LUBAGA HOSPITAL
Annual Report 2024/25



Commemoration 125+ Years Legacy

ENDORSEMENT OF THE REPORT

This Annual Analytical Report for Uganda Martyr's Hospital Lubaga covering the period of July 2024 and June 2025 has been collectively prepared by the Hospital Management.

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

Dr. Luyimbaazi Julius
Chief Executive Officer
Uganda Martyr,s Hospital Lubaga

ENDORSEMENT OF THE REPORT

This is to acknowledge that I have received this Annual Analytical Report For Uganda Martyr,s Hospital Lubaga covering the period of July 2024 and June 2025.

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

Prof. Kyamanywa Patrick Edrin
Chairperson of the Board of Governors
Uganda Martyr,s Hospital Lubaga

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LEADERSHIP MESSAGES

1.1 Message from the Board Chairperson



It is my privilege to present the Annual Report of Uganda Martyrs Hospital Lubaga for the Financial Year 2024/2025—a year defined by reflection, progress, and strategic transformation.

This year marked a historic milestone as the Hospital celebrated 125 years of service. From its humble beginnings in 1899, Lubaga Hospital has grown into a leading faith-based tertiary institution, grounded in compassion, excellence, and respect for human dignity. This legacy continues to guide our strategic direction and institutional priorities.

During the year under review, the Hospital made significant progress in advancing its transformation into a specialized national referral center. Key achievements included the completion of the Specialist Services Block, expansion of advanced clinical services, and continued investment in modern infrastructure and technology. These developments position the Hospital to deliver more complex, high- quality care while reducing reliance on external referrals.

The Board is encouraged by the strengthening of governance systems and institutional frameworks. Effective oversight, regular Board evaluations, and adherence to established policies have reinforced accountability, transparency, and sound stewardship. The attainment of international accreditation standards further underscores the Hospital's commitment to quality and excellence.

However, the Board remains mindful of the financial and operational challenges facing the Hospital, particularly in sustaining growth amid increasing demand for specialized services. Strengthening financial resilience and resource mobilization remains a key priority. On behalf of the Board, I extend sincere appreciation to the Archbishop of Kampala, our partners, and all stakeholders for their continued support. I also commend Management and staff for their dedication and professionalism.

As we conclude the current strategic cycle, we remain committed to consolidating our gains and advancing Lubaga Hospital as a center of excellence in faith-based healthcare.

Prof. Patrick Edrin Kyamanywa
Chairperson, Board of Governors.

1.2 Message from the Executive Director



The Financial Year 2024/2025 has been a period of significant progress and transformation for Uganda Martyrs Hospital Lubaga.

During the year, the Hospital made major strides in infrastructure development, service delivery, and digital transformation. The completion of the Specialist Centre and related facility upgrades has enhanced patient flow, safety, and service capacity, enabling the Hospital to respond more effectively to increasing demand.

A key milestone was the successful rollout of the Hospital ERP/HMIS, which has improved operational efficiency, strengthened financial and supply chain management, and enhanced the overall patient experience through better coordination of care.

Clinical services continued to expand, particularly in specialized areas such as advanced surgery, dialysis, intensive care, and diagnostics. The Hospital also made important progress toward establishing organ transplant services, positioning itself as a leader in specialized healthcare in Uganda and the region.

The celebration of 125 years of service provided an opportunity to reflect on the Hospital's rich heritage while strengthening stakeholder engagement and launching strategic initiatives, including efforts to enhance diagnostic capacity.

Partnerships with government, UCMB, development partners, and academic institutions have remained central to our progress, supporting service delivery, capacity building, and innovation.

Despite these achievements, the Hospital continues to face financial constraints and increasing operational pressures. Management remains focused on improving efficiency, strengthening revenue streams, and enhancing sustainability.

I extend my sincere gratitude to the Board of Governors for their guidance, to our staff for their dedication, and to our partners for their continued support.

As we look ahead, we remain committed to consolidating our gains, advancing specialized services, and delivering high-quality, patient-centered care in line with our mission.

Dr. Luyimbaazi Julius
Executive Director

2

ABOUT LUBAGA HOSPITAL



2.1

2.1.1 Brief History and Heritage

Uganda Martyrs Hospital Lubaga—originally founded in 1899—is one of Uganda's oldest and most historically significant faith-based Hospitals. Its heritage is deeply rooted in the Catholic tradition and anchored in 125 years of uninterrupted service.

2.1.2 Origins and Founding Vision

The Hospital was established by six courageous Missionary Sisters of Africa (White Sisters) who travelled from France to Lubaga Hill, inspired by faith and the love of Christ to serve the people of Africa. Though their initial mission was evangelical, the compassion with which they lived out the Gospel soon became a practical expression of Christ's healing ministry.

Moved by the suffering around them, the sisters opened a small dispensary to respond to the health needs of the local community. During a devastating sleeping sickness epidemic, they expanded services by constructing four simple huts for patients, marking the earliest foundation of what would grow into a major health institution. By 1926, the dispensary had evolved into a 43-bed Hospital under the supervision of Mulago Hospital.

2.1.3 Faith, Healing, and Miracles

Faith has always been central to Lubaga Hospital's mission. This was profoundly affirmed in 1941 during an outbreak of pneumonic plague, when two White Sisters contracted the disease while caring for patients. At a time when antibiotics were not yet available, a novena to the Uganda Martyrs was offered for their healing. Miraculously, both sisters recovered fully—an event that reinforced the Hospital's spiritual identity and strengthened its commitment to compassionate, faith-driven service.

2.1.4 Evolution and Growth Through the Years

Stewardship of the hospital transitioned across three congregations:
• The Missionary Sisters of Africa (White Sisters) until 1953,
• The Grail Sisters from 1953, and
• The Bannabikira Sisters (Sisters of Our Lady of Good Counsel) from 1998 to date.

Each congregation built upon the legacy of the previous one, expanding services and maintaining the founding vision of healing through faith, compassion, and professionalism.

Today, Uganda Martyrs Hospital Lubaga stands as a comprehensive tertiary-level health institution offering general, specialized, and referral services to thousands of Ugandans and international patients.

2.1.5 The Uganda Martyrs Identity

The name "Uganda Martyrs Hospital Lubaga" reflects the Hospital's deep spiritual connection to the Uganda Martyrs—whose courage, faith, and sacrifice continue to inspire its mission. Their legacy is reflected in the Hospital's culture of dignity, compassion, and unwavering commitment to serving humanity.

2.1.6 125 Years of Service and Transformation

The Hospital celebrated its 125th anniversary on 22nd November 2024, a milestone marked by significant achievements including:

• Commissioning of the Specialist Services Block

• Launch of a fundraising drive for a 64-slice CT scanner

• Continued investment in infrastructure and advanced medical technology

Today, operating under the Archdiocese of Kampala and aligned with the Uganda Catholic Medical Bureau (UCMB), the Hospital demonstrates how faith and science can coexist harmoniously in the service of human life and dignity.

From four huts in 1899 to a fully accredited tertiary-level institution, Lubaga Hospital's journey is a testament to God's providence, the dedication of religious congregations, and the steadfast support of partners, staff, and the community.

2.2
Mission, Vision, Core Values.

VISION

To provide sustainable quality and compassionate Health services to the community for God's glory

MISSION

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

Core Values:

- **Respect for Life and Human Dignity:** Upholding the sanctity of life and the inherent dignity of every person, guided by Christ's compassion.
- **Justice, Equality, and Innovation:** Serving all fairly, promoting equity, and embracing innovation in healthcare delivery.
- **Efficiency and Patient-Centered Care:** Ensuring quality, compassionate, and holistic care with the patient at the center.
- **Integrity, Transparency, and Accountability:** Acting with honesty, openness, and responsibility in the service of God and humanity.
- **Stewardship and Commitment:** Managing resources responsibly and embracing continuous learning and collaboration.
- **Teamwork and Mutual Respect:** Fostering harmony, respect, and unity of purpose across all teams.
- **Professionalism:** Upholding ethical standards, excellence, and continuous professional development.



2.3
Strategic Positioning: From a Regional Hospital to National Referral Center.

Over 125 years, Uganda Martyrs Hospital Lubaga has transitioned from a modest missionary health post into a leading faith-based tertiary institution, now strategically positioning itself as a National Referral Hospital for Specialized Services within Uganda and the UCMB network.

2.3.1
Transformation into a Specialized National Referral Center.

Lubaga Hospital's growth is aligned with UCMB's vision of strengthening Catholic facilities as centers of excellence. The Hospital has deliberately transformed into a fully-fledged specialized referral institution through:

• **Major infrastructure investments**, including the Specialist Services Block with advanced theatres, diagnostic suites, and interventional units.

• **Expansion of subspecialty services in hepatobiliary**, gastrointestinal, cardiology, nephrology, and advanced laparoscopic surgery.

• **Recruitment of high-level specialists**, enabling complex cases to be managed internally with superior clinical outcomes.

2.3.2 The Dr. Rita Moser Multi-Organ Transplant Center

A milestone in the Hospital's transformation is the establishment of the Dr. Rita Moser Multi-Organ Transplant Center—the first of its kind within a Catholic Hospital in Uganda. The center integrates specialized disciplines such as:
• Renal and Liver Transplant
• Pancreatic and Hepatobiliary Surgery
• Advanced Minimally Invasive Surgery
• Interventional Gastroenterology

With state-of-the-art transplant theatres, sterile units, and intensive post-operative care, Lubaga Hospital is laying the foundation for Uganda's long-term capacity for ethical, localized organ transplantation.



2.3.3 National Leadership in Advanced Endoscopic and Surgical Care

The Hospital has emerged among the regional leaders in hepatobiliary and pancreatic surgery, performing advanced procedures including:
• ERCP
• Liver resections
• Pancreaticoduodenectomy (Whipple)
• Biliary reconstruction and stenting
• Laparoscopic hepatectomy

These services have significantly reduced the need for foreign referrals and reinforced Lubaga Hospital's reputation as a Centre of Excellence for Advanced Surgery.

2.3.4 Diagnostic and Laboratory Excellence – Dual Accreditation

The Hospital's diagnostics capability was strengthened in 2024 when the laboratory received dual international accreditation:

• **SANAS ISO 15189 accreditation, and**
• **COHSASA institutional accreditation**

This recognition places Lubaga among the few hospitals in Uganda meeting these simultaneous standards—an essential requirement for transplant and advanced surgical care.

2.3.5 Faith-Based Innovation and Future Outlook

Lubaga Hospital's strategic direction emphasizes:
- Scaling up kidney, liver, and cornea transplant services
- Establishing a national training and research hub
- Expanding advanced surgical and diagnostic capacity
- Advancing digital health systems and data-driven decision-making

Rooted in faith, strengthened by science, and driven by compassion, the Hospital continues to serve as a beacon of hope and healing for Uganda and the region.

2.4 Catchment Description (Kampala, National, and Cross-border).



2.4.1 Geographical Location and Coverage

Geographical Location and Coverage Uganda

Martyrs Hospital Lubaga is located on Lubaga Hill, approximately 3 km southwest of Kampala City Centre in Lubaga Division under the Kampala Capital City Authority (KCCA). Its proximity to Lubaga Cathedral—the seat of the Archdiocese of Kampala—reinforces its spiritual heritage and identity. The Hospital spans eight official parishes:
- Ndeeba
- Kabowa
- Mutundwe
- Nateete
- Busega
- Najjanankumbi I
- Najjanankumbi II
- Lubaga

Additionally, the hospital serves Lungujja Parish in Lubaga North through longstanding pastoral and institutional ties.

2.4.2 Demographic Overview

Population data from the 2024 National Population and Housing Census places the Lubaga South at an estimated population of 410,400 with the following age segments;

- **0–14 years: 133,724 persons**
- **15–64 years: 268,096 persons**
- **65+ years: 8,580 persons**

The catchment is predominantly peri-urban with high density, mixed socio-economic activity, and variable access to primary healthcare—making Lubaga Hospital a key referral and service anchor for the population.

2.4.3 Scope of Service Reach

Lubaga Hospital's service reach extends significantly beyond its primary catchment. Patients routinely come from: All regions of Uganda, South Sudan, DRC, Rwanda, Tanzania

This national and cross-border draw is especially pronounced for:

- Advanced Laparoscopic and General Surgery
- Hepatobiliary and Pancreatic Surgery
- Renal and Dialysis Services
- Neonatal and Intensive Care
- Specialized Maternal Health
- Pre- and Post-Organ Transplant Care

Lubaga's reputation for compassionate, ethical, and high-quality care continues to broaden its national and regional impact.

2.4.4 Community Health Engagement

As an HSD, the hospital delivers a comprehensive package of community health programs, including:

- Community Mobilization and Action for Health
- Integrated immunization outreaches
- School health programs
- HIV/AIDS prevention and care initiatives
- Nutrition and wellness clinics
- Eye and dental screening
- Natural Family Planning programs consistent with Catholic teaching

This integrated community-facility linkage strengthens prevention, early detection, and referral pathways.

2.4.5 Infrastructure, Utilities, and Accessibility

Electricity:
Connected to a reliable UEDCL grid supported by backup generators and solar/inverter systems for critical units.

Water Supply:
Sourced from NWSC (60%), borehole (30%), and rainwater harvesting (10%), supported by a 55,000-litre reservoir.

Waste and Environmental Management:
Biogas-powered wastewater treatment, waste segregation, and one of the cleanest hospital environments in Kampala.

Access and Transportation:
Accessible via four major roads and multiple dedicated gates, enabling safe and efficient traffic flow.



Communication Systems:
The hospital maintains strong internal and external communication platforms including intercom, CUG, email systems, internet connectivity, a website, and active social media channels.

2.4.6 Clientele Profile

Lubaga Hospital serves:
- Local peri-urban communities
- Referred patients from clinics and district hospitals
- Corporate insurance clients
- Religious personnel and pilgrims
- Cross-border patients seeking specialized care

The hospital's blend of affordability, compassion, and advanced medical services attracts a socioeconomically diverse clientele.

2.4.7 The Community and Its Health Status

Community Profile
Lubaga HSD is peri-urban with multicultural influence. The majority speak Luganda, but sizeable minority communities (Somali, Eritrean, Congolese, Ethiopian, South Sudanese) also reside in the area. Economic activity spans formal employment, informal trade, transportation, services, and peri-urban farming.

Health Infrastructure and Access
Lubaga Hospital is the primary referral center for the HSD. Other key facilities include:
- Kitebi HC III
- Private clinics
- Neighboring facilities (Mengo Hospital, Kawaala HC III, Kisenyi HC IV)

A robust network of VHTs, trained and supervised by Lubaga Hospital, conducts 14 outreaches monthly focusing on maternal-child health, surveillance, and preventive care.

Sanitation and Hygiene
Lubaga Division has one of Uganda's highest sanitation coverage levels (99%, KCCA 2017). Challenges persist in informal settlements, but strong VHT and hospital-led hygiene programs maintain high environmental health standards.

Maternal and Child Health
Lubaga Hospital provides a full continuum of maternal and child health services, supported by advanced diagnostics and high-risk pregnancy management capacity. Demographic projections for 2023 remain as provided.

Disease Burden and Epidemic Preparedness
The Hospital operates under Uganda's IDSR framework, conducting weekly surveillance and rapid response. Common community illnesses include malaria, respiratory infections, diarrheal diseases, skin infections, TB, and HIV/AIDS.

Integrated Outreaches and Referrals
Monthly integrated outreaches support immunization, HIV testing, malaria control, family health education, and nutrition services. Common conditions managed include:
- Malaria
- Respiratory infections
- Diarrhoeal diseases
- Skin infections
- HIV/AIDS
- Tuberculosis

This outreach-referral model enhances early detection, strengthens community trust, and reinforces the hospital's stewardship in public health.

3

GOVERNANCE AND MANAGEMENT

3.1



HOSPITAL BOARD AND SENIOR MANAGEMENT TEAM.

3.1.1 Hospital Governance and Leadership Framework

Uganda Martyrs Hospital Lubaga operates under the trusteeship of the Registered Trustees of the Archdiocese of Kampala, with strategic oversight provided by the Uganda Catholic Medical Bureau (UCMB). The Hospital's governance system is grounded in Catholic ethical principles and a commitment to holistic health, stewardship, and excellence in healthcare delivery.

The Hospital Board of Governors is the supreme policy-making organ. It provides strategic direction, formulates institutional policies, ensures sound financial stewardship, and safeguards the mission and vision of the Hospital in alignment with ecclesiastical, national, and UCMB standards.

3.1.2 Hospital Board Structure

The Board comprises 13 members, including two ex-officio members from management. All members are appointed by the Archbishop of Kampala and selected to ensure strong representation in medicine, governance, law, finance, engineering, and pastoral care.

The Board works in close collaboration with the Governing Council of the Health Training Institute (HTI), composed of 11 members, five of whom sit on both bodies. While the Board and Governing Council have distinct mandates, their work is coordinated to ensure cohesion across academic, administrative, and clinical functions.

To support effective governance, the Board functions through five standing committees:

1. Clinical Management and Human Resources Committee
Oversees clinical services, quality of care, and HR governance.

2. Financeand Development Committee
Ensures prudent financial management and resource mobilization.

3. HTI Committee/Governing Council
Supervises academic and training activities.

4. Audit and Risk Committee
Oversees internal controls, compliance, and risk management.

5. Projects Monitoring and Evaluation Committee
Tracks capital projects, infrastructure development, and strategic investments.

All committees meet quarterly as required, and the Board successfully held all four statutory meetings during FY 2024/2025, demonstrating a strong governance culture

3.1.3 Board Evaluation and Corporate Governance

The Hospital conducts periodic Board evaluations to strengthen governance effectiveness.
• The current Board underwent a formal evaluation in December 2024.

• Final Board evaluation will be done in May 2026 towards the end of its tenure. The assessments cover:

• Board composition and structure

- Operational efficiency and effectiveness
- Strategic performance and oversight
- Risk management and compliance
- Ethical leadership and corporate citizenship
- Transparency, accountability, and reporting

Findings and recommendations from the evaluations inform continuous governance improvement, leadership development, and Board capacity building.

3.1.4 Policy Framework and Institutional Charters

The Hospital operates under a comprehensive suite of governance and operational policy instruments that ensure consistency, accountability, and alignment with Catholic and national regulatory standards.

Key instruments include:

- **Hospital Charter (Updated January 2024):** The supreme governance document outlining institutional structure, roles, and operational principles. Originally developed in 2005 and revised in 2011.
- **Board Charter (2021):** Defines the mandate, responsibilities, operational modalities, and governance ethos of the Board.
- **Human Resource Manual (2020):** Provides policy guidelines on staff recruitment, performance, conduct, welfare, and development. It is due for revision early next year.
- **Finance Management Manual (2025):** Outlines financial controls, budgeting, reporting, and accountability mechanisms.
- **Procurement Manual (2025):** Regulates procurement processes, asset management, and disposal.
- **Risk Management Policy and Framework (2022):** Standardizes risk assessment, mitigation, monitoring, and institutional resilience.

These tools ensure that the Hospital operates within a strong, structured, and compliant governance environment.

3.1.5 Institutional Compliance and Accreditation

Licensure and Regulation
The Hospital remains fully compliant with all statutory and professional requirements. It is licensed by the Uganda Medical and Dental Practitioners Council (UMDPC), with departmental licenses maintained under:

- **Atomic Energy Council** – Radiology
- **Allied Health Practitioners Council** – Laboratory
- **National Drug Authority (NDA)** – Pharmacy

All clinicians and health professionals are licensed annually.

Accreditation
Uganda Martyrs Hospital Lubaga meets both internal and external accreditation standards:
- Annual accreditation and reporting compliance under UCMB
- Institutional accreditation under COHSASA



3.1.6 Hospital Strategy

FY 2024/2025 marked the penultimate year of the 2021–2026 Strategic Plan, anchored on six pillars:

1. High-quality and expanded clinical services

2. Infrastructure development and modernization

3. Strengthened governance, leadership, and management

4. Financial capability, efficiency, and sustainability

5. Applied research, innovation, and training

6. Branding and institutional identity

A mid-term review conducted in June 2024 reported 65% overall performance, with strong progress in infrastructure development, service expansion, governance strengthening, and institutional visibility. Key focus areas for the final implementation period include advancing the research agenda and implementing the resource mobilization strategy. Final evaluation of this strategy will be done in January 2025 followed by formulation of a new 5-year strategy.

• Dual international laboratory accreditation under:
o SANAS (ISO 15189)
o COHSASA

These achievements confirm the Hospital's commitment to continuous quality improvement and international clinical governance standards.

Statutory Obligations
The Hospital is compliant with:
• URA tax remittances
• NSSF contributions for all staff
• Occupational safety, environmental health, and labor standards



3.1.7 Hospital Management and Administration

Management Composition
The Hospital Management Team (HMT) comprises 16 members, representing clinical,

administrative, and technical units.

• **The Executive Director (ED)**
Appointed by the Archbishop—is the Chief Executive Officer and strategic leader.

• **The Medical Director (MD)**
Serves as Deputy ED and oversees clinical operations.

• Other managers are appointed by the ED in consultation with the Board.

The HMT meets weekly, chaired by the ED, to coordinate policy implementation, service delivery, and operational performance.

Directorates
1. Medical Directorate:
Oversees 12 clinical departments and specialized units including Surgery, Medicine, Obstetrics & Gynecology, Pediatrics, ICU, Diagnostics, and Specialist Clinics.

2. Nursing Directorate:
Led by the Principal Nursing Officer, supported by the Deputy PNO and Nurse Service Supervisors responsible for overall nursing quality, staffing, and infection prevention.

3. Non-Clinical Directorate:
This comprises of Finance, HR, ICT, Administration, and Estates.

3.1.8 Management Committees

The Hospital maintains 21 functional management committees, each ensuring governance, quality, and operational excellence. These include committees for:
• Quality Assurance
• Clinical Quality Improvement
• Risk Management
• Hygiene, Infection Prevention and Control
• Environmental Health and Safety
• Resuscitation
• Medical Standards and Ethics
• Equipment Management
• Construction and Developments
• Education and Training
• Discipline
• Medicine and Therapeutics
• Procurement Contracts
• Security
• Pricing and Costing
• Research
• Radiation Safety
• HMIS
• Welfare and Grievances
• Resource Mobilization
• Debt Management

Committees meet regularly and provide structured reports to the Senior Management Team.

3.1.9 Leadership and Administration Directorate Reports

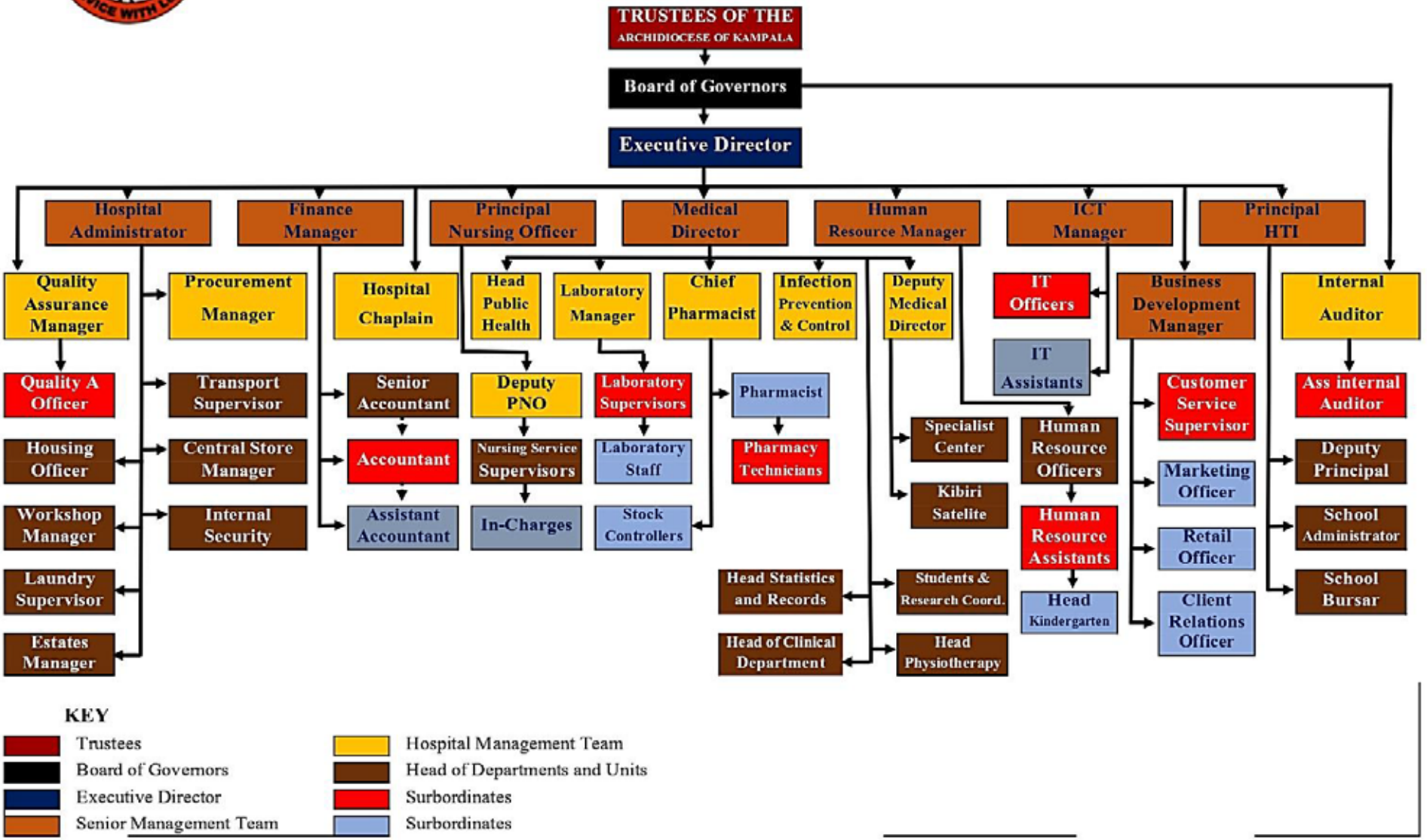
Departments reporting directly to the Executive Director include:
• Quality Assurance
• Risk and Environmental Health & Safety
• Internal Audit
• Chaplaincy
• Human Resources
• Finance
• ICT
• Hospital Administration

These units work collaboratively with clinical and non-clinical departments to uphold Catholic identity, patient-centered care, and institutional efficiency.

Lubaga Hospital

HOSPITAL ORGANOGRAM

The Organogram



3.2 The Organogram

The Hospital's organizational structure demonstrates a clear hierarchy rooted in Catholic stewardship, accountability, and operational integration.

- **Trustees of the Archdiocese of Kampala:** Custodians of the Hospital.

- **Hospital Board of Governors:** Supreme policy and strategic authority.

- **Executive Director:** Chief Executive Officer and link between the Board and management.

- **Medical Director and Deputy ED** Overseeing clinical departments and governance.

- Heads of Directorates in Finance, Administration, Nursing, Training, HR, ICT, Quality Assurance, Internal Audit, Risk Management, IPC, and Development.

The structure (attached in the appendices) ensures seamless coordination across clinical, administrative, and academic units, while upholding Catholic values and high professional standards.

3.3 Succession Planning (with reference to UCMB HR Guidance)

Lubaga Hospital recognizes that sustained institutional growth and operational excellence are deeply dependent on strong leadership continuity, talent retention, and proactive capacity development. In line with the Uganda Catholic Medical Bureau (UCMB) Human Resource Management and Development Framework, the Hospital has adopted a structured Succession Planning and Leadership Development Policy aimed at ensuring that key positions are filled by competent, mission-driven, and well-prepared personnel at all times.

3.3.1 Succession Planning Framework

The Hospital's succession planning framework is grounded on the following guiding principles:

- **Identification of High-Potential Staff:** Through the annual performance appraisal process and regular competency evaluations, the Human Resource Department identifies employees with exceptional leadership potential, professional discipline, and alignment with the Catholic ethos of service and stewardship.

- **Structured Career Pathways:** Clear professional progression pathways have been developed for both clinical and non- clinical cadres, providing staff with visibility of potential career advancement opportunities and preparing internal candidates to assume critical roles in a timely manner.

- **Leadership Continuity and Institutional Stability:** Priority is given to ensuring a smooth transition of leadership, especially in strategic positions within the Executive, Medical, Nursing, and Administrative Directorates. This promotes continuity, retention of institutional memory, and organizational resilience.

3.3.2 Implementation Progress (FY 2024/2025)

During the reporting period, the Hospital made deliberate efforts to actualize the succession planning framework through the following initiatives:

- **Internal Promotions:**
A total of 17 staff were promoted internally to higher positions across various departments, reflecting the Hospital's commitment to rewarding merit, performance, and loyalty.

- **Leadership Mentorship and Coaching:**
Mid-level managers and heads of departments participated in structured mentorship and supervisory training sessions designed to enhance leadership, people management, and communication skills.

- **Capacity Development and Specialization:**
The Hospital sponsored staff for both local and international training programs in key specialized areas including hemodialysis, infection control, anesthetic nursing, and clinical leadership to strengthen future leadership in specialized service lines.

- **Performance-Based Talent Identification:**
Data from the annual performance appraisals informed the creation of a leadership talent pool from which potential successors are systematically drawn, linking leadership development to measurable performance outcomes.

3.3.3 Alignment with UCMB Guidance

Lubaga Hospital adheres to UCMB principles centered on:

- Catholic leadership formation
- Ethical stewardship and servant leadership
- Cross-functional exposure for potential leaders
- Inclusion of younger staff in leadership development
- Gender equity in leadership pathways

3.3.4 Institutional Capacity Building

The Hospital has initiated a Leadership Development Programme (LDP) featuring:

- Supervisory and management skills workshops
- Faith-based leadership retreats
- Structured mentorship models pairing senior and emerging leaders.

3.3.5 Challenges and Outlook

Financial constraints continue to affect the pace of leadership development. To address this, the Hospital seeks partnerships with UCMB, training institutions, and donor agencies. Priority areas for FY 2025/2026 include:

- Finalizing the Leadership Competence Framework
- Strengthening mentorship and knowledge-transfer
- Institutionalizing structured succession and handover protocols

Through these initiatives, Uganda Martyrs Hospital Lubaga reaffirms its commitment to cultivating a resilient, mission-driven, and future-ready leadership pipeline.

4

YEAR IN REVIEW MAJOR HIGHLIGHTS

4



YEAR IN REVIEW MAJOR HIGHLIGHTS

Deogracious Adrawa Droma
Grants Coordinator



Introduction

The year 2024/2025 marked a transformative phase in the history of Uganda Martyrs' Hospital Lubaga. Building on its rich heritage and guided by its mission of providing holistic, affordable, and quality healthcare, the hospital made significant strides in infrastructure modernization, service innovation, and strengthening strategic partnerships. These achievements not only improved clinical outcomes and patient experience but also positioned the hospital for future sustainability and accreditation excellence.

4.1 Infrastructure (new blocks and equipment)

The hospital made substantial investments in upgrading and expanding its infrastructure to meet growing service demands and improve efficiency.

Key developments included:

• **Completion and operationalization of the Specialist Centre (Phase I):** This modern facility expanded space for outpatient specialist clinics, diagnostic services, and surgical units, thereby decongesting the main hospital and enhancing patient flow.

• **Commissioning of the 125th Anniversary Commemorative Block (Specialist Centre):** The structure symbolizes the hospital's enduring commitment to excellence and includes upgraded wards, client spaces, and modern utilities.

• **Installation of advanced medical and power equipment:** These included the 100 KVA UPS system, a new high-capacity generator, SMA inverters, and upgraded switchgear to support critical areas such as the theatre, ICU, and laboratory.

• **Improved sanitation and environmental infrastructure:** The hospital successfully connected to the National Sewer Line, marking a major environmental health milestone.

• **Renovation and repurposing of facilities:** The LHTI basement was remodeled into Sr. Janet's Conference Hall, providing a modern training and meeting venue, while other buildings underwent repainting and structural repair to maintain a clean and welcoming environment.

These infrastructure improvements have enhanced patient safety, infection preventation, and overall institutional functionality—key indicators in the hospital's quality and accreditation journey.

4.2 Key Service Innovations.

During the year, the hospital implemented several clinical and operational innovations that reflect its commitment to patient-centered care and digital transformation:

• **Hospital Information System Upgrade:** The transition from Navision to Hospedia (Microsoft Dynamics 365 Business Central) was completed, enhancing data integration across procurement, finance, and supply chain functions. This system now provides real-time reporting and transparency in hospital operations.

• **Expansion of specialized clinical services:** Key growth areas included eye care, dental services and diagnostics, dialysis, and intensive care services, alongside progress toward organ transplant readiness—particularly in hepatobiliary and pancreatic surgical care.

• **Digitalization of patient management:** The hospital introduced a new Electronic Patient Flow System in OPD and specialist clinics, reducing waiting time and improving patient experience.

• **Strengthening of the Quality Improvement (QI) framework:** Departments were supported to implement routine QI projects aligned with COHSASA accreditation standards, ensuring consistent improvement in clinical outcomes.

• **Integration of staff training and mentorship into service delivery:** Through continuous professional development (CPD) sessions and mentorship programs, staff competency improved across both clinical and support functions, contributing to better patient safety and satisfaction.

Collectively, these innovations established a foundation for a smarter, more efficient, and patient- friendly healthcare system.





4.3 Milestones (i.e. 125 years celebrations)

The 2024/25 financial year was historically significant as Lubaga Hospital celebrated 125 years of service to humanity—a testament to its faith-based legacy and enduring relevance in Uganda's healthcare landscape.

Highlights of the commemoration included:

• A national-level celebration, presided over by the President of the Republic of Uganda, represented by the Prime Minister, reflecting national recognition of the hospital's contribution to public health.

• Commissioning of the Specialized Services Block, symbolizing both the hospital's heritage and its future trajectory in advanced medical care.

• A successful fundraising campaign for a 64-slice CT Scan, spearheaded by the Board and management, to enhance diagnostic capabilities and reduce patient referrals.

• Cultural and community engagements, including thanksgiving masses, historical exhibitions, and storytelling sessions highlighting the hospital's transformation since its founding in 1899.

• Production of a legacy documentation project, preserving the institution's history, values, and milestones for future generations.

This celebration reaffirmed Lubaga Hospital's dual identity as both a faith-based health institution and a modern healthcare center, balancing tradition with innovation.



4.4 Partnerships and Collaborations.

Collaborative partnerships remained a cornerstone of Lubaga Hospital's progress in 2024/25. The hospital strengthened both local and international linkages that supported service delivery, capacity building, and resource mobilization.

• **UCMB and Catholic Health Network Engagement:** The hospital continued active participation in UCMB's quality improvement, HR management, and governance programs. These collaborations ensured alignment with the Catholic Health Network's mission and national health priorities.

• **International partnerships:** Through collaboration with Malteser International, the hospital received critical donations of medical equipment and capacity-building support in emergency preparedness and infection prevention.

• **Academic linkages:** Partnerships with Busitema University, Artevelde University (Belgium), and LifeLink Hospital enabled medical and nursing student placements, research collaborations, and staff exchange programs, enriching academic and professional growth.

• **Government and development partner engagement:** Lubaga Hospital maintained strong coordination with the Ministry of Health, KCCA, and National Medical Stores, ensuring timely access to supplies and alignment with national health goals.

• **Private sector and community partnerships:** Collaborations with service providers such as Fore Front Services, SWAT Security Services, NESA Meals and More Ltd and the Lubaga Hospital SACCO improved operational efficiency and staff welfare.

These strategic alliances have reinforced Lubaga Hospital's role as a center of excellence in faith- based healthcare and strengthened its influence as a leader in Uganda's mixed health system.

Summary Table 4.1: Key Highlights of FY 2024/25

No.	Diagnosis	2024/25
Infrastructure Development Service	Completion of Specialist Centre, Sewer Line Connection, Equipment Upgrades Hospedia ERP rollout, Digital Patient	Expanded service capacity, improved hygiene and safety
Innovations	Management, Expanded Specialist Services	Increased efficiency, better patient experience
Milestones	125-Year Celebration, Specialized Services Block Commissioning, CT Scan Fundraising	Institutional legacy, national visibility, diagnostic improvement
Partnerships	UCMB, Malteser International, Busitema University, Government and Private Sector	Enhanced technical support, resource mobilization, academic collaboration

Conclusion

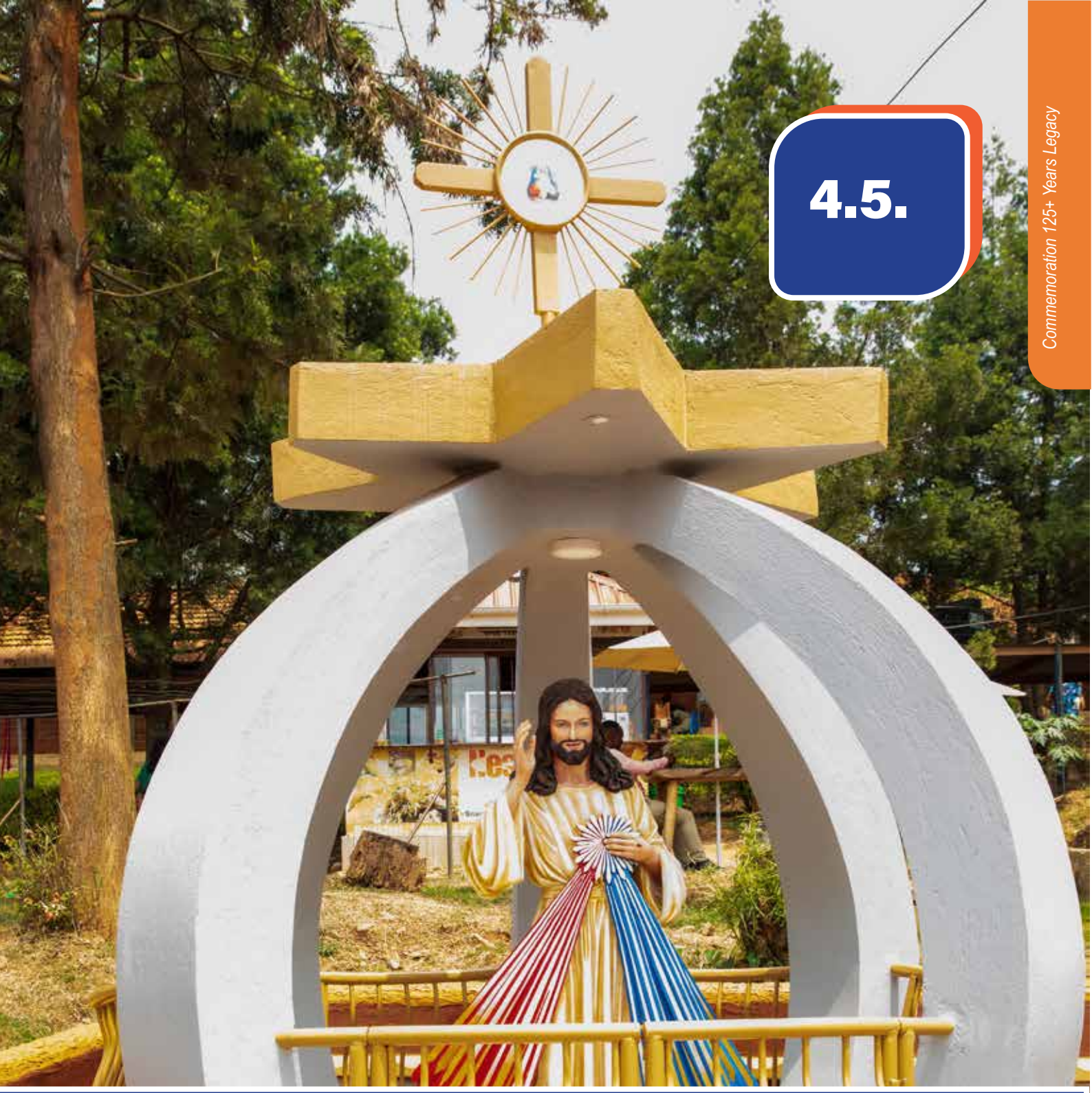
The 2024/2025 financial year has been a period of remarkable progress and renewal for Uganda Martyrs' Hospital Lubaga. Through deliberate investment in infrastructure, technological advancement, and service innovation, the hospital strengthened its capacity to deliver safe, efficient, and compassionate healthcare. The commemoration of 125 years of service provided not only an opportunity for reflection on the hospital's historic mission but also renewed commitment to its vision for the future.

The collaborative partnerships built with government agencies, UCMB, development partners, and the private sector have deepened the hospital's institutional resilience and positioned it as a leading model of faith-based healthcare delivery in Uganda. These combined achievements underscore the hospital's readiness to meet emerging health challenges, sustain quality improvement, and continue serving as a center of excellence in service, education, and research.

As Lubaga Hospital transitions into the next financial year, the lessons, milestones, and partnerships realized in 2024/2025 form a strong foundation for the next phase of growth — one defined by innovation, inclusivity, and an unwavering commitment to holistic patient care.



4.5.



HOSPITAL CHAPLAINCY

By Rev. Sr. Mary Nabutsale
Pastoral Coordinator



Introduction

The Chaplaincy Department (Pastoral Care Unit) continues to uphold Lubaga Hospital's holistic approach to healthcare by addressing the spiritual, emotional, and psychological needs of patients, attendants, staff, and students. Through daily ward rounds, sacramental ministry, counselling, and compassionate support to the vulnerable, the department complements clinical care by fostering healing, hope, and spiritual resilience. The pastoral team remains a visible and comforting presence, embodying the Hospital's Catholic identity and mission of compassionate service.

Organization of the Department

The Chaplaincy Department is led by Rev. Fr. Joseph Ekutte (Chaplain) and Rev. Fr. Felix Kasibante (Assistant Chaplain), under the coordination of Rev. Sr. Mary Nabutsale, assisted by Ms. Annet Namubiru.

The team operates under the direct supervision of the Executive Director, providing confidential pastoral care to patients and staff in moments of emotional, psychological, or spiritual vulnerability. This collaboration enhances healing relationships, nurtures teamwork, and strengthens harmony across the Hospital community.



Scope of Services

In alignment with the Hospital's commitment to holistic care, the Chaplaincy Department works closely with clinical teams to ensure that the spiritual, psychosocial, and social dimensions of patient care are addressed.

Key services include:

• Spiritual counselling and psychosocial support to help patients cope with illness, uncertainty, and suffering.

• Daily celebration of Holy Mass for patients, attendants, and staff.

• Administration of Sacraments, including Holy Communion, Anointing of the Sick, Reconciliation, Baptism, and Confirmation.

• Staff spiritual development, including retreats, recollections, and faith-formation activities to deepen unity in mission.

• Promotion of Catholic values among staff and students as part of sustaining an ethical and spiritually grounded workforce.

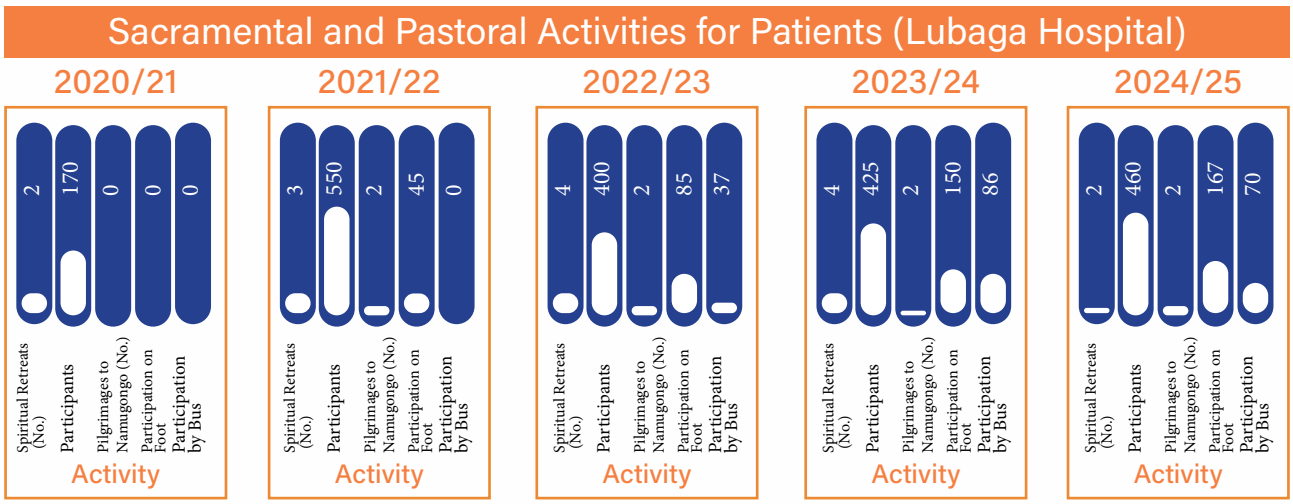
• Bereavement, crisis, and end-of-life support to families and staff facing grief or difficult transitions.

• Pastoral and community outreach, including home and community visits to patients in need of spiritual support beyond the Hospital.

Service Range Description

Sacramental and Pastoral Activities for Patients (Lubaga Hospital)





Critical Analysis of Outputs

The Chaplaincy team demonstrated commendable commitment and consistency throughout the reporting period. Overall performance reflects a well-coordinated pastoral ministry that continues to complement clinical care and reinforce the Hospital's Catholic identity.

Key achievements include:

• **Strengthened team cohesion,** built on consistency, loyalty, mutual support, and effective delegation.

• **Enhanced trust and collaboration,** enabling team members to respond efficiently to the spiritual and psychosocial needs of patients and staff.

• **High levels of availability and empathy,** with the team consistently present to listen, counsel, and provide compassionate accompaniment to patients and families.

• **Regular departmental reflection and planning meetings,** which improved coordination, accountability, and alignment of pastoral activities with the broader mission of the Hospital.

Departmental Milestones (FY 2024/25)

During the financial year, the Chaplaincy Department successfully executed several pastoral, liturgical, and infrastructural initiatives, notably:

• **Celebration of major feast days and solemnities,** fostering spiritual renewal, unity, and active participation among staff, students, and patients.

• **Sustained Thursday Exposition of the Blessed Sacrament,** deepening devotion and strengthening the prayer life of the Hospital community.

• **Consistent psychosocial and spiritual support,** which contributed to improved patient comfort, emotional stability, and overall wellbeing.

• **Infrastructural enhancements around the chapel, including:**

o Completion of terrazzo and installation of external pavers.
o Varnishing of chapel doors.
o Painting of the chapel and sacristy ceilings.
o Rehabilitation of the chapel roof.
o Construction of a new shade at the chapel entrance.

These improvements have elevated the serenity and dignity of the worship environment for the Hospital community.

Strategies and Plans (FY 2025/26)

To strengthen pastoral effectiveness and deepen spiritual formation, the department intends to implement the following strategic priorities in the coming year:

- Introduce home visits as part of an expanded pastoral outreach program.
- Develop a comprehensive annual pastoral activity plan to enhance coordination, accountability, and reporting.
- Increase student participation in catechism classes through closer collaboration with school administrators.
- Rebind and procure new hymn books to improve the quality of liturgical celebrations.
- Repaint the Grotto of Mother Mary to preserve and enhance its devotional appeal.
- Acquire new vestments to maintain the dignity of altar services.
- Purchase cleaning equipment (mop/mapper) for the white chapel at the Specialist Centre.
- Upgrade the chapel public address system to improve sound quality and audibility during liturgical functions.

Challenges

Despite notable progress, the Chaplaincy Department continues to experience constraints that affect timely service delivery.

Key challenges include:

- Delayed administrative responses to certain pastoral requests, which occasionally slow down service execution.
- Low staff participation in liturgical activities, particularly weekday Masses, limiting the department's ability to foster deeper spiritual engagement among employees.
- Inconsistent communication regarding pastoral activities and programs, which affects planning and participation.

Conclusion

The Chaplaincy Department remains a vital pillar in promoting Lubaga Hospital's holistic model of care by offering spiritual, emotional, and psychosocial support to patients, staff, and students. Despite existing challenges, the team has demonstrated steadfast commitment to its mission and continues to enrich the Hospital community through consistent pastoral presence, sacramental ministry, and impactful outreach. With the planned strategies for FY 2025/26, the department is well positioned to strengthen its pastoral effectiveness and further deepen the Catholic identity and mission of the Hospital.



4.6.



SOCIAL WORK AND PATIENT WELFARE

By Alupo Martha
Hospital Social Worker

Introduction

The Social Work Unit at Lubaga Hospital continues to play a pivotal role in delivering holistic healthcare by addressing the psychosocial, emotional, and socio-economic needs of patients and their families. Operating as a key support function within the hospital, the unit ensures that medical treatment is complemented by counseling, advocacy, and social reintegration services. The unit is manned by one full-time social worker serving across all hospital departments.

Vision and Mission

VISION

To provide psychosocial and welfare support services that contribute to the overall well-being of patients, families, and the community.

MISSION

To empower patients and families to cope with medical, emotional, and social challenges through professional counseling, advocacy, and linkage to supportive services.

Key Objectives

• To provide psychosocial counseling and support to patients and families.

• To facilitate safe discharge planning, referrals, and follow-up.

• To mobilize material and financial assistance for indigent patients.

• To conduct social welfare assessments and link clients to community resources.

• To promote health education and advocacy within the hospital and community.

• To uphold professional ethics and confidentiality in all interventions.

Core Activities and Performance

• Psychosocial Counseling and Emotional Support: 776 sessions conducted, with increased management of depression and stress-related cases.

• Home Assessments: 55 financially constrained patients assessed and supported.

• Guidance Talks: 864 talks delivered to caretakers, families, and staff.

• Care for Abandoned Patients: 45 cases managed with successful family tracing in most cases.

• Police and Legal Cases: 9 cases handled in collaboration with internal security and the Uganda Police.

• Student Supervision: 14 university social work interns successfully mentored.

• Livelihood Projects: 2 income-generating projects (charcoal stove & mobile money) supported for patient families.

• Total Client Interactions: 1,771 interventions recorded between July 2024 – June 2025.



The below summarizes the Social Worker's activities in the year (July 2024 to June 2025)

	Item Category	Approx Number	Comments
1	Counselling (emotional support).	776	Increased number of depression cases had to be handled with some referred to psychiatry unit for further management.
2	Home assessments for financially constrained patients	55	These assessments were done as per guideline and support offered to eligible patients.
3	Guidance talks to care takers, friends of the caretakers, relatives and staff.	864	n/a
4	Care of patients brought without caretakers.	45	Care was offered by the Social worker and other healthcare providers, families contacted and gaps closed
5	Care of abandoned Adults	5	Police was contacted.
6	Handling of case involving abandoned fetus due to cultural beliefs	1	Body was taken to Lusaze government burial ground
7	Police cases requiring Social work office services	9	Cases handled with Internal Security team and the Uganda Police
8	Internship for Students attached to Social Workers office	14	Students' attachment completed successfully
9	Startup projects for legible individuals	2	Charcoal stove and Mobile money business.
	Total	**1,771**	



General Observations

During the Financial Year 2024/2025, the Social Work Unit observed several emerging trends and patterns that influenced the psychosocial wellbeing of patients and their families.

• **Increasing Financial Vulnerability:**
The number of patients unable to meet medical costs has significantly increased, largely due to the general rise in the cost of living and the economic aftereffects of post-COVID recovery. This has resulted in a higher demand for support from the Poor Patients Fund (PPF) and increased requests for social intervention and charity support.

• **Rising Emotional and Mental Health Needs:**
There has been a noticeable increase in cases of depression, anxiety, and stress among both patients and caregivers, particularly those managing chronic illnesses or long hospital stays. The unit has responded with more frequent counseling sessions, though the need continues to outpace available human resources.

• **Caregiver Burnout:**
Families of long-term and critically ill patients continue to face emotional and financial strain. The Social Work Unit has worked closely with clinical teams to ensure family counseling and emotional support, but the need for structured caregiver support programs remains urgent.

• **Improved Collaboration Across Departments:**
There has been stronger collaboration between the Social Work Unit and clinical departments, chaplaincy, and nursing staff. This interdisciplinary approach has contributed to improved patient outcomes and better discharge planning. However, the coordination is occasionally constrained by workload and the absence of digital case- tracking systems.

• **Challenges with Referrals and Community Reintegration:**
Some patients and caregivers still express reluctance to accept referrals to public or lower-tier health facilities due to concerns about the perceived quality of care. This sometimes prolongs hospital stays and increases financial strain.

• **Emerging Need for Staff Psychosocial Support:**
The Social Work Unit has also noted rising levels of stress among healthcare workers, attributed to high workloads, emotional fatigue, and exposure to distressing cases. This highlights the need to institutionalize staff wellness and psychosocial support initiatives across the hospital.

Key Highlights:
• Increasing financial hardship among patients due to high living costs affecting access to healthcare.

• Caregiver burnout and emotional exhaustion among families of long-term patients.

• Continued interdisciplinary collaboration with medical staff, though strained by high patient volumes.

• Referral reluctance to public facilities due to perceived quality concerns.

• Increased need for psychosocial support for both patients and healthcare workers.

PoorPatientsFund (PPF)

The Poor Patients Fund (PPF) remains one of the most impactful social protection interventions at Lubaga Hospital, enabling access to essential health services for financially constrained patients. The Fund upholds the hospital's Catholic ethos of compassion and

service to the most vulnerable, ensuring that no patient is denied care due to lack of financial means.

During the Financial Year 2024/2025, the demand for support through the PPF continued to rise, reflecting the growing socioeconomic challenges faced by families within the hospital's catchment area. The majority of beneficiaries were patients in the maternity, pediatric, medical, and surgical wards, with occasional support extended to outpatients in emergency situations.

Funding for the PPF was primarily drawn from internal donations, contributions from staff, well-wishers, and external partners aligned with the hospital's charitable mission. Despite these efforts, the fund faced resource constraints compared to the increasing number of applicants.

The Social Work Unit, in collaboration with the Finance Department and the Chaplaincy, ensured that the disbursement process adhered to established accountability and verification procedures.

Each case was assessed based on medical need, economic vulnerability, and family background to ensure that support reached those most deserving.

Notably, the unit observed an increase in the number of abandoned patients and destitute cases, especially among the elderly and persons with chronic illnesses, underscoring the ongoing need for strengthened social safety mechanisms. The hospital also explored partnerships with philanthropic organizations and faith-based entities to sustain and expand the fund.

To enhance the fund's sustainability, it is recommended that the hospital:
• Institutionalize regular fundraising initiatives and donor engagement drives.

• Establish a dedicated PPF endowment account to attract structured giving.

• Strengthen data tracking and reporting mechanisms to demonstrate impact and accountability to donors.

• Enhance collaboration with parishes, schools, and community partners to mobilize community-based support.

The PPF continues to be a vital demonstration of Lubaga Hospital's mission—serving all patients with compassion, dignity, and a commitment to Christ-centered care.

Key Highlights:
• Total Donations Received: UGX 74,832,898

• Beneficiaries: 105 patients supported (both inpatient and outpatient).

• Amount Disbursed: UGX 52,404,071

• Income-Generating Projects: UGX 7,550,000 invested in two sustainable ventures.

• Education Support: One student supported with school fees at Lubiri Secondary School.

Key Achievements:
• Improved access to healthcare for the most vulnerable patients.

• Empowerment of beneficiaries through small-scale business startups.

• Enhanced hospital-wide staff awareness on identifying and referring vulnerable patients.

Challenges

• Some patients unable to meet bills at discharge despite initial financial capacity.

• The unit remains understaffed, with only one full-time social worker handling hospital-wide cases.

• Rising psychosocial needs amidst limited resources.

• Limited community reintegration programs due to funding constraints.

Recommendations

• Strengthen the fundraising and proposal writing efforts to attract more donor support.

• Recruit at least one additional social worker to manage workload.

• Establish structured emotional support programs for staff to mitigate burnout.

• Enhance data collection and documentation systems for improved monitoring and evaluation.

• Build partnerships with faith-based and community organizations for psychosocial rehabilitation.

Conclusion

The Financial Year 2024/2025 was both demanding and impactful for the Social Work Unit. Despite staffing and resource limitations, the department achieved significant success in providing psychosocial and welfare support to patients and families. The Social Work Unit remains committed to expanding its impact through advocacy, capacity building, and strengthened community linkages in the coming year.



5

DEPARTMENTAL REPORTS

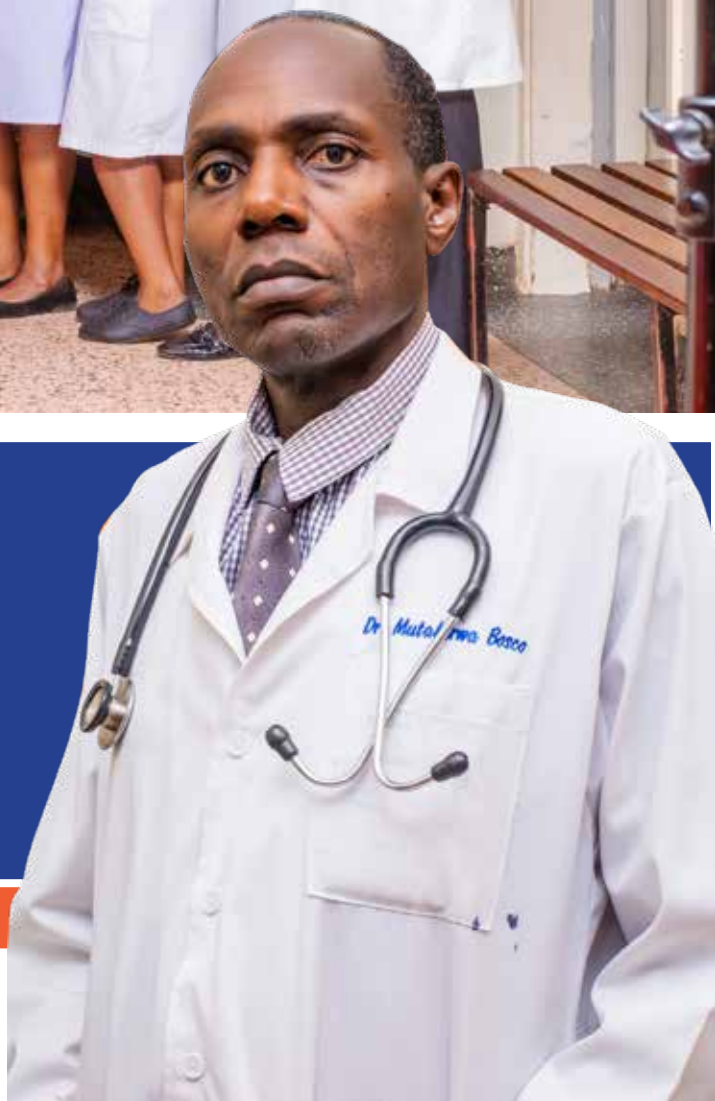
5.1. Clinical Departments

5.1.1



INTERNAL MEDICINE

Dr. John Bosco Mutakirwa
Internal Medicine Specialist



Background and Introduction

The Medical Department at Lubaga Hospital is a vibrant and integral unit responsible for the diagnosis, treatment, and management of adult medical conditions that are primarily non-surgical in nature. The department focuses on patients aged 18 years and above, though teenagers requiring specialized care from physicians rather than paediatricians are also managed.

The department works collaboratively with other clinical units including Surgery, Paediatrics, Obstetrics and Gynaecology, Physiotherapy, and Public Health to ensure holistic and integrated patient management. This report presents the department's performance during the financial year 2024/25, highlighting workforce composition, admissions, disease trends, mortality, and quality of care achievements.

Departmental Manpower

The Medical Department is composed of a multidisciplinary team that ensures quality care delivery through effective coordination and specialization.

• **Medical Personnel:**
o 3 Internal Medicine Specialists
o 1 Medical Officer
o 2 Intern Doctors (Junior House Officers – JHOs) assigned directly to the department
o 4 additional JHOs rotating between the Emergency, Outpatients, and Public Health units for exposure in internal medicine.



• **Nursing Team:**
o 19 nurses with diverse expertise, ranging from Enrolled Nurses to Senior Nursing Officers.
o The nursing unit is led by Sr. Teddy Nanyanzi, supported by the Customer Care team for enhanced patient engagement and service delivery.

The department's treatment process is strongly supported by other service units, especially Physiotherapy, Public Health (HIV and TB Care), and the Outpatients Department (OPD).

Medical Ward Admissions

Admissions to the medical ward have shown a gradual decline over the past five years, reflecting the changing disease epidemiology, rising healthcare costs, and shifts in patient health-seeking behaviour. The hospital has also restructured the medical ward capacity from 42 beds to 30, aligning with the need for qualitative rather than quantitative care.

Table 1: Medical Ward Admissions (FY 2020/21 – 2024/25)

Indicator	2020/21	2021/22	2022/23	2023/24	2024/25
Number of Beds	30	30	30	30	30
Admissions	1433	1314	1262	1,347	1,166
Patient Days	5682	4,878	4552	5,981	4,284
Average Length of Stay (Days)	3.97	3.71	3.61	4.44	3.67
Bed Occupancy Rate (%)	51.89	44.55	41.57	54.62	39.12
Number of Deaths	132	119	112	109	85
Recovery Rate (%)	90.1	90.81	90.71	91.76	89.39

A total of 1,166 patients were admitted during FY 2024/25, with 85 deaths, representing an 11% mortality rate—comparable to previous years.
The decline in admissions is attributed to:
- The evolving epidemiological profile of diseases (shift from infectious to non- communicable diseases).
- Rising healthcare costs, influencing patient admission choices.
- Socioeconomic development leading to improved primary healthcare access.

Aetiology of Morbidity among Admitted Patients

Patients admitted under Internal Medicine often present with multiple co-morbid conditions, reflecting the growing burden of chronic and lifestyle-related illnesses.

The leading causes of morbidity in FY 2024/25 were cardiovascular diseases, gastrointestinal disorders, and diabetes mellitus, followed by infectious diseases such as malaria and pneumonia.



Table 2: Leading Causes of Morbidity (FY 2020/21 – 2024/25)

Diagnosis	2020/21	2021/22	2022/23	2023/24	2024/25
Other Cardiovascular Diseases	123	136	139	123	136
Gastrointestinal Disorders	154	164	196	106	116
Hypertension	144	128	103	131	114
Diabetes	172	150	114	119	97
Mellitus	100	115	126	124	95
Malaria Pneumonia	63	81	61	51	67
COPD	-	-	-	46	67
Renal Diseases	-	30	44	42	63
Anaemia	68	67	62	78	61
Cancer	55	94	96	71	44
Other Diagnoses	593	272	235	456	306
Total Diagnoses	**1764**	**1314**	**1262**	**1347**	**1168**

Cardiovascular and metabolic diseases continue to dominate admissions, reflecting the epidemiological transition toward non-communicable diseases (NCDs). The persistence of infectious diseases such as malaria and pneumonia indicates the dual disease burden typical of developing health systems.



Mortality Patterns

The leading causes of death among medical inpatients closely mirror the leading causes of morbidity. Cardiovascular conditions accounted for over 18% of all deaths (22 out of 85). Other significant contributors to mortality included pneumonia, tuberculosis, chronic obstructive pulmonary disease (COPD), and acute kidney injury — all reflective of an ageing population and increasing prevalence of lifestyle diseases.

Table 3: Mortality by Diagnosis (FY 2024/25)

No.	Diagnosis	2024/25
1	Pneumonia	9
2	Stroke / Cerebrovascular	8
3	Accident (CVA) Cancers	8
4	Hypertension (Old Cases)	7
5	Tuberculosis	6
6	Heart Failure	5
7	Ischaemic Heart Disease	5
8	Chronic Obstructive Pulmonary	4
9	Disease (COPD) Diabetes	4
10	Mellitus (Re-attendances)	4
11	Multiorgan Failure	3
12	Acute Kidney Injury	3
13	Gastrointestinal Bleeding	3
14	Respiratory Distress	2
15	Acute Hepatitis	2
16	Meningitis (Other Types)	2
17	Other Cardiovascular Diseases	2
18	Chronic Kidney Disease	26
19	Septic / Hypovolemic Shock	1
20	Cardiac Arrest	1
21	Anaemia	1
22	Haemorrhage	1
23	Encephalopathy	1
24	Pancytopenia Toxoplasmosis	1
	Total Deaths	**85**





Quality of Care (QoC) – Gains and Challenges

The department played a pivotal role in Lubaga Hospital's successful COHSASA Accreditation achieved in FY 2023/24, which emphasizes adherence to internationally recognized standards of care.

During FY 2024/25, the focus has been on sustaining the accreditation gains through continuous quality improvement (CQI) activities, clinical audits, and multidisciplinary teamwork.

However, sustaining this momentum has been challenging due to:
• Staff fatigue following the intensive accreditation process.

• Limited resources to implement departmental quality initiatives.

• The need for continuous staff motivation and leadership engagement to prevent regression to pre-accreditation practices.

The leadership of the department remains committed to innovation, mentorship, and teamwork to sustain quality improvement in the long term.

Conclusion

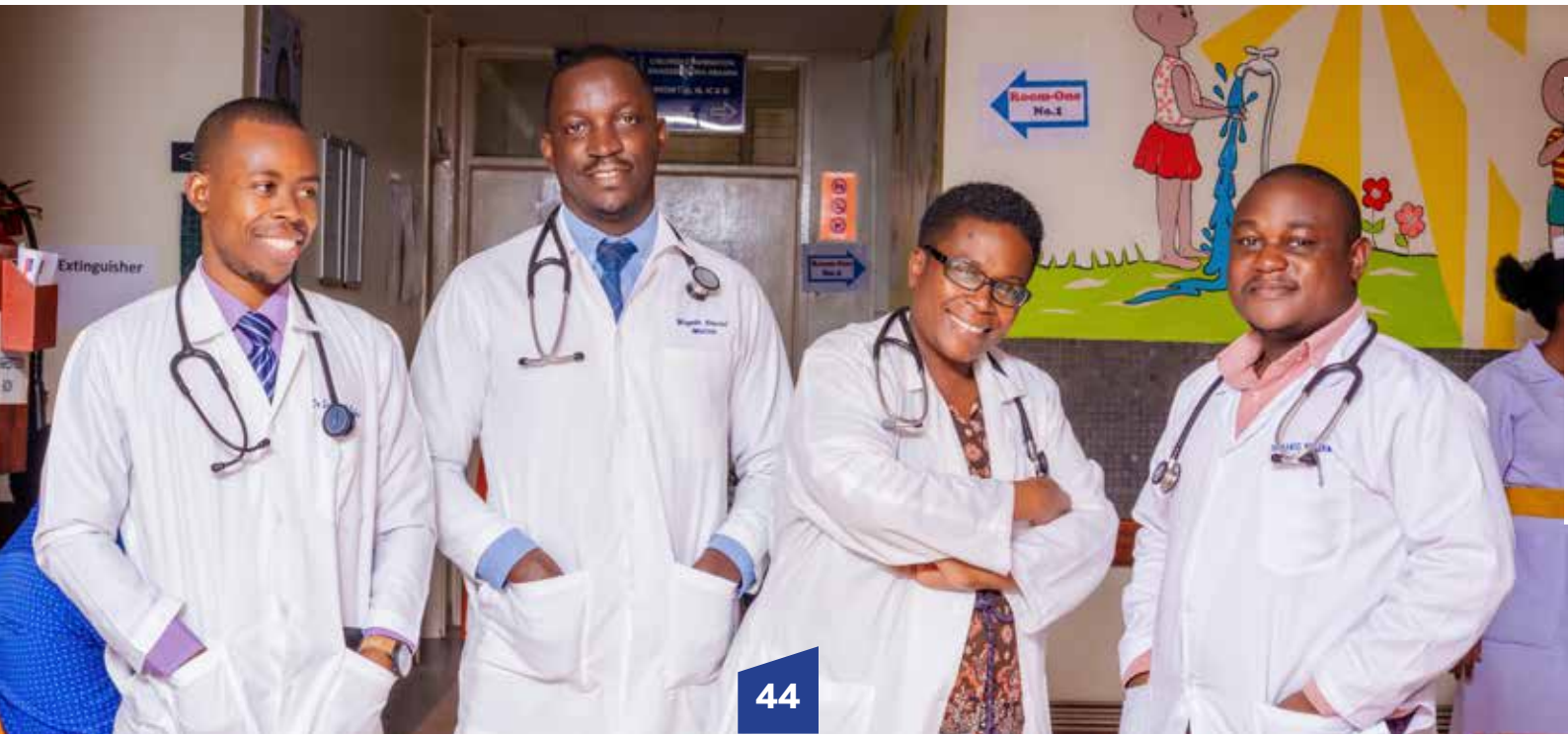
The Medical Department continues to play a crucial role in managing adult medical conditions, maintaining steady outcomes despite reduced admissions and constrained resources. The department's performance demonstrates adaptability to the changing health landscape, characterized by a rise in non-communicable diseases and a gradual decline in infectious disease burden.

Future focus areas include:
• Strengthening the management of NCDs, particularly cardiovascular and metabolic diseases.

• Enhancing mortality audits and early intervention strategies.

• Sustaining COHSASA quality standards through continuous training and supervision.

• Exploring ways to reduce costs of care and improve access for vulnerable patients.
The Medical Department remains steadfast in its mission to deliver compassionate, evidence- based, and patient-centered care consistent with Lubaga Hospital's values and strategic objectives.



5.1.2



SURGERY DEPARTMENT

Dr. Michael Okello
Head of Surgery

Introduction

The Surgery Department is a core pillar of Lubaga Hospital, providing both elective and emergency surgical care. The department integrates the surgical outpatient clinic, emergency unit with trauma room, surgical ward (including pediatric surgical wing), endoscopy unit, main theatre, and transplant theatre.

Department Organization

The department operates under the Medical Directorate. It is led by a Head of Department supported by:

- One full-time general surgeon.
- A second surgeon on retainer for emergency and clinic coverage.
- Two medical officers alternating between OPD, wards, and theatres.
- Seven intern doctors under close supervision of medical officers and surgeons.

This team setup ensures continuous service delivery across OPD, wards, and surgical theatres.

Range of Services

The department provides a broad spectrum of general and specialized surgical services:

- Emergency & Elective General Surgery
- Diagnostic and Interventional Endoscopy (e.g., foreign body removal, stenting, dilatation, PEG insertion, polypectomy, ERCP – currently suspended pending C-arm repairs).
- Super-specialties under development: Orthopedics, Plastic Surgery, Hepatobiliary, Neurosurgery, Oro-maxillofacial, Ophthalmology, Urology, ENT, Cardiothoracic Surgery.
- Laparoscopic Surgery: Transitioning from basic to more advanced procedures (appendicectomy, cholecystectomy, myomectomy, Nissan fundoplication).
- Future Plans: Introduction of Endoscopic Ultrasound (EUS) – a service not currently available in Uganda, which would significantly expand the therapeutic endoscopy scope.

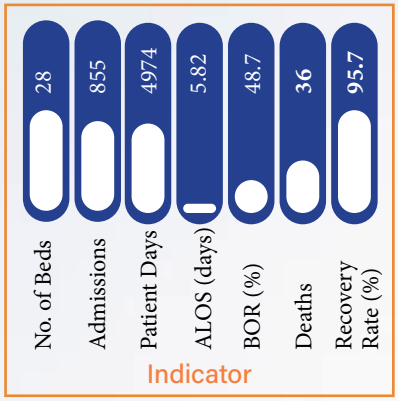
Performance Highlights (FY 2024/25)

- Increase in complex surgical procedures handled at Lubaga Hospital.
- Continued growth in interventional endoscopy despite rising competition.
- Laparoscopic procedures remain strong, though slightly affected by increased competition.
- Admissions are declining, largely due to growth of day care surgeries and alternative facilities.
- Mortality and morbidity rates after surgery continued to decline.

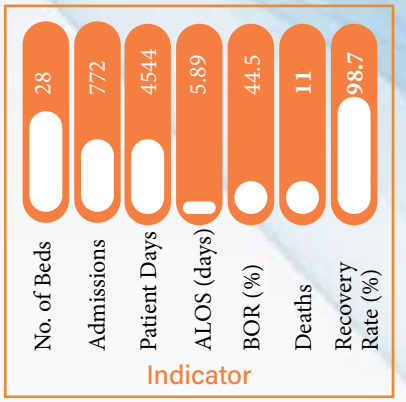
Statistical Overview

Surgical Ward

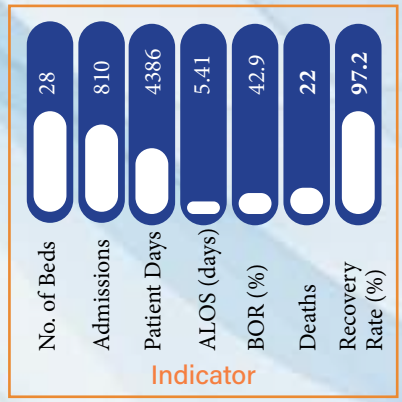
2020/21



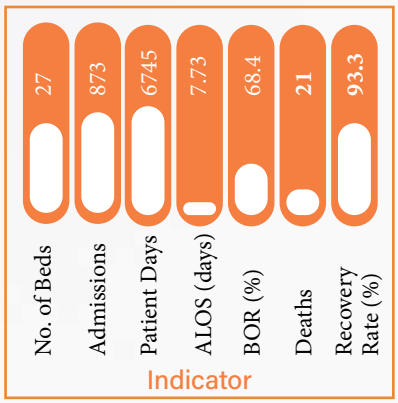
2021/22



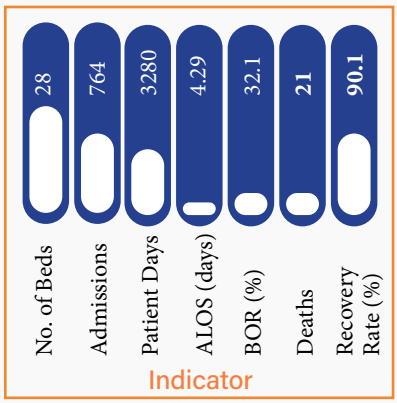
2022/23



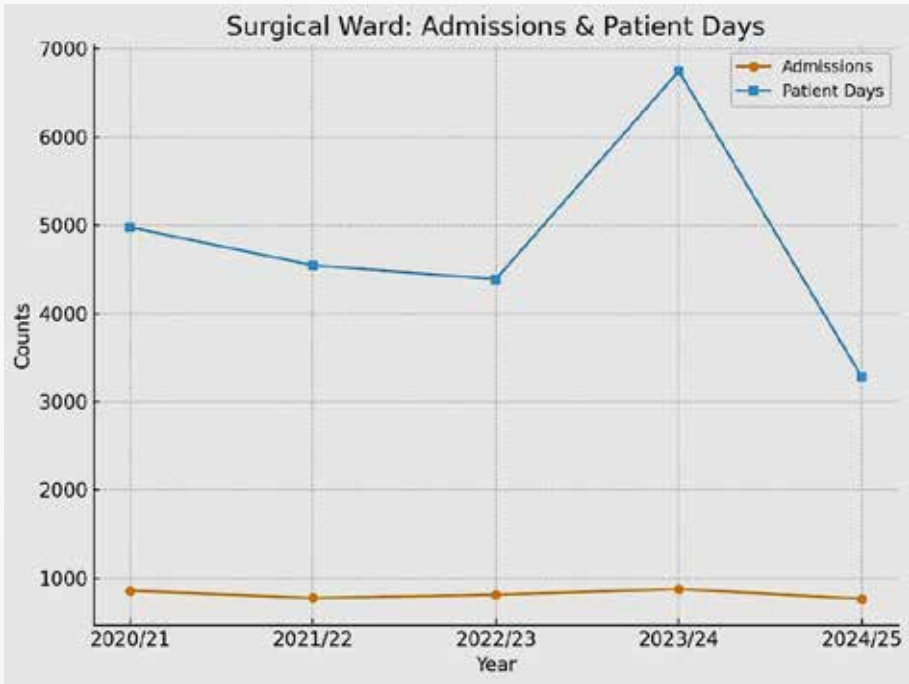
2023/24



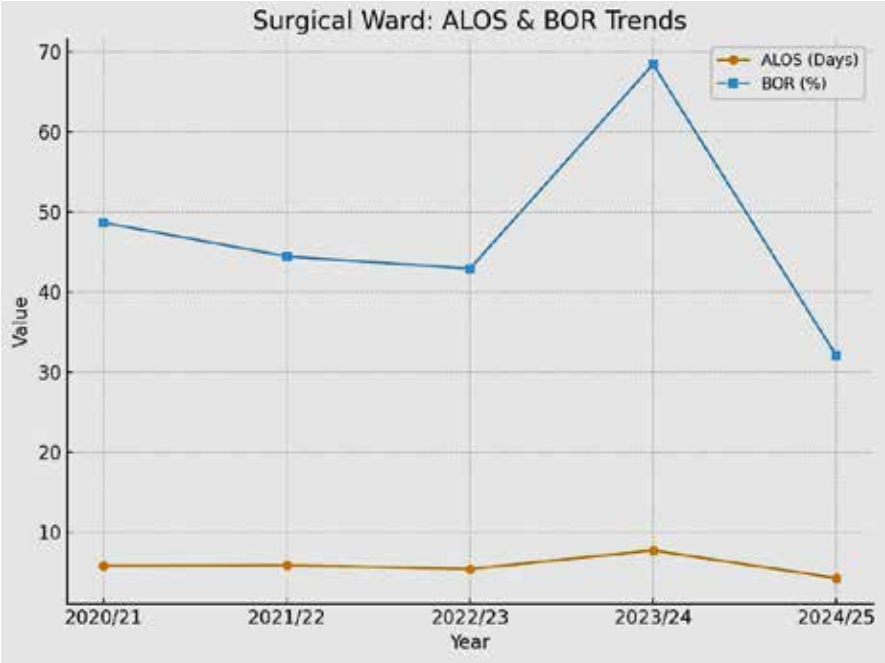
2024/25



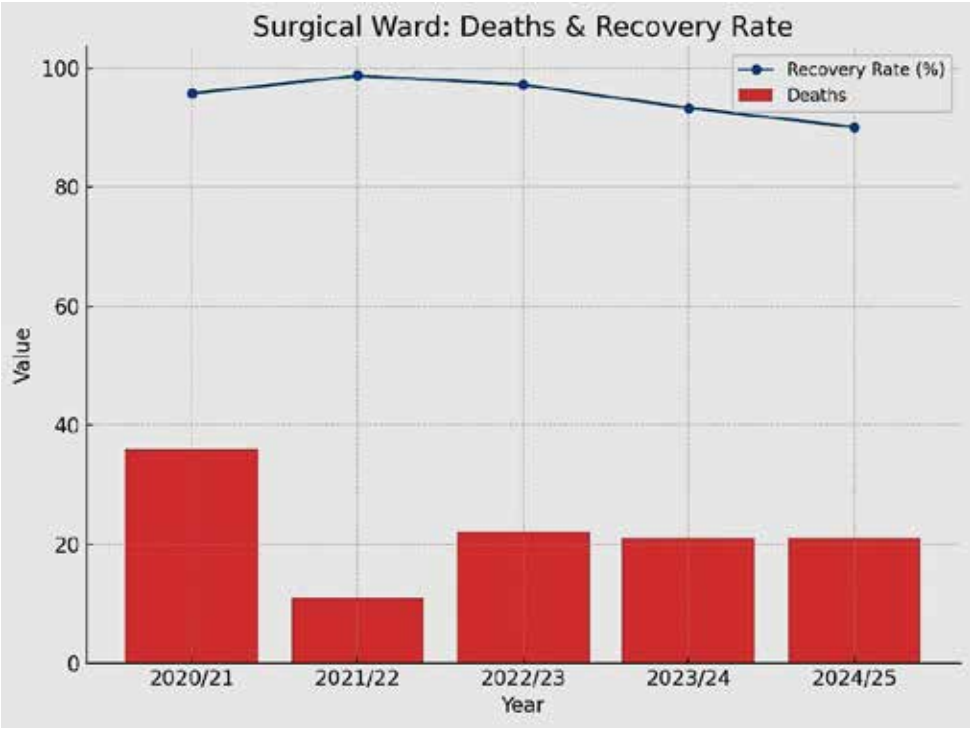
Key Insight:
Admissions are reducing due to day-care surgeries, the opening of the Specialist Centre, and increased competition from private facilities around Lubaga.



Admissions & Patient Days – Admissions are gradually reducing, but patient days fluctuate, showing how long patients stay.



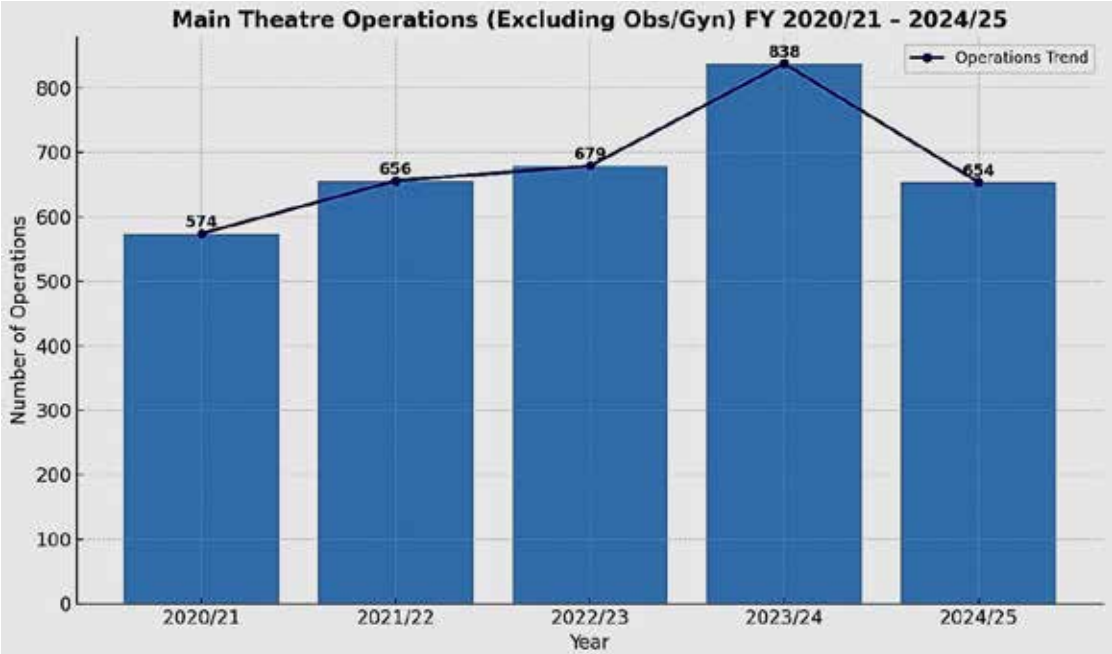
ALOS & BOR – Average Length of Stay spiked in 2023/24 (7.7 days) before dropping to 4.3 days in 2024/25. Bed Occupancy also fell sharply in 2024/25.



Deaths & Recovery Rate – Deaths remained stable, while recovery rate declined slightly from 98.7% in 2021/22 to 90.1% in 2024/25.

Main Theatre Operations

Year	2020/21	2021/22	2022/23	2023/24	2024/25
Operations (Excl. Obs/Gyn)	574	656	679	838	654

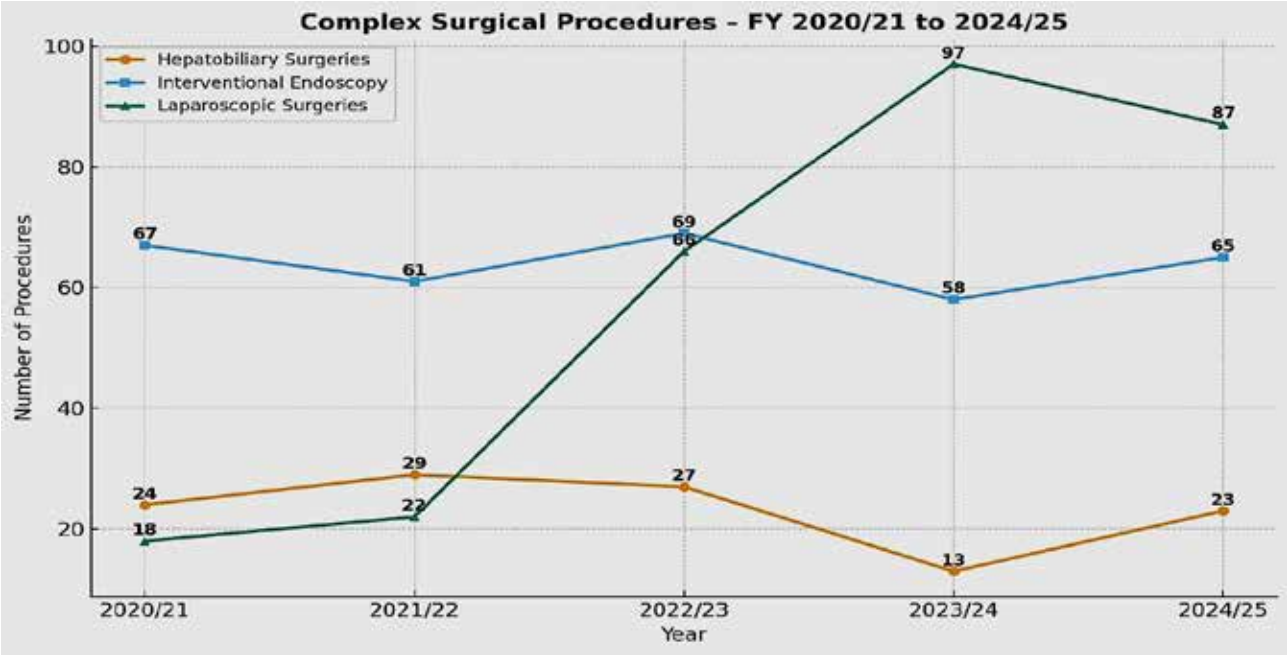


The Statistical Overview for Main Theatre Operations (FY 2020/21 – 2024/25) presents:

- Clear upward trend until 2023/24 (838 operations), followed by a decline to 654 in 2024/25.
- The dip likely reflects competition from other facilities and the shift to day-care surgeries.
- Despite the decline, Lubaga remains a strong centre for complex and referral surgical cases.

Complex Surgical Procedures

Procedure Type	2020/21	2021/22	2022/23	2023/24	2024/25
Hepatobiliary Surgeries	24	29	27	13	23
Interventional Endoscopy	67	69	58	65	65
Laparoscopic Surgeries	18	22	66	97	87

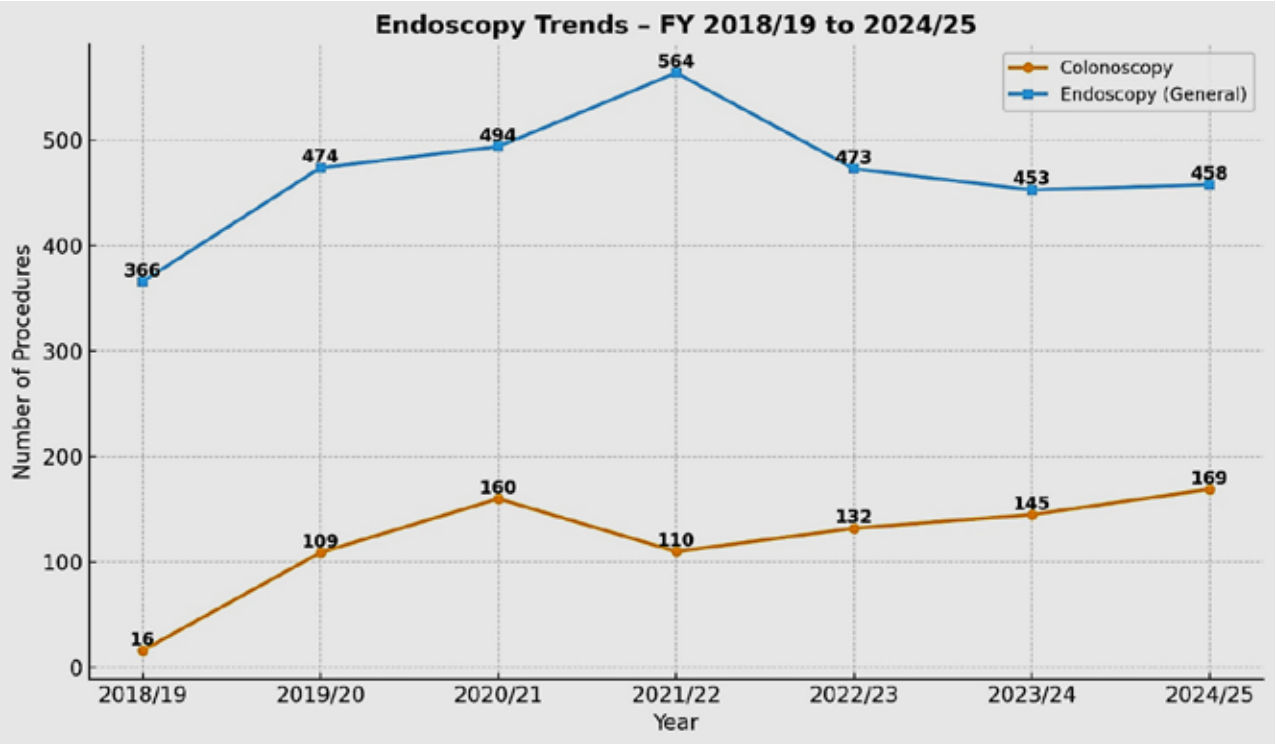


Statistical Overview for Complex Surgical Procedures (FY 2020/21 – 2024/25) presents:
• Hepatobiliary surgeries fluctuated, dropping sharply in 2023/24 but rising again in 2024/25.
• Interventional endoscopy remained fairly stable, showing Lubaga's sustained reputation despite competition.
• Laparoscopic surgeries grew strongly, peaking at 97 in 2023/24, before a slight decline to 87 in 2024/25.

Complex Surgical Procedures

Service	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Colonoscopy	16	109	160	110	132	145	169
Endoscopy	366	474	494	564	473	453	458

Key Insight: Despite competition, patient numbers remain steady thanks to Lubaga's reputation for quality and accurate reporting.





Statistical Overview for Endoscopy Trends (2018/19 – 2024/25) presents:

• Colonoscopy volumes rose steadily from 16 in 2018/19 to 169 in 2024/25, reflecting increasing demand and diagnostic confidence.

• General Endoscopy peaked at 564 in 2021/22, then stabilized around 450–460 despite competition from new centres — showing Lubaga's strong reputation for quality reporting.

Challenges

• Lack of endoscopic ultrasound scan (EUS) services (none in Uganda).

• Dependence on visiting radiologists for interventional radiology.

• Absence of a hepatologist to support the planned transplant program.

• Need for upgraded equipment (e.g., C-arm repair).

Recommendations & Way Forward

1. Recruit and retain a hepatologist and interventional radiologist.

2. Upgrade the endoscopy tower to support EUS services.

3. Mobilize funds for infrastructural development and equipment acquisition in preparation for transplant services once Ministry of Health accreditation is secured.

4. Strengthen marketing of complex surgical and diagnostic services to sustain Lubaga's role as a specialized referral hospital.

5.1.3.



PEDIATRICS & CHILD HEALTH

By Dr. Cissy Nalunkuma
Head of Department

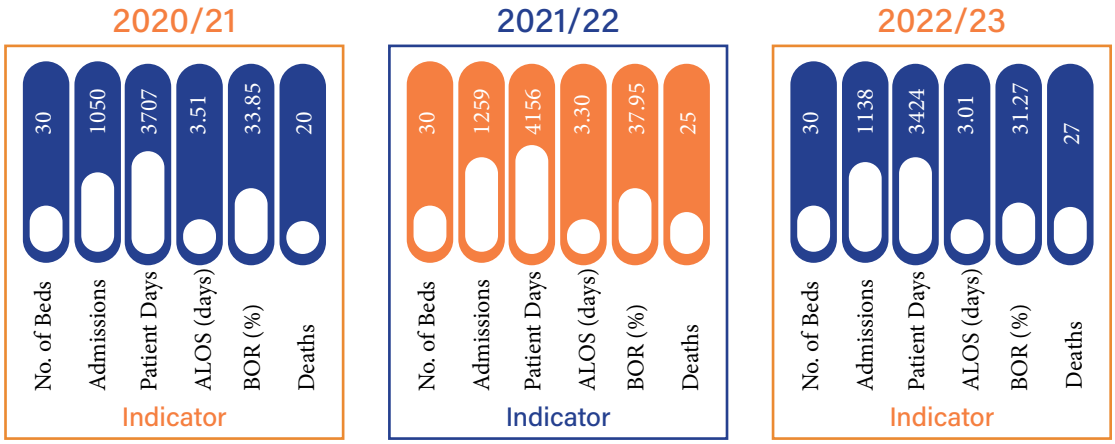
Introduction

The Paediatrics and Perinatal Department at Lubaga Hospital provides a wide range of child health and neonatal services.

The Paediatrics and Perinatal Department at Lubaga Hospital provides comprehensive child and newborn care through two inpatient units—the St. Bosco Children's Ward (18 beds, down from 30) for medical and surgical cases, and the St. Kizito Nursery Ward (41 beds) for neonates needing observation, monitoring, or treatment. The outpatient services include general paediatric clinics, the Neonatal Follow-up Clinic, the Paediatric Private Clinic at the Specialist Centre, and specialized clinics such as the Paediatric Diabetic and Endocrine Clinic and the Sickle Cell Clinic, which ensure continuity of care and targeted interventions.

The department also undertakes general and specialized paediatric surgical procedures in collaboration with other units, covering ENT, orthopaedics, ophthalmology, neurosurgery, urology, and plastic surgery, while also providing supportive services like HIV care, nutrition counselling, immunisation, physiotherapy, and speech therapy. Staffing comprises two resident paediatric specialists, one medical officer, and 30 nurses, alongside four internship positions that hosted seven trainees in FY 2024/25, each serving six months under supervision. The team also supports child health services in the General Outpatients Department, ensuring integration across the hospital. With this structure—linking inpatient, outpatient, surgical, preventive, and training services—the department guarantees holistic, continuous, and high-quality care for children and newborns.

St. Bosco Children's Ward – Admissions and Outcomes

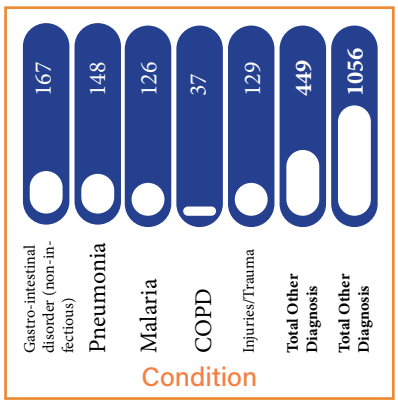


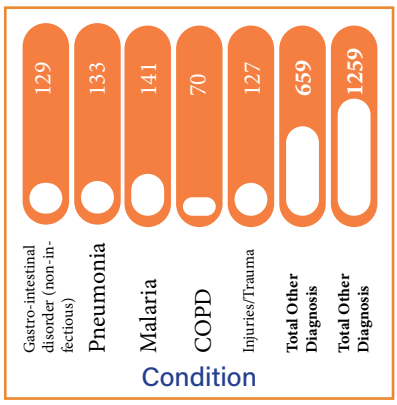
In 2024/25, the Children's Ward admitted 990 children (both medical and surgical cases). Admissions have declined due to:

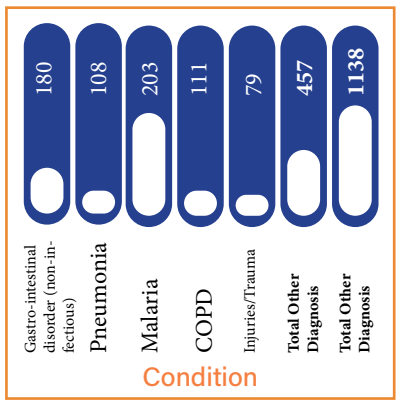
- Expanded immunisation coverage (pneumonia and rotavirus vaccines).
- Rising cost of healthcare.
- Competition from nearby facilities.
- A growing preference for outpatient management.

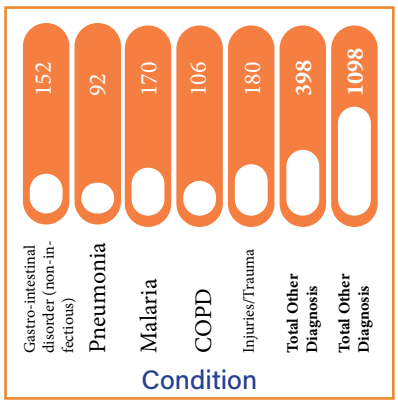


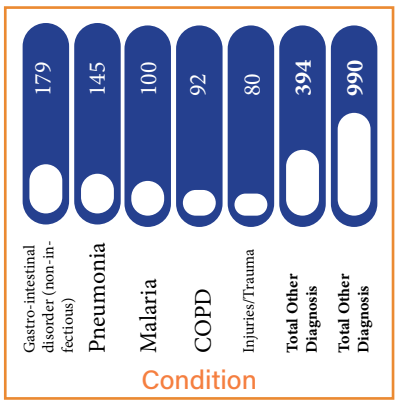
Common Causes of Morbidity – Children's Ward





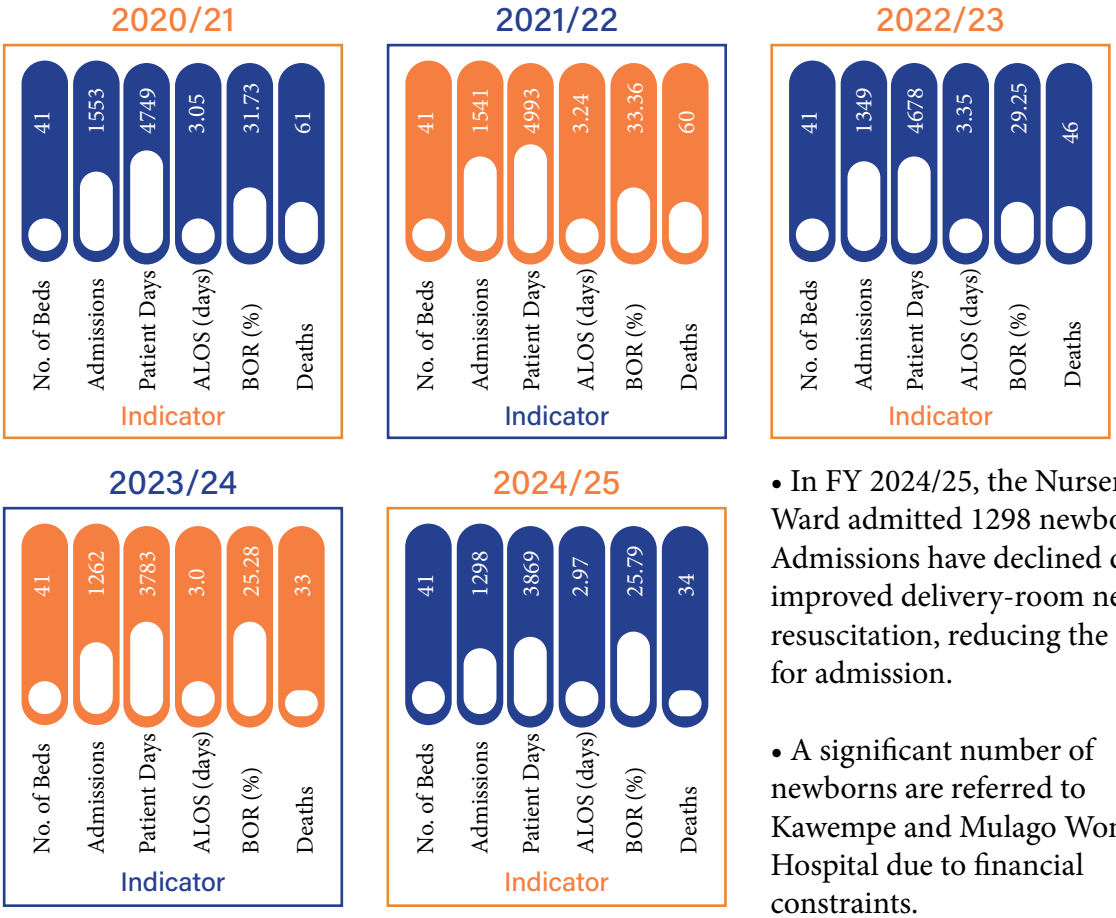






- Malaria remains the leading cause of admission, often presenting with complications (acute kidney injury, cerebral malaria, severe anaemia, haemolysis).
- Communicable diseases such as diarrhoea and respiratory infections remain dominant.
- COPD (especially asthma) and sickle cell complications are increasing due to better diagnosis.
- Other conditions (malnutrition, HIV, paediatric diabetes) are present but not captured in this table.

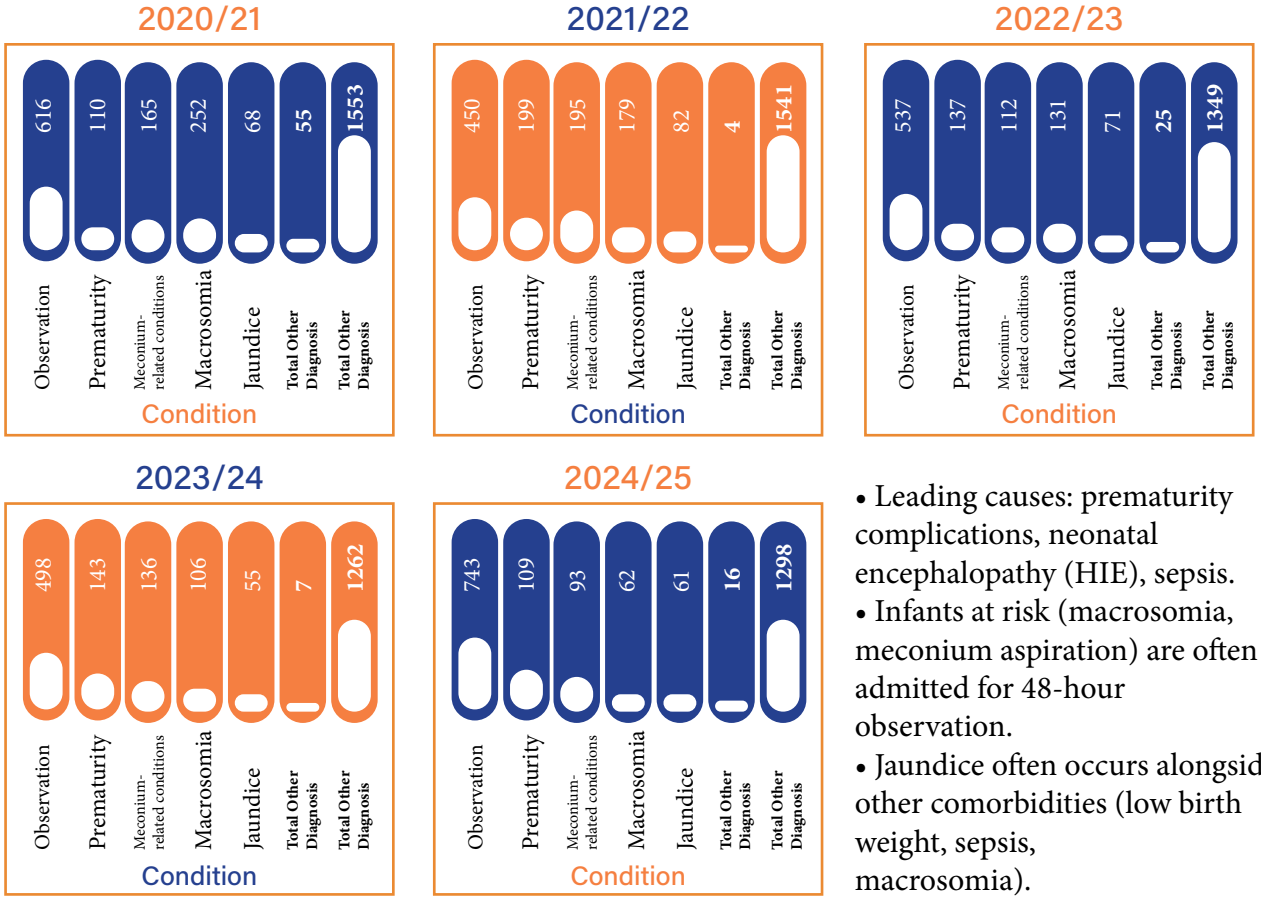
St. Kizito Nursery Ward – Admissions and Outcomes



- In FY 2024/25, the Nursery Ward admitted 1298 newborns. Admissions have declined due to improved delivery-room neonatal resuscitation, reducing the need for admission.

- A significant number of newborns are referred to Kawempe and Mulago Women's Hospital due to financial constraints.

Top Causes of Morbidity – Nursery Ward



- Leading causes: prematurity complications, neonatal encephalopathy (HIE), sepsis.
- Infants at risk (macrosomia, meconium aspiration) are often admitted for 48-hour observation.
- Jaundice often occurs alongside other comorbidities (low birth weight, sepsis, macrosomia).

Mortality in the Department

• Neonatal mortality rate: 2.6% (34 deaths/1298 admissions) in FY 2024/25 – a decline compared to prior years.

• Children's ward mortality: ~1.3%.

• Pneumonia complications remain a leading cause of child mortality.

• Comorbidities (HIV, malnutrition, sickle cell disease, congenital anomalies) further increase risk.

Causes of Mortality in Under-5s

Disease/Condition	Cases	Deaths
Neonatal conditions	1298	1298
Pneumonia	145	145
Cardiovascular Disease	13	13
Malaria	100	100
TB	2	2
Gastrointestinal conditions	179	179
Kidney disease	4	4
Other diagnoses	547	547
Total	2288	2288

Neonatal Follow-Up Clinic

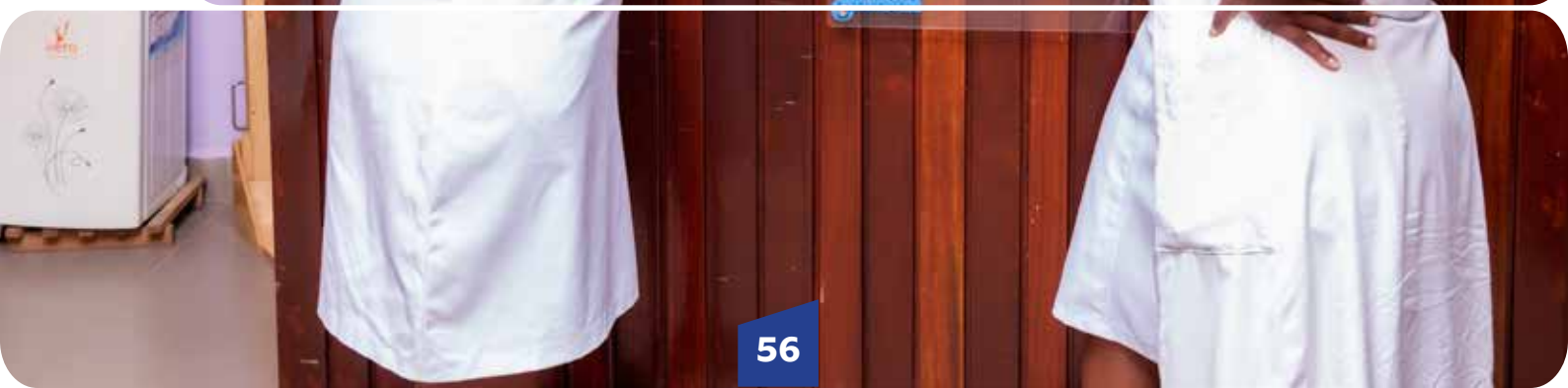
Year	2020/21	2021/22	2022/23	2023/24	2024/25
Visits	1301	1191	980	900	886

•The clinic runs twice weekly, following up all discharged newborns for growth monitoring, immunisation, and survival.

•Attendance has steadily declined but remains crucial for continuity of care.







Highlights & Achievements (2024)

•The clinic runs twice weekly, following up all discharged newborns for growth monitoring, immunisation, and survival.

• Acquisition of new neonatal equipment: CPAP machines, high-flow oxygen systems, monitors, pulse oximeters.

• Expansion of specialist clinics (Diabetes, Endocrine, Sickle Cell, Private OPD).

• Strengthened newborn sickle cell screening for children <2 years.

• Active Rotavirus Vaccine Impact Surveillance Study.

• Implementation of Baby-Friendly Hospital Initiatives (BFHI) promoting exclusive breastfeeding.

• Launch of a breast milk bank (as a collection and supply centre).

• Neonatal Resuscitation Program: ongoing staff training, use of CPAP in delivery rooms, improved survival.

• Departmental Quality Improvement projects:
o Better documentation in patient files.
o Improved standards for neonatal jaundice care.
o Improved management of children admitted with malaria.

Challenges

• Inadequate and ageing equipment (pulse oximeters, oxygen concentrators, CPAP).

• ICU services remain unaffordable for many children.
• Absence of dedicated Neonatal ICU beds.

• Inadequate staffing (paediatricians and doctors vs high intern load).

• High turnover of nursery nurses, affecting quality and morale.

Future Suggestions & Recommendations

1. Establish a High Dependency Unit (HDU) for critically ill children.

2. Expand the Neonatal Follow-Up Clinic to cover all Lubaga-born babies.

3. Recruit more paediatricians and neonatal staff to strengthen services and supervise trainees.

4. Expand ICU capacity to include paediatric/ neonatal beds and equipment.

5. Involve Unit Heads/HODs in staff deployment and discipline to strengthen management and retention.



5.1.4



OBSTETRICS & GYNECOLOGY

Department of Obstetrics and Gynaecology
Uganda Martyrs Hospital Lubaga

Introduction

This report presents the performance of the Department of Obstetrics and Gynaecology for the financial year 2024/25, with comparative analysis covering the previous four years. It highlights key trends in service delivery, departmental achievements, and areas for improvement.

The report covers:
- Antenatal and postnatal care statistics
- Inpatient and delivery outcomes
- Caesarean section indicators
- Departmental achievements and challenges

The department continues to serve as one of the busiest and most impactful clinical units in Lubaga Hospital, contributing significantly to both patient care and institutional performance indicators reported to the Ministry of Health.

Antenatal and Postnatal Care (ANC & PNC)

Antenatal care attendance showed improvement compared to the previous year, remaining above the hospital's annual target. Notably, there was a continued increase in the number of mothers completing their 5th ANC visit, demonstrating improved compliance with the updated ANC package.

A significant reduction in anaemia among pregnant women was recorded, attributed to better nutritional counselling and consistent supply of haematinics. The department also achieved a remarkable improvement in postnatal clinic attendance, reversing the previous year's decline.

Out of 3,383 mothers who delivered at Lubaga Hospital, 3,335 (98%) returned for postnatal care — exceeding the hospital's 90% target, reflecting high levels of client satisfaction and confidence in the quality of care.



Inpatient Services

The department maintained a 62-bed capacity, distributed across the Labour Ward, High-Dependency Unit (HDU), and Postnatal Ward, in line with COHSASA standards.

Although total admissions decreased slightly compared to the previous year, the average length of stay reduced to two (2) days, a positive outcome attributed to improved clinical management and early discharge protocols.

A total of seven (7) maternal deaths were registered during FY 2024/25. Four of these were referrals from peripheral health facilities, admitted in critical condition and succumbing within hours of arrival. All cases were comprehensively audited, and feedback was provided to the referring facilities. Measures have been implemented to further minimize facility-related maternal mortality.

Of the total deliveries recorded (3,383), only 50% (1,716) of mothers had attended ANC at Lubaga Hospital. The Caesarean section rate remained stable at 48%, and most admitted mothers had positive delivery outcomes. Importantly, no stillbirths occurred among mothers admitted with confirmed fetal heart activity, underscoring the high quality of intrapartum care.



Departmental Achievements

• The department remains the busiest service unit in the hospital, contributing substantially to the utilization of radiology, pharmacy, and laboratory services.

• It continues to drive the hospital's performance indicators reported nationally.

• Sustained recruitment and retention of qualified personnel, including senior consultants, specialists, residents, medical officers, midwives, and nurses.

• Active participation in the COHSASA accreditation process, ensuring adherence to quality and safety standards.

• Implementation of maternal and neonatal audits that continuously inform quality improvement interventions.

Challenges and Areas for Improvement

• Only 50% of mothers attending ANC at Lubaga Hospital deliver within the facility. The department, in collaboration with the Business Development and Marketing Office, has initiated research and strategies to improve delivery retention.

• Persistent equipment and machinery gaps hinder operational efficiency. A comprehensive departmental wishlist has been submitted to management for review.

• Staffing shortages, particularly among midwives and residents, continue to affect workload and service coverage. Urgent review and recruitment are needed to maintain COHSASA standards.

Key Departmental Statistics

Antenatal Clinic Function

Indicator	2020/21	2021/22	2022/23	2023/24	2024/25
1st ANC Visits	5,246	4,956	4,055	4,168	3,893
4th ANC Visits	2,818	3,102	2,698	3,774	3,049
ANC Visits (All Women)	2,571	2,904	3,857	4,015	4,325
8th ANC Visits	-	147	285	449	497
Total ANC Visits (New + Re-attendance)	18,703	18,453	16,595	17,701	18,093
1st Trimester Visits	893	850	768	777	666
Referrals to ANC	38	16	30	42	43
IPT1	4,313	4,598	3,357	3,691	2,608
IPT2	3,652	3,711	3,051	2,961	2,924
IPT3	2,616	3,007	2,676	2,833	2,583
Anaemia in Pregnancy	721	296	262	293	172
Syphilis in Pregnancy	51	49	48	42	23
Postnatal Attendances	2,167	1,985	2,394	2,394	3,335

Inpatient Statistics

Indicator	2020/21	2021/22	2022/23	2023/24	2024/25
Number of Beds	73	73	73	62	62
Admissions	5,236	5,381	4,685	4,352	4,109
Patient Days	17,770	12,375	9,731	9,116	8,354
Average Length of Stay (Days)	3.39	2.3	2.08	2.09	2.03
Maternal Deaths	10	6	7	5	7

Deliveries and Birth Indicators

Indicator	2020/21	2021/22	2022/23	2023/24	2024/25
Total Deliveries	4,111	4,222	3,665	3,392	3,383
Deliveries of Mothers Who Attended	2,933	3,172	2,708	2,512	1,716
ANC (LH) Deliveries of HIV+ Mothers	172	129	104	91	57
Normal Deliveries (SVD)	2,311	2,271	1,862	1,814	1,750
Normal Delivery Rate	56%	54%	51%	53%	52%
Caesarean Sections	1,800	1,950	1,803	1,578	1,633
Caesarean Section Rate	44%	46%	49%	47%	48%
Live Births	4,133	4,225	3,696	3,427	3,434
Fresh Stillbirths	5	5	1	1	0
Macerated Stillbirths	44	47	29	26	27
Newborn Deaths (0–7 Days)	61	60	46	33	34
BBA Deaths	17	10	18	8	13
Maternal Deaths	10	6	7	5	7

Caesarean Section (FY 2024/25)

Year	2020/21	2021/22	2022/23	2023/24	2024/25
Total Emergency Caesarean Section	1284	1432	1247	1046	1107
Total Elective Caesarean Section	516	518	556	532	526
TOTAL	**1800**	**1950**	**1803**	**1578**	**1633**

Caesarean Section (FY 2024/25)

Indication	Cases
Previous Scar	587
Non-Reassuring Fetal Heart Rate	138
PET / Low BPP / GDM / DM	71
Meconium Staining	69
Maternal/Self-Request	68
Fetal Tachycardia	68
CPD / Contracted Pelvis Obstructed	53
Labour	52
Oligo / PROM	52
Fetal Distress	49
Macrosomia / Big Baby	49
All Others	521
Total	**1,777**

Conclusion

The Obstetrics and Gynaecology Department maintained strong performance across all clinical indicators during FY 2024/25, with continued improvement in maternal and neonatal outcomes. High postnatal follow-up rates, reduced anaemia in pregnancy, and zero stillbirths among viable fetuses highlight the department's commitment to quality, safe, and compassionate maternity care.

Moving forward, efforts will focus on increasing delivery retention among ANC clients, addressing equipment gaps, and optimizing staffing levels to maintain the hospital's standards of excellence in maternal and child health.



5.1.5.



OPD & EMERGENCY

Dr. Nsamba Ruth
Head of Outpatients Unit
Uganda Martyrs Hospital Lubagaer

Introduction

The Outpatients Department (OPD) continues to serve as the hospital's main gateway for non- emergency care and the largest contributor to patient volume. It remains a key driver of community access, hospital revenue, and preventive healthcare. The department provides a full spectrum of services ranging from acute and chronic disease management to minor procedures, patient education, and referrals for specialized care.

The OPD team comprises doctors, nurses, customer care officers, and allied health professionals dedicated to delivering quality, timely, and compassionate care in line with Lubaga Hospital's mission of "Healing, Promoting Life and Serving with Love."

Executive Summary

The financial year 2024/25 was marked by significant growth in patient volume and service diversification. Despite challenges such as increased client load, prolonged waiting times, and space limitations, the department recorded notable improvements in patient satisfaction, operational efficiency, and chronic disease management.

A new digital patient management system was introduced to improve appointment scheduling, clinical documentation, and data analytics. Physical renovations also enhanced patient flow and comfort. Plans are underway to establish a Chronic Disease Management Clinic and a Mental Health Clinic, in line with the hospital's strategic focus on specialized and preventive care.

The projected outcomes of these initiatives include:
- A 20% increase in patient satisfaction.
- A 30% reduction in average waiting time.
- A 15% increase in OPD revenue through efficiency and expanded service offerings.

Objectives

3.1 Overall Objective
To strengthen operational efficiency, enhance patient experience, and expand service capacity in response to rising patient demand and evolving healthcare needs.

3.2 Specific Objectives for FY 2025/26
- Reduce average patient waiting time by 30% through process redesign and digital scheduling.

- Increase patient satisfaction by 20% through improved service flow and feedback mechanisms.

- Enhance clinician productivity by 10% through workload balancing and digital recordkeeping.

- Establish and operationalize a Chronic Disease Management Center integrating diabetes and hypertension care.

- Initiate a Mental Health and Counseling Clinic to address the growing psychosocial needs of patients.

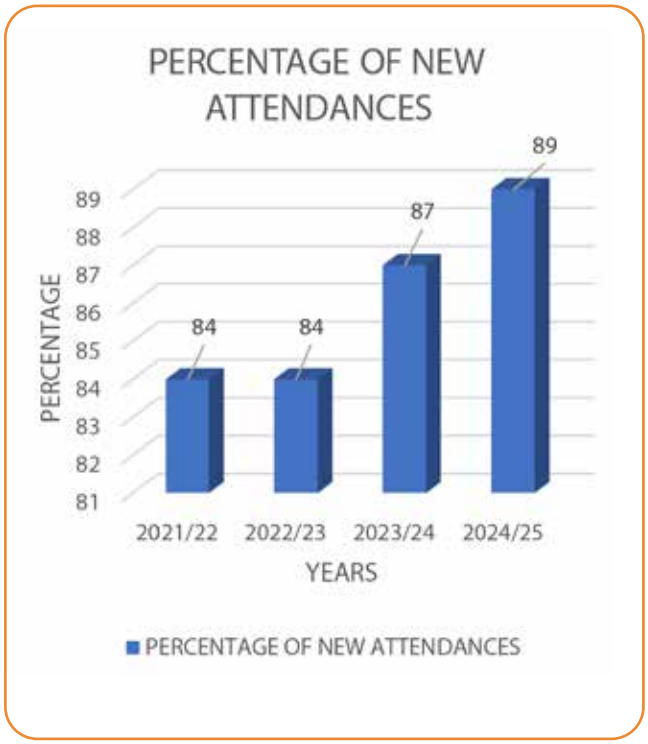


Departmental Performance and Achievements

Patient Volume

The OPD registered a consistent growth in total patient attendance, rising from 84% in FY 2023/24 to 89% in FY 2024/25. This increase reflects growing community trust in Lubaga Hospital's outpatient services and the expansion of specialized clinics. The department continues to work towards improved patient flow, supported by stronger collaboration with the Records and Customer Care Units.

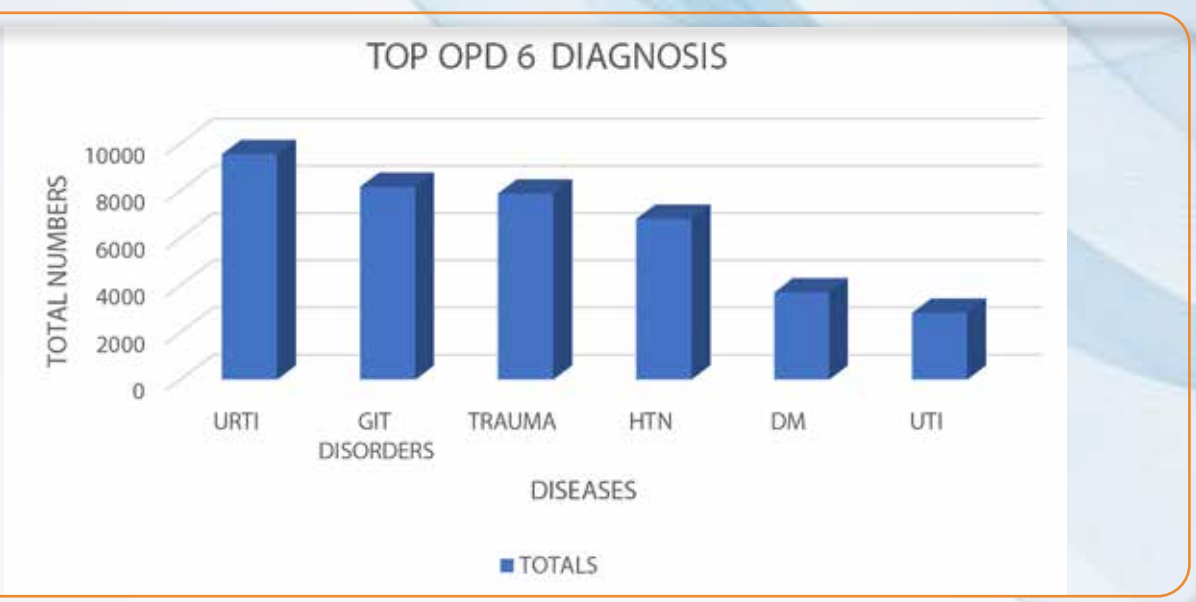






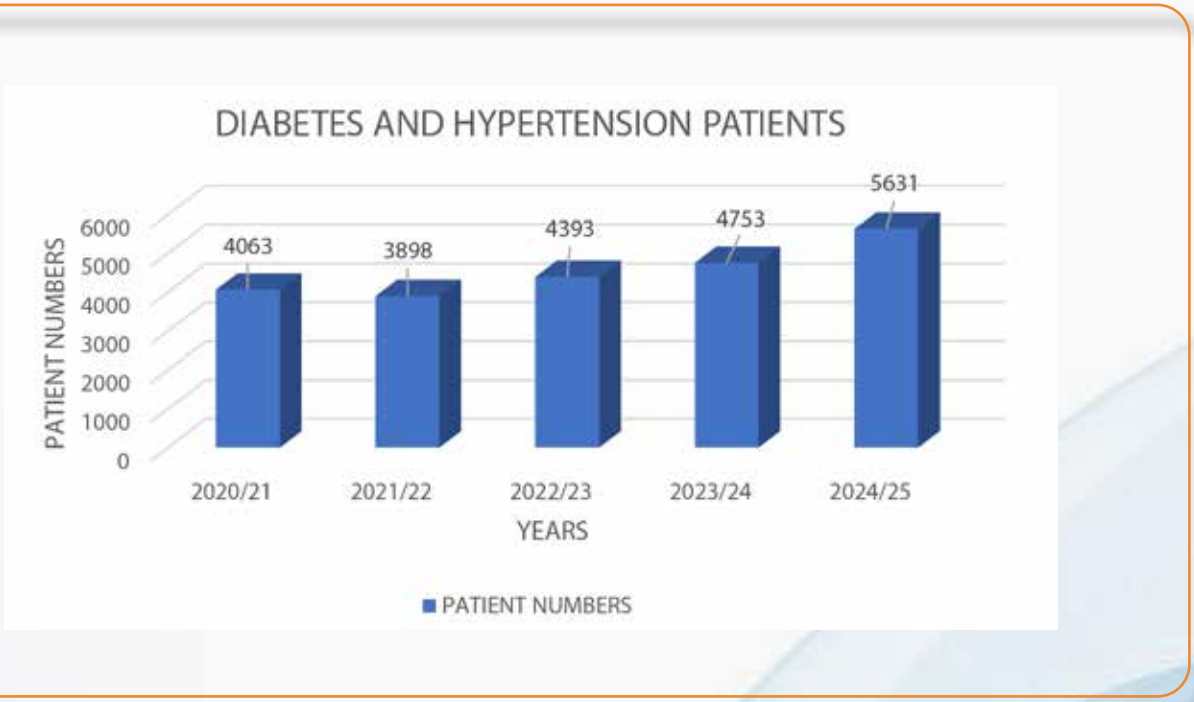
Top Diagnoses

The most frequent cases recorded were upper respiratory tract infections, gastroenteritis, malaria, and musculoskeletal pain. Chronic conditions such as hypertension and diabetes also showed a steady rise. To respond effectively, the hospital strengthened its supply chain management, ensuring continuous availability of essential drugs, nebulizers, and oral rehydration salts. Targeted staff training in acute illness management also enhanced diagnostic and treatment accuracy.



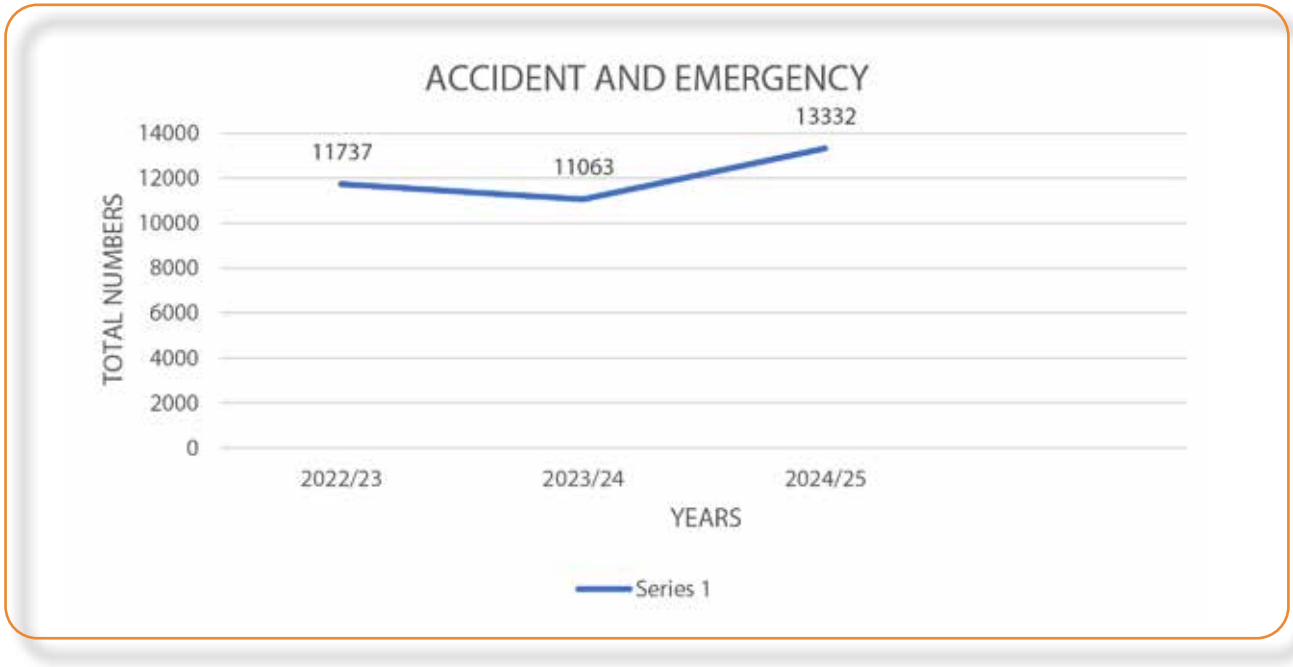
Chronic Disease Care (Diabetes and Hypertension)

There was a notable increase in cases of hypertension and diabetes, reflecting lifestyle and demographic changes. The OPD has initiated integration of these services into a comprehensive chronic disease clinic to provide continuous care, patient education, and lifestyle modification support. Recruitment of specialized personnel and use of electronic follow-up tools are part of the improvement plan.



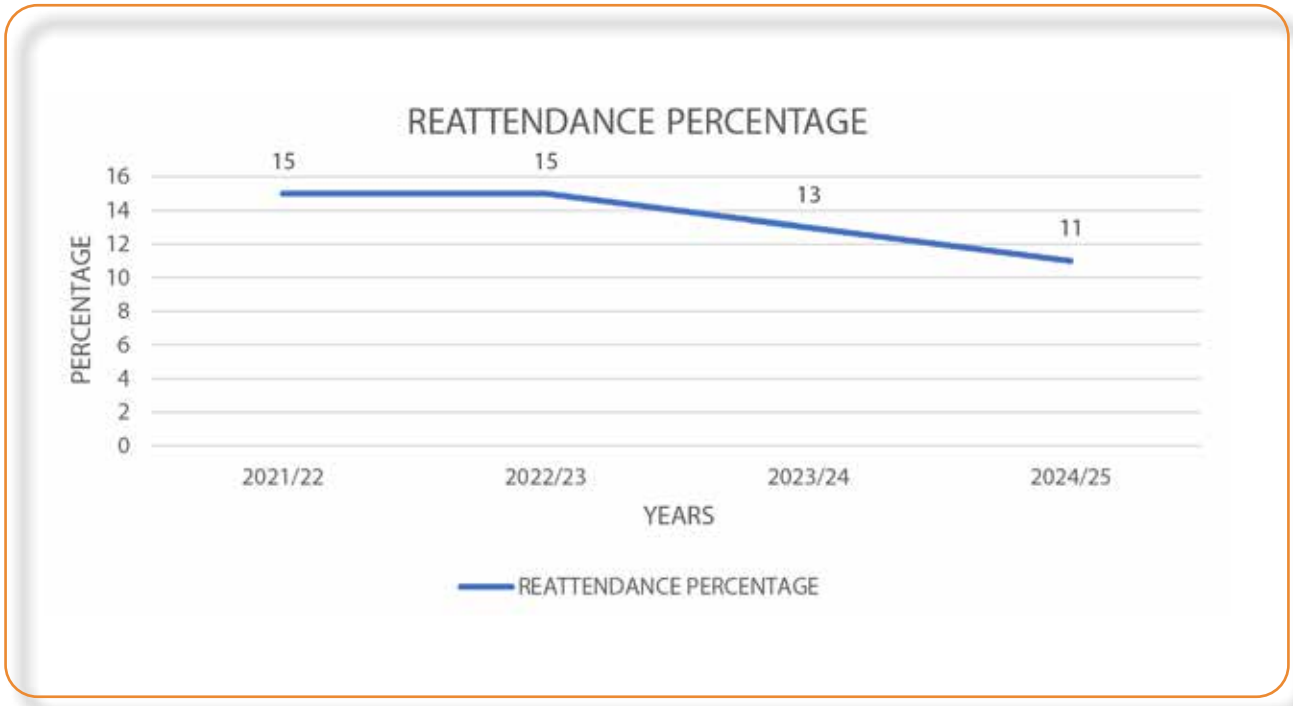
Accident and Emergency Linkage

The OPD works closely with the Accident and Emergency Unit to improve triage and emergency referrals. Collaboration with Malteser International has enhanced the department's response capacity through equipment support and staff training. Increased accident-related cases, particularly from road traffic incidents, emphasize the need for continuous staff training in trauma and critical care.



Patient Care and Satisfaction

Patient re-attendance rates have dropped from 15% to 11%, signaling improved diagnostic precision and treatment outcomes. The introduction of the Diagnostic Care Unit and refurbishment of waiting areas have contributed to a better patient experience and environment. Feedback from satisfaction surveys indicates significant improvement in comfort, communication, and timeliness of services.





Clinical and Operational Improvements

Chronic Disease Care (Diabetes and Hypertension)
Implementation of the Hospital Management Information System (HMIS) has improved record- keeping, data retrieval, and patient tracking. Routine departmental meetings are held to review performance indicators, identify bottlenecks, and propose timely interventions.

Employee Development
Continuous in-service trainings on quality improvement, infection prevention, and chronic disease management have enhanced staff competence and service delivery. Staff participation in hospital- wide training programs has promoted teamwork and accountability.

Collaboration and Partnerships
Through its partnership with Malteser International, the department benefited from emergency care equipment and targeted capacity-building programs. Collaboration with other departments such as Laboratory, Pharmacy, and Imaging continues to improve diagnostic accuracy and patient management.

Quality Improvement Initiatives

Monthly monitoring of turnaround time, clinical documentation, and infection control indicators.

Routine incident reporting and audits to identify process gaps and promote accountability.

Feedback loops with the Business Development Office to align service delivery with patient expectations and hospital standards.

Challenges and Mitigation Measures

Challenge	Mitigation/Recommendation
Rising patient volumes leading to congestion and long waiting times	Recruit additional clinicians and support staff; adopt electronic triage tools
Limited consultation space	Expand outpatient area under the Specialist Center project
Increased burden of chronic diseases	Establish Chronic Care Clinic and strengthen patient follow- up
System interruptions during HMIS rollout	Continuous IT support and user training
Limited public awareness of new services	Strengthen marketing and community outreach through health education campaigns

Future Goals and Strategic Priorities (FY 2025/26)

• Digital Transformation: Complete the rollout of the hospital's digital patient management system.

• Service Expansion: Establish Chronic Care and Mental Health Clinics.

• Operational Excellence: Achieve a 20% further reduction in patient waiting time.

• Infrastructure Development: Reorganize OPD layout for efficiency and patient comfort.

• Patient Experience: Launch a real-time feedback system and increase engagement through education programs.

Conclusion

The Outpatients Department has demonstrated resilience and innovation amidst growing patient demand. Improvements in patient satisfaction, service delivery, and digital integration are transforming the department into a model of efficient, patient-centered care. Moving forward, strategic investments in human resources, infrastructure, and technology will be critical in sustaining this progress and achieving Lubaga Hospital's vision of becoming a center of excellence in ambulatory and specialized healthcare.



5.1.6



LABORATORY & DIAGNOSTICS

By Kisekka Alex
Lab Manager

Introduction

Lubaga Hospital Laboratory (LHL) continues to play a pivotal role in the hospital's diagnostic and clinical care services. The department provides a comprehensive range of medical laboratory disciplines, including Biochemistry, Immunology, Microbiology, Parasitology, Hematology, Serology, Toxicology, and Blood Transfusion. The laboratory maintains accreditation under the ISO 15189:2022 standard by the South African National Accreditation System (SANAS), demonstrating its adherence to international quality benchmarks in medical testing and diagnostic service delivery.

Vision and Mission



To be a state-of-the-art diagnostic and laboratory facility in the region.



To promote sustainable, quality diagnostic services that support disease management, surveillance, and control of infectious diseases, thereby enhancing community health outcomes.

Quality Policy for Lubaga Hospital Laboratory

Lubaga Hospital Laboratory is committed to providing accurate, timely, and reliable diagnostic services in support of patient care, training, and research. Guided by ISO 15189:2022 standards, the laboratory emphasizes:

• Adherence to ethical and professional conduct in all activities.

• Ongoing risk identification and mitigation to protect patients and clients.

• Continuous internal and external quality assessments to sustain process improvement.

• Annual review of quality objectives through management review and feedback.

The quality objectives for 2024/25 are:

1. To increase percentage of results dispatched within acceptable TAT for malaria RDT & malaria slide, Renal function tests (RFT), and Complete blood count (CBC) from 94.4%,87.7% and 93.3% to 100% respectively from July 2025 to June 2026.

2. To ensure and continually improve staff competence by achieving 100% initial competency assessment, at least 95% biennial reassessment compliance, and a minimum of 12 hours of CPD per staff annually, while monitoring and reducing competence-related non-conformities to< 10% from July 2025 to June 2026."

3. To reduce the percentage of sample rejection from 0.5% to 0.1% from July 2025 to June 2026.

Key Quality Objectives (FY 2024/25):

• Attain 100% turnaround time compliance for key tests (Malaria, RFTs, CBC).

• Achieve 100% initial competency assessment and 95% biennial reassessment for staff.

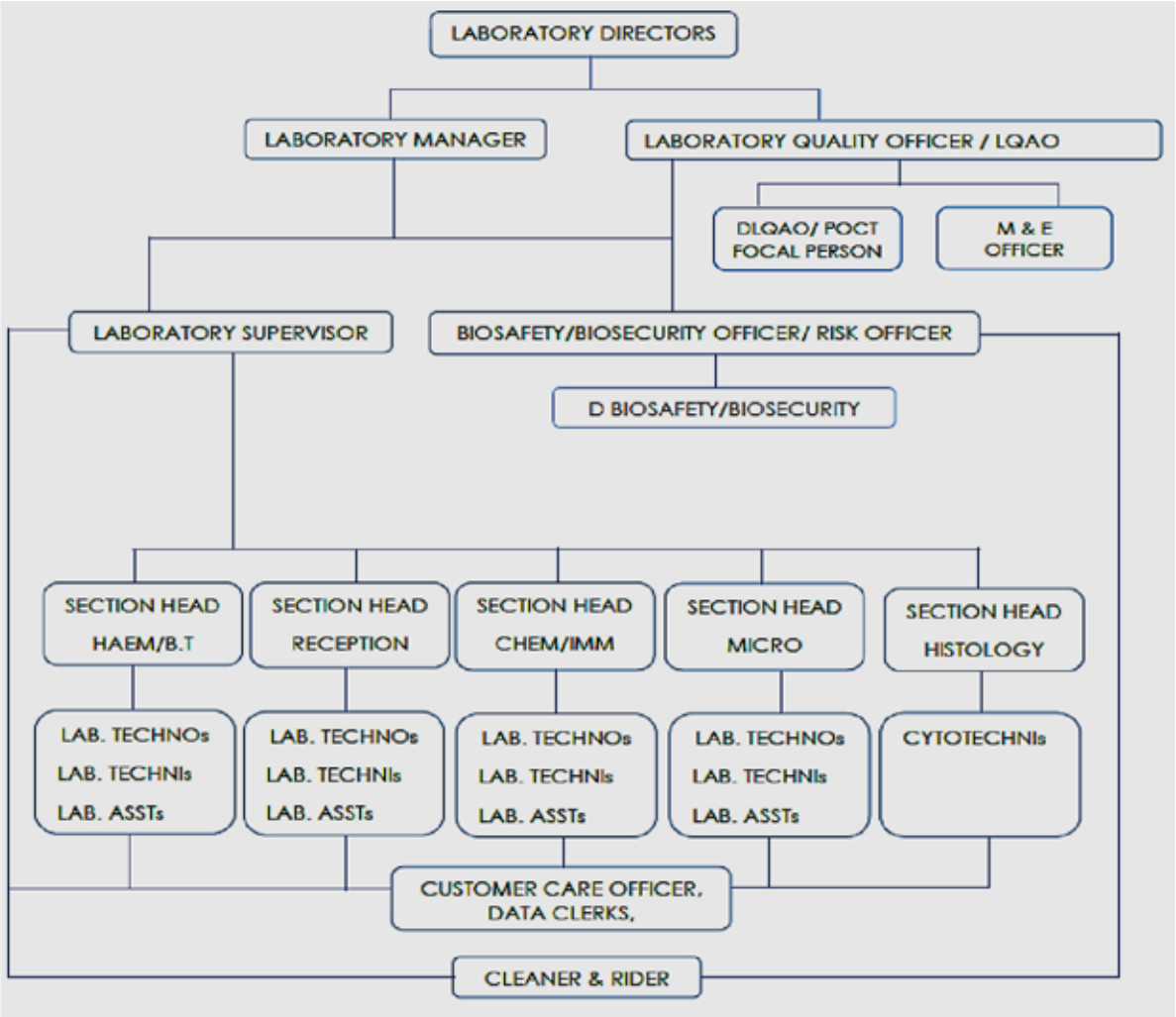
• Reduce sample rejection rates from 0.5% to 0.1%.

Laboratory Management

The department operates under the overall leadership of the Executive Director and Medical Director, with day-to-day management provided by the Laboratory Manager. Supporting roles include:

- **Quality Assurance Officer** – ensures maintenance of the Quality Management System (QMS).
- **Bio-safety/Biosecurity Officer** – monitors adherence to bio-risk and safety protocols.
- **Section Heads** – provide oversight for Hematology, Chemistry, Microbiology, and Parasitology.

Figure 1: Laboratory Organogram



Laboratory Sections and Equipment

The Laboratory is structured into six sections grouped under three main units:

• **Hematology & Blood Transfusion:**
Equipped with state-of-the-art 6-part analyzers (Dymind H-615 models) which complement the two existing six-part Sysmex series brand differential analyzers. The section also features a hemoglobin/protein electrophoresis system and blood bank facilities. All tests in this section are accredited to ISO 15189:2022 by SANAS.



Figures 1: Sysmex XN 550



Figures 2: Dymind DH 615

Clinical Chemistry & Immunology:
Houses advanced analyzers (Abbott Architect Ci 4100 and Bioassay 240 Plus), supporting a wide test menu including endocrine, cardiac, and metabolic profiles.



Figures 3: Sysmex XN 550

This section is also well equipped with a 240 Chemistry analyzer, supporting the fully automated Architect Ci 4100 duo analyzer (Abbott brand) and a Maglumi X3 backup system. The department performs a broad range of clinical chemistry tests for endocrine, cardiac, tumor, and metabolic disorders, as well



Figure 4: Bioassay 240 Plus



Figure 5: Maglumi X3

Microbiology & Parasitology:
Features automated systems such as the Bact/Alert 3D, Vitek 2 Compact, and Mindray Urine Analyzer, enabling accurate bacterial culture, drug susceptibility testing, and TB diagnostics.



Figures 6: Bact/Alert 3d, Vitek 2 Compact



Figures 7: Mindray Urine Analyzer

The section acquired an automated urine analysis analyzer with an auto- loader capable of performing macroscopic, chemical, and microscopic urine examinations. It can differentiate gram-positive and gram-negative bacteria. Other equipment includes the Bact/Alert 3D blood culture system and Vitek Compact 2 Plus for automated susceptibility testing. The department performs microbiological tests including body fluid analysis, TB diagnosis and Rifampicin resistance detection, bacterial culture, and susceptibility testing.

Staffing and Staff Development

During FY 2024/25, the department strengthened its human resources with three new recruits, bringing the total staff to 41 (10 Technologists, 20 Technicians, 6 Assistants, and 2 Records staff).

• Promotions: Two staff were promoted to Section Heads (Hematology and Microbiology).

• Upgrading: Six staff upgraded their qualifications (2 Diplomas, 4 Bachelor's degrees).

• Continuous Professional Development (CPD) sessions focused on ISO standards, biosafety, and equipment operation.



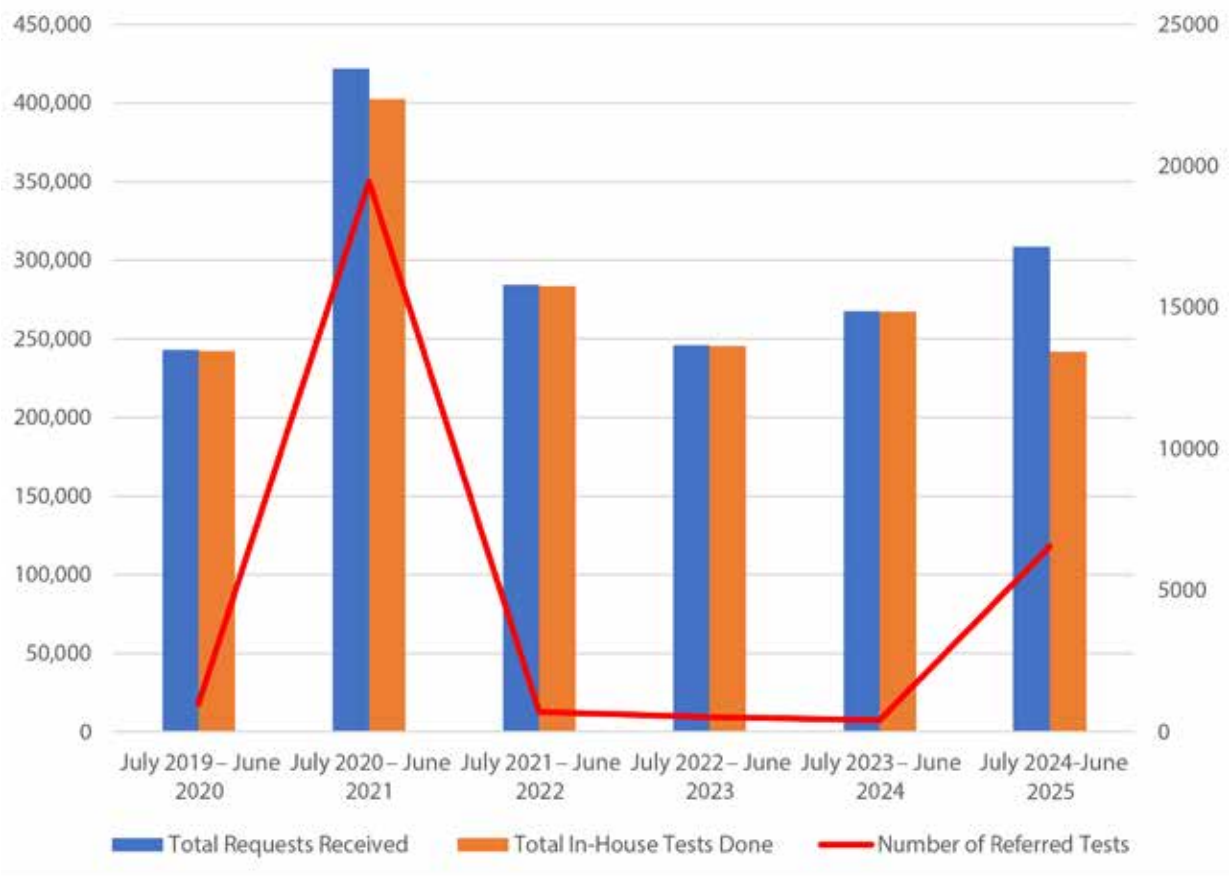
Performance and Output Trends

The laboratory recorded significant improvement in workload and output:

Financial Year	Total Requests	Tests Done	Referred Tests
2019/20	243,000	242,014	242,014
2020/21	421,798	402,362	402,362
2021/22	284,312	283,615	283,615
2022/23	245,768	245,246	245,246
2023/24	267,484	267,070	267,070
2024/25	308,514	241,565	241,565

There was a 15% increase in test volume during FY 2024/25, averaging 25,000 tests per month, driven by expanded service coverage and technology upgrades.

Volume Test Trends Last Five Financial Years





Critical Analysis of Outputs

The most frequently requested tests are CBC, CRP, Malaria, Urinalysis, and Fasting Blood Sugar. Post-COVID-19 recovery in 2021 saw a steady increase in test volumes, rising from an average of 265,000 tests in previous years to over 300,000 tests in the 2024/25 financial year. The graph above (Figure 9) illustrates a 15% increase in test numbers for the 2024/25 year, equating to approximately 25,000 tests monthly. This is a moderate rise compared to the 23,000 test increase seen the previous year.



Factors Contributing to Growth

- Laboratory accreditation
- Competent and trained staff and upgrade in knowledge and skills.
- Automation to the latest technology in e quipment
- Improving the test menu and Turnaround time.
- Public-private partnerships enabling enrollment in Ministry of Health programs through UCBM, particularly in infectious diseases, sickle cell programs, and quality management systems

Revenue has increased from approximately 3.0 billion UGX to 4.0 billion UGX. The laboratory aims to reach 5.0 billion UGX in revenue in the upcoming financial year by securing more surveillance studies, acquiring advanced equipment, recruiting referral facilities, and enhancing staff training and development.

Reasons for Test Referrals

1. Cost-effectiveness: Referral is preferred when test volumes do not justify purchasing full kits.

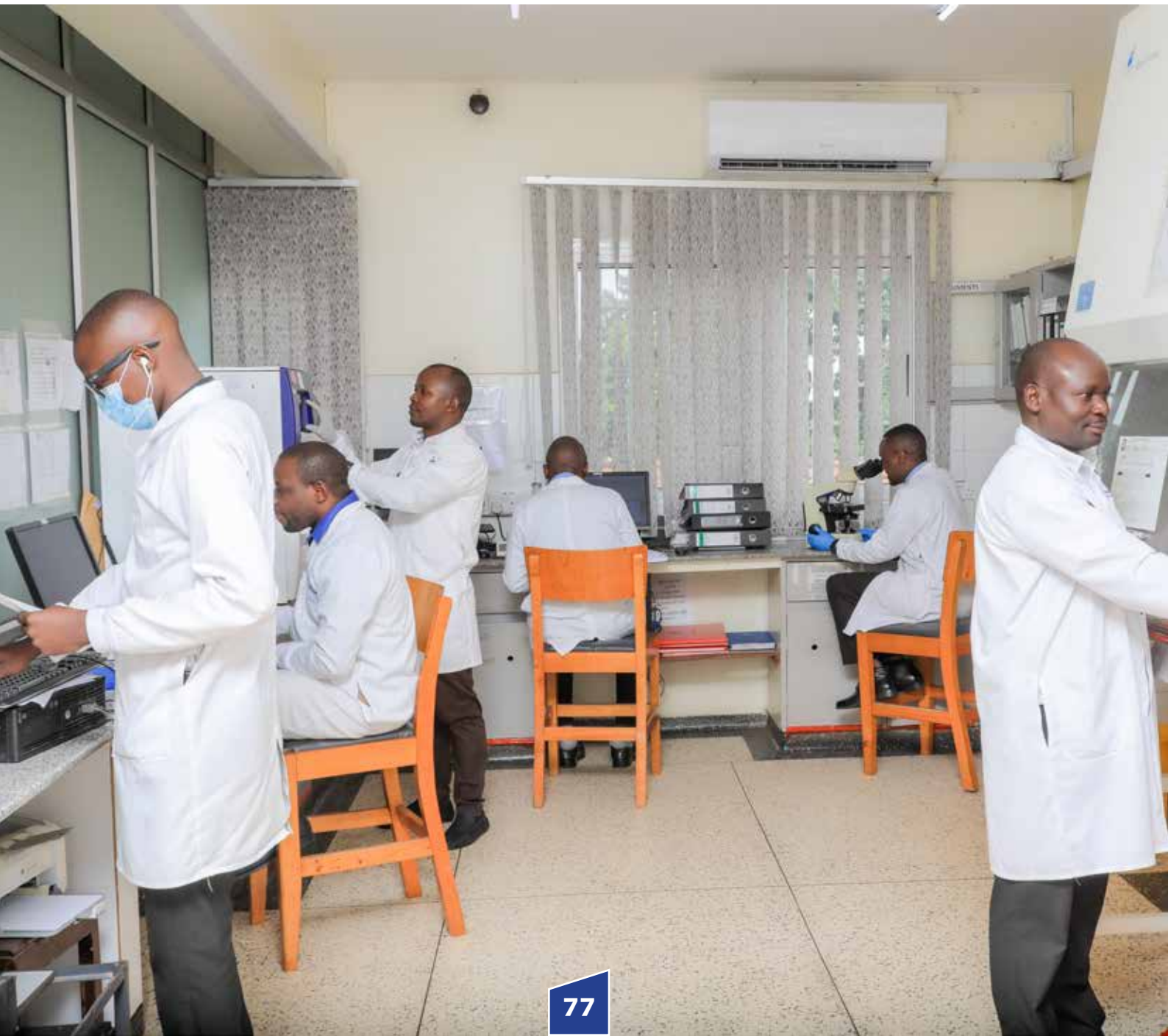
2. Capacity limitations: Some specialized equipment, such as for histology, are cost-prohibitive.

3. Inter-laboratory comparison (ILC): Required by ISO 15189:2022 for quality assurance through sample exchanges with other labs.

4. Government policies: Certain tests, like Early Infant Diagnosis and HIV Viral Load, are mandated to be conducted by Uganda National Health Laboratory Services.

Laboratory Quality Management System (LQMS)

The Quality Assurance Officer oversees the LQMS, which is guided by laboratory manuals including the Quality Manual, Biosafety Manual, Laboratory Handbook, and SOPs, all aligned with ISO 15189:2022.



Risk Management

Risk is assessed based on the severity and likelihood of potential errors, as well as detection capability. The laboratory uses a 5x5 risk matrix, where risks scoring ≥15 are prioritized for preventive action. Risks scoring below 15 may also be addressed if resources allow.

In 2024/25, twenty-one (21) risks were identified, 5 were from internal audit and 4 form routine processes and 12 from external assessments.

HEPA filters for the bio-safety cabinet (BSC) were procured and the laboratory wiring was upgraded.

Accreditation

In the financial year 2024/25, Lubaga Hospital Laboratory was assessed by SANAS and it successfully maintained ISO 15189:2022 accreditation (accreditation number M0769) with the scope of Microbiology, Parasitology, Immunology, Hematology and Chemistry. These accomplishments reflect the dedication of hospital management and laboratory staff.

Key Achievements (FY 2024/25)

• Sustained ISO 15189:2022 accreditation during SANAS reassessment.

• Establishment of a fully functional Specialist Center Laboratory.

• Acquisition of a new Laboratory Information Management System (LIMS).

• Electrical and infrastructure upgrades in the main laboratory.

• Promotion of two Section Heads and staff qualification upgrades.

• Revenue growth from UGX 3.0 billion to 4.0 billion, targeting UGX 5.0 billion next year.

Challenges

• Histopathology section remains non-operational.
• Specialist Center Laboratory not yet compliant with ISO standards.
• High cost of specialized test equipment and reagents.
• Increased test referrals due to limited on-site testing capacity.

Recommendations

• Establish a fully functional Histopathology Section.
• Align the Specialist Center Laboratory to meet ISO standards.
• Continue investment in advanced diagnostic equipment.
• Strengthen staff capacity building and professional development.

Acknowledgement

The department appreciates the unwavering support of:
• Lubaga Hospital Management and Board.
• Laboratory staff and clinicians.
• Ministry of Health (CPHL, NTRL, UVRI).
• Partner laboratories (Lancet and Metropolis).
• Accrediting bodies – SANAS and COHSASA.

5.1.7



RADIOLOGY & IMAGING

(ULTRASOUND, CT – WITH UTILIZATION TRENDS).

Dr. Milka G. Habte
Head of Radiology Department

Introduction

The Radiology Department at Lubaga Hospital plays a vital role in disease diagnosis, treatment planning, and patient management. Operating 24 hours a day, 7 days a week, the department serves emergency cases, inpatients (IPD), outpatients (OPD), and referred patients. It remains a central pillar in supporting clinical decision-making across the hospital.

Organization of the Department

The department is staffed by qualified and licensed professionals, structured as follows:
- Radiologists: 3
- Radiographers: 8
- Sonographers: 2
- Radiology Attendant: 1

Organizational Structure:
- Head of Department
  - o In-charge, Ultrasonography (supported by sonographers and radiographers)
  - o In-charge, Radiography (CT, X-ray, Fluoroscopy) (supported by radiographers and attendant)
  - o Radiologists providing diagnostic and interpretive services

Service Range Description

The department is equipped with the following imaging technologies:
- 1 CT Scanner
- 1 Conventional X-ray Machine
- 1 C-arm Fluoroscope
- 5 Ultrasound Machines

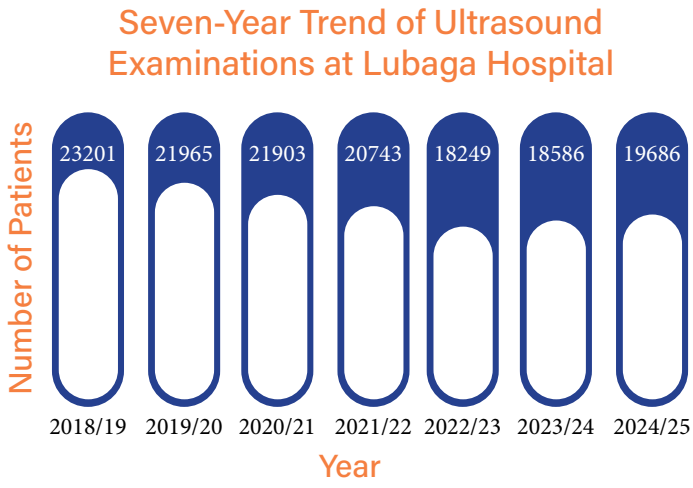
Services Provided:
- Conventional Radiography
- Ultrasonography
- Echocardiography
- Computed Tomography (CT)
- Interventional Radiology Procedures

Service Locations:
- Ultrasound: Diagnostic & Dental Unit (DDU) and Specialist Centre
- X-ray & CT: Main Radiology Department
- C-arm Fluoroscopy: Main Theatre

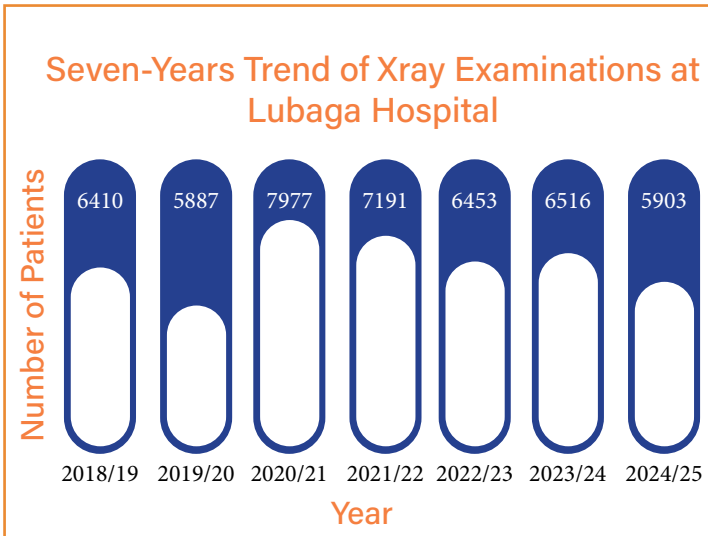


AnnualOutputand7-YearTrends

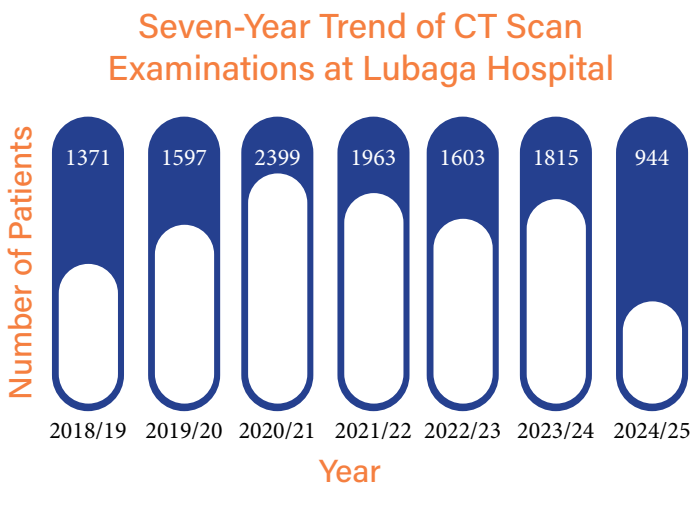
Graph 1: Ultrasound Attendance Trend (2018–2025)
Graph 2: X-ray Attendance Trend (2018–2025)



Ultrasound:
- A consistent decline was observed between 2018– 2024.
- FY 2024/25 recorded a 6% increase compared to 2023/24, likely due to higher patient turnout at the Specialist Centre.



X-ray:
- Overall steady decline from 2018– 2025, with a peak in 2020/21 driven by chest X-ray demand during the COVID-19 pandemic.
- InFY 2024/25, a 9.4% decr



CT Scan:
- Numbers steadily increased from 2018, peaking in 2021 due to high demand for HRCT scans during COVID-19.
- Fluctuations followed, with a sharp 48% decline in FY 2024/25 caused by malfunction of the CT UPS between October 2024 and February 2025.

Departmental Milestones (FY2024/25)

Establishment of a centralized ultrasound suite, which streamlined workflow, improved organization, and enhanced service efficiency and quality.

Strategies and Plans

In line with hospital-wide goals, the Radiology Department will:

1. Maintain and provide high-quality radiological investigations.

2. Acquire a 128/256-slice CT scanner to expand CT services.

3. Upgrade departmental infrastructure with modern imaging equipment and advanced expertise.

4. Increase referral cases from other healthcare facilities to strengthen Lubaga's role as a specialized referral centre.

Challenges

The department faced several operational and infrastructure challenges during FY 2024/25:
• Absence of a Picture Archiving and Communication System (PACS).

• Dependence on old equipment requiring urgent replacement.

• Lack of portable ultrasound and X-ray machines for use in theatres and ICUs.

• Absence of a fluoroscopy machine, limiting specialized and interventional radiology procedures.

• Lack of an in-house interventional radiologist, resulting in dependence on e xternal specialists.

Recommendations

To strengthen radiology services at Lubaga Hospital, the following are recommended:

1. Acquisition of modern imaging equipment to meet growing demand and improve standards of care.

2. Introduction of a PACS system for long-term image storage, retrieval, and remote reporting.
3. Provision of portable ultrasound and X-ray machines to improve diagnostics for critically ill patients.

4. Recruitment or retention of an in-house interventional radiologist to expand service scope, including emergency and elective procedures.



5.1.8



PHARMACY

By the Pharmacy Department
Lubaga Hospital

Introduction

The Pharmacy Department is an integral component of Lubaga Hospital's healthcare delivery system, ensuring the continuous availability of quality medicines and medical supplies for both inpatients and outpatients.

The department comprises ten (10) functional units:
1. Main Pharmacy Store
2. Sundries Store
3. Inpatient Pharmacy
4. Outpatient Pharmacy
5. Specialist Centre Pharmacy
6. Maternity Pharmacy
7. ART/Antenatal Pharmacy
8. Maternity Theatre Pharmacy
9. Mixing Room
10. Kibiri Pharmacy

The department's 46-member team includes:
- 2 Pharmacists
- 19 Pharmacy Technicians
- 13 Dispensing Nurses
- 5 Stores Assistants
- 4 Stock Controllers
- 3 Support Staff

In addition, seven intern pharmacists were allocated by the Ministry of Health during the year. The pharmacy team operates in two main functional streams:

- Logistics Management: overseeing procurement, storage, and distribution of medicines and medical supplies.

- Clinical and Dispensing Functions: including prescription review, validation, and dispensing, as well as advisory support to prescribers to guide therapeutic decision- making.

A monthly Continuing Professional Development (CPD) program is held to keep staff up to date with current trends in pharmacotherapy and pharmaceutical care.

The department supplies medicines and medical consumables to:
- Inpatients and outpatients,
- Outreach programs,
- Departments such as Radiology, Laboratory, Dental, Eye, Physiotherapy, and
- The Kibiri Satellite Clinic.

Additionally, the Mixing Room is responsible for dilution and preparation of disinfectants used across the hospital.

Procurement and Supply Chain Management

The hospital sources its medicines and medical supplies from prequalified suppliers, with the Joint Medical Store (JMS) being the primary supplier—accounting for 39% of total supplies in FY 2024/25, up from 35.7% in FY 2023/24.

This increase was due to JMS expanding its range of essential medicines. The department emphasizes the importance of JMS maintaining reliable stock levels for all essential items and introducing new competitively priced products to further improve availability.

A total of UGX 9,865,180,266 was generated from the sale of medicines and medical supplies, representing 32% of the hospital's total income (UGX 30,526,127,590).

The Medicines and Therapeutics Committee (MTC) continues to oversee quality assurance in the procurement, storage, distribution, and use of medicines and supplies. The MTC also reviews the hospital formulary and guides rational medicine use through its subcommittees:
- Pharmacovigilance Subcommittee
- Antimicrobial Stewardship Subcommittee
- Supply Chain Subcommittee



Achievements

• The Pharmacy Unit contributed to significant cost savings through proactive procurement planning and supplier engagement.

• Improved staff mix: the ratio of Pharmacy Technicians to Nurse Dispensers improved from 15:16 to 19:13, reflecting enhanced t echnical capacity.

• Dispensing turnaround time at the Outpatient Pharmacy was maintained at 12 minutes, ensuring efficient patient service.

• Quality improvement initiatives continued, including:
o Prescription audits.
o Reviews of antimicrobial use to promote best practices.

Expired Medicines and Medical Supplies

2022/2023

Total Cost of Medicines & Supplies(UGX)	Cost of Expired Items (UGX)	%Expired
5,547,657,408	12,886,363	0.2%

2022/2023

Total Cost of Medicines & Supplies(UGX)	Cost of Expired Items (UGX)	%Expired
6,028,505,774	12,018,118	0.2%

2022/2023

Total Cost of Medicines & Supplies(UGX)	Cost of Expired Items (UGX)	%Expired
5,547,657,408	12,886,363	0.2%

The cost of expired items increased slightly in FY 2024/25 due to consumables worth UGX 6,073,920 for the VAC machine expiring in May 2025. The delay occurred when the machine was taken for servicing by the supplier that had placed it.

Challenges

1. System Inefficiencies:
o The new Hospital Management Information System (HMIS) for inventory management is still under customization, resulting in inaccurate data. o Staff must use both manual and digital systems, increasing workload.

2. Supplier Constraints:
o JMS frequently experiences stock-outs and high prices.
o Some key medicines are unavailable, forcing procurement from other suppliers.

3. Prescribing Variations:
o Sudden shifts in prescribing patterns make accurate forecasting difficult, leading to overstocking or stock-outs.

4. Delayed Access to Non-Formulary Medicines:
o Inpatients sometimes face delays in obtaining special or non-formulary drugs.

5. Human Resource Limitations:
o Temporary staff shortages occurred in the second half of the year when intern pharmacists rotated to other internship centres.

Strategies and Plans (FY 2025/26)

1. Strengthen collaboration with the IT Unit to achieve a fully functional HMIS for real-time inventory monitoring.

2. Continue implementing Quality Improvement (QI) initiatives—prescription audits and antimicrobial reviews—to ensure compliance with best practices.

3. Improve staff mix further by increasing the number of Pharmacy Technicians to 22, reducing reliance on dispensing nurses.

4. Designate a clinical pharmacist to collaborate directly with clinicians in patient management.
5. Reduce drug expiries by enhancing expiry tracking and stock rotation, and communicating proactively with prescribers.

6. Sustain COHSASA accreditation by adhering to quality and safety standards.

Recommendations

1. Fully operationalize the HMIS system to reduce manual workload and ensure data accuracy.

2. Establish a system for timely access to non-formulary medicines for inpatients.

3. Continue professional development and mentorship to sustain high-quality pharmacy practice.

4. Advocate for stable supplier pricing and improved availability of essential items at JMS.

Conclusion

The Pharmacy Department made notable progress during FY 2024/25, contributing significantly to patient care and hospital revenue. While challenges remain—particularly in system integration, supply chain stability, and staffing—the department remains committed to continuous improvement, innovation, and excellence in pharmaceutical service delivery.

5.1.9



NURSING & MIDWIFERY

Dr. M. Regina Nakachwa
Principal Nursing Officer
Uganda Martyrs Hospital Lubaga



Introduction

The 2024/2025 financial year has been a period of remarkable progress and transformation within the Nursing Department. Guided by Lubaga Hospital's mission of "Healing, Promoting Life and Serving with Love," the department has focused on maintaining the highest standards of nursing practice, strengthening the workforce, improving patient outcomes, and aligning nursing operations with the hospital's broader strategic priorities.

This report highlights the department's organizational structure, staffing profile, service coverage, key achievements, milestones, challenges, and strategic plans aimed at sustaining excellence in patient-centered care.

Organization of the Department

The Nursing Department is headed by the Principal Nursing Officer (PNO), supported by a Deputy PNO and a team of Nurse Service Supervisors (NSS). The introduction of the NSS role, which replaced the former Area Manager positions, has enhanced operational oversight, improved service coordination, and strengthened accountability at all levels of care.

Roles of Nurse Service Supervisors (NSS):
- Bill and data verification
- Facility supervision and support supervision
- Departmental coordination and reporting
- Mentorship and quality improvement monitoring

This role redefinition has significantly improved patient satisfaction, particularly by reducing billing errors and improving the accuracy of patient records.

In-Charges:
The In-Charges, formerly reporting to Area Managers, now undertake broader leadership and administrative duties, including:
- Weekend hospital supervision
- Bill validation and reconciliation
- Preparation of unit work plans and quarterly reports
- Oversight of ward-level performance and quality care

Night Supervision:
The night supervision structure was reformed, transitioning from four designated supervisors to two NSS staff alternating weekly. This change has ensured continuity, accountability, and efficiency in night operations across wards.

Service Range and Scope

The Nursing Department provides oversight for:
- All nursing and midwifery staff
- Theatre assistants and attendants
- Ward attendants and mortuary attendants

The department ensures adequate staffing coverage across all hospital units and upholds the hospital's mission, vision, and values. Its responsibilities include budgeting, planning, and implementing nursing services across both inpatient and outpatient areas.

The department promotes continuous professional development through:

- Internal trainings and Continuing Medical Education (CMEs)

- Joint trainings with HR, NGOs, and local government bodies

- Mentorship programs in collaboration with Lubaga Hospital Training Schools

- Supervision and discipline of student nurses during ward placements

Nursing Staff Overview

CADRE	START OF YEAR	EXISTS	RECRUITMENT/ PROMOTION	CURRENT TOTAL
BSN	3	0	0	3
BSM	2	1	1 Promoted	2
RN/M	3	2	0	1
Diploma in Nursing	44	3	11 Promoted	52
Diploma in Midwifery	32	0	8 Promoted	40
Enrolled Nurses	88	3	21 (5 Promoted, 16 Recruited)	96
Enrolled Midwives	46	0	25 (7 Promoted, 18 Recruited)	57
Enrolled Comprehensive Nurses	6	1	1 Promoted	4
Theatre Assistants	9	0	3 Recruited	12
Theatre Attendants	3	0	0	3
Ward Attendants	2	2	5 Recruited	5
Total	**233**			**275**

Specialty Areas:
- Critical Care Nurses – 10
- Pediatric Nurse – 1
- Ophthalmology Nurses – 2
- Laparoscopy Nurses – 4
- Psychiatry Nurses – 4
- Dialysis Nurse – 1

The total number of nursing staff increased from 233 to 275, mainly to support the new Specialist Centre and Lubaga Hospital Kibiri Clinic.





Annual Output and Achievements

• 98% of nursing staff underwent competency assessments, with results showing a high level of professional competence.

• 87% of departmental work plan activities were successfully executed, including CMEs, supervision, report submissions, and mentorship sessions.

• Seven (7) midwives and five (5) nurses upgraded to diploma level.

• Four (4) midwives completed bachelor's degrees in midwifery — two retained and two transitioned to other institutions.

• Fifteen (15) nurse interns completed internships with excellent performance.

• Marquette Method Natural Family Planning Project: Three midwives participated; 34 mothers registered between May and June 2025. The project donated an ultrasound machine and iPad.

• Postnatal Clinic continued to perform above target.

• UHPAB Engagement: 23 nurses participated in facilitating semester examinations and were oriented under the Board.

Departmental Milestones

• Introduction of Nurse Service Supervisors (NSS) replacing Area Managers.

• Implementation of a 48-hour work week supporting staff well-being and efficiency.

• Full staffing coverage achieved across all wards and clinics.

• Successful transition to the Hospidia IT System, improving data management and workflow.

• Consistent quarterly excellence and audit assessments enhancing performance and compliance.

• Bedside shift handovers institutionalized, ensuring patient safety and continuity of care.

• Patient satisfaction improved to 80%, attributed to stronger communication and compassionate nursing.

• Representation at the International Nurses' Day 2025 in Kumi District, where Staff Grace Nagawa presented on Endometriosis.

• Medal awards received by:
o Sr. M. Regina Nakachwa – Principal Nursing Officer
o Sr. Lilian Nakayiza – Deputy Principal Nursing Officer
o Sr. Jane Francis Namuddu – Principal, St. Michael Training Schools Lubaga

• Renovation of the Hospital Daycare Centre, creating a more child-friendly space for staff families.

Strategic Priorities for FY 2025/2026

1. Conduct leadership refresher training for In-Charges and Deputies.

2. Train staff on chronic disease management integration.

3. Digitize annual leave and appraisal forms for efficiency.

4. Develop a succession plan pairing senior and junior staff for mentorship.

5. Continue rotation of HDU nurses to ICU to build critical care capacity.
6. Strengthen mentorship programs and performance-based supervision.

7. Train all nursing staff in the nursing process for standardized care.

8. Expand mental health and wellness programs for nurses.

9. Strengthen supervision of the Kibiri site to maintain quality and accountability.







Challenges and Recommendations

Challenge	Recommendation / Way Forward
Some new staff not yet familiar with COHSASA standards	Conduct ward-based CMEs and mentorship by the Quality Team
Gaps in neonatal resuscitation	Organize neonatal resuscitation training and establish a dedicated response team
Extended probation for four staff members	Provide feedback, mentorship, and reassess after three months
Leadership gaps among some In- Charges	Conduct structured leadership and management training
Inadequate clinical audits in some wards	Require quarterly audits with report submissions to the Nursing Office
Staff shortages in certain units	Recruit additional staff to ensure adequate coverage

Recommendations

• Promote the two Nurse Service Supervisors who completed their Bachelor's degrees in recognition of merit and performance.

• Recruit additional nursing staff to address workload gaps.

• Strengthen mental health and wellness initiatives for all nurses.

• Continue investing in training, mentorship, and digital transformation to enhance nursing excellence.

Acknowledgement

The Nursing Department extends sincere appreciation to Hospital Management, the Board, and all partner departments for their continued support and collaboration. Special thanks go to all nursing and midwifery staff for their professionalism, compassion, and dedication to patient- centered care. Your collective effort has been instrumental in upholding Lubaga Hospital's tradition of excellence in service and faith-driven healthcare.



5.1.10



COMMUNITY HEALTH/OUTREACH

Sr. Nanyondo Justine
Focal Person Community Health

Introduction

Lubaga Hospital continued to extend its mission of compassionate and inclusive healthcare beyond the hospital walls through robust community outreach programs. These efforts focused on health promotion, disease prevention, maternal and child health, and palliative care in the surrounding communities of Kabowa, Kitebi, Ndeeba, Busega, Mutundwe, Nateete, Lungujja, Najjanankumbi II, Nalukolongo and Wakaliga. Through the Community Health Department, the hospital remains deeply committed to serving the communities within and beyond its immediate catchment area; the hospital extended its holistic healthcare model — combining prevention, curative, and rehabilitative care — to the parishes, schools, and families of Lubaga Division.

The 2024/25 financial year was marked by strengthened outreach partnerships, expanded preventive health education, and an increase in the range of services delivered to underserved populations. These efforts align with Lubaga Hospital's broader mission and vision.

Overview of Community Outreach Activities

Throughout the FY 2024/2025, community health activities were conducted monthly, except for July and November 2024, during which routine field visits were limited due to resource and logistical constraints. A total of 14 major outreach activities were conducted in parishes and schools within the hospital's catchment area, offering integrated health services to both adults and children.

During the FY 2024/25, community-based programs continued to focus on disease prevention, maternal and child health, HIV/TB care, nutrition, palliative care, and mental health. An average of 14 major community outreaches were conducted during monthly throughout the year, reaching out to over 6,000 individuals through direct service delivery and health education sessions.

Indicator	Total No. (FY 2024/25)
Community Health Talks (H.E Talks)	322
Outreaches Conducted	131
General Patients Seen	1,527
Dewormed Children	2,433
Children Given Vitamin A	908
Malnourished Children Identified	62
Babies Vaccinated	3,890
Suspected TB Cases Referred	38
HIV Tests Conducted	1,183
HIV Positive Clients Identified	19
Palliative Care Home Visits	68
Mental Health Education Sessions	27



Key Programmatic Areas

a) Maternal and Child Health (MCH)
Maternal and child health interventions remained a cornerstone of Lubaga Hospital's community engagement. A total of 3,890 infants received immunization services, while 192 expectant mothers were given referrals for tetanus toxoid vaccines. Vitamin A supplementation and deworming reached over 3,000 children, significantly contributing to improved child health outcomes within the hospital's catchment.

Health education sessions emphasized antenatal care, skilled delivery, nutrition, and family planning, conducted through community outreach posts at parishes.

b) Nutrition and Malnutrition Screening
Community-level nutrition screening was intensified during the year, identifying 62 malnourished children who were referred for follow-up at the hospital's nutrition clinic. Practical cooking demonstrations and household dietary counseling were conducted, particularly among mothers and caregivers, reinforcing the hospital's strategy of promoting early child development and nutrition resilience.



c) HIV Testing and TB Referrals
A total of 1,183 individuals were tested for HIV during the reporting period, of which 19 tested positive and were referred for ART initiation. Under the CDDP (Differentiated Service Delivery Model), 472 clients received HIV care services reaching out to 200 male and 272 female clients. Additionally, 38 suspected TB cases were screened and referred for diagnosis and treatment. These services were complemented by ongoing community sensitization on stigma reduction and treatment adherence.

d) Palliative Care and Home Visits
The Palliative Care team conducted 68 home visits, offering pain management, psychosocial counseling, and nutritional support to patients with chronic and life-limiting conditions. The team also supported families with bereavement counseling and linkage to community support networks.

e) Mental Health and Psychosocial Support
Mental health education was integrated into community outreach programs. A total of 27 awareness sessions were conducted in schools and parishes, addressing stress management, substance abuse, and emotional well-being.

Demographic and Disease Distribution

Community outreach data indicated a balanced gender distribution across age categories, with children under five years constituting the majority of outreach attendees.

The table below summarizes service access by age and sex:

Age Category	Male	Female	Total
0–28 days	3	9	12
29 days–4 years	334	430	764
5–59 years	640	968	1608
60 years and above	39	70	109
Total	1016	1477	2493

The high participation among women reflects effective community mobilization for maternal and child health programs.

Challenges

• **Limited Resources:** Financial and logistical constraints affected the frequency of outreaches, particularly in hard-to-reach parishes.

• **Supply Shortages:** Periodic stock-outs of essential items such as HIV test kits, RUTF, and Vitamin A delayed service delivery.

• **Transport Limitations:** The outreach vehicle fleet remains inadequate to support simultaneous activities in multiple zones.

• **Data Management:** Manual reporting and limited digital tools hindered real-time tracking of community indicators.





Lessons Learned

• **Partnerships are Key:** Collaboration with parish-based structures and local councils improved community mobilization and attendance.

• **Integrated Service Delivery Works:** Combining MCH, nutrition, HIV/TB, and eye care in one outreach increased coverage and efficiency.

• **Capacity Building is Essential:** Regular training for outreach teams on data capture, infection control, and community engagement strengthened service quality.





Community Engagement and Faith Partnerships

Lubaga Hospital's outreach success is grounded in its strong relationship with the Catholic Archdiocese of Kampala, local parishes, and faith-based institutions.

These partnerships enable effective mobilization, strengthen trust among community members, and reinforce the hospital's identity as a center of faith-inspired healing and compassion.



Conclusion

The FY 2024/25 community health activities reaffirm Lubaga Hospital's enduring commitment to preventive and promotive health services. Through strengthened collaboration with community structures, local authorities, and faith-based partners, the hospital continues to deliver impactful outreach programs that contribute to improved public health outcomes within its catchment area. In the coming financial year, the hospital plans to expand outreach coverage, adopt digital health tracking tools, and deepen integration of nutrition, maternal, and NCD services at community level.



5

DEPARTMENTAL REPORTS

5.2. Special Units



5.2.1





HIV/AIDS & TB

Birungi Mary rebecca
Head Public Health Department
Uganda Martyrs Hospital Lubaga Hospital

Theme: Advancing Universal Health Coverage through Integrated Clinical and Community healthcare service Excellence.

Executive Summary

The Public Health Department (PHD) has concluded a high-impact year characterized by clinical growth, sustaining COHSASA accreditation standards, and record-breaking community engagement.

It is with notable success that include achieving >95% Viral Load Suppression and performing at 209% of the immunization target.
However, the department faces critical systemic risks due to medical supply stock-outs (TPT, HIVST, and HIV Kits) and infrastructure bottlenecks that threaten the sustainability of these gains.



CLINICAL UNIT PERFORMANCE REVIEWS

A. HIV/AIDS & TB Integration (95-95-95 Goals)
Lubaga Hospital remains a center of excellence for HIV care, though prevention services require a strategic shift.

Treatment Retention: 98% (5,230 clients) maintained on ART.

Clinical Success: 106% achievement in Viral Load Suppression (4,793 clients suppressed).

TB Notification: Strong case-finding with 32 notifications in August alone, including successful MDR-TB linkage to Mulago.

Critical Gap: TB Preventive Therapy (TPT) is at a standstill due to a 64% stock-out gap, leaving 95 eligible contacts unprotected.

B. Maternal & Child Health (ANC & YCC)
Antenatal Care: Managed 17,701 visits, with 100% routine screening for high-risk conditions. However, only 11% of mothers completed the recommended 8 visits.

Immunization (YCC): Exceptional performance, reaching 4,048 clients in July against a target of 1,932 (209% achievement).

Innovation: Successful implementation of the "No Child Left Behind" policy, tracking 100% of facility-born babies.

C. Community Outreach & Prevention
Reach: Active daily outreaches in Busega, Mutundwe, Kitebi, Najja I &II, Kabowa, Nateete, Nalukolongo, Lugujja and Ndeeba.

GBV Services: Physical/Emotional GBV support reached 117% of the target.

Advocacy: High-level visibility through NTV media appearances and community dialogues, resulting in 18 new TB diagnoses from the community.

KEY SERVICE DELIVERY DATA (ANNUAL SNAPSHOT)

Program Area	Annual Target	Actual Result	Status
HTS (HIV Testing)	9,116	9,717	106%
Immunization (Monthly)	1,932	4,048	209%
PrEP (New)	178	303	170%
Cervical Cancer (CXCA)	1,538	730	47%
TB-ART Integration	136	60	44%
Sexual Violence Support	200	14	7%

KEY ACHIEVEMENTS & STRATEGIC MILESTONES

Quality Standards: Achieved COHSASA Accreditation, validating our commitment to international safety and quality protocols. Digital Transformation: Deployment of computers in all examination rooms has streamlined data entry and patient history tracking.

Human Resource for Health: Successfully onboarded a Nutritionist, directly addressing the high demand for specialized dietary management in pregnancy and chronic illness.

Clinical Success: 100% routine screening for high-risk conditions (HEB B, HIV, Syphilis, Anemia), maintaining an anemia prevalence of <2% through proactive supplementation. Vaccine Store Hub: Lubaga Hospital effectively serves as a Mini-Vaccine Store for Lubaga South Constituency as per Ministry of Health catchment area, hence supporting multiple smaller facilities.





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CRITICAL CHALLENGES & SYSTEMIC RISKS

A. Infrastructure vs. Patient Volume
Issue: The physical space is outdated and insufficient for a volume of 17,000+ clients.

Impact: Overcrowded waiting areas lead to increased waiting times and "rushed" consultations, which lower patient satisfaction scores despite high clinical quality.

Issue: TB Safety Cabin is currently non-functional, Impact: slowing down sample processing.

B. The "Last Mile" of Delivery
Issue: While ANC attendance is high, in-facility deliveries do not match these numbers.

Impact: Mothers are receiving care at Lubaga Hospital but opt to delivering elsewhere, potentially due to cost or perceived barriers, missing the continuum of care.

C. Communication & Follow-up
Issue: Lack of an automated appointment reminder system.

Impact: Inconsistent follow-up leads to undetected late-term complications and missed 4th/8th visits.

D. Supply Chain Failures:
Issue: Recurrent stock-outs of HIV Self-Test kits, HIV screening test kits, and TB Preventive Therapy (TPT) drugs

Impact: causing missed clinical opportunities.

STRATEGIC RECOMMENDATIONS & WAY FORWARD

Financial Priority: Immediately regularize VHT payments to restore community mobilization capacity and discipline.

Supply Chain Advocacy: To formally escalate the TPT and HIV Kit stock-outs to the Ministry of Health and KCCA.

Infrastructure Investment: * Prioritize the repair of the TB Laboratory Safety Cabin.

Digital Engagement: Implement an SMS/Call Appointment System to increase ANC 8th- visit completion and TB contact follow-up.

Programmatic Integration: Strengthen the "One-Stop-Shop" for TB/HIV to improve the current 44% integration rate to at least 90%.

STRATEGIC RECOMMENDATIONS & ACTION PLAN

Objective	Objective	2024/25
Reduce Waiting Time	Conduct a "Patient Flow Audit" and implement staggered appointment times.	Head PHD / In- Charges
Improve Retention	Launch an SMS Reminder System for ANC visits and 1st-trimester booking.	IT / BDM
Infrastructure Upgrade	Renovate the Public health structure to expand consultation rooms to match patient load.	Executive Director / Finance
Boost Facility Delivery	Conduct a survey to identify why ANC clients deliver elsewhere; adjust maternity packages.	Quality Assurance

CONCLUSION

The Public Health department has demonstrated exceptional volume management and clinical precision. By transitioning from manual follow-up to digital patient engagement and addressing the infrastructure bottlenecks, Lubaga Hospital can convert its high ANC attendance into high-quality facility deliveries and better maternal outcomes.

5.2.2



INTENSIVE CARE UNIT (ICU)

Prepared by:Alusa Stieve Kafuna, ICU In-Charge
Approved by: Dr. Kakaire Denis
Head of Department – Anaesthesia and Critical Care

Introduction

The Intensive Care Unit (ICU) of Uganda Martyrs Hospital Lubaga continues to provide high- quality critical care to patients with life-threatening medical conditions requiring advanced monitoring and intervention. The unit plays a vital role in supporting complex surgical recoveries, managing severe medical emergencies, and ensuring continuity of care for both adult and pediatric patients.

During the financial year July 2024 – June 2025, the ICU maintained steady progress in service delivery, staff capacity building, and equipment acquisition, despite persistent challenges in infrastructure and resource limitations. The team remained committed to the hospital's mission of providing compassionate and excellent care guided by Catholic values.

Purpose and Function of the ICU

The ICU serves as a specialized unit offering:
• Advanced Monitoring and Life Support for critically ill patients.

• Post-operative Care following major surgical procedures.

• Cardiac, Renal, and Ventilatory Support using modern technologies.

• Infectious Disease Management for patients with sepsis and other severe infections.

• End-of-life and Palliative Care focusing on comfort and dignity.

• Family-centered Care, where families participate in care planning through conferences and counselling sessions.

Staffing and Capacity

The unit is staffed by:
• 2 Anaesthesiologists
• 3 Senior House Officers (SHOs)
• 14 ICU-trained Nurses (averaging three nurses per shift)
• 1 Unit In-Charge

The ICU operates 24 hours a day, ensuring continuous medical supervision and immediate response to emergencies.

Key Achievements (July 2024 – June 2025)

• Increased patient admissions compared to the previous year, reflecting growing trust in the unit's capacity.

• 24-hour medical coverage maintained by anaesthesiologists and SHOs.

• Introduction of High Flow Nasal Oxygen (HFNO) therapy with two new machines received in April 2025, reducing dependence on ventilators.

• Acquisition of four new infusion pumps, significantly improving drug administration accuracy and efficiency.

• Enhanced quality assurance practices, including regular audits and CMEs focusing on infection prevention and critical care management.

• Effective family engagement, promoting transparency and emotional support for patients and relatives.

• Continued integration of pediatric ICU care, managing critically ill children requiring specialized monitoring.

Performance Overview

Table 3: Mortality by Diagnosis (FY 2024/25)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Total Admissions	22	11	21	19	10	11	14	14	13	16	20	14	152
Medical Patients	09	05	08	06	04	06	06	05	03	05	04	05	**61**
Surgical Patients	12	05	11	11	04	03	07	06	09	09	15	05	**80**
Obs/Gyn Patients	01	01	01	02	02	00	00	02	00	02	01	01	**08**
Pediatrics' Patients	00	00	01	02	00	02	01	01	01	00	00	03	**09**
Male	07	08	12	08	05	06	07	07	11	08	13	08	**79**
Female	15	03	09	11	05	05	07	07	02	08	07	06	**73**
Discharges to Wards	11	05	13	08	06	06	05	06	01	06	12	04	**83**
Transfers Out	00	00	00	00	00	00	00	00	00	01	02	00	**00**
Referrals Out	00	01	01	02	01	00	01	02	01	07	05	08	**07**
Deaths	02	05	07	09	03	03	05	05	03	02	01	02	**52**
Still on ward	02	01	00	00	00	02	03	03	01	**16**	**20**	14	**10**

Between July 2024 and June 2025, the ICU admitted a total of 185 patients, distributed as follows:
- Medical patients: 66
- Surgical patients: 97
- Obstetrics/Gynecology: 13
- Pediatric patients: 11
- Male: 100 | Female: 85
- Discharges: 83 | Referrals: 29 | Deaths: 47

While mortality rates remain influenced by late referrals from other units, improved clinical collaboration has led to earlier intervention in several cases.

Table 3: Mortality by Diagnosis (FY 2024/25)

Activity	Planning	Performed	Achievements in %
Ward Meetings	12	12	100%
CME	12	16	133%
Infusion Pumps	10	02	17%
Cardiac Tables	07	00	00%
Trolleys	06	00	00%
Syringe Pumps	10	00	00%
Requested Ventilators	01	00	00%
ICU Beds	03	00	00%
Refrigerator	01	00	00%

The table shows the annual planner expectations and achievements from January – December 2024

Risk and Quality Management

The ICU actively identifies, documents, and mitigates clinical and environmental risks. Key risks observed during the year included:
• Power interruptions affecting critical care equipment.

• Equipment breakdowns, especially ventilators and syringe pumps, leading to delayed admissions.

• Infection control challenges, such as managing multi-drug resistant organisms (MDROs) and cross-contamination risks.

• Environmental and infrastructure concerns, including leaking ceilings, rodent infestation, and malfunctioning air conditioning systems.

Mitigation strategies implemented:
• Strengthening barrier nursing and infection control protocols.
• Timely equipment servicing and reporting.
• Enhanced risk reporting and feedback through the Quality Assurance Office.
• Improved staff awareness on emergency power backup procedures.

Departmental Challenges

• **Staff Shortage:** The nurse-to-patient ratio remains below standard, affecting workload balance and care quality.

• **Equipment Gaps:** Shortage of ventilators, syringe pumps, and cardiac monitors limits full unit utilization.

• **Delayed Laboratory and Equipment Maintenance:** Impedes timely care decisions.

• **Structural Defects:** Persistent leaks and non-functional air conditioning systems compromise infection control and patient comfort.

• **Rodent Infestation:** Remains unresolved despite previous extermination attempts.

• **Limited Student Support:** Lack of appropriate ICU scrubs for trainees compromises infection control standards.

Future Plans and Recommendations

Future Plans
• Establish a neonatal ICU bed to manage critically ill neonates.

• Strengthen collaboration with other departments for early critical care consults.
• Procure additional ventilators, syringe pumps, and cardiac trolleys.

• Continue staff capacity building in intensive care nursing and equipment management.

• Advocate for structural renovations to address leakages and environmental hazards.

Recommendations
• Prioritize recruitment of additional ICU-trained nurses.

• Allocate a dedicated maintenance budget for biomedical equipment.

• Conduct regular infection prevention audits and facility fumigation.

• Provide specialized scrubs and uniforms for ICU students.

• Implement preventive maintenance schedules for critical machinery.



Conclusion

The 2024/2025 financial year has been one of steady progress for the ICU, marked by improved service delivery, strengthened staff competence, and acquisition of new equipment. Despite ongoing challenges in staffing, infrastructure, and infection control, the ICU continues to uphold the hospital's commitment to providing holistic, high-quality, and patient-centered critical care. Continued investment in human resources, equipment, and infrastructure remains essential for achieving the unit's long-term vision of becoming a model center for intensive care in Uganda.

5.2.3



EYE CARE SERVICES

Dr. Denis Erima
Consultant Ophthalmologist
Head of Eye Department

Introduction

The Eye Clinic of Uganda Martyrs Hospital Lubaga continues to provide both specialized and super-specialized eye care services to the hospital's diverse clientele and surrounding communities. The unit operates daily from 8:00 a.m. to 5:00 p.m., and conducts periodic community outreach programs aimed at improving access to eye care among vulnerable populations.

During the financial year 2024/2025, the department made significant progress in strengthening service delivery, expanding specialist coverage, and improving operational efficiency. Despite a general decline in patient numbers compared to the previous year, there has been a substantial rise in the uptake of advanced ophthalmic procedures, particularly cataract and glaucoma surgeries.

VISION

"To become a leading unit in providing high-quality specialized and super-specialized eye healthcare in Uganda."

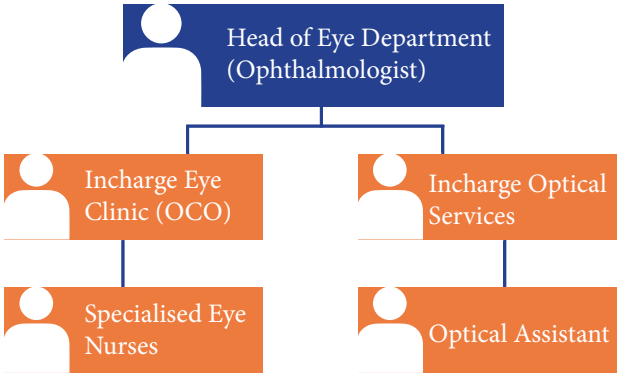
MISSION

"To provide cost-effective, high-quality eye health care utilizing current standards of practice."



Organizational Structure

The Eye Clinic operates under the Department of Specialist Services, headed by a Consultant Ophthalmologist who reports directly to the Medical Director.





The current staffing composition is as follows:

Designation	Number	Remarks
Ophthalmologists	2	One with sub-specialized training in glaucoma care
Ophthalmic Clinical Officer	1	Supports general clinic operations and surgeries
Optometrist	1	Responsible for refraction and optical services
Ophthalmic Nurses	2	Support clinical care and patient education
Administrative Assistant	1	Handles patient flow and data management

This strengthened team structure has contributed to improved service delivery and continuity of specialist coverage across the week, with surgeries conducted over weekends to meet the growing demand.

Range of Services Offered

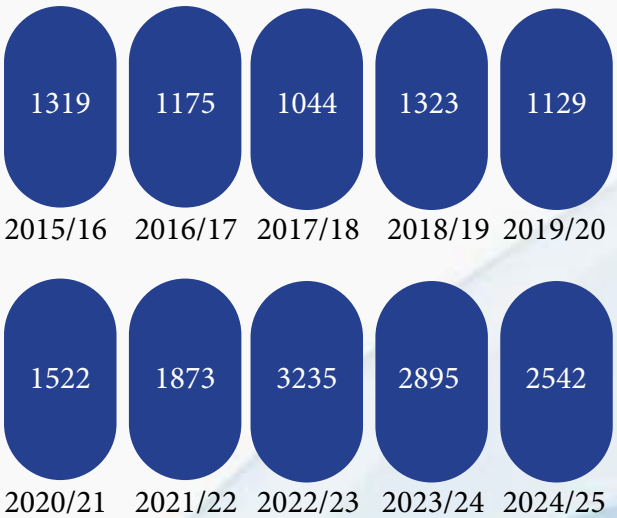
The Eye Clinic offers a comprehensive package of eye care services that include both outpatient and surgical interventions. The service portfolio has remained consistent over the past year and includes:

- **Screening for Retinopathy of Prematurity (ROP):** Conducted for all preterm babies born at Lubaga Hospital to prevent blindness.
- **Visual Field Analysis:** Essential in diagnosing and monitoring glaucoma patients.
- **Eye Surgeries:** A wide range including cataract extraction, glaucoma management, oculoplastics, and squint correction.
- **Refraction and Optical Services:** Improved uptake with growing demand for vision correction services.
- **Diabetic Retinopathy and Glaucoma Screening:** Ongoing preventive and diagnostic programs.
- **Community Eye Outreaches:** Conducted quarterly in collaboration with partner organizations.

Annual Outputs and 10-Year Performance Trend

The Eye Clinic recorded 2,542 total patient visits during FY 2024/25 compared to 2,895 visits in FY 2023/24, representing a modest decline attributed to temporary downtime of diagnostic equipment (OCT machine). However, the volume of surgical cases increased by 40%, highlighting improved efficiency and specialization.

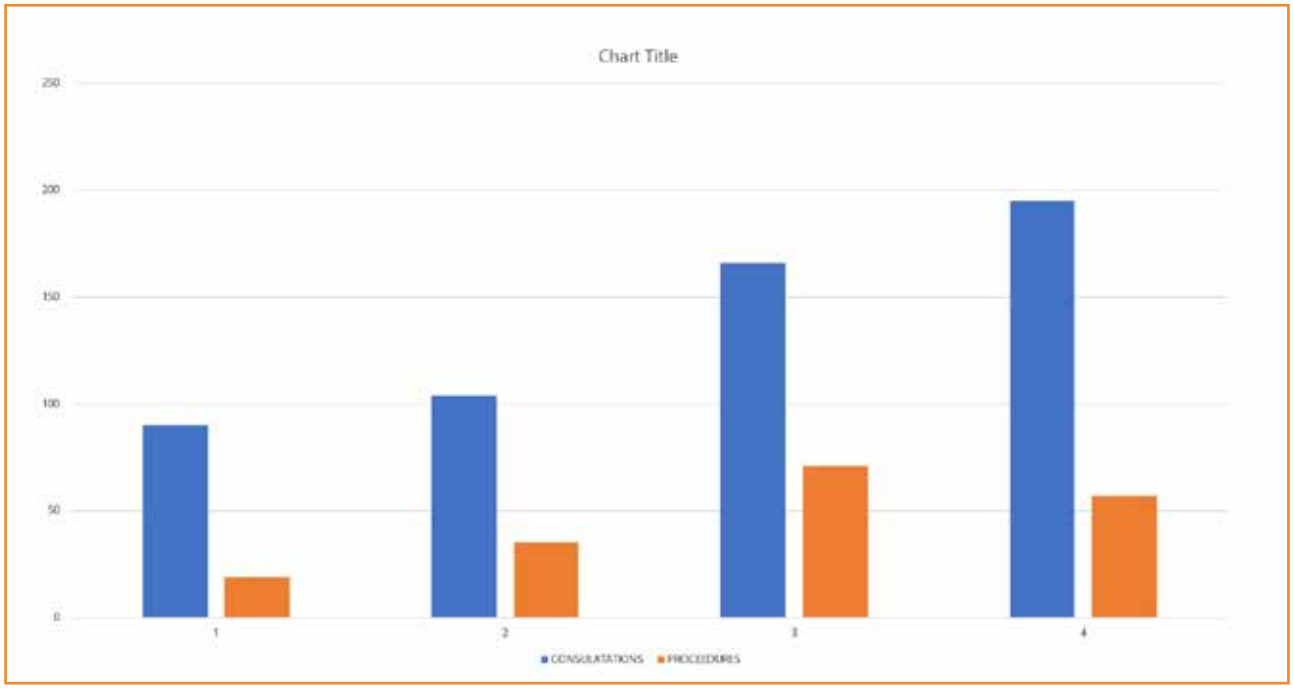
10-Year Eye Clinic Attendance Trend (2015–2025)



Key Observations:

• 70% overall growth over the last 5 years.
• 40% rise in surgeries during FY 2024/25.
• Sustained increase in uptake of specialized eye services, especially glaucoma and refraction services.

Table showing growth trend of Eye Surgeries and Specialist Consultations



Critical Analysis of Performance

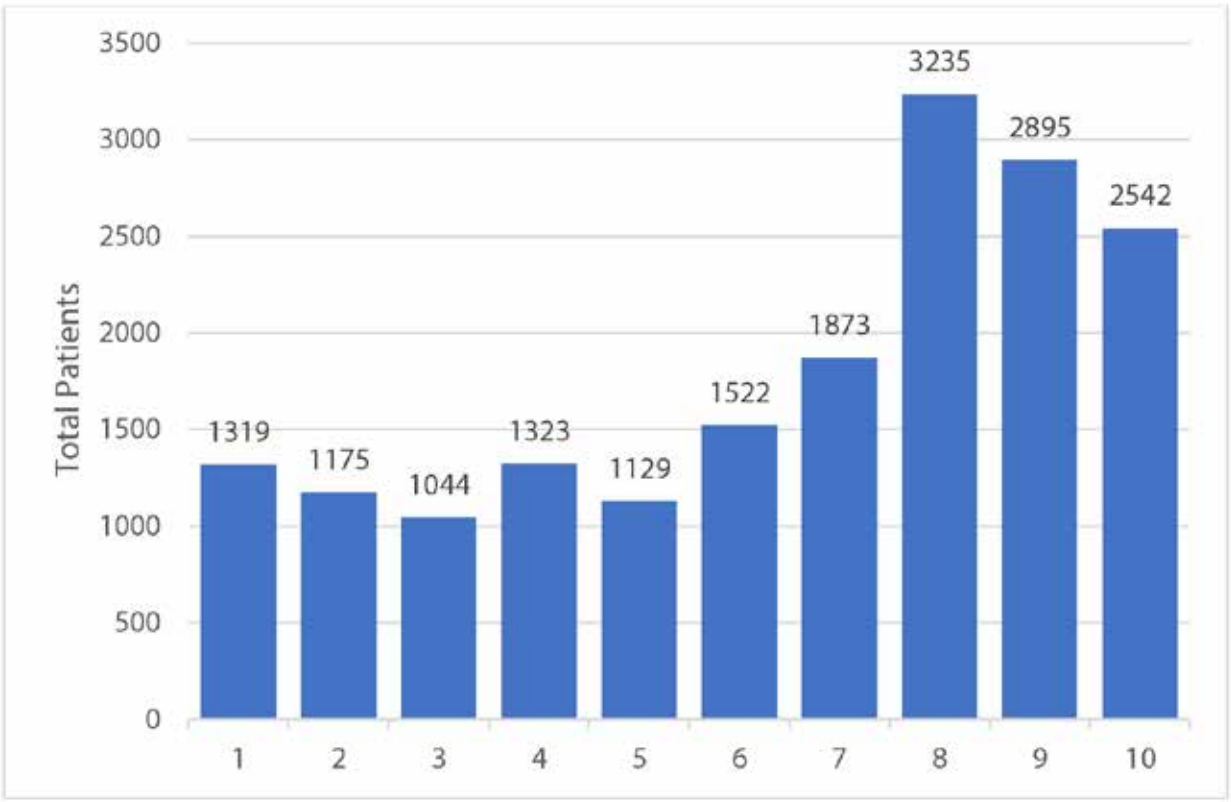
The department recorded a strong recovery trajectory following post-pandemic service normalization. Increased specialist coverage and consistency in service delivery have s ignificantly enhanced patient trust and retention. The addition of a second Ophthalmologist has strengthened surgical throughput and reduced patient waiting time.

Challenges such as equipment downtime and high procedural costs continue to limit accessibility, particularly among low-income patients. Nevertheless, with ongoing partnerships and improved resource mobilization, service expansion remains feasible and sustainable.

Departmental Milestones and Achievements

During the financial year, the Eye Clinic achieved the following milestones:
• 70% rise in clinic attendance over the past decade.
• 40% increase in surgical output, particularly in cataract and glaucoma procedures.
• Continued implementation of screening programs for diabetic retinopathy, glaucoma, and ROP.
• Strengthened partnership with Med-Optics for optical service enhancement.
• Deployment of a second Ophthalmologist, ensuring full coverage at the Specialist Centre.
• Improved integration of the Eye Clinic under the hospital's COHSASA accreditation scope.

Graph representing Eye Clinic growth over the last 10 years





Future Projections

The department's focus for FY 2025/2026 will include:
• Establishing a dedicated Glaucoma Clinic.
• Expanding capacity for Corneal Transplant Programs through specialized training.
• Extending screening programs and introducing Anti-VEGF therapy for retinal diseases.
• Launching research projects in ophthalmology and community eye health.
• Strengthening marketing and quality improvement campaigns for eye services.
• Targeting a 150% increase in patient attendance through expanded outreach and publicity.



Challenges

Despite commendable progress, the department faced several constraints:
• Limited publicity leading to organic, slow-paced growth.
• High cost of specialized eye surgeries limiting patient access.
• Lack of a neonatal retinal camera for ROP screening.
• Inadequate funding for staff professional development and equipment upgrades.
• Failure of the OCT machine, disrupting diagnostic efficiency.

Recommendations

To sustain and improve service delivery, the following are recommended:
• Maintain service continuity and strengthen community awareness programs.
• Intensify marketing and partnership initiatives to attract more clients.
• Procure critical diagnostic equipment, including a retinal camera and replacement OCT machine.

• Increase budgetary allocation for professional training and departmental development.
• Develop insurance partnerships to improve patient affordability.



Conclusion

The Eye Clinic continues to grow as a vital component of Lubaga Hospital's Specialist Services. The dedication of the clinical team, expansion of specialized procedures, and commitment to quality care have significantly strengthened the department's position as a key referral center for ophthalmic care. With ongoing investment in human resource development, technology, and partnerships, the department is well-positioned to achieve even greater milestones in the coming financial year.

5.2.4



DENTAL CARE

Human Resource Department
Lubaga Hospital

Introduction

The Dental Unit of Uganda Martyrs Hospital Lubaga continued to play a pivotal role in the provision of comprehensive oral health care services during the financial year 2024/2025, covering the period from 1st July 2024 to 30th June 2025.

Established in 2013, the unit has steadily evolved from its modest beginnings in Room 10 of the Outpatient Department to its current home within the Sr. Nkwangu Diagnostic and Dental Unit. The Dental Unit operates seven days a week, from 8:00 a.m. to 5:00 p.m., and is an integral part of the Hospital's commitment to holistic patient care, focusing on the prevention, diagnosis, and management of oral and maxillofacial diseases.

Services Offered

The Dental Unit offers a comprehensive range of preventive, restorative, surgical, and rehabilitative services, including:

• Comprehensive oral examination and health education

• Preventive dentistry (fissure sealants and fluoride application)

• Digital intraoral periapical radiography

• Tooth conservation (fillings and desensitization)

• Periodontal treatment (scaling, polishing, root planing, gingival grafting)

• Esthetic dentistry (tooth whitening and bleaching)

• Endodontic therapy (root canal treatment, pulpotomy, apicectomy)

• Oral and maxillofacial surgery (extractions, disimpactions, cyst and tumor management, fracture immobilization)

• Orthodontic and prosthodontic treatments (tooth alignment, crowns, bridges, dentures, implants)

Staffing

During the reporting period, the Dental Unit was staffed with a dedicated team of seven professionals, including:
• One full-time Dental Surgeon
• Two Dental Officers
• One Enrolled Nurse
• One Customer Care Assistant
• One Maxillofacial Surgeon (on call)

The team continues to demonstrate commitment and teamwork, ensuring that patients receive compassionate and timely dental care in alignment with Lubaga Hospital's mission of promoting life and healing.



Equipment and Infrastructure

The Dental Unit currently operates with:
- Two fully functional dental chairs
- One partially operational dental chair
- One digital periapical X-ray unit
- One dental compressor
- One oxygen concentrator

While these have greatly supported service delivery, the demand for services has continued to outgrow the current infrastructure and equipment capacity.

Performance Overview

Financial Year	Total Clinic Attendance
2019/20	1,907
2020/21	1,901
2021/22	1,682
2022/23	2,086
2023/2024	2,119
2024/205	2,325

The unit registered a steady increase in patient numbers, reflecting both improved community trust in Lubaga Hospital's dental services and the overall population growth within the catchment area. The introduction of extended working days has also improved patient access and reduced waiting times.

Challenges

Despite the progress made, the department continues to face several challenges:

- Understaffing, resulting in the practice of two-hand dentistry instead of the recommended four-hand approach, leading to service delays.

- Lack of Orthopantomography (OPG) equipment, forcing patient referrals to external facilities and causing potential patient loss.

- Limited dental chairs, as only two of the three available units are fully functional, creating patient congestion during peak hours.

Recommendations and Way Forward

- Recruitment of dental assistants to enhance procedural efficiency and patient turnaround time.

- Operationalization of the third dental chair to increase service capacity.

- Procurement of Orthopantomography (OPG) to improve diagnosis, treatment planning, and retention of patients within the hospital.

- Continuous capacity building for dental staff to enhance specialized service delivery and align with the hospital's broader clinical excellence agenda.

Conclusion

The Dental Department remains committed to providing excellent oral healthcare as part of Lubaga Hospital's holistic approach to patient wellbeing. We extend our appreciation to the Hospital Board, Management, and all stakeholders for their continued support. We look forward to expanding our service capacity, improving equipment availability, and contributing significantly to the Hospital's vision of becoming a National Referral Hospital with Specialized Services.

7.2.5



PHYSIOTHERAPY REHABILITATION

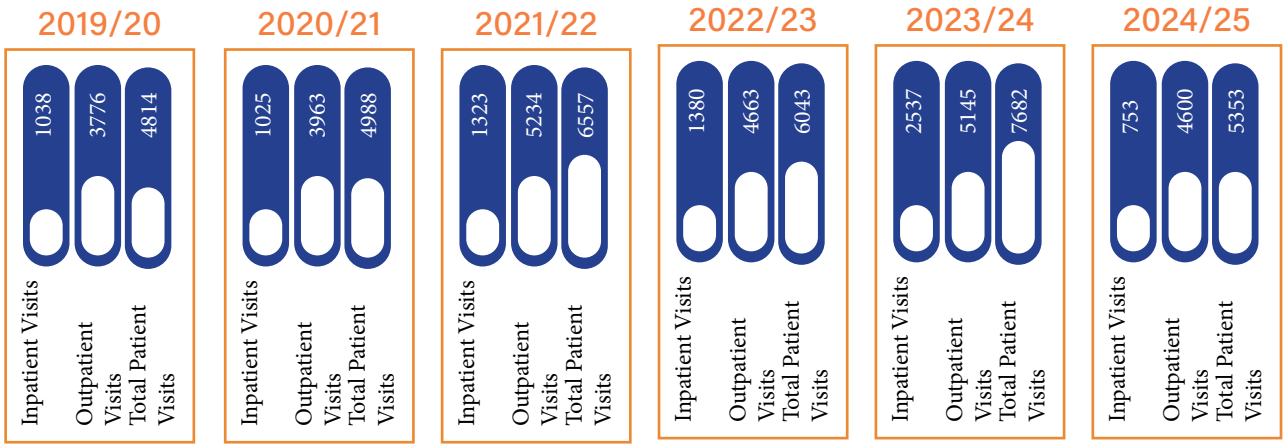
The Physiotherapy Department Lubaga Hospital



Introduction

The Physiotherapy Department continues to play a pivotal role in the holistic care of patients, supporting both inpatients and outpatients through specialized rehabilitation services. This report provides an overview of departmental performance in FY 2024/25, including service statistics, major interventions, challenges encountered, and recommendations for improvement.

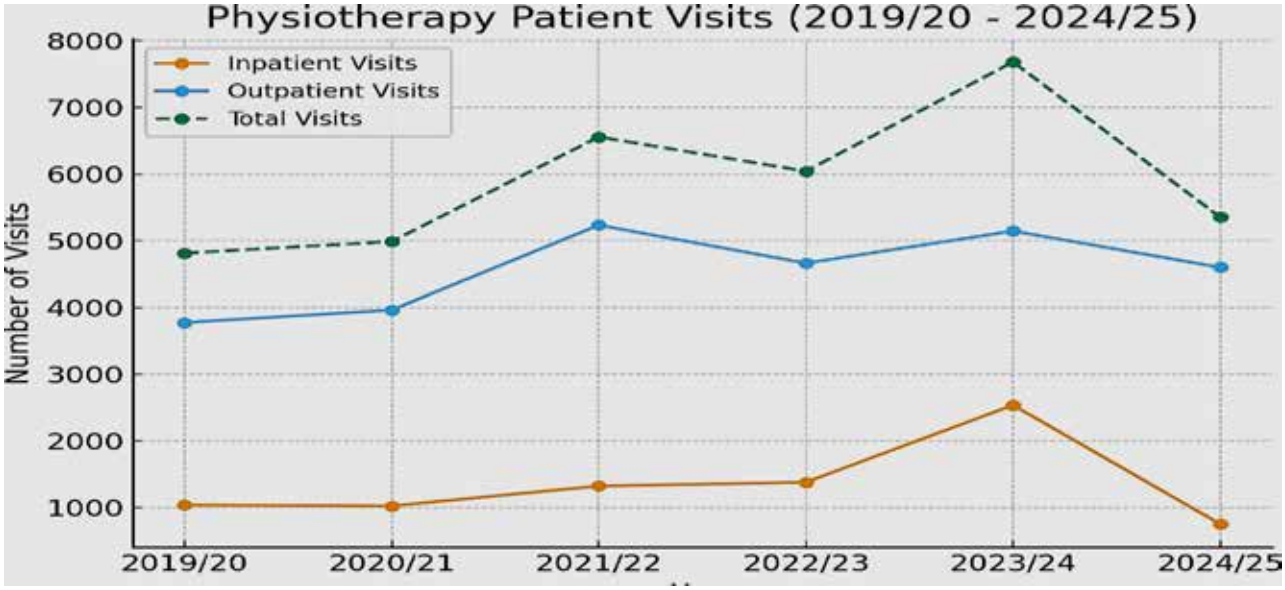
Service Statistics



• In FY 2024/25, the department recorded 5,353 patient visits, a 30% decline from the previous year's 7,682.

• The reduction was mainly due to the termination of the UPDF medical scheme, which had contributed significantly to both inpatient and outpatient caseloads.

Figure 1: Patient Visits Trend.



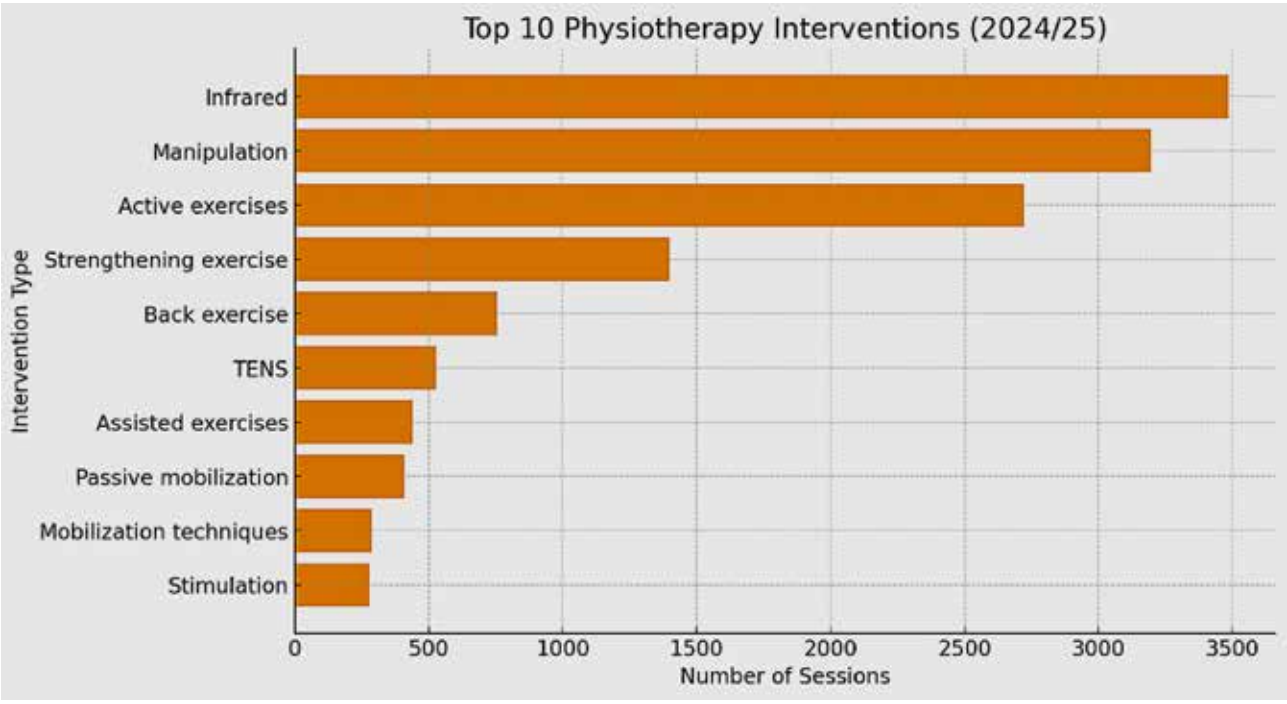
Patient Visits Trend (2019/20 – 2024/25): shows the rise and fall of inpatient, outpatient, and total visits.



Physiotherapy Interventions

• Total Sessions Conducted: 15,145
• Top Interventions Provided:
o Infrared therapy – 3,486 sessions
o Manipulation techniques – 3,195 sessions
o Active exercises – 2,722 sessions
o Strengthening & back exercises – 2,150 sessions
o Electrotherapy modalities: TENS (526) and Ultrasound (210)

Figure 2: Shows Top 10 interventions



• These figures reflect the department's wide range of rehabilitation techniques, with strong emphasis on exercise therapy and pain management modalities.

Physiotherapy applications/ interventions conducted

Total sessions: 15,145
• Commonly utilized interventions included:
o Infrared therapy (3,486 sessions)
o Manipulation techniques (3,195 sessions)
o Active exercises (2,722 sessions)
o Strengthening and back exercises (2,150 s essions combined)
o Electrotherapy modalities including TENS (526) and ultrasound (210)

These figures demonstrate the wide range of Physiotherapy techniques provided, with emphasis on exercise therapy and pain management modalities.

Challenges

1. Termination of the UPDF medical scheme, leading to a significant reduction in service utilization.

2. Reports of inadequate communication and negative client interactions affecting patient satisfaction and retention.

3. Limited specialized equipment and manpower, constraining service expansion and efficiency.

Recommendations

1. Diversify clientele by engaging corporate organizations, insurance providers, and strengthening community outreach programs.

2. Improve customer care through regular staff training on communication and patient handling.

3. Enhance visibility and marketing of departmental services using hospital platforms, community wellness campaigns, and health education initiatives.

4. Strengthen departmental resources through advocacy for new equipment, continuous staff training, and professional development opportunities.

Conclusion

Despite setbacks in FY 2024/25—particularly the loss of the UPDF medical scheme and challenges in customer care—the Physiotherapy Department remains committed to delivering high-quality rehabilitation services. With renewed focus on patient engagement, strategic partnerships, and resource strengthening, the department is well-positioned to regain momentum and continue contributing significantly to patient recovery, mobility, and overall well-being.





5.2.6



DIALYSIS UNIT

Mr. Ocen Moses &
Mr. Kalema Joseph

Background and Introduction

The Hemodialysis Unit of Uganda Martyrs Hospital Lubaga (UMHL), established in 2022 under the Department of Internal Medicine, provides renal replacement therapy for patients with acute kidney injury (AKI) and chronic kidney disease (CKD). Over the years, the unit has grown into one of the most dependable and affordable dialysis centers in Uganda, attracting both local and international clients.

The reporting period (July 2024–June 2025) was marked by steady growth in service delivery, strengthened infection control, and enhanced professional competence despite challenges such as limited space and patient flow variability. The unit remains committed to providing holistic, high- quality, and compassionate renal care consistent with Lubaga Hospital's mission and Catholic values.

2. Unit Goals and Objectives

Overall Goal:
To deliver comprehensive, sustainable, and high-quality hemodialysis services to patients with renal disease.

Specific Objectives:
- Ensure safe and effective dialysis for all eligible patients.
- Strengthen infection prevention and control practices.
- Maintain operational efficiency through consistent machine maintenance.
- Promote patient education and lifestyle modification for kidney health.
- Enhance data recording, reporting, and monitoring systems.
- Build staff capacity through continuous medical education (CME) and training.
- Strengthen financial sustainability through insurance and institutional partnerships.

Staffing Structure and Capacity Building

The Hemodialysis Unit is staffed as follows:

Designation	NO.	Key Roles
Nephrologist (Consultant)	1	Oversees clinical protocols, weekly ward reviews, and consultations.
Senior Renal Nurse (In- Charge)	1	Supervises dialysis procedures, patient assessment, and quality control.
Enrolled Nurse	1	Supports clinical care, documentation, and billing processes.
Biomedical Technicians	2	Maintain and service dialysis machines and RO systems.
Support Staff (Cleaner)	1	Ensures hygiene, waste segregation, and infection control compliance.

Training and Capacity Development:
• Two nurses are undergoing specialized dialysis training in Germany.

• Mr. Ocen Moses completed Infection Prevention and Control (IPC) and Basic Life Support (BLS).

• Mr. Kalema Joseph completed BLS, Advanced Life Support (ALS), Pediatric Life Support (PLS), and Critical Care certification.

• Weekly in-house CMEs were conducted on vascular access, dialysis complications, and IPC best practices.

Services Offered

• Chronic Hemodialysis – For patients with End-Stage Renal Disease (ESRD).

• Acute Hemodialysis – For AKI secondary to sepsis, toxins, or dehydration.

• Pre/Post Dialysis Counseling – On fluid restriction, medication, and nutrition.

• Vascular Access Management – Catheter insertion and maintenance.

• Laboratory Monitoring – Routine creatinine, urea, and electrolyte tests.

• Community Outreach – Two renal health sensitization drives held in Kampala Central Division.

Performance and Statistics

Summary of Activities (July 2024 – June 2025)

Parameter	FY 2023–2024	FY 2024–2025	% Change
Parameter	289	327	+6.45%
AverageSessionsperDay	0.79	0.90	+6.60%
Machine Downtime (Days)	0	0	0
Catheter-Related Infections	0	0	0
Dialysis-Related Deaths	0	2	-

Patient Demographics:
• Total patients: 37 (27 males, 10 females)
• Male-to-female ratio: 73:27
• Most patients were adults between 35–60 years, many with CKD secondary to hypertension or diabetes.

Monthly Dialysis Trends (FY 2024–2025

Month	Patients Dialyzed	Sessions Conducted	Remarks
July 2024	4	17	Few patients admitted
August 2024	10	52	New patients admitted in the unit
September 2024	5	17	Some new patients admitted in the unit change dialysis center due to financial cost
October 2024	4	20	No new patients admitted
November 2024	5	31	1 new patient admitted
December 2024	5	46	No new patients admitted
January 2025	5	29	No new patients admitted
February 2025	5	23	No new patients admitted
March 2025	5	23	No new patients admitted
April 2025	5	14	No new patients admitted
May 2025	9	34	Some new patients admitted in the unit
June 2025	8	21	No new patients admitted

Equipment and Maintenance

The unit's equipment remained fully functional throughout the year.
• 3 dialysis machines and 1 Reverse Osmosis (RO) system in good condition.

• 5 patient beds, 4 monitors, and 3 TV screens available and operational.

• Routine maintenance performed quarterly by biomedical technicians to prevent downtime.

Infection Control and Safety

• Mandatory screening for Hepatitis B, C, and HIV before dialysis initiation.

• Zero cases of catheter-related or cross-contamination infections recorded.
• Continuous compliance with hand hygiene and PPE use.

• Ongoing waste segregation and IPC refresher trainings.



Quality Improvement Initiatives

• Developed Standard Operating Procedures (SOPs) for emergencies and machine handling.

• Strengthened documentation and data integrity practices.

• Requested procurement of a sluicing machine to improve IPC standards.

Achievements

• 100% of planned dialysis sessions completed.
• Inclusion of the Dialysis Unit under COHSASA accreditation scope.
• Zero catheter-related infections recorded.
• Regular CMEs conducted twice weekly
• Improved staff capacity and procedural consistency.



Challenges

• Low patient numbers compared to capacity.
• Limited waiting space for patients and caregivers.
• Lack of meals for UPDF outpatients leading to post-session fatigue.
• Inadequate footwear (crocs with high heels), contributing to minor falls.

Strategic Plans for FY 2025/2026

• Intensify community outreach and early screening programs.
• Expand service visibility through patient satisfaction and quality care branding.
• Grow institutional partnerships for research and financial sustainability.
• Introduce a Hepatitis B–dedicated dialysis machine to widen service inclusivity.

Recommendations

• Strengthen referral linkages with other hospitals to increase patient flow.
• Expand partnerships with insurance companies for sustainable service access.
• Intensify community sensitization on kidney health and early CKD detection.
• Procure a sluicing machine to reinforce infection control practices.
• Explore patient welfare packages, including meals for long-session clients.

Conclusion

The Hemodialysis Unit continues to serve as a cornerstone of specialized renal care at Uganda Martyrs Hospital Lubaga. With consistent improvements in infection control, staff training, and patient care, the unit reflects the hospital's dedication to quality healthcare delivery. Sustained investment in infrastructure, staff capacity, and strategic partnerships will ensure continued growth and excellence in renal services.

5.2.7



SPECIALIST CENTER

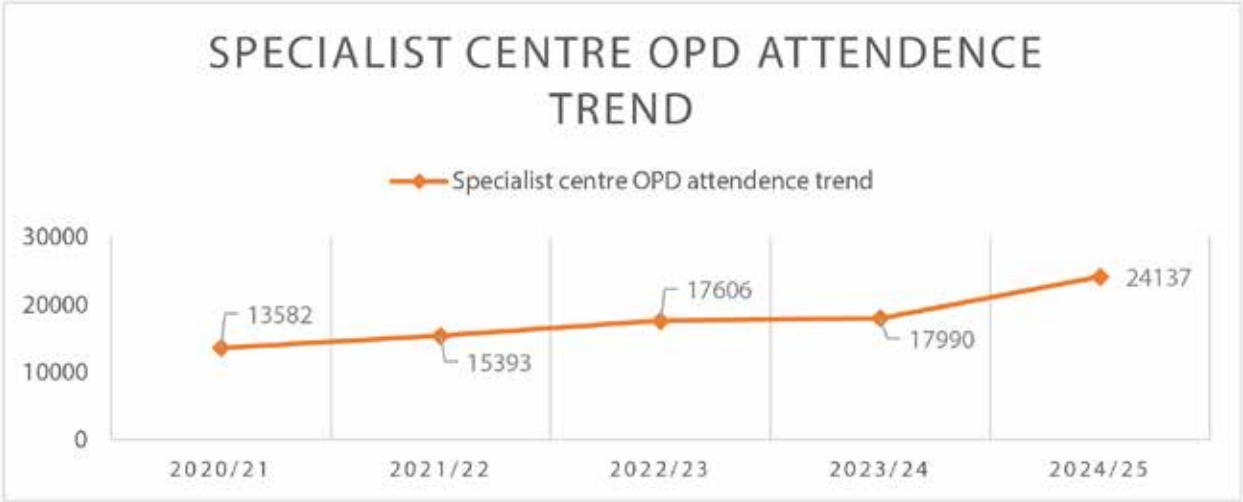
Executive Summary

The Specialist Centre at Lubaga Hospital registered significant growth in both outpatient and inpatient services during FY 2024/25. A total of 24,137 outpatient visits and 411 inpatient admissions were recorded, marking notable progress compared to previous years. However, the annual outpatient target of 39,000 visits was not achieved, with a performance score of 61.9%.

Financially, the Centre reported a quarterly deficit of UGX 385 million (revenue: UGX 1.47 billion vs. expenditure: UGX 1.86 billion in Q3 FY 2024/25). Moving forward, the Centre aims to achieve financial break-even by Q2 FY 2025/26 (December 2025) through increased service uptake, operational optimization, and deliberate business growth strategies.

Outpatient Department (OPD) Performance

1. Five-Year Attendance Trends



Outpatient volumes have shown a progressive upward trend, reaching 24,137 visits in FY 2024/25, reflecting improved service uptake despite the unmet target.

The upgraded Specialist Centre—with expanded consultation rooms, a resuscitation area, an on- site laboratory, and a well-stocked pharmacy—has contributed to this increase, a well-stocked pharmacy at the center.

2. Monthly OPD Attendance (FY 2024/25)
The center has attracted new clientele and brought back lost clients from other private facilities due to the extended range of services and the new ambience created for a 5-star experience.

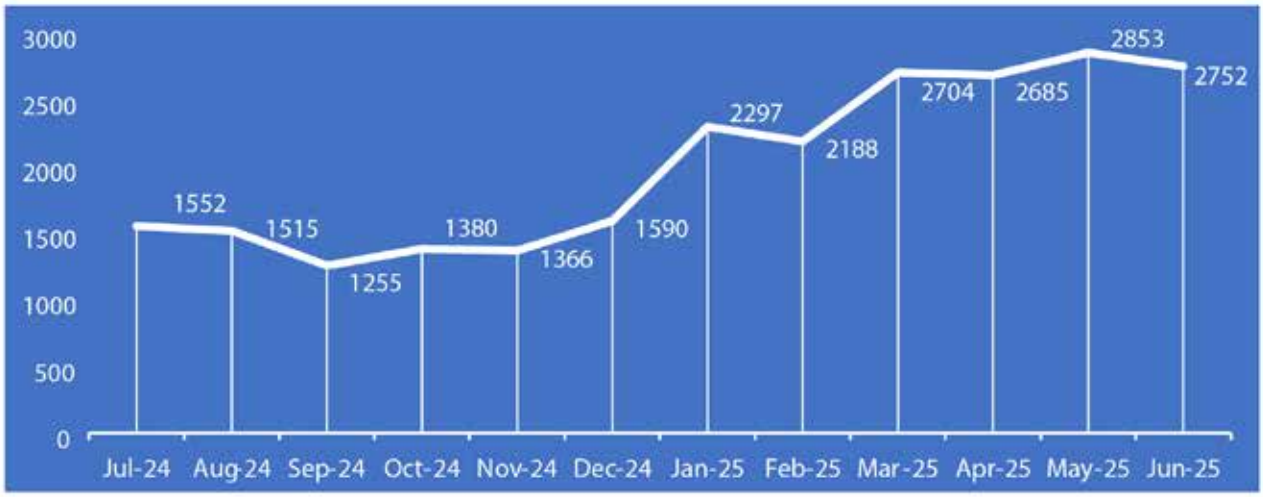
o Attendance ranged between 1,255 and 2,853 visits per month. o Highest attendance: May 2025 (2,853 visits).

o Lowest attendance: September 2024 (1,255 visits).

o Seasonal fluctuations influenced patient flow.



Figure 2: Performance of specialist center OPD over an 8-month period (FY 24/25)



Service uptake was strengthened through:
o Opening clinic space to external consultants.

o Providing multiple specialist options on weekdays.

o Community activations.

o Improved service ambience for a 5-star patient experience.

OPD Target Performance

Target	Actual	Variance	% Score
39,000	24,137	14,863	61.9%

Although volumes improved compared to previous years, the annual OPD target was not met, highlighting the need for strategy review and realignment.



Inpatient Performance

Between January and June 2025, the Centre admitted 411 patients:
• 199 hospital admissions.
• 212 maternity admissions.

Jan-2025

Other Admissions	23
Maternity Admissions	20
TOTAL	**43**

Feb-2025

Other Admissions	18
Maternity Admissions	28
TOTAL	**96**

Mar-2025

Other Admissions	54
Maternity Admissions	42
TOTAL	**96**

Apr-2025

Other Admissions	39
Maternity Admissions	35
TOTAL	**74**

May-2025

Other Admissions	38
Maternity Admissions	45
TOTAL	**83**

Jun-2025

Other Admissions	27
Maternity Admissions	42
TOTAL	**69**

TOTAL

Other Admissions	199
Maternity Admissions	212
TOTAL	**411**

Over 80% of admissions were obstetric-related, attributed to the high number of obstetricians and strong antenatal-to-delivery conversion rates. Almost all mothers attending ANC at the Centre returned for delivery, reflecting client confidence and quality of care.

Inpatient services grew due to:
• Improved obstetric care.
• New inpatient service pricing methodology, including packaged services attractive to insurance providers.

• Strategic plans to functionalize the remaining upper IPD floors.

Financial and Operational Analysis

• OPD shortfall: 14,863 visits (gap in patient reach and service utilization).
•
Quarterly deficit: UGX 385 million due to underutilization of specialist services (lab, pharmacy, theatre, imaging).

• Capacity exists but demand stimulation remains the main challenge.

Challenges Identified

• Unmet OPD annual targets despite growth.

• Uneven monthly OPD attendance (seasonality).

• Limited inpatient growth outside maternity.

• Underutilization of specialist services (lab, pharmacy, theatre).

• Low uptake from insurance and credit-based clientele.

• Human resource constraints (nursing and medical officers).

• Resource constraints limiting patient volume absorption.

Strategic Objectives (FY 2025/26)

• Achieve financial break-even by December 2025.

• Increase monthly patient volumes to 3,000+ (150 per day).

• Maximize utilization of lab, pharmacy, imaging, and surgical services.

• Improve operational efficiency and patient experience.

• Strengthen patient retention.

• Expand human resource capacity to match demand.

Strategic Initiatives

1. Marketing & Outreach
o Community mobilization campaigns.
o Partnerships with churches, schools, companies, and HMOs. o Awareness campaigns via radio, social media, and SMS.

2. Service Optimization
o Bundling specialist consultations with lab and pharmacy services. o Development of more service packages.
o Improved triage and turnaround times.

3. Revenue Diversification
o Premium corporate service packages.
o Promotion of maternity and surgical packages.
o Leveraging insurance partnerships.

4. Patient Experience & Retention
o Patient feedback and loyalty systems.
o Staff training in client care and communication.
o Fast-tracked referrals from the General Outpatient Department.

Operational Improvements

• Manage arrival time and Implement Extended specialist operating hours.

• Improved supply chain for lab and pharmacy.

• Cross-training of staff for peak demand.

• Monitoring of per-unit cost efficiency.

• Strengthened HR systems to ensure adequate staffing.

Monitoring & Evaluation

• Monthly tracking of volumes vs. targets.

• Quarterly revenue and cost reviews for break-even analysis.

• Regular client satisfaction surveys.

• Weekly review meetings with departmental leads.

Conclusion

The Specialist Centre achieved notable progress in OPD attendance and maternity admissions during FY 2024/25. However, financial deficits and unmet targets underscore the urgent need for stronger demand generation and operational efficiency. With well-defined strategies and clear growth initiatives, the Centre is positioned to achieve financial sustainability and service excellence by FY 2025/26.

5

DEPARTMENTAL REPORTS

5.3. Support Departments

5.3.1



ICT UNIT

ICT Unit
Lubaga Hospital





To be the most efficient healthcare ICT team in Uganda.



To provide quality, sustainable, and cost-effective ICT services for healthcare.

Theme of the Year: Maximizing the Use of Automation for Better Patient Care and Operational Excellence – The Future of Healthcare.

Introduction

Amidst financial challenges and resource constraints, the ICT Unit at Lubaga Hospital made substantial progress toward digital transformation, enhancing patient care and streamlining hospital operations through technology. Under the leadership of the IT Manager and with strong management support, the team demonstrated resilience, professionalism, and commitment, ensuring the hospital's ICT systems remained operational, secure, and responsive.

Objectives

The ICT Unit's strategic objectives for the year were to:

1. Optimize HMIS support by ensuring seamless functionality of Hospedia and Microsoft Business Central 365.

2. Strengthen ICT infrastructure by developing and maintaining a robust, secure, and efficient ICT environment.

3. Enhance business automation to streamline processes, improve productivity, and reduce costs.

4. Fortify information security by protecting sensitive data, preventing cyber threats, and ensuring compliance.

5. Boost institutional revenue through ICT-enabled efficiencies and innovations.

6. Foster ICT professionalism by building a skilled, innovative, and adaptive team.

Service Range Description

The ICT Unit provides 24/7 support, ensuring availability, security, and efficiency of hospital ICT systems. Services include:

- LAN and WAN networks.
- CCTV, PA systems, TV networks, and telephony.
- In-house software development and deployment.
- Configuration and management of Business Central and Hospedia.
- Corporate antivirus and license management.
- Virtual services and environment management.
- Standardized desktop software installation and licensing.
- Network vulnerability scanning and assessments.
- Biometric systems management.
- Printer services and supplies management.



Performance Highlights (FY 2024/25)

• Hybrid HMIS Implementation: Rolled out the new hybrid HMIS, a milestone in automation that will move the hospital toward becoming a modern paperless institution.

• Workshop Request System: Maintained an automated ticketing system for non-medical technical units, improving efficiency and accountability.

• Network Upgrades: Migrated major network links to fibre optic cables, enhancing reliability and performance.

• Software & Hardware Maintenance: Carried out scheduled maintenance for PCs, UPS systems, printers, and LAN switches.

• Web-based Application Launch: Developed and launched a financial reporting application, improving automation of business processes.

• IT Equipment Acquisition: Procured 33 desktop computers, laptops, printers, and 3 LAN switches to improve infrastructure.

• IT Satisfaction Survey: Conducted an online survey to assess user satisfaction and guide service improvements.

• CCTV Network Upgrade: Expanded coverage with 47 additional cameras and an NVR at the Specialist Centre, accessible via LAN and mobile devices.

• Expanded Telephony Network: Added 50 extensions, enabling 24/7 communication across hospital units.

• Satellite Clinic Connectivity: Established secure site-to-site connectivity between Lubaga Hospital and the new Kibiri satellite clinic, including CCTV surveillance accessible on mobile devices.

Challenges

• Lack of a dedicated computer training room.

• Absence of key training equipment, such as Thin Client sets.

• HMIS delays due to inconsistent availability of the Iansoft programmer, affecting staff appraisal and leave management portals.

• Financial constraints, limiting capacity to mitigate certain network risks.

Planned Activities for FY 2025/26

1. Network Enhancement: Acquire up-to-date equipment, VMware licenses, and vulnerability scanners.

2. Business Continuity: Develop an offsite disaster recovery site.

3. Internet Improvement: Increase bandwidth and ensure redundancy across user categories.

4. Policy Review: Update ICT policies, standards, and procedures.

5. Infrastructure Evaluation: Assess and improve ICT systems and documentation.

6. ISO 27002 Adoption: Implement international standards for information security management.

7. Intranet Rollout: Improve internal communication and collaboration.

8. Data Centre Upgrade: Install new rack cabinets, wireless networks, and biometric access terminals.

9. Power Backup: Enhance resilience with a power inverter system in the data centre.

Conclusion

The ICT Unit achieved significant milestones, meeting over 75% of its targets for FY 2024/25. The successful rollout of the hybrid HMIS reflects the hospital's commitment to advancing digital health solutions, positioning Lubaga as a leader in healthcare automation. Despite financial challenges, the ICT team remains committed to delivering exceptional IT services, championing digital transformation, and supporting Lubaga Hospital's mission of providing sustainable quality patient care.



5.3.2



ADMINISTRATION AND SUPPORT SERVICES DEPARTMENT

Overview

The Administration Department is an essential support pillar of the Hospital, ensuring that all clinical and non-clinical services are delivered efficiently and effectively. The department is responsible for providing the infrastructure, logistics, and operational systems that enable clinical teams to concentrate on their core mandate of patient care.

The department's work revolves around three key areas: to sustain hospital operations and growth, to ensure efficiency, cost-effectiveness, and accountability and to maintain a seamless working environment across the Hospital.

The department consists of 44 staff members working across seven specialized sections including; Maintenance Section, Procurement, Central Stores, Linen Management, Housing, Transport and Logistics and Security. Each section contributes uniquely to the Hospital's smooth functioning.

Leadership and coordination are provided through the Administration Heads of Units Team, which is made up of the section In-Charges. Their key responsibility is to provide strategic direction and oversight for departmental operations.

To ensure smooth communication and accountability, The Administration Department convenes quarterly meetings, The Administration Heads of units meets weekly and the Individual sections hold meetings as per their scheduled work plans to address operational matters.





5.3.2.1



PROCUREMENT & SUPPLIES

Kigozi Joan, Procurement Manager
Lubaga Hospital

Introduction

The Procurement and Supplies Unit plays a critical role in ensuring that Uganda Martyrs Lubaga Hospital delivers high-quality healthcare services efficiently and sustainably. During the Financial Year 2024/2025, the Unit continued to facilitate the timely acquisition of goods, works, and services necessary for hospital operations, while adhering to established procurement laws, ethical standards, internal policies and value-for-money principles.

This report outlines the key activities, milestones, and challenges experienced during the year, as well as recommendations for strengthening procurement efficiency, accountability, and value-for- money outcomes. The Unit's operations remain guided by principles of transparency, fairness, and prudent resource utilization, all of which are essential for maintaining the hospital's reputation and service excellence.

Key Activities and Achievements

a) Procurement Planning and Execution

• The Annual Procurement Plan (APP) was successfully developed, approved, and implemented, covering all major expenditure categories across departments.

• A total of 312 procurement requisitions were processed during the year, with an average turnaround time of five (5) working days, demonstrating improved service responsiveness and workflow efficiency.

• Priority procurements were completed for critical departments such as Theatre, Maternity, Laboratory, ICU, Dialysis, and the Specialist Centre, ensuring uninterrupted service delivery.

b) Tendering and Contract Management

• Successfully conducted procurement under various categories, including: o 3 open tenders, o 7 restricted tenders, and
o 254 requests for quotations (RFQs) in accordance with internal thresholds.

• Actively managed 21 supplier contracts and 7 Memoranda of Understanding (MoUs) to ensure adherence to delivery timelines, quality standards, and contractual obligations.

• Introduced structured contract monitoring tools and supplier performance reviews, which strengthened compliance and accountability among vendors.

c) Supplier Engagement and Performance Management

• Organized and hosted a Supplier Sensitization and Performance Forum to enhance suppliers' understanding of institutional procurement requirements, ethical conduct, and payment timelines.

• Strengthened communication and feedback mechanisms with suppliers, improving collaboration and reducing disputes related to delayed payments or contract interpretation.

d) Systems and Process Improvements

• Achieved full integration of the e-Procurement system using the Hospedia / Microsoft Dynamics 365 Business Central platform. This has enhanced operational efficiency, improved transparency, and minimized paperwork.

• Developed and implemented standardized procurement checklists and templates, which have streamlined approval processes and ensured consistency with institutional and r egulatory requirements.

• Introduced an internal procurement tracking dashboard that enables real-time monitoring of requisition status and delivery progress.

Challenges Encountered

Despite notable achievements, the following challenges were experienced during the reporting period:

1. Delayed requisitions from user departments, which occasionally resulted in last-minute procurements and emergency purchases.

2. Budgetary constraints, which affected the timely execution of some priority procurements and capital investments.

3. Supplier performance gaps, including delivery delays, supply of short-expiry products, and inconsistencies in product quality.

4. Limited staffing capacity within the Procurement Unit to effectively handle the increasing volume and complexity of procurement transactions.

5. Delays in payment processing, particularly for pharmaceutical and consumable suppliers, occasionally affecting supplier trust and service continuity.

Recommendations

To further enhance procurement efficiency and address the challenges experienced, the following measures are recommended:

1. Enhance inter-departmental coordination to ensure timely submission of requisitions and improved procurement planning as well as Strengthen coordination between user departments and the Procurement Unit to ensure early requisitioning and adherence to the approved Annual Procurement Plan.

2. Increase budget allocations for critical and recurring procurements to minimize operational disruptions; especially for clinical consumables and infrastructure maintenance.

3. Enhance staff capacity through continuous professional development in contract management, negotiation, and procurement systems management.

4. Recruit additional procurement staff to manage the increasing volume of work and support specialized areas such as pharmaceuticals and equipment procurement.

5. Implement a supplier performance scorecard, reviewed quarterly, to promote accountability and reward high-performing vendors.

6. Improve payment processing timelines to strengthen trust and sustainability in supplier relationships.

7. Regularly review and update procurement policies to reflect evolving regulatory frameworks and digital trends in procurement.

Conclusion

The Procurement and Supplies Unit remains committed to fostering efficiency, integrity, and value-for-money in all procurement processes. Through strategic reforms, digital innovations, and strengthened supplier relations, the Unit has contributed significantly to the hospital's operational stability and quality of care.

The management's continued support, along with inter-departmental collaboration, has been instrumental in achieving this year's milestones. Looking ahead, the Unit will focus on further automation, continuous staff training, and enhanced supplier accountability to sustain progress and align with the hospital's mission of delivering compassionate, affordable, and high-quality healthcare.

5.3.2.2



CENTRAL STORE

Introduction

The Central Store at Uganda Martyrs Lubaga Hospital serves as a vital operational hub for managing and distributing all non-medical supplies essential to hospital operations. These include stationery, computer accessories, plumbing and electrical materials, construction items, sewing materials, and foodstuffs for internal consumption.

The store also oversees several satellite stores, including the waste yard, which manages recyclable materials such as drip and water bottles, and the Training School Stores, which handle teaching and institutional consumables.

The department is staffed by a Central Store Manager and an Assistant Store Officer, both responsible for ensuring proper stock management, accountability, and support to user departments in line with the hospital's strategic objectives of efficiency and transparency.

Scope of Work

The Central Store plays a pivotal role in operational logistics through the following core functions:

- Receiving, issuing, and accounting for all non-medical stock items.
- Maintaining accurate stock records through monthly checks, quarterly, and annual stock takes.
- Monitoring and replenishing stock levels to avoid shortages and stock-outs.
- Coordinating inventory management for the Lubaga Hospital Training School, covering electrical, plumbing, stationery, and food items.
- Safeguarding project materials, including those allocated to ongoing "Flash Projects."
- Ensuring accountability and cost control, guided by the Procurement Manual and Finance Management Policy.

Achievements

The Central Store registered several significant accomplishments during the financial year:

- Uninterrupted supply of non-medical items to user departments, ensuring smooth daily operations.
- Timely preparation and submission of monthly stock check reports and reviews throughout the year, promoting accountability and efficiency.
- Successful completion of annual and quarterly stock takes within schedule and in compliance with audit standards.
- Implementation of cost-cutting measures, resulting in a 5% reduction in routine purchases through rationalized ordering and elimination of redundant items.
- System transition: The Hospital successfully migrated from Navision to Hospedia on 12th October 2024, improving integration and visibility of stock management across departments (the Training School continues to operate on Navision).
- Asset management improvement: Delivery and engraving of non-current assets were completed, enhancing traceability and asset control.



Challenges

Despite the achievements, several challenges remain:
1. Hospedia System Limitations; The Hospedia system is not yet fully functional, as it cannot generate accurate values of procured and issued items.

2. Delivery Delays; Some suppliers delay deliveries, especially when pending payments exist, often waiting until the next order cycle.

3. Outdated Shelving; Current wooden shelves are worn out, mismatched, and lack neatness. Metallic shelves are urgently needed for durability and improved storage efficiency.

4. Lack of Technical Items; For two years, requests for certain building and technical items have not been fulfilled, limiting service effectiveness.

5. Damaged 100-Seater Tent; A blue hospital tent installed at the gardens for staff lunch was damaged by strong winds on 17th October 2024. A design change was requested but has not yet been implemented.

6. Disposal of Waste Bottles; As per the Administration Manual, the Central Store is responsible for witnessing disposal of drip and mineral water bottles and computing buyer payments.

Disposal income collected:

Item Description	Qty	Amount(UGX)
Drip bottles 800	800	1,389,600
Water bottles 250	250	304,750
Total		**1,694,350**

Stock Valuation (as at 30th June 2025)

Section	Balance Value (UGX)
Cleaning Items	31,919,926.00
Food Items	2,190,800.00
Computer Items	38,484,712.00
Stationery Items	71,511,435.00
Electrical Items	16,955,350.00
Building Items	1,582,630.00
Sewing Items	901,770.00
Plumbing Items	9,342,774.00
Total	**172,077,804.00**



Purchases and Issuances (July – September 2024)

Item Category	Balance Value (UGX)	Issued Value (UGX)
Cleaning Items	24,469,609	27,503,959
Food Items	12,009,494	8,057,639
Computer Items	22,616,600	29,105,128
Stationery Items	461,022,825	905,994,247
Electrical Items	49,831,000	10,737,588
Building Items	4,847,000	6,464,600
Sewing Items	4,938,300	14,137,609
Plumbing Items	76,338,368	50,648,891
Total	**656,073,196**	**1,052,597,887**

Specialist Centre Project Balances (as at 27th June 2025)

Item Category	Qty	Unit Price UGX	Amount (UGX)
POPD Gate Pass	47	16,000	752,000
POPD Goods Received Notes	32	21,000	672,000
POPD Money Requisitions	42	10,500	441,000
POPD Tally Sheets	46	21,000	966,000
POPD Purchase Requisitions	45	21,000	945,000
Total			**3,776,000**

Flash Project Balances (as at 27th June 2025)

Stationery: UGX 2,087,480.00

Training School Balances (as at 27th June 2025)

Description	Amount(UGX)
Plumbing	15,841,179.42
Cleaning	10,045,447.02
Food	18,208,673.31
Stationery	7,951,742.17
Electrical	14,848,679.42
Total	**52,638,721.34**

Conclusion

The Central Store continues to play a vital role in ensuring uninterrupted supply, accountability, and cost control for hospital operations. Despite challenges such as system limitations, delivery delays, and outdated infrastructure, the store team remains committed to providing efficient services.

5.3.2.3



HOUSING

Introduction

The Housing Office is a key administrative unit within Uganda Martyrs Lubaga Hospital, mandated to oversee all housing-related f unctions and ensure efficient management of hospital residential facilities. The office reports directly to the Hospital Administrator and plays a critical role in staff welfare by managing staff accommodation, ensuring safe custody of all hospital keys, enforcing housing policies, and facilitating smooth housing allocation processes.

The Housing Office also oversees physical assets that require key custody and security—including offices, cupboards, lockers, wardrobes, containers, and buildings—thus serving as a central pillar in the hospital's access control and asset management systems.

Organization of The Department

The Housing Office operates under the supervision of one official staff member, supported through close collaboration with the Internal Security Officer (ISO), the Principal Nursing Officer (PNO), the Estates Manager, and the Students' Coordinator.

The Housing Officer bears primary responsibility for ensuring proper custody of all hospital keys and reporting daily activities and performance directly to the Hospital Administrator. This interdepartmental collaboration ensures that housing and accommodation issues are handled efficiently, transparently, and in accordance with hospital policies.

Service Range Description

The Housing Office is responsible for a broad range of operational activities, including:

- Opening and securing the hospital administration block and designated facilities.
- Allocating housing units to staff, interns, and visiting personnel.
- Duplicating, issuing, and managing keys for all hospital facilities and equipment.
- Handling staff housing concerns and resolving key-related issues.
- Reporting housing-related damages, coordinating repairs, and following up on maintenance requests.
- Facilitating accommodation and support for intern doctors, nurses, and other trainees.



Key Achievements (FY 2024/2025)

During the financial year under review, the Housing Office registered several notable achievements:

1. Completion and Occupation of the Specialist Centre:
The successful completion of the new Specialist Centre enhanced the hospital's image as a premier health facility and expanded the housing office's portfolio by introducing new key management and access control responsibilities.

2. Long-Term Housing Planning:
A comprehensive housing plan was developed to address the hospital's current and future staff accommodation needs. This plan includes the renovation of existing hostels and the proposed development of new staff quarters to accommodate the growing workforce.



3. Enhanced Security and Safety:
No major security or safety incidents were recorded during the reporting period. The continued collaboration between the Housing Office and the Security Department has ensured a secure and orderly living environment for residents.

4. Improved Maintenance and Repairs:
The Hospital Workshop team responded promptly to most repair needs, addressing issues such as faulty locks and broken doors, thus maintaining safety and functionality of staff residences.

Strategies and Plans (FY 2025/2026)

To build on the achievements of the year, the Housing Office has developed the following strategic focus areas for the coming financial year:

1. Infrastructure Development:
Several staff hostels—particularly St. George Hostels—require renovation to enhance habitability, ensure safety, and maintain structural integrity.

2. Addressing High Housing Demand:
The number of staff housing applications continues to exceed available capacity. Management has been briefed on the urgent need for additional hostels and housing units to meet growing demand.

3. Review of Housing Legal Framework:
The existing housing policies and procedures will be reviewed in collaboration with the Human Resource Office to improve compliance, address staff complaints, and streamline housing allocations.

4. Strengthening Security Measures:
Security around staff residences will be reinforced through stricter visitor registration, periodic inspections, and better enforcement of housing regulations.

Challenges

Despite steady progress, the Housing Office continues to face several challenges:

1. Insufficient Funds:
Limited financial resources have delayed urgent tasks such as key duplication, lock replacements, and refund processing.

2. Delayed Response to Repairs:
Some repairs have been delayed due to lack of materials in the store or delayed procurement processes, affecting the maintenance turnaround time.

3. Staff Negligence:
Some staff members have shown laxity in handling keys or securing offices, often leading to misplaced keys or unreported damages, which compromises overall security.

4. Uncommunicated Equipment Relocations:
Lockable assets such as wardrobes, lockers, and cupboards are sometimes relocated without notifying the Housing Office, complicating record-keeping and access management.

Recommendations

To address the challenges identified, the following recommendations are proposed:

1. Training in Key Cutting and Management:
The Workshop should train selected staff in key cutting and lock maintenance to reduce dependence on external vendors and improve response time.

2. Pre-Relocation Coordination:
The Housing Office should be consulted prior to the relocation of any lockable equipment or office units to ensure updated key labeling and accurate records.

3. Scheduled Maintenance Program:
Implementing a structured maintenance schedule will ensure that repairs and renovations are prioritized and executed efficiently.

4. Increased Budgetary Allocation:
Dedicated funding for key duplication, repairs, and housing renovations should be provided to enhance operational effectiveness.

Conclusion

The Housing Office remains a crucial component in maintaining the welfare, safety, and efficiency of hospital operations. The unit's continued commitment to proper key management, staff accommodation, and asset security contributes significantly to institutional order and staff satisfaction. While challenges such as limited funds and infrastructure gaps persist, ongoing collaboration between the Housing Office, Estates, Human Resources, and Security teams will ensure sustainable solutions and further strengthen the hospital's operational resilience and staff welfare framework.

5.3.2.4



ESTATES & MAINTENANCE

Introduction

The Estates and Maintenance Section is responsible for ensuring the reliability, safety, and functionality of the hospital's physical infrastructure, facilities, and utility systems. Its core mandate includes routine maintenance, timely repairs, infrastructure development, and preventive inspections, all aimed at supporting continuous service delivery across the hospital.

In addition to corrective interventions, the section implements a preventive maintenance schedule to identify potential faults early, minimize operational disruptions, extend the lifespan of assets, and maintain compliance with occupational health and safety standards. Through these functions, the Estates and Maintenance Section plays a pivotal role in upholding the hospital's operational efficiency, patient safety, and institutional image.

Service Range Description

The Estates and Maintenance Section is structured into key sub-units to ensure specialized service delivery.

SN	Sub-Section	Personnel	Key Roles and Responsibilities
i	Estates Manager	1	Provides overall supervision, planning, budgeting, and coordination of maintenance and construction activities.
ii	Carpentry Unit	2	Handles repair, fabrication, and installation of wooden structures, office furniture, and fittings.
iii	Plumbing Unit	2	Oversees water supply, drainage, and sanitation systems to ensure uninterrupted flow and safety.
iv	Biogas Unit	1	Operates and maintains the hospital's to support energy efficiency and waste management

This structure promotes collaboration and efficiency in addressing the diverse infrastructural needs of the hospital.

Key Achievements (FY 2024/2025)

The section together with hired services has been able to achieve the following;
Estates Works

During the financial year, the Estates section, working in collaboration with external contractors, successfully undertook several major projects and renovations, including:

1. Completion of roofing works for the Hospital Chapel.

2. Renovation of the Baby Day Care Centre to improve safety and aesthetics.

3. Full renovation of Kibiri Satellite Clinic, improving service readiness.

4. Remodeling of the LHTI Basement into the Sr. Janet Conference Centre.

5. Construction and painting of toilets for the disabled (male and female).

6. Construction of the OPD Triage Facility to streamline patient flow.
management.

7. Construction of emergency exits for both Surgical and Medical Wards.

8. Covering of open trenches and installation of handrails from Administration to the Pharmacy junction to enhance accessibility.

9. Completion of plumbing and tiling works in Surgical and Medical Wards.

10. Completion of the Girls' Hostel Works at LHTI.

11. Construction of a School Bus Shade for LHTI.

12. Roofing of the external Hospital Chapel Shade.

13. Remodeling of the Girls' Hostel Basement into a multipurpose Conference and Training Facility.

14. Connection of the hospital to the National Sewer Line, marking a major sanitation milestone.

15. Supervision and monitoring of Specialist Centre Phase I Construction.

16. Transfer and installation of a storage container near the Oxygen Cage.

17. Renovation of the Nursery Section

18. Enhancement of the Records Department Archives.

19. Establishment of the Dental and Diagnostic Centre, now offering echo, spirometer, and ultrasound services.

20. Construction of utensil washing areas for the Surgical and Medical Wards.

Carpentry
The Carpentry Unit completed multiple fabrication and repair tasks, including:

1. Fabrication of furniture for the Sp
ecialist Centre (cupboards, wardrobes, kitchen shelves).

2. Fabrication of lockers and double-deckers for the Baby Day Care Centre.

3. Construction of shelving units for the OPD Pharmacy and filing cabinets for the Public Health Department (PHD).

4. Execution of carpentry works at Kibiri Health Centre.

5. Installation of new doors in the Dental Department and drawers in the Triage Cash Office.

Plumbing
Significant plumbing projects were successfully executed, including:

1. Installation of a complete internal plumbing system for all five floors of the Specialist Centre.

2. Procurement and installation of a new water pump at Nabunya.

3. Connection of the hospital to the National Sewer Line.

4. Water supply extension to Kibiri Health Centre.

5. Drainage system improvement at St. Paul Boys' Hostel (LHTI).

6. Installation of a visitor's toilet at the Executive Director's Office.

7. Installation of a wash-hand basin at the former Medical Director's Office (Doctors' Room).

8. Laying of a new water line for the Doctor's Room and Cashiers' Toilet.

Strategies and Plans (FY 2025/2026)

The section aims to strengthen sustainability, efficiency, and reliability through the following strategic actions:

• **Preventive Maintenance:** Conduct regular inspections, adhere to maintenance schedules, and maintain detailed maintenance logs.

• **Staff Training and Multiskilling:** Continuous professional development for maintenance staff in modern technologies and safety standards as well as training staff across multiple maintenance areas to provide flexibility and coverage during absence and peak times

• **Resource Management:** Maintain accurate inventories of tools, spares, and supplies to avoid delays in service delivery.

• **Performance Improvement:** Implement Key Performance Indicators (KPIs) to monitor efficiency, turnaround time, and cost-effectiveness.

• **Environmental Sustainability:** Use durable, eco-friendly materials, promote recycling, and adopt energy-efficient systems.

• **Emergency Preparedness:** Develop contingency plans, conduct safety drills, and maintain backup utility systems.

• **Regulatory Compliance:** Ensure adherence to all health, safety, and environmental regulations and prepare for both internal and external audits.

Challenges

Despite the achievements, several challenges were encountered:

1. Supply Chain Disruptions: Occasional delays in delivery of construction and plumbing materials slowed project completion.

2. Budget Constraints: Limited financial allocation hindered timely execution of critical maintenance and renovation works.

3. Aging Infrastructure: Some older hospital structures require significant repairs and modernization.

4. Staff Shortages: The current staffing level is inadequate for the growing scope of maintenance work.

Recommendations

1. Clear Roles and Accountability
Define and communicate specific roles and responsibilities for each team member to avoid overlap and ensure accountability.

2. Standard Operating Procedures (SOPs)
(i) Develop and prominently display SOPs for all common tasks, including repairs, installations, and inspections.

(ii) Ensure that all work strictly adheres to healthcare-specific safety and quality standards.

3. Preventive Maintenance Schedule
(i) Implement a structured maintenance plan with monthly and quarterly activities.

(ii) Include:
a) Door and furniture inspections (carpentry)
b) Paint condition assessments (painting)
c) Pipe pressure tests and valve inspections (plumbing)



(iii) Maintain a Preventive Maintenance Logbook to track completed tasks and schedule future maintenance.

4. Safety and Infection Control Compliance
(i) Train all staff on proper use of Personal Protective Equipment (PPE) such as gloves, masks, and safety goggles.

(ii) Ensure safe handling of materials, including lead-free paints and infection-safe plumbing components.

(iii) Provide training on fire safety, emergency procedures, and general hospital safety protocols.

5. Capacity Building and Training
(i) Conduct regular on-the-job training and refresher courses for all maintenance personnel.

(ii) Trainingtopicsshouldinclude:
a) Patient-centered maintenance practices
b) Energy efficiency and resource management
c) Infection control measures
d) Plumbing codes and standards
e) Safe use of scaffolding and other equipment

6. Work Order and Reporting System
(i) Implement a continuous ticketing system to manage repair and maintenance requests.

(ii) Assign timelines and priority levels (urgent vs routine) for each task.

(iii) Ensure thorough documentation and feedback from user departments to improve service quality.

7. Tool and Material Management
(i) Maintain an up-to-date inventory of tools, equipment, and frequently used materials.

(ii) Designate a storekeeper or clerk to manage stock levels, reordering, and storage.

(iii) Prevent delays caused by missing tools, parts, or expired materials such as paint and adhesives.

8. Performance Monitoring
(i) Track performance using Key Performance Indicators (KPIs), including:
a) Number of tasks completed on schedule
b) Downtime resulting from maintenance
c) User satisfaction scores

(ii) Conduct monthly reviews and provide feedback or recognition to motivate staff.

9. Coordination with Other Departments
(i) Schedule maintenance activities during non-peak patient hours to minimize disruption.

(ii) Collaboratecloselywith:
a) Infection control teams
b) Nursing and administrative departments for access and communication
c) Finance and procurement for timely material supply

10. Sustainability Initiatives
(i) Use environmentally friendly materials, such as low-VOC and hospital-grade paints.

(ii) Install water-saving plumbing fixtures to reduce consumption.

(iii) Recycle or safely dispose of waste materials, including old pipes and wood shavings.

Conclusion

The Estates and Maintenance Section remains committed to ensuring a safe, functional, and sustainable hospital environment that supports patient care and institutional growth. Through its dedicated efforts in infrastructure development, preventive maintenance, and compliance management, the section continues to strengthen Lubaga Hospital's position as a center of excellence in healthcare service delivery.

5.3.2.5



ELECTRICAL AND EQUIPMENT

Introduction

The Electrical and Equipment Unit plays a vital role in ensuring the reliability, safety, and efficiency of Lubaga Hospital's power systems and biomedical equipment. This report provides an overview of the unit's organization, scope of work, achievements, challenges, and strategic focus for the 2024/2025 financial year. It highlights the key maintenance activities, electrical installations, and equipment support interventions that contributed to continuous hospital operations and quality healthcare delivery.

Organization of the Unit

The Electrical and Equipment Unit operates under the Estates and Maintenance Department and comprises six permanent staff, supported periodically by student interns and casual laborers during peak maintenance periods or large-scale installations.

The team's structure ensures timely preventive maintenance, effective troubleshooting, and safe installation of both electrical and biomedical systems across the hospital. The unit reports directly to the Estates Manager and works in close collaboration with the Procurement Office and Administration to ensure efficiency and compliance with institutional standards.

Organization of the Unit

inistrative operations. The main functions include:

• Preventive Maintenance: Regular inspections and servicing of electrical installations and medical equipment to prevent sudden breakdowns.

• **Repairs and New Installations:** Timely response to electrical faults, wiring, and installation of new systems in wards, laboratories, and specialized units.

• **Equipment Upgrades and Decommissioning:** Replacement of obsolete systems and safe decommissioning of unserviceable biomedical equipment.

• **Procurement and Budgeting Support:** Development of annual maintenance budgets and technical specifications for new equipment purchases.

• **Safety and Compliance:** Conducting electrical safety inspections and training for staff on the proper use of biomedical equipment.

Weekly work plans are prepared and monitored, with periodic inspections ensuring early identification of risks and continuous improvement of system reliability. Services span electrical works, biomedical engineering, waste management, and welding. Scheduled inspections ensure timely intervention to prevent breakdowns.

Key Achievements (FY 2024/2025)

The unit registered notable accomplishments during the year, contributing significantly to the hospital's operational stability and energy efficiency.

Infrastructure and Systems
1. Supervision of the Specialist Centre Construction Works — provided electrical and equipment installation oversight to ensure adherence to safety and technical standards.

2. Preparation of the Workshop Budget to guide efficient resource allocation and maintenance planning.

3. Routine Inspection of Plants, Equipment, and Machinery, improving early fault detection and asset reliability.

4. Preventive Maintenance conducted for generators, air conditioners (ACs), UPS systems, solar panels, switchgears, and SMA inverters.

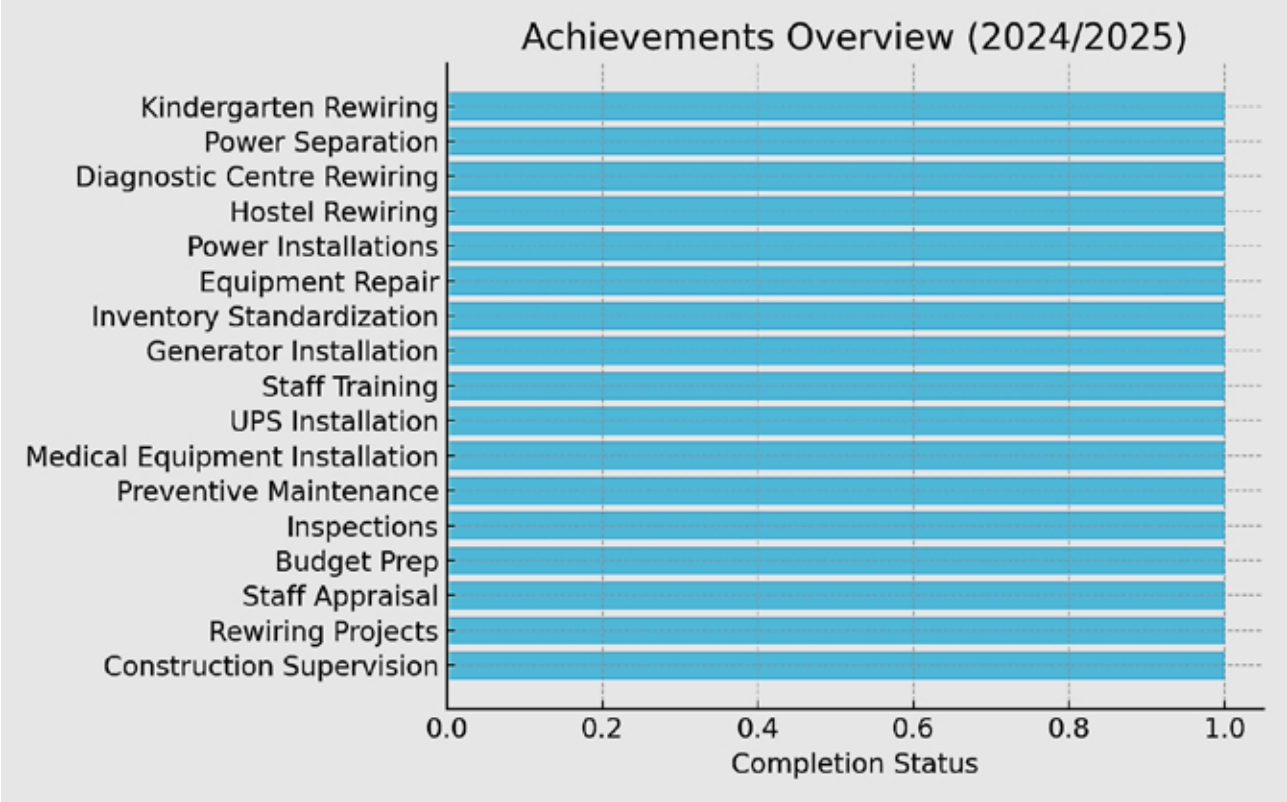
5. Installation of Key Systems, including:
o 100KVA UPS for the CT Scan Unit
o Specialist Centre generator
o Electrical power in the Training School Store
o Medical equipment at the Specialist Centre

6. Staff Training on Electrical Safety and Equipment Use, enhancing safe operation and user confidence across departments.

7. Standardization of Equipment Inventory, enabling effective tracking and lifecycle management.

8. Rewiring and System Upgrades for critical areas such as:
o Kayiwa Hostel
o Kindergarten
o Sr. Nkwangu Ruth Diagnostic Centre
o Laboratory (OPD)
o Training School Kitchen (separated from NESA Restaurant line) o Rewiring of laboratory department (OPD).

These activities ensured safe power distribution, reduced downtime, and supported the hospital's expanding clinical infrastructure.



Equipment Donations

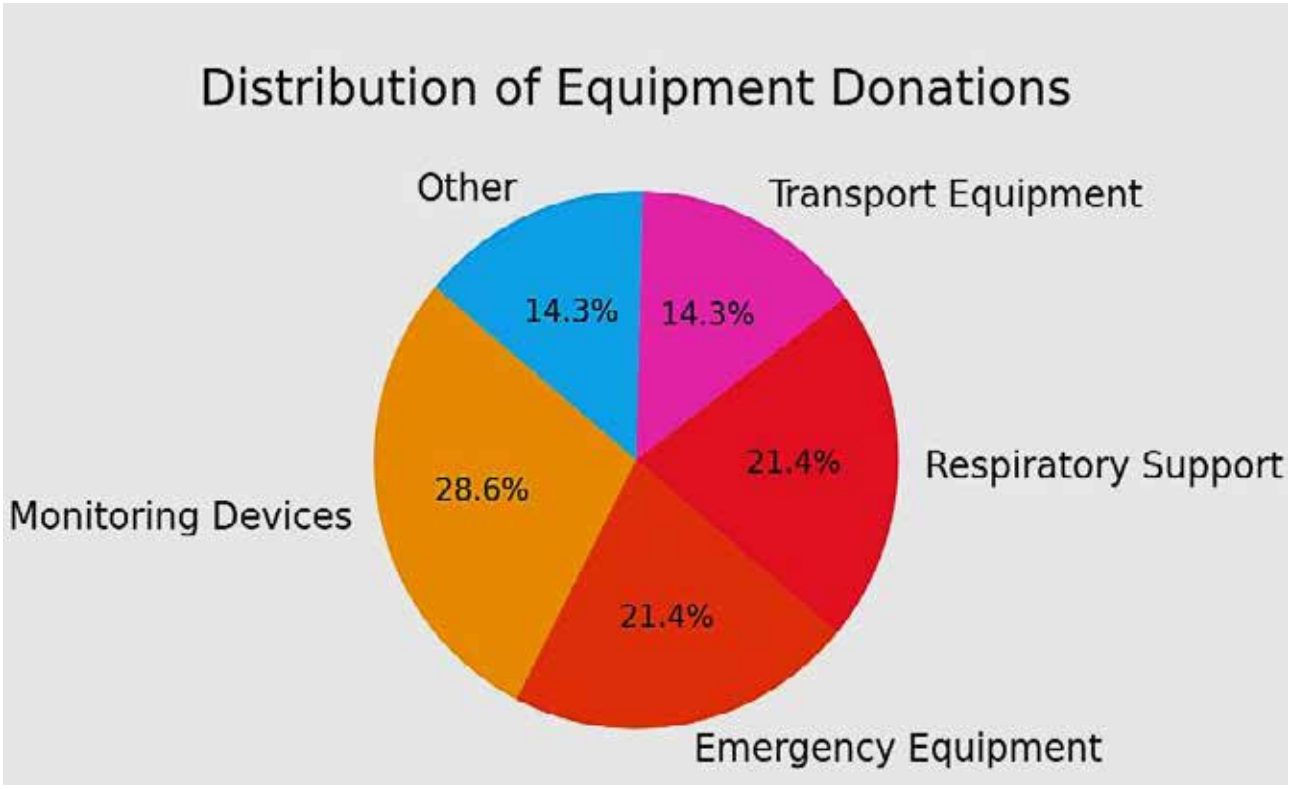
During the reporting period, the hospital received significant equipment donations from Malteser International and Ms. Victoria Waibel, strengthening the hospital's emergency and critical care capacity.

Equipment Description	Quantity
Electric CPAP Machine	01
Digital BP Machine	01
Defibrillator (AED)	01
Suction Machine	01
Infusion Pump	01
Syringe Pump	01
Nebulizer Machine	02
Stethoscope	01
Fetal Doppler	01
Manual Suction Machine	01
Portable Defibrillator	01
Ambubag (Adult, Pediatric, Neonate)	03
Spine Board & Blocks	01
Ambulance Stretcher	02



The donated equipment was distributed to priority departments such as the Accident & Emergency Unit, ICU, Maternity, and Paediatric Wards, improving response capacity and service quality.

Below is the Chart showing the distribution of the donated equipment.



Future Plans (FY 2025/2026)

The Unit has set the following priorities for the upcoming financial year to strengthen technical resilience and safety standards:
1. Installation of a Mammogram Machine in the Radiology Unit.

2. Conducting a comprehensive Power Audit to assess load capacity and optimize energy efficiency.

3. Regular Repair and Maintenance of generator sets, AC units, and laundry equipment.

4. Replacement of bare conductors with insulated ABC cables for safety and durability.

5. Rewiring of Laundry and NESA Restaurant to enhance load management.

6. Centralizing water boiling systems for wards to reduce electricity costs.

7. Provision of staff safety training on equipment handling and emergency response.

8. Conducting a full Equipment Audit to verify functionality and inventory accuracy.

Challenges

Despite the successes registered, the following challenges were encountered:

1. Inadequate Power Capacity: The existing generator set has limited capacity and cannot meet hospital-wide energy demands during power outages.

2. Aging Hospital Beds and Theatre Equipment: Many mechanical hospital beds and older biomedical devices lack available spare parts on the market, affecting timely maintenance.

3. Budgetary Limitations: Funding gaps hinder the replacement of obsolete systems and the acquisition of modern tools.

4. Delayed Deliveries: Procurement delays occasionally affect maintenance timelines and planned upgrades.

Recommendations

1. Procurement of New Hospital Beds: Replacement to be implemented in a phased approach to ensure improved patient comfort and operational efficiency.

2. Acquisition of Laundry Dryer and Ironer: To meet the high linen demand and improve service turnaround time.

3. Procurement of a 650KVA Generator: To adequately support both the Main Hospital and the Specialist Centre during power interruptions.

4. Upgrade of the Power House: Replace undersized cables, upgrade distribution panels, and strengthen grounding systems for enhanced safety.

5. Continuous Staff Training: Regular refresher sessions on energy management, biomedical maintenance, and electrical safety standards.

Conclusion

The Electrical and Equipment Unit remains dedicated to ensuring uninterrupted power supply, reliable equipment functionality, and adherence to safety standards across the hospital. Despite challenges such as budget constraints and aging infrastructure, the unit continues to play a critical role in supporting clinical care delivery.

With continued management support, strategic investments, and partnerships, the Unit aims to enhance operational reliability and energy efficiency in the coming year.

5.3.2.6



HOUSEKEEPING & LINEN MANAGEMENT SERVICES





Introduction

The Housekeeping and Linen Management Unit is an essential support department tasked with ensuring the continuous supply of clean, safe, and well-maintained linen to patients, staff, and hospital departments. The unit also upholds the highest hygiene standards across all service areas as part of the hospital's infection prevention and control measures. Its primary mandate is to maintain the cleanliness, orderliness, and aesthetic appeal of the hospital environment while ensuring that all linen handling processes adhere to the infection control policies of Uganda Martyrs Hospital Lubaga and COHSASA accreditation standards.

Organization of the Department

The Linen Management and Housekeeping Service comprises 19 staff members working across three core sections:

1. Laundry Section – responsible for collection, cleaning, and distribution of linen.

2. Sewing Section – handles repairs, stitching, and tailoring of linen and staff uniforms.

3. Housekeeping Section – maintains cleanliness in wards, public areas, and administrative offices.

The unit is managed under a dual structure separating "Dirty" and "Clean" areas to prevent cross- contamination, with color-coded linen and uniforms for clear identification. This system enhances infection control and operational efficiency across the hospital.

Service Range Description

a) Laundry section.
The laundry is divided into three functional zones — dirty, clean, and housekeeping — represented by navy blue, sky blue, and royal blue respectively. This division ensures proper segregation and adherence to hygiene standards throughout the linen processing cycle.

b) Linen section.
Linen is categorized into private, general, and staff classifications, color-coded as sky blue, dark blue, and green respectively. This system facilitates easy tracking, minimizes mix-ups, and improves accountability.

c) Linen color and word coding as per ward/ unit.
Each ward/unit has a designated color and coded tag for its linen to streamline collection, processing, and redistribution.

d) Linen collection and distribution
Core laundry operations include the daily collection of contaminated linen, processing (washing, drying, ironing, and folding), and timely redistribution of clean linen to wards and service units. These processes are guided by established infection control and safety protocols.

Annual Outputs (FY 2024/2025)

During the financial year, the Laundry Unit processed an estimated 27,500 to 33,000 linen articles monthly, representing a substantial increase from the previous year. The rise was mainly due to the operationalization of the New Specialist Centre and the addition of new linen items such as towels and pillowcases.

The average daily load of dirty linen processed exceeded 600 kilograms, underscoring the growing workload handled by the unit.

Quality Improvement Project performance
Two continuous quality improvement (CQI) projects were implemented to enhance service delivery:
1. Collection Efficiency: 75% of all wards/units to have their dirty linen collected by 10:00 a.m.

2. Delivery Timeliness: 95% of all wards/units to receive clean linen by 10:00 a.m.

Progress reports indicate that the 75% collection target was consistently met by June 2025, while the delivery target showed steady improvement but fell short of the 95% goal. This shortfall was primarily due to reliance on sunlight for drying over 2,500 linen items daily, lack of industrial dryers, and limited staffing for extended working hours.



LINEN COLLECTION AND DELIVERY TIME-QUARTELY ANALYSIS

GRAPH BELOW SHOWING PERCENTAGE OF WARDS WITH COLLECTED DIRTY LINEN BY 10:00 AM



The graph above shows that the set target of 75% had been achieved by June/2025

GRAPH BELOW SHOWS PERCENTAGE OF WARDS THAT RECEIVED CLEAN LINEN BY 10:00 AM



The graph above shows steady progress in timely supply of clean for the last three quarters, though the target of 95% has not been met. The failure to meet the set target is attributed to reliability on sun only to dry over 2500 linen articles required daily, lack of industrial dryer, inefficient washing machines and ironers, the growing volumes of linen and working day time only.

Achievements

The following key achievements were registered during the reporting period:
a) Scored 90% in the Quality and Service Excellence Audits for FY 2024/2025.

b) Sustained compliance with COHSASA accreditation standards for linen management.

c) Successfully expanded services to cater to clients of the New Specialist Centre.

d) Recruitment of new housekeepers dedicated to the Specialist Centre.

e) Significant reduction in linen losses through strengthened accountability and control systems.

f) Conducted staff training on proper machine operation, chemical safety, and fire prevention.

g) Reviewed and updated all Standard Operating Procedures (SOPs) and operational guidelines for linen handling.

Strategies And Plans (FY 2025/2026)

The department's strategic priorities for the next financial year include:
a) Sustaining quality management systems in line with COHSASA standards.

b) Ensuring adequate provision of linen for maternity, theatre, and staff use.

c) Replacing all worn-out and condemned linen with new stock.

d) Providing all hospital staff with standard uniforms and scrubs to improve safety and uniformity.

e) Procuring an industrial 60 kg capacity tumble dryer and a 2-meter-wide calendar roller to improve drying and finishing efficiency.

f) Enforcing periodic maintenance and servicing of laundry machines.

g) Securing a reliable service provider for long-term machine servicing and repairs.

h) Conducting training workshops for laundry and ward staff on best linen management practices.

i) Implementing an automated linen management system (HMIS) for improved tracking and accountability.

Challenges

Despite commendable performance, the unit faced several operational challenges:

a) Weather Dependence: Reliance on sunlight for drying hampers consistent delivery, especially during the rainy season.

b) Frequent Machine Breakdowns: Aging and inefficient washing machines and ironers cause interruptions in workflow.

c) Understaffing: The ratio of laundry staff to linen workload (1:180) is three times above the recommended (1:50), making night shifts impossible.

d) Inadequate Preventive Servicing: Lack of regular machine maintenance increases downtime.

e) Insufficient Linen Stock: Persistent shortages in theatre and maternity areas, and limited staff PPE.

f) Limited Patient Privacy: Only one set of curtains per ward/unit, compromising privacy and infection control.

g) Linen Attrition: Approximately 40% of linen condemned and not replaced, reducing active circulation stock to 60%.

Recommendations

To address the above challenges and improve operational efficiency, the following actions are recommended:

a) Procure an industrial 60 kg capacity tumble dryer and a 2-meter-wide calendar roller to support high-volume processing.

b) Recruit at least four additional laundry staff to enable night shifts and enhance coverage in high-demand areas such as POPD.

c) Procure over 200 rolls of linen to replace irreparable stock and meet the expanded needs of the Specialist Centre.

d) Acquire 1,000 meters of curtains to enhance patient privacy, particularly in POPD, PNW1, and inpatient wards.

e) Allocate adequate funds for routine machine servicing and replacement of obsolete equipment.







Conclusion

The Housekeeping and Linen Management Unit remains a cornerstone of infection prevention and operational efficiency at Lubaga Hospital. Despite challenges related to weather, equipment, and staffing, the team demonstrated resilience and maintained high performance standards throughout the year.

Continued investment in modern laundry technology, staff development, and automated systems will be essential to sustaining excellence and supporting the hospital's expanding service capacity in FY 2025/2026.

5.3.2.7



TRANSPORT AND LOGISTICS



Introduction

The Transport and Logistics Unit plays a vital role in supporting the operational efficiency of Uganda Martyrs Hospital Lubaga. It ensures the safe, reliable, and timely movement of patients, staff, students, and medical supplies. The unit operates a structured transport system designed to meet both emergency and routine hospital needs, contributing significantly to patient care, outreach programs, and overall institutional service delivery.

The department's mission is to provide efficient, safe, and client-centered transport services that support healthcare delivery through professionalism, innovation, and continuous improvement.

Organization of transport section.

The Transport Section operates under the supervision of the Hospital Administrator and is directly managed by the Transport Supervisor, who coordinates daily activities and oversees a team of qualified drivers.

The structure supports three main operational categories:
• **Staff Transport:** For official duties, meetings, and hospital programs.

• **Student Transport:** For clinical placements, academic trips, and institutional activities.

• **Patient Transport:** For emergency evacuation, referrals, and transfers to other healthcare
facilities.

Procedural Overview
1. Staff Transport: Staff requiring official transport submit a Transport Request Form to the Transport Supervisor. Vehicles are allocated based on availability and urgency.

2. Student Transport: The School Administrator coordinates student schedules with the Transport Supervisor for bus or coaster assignments.

3. Patient Transport: Patient transfers are coordinated through the Emergency Dispatch Team, which communicates requests to the Transport Supervisor for immediate action.

Service range description.

The Hospital provides road transport services only, with a well-maintained fleet designed to meet institutional needs across administrative, academic, and clinical operations.

Fleet Composition (FY 2024/2025)
• School Transport:
o 1 School Coaster
o 1 School Bus
o 1 Omnibus • Staff Transport:
o 3 Service Vehicles
o 3 Saloon Cars • Patient Transport:
o 2 Ambulances (for patient transfer and emergencies)
o 1 Field Hardtop Ambulance (for off-road or critical emergencies)

This diversified fleet supports 24-hour ambulance operations, staff fieldwork, and student mobility, ensuring efficient and flexible transport service delivery.

Key Achievements (FY 2024/2025)

During the year under review, the Transport Section achieved the following milestones:

1. Patient Referrals: Provided timely patient transfers and referrals to major



hospitals including Mulago, Kawempe, Nsambya, and other facilities across Kampala, Wakiso, and Mukono.

2. Community Health Outreach: Supported outreach programs in Kabowa, Lungujja, and surrounding areas by transporting medical teams and logistics.

3. Health Supplies Distribution: Facilitated safe and timely delivery of medical supplies from National Medical Stores (NMS) and KCCA stores to hospital departments.

4. Official Transport Support: Provided transport services for staff attending seminars, medical camps, and professional workshops.

5. Emergency Coverage at Public Events: Ambulances were deployed at community and public events to ensure emergency preparedness.

6. Student Transport Support: Successfully coordinated student transportation for clinical placements and practical training across multiple health institutions.

7. Oxygen Transport: Introduced a dedicated tricycle for efficient transportation of oxygen cylinders within hospital premises.

Transport strategies and plans (FY 2024/2025)

To improve efficiency and service delivery, the Transport and Logistics Unit has prioritized the following strategies for the next financial year:

1. Client-Centered Operations: Strengthen professionalism, reliability, and responsiveness to hospital clients and staff.

2. Budget Optimization: Improve planning and resource allocation for fuel, maintenance, and operational costs.

3. Reduced Turnaround Time: Introduce better scheduling and route planning to enhance response times to requests.

4. Emergency Preparedness: Train all transport personnel in emergency driving techniques, basic first aid, and patient safety during transit.

5. Enhanced Institutional Image: Maintain a clean, branded, and well-presented fleet to reflect the hospital's professional image.

6. Digital Recordkeeping: Implement a transport logbook system integrated with digital tracking for fuel usage, mileage, and maintenance scheduling.

5. Emergency Response Limitations; With only one ambulance and a limited number of drivers, emergency patient referrals can be delayed, affecting service quality.

Challenges.

Despite notable progress, several challenges affected transport operations during the reporting period:

1. Vehicle Availability and Capacity;
• The current number of vehicles is insufficient to meet the growing transport demands of the hospital.

• Some staff transport needs require larger vehicles, such as vans, which are currently lacking.

2. Vehicle Reliability and Maintenance
• Frequent vehicle breakdowns, both on-site and while on the road, affect timely service delivery.

• Delays in repairing faulty vehicles further limit operational efficiency.

3. Staffing Limitations
• The number of transport staff is inadequate relative to the hospital's transport workload, including patient referrals and staff transport.

• Limited drivers constrain the hospital's ability to respond promptly to multiple transport requests simultaneously, particularly in emergencies.

4. Budget Constraints; The current transport budget is insufficient to support the increasing operational and maintenance demands of the transport fleet.

Recommendations.

To strengthen the Transport Section and improve service delivery, the following interventions are recommended:

1. Enhance Efficiency; Maintain timely and reliable transport services for staff, students, and patients.

2. Staff Training and Development;
• Ensure all transport personnel are well-trained in emergency driving and basic first aid.

• Promote client-centered service to improve user experience.

3. Improve Transport Image; Provide uniforms for transport staff to enhance professionalism and hospital image.

4. Resource Optimization;
• Review and improve the transport budget to meet the growing demands of hospital operations.

• Reduce turnaround time on transport requests through better planning and scheduling.

5. Fleet Expansion and Maintenance;
• Consider acquiring additional vehicles, including larger staff transport vehicles, to meet current and projected needs.

• Strengthen vehicle maintenance systems to reduce breakdowns and ensure reliability.

Conclusion

The Transport and Logistics Unit remains a vital component of Lubaga Hospital's operations, enabling effective patient care, staff mobility, and community outreach. Despite challenges related to vehicle availability, maintenance, and budgetary constraints, the team continues to uphold service excellence and safety standards.

Looking ahead, investment in fleet expansion, driver training, and digital logistics systems will be critical to sustaining efficiency, ensuring timely service delivery, and supporting the hospital's expanding healthcare mandate.





5.3.2.8



FOOD SERVICE & NUTRITION

Ms. Kirabo Justine Nalwoga
Hospital Nutritionist & Head,
Food Service Element



Introduction

The Nutrition and Food Service Unit plays a vital role in promoting patient recovery, preventing malnutrition, and enhancing overall well-being through the provision of clinical nutrition care and quality hospital meals. During the financial year July 2024 to June 2025, the Unit made significant progress in improving service delivery, patient education, and compliance with COHSASA standards. It also continued to address both acute and chronic malnutrition through nutritional assessments, counselling, and the management of malnutrition-related conditions.

The focus remained on Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) cases among children and adults, including HIV-positive and palliative clients. In addition, the Unit provided nutrition education for outpatients, inpatients, and special programs such as antenatal, postnatal, and chronic disease clinics. Despite intermittent challenges with supply and space, the Nutrition Unit maintained a steady flow of services and continued to demonstrate resilience and adaptability.

Key priorities for the year included optimizing therapeutic feeding for inpatients, strengthening community outreach nutrition programs, standardizing hospital meal service operations, and improving documentation and staff competencies in food safety and dietetic care.

Departmental Overview

The department operates two major components:
1. Clinical Nutrition Care – covering nutritional assessment, individualized diet planning, therapeutic feeding, and nutrition education.

2. Food Service Management – overseeing the preparation and delivery of safe, nutritious meals for patients and staff, guided by COHSASA standards and the hospital's Quality Assurance Framework.

The department works collaboratively with the Public Health, Nursing, Pediatrics, Internal Medicine, and Maternity Departments to support patient care and community outreach activities.



Annual Statistical Performance

The Nutrition Unit achieved commendable performance in FY 2024/25, as summarized below:

Indicator	FY 2024/25 Total	Remarks
Total Clients Assessed	13,314	Reflects consistent community and facility-based nutrition screening.
Total Diagnosis (SAM + MAM)	1,086	Majority were adults, reflecting an increasing burden of adult malnutrition.
Cured / Recovered Cases	730 (67%)	Indicates positive recovery outcomes within acceptable SPHERE standards.
Default Rate	4%	Represents strong follow-up and retention in care.
Death Rate	1.5%	Mainly among palliative and severely ill adult cases.
Transferred / Medical / Other Exits	24%	Includes referrals, relocations, or program transitions.
RUTF (Therapeutic Food) Distributed	≈ 12,000 sachets	Used primarily for children and adults with SAM.
FBF (Fortified Blended Food) Distributed	≈ 19,000 sachets	Issued to MAM clients for nutritional rehabilitation.
HIV-Positive Clients Enrolled	~20%	Reflects ongoing integration of HIV and nutrition services.

This performance underscores the department's growing reach, improved data management, and effective collaboration with clinical departments.

Key Statistics
A review of the monthly nutrition reports (July 2024 – June 2025) revealed the following performance trends:

- Total Patients Assessed: 1,248 (an 11% increase from the previous year).

- Patients Managed for Malnutrition: 312 cases, including 118 moderate and 194 severe malnutrition cases.

- Therapeutic Feeding Interventions: 289 patients received targeted nutritional therapy using F-75, F-100, or Ready-to-Use Therapeutic Foods (RUTF).

- Outreach and Community Nutrition Education: 54 community health sessions conducted, reaching 2,960 caregivers and parents.

- Dietetic Counseling Sessions: 472 patients received individualized diet counseling, mainly in the Diabetes, HIV, and Hypertension clinics.

The data shows a consistent increase in both inpatient and outpatient nutrition services, attributed to improved referral systems and greater awareness among clinicians on the importance of nutrition in patient management.

Age and Gender Distribution

Analysis of the clientele shows that adult malnutrition remains the predominant challenge, accounting for over 60% of total admissions. This category largely includes patients on ART, palliative care, or those with chronic medical conditions.

• Children under 5 years: 18% — mainly admitted for SAM and MAM management.
• Children aged 6–15 years: 15% — majority referred from pediatric and school health programs.

• Adolescents (15–17 years): 4%.

• Adults (18 years and above): 63% — mainly female clients in chronic care or HIV programs.

• Pregnant and Lactating women: 4% — screened and managed under maternal nutrition services.

This pattern reflects the evolving nutrition landscape in urban settings, where adult and chronic illness-related malnutrition is increasingly prevalent alongside pediatric undernutrition.



Key Achievements

The department registered several achievements during the reporting period, including:
• Sustained service continuity despite limited human and material resources.

• Integration of nutrition services with HIV and ART clinics, ensuring that nutrition screening and counselling became routine.

• Improved data capture and reporting through structured monthly documentation and timely submission of nutrition data.

• Enhanced nutrition counselling and education sessions conducted for inpatients, outpatients, and antenatal mothers.

• Community engagement through collaboration with village health teams for follow-up and referral of malnourished clients.

• Strengthened supply accountability for RUTF and FBF distribution, minimizing wastage and stock losses.



Challenges

Despite progress, the department faced several persistent challenges:

• Frequent stock-outs of RUTF and FBF, especially between February and April 2025, which disrupted continuity of care for malnourished clients.

• Limited space for counselling sessions and patient education, affecting the privacy and quality of engagement.

• High burden of adult malnutrition, necessitating tailored dietary interventions and longer treatment durations.

• Inadequate specialized staff in clinical nutrition, increasing the workload on the existing team.

• Inconsistent supply chain for nutritional supplements, leading to rationing and prioritization of critical cases.

Recommendations

To strengthen service delivery and outcomes, the following are recommended:

• Strengthen procurement and stock management systems to minimize future stock-outs of therapeutic and supplementary foods.

• Increase investment in capacity building, particularly in clinical and therapeutic nutrition for adult and pediatric care.

• Expand the nutrition counselling space to enhance privacy, group education, and client engagement.

• Establish a dedicated follow-up mechanism for discharged clients to reduce relapse rates and improve recovery tracking.

• Advocate for dedicated budget allocation for nutrition-related activities within the hospital's operational plan.

FOOD SERVICE ELEMENT PERFORMANCE

Following the Food Service Element Baseline Review (February – October 2025), several operational improvements were initiated to align with COHSASA quality standards.

Key Achievements:

• Introduction of standardized meal plans for different patient categories (normal, diabetic, renal, pediatric, and post-operative).

• Establishment of defined meal times (Breakfast – 7:00 a.m., Lunch – 12:30 p.m., Supper – 6:00 p.m.), improving punctuality and patient satisfaction.

• Initiation of patient feedback mechanisms through bedside meal satisfaction cards and feedback forms.

• Quarterly kitchen sanitation audits conducted jointly with the Infection Control and Quality Assurance teams.

• Staff training sessions held on food hygiene, meal portioning, and documentation of temperature control logs.

These interventions have contributed to more structured food service delivery and improved the consistency of meals served across hospital wards.

Major Gaps and Challenges

Despite progress, the department still faces challenges that require attention:

• Human Resource Gaps: Shortage of qualified chefs and food service assistants trained in hospital catering.

• Inadequate infrastructure: The kitchen space and equipment require modernization to meet COHSASA standards.

• Limited Continuous Professional D evelopment: Need for structured orientation and ongoing training on COHSASA standards, therapeutic diets, and infection control.

• Absence of real-time patient feedback tracking system—feedback is still manually collected and inconsistently analyzed.

Recommendations and Strategic Actions (FY 2025/2026)

To enhance nutrition and food service delivery, the following actions are planned:

• Recruitment of qualified chefs and food service assistants with experience in healthcare catering.

• Development of a Food Service Policy and Procedure Manual and review of existing SOPs.

• Implementation of structured staff training on meal planning, sanitation, and COHSASA compliance.

• Standardization of therapeutic meal plans with periodic review by the hospital nutritionist.

• Integration of digital tools for patient meal tracking and feedback collection.

• Quarterly monitoring of patient satisfaction and corrective action based on feedback.

Conclusion

The Nutrition Department continues to be a cornerstone of patient care at Lubaga Hospital. Through consistent service provision, improved reporting, and integration with other clinical departments, the unit has demonstrated strong performance and adaptability. While challenges persist, particularly in resource availability and adult malnutrition management, the department remains committed to promoting good nutrition as a foundation for health. Moving forward, investment in infrastructure, supplies, and staff training will be essential to sustaining and scaling these gains in the FY 2025/26.

And yet on the other hand, the Nutrition and Food Service Department has continued to make steady progress toward strengthening patient-centered nutritional care and improving food service quality. The integration of structured food service management practices and COHSASA- aligned standards has significantly enhanced quality and consistency. Moving forward, the focus will be on capacity building, infrastructure enhancement, and digital transformation to ensure sustainability, compliance, and excellence in nutrition care delivery at Uganda Martyrs Hospital Lubaga.



5.3.2.9



SECURITY SERVICES



Introduction

The Security Services Unit at Uganda Martyrs Hospital Lubaga is responsible for ensuring the protection of life and property, maintaining order, and promoting a safe and secure environment for patients, staff, students, and visitors. Security in this context involves preventive and responsive measures across three main areas:

• **Management Security** – establishment of security policies and procedures.

• **Operational Security** – day-to-day monitoring and response.

• **Physical Security** – safeguarding of infrastructure, property, and personnel.

The Unit's goal is to uphold a secure working and healing environment while supporting the hospital's mission of providing quality, compassionate care.

Organization of Lubaga Hospital Security Unit.

Lubaga Hospital outsources professional security services from SWATT Security Services Ltd, whose operations are overseen by the Hospital Internal Security Officer (ISO). The ISO works closely with hospital management and other departments to ensure that all safety and security protocols are effectively implemented.

This structure provides 24-hour security coverage across all hospital sections, including clinical areas, administrative offices, staff housing, the training school, and hostels.

Scope of Services

The Security Unit undertakes a wide range of activities designed to safeguard hospital operations and ensure compliance with safety protocols. Core responsibilities include:

1. Visible Patrols: Maintain regular and visible patrols within the hospital premises and its surroundings to ensure the safety of clients, staff, and installations.

2. Access Control; Monitor all hospital entrances by receiving and screening clients, identifying and filtering potential intruders, and managing the opening and closing of gates.

3. Property and Facility Protection;
• Ensure all hospital premises, including offices, hostels, and gates, are properly secured.

• Protect hospital property, staff belongings, and clients' possessions against theft or damage.

4. CCTV Surveillance;
• Monitor the hospital's CCTV security system to detect and prevent security breaches.

• Respond promptly to suspicious activity captured by surveillance.

5. Security Equipment and Deployment
• Maintain security equipment in good working condition.

• Ensure adequate deployment of security personnel in sensitive areas, complemented by consistent patrols and surveillance.

6. Emergency Response
• Execute emergency procedures by promptly responding to emergency calls from staff and clients.

• Act swiftly during emergency codes, mitigating violence, fire, or any security threats within the hospital.

7. Customer Care and Client Interaction
• Provide a secure and welcoming environment for clients without compromising safety.

• Support clients as they access hospital services while upholding professionalism.

8. Conflict Management
• Use verbal de-escalation techniques to manage conflicts among staff and clients.

• Resolve disputes in a manner that respects human rights and dignity.

9. Restraining Threatening Individuals
• Intervene when individuals pose a risk to the safety of clients, staff, or hospital installations.

• Apply appropriate restraint measures when necessary, particularly in cases of violence linked to illness, miscommunication, or dissatisfaction with services.

10. Coordination with Law Enforcement; Refer severe or unmanageable security situations to police through the hospital's Internal Security Officer. Examples include detection of explosives, violent confrontations, vandalism, or other high-risk threats.

Key Achievements (FY 2024/2025)

Below are the key highlights of the Security Achievements:

1. Patient and Staff Safety
• Close collaboration between the hospital security team and SWATT Security Services has effectively controlled patient escapees, minimizing costs that would otherwise arise from such incidents.

• The safety of patients, staff, and their personal property has been consistently maintained.

• Hospital property and installations have been safeguarded from theft, vandalism, and misuse.

2. Vehicle and Property Security
• Hospital and staff vehicles, motorcycles, and other property have been securely managed within designated hospital parking areas and at school compounds, with no major incidents reported.

3. Student Movement Control
• Monitoring and regulating student movement within the hospital and training school premises has been successful.

• No significant security incidents related to students were registered during the year.

4. CCTV Surveillance and Infrastructure
• Installation of CCTV cameras in sensitive areas has enhanced surveillance and deterrence.

• There remains a need for expanded coverage and acquisition of a new Network Video Recorder (NVR) to improve storage and monitoring capacity in the new financial year.

5. Security Deployment and Coverage
• Security deployment has been increased to a reasonable level, ensuring adequate presence in both hospital and training school locations.

• Consistent patrols and monitoring have enhanced overall security visibility. 6. Training and Capacity Building

• The security team has undergone continuous training in customer care and service delivery skills, improving their professionalism and interaction with patients, visitors, and staff.

7. Conflict Resolution and Incident Management
• The security team has successfully managed challenges arising from conflicting communications, particularly in Emergency, Outpatient, and Maternity areas.

• Several cases of attempted patient escapes were intercepted promptly, minimizing risks.

8. Collaboration and Meetings
• Regular security meetings with hospital staff, especially in maternity departments, have proven instrumental in identifying and mitigating security gaps.

Strategies and Plans (FY 2024/2025)

To strengthen security management and align with COHSASA standards, the following strategies will be pursued:

1. Implementation of COHSASA Standards:
o Maintain compliance with hospital accreditation standards in all aspects of security operations.

2. Staff Sensitization and Awareness:
o Conduct regular briefings and sensitization meetings for staff to improve awareness and cooperation on security issues.

3. Integration with Customer Care:
o Foster stronger collaboration between the Security and Customer Care teams to balance client experience with safety.

4. CCTV and Lighting Expansion:
o Install additional CCTV cameras and improve lighting in high-risk areas, including the training school, St. George compound, and hostel perimeters.

5. Documentation and Reporting:
o Standardize documentation of incidents, patrols, and visitor logs to enhance accountability and compliance.

6. Security Deployment Expansion:
o Increase security coverage in previously unguarded zones such as the Nursery Unit and the new Specialist Centre.

7. Strengthening the Security Committee:
o Sustain weekly security meetings chaired by the ISO for follow-up on operational issues and coordination with external partners.

8. Capacity Building:
o Continue specialized training in emergency response, fire safety, and customer handling to enhance professional competence.

Challenges

Despite notable achievements, several challenges continue to hinder the effective performance of security services within the Hospital. These include:

1. Inadequate CCTV Coverage; There is an urgent need for additional cameras in critical areas such as the Central Store, staff parking area, maternity gate, physiotherapy building, training school, and St. George compound.

2. Limited Parking Facilities; Current parking space is insufficient for both staff and clients, creating congestion and security concerns.

3. Insufficient Visitor Waiting Areas; The limited number of designated waiting spaces for visitors and caretakers often results in overcrowding and unnecessary movement across hospital premises.

4. Staff Identification and Uniform Compliance; Some staff members do not wear uniforms, identification badges, or name tags, making it difficult for security to distinguish them from visitors or strangers. This undermines access control, especially at entry points.



5. Non-Compliance with Security Procedures; Certain staff members, including departmental heads, neglect the use of gate passes and other security documents, thereby weakening established security protocols.

6. Unprofessional Staff Attitudes

• Instances of rudeness by some staff members toward both clients and security personnel, including during telephone communication, have been reported.

• At times, when guards request assistance (e.g., stretchers or wheelchairs for arriving clients), some staff respond harshly with remarks such as "know your boundaries". This discourages teamwork and weakens client-centered service delivery.

7. Delayed Reporting of Security Issues; Both clients and staff members occasionally delay or fail to report security-related incidents. This hampers timely response, prevents resolution, and leaves cases unresolved due to lack of evidence or supporting information.

8. Non-Cooperation in Vehicle Registration; Some hospital staff using parking facilities evade the requirement to provide vehicle details to security. This undermines security procedures and creates risks such as:

• Difficulty in tracing vehicle owners during emergencies.

• Delays in removing vehicles when required.
• Increased risk of theft or misuse of hospital-managed parking spaces.

9. Need for Enhanced Cooperation and Respect; Effective security requires collaboration, respect, and timely reporting. The lack of consistent cooperation from some staff undermines the hospital's collective ability to protect clients, staff, and property.



Recommendations

To enhance the safety and effectiveness of security operations, the following measures are recommended:

1. Upgrade CCTV Infrastructure:
o Procure a high-capacity NVR and install additional cameras to improve surveillance across all hospital facilities.

2. Enhance Communication Systems:
o Provide intercoms and portable radios to strengthen coordination between guards and the ISO.

3. Office Space for Security Supervision:
o Establish a dedicated office for the SWATT Security Supervisor for planning, reporting, and operational coordination.

4. Increase Security Deployment:
o Deploy an additional security guard at the maternity gate to manage vehicle entry, visitor registration, and gate passes.

5. Expand Parking Facilities:
o Identify and develop new parking spaces to decongest existing areas and improve safety.

6. Recruit Dedicated CCTV Operators:
o Employ two trained controllers to oversee surveillance operations on a rotational basis.

7. Strengthen Collaboration and Discipline:
o Reinforce a culture of respect, teamwork, and timely reporting among all staff to enhance overall institutional security.

Conclusion

The Security Services Unit remains central to the safety, order, and operational efficiency of Lubaga Hospital. The year under review registered notable progress in risk mitigation, surveillance, and staff cooperation. However, challenges such as limited infrastructure and inadequate compliance persist.

Continued investment in technology, capacity building, and interdepartmental collaboration will be critical to sustaining a secure and patient-friendly environment that aligns with the hospital's values of safety, service excellence, and compassion.

6

TRAINING, EDUCATION, AND RESEARCH

6.1



THE HOSPITAL TRAINING INSTITUTION

Compiled by: Sr. Jane Frances Namuddu, Principal
Approved by: Dr. Nawavvu Cecilia, Chairperson Governing Council



VISION

To train eligible students holistically into professional human resources for health.

MISSION

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

Motto: To Love All

Core Values:
- God-fearing
- Professionalism • Compassion
- Justice
- Innovativeness



Introduction

The Lubaga Hospital Training School continues to uphold its mission of developing professional and holistic human resources for health in alignment with the Catholic values of service and compassion. Over the reporting period, July 2024 to June 2025, the School demonstrated continued commitment to academic excellence, equitable access to training, and efficiency in program delivery. The institution remains a cornerstone of Uganda Martyrs Hospital Lubaga's broader mission to heal, educate, and serve with integrity and faith.

Key Performance Indicators (KPIs)

The performance of the Lubaga Hospital Training School was analyzed under the four UCMB indicators of Access, Equity, Efficiency, and Quality.

Indicator	2021/22	2022/23	2023/24	2024/25
Access (Utilization Rate)	100%	100%	100%	100%
Equity (Fee per Student – UGX)	2,565,515	2,716,682	3,251,529	2,778,968
Efficiency (Expenditure per Student – UGX)	2,785,091	4,740,204	6,376,084	5,405,911
Quality (Success Rate)	97%	97%	98.5%	96%
Qualified Tutor–Student Ratio	1:26	1:36	1:38	1:54

Performance Analysis

• **Access (100% Utilization)**
The Training School maintained full utilization of its approved capacity, reflecting sustained community confidence and effective recruitment and retention strategies. This achievement underscores the School's reputation for high-quality, faith-driven medical training.

• **Equity (Fee per Student)**
The average tuition fee per student declined slightly from UGX 3.25 million in FY 2023/24 to UGX 2.78 million in FY 2024/25. This adjustment was intended to improve affordability and increase access while maintaining financial sustainability through efficient cost management and resource optimization.

• **Efficiency (Recurrent Expenditure per Student)**
The per-student expenditure decreased from UGX 6.37 million in FY 2023/24 to UGX 5.40 million in FY 2024/25, attributed to the rise in student enrollment and prudent cost-sharing mechanisms. While this improvement enhanced efficiency, it calls for careful balancing to ensure that quality and mentorship intensity are not compromised.

• **Quality (Academic Success Rates)**
Although the overall pass rate remained strong at 96%, there was a slight dip from 98.5% in FY 2023/24. The decline was mainly noted in specific programs such as Diploma in Medical Laboratory, Diploma in Nursing Direct, Diploma in E-Learning, and Certificate Laboratory, while all other programs sustained near-perfect pass rates.

This indicates the need for strengthened mentorship, enhanced supervision, and more practical training sessions in selected disciplines.

Success Rate
Although the overall success rate remained commendably high at 96%, the slight decline from 98.5% in FY 2022/2023 was largely due to lower pass rates in a few specific programs. The Diploma in Medical Laboratory Technology registered the most significant drop, with 7 out of 11 students passing compared to a 100% success rate the previous year. Additionally, both the Diploma in Nursing (Direct) and the Diploma in E-Learning programs recorded one failure each, while the Certificate in Medical Laboratory Technology registered three failures out of 28 candidates. In contrast, programs such as the Diploma in Nursing (Extension), Diploma in Midwifery, Certificate in Nursing, and Certificate in Emergency Care maintained excellent or perfect performance levels. These outcomes indicate that the decline in overall performance was localized to a few programs, underscoring the need for enhanced academic support, close supervision, and strengthened mentorship in those specific areas.

Efficiency and Recurrent Expenditure Per Student.

• Efficiency (Rising Per-Student Expenditure): The expenditure per student has steadily declined, primarily due to a modest increase in student enrollment, which has allowed operational costs to be more evenly distributed across a larger population. At the same time, the institution has made significant strategic investments in quality improvement—particularly in ICT infrastructure, acquisition of a bus, and strengthened clinical mentorship programs. The efficiency trend demonstrates the institution's capacity to expand training programs while maintaining cost-effectiveness. However, balancing financial sustainability with the continued delivery of high-quality education remains a key priority. Sustained resource mobilization, prudent budgeting, and strategic partnerships will therefore be essential to preserve and build upon these efficiency gains.

FINANCIAL YEAR	EXPENDITURE PER STUDENT
2021-2022	2785091
2022-2023	4,740,204
2023-2024	6,376,084
2024/2025	5,405,911

Upward Trend (2021/22 - 2023/24):
There was a sharp increase in recurrent expenditure per student from UGX 2.8M in 2021/22 to UGX 6.4M in 2023/24. This rise reflected greater investment in quality training such as ICT infrastructure (expansion to 75 computers), acquisition of a 60-seater bus, strengthened mentorship, and general institutional growth. These investments enhanced the quality of education but placed additional financial pressure on the school.

Decline in 2024/25:
The expenditure dropped to UGX 5.4M in 2024/25, mainly due to an increase in student enrolment, which allowed costs to be distributed across a larger population. While this reduction improves efficiency ratios, it may also limit the ability to sustain the same intensity of investment per student unless external resources are mobilized.



Academic Performance Overview

Although the overall success rate remained commendably high at 96%, the slight decline from 98.5% in FY 2022/2023 was largely due to lower pass rates in a few specific programs. The Diploma in Medical Laboratory Technology registered the most significant drop, with 7 out of 11 students passing compared to a 100% success rate the previous year. Additionally, both the Diploma in Nursing (Direct) and the Diploma in E-Learning programs recorded one failure each, while the Certificate in Medical Laboratory Technology registered three failures out of 28 candidates. In icate in Nursing, and Certificate in Emergency Care maintained excellent or perfect performance levels. These outcomes indicate that the decline in overall performance was localized to a few programs, underscoring the need for enhanced academic support, close supervision, and strengthened mentorship in those specific areas.

Indicator	2023/24 No. Sat	2023/24 Passed	2024/25 No. Sat	2024/25 Passed
Diploma Nursing Extension	41	41	25	25
Diploma Nursing Direct	5	5	11	10
Diploma Midwifery	20	20	23	23
Diploma E-Learning	10	10	15	14
Diploma in Medical Laboratory	8	8	11	7
Certificate Midwifery	69	69	87	83
Certificate Theatre Techniques	25	25	18	17
Certificate Laboratory	17	13	28	25
Certificate Nursing	88	88	154	151
Certificate in Emergency Care	0	0	22	22

Overall, student performance remains commendable, with most programs achieving over 90% pass rates.

Institutional Achievements and Strengths

• Maintained full (100%) enrolment capacity utilization.

• Sustained a high overall academic success rate (96%).

• Expanded ICT infrastructure with 75 computers and a 60-seater institutional bus.

• Strengthened collaboration with Lubaga Hospital for clinical mentorship.

• Achieved high retention and progression rates across all programs.

• Continued active participation in UCMB and national health training platforms.

• Maintained strong institutional governance through the Governing Council and School Board.



Challenges

• Decline in performance in a few academic programs (particularly Laboratory Sciences).

• Delays in student tuition payments affecting operational cash flow.

• Limited number of trained hospital mentors for clinical placements.

• Increasing tutor-to-student ratio (1:54) impacting individualized supervision.

• Rising operational costs against static fee structures.

Way Forward

• Recruit additional tutors to improve tutor–student ratios and learning outcomes.

• Strengthen mentorship programs and supervision in critical programs such as Laboratory and Nursing Direct.

• Mobilize resources to support ICT integration, practical learning, and staff capacity development.

• Enhance collaboration with the Hospital departments for hands-on clinical exposure.

• Improve financial sustainability through cost-sharing, partnerships, and income-generating initiatives.

Conclusion

The Lubaga Hospital Training School continues to demonstrate faithfulness to its mission by producing competent, compassionate, and Christ-centered health professionals. Despite economic challenges and workload pressures, the institution sustained full training capacity and strong academic outcomes. With continued support from the Governing Council, Hospital Management, and the Uganda Catholic Medical Bureau, the School remains steadfast in advancing excellence in medical education and service to humanity.

6.2



PLACEMENTS AND INTERNSHIP/ RESIDENCY PROGRAMS.

Mrs Nganda Ann



Introduction

The Students' Coordination Office serves as the central unit responsible for managing and coordinating all student field placements and clinical exposures at Uganda Martyrs Hospital Lubaga. The hospital provides a structured environment for both local and international students pursuing various medical and non-medical disciplines, offering hands-on experience in a well-organized, resource-limited setting.

Most students are drawn from tertiary institutions across Uganda, while others are Ugandan nationals studying abroad who require clinical exposure within the Ugandan health system as part of their qualification process before internship placement by the Ministry of Health. Additionally, the hospital hosts international students who seek to gain practical experience in managing health services within developing country contexts. During the reporting period, students were received from a wide range of institutions including:

- Pharmacy and Medical Laboratory Technology
- Kampala Institute of Health Professionals
- Kampala School of Health Sciences
- Indian Institute of Health and Allied Sciences
- The College of Veterinary Medicine, Animal Resources and Biosecurity (Makerere University)
- Physiotherapy, Dental Technology, Ultrasound, and Medical Imaging
- Uganda Institute of Allied Health and Management Sciences (UIAHMS)
- Ernest Cook Ultrasound Research and Education Institute (ECUREI)
- Non-medical Students
- Kyambogo University
- Makerere University (MUK)
- Makerere University Business School (MUBS)
- Uganda Martyrs University
- Uganda Catholic Management and Training Institute (UCMTI)
- Busitema University, among others.

The largest proportion of students comprised Nursing and Midwifery trainees at both Certificate and Diploma levels, reflecting the composition of the hospital's clinical workforce. These students came from institutions within Uganda and from neighboring countries. While medical students and pre-interns continue to express strong interest in clinical placements at Lubaga Hospital, participation is often limited by practicum fees and the hospital's moderate patient load compared to public hospitals. The hospital prioritizes students enrolled in programs with mandatory clinical components due to space and supervision constraints.

Institutional Collaborations

Lubaga Hospital maintains active partnerships with several training institutions, including:
- Artevelde University of Applied Sciences (Ghent, Belgium)
- Busitema University, Faculty of Health Sciences
- Life Link Medical Centre Limited
- St. Michael Lubaga Training Institute (LHTI) – as an affiliate of the hospital, it does not require an MOU.

A three-year Memorandum of Understanding (MOU) was signed with Artevelde University of Applied Sciences (October 23, 2024 – October 22, 2027). Discussions are ongoing to make the exchange program bi-directional and to update the agreement through an addendum reflecting an increase in practicum fees from USD 50 to USD 100 per student per month.

Additionally, Kampala University School of Nursing and Health Sciences and Kampala School of Health Sciences submitted requests for MOU renewal to continue student placements at Lubaga Hospital.

Placements and Internship/Residency Programs

During the reporting period July 2024 – June 2025, Lubaga Hospital continued to play a pivotal role as a training and placement center for both local and international students across medical and non-medical disciplines. The Hospital provides field exposure and clinical placements to students pursuing programs in Nursing, Midwifery, Medicine, Medical Laboratory Sciences, Physiotherapy, Radiology, Pharmacy, and Allied Health.

Students were placed from a wide range of institutions including:

School	Number of Students
St. Michael Lubaga Hospital Training Institute (LHTI)	617 students
Kampala University School of Nursing and Health Sciences	194 students
Artevelde University of Applied Sciences (Belgium)	12 students
Life Link Hospital	12 students
Busitema University Faculty of Health Sciences	15 students
Other institutions (local and international)	274 students
Total number of students coordinated	**1,124 students**



Institutional Partnerships and Staff Development Initiatives

During the reporting period, Memoranda of Understanding (MOUs) were signed with two key partners to strengthen academic collaboration and clinical training at Uganda Martyrs Hospital Lubaga:

• Life Link Hospital – for a Staff Exchange Program, under which Life Link covers placement and lunch costs for its staff undertaking training at Lubaga Hospital.

• Busitema University, Faculty of Health Sciences – to facilitate clinical placements for students pursuing the Bachelor's Degree in Anesthesia. The practicum fees for Busitema students are paid individually upon reporting for training.
In recognition of the valuable contribution made by Lubaga Hospital staff toward student training and mentorship, Hospital Management allocated 40% of practicum fee revenue to staff who had served with the hospital for at least one year. A total of UGX 25,081,500 was disbursed for this purpose, while the remaining 60% of practicum fees supported hospital administrative operations.

The Education and Training Committee, in collaboration with the Lubaga Hospital Training Institute (LHTI), organized two internal capacity-building workshops during the financial year. These were conducted on 6th June 2024 and 19th March 2025, covering the following topics:

• Roles and Responsibilities of Training Focal Persons

• Proper Documentation and Signing of Logbooks

The hospital also received sponsorship requests from three staff members pursuing further professional development:
• Ms. Justine Nakimpi, Physiotherapy Officer
• Ms. Juliet Nalwoga, Registered Midwife
• Ms. Shamim Nakyewa, Enrolled Nurse
After careful review, Ms. Nakimpi was granted a 50% bursary, while the other two staff were encouraged to self-sponsor, consistent with the hospital's current staff development policy, which encourages personal investment in career advancement.

Key Highlights and Achievements

• A three-year Memorandum of Understanding (MOU) was signed with Artevelde University (October 2024–October 2027), with discussions ongoing to introduce a two-way exchange and revise the practicum fee structure.

• Kampala University School of Nursing and Health Sciences and Kampala School of Health Sciences submitted renewal requests for their MOUs.

• Hospital management recognized staff contribution to student training by allocating 40% of practicum fee income (UGX 25,081,500) to staff who actively supervised and mentored students.

• Two internal capacity-building trainings were held in collaboration with the Lubaga Hospital Training Institute (LHTI) focusing on "Responsibilities of Training Focal Persons" and "Signing of Logbooks."

• The Students' Coordination Office streamlined placement management to ensure equitable student distribution and prevent congestion during peak placement months (May–August).





Challenges

• Late submission of placement requests by institutions limits effective planning.

• Student influx during peak academic months overwhelms some departments.

• Vacancy of the Nutritionist position since January 2025 affected supervision of nutrition students from Kyambogo University and Uganda Catholic Management and Training Institute.

Future Priorities

• Finalize pending MOUs and addenda with partner institutions.

• Enforce a minimum 30-day submission period for all placement requests.

• Standardize student orientation programs covering hospital operations, infection prevention, and customer care.

• Recruit a Nutritionist to support academic mentorship.

• Strengthen staff motivation and recognition for their role in mentoring and training students.

Conclusion

As a teaching and referral institution, Uganda Martyrs Hospital Lubaga remains committed to fostering academic excellence and professional development through high-quality clinical placements. The hospital's partnership-based training model continues to enhance both local and international learning experiences while contributing to Uganda's broader human resource development in health.

6.3



RESEARCH OUTPUT AND PARTNERSHIPS.

Mrs Nganda Ann Nakibiri



Introduction

The Financial Year 2024/2025 marked another period of significant progress in advancing Lubaga Hospital's commitment to applied health research and evidence-based practice. Under the guidance of the Medical Director and the Research Coordination Office, the hospital continued to operationalize Thematic Area Five of its Strategic Plan (2021–2026): "Promotion of sustainable applied research, innovation, and training initiatives."

Research activities during the year emphasized ethical integrity, institutional visibility, and the translation of research findings into practical solutions for improved patient outcomes and health service delivery. The hospital remained an active contributor to Uganda's national health research agenda through collaboration with universities, professional bodies, and global partners.

Research Governance and Oversight

The Lubaga Hospital Research Ethics Committee (LHREC) played a pivotal role in ensuring that all research conducted within the hospital met the ethical, professional, and scientific standards outlined by the Uganda National Council for Science and Technology (UNCST). Throughout the year, the Committee reviewed, monitored, and approved multiple research protocols, maintaining high standards of participant protection, data confidentiality, and ethical compliance.

The multidisciplinary composition of the LHREC—which includes clinicians, academicians, community representatives, and legal advisors—enabled the Committee to assess research from diverse perspectives, strengthening the integrity and quality of studies conducted. In addition, the hospital improved administrative processes for research clearance, reducing turnaround time for protocol approvals and encouraging more student and institutional-led research projects.

Administrative clearance was granted to multiple researchers, including students from the Lubaga Hospital Training Schools and other national and international academic institutions, reflecting the Hospital's growing reputation as a preferred site for ethical and high-quality research.

Research Partnerships and Collaborations

To strengthen the quality and impact of research, the Hospital formalized new partnerships and continued engagements with key research and academic institutions. Notable collaborations included:

• **Uganda Martyrs University (UMU) – Nkozi:** A Memorandum of Understanding (MoU) was signed to facilitate joint supervision and ethical review of postgraduate research proposals, with emphasis on mentorship and scientific integrity.

• **Joint Clinical Research Centre (JCRC):** A formal partnership was established to advance collaborative research in clinical trials, data management, and biomedical innovation. Strategic collaborations were a cornerstone of the Hospital's research agenda during FY 2024/2025. These partnerships enhanced institutional capacity, access to resources, and academic linkages necessary for sustainable research growth.

Key partnerships included:
• **Uganda Martyrs University (UMU) – Nkozi:** A formal Memorandum of Understanding (MoU) was signed to foster collaboration in academic research, postgraduate supervision, and joint ethical reviews. The partnership also supports mentorship for early-career researchers and facilitates joint publications.

• **Joint Clinical Research Centre (JCRC):** This collaboration focused on strengthening research in clinical trials, biostatistics, and biomedical data systems. Through this partnership, staff gained exposure to advanced research methodologies and collaborative studies in infectious diseases.

These alliances have not only broadened the hospital's research portfolio but also positioned Lubaga as a credible partner for high-impact, multi-institutional studies within the region. These partnerships continue to enhance the hospital's institutional research capacity and create opportunities for staff involvement in knowledge generation and innovation.

Research Projects Conducted During FY 2024/2025

Several significant research projects were implemented under the coordination and ethical oversight of the LHREC. These studies contributed to both scientific knowledge and service improvement.

Key projects included:
• **Kampala Community Health Research and Training (CHART) Program – Makerere University School of Public Health:** Focused on improving community health systems through operational research and data-driven interventions.

• **African Neonatal Network (ANN):** Concentrated on neonatal outcomes and quality improvement in newborn care.

• **MUJU Care Birth Defects Study:** Investigated prevalence, risk factors, and outcomes of congenital anomalies.

• **WHO Rota Virus Study:** Contributed to national data on vaccine effectiveness and diarrhea prevention in children under five.

• **TADIC Study (Makerere University Department of Physiology):** Explored tuberculosis diagnosis innovations and host immune response.

• **PROTOID Study:** A randomized controlled trial assessing the efficacy of Rifapentine and Isoniazid for TB prevention among individuals with diabetes.

Each of these projects strengthened interdisciplinary collaboration, improved staff research competence, and contributed data relevant to hospital policy and national health priorities. These research engagements provided valuable clinical data, strengthened multidisciplinary collaboration, and contributed to evidence-based practice within the Hospital.

Research Dissemination and Visibility
Efforts were made to improve the dissemination and visibility of research outputs during the year. Staff and students presented findings in internal hospital review meetings, national research forums, and partner conferences.

Plans are underway to establish a Lubaga Hospital Research Repository—a centralized database to archive completed studies, abstracts, and publications for easy reference. This will enhance institutional visibility and provide a valuable resource for future academic collaborations.

Strategic Priorities for FY 2025/2026

In the next financial year, the Hospital's Research Coordination Office will focus on consolidating gains and expanding institutional research visibility. Building on the progress achieved, the Research Coordination Office will focus on the following key priorities in the next financial year:

- **Capacity Strengthening:** Recruit or designate a Research Specialist to support proposal development, mentorship, and publication writing.

- **Accreditation of LHREC:** Pursue formal accreditation from the UNCST to enhance national recognition and credibility.

- **Knowledge Sharing:** Organize quarterly research seminars and brown-bag sessions to promote continuous learning and cross-departmental collaboration.
- **Participation in National Conferences:** Actively engage in the 12th Annual National Research Ethics Conference (October 2025) and other professional symposia to enhance visibility.

- **Resource Mobilization:** Develop partnerships and project proposals for external research funding, especially in maternal health, infectious diseases, and non-communicable diseases.

Conclusion

The Financial Year 2024/2025 demonstrated Lubaga Hospital's growing strength in health research, innovation, and academic collaboration. Through strong governance, strategic partnerships, and committed leadership, the hospital has laid a solid foundation for transforming research into a driver of institutional growth and improved patient care. Lubaga Hospital remains committed to fostering a culture of ethical and innovative research. Through strengthened governance, strategic partnerships, and targeted capacity building, the institution continues to position itself as a leading hub for health research, innovation, and academic collaboration within Uganda and the East African region.

As the institution moves into FY 2025/2026, the focus will be on consolidating these achievements through capacity building, dissemination of findings, and pursuit of accreditation and funding that reinforce Lubaga's status as a center of excellence in ethical, impactful, and transformative health research.

6.4



STAFF CONTINUOUS PROFESSIONAL DEVELOPMENT.

Mutesi Monica
Human Resource Officer (Training and Staff Welfare)

Introduction

Continuous Professional Development (CPD) remains a cornerstone of Lubaga Hospital's commitment to clinical excellence, professional growth, and service quality improvement. Throughout FY 2024/2025, CPD activities focused on equipping staff with up-to-date knowledge, skills, and attitudes aligned with institutional priorities, COHSASA standards, and emerging healthcare trends.



Objectives

The main objectives of CPD in the reporting year were to:

- Strengthen staff competence across all clinical and non-clinical departments.
- Support hospital accreditation and continuous quality improvement initiatives.
- Foster multidisciplinary collaboration and patient-centered care.
- Enhance compliance with infection prevention, occupational safety, and ethical standards.

Department	Number of CPD Sessions	Total Participants
Medical Services	24	85
Nursing & Midwifery	20	112
Pharmacy	10	36
Laboratory	12	42
Radiology	8	28
Administration & HR	9	30
Finance & Procurement	6	18
Housekeeping & Laundry	5	25
Security & Transport	4	22
ICT Unit	7	15
Total	**105 Sessions**	**413 Participants**

Figure 1: Bar chart – "Number of CPD Sessions Conducted by Department (FY 2024/2025)" (This chart will display the comparative number of sessions per department, showing the Nursing & Midwifery and Medical Services departments as leading contributors.)

Thematic Areas of CPD Training

Thematic Area	Sessions Held	Total Participants
Clinical Care & Patient Safety	26	150
Infection Prevention & Control	18	120
Leadership & Management	9	60
Customer Care & Professional Ethics	11	80
ICT & Digital Systems	8	40
Occupational Health & Safety Quality	7	35
Improvement & Accreditation	10	55
Total	**89 Sessions**	**540 Participants**

Figure 2: Pie Chart – "Distribution of CPD Sessions by Thematic Area (FY 2024/2025)" (This chart will visualize thematic proportions, showing the largest focus on Clinical Care & Patient Safety and Infection Prevention & Control.)



Achievements

• Over 100 CPD sessions conducted across all departments.

• Active participation of more than 400 staff members in structured training.

• Integration of COHSASA-aligned modules in all CPD themes.

• Introduction of digital attendance and evaluation tools for CPD tracking.

• Improved staff engagement in quality improvement and ethics training.

Challenges

• Limited facilitation for off-site and specialized CPD workshops.

• Competing clinical workloads leading to low attendance in some sessions.

• Inconsistent data capture for CPD attendance and evaluations.

Recommendations

1. Institutionalize a comprehensive CPD tracking database integrated with HR records.

2. Allocate a dedicated annual CPD budget to support specialized training.

3. Strengthen the role of departmental CPD focal persons in monitoring participation.

4. Expand partnerships with training institutions for certified modular courses.

Conclusion

The Continuous Professional Development (CPD) program for the financial year 2024/2025 demonstrated Lubaga Hospital's unwavering commitment to maintaining a competent, motivated, and service-oriented workforce. Through structured learning activities, departmental trainings, and interdisciplinary sessions, the hospital strengthened staff capacity in clinical excellence, patient-centered care, infection prevention, leadership, and ethical practice.

Despite operational challenges such as high workload demands and limited facilitation for off-site training, the overall participation rate remained commendable across departments. The CPD Committee's efforts in coordinating learning opportunities and aligning them with institutional priorities have enhanced performance, compliance with accreditation standards, and quality of service delivery.

Going forward, the hospital seeks to consolidate these gains by establishing a robust CPD database, adopting digital learning tools for blended training, and fostering mentorship-driven knowledge sharing. Continuous investment in staff development remains central to Lubaga Hospital's vision of delivering compassionate, high-quality, and sustainable healthcare.



7

QUALITY ASSURANCE & PATIENT SAFETY

7.1



INFECTION PREVENTION AND CONTROL



Sr. Kwangu Ruth, IPC Officer

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), Ant-microbial Resistant (AMR) organisms and to determine risks, trends and rates of endemic infections.

Hospital IPC Objectives:

1. To review the processes and procedures as appropriate to reduce the risk of infections, implement measures, educate personnel, patients and visitors the preventive measures of Hospital acquired infections (HAIs).

2. To monitor infections and investigate outbreaks of infections, assess risks and set risk reduction goals

3. Promote surveillance activities of epidemiologically significant diseases and organisms to reduce health care associated infections

4. To use the available collected and collated data to support the tracking of risks, rates and trends in HCAIs

5. Modify the IPC processes to reduce HCAIs to the lowest possible levels

Highlights:

1. Hand hygiene (HH)
Management has ensured readily available hand washing facilities throughout the year, and all Health care personnel have been trained in the correct hand washing and disinfection procedures. Patients, care takers and visitor were health educated about routine hand washing and sanitization through public address system.

Hand hygiene audit:
Direct hand hygiene observation and compliance in all clinical areas from July 2024 to June 2025

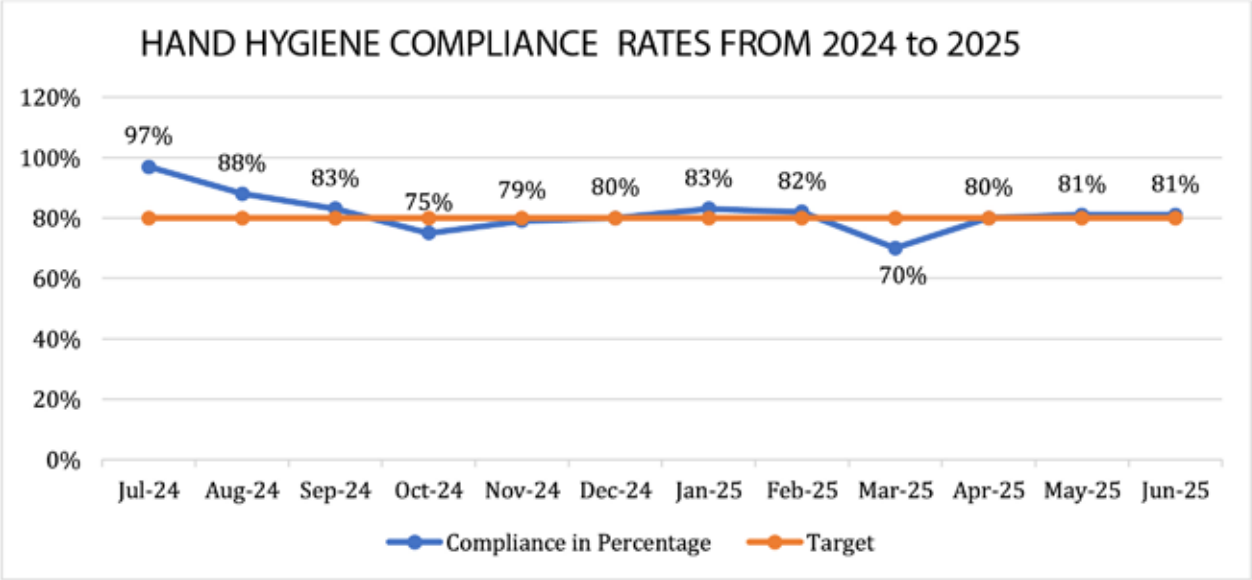
Objective:
To set Hand Hygiene standards as an integral part of the culture in all clinical areas by promoting the 5 Moments of hand hygiene.



Table indicates facility wide hand hygiene compliance calculations among clinical staff from July

Months	Opportunities according to 5 moments	Hand hygiene Actions	Compliance in Percentage	Target
July 2024	546	546	546	>80%
August 2024	836	836	836	>80%
September 2024	668	668	668	>80%
October 2024	745	745	745	>80%
November 2024	845	845	845	>80%
December2024	619	619	619	>80%
January 2025	609	609	609	>80%
February 2025	827	827	827	>80%
March 2025	790	790	790	>80%
April 2025	897	897	897	>80%
May 2025	1165	1165	1165	>80%
June 2025	1215	1215	1215	>80%

2024 to June 2025

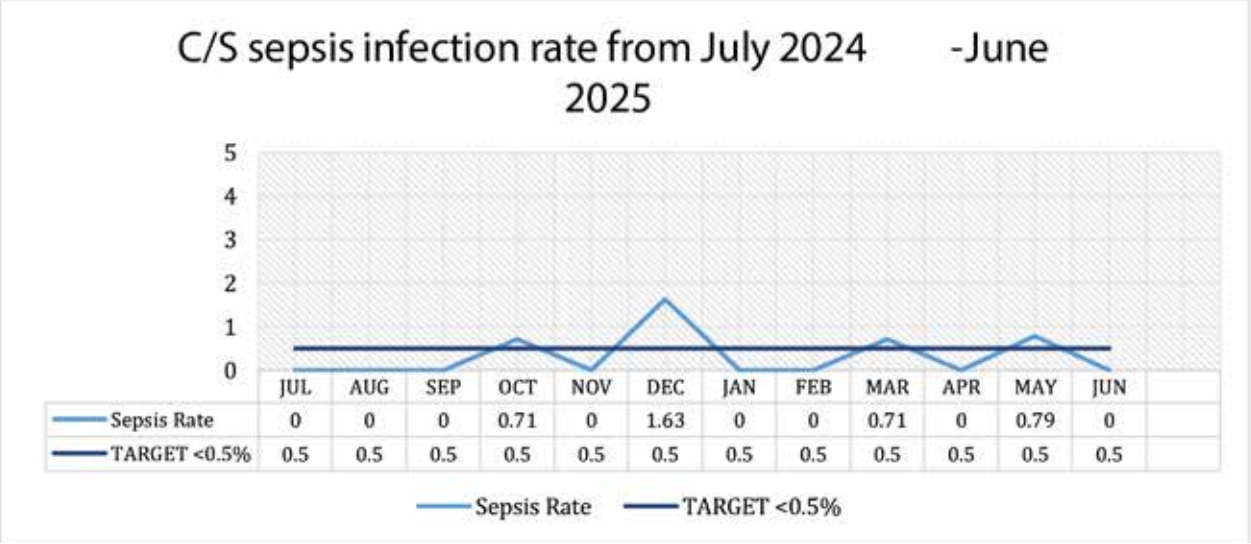


Note: The facility wide target for hand hygiene compliance was achieved and maintained above target. We always link hand hygiene compliance to facility wide reduction of HCAIs

2. Post-operative sepsis:

Table indicates facility wide hand hygiene compliance calculations among clinical staff from July

C/S SEPSIS TRENDS AND RATES 2024/2025													
OBS & GYN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
Sepsis from LH 2024/25	0	0	0	1	0	2	0	0	1	0	1	0	5
TOTAL C/S	131	135	142	140	132	122	111	122	139	140	126	138	1625
Sepsis Rate	0	0	0	0.71	0	1.63	0	0	0.71	0	0.79	0	0.3%
TARGET <0.5%	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5%



Note: The target for reducing post-operative C/S infections rate was achieved

3. Epidemiological diseases report communicated to personnel through infection control committees:

The table indicates the infections that are epidemiologically important to the facility 2024/2025

Common diseases	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
UTI	54	86	51	202	360	397	363	273	375	325	385	324	3195
Pneumonia	10	7	10	30	46	59	32	22	55	43	22	43	379
Malaria	33	34	21	72	117	121	165	85	76	93	140	176	1133
COVID -19	1	0	0	3	0	0	0	0	0	0	0	0	4
Hepatitis A	2	2	1	1	8	8	5	5	3	1	8	3	47
Hepatitis B	0	0	0	0	0	3	7	8	7	3	4	5	37
Hepatitis C	0	0	0	0	0	0	0	0	0	0	0	0	0
HIV/AIDS	18	18	25	16	05	14	14	15	11	11	11	17	175
Measles	0	1	0	2	13	14	11	7	7	15	6	7	83
Typhoid	1	0	1	1	4	0	2	0	1	0	0	1	11
Tetanus	0	0	0	0	0	0	0	1	0	0	0	1	2
Small pox	0	0	0	0	0	0	5	2	0	0	0	0	0
TB new cases)	17	19	30	15	23	32	24	34	24	23	24	31	296
VHF	0	0	0	0	0	0	0	0	0	0	0	0	0
Yellow fever	0	0	0	0	0	0	0	0	0	0	0	0	0
Mpox	0	0	0	1	2	4	5	9	3	2	1	0	27

4. The Infection Control system identified infection sites and associated devices/equipment that personnel focused on efforts to prevent and reduce the occurrence of health-care associated infections (HCAIs)

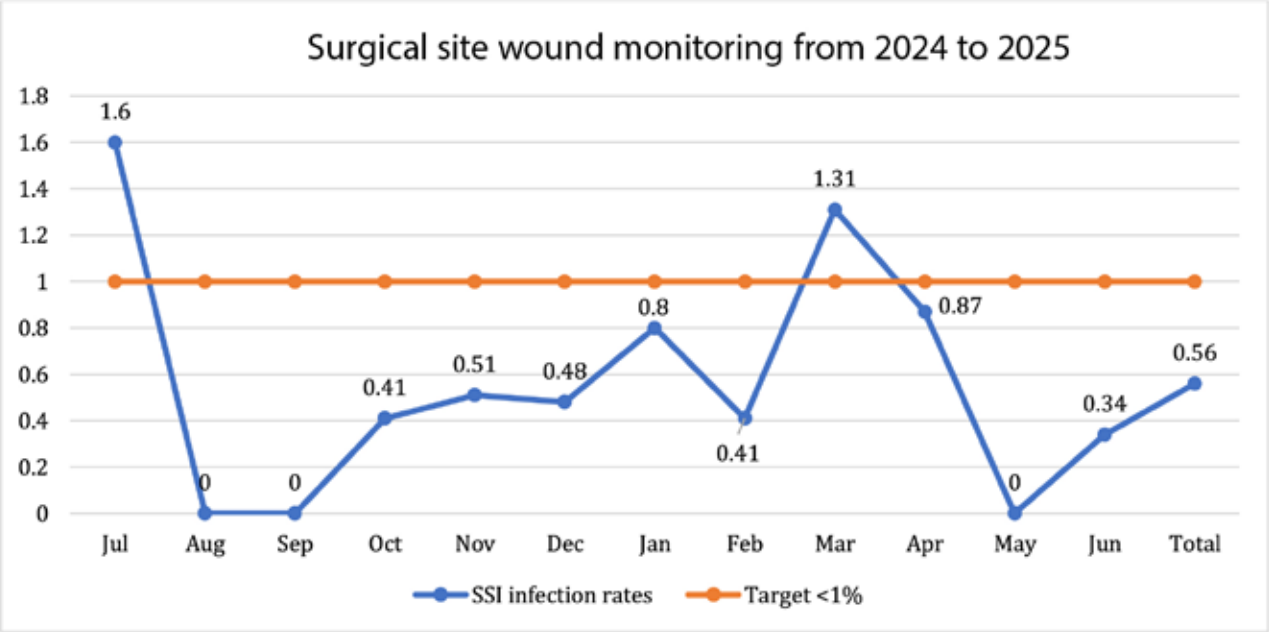
a) The table below indicates monitoring of peripheral IV lines (care of cannulas in situ and management) 2024/2025

IV lines	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Pts who received IV medication	2715	2303	1936	2328	1873	2142	2228	1958	2192	2136	2095	2387	26293
Pts who got phlebitis	0	0	0	0	0	0	0	0	0	0	0	0	0
IV infection rates	0	0	0	0	0	0	0	0	0	0	0	0	0
Target 0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Note: The facility wide target for IV infusion site infections rate was achieved

b) The table below indicates monitoring of all surgical site wounds 2024/2025

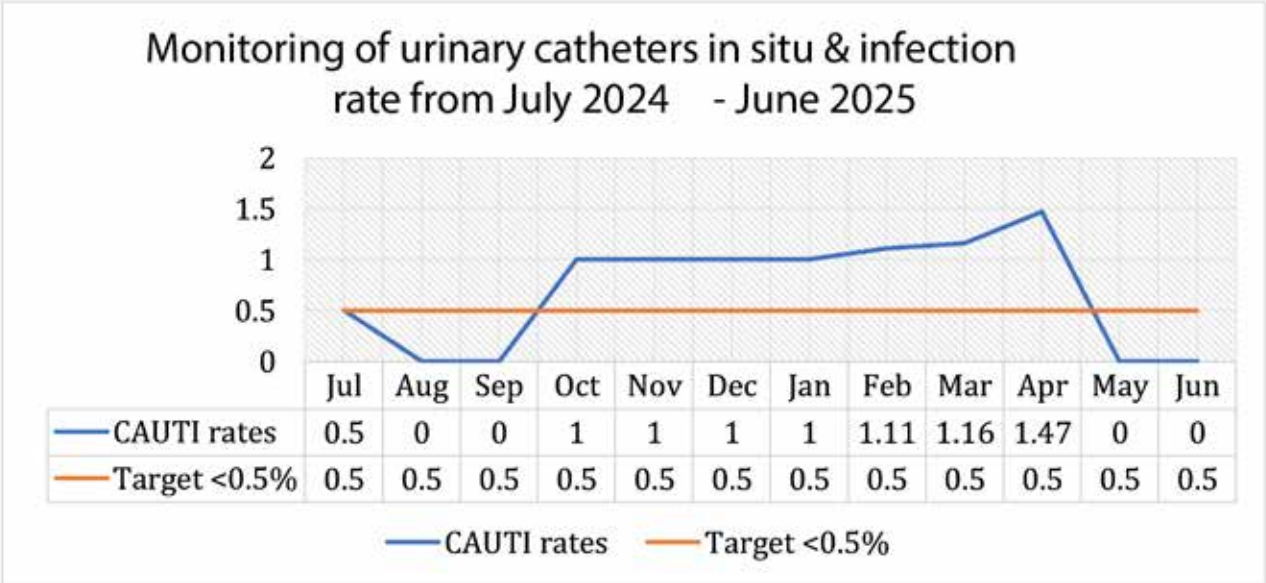
SSIs	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Pts who were operated	250	211	239	244	194	206	249	239	228	228	246	287	2821
Pts who got sepsis	4	0	0	1	1	1	2	1	3	2	0	1	16
SSI infection rates	1.6	0	0	0.41	0.51	0.48	0.80	0.41	1.31	0.87	0	0.34	0.56
Target <1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%



Note: The Facility wide target for surgical site wound infection rate was achieve

c) The table below indicates monitoring of Urinary catheters in situ, the drainage systems care and management 2024/2025

CAUTI	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
No of pts with Urinary catheters in situ	399	363	338	297	315	373	443	336	524	399	415	450	4652
Pts who got CAUTI	2	0	0	1	1	1	1	1	1	1	0	0	9
CAUTI rates	0.50	0	0	0.33	0.31	0.26	0.22	1.29	1.19	0.25	0	0	0.19
Target <0.5%	<0.5 %	<0.5 %	<0.5 %	<0.5 %	<0.5 %	<0.5 %	<0.5 %	<0.5 %	<0.5 %	<0.5 %	<0.5 %	<0.5 %	<0.5 %



Note: The facility wide target for reducing the Catheter Associated Urinary Tract Infection rate was not achieved.

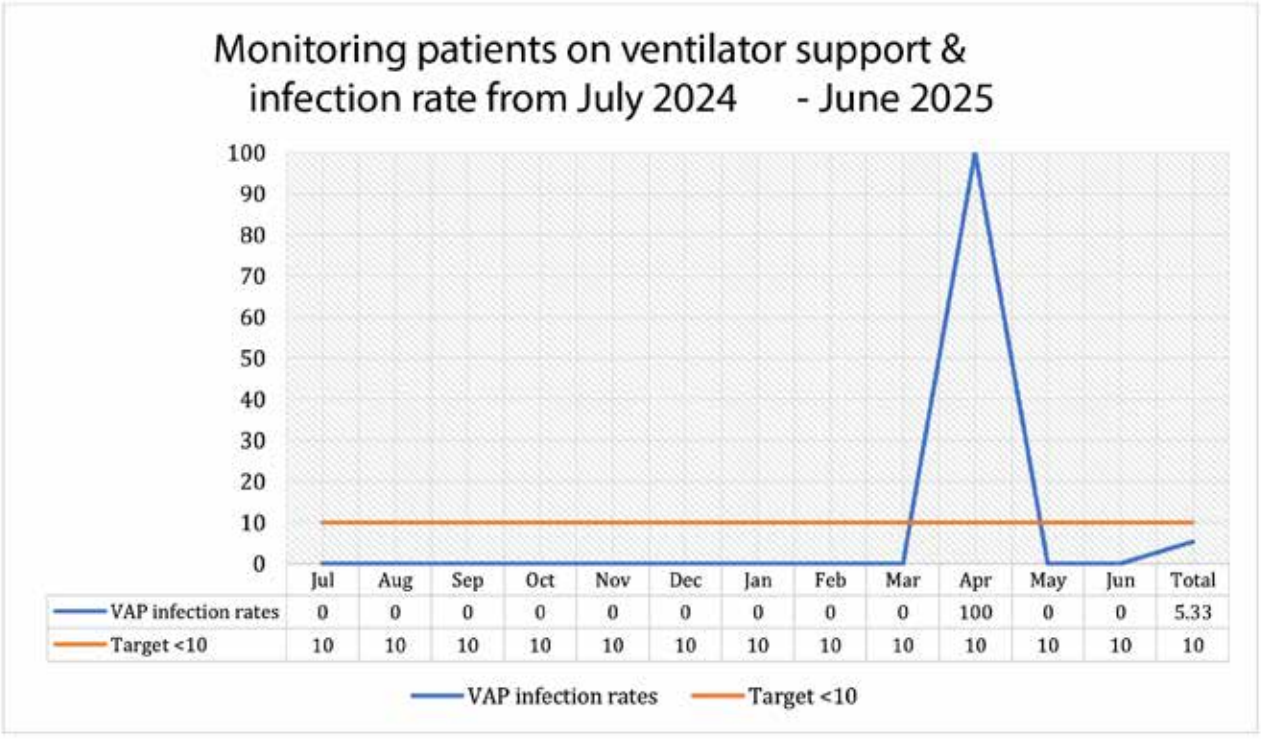
d) The table below indicates monitoring of Central lines in situ, care and management 2024/2025

CLABSIs	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
No of pts with central line	2	0	3	4	1	6	8	5	6	4	6	10	46
No. of pts who got BSI	0	0	0	0	0	0	0	0	0	0	0	0	0
CLBSI rates	0	0	0	0	0	0	0	0	0	0	0	0	0
Target <0.5%	<0.5 %	<0.5 %	<0.5 %	<0.5 %	<0.5 %	<0.5 %	<0.5 %	<0.5%	<0.5 %	<0.5 %	<0.5 %	<0.5 %	<0.5%

Note: The target for Central Line Associated Blood Stream infection rate was achieved.

e) The table below indicates monitoring of patients on ventilator support 2024/2025

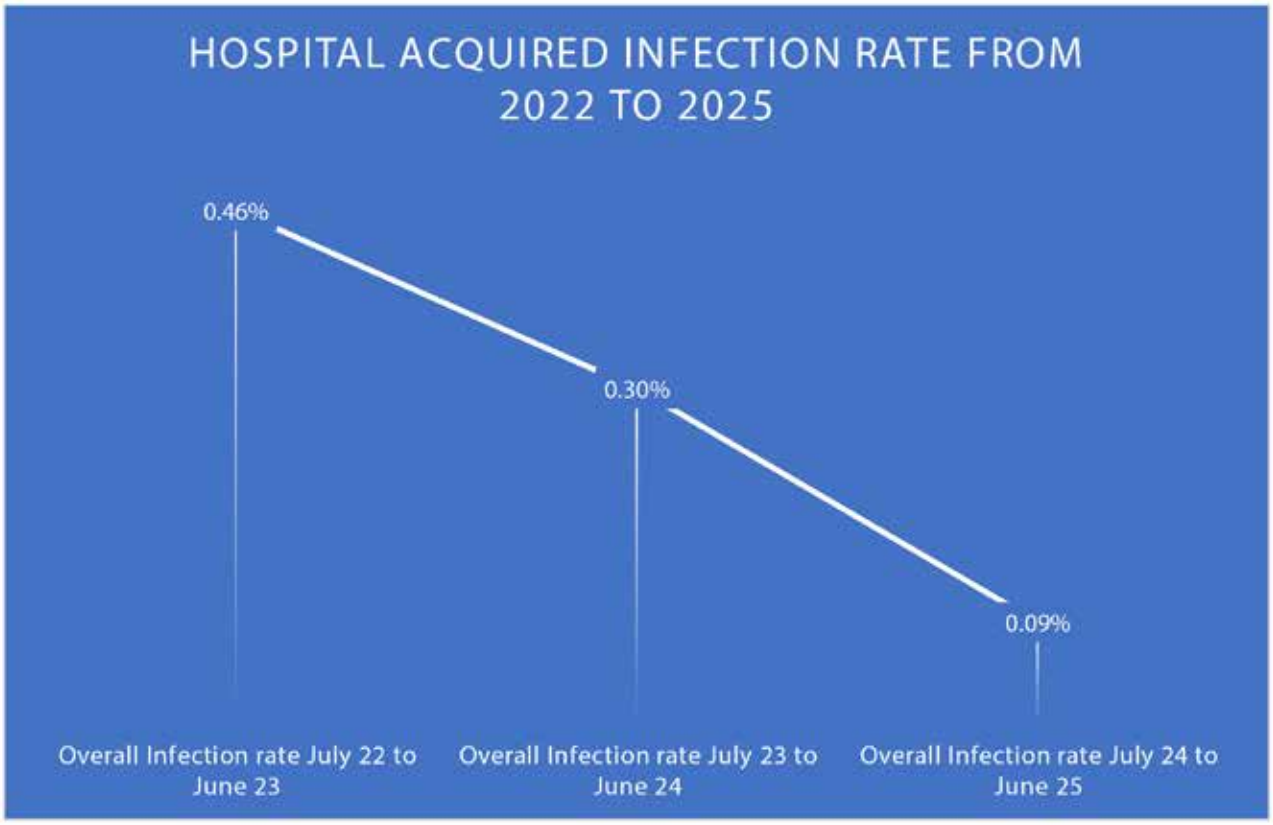
VAP	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
No. of pts on ventilator	14	5	3	6	3	5	8	5	6	4	6	10	75
No. of pts who got VAP	0	0	0	0	0	0	0	0	0	4	0	0	4
VAP infection rates	0	0	0	0	0	0	0	0	0	100	0	0	5.33%
Target <10%	<10 %	<10 %	<10 %	<10 %	<10 %	<10 %	<10 %	<10 %	<10 %	<10 %	<10 %	<10 %	<10%



Note: The target for Ventilator Associated Pneumonia infection rate was achieved

Overall facility wide HAIs rates from 2022 to 2025

	Overall Infection rate July 22 to June 23	Overall Infection rate July 23 to June 24	Overall Infection rate July 24 to June 25
Total number of patients with HAIs	55	80	29
Total number of patient procedures	11848	26384	33887
Annual target	<10%	<10%	<10%
Hospital Acquired Infection rate	0.46%	0.3%	0.09%



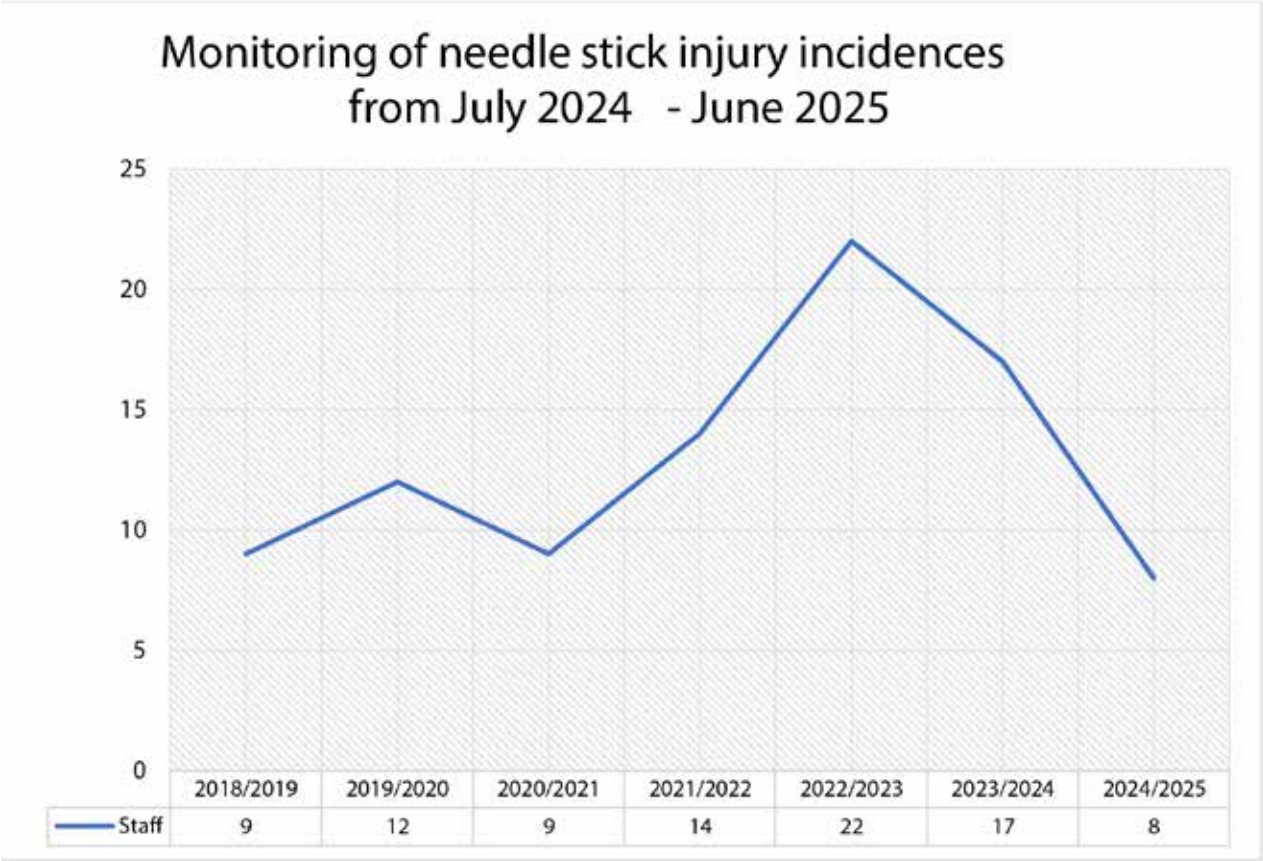
Note: There was reduction of HAIs to the lowest levels

6. All personnel were trained in Occupational safety and health at work places. Periodic assessment was done to identify gaps that were immediately communicated as feedback report to respective Heads/In charges of department and staff.
a) Report on Incidents of needle stick injuries among staff and students.

Table indicate incidents of needle stick injury trends

FY	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
Staff/Std.	09	12	09	14	22	17	8

NB: The intention was to reduce incidences to below 6 cases per financial year

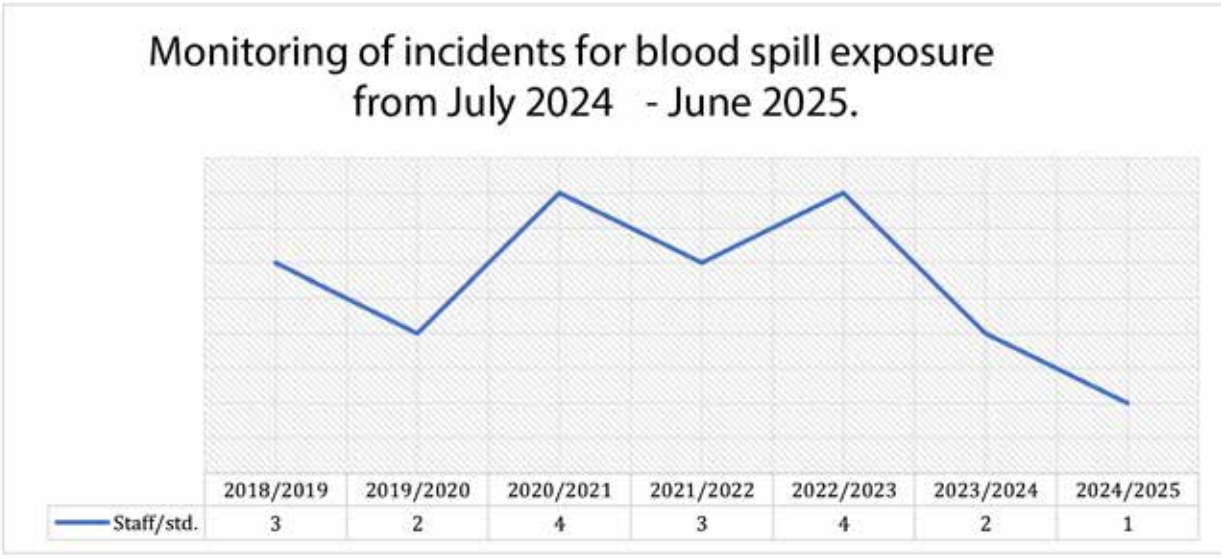


Note: The incidents of needle pricks among staff and students reduced by 9 cases

b) Incidents of blood splash or spill exposure among staff and students. The table indicate incidents of blood splash or spill exposure trends to staff and students

FY	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
Staff/Std.	03	02	04	03	04	02	01

NB: We intended to reduce to below 1 case per financial year



Note: The incidents of blood splash or spills trends reduced by 1 case All staff/students who were exposed to needle stick injuries, blood splash or spills were promptly managed and accessed PEP. Follow up for adherence and serology status was done at 2 and 4 weeks, at 3 and 6 months.

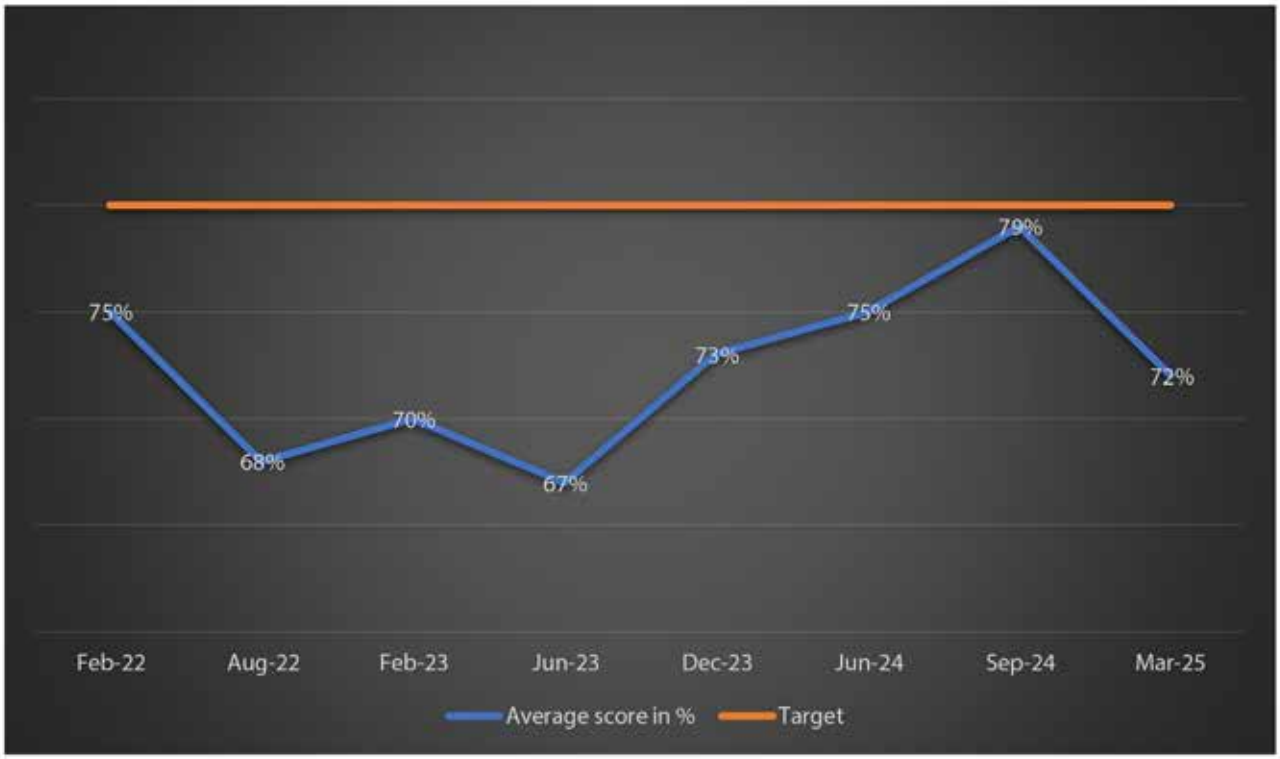
Additional personnel education was provided and still ongoing. IEC materials and PEP protocol have been well displayed on the departmental notice boards at the IPC corner.

c) Assessment report on correct use of PPE

The table below indicates assessment score on correct use of PPE and compliance

Month/Year of assessment	Feb 22	Aug 22	Feb 23	Jun 23	Dec 23	Jun 24	Sept 24	Mar 25
Average score in %	75%	68%	70%	67%	73%	75%	**79%**	**72%**
Target	**>80%**	**>80%**	**>80%**	**>80%**	**>80%**	**>80%**	**>80%**	**>80%**

GRAPH SHOWING PPE USE RATE FROM 2022 TO 2025



Note: There was a decline on PPE use compliance by 8% below the target.

d) Assessment report on appropriate waste segregation at source of generation

The table below indicates assessment score on Waste segregation

Month/Year of assessment	Nov-21	Nov-22	May-23	Aug-23	Dec-23	Mar-24	Jul-24	Sep 24	Mar 25
Average score in %	83	86	93	95	96	88	94	81%	91%
Target >95%	>95	>95	>95	>95	>95	>95	>95	>95	>95



Note: There was great improvement in waste segregation at source of generation by 10%, from the previous assessment, however, compliance was still 4% below the target. Additional staff and student training in all clinical and non-clinical units is ongoing.

e) Assessment report on the process of sluicing the soiled or dirty linen before transported to the laundry

The table below indicates assessment score on the process of sluicing linen

Month/Year of assessment	Jul 22	Jan 23	May 23	Mar 24	Sep 24	Mar 25
Average score in %	74.55%	84.29%	90.00%	91.00%	92.00%	78.00%
Target >95%	>95%	>95%	>95%	>95%	>95%	>95%



Note: There was a decline on the processes of sluicing the soiled and dirty linen by 14% from the previous assessment. The root cause identified was, inadequate use of appropriate PPE for the different procedures among personnel and the knowledge gap on hazards associated with sluicing. Additional staff and student training in all clinical units is ongoing.

7. Infection prevention and control activities included all patient, personnel care places and visitor's waiting areas for environmental aspect

a) The table below indicates assessment score for personnel care areas

Sep. 21	Oct. 22	Jun 23	Jan 24	Sept 24	Mar 25
71.51%	77.36%	72.33%	96.00%	84%	84%

Note: The personnel care areas were well maintained for clinical and non-clinical areas.

b) The table below indicates assessment score for patient care rooms

Apr 22	Mar 23	Jun 23	Jan 24	Sept 24	Mar25
78.15%	73.46%	78.45%	97.00%	76%	81%

Note: There was great improvement in maintenance of patient care rooms by 5% from the previous assessment.

c) The table below indicates assessment score on visitors waiting areas that included benches/plastic chairs, hand washing facilities, disposal of domestic waste and access to a clean toilet

Jun 22	Mar 23	Jun 23	Jan 24	Aug 24	Mar 25
85.39%	83.00%	84.38%	81.00%	91%	74%

Note: There was a decline in maintenance of visitor's waiting areas by 17% from the previous assessment. The root cause was, some waiting areas were under construction during the time of assessment.



8. Environmental surveillance for bacteria was carried out on quarterly basis from Clinical and Non-clinical areas

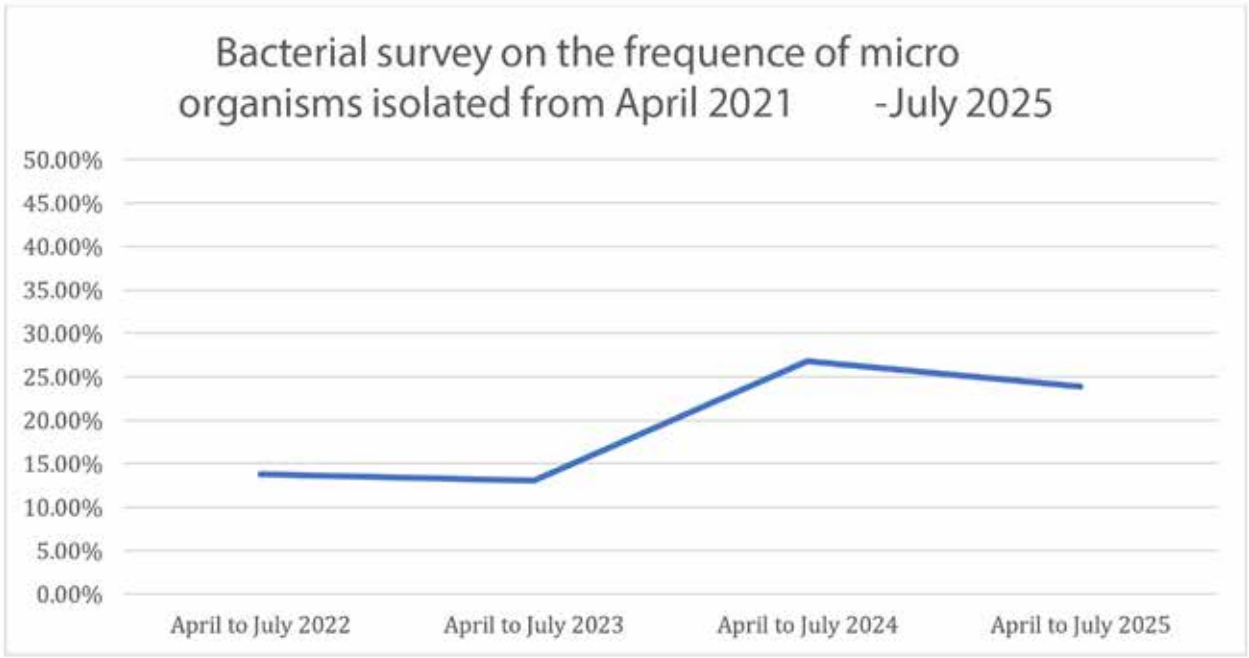
Laboratory results on Hospital surveillance for bacteria

The table below indicates the organisms isolated on surfaces and reusable equipment for the periods of April to July since 2021

April to July 2021	Type of organisms isolated	Frequency	Total samples tested	% of positive samples
	Staph. Aureus	2	19	(3) 15.8%
	E. coli	1		
April – July 2022	Pseud. aeruginosa	4	65	(9)13.8%
	Staph. Haemolyticus	1		
	Enterobacter cloacae	1		
	Pseudomonas Oleavorans	1		
	Acinetobacter baumanni	1		
	Enterobacteriaceae	1		
April – July 2023	Klebsiella pneumonia	3	69	(9) 13.04%
	Acinetobacter baumanni	2		
	Staph. Haemolyticus	1		
	E coli	1		
	Pseudomonas Oleavorans	2		
April – July 2024	Klebsiella pneumonia	2	41	(11)26.82%
	Candida Albicans	2		
	Vibrio fluvial	1		
	Staphylococcus epidermidis	2		
	Staph. Haemolyticus	3		
	E coli	1		
April – July 2025	Pseudomonas aeruginosa	1	46	(11)23.91%
	Klebsiella pneumoniae	3		
	Staphylococcus lentus	1		
	Staphylococcus hominis	1		
	Acinetobacter baumanii	1		
	Sphingomonas paucimobolis	1		
	Fungal contamination	1		
	Coliform IDEXX	2		

The table below indicates the percentage of organisms isolated on disinfected surfaces and reprocessed reusable equipment from April to July 2021 to 2025

April to July 2021	April to July 2022	April to July 2023	April to July 2024	April to July 2025
U15.8%	13.80%	13.04%	26.82%	23.91%



Note: There was reduction in percentage of organisms isolated by 3.5% from the previous bacterial survey report. The analytical data report indicated cross contamination from patient and personnel to objects and surfaces.

Interventions:

i. Departmental Nurses and midwives have been retrained in the relative IPC practices and Key Performance Indicators for the best nursing care to improve the quality of patient care and safety.

ii. Immediate feedback to personnel was always provided with additional education in relevant aspect of the infection prevention and control processes and procedures where significant trends and infection rates was identified in the surveillance data.

iii. Emphasized the processes of cleaning and disinfection of reusable equipment using a 4- bucket system and packaging of instruments before sterilization according to WHO standards.

iv. Emphasized the processes of damp-dusting of nurses and patient care areas using a 3- bucket system to reduce on AMR.

v. Fumigation activities were carried out in the clinical areas where patients overstay, transfer or after death to reduce AMR.

vi. Vector control exercise was routinely done in the entire facility by EHSO/Risk manager where pest infestation was reported by staff.

vii. Orientation of new staff with post training test was routinely done by IPC team.

viii. Monthly KPI reports and feedback to management and departmental staff of the IPC surveillance activities and infection risks, trends, rates to reduce HCAIs was done with evidence.

9. In-service training
Personnel training included all clinical and non-clinical staff and students

Table indicates the total number of Staff trained from July 2023 to June 2024

Date	Cadre	Department	Topics covered	Total
10/07.2024	Staff	Emergence OPD & SOPD	Additional staff training on preventive measures for SSIs	24 out of 30 (80%)
17/7/2024	Staff	OPD	Additional staff training on preventive measures for IV -line infections	08 out of 10 (80%)
08/08/2024	New interns	New staff	Orientation of new staff Doctors, Nurses & midwives in IPC basics	39 out of 39 (100%)
13/8/2024	Staff	General training	Staff training on the correct use of PPE	64 out of 100 (64%)
20/8/2023	Staff	General training	CME on hand hygiene program & compliance	141 out of 150 (94%)
27/08/2024	Staff	General training	Staff training on aseptic techniques	81 out of 100 (81%)
20/09/2024	Staff	General training	Staff training on sluicing dirty or soiled linen	22 out of 50 (44%)
30/09/2024	Staff	General training	Staff training on Mpox disease outbreak	103 out of 150 (69%)
02/10/2024	Staff	General training	Training of non -clinical staff on Mpox disease outbreak	68 out of 80 (85%)
11/11/2024	Staff	General training	Training of non -clinical staff on First Aid Management	75out of 80 (94%)
02/12/2024	Staff	CSSD	Additional staff training on the usage of Biological chemical indicators & application	05 out of 05 (100%)
02/12/2024	Staff	IPC focal persons	Training on correct use of all IPC monitoring tools	04 out of 04 (100%)
2025				
21/01/2025	staff	IPC focal persons	Training on correct use of all IPC monitoring tools	05 out of 05 (100%)
21/01/2025	Staff	Hygienists	Training on IPC basic information	37 out of 45 (82%)
22/01/2025	Staff	Laboratory	Staff training on IPC basic information & waste management	33 out of 33 (100%)
24/01/2025	New staff		Training of new clinical staff on IPC basic information	34 out of 34 (100%)
30/01/2025	New staff		Training of new non -clinical staff on IPC basic information	07 out of 07 (100%)

3rd -7th /02/2025	Staff	General	Staff training on Respiratory tract infections	125 out of 150 (83%)
21/02/2025	Staff	General training	Training staff on Isolation precautions	119 out of 150 (79%)
24-28th /02/2025	Staff	General training	Training staff on IV cannula insertion, care & management	72 out of 150 (48%)
04/03/2025	Staff	General training	Training of Forefront liners Team in management of disease outbreak on Ebola disease surveillance on Non-traumatic Dead bodies as was guided by MOH Surveillance Team	22 out of 25 (88%)
12/03/2025	Staff	General training	Training staff on preventive measures for surgical site wound infections	60 out of 100 (60%)
19/03/2025	Staff	General training	Training staff on preventive measures for indwelling catheter infections	51 out of 100(51%)
26/05/2025	Staff	Specialist Center	Training staff on KPIs, & hand hygiene monitoring and documentation	08 out of 20 (40%)
23/06/2025	Food service providers for staff & patients	NESA	Training NESA staff in IPC basics	23 out of 23 (100%)
	Total			1230/1640 (75%)

Table indicates number of students trained from July 2024 to June 2025

3rd -7th /02/2025	Staff	General	Staff training on Respiratory tract infections	125 out of 150 (83%)
21/02/2025	Staff	General training	Training staff on Isolation precautions	119 out of 150 (79%)
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26/05/2025	Staff	Specialist Center	Training staff on KPIs, & hand hygiene monitoring and documentation	08 out of 20 (40%)
23/06/2025	Food service providers for staff & patients	NESA	Training NESA staff in IPC basics	23 out of 23 (100%)
	Total			1230/1640 (75%)



Achievements:

i. Management appointed a Registered Nurse to work in hygiene office as full time IPC nurse.

ii. Management recognized me as long serving staff with love and named a building after my name Sr. Ruth Nkwangu Dental and Diagnostic Unit (DDU).

iii. The facility has greatly improved in reducing HAIs from 0.3% 2023-24 to 0.085% 2024-25.

Events:

i. I participated as HMT member in the celebration of 125 years of community and faith rooted healthcare facility.

ii. I participated in press conference as a keynote speaker to create awareness on Linen Day Africa 2025 under the sub-theme: "The role of linen in infection prevention and control in the clinical environment"

Recommendations:

i. To recruit a qualified IPC personnel to undertake the IPC program in the entire facility.

ii. To allocate two (2) full time IPC Nurses to efficiently undertake systematic, proactive surveillance activities that aims to reduce healthcare associated infections and to determine rates of endemic infections in the entire General Hospital, Specialist Centre and Kibiri clinic.

iii. All newly recruited staff should be trained and retraining in IPC basic information and Key
Performance Indicators, monitoring and documentation to ensure quality of patient care and safety.

iv. To modify urine sample collection for culture and susceptibility on the day of inserting an indwelling urinary catheter to investigate CAUTI.

v. To consider PPE use by personnel at all work places as IPC quality improvement project.

7.2



ACCREDITATION AND QUALITY STANDARDS.

Egulu Arthur, Quality Assurance Manager



Introduction

The quality assurance unit has continued to sustain Lubaga Hospital's recognition as a cohsasa- accredited facility, working towards re-accreditation and strengthening the culture of quality and patient safety. Financial year 2024/25 focused on embedding the performance management system, scaling up continuous quality improvement projects, preparing for cohsasa's mid-term online survey and initiating digitization.

Organization of the unit

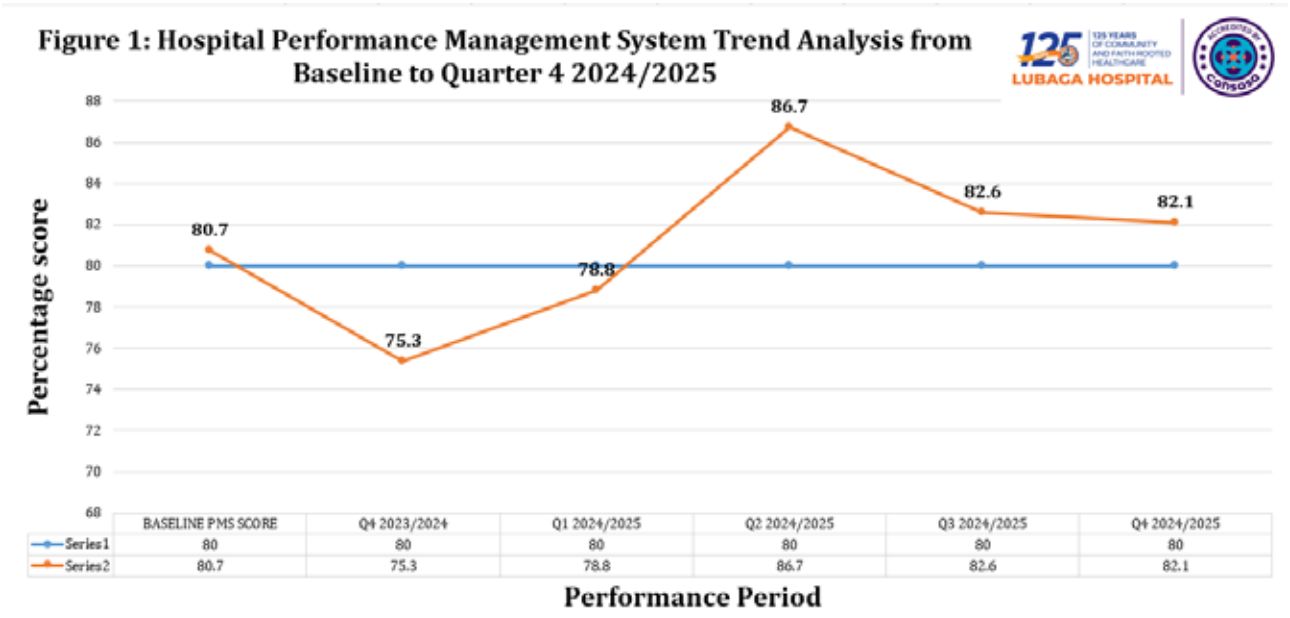
The quality assurance unit is led by the Quality Assurance Manager and Officer, supported by internal quality auditors, service excellence assessors, inventory management assessors, departmental quality teams and quality mentors. Cross-functional engagement has been key in sustaining accreditation outcomes.

Service range

The unit continues to oversee the quality management system aligned with cohsasa standards, World Health Organization and Ministry of Health guidelines, ensuring compliance across all 12 quality system essentials and 27 service elements.

Annual outputs

The performance management system, launched in January 2024, has been tracked on a quarterly basis across its seven domains: punctuality, assembly attendance, inventory management, COHSASA post-accreditation, quality improvement projects, service excellence and client feedback. Figure 1 below illustrates the performance trends from Q1 (Jan–March 2024) through Q4 (April–June 2025), showing progressive improvement across most domains. This data reflects the increased ownership of performance indicators by departments and the strengthening of accountability structures.

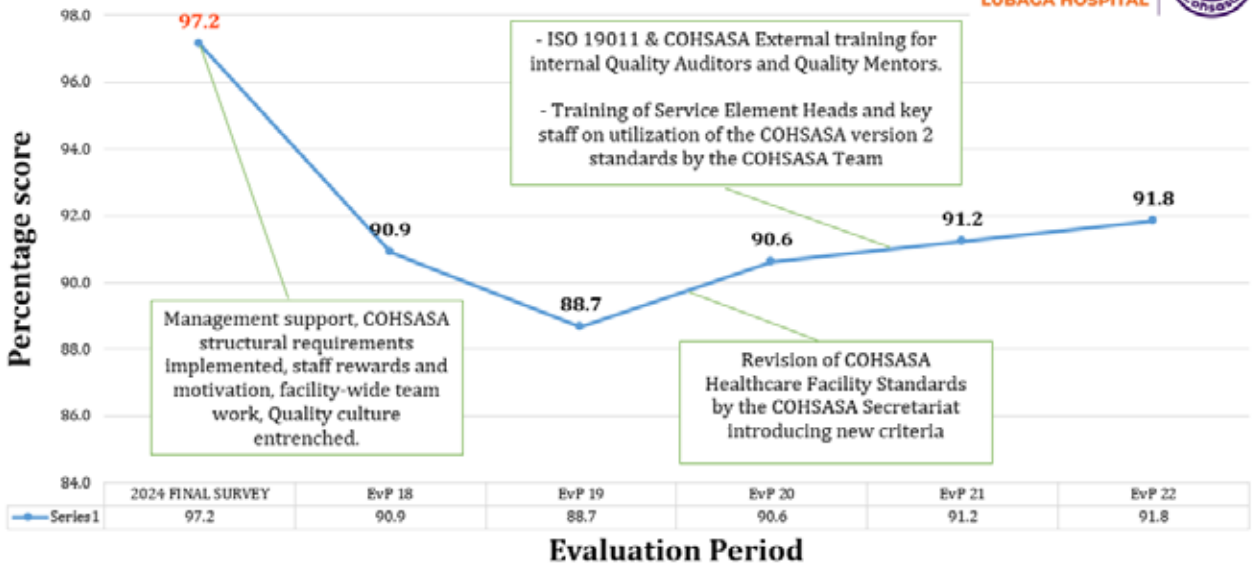


Detailed departmental results for Quarter 4 ending June 2025 are provided in Figure 2 highlighting variations across departments, which will be the focus of capacity-building efforts in the coming year.

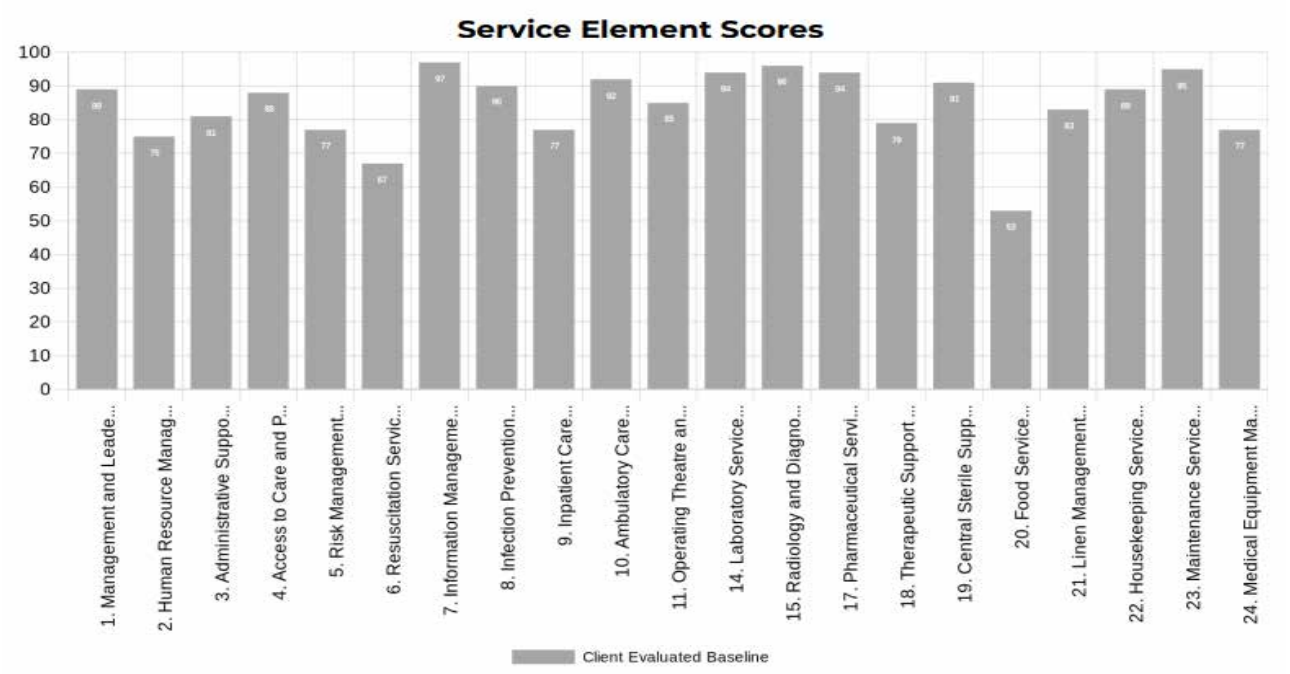


The hospital has also continued to sustain her cohsasa accreditation through 2024-2025, with an average compliance score of 91% in the last 5 post-accreditation internal audits as shown in Figure 3 below.

Figure 3: COHSASA Post-accreditation facility trend analysis from Final Survey to Q3 2024/2025 Assessment



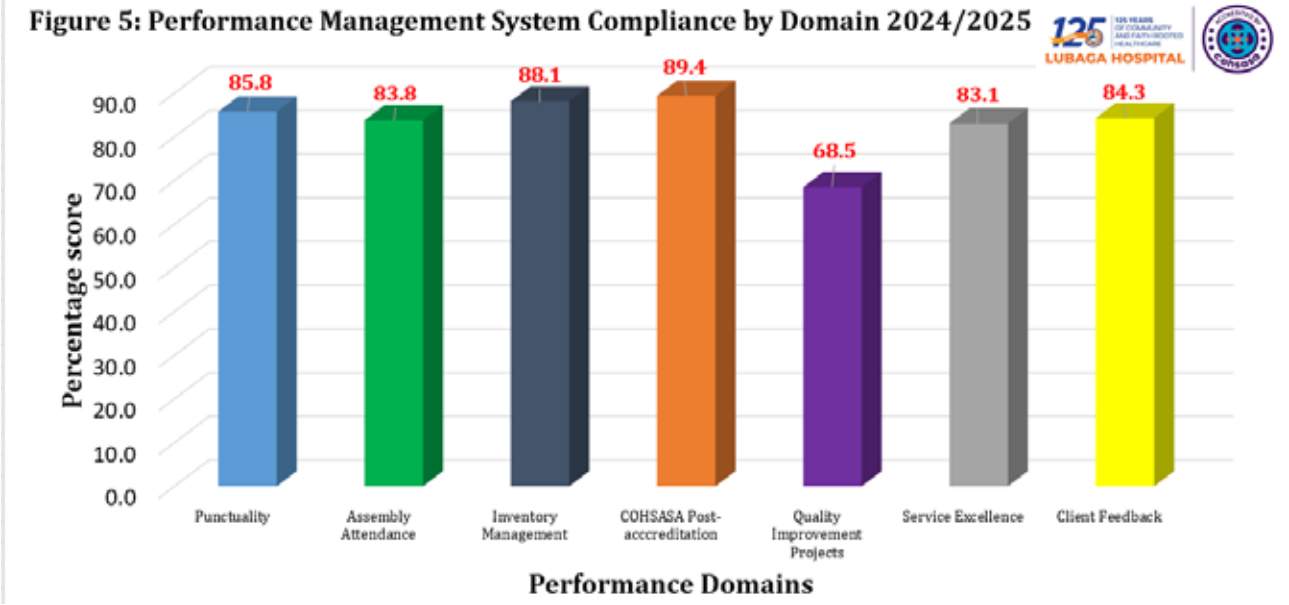
To ensure continuous compliance with cohsasa healthcare facility standards, a re-accreditation strategy due May 2026 was set starting with a thorough client evaluated baseline assessment in Quarter 4; an overall facility score of 84% as shown in Figure 4. This drop was due to changes in the cohsasa standard and assessment of merging all 6 inpatient units and 2 ambulatory care units, all calling for integrated service delivery.



Critical analysis of outputs

To better understand areas of strength and improvement, Figure 5 shows that compliance levels were highest in COHSASA post-accreditation and inventory management, while gaps remain in quality improvement projects and service excellence; with the analysis providing a clear basis for targeted interventions.

Figure 5: Performance Management System Compliance by Domain 2024/2025



Milestones / Achievements

1. We institutionalized a performance management system with quarterly reporting.

2. ISO 19011:2018 and cohsasa training was conducted in September 2024, which has enhanced the interpretation and auditing skills for key service element staff, internal quality auditors, inventory management and service excellence assessors.

3. We successfully conducted staff training in quality improvement projects and dimensions/domains of quality in November 2024.

4. We encouraged more than 25 staff to undertake capacity building. These undertook training in the institute for healthcare improvement Basic certificate in quality and patient safety.

5. For hands-on, a multidisciplinary team of 20 took part in the Africa Consortium for Quality Improvement Research (ACQUIRE) 2025 quality improvement leadership – Experiential cohort representing among over 53 hospital teams from all over Africa; resonating with our vision. This training has built internal patient safety and quality improvement capacity.

6. The quality improvement team undertook a project "Enhancing Net-Promoter Score and overall patient experience in the emergency" from 26% to about 56% within 3 months of March 2025 to July 2025. This project has will be scaled to all clinical units.

7. Developed and presented a re-accreditation strategy to management team on 12th June 2025.

8. Prepared for online midpoint accreditation survey by cohsasa (July 2025).

9. Ongoing implementation of the facility-wide quality improvement plan.

10. We initiated inpatient automation towards paperless documentation in the hospital management system.



Strategies and Plans (2025/26 focus)

Sustain compliance with cohsasa standards to secure re-accreditation in May 2026.

Expand inpatient automation to fully implement electronic patient records.

Increase enrollment of staff in quality improvement, patient safety, patient-centered care and triple aim trainings.

Strengthen use of the online quality monitoring platform for real-time decision making.
Broaden benchmarking partnerships for continuous improvement.

Consultant-led strategic plan end line review and development of a new hospital strategy.

Challenges

• Limited funding for automation and medical equipment e.g., defibrillators and crash carts.

• Absence of a dedicated Nutritionist/Dietician to coordinate food and nutrition services as well as an inpatient pantry at specialist center block.
• Resistance to change among staff in documentation and digital transition.

• Inconsistent reporting timelines from some departments.

Recommendations

• Secure budget allocations for automation and cohsasa material requirements.

• Provide targeted training and mentorship on patient-centered care and digital transformation.

• Expand refresher training for staff in quality and patient safety.

• Enhance staff engagement through recognition and incentives tied to performance management system results and or patient experience surveys.

Compiled by: Arthur Egulu (Quality Assurance Manager)

Date: 31st August 2025.



7.3.



RISK AND ENVIRONMENTAL HEALTH & SAFETY

Ika Eddy Risk, and Environmental Health and Safety Officer





Introduction

The Risk Management Department of Lubaga Hospital continued to strengthen the hospital's resilience by identifying, evaluating, and mitigating potential risks that could affect clinical operations, financial performance, and regulatory compliance. Risk management remained a key pillar in sustaining patient safety, operational excellence, and institutional credibility. This report provides a summary of key risk trends, emerging threats, and mitigation actions undertaken during the financial year July 2024 – June 2025.

The purpose of this report is to promote transparency, strengthen strategic decision making, and support effective oversight of risks that may affect the hospital's ability to achieve its objectives. The aim of risk management is not to eliminate all risks, but to ensure that informed and acceptable (calculated) risks are taken in pursuit of institutional goals. Ultimately, the success of Lubaga Hospital depends on how effectively identified risks are anticipated, managed, and transformed into opportunities for continuous improvement and resilience.

Overview of Risk Categories

The hospital managed a wide spectrum of risks categorized under clinical, operational, financial, legal and compliance, and environmental, social, and governance (ESG) domains. The department adopted a proactive and data-driven approach to ensure risk mitigation strategies remained relevant, responsive, and aligned with Lubaga Hospital's strategic objectives.

RISK CATEGORY	DESCRIPTION	POTENTIAL IMPACT	MITIGATION SUMMARY
Clinical Risks	Data breaches and cyber- attacks targeting patient medical information.	Identity theft, fraud, reputational damage, legal penalties, and disruption of patient care.	Installation of advanced firewall systems, antivirus software, staff training, and use of Sophos VPN for secure remote access.
Antimicrobial Resistance (AMR)	Increasing resistance among bacterial pathogens (E. coli, Klebsiella pneumoniae, Staphylococcus aureus).	Limited treatment options, extended hospital stays, and increased healthcare costs.	Strengthened surveillance, functional Medicine and Therapeutic Committee (MTC) oversight, and updated treatment guidelines.
Financial Risks	Cash flow constraints and bank loan repayment.	Financial strain, reduced flexibility, and delayed operations.	Continuous monitoring of cash flows, alternative financing options, and stringent budget control measures.
Operational Risks	Fire outbreaks and inadequate medical waste management.	Injury, property loss, environmental pollution, and occupational hazards.	Regular fire drills, installation of detection systems, adequate waste segregation facilities, and annual staff trainings.
Legal & Compliance Risks	Breach of contracts with suppliers, contractors, and partners.	Legal disputes, project delays, and cost overruns.	Strengthened contract management, clear dispute resolution clauses, and legal reviews before engagement.
ESG/Climate Risks	Climate-related disruptions and poor waste disposal practices.	Increased operational costs, reputational risks, and regulatory non-compliance.	Adoption of waste management protocols, renewable energy initiatives, and stakeholder engagement on sustainability.



Emerging Trends and Risk Dynamics

• Over 2,000 cyber breach attempts were recorded during FY 2024/25, highlighting the growing sophistication of digital threats.

• Economic volatility — including inflation and fluctuating interest rates — continued to affect financial planning and cash flow stability.

• Antimicrobial resistance (AMR) spread beyond tertiary care centers, calling for enhanced regional collaboration and stewardship interventions.

• Climate-related risks evolved into a strategic concern, influencing both operational planning an donor relations under the ESG

Key Risk Changes (Comparative Trend Analysis)

Risk Category	2023/2024 Status	2024/2025 Status	Trend Direction
Data Breach & Cybersecurity	High	High	Increasing
Antimicrobial Resistance	High	High	Increasing
Cash Flow/Financial	High	High	Stable/Uncertain
Management & ESG	Emerging	High	Increasing

Strategic Risk Priorities for FY 2025/2026

• Enhance cybersecurity resilience through network fortification, regular vulnerability assessments, and staff training.

• Strengthen financial risk management through resource optimization and real-time monitoring.

• Scale up AMR surveillance and implement stewardship programs at unit level.

• Mainstream climate resilience and ESG compliance into hospital operations.

• Improve incident reporting and follow-up mechanisms to close the loop on risk mitigation.

Conclusion

The financial year 2024/25 presented a complex and evolving risk environment. While traditional risks such as cyber threats and antimicrobial resistance persisted, new and emerging risks— particularly those related to climate change and sustainability—gained prominence. Lubaga Hospital continues to maintain a proactive stance through systematic monitoring, policy enforcement, and investment in capacity building. Sustained collaboration across departments remains essential to ensure the hospital's resilience, compliance, and commitment to quality healthcare delivery.

7.4



PATIENT SATISFACTION METRICS/TESTIMONIALS.

Dennis Ssentongo
Business Development Manager

Introduction

The Business Development Unit (BDU) operates under the Office of the Executive Director and serves as a key strategic arm of Uganda Martyrs Hospital Lubaga. The Unit's mandate is to enhance institutional growth, visibility, and sustainability through customer experience management, sales and business growth, hospital brand management, and community engagement.

During the Financial Year 2024/2025, the Unit focused on expanding the hospital's market presence, improving client experience, and deepening partnerships that advance the hospital's mission. This report highlights major achievements, challenges, and strategic priorities that shaped the Unit's performance throughout the year.

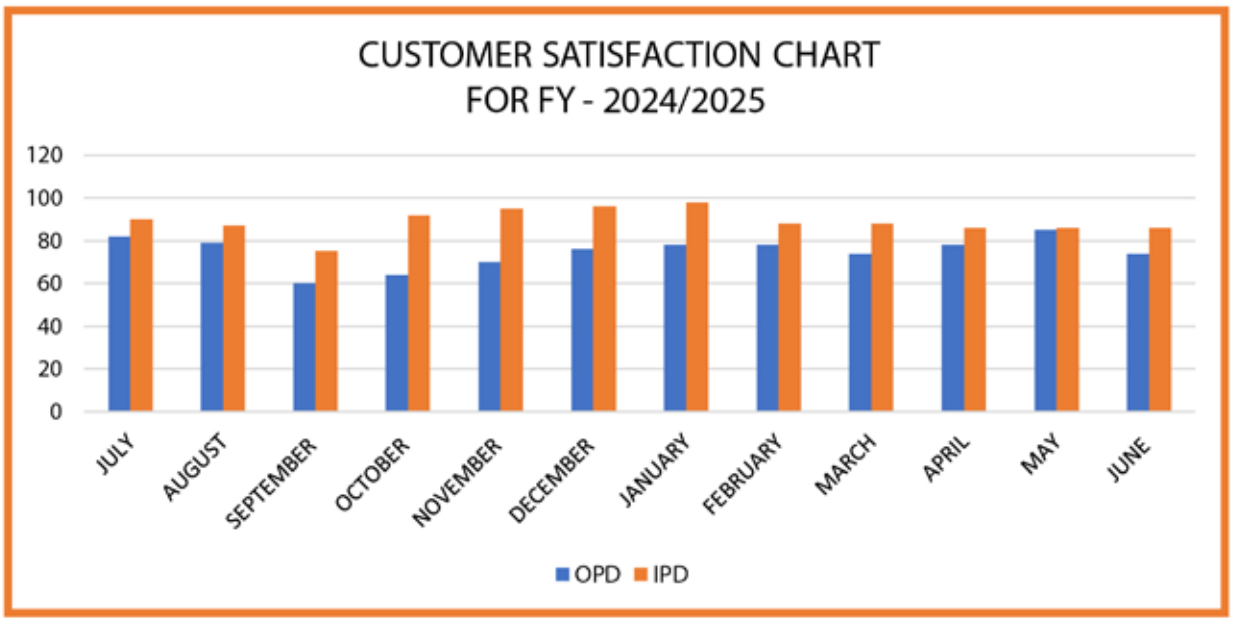
Customer Experience Management

The BDU continued to coordinate hospital-wide customer feedback mechanisms targeting both inpatients and outpatients to assess satisfaction and guide service improvement.

- **Customer Satisfaction Scores (FY 2024/2025)**

Department	Average Overall Satisfaction Rate
Outpatient	75%
Inpatient	**89%**

Key Insights:
- Highest Satisfaction: Courteous and professional customer care across most departments.
- Main Concern: Extended turnaround time in outpatient services.



To address this, management established an Adhoc Committee tasked with reviewing the patient flow process and implementing targeted interventions to reduce waiting times. Preliminary results indicate improvement expected to continue into FY 2025/2026.

Sales and Business Growth

In alignment with the hospital's strategic objective of financial sustainability, the BDU spearheaded outreach and acquisition campaigns aimed at corporate clients and partner institutions.

- New Corporate Clients Onboarded
- Jubilee Health Insurance
- Air Water Earth
- Uganda Clays
- Pavicon
- St. Noa Girls Secondary School
- Kampala Water (renewal)
- Uganda Martyrs High School
- Tents 4 U
- Makerere University (renewal)

These partnerships generated an estimated UGX 100 million in monthly revenue, strengthening the hospital's financial base and corporate visibility.

- Prospective Partnerships for FY 2025/2026

Targeted engagements are underway with:

- Uganda Revenue Authority (URA)
- Bank of Uganda
- Uganda Prisons
- G4S
- Soliton-Telmec
- Roko Construction
- Saracen



- Digital Engagement Channels

Significant progress was made in strengthening the hospital's online presence across:

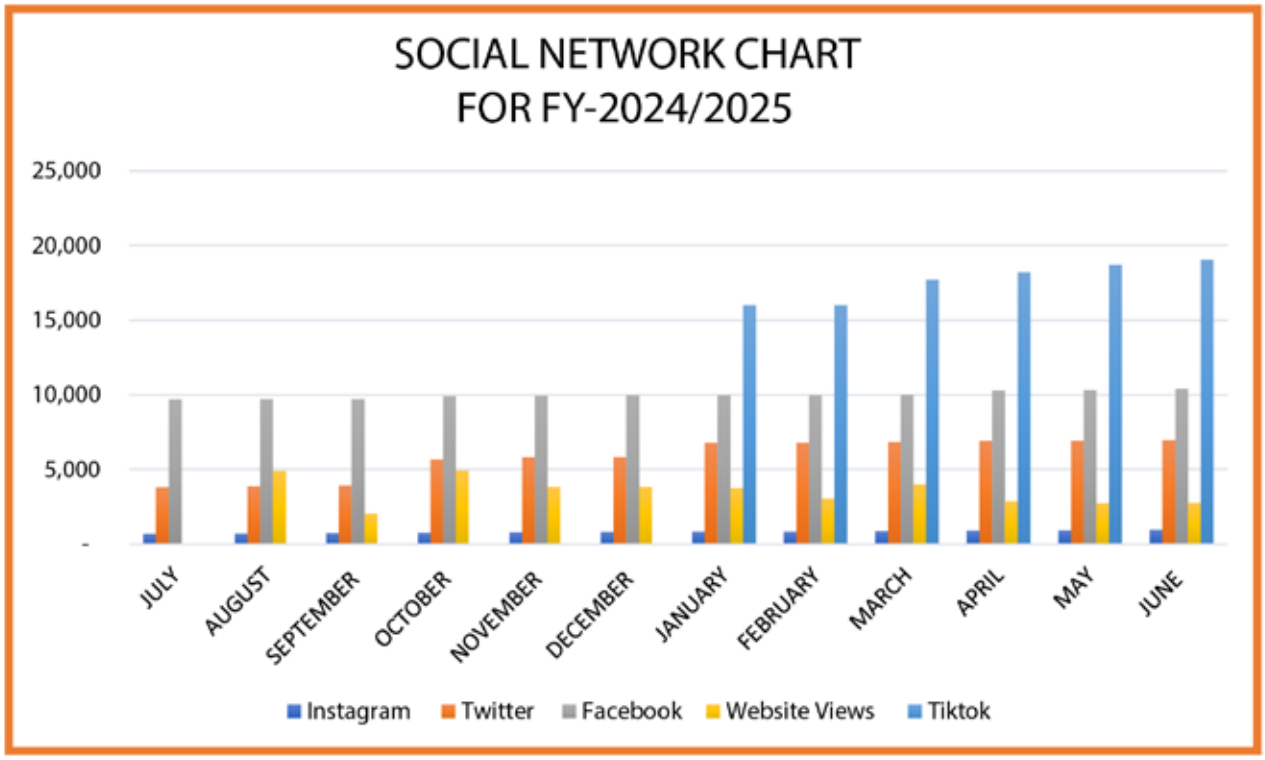
- Facebook
- Instagram
- Twitter (X)
- TikTok
- Website
- WhatsApp (for real-time customer support)

Hospital Brand Management and Communication

Brand positioning and visibility remained key focus areas. The Unit executed integrated marketing and communication strategies that enhanced the hospital's brand equity, service awareness, and digital engagement.



Graph 2: Social Media Engagement July 2024 – June 2025



Digital analytics indicate increased engagement, particularly through the hospital's patient- centered campaigns, announcements, and educational posts.

Community and Stakeholder Engagement

The Unit prioritized outreach and community partnerships that reinforced the hospital's Catholic identity and social responsibility.

- Key Engagements
- Joint Corporate Social Responsibility (CSR) activities with the Kampala Archdiocese.
- Health-focused collaborations with the Rotary Club of Lubaga Lake View and Rotary Club of Lungujja.
- Community mobilization and health awareness drives within Rubaga Division.

These activities strengthened the hospital's image as a compassionate, community-centered institution aligned with its mission of holistic care.



Challenges and Mitigation Measures

Challenge	Response / Mitigation
Limited Financial Resources	Prioritized high-impact campaigns and optimized spending for maximum return on investment.
Lack of Contract for Volunteer Marketing Officer	Proposal submitted for the recruitment of a Digital Marketing Officer in FY 2025/2026.
Inadequate Equipment for Digital Activations	Procurement requisition submitted and approved under the FY 2025/2026 budget.

Strategic Priorities and Growth Plan for FY 2025/2026

Building on this year's progress, the Unit will focus on the following growth pillars:

- Strengthening partnerships with lower-level health facilities to improve referral linkages.
- Deepening collaboration with insurance companies to increase covered patient volumes.
- Launching service-driven promotional campaigns to enhance market reach.
- Deploying a Customer Relationship Management (CRM) system to improve client tracking and engagement.
- Executing a 360-degree brand strategy through integrated media—digital, print, and broadcast.

Conclusion

The Business Development Unit made remarkable progress during FY 2024/2025, notably improving patient satisfaction, enhancing the hospital's brand reputation, and expanding the client portfolio. These achievements contributed significantly to the hospital's strategic goals of growth, quality service, and financial resilience.

Going forward, the Unit remains committed to fostering innovation, leveraging digital transformation, and cultivating partnerships that position Uganda Martyrs Hospital Lubaga as a leading Catholic center of excellence in healthcare.



8

KEY STATISTICS AND PERFORMANCE INDICATORS

8.1



STATISTICS AND MEDICAL RECORDS REPORT

Ms. Lilian Nakulima
Records Officer



Introduction

The Statistics and Medical Records Office is a key support unit under the supervision of the Medical Director. It operates with three full-time staff members, Monday to Friday, ensuring proper records management, efficient reporting, and timely dissemination of data internally and externally.

The office is guided by:

• Vision: To be a leader in quality health and administrative records management.

• Mission: To deliver efficient and effective records management services.

• Core Values: Professionalism, teamwork, integrity, and accuracy.

Service Range, Outputs, and Performance

1. Data Dissemination and Reporting

The office is responsible for preparing and submitting routine facility, departmental, and national reports.

Performance Indicators FY 2024/25

Report Type	Expected No.	Submitted	% Score
Weekly Reports			
HMIS 033B	52	44	84.62%
Specialist Weekly Performance	52	23	44.23%
Facility-wide Weekly Performance	52	48	92.31%
Monthly Reports			
Medical Director's	12	9	75.00%
HMIS 108	12	10	83.33%
HMIS 105	12	12	100.00%
MPDSR	12	11	91.67%
Quarterly Reports			
Medical Director's	4	3	75.00%
Finance	4	4	100.00%
SUO	4	3	75.00%
Chart Audits	4	3	75.00%
Clinical Quality	4	3	75.00%
Annual Reports			
HMIS 107	1	1	100.00%
Annual HIV/TB	1	1	100.00%
Facility-wide Performance	1	1	100.00%
Medical Director's	1	1	100.00%
Unit Annual Reports	16	10	62.50%
TOTAL	**244**	**187**	**76.64%**

Birth Notifications

The Records Office issues birth notifications in collaboration with NIRA.
- FY 2024/25: 526 birth notifications issued.
- Lubaga ranked 5th best hospital in Kampala District for timely birth notifications.

Birth Notifications by Facility (07/01/2024 – 06/30/2025)

Facility	Total Notifications
Mulago Hospital (Kawempe)	1176
Nsambya Hospital (Makindye)	886
Naguru Hospital (Nakawa)	826
Mengo Hospital (Rubaga)	695
Lubaga Hospital (Rubaga)	526
Kampala Capital City (Central)	216
Murchison Bay Hospital (Nakawa)	127
C-Care IHK (Makindye)	87
Kibuli Muslim Hospital (Makindye)	74
Kololo Hospital (Central)	34

Death Notifications

The office also records and issues death notifications, ensuring accurate documentation for bereaved families.
- FY 2024/25: 126 death notifications issued.
- Lubaga ranked 4th best hospital in Kampala District, and the best in Rubaga Division.

Facility	Total Notifications
Uganda Cancer Institute (Kawempe)	322
Kiruddu Hospital (Makindye)	213
Nsambya Hospital (Makindye)	189
Lubaga Hospital (Rubaga)	126
Nakasero Hospital (Central)	91
Mengo Hospital (Rubaga)	80
Mulago Hospital (Kawempe)	70
C-Care IHK (Makindye)	45
Uganda Heart Institute (Kawempe	40

Trainings

The Records Office successfully trained 7 interns during the year. Training covered:
- Data management, record-keeping, and filing.
- Use of digital systems for efficiency.
- Confidentiality and accuracy in handling sensitive information.
- Interns demonstrated improved competence and independence in managing records.

Research Support

The unit supported several research projects by providing timely data, including:
- Gulu Cancer Registry
- MOH Nutrition & Health Service
- Makerere University Cancer Registry
- Kyambogo Faculty of Arts & Humanities
- Makerere University School of Health Sciences

Project Coordination

The office coordinated and provided data support for:
- Breast Milk Bank Project
- Maternal & Perinatal Death Surveillance and Review (MPDSR)
- Electronic Integrated Disease Surveillance and Response (EIDSR)
- HMIS 100 Death Review Project
- FHI 360 Uganda, AFENET, AESI, and ELM initiatives



Quality Assurance

• Achieved COHSASA accreditation for Information Management (Service Element 7) with a 97% score (30th June 2025).
• Supported hospital-wide COHSASA accreditation, contributing to an 81% score.

Strategies and Plans

• Continuous mentorship and training of interns and staff in records management.
• Organizing archives to meet COHSASA standards.
• Prompt entry of perinatal and maternal notifications.
• Supporting internal and external stakeholders in record management, birth and death certifications.
• Continuous monitoring and evaluation of set plans.
• Digitization of records for efficient tracing and space management.
• Prompt birth and death registrations.
• Proper records retention and disposal systems.

Challenges

• Data retrieval difficulties from the new HOSPEDIA system.
• Slow adaptation to new HMIS reporting formats.
• Hard retrieval of archived patient records.
• Insufficient storage space for manual records (hospital archives spanning over 125 years).

Recommendations

1. Allow volunteers to support the Records Office to build capacity.
2. Strengthen support for research activities within the facility, including waiving research fees for internal staff.

9

FINANCE AND INVESTMENTS

9.1



ABRIDGED AUDITED FINANCIAL STATEMENT

Goret Katende
Finance Manager

Abridged Audited Financial Statement

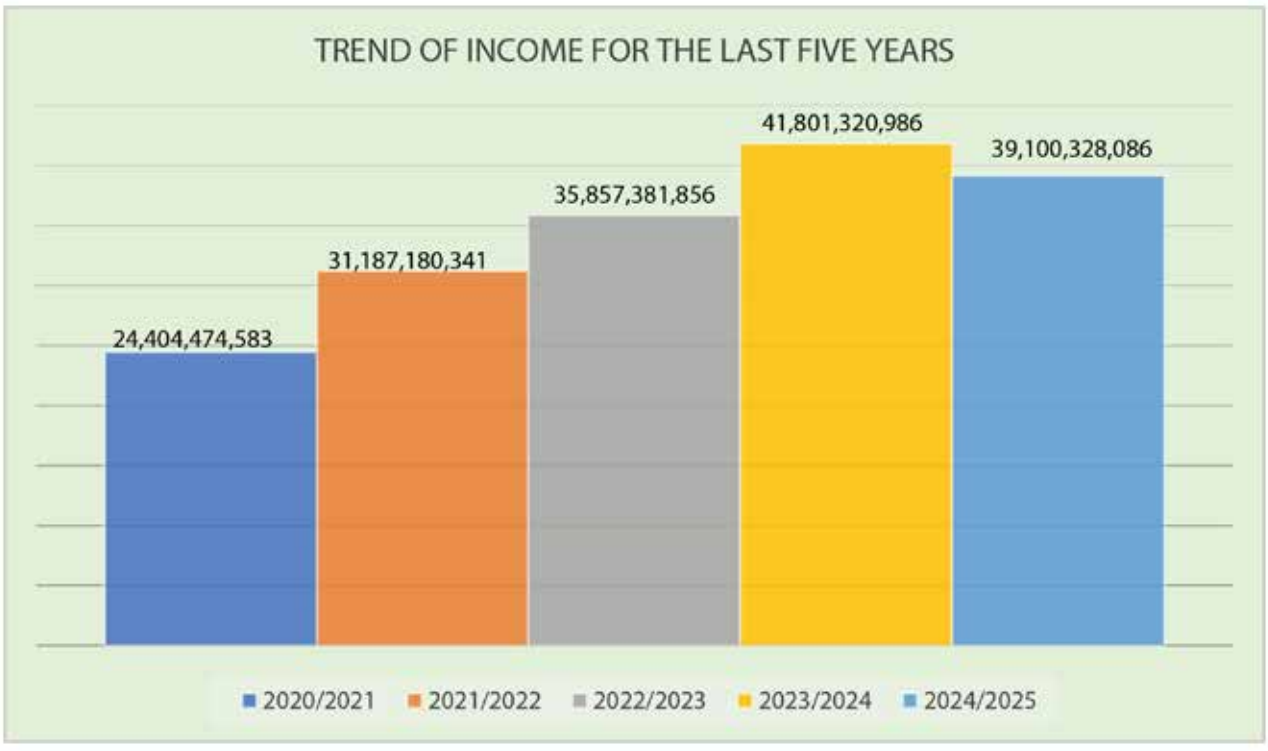
(income, expenditure, surplus/deficit).

The Financial Year 2024/2025 marked the fourth year of implementation of the Hospital's Five- Year Strategic Plan (2021–2026), a period defined by continued expansion, the operationalization of the new Specialist Centre, and the commissioning of Kibiri Satellite Clinic. The Finance Department continued to ensure effective management of hospital resources in line with the International Financial Reporting Standards (IFRS) and Generally Accepted Accounting Principles (GAAP).

During the year under review, total hospital income amounted to UGX 39.1 billion, representing a 6.46% decline from UGX 41.8 billion in FY 2023/2024. The reduction was largely attributed to a temporary suspension of inpatient services for a major client (UPDF), whose contribution dropped from UGX 13.8 billion to UGX 5.2 billion due to liquidity constraints. Expenditures, on the other hand, rose to UGX 42.56 billion—a 12.7% increase—driven by the operationalization of new service points and loan interest payments. Consequently, the hospital closed the year with a deficit of UGX 4.72 billion, compared to a surplus of UGX 2.18 billion in the previous financial year.

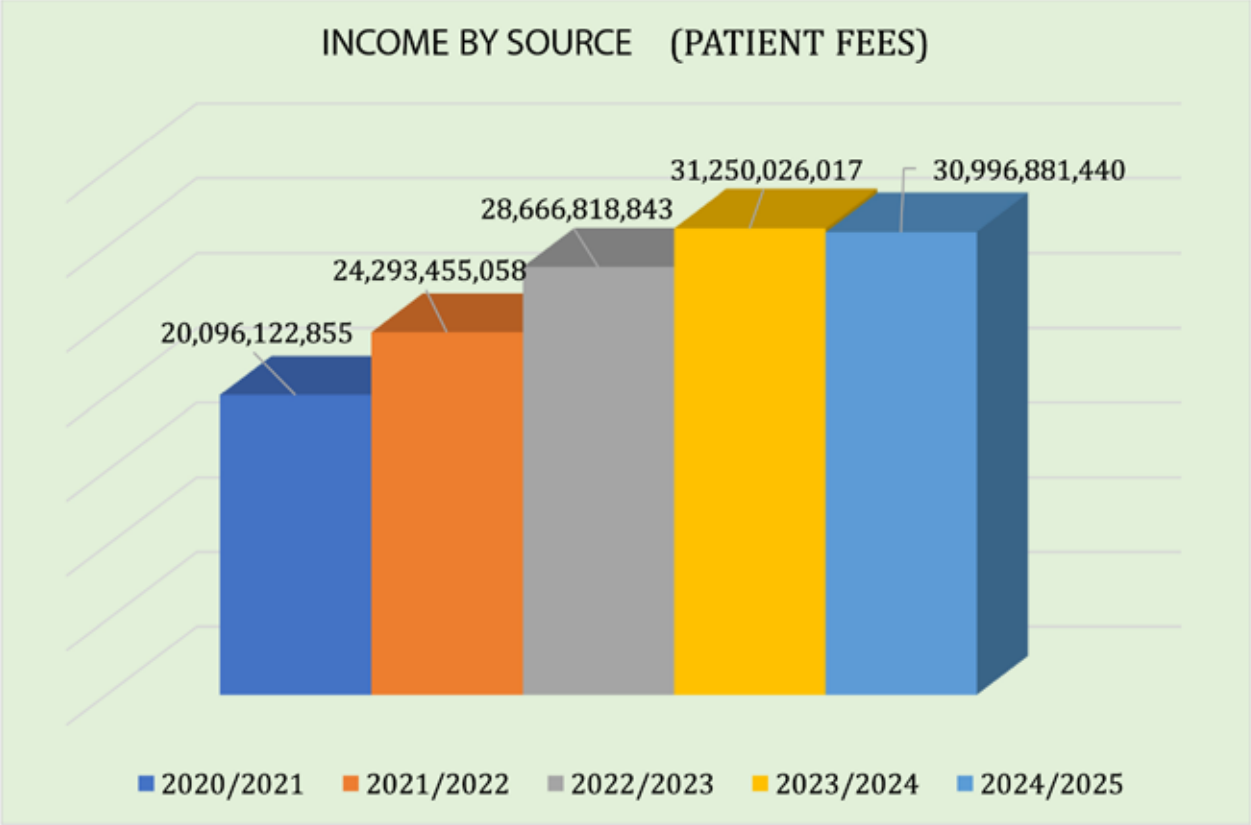
Key financial indices showed sustained capital investment growth, with significant spending on infrastructure expansion, equipment procurement, and system automation.

PERIOD	TOTAL REVENUE	Percentage increase
2020/2021	24,404,474,583	-4.5
2021/2022	31,187,180,341	21.8
2022/2023	35,857,381,856	15.2
2023/2024	41,801,320,986	16.6
2024/2025	39,100,328,086	-6.46



INCOME BY SOURCE						
Item	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025	% Increase
Patient Fees	22,496,122,855	25,017,859,355	28,666,818,843	31,250,026,017	30,996,881,440	(21)
Grants and Donations	1,652,253,713	2,755,444,779	2,986,068,548	4,372,549,819	1,855,422,540	(45)
Training sch. Income	2,122,804,222	2,400,944,091	3,617,449,170	4,171,581,000	5,259,826,000	0.8
Interest	75,894,543	76,455,768	62,969,519	90,073,177	121,440,540	35
Other income	480,471,729	875,675,908	742,545,295	1,771,222,803	988,198,000	(10)
Total	26,827,547,062	31,126,379,901	35,857,381,856	41,801,320,986	39,100,328,924	(16)

Patient/User Fees



Income by Source – Other Sources



Trends in Financial Leakagest

(escapees, unpaid bills, recoveries from insurance).

Financial leakages remain an area of concern, particularly relating to patient escapees, unpaid bills, and delays in insurance recoveries. While the introduction of a hybrid Hospital Management Information System (HMIS) integrating Hospedia and Microsoft Business Central improved billing accuracy and real-time tracking, a number of patients still defaulted on payments. Unpaid bills increased by 7% from the previous year, largely among corporate clients and self-paying patients.

To mitigate this, the department strengthened financial screening protocols at the point of admission and reinforced credit control mechanisms, including regular debtor follow-ups and engagement with insurance partners. Recoveries from insurance partners, though delayed, improved in efficiency following digital claims submissions, reducing turnaround time from 45 to 30 days on average. The hospital continues to work with clinical and administrative teams to align financial responsibility with service delivery efficiency, minimizing income leakages through accountability, real-time validation, and cross-departmental audits.

The hospital's expenditure portfolio for the Financial Year 2024/2025 reflects a balanced allocation across key operational and developmental priorities. Major cost drivers included employment expenses—representing the largest share of recurrent expenditure—followed by medical goods and services, administrative and utility costs, training school operations, and capital development investments.

Years	2021/2022	2022/2023	2023/2024	2024/2025
Employment cost	12,474,973,614	14,130,389,793	15,419,368,547	15,897,657,908
Med goods & Services	6,564,528,567	7,120,098,413	8,860,719,039	8,974,567,690
Hospital board costs	101,848,000	101,385,000	116,573,333	121,324,508
Capital Development	1,082,000,000	2,974,437,735	4,603,053,176	7,908,564,500
Training school costs	1,935,549,231	2,640,517,842	3,688,757,219	4,116,127,000
Administration costs	1,890,261,645	1,834,872,576	1,993,533,130	2,564,133,000
Property costs	621,044,712	473,503,437	527,516,561	504,354,670
Transp. &plant costs	517,363,231	567,897,500	567,334,359	607,856,790
Interest on bank Loan		137,500,000	686,889,286	697,546,780
Supplies & services	1,047,327,100	1,342,456,786	1,271,708,515	1,324,590,865
Primary Healthcare	548,768,990	645,342,100	728,781,186	538,789,065
Total	**26,783,665,090**	**31,830,901,182**	**37,777,345,065**	**42,557,965,996**

Staff Wellness Investments.

Lubaga Hospital continues to prioritize staff wellness as a cornerstone of productivity, retention, and overall institutional performance. During the financial year 2024/2025, significant investments were made toward promoting the physical, mental, and emotional well-being of employees through structured wellness programs and recreational activities. Regular aerobics sessions were conducted twice weekly, complemented by interdepartmental sports events such as the Easter Cup and Staff Enkuka celebrations, which fostered teamwork, morale, and a sense of belonging among staff.

In addition to recreational initiatives, the hospital enhanced workplace welfare through the provision of quality staff meals, medical insurance coverage, and improved staff housing and rest areas. These efforts were supported by deliberate inclusion of wellness in the human resource strategy, aligning with the broader institutional goal of cultivating a healthy, motivated, and high- performing workforce. Overall, these investments reflect management's commitment to nurturing a supportive work environment where staff well-being directly translates into compassionate and efficient patient care.

Investments were made in:

- Comprehensive medical insurance coverage for all staff members.
- Subsidized meals and housing for resident staff.
- Wellness and fitness programs, including aerobics, sports tournaments, and mental health support.
- Performance-based Christmas bonuses ranging between UGX 100,000 and UGX 500,000, tied to departmental performance appraisals.



Hospital Investments and Assets.

During the financial year 2024/2025, Lubaga Hospital continued to make deliberate and strategic investments aimed at strengthening its asset base, expanding service capacity, and improving infrastructure to support its vision of becoming a national referral and center of excellence in specialized healthcare.
Key investments during the year included the completion and operationalization of the new Diagnostic and Specialist Services Block, which houses the Radiology, Dental, and Laboratory departments. This facility has enhanced diagnostic accuracy and service turnaround time while improving patient flow and overall efficiency. Additionally, the hospital invested in state-of-the-art medical equipment, including new dialysis machines, endoscopy systems, and imaging technology, further consolidating its leadership in pancreaticobiliary, hepatobiliary, and interventional services.

Infrastructure upgrades extended to the renovation of maternity wards, intensive care units, and staff housing, improving both patient experience and employee welfare. The hospital also expanded its solar energy capacity and upgraded water storage systems to ensure operational sustainability and reduce utility costs.

In line with its five-year strategic plan (2021–2026), the hospital continued to strengthen its asset management and maintenance systems, including the establishment of a computerized inventory tracking platform to monitor fixed assets and equipment lifecycles. These investments reflect the hospital's commitment to prudent financial stewardship and sustainable growth, ensuring that Lubaga Hospital's facilities and resources remain responsive to evolving healthcare demands and aligned with international standards.



Cost Recovery and Surplus/Deficit Analysis

Cost Recovery Trend in the period 2022 to 2025

This parameter analyses the hospital's capacity to meet its recurrent expenses from user fees collections. Capital and major maintenance costs are not considered. During the F/Y 2024/20225 the hospital fell short of covering its recurrent expenses from user fee collection, with a shortage of 11%. The hospital continued to meet its payments for interest on the loan acquired from Centenary Bank for Specialist Centre construction.

Table 5 - Cost Recovery Trend in the period 2021 to 2025

Years	2021/2022	2022/2023	2023/2024	2024/2025
User Fees collection	25,017,859,355	28,666,818,843	31,250,026,017	30,996,881,440
Recurrent except school & PHC	21,875,854,214	24,812,785,859	32,249,427,829	34,649,401,496
Cost Recovery percentage	114	116	97	89

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

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 a deficit of Ushs. 4,716,603,267 during FY 2024/2025 from a surplus of Ushs. 2,189,342,509 in the previous Financial Year. This is attributed to the additional costs incurred to operationalize the new specialist center and Kibiri Clinic and payment of interest on the bank loan acquired from Centenary Bank to build the specialist center complex.

Years	2021/2022	2022/2023	2023/2024	2024/2025
Surplus or Deficit	2,494,658,755	1,897,324,500	2,189,342,509	(4,716,603,267)

Achievements

During the Financial Year 2024/2025, the Finance Department recorded several notable achievements that reinforced financial discipline, transparency, and sustainability across Lubaga Hospital. These accomplishments are summarized below:

• **Successful External Audit:**
o The hospital's annual audit was completed in full compliance with international accounting standards and UCMB reporting requirements.

o Audit findings confirmed strengthened internal controls, improved documentation, and accountability in all financial processes.

o Statutory submissions to URA, NSSF, and other regulatory bodies were made on time throughout the year.

• **Digital Transformation of Financial Systems:**
o The department fully integrated the accounting system with the Hospital Management Information System (HMIS).

o This digital shift enhanced real-time tracking of income and expenditure, reduced manual errors, and improved financial reporting efficiency.

o The transition supported better decision-making by providing timely and accurate financial data to management.

• **Revenue and Cost Optimization:**
o Despite rising operational costs, the hospital realized improved revenue performance through streamlined billing and collection processes.

o A cost containment and budget rationalization strategy was implemented, ensuring optimal use of resources while maintaining quality service delivery.

o Close collaboration with departmental heads and the procurement team strengthened compliance with approved budgets and expenditure guidelines.

• **Support to Major Infrastructure Projects:**
o The Finance Department effectively managed and monitored financial flows for key development projects, notably the Specialist Center Block which was commissioned with OPD services in November 2024 and in-patient services commenced in January 2025.

o This included timely disbursements, expenditure tracking, and accountability for funds utilized in capital development.

• **Debt Recovery and Financial Stability:**
o Steady improvement was realized in the recovery of outstanding receivables from corporate clients and insurance partners.

o The department instituted enhanced follow-up and reconciliation mechanisms to minimize financial leakages and bad debts.

• Staff Wellness and Welfare Support:
o Consistent budgetary allocations were maintained for staff welfare, including medical insurance, meals, and housing support.

o The department ensured that wellness programs such as sports, team-building activities, and festive staff celebrations were adequately funded to foster morale and motivation.

Overall, these achievements underscore the Finance Department's commitment to sound financial stewardship, efficient resource management, and alignment with the hospital's strategic plan—all directed toward sustaining high-quality, affordable, and compassionate healthcare at Lubaga Hospital.



Challenges

Despite the significant progress made during the financial year 2024/2025, the Finance Department encountered several challenges that affected optimal financial performance and sustainability. These challenges are summarized below:

• Rising Operational Costs:
o The continuous increase in the cost of essential medical supplies, utilities, and maintenance materials strained the hospital's recurrent expenditure budget.

o Inflationary pressures in the economy further affected procurement costs and service delivery budgets.

• Delayed Payments by Insurance Companies and Corporate Clients:
o Prolonged settlement periods from insurance firms and corporate clients occasionally led to cash flow constraints, affecting timely supplier payments and operational commitments.

o Despite improved follow-up mechanisms, a backlog of uncollected receivables persisted.

• High Wage Bill and Staff-Related Costs:
o The wage bill remains the largest expenditure item, consuming over half of the total annual budget.

o The hospital continues to balance between maintaining competitive remuneration for staff and sustaining financial stability under limited revenue streams.

• Escalating Utility Bills:
o The hospital experienced sharp increases in electricity and water costs, which significantly impacted the operational budget.

o Frequent power fluctuations and the need for backup generation further added to fuel and maintenance costs.

• Limited Capital Investment Funding:
o Although infrastructure development r emained a strategic priority, inadequate funding slowed the implementation of some capital projects.

o Reliance on internal revenue limited the pace of development compared to the growing service demands.

• Dependence on Cash Transactions:
o While digital transformation has progressed, some patients and clients still prefer cash-based payments, creating reconciliation challenges and a higher risk of financial leakages.

• Inconsistent Donor and Partner Support:
o Reduction or delays in external partner funding affected specific development programs and equipment acquisition plans.

o The hospital continues to seek more sustainable financing partnerships to support strategic investments.

• Delayed Implementation of the Salary Revision Plan:
o Although a salary review plan was approved, its implementation was deferred due to financial constraints.

o This created challenges in managing staff expectations and maintaining morale amidst rising living costs.

In summary, while Lubaga Hospital's financial systems have strengthened, cost pressures, delayed receivables, and limited capital investment capacity continue to challenge operational efficiency. Addressing these issues will require enhanced resource mobilization, partnership development, and continued financial prudence in the coming financial year.

9.2



INTERNAL AUDIT

Achelait Joyce, Hospital Internal Auditor

Introduction

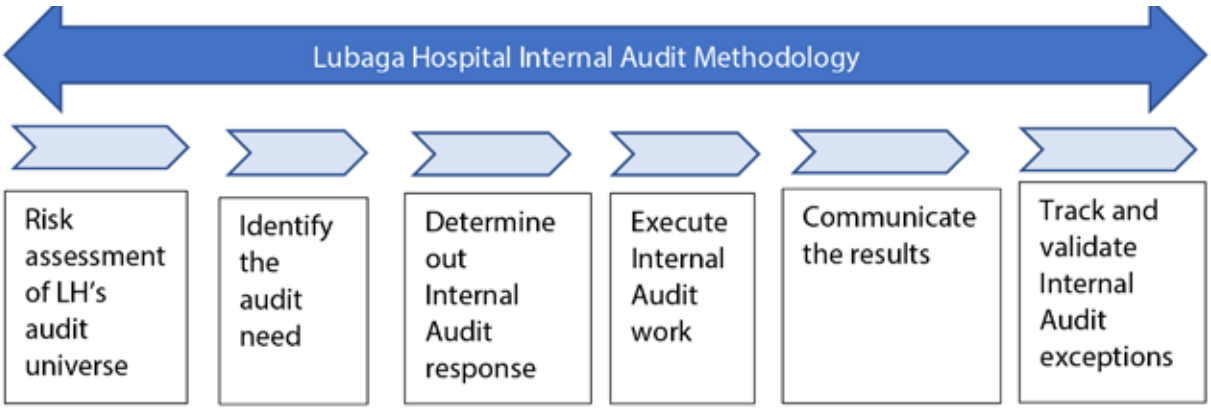
The Internal Audit Department provides independent, objective assurance and consulting services designed to add value and strengthen Lubaga Hospital's operations. The function evaluates the effectiveness of internal controls, governance processes, accounting systems, data integrity, and risk management, thereby supporting informed decision-making and accountability.

The department operates under the vision "To be a qualitative audit function for the betterment of Lubaga Hospital" and the mission "To enhance and protect Lubaga Hospital's value by providing risk-based and objective assurance, advice, insight, and foresight."

The internal audit function is guided by three core instruments:

- Internal Audit Charter (reviewed annually)
- Internal Audit Annual Operating Plan (AOP), including the annual operating budget
- Internal Audit Manual

These documents collectively define the department's strategic and operational scope in accordance with the International Professional Practices Framework (IPPF) of the Institute of Internal Auditors (IIA). In line with best practice, Lubaga Hospital's Internal Audit has adopted a six-stage methodology to ensure flexibility, adaptability, and alignment with the Hospital's dynamic operational environment.



The Roleand Structure of InternalAudit

The Internal Audit function reports administratively to the Executive Director and functionally to the Audit and Risk Committee of the Hospital Board.

The department consists of:

- Hospital Internal Auditor (Head of Departmnt)
- Internal Audit Assistant

The function produces quarterly audit reports, which are presented to Management and subsequently to the Audit and Risk Committee for discussion and follow-up. In addition, ad-hoc audits are conducted upon Management's request or in response to emerging operational needs.

Lubaga Hospital Internal Audit Structure:



The audit process follows a four-stage cycle: Planning → Fieldwork & Assessment → Reporting → Follow-up, ensuring that audit outcomes are actionable and contribute to continuous institutional improvement.



DepartmentalPerformance(FY2024/2025)

The department's Annual Operating Plan was successfully implemented during the year. Out of 12 targeted audit activities across different hospital sections, all planned audits were completed—representing 100% performance against the approved annual plan.

Audit Activity	Qtr1	Qtr2	Qtr3	Qtr4	Total
Total Audit Planned	1	1	1	1	4
Additional Audits	1	0	2	0	3
Audits Brought Forward	0	0	0	0	0
Audits Deferred/Postponed	0	0	0	0	0
Audits completed	2	1	3	1	7
Percentage of Audits completed Versus Planned	100%	100%	100%	100%	100%

Audit coverage during FY 2024/25 included:
• Hospital Administration (Workshop, Laundry, Transport, Central Stores, Estates, Security)
• Human Resource
• Laboratory
• St. Michael Training School Lubaga
• Maternity
• Specialist Centre
• Social Work Office
• Physiotherapy
• Procurement
• Pharmacy
• Operating Theatres
• Finance
Ad-hoc Audits Conducted:
• Specialist Centre Project
• Flash Project
• Health Management Information System (HMIS) and Hospital Health Commodity Supply Chain Review

Implementation of Audit Recommendations

In compliance with IPPF Standard 2500 (Monitoring Results), a follow-up review was conducted to assess the status of previously issued audit recommendations. As of 31st July 2025, implementation stood at 65%, representing a 20% improvement from FY 2023/2024 (which stood at 45%).

The remaining 35% of recommendations were budget-dependent, and Management has committed to addressing them in a phased manner. Continuous tracking and management oversight remain critical in achieving the target implementation rate of 80% by the next financial year.

Challenges

Despite improved performance, several challenges persisted during the year:

• Slow implementation of recommendations: Although progress was made, the pace of adoption remains below the desired threshold.

• Limited involvement in key communication loops: The department was occasionally excluded from strategic discussions, affecting timely audit insights.

• Absence of professional training: The Internal Audit team did not receive any professional development during FY 2024/25, limiting skill advancement in a rapidly evolving audit landscape.

• Low staffing levels: The expanding audit universe, including new units such as Kibiri Health Clinic and the Specialist Centre, demands additional personnel to sustain audit quality and scope.

Proposed Way Forward

To enhance the efficiency and impact of the audit function, the following actions are recommended:

• **Accelerate Implementation:** Prioritize completion of at least 80% of audit recommendations and enforce regular management tracking mechanisms.

• **Enhance Communication:** Integrate the Internal Audit function into all major management discussions to strengthen its advisory role and ensure timely risk reporting.

• **Dedicated Training Budget:** Establish an independent training budget under the Audit Committee to support continuous professional development.
• **Capacity Building:**
o Develop competence in Sustainability Reporting, particularly in Environmental, Social, and Governance (ESG) and Assurance Reporting.

o Build expertise in New Auditing Standards (2024) including gap analysis, methodology frameworks, strategy alignment, quality manuals, and resource planning.

Emerging Risks

The department has identified several strategic and operational risks requiring ongoing monitoring:
• Cybersecurity threats and data breaches
• Data integrity and protection concerns
• Uncertainty surrounding donor-funded projects
• Political and economic disruptions, especially projected in Q2 and Q3 of FY 2025/26

To mitigate these risks, the department emphasizes a proactive approach to data quality, verifiability, and integrity, particularly in the rollout of the new HMIS.

Conclusion

The Internal Audit function continues to play a central role in strengthening corporate governance, accountability, and internal control systems at Lubaga Hospital.

The upcoming implementation of new International Auditing Standards (effective January 2025) will:

• Enhance audit quality and adaptability to institutional risks

• Reinforce governance frameworks

• Provide specific guidance on emerging areas such as cybersecurity and data governance
As Lubaga Hospital continues its transformation toward becoming a National Referral Hospital with Specialized Services, the Internal Audit Department remains committed to ensuring that integrity, compliance, and efficiency remain the cornerstone of institutional performance.

Benchmark with other UCMB hospitals.

Lubaga Hospital continues to maintain a strong working relationship with the Uganda Catholic Medical Bureau (UCMB) and actively participates in the Bureau's benchmarking and performance assessment programs. Through these engagements, the hospital compares its operational, clinical, and financial performance with other UCMB-affiliated hospitals across the country, using standardized indicators such as efficiency ratios, cost recovery, patient satisfaction, and service quality.

In the financial year 2024/2025, Lubaga Hospital maintained its position among the leading UCMB institutions in terms of service diversity, patient volumes, and quality of specialized care. The hospital's continued pursuit of accreditation under the Council for Health Service Accreditation of Southern Africa (COHSASA) and the South African National Accreditation System (SANAS) further reinforced its leadership in clinical governance and laboratory standards.

Benchmarking exercises also provided opportunities for shared learning and collaboration, particularly in resource mobilization, cost management, and innovations in service delivery. Insights gained from peer institutions such as Nsambya, Lacor, and Nkozi hospitals have informed strategic improvements in financial sustainability, human resource development, and quality assurance. This continuous benchmarking process ensures that Lubaga Hospital remains aligned with best practices within the UCMB network and strengthens its positioning as a model center for faith-based healthcare excellence in Uganda.

10

HUMAN RESOURCES & STAFF DEVELOPMENT

10



HUMAN RESOURCES & STAFF DEVELOPMENT

Nababi Immaculate
Human Resource Manager

Introduction

The Human Resource Department plays a central role in driving Lubaga Hospital's mission of providing holistic, patient-centered care by ensuring that the right people, with the right skills and values, are in the right positions. During the financial year 2024/2025, the department focused on strengthening workforce capacity, enhancing staff welfare, promoting professional development, and aligning human capital initiatives with the Hospital's Strategic Plan (2021–2026). This report provides a detailed overview of the hospital's staffing trends, workforce engagement, retention, succession planning, and key HR interventions undertaken to sustain a motivated, competent, and mission-driven workforce.

Staffing Levels

Lubaga Hospital continues to operate with a multidisciplinary workforce comprising both clinical and non-clinical staff dedicated to fulfilling the hospital's mission of holistic healthcare delivery. As of June 30th, 2025, the hospital maintained a total staff establishment of 655, distributed across medical, nursing, allied health, administrative, and support departments.

The year under review saw modest recruitment efforts aimed at addressing critical staffing gaps, especially in specialized areas such as anesthesia, dialysis, and intensive care, following the expansion of specialized services under the new Organ Transplant and Hepatobiliary Units. Recruitment efforts were guided by the hospital's Human Resource Manual (2020) and aligned with the UCMB staffing norms, ensuring compliance with institutional and regulatory standards.



Despite these efforts, staffing challenges remain, particularly in attracting and retaining highly specialized personnel and ensuring equitable distribution of staff across departments. The Human Resource Department continues to work closely with management to review staffing needs, develop targeted recruitment plans, and foster capacity building within existing teams to mitigate shortages.

Indicator	Number / Rate
Total Staff (as of June 2025)	655
New Recruits (FY 2024/25)	88
Exits (excluding retirements)	23
Retirements	8
Medical : Non-Medical Staff Ratio	3:1
Male : Female Ratiol	1:2 (462 vs 193)

Over the last five years, the hospital's workforce has grown by 120 employees, a testament to strategic staffing and continuous capacity strengthening.

Promotions

Staff promotions at Lubaga Hospital are anchored in principles of merit, performance, and alignment with the hospital's strategic objectives. During the reporting period, several staff members were elevated to higher responsibilities following satisfactory performance appraisals and demonstration of professional growth, commitment, and adherence to the hospital's core values.

Promotions were guided by both internal evaluation processes and UCMB's recommended promotion framework, which emphasizes competency-based assessment, tenure, and continuous professional development. The exercise was also intended to motivate staff, enhance retention, and ensure that leadership succession within key departments is systematically nurtured.

The Human Resource Department ensured transparency throughout the promotion process by engaging respective department heads and the Hospital Management Team in validating the recommendations before submission to the Board for approval.

During the year, 17 internal promotions were approved and implemented emphasizing merit- based advancement. These promotions foster motivation, loyalty, and alignment with the hospital's succession planning framework.

Highlighted Promotions:

- 1 Clinical Officer promoted to Medical Officer
- 2 Diploma Midwives to Nursing Supervisors
- 1 Diploma Nurse to Infection Control Nurse
- 6 Enrolled Nurses to Registered Nurses
- 7 Enrolled Midwives to Registered Midwives

These internal advancements underscore Lubaga Hospital's commitment to career growth and professional excellence.

In addition, staff whose roles evolved as a result of new service expansions—particularly in the Specialized Services Center, the Dialysis Unit, and the Organ Transplant Program—were considered for reclassification and responsibility allowances to reflect their expanded mandates.

Overall, the promotion exercise not only rewarded performance but also reinforced the hospital's commitment to professional growth, motivation, and equity as underscored by the UCMB human resource policy framework.

Attrition and Retention Analysis (who left, after how long, why).

During the financial year 2024/2025, Lubaga Hospital experienced a moderate level of staff attrition, primarily influenced by factors such as relocation, pursuit of further studies, and competitive job offers from other institutions within and outside the health sector. A smaller proportion of staff departures were due to retirement and non-renewal of contracts.

The overall attrition rate for the period reduced from 7.4% in FY 2023/24 to 4.9% in FY 2024/25, which is within the manageable threshold compared to the national average for faith-based health institutions. The departments most affected included Nursing, Laboratory, and Administration, reflecting the high demand for skilled personnel in these areas across the health sector.

Key attrition insights:

- Major reasons for exit: retirement, further studies, overseas employment, and disciplinary cases.
- Adjusted attrition (excluding unavoidable exits): 2.7% among general staff and 5.2% among enrolled cadres.
- Exit interviews revealed key areas for improvement such as remuneration, housing, and expanded training opportunities.

This low attrition rate is not only reflecting improved retention and staff satisfaction but profoundly positions Lubaga among the most stable workforce environments in the UCMB network.

To counter attrition, the hospital continued to invest in retention strategies such as regular staff recognition, internal promotions, wellness programs, and opportunities for continuous professional development. Efforts were also made to strengthen communication and feedback mechanisms between management and staff to ensure a more responsive and supportive work environment.

In addition, the Human Resource Department emphasized succession planning for key positions and improved the onboarding process for new employees to enhance integration and job satisfaction. Staff exit interviews were conducted systematically, and the feedback gathered has been instrumental in informing management decisions aimed at improving working conditions, compensation, and employee engagement.

Overall, while attrition remains an inevitable dynamic within the health sector, Lubaga Hospital continues to focus on building a committed, motivated, and stable workforce aligned with the hospital's mission as standards of excellence in human resource management.



Staff Engagement Programs.

Lubaga Hospital recognizes that an engaged workforce is central to the delivery of compassionate and quality healthcare. During the financial year 2024/2025, the Human Resource Department, in collaboration with management, implemented several initiatives aimed at improving staff morale, motivation, and teamwork.

Key staff engagement activities included:

• Regular departmental and general staff meetings — These forums provided opportunities for open dialogue, feedback, and clarification of institutional priorities. Staff were encouraged to express ideas, raise challenges, and participate in problem-solving discussions.

• Staff recognition and appreciation events, including end-of-year gatherings and award ceremonies for outstanding performance and long service. These occasions reinforced a culture of gratitude and belonging.



• Spiritual and pastoral programs, such as staff retreats, recollections, and daily morning devotions, which strengthened both personal and collective alignment with the hospital's Catholic ethos and values.

• Wellness and recreational activities, including health awareness sessions, fitness programs, and sports events, aimed at promoting physical and mental well-being.

• Open-door management approach, where staff members had access to leadership for consultations and support, thereby building trust and accountability.

Key activities:

• Aerobics sessions twice weekly (Tuesdays & Thursdays).

• Easter Cup 2025 — interdepartmental football tournament promoting unity and teamwork (winning team awarded a bull).

• Christmas Cup 2025 — planned to further build morale and collaboration.

Such initiatives continue to nurture staff ca maraderie and institutional pride.

Through these initiatives, the hospital continued to nurture a cohesive institutional culture marked by teamwork, mutual respect, and professional growth. The programs also contributed significantly to reducing workplace stress, enhancing productivity, and improving staff retention across all cadres.

Staff Satisfaction Survey

In line with the hospital's commitment to continuous improvement and alignment with UCMB's human resource quality indicators, Lubaga Hospital conducted a Staff Satisfaction Survey during the financial year 2024/2025. The survey aimed to assess employees' perceptions of their work environment, leadership support, welfare, remuneration, teamwork, and opportunities for career development.

The assessment was carried out across all departments using both structured questionnaires and focus group discussions. Participation was voluntary but highly encouraged, and the feedback obtained provided valuable insights into areas of strength and those requiring further improvement.

Key findings from the survey included:
• A high level of satisfaction with the hospital's spiritual environment and pastoral care programs, which continue to foster a sense of belonging and shared mission.

• Moderate satisfaction regarding communication between management and staff, with recommendations to enhance feedback mechanisms and departmental updates.

• Improved perceptions of job security and fairness in promotions following UCMB's \ performance-based review processes.

• Concerns expressed about workload and staff shortages in critical departments, suggesting a need for strategic recruitment and workload redistribution.

• Growing appreciation for the hospital's investment in continuous professional development and staff wellness programs. The overall satisfaction score was 74%, reflecting a notable improvement from the previous year's 68%. The findings were discussed at management level and shared with departmental heads to guide planning for targeted interventions in the coming year.

The Human Resource Department has since developed an action plan to address the identified gaps, focusing on enhanced communication, mentorship programs, and work-life balance initiatives to sustain and improve staff morale.



Top Motivators Identified:	Management Responses:
⊠ Comprehensive medical insurance ⊠ Quality meals and safe staff housing ⊠ Access to SACCO services ⊠ Adequate PPE and safe working environments	⊠ Board -approved salary review effective **July 2026** ⊠ Revised meal plans (80% satisfaction rate) ⊠ Improved medical cover and provision of purified drinking water ⊠ Free parking for official clients effective **August 2025**

Staff Training and Development

Staff training and development remained a central pillar of Lubaga Hospital's human resource strategy during the financial year 2024/2025. Recognizing that the hospital's excellence in healthcare delivery is largely dependent on the competence and motivation of its workforce, deliberate efforts were made to build staff capacity across clinical, administrative, and technical departments.

During the year under review, a number of internal and external training programs were conducted, guided by the hospital's annual training plan and UCMB's performance management framework. These programs aimed to strengthen both technical and soft skills, ensuring that staff remain aligned with emerging trends in healthcare delivery, patient safety, and institutional governance.

Key training highlights included:

• Clinical trainings in infection prevention and control (IPC), resuscitation and emergency care, medication safety, and quality improvement processes.

• Administrative and leadership development workshops targeting heads of departments and unit in-charges to enhance managerial effectiveness, ethical leadership, and decision- making.

• Capacity building in health information management, focusing on HMIS data accuracy, integrity, and reporting standards.

• Orientation and mentorship programs for new staff, ensuring smooth integration into the hospital's culture, mission, and operational standards.

• Support for continuing professional development (CPD) through sponsorships and study leave for selected staff pursuing higher qualifications in nursing, physiotherapy, and public health.

Overall, 68% of the workforce participated in at least one form of structured training during the year, marking a significant improvement from 54% in the previous year.

The hospital also strengthened collaborations with training institutions such as St. Michael Lubaga Hospital Training Institute and external partners to support internship supervision, on-the-job mentorship, and exchange programs.

Continuous learning and professional growth remain key priorities for the coming year, with plans to establish a more structured Leadership Development Program and expand e-learning opportunities for staff.

Staff on Long-Term Training (Highlights):

• 4 staff on academic sponsorships (e.g., BSc Nursing, Counselling Psychology).

• 2 nurses enrolled in a Hemodialysis apprenticeship in Germany.

• 1 Medical Officer completed Bachelor of Medicine and Surgery under a hospital bond scheme.

These initiatives demonstrate Lubaga's commitment to continuous learning and clinical competence.

Succession Planning and Policy.

Succession planning continues to be an essential component of Lubaga Hospital's human resource strategy, ensuring leadership continuity, institutional stability, and the retention of institutional memory. Guided by the Uganda Catholic Medical Bureau (UCMB) Human Resource Management Manual and the hospital's own succession planning framework, deliberate

efforts were made during the year to identify, prepare, and mentor staff for critical positions across both clinical and administrative departments.

The hospital's succession planning approach focuses on three key objectives:

• Identifying potential leaders early through performance evaluations and leadership assessments.

• Building capacity and readiness of high-performing staff through targeted training, coaching, and job rotation.

• Ensuring smooth transitions in the event of retirements, resignations, or reassignments to minimize disruption of hospital services.

During the financial year 2024/2025, the Human Resource Department, in consultation with the Executive Director and the Hospital Board, initiated a leadership development matrix that maps current positions, potential successors, and readiness levels. This exercise prioritized key leadership and technical roles in departments such as Nursing, Finance, Medical Services, and Administration.

Furthermore, the hospital emphasized the mentorship of mid-level managers through delegated leadership responsibilities and active participation in management committees. Senior staff were encouraged to document and share institutional knowledge to foster continuity.

The HR Department also began integrating succession planning discussions into annual performance appraisals and departmental reviews. This practice aligns individual career growth with the hospital's long-term staffing needs.

Looking ahead, Lubaga Hospital intends to formalize the Succession and Leadership Development Policy to strengthen accountability, institutional resilience, and sustainability, ensuring that the hospital remains well-positioned to maintain its leadership in specialized and faith-based healthcare delivery.

Key focus areas include:
• Identifying high-potential employees for leadership grooming.

• Mentorship programs for emerging managers.

• Structured succession mapping for critical positions.

This policy ensures leadership continuity, reduces transition risks, and sustains organizational resilience.

Annual Strategic Initiatives

In alignment with the Lubaga Hospital Strategic Plan (2021–2026), the Human Resource Department implemented several strategic initiatives throughout the 2024/2025 financial year aimed at strengthening workforce capacity, enhancing service delivery, and promoting organizational excellence. Key initiatives undertaken during the year included:

• **Implementation of the Staff Establishment Framework:**
The HR Department continued to review and align staffing levels with service demand across all hospital departments, ensuring optimal utilization of human resources in line with the hospital's growth into a national referral center for specialized services.

• **Development of the Talent Management and Succession Planning Policy:**
A structured framework was initiated to identify high-potential employees and provide

leadership development pathways to sustain institutional continuity and strengthen leadership pipelines.

• **Enhancement of Performance Management Systems:**
The department strengthened the appraisal and competency assessment processes to ensure performance-based promotions, merit-based rewards, and targeted capacity- building interventions.

• **Promotion of Employee Wellness and Engagement:**
Staff wellness initiatives such as aerobics, sports tournaments, and mental health awareness sessions were integrated into the annual HR work plan, contributing to a healthier and more motivated workforce.

• **Digitalization of HR Processes:**
Steps were taken toward automating HR functions, including attendance tracking, leave management, and personnel recordkeeping, to improve efficiency and data accuracy.

• **Strengthening Institutional Culture and Staff Motivation:**
The HR Department, in collaboration with management, enhanced recognition programs, mentorship initiatives, and internal communication channels to reinforce teamwork and shared values within the hospital.

Collectively, these strategic initiatives contributed to improved staff satisfaction, retention, and overall institutional performance, positioning Lubaga Hospital as an employer of choice and a model of excellence in faith-based healthcare management.

Key strategic achievements included:
• Completion of a comprehensive staff appraisal exercise across all cadres.

• Review of the Hospital Staff Establishment Framework, aligning workforce with service demand.

• Introduction of performance-linked recognition programs to boost accountability.

• Participation in the Federation of Uganda Employers' "Employer of the Year" competition, showcasing best HR practices.

Challenges and Recommendations

Despite significant progress in workforce development and institutional strengthening during the 2024/2025 financial year, the Human Resource Department continued to experience several challenges that impacted the full realization of its objectives.

Key Challenges:
• **Increasing Staff Costs:**
The continued expansion of hospital services, coupled with the need to attract and retain highly qualified professionals, led to a steady rise in the wage bill, benefits, and welfare- related expenses. This has placed additional pressure on the hospital's recurrent expenditure.

• **Balancing Pay Competitiveness with Financial Sustainability:**
While staff remuneration and benefits must remain competitive to prevent attrition, budgetary limitations have constrained the hospital's ability to implement salary reviews and allowances at the desired pace.

• **Limited Opportunities for Training and Professional Development:**
Although in-service training has been prioritized, funding constraints have limited access to long-term and external training programs, particularly for specialized and leadership courses.

• **Workforce Gaps in Specialized Services:**
With the hospital's transformation into a

referral center offering advanced care (including organ transplant and hepatobiliary services), there remains a critical need for more specialized clinicians and technical staff to match emerging service demands.

• **Inconsistent Implementation of Performance Feedback:**
Some departments still face challenges in applying the performance appraisal outcomes effectively to guide promotions, mentorship, and career development interventions.

Recommendations:
• **Progressive Salary Adjustment Plan:**
Management should prioritize implementation of the approved salary review framework in a phased manner to maintain competitiveness and enhance staff morale.

• **Enhanced Budget Allocation for Training:**
A dedicated HR training fund should be established to support both short-term and long- term professional development, particularly in areas aligned with the hospital's strategic priorities.

• **Strategic Workforce Planning:**
Continuous alignment of staffing needs with the hospital's service expansion will ensure adequate deployment and avoid overburdening existing staff.

• **Institutionalizing Mentorship and Coaching Programs:**
Building strong internal mentorship structures will foster knowledge transfer, prepare future leaders, and strengthen succession planning.

• **Improving Staff Engagement and Communication:**
Strengthening feedback channels and involving employees in decision-making processes will enhance transparency, motivation, and a shared sense of purpose across all departments.

Through the implementation of these recommendations, the Human Resource Department aims to enhance operational efficiency, promote staff satisfaction, and strengthen Lubaga Hospital's human capital as a cornerstone for achieving sustainable institutional growth and service excellence.

Conclusion

The Human Resource Department remains a vital pillar in driving Lubaga Hospital's mission of delivering holistic, patient-centered, and Christ-inspired healthcare. The 2024/2025 financial year marked continued progress in workforce development, institutional strengthening, and employee engagement despite financial and operational constraints.

The department successfully sustained a motivated and competent workforce of 655 employees, achieved 100% implementation of planned appraisals, and facilitated several in-service training programs that enhanced professional competence and performance across all cadres. Initiatives such as wellness programs, performance recognition, and structured engagement activities further contributed to building a cohesive and resilient workforce aligned with the hospital's strategic vision.

Moving forward, the department is committed to deepening its focus on succession planning, capacity building, and leadership development—particularly as Lubaga Hospital transitions into a National Referral and Specialized Services Center. Strategic investments in human capital will be essential in sustaining the hospital's reputation for excellence and compassion that has characterized its 125-year legacy.

In conclusion, the Human Resource Department reaffirms its commitment to cultivating a culture of professionalism, accountability, innovation, and stewardship. By doing so, Lubaga Hospital will continue to stand as a beacon of faith-based healthcare, where every staff member is empowered to serve with competence, dignity, and dedication to the healing mission of Christ.

11

PARTNERSHIPS AND EXTERNAL RELATIONS

11



PARTNERSHIPS AND EXTERNAL RELATIONS

Ssentongo Dennis
Business Development Manager

Donors, Partners, and Government Linkages.

During the Financial Year 2024/2025, Lubaga Hospital continued to strengthen partnerships with both local and international stakeholders whose contributions directly enhanced service delivery, training, and institutional capacity. Collaboration with development partners, donors, and government institutions remained a cornerstone in achieving the hospital's mission of Healing with Compassion.

The Government of Uganda, through the Ministry of Health (MoH), provided regulatory oversight, health policy direction, and inclusion in national programs such as the Health Management Information System (HMIS). The National Medical Stores (NMS) ensured steady supply of essential medicines and medical supplies, while Kampala Capital City Authority (KCCA) provided critical linkages in public health interventions and sanitation management.

At the same time, Lubaga Hospital continued to nurture its relationships with faith-based organizations and international partners who provided financial, technical, and material support.

Key collaborations included:

• **Malteser International** – supported the hospital with critical medical equipment and supplies for the Intensive Care Unit (ICU), Emergency Department, and ambulance fleet, improving response capacity for critical care and emergencies.

• **Kindermissionswerk (Germany)** – extended funding support for child and maternal health programs, particularly in pediatric care and immunization outreach.

• **Artevelde University of Applied Sciences (Belgium)** – strengthened academic and student exchange programs, enhancing the hospital's research and clinical mentorship portfolio.

• **LifeLink Medical Centre** – supported professional exchange and continuous training for healthcare workers.

• **Busitema University Faculty of Health Sciences** – partnered with the hospital to host undergraduate anesthesia students for practical rotations.

These partnerships not only improved resource availability and staff skills but also contributed to innovation in hospital operations, community health, and academic excellence. Going forward, the hospital plans to broaden its engagement with both government and private entities to mobilize resources for infrastructure development and service quality improvement.



UCMB and Catholic Health Network Collaborations.

Lubaga Hospital continued to uphold its long-standing relationship with the Uganda Catholic Medical Bureau (UCMB), the umbrella body that coordinates all Catholic health facilities in Uganda. Through this partnership, the hospital benefited from strong technical support, policy guidance, and capacity-building programs that reinforce both operational performance and faith- based healthcare values.

Under the guidance of UCMB, Lubaga Hospital participated in several initiatives aimed at strengthening the Catholic Health Network:



• **Annual UCMB Assembly** – senior hospital leadership took part in national meetings that focused on sustainability, mission effectiveness, and leadership in faith-based healthcare.

• COHSASA Accreditation Process – UCMB provided mentorship and external audits that supported the hospital's ongoing quality improvement and patient safety journey.

• **Governance and Leadership Training** – hospital managers and administrators received targeted training to improve institutional governance, compliance, and ethical leadership.

• **Peer Review and Benchmarking** – collaborative learning was undertaken with sister institutions including St. Francis Hospital Nsambya, Our Lady of Consolata Hospital Kisubi, and St. Raphael of St. Francis Hospital Walukuba.

Through these efforts, the hospital sustained its commitment to providing compassionate, ethical, and high-quality health services rooted in Catholic values. The synergy with UCMB also improved communication with other Catholic hospitals and ensured Lubaga re-mained a model for holistic healthcare within the network.

Support to Other Hospitals.

Lubaga Hospital remains committed to strengthening the capacity of other health facilities within the Catholic Health Network through technical mentorship, peer learning, and joint projects. In the reporting period, the hospital extended structured support to Our Lady of Consolata Hospital Kisubi and other UCMB-affiliated hospitals.

Key collaborative engagements included:

• **Technical Mentorship and Advisory Visits:** Lubaga's specialists provided mentorship in areas such as maternal health, emergency care, and quality assurance, helping partner hospitals strengthen clinical governance and patient safety.

• **Training and Benchmarking:** Staff and students from partner hospitals and training institutions visited Lubaga Hospital to benchmark on infection prevention practices, HMIS documentation, and COHSASA quality standards.

• **Joint Research and Knowledge Exchange:** Through UCMB platforms, Lubaga Hospital participated in data-sharing initiatives and collaborative studies aimed at improving health outcomes within the Catholic network.

• **Equipment and Systems Support:** Technical advice was shared on the setup and maintenance of medical equipment, especially for new departments in Kisubi and Walukuba hospitals.

This cooperation continues to enhance the overall strength and credibility of Catholic health services across Uganda. Lubaga Hospital's leadership remains committed to mentoring other facilities in the spirit of solidarity and service, contributing to a resilient, faith-driven health system.

Conclusion

The 2024/2025 financial year demonstrated Lubaga Hospital's growing influence and reliability as a strategic partner within Uganda's healthcare ecosystem. By deepening its collaborations with government agencies, donors, and the Catholic Health Network, the hospital made significant strides in service excellence, capacity building, and infrastructure enhancement.

Looking ahead, Lubaga Hospital aims to sustain these partnerships through transparent communication, shared learning, and a unified focus on patient-centered care. The hospital reaffirms its mission to remain a beacon of compassionate, quality, and sustainable healthcare— delivered through collaboration, faith, and innovation.



12

CHALLENGES AND LESSONS LEARNED

12



CHALLENGES AND LESSONS LEARNED



Deogracious Adrawa Droma
Grants Coordinator

Introduction

The 2024/2025 financial year marked a period of significant growth and transition for Lubaga Hospital, characterized by major infrastructure developments, system improvements, and the expansion of specialized services. However, as the hospital continued to pursue its mission of providing holistic, quality, and affordable healthcare, several operational, financial, and infrastructural challenges emerged.

This section presents a detailed analysis of the major challenges encountered and the key lessons learned across four critical dimensions: service delivery, human resources, financial management, and infrastructure.



Service Delivery Gaps.

Despite the hospital's commendable progress in improving the quality of care and patient experience, service delivery continues to face constraints that affect efficiency, turnaround time, and patient outcomes.

1. High Patient Volume and Limited Space
The commissioning of the Specialist Centre and ongoing expansion of outpatient and diagnostic services led to an increase in patient numbers. However, the available clinical space—especially in waiting areas, consultation rooms, and wards—remained inadequate. This congestion occasionally compromised patient privacy and comfort, particularly during peak hours.

2. Equipment Functionality and Maintenance Delays
Some critical medical equipment experienced downtime due to delayed maintenance and challenges in acquiring specialized spare parts. This was especially evident in diagnostic units such as the laboratory, radiology, and dialysis, where equipment is under continuous use.

3. Inconsistent Supply of Medical and Non-Medical Consumables
Periodic stockouts of essential items such as reagents, linen, and cleaning supplies were recorded, largely attributed to procurement delays and supplier constraints. Such interruptions affected continuity of care and departmental efficiency.

4. Referral and Emergency Coordination
Ambulance and patient referral systems occasionally experienced delays due to limited fleet capacity and increased regional demand, particularly from surrounding health centers and partner hospitals.

Lessons Learned:
• Strengthening coordination between procurement, stores, and clinical departments is vital for timely replenishment of supplies.

• Expanding infrastructure and decentralizing patient flow will ease congestion and improve patient satisfaction.

• Introducing a real-time equipment monitoring and maintenance schedule will prevent breakdowns and enhance reliability.

HR Issues.

The hospital's most valuable asset—its workforce—continued to face challenges related to staffing, welfare, and retention during the year.

1. Staff Shortages in Specialized Areas
Despite recruitment efforts, shortages persisted in critical areas such as intensive care, anesthesia, radiology, and midwifery. The high demand for specialized skills continues to outpace available manpower, putting additional workload pressure on existing teams.

2. High Staff Turnover and Attrition
Skilled staff, particularly mid-level professionals, sought employment elsewhere due to more competitive remuneration and housing benefits in private and government facilities. This turnover disrupted departmental continuity and increased orientation and training costs.

3. Limited Staff Welfare and Housing Facilities
Inadequate accommodation for staff near the hospital increased commuting challenges, especially for those working night shifts. Furthermore, welfare concerns such as staff meals, transport, and recreational support remain areas requiring continued investment.

4. Performance Management and Motivation
Although performance reviews were conducted, the absence of a comprehensive reward and recognition framework limited motivation among staff, particularly in departments with heavy workloads.

Lessons Learned:
• A clear succession and retention strategy is necessary to sustain skilled human resources.

• Improving housing, transport, and staff wellness programs can enhance productivity and morale.

• Continuous training, mentorship, and professional development must remain integral to HR planning to improve job satisfaction and reduce attrition.

Financial Constraints.

The financial year was marked by cautious fiscal management and prudent resource utilization, yet significant financial constraints affected both operations and development plans.

1. Delayed Payments and Reimbursements
Delays in remittances from insurance companies, development partners, and government programs affected liquidity, leading to postponed procurement and maintenance schedules.

2. Escalating Operational Costs
Rising utility bills (water and electricity), high maintenance costs, and inflation-driven price increases for goods and services exerted pressure on the hospital's operational budget.

3. Limited Capital Investment Capacity
While the hospital successfully completed major projects like the Specialist Centre, other critical infrastructure works—such as renovations of old wards and staff housing—were delayed due to limited capital reserves.

4. Balancing Affordability with Quality Service
Lubaga Hospital continues to serve a mixed clientele, including vulnerable populations who cannot afford premium services. Balancing affordability with sustainability remains a delicate challenge.

Lessons Learned:
• Diversification of income through private partnerships, research grants, training

programs, and specialized service clinics can enhance financial resilience.

• Strengthening financial forecasting and digital billing systems (like Hospedia) improves transparency and revenue tracking.

• Resource mobilization from donors and partners should focus on both programmatic and capital investment needs.

Lessons Learned:

• Long-term infrastructure planning should integrate staff housing, parking expansion, and modernization of old structures.

• Partnerships with faith-based organizations and development partners can accelerate completion of capital projects.

• Implementing a hospital-wide preventive maintenance policy will reduce the frequency of breakdowns and extend asset lifespan.

Infrastructure Needs.

Infrastructure development remained a major priority throughout the year, with progress achieved in several areas including the completion of the Specialist Centre and renovation of key facilities. However, several challenges persist.

1. Aging Infrastructure
Some of the hospital's oldest buildings—especially wards, administrative blocks, and staff hostels—require urgent renovation to meet modern safety, ventilation, and accessibility standards.

2. Limited Staff Accommodation
The shortage of affordable on-site housing continues to inconvenience staff, especially those on night shifts or standby duties. This has contributed to fatigue and decreased staff retention.

3. Parking and Traffic Flow
Increased staff numbers, visitors, and students have led to congestion in parking areas. This occasionally obstructs emergency vehicle movement and compromises safety.

4. Equipment and Space Optimization
The rapid expansion of hospital services has outpaced existing space and utilities. Some equipment installations, including those in diagnostic and treatment areas, are constrained by limited room configurations.

Overall Summary

The challenges faced during FY 2024/2025 reaffirm the importance of integrated planning, efficient resource utilization, and continuous staff empowerment. The lessons learned highlight the need for proactive systems—ranging from HR retention schemes to infrastructure maintenance—to sustain the hospital's legacy as a center of excellence in compassionate, patient- centered care.



13

FUTURE OUTLOOK

13



FUTURE OUTLOOK

Deogracious Adrawa Droma
Grants Coordinator



Introduction

Lubaga Hospital's future strategic direction is guided by its commitment to providing high-quality, patient-centered, and sustainable healthcare services. Over the next financial year, the Hospital plans to consolidate its achievements by modernizing diagnostic and treatment capacities, strengthening institutional efficiency, and deepening community engagement.

Strategic Plans and Service Upgrades

(e.g., expanding CT scan, rethinking ultrasound).

Lubaga Hospital's strategic priorities are anchored in its 2022–2027 Strategic Plan and aligned with the Uganda Catholic Medical Bureau (UCMB) 2021–2026 Framework. The focus is on building resilience, investing in innovation, and scaling up specialized services to meet the growing healthcare needs of the community.

a) Expansion of Diagnostic and Imaging Services:
The Hospital plans to expand its imaging capabilities by installing a digital mammography unit and upgrading existing ultrasound machines with Doppler and 4D technology. This will improve the early detection of breast and cardiovascular diseases, reduce patient referrals, and increase diagnostic accuracy. Plans are also underway to enhance echocardiography and radiology reporting systems to support specialist services such as cardiology and oncology.

b) Upgrading of Medical and Surgical Equipment:
To maintain high standards of care, the Hospital intends to replace obsolete medical equipment, including theatre tables, autoclaves, monitors, and ICU beds. Investment in newer models will reduce downtime, improve patient



safety, and enhance procedural efficiency in the operating theatres and intensive care units.

c) Digital Transformation and Information Systems:
Following the successful rollout of Hospedia (Dynamics 365 Business Central), the next phase will involve optimizing system functionality to include digital medical records, real-time data analytics, and automated billing systems. This transition aims to improve coordination between departments, reduce paperwork, and enhance data-driven management decisions.

d) SpecialistCentreOperationalization:
The new Specialist Centre, completed in 2025, will be the cornerstone of advanced medical care at Lubaga Hospital. Plans are underway to introduce specialized clinics in oncology, endocrinology, cardiology, nephrology, and ophthalmology. The Centre will also feature an integrated diagnostic hub with laboratory, imaging, and pharmacy services under one roof to streamline patient flow.



e) Enhancing Patient Experience:
Recognizing the importance of a dignified and comfortable patient experience, the Hospital plans to renovate waiting areas, improve wayfinding signage, and expand customer service training for frontline staff. These efforts are expected to reduce patient stress, improve satisfaction, and reinforce the hospital's reputation as a patient-centered facility.

f) Human Resource Development and Retention:
The Hospital will continue to prioritize staff training, mentorship, and succession planning, ensuring continuous professional development for all cadres. Partnerships with academic institutions such as Busitema University, Lubaga Hospital Training Schools, UCMB, and international collaborators will facilitate skills enhancement, research capacity building, and staff exchange programs.

g) Environmental Sustainability and Efficiency:
As part of its green agenda, Lubaga Hospital plans to adopt energy-efficient technologies, including solar-powered systems and water recycling units. These initiatives will not only reduce operational costs but also align the Hospital with the global movement towards climate- smart healthcare facilities.

Projects in Pipeline

Several transformative projects are planned or in advanced stages of preparation to strengthen infrastructure, improve service delivery, and foster innovation in healthcare delivery.

a) Expansion of Diagnostic Imaging Department:
The Hospital is prioritizing the installation of a digital mammography machine and the upgrade of the existing ultrasound suites to enhance imaging capacity. A new Radiology and Imaging Wing within the Specialist Centre is planned to serve both inpatients and outpatients, reducing reliance on external diagnostic centers and ensuring timely diagnosis.

b) IntensiveCareUnit(ICU)Expansion:
Given the increasing demand for critical care, the Hospital will expand its ICU bed capacity and acquire additional ventilators and monitoring equipment. This will enhance the facility's ability to manage complex medical and surgical cases, especially in cardiology, neurology, and neonatal care.

c) Staff Housing and Hostel Renovations:
To improve staff welfare and retention, the Hospital plans to rehabilitate existing hostels (including St. George and St. Francis blocks) and construct additional housing units for resident staff and interns. Improved accommodation will promote productivity, safety, and a sense of belonging among staff.

d) EstablishmentofaDaySurgeryUnit:
A new Day Surgery Unit is under design within the Specialist Centre to manage minor and intermediate surgical procedures that do not require prolonged hospitalization. This innovation is expected to reduce patient waiting times, lower costs, and improve turnover in the main operating theatres.

e) Renewable Energy and Power Optimization:
In line with its sustainability agenda, Lubaga Hospital is planning to install solar systems to supplement grid electricity and reduce recurrent energy costs. This will also strengthen energy reliability, particularly for critical departments like ICU, Theatre, and Maternity.

f) Community Health and Outreach Programs:
The Hospital will strengthen its outreach activities focusing on maternal health, nutrition, HIV/TB management, and non-communicable disease prevention. Working with UCMB, Kampala Archdiocese, and Malteser International, the outreach teams will continue to deliver mobile clinics and health education programs in underserved communities.

g) Accreditation and Quality Improvement:
Lubaga Hospital remains committed to maintaining COHSASA accreditation through regular internal audits, staff training, and quality improvement projects. The hospital also plans to introduce an internal peer review system for continuous monitoring of performance indicators and service quality standards.

h) Training, Education, and Research Strengthening:
Plans are underway to establish a Research and Training Innovation Hub to coordinate all academic, internship, and research activities. This initiative will foster collaboration with universities, research institutions, and health networks at both national and international levels.

Conclusion

Lubaga Hospital's future is anchored in growth, innovation, and sustainability. The 2025/26 financial year will focus on consolidating current gains, implementing strategic projects, and enhancing service quality across all departments. Through a balanced approach combining infrastructure development, technology adoption, staff empowerment, and community engagement, the Hospital aims to strengthen its position as a center of excellence in Catholic healthcare — committed to healiing, compassion, and service to humanity.

14. ACKNOWLEDGEMENTS

15. APPENDICES

15. APPENDICES



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SERVICE WITH LOVE

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