UGANDA MEDICAL ASSOCIATION
Service With Honour

THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

9TH U.M.A GRAND DOCTORS CONFERENCE & AGM

FRI 7TH - SAT 8TH NOVEMBER 2025

LAS VEGAS HOTEL, MBARARA CITY

Theme:
Transforming Uganda's Healthcare System for a healthier Nation

ABSTRACT BOOK

UNAIDS | sanofi | UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY | MBN | MULAGO NATIONAL REFERRAL HOSPITAL | UMA SACCO

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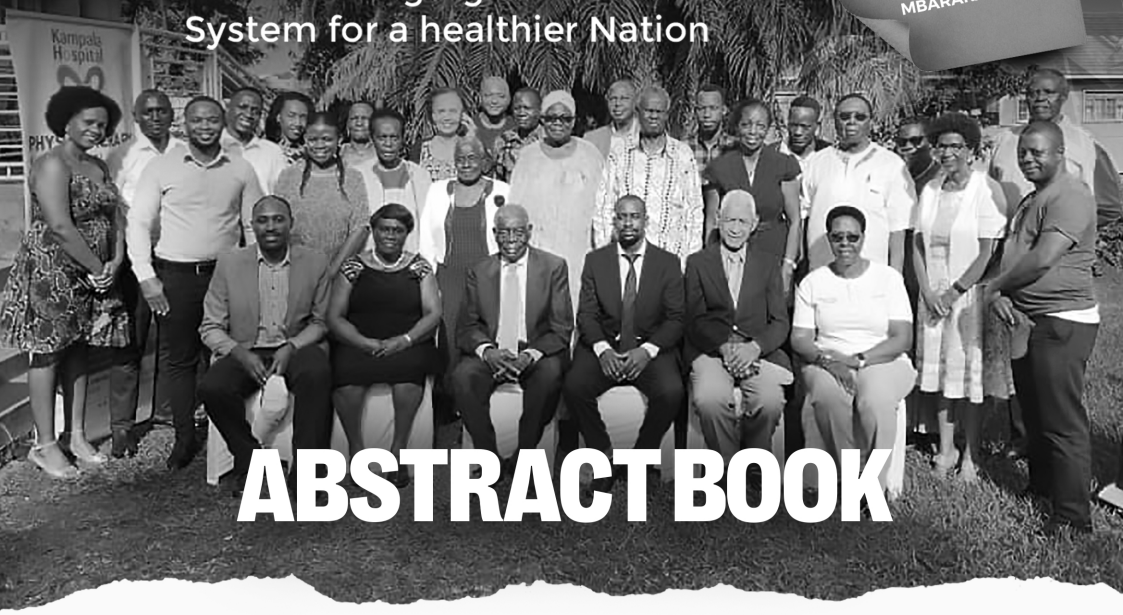

ABSTRACT BOOK

UNAIDS | sanofi | UNCST UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY | MBN | THE REPUBLIC OF UGANDA MINISTRY OF HEALTH MULAGO NATIONAL REFERRAL HOSPITAL | UMA SACCO

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MESSAGE FROM THE CHAIRPERSON ORGANIZING COMMITTEE

Distinguished Guests, Esteemed Colleagues, Ladies and Gentlemen,

It is my distinct honor and privilege to welcome you all to the 9th Uganda Medical Association Grand Doctors Conference in the beautiful city of Mbarara, the land of Milk and Honey. On behalf of the Organizing Committee and the CPD Committee, I extend our warmest greetings you all.

As we gather at the Las Vegas Garden Hotel over these two days, we do so with a shared purpose captured in our conference theme: “Transforming Uganda’s Healthcare System for a Healthier Nation.” This theme reflects our aspirations and our commitment as healthcare professionals to catalyze meaningful change in our country’s health landscape.

The challenges facing our healthcare system are complex and multifaceted. We confront these realities daily in our practice, from resource constraints to emerging health threats, from geographical disparities to technological gaps. Yet, precisely these challenges summon our collective wisdom, expertise, and innovation.

This conference brings together over 500 participants from across Uganda and beyond. We have healthcare practitioners, researchers, policymakers, technology innovators, and community health advocates. This diversity of perspective is our strength and the foundation for transformative solutions.

Over the next two days, we will explore three critical subthemes:

First, Uganda’s new public health service structure and its implications for service delivery. As our country implements structural reforms, we must engage critically with these changes to ensure they translate into better health outcomes for all Ugandans.

Second, harnessing data and technology for improved health services. In an increasingly digital world, we must leverage the power of information systems, telemedicine, and innovative technologies to overcome traditional barriers to healthcare access.

Third, a one-health approach to epidemic prevention and control. Recent global health crises have reminded us that human health is inextricably linked to animal health and our shared environment. A holistic, integrated approach is essential for effective prevention and response.

The program is rich and diverse. We have keynote addresses, plenary sessions, breakaway sessions, and over research presentations. I encourage you to engage actively, question assumptions, share insights, and forge new collaborations.

I must express our profound gratitude to our partners and sponsors who have made this conference possible. Their support demonstrates a shared commitment to advancing healthcare in Uganda. To our distinguished guests, speakers and presenters, thank you for sharing your expertise. To the UMA leadership, thank you for your guidance and support.

A special acknowledgment goes to my fellow members of the Organizing Committee and the NEC whose tireless efforts over many months have culminated in this gathering. Your dedication has been truly inspiring.

I challenge us to look beyond these two days. Let this conference be not merely an event but a catalyst for sustained action. Let us leave Mbarara with new knowledge and networks and concrete commitments to implement what we have learned. Our nation's health depends not just on the policies we advocate or the research we conduct but, on our collective, will to translate knowledge into practice, ideas into action, and challenges into opportunities.

Dr Asiphas Owaraganise,
MBChB, MMed,PGD HM, MPH
Chairperson, Organizing Committee
9th UMA Grand Doctors Conference

U.M.A PRESIDENT'S REPORT – OCTOBER 2025

By Dr. Luswata Herbert, President, Uganda Medical Association

Overview

The Uganda Medical Association (U.M.A) brings together more than 9,000 doctors across 14 regional branches, advocating for doctors' welfare, professional ethics, and quality healthcare for all Ugandans. Since assuming office in November 2023, this leadership has focused on improving welfare, strengthening governance, and enhancing institutional growth across the medical fraternity.

Advancing Doctors' Welfare and Promotions

In January 2024, U.M.A conducted a nationwide survey identifying doctors eligible for promotion, followed by high-level advocacy meetings with the Ministry of Public Service and the Head of Public Service. These engagements resulted in the lifting of the recruitment ban in the health sector and subsequent promotions of doctors to Senior Consultant, Consultant, and Medical Officer Special Grade levels, as well as new recruitments of medical officers across local governments.The release of the new public service structure for health in May 2024 introduced three Medical Officer positions at every Health Centre III, fulfilling the 2021 Presidential Directive. In May 2025, the long-awaited change of title from Medical Officer Special Grade to Associate Consultant was officially achieved, with a new salary structure awaiting Cabinet approval following re-evaluation by the Ministry of Public Service.

Advocacy for Interns and Residents

U.M.A has championed the rights and welfare of medical interns and residents, pushing back against proposals for unpaid deployment. Following consistent engagement with the President, the Head of Public Service, and the Ministry of Health, the government successfully deployed all interns with pay in August 2025. Efforts continue toward finalizing internship policy and residency training regulations to ensure a stable and continuous system for postgraduate medical education.

Partnerships and Global Engagements

U.M.A has established valuable partnerships aimed at empowering members and expanding global opportunities. An MoU signed with Studymedics now supports doctors preparing for international licensing exams for practice in the USA, UK, and Europe. Additionally, collaboration with the Royal College of Physicians (UK) through the Medical Training Initiative (MTI) facilitates Ugandan physicians' participation in the UK's National Health Service.Internationally, U.M.A participated in the International Leadership Summit in India under the Stop TB Partnership, joining

other Commonwealth Medical Associations to advocate for improved TB care. The Association is actively involved in efforts to reinstate USAID funding for TB programs in high-burden countries.

Projects and Institutional Growth

In September 2024, U.M.A received a two-year grant from UNAIDS that has been received in part to support the now completed Phase I of the Equip-KP Project. The project focused on developing and disseminating a Patient Safety and Equitable Care Handbook in collaboration with UMDPC. This milestone has laid the foundation for the next phase, which will expand capacity-building and equitable healthcare delivery.A generous donation of UGX 195 million from H.E. the President of Uganda has supported ongoing operations and long-term investments.U.M.A's national offices have been revamped into a modern, professional workspace with the support of the Elders' Forum and Prof. Luboga, strengthening partner engagement and the Association's public image. Plans for the establishment of a permanent U.M.A House are ongoing, with the incoming team encouraged to advance this vision.

Policy and Legal Advocacy

U.M.A continues to defend the professionalism and integrity of the health sector. The Association, together with the Ministry of Health and the Attorney General, has appealed the Equal Opportunities Commission ruling that risked allowing non-doctors to hold key medical administrative positions.In October 2025, U.M.A presented policy submissions to Parliament on the Forensic and Scientific Analytical Bill and the National Drugs and Health Products Bill. At the global level, the Association participated in the World Medical Association General Assembly in Portugal, where the U.M.A President was appointed Chairperson of the Commonwealth Medical Association's Youth Empowerment Subcommittee.

Member Welfare and Legal Support

U.M.A provided legal support to secure bail for residents arrested at Kawempe National Referral Hospital in September 2025, in collaboration with the Association of Obstetricians and Gynecologists of Uganda. Membership continues to grow steadily, with a notable increase in life members and subscription renewals.

Looking Ahead

The Uganda Medical Association remains steadfast in its mission to promote the welfare of doctors, uphold ethics, and advocate for quality healthcare. Future priorities include ensuring equitable pay for Associate Consultants, streamlining internship and residency programs, and achieving the long-term vision of the permanent U.M.A House.

Service with Honor,
Dr. Luswata HerbertPresident,
Uganda Medical Association

STEWARDSHIP AND STABILITY: A REFLECTION FROM THE TREASURER'S DESK (2023–2025)

By Dr. Irene Asaba Mugisha, Treasurer, Uganda Medical Association

Introduction

The financial years 2023–2025 marked a period of resilience, reform, and renewed confidence for the Uganda Medical Association (UMA). Under the stewardship of the current Executive, the Association prioritized financial discipline, transparency, and sustainability. This report offers a snapshot of key achievements, ongoing challenges, and forward-looking initiatives that have strengthened UMA's financial and operational foundation.

Financial Performance Overview

UMA's income streams were drawn primarily from membership subscriptions, grants and donations, savings and investment income, branded item sales, and targeted fundraising drives. Through prudent financial management and robust accountability systems, these resources were optimized to sustain both administrative and member-focused activities.

Strategic cost-cutting measures and digitized e-receipt systems enhanced accountability, ensuring every shilling was traceable and efficiently utilized. Notably, the Association achieved a zero-debt position after clearing a heavy backlog from the previous year.

Key Projects and Investments

The period under review saw deliberate investment in projects aligned with UMA's strategic goals. Among the most significant milestones was the refurbishment of the U.M.A secretariat offices to a—modern, professional, and functional space that now serves as the Association's administrative and engagement hub. These offices mark a historical moment for UMA, symbolizing stability, institutional pride, and progress.

Equally transformative was the successful refurbishment and relaunch of UMA's official website, complete with an integrated online payment portal. This digital upgrade has streamlined member subscriptions, enhanced transparency, and created an interactive platform for communication and service delivery.

Financial empowerment initiatives, notably the UMA–Uganda Development Bank (UDB) collaboration, have positioned members to access professional development and business growth opportunities. Savings were diversified across fixed deposits, treasury instruments, and cooperative ventures to promote long-term sustainability.

The Association also contributed financially to affiliated and professional bodies—including FUMI, UMDPC (towards the AMCOA Conference)—reflecting UMA's broader commitment to corporate social responsibility and sectoral collaboration.

Membership and Branch Performance

Membership enrollment grew steadily, supported by outreach and digital systems that simplified payment and verification processes. Branches across the country received financial support through the restored 10% branch remittances and extra logistical support enabling them to host local professional events and welfare programs. This decentralized approach fostered inclusion and responsiveness at the grassroots level.

Welfare and Social Support

UMA remained deeply committed to the well-being of its members. Funds were allocated toward bereavement, legal and advocacy, sports and wellness support, Doctors' Club activities, press engagements, and social gatherings that nurtured fraternity and solidarity within the medical community. These initiatives reaffirmed the Association's identity—not merely as a professional body, but as a family.

Governance and Audit

Independent audits of UMA's accounts for the two financial years 2023/2024 and 2024/2025 yielded unqualified auditors' opinions, affirming the accuracy, fairness, and transparency of financial statements. This endorsement validates ongoing reforms to strengthen internal controls, documentation, and compliance with statutory requirements.

Challenges and Lessons

Despite major progress, UMA continued to face hurdles such as delayed membership subscription rates and the lingering effects of negative publicity. Nonetheless, the Executive's resilience and focus on evidence-based leadership helped stabilize operations and restore institutional trust.

Acknowledgement

The Uganda Medical Association extends heartfelt appreciation to State House and the Government of Uganda for their immense support through the generous donation extended during this term to strengthen and sustain our programs. This contribution has greatly enhanced the Association's capacity.

We also express our gratitude to our partners both new and longstanding who continue to walk with us in advancing our mission. In particular, we recognize UNAIDs for the Equip-KP grant opportunity, which has contributed significantly to empowering health professionals and strengthening community engagement in related KP-HIV health care.

Conclusion and Outlook

The 2023–2025 term has been one of accountability, innovation, and renewal. UMA's financial foundation is now stronger, with improved systems, expanded partnerships, and a clear vision for growth. As we look ahead, every coin saved and every partnership forged brings us closer to the dream of UMA Towers—a lasting symbol of unity, service, and sustainability.

Our Mission

All people in Uganda have access to quality health and healthcare

Our Vision

To empower medical doctors through programs that enhance their social welfare, professional growth, and advocacy capabilities, ensuring they deliver exceptional care to communities.

Core Values

- **Integrity**
- **Team work**
- **Transparency**
- **Gender sensitivity**
- **Democracy**
- **Accountability**

CONFERENCE SPONSORS

sanofi

UNAIDS

MBN

UNCST

UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH
MULAGO NATIONAL REFERRAL HOSITAL

MEDICAL AND DENTAL PRACTITIONERS COUNCIL

UGANDA NATIONAL DRUG AUTHORITY
Safe Drugs Save Lives

UMA SAVINGS & CREDIT COOPERATIVE SOCIETY LIMITED
UMA SACCO

OUR PARTNER

MBARARA DOCTORS' PLAZA HOSPITAL

THE NATIONAL ANTHEM

Oh uganda! May God uphold thee
We lay our future in thy hand
United free; for liberty
Together we'll always stand.

Oh uganda! The land of freedom
Our love and labour we give
And with neighbours all
At our country's call
In peace and friendship we will live.

Oh uganda! The land that feeds us
By sun and fertile soil grown
For our own dear land
We will always stand
The pearl of africa's crown.

THE EAST AFRICAN ANTHEM

Jumuiya yetu sote tuilinde
Tuwajibike tuimarike
Umoja wetu ni nguzo yetu
Idumu Jumuiya yetu.

Ee Mungu twakuomba uilinde
Jumuiya Afrika Mashariki
Tuwezeshe kuishi kwa amani
Tutimiz na malengo yetu.

Uzalendo pia mshikamano
Viwe msingi wa Umoja wetu
Natulinde Uhuru na Amani
Mila zetu na desturi setu.

Viwandani na hata mashambani
Tufanye kazi sote kwa makini
Tujitoe kwa halina mali
Tuijenge Jumuiya bora.

PROGRAM

9TH UGANDA MEDICAL ASSOCIATION GRAND DOCTORS CONFERENCE UMA GDC

THEME: TRANSFORMING UGANDA'S HEALTHCARE SYSTEM FOR A HEALTHIER NATION

Chief Guest: H.E Yoweri Kaguta Museveni, President Republic of Uganda

Venue: Las Vegas Garden Hotel, Mbarara City

Dates: Friday, 7th November – Saturday, 8th November 2025

Conference Agenda

DAY 1: FRIDAY, 7TH NOVEMBER 2025 (FULL DAY)	
Time	Session/Activity
07:30 – 08:30	Registration and signing in
	PLENARY OPENING SESSION
08:30 – 09:00	National Anthem & EAC Anthem
	Opening Invitation 1. Dr Asiphas Owaraganise, Chair Organizing Committee 2. Dr Kiiza Elias, Chair Ankole Branch **Responsible Persons :** MCs: Dr Opee Jimmy and Dr. Flavia Tumwebaze
09:00 – 10:00	**Opening speeches** **Responsible Persons :** Prof. Pauline Byakika and Dr. Kabweru Wilberforce 1. Dr Luswata Herbert, President Uganda Medical Association 2. Dr Diana Atwine, Permeant Secretary, Ministry of Health 3. Hon Dr Ruth Achieng, Minister of Health, Republic of Uganda 4. Ms Lucy Nakyobe, Head of Public Service and Secretary to the Cabinet of Uganda 5. Chief Guest, H.E Yoweri Kaguta Museveni, President, Republic of Uganda

10:00 – 10:30	**Keynote addresses:** **Responsible Persons:** Dr. Kajabwangu Rodgers and Dr. Nakku Doreen 1. From guidance to growth: elevating medical careers through effective mentorship. Prof Joseph Ngonzi, Dean FoM, Mbarara University of Science and Technology (MUST). 2. Status of training human resources for health in Uganda and implications for health services delivery. Prof Edward Kanyesigye, Founding Dean of the School of Medicine at Uganda Christian University (UCU). 3. Empowering the medical workforce to uphold professional ethics and leadership of the future nationally and globally. Dr. Jacqueline Kitulu, President, World Medical Association (WMA).
10:30 – 11:00	**Health Break & Networking**
11:00 – 11:30	**Doctors Books Launch** **Responsible Persons:** Dr. Catherine Odenyo Ndekera and Dr. Asiphas Owaraganise for Book Launch The Masculinity Gauge: A Delicate Balance in Pursuit of Respect, Dr Imelda Kyamwanga Tamwesigire 12 Fundamental Soft Skills, For Personal, Business and Professional Success, Dr Jane Kengeya Kayondo Suffering The Death And Pain Of Others, Medical Internship Experiences In Uganda, Dr Osinde Acheing Beyond the Stethoscope: A Doctor's Guide to Financial Freedom, Bakahika K. Leornard Hearts Of Resilience, The Lives And Triumphs Of Women Doctors In Uganda, Douglas Kimumwe Sponsors session: SANOFI/UNAIDS/NDA/WALIMU/MULAGO NRH

11:30 – 01:00	**SESSION 1: ABSTRACTS PRESENTATION** **Responsible Persons:** Dr. Ouma Edwin, Dr. Kyomukama Lauben, Dr. Afayo Victor, Dr. Muyanga Andrew Mark, Godfrey Amooti Bampabwire, Dr. Flavia Tumwebaze, Dr. Opee Jimmy, Dr. Kabweru Wilberforce M. and Prof. Pauline Byakika
	Association between HIV serostatus and immediate adverse perinatal outcomes among women delivered at Mbarara Regional Referral Hospital (Ampeire Titus)
	Association between low third-trimester cerebroplacental ratio and adverse perinatal outcomes in hypertensive pregnancies: a global systematic review and meta-analysis
	Association between suboptimal use of labor care guide and adverse perinatal outcomes among mothers delivered at Mbarara regional referral hospital (Adupa Emmanuel)
	Early adverse surgical outcomes and associated factors among children below 5 years operated at Holy Innocents Children's Hospital, Mbarara, Uganda: A prospective cohort study- Author not mentioned (Albert Ojangole)
	Effectiveness and Clinical Efficacy of Hyoscine Butylbromide in Shortening the Active Phase of Labor Among Primagravidas: A Systematic Review And Meta-analysis
	Factors associated with compliance to renewal of annual practising license by doctors at the Uganda Medical and Dental Practitioners Council (Kisule Ivan)
	Incidence of and risk factors for early complications of treatment for premalignant cervical lesions at Mbarara regional referral hospital (Begumana Daniel)
	Labor Support in Low- and Middle-Income Countries - Transformative Impact of Birth Companions and Doulas on Maternal and Neonatal Outcomes: A Narrative Review
	Prevalence and factors associated with adverse maternal outcomes among emergency obstetric referrals delivered at Mbarara Regional Referral Hospital (Semambo)
	Prevalence and factors associated with Cesarean section among primiparous women delivered at Mbarara Regional Referral Hospital, (Darlson Kwikiriza)
01:00-14:00	**Lunch Break**

14:00 – 17:00	**SESSION 2: ABSTRACTS PRESENTATION** **Responsible Persons:** Dr. Ouma Edwin, Dr. Kyomukama Lauben, Dr. Afayo Victor, Dr. Agery Bameka and Dr. Andrew Odur
	Prevalence and factors associated with heavy menstrual bleeding among women of reproductive age attending gynaecology outpatient clinic at Mbarara regional referral hospital (Jane Nandako)
	Prevalence and factors associated with HIV Viral load non-suppression among pregnant women on Antiretroviral therapy delivering at Mbarara Regional Referral Hospital (Amos Muhumuza)
	Prevalence and factors associated with immediate adverse birth outcomes following augmentation of labor with oxytocin at Mbarara Regional Referral Hospital, (Mugumya Dickens)
	Planning and Performance of Operating Theatres (Kabweru)
	Prevalence and factors associated with immediate adverse perinatal outcomes among women with late antenatal care booking delivered at Mbarara Regional Referral Hospital (Nobert Byaruhanga Musisi)
	Prevalence and factors associated with immediate adverse perinatal outcomes among women with unintended pregnancies delivering at Mbarara regional referral hospital (Mohammed Bashir Ali)
	Prevalence and factors associated with long-acting reversible contraceptive utilization among post-caesarean delivery mothers at Mbarara Regional Referral Hospital Uganda, a cross-sectional study (Kasyeba Sowedi)
	Prevalence and factors associated with peripartum maternal complications among women with obstructed labor delivering at Mbarara regional referral hospital (Anisa Salad)
	Prevalence and factors associated with undernutrition in pregnancy among women attending antenatal care at Mbarara Regional Referral Hospital (Mugerwa Ronald Timothy)
	Prevalence of sexually transmitted infections and symptomatology among women seeking cervical cancer screening at Mbarara Regional Referral Hospital, southwestern Uganda (Amos Muhumuza)
	Prevalence, Antimicrobial sensitivity and factors associated with vaginal bacterial colonisation among women with cervical cancer at Mbarara Regional Referral Hospital, (Moses Wany Anyit)

	End ofd day 1UMA Gala Dinner at 7PM
DAY 2: SATARDAY, 8TH NOVEMBER 2025 (HALFDAY)	
	Recap of day 1 activities
	Rehabilitation as a Unified Action Against Stroke Disability: Insights from a Ugandan Survivor's Journey- (Orikiriza Judy)
	Serum D-Dimer Levels and Early Adverse Outcomes in Patients with Isolated Traumatic Brain Injury at Mbarara Regional Referral Hospital, Uganda- Author not mentioned (Dr. Abdikani)
	The prevalence of depression and associated factors among school-going adolescents with hearing impairment in Kampala, Uganda (Andrew Mark Muyanga)
	Use of Surgical APGAR Score as A Prognostic Indicator for Emergency Laparotomy Outcomes: A Multi-Center Cohort Study in Uganda -Author not mentioned (Dr Shitu)
	Uterine bacterial colonization: prevalence, antimicrobial susceptibility patterns, and associated factors among women delivered by caesarean section at Mbarara regional referral hospital (Masereka Daniel)
CLOSING PLENARY Conference Resolutions and Recommendations. UMA Awards Closing remarks: Dr Luswata Herbert,Dr. Nahabwe Alone and Dr.Appollo Epwatt	
10.00 - 11.00.	Break tea and transition to AGM

9TH GDC ORGANIZING COMMITTEE

Asiphas Owaraganise
Chairperson Organising Committee

Dr. Magaya Timothy
Committee Member

Dr. Kabweru Wilberforce
Committee Member

Dr. Helen Sunday
Committee Member

Dr. Mugyema David
Committee Member

Dr. Kiiza Elias
Committee Member

Dr. Flavia Amanya Tumwebaze
Committee Member

Dr. Beatrice Mpora Odongkara
Committee Member

Dr. Edwin Ouma
Committee Member

NATIONAL EXECUTIVE COMMITTEE

Dr. Luswata Herbert
President UMA 2023-2025

Dr. Frank R. Asiimwe
Vice President 2023-2025

Dr. Edith Nakku Joloba
Imediate Past President

Dr. Mirembe Joel
Secretary General 2023-2025

Dr. Muyanga Andrew Mark
Chairperson Publicity and Mobilisation 2023-2025

Dr. Flavia Tumwebaze
Chief Editor U.M.A Journal 2023-2025

Dr. Owaraganise Asiphas
Chairperson CPD UMA 2023-2025

Dr. Kabweru Wilberforce M
Chairperson Ethics and Professionalism 2023-2025

Dr. Ssekyanzi Livingston
Chairperson Publicity and Mobilisation 2023-2025

Dr. Iren Asaba Mugisha
Treasurer UMA 2023-2025

Dr. Mwesigye Ismael
Chairperson Finance and Development UMA 2023-2025

NATIONAL GOVERNING COUNCIL

First Name	Surname	Position
Herbert	Luswata	President UMA 2023-2025
Frank R.	Asiimwe	Vice President UMA 2023-2025
Mirembe	Joel	Secretary General Uma 2023-2025
Asaba	Irene Mugisha	Treasurer UMA 2023-2025
Owaraganise	Asiphas	Chair CPD UMA 2023-2025
Kabweru	Wilberforce	Chair Ethics and Professionalism UMA 2023-2025
Ssekyanzi	Livingstone	Chair Welfare Uma 2023-2025
Muyanga	Mark Andrew	Chair Publicity and Mobilisation UMA 2023-2025
Mwesigye	Ismael	Chair Finance and Development UMA 2023-2025
Amanya	Flavia	Editor UMA Journal
Nakku	Nakku	Joloba Immedite Past President
Godfrey	Erem	Representative UNBS
Owaraganise	Asiphas	Representative To UMDPC
Muyanga	Mark Andrew	Representative To UMDPC
Anthony	Ekwaro Obuku Nda	Representative 2023/2028
Robert	Mukembo	Pharmacy Board Representative 2023/2026
Ketty	Naizuli	Pharmacy Board Representative 2023/2026
Richard	Kalungi	Rep. Pharmacovigilance
Mugarura	Rodney	President, Orthopaedic Surgoens (UOSA)
Emmy	Okello	President, Uganda Heart Association (AHA)
Bwanga	Freddie	President, Pathologists Association (UPA)
Kiwanuka K.	Joseph	Association Of Anaesthesiologists Of Uganda.
Anna	Akullo	President, Paediatricians (UPA)
Erima	Denis	President Of Opthalmologists

Galukande	Moses Fred	President Association Of Surgeons In Uganda (ASOU)
Baragaine	Justus	President Association Of Obstetricians Of Uganda
Nakku	Doreen	President Of Otolaryngology
Raymond	Odokonyero	President Uganda Psychiatric Association
Edward	Kanyesigye-Kanyamutwe	President, Public Health Practioners Association
Tumusiime	Max	President Radiologists Association
Lydia	Nakiyingi	President Physician's Association
Peter	Kawanguzi	Private Practitioners
Robert	Lubega	Shos Representative
Paul	Kibenge	Chair U.M.A SACCO
Musoke	Nicholas	President Interns
Musamaino	Frank	President FUMSA
Patrick	Kadama	Elders Forum
Katumba	Edrine Dickens	Chair Central 2023/2025
Kiiza	Elias	Chair Ankole 2023/2025
Godfrey	Amooti Bampabwire	Chair Kigezi 2021/2023
Andrew	Odur	Chair Lango Branch 2021/2023
Agery	Bameka	Chair Busoga Branch 2021/2023
David	Kitara Lagoro	Chair Acholi 2021/2023
Kyomukama	Lauben	Chair Rwenzori 2021/2023
Ouma	Edwin	Chair Teso 2023/2025
Afayo	Victor	Chair West Nile 2021/2023
Nyantaro	Mary	Chair Buddu 2021/2023
Mulongo	Richard	Chair Elgon 2021/2023
Mutumba	Hamza	Chair Mityana 2023/2025
Philip	Tapem	Chair Karamoja 2023-25

OUR POSTER


UGANDA MEDICAL ASSOCIATION
Service With Honour
THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH
9TH U.M.A
GRAND DOCTORS
CONFERENCE
& AGM
Theme:
Transforming Uganda's Healthcare System for a healthier Nation
REGISTRATION
LIFE MEMBERS 50K
OTHERS 150K
FRI 7TH - SAT 8TH NOVEMBER 2025
LAS VEGAS HOTEL, MBARARA CITY
PAY VIA
1. MTN MOMO pay
Merchant code: 143994
2. Stanbic bank
A/c No: 9030005898225
A/C name: Uganda Association Association
FOR MORE INFORMATION,
uma1960s@gmail.com
+256 706 744 927
UNAIDS
sanofi
UNCST
UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY
MBN
MULAGO NATIONAL REFERRAL HOSITAL
UMA SACCO


9th
UGANDA MEDICAL ASSOCIATION
GRAND DOCTORS'
CONFERENCE
FRIDAY 7TH to SATURDAY 8TH
NOVEMBER 2025
Las Vegas Hotel,
Mbarara City
GUEST
Dr Jacqueline KITULU
PRESIDENT OF WORLD MEDICAL ASSOCIATION
"Transforming Uganda's Healthcare System for a Healthier Nation"
MBN
Clinical Laboratories

2ND SECTION

Prefaces

BOOK TILTLE: LIVING WITH A PURPOSE

Truth must always prevail, no matter the odds.No individual can thrive in isolation; our growth and fulfillment are deeply intertwined with the harmony we build with the world around us. To truly flourish, we must understand the principles that govern life and society.
This book is crafted to help you appreciate the new normal of life, inviting you to recognize the value in each day and awaken the potential within you to shape a meaningful and prosperous future. Within these pages, readers are encouraged to connect daily living with the deeper purpose that drives human existence. The reflections shared here emerge from lived experience, observation, and the aspirations that define our collective humanity. Framed within the context of healthy living and purposeful thought, the book offers timeless ideas and transformative principles that transcend age, culture, and circumstance.

Each chapter is designed to inspire personal growth, strengthen resilience, and illuminate the profound connection between individual ambition, family, community, and society. By weaving together the themes of hope, legacy, equity, knowledge, and coexistence, this work provides a holistic guide for navigating life's challenges and opportunities.

I invite you to revisit these pages often. Let their lessons remind you of your aspirations, fortify your journey toward self-development, and nurture a spirit of collective transformation. May the words herein ignite your inner potential, deepen your understanding of the world, and inspire meaningful action that creates lasting impact.

May the blessings of hope, unity, and purpose accompany you and your loved ones always.

Dr. OPEE Jimmyy, MBChB (Mak), MMed (MUST), HCF (Univ. of Liverpool), MPH (GU), PhD Fellow

BEYOND THE STETHOSCOPE

In the small, bustling clinic in Ishongorero, Ibanda, Uganda, where the air was thick with the scent of antiseptic and the quiet hope of a community, I first witnessed the power of purpose. As a boy, I watched my father, a doctor, trade his healing skills for sacks of maize or a tethered goat, never turning away those in need. His life was a quiet testament to service, but his sudden death in 1993, when I was just nine, left me with a silent vow: to become a doctor and carry his legacy forward. That promise drove me through rigorous schooling, medical training at Mbarara University, and a winding path marked by triumphs and trials—from the collapse of my first clinic in Kampala to gritty work in Iraq's desert clinics and Juba's vibrant streets, where I balanced stethoscopes by day with entrepreneurial ventures by night. Each setback—sabotaged businesses, mounting debts, and the isolation of pursuing a Master's in the UK—taught me a profound truth: financial freedom extends far beyond the stethoscope, rooted not just in skill but in mindset.

Beyond the Stethoscope: A Doctor's Guide to Financial Freedom chronicles that journey, weaving personal stories with hard-won lessons that transformed me from a struggling healer to an entrepreneur building lasting wealth. Financial freedom, as I define it, isn't about hoarding wealth in distant accounts; it's about generating enough passive income to cover your expenses effortlessly, with surplus to reinvest and compound, enabling you to retire early and live on your terms. It's the moment your money works harder for you than you do for it. The revelation that changed everything for me was this: you're already rich—you just don't know it yet. Your financial blueprint, shaped by upbringing, environment, and societal expectations, often limits what you believe is possible. Schools don't teach us to rewire our beliefs or harness habits for wealth, but these are the cornerstones of true prosperity.

Drawing from my experiences, this book offers practical tools to unlock extraordinary results through small, intentional shifts. Inspired by James Clear's *Atomic Habits*, I share strategies like habit stacking (layering new behaviors onto existing routines), habit tracking (monitoring progress for consistency), the habit scorecard (evaluating routines honestly), temptation bundling (pairing desired habits with enjoyable activities), and reinforcement (rewarding small wins to sustain momentum). These aren't mere theories—they're the methods I used to pivot from medical officer to business owner, turning overlooked opportunities in Juba into a fleet of vehicles generating $5,000 monthly.

Habits alone, however, aren't enough. I integrate them into Apostle Mukisa's wealth cycle framework—a dynamic process of income, savings, investment, and cash flow that compounds wealth over time. Drawing from Robert Kiyosaki's *Rich Dad's Guide to Investing*, I explore how to turn "trash" into treasure: identifying value in overlooked ideas, waste, or problems and transforming them into income streams. In Iraq, treating third-country nationals in a barren clinic earned me a salary that cleared debts and bought land back home—starting from nothing but resolve. In Juba, selling a family asset for a Land Cruiser sparked a business that scaled to five cars and a van in 2 years, proving that ideas born from necessity can multiply wealth through smart investing.

I wrote this book for doctors, who, despite their expertise, often make financial decisions no different from the average middle-class Ugandan. Too many live beyond their means, chasing appearances for people who don't care. Yet, by drawing from within, we can serve our communities while building wealth that works for us. The five principles and 25 lessons in this book are for anyone—doctor or not—seeking financial freedom, though I focus on doctors because it pains me to see our community reduced to financial struggle. Our habits haven't helped, but they can change.

Whether you're a doctor weighed down by long hours and thin margins or anyone trapped in the cycle of trading time for money, this book is your guide. Through stories—from my father mending wounds under kerosene lanterns to navigating cultural shocks in Newcastle—you'll see how resilience, strategic habits, and a reframed mindset turned failures into fuel. Financial freedom isn't for the lucky; it's built by those who challenge their financial blueprint, stack small wins, and transform "nothing" into empires. As you read, know this: the journey beyond the stethoscope isn't just mine—it's yours, waiting to begin.

SUFFERING THE DEATH AND PAIN OF OTHERS

Medical Internship Experiences In Uganda

20 strikes in the last 10 years; Why?

This is the first and only book in the world that explores the what, how and why it is as is through shared lived experiences of medical internship in Uganda by countless seasoned medical practitioners stretching as far back as the 1990s to date and in its own way shading light on what many think to be solutions to the challenges.

A book through which an eye guided by a keen mind can see the journey of Ugandas health care system including the gains to be protected (Hospital infrastructure, service delivery (surgeries, chronic disease clinics, investigations, epidemics response) and shortfalls to be acted upon decisively(challenges to manage the blessings). I call it ''suffering the death and pain of others'' yet those that have so far read it have been quick to baptize it with another name; ''THE UGANDA MEDICAL INTERNSHIP BIBLE'' citing its simple on point completeness as far as medical internship in Uganda is concerned.

Not only does it have all the answers to the most commonly asked questions about medical internship in Uganda but also answers to questions so pertinent but yet to be asked.

No wonder it has quickly not only become sought after by various men and women of substance including professors, senior consultants, consultants, associate consultants, medical officers, nurses, midwives, dental surgeons, pharmacists, medical schools, medical interns, medical students, science oriented secondary schools and aspiring future medical students but also a reference point for the discussions around health professionals training in Uganda and international medical students seeking to do medical rotations in Uganda.

Out of the copies sold so far., I continue to give weekly contributions to Busoga Health Forum, Hospice Tororo and produce cost free copies issued out to 25 medical students and 25 medical interns so far! Help me do more good!

For now and the fore seeable future, this will be the only book for anyone with salient questions about Medical Internship in Uganda and so will those that read it.

Surely, this must make it one of the many gains to be protected.

I the Author; Dr. Osinde Ochieng A.

WRITING FUNDAMENTAL SOFT SKILLS

Writing 12 Fundamental Soft Skills for Personal, Business, and Professional Success has been a deeply personal journey for me. Over more than fifty years, I have had the privilege of working with people from academia, the service sector, national and international organizations, political leaders, and business owners. In every encounter, one truth kept surfacing. It is not just what we are technically and professionally good at that matters, but how we relate, adapt, and lead ourselves and others.

I have seen very qualified people miss opportunities simply because they lacked confidence, communication skills, or emotional intelligence. I have also seen “ordinary” individuals rise remarkably because they knew how to connect with others, handle challenges, and keep growing. Those experiences convinced me that soft skills are not optional but essential.

This book brings together lessons, insights, and tools to inspire growth in soft skills a little more intentionally each day whether you are just starting out in your career, building a business, leading a team, or simply wanting to become a better version of yourself. Personal growth is not a destination but a lifelong adventure.

So, as you read, take your time. Reflect. Try out the ideas. Share what you learn with others.

My wish is that this book becomes a companion that helps you unlock your potential, build stronger relationships, live with confidence and purpose, and succeed in your personal, business and professional life.

THE MASCULINITY GAUGE: A DELICATE BALANCE IN PURSUIT OF RESPECT.

Author: Imelda Kyamwanga Tamwesigire

BOOK SUMMARY

The Masculinity Gauge is a sequel to the Extinction of Mister Daddy. It confronts the tough questions shaping modern manhood. What is toxic manhood? What is weak manhood? What is desirable manhood? The book presents a hypothetical score that puts masculinity on a scale. This masculinity score depends on how much masculinity one carries and how it is carried. The scale ranges from low through desirable to an extreme of arrogant masculinity.

The book relates one's masculinity score to the level of respect one gets. Desirable masculinity attracts the highest level of respect for each and every man. The quantity of masculinity and the way it is carried affect the level of respect any man will attract. Men are emasculated when the level of respect, accorded to them, is very low. Emasculation and loss of respect are like *the chicken and the egg* … whatever comes first.

Respect is a very important ingredient for the survival of all relationships. Situations that challenge masculinity are discussed and potential solutions are presented.

The measurement of masculinity, in this book, is viewed through a lens of leadership at home, in the community and at the national level. Men must accept and prepare to adequately take up leadership in all spheres of society. The highlighted core masculine leadership roles include: setting direction, making sound decisions, solving problems, ensuring family provision and security. The book calls for action at individual and societal level to restore masculine pride, dignity and purpose. Men are advised to keep eyes on their gauge.

Ref: Tamwesigire Kyamwanga Imelda. 2025. The Masculinity Gauge: A Delicate Balance in Pursuit of Respect. LEAP Publishers. Uganda. Digital e-book on African Books.com

HEARTS OF RESILIENCE

The lives and triumphs of women doctors in Uganda

By Kimumwe Douglas

In Uganda, remarkable stories of determination quietly unfold in this book, “Hearts of Resilience”. It simply celebrates the lives and triumphs of the women doctors who have shattered the stereotypes and broken barriers in a male dominated field. You are bound to discover that their journeys are testaments to the power of courage, compassion and empathy.

In these same journeys, you will witness the impact that the women doctors have had on their communities. In them, they are beacons of hope, inspiring, a new generation of women to pursue careers in medicine and other STEM fields alike. Their dedication, expertise and leadership have improved countless lives and their legacies will surely be felt for generations to come.

This book, is a tribute to these extraordinary women, who have overcome the obstacles before them and defied the “normal” societal expectations.

May their stories inspire, motivate and empower you to make a difference in your own community. May you be in awe to the power and impact one woman can have on her community.

3RD SECTION

Abstract

PREVALENCE AND FACTORS ASSOCIATED WITH IMMEDIATE ADVERSE BIRTH OUTCOMES FOLLOWING AUGMENTATION OF LABOR WITH OXYTOCIN AT MBARARA REGIONAL REFERRAL HOSPITAL

Mugumya Dickens ,Prof Rogers Kajabwangu, Dr. Byamukama Onesmus

BACKGROUND: Augmentation of labor is the stimulation of the uterus to increase the frequency, duration, and force of contractions following the commencement of established labor. Its goal is to decrease the negative effects of prolonged labor on both the mother and the fetus. Globally, oxytocin augmentation is administered to more than half of laboring women to manage protracted labor however it is also associated with adverse birth outcomes.

OBJECTIVE: The main objective was to determine the prevalence and factors associated with immediate adverse birth outcomes following augmentation of labor with oxytocin at Mbarara Regional Referral Hospital.

METHODS: This was a cross-sectional study conducted among women who had delivered following augmentation of labor with oxytocin at Mbarara Regional Referral Hospital enrolled consecutively. An interviewer guided structured questionnaire was administered to obtain data on sociodemographic factors, intrapartum factors, obstetric and medical factors. Data was entered in RedCap software and entered in STATA Version 17 for cleaning and analysis. We used Modified Poisson regression analysis to determine the factors associated with immediate adverse birth outcomes, with a p-value < 0.05 and 95% confidence interval.

RESULTS: Out of 210 enrolled participants from December 2024 to April 2025 in this study, the prevalence of immediate adverse birth outcomes was 22.4%. The majority of the women had gestational age between 37-40 weeks (74.3 %), primiparous (56.7%), and had labor care guide used (70.0%). The most common immediate adverse birth outcomes were caesarean section (n=13) (6.2%), postpartum hemorrhage (n=11) (5.2%) and Apgar score less than 7 at 5minutes (n=17) (8.1%). The factors that were independently associated with immediate adverse birth outcomes included being referred (aPR 2.12, CI (1.12-3.99) p-value=0.021), not used labour care guide (aPR 2.14, CI (1.29-3.55) p-value=0.003), and duration of augmentation more than 4 hours (aPR 3.42, CI (1.35-8.68) p-value=0.010).

CONCLUSION AND RECOMMENDATIONS: The prevalence of immediate adverse birth outcomes following augmentation of labor with oxytocin at MRRH is high. Women who are referred, not used labor care guide for labor monitoring and those who spend more than 4 hours while on augmentation of labor with oxytocin are likely to experience immediate adverse birth outcomes. We recommend critical maternal and fetal monitoring using the labor care guide during oxytocin augmentation, and classify referred women undergoing augmentation as high risk for adverse birth outcomes.

KEYWORDS: Augmentation of labor, oxytocin, adverse birth outcomes, caesarean section, postpartum haemorrhage, stillbirth, Apgar score, labor care guide and Mbarara Regional Referral Hospital.

REHABILITATION AS A UNIFIED ACTION AGAINST STROKE DISABILITY: INSIGHTS FROM A UGANDAN SURVIVOR'S JOURNEY

BACKGROUND: Stroke remains a leading cause of disability and mortality globally, and its burden in Uganda continues to rise amidst the growing challenge of non-communicable diseases. Ischemic stroke—the most common subtype—results from cerebral blood flow obstruction, leading to severe neurological impairment. While acute management is vital, long-term outcomes depend heavily on access to comprehensive rehabilitation. In Uganda, limited infrastructure, scarce multidisciplinary teams, and low public awareness hinder recovery. This case narrative shares the journey of a Ugandan ischemic stroke survivor during the COVID-19 pandemic, illustrating the transformative potential of coordinated rehabilitation in resource-constrained settings.

METHODS: This case details the experience of a 2020 ischemic stroke incident in Kampala, characterized by right-sided hemiplegia, aphasia, memory loss, and sensory deficits. The patient received multidisciplinary clinical management, including neuroimaging (CT, MRI, ultrasound), laboratory assessments, and hospital-based acute care. Rehabilitation interventions incorporated physiotherapy, occupational therapy, and speech-language therapy, supported by family caregivers and professional teams. Progress was documented through functional recovery milestones and caregiver observations.

FINDINGS: While acute management stabilized the patient, functional recovery depended on sustained, coordinated rehabilitation. Speech therapy progressively improved communication and swallowing; occupational therapy enhanced independence in activities of daily living; and physiotherapy restored mobility, strength, and balance. Collaboration among clinicians, rehabilitation professionals, and caregivers was instrumental in overcoming systemic gaps. Despite limited resources and pandemic-related restrictions, consistent therapy improved the survivor's quality of life and reintegration into the community.

CONCLUSION: This case underscores that stroke care extends beyond acute management to encompass sustained, multidisciplinary rehabilitation. Integration of speech, occupational, and physiotherapy into Uganda's stroke care pathway is vital to reducing post-stroke disability. Strengthening rehabilitative services within the national NCD framework—through policy prioritization, workforce development, and investment in community-based care—will advance the Uganda Medical Association's vision of a resilient, equitable health system responsive to chronic disease recovery and rehabilitation.

Author: Dr. Judy Orikiriiza

ASSOCIATION BETWEEN SUBOPTIMAL USE OF LABOUR CARE GUIDE AND ADVERSE PERINATAL OUTCOMES AMONG MOTHERS DELIVERED AT MBARARA REGIONAL REFERRAL HOSPITAL

Adupa Emmanuel*; Prof. Mugyenyi R Godfrey; Dr. Leevan Tibaijuka

BACKGROUND: Globally, about 2 million stillbirths occur every year, with a stillbirth every second. This can be prevented and LCG, a paper-based labour monitoring tool has been encouraged as it facilitates timely interventions, effective labour monitoring with better obstetric outcomes. It's therefore feasible and acceptable to use across different settings and has thus been recommended as it facilitates timely interventions. Poor use of the LCG is associated with adverse perinatal outcomes.

METHODS: This was a comparative cross-sectional study at postnatal ward, involving postpartum mothers monitored and delivered at MRRH. Mothers were grouped into those who were optimally or suboptimally monitored respectively. An interviewer-guided questionnaire was administered to obtain data on independent variables. Modified Poisson analysis was used to assess the association between sub-optimal use of LCG and adverse perinatal outcomes.

RESULTS: Of the 720 mothers monitored from November 2024 to February 2025, (mean age 26.06 ±6.27 years), 207(28.8%) had adverse perinatal outcomes, with 65.7% sub-optimally monitored. Married women (91.9%), primipara (50.3%), gestational weeks of 37-42(83.9%) and daytime admission (59.3%) had optimal monitoring. Mothers with sub-optimal LCG use had significantly higher proportions of adverse perinatal outcomes than those with optimal use (37.8% vs. 19.7%, p<0.001). Sub-optimal LCG use was significantly associated with adverse outcomes (aPR: 1.69, 95% CI [1.12, 2.56], p=0.013). Additionally, low birth weight (<2.5 kg) (adjusted PR: 3.43, 95% CI [1.63, 7.25], p<0.001), macrosomia (≥4 kg)(aPR: 3.54, 95% CI [1.53, 8.22], p=0.003), referral (adjusted aPR: 2.26, 95% CI [1.55, 3.30], p<0.001) and admission in second stage of labor (aPR: 2.27, 95% CI [1.19, 4.31], p=0.013) were associated with adverse outcomes.

CONCLUSION: Sub-optimal use of LCG is associated with adverse perinatal outcomes. Other factors independently associated with adverse perinatal outcomes were birth weight, being referred, and admission in the second stage of labour. We recommend LCG use to reduce adverse perinatal outcomes, future research on decision making, reasons for sub-optimal use of LCG and associated perinatal outcomes and close monitoring to be prioritized for mothers admitted in labor with fetal weight of <2.5 or ≥4 kilograms, those referred from other facilities, and those admitted in second stage of labor to mitigate adverse perinatal outcomes.

PREVALENCE AND FACTORS ASSOCIATED WITH IMMEDIATE ADVERSE PERINATAL OUTCOMES AMONG WOMEN WITH LATE ANTENATAL CARE BOOKING DELIVERED AT MBARARA REGIONAL REFERRAL HOSPITAL

PRINCIPAL INVESTIGATOR: NORBERT BYARUHANGA MUSISI

Supervisors: Assoc. Prof. Godfrey Mugyenyi, Dr. Lenard Abesiga

BACKGROUND: Late antenatal care booking leads to inadequate provision of antenatal care (ANC) packages which may contribute to adverse perinatal outcomes. Occurrence of these adverse perinatal outcomes may be influenced by some other factors. This study aimed at determining the prevalence and factors associated with adverse perinatal outcomes in women with late antenatal care booking at Mbarara Regional Referral Hospital.

METHODS: A cross-sectional study was conducted among post-partum women at the postnatal ward of MRRH. We consecutively enrolled women with late ANC booking delivered at MRRH. An interviewer guided structured questionnaire was administered to obtain data on independent variables. The prevalence of adverse perinatal outcomes was computed as the number of women who got an adverse perinatal outcomes divided by the total number of participants. We performed a modified Poisson regression analysis to determine the factors associated with adverse perinatal outcomes.

RESULTS: A total of 427 mothers delivered at Mbarara Regional Referral Hospital with late antenatal care booking enrolled in this study between February to April 2025. The mean age of the participants was 26.9(±5.9) years. Majority of the participants were married (96.5%), had primary level education and below (50.8%), had no chronic medical illness. Most participants attended ≥4 ANC contacts (69.3%), had a low parity of ≤4 (85.7%), and delivered via caesarean section (61.6%). The majority had an inter-pregnancy interval of 24 months or more (82.5%) and were not monitored using a labour care guide (86.7%). The prevalence of adverse perinatal outcomes among women with late ANC booking was 31.9% (95% CI: 27.6-36.4%).

The factors independently associated with adverse perinatal outcomes among mothers with late antenatal care booking included malaria during pregnancy (aPR 1.47, 95%CI: 1.09-1.98) and antenatal care contacts <4 (aPR 1.37, 95%CI: 1.04-1.80).

CONCLUSION: The prevalence of adverse perinatal outcomes in mothers with late ANC booking at MRRH is high. Mothers with less than four ANC contacts and those with malaria during pregnancy are likely to have adverse perinatal outcomes. We recommend strengthening of strategies to improve the number of ANC contacts and malaria prevention during pregnancy.

ABATRACT: PREVALENCE AND FACTORS ASSOCIATED WITH CESAREAN SECTION AMONG PRIMIPAROUS WOMEN DELIVERED AT MBARARA REGIONAL REFERRAL HOSPITAL

Kwikiriza B. Darlson*[1], Henry Mark Lugobe, Joseph Ngonzi

INTRODUCTION: Cesarean section among primiparous women is on the rise worldwide, and contributes significantly to the overall cesarean section rate because of the increased likelihood for a repeat cesarean section in subsequent pregnancies. Cesarean section carries a higher risk for maternal complications like uterine rupture, massive hemorrhage that may results into death in subsequent pregnancies, particularly in low-income countries where access to adequate obstetric care is limited. This study aimed to determine the prevalence and factors associated with cesarean section among primiparous women delivered at Mbarara Regional Referral Hospital.

METHODS: A cross-sectional study was conducted among primiparous women delivered at MRRH from January 2025 to March 2025. Data collected included maternal demographics, obstetric factors, fetal factors, medical factors, and indications for cesarean section. The prevalence of cesarean section was computed as the number of cesarean section deliveries divided by the total number of deliveries, and the indications for cesarean section were summarized. Cesarean sections were stratified into Robson groups. We performed a modified Poisson regression analysis to determine the factors associated with cesarean section.

RESULTS: A total of 414 participants were enrolled with a mean age of 21.7years (±SD3.6). Majority 202 (48.8%) were unemployed and 215 (51.9%) had been referred in. The prevalence of cesarean section was 47.3% (95% CI: 42.6%-52.2%). The most common indications for cesarean section were fetal distress (20.9%) and fetal malposition resulting in prolonged labour (20.9%) and obstructed labour (19.9%). Majority of cesarean section deliveries 161 (82.1%) were in Robson group 1. Factors associated with cesarean section were being referred (aPR 1.52, 95% CI:1.17-1.92), gestational age greater than 40 weeks (aPR 1.34, 95% CI:1.09-1.76), non-use of WHO labor care guide (aPR 1.53, 95% CI:1.18-2.01) and duration of labour symptoms for more than 24 hours (aPR 1.63, 95% CI:1.05-2.34).

CONCLUSION: The prevalence of cesarean section among primiparous women delivered at MRRH is high. Referred women, women with postdated pregnancies, non-use of the labour care guide and women with duration of labour symptoms for more than 24 hours are more likely to deliver by cesarean section. We recommend strengthening use of WHO labour care guide for all women committed for vaginal delivery.

PREVALENCE AND FACTORS ASSOCIATED WITH LONG-ACTING REVERSIBLE CONTRACEPTIVE UTILISATION AMONG POST-CAESAREAN DELIVERY MOTHERS AT MBARARA REGIONAL REFERRAL HOSPITAL UGANDA, A CROSS-SECTIONAL STUDY

Kasyeba Sowedi* Abesiga Lenard, Hamson Kanyesigye

Background: Long-acting reversible contraceptives (LARC) are highly effective methods for preventing unintended and closely spaced pregnancies. Post-caesarean delivery (CD) mothers are a high-risk population that can benefit from LARCs to space births and therefore reduce the risk of complications associated with short interbirth intervals in this high-risk group. However, postpartum LARC utilization remains low in many settings. Understanding the prevalence and factors associated with the utilization of LARC among post-CD mothers is crucial for designing targeted interventions to improve reproductive health outcomes. This study therefore explored the prevalence and factors associated with the use of LARC among post-CD mothers within nine months at Mbarara Regional Referral Hospital.

METHODS: This was a cross-sectional study, conducted among 351 post-CD mothers within nine months of delivery between January-March 2025 at MRRH a pretested questionnaire was used to collect data on variables, which were then exported to STATA version 17 for cleaning and analysis, where percentages were computed, presented on a pie-chart and modified Poisson regression was used to determine the factors associated with LARC utilization where adjusted prevalence ratios with 95% confidence intervals were calculated and p-values <0.05 considered to indicate statistically significant factors.

RESULTS: The total participants were 351, the mean age of participants was 27.8±5.1 years, most of the participants were aged 25- 34 years, married, in monogamous marriages, Christians attended ANC, and delivered live babies. Out of the 351 participants who were enrolled, 104 (29.6%) were using, LARC 29.6% (95% CI: 25.1-34.6%), most used LARC methods were implants at 80(77%), At multivariable analysis, the significant factors included; Religion with Muslim women being less likely to use LARC (aPR 0.37,95%CI: 0.16-0.85, p-value= 0.019), family planning discussion with their partners (aPR 2.27,95%CI: 1.25-4.13, p-value=0.007) and Resumption of sexual activity (aPR 2.42, 95% CI:1.51-3.87) p-value<0.001.

CONCLUSION AND RECOMMENDATIONS: The utilization of LARC within nine months post-caesarean delivery was relatively low, and Muslim women were less likely to use LARC. However, those who had a family planning discussion with their partners and those who had resumed their sexual activity were more likely to use LARC in this study. These findings indicate that improving male involvement in family planning counselling and targeted interventions involving especially Muslim women could help improve LARC use among post-CD mothers.

KEYWORDS: Long-acting reversible contraceptives, Intrauterine Devices, Subdermal implants, Caesarean Delivery.

PREVALENCE, ANTIMICROBIAL SENSITIVITY AND FACTORS ASSOCIATED WITH VAGINAL BACTERIAL COLONISATION AMONG WOMEN WITH CERVICAL CANCER AT MBARARA REGIONAL REFERRAL HOSPITAL

Moses Wany Anyit*; David Collins Agaba; Joy Muhumuza; Paul Kato Kalyebara

BACKGROUND: Sepsis from vaginal bacterial colonisation is among the leading causes of death in cervical cancer patients. Most cervical cancer patients present with large, necrotic, fungating lesions prone to colonisation, increasing the risk of pelvic infection and sepsis. Early detection and treatment are vital to reduce sepsis-related mortality. This study aimed to determine the prevalence, antimicrobial sensitivity and factors associated with vaginal bacterial colonisation among women with cervical cancer at Mbarara Regional Referral Hospital.

METHODS: We conducted a cross-sectional study at the gynaecology ward and gynaecology oncology unit of MRRH, involving women with histologically confirmed cervical cancer. Data on independent variables were collected using an interviewer-administered structured questionnaire. High vaginal swabs were taken for culture and antibiotic susceptibility testing. Modified Poisson regression was used to identify factors associated with vaginal bacterial colonisation in women with cervical cancer.

RESULTS: From November 2024 to April 2025, total of 270 participants enrolled, the mean age was 51.1 ± 11.8 years, most (59.3%) were in FIGO stage 2, 54.8% were married, and 81.1% lived in rural areas. Vaginal bacterial colonisation prevalence was 40.0%. The most common bacteria were E. coli and Klebsiella. The sensitivity was to Meropenem, Amikacin and Gentamycin, but resistant to ceftriaxone. Factors associated with colonisation were douching (aPR 2.27, 95%, CI 1.53-3.37), tobacco smoking (aPR 2.06 95%, CI 1.36-3.11) and being unpartnered (aPR 1.42, 95%, CI 1.05-1.92), while recent antibiotic use reduced colonisation by 73%.

CONCLUSION: Vaginal bacterial colonisation is high in women with cervical cancer. Common bacteria were E. coli and Klebsiella, sensitive to Amikacin, Meropenem and Gentamycin. Those who douche, smoke, or are unpartnered are more likely to be colonised, while recent antibiotic use (within 2 weeks) reduces the likelihood by 73%.

RECOMMENDATIONS: Gentamycin, Amikacin, Ciprofloxacin or Meropenem should be empirically used as antibiotics of choice in the treatment of sepsis in cervical cancer patients, particularly those who douche, smoke, or are unpartnered.

PREVALENCE AND FACTORS ASSOCIATED WITH ADVERSE MATERNAL OUTCOMES AMONG EMERGENCY OBSTETRIC REFERRALS DELIVERED AT MBARARA REGIONAL REFERRAL HOSPITAL

Edwin Semambo Geoffrey*[1] Stephen Bawakanya Mayanja, Kanyesigye Hamson

BACKGROUND: Emergency obstetric referrals are crucial in reducing maternal morbidity and mortality through timely access to specialized care. However, these referrals are associated with differing adverse maternal outcomes in different health care settings. This study aimed to determine the prevalence and factors associated with adverse maternal outcomes among emergency obstetric referrals delivered at Mbarara Regional Referral Hospital in South western Uganda.

METHODS: We conducted a cross-sectional study where we randomly enrolled postpartum women delivered following referral from any other health facility to Mbarara regional Referral hospital between January and April 2025. Adverse maternal outcomes included ruptured uterus, postpartum hemorrhage, 3rd and/or 4th degree perineal tears, hysterectomy, ICU admission and/or wound infection. We performed a modified Poisson regression analysis to determine the factors associated with adverse maternal outcomes.

RESULTS: A total of 318 participants were enrolled during the study. The mean age of participants was 26.0 (±6.1) years, most were HIV negative (92.8%), 10.7% had Antepartum hemorrhage (APH), 35.2% underwent labour augmentation, 53.5% delivered by cesarean section, and most were referred from health centre IIIs. The prevalence of adverse maternal outcomes was 28.3% (95% CI: 23.6-33.5), with postpartum hemorrhage (PPH) (50%), perineal tears (25.6%) and ruptured uterus (15.6%) being most common. Factors independently associated with adverse maternal outcomes included; age ≥35 years (aPR: 1.82, 95% CI 1.05, 3.06), HIV positive (aPR: 1.79, 95% CI 1.11, 2.88), labour augmentation (aPR: 1.46, 95% CI 1.01, 2.09), antepartum hemorrhage (APH) (aPR: 1.86, 95%CI 1.27, 2.27), referral from a hospital (aPR: 1.99, 95%CI 1.08, 3.08), and vaginal delivery (aPR: 2.45, 95%CI 1.63, 3.69). Conversely, those who were delivered by a midwife were less likely to get adverse outcomes (aPR: 0.53, 95%CI 0.35, 0.79).

CONCLUSION: One in every four referred women is likely to experience adverse outcomes. Factors associated with adverse outcomes included maternal age ≥35 years, HIV-positive status, presence of antepartum hemorrhage, labour augmentation, and referral from hospitals. Conversely, delivery attended by midwives was associated with a reduced risk of adverse outcomes. We recommend risk stratification of referred women, development of management protocols for antepartum hemorrhage, identifying patients requiring labor augmentation and implementation of routine postpartum hemorrhage management trainings with emphasis on referred women over 35 years and those from hospitals.

ASSOCIATION BETWEEN HIV SEROSTATUS AND IMMEDIATE ADVERSE PERINATAL OUTCOMES AMONG WOMEN DELIVERED AT MBARARA REGIONAL REFERRAL HOSPITAL

Titus Ampeire*, Wasswa GM Ssalongo, Kajabwangu Rogers

BACKGROUND: Human immunodeficiency virus (HIV) infection is associated with increased immediate adverse perinatal outcomes even in the advent of ART. The study sought to determine the association between HIV serostatus and immediate adverse perinatal outcomes at Mbarara Regional Referral Hospital.

METHODS: A comparative cross-sectional study involving women living with HIV (WLWHIV) and HIV seronegative women delivered at Mbarara Regional Referral Hospital was done. Participants were recruited by consecutive sampling for WLWHIV and random sampling for HIV seronegative. We collected data on independent and dependent variables. Analysed baseline characteristics, compared the immediate adverse perinatal outcomes between the two groups. Multivariate modified Poisson regression analysis was used to explore association of HIV serostatus and immediate adverse perinatal outcomes.

RESULTS: A total of 442 women who had delivered were enrolled for the study with 147 being WLWHIV and 297 being seronegative. Compared to HIV negative women, a higher proportion of WLWHIV had immediate adverse perinatal outcomes (21.1% vs 13.6%, CI: 15.2-28.5 vs 10.1-18.0, p-value=0.042). The individual immediate adverse perinatal outcomes were preterm birth 10.2% vs 5.1% (p-value=0.044), perinatal deaths 6.1% vs 3.7% (p-value 0.254), admission to NICU 10.1% vs 8.4% (p-value 0.461) and low birth weight 6.8% vs 5.1% (p-value 0.461). There was no independent association between HIV serostatus and immediate adverse perinatal outcomes (aPR 1.18, CI: 0.77- 2.38, p-value=0.453). Other factors independently associated with immediate adverse perinatal outcomes included hypertensive disorders in pregnancy (aPR-2.45, CI: 1.39-4.33, p-value 0.002) and labour induction (aPR-2.42, CI: 1.38-4.24, p-value 0.002).

CONCLUSION: The prevalence of immediate adverse perinatal outcomes was higher among WLWHIV compared to HIV seronegative. There was however no independent association between HIV serostatus and immediate adverse perinatal outcomes. Babies born to women with hypertensive disorders and those who undergo labour induction are more likely to have immediate adverse perinatal outcomes.

We recommend prioritizing the monitoring of women living with HIV, those with hypertensive disorders in pregnancy and those who undergo labour induction.

THE PREVALENCE OF DEPRESSION AND ASSOCIATED FACTORS AMONG SCHOOL-GOING ADOLESCENTS WITH HEARING IMPAIRMENT IN KAMPALA, UGANDA

BACKGROUND: Depression is a significant public health concern and a leading cause of disability among adolescents globally. However, little is known about its burden among adolescents with hearing impairment (HI), particularly in Sub-Saharan Africa. Uganda, with a youthful population and over 1.65 million persons living with HI, urgently needs context-specific data to inform mental health interventions in this vulnerable group.

AIMS: To determine the prevalence of depression and its associated factors among school-going adolescents with HI in Kampala District, Uganda.

METHODS: A cross-sectional study was conducted among 116 adolescents aged 10–17 years attending three primary schools for the deaf in Kampala. Proportionate and simple random sampling techniques were used. Depression was assessed using the MINI International Neuropsychiatric Interview for Children and Adolescents (MINI-KID), which was adapted for use in Ugandan Sign Language. Socio-demographic and psychosocial data were collected using a structured questionnaire. Modified Poisson regression with robust error variance was used to identify factors associated with depression.

RESULTS: The point prevalence of depression was 34.5%, and lifetime prevalence was 60.3%. Suicidal ideation was reported by 21% of participants. Depression was significantly associated with living in father-only households (IRR: 2.11, $p < 0.001$) and witnessing excessive disciplinary practices (IRR: 0.65, $p = 0.003$). The majority of participants reported communication difficulties with family members and lack of access to sign language-proficient health workers.

CONCLUSION/DISCUSSION: Adolescents with HI in Kampala face a high burden of depression, compounded by family structure, harsh disciplinary experiences, and poor access to inclusive mental health services. These findings highlight an urgent need for mental health screening in schools for the deaf, sign language training for health professionals, and family-centered support models.

CONFLICT OF INTEREST: NONE DECLARED.

Ethics Approval: Obtained from relevant institutional and national ethics bodies.

Previous Presentation: This abstract has not been presented elsewhere.

ABSTRACT: PREVALENCE AND FACTORS ASSOCIATED WITH UNDERNUTRITION IN PREGNANCY AMONG WOMEN ATTENDING ANTENATAL CARE AT MBARARA REGIONAL REFERRAL HOSPITAL.

Mugerwa Ronald Timothy*[1], Lugobe Henry Mark, Mugisha Julius

BACKGROUND: Undernutrition during pregnancy is a significant underlying contributor to maternal and neonatal morbidity and mortality. It increases the risk of complications such as haemorrhage, sepsis, hypertensive disorders low birth weights and birth asphyxia (1). These conditions are the primary causes of maternal and perinatal deaths at Mbarara Regional Referral Hospital (2, 3). Despite its impact, the prevalence and factors associated with undernutrition in this population remain unknown.

OBJECTIVE: To determine the prevalence and associated factors of undernutrition among pregnant women attending antenatal care at Mbarara Regional Referral Hospital (MRRH).

METHODS: A cross-sectional study was conducted from January to March 2025 at the antenatal clinic of MRRH. We enrolled 557 women via systematic random sampling. Participants completed a pretested questionnaire capturing sociodemographic, obstetric, medical, dietary, and lifestyle factors. Chi-square and Fisher's exact tests explored baseline associations, while Firth's logistic regression determined the associated factors. Prevalence was computed as the proportion with MUAC ≤ 23 cm.

RESULTS: A total of 557 participants were sampled.The mean age of participants was 28 years. Most were married (97.49%), employed (83.36%), resided in urban areas (87.97%), and had adequate antenatal attendance for their gestational age (39.5%). The prevalence was (3.0%, 95% CI: 1.7–4.8). Factors associated with undernutrition included maternal age < 25 years (aOR = 3.17; 95% CI: 1.02-9.84), HIV-positive status (aOR = 4.80; 95% CI: 1.08-21.26), and having a partner with no formal education (aOR = 5.70; 95% CI: 1.44-19.62).

CONCLUSION: Undernutrition affects a notable proportion of pregnant women attending antenatal care at MRRH. Targeted nutritional interventions, including supplementary feeding, micronutrient supplementation, and enhanced antenatal nutrition education, should focus on younger women, HIV-positive individuals, and those whose partners lack formal education

ABSTRACT: PREVALENCE AND FACTORS ASSOCIATED WITH PERIPARTUM MATERNAL COMPLICATIONS AMONG WOMEN WITH OBSTRUCTED LABOR DELIVERING AT MBARARA REGIONAL REFERRAL HOSPITAL

Anisa Salad*[1] Musa Kayondo, Brenda Ainomugisha

BACKGROUND: Obstructed labor remains a significant contributor to maternal morbidity and mortality in low-resource settings. It is characterized by the failure of the fetus to descend despite adequate uterine contractions, often resulting in severe peripartum complications. This study determined the prevalence and factors associated with peripartum maternal complications among women with obstructed labor delivering at Mbarara Regional Referral Hospital (MRRH).

METHODS: We conducted a cross-sectional study among women diagnosed with obstructed labor at MRRH. Data were collected using a structured interviewer-guided questionnaire. Peripartum maternal complications included postpartum hemorrhage, ruptured uterus, and bladder rupture. Modified Poisson regression analysis was used to determine the factors associated with peripartum maternal complications.

RESULTS: A total of 294 participants were enrolled between December 2024 and March 2025. The mean age was 25.6 (±5.5) years; most were married (89.5%), had attained primary education (54.8%), resided in urban areas, and were referrals (66.7%). The prevalence of peripartum maternal complications was 14.3% (95% CI: 10.7–18.8), with postpartum hemorrhage (47.6%), ruptured uterus (35.7%), and bladder rupture (16.7%) being the most common. Factors independently associated with peripartum maternal complications included: grand multiparity (aPR: 6.16, 95% CI: 1.39–27.32), previous uterine scar (aPR: 7.50, 95% CI: 2.09–26.89), and labor induction (aPR: 8.66, 95% CI: 1.55–48.37).

CONCLUSION: About one in seven women with obstructed labor experienced peripartum maternal complications. Grand multiparity, previous uterine scar, and labor induction were independently associated with increased risk. We recommend strengthened intrapartum monitoring and timely interventions, particularly for high-risk women, to reduce peripartum complications associated with obstructed labor.

ABSTRACT: INCIDENCE OF AND RISK FACTORS FOR EARLY COMPLICATIONS OF TREATMENT FOR PREMALIGNANT CERVICAL LESIONS AT MBARARA REGIONAL REFERRAL HOSPITAL

Begumana Daniel*, Byamukama Onesmus, Mugisha Julius, Muhumuza Joy

BACKGROUND: Premalignant cervical lesions can progress to cervical cancer if not treated. Treatment can be by either excisional or ablative methods. Treatment for these lesions is associated with early complications which include; post procedural infection, iatrogenic injuries, vasovagal syncope and hemorrhage. These complications may require use of antibiotics, hematinics and rarely hysterectomy. This study aimed to determine the incidence of and risk factors for these complications among women treated at Mbarara Regional Referral Hospital.

METHODS: A prospective cohort study conducted among women treated for premalignant cervical lesions with either thermal coagulation or LEEP at MRRH from November 2024 to March 2025 who were followed up for 6 weeks. An interviewer guided questionnaire was used to collect data, which included; patient factors, medical factors, pretreatment and treatment factors. Incidence was calculated as the number of women with one or more complications divided by the total number of participants. Log binomial regression analysis was performed to determine the risk factors for early complications of treatment.

RESULTS: Enrolled 255 participants. Mean age of the participants was 36.9 (±7.36) years, majority were less than 50 years (95.0%), were HIV positive (83.2%) and were treated with thermal coagulation (93.7%). Incidence of early complications was 5.5% (95% CI: 2.9-9.2). Identified early complications were hemorrhage and post procedural infection. Risk factors for these complications were; resumption of sexual activity before six weeks (aRR 4.44, 95% CI 1.65-11.92), being post-menopausal (aRR 4.61, 95% CI 1.56-13.60) and grand multiparity (aRR 3.20, 95% CI 1.02-10.04).

CONCLUSION: The incidence of early complications at MRRH is high. Factors independently associated with early complications include; resumption of sexual activity before six weeks, being post-menopausal and grand multiparity. We recommend; emphasizing the need to abstain from sexual activity for 6 weeks after treatment and close follow up of postmenopausal and grand multiparous women to ensure adherence to treatment instructions, early identification and management of complication

PREVALENCE AND FACTORS ASSOCIATED WITH IMMEDIATE ADVERSE PERINATAL OUTCOMES AMONG WOMEN WITH UNINTENDED PREGNANCIES DELIVERING AT MBARARA REGIONAL REFERRAL HOSPITAL

Mohamed Bashir Ali, Wasswa G. M. Ssalongo, Paul Kato Kalyebara

INTRODUCTION: Unintended pregnancies, either mistimed or unwanted, contribute to adverse maternal and perinatal outcomes. This association is mainly due to delayed pregnancy recognition and inadequate antenatal care, leading to missed opportunities for essential maternal healthcare interventions.

OBJECTIVES: This study aimed to determine the prevalence and factors associated with immediate adverse perinatal outcomes among women with unintended pregnancies delivering at Mbarara Regional Referral Hospital (MRRH).

METHODS: This cross-sectional study enrolled women with unintended pregnancies at MRRH between November 2024 and January 2025. Pregnancy intention was assessed using the London Measure of Unintended Pregnancy tool (LMUP), and those with an LMUP score of ≤9 were included. We define immediate adverse perinatal outcomes as Stillbirth, Preterm birth, Neonatal ICU admission, and early neonatal death. Data was collected via an interviewer-guided structured questionnaire, and modified Poisson regression was used to determine factors associated with immediate adverse perinatal outcomes.

RESULTS: Of the 878 women screened, 449 (51.1%) experienced unintended pregnancies and were enrolled in the study. The average age of the participants was 27 years (±6.5). Most women were married (91.1%), referred from other facilities (64.6%), unprepared for birth (60.6%), had primary education (52.8%), and 10.7% were HIV positive. Among the 449 women, 151 experienced immediate adverse perinatal outcomes, representing 33.6% (95% CI: 29.3%-38.2%). These outcomes included Neonatal Intensive Care Unit admission (26.1%), preterm birth (12.9%), stillbirths (5.1%), and early neonatal deaths (0.45%). Significant independent factors associated with immediate adverse perinatal outcomes were induction of labor (aPR 1.95, 95% CI: 1.26–3.02, p<0.01), cesarean section delivery (aPR 1.55, 95% CI: 1.06–2.26, p=0.02), low birth weight (aPR 3.27, 95% CI: 1.81–5.90, p<0.01), and fetal macrosomia (aPR 2.71, 95% CI: 1.47–5.03, p<0.01).

CONCLUSION: The prevalence of immediate adverse perinatal outcomes at MRRH is high, and key associated factors include labor induction, cesarean delivery, low birth weight, and fetal macrosomia. Recommendations involve strengthening family planning services, routinely assessing pregnancy intention during antenatal care, enhancing management of high-risk pregnancies, and improving labor induction practices.

PREVALENCE AND FACTORS ASSOCIATED WITH HEAVY MENSTRUAL BLEEDING AMONG WOMEN OF REPRODUCTIVE AGE ATTENDING GYNAECOLOGY OUTPATIENT CLINIC AT MBARARA REGIONAL REFERRAL HOSPITAL

Jane Nandako Wafula*, Bawakanya Stephen, Musa Kayondo

INTRODUCTION: Heavy Menstrual Bleeding (HMB), although benign, is a debilitating social and health condition that has negative impacts on social, emotional, and physical well-being. HMB affects a woman's quality of life and, thus, her productivity in day-to-day activities. This study aimed to determine the prevalence and factors associated with Heavy Menstrual Bleeding among women of reproductive age attending the gynaecology clinic at Mbarara Regional Referral Hospital.

METHODS: A hospital-based cross-sectional study was conducted between December 2024 and February 2025 among 312 women aged 15–49 years attending the gynaecology outpatient clinic at MRRH. Participants with cyclical menstruation were consecutively enrolled. Data on sociodemographic, reproductive, medical, and behavioural characteristics were collected using a structured questionnaire that included the SAMANTA data collection tool. Heavy menstrual bleeding was defined as self-reported cyclic menstrual bleeding that impairs quality of life, with a SAMANTA score ≥3. The prevalence of heavy menstrual bleeding was calculated as the proportion of participants who self-reported heavy menstrual bleeding. Modified Poisson regression was used to identify factors independently associated with HMB.

RESULTS: Out of 312 participants enrolled of reproductive age with cyclic menses, 86 (27.6%) had heavy menstrual bleeding. The mean age of the participants was 30.3 (± 7.0) years. Most participants (64.1%) were between 25 and 34 years old, 131 (42.0%) had attained primary education or less, 64.4% were self-employed, 62.8% resided in urban areas, and 97.8% were non-smokers. The prevalence of HMB was 27.6% (95% CI: 22.9–32.8). Factors associated with HMB were age ≥ 35 years (aPR 1.73, 95%CI: 1.03-2.92) and tertiary education (aPR 1.63, 95%CI:1.04-2.51).

CONCLUSION: The prevalence of Heavy Menstrual bleeding among women of reproductive age at MRRH is high. Women aged 35 years and above, as well as those with tertiary education, were more likely to have HMB. We recommend routine assessment of menstrual patterns in all women of reproductive age using tools such as the SAMANTA questionnaire to enable early detection and prompt management of HMB.

FACTORS ASSOCIATED WITH COMPLIANCE TO RENEWAL OF ANNUAL PRACTISING LICENSE BY DOCTORS AT THE UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL

BY DR. KISUULE IVAN (MBChB, MMED, HSMA), DEPUTY REGISTRAR, UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL

Background: The Uganda Medical and Dental Practitioners Council (UMDPC) is a government agency that regulates the medical and dental profession and one of its mandates is to register doctors who qualify and annually license them to be able to legally practice medicine and dentistry in Uganda. It was observed that there was suboptimal compliance with renewal of the annual practising license (APL) by doctors at the UMDPC.

OBJECTIVE: This mixed methods study was conducted to determine the factors associated with compliance to renewal of the APL by doctors at the UMDPC so as to suggest solutions to reduce the defaulting rate.

FINDINGS: The significant factors that have been identified in this study to affect compliance to renewal of the APL by doctors at the UMDPC are the education level of the doctor; the license penalty fee; the nature of work done by the doctor whether clinical or non-clinical; the employer of the doctors i.e., government vs private employer and whether they demand the license from the doctor and/or assist them to renew their APL by paying the license fees; the perceived benefit of renewing the license; the personal conviction to renew the APL; the UMDPC role in ensuring compliance by having an online APL renewal system; detecting and following up defaulters.

CONCLUSION: This study has demonstrated that many factors affect compliance with renewal of the Annual Practising license by doctors at the UMDPC. Addressing these factors will go a long way in enhancing compliance with APL renewal by doctors at the UMDPC.

RECOMMENDATIONS: The UMDPC needs to pursue postgraduate doctors who take non-clinical practice careers and introduce a license for them; enforce compliance to APL renewal through the employers of doctors; reward doctors who regularly renew their APLs and punish those who don't; Institute a policy of tracking doctors on the register and sending constant reminders to them to renew their APL.

UTERINE BACTERIAL COLONIZATION: PREVALENCE, ANTIMICROBIAL SUSCEPTIBILITY PATTERNS, AND ASSOCIATED FACTORS AMONG WOMEN DELIVERED BY CAESAREAN SECTION AT MBARARA REGIONAL REFERRAL HOSPITAL.

Daniel Masereka*, Collins Agaba, Paul Kato Kalyebara

BACKGROUND: Despite prophylactic antibiotic use, uterine bacterial colonization following caesarean section (CS) remains a significant risk factor for postpartum infections, especially in low-resource settings like Uganda. This colonization can progress to severe complications including endometritis, puerperal sepsis, and maternal mortality. However, local data on prevalence, causative bacteria, antimicrobial susceptibility, and risk factors remain limited, hindering targeted interventions and effective antibiotic stewardship.

OBJECTIVE: This study aimed to determine the prevalence of uterine bacterial colonization, antimicrobial susceptibility patterns, and associated factors among women delivered by caesarean section at Mbarara regional referral hospital (MRRH).

METHODS: A cross-sectional study was conducted at MRRH, Uganda, from February to April 2025 among women at discharge after CS. From the participants systematically enrolled, endocervical swabs were aseptically collected for bacterial culture and antibiotic susceptibility testing. Socio-demographic, obstetric, medical, and surgical factors were collected using a structured questionnaire and medical records. Descriptive statistics characterized the study population. Multivariable modified Poisson regression analysis identified factors independently associated with uterine bacterial colonization at $p<0.05$. Data analysis was performed using Stata 17.0.

RESULTS: Of the 382 participants - mean age being 27 years- uterine bacterial colonization was found in 36.4% (95% CI: 31.7–41.4%). The predominant isolates were *Escherichia coli* **(49.7%) and** *Klebsiella* **spp. (28.0%). Over 90% of isolates were resistant to ceftriaxone and ampicillin, while cefazolin showed 48% sensitivity**, gentamicin moderate sensitivity (61.5%), while meropenem retained high sensitivity (94.5%) to the predominant isolates. Significant associated factors were HIV-positive status (aPR=1.76, 95% CI: 1.15–2.69) and CS performed by junior surgeons (aPR=1.85, 95% CI: 1.28–2.67).

CONCLUSION: Over one-third of post-CS women at MRRH were colonized with antibiotic-resistant gram-negative bacteria, predominantly Escherichia coli and Klebsiella spp. HIV infection and CS performed by junior surgeons were associated with uterine bacterial colonization. The study recommends routine screening for uterine bacterial colonization before discharge, prioritizing women with HIV and those whose CS were performed by less experienced surgeons, revising antibiotic prophylaxis protocols to replace ampicillin and ceftriaxone with gentamicin, and implementing antimicrobial resistance surveillance to guide empirical treatment in similar low-resource settings

TITLE: PREVALENCE OF SEXUALLY TRANSMITTED INFECTIONS AND SYMPTOMATOLOGY AMONG WOMEN SEEKING CERVICAL CANCER SCREENING AT MBARARA REGIONAL REFERRAL HOSPITAL, SOUTHWESTERN UGANDA

Amos Muhumuza, Brenda Ainomugisha, Alexcer Namuli, Paola Del Cueto, Thomas Randall, Rogers Mwavu, Jessica Haberer, Musa Kayondo, Joseph Ngonzi, Adeline Boatin

OBJECTIVE: To determine the prevalence of sexually transmitted infections (STIs) and associated symptoms among women undergoing cervical cancer screening at Mbarara Regional Referral Hospital.

METHODS: We conducted a hospital-based cross-sectional study among women presenting for cervical cancer screening at a tertiary facility in Southwestern Uganda under Automated Visual Evaluation and geospatial Mapping (AVE-MAP) project from 2023 to 2024. Participants completed a structured questionnaire capturing demographics and gynaecologic characteristics of 515 women. Vaginal and cervical swabs were collected for DNA PCR testing of human papillomavirus virus (HPV), Neisseria gonorrhoeae, Mycoplasma genitalium, and Chlamydia trachomatis. Blood samples were tested for HIV and syphilis. Associations between reported symptoms and STI prevalence were assessed using bivariate and multivariable logistic regression.

RESULTS: Data were available on 515 women. Of these, 299(58.1%) reported at least one gynaecologic symptom, most commonly abnormal vaginal discharge 262(50.9%). Other reported symptoms included dyspareunia 101(19.6%) and abnormal bleeding 59(11.5%). The overall STI prevalence was 263(51.1%), with HIV 170(33.0%) and HPV 73(14.2.%) being most common. Other detected STIs include Chlamydia trachomatis 36(6.9%), Neisseria gonorrhoeae 30(5.8%), Treponema pallidum 21(4.1%), and Mycoplasma genitalium 18(3.5%). Symptomatic women had a significantly higher prevalence of syphilis (p=0.01), but no other significant associations were observed between reported symptoms and other STIs (p=0.34)

Conclusion: The high proportion of STIs among women screening for cervical cancer is concerning, calling for expanded screening and treatment programs. The lack of association between reported symptoms and STI presence calls for improved access to real-time, low-cost STI diagnostics.

TITLE: PREVALENCE AND FACTORS ASSOCIATED WITH HIV VIRAL LOAD NON-SUPPRESSION AMONG PREGNANT WOMEN ON ANTIRETROVIRAL THERAPY DELIVERING AT MBARARA REGIONAL REFERRAL HOSPITAL

Amos Muhumuza, Joseph Ngonzi, Kato Kalyebara, Leevan Tibaijuka, Musa Kayondo, Onesmus Byamukama, Stuart Turanzomwe, Brenda Ainomugisha, Caxton Kakama, Julius Businge, Godfrey R Mugyenyi

OBJECTIVE: To determine the prevalence and factors associated with HIV Viral Load (VL) non-suppression among pregnant women delivering at Mbarara Regional Referral Hospital.

METHODS: A facility-based cross-sectional study involving 190 HIV-positive pregnant women delivering at MRRH from January to May 2024. Data on independent variables were collected through an interviewer-guided structured questionnaire. GeneXpert HIV-1 VL assays were performed on plasma samples. A patient was categorized as non-suppressed if the VL exceeded 200 copies/ml. Multivariate modified Poisson regression analysis identified factors associated with VL non-suppression, considering a p-value <0.05 as statistically significant.

RESULTS: A total of 190 HIV-positive pregnant women were enrolled, with a mean age of 27.92±5.71 years. The prevalence of maternal VL non-suppression was 21.6% (95%CI: 16.3-28). The factors associated with HIV VL non-suppression included duration on ART <12months (APR: 3.85 ,95% CI:1.14-13.01,P=0.030), being on second line ART treatment (APR: 3.26, 95% CI: 2.64-4.03, P=<0.001), failure to disclose HIV serostatus to sexual partners (APR: 1.65, 95% CI:1.05-2.80, P=<0.002), Positive syphilis results during pregnancy (APR: 1.74, 95% CI:1.04-2.92, P=0.035), having no transport access (APR: 3.14, 95% CI:1.54-6.40, P=0.002) and poor adherence to ART (APR: 6.08, 95% CI: 3.20-11.56, P=<0.001).

Conclusion: The high prevalence of HIV VL non-suppression among pregnant women at MRRH sites the urgent need for targeted interventions, such as intensive adherence counseling and enhanced support systems to improve treatment adherence and address logistical challenges.

LABOR SUPPORT IN LOW- AND MIDDLE-INCOME COUNTRIES - TRANSFORMATIVE IMPACT OF BIRTH COMPANIONS AND DOULAS ON MATERNAL AND NEONATAL OUTCOMES: A NARRATIVE REVIEW

BACKGROUND: Maternal and neonatal outcomes in low- and middle-income countries (LMICs) are hindered by limited clinical and psychosocial support during childbirth. Birth companionship and doula care are low-cost interventions with potential to improve both outcomes and experiences. This narrative review sought to explore the impact of doulas and birth companionship on maternal and neonatal outcomes. We also sought to determine the barriers to the use of doulas and birth companions during labor in LMICs.

METHODS: A narrative synthesis of the provided literature, originally identified through databases Scopus, Pubmed, Web of Science, Google Scolar, was conducted to examine evidence on maternal, neonatal, psychosocial, implementation, and policy outcomes with the use of doulas and birth companionship. Only empirical or review studies relevant to LMICs were included.

RESULTS: Continuous labor support from informal companions, trained lay supporters, or professional doulas is associated with shorter labor, fewer interventions, improved maternal well-being and satisfaction,higher Apgar scores, and earlier breastfeeding. Benefits are mediated by emotional support, advocacy, communication, and culturally responsive care. Implementation is challenged by cultural norms, provider resistance, and resource limitations, though community-based and phased approaches show promise.

CONCLUSIONS: Integrating birth companions and doulas into LMIC maternity care can enhance respectful care and improve outcomes. Increased use of doulas and birth companions requires context-specific trials, cost-effectiveness studies, equity analyses, and integration into policy and training frameworks.

KEYWORDS: Birth companions; Doulas; Continuous labor support; Maternal outcomes; Neonatal outcomes; Low- and middle-income countries.

PREVALENCE OF HYPERURICEMIA IN PREECLAMPSIA: A SYSTEMATIC REVIEW AND META-ANALYSIS OF STUDIES FROM LOW - AND MIDDLE - INCOME COUNTRIES

BACKGROUND: Hyperuricemia is a recognized biochemical feature of preeclampsia (PE), yet its prevalence and clinical relevance vary widely across low- and middle-income countries (LMICs). Given the high maternal morbidity and mortality in these regions, understanding the burden of hyperuricemia in PE is critical for improving diagnostic and risk stratification protocols. Objective: The goal of this study is to estimate the pooled prevalence of hyperuricemia in preeclamptic women in LMICs and assess inter-study consistency and potential publication bias.

METHODS: A systematic review and meta-analysis was conducted according to PRISMA guidelines and registered on PROSPERO (CRD420251107624). Literature searches across PubMed, Scopus, Web of Science, and Lens.org identified observational studies (2010–2025) reporting hyperuricemia prevalence among preeclamptic women in LMIC hospital settings. Data were extracted and analyzed using a random-effects model. Heterogeneity was assessed using I^2 and Q statistics. Publication bias was evaluated using funnel plots, Egger's regression, and Kendall's Tau. Equivalence testing was performed to determine the statistical significance of the pooled estimate.

RESULTS: Eleven studies involving 1,099 women with preeclampsia from seven LMICs were included. The 2 39 pooled prevalence of hyperuricemia was 53.47% (95% CI: 45.2–61.6%), with low-to-moderate 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 heterogeneity (I^2 = 27.5%, p = 0.204). Definitions of hyperuricemia varied (5.0–7.0 mg/dL), yet prevalence remained consistently high across studies. No significant publication bias was detected (Egger's p = 0.255; Kendall's Tau p = 0.160). Regional variations were noted, with West and East Africa showing higher prevalence compared to South and Southeast Asia.

CONCLUSIONS: More than half of preeclamptic women in LMICs present with hyperuricemia, reinforcing its potential role as a cost-effective biomarker in resource-constrained settings. Standardization of diagnostic thresholds and further exploration of longitudinal outcomes are essential to optimize its clinical utility and guide policy in antenatal care.

KEYWORDS: Hyperuricemia, Preeclampsia, Low- and Middle-Income Countries, Meta-Analysis, Prevalence

PREVALENCE AND RISK FACTORS OF COMMON MENTAL ILLNESSES AMONG PEOPLE WITH OCULOCUTANEOUS ALBINISM IN BUSOGA REGION, UGANDA.

Corresponding author: Pierre CIZA Nshombo, Email: drcizapierre@gmail.com

BACKGROUND: People with oculocutaneous albinism (OCA) are highly vulnerable to mental health problems due to stigma, discrimination, and social exclusion. The Busoga region of Uganda hosts one of the largest OCA populations, yet limited evidence exists on their mental health burden. This study examined the prevalence and risk factors of common mental illnesses (CMIs) among people with OCA.

METHODS: A community-based cross-sectional study was conducted among 422 individuals with clinically confirmed OCA. Data were collected using the Mini International Neuropsychiatric Interview (MINI) and structured questionnaires. Descriptive statistics summarized prevalence, and binary logistic regression identified independent risk factors.

RESULTS: The overall prevalence of CMIs was 32.9%, with depression (32.4%), alcohol use disorder (26.6%), and post-traumatic stress disorder (23.8%) being the most common. Independent predictors included younger age (18–25 years, AOR = 4.9, p = 0.035), Christian affiliation (AOR = 1.5, p = 0.017), unemployment (AOR = 1.4, p = 0.041), low income (AOR = 1.6, p = 0.005), stress (AOR = 1.6, p = 0.031), and social exclusion (AOR = 1.7, p = 0.019).

CONCLUSION: About one-third of individuals with OCA in Busoga experience CMIs, mainly depression, PTSD, and alcohol use disorder. Economic hardship, social exclusion, and stress significantly increase vulnerability. Integrated interventions combining mental health care, stigma reduction, and economic empowerment are urgently needed.

KEYWORDS: Oculocutaneous albinism; Common mental illnesses; Risk factors; Busoga; Uganda

TITLE : HEALTH-RELATED QUALITY OF LIFE AND FACTORS ASSOCIATED WITH PSYCHOSIS AMONG PATIENTS WITH HIV ATTENDING TWO HOSPITALS IN UGANDA

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Date: 11th November 2025

INTRODUCTION: Psychosis in people living with HIV is associated with impaired treatment adherence and poor health-related quality of life (HRQoL). Despite its burden in HIV patients, scholars have not assessed how psychosis influences the HRQoL in people living with HIV in Uganda. This study aimed at assessing the magnitude and predictors of psychosis and its association with HRQoL among HIV patients attending healthcare services in two referral hospitals in Uganda.

METHODS: This hospital-based cross-sectional study enrolled 405 participants randomly recruited among HIV-positive participants attending the antiretroviral therapy (ART) clinics at Jinja Regional Referral Hospital and Kampala International University Teaching Hospital in Uganda between November 2024 and January 2025. Participants were screened for psychosis and HRQoL using the Mini International Neuropsychiatric Interview (MINI) and the PozQoL scale, respectively. Multivariate logistic regression analyses were performed to determine the factors associated with psychosis and its association with HRQoL.

RESULTS: One hound and nine participants with HIV had psychosis i.e., the prevalence of 26.9% (95% CI: 24.5%–28.7%). Factors significantly associated with psychosis in HIV patients included recreational drug use (AOR = 4.37, 95% CI: 2.54–6.79), presence of comorbid chronic illness (AOR = 1.98, 95% CI: 1.17–3.82), living with HIV diagnosis for more than 5 years (AOR = 2.73, 95% CI: 1.52–6.84), and having a CD4 count <500 cells/mm^3 (AOR = 2.55, 95% CI: 1.96–4.17). The results found that 53.3% of participants with psychosis (58 participants) had poor HRQoL whereas 46.7% had moderate HRQoL.

CONCLUSION: Psychosis is, not only highly prevalent in HIV patients, but also associated with poor HRQoL. They highlight the urgent need of for integrating mental

health services targeting psychosis including routine psychiatric screening and psychosocial interventions in the continuum of care of HIV patients, in non-psychiatric health facilities in Uganda.

KEYWORDS: Psychosis, HIV, Health-Related Quality of Life, Uganda

PREVALENCE OF DEPRESSION AND ITS ASSOCIATED FACTORS AMONG PRIMARY CAREGIVERS OF PATIENTS WITH SEVERE MENTAL ILLNESS IN UGANDA.

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ABSTRACT

BACKGROUND: Worldwide, 450 millions people suffer from mental and behavioural disorders. In Uganda, it is estimated that 35% of the population suffer from some form of mental illness. Caregivers are increasingly bearing the responsibility of taking care of these patients. This study aims to determine the prevalence of depression among carers of persons with SMI and identify the factors associated with depression.

METHODS: A cross-sectional study was conducted among caregivers of persons with SMI at Jinja and Mbarara Regional Referral Hospitals. Data were collected from 376 consecutive eligible participants using standardised tools, including the Patient Health Questionnaire-9 (PHQ-9) for depression. SPSS (Statistical Package for Social Sciences) Version 25 and Stata 15 were used in data entry and analysis.

RESULTS: The overall prevalence of depression among primary caregivers of patients with mental illness was 38%. Out of those caregivers with depression 27%,9%and 2% had moderate, moderately severe and severe types of depression respectively. The degree of perceived stigma(aOR=10.294, 95%CI=3.163-33.500, P<0.001), degree of perceived social support (aOR=10.513, 95%CI=2.951-37.449, P<0.001),

caring for younger adult patient(aOR4.195, 95%CI=1.296-13.576,P<0.017),caring for elderly patients (aOR8.381, 95%CI 1.498-46.891,P<0.016) and caring for a patient with major depression (aOR7.453,95%CI=2.759-20.135, P<0.001)were significantly associated with depression.

CONCLUSION: We found that the prevalence of depression among primary caregivers was high. Depression among caregivers was associated with high level of perceived stigma,low perceived social support, caring for younger adult patient,caring for elderly patients and caring for a patient with major depression . There is a critical need for targeted mental health interventions, including psychosocial support and caregiver-centered programs, to improve their mental health and enhance their caregiving capacity.

KEYWORDS: Caregivers, Severe Mental Illness, Depression, Quality of Life, Uganda, PHQ-9, WHOQOL-BRE

RELAPSE OF ALCOHOL USE DISORDER: ASSOCIATED FACTORS, PREVALENCE AND ITS ASSOCIATION WITH SELF-EFFICACY AT TWO TEACHING HOSPITALS IN UGANDA

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ABSTRACT

INTRODUCTION: Alcohol Use Disorder (AUD) remains a significant public health challenge globally, particularly in low-resource settings like Uganda. Despite receiving treatment, a large proportion of individuals relapse into alcohol use, compromising long-term recovery outcomes. This study aimed to determine the prevalence, associated factors, and association of self-efficacy with relapse among patients diagnosed and treated for AUD at Jinja JRRH and KIUTH.

METHODS: A cross-sectional study was conducted among 424 patients previously diagnosed and treated for AUD between 2021 and 2023. Participants were recruited using systematic sampling. Data were collected through interviewer-administered structured questionnaires, including standardized tools: the SCID-5 part of Alcohol use disorder, the General Self-Efficacy Scale (GSE), the Multidimensional Scale of Perceived Social Support (MSPSS), the Perceived Stress Scale (PSS), and the Penn Alcohol Craving Scale (PACS). Statistical analysis was performed using SPSS v24. Prevalence was expressed as frequencies and percentages. Logistic regression was used to determine factors associated with relapse, while Chi-square tests assessed the relationship between self-efficacy and relapse. A p-value of <0.05 was considered statistically significant.

RESULTS: Of the 424 participants, 74.3% were male, 46.0% had a monthly income of less than 100,000 Uganda shillings and 39.6% reported low social support. The prevalence of relapse among participants was 54.6% (95% CI: 52.6%–55.9%), indicating that more than half of the treated individuals resumed alcohol use. Being single (AOR = 2.58; CI: 1.43–5.16; p = 0.027), earning less than 100,000 UGX monthly (AOR = 1.87; CI: 1.17–2.23; p = 0.019), having low social support (AOR = 4.32; CI: 2.54–6.48; p < 0.001), and experiencing moderate to high stress (AOR = 3.79;

CI: 1.93–4.82; p = 0.008) were independently associated with relapse. A significant negative association was also found between self-efficacy and relapse ($\chi^2 = 30.24$; $p < 0.001$), with lower self-efficacy strongly predicting higher relapse likelihood.

CONCLUSION: Relapse of AUD remains alarmingly high in this population, with socioeconomic vulnerabilities, limited social support, and elevated stress levels as key contributing factors. High self-efficacy, however, was shown to be protective. These findings underscore the need for a comprehensive relapse prevention approach that includes psychosocial support, economic empowerment, stress management, and self-efficacy enhancing interventions to improve long-term recovery outcomes among patients with AUD in Uganda.

KEY WORDS: Alcohol Use Disorder, Relapse, Self-Efficacy

JENA HT: A SAFETY AND EFFICACY TRIAL IN GULU CITY

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Introduction: Hypertension is a major global health challenge and a key risk factor for cardiovascular diseases, stroke, and kidney problems. Jena HT, a herbal medicine formulation from Jena Uganda Limited that combines Rauwolfia serpentina and Persea americana (avocado), is currently used in Uganda to manage hypertension. Despite its widespread use, its proper dosage, safety profile, and effectiveness in humans are not documented. This study assessed the safety and effectiveness of Jena HT combined with standard antihypertensive treatment.

Methods: The study is designed as a non-inferiority double-blind randomized controlled trial. A total of 22 adults with hypertension were given Jena HT plus standard care. They received 3 to 5 grams once Jena HT daily for 8 weeks. Efficacy was defined as a >10% reduction in blood pressure from baseline, while safety was assessed by the proportion of patients without complications and by significant changes in repeated laboratory measurements, including Liver Function Tests (LFTs), Renal Function Tests (RFTs), and blood counts.

Results: Interim safety data from a subgroup (N=22) receiving Jena HT showed rapid and significant clinical improvements within the first week (First Visit). The mean Systolic BP decreased by 20.0 ($p<0.001$), Diastolic BP by 15.5 ($p=0.004$), and Heart Rate (HR) by 12.9 ($p<0.001$). Most hematological and biochemical parameters showed no significant change from baseline. However, UREA significantly decreased ($p=0.048$) at the First Visit. While not significant, SGPT slightly increased during the first visit, then normalized at the Second Visit ($p=0.010$).

Conclusion: Initial data indicate that Jena HT, when used alongside standard care, shows significant and quick clinical results in lowering blood pressure and heart rate within 4 to 8 weeks. Ongoing safety monitoring remains essential due to interim findings in UREA and SGPT.

Recommendation: The results on the safety and efficacy of Jena HT should be used to i) inform a large-scale safety and efficacy study with more power; and ii) inform policy regarding its incorporation into hypertension treatment protocols, particularly for low-resource settings

DEPRESSION AMONG UNDERGRADUATE HEALTH PROFESSIONAL STUDENTS AT KAMPALA INTERNATIONAL UNIVERSITY COLLEGE OF HEALTH SCIENCES, SOUTH-WESTERN UGANDA: PREVALENCE, ASSOCIATED FACTORS, AND COPING STRATEGIES

Short tittle: Depression among KIU health students

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INTRODUCTION: Depression is a public health issue globally, particularly among university health professional students due to their exposure to high academic and emotional stress. In Uganda, there is limited data on how undergraduate health professional students cope with depression. This study aimed to assess the prevalence of depression, associated factors, and the coping strategies among undergraduate health professional students at Kampala International University Western Campus (KIU-WC), south-western Uganda.

METHODS: A cross-sectional study was conducted among 385 undergraduate health professional students, selected through stratified random sampling, with data collection carried out from 25th February to 25th May 2025. The data collection tool consisted of a self-administered questionnaire that incorporated Beck's Depression Inventory and the Brief Cope Inventory. Descriptive statistics were used for participant

characteristics, while logistic regression was used to identify predictors of depression at a 95% confidence interval and a significance level of $p < 0.05$.

RESULT: We found a depression prevalence of 33.5%, with 4.9% having severe depression, 12.2% with moderate depression and 16.4% with mild depression. Depression was associated with studying more than 8 hours daily [AOR = 2.47, p=0.001], being a self-sponsored student [AOR = 10.58, p=0.02], being parent-sponsored [AOR = 28.89, p<0.001], sleeping less than five hours [AOR = 2.74, p=0.018], and dissatisfaction with academic performance [AOR = 67.47, p<0.001]. Regarding coping strategies, the most common adaptive strategies included religion (Mean = 4.12), active coping (Mean = 3.54), and positive reframing (Mean = 3.51) were. However, maladaptive strategies such as venting (Mean = 3.54), substance use (Mean = 3.36), and behavioral disengagement (Mean = 3.34) were also frequently used by students.

CONCLUSION: Depression is prevalent among undergraduate health professional students and is significantly linked to academic workload, financial stress, sleep deprivation, and academic dissatisfaction. While students employ various coping strategies, the notable use of maladaptive mechanisms is a concern that warrants targeted mental health interventions.

KEY WORDS: Depression, Health Professional Students, Coping Strategies, Mental Health, university.

CANNABIS USE, ITS PREDICTORS, AND COPING STRATEGIES AMONG MEDICAL STUDENTS AT A UGANDAN UNIVERSITY: A CROSS-SECTIONAL STUDY

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ABSTRACT

BACKGROUND: Cannabis use is a growing public health concern among university students, particularly those in demanding academic environments, such as medical schools. In Uganda, limited data exist on cannabis use patterns and students' coping mechanisms. This study aimed to determine the prevalence of cannabis use, identify its predictors, and compare coping strategies between users and non-users among medical students at a Ugandan university.

METHODS: A cross-sectional study was conducted among 318 undergraduate medical students on the Western Campus of Kampala International University to assess cannabis use and coping strategies via the revised Cannabis Use Disorder Identification Test (CUDIT-R) and the Brief COPE inventory, respectively. Hazardous cannabis use was defined as a CUDIT-R score of 8-11, whereas a score ≥12 indicated probable cannabis use disorder, in line with the DSM-5-TR criteria. Logistic regression was used to identify factors associated with cannabis use, and coping strategies were compared between users and nonusers via the Wilcoxon rank-sum test.

RESULTS: The prevalence of cannabis use was 30.8% (n=98), with 7.6% meeting the criteria for hazardous use and 9.4% meeting the criteria for probable cannabis use disorder. Independent predictors of cannabis use included being separated (AOR=12.00, p=0.001), being single (AOR=3.45, p=0.030), being identified as Catholic (AOR=2.76, p=0.015), and having a longer duration at campus (AOR=1.16 per year, p=0.027). Cannabis users reported significantly higher scores in emotion-focused (p=0.007) and avoidant coping (p<0.001), whereas no significant difference was found in problem-focused coping (p=0.056).

CONCLUSIONS: Cannabis use is prevalent among medical students and is linked to relationship status, religion, and campus duration. The coping profiles of users suggest reliance on maladaptive strategies. Institutional policies and campus-based mental health programs should address substance use and promote healthier stress-coping alternatives.

KEYWORDS: Cannabis use, Hazardous use, CUDIT-R, DSM-5-TR, Medical students, Coping strategies, Uganda, Cross-sectional study

CHILDHOOD TRAUMA AMONG ADULT PATIENTS WITH MENTAL ILLNESS IN SOUTH-WESTERN UGANDA: A HOSPITAL-BASED STUDY

INTRODUCTION: Childhood trauma plays a central role in the long-term outcomes and quality of life of adults with mental disorders. Its burden among patients receiving mental health care in rural health facilities has not been established formally. This study determined the prevalence of childhood trauma among individuals receiving treatment at two mental health facilities in southwestern Uganda.

METHODS: Two hundred forty-nine adult psychiatric patients attending Mbarara Regional Referral Hospital and Kampala International University Teaching Hospital were screened for childhood trauma using the Adverse Childhood Experience International Questionnaire. Descriptive analyses were performed to determine the information on prevalence rates, cumulative traumas and types of traumas experienced by individuals receiving treatment at Ugandan mental health facilities.

RESULTS: Nine in ten mentally ill patients had experienced childhood adversities which were more significantly greater among participants diagnosed with depression and substance use disorder compared to those with bipolar disorder and schizophrenia. 99.6% of participants with childhood trauma experienced multiple forms of adverse childhood adversities. The commonest adverse childhood experiences in our sample were witnessing violence against household members, physical neglect, bullying and emotional violence.

CONCLUSION: Our results highlight the extremely high rate of childhood trauma among patients with mental disorders and raise the global health policy issue revealing the need for a primary health level intervention to address its effects along the mainstream mental health care.

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BARRIERS AND FACILITATORS TO MENTAL HEALTH SERVICE UTILISATION AMONG REFUGEES IN NAKIVALE REFUGEE SETTLEMENT, UGANDA: A QUALITATIVE STUDY.

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BACKGROUND: Refugees face a high burden of mental health problems, with global estimates suggesting that up to one in three may suffer from depression, anxiety, or post-traumatic stress disorder. These issues are often linked to exposure to conflict, forced displacement, and vulnerable living conditions. Despite the availability of mental health and psychosocial support (MHPSS) services in Nakivale Refugee Settlement in Uganda, utilization remains low. This study explored the barriers and facilitators influencing access to mental health services among refugees in this setting.

METHODS: We conducted an exploratory qualitative study. Data collection included four focus group discussions (FGDs) with refugees who had previously used mental health services and ten key informant interviews (KIIs) with mental health service providers and community leaders representing refugee communities. Each FGD included 8–12 participants and was stratified by nationality, focusing on the four largest refugee groups in Nakivale: Congolese, Burundian, Rwandan, and Somali. Participants were purposively selected. Thematic analysis was conducted using a

combined inductive and deductive approach, guided by the Health Belief Model and socio-ecological framework.

RESULTS: Barriers to mental health service utilization included individual-level factors such as stigma, cultural beliefs, low perceived need, economic hardship, and low health literacy. System-level barriers comprised inadequate human resources, poor infrastructure, medication-related constraints, transport and referral challenges, and limited community awareness. Facilitators included culturally adapted therapy models, strong refugee identity and entitlements, community-based service delivery, trusted community leadership, structured psychoeducation, effective interagency coordination, ongoing staff development, and the strategic use of trained lay mental health agents.

CONCLUSION: Improving mental health service utilization in refugee settlements requires addressing stigma and poverty, increasing medication availability, and decentralizing services. Interventions should integrate psychoeducation, community mobilization, and coordinated policy and workforce support. These findings provide a contextual roadmap for strengthening MHPSS delivery in low-resource humanitarian settings.

KEYWORDS; Refugees, Mental health services, Barriers, Facilitators, Nakivale, Uganda, Qualitative.

ERECTILE DYSFUNCTION AMONG DIABETIC PATIENTS IN WESTERN UGANDA: PREVALENCE AND ASSOCIATED FACTORS IN A MULTICENTRE STUDY ACROSS THREE SELECTED CLINICS

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BACKGROUND: Erectile dysfunction (ED) is the inability to achieve or sustain an erection adequate for satisfactory sexual activity. The prevalence of ED varies widely among diabetic patients worldwide, mainly due to disparities in healthcare access and diabetes management between low-income and high-income countries. ED significantly impacts the quality of life for affected men, potentially leading to frustration, despair, and sometimes separation from an intimate partner. This study aimed to assess the prevalence, severity patterns, and factors associated with erectile dysfunction among diabetic men attending clinics in three selected sites in Western Uganda.

METHODS: The clinic-based cross-sectional study was conducted involving 236 diabetic men from three clinics: Fort Portal Regional Referral Hospital, Hoima Regional Referral Hospital, and Kampala International University (KIU) Teaching Hospital in Western Uganda from June to September 2024. The number of patients was proportionally assigned depending on the number of diabetic men receiving care at the selected facilities. For each clinic, the patients were enrolled consecutively. The IIEF-5 questionnaire was used. Descriptive statistics and bivariate and multivariable logistic regression were done with SPSS version 20.0.

RESULT: The prevalence of erectile dysfunction was 79.2%, whereby 21.95%,

36.4%, 22.4% and 19.3% had mild, mild to moderate, moderate, and severe erectile dysfunction, respectively, at 95% CI. Multivariable logistic regression identified increasing age, HbA1c (aOR =2.44, 95%CI:1.067 - 5.569, p=0.035), fasting blood sugar (aOR =2.50, 95%CI:1.106 - 5.657, p=0.028), and BMI (aOR=15.1833, 95%CI: 1.168 -19.739) to be significantly associated with ED. No behavioural characteristic was associated with ED.

CONCLUSION: The prevalence of erectile dysfunction was very high. Increasing age, obesity, and inadequate control of blood sugar were significantly associated with ED. Future studies should focus on qualitative data and causal and therapeutic interventions. We also recommend routine screening and timely addressing of blood sugars.

KEYWORDS: Prevalence, Erectile dysfunction, Diabetes Mellitus, Multicentre, Clinics, Hoima, Fort Portal, KIU, Western Uganda

EARLY ADVERSE SURGICAL OUTCOMES AND ASSOCIATED FACTORS AMONG CHILDREN BELOW 5 YEARS OPERATED AT HOLY INNOCENTS CHILDREN'S HOSPITAL, MBARARA, UGANDA: A PROSPECTIVE COHORT STUDY.

ABSTRACT

BACKGROUND: Pediatric surgical conditions contribute significantly to morbidity and mortality in low- and middle-income countries. However, data on early adverse surgical outcomes among children under five years in Uganda are limited.

METHODS: We conducted a prospective cohort study among 103 children under five years undergoing surgery at Holy Innocents Children's Hospital, Mbarara, Uganda. Socio-demographic, clinical, laboratory, and surgical data were collected. Early adverse surgical outcomes were recorded, and multivariate logistic regression identified independent predictors, with statistical significance set at $p < 0.05$.

RESULTS: Of the 103 participants, 91 (88.3%) were male. 18 (17.5%) developed early adverse outcomes, including surgical site infection (38.9%), sepsis (27.8%), hematoma (22.2%), and mortality (11.1%). Independent predictors were neonatal age (aOR = 11.703; 95% CI: 1.938–16.679; p = 0.008), comorbidities (aOR = 4.781; 95% CI: 1.945–14.175; p = 0.021), topical application of herbal remedies (aOR = 8.067; 95% CI: 1.649–19.464; p = 0.029), and elevated white blood cell count (aOR = 15.703; 95% CI: 12.355–21.375; $p < 0.001$).

CONCLUSION: Although most children had favorable postoperative outcomes, a notable proportion experienced preventable complications. Strengthening infection prevention, providing targeted perioperative care for neonates and children with comorbidities, and caregiver education on avoiding harmful traditional practices may reduce adverse outcomes.

KEYWORDS: Children under 5 years of age, early adverse surgical outcomes, risk factors, Uganda.

USE OF SURGICAL APGAR SCORE AS A PROGNOSTIC INDICATOR FOR EMERGENCY LAPAROTOMY OUTCOMES: A MULTI-CENTER COHORT STUDY IN UGANDA.

The Surgical Apgar Score (SAS) is a simple intraoperative tool designed to predict postoperative complications following major surgery. Although validated in certain high-income settings, its use in low-resource settings is limited, where the burden of postoperative complications remains high.

METHOD: This was a prospective observational study that recruited 146 adult patients for emergency laparotomy in three (3) hospitals. Intraoperative data, including the lowest heart rate, lowest MAP, and estimated blood loss postoperatively, were calculated. Outcomes were followed up for 30 days. The severity of complications was assessed using the Clavien-Dindo Classification (CDC) grading scheme and the Comprehensive Complication Index (CCI). The accuracy of SAS was evaluated by determining its discriminatory capacity on the Receiver Operating Characteristics (ROC) curve.

RESULT: The largest age group was 40–60 years (43.2%), and most were male (71.9%). Small bowel obstruction was the leading indication (26%), and the majority were ASA class II (81.5%). Most patients (85.5%) had SAS between 5 and 7, while 7.6% (n=11) had low SAS (≤4). Overall mortality was 4.8% (n=7), all corresponding to CDC grade V and CCI scores of 100%. SAS demonstrated strong prognostic performance. It correlated negatively with CCI ($\rho = -0.388$, $p < 0.001$) and inversely predicted CDC grades ($\beta = -0.930$, $p < 0.001$). ROC analysis showed good discrimination for major complications (AUC 0.780, 95% CI 0.656–0.904, $p < 0.001$) and excellent discrimination for mortality (AUC 0.852, 95% CI 0.704–0.999, $p = 0.003$). The optimal Youden's Index cut-off was SAS ≥5, yielding high sensitivity for major complications (96.9%) and mortality (89.7%) with modest specificity.

CONCLUSION: The Surgical Apgar Score reliably predicted complications and deaths after emergency laparotomy in this setting. Its ease of use makes it a valuable tool for perioperative risk assessment in resource-limited hospitals

KEYWORDS: Surgical Apgar score, Emergency laparotomy, Post Operative Complications, Clavien-Dindo Classification, Comprehensive complication index, Adverse outcome.

TITLE: SERUM D-DIMER LEVELS AND EARLY ADVERSE OUTCOMES IN PATIENTS WITH ISOLATED TRAUMATIC BRAIN INJURY AT MBARARA REGIONAL REFERRAL HOSPITAL, UGANDA

BACKGROUND: Traumatic brain injury (TBI) is a major cause of mortality and disability in low-resource settings. Prognostication remains challenging, and reliable biomarkers are needed. Serum D-dimer, a marker of coagulation activation, has shown promise in predicting outcomes, but its utility in isolated TBI (ITBI) within the Ugandan context is underexplored.

OBJECTIVE: This study aimed to determine serum D-dimer levels and assess their association with early adverse outcomes in patients with ITBI.

METHODS: A hospital-based prospective cohort study was conducted from May to August 2025. We enrolled 98 adult patients with ITBI. Serum D-dimer levels were measured at admission, and patients were followed for 30 days. Outcomes were assessed using the Glasgow Outcome Scale (GOS) and the incidence of in-hospital complications. Data were analyzed using multinomial logistic regression to determine associations, adjusting for age and sex.

RESULTS: The majority of participants were male (74.5%), with road traffic accidents as the leading cause of injury (51%). Elevated serum D-dimer (≥0.5 mg/L FEU) was observed in 73.5% of patients. At 30 days, 21.4% had unfavorable outcomes (severe disability or death). Elevated D-dimer was significantly associated with poor neurological recovery, with an adjusted Relative Risk Ratio (aRRR) of 6.0 for both moderate and severe disability. It was also strongly associated with seizures (aRRR = 5.22, 95% CI: 1.49–18.32) and aspiration pneumonia (aRRR = 19.96, 95% CI: 2.44–163.65).

CONCLUSION:

Elevated serum D-dimer is common in ITBI and is a strong, independent predictor of poor neurological outcomes and specific complications. Incorporating D-dimer testing into the initial assessment of ITBI patients can serve as a valuable prognostic tool to guide timely interventions and improve risk stratification, particularly in resource-limited settings like Uganda.

KEYWORDS: Traumatic Brain Injury, D-dimer, Prognosis, Outcomes, Uganda

INFLUENCE OF PERFORMANCE MANAGEMENT ON HEALTHCARE SERVICE DELIVERY IN A DISTRICT LOCAL GOVERNMENT SETTING, UGANDA

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Background: Performance management (PM) is a key concept in sustaining quality of care offered to clients in complex systems like the healthcare delivery system. Healthcare managers are mandated to regularly assess performance of its health workforce to ensure continuous provision of quality healthcare services. This study investigated the influence of PM on healthcare service delivery in public health facilities in Nwoya District, Northern Uganda.

Methods: A descriptive mixed method study employing both quantitative and qualitative data collection approach was conducted. Quantitative data was collected from health workers and patients' attendants using self-administered questionnaires while qualitative data was collected from health facility managers using well-structured interview guide basing on goal setting and expectancy theories. The participants for quantitative data were selected using stratified proportionate random sampling then subsequently by convenience sampling. Purposive sampling was used to recruit health facility managers. Quantitative data was analyzed using Statistical Package for Social Sciences (SPSS) version 25 and content analysis used to analyze qualitative data.

Results: Of the 195 participants, 79.5%(n=155) practiced PM with more focus on target setting 80.5%(n=157) and low attention to performance feedback 77.4%(n=151). There was moderate quality of healthcare services at 55.4%(n=108) offered by public health facilities with moderate level of client satisfaction at 65.1%(n=127) and low health service accessibility 44.1%(n=86) within the district. The study revealed a weak positive statistically significant relationship between PM and healthcare service delivery ($r=0.387^{**}$, $p<0.05$).

Conclusion: The PM has a weak influence on healthcare service delivery in Nwoya District with low performance feedback and moderate quality of healthcare services. The study recommends that health managers should provide performance feedback to health workers to enhanced PM to improve quality of healthcare services.

Key words: Performance Management, Healthcare Services, Nwoya district, Northern Uganda

DR. KABWERU WILBERFORCE M. MBA. PLANNING AND PERFORMANCE OF OPERATING THEATRES.

The performance of operating theatres is a key factor in health service delivery systems measured in terms of efficiency and quality of health services delivered. It is attributed to a number of factors like health systems policy, non-human resource allocation, funding at a strategic level, human resource, tactical management and operational level planning among others.

Therefore, this cross-sectional mixed methods study aimed to examine the relationship and effect of planning function of management on the performance of the main operating theatre at Mulago National Referral Hospital.

The study realized ninety-five (95) respondents, a response rate of 98% (95/97), whom 75.5% were in the most productive age of less than 45 years, skilled, knowledgeable, competent and experienced to manage the patients safely.

Majority of the respondents were not aware of the overarching hospital strategy, dedicated budget to main operating theatre, inadequate resources like the theatre nurses and anesthesia providers, equipment, instruments and limited wage bill for Mulago National Referral Hospital, at a strategic level.

Tactically, recurrent stock out of health supplies, poor maintenance and management of equipment, rampant uncoordinated staff transfers without replacement, lack of master surgical scheduling coupled with poor case mix due to lack of structured referral system.

Operationally, late coming of staff and opening of the main operating theatre as per the 8am-5pm single shift dilemma, many simple cases overwhelming Mulago's main operating theatre, ineffective coordination and communication between the diverse stakeholders.

The poor performance of main operating theatre, was highly attributed to strategic and tactical planning gaps due to lack of institutional policies compared to operational planning which showed the most significant predictor of variance in the performance of main operating theatre.

Strategically, Mulago Hospital had to establish, popularize and integrate its institutional strategic plan, policies, sort out its surgical referrals, lobby for more funding and other resources, to develop an appropriate master surgical schedule, improve surgical team HR scheduling, introduce multiple shifts in the main operating theatre and improve daily monitoring and control of sourcing for the medical and other supplies needed by the theatre.

There is a growing need for futile medical care globally due to increasing life support therapies, high burden of terminally ill patients, end of life care and the rampant severe trauma with acute life-threatening conditions.

This study aimed to explore awareness, practices and ethical issues encountered

by intensivists during the provision of futile medical care in the critical care units at tertiary hospitals in Kampala district.

This was a cross-sectional exploratory study that involved face -to-face in-depth interviews of 30 intensivists working in intensive care units in 12 tertiary hospitals within Kampala district. 90% (27/30) had a master's degree in Anesthesiology and Critical Care, and almost half had a working experience of five or more years. Data was analyzed thematically.

Futile medical care was perceived as non-beneficial, inappropriate, useless, misappropriated, resource wasteful venture. A number of ethical issues including failure to respect patients' wishes, interests, preferences and treatment refusal due to their diminished autonomy and intensivists suffered moral distress.

Multidisciplinary approach was central to shared decision making coupled with family conferencing were the legitimate communication channels for feedback between the different stakeholders. Diverse cultural connotations, disease severity and its prognostication, inadequate and irrational resource allocation and poor diagnostics, requests made by third parties like police and the state, diverse ICU models like open versus closed, inadequate institutional policies, lack of appropriate ethical and regulatory frameworks, which influenced the practice of the futility.

There were no standard national guidelines, written advance directives, institutional policies regarding futility, except the extracts from international guidelines. Socio-cultural connotation determined how futility was conducted. There were no hospital ethics committees in all facilities to deal with the ethical issues faced by intensivists while providing critical care. There was need for capacity building of both the healthcare providers and public at large to create community awareness. There was need to establish laws, hospital ethics committees to solve the ethical issues that emanate from clinical practice. Local research was needed to solve the rising ethical issues related to critical care practice inclusive of futility in this resource limited setting with diverse socio-cultural connotation.

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INFLUENCE OF PERFORMANCE MANAGEMENT ON HEALTHCARE SERVICE DELIVERY IN A DISTRICT LOCAL GOVERNMENT SETTING, UGANDA

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BACKGROUND: Performance management (PM) is a key concept in sustaining quality of care offered to clients in complex systems like the healthcare delivery system. Healthcare managers are mandated to regularly assess performance of its health workforce to ensure continuous provision of quality healthcare services. This study investigated the influence of PM on healthcare service delivery in public health facilities in Nwoya District, Northern Uganda.

METHODS: A descriptive mixed method study employing both quantitative and qualitative data collection approach was conducted. Quantitative data was collected from health workers and patients' attendants using self-administered questionnaires while qualitative data was collected from health facility managers using well-structured interview guide basing on goal setting and expectancy theories. The participants for quantitative data were selected using stratified proportionate random sampling then subsequently by convenience sampling. Purposive sampling was used to recruit health facility managers. Quantitative data was analyzed using Statistical Package for Social Sciences (SPSS) version 25 and content analysis used to analyze qualitative data.

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KEY WORDS: Performance Management, Healthcare Services, Nwoya district, Northern Uganda

HYPOALBUMINEMIA IN HIV-INFECTED PATIENTS: ITS DETERMINANTS AND CORRELATION WITH CD4 COUNT IN NORTHERN UGANDA

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SUBMISSION CATEGORY (CIRCLE) : Primary Research

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INTODUCTION: Hypoalbuminemia is linked to an earlier onset of acquired immune deficiency syndrome and increased mortality in patients living with HIV infection. A better understanding of hypoalbuminemia and its immune-virological correlations and associated factors can aid in identifying high-risk populations and tailoring interventions accordingly in PLWHIV.

METHODS : This hospital-based cross-sectional study used quantitative data of 373 HIV patients attending the ART clinic at LRRH from 1st October to 31st December 2024. Data were collected through structured interviews and laboratory tests in which the serum albumin concentration, viral load, and CD4 count were measured.

RESULTS/ DISCUSSION : The prevalence of hypoalbuminemia was 19.6% (73/373). A moderate positive correlation was observed between the serum albumin concentration and the CD4 count (rs=0.43, p<0.001). Patients with no formal education had greater odds [AOR=2.03, 95%CI=1.69--2.07, P=0.03] of hypoalbuminemia than those who had a tertiary/university education level. Naïve ART patients had higher odds of hypoalbuminemia [AOR=2.17, CI=1.80--3.06, P=0.02] than among those on ART. Additionally, patients with WHO HIV stage IV had higher odds of having hypoalbuminemia [AOR=2.91, CI=2.13--3.66, P=0.01] than those with WHO HIV stage I, II &III.

CONCLUSION : This study identified a high prevalence of hypoalbuminemia among PLWHIV. Higher risk observed among patients who were not on ART, those with no formal education, and those with WHO HIV stage IV. These findings underscore the potential benefits of routine serum albumin screening in PLWHIV. Therefore, this study suggests that serum albumin, being inexpensive and widely accessible, could serve as a valuable prognostic tool for monitoring immune status and disease progression, particularly in resource-limited settings.

ENDING MALARIA DEATHS IN CHILDREN IN UGANDA: WHAT CAN DOCTORS AND U.M.A DO?

DR RICHARD IDRO,

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Uganda has made tremendous progress in reducing malaria morbidity and deaths. In 2023, there were 2,793 reported malaria deaths and an estimated 15,945 estimated deaths. This is a greater than 80% reduction than in the 1990s. But still, there were 12.6 million cases with an incidence of 478 per 1000. This is unacceptable. The tools to reduce this burden and end malaria deaths are available. Doctors under the UMA can do much more. This paper will outline current evidence based malaria control interventions and discuss specific actions that doctors and the UMA can consistently take with every patient and public contact to drive down this morbidity and deaths.

RENAL TRANSPLANTATION IN UGANDA: EARLY EXPERIENCE AND OUTCOMES

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Affliation ; Mulago National Referral and Specialised Hospital

Background: Kidney transplantation remains the optimal treatment for End-Stage Renal Disease (ESRD), offering better survival, improved quality of life, and greater cost-effectiveness compared to long-term dialysis. Uganda performed its first kidney transplant only three years ago, marking a historic step toward establishing national capacity for renal replacement therapy. Understanding our early experiences is vital for improving outcomes and shaping the future of the program.

Objectives: To describe the criteria for donor and recipient selection, the transplant preparation process, donor–recipient demographics, and short-term clinical outcomes among patients who have undergone kidney transplantation in Uganda.

Methods: A retrospective review of 18 renal transplant patients was conducted using inpatient and outpatient follow-up records. Data were analyzed using descriptive statistics and summarized as proportions. Patients still admitted at the time of review were excluded.

Results: All transplants performed to date have used related living donors, predominantly male relatives—contrasting global trends where most donors are female. Donor follow-up has shown normal renal function and no major complications. Among recipients, one patient developed post-transfusion erythrocytosis and hypertension; two remain on antihypertensive therapy; six patients are clinically well with good graft function. Hypertension remains the leading cause of ESRD in our cohort.

Discussion: Although the numbers remain small, early outcomes from Uganda's kidney transplant program are encouraging. The predominance of male donors and the reliance on living-related transplants reflect sociocultural and logistical realities unique to our setting. Continued investment in local surgical capacity, donor evaluation, and long-term follow-up is critical for the sustainability of renal transplantation in Uganda.

Conclusion: Kidney transplantation in Uganda has proven feasible and life-saving. With structured protocols, local expertise, and institutional support, Uganda is steadily building a self-reliant and sustainable renal transplant program that promises better outcomes for patients with ESRD.

We believe everyone should have access to healthcare, no matter where they call home

Our objectives

TREATMENTS
Improve availability and affordability of quality medicines

MEDICAL TRAINING
Increase number of trained healthcare providers for patients and strengthened collaboration networks

SERVICES TO THE PATIENTS
Improve access to quality non communicable diseases care-related services through self-sustainable & scalable models

Impact: accessibility with Sanofi's trusted quality at its core

- New *accessible prices,* enabled by specific commercial model
- Same *quality* as Sanofi brand: same manufacturing process and manufacturing site, same formulation
- *QR code,* providing patients simplified access to *product information in their language*
- *A range of products,* will progressively become available under Impact brand

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