THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

# ANNUAL HEALTH SECTOR PERFORMANCE REPORT

## FINANCIAL YEAR 2019/20





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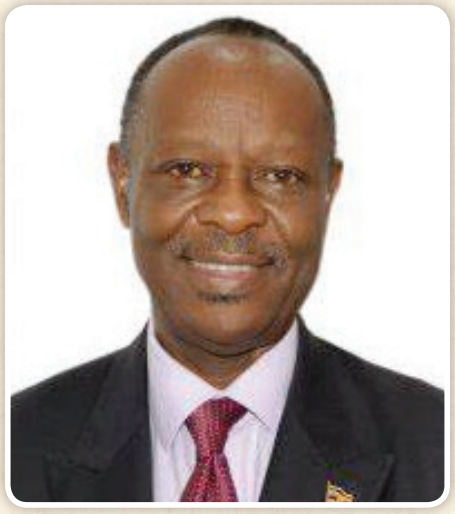

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| | |
|---|---|
| AAA | Automated Attendance Analysis |
| ACT | Artemisinin Combination Therapies |
| AHSPR | Annual Health Sector Performance Report |
| ANC | Ante Natal Care |
| ART | Anti-retroviral Therapy |
| ARVs | Antiretroviral Drugs |
| CAO | Chief Administrative Officer |
| CDC | Centres for Disease Control |
| CEmNOC | Comprehensive Emergency Neonatal and Obstetric Care |
| CHEW | Community Health Extension Worker |
| CHIS | Community Health Insurance Schemes |
| CHW | Community Health Worker |
| CLTS | Community Led Total Sanitation |
| COVID-19 | Corona Virus Disease 2019 |
| CPHL | Central Public Health Laboratories |
| CPR | Contraceptive Prevalence Rate |
| CSO | Civil Society Organization |
| CYP | Couple Years of Protection |
| DFID | Department for International Development |
| DHO | District Health Officer |
| DHT | District Health Team |
| DHMT | District Health Management Team |
| DLT | District League Table |
| DOTS | Directly Observed Treatment, short course (for TB) |
| DPT | Diphtheria, Pertussis (whooping cough) and Tetanus vaccine |
| EAC | East African Community |
| EHA | Enabling Health in Acholi |
| EID | Early Infant Diagnosis |
| EMHS | Essential Medicines and Health Supplies |
| CAO | Chief Administrative Officer |
| CEmONC | Comprehensive Emergency Obstetric and Neonatal Care |
| CHEW | Community Health Extension Worker |
| CLTS | Community Led Total Sanitation |
| CSO | Civil Society Organization |
| DRC | Democratic Republic of Congo |
| EID | Early Infant Diagnosis |
| eMTCT | Elimination of mother-to-child transmission of HIV |
| FP | Family Planning |
| FY | Financial Year |
| FUM | Follow Up Mandona |
| GAVI | Global Alliance for vaccines and Immunization |
| GBV | Gender Based Violence |
| GFTAM | Global Fund to fight TB, Aids and Malaria |
| GH | General Hospital |

| | |
|---|---|
| GoU | Government of Uganda |
| HC | Health Centre |
| HDP | Health Development Partners |
| HRIS | Human Resource Information System |
| HMIS | Health Management Information System |
| HPAC | Health Policy Advisory Committee |
| HPC | Health Professional Councils |
| HPV | Human Papilloma Virus |
| HRH | Human Resources for Health |
| HSD | Health Sub-District |
| HSDP | Health Sector Development Plan |
| HTI | Health Training Institution |
| IDSR | Integrated Disease Surveillance and Response |
| iCCM | Integrated Community Case Management |
| IEC | Information Education and Communication |
| iHRIS | Integrated Human Resource Information System |
| IMAM | Integrated Management of Acute Malnutrition |
| IMCI | Integrated Management of Childhood Illness |
| IMR | Infant Mortality Rate |
| IPT | Intermittent Preventive Treatment for malaria |
| IRS | Indoor Residual Spraying |
| ITNs | Insecticide Treated Nets |
| JICA | Japan International Cooperation Agency |
| JMS | Joint Medical Stores |
| JRM | Joint Review Mission |
| KCCA | Kampala City Council Authority |
| KOICA | Korea International Agency for Cooperation |
| LG | Local Government |
| MakSPH | Makerere University School of Public Health |
| MDR | Multi-drug Resistant |
| MMR | Maternal Mortality Ratio |
| MoES | Ministry of Education and Sports |
| MoFPED | Ministry of Finance, Planning and Economic Development |
| MoGLSD | Ministry of Gender, Labour and Social Development |
| MoH | Ministry of Health |
| MoPS | Ministry of Public Service |
| MOU | Memorandum of Understanding |
| MPDSR | Maternal Perinatal Death Surveillance & Review |
| MTEF | Medium Term Expenditure Framework |
| NCD | Non Communicable Diseases |
| NCRI | National Chemotherapeutic Research Institute |
| NDA | National Drug Authority |
| NDC | National Disease Control |
| NGOs | Non-Governmental Organizations |
| NHIS | National Health Insurance Scheme |
| NHP | National Health Policy |

| | |
|---|---|
| NMCP | National Malaria Control Program |
| NMR | Neonatal Mortality Rate |
| NMS | National Medical Stores |
| NTDs | Neglected Tropical Diseases |
| NTLP | National Tuberculosis and Leprosy Control Program |
| ODF | Open Defecation Free |
| OPD | Out Patients Department |
| PHC | Primary Health Care |
| PLWHA | People Living With HIV/AIDS |
| PMTCT | Prevention of Mother to Child Transmission |
| PNFP | Private Not for Profit |
| PPH | Post-Partum Haemorrhage |
| PPPH | Public Private Partnership for Health |
| RBF | Results Based Financing |
| RMNCAH | Maternal and Child Health |
| RRH | Regional Referral Hospital |
| SDGs | Sustainable Development Goals |
| SGBV | Sexual and Gender Based Violence |
| SMC | Senior Management Committee |
| SPHU | Strategic Purchasing for Health |
| STI | Sexually Transmitted Infection |
| SUO | Standard Unit of Output |
| TB | Tuberculosis |
| TMC | Top Management Committee |
| TSR | Treatment Success Rate |
| TWG | Technical Working Group |
| UBOS | Uganda Bureau of Statistics |
| UBTS | Uganda Blood Transfusion Services |
| UCI | Uganda Cancer Institute |
| UDHS | Uganda Demographic and Health Survey |
| UHC | Universal Health Coverage |
| UHI | Uganda Heart Institute |
| UNEPI | Uganda Expanded Program on Immunization |
| UNFPA | United Nations Fund for Population Agency |
| UNICEF | United Nations Children's Fund |
| UNMHCP | Uganda National Minimum Health Care Package |
| UNRHO | Uganda National Health Research Organization |
| URMCHIP | Uganda Reproductive Maternal Child Health Improvement Project |
| USAID | United States Agency for International Development |
| USF | Uganda Sanitation Fund |
| UVRI | Uganda Virus Research Institute |
| VHF | Viral Haemorrhagic Fever |
| VHT | Village Health Team |
| VL | Viral Load |
| WHO | World Health Organization |

# FOREWORD

The health sector has implemented the final year of the Health Sector Development Plan and with the goal: ***'To accelerate movement towards Universal Health Coverage with essential health and related services needed for promotion of a healthy and productive life'.*** In line with statutory requirements, Government reviews the annual performance of the health sector in order to assess progress on agreed outputs, performance of the health sector and come up with strategies and recommendations on how to improve health care service delivery.

The Annual Health Sector Performance Report for Financial Year 2019/20 reports on the progress of the health sector against the annual work plans as well as the overall health sector performance against the annual targets of the HSDP key performance indicators. This report shall be presented to stakeholders at the 26th Joint Review Mission in which the sector shall specifically review what has been achieved, what has not been achieved and the reasons why the set targets have not been achieved. The review shall guide future planning and programming and help to refocus priorities towards achieving the NDP III and SDG targets.

The Ministry of Health recognizes the contributions of the relevant Ministries, Departments and Agencies, Health Development Partners, the Civil Society Organizations, the Private Sector and the Community in the achievement of progress in financial year 2019/20, and the entire five years of the HSDP I. I would also like to commend the strong partnership and collaboration exhibited by the entire nation and Development Partners during the final months of the year when the whole world had to respond to the COVID-19 pandemic. This needs to be sustained for the sector to maintain its gains over the last 5 years.

Improvements in performance were made possible by the commitment of health providers and health workers in the public and private sector, working under sometimes difficult conditions especially in the hard to reach districts in the country. I commend the dedicated and productive health workers and implore and appeal to those who are not dedicated to work ethics in the health sector to improve so that the country's health indicators move to acceptable levels.

I would like to appreciates all who have contributed to the compilation of this annual report and all partners who have provided financial and technical support during the preparation of this Annual Health Sector Performance Report and preparation for the 26th Joint Review Mission. Special gratitude to the MoH Planning Department that ensured that this annual report was compiled and presented as required.

For God and My Country

Hon. Dr. Aceng Jane Ruth Ocero
**MINISTER OF HEALTH**

# EXECUTIVE SUMMARY

The Annual Health Sector Performance Report highlights progress, challenges, lessons learnt and proposes mechanisms for improvement. The report focuses on the progress in implementation of commitments in the Ministerial Policy Statement, overall sector performance against the targets set for the Financial Year (FY) 2019/20, and trends in performance for selected indicators over the previous FYs. The compilation process was participatory with involvement of all the Sector Departments, semi-autonomous institutions, partners through the Technical Working groups, Senior Management Committee, Health Policy Advisory Committee and Top Management.

## Data

The report focuses on the key indicators for monitoring performance of the HSDP 2015/16 - 2019/20 which are linked with the monitoring of the second National Development Plan (NDP II) and international initiatives such as the Sustainable Development Goals (SDGs). The report is based on the health facility and district reports gathered as part of the routine Health Management Information System (HMIS), administrative sources, program data and surveys. Generation of output indicators for this report largely utilized data from the DHIS2. Coverage estimates for the routine HMIS indicators uses the UBOS 2019 mid-year population projection which is 41,737,156 including refugees.

## Service coverage

The sector realized an increase in the number of adults and children on ART and achieved 89% coverage (1,241,509/1,400,000) from 86% (1,198,445/1,393,445. The HSDP target of 80% was achieved.

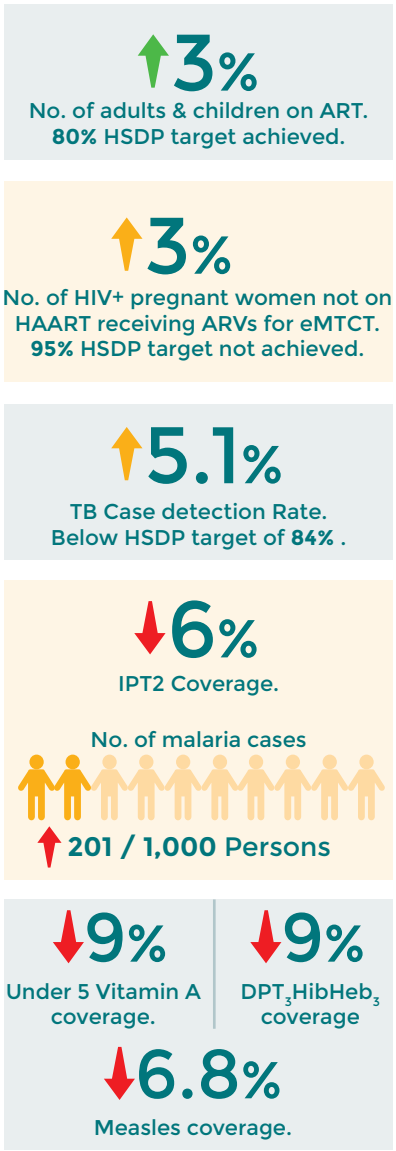
HIV positive pregnant women not on HAART receiving ARVs for eMTCT during pregnancy, labour, delivery and postpartum increased to 94% (30,113/32,036) from 91% (29,475/32,485) in 2018/19 short of the HSDP target of 95%.

TB Case Detection Rate increased by 5.1% to 82% in 2019/20 from 78% and still below the HSDP target of 84%. Of the target incident 71,740 cases, 86% (62,288) were notified, majority 93.8% (58,438/62,288) of the cases were new, without history of TB treatment while 6% (3,763/62,288) were relapses and the rest had a treatment history unknown.

$IPT_2$ coverage for pregnant women declined to 60% from 66% in 2018/19. Inpatient malaria deaths at health facilities increased significantly by 82% to 15 per 100,000 persons from 8.3 per 100,000 in FY 2018/19 far above the HSDP target of 5 per 100,000. Similarly, the number of malaria cases per 1,000 persons significantly increased to 201 per 1,000 persons compared to 14 per 1,000 in 2018/19. Up to 93% of the patients diagnosed with malaria were Laboratory confirmed compared to 85% the previous year.

The under-five Vitamin A coverage further declined by 9% to 21.4% from 30% in 2018/19 and is far below the HSDP target of 66%. $DPT_3HibHeb_3$ coverage declined from 96% in 2018/19 was at 87%, this not achieving the HSDP target of 95%. Similarly, measles coverage declined by 6.8% to 82% from 88%.

The Bed Occupancy Rate aggregated for all hospitals and HC IVs declined to 59% from 61%. National Referral Hospitals had a BOR of 106% from 99%, RRHs and the Large PNFP hospitals had BOR of 69% which is a decline from 76% in FY 2018/19 and similarly the general hospitals BOR declined



to 50% from 53%. BOR at the HC IVs increased to 55% in FY 2018/19 from 51%. The decline in admission at the hospitals is largely due to COVID-19 as a result of the lock down and fear of the population to utilize hospitals which were working as Covid Treatment centres, but could also be due to the user's perception of services. The ALoS for all hospitals and HC IVs remained 4 days as in the previous FY and HSDP target of 3 days was not achieved.

↓2%
Bed Occupancy Rate (BOR)

There was a slight (1.9%) increase in the Couple Years of Protection to 3,835,235 in FY 2019/20 from 3,222,372 in FY 2018/19 falling short of the HSDP target of 4.7 million.

↑1.9%
Couple Years of Protection.
**4.7m** HSDP target not achieved.

Antenatal care (ANC) coverage for the fourth visit stagnated at 42% (870,394/2,079,180) short of the HSDP target of 47.5%.

→0%
ANC coverage (4th visit) stagnated.
**47.5%** HSDP target not achieved.

A total of 1,186,168 (59%) out of the expected 2,016,805 deliveries were conducted at health facility deliveries. This was a decline from 62% in FY 2018/19 and far below the HSDP target 89%. At institutional level, HC IIIs conducted 41% of the deliveries an increase from 39%, followed by HC IVs (19% from 17%) and General Hospitals (18% from 19%). It is worth noting that 11% of deliveries were conducted at HC IIs and 2% at clinics.

↓3%
HF deliveries.
**89%** HSDP target not achieved.

The proportion of HC IVs offering CEmOC services (Caesarean Section (C/S) and blood transfusion) increased by 8.5% to 51% (103/203) in 2018/19 from 47% (90/190) in 2018/19. The proportion of HC IVs conducting C/S including those without blood transfusion services remained at 81% (166/203).

↑8.5%
Proportion of HCIVs offering CEmOC Services

## Access to Health Care Services

New OPD utilization rate increased by 10% to 1.1 from 1.0 in 2018/19 however, the HSDP target of 1.5 was not achieved. The monthly OPD attendance trends show an increase in the first half of the year in comparison to the previous year, however there was a decline in the second half and more so in April 2020. This is more evident in the re-attendances which are usually patients on chronic care.

↑10%
New OPD utilization rate.
**1.5** HSDP target not achieved.

Hospitals admissions reduced to 7.2 per 100 in 2019/20 from 7.3 per 100 population in 2018/19. The target of 10 per 100 was not achieved. In-patient admissions showed the greatest reduction in utilization and this may be because the community may not be comfortable to access the health facilities for fear of Covid-19 exposure.

Hospital admissions
↓7.2/100
**10 per 100** target not achieved.

## Essential Medicines & Health Supplies

The percentage of health facilities having over 95% availability of a basket of commodities dropped to 46% in 2019/20 from 53% in 2018/19 far below the HSDP target of 75%. Percentage of health facilities with over 95% availability for EMHS was 49%, ARVs 33%, TB drugs 67%, Laboratory commodities 46% and RMNCAH commodities 33%.

Proportion of facilities with over 95% availability of a basket of commodities
↓7%
**75%** HSDP target not achieved.

## Quality of Care

In respect to quality of care, the facility based fresh still births (per 1,000 deliveries) stagnated at 9 per 1,000 deliveries surpassing the HSDP target of 11/1,000. The number of maternal deaths per 100,000 health facility deliveries increased by 7.6% to 99 per 100,000 from 92 per 100,000 in

Facility based fresh still births (per 1,000 deliveries) stagnated
→9/1000
HSDP target **11/1000 deliveries** surpassed.

2018/19 falling short of the HSDP target of 98/100,000. Deliveries in facilities and maternal deaths do not reveal any big difference during the period of March 2020, April 2020 and May 2020.

A total of 1,192 maternal deaths were reported through the HMIS compared to 1,083 in FY 2018/19. Maternal death notification improved to 72% (853/1,192) in FY 2019/20 from 59% (616/1,083). Maternal death review also improved to 66% (775/1,192) from 51% (553/1,083) and achieved the HSDP target (65%).

A total of 28,174 perinatal deaths were reported. Perinatal death notification improved to 35% in 2019/20 from 20% the previous year. 2,744 out of the 28,174 reported perinatal deaths (9.7%) were reviewed, an increase from 3.8% (1,054/27,926) in FY 2018/19.

The rate of under five deaths among 1,000 under 5 admissions increased by 4% to 24 per 1,000 admissions compared to 23 per 1,000 in 2018/19. The HSDP target of 16 per 1,000 has not been achieved.

ART retention increased to 78% in 2018/19 from 76% and still far from the 90:90:90 target.

TB treatment success rate increased by 8.3% to 78% from 72% in FY 2018/19 and is still far below the HSDP target of 90%. The rates of treatment failure have been largely below 1% for most of the regions except Mbale that had rates above 1% for all the 4 quarters. The treatment success rate improved from 64% for the 2016 cohort to 76% for the 2017 cohort. Treatment failure was 2% while deaths reduced from 19% to 14% and lost to follow up also dropped from 15% to 8%.

↑7.6%
Maternal deaths

↑15%
Perinatal death notification

↑4%
Under five deaths among 1000 under five admissions

ART rentention
↑2%
Target is **90:90:90**

↑8.3%
TB treatment success rate
**90%** HSDP target not achieved.

## Health Risks and Social Determinants

Sanitation coverage increased slightly to 78% from to 77% in FY 2018/19. Overall the population having access to basic hygiene (practicing hand washing with soap) was at 41.9% from 36.2% in 2018/19, with highest coverage being reported in Lango and Acholi sub-regions both at 61%.

Health facilities with sanitary facilities stand at 94.6% as usable. 31% had access to Basic sanitation services, thus 63.6% had limited sanitation services. Basic hand hygiene service levels were reported as 86.5% a significant increase from 74% as reported last year. Only 44.2% facilities had access to basic service for HCWM levels, while 87.5% had access to limited service levels.

Pupil toilet stance ratio is 72:1 against the standard of 45:1 for day schools and 25:1 for boarding schools, while hand washing coverage in schools was at 57%. Only 21% of schools had facilities to cater for Menstrual Hygiene.

↑1%
Sanitation coverage

94.6%
HF with sanitary facilities

↑12.5%
Basic hand hygiene

57%
WASH coverage in schools

## HMIS Reporting

Timeliness of monthly OPD reporting declined to 85% in 2019/20 compared to 97.5% in 2018/19 largely due to the district involvement in the COVID-19 response and the lock down restrictions. However, completeness of reporting was 97%.

Timeliness of Monthly OPD Report
↓12.5%

A total of 104 districts (76%) submitted quarterly VHT/ICCM reports. Timeliness of the VHT / ICCM Quarterly reports was only 22% and completeness of the expected reports was 44%.

## Human Resource

The public health sector staffing level against the approved posts declined to 73% (47,932/65,271) in 2019/2020 FY from 76% in 2018/19. The HSDP target of 80% was not achieved.

Public health sector staffing against approved posts

↓3%

Overall, the stock of qualified health professionals available for employment in the health sector increased from 107,284 in FY 2018/2019 to 114,740 in FY 2019/2020. This is attributed to government commitment to attract and retain a competent health workforce in Uganda.

## Health Financing

The health sector budget increased by 9.1% to Ug. Shs 2.589 trillion from Ug. Shs. 2.373 trillion in FY 2018/19 though it remained at 7.2% of the total national budget. Increase was majorly for the enhancement of salaries for medical workers and inflows from external funding. Of the Ug. Shs. 2.589 trillion 57% was from GoU funding and 43% external funding. Overall, 89% (Ug. Shs. 2.4 trillion) of the budget was released compared to 80% in the previous FY. All sector votes received about 100% of their budget except the MoH Headquarters at 77% compared to 60% in FY 2018/19. There was improvement in the release patterns for previously low performing externally financed projects like GAVI, GFTAM and URMCHIP. The overall budget absorption rate for the health sector stood at 96% despite the COVID-19 restrictions. This is largely attributed to the remarkable performance of externally funded projects at 91% from 84% the previous year.

Health sector budget

↑9.1%

→7.2%

Total national budget

## Health Infrastructure

Investments in health infrastructure has continued and this included construction of new and rehabilitation of old infrastructure at various levels, procurement and maintenance of medical equipment and hospital furniture; installation and maintenance of solar lighting, improvement of operations and maintenance of health infrastructure in some districts.

Examples of major infrastructure development projects during 2019/20 were; completion and commissioning of the Regional Hospital for Paediatric Surgery in Entebbe, completion of the rehabilitation and equipping of Kawolo and Kayunga hospitals; completion of the upgrading of the 124 HC IIs to IIIs and commencement of works for upgrading of an additional 62 HC IIs to HC IIIs. Infrastructure upgrade at Kyegegwa HC IV and Bisozi HC IV under DRDIP.

## District League Table Performance

There was a decline in the overall DLT score by 7.4% to 69% from 73.4% in FY 2018/19. Significant improvement was registered in maternal deaths reviewed from 51% to 66% and patients diagnosed with malaria that are laboratory confirmed from 85.3% in 2018/19 to 92%. Timeliness in PBS reporting declined by 51%, monthly reports sent on time also reduced by

13% and approved posts filled reduced by 9%. The top ten best performing districts in FY 2018/19 are; Bushenyi (82.4%), Nebbi (81.9%), Ngora (81.3%) Gulu (81.3%), Kabale (80.6%), Jinja (80.4%), Kanungu (79.9%), Zombo (79.8%), Maracha (78.9%) and Sheema (78.9%). The bottom ten districts are Pader (62.2%), Buvuma (62.1%), Bukomansimbi (61.7%), Nakapiripirit (60.6%), Adjumani (60.3%), Moroto (59.3%), Namutumba (59.3%), Nabilatuk (57.7%), Amudat (49.5%) and Karenga (46.3%).

The most improved district between 2018/19 and 2019/20 FY was Manafwa with 20% positive change in score followed by Bugweri with 13%, Sironko 12% and Kakumiro 11% improvement change. Only Kiruhura and Apac districts registered no change in the DLT score. The number of districts which declined in performance doubled to 76 in 2019/20 from 38 in 2018/19 FY.

## National, Regional Referral & Large PNFP Hospital Performance

In FY 2019/20, Kawempe, Kiruddu and Naguru were operationalized as National Referral Hospitals to decongest Mulago, the Mulago Specialized Women and Neonatal Hospital was also operationalized and Entebbe General Hospital was upgraded to RRH.

The C/S rate, maternal death risk and fresh still birth risk indicators were analyzed to determine the quality of care in the RRHs. The number of deliveries in the 21 hospitals (excluding Mulago NRH and Kiruddu NRH) assessed reduced by 4% from 139,466 in FY 2018/19 to 134,503 in FY 2019/20. The number of C/S also reduced by 7% from 49,369 in 2018/19 to 45,806 in 2019/20 FY resulting in a reduction of the average C/S rate per delivery in these hospitals reduced to 34% in 2019/20 from 35% in 2018/19 FY.

The reported number of maternal deaths at the 21 hospitals was 496 in 2019/20 FY compared to 424 in 2018/19. Kawempe NRH had the highest number of maternal deaths at 116 deaths, followed by Hoima (46), Masaka (38), Fort Portal (37) and Mbale RRH (33).

A total of 2,624 FSBs were reported in the NRHs, RRHs and Large PNFP Hospitals. Kawempe NRH had the highest number of FSBs (520) followed by Hoima RRH (278), Mbale RRH (247) and Mubende RRH (232).

## General Hospital Performance

A total 175 general hospitals were analyzed compared to 132 in 2018/19 FY. This was because of increased reporting in the DHIS especially from the private hospitals and the 6 newly upgraded public HC IVs to hospitals in FY 2019/20. The total SUO for the General Hospitals increased by only 6% to 20,441,585 from 19,347,826 the previous FY. There was a significant increase in major surgeries by 43% and total Family Planning visits by 28% however, there was a decline in the postnatal attendances by 25%.

Iganga General Hospital has the highest SUO of 518,696 followed by Kawolo Hospital with 424,792 score. Performance of a number of private hospitals is very low due to no or incomplete reporting. In FY 2019/20, there was a 3% reduction in the number of deliveries and 3.4% reduction in the number of Caesarean sections as well. The C/S rate did not change from 29% as in the previous FY. Fresh still births increased by 2.6% to 3,187 in FY 2019/20 whereas the FSB risk remained 15 per 1,000 deliveries. The number of macerated still births reduced by 13.7%. The number of maternal deaths reduced by 17.8% from 416 in FY 2018/19 to 342 in 2019/20. There were 16,847 hospital beds in the 174 hospitals assessed, with 776,835 admissions reported. Overall BOR at the hospital level was 50% and ALoS of 4 days.

## Health Centre IV Performance

The number of HC IVs reporting increased to 223 from 192 in 2018/19 FY. This excludes the 6 HC IVs that were upgraded to hospitals and includes the 10 HC IIIs that were upgraded to HC IVs and 24 private health facilities that did not report regularly through the DHIS-2 in the previous year. There was only 4% increase in the total SUO for HC IVs to 15,264,466 from 14,656,326 in FY 2018/19. Kyangwali HC IV ranked number one, followed by Busiu HC IV, St. Paul HC IV, Yumbe HC IV, Kumi HC IV and Serere HC IV. There were 7,500 hospital beds in the 224 HC IVs assessed, with 594,658 admissions reported. Overall BOR at the HC IV level was 55% and ALoS of 2 days.

## Conclusion

By the FY 2019/20, the health sector has been able to achieve HSDP targets for only 5 out of the 42 (9.5%) HSDP indicators namely; ART Coverage (89%), Couple Years of Protection, Population living within 5 km of a health facility (86%), Maternal deaths reviews (66%), Facility based fresh still births (9 per 1,000 deliveries)

Remarkable progress was realized in 7 out of the 42 (17%) indicators namely; ART retention (78%), HIV+ pregnant women not on HAART receiving ARVs for eMTCT during pregnancy, labour, delivery and postpartum (94%), TB Case Detection Rate (82%), malaria cases per 1,000 persons per year (201/1,000), $DPT_3HibHeb_3$ coverage (87%), maternal deaths among 100,000 health facility deliveries (99/100,000) and sanitation coverage (78%), although the annual HSDP targets were not met. The slowing down or reversal of progress in these indicators can be attributed to risks like the heavy rains and floods over the past one year and Covid-19 pandemic in addition to other health system issues including inadequate funding.

For the remaining 19 indicators (57%), there has been minimal, no progress or decline in performance over the 5 years and are far from the HSDP target. There is need to ascertain the cause of the very slow or no progress in these indicators and reprogram to achieve the UHC agenda.

Progress in 11 of the indicators (26%) has not yet been ascertained because the source of data from surveys like the National Health Accounts study and UDHS which were not undertaken by the end of the FY.

# 1 INTRODUCTION

## 1.1 Background

The Annual Health Sector Performance Report (AHSPR) is an institutional requirement compiled to highlight progress, challenges, lessons learnt and propose ways of moving the health sector forward in relation to the National Development Plan (NDP), National Health Policy, and the National Health Strategy. This report is the fourth annual report for the Health Sector Development Plan (HSDP) 2015/16 - 2019/20. The report mainly focuses on the progress in implementation of the annual work plans for the different health sector institutions as well as overall health sector performance against the HSDP key performance indicator targets set for the FY 2019/20, performance of the Districts as per the District League Tables and performance of the Health Center (HC) IVs using the Standard Unit of Outputs (SUO). The sector performance will be deliberated upon during the 26th Joint Review Mission (JRM) slated for 21st to 22nd October 2020. The outcomes of the sector performance review are expected to guide planning and programming for the next FY 2021/22.

## 1.2 Vision, Mission, Goal and Strategic Objectives of the HSDP 2015/16 – 2019/20

### 1.2.1 Vision

The vision of Uganda's health sector is to have a healthy and productive population that contributes to economic growth and national development.

### 1.2.2 Mission

The mission of the sector is to facilitate the attainment of a good standard of health by all people of Uganda in order to promote a healthy and productive life.

### 1.2.3 Goal

The sector's goal as stipulated in the HSDP is to accelerate movement towards Universal Health Coverage (UHC) with essential health and related services needed for promotion of a healthy and productive life.

### 1.2.4 Strategic Objectives

The overall strategic direction for the sector is provided by the strategic objectives of the HSDP which are;

i. To contribute to production of a healthy human capital for wealth creation through provision of equitable, safe and sustainable health services.

ii. To address the key determinants of health through strengthening inter sectoral collaboration and partnerships.

iii. To increase financial risk protection of households against impoverishment due to health expenditures.

iv. To enhance the health sector competitiveness in the region and globally.

## 1.3 The Projected Demographics for FY 2019/20

The population for the period under review has been projected from the Uganda Bureau of Statistics (UBOS) National Population and Housing Census 2014 using a growth rate of 3%. The projected figures are shown in Table 1.

### TABLE 1: POPULATION PROJECTIONS FOR FY 2019/20

| Demographic Variables | Proportion | Population |
|---|---|---|
| Total population | 100% | 41,583,600 |
| Males | 49.1% | 20,417,548 |
| Females | 50.9% | 21,166,052 |
| Children under 1 year | 3.7% | 1,538,593 |
| Children under 5 years | 17.3% | 7,193,963 |
| Children below 18 years | 53.1% | 22,080,892 |
| Adolescents and youth (young people) (10 –24 years) | 35.1% | 14,595,844 |
| Expected pregnancies | 5% | 2,079,180 |
| Women of reproductive age (15 - 49 years) | 48.3% | 20,084,879 |

*UBOS Mid-year population projections 2019*

The new refugee population estimated at 153,556 refugees into the country in FY 2019/20 was factored into the district populations giving a total service coverage population of 41,737,156 for the year.

## 1.4 The process of compiling the report

The process of compiling the AHSPR was highly participatory with all departments and programs of MoH. The initial drafts were compiled by Technical Working Groups (TWGs) composed of MoH, Health Department Partners (HDP), Private Sector, Medical Bureau and Civil Society representatives, and collated by MoH Planning Department secretariat for writing the report.

Information used for compiling the report was both quantitative and qualitative and consisted principally of data generated from the MoH Health Management Information System (HMIS) - District Health Information Software Version 2.3 (DHIS 2.3) supplemented by;

i. Ministerial Policy Statement (MPS) 2019/20

ii. Annual Health Sector Performance Report 2018/19

iii. Quarterly progress reports for the FY 2019/20

iv. Quarterly financial reports (PBS) FY 2019/20

v. Program and project reports

A total of 6,904 health facilities were entered into the DHIS-2 from the Master Facility List of 2018 and were all expected to report regularly. Reporting rate is still very low from the lower level private health facilities (Table 2).

### TABLE 2: HEALTH FACILITIES CODED FOR REPORTING THROUGH THE DHIS-2

| Level | Number in Master Facility List 2018 | | | | Number Reporting through DHIS.2 in 2019/20 | | | |
|---|---|---|---|---|---|---|---|---|
| | Public | PNFP | Private | Total | Public | PNFP | Private | Total |
| National (NRH) | 2 | 0 | 0 | 2 | 5 | 0 | 0 | 5 |
| Regional Referral Hospitals | 14 | 0 | 0 | 14 | 14 | 0 | 0 | 14 |
| General Hospitals | 50 | 69 | 44 | 163 | 55 | 70 | 51 | 176 |
| HC IVs | 175 | 22 | 24 | 221 | 180 | 23 | 25 | 228 |
| HC IIIs | 1,002 | 325 | 245 | 1,572 | 1,041 | 338 | 213 | 1,592 |
| HC IIs | 1,880 | 521 | 956 | 3,357 | 1,816 | 717 | 1,126 | 3,659 |
| Clinics | 6 | 45 | 1,524 | 1,575 | 86 | 81 | 394 | 561 |
| **Total** | **3,129** | **982** | **2,793** | **6,904** | **3,194** | **1,229** | **1,809** | **6,232** |

*Source: MoH DHIS-2*

# Overall Sector Performance and Progress

This chapter highlights an overview of the sector performance of FY 2019/20. It focuses on the performance indicators enshrined in the HSDP 2015/16 – 2019/20, MPS of FY 2019/20 and annual work plans from different departments and institutions in the sector.

## 1.5 Disease Burden

The MoH routinely monitors the disease burden in the country using the HMIS which captures data from both public and private health facilities in the country.

### 1.5.1 Common Conditions in OPD Attendance

Malaria was still the leading condition among all OPD diagnoses for all ages accounting for 29.8% of all OPD attendances followed by no pneumonia (cough or cold) at 18.1%, urinary tract infections and intestinal worms at 4.7%. The number of malaria cases increased by 42% from 10,483,412 in 2018/19 to 14,904,773 in 2019/20. (Table 3).

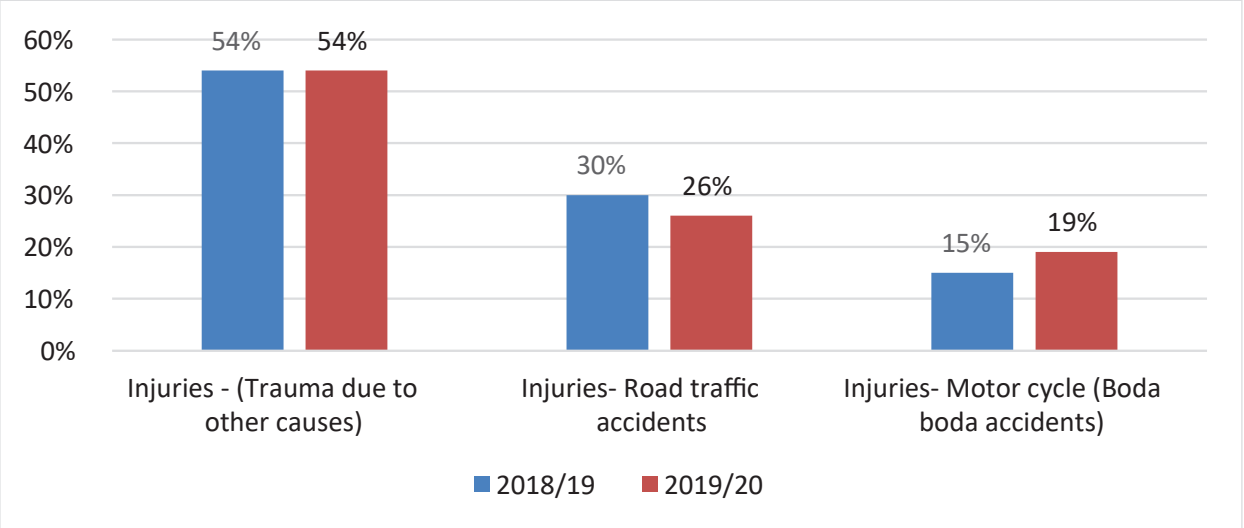
**TABLE 3: TOP DISEASE CONDITIONS AMONG OPD ATTENDANCES IN FY 2019/20**

| Diagnosis | Under 5 Years | | | 5 Years and above | | | Total | % |
|---|---|---|---|---|---|---|---|---|
| | M | F | Total | M | F | Total | | |
| Malaria | 1,721,367 | 1,869,812 | 3,591,179 | 4,383,566 | 6,930,028 | 11,313,594 | 14,904,773 | 29.8 |
| Cough or cold | 1,150,423 | 1,286,012 | 2,436,435 | 2,514,539 | 4,106,559 | 6,621,098 | 9,057,533 | 18.1 |
| UTIs | 52,739 | 46,403 | 99,142 | 693,137 | 1,564,384 | 2,257,521 | 2,356,663 | 4.7 |
| Intestinal Worms | 218,746 | 180,311 | 399,057 | 481,436 | 1,480,841 | 1,962,277 | 2,361,334 | 4.7 |
| Gastro-Intestinal Disorders | 70,583 | 64,860 | 135,443 | 527,993 | 1,142,483 | 1,670,476 | 1,805,919 | 3.6 |
| Skin Diseases | 261,530 | 250,099 | 511,629 | 438,323 | 598,143 | 1,036,466 | 1,548,095 | 3.1 |
| Diarrhoea - Acute | 353,837 | 366,261 | 720,098 | 266,620 | 323,610 | 590,230 | 1,310,328 | 2.6 |
| Pneumonia | 254,140 | 245,733 | 499,873 | 201,578 | 330,482 | 532,060 | 1,031,933 | 2.1 |
| Hypertension | - | - | - | 283,974 | 400,993 | 684,967 | 684,967 | 1.4 |
| Dental Caries | 12,719 | 25,916 | 38,635 | 302,694 | 365,850 | 668,544 | 707,179 | 1.4 |
| Other Eye Conditions | 131,064 | 83,986 | 215,050 | 183,718 | 253,387 | 437,105 | 652,155 | 1.3 |
| Other STIs | - | - | - | 250,336 | 375,989 | 626,325 | 626,325 | 1.3 |
| Injuries (Trauma due to other causes) | 27,273 | 27,052 | 54,325 | 240,557 | 269,983 | 510,540 | 564,865 | 1.1 |
| Pelvic Inflam. D'se | - | - | - | 7,369 | 493,383 | 500,752 | 500,752 | 1.0 |
| Other ENT conditions | 29,933 | 33,079 | 63,012 | 113,649 | 177,479 | 291,128 | 354,140 | 0.7 |
| Epilepsy | 8,572 | 19,572 | 28,144 | 120,026 | 166,122 | 286,148 | 314,292 | 0.6 |
| Diabetes Mellitus | 229 | 308 | 537 | 103,214 | 150,734 | 253,948 | 254,485 | 0.5 |
| All Others | 1,003,893 | 785,738 | 1,789,631 | 4,290,960 | 4,879,391 | 9,170,351 | 10,959,982 | 21.9 |
| **Total** | **5,297,048** | **5,285,142** | **10,582,190** | **15,403,689** | **24,009,841** | **39,413,530** | **49,995,720** | **100** |

### 1.5.2 Injuries

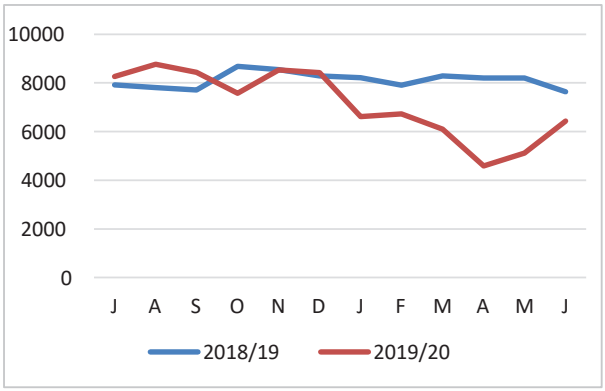
Trauma due to other causes including domestic violence has been cited as a major concern during the Covid-19 pandemic however, we were not able to analyze the current data in the DHIS2.3 as it is not disaggregated as such. Overall, among the OPD attendances, trauma due to other causes remained at 54% of all injuries, whereas injuries due to RTAs declined to 26% from 30% of all injuries and injuries due to motorcycles increased to 19% from 15% (Figure 1).

## FIGURE 1: CAUSES OF INJURIES AMONG OPD ATTENDANCES IN FY 2018/19 AND 2019/20

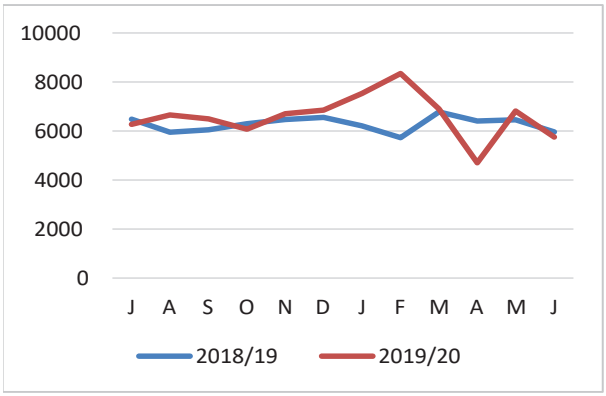



There was marked reduction in RTAs in the months of March, April and May 2020 as a result of the COVID-19 lockdown measures (Figure 2). However, injuries due to motorcycle accidents declined largely in the month of April and then increased again in the month of May 2020. (Figure 3).

## FIGURE 2: OPD ATTENDANCES DUE TO RTA IN FY 2019/20




## FIGURE 3: INJURIES DUE TO MOTORCYCLE IN OPD IN FY 2019/20




*Source: MoH HMIS*

## 1.5.3 Conditions Leading to Admissions

In FY 2019/20, malaria was the commonest condition among hospital admissions for all ages accounting for 34.9% of all admissions, followed by pneumonia at 6.2% and anaemia at 4.2%. Pneumonia was still ranking as the second commonest condition among the admissions among under-fives followed by anaemia. In the population aged above 5 years, Urinary Tract Infections (UTIs) were the second commonest condition followed by injuries (Table 4).

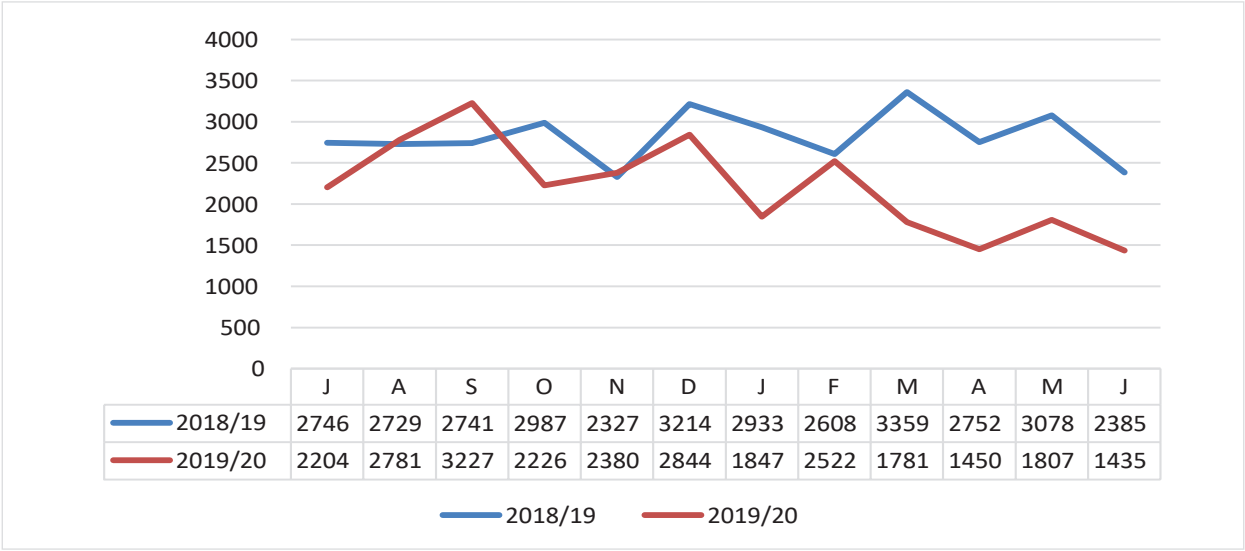
### TABLE 4: LEADING CAUSES OF ADMISSIONS IN FY 2019/20

| Diagnosis | Admissions under 5 years | | | Admissions above 5 years | | | Total | % |
|---|---|---|---|---|---|---|---|---|
| | Male | Female | Total under 5 | Male | Female | Total above 5 | | |
| Malaria | 193,332 | 173,457 | 366,789 | 143,219 | 212,671 | 355,890 | 722,679 | 34.9% |
| Pneumonia | 50,030 | 42,189 | 92,219 | 15,998 | 20,313 | 36,311 | 128,530 | 6.2% |
| Anaemia | 25,348 | 21,671 | 47,019 | 18,136 | 20,953 | 39,089 | 86,108 | 4.2% |
| Septicemia | 18,689 | 16,300 | 34,989 | 11,640 | 15,716 | 27,356 | 62,345 | 3.0% |
| Diarrhoea - Acute | 23,762 | 20,781 | 44,543 | 6,884 | 9,241 | 16,125 | 60,668 | 2.9% |
| UTI | 2,472 | 1,870 | 4,342 | 12,963 | 42,102 | 55,065 | 59,407 | 2.9% |
| Injuries (Trauma due to other causes) | 3,686 | 3,127 | 6,813 | 29,082 | 17,934 | 47,016 | 53,829 | 2.6% |
| Respiratory Infections (Other) | 13,210 | 12,373 | 25,583 | 7,907 | 11,542 | 19,449 | 45,032 | 2.2% |
| No Pneumonia - Cough and cold | 8,877 | 8,516 | 17,393 | 6,638 | 8,873 | 15,511 | 32,904 | 1.6% |
| Gastro-intestinal disorders (non-infective) | 2,816 | 2,450 | 5,266 | 9,182 | 18,345 | 27,527 | 32,793 | 1.6% |
| Other Neonatal Conditions | 13,251 | 11,330 | 24,581 | - | - | - | 24,581 | 1.2% |
| Hypertension | - | - | - | 8,305 | 15,247 | 23,552 | 23,552 | 1.1% |
| Peptic Ulcer Disease | - | - | - | 6,063 | 12,557 | 18,620 | 18,620 | 0.9% |
| Injuries Road Traffic Accidents | 551 | 417 | 968 | 10,208 | 4,166 | 14,374 | 15,342 | 0.7% |
| Neonatal Sepsis 0-7days | 7,887 | 7,078 | 14,965 | - | - | - | 14,965 | 0.7% |
| Diseases of the skin | 3,027 | 3,060 | 6,087 | 4,016 | 4,477 | 8,493 | 14,580 | 0.7% |
| Premature baby | 7,250 | 7,177 | 14,427 | - | - | - | 14,427 | 0.7% |
| Hernias | 1,384 | 478 | 1,862 | 8,328 | 4,208 | 12,536 | 14,398 | 0.7% |
| Asthma | 967 | 756 | 1,723 | 3,889 | 7,873 | 11,762 | 13,485 | 0.7% |
| Diabetes mellitus | - | - | - | 6,022 | 7,248 | 13,270 | 13,270 | 0.6% |
| All others | 79,172 | 73,139 | 152,311 | 210,500 | 254,984 | 465,484 | 617,795 | 29.9% |
| **Total** | **455,711** | **406,169** | **861,880** | **518,980** | **688,450** | **1,207,430** | **2,069,310** | **100%** |

*Source: MoH HMIS*

Overall there was a reduction in admissions due to injuries by 7.6% from 107,549 to 99,337 in 2019/20 and more so in the months of March and April 2020.

### FIGURE 4: ADMISSIONS DUE TO INJURIES FROM ALL RTAS



The significant reduction was realized from reduction in road traffic accidents from 30% to 26% of all causes of injuries. However, in contrast there was an increase admission resulting from road traffic accidents due to motorcycles from 15% to 19%.

### TABLE 5: TYPES OF INJURIES LEADING TO ADMISSIONS IN FY 2019/20

| Type of Injury | Under 5 cases | | Above 5 cases | | Total cases | % |
|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | | |
| Injuries - (Trauma due to other causes) | 3,686 | 3,127 | 29,086 | 17,938 | 53,837 | 54% |
| Injuries- Road traffic accidents | 1,002 | 821 | 17,084 | 7,277 | 26,184 | 26% |
| Injuries- Motor cycle (Boda boda accidents) | 664 | 592 | 11,986 | 5,292 | 18,534 | 19% |
| Jaw injuries | 38 | 40 | 484 | 220 | 782 | 1% |
| **Total** | **5,390** | **4,580** | **58,640** | **30,727** | **99,337** | **100%** |

*Source: MoH HMIS*

## 1.5.4 Causes of Mortality

The leading causes of death among all ages in FY 2019/20 were malaria (13.3%), pneumonia (7.4%), anaemia (6.2%), other neonatal conditions (5.1%) and premature baby (3.7%).

### TABLE 6: LEADING CAUSES OF MORTALITY AMONG ALL AGES IN HEALTH FACILITIES 2019/20

| Causes of Death | Under 5 | | | 5 yrs and above | | | Total | % |
|---|---|---|---|---|---|---|---|---|
| | M | F | Total | M | F | Total | | |
| Malaria | 1,733 | 2,241 | 3,974 | 1,064 | 951 | 2,015 | 5,989 | 13.3% |
| Pneumonia | 937 | 791 | 1,728 | 980 | 642 | 1,622 | 3,350 | 7.4% |
| Anaemia | 805 | 715 | 1,520 | 642 | 623 | 1,265 | 2,785 | 6.2% |
| Other Neonatal Conditions | 1,273 | 1,025 | 2,298 | - | - | - | 2,298 | 5.1% |
| Premature baby | 883 | 805 | 1,688 | - | - | - | 1,688 | 3.7% |
| Hypertension | - | - | - | 586 | 611 | 1,197 | 1,197 | 2.7% |
| Septicemia | 283 | 269 | 552 | 271 | 243 | 514 | 1,066 | 2.4% |
| Injuries - (Trauma due to other causes) | 189 | 103 | 292 | 546 | 184 | 730 | 1,022 | 2.3% |
| Injuries - Motor Cycle & RTA | 190 | 120 | 310 | 388 | 77 | 465 | 775 | 1.7% |
| Neonatal Sepsis 0-7days | 347 | 327 | 674 | - | - | - | 674 | 1.5% |
| Diabetes mellitus | - | - | - | 325 | 253 | 578 | 578 | 1.3% |
| Liver Cirrhosis | 10 | 4 | 14 | 321 | 153 | 474 | 488 | 1.1% |
| Diarrhoea – Acute | 139 | 141 | 280 | 118 | 61 | 179 | 459 | 1.0% |
| Respiratory distress | 128 | 94 | 222 | 109 | 63 | 172 | 394 | 0.9% |
| TB | 40 | 6 | 46 | 221 | 110 | 331 | 377 | 0.8% |
| Severe Acute Malnutrition | 165 | 144 | 309 | 14 | 13 | 27 | 336 | 0.7% |
| No Pneumonia - Cough and cold | 147 | 134 | 281 | 26 | 23 | 49 | 330 | 0.7% |
| Gastro-intestinal disorders (non-infective) | 26 | 66 | 92 | 134 | 101 | 235 | 327 | 0.7% |
| All others | 4,469 | 3,234 | 7,703 | 7,557 | 5,649 | 13,206 | 20,909 | 46.4% |
| **Total** | **11,764** | **10,219** | **21,983** | **13,302** | **9,757** | **23,059** | **45,042** | **100.0%** |

*Source: MoH HMIS*

Among children under five years, malaria is still the leading cause of death at 18.1%, although neonatal conditions and premature baby combined contributed 18.2% of all under five deaths. Improving neonatal and prematurity care can significantly reduce under five deaths in Uganda.

### TABLE 7: COMPARISON OF UNDER FIVE CAUSES OF DEATH 2018/19 – 2019/20

| 2018/19 FY | | | 2019/20 FY | | |
|---|---|---|---|---|---|
| **Diagnosis** | **No.** | **%** | **Diagnosis** | **No.** | **%** |
| Malaria | 2,085 | 14.5% | Malaria | 3,974 | 18.1% |
| Other Neonatal Conditions | 1,704 | 11.9% | Other Neonatal Conditions | 2,298 | 10.5% |
| Premature baby | 1,591 | 11.1% | Pneumonia | 1,728 | 7.9% |
| Pneumonia | 1,518 | 10.6% | Premature Baby | 1,688 | 7.7% |
| Anaemia | 966 | 6.7% | Anaemia | 1,520 | 6.9% |
| Neonatal Sepsis 0 - 7 days | 838 | 5.8% | Neonatal Sepsis 0 - 7 days | 674 | 3.1% |
| Septicemia | 521 | 3.6% | Septicemia | 552 | 2.5% |
| Severe Malnutrition: Without oedema | 747 | 5.2% | Injuries - (Due to motor cycle and RTAs) | 310 | 1.4% |
| Injuries: (Trauma due to other causes) | 382 | 2.7% | Severa Acute Malnutrition: With Oedema | 309 | 1.4% |
| Others | 4,002 | 27.9% | Others | 8,930 | 40.6% |
| **Total** | **14,354** | **100.0%** | | **21,983** | **100.0%** |

*Source: MoH HMIS*

## 1.6 Performance against the key Health and Related Services Outcome Targets

The health and related services outcome indicators focus on communicable disease prevention and control, and essential clinical and rehabilitative care. The sector performance is highlighted in table 8 focusing on comparison of performance with the previous FY and the HSDP targets for 2019/20 FY. The sector achieved the HSDP target for one of the 15 indicators i.e. ART coverage and registered improvement in 4 indicators. There was no progress or negative trends in 10 of the indicators under this domain.

## TABLE 8: PERFORMANCE AGAINST THE HEALTH SERVICE OUTCOME TARGETS

| Indicator | Achieved 2015/16 | | Achieved 2016/17 | | Achieved 2017/18 | | Achieved 2018/19 | | Achieved 2019/20 | | HSDP Target | % Change |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ART Coverage | 64.4% | Adult = 915,833<br>Children = 65,121 | 73% | Adults = 964,232<br>Children = 64,677 | 86% | Adults = 1,074,000<br>Children = 66,110 | 86% (1,198,445 / 1,393,445) | | 89% (1,241,509 / 1,400,000) | Adults = 1,179,402<br>Children = 62,107 | 80% | 3.5% |
| HIV+ pregnant women not on HAART receiving ARVs for eMTCT during pregnancy, labour, delivery and postpartum | 68.3% | | 90% | | 95% | | 91% (29,475 / 32,485) | | 94% (30,113 / 32,036) | | 95% | 3.2% |
| TB case detection Rate (all forms) | 50.7% | | 50% | | 56% | | 78% | | 82% | | 84% | 5.1% |
| IPT[2] doses coverage for pregnant women | 55% | | 54.4% | | 63.2% | | 66% | | 60% | | 93% | -9.0% |
| In Patient malaria deaths per 100,000 persons per year | 22 | M = 20<br>F = 23 | 20.2 | M = 21.6<br>F = 18.8 | 9.38 | M = 9.34<br>F = 9.42 | 8.3 | M = 9<br>F = 7.6 | 15 | M = 14<br>F = 16 | 5 | -82% |
| Malaria cases per 1,000 persons per year | 408 | M = 365<br>F = 480 | 433 | M = 516<br>F = 354 | 293 | M = 248<br>F = 337 | 14 | M = 11<br>F = 16 | 201 | M = 170<br>F = 238 | 198 | -1,34% |
| Under five vitamin A second dose coverage | 28% | M = 27%<br>F = 28% | 25.3% | M = 24.7%<br>F = 25.8% | 35.3% | M = 34.8%<br>F = 35.8% | 30% | M = 29%<br>F = 30% | 21.4% | M = 22.5%<br>F = 23.7% | 66% | -29% |
| DPT[3]HibHeb[3] Coverage | 103% | M = 105%<br>F = 99%) | 99.2% | M = 99.2%<br>F = 95.5% | 95% | M = 97.4%<br>F = 93.0% | 96% | M = 98.6%<br>F = 94% | 87% | M = NA<br>F = NA | 97% | -9.4% |
| Measles coverage under 1 year | 96% | M = 96%<br>F = 93% | 86.7% | M = 86.7%<br>F = 84.7% | 88% | M = 90%<br>F = 86 % | 88% | M = 90%<br>F = 87% | 82% | M = NA<br>F = NA | 95% | -6.8% |
| Bed occupancy rate (Hospitals & HC IVs) | 82% | NRH = 82% | 60.1% | NRH = 70.1% | 72% | NRH = 89% | 61% | NRH = 99% | 59% | NRH = 106% | 90% | -3.3% |
| | 83% | RRH = 83% | | RRH = 106% | | RRH = 78% | | RRH = 76% | | RRH = 69% | | |
| | 62% | GH = 62% | | GH = 60% | | GH = 50% | | GH = 53% | | GH = 50% | | |
| | 52.2% | HC IV | 54% | HC IV = 54.2% | | HC IV = 47% | | HC IV = 51% | | HC IV = 55% | 75% | |
| Average length of stay (Hospitals & HC IVs) | 4 | NRH | 5.1 | NRH = 7.7 | 4.7 | NRH = 4.7 | 4 | NRH = 5.2 | 4 | NRH = 5 | 3 | 0% |
| | 4 | RRH | | RRH = 6.9 | | RRH = 5.6 | | RRH = 5.3 | | RRH = 5 | | |
| | 4 | GH | | GH = 5.1 | | GH = 4.9 | | GH = 3.5 | | GH = 4 | | |
| | 3 | HC IV | 3 | HC IV = 3.2 | | HC IV = 3.2 | | HC IV = 3.1 | | HC IV = 2 | 3 | |
| Couple Years of Protection | 2,232,225 | | 2,156,240 | | 2,540,251 | | 3,222,372 | | 3,835,235 | | 4.7M | 1.9% |
| ANC 4 Coverage | 38% | | 37% | | 38% | | 42% | | 42% | | 47.5% | 0% |
| Health facility deliveries | 55% | | 58.1% | | 60% | | 63% | | 59% | | 89% | -6.3% |
| HC IVs offering CEmOC services (C/S and offering blood transfusion) | 41% | | 44.6% (83/186) | | 48% (87/186) | | 47% (90/190) | | 51% (103/203) | | 60% | 8.5% |

- ART coverage among HIV infected adults and children increased to 89% (1,241,509/1,400,000) of PLHIV active on ART in 2019/20 FY from 86% (1,198,435 / 1,393,455). The HSDP target of 80% has been achieved. The coverage of viral load testing increased to 96.7% of ART clients and 89.8% of whom achieved viral suppression.

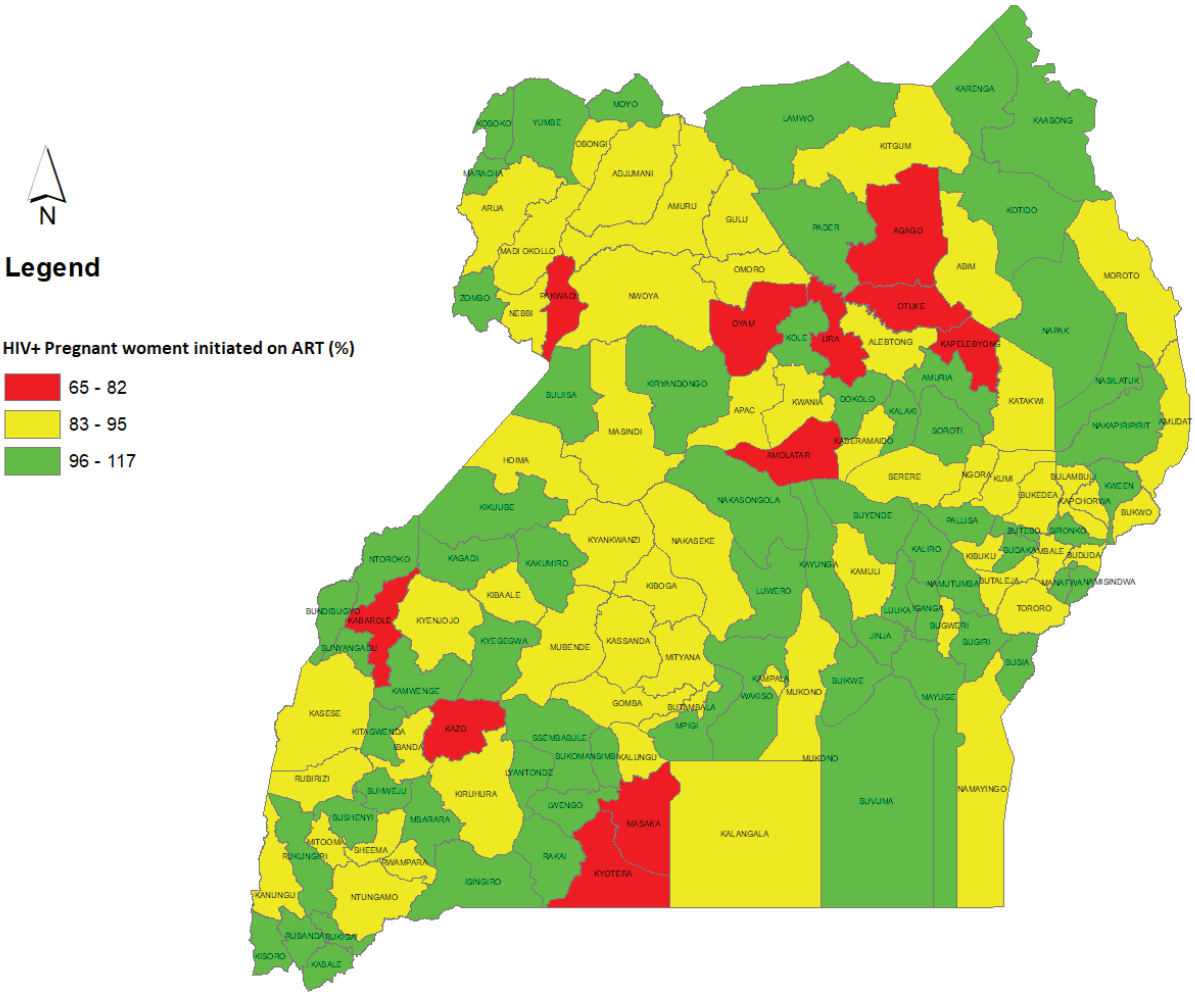
  The 30% reduction reflected in the quarter April-June 2020 compared to the quarter Jan-March 2020 is likely to be majorly attributed to the limited access of services during the Covid-19 pandemic period. This is coupled with the sub-optimal roll out of the revised HMIS tools in the same period which affected facility level reporting of key program performance indicators.

- ART retention increased by 2.6% to 78% in 2018/19 from 76% and still far from the 90:90:90 target. There have been good improvements in early retention arising from the National quality Improvement program.

- HIV+ pregnant women not on HAART receiving ARVs for eMTCT during pregnancy, labour, delivery and postpartum increased to 94% (30,113/32,036) from 91% (29,475/32,485) in 2018/19 short of the HSDP target of 95%.

  Up to 53% (71/135) of the districts achieved the HSDP target of 95% HIV+ pregnant women initiated on ARVs for eMTCT. The lowest coverage was in the districts of Otuke (82%), Kyotera (81%), Oyam (78%), Kapelebyong (76%), Masaka (76%), Agago (74%), Amolatar (74%), Kazo (74%), Pakwach (70%), Kabarole (66%) and Lira (65%).

## FIGURE 5: MAP SHOWING PROPORTION OF HIV+ PREGNANT WOMEN INITIATED ON ART BY DISTRICT FY 2019/20



*The realized a 39% increase in ART coverage from 64% in 2015/16 to 89% 2019/20 and achieved the HSDP target of 80%. The country has made tremendous and steady progress in respect to HIV/AIDS care and treatment and needs to sustain this to achieve the 95:95:95 targets.*

*There is a 36% increase in coverage for HIV+ pregnant women not on HAART receiving ARVs for eMTCT during pregnancy, labour, delivery and postpartum from 68.3% in 2015/16 to 93% in 2019/20 although the HSDP target of 95% was not achieved. Upto 53% (71/135) districts achieved the HSDP target and the lowest coverage was 66% in Kabarole and 65% in Lira districts. Most of the poorly performing districts were in the North-Central region.*

*Targeted interventions to be implemented in the poorly performing districts for the sector to achieve the 95-95-95 target.*

- TB Case Detection Rate increased by 5.1% to 82% in 2019/20 from 78% and still below the HSDP target of 84%.
- Of the target incident 71,740 cases, 86% (62,288) were notified, majority 93.8% (58,438/62,288) of the cases were new, without history of TB treatment while 6% (3,763/62,288) were relapses and the rest had a treatment history unknown. Of these 37% were females and 63% were males. Of the 62,288 incident cases 7,594 were children, representing 12% of the TB cases. The following districts had the highest TB Notification Rate; Moroto (785/100,000 population), Napak (528/100,000 population), Obongi (465/100,000 population), Kalangala (453/100,000 population) and Kampala (372/100,000 population).

The following districts had the lowest TB Notification Rate; Kibuku (48/100,000 population), Mitooma (46/100,000 population), Rubanda (44/100,000 population), Kazo (42/100,000 population), Butaleja (41/100,00 population), Pallisa (41/100,000 population), Bukedea (38/100,000 population) and Butebo (37/100,000 population).

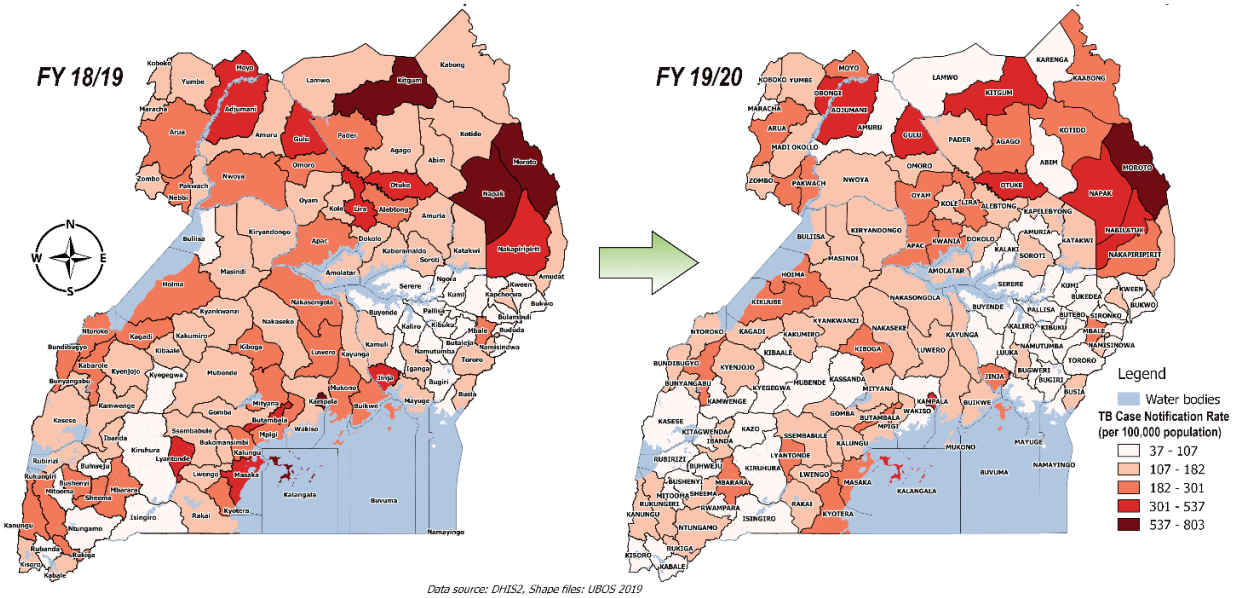
Table 9 shows estimated TB cases by quarter and numbers notified by region for the period Jul '19 to Jun '20. There was a general drop in performance, although when compared with last year it is only the April-June quarter that had a stark decline (64% versus 82% in FY 18/19). This is partly attributable to reduced access to screening and diagnosis following the COVID-19 lockdown.

### TABLE 9: PROPORTION OF TB CASES NOTIFIED BY REGION JULY '19 TO JUNE '20

| Regions | Jul to Sep 2019 | Oct to Dec 2019 | Jan to Mar 2020 | Apr to Jun 2020 |
|---|---|---|---|---|
| Karamoja | 123% | 102% | 104% | 97% |
| West Nile | 131% | 113% | 114% | 96% |
| Lango | 134% | 90% | 95% | 85% |
| Bunyoro | 114% | 89% | 95% | 78% |
| Tooro | 83% | 61% | 81% | 66% |
| North Central | 98% | 81% | 91% | 64% |
| Acholi | 93% | 73% | 72% | 64% |
| South Central | 85% | 70% | 78% | 60% |
| Bugisu | 65% | 61% | 78% | 54% |
| Kampala | 97% | 77% | 85% | 53% |
| Ankole | 75% | 61% | 77% | 52% |
| Busoga | 71% | 53% | 61% | 51% |
| Kigezi | 82% | 66% | 71% | 49% |
| Bukedi | 57% | 48% | 47% | 49% |
| Teso | 63% | 54% | 50% | 43% |
| **Overall** | **92%** | **74%** | **81%** | **64%** |

The maps below show the case notification rates, comparing the current and previous reporting periods. There is a general decline seen in the case finding density.

## FIGURE 6: TB CASE NOTIFICATION RATE PER 100,000 POPULATION BY DISTRICT JULY 19 TO JUNE 20

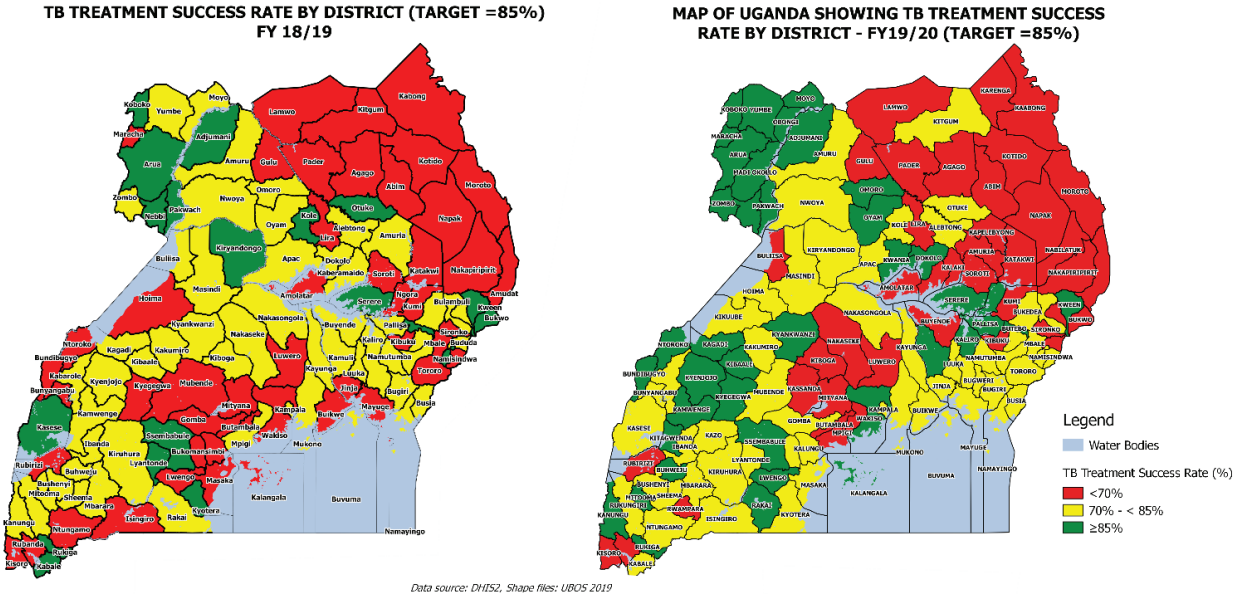



Data source: DHIS2, Shape files: UBOS 2019

- TB treatment success rate increased by 8.3% to 78% from 72% in FY 2018/19. This was contributed to by a collaborative quality improvement effort which involved 45 focus facilities in improving adherence to treatment and TB preventive therapy. The HSDP target of 90% was not achieved. Districts with the highest TB TSR were Butebo (124%), Serere (98%), Kitgum (97%), Kyankwanzi (97%), Adjumani (96%), Lyantonde (96%), Kwania (95%) and Rwampara (95%).

  Districts with the lowest TB TSR are; Bukwo (59%), Rubanda (58%), Kiryandongo (57%), Abim (55%), Kole (55%), Kanungu (54%), Kassanda (53%), Kiboga (52%), Amudat (51%) Kakumiro (49%), Jinja (47%), Nabilatuk (42%) and Mukono (30%).

  A comparison map showing the progress from FY 2018/19 is shown below. There are some improvements in the Karamoja region e.g. Kotido, and some districts like West Nile and Bunyoro regions showed marked improvement.




Data source: DHIS2, Shape files: UBOS 2019

## TABLE 10: TB TREATMENT SUCCESS RATE BY REGION JULY 2019 - JUNE 2020

| Regions | Jul to Sep 2019 | Oct to Dec 2019 | Jan to Mar 2020 | Apr to Jun 2020 |
|---|---|---|---|---|
| West Nile | 88.1% | 89.8% | 91.3% | 94.3% |
| Lango | 71.0% | 75.2% | 83.2% | 85.7% |
| Bunyoro | 76.6% | 77.8% | 76.2% | 84.9% |
| South Central | 78.7% | 81.9% | 80.9% | 83.9% |
| Tooro | 80.6% | 83.8% | 84.2% | 83.9% |
| Kampala | 82.6% | 81.5% | 86.9% | 82.8% |
| Busoga | 76.1% | 71.9% | 81.2% | 82.5% |
| Ankole | 77.4% | 75.1% | 80.1% | 79.9% |
| Bukedi | 70.4% | 74.7% | 78.3% | 78.4% |
| Kigezi | 74.2% | 72.4% | 79.0% | 77.9% |
| Acholi | 63.9% | 70.9% | 72.0% | 77.8% |
| North Central | 68.0% | 71.4% | 79.5% | 72.5% |
| Teso | 60.7% | 63.9% | 71.4% | 72.3% |
| Bugisu | 71.4% | 68.0% | 75.7% | 71.5% |
| Karamoja | 54.9% | 48.6% | 52.6% | 63.9% |
| **Overall** | **74.7%** | **75.8%** | **79.6%** | **81.0%** |

The rates of treatment failure have been largely below 1% for most of the regions except Mbale that had rates above 1% for all the 4 quarters. Arua, Fort Portal, Kampala and KCCA region had their rates below 1% for all the 4 quarters. There may be need for full DST among all failures.

*The NTLP has shown remarkable improvement in TB case detection which improved by 61% from 51% in 2015/16 to 82% in 2019/20 falling short of the HSDP target of 84% by only 2.4%. This is largely attributed to the improvement in the TB diagnostics like GeneXpert machines and continuous capacity building. The program would have most likely achieved the HSDP target but fell short due reduced access to screening and diagnosis following the COVID-19 lockdown.*

*TB Case Notification Rate is very low in South Western, and Eastern Uganda. There is need to intensify support for TB Case notification in these regions.*

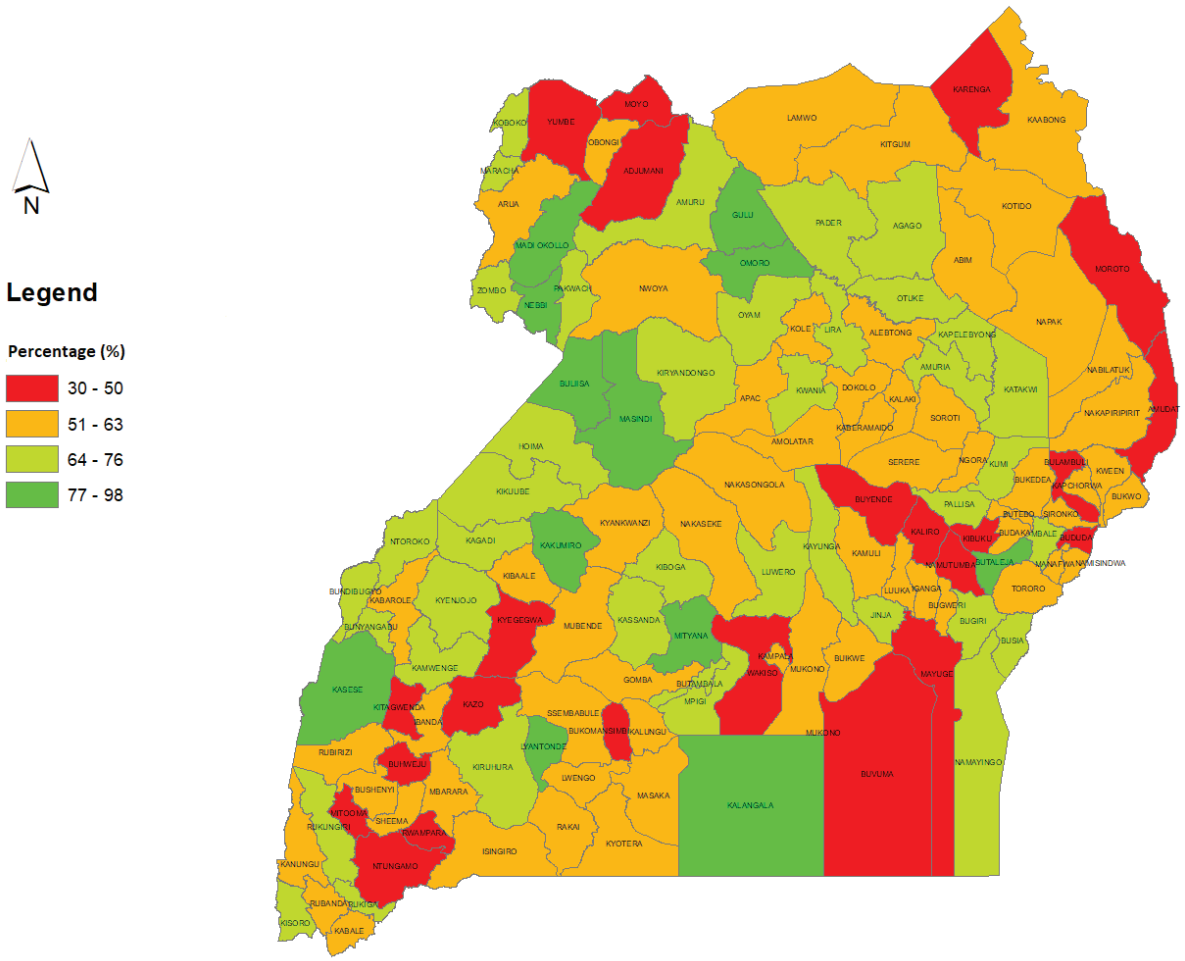
*Although the sector realized improvement in TB Treatment Success Rate in the initial years of the HSDP, the TSR in 2019/20 was below the HSDP baseline year by 1% showing a negative trend and was also short of the HSDP target by 13.3%.*

*There is need to strengthen surveillance for drug resistant TB among failures and institutionalize the collaborative quality improvement effort to improve adherence to treatment and TB preventive therapy.*

- $IPT_2$ coverage declined to 60% (1,247,508/2,079,180) in FY 2019/20 from 66% in FY 2018/19 far below the HSDP target of 93%. IPT3 coverage was only 42% (868,600/2,079,180).

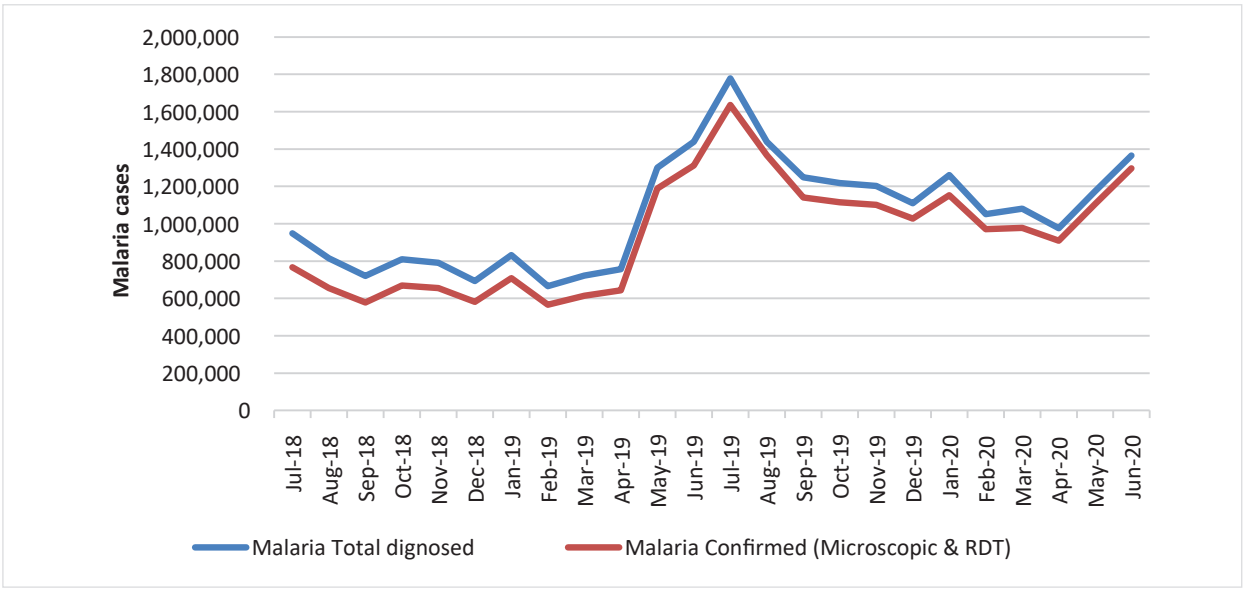
  In FY 2019/20, only 2 districts, Butaleja (98.3%) and Omoro (94%) achieved the HSDP target of 93%. $IPT_2$ coverage was lowest in the following districts; Kaliro (42%), Wakiso (37.6%), Amudat (36.2%), Yumbe (35.5%) and Namutumba (54.4%), Buyende (53.3%), Kakumiro (53%), Mukono (46%), Namutumba (29.9%).

## FIGURE 7: MAP SHOWING IPT$_2$ COVERAGE BY DISTRICT FY 2019/20




- In Patient malaria deaths at health facilities increased significantly by 82% to 15 per 100,000 persons from 8.3 per 100,000 in FY 2018/19 far above the HSDP target of 5 per 100,000. There were more deaths among females at 16 per 100,000 compared to males at 14 per 100,000 persons per year.
- The number of malaria cases per 1,000 persons also increased significantly reversing the trends observed over the previous 4 years. In FY 2019/20, 201 malaria cases per 1,000 persons were reported compared to 14 malaria cases per 1,000 persons in FY 2018/19. More females were affected at 238 cases compared to 170 cases per 1,000 persons among males. The HSDP target of 198 per 1,000 was not achieved.

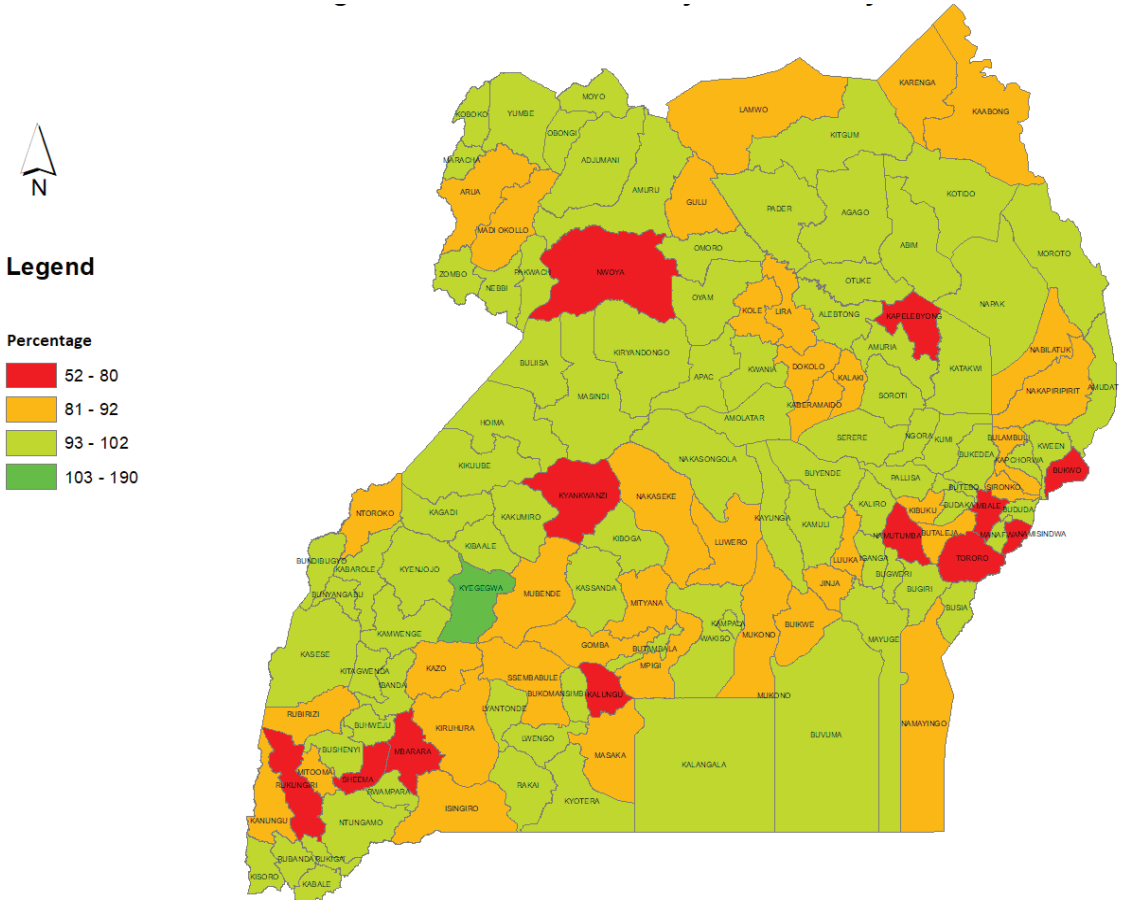
## FIGURE 8: MALARIA CASES (TOTAL AND CONFIRMED) OVER THE MONTHS FOR FY2018/19 AND FY2019/20




Of the 13,798,773 patients treated for malaria 14,905,281 (93%) had a laboratory confirmatory test compared to 85% (8,724,772/10,224,552) in FY 2018/19.

Only five districts had <75% of patients diagnosed with malaria that were laboratory confirmed; Mbale (73%), Tororo (73%), Sheema (68%), Kapelebyong (66%) and Kalungu (52%).

## FIGURE 9: MAP SHOWING % OF MALARIA CASES LABORATORY CONFIRMED BY DISTRICT FY 2019/20



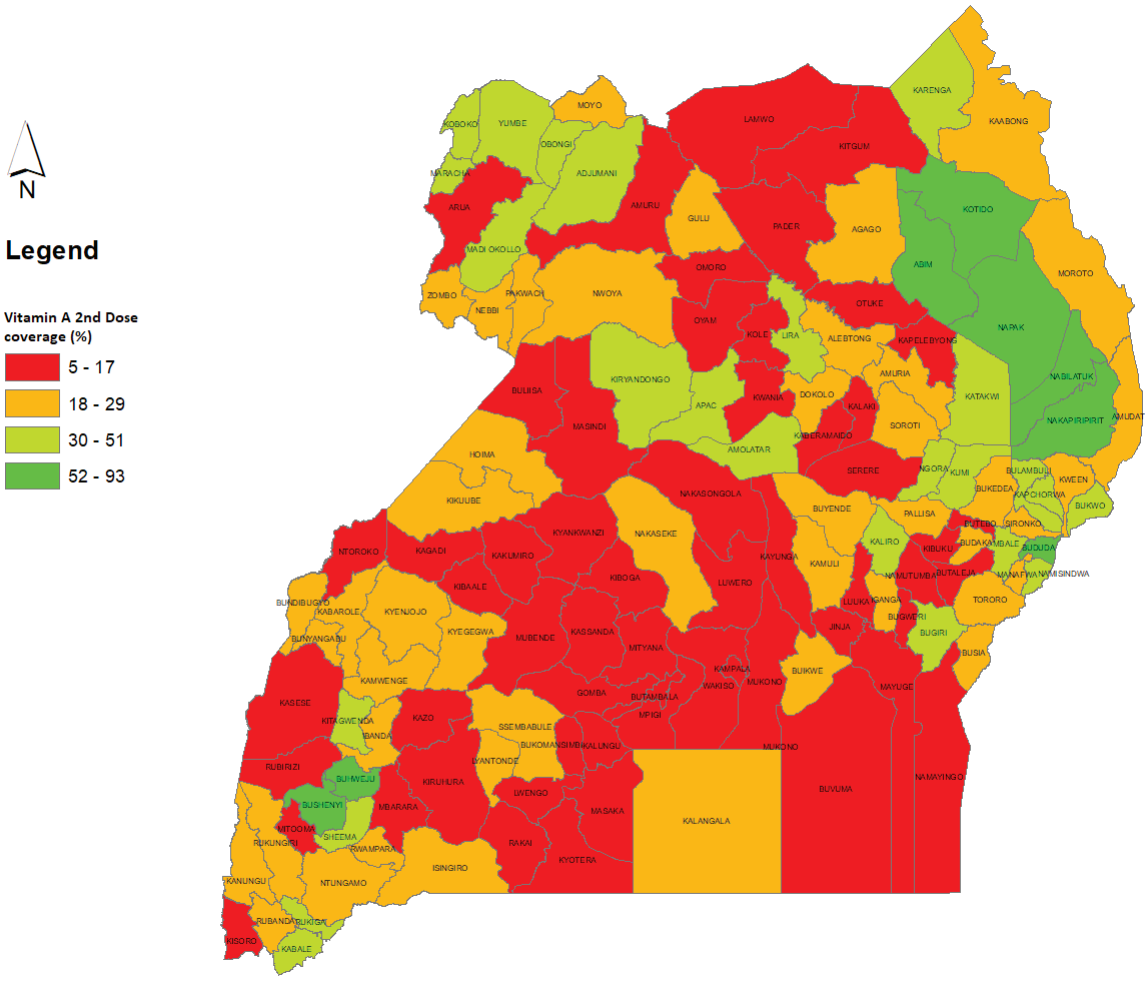
*IPT2 coverage for pregnant women improved by only 9% during the 5 year period from 55% to 60% and was below the 93% coverage target for the HSDP by 35.4%. This implies that the intended outcomes were not achieved.*

*The number of malaria cases per 1,000 persons reduced by 51% from 408/1,000 in 2015/16 to 198/1,000 cases in 2019/20. The sector fell short of the HSDP target of 198/1,000 by only 1.5%. It is worth noting that the country had achieved up to 14 malaria cases per 1,000 persons in FY 2018/19 but there was a surge in 2019/20 attributed to the heavy rains as well as the lapse in the LLIN coverage distribution to sustain the earlier gains of this intervention.*

*The country can achieve its goal of "A malaria free Uganda" by ensuring that least 90% of the population at risk are protected through appropriate vector control and chemo prevention measures; at least 90% of malaria cases are appropriately managed in health facilities and in the communities; and communication to ensure behavioural change for malaria preventive practices, seeking treatment early and adherence to treatment using the Mass Action Against Malaria (MAAM) approach.*

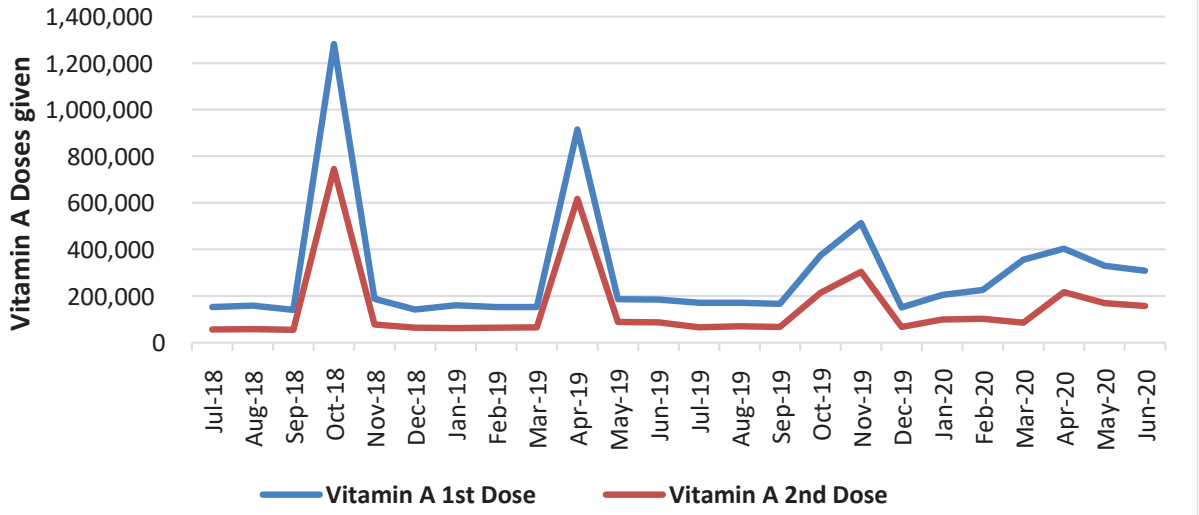
- The under-five Vitamin A second dose coverage declined by 29% from 30% in FY 2018/19 to 21.4% (1,615,100/7,554,425) in FY 2019/20, far below the HSDP target of 66%. The Vitamin A second dose coverage is even lower than the 28% coverage in 2015/16 at the beginning of the HSDP I. Despite the low coverages in most districts, Napak reported the highest Vit. A second dose coverage of 92.5%, followed by Bushenyi (82.3%), Bududa (73.1%, Nakapiripirit (70.5%), Kotido (68.5%) and Nabilatuk (66.3%). The rest of the districts did not attain the HSDP target.

## FIGURE 10: MAP SHOWING VITAMIN A SECOND DOSE COVERAGE BY DISTRICT FY 2019/20



Vitamin A, deworming and other child services are usually given during April and October in enhanced Integrated Child Health Days (ICHDs). However, October 2019, the ICHDs were not conducted because of the national wide Measles-Rubella (MR) campaign that was conducted in the same month. In April 2019, the ICHDs were not conducted due to the lockdown. This created a big backlog for these indicators as shown in Figure 11.

### FIGURE 11: TRENDS IN VITAMIN A SUPPLEMENTATION




*Vitamin A is one of the most cost-effective interventions for improving child survival, however, under five Vitamin A second dose coverage has remained very low throughout the HSDP period. There was a 24% difference in coverage between the baseline and end year of the HSDP; and the sector fell short of the 66% HSDP target by 68%.*

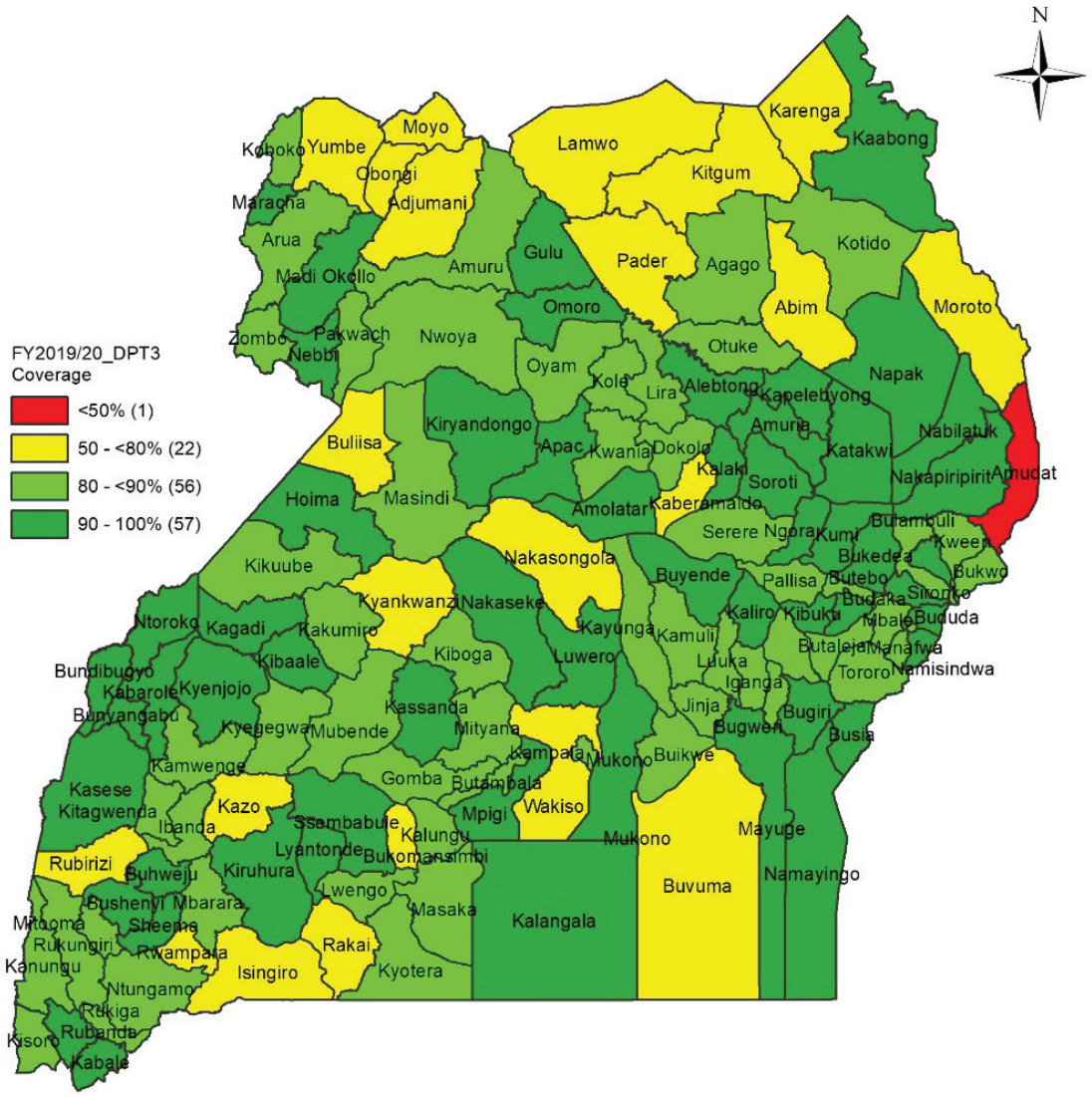
*The target is to achieve a coverage threshold of 70%, which represents the minimal coverage to observe reductions in under 5 child mortality from all causes by approximately 23%.*

*Vit. A supplementation should be integrated in all child survival interventions like Child Days and routine immunization activities and mop up activities undertaken in the routine immunization and Young Child Clinic activities.*

*There is also need to improve on documentation and reporting.*

- $DPT_3HibHeb_3$ coverage declined by 9.4% from 96% (1,605,505/1,679,597) in FY 2018/19 to 87% (1,571,271/1,794,698) in FY 2019/20. The HSDP target of 97% was not achieved. Only 17% (23/135) of the districts achieved the HSDP target of 97%. $DPT^3$ coverage was lowest in the following districts; Isingiro (74.4%), Kazo (73.7%), Nakasongola (71.8%), Yumbe (66.1%), Bukomansimbi (62.9%), Moyo (61.5%), Adjumani (61.0), Obongi (59.2%), Moroto (54.7%, Karenga (50.5%) and Amudat (49.5%).

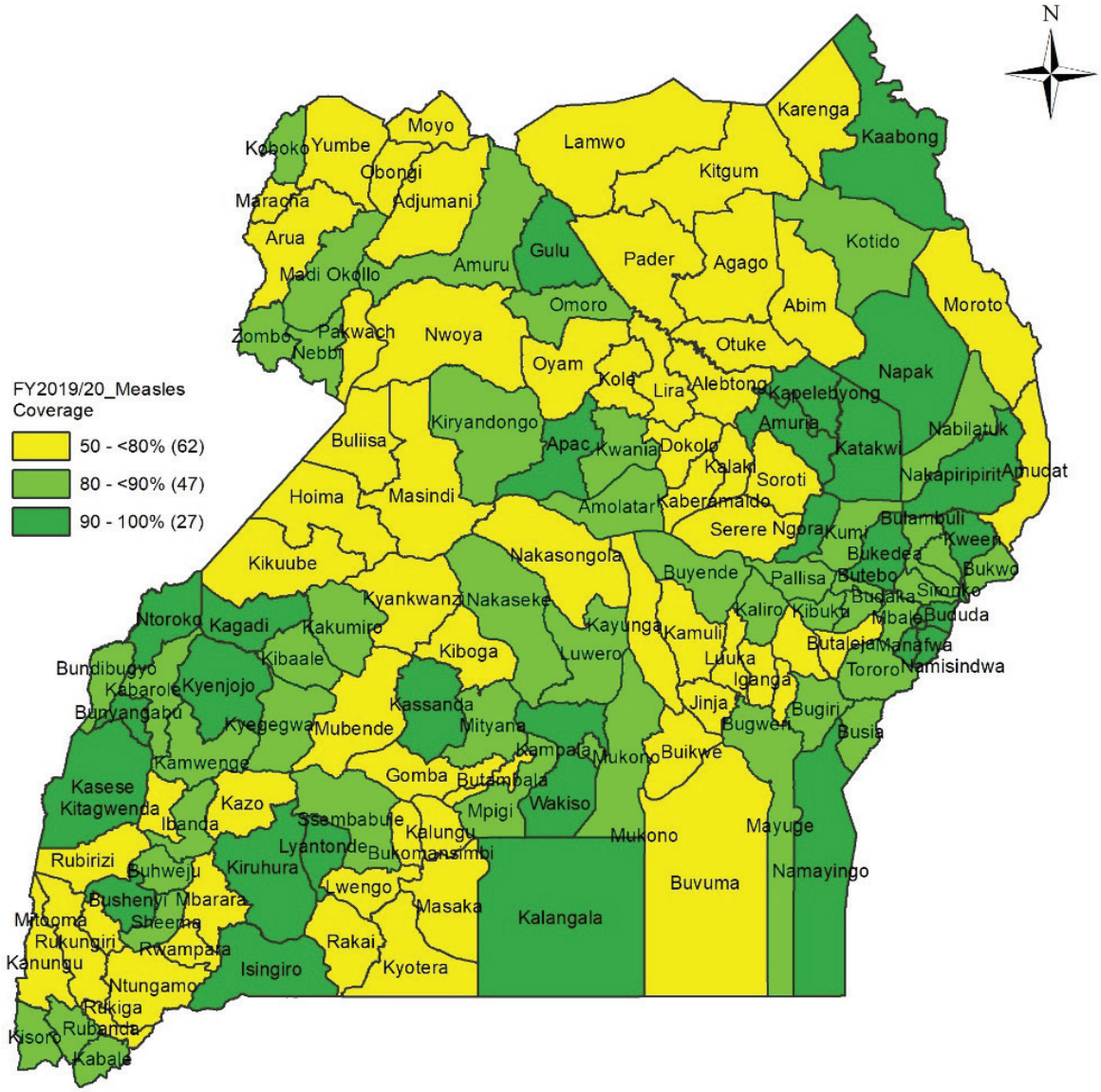
## FIGURE 12: MAP SHOWING DPT$_3$ COVERAGE BY DISTRICT FY 2019/20



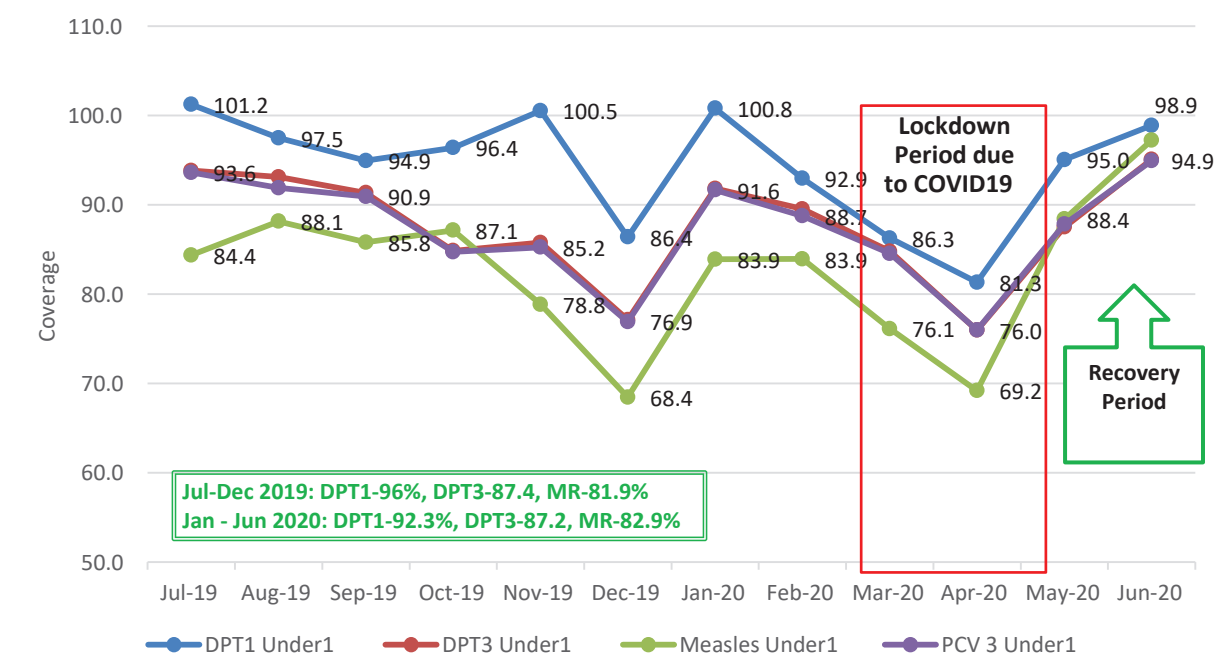

- Measles coverage for under one year olds declined by 6.8% to 82% (1,482,739/1,794,698) from 88% (1,470,268/1,679,597) and thus the HSDP target of 95% was not achieved. Only 21% (27/128) of the districts met the HSDP target. Coverage among males was 90% and 87% for females. The ten districts with highest measles coverage are; Kaabong (145.8%), Napak (115.8%), Nakapiripirit (109.5%), Kapelebyong (109.5%), Namisindwa (105.1%), Isingiro (104.8%), Gulu (103.9%), Kiruhura (101.4%), Kassanda (99.2%) and Manafwa (98.3%).

  The districts with the lowest coverage are Pader (69.7%), Obongi (68.8%), Arua (68.5%), Kaberamaido (68.0%), Serere (66.6%), Yumbe (65.9%), Nakasongola (64.6%), Adjumani (63.3%), Rwampara (63.3%), Moyo (62.6%), Bukomasimbi (53.1%), Moroto (51.5%) and Karenga (50.8%).

## FIGURE 13: MAP SHOWING MEASLES COVERAGE BY DISTRICT FY 2019/20



## FIGURE 14: MONTHLY TRENDS IN IMMUNIZATION COVERAGE FOR FY2019/20




*There has been high (>95%) DPT³HibHeb³ vaccination coverage over most of the HSDP I period however, this gain was not sustained in the final year. DPT³HibHeb³ coverage declined by 9.4% from 96% in 2018/19 to 87% in 2019/20 falling short of the HSDP target by 10%.*

*Similarly, measles vaccination coverage also declined from 96% in 2015/16 to 82% in 2019/20 and the HSDP target of 95% was not achieved by 14%.*

*Impact of Covid was seen in Mar and Apr 2020 Annualized coverages for all the key Antigens, DPT3, DPT1 Measles and PCV3. The Caregivers had limitations in accessing the facilities for immunization but most importantly, there were less outreaches conducted in this period. About 30% of the children are accessed through outreaches.*

***Recommendations***

- *Develop a recovery plan through enhanced Integrated Child Health Days (ICHDs) in October 2020.*
- *Conduct regular and focused integrated supportive supervision*
- *Develop and implement the regional referral enhanced support plan*
- *Intensify outreaches.*

- The Bed Occupancy Rate (BOR) is a measure of utilization of the available bed capacity. It indicates the percentage of beds occupied by patients in a defined period of time, usually a year. It is used to assess the demand for hospital beds and hence to gauge an appropriate balance between demands for health care and number of beds.

  The BOR aggregated for all hospitals and HC IVs declined by 3.3% to 59% from 61% in FY 2018/19. National Referral Hospitals had an increase in BOR to 106% from 99% in 2018/19. Kawempe, Butabika and CUFH-Naguru had >100% BOR; Mulago 70%, Kiruddu 46%, and Mulago Specialized Women and Neonatal Hospital (MSWNH) 1.6%.

  The BOR for RRHs and Large PNFP Hospitals declined to 69% from 76%. Moroto, Arua and Soroti RRHs had the highest BOR, whereas Mengo, St. Francis Nsambya, Lubaga and Entebbe RRH had the lowest BOR (Table 11).

## TABLE 11: BED OCCUPANCY RATE (BOR) FOR RRHs AND LARGE PNFP HOSPITALS FY 2019/20

| Hospital | Admissions | Patient days | No. of Beds | BOR = (Patient Days/365) / Beds*100 |
|---|---|---|---|---|
| Arua | 16,815 | 92,646 | 278 | 91% |
| Entebbe | 5,260 | 15,077 | 202 | 20% |
| Fort Portal | 17,441 | 94,990 | 399 | 65% |
| Gulu | 17,888 | 84,786 | 347 | 67% |
| Hoima | 17,455 | 93,374 | 317 | 81% |
| Jinja | 22,167 | 150,335 | 513 | 80% |
| Kabale | 10,428 | 63,559 | 338 | 52% |
| Lira | 13,421 | 104,607 | 401 | 72% |
| Lubaga | 9,369 | 41,871 | 236 | 49% |
| Masaka | 24,547 | 85,066 | 333 | 70% |
| Mbale | 35,626 | 145,532 | 548 | 73% |
| Mbarara | 24,822 | 118,511 | 494 | 66% |
| Mengo | 9,527 | 38,640 | 249 | 43% |
| Moroto | 7,864 | 66,289 | 181 | 100% |
| Mubende | 13,588 | 66,721 | 234 | 78% |
| Soroti | 13,115 | 84,168 | 254 | 91% |
| St. Francis Nsambya | 8,209 | 53,300 | 269 | 54% |
| St. Mary's Lacor | 16,839 | 139,198 | 482 | 79% |
| **Total** | **284,381** | **1,538,670** | **6,080** | **69%** |

*Source: MoH HMIS*

Whereas 43% of all admissions were at general hospitals (Table 12), the BOR was 50% which was a decline from 53% in 2018/19. BOR at HC IVs increased to 55% from 51% the previous FY. The HSDP targets of 90% BOR for all hospitals and 75% for HC IVs were not achieved.

## TABLE 12: BED OCCUPANCY RATE (BOR) FOR NRHs FY 2019/2020

| NRH | No. of Beds | Admissions | Patient Days | BOR = (Patient Days/365) / Beds*100 |
|---|---|---|---|---|
| Kawempe | 279 | 64,738 | 166,434 | 163% |
| Butabika NMRH | 638 | 7,001 | 332,143 | 143% |
| CUFH-Naguru | 100 | 15,810 | 42,910 | 118% |
| Mulago | 720 | 46,033 | 184,282 | 70% |
| Kiruddu | 256 | 10,247 | 43,097 | 46% |
| MSWNH | 450 | 564 | 2,567 | 1.6% |
| **Total NRH** | **1,993** | **143,829** | **768,866** | **106%** |

*Source: MoH HMIS*

## TABLE 13: BOR AT THE NRHs, RRHs, GHs AND HC IVs IN FY 2019/20

| Level | No. of admissions | % of admissions | Patient days | No. of beds | Bed Occupancy Rate = (Patient Days/365) / Beds*100 |
|---|---|---|---|---|---|
| NRH | 143,829 | 8% | 768,866 | 1,993 | 106 |
| RRH | 284,381 | 15% | 1,538,670 | 6,080 | 69 |
| General Hospitals | 789,355 | 43% | 2,781,824 | 15,294 | 50 |
| HC IVs | 619,314 | 34% | 1,460,159 | 7,210 | 55 |
| **Total** | **1,836,879** | **100%** | **6,549,519** | **30,577** | **59** |

*Source: MoH HMIS*

*BOR for National Referral Hospitals increased from 82% in 2015/16 to 106% in 2019/20. Among the NRHs, Kawempe, Butabika National Mental Hospital and CUFH-Naguru had >100% BOR; Mulago 70%, Kiruddu 46%, and MSWNH 1.6%.*

*The BOR for the RRHs and Large PNFP Hospitals decreased from 83% in 2015/16 FY to 69% in 2019/20; whereas general hospitals decreased from 62% to 50% against a target of 90%. There was an increase in BOR for HC IVs from 52% in 2015/16 to 55% in 2019/20 though far below the target of 75%.*

*There is need to decongest Kawempe and CUFH-Naguru by upgrading and operationalizing the lower level health facilities in Kampala Metropolitan Area; and strengthening the Regional Referral Mental Health Units to decongest Butabika NMH. The new MSWNH is not yet fully operational due to Human Resource gaps that need be addressed urgently through recruitment.*

*The low (50%) BOR at general hospitals (both public and private) could be due to low utilization attributed to poor quality of services or low demand for hospitalization due to improved preventive services. There is need to review the Hospital policy to ensure quality and efficient utilization of the existing hospitals, before upgrading or constructing new hospitals.*

*Functionality of HC IVs is also suboptimal in view of the 55% BOR. The MoH strategic shift in the next 5 years is to strengthen Primary Health Care services, and improve primary care facilities including HC IVs to increase access to quality health services. Poor infrastructure and inadequate staff accommodation are the major gaps at HC IVs.*

- The Average Length of Stay (ALoS) refers to the average number of days that patients spend in hospital and is used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings.

  The ALoS aggregated for all hospitals and HC IVs remained 4 days in 2019/20 FY and overall the HSDP target of 3 days was not achieved. HC IVs had the shorted ALoS of 2 days and at national referral hospital level it was 5 days. It is worth noting that at NRH level, Butabika NMRH which has 4.9% of the admissions had ALoS of 47 days due to the long duration of institutional care for mental health patients, but also delays in re-integration of the patients into the community.

### TABLE 14: AVERAGE LENGTH OF STAY (ALoS) AT THE DIFFERENT LEVELS OF CARE IN FY 2019/20

| Level | No. of admissions | % of admissions | Patient days | ALoS = Patient Days / Admissions |
|---|---|---|---|---|
| NRH | 143,829 | 8% | 768,866 | 5 |
| RRH | 284,381 | 15% | 1,538,670 | 5 |
| General Hospitals | 789,355 | 43% | 2,781,824 | 4 |
| HC IVs | 619,314 | 34% | 1,460,159 | 2 |
| **Total** | **1,836,879** | **100%** | **6,549,519** | **4** |

### TABLE 15: ALoS AT NATIONAL REFERRAL HOSPITALS IN FY 2019/20

| NRH | Admissions | % of admissions | Patient Days | ALoS = Patient Days / Admissions |
|---|---|---|---|---|
| Kawempe | 64,738 | 45% | 166,434 | 3 |
| Butabika NMRH | 7,001 | 4.9% | 332,143 | 47 |
| CUFH-Naguru | 15,810 | 11% | 42,910 | 3 |
| Mulago | 46,033 | 32% | 184,282 | 4 |
| Kiruddu | 10,247 | 7.1% | 43,097 | 4 |
| MSWNH | 564 | 0.4% | 2,567 | 5 |
| **Total NRH** | **143,829** | **100%** | **768,866** | **5** |

*Overall there was no significant change in the ALoS in hospitals over the HSDP period and the HSDP target of 3 days was not achieved. The highest ALoS was observed in Butabika NMRH at 47 days due to the long duration of institutional care for mental health patients, but also delays in re-integration of the patients into the community.*

*There is need to further decentralize the specialized mental health care services through strengthening the Regional Mental Health Units and Primary Health Care facilities for management of mental health conditions.*

- Couple Years of Protection (CYP) estimates the protection from pregnancy provided by contraceptive methods during a one-year period. There was a minimal increase (1.9%) in the CYP to 3,835,235 in FY 2019/20 from 3,222,372. The HSDP target of 4.7 million was not achieved.

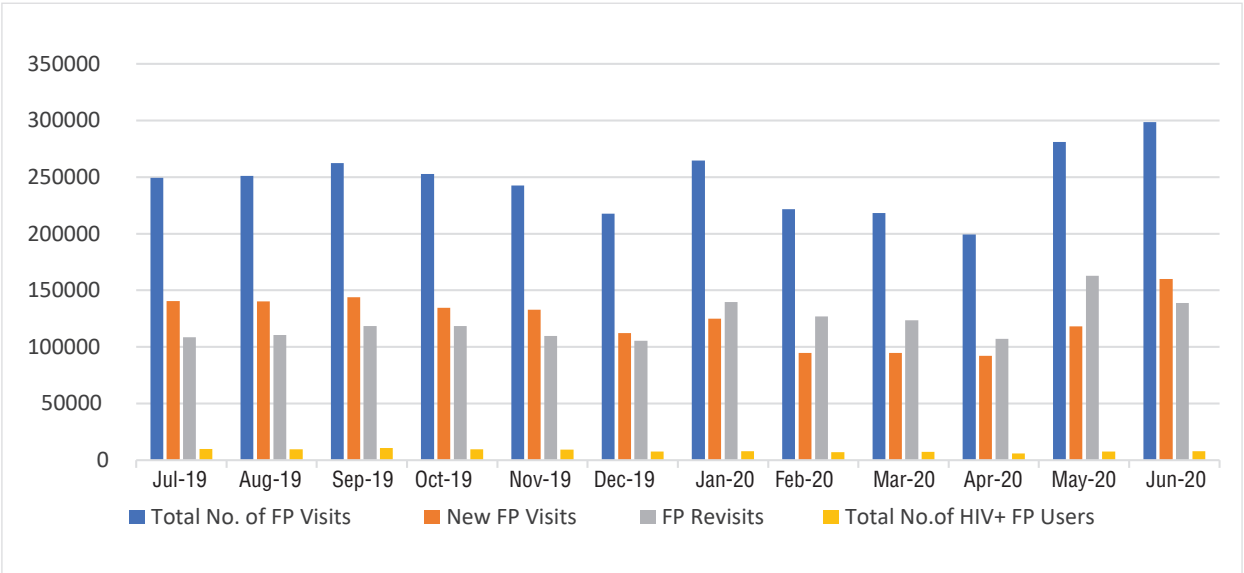
### TABLE 16: COUPLE YEARS OF PROTECTION (CYP) BY METHOD IN FY 2019/20

| Method | Factor | Quantities Dispensed | CYP 2019/20 FY |
|---|---|---|---|
| Emergency contraceptives | 0.05 | 52,659 | 2,633 |
| Female Condom | 0.008 | 549,804 | 4,398 |
| IUDs (Copper-T 380-A IUD) | 4.6 | 147,863 | 680,170 |
| Injectable 3 months (e.g DepoProvera, sayanapress) | 0.25 | 2,325,147 | 581,287 |
| Injectables 2 Months (e.g Noristerae) | 0.167 | 4,505 | 752 |
| Injectables 1 Months (e.g Norigynon) | 0.083 | 5,347 | 444 |
| Male Condom | 0.008 | 28,910,893 | 231,287 |
| Oral: Microgynon | 0.067 | 796,301 | 53,352 |
| Oral : Other | 0.067 | 118,394 | 7,932 |
| Oral : Ovrette or Another POP | 0.067 | 37,597 | 2,519 |
| Oral: Lo-Feminal | 0.067 | 81,078 | 5,432 |
| TubeLigation | 9.3 | 7,154 | 66,532 |
| 5 year Implant New Users | 3.8 | 423,942 | 1,610,980 |
| 4 year Implant New Users | 3.2 | 5,734 | 18,349 |
| 3 year Implant New Users | 2.5 | 221,406 | 553,515 |
| Vasectomy | 9.3 | 1,683 | 15,652 |
| **Total** | | | **3,835,234** |

*Source: MoH HMIS*

The country experienced a short-term reduction in contraceptive uptake and use between February & April 2020. However, signals show a recovery track from May.

### FIGURE 15: NUMBERS ACCESSING FP SERVICES- WITHOUT CONDOMS (JUL-19 TO JUN-20)



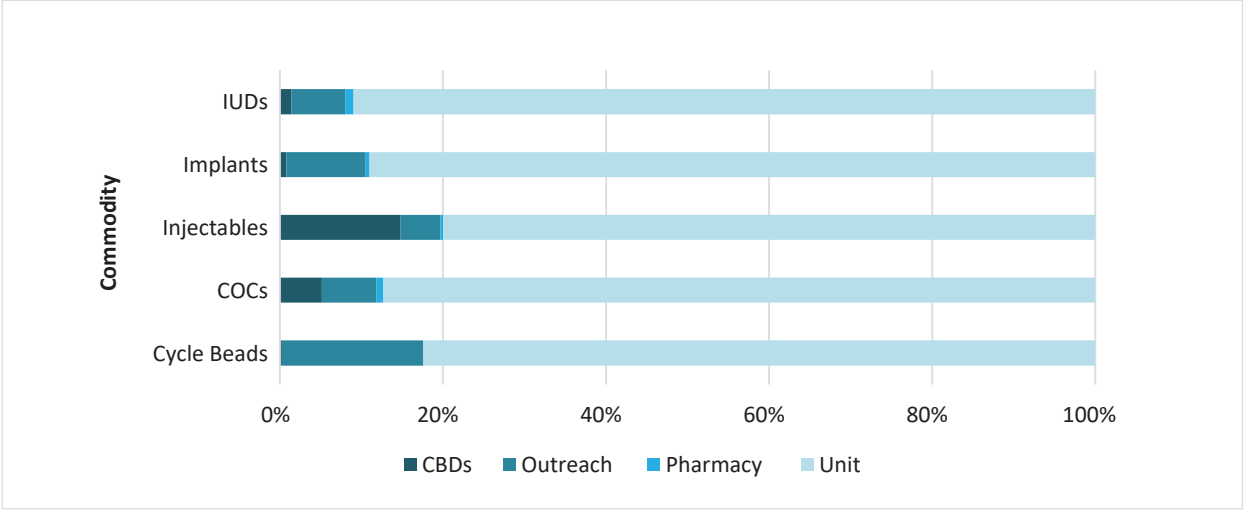
The country's FP method mix is however expanding and increasing with Long Acting Reversible Contraceptives-Implants alone taking about 23%. Short-term methods specifically Injectables take the largest share of the method mix.

### TABLE 17: FAMILY PLANNING METHOD MIX-2019/20

| FP Method | Number of FP Visits by Method | % of FP Visit by Method |
|---|---|---|
| Ovrette or Another POP | 19,906 | 0.6 |
| Lo-Feminal | 16,105 | 0.5 |
| Microgynon | 238,728 | 7.2 |
| Oral Other | 62,950 | 1.9 |
| Other Methods | 151,109 | 4.5 |
| Emergency contraceptives | 44,259 | 1.3 |
| Injectables (1 & 2) months | 279,048 | 8.4 |
| DMPA IM (Depo Provera) | 1,134,084 | 34.1 |
| DMPA SC (Sayana Press) | 463,564 | 13.9 |
| Implant | 777,475 | 23.4 |
| IUDs | 133,524 | 4.0 |
| Tubal Ligation | 7,154 | 0.2 |
| Vasectomy | 1,683 | 0.1 |

Over 85% of FP commodities are accessed through health facilities, followed by Community Based Distribution at 7%. However, reporting by private providers is still low!

### FIGURE 16: COMMODITIES DISPENSED BY CHANNEL

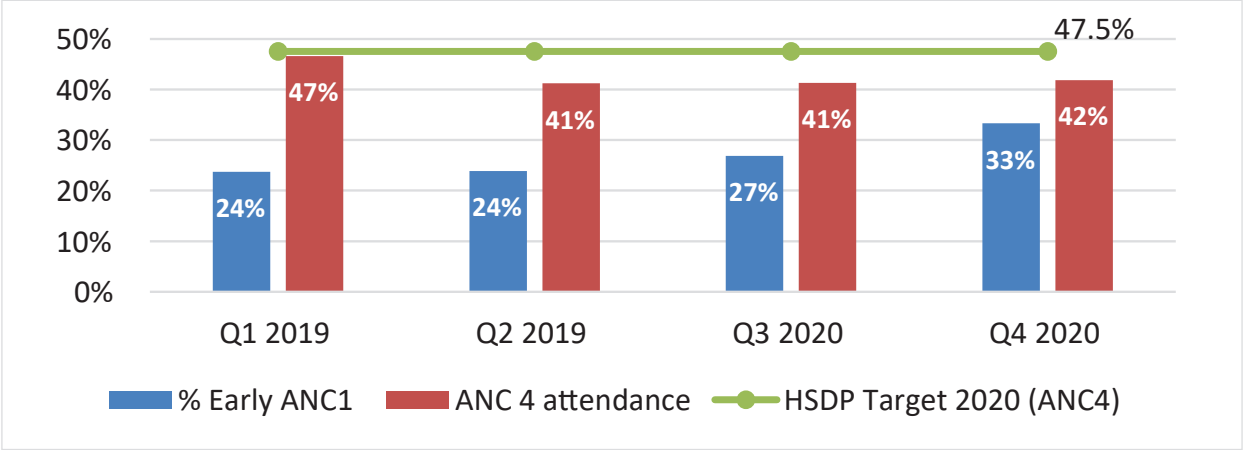



*There was a 72% increase in the CYP from 2,232,225 in 2015/16 to 3,835,235 in 2019/20 although the HSDP target of 4.7 million was not met. Long term methods like implants and IUDs contribute most to the CYPs.*

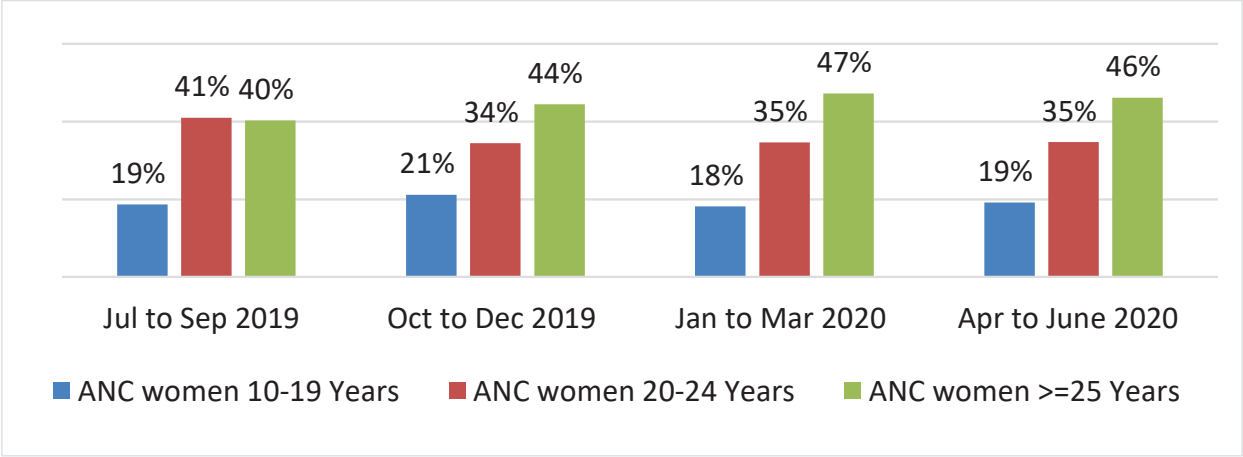
*There is need to build capacity for provision of the range of contraceptive methods at the respective levels of care and ensure availability of the FP commodities for client satisfaction using innovative approaches like the Total Marketing Strategy.*

- Antenatal care (ANC) coverage for the fourth visit stagnated at 42% (870,394/2,079,180) and short of the HSDP target of 47.5% for FY 2018/19. Only 43 (32%) out of the 135 districts achieved the target of 47.5% and above. ANC4+ visits were highest in the districts of Kotido (95%), Nebbi (70%), Bushenyi (61%), Butaleja (60%) and Gulu (60%) and Rukiga (60%). The lowest ANC4+ visits were in the districts of Yumbe (27%), Namutumba (27%), Bududa (26%), Buvuma (22%), Wakiso (22%) and Amudat (14%).

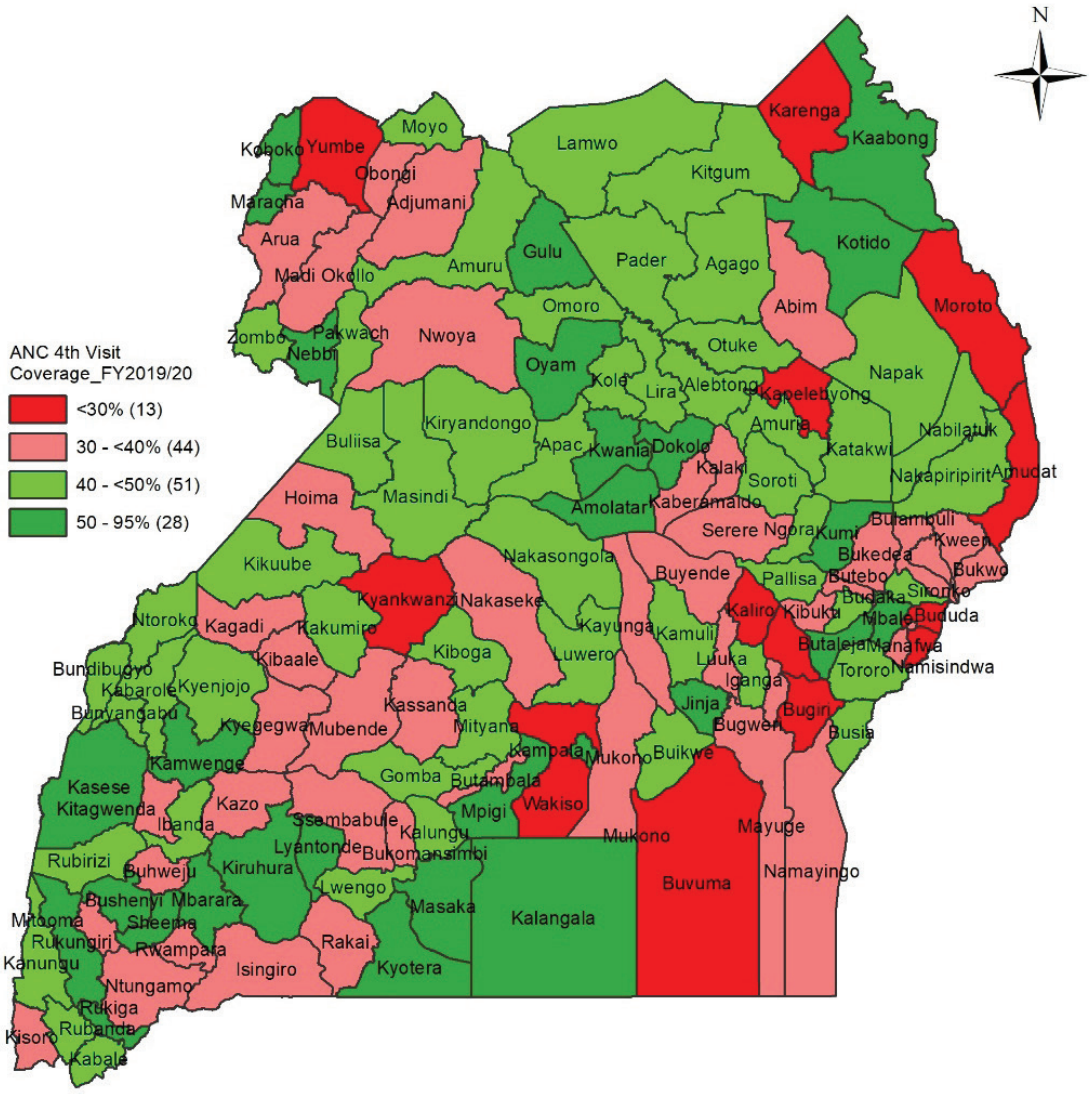
## FIGURE 17: TRENDS IN EARLY ANC ATTENDANCE & ANC UTILIZATION IN FY 2019/20




## FIGURE 18: ANC UTILIZATION BY AGE PROFILE

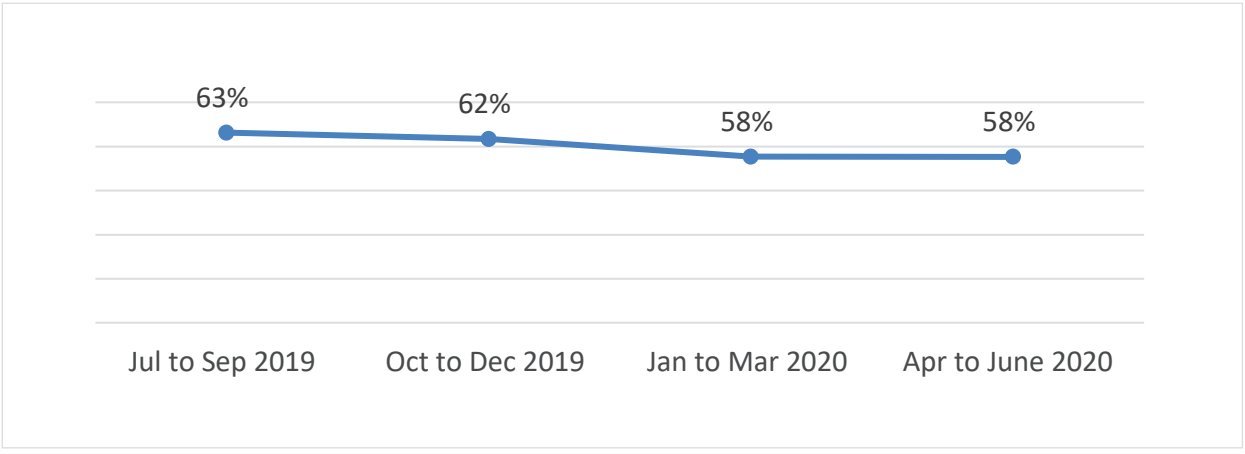


## FIGURE 19: MAP SHOWING THE PERCENTAGE OF ANC4 VISITS BY DISTRICT IN FY 2019/20




- A total of 1,186,168 (59%) deliveries out of the expected 2,016,805 deliveries were conducted at health facilities compared to 1,183,168/1,894,417 (62%) in 2018/19 FY. There was 6.3% decline and this indicator is still far below the HSDP target of 89%.

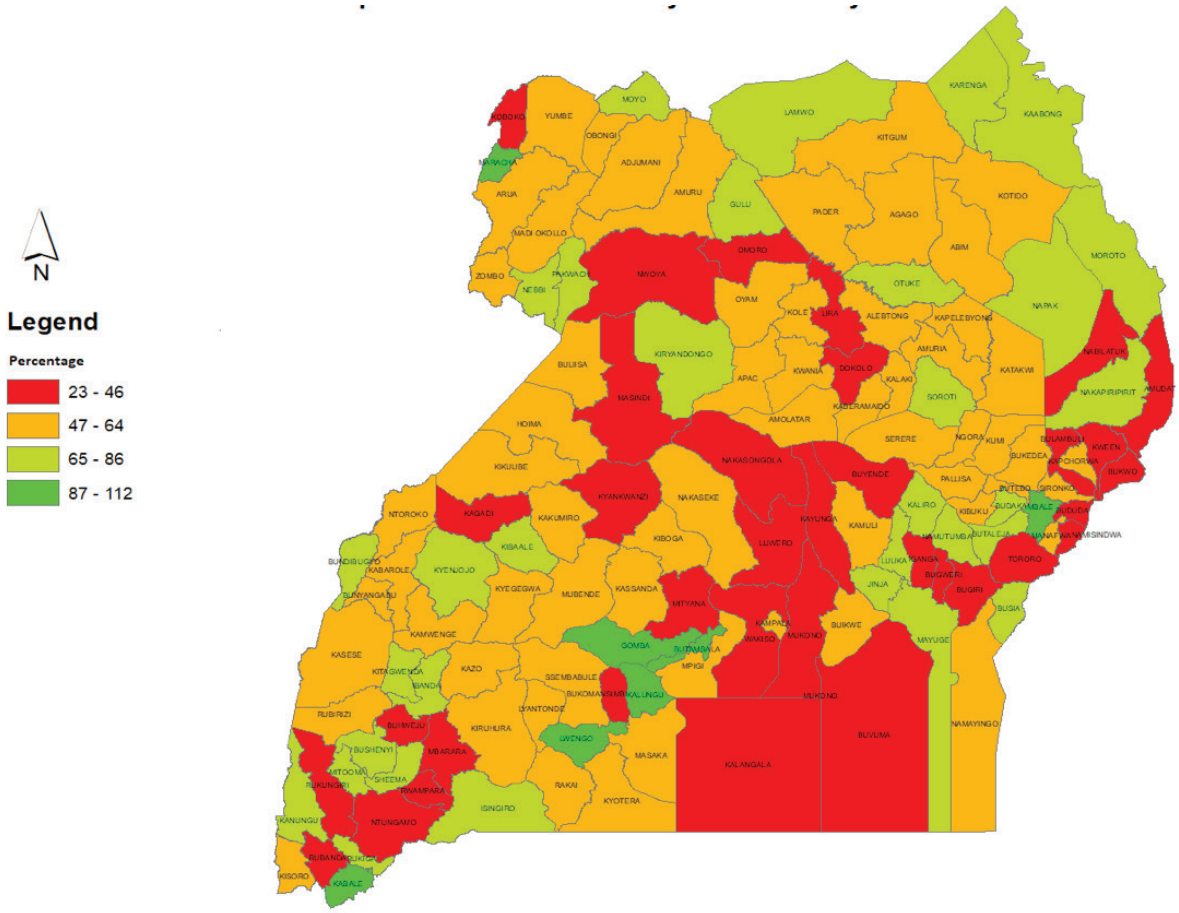
## FIGURE 20: INSTITUTIONAL DELIVERIES AS PROPORTION OF QUARTERLY ESTIMATED DELIVERIES



Only 7 districts achieved the target of 85% and above health facility deliveries and these are Butambala (112%), Mbale (104%), Kalungu (103%), Kabale (98%), Gomba (96%), Lwengo (93) and Maracha (91%).

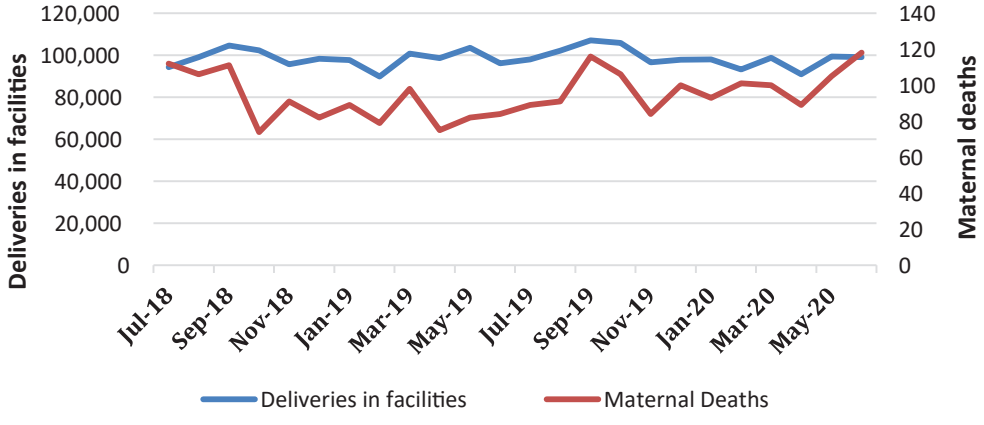
Districts with the lowest proportion of health facility deliveries were; Mbarara (39%), Buvuma (36%), Buyende (36%), Bugweri (35%), Namisindwa (35%), Rukungiri (35%), Rwampara (35%), Wakiso (35%), Bududa (34%), Kayunga (34%), Lira (34%), Nakasongola (34%), Tororo (34%), Kween (32%), Buhweju (30%), Kalangala (29%), Amudat (24%) and Nwoya (23%).

### FIGURE 21: MAP SHOWING PROPORTION OF HEALTH FACILITY DELIVERIES BY DISTRICT FY 2019/20




Deliveries in facilities and maternal deaths do not reveal any big difference during the period of March 2020, April 2020 and May 2020. However, there is slight drop of deliveries and maternal deaths in April 2020, then a sharp increase in May 2020 and June 2020.

### FIGURE 22: TRENDS IN DELIVERIES IN FACILITIES AND MATERNAL DEATHS



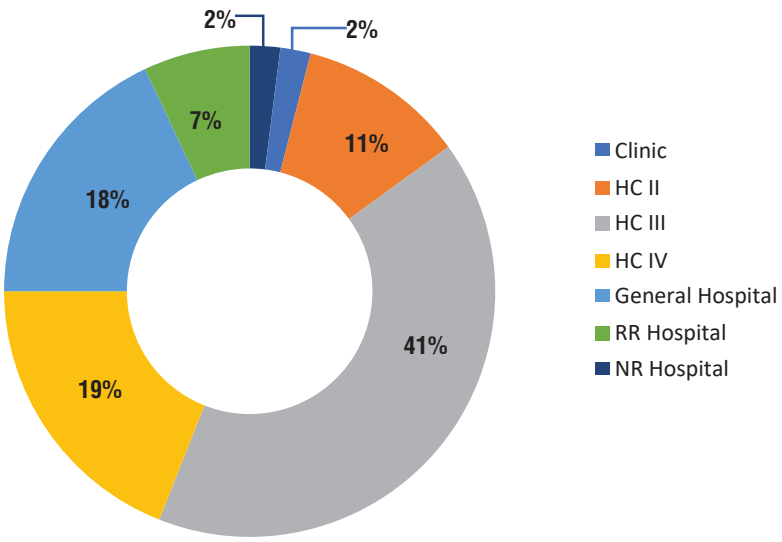
Most of the reported deliveries were conducted at the primary care facilities. Hospitals (National, RRHs and General Hospitals) conducted 28% of the reported deliveries, whereas HC IVs and IIIs conducted 19% and 41% of the deliveries respectively. 13% of the reported deliveries were conducted at HC IIs and clinics.

### TABLE 18: NUMBER OF DELIVERIES AND LIVE BIRTHS BY INSTITUTIONAL LEVEL

| HF LEVEL | 2018/19 | | | | 2019/20 | | | |
|---|---|---|---|---|---|---|---|---|
| | # Deliveries | | Live Births | | # Deliveries | | Live Births | |
| | No. | % | No. | % | No. | % | No. | % |
| Clinic | 32,131 | 3% | 31,272 | 3% | 19,687 | 2% | 19,397 | 2% |
| HC II | 149,819 | 13% | 146,196 | 13% | 133,434 | 11% | 128,213 | 11% |
| HC III | 458,648 | 39% | 452,735 | 39% | 482,767 | 41% | 475,423 | 41% |
| HC IV | 201,984 | 17% | 199,460 | 17% | 221,151 | 19% | 218,668 | 19% |
| General Hospital | 226,278 | 19% | 221,605 | 19% | 216,683 | 18% | 210,690 | 18% |
| RR Hospital | 87,346 | 7% | 85,324 | 7% | 89,475 | 8% | 87,483 | 8% |
| NR Hospital | 24,115 | 2% | 23,056 | 2% | 23,582 | 2% | 22,526 | 2% |
| **Grand Total** | **1,180,321** | **100%** | **1,159,648** | **100%** | **1,186,779** | **100%** | **1,162,400** | **100%** |

*Source: MoH HMIS*

### FIGURE 23: PROPORTION OF DELIVERIES CONDUCTED BY HEALTH FACILITY LEVEL IN FY 2019/20




*Despite the prioritization of maternal health services during the HSDP I, there was only 11% increase in ANC4 coverage from 38% in 2015//16 to 42% in 2019/20. By 2018/19, health facility deliveries had increased by 15% from 55% to 63%. However, this declined to 59% in 2019/20 due to the COVID-19 effects and the HSDP target of 89% was not achieved.*

*The majority of deliveries (73%) are conducted at Primary Health Care facilities yet they are inadequately staffed, equipped and lack staff accommodation to ensure 24 hour coverage.*

*To continue with the UHC agenda of increasing access to quality health care services by ensuring that all subcounties have functional HC IIIs to provide basic obstetric care services.*

- The proportion of HC IVs offering CEmONC services (Caesarean Section (C/S) and blood transfusion) increased by 8.5% to 51% (103/203) in 2019/20 from 47% (90/190) in 2018/19. The HSDP target of 60% was not achieved. It is worth noting that the number of HC IV level facilities assessed increased from 190 to 203 and this includes

the 10 HC IVs that were upgraded in FY 2019/20. The improvement in CEmONC coverage was largely due to improved reporting by both public and private health facilities. All the 10 newly upgraded HC IIIs did not conduct C/S.

The proportion of HC IVs conducting C/S including those conducting C/S without blood transfusion services remained at 81% (166/203). A total of 63 HC IVs conducted C/S without blood transfusion services and 38 HC IVs did not provide any emergency obstetric care services.

The number of C/S conducted at the assessed HC IVs increased by 37% to 25,047 from 18,3181 in FY 2018/19. The following HC IVs performed the highest number of C/S; St. Paul HC IV (1,616), Midigo HC IV (1,056), Kyangwali HC IV (883), Mpigi HC IV (800) and Rwekubo HC IV (783).

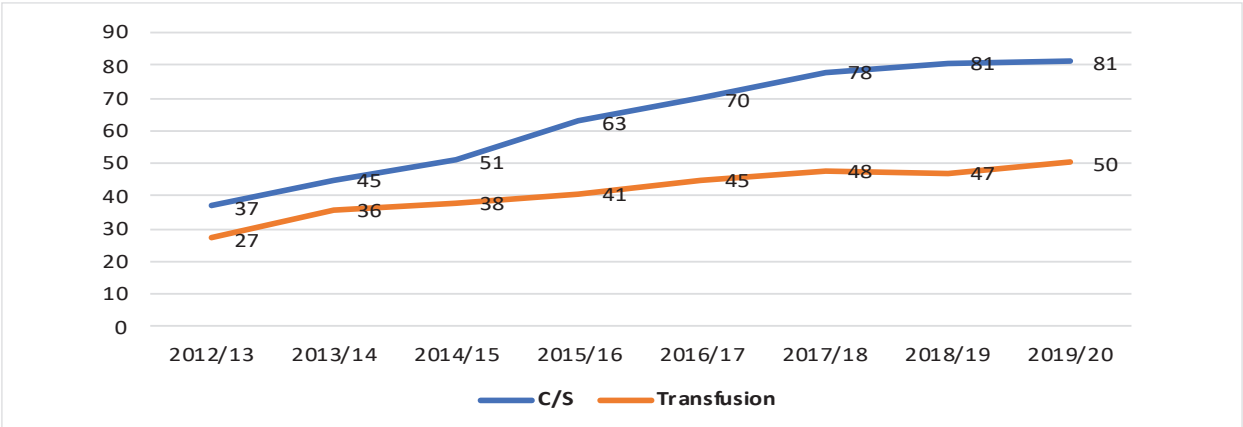
The following HC IVs were among the top 20 HC IVs in performing C/S although they did not have facilities for blood transfusion; Wakiso HC IV, Kasangati HC IV, Kiganda HC IV, Kakindo HC IV and Kisenyi HC IV. The performance of each of the 204 reporting HC IVs in respect to CEmOC is provided in Annex 11.

### TABLE 19: HC IVs WITH THE HIGHEST NUMBER OF CAESAREAN SECTIONS IN FY 2019/20

| No. | HC IV | No. of C/S | Blood Transfusion Services |
|---|---|---|---|
| 1 | St. Paul | 1,616 | YES |
| 2 | Midigo | 1,056 | YES |
| 3 | Kyangwali | 883 | YES |
| 4 | Mpigi | 800 | YES |
| 5 | Rwekubo | 783 | YES |
| 6 | Wakiso | 536 | NO |
| 7 | Serere | 509 | YES |
| 8 | Kangulumira | 464 | YES |
| 9 | Kasangati | 445 | NO |
| 10 | Rugazi | 396 | YES |
| 11 | Kassanda | 342 | YES |
| 12 | Rwesande | 320 | YES |
| 13 | Kiganda | 315 | NO |
| 14 | Kakindo | 314 | NO |
| 15 | North Kigezi | 313 | YES |
| 16 | Ruhoko | 310 | YES |
| 17 | Mukono CoU | 305 | YES |
| 18 | Kisenyi | 292 | NO |
| 19 | Kyabugimbi | 278 | YES |
| 20 | Kazo | 276 | YES |

*Source: MoH HMIS*

### FIGURE 24: TRENDS IN HC IVS PERFORMING C/S AND BLOOD TRANSFUSION FROM FY




1 This excludes the HC IVs that were upgraded to hospitals in FY 2019/20.

*There was a 24% increase in the functionality of HC IVs from 41% in 2015/16 to 51% in 2019/20 however, the HSDP target of 60% was not achieved. By 2019/20 FY, a total of 62 HC IVs conducted C/S without blood transfusion services and 39 HC IVs did not provide any emergency obstetric care services.*

*There is need to prioritize provision of blood transfusion services at all HC IVs to reduce on the referral of mothers from HC IVs to hospitals and reduce maternal mortality due to haemorrhage.*

*Newly upgraded HC IVs should be appropriately staffed and equipped to provide services as per the service delivery standards for that level.*

*Adaptation of output based allocation of resources to HC IVs as they are all not at the same level of functionality.*

## 1.7 Performance against the key Health Investment and Quality Output Targets

The key health result areas under health investments and quality are health infrastructure, medicines and health supplies, improving quality of care and responsiveness, health information, financing and human resources. There was improvement in performance for 4 out of the 12 indicators assessed during the FY. The sector achieved the HSDP targets for only 3 out of the 18 indicators under this domain namely; Population living within 5 km of a health facility, Facility based FSB (per 1,000 deliveries) and maternal death reviews.

## TABLE 20: PERFORMANCE AGAINST THE HEALTH INVESTMENT TARGETS

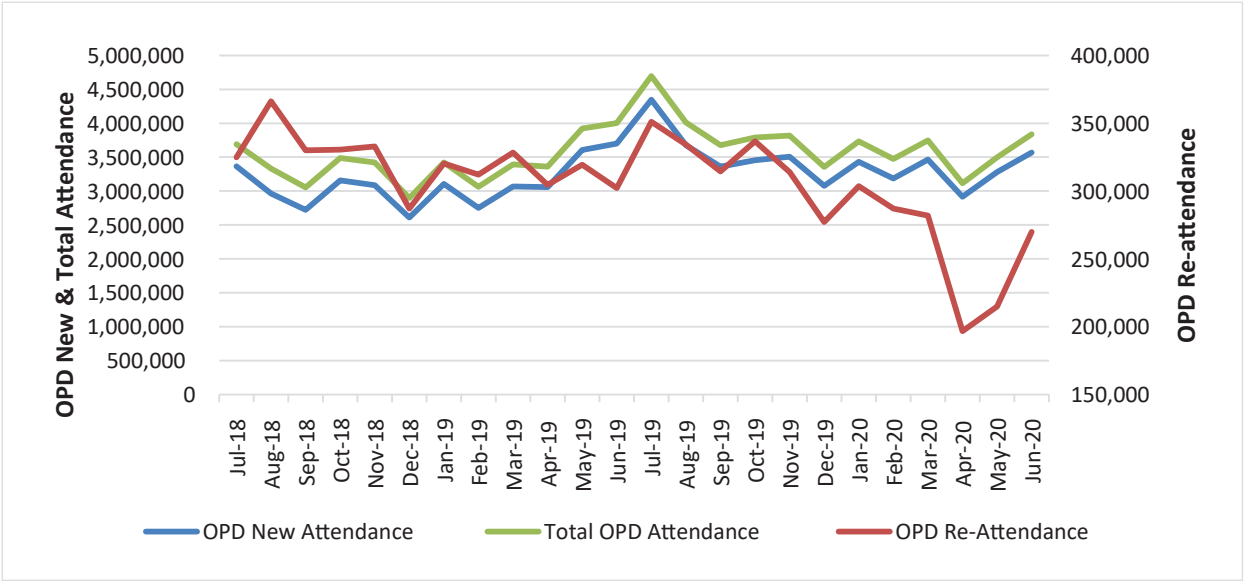
| Indicator | Achieved FY 2015/16 | | Achieved FY 2016/17 | | Achieved FY 2017/18 | | Achieved FY 2018/19 | | Achieved FY 2019/20 | | HSDP Target 2019/20 | Change |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| New OPD Utilization rate | 1.2 | M = 1.0<br>F = 1.5 | 1.1 | M = 0.9<br>F = 1.3 | 1.1 | M = 0.9<br>F = 1.3 | 1 | M = 0.8<br>F = 1.2 | 1.1 | M = 1.0<br>F = 1.3 | 1.5 | 10% |
| Hospital (Inpatient) admissions per 100 population | 3.73 per 100 | | 3.67 per 100 | | 3.25 per 100 | | 7.3 per 100 | | 7.2 per 100 | | 10 per 100 | -1.4% |
| Population living within 5 km of a health facility | 83% | | 83% | | 86% | | 86% | | 86% | | 85% | Based on UNHS 2017 |
| Availability of a basket of commodities in the previous quarter (% of facilities that had over 95%) | 52% | | 57% | | 51% | | 53% | | 46% | | 75% | -13.2% |
| Facility based fresh still births (per 1,000 deliveries) | 13 | | 10.1 | | 9.4 | | 9 | | 9 | | 11 | 0% |
| Maternal deaths among 100,000 health facility deliveries | 119 | | 148.3 | | 104 | | 92 | | 99 | | 98 | -7.6% |
| Maternal death reviews | 37% | | 23.9% | | 50% | | 51% | | 66% | | 65% | 29.4% |
| Under Five deaths among 1,000 under 5 admissions | 19 | M = 15.1<br>F = 22.3 | 20.2 | M = 17.1<br>F = 23.6 | 22.4 | M = 19.9<br>F = 25.2 | 23 | M = 21<br>F = 26 | 24 | M = 22<br>F = 25 | 16.1 | -4% |
| ART Retention rate | 79% | | 82% | | 76% | | 76% | | 78% | | 84% | 2.6% |
| TB treatment success rate | 79% | | 80% | | 77% | | 72% | | 78% | | 90% | 8.3% |
| Client satisfaction index | 46% (NSDS 2015) | | Na | | Na | | Na | | No survey conducted | | 79% | |
| Timeliness of reporting (HMIS 105) | 79.4% | | 88.1% | | 95% | | 98% | | 85% | | 97% | -13.3% |
| Sanitation coverage | 75% | | 77% | | 83% | | 77% | | 78% | | 82% | 1.3% |
| Villages/ wards with a functional VHT | 75% (2014/15) | | Na | | Na | | Na | | 40% | | 85% | Based on VHT/ ICCM Quarterly Report Reporting rate |
| Approved staffing levels filled | 70% | | 71% | | 73% | | 76% | | 73% | | 80% | -3.9% |

### Access to Health Care Services

OPD attendance, hospital admissions and population living within 5 km of a health facility are used as proxy indicators for access to health care services. New OPD utilization rate increased by 10% to 1.1 in FY 2019/20. Per capita OPD attendance was higher for females (1.3) compared to males (1.0). The sector has not achieved the HSDP target of 1.5.

The monthly OPD attendance trends show an increase in the first half of the year in comparison to the previous year, however there was a decline in the second half and more so in April 2020. This is more evident in the re-attendances which are usually patients on chronic care. The Re-attendances were more affected in this period because of the restrictions. General OPD statistics show that health service delivery continued during the COVID-19 restrictions.

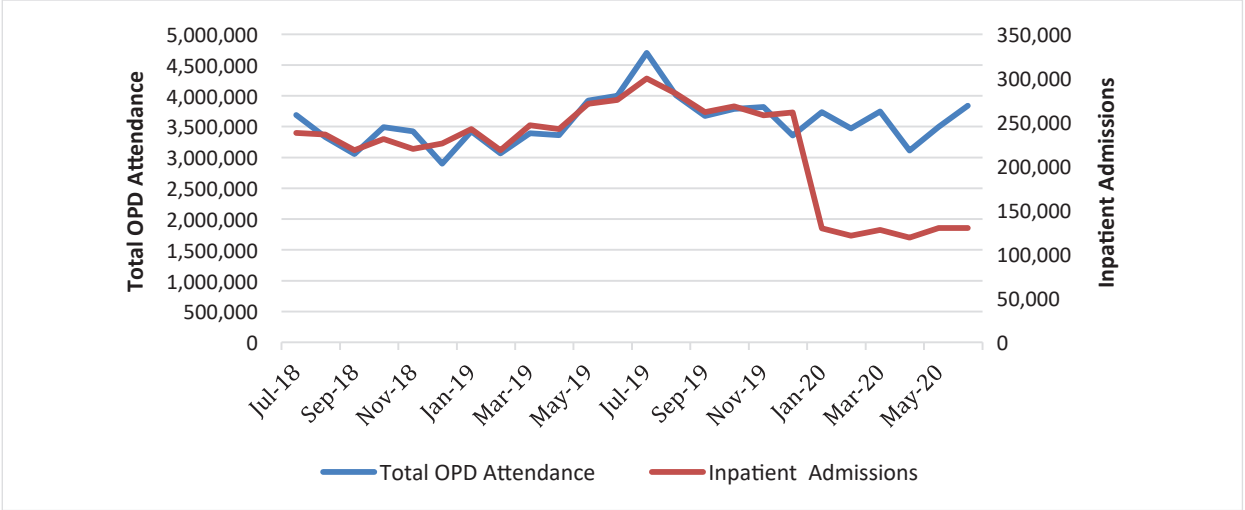
**FIGURE 25: TRENDS IN OPD ATTENDANCES FROM JULY 2018 TO JUNE 2020**




Hospitals admissions reduced to 7.2 per 100 in 2019/20 from 7.3 per 100 population in 2018/19. The target of 10 per 100 was not achieved.

Comparing OPD New attendance and inpatient admissions shows that the admissions were most affected by the COVID-19 lockdown. The trends further show that whereas other services picked up after May 2020, the Inpatient admissions are still much lower. This may be because the community may not be comfortable to access the health facilities for fear of Covid-19 exposure or the disease burden requiring admission have significantly reduced.

**FIGURE 26: TRENDS IN OPD ATTENDANCE AND INPATIENT ADMISSIONS**



*On average OPD utilization rate was 1.1 per capita throughout the HSDP 1 period and the HSDP target of 1.5 was not achieved. The HMIS statistics show that General OPD health service delivery continued during the COVID-19 restrictions although, re-attendances which are usually for patients on chronic care showed a downward trend.*

*Although the number of hospital admissions increased by 93% from 4 per 100 population to 7, the HSDP target of 10 per 100 persons was not achieved. This may be because the community may not be satisfied with the hospital care or the disease burden requiring admission has significantly reduced. There is need to further analyze the factors leading to underutilization of the hospital bed facilities before further expansion of hospitals facilities.*

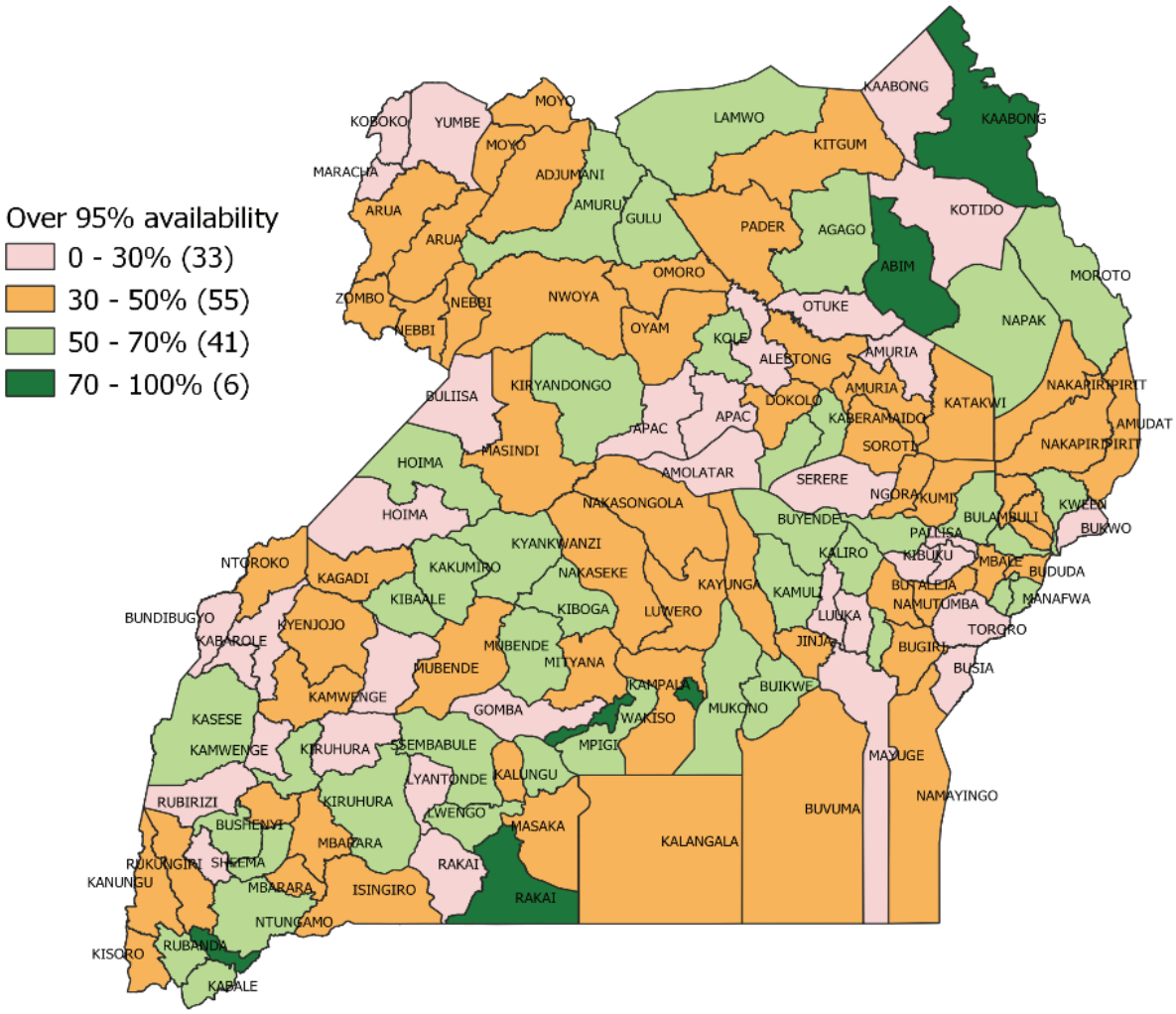
*The UNHS 2017, showed that 86% of the population is living within 5 km radius of a health facility (public or private) and therefore has access to Primary Health Care Services. There is need to review the packages at the lower level facilities in line with the UHC concept of in terms of range of services provided and quality.*

The availability of a basket of 41 tracer commodities was available on 71 of the 90 days (79%) in 3,568 health facilities. This was below the annual target of 90% and this was also a decrease from 2018/19 which was 83%. The TB, EMHS and LAB baskets had the highest availability, 86%, 82% and 80% respectively, while the ARV basket had the lowest availability at 70%. The percentage of facilities having over 95% availability of a basket of commodities dropped to 46% from 53% in 2018/19 far below the HSD target of 75%.

### TABLE 21: AVAILABILITY FOR THE 41 COMMODITIES BY BASKETS FY 2019/20

| Indicator | Disaggregation | Baseline data FY 2015/16 | Target FY 2019/20 | Quarterly Status Availability– FY 2019-2020 | | | |
|---|---|---|---|---|---|---|---|
| | | Value | Value | Q1 | Q2 | Q3 | Q4 |
| Average percentage availability of a basket of 41 commodities based on all reporting facilities in the previous quarter | EMHS | 86% | 90% | 77% | 77% | 83% | 82% |
| | ARVs | 89% | 90% | 82% | 81% | 70% | 70% |
| | TB | 83% | 90% | 81% | 81% | 84% | 86% |
| | LAB | 87% | 90% | 84% | 84% | 82% | 80% |
| | RMNCH | 89% | 90% | 85% | 86% | 79% | 79% |
| **Overall Average** | | **87%** | **90%** | **82%** | **82%** | **79%** | **79%** |
| Percentage of facilities that had over 95% availability of a basket of commodities in the previous quarter | EMHS | 49% | 75% | 40% | 40% | 51% | 49% |
| | ARVs | 50% | 75% | 55% | 50% | 35% | 33% |
| | TB | 60% | 75% | 64% | 65% | 63% | 67% |
| | LAB | 54% | 75% | 51% | 50% | 48% | 46% |
| | RMNCH | 47% | 75% | 40% | 44% | 31% | 33% |
| **95% availability (Overall Average)** | | **52%** | **75%** | **50%** | **50%** | **46%** | **46%** |

## FIGURE 27: PERCENTAGE OF FACILITIES THAT REPORTED >95% AVAILABILITY OF 41 COMMODITIES IN FY 2019/20




### EMHS Basket

- Malaria commodities at NMS are well stocked except Malaria RDTs. 3.7 Months of Stock (MOS). (338,600 packs) of mRDT are available at the transit warehouse. Some stocks of mRDT to be transferred from facility based budget line to ICCM budget line to mitigate shortages in community services. AL 6*2 and AL 6*3 have been phased out and orders for these commodities are being filled by AL 6*1. All malaria commodities at JMS are well stocked (>3 MOS). Artesunate injection is being issued out basing on reported inpatient cases per level of care.

- Amoxicillin 250mg 1*10 formulation and Co-packaged ORS and zinc tablets were understocked with less than 3 MOS. Shipment for Amoxicillin 250mg 1*10 tablets (5.5 MOS) and ORS/Zinc co-pack (1.3 MOS) are expected in October 2020.

- High stock-out rate for nutrition commodities. Funding for these items are donor driven, thus budgetary allocation needed for these commodities.

### ARV Basket

Adult ARVs well stocked at NMS except TLE formulations, ABC/3TC 600/300mg and LPV/r 200/50mg. There has been delayed delivery of Abacavir based formulations due to shortage of API for Abacavir. Consumption of LPV/r 200/50mg is expected to decrease following transition of patients from PI regimens to DTG. TDF/3TC/EFV 300/300/600mg to be replaced with TLE 400 for those clients ineligible/intolerant to TLD. Clients on AZT/3TC/NVP 300/150/200mg to be transitioned to DTG based regimens.

### TB Basket

Medicines for initiation phase (Ethambutol 100mg, RHZ 75/50/150mg and RHZE 150/75/400/275mg) have sometimes stocked-out at NMS. There is need for more GOU funding for TB commodities.

### LAB Basket

All the warehouses are well stocked with Lab commodities while there were some stock outs observed in some facilities. Redistribution of over stock commoditidites between facilities and districts were always conducted to minimize stock outs and expiry. More orders need to be placed for Stat Pak and SD Bioline to mitigate projected shortages after September 2020. CD4+ commodities generally had low stock levels (< 3MOS) and are at risk of stocking out except for Crag which is well stocked. Blood collection devices and Vacutainer tubes are at risk of stocking out by October 2020.

### RMNCAH Basket

RH commodities were well stocked at NMS except Male condoms (0.7 MOS), DMPA-IM (2.2 MOS), ECP (1.8 MOS) and Misoprostol 200mcg (0.0 MOS). Transfer of 15 million male condoms (3.6 MOS) and 20,000 IUDs (3.5 MOS) from JMS/ADS to NMS is ongoing. Shipment of 5.3 MOS of Misoprostol 200mcg is expected from UNFPA in September 2020. The Government annual allocation of $4.2 million (UGX 16 billion) to be allocated to Safe delivery (mama) kit (91%) & Misoprostol (9%) in FY 20/21.

### Causes of stock outs

The causes of stock-outs include; shortage of personnel specialized in medicines supply chain management, delay in submitting orders and the limited budget for health supplies among others. Early indications suggest that Uganda's implementation of universal 'test and treat' which commenced in 2017 has exacerbated the challenge of stock-outs of anti-retroviral medicines due to a dramatic increase in new ART enrollments. As the number of patients enrolled on ART continually increases, the challenges of ARV stock-outs have also increased.

## 1.7.1.1 EMHS Credit Line at NMS

By the fourth quarter NMS had spent all the UGX 387.51 billion appropriated for the FY. There was a 36% increase in the budget and expenditure for EMHS by NMS from UGX 276.7 billion in FY 2018/19 to UGX 387.51 billion. ARVs consumed the largest share of the budget share for EMHS at 36.2%, followed by supply to specialized units (UBTS and UHI) at 8.1% and immunization supplies at 6.9%.

It is worth noting that apart from the HC IIIs which had a 25% increase in expenditure for EMHS, other lower level health facilities and hospitals had a decline in funds spent for EMHS. There was an 81% increase expenditure for ARVs, 37% increase for immunization supplies including Hepatitis B Vaccine, 30% increase for Reproductive Health items. On the other hand, the expenditure on anti-malarial medicines reduced by 63% and TB medicines reduced by 23%.

### TABLE 22: NMS EXPENDITURE FOR EMHS

| Output description | 2018/19 | 2019/20 | % change in expenditure | % of expenditure for EMHS |
|---|---|---|---|---|
| Supply of EMHS to HC II (Basic Kit) | 11,523,826,543 | 10,270,177,990 | -11% | 2.7% |
| Supply of EMHS to HC III (Basic Kit) | 22,258,000,000 | 27,931,200,000 | 25% | 7.2% |
| Supply EMHS to HC IV | 12,859,631,128 | 11,759,440,000 | -9% | 3.0% |
| Supply of EMHS to GHs | 19,453,418,625 | 17,900,440,000 | -8% | 4.6% |
| Supply of EMHS to RRHs | 18,681,808,000 | 16,749,049,063 | -10% | 4.3% |
| Supply of EMHS to National Referral Hospitals | 17,839,616,400 | 15,056,352,000 | -16% | 3.9% |
| Supply of EMHS to Specialised units (UBTS & UHI) | 19,649,861,036 | 31,375,339,600 | 60% | 8.1% |
| Supply of Emergency and Donated Medicines to Health Facilities | 3,383,718,000 | 2,300,000,000 | -32% | 0.6% |
| Supply of Reproductive Health Items to all Health Facilities | 11,300,000,000 | 14,720,000,000 | 30% | 3.8% |
| Supply of Immunisation Supplies including Hepatitis B Vaccine | 19,450,000,000 | 26,679,658,926 | 37% | 6.9% |
| Supply of Laboratory Commodities to accredited Facilities | 11,613,962,600 | 10,120,000,000 | -13% | 2.6% |
| Supply of ARV's to accredited Facilities | 77,566,508,800 | 140,328,975,750 | 81% | 36.2% |
| Supply of Anti-Malarial Medicines to accredited Facilities | 12,779,901,700 | 4,751,021,250 | -63% | 1.2% |
| Supply of TB medicines to accredited Facilities | 8,400,000,000 | 6,440,000,000 | -23% | 1.7% |
| Administrative Services | 9,909,627,100 | 11,980,229,762 | 21% | 3.1% |
| AIA | 9,286,093,209 | 0 | | 0.0% |
| Corporate Services | | 39,149,985,293 | | 10.1% |
| **Total** | **285,955,973,141** | **387,511,869,634** | **36%** | **100.0%** |

## 1.7.1.2 EMHS Credit Line for PNFP's at Joint Medical Stores (JMS)

UGX 7,400,000,000/= was released to JMS to procure and distribute EMHS for accredited PNFP facilities. In addition to this various LGs procured EHMS worth UGX 1,792,146,603/= from JMS using RBF funds. By the end of the FY, 96% of the funds were utilized.

### TABLE 23: EXPENDITURE FOR EMHS AT JMS BY LEVEL OF CARE

| Level | Opening balance from FY 2018/19 | Funds received for FY 2019/20 | Total available for utilization | Funds utilized in FY 2019/20 | Balance | % spent |
|---|---|---|---|---|---|---|
| HC II | 1,723,402 | 5,555,856,034 | 5,557,579,436 | 5,329,709,136 | 227,970,300 | 96% |
| HC III | 603,498 | 2,833,356,027 | 2,833,959,525 | 2,780,753,185 | 53,206,340 | 98% |
| HC IV | 313,355 | 247,267,836 | 247,581,191 | 238,516,855 | 9,064,336 | 96% |
| Hospital | 1,204,587 | 555,666,705 | 556,871,292 | 528,411,031 | 28,460,261 | 95% |
| **Total** | **3,844,842** | **9,192,146,603** | **9,1955,991,445** | **8,877,390,208** | **318,601,237** | **97%** |

### TABLE 24: ANNUAL EXPENDITURE FOR EMHS AT JMS BY AFFILIATION

| Affiliation | Opening balance from FY 2018/19 | Funds received for FY 2019/20 | Total available for utilization | Funds utilized in FY 2019/20 | Balance | % spent |
|---|---|---|---|---|---|---|
| CBO | 27,486 | 97,433,053 | 97,460,539 | 97,225,217 | 235,321 | 100% |
| NGO | 0 | 23,642,722 | 23,642,722 | 23,457,662 | 185,060 | 99% |
| Partnership | 0 | 27,190,078 | 27,190,079 | 25,586,366 | 1,603,712 | 94% |
| PNFP | 0 | 3,809,265 | 3,809,265 | 3,809, 248 | 16 | 100% |
| UCMB | 1,833,765 | 5,820,347,920 | 5,822,181,684 | 5,617,464,392 | 204,717,292 | 96% |
| UMMB | 242,339 | 561,425,273 | 561,667,612 | 544,585,061 | 17,082,550 | 97% |
| UOMB | 46,932 | 14,166,448 | 14,213,380 | 12,506,959 | 1,706,420 | 88% |
| UPMB | 1,694,322 | 2,644,131,845 | 2,645,826,167 | 2,552,755,302 | 93,070,856 | 96% |
| **Total** | **3,844,843** | **9,192,146,603** | **9,195,991,446** | **8,877,390,208** | **318,601,238** | **97%** |

*Despite the 77% increase in the budget for medicines for public health facilities at NMS from UGX 219 billion in 2015/16 to UGX 387.51 billion in 2019/20, the proportion of health facilities that had over 95% availability of the basket of 41 commodities in the previous quarter reduced to 46% in 2019/20 compared to 52% in 2015/16 and was below the HSDP target if 75% by 39%. ARVs consumed the largest share of the budget share for EMHS at 36.2%, followed by supply to specialized units (UBTS and UHI) at 8.1% and immunization supplies at 6.9%.*

*In FY 2019/20 the TB, EMHS and LAB baskets had the highest availability, 86%, 82% and 80% respectively. The ARV basket had the lowest availability at 70% yet it consumed the largest share of the GoU budget for EMHS.*

*The available funding for EMHS at NMS is UGX 9,285/= per capita (of which 36% is for ARVs) This is far below the recommended USD 12 per capita. This implies that there is still a very big gap in the availability of medicines and health supplies and thus need to increase Government funding and also operationalize the HIV and Aids Trust Fund for sustainable funding for the ARVs without compromising supply of other EMHS for the larger population.*

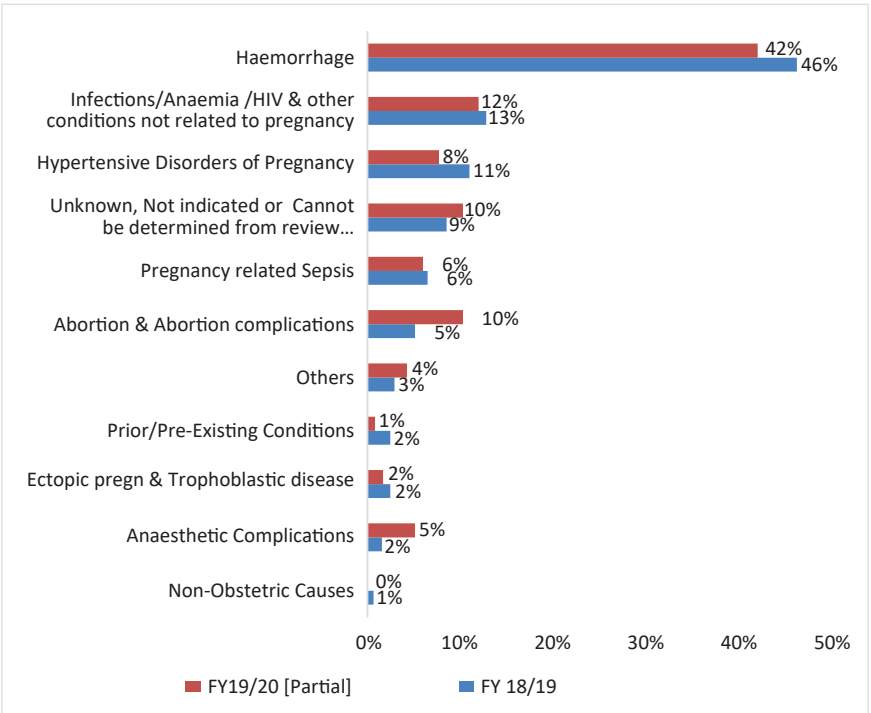
### 1.7.2 Improving Quality of Care

- The number of maternal deaths per 100,000 health facility deliveries increased by 7.6% to 99/100,000 facility deliveries in 2019/20 from 92/100,000 in 2018/19 falling short of the HSDP target of 98/100,000.

  In 2019/20 FY a total of 1,192 maternal deaths were reported through the MoH HMIS compared to 1,083 in 2018/19. The highest number of maternal deaths were reported from the following districts; Kampala (177), Hoima (51), Masaka (45), Kabarole (42), Mbale (38), Mbarara (34), Gulu (32), Kamuli (27) and Luwero (21). With the exception of Kamuli and Luwero districts, all these districts have RRHs where most of the mothers with complications during delivery are referred. This calls for strengthening the referral system as well as improving the CEmNOC services at the General Hospitals and HC IVs to reduce maternal deaths due to delays in accessing quality services.

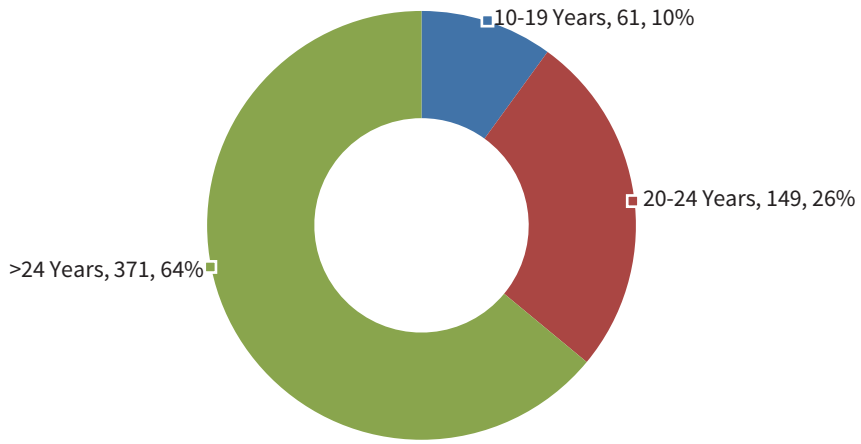
  The following 17 districts reported no maternal death during the year under review; Amolatar, Amudat, Amuru, Bukomansimbi, Butebo, Buvuma, Gomba, Kyankwanzi, Lamwo, Madi-Okollo, Manafwa, Namayingo, Obongi, Pader, Rubirizi, Rwampara and Sembabule. There is need to ascertain the factors leading to no reported maternal deaths in these districts so that good practices can be replicated elsewhere.

**FIGURE 28: CAUSE OF MATERNAL DEATHS REVIEWED**




Hemorrhage is the leading cause of death contributing 42% of all death reviewed. 90% of hemorrhage is PPH.

## FIGURE 29: NUMBER OF MDS BY AGE CATEGORY FOR THE 2 QUARTERS JAN – JUNE 2020




36% of maternal deaths occurred among young mothers <24 years who should have been in school.

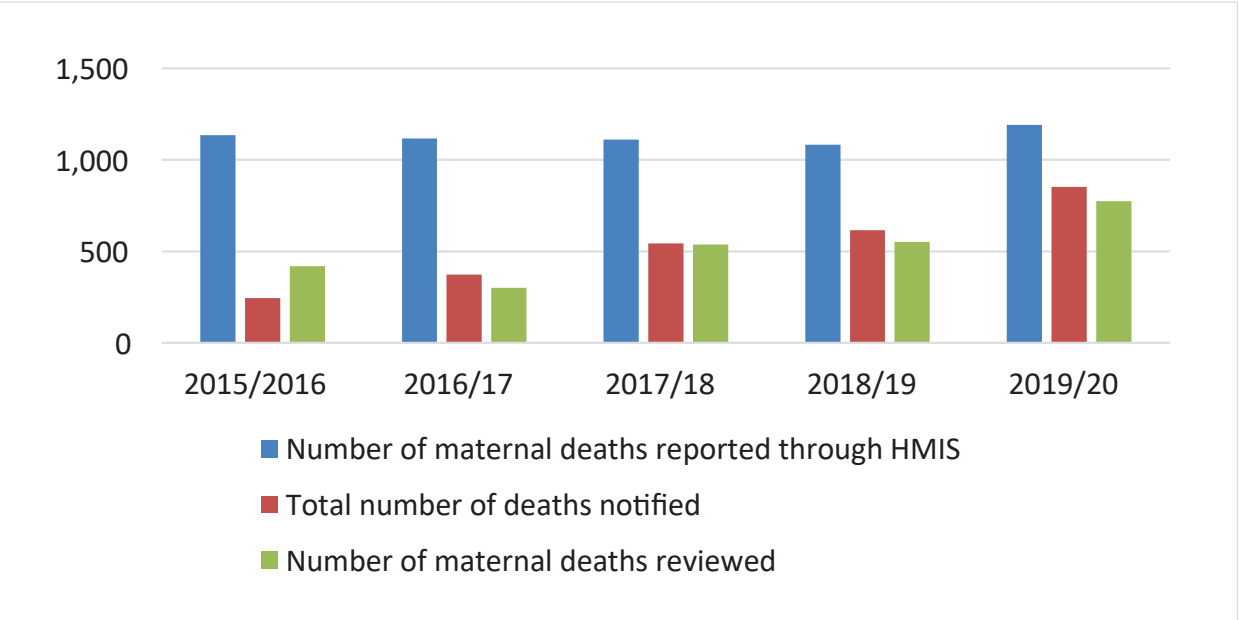
- Maternal death notification through mTRAC improved to 72% (853/1,192) in FY 2019/20 from 57% (616/1,083). Maternal death review also improved to 65% (775/1,192) from 51% (553/1,083) the previous year achieving the HSDP target (65%) (Table 28).

### TABLE 25: MATERNAL DEATH NOTIFICATION AND REPORTING

| Item | 2015/2016 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|---|
| Number of maternal deaths reported through HMIS | 1,136 | 1,118 | 1,112 | 1,083 | 1,192 |
| Total number of deaths notified | 246 | 374 | 545 | 616 | 853 |
| % of maternal deaths notified compared to reported in HMIS | 21.7% | 33.5% | 50% | 57% | 72% |
| Number of maternal deaths reviewed | 419 | 301 | 538 | 553 | 775 |
| % of maternal deaths reviewed | 37% | 27% | 48.4% | 51% | 66% |

*Source: MoH HMIS*

## FIGURE 30: TRENDS IN NATIONAL MATERNAL DEATH REPORTING, NOTIFICATION & REVIEW RATES

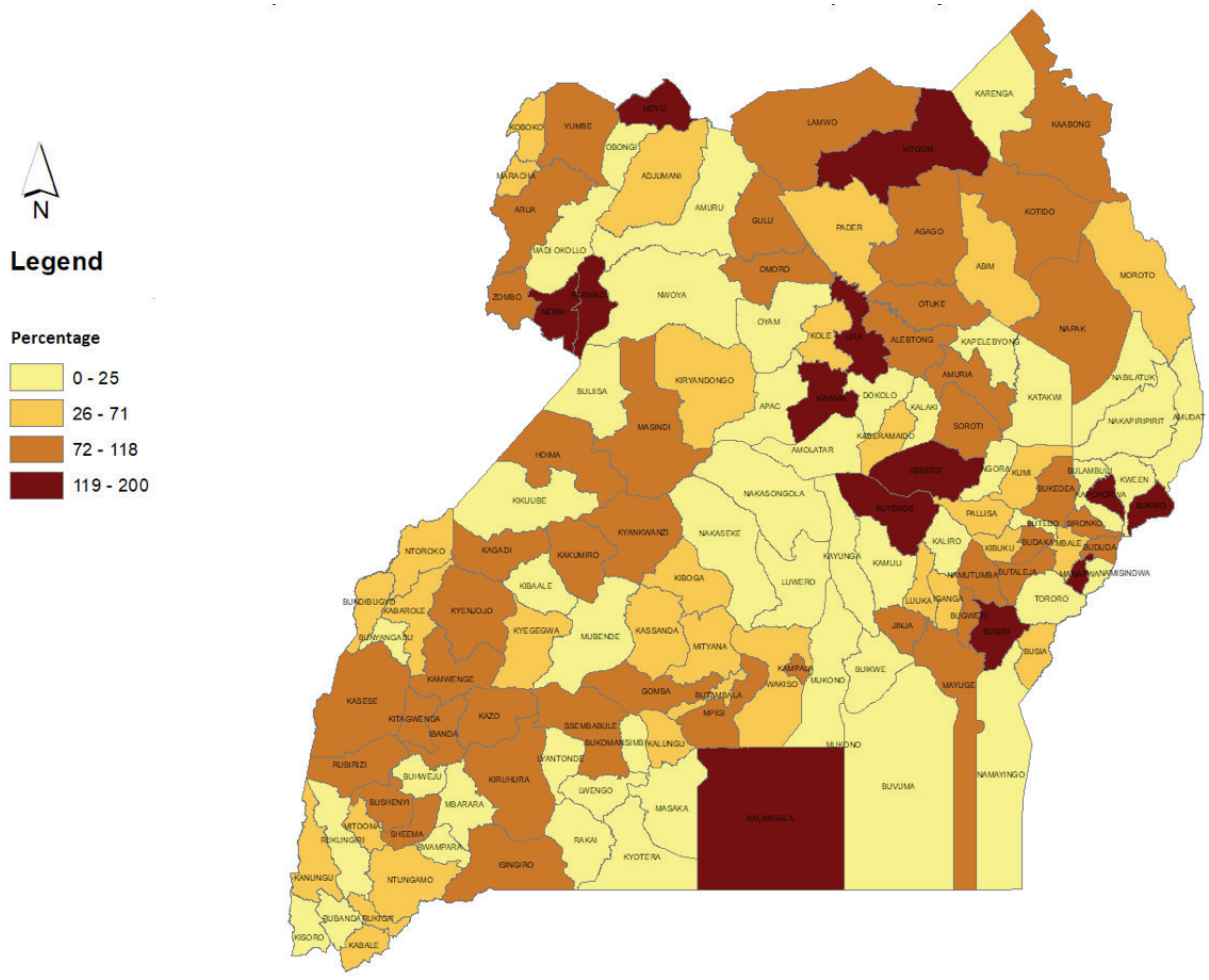


## TABLE 26: INSTITUTIONAL MATERNAL MORTALITY STATISTICS FOR THE PERIOD FY 2019/2020 BY HEALTH FACILITY LEVEL

| HF LEVEL | # Maternal Deaths | | # MDs Notified | | % MD Notified | | % MD. Reviews | |
|---|---|---|---|---|---|---|---|---|
| | 2018/19 | 2019/20 | 2018/19 | 2019/20 | 2018/19 | 2019/20 | 2018/19 | 2019/20 |
| Clinic | 15 | 27 | 1 | 8 | 8% | 30% | 0% | 7% |
| HC II | 17 | 30 | 15 | 13 | 88% | 43% | 24% | 50% |
| HC III | 80 | 68 | 46 | 53 | 58% | 78% | 44% | 54% |
| HC IV | 134 | 177 | 60 | 138 | 45% | 78% | 28% | 58% |
| General Hospital | 472 | 453 | 254 | 363 | 54% | 80% | 42% | 70% |
| RR Hospital | 331 | 320 | 258 | 195 | 77% | 61% | 49% | 72% |
| NR Hospital | 34 | 117 | - | 83 | 0% | 71% | 18% | 66% |
| **Total** | **1,083** | **1,192** | **634** | **853** | **59%** | **72%** | **41%** | **66%** |

*Source: MoH HMIS*

## FIGURE 31: MAP SHOWING THE PROPORTION OF MATERNAL DEATHS REVIEWED AND REPORTED BY DISTRICTS IN FY 2019/20



*Comparison between 2015/16 and 2019/20 FY shows a 17% reduction in the maternal deaths among 100,000 facility deliveries and a 77% increase in the maternal death reviews conducted. Overall the sector has made remarkable progress in reduction of maternal deaths falling short of the HSDP target by 1%. There is need to further validate this though the UDHS to be undertaken in 2021.*

*This can be attributed to the improved access and quality of services due to the RMNCAH projects like URMCHIP, Voucher Plus, PNFP/ICB II, Uganda Reproductive health Voucher project, SPHU, USAID-Uganda Voucher Plus Activity, RHITES Projects, among others and Partner support like WHO, UNICEF, UNFPA, Save the Children, among others.*

*Bunyoro, Kampala and Bugisu regions have the highest Institutional Maternal Mortality Rate. The higher IMMR in higher level facilities is likely a reflection of the referral pattern.*

*Hemorrhage is leading cause of death contributing 42% of all death reviewed and 90% of hemorrhage is Postpartum hemorrhage.*

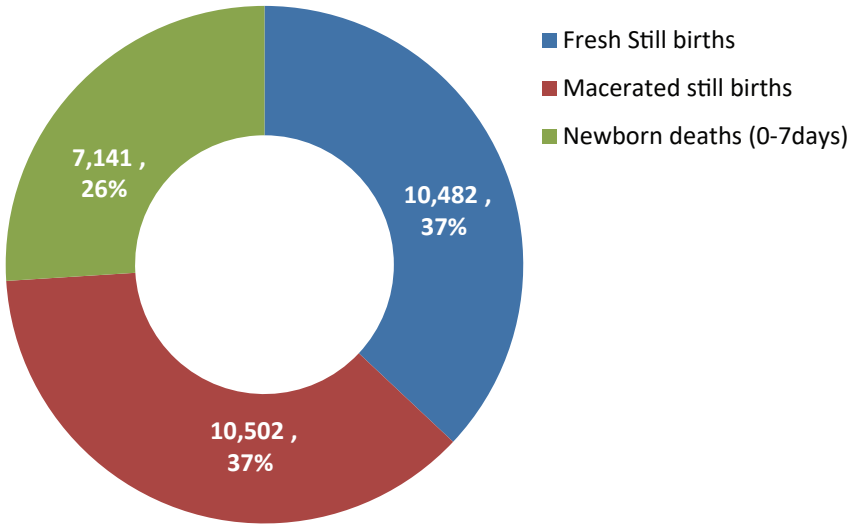
*36% of maternal deaths occurred among young mothers <24 years who should have been in school. Teenage pregnancy contributes up to 10% of all maternal deaths. This calls for multisectoral action to keep girls in school, life skills development for those out of school and improve the capacity of health facilities to offer quality adolescent and youth responsive SRHR services.*

*There is urgent need to address the health system factors leading to maternal death. These include lack of blood products for transfusion, absence of critical human resource, inadequate number of staff and staff lack expertise.*

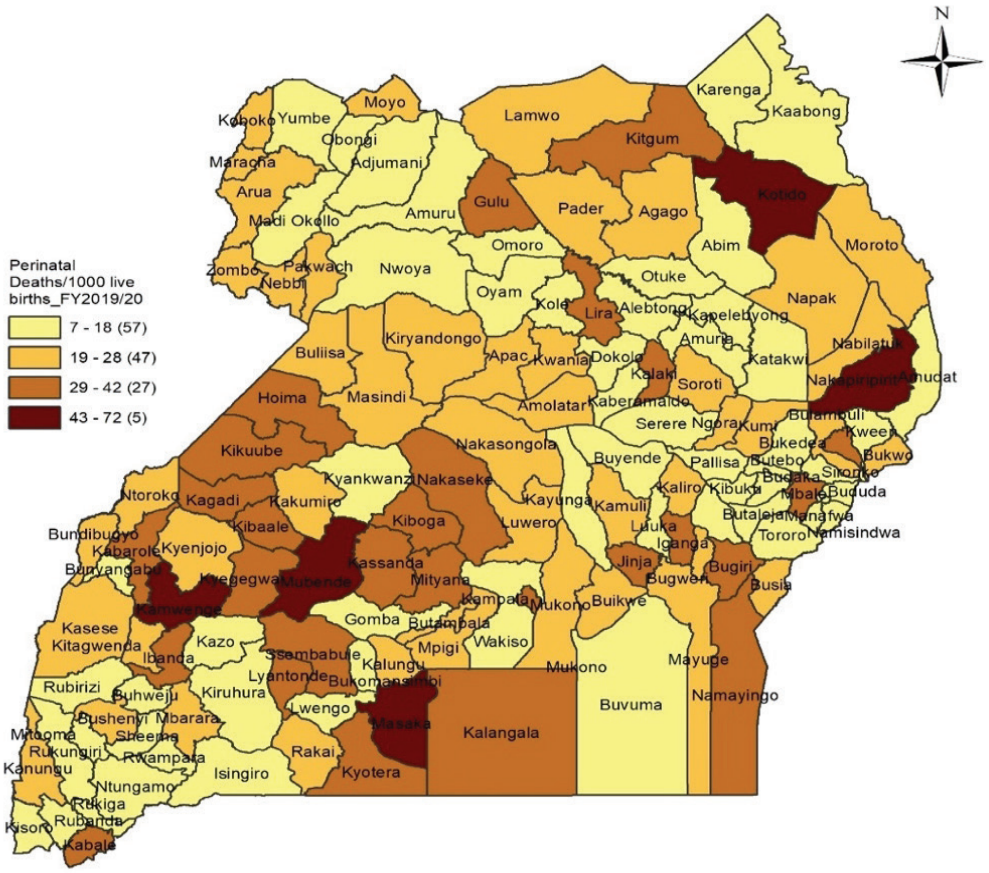
*Strengthen community sensitization and involvement to address the personal/family/woman related factors which include; delay of the woman seeking help, lack of partner support, herbal medication, and refused transfer to higher level facility.*

In FY 2019/20, a total of 28,174 perinatal deaths were reported. Fresh still births and newborn deaths (0-7 days) constitute 63% of the perinatal deaths. The highest number of perinatal deaths were reported in the following districts, Kampala (3,009), followed by Wakiso (757), Mubende (708), Arua (688), Masaka (674), Jinja (637), Kamwenge (609), Mbale (603), Kasese (563) and Hoima (562). The majority of these districts have Referral Hospitals but some of them are the refugee hosting districts like Arua, Kamwenge and Hoima.

**FIGURE 32: TYPES OF PERINATAL DEATHS REPORTED IN FY 2019/20**



## FIGURE 33: PERINATAL DEATHS PER 1,000 LIVE BIRTHS BY DISTRICT IN FY 2019/20

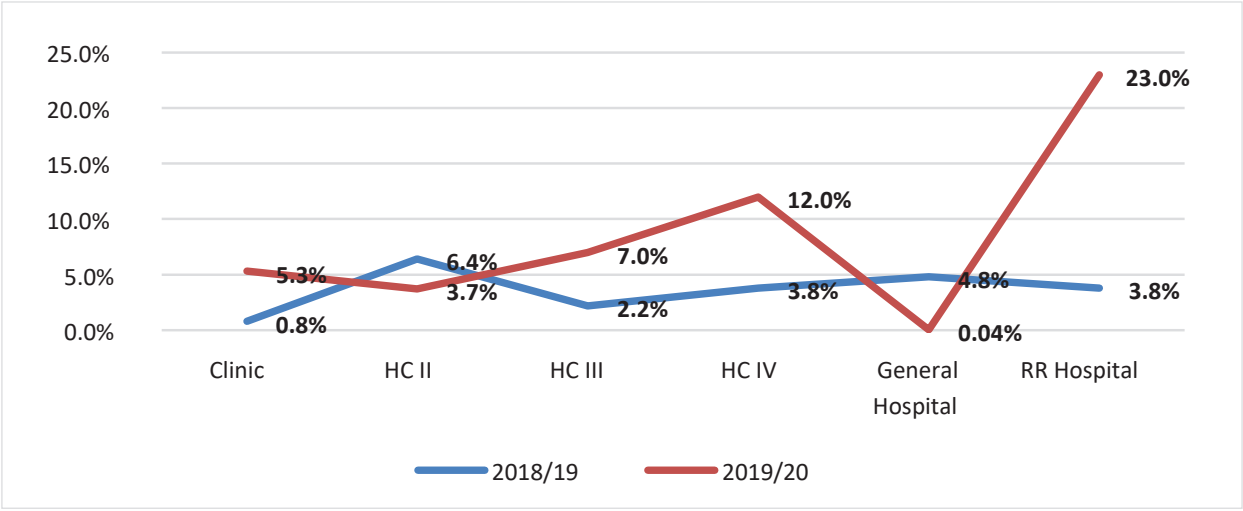



- The FSB per 1,000 deliveries stagnated at 9 per 1,000 deliveries. This was below the HSDP target of 11/1,000 implying that the sector achieved the target. The five districts with the highest FSBs per 1,000 deliveries were Kamuli (33/1,000), Gulu (23/1,000), Mpigi (23/1,000), Lwengo (21/1,000) and Kaberamaido (18/1,000).

  A total of 1,955 FSBs were reported in the RRHs. Hoima RRH had the highest number of FSBs (278) followed by Mbale RRH (247) and Mubende RRH (232). Moroto RRH had the lowest number (20) FSBs, followed by St. Francis Nsambya (30) and Mengo Hospital (31).

- Perinatal death notification improved to 35% in 2019/20 from 20% the previous year. 2,744 out of the 28,174 reported perinatal deaths (9.7%) were reviewed increasing compared to 3.8% (1,054/27,926) in FY 2018/19.

## FIGURE 34: PROPORTION OF PERINATAL DEATHS REVIEWED BY HEALTH FACILITY LEVEL



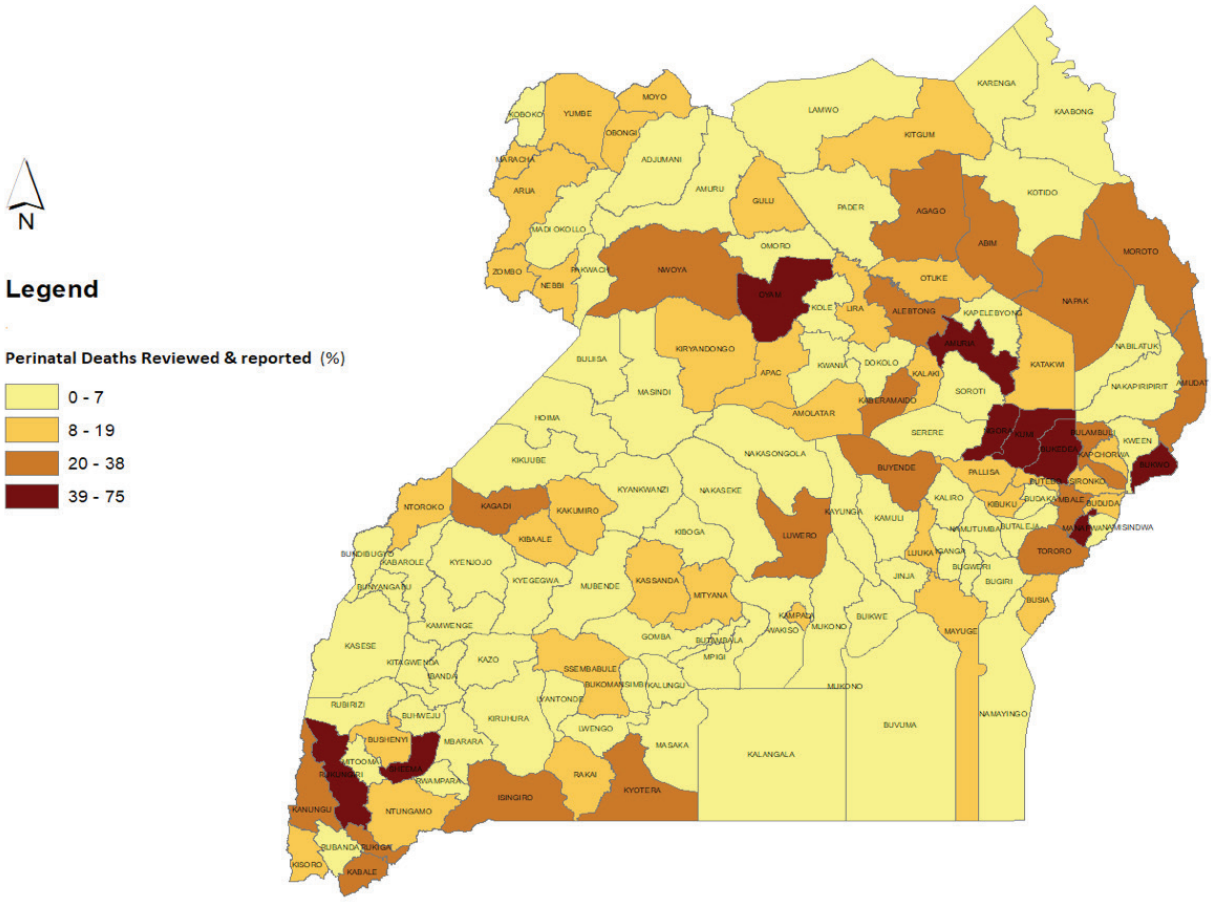
The was improved in the proportion of perinatal deaths reviewed at the RRHs, HC IVs and IIIs whereas general hospitals which have the largest number of perinatal deaths registered a decline in the reviews. The increase in perinatal death reviews at HC IVs and IIIs can be attributed to the RBF program whereby maternal and perinatal death reviews are among the quality indicators assessed on a quarterly basis.

### TABLE 27: NUMBER AND PROPORTION OF PERINATAL DEATHS REVIEWED BY LEVEL OF CARE

| Level | 2018/19 | | 2019/20 | |
|---|---|---|---|---|
| | Number of Perinatal Deaths | % Reviewed | Number of Perinatal Deaths | % Reviewed |
| Clinic | 1,825 | 15 (0.8%) | 376 | 20 (5.3%) |
| HC II | 1,894 | 121 (6.4%) | 1,726 | 64 (3.7%) |
| HC III | 6,041 | 134 (2.2%) | 5,644 | 397 (7.03%) |
| HC IV | 4,597 | 175 (3.8%) | 5,044 | 620 (12.2%) |
| General Hospital | 9,110 | 440 (4.8%) | 8,804 | 2 (0.04%) |
| RR Hospital | 4,459 | 169 (3.8%) | 1,752 | 397 (23%) |
| **Total** | **27,926** | **1,054 (3.8%)** | **28,050** | **2,744 (10%)** |

*Source: MoH HMIS*

### FIGURE 35: PERINATAL DEATHS REVIEWED AND REPORTED BY DISTRICT



*There was a 20% reduction in the number of perinatal deaths reported from 35,703 in 2015/19 to 28,174 in 2019/20 FY. Fresh still births and newborn deaths (0-7 days) constitute 63% of the perinatal deaths.*

*This can be attributed to the improved access and quality of services due to the RMNCAH projects like URMCHIP, Voucher Plus, PNFP/ICB II, Uganda Reproductive health Voucher project, SPHU, USAID-Uganda Voucher Plus Activity, RHITES Projects, among others and Partner support like WHO, UNICEF, UNFPA, Save the Children, among others.*

*Perinatal death notification improved from 1% at the beginning of the HSDP to 9% in 2019/20 and similarly perinatal death reviews improved from 12% in 2016/17 to 35% in 2019/20.*

*The key actions to reduce perinatal deaths are;*

- *Ensuring that health facilities are staffed adequately.*
- *Skills enhancement*
- *Establishment of NICUs and HDUs in all hospitals and high-volume HC*
- *Establishment of Neonatal Intensive Care Units (NICUs) and High Dependency Units in all hospitals and high-volume HC IVs.*
- *Increased perinatal death reviews and action through continuous quality improvement.*

- The rate of under five deaths among 1,000 under 5 admissions increased by 4% to 24 per 1,000 admissions compared to 23 per 1,000 in 2018/19. The HSDP target of 16 per 1,000 has not been achieved.

*A negative trend has been realized in the under-five deaths among 1,000 under five admissions which increased from 19/1,000 in 2015/16 to 24/1,000 and the HSDP target of 16/1,000 has not been achieved.*

*Among children under five years, malaria is still the leading cause of death at 18.1%, although neonatal conditions and premature baby combined contributed 18.2% of all under five deaths. Improving neonatal and prematurity care can significantly reduce under five deaths in Uganda.*

*It is worth noting that although the institutional under five mortality rate increased, the number of under five admissions reduced by 30% to 861,880 in 2019/20 compared to 1,229,621 reported in 2015/16.*

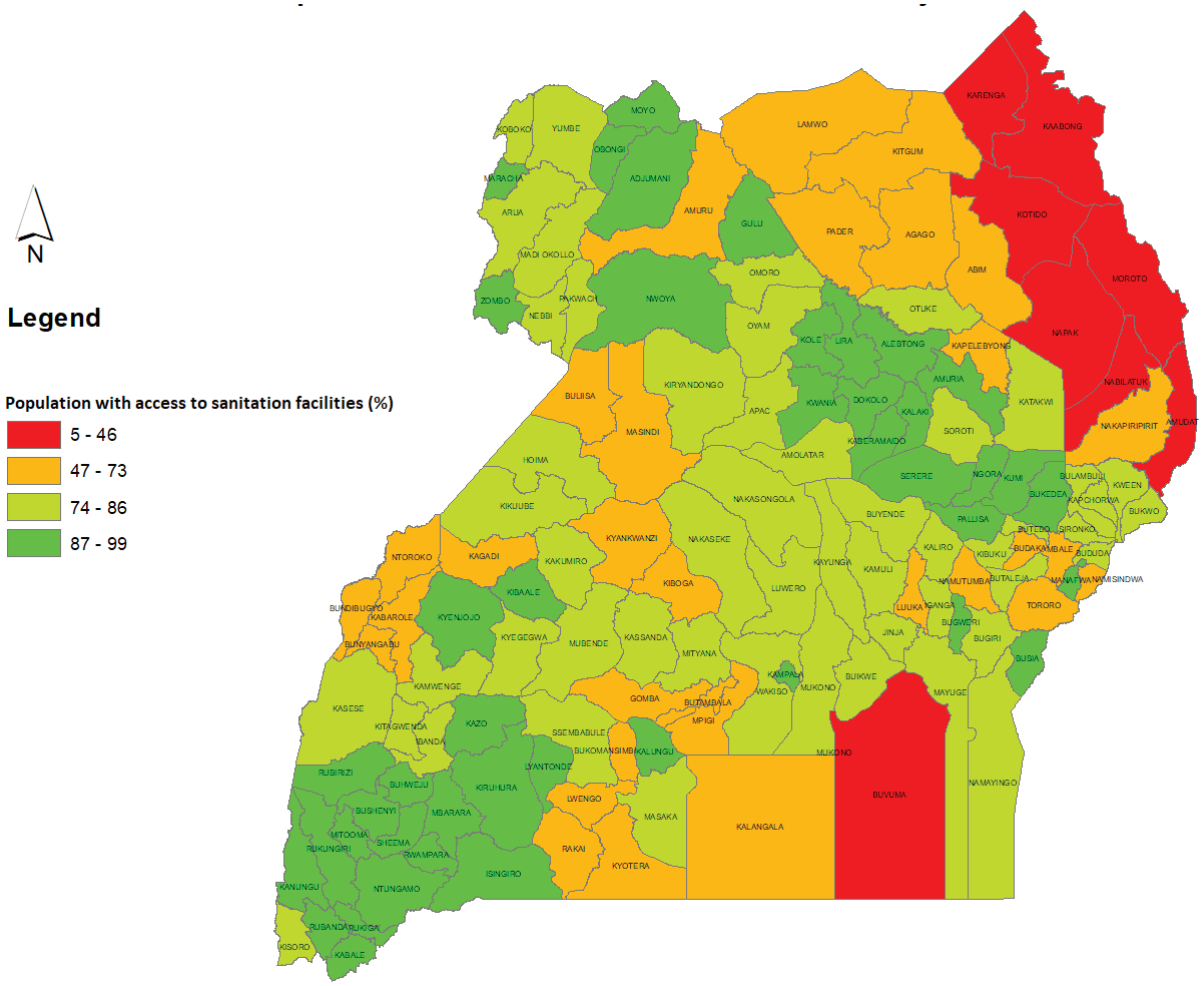
*There is thus need to establish the status of this indicator through the UDHS.*

*The sector should prioritize the child survival strategy which focuses on; Newborn care, infant and young child feeding, prevention of malaria, management of new childhood illness, expanded program on immunization, care of HIV exposed children, EMTCT, promotion of safe water access and use, and safe sanitation using a multi-sectoral approach.*

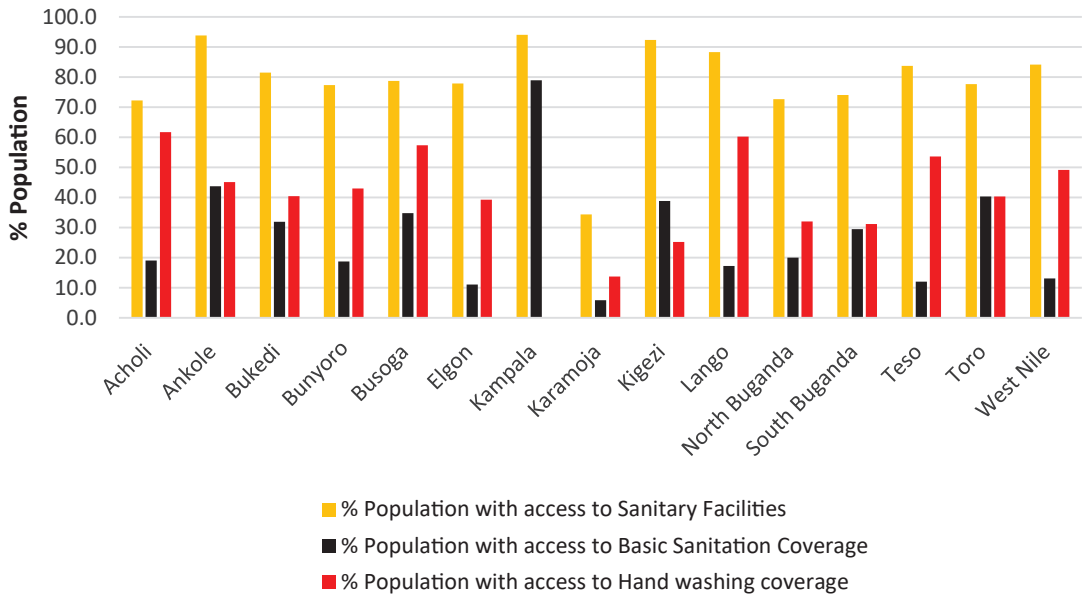
- In FY 2019/20, 78% of the population had access to sanitation facilities compared to 77% reported last FY 2018/19. Kampala City has the highest coverage of 94%, followed by Ankole (93.8%) and Kigezi (92.3%) Sub-Regions respectively. Karamoja Sub-Region remains with the lowest access at 34.3%.

- Overall the population having access to basic hygiene (practicing hand washing with soap) was at 41.9% with highest coverage being reported in Lango and Acholi sub-regions both at 61%. Busoga and Teso Sub-Regions also had remarkable scores for this parameter at 57.4% and 53.6% correspondingly. The lowest scores were from Karamoja at 12%. Districts supported by Uganda Sanitation Fund reported remarkably high score in population accessing sanitation facilities at 83% and those having access to hand washing at 56% way above the national averages of 78.8% and 38.6% respectively.

## FIGURE 36: MAP SHOWING SANITATION COVERAGE FY 2019/20



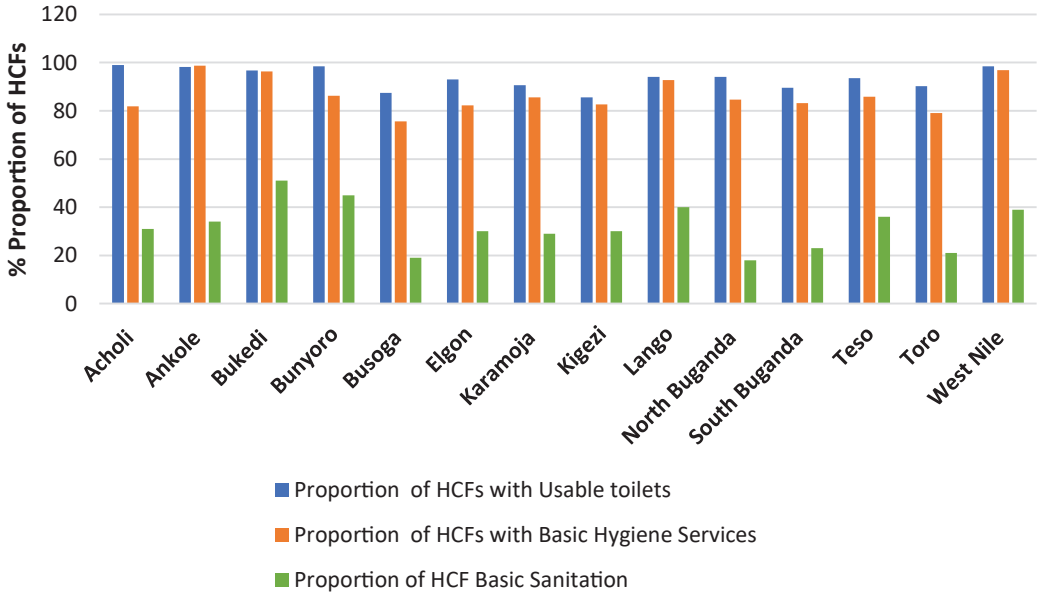

## FIGURE 37: PERCENTAGE OF POPULATION WITH ACCESS TO SANITARY FACILITIES, BASIC SANITATION AND HANDWASHING BY SUB-REGION



## Institutional Sanitation - Health Facilities

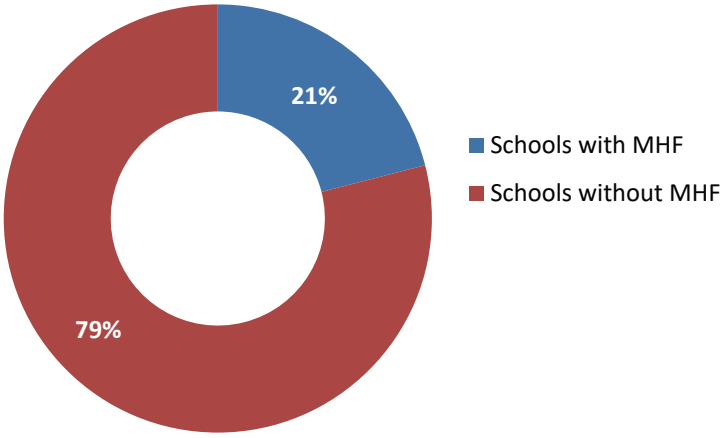
Reports in regard to sanitation in health facilities were received for 3,060 facilities of the three categories; Public, PNFPs and PFPs. Health facilities with sanitary facilities stand at 94.6% as usable. 31% had access to Basic sanitation services[2], thus 63.6% had limited sanitation services[3]. Basic hand hygiene service[4] levels were reported as 86.5% a significant increase from 74% as reported last year.

### FIGURE 38: GRAPH SHOWING PROPORTION OF HCFs WITH USABLE TOILETS, ACCESS TO BASIC SANITATION AND ACCESS TO HANDWASHING WITH SOAP/HAND RUBS




## School Sanitation

### FIGURE 39: PERCENTAGES OF SCHOOLS WITH AND WITHOUT MH FACILITIES



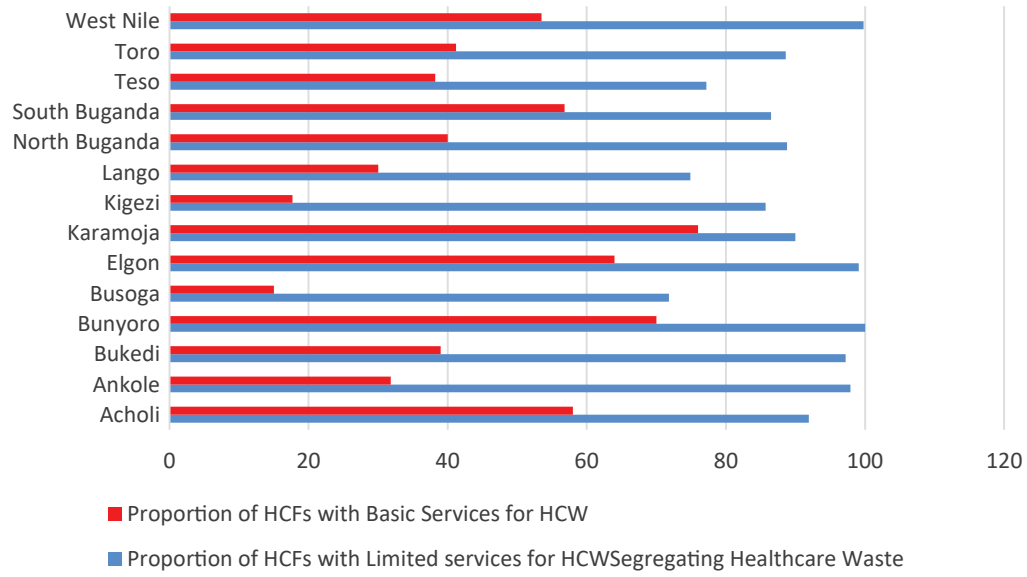

Pupil toilet stance ratio is 72:1 against the standard of 45:1 for day schools and 25:1 for boarding schools, while hand washing coverage in schools was at 57%. Only 21% of schools had facilities to cater for Menstrual Hygiene.

2 **Basic Sanitation Services in HCFs**- Improved sanitation facilities are usable with at least one toilet for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility. (As Required by JMP-UNICEF/WHO)
3 **Limited Sanitation Services in HCF**- At least one improved sanitation facility, but not all requirements for basic service are met.
4 **Basic hand Hygiene in HCFs**- Defined by two main criteria: (1) either alcohol hand-rub or a basin with water and soap are available at points of care, and (2) hand washing facilities with water and soap are available at the toilets.

### Health Care Waste Management

In regard to Healthcare Waste Management (HCWM), only 44.2% facilities had access to basic service for HCWM[5] levels, while 87.5% had access to limited service levels[6]. Health facilities located in Karamoja, Bunyoro and Elgon sub-region have the highest basic services for HCWM at 76%, 70% and 64% respectively. Worst scores are reported in the sub-regions of Busoga and Kigezi.

**FIGURE 40: HEALTH FACILITIES WITH ACCESS TO BASIC AND LIMITED SERVICES FOR HCW BY REGIONS**




*Access to sanitation facilities (improved toilet, unimproved and shared) increased by only 4% over the HSDP period from 75% to 78% and the HSDP target of 82% was not achieved.*

*31% of public and private health facilities had access to Basic sanitation services, thus 63.6% had limited sanitation services. Whereas Pupil toilet stance ratio is 72:1 against the standard of 45:1 for day schools and 25:1 for boarding schools.*

*The UHC target is to increase improved toilet coverage from 19% in 2017 to 90% by 2030.*

*Overall the population having access to basic hygiene (practicing hand washing with soap) was at 41.9% with highest coverage being reported in Lango and Acholi sub-regions both at 61%.*

*Basic hand hygiene service levels in health facilities were reported as 86.5% a significant increase from 74% as reported last year, and hand washing coverage in schools was at 57%.*

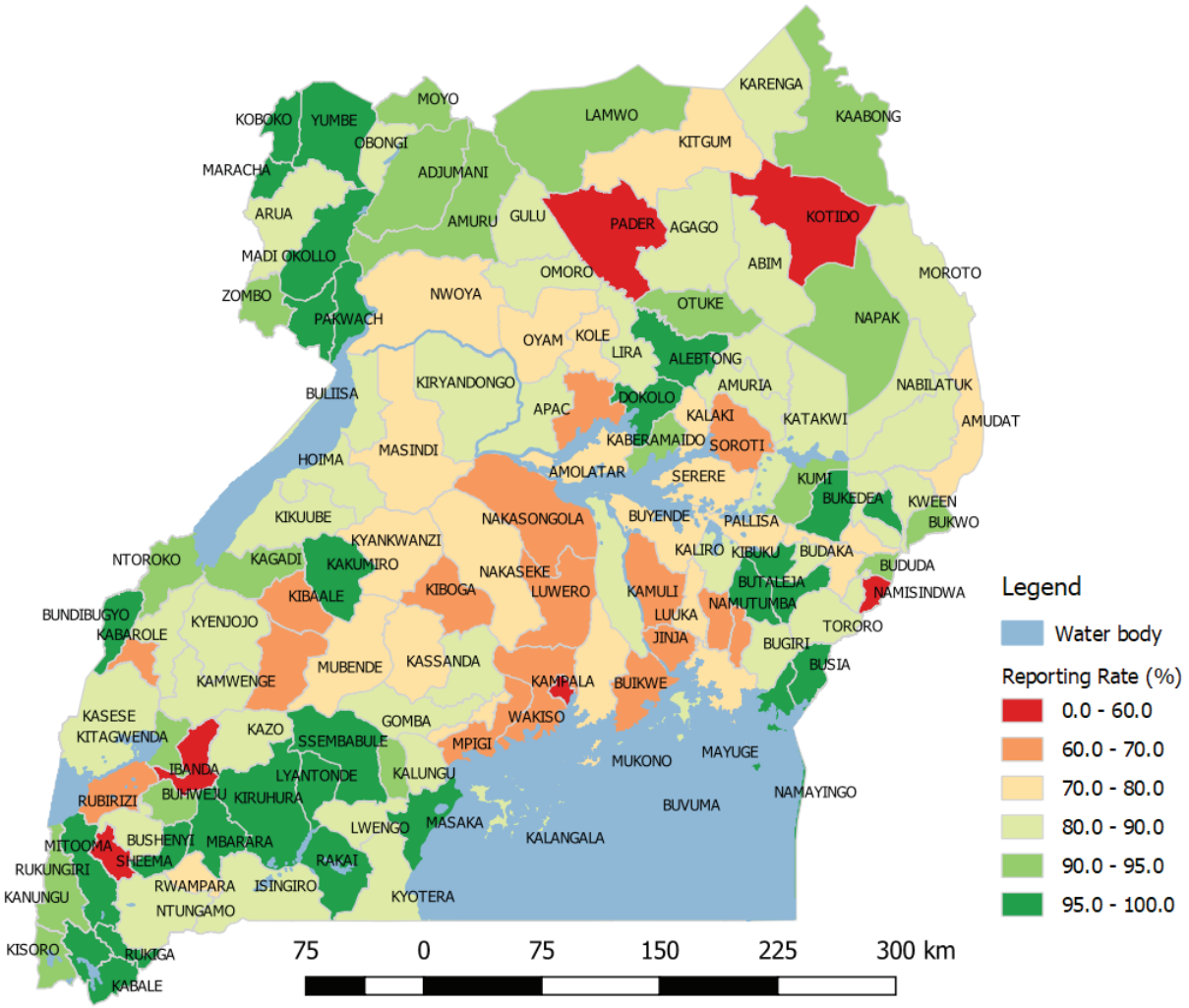
*One of the key COVID-19 response interventions was to ensure that at least 50% of the population wash hands at least 6 times a day. This has led to increase in the number of households and institutions with hand washing facilities however, there is need to establish the extent of the practice and ensure sustainability.*

- Timeliness of monthly OPD reporting declined to 78% in 2019/20 compared to 97.5% in 2018/19 largely due to the district involvement in the COVID-19 response and the lock down restrictions. However, completeness of reporting was 97%. The districts performing poorly in respect to timeliness in the monthly HMIS 105 reporting were; Soroti (64%), Mpigi (64%), Jinja (64%), Kamuli (64%), Kiboga (62%), Buikwe (61%), Kibaale (61%), Pader (60%), Mitooma (57%), Namisindwa (54%), Kampala (53%), Kotido (53%) and Ibanda (47%).

5 **Basic Services for HCW**- Waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely

6 **Limited Service levels for HCW**- There is limited separation and/or treatment and disposal of sharps and infectious waste, but not all requirements for basic service are met

## FIGURE 41: MAP SHOWING % TIMELINESS OF MONTHLY REPORTING (HMIS FORM 105) IN FY 2019/20



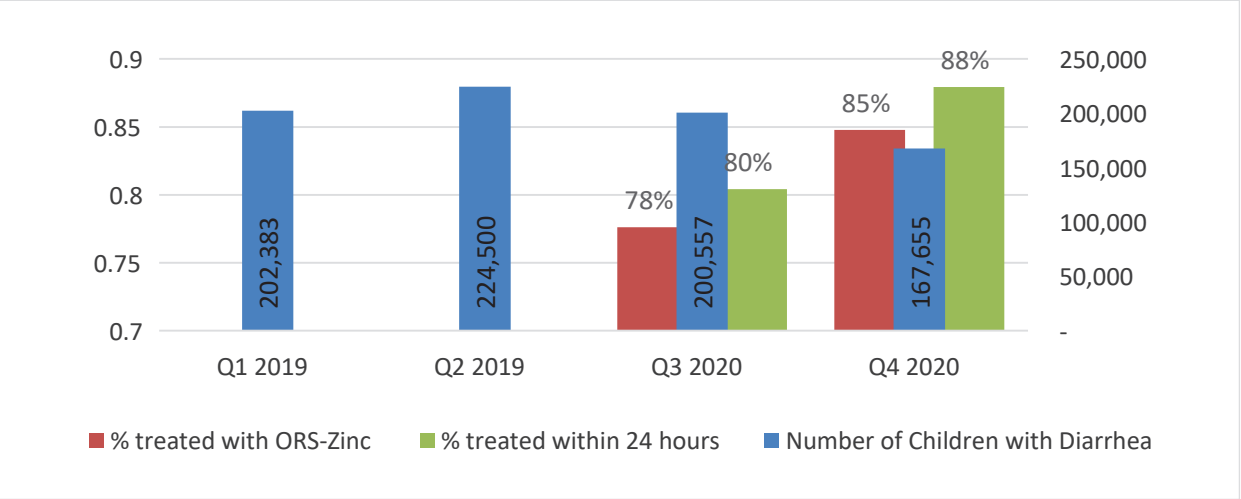

*Timeliness of the monthly HMIS reporting from health facilities improved by 8% from 79% in 2015/16 to 85% in 2019/20 and the annual HSDP targets for the previous years were all met. There was however a decline to from 97% in 2018/19 to 85% in 2019/20 due to the introduction of the revised eHMIS in January 2020 and the subsequent COVID-19 pandemic lock down.*

*Completeness of HMIS Reporting (HMIS monthly Report 105) has also been sustained at over 95% completeness.*

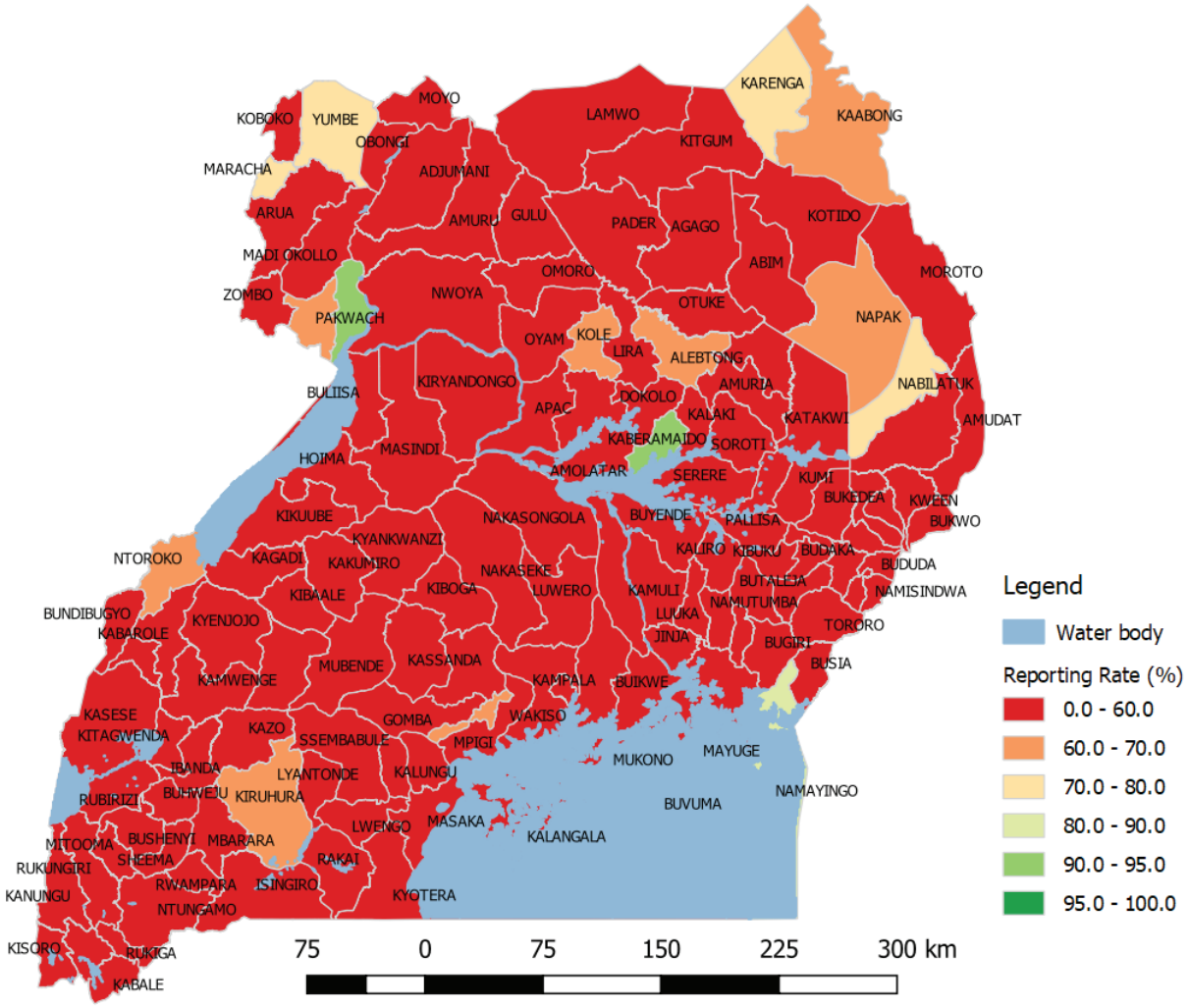
*Key challenges are availability of HMIS tools to be addressed through digitization of the medical record system; reporting by the private sector to be addressed through capacity building and mentorship for data use; data quality issues to be addressed through regular Data Quality Audits and low utilization of data to be enhanced through establishment of performance management and accountability dashboards.*

- In FY 2019/20 a total of 104 districts (76%) submitted quarterly VHT/ICCM reports. Timeliness of the VHT / ICCM Quarterly reports was only 22% and completeness of the expected reports was 44%. By quarter 4 FY 2019/20, a total 47,173 VHTs were implementing ICCM.

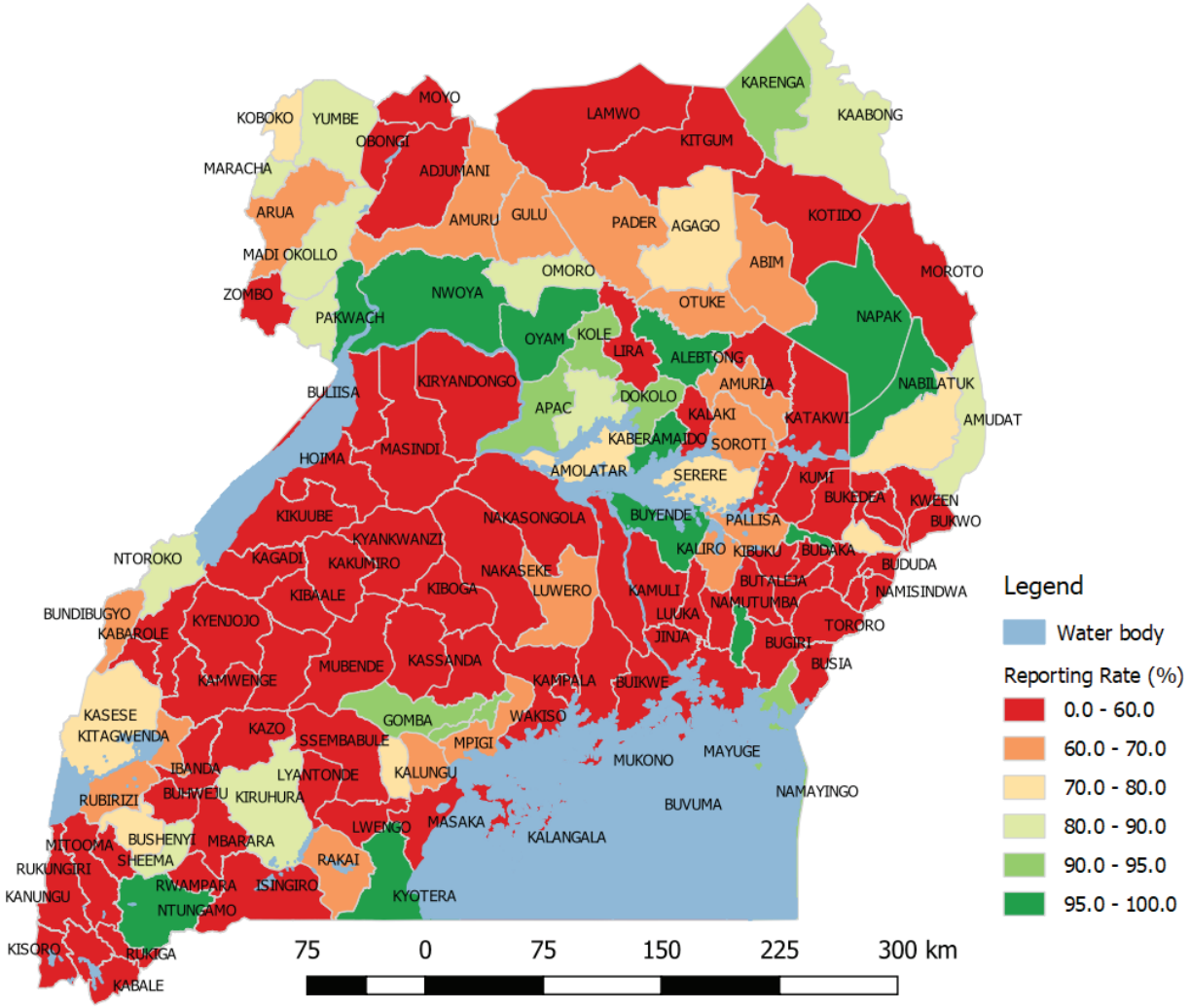
## FIGURE 42: ICCM CHILDREN (2 MONTHS – 5 YRS) WITH DIARRHOEA MANAGED




## FIGURE 43: VHT/ICCM QUARTERLY REPORT TIMELINESS BY DISTRICT IN FY 2019/20



## FIGURE 44: VHT/ICCM QUARTERLY REPORT COMPLETENESS BY DISTRICT IN FY 2019/20

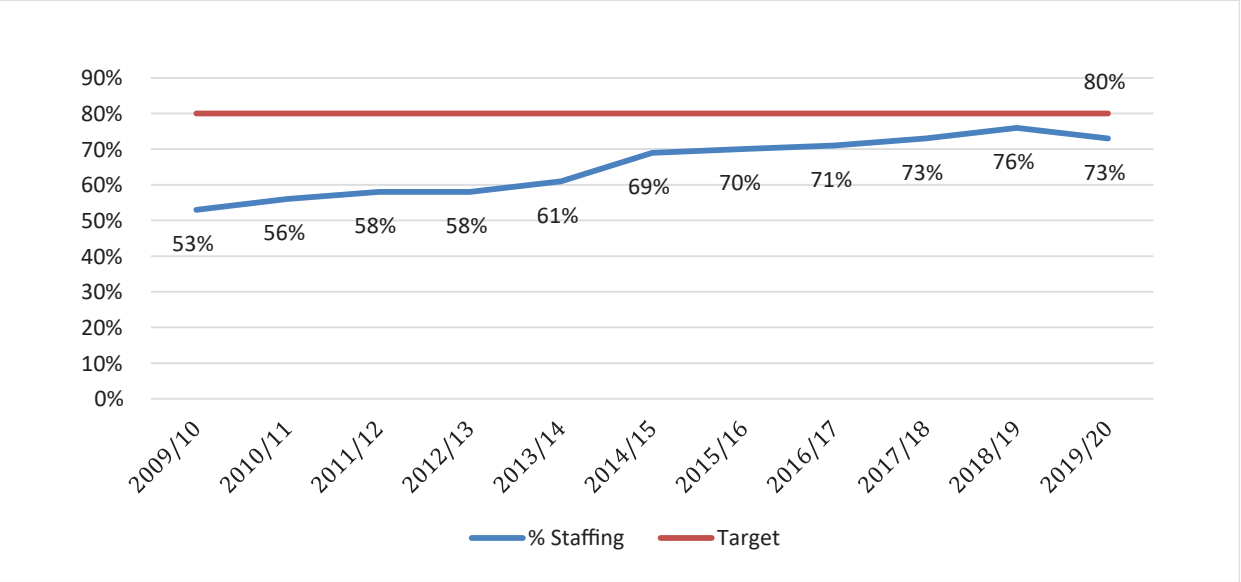



*Functionality of the VHTs measured by the number of villages / wards with VHTs trained and reporting was not tracked during the HSDP period. However, efforts were made to establish a Community Health Information System and by June 2019/20, a total of 47,173 VHTs were implementing ICCM, 104 districts (76%) submitted quarterly VHT/ICCM reports. Timeliness of the VHT / ICCM Quarterly reports was only 22% and completeness of the expected reports was 44%.*

*There is need for investment and strengthening of Community Health Workforce for Health promotion and disease prevention interventions in communities to achieve UHC.*

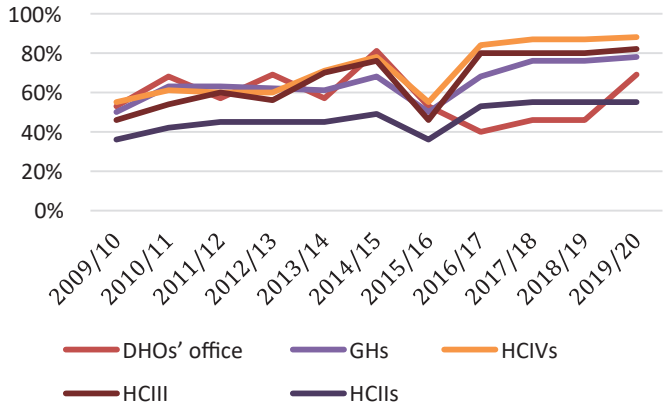
- The public health sector staffing level against the approved posts declined to 73% (47,929/65,364) in 2019/2020 FY from 76% in 2018/19. The HSDP target of 80% was not achieved.

## FIGURE 45: STAFFING LEVEL TRENDS OVER THE LAST 10 YEARS IN PUBLIC FACILITIES




The RRHs and LG levels both have 75% staffing level. Among the RRHs Moroto, Kabale and Gulu RRHs have the lowest staffing levels at 60%, 64% and 66% respectively. Staffing level is lowest at the MoH Headquarter level with 44% staffing and this is largely due to the implementation of the new structure approved in 2017. Staffing level in specialized health institutions—UBTS, UCI, UHI and UVRI is also low at 52%. The staffing level at the newly established national referral hospitals is also still very low with Kawempe NRH at only 16%, Kiruddu NRH at 29% and Mulago SWNH at 34%. (Table 31).

## FIGURE 46: GRAPH SHOWING STAFFING LEVELS IN THE LGs




There is an increase in the staffing level for the District Health Office from 46% in 2018/19 to 69% in 2019/20. It is critical that LGs recruit to fill the vacant posts at this management level as it is key in ensuring quality health service delivery.

## TABLE 28: SUMMARY OF STAFFING NORMS BY LEVEL BY JUNE 2020

| No. | Facility Level | Total Norms | Filled | % Vacant | % Filled |
|---|---|---|---|---|---|
| 1 | Ministry of Health Headquarters | 634 | 282 | 56% | 44% |
| | ***Sub-total*** | ***634*** | ***282*** | ***56%*** | ***44%*** |
| 2 | Mulago NRH | 2,621 | 2,103 | 20% | 80% |
| 3 | Mulago SWNH | 887 | 299 | 66% | 34% |
| 4 | Butabika MNRH | 533 | 393 | 26% | 74% |
| 5 | CUFH-Naguru NRH | 349 | 292 | 16% | 84% |
| 6 | Kawempe NRH | 316 | 52 | 84% | 16% |
| 7 | Kiruddu NRH | 829 | 244 | 71% | 29% |
| | ***Sub-total*** | ***4,905*** | ***3,249*** | ***34%*** | ***66%*** |
| 8 | Uganda Blood Transfusion Service | 413 | 239 | 42% | 58% |
| 9 | Uganda Cancer Institute | 262 | 128 | 51% | 49% |
| 10 | Uganda Heart Institute | 191 | 109 | 43% | 57% |
| 11 | Uganda Virus Research Institute | 211 | 87 | 59% | 41% |
| | ***Sub-total*** | ***1,077*** | ***563*** | ***48%*** | ***52%*** |

| No. | Facility Level | Total Norms | Filled | % Vacant | % Filled |
|---|---|---|---|---|---|
| 12 | Arua RRH | 359 | 273 | 24% | 76% |
| 13 | Fort Portal RRH | 374 | 293 | 22% | 78% |
| 14 | Gulu RRH | 458 | 302 | 34% | 66% |
| 15 | Hoima RRH | 349 | 323 | 7% | 93% |
| 16 | Jinja RRH | 349 | 344 | 1% | 99% |
| 17 | Kabale RRH | 412 | 263 | 36% | 64% |
| 18 | Lira RRH | 418 | 299 | 28% | 72% |
| 19 | Masaka RRH | 349 | 255 | 27% | 73% |
| 20 | Mbale RRH | 443 | 336 | 24% | 76% |
| 21 | Mbarara RRH | 395 | 301 | 24% | 76% |
| 22 | Moroto RRH | 427 | 258 | 40% | 60% |
| 23 | Mubende RRH | 347 | 258 | 26% | 74% |
| 24 | Soroti RRH | 348 | 276 | 21% | 79% |
| | ***Sub-total*** | ***5,028*** | ***3,781*** | ***25%*** | ***75%*** |
| 25 | DHOs Office | 1,485 | 1,025 | 31% | 69% |
| 26 | Municipal Health Office | 304 | 199 | 35% | 65% |
| 27 | General Hospitals | 8,360 | 6,501 | 22% | 78% |
| 28 | Seconded to PNFP Hospitals | 0 | 375 | | |
| 29 | Health Centre IV | 8,736 | 7,679 | 12% | 88% |
| 30 | Health Centre III | 18,962 | 15,495 | 18% | 82% |
| 31 | Health Centre II | 15,516 | 8,598 | 45% | 55% |
| 32 | Town Councils | 357 | 182 | 49% | 51% |
| | Sub-total | 53,720 | 40,054 | 25% | 75% |
| | **Total** | **65,364** | **47,929** | **27%** | **73%** |

*Source: MoH HRIS*

Staffing levels for doctors, anaesthetic officers, and dispensers are still very low to address the sector priorities like reducing maternal and perinatal deaths.

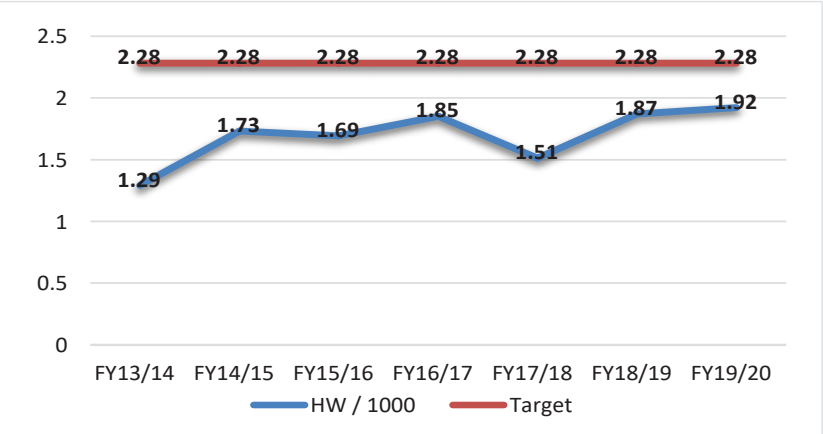
### TABLE 29: STAFFING STATUS OF CRITICAL CADRES, JUNE 2020

| Cadre | Approved norms | Filled | Not filled | % Filled |
|---|---|---|---|---|
| Doctors | 1,822 | 964 | 858 | 53% |
| Clinical officers | 3,443 | 3265 | 178 | 95% |
| Pharmacists | 138 | 89 | 60 | 65% |
| Dispensers | 400 | 170 | 230 | 43% |
| Anaesthetic staff | 902 | 249 | 653 | 28% |
| Laboratory staff | 2,837 | 2,846 | -9 | 100% |
| Nurses | 21,871 | 18,014 | 3,857 | 82% |
| Midwife | 6,102 | 5,868 | 234 | 96% |
| Theatre Assistants | 466 | 281 | 181 | 60% |

Health worker (doctors, nurses & midwives) population ratio in the public sector improved slightly from 1.87/1,000 population in 2019 to 1.92 per 1,000 population in June 2020. This is still below the WHO recommendation target of 2.28 health workers per 1,000 population.

Overall, the stock of qualified health professionals available for employment in the health sector increased from 107,284 in

### FIGURE 47: HEALTH WORKER PER 1000 POPULATION RATIO



FY 2018/2019 to 114,740 in FY 2019/2020. This is attributed to government commitment to attract and retain a competent health workforce in Uganda.

*The staffing level in the public sector was only 73% at the end of the HSDP compared to 69% in 2015/16. The HSDP target of 80% was not achieved. Some of the factors causing the slow progress were the restructuring at the MoH Headquarters, upgrading of health facilities at all levels without adequate wage provision, failure to attract and retain some critical cadres like specialists and District Health Officers.*

*Further still, the health worker (doctors, nurse and midwives) population ratio of 1.92 health workers per 1,000 population is still below the WHO recommendation of 2.8 per 1,000 population to achieve UHC.*

*The low staffing level is leading to inadequate skills mix, with gaps in emergency services, public health, holistic care, specialized care and health service management.*

*There is need to provide wage to fill the current vacant posts as well as expedite restructuring to address the gaps in skills mix and numbers to cater for the expansion in the services provided, growing population and need for quality services.*

### 1.7.3 Health Financing

The Health System in Uganda continues to be financed by a multiplicity of stakeholders including; Government, Private Sector, Households and Health Development Partners (HDPs). There are two major modalities of financing the health sector and these include budget support and off-budget support.

During the period under review, service delivery in public facilities was mainly financed by Government, and grants/concessional loans from Development Partners (DP). The Government of Uganda (GoU) also supported the PNFPs facilities with conditional grants worth **shs.28bn** of which 50% was earmarked for PHC Non-Wage and 50% for the medicines credit line under Joint Medical Stores (JMS).

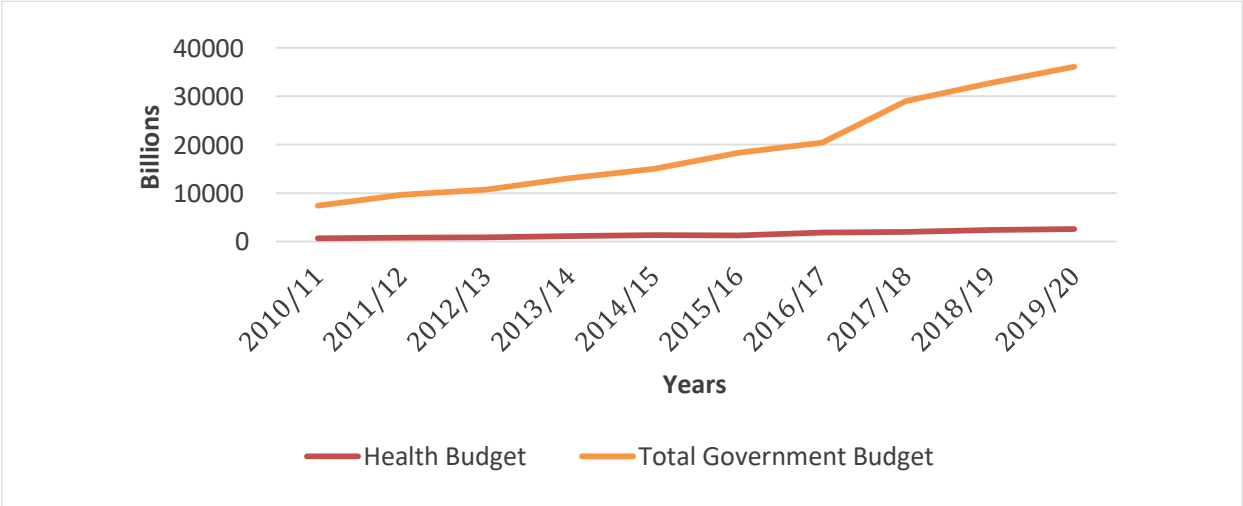
### 1.7.4 Budget Allocations

The health sector budget as a proportion of the National Budget remained at **7.2%** which was the same as the previous year. However, in nominal terms the health sector budget increased by **9.1%** i.e from Shs. **2,373 billion** in FY 2018/19 to **Shs. 2,589 billion** in FY 2019/20. This was majorly attributed to the enhancement of salaries for medical workers and increase in inflows from DP funding.

**TABLE 30: TRENDS FOR GROWTH & ALLOCATION OF THE HEALTH SECTOR BUDGET AGAINST THE TOTAL GOVERNMENT BUDGET**

| Year | Health Budget | Growth | Total Government Budget | Growth | Health as % of total budget |
|---|---|---|---|---|---|
| 2010/11 | 660 | | 7,377 | | 8.9% |
| 2011/12 | 799 | 21% | 9,630 | 31% | 8.3% |
| 2012/13 | 829 | 4% | 10,711 | 11% | 7.7% |
| 2013/14 | 1,128 | 36% | 13,065 | 22% | 8.6% |
| 2014/15 | 1,281 | 14% | 14,986 | 15% | 8.5% |
| 2015/16 | 1,271 | -1% | 18,311 | 22% | 6.9% |
| 2016/17 | 1,827 | 44% | 20,431 | 12% | 8.9% |
| 2017/18 | 1,950 | 6.7% | 29,000 | 42% | 6.7% |
| 2018/19 | 2,373 | 18% | 32,700 | 13% | 7.2% |
| 2019/20 | 2,589 | 9% | 36,113 | 10% | 7.2% |

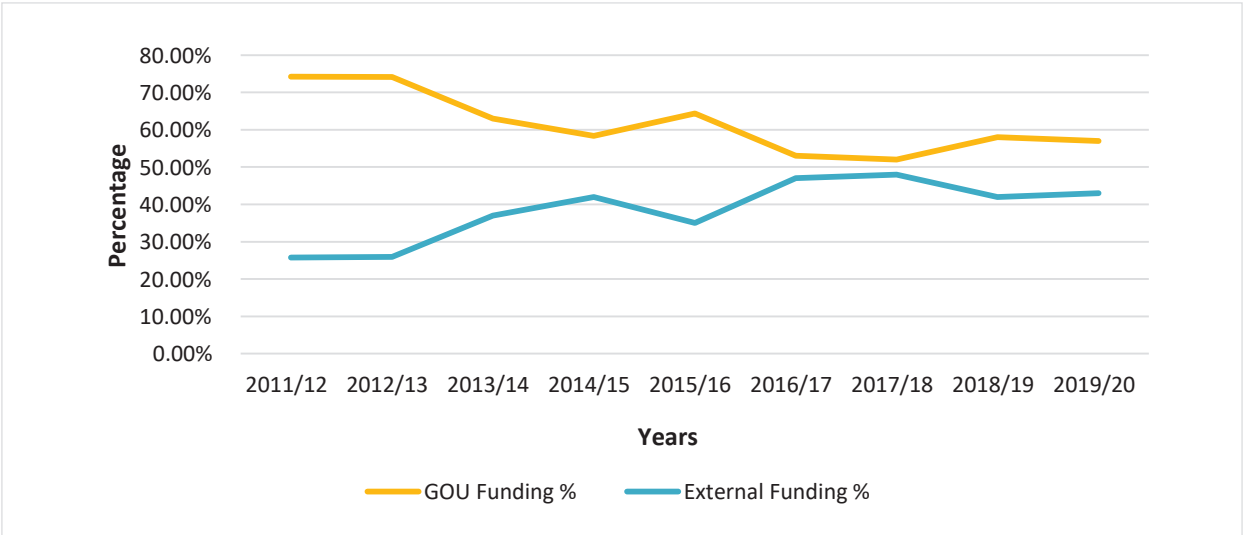
## FIGURE 48: ALLOCATIONS OF THE HEALTH BUDGET VIS-A-VIS TOTAL GOVERNMENT BUDGET




## TABLE 31: GOU AND EXTERNAL FINANCING TRENDS FY 2011/12 – 2019/20

| FY | GOU Financing (Ug. Shs. Billion) | External Financing (Ug. Shs. Billion) | Total (Ug. Shs. Billion) | % of Total Budget | |
|---|---|---|---|---|---|
| | | | | GOU | External |
| 2011/12 | 593 | 206 | **799** | 74.2% | 25.8% |
| 2012/13 | 631 | 221 | **852** | 74.1% | 25.9% |
| 2013/14 | 711 | 417 | **1,128** | 63% | 37% |
| 2014/15 | 749 | 533 | **1,282** | 58.4% | 42% |
| 2015/16 | 819 | 452 | **1,271** | 64.4% | 35% |
| 2016/17 | 993 | 877 | **1,870** | 53% | 47% |
| 2017/18 | 1,008 | 944.36 | **1,952** | 52% | 48% |
| 2018/19 | 1,371 | 1,003 | **2,374** | 58% | 42% |
| 2019/20 | 1,472 | 1,117 | **2,589** | 57% | 43% |

## FIGURE 49: GRAPH SHOWING THE GoU AND EXTERNAL FUNDING IN THE HEALTH SECTOR FOR 9 YEARS




From Table 31 and Figure 49 above, whereas the proportion of GoU contribution dropped to 57%, the nominal budget allocations have been steadily and significantly increasing. This demonstrates Government's commitment to prioritize the health sector in the medium term. It is therefore desirable to ensure that the increased funding translates into service delivery.

- Out of pocket Expenditure: The NHA study was initiated to establish the out of pocket expenditure for FYs 2016/17 and 2017/18 however, data collection was interrupted by the COVID-19 pandemic.

*The GoU budget allocation to health as a % of the total government budget increased by 4% over the 5-year period from 6.9% to 7.2% though still far from the 15% target. Whereas the proportion of GoU contribution dropped to 57% in 2019/20 from 64% in 2015/16, the nominal budget allocations have been steadily and significantly increasing in the last two years. The increase was majorly attributed to the enhancement of salaries for medical workers and increase in inflows from external funding e.g Global Fund, GAVI and WB supported projects.*

*The per capita allocation for health increased from UGX 35,408/= (USD 13) in 2015/16 to UGX 62,031/- (USD 17) in 2019/20 FY but still below the WHO recommendation of USD 46 Total Health Expenditure per capita to achieve UHC, thus the still high out of pocket expenditure for health.*

*Budget allocation to LGs increased by 76% to UGX 552.21 billion in 2019/20 from UGX 314.47 billion.*

*It is therefore desirable to ensure that the increased funding translates into improved service delivery.*

*Key challenge is the high off budget expenditure which often does not compensate for shortfalls in non-wage recurrent funding due to limits to its fungibility. There is need to strengthen the co-ordination of 'off-budget' funding in health by establishing a mechanism for monitoring the distribution of donor funds across LGs and assessing whether there are significant gaps in support in certain places.*

## 1.7.5 Budget Performance

### 1.7.5.1 Overall Sector Performance

During the year under review, in addition to the Shs. 2.589 trillion allocated to the Health Sector, a supplementary budget amounting to 114 bn was granted mainly to handle Covid 19 pandemic response. A total of Shs. 2.4 trillion representing 89% of the total budget was released by MoFPED compared to 80% in the previous year.

Compared to FY 2018/19, where all sector votes received about 100% of their budget except MoH Headquarters, FY 2019/20 was marked by low releases largely due to interruptions related to Covid 19. There was however remarkable increase in releases to MoH Headquarters at 77% compared to 60% in FY 2018/19 and 36% in FY 2017/18. This is due to improvement in release patterns for previously low performing externally financed projects like GAVI (from 9% in FY 2018/19 to 75% in FY 2019/20), Global Fund (from 61% in FY 2018/19 to 74% in FY 2019/20) and URMCHIP (from 60% in FY 2018/19 to 100% in FY 2019/20).

The proportion of the budget spent increased from 56% in FY 2018/19 to 85% in FY 2019/20 due to increased releases from MoFPED and better absorption by the sector votes and donor funded projects. The overall budget absorption rate for the health sector stood at 96% despite the Covid 19 pandemic restrictions. This good performance is largely attributed to remarkable performance of externally funded projects at 91% from 84% in the previous year.

## TABLE 32: HEALTH SECTOR BUDGET PERFORMANCE FOR FY 2019/20 IN UG. BILLIONS SHS

| Vote | Approved Budget (Shs. Bn) | Supplementary Budget (Shs. Bn) | Revised Budget (Shs. Bn) | Total Warrants (Shs. Bn) | Total Payments (Shs. Bn) | % Budget Released | % Budget Spent | % Release Spent (Absorption) |
|---|---|---|---|---|---|---|---|---|
| **GOU FUNDED BUDGET** | | | | | | | | |
| Arua RRH | 9.22 | - | 9.22 | 9.22 | 9.16 | 100% | 99% | 99% |
| Butabika NMRH | 21.58 | - | 21.58 | 21.58 | 21 | 100% | 96% | 96% |
| Entebbe RRH | 3.31 | 0.45 | 3.76 | 3.62 | 4 | 96% | 96% | 100% |
| Fort Portal RRH | 10.09 | 0.24 | 10.33 | 9.84 | 10 | 95% | 92% | 97% |
| Gulu RRH | 9.71 | 0.61 | 10.32 | 9.41 | 9 | 91% | 88% | 97% |
| Health Service Commission | 6.87 | - | 6.87 | 6.87 | 7 | 100% | 98% | 98% |
| Hoima RRH | 9.29 | - | 9.29 | 8.57 | 8 | 92% | 89% | 97% |
| Jinja RRH | 12.30 | 0.11 | 12.41 | 11.02 | 11 | 89% | 89% | 100% |
| Kabale RRH | 2.68 | - | 2.68 | 2.68 | 2 | 100% | 90% | 90% |
| Kawempe NRH | 8.90 | 1.33 | 10.22 | 10.22 | 10 | 100% | 99% | 99% |
| Kiruddu NRH | 12.01 | 0.07 | 12.08 | 12.08 | 12 | 100% | 99% | 99% |
| Lira RRH | 9.56 | 0.26 | 9.82 | 9.07 | 9 | 92% | 91% | 99% |
| Masaka RRH | 9.50 | 0.94 | 10.44 | 9.24 | 9 | 89% | 88% | 100% |
| Mbale RRH | 14.55 | 0.46 | 15.01 | 13.85 | 14 | 92% | 91% | 99% |
| Mbarara RRH | 11.89 | 0.02 | 11.91 | 11.56 | 11 | 97% | 92% | 95% |
| Ministry of Health | 150.32 | 96.74 | 247.07 | 243.34 | 236 | 98% | 95% | 97% |
| Moroto RRH | 7.33 | - | 7.33 | 7.01 | 6 | 96% | 88% | 92% |
| Mubende RRH | 8.27 | - | 8.27 | 7.85 | 7 | 95% | 90% | 95% |
| Mulago NRH | 71.63 | - | 71.63 | 61.68 | 62 | 86% | 86% | 100% |
| Naguru NRH | 9.40 | - | 9.40 | 8.36 | 8 | 89% | 89% | 100% |
| National Medical Stores | 396.17 | - | 396.17 | 388.12 | 388 | 98% | 98% | 100% |
| Soroti RRH | 8.44 | 0.22 | 8.66 | 8.08 | 8 | 93% | 90% | 97% |
| Uganda Aids Commission | 8.72 | - | 8.72 | 8.72 | 9 | 100% | 99% | 99% |
| Uganda Blood Transfusion Services | 17.94 | 0.08 | 18.03 | 18.03 | 18 | 100% | 98% | 98% |
| Uganda Cancer Institute | 33.97 | - | 33.97 | 33.32 | 33 | 98% | 98% | 100% |
| Uganda Heart Institute | 24.71 | - | 24.71 | 24.47 | 23 | 99% | 95% | 96% |
| Uganda Virus Research Institute | 9.07 | - | 9.07 | 8.79 | 9 | 97% | 96% | 99% |
| Mulago Women and Neonatal Specialized Hospital | 9.40 | 6.48 | 15.87 | 13.76 | 14 | 87% | 86% | 100% |
| Local Government Grants | 552.21 | - | 552.21 | 552.21 | 552 | 100% | 100% | 100% |
| KCCA Grants | 13.79 | - | 13.79 | 13.79 | 14 | 100% | 100% | 100% |
| **Total GOU Funded Budget** | **1,472.84** | **108.02** | **1,580.85** | **1,546.37** | **1,532** | **98%** | **97%** | **99%** |
| **DONOR / EXTERNALLY FUNDED BUDGET** | | | | | | | | |
| Uganda Cancer Institute/ADB Project | 57.29 | - | 57.29 | 57.29 | 57 | 100% | 100% | 100% |
| Uganda Sanitation Fund Project II | 3.93 | - | 3.93 | 2.15 | 2 | 55% | 45% | 82% |
| Italian Support to Karamoja Infrastructure Development Project Phase II | 10.54 | - | 10.54 | 10.54 | - | 100% | 0% | 0% |
| Spanish Debt Swap | 23.03 | - | 23.03 | 13.03 | 8 | 57% | 35% | 62% |
| Renovation and Equipping of Kayunga and Yumbe General Hospitals | 67.65 | - | 67.65 | 27.80 | 28 | 41% | 41% | 100% |

| Vote | Approved Budget (Shs. Bn) | Supplementary Budget (Shs. Bn) | Revised Budget (Shs. Bn) | Total Warrants (Shs. Bn) | Total Payments (Shs. Bn) | % Budget Released | % Budget Spent | % Release Spent (Absorption) |
|---|---|---|---|---|---|---|---|---|
| GAVI Vaccines and Health Sector Development Plan Support | 57.62 | - | 57.62 | 43.30 | 13 | 75% | 23% | 30% |
| Uganda Reproductive Maternal and Child Health Services Improvement Project | 119.69 | 5.30 | 124.99 | 124.99 | 103 | 100% | 83% | 83% |
| East Africa Public Health Laboratory Network Project Phase II | 19.19 | 11.81 | 31.00 | 31.00 | 17 | 100% | 54% | 54% |
| Global Fund for AIDS, TB and Malaria | 757.73 | - | 757.73 | 560.99 | 556 | 74% | 73% | 99% |
| **Total Donor/Externally Funded Budget** | **1,116.65** | **17.11** | **1,133.77** | **871.08** | **784** | **77%** | **69%** | **90%** |
| | | | | | | | | |
| **Total Health Sector Budget Performance** | **2,589.49** | **125.13** | **2,714.62** | **2,417.45** | **2,316** | **89%** | **85%** | **96%** |

*Source: The Votes' Annual Performance Reports*

### 1.7.5.2 MoH Headquarters Performance

MoH Headquarters registered a remarkable improvement in its overall absorption rate from 86% in FY 2018/19 to 92% in FY 2019/20 due to better performance from donor funded projects as highlighted in table 33 below.

The budget absorption rates for externally financed projects increased significantly compared to the previous year. This significant improvement is attributable to deliberate efforts put in place by Management to ensure monthly tracking of budget absorption by departments and projects, utilization of execution guidelines, regular finance and performance reviews and timely remedial action. Examples of projects that registered good results are GAVI (from 7% in FY 2018/19 to 30% in FY 2019/20), Global Fund (from 87 % in FY 2018/19 to 99% in FY 2019/20) and URMCHIP (from 52% in FY 2018/19 to 83% in FY 2019/20).

**TABLE 33: VOTE 014 BUDGET PERFORMANCE FOR FY 2019/20 IN SHS. BILLION**

| Vote | Revised Budget (UGX) | Total Warrants (UGX) | Total Payments (UGX) | % Budget Released | % Budget Spent | % Release Spent (Absorption) |
|---|---|---|---|---|---|---|
| **GOU FUNDED BUDGET** | | | | | | |
| Ministry of Health | 247,067,190,771 | 243,340,010,026 | 235,694,477,719 | 98% | 95% | 97% |
| Total GOU Funded Budget | 247,067,190,771 | 243,340,010,026 | 235,694,477,719 | 98% | 95% | 97% |
| DONOR/EXTERNALLY FUNDED BUDGET | | | | | | |
| Uganda Sanitation Fund Project II | 3,925,137,232 | 2,154,697,059 | 1,770,350,173 | 55% | 45% | 82% |
| Italian Support to Karamoja Infrastructure Development Project Phase II | 10,543,205,248 | 10,543,205,248 | - | 100% | 0% | 0% |
| Spanish Debt Swap | 23,025,885,151 | 13,025,885,151 | 8,117,047,938 | 57% | 35% | 62% |
| Renovation and Equipping of Kayunga and Yumbe General Hospitals | 67,652,100,151 | 27,799,976,946 | 27,799,976,946 | 41% | 41% | 100% |
| GAVI Vaccines and Health Sector Development Plan Support | 57,618,692,498 | 43,297,037,543 | 13,029,771,541 | 75% | 23% | 30% |

| Vote | Revised Budget (UGX) | Total Warrants (UGX) | Total Payments (UGX) | % Budget Released | % Budget Spent | % Release Spent (Absorption) |
|---|---|---|---|---|---|---|
| Uganda Reproductive Maternal and Child Health Services Improvement Project | 124,987,819,221 | 124,987,819,221 | 103,290,274,068 | 100% | 83% | 83% |
| East Africa Public Health Laboratory Network Project Phase II | 30,998,927,127 | 30,998,927,127 | 16,878,444,821 | 100% | 54% | 54% |
| Global Fund for AIDS, TB, and Malaria | 757,728,132,935 | 560,986,863,229 | 555,873,901,752 | 74% | 73% | 99% |
| **Total Donor/Externally Funded Budget** | **1,076,479,899,563** | **813,794,411,524** | **726,759,767,239** | **76%** | **68%** | **89%** |
| | | | | | | |
| **Total Health Sector Budget Performance** | **1,323,547,090,334** | **1,057,134,421,550** | **962,454,244,958** | **80%** | **73%** | **91%** |

## 1.8 Summary of performance against the Key HSDP Indicators

By the FY 2019/20, the health sector has been able to achieve HSDP targets for only 5 out of the 42 (9.5%) HSDP indicators namely; ART Coverage (89%), Couple Years of Protection, Population living within 5 km of a health facility (86%), Maternal deaths reviews (66%), Facility based fresh still births (9 per 1,000 deliveries)

Remarkable progress was realized in 7 out of the 42 (17%) indicators namely; ART retention (78%), HIV+ pregnant women not on HAART receiving ARVs for eMTCT during pregnancy, labour, delivery and postpartum (94%), TB Case Detection Rate (82%), malaria cases per 1,000 persons per year (201/1,000), DPT3HibHeb3 coverage (87%), maternal deaths among 100,000 health facility deliveries (99/100,000) and sanitation coverage (78%), although the annual HSDP targets were not met. The slowing down or reversal of progress in these indicators can be attributed to risks like the heavy rains and floods over the past one year and Covid-19 pandemic in addition to other health systems issues including inadequate funding.

For the remaining 19 indicators (45%), there has been minimal, no progress or decline in performance over the 5 years and are far from the HSDP target. There is need to ascertain the cause of the very slow or no progress in these indicators and reprogram to achieve the UHC agenda.

Progress in 11 of the indicators (26%) has not yet been ascertained because the source of data from surveys like the National Health Accounts study and UDHS which were not undertaken by the end of the FY.

**TABLE 34: COMPARISON OF PERFORMANCE BETWEEN THE HSDP BASELINE LINE AND END YEARS AGAINST THE HSDP TARGET**

| No. | Indicator | Status 2015/16 | Achieved 2019/20 | HSDP Target 2019/20 | % Change between Baseline and End Year | Achievement against the HSDP Target |
|---|---|---|---|---|---|---|
| 1. | ART Coverage | 64% | 89% | 80% | 4% | 39% |
| 2. | ART Retention rate | 79% | 78% | 84% | -1.2% | -7.1% |
| 3. | HIV+ pregnant women not on HAART receiving ARVs for eMTCT during pregnancy, labour, delivery and postpartum | 68.3% | 94% | 95% | 38% | -1% |
| 4. | TB case detection Rate | 51% | 82% | 84% | 61% | -2.4% |
| 5. | TB treatment success rate | 79% | 78% | 90% | -1% | -13.3% |
| 6. | IPT$^{2}$ doses coverage for pregnant women | 55% | 60% | 93% | 9% | -35.4% |
| 7. | Malaria cases per 1,000 persons per year | 408 | 201 | 198 | 51% | -1.5% |
| 8. | In Patient malaria deaths per 100,000 persons per year | 22 | 15 | 5 | 32% | -200% |
| 9. | Under five vitamin A second dose coverage | 28% | 21.4% | 66% | -24% | -68% |
| 10. | DPT$^{3}$HibHeb$^{3}$ Coverage | 103% | 87% | 97% | -16% | -10% |
| 11. | Measles coverage under 1 year | 96% | 82% | 95% | -15% | -14% |
| 12. | Bed occupancy rate NRHs | 82% | 106% | 90% | 29% | 18% |
| | Bed occupancy rate RRHs | 83% | 69% | 90% | -17% | -23% |
| | Bed occupancy rate GHs | 62% | 50% | 90% | -19% | -44% |
| | Bed occupancy rate HC IVs | 52% | 55% | 75% | 6% | -27% |
| 13. | Average length of stay (Hospitals & HC IVs) | 4 | 4 | 3 | 0% | -33% |
| 14. | Couple Years of Protection | 2,232,225 | 3,835,235 | 4,700,000 | 72% | 18% |
| 15. | Contraceptive prevalence Rate among married women for all methods | 30% (UDHS 2011) | 39% (UDHS 2016) | 50% | Na | Na |
| 16. | ANC 4 Coverage | 38% | 42% | 47.5% | 11% | -12% |

| No. | Indicator | Status 2015/16 | Achieved 2019/20 | HSDP Target 2019/20 | % Change between Baseline and End Year | Achievement against the HSDP Target |
|---|---|---|---|---|---|---|
| 17. | Health facility deliveries | 55% | 59% | 89% | 7% | -34% |
| 18. | HC IVs offering CEmOC services (C/S and offering blood transfusion) | 41% (76/186) | 51% (103/203) | 60% | 24% | -15% |
| 19. | New OPD Utilization rate | 1.2 | 1.1 | 1.5 | -8% | -27% |
| 20. | Hospital (Inpatient) admissions per 100 population | 4 | 7 | 10 | 93% | -28% |
| 21. | Population living within 5 km of a health facility | 83% | 86% (UNHS 2017) | 85% | 4% | 1% |
| 22. | Availability of a basket of commodities in the previous quarter (% of facilities that had over 95%) | 52% | 46% | 75% | -12% | -39% |
| 23. | Maternal deaths among 100,000 health facility deliveries | 119 | 99 | 98 | 17% | -1% |
| 24. | Maternal death reviews | 37% | 65% | 65% | 76% | 0% |
| 25. | Facility based fresh still births (per 1,000 deliveries) | 13 | 9 | 11 | 31% | 18% |
| 26. | Under Five deaths among 1,000 under 5 admissions | 19 | 24 | 16 | 26% | -50% |
| 27. | Sanitation coverage | 75% | 78% | 82% | 4% | -4.9% |
| 28. | Timeliness of reporting (HMIS 105) | 79% | 85% | 97% | 8% | -12% |
| 29. | Villages/wards with a functional VHT | 75% | 40% | 85% | -47% | -53% |
| 30. | Staffing level (approved posts filled) | 69% | 73% | 80% | 6% | -9% |
| 31. | Doctors to population ratio | 1:24,725 | Na | 1:23,500 | | |
| | Midwives to population ratio | 1:11,000 | Na | 1:9,500 | | |
| | Nurses to population ratio | 1:18,000 | Na | 1:7,000 | | |
| 32. | Client satisfaction index | 46% | 25% (2018) | 79% | -46% | -68% |
| 33. | General Government budget allocated to health as % of total government budget | 6.9% | 7.2% | 15% | 4% | -52% |
| 34. | Out of pocket health expenditure as a % of total health expenditure | 37% | 40% (NHA 2016/17) | 30% | - | - |
| 35. | Maternal Mortality Ratio (per 100,000) | 438 (UDHS 2011) | 336 (UDHS 2016) | 211 | - | - |
| 36. | Neonatal Mortality Rate (per 1,000) | 27 (UDHS 2011) | 27 (UDHS 2016) | 10 | - | - |
| 37. | Infant Mortality Rate (per 1,000) | 54 (UDHS 2011) | 43 (UDHS 2016) | 30 | - | - |
| 38. | Under five Mortality Rate (per 1,000) | 90 (UDHS 2011) | 64 (UDHS 2016) | 53 | - | - |
| 39. | Total Fertility Rate | 6.2 (UDHS 2011) | 5.4 (UDHS 2016) | 5.1 | - | - |
| 40. | Adolescent Pregnancy Rate | 24% (UDHS 2011) | 24% (UDHS 2016) | 14% | - | - |
| 41. | Children below 5 years who are stunted | 33% (UDHS 2011) | 29% (UDHS 2016) | 25% | - | - |
| 42. | Children below 5 years who are underweight (wasting) | 14% (UDHS 2011) | 14% (UDHS 2016) | 10% | - | - |

# 1.9 Health Partnerships

## 1.9.1 Progress in implementation of the HSDP Compact

This section assesses performance of the Health Policy Advisory Committee (HPAC), Senior Management Committee (SMC) and Technical Working Groups (TWGs) and progress in implementation of the partnership commitments made in the HSDP Compact.

### 1.9.1.1 Performance of HPAC

HPAC is a stakeholder coordination mechanism which supports the functions of the MoH Top Management in policy related issues and meets monthly. Eight meetings were held on the scheduled dates (first Wednesday of the month). The April, May and June meetings were not held as scheduled due to the COVID-19 pandemic. A total of 20 policy/strategic issues were presented and discussed in these meetings. On average 2 polices/strategies issues were discussed per month.

**Policy issues presented to HPAC for the period July 2019 to June, 2020**

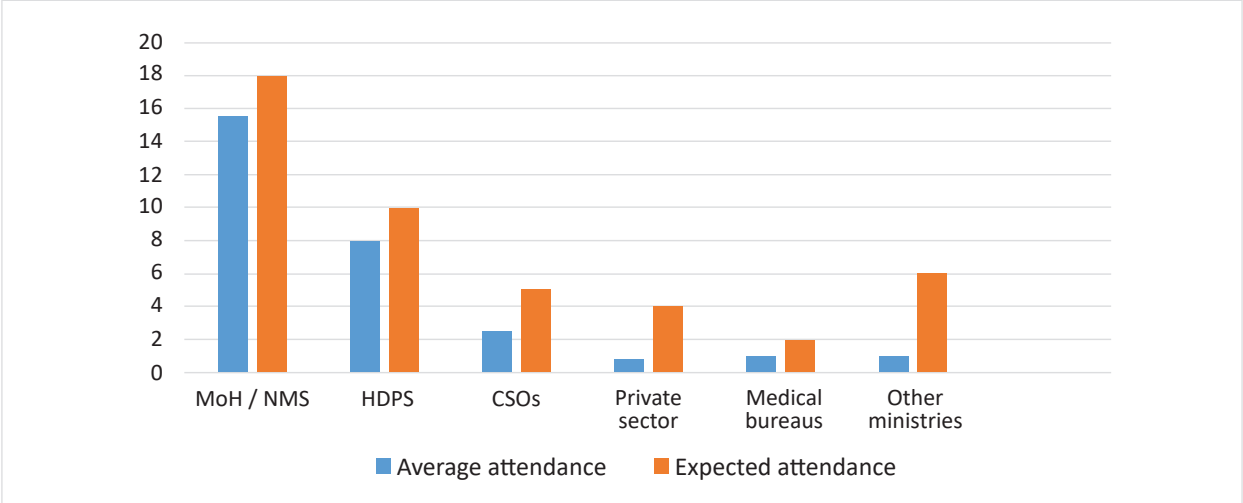
1. The Laboratory Equipment's Policy
2. The Human Resource Migration Policy
3. The Universal Health Coverage Roadmap
4. Brief update on the Adolescent Health Policy
5. NDP III health sector component.
6. Redistribution of Essential Health Supply Guideline 2018.
7. Draft Total Marketing Approach
8. Update on the Health Sector Development Plan II

**Other strategic issues presented to HPAC for the period July 2019 to June, 2020.**

9. Kawolo paperless hospital project.
10. Implementation progress for 24th JRM recommendation.
11. Hospital management system
12. Plan and Progress of Digitalization of Health Systems
13. Medicines Stock Status Reports
14. Concept Note for the Joint Review Mission.
15. Review of TWGs
16. Road map for the accountability of medicines.
17. Blood use by Health Facilities.

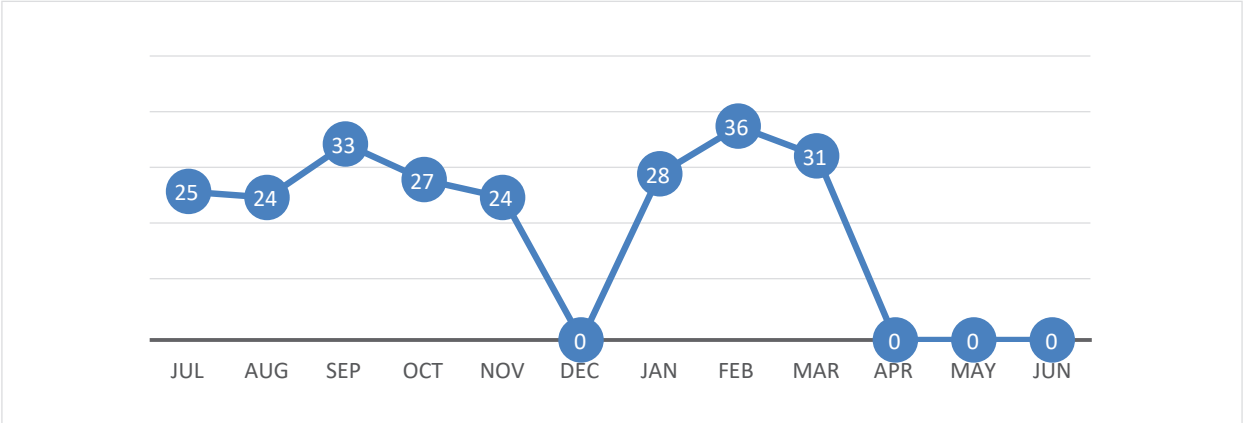
Overall HPAC meeting attendance improved by 24% from 42% in 2018/2019 to 66% in 2019/2020. The MoH attendance was 86%, other ministries and departments had the least attendance.

### FIGURE 50: AVERAGE ATTENDANCE IN FY 2019/20 BY MEMBERSHIP




There were no meetings held in December 2019, April, May and June 2020. The lack of meetings in April, May and June 2020 was due to the effects of the COVID-19 pandemic whereby the MoH and all partners were heavily engaged in the response to the pandemic.

### FIGURE 51: HPAC MEMBERS ATTENDANCE PER MONTH IN FY 2019/2020




Three areas were planned for monitoring implementation of the Compact for the HSDP 2015/16 – 2019/20, and these have been assessed for this reporting, including:

- Planning and budgeting,
- Monitoring program implementation and performance, and
- Policy guidance and monitoring.

Performance against the implementation of the Compact is shown in Table 35.

## TABLE 35: PROGRESS IN IMPLEMENTATION OF THE COUNTRY COMPACT FOR THE HSDP I DURING FY 2019/20

| # | Compact Indicator | Targets/Means of Verification | Achievement | Comments |
|---|---|---|---|---|
| **1.0.** | **Planning and Budgeting** | | | |
| 1.1. | MoH Annual Work plan reflecting stakeholder contribution (all resources on-plan) | Partners' support is captured in the plan | Most of the Partners communicate resources available for the year though not all are reflected in the MoH Annual Work plan e.g. Implementation Letters, Country Action Plans, MoUs | Departments to indicate all stakeholder contributions to the annual workplan |
| 1.2. | All new sector investments are appraised by SBWG | Submission of new projects to SBWG | All new projects and proposals were reviewed by the SBWG | SBWG meets monthly |
| 1.3. | All planned procurements reflected in the Comprehensive procurement plan | Adherence to procurement plan | Annual integrated comprehensive procurement plan was made | Not fully implemented due to delays in initiating procurements |
| 1.4. | Response to Auditor General's report | Timely response to AG's report | Response to AG's report was made in time. | Recommendations acted upon |
| 1.5. | Implementation of harmonized Technical Assistance (TA) Plan | HPAC approval of ToRs & procurement of short & long term TA | Harmonized TA plan for FY 2019/20 not presented to HPAC | Annual TA plans to be developed |
| **2.0.** | **Monitoring Program Implementation and Performance** | | | |
| 2.1. | Area Team Visits - Quarterly Reports | Presentation of reports to HPAC within 30 days after completion of Area Team visits | Two Area team visits conducted but reports were not presented to HPAC. | HPAC schedule affected by COVID-19 |
| 2.2. | MoH Quarterly Performance Assessment | Dissemination of reports to HPAC within 30 days after completion of MoH quarterly review. | Two quarterly review meeting held to review performance for Q3&4 FY 2018/19 and Q1 FY 2019/20 | Other review meetings not held as scheduled due to COVID-19 |
| 2.3. | Technical Review Meeting | Present of report from TRM to HPAC by 30 April | TRM not done | |
| 2.4. | Technical Working Group meetings | Target 80% of TWG meetings held | Performance of TWGs improved to 70% in the first half of the year but reduced significantly in the later half due to COVID-19 | TWGs were restructured from 14 to 11 during this FY. |
| 2.5. | Annual Health Sector Performance Report | Submission of Final Report by 30 Sept | AHSPR FY 2018/19 was compiled and submitted | Achieved fully |
| 2.6. | Submission of Annual Report to OPM | Submission to OPM by 30 August | Health component of the GAPR submitted to OPM on time. | |
| 2.7. | Joint Review Mission - review of sector performance | Aide Memoire presented to HPAC by 30 Nov | The 25th JRM was held and Aide Memoire was presented to HPAC | Final Aide Memoire signed in February 2020 and disseminated |
| 2.9. | End of HSDP Evaluation | Completion of end of HSDP review by June 2019 | Not done | Lack of resources |

| # | Compact Indicator | Targets/Means of Verification | Achievement | Comments |
|---|---|---|---|---|
| **3.0.** | **Policy Guidance and monitoring** | | | |
| 3.1. | Senior Management Committee | 12 SMC meetings | 8/12 SMC meetings were held | Meetings in the 3rd quarter not held due to COVID-19 |
| 3.2. | Health Policy Advisory Committee | 12 meetings | 8/12 meetings were held | Meetings in the 3rd quarter not held due to COVID-19 |
| 3.3. | Global Fund Country Coordination Mechanism | 4 meetings | CCM met quarterly | |

### 1.9.1.2 Performance of MoH Senior Management Committee

8 out of the planned 12 (92%) Senior Management Committee (SMC) meetings were held during 2019/20 FY. Four (4) SMC meetings that were supposed to take place in 2020 could not happen because of COVID 19 pandemic.

Policy related items discussed, adopted by SMC and forwarded to HPAC for further consideration included the following:

- Guidelines on the Presidential Imitative on Healthy Eating and Healthy Lifestyles which were adopted are currently in use.
- Addendum to 2017 programmatic management of drug-resistant TB (PMDT) guidelines for Uganda and used by the Division of National TB and Leprosy.
- National Cleaning Days.
- Environmental health costed strategic plan which is now operational.
- National malaria in pregnancy guidelines which were updated and are now in use.
- Sexual Reproductive HIV, Gender Based Violence integrated strategy were adopted and went into use.
- Ministry of Health Area Team support supervision report and actions for follow-up.
- Guidelines for IHR yellow fever vaccination and use of non-routine vaccines in Uganda.
- Routine Long Lasting Insecticide treated nets (LLIN) access, care and use guidelines.
- Scheme of service for Anaesthetic Officers
- Survey report on Infection Prevention and Control in the Health Sector
- Health Sector Development Plan (HSDP) II

### 1.9.1.3 Performance of the MoH Technical Working Groups (TWGs):

TWGs provide a forum for technical and policy related issues to be addressed for appropriate action to be taken by the MoH. To improve their performance, in July 2019, the number of TWGs was reduced from 15 to 11 where the poor performing ones were merged with those that were performing well. The number of monthly TWG meetings and submission of TWG briefs to SMC secretariat on average increased to more than 70% for the first half of the FY 2019/20 before onset of COVID-19. From February up-to May 2020 there was virtually no activity for most TWGs. Business for TWGS resumed from May where most TWGs had to cope with the zoom meeting approach which requires having internet data and access to stable internet connectivity. The performance has started to slowly improve in this COVID-19 era.

# 1.10 Local Government Performance

The District League Table (DLT) is composed of input, process, output and outcome indicators – e.g. staffing levels TB case detection rate, deliveries in health facilities, PCV3 coverage, and latrine coverage, among others; in line with the HSDP. The composite index employed is computed by weighting the agreed upon indicators, ranking districts from best to worst performer.

## 1.10.1 District League Table Performance

During FY 2019/20, the number of districts + KCCA increased from 128 to 135. The new districts are Kalaki from Kaberamaido, Karenga from Kaabong, Kitagwenda from Kamwenge, Madi-Okollo from Arua, Obongi from Moyo and Rwampara from Mbarara. The districts are used as the units of analysis with key objectives of comparing performance between districts; provide information to facilitate the analysis for good and poor performance at districts and thus enable corrective measures which may range from increasing the amount of resources (financial resources, human resources, infrastructure) to the LG or more frequent and regular support supervision.

The DLT is not meant to embarrass LG leaders of poorly performing districts, but rather to make them question why their district is performing poorly and consider ways in which that performance can improve.

The objectives of the DLT are;

1) To compare performance between districts and therefore determine good and poor performers.

2) To provide information to facilitate the analysis for good and poor performance at districts thus enable corrective measures.

3) Appropriate corrective measures which may range from increasing the amount of resources (funds, human resource, infrastructure) to the LG or more frequent and regular support supervision.

4) To increase LG ownership for achievements – the DLT to be included in the AHSPR to be discussed at the JRM with political, technical and administrative leaders of districts.

5) To encourage good practices – good management, innovations and timely reporting.

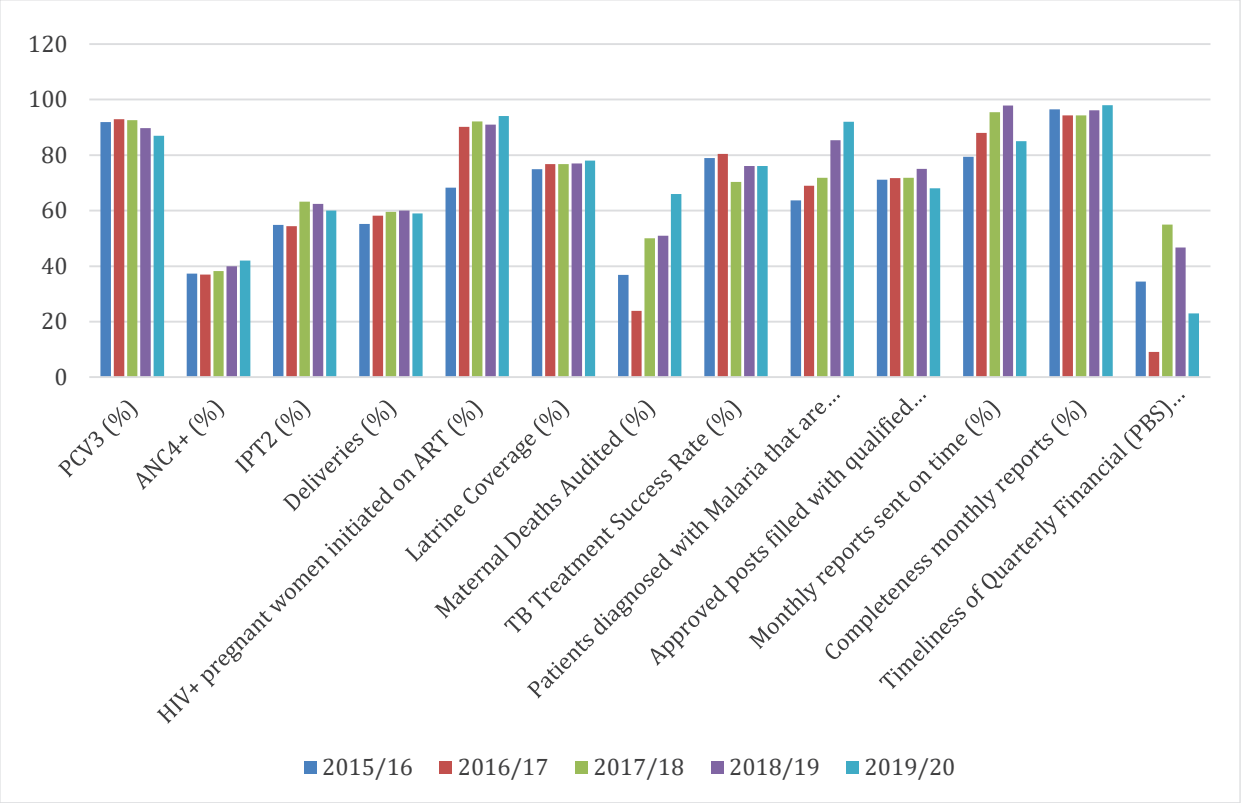
Routine HMIS data was the primary data source for majority of the indicators and other indicator data were provided by MoH programs such as HIV/AIDS, TB, Environmental Health Division and MoFPED for the quarterly financial performance (PBS) report.

There was a decline in the overall DLT score by 7.4% to 69% from 73.4% in 2018/19. Significant improvement was registered in maternal deaths reviewed from 51% to 66% and patients diagnosed with malaria that are laboratory confirmed from 85.3% in 2018/19 to 92%. Timeliness in PBS reporting declined by 51%, monthly reports sent on time also reduced by 13% and approved posts filled reduced by 9%.

## TABLE 36: AVERAGE PERFORMANCE IN THE DLT INDICATORS

| Financial Year | PCV3 (%) | ANC4+ (%) | IPT2 (%) | Deliveries (%) | HIV+ pregnant women initiated on ART (%) | Latrine Coverage (%) | Fresh Still Births per 1,000 Deliveries | Maternal Deaths Audited (%) | TB Treatment Success Rate (%) | Patients diagnosed with Malaria that are lab confirmed (%) | Approved posts filled with qualified personnel (%) | Monthly reports sent on time (%) | Completeness monthly reports (%) | Timeliness of Quarterly Financial (PBS) reporting (%) | % score |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **2015/16** | 91.9 | 37.3 | 54.9 | 55.2 | 68.3 | 74.9 | 12.7 | 36.9 | 78.9 | 63.7 | 71.1 | 79.4 | 96.5 | 34.4 | 63.9 |
| **2016/17** | 92.9 | 37 | 54.4 | 58.2 | 90.1 | 76.7 | 10.2 | 23.9 | 80.4 | 68.9 | 71.7 | 88 | 94.3 | 9.1 | 66.2 |
| **2017/18** | 92.6 | 38.2 | 63.2 | 59.6 | 92.1 | 76.8 | 9.4 | 50 | 70.3 | 71.8 | 71.8 | 95.4 | 94.3 | 55 | 69.2 |
| **2018/19** | 89.7 | 40.0 | 62.4 | 60.0 | 91 | 77 | 8.9 | 51 | 76.1 | 85.3 | 75 | 97.8 | 96.1 | 46.7 | 73.1 |
| **2019/20** | 87 | 42 | 60 | 59 | 94 | 78 | 9 | 66 | 76 | 92 | 68 | 85 | 98 | 23 | 68.1 |
| **% change 2018/19 & 2019/20** | -3% | 5% | -4% | -2% | 3% | 1% | 1% | 29% | 0% | 8% | -9% | -13% | 2% | -51% | -7% |

## FIGURE 52: TRENDS IN NATIONAL AVERAGE PERFORMANCE IN THE DLT INDICATORS




The ten best performing districts in FY 2018/19 are; Bushenyi (82.4%), Nebbi (81.9%), Ngora (81.3%) Gulu (81.3%), Kabale (80.6%), Jinja (80.4%), Kanungu (79.9%), Zombo (79.8%), Maracha (78.9%) and Sheema (78.9%)

The lowest performance levels were noted in Pader (62.2%), Buvuma (62.1%), Bukomansimbi (61.7%), Nakapiripirit (60.6%), Adjumani (60.3%), Moroto (59.3%), Namutumba (59.3%), Nabilatuk (57.7%), Amudat (49.5%) and Karenga (46.3%).

Table 37 shows the district performance their total scores and ranks. 55% (70/128) of the districts scored above the national average of 73.1%. The detailed DLT can be seen in the Annex 7.

## TABLE 37: SUMMARY OF THE DISTRICT PERFORMANCE AGAINST THE DLT 2019/20 FY

| DISTRICT | % SCORE | RANK | | DISTRICT | % SCORE | RANK |
|---|---|---|---|---|---|---|
| Bushenyi | 82.64 | 1 | | Kapelebyong | 71.81 | 69 |
| Nebbi | 81.86 | 2 | | Kalungu | 71.64 | 70 |
| Ngora | 81.27 | 3 | | Kakumiro | 71.53 | 71 |
| Gulu | 81.25 | 4 | | Kaliro | 71.36 | 72 |
| Kabale | 80.55 | 5 | | Butambala | 71.26 | 73 |
| Jinja | 80.35 | 6 | | Obongi | 71.11 | 74 |
| Kanungu | 79.93 | 7 | | Ntungamo | 71.10 | 75 |
| Zombo | 79.82 | 8 | | Ibanda | 71.00 | 76 |
| Maracha | 78.92 | 9 | | Kitagwenda | 70.93 | 77 |
| Sheema | 78.91 | 10 | | Sembabule | 70.90 | 78 |
| Rukungiri | 78.88 | 11 | | Kwania | 70.84 | 79 |
| Kabarole | 78.74 | 12 | | Arua | 70.80 | 80 |
| Koboko | 78.68 | 13 | | Kapchorwa | 70.78 | 81 |
| Butaleja | 78.26 | 14 | | Bududa | 70.62 | 82 |
| Manafwa | 78.20 | 15 | | Mayuge | 70.58 | 83 |
| Masaka | 77.99 | 16 | | Kayunga | 70.45 | 84 |
| Oyam | 77.88 | 17 | | Apac | 70.43 | 85 |
| Madi-Okollo | 77.81 | 18 | | Katakwi | 70.30 | 86 |
| Pallisa | 77.21 | 19 | | Ntoroko | 70.26 | 87 |
| Amuria | 77.13 | 20 | | Namayingo | 70.21 | 88 |
| Kibaale | 77.08 | 21 | | Bunyangabu | 69.81 | 89 |
| Bukedea | 77.08 | 21 | | Gomba | 69.79 | 90 |
| Busia | 77.05 | 23 | | Nakaseke | 69.77 | 91 |
| Kampala | 77.02 | 24 | | Isingiro | 69.74 | 92 |
| Butebo | 76.78 | 25 | | Kaabong | 69.36 | 93 |
| Budaka | 76.74 | 26 | | Kyegegwa | 69.18 | 94 |
| Pakwach | 76.16 | 27 | | Kyakwanzi | 68.95 | 95 |
| Lyantonde | 76.08 | 28 | | Kamwenge | 68.77 | 96 |
| Hoima | 76.02 | 29 | | Kitgum | 68.68 | 97 |
| Rukiga | 75.86 | 30 | | Kalangala | 68.66 | 98 |
| Mbarara | 75.72 | 31 | | Rakai | 68.60 | 99 |
| Kween | 75.40 | 32 | | Kikuube | 68.56 | 100 |
| Otuke | 74.88 | 33 | | Lamwo | 68.40 | 101 |
| Kiryandongo | 74.80 | 34 | | Kassanda | 68.11 | 102 |
| Dokolo | 74.78 | 35 | | Rubirizi | 67.77 | 103 |
| Bundibugyo | 74.62 | 36 | | Lwengo | 67.46 | 104 |
| Mpigi | 74.59 | 37 | | Lira | 67.33 | 105 |
| Kole | 74.55 | 38 | | Kiboga | 67.22 | 106 |
| Alebtong | 74.49 | 39 | | Mitooma | 67.10 | 107 |
| Moyo | 74.42 | 40 | | Rwampara | 67.02 | 108 |
| Amuru | 74.40 | 41 | | Buliisa | 66.88 | 109 |
| Serere | 74.33 | 42 | | Bukwo | 66.65 | 110 |
| Tororo | 74.22 | 43 | | Abim | 66.61 | 111 |
| Buyende | 74.04 | 44 | | Kazo | 66.60 | 112 |

| DISTRICT | % SCORE | RANK | | DISTRICT | % SCORE | RANK |
|---|---|---|---|---|---|---|
| Mbale | 73.93 | 45 | | Kasese | 66.52 | 113 |
| Kibuku | 73.75 | 46 | | Masindi | 66.49 | 114 |
| Kyotera | 73.58 | 47 | | Buhweju | 66.49 | 114 |
| Kalaki | 73.55 | 48 | | Luuka | 65.94 | 116 |
| Iganga | 73.53 | 49 | | Nakasongola | 65.78 | 117 |
| Mukono | 73.52 | 50 | | Kaberamaido | 65.70 | 118 |
| Kyenjojo | 73.46 | 51 | | Mubende | 65.69 | 119 |
| Kiruhura | 73.41 | 52 | | Buikwe | 65.65 | 120 |
| Kumi | 73.31 | 53 | | Bulambuli | 64.96 | 121 |
| Luwero | 72.99 | 54 | | Namisindwa | 64.47 | 122 |
| Mityana | 72.91 | 55 | | Wakiso | 64.02 | 123 |
| Kagadi | 72.75 | 56 | | Yumbe | 63.02 | 123 |
| Bugweri | 72.74 | 57 | | Kotido | 62.26 | 125 |
| Napak | 72.36 | 58 | | Pader | 62.21 | 126 |
| Omoro | 72.31 | 59 | | Buvuma | 62.11 | 127 |
| Agago | 72.24 | 60 | | Bukomansimbi | 61.67 | 128 |
| Sironko | 72.18 | 61 | | Nakapiripirit | 60.56 | 129 |
| Rubanda | 72.13 | 62 | | Adjumani | 60.28 | 130 |
| Kisoro | 72.11 | 63 | | Moroto | 59.34 | 131 |
| Bugiri | 72.09 | 64 | | Namutumba | 59.29 | 132 |
| Amolatar | 71.98 | 65 | | Nabilatuk | 57.67 | 133 |
| Soroti | 71.96 | 66 | | Amudat | 49.46 | 134 |
| Kamuli | 71.96 | 67 | | Karenga | 46.31 | 135 |
| Nwoya | 71.91 | 68 | | | | |
| **NATIONAL AVERAGE** | | | | | | **68.1** |

Table 38 shows the trend of individual district performance in the league table for the top 10 and the bottom 10 positions for four years from 2016/17 to 2019/20.

**TABLE 38: TOP 10 AND BOTTOM 10 DISTRICTS FROM 2016/17 TO 2019/20**

| DLT Position | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|
| Top 10 | Adjumani, Gulu, Mbale, Kamwenge, Kiboga, Kampala, Kabale, Oyam, Kabarole and Koboko | Adjumani, Moyo, Bushenyi, Gulu, Kabarole, Oyam, Kabale, Kamwenge, Sheema and Jinja. | Serere, **Jinja**, **Bushenyi**, Rukungiri, Kibaale, Koboko, Kabarole, Kyegegwa, **Zombo** and Kibuku. | **Bushenyi**, Nebbi, Ngora, Gulu, Kabale, **Jinja**, Kanungu, **Zombo**, Maracha and Sheema |
| Bottom 10 | Bududa, Budaka, Nakapiripirit, Napak, Kakumiro, Buliisa, Moroto, Bulambuli, Kaabong, Buvuma and Amudat. | Buliisa, Nakapiripirit, Namisindwa, Amudat, Abim, Budaka, Kaberamaido, Mayuge, Amolatar and Luuka. | Yumbe, Sironko, Kassanda, Bulambuli, Kaabong, Mubende, **Moroto**, **Buvuma**, **Amudat** and **Nabilatuk**. | Pader, **Buvuma**, Bukomansimbi, Nakapiripirit, Adjumani, **Moroto**, Namutumba, **Nabilatuk**, **Amudat** and Karenga |

### 1.10.1.1 Most Improved Districts

The most improved district between 2018/19 and 2019/20 FY was Manafwa with 20% positive change in score followed by Bugweri with 13%, Sironko 12% and Kakumiro 11% improvement change. Only Kiruhura and Apac districts registered no change in the DLT score.

## TABLE 39: THE 10 MOST IMPROVED DISTRICTS IN THE DLT SCORE IN FY 2019/20

| No. | District | DLT Score (%) | | | | % change from 2018/19 to 2019/20 |
|---|---|---|---|---|---|---|
| | | 2016/17 | 2017/18 | 2018/19 | 2019/20 | |
| 1. | Manafwa | 62.6 | 69 | 65.1 | 78.20 | 20% |
| 2. | Bugweri | - | - | 64.5 | 72.74 | 13% |
| 3. | Sironko | 66.3 | 70 | 64.2 | 72.18 | 12% |
| 4. | Kakumiro | 60.4 | 64.5 | 64.4 | 71.53 | 11% |
| 5. | Kaabong | 54.6 | 66.4 | 62.8 | 69.36 | 10% |
| 6. | Amolatar | 63 | 61.3 | 66.1 | 71.98 | 9% |
| 7. | Kaliro | 65.6 | 65.8 | 66.3 | 71.36 | 8% |
| 8. | Ngora | 73.6 | 75.1 | 75.5 | 81.27 | 8% |
| 9. | Kwania | - | - | 66 | 70.84 | 7% |
| 10. | Kassanda | - | - | 63.8 | 68.11 | 7% |

The number of districts which declined in performance doubled to 76 in 2019/20 from 38 in 2018/19. (See Annex 8 for the change in all districts).

## TABLE 40: THE MOST DECLINED DISTRICTS IN THE DLT SCORE IN FY 2019/20

| No. | District | DLT Score (%) | | | | % change from 2018/19 to 2019/20 |
|---|---|---|---|---|---|---|
| | | 2016/17 | 2017/18 | 2018/19 | 2019/20 | |
| 1. | Katakwi | 71.5 | 69.1 | 79.5 | 70.30 | -12% |
| 2. | Kitgum | 64.2 | 73.3 | 77.9 | 68.68 | -12% |
| 3. | Lira | 70.4 | 75.9 | 76.6 | 67.33 | -12% |
| 4. | Kiboga | 76.5 | 74.6 | 77 | 67.22 | -13% |
| 5. | Serere | 72.5 | 66 | 86.9 | 74.33 | -14% |
| 6. | Amudat | 46.8 | 58 | 58.2 | 49.46 | -15% |
| 7. | Kyegegwa | 71.7 | 70.6 | 81.6 | 69.18 | -15% |
| 8. | Kasese | 71.8 | 76.3 | 78.7 | 66.52 | -15% |
| 9. | Namutumba | 70.8 | 73.7 | 72.4 | 59.29 | -18% |
| 10. | Adjumani | 80.9 | 86.3 | 75.9 | 60.28 | -21% |

# 2 HOSPITAL AND HC IV PERFORMANCE

This section looks at analysis of the performance of the National and Regional Referral Hospitals, Large PNFP hospitals, General Hospitals and HC IVs. The Standard Unit of Output (SUO) previously used to assess the output performance for RRHs has not been used in this review as recommended during the last JRM. The MoH is yet to develop an assessment framework for RRH performance in view of the strategic shift from focusing on curative services to health promotion and preventive services.

## 2.1 Performance of National, Regional Referral and Large PNFP Hospitals

National and Regional Referral Hospitals are mandated to provide tertiary and secondary care health services which include higher level surgical and medical services, psychiatry, ear, nose and throat, ophthalmology, dentistry, intensive care, oncology, palliative care and diagnostic services, among others.

In FY 2019/20, Kawempe, Kiruddu and Naguru were operationalized as National Referral Hospitals to decongest Mulago, the Mulago Specialized Women and Neonatal Hospital was also operationalized and Entebbe General Hospital was upgraded to RRH.

The performance of the referral and Large PNFP hospitals has been assessed using maternal and newborn outcomes which are part of the key sector performance indicators and are proxy indicators for the quality of care. A total of 3 National Referral, 14 RRH and 4 Large PNFP hospitals have been assessed under this section. Mulago and Kiruddu NRHs were excluded as they do not provide maternal and newborn care services.

### 2.1.1 Quality Parameters at the NRHs, RRHs and Large PNFP Hospitals

Quality of care is still a priority for the health sector to ensure good health outcomes. The C/S rate, maternal death risk and fresh still birth risk indicators were analyzed to determine the quality of care in the RRHs.

#### 1) Deliveries and Caesarean Sections

The number of deliveries in the 21 hospitals assessed reduced by 4% from 139,466 in FY 2018/19 to 134,503 in FY 2019/20. The number of C/S also reduced by 7% from 49,369 in 2018/19 to 45,806 in 2019/20 FY. Notably, there was a 30% reduction in the number of deliveries and 37% reduction in the number of C/S in Entebbe RRH as the facility was converted into a COVID-19 treatment unit in the latter half of the FY. The number of C/S in Masaka RRH also reduced significantly by 28%.

## TABLE 41: NUMBER OF DELIVERIES AND CAESAREAN SECTIONS AT NRHs, RRHs AND LARGE PNFP HEALTH FACILITIES

| No. | Hospital | Deliveries | | | Caesarean Sections | | |
|---|---|---|---|---|---|---|---|
| | | 2018/19 | 2019/20 | % change | 2018/19 | 2019/20 | % change |
| 1. | Arua | 7,625 | 6,703 | -12% | 2,473 | 2,544 | 3% |
| 2. | CUFH-Naguru | 9,183 | 8,126 | -12% | 2,580 | 2,730 | 6% |
| 3. | Entebbe | 6,303 | 4,384 | -30% | 1,968 | 1,233 | -37% |
| 4. | Fort Portal | 7,600 | 7,507 | -1% | 2,769 | 2,825 | 2% |
| 5. | Gulu | 3,257 | 4,269 | 31% | 462 | 499 | 8% |
| 6. | Hoima | 8,213 | 7,524 | -8% | 2,775 | 2,651 | -4% |
| 7. | Jinja | 6,535 | 6,166 | -6% | 2,083 | 1,888 | -9% |
| 8. | Kabale | 3,613 | 4,427 | 23% | 1,426 | 1,699 | 19% |
| 9. | Kawempe | 24,472 | 22,254 | -9% | 10,131 | 8,542 | -16% |
| 10. | Lira | 4,875 | 5,826 | 20% | 1,265 | 1,345 | 6% |
| 11. | Lubaga | 5,123 | 4,630 | -10% | 2,068 | 1,880 | -9% |
| 12. | Masaka | 9,832 | 9,947 | 1% | 3,155 | 2,282 | -28% |
| 13. | Mbale | 7,773 | 7,952 | 2% | 2,672 | 2,659 | 0% |
| 14. | Mbarara | 9,189 | 9,676 | 5% | 3,780 | 3,269 | -14% |
| 15. | Mengo | 5,149 | 4,987 | -3% | 2,376 | 2,408 | 1% |
| 16. | Moroto | 808 | 835 | 3% | 241 | 279 | 16% |
| 17. | Mubende | 5,328 | 5,540 | 4% | 1,804 | 1,977 | 10% |
| 18. | MSWNH | 0 | 762 | - | - | 130 | - |
| 19. | Soroti | 3,515 | 3,801 | 8% | 1,287 | 1,394 | 8% |
| 20. | St. Francis Nsambya | 4,384 | 3,741 | -15% | 2,196 | 1,950 | -11% |
| 21. | St. Mary's Lacor | 6,689 | 5,446 | -19% | 1,858 | 1,622 | -13% |
| | **Total** | **139,466** | **134,503** | **-4%** | **49,369** | **45,806** | **-7%** |

*Source: MoH HMIS*

The average C/S rate per delivery in these hospitals reduced to 34% in 2019/20 from 35% in 2018/19 FY. Hospitals with the highest C/S rate are Nsambya hospital at 51%, Mengo at 47% and Lubaga at 41%. Gulu RRH continues to have the lowest C/S rate which reduced from 14% to 12% in 2019/20. The recommended C/S rate among pregnant women is 15%. There is thus need to analyze the cause of variances in C/S rate from the recommended as well as among the different referral hospitals, General Hospitals and HC IVs.

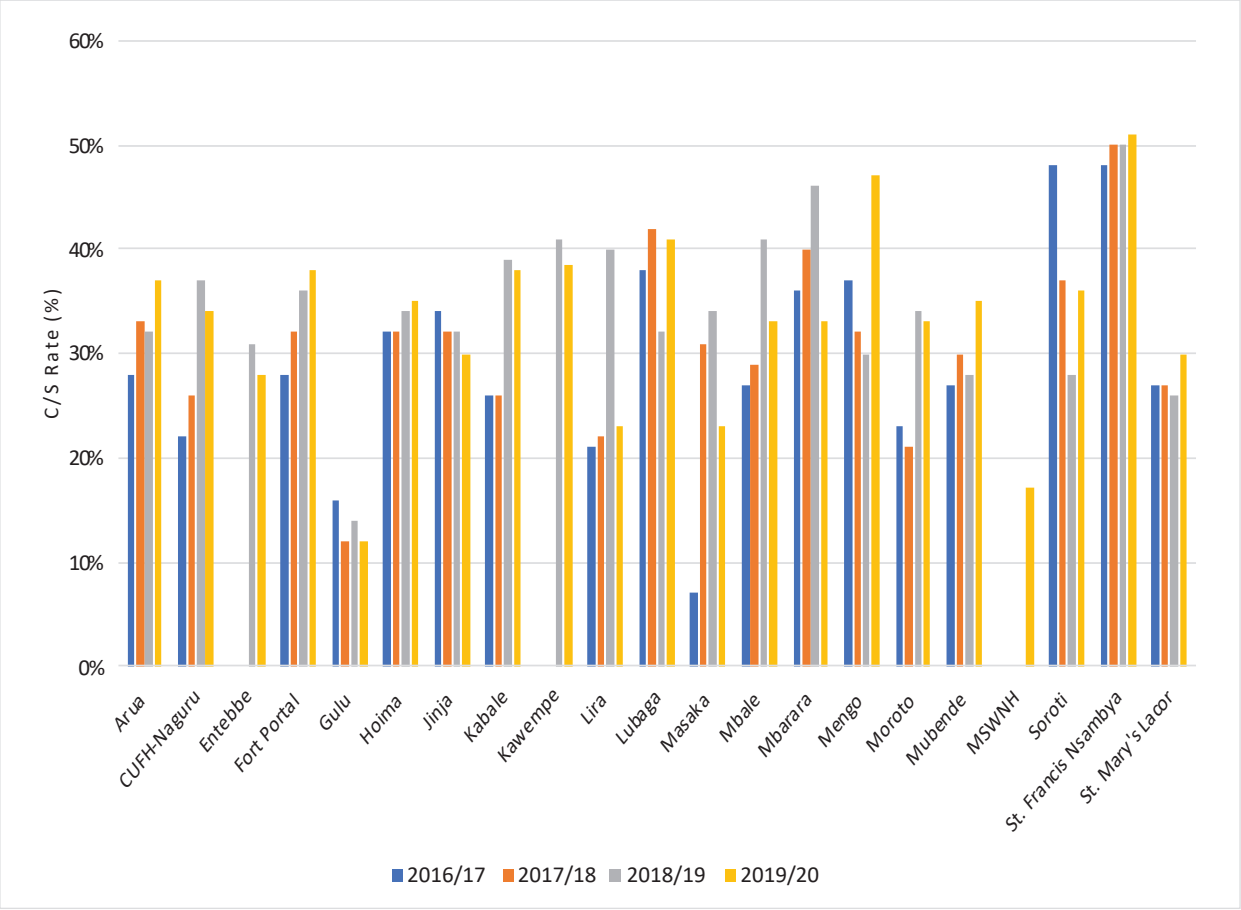
## TABLE 42: CAESAREAN SECTION RATE IN NRHs, RRHs AND LARGE PNFP HOSPITALS 2017/18 TO 2019/20 FY

| No. | Hospital | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|---|
| 1. | Arua | 28% | 33% | 32% | 37% |
| 2. | CUFH-Naguru | 22% | 26% | 37% | 34% |
| 3. | Entebbe | - | - | 31% | 28% |
| 4. | Fort Portal | 28% | 32% | 36% | 38% |
| 5. | Gulu | 16% | 12% | 14% | 12% |
| 6. | Hoima | 32% | 32% | 34% | 35% |
| 7. | Jinja | 34% | 32% | 32% | 30% |
| 8. | Kabale | 26% | 26% | 39% | 38% |
| 9. | Kawempe | - | - | 41% | 38% |
| 10. | Lira | 21% | 22% | 40% | 23% |
| 11. | Lubaga | 38% | 42% | 32% | 41% |
| 12. | Masaka | 7% | 31% | 34% | 23% |
| 13. | Mbale | 27% | 29% | 41% | 33% |

| No. | Hospital | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|---|
| 14. | Mbarara | 36% | 40% | 46% | 33% |
| 15. | Mengo | 37% | 32% | 30% | 47% |
| 16. | Moroto | 23% | 21% | 34% | 33% |
| 17. | Mubende | 27% | 30% | 28% | 35% |
| 18. | MSWNH | - | - | - | 17% |
| 19. | Soroti | 48% | 37% | 28% | 36% |
| 20. | St. Francis Nsambya | 48% | 50% | 50% | 51% |
| 21. | St. Mary's Lacor | 27% | 27% | 26% | 30% |

*Source: MoH HMIS*

### FIGURE 53: GRAPH SHOWING C/S RATES IN NRHs, RRHs AND LARGE PNFP HOSPITALS 2016/17 TO 2019/20




*Source: MoH HMIS*

### 2) Maternal Deaths and Maternal Death Risk Per 100,000 Deliveries

The reported number of maternal deaths at the 21 hospitals was 496 in 2019/20 FY compared to 424 in 2018/19. Kawempe NRH had the highest number of maternal deaths at 116 deaths, followed by Hoima (46), Masaka (38), Fort Portal (37) and Mbale RRH (33). Moroto RRH had the lowest number of maternal deaths (3) followed by Gulu RRH (4) and Mengo Hospital (4).

MSWN, Hoima RRH and Kawempe NRH had the highest Maternal Death Risk per 100,000 deliveries 2,231 per 100,000 deliveries, 611 per 100,000 deliveries and 521 per 100,000 deliveries respectively. It is also worth noting that although Hoima RRH still has the highest maternal death risk, there was a 23% reduction in the death risk compared to the previous FY.

## TABLE 43: NUMBER OF MATERNAL DEATHS AND MATERNAL DEATH RISK IN NRHs, RRHs & LARGE PNFP HOSPITALS IN FY 2019/20

| Hospital | Deliveries | | Maternal Deaths | | Maternal Death Risk per 100,000 deliveries | |
|---|---|---|---|---|---|---|
| | 2018/19 | 2019/20 | 2018/19 | 2019/20 | 2018/19 | 2019/20 |
| Arua | 7,625 | 6,703 | 15 | 21 | 197 | 313 |
| CUFH-Naguru | 9,183 | 8,126 | 11 | 17 | 120 | 209 |
| Entebbe | 6,303 | 4,384 | 5 | 7 | 79 | 160 |
| Fort Portal | 7,600 | 7,507 | 48 | 37 | 632 | 493 |
| Gulu | 3,257 | 4,269 | 4 | 4 | 123 | 94 |
| Hoima | 8,213 | 7,524 | 65 | 46 | 791 | 611 |
| Jinja | 6,535 | 6,166 | 11 | 19 | 168 | 308 |
| Kabale | 3,613 | 4,427 | 4 | 11 | 111 | 248 |
| Kawempe | 24,472 | 22,254 | 34 | 116 | 139 | 521 |
| Lira | 4,875 | 5,826 | 16 | 16 | 328 | 275 |
| Lubaga | 5,123 | 4,630 | 6 | 6 | 117 | 130 |
| Masaka | 9,832 | 9,947 | 36 | 38 | 366 | 382 |
| Mbale | 7,773 | 7,952 | 33 | 33 | 425 | 415 |
| Mbarara | 9,189 | 9,676 | 42 | 22 | 457 | 227 |
| Mengo | 5,149 | 4,987 | 7 | 4 | 136 | 80 |
| Moroto | 808 | 835 | 2 | 3 | 248 | 359 |
| Mubende | 5,328 | 5,540 | 29 | 24 | 544 | 433 |
| MSWNH | 0 | 762 | 0 | 17 | 0 | 2,231 |
| Soroti | 3,515 | 3,801 | 15 | 16 | 427 | 421 |
| St. Francis Nsambya | 4,384 | 3,741 | 9 | 11 | 205 | 294 |
| St. Mary's Lacor | 6,689 | 5,446 | 32 | 28 | 478 | 514 |
| **Total** | **139,466** | **134,503** | **424** | **496** | **304** | **369** |

*Source: MoH HMIS*

Overall there was an increase in maternal death risk in the 21 hospitals by 2% with the highest increase in Kawempe NRH by 275%, Mubende RRH by 255%; Lira RRH by 129% and Kabale RRH by 121%. Mengo hospital registered a 69% reduction and Lubaga 65% reduction in maternal death risk.

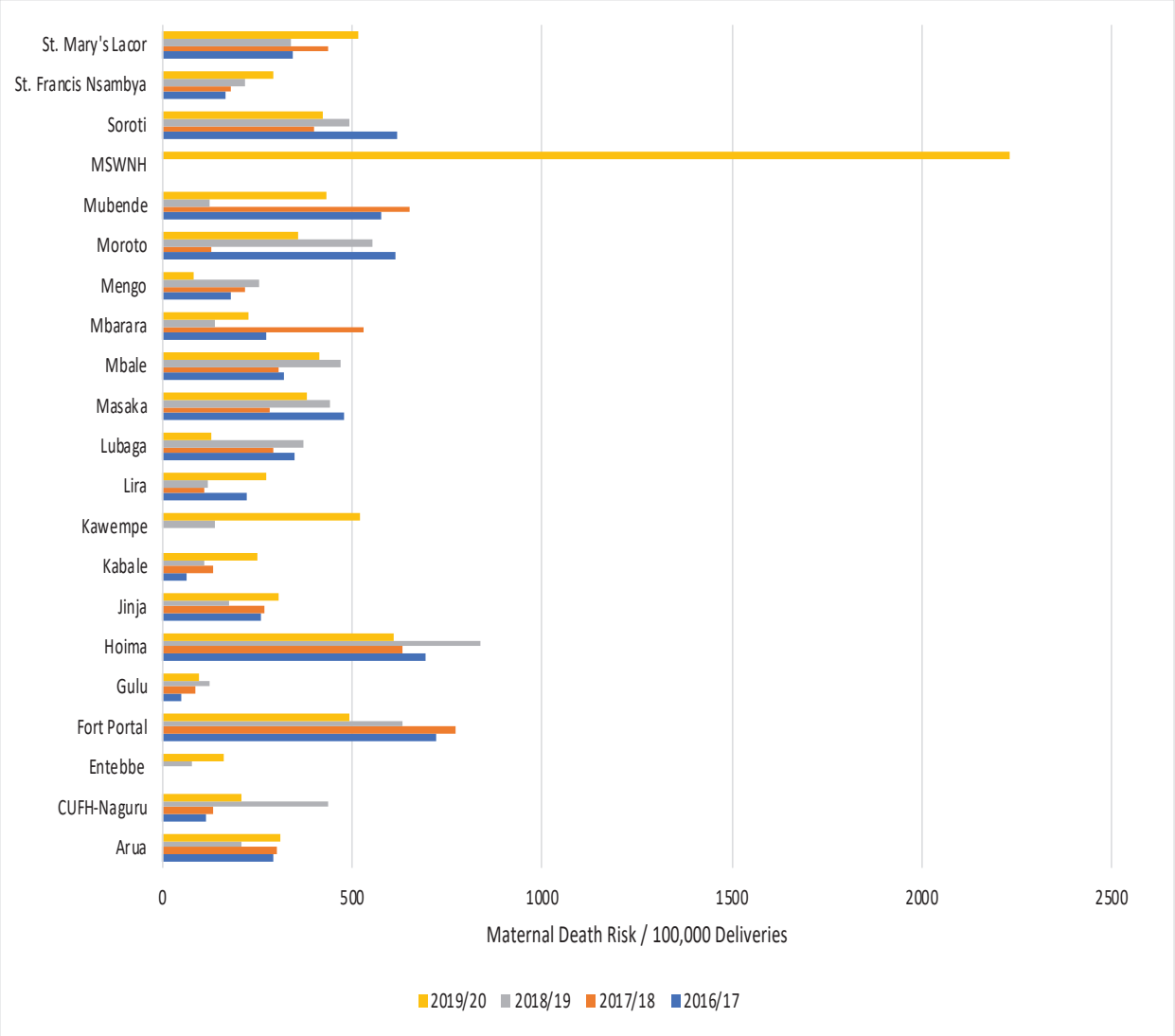
## TABLE 44: TRENDS IN MATERNAL DEATH RISK / 100,000 DELIVERIES IN NRHs, RRHs AND LARGE PNFP HOSPITALS

| No. | Hospital | 2016/17 | 2017/18 | 2018/19 | 2019/20 | % change between 2018/19 & 2019/20 |
|---|---|---|---|---|---|---|
| 1. | Arua | 290 | 300 | 206 | 313 | 52% |
| 2. | CUFH-Naguru | 117 | 132 | 437 | 209 | -52% |
| 3. | Entebbe | na | na | 79 | 160 | 103% |
| 4. | Fort Portal | 719 | 771 | 634 | 493 | -22% |
| 5. | Gulu | 48 | 87 | 122 | 94 | -23% |
| 6. | Hoima | 693 | 632 | 839 | 611 | -27% |
| 7. | Jinja | 261 | 267 | 174 | 308 | 77% |
| 8. | Kabale | 63 | 132 | 112 | 248 | 121% |
| 9. | Kawempe | 0 | 0 | 139 | 521 | 275% |
| 10. | Lira | 222 | 112 | 120 | 275 | 129% |
| 11. | Lubaga | 349 | 290 | 371 | 130 | -65% |
| 12. | Masaka | 480 | 281 | 442 | 382 | -14% |
| 13. | Mbale | 318 | 304 | 467 | 415 | -11% |

| No. | Hospital | 2016/17 | 2017/18 | 2018/19 | 2019/20 | % change between 2018/19 & 2019/20 |
|---|---|---|---|---|---|---|
| 14. | Mbarara | 273 | 531 | 136 | 227 | 67% |
| 15. | Mengo | 180 | 218 | 255 | 80 | -69% |
| 16. | Moroto | 616 | 130 | 552 | 359 | -35% |
| 17. | Mubende | 575 | 652 | 122 | 433 | 255% |
| 18. | MSWNH | 0 | 0 | 0 | 2,231 | - |
| 19. | Soroti | 618 | 397 | 491 | 421 | -14% |
| 20. | St. Francis Nsambya | 164 | 178 | 216 | 294 | 36% |
| 21. | St. Mary's Lacor | 343 | 435 | 339 | 514 | 52% |
| | **Average** | | | **304** | **369** | **21%** |

*Source: MoH HMIS*

### FIGURE 54: GRAPH SHOWING MATERNAL DEATHS RISK IN RRHs AND LARGE PNFP HOSPITALS FROM FY 2016/17 TO 2019/20




*Source: MoH HMIS*

### 3) Fresh Still Births and FSB Risk per 1,000 Deliveries

A total of 2,624 FSBs were reported in the NRHs, RRHs and Large PNFP Hospitals. Kawempe NRH had the highest number of FSBs (520) followed by Hoima RRH (278), Mbale RRH (247) and Mubende RRH (232). Moroto RRH had the lowest number (20) FSBs, followed by St. Francis Nsambya (30) and Mengo Hospital (31).

Mubende RRH has the highest FSB risk (42 per 1,000 deliveries) followed by Hoima RRH at 37 FSBs per 1,000 deliveries and Mbale RRH at 31 per 1,000. Gulu and Mengo RRHs had the lowest FSB risk at 6 and 7 FSBs per 1,000 deliveries respectively.

### TABLE 45: DELIVERIES, FSBs AND FSB RISK PER 1,000 IN NRHs, RRHs AND LARGE PNFP HOSPITALS FY 2019/20

| No. | Hospitals | No. of deliveries | No. of FSB | FSB risk/1000 |
|---|---|---|---|---|
| 1 | Arua | 6,703 | 125 | 19 |
| 2 | CUFH-Naguru | 8,126 | 132 | 16 |
| 3 | Entebbe | 4,384 | 53 | 12 |
| 4 | Fort Portal | 7,507 | 134 | 18 |
| 5 | Gulu | 4,269 | 28 | 7 |
| 6 | Hoima | 7,524 | 278 | 37 |
| 7 | Jinja | 6,166 | 108 | 18 |
| 8 | Kabale | 4,427 | 71 | 16 |
| 9 | Kawempe | 22,254 | 520 | 23 |
| 10 | Lira | 5,826 | 130 | 22 |
| 11 | Lubaga | 4,630 | 43 | 9 |
| 12 | Masaka | 9,947 | 109 | 11 |
| 13 | Mbale | 7,952 | 247 | 31 |
| 14 | Mbarara | 9,676 | 158 | 16 |
| 15 | Mengo | 4,987 | 31 | 6 |
| 16 | Moroto | 835 | 20 | 24 |
| 17 | Mubende | 5,540 | 232 | 42 |
| 18 | MSWNH | 762 | 17 | 22 |
| 19 | Soroti | 3,801 | 73 | 19 |
| 20 | St. Francis Nsambya | 3,741 | 30 | 8 |
| 21 | St. Mary's Lacor | 5,446 | 85 | 16 |
| | **Total** | **134,503** | **2,624** | **20** |

*Source: MoH HMIS*

FSB risk increased significantly in Mbarara, Mubende and Lira RRHs by 300%, 250% and 120% respectively. Mengo Hospital, Masaka and Moroto RRHs has reduction by 63%, 59% and 49% respectively.

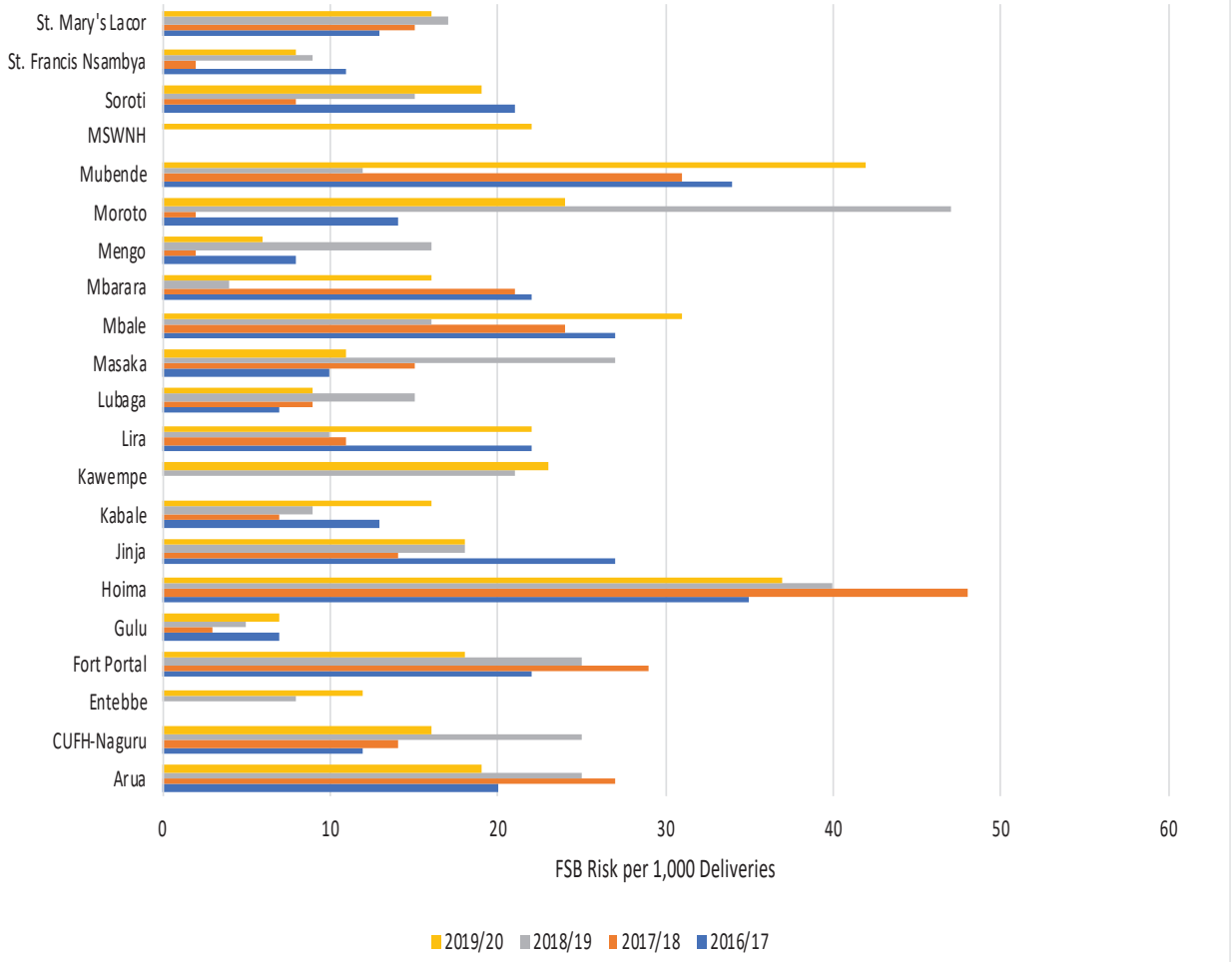
### TABLE 46: FSB RISK PER 1,000 DELIVERIES FROM FY 2016/17 TO FY 2019/20

| No. | Hospital | 2016/17 | 2017/18 | 2018/19 | 2019/20 | % change from FY 2018/19 |
|---|---|---|---|---|---|---|
| 1. | Arua | 20 | 27 | 25 | 19 | -24 |
| 2. | CUFH-Naguru | 12 | 14 | 25 | 16 | 33 |
| 3. | Entebbe | - | - | 8 | 12 | 50 |
| 4. | Fort Portal | 22 | 29 | 25 | 18 | -28 |
| 5. | Gulu | 7 | 3 | 5 | 7 | 40 |
| 6. | Hoima | 35 | 48 | 40 | 37 | -8 |
| 7. | Jinja | 27 | 14 | 18 | 18 | 0 |
| 8. | Kabale | 13 | 7 | 9 | 16 | 78 |
| 9. | Kawempe | | | 21 | 23 | 10 |
| 10. | Lira | 22 | 11 | 10 | 22 | 120 |
| 11. | Lubaga | 7 | 9 | 15 | 9 | -40 |
| 12. | Masaka | 10 | 15 | 27 | 11 | -59 |
| 13. | Mbale | 27 | 24 | 16 | 31 | 94 |
| 14. | Mbarara | 22 | 21 | 4 | 16 | 300 |

| No. | Hospital | 2016/17 | 2017/18 | 2018/19 | 2019/20 | % change from FY 2018/19 |
|---|---|---|---|---|---|---|
| 15. | Mengo | 8 | 2 | 16 | 6 | -63 |
| 16. | Moroto | 14 | 2 | 47 | 24 | -49 |
| 17. | Mubende | 34 | 31 | 12 | 42 | 250 |
| 18. | MSWNH | | | | 22 | NA |
| 19. | Soroti | 21 | 8 | 15 | 19 | 27 |
| 20. | St. Francis Nsambya | 11 | 2 | 9 | 8 | -11 |
| 21. | St. Mary's Lacor | 13 | 15 | 17 | 16 | -6 |
| | **Overall** | | | **20** | **20** | **0** |

*Source: MoH HMIS*

## FIGURE 55: FSB RISK PER 1,000 DELIVERIES FROM FY 2016/17 TO FY 2019/20




*The C/S rate is still very high in the PNFP hospitals; overall there is an increase in maternal death risk and no change in the FSB risk over the last one year.*

*The sector needs to address the gaps leading to delay in accessing care as well as delays at the health facilities contributing to the maternal deaths and FSBs to achieve the goal-oriented ANC. A phased approach should be adopted to focus on the hospitals with the highest maternal deaths as well as FSBs.*

## 2.1.2 General Hospital Performance

The general hospital performance was measured in terms of Standard Unit of Output (SUO)[7], and quality. The SUO is a composite measure of outputs that allows for a fair comparison of volumes of output of hospitals that have varying capacities in providing the different types of patient care services. The SUO attempts to attribute the final outputs of a hospital a relative weight based on previous cost analyses taking the outpatient contact as the standard of reference. The SUO converts all outputs to outpatient equivalents by weighting the services taking the outpatient contact as the standard reference. The basis of this parameter rests on the evidence that the cost of managing one inpatient is 15 times the cost managing one outpatient, one immunization 0.2 times more, one delivery 5 times more and one (ANC+MCH+FP) client 0.5 times the cost of managing one outpatient.

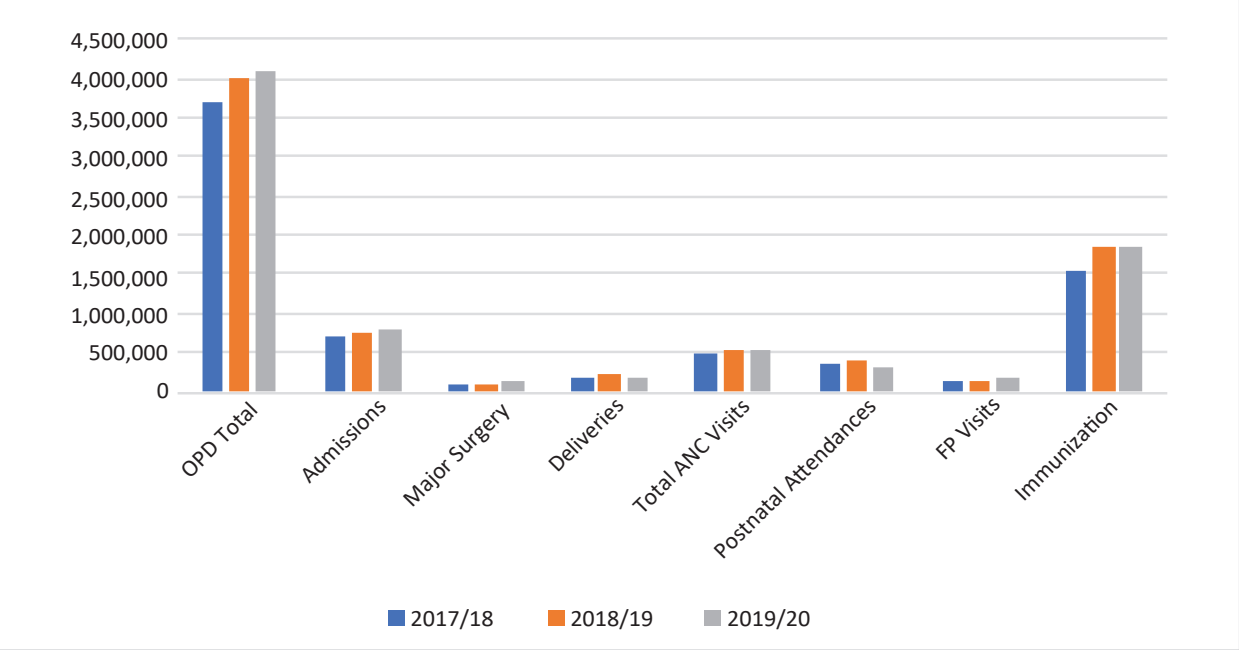
The data analyzed under general hospital performance was for 175 general hospitals compared to 132 analyzed in 2018/19 FY. The total SUO for the General Hospitals increased by only 6% to 20,441,585 from 19,347,826 the previous FY. There was a significant increase in major surgeries by 43% and total Family Planning visits by 28% however, there was a decline in the postnatal attendances by 25%.

### TABLE 47: STANDARD UNITS OF OUTPUT (SUO) FOR GENERAL HOSPITALS IN FY 2017/18 TO 2019/20

| Output | 2017/18 | 2018/19 | 2019/20 | % change from previous FY |
|---|---|---|---|---|
| OPD Total | 3,673,768 | 4,003,796 | 4,077,738 | 2% |
| Admissions | 686,405 | 753,608 | 776,835 | 3% |
| Major Surgery | 88,525 | 98,682 | 141,564 | 43% |
| Deliveries | 194,765 | 204,158 | 198,779 | -3% |
| Total ANC visits | 475,298 | 516,443 | 546,656 | 6% |
| Postnatal Attendances | 342,296 | 409,994 | 308,480 | -25% |
| FP visits | 149,519 | 133,894 | 171,529 | 28% |
| Immunization | 1,553,896 | 1,870,035 | 1,864,074 | 0% |
| **SUO** | **17,508,504** | **19,347,826** | **20,441,585** | **6%** |

*Source: MoH DHIS2*

### FIGURE 56: TRENDS IN SUO VARIABLES FOR THE GENERAL HOSPITAL 2017/18 TO 2019/20




*Source: MoH DHIS2*

7 SUO stands for standard unit of output an output measure converting all outputs in to outpatient equivalents.
General Hospital SUO total = ∑ (Outpatients*1 + (Total ANC Visits+ Postnatal Care attendances + Family Planning) *0.5 + Total Immunizations*0.2 + Deliveries*5 + Inpatients*15 + Major Surgery*20)
HC IVs SUO = Σ(IP*15 + OP*1 + Del.*5 + Imm. *0.2 + ANC/MCH/FP*0.5)

Iganga General Hospital has the highest SUO of 518,696 followed by Kawolo Hospital with 424,792 score. Performance of a number of private hospitals is very low due to no or incomplete reporting. The performance of all the 175 hospitals is shown in the Annex 9.

### TABLE 48: TOP 10 PERFORMING GENERAL HOSPITAL USING THE STANDARD UNITS OF OUTPUT (SUO) PARAMETERS IN 2019/20 FY

| No. | Hospital | No. of admissions | Total OPD | Deliveries | Total ANC | Post Natal Attendances | Total FP | Total Immunizations | Major Surgery | SUO 2019/20 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Iganga | 18,563 | 90,627 | 6,897 | 14,871 | 1,566 | 6,372 | 33,271 | 4,854 | 518,696 |
| 2 | Kawolo | 12,566 | 116,965 | 4,870 | 12,831 | 2,566 | 3,004 | 32,434 | 3,965 | 424,792 |
| 3 | Mityana | 15,203 | 78,326 | 6,076 | 11,293 | 3,345 | 3,617 | 24,510 | 2,996 | 410,701 |
| 4 | St. Joseph's Maracha | 6,061 | 18,363 | 1,260 | 2,233 | 3,606 | 340 | 9,524 | 14,239 | 405,352 |
| 5 | Tororo | 15,481 | 75,423 | 4,744 | 7,068 | 13,701 | 2,714 | 26,117 | 1,631 | 380,943 |
| 6 | Kitgum | 16,416 | 66,993 | 2,516 | 5,191 | 3,759 | 1,433 | 12,278 | 1,158 | 356,620 |
| 7 | Bwera | 14,067 | 51,990 | 4,275 | 10,596 | 1,139 | 2,423 | 38,807 | 2,773 | 354,670 |
| 8 | Kalongo Ambrosoli Memorial | 16,779 | 31,058 | 2,707 | 7,388 | 6,180 | 1,884 | 17,284 | 2,043 | 348,321 |
| 9 | Atutur | 14,154 | 83,780 | 1,668 | 5,936 | 3,755 | 1,107 | 17,795 | 1,537 | 344,128 |
| 10 | Kamuli | 13,846 | 68,841 | 3,140 | 9,504 | 7,725 | 2,210 | 27,969 | 1,089 | 329,324 |

*Source: MoH DHIS2*

Overall great improvement was noted mainly in the private hospitals and this is attributed to improved reporting. Family Care hospital was the most improved hospital followed by St. Anne and Novik Hospital. (Table 49).

### TABLE 49: THE 20 HOSPITALS THAT REGISTERED THE HIGHEST CHANGE IN IMPROVEMENT IN 2019/20

| No. | Hospital | SUO | | |
|---|---|---|---|---|
| | | 2019/20 | 2018/19 | % change |
| 1 | Family Care | 51,981 | 3,077 | 1,589% |
| 2 | St. Anne | 19,121 | 3,935 | 386% |
| 3 | Novik | 36,135 | 10,895 | 232% |
| 4 | St. Josephs Maracha | 405,352 | 137,421 | 195% |
| 5 | Le Memorial Medical Services | 5,436 | 2,216 | 145% |
| 6 | Lira University | 38,057 | 16,778 | 127% |
| 7 | Ruth Gaylord | 44,287 | 23,639 | 87% |
| 8 | Jaro | 15,937 | 9,912 | 61% |
| 9 | True Vine | 30,175 | 18,868 | 60% |
| 10 | Yumbe | 75,323 | 53,535 | 41% |
| 11 | Lyantonde | 257,374 | 188,947 | 36% |
| 12 | Amudat | 75,503 | 56,107 | 35% |
| 13 | Matany | 316,108 | 238,086 | 33% |
| 14 | St. Anthony's | 35,719 | 28,169 | 27% |
| 15 | Bamu | 53,164 | 43,203 | 23% |
| 16 | Bundibugyo | 285,485 | 239,492 | 19% |
| 17 | Kisiizi NGO | 268,852 | 230,115 | 17% |
| 18 | Kitgum | 356,620 | 306,367 | 16% |
| 19 | Nakasongola Military | 50,274 | 43,681 | 15% |
| 20 | Bwera | 354,670 | 308,339 | 15% |

*Source: MoH DHIS2*

### 2.1.2.1 Quality Parameters at the General Hospitals

The quality of care for the general hospitals was assessed based on some of the maternal health outcomes. In FY 2019/20, there was a 3% reduction in the number of deliveries and 3.4% reduction in the number of Caesarean sections as well. The C/S rate did not change from 29% as in the previous FY. Fresh still births increased by 2.6% to 3,187 in FY 2019/20 whereas the FSB risk remained 15 per 1,000 deliveries. The number of macerated still births reduced by 13.7%. Although the number of maternal deaths reduced by 17.8% from 416 in FY 2018/19 to 342 in 2019/20, there was a significant increase in the maternal death risk to 342 per 100,000 live births from 204 per 100,000 deliveries in 2018/19.

**TABLE 50: QUALITY INDICATORS FOR THE GENERAL HOSPITALS FROM FY 2015/16 TO 2019/20**

| Services | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | % Change from previous FY |
|---|---|---|---|---|---|---|
| Deliveries | - | - | - | 204,158 | 197,325 | -3% |
| Caesarian Sections | 52,552 | 48,695 | 60,071 | 60,038 | 58,022 | -3.4% |
| C/S Rate | - | 25% | 28% | 29% | 29% | 0.0% |
| Fresh Still births | 3,303 | 3,027 | 3,164 | 3,106 | 3,187 | 2.6% |
| Macerated still births | 3,147 | 3,131 | 3,156 | 2,968 | 2,561 | -13.7% |
| Maternal deaths | 391 | 412 | 449 | 416 | 342 | -17.8% |
| Fresh still birth risk / 1,000 | - | 16 | 15 | 15 | 15 | 0.0% |
| Maternal Deaths risk per 100,000 deliveries | 212 | 198 | 210 | 204 | 342 | 67.6% |

*Source: MoH DHIS2*

Bukwo hospital had the highest maternal death risk at 1,074 per 100,000 hospital deliveries, followed by Lira University hospital at 824/100,000, St. Francis Nyenga Hospital with 789/100,000 and Bishop Ascili with 769/100,000. See Annex 10 for each hospital details.

**TABLE 51: QUALITY INDICATORS FOR THE GENERAL HOSPITALS FROM IN FY 2019/20**

| No. | Hospital | Deliveries | C/S | Maternal deaths | C/S rate | Maternal Death Risk |
|---|---|---|---|---|---|---|
| 1 | Bukwo General | 652 | 69 | 7 | 0 | 1,074 |
| 2 | Lira University | 364 | 131 | 3 | 0 | 824 |
| 3 | St. Francis Nyenga | 507 | 130 | 4 | 0 | 789 |
| 4 | Bishop Ascili | 390 | 184 | 3 | 0 | 769 |
| 5 | Kaabong | 787 | 170 | 6 | 0 | 762 |
| 6 | Kamuli Mission | 1,050 | 592 | 8 | 1 | 762 |
| 7 | Nakasongola Military | 136 | 31 | 1 | 0 | 735 |
| 8 | Buluba | 580 | 242 | 4 | 0 | 690 |
| 9 | Villa Maria | 991 | 438 | 6 | 0 | 605 |
| 10 | Luwero | 1,721 | 239 | 10 | 0 | 581 |
| 11 | Nkokonjeru | 557 | 215 | 3 | 0 | 539 |
| 12 | St. Joseph Kitovu | 779 | 345 | 4 | 0 | 513 |
| 13 | Aber | 2,377 | 718 | 12 | 0 | 505 |
| 14 | Kitovu | 596 | 353 | 3 | 1 | 503 |
| 15 | St. Stephen's Mpererwe | 206 | 53 | 1 | 0 | 485 |
| 16 | Ishaka Adventist | 1,662 | 813 | 8 | 0 | 481 |
| 17 | Kamuli | 3,140 | 438 | 15 | 0 | 478 |
| 18 | Ngora Freda Carr | 425 | 194 | 2 | 0 | 471 |
| 19 | KIU Teaching | 1,521 | 695 | 7 | 0 | 460 |
| 20 | St. Karolii Lwanga Nyakibale | 663 | 333 | 3 | 1 | 452 |

The FSB risk was highest in Rukunyu hospital with of 218/1,000 hospital deliveries, followed by Bukwo at 107/1,000; Kamuli Mission 65/1,000, Amai Community Hospital with 49/1,000 and Buliisa with 43/1,000 deliveries.

**TABLE 52: 10 GENERAL HOSPITALS WITH THE HIGHEST FSB RATE FY 2019/20**

| No. | Hospital | Deliveries | FSB | FSB Risk / 1000 |
|---|---|---|---|---|
| 1 | Rukunyu | 1,280 | 279 | 218 |
| 2 | Bukwo | 652 | 70 | 107 |
| 3 | Kamuli Mission | 1,050 | 68 | 65 |
| 4 | Amai Community | 304 | 15 | 49 |
| 5 | Buliisa | 487 | 21 | 43 |
| 6 | Dabani | 856 | 34 | 40 |
| 7 | Nightingale | 113 | 4 | 35 |
| 8 | Old Kampala | 29 | 1 | 34 |
| 9 | Kitintale | 30 | 1 | 33 |
| 10 | Villa Maria | 991 | 32 | 32 |
| 11 | Buluba | 580 | 18 | 31 |
| 12 | Lyantonde | 2,621 | 81 | 31 |
| 13 | Bishop Ascili | 390 | 12 | 31 |
| 14 | Kapchorwa | 2,196 | 67 | 31 |
| 15 | St. Joseph Kitovu | 779 | 23 | 30 |
| 16 | Uganda Martyrs | 36 | 1 | 28 |
| 17 | Kuluva | 1,023 | 28 | 27 |
| 18 | Kagadi | 4,222 | 114 | 27 |
| 19 | Kaabong | 787 | 21 | 27 |
| 20 | Kiryandongo | 2,735 | 72 | 26 |

*Source: MoH DHIS2*

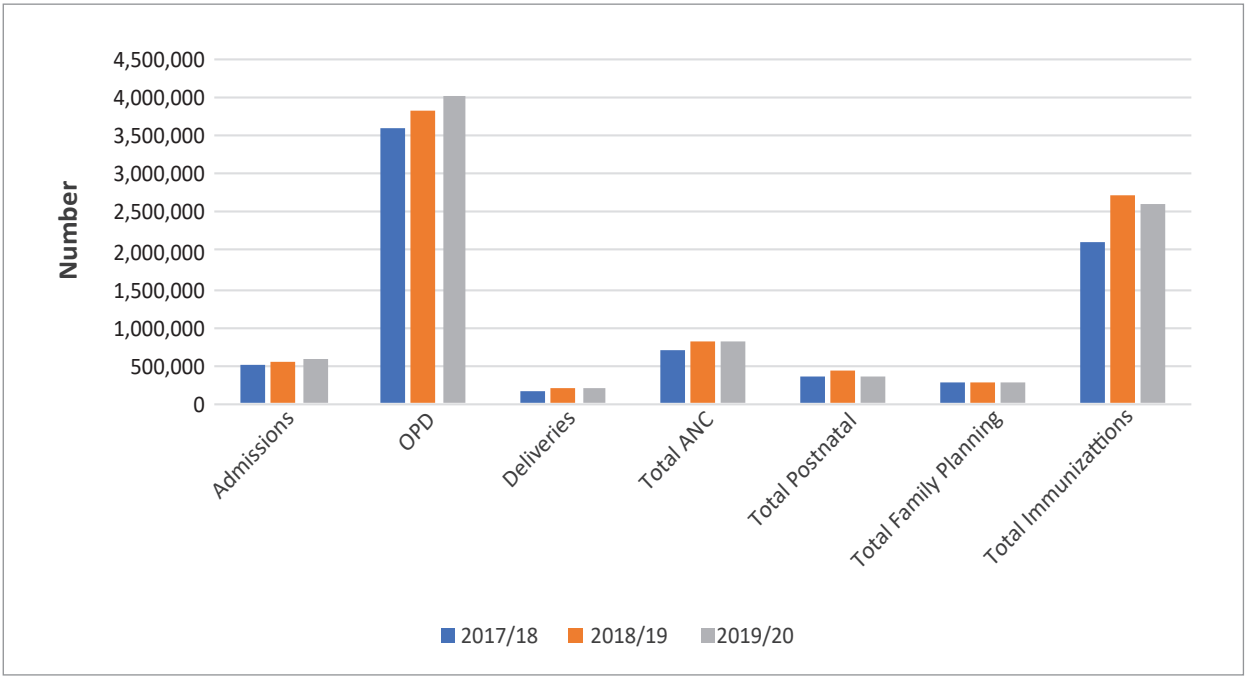
## 2.1.3 Health Centre IV Performance

The HC IV serves as the first referral facility providing comprehensive obstetric and newborn care services in Health Sub-Districts (HSDs) where there is no Hospital. HC IVs on average have a catchment population of 100,000 people. The number of HC IVs reporting increased to 223 from 192 in 2018/19 FY. This excludes the 6 HC IVs that were upgraded to hospitals and includes the 10 HC IIIs that were upgraded to HC IVs and 24 private health facilities that did not report regularly through the DHIS-2 in the previous year. (Table 53). Overall there was only 4% increase in the HC IVs SUO to 15,264,466 from 14,656,326 in FY 2018/19.

**TABLE 53: SHOWING THE AVERAGE, LOWEST AND HIGHEST NUMBER OF SERVICES PROVIDED AND SUO FOR HC IVs**

| HC IV | Admissions | OPD | Deliveries | Total ANC | Total Postnatal | Total Family Planning | Total Immunizations | SUO |
|---|---|---|---|---|---|---|---|---|
| 2019/20 | 595,661 | 4,005,270 | 209,411 | 834,451 | 370,423 | 301,579 | 2,620,000 | 15,264,466 |
| 2018/19 | 566,477 | 3,833,442 | 203,238 | 823,119 | 439,174 | 276,794 | 2,699,977 | 14,656,326 |
| 2017/18 | 503,888 | 3,597,388 | 182,744 | 719,095 | 350,033 | 274,756 | 2,101,126 | 13,161,745 |
| 2016/17 | 571,653 | 4,115,947 | 180,514 | 698,426 | 301,039 | 248,616 | 850,236 | 14,432,943 |
| 2015/16 | 526,206 | 4,274,028 | 170,670 | 662,512 | 232,474 | 240,838 | 856,086 | 13,759,597 |

## FIGURE 57: GRAPH SHOWING INDICATORS OUTPUTS FOR HC IVs FROM 2017/18 TO 2019/20




Kyangwali HC IV ranked number one, followed by Busiu HC IV, St. Paul HC IV, Yumbe HC IV, Kumi HC IV and Serere HC IV. St. Paul HC IV had the highest number of admissions (9,655); Omugo HC IV had the highest OPD attendances (64,312); Kawaala HC the highest deliveries (5,334), total ANC (25,652) and postnatal attendances (6,958); Busia HC IV had the highest number of FP visits (17,817) and Kasangati HC IV had the highest number of immunizations (102,925).

The detailed outputs per HC IVs are provided in Annex 12.

## TABLE 54: TOP 10 PERFORMING HC IVs USING THE SUO PARAMETERS IN FY 2019/20

| No. | HC IV | No. of admissions | Total OPD | Deliveries in unit | Total ANC | Post Natal Attendances | Total FP | Total Immunization | SUO 2019/20 | *SUO 2018/19* | % change |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | Kyangwali | 9,494 | 24,168 | 2,887 | 7,525 | 1,334 | 2,557 | 27,742 | **192,269** | ***167,740*** | 14.6 |
| 2. | Busiu | 8,997 | 30,321 | 1,444 | 4,576 | 7,223 | 3,664 | 18,353 | **183,898** | ***134,773*** | 36.5 |
| 3. | St. Paul | 9,655 | 11,069 | 3,221 | 4,902 | 5,701 | 3,300 | 14,095 | **181,770** | ***143,194*** | 26.9 |
| 4. | Yumbe | 8,390 | 34,145 | 1,829 | 6,674 | 3,017 | 1,374 | 29,650 | **180,603** | ***189,735*** | -4.8 |
| 5. | Kumi | 7,422 | 51,277 | 916 | 6,202 | 5,031 | 1,828 | 24,396 | **178,597** | ***171,290*** | 4.3 |
| 6. | Serere | 8,573 | 22,455 | 1,955 | 5,468 | 5,683 | 2,156 | 18,640 | **171,207** | ***138,759*** | 23.4 |
| 7. | Kasangati | 5,828 | 26,242 | 3,596 | 12,466 | 1,257 | 2,319 | 102,925 | **160,248** | ***138,833*** | 15.4 |
| 8. | Budaka | 7,565 | 24,234 | 2,358 | 6,621 | 1,381 | 2,302 | 17,567 | **158,164** | ***150,265*** | 5.3 |
| 9. | Kawaala | 4,205 | 32,932 | 5,334 | 25,652 | 6,958 | 7,463 | 64,806 | **155,675** | - | - |
| 10. | Kidera | 6,750 | 35,736 | 893 | 4,889 | 2,308 | 2,034 | 26,737 | **151,414** | ***127,800*** | 18.5 |
| 11. | Bukedea | 6,575 | 32,804 | 1,628 | 6,789 | 2,764 | 980 | 26,380 | **150,112** | ***128,324*** | 17.0 |
| 12. | Kibuku | 6,672 | 28,900 | 1,765 | 3,053 | 2,675 | 1,548 | 14,261 | **144,295** | ***159,731*** | -9.7 |
| 13. | Anyeke | 6,254 | 36,057 | 1,092 | 4,970 | 1,142 | 1,295 | 9,416 | **140,914** | ***111,472*** | 26.4 |
| 14. | Omugo | 3,918 | 64,312 | 1,449 | 5,755 | 1,772 | 668 | 19,424 | **138,309** | ***128,757*** | 7.4 |
| 15. | Busia | 4,703 | 34,366 | 2,524 | 10,297 | 2,056 | 17,817 | 25,669 | **137,750** | ***141,081*** | -2.4 |
| 16. | Midigo | 6,291 | 23,427 | 2,335 | 3,595 | 1,020 | 934 | 15,487 | **135,339** | ***134,456*** | 0.7 |

| No. | HC IV | No. of admissions | Total OPD | Deliveries in unit | Total ANC | Post Natal Attendances | Total FP | Total Immunization | SUO 2019/20 | *SUO 2018/19* | % change |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 17. | Pakwach | 6,182 | 27,403 | 1,373 | 4,481 | 2,187 | 660 | 20,005 | **134,663** | ***114,571*** | 17.5 |
| 18. | Budadiri | 6,186 | 21,838 | 2,118 | 7,128 | 1,910 | 1,418 | 18,583 | **134,163** | ***123,894*** | 8.3 |
| 19. | Wakiso | 4,067 | 27,084 | 2,975 | 12,071 | 1,565 | 4,077 | 94,094 | **130,639** | ***149,797*** | -12.8 |
| 20. | Kangulumira | 4,409 | 38,895 | 2,329 | 7,401 | 4,365 | 2,649 | 26,550 | **129,193** | ***117,560*** | 9.9 |

*Source: MoH HMIS*

There were 7,500 hospital beds in the 224 HC IVs assessed, with 594,658 admissions reported. Overall BOR at the HC IV level was 51% and ALoS of 2 days. Table 59shows the HC IVs with the highest BOR details for each HC IV are in Annex 13.

### TABLE 55: HC IVs WITH THE HIGHEST BOR IN 2019/20 FY

| No. | HC IV | No. of Beds | No. of admissions | Patient days | BOR = (Patient Days/365) / Beds*100 | ALOS = Patient Days/Admissions |
|---|---|---|---|---|---|---|
| 1 | Kyangwali | 45 | 9,494 | 29,623 | 180 | 3 |
| 2 | Bugobero | 21 | 4,888 | 13,545 | 177 | 3 |
| 3 | Awach | 28 | 3,909 | 15,436 | 151 | 4 |
| 4 | Kibuku | 26 | 6,672 | 13,218 | 139 | 2 |
| 5 | Namwendwa | 32 | 6,145 | 16,209 | 139 | 3 |
| 6 | Butenga | 23 | 3,513 | 10,556 | 126 | 3 |
| 7 | Bukedea | 42 | 6,575 | 18,736 | 122 | 3 |
| 8 | Kasangati | 31 | 5,828 | 13,256 | 117 | 2 |
| 9 | Rwesande | 51 | 5,418 | 21,465 | 115 | 4 |
| 10 | Yumbe | 52 | 8,390 | 20,355 | 107 | 2 |
| 11 | Dokolo | 70 | 5,022 | 27,288 | 107 | 5 |
| 12 | Bubulo | 26 | 3,890 | 10,071 | 106 | 3 |
| 13 | Kidera | 36 | 6,750 | 13,669 | 104 | 2 |
| 14 | Kabuyanda | 42 | 6,282 | 15,824 | 103 | 3 |
| 15 | Buwenge | 32 | 4,615 | 11,484 | 98 | 2 |
| 16 | Nabilatuk | 33 | 6,385 | 11,797 | 98 | 2 |
| 17 | Kassanda | 21 | 3,708 | 7,416 | 97 | 2 |
| 18 | Princes Diana | 33 | 2,522 | 11,409 | 95 | 5 |
| 19 | Apapai | 33 | 4,277 | 11,365 | 94 | 3 |
| 20 | Mukuju | 26 | 2,918 | 8,912 | 94 | 3 |
| 21 | St. Paul | 88 | 9,655 | 29,631 | 92 | 3 |
| 22 | Bwizibwera | 43 | 4,679 | 14,094 | 90 | 3 |

*Source: MoH HMIS*

*The MoH rolled out RBF to all public and PNFP HC IVs accessing the PHC Grant from 2018/19 to 2019/20 to increase utilization and quality of care. The minimal increase in the SUO for the HC IV level and low BoR (51%) implies that there is need to support the HC IVs to improve service utilization.*

# 3 ANNEXES

## 3.1 Annex 1: Delivery of the Uganda National Minimum Health Care Package (UNMHCP).

This section details the progress on implementation of priority activities under the different departments and programs in the health sector.

### 3.1.1 Health Promotion and Education

**Aim**

To strengthen health promotion systems for disease prevention and increase demand for quality health care services using a multi-sectoral approach, advocacy, integration of health promotion all health program, and, increasing health awareness, knowledge and behavioral change.

**Achievements**

- Held a National Health Promotion & Disease Prevention Conference with 600 delegates from different disciplines. The profile of health promotion and disease prevention in the country rose. Commitment of partners to support health promotional interventions was solicited. Declarations were pronounced and the department is implementing these declarations.
- Promotional, educational and advocacy messages were developed in the following areas: Immunization, Sanitation, Reproductive health, Nutrition, Malaria, HIV/AIDS, TB/Leprosy, NTDs, NCDs, Epidemics like, Ebola, Marburg, Yellow fever, among others through use of, print, Radio stations, social media and TV stations were disseminated. These include;
    - Measles and Rubella IEC materials reviewed and translated into 23 local languages, to support the introduction of Rubella vaccine into the country.
    - Eye care IEC materials reviewed and translated into 14 local languages. These materials were printed and distributed countrywide.
    - IEC materials for ITNs use, Reproductive Health, Health Promotion conference, World AIDs Day, and TB Day, meningitis.
    - The annual messages calendar.
    - IEC materials on COVID 19 for various scenarios: Stigma reduction, Truck drivers, Community transmission, Mass gatherings, use of public transport, safe burial, self-quarantine, workplaces, use of face masks, etc. in English and Local languages with support from WHO and UNICEF.
    - IEC materials to promote ITN use were translated in 20 languages and disseminated countrywide.
- A workshop with the media for buy-in and advocacy for Measles Rubella-Polio campaign was organized. Over 60 media groups, from electronic, print and broadcast media were engaged.
- National launch of the Measles and Rubella campaign in Mayuge district. The theme of the Launch was; 'Protect Your Child Against Measles and Rubella; Vaccinate Now'. The launch was officiated by Hon. Minister of Health, Dr Jane Aceng Ocero. In attendance were: MPs from Busoga; WHO; UNICEF; MoH Senior team; RHITES-EC; Lions club; Rotary club; Busoga kingdom officials; World vision, Living Goods; District leaders from Busoga region (civic & political); GAVI and FMA.

- Religious and cultural leaders from the Democratic Republic of Congo (DRC) and Uganda engaged on advocacy for cross border prevention of EVD and disease prevention. Collaboration to conduct risk communication interventions between the two countries was strengthened.
- Held media engagement for 160 media practitioners on HIV. Awareness was created on the new HIV Consolidated guidelines among journalists in Kampala Metropolitan area. Furthermore, information was disseminated, stories published and broadcasted in the print media and electronic media.
- Guidelines and training manual for VHTs operations reviewed. The guidelines have been reviewed at the national level with support from partners like UNICEF, WHO, UNFPA, BRAC, USAID and MAMA CLUB.
- A VHT performance assessment in 8 districts of Karamoja was conducted.
- Reviewed and updated the National Family Planning Advocacy strategy. A National Costed Family Planning Advocacy Strategy & Implementation Plan is now in place. It was presented to Senior Management and cleared on 24th Sept 2020. It will be presented to HPAC then TMC this year 2020.
- Capacity building workshop for 35 HPE&C department staff and SBCC training for 28 District Health Educators conducted. Capacity of Health Educators and other officers was built to better their performance in the different programs they support.
- Technical support supervision on implementation of health promotion activities in the 12 districts. District based Health Educators were mentored and identified gaps documented for action.
- Conducted 216 Radio talks shows and 20 TV talk shows on COVID-19 country wide.
- Reproductive Health advocacy meetings involving cultural leaders from the Buganda, Lango, Alur, Busoga and Teso were held and MOUs between MoH, Kingdoms and Chiefdoms were endorsed Buganda & Busoga Kingdoms signed MOUs with MoH and plans are underway to fast track signing of the MOU with the remaining kingdoms already visited. From the MOU so far signed, Kingdoms pledged to be ambassadors for MoH in their respective kingdoms through mobilization of their subjects to consume our health services.
- An assessment of the MoH Call Centre was conducted. Recommendations on how to effectively run the Call Centre effectively in line with the mandate of the health sector were documented.
- 150 Call Centre Agents from various call centres at MoH, MTN, Airtel, UTL, CDFU, Marie Stopes, Africel, Rackmount, Anti-Corruption Unit and 21 districts were oriented and mentored on COVID-19 risk communication interventions.

### 3.1.2 Environmental Health and Sanitation

The mandate of Environmental Health Department is to oversee and ensure implementation of quality environmental health and vector control interventions in the country as part of the UNMHCP thus contributing to reduction in morbidity and mortality rates in the country.

#### Achievements

- The department developed, reviewed and had a number of documents related to sanitation disseminated to various stakeholders e.g. the CLTS[8] implementation Protocols, FUM[9] Facilitator's Guide and Statutory instruments 2020 No. 46 and 2020 No. 52 on COVID-19. The ISHFS and Roadmap for elimination of open defecation and accelerated basic sanitation in Uganda by 2025 developed and await approval.
- With support from development partners, the department has commenced on developing a Real time Sanitation MIS to support management of sanitation and hygiene data both at districts and national level.
- Supported the process of amendment of the Public Health Act 2000.

8 CLTS-Community Led Total Sanitation
9 FUM-Follow up MANDONA

- Procured COVID-19 items including hand washing facilities, hand sanitizers (5-liter jerry cans) and 1 litter hand held (trigger type) sprayers and distributed to a total of 941 health care facilities in the 44 Programme districts under the USF.
- Technical support visits conducted to support district-wide ODF activities in the districts of Moyo, Bulambuli, Pallisa, Katakwi, Alebtong and Sheema. Additionally, routine technical guidance rendered to districts of Adjumani, Isingiro, Karenga, Kaabong, Kamwenge, Iganga and Kaliro.
- CLTS trainings conducted in the districts of Kiryandongo, Karenga, Kamwenge, Iganga, Kaliro and Isingiro.
- Under the USF project 2,271 villages targeted, a total of 1, 021 villages were declared ODF representing a 45% annual achievement. This means that a total of 623,016 people are now living in ODF environments out of the 1,207,053 people targeted during the FY, which represents a 51.6% annual achievement. A total of 445,560 out of the 481,293 people targeted during the year are now using improved toilets accounting for a 92.6% achievement while 822,225 out of the 1,874,413 people targeted can now access hand washing facilities with soap representing a 43.9% annual achievement (see Table 56).
- The WASH partners and the District Task Forces implemented behaviour change communication campaigns on handwashing with soap using COVID-19 IEC materials (Posters, leaflets, fact sheets and fliers) printed by EHD.
- Technical support supervision visits which focused on re-alignment of the district workplans to address the COVID-19 related interventions.
- USF organized and facilitated various capacity building activities as summarized below;
    - Roll out of MIS across 10 USF selected districts (Jan, Feb and March 2020) targeting Sub County Chiefs, CDOs, HAs, VHTs and Cultural Leaders. A pool of 40 MIS data collectors was established in each district and these are now collecting the data.
    - Refresher on M&E and Financial Management in Teso region targeting DHOs, Biostats, ADHOs, His, HAs, Accountants. Key M&E tools reviewed and shared with S/Gs.
    - Training of district Focal Persons, Health Inspectors and Health Assistants on Follow Up Mandona (FUM) in Bushenyi, Sheema Mbarara and Bulambuli. A pool of 60 FUM facilitators was established in the 4 districts.

### TABLE 56: UGANDA SANITATION FUND KEY PERFORMANCE INDICATORS FY 2019/20

| No. | Core Indicators (Minimally GSF Definition) | Annual Target | Total Achieved FY 2019/ 2020 | FY 2019/2020 Achievement in percentage |
|---|---|---|---|---|
| 1 | Districts that achieved 100% ODF status following national criteria | 3 | 0 | 0.0% |
| 2 | Villages declared ODF (SIO 1.1b) | 2,271 | 1,021 | 45.0% |
| 3 | People living in ODF villages (SIO 1.1c) | 1,207,053 | 623,016 | 51.6% |
| 4 | People using improved toilets (SIO 1.3) | 481,293 | 445,560 | 92.6% |
| 5 | People with access to hand washing facilities (SIO 1.4) | 1,874,413 | 822,225 | 43.9% |

## Challenges

- The outbreak of COVID 19 pandemic affected the implementation of various planned activities for the period March to June e.g. meetings and workshops were suspended by MoH COVID-19 SOPs.
- Delayed access to funds from the district accounts. Some districts still accessed their quarter 3 and 4 funding at the end of the FY.
- Some of the districts experienced high slippage rates largely due to the prolonged rainy seasons coupled with high water tables leading to reversal of achievements e.g. a total of 660 latrines collapsed in Katakwi district, Magoro Sub County.

**Recommendations**

- Some districts have habitually failed to report for the last three consecutive years. This creates serious issues especially during analysis of data. There is need to compel them to resume reporting to the centre.
- There is need to come up with a definite method of capturing open defecation indicators at community and district levels to ensure consistence between what is reported by UNICEF, and line ministries on sanitation status in the country.
- The Expert Advisory committee continues to engage with MoFPED and the Chief Finance Officers in the affected districts to have this issue resolved.
- Track slippage rates among the supported districts with a view to understand the magnitude of the problem and develop sustainability measures for this.

### 3.1.3 Vector Borne and Neglected Tropical Diseases Control

**Achievements**

- Bilharzia Prevalence Assessment in 15 Districts of Agago, Alebtong, Apac, Bugiri, Buyende, Jinja, Hoima, Kikuube, Kiryandongo, Kitagwenda, Koboko, Rubirizi, Serere, Ntoroko, & Yumbe.
- Advocacy and TOT for Bilharzia in 72 Districts of Apac, Dokolo, Koboko, Kwania, Maracha, Nakapiripirit, Pakwach, Yumbe, Zombo, Bunyangabu, Buikwe, Buvuma, Gomba, Kalangala, Kalungu, Kassanda, Kayunga, Kyotera, Masaka, Mityana, Mpigi, Mubende, Mukono, Nakasongola, Rakai, Wakiso, Budaka, Bugiri, Bugweri, Bukedea, Bulambuli, Busia, Butaleja, Butebo, Buyende, Iganga, Jinja, Kaberamaido, Mbale, Namayingo,Namisindwa, Namutumba, Ngora, Pallisa, Serere, Sironko, Soroti, Tororo, Agago, Alebtong, Amolatar, Hoima, Ibanda, Isingiro, Kabarole, Kagadi, Kazo, Kikuube, Kiruhura, Kiryandongo, Kitagwenda, Ntoroko, Rubirizi, Rukungiri, Kaliro, Kamuli, Katakwi, Kibuku, Kumi, Kween, Luuka & Manafwa.
- Praziquantel Coverage Validation in 8 districts of Apac, Busia, Jinja, Kaliro, Nakapiripirit, Pakwach, Isingiro & Rukungiri.
- MDA for Bilhazia conducted in Mayuge district.
- Simulium vector control through ground application of Temephos larvicide and slash and clear done in 7 main river systems and fly biting density reduces from >12 to <2 bites/man/day in Kitgum, Pader, Lamwo, Amuru, Nwoya, Gulu, and Omoro. Black fly densities reduced from >12 to < 5 flies/person/day in Kitgum, Pader, Lamwo, Amuru, Nwoya, Gulu, Omoro.
- Entomological skills imparted to DRC nationals through cross border collaboration. Some targeted areas were not reached due to insecurity.
- Uganda Onchocerciasis Elimination Expert Advisory Committee (OEEAC) Annual meeting held.
- Cross border transmission potential assessed between Kasese - Uganda and Mutwanga – DRC.
- A total of 9,927 / 12,000 (83%) people were screened for Human African Trypanosomiasis (HAT) in 3 districts (Adjumani, Moyo, Obongi, Koboko & Yumbe districts). There were 34 serological suspects being followed up. No confirmed cases
- 654 RDTs for Human African Trypanosomiasis (HAT) were performed in 51 health facilities in 51 health facilities in 7 districts in NW Uganda (Arua, Adjumani, Koboko, Maracha, Yumbe, Moyo and Amuru) with 5 serological suspects. No confirmed cases.
- 146 health workers from Kaberamaido, Kalaki, Alebtong and Dokolo districts trained on sleeping sickness diagnosis and management.
- Two cross border meetings with South Sudan held with participants from Adjumani, Moyo, Obongi, Koboko, Yumbe, Arua, Maracha.

- All 66 Lymphatic Filariasis endemic districts mapped.
- 2 Trachoma elimination dossier review meetings held in October 2019 and March 2020. Dossier at draft 3 ready for submission to TWG.
- Supervision - 134 cases Trachoma Trichiasis surgery managed (more than 100%) in Kayunga district.
- Support supervision conducted in 8 districts affected by nodding syndrome.
- Assessed Health facilities with stock out of drugs for nodding syndrome. All health facilities with stock out of drugs for nodding syndrome replenished with drugs.
- Guinea worm surveillance strengthened in districts hosting refugees and bordering South Sudan.
- Larviciding launched in Kabale, Rubanda and Kisoro. 100VHTs trained in larvicide application. First round implementation of larviciding in Butanda completed
- Conducted baseline line surveys and mapping of breeding sites conducted in Butanda subcounty Kabale district.

### 3.1.3.1 Community Health

The Community Health Department has two divisions, Nutrition Division and Disability Division.

**Achievements**

- Developed a Booklet on Presidential Initiative to healthy Eating and Healthy Lifestyle. The book was launched during the National day of Physical Exercise at Kololo.
- Commemorated the 2019 World Breastfeeding week with the Climax National event in Kiboga district. The week included a national World Breast feeding Run and was supported by partners. Raised awareness on breast feeding.
- Developed / reviewed the following; Maternal Infant Young child and adolescent nutrition guidelines with support from UNICEF; IMAM guidelines, awaiting approval by Top management; and IMAM Training packages were pretested and finalized.
- Conducted support supervision on micronutrient powders in West Nile, Karamoja, Western and South western regions conducted with support from the Word Bank.
- Conducted Mentorship and coaching for Baby Friendly Health Initiative in selected health facilities in Moroto district with support from UNICEF.
- Trained 20 lab analysts on food fortification and premixes regulations under the Food and Drug Act with support from GAIN ENABLE.
- Conducted a trainer of trainee's workshop for regional senior nutritionists and district nutrition focal persons in the districts at heightened risk of Ebola virus disease (EVD) outbreak; 51 participants trained on Nutrition service delivery.
- 38 health workers and participants from nutrition support partners in West Nile trained on provision of MCHN in the refugee settings and host communities.
- Trained 20 nutritionist from Regional and National level as National trainers of trainers on the revised Nutrition HMIS tools.
- 35 health workers and service providers oriented on SCOPE CODA in Feb 2019 and 100 stakeholders oriented on SCOPE CODA held Jinja
- A workshop to develop a map showing severity of acute malnutrition in Uganda developed for the months of October – December 2019.
- Provided nutrition technical support and guidance to IntraHealth to implement nutrition programme in Karamoja region.

- Developed a Strategic Plan for provision of equitable, quality and age friendly health care services to older. The plan is pending approval by Top Management.

### 3.1.4 Uganda National Expanded Program on Immunization (UNEPI)

The goal of the programme is to ensure that every child and high-risk groups are fully vaccinated with high quality and effective vaccines against the target diseases and according to recommended strategies. The objectives include: Increase access and demand for immunization services, ensure availability of potent and effective vaccines, build EPI management capacity at all levels, monitor disease trends and programme performance and formulate policy, standards and guidelines.

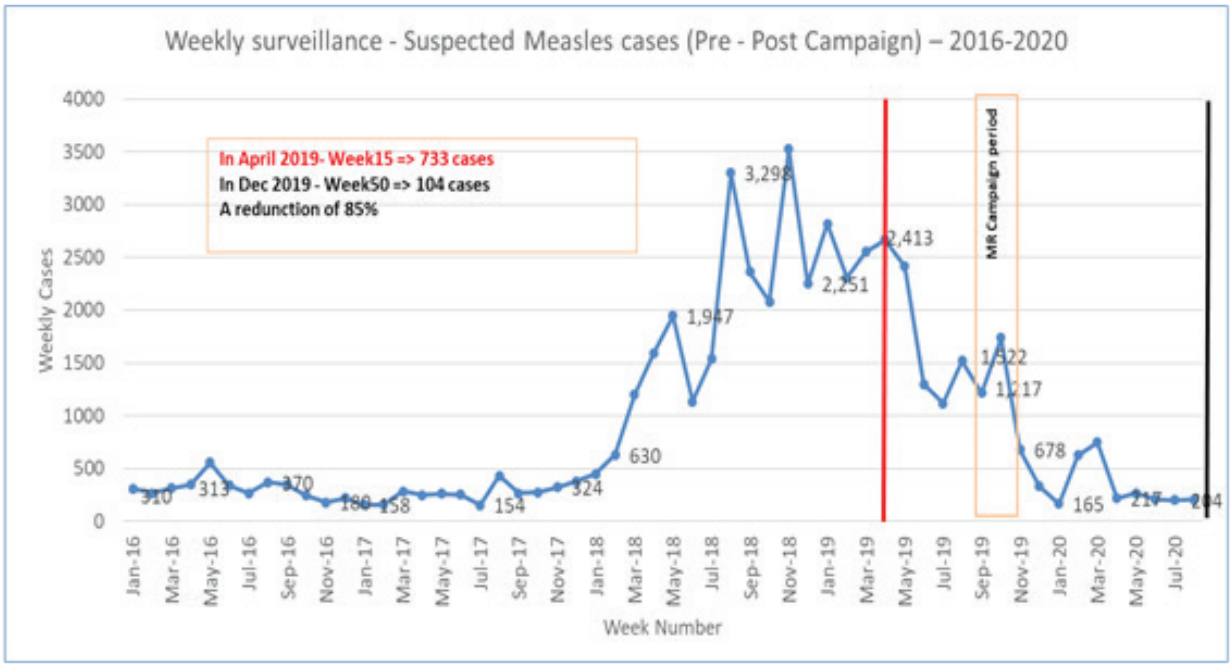
**Achievements**

- 7/9 vaccines had an average minimum level above 1.5 months of stock. Amongst government funded vaccines, bOPV, BCG and measles had instances of stock levels falling below the recommended minimum at CVS; mainly due to low budgetary allocation by GoU.
- Amongst GAVI co-financed RI vaccines; HPV, Penta, PCV and IPV had instances of stock levels falling below the recommended minimum. While the main reasons for HPV and IPV was limited global stocks; the main reasons for PCV and Penta was scheduling of shipments.
- 3,775,550/5,833,000 doses of DTP-HepB-Hib procured. Variance was due to delayed shipment of 2019 doses.
- 1,133,150/1,155,950 doses of HPV procured
- 2,115,600/5,415,800 doses of PCV procured
- 2,018,500/3,651,000 doses of ROTA procured
- 20,565 child registers, 128,810 Child Health cards and 3,000 booklets of tally sheets procured as planned. Case investigation forms for VPDs were procured and distributed by WHO. Funds were reprogrammed for use in FY2020/21.
- 123 districts received funds and conducted outreaches, one-day district stake holder's performance review meeting on EPI, HSD Quarterly Performance review meetings and mentorships of health workers in data quality improvement. 12 districts that had outstanding accountabilities didn't receive the funds. Unfortunately, over 70% of the districts didn't implement the activities on time due to Covid-19 Lockdown.
- One EPI stakeholders meeting held in Nov 2019 (DHOs and EPI FPs from all 135 districts).
- Integrated supervision in 40 out of 68 planned districts were conducted.
- 657 motorcycles procured and distributed.
- 71 vehicles procured and distributed
- 5,213 vaccine carriers and 1,155 cold boxes procured
- 996 fridges received, distributed and installed.
- Uganda met 100% timely vaccine co-financing requirement.
- Missed Opportunity for Vaccination (MOV) strategies implemented in 34 out of 54 districts. 20 districts are planned to be covered in Jul-Sep 2020.
- With support from WHO, 66,466 (70%) of 94,954 were reached with Oral Cholera Vaccination (OCV) in Southern Division, Northern Division, Rupa, Nadunget & Katikakile of Moroto district conducted.
- District microplans for Yellow Fever Reactive Vaccination Campaign in 6 districts (Buliisa, Koboko, Maracha, Yumbe, Moyo & Obongi) were completed but campaign was not conducted due to COVID-19 restrictions.
- District level capacity building through integrated supportive supervision/on the job training-selected regions conducted. 955 health workers mentored in 15 districts (Kagadi, Kasese, Kitagwenda, Lyantonde, Lwengo,

Masaka, Butaleja, Budaka, Pallisa, Mbale, Kole, Amolatar, Dokolo, Kwania)

- Two audio visual messages on continuity of immunization and MCH services during COVID period were produced and three talk shows were held on NTV and NBS TV geared towards building client confidence to improve access and utilization of immunization services.
- 9 monthly vaccine management meetings held.
- KCCA supported to distribute vaccines and vaccine supplies (5 days per month) for 12 months.
- Routine Immunization and HPV vaccination media messages and radio talk show appearances in 21 FM radio stations across the Country aired (Ongoing).
- VHT registration, Children Registration and mobilization for RI supported in 14/15 districts. KCCA has challenges in funds absorption. UNICEF is contracting World Vision to handle funds for KCCA starting in July 2020.
- Funding to 24 urban districts to enhance C&E, supportive supervision and mentorship effected.
- Funding to 11 refugee hosting districts to enhance RED/REC, C&E supportive supervision and mentorship effected.
- Funding to 23 island district/hard to enhance RED/REC/ C&E, EVM KPI monitoring, supportive supervision and mentorship effected.
- Measles-Rubella vaccine introduced in Oct 2019 with a coverage of 108%. The campaign (October week 46/47) interrupted the outbreaks by reducing the suspected cases from 2,413 in April 2019 to 104 cases in Dec 2019. The year 2020 has shown lower suspected numbers relative to same period in 2019. In order to bring the cases to near zero, WHO has recommended a second dose of Measles vaccination in the second week of life. To benefit from this guidance, Uganda is planning to submit an MR2 application to Gavi to support introduction of Second dose of measles in routine immunization schedule.

**FIGURE 58: MEASLES SURVEILLANCE (PRE – POST MR CAMPAIGN)**



Vaccines are effective in promoting health and preventing diseases and creating impact. While 1,740,968 children were targeted in FY 2018/19, 1,794,698 children were targeted in FY2019/20. The performance of districts was categorized for access and utilization of available services, and numbers of unimmunized children in the 2018/2019 and 2019/20 period.

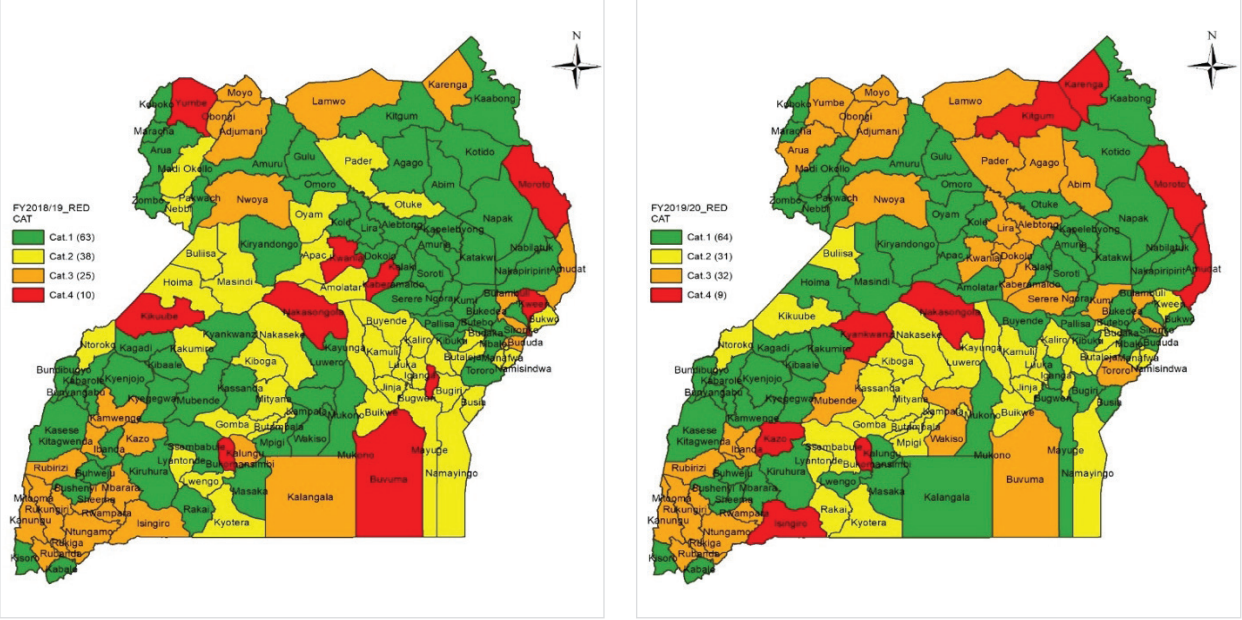
Access and utilization of immunization services, and unimmunized children based on coverage data are defined as: Vaccination coverage above 90% is good access while less than 90% is poor access. On the other hand, dropout rate more than 10% indicates poor utilization and less than 10% is good utilization. This WHO model was used to categorize districts as depicted in the figure below:

**WHO RED Categories for measuring Routine Immunization performance in a particular district**

**Category 1:** Good vaccine access and Good vaccine utilization
**Category 2:** Good vaccine access but Poor vaccine utilization
**Category 3:** Poor vaccine access but good vaccine utilization
**Category 4:** Poor vaccine access and poor vaccine utilization

Categorization enables districts and partners to assess performance and develop actions aimed at improving performance by understanding the internal constraints for action. While the number of districts in Cat 2 reduced from 38 in FY 2018/19 to 31 in FY 2019/20, the number of districts in Cat 3 increased from 25 to 32 respectively.

**FIGURE 59: RED CATEGORIZATION OF THE DISTRICTS IN FY 2018/19 AND FY 2019/20**

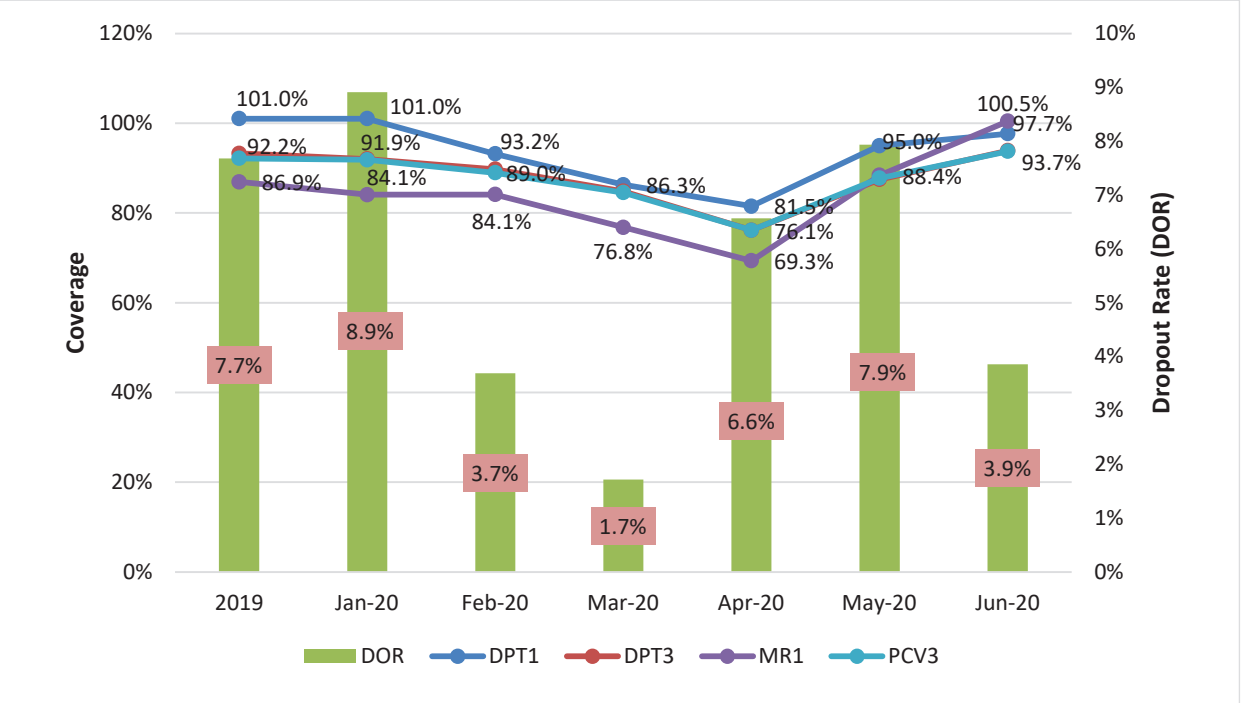



## Impact of Lock Down due to Covid-19 pandemic

The reduction in coverage is associated with the lock down due to Covid-pandemic that affected provision of immunization services in the last quarter of FY 2019/20. Generally, coverage for all the proxy antigens/doses, declined between Jan and April 2020. The drop in January and Feb 2020 was associated with the switch to new HMIS tools and new instance of DHIS2. The switch was conducted while supplies of reporting new primary and reporting tools was low and that orientation on use of new tools had not covered the whole country. The monthly drop out rates, remained within the acceptable range of less than 10%.

***Worthy to note is that the immunization system is resilient as it recovered as soon as the lockdown was lifted without special input.***

**FIGURE 60: TRENDS IN IMMUNIZATION PERFORMANCE (2019 VS ANNUALIZED 2020, JAN - JUN)**




### Challenges

- Low global stocks of some vaccines especially HPV (leading to rationing)
- Increasing cost of co-financing as new vaccines are introduced
- Non responsive staffing norms leading to work overload on Health Worker
- Procurement of 40,330 Monitoring charts was postponed to FY2020/21 pending understanding on how previously procured and distributed copies were being used by the districts and health facilities.
- Immunization Act was not disseminated. Discussions on harmonizing with Public Health Act were on going.
- Due to the lockdown, integrated Supervision of 70 districts and asset verification is being done in Jul 2020
- Funds for Integrated Child Health Days not disbursed due to COVID Pandemic.

## 3.1.5 Reproductive, Maternal, Child and Adolescent Health

The Department aims at reducing maternal & child mortality and reduction of total fertility rate by increasing Contraceptive prevalence, and improving the sexual and reproductive health of the people which are all key elements for achieving SDG 3, and 5.

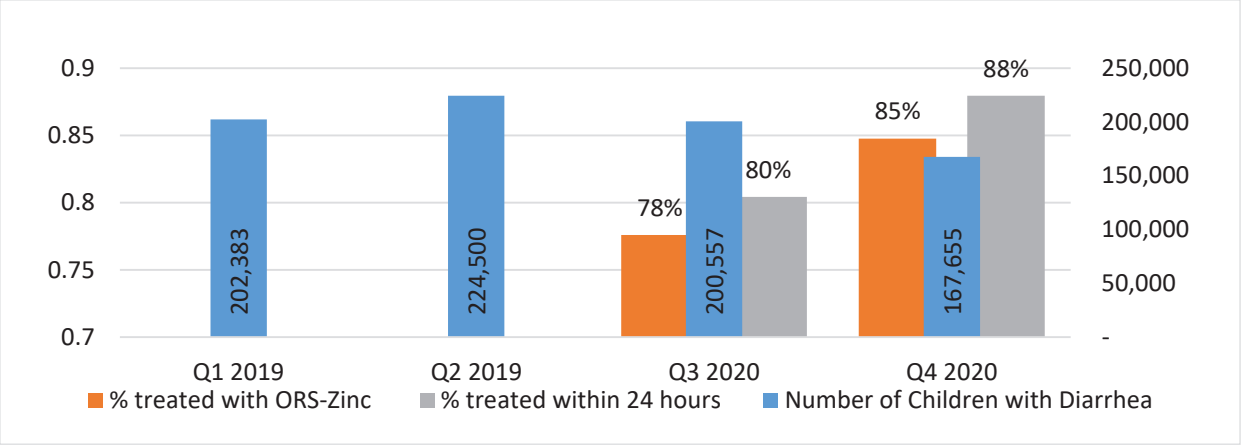
### Achievements

- 7 Monthly MCH cluster meetings held, 3 Quarterly extended MCH-GFF stakeholders meeting convened, in addition, 9 Monthly ADH working group meetings held.
- Regarding reduction in maternal and neonatal mortality, the trend of Maternal Deaths per 100,000 deliveries in a health facility have declined over the years to surpass the HSDP target of 98. In the same way, perinatal mortality including still birth rates have reduced beyond the HSDP target of 9 per 1000 deliveries.
- Compiled the Annual MPDSR report and disseminated to stakeholders picking out key actions executed in 2019/2020.

- Conducted facility based training and mentorship on MPDSR in 14 Districts for 440 Health workers (390 in 13 districts, 50 health workers in Mulago and Kawempe Hospitals who developed QI plans for improving Notification, review, and response.
- Supported Facility based mentorships on strengthening MPDSR committees and capturing reports in DHIS-2 in 113 districts. With focus to improv functionality of existing facility MPDSR committees, notification, reporting and review of Maternal and Perinatal deaths Response Actions.
- Revised and distributed MPDSR reporting and review tools to the health facilities across the country with partners' support; USAID SITES, URMCHIP and CHAI.
- Convened 3 national MPDSR Committee for improved partner coordination, implementation of response interventions including confidential inquiries and follow ups. As a result of the efforts, maternal and perinatal death were reviewed in accordance with the National Guidelines, achieving 66% of the maternal death reviewed beyond the 65% HSDP target, and also reviewed 2,744 out of the 28,164 (9.7%) reported perinatal deaths increasing from 3.6% in FY 2018/19.
- Supervised 4 Newborn care units in Busia districts and supervised the setup of NICU at Kawempe Hospital.
- Carried out technical support Supervision for ICCM in 30 districts. The proportion of children reached and treated on time for common childhood illnesses is improving considerably every Quarter.

| Indicator | Q1 2019 | Q2 2019 | Q3 2020 | Q4 2020 |
|---|---|---|---|---|
| Reporting Rate ICCM | 41 | 46.1 | 13.4 | 17.3 |
| VHTs implementing ICCM | | | 44,812 | 47,173 |

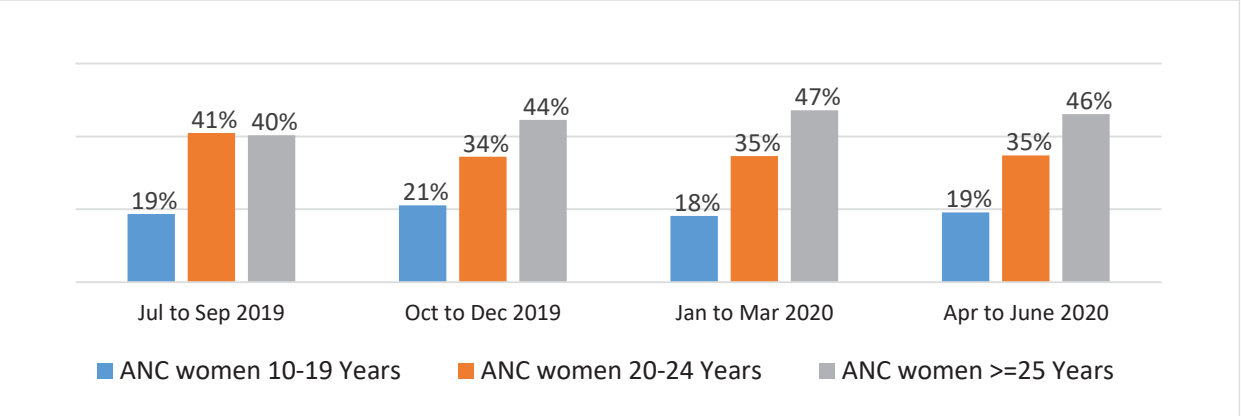
### FIGURE 61: ICCM CHILDREN (2MONTHS-5YRS) WITH DIARRHEA MANAGED




- RMNCAH Assembly was held and the National FP Conference combined with the World Contraceptive Day Commemoration and raised awareness to the population.
- Trained 13 surgical teams of 4 people from 10 HC IVs and 3 hospitals (52 health workers doctors, anesthetic officers, midwives and nurse) in skills based CEmONC training done for 12 districts at RRHs and follow up mentorship conducted in 8 HC IVs for further skills enhancements.
- Rolled out the RMNCAH scorecard implementation through orientation and training of district leadership in 4 districts of Amuria, Kaberamaido, Kanungu and Kiryandongo.
- Conducted 3 Regulatory impact assessments (RIAs), Adolescent health and SRHR policies validated, and presented to SMC and TMC.
- Built capacity of 625 health workers in the provision of comprehensive FP in UNFPA supported districts to enable provision of a wide method mix of contraceptive options leading to dispensation of at least 3.5 million CYP of a wide method mix.

- 420 health care providers have been trained by the National and district trainers from the 14 SIDA project focus districts on Clinical management of rape and SGBV.
- Developed and updated protocols and referral guide for HWs, clinical examination forms, Community flip charts, clinical registers and Guidelines for Filling PFs were also revised.
- Supported 24 health facilities in 8 Districts to set up and demonstrate levels for SRHR/HIV/GBV integrated services and initiated the RRH mentorship program for the integration of service in the target facilities.
- Draft ADH service standards developed adopting from the WHO standards to ensure improved and standardized quality of Adolescent friendly health services.
- Draft 0 ADH Strategy, developed.
- Conducted 64 integrated outreaches each of 5 days conducted in hard to reach refugee hosting communities reaching 77,639 beneficiaries who accessed services from 10 districts of Yumbe, Moyo, Obongi Adjuman, Amuru. Arua, Kitgum, Agago and Lamwo and Madi-Okollo with support from UNFPA and DANIDA.
- Training of Health workers done in the 14 targeted districts on Provision of Adolescent friendly services.
- Develop adolescent targeted messages for health risk prevention (12 topics covered)
- Conduct Training for 90 TOTs and Train 400 health workers from 40 districts on ADH and youth responsive SRHR service delivery.
- Developed the National School Health Menu.
- Conduct support supervision in selected schools in the districts of Kayunga, Arua, Luuka, Buikwe and Bugiri.
- Developed guidelines for continuity of health services in the context of Covid-19 for the different service areas including; Safe motherhood, FP, Community Services, Guidelines for adolescents and youth, SOP for reopening Schools and Protocol for Conducting Adolescent targeted outreaches.

**FIGURE 62: ANC UTILIZATION BY AGE PROFILE**




## 3.1.6 Tuberculosis and Leprosy Control

### Mandate

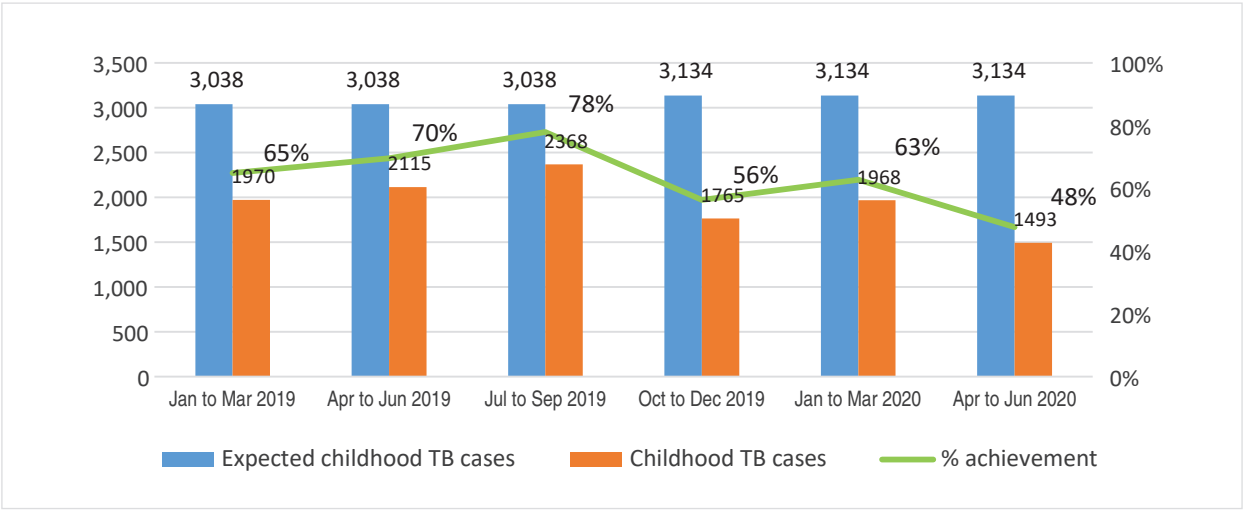
The National TB and Leprosy Control Program is responsible for providing overall leadership in the coordination, management, resource mobilization, monitoring and evaluation, of the TB and Leprosy national response.

### Program Outcomes

Of the target incident 71,740 cases, 86% (62,288) were notified, majority 93.8% (58,438/62,288) of the cases were new, without history of TB treatment while 6% (3,763/62,288) were relapses and the rest had a treatment history unknown. Of these 37% were females and 63% were males. Of the 62,288 incident cases 7,594 were children, representing 12% of the TB cases. This however represents only 61% of the expected number of children with TB which shows that we are missing almost 40% of the children we need to find.

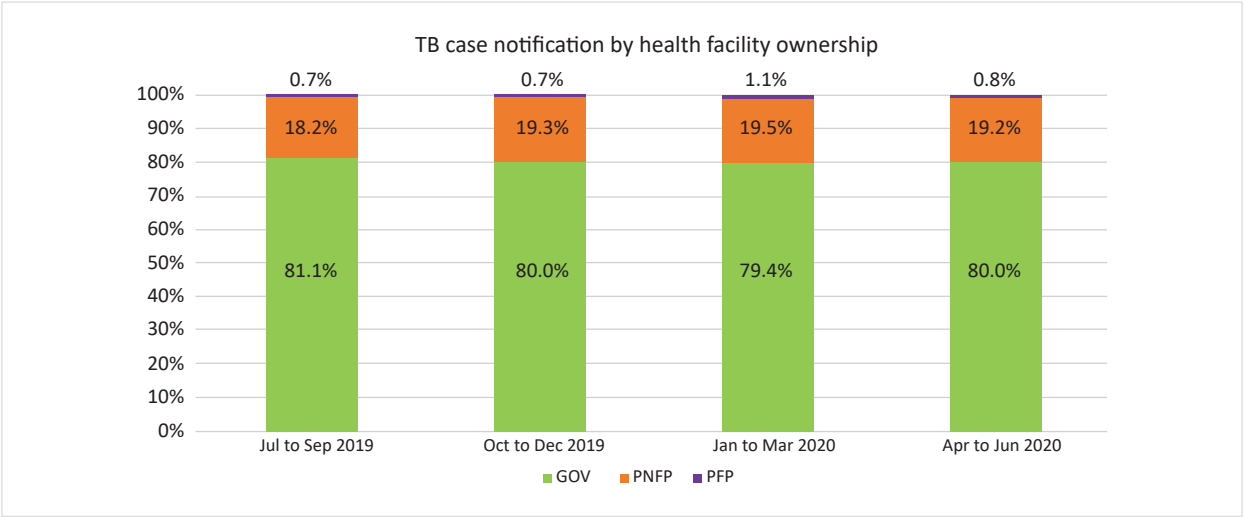
There has been a steady decline in the childhood TB cases detected. This is partly attributed to limited access to screening and diagnosis following the COVID-19 lockdown.

### FIGURE 63: PROPORTION OF CHILDREN AGED 0-14 AMONG ALL INCIDENT TB CASES JULY '19 TO JUNE '20




For the period Jul '19 to Jun '20, most (80.1%) TB notifications were done in the public facilities, PNFP contribution to case notification doubled from 9.5% to 19% The contribution of private for profit remained at about 1%.

### FIGURE 64: TRENDS IN QUARTERLY NOTIFICATION BY OWNERSHIP, JULY 19 TO JUNE 20




Treatment Success Rate improved from 72% in FY 2018/19 to 78%. This was contributed to by a collaborative quality improvement effort which involved 45 focus facilities in improving adherence to treatment and TB preventive therapy.

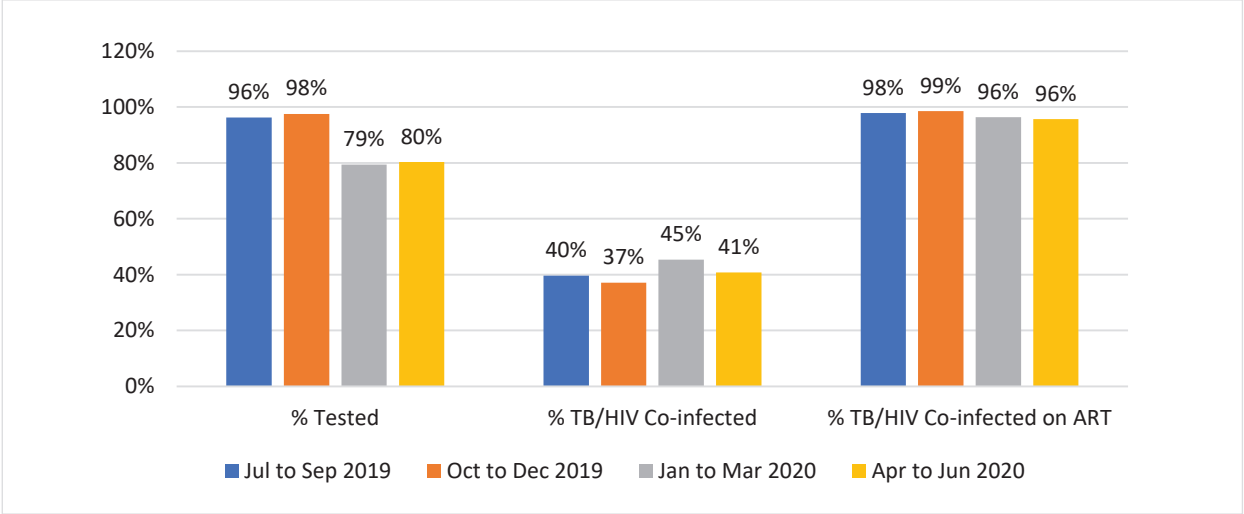
There were 501 rifampicin resistant TB patients identified representing a 13% point increase from 26% in FY 2018/19 to 39% of the annual target. This was contributed to in part by the increase in access to GeneXpert diagnostic services countrywide.

Leprosy cases were 217 this FY, of whom 5% were under the age of 15 years. This is higher than the expected 3% target which means transmission is still going on with the new cases in children.

### HIV testing among TB patients

Only 89% all TB patients notified in the FY compared to 96.3% in FY 18/19 were offered an HIV counselling and testing services. The HIV positivity rate among TB patients was 40.5% and 97.2% HIV positive TB patients were on ART. Figure 65 offers the HIV cascade in absolute numbers and proportions by quarter for the period July 2019 to June 2019.

**FIGURE 65: HIV CASCADE AMONG TB PATIENTS BY QUARTER IN PROPORTIONS JULY '19 TO JUNE '20**




### TB among HIV/AIDS patients

There was generally suboptimal screening for TB among PLHIV, with the last two quarters' performance lower (88%) than the first two (96%). Treatment of those diagnosed is unacceptably low (63.4%), an indicator of the effort required to reduce TB morbidity and mortality among PLHIV.

**TABLE 57: TB CASCADE AMONG HIV PATIENTS BY REGION JULY 2019 TO JUNE 2020**

| Regions | Attendance | Screened | % Active on ART screened for TB | Diagnosed with TB | Active on ART started on TB treatment | % of ART clients diagnosed with TB and started on TB Treatment |
|---|---|---|---|---|---|---|
| Bunyoro | 65,982 | 63,476 | 96.2% | 186 | 187 | 100.5% |
| Karamoja | 6,268 | 6,107 | 97.4% | 50 | 49 | 98.0% |
| Kampala | 160,458 | 122,266 | 76.2% | 236 | 216 | 91.5% |
| Lango | 87,656 | 75,637 | 86.3% | 312 | 283 | 90.7% |
| Teso | 45,940 | 30,276 | 65.9% | 108 | 97 | 89.8% |
| Bukedi | 38,066 | 34,482 | 90.6% | 107 | 96 | 89.7% |
| Tooro | 97,070 | 94,638 | 97.5% | 218 | 189 | 86.7% |
| West Nile | 41,772 | 40,944 | 98.0% | 195 | 158 | 81.0% |
| South Central | 204,923 | 176,376 | 86.1% | 641 | 517 | 80.7% |
| Kigezi | 44,663 | 40,571 | 90.8% | 104 | 81 | 77.9% |
| Ankole | 125,238 | 112,158 | 89.6% | 275 | 209 | 76.0% |
| Acholi | 71,135 | 63,392 | 89.1% | 191 | 126 | 66.0% |
| Bugisu | 31,848 | 31,415 | 98.6% | 156 | 90 | 57.7% |
| North Central | 144,803 | 132,574 | 91.6% | 1,158 | 455 | 39.3% |
| Busoga | 76,963 | 71,155 | 92.5% | 704 | 191 | 27.1% |
| **Uganda** | **1,242,785** | **1,095,467** | **88.1%** | **4,641** | **2,944** | **63.4%** |

GeneXpert utilization as of the most recent quarter was about 60%. One of the factors was stock out of cartridges due to slowed down procurement processes during the lockdown.

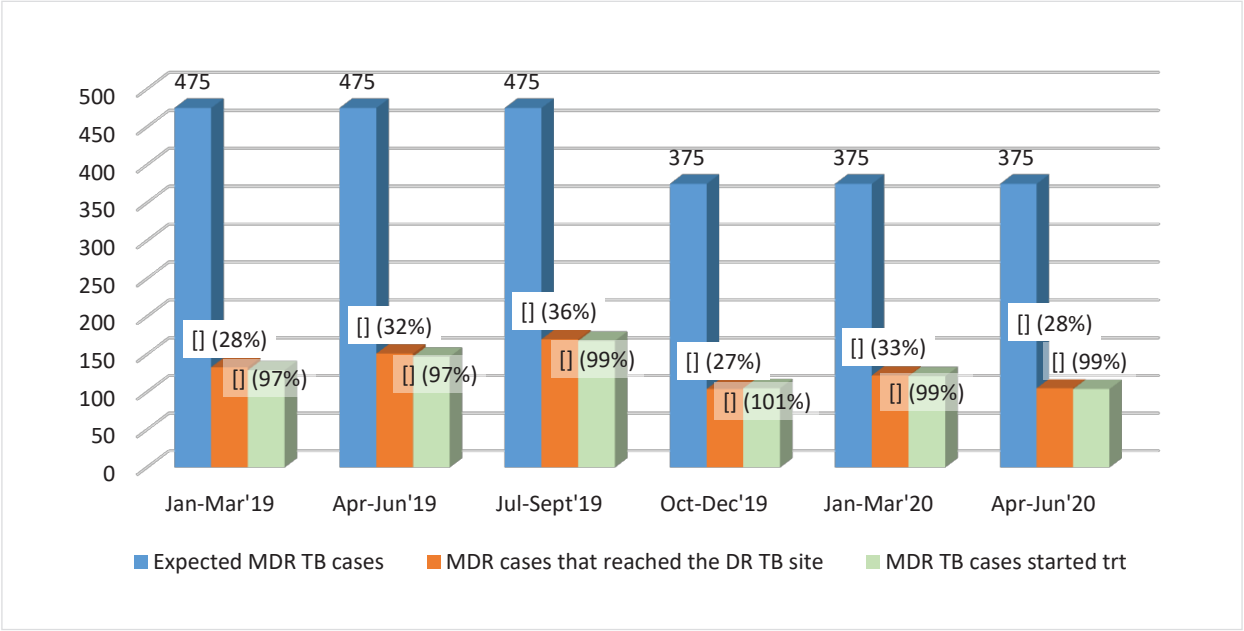
## TABLE 58: PRESUMPTIVE TB TESTING BY GENEXPERT AND MICROSCOPY

| Regions | Presumptive TB patients identified | Presumptive TB patients tested for case finding GeneXpert | % | Presumptive TB patients tested for case finding Smear Microscopy | % |
|---|---|---|---|---|---|
| Kampala | 3,068 | 2,603 | **85%** | 262 | **9%** |
| Karamoja | 6,024 | 4,721 | **78%** | 645 | **11%** |
| Acholi | 3,534 | 2,767 | **78%** | 506 | **14%** |
| Bunyoro | 3,454 | 2,577 | **75%** | 767 | **22%** |
| Kigezi | 2,173 | 1,447 | **67%** | 694 | **32%** |
| Ankole | 5,713 | 3,730 | **65%** | 1,456 | **25%** |
| Bugisu | 3,033 | 1,876 | **62%** | 884 | **29%** |
| Tooro | 4,901 | 3,003 | **61%** | 1,544 | **32%** |
| North Central | 5,471 | 3,339 | **61%** | 2,322 | **42&** |
| South Central | 7,626 | 4,238 | **56%** | 2,583 | **34%** |
| West Nile | 7,356 | 4,002 | **54%** | 3,052 | **41%** |
| Teso | 3,218 | 1,514 | **47%** | 847 | **26%** |
| Busoga | 7,887 | 3,680 | **47%** | 3,470 | **44%** |
| Lango | 6,833 | 2,988 | **44%** | 2,938 | **43%** |
| Bukedi | 5,209 | 1,951 | **37** | 704 | **14%** |
| **National** | **75,500** | **44,436** | **59%** | **22,674** | **30%** |

### Programmatic management of drug resistant TB

The program continues to notify Rifampicin Resistant (RR-)TB cases from health facilities that have Genexpert machines. Treatment for RR-TB is done at 17 DR-TB treatment facilities. A total of 501 DR cases were diagnosed and 99% of those diagnosed were started on treatment.

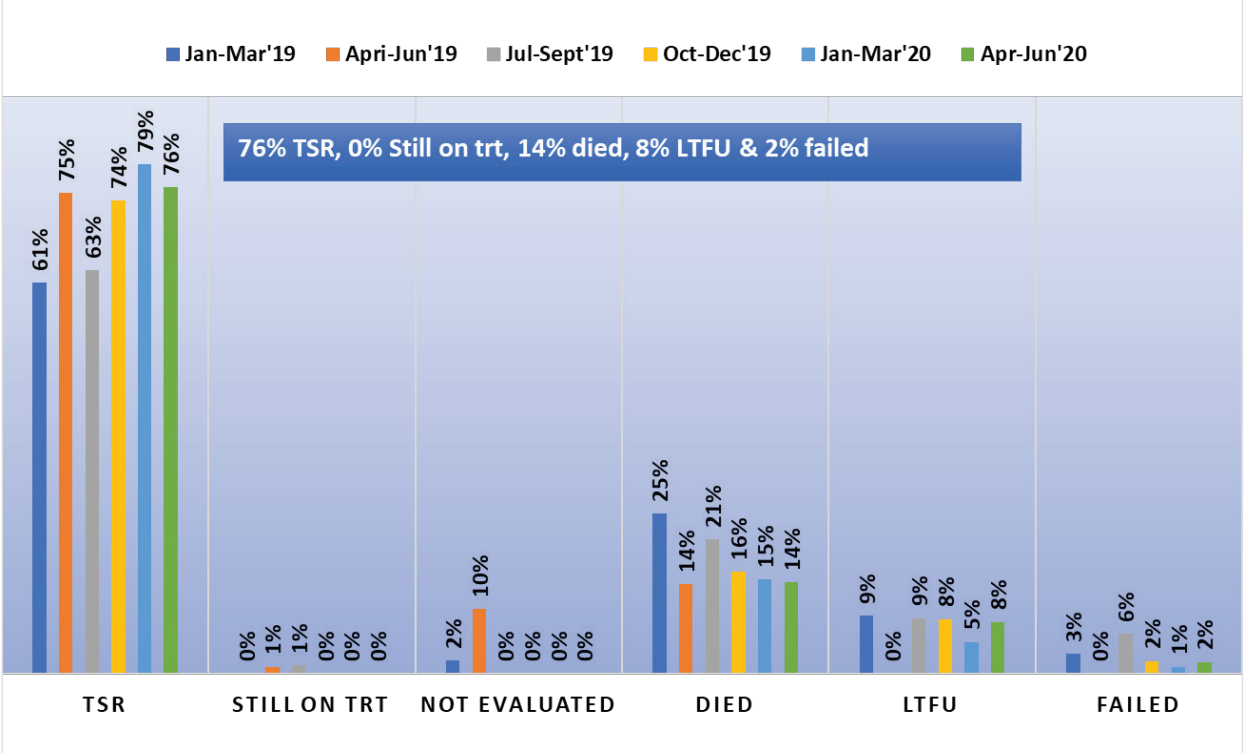
## FIGURE 66: RR-TB INITIATION IN THE 17 DR-TB TREATMENT FACILITIES JULY 19 TO JUNE 20



## Treatment outcomes among MDR-TB patients

The treatment success rate improved from 64% for the 2016 cohort to 76% for the 2017 cohort, failure was 2% deaths reduced from 19% to 14% and lost to follow up also dropped from 15% to 8%.

### FIGURE 67: TREATMENT OUTCOMES FOR MDR-TB PATIENTS INITIATED ON TREATMENT IN 2017




## TB surveillance among health workers

The current FY saw 208 health workers notified with tuberculosis; this was an increase from 156 notified in FY 18/19. Busoga and Karamoja and North Central regions had the highest numbers of health workers affected. The table below shows health workers notified by quarter.

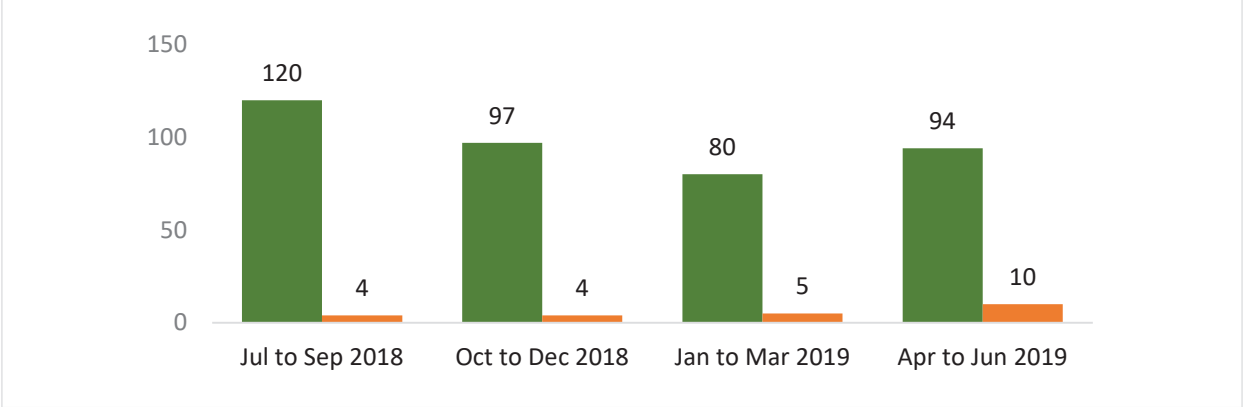
### TABLE 59: HEALTH WORKERS NOTIFIED WITH TB JULY 2019 TO JUNE 2019

| Region | Jul to Sep 2019 | Oct to Dec 2019 | Jan to Mar 2020 | Apr to Jun 2020 |
|---|---|---|---|---|
| Acholi | 6 | 3 | 3 | 1 |
| Ankole | 2 | 2 | 2 | 1 |
| Bugisu | 3 | 2 | 2 | 1 |
| Bukedi | 1 | 1 | 2 | 0 |
| Bunyoro | 5 | 0 | 3 | 2 |
| Busoga | 12 | 5 | 6 | 8 |
| Kampala | 6 | 6 | 2 | 8 |
| Karamoja | 6 | 0 | 3 | 11 |
| Kigezi | 1 | 1 | 0 | 0 |
| Lango | 1 | 3 | 5 | 4 |
| North Central | 13 | 3 | 4 | 5 |
| South Central | 4 | 3 | 7 | 5 |
| Teso | 1 | 2 | 4 | 0 |
| Tooro | 1 | 8 | 3 | 1 |
| West Nile | 7 | 3 | 3 | 1 |
| **Overall** | **69** | **42** | **49** | **48** |

## Leprosy

Leprosy cases were 217 this FY an increase from 214 in 2018/19, of whom 5% were under the age of 15 years. This is higher than the expected <3% target which means transmission is still going on with the new cases in children.

### FIGURE 68: NEW LEPROSY CASES BY REGISTRATION GROUP JUL 18 TO JUN 19




Arua, Lira and Soroti recorded higher numbers of leprosy in the FY.

### TABLE 60: LEPROSY CASES BY REGION AND GENDER AND AGE JUL 18 TO JUN 19

| Region | Adults | | | | Children | | | |
|---|---|---|---|---|---|---|---|---|
| | Male | Female | PB | MB | Male | Female | PB | MB |
| ARUA | 39 | 41 | 2 | 68 | 2 | 5 | 0 | 6 |
| FORT PORTAL | 0 | 2 | 1 | 3 | 0 | 0 | 0 | 0 |
| GULU | 9 | 5 | 0 | 14 | 0 | 1 | 0 | 1 |
| HOIMA | 6 | 2 | 1 | 9 | 0 | 0 | 0 | 0 |
| JINJA | 6 | 3 | 1 | 8 | 0 | 1 | 0 | 1 |
| KAMPALA | 5 | 3 | 0 | 8 | 0 | 0 | 0 | 0 |
| LIRA | 15 | 11 | 1 | 24 | 3 | 0 | 1 | 2 |
| MASAKA | 3 | 5 | 0 | 7 | 0 | 0 | 0 | 0 |
| MBALE | 3 | 2 | 0 | 4 | 0 | 0 | 0 | 0 |
| MBARARA | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 |
| MOROTO | 2 | 2 | 1 | 3 | 0 | 0 | 0 | 0 |
| SOROTI | 14 | 9 | 1 | 21 | 0 | 1 | 1 | 0 |
| **OVERALL** | **102** | **86** | **8** | **170** | **5** | **8** | **2** | **10** |

## Achievements

- A person-centred TB/leprosy national strategic plan (NSP) for 2020/21 – 24/25 was developed through a consultative process involving regional and national stakeholders.
- Isoniazid Preventive Therapy and Leprosy guidelines were updated and presented to the CDC TWG and subsequently, senior and top management.
- Guidelines for TB/COVID-19 management were disseminated.
- A total of 1,600 health workers were trained in active TB case Active Case Finding in Jinja, Bugisu, Teso, Busoga, Gulu, Ankole, Tooro and Lango regions.
- Training and mentorship in Leprosy management was conducted for 5 health workers, 2 self-care groups, screening, counselling and rehabilitative care for 38 PALS were conducted in Kibuku and Budaka districts.
- Five digital X-ray machines were procured, installed, and commissioned in Kamuli, Bududa, Katakwi, Kaabong hospitals and Rwekubo HC IV. A total of 162 health workers were oriented on X-ray application and reporting.

- Seventeen oxygen concentrators were procured and distributed to all MDR-TB initiation hospitals, and health workers trained in care of critically ill patients.
- Conducted TB loop mediated isothermal Amplification (TB LAMP) training for early implementation in pilot health facilities. 5 TB LAMP machines were installed in Kiruhura HC IV, Lopei HC III, Namalu HC III, Lolachat HC III and Nabilatuk HC III supported by Human Diagnostics with19 health personnel trained.
- At a MoH wellness clinic 231 health workers were screened for TB using digital chest X-ray (Computer Aided Diagnosis for TB - CAD4TB). Among these, 16 were presumptive for TB and 1 confirmed with TB and started on treatment.
- Launched a 100-day Isoniazid Preventive Therapy (IPT) scale up campaign for PLHIV with a goal of enrolling 304,391 PLHIV from July to September 2019. We enrolled 345,396 achieving 113% of the target. 131,794 PLHIV were enrolled on IPT, bringing the total number of PLHIV enrolled in the entire FY to 477,190. This exceeded the UNHLM target of 101,600. Isoniazid (INH toxicity) was assessed among individuals enrolled on IPT. The incidence of adverse events was 0.7%, less than the known incidence of 1%.
- The Latent TB Infection (LTBI) study was conducted to evaluate the feasibility of integrating Interferon Gamma Release Assay (IGRA) testing in the national LTBI screening algorithm. The prevalence of latent TB in Uganda was estimated to be 33% among household contacts above 4 years of age. The LTBI test was recommended in the TB preventive therapy guidelines.
- Baseline data on TB case detection and treatment outcomes was collected and used to initiate QI projects to address gaps identified in TB care.
- In all 17 MDR treatment initiation facilities 3 out of the 4 planned supervisions were conducted. Findings include inadequate Chemistry labs to do Liver and Thyroid function tests, isolation units for both DS-TB and MDR-TB; no furniture/ beds in Iganga Hospital and separate running of HIV and TB clinics.
- Three out of the four planned quarterly support supervision visits were conducted among facilities performing poorly in the TB screening cascade and Treatment success rates.
- Supervision to Buluba hospital highlighted several persons affected with leprosy still dependent on the hospital for livelihood long after discharge. There is need to consider transformation of the Leprosy treatment centre into a specialized hospital for skin conditions.
- Targeted biannual support supervision and mentorship was conducted in Nakasongola and Kayunga involving 22 health workers.
- Skin camps were conducted in 3 districts namely Zombo, Kalangala and Wakiso with over 4,500 people screened for Leprosy. In addition, over 70 teachers and health workers oriented in Leprosy screening.
- Conducted 12 MDR TWC meetings which recommended the following: Mortality audit at all the DR-TB hospitals initiated, Provision of distribution lists for PPEs to DR-TB facilities to enable continuity of TB services. NMS should supply Haem reagents for patient monitoring.
- A total of 17 TB smear TWC meetings were conducted to follow up development of the TB and leprosy case-based surveillance system. Other TWCs focused on conducting, finalizing HMIS tools SOPs, Data validation rules and planning for TB/leprosy case-based surveillance system
- In the programmatic management of DR-TB, 12 coordination meetings were held. Distribution lists for PPEs in DR-TB facilities were made as well as liaison with NMS for patient monitoring reagents. HMIS tools guidelines and validation rules developed.
- Four Paediatric TB coordination meetings were held and underscored the variation in regional pediatric TB case notification with sub optimal case finding for the under-five contacts.
- Global fund grant writing was successfully done on time. The grant was approved, and full grant application writing commenced during the FY.

- Coordination of the Uganda TB emergency response comprised of 12 incident management meetings with the response regions of Karamoja, Acholi, Lango and Uganda Prison Services. Weekly meetings are attended by implementing partners, district health and Uganda prison services teams. The response has seen an increase in the TB screening at OPD, an increase in the number of TB cases diagnosed and better coordination for TB control in the response regions.
- A total of 24 regional meetings were conducted out of the targeted 36 (a 67% achievement) in addition to 4 quarterly performance review meetings. Action points developed during these meeting led to scale up of testing for TB and other interventions including CSO coordination and the TSR change package.
- Eleven TB research forum meetings were conducted of the 12 planned, in which TB researchers showcased ongoing and completed research to TB stakeholders. The forum had critical input into all abstracts that were submitted for the 2020 TB Union conference. Most meetings were held virtually.
- Initiated Implementing Partners' coordination mechanism supported by Defeat TB. The strategic focus included community involvement and awareness at national and regional levels in partnership with Amber Heart Foundation and other CSOs; addressing reduced general OPD attendance at health facilities due to COVID-19 challenges, stock out of Xpert cartridges and non-testing of TB samples by lab personnel due to lack of PPEs.
- Due to the COVID-19 outbreak only 3 out of 4 National Coordination Committee meetings were held. The meetings provided strategic and policy direction to improve program performance and implementation.
- World TB day commemoration which was set to be commemorated in Lira district on the 24th of March 2020 was cancelled due to the COVID-19 outbreak. However, several TB advocacy and awareness interventions were conducted including radio and TV talk shows as well as adverts and DJ mentions.

**Challenges**

- COVID-19 outbreak and subsequent lockdown affected the following areas and activities: case finding at OPD, travel for central/regional trainings, physical meetings and release of funds for field activities. Activities were postponed, more trainings were facility-based and meetings were held virtually.
- The TB Leprosy supervisor is an additional task at the district and yet it needs to have a designated officer-as such the work is overwhelming.
- Training: Some facilities sent non-related health workers for the targeted trainings. In addition, funding from IPs for trainings has drastically reduced.
- Stock out of reagents at some of the health facilities as well as GeneXpert cartridges
- Isoniazid Preventive therapy: Low stock levels of medicines after the 100-day campaign. Low awareness on IPT affecting uptake due to low capacity and resources for community sensitization. There was limited capacity for adverse events monitoring at the majority of health facilities
- We still have a high TB related mortality (9%) and loss to follow up rates (3%).
- Xray services: Absenteeism of some radiographers and no X-ray facilities in some hospitals.
- High stigma for leprosy. Persons affected with Leprosy not fully integrated in community development activities targeting people with disabilities.
- Funding: Limited funding for some NSP consultative meetings; Only about 26% of the NSP 3-year funding needs are available at the Global Fund; Minimal funding for the TB emergency response; 3 months follow up for IGRA negative household contacts is yet to be completed due to lack of funding
- Coordination: Partial attendance of TWCs and some IPs did not organize quarterly review meetings. Attendance to NCC has significantly decreased, with changes in membership.

**Recommendations.**

- Joint efforts to ensure continuity of health services amidst COVID-19 outbreak by redistribution of samples for TB testing, strengthen community systems for case finding and patient adherence.
- Fill staffing norms of critical staff like radiographers and consider revision to designate the DTLS as an official position at district level. Ensure ongoing orientation of newly recruited staff on TB and Leprosy management as well as performance monitoring.
- Coordinate training from the national level and innovate with new technologies and competency-based training approaches to improve TB case finding and management. Integrate district level monitoring as part of training.
- Ensure timely ordering and feedback to NMS on commodities and equipments as well as backstop support for redistribution of supplies in case of emergency.
- Ensure uniform implementation of the QI change packages for case finding and treatment success.
- Periodic screening for TB within MoH, other agencies and among health workers.
- Strengthen implementation of adverse Drug Safety Monitoring; engagement of community actors in current and future TPT scale up plans.
- Increase funding and resource mobilization for TB and Leprosy, including the private sector and at community level.
- Liaise with community-based structures to create awareness to reduce Leprosy-related stigma and integration of Persons affected by Leprosy (PALS) into community development activities for people with disabilities
- Update membership to all coordination committees and technical working groups, strengthen capacity for research collaboration

### 3.1.7 HIV/AIDS Prevention, Care and Treatment

The HIV burden in the country at the end of 2019 was estimated at approximately 1.46 million adults and children living with HIV. Adults aged 15 years+ accounted for 93% of this burden, with 60% of HIV-infected adults being women. It is estimated that about 53,413 new HIV infections occurred during 2019; 40,000 of them among adults. Young adults 15 – 24 years accounted for 41% of new HIV infections, with a male to female ratio of nearly 1 in 3. AIDS-related mortality declined from approximately 23,000 in 2018 to 21,000 in 2019.

**Achievements**

**Roll Out of Targeted HIV testing:** In line with targeted HIV testing, Assisted Partner Notification (APN) was rolled out countrywide and by June 2019, 1,005 health facilities were offering APN services. The target is to extend APN to 3,000 health facilities that test for HIV. In addition, HIV self-testing was rolled out targeting some population groups including men and key populations. Other innovations for improved testing efficiency included the roll out of screening tools for HIV eligibility testing across the country to enhance.

**Finalization of the certification framework for HIV rapid testers and testing sites:** In order to improve quality of HIV test results, the program and stakeholders developed a certification procedure for all testing sites and staff based on World Health Organization Quality Assurance requirements. The program finalized and launched a framework which provides guidance on certifying all HIV rapid testers. All HIV testing points must now conform to the set minimum testing standards. The countrywide roll out of the certification program is currently ongoing.

**HIV Care and Treatment:** During the year, the MoH completed the revision of HIV consolidated guidelines and started their full-scale implementation. These guidelines provide for the transitioning of existing clients and initiation of newly identified HIV infected people on a Dolutegravir (DTG) based ART regimen as part of treatment optimization.

The revised Consolidated Guidelines for HIV Prevention and Treatment that introduced more optimized ART regimens for both children and adults were rolled out countrywide and adopted by 1,880 of HIV treatment facilities. All the trained health facilities were mentored in the use of the new guidelines. Over 443,000 clients are currently on TLD which is 78% (Week 37, 2019) of the target set to be reached by end 2019 (n=568,595). For children, the MoH adopted the use of LPV/r as the optimized treatment formulation for pediatric HIV. During the FY, efforts were made to actively monitor the optimization process for Pediatric ART.

**Viral Load Monitoring:** The coverage of viral load testing increased to 96.7% of ART clients- 89.8% of whom achieved viral suppression.

**Differentiated Services Models:** As part of the new HIV treatment guidelines, the MoH adopted the Differentiated Service Delivery Models (DSDM), where stable clients have less frequent clinical assessment visits. During the period, we scaled up DSDM to reach 80% (1,466/1,832) of the accredited ART sites and to 78.2% (975,675/1,241,478) of PLHIV on ART. In addition, 12% (114,363/975,675) of clients enrolled on DSDM received ART services from the community through Community Drug Distribution Points (CDDP) and Community Client Led ART Distribution (CCLAD).

**ART Enrolment:** HIV Care and treatment programs continued to expand in the reporting period. The number of centers providing ART services were 1,830 at the end of June 2019 and of these 1,635 (89%) were also providing Peadiatric ART demonstrating an increase in the proportion of sites providing both adult and pediatric ART.

The number of Adults and children active on ART increased from 1,198,435 to 1,241,509 by June 2019, a coverage of 89% of all HIV-infected individuals, surpassing the HSDP target of 80% for 2019. Of these, about 93% are adults 15 years+, while about 7% were children aged 0 – 14 years.

### TABLE 61: TRENDS ART ENROLMENT

| Year | 2017/2018 | | 2018/2019 | | 2019/2020 | |
|---|---|---|---|---|---|---|
| **Characteristic** | **Adult** | **Children** | **Adult** | **Children** | **Adult** | **Children** |
| Number Active on ART | 1,074,440 | 66,110 | 1,133,076 | 65,359 | 1,179,402 | 62,107 |
| Number newly enrolled on ART | 207,946 | 9,531 | 211,239 | 8,752 | 154,686 | 6,820 |

**Third-Line ART Program:** Stakeholder meetings were conducted between ACP, PEPFAR and the HIV genotyping laboratories (UVRI and JCRC) leading to the provision of HIVDR testing to all eligible patients in public facilities The clinical committee has reviewed the backlog of HIVDR test results at CPHL; 859 results were reviewed and switch decisions were communicated to facilities through IPs. In addition, capacity building for third-line, was conducted within the regions. A total of six regions were trained and over 100 providers equipped with knowledge in the management of third line ART and switching of clients failing on second line.

**ART/TB Pharmacovigilance:** As part of the roll out for the revised Consolidated guidelines for prevention and treatment of HIV and AIDS in Uganda, strategies for pharmaco-vigilance have been established. These systems aim at providing support for the identification, monitoring and reporting of adverse events related to the introduction of DTG and the scale up of Isoniazid Prevention Therapy.

Pharmacovigilance sentinel sites were established in 18 sentinel sites (RRHs and Centers of Excellence). The sites were trained and provided with reporting tools. There was close collaboration with key stakeholders like the NDA to support the program in these processes. As a result, the program is now in a position to determine the prevalence of adverse events, and to support their active management. There is special emphasis to monitor the occurrence of hyperglycemia and liver injury that were observed in the early phases of DTG and IPT roll out.

**Behaviour Change Communication:** During the FY, the Program continued collaboration for IEC/BCC activities to promote uptake and adherence to HIV prevention and treatment services as well as primary prevention of HIV transmission. The program worked with Communication for Health Communities (CHC) project and developed and disseminated educational message through various channels including mass media, road-side bill boards, posters and leaflets covering different themes. IEC/BCC coordination meetings to harmonize IEC/BCC messages were also supported by the Program. In the reporting period, the Program procured an additional film van and is

in advanced stages of procuring 2 other film vans.

**PMTCT:** The PMTCT program through the 4 pronged strategies aims at achieving a less than 5% mother-to-child transmission (MTCT) of HIV. Over the years, the program has averted over 80% of potential new pediatric HIV infections from vertical transmission. This has been attributed to among several factors, near universal HIV testing for all pregnant women attending antenatal care and a high maternal ART coverage of highly effective ART regimens. Despite the achievements, the country continues to register break through pediatric HIV infections from MTCT.

Data from Estimates and Projections indicate that 5,600 peri-natal HIV infections occurred in 2019. In the reporting period, the program formulated a strategic plan to address the factors that contribute to these break though infections. Key interventions to address these include; sustained HIV testing above 95%, maternal ART coverage above 95%; retention on treatment of HIV positive pregnant and lactating women, and prevention of new infections among especially young previously HIV negative women.

### TABLE 62: PMTCT PERFORMANCE FY 2019/20

| Indicator | Number | Coverage |
|---|---|---|
| Women attending 1st ANC | 1,835,993 | |
| Women tested for HIV | 1,821,509 | 99.2% |
| Maternal ART Coverage for eMTCT | 95,536 | 96% |
| Women on ART for eMTCT at the first ANC with a suppressed VL | 4,772 | 85% |
| Pregnant Women tested for syphilis for first time during this pregnancy | 1,579,632 | 86% |
| Pregnant Women tested for syphilis for first time during this pregnancy - Started on Treatment | 14,488 | 42% |
| Prophylactic Infant ART | 80,038 | 81% |
| Infant ART in Maternity | 66,689 | 83% |
| 1st DNA/PCR within2 Months | 55,865 | 56% |
| HEIs Exclusively breastfed for 6 Months | 23,967 | 30% |
| HEIs Breastfed for 12 Months | 19,203 | 24% |
| Mothers Alive & On ART 12 months after starting ART | 17,270 | 62% |

**Safe Medical Circumcision:** Safe circumcision of male adults is one of the key elements of the Fast Track package for HIV epidemic control in Uganda. There is significant evidence of its impact in reducing new HIV infections. In Uganda our approach has been to prioritize young men 15-29 years in regions with high HIV prevalence and high unmet need for the intervention. The Program target is to circumcise one million young men annually till 80% coverage of SMC is attained.

Overall 599,684 males were circumcised in the reporting period. of these, 555, 161 (92.5%) returned within 48 hours and 424,624 (70.8%) returned within seven days for review. To foster evidenced based innovations to complement the surgical approach, the Shang ring active surveillance was conducted where 1,000 men were circumcised using the ring. In none of these, were any severe adverse event reported. The ring had high acceptability among the different target population groups especially among men. The Ministry will continue prioritizing SMC in the age groups and populations in geographical regions with high HIV incidence.

**Condom Programming:** During the FY, the AIDS Control Program continued to strengthen activities for condom programming. With support from the Global Fund and UNFPA, 112,526,704 (111,726,704 male and 800,000 female) condoms were procured and distributed in the public and private sector. The post shipment testing capacity at the National Drug Authority continued to improve 17 million condoms monthly. In a bid to improve end use reporting on condom utilization, the Ministry rolled out the Condom LMIS pilot in six districts. The results from the pilot will inform the country wide roll out of condom LMIS in the next FY.

During the reporting period, 4,000 additional condom dispensers were procured with Global Fund support through the MoH and are currently being distributed across the Country. This additional capacity will improve condom distribution in the communities especially for the key and priority populations.

**Key population programming:** Key population groups are often faced with stigma and discrimination that inhibit them from accessing health and HIV services. To address this, a number of policy guidelines were developed to create an enabling environment and to enhance KP-friendly service delivery. A key population training manual for health workers, and the differentiated tool kit for key populations were developed to increase access to services. In addition, harm reduction guidelines for alcohol and other drugs use were also developed.

In order to respond to the increasing use of illicit psychoactive drugs, especially among the youths, the MoH has set up a Medically Assisted Therapy treatment unit at the Butabika MNRH. A re-modeling of old buildings spaces was undertaken to create space for these services. The project was supported by PEPFAR and was completed in December 2019. The clinic supports and rehabilitates people who use or inject drugs.

During the reporting period, the program also conducted STI gonococcal surveillance in ten facilities in Kampala including Kiruddu, MARPI Mulago, IDI center of excellence, Kisenyi, Kawala, Naguru, Marchison Bay, Luzira HC IV, Luzira Remand and Upper Prison health facilities. Data from these surveillance activities has demonstrated increasing resistance to ciprofloxacin, moderate resistance to gentamicin and sensitivity to cefuroxime, ceftriaxone, and cefoxitin.

**Financing:** The GoU has provided vital resources for HIV programming through the support of the health infrastructure, the human resources, data collection systems, and the supply chain. There were however significant resources from partners during the reporting period. The United States Government through the COP provided over USD 500 million for Uganda. The Country is also in the mid cycle of the USD 271 million HIV Grant from the Global Fund and approximately USD 90 million were applied in this period- mostly for commodities. Additional resources for the response were from Ireland AID for Karamoja, the United Nations - WHO, UNAIDS, UNICEF and UNFPA.

**Strategic Information for HIV Epidemic Control:** Accurate strategic information is vital in guiding strategic planning and monitoring of HIV epidemic control activities. In the reporting period, the following were achieved:

- **Spectrum Estimates:** National and sub-national estimates of new HIV infections, AIDS-related mortality, and other non-HIV prevalence parameters were obtained through triangulation of epidemiological data and Spectrum modeling, and were used for our international reporting obligations, quantification of supplies, focusing of interventions and monitoring of HIV testing and treatment cascade.
- **UPHIA 2020:** The AIDS Control Program and stakeholders including CDC Uganda and ICAP at the University of Columbia in New York finalized and launched UPHIA 2020. Preparatory activities for the hiring and training of field workers were completed in October 2019 and field teams were deployed in February 2020 and data collection began. However due to covid-19 pandemic mitigation measures, field teams were recalled and the data collection was stopped until further notice. The survey is now being restarted and data collection will be done over the next two months and complete in February 2021.
- **2019 Annual HIV surveillance:** The annual HIV surveillance round for this FY was funded through from Global Fund Grant. Blood samples were collected from 30 antenatal sentinel surveillance sites, and laboratory testing is still underway at UVRI.
- **Case-based surveillance:** HIV Case-based surveillance which involves longitudinal follow up of individuals through the sentinel events of HIV-infection, diagnosis, enrolment into treatment, ART initiation, viral suppression, and eventual death is the future of HIV surveillance systems. However, it requires substantial investment in information systems. This FY, the Programme with support from WHO developed national guidelines for case-based HIV surveillance and continued to collaborate with CDC-supported METS project on the pilot for CBS in Kabarole and Hoima districts including use of unique case identifiers.
- **Setting of Annual National and District Level Targets for HIV Epidemic Control:** In order to better inform planning and monitoring of HIV epidemic control efforts in the country, the Program produced annual national and district level targets for critical HIV services. With UNICEF support through ANNECA, provided targets were developed for ART enrolment, HIV testing, SMC, Condom distribution, HIV prevention for young people etc. The process for this utilized data from mathematical modeling in Spectrum, Goals and other models, and the triangulation of these data with those from other sources.

- **New Health Sector HIV/AIDS Strategic Plan 2018 – 2023:** To provide strategic guidance for HIV epidemic control in the health sector, ACP developed a new HIV/AIDS strategic plan for the public health response. This activity involved technical consultations supported by GoU, CDC and WHO. With support from UNAIDS the M&E Plan for the HSHASP was also developed during the reporting period. The two plans were approved by MoH Senior Management, printed and distributed to key stakeholders.
- **Surveillance of HIV Drug Resistance:** Emergence of antiretroviral drug resistance is the inevitable consequence of a big and mature ART program. The MoH in collaboration with UVRI have set up a surveillance system to track HIVDR. The levels of HIVDR determined in 2016/17 UPHIA was>15%. This along with HIVDR data from the other sources informed the Ministry's adoption of DTG-based combinations as the preferred first-line regimen for Uganda.

### Challenges

### ART disruption during Covid-19 Lockdown

- Rates of initiation on ART for PLHIVs enrolled in HIV care has consistently been increasing across the different reporting quarters. The 30% reduction reflected in the quarter April-June 2020 compared to the quarter Jan-March 2020 is likely to be majorly attributed to the limited access of services during the Covid 19 pandemic period. Innovative efforts are underway to stabilize the curve and continue serving the population amidst the Covid-19 pandemic.
- Sub optimal roll out of the revised HMIS tools affected facility level reporting of key program performance indicators.

### Recommendations

- To improve adherence and retention on ART – critical elements for meeting the 90-90-90 targets, the Programme will support the implementation of the newly developed guidelines for psychosocial support through rolling out case-based training in psychosocial care and support. This was intended to develop the competencies of frontline health providers in the assessment, identification and managing of psychosocial issues among patients that affect Adherence to ART and retention in care.
- With increasing clients failing second-line ART regimens, the Programme should scale up capacity for the more expensive third line salvage therapy.
- Optimizing HIV Testing though quality improving based approach focusing on targeted testing and data quality.

## 3.1.8 Non-Communicable Diseases (NCD)

### Achievements

- National physical activity day successfully held at Kololo independence grounds, with H.E. the President as the Chief Guest. Over one thousand people that attended were sensitized on healthy living and physically participated in various physical activity exercises.
- Four districts of Central region supervised and identified limited integration of NCD into existing health services, shortage of NCD test supplies especially of glucose test kits and medicines for Diabetes and Hypertension. Health workers were coached on integration of NCDs in primary health care. In-charges requested to prioritize NCDs supplies.
- Human Papilloma Virus screening and training materials were developed and disseminated to health facilities in the country.
- Non Communicable Disease draft guidelines were updated by a team of stakeholders and ready for dissemination.
- Technical support supervision conducted at health facilities in the districts of Masaka, Kalungu, Lwengo, Bukomansimbi, Isingiro and Sheema districts. All HC IVs in have been supported by Walimu to establish NCD

clinics.

- World Diabetes day commemorated in Nakaseke at Kiwoko Hospital Grounds. The theme was "the Nurse and Diabetes Management" highlighting the role of a nurse in diabetes management. 200 people were screened by nurses for Diabetes and 800 sensitized on prevention and control of diabetes.
- Held a workshop addressing policy and legal issues on Healthy Diets and Physical Activity. Stakeholders were sensitized on the need for a physical and legal environment to prevent and control of NCDs.
- Strengthened NCD partnerships and coordination through engagement with key stakeholders including Novartis access Program, UNCDI, RESOLVE and UN interagency task force. Partners were brought to speed on our priorities and how best to work together to prevent and control NCDs.

### 3.1.9 Integrated Curative Services

The core mandate of the department is to provide technical support to hospitals at all levels of service provision.

**Achievements**

- Developed printed and disseminated online HUMC and Hospital Management Boards guidelines. Induction and orientation on the guidelines to be undertaken in FY 2020/21.
- Conducted Two stakeholder's meetings to review the oral policy. Consultation is still ongoing to update the situation analysis.
- Referral abroad Guidelines finalized and are already in use.
- 8 meetings held and 16 cases for referral abroad presented, 58 officers retired on medical grounds.
- 967 medical interns have completed the training. The medical internship Policy was tabled before parliament and is under review.
- Provided Technical support in dental and essential clinical care to 8 RRHs including Arua, Gulu, Lira, masaka, Mbarara, Kabale, Soroti and Mubende. 12 schools in 5 districts of Mityana, Kiboga, Buikwe, Iganga, Bugiri screened for dental diseases. Identified understaffing, inadequate dental supplies, inadequate planning for community outreaches and inadequate training for dental officers.
- Conducted Regulatory Impact assessment (RIA) for the alcohol control policy, the policy was presented and approved by Cabinet.
- Support supervision conducted at 3 regional referral hospitals. Findings include;
    - Mental units are now COVID treatment units no space for admission of mental patients
    - Shortage of drugs for mental patients.
- Mental health day successfully celebrated in Kyaka 2 refugee resettlement on 10th November 2019 the theme was 'suicide prevention'. Participants were sensitized about the burden of suicide and its prevention.
- Developed and presented draft guidelines of the National Fistula Strategy to senior management for approval.
- Tested 433,341 (out of a target of 2,001,269) people for Hepatitis B in 20 districts of Busoga and Bugisu regions. 14,144 tested positive and 419,197 Negative constituting a prevalence of 3.3 %.
- Hepatitis B data validation conducted in Kabarole, Kamwenge, Bundibugyo, and Kitagwenda.
- Hepatitis B Technical support supervision provided in Ntoroko, Bundibugyo, Bwera, and Kamwengye districts.
- Disseminated Hepatitis B management guidelines in Kamuli, Buyende and Luuka districts.
- One stakeholders meeting to finalize Hep B treatment guidelines was conducted
- Held a virtual commemoration for the International Day to End Obstetric Fistula. This created awareness and advocacy to End obstetric fistulas.

- 9 HC IVs in Lango Karamojong and Acholi regions supported with fistula- care training and assessed for EmONC and theatre functionality. Most of the theatres were nonfunctional thus hindering delivery of fistula care.
- With support from UNFPA 9 Fistula camps in 6 RRHs, 2 PNFP and 1 NRH (Mulago) held. 1,759 fistulas were repaired.
- The Palliative Care Policy was costed and developed. It has been forwarded to Cabinet for approval.
- Trained Health workers in Kabale, Mbarara RRHs, and Mubende, Kikuube, Kagadi, Hoima Masindi districts on COVID-19 Infection Prevention and control.
- Assessed of COVID 19 Preparedness in the refugee settlement camps and their host communities in the districts of Adjumani, Yumbe, Moyo, Obongi, and Madi Okolo.

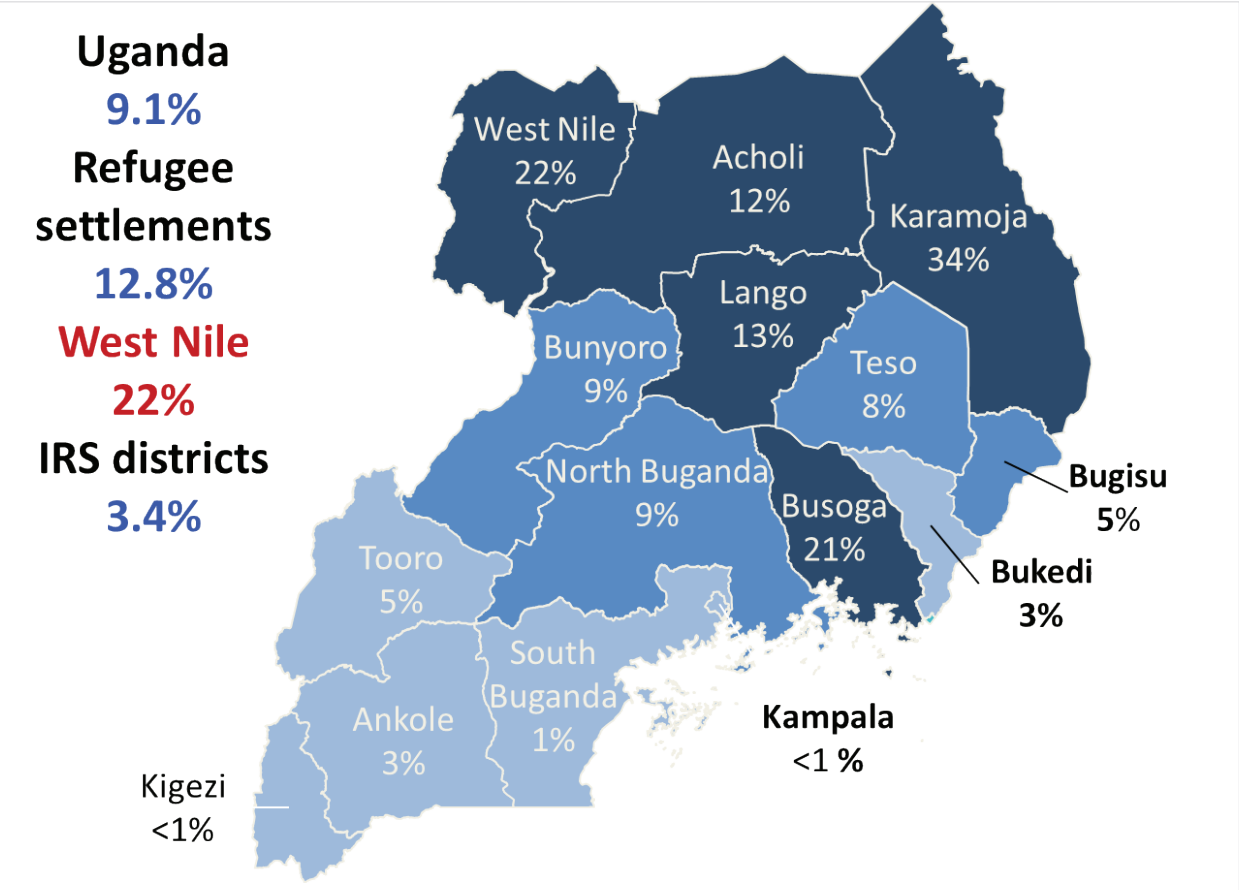
**Challenges**

- Facilitation is not adequate to enable all the planned activities to be done.
- Competing priorities among departmental activities. There is need to formulate and stick to the schedule of activities on the MoH / departmental flow of activities (quarterly or bi- quarterly).
- There is shortage of staff in the division due to the vacancies that are not yet filled.

### 3.1.10 National Malaria Control Program

The Program disseminated findings from the Malaria Indicator survey which showed a 50% drop in prevalence from 19% registered in 2014 to 9.1% in 2019. The distribution by region is shown below. In FY 2019/2020, malaria was still a major contributor of disease burden in the country being responsible for 33% of the outpatients, 24% of the admissions and 12% of the reported deaths. Children under 5 years are worst hit contributing 67% of the malaria deaths.

**FIGURE 69: MALARIA PREVALENCE IN UGANDA, 2018**




*Source: MIS*

## Achievements

- The MoH was able to mobilize resources from Global fund amounting to 263 million Dollars to support malaria preventive and curative services for 3 years from 2021 to 2023. This in addition to resources from government and partners will enable the scale up of malaria prevention and treatment services to the whole country.
- Developed the Uganda Malaria Reduction and Elimination Plan 2021/2025. This new strategic plan has a goal of reducing malaria cases by 50% and deaths by 75% by 2025.
- In the FY 2019/2020 in collaboration with the Uganda Indoor Residual Spraying (IRS) project II, 4,479,157 people in 16 districts were protected by use of IRS which was a coverage of over 95%. The districts that received IRS were Amolatar, Alebtong, Butaleja, Dokolo, Pallisa, Namutumba, Budaka, Serere, Kibuku, Lira, Kaberamaido, Bugiri, Otuke, Tororo, Kalaki and Butebo. The MoH will expand this coverage to 11 districts in West Nile by 2022.
- In order to ensure the most vulnerable populations were not left out, over 1.2 million LLINs were distributed to pregnant mothers and children under 5. A further 100,000 LLINs were distributed to 50 districts to people affected by floods.
- Preparations for the Universal mass campaign were also finalized and countrywide distribution of 27.2 million LLINs was launched under the theme 'under the net'.
- The access of testing services continued to remain high with 93% of the malaria cases diagnosed had been confirmed by lab diagnosis. The confirmed malaria cases that received treatment were also high at 98%.
- Supported ICCM at community level where over 3 million children under 5 in 71 districts were screened and treated for malaria by Community Health Workers. With 40% of the under 5 malaria cases managed at community level, this intervention averted many deaths.
- The MoH capacitated VHTs with protective wear and was able to ensure continual of services such as integrated community case management and IRS in the COVID 19 pandemic thus saving many lives.

*PS MoH Launching the LLIN Campaign*

### Challenges

- The malaria preventive and treatment services were immensely affected by COVID 19. The health workers and community health workers providing care required protective wear
- The lockdown affected transport and referral of patients, patients were scared of contracting COVID 19 from facilities, health workers were not able to submit reports timely.

## 3.1.11 Pharmacy and Natural Medicine

### Achievements

- The department carried out capacity building for MTC, eELMIS and COVID-19 management activities in selected RRHs and General hospitals.
- Computers and associated IT materials were procured and distributed to some RRHs and General Hospitals for implementation of the eLMIS.
- 400 Active User Accounts operational on the eLMIS which is used by MoH and Partners including WFP, WHO, MoH, UNHLSD/CPHL, NMS, UNFPA, UNICEF, BRAC & UNHCR. 325 Orders received through the eELMIS for the COVID-19 response (2nd March to date). 109 individual Districts have submitted orders using the eELMIS to date.
- Revised the National Pharmaceutical Sector Strategic Plan (NPSSP) with support from URMCHIP and WHO respectively.
- An assessment of the supply chain maturity modelling and base line supply chain cost for reproductive health commodities was done and the terms of reference for the revision of the Total Market Approach (TMA) and alignment to the Financing strategy of the MoH completed.
- The national RMNCAH quantification 2019-2022 was disseminated, a public sector gap analysis for FP and nutritional commodities for input in the MOH budget for FY 2020/21 done, Supported the UNFPA commodity quarterly review and gap analysis for CY 2020, finalized allocation of $4.6M for GFF round 2 RMNCAH procurement for FY 2020/21 and prepared public sector ARVs supply plan for PEPFAR $27.8m ARV gap fill for CY 2020.
- A review was done for PNFP supply plans for ARVs, VMMC, OI, reproductive health and laboratory commodities, supply plans for additional COP19 $13m for JMS and MAUL for procurement of ARVs, EID and pharmacovigilance commodities, quantification of TB commodities forecasting assumptions in line with new program targets; updated quantification, gap analysis and list of Health Products (LoHP) for ARVs, Cotrimoxazole, TB, condoms and Laboratory commodities for the Global Fund 2021-2023 grant application and Reviewed stock status of ARVs, Lab, TB and TB commodity stock status and pipeline in light of the COVID-19 pandemic. Warehouse readiness for ARV multi-month dispensing was assessed with JMS and MAUL found ready for three months MMD.
- Supported ARVs, Laboratory, VMMC, condom and OI commodities quantification for PEPFAR COP 20 planning, ARV forecast in light of transition of 31,000 ART clients from MAUL to JMS and conducted a quantification of new commodities for cervical cancer and pharmacovigilance as new priorities for COP2020.
- A distribution list for 14,933 packs of HIV Stat-Pak and 1.1m packs of TLE 600mg at JMS which is at risk of expiry.
- Allocation lists for Amoxicillin dispersible tablets, co-packaged ORS/Zinc and cycle beads under GFF round 1 procurement. Additionally, prepared allocation list for OI medicines at JMS.
- Supported the NTLP with X-ray allocation, planning for training and installation. Also supported the negotiation of GeneXpert bundling pricing from $0.99 to $0.95.

- Supported the UNFPA condom forecasting exercise. Participated in the meeting to streamline condom distribution in light of the decline in warehouse issues for the commodity.
- Supported the review of the consolidated guidelines on HIV prevention and treatment.
- Conducted inter-warehouse transfers of ARVs and RH commodities across the different warehouses to mitigate shortages.
- Reviewed and submitted the COP20 supply plan for public sector for ARVs and Lab. Order for ARV medicines worth $3.5M placed. Prepared and submitted JMS COP 20 supply plan for Fluconazole formulations.
- Reviewed and submitted to GHSC-PSM, the Q3 JMS supply plans for ARVs, VMMC, OI, reproductive health and laboratory commodities. Additionally, prepared condom and condoms lubricant supply plan for balance of $ 745,526.43 under COP-19
- Prepared National RH commodity requirements, gap and supply plan for CY 2021 and submitted to UNFPA. Total of $4m availed from UNFPA for CY 2021.
- Conducted an assessment of Global Fund HIV product and PSM savings, yielding savings worth $13.6m which was allocated for GF PNFP ARV gap fill ($2.35m), public sector ARVs ($6.25m), Viral Load ($2m), HIV test kits ($1.8m) & CD4+ commodities ($0.5m).
- Prepared and submitted the Procurement Planning and Monitoring Report (PPMR) for RH commodities for May 2020. Additionally, compiled national stock status for ARVs, Lab and TPT for the PPMR-HIV report for Uganda.
- Supported the quantification and review of Ebola and COVID-19 commodity requirements including PPE & Lab testing needs. Prepared and updated on a weekly basis the stock status and pipeline tracker for COVID-19 commodities. Additionally, supported the utilization of the eLMIS for processing orders for Ebola and COVID-19 commodities.
- Prepared 6-month ARV stock status and consumption data trend analysis for the FY2020 Q2 PEPFAR Report. Compiled data for FP commodities procured and issued from 2015-2019 and shared with DHI/Track 2020 for correlation to FP indicators.
- Supported the preparatory process for the rollout and dissemination of the HIV consolidated treatment guidelines, providing guidance on which regions need to be prioritized. Participated in the review and update of the condom strategy 2021-2025.
- Prepared additional requirement of TLE 400mg for WRA for the TLD transition period and for those that are ineligible for TLD. Prepared and forwarded MoH request to PEPFAR for support for the procurement of additional TLE 400. Supply plan prepared for TLE 400mg, 90 pack for balance of $850,000 from COP 19 for public sector.
- Prepared and shared with warehouses the distribution lists for ABC/3TC 600/300mg, LPV/r 100/25mg, ABC/3TC 120/60mg and DTG 50mg pediatric regimen optimization for all PNFP facilities and public health facilities in Zone 4 and Zone 5. Additionally, prepared a distribution list for PV commodities for PNFPs and finalized allocation lists for RMNCAH commodities procured under GFF.
- Finalized the development of Lab web-based ordering system and submitted the budget to TASO-GF to support TOT and facility training. Additionally, revised the RH order form to add key maternal health commodities & align to existing systems and shared with Health Information Systems Program (HISP) to commence with development of the RH web-based ordering system.
- Reviewed of FP procurement plans for HC IIs and HC IIIs to ensure availability of FP method mix and processed and forwarded MoH request to NMS to adopt and supply facilities according to proposed changes.

## 3.1.12 Integrated Epidemiology Surveillance and Public Health Emergencies

### Mandate

The mandate of the department is prevention, timely detection and response to all public health emergencies and threats (disease epidemic/conditions and public health disasters) including zoonosis. The department is also mandated to coordinate national implementation and monitoring of International Health Regulations (IHR 2005).

### Achievements

- Coordinated and contributed to the preparedness and response surveillance strategy for COVID 19 pandemic in Uganda through spear-heading surveillance activities and district capacity building for surveillance.
- Continued to coordinate and contribute to the preparedness and response surveillance strategy for EVD risk following a protracted outbreak in DRC until the declaration of its end on 25th June 2020 by WHO.
- Conducted microplanning for cholera vaccination in six hot spot districts of Busia, Namayingo, Madi Okollo, Arua, Moyo, Obongi, Kasese and Ntoroko; plans were used to order for vaccines from Geneva and are expected to arrive in the Country 24th – 29th August 2020. The campaign is scheduled to be conducted in September 2020. This integrated approach of oral cholera vaccination is part of the Country efforts to end cholera in line with the global strategy.
- Led and supported timely national response to various other outbreaks as indicated above (cholera, measles, rubella, yellow fever) thus contributing significantly to national health security against outbreaks.
- Established and trained District One Health Teams in 13 districts including Lyantonde, Luweero, Nakasongola, Kisoro, Kanungu, Busia, Tororo, Kween, Kiboga, Kiryandongo, Nakaseke, Kitgum & Agago.
- Verified all reported PHE alerts and all outbreaks were contained.
- Supported the 13 districts in weekly epidemiological surveillance reporting and mTRAC use for surveillance data management.
- Conducted an Integrated Disease Surveillance technical support supervision in 21 under reporting districts. Weekly surveillance reporting in the districts of Jinja, Bugiri, Mayuge, Kamuli, Iganga, Lwengo, Kyenjojo, Lyantonde, Mubende, Mbarara, and Kassanda significantly improved.
- Published 52 Weekly EPI Bulletins for 2019-2020 and disseminated to all stakeholders.
- Covid-19 Surge capacity development built in areas of System alerts, Contact tracing, quarantine, Laboratory & Port Health.
- 30 districts and communities supported to prevent, mitigate and respond to PHEs Including anthrax, yellow fever and Rift valley fever.

## 3.1.13 Emergency Medical Services (EMS)

Emergency Medical Services are dedicated to providing out of hospital, acute, medical care and transport to definitive care. The departmental strategic objectives include; increased access to on-scene emergency medical care to 50%, increasing the proportion of emergency patients receiving ambulance response within 1 hour to 50%, increasing availability of quality emergency care at all levels and to continuously improving and sustaining the operations of the national EMS system.

### Achievements

- A draft Uganda Standards for Pre-Hospital Care - 2019 was developed with support from Malteser International awaiting approval.
- Initiated the development of National Emergency Care Protocols and Charts with support from Korea Foundation for International Healthcare (KOFIH).

- Nine Medical Officers were trained in Basic Emergency Care in collaboration with Uganda Red Cross Society, seven ambulance drivers were trained in First Aid in collaboration with Uganda Red Cross Society and a total of 76 Health workers were trained in Basic Emergency Care.
- Set up a Medical Call and Dispatch Center Steering committee, functionalized the 911 short code allocated by the Uganda Communication Commission, conducted meetings for development of the National Regional Call and Dispatch System with support from Seed Global Health and Clinton Health Access Initiative (CHAI) and Initiated the establishment of a National Call and Dispatch centre/ Ambulance at CUFH-Naguru with support from KOFIH, Malteser International, SEED Global Health, Ismaili Community in Uganda, Uganda Insurers Association, TOTAL E&P, Signify Foundation and Philips /Dembe.
- The MoH received 76 ambulance vehicles as detailed below;
    - 33 Type B – Basic Life Support Ambulances, GoU.
    - 2 Type C – Advanced Life Support Negative Pressure Ambulances, Government of Uganda.
    - 7 Type B – Basic Life Support Ambulances under URMCHIP project - World Bank
    - 10 Type B – Basic Life Support Vehicles under URMCHIP project - World Bank (Contingency Emergency Response Component – CERC).
    - 10 Type B- Basic Life Support Ambulances and which will be stationed at designated spots on 10 pilot major highways - GoU-Uganda Red Cross Society partnership.
    - 9 BLS (Type B) Ambulance Vehicles towards response to COVID -19.
- An Emergency Unit Assessment was conducted in six selected RRHs and implemented the emergency care package including; Basic Emergency Care Training, establishment of Resuscitation Areas, introduced the emergency care checklist (Trauma and Medical) and an integrated inter-agency triage system including Gulu RRH, Kabale RRH, Arua RRH, Lira RRH, Hoima RRH, Mbale RRH and CUFH-Naguru.
- Conducted support supervision to ascertain the functionality of EMS at HC IVs in Central, Eastern and Karamoja Sub Region and assessed the repairment needs for ambulance vehicles in targeted districts.
- Supported the establishment of a prototype regional EMS System at Masaka RRH and Bukomansimbi District through building capacity of health workers at different levels in emergency care, governance and leadership and health information systems for emergency care, building a regional emergency care skills center, construction, refurbishing and equipping of accident and emergency units, establishment of a regional call and dispatch system and strengthening of the community first responder system through education and sensitization of community on EMS.
- National EMS Pre-Hospital Care Guidelines for COVID-19 completed and submitted for printing 150 copies with support from KOFIH.
- Conducted training of 40 drivers and ambulance assistants in pre-hospital emergency care response to COVID-19 with support from KOFIH
- Contributed to the development of the National COVID-19 Guidelines and Response Plan
- Conducted training of 10 Call and Dispatch officers in Medical Call and Dispatch to support emergency response to COVID-19 with support from KOFIH
- Secured COVID-19 Personal Protective Equipment towards the emergency response to COVID-19 with support from KOFIH.
- Conducted support supervision for Masaka RRH and Bukomansimbi Butenga HC IV in preparation of COVID-19 preparedness and orientation of health managers on emergency response to Non COVID-19 Emergencies.
- Provision of standby EMS during the COVID-19 outbreak starting the month of February to date. A total of 1067 cases were handled between March and June at an average of 356 cases per month.


*Part of the ambulance fleet procured in response to the COVID-19 Pandemic*


*The COVID-19 Preparedness training for Call and Dispatch Officers supported by KOFIH*


*The COVID-19 Preparedness training for Ambulance Drivers and EMTS supported by KOFIH*

**Challenges**

- Delayed approval of the National EMS Policy
- Lack of Emergency Care human resource capacity at all levels of care
- Inadequate emergency care space and equipment at service points nationwide
- Delay in establishment of national call and dispatch system infrastructure
- Lack of funds dedicated to Emergency Medical Response during public health emergencies
- Limited investment in emergency care research and development

## 3.1.14 Nursing and Midwifery

The Nursing department is charged with the responsibility to maintain the quality of nursing services in the country in accordance with the government policies and priorities. The strategic objectives include among others; to support / supervise the nursing activities in the country, build the capacity, enhance coordination and collaboration of nursing activities both nationally and internationally and maintain inter sectoral collaboration.

**Achievements**

- Conducted 21 technical supervisions in 54 districts including hard to reach areas on nursing and midwifery services in the regions. During the supervision visits, 908 Nurses and Midwives,104 other cadres including doctors, Clinical Officers and Nursing Assistants were supervised and mentored on nursing and midwifery services. The areas covered were in 5s, uniform use, waste management, Infection Prevention and Control (waste segregation, hand washing) among others.
- The International Day of Midwives and International Day of Nurses were successfully commemorated virtually.

- A Regulatory Impact Assessment report for Nurses and Midwives policy was finalized as a requirement for the development of the policy and scope of practice.
- Onsite trainings on COVID-19 on National guidelines and psychosocial support was conducted for 245 health workers including Nurses and Midwives country wide.
- Three out of the four planned meetings with nurses stake holders were held with support from Seed Global.
- Health workers uniforms were procured and distribution ongoing.

**Challenges / Recommendations**

- Limited transport for the department should be addressed to enable Nursing Department team to effectively support the national, regional and district teams.
- Think tank meetings were limited only to the national level thus there is need to be extended to regional and district level.

### 3.1.15 Uganda Blood Transfusion Services (UBTS)

UBTS is mandated to make available safe and adequate quantities of blood and blood products to all hospitals in the country for proper management of patients. The department strategic objectives include; expanding the Blood transfusion infrastructure to operate adequately within a decentralized health care delivery system, increasing the annual blood collection, operate an active nationwide Quality Assurance Program, promote appropriate clinical use of blood and to strengthen the organizational capacity of UBTS to enable efficient and effective service delivery.

**Achievements**

- Initiated review of UBTS 2005 Policy and development of UBTS Strategic Plan 2020/21-2024/25.
- 900,000 potential blood donors were mobilized.
- Collected 288,663 units of blood which were tested and issued 250,044 units of safe blood to 419 Health Transfusing Facilities.
- All the 20 health facilities planned for assessment were accredited.
- Conducted support supervision and quality control in 7 Regional Blood Banks of Arua, Gulu, Mbale, Mbarara, Fort Portal, Kitovu and Nakasero and 8 Blood Collection Centers of Hoima, Jinja, Lira, Soroti, Angal, Kabale, Rukungiri, and Masaka.
- Trained 115 staff on quality Management, 34 staff supported and Oriented on SOPs, blood utilization data captured for blood accountability and data captured for blood quality monitoring in collection centers.
- UBTS Performance Review Meetings held.
- Finalized the UBTS Unit Cost Study Report for supply of safe blood and blood products.
- Conducted assessment training covering 250 participants on M&E in 3 Regional Blood Banks of Arua, Gulu and Mbale and disseminated UBTS M&E Framework and tools to 480 participants in all the 7 Regional Blood Banks.
- Remodeling and expansion of stores and cold rooms at Nakasero is at 75%, upgrade and maintenance of cold rooms in Mbarara was completed, upgrade and maintenance of cold rooms in Fort Portal and Mbale had started, procured assorted medical equipment for blood collection including 57 blood donor beds, -35 cool boxes, 60 pairs of bed canvas,-25 plastic chairs, 3 screens, 3 trolleys, 5 spring balances, blood donor bed sheets and laboratory trolleys, procured 30 computers for roll out of e-Delphi to Mbarara and Fort Portal Regional Blood Banks.

### Challenges

- Few blood donors caused by COVID 19 pandemic lockdown resulted in to low blood collection.
- Delays in delivery of supplies and reagents by NMS resulting in disruptions in blood collection, testing and processing.
- Aged vehicles for blood collection and supervision-currently 10 vehicles have broken down and are beyond repair-moreover the running ones are very costly to maintain.
- Inadequate staff 304 out of 424 hence continued reliance on volunteers.
- Inadequate laboratory and storage facilities for increased blood stocks.
- Inadequate systems of accountability due to limited data on blood consumption, inappropriate use of blood and blood products by the Health Transfusion Facilities leading to wastages.

### Recommendations

- UBTS to step up clinical interface with Health Transfusion Facilities for appropriate blood use-trainings, support supervision & monitoring, hospitals should set up Blood Transfusion Committees as provided for in the UBTS 2005 Policy.

## 3.1.16 Mulago National Referral Hospital

It is mandated to provide super-specialized healthcare, training and conduct research in line with the requirements of the MoH. This is achieved by increasing the range and quality of super-specialized health care services, providing super-specialized training to health workers and conducting operational research in order to promote evidence based practice; thereby reducing referrals abroad.

### Achievements

- A total 380,739 outpatients including 21,870 emergencies were handled higher than the targeted 380,000 outpatients and 21,394 emergencies.
- Out of the targeted 125,000 inpatients, only 96,983 inpatients were treated and average length of stay was 6 instead of the target 5 days.
- There were 0 dialysis sessions done out of the 9,000 dialysis sessions plan.
- A total of 1,007,541 lab tests and 32,450 images were done out of the targeted 1,000,000 lab tests and 32,500 images.
- The hospital conducted 2,583 immunizations out of the targeted 2,500 immunizations.
- Procurement was done for a service provider (firm) for detailed design and architectural works for the additional (Phase 2) 100 staff units to be constructed.
- The following rehabilitation was done as planned; laundry and kitchen, renovation of ISSD, extension of water network to staff houses, works on autoclaves in various wards and theatres.

### Challenges

- Inadequate staff – current staffing level is only 56%
- Limited space of operation due to ongoing works in Lower Mulago.
- Underperformance in Private Patients' Services due to limited space of operation at Upper Mulago.

### 3.1.17 Mulago Specialized Women and Neonatal Hospital

Mulago Specialized Women and Neonatal Hospital attained Vote status on 1st July 2019. The hospital is a 450-bed hospital offering Specialized reproductive and neonatal health care services on a referral basis at a subsidized fee. Services are offered at three levels ie; Silver (standard), Gold (VIP) and Platinum (VVIP). The Standard of care across these classifications is the same, with the difference being in ambiance.

#### Achievements

- There was a significant increase in the number of patients/ clients attended to in FY 2019/20 when compared with FY 2018/19, with the most increase being in; referrals-in to 467.2%, deliveries to 305.1%, immunization 305.8%, in-patient admissions 255.3% and diagnostics to 236.8%.
- A total of 400 clients were attended to during the two-day camp for the International Women's day celebration.
- The out-patient clinics were fully operationalized at the different levels of care, operating at 184.3 %.
- A significant increment in consumption of Diagnostic services was realized where FY 2019/20 registered 11,646 patients while 2018/19 had registered 4,918 patients representing a 236.8% increment in consumption of Diagnostics services.
- The hospital's laboratory performance greatly improved through acquisition of equipment on placement method in quarter three. Chemistries and hormone tests can now be tested. 197.3% against target utilization was achieved.
- The number of deliveries increased from 545 in FY 2018/2019 to 1,663 in FY 2019/2020 indicative of 305.1% increment.
- A Training committee was established and guidelines developed. A number of specialized training students are hosted at the hospital and these include;
    - SHOs: Obs/gyn, Anesthesia, Radiology, Pediatrics were taught
    - Gyn oncology Fellowship: ongoing
    - Neonatal Fellowship: started in academic year 2019/20 for both doctors and nurses
    - MFM Fellowship: to start in academic year 2020/21
    - Ph.D: 3 specialists pursuing Obs/Gyn
- Modification works in the IVF unit were completed, all the equipment installed and calibrated, awaiting user training.
- A virtual hospital was set up in the hospital for sensitization and training of Staff on the IHMS and Covid-19 pandemic.
- Hosted the World Midwives day in Uganda 5th May 2020.
- Developed a 5-year Strategic plan for FY 2020/21 to 2024/25.

#### Challenges

- The MNRH Staff working in the ICU are expected to relocate back soon. The hospital, however, does not yet have a doctor with specialization in Obstetric anesthesia and analgesia who will enable operationalization and smooth running of services when MNRH recalls its Staff.
- Lack of Capital Development funds which has hindered acquisition of key capital assets for the hospital like transport equipment
- The theatres are not all operationalized (4 out of 11) due to limited Staff.
- There have been delays in operationalization of the IVF unit due to modification works that had to be undertaken.

- The number of staff deployed in comparison to the approved staff structure is still low 372/880 (42.3%). The most affected cadre are the critical care areas- NICU, ICU, operating theatres, radiology and engineering. Other critical requirements are an Embryologist for the IVF unit and an Obstetric Anesthesiologist for the ICU.

**Recommendations**

- Provision of more wage in FY 2020/21 in order to bridge the deficit in staff of 57.7%.
- Provision of more operation funds in FY 2020/21 in order to enable; smooth hospital operations and staff motivation, among others.

### 3.1.18 Butabika National Mental Referral Hospital

Butabika National Mental Referral hospital offers super specialized and general mental health services, conduct mental health training, carry out mental health related research and provide support to mental health care services in the country for economic development. The strategic objectives include; providing super specialized, curative and rehabilitative mental health services in the country, undertaking and supporting mental health related research, carryout support training in mental health, provide outreach services and general health Outpatient services to the neighboring population, advise Government on mental health related policies and advocacy for mental health in the country.

**Achievements**

- Three out of the four Hospital Management board meetings planned three were held, 10 out of 12 planned Senior Management meetings were held.
- 32,664 out of 29,392 patients were attended to in the Mental Health clinic, 5,993 out of 4,929 patients were attended to in the Child Mental Health Clinic, 628 out of 881 patients attended to in the Alcohol and Drug Clinic, 36,367 out of 44,000 Medical (general, Dental, Orthopedic, Family planning, HIV/AIDS, TB,STD, Eye clinic, Trauma unit Theatre/minor) outpatients attended to, 54 out of 60 outreach clinics conducted in the areas of Nkokonjeru, Nansana, Kitetika, Kawempe Katalemwa and Kitebi. A total of 5,917 out of 3,519 patients seen in the clinics, 264 out of 420 clients participated in transitional programmes, 17 out of the 24 visits to regional referral hospitals mental health units, 855out of 900 patients resettled within Kampala/Wakiso up country, 1,832 out of 2,000 children were immunized.
- 7,126 out of 9,350 patients were admitted, 28,669 out of 30,800 investigations were conducted in the lab, 443 out of 2,750 investigations conducted in x-ray, 1,256 out of 2,200 patients ultrasounds were conducted, 142 out of 149% bed occupancy rate, 3,878 out of 1,560 patients were rehabilitated, 7,126 out of 8,500 newly admitted patients were provided with uniforms and beddings.
- Mental Health Research was conducted as planned in areas of; Pattern of work place violence experienced by health workers and intervention used at mental health units in Uganda.
- Also assessed the knowledge, attitude, practices and coping strategies of medical staff of Butabika Hospital towards Covid-19 is ongoing.
- Expansion of the Female Admission ward, boundary wall and Radiology department ongoing. Procurement of medical furniture, Assorted office furniture and Assorted medical equipment was done.

**Challenges**

- The MRI Machine was not procured.
- Excessive number of patients up to 142% bed occupancy leading to overcrowding, high rate of destruction due to the nature of the patients.

### 3.1.19 Uganda Cancer Institute (UCI)

The institute is mandated to undertake and coordinate the management of cancer and cancer-related diseases in Uganda. The UCI is critical to the evolution of a National Centre of Excellence, providing specialized treatment and care for all types of cancer using all the available subspecialty expertise possible, as well as engineering oncology-centered research and training.

**Achievements**

- 39,666 treatment sessions were conducted on the Cobalt-60 machine.
- 2,088 patients were planned for radiation therapy using CT-Simulator, Conventional simulator and computer planning.
- 987,145 assorted clinical lab investigations, 1,345 cytology examinations and 1,731 histo-pathology examinations were carried out.
- 83 intervention fluoroscopy procedures and 6,070 Ultra sound scans were performed
- Provided 6,360 inpatient days and 10,845 outpatient days of comprehensive oncology care at the satellite clinics.
- 560 new patient cases were received and attended to at satellite clinics.
- 54,750 in-patient days 59,570 outpatient days of comprehensive oncology clinical care provided at UCI.
- 1,148 minor surgical procedures were carried out. 279 major surgical procedures were carried out.
- Performed 103 gynae operations.
- Provided 2,475 patient days of psycho-social assessment and support.
- Provided 3,359 patient days of physiotherapy services.
- Performed 910 mammography screening investigations and 1,274 brachytherapy insertions.
- Conducted 61 outreaches during which 117,854 people were educated in nationwide and 33,367 people screened for cancer
- 188 Static cancer awareness and screening clinics conducted at UCI during which 21,684 people were educated and 6,488 people were screened.
- Developed and disseminated 31,721 copies of IEC materials, conducted 10 TV and 19 radio talk-shows and published 9 newspaper supplements to raise cancer awareness.
- Produced. 2,500 copies of Guidelines for Cancer survivor-ship.
- Developed and disseminated 990 copies cancer early detection & referral guidelines for suspected cancer to 20 districts &3 RRHs in Eastern Uganda.
- Conducted 82 support visits on cancer awareness, screening and referral of patients at lower level health facilities.
- Seven (7) support visit to Mayuge satellite centre were conducted.
- Developed and disseminated 547 copies of cancer health education & risk reduction guideline for district health facilities.
- Radiation leakage monitoring was conducted four times in the year. Radiotherapy equipment maintenance and service was done twice
- 12 REC meetings were held and 2 monitoring reviews were carried out.
- 6 review meetings were held and 3 CAB meetings were held.
- Three (3) Cancer registry related training workshops were held.

- 65 research proposals were reviewed by UCI REC.
- Fourteen (14) UCI initiated research projects supported including 10 by ADB.

**Challenges**

- Limited radiation oncology – there is an urgent need for a linear accelerator (LINAC) machine to address the radiation therapy needs of the many patients that need such a service.
- Delay in the construction of the multipurpose building for the center of excellence, attributed to the directives from NEMA to only transport excavated mass during the night.
- Inadequate human resource, frequent equipment breakdown in the radiology unit which hampered service delivery, notably the CT scan and the X-ray machine, failure of the portable ultra sound equipment and lack of an automatic injector in the unit.
- Lack of a surgical ward for post-operative patients. This in effect limits the number of surgical operations whilst administering post-operative care.
- Inadequate supply of medicines, sundries and other consumables. The UCI took on her mandate of procuring medical supplies in FY 2018/19, availability of medical supplies improved from 35% to 72.8%. The Institute requires an additional UGX 8Bn to improve availability of medical supplies to 85%.
- Inadequate specialized diagnostic capacity, for instance, lack of MRI, PET Scan etc.

### 3.1.20 Uganda Heart Institute (UHI)

The Uganda Heart Institute (UHI) was established under the Uganda Heart Institute Act 2016 and charged with coordinating the prevention and treatment of cardiovascular disease in Uganda. The UHI Mission is “to provide preventive, promotive and clinical cardiovascular services and conduct research and training in cardiovascular science”

**Achievements**

- Conducted 68 out of 150 planned open-heart surgeries, 47 out of 100 closed heart surgeries and 316 out of 550 catheterization procedures.
- Attended to 17,583 outpatients
- Conducted 9,937 ECHOs, 7,588 ECGs, 814 xrays, and performed 91,980 lab tests
- Attended to 186 ICU, 381 CCU admissions and 1,373 general ward admissions.
- Conducted 8 support supervision visits to Moroto, Kiwoko, Hoima, Fort Portal, Lira, Mbale, Soroti and Arua RRHs.
- Conducted 4 health camps conducted (2 Judiciary health camps, National Physical Activity Day and World Hearts Day).
- Conducted TV and radio talk shows on heart disease and raised awareness.
- Facilitated UHI staff to attend capacity building workshops and seminars.
- Commenced renovation works of ICU at Block 1C, Mulago Complex
- Procured 2 anaesthesia machines and 12 computers.
- Completed Environmental Impact Assessment for the UHI home project. Now awaiting certificate.
- Published 8 research papers on RHD, heart failure, cardiac surgery and cardiac intensive care in peer reviewed journals.
- Constituted the UHI Research Ethics Committee, awaiting approval.

### Challenges

- Inadequate space for UHI services
- Inadequate funding to procure certain super specialized sundries/supplies.

### Recommendations

- ROKO to expedite the process of renovating the 12-bed ICU.
- UHI, MoFPED and MoH to expedite the process of identifying a potential funder for constructing and equipping the UHI Home.

## 3.1.21 Uganda National Health Research Organization

UNHRO is mandated to coordinate, regulate and steward health research in Uganda by setting research agenda priority, ensuring ethics and good practice enhancement, Information sharing and management, Knowledge translation and evaluation, organizing and capacity building for research and harness innovations.

### Achievements

- Developed and disseminated guidelines on conduct of research during the pandemic Uploaded the guidelines on UNHRO and UNCST Websites.
- Developed and distributed an HIV Research strategy to support HIV prevention during COVID pandemic.
- Reviewed the HIV Open – Label Prevention Extension (HOPE) Trial to assess the safety and adherence to Vaginal Ring of DAPIVIRINE
- Developed a harmonized framework for EAC research priorities

## 3.1.22 Uganda Virus Research Institute (UVRI)

UVRI is mandated to conduct health research pertaining to human infections and disease processes associated with or linked to viral aetiology and provides capacity building to target beneficiaries.

### Achievements

- Reagents were procured to facilitate Surveillance and health research plus research on COVID-19
- 5 Institute vehicles, the incinerator plus 4 generators were serviced and maintained.
- UVRI office premises maintained and cleaned plus Roads and hedges in the UVRI residential Quarters have been regularly maintained.
- 30 staff from UVRI were trained in preparing for retirement and exit Management with support from the Ministry of Public Service.
- 50 staff trained in Biosecurity and Biosafety.
- A power substation constructed at UVRI.
- Renovated and up graded 3 Laboratories, the board room, administration block and houses.
- Conducted 2 site meetings and Quarterly monitoring report produced and discussed in senior management meetings.
- The UVRI together with partners have been at the forefront of supporting the COVID-19 national response plan. From testing and confirming the first SARS-CoV-2 case in Uganda, the institute has continued to provide diagnostic testing, community surveillance and is in preparations to conduct the first SARS-CoV-2 vaccine trial in Uganda.
- Uganda Virus Research Institute has been nominated by Africa CDC as a Centre of Excellence to evaluate the COVID19 testing kits. The Institute has so far tested 178,225 samples.

- Provided professional training to upcountry laboratories on COVID19 testing; so far 8 laboratories have been trained giving a total of 16 laboratory technicians.
- Established in country procedures for COVID19 testing and UVRI remains the primary source of information for both community and national engagements.
- Upgraded the UVRI Laboratory Information Management System (LIMS) into the National LIMS database.

**Challenges**

- Inadequate office and laboratory space
- There is inadequate funding for UVRI especially for research reagents which constrains the delivery of its mandate and mission and to pay off squatters from the institute land.
- There is currently no centralized and accessible sample repository system, which has constrained proper sample management and utilization;
- There is inadequate dissemination and utilization of its research findings, which constrains its contribution to evidence-based policy formulation and practice;
- There is inadequate transport especially sample collection vehicle.

**Recommendations**

- Develop a centralized, accessible and reliable sample repository system.
- Improve the infrastructural and human resource capacity at UVRI
- Enhance collaborative partnerships between UVRI and other training Institutions
- Increase awareness of science among the students
- Establish a national sample repository for biotechnology innovation
- Construct a science block to house laboratories, offices, stores and a conference facility.
- Develop and implement a Business model strategy for financial sustainability.

## 3.2 Annex 2: Integrated Health Sector Support Systems

### 3.2.1 Finance and Administration

The department provides political direction, gives policy guidance and renders support services to enable the Ministry fulfil its mandate through;

Support and coordination of activities/meetings and events of the Ministry, provision of logistics and utilities, timely release of funds to departments, procurement of supplies and works, ensuring compliance with Government regulations/procedures and policies, security and maintenance of Ministry assets and through maintenance of effective linkages between the Ministry, Executive, Parliament and other Government agencies.

**Achievements**

- All entitlements of top managers processed and paid as planned.
- Staff welfare including transport and lunch allowance for staff at U4 and below salary scale were processed and paid.
- All MoH installations were secured and allowances for the security personnel paid as planned.
- MoH premises were provided with cleaning and gardening services as planned and the service providers duly paid.
- All payments for MoH utilities were timely made.
- Equipment serviced as planned and they included elevators which were fully serviced, the generator was

serviced and most ministry vehicles were well maintained and fueled for effective running of activities.

- All programs had adequate supply of stationery items throughout the F/Y.
- Provided ICT services as planned for the year, including Installation, repair and maintenance of all ICT equipment, and provision of air time on all MoH telephone lines.
- Retooling the LAN for the pentagon and establishment of telephone services.
- Merging HRIS and integration with the biometric system.
- Expansion of CCTV to the stores and boardroom.
- Introduction of the Stores Management System.

### 3.2.2 Human Resources for Health

**Mandate**

The mandate of the department is to provide strategic Human Resource Function to the Ministry and the Health Sector generally.

- The recruitment plans for the health sector were compiled and submitted to Ministry of Public.
- Disseminated guidelines and trained on performance management. All Directors of RRHs were guided on signing Performance Management with PS/MOH.
- Paid general Staff salaries including salary arrears, salaries for contract staff, and bonded health workers.
- Made payment schedules for 39 Training Centers thus making payment for 1,145 Medical Interns.
- Conducted verification of Pensioners. 659 Pensioners were verified by 30th June 2020 and 7 pensioners accessed the payroll.
- Printed 238 staff identity cards for staff.
- Prepared and issued appointments letters; 56 probations, 26 promotion, 24 transfer of service and 114 re-designations.
- MoH deployed 42 officers to Headquarters, 37 Medical Officer to PNFPs, handled 11 transfers and responded to 23 appeals.
- 386 health workers recruited on six-month contract & deployed to National and RRHs in response to COVID-19. These included 23 MOSG, 73 MOs, 39 Epidemiologist, 57 Nursing Officers, 80 Asst. Nursing Officers 80, 12 Enrolled Nurse, 20 Ambulance Assistants, 5 Psychiatric Clinical Officers, 16 Lab Technicians, 14 Drivers and 47 Call Centre Agents.
- Developed a probationary Register for newly appointed Officers.
- Support supervision to Mbarara RRH, Kabale RRH, Kisoro DLG, Rubanda DLG, Kabale DLG, Rukiga DLG, Isingiro DLG and Mbarara DLG. Most votes supervised highlighted challenges of budget shortfalls to facilitate recruitment of health workers, staffing gaps observed and there is need for continuous technical support, Delayed pension processing, Lack of functioning Rewards & Sanctions committee, Inadequate medical equipment as one of the reasons for absenteeism.
- Reviewed the implementation of the HRH strategic plan 2015/16-2019/20. A Meeting to discuss Human Resource for Health 10-year Strategic plan held in Jinja. HRH Strategic Plan 2020-2030 and the 5-year Operational Plan.
- 30 National TOTs were trained to train health works on reducing Missed Opportunities for Vaccination, and trained health workers in (34) districts: on reducing missed opportunities for vaccination (MOV) including 136 District Health Teams and 928 health workers.
- Five CPD centres based at RRHs: Fort Portal, Mbarara, Jinja, Arua and Mbale were assessed for revitalizations.

### Challenges

- Delays to secure clearance and to conduct recruitment/release of minutes
- Reluctance to fill forms and delays to conduct appraisal interviews by supervisors
- Restructuring and review of staffing norms has taken long and has adversely affected recruitment in the Health Sector.
- Absorption of PEPFAR-seconded staff by LGs is still low.
- The Consultant has not submitted the final.

### Recommendations

- Engage stakeholders to ensure timely clearance and filling of vacant positions.
- Conduct training and hands on support to Departments and staff on performance management.
- Ministry of Public service should be engaged to expedite to conclude the restructuring and review of staffing norms.
- Re-engage LGs to absorb PEPFAR-seconded staff.

## 3.2.3 Planning, Financing and Policy

The Planning Financing and Policy department is charged with general strategic planning and Policy framework, resource mobilization, coordination of projects and development assistance, information management, human resource management and development.

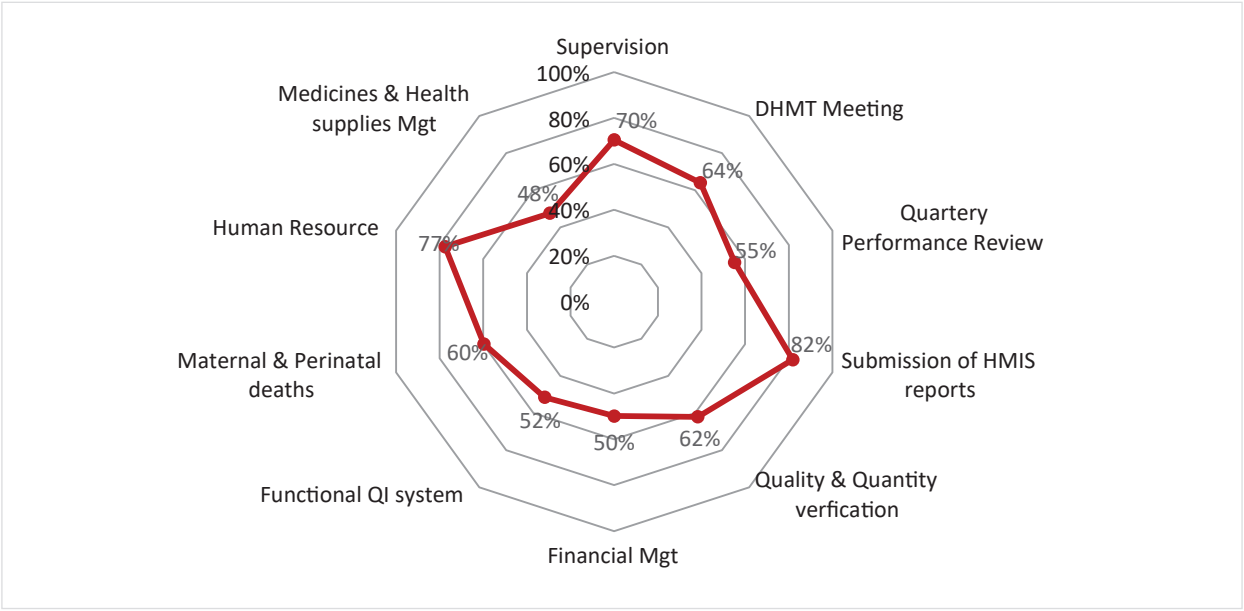
### Achievements

- A number of policy and strategic planning documents were developed. These include; Health Sector priorities paper on Development of Health issues paper for NDP III, Final draft of HSDP II, concept note for the National Health Policy 2020/21 – 2029/30 (NHP III), COVID-19 Preparedness and Response Plan and budget, Draft NRM Manifesto 2021 – 2026, UHC Roadmap 2020/21 – 2029/30 finalized.
- Annual health sector report for the AHSPR Report FY 2018/19 compiled and disseminated.
- 25th Annual Joint Review Meeting and Aide Memoire disseminated.
- Prepared and disseminated the sector BFP 2020/21 and Ministerial Policy Statement 2020/21.
- Participated in the LG budget consultative workshops.
- Health sector budget conference/workshop was held between 2nd and 5th March 2019, prepared the Indicative Planning Figures (IPFs) for LGs. F
- our quarterly budget performance reports for Vote 14 compiled and submitted to MoFPED.
- Revised the PHC Non-Wage Recurrent Grant allocation Formulae for FY 2020/21,
- Prepared and disseminated 525 copies of the Sector Grant and Budget Guidelines for LGs for FY 2020/21 to all LGs and 2,500 copies of Health Facility Budget guidelines to all Health Facility In-charges
- Budget monitoring visits to all RRH to review the FY 2019/20 Q3 performance reports was undertaken and the capacity of the RRHs was enhanced in population of the quarterly performance reports,
- 3 Budget Working Groups held.
- National supervisors trained on National Health Accounts and data collection for FYs 2016/17 and 2017/18 undertaken.
- Awareness creation and capacity building among the service providers and beneficiaries on Gender and Equity responsiveness done in Adjumani.
- Public awareness of National Health Insurance Scheme created through 3 radio talk shows, 3 newspaper articles

and 1 press release, 1 press breakfast meeting, 30,000 NHIS information booklets printed and disseminated, 6 Stakeholder engagement meetings, workshops and 2 conferences. Developed Actuarial framework and TORs for NHIS Draft Bill and scenarios Actuarial analysis done to provide basis for contributions of premiums and the benefits package of NHIS.

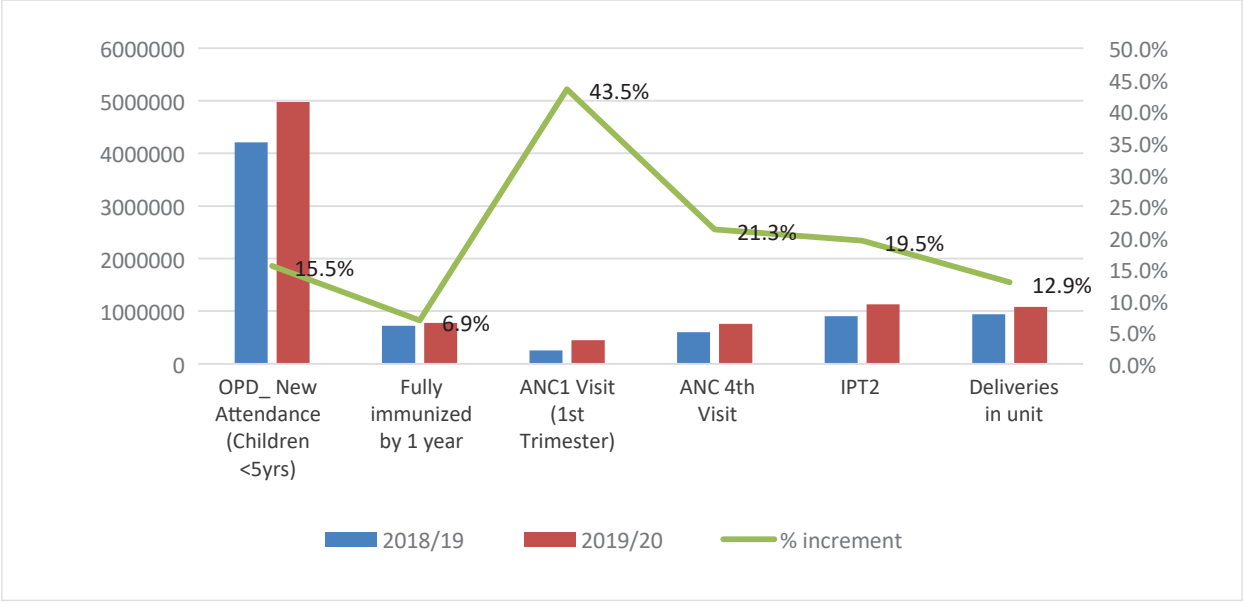
- 16 LGs were supported in the compilation of their annual performance reports of and preparation of District Health Annual Work plans & Budgets.
- Technical back-up support in planning to 15 LGs that performed poorly in the Annual LG Performance Assessment done in Kagadi, Butambala, Jinja, Kibuku, Buliisa, Lamwo, Gulu, Apac, Kakumiro, Adjumani, Kirandongo, Kibaale, & Hoima Districts; and Njeru, and Kira Municipal Councils.
- 90 Publications were uploaded on the Knowledge Management Portal.
- 32 Districts supervised in availability and use of HMIS Tools.
- Revised HMIS tools rolled out across the country.
- MTRAC to MTRAC PRO for weekly surveillance reporting rolled out.
- Regional planning meeting for Isingiro, Bugweri, Kyenjojo, and Ntungamo districts conducted GEO mapping of health facilities & Pharmacies done.
- Readiness Assessment of 16 RRHs in terms of human resources, internet connectivity, hardware, software and use of ICT for implementation of EMRs was carried out. The first batch of equipment includes 480 laptops, 240 desktops, 240 desktop monitors, Wireless Access points, WLAN installation equipment, etc was delivered by July and second batch to be delivered by October 2020. WLAN installation has been done in a total of 10 RRHs. The National Backbone hasn't been extended to 6 RRHs (Arua, Gulu, Jinja, Mubende, Moroto and Mityana) and this hindered the installation of the WLAN.
- The draft health data inter-operability framework and draft community health information system guidelines developed.
- Regulatory impact Assessment reports were compiled for the following policies and bills;
- Amendment of the Public Health Act, Community Health Policy, Migration of health worker's Policy, Nursing and Midwifery Policy, National Adolescent health policy, Palliative care services in Uganda, Reproductive Health Policy RIA, Assistant Reproductive Health Technology, the Uganda Medical Internship Policy and Human Organ donation and tissue transplant bill.
- MoUs were signed between MoH and partners and these include; Health partners Uganda (HPU) and MoH to increase access to quality and affordable health care in Uganda through health cooperatives, MoH and Food for the Hungry (FH) to support the provision of goods (Vitamin A and Albendazole) as a complementary intervention intended to strengthen routine immunization and implementation of Integrated Child Health Days initiative, MoH and Infectious Diseases Institute for conducting training of health workers on use of rapid diagnostic tests for malaria, MoU between MoH and NMS to support supply and distribution of Covid-19 response commodities to Referral hospital, MoH and boarder points of entry, among others.
- The MoH under the URMCHIP rolled out RBF to an additional 50 districts bringing to a total of 131 districts including KCCA. A total of 1,249 health facilities were enrolled by June 2020 and of these 1,067 (85%) ae HC IIIs and 182 (15%) are HC IVs. 83% of the facilities are public and 17% PNFP.
- During the FY 2019/20, adjusted invoices for: Q4 FY 2018/19, Q1, Q2 and Q3 of FY 2019/20 were validated. The payments processed were to the tune of UGX 28,707,652,500/-
- As part of the design of the RBF model, Extended District Health Management Teams (EDHMT's) districts are incentivized for 10 indicators. The indicators on financial management, functional quality management system, and medicines management have generally been the worst performing indicators.

## FIGURE 70: SUMMARY OF DHMT PERFORMANCE FOR Q3 FY 2019/20




- There was a significant increase in the utilization of the incentivized services between 2018/19 and 2019/20. Notably, early ANC attendance registered the largest increment (43.5%) across the 2 FY'.

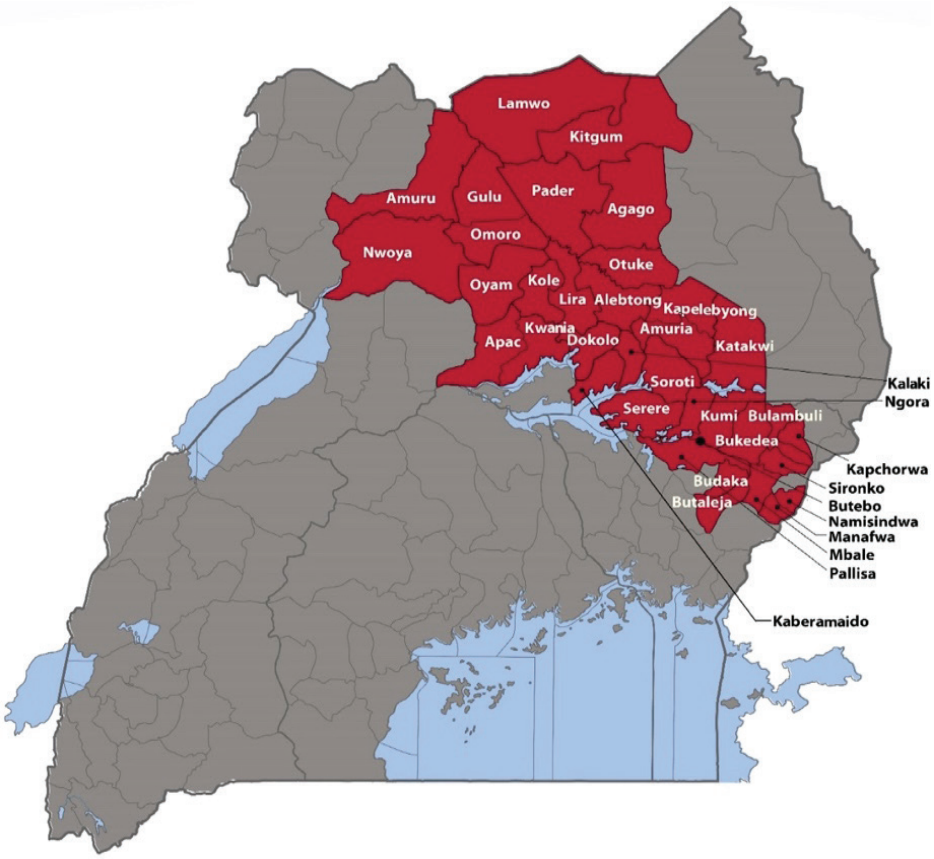
## FIGURE 71: A COMPARISON OF OUTPUTS OF SELECTED INDICATORS IN THE 131 RBF DISTRICTS FOR HF AT LEVEL OF HC III, HC IV AND HOSPITALS BETWEEN 2018/19 AND 2019/20




### USAID/Uganda Voucher Plus Activity

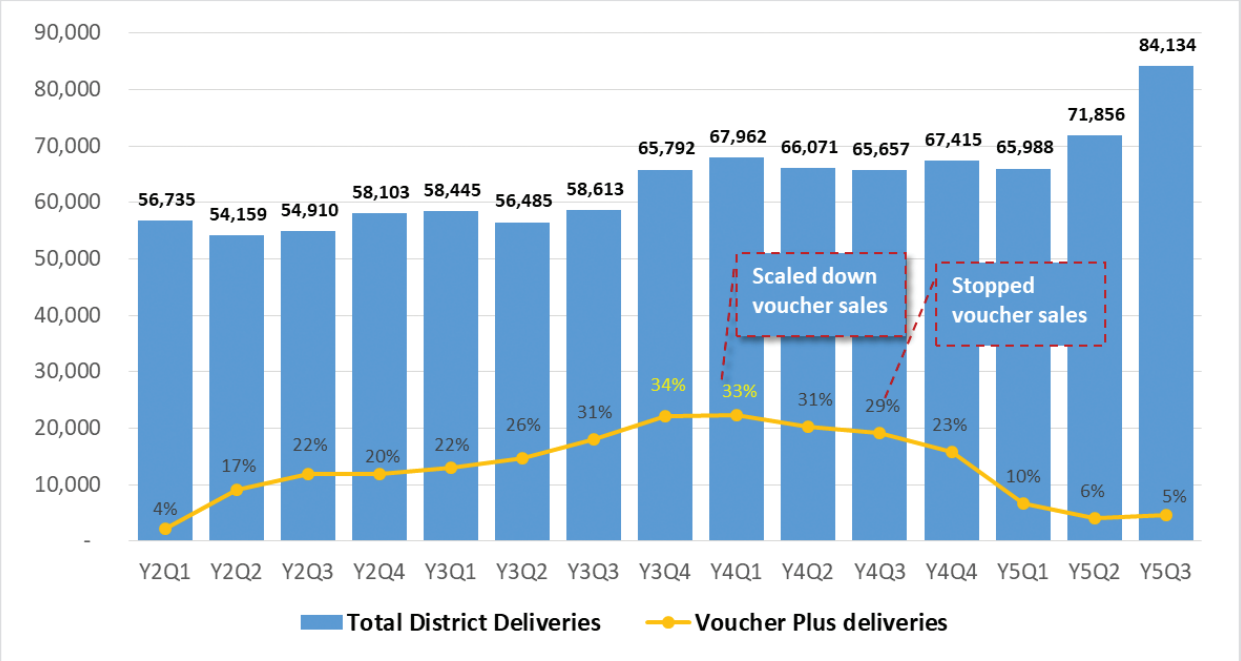
- The USAID/Uganda Voucher Plus Activity is a five-year (2016 - 2021) USAID-funded RBF mechanism implemented by Abt Associates. The project is designed to increase access to quality obstetric, newborn, and postpartum family planning services to poor women through the private sector in 36 districts in Northern and Eastern Uganda so as to contribute to the reduction of maternal and newborn mortality and morbidity. The FY 2019/20 marked the end of the Voucher services, with the project slated for closure on September 30th 2020.

## FIGURE 72: DISTRICTS SUPPORTED BY THE UGANDA VOUCHER PLUS ACTIVITY



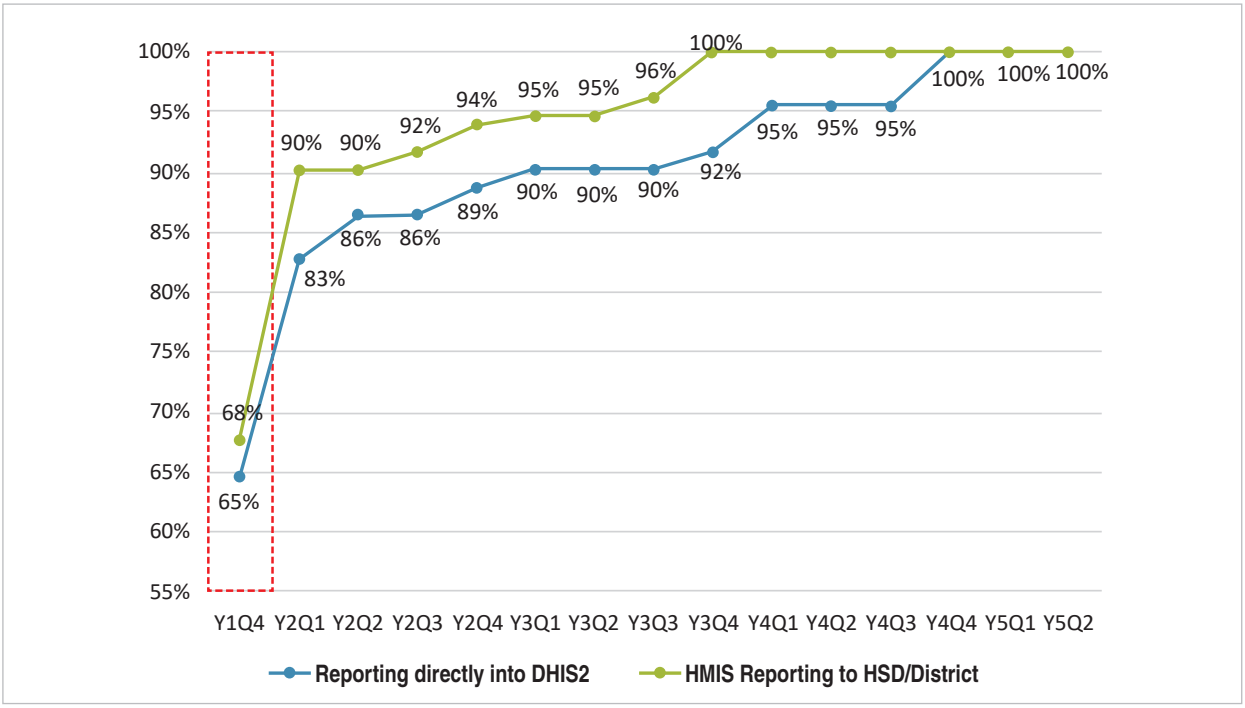

- The project continued to support a total of 146 private health facilities in 36 districts. We supported over 196,000 facility based skilled births and over 200,000 first ANC visits among others. At the peak of project, over one-third of all deliveries reported in DHIS2 in the 36 districts was paid for directly by the Voucher project.

## FIGURE 73: VOUCHER PLUS CONTRIBUTION TO DISTRICT INSTITUTIONAL DELIVERIES



- The Voucher project strengthened the clinical capacity of private providers in the target districts, creating lasting QI. By FY 2019/20, 100% of the supported private facilities were reporting directly into DHIS2.

**FIGURE 74: PRIVATE HEALTH PROVIDER REPORTING INTO DHIS-2 2016 – 2019**




- To promote a successful transition of voucher service providers (VSPs) to other health financing options, the project built their capacity in financial management and contracting, and linked them to other programs. Because of the project efforts, over 48 providers had enrolled in the national RBF programs, and while 18 providers had set up community-based health insurance schemes.

Strategic Purchasing of Health Services in Uganda (SPHU) Project

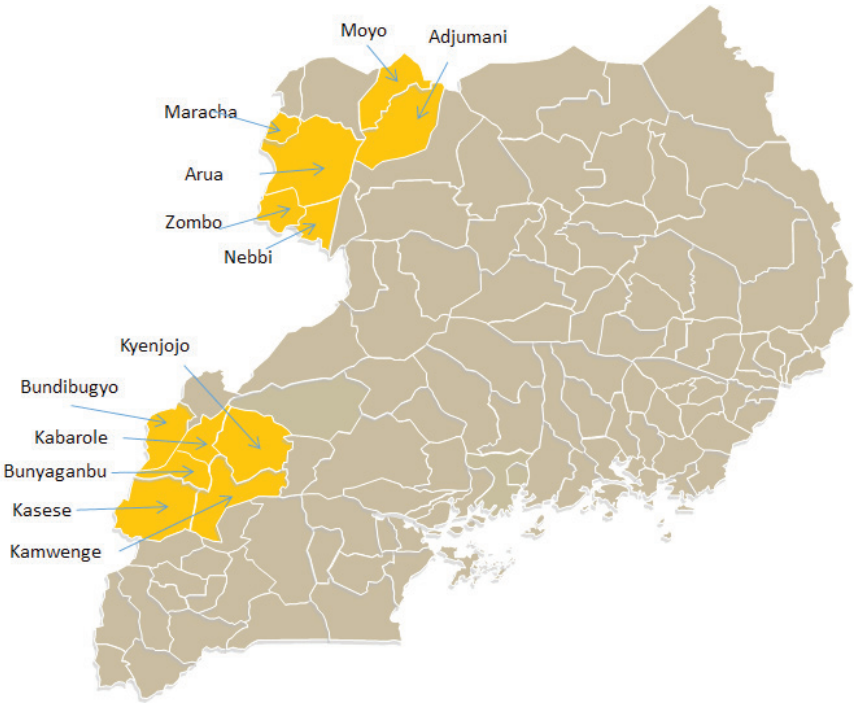
- Effective FY 2018/19 (July 1, 2018) to December 2019, the Enabel Health program executed one flagship project - Strategic Purchasing for Health Care in Uganda (SPHU), as an extension of the two ended projects - ICB II and PNFP interventions, to promote universal health coverage in Uganda through a rights-based approach. The specific objective was to strengthen the Ugandan health system in order to roll out a strategic purchasing mechanism for public and PNFP health facilities, with a particular focus on women, children, and vulnerable groups. This implementation period was extended till end of September 2020 due to the impact of the COVID-19 pandemic on SPHU activities and redirection of some budget for supporting the COVID response.

- The SPHU Project covered a total of 83 health facilities which included HC IIIs and IVs and General Hospitals in the Rwenzori and West Nile regions.

- The project covered 32%, 40% and 81% of HC III, HC IVs and General hospitals respectively in the 2 regions of WN and RW. Although geographic coverage was low at 36% of the RBF HF to the total HFs at level III to GH. The facilities represented considerable proportions of the populations utilising services across the subsidised indicators.

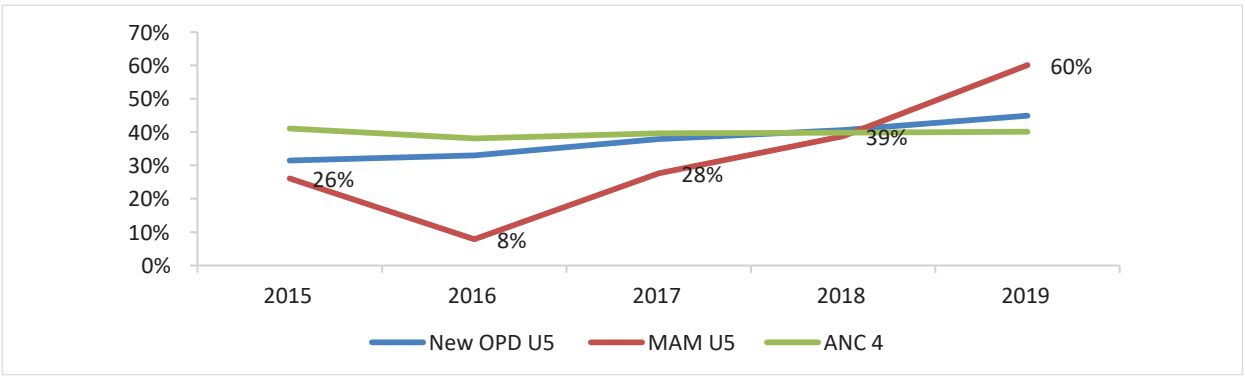
- Enabel has paid out over 16.1 billion Ugx. in the 1.5 years of SPHU implementation on RBF mechanism in Rwenzori and West Nile. This is an average of 2.7 billion Ugx. per quarter. These monies were paid direct to the beneficiaries (health facilities and DLGs). With a core purpose of reinvestment into service delivery through funding of the business plans and staff incentives aimed at health service delivery improvement in the two sub-regions.

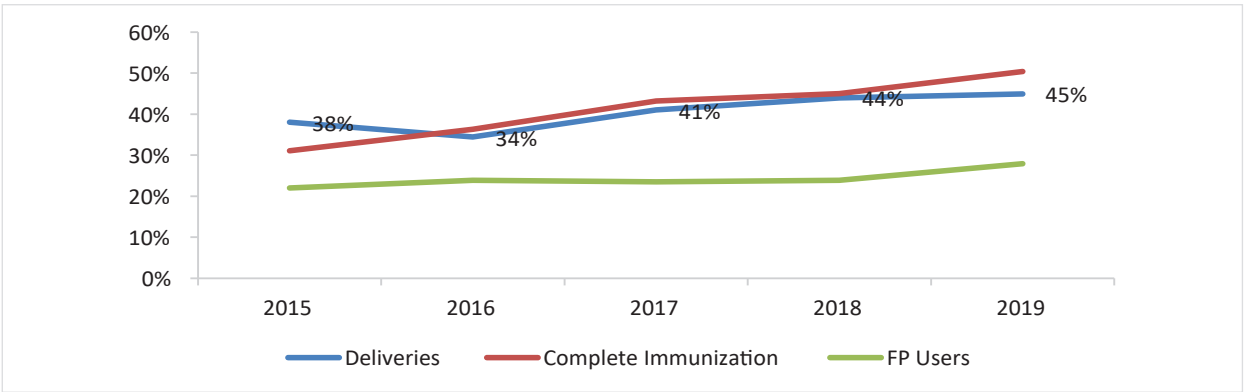
## FIGURE 75: DISTRICTS WHERE THE SPHU PROJECT WAS IMPLEMENTED




- There is a clear growth in service utilisation over the years for the RBF implementing facilities as seen across the indicators. This can be partially attributed to the improved quality of health care services in the facilities.
- In HC IIIs and IVs there was a marked growth with a steady increase across key indicators. The project contributed to a major bounce on Moderate Acute Malnutrition from 8% in 2016 to averaging 60% of the total number of children under 5, this is attributed to emphasis on screening of all U5s at OPD as was required by the indicator on management of U5 patients. In the same way deliveries increased from 34% in the base year (2016) to 45% in 2019 across the project supported HFs.

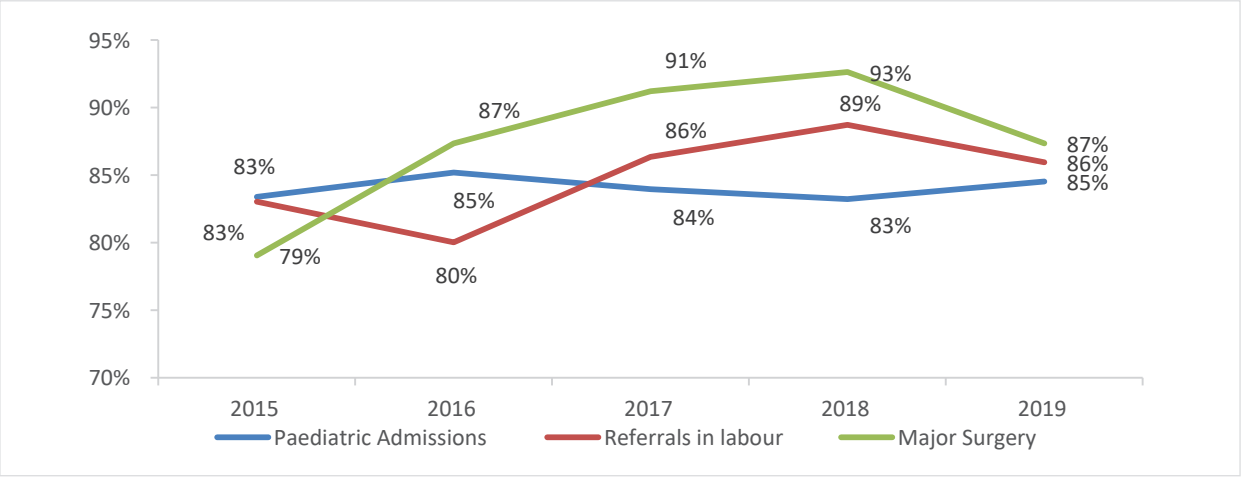
## FIGURE 76: TRENDS IN COVERAGE OF THE RBF INDICATORS OVERALL HMIS DATA/ SERVICE COVERAGE



- For second level indicators in both GH and HC IVs the indicators of major surgeries including Caesarean sections, referrals in labour and paediatric admissions initially increased as the capacity in lower level health facilities were built to offer quality service. In 2019 these began to averaging 85% for all indicators.

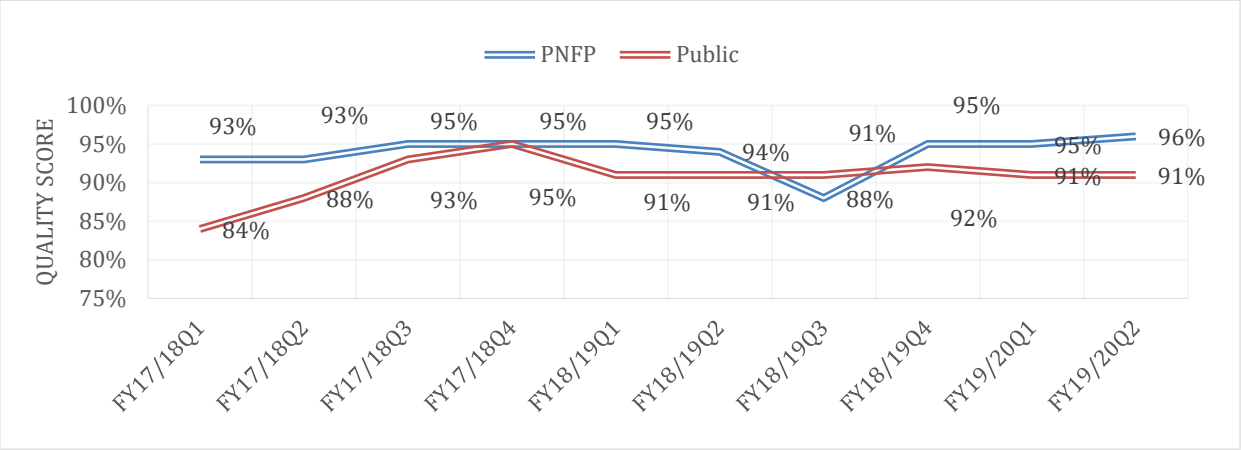
### FIGURE 77: PERFORMANCE OF SELECTED SECOND LEVEL INDICATORS




*Source: DHIS2 RBF implementing HFs*

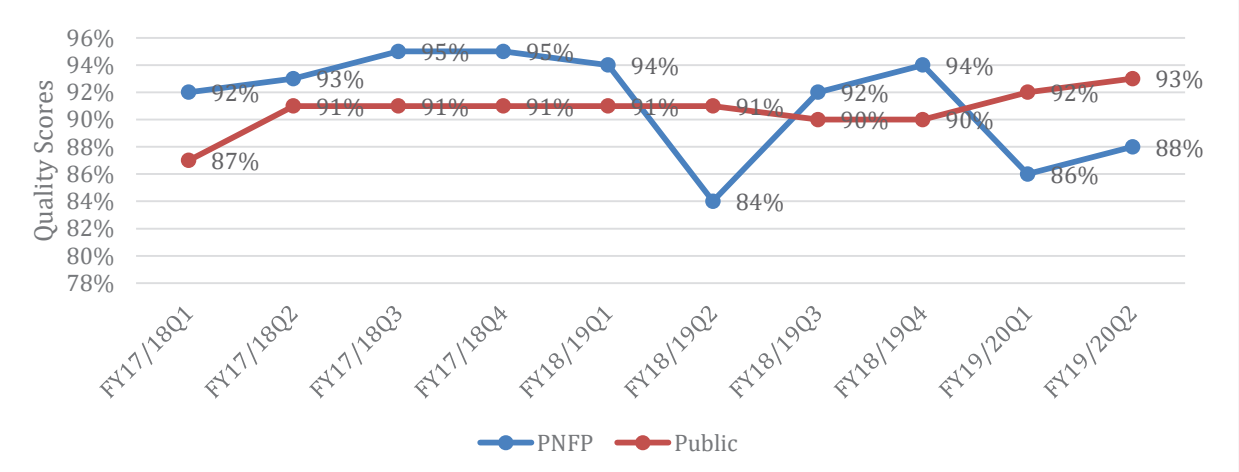
- The Overall quality score for the facilities under RBF remained steady with a slight increment over the course of the project averaging at 88.5% at project inception for HC III and 93.5% in 2019 across all HC III implementing RBF in both regions.
- For General Hospitals and HC IVs, the average quality scores across the regions was 90% at project inception and maintained at the same average through to 2019.

### FIGURE 78: AVERAGE WEIGHTED PERCENTAGE QUALITY SCORE FOR QUALITY OF CARE ASSESSMENTS FOR HC IVs AND GH




- Overall PNFP Health facilities reported higher quality scores compared to their public counterparts.

**FIGURE 79: AVERAGE WEIGHTED PERCENTAGE QUALITY SCORE FOR QUALITY OF CARE ASSESSMENTS FOR PNFP AND PUBLIC HOSPITALS**




- The MoH in collaboration with Uganda Chartered HealthNet (UCH), with support from Enabel conducted a pilot of an e-patient file system (Nganisha) to manage patients in 9 health facilities (HC IVs and GHs). Patient data storage, access, and retrieval to and from the server at the different points of care has reduced errors in compilation and misplacement of records. Streamlined patient flow following first come first serve approach solving the challenge of patient waiting time and losing patients in between care points. Supports staff performance monitoring and accountability.

### Enabling Health in Acholi Project (EHA)

The Enabling Health in Acholi (EHA) project is a 4 year Health System Strengthening project implemented by Enabel with funds from the United States Agency for International Development (USAID). The EHA is supporting the implementation of RBF in the four districts of Amuru, Gulu, Nwoya and Omoro in the Acholi Sub-region of northern Uganda. The project was officially launched in October 2019.

The objective of this project is ***"To reinforce the health systems in the Acholi sub region in order to provide better health, financial protection and greater equity to the most vulnerable populations".***

- The implementation of RBF by the health facilities began in January 2020, having been preceded by preparatory activities as mandated in the National RBF framework and was and was by March interrupted by the Covid-19 prevention and control measures.
- Districts were unable to respond to call for action proposal in time to allow grant agreement signing by July 1st 2020 – causing a delay in the processes and consequently a quarter of RBF implementation is lost causing an extension at the end.

### Successes of the RBF Schemes

- Reduced maternal/infant death in the districts.
- There is transformative leadership exhibited by the leaders in some of the districts and this has eased the institutionalization of RBF in some of the districts.
- A decline in the rates of absenteeism observed at some health facilities- due in part to the activity of the Performance evaluation committees in regards to the management of the quarterly staff incentives.
- Reduced stock out of essential medicines for MCH & other supplies.
- Capacity built for a pool of national and regional level facilitators who have supported the national scale-up of RBF and quarterly verification.
- There is more ownership of the data generated at facility level with the frontline officers and this has positively impacted data quality.

- Progressively, there is a move to change the mindset of districts and health facilities towards achievement of results.
- The incentivization of supervision of health facilities by the EDHMT's has in itself provided more opportunity for the facilities to be supervised.
- Enhanced performance reviews at district levels
- General cleanliness of health facilities greatly improved.

### Challenges

#### *At facility level*

- Culture of lack of transparency in regards to the utilization of PHC funds by the facility in-charges spilling over into the RBF funds.
- Double dipping of funds between PHC and RBF funds
- Lack of segregation of duties/separation of functions
- Quality of PIP's lacking in as far as the strategic investments required to transform/improve RMNCAH service delivery
- Tendency of facilities to access 60% of the funds through allowances yet they already have the 40% staff incentive
- Not sticking to the utilization of funds based on approved priorities in the PIP
- Accountability of funds/documentation of financial expenditure
- Some of the facility in-charges do not involve the other staff (MCH staff) during the prioritization of the necessary investments required
- HF not complying with guidance on the utilization of RBF funds which is exacerbated by minimal/no support from the supervisors (DHT).

#### *At district level*

- Despite the enhanced opportunity for quarterly performance reviews, in some districts, the agenda is still biased towards the needs of the Implementing Partners and not overall district performance.
- Support supervision is not conducted comprehensively in a number of districts and it affects progressive improvement in the service delivery.
- Lack of clear documentation of SS findings/shallow documentation of SS findings.
- Lack of follow up on actionable points from previous SS visits.
- Lack of objectivity from the districts as verifiers. The thoroughness of the verification varies from one district to another.
- The constitution of the verification teams in some districts is very unbalanced resulting in inadequacies in the capacity to verify hence lack of objectivity.

### Recommendations

- The EDHMT's are in need for focused support supervision from the regional and national teams so that they can in turn provide support supervision, mentorship and continued capacity building to the health facilities. This would in turn enable the enhancement in performance of health facilities as they receive optimal focused supervision from the respective EDHMT's.
- Continued capacity building in fiduciary management so that health facilities adhere to the Local Government Finance and Accounting Regulations (LGFAR).

### 3.2.4 Standards, Compliance, Accreditation and Patient Protection Department (SCAPP)

The department is mandated to ensure that health services are provided within acceptable standards for the entire sector, both public and private health services. The strategic objectives include: coordinate sector performance, monitoring and evaluation, to ensure Standards and Guidelines are developed, disseminated and used effectively, build and strengthen regular supervision system at all levels of care in-order to promote provision of quality health services, facilitate establishment of internal Quality Improvement (QI) capacity building for QI at all levels including operations research on quality health services.

#### Achievements

- Two performance review workshops on implementation of the MoH work-plan for 2019/20 FY took place and report was disseminated to stakeholders.
- Nine (9) out of the expected twelve (12) Senior Management Committee (SMC) meetings took place. Approximately thirty policy related issues were adopted and forwarded to HPAC for review and Top Management for approval.
- The MoH Comprehensive Support Supervision Strategy and guidelines were finalized. Other guidelines developed are the Hospital Board and Heath Unit Management Committee (HUMC) guidelines and the MoH Client Charter were finalized and more than 3,000 copies printed.
- Supervision to RRHs and LGs took place for the 3rd and 4th quarters 2019/29 FY. The support supervision report was shared with SMC and some of the key issues that were noted included: improved staffing at more than 80% for several health facilities; improved staff morale with RBF leading to increased data use, with cleaner working environment and having less posters on walls following reduced placing of posters on walls; increased availability of tracer equipment for RH services Health.
- Facility Quality Assessment Programme (HFQAP) was conducted for Karamoja Region (average at 46%, lowest 37% for Abim and highest at 59% for Moroto district). The HFQAP tool was revised and also digitized to improve robust application in QA assessment.
- Support was also provided in implementation of quality of care (QoC) in Maternal and New-born care in six (6) learning districts (Hoima, Kamuli, Kasese, Kiryandongo, Nwoya, and Sheema). There was corresponding improvement of ANC, PNC and delivery in the HFs. Kitenga HC III Hoima district, registered 60% reduction morbidity among the new-born (new-born successfully resuscitated.)

## 3.2.5 Health Sector Partners and Multisectoral Coordination

This encompasses engagements and coordination between Government and Partners in the health sector including global and regional health partners through harmonisation and alignment of policies, regulations, strategies, health delivery systems, processes and agreed support.

#### Achievements

- The draft Multi sectoral Coordination framework was finalized and disseminated.
- Mobilized funding from partners for COVID response- such as IGAD-EU project for COVID 19 response and from the private sector.
- The IGAD 1.87m USD implementation Project was effected June 2020 and implementation commenced July 2020 and 100,000 USD emergency supplies were received.
- Off budget tracking study was conducted and a report for FY 2018/19 was provided to guide planning.
- 12 PNFP Hospitals and 32 PNFP HFs supervised
- 4 private sector partnership proposals appraised (infrastructure- Improved governance of the health facilities and active HUMCs).

- Six PPPH TWG meetings held and approximately 70% of action points and resolutions followed up for implementation
- Comprehensive Report prepared for Mapping partner support to COVID-19 response.
- Study on socio-economic impact of COVID 19 undertaken.
- Supervision of the refugee health program conducted thus Improved integration of services in refugee host districts.
- Completed review of the PPPH policy and disseminated the policy and guidelines in twenty LGs.
- The EAC Regional COVID-19 Response Plan was approved by the Joint Meeting of EAC Ministers of Health, Transport, EAC Affairs and Trade in May 2020.
- Finalized delivery and commissioning of the EAC National Public Health Reference Laboratory for Communicable Diseases Mobile Labs. Four Wheel Land cruiser vehicles, test kits, PPEs and other consumables were received.
- Contributed to the development of a repatriation plan of Ugandans stranded abroad in conjunction with MoFA, Immigration, CAA and MoFPED
- Coordinated the diplomatic and Foreign Nationals aspect and Point of Entry response to COVID-19.
- Coordination of implementation of the Regional Electronic Cargo and Drivers Tracking System (RECDTS) to stop importation of COVID-19 through interstate movement of cargo by trucks.
- Member States including Uganda participated in the 69th Health Ministers Conference held in Lusaka Zambia from Wednesday 19th to Friday 21st February, 2020 at Taj Pamodzi Hotel in Lusaka, Zambia. The conference was held under the theme "Innovation and Accountability in Health towards achieving Universal Health Coverage."
- There are now seven (7) autonomous professional colleges affiliated to ECSA-HC that have established systems and processes for conducting and managing training of specialists through fellowships in the region. The colleges are; ECSA College of Nursing (ECSACON), College of Surgeons of ECSA (COSESCA), College of Ophthalmologists of ECSA (COECSA), College of Pathologists of ECSA (COPECSA), College of Anaesthesiologists of ECSA (CANECSA), ECSA College of Physicians (ECSACOP), and the ECSA College of obstetricians and Gynaecologists (ECSACOG).
- The EAC Secretariat with support from Trade Mark East Africa supported the development for the Regional Electronic Cargo and Drivers Tracking System (RECDTS) for uploading and monitoring COVID-19 negative test results of all interstate Truck Drivers. The system is in use and has reduced the need to test drivers at the points of entry.
- The Great Lakes Malaria Initiative between EAC Partner States and the DRC is due for implementation.
- The African Development Bank supported Centers of excellence in NCDs in the 5 Partner States is progressing well.
- The Regional Centre for Vaccines and Health Supply Chain Management has trained a number of Ugandan Pharmacists. 4 have so far completed the Masters Course.
- The Joint EAC Health Professional Councils have a framework and standards for inspection and accreditation of medical and Dental schools in the Region. They have been actively engaged in Inspection of Dental/ Medical Schools for compliance and mutual recognition of their students. Those found below standard are recommended for closure until improvement are made.
- Uganda received a donation of 2 mobile Laboratories of Biosafety Level 3-4 with capacities for Viral Haemorrhagic Fever (VHF) and COVID-19 testing from the EAC secretariat funded by KFW. It included 2 four-wheel drive vehicles and assortment of accessories and PPE. These mobile labs have been deployed in the COVID-19 response.

### Challenges

- Functionality of the department has been affected by inadequate office space, transport, office equipment and furniture.
- Inadequate funding to cascade the HSIRRP to host districts.
- MSC forum not yet functional for better coordination with MDAs.
- Off Budget financing is still a challenge with significant number of partner interventions not on budget and not well aligned to annual plans.
- The COVID-19 Pandemic interrupted implementation of some of the planned activities such as planned regional and global dialogues and engagements due to travel restrictions.

### Recommendations

- Strengthen coordination of partners through increased stakeholder engagements emphasising district led programing.
- Scaling of the joint monitoring and supervision with MDAs in order to harness synergies.

## 3.2.6 Health Infrastructure Development and Maintenance

The mandate of the Health Infrastructure Department (HID) is to ensure the development of policies and guidelines to consolidate the Functionality of all Health Facilities through strengthening the referral System, rehabilitating or remodeling existing Secondary, Tertiary health facilities and support to lower facilities for sustainable quality infrastructure for equitable health service delivery.

### Achievements

- Assessed the readiness of RRHs; Lacor, Moyo and Adjumani GHs to isolate and treat COVID19 patients; and developed recommended infrastructure and equipment improvement plans.
- Provided technical support for the development of technical specifications and BoQs for construction of a LAN network for sharing x-ray images between the new buildings under construction by the JICA Grant Aid Project and old buildings in Arua and Lira RRHs.
- The 2013 Regional workshops' operation manual was revised and SOPs for preventive maintenance were developed for 31 No. essential medical equipment.
- Two quarterly regional medical equipment maintenance workshops performance review meetings held in Mbale and Soroti RRHs. Meeting was attended by Hospital Directors of RRHs, Hospital Administrators, Equipment User trainers and Workshop Managers. Quarterly performance reports of each regional workshop were reviewed and quarterly work plans and budgets amended as necessary.
- Construction works in Arua, Gulu and Lira RRHs under the JICA Grant Aid Project were monitored and six site meetings attended. Progress for each site was assessed and mitigation measures agreed upon for areas where progress was short of the planned targets. Colour and quality of roofing sheets were selected and agreed upon for all the three sites.
- Supervised the commissioning and testing of an x-ray machine with CR system in Butenga HC IV in Bukomansimbi District. X-ray machine was procured by KOFIH. Testing and commissioning was carried out by Engineers from Crown Healthcare and MoH. Conforming to contract specifications was confirmed and x-ray machine tested to confirm conformity to radiation levels and quality of images.
- Maintenance of 49 Ultrasound scanners and 42. x-ray machines was carried out in 10 RRHs, 23 GHs, 28 HC IVs & Mulago NRH by M/s Dash-S Technologies Inc; and 66% of the x-ray machines and 78% of the Ultrasound scanners were kept in functional conditional by the end of the contract.

- Carried out four technical supervision and monitoring visits to each regional equipment workshop/RRH to assess medical equipment maintenance, equipment user training; and equipment inventory collection and update. Execution of approved quarterly work plans by each workshop was reviewed and performance assessed. Regional equipment maintenance workshops were assessed in 13 areas. The completeness and quality of the inventory data was verified. Overall average performance increased from 75% to 80%; implementation of planned preventive maintenance took route in RWs – 9 out of 13 RWs achieved ≥90%; the quality of operational work plans and budgets had improved - 9 out of 13 RWs achieved ≥90%; and documentation of works done improved.
- Supervised and monitored laboratory equipment maintenance in 4 HC IVs (Tokora, Tiriri, Walukuba & Bugembe) and 4 RRHs (Jinja, Mbale, Soroti & Moroto). Copies of maintenance job cards prepared by RW engineers and technicians were inspected and reviewed. Use of maintenance stickers was also confirmed in all laboratories visited. Tokora HC IV laboratory was very impressive while Walukuba HC IV laboratory was very poorly laid out and equipment was poorly managed.
- Supervised the construction of the Interns' hostel and staff houses in Kabale RRH; and Naguru RRH rehabilitation works. Construction works at both sites were on schedule. Delayed payments slowed down progress for Kabale but contingency plans were put in place to catch up.
- Provided technical support and attended site meetings for the construction of a walk-in cold room at UBTS.
- 491 solar systems in 157 Heath facilities in Ntoroko, Bundibugyo, Kiryandongo, Masindi, Mbale, Bukwo, Sironko, Bulambuli, Mayuge, Amuria & Katakwi Districts were maintained; and 80% were kept in good functional condition.
- 564 pieces of medical equipment were maintained; and 70.2% of the equipment was kept in good working condition at the end of FY 2019/2020.
- Thirty-six (36) solar systems installed with funding from the DFID/UN Foundation in the Districts of Kyegegwa, Kyenjojo, Kamwenge, Sheema, Bushenyi, Kabarole, Ibanda and Mitooma were maintained and software for the inverter and battery monitor updated – all 36 No. solar systems were in good working condition by the end of FY 2019/2020.
- Solar systems inventory was updated for 157 ERT II heath facilities in Bundibugyo, Ntoroko, Masindi, Mbale, Kiryandongo, Sironko, Bulambuli, Bukwo, Mayuge and Amuria Districts; and 36 DFID/UN Foundation supported health facilities in Kyegegwa, Kyenjojo, Kamwenge, Sheema, Bushenyi, Kabarole, Ibanda and Mitooma Districts.
- Medical equipment for 9 KCCA Ambulances was serviced, this included suction machines, oxygen therapy apparatus, patient trolleys, BP machines, patient stretcher and examination lights.
- Two framework contracts were signed for supply of medical equipment spare parts. No spare parts were procured in the whole year but outstanding invoice for spare parts delivered in FY 2018/2019 was paid.
- Equipment inventory data was collected and entered in the NOMAD database for Naguru RH, 5 GHs (Entebbe, Gombe, Kawolo, Nakaseke & Kayunga) 19 HC IVs and 57 HC IIIs in Central region.
- Kawolo hospital was completed and all equipment delivered. Scope of works for the refurbishment of Busolwe GH was finalized. The revised site survey report was completed.
- Kayunga Hospital: Cumulative progress of civil works – 99.5%; Yumbe Hospital: Cumulative progress of civil works – 93%. Installation of medical equipment and furniture – not yet done; deliveries not yet made by the suppliers. Procurement of transport equipment (ambulances, mini-buses and pick-ups) – approval of technical specifications was granted by the Chief Mechanical Engineer for MoWT.
- Bids for construction of 81 maternity units under URMCHIP received and evaluation is ongoing. Works to start in October 2020.

- Regional Hospital for Paediatric Surgery - 100% Structural works completed. 98% Mechanical Electrical and Plumbing works completed. 98%Finishing works completed. 95% External works completed. Installation of medical equipment and furniture stands at 90%.
- East African Public Health Laboratory Networking Project (EAPHLNP) - Construction of VHF isolation unit at Mulago National RH stands at 30%. Construction of MDR treatment Centre at Moroto RRH stands at 60%. Entebbe Isolation Unit stands at 60%. 95% construction at first floor level. Internal plaster 100% done, first floor walls and worktops 100%. Moving towards substantial completion. Mbarara – site Construction at 90%. Roofing completed. Lacor lab- Works completed and handed over. Arua Construction at 85% completion. Medical equipment for VHF isolation were delivered awaiting verification. 2 temperature scanners installed at State House.
- Under UgIFT program, 62 HC IIs were allocated funds for upgrade to HC IIIs and works still ongoing.
- Infrastructure upgrade at Kyegegwa HC IV and Bisozi HC IV under DRDIP.

## TABLE 63: CAPITAL DEVELOPMENT PROJECTS UNDER THE DIFFERENT VOTES

| Vote | Planned FY 2019/20 | | Achieved FY2019/20 | |
|---|---|---|---|---|
| | **Budget** | **Planned Outputs** | **Amount spent** | **Outputs** |
| Mulago NRH | 6.02 bn | Additional 100 staff units to offer accommodation of health workers in emergency areas (2.61bn)<br>Demolition, remodeling, renovating and expanding infrastructure (rehabilitation of water flow networks, that is, replacing old pipes, presence of fire hydrant, creation and expansion of water reservoirs to reduce bills (1.67bn) | 6.02 bn | • Procured a service provider for a detailed design and architectural works for additional staff houses to be constructed.<br>• Rehabilitated the interns and nurses' hostel<br>• General renovations done on the upper Mulago structures<br>• Renovated and upgraded the Assessment Center Parking<br>• Security lighting around the hospital premises improved |
| Butabika NMRH | 8.308 bn | 1) Expansion of the female ward and radiology – 1.37bn<br>2) Expansion of the Radiology department – 0.3bn<br>3) Phase one construction perimeter wall (2.7bn)<br>4) Procurement of MRI machine (3.9bn)<br>5) Procurement of Assorted Medical equipment (100m)<br>6) Procurement of Assorted office furniture (108m) | 8.179 bn | • Expansion of the Female Admission ward ongoing.<br>• Expansion of the Radiology department ongoing.<br>• Construction of the Boundary wall ongoing.<br>• Procurement completed but delivery of MRI Machine was affected by Covid 19.<br>• Assorted Medical equipment delivered.<br>• Assorted office furniture delivered. |
| Uganda Heart Institue (UHI) | 4.5 bn | Completion of ICU ward at 1C, Mulago complex.<br>2 anaesthesia machines procured.<br>15 computers procured | 4.49 bn | • Renovation works of a 12-bed ICU at Block 1C, Mulago Complex nearly completion.<br>• 2 anaesthesia machines procured.<br>• 12 computers procured |

| Vote | Planned FY 2019/20 | | Achieved FY2019/20 | |
|---|---|---|---|---|
| | **Budget** | **Planned Outputs** | **Amount spent** | **Outputs** |
| Uganda Cancer Institute (UCI) | 11.74 bn | Complete 100% civil works construction of the Radiotherapy Bunkers and installation of the LINAC machine (8.2Bn), Complete 85% civil works construction of the service support building for the radiotherapy bunkers and nuclear medicine.<br>Regional Centers refurbished<br>Network connection for both data and voice for the fabricated CCCP building<br>Network and infrastructure on 6-level building repaired and installed<br>16 Desktop computers, 5 laptops, 1 heavy duty printer and 1 colored printer procured. | 10.73 bn | • 100% civil works done and 95% internal finishes done on Radiotherapy Bunkers. Installation of the LINAC commenced.<br>• Cobalt-60 machine was installed and commissioned.<br>• Regional Cancer Center in Mbarara was constructed<br>• The center in Jinja was refurbished.<br>• Works executed on the theatre and staff house at Jinja Referral Hospital.<br>• Network connection for both data and voice for the fabricated CCCP building was completed.<br>• Network and infrastructure on 6-level building were repaired and installed<br>• 16 Desktop computers, 5 laptops, 1 heavy duty printer and 1 colored printer were procured and delivered. |
| Uganda Virus Research Institute (UVRI) | 2.45 bn | Renovate, removal of asbestos and replacement with iron sheets on 44 houses in Namibia quarters (occupied by the technical staff) - 2.05bn<br>Procurement of field motor vehicles, specialized machinery<br>Retooling of Laboratories and offices(400m) | 2.45 bn | • 44 houses were renovated both external and the Interior, asbestos sheets were removed from the 44 houses and they were re-roofed with iron sheets.<br>• 3 Laboratories, the board room, administration block were all renovated and up graded. |
| Soroti RRH | 1.318 bn | Renovation of 10 dilapidated Staff Houses & Payment of Retention fees-0.400 Bn.<br>Renovation of existing wards -0.308Bn.<br>Purchase of office and ward furniture -0.160 Bn.<br>Purchase of medical Equipment -0.620 Bn | 1.318 bn | • Two (2) Staff houses renovated and staff flats retention paid<br>• Orthopaedic and Physiotherapy OPD, Theatre, ward renovated<br>• 103 Office and conference chairs procured.<br>• Medical equipment procured which include 2 Operating theatre Tables, 5 Arm BP machines, 1 Vaccine refrigerator, 2 Single use vitrous cutter G20, 2 Schiotz Tonometer, 1 Diathermy Machine, 6 Retractor Abd Blades, Adult-03, Retractor Abd Blades, children-03, Khosla Instrument, 2 sterilization case, Eye surgical Equipment and Dental chair |
| Arua RRH | 1.06 bn | Construction of a seven storeyed staff house(860m)<br>Supply and Installation of a generator(200m) | bn | • For staff house construction, concrete work, steel work and block work together with first fix electrical and mechanical works (for slab) for third floor all completed.<br>• Block work for third floor and Formwork lift shaft for third floor are ongoing.<br>• One (1) Generator Procured and Installed. Generator house building works completed and generator in operation. Payment of certificates completed |

| Vote | Planned FY 2019/20 | | Achieved FY2019/20 | |
|---|---|---|---|---|
| | Budget | Planned Outputs | Amount spent | Outputs |
| Gulu RRH | 1.488 bn | Completion of 54 unit 2 storied 2 bed roomed staff houses (1.045bn)<br>Renovation of children's ward (0.094bn)<br>Procurement of 144,000 litres water tank (0.25bn)<br>Purchase of solar lamp (0.1bn) | 1.486 bn | • The building is now on the ring beam and rafters for the roof are being prepared<br>• The Children's ward was renovated partially and the hospital embarked on reroofing the laboratory which was almost collapsing. The rafters had been eaten by termites<br>• The basement and foundation for water tank were made. Support stands (columns) erected and construction materials imported.<br>• Solar lumps procured and installed |
| Hoima RRH | 0.760 bn | One Hospital ambulance procured<br>Solar system on critical wards installed<br>and functionalized<br>old water piping system with tanks and pumps revitalized and functional<br>Oxygen to Pediatric and Neonatal unit and Accident and emergency piped and<br>functional.<br>Assorted medical equipment procured<br>Assorted office equipment procured | 0.760 bn | • Works completed for water harvesting and rehabilitation<br>• Underground water pumping already under testing<br>• Project completed for solar and Oxygen piping systems.<br>• All projects under defects liability. Additional work included neonatal ward renovations, rehabilitation of Administration roof and refurbishment of water/plumbing systems in response to COVID19 preparedness.<br>• Operating Theater table delivered,<br>• Assorted equipment maintenance done as well as purchase of assorted retooling items (e.g. AC for gynecology theater, lagoon, equipment, ward repairs, etc.) |
| Jinja RRH | 1.188 bn | Staff house construction (1.1b)<br>procurement of a dental chair (50m)<br>Purchase and installation of solar lights (38M) | 1.188 bn | • The construction of 16-unit staff house at 44% completion<br>• One dental chair with accessories procured and installed<br>• Solar security lights installed at the children's ward |
| Lira RRH | 1.488 bn | Final finishes on the 16 housing Units for Staff (fix tiles, mechanical, electrical works, painting, compound excavation, paving)-950m<br>Completion of installation of Solar lights for mental, YCC, A/E, Dental, LIDC, etc. (70m)<br>Water harvesting plant (30m)<br>Beds/beddings, General office furniture (38m)<br>Hospital perimeter wall including consultancy /supervision(400m) | 1.488 bn | • 95% of the works completed i.e. site clearance and mobilization; ground, 1st, 2nd, 3rd floor and roof structure, wooden frames, Electrical woks, Mechanical works, Fixing doors and windows and Internal and external wall finishes, Floor finishes, painting completed<br>• 7 additional Solar lights to various units procured<br>• Water harvesting for patients' attendants shelter, Maternity ward and theater procured and installed.<br>• Assorted Furniture and fittings for staff and patients procured<br>• 100% phase 1 of the 2km Perimeter fence/ wall constructed |

| Vote | Planned FY 2019/20 | | Achieved FY2019/20 | |
|---|---|---|---|---|
| | **Budget** | **Planned Outputs** | **Amount spent** | **Outputs** |
| Mbale RRH | 3.058 bn | Surgical complex construction - 2.00bn<br>Asbestos sheets replaced on 20 Units of staff quarters. Stores and registry completed and equipped (594m)<br>completion of stores & Registry -0 .2bn<br>Medical equipment procured– 0.305bn | 3.055 bn | • Cast works on the slab of level three for surgical complex completed<br>• 100% of works / renovation is done. Replaced asbestos with iron sheets, plastering, overhaul of the wash rooms, interior and exterior works done.<br>• Stores and Registry completed and certificate of occupancy acquired<br>• Assorted medical equipment procured. e.g Dental chairs, and Autoclaves |
| Mbarara RRH | 1.678bn | Construction of Hospital perimeter wall. phase 2 (400m)<br>Procurement of assorted medical equipment. (378m)<br>Renovation of medical ward and other dilapidated structures (300m)<br>Start up a 56-unit storied staff house (600m)<br>Procurement of a pickup (300m) | 1.678bn | • 95% progress on perimeter wall done.<br>• Procurement of medical equipment was completed with all equipment delivered and in use.<br>• Renovation works on the medical ward completed<br>• The Multi Year 56 Unit storied staff house (One Bed room, sitting room and kitchen self-contained) construction project was initiated.<br>• A fully equipped Ambulance was procured and in use |
| Moroto RRH | 1.488 bn | 1) 2nd phase 10 unit staff house construction works- 0.200bn<br>2) Maternity ward construction 1.213bn<br>3) Medical equipment 0.035bn<br>4) Office furniture and fittings – 0.040 | 0.995 bn | • Staff house construction works @ 60%<br>• Furniture procured |
| CUFH-Naguru NRH | 1.056 bn | Construction of the Perimeter wall at Staff residence commenced (0.1bn)<br>Completion of Staff House construction (0.8bn)<br>Strategic and investment plan developed for 2020/2021-2024/2025 (0.05bn) | 1.056 bn | • Perimeter wall construction work was completed at 100%.<br>• Staff house construction stands at 95%<br>• Master plan and pre-feasibility was awaiting final report by the end of the FY. |
| Mubende RRH | 1.06 bn | Continue with completion works for the Pediatrics/Medical/Mortuary complex including supervision (890m)<br>Pumping underground water to utilization tank including piping and connections (120m)<br>Security Solar lights procured and installed (50m) | 1.06 bn | • Roofing trusses have been partially fixed and Walkway completed.<br>• Water well completed and a solar powered water pump installed, fencing around the well and connection done to the main tank. The water is available.<br>• Solar security lights installed in strategic dark corners to improve lighting around the hospital. |
| Masaka RRH | 2.058 bn | Incinerator house (400m)<br>Maternity and children ward complex Completed (1.588bn)<br>Installation of inverters for power back up User training of technical staff done (58m) | 2.045 bn | • Walkway constructed, incinerator house put up and incinerator now operational<br>• Terrazo works, painting works, electrical and plumbing works as well as compound done<br>• Installation of inverters for power back up User training of technical staff done. |

| Vote | Planned FY 2019/20 | | Achieved FY2019/20 | |
|---|---|---|---|---|
| | **Budget** | **Planned Outputs** | **Amount spent** | **Outputs** |
| Uganda Blood transfusion services (UBTS) | 1.87 bn | Remodeling and expansion of stores and cold rooms at Nakasero<br>Upgrade and maintenance of cold rooms in Mbarara, Fort Portal and Mbale Regional Blood Banks<br>Procure assorted medical equipment for blood collection;<br>Procured 30 computers for roll out of e- Delphi to Mbarara and Fort Portal Regional Blood Banks | 1.87 bn | • Construction is at 75% (level covering roof trusses (100%), reinforced concrete retaining wall (100%), electrical fix (100%), mechanical fix (100%), cement sand line plaster (100%) and cement-sand rendering (100%)<br>• Upgrade and maintenance of cold rooms in Mbarara completed.<br>• Upgrade and maintenance of cold rooms in Fort Portal started<br>• Up grade and maintenance of cold rooms in Mbale started |
| Kabale RRH | 1.488 bn | Construction of the Interns hostel is a project that commenced in FY 2017/18. It will be implemented in two phases over a 5-year period, it consists of civil works for a 4-level building and all associated electro-mechanical installations<br>Construct washing area, water borne toilet for nurses hostel, repair surgical ward, medical records building and incinerator, fence adolescent clinic. | 1.216 bn | • Currently, the hostel has been constructed up to the third and last floor.<br>• The Surgical ward and medical records buildings were renovated and completed.<br>• Toilet for the Nurses' hostel was constructed and was now in use.<br>• Washing area for the attendants was also completed<br>• The hospital received a donation of an incinerator from IDI. Funds initially meant for incinerator was used for renovating the laundry, kitchen and a staff housing block.<br>• Fencing of the adolescent clinic was also completed. |
| Fort Portal RRH | 1.06 bn | 1) 450 patient mattresses procured (0.05Bn)<br>2) 2 Dental chairs procured (0.070bn)<br>3) One heavy duty Ultra sound machine procured (0.150Bn)<br>4) Payment of retention fee on the 16 unit staff hostel (0.250Bn)<br>5) Phase 1 of perimeter fence (0.500Bn)<br>6) 10 solar security lights installed (0.040Bn) | | **No report given** |

## Challenges

- The planned Regional Medical Equipment Maintenance Workshops' performance review meeting in Moroto was postponed in line with COVID-19 guidelines.
- Funds for the activity for monitoring and servicing the 36 Solar systems were released in Q3 but implementation was delayed by the COVID-19 outbreak.
- Maintenance contracts expired and there is an outstanding payment to M/s Intercross Agencies Ltd. of UGX 23 Million.
- Some of the imaging equipment were very old and were not being fully supported by Philips Medical Systems the manufacturer with spare parts.
- Funds for equipment maintenance for Q4 were released late and the maintenance activities were just started and are ongoing.

### 3.2.7 Uganda Medical and Dental Practitioners Council (UMDPC)

The mandate of the UMDPC is to regulate the Medical and Dental Training and Practice in Uganda

**Achievements**

- Signed an MOU with NCHE in order to streamline reviewing and Approving medical and dental training Curricula.
- Out of 10 programs received, 07 were reviewed.
- Soroti University was approved to start training with 50 medical students.
- The Joint EAC Partners Medical and Dental Practitioners Councils, supervised 9 medical and dental training Universities including: Makerere, Mbarara, Gulu, Busitema, Soroti, IUIU, KIU, King Ceasor and Kabale out of which 8 were endorsed.
- 577 graduates were given provisional licenses to commence internship in Uganda.
- Created a medical student index register for Medical and Dental training schools which has been filled by some medical schools this year.
- Council secured and availed to all practitioners free CPD from World Continuing Education Alliance (WCEA) a partner with World Medical Association (WMA).
- Reviewed Medical Licensure and Examinations Board (MLEB) guidelines and trained examiners in new examination methods. Out of the 22 candidates who sat for this year's MLEB exams 11 passed.
- 160 foreign trained practitioners intending to practice in the Uganda were peer reviewed. Out of these 118 passed.
- Conducted ethical sensitization to 2 medical schools (Kabale and Makerere) and 2 professional associations. Further sensitization was limited due to COVID-19 restrictions.
- Inspected health facilities in the following regions: Bukedi (65), Buganda (460), Busoga (144), Teso (84) and Ankole (173).
- Council conducted inquiries on 74 complaints against practitioners under the following categories: negligence (47), false recording (4), professional incompetence (5) and general professional misconduct (7).
- The Fitness to practice committee evaluated 16 cases related to Drug abuse (5), Alcohol abuse (8) and mental illness (3).
- The Council registered 491 nationals including 146 specialists. 574 foreign practitioners were registered. Of the registered practitioners, 4,424 (60%) renewed their licenses. Council revised the Act to provide for a retention register for active clinical practice.
- A total of 144 practitioners sought for and were issued Certificates of good standing.
- The council registered 171 new health facilities and licensed1,944. The latter are distributed as follows: West Nile (69), Toro (73), Teso (62), Lango (51), Kigezi (102), Karamoja (23), Kampala Metropolitan (904), Busoga (93), Bunyoro (33), Bukedi (48), Bukedi (48), Bugisu (38), Buganda (316), Ankole (117) and Acholi (41).
- Council developed and gazetted the regulation on collegiate training and as a result will now accredit and register trainings from non-academic spheres.
- The College of physicians of East Central and South Africa presented 3 sites (Mengo, Nsambya and Lira) that Council approved for training of specialists.
- Council created 5 offices and the Board room at the Council House.
- An operational research on ethical and disciplinary cases at Council since 2012 "Ethics and disciplinary profiles at UMDPC" was conducted.
- The National Health Professions Authority (NHPA) bill was sent to the Solicitor General as a step in its establishment.

- An online licensing portal for practitioners was operationalized and is being expanded to include other elements such as online health facilities licenses and CPD.
- Presented papers at two international meetings (Istanbul and Dublin) on Universal health coverage and health worker migration.

**Challenges**

- Most internship training centres do not have adequate numbers of supervisors and equipment for training.
- Several health facilities remain Unlicensed, with, poor waste management, infection prevention and control practices, prescription, record keeping; Inadequate PPE and qualified staff, substandard laboratories often providing inaccurate results.
- The country continues to lose professionals to other regions including Southern Africa and Europe
- Council still faces perennial problems as follows:
  - Weak enabling laws
  - Inadequate transport
  - Delays in disposing of disciplinary cases
  - Funding for effective inspection of health facilities

**Recommendations**

- Institute a permanent tribunal so as to expedite resolution of cases
- Establish regional offices.
- Identify and support prospective hospitals that can train interns annually.

### 3.2.8 Allied Health Professional Councils (AHPC)

The mandate is to regulate, supervise, control and enforce standards of education, training and practice for Allied Health Professionals in order to effectively contribute to quality of medical training and health services delivery.

**Achievements**

- 2,897 professionals were verified and registered.
- 11,600 professionals were licensed.
- 2,243 private health facilities were licensed.
- 716 private laboratories were licensed.
- CAOs & DHOs in 54 districts of central region, west Nile and management of military hospital at Bombo were sensitized on the allied councils' mandate.
- Technical support supervision conducted in 9 regions. District and regional supervisors were mentored on health facility inspection.
- 50 districts supported with inspection funds during the financial year to facilitate inspection and supervision of health units. Increased compliance to regulations by professionals was observed.
- 5,805 health facilities were inspected country wide. Council found an increasing number of non-qualified personnel with majority of labs un registered Supported continuous professional development meetings for 13 professional associations.500 allied health professionals benefited from the CPD.
- Assessed the eligibility of Allied health institutions in 10 regions to train Diploma and Bachelor programs in environmental health sciences. Cavendish and Kabale Universities, were endorsed start Bachelor programs in environmental health sciences. Gulu College of Health Sciences was endorsed to run a Diploma program in environmental health sciences.

- UGX 3,161,372,253 Non tax revenue collected.
- Procured two double cabins and they were allocated to the inspectorate and quality assurance department to improve on inspection and support supervision in the
- Conducted verification exercise of professionals' files in 13 Districts of central region and UPDF to ascertain eligibility to practice. About 60% of the professionals had valid annual practicing licenses.
- Conducted crackdown against illegal health units in the districts of Mbale, Mbarara, Gulu, Kampala, Masaka, Mukono, Soroti, Kumi, Bukedea, Hoima and Jinja, and, arrested 45 persons engaged in illegal provision of private health services, Pursued and concluded 7 court cases.
- New programs approved for registration by the council namely; Bachelor of Science in Cytotechnology and Bachelor of Science in Public Health. Cytotechnologist will be registered to undertake cancer screening at National and RRH. Public Health Officers will be registered to undertake health education and promotion in the communities as part of the new MoH to reduce disease burden.
- Inspected six training institutions jointly with the inter-ministerial committee and the following issues were observed. All schools had the required infrastructure but majority had inadequate qualified teaching staff and mechanisms to supervise students on clinical attachments. Over 60% of the allied health training institutions are operating without valid licenses.
- Launched an online registration and licensing platform in June 2020. This has provided a portal for registration and renewal of practicing licenses.

### 3.2.9 Pharmacy Board

Pharmacy Board is established by the Pharmacy and Drug Act chapter 280 Law of Uganda 2000 Edition. Its mandate is to protect the health safety and wellbeing of the public from sub-standard and unethical pharmaceutical practice, by ensuring pharmacists are duly registered, competent and fit to practice pharmacy.

During the FY 2019/2020, the Pharmacy Board planned the following activities;

i. Develop Disciplinary procedures and guidelines for the Pharmacy Board.
ii. Publish in the gazette all registered pharmacists.
iii. Facilitate for quarterly meetings for the Board and Committee meetings.
iv. Mentorship of supervisors and intern pharmacists.
v. Submit the Pharmacy Practice Pharmacy Professional Bill 2019 to Cabinet.

#### Achievements

- Three Board and two Committee meetings were held. During these meetings, 122 new pharmacists who had finished internship and passed pre- registration examination were approved for registration. The Board received and approved the dispensing procedure guidelines for the Pharmacy Board.
- A list of all registered Pharmacists was published in the gazette.
- A draft of the Pharmacy Practice Pharmacy Professional Bill 2019 was received from the first Parliamentary Council.
- A cabinet memo for the PPPP bill 2019 has been drafted but still awaiting a Certificate of Financial Implication from the MoFED before it is presented to Cabinet.

#### Challenges

Currently it's not possible for the Pharmacy Board to operate like other sister councils for example the UMDPC, UNMC due to lack of the supporting law. The Pharmacy and Drug Act under which the Pharmacy Board derives its mandate is very old and limits the board to very few activities but also gives some regulatory functions which are a preserve of government to the Pharmaceutical Society of Uganda which is an Association of Pharmacists and does not report to the MoH.

**Recommendations**

Passing of the Pharmacy Practice Pharmacy Professional Bill 2019. This will help to consolidate the regulation of the pharmacy practice under one regulatory Board, the Pharmacy Council.

## 3.2.10 National Drug Authority (NDA)

National Drug Authority was established by an Act of Parliament in 1993 and is mandated to ensure the availability, at all times, of essential, efficacious and cost-effective drugs to the entire population of Uganda, as a means of providing satisfactory healthcare and safeguarding the appropriate use of drugs. The strategic objectives include: Increasing compliance to the NDP/A Act and Regulations, promote domestic production of human and veterinary medicines and health care products, strengthen the systems, processes, and procedures for pre-market regulatory activities on medicines and health care products.

**Achievements**

- Conducted 7,373 out of 3150 drug shop and 542 out of 920 pharmacy compliance visits and 12 enforcement operations against illegal drug outlets. 3 illegal pharmacies and 1,930 drug cases were identified and handled to a logical conclusion.
- Conducted sensitization meetings licensing of drug outlets, regulations and guidelines. 93 meetings were held country wide with 6,192 participants. Two sensitization meetings of local herbal stakeholders were also held for Local manufacturers in the western region in Hoima district and in Gulu.
- Amended the Licensing, Certificate of Suitability of Premises, Pharmacovigilance, Clinical Trials and Fees Regulations.
- Amended the surgical instruments and appliances, and drug schedules in the Act A total of 656 products were evaluated including; 587 Human and 69 Veterinary products. A total 384 new variation applications for Human & Veterinary Medicines were evaluated, 114 renewal applications were assessed and 141 products were evaluated including 25 foreign and 116 local herbal products.
- Developed the Clinical Trials, Provision of Insurance cover and Adverse Drug Reactions guidelines.
- Developed the drug complaints and document control SOPs
- Developed and approved Terms of r3ference for operational research. A total of 76 clinical trial applications were evaluated, 9 GCP inspections were conducted. Two Quarterly Adverse Drug Reaction report summary were developed and disseminated. 1,973 (96.72%) pharmacy outlets out of 2,040 complete were issued licenses.

## 3.2.11 Uganda Protestant Medical Bureau

Uganda Protestant Medical Bureau (UPMB) is a Faith-not for Profit organization established by the Province of Church of Uganda (COU) and the Seventh day Adventist Uganda Union (SDAUU) as a Charitable and Technical National umbrella organization, for Health Facilities affiliated to Protestant Churches in Uganda and Seventh day Union. As a Legal entity UPMB is responsible for coordination, institutional Capacity Development, lobbying and advocacy and Technical Support Supervision to its Member health facilities (MHFs).

The total work force as of the end of FY19/20 was 5,510. In FY 2020/21, UPMB will work with MoH scale up optimization of HRIS within its member facilities to better inform human resource planning and management.

## TABLE 64: HUMAN RESOURCES FOR HEALTH UNDER UPMB FACILITIES

| Level | Administrators | Allied Health Professionals | Medical and Dental Professionals | Midwifes and Nurses | Pharmacy Professionals | Non Health Professionals | Support Staffs | Grand Total |
|---|---|---|---|---|---|---|---|---|
| General Hospital | 338 | 439 | 329 | 1428 | 16 | 460 | 866 | 3,905 |
| HC IV | 32 | 54 | 51 | 146 | 0 | 78 | 112 | 473 |
| HC III | 27 | 61 | 42 | 154 | 0 | 86 | 92 | 462 |
| HC II | 5 | 72 | 0 | 229 | 0 | 111 | 253 | 670 |
| **Total** | **402** | **626** | **422** | **1,957** | **16** | **735** | **1,323** | **5,510** |

In FY19/20, UPMB registered a significant drop in contribution to the health sector outputs as compared to the previous year across for especially admissions and child immunizations. This was attributed to COVID-19 pandemic and the subsequent national lock down in the 2nd half of the FY that affected access and utilization of health services.

## TABLE 65: UPMB CONTRIBUTION TO THE NATIONAL HEALTH SECTOR OUTPUTS

| Indictor | FY17/18 | FY18/19 | FY19/20 | % Variance from FY18/19 |
|---|---|---|---|---|
| Total OPD Attendances | 1,829,636 | 1,649,857 | 1,666,234 | 1.0% |
| Total ANC Attendances | 230,286 | 247,236 | 251,387 | 1.7% |
| Total Deliveries | 57,566 | 62,807 | 59,345 | -5.5% |
| Total Hospital Beds | 4,201 | 4,164 | 4,396 | 5.6% |
| Total admissions | 175,233 | 191,108 | 77,433 | -59.5% |
| Total fully immunized by one year | 68,509 | 87,029 | 67,196 | -22.8% |
| Total Family Planning users | 155,645 | 188,677 | 240,219 | 27.3% |

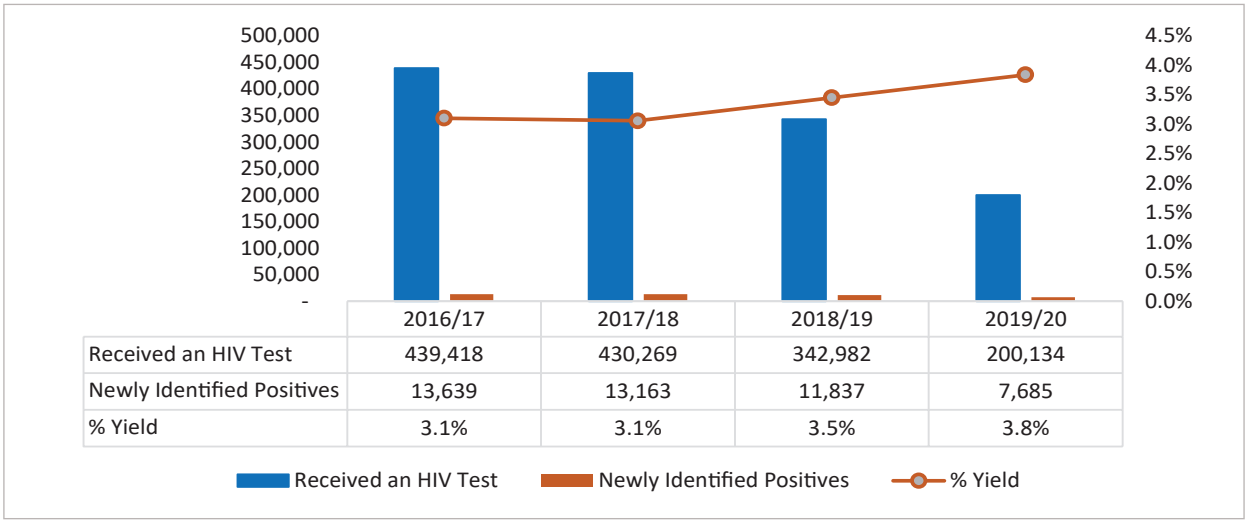
### UPMB's Contribution to the National HIV Response

In collaboration with MoH, PEPFAR Regional Implementing Partners, Other Medical Bureaus and Community Based Initiatives, UPMB continues to support its member facilities and other Bureau facilities to scale up proven of high impact HIV prevention, Treatment, Care and Support interventions for a sustainable HIV response.

By the end of FY 19/20, a total of 200,134 individuals had been reached with HIV testing Services and 7,685 HIV positive individuals newly identified across UPMB member Facilities.

Facilities have largely improved their targeting of HIV testing services to reach only the eligible individuals as per the National guidelines. The performance not only improved optimization of test kits but also the yield to 3.8% as presented above.

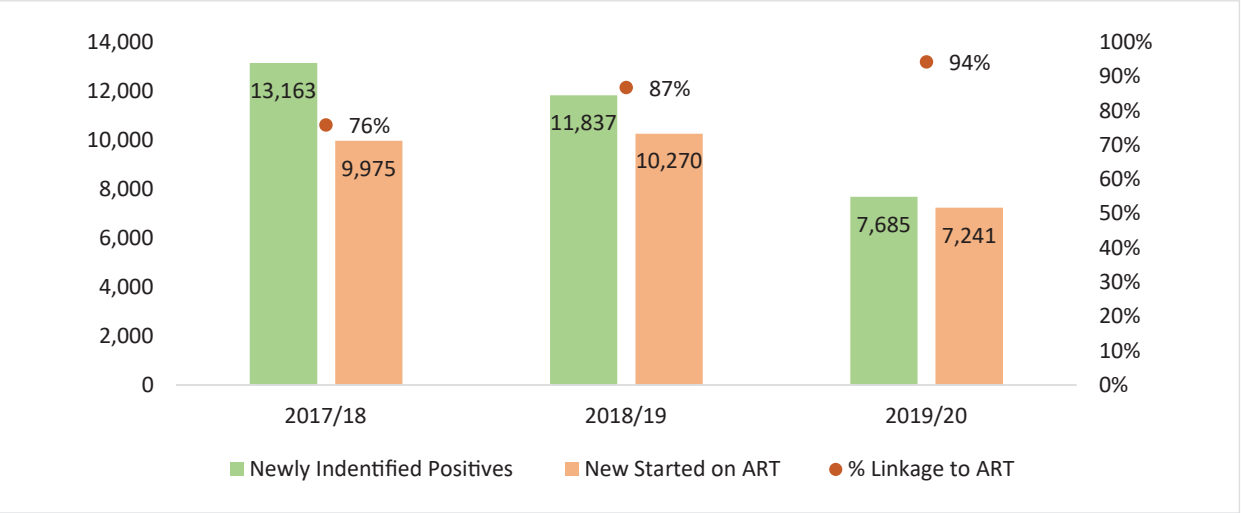
## FIGURE 80: HIV TESTING AND COUNSELLING OUTPUTS AT UPMB FACILITIES




| | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|
| Received an HIV Test | 439,418 | 430,269 | 342,982 | 200,134 |
| Newly Identified Positives | 13,639 | 13,163 | 11,837 | 7,685 |
| % Yield | 3.1% | 3.1% | 3.5% | 3.8% |

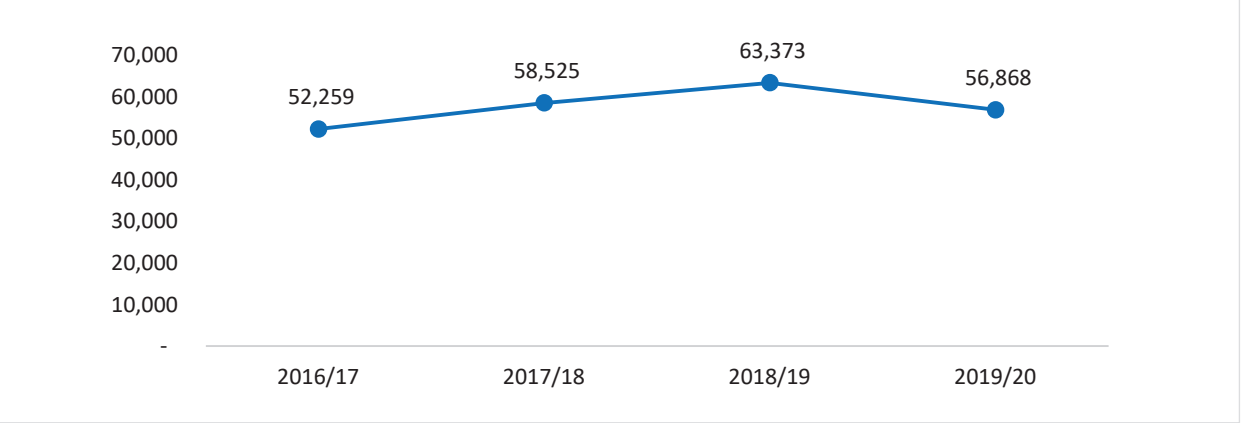
UPMB has continued to support its member facilities to scale up and sustain a standard linkage package including; same day initiation, use of ART starter packs, use of client locator forms, use of community based structures like CBOs and Community Health Workers to support patient followup. As of the end of FY19/20, UPMB registred a 94% linkage to ART for all newly identified HIV positive individuals.

### FIGURE 81: HIV POSITIVES LINKED TO ART IN UPMB FACILITIES




As of the end of FY19/20, a total of 56,868 individuals were current on ART within the UPMB network. Hospitals contributed 57% of the total number on ART followed by HC IIIs at 32% and HCIVs at 11%. Overall, UPMB member facilities attained an average suppression rate of 94%.

### FIGURE 82: NUMBER OF HIV POSITIVES ON ART IN UPMB FACILITIES




To complement the National COVID-19 response, UPMB with support from Bread for the World, The African Christian Health Association Platform (ACHAP) and PEPFAR allocated UgX Four Hundred Million to strengthen capacity for UPMB member facilities to implement an appropriate COVID-19 Response.

A total of 32 high volume Health Facilities were targeted in the initial phase of the response. The support included: Training for facility based teams in Infection Prevention and Control, procurement and distribution of Personnel Protective Equipment, provision of equipment including infrared Thermometers and other supplies including Disposable gloves, Jik, safety glasses and Masks.


*Facility based teams receiving supplies and equipment to support the COVID-19 response*

To contribute to Human Resources for Health in Uganda, UPMB is supporting a total of 16 Health Training Institutions to offer courses in Clinical Medicine, Midwifery, Nursing, Laboratory Technology and Theatre Techniques. InFY19/20, a total of 3,966 students were enrolled and 1,708 students were due for graduation across the 16 supported institutions. UPMB acquired and distributed to over 1,438 medical books and cards to facilitate access to on-line e-books and lecturing. The whole consignment was valued at Uganda shillings 800 Million.


*Mengo Hospital management team receiving the medical books donation to the Hospital*

### 3.2.12 Uganda Muslim Medical Bureau

Uganda Muslim Medical Bureau (UMMB) is a national organization established by the Uganda Muslim Supreme Council (UMSC) in 1999 to coordinate activities of Muslim non-profit health facilities. The Bureau is the main link between these facilities, the government and other stakeholders.

UMMB provides the following services to the member health facilities:

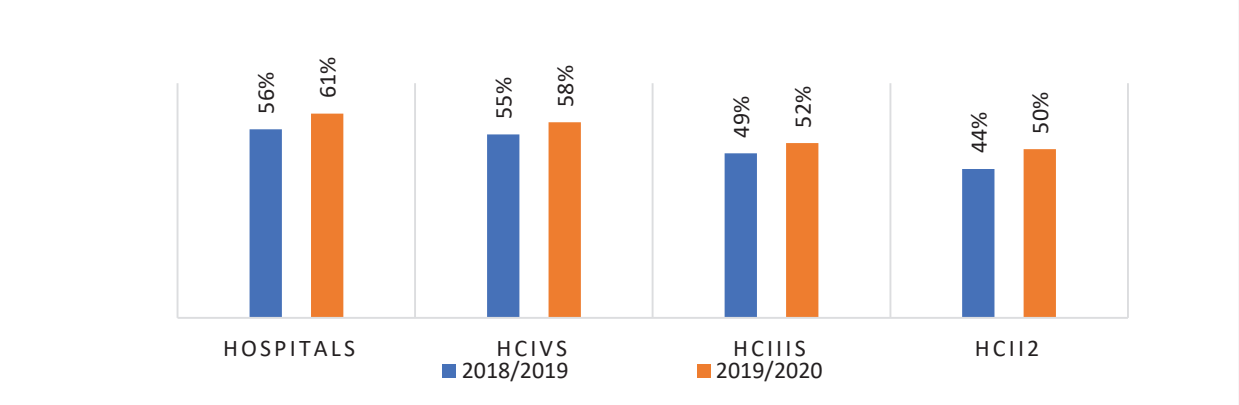
- Advocates and Mobilizes support in forms of construction, provision of equipment or funds for primary health care and deployment of qualified health workers to the facilities.
- Communicates health regulations and standards from the Ministry of Health
- Trains the member staff on management & medical areas to ensure standards
- Recruits and manages payroll of qualified health workers for some of the health facilities
- Provides technical support supervision on medicines management and other logistics.
- Support supervision and monitorships, assess needs and provide resources.

The bureau supervises 56 HFs, 1 Nurses and Midwifery training school and 1 Laboratory training school. Construction of 1 more training institution is underway in Yumbe District.

### Achievements

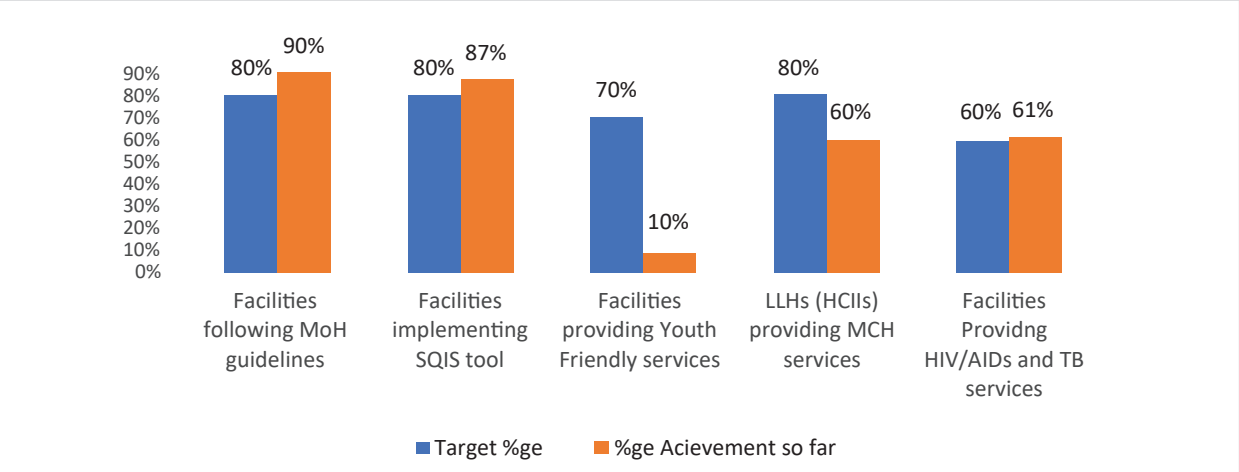
- Four new health facilities were accredited to UMMB in 2019/2020 FY 2 in Masaka, 1 in Kawempe, and 1 in Kabale district bringing the total of HF to 56 in the network.That is 5 hospitals, 2 HC IVs, 30 HC IIIs and 19 HC IIs. 84% report in DHIS2 and the 9 are supported to improve reporting.
- UMMB enhanced its HRH levels increase from 706 to 761 health workers with an increase of 8% of staffing levels. Over all UMMB staffing level stands at 60%. 1% are seconded by the districts, 10% supported by partners i.e. Intra-health, Mildmay and Masaka IBC-Rakai Health Sciences project. While 89% of the health workers are directly paid by the HFs' user fees. There are still gaps with Clinical Officers, Pharmacists, Dental Officers and Dispensers.

**FIGURE 83: UMMB STAFFING LEVELS COMPARISON FOR DIFFERENT LEVELS**




- We provided technical support supervision to 90% of the HFs, onsite mentorships on Financial Management (FM), Human resource management and performance management (PM). This led to a positive shift in systems and good practices in governance, financial management, data use, quality improvement and adoption of performance management.

**FIGURE 84: UMMB TECHNICAL SUPPORT SUPERVISION OUTCOMES**

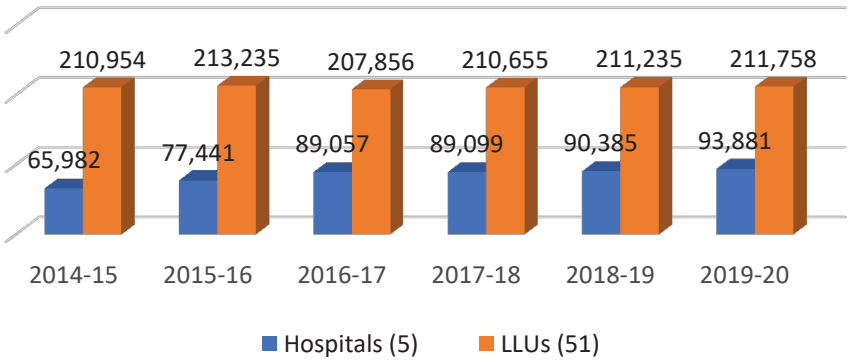



*Source: Technical activity reports for UMMB*

From the graph above, 90% HFs follow MoH guidelines, 60% provide MCH services, surpassed its 60% target of HFs providing ART services, 61% fully accredited for HIV care.

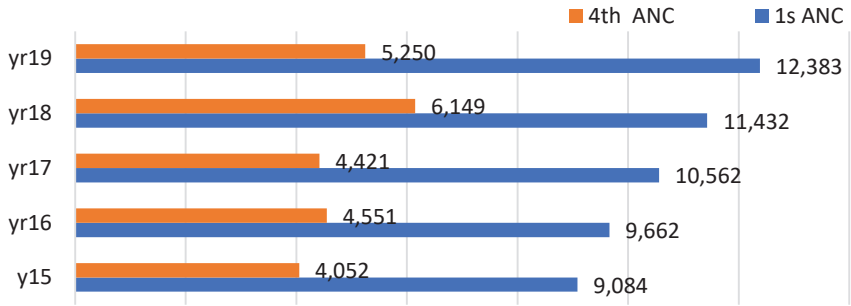
- The network continues to make steady improvement in OPD utilization over the years. This has been partly attributed to improved quality of services and RBF. Malaria still dominates the OPD at 22% increasing by 2% in a year.

## FIGURE 85: OPD UTILIZATION IN UMMB BY LEVEL



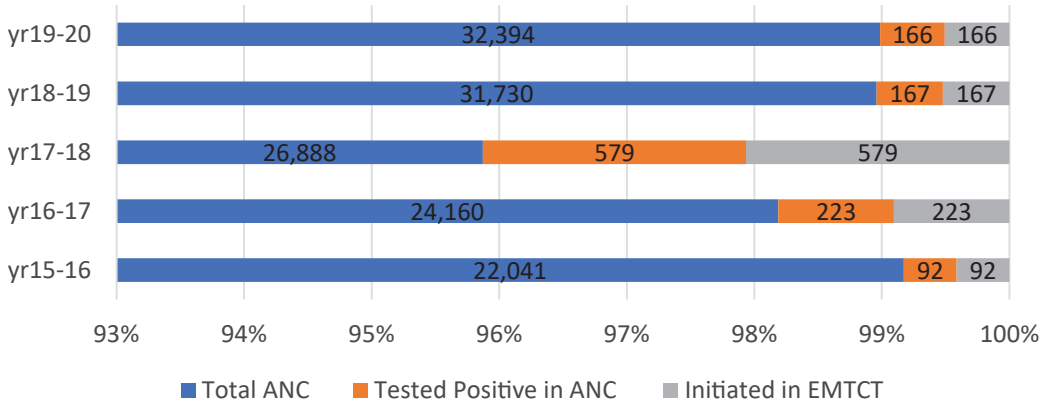

- 89% of the UMMB facilities are providing maternal services and this has contributed to the increase in Antenatal services. Facilities have continued to provide a comprehensive Antenatal service to mothers which include among others, testing for Syphilis, HB, HIV/AIDs, especially eMTCT services and treatment of other illnesses. Both 1st and 4th ANC visits have been improving since 2014-2015 FY. however, in 2019/20, ANC 4th visits reduced by 17% compared to ANC 1st visits that increased by 8% across all facilities.

## FIGURE 86: ANC VISITS 1ST VS 4TH IN UMMB FACILITIES




- UMMB Facilities provide eMTCT services, Total ANC has been increasing over the years attributed to the presence of qualified Midwives, and technical clinical support to facilities thus an improvement in the eMTCT indicators in 2019/20, 0.5% of mothers tested positive and 100% initiation on.

## FIGURE 87: EMTCT SERVICES IN UMMB FACILITIES



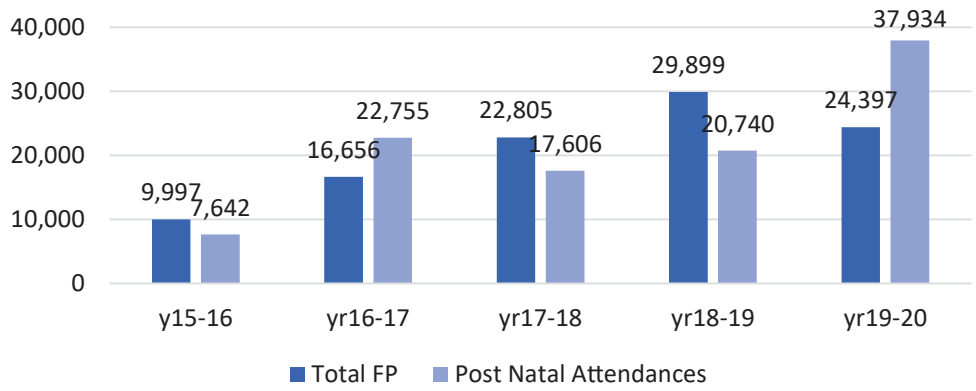

- UMMB has continued to be an advocate for quality MCH (Antenatal care services, safe delivery, early child care (EID) for exposed infants, PNC and family planning).

## TABLE 66: DELIVERIES IN THE UMMB NETWORK FOR THE PAST FOUR FYs

| HF Levels | 2016/2017 | | 2017/2018 | | 2018/2019 | | 2019/2020 | |
|---|---|---|---|---|---|---|---|---|
| | Deliveries | HIV+ Deliveries | Deliveries | HIV+ Deliveries | Deliveries | HIV+ Deliveries | Deliveries | HIV+ Deliveries |
| Hospitals | 4,569 | 110 | 4,999 | 112 | 5,213 | 252 | 3,754 | 48 |
| LLUs | 3,250 | 95 | 3,557 | 56 | 3,688 | 45 | 5,357 | 100 |
| **Total** | **7,819** | **205** | **7,819** | **205** | **8,901** | **297** | **9,121** | **148** |

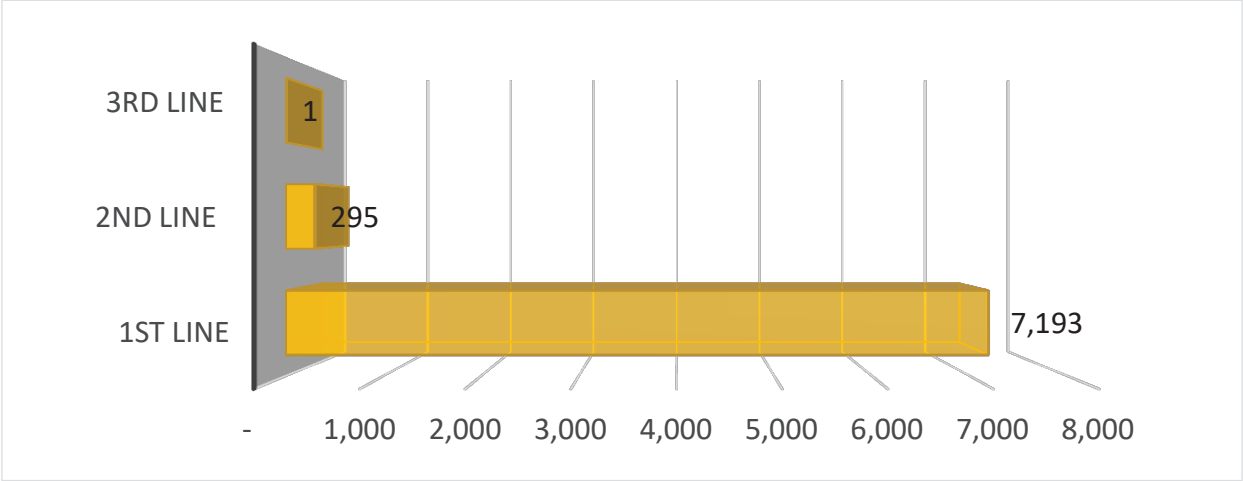
- There has been improvement in maternity services with a 45% increase in deliveries registered at HC IVs, IIIs and some HC IIs. This is attributed to improvement in quality of care and a boost with RBF, additional support provided to lower units to improve their MCH services and upgrading HC IIs to IIIs increasing access and coverage.
- UMMB has continued to immunize children using the three approaches by ministry of health i.e. Mass immunization through child days plus immunization campaigns, integrated immunization outreaches and Health facility static immunization.
- Family planning services have integrated in the general MCH in the network HFs. FP services utilization has improved over the years with also total of 308 HIV+ clients accessed FP last year. However, we observe an 18% reduction in FP services due to challenges in accessing commodities from vendors and partly Covid-19 pandemic. Some HFs rely on redistribution arrangements from Government or PNFP facilities for a few FP commodities.

## FIGURE 88: FP AND PNC SERVICES SINCE 2015 IN UMMB FACILITIES




- Post- natal services have had a positive trend in the financial with 82% increment in Post-natal attendances. This is due to Improved, intensified MCH technical support by the UMMB team and emphasis on Health Education in ANC and strong eMTCT.
- Through its accredited ART sites, UMMB has continued to provide both preventive and curative HIV/AIDs services. More HIV/AIDs care centers were accredited for ART services implementing the 95%,95%,95% of accelerating HIV/AIDs control. There has been a steady increase over the three years in HCT services between 2015-16 and 2017-18. However, in 2019-20 FY, there was a reduction in the number of clients tested for HIV/AIDs of 8%. This was caused by logistical access challenges especially tests kits.
- By June 2020 a total of 7,489 clients were active on treatment from the 21 accredited ART Sites representing an increment of 12% client load from FY 2018/19. 96% of clients were on 1st line ARVs while only 3.9% were on 2nd line drugs (an increase of 2%). (0.1%) only one client is active on 3rd line drugs in the network as of June 2020. Viral load suppression as of June 2020 was established at 93% from all the 21 ART sites, a total of 225 patients were being followed up and monitored as non- suppressors (viral load).

## FIGURE 89:ACTIVE CLIENTS ON TREATMENT IN UMMB FACILITIES




In order to increase on the available services, the following health facilities have embarked on constructing additional structures:

- Lugazi Muslim Health Centre – constructing a two-story building to upgrade to HC IV
- Iganga Islamic Medical Centre – constructing new building for maternity
- Bushenyi UMSC Health Centre – A new building to incorporate a maternity ward is being constructed
- Al-Noor Health Centre – Maternity ward being constructed
- Al-Hijra Health Centre – construction of theatre underway
- Katadooba Health Centre – construction of maternity ward underway

*Refurbished Laboratory at Mityana UMSC HC*

*Renovated Kiwanyi HC*

## 3.3 Annex 3: Progress in Implementation of the 25th JRM Aide Memoire

| Priority Actions / Recommendations | Progress / Achievements |
|---|---|
| **1. Emergency care** | |
| a) Assess and equip (fridges, power back up & laboratory reagents) the 100 HC IVs without blood transfusion services to improve functionality of HC IVs from the current 47%. | Assessment is on ongoing |
| b) Renovate / construct and equip theatres in HC IVs to ensure functionality of of HC IVs in all counties as per the National Policy. This with entail HC IV infrastructure assessment, costing and resource mobilization. | Still an unfunded gap included in the priorities for the next 5-year development plan. |
| c) Improve the functionality of high dependency units / ICUs in referral hospitals and hospitals along the highway | 109 ICUs beds procured for ICUs at RRHs<br><br>Plan to train 100 medical staff in critical care |
| d) Training of responders in pre-hospital and Hospital Emergency care. | • 460 first responders were trained in Kampala metropolitan area<br>• 40 hospital staff were trained in WHO package of Basic emergency care |
| e) Improve communication on referral and ambulance services to inform all parties in a timely manner as per the EMS Strategic Plan | • 76 ambulances with fixed communication system were procured.<br>• Ambulance call and dispatch system is under construction at Naguru NRH<br>• Masaka RRH has established a temporary Call & dispatch centre. |
| **2. Blood Transfusion Services** | |
| a) Conduct a cost-effectiveness study for the establishment of Regional Blood Banks | Cost-effective study not done due to lack of funds. |
| b) Need to strengthen reporting/ accountability for blood that hospitals / HC IV receive | The revised HMIS tools include:-<br>• Hospital Blood Components order/usage form (UBTS –Hos-FM-05-03)<br>• Blood components issue/delivery form (UBTS- LAB –FM-20-03)<br>• UBTS Bedside Transfusion report (UBTS-QD-FM-29-02)<br>UBTS is currently working with the Government eHMIS system developer to to connect eHMIS with the Blood bank system. |
| **3. Health Promotion and Disease Prevention** | |
| a) Mainstream health education and promotion in all programs to increase awareness and promotion diseases prevention practices | Communication strategy still under development to enable coordinated implementation. |
| b) Recruit and improve facilitation of Health Assistants from the current 54% (1,607/2,977) for health promotion at Parish and Subcounty level | Not achieved due to inadequate wage |
| c) Improve latrine coverage in Karamoja, Kampala and Buvuma through BCC and Community Led Total Sanitation approach. | Technical support to enhance sanitation coverage has been conducted in Districts of Karenga and Kaabong with support from UNICEF. |
| d) Fast-track the review and amendment of the Public Health Act. | • Consultancy services were procured with support from CDC<br>• Stakeholders engagements have been completed with MDAs and Private sector<br>• RIA report submitted<br>• Draft amendments in place awaiting review and approval by Top Management Committee to allow development of *Principle of Amendments* |

| Priority Actions / Recommendations | Progress / Achievements |
|---|---|
| **4. Community Health** | |
| a) Generate more evidence for establishment of the CHEWs | A pilot to generate more evidence and it is to be implemented in the districts of: Mayuge & Lira (as intervention districts) and Kyotera & Kabalore (as Control districts) |
| b) Build capacity of governance structures at community level for health promotion and community engagement in health (CDOs, Parish Chiefs) | • Not yet done. A priority area in the HSDP II under the multi-sectoral collaboration framework.<br>• This approach has become more critical in addressing the COVID-19 pandemic.<br>• A multi-sectoral taskforce in place and this should form the basis for sustained action at all levels. |
| c) Develop a Comprehensive Community Health Promotion Program Strategy | • Development of a Comprehensive Health Communication Strategy for the Health Sector to be finalized by November 2020.<br>• Review and updating the Community Health Promotion Handbook to be used by our frontline workers in communities as they engage with the public to be finalized December 2020 |
| **5. NCDs & Injuries** | |
| a) Develop hospital protocols to scale up triage and response to emergencies arising from high cases of Road traffic accidents | • Hospital care protocols have been developed underfunding from KOFIH.<br>• With GoU support to URCS, Pre-hospital emergency response system to be established on major highways. 20 Ambulance procured for this. |
| b) Engage Ministry of Internal affairs (Police traffic department) and key stakeholders to develop a strategy to reduce RTAs | Not yet done, Covid-19 interfered with the plans |
| c) Promote physical exercise, healthy eating (e.g. address trans-fats) and regular health checks and reduce the consumption of alcohol and tobacco products to reduce the increasing burden of NCDs | • Physical activity has been widely promoted.<br>• All health facilities have been urged to screen for NCDs through a circular signed by DGHS reinforced by supportive supervision |
| d) Advocate and promote establishment of wellness clinics at workplaces for early detection of NCDs | • This has been promoted during supportive supervision.<br>• Screening of NCDs organized at MoH but the response was not good |
| **6. Reproductive, Maternal and Child Health** | |
| a) Implement the revised Male Involvement Strategy to increase male participation in family planning and utilization of other RMNCAH services. | The Male engagement strategy was launched by the Honorable Minister of Health on the International men's day- 19/11/2019.<br>A multi-disciplinary national taskforce to be established chaired by HEP department. |
| b) Functionalize NICUs and SCUs to ensure small and sick newborns can access more advanced care and promote Kangaroo mother care | • Standard NICU guidelines were developed.<br>• 57 health facilities were assessed to establish the availability of the NICU equipment<br>• 138 neonatal champions to be selected for the upcoming placement for clinical hands on skills training and mentorship |
| c) Further analysis of DHIS data to determine the real cause of under 5 mortality due to pneumonia given the introduction and high coverage of pneumococcal vaccination | Data analysis indicated an improvement in reduction of pneumonia cases and deaths across |

| Priority Actions / Recommendations | Progress / Achievements |
|---|---|
| d) Improve the Maternal (51%) and perinatal (3.6%) death surveillance and reviews with emphasis in completion of the MPDSR cycle. | Efforts were made to improve MPDSR activities at the facility level which include;<br>– Functionalization of the district MPDSR committees<br>– Training and mentorship,<br>– Regular interaction between the central team and the facilities,<br>– Provision of data collection tools<br>– Supporting online reporting through the DHIS II system.<br>Outcomes<br>• Maternal death notification increases from 57% FY 2018/2019 to 72% in FY 2019/2020.<br>• Maternal death review increased from 51% to 65% in FY 2019/2020.<br>• Perinatal death notification increased to 35% from 20% and reviews increased to 9.7% from 3.8% |
| **7. HIV/AIDS/TB/Malaria** | |
| a) Craft specific messages to inform communities about HIV/AIDS self-diagnostic tools | • Materials have been developed and disseminated. These include; HIV self-testing videos and brochure in 4 languages<br>• Talking points, DJ mentions and posters are under development with support from SBCCA project<br>• A toll-free line is available: 080 020 5555 |
| b) Develop a roadmap to increase ART retention rates and access to pediatric ART | The MoH ACP developed approaches to improve Paediatric HIV care and retention, and accelerate coverage to 90%, however implementation hampered by the Covid-19 pandemic. |
| c) Identify the causes of reduced TB treatment success rates in the formally high performing and other districts with poor indicators | Poorly performing districts were identified and a root because analysis conducted. Causes Identified include;<br>• Low retention of TB patients<br>• Inadequate adherence support<br>• Incomplete/poor quality recording in TB tools<br>• Lack of community engagement<br>• Low or no engagement of leadership district leadership in TB support |
| d) Ensure adequate anti-malaria commodities availability to treat under-fives children within 24 hours from diagnosis to reduce under 5 deaths | Malaria commodities were well stocked (>3 months of stock) with exception of malaria RDTs.<br>There is a provision for emergency ordering in case of acute shortage. |
| **8. Nutrition** | |
| a) Revision of staffing norms to include Human resource for nutrition service delivery - District level nutritionists. | Under the ongoing review of the structures for the Health Sector, positions of Nutritionists have been included. Further consultations are also being carried out. |
| **9. Quality of care** | |
| a) Scale up the 5s approach as evidenced by the successes in Kabale Hospital to improve quality of care in other facilities | • 5S sores on average improved from 60 to 65 % in all RRHs<br>• 5S-CQI-TQM guidelines were developed to support the scale-up process from RRHs to Districts<br>• Monitoring 5S introduced in all QI activities in districts<br>• **6 model districts** (Hoima, Kamuli, Kasese, Nwoya, and Sheema Iganga, Kiryandongo, Gulu and Lira) were supported with training and couching to improve implementation 5S-CQI. |
| **10. Disease Surveillance** | |
| a) Invest in community-based surveillance approaches to control the threat of infectious diseases with epidemic potential, especially Ebola with increased vigilance in Urban settings | Not much was done in FY 2019/20 however, with the COVID-19 pandemic, strengthening of the VHTs has been prioritized.<br><br>COVID-19 VHT guidelines and materials have been developed and capacity building ongoing. |

| Priority Actions / Recommendations | Progress / Achievements |
|---|---|
| **11. Medicines and Health Supplies** | |
| a) Improve patient records and accountability to reduce leakages | To be implemented with the Electronic Medical Record System being rolled out. |
| b) Liaise with law enforcing organs to prevent drug thefts and sale to other countries | Regular surveillance and inspection activities ongoing with some culprits apprehended. COVID 19 has slowed down the activities. |
| c) Minimize over prescription of medicines to reduce shortages and Anti-Microbial Resistance | Strengthening of MTC's in hospitals through technical support supervision and capacity building on going. |
| d) Adherence to the NMS Last Mile Delivery guidelines on delivery and receipt of medicines | Implementation on going. HUMC's and a community representative participate in receipt of medicines at health facility. |
| e) Restructure and recruit pharmacists at district level to strengthen the supply chain management especially among lower level facilities | With support from URMCHIP, a consultancy firm has been engaged to develop the organizational and functional structure of the pharmaceutical function in the health sector. This will cater for the HR gaps at all levels. Key SH's will be engaged for implementation. |
| f) Conduct audits at health facilities to review drug stock cards, prescription to diagnosed patients, are facilities ordering on time. | All districts are implementing the supervision, performance assessment and recognition strategy (SPARS) whereby quarterly assessments are conducted by the District Medicines Management Supervisors and the average score this FY was 80%. |
| g) Increase the availability of reagents and other supplies to ensure the smooth functioning of laboratory activities | Availability of laboratory reagents still is low with only 46% of health facilities having over 95% availability of tracer lab commodities in Q4 FY 2019/20. There is still need to increase funding. |
| **12. Human Resource for Health** | |
| a) Finalize the review of the Human Resources for Health Strategy | Review of the HRH Strategy not finalized. |
| b) Increase the Wage Bill to enable recruitment of health workers | PHC Wage bill for LGs increased from UGX 432 bn to UGX 452 bn to cater for upgraded HC IIs. Need to advocate for increased funding to addressing the staffing gaps at all levels. |
| c) Review the scheme of service for the Anaesthetic cadre to address the salary scale bottleneck. | Scheme of service for the Anesthetic cadre has been reviewed. |
| d) Harmonize Inter-Ministerial HR procedures among Ministry of Health, Ministry of Finance and Ministry of Public Service to hasten recruitment in the LGs | Harmonization of Inter-Ministerial HR procedures among s has been done |
| e) Increase funding availability to District Service Commission to ensure timely staff recruitment | This matter has been drawn to the attention of MoFPED through MoLG |
| f) Centralize recruitment processes where needed to fast track recruitment | No progress on this. |
| g) Declare all acting positions as vacant and regularize all personnel in acting positions into substantive positions | Declaration of all acting positions and regularization of positions into substantive positions is continuous and most acting positions at the MoH were filled in the FY. However, staffing level at the DHT has not improved. |
| h) Restructure staffing norms at all levels based on workload and also cater for career progression for management positions e.g. DHT members | MoPS undertook stakeholder consultations on restructuring for LGs and MoH is awaiting the report for final input. |
| i) Provide staff accommodation to ensure continuous service delivery 24hrs for HC IIIs and above | This is being undertaken within the resource envelope. All rehabilitated and newly constructed facilities have provision for staff accommodation for critical staff. |
| j) Create a separate fund for health professionals on study leave, to ensure posts are not left vacant while they are school. | A separate fund for health professionals on study leave has not been created because of resource constraints |
| k) Train health workers in sign language | Review of the training curriculum has not been concluded |

| Priority Actions / Recommendations | | Progress / Achievements |
|---|---|---|
| | **13. Health Infrastructure** | |
| a) | Prioritize under-served areas for upgrading of HC II HC III, IVs or Hospitals and construction of HC IIIs and IVs | The upgrading and construction of facilities is being undertaken taking into consideration under served and hard to reach areas. MoH wrote to MoFPED requesting for funding to construct HC IIIs in all the 142 subcounties without any health facility to increase access. |
| b) | Ensure all RRHs have imaging equipment for quality care | Not yet achieved |
| c) | Assess and provide the necessities (e.g. water, electricity, internet connectivity, sanitation facilities i.e. VIP latrines, placenta pits and incinerators) to health facilities | Assessments have been carried out for General Hospitals and HC IVs for the needs. |
| d) | Renovation of old hospitals e.g. Masindi to improve infrastructure. | This is ongoing, with Kawolo completed and Kayunga and Yumbe at over 90%. Busolwe and Gombe are being renovated and re-equipped. |
| e) | Increase resource allocation to the Regional Medical Equipment Workshops to improve their capacity to adequately conduct supervision, maintenance and repair of medical equipment. | Not done however, the Medical equipment and health infrastructure maintenance policy is being developed to ensure among other things, more funds are allocated to Regional Equipment Maintenance workshops. |
| f) | Allocate funds for continuous Medical Equipment User training to the Regional Equipment Maintenance Workshops | This is an ongoing process and improvements are being made for example a plan to carry out stock taking is in place and have real time online equipment performance tool to monitor and supervise the use and maintenance of the equipment. |
| g) | Establish mechanisms for leasing medical equipment under the Public Private Partnership Arrangements | A policy on the procurement, management, use and disposal of the equipment is being drafted. A lease and placement policies are being worked. |
| | **14. Governance and Leadership** | |
| a) | Conduct regional-level annual pre-JRM meetings | 2 pre-JRM meetings held in West Nile and Rwenzori Regions in FY 2019/20 with support from Enabel. There is need to institutionalize the regional review meetings for sustainability. |
| b) | Develop Comprehensive District Health Plan and budget to cover all implementers including CSOs and Partner supported activities at all levels | All districts were oriented on the revised Health Sector Planning Guidelines for LGs and support provided through UNICEF to develop comprehensive plans. |
| c) | Operationalize the Support Supervision Strategy where RRHs should be funded to conduct technical support supervision. | The strategy for support supervision ready for dissemination. Operational guidelines for support supervision were also finalized ready for use<br><br>Funding has been identified to operationalize the strategy. |
| d) | Improve supervision by all stakeholders within the health sector and beyond to reduce preventable mortality. This should be focused on the low performing districts. | New support supervision strategy and guidelines have been developed to improve the quality of support supervision in the health sector. Targeted support to low performing districts considered during the Pre-JRM field visits and during other planned support supervision activities whenever resources are available. |
| e) | Functionalize the DHMTs to address health issues in the community – PS to send circular to all CAOs on the composition and responsibilities of the DHMTs | Communication was shared with districts where support to DHMT has been included among the priority areas of focus during MoH routine support supervision Local Governments. More steps to be taken during the operationalization of the Regional Referral Hospital Community Health Department support to districts in the respective regions strategy. |
| f) | Strengthen joint planning at sub county level to ensure a multi-sectoral approach to service delivery for Universal Health Coverage | During regional planning meeting with districts Multisectorality and strengthening of partnerships has been encouraged in planning at all levels including the sub county level. |
| g) | Dissemination of the Health Unit Management Committee and Hospital Management Board Guidelines | Dissemination has been done and some hospitals and lower health facilities are already implementing the guidelines. |
| h) | Develop a Comprehensive Community Health Strategy with a clear coordination and implementation structure | Development of Community Health Strategy is in progress; We lost time due to Lockdown. The Regulatory Impact Assessment (RIA) i report is ready. |

| Priority Actions / Recommendations | Progress / Achievements |
|---|---|
| i) Fast track the Food and Drug Authority Bill before Cabinet to address issues of food safety. | Discussions were concluded and due for presentation to Cabinet. Following amendment by the first parliamentary council. |
| **15. Health Information Research, M&E** | |
| a) Revise the SUO for hospitals to include:<br>• Health promotion and prevention and not focus on treatment only<br>• RRHs should be measured against support to Lower level health facilities in PHC supervision for preventive health care | Not yet done. Performance indicators are yet to be determined. |
| b) Revise indicators measuring sector performance in line with UHC goals and adapt them to SDG indicators in the M&E framework | M &E Frame work for HSDP II 2020-2024 has incorporated key SDG UHC indicators. |
| c) Roll out EMRS to limit one patient coming for drugs 5 times in one week. | • A readiness assessment of the 16 RRHs in terms of human resources, internet connectivity, hardware, software and use of ICT was carried out.<br>• The first batch of equipment includes 480 laptops, 240 desktops, 240 desktop monitors, Wireless Access points, WLAN installation equipment , etc was delivered by July and second batch to be delivered by October 2020.<br>• WLAN installation has been done in a total of 10 RRHs.<br>• The National Backbone hasn't been extended to 6 RRHs (Arua, Gulu, Jinja, Mubende, Moroto and Mityana) and this hindered the installation of the WLAN. |
| **16. Health financing** | |
| a) Fast track enactment of National Health Insurance Scheme as an additional health financing mechanism. | NHIS Bill submitted to Parliament for consideration. Health Committee of Parliament consultations ongoing. |
| b) Lobby for increased allocation of funds for the maintenance of health facilities and equipment | The budget for repairs and maintenance increased from sh 10.3 bn in FY 2019/2020 to sh 22.4 bn translating to 17% increment. However, some LGs are not reporting /accounting for the funds which will affect disbursement |
| c) Increase allocative and technical efficiency in the provision of financial resources in the health sector with focus on prevention vs curative. | 30% of PHC non-wage recurrent equivalent to sh 26Bn was earmarked for health promotion and disease prevention at local government level.<br>In Addition, there are other interventions e.g. immunization, malaria prevention, HIV/AIDS prevention funded by GAVI, GF, and sanitation that are general towards prevention and curative practices. |
| d) Review resource allocation to urban authorities in line with the Urban Health Strategy to cater for the health priorities and population dynamics | Urban Health Strategy not yet finalized. |
| e) Institutionalize the RBF approach in resource allocation to all health facilities | The framework for implementation of RBF in resource allocation is scheduled to be completed in November 2020. This will be applied in the PHC Grant allocations to health facilities under the UgIFT program beginning FY 2022/23. |
| f) Mobilize additional resources for refugee health services and response | The refugee population was factored in the resource allocation formula.<br>Districts hosting refugees received more funds from GOU based on the refugee populations. |

# 3.4 Annex 7: District League Table FY 2019/20

| District | Coverage (45%) | | | | | | | | | | | | Quality (20%) | | | | | | | | HR (10%) | | Reporting (15%) | | | | | | % score (Total score /90)*100 | National Ranking |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | PCV3 cov | | ANC4 Cov | | IPT2 Cov | | Deliveries Cov | | HIV+ pregnant women initiated on ART Cov | | Latrine Coverage | | Fresh Still Births per 1,000 Deliveries | | Maternal Deaths Audited | | TB Treatment Success Rate | | Patients diagnosed with Malaria that are lab confirmed | | Approved posts filled with qualified person-nel (public) | | Monthly reports sent on time | | Completeness monthly reports | | Timeliness of Quarterly PBS reporting | | | |
| | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | | |
| | | 10 | | 5 | | 5 | | 10 | | 5 | | 10 | | 5 | | 5 | | 5 | | 5 | | 10 | | 5 | | 5 | | 5 | | |
| Bushenyi | 101 | 10 | 61 | 3.1 | 61 | 3.1 | 80 | 8.0 | 102 | 5.0 | 99 | 9.9 | 6 | 4.1 | 80 | 4.0 | 76 | 3.8 | 96 | 4.8 | 69 | 6.9 | 87 | 4.3 | 98 | 4.9 | 50 | 2.5 | **82.64** | **1** |
| Nebbi | 94 | 9.4 | 70 | 3.5 | 92 | 4.6 | 86 | 8.6 | 96 | 4.8 | 76 | 7.6 | 8 | 3.8 | 100 | 5.0 | 90 | 4.5 | 98 | 4.9 | 71 | 7.1 | 98 | 4.9 | 99 | 5.0 | 0 | 0.0 | **81.86** | **2** |
| Ngora | 95 | 9.5 | 43 | 2.2 | 61 | 3.1 | 70 | 7.0 | 86 | 4.3 | 90 | 9.0 | 1 | 4.9 | 133 | 5.0 | 88 | 4.4 | 96 | 4.8 | 70 | 7.0 | 90 | 4.5 | 100 | 5.0 | 50 | 2.5 | **81.27** | **3** |
| Gulu | 110 | 10 | 60 | 3.0 | 82 | 4.1 | 96 | 9.6 | 91 | 4.5 | 87 | 8.7 | 10 | 3.5 | 100 | 5.0 | 67 | 3.3 | 86 | 4.3 | 79 | 7.9 | 88 | 4.4 | 95 | 4.8 | 0 | 0.0 | **81.25** | **4** |
| Kabale | 95 | 9.5 | 46 | 2.3 | 63 | 3.1 | 80 | 8.0 | 100 | 5.0 | 99 | 9.9 | 9 | 3.6 | 85 | 4.2 | 83 | 4.2 | 81 | 4.1 | 75 | 7.5 | 98 | 4.9 | 100 | 5.0 | 25 | 1.3 | **80.55** | **5** |
| Jinja | 86 | 8.6 | 50 | 2.5 | 73 | 3.7 | 84 | 8.4 | 98 | 4.9 | 82 | 8.2 | 8 | 3.8 | 86 | 4.3 | 78 | 3.9 | 83 | 4.2 | 84 | 8.4 | 60 | 3.0 | 96 | 4.8 | 75 | 3.8 | **80.35** | **6** |
| Kanungu | 89 | 8.9 | 49 | 2.5 | 59 | 3.0 | 60 | 6.0 | 101 | 5.0 | 94 | 9.4 | 6 | 4.1 | 89 | 4.4 | 87 | 4.4 | 94 | 4.7 | 76 | 7.6 | 92 | 4.6 | 100 | 5.0 | 50 | 2.5 | **79.93** | **7** |
| Zombo | 87 | 8.7 | 43 | 2.2 | 76 | 3.8 | 58 | 5.8 | 102 | 5.0 | 88 | 8.8 | 6 | 4.0 | 114 | 5.0 | 86 | 4.3 | 98 | 4.9 | 73 | 7.3 | 96 | 4.8 | 98 | 4.9 | 50 | 2.5 | **79.82** | **8** |
| Maracha | 92 | 9.2 | 50 | 2.5 | 73 | 3.7 | 59 | 5.9 | 103 | 5.0 | 89 | 8.9 | 9 | 3.7 | 150 | 5.0 | 89 | 4.5 | 94 | 4.7 | 81 | 8.1 | 99 | 4.9 | 100 | 5.0 | 0 | 0.0 | **78.92** | **9** |
| Sheema | 92 | 9.2 | 56 | 2.8 | 58 | 2.9 | 85 | 8.5 | 94 | 4.7 | 99 | 9.9 | 4 | 4.5 | 75 | 3.8 | 72 | 3.6 | 68 | 3.4 | 54 | 5.4 | 98 | 4.9 | 100 | 5.0 | 50 | 2.5 | **78.91** | **10** |
| Rukungiri | 81 | 8.1 | 60 | 3.0 | 71 | 3.6 | 73 | 7.3 | 104 | 5.0 | 99 | 9.9 | 3 | 4.5 | 60 | 3.0 | 73 | 3.6 | 94 | 4.7 | 59 | 5.9 | 98 | 4.9 | 99 | 5.0 | 50 | 2.5 | **78.88** | **11** |
| Kabarole | 102 | 10 | 49 | 2.5 | 63 | 3.2 | 98 | 9.8 | 99 | 4.9 | 72 | 7.2 | 13 | 3.1 | 36 | 1.8 | 79 | 4.0 | 94 | 4.7 | 78 | 7.8 | 92 | 4.6 | 99 | 4.9 | 50 | 2.5 | **78.74** | **12** |
| Koboko | 87 | 8.7 | 55 | 2.7 | 75 | 3.8 | 64 | 6.4 | 94 | 4.7 | 80 | 8.0 | 7 | 3.9 | 125 | 5.0 | 97 | 4.8 | 98 | 4.9 | 44 | 4.4 | 96 | 4.8 | 100 | 5.0 | 75 | 3.8 | **78.68** | **13** |
| Butaleja | 83 | 8.3 | 60 | 3.0 | 98 | 4.9 | 75 | 7.5 | 88 | 4.4 | 80 | 8.0 | 6 | 4.1 | 88 | 4.4 | 78 | 3.9 | 88 | 4.4 | 63 | 6.3 | 100 | 5.0 | 100 | 5.0 | 25 | 1.3 | **78.26** | **14** |
| Manafwa | 80 | 8.0 | 37 | 1.9 | 63 | 3.2 | 60 | 6.0 | 87 | 4.4 | 89 | 8.9 | 5 | 4.2 | --- | 5 | 82 | 4.1 | 86 | 4.3 | 75 | 7.5 | 86 | 4.3 | 99 | 5.0 | 75 | 3.8 | **78.20** | **15** |
| Masaka | 86 | 8.6 | 57 | 2.8 | 61 | 3.1 | 91 | 9.1 | 97 | 4.9 | 84 | 8.4 | 11 | 3.3 | 42 | 2.1 | 72 | 3.6 | 96 | 4.8 | 70 | 7.0 | 98 | 4.9 | 99 | 5.0 | 50 | 2.5 | **77.99** | **16** |
| Oyam | 89 | 8.9 | 57 | 2.8 | 68 | 3.4 | 72 | 7.2 | 82 | 4.1 | 79 | 7.9 | 6 | 4.0 | 94 | 4.7 | 94 | 4.7 | 96 | 4.8 | 72 | 7.2 | 84 | 4.2 | 97 | 4.8 | 25 | 1.3 | **77.88** | **17** |
| Madi-okollo | 96 | 9.6 | 39 | 2.0 | 79 | 4.0 | 61 | 6.1 | 96 | 4.8 | 75 | 7.5 | 4 | 4.4 | --- | 5 | 96 | 4.8 | 95 | 4.8 | 60 | 6.0 | 98 | 4.9 | 100 | 5.0 | 25 | 1.3 | **77.81** | **18** |

| District | Coverage (45%) | | | | | | | | | | | | Quality (20%) | | | | | | | | HR (10%) | | Reporting (15%) | | | | | | % score (Total score /90)*100 | National Ranking |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | PCV3 cov | | ANC4 Cov | | IPT2 Cov | | Deliveries Cov | | HIV+ pregnant women initiated on ART Cov | | Latrine Coverage | | Fresh Still Births per 1,000 Deliveries | | Maternal Deaths Audited | | TB Treatment Success Rate | | Patients diagnosed with Malaria that are lab confirmed | | Approved posts filled with qualified person-nel (public) | | Monthly reports sent on time | | Completeness monthly reports | | Timeliness of Quarterly PBS reporting | | | |
| | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | | |
| | | 10 | | 5 | | 5 | | 10 | | 5 | | 10 | | 5 | | 5 | | 5 | | 5 | | 10 | | 5 | | 5 | | 5 | | |
| Pallisa | 86 | 8.6 | 43 | 2.1 | 67 | 3.4 | 67 | 6.7 | 70 | 3.5 | 90 | 9.0 | 6 | 4.0 | 133 | 5.0 | 84 | 4.2 | 98 | 4.9 | 77 | 7.7 | 83 | 4.2 | 98 | 4.9 | 25 | 1.3 | **77.21** | **19** |
| Amuria | 109 | 10 | 45 | 2.2 | 65 | 3.3 | 54 | 5.4 | 98 | 4.9 | 88 | 8.8 | 3 | 4.5 | 100 | 5.0 | 60 | 3.0 | 98 | 4.9 | 56 | 5.6 | 86 | 4.3 | 100 | 5.0 | 50 | 2.5 | **77.13** | **20** |
| Kibaale | 98 | 9.8 | 37 | 1.9 | 61 | 3.0 | 48 | 4.8 | 74 | 3.7 | 87 | 8.7 | 15 | 2.7 | 100 | 5.0 | 84 | 4.2 | 92 | 4.6 | 87 | 8.7 | 71 | 3.5 | 99 | 5.0 | 75 | 3.8 | **77.08** | **21** |
| Bukedea | 97 | 9.7 | 35 | 1.8 | 54 | 2.7 | 56 | 5.6 | 84 | 4.2 | 89 | 8.9 | 4 | 4.4 | 100 | 5.0 | 77 | 3.8 | 97 | 4.9 | 72 | 7.2 | 100 | 5.0 | 100 | 5.0 | 25 | 1.3 | **77.08** | **21** |
| Busia | 95 | 9.5 | 44 | 2.2 | 74 | 3.7 | 70 | 7.0 | 100 | 5.0 | 89 | 8.9 | 11 | 3.3 | 60 | 3.0 | 80 | 4.0 | 94 | 4.7 | 56 | 5.6 | 100 | 5.0 | 100 | 5.0 | 50 | 2.5 | **77.05** | **23** |
| Kampala | 87 | 8.7 | 54 | 2.7 | 62 | 3.1 | 103 | 10 | 91 | 4.5 | 94 | 9.4 | 11 | 3.4 | 59 | 3.0 | 83 | 4.2 | 52 | 2.6 | 211 | 10 | 60 | 3.0 | 97 | 4.8 | 0 | 0.0 | **77.02** | **24** |
| Butebo | 90 | 9.0 | 36 | 1.8 | 62 | 3.1 | 56 | 5.6 | 100 | 5.0 | 83 | 8.3 | 5 | 4.3 | --- | 5 | 124 | 5.0 | 97 | 4.9 | 87 | 8.7 | 70 | 3.5 | 99 | 5.0 | 0 | 0.0 | **76.78** | **25** |
| Budaka | 90 | 9.0 | 46 | 2.3 | 61 | 3.0 | 72 | 7.2 | 100 | 5.0 | 73 | 7.3 | 6 | 4.1 | 100 | 5.0 | 79 | 4.0 | 99 | 4.9 | 70 | 7.0 | 85 | 4.2 | 98 | 4.9 | 25 | 1.3 | **76.74** | **26** |
| Pakwach | 88 | 8.8 | 44 | 2.2 | 75 | 3.7 | 62 | 6.2 | 100 | 5.0 | 83 | 8.3 | 3 | 4.5 | 50 | 2.5 | 91 | 4.5 | 100 | 5.0 | 53 | 5.3 | 99 | 4.9 | 100 | 5.0 | 50 | 2.5 | **76.16** | **27** |
| Lyantonde | 112 | 10 | 54 | 2.7 | 85 | 4.2 | 93 | 9.3 | 104 | 5.0 | 90 | 9.0 | 21 | 1.7 | 25 | 1.3 | 83 | 4.1 | 100 | 5.0 | 63 | 6.3 | 98 | 4.9 | 99 | 4.9 | 0 | 0.0 | **76.08** | **28** |
| Hoima | 92 | 9.2 | 38 | 1.9 | 71 | 3.6 | 81 | 8.1 | 95 | 4.7 | 79 | 7.9 | 23 | 1.5 | 84 | 4.2 | 79 | 4.0 | 92 | 4.6 | 84 | 8.4 | 83 | 4.2 | 98 | 4.9 | 25 | 1.3 | **76.02** | **29** |
| Rukiga | 84 | 8.4 | 51 | 2.5 | 64 | 3.2 | 55 | 5.5 | 93 | 4.7 | 93 | 9.3 | 2 | 4.7 | 100 | 5.0 | 90 | 4.5 | 90 | 4.5 | 61 | 6.1 | 98 | 4.9 | 100 | 5.0 | 0 | 0.0 | **75.86** | **30** |
| Mbarara | 85 | 8.5 | 58 | 2.9 | 63 | 3.1 | 104 | 10 | 91 | 4.6 | 99 | 9.9 | 10 | 3.4 | 36 | 1.8 | 84 | 4.2 | 73 | 3.7 | 64 | 6.4 | 94 | 4.7 | 99 | 5.0 | 0 | 0.0 | **75.72** | **31** |
| Kween | 86 | 8.6 | 36 | 1.8 | 60 | 3.0 | 52 | 5.2 | 93 | 4.7 | 76 | 7.6 | 6 | 4.1 | 150 | 5.0 | 95 | 4.8 | 96 | 4.8 | 79 | 7.9 | 85 | 4.2 | 100 | 5.0 | 25 | 1.3 | **75.40** | **32** |
| Otuke | 84 | 8.4 | 48 | 2.4 | 67 | 3.3 | 44 | 4.4 | 93 | 4.6 | 83 | 8.3 | 7 | 3.9 | 100 | 5.0 | 83 | 4.2 | 100 | 5.0 | 68 | 6.8 | 96 | 4.8 | 100 | 5.0 | 25 | 1.3 | **74.88** | **33** |
| Kiryandongo | 93 | 9.3 | 45 | 2.3 | 74 | 3.7 | 56 | 5.6 | 91 | 4.6 | 79 | 7.9 | 10 | 3.5 | 82 | 4.1 | 80 | 4.0 | 92 | 4.6 | 73 | 7.3 | 88 | 4.4 | 97 | 4.9 | 25 | 1.3 | **74.80** | **34** |
| Dokolo | 85 | 8.5 | 51 | 2.6 | 61 | 3.0 | 56 | 5.6 | 66 | 3.3 | 92 | 9.2 | 4 | 4.4 | 80 | 4.0 | 86 | 4.3 | 98 | 4.9 | 76 | 7.6 | 98 | 4.9 | 100 | 5.0 | 0 | 0.0 | **74.78** | **35** |
| Bundibugyo | 100 | 10 | 42 | 2.1 | 69 | 3.5 | 66 | 6.6 | 102 | 5.0 | 73 | 7.3 | 5 | 4.2 | 33 | 1.7 | 81 | 4.1 | 100 | 5.0 | 68 | 6.8 | 96 | 4.8 | 99 | 5.0 | 25 | 1.3 | **74.62** | **36** |
| Mpigi | 95 | 9.5 | 51 | 2.5 | 64 | 3.2 | 75 | 7.5 | 96 | 4.8 | 68 | 6.8 | 10 | 3.5 | 150 | 5.0 | 70 | 3.5 | 98 | 4.9 | 77 | 7.7 | 67 | 3.3 | 98 | 4.9 | 0 | 0.0 | **74.59** | **37** |

| District | Coverage (45%) | | | | | | | | | | | | Quality (20%) | | | | | | | | HR (10%) | | Reporting (15%) | | | | | | % score (Total score /90)*100 | National Ranking |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | PCV3 cov | | ANC4 Cov | | IPT2 Cov | | Deliveries Cov | | HIV+ pregnant women initiated on ART Cov | | Latrine Coverage | | Fresh Still Births per 1,000 Deliveries | | Maternal Deaths Audited | | TB Treatment Success Rate | | Patients diagnosed with Malaria that are lab confirmed | | Approved posts filled with qualified person-nel (public) | | Monthly reports sent on time | | Completeness monthly reports | | Timeliness of Quarterly PBS reporting | | | |
| | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | | |
| | | 10 | | 5 | | 5 | | 10 | | 5 | | 10 | | 5 | | 5 | | 5 | | 5 | | 10 | | 5 | | 5 | | 5 | | |
| Kole | 88 | 8.8 | 50 | 2.5 | 56 | 2.8 | 43 | 4.3 | 107 | 5.0 | 95 | 9.5 | 3 | 4.5 | 50 | 2.5 | 77 | 3.9 | 100 | 5.0 | 68 | 6.8 | 80 | 4.0 | 100 | 5.0 | 50 | 2.5 | **74.55** | **38** |
| Alebtong | 93 | 9.3 | 43 | 2.1 | 56 | 2.8 | 47 | 4.7 | 86 | 4.3 | 91 | 9.1 | 3 | 4.6 | 100 | 5.0 | 82 | 4.1 | 98 | 4.9 | 64 | 6.4 | 96 | 4.8 | 99 | 5.0 | 0 | 0.0 | **74.49** | **39** |
| Moyo | 61 | 6.1 | 45 | 2.3 | 48 | 2.4 | 79 | 7.9 | 88 | 4.4 | 96 | 9.6 | 7 | 3.9 | 67 | 3.3 | 88 | 4.4 | 94 | 4.7 | 83 | 8.3 | 93 | 4.6 | 100 | 5.0 | 0 | 0.0 | **74.42** | **40** |
| Amuru | 87 | 8.7 | 42 | 2.1 | 72 | 3.6 | 51 | 5.1 | 93 | 4.7 | 72 | 7.2 | 4 | 4.4 | --- | 5 | 72 | 3.6 | 98 | 4.9 | 82 | 8.2 | 92 | 4.6 | 100 | 5.0 | 0 | 0.0 | **74.40** | **41** |
| Serere | 82 | 8.2 | 31 | 1.6 | 53 | 2.6 | 58 | 5.8 | 85 | 4.3 | 87 | 8.7 | 4 | 4.3 | 120 | 5.0 | 98 | 4.9 | 96 | 4.8 | 53 | 5.3 | 77 | 3.9 | 100 | 5.0 | 50 | 2.5 | **74.33** | **42** |
| Tororo | 89 | 8.9 | 40 | 2.0 | 62 | 3.1 | 57 | 5.7 | 103 | 5.0 | 73 | 7.3 | 7 | 4.0 | 100 | 5.0 | 71 | 3.6 | 92 | 4.6 | 65 | 6.5 | 79 | 4.0 | 95 | 4.8 | 50 | 2.5 | **74.22** | **43** |
| Buyende | 90 | 9.0 | 37 | 1.8 | 43 | 2.1 | 36 | 3.6 | 96 | 4.8 | 86 | 8.6 | 4 | 4.4 | 150 | 5.0 | 69 | 3.5 | 99 | 5.0 | 73 | 7.3 | 80 | 4.0 | 100 | 5.0 | 50 | 2.5 | **74.04** | **44** |
| Mbale | 83 | 8.3 | 58 | 2.9 | 68 | 3.4 | 82 | 8.2 | 96 | 4.8 | 65 | 6.5 | 14 | 2.9 | 92 | 4.6 | 74 | 3.7 | 96 | 4.8 | 73 | 7.3 | 83 | 4.2 | 100 | 5.0 | 0 | 0.0 | **73.93** | **45** |
| Kibuku | 92 | 9.2 | 35 | 1.7 | 45 | 2.3 | 62 | 6.2 | 93 | 4.7 | 83 | 8.3 | 4 | 4.4 | 67 | 3.3 | 52 | 2.6 | 98 | 4.9 | 78 | 7.8 | 98 | 4.9 | 98 | 4.9 | 25 | 1.3 | **73.75** | **46** |
| Kyotera | 81 | 8.1 | 50 | 2.5 | 63 | 3.1 | 74 | 7.4 | 94 | 4.7 | 70 | 7.0 | 12 | 3.1 | 108 | 5.0 | 79 | 4.0 | 99 | 4.9 | 71 | 7.1 | 86 | 4.3 | 100 | 5.0 | 0 | 0.0 | **73.58** | **47** |
| Kalaki | 93 | 9.3 | 33 | 1.6 | 51 | 2.5 | 55 | 5.5 | 109 | 5.0 | 87 | 8.7 | 11 | 3.2 | 100 | 5.0 | 49 | 2.4 | 100 | 5.0 | 69 | 6.9 | 92 | 4.6 | 100 | 5.0 | 25 | 1.3 | **73.55** | **48** |
| Iganga | 83 | 8.3 | 40 | 2.0 | 57 | 2.9 | 69 | 6.9 | 91 | 4.6 | 85 | 8.5 | 13 | 3.1 | 77 | 3.8 | 76 | 3.8 | 95 | 4.7 | 73 | 7.3 | 68 | 3.4 | 88 | 4.4 | 50 | 2.5 | **73.53** | **49** |
| Mukono | 89 | 8.9 | 38 | 1.9 | 62 | 3.1 | 62 | 6.2 | 93 | 4.7 | 83 | 8.3 | 5 | 4.2 | 20 | 1.0 | 81 | 4.1 | 90 | 4.5 | 70 | 7.0 | 73 | 3.7 | 100 | 5.0 | 75 | 3.8 | **73.52** | **50** |
| Kyenjojo | 96 | 9.6 | 45 | 2.2 | 64 | 3.2 | 57 | 5.7 | 97 | 4.8 | 90 | 9.0 | 8 | 3.7 | 54 | 2.7 | 87 | 4.3 | 91 | 4.6 | 70 | 7.0 | 84 | 4.2 | 100 | 5.0 | 0 | 0.0 | **73.46** | **51** |
| Kiruhura | 107 | 10 | 55 | 2.8 | 64 | 3.2 | 54 | 5.4 | 99 | 5.0 | 96 | 9.6 | 4 | 4.4 | 0 | 0.0 | 80 | 4.0 | 100 | 5.0 | 56 | 5.6 | 98 | 4.9 | 99 | 5.0 | 25 | 1.3 | **73.41** | **52** |
| Kumi | 90 | 9.0 | 50 | 2.5 | 64 | 3.2 | 62 | 6.2 | 97 | 4.8 | 89 | 8.9 | 6 | 4.1 | 83 | 4.2 | 67 | 3.4 | 100 | 5.0 | 50 | 5.0 | 96 | 4.8 | 98 | 4.9 | 0 | 0.0 | **73.31** | **53** |
| Luwero | 98 | 9.8 | 48 | 2.4 | 76 | 3.8 | 74 | 7.4 | 97 | 4.9 | 83 | 8.3 | 10 | 3.5 | 67 | 3.3 | 61 | 3.0 | 92 | 4.6 | 68 | 6.8 | 66 | 3.3 | 92 | 4.6 | 0 | 0.0 | **72.99** | **54** |
| Mityana | 88 | 8.8 | 46 | 2.3 | 87 | 4.3 | 72 | 7.2 | 94 | 4.7 | 77 | 7.7 | 12 | 3.2 | 71 | 3.6 | 66 | 3.3 | 89 | 4.4 | 69 | 6.9 | 86 | 4.3 | 99 | 5.0 | 0 | 0.0 | **72.91** | **55** |
| Kagadi | 111 | 10 | 36 | 1.8 | 66 | 3.3 | 50 | 5.0 | 92 | 4.6 | 70 | 7.0 | 18 | 2.2 | 54 | 2.7 | 85 | 4.3 | 87 | 4.3 | 85 | 8.5 | 90 | 4.5 | 95 | 4.8 | 50 | 2.5 | **72.75** | **56** |
| Bugweri | 80 | 8.0 | 32 | 1.6 | 55 | 2.7 | 35 | 3.5 | 90 | 4.5 | 94 | 9.4 | 7 | 3.9 | 100 | 5.0 | 80 | 4.0 | 98 | 4.9 | 66 | 6.6 | 78 | 3.9 | 99 | 5.0 | 50 | 2.5 | **72.74** | **57** |

| District | Coverage (45%) | | | | | | | | | | | | Quality (20%) | | | | | | | | HR (10%) | | Reporting (15%) | | | | | | % score (Total score /90)*100 | National Ranking |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | PCV3 cov | | ANC4 Cov | | IPT2 Cov | | Deliveries Cov | | HIV+ pregnant women initiated on ART Cov | | Latrine Coverage | | Fresh Still Births per 1,000 Deliveries | | Maternal Deaths Audited | | TB Treatment Success Rate | | Patients diagnosed with Malaria that are lab confirmed | | Approved posts filled with qualified person-nel (public) | | Monthly reports sent on time | | Completeness monthly reports | | Timeliness of Quarterly PBS reporting | | | |
| | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | | |
| | | 10 | | 5 | | 5 | | 10 | | 5 | | 10 | | 5 | | 5 | | 5 | | 5 | | 10 | | 5 | | 5 | | 5 | | |
| Napak | 109 | 10 | 48 | 2.4 | 53 | 2.6 | 69 | 6.9 | 103 | 5.0 | 36 | 3.6 | 7 | 3.9 | 80 | 4.0 | 61 | 3.1 | 80 | 4.0 | 63 | 6.3 | 94 | 4.7 | 99 | 4.9 | 75 | 3.8 | **72.36** | **58** |
| Omoro | 93 | 9.3 | 40 | 2.0 | 94 | 4.7 | 48 | 4.8 | 95 | 4.7 | 80 | 8.0 | 4 | 4.4 | 0 | 0.0 | 92 | 4.6 | 100 | 5.0 | 83 | 8.3 | 84 | 4.2 | 100 | 5.0 | 0 | 0.0 | **72.31** | **59** |
| Agago | 88 | 8.8 | 49 | 2.5 | 66 | 3.3 | 63 | 6.3 | 74 | 3.7 | 58 | 5.8 | 4 | 4.3 | 100 | 5.0 | 69 | 3.4 | 97 | 4.8 | 55 | 5.5 | 83 | 4.1 | 98 | 4.9 | 50 | 2.5 | **72.24** | **60** |
| Sironko | 90 | 9.0 | 40 | 2.0 | 56 | 2.8 | 59 | 5.9 | 98 | 4.9 | 84 | 8.4 | 6 | 4.1 | 100 | 5.0 | 60 | 3.0 | 82 | 4.1 | 69 | 6.9 | 82 | 4.1 | 95 | 4.7 | 0 | 0.0 | **72.18** | **61** |
| Rubanda | 92 | 9.2 | 48 | 2.4 | 60 | 3.0 | 54 | 5.4 | 101 | 5.0 | 92 | 9.2 | 4 | 4.5 | 0 | 0.0 | 66 | 3.3 | 98 | 4.9 | 81 | 8.1 | 98 | 4.9 | 100 | 5.0 | 0 | 0.0 | **72.13** | **62** |
| Kisoro | 88 | 8.8 | 38 | 1.9 | 73 | 3.7 | 69 | 6.9 | 98 | 4.9 | 77 | 7.7 | 5 | 4.2 | 40 | 2.0 | 57 | 2.9 | 93 | 4.7 | 81 | 8.1 | 90 | 4.5 | 95 | 4.8 | 0 | 0.0 | **72.11** | **63** |
| Bugiri | 93 | 9.3 | 30 | 1.5 | 64 | 3.2 | 43 | 4.3 | 98 | 4.9 | 76 | 7.6 | 9 | 3.6 | 163 | 5.0 | 77 | 3.8 | 99 | 4.9 | 63 | 6.3 | 86 | 4.3 | 96 | 4.8 | 25 | 1.3 | **72.09** | **64** |
| Amolatar | 92 | 9.2 | 53 | 2.6 | 60 | 3.0 | 48 | 4.8 | 74 | 3.7 | 85 | 8.5 | 7 | 4.0 | --- | 5 | 63 | 3.2 | 97 | 4.9 | 71 | 7.1 | 76 | 3.8 | 100 | 5.0 | 0 | 0.0 | **71.98** | **65** |
| Soroti | 89 | 8.9 | 41 | 2.1 | 59 | 2.9 | 76 | 7.6 | 98 | 4.9 | 84 | 8.4 | 9 | 3.6 | 118 | 5.0 | 61 | 3.0 | 97 | 4.8 | 49 | 4.9 | 75 | 3.7 | 97 | 4.8 | 0 | 0.0 | **71.96** | **66** |
| Kamuli | 87 | 8.7 | 41 | 2.1 | 53 | 2.6 | 55 | 5.5 | 94 | 4.7 | 80 | 8.0 | 10 | 3.5 | 81 | 4.1 | 87 | 4.4 | 96 | 4.8 | 80 | 8.0 | 71 | 3.5 | 97 | 4.8 | 0 | 0.0 | **71.96** | **67** |
| Nwoya | 80 | 8.0 | 39 | 1.9 | 51 | 2.6 | 42 | 4.2 | 87 | 4.3 | 87 | 8.7 | 6 | 4.1 | 67 | 3.3 | 80 | 4.0 | 96 | 4.8 | 74 | 7.4 | 78 | 3.9 | 100 | 5.0 | 50 | 2.5 | **71.91** | **68** |
| Kapelebyong | 116 | 10 | 28 | 1.4 | 67 | 3.3 | 60 | 6.0 | 90 | 4.5 | 61 | 6.1 | 5 | 4.3 | 150 | 5.0 | 61 | 3.0 | 98 | 4.9 | 59 | 5.9 | 80 | 4.0 | 98 | 4.9 | 25 | 1.3 | **71.81** | **69** |
| Kalungu | 85 | 8.5 | 45 | 2.3 | 58 | 2.9 | 72 | 7.2 | 99 | 5.0 | 88 | 8.8 | 9 | 3.7 | 0 | 0.0 | 78 | 3.9 | 96 | 4.8 | 70 | 7.0 | 84 | 4.2 | 100 | 5.0 | 25 | 1.3 | **71.64** | **70** |
| Kakumiro | 85 | 8.5 | 48 | 2.4 | 82 | 4.1 | 45 | 4.5 | 96 | 4.8 | 86 | 8.6 | 10 | 3.5 | 100 | 5.0 | 77 | 3.9 | 95 | 4.8 | 45 | 4.5 | 98 | 4.9 | 99 | 5.0 | 0 | 0.0 | **71.53** | **71** |
| Kaliro | 95 | 9.5 | 28 | 1.4 | 42 | 2.1 | 29 | 2.9 | 91 | 4.6 | 83 | 8.3 | 8 | 3.8 | 200 | 5.0 | 85 | 4.2 | 95 | 4.7 | 86 | 8.6 | 85 | 4.2 | 98 | 4.9 | 0 | 0.0 | **71.36** | **72** |
| Butambala | 90 | 9.0 | 36 | 1.8 | 70 | 3.5 | 112 | 10 | 95 | 4.8 | 69 | 6.9 | 14 | 2.9 | 31 | 1.5 | 66 | 3.3 | 95 | 4.7 | 58 | 5.8 | 75 | 3.7 | 98 | 4.9 | 25 | 1.3 | **71.26** | **73** |
| Obongi | 59 | 5.9 | 40 | 2.0 | 52 | 2.6 | 40 | 4.0 | 88 | 4.4 | 96 | 9.6 | 5 | 4.2 | --- | 5 | 90 | 4.5 | 79 | 4.0 | 59 | 5.9 | 90 | 4.5 | 100 | 5.0 | 50 | 2.5 | **71.11** | **74** |
| Ntungamo | 83 | 8.3 | 36 | 1.8 | 42 | 2.1 | 55 | 5.5 | 96 | 4.8 | 96 | 9.6 | 5 | 4.3 | 57 | 2.9 | 78 | 3.9 | 83 | 4.2 | 60 | 6.0 | 90 | 4.5 | 99 | 5.0 | 25 | 1.3 | **71.10** | **75** |
| Ibanda | 85 | 8.5 | 40 | 2.0 | 51 | 2.6 | 59 | 5.9 | 92 | 4.6 | 85 | 8.5 | 10 | 3.5 | 91 | 4.5 | 78 | 3.9 | 98 | 4.9 | 49 | 4.9 | 55 | 2.7 | 100 | 5.0 | 50 | 2.5 | **71.00** | **76** |
| Kitagwenda | 81 | 8.1 | 37 | 1.9 | 47 | 2.3 | 47 | 4.7 | 97 | 4.8 | 81 | 8.1 | 4 | 4.4 | 0 | 0.0 | 94 | 4.7 | 96 | 4.8 | 81 | 8.1 | 93 | 4.7 | 97 | 4.8 | 50 | 2.5 | **70.93** | **77** |

| District | Coverage (45%) | | | | | | | | | | | | Quality (20%) | | | | | | | | HR (10%) | | Reporting (15%) | | | | | | % score (Total score /90)*100 | National Ranking |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | PCV3 cov | | ANC4 Cov | | IPT2 Cov | | Deliveries Cov | | HIV+ pregnant women initiated on ART Cov | | Latrine Coverage | | Fresh Still Births per 1,000 Deliveries | | Maternal Deaths Audited | | TB Treatment Success Rate | | Patients diagnosed with Malaria that are lab confirmed | | Approved posts filled with qualified person-nel (public) | | Monthly reports sent on time | | Completeness monthly reports | | Timeliness of Quarterly PBS reporting | | | |
| | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | | |
| | | 10 | | 5 | | 5 | | 10 | | 5 | | 10 | | 5 | | 5 | | 5 | | 5 | | 10 | | 5 | | 5 | | 5 | | |
| Sembabule | 96 | 9.6 | 37 | 1.9 | 57 | 2.8 | 35 | 3.5 | 95 | 4.7 | 81 | 8.1 | 15 | 2.7 | --- | 5 | 95 | 4.7 | 100 | 5.0 | 49 | 4.9 | 96 | 4.8 | 97 | 4.8 | 25 | 1.3 | **70.90** | **78** |
| Kwania | 86 | 8.6 | 53 | 2.6 | 64 | 3.2 | 47 | 4.7 | 86 | 4.3 | 95 | 9.5 | 10 | 3.5 | 33 | 1.7 | 91 | 4.5 | 99 | 4.9 | 75 | 7.5 | 79 | 4.0 | 97 | 4.9 | 0 | 0.0 | **70.84** | **79** |
| Arua | 82 | 8.2 | 33 | 1.7 | 51 | 2.5 | 54 | 5.4 | 88 | 4.4 | 75 | 7.5 | 12 | 3.1 | 100 | 5.0 | 90 | 4.5 | 87 | 4.3 | 65 | 6.5 | 86 | 4.3 | 100 | 5.0 | 25 | 1.3 | **70.80** | **80** |
| Kapchorwa | 90 | 9.0 | 39 | 2.0 | 55 | 2.8 | 76 | 7.6 | 91 | 4.6 | 80 | 8.0 | 16 | 2.5 | 50 | 2.5 | 54 | 2.7 | 91 | 4.6 | 79 | 7.9 | 96 | 4.8 | 99 | 4.9 | 0 | 0.0 | **70.78** | **81** |
| Bududa | 92 | 9.2 | 26 | 1.3 | 43 | 2.1 | 34 | 3.4 | 91 | 4.5 | 77 | 7.7 | 5 | 4.3 | 100 | 5.0 | 69 | 3.5 | 97 | 4.9 | 79 | 7.9 | 96 | 4.8 | 100 | 5.0 | 0 | 0.0 | **70.62** | **82** |
| Mayuge | 99 | 9.9 | 31 | 1.5 | 45 | 2.2 | 41 | 4.1 | 89 | 4.5 | 82 | 8.2 | 10 | 3.5 | 80 | 4.0 | 74 | 3.7 | 98 | 4.9 | 71 | 7.1 | 77 | 3.9 | 98 | 4.9 | 25 | 1.3 | **70.58** | **83** |
| Kayunga | 84 | 8.4 | 39 | 1.9 | 67 | 3.4 | 60 | 6.0 | 90 | 4.5 | 77 | 7.7 | 6 | 4.1 | 0 | 0.0 | 77 | 3.9 | 98 | 4.9 | 72 | 7.2 | 81 | 4.1 | 100 | 5.0 | 50 | 2.5 | **70.45** | **84** |
| Apac | 94 | 9.4 | 49 | 2.4 | 60 | 3.0 | 49 | 4.9 | 85 | 4.2 | 86 | 8.6 | 8 | 3.8 | 0 | 0.0 | 84 | 4.2 | 97 | 4.8 | 87 | 8.7 | 85 | 4.3 | 99 | 4.9 | 0 | 0.0 | **70.43** | **85** |
| Katakwi | 99 | 9.9 | 44 | 2.2 | 65 | 3.2 | 61 | 6.1 | 93 | 4.6 | 78 | 7.8 | 7 | 4.0 | 40 | 2.0 | 53 | 2.7 | 100 | 5.0 | 62 | 6.2 | 91 | 4.6 | 98 | 4.9 | 0 | 0.0 | **70.30** | **86** |
| Ntoroko | 102 | 10 | 49 | 2.4 | 69 | 3.5 | 64 | 6.4 | 93 | 4.7 | 70 | 7.0 | 10 | 3.5 | 0 | 0.0 | 85 | 4.3 | 93 | 4.6 | 61 | 6.1 | 92 | 4.6 | 100 | 5.0 | 25 | 1.3 | **70.26** | **87** |
| Namayingo | 100 | 10 | 31 | 1.6 | 72 | 3.6 | 34 | 3.4 | 98 | 4.9 | 75 | 7.5 | 13 | 2.9 | --- | 5 | 78 | 3.9 | 96 | 4.8 | 59 | 5.9 | 94 | 4.7 | 99 | 5.0 | 0 | 0.0 | **70.21** | **88** |
| Bunyangabu | 105 | 10 | 48 | 2.4 | 67 | 3.4 | 61 | 6.1 | 104 | 5.0 | 64 | 6.4 | 3 | 4.6 | 0 | 0.0 | 74 | 3.7 | 95 | 4.8 | 85 | 8.5 | 76 | 3.8 | 86 | 4.3 | 0 | 0.0 | **69.81** | **89** |
| Gomba | 86 | 8.6 | 43 | 2.1 | 62 | 3.1 | 43 | 4.3 | 99 | 4.9 | 56 | 5.6 | 4 | 4.4 | --- | 5 | 76 | 3.8 | 92 | 4.6 | 61 | 6.1 | 85 | 4.3 | 95 | 4.8 | 25 | 1.3 | **69.79** | **90** |
| Nakaseke | 109 | 10 | 39 | 1.9 | 63 | 3.1 | 76 | 7.6 | 98 | 4.9 | 77 | 7.7 | 11 | 3.3 | 0 | 0.0 | 61 | 3.1 | 85 | 4.3 | 80 | 8.0 | 78 | 3.9 | 99 | 4.9 | 0 | 0.0 | **69.77** | **91** |
| Isingiro | 82 | 8.2 | 37 | 1.9 | 57 | 2.9 | 46 | 4.6 | 97 | 4.8 | 93 | 9.3 | 7 | 3.9 | 56 | 2.8 | 77 | 3.8 | 95 | 4.7 | 65 | 6.5 | 88 | 4.4 | 100 | 5.0 | 0 | 0.0 | **69.74** | **92** |
| Kaabong | 121 | 10 | 54 | 2.7 | 62 | 3.1 | 70 | 7.0 | 106 | 5.0 | 24 | 2.4 | 7 | 3.9 | 100 | 5.0 | 47 | 2.4 | 82 | 4.1 | 50 | 5.0 | 89 | 4.5 | 100 | 5.0 | 50 | 2.5 | **69.36** | **93** |
| Kyegegwa | 90 | 9.0 | 35 | 1.7 | 47 | 2.4 | 46 | 4.6 | 94 | 4.7 | 86 | 8.6 | 17 | 2.4 | 73 | 3.6 | 97 | 4.9 | 78 | 3.9 | 77 | 7.7 | 60 | 3.0 | 91 | 4.6 | 25 | 1.3 | **69.18** | **94** |
| Kyankwanzi | 77 | 7.7 | 28 | 1.4 | 59 | 3.0 | 32 | 3.2 | 101 | 5.0 | 57 | 5.7 | 5 | 4.2 | --- | 5 | 85 | 4.3 | 95 | 4.8 | 79 | 7.9 | 74 | 3.7 | 99 | 5.0 | 25 | 1.3 | **68.95** | **95** |
| Kamwenge | 91 | 9.1 | 52 | 2.6 | 68 | 3.4 | 64 | 6.4 | 92 | 4.6 | 84 | 8.4 | 33 | 0.0 | 0 | 0.0 | 88 | 4.4 | 95 | 4.8 | 66 | 6.6 | 84 | 4.2 | 99 | 5.0 | 50 | 2.5 | **68.77** | **96** |

| District | Coverage (45%) | | | | | | | | | | | | Quality (20%) | | | | | | | | HR (10%) | | Reporting (15%) | | | | | | % score (Total score /90)*100 | National Ranking |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | PCV3 cov | | ANC4 Cov | | IPT2 Cov | | Deliveries Cov | | HIV+ pregnant women initiated on ART Cov | | Latrine Coverage | | Fresh Still Births per 1,000 Deliveries | | Maternal Deaths Audited | | TB Treatment Success Rate | | Patients diagnosed with Malaria that are lab confirmed | | Approved posts filled with qualified person-nel (public) | | Monthly reports sent on time | | Completeness monthly reports | | Timeliness of Quarterly PBS reporting | | | |
| | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | | |
| | | 10 | | 5 | | 5 | | 10 | | 5 | | 10 | | 5 | | 5 | | 5 | | 5 | | 10 | | 5 | | 5 | | 5 | | |
| Kitgum | 78 | 7.8 | 49 | 2.5 | 61 | 3.0 | 69 | 6.9 | 99 | 5.0 | 67 | 6.7 | 7 | 3.9 | 114 | 5.0 | 72 | 3.6 | 94 | 4.7 | 29 | 2.9 | 76 | 3.8 | 96 | 4.8 | 25 | 1.3 | **68.68** | **97** |
| Kalangala | 102 | 10 | 52 | 2.6 | 80 | 4.0 | 48 | 4.8 | 98 | 4.9 | 70 | 7.0 | 12 | 3.2 | 0 | 0.0 | 86 | 4.3 | 89 | 4.5 | 75 | 7.5 | 88 | 4.4 | 94 | 4.7 | 0 | 0.0 | **68.66** | **98** |
| Rakai | 80 | 8.0 | 38 | 1.9 | 59 | 2.9 | 51 | 5.1 | 96 | 4.8 | 59 | 5.9 | 9 | 3.6 | 50 | 2.5 | 90 | 4.5 | 99 | 4.9 | 76 | 7.6 | 97 | 4.9 | 100 | 5.0 | 0 | 0.0 | **68.60** | **99** |
| Kikuube | 83 | 8.3 | 42 | 2.1 | 73 | 3.6 | 57 | 5.7 | 89 | 4.4 | 75 | 7.5 | 13 | 3.0 | 38 | 1.9 | 71 | 3.5 | 85 | 4.2 | 56 | 5.6 | 88 | 4.4 | 98 | 4.9 | 50 | 2.5 | **68.56** | **100** |
| Lamwo | 77 | 7.7 | 47 | 2.4 | 60 | 3.0 | 53 | 5.3 | 81 | 4.0 | 58 | 5.8 | 5 | 4.2 | --- | 5 | 63 | 3.1 | 95 | 4.8 | 55 | 5.5 | 93 | 4.7 | 98 | 4.9 | 25 | 1.3 | **68.40** | **101** |
| Kassanda | 98 | 9.8 | 34 | 1.7 | 64 | 3.2 | 51 | 5.1 | 88 | 4.4 | 83 | 8.3 | 12 | 3.2 | 75 | 3.8 | 62 | 3.1 | 97 | 4.8 | 48 | 4.8 | 86 | 4.3 | 96 | 4.8 | 0 | 0.0 | **68.11** | **102** |
| Rubirizi | 75 | 7.5 | 41 | 2.0 | 53 | 2.6 | 43 | 4.3 | 100 | 5.0 | 93 | 9.3 | 9 | 3.6 | --- | 5 | 58 | 2.9 | 98 | 4.9 | 56 | 5.6 | 68 | 3.4 | 98 | 4.9 | 0 | 0.0 | **67.77** | **103** |
| Lwengo | 84 | 8.4 | 42 | 2.1 | 53 | 2.7 | 41 | 4.1 | 96 | 4.8 | 69 | 6.9 | 5 | 4.3 | 0 | 0.0 | 90 | 4.5 | 88 | 4.4 | 67 | 6.7 | 89 | 4.5 | 100 | 5.0 | 50 | 2.5 | **67.46** | **104** |
| Lira | 82 | 8.2 | 49 | 2.5 | 75 | 3.8 | 70 | 7.0 | 107 | 5.0 | 88 | 8.8 | 12 | 3.2 | 77 | 3.8 | 67 | 3.3 | 89 | 4.5 | 0 | 0.0 | 87 | 4.4 | 100 | 5.0 | 25 | 1.3 | **67.33** | **105** |
| Kiboga | 83 | 8.3 | 43 | 2.1 | 71 | 3.6 | 84 | 8.4 | 95 | 4.7 | 64 | 6.4 | 12 | 3.1 | 0 | 0.0 | 72 | 3.6 | 99 | 5.0 | 70 | 7.0 | 72 | 3.6 | 93 | 4.6 | 0 | 0.0 | **67.22** | **106** |
| Mitooma | 85 | 8.5 | 37 | 1.8 | 43 | 2.2 | 39 | 3.9 | 97 | 4.9 | 94 | 9.4 | 2 | 4.6 | 0 | 0.0 | 87 | 4.4 | 75 | 3.7 | 73 | 7.3 | 69 | 3.4 | 100 | 5.0 | 25 | 1.3 | **67.10** | **107** |
| Rwampara | 72 | 7.2 | 30 | 1.5 | 48 | 2.4 | 35 | 3.5 | 103 | 5.0 | 99 | 9.9 | 3 | 4.6 | --- | 5 | 67 | 3.4 | 76 | 3.8 | 54 | 5.4 | 81 | 4.1 | 94 | 4.7 | 0 | 0.0 | **67.02** | **108** |
| Buliisa | 81 | 8.1 | 49 | 2.5 | 79 | 4.0 | 53 | 5.3 | 106 | 5.0 | 71 | 7.1 | 10 | 3.4 | 0 | 0.0 | 68 | 3.4 | 94 | 4.7 | 63 | 6.3 | 88 | 4.4 | 96 | 4.8 | 25 | 1.3 | **66.88** | **109** |
| Bukwo | 88 | 8.8 | 36 | 1.8 | 57 | 2.9 | 41 | 4.1 | 94 | 4.7 | 76 | 7.6 | 13 | 3.0 | 125 | 5.0 | 59 | 3.0 | 75 | 3.7 | 45 | 4.5 | 95 | 4.8 | 100 | 5.0 | 25 | 1.3 | **66.65** | **110** |
| Abim | 77 | 7.7 | 35 | 1.7 | 55 | 2.8 | 51 | 5.1 | 91 | 4.5 | 72 | 7.2 | 6 | 4.1 | 67 | 3.3 | 55 | 2.7 | 94 | 4.7 | 68 | 6.8 | 86 | 4.3 | 100 | 5.0 | 0 | 0.0 | **66.61** | **111** |
| Kazo | 73 | 7.3 | 35 | 1.8 | 43 | 2.1 | 34 | 3.4 | 99 | 5.0 | 91 | 9.1 | 5 | 4.3 | 25 | 1.3 | 76 | 3.8 | 98 | 4.9 | 67 | 6.7 | 82 | 4.1 | 100 | 5.0 | 25 | 1.3 | **66.60** | **112** |
| Kasese | 97 | 9.7 | 54 | 2.7 | 79 | 4.0 | 75 | 7.5 | 100 | 5.0 | 80 | 8.0 | 7 | 3.9 | 6 | 0.3 | 78 | 3.9 | 90 | 4.5 | 0 | 0.0 | 85 | 4.2 | 100 | 5.0 | 25 | 1.3 | **66.52** | **113** |
| Masindi | 87 | 8.7 | 44 | 2.2 | 77 | 3.8 | 55 | 5.5 | 76 | 3.8 | 72 | 7.2 | 11 | 3.3 | 6 | 0.3 | 81 | 4.1 | 89 | 4.5 | 81 | 8.1 | 72 | 3.6 | 99 | 4.9 | 0 | 0.0 | **66.49** | **114** |
| Buhweju | 94 | 9.4 | 33 | 1.6 | 49 | 2.5 | 30 | 3.0 | 100 | 5.0 | 88 | 8.8 | 5 | 4.3 | 0 | 0.0 | 92 | 4.6 | 100 | 5.0 | 52 | 5.2 | 89 | 4.4 | 95 | 4.8 | 25 | 1.3 | **66.49** | **114** |
| Luuka | 81 | 8.1 | 31 | 1.6 | 55 | 2.7 | 34 | 3.4 | 65 | 3.3 | 69 | 6.9 | 5 | 4.2 | 133 | 5.0 | 74 | 3.7 | 90 | 4.5 | 72 | 7.2 | 79 | 3.9 | 97 | 4.9 | 0 | 0.0 | **65.94** | **116** |

| District | Coverage (45%) | | | | | | | | | | | | Quality (20%) | | | | | | | | HR (10%) | | Reporting (15%) | | | | | | % score (Total score /90)*100 | National Ranking |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | PCV3 cov | | ANC4 Cov | | IPT2 Cov | | Deliveries Cov | | HIV+ pregnant women initiated on ART Cov | | Latrine Coverage | | Fresh Still Births per 1,000 Deliveries | | Maternal Deaths Audited | | TB Treatment Success Rate | | Patients diagnosed with Malaria that are lab confirmed | | Approved posts filled with qualified person-nel (public) | | Monthly reports sent on time | | Completeness monthly reports | | Timeliness of Quarterly PBS reporting | | | |
| | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | % | Score | | |
| | | 10 | | 5 | | 5 | | 10 | | 5 | | 10 | | 5 | | 5 | | 5 | | 5 | | 10 | | 5 | | 5 | | 5 | | |
| Nakasongola | 71 | 7.1 | 40 | 2.0 | 61 | 3.0 | 50 | 5.0 | 89 | 4.4 | 84 | 8.4 | 8 | 3.8 | 0 | 0.0 | 84 | 4.2 | 91 | 4.6 | 82 | 8.2 | 70 | 3.5 | 100 | 5.0 | 0 | 0.0 | **65.78** | **117** |
| Kaberamaido | 78 | 7.8 | 34 | 1.7 | 53 | 2.6 | 49 | 4.9 | 66 | 3.3 | 87 | 8.7 | 4 | 4.4 | 67 | 3.3 | 60 | 3.0 | 95 | 4.8 | 39 | 3.9 | 90 | 4.5 | 100 | 5.0 | 25 | 1.3 | **65.70** | **118** |
| Mubende | 82 | 8.2 | 35 | 1.7 | 58 | 2.9 | 47 | 4.7 | 96 | 4.8 | 84 | 8.4 | 23 | 1.5 | 78 | 3.9 | 70 | 3.5 | 90 | 4.5 | 72 | 7.2 | 66 | 3.3 | 90 | 4.5 | 0 | 0.0 | **65.69** | **119** |
| Buikwe | 90 | 9.0 | 42 | 2.1 | 58 | 2.9 | 59 | 5.9 | 97 | 4.8 | 75 | 7.5 | 10 | 3.5 | 0 | 0.0 | 73 | 3.7 | 89 | 4.5 | 64 | 6.4 | 67 | 3.4 | 86 | 4.3 | 25 | 1.3 | **65.65** | **120** |
| Bulambuli | 88 | 8.8 | 34 | 1.7 | 43 | 2.2 | 44 | 4.4 | 89 | 4.5 | 84 | 8.4 | 6 | 4.0 | 0 | 0.0 | 71 | 3.5 | 92 | 4.6 | 71 | 7.1 | 86 | 4.3 | 100 | 5.0 | 0 | 0.0 | **64.96** | **121** |
| Namisindwa | 99 | 9.9 | 29 | 1.4 | 55 | 2.7 | 54 | 5.4 | 93 | 4.7 | 71 | 7.1 | 9 | 3.6 | 0 | 0.0 | 77 | 3.8 | 91 | 4.5 | 68 | 6.8 | 63 | 3.2 | 97 | 4.8 | 0 | 0.0 | **64.47** | **122** |
| Wakiso | 78 | 7.8 | 22 | 1.1 | 38 | 1.9 | 34 | 3.4 | 91 | 4.5 | 76 | 7.6 | 6 | 4.1 | 0 | 0.0 | 85 | 4.2 | 73 | 3.6 | 78 | 7.8 | 69 | 3.4 | 87 | 4.3 | 75 | 3.8 | **64.02** | **123** |
| Yumbe | 66 | 6.6 | 27 | 1.3 | 36 | 1.8 | 35 | 3.5 | 99 | 4.9 | 80 | 8.0 | 6 | 4.1 | 45 | 2.3 | 90 | 4.5 | 95 | 4.8 | 51 | 5.1 | 98 | 4.9 | 100 | 5.0 | 0 | 0.0 | **63.02** | **123** |
| Kotido | 86 | 8.6 | 95 | 4.8 | 56 | 2.8 | 58 | 5.8 | 117 | 5.0 | 5 | 0.5 | 9 | 3.6 | 33 | 1.7 | 55 | 2.8 | 88 | 4.4 | 66 | 6.6 | 68 | 3.4 | 97 | 4.8 | 25 | 1.3 | **62.26** | **125** |
| Pader | 75 | 7.5 | 44 | 2.2 | 65 | 3.2 | 47 | 4.7 | 78 | 3.9 | 69 | 6.9 | 7 | 4.0 | --- | 5 | 63 | 3.2 | 95 | 4.8 | 0 | 0.0 | 65 | 3.2 | 99 | 4.9 | 50 | 2.5 | **62.21** | **126** |
| Buvuma | 79 | 7.9 | 22 | 1.1 | 43 | 2.1 | 36 | 3.6 | 97 | 4.8 | 38 | 3.8 | 6 | 4.1 | --- | 5 | 75 | 3.7 | 99 | 5.0 | 53 | 5.3 | 90 | 4.5 | 99 | 4.9 | 0 | 0.0 | **62.11** | **127** |
| Bukomansimbi | 62 | 6.2 | 33 | 1.7 | 50 | 2.5 | 41 | 4.1 | 102 | 5.0 | 72 | 7.2 | 6 | 4.1 | --- | 5 | 79 | 3.9 | 99 | 5.0 | 0 | 0.0 | 94 | 4.7 | 98 | 4.9 | 25 | 1.3 | **61.67** | **128** |
| Nakapiripirit | 104 | 10 | 44 | 2.2 | 55 | 2.8 | 44 | 4.4 | 104 | 5.0 | 49 | 4.9 | 8 | 3.7 | 0 | 0.0 | 42 | 2.1 | 84 | 4.2 | 59 | 5.9 | 86 | 4.3 | 99 | 5.0 | 0 | 0.0 | **60.56** | **129** |
| Adjumani | 61 | 6.1 | 37 | 1.8 | 46 | 2.3 | 51 | 5.1 | 85 | 4.3 | 91 | 9.1 | 4 | 4.4 | 40 | 2.0 | 96 | 4.8 | 96 | 4.8 | 0 | 0.0 | 91 | 4.6 | 100 | 5.0 | 0 | 0.0 | **60.28** | **130** |
| Moroto | 54 | 5.4 | 28 | 1.4 | 47 | 2.3 | 42 | 4.2 | 89 | 4.5 | 46 | 4.6 | 11 | 3.4 | 33 | 1.7 | 62 | 3.1 | 91 | 4.6 | 65 | 6.5 | 87 | 4.3 | 100 | 5.0 | 50 | 2.5 | **59.34** | **131** |
| Namutumba | 87 | 8.7 | 27 | 1.3 | 30 | 1.5 | 35 | 3.5 | 96 | 4.8 | 54 | 5.4 | 4 | 4.4 | 0 | 0.0 | 74 | 3.7 | 78 | 3.9 | 36 | 3.6 | 99 | 4.9 | 100 | 5.0 | 50 | 2.5 | **59.29** | **132** |
| Nabilatuk | 92 | 9.2 | 43 | 2.2 | 62 | 3.1 | 44 | 4.4 | 93 | 4.6 | 16 | 1.6 | 9 | 3.7 | 0 | 0.0 | 30 | 1.5 | 89 | 4.5 | 54 | 5.4 | 85 | 4.2 | 100 | 5.0 | 50 | 2.5 | **57.67** | **133** |
| Amudat | 49 | 4.9 | 14 | 0.7 | 36 | 1.8 | 24 | 2.4 | 92 | 4.6 | 28 | 2.8 | 7 | 4.0 | --- | 5 | 51 | 2.6 | 96 | 4.8 | 23 | 2.3 | 74 | 3.7 | 99 | 4.9 | 0 | 0.0 | **49.46** | **134** |
| Karenga | 51 | 5.1 | 29 | 1.4 | 48 | 2.4 | 48 | 4.8 | 76 | 3.8 | 34 | 3.4 | 6 | 4.0 | 0 | 0.0 | 64 | 3.2 | 66 | 3.3 | 0 | 0.0 | 85 | 4.3 | 95 | 4.8 | 25 | 1.3 | **46.31** | **135** |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National | **87** | **8.7** | **42** | **2.1** | **60** | **3.0** | **59** | **5.9** | **94** | **4.7** | **78** | **7.8** | **9** | **3.6** | **66** | **3.3** | **76** | **3.8** | **92** | **4.6** | | **6.8** | **85** | **4.3** | **98** | **4.9** | **22.9** | **1.1** | **68.1** | |

## 3.5 Annex 8: Annual Changes in the DLT Scores FY 2019/20

| No. | District | 2016/17 | 2017/18 | 2018/19 | 2019/20 | % change from 2018/19 to 2019/20 |
|---|---|---|---|---|---|---|
| | | (% score) | (% score) | (% score) | (% score) | |
| 1) | Bushenyi | 73.9 | 83.4 | 84.9 | 82.64 | -3% |
| 2) | Nebbi | 67.2 | 77.3 | 80 | 81.86 | 2% |
| 3) | Ngora | 73.6 | 75.1 | 75.5 | 81.27 | 8% |
| 4) | Gulu | 78.5 | 82.1 | 79.8 | 81.25 | 2% |
| 5) | Kabale | 74.6 | 80.6 | 77.3 | 80.55 | 4% |
| 6) | Jinja | 70 | 79.5 | 85 | 80.35 | -5% |
| 7) | Kanungu | 70.3 | 72 | 76.1 | 79.93 | 5% |
| 8) | Zombo | 68.2 | 75.9 | 81.2 | 79.82 | -2% |
| 9) | Maracha | 72.4 | 75.2 | 76.7 | 78.92 | 3% |
| 10) | Sheema | 68.9 | 80 | 76.4 | 78.91 | 3% |
| 11) | Rukungiri | 73.1 | 74.8 | 83.1 | 78.88 | -5% |
| 12) | Kabarole | 74.2 | 81.7 | 81.9 | 78.74 | -4% |
| 13) | Koboko | 74 | 77 | 82.1 | 78.68 | -4% |
| 14) | Butaleja | 68.3 | 69.2 | 79.9 | 78.26 | -2% |
| 15) | Manafwa | 62.6 | 69 | 65.1 | 78.20 | 20% |
| 16) | Masaka | 69.5 | 76.6 | 77.4 | 77.99 | 1% |
| 17) | Oyam | 74.3 | 80.8 | 73.8 | 77.88 | 6% |
| 18) | Madi-Okollo | - | - | - | 77.81 | New |
| 19) | Pallisa | 67.2 | 65.1 | 76.6 | 77.21 | 1% |
| 20) | Amuria | 71.1 | 72.3 | 78.9 | 77.13 | -2% |
| 21) | Kibaale | 68.6 | 76.2 | 82.7 | 77.08 | -7% |
| 22) | Bukedea | 65.2 | 70.3 | 72.4 | 77.08 | 6% |
| 23) | Busia | 68 | 69.5 | 75.1 | 77.05 | 3% |
| 24) | Kampala | 75.1 | 73.4 | 77.6 | 77.02 | -1% |
| 25) | Butebo | | 66.5 | 76 | 76.78 | 1% |
| 26) | Budaka | 61 | 62.3 | 75.2 | 76.74 | 2% |
| 27) | Pakwach | | 73.1 | 77.8 | 76.16 | -2% |
| 28) | Lyantonde | 72.5 | 76.4 | 77.6 | 76.08 | -2% |
| 29) | Hoima | 67.1 | 66.7 | 75.4 | 76.02 | 1% |
| 30) | Rukiga | | 73.7 | 74.7 | 75.86 | 2% |
| 31) | Mbarara | 68 | 72.5 | 77.4 | 75.72 | -2% |
| 32) | Kween | 67.2 | 70.6 | 74.5 | 75.40 | 1% |
| 33) | Otuke | 71.1 | 75.4 | 72.5 | 74.88 | 3% |
| 34) | Kiryandongo | 67 | 73.2 | 78.3 | 74.80 | -4% |
| 35) | Dokolo | 69.8 | 76.7 | 73.5 | 74.78 | 2% |
| 36) | Bundibugyo | 67.6 | 70.9 | 77.6 | 74.62 | -4% |
| 37) | Mpigi | 68.6 | 76.1 | 73.7 | 74.59 | 1% |
| 38) | Kole | 68.9 | 72.3 | 76.5 | 74.55 | -3% |
| 39) | Alebtong | 64.1 | 69.5 | 72.7 | 74.49 | 2% |
| 40) | Moyo | 73.7 | 85.6 | 72.3 | 74.42 | 3% |
| 41) | Amuru | 69.9 | 73.2 | 78.2 | 74.40 | -5% |
| 42) | Serere | 72.5 | 66 | 86.9 | 74.33 | -14% |
| 43) | Tororo | 69.5 | 78.2 | 76.1 | 74.22 | -2% |

| No. | District | 2016/17 | 2017/18 | 2018/19 | 2019/20 | % change from 2018/19 to 2019/20 |
|---|---|---|---|---|---|---|
| | | (% score) | (% score) | (% score) | (% score) | |
| 44) | Buyende | 68.6 | 71 | 78.7 | 74.04 | -6% |
| 45) | Mbale | 76.6 | 75 | 71.1 | 73.93 | 4% |
| 46) | Kibuku | 70.2 | 70.6 | 81 | 73.75 | -9% |
| 47) | Kyotera | | 72.7 | 78.1 | 73.58 | -6% |
| 48) | Kalaki | - | - | - | 73.55 | New |
| 49) | Iganga | 63 | 72.1 | 74.9 | 73.53 | -2% |
| 50) | Mukono | 68.5 | 73.6 | 72.9 | 73.52 | 1% |
| 51) | Kyenjojo | 71.7 | 78.6 | 76 | 73.46 | -3% |
| 52) | Kiruhura | 65.3 | 77.4 | 73.1 | 73.41 | 0% |
| 53) | Kumi | 69.1 | 70.7 | 75.4 | 73.31 | -3% |
| 54) | Luwero | 71.2 | 78.3 | 76 | 72.99 | -4% |
| 55) | Mityana | 68.8 | 72.9 | 71.2 | 72.91 | 2% |
| 56) | Kagadi | 62.5 | 69.2 | 70.2 | 72.75 | 4% |
| 57) | Bugweri | - | - | 64.5 | 72.74 | 13% |
| 58) | Napak | 60.5 | 64.3 | 74.4 | 72.36 | -3% |
| 59) | Omoro | 65.9 | 76.3 | 74.1 | 72.31 | -2% |
| 60) | Agago | 68.5 | 73.7 | 80.3 | 72.24 | -10% |
| 61) | Sironko | 66.3 | 70 | 64.2 | 72.18 | 12% |
| 62) | Rubanda | 67.8 | 78 | 78.1 | 72.13 | -8% |
| 63) | Kisoro | 72.4 | 73.7 | 73.9 | 72.11 | -2% |
| 64) | Bugiri | 65.6 | 73 | 70.7 | 72.09 | 2% |
| 65) | Amolatar | 63 | 61.3 | 66.1 | 71.98 | 9% |
| 66) | Soroti | 68.8 | 75.8 | 76.8 | 71.96 | -6% |
| 67) | Kamuli | 72.4 | 70.9 | 74.6 | 71.96 | -4% |
| 68) | Nwoya | 67.9 | 69.6 | 70 | 71.91 | 3% |
| 69) | Kapelebyong | - | - | 74.9 | 71.81 | -4% |
| 70) | Kalungu | 66.3 | 68.9 | 70.8 | 71.64 | 1% |
| 71) | Kakumiro | 60.4 | 64.5 | 64.4 | 71.53 | 11% |
| 72) | Kaliro | 65.6 | 65.8 | 66.3 | 71.36 | 8% |
| 73) | Butambala | 67.1 | 74.2 | 79.2 | 71.26 | -10% |
| 74) | Obongi | - | - | - | 71.11 | New |
| 75) | Ntungamo | 65 | 76.1 | 73.3 | 71.10 | -3% |
| 76) | Ibanda | 68.2 | 73.7 | 78.9 | 71.00 | -10% |
| 77) | Kitagwenda | - | - | - | 70.93 | New |
| 78) | Sembabule | 66 | 64.4 | 67.8 | 70.90 | 5% |
| 79) | Kwania | - | - | 66 | 70.84 | 7% |
| 80) | Arua | 67.9 | 74 | 68.3 | 70.80 | 4% |
| 81) | Kapchorwa | 70 | 70.6 | 77.1 | 70.78 | -8% |
| 82) | Bududa | 61 | 64.1 | 72.7 | 70.62 | -3% |
| 83) | Mayuge | 63.8 | 63.5 | 66.3 | 70.58 | 6% |
| 84) | Kayunga | 69.6 | 74.4 | 75.1 | 70.45 | -6% |
| 85) | Apac | 64.8 | 66.3 | 70.3 | 70.43 | 0% |
| 86) | Katakwi | 71.5 | 69.1 | 79.5 | 70.30 | -12% |
| 87) | Ntoroko | 66.8 | 70.7 | 77.5 | 70.26 | -9% |
| 88) | Namayingo | 62.5 | 66.2 | 70.7 | 70.21 | -1% |
| 89) | Bunyangabu | | 70 | 76.8 | 69.81 | -9% |

| No. | District | 2016/17 | 2017/18 | 2018/19 | 2019/20 | % change from 2018/19 to 2019/20 |
|---|---|---|---|---|---|---|
| | | (% score) | (% score) | (% score) | (% score) | |
| 90) | Gomba | 66 | 67.3 | 71.6 | 69.79 | -3% |
| 91) | Nakaseke | 73.9 | 74.4 | 76.9 | 69.77 | -9% |
| 92) | Isingiro | 68.6 | 69.7 | 69.1 | 69.74 | 1% |
| 93) | Kaabong | 54.6 | 66.4 | 62.8 | 69.36 | 10% |
| 94) | Kyegegwa | 71.7 | 70.6 | 81.6 | 69.18 | -15% |
| 95) | Kyakwanzi | 63.7 | 64.3 | 65.8 | 68.95 | 5% |
| 96) | Kamwenge | 76.6 | 80.1 | 74.7 | 68.77 | -8% |
| 97) | Kitgum | 64.2 | 73.3 | 77.9 | 68.68 | -12% |
| 98) | Kalangala | 64.7 | 70.6 | 72.9 | 68.66 | -6% |
| 99) | Rakai | 63.9 | 71.7 | 71.3 | 68.60 | -4% |
| 100) | Kikuube | - | - | 66.3 | 68.56 | 3% |
| 101) | Lamwo | 65.4 | 77.7 | 72.5 | 68.40 | -6% |
| 102) | Kassanda | - | - | 63.8 | 68.11 | 7% |
| 103) | Rubirizi | 70.1 | 74.6 | 68.7 | 67.77 | -1% |
| 104) | Lwengo | 63.6 | 72.9 | 71.1 | 67.46 | -5% |
| 105) | Lira | 70.4 | 75.9 | 76.6 | 67.33 | -12% |
| 106) | Kiboga | 76.5 | 74.6 | 77 | 67.22 | -13% |
| 107) | Mitooma | 71.8 | 73.1 | 73.4 | 67.10 | -9% |
| 108) | Rwampara | - | - | - | 67.02 | New |
| 109) | Buliisa | 59 | 60.1 | 66 | 66.88 | 1% |
| 110) | Bukwo | 66.6 | 67.2 | 65.7 | 66.65 | 1% |
| 111) | Abim | 67.6 | 59.6 | 72.4 | 66.61 | -8% |
| 112) | Kazo | - | - | - | 66.60 | New |
| 113) | Kasese | 71.8 | 76.3 | 78.7 | 66.52 | -15% |
| 114) | Masindi | 66.3 | 71.2 | 71.3 | 66.49 | -7% |
| 115) | Buhweju | 69.8 | 76.8 | 73 | 66.49 | -9% |
| 116) | Luuka | 65 | 56.3 | 68.7 | 65.94 | -4% |
| 117) | Nakasongola | 64.4 | 69 | 68.6 | 65.78 | -4% |
| 118) | Kaberamaido | 71.3 | 65.8 | 74.1 | 65.70 | -11% |
| 119) | Mubende | 65.2 | 64.1 | 62.6 | 65.69 | 5% |
| 120) | Buikwe | 63 | 70.1 | 71.5 | 65.65 | -8% |
| 121) | Bulambuli | 55.7 | 67.8 | 63.3 | 64.96 | 3% |
| 122) | Namisindwa | | 62.8 | 67 | 64.47 | -4% |
| 123) | Wakiso | 61.1 | 67.9 | 67.8 | 64.02 | -6% |
| 124) | Yumbe | 68.6 | 74.5 | 64.3 | 63.02 | -2% |
| 125) | Kotido | 65.2 | 63.5 | 66.9 | 62.26 | -7% |
| 126) | Pader | 63.5 | 65.2 | 65.8 | 62.21 | -5% |
| 127) | Buvuma | 53 | 64 | 60 | 62.11 | 4% |
| 128) | Bukomansimbi | 67 | 67.7 | 69.4 | 61.67 | -11% |
| 129) | Nakapiripirit | 60.6 | 59 | 66.1 | 60.56 | -8% |
| 130) | Adjumani | 80.9 | 86.3 | 75.9 | 60.28 | -21% |
| 131) | Moroto | 56 | 62.4 | 61.2 | 59.34 | -3% |
| 132) | Namutumba | 70.8 | 73.7 | 72.4 | 59.29 | -18% |
| 133) | Nabilatuk | - | - | 56.4 | 57.67 | 2% |
| 134) | Amudat | 46.8 | 58 | 58.2 | 49.46 | -15% |
| 135) | Karenga | - | - | - | 46.31 | New |

## 3.6 Annex 9: SUO for General Hospitals 2019/20 FY

| No. | Hospital | No. of admissions | Total OPD | Deliveries | Total ANC | Post Natal Attendances | Total FP | Total Immunizations | Major Surgery | SUO 2019/20 | SUO 2018/19 | % change in SUO |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Iganga | 18,563 | 90,627 | 6,897 | 14,871 | 1,566 | 6,372 | 33,271 | 4,854 | **518,696** | 544,567 | -5% |
| 2 | Kawolo | 12,566 | 116,965 | 4,870 | 12,831 | 2,566 | 3,004 | 32,434 | 3,965 | **424,792** | 373,499 | 14% |
| 3 | Mityana | 15,203 | 78,326 | 6,076 | 11,293 | 3,345 | 3,617 | 24,510 | 2,996 | **410,701** | 431,208 | -5% |
| 4 | St. Joseph's Maracha | 6,061 | 18,363 | 1,260 | 2,233 | 3,606 | 340 | 9,524 | 14,239 | **405,352** | 137,421 | 195% |
| 5 | Tororo | 15,481 | 75,423 | 4,744 | 7,068 | 13,701 | 2,714 | 26,117 | 1,631 | **380,943** | 388,928 | -2% |
| 6 | Kitgum | 16,416 | 66,993 | 2,516 | 5,191 | 3,759 | 1,433 | 12,278 | 1,158 | **356,620** | 306,367 | 16% |
| 7 | Bwera | 14,067 | 51,990 | 4,275 | 10,596 | 1,139 | 2,423 | 38,807 | 2,773 | **354,670** | 308,339 | 15% |
| 8 | Kalongo Ambrosoli Memorial | 16,779 | 31,058 | 2,707 | 7,388 | 6,180 | 1,884 | 17,284 | 2,043 | **348,321** | 309,246 | 13% |
| 9 | Atutur | 14,154 | 83,780 | 1,668 | 5,936 | 3,755 | 1,107 | 17,795 | 1,537 | **344,128** | 307,090 | 12% |
| 10 | Kamuli | 13,846 | 68,841 | 3,140 | 9,504 | 7,725 | 2,210 | 27,969 | 1,089 | **329,324** | 334,744 | -2% |
| 11 | Matany | 14,331 | 40,637 | 1,396 | 4,021 | 3,167 | 860 | 33,008 | 2,145 | **316,108** | 238,086 | 33% |
| 12 | Gombe | 11,988 | 53,370 | 4,242 | 5,877 | 2,198 | 8,200 | 17,919 | 2,064 | **307,401** | 298,677 | 3% |
| 13 | Apac | 12,618 | 67,662 | 2,375 | 11,129 | 4,689 | 2,223 | 22,318 | 772 | **297,731** | 261,029 | 14% |
| 14 | Kagadi | 14,148 | 21,000 | 4,222 | 9,567 | 6,163 | 2,739 | 21,885 | 1,470 | **297,342** | 316,668 | -6% |
| 15 | Angal | 13,184 | 31,716 | 2,831 | 6,461 | 6,084 | 3,645 | 19,944 | 2,080 | **297,315** | 305,407 | -3% |
| 16 | Nebbi | 11,178 | 49,476 | 2,367 | 9,056 | 3,422 | 1,669 | 26,169 | 2,569 | **292,668** | 280,030 | 5% |
| 17 | KIU Teaching | 14,001 | 32,070 | 1,521 | 5,054 | 5,255 | 1,715 | 8,565 | 1,487 | **287,155** | 323,609 | -11% |
| 18 | Bundibugyo | 12,992 | 39,933 | 2,777 | 4,560 | 1,042 | 3,861 | 22,077 | 1,382 | **285,485** | 239,492 | 19% |
| 19 | Kiryandongo | 12,607 | 35,354 | 2,735 | 7,907 | 5,071 | 2,822 | 28,957 | 1,301 | **277,845** | 283,807 | -2% |
| 20 | Bugiri | 11,100 | 47,087 | 3,427 | 9,488 | 6,327 | 2,410 | 20,786 | 1,673 | **277,452** | 264,329 | 5% |
| 21 | Adjumani | 11,591 | 52,907 | 2,796 | 5,224 | 1,338 | 1,949 | 15,387 | 1,441 | **276,905** | 267,291 | 4% |
| 22 | Masindi | 10,508 | 47,859 | 4,310 | 11,380 | 5,641 | 3,231 | 34,519 | 1,345 | **270,959** | 311,509 | -13% |
| 23 | Kagando | 12,168 | 15,326 | 2,760 | 6,337 | 4,242 | 2,093 | 19,116 | 2,375 | **269,305** | 339,720 | -21% |
| 24 | Kisiizi NGO | 9,564 | 61,828 | 2,030 | 7,259 | 4,526 | 1,596 | 17,218 | 2,164 | **268,852** | 230,115 | 17% |

| No. | Hospital | No. of admissions | Total OPD | Deliveries | Total ANC | Post Natal Attendances | Total FP | Total Immunizations | Major Surgery | SUO 2019/20 | SUO 2018/19 | % change in SUO |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25 | Kitagata | 10,508 | 30,906 | 4,416 | 5,700 | 8,456 | 1,666 | 14,615 | 2,041 | **262,260** | 255,727 | 3% |
| 26 | Busolwe | 10,189 | 57,422 | 2,126 | 5,392 | 3,190 | 1,548 | 13,632 | 1,500 | **258,678** | 256,230 | 1% |
| 27 | Lyantonde | 11,273 | 45,247 | 2,621 | 6,355 | 3,549 | 1,758 | 17,178 | 1,033 | **257,374** | 188,947 | 36% |
| 28 | Kiboga | 9,478 | 76,818 | 3,529 | 6,604 | 1,833 | 985 | 13,151 | 669 | **257,354** | 248,550 | 4% |
| 29 | Kalisizo | 8,762 | 65,996 | 3,197 | 7,150 | 3,248 | 721 | 21,615 | 1,396 | **251,214** | 265,533 | -5% |
| 30 | Pallisa | 10,462 | 46,118 | 3,431 | 5,261 | 5,441 | 1,179 | 13,311 | 768 | **244,166** | 233,761 | 4% |
| 31 | Kibuli | 7,137 | 59,088 | 2,339 | 5,968 | 4,696 | 2,012 | 25,967 | 2,699 | **243,349** | 239,655 | 2% |
| 32 | Aber | 10,300 | 38,566 | 2,377 | 6,766 | 5,098 | 1,124 | 21,736 | 1,354 | **242,872** | 236,377 | 3% |
| 33 | Bombo General Military | 9,449 | 36,853 | 3,016 | 5,305 | 440 | 6,183 | 13,707 | 1,914 | **240,653** | 248,375 | -3% |
| 34 | Kisoro | 8,348 | 47,569 | 3,451 | 5,223 | 5,503 | 3,620 | 17,177 | 1,939 | **239,432** | 258,538 | -7% |
| 35 | Katakwi | 10,806 | 38,980 | 1,490 | 4,899 | 2,321 | 2,296 | 16,492 | 960 | **235,776** | 248,554 | -5% |
| 36 | Kiwoko | 9,810 | 32,596 | 2,562 | 6,044 | 4,722 | 1,981 | 20,659 | 1,514 | **233,341** | 232,979 | 0% |
| 37 | Nakaseke | 8,759 | 35,845 | 2,896 | 4,967 | 3,596 | 1,785 | 64,460 | 1,418 | **228,136** | 268,303 | -15% |
| 38 | Kaabong | 10,331 | 52,927 | 787 | 2,453 | 1,360 | 302 | 19,054 | 475 | **227,195** | 232,263 | -2% |
| 39 | Bududa | 10,233 | 42,287 | 1,350 | 3,773 | 1,979 | 2,045 | 14,001 | 846 | **226,151** | 246,274 | -8% |
| 40 | Anaka | 9,359 | 41,675 | 1,587 | 6,757 | 3,604 | 2,537 | 19,887 | 1,054 | **221,501** | 198,270 | 12% |
| 41 | Moyo | 8,554 | 50,406 | 1,770 | 2,109 | 1,495 | 885 | 7,880 | 1,310 | **217,587** | 231,610 | -6% |
| 42 | Ibanda | 9,309 | 18,956 | 1,968 | 3,950 | 1,323 | 29 | 9,797 | 2,148 | **216,001** | 209,683 | 3% |
| 43 | Rakai | 8,326 | 40,818 | 1,924 | 3,219 | 3,019 | 1,188 | 8,979 | 1,503 | **210,897** | 198,191 | 6% |
| 44 | Kyenjojo | 8,309 | 39,906 | 2,763 | 6,893 | 4,111 | 3,032 | 56,858 | 616 | **209,066** | 221,672 | -6% |
| 45 | Koboko | 8,736 | 30,015 | 2,818 | 11,847 | 4,658 | 2,720 | 33,852 | 644 | **204,408** | 192,122 | 6% |
| 46 | Itojo | 8,102 | 29,239 | 2,663 | 3,442 | 2,276 | 1,348 | 11,995 | 1,185 | **193,716** | 190,633 | 2% |
| 47 | St. Francis Naggalama | 5,053 | 57,512 | 1,532 | 5,864 | 3,740 | 58 | 19,523 | 1,897 | **187,643** | 196,203 | -4% |
| 48 | St. Joseph's Kitgum | 8,074 | 17,480 | 1,356 | 4,240 | 1,685 | 355 | 12,381 | 1,453 | **180,046** | 231,814 | -22% |
| 49 | Kilembe | 7,109 | 33,104 | 1,045 | 3,108 | 1,409 | 50 | 13,918 | 1,365 | **177,331** | 173,426 | 2% |
| 50 | Nakasero | 5,411 | 37,412 | 1,542 | 2,447 | 308 | - | 16,251 | 2,137 | **173,655** | 170,250 | 2% |
| 51 | Masafu | 7,080 | 40,471 | 1,688 | 4,813 | 2,450 | 3,097 | 17,019 | 475 | **173,195** | 208,603 | -17% |

| No. | Hospital | No. of admissions | Total OPD | Deliveries | Total ANC | Post Natal Attendances | Total FP | Total Immunizations | Major Surgery | SUO 2019/20 | SUO 2018/19 | % change in SUO |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 52 | Kapchorwa | 6,373 | 26,091 | 2,196 | 5,203 | 3,550 | 2,682 | 15,714 | 1,379 | **169,106** | 161,208 | 5% |
| 53 | Mukono General | 5,800 | 12,760 | 3,996 | 19,947 | 11,907 | 5,401 | 47,210 | 1,017 | **168,150** | - | - |
| 54 | Mutolere | 6,706 | 12,490 | 1,561 | 5,959 | 3,993 | 36 | 10,437 | 1,746 | **162,886** | 171,350 | -5% |
| 55 | Luwero | 6,507 | 21,623 | 1,721 | 5,255 | 1,481 | 3,588 | 28,171 | 1,014 | **158,909** | - | - |
| 56 | Abim | 6,448 | 48,085 | 715 | 1,761 | 2,347 | 199 | 6,236 | 182 | **155,421** | 141,487 | 10% |
| 57 | Nyapea | 6,846 | 14,077 | 1,904 | 4,059 | 1,520 | 69 | 12,524 | 1,152 | **154,656** | 171,856 | -10% |
| 58 | International Kampala (IHK) | 3,327 | 59,783 | 1,247 | 4,881 | 1,485 | 113 | 8,097 | 1,545 | **151,682** | 242,068 | -37% |
| 59 | Bwindi Community | 4,820 | 43,840 | 1,288 | 3,845 | 3,448 | 2,358 | 9,273 | 1,016 | **149,580** | 162,753 | -8% |
| 60 | Kisubi | 3,791 | 40,181 | 1,372 | 5,940 | 2,570 | 299 | 48,300 | 1,131 | **140,591** | 158,825 | -11% |
| 61 | Ishaka Adventist | 5,266 | 12,476 | 1,662 | 6,376 | 4,783 | 3,671 | 21,949 | 1,170 | **134,981** | 131,460 | 3% |
| 62 | Kambuga | 5,062 | 24,365 | 1,674 | 3,935 | 1,578 | 1,519 | 8,851 | 711 | **128,171** | 116,769 | 10% |
| 63 | Virika | 4,764 | 25,632 | 1,063 | 2,637 | 1,630 | 5,226 | 16,205 | 830 | **126,995** | 152,730 | -17% |
| 64 | Kayunga | 3,454 | 40,077 | 1,234 | 3,768 | 2,206 | 1,488 | 16,036 | 917 | **123,335** | 187,305 | -34% |
| 65 | Kumi NGO | 4,642 | 27,897 | 692 | 1,544 | 2,663 | 993 | 10,040 | 875 | **123,095** | 122,909 | 0% |
| 66 | Bukwo General | 4,547 | 40,432 | 652 | 2,585 | 569 | 764 | 8,904 | 198 | **119,597** | 110,624 | 8% |
| 67 | Kamuli Mission | 4,067 | 17,097 | 1,050 | 5,289 | 7,195 | 1,133 | 15,525 | 1,193 | **117,126** | 155,290 | -25% |
| 68 | Mildmay Uganda | 561 | 100,918 | 270 | 2,057 | 1,032 | 485 | 2,706 | 64 | **114,291** | 118,764 | -4% |
| 69 | Amuria | 4,620 | 15,461 | 734 | 1,896 | 522 | 293 | 7,290 | 1,002 | **111,285** | - | - |
| 70 | Rukunyu | 3,904 | 15,894 | 1,280 | 1,940 | 1,382 | 568 | 9,204 | 1,276 | **110,160** | - | - |
| 71 | Villa Maria | 4,148 | 18,858 | 991 | 1,941 | 1,965 | 411 | 9,014 | 769 | **105,374** | 96,382 | 9% |
| 72 | Kuluva | 4,215 | 10,468 | 1,023 | 4,416 | 1,046 | 780 | 18,059 | 908 | **103,701** | 141,401 | -27% |
| 73 | Nkozi | 3,545 | 22,338 | 1,028 | 2,749 | 3,759 | 845 | 12,315 | 510 | **96,993** | 108,915 | -11% |
| 74 | Comboni | 3,985 | 12,102 | 949 | 2,594 | 3,504 | 111 | 9,518 | 638 | **94,390** | 120,014 | -21% |
| 75 | Holy Innocents Children's | 3,986 | 22,621 | - | - | - | - | 9,201 | 397 | **92,191** | - | - |
| 76 | Ruharo Mission | 2,870 | 23,562 | 438 | 1,496 | 607 | 139 | 5,671 | 1,010 | **91,257** | 97,891 | -7% |
| 77 | Dabani | 4,089 | 8,575 | 856 | 2,744 | 1,014 | 108 | 11,351 | 541 | **89,213** | 89,372 | 0% |

| No. | Hospital | No. of admissions | Total OPD | Deliveries | Total ANC | Post Natal Attendances | Total FP | Total Immunizations | Major Surgery | SUO 2019/20 | SUO 2018/19 | % change in SUO |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 78 | St. Karolii Lwanga Nya-kibale | 4,048 | 9,213 | 663 | 1,571 | 2,260 | - | 5,718 | 609 | **88,487** | 182,411 | -51% |
| 79 | Buikwe St. Charles Lwanga | 3,410 | 9,250 | 789 | 2,263 | 941 | - | 7,880 | 983 | **87,183** | 90,049 | -3% |
| 80 | Rugarama | 3,339 | 17,551 | 646 | 1,580 | 1,558 | 1,443 | 7,971 | 602 | **86,791** | 130,938 | -34% |
| 81 | Buluba | 3,066 | 22,823 | 580 | 2,546 | 979 | 570 | 8,348 | 496 | **85,350** | 103,790 | -18% |
| 82 | Kakira Sugar Workers | 2,724 | 38,596 | 318 | 1,170 | 773 | 1,599 | 4,517 | 31 | **84,340** | 103,483 | -18% |
| 83 | Buliisa | 3,859 | 16,128 | 487 | 2,328 | 465 | 144 | 6,051 | 244 | **84,007** | 79,496 | 6% |
| 84 | St. Joseph Kitovu | 3,359 | 13,806 | 779 | 1,682 | 693 | 422 | 5,557 | 652 | **83,636** | 170,861 | -51% |
| 85 | Kaberamaido | 3,154 | 15,709 | 692 | 2,438 | 892 | 735 | 6,659 | 632 | **82,483** | - | - |
| 86 | Karoli Lwanga (Nyakibale) | 3,252 | 9,413 | 526 | 1,283 | 964 | - | 4,755 | 953 | **81,958** | - | - |
| 87 | Ngora Freda Carr | 4,025 | 10,421 | 425 | 861 | 784 | 375 | 6,733 | 230 | **79,878** | 72,174 | 11% |
| 88 | Kitovu | 3,025 | 10,975 | 596 | 1,329 | 177 | 396 | 5,429 | 896 | **79,287** | - | - |
| 89 | Devine Mercy | 1,880 | 13,026 | 881 | 1,333 | 1,287 | 342 | 5,982 | 1,523 | **78,768** | 72,233 | 9% |
| 90 | Lwala | 3,375 | 6,342 | 1,041 | 2,115 | 3,408 | 21 | 10,882 | 528 | **77,680** | 79,089 | -2% |
| 91 | Amudat | 4,249 | 6,224 | 311 | 1,306 | 1,719 | 410 | 6,956 | 44 | **75,503** | 56,107 | 35% |
| 92 | Yumbe | 2,330 | 28,597 | 547 | 3,498 | 680 | 931 | 31,833 | 6 | **75,323** | 53,535 | 41% |
| 93 | Lugazi Scoul | 2,236 | 30,573 | 338 | 1,757 | 956 | 2,365 | 5,196 | 254 | **74,461** | 75,930 | -2% |
| 94 | St. Catherine's | - | 69,478 | 282 | 1,403 | 446 | 2 | 3,115 | - | **72,437** | 66,141 | 10% |
| 95 | Kabarole | 2,674 | 14,492 | 672 | 1,953 | 1,826 | 291 | 9,546 | 510 | **72,106** | 84,835 | -15% |
| 96 | Rushere Community | 2,764 | 8,556 | 516 | 2,780 | 709 | 879 | 11,150 | 266 | **62,330** | 73,637 | -15% |
| 97 | Corsu Rehabilitation | 1,978 | 16,837 | - | - | - | - | - | 726 | **61,027** | - | - |
| 98 | Cure Children's | 1,340 | 5,674 | - | - | - | - | 597 | 1,648 | **58,853** | - | - |
| 99 | Nkokonjeru | 2,068 | 11,590 | 557 | 2,549 | 1,075 | 7 | 8,946 | 304 | **55,080** | 55,841 | -1% |
| 100 | St. Francis Nyenga | 2,010 | 13,416 | 507 | 2,853 | 1,040 | 16 | 9,127 | 172 | **53,321** | 54,250 | -2% |
| 101 | Bamu | 2,135 | 6,883 | 640 | 263 | 675 | 108 | 1,067 | 516 | **53,164** | 43,203 | 23% |
| 102 | Family Care | 577 | 7,477 | 225 | 866 | 171 | 90 | 3,602 | 1,672 | **51,981** | 3,077 | 1589% |
| 103 | Nakasongola Military | 1,341 | 15,133 | 136 | 374 | 655 | 219 | 1,308 | 673 | **50,274** | 43,681 | 15% |

| No. | Hospital | No. of admissions | Total OPD | Deliveries | Total ANC | Post Natal Attendances | Total FP | Total Immunizations | Major Surgery | SUO 2019/20 | SUO 2018/19 | % change in SUO |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 104 | Lifelink (Ntinda) | 546 | 33,906 | 203 | 936 | 272 | 52 | 2,595 | 160 | **47,460** | - | - |
| 105 | Restoration Gateway | 2,011 | 9,719 | 317 | 337 | 417 | 5 | 2,384 | 169 | **45,705** | - | - |
| 106 | Bishop Ascili | 1,678 | 11,773 | 390 | 794 | 638 | - | 2,894 | 264 | **45,468** | - | - |
| 107 | Kida | 2,096 | 4,873 | 524 | 1,172 | 924 | 1,253 | 6,582 | 166 | **45,244** | 45,774 | -1% |
| 108 | Kampala | - | 33,690 | 1,397 | 726 | 485 | - | 15,671 | - | **44,415** | - | - |
| 109 | Ruth Gaylord | 914 | 20,259 | 400 | 1,515 | 398 | - | 5,908 | 309 | **44,287** | 23,639 | 87% |
| 110 | Mukwaya | 404 | 31,481 | 193 | 290 | 394 | 337 | 3,141 | 227 | **44,185** | 60,368 | -27% |
| 111 | Amai Community | 1,884 | 5,012 | 304 | 2,445 | 627 | 817 | 3,891 | 322 | **43,955** | 41,618 | 6% |
| 112 | Mayanja Memorial | 884 | 15,350 | 616 | 901 | 1,522 | 551 | 8,850 | 375 | **42,447** | 80,462 | -47% |
| 113 | Rhema | 1,498 | 8,308 | 337 | 835 | 631 | - | 3,674 | 326 | **40,451** | 44,411 | -9% |
| 114 | Mt. Elgon | 880 | 15,841 | 127 | 376 | 202 | 100 | 1,330 | 428 | **38,841** | 46,876 | -17% |
| 115 | Lira University | 1,431 | 6,103 | 364 | 1,173 | 796 | 39 | 3,727 | 346 | **38,057** | 16,778 | 127% |
| 116 | LifeLink (Kyaliwajala) | 448 | 25,671 | 231 | 551 | 68 | 44 | 3,554 | 164 | **37,868** | 111,512 | -66% |
| 117 | Novik | - | 32,811 | 345 | 660 | 762 | - | 4,440 | - | **36,135** | 10,895 | 232% |
| 118 | St. Anthony's | 1,550 | 6,394 | 134 | 1,445 | 500 | 268 | 4,492 | 170 | **35,719** | 28,169 | 27% |
| 119 | Doctors Seguku | 666 | 20,548 | 146 | 587 | 126 | 86 | 4,430 | 128 | **35,114** | - | - |
| 120 | Buwenge Ngo | 1,238 | 3,271 | 837 | 3,205 | 3,447 | 780 | 7,733 | 90 | **33,089** | 32,348 | 2% |
| 121 | Rubongi Military | 729 | 19,651 | 70 | 782 | 332 | 292 | 4,372 | 22 | **32,953** | 73,152 | -55% |
| 122 | Gulu Independent | 1,058 | 6,593 | 52 | 183 | 84 | 2,438 | 20,772 | 166 | **31,550** | 33,350 | -5% |
| 123 | True Vine | 955 | 7,454 | 228 | 290 | 562 | 166 | 6,236 | 275 | **30,175** | 18,868 | 60% |
| 124 | Murchision Bay | 1,113 | 11,203 | - | - | - | - | - | 21 | **28,318** | - | - |
| 125 | Saidina Abubakar Islamic | 494 | 14,174 | 197 | 855 | 296 | 2,033 | 9,845 | 42 | **26,970** | - | - |
| 126 | Oriajini | 1,162 | 3,513 | 376 | 1,317 | 633 | 453 | 6,909 | 2 | **25,446** | 25,135 | 1% |
| 127 | Gulu Military | 822 | 10,845 | 14 | 438 | 98 | 238 | 566 | 56 | **24,865** | 43,403 | -43% |
| 128 | Pioneer | 1,063 | 7,421 | 1 | - | - | - | - | 21 | **23,791** | 30,655 | -22% |
| 129 | Holy Cross Orthodox Mission Namungoona | 678 | 5,313 | 173 | 736 | 176 | - | 4,122 | 158 | **20,788** | 103,334 | -80% |

| No. | Hospital | No. of admissions | Total OPD | Deliveries | Total ANC | Post Natal Attendances | Total FP | Total Immunizations | Major Surgery | SUO 2019/20 | SUO 2018/19 | % change in SUO |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 130 | Rushoroza | 544 | 5,443 | 427 | 1,077 | 688 | 55 | 4,105 | 163 | **20,729** | 38,996 | -47% |
| 131 | Ggwatiro Nursing Home | 753 | 1,502 | 439 | 1,449 | 98 | 122 | 7,679 | 142 | **20,202** | - | - |
| 132 | St. Stephen's Mpererwe | 495 | 5,564 | 206 | 809 | 306 | 907 | 3,632 | 195 | **19,656** | - | - |
| 133 | St. Anne | 127 | 1,322 | 6 | 29,816 | 5 | 3 | 1,059 | 37 | **19,121** | 3,935 | 386% |
| 134 | Kabasa Memorial | 688 | 981 | 512 | 1,899 | 1,121 | 324 | 5,999 | 105 | **18,833** | 26,733 | -30% |
| 135 | Bethesda (Soroti) | 449 | 5,520 | 232 | 389 | 524 | 278 | 3,851 | 146 | **17,701** | - | - |
| 136 | Florence Nightingale | 819 | 1,910 | 193 | 348 | 398 | 89 | 1,167 | 83 | **17,471** | 47,990 | -64% |
| 137 | Kanginima | 833 | 794 | 178 | 592 | 307 | 1,790 | 6,740 | - | **16,872** | 28,428 | -41% |
| 138 | Nightingale | 686 | 2,203 | 113 | 449 | 108 | 192 | 2,741 | 126 | **16,501** | - | - |
| 139 | Jaro | 415 | 4,831 | 97 | 277 | 123 | 165 | 2,966 | 176 | **15,937** | 9,912 | 61% |
| 140 | Case Medical Centre | - | 13,690 | 224 | 676 | 224 | 183 | 1,556 | - | **15,663** | - | - |
| 141 | UPDF 2nd Div. | 530 | 5,832 | 83 | 1,116 | 146 | 242 | 2,387 | - | **15,426** | 25,524 | -40% |
| 142 | Paragon | 362 | 3,156 | 314 | 1,024 | 664 | 219 | 2,983 | 128 | **14,266** | 21,949 | -35% |
| 143 | Kampala Independent | 256 | 7,649 | 183 | 600 | 513 | 207 | 3,466 | - | **13,757** | - | - |
| 144 | Al-Shafa Medical Centre | 240 | 6,783 | 47 | 48 | 82 | 102 | 1,114 | 66 | **12,277** | - | - |
| 145 | Kasese | 447 | 1,437 | 187 | 350 | 150 | 1 | 809 | 108 | **11,649** | - | - |
| 146 | Almeca Medicare | 328 | 2,541 | 109 | 139 | 362 | 292 | 4,077 | 80 | **10,818** | - | - |
| 147 | St. Andrea Kahwa Kooki Community | 441 | 2,691 | 57 | 163 | 62 | - | 1,855 | 28 | **10,635** | - | - |
| 148 | UMC Victoria (Kamwokya) | - | 8,429 | 188 | 374 | 631 | 26 | 1,642 | - | **10,213** | 32,546 | -69% |
| 149 | Galilee Community | 201 | 2,375 | 125 | 452 | 667 | 122 | 8,777 | 66 | **9,711** | 16,132 | -40% |
| 150 | Doctors Referral | - | 2,607 | 1,137 | 412 | 603 | 82 | 1,949 | - | **9,230** | - | - |
| 151 | Bethany Women and Family | 214 | 1,441 | 139 | 1,074 | 326 | 25 | 1,275 | 139 | **9,094** | 22,972 | -60% |
| 152 | UMC Victoria (Naguru) | - | 6,828 | 87 | 1,110 | 124 | 23 | 1,536 | - | **8,199** | - | - |
| 153 | Nile International | - | 6,343 | 101 | 369 | 117 | - | 640 | - | **7,219** | - | - |
| 154 | Peoples Medical Centre | - | 5,261 | 100 | 228 | 55 | 643 | 1,620 | - | **6,548** | - | - |
| 155 | Old Kampala | 115 | 1,937 | 29 | 59 | 27 | 1,387 | 2,868 | 70 | **6,517** | 8,829 | -26% |

| No. | Hospital | No. of admissions | Total OPD | Deliveries | Total ANC | Post Natal Attendances | Total FP | Total Immunizations | Major Surgery | SUO 2019/20 | SUO 2018/19 | % change in SUO |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 156 | URO Care | - | 5,964 | - | - | - | 4 | - | - | **5,966** | - | - |
| 157 | Le Memorial Medical Services | 132 | 3,135 | 8 | 71 | 5 | 7 | 895 | 3 | **5,436** | 2,216 | 145% |
| 158 | Medik | 202 | 1,646 | 13 | 127 | 16 | 33 | - | 10 | **5,029** | - | - |
| 159 | Makerere University | 125 | 2,632 | - | - | - | - | - | - | **4,507** | - | - |
| 160 | Mbarara Community | 84 | 696 | 181 | 262 | 497 | 39 | 2,471 | 37 | **4,494** | 42,876 | -90% |
| 161 | BAI HMIC | - | 4,370 | - | - | - | - | - | - | **4,370** | - | - |
| 162 | New Hope | 179 | 1,056 | 6 | 61 | 11 | 318 | 213 | 4 | **4,089** | 4,189 | -2% |
| 163 | Kololo | 24 | 1,441 | 63 | 147 | 90 | 2 | 963 | 16 | **2,748** | 4,543 | -40% |
| 164 | Kitintale | - | 1,692 | 30 | 150 | 56 | 11 | 774 | - | **2,105** | - | - |
| 165 | Middle East Bugolobi | - | 1,962 | - | - | - | - | - | - | **1,962** | - | - |
| 166 | Ntinda | 2 | 1,245 | 10 | 34 | 10 | 186 | 181 | 2 | **1,516** | - | - |
| 167 | Vine | - | 1,096 | - | - | - | 52 | - | - | **1,122** | - | - |
| 168 | Tumu | - | 758 | 7 | 138 | 9 | 181 | 276 | - | **1,012** | 1,482 | -32% |
| 169 | Uganda Martyrs | - | 236 | 36 | 120 | 59 | - | 2,012 | - | **908** | - | - |
| 170 | Montana | - | 873 | - | - | - | - | - | - | **873** | - | - |
| 171 | Bethesda (Kawempe) | - | - | - | - | - | - | - | - | **-** | - | - |
| 172 | Hunter Foundation | - | - | - | - | - | - | - | - | **-** | - | - |
| 173 | Kadami | - | - | - | - | - | - | - | - | **-** | - | - |
| 174 | Kadic | - | - | - | - | - | - | - | - | **-** | - | - |
| 175 | Life Care | - | - | - | - | - | - | - | - | **-** | - | - |
| | **Total** | **776,835** | **4,077,738** | **198,779** | **546,656** | **308,480** | **171,529** | **1,864,074** | **141,564** | **20,441,585** | **19,347,826** | **6%** |

## 3.7 Annex 10: Quality Parameters for General Hospitals FY 2019/20

| No. | Hospital | Beds | BOR | ALoS | Deliveries | Caesarian Sections | FSB | Macerated still births | Maternal deaths | C/S rate | FSB Risk / 1000 | Maternal Death risk / 100,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | Aber | 220 | 61% | 5 | 2,377 | 718 | 45 | 53 | 12 | 30% | 19 | 505 |
| 2. | Abim | 248 | 22% | 3 | 715 | 141 | 12 | 14 | 2 | 20% | 17 | 280 |
| 3. | Adjumani | 276 | 43% | 4 | 2,796 | 870 | 29 | 30 | 4 | 31% | 10 | 143 |
| 4. | Almeca Medicare | 19 | 14% | 3 | 109 | 60 | 2 | 3 | - | 55% | 18 | - |
| 5. | Al-Shafa Medical Centre | 63 | 3% | 2 | 47 | 8 | 1 | - | - | 17% | 21 | - |
| 6. | Amai Community | 90 | 39% | 7 | 304 | 150 | 15 | 6 | - | 49% | 49 | - |
| 7. | Amudat | 113 | 32% | 3 | 311 | 38 | 6 | 5 | - | 12% | 19 | - |
| 8. | Amuria | 89 | 42% | 3 | 734 | 172 | 14 | 29 | 2 | 23% | 19 | 272 |
| 9. | Anaka | 115 | 83% | 4 | 1,587 | 329 | 15 | 21 | 3 | 21% | 9 | 189 |
| 10. | Angal | 220 | 83% | 5 | 2,831 | 1,244 | 33 | 77 | 8 | 44% | 12 | 283 |
| 11. | Apac | 100 | 131% | 4 | 2,375 | 250 | 20 | 31 | 5 | 11% | 8 | 211 |
| 12. | Atutur | 138 | 98% | 3 | 1,668 | 144 | 11 | 31 | 2 | 9% | 7 | 120 |
| 13. | BAI HMIC | - | 0% | - | - | - | - | - | - | - | - | - |
| 14. | Bamu | 66 | 27% | 3 | 640 | 254 | 15 | 1 | - | 40% | 23 | - |
| 15. | Bethany Women and Family | 14 | 68% | - | 139 | 57 | - | 1 | - | 41% | - | - |
| 16. | Bethesda (Kawempe) | - | 70% | - | - | - | - | - | - | - | - | - |
| 17. | Bethesda (Soroti) | 57 | 73% | 0 | 232 | 103 | 4 | - | - | 44% | 17 | - |
| 18. | Bishop Ascili | 100 | 8% | 2 | 390 | 184 | 12 | 5 | 3 | 47% | 31 | 769 |
| 19. | Bombo General Military | 167 | 60% | 4 | 3,016 | 1,033 | 59 | 81 | 5 | 34% | 20 | 166 |
| 20. | Bududa | 107 | 54% | 2 | 1,350 | 329 | 18 | 19 | 3 | 24% | 13 | 222 |
| 21. | Bugiri | 104 | 80% | 3 | 3,427 | 722 | 51 | 55 | 6 | 21% | 15 | 175 |
| 22. | Buikwe St. Charles Lwanga | 83 | 22% | 2 | 789 | 383 | 19 | 9 | 1 | 49% | 24 | 127 |
| 23. | Bukwo General | 35 | 80% | 2 | 652 | 69 | 70 | 64 | 7 | 11% | 107 | 1,074 |
| 24. | Buliisa | 36 | 50% | 2 | 487 | 103 | 21 | 16 | 2 | 21% | 43 | 411 |
| 25. | Buluba | 120 | 28% | 4 | 580 | 242 | 18 | 11 | 4 | 42% | 31 | 690 |
| 26. | Bundibugyo | 104 | 110% | 3 | 2,777 | 797 | 24 | 36 | 5 | 29% | 9 | 180 |
| 27. | Busolwe | 98 | 53% | 2 | 2,126 | 758 | 40 | 26 | 7 | 36% | 19 | 329 |

| No. | Hospital | Beds | BOR | ALoS | Deliveries | Caesarian Sections | FSB | Macerated still births | Maternal deaths | C/S rate | FSB Risk / 1000 | Maternal Death risk / 100,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 28. | Buwenge NGO | 41 | 18% | 2 | 837 | 12 | 4 | 9 | - | 1% | 5 | - |
| 29. | Bwera | 146 | 92% | 3 | 4,275 | 1,444 | 23 | 25 | 4 | 34% | 5 | 94 |
| 30. | Bwindi Community | 129 | 45% | 4 | 1,288 | 537 | 9 | 10 | 2 | 42% | 7 | 155 |
| 31. | Case Medical Centre | - | - | - | 224 | - | - | 7 | - | 0% | - | - |
| 32. | Comboni | 88 | 32% | 3 | 949 | 244 | 1 | 19 | - | 26% | 1 | - |
| 33. | Corsu Rehabilitation | 208 | 10% | 4 | - | - | - | - | - | - | - | - |
| 34. | Cure Children's | 20 | 150% | 8 | - | - | - | - | - | - | - | - |
| 35. | Dabani | 92 | 32% | 3 | 856 | 338 | 34 | 12 | 3 | 39% | 40 | 350 |
| 36. | Devine Mercy | 26 | 60% | 3 | 881 | 522 | 2 | 5 | - | 59% | 2 | - |
| 37. | Doctors Seguku | 24 | 15% | 2 | 146 | 51 | - | - | - | 35% | - | - |
| 38. | Doctors Referral | - | - | - | 1,137 | - | - | 3 | - | 0% | - | - |
| 39. | Family Care | 36 | 12% | 3 | 225 | 119 | 4 | 10 | - | 53% | 18 | - |
| 40. | Florence Nightingale | 66 | 90% | 3 | 193 | 62 | 4 | 5 | - | 32% | 21 | - |
| 41. | Galilee Community | 35 | 10% | 1 | 125 | 46 | - | 2 | - | 37% | - | - |
| 42. | Ggwatiro Nursing Home | 65 | 17% | 5 | 439 | 101 | 2 | 1 | - | 23% | 5 | - |
| 43. | Gombe | 100 | 94% | 3 | 4,242 | 1,390 | 76 | 33 | 13 | 33% | 18 | 306 |
| 44. | Gulu Independent | 87 | 15% | 4 | 52 | 20 | - | - | - | 38% | - | - |
| 45. | Gulu Military | 49 | 14% | 3 | 14 | - | - | - | - | 0% | - | - |
| 46. | Holy Cross Orthodox Mission Na-mungoona | 53 | 7% | 2 | 173 | 63 | - | 1 | - | 36% | - | - |
| 47. | Holy Innocents Children's | 81 | 30% | 2 | - | - | - | - | - | - | - | - |
| 48. | Hunter Foundation | - | - | - | - | - | - | - | - | - | - | - |
| 49. | Ibanda | 178 | 53% | 4 | 1,968 | 791 | 48 | 53 | 8 | 40% | 24 | 407 |
| 50. | Iganga | 104 | 150% | 3 | 6,897 | 1,950 | 124 | 122 | 12 | 28% | 18 | 174 |
| 51. | International Hospital Kampala | 100 | 41% | 5 | 1,247 | 430 | 8 | 14 | - | 34% | 6 | - |
| 52. | Ishaka Adventist | 87 | 39% | 2 | 1,662 | 813 | 24 | 19 | 8 | 49% | 14 | 481 |
| 53. | Itojo | 165 | 48% | 4 | 2,663 | 893 | 47 | 42 | 4 | 34% | 18 | 150 |
| 54. | Jaro | 33 | 2% | 1 | 97 | 66 | 2 | 3 | - | 68% | 21 | - |
| 55. | Kaabong | 130 | 89% | 4 | 787 | 170 | 21 | 7 | 6 | 22% | 27 | 762 |

| No. | Hospital | Beds | BOR | ALoS | Deliveries | Caesarian Sections | FSB | Macerated still births | Maternal deaths | C/S rate | FSB Risk / 1000 | Maternal Death risk / 100,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 56. | Kabarole COU | 110 | 16% | 2 | 672 | 239 | 9 | 15 | - | 36% | 13 | - |
| 57. | Kabasa Memorial | 36 | 13% | 2 | 512 | - | 5 | 3 | - | 0% | 10 | - |
| 58. | Kaberamaido | 84 | 20% | 2 | 692 | 147 | 9 | 12 | 3 | 21% | 13 | 434 |
| 59. | Kadami | - | - | - | - | - | - | - | - | - | - | - |
| 60. | Kadic | - | - | - | - | - | - | - | - | - | - | - |
| 61. | Kagadi | 119 | 105% | 3 | 4,222 | 843 | 114 | 75 | 11 | 20% | 27 | 261 |
| 62. | Kagando | 231 | 58% | 4 | 2,760 | 1,503 | 52 | 55 | 5 | 54% | 19 | 181 |
| 63. | Kakira Sugar Workers | 78 | 22% | 2 | 318 | - | 2 | 3 | - | 0% | 6 | - |
| 64. | Kalisizo | 97 | 58% | 2 | 3,197 | 1,239 | 62 | 55 | 6 | 39% | 19 | 188 |
| 65. | Kalongo Ambrosoli Memorial | 271 | 91% | 5 | 2,707 | 552 | 23 | 41 | 5 | 20% | 8 | 185 |
| 66. | Kambuga | 100 | 59% | 4 | 1,674 | 418 | 15 | 13 | 3 | 25% | 9 | 179 |
| 67. | Kampala | 100 | - | - | 1,397 | - | - | - | - | 0% | - | - |
| 68. | Kampala Independent | 15 | 26% | 3 | 183 | 50 | - | - | - | 27% | - | - |
| 69. | Kamuli | 283 | 60% | 4 | 3,140 | 438 | 29 | 52 | 15 | 14% | 9 | 478 |
| 70. | Kamuli Mission | 320 | 10% | 3 | 1,050 | 592 | 68 | 31 | 8 | 56% | 65 | 762 |
| 71. | Kanginima | 45 | 13% | 3 | 178 | - | - | 1 | - | 0% | - | - |
| 72. | Kapchorwa | 116 | 107% | 7 | 2,196 | 614 | 67 | 27 | 6 | 28% | 31 | 273 |
| 73. | Karoli Lwanga (Nyakibale) | 180 | 19% | 4 | 526 | 206 | 1 | 20 | 1 | 39% | 2 | 190 |
| 74. | Kasese | 60 | 4% | 2 | 187 | 73 | - | 2 | - | 39% | - | - |
| 75. | Katakwi General | 110 | 64% | 2 | 1,490 | 211 | 26 | 17 | 5 | 14% | 17 | 336 |
| 76. | Kawolo | 151 | 18% | 1 | 4,870 | 1,367 | 67 | 63 | 6 | 28% | 14 | 123 |
| 77. | Kayunga | 54 | 41% | 2 | 1,234 | 406 | 29 | 30 | 2 | 33% | 24 | 162 |
| 78. | Kiboga | 100 | 78% | 3 | 3,529 | 543 | 57 | 45 | 7 | 15% | 16 | 198 |
| 79. | Kibuli | 129 | 48% | 3 | 2,339 | 1,244 | 6 | 26 | 1 | 53% | 3 | 43 |
| 80. | Kida | 44 | 26% | 2 | 524 | 103 | 3 | 7 | 1 | 20% | 6 | 191 |
| 81. | Kilembe | 205 | 42% | 4 | 1,045 | 403 | 23 | 20 | 3 | 39% | 22 | 287 |
| 82. | Kiryandongo | 114 | 99% | 3 | 2,735 | 706 | 72 | 47 | 7 | 26% | 26 | 256 |
| 83. | Kisiizi | 308 | 50% | 6 | 2,030 | 786 | 18 | 24 | - | 39% | 9 | - |
| 84. | Kisoro | 142 | 75% | 5 | 3,451 | 732 | 26 | 24 | 3 | 21% | 8 | 87 |

| No. | Hospital | Beds | BOR | ALoS | Deliveries | Caesarian Sections | FSB | Macerated still births | Maternal deaths | C/S rate | FSB Risk / 1000 | Maternal Death risk / 100,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 85. | Kisubi | 73 | 46% | 3 | 1,372 | 632 | 12 | 14 | - | 46% | 9 | - |
| 86. | Kitagata | 169 | 50% | 3 | 4,416 | 1,491 | 23 | 46 | 3 | 34% | 5 | 68 |
| 87. | Kitgum | 268 | 88% | 5 | 2,516 | 367 | 21 | 52 | 4 | 15% | 8 | 159 |
| 88. | Kitintale | - | - | - | 30 | - | 1 | 1 | - | 0% | 33 | - |
| 89. | Kitovu | 268 | 14% | 4 | 596 | 353 | 14 | 15 | 3 | 59% | 23 | 503 |
| 90. | KIU Teaching | 350 | 45% | 4 | 1,521 | 695 | 22 | 44 | 7 | 46% | 14 | 460 |
| 91. | Kiwoko | 204 | 65% | 5 | 2,562 | 982 | 39 | 106 | 3 | 38% | 15 | 117 |
| 92. | Koboko | 100 | 76% | 3 | 2,818 | 318 | 38 | 44 | 4 | 11% | 13 | 142 |
| 93. | Kololo | 2 | 2% | 1 | 63 | 13 | 1 | - | - | 21% | 16 | - |
| 94. | Kuluva | 185 | 45% | 7 | 1,023 | 458 | 28 | 26 | 3 | 45% | 27 | 293 |
| 95. | Kumi (NGO) | 330 | 25% | 7 | 692 | 361 | 17 | 11 | 3 | 52% | 25 | 434 |
| 96. | Kyenjojo | 90 | 48% | 2 | 2,763 | 480 | 54 | 32 | 6 | 17% | 20 | 217 |
| 97. | Le Memorial Medical Services | 59 | 1% | 2 | 8 | 3 | - | - | - | 38% | - | - |
| 98. | Life Care | - | - | - | - | - | - | - | - | - | - | - |
| 99. | LifeLink (Kyaliwajala) | 16 | 34% | 2 | 231 | 122 | 3 | 7 | 1 | 53% | 13 | 433 |
| 100. | Lifelink (Ntinda) | - | - | - | - | - | - | - | - | - | - | - |
| 101. | Lira University | 86 | 19% | 4 | 364 | 131 | 4 | 10 | 3 | 36% | 11 | 824 |
| 102. | Lugazi Scoul | 43 | 38% | 3 | 338 | - | 1 | - | - | 0% | 3 | - |
| 103. | Luwero | 56 | 31% | 1 | 1,721 | 239 | 21 | 31 | 10 | 14% | 12 | 581 |
| 104. | Lwala | 100 | 40% | 4 | 1,041 | 280 | 25 | 15 | 3 | 27% | 24 | 288 |
| 105. | Lyantonde | 89 | 64% | 2 | 2,621 | 836 | 81 | 47 | 4 | 32% | 31 | 153 |
| 106. | Makerere University | - | - | 2 | - | - | - | - | - | - | - | - |
| 107. | Masafu | 77 | 75% | 3 | 1,688 | 340 | 41 | 23 | 6 | 20% | 24 | 355 |
| 108. | Masindi | 132 | 51% | 2 | 4,310 | 678 | 71 | 75 | 9 | 16% | 16 | 209 |
| 109. | Matany | 250 | 97% | 6 | 1,396 | 476 | 28 | 23 | 2 | 34% | 20 | 143 |
| 110. | Mayanja Memorial | 100 | 8% | 3 | 616 | 243 | 8 | 6 | 2 | 39% | 13 | 325 |
| 111. | Mbarara Community | 33 | 2% | 3 | 181 | 32 | - | - | - | 18% | - | - |
| 112. | Medik | - | - | 3 | 13 | 7 | - | - | - | 54% | - | - |
| 113. | Middle East Bugolobi | - | - | - | - | - | - | - | - | - | - | - |
| 114. | Mildmay Uganda | 48 | 15% | 5 | 270 | 55 | 5 | 3 | - | 20% | 19 | - |

| No. | Hospital | Beds | BOR | ALoS | Deliveries | Caesarian Sections | FSB | Macerated still births | Maternal deaths | C/S rate | FSB Risk / 1000 | Maternal Death risk / 100,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 115. | Mityana | 171 | 74% | 3 | 6,076 | 1,786 | 97 | 87 | 13 | 29% | 16 | 214 |
| 116. | Montana | - | - | - | - | - | - | - | - | - | - | - |
| 117. | Moyo | 195 | 33% | 3 | 1,770 | 681 | 25 | 30 | 3 | 38% | 14 | 169 |
| 118. | Mt. Elgon | 25 | 21% | 2 | 127 | 42 | - | 6 | - | 33% | - | - |
| 119. | Mukono General | 270 | 20% | 2 | 3,996 | 1,983 | 17 | 37 | 2 | 50% | 4 | 50 |
| 120. | Mukwaya | 50 | 5% | 2 | 193 | 70 | 1 | - | - | 36% | 5 | - |
| 121. | Murchision Bay | 116 | 18% | 7 | - | - | - | - | - | - | - | - |
| 122. | Mutolere | 200 | 47% | 5 | 1,561 | 578 | 23 | 27 | 6 | 37% | 15 | 384 |
| 123. | Nakaseke | 163 | 67% | 5 | 2,896 | 957 | 32 | 42 | 2 | 33% | 11 | 69 |
| 124. | Nakasero | 84 | 67% | 4 | 1,542 | 1,031 | 1 | 16 | - | 67% | 1 | - |
| 125. | Nakasongola Military | 85 | 22% | 5 | 136 | 31 | 1 | 1 | 1 | 23% | 7 | 735 |
| 126. | Nebbi | 170 | 85% | 5 | 2,367 | 649 | 19 | 24 | 8 | 27% | 8 | 338 |
| 127. | New Hope | 29 | 5% | 3 | 6 | 2 | - | - | - | 33% | - | - |
| 128. | Ngora Freda Carr | 165 | 17% | 2 | 425 | 194 | 2 | 20 | 2 | 46% | 5 | 471 |
| 129. | Nightingale | 49 | 10% | 3 | 113 | 27 | 4 | 1 | - | 24% | 35 | - |
| 130. | Nile International | - | - | - | 101 | - | 1 | - | - | 0% | 10 | - |
| 131. | Nkokonjeru | 61 | 21% | 2 | 557 | 215 | 11 | 11 | 3 | 39% | 20 | 539 |
| 132. | Nkozi | 100 | 38% | 4 | 1,028 | 367 | 20 | 33 | 1 | 36% | 19 | 97 |
| 133. | Novik | - | - | - | 345 | - | 2 | 1 | - | 0% | 6 | - |
| 134. | Ntinda | - | - | - | 10 | 1 | - | - | - | 10% | - | - |
| 135. | Nyapea | 139 | 36% | 3 | 1,904 | 743 | 35 | 30 | 5 | 39% | 18 | 263 |
| 136. | Old Kampala | 27 | 1% | 1 | 29 | 5 | 1 | 2 | - | 17% | 34 | - |
| 137. | Oriajini | 48 | 17% | 3 | 376 | - | 7 | 6 | - | 0% | 19 | - |
| 138. | Pallisa | 161 | 61% | 3 | 3,431 | 477 | 55 | 44 | 2 | 14% | 16 | 58 |
| 139. | Paragon | 22 | 16% | 4 | 314 | 117 | - | 4 | - | 37% | - | - |
| 140. | Peoples Medical Centre | - | - | - | 100 | - | - | 3 | - | 0% | - | - |
| 141. | Pioneer | 16 | 70% | 4 | 1 | - | - | - | - | 0% | - | - |
| 142. | Rakai | 83 | 80% | 3 | 1,924 | 669 | 43 | 29 | 3 | 35% | 22 | 156 |
| 143. | Restoration Gateway | 48 | 37% | 3 | 317 | 59 | 3 | 3 | 1 | 19% | 9 | 315 |
| 144. | Rhema | 18 | 21% | 1 | 337 | 84 | 4 | - | - | 25% | 12 | - |

| No. | Hospital | Beds | BOR | ALoS | Deliveries | Caesarian Sections | FSB | Macerated still births | Maternal deaths | C/S rate | FSB Risk / 1000 | Maternal Death risk / 100,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 145. | Rubongi Military | 55 | 10% | 3 | 70 | - | - | 1 | - | 0% | - | - |
| 146. | Rugarama | 142 | 32% | 5 | 646 | 219 | 8 | 24 | 1 | 34% | 12 | 155 |
| 147. | Ruharo Mission | 78 | 38% | 4 | 438 | 183 | 2 | 3 | - | 42% | 5 | - |
| 148. | Rukunyu | 138 | 24% | 3 | 1,280 | 492 | 279 | 26 | 1 | 38% | 218 | 78 |
| 149. | Rushere Community | 78 | 24% | 3 | 516 | 142 | 12 | 8 | 2 | 28% | 23 | 388 |
| 150. | Rushoroza | 63 | 5% | 2 | 427 | 114 | 2 | 7 | - | 27% | 5 | - |
| 151. | Ruth Gaylord | 49 | 11% | 2 | 400 | 148 | 2 | 2 | - | 37% | 5 | - |
| 152. | Saidina Abubakar Islamic | 20 | 12% | 2 | 197 | 18 | - | 1 | - | 9% | - | - |
| 153. | St. Andrea Kahwa Kooki Community | 22 | 12% | 2 | 57 | 18 | 1 | 1 | - | 32% | 18 | - |
| 154. | St. Anne | 10 | 4% | 1 | 6 | 4 | - | - | - | 67% | - | - |
| 155. | St. Anthony's | 93 | 20% | 4 | 134 | 35 | - | 4 | - | 26% | - | - |
| 156. | St. Catherine's | - | - | - | 282 | - | 2 | 1 | - | 0% | 7 | - |
| 157. | St. Francis Naggalama | 100 | 45% | 3 | 1,532 | 640 | 29 | 25 | 1 | 42% | 19 | 65 |
| 158. | St. Francis Nyenga | 74 | 22% | 3 | 507 | 130 | 5 | 8 | 4 | 26% | 10 | 789 |
| 159. | St. Joseph Kitovu | 268 | 14% | 4 | 779 | 345 | 23 | 18 | 4 | 44% | 30 | 513 |
| 160. | St. Joseph's Kitgum | 280 | 37% | 5 | 1,356 | 318 | 22 | 31 | 1 | 23% | 16 | 74 |
| 161. | St. Josephs Maracha | 200 | 49% | 6 | 1,260 | 487 | 31 | 34 | 4 | 39% | 25 | 317 |
| 162. | St. Karolii Lwanga Nyakibale | 180 | 24% | 4 | 663 | 333 | 1 | 14 | 3 | 50% | 2 | 452 |
| 163. | St. Stephen's Mpererwe | 28 | 11% | 2 | 206 | 53 | 2 | 3 | 1 | 26% | 10 | 485 |
| 164. | Tororo | 224 | 63% | 3 | 4,744 | 803 | 74 | 48 | 10 | 17% | 16 | 211 |
| 165. | True Vine | 35 | 16% | 2 | 228 | 107 | 3 | 5 | - | 47% | 13 | - |
| 166. | Tumu | - | - | - | 7 | - | - | - | - | 0% | - | - |
| 167. | Uganda Martyrs | - | - | - | 36 | - | 1 | - | - | 0% | 28 | - |
| 168. | UMC Victoria (Kamwokya) | - | - | - | - | - | - | - | - | - | - | - |
| 169. | UMC Victoria (Naguru) | - | - | - | 87 | - | - | - | - | 0% | - | - |
| 170. | UPDF 2nd Div. | 40 | 17% | 5 | 83 | - | - | - | - | 0% | - | - |
| 171. | URO Care | - | - | - | - | - | - | - | - | - | - | - |
| 172. | Villa Maria | 252 | 18% | 4 | 991 | 438 | 32 | 10 | 6 | 44% | 32 | 605 |
| 173. | Virika | 166 | 16% | 2 | - | - | - | - | - | - | - | - |
| 174. | Yumbe | 34 | 29% | 2 | 547 | - | 3 | - | - | 0% | 5 | - |
| | **Total** | **16,847** | **45%** | **4** | **197,325** | **58,022** | **2,815** | **2,561** | **342** | **29%** | **14** | **173** |

## 3.8 Annex 11: Number of C/S conducted at HC IVs from FY 2017/18 to 2019/20

| No. | HC IV | Caesarian Sections | | | | Availability of Blood Transfusion Services |
|---|---|---|---|---|---|---|
| | | 2017/18 | 2018/19 | 2019/20 | % change | 2019/20 |
| 1 | 5th Military Division | | | 0 | | N |
| 2 | Abii Clinic | | | 12 | - | N |
| 3 | Aboke | 64 | 68 | 164 | 141 | N |
| 4 | Aduku | 173 | 191 | 269 | 41 | Y |
| 5 | Adumi | | | 49 | - | N |
| 6 | Ahamadiya | | | 0 | - | N |
| 7 | Alebtong | 9 | 23 | 9 | -61 | Y |
| 8 | Amach | | 27 | 25 | -7 | N |
| 9 | Amolatar | 24 | 100 | 56 | -44 | Y |
| 10 | Anyeke | 149 | 75 | 96 | 28 | Y |
| 11 | Apapai | 85 | 117 | 155 | 32 | Y |
| 12 | Atiak | | | 0 | - | Y |
| 13 | Atirir | 12 | 15 | 55 | 267 | N |
| 14 | Awach | 16 | 17 | 17 | 0 | N |
| 15 | Azur | | 283 | 131 | -54 | Y |
| 16 | Bbaale | 333 | 3 | 0 | -100 | Y |
| 17 | Benedict Medical centre | - | 157 | 135 | -14 | Y |
| 18 | Bishop Masereka Christian Foundation | 320 | 148 | 72 | -51 | Y |
| 19 | Bubulo | 184 | | 5 | - | N |
| 20 | Budadiri | | 161 | 251 | 56 | Y |
| 21 | Budaka | 186 | 149 | 178 | 19 | Y |
| 22 | Budondo | 105 | 248 | 182 | -27 | N |
| 23 | Bufumbo | 254 | 126 | 169 | 34 | Y |
| 24 | Bugamba | 89 | 26 | 27 | 4 | N |
| 25 | Bugangari | | 126 | 71 | -44 | N |
| 26 | Bugembe | 63 | 63 | 142 | 125 | N |
| 27 | Bugobero | 64 | 10 | 88 | 780 | Y |
| 28 | Bugono | 4 | 52 | 64 | 23 | Y |
| 29 | Buhunga | 78 | 94 | 81 | -14 | N |
| 30 | Bukasa | 26 | | 0 | - | N |
| 31 | Bukedea | - | 59 | 127 | 115 | N |
| 32 | Bukomero | | 18 | 92 | 411 | N |
| 33 | Bukuku | 5 | 111 | 112 | 1 | Y |
| 34 | Bukulula | 123 | 118 | 166 | 41 | Y |
| 35 | Bukwo | 85 | 8 | 37 | 363 | 0 |
| 36 | Buliisa | 23 | | 0 | - | N |
| 37 | Bumanya | | 62 | 58 | -6 | Y |
| 38 | Busanza | 57 | | 0 | - | N |
| 39 | Busaru | | 438 | 243 | -45 | Y |
| 40 | Busesa | 366 | 52 | 69 | 33 | Y |
| 41 | Bushenyi | 38 | | 0 | - | N |
| 42 | Busia | - | 114 | 106 | -7 | Y |

| No. | HC IV | Caesarian Sections | | | | Availability of Blood Transfusion Services |
|---|---|---|---|---|---|---|
| | | 2017/18 | 2018/19 | 2019/20 | % change | 2019/20 |
| 43 | Busiu | 90 | 115 | 185 | 61 | Y |
| 44 | Butebo | 63 | 2 | 28 | 1,300 | Y |
| 45 | Butenga | 10 | 22 | 77 | 250 | Y |
| 46 | Buvuma | 26 | 60 | 83 | 38 | N |
| 47 | Buwambo | 7 | 49 | 61 | 24 | N |
| 48 | Buwasa | 29 | 71 | 91 | 28 | N |
| 49 | Buwenge | 98 | 116 | 144 | 24 | N |
| 50 | Buyinja | 127 | 103 | 133 | 29 | Y |
| 51 | Bwijanga | 92 | 70 | 94 | 34 | N |
| 52 | Bwizibwera | 73 | 42 | 224 | 433 | Y |
| 53 | Chahafi | 48 | 60 | 121 | 102 | N |
| 54 | Dokolo | 18 | 83 | 182 | 119 | Y |
| 55 | Goli | | | 81 | - | Y |
| 56 | Hamurwa | 25 | 44 | 133 | 202 | N |
| 57 | Henrob Family Clinic | | | 70 | - | Y |
| 58 | Herona Medical Center | | | 50 | - | Y |
| 59 | Hiima Iaa (UCI) | 1 | | 0 | - | Y |
| 60 | Ishongororo | | 117 | 133 | 14 | Y |
| 61 | Kabubbu | | | 51 | - | N |
| 62 | Kabuyanda | 102 | 152 | 228 | 50 | N |
| 63 | Kabwohe | 70 | 12 | 180 | 1,400 | Y |
| 64 | Kajjansi | | | 0 | - | N |
| 65 | Kakindo | 331 | 171 | 314 | 84 | N |
| 66 | Kakomo | | | 0 | - | N |
| 67 | Kakumiro | 285 | 137 | 216 | 58 | Y |
| 68 | Kakuuto | 134 | 173 | 232 | 34 | Y |
| 69 | Kalagala | 12 | 64 | 185 | 189 | N |
| 70 | Kalangala | 60 | 60 | 83 | 38 | Y |
| 71 | Kamukira | | | 0 | - | N |
| 72 | Kamwezi | | 13 | 19 | 46 | N |
| 73 | Kangulumira | 135 | 115 | 464 | 303 | Y |
| 74 | Kanungu | - | | 117 | - | Y |
| 75 | Kapelebyong | 43 | 104 | 95 | -9 | Y |
| 76 | Kaproron | | | 0 | - | N |
| 77 | Karenga | 14 | 15 | 18 | 20 | N |
| 78 | Karita | | | | - | |
| 79 | Karugutu | 12 | 52 | 176 | 238 | Y |
| 80 | Kasangati | 176 | 359 | 445 | 24 | N |
| 81 | Kassanda | 172 | 323 | 342 | 6 | Y |
| 82 | Kataraka | | | 0 | - | N |
| 83 | Kawaala | | | 0 | - | N |
| 84 | Kazo | 18 | 52 | 276 | 431 | Y |
| 85 | Kebisoni | 49 | 95 | 169 | 78 | N |
| 86 | Kibaale | 113 | 69 | 92 | 33 | Y |
| 87 | Kibiito | 77 | | 75 | - | Y |

| No. | HC IV | Caesarian Sections | | | | Availability of Blood Transfusion Services |
|---|---|---|---|---|---|---|
| | | 2017/18 | 2018/19 | 2019/20 | % change | 2019/20 |
| 88 | Kibuku | 127 | 279 | 251 | -10 | Y |
| 89 | Kidera | 4 | 36 | 77 | 114 | Y |
| 90 | Kiganda | 255 | 340 | 315 | -7 | N |
| 91 | Kigandalo | 117 | 143 | 168 | 17 | Y |
| 92 | Kigorobya | - | 1 | 0 | -100 | N |
| 93 | Kihiihi | 67 | 108 | 190 | 76 | Y |
| 94 | Kikuube | | | 1 | - | N |
| 95 | Kikyo | 53 | 29 | 24 | -17 | N |
| 96 | Kinoni | 100 | 155 | 211 | 36 | N |
| 97 | Kiruhura | 31 | 62 | 111 | 79 | N |
| 98 | Kisenyi | 392 | 82 | 292 | 256 | N |
| 99 | Kitwe | 69 | 59 | 94 | 59 | Y |
| 100 | Kityerera | 10 | 214 | 273 | 28 | Y |
| 101 | Kiwangala | 19 | 34 | 77 | 126 | Y |
| 102 | Kiyumba | 11 | 20 | 30 | 50 | N |
| 103 | Kiyunga | 8 | 56 | 107 | 91 | N |
| 104 | Kojja | 102 | 148 | 202 | 36 | N |
| 105 | Kolonyi | | | 91 | - | Y |
| 106 | Kotido | 53 | 72 | 29 | -60 | N |
| 107 | Kumi | | | 0 | - | N |
| 108 | Kyabugimbi | 215 | 235 | 278 | 18 | Y |
| 109 | Kyanamukaaka | 8 | 7 | 3 | -57 | N |
| 110 | Kyangwali | 107 | 489 | 883 | 81 | Y |
| 111 | Kyantungo | 7 | 28 | 9 | -68 | N |
| 112 | Kyarusozi | 26 | | 154 | - | Y |
| 113 | Kyazanga | 3 | 27 | 181 | 570 | Y |
| 114 | Kyegegwa | 506 | 513 | 173 | -66 | Y |
| 115 | Lalogi | 23 | 19 | 21 | 11 | Y |
| 116 | Lwengo | 6 | 27 | 53 | 96 | Y |
| 117 | Maddu | | | 1 | - | N |
| 118 | Madi-Opei | 1 | | 0 | - | Y |
| 119 | Magale | 166 | 263 | 210 | -20 | Y |
| 120 | Masindi Kitara Med. Centre | | | 91 | - | Y |
| 121 | Masindi Military Barracks | | | 0 | - | N |
| 122 | Maziba | - | 9 | 30 | 233 | N |
| 123 | Mbarara Municipal Council | | | 55 | - | N |
| 124 | Midas Torch | | | 47 | - | Y |
| 125 | Midigo | 426 | 960 | 1056 | 10 | Y |
| 126 | Mitooma | 60 | 173 | 152 | -12 | Y |
| 127 | Moyo Mission | | | 0 | - | N |
| 128 | Mparo | | 11 | 10 | -9 | N |
| 129 | Mpigi | 585 | 605 | 800 | 32 | Y |
| 130 | Mpumudde | - | 0 | 0 | - | N |
| 131 | Muko | | 22 | 83 | 277 | N |
| 132 | Mukono CoU | 493 | 623 | 305 | -51 | Y |

| No. | HC IV | Caesarian Sections | | | | Availability of Blood Transfusion Services |
|---|---|---|---|---|---|---|
| | | 2017/18 | 2018/19 | 2019/20 | % change | 2019/20 |
| 133 | Mukuju | | | 0 | - | N |
| 134 | Mulanda | | | 0 | - | N |
| 135 | Mungula | 81 | 129 | 99 | -23 | Y |
| 136 | Muyembe | 119 | 262 | 252 | -4 | Y |
| 137 | Mwera | 6 | 5 | 21 | 320 | N |
| 138 | Nabiganda | | | 0 | - | N |
| 139 | Nabilatuk | 23 | 77 | 45 | -42 | Y |
| 140 | Nabiswera | | | 0 | - | N |
| 141 | Nagongera | 13 | 18 | 19 | 6 | N |
| 142 | Nakasongola | 23 | 35 | 140 | 300 | Y |
| 143 | Namatala | 53 | 69 | 195 | 183 | N |
| 144 | Namayumba | 161 | 225 | 233 | 4 | N |
| 145 | Namokora | - | 22 | 29 | 32 | Y |
| 146 | Namwendwa | 3 | 29 | 148 | 410 | Y |
| 147 | Nankandulo | | | 0 | - | Y |
| 148 | Nankoma | 2 | 13 | 98 | 654 | N |
| 149 | Ndejje | 5 | 15 | 10 | -33 | N |
| 150 | Ngoma | - | | 0 | - | N |
| 151 | Ngora | 148 | 167 | 205 | 23 | Y |
| 152 | North Kigezi | 145 | 212 | 313 | 48 | Y |
| 153 | Nsiika | 43 | 24 | 64 | 167 | N |
| 154 | Nsinze | | 4 | 80 | 1,900 | N |
| 155 | Ntara | 189 | 200 | 176 | -12 | Y |
| 156 | Ntungamo | 0 | 0 | 0 | - | N |
| 157 | Ntuusi | - | 70 | 38 | -46 | Y |
| 158 | Ntwetwe | 50 | 35 | 54 | 54 | Y |
| 159 | Nyahuka | 30 | 48 | 157 | 227 | Y |
| 160 | Nyamirami | - | | 12 | - | N |
| 161 | Nyamuyanja | - | | 0 | - | N |
| 162 | Nyimbwa | 6 | 25 | 43 | 72 | N |
| 163 | Obongi | - | 23 | 78 | 239 | Y |
| 164 | Ogur | 39 | 23 | 19 | -17 | N |
| 165 | Omugo | 3 | 57 | 81 | 42 | N |
| 166 | Orum | 21 | 44 | 58 | 32 | Y |
| 167 | Padibe | 66 | 107 | 93 | -13 | Y |
| 168 | PAG Mission | 144 | 191 | 220 | 15 | Y |
| 169 | Pajule | 4 | 16 | 73 | 356 | Y |
| 170 | Pakwach | 6 | 22 | 96 | 336 | Y |
| 171 | Princes Diana | 9 | 12 | 120 | 900 | Y |
| 172 | Rhino Camp | | 17 | 11 | -35 | N |
| 173 | River Oli | - | 4 | 6 | 50 | N |
| 174 | Rubaare | 69 | 33 | 0 | -100 | N |
| 175 | Rubaya | 3 | 20 | 30 | 50 | N |
| 176 | Rubuguri | 11 | 27 | 51 | 89 | N |
| 177 | Rugaaga | 0 | 0 | 0 | - | N |

| No. | HC IV | Caesarian Sections | | | | Availability of Blood Transfusion Services |
|---|---|---|---|---|---|---|
| | | 2017/18 | 2018/19 | 2019/20 | % change | 2019/20 |
| 178 | Rugazi | 366 | 364 | 396 | 9 | Y |
| 179 | Ruhoko | 74 | 148 | 310 | 109 | Y |
| 180 | Rukoki | | | 0 | - | N |
| 181 | Rukungiri | 0 | 0 | 0 | - | N |
| 182 | Rwashamaire | 81 | 70 | 63 | -10 | Y |
| 183 | Rwebisengo | | | 0 | - | N |
| 184 | Rwekubo | 534 | 646 | 783 | 21 | Y |
| 185 | Rwesande | 307 | 310 | 320 | 3 | Y |
| 186 | Semuto | 1 | 6 | 3 | -50 | N |
| 187 | Senta Medicare | | | 22 | - | N |
| 188 | Serere | 240 | 345 | 509 | 48 | Y |
| 189 | Shuuku | 83 | 53 | 36 | -32 | N |
| 190 | Span Medicare | | | 22 | - | N |
| 191 | Ssekanyonyi | 0 | 0 | 0 | - | N |
| 192 | Ssembabule | 160 | 104 | 204 | 96 | Y |
| 193 | St. Ambrose Charity | 178 | 160 | 91 | -43 | Y |
| 194 | St. Franciscan | 81 | 94 | 70 | -26 | Y |
| 195 | St. Joseph Good Shep. Kyamulibwa | 143 | 131 | 166 | 27 | Y |
| 196 | St. Paul | 1,054 | 1,079 | 1616 | 50 | Y |
| 197 | Tokora | 140 | 81 | 79 | -2 | Y |
| 198 | Toroma | 0 | 0 | 0 | - | N |
| 199 | Wagagai | 91 | 57 | 67 | 18 | Y |
| 200 | Wakiso | 55 | 323 | 536 | 66 | N |
| 201 | Walukuba | 7 | 39 | 9 | -77 | N |
| 202 | Warr | 0 | 0 | 60 | - | Y |
| 203 | Yumbe | 0 | 0 | 0 | - | N |
| | **Total** | **14,565** | **18,318** | **25,047** | **37** | |

## 3.9 Annex 12: SUO for HC IVs 2019/20 FY

| No. | Health facilities | No. of admissions | Total OPD | Deliveries in unit | Total ANC | Post Natal Attendances | Total FP | Total Immunization | SUO 2019/20 | SUO 2018/19 | % change |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 5th Military Division | 1,637 | 10,452 | 92 | 751 | 215 | 285 | 1,759 | **36,444** | **37,371** | -2.5 |
| 2 | Abii Clinic | 62 | 3,614 | 8 | 120 | 6 | 293 | 449 | **4,883** | - | - |
| 3 | Aboke | 3,994 | 25,972 | 1,330 | 4,867 | 3,012 | 1,567 | 15,785 | **100,412** | **80,252** | 25.1 |
| 4 | Aduku | 4,079 | 28,113 | 1,389 | 6,915 | 2,874 | 2,694 | 13,987 | **105,282** | **86,116** | 22.3 |
| 5 | Adumi | 2,067 | 15,381 | 681 | 3,069 | 1,119 | 965 | 14,910 | **55,350** | **57,338** | -3.5 |
| 6 | Ahamadiya | 247 | 1,567 | 33 | 161 | 18 | 15 | 1,099 | **5,754** | - | - |
| 7 | Alebtong | 2,852 | 18,299 | 831 | 5,167 | 2,039 | 1,539 | 12,892 | **72,185** | **58,771** | 22.8 |
| 8 | Amach | 3,738 | 29,660 | 1,036 | 4,123 | 967 | 2,535 | 13,715 | **97,466** | **78,896** | 23.5 |
| 9 | Amolatar | 3,938 | 19,160 | 1,119 | 4,193 | 1,704 | 1,218 | 12,538 | **89,890** | **74,874** | 20.1 |
| 10 | Anyeke | 6,254 | 36,057 | 1,092 | 4,970 | 1,142 | 1,295 | 9,416 | **140,914** | **111,472** | 26.4 |
| 11 | Apapai | 4,277 | 22,287 | 938 | 3,974 | 2,544 | 763 | 12,140 | **97,201** | **76,496** | 27.1 |
| 12 | Atiak | 2,208 | 23,409 | 233 | 2,007 | 627 | 671 | 5,582 | **60,463** | **61,083** | -1.0 |
| 13 | Atirir | 2,724 | 22,275 | 706 | 3,785 | 1,393 | 690 | 10,699 | **71,739** | **79,219** | -9.4 |
| 14 | Awach | 3,909 | 31,786 | 619 | 2,441 | 957 | 1,512 | 15,394 | **99,050** | **95,102** | 4.2 |
| 15 | Azur | 4,265 | 8,495 | 1,432 | 2,918 | 1,330 | 1,126 | 18,145 | **85,946** | **106,174** | -19.1 |
| 16 | Bbaale | 2,994 | 25,894 | 722 | 4,207 | 1,624 | 2,226 | 11,298 | **80,702** | **67,242** | 20.0 |
| 17 | Benedict | 1,182 | 27,180 | 438 | 1,919 | 878 | 104 | 4,623 | **49,475** | **54,157** | -8.6 |
| 18 | Bishop Masereka Christian Foundation | 639 | 4,324 | 185 | 1,075 | 423 | 114 | 3,960 | **16,432** | **34,619** | -52.5 |
| 19 | Bubulo | 3,890 | 35,702 | 1,346 | 5,506 | 3,848 | 2,336 | 13,122 | **109,251** | **103,743** | 5.3 |
| 20 | Budadiri | 6,186 | 21,838 | 2,118 | 7,128 | 1,910 | 1,418 | 18,583 | **134,163** | **123,894** | 8.3 |
| 21 | Budaka | 7,565 | 24,234 | 2,358 | 6,621 | 1,381 | 2,302 | 17,567 | **158,164** | **150,265** | 5.3 |
| 22 | Budondo | 3,478 | 14,531 | 1,062 | 4,168 | 1,980 | 1,708 | 11,149 | **78,169** | **75,124** | 4.1 |
| 23 | Bufumbo | 4,073 | 17,880 | 1,279 | 3,830 | 3,356 | 2,653 | 12,069 | **92,703** | **103,609** | -10.5 |
| 24 | Bugamba | 842 | 12,862 | 542 | 3,870 | 824 | 565 | 6,591 | **32,150** | **28,398** | 13.2 |
| 25 | Bugangari | 1,985 | 17,274 | 937 | 3,006 | 2,329 | 1,589 | 9,106 | **57,017** | **60,339** | -5.5 |
| 26 | Bugembe | 2,836 | 28,745 | 1,823 | 6,933 | 3,125 | 3,048 | 26,856 | **92,324** | **101,971** | -9.5 |
| 27 | Bugobero | 4,888 | 24,414 | 1,145 | 4,780 | 3,116 | 2,202 | 18,087 | **112,125** | **111,746** | 0.3 |

| No. | Health facilities | No. of admissions | Total OPD | Deliveries in unit | Total ANC | Post Natal Attendances | Total FP | Total Immunization | SUO 2019/20 | SUO 2018/19 | % change |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 28 | Bugolobi Medical Center | - | 10,675 | 51 | 219 | 32 | 2 | 1,110 | **11,279** | - | - |
| 29 | Bugono | 2,642 | 18,783 | 735 | 3,038 | 1,014 | 1,571 | 4,534 | **65,806** | **74,588** | -11.8 |
| 30 | Buhunga | 1,321 | 12,706 | 1,075 | 2,139 | 2,017 | 1,218 | 3,812 | **41,345** | **41,026** | 0.8 |
| 31 | Bukasa | 585 | 12,624 | 275 | 1,641 | 839 | 672 | 6,062 | **25,562** | **26,620** | -4.0 |
| 32 | Bukedea | 6,575 | 32,804 | 1,628 | 6,789 | 2,764 | 980 | 26,380 | **150,112** | **128,324** | 17.0 |
| 33 | Bukomero | 4,282 | 37,201 | 1,404 | 6,192 | 4,379 | 1,693 | 12,432 | **117,069** | **92,981** | 25.9 |
| 34 | Bukuku | 1,670 | 14,987 | 969 | 4,380 | 4,283 | 1,833 | 10,674 | **52,265** | **67,625** | -22.7 |
| 35 | Bukulula | 1,803 | 19,343 | 1,241 | 3,406 | 1,915 | 640 | 9,665 | **57,507** | **50,166** | 14.6 |
| 36 | Bukwo | 723 | 5,701 | 230 | 1,367 | 832 | 165 | 4,046 | **19,687** | **18,195** | 8.2 |
| 37 | Buliisa | 3,278 | 22,943 | 668 | 3,288 | 1,379 | 1,141 | 13,508 | **81,059** | **84,628** | -4.2 |
| 38 | Bumanya | 3,726 | 15,751 | 702 | 3,157 | 952 | 609 | 15,183 | **80,547** | **71,894** | 12.0 |
| 39 | Busanza | 902 | 16,626 | 211 | 1,500 | 1,041 | 363 | 3,684 | **33,400** | **35,344** | -5.5 |
| 40 | Busaru | 2,772 | 5,981 | 454 | 3,548 | 1,591 | 86 | 13,446 | **55,133** | **74,693** | -26.2 |
| 41 | Busesa | 3,815 | 21,278 | 1,143 | 5,339 | 935 | 831 | 6,629 | **89,096** | **81,460** | 9.4 |
| 42 | Bushenyi | 803 | 20,719 | 349 | 2,587 | 831 | 1,384 | 6,139 | **38,138** | **34,935** | 9.2 |
| 43 | Busia | 4,703 | 34,366 | 2,524 | 10,297 | 2,056 | 17,817 | 25,669 | **137,750** | **141,081** | -2.4 |
| 44 | Busiu | 8,997 | 30,321 | 1,444 | 4,576 | 7,223 | 3,664 | 18,353 | **183,898** | **134,773** | 36.5 |
| 45 | Butebo | 4,430 | 22,540 | 1,245 | 6,621 | 1,956 | 1,202 | 11,817 | **102,468** | **75,499** | 35.7 |
| 46 | Butenga | 3,513 | 15,372 | 1,123 | 4,219 | 502 | 1,712 | 5,472 | **77,993** | **54,202** | 43.9 |
| 47 | Buvuma | 1,692 | 18,631 | 844 | 3,652 | 2,192 | 1,050 | 14,383 | **54,555** | **50,585** | 7.8 |
| 48 | Buwambo | 2,482 | 19,460 | 951 | 4,849 | 2,336 | 2,725 | 16,274 | **69,655** | **60,115** | 15.9 |
| 49 | Buwasa | 1,713 | 21,555 | 731 | 3,351 | 566 | 518 | 9,022 | **54,927** | **53,782** | 2.1 |
| 50 | Buwenge | 4,615 | 15,249 | 1,303 | 4,298 | 2,617 | 1,561 | 8,236 | **96,874** | **97,912** | -1.1 |
| 51 | Buyinja | 4,867 | 18,395 | 1,135 | 4,044 | 542 | 1,308 | 12,546 | **102,531** | **101,838** | 0.7 |
| 52 | Bwijanga | 2,173 | 21,476 | 888 | 3,564 | 280 | 463 | 7,807 | **62,226** | **54,419** | 14.3 |
| 53 | Bwizibwera | 4,679 | 13,697 | 1,888 | 5,251 | 3,127 | 1,148 | 13,390 | **100,763** | **85,122** | 18.4 |
| 54 | Chahafi | 2,177 | 17,138 | 764 | 3,251 | 1,660 | 905 | 7,468 | **58,015** | **57,498** | 0.9 |
| 55 | Dokolo | 5,022 | 30,646 | 1,073 | 3,812 | 3,660 | 1,975 | 15,462 | **119,157** | **88,786** | 34.2 |
| 56 | Goli | 2,061 | 3,907 | 370 | 1,865 | 587 | 154 | 4,233 | **38,822** | - | - |

| No. | Health facilities | No. of admissions | Total OPD | Deliveries in unit | Total ANC | Post Natal Attendances | Total FP | Total Immunization | SUO 2019/20 | SUO 2018/19 | % change |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 57 | Hamurwa | 1,681 | 19,285 | 848 | 2,445 | 1,731 | 2,030 | 6,773 | **53,198** | **46,331** | 14.8 |
| 58 | Henrob Family Clinic | 208 | 121,416 | 241 | 369 | 263 | 45 | 3,782 | **126,836** | - | - |
| 59 | Herona Medical Center | 552 | 9,522 | 161 | 296 | 307 | 61 | 3,117 | **19,562** | - | - |
| 60 | Hiima Uci | 73 | 3,642 | 3 | 47 | 18 | - | 141 | **4,813** | **4,729** | 1.8 |
| 61 | Ishongororo | 4,083 | 20,323 | 1,158 | 4,378 | 2,136 | 904 | 10,458 | **93,159** | **82,765** | 12.6 |
| 62 | Kabubbu | 538 | 4,959 | 299 | 1,155 | 231 | 249 | 3,793 | **16,100** | - | - |
| 63 | Kabuyanda | 6,282 | 11,406 | 1,654 | 6,723 | 3,336 | 628 | 11,926 | **121,635** | **83,659** | 45.4 |
| 64 | Kabwohe | 3,046 | 14,627 | 1,693 | 5,997 | 1,390 | 1,353 | 12,604 | **75,673** | **83,261** | -9.1 |
| 65 | Kagumba | - | 4,668 | 152 | 944 | 646 | 482 | 5,486 | **7,561** | - | - |
| 66 | Kairos Medical Centre | - | 3,316 | 22 | 78 | 50 | 7 | 195 | **3,533** | **3,176** | 11.2 |
| 67 | Kajjansi | 933 | 14,441 | 754 | 4,313 | 753 | 3,003 | 9,319 | **38,104** | - | - |
| 68 | Kakindo | 4,061 | 21,801 | 1,563 | 10,467 | 2,835 | 3,946 | 26,779 | **104,511** | **93,224** | 12.1 |
| 69 | Kakomo | 19 | 3,526 | 86 | 611 | 235 | 375 | 1,316 | **5,115** | - | - |
| 70 | Kakumiro | 4,467 | 21,931 | 2,410 | 6,330 | 7,071 | 4,155 | 18,602 | **113,484** | **102,079** | 11.2 |
| 71 | Kakuuto | 2,944 | 16,102 | 1,311 | 2,987 | 348 | 487 | 10,183 | **70,765** | **77,029** | -8.1 |
| 72 | Kalagala | 2,616 | 20,449 | 1,030 | 4,602 | 1,851 | 1,437 | 7,877 | **70,359** | **58,990** | 19.3 |
| 73 | Kalangala | 1,487 | 12,586 | 490 | 2,745 | 652 | 793 | 7,762 | **40,988** | **46,627** | -12.1 |
| 74 | Kamukira | 274 | 24,977 | 273 | 2,880 | 1,610 | 2,083 | 7,884 | **35,315** | **29,597** | 19.3 |
| 75 | Kamwezi | 1,114 | 12,066 | 419 | 1,916 | 1,196 | 771 | 4,723 | **33,757** | **30,174** | 11.9 |
| 76 | Kangulumira | 4,409 | 38,895 | 2,329 | 7,401 | 4,365 | 2,649 | 26,550 | **129,193** | **117,560** | 9.9 |
| 77 | Kanungu | 2,848 | 16,675 | 678 | 2,375 | 958 | 1,384 | 5,703 | **66,284** | **50,956** | 30.1 |
| 78 | Kapelebyong | 4,388 | 22,259 | 947 | 3,348 | 1,365 | 598 | 9,596 | **97,389** | **100,597** | -3.2 |
| 79 | Kaproron | 2,201 | 13,459 | 403 | 1,495 | 476 | 972 | 6,257 | **51,212** | **48,956** | 4.6 |
| 80 | Karenga | 3,209 | 19,655 | 420 | 1,658 | 695 | 110 | 5,488 | **72,219** | **70,584** | 2.3 |
| 81 | Karita | - | - | - | - | - | - | - | **-** | **-** | - |
| 82 | Karugutu | 4,092 | 14,563 | 1,409 | 4,008 | 1,600 | 764 | 18,865 | **89,947** | **81,705** | 10.1 |
| 83 | Kasangati | 5,828 | 26,242 | 3,596 | 12,466 | 1,257 | 2,319 | 102,925 | **160,248** | **138,833** | 15.4 |
| 84 | Kassanda | 3,708 | 15,578 | 2,228 | 8,531 | 2,554 | 3,385 | 25,499 | **94,673** | **117,886** | -19.7 |
| 85 | Kataraka | 119 | 14,231 | 119 | 1,553 | 549 | 602 | 3,766 | **18,716** | **17,920** | 4.4 |

| No. | Health facilities | No. of admissions | Total OPD | Deliveries in unit | Total ANC | Post Natal Attendances | Total FP | Total Immunization | SUO 2019/20 | SUO 2018/19 | % change |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 86 | Kawaala | 4,205 | 32,932 | 5,334 | 25,652 | 6,958 | 7,463 | 64,806 | **155,675** | - | - |
| 87 | Kazo | 1,382 | 23,902 | 1,262 | 6,165 | 1,303 | 528 | 12,751 | **57,490** | **47,653** | 20.6 |
| 88 | Kebisoni | 1,831 | 18,006 | 1,268 | 3,913 | 4,273 | 1,174 | 9,550 | **58,401** | **53,153** | 9.9 |
| 89 | Kibaale | 2,749 | 13,117 | 1,605 | 5,606 | 2,006 | 1,858 | 17,601 | **70,632** | **63,816** | 10.7 |
| 90 | Kibiito | 2,677 | 14,140 | 1,634 | 4,245 | 3,080 | 1,517 | 6,750 | **68,236** | **47,585** | 43.4 |
| 91 | Kibuku | 6,672 | 28,900 | 1,765 | 3,053 | 2,675 | 1,548 | 14,261 | **144,295** | **159,731** | -9.7 |
| 92 | Kidera | 6,750 | 35,736 | 893 | 4,889 | 2,308 | 2,034 | 26,737 | **151,414** | **127,800** | 18.5 |
| 93 | Kiganda | 4,198 | 12,192 | 2,238 | 6,088 | 7,376 | 2,448 | 21,436 | **98,595** | **80,260** | 22.8 |
| 94 | Kigandalo | 3,183 | 30,948 | 1,114 | 4,088 | 299 | 473 | 13,568 | **89,407** | **79,974** | 11.8 |
| 95 | Kigorobya | 2,930 | 19,032 | 1,196 | 17,074 | 1,496 | 809 | 13,997 | **81,451** | **74,229** | 9.7 |
| 96 | Kihihi | 4,509 | 22,639 | 1,442 | 4,979 | 2,039 | 2,448 | 9,548 | **104,127** | **83,180** | 25.2 |
| 97 | Kikuube | 1,997 | 19,485 | 739 | 4,300 | 1,091 | 1,847 | 9,707 | **58,695** | **42,091** | 39.4 |
| 98 | Kikyo | 3,004 | 10,933 | 387 | 2,430 | 985 | 521 | 9,370 | **61,770** | **50,923** | 21.3 |
| 99 | Kinoni | 1,527 | 11,481 | 1,038 | 3,322 | 1,377 | 841 | 6,683 | **43,683** | **44,164** | -1.1 |
| 100 | Kiruhura | 2,065 | 16,651 | 992 | 2,856 | 1,135 | 369 | 7,246 | **56,215** | **42,925** | 31.0 |
| 101 | Kisenyi | 3,555 | 20,624 | 4,237 | 18,949 | 4,927 | 3,913 | 21,220 | **113,273** | **147,185** | -23.0 |
| 102 | Kitante Medical Centre | 98 | 4,478 | 7 | 107 | 2 | 3 | 336 | **6,106** | - | - |
| 103 | Kitintale | - | 1,188 | 27 | 167 | 32 | 42 | 1,539 | **1,751** | - | - |
| 104 | Kitwe | 3,369 | 11,927 | 2,119 | 7,472 | 2,802 | 1,512 | 23,555 | **83,661** | **78,754** | 6.2 |
| 105 | Kityerera | 2,888 | 34,408 | 1,346 | 6,101 | 3,262 | 1,958 | 17,602 | **93,639** | **88,436** | 5.9 |
| 106 | Kiwangala | 1,227 | 30,136 | 509 | 2,623 | 929 | 1,173 | 13,689 | **56,186** | **60,124** | -6.5 |
| 107 | Kiyumba | 755 | 12,050 | 377 | 1,842 | 769 | 463 | 5,302 | **27,857** | **29,532** | -5.7 |
| 108 | Kiyunga | 3,837 | 25,126 | 1,546 | 5,847 | 2,748 | 1,440 | 12,078 | **97,844** | **96,941** | 0.9 |
| 109 | Kojja | 1,735 | 12,365 | 1,089 | 5,074 | 1,689 | 3,896 | 20,191 | **53,203** | **51,440** | 3.4 |
| 110 | Kolonyi | 1,419 | 2,759 | 323 | 581 | 489 | 597 | 2,728 | **27,038** | - | - |
| 111 | Kotido | 5,123 | 25,879 | 625 | 1,341 | 1,751 | 87 | 5,261 | **108,491** | **93,890** | 15.6 |
| 112 | Kumi | 7,422 | 51,277 | 916 | 6,202 | 5,031 | 1,828 | 24,396 | **178,597** | **171,290** | 4.3 |
| 113 | Kyabugimbi | 2,439 | 17,903 | 1,406 | 3,834 | 3,981 | 1,015 | 12,549 | **68,443** | **71,242** | -3.9 |
| 114 | Kyadondo Medical Centre | - | 2,167 | 86 | 335 | 218 | 7,619 | 2,799 | **7,243** | - | - |

| No. | Health facilities | No. of admissions | Total OPD | Deliveries in unit | Total ANC | Post Natal Attendances | Total FP | Total Immunization | SUO 2019/20 | SUO 2018/19 | % change |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 115 | Kyanamukaaka | 1,346 | 13,269 | 284 | 1,638 | 689 | 718 | 6,816 | **37,765** | **40,106** | -5.8 |
| 116 | Kyangwali | 9,494 | 24,168 | 2,887 | 7,525 | 1,334 | 2,557 | 27,742 | **192,269** | **167,740** | 14.6 |
| 117 | Kyantungo | 1,759 | 11,531 | 288 | 1,585 | 796 | 1,132 | 4,660 | **42,045** | **41,394** | 1.6 |
| 118 | Kyarusozi | 2,902 | 24,065 | 854 | 3,431 | 2,151 | 4,009 | 10,960 | **78,853** | **106,692** | -26.1 |
| 119 | Kyazanga | 2,199 | 15,974 | 1,090 | 5,187 | 1,364 | 1,853 | 8,787 | **60,368** | **52,073** | 15.9 |
| 120 | Kyegegwa | 4,503 | 19,880 | 1,734 | 5,456 | 2,518 | 1,277 | 22,426 | **105,206** | **92,295** | 14.0 |
| 121 | Lalogi | 3,792 | 29,183 | 623 | 2,423 | 889 | 1,117 | 11,388 | **93,670** | **88,684** | 5.6 |
| 122 | Luwunga Barracks | 789 | 6,690 | 66 | 1,117 | 50 | 428 | 2,827 | **20,218** | **-** | - |
| 123 | Luzira Staff Clinic | 206 | 31,300 | 974 | 5,433 | 1,719 | 323 | 8,732 | **44,744** | **-** | - |
| 124 | Lwengo | 1,626 | 24,517 | 675 | 3,870 | 961 | 712 | 12,711 | **57,596** | **46,453** | 24.0 |
| 125 | Maddu | 1,496 | 11,427 | 871 | 4,445 | 1,913 | 1,365 | 12,961 | **44,676** | **44,664** | 0.0 |
| 126 | Madi-Opei | 2,319 | 23,136 | 316 | 1,533 | 976 | 320 | 4,658 | **61,847** | **46,331** | 33.5 |
| 127 | Magale | 4,239 | 7,765 | 1,486 | 4,092 | 3,060 | 481 | 34,054 | **89,407** | **110,814** | -19.3 |
| 128 | Maracha | - | 32,373 | 1 | 2,106 | 709 | 353 | 6,315 | **35,225** | **-** | - |
| 129 | Masindi Kitara Med. Centre | 641 | 7,762 | 233 | 650 | 255 | 545 | 2,422 | **19,751** | **-** | - |
| 130 | Masindi Military Barracks | 892 | 13,819 | 130 | 856 | 235 | 741 | 1,815 | **29,128** | **29,978** | -2.8 |
| 131 | Maziba | 780 | 13,988 | 407 | 2,248 | 1,013 | 704 | 3,479 | **30,401** | **29,851** | 1.8 |
| 132 | Mbarara Municipal Council | 2,441 | 15,889 | 2,181 | 11,323 | 4,671 | 2,027 | 21,113 | **76,642** | **41,256** | 85.8 |
| 133 | Medik | - | 422 | 67 | 148 | 65 | 305 | 733 | **1,163** | **-** | - |
| 134 | Michoes Medical Centre | - | 634 | 376 | 666 | 517 | 224 | - | **3,218** | **-** | - |
| 135 | Midas Torch | 398 | 1,893 | 106 | 107 | 73 | 26 | 669 | **8,630** | **-** | - |
| 136 | Midigo | 6,291 | 23,427 | 2,335 | 3,595 | 1,020 | 934 | 15,487 | **135,339** | **134,456** | 0.7 |
| 137 | Mitooma | 2,441 | 20,630 | 1,068 | 3,921 | 2,138 | 2,655 | 12,012 | **69,344** | **75,349** | -8.0 |
| 138 | Moyo Mission | 822 | 5,282 | 201 | 465 | 832 | - | 1,887 | **19,643** | **-** | - |
| 139 | Mparo | 1,517 | 14,889 | 375 | 1,587 | 763 | 742 | 2,030 | **41,471** | **42,819** | -3.1 |
| 140 | Mpigi | 5,434 | 18,876 | 3,142 | 10,794 | 1,725 | 3,655 | 20,682 | **128,319** | **134,079** | -4.3 |
| 141 | Mpumudde | 915 | 17,978 | 573 | 5,482 | 1,333 | 1,176 | 7,348 | **40,033** | **63,124** | -36.6 |
| 142 | Muko | 1,320 | 18,376 | 771 | 2,638 | 1,598 | 1,805 | 6,130 | **46,278** | **38,213** | 21.1 |
| 143 | Mukono CoU | 1,819 | 16,478 | 682 | 2,242 | 2,932 | 702 | 13,225 | **52,756** | **102,859** | -48.7 |

| No. | Health facilities | No. of admissions | Total OPD | Deliveries in unit | Total ANC | Post Natal Attendances | Total FP | Total Immunization | SUO 2019/20 | SUO 2018/19 | % change |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 144 | Mukuju | 2,918 | 22,896 | 949 | 4,628 | 2,916 | 2,609 | 13,057 | **79,099** | **81,098** | -2.5 |
| 145 | Mulanda | 2,641 | 32,064 | 964 | 5,359 | 2,069 | 2,649 | 14,312 | **84,400** | **93,127** | -9.4 |
| 146 | Mungula | 3,457 | 31,823 | 889 | 3,235 | 2,119 | 622 | 9,428 | **92,997** | **97,505** | -4.6 |
| 147 | Muyembe | 4,632 | 14,581 | 1,246 | 5,090 | 2,527 | 1,908 | 16,395 | **98,333** | **83,871** | 17.2 |
| 148 | Mwera | 1,487 | 13,612 | 406 | 1,780 | 867 | 817 | 6,646 | **41,008** | **40,489** | 1.3 |
| 149 | Nabiganda | 2,372 | 14,859 | 507 | 3,029 | 737 | 1,954 | 6,115 | **57,057** | - | - |
| 150 | Nabilatuk | 6,385 | 23,228 | 465 | 2,071 | 1,816 | 112 | 8,229 | **124,973** | **83,525** | 49.6 |
| 151 | Nabiswera | 321 | 5,274 | 169 | 1,018 | 171 | 187 | 1,258 | **11,874** | - | - |
| 152 | Nagongera | 3,402 | 18,624 | 1,274 | 6,173 | 1,376 | 1,069 | 18,956 | **84,124** | **91,470** | -8.0 |
| 153 | Nakasongola | 5,541 | 27,474 | 1,008 | 2,661 | 1,221 | 961 | 8,469 | **119,744** | **74,613** | 60.5 |
| 154 | Naluvule Medical Centre | - | 1,440 | 33 | 170 | 38 | 46 | 1,887 | **2,109** | - | - |
| 155 | Namatala | 3,511 | 23,356 | 1,356 | 6,833 | 3,497 | 2,878 | 17,264 | **92,858** | **62,982** | 47.4 |
| 156 | Namayumba | 3,271 | 24,780 | 1,603 | 7,137 | 519 | 1,319 | 8,195 | **87,987** | **81,732** | 7.7 |
| 157 | Namokora | 3,732 | 23,756 | 838 | 2,729 | 2,250 | 1,139 | 9,528 | **88,891** | **81,450** | 9.1 |
| 158 | Namulundu Medical Centre | 66 | 1,459 | 5 | 37 | 20 | 1 | 596 | **2,622** | - | - |
| 159 | Namwendwa | 6,145 | 14,135 | 1,413 | 3,206 | 2,270 | 1,512 | 9,963 | **118,862** | **77,279** | 53.8 |
| 160 | Nankandulo | 4,236 | 22,025 | 746 | 3,442 | 2,100 | 1,883 | 8,377 | **94,683** | **90,779** | 4.3 |
| 161 | Nankoma | 2,361 | 20,824 | 1,298 | 5,851 | 4,517 | 2,585 | 34,722 | **76,150** | **79,632** | -4.4 |
| 162 | Ndejje | 1,664 | 22,985 | 1,313 | 6,978 | 1,208 | 2,993 | 43,886 | **68,877** | **82,174** | -16.2 |
| 163 | Ngoma | 384 | 15,140 | 215 | 2,738 | 254 | 183 | 8,654 | **25,293** | **31,107** | -18.7 |
| 164 | Ngora | 3,755 | 28,762 | 1,317 | 4,001 | 2,126 | 1,801 | 14,419 | **98,520** | **78,096** | 26.2 |
| 165 | North Kigezi | 2,444 | 5,451 | 896 | 2,633 | 3,297 | 1,607 | 9,366 | **52,233** | **36,909** | 41.5 |
| 166 | Nsiika | 1,753 | 15,354 | 794 | 2,436 | 1,489 | 2,150 | 6,612 | **49,979** | **44,704** | 11.8 |
| 167 | Nsinze | 2,189 | 17,321 | 913 | 2,629 | 1,502 | 924 | 5,742 | **58,397** | **43,977** | 32.8 |
| 168 | Ntara | 3,572 | 17,205 | 1,075 | 3,820 | 2,702 | 756 | 16,888 | **83,177** | **67,775** | 22.7 |
| 169 | Ntungamo | 219 | 16,914 | 935 | 6,322 | 1,876 | 1,606 | 12,644 | **32,305** | **21,772** | 48.4 |
| 170 | Ntuusi | 978 | 9,101 | 414 | 2,775 | 774 | 1,180 | 8,848 | **29,975** | **26,035** | 15.1 |
| 171 | Ntwetwe | 4,156 | 19,243 | 1,520 | 5,099 | 2,332 | 2,729 | 20,038 | **98,271** | **87,721** | 12.0 |
| 172 | Nyahuka | 5,581 | 20,223 | 1,730 | 6,998 | 2,138 | 1,546 | 13,839 | **120,697** | **113,809** | 6.1 |

| No. | Health facilities | No. of admissions | Total OPD | Deliveries in unit | Total ANC | Post Natal Attendances | Total FP | Total Immunization | SUO 2019/20 | SUO 2018/19 | % change |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 173 | Nyamirami | 547 | 11,743 | 409 | 2,622 | 884 | 3,561 | 7,481 | **27,023** | **21,711** | 24.5 |
| 174 | Nyamuyanja | 1,093 | 12,003 | 450 | 2,489 | 1,260 | 598 | 5,909 | **34,003** | **32,877** | 3.4 |
| 175 | Nyimbwa | 1,993 | 21,377 | 794 | 5,164 | 2,284 | 905 | 11,549 | **61,728** | **57,456** | 7.4 |
| 176 | Obongi | 3,639 | 28,211 | 561 | 1,575 | 871 | 376 | 5,527 | **88,117** | **82,372** | 7.0 |
| 177 | Ogur | 2,415 | 17,430 | 1,017 | 3,616 | 941 | 1,114 | 11,006 | **63,777** | **74,212** | -14.1 |
| 178 | Omugo | 3,918 | 64,312 | 1,449 | 5,755 | 1,772 | 668 | 19,424 | **138,309** | **128,757** | 7.4 |
| 179 | Orum | 1,901 | 11,761 | 528 | 3,190 | 1,288 | 914 | 4,050 | **46,422** | **41,737** | 11.2 |
| 180 | Padibe | 3,166 | 27,018 | 592 | 1,611 | 765 | 790 | 4,980 | **80,047** | **59,875** | 33.7 |
| 181 | PAG Mission | 6,258 | 10,990 | 657 | 3,971 | 4,095 | 1,084 | 19,117 | **116,543** | **102,831** | 13.3 |
| 182 | Pajule | 5,066 | 21,007 | 819 | 4,064 | 1,582 | 847 | 11,201 | **106,579** | **84,272** | 26.5 |
| 183 | Pakwach | 6,182 | 27,403 | 1,373 | 4,481 | 2,187 | 660 | 20,005 | **134,663** | **114,571** | 17.5 |
| 184 | Pearl Medical Centre | - | 2,021 | 164 | 278 | 241 | 450 | 4,373 | **4,200** | **-** | - |
| 185 | Platinum Medical Centre | - | 8,820 | 26 | 294 | 14 | - | - | **9,104** | **14,531** | -37.3 |
| 186 | Princes Diana | 2,522 | 26,758 | 951 | 3,782 | 2,460 | 3,930 | 13,455 | **77,120** | **78,476** | -1.7 |
| 187 | Rhino Camp | 3,956 | 15,716 | 516 | 2,436 | 798 | 435 | 6,849 | **80,840** | **67,394** | 20.0 |
| 188 | River Oli | 3,587 | 20,691 | 1,766 | 7,975 | 2,142 | 1,199 | 83,796 | **105,743** | **107,347** | -1.5 |
| 189 | Rubare | 2,142 | 11,746 | 1,203 | 5,524 | 2,744 | 1,186 | 17,379 | **58,094** | **49,673** | 17.0 |
| 190 | Rubaya | 685 | 11,091 | 485 | 3,197 | 1,968 | 1,573 | 6,150 | **28,390** | **31,321** | -9.4 |
| 191 | Rubuguri | 1,265 | 17,981 | 570 | 2,070 | 1,356 | 1,046 | 5,678 | **43,178** | **42,236** | 2.2 |
| 192 | Rugaaga | 1,593 | 17,669 | 530 | 3,528 | 1,030 | 824 | 10,114 | **48,928** | **31,813** | 53.8 |
| 193 | Rugazi | 3,873 | 21,388 | 1,700 | 3,229 | 3,042 | 1,792 | 6,541 | **93,323** | **76,174** | 22.5 |
| 194 | Ruhoko | 2,868 | 11,084 | 1,844 | 2,682 | 1,773 | 765 | 7,029 | **67,340** | **60,107** | 12.0 |
| 195 | Rukoki | 643 | 7,101 | 388 | 1,450 | 848 | 165 | 4,585 | **20,835** | **-** | - |
| 196 | Rukungiri | 366 | 9,628 | 135 | 1,432 | 647 | 932 | 2,097 | **17,718** | **-** | - |
| 197 | Rwashamaire | 2,414 | 10,180 | 1,411 | 2,971 | 1,897 | 826 | 7,578 | **57,808** | **56,458** | 2.4 |
| 198 | Rwekubo | 3,906 | 15,753 | 2,070 | 2,608 | 2,850 | 1,082 | 6,467 | **89,256** | **67,434** | 32.4 |
| 199 | Rwesande | 5,418 | 16,204 | 810 | 3,782 | 2,138 | 1,303 | 10,149 | **107,165** | **94,005** | 14.0 |
| 200 | Salaama Memorial Medical Centre | - | 2,183 | 268 | 421 | 686 | 3 | 3,820 | **4,842** | **7,294** | -33.6 |
| 201 | Sas Clinic | - | 14,252 | 22 | 85 | 42 | 40 | 132 | **14,472** | **20,400** | -29.1 |

| No. | Health facilities | No. of admissions | Total OPD | Deliveries in unit | Total ANC | Post Natal Attendances | Total FP | Total Immunization | SUO 2019/20 | SUO 2018/19 | % change |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 202 | Semuto | 2,308 | 20,436 | 993 | 5,180 | 425 | 1,056 | 15,959 | **66,543** | **74,800** | -11.0 |
| 203 | Senta Medicare | 160 | 2,212 | 112 | 262 | 91 | - | 1,864 | **5,721** | **-** | - |
| 204 | Serere | 8,573 | 22,455 | 1,955 | 5,468 | 5,683 | 2,156 | 18,640 | **171,207** | **138,759** | 23.4 |
| 205 | Shuuku | 1,572 | 13,295 | 552 | 2,807 | 1,238 | 1,133 | 6,601 | **43,544** | **45,794** | -4.9 |
| 206 | Span Medicare | 82 | 9,159 | 72 | 52 | 80 | 59 | 1,618 | **11,168** | **-** | - |
| 207 | Spring Medicare | - | 1,104 | 39 | 95 | 119 | 45 | 678 | **1,564** | **-** | - |
| 208 | Ssekanyonyi | 1,596 | 20,301 | 672 | 3,812 | 1,216 | 1,575 | 10,607 | **53,024** | **50,087** | 5.9 |
| 209 | Ssembabule | 2,700 | 17,380 | 1,415 | 5,925 | 1,669 | 1,904 | 22,006 | **74,105** | **54,696** | 35.5 |
| 210 | St. Ambrose Charity | 999 | 2,581 | 194 | 1,134 | 657 | 1,169 | 5,910 | **21,198** | **26,327** | -19.5 |
| 211 | St. Francis (Mityana) | 299 | 2,192 | 81 | 380 | 211 | - | 8,246 | **9,027** | **-** | - |
| 212 | St. Franciscan (Nakasongola) | 1,080 | 8,562 | 284 | 596 | 548 | - | 4,155 | **27,585** | **21,960** | 25.6 |
| 213 | St. Joseph of the Good Shephard Kyamulibwa | 2,851 | 11,000 | 604 | 855 | 1,149 | 30 | 3,523 | **58,507** | **42,534** | 37.6 |
| 214 | St. Paul | 9,655 | 11,069 | 3,221 | 4,902 | 5,701 | 3,300 | 14,095 | **181,770** | **143,194** | 26.9 |
| 215 | State House | - | 10,094 | 344 | 1,356 | 32 | 536 | 2,732 | **13,322** | **-** | - |
| 216 | Tokora | 3,325 | 15,868 | 424 | 1,726 | 1,690 | 747 | 7,165 | **71,378** | **67,489** | 5.8 |
| 217 | Toroma | 2,535 | 16,857 | 435 | 2,097 | 1,499 | 1,569 | 5,405 | **60,721** | **43,616** | 39.2 |
| 218 | UPDF 2nd Div. | 290 | 3,266 | 35 | 218 | 10 | 38 | 419 | **8,008** | **-** | - |
| 219 | Wagagai | 983 | 25,125 | 257 | 1,334 | 452 | 1,340 | 8,828 | **44,484** | **49,646** | -10.4 |
| 220 | Wakiso | 4,067 | 27,084 | 2,975 | 12,071 | 1,565 | 4,077 | 94,094 | **130,639** | **149,797** | -12.8 |
| 221 | Walukuba | 2,520 | 24,866 | 785 | 4,852 | 2,235 | 1,656 | 12,593 | **73,481** | **77,207** | -4.8 |
| 222 | Warr | 1,150 | 15,907 | 410 | 2,935 | 1,146 | 296 | 6,787 | **38,753** | **-** | - |
| 223 | Yumbe | 8,390 | 34,145 | 1,829 | 6,674 | 3,017 | 1,374 | 29,650 | **180,603** | **189,735** | -4.8 |
| | **Total** | **595,661** | **4,005,270** | **209,411** | **834,451** | **370,423** | **301,579** | **2,620,000** | **15,264,467** | **13,393,144** | **14.0** |

## 3.10 Annex 13: BOR and ALoS for HC IVs in FY 2019/20

| No. | HC IV | No. of Beds | No. of admissions | Patient days | BOR = (Patient Days/365) / Beds*100 | ALOS= Patient Days / Admissions |
|---|---|---|---|---|---|---|
| 1 | Kyangwali | 45 | 9,494 | 29,623 | 180 | 3 |
| 2 | Bugobero | 21 | 4,888 | 13,545 | 177 | 3 |
| 3 | Awach | 28 | 3,909 | 15,436 | 151 | 4 |
| 4 | Kibuku | 26 | 6,672 | 13,218 | 139 | 2 |
| 5 | Namwendwa | 32 | 6,145 | 16,209 | 139 | 3 |
| 6 | Butenga | 23 | 3,513 | 10,556 | 126 | 3 |
| 7 | Bukedea | 42 | 6,575 | 18,736 | 122 | 3 |
| 8 | Kasangati | 31 | 5,828 | 13,256 | 117 | 2 |
| 9 | Rwesande | 51 | 5,418 | 21,465 | 115 | 4 |
| 10 | Yumbe | 52 | 8,390 | 20,355 | 107 | 2 |
| 11 | Dokolo | 70 | 5,022 | 27,288 | 107 | 5 |
| 12 | Bubulo | 26 | 3,890 | 10,071 | 106 | 3 |
| 13 | Kidera | 36 | 6,750 | 13,669 | 104 | 2 |
| 14 | Kabuyanda | 42 | 6,282 | 15,824 | 103 | 3 |
| 15 | Buwenge | 32 | 4,615 | 11,484 | 98 | 2 |
| 16 | Nabilatuk | 33 | 6,385 | 11,797 | 98 | 2 |
| 17 | Kassanda | 21 | 3,708 | 7,416 | 97 | 2 |
| 18 | Princes Diana | 33 | 2,522 | 11,409 | 95 | 5 |
| 19 | Apapai | 33 | 4,277 | 11,365 | 94 | 3 |
| 20 | Mukuju | 26 | 2,918 | 8,912 | 94 | 3 |
| 21 | St. Paul | 88 | 9,655 | 29,631 | 92 | 3 |
| 22 | Bwizibwera | 43 | 4,679 | 14,094 | 90 | 3 |
| 23 | Kyegegwa | 30 | 4,503 | 9,787 | 89 | 2 |
| 24 | Rwekubo | 33 | 3,906 | 10,719 | 89 | 3 |
| 25 | Namokora | 37 | 3,732 | 11,955 | 89 | 3 |
| 26 | Muko | 24 | 1,320 | 7,661 | 87 | 6 |
| 27 | Bugangari | 20 | 1,985 | 6,295 | 86 | 3 |
| 28 | Kumi | 41 | 7,422 | 12,863 | 86 | 2 |
| 29 | Toroma | 27 | 2,535 | 8,438 | 86 | 3 |
| 30 | Muyembe | 34 | 4,632 | 10,579 | 85 | 2 |
| 31 | Aboke | 49 | 3,994 | 15,009 | 84 | 4 |
| 32 | Kotido | 42 | 5,123 | 12,828 | 84 | 3 |
| 33 | Ishongororo | 34 | 4,083 | 10,323 | 83 | 3 |
| 34 | Busiu | 53 | 8,997 | 16,084 | 83 | 2 |
| 35 | Bufumbo | 37 | 4,073 | 11,006 | 81 | 3 |
| 36 | Wakiso | 24 | 4,067 | 7,068 | 81 | 2 |
| 37 | Amolatar | 45 | 3,938 | 13,085 | 80 | 3 |
| 38 | Budadiri | 64 | 6,186 | 18,285 | 78 | 3 |
| 39 | Aduku | 34 | 4,079 | 9,695 | 78 | 2 |
| 40 | Kibiito | 40 | 2,677 | 11,005 | 75 | 4 |
| 41 | Kityerera | 14 | 2,888 | 3,809 | 75 | 1 |
| 42 | Lwengo | 14 | 1,626 | 3,803 | 74 | 2 |
| 43 | Mbarara Municipal | 18 | 2,441 | 4,837 | 74 | 2 |
| 44 | Anyeke | 63 | 6,254 | 16,361 | 71 | 3 |

| No. | HC IV | No. of Beds | No. of admissions | Patient days | BOR = (Patient Days/365) / Beds*100 | ALOS= Patient Days / Admissions |
|---|---|---|---|---|---|---|
| 45 | Pakwach | 65 | 6,182 | 16,868 | 71 | 3 |
| 46 | Lalogi | 48 | 3,792 | 12,279 | 70 | 3 |
| 47 | Kiganda | 33 | 4,198 | 8,415 | 70 | 2 |
| 48 | Busesa | 30 | 3,815 | 7,628 | 70 | 2 |
| 49 | Madi-Opei | 29 | 2,319 | 7,343 | 69 | 3 |
| 50 | Nakasongola | 40 | 5,541 | 10,123 | 69 | 2 |
| 51 | PAG Mission | 188 | 6,258 | 47,115 | 69 | 8 |
| 52 | Walukuba | 18 | 2,520 | 4,497 | 68 | 2 |
| 53 | Bbaale | 27 | 2,994 | 6,545 | 66 | 2 |
| 54 | Amach | 47 | 3,738 | 11,355 | 66 | 3 |
| 55 | Budondo | 31 | 3,478 | 7,476 | 66 | 2 |
| 56 | Serere | 82 | 8,573 | 19,697 | 66 | 2 |
| 57 | Kyabugimbi | 30 | 2,439 | 7,177 | 66 | 3 |
| 58 | Atiak | 25 | 2,208 | 5,884 | 64 | 3 |
| 59 | Mungula | 41 | 3,457 | 9,617 | 64 | 3 |
| 60 | Pajule | 51 | 5,066 | 11,867 | 64 | 2 |
| 61 | Omugo | 39 | 3,918 | 8,948 | 63 | 2 |
| 62 | Bumanya | 40 | 3,726 | 9,066 | 62 | 2 |
| 63 | Ntwetwe | 42 | 4,156 | 9,364 | 61 | 2 |
| 64 | Kihihi | 64 | 4,509 | 14,196 | 61 | 3 |
| 65 | Namatala | 34 | 3,511 | 7,528 | 61 | 2 |
| 66 | Kitwe | 36 | 3,369 | 7,876 | 60 | 2 |
| 67 | Obongi | 55 | 3,639 | 11,854 | 59 | 3 |
| 68 | Tokora | 37 | 3,325 | 7,958 | 59 | 2 |
| 69 | Warr | 21 | 1,942 | 4,507 | 59 | 2 |
| 70 | Rhino Camp | 31 | 3,956 | 6,651 | 59 | 2 |
| 71 | Ogur | 32 | 2,415 | 6,799 | 58 | 3 |
| 72 | Kyazanga | 19 | 2,199 | 4,034 | 58 | 2 |
| 73 | Karugutu | 46 | 4,092 | 9,753 | 58 | 2 |
| 74 | Kakumiro | 55 | 4,467 | 11,547 | 58 | 3 |
| 75 | Namayumba | 32 | 3,271 | 6,684 | 57 | 2 |
| 76 | Mwera | 20 | 1,487 | 4,154 | 57 | 3 |
| 77 | Kiwangala | 12 | 1,227 | 2,489 | 57 | 2 |
| 78 | Kikyo | 28 | 3,004 | 5,807 | 57 | 2 |
| 79 | Rugazi | 50 | 3,873 | 10,361 | 57 | 3 |
| 80 | Kakindo | 51 | 4,061 | 10,355 | 56 | 3 |
| 81 | Rubare | 28 | 2,142 | 5,634 | 55 | 3 |
| 82 | Busia | 39 | 4,703 | 7,721 | 54 | 2 |
| 83 | Butebo | 44 | 4,430 | 8,578 | 53 | 2 |
| 84 | Mulanda | 44 | 2,641 | 8,555 | 53 | 3 |
| 85 | Kiruhura | 27 | 2,065 | 5,071 | 51 | 2 |
| 86 | Mitooma | 44 | 2,441 | 8,242 | 51 | 3 |
| 87 | Ntara | 38 | 3,572 | 7,082 | 51 | 2 |
| 88 | Nankandulo | 42 | 4,236 | 7,809 | 51 | 2 |
| 89 | Kikuube | 21 | 1,997 | 3,782 | 49 | 2 |
| 90 | Kabwohe | 39 | 3,046 | 6,990 | 49 | 2 |

| No. | HC IV | No. of Beds | No. of admissions | Patient days | BOR = (Patient Days/365) / Beds*100 | ALOS= Patient Days / Admissions |
|---|---|---|---|---|---|---|
| 91 | Kyantungo | 27 | 1,759 | 4,829 | 49 | 3 |
| 92 | Nsiika | 30 | 1,753 | 5,347 | 49 | 3 |
| 93 | Nyahuka | 82 | 5,581 | 14,219 | 48 | 3 |
| 94 | Midigo | 82 | 6,291 | 14,157 | 47 | 2 |
| 95 | Buwasa | 16 | 1,713 | 2,707 | 46 | 2 |
| 96 | River Oli | 56 | 3,587 | 9,469 | 46 | 3 |
| 97 | Bukomero | 50 | 4,282 | 8,423 | 46 | 2 |
| 98 | Budaka | 76 | 7,565 | 12,702 | 46 | 2 |
| 99 | Buwambo | 32 | 2,482 | 5,340 | 46 | 2 |
| 100 | Mpigi | 46 | 5,434 | 7,669 | 46 | 1 |
| 101 | Chahafi | 30 | 2,177 | 4,990 | 46 | 2 |
| 102 | Mparo | 26 | 1,517 | 4,323 | 46 | 3 |
| 103 | Atirir | 36 | 2,724 | 5,950 | 45 | 2 |
| 104 | Kajjansi | 10 | 1,650 | 1,650 | 45 | 1 |
| 105 | Ssekanyonyi | 20 | 1,596 | 3,182 | 44 | 2 |
| 106 | Orum | 35 | 1,901 | 5,470 | 43 | 3 |
| 107 | Bukulula | 22 | 1,803 | 3,438 | 43 | 2 |
| 108 | Alebtong | 59 | 2,852 | 9,046 | 42 | 3 |
| 109 | Nyimbwa | 29 | 1,993 | 4,370 | 41 | 2 |
| 110 | Kigandalo | 49 | 3,183 | 7,327 | 41 | 2 |
| 111 | Magale | 84 | 4,239 | 12,421 | 41 | 3 |
| 112 | Buhunga | 18 | 1,321 | 2,659 | 40 | 2 |
| 113 | Bishop Masereka Christian Foundation | 18 | 639 | 2,642 | 40 | 4 |
| 114 | Buliisa | 35 | 3,278 | 5,132 | 40 | 2 |
| 115 | North Kigezi | 40 | 2,444 | 5,853 | 40 | 2 |
| 116 | Adumi | 30 | 2,067 | 4,330 | 40 | 2 |
| 117 | Hamurwa | 31 | 1,681 | 4,328 | 38 | 3 |
| 118 | Kangulumira | 44 | 4,409 | 6,140 | 38 | 1 |
| 119 | Kanungu | 48 | 2,848 | 6,544 | 37 | 2 |
| 120 | Busanza | 19 | 902 | 2,565 | 37 | 3 |
| 121 | Busaru | 63 | 2,772 | 8,371 | 36 | 3 |
| 122 | Ruhoko | 44 | 2,868 | 5,814 | 36 | 2 |
| 123 | Azur | 73 | 4,265 | 9,590 | 36 | 2 |
| 124 | Kyarusozi | 45 | 2,902 | 5,896 | 36 | 2 |
| 125 | Shuuku | 32 | 1,572 | 4,192 | 36 | 3 |
| 126 | Padibe | 57 | 3,166 | 7,318 | 35 | 2 |
| 127 | Kigorobya | 31 | 2,930 | 3,969 | 35 | 1 |
| 128 | Kebisoni | 34 | 1,831 | 4,253 | 34 | 2 |
| 129 | Kazo | 20 | 1,382 | 2,476 | 34 | 2 |
| 130 | Bwijanga | 29 | 2,173 | 3,573 | 34 | 2 |
| 131 | Buvuma | 19 | 1,692 | 2,305 | 33 | 1 |
| 132 | Bugembe | 25 | 2,836 | 2,984 | 33 | 1 |
| 133 | Karenga | 54 | 3,209 | 6,206 | 31 | 2 |
| 134 | Bukuku | 32 | 1,670 | 3,586 | 31 | 2 |
| 135 | Kalagala | 29 | 2,616 | 3,227 | 30 | 1 |
| 136 | Nabiganda | 31 | 2,372 | 3,439 | 30 | 1 |

| No. | HC IV | No. of Beds | No. of admissions | Patient days | BOR = (Patient Days/365) / Beds*100 | ALOS= Patient Days / Admissions |
|---|---|---|---|---|---|---|
| 137 | Kapelebyong | 62 | 4,388 | 6,817 | 30 | 2 |
| 138 | St. Franciscan (Nakasongola) | 21 | 1,080 | 2,289 | 30 | 2 |
| 139 | Kamwezi | 30 | 1,114 | 3,252 | 30 | 3 |
| 140 | Rwashamaire | 54 | 2,414 | 5,543 | 28 | 2 |
| 141 | Kalangala | 46 | 1,487 | 4,507 | 27 | 3 |
| 142 | Mukono CoU | 54 | 1,819 | 5,280 | 27 | 3 |
| 143 | Maddu | 32 | 1,496 | 3,056 | 26 | 2 |
| 144 | Kiyumba | 16 | 755 | 1,505 | 26 | 2 |
| 145 | Semuto | 39 | 2,308 | 3,589 | 25 | 2 |
| 146 | Bugono | 30 | 2,642 | 2,755 | 25 | 1 |
| 147 | Rubuguri | 38 | 1,265 | 3,461 | 25 | 3 |
| 148 | Wagagai | 19 | 983 | 1,725 | 25 | 2 |
| 149 | Kisenyi | 45 | 3,555 | 4,077 | 25 | 1 |
| 150 | Mpumudde | 22 | 915 | 1,972 | 25 | 2 |
| 151 | Ssembabule | 47 | 2,700 | 4,194 | 24 | 2 |
| 152 | Kibaale | 64 | 2,749 | 5,177 | 22 | 2 |
| 153 | Goli | 81 | 2,061 | 6,336 | 21 | 3 |
| 154 | Kakuuto | 58 | 2,944 | 4,526 | 21 | 2 |
| 155 | Rukoki | 11 | 643 | 850 | 21 | 1 |
| 156 | 5th Military Division | 51 | 1,637 | 3,932 | 21 | 2 |
| 157 | Bukasa | 19 | 585 | 1,412 | 20 | 2 |
| 158 | Rugaaga | 46 | 1,593 | 3,387 | 20 | 2 |
| 159 | UPDF 2nd Div. | 25 | 290 | 1,809 | 20 | 6 |
| 160 | Bushenyi | 24 | 803 | 1,677 | 19 | 2 |
| 161 | Kolonyi | 61 | 1,419 | 4,257 | 19 | 3 |
| 162 | Masindi Kitara Med. Centre | 19 | 641 | 1,323 | 19 | 2 |
| 163 | Luzira Staff Clinic | 11 | 206 | 763 | 19 | 4 |
| 164 | Moyo Mission | 28 | 822 | 1,861 | 18 | 2 |
| 165 | St. Joseph Of the Good Shepherd Kyamulibwa | 73 | 2,851 | 4,810 | 18 | 2 |
| 166 | Ntuusi | 23 | 978 | 1,483 | 18 | 2 |
| 167 | Luwunga Barracks | 24 | 789 | 1,531 | 17 | 2 |
| 168 | Rwebisengo | 17 | 510 | 1,045 | 17 | 2 |
| 169 | Buyinja | 31 | 4,867 | 1,876 | 17 | 0 |
| 170 | Nyamuyanja | 28 | 1,093 | 1,639 | 16 | 1 |
| 171 | Masindi Military Barracks | 45 | 892 | 2,574 | 16 | 3 |
| 172 | Rubaya | 19 | 685 | 1,074 | 15 | 2 |
| 173 | Kyanamukaaka | 46 | 1,346 | 2,567 | 15 | 2 |
| 174 | Bugamba | 29 | 842 | 1,535 | 15 | 2 |
| 175 | Herona Medical Center | 25 | 552 | 1,217 | 13 | 2 |
| 176 | Maziba | 30 | 780 | 1,460 | 13 | 2 |
| 177 | Nyamirami | 11 | 547 | 516 | 13 | 1 |
| 178 | Rukungiri | 32 | 570 | 1,455 | 12 | 3 |
| 179 | Henrob Family Clinic | 12 | 208 | 521 | 12 | 3 |
| 180 | Benedict | 67 | 1,182 | 2,897 | 12 | 2 |
| 181 | Midas Torch | 23 | 398 | 920 | 11 | 2 |
| 182 | Ngora | 42 | 3,755 | 1,554 | 10 | 0 |

| No. | HC IV | No. of Beds | No. of admissions | Patient days | BOR = (Patient Days/365) / Beds*100 | ALOS= Patient Days / Admissions |
|---|---|---|---|---|---|---|
| 183 | Nabiswera | 11 | 321 | 405 | 10 | 1 |
| 184 | Kataraka | 3 | 119 | 109 | 10 | 1 |
| 185 | Ngoma | 11 | 384 | 398 | 10 | 1 |
| 186 | St. Ambrose Charity | 57 | 999 | 1,995 | 10 | 2 |
| 187 | Kamukira | 16 | 274 | 548 | 9 | 2 |
| 188 | Kaproron | 39 | 2,201 | 1,171 | 8 | 1 |
| 189 | St. Francis (Mityana) | 32 | 299 | 930 | 8 | 3 |
| 190 | Nagongera | 32 | 3,402 | 779 | 7 | 0 |
| 191 | Namulundu Medical Centre | 9 | 66 | 202 | 6 | 3 |
| 192 | Ndejje | 35 | 1,664 | 776 | 6 | 0 |
| 193 | Kitante Medical Centre | 11 | 98 | 228 | 6 | 2 |
| 194 | Kiyunga | 38 | 3,837 | 787 | 6 | 0 |
| 195 | Ahamadiya | 33 | 247 | 592 | 5 | 2 |
| 196 | Bukwo | 72 | 723 | 1,178 | 4 | 2 |
| 197 | Kakomo | 3 | 19 | 41 | 4 | 2 |
| 198 | Nankoma | 31 | 2,361 | 308 | 3 | 0 |
| 199 | Hiima UCI | 14 | 73 | 132 | 3 | 2 |
| 200 | Abii Clinic | 6 | 62 | 42 | 2 | 1 |
| 201 | Senta Medicare | 14 | 160 | 82 | 2 | 1 |
| 202 | Kinoni | 17 | 1,527 | 97 | 2 | 0 |
| 203 | Kojja | 30 | 1,735 | 154 | 1 | 0 |
| 204 | Span Medicare | 13 | 82 | 65 | 1 | 1 |
| 205 | Kabubbu | 17 | 538 | 56 | 1 | 0 |
| 206 | Bugolobi Medical Center | | - | - | - | - |
| 207 | Kagumba | | - | - | - | - |
| 208 | Kairos Medical Centre | | - | - | - | - |
| 209 | Karita | | - | - | - | - |
| 210 | Kawaala | | 979 | - | - | - |
| 211 | Kitintale | | - | - | - | - |
| 212 | Kyadondo Medical Centre | | - | - | - | - |
| 213 | Maracha | | - | - | - | - |
| 214 | Medik | | - | - | - | - |
| 215 | Michoes Medical Centre | | - | - | - | - |
| 216 | Naluvule Medical Centre | | - | - | - | - |
| 217 | Nsinze | 22 | 2,189 | - | 0 | 0 |
| 218 | Ntungamo | - | 219 | 454 | - | 2 |
| 219 | Pearl Medical Centre | | - | - | - | - |
| 220 | Platinum Medical Centre | | - | - | - | - |
| 221 | Salaama Memorial Medical Centre | | - | - | - | - |
| 222 | Sas Clinic | | - | - | - | - |
| 223 | Spring Medicare | | - | - | - | - |
| 224 | State House | | - | - | - | - |
| | **Total** | **7,500** | **594,658** | **1,398,091** | **51** | **2** |

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