021 to June 2022.

I have read it and endorsed its authenticity and representativeness of the position of the Hospital in the year under review.

  
.....

Dr. Joseph Mary Sseremba

Chairperson of the Board of Governors

Uganda Martyr's Hospital Lubaga

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# LIST OF ACRONYMS

ACT	Aids Care and Treatment
ALOS	Average Length of Stay
ART	Anti-Retroviral Therapy
BOG	Board of Governors
BOR	Bed Occupancy Rate
C/S	Caesarian Section
CDC	Centre for Disease Control
D&C	Dilatation and Curettage
DHB	Diocesan Health Board
ED	Executive Director
ENT	Ear, Nose & Throat
FBO	Faith Based Organization
FSB	Fresh Still Birth
SMT	Senior Management Team
HMT	Hospital Management Team
HCT	HIV Counseling and testing
HIV/AIDS	Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HSD	Health Sub District
JMS	Joint Medical Store
KCCA	Kampala Capital City Authority
MD	Medical Director
MMR	Maternal Mortality Rate
MOH	Ministry of Health
MOU	Memorandum of Understanding.
NGO	Non-Governmental Organization
NSSF	National Social Security Fund
OBS/GYN	Obstetrics and Gynecology
OPD	Out Patient Department
DPH/PHC	Department of Public Health/Primary Health Care
eMTCT	Elimination of Mother to Child Transmission of HIV
EID	Early Infant Diagnosis
PNFP Hospitals	Private Not for Profit Hospitals
PNO	Principal Nursing Officer
PPF	Poor Patient Fund
PEPFAR	Presidential Emergency Fund for Aids Relief
SOPU	Surgical Outpatient Unit
SUO	Standard Unit of Output
TB	Tuberculosis
TT	Tetanus Toxoid
UAHEB	Uganda Allied Health Examination Board
UCMB	Uganda Catholic Medical Bureau
UNMED	Uganda Nurses and Midwives Council
URA	Uganda Revenue Authority
URN/M	Uganda Registered Nurse/Midwife.
MMR	Maternal Death Rate



<b>BSL</b>	Biosafety Level
<b>CDC</b>	Centers for Disease Control and Prevention, USA
<b>CQI</b>	Continuous Quality Improvement
<b>EQA</b>	External Quality Assessment
<b>IDI</b>	Infectious Disease Institute
<b>IOS</b>	International Organization for Standardization
<b>LIMS</b>	Laboratory Information Management System
<b>QMS</b>	Quality Management System
<b>UVRI</b>	Uganda Virus Research Institute
<b>NTRL</b>	National TB Reference Laboratory
<b>LHL</b>	Lubaga Hospital Laboratory
<b>UMHL</b>	Uganda Martyrs Hospital Lubaga
<b>UMHLL</b>	Uganda Martyrs Hospital Lubaga Laboratory

# IMPORTANT INDICATORS AND DEFINITIONS (AS PER UCMB AND MOH)

## 1. Inpatient Day / Nursing Day / Bed days

= days spent by patients admitted to the health facility wards.

## 2. Average Length Of Stay (ALOS):

= Sum of days spent by all patients/number of patients

=Average length of days each In-patient during each admission. The actual individual days vary.

## 3. Bed Occupancy Rate expressed as %

= Used bed days / available beds days

= Sum of days spent by all patients/365 x No. of beds

= ALOS x No. of patients/365 x No. of Beds

## 4. Throughput

= Average number of patients utilizing one bed in a year

= Number of patients/no. of beds

## 5. Turn over interval

= Number of days between patients

= (365 x no. of beds) – Occupied bed days/no. of patients

## 6. FSB (Fresh Still Birth):

This is a baby born with the skin not peeling /not macerated. The foetal death is thought to have occurred within the 24 hrs before delivery. However, it is important to know the trend of deaths of fetuses actually occurring in mothers who have arrived already in the hospital (fetal heart sound heard on arrival). For this purpose, we shall monitor FSB in total as well as FSB of fetus who died in hospital. They have been separated in the table.

## 7. Post C/S Infection Rate:

= (No. mothers with C/S wounds infected / Total No. of mother who had C/S operations in the hospital) x100.

= The rate if Caesarean section wounds getting infected. It is an indicator of the quality of post-Op wound care as well as pre-op preparations.

## 8. Recovery Rate:

= % of patients admitted who are discharged while classified as "Recovered" on the discharge form or register. There are 4 principal treatment outcomes: discharged recovered, death, run-away cases, unrecovered = (No. of patients discharged as "Recovered" / Total patients who passed through the hospital) x 100

## 9. Maternal Mortality Rate (for the hospital) or **Maternal Death Rate:**

= Rate of mothers admitted for delivery and die due to causes related to the delivery

= (Total deaths of mothers related to delivery / Total number of lives deliveries) x 100

#### 10. SUO =

Standard Unit of Output. This is where all outputs are expressed into a given equivalent so that there is a standard for measurement of the hospital output. It combines outpatient, Inpatients, Immunizations, deliveries, etc. which have different weights in terms of costs to produce each of the individual categories. They are then expressed into one equivalent. As the formula is improved in future it may be possible to include Out-patient equivalence of other activities that may not clearly fall in any of the currently included output categories.

#### 11. SUO =

SUO calculated with inpatients, immunizations, deliveries, antenatal attendance, and outpatients all expressed into their outpatient equivalents. In other words, what would be the equivalent in terms of managing one outpatient when you manage e.g.; one inpatient from admission to discharge. Please see the detail formula below or at the foot of table 9.

TB case notification rate = total cases of TB notified compared with the expected number or the population in one year = Total cases of TB notified/Total population x 0.003 (in Kampala, and especially Lubaga South Constituency TB prevalence is higher at an estimated 800-1000/100,000).

#### 12. OPD utilization =

Total OPD New attendance in the year/Total population of the area.

- x. Qualified staff: No. of qualified staff in the hospital divided by the no. of all staff in the Hospital expressed as %.

# LUBAGA HOSPITAL VISION, MISSION, & CORE VALUES

## VISION

To be a State-of- the-art Health Care Facility in Africa.

## MISSION

To provide sustainable quality and compassionate health services to the Community for God's Glory.

## SLOGAN

Service with Love

## HOSPITAL CORE VALUES

1. Team work
2. Professionalism
3. Integrity & Accountability
4. Respect for human life & Dignity
5. Justice & Equity
6. Innovation



*Service with love, all the way; all the time.*



## EXECUTIVE SUMMARY

This year marks the first year of an open economy following 2 years of COVID 19-related restrictions that took a heavy toll on Hospital operations. The data presented in this report provides solid evidence that Hospital operations are returning to their normal track, just in time for us to deliver our new 5-year strategic plan 2021-2026.

### Key result areas and outcome indicators

Based on the Standard unit of output (SUO-op) the Hospital this year managed to arrest the falling curve of outputs which have characterized the pandemic period. Even if slight, the 0.4% rise in total annual outputs serves to give us hope of the days ahead.

There was a 2.7% rise in deliveries, 8.2% growth in volume of major surgeries, a 31.5% rise in physiotherapy attendances as well as a marked improvement in all quality indices above the set targets, such as maternal death rate of 0.11%, fresh still birth rate of 0.12%, a recovery rate of 98%, a caesarian section wound infection rate of 0.2%, and an outpatient satisfaction rate of 76.3%.

On the other hand, the Hospital still struggles to reverse the stark statistics of a low average bed occupancy rate at 43%, declining utilization rates of laboratory and radiology diagnostic services, as well as suboptimal dispensing rate of 80% at the OPD.

On the training side, in spite of 2 years of disruptions our HTI managed to graduate 610 students, enroll to a current 820 student population and excel at the June 2022 state finals with a pass rate of 93.5%. However, the school continues to struggle with poor enrolment in some of its programs like the Direct entry Diploma in Nursing & Midwifery.

### Morbidity and mortality patterns

The top five reasons for OPD consultation are Upper respiratory tract infections, Gastrointestinal disorders, Hypertension, Urinary tract infections & trauma in that order.

Among children, the commonest reasons for admission are Malaria, Upper airway infections, Gastrointestinal disorders and injuries in that order. However, in the adult population non-communicable diseases continue to dominate with Diabetes, Hypertension, Cardiovascular disease in the top five, & Malaria relegated to position 5. Causes of Mortality tend to follow the same pattern, with cardiovascular disease taking the lead in adults, and neonatal conditions in children. However, the overall mortality rates in both the adult & pediatric patient population reduced by an average of 19.6%.

### Healthcare financing

The post-COVID recovery period has been challenging, with a contracted economy on the brink of recession. It has been mostly characterized by volatility, with escalating costs of inputs especially fuel, pharmaceuticals and the wage bill.

The institution heavily relies on user fees which contribute 80.8% of its annual income. Donations & tuition fees contribute 7.4% & 7.7% respectively. Operations were however sustainable with a 27.8% growth in revenue and a cost-recovery rate of 114%.

Unfortunately, we continue to see a drop in Equity (11%), a fall in efficiency (22%), a rise in bad debts and a more constricted cash flow which affects smooth operations.

## Strategic plan implementation

Our new 5-year strategic plan for 2021-2026 is based on 6 pillars, and by the end of the first year of implementation we have been able to achieve the following per pillar;

1.	<b>Sustain and expand the delivery of high-quality clinical services</b>
	Our Laboratory got international quality accreditation: ISO 15189:2012 by SANAS
	The Hospital is in its final round of Quality accreditation under COHSASA.
	We have established a dialysis unit and broadened our specialized service scope
2.	<b>Develop and maintain Hospital infrastructure</b>
	A new Physiotherapy block has been completed and commissioned
	Several WASH facilities have been completed in the Hospital
	Ground breaking for the Girls' Hostel & Specialist center Projects has been done
3.	<b>Strengthen Hospital Governance, leadership and Management</b>
	All Hospital policy documents/manuals have been updated and renewed
	Extraordinary leadership training has been done at all levels of leadership
4.	<b>Enhance financial capability, efficiency and sustainability</b>
	Several organizational clients and insurers have been brought on board
	A new resource mobilization strategy has been drafted pending approval
5.	<b>Promote sustainable applied research, innovation and training</b>
	Several strategic collaborations have been made with external institutions
	A new research policy has been drafted to stimulate research at the Hospital
6.	<b>Enhance the brand of Uganda Martyrs Hospital Lubaga</b>
	A 360-degree customer care training program has been launched
	Building on our Hepatobiliary service, we are working on establishing a multi-organ transplant program as our new service niche and flagship service

## Key challenges

Highlighted below are the key challenges that threaten our operations;

Internal challenges (Weaknesses)	External challenges (Threats)
Our HMIS is weak and falling apart	COVID-19 disruption after-effects
Our customer care culture is weak	The rising number of bad debts
Our private admission space is limited	The skyrocketing costs of inputs
Majority of hospital infrastructure is old	
Limited classroom space for the HTI	

**Table 1 Hospital Key challenges**

## Recommendations

In view of the above challenges & in line with our strategy, we recommend the following;

1. Rebranding by building a solid customer-centered service culture among all Hospital personnel in order to meet and exceed our clients' expectations.
2. Engaging a proactive approach in resource mobilization in order to broaden the Hospital funding base and adequately finance our 5-year strategic objectives.
3. Regular maintenance of Hospital infrastructure and timely delivery of the Specialist center expansion project and Girl's hostel project.
4. Next year, we must procure and launch a versatile and efficient HMIS.



*The State Minister for Health – Hon. Hanifa Kawooya Bangirana graced our 2022 Annual Health Assembly.*



# 1.0 INTRODUCTION

## 1.1 Reporting period

This is a report of all Hospital operations covering the period from July 2021 until June 2022. It contains comparative data over a period of five years, enabling the reader to contextualize the various reports.

## 1.2 Content

This report seeks to describe all operations of the Hospital for the period under review, highlighting clinical performance outputs, the quality management process, human resource, administration and finance data. In relation to all the above, the report also highlights achievements, challenges and recommendations for the future.

The report also provides an evaluation of the degree to which the Hospital has been faithful to its founding mission using standard indices and matrices developed by the Uganda Catholic Medical Bureau.

All the above reports are seasons with analytical narratives highlighting the opportunities, risks implied by the reported data trends and how the above can be harnessed or mitigated respectively to put the Hospital into a better position.

## 1.3 Utility

This report may be used as a reference for purposes accountability to the various Hospital stakeholders, for advocacy in advancement of healthcare at all levels, for planning as well as academic research.

## 1.4 Acknowledgement

Hospital Management recognizes the contributions of the Government of Uganda, the various development partners, Hospital staff, clients and the entire community that we serve for walking with us in the year under review.

Management also appreciates all who were involved in the collection of data and compilation of this report in a timely manner and in accordance with all reporting requirements.



*Our doctors focus on you.*



## 2.0 THE HOSPITAL & ITS ENVIROMENT

### 2.1 Hospital background

Lubaga Hospital, founded in 1899 is the second oldest health facility in Uganda. The facility is a Private-Not-for-Profit, owned by the Archdiocese of Kampala and accredited to the Uganda Catholic Medical Bureau of the Uganda Episcopal Conference.

Lubaga Hospital is among the four large Private Not for Profit Hospitals in Uganda as categorized by the Ministry of Health, an equivalent of a Regional Referral Hospital in the Public Health System.

### 2.2 Scope of services

The Hospital's scope of services ranges from health care services to training of human resources for health and applied research. It offers primary, secondary and tertiary level of health care services. The Hospital runs a 24hr Emergency Department, Out-Patient services with General Doctors' consultations, Specialists' Clinics, Antenatal Clinic, Immunization, Physiotherapy and rehabilitative services and Diagnostics (Laboratory, Radiology, ECG, and Endoscopy).

In-patient services include a total of 240 admission beds with Medical and Surgical departments for adults and children, Obstetrics and Gynecology, an Intensive Care Unit, Neonatal unit, three (3) High Dependency Units and an Infectious Disease Isolation Unit. The In-patient services are supported by the diagnostic services, Pharmaceutical, Operating Theatre and Laundry services. Outreach programs have been designed under the Hospital's Department of Public Health for health promotion, disease surveillance and prevention covering the Lubaga South Health Sub District (HSD) for common ailments including malaria, TB HIV and eye conditions.

### 2.3 Geographical location

The Hospital is located 3.3Km southwest of Kampala Central Business District on Lubaga hill, along Rubaga, Muteesa and Kawesa roads. It is situated in Rubaga division in Kampala Capital City.

### 2.4 Catchment population

The jurisdictional catchment population of the Hospital is Rubaga South Health sub-district which covers the following seven parishes; Ndeeba, Busega, Nateete, Mutundwe, Nyanama, Kabowa and Lungujja. The estimated catchment population is about 500,000, but however the Hospital receives patients from far and wide with no regard for political boundaries.

### 2.5 Integration into the National Health System

The Uganda Vision 2040, National Development Plan III and the Ministry of Health strategic plan serve as the guiding framework for the delivery of health services in the Hospital. This in addition to the various sub sector policies guides the direct implementation of health services for the individual program areas in the Hospital.

The Hospital work plans and priorities are geared towards implementation of the Ministry of health strategic plan 2020/21-2024/25 and the realization of the Sustainable Development Goals. The MOH strategic plan remains the overall policy and strategy framework for health care delivery in the Hospital, and the country as a whole.

Working together with the Ministry of Health, the Hospital five-year strategic plan 2021-26 aims at ensuring that at least 65% of the population has access to universal healthcare coverage by 2030.

## 3.0. GOVERNANCE AND MANAGEMENT

### 3.1 Hospital Board structure

Lubaga Hospital has a Board Charter which spells out the terms of reference of the Board of Governors. This Charter was renewed this financial year and is therefore still valid.

The Board is composed of 13 members, 2 of whom are the ex-officio members of management. It is the supreme policy making organ of the Hospital appointed by the Archbishop of Kampala.

The Hospital Board works hand in hand with the Governing Council of the Health Training Institution of Lubaga Hospital which is composed of 11 members, 6 of whom also double as members of the Hospital Board. Although the two bodies are appointed separately and have different mandates, they function collaboratively and closely share information.

There are 5 committees of Board as listed here below;

- (i) Clinical Management and Human Resources Committee.
- (ii) Finance and Development Committee,
- (iii) Hospital Training Institute (HTI) Committee/Governing Council School.
- (iv) Audit Committee.
- (v) Projects Monitoring & Evaluation Committee.

### 3.2 Hospital Board function

The Board committees meet every quarter, and as such they are meant to hold 4 meeting each financial year. This financial year all committees managed to meet as stipulated.

The full board is also supposed to conduct quarterly meetings, and this year all four meetings of the full board were held.

An external evaluation of the Hospital Board facilitated by Imprint (U) Ltd. was conducted this year, though the report is not yet complete. The evaluation was based on the tenets of corporate governance and good practices, including the following areas;

- a. Board structure and composition
- b. Board operations and effectiveness
- c. Strategic performance
- d. Performance management
- e. Risk management and compliance
- f. Transparency and disclosure
- g. Corporate citizenship

Findings of this evaluation will be shared with the Board as soon as the report is ready.

### 3.3. Review of Hospital performance against the strategic plan

This is the first year of implementation of the Hospital 5-year strategic plan 2021-2026.

Following a one-year evaluation by the Hospital Monitoring and Evaluation Team, the following section presents the achievement of the Hospital as measured against the set strategic objectives. These early achievements were made possible through concerted efforts of all Hospital staff, with the supervision of Hospital Management and oversight of the Board. The Hospital strategy has been based on the following six strategic pillars;

- i. Sustain and expand the delivery of high-quality clinical services;
- ii. Develop and maintain Hospital infrastructure;
- iii. Strengthen Hospital Governance, leadership and Management;
- iv. Enhance financial capability, efficiency and sustainability;
- v. Promote sustainable applied research, innovation and training; and
- vi. Enhance the brand of Uganda Martyrs Hospital Lubaga

#### Key achievements per pillar

##### 3.3.1 Sustain and expand the delivery of high-quality clinical services

- i. The Hospital laboratory received international quality accreditation under ISO 15189:2012 by SANAS (South African National Accreditation Standards). This accreditation crowns a 2-year journey which has been resource intense and a lot of hard work. The attained standards will now be maintained and used to guarantee quality services to our clients.
- ii. This year we have intensified preparatory activities towards Hospital accreditation to COHSASA (Councils for Health Services Accreditation of South Africa) which began in April 2020. We have set the timeline for final evaluation in August 2023, and we have been able to improve our scores from a baseline of 48% in June 2020 to an average score of 70% in June 2022. Our strategy is to undertake an intense mentorship program of all partially compliant service areas and boost morale of all staff.
- iii. The Hospital and HTI were able to complete the physiotherapy block with support from Malteser international. In addition, we have started a physiotherapy and emergency care practice training programs. We are now able to deliver a wider range of physiotherapy services and from a more conducive environment.
- iv. We have established a fully functional Dialysis unit with capacity for 5 machines. This is part of our 3-year project of establishing a multi-organ transplant service. We have joined the rest of the country to improve renal care by expanding the renal hemodialysis capacity.

##### 3.3.2 Develop and maintain Hospital infrastructure

We have initiated the process of expanding the specialist center which will lead to construction of a 10,000sqM multi-storied block to boost private patient care. This milestone project will be executed in 2 years with both Hospital savings and borrowed funds. It will provide a much-needed solution to our dire need to private admission rooms.

##### 3.3.3 Strengthen Hospital Governance, leadership and Management

- i. The Board has managed to fill the positions of Executive Director, Medical Director and Principal Nursing Officer and has successfully overseen a seamless transition in the above offices. This was a critical achievement upon the above position falling vacant within the same year.
- ii. We have organized an extraordinary leadership development training for both the Senior Management and the Hospital Management Team. Embedded within this training was the empowerment of Management to implement the Hospital strategy within their respective Departments.

iii. The Hospital received accreditation by UCMB with 5-star status. This means that there has Board and Management worked hard to comply with all accreditation requirements to the highest degree possible.

#### **3.3.4 Enhance financial capability, efficiency and sustainability**

i. This financial year, the Hospital has operated with a cost recovery rate of 114% which is 12 points higher than that of last financial year. This has been as a result of the numerous controls in place to ensure efficiency and value for money in all Hospital operations.

ii. The Hospital finance management manual was updated and renewed following inclusion of current good practices and measures to ensure financial efficiency.

iii. The Hospital Resource mobilization strategy was drafted this financial year and is due for Board approval. It will go a long way to stimulate and direct all resource mobilization efforts in the Hospital towards financial sustainability.

#### **3.3.5 Promote sustainable applied research, innovation and training;**

i. We have established a fully functional research office, and we have strong research collaborations with various research institutions.

ii. The Hospital research policy has been drafted and is due for Board approval. The Hospital has not yet exploited its full research potential, but with the above measures in place we hope to be more intentional in our efforts to boost research.

#### **3.3.6 Enhance the brand of Uganda Martyrs Hospital Lubaga**

i. We have initiated a rebranding exercise in our customer care by aligning all our staff, systems and processes to give our clients the best experience possible. All Hospital staff are currently undergoing a training with the help of an external consultancy firm. We are confident that this is what we need to improve our attitudes and behavior.

ii. We have established a high-volume center for hepatobiliary surgery, and Lubaga Hospital has become a center of referral for liver and biliary surgery. This for now has become our niche and we are working to expand it further by building our human resources, equipment and infrastructure.

iii. The Hospital has started working on a Multi-organ transplant center for liver, kidney and cornea. Through collaboration with various international and local partners as well as individuals, significant strides have been made towards this and we are confident that by 2024 we shall have activated the center.

### **3.4. Hospital Management**

#### **3.4.1 Composition of Hospital Management**

Hospital management is composed of 13 members who are the heads of various Hospital department and units. The functional role of the Hospital Management Team is both operational and strategic. The Executive Director is the Chief Executive of the Hospital, deputized by the Medical Director.

The Executive Director is appointed by the Archbishop of Kampala Archdiocese in consultation with the Hospital Board, whereas the rest of the members of Senior Management are appointed by the Executive Director in consultation with the Board.

#### **3.4.2 Administration of the Hospital**

Hospital Administration is broadly divided into three arms;

The Medical Directorate headed by the Medical Director comprises of 12 clinical departments, each with its head and in-charge.

The Nursing Directorate headed by the Principal Nursing Officer supported by three Deputies and assisted by three area managers and an in-charge in each clinical unit.

Non-clinical Directorate which is composed of five departments each with its own head.



Hospital senior management is charged with day-to-day Hospital operations and meets weekly. It is Chaired by the Executive Director, and is composed of the Medical Director, Finance Manager, Administrator, Principal Nursing Officer, I.T Manager, Human resource Manager as well as the Principal of the Health training Institution.

### **Hospital Managements Functions with The Help of The Following Committees;**

#### **Hospital Board Committees**

1. Clinical Quality and Human Resource Management Committee
2. Finance and Development Committee
3. Hospital Audit & Risk Committee
4. Hospital Training Institution Committee
5. Hospital Project Steering Committee

#### **Hospital Management Committees**

1. Hospital Management Team
2. Hospital Senior Management Committee
3. Quality Assurance Committee
4. Clinical Quality Improvement Committee
5. Risk Management Committee
6. Hygiene, Infection Prevention and Control Committee
7. Environment Health and safety Committee
8. Resuscitation Committee
9. Medical Standards and Ethics Committee
10. Hospital Equipment Management Committee
11. Construction and developments Committee
12. Education and Training Committee
13. Hospital Disciplinary Committee
14. Medicine and Therapeutics committee
15. Procurement Contracts Committee
16. Hospital security committee
17. Pricing and costing Committee
18. Research Committee
19. Radiation safety committee
20. Hospital Management Information System Committee
21. Welfare and Grievance Committee
22. Resource Mobilization Committee
23. Debt Management Committee

## 4.0 QUALITY ASSURANCE REPORT

By Florence Kigabane

### 4.1 Introduction

The Quality Assurance unit was initiated in 2017 but fully operationalized in early 2019.

It is responsible for supporting the Hospital's Vision "To be a state-of-art healthcare facility in Africa", through the establishment of a Quality Management System based on both National and International standards.

The office's current key priority is to get the Hospital accredited to COHSASA (Council for Health Services Accreditation for Southern Africa) by August 2023 through the following measures; documentation of the Quality management system through developing institutional policies, procedures, work instructions and forms, functionalizing of management committees such that all key hospital functions are supported by an appropriate committee, institutionalizing of periodic Internal quality audits and conducting regular sensitization meetings and training in continuous quality improvement.

This report elucidates the unit's activities over the financial year 2021-2022.

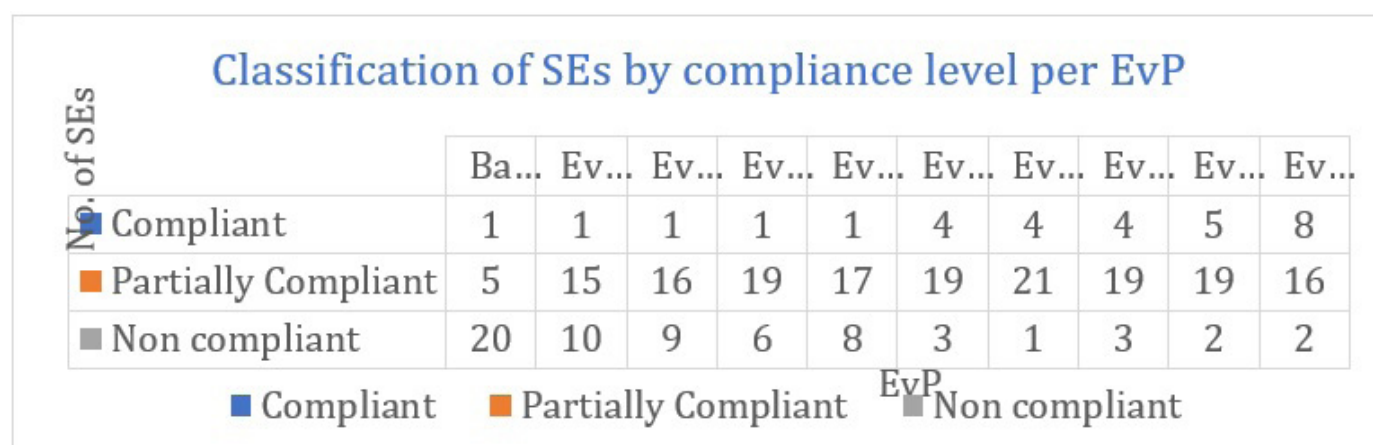
### 4.2 Organization of The Unit

The unit is headed by the Quality Assurance Manager, who is supported by a team of six (6) quality mentors and 12 quality auditors.

### 4.3 Scope of work

The QMS is based on the COHSASA healthcare facility standards (inpatient) first edition, WHO, Ministry of Health, and discipline specific international guidelines. It focuses on the 26 service elements as seen in graph 2 below. It generally addresses all the 12 Quality System

**Graph 1: Classification of SEs by compliance level per EvP**

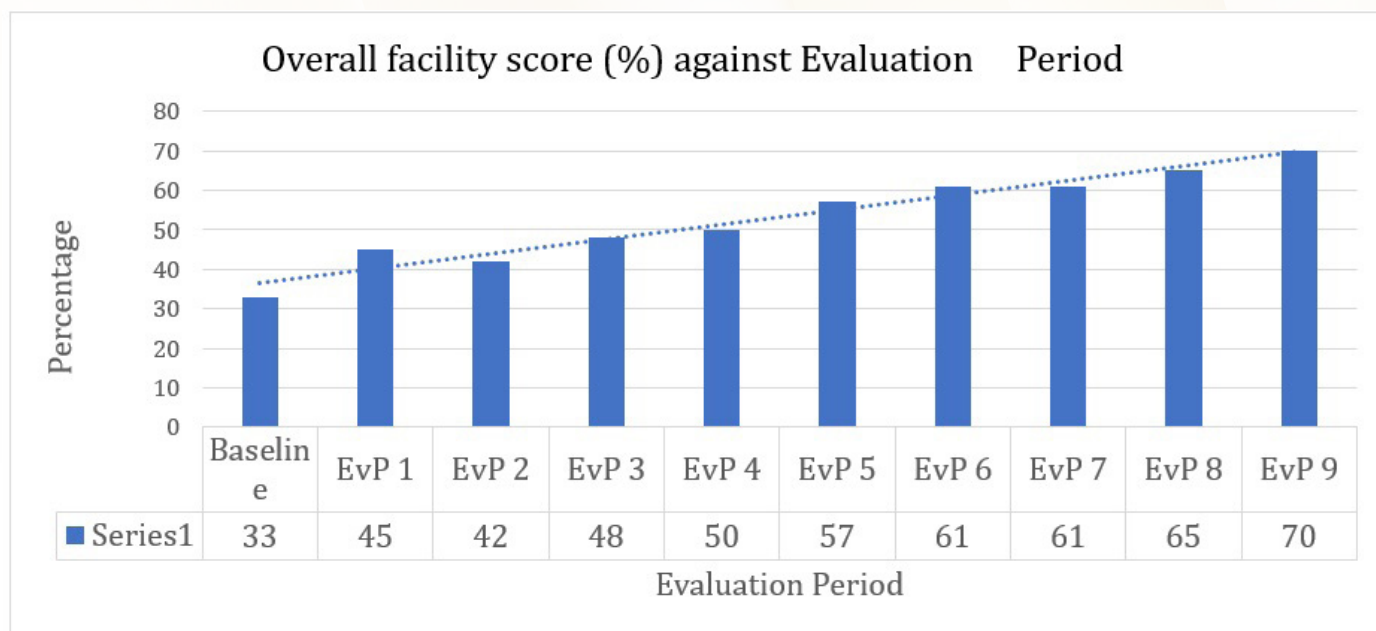


Essentials (organization, personnel, equipment, purchasing & inventory, process control,

information management, documents and records, occurrence management, assessment, process improvement, customer service, and facilities & safety).

## 4.4 Annual Outputs

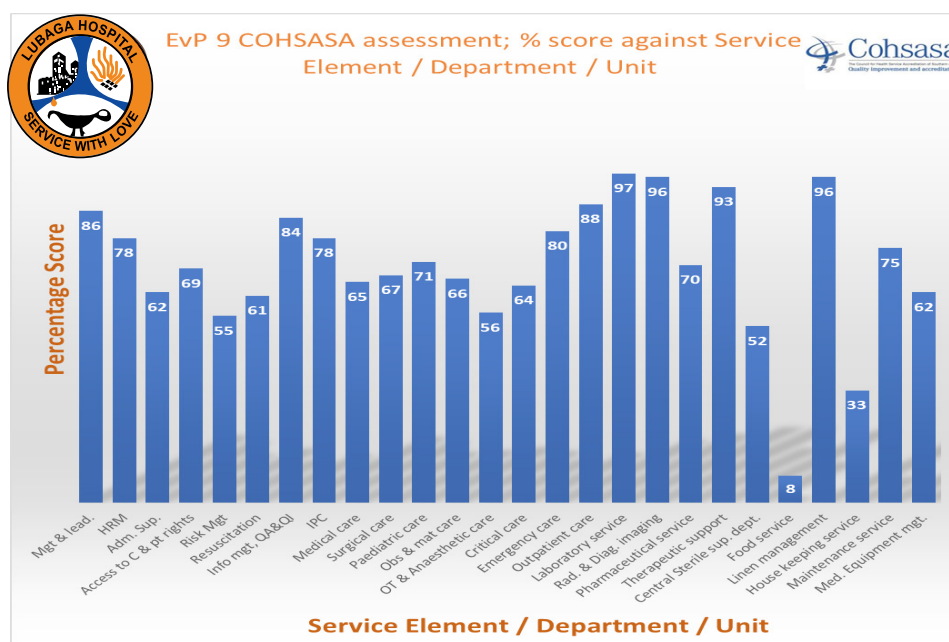
The COHSASA assessment score-sheet depicts progressive improvement in implementation of the standards. from 48% in June 2020 (Evaluation Period 3) to 70% in June 2022 (Evaluation Period 9). Graph 1 below illustrates the trend.



**Graph2: Overall facility Score against Evaluation period**

## 4.5 Critical Analysis of Outputs

Graph 2 below shows current compliance levels for the different service elements. Graph 3 demonstrates the overall progress in service element compliance to the standards.



**Graph 3: EvP 9 COHSASA Assessment**

#### 4.6 Milestones / Achievements

1. An overall improvement in compliance to the COHSASA standards as illustrated above.
2. A refresher training for the 21 internal quality auditors with award of Certificates. This included 09 laboratory internal auditors. The training was based on the COHSASA standards and ISO 19011:2018.
3. Completion of the competence assessment exercise with a satisfactory pass rate.
4. Successful mentorship program.
5. Replacement of the 3 quality auditors that resigned from that responsibility.
6. A CME session on QI was conducted.
7. The QAM conducted a sensitization session on QMS and accreditation in Nsambya Hospital as requested by the sister Hospital's Management.
8. Successful and consistent orientation of new staff on the strategic direction of the hospital.
9. Controlled 95% of forwarded departmental documents.

## 5.0 RISK AND ENVIRONMENTAL HEALTH & SAFETY

By Ika Eddy

### 5.1 Introduction

The Risk and Environmental Health and Safety unit is charged with supporting the development of a consistent approach to determining, analyzing and managing risk to ensure that all reasonable steps are taken to mitigate risk. It is also responsible for environmental protection, occupational health & safety, compliance to best practices.

### 5.2 Organization of the Department

The unit (Risk and Environmental Health and Safety unit) was created in January 2022 and merged with the then existing Environmental Health and Safety office. It is headed by the Risk and Environmental Health and Safety Officer supported by the appointed risk committee members, the line managers, the individual staff and the focal persons.

The Executive Director takes overall responsibility for reporting risk to the Board through the audit and risk committee of the Board.

### 5.3 Scope of work

Risk management is the process of identifying, assessing, prioritizing and controlling risks across an organization, with a coordinated and cost-effective application of resources to minimize, monitor, and control the probability and/or impact of adverse events or to maximize the realization of opportunities.

This is essential for the delivery of safe high-quality health and social care services. It is a key element of good governance and underpins the ability to provide safe and effective care and supports to people who use health and social care services. This therefore, applies to all hospital processes.

### 5.4 Milestones

This section describes the significant achievements made in period under report;

- i. The Risk policy and framework was approved by the Board and its now operational document No. LH. Pol.Ris.001 and Version number 001 of 2022.
- ii. The Emergency and Disaster Management plan was approved by the Executive Director ready for the implementation of the plan.
- iii. The guidelines on Incident and Error reporting and definition of sentinel events were approved and are operational with 80% of the units having started recording the incidents/errors in their units.
- iv. 84% of Hospital service areas have established Risk registers (Matrix).

### 5.5 Strategies and Plans

1. The unit plans to conduct periodic trainings with the aim of cascading risk management from Hospital Management, Line managers, the individual staff and the focal persons.
2. There shall be quarterly monitoring the recorded risks and incidents/errors by the Risk committee and report to management or the affected units for actions.
3. The committee shall not only focus on risk avoidance, but on the identification and management of an acceptable level of risk as guided in the policy and framework.
4. There shall be provision of quarterly reports to management for implementation.
10. The committee shall be carrying out quarterly environmental and occupational safety assessments or inspections.

## 5.6 Challenges

- a. There is no functional risk committee in place. This hinders execution of planned activities.
- b. Training of staff in risk management has not been comprehensively done with only 31% of the staff trained in Risk management processes.
- c. Management's involvement in Risk management processes and activities is low and affects implementation of recommended mitigation actions.

## 5.6 Recommendations;

- To functionalize the Risk management committee.
- To plan for periodic risk trainings at all levels within the Hospital.



## 6.0 INTERNAL AUDIT REPORT

By Achelat Joyce

### 6.1 Introduction:

The role of the Hospital Internal Audit unit is to provide an independent assurance that the Hospital's risk management and governance and internal control process are operating effectively.

The internal auditors produce a quarterly report reviewed by Hospital Management and the Audit Committee of the Board.

### 6.2 Organization of the department

The Internal Audit Department is headed by the Hospital Internal Auditor who is assisted by the Internal Audit Assistant. The function reports administratively to the Executive Director and functionally to the Audit Committee of the Hospital Board of Directors.

The audit process involves four stages; planning, assessment, reporting and follow up.

### 6.3 Departmental outputs:

In accordance with the annual internal audit work plan for the financial year 2021/2022, the function targeted to conduct 19 audit processes for various sections in the hospital and the table below indicates the achievements attained in relation to the target as per work plan.

#### Financial Year 2021/2022

Audit Activity	Qtr1	Qtr2	Qtr3	Qtr4	Total
Total Number of Audit Planned	1	1	1	1	4
Total Number of Audits Added	1	0	0	0	1
Total Number of Audits Brought Forward	0	0	0	0	0
Total Number of Audits Deferred/Postponed	0	0	0	0	0
Total Audits completed	2	1	1	1	5
Percentage of Audits completed Versus Planned	100%	100%	100%	100%	100%

**Table 2: Audit Activities:**

The table above indicates that Internal audit function managed to conduct a total 100% of audits planned for the financial year 2021/2022.

### 6.4 Scope of work

1. Drug and Sundries Review
2. Asset Management Audit
3. Compliance Review
4. Quarterly Financial Review
5. Clinical Audit of all services at Out Patients Department.
6. Business Development function audit
7. Radiology Review
8. Public Health Department Review
9. Hospital Nurses Training School Audit

10. Research Unit Audit

11. Audit of Medical, Surgical, Children's wards, Intensive care unit and Main Theater.

#### **6.5 Implementation of Previous Internal Audit Recommendations:**

In line with the requirements of Internal Professional Practices Framework (IPPF) standard 2500 (Monitoring Results), we performed an annual review of the status of implementation of open internal audit issues and action plans as at 31<sup>st</sup> July 2022, 67% had been closed.

#### **6.6 Challenges:**

1. Slow implementation of Audit recommendations results into repeat issues in the audit report.
2. Audit is left out of the communication loop concerning various hospital activities and yet they have to report to the Board and give updates on hospital affairs.

## 7.0. HUMAN RESOURCE DEPARTMENT

### 7.1 Introduction

The Human Resource Office is responsible for formulation, regular reviews and implementation of Human Resource Policies, recruitment and retention of skilled and motivated staff for the hospital, ensuring staff performance management, advocating for appropriate staff welfare and ensuring staff professional growth and development.

### 7.2 Departmental organization

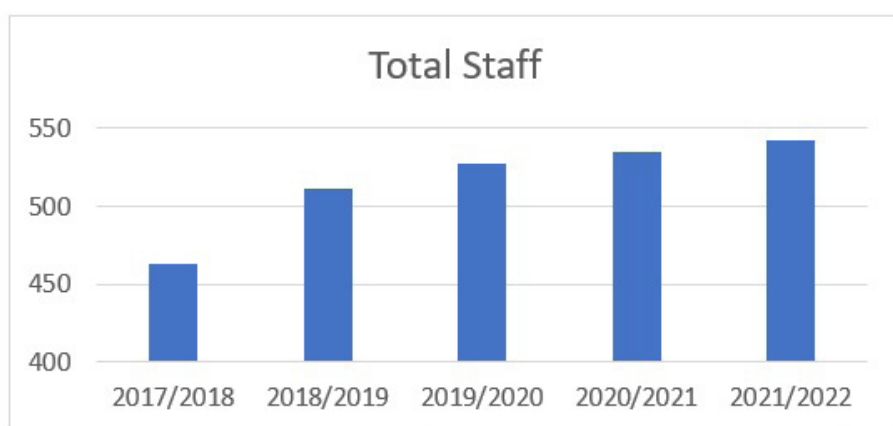
The human Resource Department is managed by four full time officers headed by the human Resource Manager who spearheads the office operations and is a member of both the Hospital Management Team and the Senior Management Team.

### 7.3 Staffing Levels at the Hospital and Training School

The total number of personnel at the Hospital and Training School as at 30<sup>th</sup> June 2022 was Five hundred and forty-two (**542**). The total number of staff increased by 7 from the previous year's five hundred thirty-five (535), and this growth was guided by the staff establishment which had recently been approved.

**Table 3: Staff Growth Trend in the Last Five Years**

Year	2017/2018	2018/2019	2019/2020	2020/2021	2020/2021
Total Staff	463	511	528	535	542



**Graph 3: Total Staff**

### 7.4 Staff Attrition

The attrition rates this time round rose slightly from last year's **3.6%** to 4% considering only the enrolled Nurses/ midwives, and if we considered all cadres in the hospital, the annual attrition rate still rose from last year's 4.3% to 6% going out of the desired range of below 5.

However, after excluding all the inevitable departures like deaths, official retirement and terminations (by the hospital), both rates drop to **2.7** and **4%** respectively.

The movement of our staff could not be attributed to any major cause (s) since the individual exit interviews did not point to a particular reason behind their intentions to leave. However, the lifting of the Lockdown came with several recruiting agencies which are behind the rampant global movements especially for the medical workers

### 7.5 Promotions

In the year 2021/22, several internal promotions occurred including 7 Certificate Nurses who were promoted to diploma positions, 4 laboratory Assistants were promoted to positions of Laboratory Technologist and 1 Counselor was promoted to the position of Monitoring and Evaluation Officer.

## 7.6 Staff Satisfaction

As an avenue of getting feedback from our staff members, we have continued to conduct staff satisfaction survey on annual. This year's survey was the tenth of the kind was done in June 2022, results were analyzed and the findings were discussed to in Hospital Management team for possible interventions.

The findings were not very different from the previous years. They indicated that staff were greatly motivated by fringe benefits including but not limited to; medical cover, lunch, housing, SACCO membership, provision of Personal Protective Equipment (safety at work), working in a clean environment, and salaries being paid on time.

On the other hand, however, staff raised issues of their concern and the major ones are summarized in table 5 below:

**Table 4: Issues of Concern Raised and Management's Interventions**

No.	Issue Raised	Management's Intervention /Comment
1	The need to improve Staff Salaries and fringe benefits	A salary increments of 5% on basic pay was approved and was to be given starting with the month of July 2022
2	The need to improve the staff meals (to eliminate missing-out)	The number of plates served was increased by <b>30</b> to eliminate the missing-out. The annual budget for the year 2022/23 catered for both the increased numbers and quality of food served.
3	The need to revise the staff OPD Medical Cover	The OPD medical insurance cover was revised from 450,000/= to 550,000/= per individual staff a year.
4	Lack of timely infrastructure renovations and maintenance	This is always guided by the budget and /or availability of funds.
5	The need to review the Transport Allowance to fairly compensate for the escalated transport fares	This was to be considered in the next budget.
6	Lack of timely Vehicle maintenance and servicing	Hospital management pledged to continue fixing the issues as they come up and there is a budget line to this effect.

## 7.7 Staff Training and Development

Short term training was so much emphasized and facilitated to equip many with contemporary knowledge and skills including soft skills which are so crucial in-service delivery.

On the other hand, two staff successfully completed their hospital sponsored long term training: -

- Ms. Namuleme Leticia qualified as a Tutor and is now heading the School of Theatre Assistants.
- Ms. Namubiru Prossy Kaluya is now a graduate midwife and is being groomed leadership in the nursing department.

## 7.8 Challenges

### i. Closure of St. Kizito Kindergarten

It was a cheaper option for the staff parents to safely keep their children while at the same time attending to the Nursery studies. Its closure meant looking for the alternatives which are in most cases very costly both in terms of school fees and time to and from other centers.

## **ii. Employee Poaching**

In the year 2021/2022 we lost key persons to other employers which greatly affected our operations. These included for instance the Executive Director, IT Manager and the Quality Assurance Manager. We need to become more competitive so as to attract and retain talent for the Hospital development.

## **iii. Human Resource Information System (HRIS)**

The remotely controlled system had been on and off for several days, weeks and sometimes months. This greatly affect our operations as we are sometimes forced to rely on manual reports due to failure to generated the would-be reliable system reports.

## **iv. Clock-in System**

The system had had several issues throughout the year rendering it less reliable for decision making. The three machines placed in different locations could breakdown from time to time and by the end the year one was totally dead and this had the highest traffic. This was being used as an excuse for many not to use the facility.

## 8.0 FINANCE DEPARTMENT

### GORRETH KATENDE

#### 8.1. General Overview

The Financial Year 2021/2022 marked the first year in the implementation of Lubaga Hospital's Five-Year strategic plan running from 2021 to 2026. The Finance Department manages the hospital cash flow processes, financial records and ensures that appropriate financial controls are in place. Finance department also coordinates the budget processes, revenue collection and expenditure and monitors financial performance of the hospital. During the year the global escalation of fuel prices effects did not spare Lubaga Hospital and the finance department in particular specially the continuous increase of prices for drugs and sundries.

During the year, the department strengthened the resource mobilization drive to secure more local and international fund in line with the strategic plan by signing MOUs with new institutions and more consultants coming on board. As a standard, hospital financial records are prepared in accordance to the International Financial Reporting Standards (IFRS) and the Generally Accepted Principals of Accounts (GAAP).

The hospital runs a Training School in a semi-autonomous manner whereby separate books of accounts are kept and they are consolidated with those of the hospital for reporting purposes. The Training School follows the similar accounting principles and guidelines as the hospital.

#### 8.1.1 Key Financial Indices

Key financial indices analyzed for Lubaga hospital and the training school for the five years to date include revenue collections, recurrent expenses, capital investments and surpluses income/ deficits. There has been a dynamic trend of increase and decrease in income over the five-year period. While the previous two years were hit by the Covid-19 pandemic and effects of the lockdown. During Financial Year 2021/2022, the hospital's total income including donation increased by 27% from 24.4 billion to 31.2 billion amidst the sky rocketing increase in fuel prices and other basic commodities that started in the third quarter to date.

#### 8.1.2 Income Analysis

The analysis of hospital income over the last five years indicates that the income been volatile increasing and decreasing. During FY 2021/2022, we registered an increase of 27.8% compared to the total revenue realized in 2020/2021 as indicated in the following table.

**Table 5: TREND OF INCOME FOR THE LAST FIVE YEARS**

PERIOD	TOTAL REVENUE	Percentage increase
2017/2018	18,425,842,000	5.37
2018/2019	22,603,162,000	22.67
2019/2020	25,564,662,062	13.10
2020/2021	24,404,474,583	- 4.54
2021/2022	31,187,180,341	27.8

#### 8.1.3 Income by Sources

Income sources for the hospital include user fees collection (Inpatients and outpatients), Training school income, interests from fixed deposits and the various grants and donations. User fees includes revenue collected from sale of drugs, sundries & logistics, consultation fees and accommodation fees. An analysis of hospital income over the last four years indicates that the income continues to increase except for the FY 2020/2021 with the effects of the Covid-19 pandemic. Income from user fees increased by 18.1% in the F/Y 2021/2022; having received 26.6 billion from 22.5 billion received in 2020/2021. Total income without **donations** increased by 26% during the F/Y 2021-2022. Income from external donations also increased from 296m to 583m during in the F/Y 2021/2022. Details of the income trend by source over the last four years period are indicated in table below;



INCOME BY SOURCE						
Item	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	% Increase
Patient Fees	14,349,943,500	17,944,074,562	19,052,561,845	22,496,122,855	25,017,859,355	8
Donations	1,416,599,500	1,641,192,843	2,415,465,342	1,355,990,000	2,345,675,889	(44)
Grants	433,823,000	394,385,968	410,977,051	296,263,713	409,768,890	(28)
Training sch. Income	1,359,082,000	2,296,391,827	2,685,657,824	2,122,804,222	2,400,944,091	(21)
Interest	79,837,811	67,195,801	73,619,228	75,894,543	76,455,768	3
Other income	786,556,189	259,920,999	926,380,772	480,471,729	875,675,908	(48)
<b>Total</b>	<b>18,425,842,000</b>	<b>22,603,162,000</b>	<b>25,564,662,062</b>	<b>26,827,547,062</b>	<b>31,126,379,901</b>	<b>19</b>

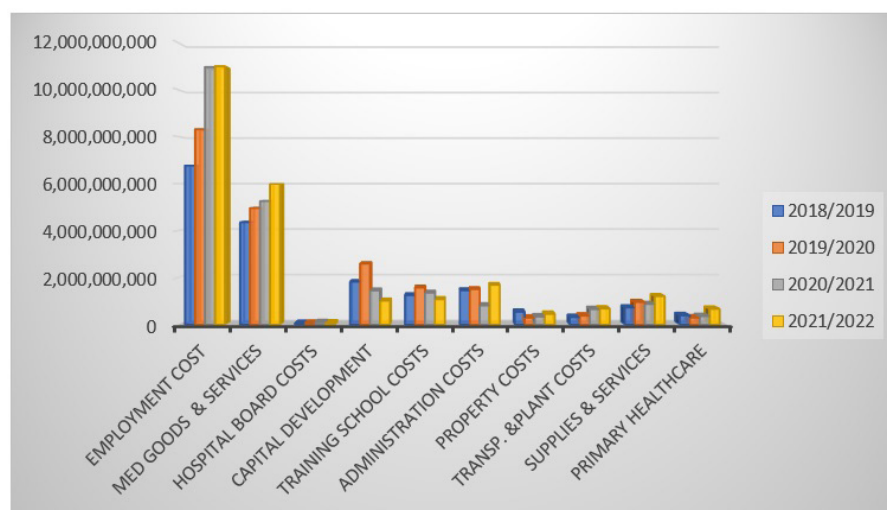
**Table 6: Income by Source**

### 8.1.4 Expenditure Analysis

The hospital expenses include employment costs, medical goods and services, administrative expenses, training school costs, capital development etc. During the current year; the operational costs were still high due to escalated input prices world-wide resulting from the continuous rise in fuel prices that started from the third quarter of the Financial Year 2021/2022.

**Table 7: Trend of expenditure by type over the last four years 2018 to 2022**

Years	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
Employment cost	6,767,351,919	8,315,198,370	10,955,389,517	10,993,907,462	12,474,973,614
Med goods & Services	4,353,647,374	4,957,800,100	5,256,191,323	5,983,528,847	6,564,528,567
Hospital board costs	64,501,000	67,315,500	98,530,700	81,170,320	101,848,000
Capital Development	1,823,489,371	2,595,702,914	1,456,412,999	1,019,228,993	1,082,000,000
Training school costs	1,251,044,529	1,575,325,037	1,360,745,500	1,081,689,851	1,935,549,231
Administration costs	1,459,570,260	1,510,297,273	819,053,606	1,692,478,033	1,890,261,645
Property costs	545,352,565	297,004,658	347,695,172	458,736,966	621,044,712
Transp. & plant costs	318,495,200	385,478,566	661,041,200	687,060,168	517,363,231
Supplies & services	729,503,449	960,153,740	878,347,276	1,217,201,883	1,047,327,100
Primary Healthcare	398,443,351	303,139,822	362,966,971	672,539,429	548,768,990
<b>Total</b>	<b>17,711,399,018</b>	<b>20,967,415,980</b>	<b>22,196,374,264</b>	<b>23,887,541,952</b>	<b>26,783,665,090</b>
<b>Increase compared to previous yr</b>	<b>5.25</b>	<b>18.38</b>	<b>5.86</b>	<b>7.62</b>	<b>12.12</b>



**Trend of expenditure by type over the last four years 2018 to 2022 expressed as a graph.**

### 8.1.5. Cost Recovery Trend in the period 2018 to 2022

This parameter analyses the hospital's capacity to meet its recurrent expenses from user fees collections. Capital and major maintenance costs are not considered. The table below indicates that the hospital is still able to meet the recurrent expenses with the user collection fees. During the F/Y 2021/2022 the hospital was able to cover its recurrent expenses from user fee collection, with an excess of 14% to fund other activities. With improved efficiently and business growth strategies, the hospital is destined to increase revenues.

**Table 8- Cost Recovery Trend in the period 2018 to 2022**

Years	2018/2019	2019/2020	2020/2021	2021/2022
User Fees collection	17,944,074,562	19,052,561,845	21,114,083,679	25,017,859,355
Recurrent except school & PHC	17,335,884,285	18,554,183,133	20,654,140,182	21,875,854,214
Cost Recovery percentage	103.5	102.7	102.2	114

### 8.1.6 Financial Accessibility

The hospital workload as measured by the Standard Unit of Output (SUO), looks at the patient numbers and category, whereby all other patient categories are computed as a single outpatient. During the financial year 2021/2022, SUO increased by 0.4% from 397603 to 399372.

### 8.1.7 Surplus/Deficit Analysis (based on un-audited accounts)

This analysis indicates whether the revenue collected in a period covers the operational expenses in that period. As seen from the table below, the hospital had an increase of 193% in surplus income during FY 2021/2022 from 850,572,516 to 2,494,658,755. This is attributed to the recovery of the economy from the effects of COVID-19 and patients were able to access better health care.

Years	2018/2019	2019/2020	2020/2021	2021/2022
Surplus or Deficit	1,635,746,020	1,035,546,202	850,572,516	2,494,658,755

### 8.1.8 Achievements

- The hospital has widened its clientele base with several companies coming on board during the year including Makerere University, APA Insurance and The Uganda Protestant Medical Bureau. This has in turn boosted the revenue for the hospital.
- The hospital mobilized and received external grants and donations worth 2.7billion this year which was used for service expansion. Major Donors included the German Government through Malteser International, Flash project through UEC and Protid.
- New consultants on board including the cardiologist and gynae- oncologist expected to boost the hospital revenue.

### 8.1.9 Challenges

Challenge	Management Action
Failure of patient to pay hospital bills after discharge.	Progressive bills issued to patients /attendants and encouraging them to keep depositing.
HMIS integrated system failure to share data seamlessly as anticipated that has created a lot of backlog posting.	Collaboration with the programmers to solve system problems and management is searching better systems
Soaring commodity prices that has made the cost of running business expensive for the medical supplies and equipment.	Price adjustment to cater for the increased cost of supplies done
Increased payment credit period for both insurance and corporate customers. This has affected the liquidity position.	Timely and continuous follow up for payments

## 9.0 INFORMATION AND COMMUNICATION TECHNOLOGY

By Ssemwogerere

### 9.1 Introduction

The ICT unit in Lubaga Hospital handles the HMIS (Hospital Management Information System), Telephony, Television, CCTV cameras, Printing, LAN and WAN systems as well as maintaining their security.

### 9.2 Unit Organization

The Unit comprises of:

- the **IT Manager**, for supervision and strategic functions;
- the **Network Admin and Ass. Manager** for operational and other network related duties,
- the **System Admin** handles Security and Network monitoring
- **IT officer** and the **IT support Officer** mainly handle the day-to-day IT duties and also do the maintenance of the IT systems in liaison with the rest.

### 9.3 Scope of work

On top of the 24/7 support offered to the HMIS users, the ICT unit handles telephony (both mobile (CUG) and fixed), CCTV Cameras, PA systems, TV network, on top of the following:

1. Ensures the availability of the hospital Intranet, and that that of the
2. Ensures the availability of WAN network at the hospital and the HTI campuses
3. Does In-house software development @ deployment
4. Configuration and management of NAV and Clinic Master systems
5. Ensures that all staff computers have an up-to date corporate Antivirus and licenses are up-to-date.
6. Management of virtual services and their environment
7. Ensure that all computers have the standard LUBAGA desktop software installed and properly licensed
8. Ensures a broad network vulnerability scan and assessment for all ICT 'Assets'
9. Ensures that all services are up and running 24/7 for users including those of the HMIS system
10. Ensures that Biometric Systems and terminals are all Operational
11. Manages and ensures printer services are 24/7 up and running, including their supplies, repairs and replacements.
12. Ensures incoming and outgoing email database security

### 9.4 Achievements

1. Maintenance/Service Contracts with **Baseline Africa** and **Alsavecom Technologies** were signed
2. Acquired 10 TVs for Maternity Private wing
3. Every newly recruited employee allocated an official email address
4. VoIP PBX was acquired and integrated with the existing PABX
5. 50 TA (Time Attendance) Master Licenses were acquired thus increased the capacity to 600 licenses
6. Data backup and restoration drilled and proved working
7. Firewall firmware version upgraded

8. AD (Active Directory) servers were upgraded to windows server 2019
9. Improvising of AD report was also implemented
10. Access control to restrict LAN access was upgraded
11. Software inventory was maintained
12. LAN & WAN were maintained
13. Computers maintained

### **9.5 Strategies and Plans:**

The ICT unit intends to have the following accomplished in 2022-2023.

1. Review of existing policies and drafting of new others
2. Review and upgrade the hospital LAN as well as strengthening its security
3. Capacity building to the ICT staff
4. Upgrading of the internet Bandwidth
5. Redevelopment of the Intranet
6. Inhouse software development for the Technical and Physiotherapy Departments
7. Identify and process the acquisition of a standard and proven Hospital Management Information System

### **9.6 Challenges**

The following have been some of the challenges in the past year

1. The hospital does not have a computer training room in which Computer and other trainings can be conducted from
2. Absence of key training equipment e.g. Thin Client set or N-Computing set after the old one failed in 2021
3. Replacement of leased printers has not been done on schedule.
4. Absence of an extension to the PABX for additional intercom lines
5. HMIS issues that result in failure of invoices to cross from Clinic Master to NAV and improper stock balances

### **9.7 Recommendations:**

1. Sponsor the internal IT staff on trainings and workshops
2. Acquisition of a license for the Vulnerability Assessment tool and also upgrade to Security Centre version 13
3. Acquisition of a centralized wireless LAN controller for both the hospital and HTI
4. Increase the Internet Bandwidth to at least ~60Mbps
5. Consider the upgrade of the Clock-in biometric technology to some other newer more efficient type
6. Increase the capacity of intercommunication lines preferably with VoIP sets
7. Consider the acquisition of a Centralized Backup tool.



## 10.0 STATISTICS AND MEDICAL RECORDS

By Lillian Nakulima

### 10.1 Introduction

The Statistics and Medical Records office is operated by two fulltime staff members whose performance and functionality are overseen by the Medical Director. The Unit fully runs from Monday to Friday with the main function of ensuring proper records management throughout the Hospital.

### 10.2 Scope of work

The Unit supports records management processes throughout the facility, handles dissemination of Information both internally to Unit heads and externally to Ministry of Health, KCCA, NIRA, UCMB, Public Health Directorate Kampala, Kampala Archdiocese.

The unit works on notification and registration of facility births and deaths to NIRA as supported by the registration of person's regulations ACT 2015 and provides clientele as well to all the persons that access the office.

The office coordinates PHC, MPDSR and RBF projects and supports research projects

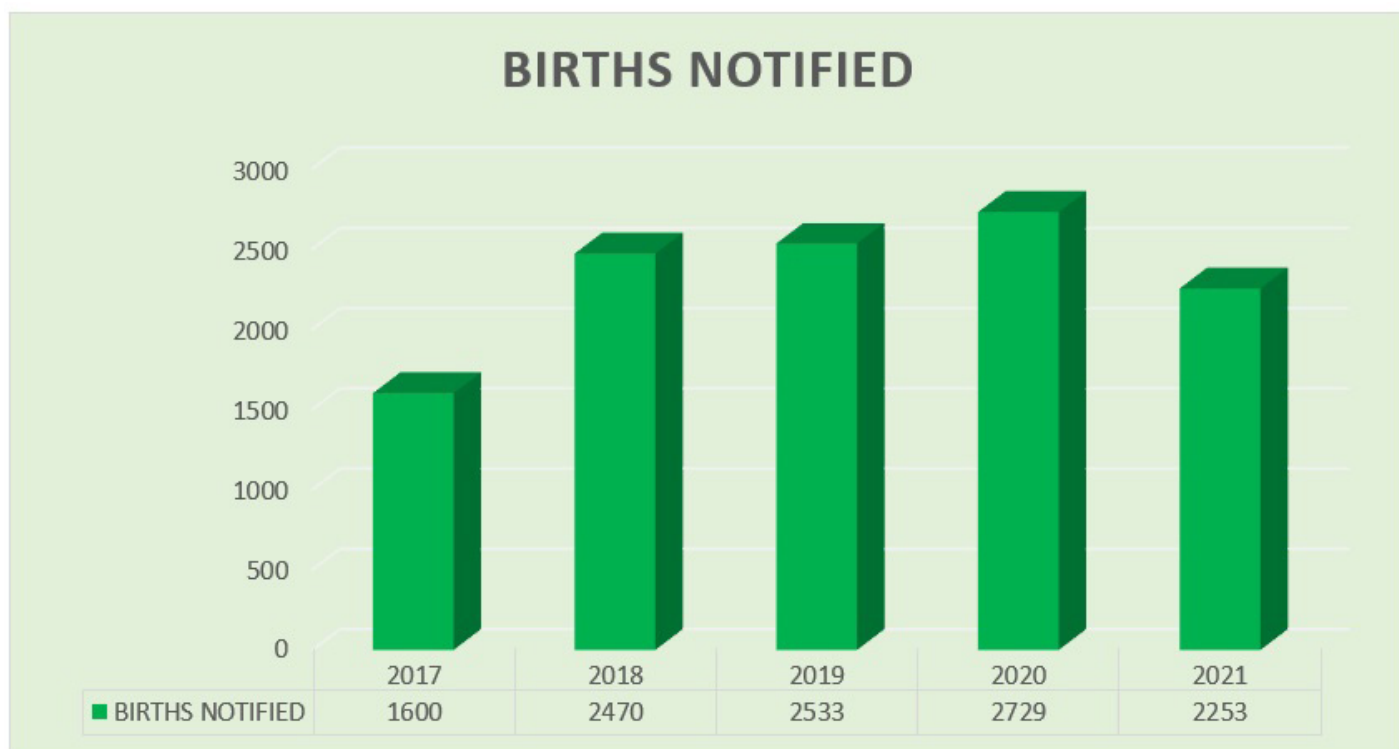
This office also supports the records and data section of the KPH Project (ART clinic) in

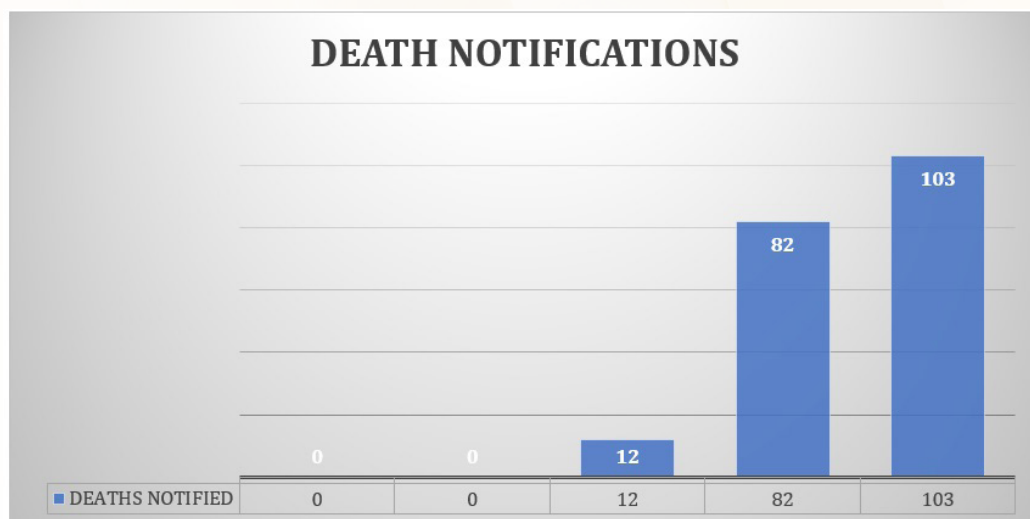
the Public Health Department through data management and reporting, this team is composed of one Monitoring and Evaluation Officer, one Data Manager, two Data Entrants and one Records Clerk.

### 10.3 Annual Outputs With 5-Year Trend

As indicated in the table and figure below, births notified have been increasing annually but drastically reduced in 2021 (-17.44%). This could have been triggered by COVID 19 severity whereby movements were limited and also facility visits and deliveries reduced.

The other reason for the reduction in notifications could be due to the fact that schools at the time were closed that usually request for birth certificates for candidate classes.





#### 10.4 Departmental Milestones

The Unit through **COHSASA** Accreditation has been able to achieve the following:

- i. The records office was in position to write off the information management manual and have it signed off as well.
- ii. As a unit, the records office has attained an overall compliance quality score of 84% in the service element number 7 (Information Management) in the last Evaluation Progress report 9 compared to the baseline score of 34%.

#### 10.5 Strategies & Plans

- Continuous mentorship and training of interns and facility staff in good records management practices.
- Prompt Death notification.
- Prompt Birth notification.
- Prompt entry of perinatal and maternal notification and reviews
- Clearing of backlog of COVID data entries in the EPIVAC system.

#### 10.6 Challenges

- ✓ Insufficient space for storage of manual records since the facility has been in existence for over 100 years and patient records are stored for a lifetime.
- ✓ The Electronic Health Management System's (CLINIC MASTER') inability to support certain user requirements like generation of certain reports required for analysis.
- ✓ Lack of a system to support retrieval of OPD records before August 2017

#### 10.7 Recommendations

- We recommend management to allow volunteering of persons in records office so as to develop capacity and also give a chance to volunteers to carry out research from the facility.
- There's need to upgrade CLINIC MASTER to meet the user requirements.

# 11.0 HOSPITAL ADMINISTRATION REPORT

By Mr. Oloya Alex

## 11.0 Departmental organizational structure

The Administration Department supports the Hospital Clinical Services to meet its objectives effectively and efficiently. This entails investment, process improvement and day-to-day routine operations within the Departmental mandate and jurisdiction. The department consist of; workshop, procurement, central stores, laundry, transport and logistics sections and security with a total of 41 staff headed by the Administrator.

The different section heads form Administration Management Team whose role is to steer the department. Administration department meets quarterly while administration Management team meets monthly and the different sections meets according to their respective planned schedule to discuss operational issues.

## 11.1 WORKSHOP UNIT:

### 11.1.1 Introduction

Workshop unit is a technical section that is mandated to provide technical support services to the clinical section of the Hospital in a regular basis.

### 11.1.2 Organization of The Department

The unit comprises of a team of twelve (12) staff supervised by the Workshop Manager. These include; Plumber & his assistant, estates manager, biomedical technician & her assistant, electrical electrician & his assistant, biogas attendant, waste management attendant, carpenter, mason, hospital painter and welder.

### 11.1.3 Scope of work

Workshop unit provides technical professional support services to the clinical section in terms of preventive maintenance, effective repairs, new installations upgrading and decommissioning of equipment, infrastructure maintenance and repairs. These services are provided by the different sections of the unit including biomedical, carpentry, plumbing and civil/construction works. The activities are carried out according to the annual workplan and budget allocation.

### 11.1.4 Departmental Milestones

During the year 2021/2022, the unit achieved the following milestones;

#### Construction/renovation works

- a) Renovation of endoscopy unit at Surgical ward, platinum room in Medical Ward, creation of dialysis unit at St Francis, kindergarten floor repairs with the donation from UCMB, painting of St. Francis ward, Out Patient Department, surgical Outpatient Department and radiology.
- b) Completion of the physiotherapy building donated by Malteser International, construction of the training school boundary wall and groundbreaking of the proposed training school girls hostel construction donated by Malteser International.

#### Equipment Installation, Repair and Maintenance

- a) Installation of the following equipment donated by Friends of Rubaga; washing machines and driers at the laundry, washing machines at surgical ward, surgical OPD and maternity theatre.
- b) Installation of operating bed, laparoscopy light source, anesthetic machine at Maternity theatre.
- c) Installation of the donated defibrillators in Intensive Care Unit and medical ward, Repairs of ultrasound machines, repairs and maintenance of air conditioners, and general equipment maintenance.

## Water and Plumbing

- a) General plumbing repair and installation works within the wards such as fixing leaking pipes, replacement of water taps, unblocking the pipes, cleaning water tanks, etc.
- b) Construction of the waste water shed donated by re-use 4 hospitals, relocation of NWSC main water meter from the booster pump to the Hospital premises.
- c) Maintenance of waste water treatment plant which included; servicing of the biogas system, the baffle reactors, planted gravel filters and digester tanks.

## COHSASA Accreditation

Attending different trainings including mentorship program on COHSASA accreditation. Developing COHSASA accreditation maintenance and medical equipment guidelines.

### 11.1.5 STRATEGIES AND PLANS

In the financial year 2022/2023, the unit plans to carry out the following activities;

#### Construction/renovation works

- a) Fully participate in the proposed Specialist Centre construction project, remodeling of the former physiotherapy unit into a radiology suite including installation of mammogram machine, remodeling the old maternity public toilet to changing rooms and toilets for Laundry and workshop staff, improvement of private rooms by changing old toilets and showers, renovation of the main theatre and installation of the air conditioners and creating material receiving area at the central store.
- b) Painting of surgical ward, medical ward, postnatal ward, administration offices and general external wall painting of the main administration, medical surgical, children's ward and out patient's department.
- c) Repair of Maternity Admission broken doors and broken staff lockers shutters.

#### Equipment installation, repairs and maintenance

General maintenance and repairs of the equipment including; repairs of fluoroscopy machines in the main theatre, installation of the donated autoclaves by friends of Rubaga in the main theatre, procurement of theatre operations lights and beds, centralization of the water boiling points for the wards to minimize costs.

#### Electrical works

- a) Procurement of 415KVA standby generator set to accommodate hospital load.
- b) Upgrading the generator house including changing the smaller load cables on changeover to a bigger size.
- c) Change of overhead bare conductors to insulated (ABC) cables for environmental safety.
- d) Rewiring laboratory, OPD and surgical OPD for safety of equipment.
- e) Installation of the inverter to Intensive care unit to avoid power interruptions.

### 11.1.6 Challenges

- a) Low water pressure from NWSC especially during dry spelt poses water crisis at the Hospital, the hospital had to buy water expensively.
- b) The standby water pump at Nabbunya had a technical problem, the order for a new one was placed but the pump has not been received yet.
- c) The Electrolux washing machines repair is challenging due to scarcity of spares and difficulty in getting a competent technician.
- d) Most of the hospital theatre beds are old and lacks spare parts.

## 11.2 PROCUREMENT UNIT

### 11.2.1 Introduction

Lubaga Hospital Procurement unit handles the day-to-day hospital procurements of goods, services and disposal of Hospital items with the guide of procurement committee and the procurement manual.

### 11.2.2 Departmental organization

Lubaga hospital Procurement Unit comprises of two key staff; the Procurement Manager and Procurement Assistant whose roles are to ensure the objectives of lowering costs, reducing risks and ensure security of supply is achieved.

### 11.2.3 Scope of work

The procurement function is supported by the procurement committee which meets every two weeks to discuss procurement related matters. It as well handles receipt, clearance and placement of donated items.

The department's strategic vision is: "to become a world class procurement to pay service department by creating value through strategic thinking, efficient processes, technology system integrations and customer care".

Heads of different units are co-opted to the committee whenever there are issues to be presented for discussion in that particular department.

The procurement unit handles procurement of medical and non-medical goods and services ranging from drugs, laboratory reagents, sundries, oxygen refill and cylinders, computers and computers accessories, furniture, stationaries, hospital equipment and repairs and servicing of hospital equipment, motor vehicle fuel and repairs, construction and maintenance of infrastructure.

### 11.2.4 Departmental Milestones

During the financial year 2021/2022 the unit carried out the following activities;

- a) The disposal of used medical and non-medical obsolete items.
- b) Outsourced services including cleaning, security, garbage collection, catering services to help management concentrate on its core business of patient care.
- c) Prequalification of suppliers and service providers for a period of three (3) years from 2022 to 2024.

### 11.2.5 Strategies and Plans

The unit has the following plan for this financial year 2022/2023;

- a) To liaise with the respective user departments for timely presentation of the departmental procurement plan for procurement to come up with a comprehensive procurement plan.
- b) Stay close to our Suppliers to identify changing demand patterns.

### 11.2.6 Challenges

The Procurement department had faced some challenges which include:

- a) Interruption of the supply chain market due to the worldwide Covid-19 effects.
- b) Increase in commodity prices due to national economic downturn which affected departmental budget.
- c) Scarcity of goods and services on the market resulting to general price increment.
- d) The scarcity of critical goods and services has put pressure on staff and counterparts hence making it harder to find the right solutions to the unprecedented global crisis.



### 11.2.7 Recommendations:

- a) Develop protocols to allow for emergency purchases.
- b) Streamline procurement processes to avoid any bottlenecks and delays.
- c) Hold regular meetings with Heads of Departments so that the response from Management on budget revisions is coordinated and effective.

## 11.3 CENTRAL STORE

### 11.3.1 Introduction

Lubaga Hospital Central store handles stock of procured non-medical items which include general stationery, computer stationery items, plumbing items, electrical items, building materials, sewing materials and food stuff. The store also manages satellite stores like waste yard where empty plastic iv bottles and mineral water bottles. Central store is supervised by the Stores Manager with the assistance of the Stores assistant.

### 11.3.2 Scope of work

Central handles the following stores activities;

- a) Receiving, issuing, accounting and replenishing the stock of the non-medical items described above. During the financial year 2021/2022, the stock received and issued including workshop accessories, cleaning materials, food items, sewing materials, computer equipment and accessories and stationeries had a value of UGX. 1.7 billion.
- b) The central store conducts periodical stock take monthly, quarterly and annually. At the end of the financial year, the store had a stock balance of UGX. 145 million.
- c) They carry out engraving exercise of both medical and non-medical items.
- d) The store manages the training school stock from different sections of plumbing, electrical, stationeries and cleaning materials among others.
- e) The central store handles the disposal of empty plastic infusion fluid bottles and mineral water bottles. The total amount realized from these items in the financial year was UGX. 1.8 million.
- f) Keeps and manages the items of hospital projects like the IDI project, Flash project, Act project among others which had a stock value of UGX.34.9 million at the close of the financial year.

### 11.3.3 Achievements

For the entire period under report, we achieved regular availability of stock, timely stocktaking, periodical preparation of the various reports.

### 11.3.4 Strategies and Plans

- a) To ensure creation a separate receiving and issuing areas for the stock received through support by the workshop team.
- b) Concentration on accreditation processes to ensure compliance for accreditation by August 2023.

### 11.3.4 Challenges

- a) Poor planning by some Hospital Unit in-charges, forcing the central store into unnecessary emergency purchases.
- b) As the hospital expands, the workload increases therefore there is need to consider additional Human resource in the Central store.

## 11.4 LAUNDRY UNIT

### 11.4.1 Introduction

Laundry unit ensures provision of adequate and constant supply of clean linen to clients and hospital staff. It is therefore, the mandate of laundry to ensure that hygienic conditions are maintained in the process in order to prevent and control infections in the hospital.

### 11.4.2 Departmental organization

The Laundry unit has a total of 16 staff comprising of sewing, housekeeping and laundry. The unit is divided into different sections of laundry, linen, linen color and ward coding, linen collection and distribution.

### 11.4.3 Scope of work

#### a) Laundry section.

For better infection prevention and control, laundry is divided into three sections. These are dirty, clean and housekeeping sections represented by navy blue, sky-blue and royal blue colors respectively.

#### b) Linen section.

Linen is classified into private, general and staff linen sections represented by sky blue, dark blue and green respectively.

#### c) Linen color and word coding as per ward/unit.

Different colors and word names are used to identify linen for the different wards/units in the hospital.

#### d) Linen collection and distribution

The core activities of laundry comprise of daily collection and processing of contaminated linen and distribution of clean linen back to wards. **Table 1** below shows linen collected and distributed back on a monthly basis.

### 11.4.4 Annual Outputs.

On average, laundry received and processed a total of 20,347 dirty linen articles and delivered back over 22,379 clean linen articles monthly in the financial year 2021/2022. The variation of 2,032 were the linen articles laundry failed to deliver back due to incidences like rainy weather and faulty machines. Maternity theatre with (2506) consumed the biggest number of linen followed by labor ward with (2431 clean linen) and SOPD with (1288 clean linen).

#### Processed dirty linen per Kilogram

The average daily weight of dirty lined processed during the year had the following trend according to the month; October 2021 was 140 kgs, November 2021 was 241 kgs, December 2021 was 265 kgs and January 2022 was 196 kgs. The increase from October to November 2021 was attributed to the provision of all patients with hospital linen while the drop in January 2022 was due to the decrease in the number of patients at the hospital.

#### Factors affecting linen management efficiency

During dry season, the unit could collect and deliver back almost the exact number of linen articles while during rainy season, the unit can only deliver back 30% of the collected linen. For instance, on a good shiny day laundry collected 1195 articles of linen and delivered back 1193 which was 99.8% while on the rainy day it collected 981 linen articles and delivered back 289 articles which was 29%.

#### 11.4.5 Achievements

- a) Based on the previous COHSASA audit results of 96%, laundry met quality standards (compliance) of managing linen.
- b) The unit rolled out provision of linen to all patients of surgical and medical wards in November/2021.
- c) Acquisition of a 23kg capacity washing machine and one domestic calendar roller that had improved on the service delivery.
- d) A 28 kgs capacity washing machine that had broken down was repaired and back to normal functioning.
- e) Acquisition of two (2) weighing scales to ascertain the capacity of linen processed on a daily basis.
- f) Recruitment of 4 housekeepers that enabled daily changing of patient linen for hygiene, safety and comfortability.
- g) Linen supplied to medical and surgical wards were maintained at 100% stock levels. This was attributed to the effective linen control measures implemented by the housekeepers.
- h) Provision of at least one set of new scrubs/uniforms to recommended clinical and non-medical units for safety, identity and beauty.
- i) The staff attended different trainings on good linen management practices, proper machine operations and maintenance, chemical use, fire safety and good ergonomic practices.

#### 11.4.6 Strategies and Plans

- a) Sustainability of COHSASA standard compliance of managing linen.
- b) To procure 300 pieces of gowns and 300 pieces of draw sheets to be able to cover all patients of maternity ward, including general patients.
- c) Fitting curtains on medical, surgical and children wards.
- d) Providing all hospital staff with adequate and appropriate scrubs and uniforms for safety and beauty.
- e) Procuring an industrial 60 kg capacity tumble dryer and two (2) meter wide calendar roller.
- f) Conducting training for good linen management practices to all laundry and ward staff.

#### 11.4.7 Challenges

The smooth running of laundry activities was limited by:

- a) Weather changes; Laundry relies only on sunshine to dry over 2000 linen articles processed on a daily basis. During rainy season laundry cannot constantly deliver adequate clean linen in time.
- b) Machine breakdown especially the old ones that interrupts linen processing.
- c) Under staffing; the ratio of laundry staff to linen load is 1:180 which is three times more than the recommended ratio of 1:50.

#### 11.4.8 Recommendations

- a) Procurement of 60 kg capacity tumble dryer and 2-meter-wide calendar roller.
- b) Recruitment of four (4) more laundry staff to introduce night shifts and manage linen in OPD areas.
- c) Repair of the 20 kg capacity broken washing machine.
- d) Procurement of 700 meters hospital curtain fabrics and the associated accessories, fabric materials to make the 300 pieces of gown and the 300 pieces of draw sheets.

## **11.5 TRANSPORT AND LOGISTICS UNIT**

### **11.5.1 Introduction**

The transport section is one of the functional units of Lubaga Hospital. It comprises of 5 staff who provide transport services to the entire hospital and the Lubaga Hospital Training Schools. The section has a fleet of ten (10) vehicles including; three ambulances, two pick-ups, two commuter vans (coaster and omni-bus) and three small vehicles allocated to ED, the BDM and the Principal Training School respectively.

### **11.5.2 Scope of work**

In the year 2021/2022, the unit handled the following transport activities;

- a) Routine transportation needs of medical and non-medical staff which including transportation of drugs, logistics, blood supply.
- b) Provision of Ambulance services through transportation of patients to the facility as well as handling referral cases to other facilities.
- c) Carrying out outreach activities by the Public Health Department which include; routine outreaches, home visits, palliative care visits and collecting vaccines.
- d) Giving support to Business Development Managers office through facilitation of routine medical camps, national events including cancer run, sports events etc.

### **11.5.3 Departmental Milestones**

The unit managed to achieve the following milestones in the year 2021/2022;

- a) Conducted routine maintenance and servicing of the vehicles.
- b) Conducted a total of over 150 community outreaches under the public health department
- c) Implemented the routine and timely vehicle maintenance and repair schedules to ensure that vehicles are in good functional state.
- d) Met the general demand of transport needs of the hospital and the different departments which totaled to 17,980 kms of annual travelled distance.
- e) Ensured that the vehicle is always fueled and ready for use.
- f) Managed to keep proper records of the mileage covered and repair records.

### **11.5.4 Strategies and Plans**

Acquisition of a bigger vehicle like the Coaster to meet the demand for transporting staff during functions and other activities.

### **11.5.5 Challenges**

Inadequate vehicles especially a bigger vehicle that can accommodate many staff for various activities and functions.

## **11.6 SECURITY:**

### **11.6.1 Introduction**

Lubaga Hospital Security section is mandated to take charge of the security of the hospital property including patients, clients and staff.

### **11.6.2 Organization of the unit**

The security section comprises of the outsourced Security company and the Internal Security officer whose role is manage the surveillance cameras, oversee the general security of the Hospital and the outsourced security company.

### **11.6.3 Scope of work**

The Security section ensures a 24-hour security of the Hospital is guaranteed. This is done through; patrolling, monitoring different entry points to the hospital facility, ensuring that the hospital premises are locked and secure, monitoring alarm and security systems, maintaining security equipment, executing emergency procedures, management of conflicts, restraining individuals who pose safety risks and engaging the law enforcement officers to handle cases beyond control.

### **11.6.4 Achievements**

- a) Safety and security of patients, staff and their property like vehicles, motorcycles including other belongings and the Hospital installations had been maintained.
- b) Control of escapees had been affected and this had minimized the debts that could have accrued due to escaped patients.
- c) The student's movement at odd hours had been controlled thus no serious cases were registered.
- d) Surveillance cameras were Installed in sensitive places thus minimizing the security risks and incidences.
- e) Security team had been trained in customer care service skills and proficiencies and this is a continuous process.
- f) Held security meetings with Hospital staff especially in maternity areas that yielded a good result into managing clients and visitors' traffic on wards.

### **11.6.5 Plans for the new year**

- a) Installation of more CCTV cameras and security lights in critical areas that have been identified.
- b) Formation of the Hospital security committee by the second quarter of next year.
- c) Deployment of security services in areas that are not guarded like Nursery unit, night deployment at St Francis Ward.
- d) Outsourcing at least two external security training services to the staff.
- e) Continuous sensitization of staff on security issues in different staff meetings.
- f) Improving on documentation of security processes to support the Hospital attain COHSASA accreditation.

### 11.6.6 Challenges.

The following challenges affects the effective performance of security services in the Hospital;

- a) Insufficient security lights in some key areas including staff parking, emergency areas, biogas and diploma students Hostel premises.
- b) Lack of CCTV cameras in critical areas like central store, staff parking, maternity gate, physiotherapy building, training school and St George compound.
- c) Inadequate Parking slots especially in the staff parking, administration parking and maternity parking.
- d) Confrontation of security by the visitors who intends to see their patients' before visiting hours which makes control difficult.
- e) Lack of proper identification of staff members, some service providers and contractors on the compound.
- f) Lack of following the security processes like use of gate passes, and other relevant documents by the staff members.
- g) Delay to report security issues surrounding clients and staff members, cripple security from executing its work as the evidence would have been distorted.
- h) Inadequate emergency gates causing risks to life in case of fire outbreak as there shall be no access to the premises for putting off fire. Central store has only one inlet and no exit door for emergency, in an event of fire outbreak.

### 11.6.7 Recommendations

- Employ of adequate number of security officers to manned all critical areas within the hospital.
- Installation of alarms in cash points and control access doors in more restricted areas like theatres, neonatal units and ICUs.
- Clearly labelled emergency exits in case of any emergency like fire outbreak, etc.
- Implementation of video surveillance in the Hospital to support security.
- Reduce public areas such as entrances, lobbies, waiting areas etc.
- Strictly embark on the implementation of visitors' policy during visiting hours.
- Ensure a strong building structure. it's imperative that builders use the correct materials during construction and renovations in order to withstand a number of incidents. Doors, walls, and glass should be strong enough to withstand any challenge and can endure natural disasters.
- Practice emergency drills, perform safety exercises so everyone knows what to do when an emergency occurs.
- Create an evacuation floor plan showing everyone to find exits with symbols for every safety tool e.g. a phone, fire equipment. Fire assembly points must be clearly marked too.





*Our nurses; Our heroes!*

## 12.0 NURSING DEPARTMENT

**B Sr. Nakachwa Mary Regina**

### 12.1 Introduction and Departmental organization

The Nursing department is the biggest department of the hospital. It provides 50% of the total work force. Headed by Principal Nursing Office, assisted by two Senior nursing officers. One responsible for clinical service delivery and the other responsible for staff trainings and continuous development.

The Principal Nursing officer's office is supported by Area managers, who are the direct supervisors of the major hospital service areas which include: Maternity, Inpatient, Outpatient, Specialist center and Public Health Department.

The office is responsible for supervising all nurses, midwives, theatre assistants, theatre attendants and mortuary attendants to ensure the maintenance of professional ethics and efficiency of nursing staff. Hence, providing sustainable quality and compassionate Health services to the community for God's glory.

**Table 11: The Nursing department comprises of the following cadres:**

NURSING CADRES	NUMBERS
Bachelor Midwife	01
Bachelor Nurses	04
Diploma Nurses / Midwives	04
Diploma Nurses	52
Diploma midwife	32
Enrolled Nurse	84
Enrolled Midwives	56
Intern Nurses	10
Theatre assistants	11
Theatre attendants	03
Ward attendants Maternity	02
<b>TOTAL</b>	<b>259</b>
<b>Specialties</b>	
Pediatric Nurses	02
Laparoscopy	2
Critical care Nurses	10
Ophthalmology	2
Psychiatric	2

### 12.2 Annual Outputs

- Patient survey done gives 76.3 % patient satisfaction of the services offered.
- Mental Health, a key aspect in Primary Health Care is growing steadily through community outreaches, mental health awareness and caring for patients with mental illnesses by the psychiatric nurses.
- In service trainings: Several staff were identified and supported by the PNO's office to have trainings between the months of August 2021 to June 2022. These include: Thrombo-embolism, Malaria prevention and Management, Code Blue training, COVID-19 refresher training, Triage refresher training, Prevention of health care associated infections, Nursing Process, Stress and coping strategies, Ambulance and first aid management training, Endometriosis, Soft skills, Transcendental meditation training, and Resuscitation refresher training. Number of training conducted in 2020 were 7, 2021 were 10 and 13 in 2022 were 13

In 2020 trainings were affected by COVID-19 as gatherings were prohibited.

- Majority of the staff acquired sufficient knowledge and skills which will greatly help to improve patient care in

the hospital.

- The PNO's office supported in the competence assessment exercise for staff in June 2022 which was completed successfully with 90% compliance compared 86% for the year 2021.
- Majority of the staff have come to appreciate the vision, mission and the core values the hospital to a certain extent, and own some sense of belonging following several presentations of the 2021-2026 strategic plan at different forums.

### 12.3 Department Milestones

- MOH training division in collaboration with Mbarara University trained 05 nurses in Critical care nursing giving a total of 10 certified critical care nurses managing the Intensive Care Unit.
- Nutrition status assessment and management for HIV negative children below 5 years is implemented ensuring a healthy child through collaboration with Mwana Mugimu nutrition unit that supplies the hospital with supplements, a service that is as well disseminated in the community.
- Commemoration of the World Mental Health day in October 2021 has further lifted the hospital's ability in management of patients with mental illnesses.
- Establishment of a functional triage system at the Specialist Center that has aided effective quality service delivery and customer satisfaction.
- Recruitment of psychiatric Nurses, a discipline that has supported the hospital to achieve its vision as far as mental health is concerned.
- 09 nurses, 05 midwives were promoted to diploma level and 01 midwife to bachelor level, a great milestone in the department.
- The Area managers, in-charges and their deputies were trained in management and leadership which has greatly transformed their ways of understanding and performance.
- The department celebrated their international Nurses and Midwives day in May, with a guest speaker who gave a talk on soft skills, after which staff shared their wonderful experiences.
- The hospital sent a diploma nurse to upgrade as a Psychiatric Clinical Officer at Butabika School of psychiatry.

### International Celebration of the Nurses' day 2022

### 12.4 Strategies and Future Plans

- Aiming at strengthening maternity triage outputs through regular and timely monthly reports.
- Setting up a general OPD mental clinic once a week as quality health care is for all.
- Palliative care is a necessity in all hospitals, an aspect that is not yet appreciated. We aim at embracing palliative care in the near future.
- Follow up of mothers through Domiciliary services to ensure client satisfaction.
- Rotation of night superintendents every six months for efficiency and maintaining the annual rotations for all staff every January.
- Carry out more training to all Nurses/Midwives to improve on their knowledge and skills in patient care.
- Encourage and support more Nurses/Midwives to advance in their career.
- Continuous support and participation in the annual competence assessment for all the hospital staff.
- Conduct a refresher training about mentorship to all the training focal persons and in charges.
- Offer maximum support to students on placement to achieve their objectives.

## 12.5 Challenges and Recommendations

Challenges	Recommendations
Ill health of some members affecting staffing levels due to gaps caused resulting from sick leave	Provision of locum staff to bridge the gap
Triage points at Specialist Center and Maternity gate have affected staffing levels since members are withdrawn from the units to the triage points	Recruitment of at least 04 more staff
Specialist involvement in clinical meetings is low affecting operations	Management to emphasize specialist attendance in clinical meetings
Frequent breakdown of Hospital equipment due to lack of routine servicing	The maintenance team to set a schedule for routine equipment servicing
Poor and insufficient staff accommodation	Renovation and possible construction of staff accommodation
Lack of enough space for the hospital staff to convene during general trainings and meetings	Management should relocate students and reserve the junior dining for staff meetings and trainings
Poor attitude amongst staff towards trainings and meetings hence poor attendance for the planned activity	Strict measures should be put in place to ensure compliance

**Table 12: Nursing Departmental Challenges and Recommendation**

## 12.6 Conclusion

The department is very grateful to Sr. Chrisanto Namusoke, the former PNO for the great work and contributions to Uganda Martyrs Hospital Lubaga.

We shall continuously strive to deliver quality, sustainable and compassionate services to all patients through keeping up-to-date with knowledge, skills and standards by promoting teamwork in all units and communities for God's Glory.

We uphold our front liners who are tirelessly serving to the best of their potential amidst all challenges.



## 13.0 INFECTION PREVENTION AND CONTROL (IPC)

Sr. Ruth Nkwangu

### 13.1 Introduction

Infection prevention and control (IPC) is a multimodal approach and practical solution designed to prevent the risk of acquiring or transmitting infections among patients, personnel, caretakers, contractors, students, volunteers and visitors.

Infection Control Committee is a body of the Hospital Clinical Quality Improvement Committee that was set up to carry out surveillance activities intended to reduce Health Care Associated Infections (HCAIs), Anti-microbial Resistant (AMR) organisms and to determine risks, trends and rates of endemic infections.

### 13.2 Scope of work and outputs

#### 13.2.1 Hand hygiene (HH)

Management has ensured availability of all hand washing facilities in place and all Health care personnel have been trained in the correct hand washing and disinfection procedures. Patients, care takers and visitors are educated about routine hand washing and sanitization.

Hand hygiene audit findings; using direct observation, clinical staff were assessed for compliance to hand hygiene protocols and these were the findings;

**Table 13: Shows hand hygiene compliance calculations among clinical staff**

	Month	Opportunities	Hand hygiene actions	Compliance in (%)
Baseline	Apr-21	135	44	32.60%
1 <sup>st</sup> follow up	May-21	410	218	53.20%
2 <sup>nd</sup> follow up	Mar-22	615	410	66.70%

The report shows a growing trend in compliance to hand hygiene practices among staff over the year under report.

#### 13.2.2 Post-operative sepsis

**Sepsis audit for surgical and maternity wards:** There was no recorded sepsis acquired on surgical ward throughout the year, however, three (3) mother out of the four (4) who got wound sepsis on maternity ward had undergone emergency caesarian section due to severely obstructed labor. The rate of caesarian wound infection this year was only 0.21% which is below the targeted maximum of 0.5%.

#### 13.2.3 Safe injection practices

There was observed safe injection practices in all clinical areas and no injection site infections or abscesses were reported throughout the year.

#### 13.2.4 Audit for exposure Incidents

Incidents of needle stick injuries and blood splashes increased among staff and students.

**Table 14: Incidents of needle stick injuries**

Cadre	2021/2022	2020/2021	2019/2020	2018/2019
Staff/students	14	09	12	09

The table indicates an increase in incidents of needle stick injuries among staff and students this year.

**Table 15: Incidents of blood splash or spill exposure to staff and students**

Cadre	2021/2022	2020/2021	2019/2020	2018/2019
Staff/students	03	04	02	03

The table indicates a slight decline of staff exposure to blood splashes or spills.

All the staff/students who were exposed through needle stick injuries, blood splash or spills were promptly managed and accessed PEP. Follow up for adherence and serology was done at 4 weeks, 3 and 6 months. IEC materials have been well displayed in the respective areas.

### 13.3 Achievements

- i. There are three infection prevention and control mentors representing three departments, i.e. Maternity, OPD and In Patients.
- ii. We managed to carry out trainings on different topics in infection prevention and control in both medical and non-medicals. It was observed that personnel observe safe practices during patient care.
- iii. GIZ International with KCCA constructed hand washing facilities at the entry of Hospital gates and waiting areas
- iv. GIZ with KCCA constructed a medical waste storage house and two (2) public sanitary blocks(toilets).

### 13.4. Key events

1. October 2021, the infection control team carried out internal performance assessment in all clinical and non-clinical areas and interventions were made to implement actions for the identified gaps
2. I attended the International Hand Hygiene day on 5<sup>th</sup> May 2022 at Hotel Serene which was organized by SARAYA International Ltd.

### 13.5 Recommendations

- i. Emphasis on prevention and management of exposures to blood splash or spill and needle stick injuries among personnel
- ii. The three IPC mentors should be fully attached to the hygiene office because of need to intensify IPC surveillance activities, training/education of personnel in the hospital
- iii. We need to stock surface/instrument disinfectants for the whole year.
- iv. We need to have a projector to ease the frequent trainings using PPP
- v. Need to provide linen to all inpatients to enhance infection prevention and control



# 14.0 MEDICAL SERVICES

By Rev. Sr. Dr. Grace Nannyondo - Medical Director



## 14.1 Introduction

This report summarizes the performance and activities of the medical directorate for the financial year 2021/2022. Overall, the data reflects an improvement in access to healthcare, as the Hospital and the whole world starts to recover from COVID-19.

## 14.2 Departmental organization

The Medical Directorate is made up of Clinical Departments and units including; Medical Department, Surgical Department, Pediatrics and Nursery Department, Maternity Department, Outpatient Department (Including Specialist center, Accident and Emergency, Ophthalmology and Dental units), Public Health Department, and support units such as Laboratory, Research office, Pharmacy; Physiotherapy and Radiology.

The Directorate has at total of 33 specialist Doctors, 12 are full-time, 6 are part time while 15 are external consultants.

We also employ a total of 26 medical officers, and we currently have 32 medical interns attached to the Hospital, 19 of whom are intern Doctors, 7 are intern Pharmacists and 6 are Intern Nurses.

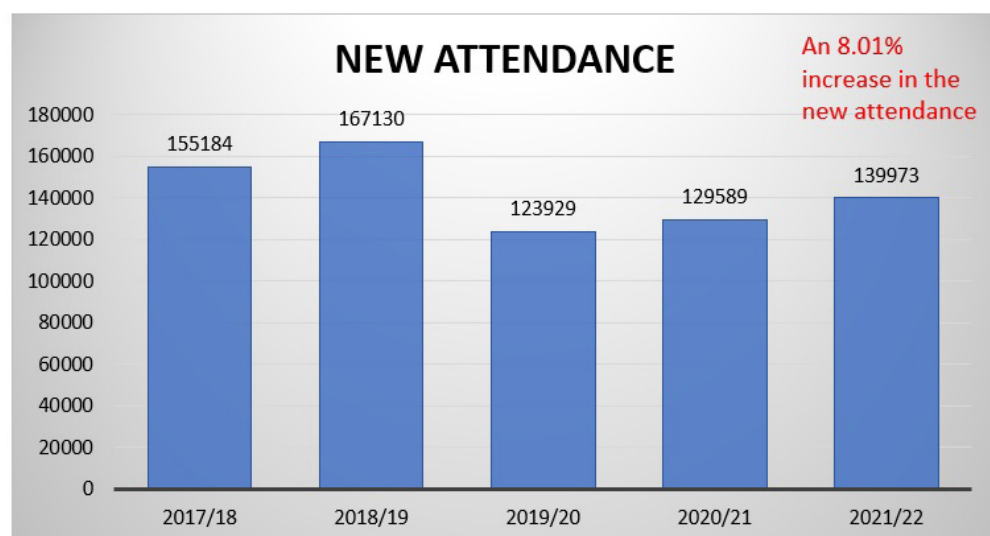
## 14.3 Annual clinical outputs

### 14.3.1 Outpatients Department

CATEGORY	2017/18	2018/19	2019/20	2020/21	2021/22
NEW ATTENDANCE	155184	167130	123929	129589	139973
RE ATTENDANCE	21461	38659	31679	36469	26407
GRAND TOTAL	176645	205789	155608	166058	166352

Table 16: Outpatient Departments

As a good sign of recovery from COVID 19, there is a progressive rise in OPD attendance (especially new attendances). We have put in place measures to improve the quality of care as well as the client experience. Such measures include reduction in waiting time to see a clinician, reduction in turnaround times for diagnostic tests as well as improved availability of pharmaceuticals. With these measures, we are optimistic that next financial year there will be a return to the OPD attendance levels of above 200,000 per annum as the case was in FY 2018/19.



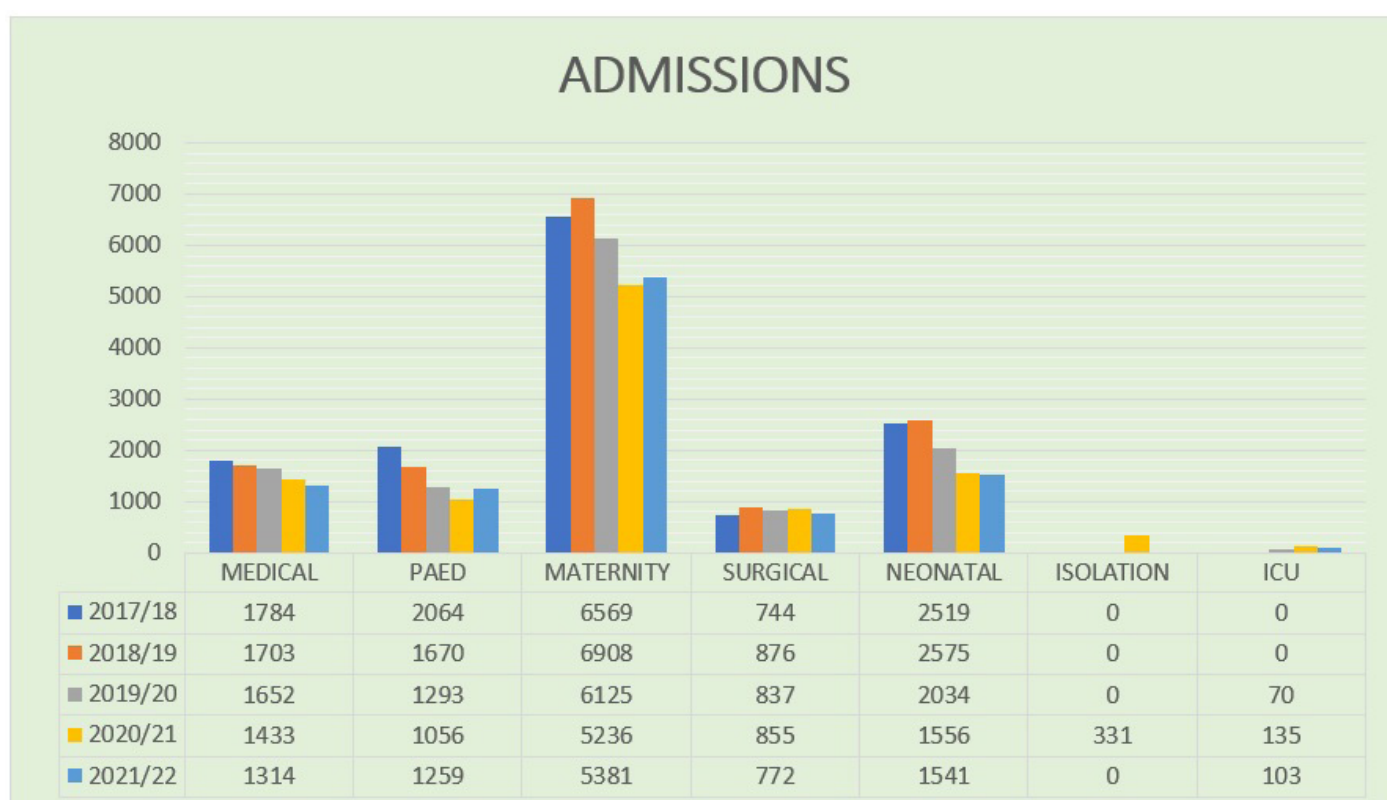
### 14.3.2 Inpatient Department

This year the Hospital registered a general reduction in number of admissions. With the exception of Maternity, all wards admitted fewer patients this year as compared to last financial year. The average Bed occupancy rates for medical ward, surgical ward, children's ward and maternity ward were 43.8%, 43.7%, 37.3% and 47.1% respectively.

While it is true that most private not-for-profit facilities are experiencing declining bed occupancy rates, Hospital management is working to overturn this trend through the following measures;

- Uplifting the quality of care, partly through implementing the quality management system based on COHSASA standards.
- Improving customer care in order to improve the inpatient client experience.
- Uplifting the standards and aesthetics of our admission facilities by renovating the existing infrastructure and constructing a specialist center extension block.
- Ensuring value for money by rendering all hospital operations more efficient in order to make our services more affordable.

ADMISSIONS						
CATEGORY	2017/18	2018/19	2019/20	2020/21	2021/22	%AGE DIFFERENCE
MEDICAL	1784	1703	1652	1433	1314	-8.30
PAED	2064	1670	1293	1056	1259	-19.22
MATERNITY	6569	6908	6125	5236	5381	2.77
SURGICAL	744	876	837	855	772	-9.71
NEONATAL	2519	2575	2034	1556	1541	-0.96
ISOLATION	0	0	0	331	0	
ICU	0	0	70	135	103	-23.70
TOTAL	13680	13732	12011	10602	10370	-2.19



### 14.3.3 Special surgical procedures

**Table 18: Procedures Done**

There is a marked improve in Physiotherapy, Eye Clinic and Specialist Center.

PROCEDURES DONE	20/21	21/22	&ge change.
HEPATOBILLIARY PROCEDURES (Whipple's Procedure, Hilojejunestomy, roux-en-Y, Hepatectomy, Hepaticojejunosotomy)	24	29	
INTERVENTIONAL ENDOSCOPIC PROCEDURES (Stenting, Band ligation, FB removal, Polypectomy, PEG,)	75	70	
MINIMAL ACCESS SURGICAL PROCEDURES (cholecystectomy,appendicectomy, cyst deroofing, salpingectomymyocoeptomy,myomectomy, fundoplication)	18	22	
<b>TOTAL</b>	<b>117</b>	<b>121</b>	<b>+12.9%</b>

There has been a 12.9% growth in special surgical procedures done at the Hospital this year. Hepatobiliary surgery continues to be the niche for the Hospital on which we need to build.

### 14.3.4 Major surgical procedures

THEATRE	19/20	20/21	21/22	% change
Main	2295	2023	2157	
Mat	514	574	656	
<b>Total</b>	<b>2809</b>	<b>2597</b>	<b>2813</b>	<b>7.89%</b>

**Table 19: Major Surgical Procedures**

The volume and complexity of major operations done at the Hospital has grown. There is therefore need to expand the main operating theaters and improve them for better outcomes and outputs.

### 14.3.5 Special clinics

	2017/18	2018/19	2019/20	2020/21	2021/22	%AGE DIFFERENCE
Physiotherapy	3675	4168	4814	4988	6557	31.46
Eye	1044	1323	1129	1522	1873	23.06
Dental Clinic	1549	1879	1907	1901	1682	11.52
Specialist Center	7357	10518	10685	13582	15393	13.33

**Table 20: Special Clinics**

With the exception of the Dental clinic, there was a general improvement in the attendance of the special clinics as shown in the table above. Strategic restructuring measures have been taken in the Dental unit, and a new team and new equipment have been brought on board. We are optimistic that this will yield fruit by next financial year.

### 14.3.6 Quality management system (QMS)

This year we have intensified preparatory activities towards Hospital accreditation to COHSASA (Councils for Health Services Accreditation of South Africa) which began in April 2020. We have set the timeline for final evaluation in August 2023, and we have been able to improve our scores from a baseline of 48% in June 2020 to an average score of 70% in June 2022. Our strategy is to undertake an intense mentorship program of all partially compliant service areas and boost morale of all staff.

The Hospital QMS is based on the COHSASA healthcare facility standards (inpatient) first edition, WHO, Ministry of Health, and discipline specific international guidelines. It focuses on the 26 service elements as seen in graph 2 below. It generally addresses all the 12 Quality System Essentials (organization, personnel, equipment, purchasing & inventory, process control, information management, documents and records, occurrence management, assessment, process improvement, customer service, and facilities & safety).

As noted in the table below, this QMS process has enabled us to improve on almost all the quality indices including neonatal mortality, maternal mortality and hospital-acquired infections.

**Table 21: Quality Indicators**

Quality indicators	2021/22	2020/21	%AGE DIFFERENCE
Number of babies born dead (but known to be alive on arrival in hospital) by spontaneous vaginal delivery or Caesarean section	5	5	0.0
Number of deliveries in the hospital in the year	4222	4111	2.7
Number of mothers dying in one year in the hospital while pregnant	5	10	-50.0
Number of obstetric admissions in the hospital in the year	4622	4450	3.9
Number of Caesarean sections in the year	1951	1800	8.4
Caesarean section rate (see definition)	46.20%	43.80%	0.0

# 15.0 RESEARCH UNIT

By Agnes Lwanga

## 15.1 Introduction

The Research unit is attached directly to the office of the Medical Director. The Unit is composed of one Administrative Support Staff that provide consistency, expertise and administrative support to the Lubaga Hospital Research Ethics Committee and serves as a daily link between Lubaga Hospital Research Ethics Committee and the research community (LHREC). The mandate of the Research Ethics Committee includes carrying out research, the members are sufficiently qualified through experience and expertise for reviewing research proposals in terms of regulations, applicable law and standards of professional conduct and practice by Uganda National Council for Science and Technology and all must be accredited by an Accreditation committee for RECS based at UNCST.

## 15.2 Departmental organization

The Research office is run by one Research Administrator under the supervision of the Medical Director. She is supported by a 12-member committee with diverse academic backgrounds.

The Committee has developed Standard Operational Procedures that guide its functions as per the National Guidelines for Research Involving Humans as Research participants 2014. Currently we are relying on Mengo Hospital REC and Nsambya Hospital REC to furnish us with Approval letters for the several studies that we receive from the LH Training School, Mulago Allied Professional Schools, Schools around us and other Private Studies that need administrative clearance.

## 15.3 Achievements

The following achievements have been made in the year under report;

- The review of the Standard operational procedures of the LHSC
- The application for accreditation to the UNCST
- The formalization of the Hospital Research Policy

One of priority areas of the hospital is to position the hospital as a health research Centre of excellence. We have the support of management to obtain the accreditation. There several activities that need to be done, we need to develop our own protocols and carry out research on relevant topics and hold annual public lectures to disseminate research findings.

## 15.4 Strategies

Leveraging on our cluster's research strength, the hospital promotes collaborations, partnerships with various academic, research institutions and regulatory agencies.

We need to be accredited as a REC in order to proceed with the research Agenda in the hospital.

Collaboration with Caesar University and Makerere University school of Public Health

Formalize the research Policy and implementing it so that the hospital can take forward the research agenda.

## 15.5 Challenges and Solutions

Raising the Profile of the Research unit in the Hospital organogram so that collaborators recognize the unit. Professional image of the Committee will improve and the committee will attract funds.

Another challenge for the Lubaga Hospital research policy is to enhance participation of staff, students and other stakeholders to undertake high impact researches.

We need to collaborate with our partners at medical and research institutions, universities, health professionals, decision makers in the health system and the MoH to both develop knowledge and improve patient care.

## 15.6 Recommendations

To build upon the current LH Scientific Committee operations for increased ethical operational and community-based research among Lubaga Hospital staff, researchers within Uganda and internationally-based collaborators, while ensuring the protection of human subjects.

Enhance Lubaga Hospital's evidence-based practice, program development This will be done by providing equipment, enhancing library facilities and online access, funding overheads, publications local input in research design and local control of the research agenda. There is need to consistently market Lubaga hospital research capacity and products across stakeholders There is also need to undertake collaborative research which brings in management studies as an aspect rather than a principle subject of research especially for studies that try to link research to practice and training.



## 16.0 STUDENTS' COORDINATION OFFICE

### 16.1 Introduction

This is an attempt to put together what has happened in the period Jul. 2021 until Jun. 2022. The period has been characterized by high demand for students' practical exposure/field attachment following the lockdown due to COVIC 19. It consists of: Organization of the Department, Service range description, Annual outputs with 4-year trend, Critical analysis of outputs, Departmental milestones, Strategies & plans, challenges and recommendations.

### 16.2 Organization of the Department

Students' coordination office under the Administration Department reports to the Medical Director. With the guidance of the Education and Training committee the office works closely with the Principal Nursing Officer and her deputies as well as the non-medical units.

On receiving students' requests for Field Attachment, possibilities are sought in the units whose operations relate to the placement objectives being sought by the student. For example, Students of Biomedical Engineering get placements in the maintenance unit while students of Diploma in Clinical Medicine are best helped in Medical Departments.

International students are issued with: (i) a standard "international students clinical practicum application form" which captures Students' Personal Data, next of kin name and telephone contact and placement objectives/Clinical area of interest and (ii) a 'practicum policy for international students" which informs the candidate of Hospital's expectations. These are filled and submitted to the office prior to confirmation of placement opportunity.

Acceptance letters with details of: the placement fees, dressing code, treatment, feeding arrangements and accommodation availability are issued before the first day of placement.

The student confirms that he/she will take up the placement opportunity by submitting required fees to Accounts Office and the receipt is registered by the Students' Coordination Office.

The Education and Training Committee of the Hospital entrusts the role of mentoring students to Deputy Unit in-charges who ensure allocation of tasks and monitoring of learning progress. Placement reports and log books are approved by Hospital staff who have been employees of the Hospital for a minimum of one year.

The Students' Coordinator's Office confirms completion of the placement by stamping against the Mentor's signature.

### 16.3 Scope of work

The office co-ordinates placements of students who are still in training, this applies to students of institutions within Uganda and outside (international institutions). It ensures that students are oriented to the organization and their learning is supported during the placement. The office intervenes as found appropriate whenever the students are faced with challenges.

The Office coordinates the conduction of Internal and National Examinations for students of Diploma in Clinical Medicine from Kampala School of Health Sciences, Indian Institute of Health and Allied Sciences and King Caesar University.

## 16.4 Annual Outputs With 4-Year Trends

**Table 22: Placement fees received by the Hospital in the past 4 years**

Year	2018/2019	2019/2020	2020/2021	2021/2022
40%	30,280,000	19,406,200	There was not much activity due to COVID 19	33,694,480
60%	45,420,000	29,109,300		50,541,720
Total	75,700,000	48,515,500		84,236,200

40% of the income from placement fees is distributed to Hospital staff in recognition of their efforts to train students. 60% is retained by the Hospital as contribution to Administrative costs.

## 16.5 Critical Analysis of Outputs

- The quality of experience attained by the students depends on the extent of co-operation between the student, hospital mentors, and the institution supervisors.
- Students of Lubaga Training School participated in 'skills competitions' organized by "Enable Uganda" during November 2021. A student of Midwifery, Namugenyi Mary, and a student of Nursing, Dembe Pius, participated in regional, National, Namibia and Shanghai competitions. For the Regional Competitions, Mary was the best in midwifery while Pius was the 2<sup>nd</sup> best in nursing. For the National competitions, Mary was 2<sup>nd</sup> best while Pius was the in the 4<sup>th</sup> position.
- Internal Examinations of students of Diploma in Clinical Medicine and Community Health, King Caesar University were held on 4<sup>th</sup> – 8<sup>th</sup> October, 2021 following a practical exposure of four (4) months.
- Students of Diploma in Clinical Medicine and Community Health from Indian Institute and Kampala School of Health Sciences were examined by Uganda Allied Health and Examinations Board (UAHEB) from 25-28<sup>th</sup> April, 2022.

## 16.6 Departmental Milestones

- Reduced crowding of students in the Hospital units;
- Improved support for students' learning while on Field attachment/Practicum;
- Ensuring that all students submit the required fees to the Hospital;
- Ensure that, the money collected from practicum students is used to: motivate staff (40%) while the rest remains with the Hospital (60%)
- The students of Diploma in Clinical Medicine and Community Health are enabled to have their practical exams from the Hospital on condition that institution remit the necessary funds to meet Examiner's Allowance and Hospital Administration fees

## 16.7 Strategies & Plans

- The MOU with Kampala University School of Nursing and Health Sciences (KU) was renewed for three (3) years starting 18th Jan, 2022;
- Lubaga Hospital Training School (LHTS) will always share its schedule for bringing students with the Students' Coordinator. Allocation lists will reach Hospital units at least a week before the start date.
- Students will always be received by the Hospital team (Students' coordination office and PNO's office/Medical Doctor on the first day of each placement)
- Tutors will be registering monitoring visit findings in a book recommending follow-up actions. Registration book will be put in Students' Coordination Office so that Tutors' findings are captured and irregularities are reported/rectified in real time;
- Meeting with Deputy In-charges will be held every three months.

## 16.8 Challenges

- Institutions have similar timetables, hence students from different institutions request for practicum during the same time.
- Students do not own the tasks allocated to them by their supervisors which reduces the sense of responsibility and consequently lowers the level of learning.
- Institution supervisors rarely check on the students on field attachment yet the relationship among the student, the site supervisor, and the faculty supervisor is perhaps the most influential factor in determining the success of the practicum.

## 16.9 Recommendations

- The office sticks to, "First come, First serve" principal.
- Duty allocation lists should be displayed and students should provide handover reports to their supervisors whenever they are leaving duty.
- Institution supervisors should register anomalies found in the units so that the coordination office reminds the mentors to intervene appropriately.
- Mentors are required to submit reports about Students' Training in their respective units Quarterly to Deputy PNO in charge of Training/Students' Coordinator.
- The students of Diploma in Clinical Medicine and Community Health be enabled to have their practical exams from the Hospital on condition that institution remit the necessary funds to meet Examiner's Allowance and Hospital Administration fees.

## 17.0 OUT PATIENT DEPARTMENT

Dr. Ruth Nsamba

### 17.1 Introduction

OPD is the facility's first contact point that receives patients who get medical treatment at various clinics without being admitted to the hospital. The patients come for diagnosis and treatment purposes.

### 17.2. Departmental organization

The out-patient department comprises of the General outpatient unit, Specialist center, Eye and Dental units as well as the Emergency unit. The department is staffed with Nurses, Medical officers, Specialist Doctors, Paramedical officers, customer care and hygiene teams.

The specialized services offered include obstetrics and gynecology, internal medicine, surgery, ophthalmology, oral-maxillofacial surgery, nephrology, neonatology, pediatrics, psychiatry, ENT (Ear nose throat), dermatology, cardiology, cardiothoracic surgery, neurosurgery, plastic surgery and Urology.

### 17.3 Annual Outputs With 5 Year Trend

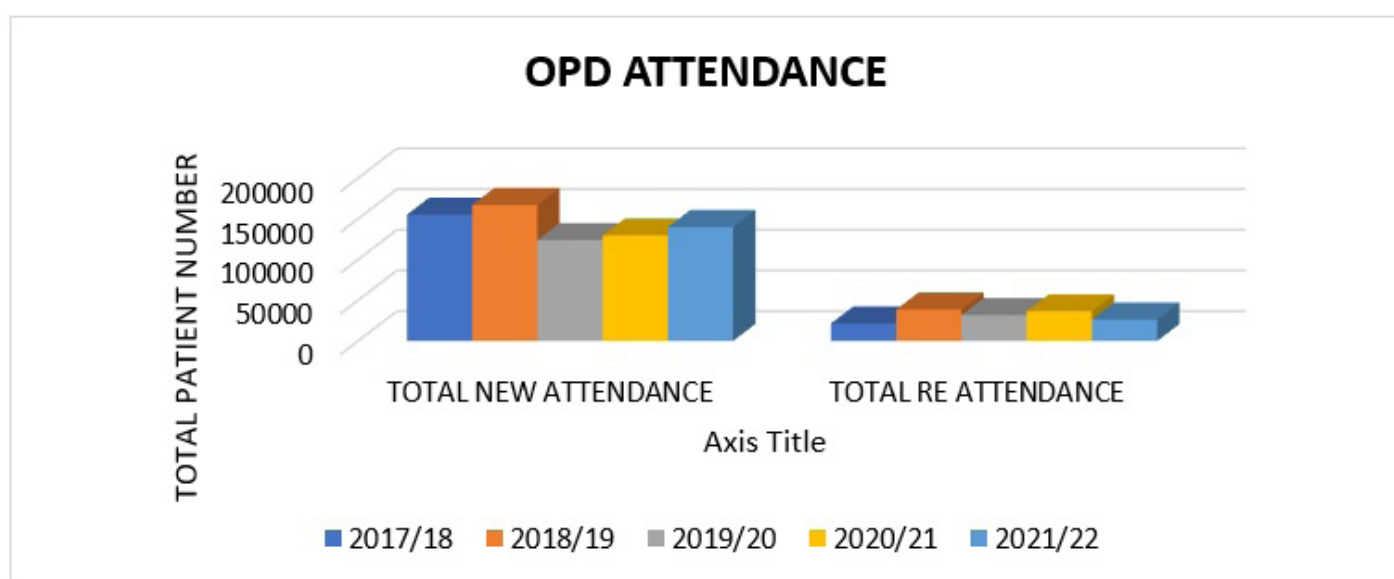
#### 17.3.1 OPD Attendances

As shown in the table and figure below, the reattendances have reduced in comparison with 2020/21. This could be attributed to improved clinical acumen by the clinical team and access to the specialist center leading to better clinical outcomes. The grand total was 166352 patients for the year 2021/22, our target is 179,600 patients for the year 2022.

**Table 23: Showing trends of OPD attendance over a 5-year period**

CATEGORY	2017/18	2018/19	2019/20	2020/21	2021/22
NEW ATTENDANCE	155184	167130	123929	129589	139973
RE ATTENDANCE	21461	38659	31679	36469	26407
GRAND TOTAL	176645	205789	155608	166058	166352

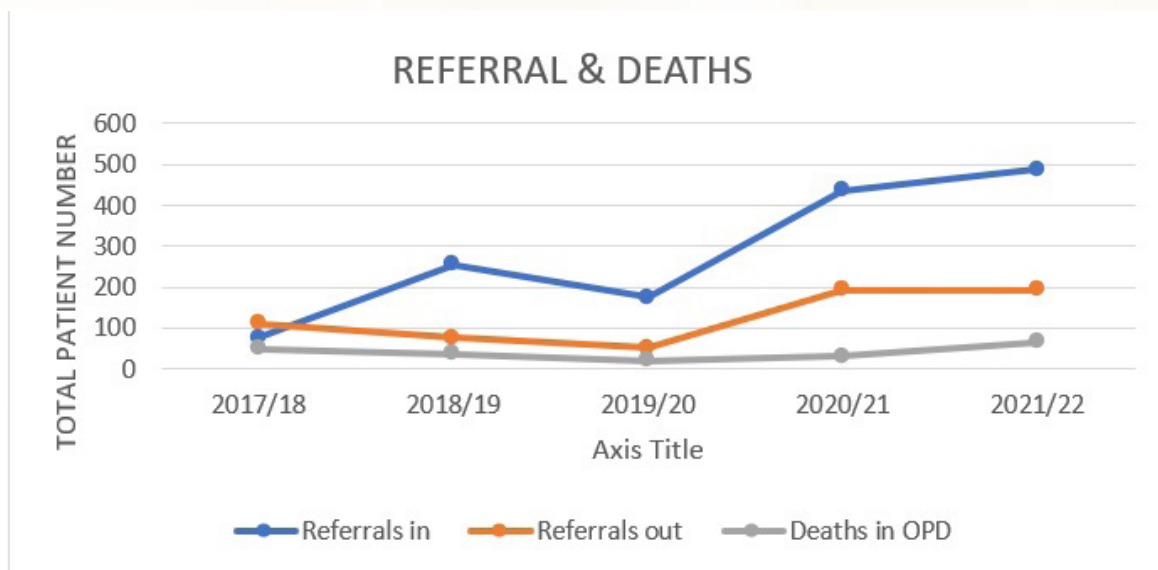
**Figure showing OPD attendances over a 5-year period**



## Graph 10: OPD Attendance

### 17.3.2 Referrals and Deaths At OPD

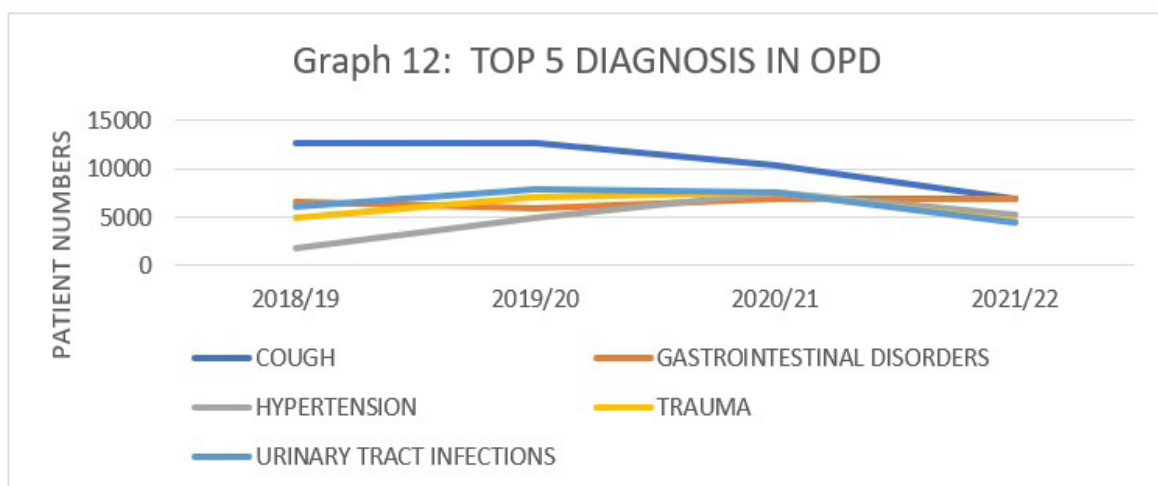
There is a progressive rise in the number of referrals coming into the Hospital. This is because the Hospital is becoming more specialized to suite its role as a referral facility. There is also a growing number of deaths in the Emergency unit, especially those brought in critical condition following severe road trauma. This data is shown in the figure below.



## Graph 11: Referral and Death

### 17.3.3 Top Five OPD Diagnosis

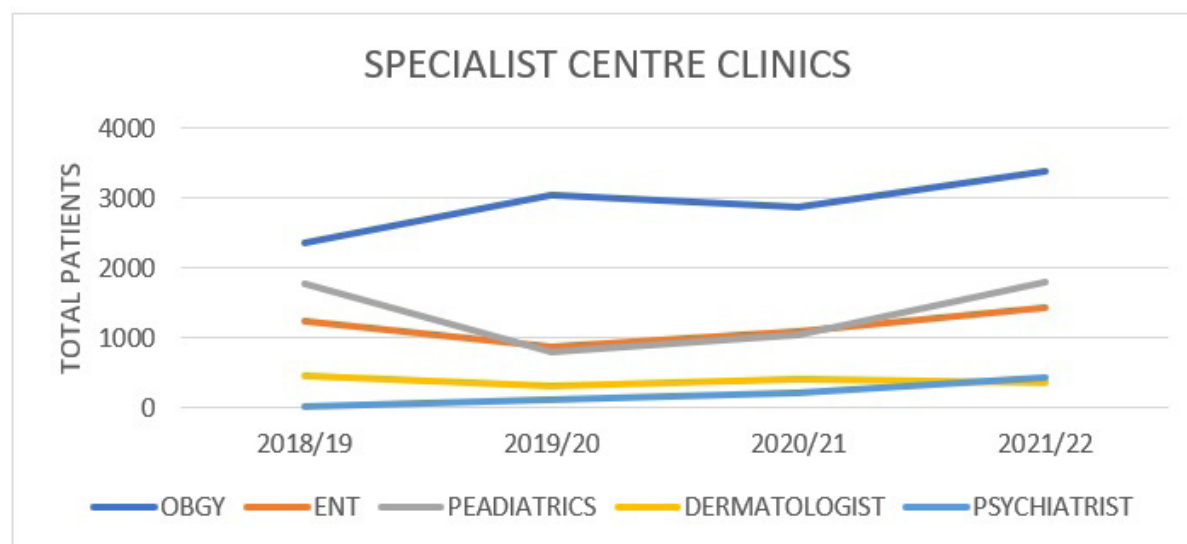
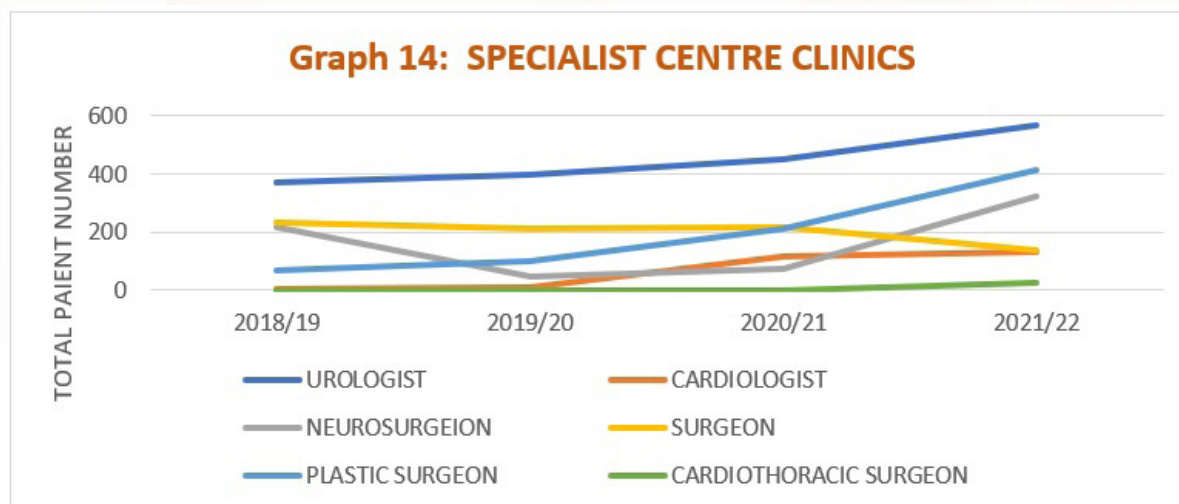
Upper airway infections topped the list of diagnoses seen at the OPD this year. The other diseases in the top five list include GIT disorders, urinary tract infections, hypertension and trauma. These are shown in the figure below.



### 17.3.4 Specialist clinics attendance

There has been an overall growth in numbers attending specialist center, especially Plastic surgery, neurosurgery, obstetrics and gynecology, cardiology, psychiatry and urology clinics.

Newly added clinics [2021/22] include neonatology and nephrology clinics.



### 17.3.5 Hypertension and Diabetes Clinics

This year we have seen a drop in the attendance of the hypertension and diabetes clinics. This might be a reflection of a health financing barrier rather than a reducing prevalence of Non-communicable diseases.

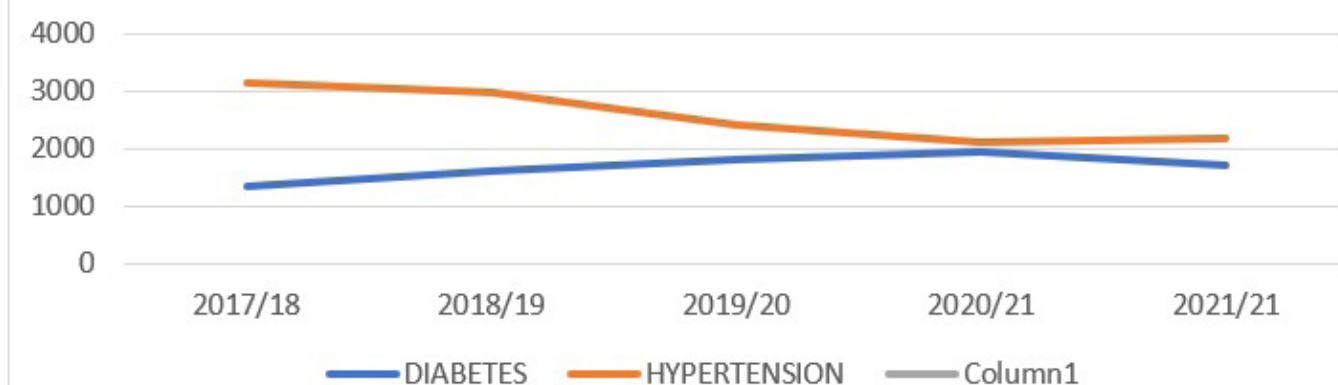
With the increasing urbanization and associated lifestyle changes as well as improvements in life expectancy we continue to see a surge in NCDs, including hypertension. Prevalence of DM is on a rise in sub-Saharan Africa and will more than double by 2025.

In sub-Saharan Africa, the burden of non-communicable diseases is steadily rising amidst a high prevalence of communicable diseases stretching the healthcare system.

The growing epidemic of chronic, non-communicable conditions in developing countries calls for prepared health systems.



**Graph 15: 5 YEAR PERFORMANCE OF HYPERTENSION AND DIABETES CLINIC**



#### 17.4 Departmental Milestones

- OPD is in the process of conforming to quality management systems, the department is currently weighted at 88% from the previous 33% [2020].
- There were new specialist clinics created this year; Nephrology and Neonatology.

#### 17.5 Strategies and Plans

- There are plans to construct a state of Art, Private wing for the hospital is in place [part of the strategic hospital plan]
- To daily improve quality management systems on the units to achieve the hospital Vision of "state of the Art hospital in Africa" by strengthening the implementation, monitoring and evaluation of the systems.
- To achieve COHSASA accreditation as a whole facility in 2023.

#### 17.6 CHALLENGES

The OPD is experiencing long patient delays and long patient Turn around Times for diagnostic investigations.

#### 17.7 RECOMMENDATIONS

- Continually work to Improve the customer experience of our clients, this will attract them back to the facility.
- Strengthen the Work Improvement Teams (Wits) which will set out to improve the gaps identified on the units like Long Patient Turn Around times to mention but a few.
- Create an appointment system for the specialist center clinics.

# 18.0 DENTAL UNIT

By Adolf

## 18.1 Introduction.

This is a report from the dental unit covering a period of one year from July 2021 to June 2022. Still operating as a unit (in room 10) under the out-patient department since its inception in 2013, the dental clinic has now developed capacity to offer dental services throughout the week (including weekends and public holidays) utilizing the two dental chairs/beds.

## 18.2 Organization.

Currently, there are two full time dental officers in the unit. These, together with the one full time dental surgeon (as an in charge of the unit) answer to the medical director of the hospital. There are two full time nurses who act as dental assistants and these answer to the Principal Nursing Officer. There is also a visiting dental specialist (oral and maxilla facial surgeon) who also answers to the medical director, making the total number of staffs of the dental unit six.

## 18.3 Scope of work.

1. The dental clinic offers a vast range of dental services including:
2. Dental consultation and examination.
3. Dental imaging (Peri apical x-ray services)
4. Teeth extraction
5. Teeth conservation (Filling or cementing)
6. Professional dental cleaning (scaling and polishing)
7. Endodontic treatment (root canal therapy)
8. Fracture immobilization (eyelet wiring, mandibular -maxillary fixation, ORIF, etc.)
9. Excisions of cysts and tumors.
10. Dental prosthetics (dentures, bridges and crowns)
11. Dental orthodontics (Removable and fixed appliances/braces)
12. Cosmetic dentistry (whitening) etc.

## 18.4 Annual outputs.

a). Patients attendance

FINANCIAL YEAR	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
TOTAL PATIENT ATTENDANCE	1549	1879	1907	1901	1682

**Table 16: Eye Clinic Patient Attendance**

b). Top 5 services offered this year

	Dental procedures	Number
1.	Extraction of diseased teeth	548
2.	Endodontics (Root canal therapy)	468
3.	Filling/ cementing	308
4.	Scaling and polishing	128

## **Table 17: Dental Procedures**

### **18.5 Critical analysis of services**

Table a, shows that there was a steady increase of patients' attendance throughout the years until it hit the pick in 2020. This was a time when COVID 19 disruptions came in, but never the less, the numbers were able to hold up to 2021. The drop up to 2021/2022 may have been the fact that there was one dentist operating in the entire second half of that year. This trend is expected to change following staffing of the unit to full capacity.

Table b, shows that root canal therapy remains a well demanded for service at the dental clinic, second to dental extraction since patients are gradually gaining awareness that painful teeth can be restored other than being merely extracted as thought before.

### **18.6 Milestones.**

- i) The dental unit was able to obtain a full-time dental surgeon and another full-time dental officer (making it two dental officers) who would start work in the beginning of financial year 2022/2023.
- ii) The old dental chair which was always characterized by constant break downs was replaced by a brand new full dental unit with a functional compressor and HD intra-oral camera.

### **18.7 Strategies and Plans.**

Expansion of the dental unit in size, equipment and personnel, into a fully-fledged.

### **18.8 Challenges.**

- i) There is always one nurse at a time acting as a dental assistant. Assisting a dentist directly during procedure may not be possible since she may be doing other work for the clinic. This makes a dentist to assist him/herself during procedure jeopardizing the dentist's efficiency. Re-triaging and reception or preparations of patients may also not be properly done.
- ii) The dental clinic operates in a limited space. (room 10 of O.P.D). In peak months, there is serious congestion and delays.
- iii) Extending entertainment services to the waiting patients may be a good idea.

### **18.9 Recommendations.**

Dental assistants are highly recommended. Alternatively, at least two nurses can be deployed in the dental clinic to do dental assisting.

Further expansion of the dental unit in terms of equipment is also recommended.

# 19.0 OPHTHALMOLOGY UNIT

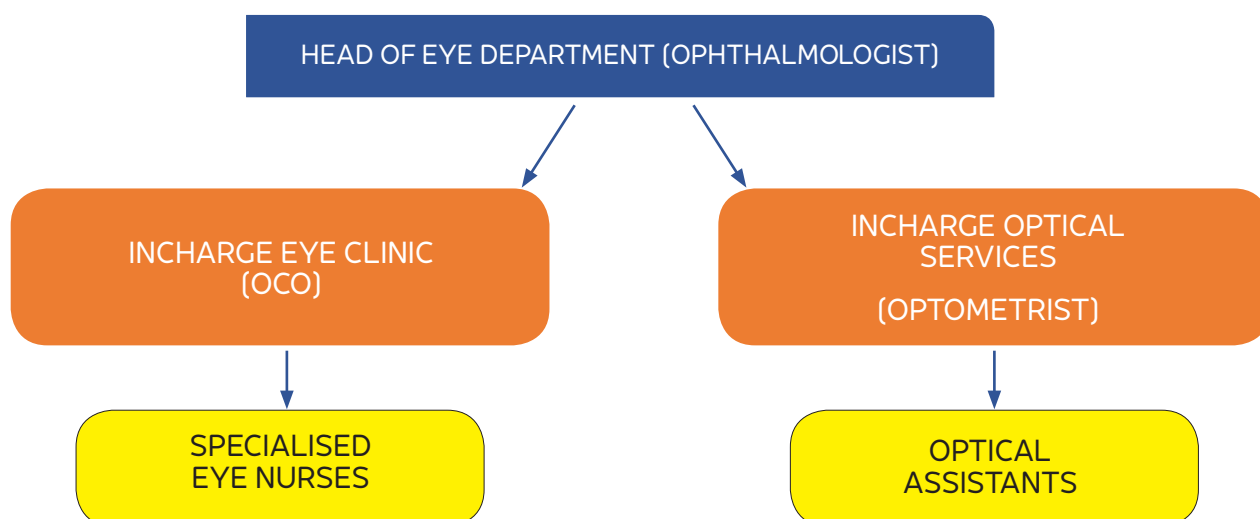
(By Nassekesa)

## 19.1 Introduction

The Eye Unit has been operational for 10 years. It started out as a one-person service manned by an Ophthalmology Clinical Officer (OCO) and has slowly grown into a unit with two nurses and an Ophthalmic Clinical Officer offering screening, preventive and curative services to clients with ocular ailments. Three years back, an ophthalmologist was brought on board in order to expand the range and quality of eye services offered by the eye clinic. The Med-optics company was also brought on board this year in order to boost eye clinic by offering high quality refractive services and to create publicity for the eye services at Lubaga Hospital.

The unit is open daily from 8am to 5pm and offers outreach services to the neighboring community. The unit currently offers both specialized and super-specialized eye services such as: Cataract Surgery, Oculo-plastics, Squint surgery, Eye screening, Imaging and refraction.

## 19.2 Organization of the unit



## 19.3 Scope of work

Eye clinic currently offers a wider range of eye services to both general and private services including those that come for specific investigations and among others include the following.

- **Screening of Retinopathy of prematurity**

This is done to all preterm babies, this has been done to all preterm babies who are born within the Hospital. We have also registered referrals who come in for service.

MONTH	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22	TOTAL
CASES	7	4	8	3	1	2	1	7	5	4	42

- **Ocular Coherence Topography**

Eye clinic has also registered a bigger number of patients who require the above investigation. We have also registered referrals who come in for the above investigation.

Sex	Female	Male	TOTAL
Cases	32	22	54

- **Visual field analysis**

This is one of the investigations being done currently in our department especially in management of glaucoma patients.

- **Eye surgeries**

The number of eye surgeries keeps on increasing since the ophthalmologist is available.

PERIOD	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
20-21	-	-	2	3	0	4	1	2	7	1	3	0
21-22	0	1	0	1	0	0	0	0	1	0	3	1

- **Refraction and other optical services**

This year eye clinic has registered a big number of refractive cases and all are currently managed

Period	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
2021/22	12	4	3	12	10	25	31	21	13	18	19	32	200
2020/21	18	8	16	10		10	14	12	19	15	11	7	140

- **Dispensing of spectacles**

The partnership with Med-optics has increased the number of spectacles dispensed out of our clinic and also clinical attendance.

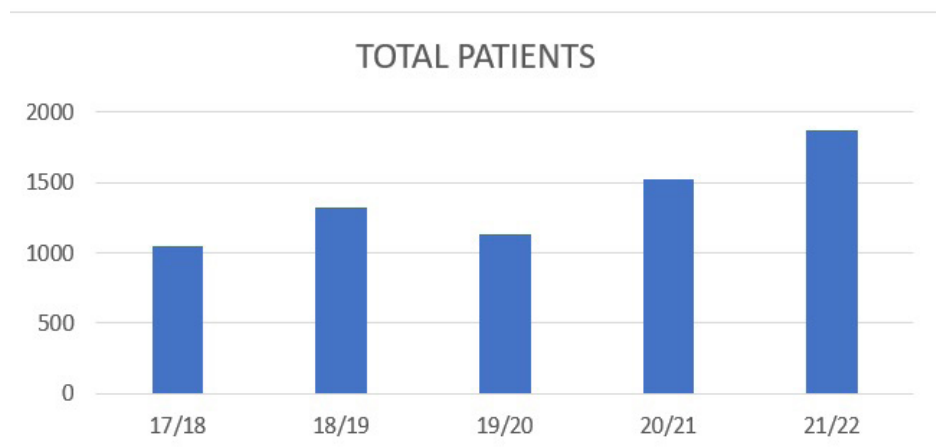
#### 19.4 Annual Outputs With 5-Year Trend

The table below details of outputs in terms of numbers of clients seen over the spectrum of the last five years for comparison.

Period	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
21/22	69	125	134	95	127	176	179	175	217	157	206	213	1873
20/21	126	136	107	165	107	107	115	140	177	140	145	57	1522
19/20	127	118	88	63	86	69	169	147	123	5	25	109	1129
18/19	113	100	97	162	106	68	90	101	119	121	120	126	1323
17/18	80	85	95	82	55	57	100	91	92	84	133	90	1044

**Table 30: Eye Departmental growth over the 5 years**

**Graph 16: representing Eye Clinic growth over the last 5 years**



### 19.5 Critical Analysis of Outputs

- 80% Overall Clinic growth over the last 5 years
- 20% rise in Surgeries for Financial Year 2020/2021
- The current growth in volume of services may be attributed to the synergy with MED-OPTICS.

### 19.6 Departmental Milestones

- 80% rise in EYE CLINIC Attendance in the last 5 years
- 20% rise in Eye surgeries
- Initiation of screening programs (Diabetic Retinopathy, Glaucoma, Retinopathy of Prematurity)
- Installation of the Ocular Coherence Tomography
- Partnership with Med-Optics

### 19.7 Future Projections

- Corneal transplant
- Continued capacity building to support corneal transplant program and also ophthalmic nurses
- Continued publicity through organizing surgical camps
- To scale up the range of services at the department
- Initiate research projects.
- 150% rise in eye clinic attendance.

### 19.8 Challenges

- Costs of services limits large number of patients that need eye surgeries
- Lack of Neonatal Retinal camera which is important in screening of retinopathy of prematurity and can reduce cost and promote service uptake
- Lack of department support for professional development

### 19.9 Recommendations

- Our eye clinic performance is steadily picking up. We need to maintain continuity in service delivery
- More lobbying and partnerships
- Increase surgical output.
- We are expanding our range of services and hope to achieve targeted growth by the end of the current financial year.



## 20.0 PUBLIC HEALTH DEPARTMENT

By Resty Ndagano

### 20.1 Introduction

Uganda Martyrs Hospital, Lubaga strives to be a State – of – the art Health Care facility in Africa by providing sustainable quality and compassionate health services to the community for God's glory. The Public Health Department of Lubaga Hospital commits its self to contribute to the hospital's vision and mission to be a State - of - the – art health department for provision of preventive, promotive and supportive services in Africa by striving to improve the lives of all people entrusted into our care particularly the less privileged and vulnerable communities.

### 20.2 Departmental organization

The Public Health Department remains a consortium of (6) services which address Maternal health/ANC, Child health/vaccination, Sexual reproductive health/NFP, Nutrition, HIV/AIDS/TB care and Community/school health.

The department focuses on offering preventive care services (health education, vaccination, screening for HIV/TB, and malnutrition), promotive services (ANC.), supportive services (HIV/AIDS/TB care) and palliative services (care of bedridden patients in their homes).

### 20.3 Scope of work

#### 20.3.1 Service Schedule

1. Maternal Health Services (Antenatal care services, postnatal care services & cervical cancer screening) with clinics run daily from Mondays to Saturdays.
2. Childhood immunization and growth monitoring services with clinics running daily from Mondays to Fridays then Saturday and Sundays for the new born babies on maternity ward. Child immunization is also done in the 9 community outreach stations.
3. HIV/AIDS/TB care with clinics running daily from Mondays to Fridays.
4. Sexual Reproductive Health & Natural Family Planning services: daily 5x/week.
5. Nutritional, dietetic service; daily 5x/week.
6. School Health and promotive services in the 8 outreach stations (integrated in existing services and pulse campaigns in the community 4x/week.

All these services are offered at the hospital and in the community through the 9 established outreach stations where Lubaga Hospital operates mainly in Lubaga South Constituency which is its catchment area. The department runs five full days per week i.e Mondays to Fridays. ANC/EMTCT services are extended on Saturdays for new and working mothers while vaccination services continue on Saturdays and Sundays at Maternity, pediatric ward and OPD.

#### 20.3.2 Service scope

##### Antenatal, Postnatal care Services & Cervical Cancer screening

The Antenatal Unit, located at adjacent to the department offices is open from Monday to Saturday. The service is led by a Medical officer supported by a team of 16 midwives. The team provides health education, routine antenatal care assessment, HCT services for new ANC mothers for Elimination of mother to child transmission of HIV (EMTCT) and postnatal care and Cervical Cancer screening are key services offered during ANC-clinics.

### Post-natal services:

Postnatal services are held on Mondays to Fridays for mothers who turn up at six days, six weeks and at six months after delivery.

During post-natal clinics, mothers and babies are examined fully for any complications which might arise from child birth. Mothers are also counselled on natural family planning and breast feeding. The babies are immunized.

### Cervical Cancer Screening:

Cervical cancer (Ca Cervix) is the second most common cancer among women globally and the most common cancer in Uganda. At Lubaga Hospital, Cervical Cancer screening is done daily from Mondays to Fridays. Those with positive VIA (Visual Inspection under Acetic acid) will proceed to a Pap smear or be treated with cryotherapy (tissue freezing treatment to kill abnormal cells) depending on the lesion detected. Mothers are then followed up at six weeks and at six months after the procedure.

At six weeks, VIA is repeated. Should it be still positive, a 2<sup>nd</sup> Cryotherapy procedure is done. If it persists as positive after another six weeks, a biopsy is taken. Biopsies which are positive for cervical cancer are referred appropriately for further management depending on the staging of the Cancer.

## 20.4 Annual Outputs for Maternal Health Services

CLINIC	2017/ 18	2018/19	2019/20	2020/21	2021/22	Percent. % Growth
ANC clinic (all)	19,935	22,853	20,031	18,703	18,450	-1.4 %
Postnatal clinic	2,568	3,576	2,084	2,167	1,985	-9.2 %
Cervical Cancer Screening	893	597	656	1,338	1,827	26.8%
• Clients screened w VIA	95	51	35	40	53	
• Biopsy taken	27	27	20	24	21	
• Confirmed Cancer by Biopsy	5	5	3	12	11	
• Cryotherapy done	56	19	8	10	23	
• Clients diagnosed with confirmed Cancer w VIA	3	6	3	15	10	
• Pap smears	00	42	77	105	84	

**Table 31: Clients who received Maternal Health Services in FY 2017/18, 2018/19, 2019/20, 2020/2021 and 2021/22**

## 20.5 Critical analysis of PHD outputs

### 20.5.1 Analysis of maternal health services

#### 1. ANC Care services:

We noticed a **1.4%** drop in the overall number of clients who attended ANC care services in Lubaga Hospital in 2021/2022. The decrease is mainly related to the COVID lock-downs between February and March 2020 which affected public transport and mothers could not move easily to the health facilities. There might be others causes other than COVID-19 which we need to investigate. Although there is this drop, the numbers are slowly picking up.

#### 2. Post-natal services;

Although we realized a **9.2 %** drop in the postnatal clinic in this **FY 2021/2022**, a low attendance of mothers to the post-natal services may be because the mothers pay for administrative fees when they turn back for post-natal services of 20,000/- (The service used to be free for mothers), other mothers may seek services from nearby health facilities or when they are fine, they do not see the need to come back.

### 3. Cervical Cancer screening services:

There is an increasing trend of mothers screened for cervical cancer (**1,338**) in 2020/2021 and (**1,827**) in this FY 2021/22. It is also observed that the number of mothers confirmed with Cervical Cancer has increased over the last two FYs

### 4. Childhood Immunization services.

At Lubaga Hospital immunization is offered at three possible locations including the hospital wards at birth or when admitted for other medical conditions, at the immunization clinic and at outreach posts. The program aims at reducing morbidity and mortality due to childhood diseases. Vaccination is also extended on Saturdays and Sundays on Maternity, OPD and Pediatric wards for the newly born babies and those children who missed their immunization schedules.

### 5. Analysis of childhood immunization services

A downward trend in the number of children immunized in the Outreach stations was observed which accounted for **4.5%** over all children immunized in 2021/2022. This could be attributed to inconsistency of the immunization team which visits each outreach station once a month. Mothers seek for the services in the nearby clinic/health facility because they cannot wait until the team comes. Other reasons like lack of awareness raising etc will be investigated on. Immunization at Lubaga hospital static clinics accounted for **70.2%** of the children who were vaccinated during this FY.

	2017/18	2018/19	2019/20	2020/21	2021/22
Children immunized in the wards	4,692	4,800	4,656	4,233	4,426
Children immunized in the outreaches	3,319	2,009	1,954	881	788
Children immunized in the immunization Unit at PHD	16,628	15,749	12,861	10,343	12,253
<b>TOTAL IMMUNIZATION</b>	<b>24,639</b>	<b>22,558</b>	<b>19,471</b>	<b>15,457</b>	<b>17,467</b>
<b>OTHER SERVICES</b>					
Number of children dewormed	32,404	49,529	4,645	7,873	7,653
Hepatitis B Vaccination					6,266

**Table 32: Number of clients immunized according to location in the previous 5 FYs**

### Childhood vaccines offered in Lubaga hospital:

Name of vaccine	Protects against	Given at	2020/21	2021/22
BCG	Tuberculosis	Birth	6180	4426
Protection at Birth for TT (PAB)	Tetanus	Birth	3938	16,163
Oral Polio Vaccine (OPV0)	Polio	Birth	3259	4426
Oral Polio Vaccine (OPV1)	Polio	6 weeks	2866	3333
Oral Polio Vaccine (OPV2)	Polio	10 weeks	2637	2769
Oral Polio Vaccine (OPV3)	Polio	14 weeks	2637	2690
Injectable Polio Vaccine (IPV)	Polio			
	Also, at 14 weeks			
	2632 2533			
DPT-HepB+Hib 1	Diphtheria/Tetanus/Whooping Cough/Hepatitis B and Hemophilus Influenza type B	6 weeks	3234	3159
DPT-HepB+Hib 2	Diphtheria/Tetanus/Whooping Cough/Hepatitis B and Hemophilus Influenza type B	10 weeks	2875	2589
DPT-HepB+Hib 3	Diphtheria/Tetanus/Whooping Cough/Hepatitis B and Hemophilus Influenza type B	14 weeks	2640	2669
Pneumococcal Vaccine 1 (PCV 1)	Streptococcal Infections	6 weeks	3231	5285
Pneumococcal 2 (PCV 2)	Streptococcal Infections	10 weeks	2679	2729
Pneumococcal 3 (PCV 3)	Streptococcal Infections	14 weeks	2461	2619
Rotavirus 1	Rota virus	Before 32 weeks	3252	2698
Rotavirus 2	Rota virus		2868	2186
Measles Vaccine	Measles	6 or 9 months	2284	2171
Fully Immunized by 1 year.			2284	2171

**Table 33: Childhood vaccines offered at Lubaga Hospital from FY 2020/2021 to FY 2021/2022**

### 6. Child Days Plus and other vaccination campaigns:

Lubaga Hospital always participates in the National Child Days Plus activities which take place twice a year in April and October. Children aged between 1 and 14 years are dewormed: Vitamin A supplement is given to children from 6 months to 5 years.

During these days, other activities are carried out, e.g. routine immunization, health education on personal hygiene and sanitation, nutrition, prevention of Malaria and use of treated mosquito nets.

However, because of the COVID-19 pandemic, many schools were still closed. In October 2021, Lubaga Hospital through the Public Health Department managed to reach children in Outreach stations and communities near Lubaga Hospital which included Najjanankumbi, Busega, Ndeeba, Lungujja, Kabowa, Kabuusu and at Lubaga hospital. Children in Charitable Organizations of Missionaries of the poor brothers of Mengo Kisenyi, Missionaries of the poor of Busega, Bakateyamba -Nalukolongo and Mukisa Foundation. Activities included giving deworming tablets to children of 1yr to 14 years, and giving vitamin A supplements to those below 5years. The team observed total COVID-19 SOPs for prevention.

No.	Date	Name of school	Village	Male	Female	Total
1	11/10/2021	Missionaries of the poor	Mengo Kisenyi	20	180	200
2	11/10/2021	Bakateyamba/Nalukolongo	Nalukolongo	80	120	200
3	12/10/2021	Missionaries of the poor	Busega	180	25	205
4	12/10/2021	Mukisa Foundation	Lungujja	440	235	675
5	13/10/2021	Wakaliga B	Wakaliga	150	190	340
6	14/10/2021	Najjanankumbi	Najja 2	172	189	361
7	18/10/2021	Busega Outreach	Catholic church	68	88	156
8	19/10/2021	Ndeeba Outreach	Catholic church	253	277	530
9	20/10/2021	Kabuusu	Church	220	265	485
10	21/10/2021	Lungujja Outreach	Lungujja	100	172	272
11	27/10/2021	Kabowa Outreach	Kabowa	146	154	300
12	1 <sup>st</sup> to 31 <sup>st</sup>	Lubaga Hospital	Lubaga	449	502	951
<b>TOTAL</b>				<b>2017</b>	<b>2397</b>	<b>4414</b>

**Table 34 shows Communities and number of children who received the services**

## 20.6 Support Services in the Public Health Unit

To achieve the targets for Maternal health, Child health and HIV/TB programs, the unit has three support services namely, Community/School Health Services, Natural Family Planning services and Nutrition services offered both in the Hospital and community Outreaches.

### 20.6.1 Community/School Health Services

Lubaga Hospital through the Public Health Department has an active Community/School section which offers community services in the 9 Outreach stations of Ndeeba, Mutundwe, Kabowa, Kitebi/Nyanama, Busega, Najjanankumbi, Nateete, Lungujja and Nalukolongo (All in Lubaga Division) have been active. Services done in the community outreaches include: Health education, child immunization, screening for HIV/TB, malnutrition and Malaria, mental health, treatment of clients with minor opportunistic infections, Natural family planning, tracing of patients on ART/TB for adherence and palliative care of the bed-ridden patients at the outreaches and in patients' homes.

The community team headed by Nurse Namujuzi Margret, was assisted by 32 community Health workers with community mobilization, Health education, Counselling, screening for malnutrition, home visiting and identification of patients who need palliative care. The VHTs also accompany the patients referred from the community to Lubaga hospital for further management.

**Trend of Community services as indicated in the table below:**

Community Services	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
Planned number of outreaches reached	8	8	8	9	9
Planned outreach visits	132	165	144	102	241
Health education sessions carried out	298	268	267	234	221
No. of patients treated in outreaches	7,812	5,708	5,873	2,858	3,667
Patients offered palliative care in homes	237	162	115	48	131

**Table 5. The trend of community services in FYs 2017/18, 2018/19, 2019/20, 2020/2021 and 2021/22**

Although the trend of community services shows good utilization of the services for the FY 2017/18, 2018/19 and 2019/2020, the services declined tremendously throughout 2019/20 because of the COVID-19 pandemic as the team could not reach the people in the communities. For the FY 2021/2022, the services slowly picked up.

### 20.6.2 Natural Family Planning

The Public Health Department of Lubaga Hospital has an active Family Planning clinic where Natural Family Planning services are offered from Mondays to Fridays. The service offers couples the options for birth regulation through evidenced based natural fertility regulation methods. These methods include: Billings Ovulation Method and other Periodic abstinence (fertility awareness) methods and the use of breast feeding or lactation amenorrhea method (LAM). These methods are considered licit for use by Catholic clients and any other person preferring recourse to natural methods. An increasing trend of users of NFP services is observed for the consecutive previous four financial years (2018/19, 2019/20, 2020/21 and 2021/22). The last FY (2021/2022) registered the highest NFP users.

<b>Table 36: SERVICE OUTPUT</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
Number Users of NFP services	1459	2395	4163	5270	6707
<b>METHODS USED:</b>					
1. Standard Days Method (SDM)	460	433	870	1301	1234
2. Lactation Amenorrhea (LAM)	884	1282	2295	4621	4156
3. Billings Method (BOM)	378	157	289	582	642
4. Two Days Method (DM)	338	440	653	690	672
5. Couples	532	580	688	1051	845
6. Individuals	1459	1671	2565	4687	5476
7. Health education sessions	6114	4890	5310	8593	14053

The most preferred method was that of Lactating Amenorrhea accounting for **62 %** as indicated in the table below:

**Table 6. Utilization of Natural Family Planning Services in Lubaga Hospital**



### 20.6.3 Nutrition services in the hospital and Outreaches

Screening for Malnutrition is actively done in the four outlets of the hospital: OPD, Outreaches, hospital wards and PHD. All clients identified throughout the Hospital or in the outreach programs with nutritional related conditions are referred to the Nutrition service that provides health education and food preparation demonstration on locally affordable foods. Conditions of under nutrition and obesity are managed by the staff. The aim is to correct the conditions through eating the right foods. The Nutrition service also provides Ready-for-use Therapeutic Food (RUTFT) that is specifically designed to treat acute malnutrition without complications. In this FY 2021/22, fewer clients were screened for Malnutrition than 2020/21. However, a large number of patients identified with Malnutrition is still observed and managed well.

#### Nutrition services over a period of five years

Service Output	2017/2018	2018/19	2019/20	2020/21	2021/22
Number screened for Malnutrition	69,178	30,921	20,810	15,952	13,026
Number of Malnourished	130	409	312	231	156
% of Malnourished	0.2%	1.32%	1.5%	1.4%	1.2%
Given RUTAF	101	58	82	92	2247
					<b>Both new and old</b>

**Table 37. Identified patients with Malnutrition**

### 20.6.4 Support of Community Charitable Organizations

The department also serves five smaller outposts in the community namely:

1. Nalukolongo – Bakateyamba Charitable Home: Deworming, Vitamin A supplement, Malaria control, Health education on health issues and Fumigation
2. Missionaries of the poor of Mutundwe: Deworming, Vitamin A Supplement, Malaria Control, H/E and fumigation
3. Missionaries of the poor of Lungujja: Deworming, Vitamin A Supplement, Malaria Control, H/E and child vaccination.
4. Missionaries of the poor of Kisenyi: Deworming, Vitamin A Supplement, Malaria Control, H/E and fumigation
5. Mukisa Foundation: Deworming, Vitamin A Supplement, Malaria Control, H/E and food demonstration and fumigation

### 20.7. PHD Departmental Strategies and Plans

1. To intensify maternal and child health services in the Public Health Department by increasing numbers of clients accessing the services and achieving the following targets:

Service area	FY 2021/22	TARGET FY 2022/2023
1. Antenatal visits	18,450	19,795
2. Post-natal visits	1,985	2,297
3. Immunization	17,467	18,946

**Table 38: PHD Departmental Strategies and Plans**

2. The Public Health Department has already set up its mission of being a state – of - art health care department for provision of preventive, promotive and supportive services in Africa. This will be achieved by intensifying the already existing services in the department

- Increase numbers of clients in all strategic service areas e.g ANC services, Child immunization/Vaccinations, HIV/AIDS and TB care, Nutrition Support, Community/School health, Natural Family Planning and other support services.
  - Improve on the turn- around time especially in ANC, Immunization and Art clinics so that mothers/patients spend very little time in the hospital.
  - All staff to be empowered and oriented to practice positive and customer care-oriented attitudes towards their clients.
3. To investigate the causes in the drop in the number of mothers who attend ANC and Post-natal services in Lubaga Hospital by carrying out simple surveys for ANC mothers and those who turn up for Post-natal services after delivery.
4. Intensify community engagement to offer more integrated services like mental health, Prevention and management of eye conditions by carrying out community drives that will increase awareness of community members to access outreach services as well as knowing more and accessing Lubaga Hospital services.

# 21.0 FAITH LED ACTION TO SUSTAIN HIV (FLASH) PROJECT REPORT

By Birungi Mary Rebecca

## 21.1 INTRODUCTION

Uganda Martyrs Hospital Lubaga delivers HIV services under the HIV Project funded by PEPFAR (Presidential Emergency Fund for AIDS Relief) through CDC (Center for Disease Control) whose funds are received at the facility through UCMB.

In October 2021 the HIV project herein referred to as the FLASH project started receiving funds directly from UCMB but the project was earlier known as the Kampala Region HIV Project under IDI that had started funding HIV services since April 2018. The funds trickled down to our site through the Inter Bureau Coalition under the umbrella body of UCMB. Prior to that, was the AIDs care and treatment program (ACT) which was still funded by PEPFAR but funds were also directly received from UCMB.

**Table 39: Trend of funds received to implement HIV services for the past 5years.**

F/Y	2022/2021	2021/2020	2020/2019	2019/2018	2018/2017
AMOUNT	339,687,973	470,254,448	231,372,924		

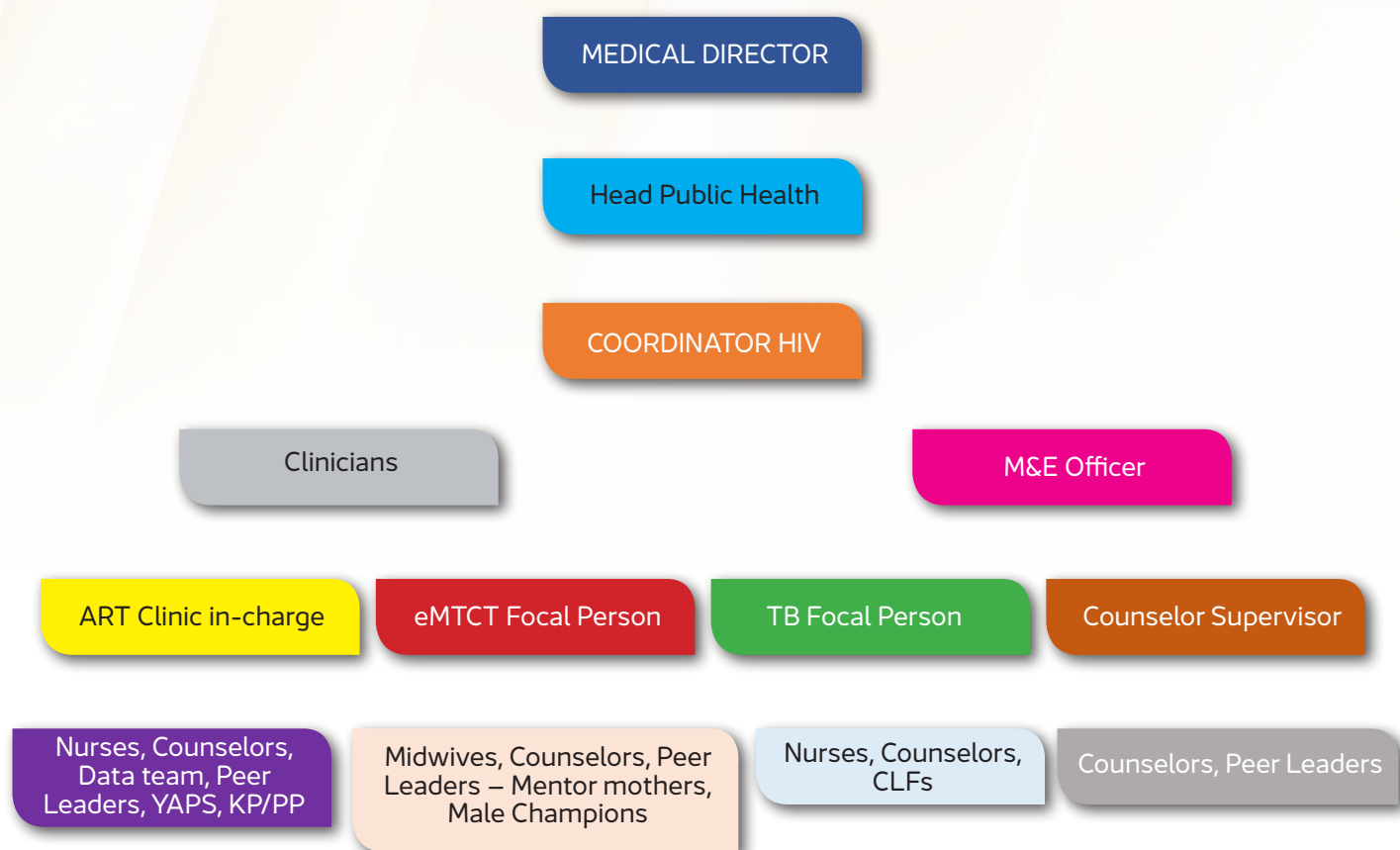
The HIV project operates on set targets per thematic area. However, the thematic year of the project runs from 1<sup>st</sup> October of the calendar year to 30<sup>th</sup> September of the following year. Basing on the results, CDC sets new targets for the site. The achievement of the set targets is usually the basis for CDC to set the new targets for a particular site and it is usually the determinate of funding as the bar now if result based financing.

**The Global UNAIDS target:** 90-90-90 by 2030, Uganda raised its bar target to 95-95-95 by 2030 that is 95% of all people living with HIV should get to know their HIV sero status, of those who know their sero status as HIV positive, 95% should be started on lifelong ART and of those on ART, 95% should have a viral load suppression.

**Staffing:** The project supports 17 staff salaries at 100% and contributes a level of effort to 8 staff salaries between 30% to 50%. This does not imply that all HIV service delivery work load is achieved by the said few staff who receive a certain percentage from the project but rather indicate that the facility supplements the project outcomes by dedicating staff and resources as local contribution towards the attainment of the project set targets in order to ensure efficiency and effectiveness while delivering HIV health care services to keep in line with the hospital strategic objective no.2 of ensuring quality health care service delivery.

Organization of the Unit:

## 21.2 HIV PROJECT ORGANISATION



## 21.3 HIV SERVICE RANGE DESCRIPTION

HIV services are aligned in the three cascades of 95-95-95 whereby we run activities to address the different cascades.

The 1<sup>st</sup> 95% cascade is more towards HIV case Identification that include;

Pre-test counseling, Post-test counseling, Assisted Partner Notification (APN), Social Network Strategy (SNS), Index testing, Pre-Exposure Prophylaxis (PrEP), HIV Self testing, Recency testing, TB screening, TB contact tracing, Gender Based Violence screening and management, Nutrition screening and management, Cervical Cancer Screening and management, Provider Initiated HIV testing (PITC), Voluntary HIV Testing (VTC), Community mapping and HIV testing, Orphans and Vulnerable children (OVC) programing, Youth and Adolescent Peer Support (YAPS), Pediatric care and support, Early Infant diagnosis (EID), 1<sup>st</sup> PCR, 2<sup>nd</sup> PCR, 3<sup>rd</sup> PCR, Rapid test at 18 months, linkage into care and retention activities.

Viral load coverage is done for the different interest groups differently; It is done every 6 months for the Pediatrics, Adolescents, and eMTCT mothers while done once a year for stable adults.

The 2<sup>nd</sup> 95% cascade activities are more towards care and management and these include:

Pre-ART counseling, Adherence counseling, post-pharmacy counselling, Pre-ART investigations, Baseline CD4, TB preventive therapy (IPT), TB management, Viral load testing, coverage, results uploading and updating charts and the system, viral load monitoring.

The 3<sup>rd</sup> 95% cascade activities address viral suppression which include; Intensive adherence counseling (AIC), Advanced HIV disease, High viral load, TB LAM, Serum Crag,  $\leq$ CD4 200, switch meetings, and Resistance testing.

## 21.4 KEY PROJECT RESULTS WITH A 5-YEAR TREND

### *HIV Testing Services:*

This activity is core in all project deliverables as it is the starting point of the HIV case identification. The project shifted from the day to day routine of testing all clients who would wish to have an HIV test to screening clients for eligibility for testing. Once the client is screened and is eligible for the test, then the counselling team will prepare the client using the standardized Ministry of Health algorithm.

HIV case identification and notification is basically done through index testing. Index testing is where the HIV positive client is taken as an index and the HIV testing is done to the partners and the biological children to HIV positive mothers. Here it is also encouraged to follow the social networks of the HIV positive client as it is most likely that the social trends could be similar hence the likelihood of finding positives in these methods. In clinic jargon you will be acquainted with such terms as APN

Laboratory gives full support to the activity as a dedicated staff is allocated for refresher trainings to all clinic HTS staff and to also ensure that the routine external panel testing is implemented as per the HIV testing standards.

All clients found HIV positive have a same day linkage into care as the staff ensure that the newly identified case is enrolled into care and the unique clinic number assigned to the new client is documented both in the HTS register and in the openEMRS.

All wards were empowered to ensure that HIV testing is implemented at the ward and in case of a positive HIV test, they ensure that this client has a same day linkage into care and the new unique clinic number is documented in the HTS register. All counselling sessions are done at ward to ensure a one stop care centre for our clients.

### **APN (Assisted Partner Notification)**

As the HIV virus takes on different modes, care and management also changes the approach to ensure zero new infections by 2030. APN is the model used for all adult clients 15years and above to ensure that we reach all their social sexual partners for an HIV test. It is proven that with this approach 33% of the positives are found as compared to the other modes of finding the positives.

### **HIV Self-testing:**

This strategy was deployed by the Ministry of Health to ensure that the index clients can be in position to reach out to all their social sexual contacts. It is an approach that supports the key populations because of their nature of operation, and antenatal mothers who may not be sure of their partners' sero status and are not in position to convince their partners to come along with them for health care services.

### **Differentiated Service Delivery;**

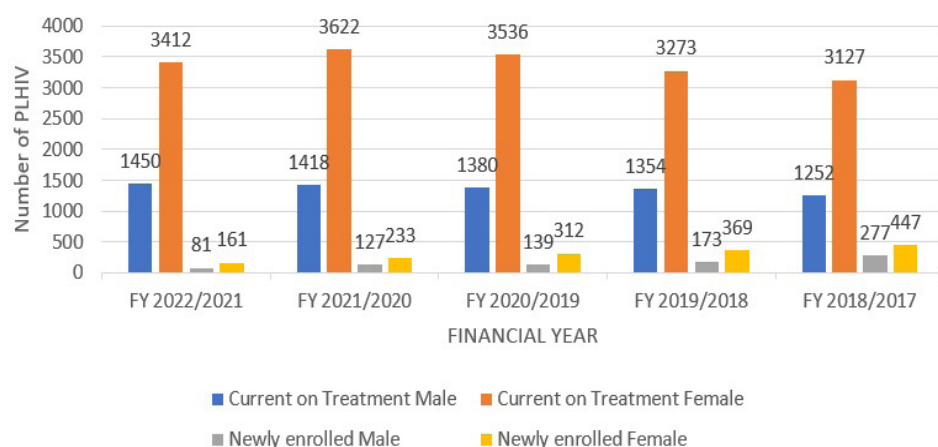
HIV Care and management has adopted the above-mention model for service delivery to decongest the clinic and address the work load challenges of health workers.

Below are the different enrolment models that include: Fast Track ART Drug Distribution (FTDR) for stable clients who are entitled to take multi month drugs of up to 6 months. Facility Based Groups (FBG) that include the Pediatrics, Adolescents, eMTCT mothers, Facility Based Individual Management (FBIM); that includes clients with a high viral load, Advance HIV disease, clients failing on regimens, diabetic clients, Hypertensive clients; Community Client Led Drug Distribution Point (CCLAD) A client initiates a group and periodically on of them picks for all other team members. Community Refill Pharmacy Drug distribution point (CRPDDP).

**Table 40: Some Care and Treatment Parameters**

Category		FY 2022/2021	FY 2021/2020	FY 2020/2019	FY 2019/2018	FY 2018/2017
Current on Treatment	Male	1450	1418	1380	1354	1252
	Female	3412	3622	3536	3273	3127
Newly enrolled	Male	81	127	139	173	277
	Female	161	233	312	369	447

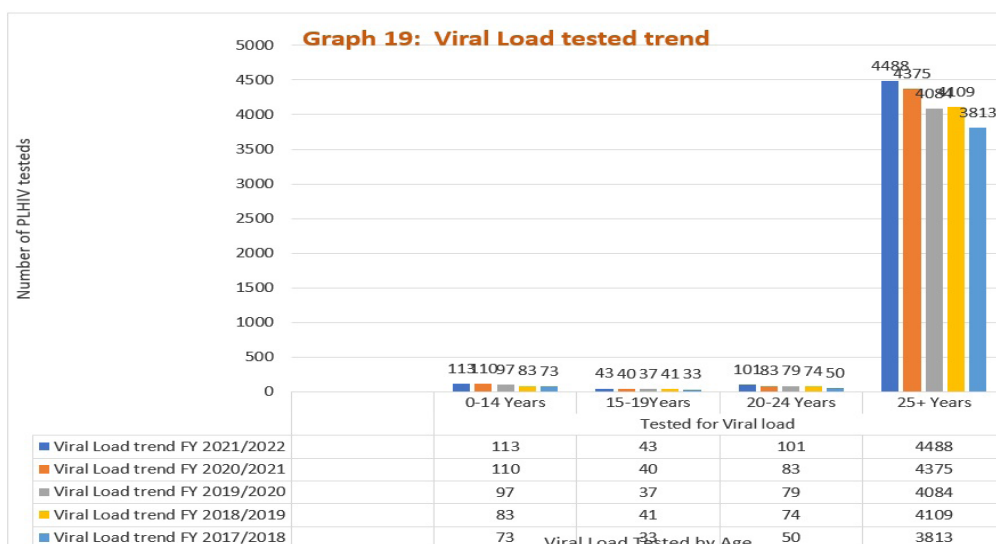
**Graph 18: TREND OF CURET ON TREATMENT AND ART ENROLMENT PER FINANCIAL YEAR**



Note: Viral Load testing and Suppression: In HIV care and management, we look out for U=U (Undetectable = Untransmittable)

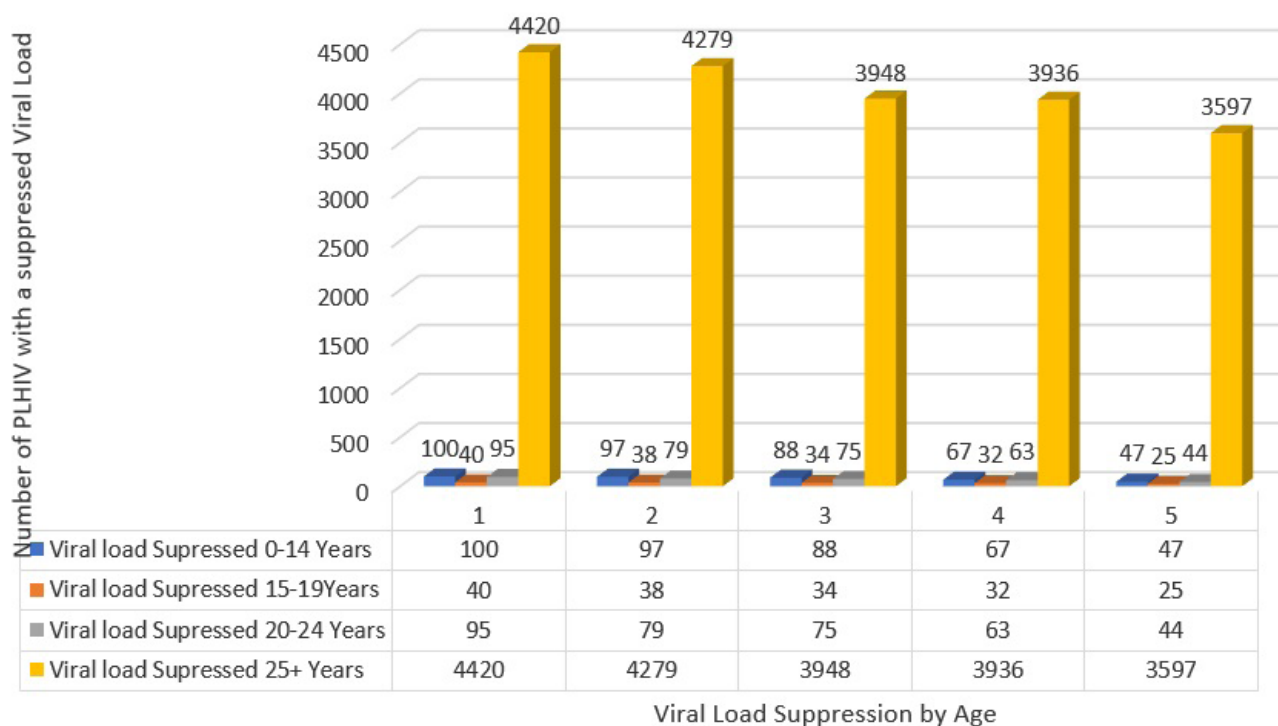
Viral Load trend						
Category	Age	FY 21/22	FY 20/21	FY 19/20	FY 18/19	FY 17/18
Tested for Viral load	0-14 Years	113	110	97	83	73
	15-19 Years	43	40	37	41	33
	20-24 Years	101	83	79	74	50
	25+ Years	4488	4375	4084	4109	3813
Viral load Suppressed	0-14 Years	100	97	88	67	47
	15-19 Years	40	38	34	32	25
	20-24 Years	95	79	75	63	44
	25+ Years	4420	4279	3948	3936	3597
Viral load Non-Suppressed	0-14 Years	13	13	9	16	26
	15-19 Years	2	2	3	9	8
	20-24 Years	6	4	4	11	6
	25+ Years	68	96	136	173	216

**Table 41: Viral Load testing and Suppression**

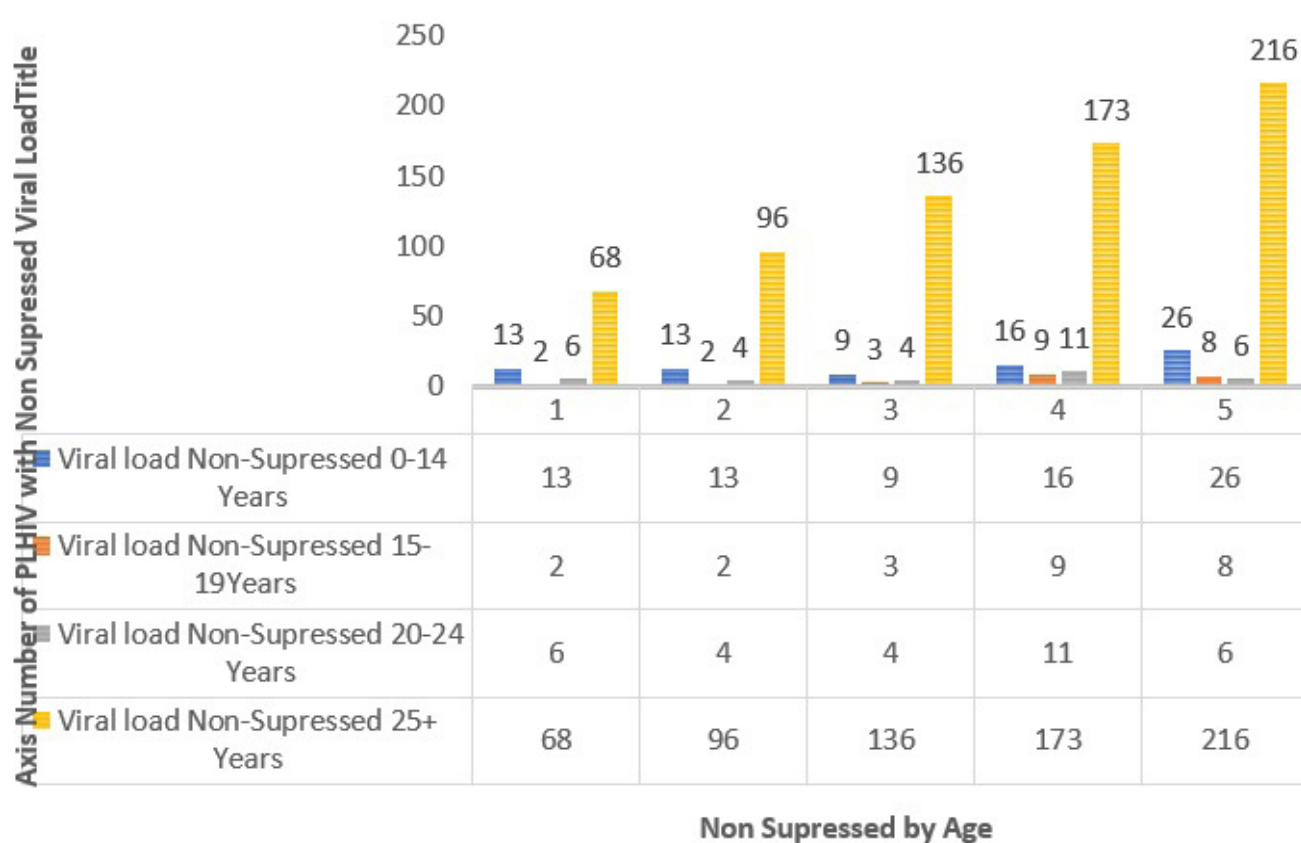




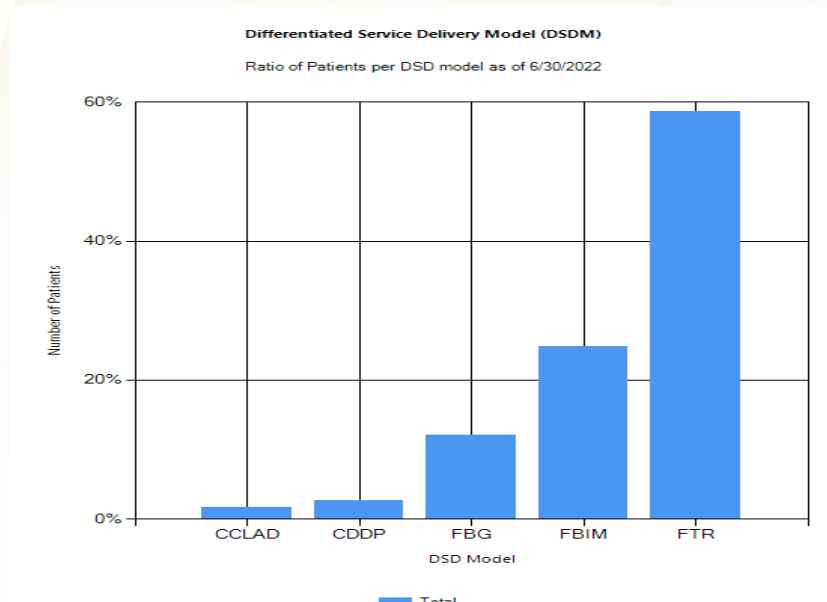
### Graph 20: Viral Load Suppression



### GRAPH 21: NON SUPRESED VIRAL LOAD



**Graph 22: Below is an illustration of how these models have been embraced for the past 5 years.**



### eMTCT

Elimination of Mother to Child Transmission of HIV is implemented at Uganda Martyrs Hospital Lubaga where by all Antenatal mothers are routinely tested for HIV. Those found HIV negative are given preventive messages to maintain their HIV sero status as Negative, while those found HIV positive are counseled, given ART information, enrolled into care and initiated on ART. This is to prevent the unborn child from acquiring HIV.

### EID

Early Infant diagnosis is done to all infants born to HIV positive mothers. 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> PCR is carried out to babies and a rapid test at 18 months.

### TB/HIV

Tuberculosis is the world greatest known fastest killer among HIV positives. Once one is infected with HIV, if they catch TB, it will kill them fast. Ministry of Health adopted initiating Isoniazid for all HIV positive clients without symptoms of TB to prevent them from acquiring TB. This is an ongoing strategy to ensure that all clients are enrolled on to INH.

As a site we were given a target for case notification of 204 for which we achieved 219 which is 107% of the target. We are a high-volume site; our TB notification target is usually determined by our OPD Numbers. We need to address the TB suspicion index among the clinical team such that we in the end realize improved TB case notification.

In line with the Ministry of Health and the World Health Organization, the World TB day is commemorated every 24<sup>th</sup> March of each calendar year. This year's theme "Invest to End. Save lives" we had a series of activities that commenced with a CME (Continuous Medical Education) on TB screening and management. Its' specific objective was to build the confidence of staff in TB screening and management in order to improve the TB suspicion index, hence improve on the case Notification. This was a success.

Community contact tracing is being done though requires better facilitation as it is being implemented by basically community linkage facilitators. TB presents with similar signs and symptoms as those of COVID-19. There is a shift in the attention given to screening clients for TB towards screening clients for COVID-19. The dilemma now with the HIV/TB project team is to ensure that TB presumptive cases are not missed due to the COVID-19 screening measures put in place. We are also overwhelmed by the various social media awareness campaigns of COVID-19 that TB presumptive could keep in hiding due to stigma and the fear of being quarantined.

### GBV (Gender Based Violence)

The project focuses on GBV as a pointer to HIV/TB infection hence addresses the different forms of GBV, creates awareness both to the community and the clients themselves, addresses challenges, makes referrals to possible support in the community and offers PEP to victims of sexual violence.

### Pediatric and Adolescent Treatment Optimization Target (TX\_PRO)

## FLASH PROJECT MILESTONES

- a) We are a pilot site for Point of care implementation.
- b) We are a pilot site for chest X-ray voucher implementation.
- c) We are also a pilot project for ART Access implementation for community pharmacy refills.
- d) We have implemented the urban DSDM model of boda boda ART delivery to bridge the gap of missed appointment and lost to follow up for stable clients.
- e) We are also a pilot site for COVID-19 vaccination for ART clients.
- f) We are supported by fhi360 MCHN activity USAID to implement Nutrition activities.
- g) We are also supported by Reach out Mbuya (ROM) for support to Orphans and Vulnerable Children.
- h) We are supported by a KP/PP peer leader to realize numbers for the KP/PP including KP/PP programing.
- i) We are proud of the eMTCT peer mothers that support the clinics with psychosocial support to clients including client follow up and retention.
- j) We are blessed to have 2 YAPS that support the adolescent clinic by health educating the adolescents, psychosocial support to the adolescents, home visits and ART delivery for adolescents who may not have made it to the clinic.
- k) We are proud of the Pediatrician and Physician that support the clinical service delivery.
- l) CMEs were conducted in the different thematic areas.

## STRATEGIES AND PLANS

- Instituting a private patient's clinic for the corporates who do not want to mix with the general patients and would wish to have such services at a fee.

## CHALLENGES

- Financing Quality Project Service delivery in terms of;
  - Human resource for health delivery systems e.g. The ART clinic needs addition of 3 Nurses, 3 counselors, and 1 records clerk.
  - Procurement of items for efficient and effective service delivery e.g. Access to stationary, improving filing systems.

## RECOMMENDATIONS

1. We recommend a static Medical Officer for the eMTCT mothers.
2. We recommend 3 additional Nurses to the ART services.
3. We recommend recruitment of 3 counselors to support psychosocial activities at the various clinics.
4. We recommend the continued support from specialists; Pediatrician, Physician including the obstetrician to the eMTCT clinics.

## 22.0 MEDICAL DEPARTMENT

### 22.1 Introduction

This is an annual performance report of the medical department for the year 2021-2022. It's the year when the hospital is recovering from the effects of viral COVID-19 infection. The medical department being one of the core services of the hospital has a central role to fulfill the institutions mission.

The hospital mission is to provide a sustainable, quality and compassionate health services to the community for Gods glory.

### 22.2 Departmental organization

The department is one of the main operational sections in the Medical Directorate. It has a head of department who is a senior physician with a parallel team- leader of twenty nurses. She is traditionally called a Ward- In charge and is directly answerable to the Principal Nursing Officer of the hospital. She is usually assisted by a deputy ward in –charge.

The department has three active physicians ow whom two are full time and the third is a part-time employee. The hospital has had dermatologist, nephrologist, psychiatrist and a cardiologist for some time now. These specialist doctors are employed on a part time basis. There is a full-time medical officer and four intern doctors usually. This latter group make a backbone of our medical care.

### 22.3 Scope of services

The doctors on the medical department form an important part of the hospital outpatient care team. The physicians usually manage an OPD clinic on Wednesday afternoon whereby the discharged or complicated general patients are seen and treated. This is done to avoid missed physicians reviews due to failure to raise the consultation fees for a physician in Specialist center private clinics.

The hospital has two part time cardiologists, a nephrologist, dermatologist that are directly supportive of the hospital services.

At the time of compiling this report, the hospital has set up a hemodialysis unit which is not yet functional. Once functionalized it will be critical milestone in comprehensive renal replacement therapy for kidney diseases. The nephrology clinic has also started.

The department also works very closely with many other hospital departments especially intensive care unit, radiology, laboratory, surgery, obstetrical and gynecology departments

### 22.4 Annual Departmental outputs

During the operational year of 2021/22 the department admitted 1,314 patients. This is the lowest number of admissions on the ward in the last five years. At the same time, we lost a total of 119 patients, a number that is proportional to the number of admissions. This data in presented in the table below.

**Table 23 Represents the Number of Patients Admitted on The Medical ward**

	2017/18	2018/19	2019/20	2020/21	2021/22
No. of beds	34	34	34	30	30
Admissions	1784	1703	1652	1433	1314
Patient days	5932	6229	5599	5682	4878
ALOS	3.33	3.7	3.38	3.97	3.71
BOR	47.8	50.19	45.11	51.89	44.55
No. Deaths	175	190	180	132	119
Recovery Rate	90.19%	88.84%	89.10%	90.61%	90.81%

The bed occupancy rate has remained low at 44.5% which is close to the same range of just below 50% in the last years. For the medical ward this rate can be as variable as the seasons do change. We are positive that with the progressive recovery from the disruptive COVID-19 effects and the launch of a client-centered care approach, these numbers will improve.

## 22.5 Top Causes of Morbidity and Mortality on Medical Ward

Previously, malaria and HIV -associated infections used to be the common causes of morbidity on medical ward. But recently, non-communicable diseases have emerged and broken their way into the top-ten list.

After gastrointestinal disorders, Diabetes, others cardiovascular diseases and Hypertension follow each other from position 2 downwards in that order among all admissions on medical ward. This is followed by the infectious causes such as malaria and pneumonia. It reflects a changing landscape of the most common prevalence of the causes of morbidity in an urbanized environment.

This data is summarized in the table below.

**Table 43: TOP TEN CAUSES OF MORBIDITY IN MEDICAL WARD**

	CASES	2018/19	2019/20	2020/21	2021/22
1	Gastro-intestinal disorder	143	99	154	164
2	Diabetes	185	168	172	150
3	Other cardiovascular diseases	143	140	123	136
4	Hypertension	216	156	144	128
5	Malaria	87	191	100	115
6	Cancers			55	94
7	Pneumonia	88	64	63	81
8	HIV related psychosis	130	87	97	77
9	Anemia	71	74	68	67
10	Renal diseases				30
	Other diagnoses	<b>477</b>	<b>599</b>	<b>593</b>	<b>272</b>
	<b>GRAND TOTAL</b>	<b>1703</b>	<b>1652</b>	<b>1764</b>	<b>1314</b>

It is therefore not surprising when cardiovascular disease plus hypertension making the most common causes of mortality of all admitted cases on the ward. Together they claim 23 % of the 121 deaths on medical ward this FY.

The second common cause of mortality condition after CVD is a pneumonia followed by respiratory diseases and diabetes.

**Table 44: Showing the top 5 Causes of Mortality on medical ward in FY 2021/22**

TOP 5 Causes of Mortality during the Financial Year for persons 5 years and older			(F)
Disease/ Condition	(D)	(E)	(F)=(E)/(D)x100
# of new cases	# of new Deaths		Case Fatality Rate (CFR)
1 Cardio vascular Diseases	136	21	<b>15%</b>
2 Pneumonia	81	16	<b>20%</b>
3 Respiratory Diseases	52	15	<b>29%</b>
4 Diabetes	150	11	<b>7%</b>
5 Hypertension	128	10	<b>8%</b>
<b>Total rest of Diagnoses</b>	<b>767</b>	<b>48</b>	<b>6%</b>
<b>Total all Diagnoses</b>	<b>1314</b>	<b>121</b>	<b>12%</b>

## 22.5 Challenges

- a) The medical department has gone through one of the most challenging periods. This was a period when the total admissions hit the lowest due to Covid-19 viral infection. The social-financial ability of the patients to be managed properly is intrinsically a challenge to the patients themselves. This is because the patients and their families are always anxious about the cost of care or investigations versus the duration of stay.

This has brought a limit to the number of patients admitted and shortened the duration of their stay on the ward.

- b) COHSASA accreditation challenges

The medical department is part of the hospital mission to improve the quality standards of care using the Council for Health service Accreditation of South Africa (COHSASA). There has been challenges of meeting our patients' expectations of care.

The hospital management gave us a target score of 80% based on COSHASA standard in three months' time.

This is proving difficult because of the team building challenges.

There is a problem of giving a quality twenty-four-hour care for our admitted patients by the doctors. This demands adequate coverage of care for all the twenty-four hours especially at night.

The junior doctors do perform their function fairly well but the demand for reviews of their work seems to be inadequate.

This therefore demands a proper handover of care of patients for effective and timely care at night. This will address the needs of the patients, caregivers and others when needed.



## 23.0 SURGERY DEPARTMENT

By Dr. Michael Okello



### 23.1 Introduction

Surgical department comprises of surgical OPD with its adjoining minor theatre, surgical ward, children's ward-surgical wing, endoscopy unit and main theatre.

### 23.2 Departmental organization

The department falls under the medical directorate and it's lead by head of department. We have one in-house general surgeon, two medical officers who cover surgical OPD and ward alternately. We also have 5 intern doctors who work under supervision of the medical officers and all the surgeons in the department.

### 23.3 Scope of services

The department in addition to providing both emergency and elective general surgery services is known for its quality diagnostic and interventional endoscopy services. Furthermore, the department is slowly transforming into a super-specialty unit with specialties like orthopedics, plastic surgery, hepatobiliary surgery, neurosurgery, oro-maxillofacial surgery, Ophthalmology, urology, ENT among others. At the endoscopy unit we perform both diagnostic and interventional endoscopy except endoscopic ultrasound scan interventions. Our general surgery practice is also boosted by most of the procedures now being done laparoscopically. We have started doing advanced laparoscopic procedures like laparoscopic hepatectomy, laparoscopic anterior resection, laparoscopic colectomies and laparoscopic deroofing and pericystectomy for giant hepatobiliary and mesenteric cysts.

### 23.4 Annual outputs

This year there has been a reduction in the total number of admissions and in the bed occupancy rate therefore. This is mostly an indication of residual after-COVID effects on the economy with patient's ability to afford healthcare greatly strained.

	2018/19	2019/20	2020/21	2021/22
No. of beds	28	28	28	28
Admissions	876	837	855	772
Patient days	4738	4035	4974	4544
ALOS	5.4	4.86	5.82	5.89
BOR	46.36	39.49	48.67	44.46
No. Deaths	27	28	36	11
Recovery Rate	96.92	96.65%	95.73%	98.70%

**Table 45: Showing surgical ward statistics over a period of 5 years.**

Mortality reduced from 36 to 11 patients with an improved patient recovery rate of 98.7% from the previous year's 95.7%. This is partly due to the indirect input of the COHSASA accreditation process.

Major operations in the Main theater have also steadily increased due to the increased number of specialists and the general vision of the department to build capacity in specialized surgical service provision.

Main Theater operations				
	2018/19	2019/20	2020/21	2021/22
Total major procedures	461	514	574	656

**Table 46: Showing trends in volume of major surgical procedures over a four-year period.**

On the other hand, operations and procedures in surgical outpatient department have not changed much.

SOPD Minor operations				
	2018/19	2019/20	2020/21	21/22
Total minor procedures	7102	5930	5757	5633

**Table 47: Showing trends in volume of minor surgical procedures over a four-year period.**

There is need to appoint a surgeon as head of accident and emergency as is the case in most tertiary hospitals. This will help to boost the volume of minor surgical procedures done in the surgical outpatient department.

There has been significant growth in the volume of complex hepatobiliary surgeries, interventional endoscopy & laparoscopic procedures are increasing. Some of these complex procedures like Whipple's procedure and hepatectomies are new in the country and were not routine procedures prior to 2018 when we started.

PROCEDURE DONE	2020/21	2021/22
Hepatobiliary surgeries (Whipple's Procedure, Hilojejunostomy, Roux-en-Y, Hepatectomy, Hepaticojejunostomy)	24	29
Intervention Endoscopy (Stenting, Band ligation, FB removal, Polypectomy, PEG, others)	67	61
Laparoscopic (cholecystectomy, appendicectomy, cyst deroofting, salpingectomy, cyopectomy, myomectomy, Nissan fundoplication)	18	22
Endoscopic (bougienage, balloon dilation, gastrostomy)	8	9

**Table 48: Showing trends of complex surgeries and interventional endoscopy this financial year.**

There has also been substantial growth in the volume of upper GI endoscopies this year. 564 endoscopies is the all-time high since we began the service. The number of patients being referred for endoscopy services has been steadily increasing due to the high quality of the endoscopy reports we produce and the addition of interventional endoscopy procedures.

Colonoscopies on the other hand have reduced.

Endoscopy Clinic Trends		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
COLONOSCOPY	18/19	0	1	0	1	2	0	0	0	0	0	6	6	16
	19/20	8	11	11	11	9	4	11	8	13	1	8	14	109
	20/21	12	17	16	16	17	14	9	13	12	16	9	9	160
	21/22	8	14	11	15	5	7	6	6	5	10	13	10	110
ENDOSCOPY	18/19	11	14	23	19	29	22	48	37	47	37	47	32	366
	19/20	46	44	29	42	54	16	57	45	56	7	26	52	474
	20/21	51	46	53	37	40	45	30	41	41	32	35	43	494
	21/22	39	66	59	45	52	49	26	45	54	38	34	57	564

**Table 49: Showing the trend of endoscopies over the last four financial years.**

### 23.5 Departmental milestones

- Increase in number of patients seeking various surgical services in Lubaga Hospital
- Increase in number of surgical procedures done
- Decrease in mortality and morbidity rates following surgery
- New complex surgical advances introduced and their outcomes

### 23.6 Departmental challenges

- Lack of interventional endoscopy ultrasound scan services
- Lack of interventional radiology services
- Limited number of private rooms for the growing private clientele
- Lack of hepatologist to support the planned transplant program

### 23.7 Strategies and recommendations

- There is need to introduce endoscopic ultrasound scan services and interventional radiology services to support the hepatopancreatobiliary surgical services.
- There is need to start infrastructural developments in preparations for introduction of transplant services once the Organ donation and transplant bill is passed.
- There is need to expedite building of the specialist Centre complex to solve the lack of space for private patients' admission.
- Train and retain an interventional radiologist and hepatologist
- Upgrade the current endoscopy tower to support endoscopy ultrasound scan services that are currently not available in the entire country
- Mobilize and allocate funds for infrastructural developments in preparation for introduction of transplant services once the organ donation and transplant bill is passed.



*A complete nephrology and dialysis solution*

## 24.0 PEDIATRICS & CHILDHEALTH DEPARTMENT

By Dr. Cissy Nalunkuma

### 24.1 Introduction

The Pediatrics and Perinatal Department consists of the following units;

- In patient units (Children's ward with a bed capacity of 30, and the Nursery ward with a 40-bed capacity).
- Outpatient clinics (General Pediatric Outpatient Clinics, The Neonatal follow up clinic, The pediatric private clinic at specialist center, the pediatric diabetic clinic and the sickle cell clinic.
- Other services offered to children include HIV care, nutrition counselling and care, immunization, other specialized care like ENT, ophthalmology etc.

### 24.2 Departmental organization

The Department has two resident pediatric specialists, one visiting neonatologist, one medical officer and a team of 26 nurses. We also have four positions for medical internship. The department is supported in the general outpatients by the unit staff assigned in that unit.

### 24.3. Annual outputs of the children's ward

In 2021/22, the children's ward admitted 1259 children with a recovery rate of 98 %. The ward receives both medical and surgical cases. The admissions have notably declined over the years due to several factors; some of the include introduction of several vaccines into the infant immunizations (pneumonia vaccines, rotavirus vaccine), increasing costs of healthcare, and lately due to SARS COVID 2 pandemic.

These statistics are all summarized in the table below.

CHILDREN'S WARD					
No. of beds	50	50	50	30	30
Admissions	2064	1670	1293	1056	1259
Patient days	6489	5522	4289	3707	4156
ALOS	3.14	3.3	3.34	3.51	3.3
BOR	35.56	30.26	23.5	33.85	37.95
No. Deaths	45	40	25	20	25

**Table 50: Showing trends of admissions of pediatric ward over a period of 5 years.**

Regarding causes of morbidity, communicable diseases like diarrheal diseases and respiratory infections continue to dominate. The numbers of children presenting with COPD (particularly asthma), and complications of sickle cell disease have continued to go up, due to increased diagnosis. Other co-morbidities include malnutrition, pediatric HIV are not reflected in this table.

The table below shows common causes of morbidity on the children's ward.

**Table 51: Top Causes of Admission at Children's Ward.**

	CASES	2017/18	2018/19	2019/20	2020/21	2021/22
1	Malaria	164	175	233	126	141
2	Pneumonia	379	277	149	148	133
3	Gastro-intestinal disorder(noninfectious)	111	199	170	167	129
4	Injuries (trauma due to other causes)	147	143	112	129	127
5	COPD			27	37	70
	Total other diagnosis	801	699	530	379	659
	<b>Total diagnosis</b>	<b>2064</b>	<b>1670</b>	<b>1293</b>	<b>1056</b>	<b>1259</b>

## 24.4 Annual outputs of the Nursery unit

In 2021/22, the nursery unit had 1541 admissions with a recovery rate of 96%. The ward receives both medical and surgical cases. The admissions have notably declined over the past two years due to several factors as discussed above.

**Table 52: NURSERY UNIT**

	2017/18	2018/19	2019/20	2020/21	2021/22
No. of beds	41	41	41	41	41
Admissions	2519	2575	2034	1553	1541
Patient days	6672	6178	6215	4749	4993
ALOS	2.65	2.4	3.09	3.05	3.24
BOR	44.58	41.28	41.53	31.73	33.36
No. Deaths	98	134	92	61	60

**Table 53: TOP 5 CAUSES MORBIDITY IN NEONATAL WARD**

	CASES	2017/18	2018/19	2019/20	2020/21	2021/22
1	Observation (Normal weight and macrosomia)	741	391	461	616	450
2	Meconium (swallow, staining, aspiration)	382	440	191	165	195
3	Neonatal septicemia/sepsis	246	319	196	123	87
4	Prematurity/LBW		181	165	110	199
5	TTN				52	85
	Total other diagnosis	442	783	895	450	525
	<b>Total all diagnosis</b>	<b>2519</b>	<b>2575</b>	<b>2034</b>	<b>1553</b>	<b>1541</b>

Other diagnoses include conditions like neonatal jaundice are under- reported because most of the babies have other comorbidities such as low birth weight, neonatal sepsis, macrosomia etc.

Improved screening and diagnostics have increased detection of sepsis in neonates.



## 24.5 Mortality in The Department

The table below shows the top causes of mortality in the department over the last financial year.

Disease/ Condition		CASES	DEATHS
1	Neonatal conditions (Includes those from Children's ward)	1541	62
2	Pneumonia	133	8
3	COPD	70	2
4	Cardiac Arrest	2	2
Total rest of Diagnoses		1134	13
Total all Diagnoses		2880	87

**Table 54: Showing the top causes of mortality in the department.**

Neonatal conditions remain the leading cause of mortality. For the period July 2021 to June 2022, we admitted 1541 babies, and we lost 61 babies (3.9%). The neonatal mortality rate has declined over the years from 5.2% in 2017/2018 to 3.9% in 2021/22.

Neonatal conditions that contribute to neonatal mortality include the following.

Complications of Prematurity (35 deaths, is 58.3 % of the total deaths. 40% of these were less than one kilogram.)

- Asphyxia/HIE 11&111 (14 deaths, is 23.3% of the total deaths).
- And others (12 deaths, is 18.3 % of the total deaths).

The mortality rate on the children's wards remains at 1.9%. Complications of pneumonia remains one of the leading causes of mortality. These children often have other chronic illnesses such as HIV, severe malnutrition, sickle cell disease, congenital anomalies etc that affect their survival.

## 24.6 The Neonatal Follow-up Clinic.

**Table 55: NURSERY OPD REVIEWS**

Month	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRI	MAY	JUN	TOTAL
2017/18	32	34	43	60	100	142	171	131	134	127	140	165	1279
2018/19	141	132	113	146	146	123	141	144	175	171	164	146	1742
2019/20	141	149	107	125	123	81	127	115	107	43	88	105	1311
2020/21	90	92	118	134	91	115	93	78	122	112	137	97	1279
2021/22	83	96	109	122	160	82	86	83	91	113	94	76	1195

The table above shows the progress of the Neonatal follow up clinic. The Neonatal follow up clinic runs twice a week in the nursery ward. All babies that are discharged to return for follow up so that we continue monitoring their progress and improve their survival in the community. All babies are required to come back within the first six weeks of birth for immunization, growth monitoring and other assessments in the immunization and other outpatient clinics.



## 24.7 Highlights/Achievements

- We have been able to hold regular CMEs and Audits as a Department. These have helped us to improve accountability of team members, as well as improve their knowledge in managing pediatric cases.
- We have had replacements of several equipment e.g CPAPS, monitors etc.
- Special clinics like the Neonatal follow up clinic, OPD Specialist clinic, Pediatric Diabetes and Endocrine Clinic, and the specialist pediatric private clinics have registered improved attendance.
- Increased screening for malnutrition, and HIV testing and Sickle Cell Disease.
- The Newborn screening program for sickle cell for children below 2 years remains active.
- The Rotavirus Vaccine Impact Surveillance is very active.
- Baby friendly hospital initiatives (BFHI), spearheaded by the hospital staff, and
- USAID nutritionist mentors have been very active in promoting breastfeeding as the ideal feeding choice for infants as well as counselling about proper infant feeding practices.
- The 'Neonatal Resuscitation Program' has improved resuscitation skills of the midwives and nursery staff. It has also improved survival and outcomes of many high-risk newborns.
- The department and hospital overall, are on track to achieve COHSASE accreditation
- Of health care facilities. We believe this will go a long way in improving and
- Harmonizing hospital operations.

## 24.8 Challenges

- High turnover of young inexperienced staff like interns and medical officers affect quality of work and records.
- Hospital equipment such as pulse oximeters, oxygen concentrators, CPAP equipment are few and in short supply. They often break down and need replacement.
- The children's ward would benefit from infrastructural repairs, particularly of the floors and walls.

## 24.9 Plans and Recommendations

- We intend to repair or replace some of the equipment to improve quality of care.
- Expansion of the neonatal follow up clinic to review/follow up all babies born in the hospital.
- Expand the ICU to provide pediatric/neonatal support this will require a pediatric bed and equipment.

## 25.0 OBSTETRICS AND GYNECOLOGY DEPARTMENT

By Dr. Agaba Brian

### 25.1 Introduction

The department of obstetrics and gynecology has capacity for 86 beds, with 8 beds in labor ward, 4 beds in High Dependence unit (HDU) and 2 Beds in the procedure room. The rest of the beds are in post-natal/gynecology ward.

The department has a stand-alone theater with a 2 fully functional operating tables and a laparoscopy tower. It also has a procedure room for carrying out the minor and emergency procedures.

### 25.2 Organization of the Department.

The department is manned by a three full-time obstetricians and gynecologists and one external consultant. It is also staffed with 5 medical officers, a variable number of intern doctors, 72 midwives and numerous support staff (cashiers, cleaners, porters).

### 25.3 Service scope

The range of services offered include; Antenatal and Postnatal care, labor and child birth, obstetric and gynecological surgery, laparoscopic surgery, cervical cancer screening among other services.

### 25. 4 Annual Outputs.

This year we recorded a slight increase in the number of maternal admissions and deliveries. However, there continues to be wide disparity between the large number of antenatal attendances and the disproportionately low number of deliveries at the facility.

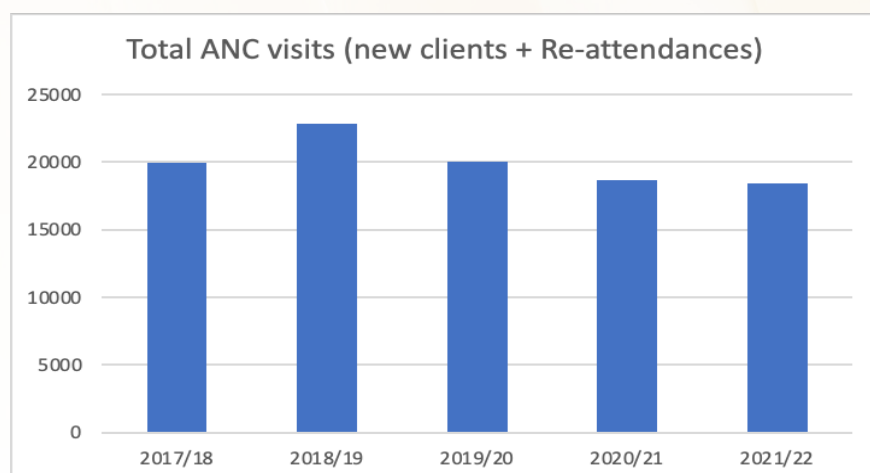
As a department we need to interrogate this data and understand all the factor at play so that we can implement strategies to reverse this trend.

This data is presented in the table and figure below.

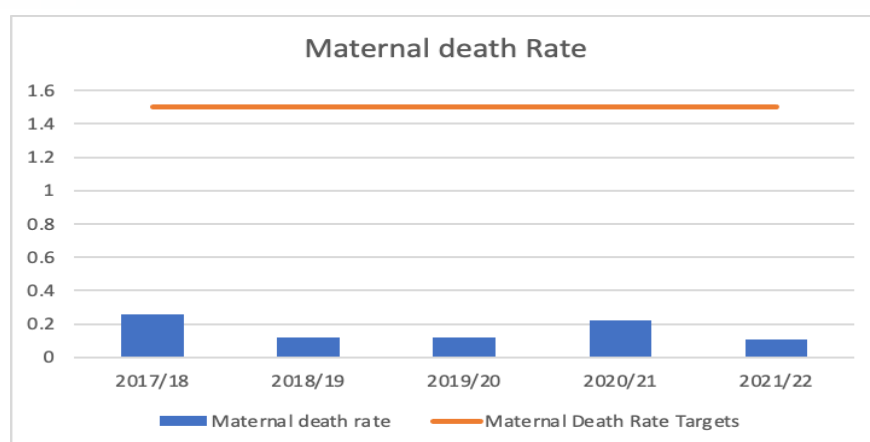
Indicators	2017/18	2018/19	2019/20	2020/21	2021/22
Total ANC visits (new clients + Re-attendances)	19935	22853	20031	18703	18453
Postnatal Attendances	2568	3576	2084	2167	1985
Maternity Admissions	6527	6908	6125	5236	5381
Deliveries in unit	4836	5123	4628	4111	4222
Normal delivery (SVD)	2824	3055	2595	2311	2271
Abnormal delivery (C/S)	2012	2068	2033	1800	1951
Maternal deaths	14	7	7	10	6
Maternal death rate	0.26	0.12	0.12	0.22	0.11
Maternal Death Rate Targets	≤1.5	≤1.5	≤1.5	≤1.5	≤1.5
FSB	62	50	46	17	27
FSB rate	0.37	0.37	0.23	0.13	0.12
FSB Target	≤0.5	≤0.5	≤0.5	≤0.5	≤0.5

**Table 56: Data representing different activities in the Department**

**Graph 23: Total ANC Visits**



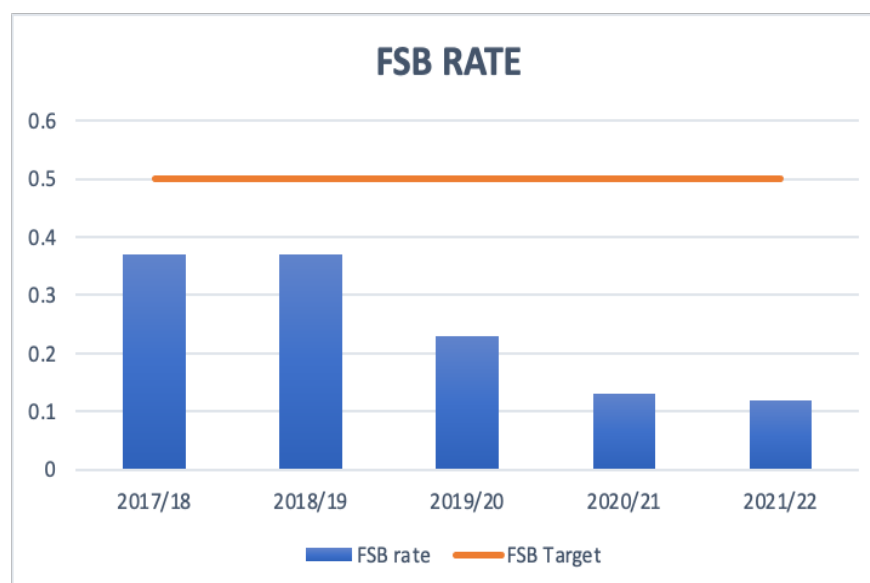
**Graph 24: Maternal Death Rate**



This year we have registered to lowest number of maternal deaths (6) in the last 5 years. These deaths are mostly attributed to late referrals are difficult to save.

As a department we ensure to give feedback to the referring health facilities to that the gaps that lead to late referral a closed and not repeated. This strategy is paying off.

**Graph 25: FSB Rate**



The fresh still birth rate also remains below the set target due to a lot of proactiveness and vigilance among the departmental team. The regular use of the cardiotomography (CTG) in management of labor has also contributed to the good outcomes this year.

### 25.5 Departmental achievements

- We acquired new equipment, including cardiotomography, patient monitors, anesthesia machine and an operating table.
- There is progressive growth in volume of laparoscopic surgeries in the department.
- All our quality indices including perinatal death rate and maternal mortality ratio remain well below national averages and continue to improve.
- More availability of private rooms following decommissioning of the COVID isolation ward and reallocating it to maternity private admission.

### 25.6 Departmental strategies

- To achieve a score of above 80% in the next evaluation period of the ongoing COHSASA accreditation exercise.
- To improve customer experience by adopting a new client-centered culture following the ongoing customer care training.
- To grow our laparoscopy skill in the department.
- To reduce the disparity of antenatal attendances and maternal admissions/deliveries at Lubaga Hospital.
- Repair of both the private and general wards.

### 25.7 Recommendations

- Perform a survey to determine why some antenatal care clients do not deliver from the hospital.
- Encourage the mothers to deposit part the delivery fee while still attending ANC in order to ease the financing challenge when times comes for delivery.

## 26.0 LABORATORY DEPARTMENT

By Mr. Kisekka Alex

### 26.1 Introduction

The Laboratory is part of the diagnostic services of Lubaga Hospital. It provides biochemistry, immunology, microbiology, parasitology, toxicology, virology, haematology testing and specimen referral to other laboratories for the benefit of the patients and population.

The laboratory implements a quality management system for the purpose of the effective and efficient use of its resources to meet the needs of its users. All employees are committed to a quality culture. They share responsibility for identifying nonconformities or opportunities for improvement or potential non-conformities that corrective or preventive actions can be taken to ensure that the laboratory meets the needs of its customers.

### 26.2 Departmental organization

The laboratory is headed by two Laboratory Directors i.e. the Executive Director and the Medical Director of the hospital. The Directors have ultimate responsibility and authority over the Laboratory.

The Laboratory manager is responsible for the technical and administrative operations of the Laboratory.

The Quality Assurance officer is responsible for the establishment, documentation, implementation, and maintenance of the quality management system.

The Biosafety/Biosecurity officer enforces all safety requirements and leads the développement, modification, monitoring and evaluation of all day-to-day safety practices and procedures.

Heads of Sections are responsible for offering technical and administrative oversight over their respective sections.

During the 2021-2022 financial year, Lubaga hospital Laboratory had 35 staff of which 8 are technologists, 11 are Laboratory Assistants and 16 are Laboratory Technicians.

### 26.3 Scope of services

The laboratory is composed of six sections merged into three. They include;

#### Haematology & Blood transfusion

Equipped with three five-part differential analyzers, one of them with capacity to analyze other body fluids like CSF and as well capable of analyzing samples in the micro containers, a hemoglobin/protein electrophoresis system and a blood bank. All blood products used are received through the UBTS and Mengo hospital Rotary transfusion services which provide enough supply of blood and its products.

#### Clinical Chemistry & Immunology

Equipped with a duo fully automated analyzer Architect Ci 4100 of the Abbot brand. This is used to run general chemistry/Electrolytes, immuno assays as well as specialized bio markers with a backup system. It provides a robust testing mechanism. The department offers a wide range of clinical chemistry tests for the diagnosis and monitoring of endocrine, cardiac, tumor and metabolic disorders. Immunology section received a BD FACS Presto which has substituted BD FACS Count as well as rapid diagnostic devices for serological diagnosis of infectious diseases. Specimens for early infant HIV diagnosis, adult HIV & Hepatitis B for confirmation and viral load are referred to central public health laboratories (CPHL) through the national sample referral and result transport hub system.

## Microbiology & Parasitology

Equipped with Bact/Alert 3D blood culture system, and a Viteck compact 2 plus for automated susceptibility testing, gene expert Machine and a biosafety level II cabinet. The Department performs several microbiological tests including body fluids analysis, TB diagnosis and detection of Rifampicin resistance, bacterial culture and susceptibility testing.



**Figure 5. BACT/ALERT 3D and VITECK 2 COMPACT**

### 26.4 Annual outputs

This year, the total volume of tests received and done by the Laboratory was far lower than last year. This is as a result of the lower volumes of patients admitted on the wards this year compared with last year.

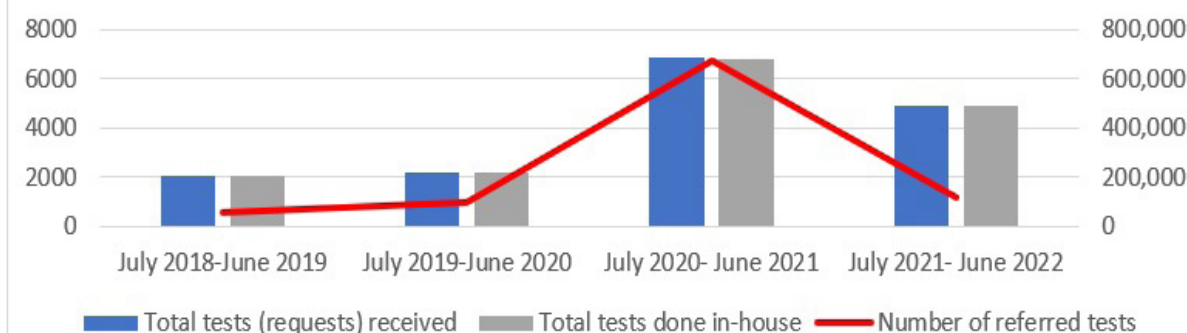
The table below shows the trend of tests done for the last three financial years including referrals. The referrals were due to non-cost effectiveness, lack of capacity, interlaboratory comparison and stockout as shown below;

Duration	Total tests (requests) received	Total tests done in-house	Number of referred tests
July 2018-June 2019	206,422	205,899	523
July 2019-June 2020	216,798	215,868	930
July 2020- June 2021	684,312	677,615	6697
July 2021- June 2022	491905	490726	1179

**Table 57: Showing volume of tests received, done or referred over a 3-year period**



## Trend Of Tests Done For The Last Three Financial Years Including Referrals



**Graph 26: Showing volume of tests received, done or referred over the last 3 years**

### 26.5 Laboratory Quality Management System (LQMS) and accreditation.

LQMS is defined as coordinated activities /processes directed towards quality. In the laboratory, its headed by the Quality Assurance Officer who works with the laboratory manager together with other staff for example safety Officer, Laboratory Supervisor and the heads of sections and they constitute the Laboratory quality and safety committees.

The laboratory manuals (The quality manual, Biosafety manual the Laboratory hand book and SOPs guides all the laboratory processes and procedures in line with the standard.

The laboratory's goal during the financial 2021/2022 was to get accredited to ISO 15189:2012 by SANAS and this was achieved last year when it was recommended by SANAS upon resolution of the identified non-conformances during the assessment.

During the financial year 2022/2023, the Laboratory plans to sustain the accreditation status to ISO 1589:2012 and also work towards getting accredited to COHSASA as well as supporting other Hospital service elements towards getting accredited by COHSASA come August 2023 with the ultimate aim of enhancing customer experience.

## 27.0 PHARMACY DEPARTMENT

By Mr. Mubiru Michael

### 27.1 Introduction

Pharmacy unit consists of 8 units namely; the Main Pharmacy Store, Sundries store, Inpatients Pharmacy, the Outpatients Pharmacy, Specialist Center Pharmacy, Maternity Pharmacy, ART/Antenatal Pharmacy and mixing room.

The pharmacy provides medication and other supplies to Inpatients admitted within the hospital wards, outpatients, outreach programs. It also provides medicines and medical supplies to other units like Radiology, laboratory, Dental, Eye, physiotherapy etc. In the mixing room dilution and mixing of disinfectants is carried out.

The Pharmacy is responsible for approximately 17% of the total hospital income.

### 25.2 Departmental organization

The unit has a total 36 staff constituting: 2 Pharmacists, 9 Pharmacy Technicians, 17 Dispensing Nurses, 5 Stores Assistants and 3 support staff. We also received 7 Intern Pharmacists allocated by the Ministry of Health. Part of the pharmacy team is responsible for logistics management while the other does prescription review, interpretation, validation and dispensing. The Pharmacists also play an advisory role to the prescribers supporting therapeutic decision making with them.

The unit has a monthly Continuing Professional Development (CPD) program that keeps the members abreast with the current trends of medicines and their administration.

The Hospital has prequalified suppliers from whom we purchase our medicines and medical supplies, the largest being Joint Medical Store (JMS) with around 27% of the volume of supplies.

The Hospital has a Medicine and Therapeutics Committee that is charged with the responsibility of ensuring that good quality medicines and medical supplies are procured and that the quality is maintained during storage, distribution and use. The committee is also responsible for the review of the Hospital's formulary list and coming up with strategies on how to improve medicine use and safety within the hospital.

### 27.3 Achievements

The pharmacy unit has continued to facilitate the realization of cost saving by being more proactive in the procurement process.

The section realized an increase in the staffing ratio of pharmacy technicians to dispensing nurses from 6:20 to 9:16 which is in line with the hospital's commitment to improving quality in its service delivery.

The unit has realized tremendous strides in getting the hospital accreditation, having attained a score of 70% in the last audit (End of August 2022).

## 27.4 Challenges.

1. The cost of expired drugs and medical supplies increased as seen in the table below.

FY	2019-2020	2020-2021	2021-2022
Total cost medicines and medical supplies	4,066,894,303	4,862,845,469	5,317,459,594
Cost of expired medicines and medical supplies	15,887,436	8,662,946	31,245,745
% of the total cost of medicines and medical supplies that expired	0.4	0.2	0.6

**Table 58: Cost of Expired drugs**

This rise in volume of expires was as a result of the following;

- Due to the COVID 19 pandemic new drugs like *Remsdiver* were introduced and when the pandemic receded, the overstocked items expired. However, such drugs being expensive the cost of expired for the FY 2021/2022 went up drastically.
2. The fact that children were not studying, their rate of them becoming sick reduced tremendously and this led to the expiry of many pediatric formulations.
  3. The hospital management information system and inventory management is still a major challenge. This has led to inaccurate system data, which has forced us to continue with the manual system. With the two systems of inventory we have ended up with too much workload in the pharmacy.
  4. Our leading and priority supplier (JMS) has a number of items out of stock and the cost of some of their products especially the first moving is higher than that of the other prequalified suppliers. This has forced us to source such items from other suppliers.
  5. Sudden changes in prescribing patterns affects stock movement and this makes drug forecasts very difficult. This leads to overstocking which may result in drugs expiring and understocking at times leading to stock-outs.
  6. There is always a delay in availing non-formulary medicines to our inpatients.

## 27.5 Strategies and Plans.

1. To have our Pharmacy licensed by National Drug Authority according to the current set laws.
2. To continue working closely with the IT team to have a fully functional HMIS to minimize stock imbalances in the system and become more efficient in inventory management.
3. To continue monitoring and evaluating prescribing habits quarterly, this will enable us to reduce the stock out to less than 5% and also make better predictions.
4. To get the required staff mix in the department by increasing the proportion of Pharmacy Technicians to nurse dispensers i.e. (from 9:17 to a least 12:14)
5. To have a pharmacist designated to collaborate with the clinicians in patient management.
6. To reduce drug expiries by monitoring expiry dates in the different pharmacy units and rotate stock regularly and/or communicate to the prescribers.
7. To put more emphasis on COHSASA accreditation and move from 70% to 90%.

## 28.0 RADIOLOGY DEPARTMENT

By Dr. Dr. Milka G. Habte

### 28.1 Introduction

The department of radiology is one of the major diagnostic units of the hospital which provides imaging services 24hours and 7 days a week to patients of the hospital and patients referred from other health facilities.

### 28.2 Organization of The Department

The department is led by the head of department supported by in-charges of X-ray/ C.T scan, and ultrasonography units. it is staffed by 2 radiologists, 6 radiographers, 2 sonographers, 1 radiology attendant.

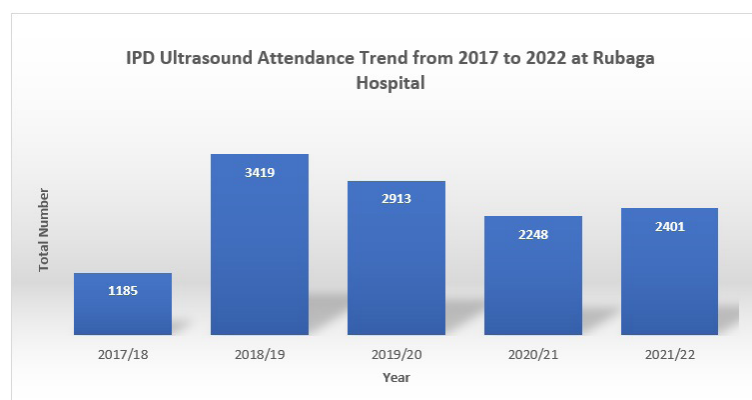
### 28.3 Scope of services

The Radiology department of Lubaga hospital possesses the following equipment: 1 C.T scan, 1 conventional x-ray, 1 fluoroscopy, 1 c-arm, and 4 ultrasound machines.

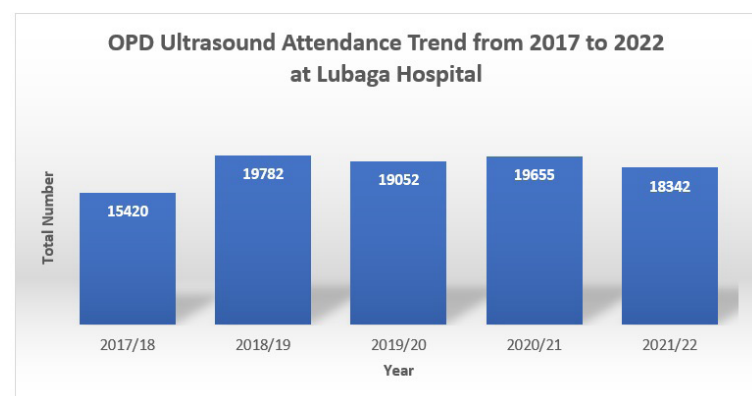
The department provides imaging services namely conventional radiography, ultrasonography and computed tomography. Ultrasonography is provided from the main department, maternity department and at the Specialist center; whereas x-ray and C.T scan investigations are provided from the main department only; c-arm services is availed in main theatre of the hospital.

### 28.4 Annual output with 5-year trends

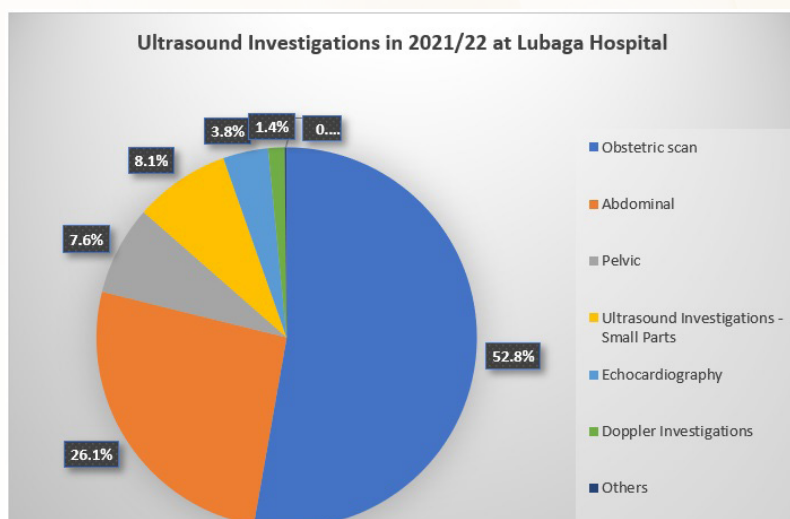
The volume of ultrasonography services for inpatients this year was relatively higher than last year, although it still falls below the target. It is also a reflection of the declining number of admissions. We believe that the department can perform better than this, as the case was in FY 2018/19.



Graph 27: Volume of Ultrasound services to inpatients over a 5-year period

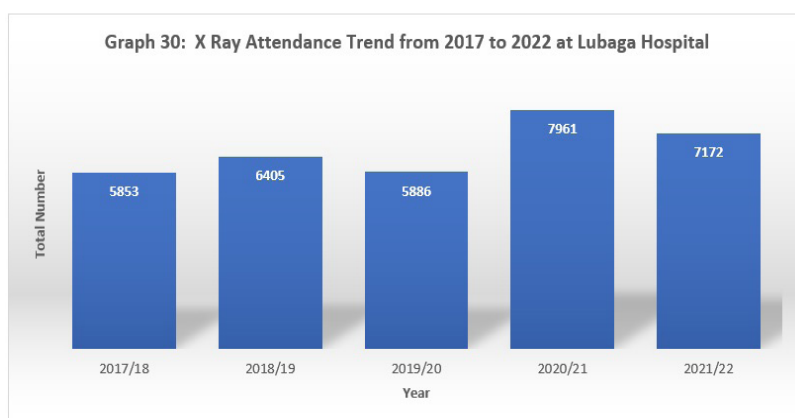


Graph 28: OPD Ultrasound Attendance Trend from 2017 to 2022

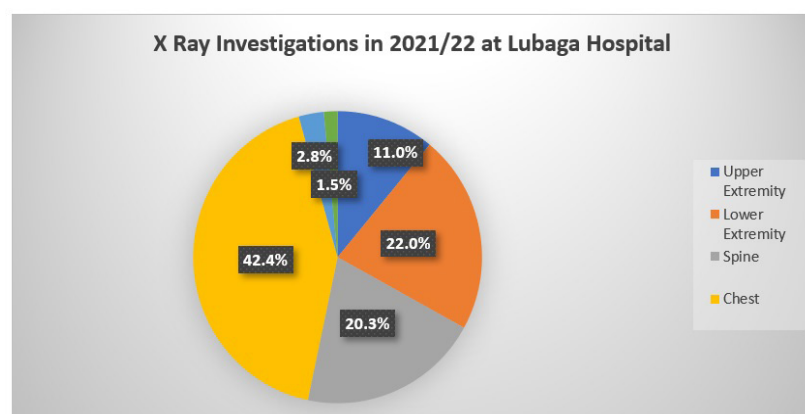


**Graph 29: Showing the distribution of Ultrasound scan investigation 2021/22**

Majority of ultrasound scans done this year were obstetric scans (53%) followed by abdominal scans (26%).



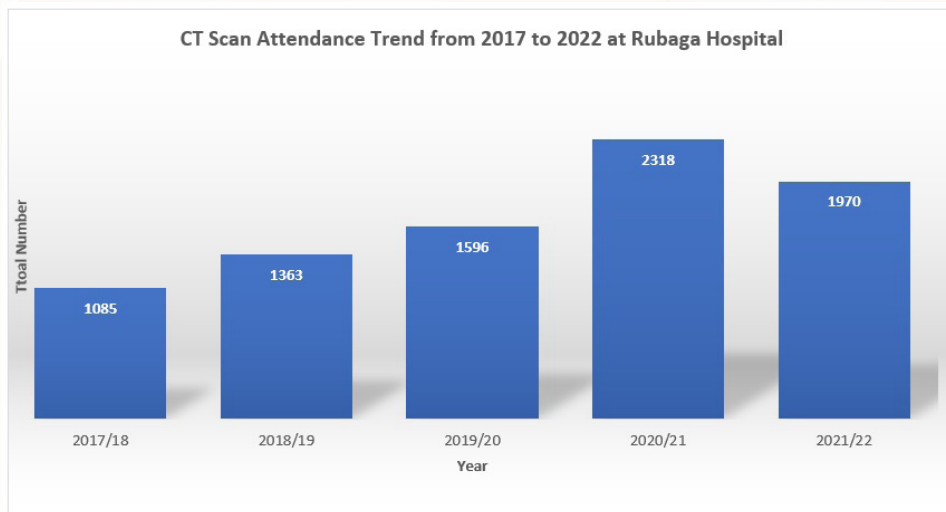
As shown in the figure above, we performed fewer x-rays this year compared to last financial year. This pattern fluctuates depending on the volume of patients seen in the outpatients of admitted in the Hospital. The distribution of x-ray investigations on the other hand is consistent with what is normally expected. Chest X-rays are the most frequently done, followed by spine.



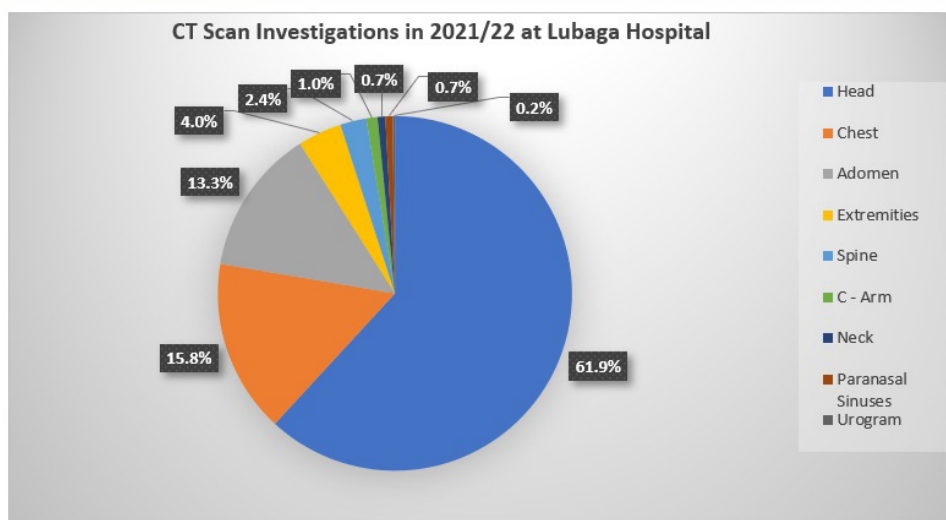
**Graph 31: Showing the distribution of X-Ray Investigations in 2021/22**

Regarding C.T imaging, there was also a drop in the number of C.T scan investigations done this year. The reason for this is that the previous years a lot of C.T scans were ordered as part of the diagnostic protocol for SARS COVID. But this year, following a decline of cases, there were fewer C.T scans done.

Majority of C.T scan done were Head scans mostly for patients who sustain head injuries. This is followed by chest C.T.



**Graph 33: Showing trends in C.T scan imaging over a 5 year period**



### 28.5 Departmental Milestones

The main achievement of radiology department in the last financial year was quality improvement. The department was able to steadily improve in quality and finally became fully complaint in reference to COHSASA accreditation program standards.

### 28.6 Strategies & plans

The department of radiology has the following strategies in alignment with hospital-wide strategies:

1. To be able to provide all high-quality radiological investigations all the time.
2. To be equipped with the major up to date radiology machines and expertise.
3. To be able to have more referrals from other health facilities.
4. To have no or minimal referrals out to other radiology rendering facilities.

### 28.7 Challenges

- Servicing and maintaining of radiology equipment behind schedule.
- Lack of appropriate portable ultrasound and x-ray machines to be used in theater and intensive care areas.
- Lack of adequate staff to cover all shifts throughout the week without working extra hours.
- Lack of in-house interventional radiologist.



## 26.8 Recommendations

- Training of an interventional radiologist.
- To have a proper reception and waiting area.
- Building an ultrasound suite in the main radiology department where all ultrasound examinations are performed except for patients who are critically ill and with emergency situations.



*Radiology! Seeing you through to good health*

## 29.0 PHYSIOTHERAPY SERVICES

By Ms. Justine Nakimpi

### 29.1 Introduction

The physiotherapy department is one of the key supportive therapeutic service centers at Lubaga Hospital.

It is one of the fastest growing departments in the Hospital, and one of the best performing as far as quality management based on COHSASA standards.

### 29.2 Organization of the department

The department is run by 3 Physiotherapists, and one cleaner. It operates from Monday to Friday from 8am: 5pm.

The department in charge oversees the activities of the department and is involved in all the managerial responsibilities

### 29.3 Scope of services

The Physiotherapy service extends to both Out-Patients and In-Patients. For In-patient the mode of communication can be through physiotherapy referral form and documentation in the chart and Out-Patient through the Hospital Management Information System to ensure continuity of care between the members of the Multi-Disciplinary Team.

Our highly qualified and experienced team specializes in a vast range of therapies to meet needs of our patients including Pediatric Physiotherapy, Orthopedic Physiotherapy, Exercise therapy, Manual therapy, Electrotherapy, Respiratory Physiotherapy and Women's Health Physiotherapy, Plus Health Promotion Activities.

### 29.4 Annual outputs

	2017/18	2018/19	2019/20	2020/21	2021/22
No. of inpatient visits	653	746	1038	1025	1323
No. of outpatient visits	3022	3422	3776	3963	5234
Total No. of patient visits	3675	4168	4814	4988	6557

**Table 59: Showing volumes of physiotherapy services offered over a 5-year period.**

Total attendance for Physiotherapy for 2021/2022 Increased by 31.46% from last year.

The involvement of the Physiotherapy team in the accreditation journey has improved many processes and procedures and the management of the different conditions using Evidence-Based Practice, Patient-Centered treatment, Attendants involvement in care, Good customer care, Good referral system, Continuous Medical Education and Good team work (all staff are on board and bought in). This has incredibly led to the exponential rise in patient numbers this year.

**The table 60: below provides a breakdown of physiotherapy services offered, with a 5-year trend.**

	2017/18	2018/19	2019/20	2020/21	2021/22
Active exercises	2975	3688	4383	4500	5816
Ambulation	320	247	386	758	1420
assisted active exercises	632	1248	1373	1417	1581
breathing exercises	44	42	204	187	116
chest exercise		14	59	83	36
Crutches	14	9	0	0	0
Epley's Maneuver	0	0	0	1	2
Fitness exercises	0	7	8	4	0
gym station	31	68	47	6	16
ice therapy	20	9	30	9	3
Infrared	1660	1471	2036	2560	3557
Massage; manipulations	2607	2877	3453	3422	4024
mobilization on crutches	340	643	1118	782	271
Mobilization techniques	0	0	0	154	274
Nutritional advice	0	0	0	22	6
Orthotics	10	58	97	91	84
Others	18	14	3	3	15
Osteotron bone growth therapy					4
parent training	163	103	184	263	49
passive mobilization	328	404	445	350	246
Shortwave diathermy (heat)	667	1062	1006	381	75
Spirometry	4	6	6	7	4
Static bike	6	42	43	23	19
Stimulations	183	98	87	146	68
strengthening exercises	711	1279	2288	2682	4126
TENS	386	412	448	703	939
Treadmill	27	0	0	0	14
Traction kit/bed	239	331	433	184	213
HEATH Talk		0	13	1	0
Ultrasound	29	23	15	103	178
Weight baring	0	0	0	1	20
<b>TOTAL</b>	<b>12151</b>	<b>14155</b>	<b>18165</b>	<b>18843</b>	<b>23176</b>

The availability of new equipment on board, new innovations, trainings and continuous professional development, and understanding the COHSASA standard and its requirements has contributed to growth in number of the different applications with a 23% from last year.

### 29.5 Department Milestones

- The physiotherapy department has grown from a 3-room clinic to fully furnished physiotherapy Centre with a training institution. This achievement was realized in partnership with Malteser International.
- The service element has managed to achieve full compliance with the COHSASA standard at 93%.
- The head of unit obtained a Bachelor's degree in Physiotherapy & a certificate in Auditing of management systems.

## 29.6 Strategies and Plans

The physiotherapy team intends to grow its clientele from within and outside by creating more awareness of the services that we offer and their benefits to the clients. We shall create awareness among the doctors, nurses, consultants every month.

This can also be achieved through health talks to patients at the different stations i.e., outpatient department, antenatal and post-natal clinics to screen children born with physical disabilities/disorders

The team also intends to carry out sensitization campaigns to the community through securing programs at the different television to talk about physiotherapy.

## 29.7 Challenges

With the increasing number of patients from 450 patients to about 550 patients per month, the physiotherapy department is faced with a human resource shortage.

## 27.8 Recommendations

The management should employ at least 3 more Physiotherapists so that the department is able extend its services to those areas in the hospital that have not been fully covered, extend service to weekend and public holidays and lessen the stress on the few physiotherapists available.

## 30. HOSPITAL CHAPLAINCY

Rev. Fr Joseph Ekutte/ Sr. Teddy Ndagire)

### 31.1 Introduction

The pastoral Department of Lubaga Hospital aims at enhancing a Holistic approach to Medical care for the benefit of all the Hospital clients. The Pastoral team does daily supportive visits mainly to assess patients who need to receive sacraments, Psychological counselling, supportive interventions, and other social needs.

### 31.2 Organization of The Department

The Department is headed by the Chaplain Rev. Fr. Joseph Ekutte assisted the Fredrick Kazibwe. Pastoral activities are coordinated by Rev. Sr. Teddy Ndagire assisted by Ms. Annet Namubiru. The team always toil to reach their expectations under the supervision of the Executive Director. The team avails itself to both staff and patients who need spiritual and emotional support.

### 31.3 Scope of work

In this noble task, the Pastoral team works hand in hand with medical personnel to provide interdisciplinary and collaborative care to the Patients who need spiritual and psychological support. The team provide spiritual and psychological support in the following ways:

- Assisting patients to cope with the psychological, social and spiritual aspects of their illnesses and difficulties arising from them.
- Organizing daily Masses to Hospital community in order to empower critically ill patients to remain strong.
- Serving as a representative of the religious community to the Institution
- Ensuring that all patients receive Sacraments like; Holy Communion, Anointing of the sick, Baptism, and reconciliation.
- Imparting catholic values in both Staff and Students especially those who have deteriorated in their Christian faith
- Organizing spiritual recollections/ retreats to Hospital Staff in order to nourish their faith and remain united as they carry out Christ's mission of healing the sick.

### 31.4 Annual output

Activity (Lubaga Hospital and Mengo Hospital)	2017/18	2018/19	2019/20	2020/21	2021/22
Mass	Daily	Daily	Daily	Daily	Daily
Baptism	75	47	117	52	61
Anointing	250	104	120	101	180
Communion to Patients in Wards	111	75	76	65	489
Confirmation	21	17	2	0	5
Penance	31	153	24	12	143
Counselling	1372	331	86	70	170
General Supportive Ward - Visits	3657	797	765	642	Daily
Support to the Needy	49	39	145	85	125
Feeding the Patients on Easter and X-mas	0	0	0	90	120
Visits to the Sick Outside the Hospital	3	1	2	3	4

**Table 61: Chaplaincy Output**

The chaplain at Lubaga Hospital also supports the Catholic community at Mengo Hospital. He endeavors to avail himself to provide the same pastoral care at both institutions as much as it is possible. The table above offers the statistics of pastoral activities at both Hospitals over the last five years.

**Table 62: Educative and Spiritual retreats/Workshops for Staff (Lubaga Hospital)**

Activity for Staff					
SPIRITUAL RETREATS	2017/18	2018/19	2019/20	2020/21	2021/22
Number of retreats	4	4	3	2	3
Number of Participants	240	255	306	170	550
PILGRIMAGES TO NAMUGONGO					
Number of Pilgrimage	0		0	0	2
Participation on foot	210	78	0	0	45
Participation by Bus	0	0	0		37

### 31.5 Critical Analysis of Outputs

These pastoral team has been able to achieve all the above due to the following reasons;

- Developing a strong team with a deep sense of team spirit
- Trust among ourselves built on three factors (consistence, Loyalty, and Delegation)
- Availability. Listening to patient's concerns and work on them.



### 31.6 Departmental Milestones

- ❖ The Pastoral team was able to organize big days (feasts and Solemnities) in a way that pleases God and inspired many people to remain committed by serving their God.
- ❖ The exposition of the Blessed Sacrament of every Thursday inspired many people especially Hospital Staff to remain faithful to their God.
- ❖ The Psychological and Spiritual support given to patients has made a positive impact to the patient's wellbeing.
- ❖ As a Department, we have been able to Design the Sanctuary and cover the Kneelers of the pews in the Hospital Chapel.
- ❖ We have been able to re-paint the Pastoral office
- ❖ The new cross has been installed at the Emergency gate
- ❖ The department has been able to improve on liturgy by increasing on the number of choir members. This time round the Chaplaincy has three choirs namely; Uganda Martyrs Chaplaincy Choir, Seraphim Choir, and Students Choir.
- ❖ The Chaplaincy was able to purchase a new Key Board in the Chapel
- ❖ The team has also introduced a monthly staff Mass. Generally, the participation is good.
- ❖ We have been able to feed and offer charity to over 200 patients on Christmas and Easter.

### 31.7 Strategies and Plans

- ❖ As a team, we want to construct a Grotto for Divine Mercy in the next financial year to give chance to those devoted to Divine Mercy present their prayer intentions through the mercy of God.
- ❖ We also hope to cover the Sanctuary a red carpet.
- ❖ Repainting the Chapel and giving it a new look.

### 31.8 Challenges

- The Staff on duty do not communicate or give clear report to Pastoral care workers especially when there is an emergency case on ward that needs Sacramental interventions.
- Some Staff do not participate in prayers when the Priest is praying for patients. They just continue with giving medication.
- Some Doctors do not give chance to priests to administer Sacraments (anointing of the sick) to patients who are critically ill.
- Sometimes the non-Catholic patients keep conversing during prayers in the wards.

### 31.9 Recommendations

- Staff on duty should sensitize patients who need sacramental interventions (priests) as they carry out their routine work.
- Staff should get involved in prayers when it is time for prayers on ward round.
- Doctors should allow priests to administer Sacraments for few minutes and continue with their work.
- We shall continue to sensitize the non- Catholics about the value of prayers especially to the sick.



**Chaplaincy Team (after unveiling the new cross at the Emergency)**

## 31.0 LUBAGA HOSPITAL TRAINING SCHOOL

### 31.1 Introduction

In 1956, Lubaga Hospital established Nursing Training School institution, with the goal of increasing the number of Health Human resources for health. The focus of the school has not changed from that of her founding hospital. The Governing Council revised its capacity from four hundred to eighty hundred forty this was due to improved Classroom Space, Tutor Students ratio and new programs on board namely Emergency Care Assistant and Physiotherapy Assistant.

### MISSION

To train eligible students holistically into professional human resource for health

### VISION

To be a premier institution in the training and development of competent health professionals

### SCHOOL MOTTO

To love All

### SCHOOL CORE VALUES

- God fearing
- professionalism
- Compassionate
- Justice
- innovativeness

### 31.2 Scope of work

The school offers the following academic programs; Diploma and Certificate courses for midwives, Nurses, medical theatre assistants and medical laboratory technologists. Others newly introduced Medical Emergency and Physiotherapy Courses.

### 31.3 Organization of the HTI

St. Michael Lubaga Health Training Institution is a semi-autonomous training department of Lubaga Hospital. It has a Governing council appointed by the Archbishop of Kampala which offers oversight and strategic direction to the school. It is headed by the Principal who is supported by the Deputy Principal. The principal is a member of the Hospital Management Team.

### 31. 4 Student enrollments in FY 2021/22

NO	COURSE	FEMALE	MALE	TOTAL	REMARKS
<b>JULY 2018 INTAKE</b>					
	Diploma in Medical Laboratory Technology	09	4	13	Completed March 2022
	<b>TOTAL</b>	<b>09</b>	<b>04</b>	<b>13</b>	
<b>JULY 2019 INTAKE</b>					
1	Certificate in Nursing	54	25	79	2½ Years Course
2	Certificate in Midwifery	66	00	66	2½ Years Course
3	Certificate in Medical Theatre Assistant	09	09	18	Completed June 2022
4	Certificate in Medical Laboratory Technology	07	11	18	Completed June 2022
5	Diploma in Medical Laboratory Technology	03	06	09	3 Years Course
6	Certificate in Emergency Care Assistant	5	9	14	2 Years Course
	<b>TOTAL</b>	<b>144</b>	<b>60</b>	<b>204</b>	
<b>MARCH INTAKE 2021</b>					
1	Certificate in Nursing	56	30	86	2½ Years Course
2	Certificate in Midwifery	63	00	63	2½ Years Course
3	Diploma in Nursing Direct	4	2	6	3 Years
4	Diploma in Nursing Extension	30	7	37	1½ Years Course
5	Diploma in Midwifery Extension	30	00	30	1½ Years Course
6	Diploma in Midwifery E- Learning	30	00	30	1½ Years Course
7	Diploma in Medical Laboratory Technology	2	3	5	3 Years Course
8	Certificate in Medical Laboratory Technology	11	22	33	2 Years Course
9	Certificate in Medical Theatre Assistant	16	8	24	2 Years Course
	<b>TOTAL</b>	<b>242</b>	<b>72</b>	<b>314</b>	
<b>FEBRUARY INTAKE 2022</b>					
1	Certificate in Nursing	79	16	95	2½ Years Course
2	Certificate in Midwifery	60	00	60	2½ Years Course
3	Diploma in Nursing Direct	9	2	11	3 Years
4	Diploma in Nursing Extension	29	13	42	1½ Years Course
5	Diploma in Midwifery Extension	20	00	20	1½ Years Course
6	Diploma in Midwifery E- Learning	10	00	10	1½ Years Course
7	Diploma in Medical Laboratory Technology	05	05	10	3 Years Course
8	Certificate in Medical Laboratory Technology	25	15	40	2 Years Course
9	Certificate in Medical Theatre Assistant	14	12	26	2 Years Course

**Table 63: 4 Student enrollments in FY 2021/22**

## **NB**

1. For the Financial year 2021/2022 the students' population has been 845
2. Some students did not complete their courses within the normal duration due to COVID 19 disruptions. The most affected lot was the Diploma in Medical Laboratory Technology 2018 intake.

### **31.6 Strategies and plans**

1. To enhance the Hospital's capacity in handling clinical placement for, nursing and Allied health programs.
2. To enroll Physiotherapy students
3. To enhance the Hospital training School Capacity through the diversification of programs and improving Classroom space.
4. Plans for semi-permanent structure to improve the classroom space.
5. Acquiring School bus to ensure safe means of transport for field work.
6. Ensuring one Campus to minimize time wasting and promote security
7. Signature building: Architectural drawings for signature building (Memorial Classroom Block) and funding opportunities
8. To construct a Girls' Hostel with a bed capacity of 400.
9. Students Information System this will capture all students' description and other statistics /data.

### **31.7 Milestones**

1. The physiotherapy classroom block was finished, furnished and equipped.
2. New wing for emergency class was constructed with two rooms ready for use.
3. A semi-permanent fabricated was approved by the Governing council to improve classroom space.
4. The School developed an Independent Strategic plan for the first time.

### **31.8 Challenges**

1. The school lacks enough space for the student's lecturers more especially when all programs are together at once.
2. Inflation as prices for commodities like food continue to rise.
3. COVID 19 which affected the school and the students as they had to break for a lockdown hence prolonging their completion of the course.
4. Some of the students were involved in an accident from end of final year party and this has made the school to incur a lot.



## 32.0 REPORT ON FAITHFULNESS TO MISSION

### 32.1 Introduction

Every year, Hospital Management compiles the Faithfulness to Mission report to highlight the degree to which the Hospital operations conformed to its founding mission.

This report not only informs Board and Management decisions but it also constitutes one of the annual requirements for Hospital accreditation by the Uganda Catholic Medical Bureau.

In order to guide the thought process of the reader, management endeavors to offer an analytical narrative of the performance indicators, underpinning the contributing factors, opportunities, and risks underlying the figures.

This Faithfulness to the Mission report for financial year 2021/22 will offer a comparative analysis of the previous 4 financial years for context's sake.

### 32.2 Criteria and units of measurement

The Faithfulness to Mission report is premised on four (4) parameters including Access, Quality, Equity and Efficiency as measured by the Standard Unit of Output (SUO).

The SUO is a weighting measurement where all the outputs are expressed into a given equivalent so that there is a standard for measurement of the entire Hospital outputs. It combines outpatients, inpatients, deliveries, immunizations and antenatal visits, which have different weights in terms of production costs for each of the individual categories. When the cost of managing an Outpatient is used as the standard against which the other outputs are measured, then the unit is referred to as the SUO<sub>op</sub>.

### 32.3 Hospital Performance

#### 32.3.1 Access

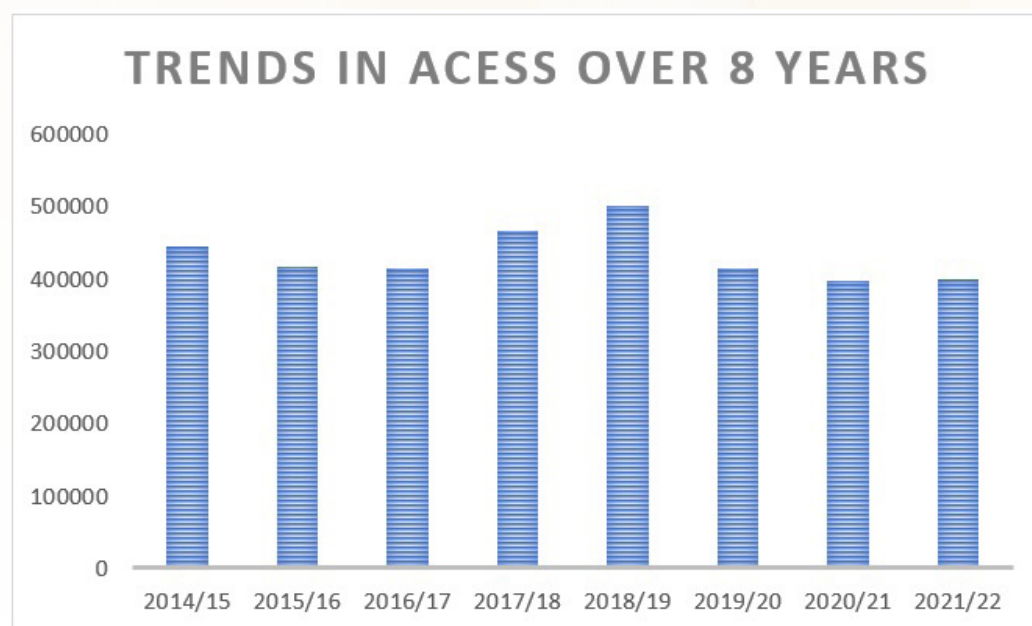
Access is a measure of the overall production in Hospital services (both outpatient and inpatient) expressed in terms of SUO<sub>op</sub>. It is a direct reflection of the volume of healthcare services offered by the Hospital in a given year.

**Table 64: Trends in Hospital outputs over the last 4 financial years**

Category	2018/19		2019/20		2020/21		2021/22	
OPD *1	205789	<b>205789</b>	155608	<b>155608</b>	166058	<b>166058</b>	166352	166352
IPD *15	13732	<b>205980</b>	12011	<b>180165</b>	10602	<b>159030</b>	10370	155550
DEL *5	5123	<b>25615</b>	4628	<b>23140</b>	4111	<b>20555</b>	4222	21110
SURGERY*20	3115	<b>62300</b>	2809	<b>56180</b>	2598	<b>51960</b>	2813	56260
SUO <sub>op</sub>	<b>499684</b>		<b>415093</b>		<b>397603</b>		<b>399272</b>	



**Graph 34: Trends in Hospital Access over a period of 8 years**



For the first time in 3 years, the Hospital has registered an improvement in access. Even though the gain is only 0.42% compared to last financial year, the mere fact that we have flattened the access curve this financial year is reason enough to celebrate.

This is a sign that the COVID-19 disruption to the Hospital operations is wearing off, and we are now transitioning into a recovery phase. This is a window of opportunity for us to implement a versatile recovery strategy as outlined in our 5-year strategic plan to sustain the growth in scope and quality of health services as well as an attractive customer care culture in the Hospital.

### 32.3.2 Equity

This is a measure of the affordability of our services, as measured by the average user fee collection per  $SUO_{op}$ .

**Table 65: Trends in Equity over the last 4 Financial years**

FY	2018/19	2019/20	2020/21	2021/22
User fee per $SUO_{op}$	35,371	44,407	56,579	62,658
% change	12.2%	26%	27%	11%

Going by the data, it is apparent that the Hospital was less equitable this financial year compared with last financial year. However, a deeper analysis reveals that the percentage rise in user fee per  $SUO_{op}$  has drastically fallen from 27% to 11%.

This proves our suspicion right that the sharp rise in this indicator since 2019 was due to the very high medical bills of critical COVID 19 patients especially those who stayed long in the ICU. It is very positive that the percentage rise has fallen back to baseline, almost parallel to the prevailing core national inflation rate of 6.3%.

The Hospital continues to strive to become as affordable as possible, accommodating its basic services to the means of the poor and underprivileged. However, we must also recognize that some services like super specialized surgery and critical care are intrinsically pricy.

### 32.3.3 Efficiency

This measure is divided into Economic Efficiency and Technical Efficiency.

Economic efficiency concerns itself with producing clinical outputs at the lowest cost possible. In other words, how much does it cost the Hospital to produce its healthcare outputs? The lower it is, the more efficient the Hospital is.

On the other hand, technical efficiency considers how many human resources have been invested into producing the healthcare outputs.

**Table 66: Trends in Efficiency over the last 4 Financial years**

FY	2018/19	2019/20	2020/21	2021/22
Recurrent expenditure/SUO <sub>op</sub>	35,673	48,207	58,592	71,307
Percentage change	6%	35%	22%	22%
SUO <sub>op</sub> per staff	1050	814	760	830

The Expenditure per output has continued to rise by an annual average of 22%, implying that the costs of most of the material inputs in our operations have not returned to the pre-COVID baseline pricing. It is also a fact that as we continue to broaden the range and complexity of services we offer, the inherent costs of equipment, drugs, implants and employment costs shall continue to reflect in the high expenditure.

On the other hand, or personnel have become more productive this financial year. Management is committed to continue rationalizing any redundant positions and to encourage multi-tasking to the extent that it does not negatively affect the quality of care.

### 32.3.4 Quality

Using the UCMB Quality score tool, the quality of health services is measured and monitored based on the following seven indices;

1. Fresh Still Birth (FSB) rate
2. Maternal Death Rate (MDR)
3. Recovery Rate (RR) for admitted patients
4. Infection rate of Caesarian Section wounds (IRCS)
5. Number of licensed clinical staff
6. Patient satisfaction rate
7. Rational drug use score

With the exception of the OPD drug dispensing rate, all quality indicators this financial year exceed the set targets, meaning that the Hospital is offering very high-quality care.

The factors holding back our dispensing rate include the following;

- i. Some items get out of stock and yet they have no alternatives
- ii. Some patients defer the drugs because they cannot afford them
- iii. Clinicians do not prescribe alternative medication due to poor communication with the pharmacy.

Our strategy for improving drug availability next financial year is to improve planning and procurement systems for drugs and pharmaceuticals, and to improve communication between the Pharmacy and the prescribers

**Table : Score per Quality/Safety indicator in the past 5 years**

Years	FSB Rate	MDR rate	RR rate	IRCS rate	Qualified STAFF rate	SATIS OPD Rate	DRUGS OPD Rate
2017/18	0.37	0.26	96.8	1.19	100	82.10%	86
2018/19	0.37	0.12	97.1	0.69	100	79.33%	88
2019/20	0.23	0.12	98.31	0.82	100	80.65%	82
2020/21	0.13	0.22	97.04	0.67	100	74.21%	85
2021/22	0.12	0.11	98.02	0.20	100	76.3%	80
<b>Targets</b>	≤0.5	≤1.5	≥95	≤0.5	100	>75	>85

**Table 5: Proportion of licensed clinical staff in the hospital.**

	Indicators	Jun-18	Jun-19	Jun-20	Jun-21	Jun-22
<b>1</b>	All staff	493	538	560	572	578
<b>2</b>	Licensed clinicians	334	369	384	392	402
<b>3</b>	% of licensed clinicians	100%	100%	100%	100%	100%

## 32. 4 SUMMARY QUALITY SCORE

**Table 6: Quality score per indicator**

Years	FSB score	MDR score	RR score	IRCS	STAFF score	SATIS score	DRUGS score	Total quality score (max: 140)
2017/18	19	19	17	18	20	20	14	127/140 (90.7%)
2018/19	19	19	18	19	20	20	16	131/140 (93.6%)
2019/20	19	19	19	19	20	20	12	128/140(91.4%)
2020/21	19	19	18	19	20	19	14	128/140(91.4%)
2021/22	19	19	19	19	20	20	11	127/140 (90.71%)

# ANNEX I HOSPITAL BOARD COMPOSITION

## BOARD OF GOVERNORS

Dr. Joseph Mary Sseremba

Msgr Kasibante

Dr. Cissy Kityo Mutuluuza

Rev. Fr. Moses Musooka

Dr. Saturninus Kasozi Mulindwa

Rev. Fr. Pius Male Ssentumbwe

Mr. Francis Buwule

Rev. Sr. Pauline Nayiga

Rev. Mother Norline Namusoke

Mr. John Wilson Sendikwanawa

Dr. Julius Luyimbaazi

Rev. Sr. Dr. Grace Nannyondo

Mr. Oloya Alex

Chairman Board of Governors

Chairman Hospital Training School

Chairperson (HR and Clinical Quality Committee)

Chairman Audit Committee

Chairman Finance Committee

Board Member

Board Member

Board Member

Board Member

Board Member

Executive Director

Medical Director

Board Secretary

## ANNEX II. HOSPITAL MANAGEMENT TEAM COMPOSITION

### HOSPITAL SENIOR MANAGEMENT TEAM

Dr. Julius Luyimbaazi

Sr. Dr. Grace Nannyondo

Mr. Oloya Alex

Mrs. Katende Gorreth Namatovu

Mrs. Mujuzi Immaculate

Sr. Reginah Namusoke

Mr. Ssemwogerere 'Deogracious

Sr. Jane Frances Namuddu

Ms. Nampijja Margret

Executive Director

Medical Director

Hospital Administrator

Finance Manager

Human Resource Manager

Principal Nursing Officer

Ag. IT Manager

Principal

Secretary SMT

### HOSPITAL MANAGEMENT TEAM

Dr. Julius Luyimbaazi

Sr. Dr. Grace Nannyondo

Mr. Oloya Alex

Mrs. Katende Gorreth Namatovu

Mrs. Mujuzi Immaculate

Sr. Reginah Namusoke

Mr. Dennis Ssentongo

Mr. Ssemwogerere 'Deogracious

Sr. Jane Frances Namuddu

Mr. Ssempe Mubiru Michael

Sr. Resty Ndagano

Sr. Nkwangu Ruth Nakitto

Rev. Fr. Joseph Ekute

Mr. Kisekka Alex

Mrs. Kigabane Florence

Ms. Achelat Joyce

Mr. Ika Eddy

Ms. Nampijja Margret

Mr. Babirye Florence

Executive Director

Medical Director

Hospital Administrator

Finance Manager

Human Resource Manager

Principal Nursing Officer

Business Development Manager

Ag. IT Manager

Principal

Hospital Pharmacist

In charge Department of Public Health

Infection Control and Hygiene Nurse/Quality Officer

Hospital Chaplain

Laboratory Manager

Quality Assurance Manager

Internal Auditor

Risk Manager

Personal Assistant to the Executive Director

Hospital Management Team Secretary.

## HEADS OF DEPARTMENT

Dr. John Bosco Mutakirwa

Dr. Cissy Nalunkuma

Dr. Michael Okello

Dr. Agaba Brian

Dr. Ruth Nsamba

Dr. Ghebregziabihir Habte Milka

Ms. Justine Nakimpi

Head Internal Medicine

Head Pediatrics & Neonatology

Head Surgery & Theatre

Head Obstetrics & Gynecology

Head of Outpatients 'Department

Head of Radiology

Head Physiotherapy

## HEADS OF UNITS

Mrs. Kigozi Joan

Ms. Susan Nasereka

Mr. Arinaitwe Adolf

Ms. Nakulima Lillian

Sr. Janet Harbauer

Mrs. Nganda Anne

Ms. Agnes Lwanga

Head of Procurement

Head of Eye Clinic

Head of Dental Unit

Head of Data & Records Office

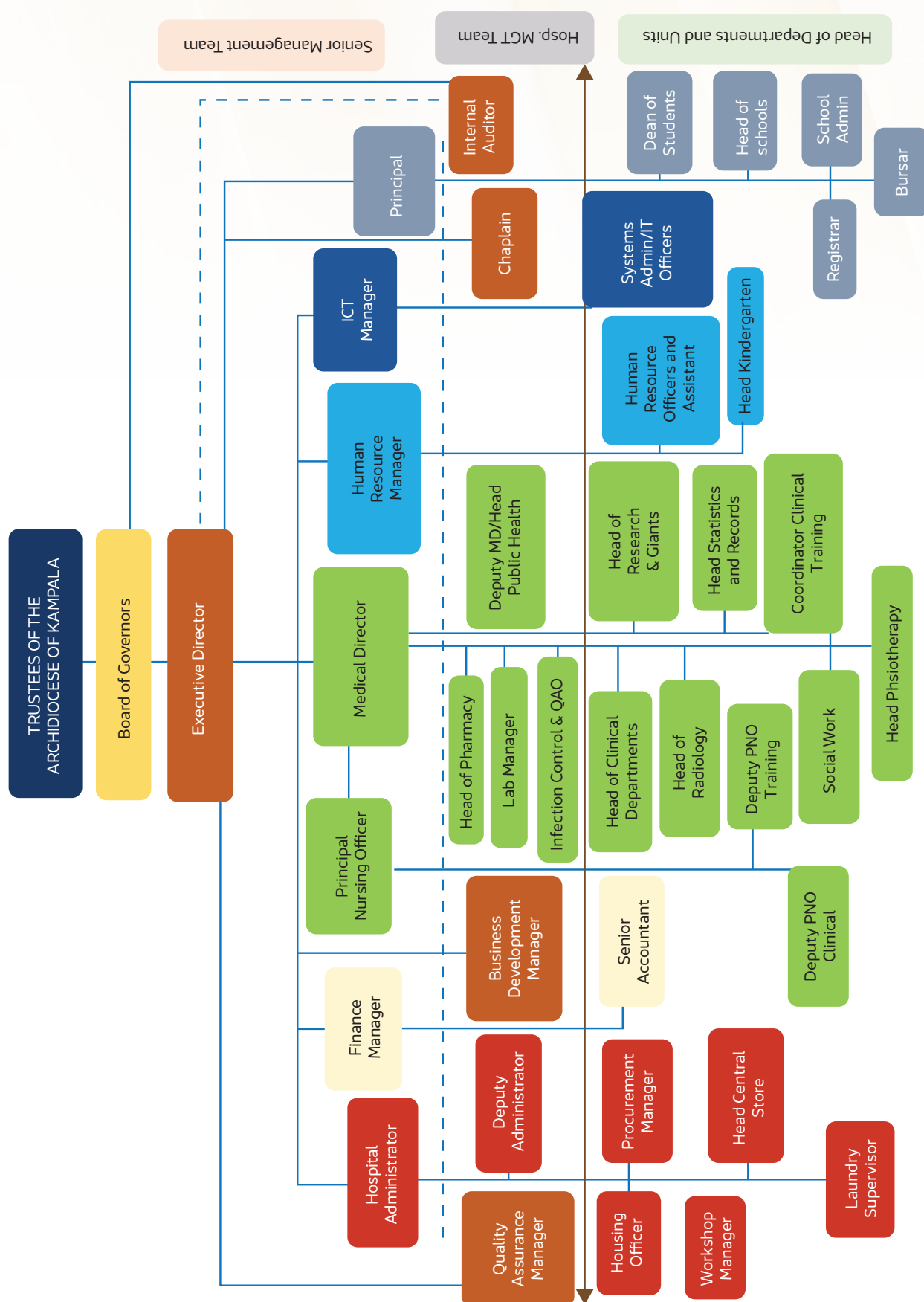
Housing Officer

Students' Coordinator

Administrator Research Officer



### ANNEX III. HOSPITAL ORGANIZATIONAL STRUCTURE



## ANNEX IV: LEGAL ADVISOR, AUDITORS, BANKERS AND INSURERS

### EXTERNAL AUDITORS

Certified Public Accountants

### BANKERS

Centenary Bank

ABSA

### LEGAL ADVISORS

Buwule & Mayiga Advocates

Conrad Plaza, Floor 7 P O Box 9516

Kampala Uganda

### INSURERS

Pax Insurance





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