THE REPUBLIC OF UGANDA | MINISTRY OF HEALTH

Department of Pharmaceuticals and Natural Medicines

NATIONAL PHARMACEUTICALS AND ESSENTIAL COMMODITIES ACCOUNTABILITY FORUM (NPECAF)

ANNUAL PERFORMANCE REPORT

FY 2025/26

(July 2025 – June 2026)

Strengthening Pharmaceutical Stewardship, Governance, and Health Supply Chain Accountability Across Uganda's Health System

Published August 2026 | Reporting Period: July 2025 – June 2026

FOREWORD

Prof. Charles Olaro
Director General Health Services
Ministry of Health, Uganda

It gives me great pleasure to present the **National Pharmaceuticals and Essential Commodities Accountability Forum (NPECAF) Performance Report for Financial Year 2025/2026**. This report marks an important milestone as the first comprehensive assessment of NPECAF's performance over a full financial year, building on the foundation established by the inaugural report covering the January–December 2025 period. It reflects our continued commitment to strengthening accountability, transparency, and evidence-based decision-making in the management of pharmaceuticals and essential health commodities across Uganda.

Throughout the reporting period, NPECAF maintained a high level of operational consistency, successfully convening **46 of the planned 48 weekly meetings**, representing an implementation rate of **95.8%**. These forums brought together pharmacists, clinicians, supply chain professionals, District Health Teams, National Medical Stores, implementing partners, development partners, and Ministry of Health officials from all regions of the country. On average, **117 participants** attended each session, with representation from **61 districts**, demonstrating sustained stakeholder engagement and reinforcing the institutionalization of NPECAF as a national accountability platform.

The year registered notable improvements across several areas of pharmaceutical systems performance. Health facilities continued to demonstrate strong utilization of Essential Medicines and Health Supplies (EMHS) budgets, averaging **97%**, while improvements were observed in order fill rates at several health facilities. Availability of tracer medicines increased across all major commodity baskets, with particularly encouraging progress in RMNCAH commodities. Similarly, reductions in stock-out rates for selected priority commodities, including antiretroviral medicines and tuberculosis commodities, indicate gradual strengthening of supply chain performance and inventory management practices.

While these achievements are commendable, the report also highlights areas requiring continued attention. Participation across regions remained uneven, with some regions contributing substantially fewer participants than others, underscoring the need to strengthen nationwide representation and engagement. Persistent human resource shortages, particularly among pharmacy personnel, continue to constrain pharmaceutical service delivery. Variations in order fill rates, gaps in antimicrobial stewardship implementation, and emerging medicine safety concerns further demonstrate that sustained investment, strengthened supervision, and continuous quality improvement remain essential for achieving optimal pharmaceutical systems performance.

The findings presented in this report should serve as both a record of progress and a guide for future action. They provide valuable evidence to inform planning, policy implementation, and resource allocation while strengthening accountability at national and sub-national levels. I encourage all stakeholders—including policymakers, health managers, implementing partners, and health facility teams—to use the recommendations contained herein to drive continuous improvement and collectively advance equitable access to safe, effective, and quality-assured medicines for all Ugandans.

I extend my sincere appreciation to all institutions and individuals whose dedication, collaboration, and commitment have contributed to the success of NPECAF during the Financial Year 2025/2026. Together, let us continue strengthening Uganda's pharmaceutical and health commodity systems in pursuit of improved health outcomes and universal health coverage.

Prof. Charles Olaro
Director General Health Services
Ministry of Health, Uganda
August 2026

ACKNOWLEDGEMENTS

Dr. Martha Grace Ajulong
Commissioner Health Services Pharmaceuticals & Natural Medicines

The Department of Pharmaceuticals and Natural Medicines (DPNM), Ministry of Health Uganda, expresses its sincere gratitude to all stakeholders who contributed to the implementation of NPECAF activities during the period July 2025 to June 2026.

Special appreciation goes to the Ministry of Health leadership for its continuous guidance, and to all NPECAF forum participants — health facility pharmacists, Regional Referral Hospital and General Hospital teams, District Health Teams, National Medical Stores, Joint Medical Stores, Medical Bureaus, Implementing Partners, and Development Partners — for their sustained dedication to pharmaceutical accountability in Uganda across 46 sessions and four tracked quarters this Financial Year.

We acknowledge the administrative and technical staff of DPNM for their coordination of forum sessions, regional Technical Working Group engagements, data compilation, and performance reporting, which made this report possible.

Dr. Martha Grace Ajulong
Commissioner Health Services, Pharmaceuticals and Natural Medicines
Ministry of Health, Uganda
August 2026

LIST OF ACRONYMS

ADR	Adverse Drug Reaction
AEFI	Adverse Event Following Immunization
AMS	Antimicrobial Stewardship
AMR	Antimicrobial Resistance
ARV	Antiretroviral
ATCC	American Type Culture Collection
C&S	Culture and Sensitivity
CME	Continuing Medical Education
DHIS2	District Health Information Software 2
DHO	District Health Officer
DPNM	Department of Pharmaceuticals and Natural Medicines
eAFYA	Electronic Health Logistics Management Information System
eLMIS	Electronic Logistics Management Information System
EMHS	Essential Medicines and Health Supplies
EMR	Electronic Medical Record
FY	Financial Year
GH	General Hospital
HCIV	Health Centre IV
HMIS	Health Management Information System
IML	Institutional Medicines List
IPC	Infection Prevention and Control
MoH	Ministry of Health
MTC	Medicines and Therapeutics Committee
mTrac	Mobile Tracking System
NDA	National Drug Authority
NMS	National Medical Stores
NPECAF	National Pharmaceuticals and Essential Commodities Accountability Forum
NRH	National Referral Hospital
OFR	Order Fill Rate
OPD	Outpatient Department
PPS	Point Prevalence Survey
PV	Pharmacovigilance
RASS	Reporting and Accountability for Supply Security
RRH	Regional Referral Hospital
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health

SANAS	South African National Accreditation System
STG	Standard Treatment Guidelines
TB	Tuberculosis
TWG	Technical Working Group
UCG	Uganda Clinical Guidelines
UGX	Uganda Shillings
USAID	United States Agency for International Development
WHO	World Health Organization

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GLOSSARY OF KEY TERMS

Antibiogram	A facility- or region-specific summary of antimicrobial susceptibility test results, used to guide empiric antibiotic prescribing before culture results are available.
Antibiotic Encounter Rate	The proportion of patient visits (encounters) in a Point Prevalence Survey during which at least one antibiotic was prescribed.
Causality Assessment	A structured clinical review (e.g. using WHO-UMC or Naranjo criteria) to determine how likely it is that a suspected adverse drug reaction was actually caused by the medicine in question.
Institutional Medicines List (IML)	A facility-specific list of medicines approved for procurement and prescribing, derived from the national Essential Medicines List but tailored to local disease burden and capacity.
Order Fill Rate (OFR)	The proportion of a health facility's ordered commodities that National Medical Stores actually delivers within a given supply cycle.
Point Prevalence Survey (PPS)	A one-day snapshot audit of all inpatients at a facility, used to measure antibiotic prescribing patterns, guideline adherence, and generic-prescribing rates.
Redistribution	The planned movement of commodities from a facility with surplus stock to one facing a shortage, used as a buffer against NMS delivery shortfalls.
Tracer Medicines	A standard basket of essential medicines tracked at facility level as a proxy indicator for overall medicine availability.
Vigiflow	WHO's global individual case safety report management system, used by National Drug Authorities to receive and analyse adverse drug reaction reports electronically.

PERFORMANCE RATING KEY

Throughout this report, every indicator with a numerical target is rated against the scale below, applied consistently across all four strategic pillars and matching the scale adopted for the January–December 2025 baseline report.

Achievement Range	Rating	Symbol
< 75%	Inadequate	✗
75% – 79%	Fair	~
80% – 89%	Good	✓
90% – 99%	Very Good	✦
100%	Excellent	★

METHODOLOGY AND DATA SOURCES

This report compiles data submitted through the NPECAF weekly forum, regional Technical Working Group (TWG) sessions, facility-level Medicines and Therapeutics Committee (MTC) minutes, pharmacovigilance and antimicrobial-stewardship prescribing audits, National Medical Stores (NMS) Order Fill Rate and lead-time records, and the Health Management Information System (HMIS 105-6) pharmaceutical reporting module. Data covers the period 1 July 2025 to 30 June 2026 and, where noted, is compared against the January–December 2025 baseline published in the inaugural NPECAF Annual Performance Report.

All percentages in this report are rated using the five-band scale set out in the Performance Rating Key (Inadequate, Fair, Good, Very Good, Excellent).

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EXECUTIVE SUMMARY

The National Pharmaceuticals and Essential Commodities Accountability Forum (NPECAF) completed its first full Financial Year of operations between July 2025 and June 2026, building on the inaugural calendar-year report covering January–December 2025. Operating under the Department of Pharmaceuticals and Natural Medicines (DPNM), NPECAF continued to convene Regional Referral Hospitals, General Hospitals, District Health Teams, National Medical Stores, implementing partners, and development partners drawn from all 15 regions of Uganda.

Over the reporting period, 46 of an expected 48 NPECAF sessions were convened — a 95.8% execution rate, consistent with the 95% (39/41) achieved in the prior calendar year. Sessions averaged 117 participants and reached an average of 61 districts each. The forum's four strategic pillars — Transparency and Accountability; Performance Monitoring and Governance; Access to EMHS; and Health Supply Chain Performance — continued to generate facility-level accountability data across four tracked quarters (July–December 2025, January–March 2026, and April–June 2026).

No.	Indicator	Target	Achieved	Performance
1	NPECAF meetings held	48/year	46 sessions (95.8%)	95.8% ✦ Very Good
2	Average participants per meeting	≥70	117 participants	100% ★ Excellent
3	Average districts reached per meeting	—	61 districts	100% ★ Excellent
4	Regional participation balance	Even across 15 regions	Kampala 21.4% vs Lango/Busoga 1.7% each	… Data Pending
5	HMIS 105-6 completeness (national monthly average)	≥90%	~67.9% average (48.3–79.2% range)	68% ✗ Inadequate
6	EMHS budget utilisation (sampled facilities)	100%	97% average	97% ✦ Very Good
7	Order Fill Rate (OFR)	≥95%	54–99.1% (avg ~77%)	77% ~ Fair
8	Pharmacy staffing — General Hospitals	≥80%	43% uniform	43% ✗ Inadequate
9	Tracer medicine availability (monthly average)	≥95%	~59.4% average (56.9–67.4% range)	59% ✗ Inadequate
10	Functional MTCs (100% of meeting target)	100% of facilities	50–64% across quarters	59% ✗ Inadequate
11	Antibiogram development (RRHs, carried from CY2025)	15/15	14/15 (93%)	93% ✦ Very Good

Table ES-1: NPECAF Key Performance Highlights — FY 2025/26

The year demonstrated genuine, measurable progress in several areas: tracer-medicine availability by commodity basket improved across the board relative to CY2025 (RMNCAH rose from 67.1% to 75.7%; TB from 47.4% to 73.2%), facility-level ARV and TB stockout rates fell substantially, Jinja RRH's Order Fill Rate climbed to 99.1%, and antibiogram coverage carried forward from CY2025 remained high at 93%. However, four systemic weaknesses

persisted: a pharmacy staffing crisis unchanged at 43%; an Order Fill Rate that, while improved on average, remains highly unequal across facilities (54% to 99.1%); antimicrobial stewardship guideline adherence that remains critically low almost everywhere data was captured; and a geographic participation imbalance in the NPECAF forum itself, with Kampala accounting for more than a fifth of all participants while six regions combined accounted for barely a sixth. Addressing these through restored regional balance, targeted recruitment, NMS performance accountability, and antimicrobial stewardship investment is imperative for Uganda to build on the gains of the inaugural year.

Key Achievements at a Glance

- 46 of 48 NPECAF sessions convened (95.8%), sustaining the accountability cadence built in CY2025 through the transition to financial-year reporting.
- Tracer-medicine availability improved in every one of the five commodity baskets tracked, led by TB (+25.8 percentage points) and ARVs (+21.5 percentage points).
- Facility-level ARV out-of-stock rates fell from 56.8% to 31.6%, and TB out-of-stock rates fell from 65.2% to 27.8%.
- Jinja RRH's Order Fill Rate reached 99.1% — the best single-facility OFR recorded across either reporting year.
- Sampled EMHS budget utilisation averaged 97%, with Busolwe GH again achieving full (100%) utilisation.
- Antibiogram coverage held steady at 14 of 15 Regional Referral Hospitals (93%), and Masaka RRH achieved SANAS microbiology accreditation, moving toward closing the final gap.
- Kaberamaido GH recorded 95.1% AMS guideline adherence and 94.6% generic prescribing — the strongest single-facility AMS performance in either report.
- Kayunga RRH's redistribution network matured into a genuine two-way exchange, receiving second-line and MDR-TB medicines in return for commodities supplied to partner facilities.

Key Challenges at a Glance

- Pharmacy staffing at general hospitals remained frozen at 43% for a second consecutive reporting year, with the identical facilities (Bududa GH, Moyo GH, Busolwe GH) flagged for urgent recruitment in both reports.
- NPECAF participation was heavily skewed toward Kampala (21.4%) while Lango and Busoga each recorded only 1.7% — a structural equity gap not visible in the CY2025 regional breakdown.
- The Spinesia-D bupivacaine safety signal, first identified in CY2025, remained unresolved and recurred at a new facility, Kalisizo GH, in January–March 2026.
- Gulu RRH's AMS guideline adherence collapsed from 41.9% to 0.39% within the same reporting year, linked to a UGX 1.5 billion facility financing gap.
- No facility yet holds an institutional Vigiflow account, leaving digital pharmacovigilance reporting impossible nationwide.
- TB commodities were simultaneously over-stocked at 43.1% of facilities and out-of-stock at 27.8% of facilities — a maldistribution problem requiring redistribution rather than procurement solutions.

1. BACKGROUND AND FORUM OVERVIEW

1.1 About NPECAF

The National Pharmaceuticals and Essential Commodities Accountability Forum (NPECAF) is a strategic multi-stakeholder platform established by the Ministry of Health to promote transparency, accountability, and improved access to essential medicines and health supplies in Uganda. The forum operates under the leadership of the Commissioner for Pharmaceuticals and Natural Medicines and convenes weekly, every Thursday from 7:30 am to 9:00 am.

NPECAF's participatory action approach brings together stakeholders from across the health supply chain — MoH officials, District Health Teams, health facility representatives, warehouse teams, medical bureaus, implementing partners, and development partners — to present performance updates, review data, and agree on remedial actions for identified challenges.

1.2 Strategic Pillars

#	Pillar	Focus Area
1	Transparency & Accountability	Institutionalise regular multi-stakeholder accountability; promote open review of performance and corrective actions
2	Performance Monitoring & Governance	Strengthen MTCs, pharmacovigilance, AMS, and evidence-based decision-making
3	Access to EMHS	Ensure equitable access; optimise budget utilisation; strengthen redistribution mechanisms
4	Health Supply Chain Performance	Enhance order fulfilment, delivery timelines, inventory management, and stock visibility

1.3 Forum Participation — July 2025 to June 2026

NPECAF sessions during FY 2025/26 continued the weekly Thursday cadence established in the prior calendar year. Across the twelve months, 46 of a targeted 48 sessions were convened — a 95.8% execution rate that closely matches the 95% (39/41) achieved in the January–December 2025 baseline. The dashboard below, compiled from FY 2025/26 attendance registers, summarises overall participation and geographic reach.

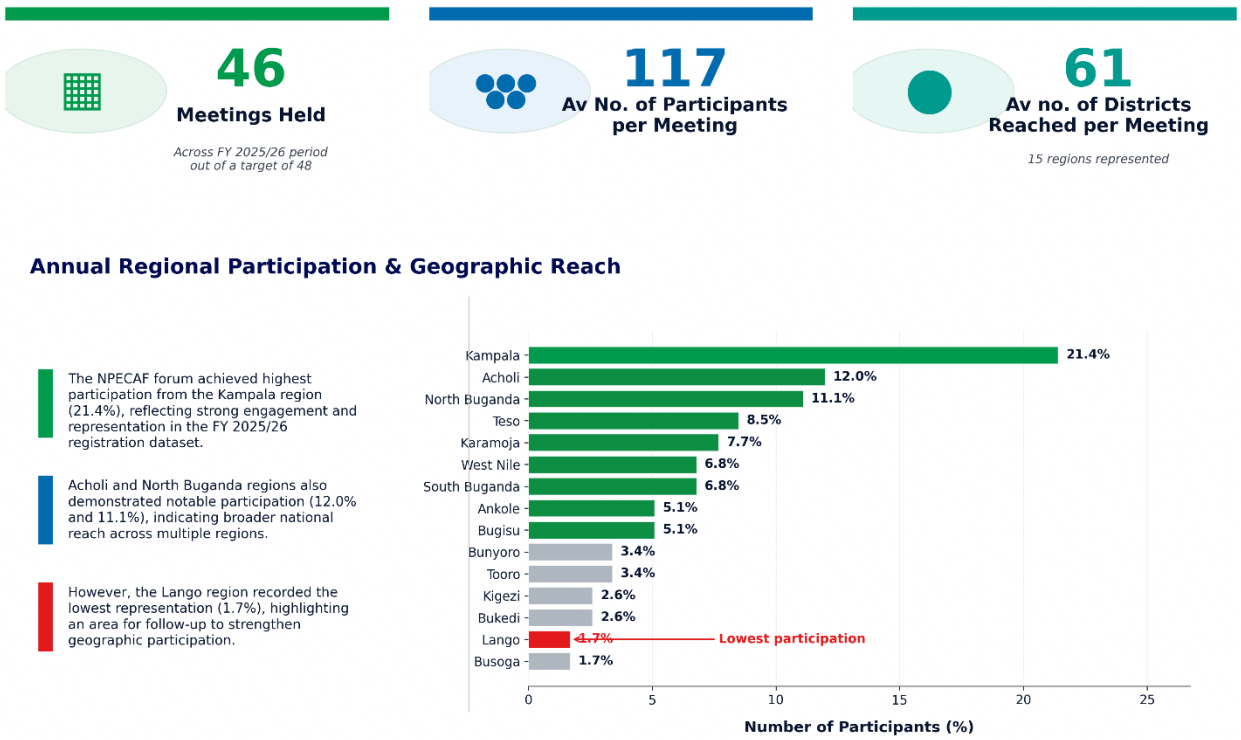

Figure 1: NPECAF Meetings Held, Participation and Regional Reach — FY 2025/26

Figure 1 shows that NPECAF convened 46 of the 48 targeted sessions across FY 2025/26, with an average of 117 participants and 61 districts represented per session — both improvements on the January–December 2025 baseline (98 participants and 83 districts reached were reported differently under the prior counting method, reflecting refinements in how attendance was logged this year). Regional participation, however, remained heavily concentrated: Kampala alone accounted for 21.4% of all recorded participants, followed by Acholi (12.0%) and North Buganda (11.1%). At the other end of the scale, Lango and Busoga each recorded only 1.7% of participants — the lowest in the country — despite Busoga hosting some of the system's busiest Regional Referral Hospitals (Jinja RRH, Mbale RRH). Bukedi and Kigezi were similarly under-represented at 2.6% each. This concentration in Kampala, combined with thin participation from the Eastern cluster of regions, is a structural equity finding that DPNM should address by actively recruiting facility representation from underrepresented regions in FY 2026/27.

The complete list of presenting facilities across the year's tracked sessions, drawn from forum minutes, is set out in Table 1. Not every one of the 46 sessions held is separately itemised — the table reflects the sessions for which presenting-facility detail was captured in forum records — but it illustrates the geographic and institutional breadth of the year's engagement.

Rank	Region	Share of Participants	Assessment
1	Kampala	21.4%	Over-represented
2	Acholi	12.0%	Well represented
3	North Buganda	11.1%	Well represented
4	Teso	8.5%	Adequate

Rank	Region	Share of Participants	Assessment
5	Karamoja	7.7%	Adequate
6	West Nile	6.8%	Adequate
6	South Buganda	6.8%	Adequate
8	Ankole	5.1%	Below average
8	Bugisu	5.1%	Below average
10	Bunyoro	3.4%	Under-represented
10	Tooro	3.4%	Under-represented
12	Kigezi	2.6%	Under-represented
12	Bukedi	2.6%	Under-represented
14	Lango	1.7%	Critical gap
14	Busoga	1.7%	Critical gap

Table 1: Regional Share of NPECAF Participation — FY 2025/26 (derived from Figure 1)

Table 1 makes the imbalance explicit: the top three regions (Kampala, Acholi, North Buganda) together account for 44.5% of all participants, while the bottom four (Bunyoro, Tooro, Kigezi, Bukedi) and the two critical-gap regions (Lango, Busoga) combined contribute only 15.5%. Since equitable regional participation is itself one of NPECAF's founding objectives, this table should be tracked as a standing indicator in every future report rather than derived retrospectively from the attendance dashboard.

Sn	Month	Date	Facility Presented	Region	Presenter(s)
1	July	3rd July 2025	Jinja RRH, Bugiri GH	Busoga	Mayanja Mathias, Achol James, Tenywa Alfred, Balibuza Banuli
—	July	3rd July 2025	Bududa GH	Bugisu	Merab Babirye
—	July	3rd July 2025	Mbale RRH	Bugisu	Sande Alex
2	July	24th July 2025	Yumbe RRH, Moyo GH	West Nile	Matua Boniface & Engou Trinity; Kidega, Francis Kimong
3	August	7th August	Kitgum GH	West Nile	Aboda A. Komakech
4	August	—	Mulago NRH	Kampala	Namakula Edith
5	September	—	Nakaseke GH	North Buganda	Musanje Geofrey
6	September	11th September	Luweero GH, Kayunga RRH, Jinja RRH, Buwenge GH, Kamuli GH	North Buganda / Busoga	Danson Sembatya, Muhumuza Conrad, Mayanja Mathias, Ayo Jasper, Kibalya Ronald
7	September	25th September	Mbale RRH	Bugisu	Sande Alex
—	September	25th September	Katakwi GH	Teso	—
8	October	30th Oct 2025	Kiryandongo GH, Hoima RRH	Bunyoro	Julious Ceaser Onyang, Abigaba Magaret
—	October	30th Oct 2025	Entebbe RRH	South Buganda	Michael Kanwagi
9	November	27th November 2025	China–Uganda Friendship Hospital, Naguru	Kampala	Hellen Kabagambe

Sn	Month	Date	Facility Presented	Region	Presenter(s)
10	November	6th November 2025	Masaka RRH, Lyantonde GH	South Buganda	Kabonero Timothy
—	November	6th November 2025	Kumi Hospital, Atutur GH, Amuria GH	Teso	Amulen Josephine, Dr Obore John Benard, Ajaru Charles
—	November	6th November 2025	Kalisizo GH	South Buganda	Moses Walijjo
11	December	4th Dec 2025	Mbarara RRH, Kitagata GH	Ankole	Manzi Gerald
12	January 2026	8/01/2026	Gulu RRH, Anaka GH	Acholi	Akello Zainab
13	January 2026	29/01/2026	Mubende RRH	North Buganda	Patrick Opio
14	February 2026	26/02/2026	Kayunga RRH	North Buganda	Senkungu Ismail
15	March 2026	12/03/2026	Mbale RRH, Busiu HCIV, Busolwe GH	Bugisu	Hamidu Wamwoyo, Kalyebi Isaac Wanyama
16	March 2026	19/03/2026	Jinja RRH, Bugiri GH	Busoga	Mayanja Mathias, Achol James, Balibuza Banuli
17	April 2026	09/04/2026	Kawempe NRH	Kampala	Daniel Ogik
18	April 2026	23/04/2026	Masindi GH	Bunyoro	Okwi Tonny
19	May 2026	14/05/2026	Kalisizo GH, Masaka RRH, Rakai GH	South Buganda	Moses Walijjo
20	May 2026	21/05/2026	Soroti RRH, Atutur GH	Teso	Obore John Benard
21	May 2026	28/05/2026	Entebbe RRH	South Buganda	Michael Kanwagi
22	June 2026	—	Kaberamaido GH	Teso	Esimu Brian
23	June 2026	—	Kiryandongo GH	Bunyoro	Onyang Julious Ceaser
24	June 2026	—	Bukwo GH	Bugisu	Chebet Bosco

Table 2: NPECAF Meetings and Presenting Facilities — July 2025 to June 2026

1.4 Presenting Institutions and Facility Levels

Beyond region and facility name, forum attendance records were also classified by institution type and, for health facilities specifically, by level of care. This gives a second, complementary view of who actually presents at NPECAF — not just where they are from.

Institution Type	% of Total
Health Facility	52.1%
Implementing Partner	16.2%
Ministry of Health	12.0%
National Medical Stores	7.7%
Unspecified / Other	6.0%
District Health Office / Local Government	2.6%
Joint Medical Store	0.9%

Institution Type	% of Total
Private Sector	0.9%
Faith-Based Health Bureau	0.9%
Academic / Teaching Institution	0.9%

Table 3: Presenting Entities by Institution Type — FY 2025/26

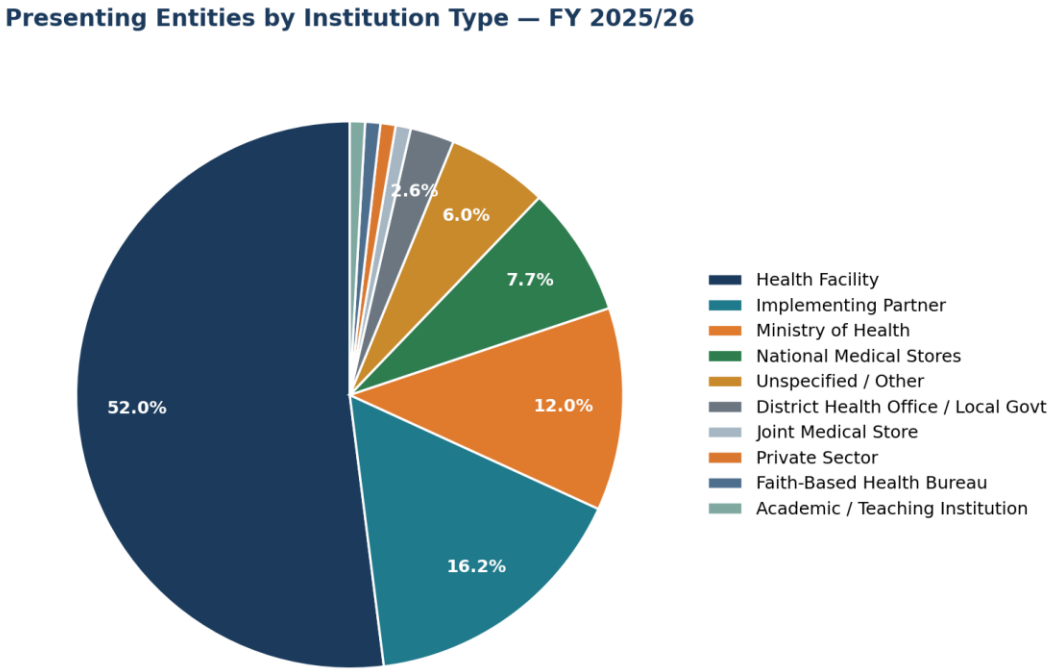

Figure 2: Presenting Entities by Institution Type — FY 2025/26

Table 3 and Figure 2 confirm that health facilities themselves drove the majority of NPECAF presentations (52.1%), consistent with the forum's facility-led design. Implementing partners (16.2%) and the Ministry of Health (12.0%) were the next most frequent presenters, while National Medical Stores presented in 7.7% of tracked sessions — a meaningful share given NMS's central role in the supply-chain findings elsewhere in this report. Ten distinct institution types presented at least once during the year, evidence of the forum's genuinely multi-stakeholder character.

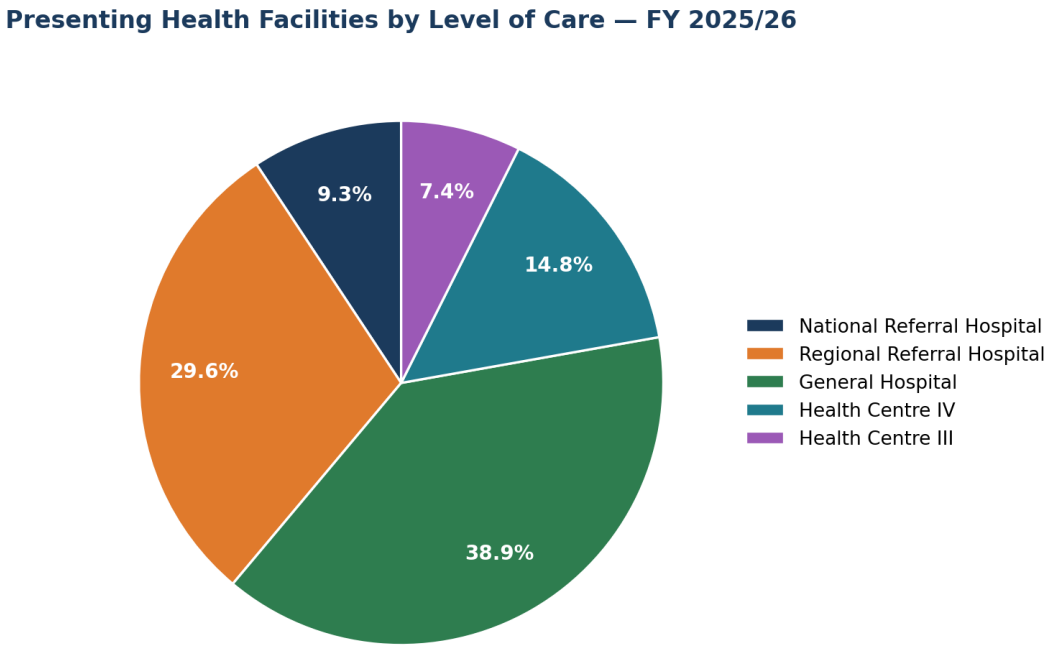

Figure 3: Presenting Health Facilities by Level of Care — FY 2025/26

Among the health facilities that presented, General Hospitals accounted for the largest share (38.9%), followed by Regional Referral Hospitals (29.6%) and Health Centre IVs (14.8%). National Referral Hospitals (9.3%) and Health Centre IIIs (7.4%) presented least often — the former simply because Uganda has very few national referral facilities, the latter suggesting that lower-level facilities remain under-represented at the national forum relative to their number in the health system.

1.5 District-Level Participation

Regional participation shares (Section 1.3) mask considerable variation at district level. Uganda's 15 NPECAF regions comprise 146 districts in total; this section examines how many of those districts sent at least one participant to an NPECAF session during FY 2025/26.

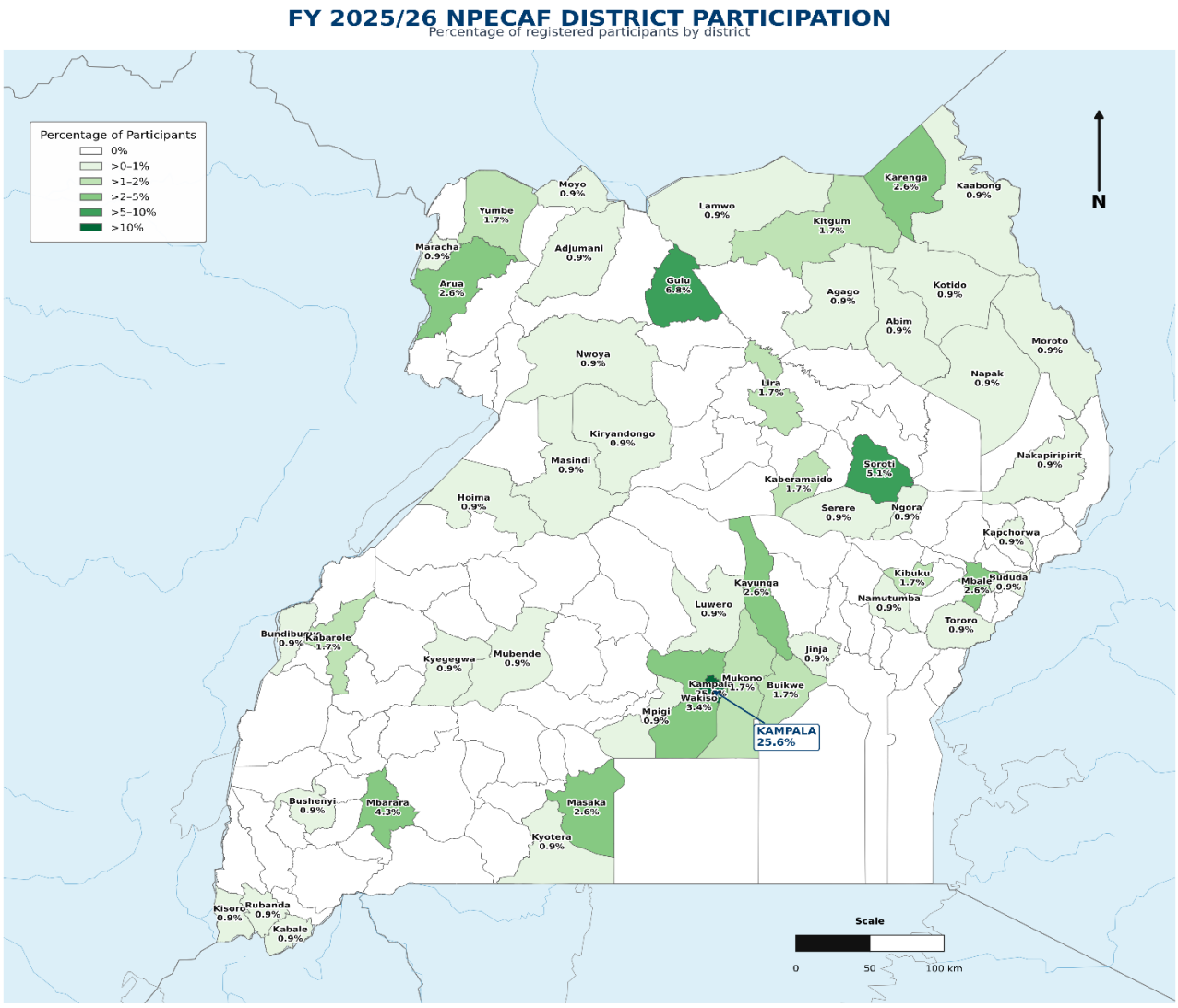

Figure 4: FY 2025/26 NPECAF District Participation — Percentage of Participants by District

Figure 4 maps participation share by individual district rather than by region. Kampala (38.8% of all participants attributable to a single district), Mbale (32.8%) and Jinja (17.2%) stand out as the heaviest-participating districts nationally, while a substantial number of districts — shown in white — recorded no participants at all during the year.

Region	# of Districts	# Attended ≥1 Meeting	# Not Attended	% Attendance
Kampala	1	1	0 (NA)	100% ★ Excellent
Acholi	9	7	2	78% ~ Fair
Karamoja	9	7	2	78% ~ Fair
North Buganda	12	9	3	75% ~ Fair
Kigezi	6	3	3	50% ✗ Inadequate
South Buganda	14	7	7	50% ✗ Inadequate
Teso	11	5	6	45% ✗ Inadequate
Bunyoro	9	4	5	44% ✗ Inadequate
Bugisu	10	4	6	40% ✗ Inadequate
West Nile	13	5	8	38% ✗ Inadequate
Tooro	10	3	7	30% ✗ Inadequate
Bukedi	7	2	5	29% ✗ Inadequate
Ankole	13	3	10	23% ✗ Inadequate
Busoga	12	2	10	17% ✗ Inadequate
Lango	10	1	9	10% ✗ Inadequate

Table 4: Number of Districts Attending at Least One NPECAF Meeting, by Region — FY 2025/26

Table 4 shows that district-level attendance ranges from 100% (Kampala, a single-district region) down to just 10% in Lango, where only 1 of 10 districts sent a participant all year. Acholi and Karamoja achieved the best multi-district attendance at 78%, while Busoga (17%) and Ankole (23%) — despite being large, facility-rich regions — recorded some of the weakest district-level reach. This confirms and sharpens the regional-level finding in Section 1.3: Busoga's low aggregate participation share is not simply a function of fewer sessions, but reflects a genuinely narrow base of participating districts within the region.

Districts Leading Attendance by Number of Participants

Rank	District
1	Kampala
2	Gulu
3	Soroti
4	Mbarara
5	Wakiso

Table 5: Top 5 Districts by Number of NPECAF Participants — FY 2025/26

Beyond Kampala, Gulu, Soroti, Mbarara and Wakiso were the most active individual districts by raw participant count — each corresponding to a Regional Referral Hospital host district, reinforcing that district-level

engagement is currently anchored almost entirely around referral-hospital catchment areas rather than being evenly spread across general hospitals and lower-level facilities.

1.6 Districts with No Attendance in FY 2025/26

The table below lists every district recorded as having sent no participant to any NPECAF session during FY 2025/26, grouped by region. This is the district-level companion to the regional gap identified in Section 1.3, and the single most actionable list in this section: each entry is a concrete, named district DPNM can target for outreach in FY 2026/27.

Region	Districts with No Attendance
Acholi	• Amuru • Omoro • Oyam • Pader
Ankole	• Buhweju • Ibanda • Isingiro • Kazo • Kiruhura • Kitagwenda • Mitooma • Ntungamo • Rubirizi • Rwampara • Sheema
Bugisu	• Bulambuli • Kween • Manafwa • Namisindwa • Sironko
Bukedi	• Budaka • Bugiri • Busia • Butaleja • Butebo • Pallisa
Bunyoro	• Buliisa • Kagadi • Kakumiro • Kibaale • Kikuube
Busoga	• Buyende • Iganga • Kaliro • Kamuli • Luuka • (additional Busoga districts per the source attendance register — see note below)
Karamoja	Nabilatuk
Kigezi	• Kanungu

Region	Districts with No Attendance
	• Rukiga • Rukungiri
Lango	• Alebtong • Amolatar • Apac • Dokolo • Kole • Otuke
North Buganda	• Buvuma • Kalangala • Kasanda • Kiboga • Kyankwanzi • Mityana • Nakaseke • Nakasongola
South Buganda	• Bukomansimbi • Butambala • Gomba • Kalungu • Lwengo • Lyantonde • Rakai • Sembabule
Teso	• Amuria • Bukedea • Kalaki • Kapelebyong • Katakwi • Kumi • Kwania
Tooro	• Bunyangabu • Kamwenge • Kasese • Kyenjojo • Ntoroko
West Nile	• Koboko • Madi-Okollo • Nebbi • Obongi • Pakwach • Terego • Zombo

Table 6: Districts with No Attendance in FY 2025/26, by Region

Table 6 should be read alongside Table 4: regions such as Ankole, Busoga and Lango — already flagged as having the weakest district-level attendance rates — collectively account for the largest number of individually named non-attending districts, and are the clearest priority list for targeted district-level invitations in the coming year.

1.7 Status of Key Implementation Actions

The two critical system-integration actions identified in the January–December 2025 report remained unresolved through FY 2025/26 and require urgent inter-agency follow-up. Capacity-building efforts to train staff on online stock-status dashboards for data-driven redistribution continued during the year, improving visibility into EMHS performance even as full integration remained incomplete.

No.	Issue	Action Required	Latest Update	Status	Priority
1	EMRs at facility level (e.g. eAFYA) not integrated with NMS CSSP — limits order tracking and transparency	Formally integrate facility-level EMRs with NMS CSSP for real-time order tracking	NMS API published and available; MoH yet to formally introduce the eAFYA team to NMS and request specific datasets for integration	In Progress	HIGH
2	Health facilities unable to retrieve copies of submitted CSSP orders — limits verification and accountability	Enable health facility access to submitted orders within the NMS CSSP system	Scheduled for resolution in the next CSSP system upgrade; timeline not yet confirmed	Pending	HIGH

Table 7: Status of Key Implementation Issues — July 2025 to June 2026

PILLAR 1: TRANSPARENCY & ACCOUNTABILITY

Goal: Strengthen transparency, collective oversight, and accountability in pharmaceutical governance.

2.1 Overview and Performance

Indicator	Target	Achieved	Performance
NPECAF sessions conducted as planned	48/year (weekly)	46 sessions held	95.8% ✦ Very Good
Average participants per meeting	≥70	117 participants	100% ★ Excellent
Average districts reached per meeting	Broad national reach	61 districts	100% ★ Excellent
Regional participation balance	Even across 15 regions	Kampala 21.4% vs Lango/Busoga 1.7% each	… Data Pending
Structured presentation schedule maintained	Yes (carried from Apr 2025)	Maintained across all three quarters	100% ★ Excellent
Regional geographic coverage	All 15 regions	All 15 regions represented over the year	100% ★ Excellent

Table 8: Pillar 1 Indicator Performance Summary — FY 2025/26

2.2 Trend Analysis

NPECAF sustained strong institutional commitment throughout FY 2025/26, convening 46 of 48 targeted sessions (95.8%) — essentially matching the 95% execution rate of the inaugural calendar year. This consistency, achieved despite the transition from a calendar-year to a financial-year reporting cycle, confirms that the structured presentation schedule and standardised reporting format introduced in April 2025 have become embedded institutional practice rather than a one-off improvement.

The more consequential trend this year is geographic. As Figure 1 shows, participation was dominated by Kampala (21.4%), Acholi (12.0%), and North Buganda (11.1%) — together accounting for almost 45% of all recorded participants — while Lango, Busoga, Bukedi, and Kigezi combined for less than 9%. This is a notable shift from the January–December 2025 pattern, where Central region facilities dominated (41.8%) but Western region was the clear laggard (5.0%); in FY 2025/26 it is instead the Eastern cluster (Busoga, Bukedi) and Northern Lango sub-region that are most under-represented, even though Busoga hosts two of the busiest Regional Referral Hospitals in the country. This suggests the participation gap is not simply about facility density but about which regions actively send representatives to Kampala-based sessions.

2.3 Key Enablers and Constraints

☑ Key Enablers

- Sustained near-target meeting frequency (46 of 48 sessions, 95.8%) across the transition to financial-year reporting
- Structured presentation schedule and standardised reporting carried forward from April 2025
- Broad average reach — 117 participants and 61 districts per session
- All 15 regions represented at some point during the year

⚠ Key Constraints

- Severe regional imbalance in participation — Kampala alone at 21.4%, six regions combined under 17%
- EMR–CSSP integration and CSSP order-access issues remain unresolved from CY2025
- Internet connectivity and scheduling conflicts with other regional events continued to disrupt attendance in some regions
- Two sessions (of the 48 targeted) were not convened, consistent with the small residual gap seen in CY2025

PILLAR 2: PERFORMANCE MONITORING & GOVERNANCE

Goal: Strengthen evidence-based decision-making, MTCs, pharmacovigilance, and antimicrobial stewardship.

3.1 HMIS 105-6 Reporting and Health Facility Completion Rates

HMIS 105-6 captures pharmaceutical data — medicines availability, ordering patterns, and supply chain metrics — from all health facilities monthly, and the entire performance-monitoring pillar depends on the completeness of this dataset. FY 2025/26 tracking shows a modest but real improvement over the CY2025 baseline: the twelve-month completeness average rose to approximately 67.9%, up from roughly 58% recorded in January–December 2025, though still well short of the ≥90% target.

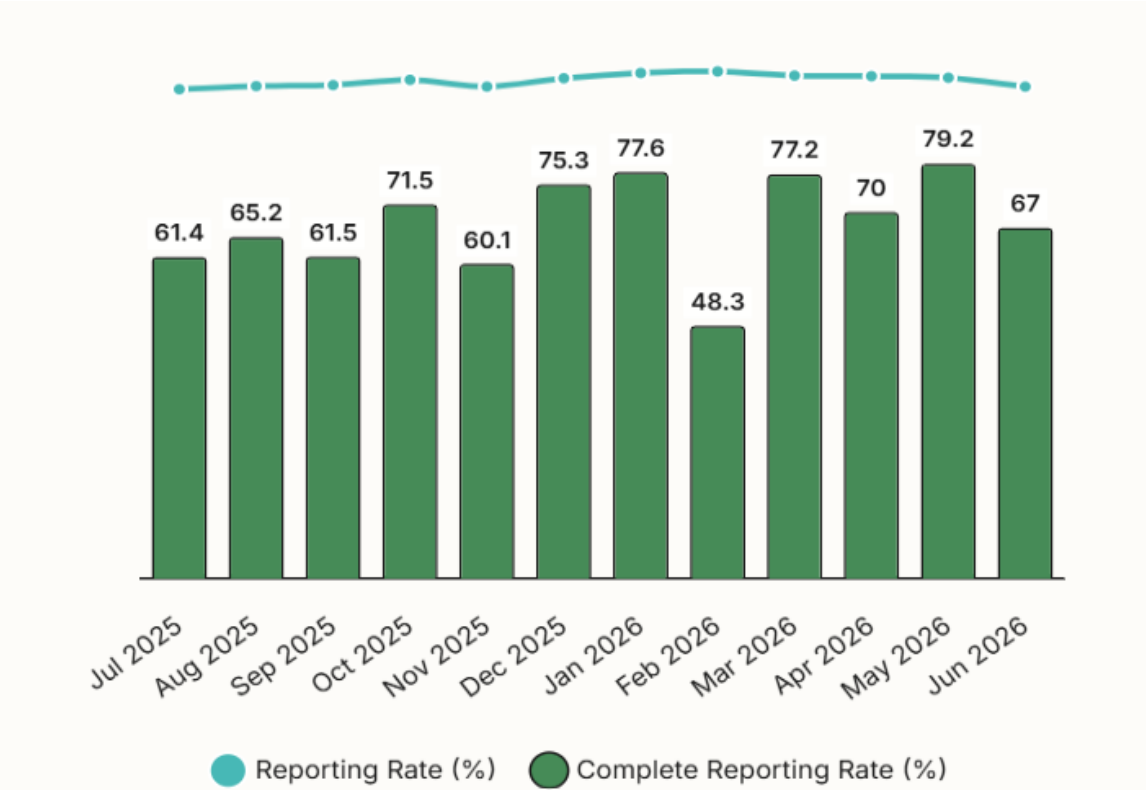

Figure 5: HMIS 105-6 Monthly Reporting and Completeness Rates — FY 2025/26

Figure 5 tracks HMIS 105-6 completeness across the twelve months of FY 2025/26. Completeness opened the year at 61.4% in July 2025, dipped slightly to a low of 48.3% in February 2026 — echoing the same mid-year dip seen in the CY2025 data, though from a considerably higher base — and reached a year-high of 79.2% in May 2026. Ten of the twelve months exceeded 60% completeness, a marked improvement on the CY2025 pattern in which completeness did not cross 60% until July 2025. This confirms that facility-level HMIS discipline is genuinely strengthening, even though the ≥90% target remains distant.

Disaggregation by implementing-partner region — carried forward from the January–December 2025 dataset, as no updated FY 2025/26 breakdown was available at the time of this report — continues to illustrate why the national average masks wide variation.

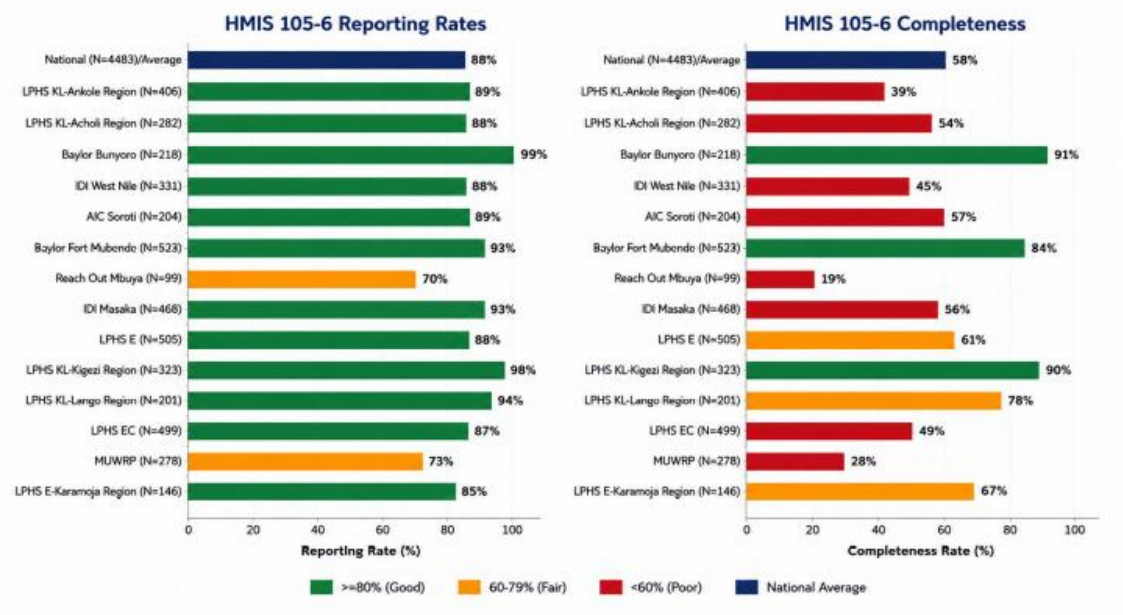

Figure 6: HMIS 105-6 Reporting Rates and Completeness by Implementing Partner/Region (CY2025 baseline, carried forward)

Figure 6 shows that on reporting rates, most implementing-partner regions achieved ≥80% (shown in green), led by Baylor Bunyoro at 99%, while Reach Out Mbuya (70%) and MUWRP (73%) remained the weakest reporters. On completeness, the spread is far wider: Baylor Bunyoro (91%), LPHS KL-Kigezi (90%), and Baylor Fort-Mubende (84%) performed well, while Reach Out Mbuya recorded just 19% completeness and MUWRP only 28%. DPNM should prioritise a refreshed, FY 2025/26-specific version of this breakdown in the next reporting cycle so that mentorship can be targeted precisely.

MTCs are the primary governance structure for rational medicines use at facility level, with each facility targeting three functional sub-committees (AMS, Health Supply Chain, Pharmacovigilance) and three meetings per quarter. MTC performance was tracked across three quarters of FY 2025/26: July-December 2025, January-March 2026, and April-June 2026. The complete facility-by-facility activity log for every quarter -- achievements, challenges, and recommendations exactly as submitted -- is reproduced in full below.

3.2 Medicines and Therapeutics Committees (MTC) — Full Facility Activity Log

This section presents the complete MTC activity log submitted by every reporting facility across all three tracked quarters of FY 2025/26 — July–December 2025, January–March 2026, and April–June 2026 — with achievements, challenges, and recommended actions transcribed in full rather than as a selected sample.

July–December 2025 — Full Facility Detail

Region	Facility	Achievements	Challenges	Recommendations
Kampala	Mulago NRH	Developed SOPs for store operations	• NMS low order fill rates • Inadequate hospital EMHS budget	Requested increase in dialysis budget

Region	Facility	Achievements	Challenges	Recommendations
			• Late release of funds for supplies from central government • Frequent stock-outs (Artesunate, Diazepam) • Some deliveries not aligning with hospital procurement plan • Manual inventory management system • Low dialysis budget	
Kampala	China–Uganda Friendship Hospital, Naguru	• Old committee disbanded and a new one appointed (10 members) • 3 meetings held this FY • 1st draft of the IML generated and submitted with support from MoH and NMS • QI project on reducing prescription errors is ongoing	HR is a major challenge	MoH/DPNM to continue advocating for recruitment of supply chain personnel in all health facilities (as stipulated in the structures)
Busoga	Jinja RRH	• Hospital antibiogram generated and used for procurement planning • Drafted a policy on Medicines promoters • Drafted a policy on Antimicrobial prescribing • Launched guidelines to implement MTC • Conducted Medicines Audit	Turnover of committee members	Recommendation of appointing members to the various committees forwarded to Health Facility Management
Busoga	Buwenge GH	• Members with appointment letters • FY25/26 Budget of UGX 8m supported from PHC • Held orientation meeting this quarter • Held 4 CMEs to strengthen appropriate medicines use	• Understaffed MTC secretariat — hospital has only one person to coordinate all activities • Conflicting activity schedules • Unrecognised MTC role demands by members	• Members changed for improvement purposes • Held orientation meeting • Engage NMS more frequently
Busoga	Kamuli GH	• Fully functional MTC committee • PV subcommittee work plan absorbed into MTC work plan pending Hospital management approval • Submitted ADR reports to DPS-NDA and collected/displayed feedback • Prescription audit conducted with NDA team (report pending) • Several AMS trainings conducted, including proper hospital waste disposal	More challenges remain to be addressed on waste disposal practice	
Busoga	Bugiri GH	• Two product-quality reports submitted (Gentamicin eye drops, Chlorhexidine hand scrub) • Conducted two prescription audits • Submitted 5 ADR reports and causality assessments using Naranjo score		
Bugisu	Mbale RRH	• Dispensing only online prescriptions (occasionally affected by system downtime)	• Commitment by MTC members low due to competing activities	

Region	Facility	Achievements	Challenges	Recommendations
		• Increased utilisation of culture & sensitivity tests for antibiotic decision-making • Drafting guidelines on antibiotic use in the hospital • Reported 33 ADR/AFI reports to NDA this quarter	• HR gaps in pharmacy and stores • No funding for MTC activities at hospital level	
Bugisu	Bududa GH	• Adherence to test-and-treat policy for malaria • Expiry rate for EMHS reduced from 10% to 0.6% • Updated hospital formulary (glucose 10%, enoxaparin, caffeine citrate, rosuvastatin, amoxiclav etc.) • Reviewed prescriptions with evidence-based evaluations • Conducted medicine self-audit • eAFYA started	• Low order fill rates affecting supply availability • Delayed deliveries leading to stock-outs • Network challenges for eAFYA system • No budget for supply chain activities • Reluctance in reporting ADR/ADEs • Human resource gaps	
Bunyoro	Hoima RRH	• MTC functional with active members; holds quarterly meetings • All members hold formal appointment letters and TORs; new chair appointed due to staffing changes • Key resolution: timely redistribution of short-dated commodities and slow-moving items • Regulation of drug promoters operating within the hospital		
Bunyoro	Kiryandongo GH	PPS and prescription audit conducted	• Antibiogram yet to be developed • Facility unable to do culture and sensitivity • Lacks incubator, autoclave, refrigerator for samples and reagents	• MoH should consider equipping labs with the necessary supplies • Adherence to UCG guidelines
North Buganda	Nakaseke GH	Conducted one PPS and prescription audit	• ~5% of prescriptions had no indicated diagnosis • Adherence to STG: 32.6% (target 100%) • Prescription of oral antibiotics: 95.97% (WHO ≤30%) • Prescribing by generic names: 29.67% (WHO 100%) • Prescription of injectable antibiotics: 2.93% (WHO ≤10%) • Average antibiotics per patient: 1.5 (WHO ≤3, no poly-pharmacy)	Mandatory AMS orientation for all interns and new staff in their first month of deployment
North Buganda	Kayunga RRH	• Reviewed MTC team to cater for transfers and new specialists; reviewed antibiotic resistance • Chloramphenicol added to the medicines institutional list (procurement plan) • 2 ADRs from malaria vaccine noted and reported by PV subcommittee	• Blood-transfusion reactions not reported as ADRs — PV to assign a Lab focal person • Environmental swabbing not done due to lack of culture bottles/plates • NMS has not supplied chloramphenicol	Ceftriaxone/sulbactam should be put on the NMS list

Region	Facility	Achievements	Challenges	Recommendations
		• IV Piperacillin-tazobactam and IV Meropenem prescribing restricted to specialists • AMS subcommittee developing an antibiogram (more samples being collected) • MTC decided to use ceftriaxone/sulbactam, with better clinical results achieved		
North Buganda	Luweero GH	• 4 MTC meetings in FY24/25, well facilitated from the hospital annual budget • 1 pharmacovigilance MTC meeting held • PPS and audit done	• Average 1.2 antibiotics per patient (standard range 1.9–2) • Only ~8% of antibiotic prescriptions are injectable (expected 13.4–24.1%) • Adherence to UCG 2023: ~49% (target 100%) • ~89% of prescriptions are oral antibiotics (standard 20–26.8%) • ~86% of antibiotics prescribed by generic name (target 100%)	Recommend MoH provide timely, analysed PPS reports
West Nile	Yumbe RRH	• Routine bi-monthly MTC meetings • PPS, prescription audit and medicines audit carried out in May	Subcommittees quite inactive due to lack of clear budget line for MTC activities	Allocate a clear budget for MTC activities
West Nile	Moyo GH	• 5 ADR reports submitted after formal causality assessment • MTC Chairman promoted to Senior Medical Officer • AMS Chairperson promoted to Medical Laboratory Technologist • Upcoming ASLM laboratory audit — Star 3+ rating will lead to accreditation • C&S machine installation scheduled operational by September 2025, pending power backup and 3-phase line		
West Nile	Kitgum GH	Conducted 1 PPS in the hospital	• PV committee hasn't sat for a long time — Chairperson transferred • Failed CSSP order retrieval making cycle analysis difficult • CSSP doesn't permit 10% adjustment/review — needs upgrade • Staff attrition affecting MTC activities	• 20 copies of UCG 2023 to be procured — MoH to supplement • MoH to avail expiry register • MoH to support transport of expired medicines from lower facilities to district store • Recruitment of dispensers and store assistants
Teso	Katakwi GH	• PV subcommittee reported 17 ADRs to NDA in Q4 FY2024/25 • PPS and prescription audit done	• Irrational use of antibiotics (poly-pharmacy) noted • Concomitant use of antibiotics in malaria management with single malaria diagnosis	• Continue encouraging ADR reporting to NDA • Continue mentorship on ADRs and reporting • Follow up on scaling ADR reporting in wards • Strengthen use of updated UCGs • Conduct CME on rational medicines use

Region	Facility	Achievements	Challenges	Recommendations
Teso	Kumi Hospital	• One MTC meeting conducted this quarter • New appointment letters made, with members allocated to sub-committees	No meetings held by the MTC sub-committees	• Conduct CME to health professionals and patients on ADR awareness and reporting • Clinicians prescribing outside the EML forwarded to management after warnings • Formulate policies on handling donations and pharmaceutical promotions • Request supply of UCGs to PNFP health facilities
Teso	Atutur GH	• 2 drug verification meetings (Cycle 1 and 2) • 1 prescription audit • 1 needs analysis exercise		• Follow up on wage bill to raise pharmacy staffing from 4 to 9 staff • Encourage NCD clients to form/join SACCOs • Procure additional storage fridge for lab reagents and pharmacy insulins • Adjust procurement plan to increase NCD drugs, reduce overstocked commodities • Procure sulfonylurea (Glimepiride) for diabetes patients • Follow up on sickle-cell commodities (Hydroxyurea, phenoxymethylpenicillin) • Include ultra-short and long-acting insulin in NMS procurement template
Teso	Amuria GH	• 1 needs analysis exercise • Prompt monthly stocktaking and bimonthly ordering • eAFYA stock-level reconciliation at stores	No substantively appointed Pharmacist — current MTC secretary is an enrolled nurse/dispenser awaiting appointment	MTC should be given a vote in the budget
South Buganda	Entebbe RRH	• Fully constituted, with AMS, SC, PV plus ad-hoc research committee • Appointment letters and TORs in place • Meetings held bi-monthly as required		• Review treatment regimens (treatment failure, reserve antibiotics, controlled/misused drugs) • Advocate for budget increase for essential commodities • More training in data capture and causality analysis for PV • More staff training on IPC • Increase IPC commodity budget and encourage redistribution • Engage other stakeholders to boost IPC
South Buganda	Masaka RRH	• 1 meeting held this FY • Committee made up of 17 members • Finalising sub-committee member appointments	No funds to facilitate meetings	

Region	Facility	Achievements	Challenges	Recommendations
South Buganda	Kalisizo GH	• MTC composed of 20 members from various disciplines • 2 ADR/AFI reported • Sub-committee meetings: Supply Chain 1; PV 0; AMS 1		• Switch slow-moving items for fast-moving items • Share non-delivered items list with NMS • Plan for redistribution from lower facilities • Plan for CMEs
South Buganda	Lyantonde GH	• 8 ADR/AFI reported in the quarter • PPS and audit report completed	• 58.8% adherence to STGs • 2.03 average antibiotics prescribed per patient encounter • 0% patients with culture results done • 53.6% prescriptions by generic name • Knowledge gap in filling ADR forms	• MoH should provide updated STGs and clinical guidelines • MoH should lead establishment of well-equipped C&S laboratory • Targeted CMEs encouraged in hospitals • Mentorships conducted at all required departments/wards, improving reporting
Ankole	Mbarara RRH	• MTC quarterly meetings conducted so far in FY2025/26 • Review of MTC team and formal appointment of members including sub-committees • Commenced needs analysis • Reviewed antibiotic resistance profiles		
Ankole	Kitagata GH	Six meetings held last quarter	• Stock-outs of medicines • Inconsistent quantification leading to over/understocking • Forecasting not well aligned with consumption or morbidity data • Lack of routine stock-taking schedule • Irrational prescribing contributing to stock pressure • Weak accountability during ward-level stock issuance	• Strengthen AMS implementation • Improve diagnostic and microbiology labs • Update and enforce use of national treatment guidelines • Provide equipment for sensitivity testing

Table 9: MTC Performance — Full Facility Activity Log, July–December 2025

January–March 2026 — Full Facility Detail

Region	Facility	Achievements	Challenges	Recommendations
Busoga	Jinja RRH	• Developed IML • Drafted policy on Medicines promoters • Drafted policy on Antimicrobial prescribing • Developed FY2026/27 annual procurement plan • Carried out medicine audit for selected drugs		
Bukedi	Busolwe GH	• 1 CME on Antimicrobial Stewardship (Nov 2025) — PPS report disseminated and discussed • Generated an Institutional Medicines List (Feb 2026) • Antibiogram generation scheduled for April 2026 • Support supervision to lower HFs scheduled for May 2026	• Staffing gaps • Knowledge gaps on eAFYA and OFSSR dashboard utilisation (insufficient contact-time in prior training) • Reluctance in reporting ADR/ADEs	• MoH to conduct onsite refresher training on eAFYA and OFSSR utilisation • Refresher trainings on pharmacovigilance ADR/ADE reporting
Acholi	Gulu RRH	• 2 ADRs reported in Q2 • Conducted 1 GPPS in September Q1	Adherence to Uganda Clinical Guidelines reduced further from 41.9% (Q1 2024/25), to 28.3% (Q3 2024/25), to 0.39% (Q1 2025/26)	• Assign a focal clinician to work with the Laboratory team on microbiology and other diagnoses • Incorporate MTC workplan into hospital workplan • Increase EMHS budget allocation (funding gap of UGX 1.5bn) • Increase interns allocated to Gulu RRH to support 24-hour inpatient pharmacy operation • MoH to liaise with NMS for at least 98% OFR, honouring emergency orders
Acholi	Anaka GH	Two PPS and 2 medicines-use audits conducted in previous quarters	Hospital lacks an antibiogram	• Support the hospital with an autoclave for Antimicrobial Susceptibility Testing • Finalise the online PPS dashboard and distribute hardcopies of UCG 2023 to Anaka GH
Bugisu	Mbale RRH	MTC has sat 4 times this FY, covering needs analysis, procurement planning, prescription/antibiotic-use audit, antimicrobial resistance, eAFYA use in stores/pharmacy, 5S in stores/pharmacy, intern orientation on pharmacovigilance	Performance-report generation/dissemination to specific districts and facilities was done	
Bugisu	Busiu HCIV	• Participated in quarterly integrated support supervision • Trained members/sub-committees on duties, roles, responsibilities • Supervised sub-committee activities • All members hold appointments • Accountability reports provided and submitted to the accountant	• Inadequate funding to MTC activities • Non-adherence to MTC recommendations by some members • Inadequate storage space • Inadequate knowledge on surveys/research	• More funds for MTC activities • Enhance sensitisation and mobilisation of members • Enhance capacity building on supply-chain management • NMS to orient members on surveys and research

Region	Facility	Achievements	Challenges	Recommendations
		• Lobbying more funds for MTC activities (PHC vote, NMS) • Participated in FY2025/26 procurement plan • Developed/reviewed Busiu HCIV Institutional Medicines List based on the national EMHSLU • Conducted needs analysis	• Understaffed supply-chain technical staff • Sub-committees not compliant with quarterly report submission • NMS didn't provide refreshments for some general MTC meetings • Inadequate reporting on ADR/ADEs	• Recruit technical supply-chain staff under new structure • Every sub-committee to present/submit quarterly reports to general MTC • NMS to extend refreshments and technical support • Enhance redistribution system
North Central	Mubende RRH	• Functional MTC that regularly sits • Plans underway to reach out to PNFP facilities to have functional MTCs		• NMS to procure antibiotic discs for regional antibiogram development • MoH to support the region with funds for targeted supervision and follow-up to lower facilities

Table 10: MTC Performance — Full Facility Activity Log, January–March 2026

April–June 2026 — Full Facility Detail

Region	Facility	Achievements	Challenges	Recommendations
Teso	Atutur GH	• 6 drug verification meetings in FY2025/26 • 2 procurement planning meetings • 1 meeting on identified slow-moving commodities • 15 redistributions to Atutur GH; 5 redistributions to other facilities last quarter	• Under-/no stock of Artesunate and Amlodipine — Artesunate not delivered for 2 cycles; Amlodipine highly consumed at NCD • Overall understock of RH commodities, often due to non-deliveries by NMS	Sensitise population on availability of same services at lower facilities
Teso	Kaberamaido GH	• Members officially appointed with appointment letters on file • TORs in place • Meeting calendar attached • Approved work plan and budget • MTC, PV, AMS and SC guidelines in place • 3 quarterly meetings since 1 July 2025, informing the FY2026/27 Needs Analysis List and Procurement Plan, including a re-planning exercise after additional GOU allocation of UGX 29.6m	• MTC workplan/budget initially not incorporated into facility budget, hampering operations (some funds now allocated from FY2026/27) • No adherence to MTC recommendations by some members	• Special training for all sub-committee chairpersons who have never received MTC training • Lobby for a microbiology laboratory and microbiologist for Kaberamaido GH • Advocate for construction of one centralised store for KGH
Teso	Soroti RRH	• AMS and Supply Chain sub-committees each held one meeting this quarter (Q4) • AMS sub-committee due to conduct PPS and prescription audits for Q4 from 25/05/2026	• Discrepancies between actual physical stock and eAFYA quantities • Inadequate storage space • Inadequate human resource • Poor infrastructure • Inadequate funding for supply-chain activities • Stock-outs of cannulas, catheters, nasogastric tubes, zinc-oxide plaster, syringes, some injectables (e.g. ceftriaxone) • PV sub-committee needs capacity building	• Facility to allocate a budget for the MTC • Appoint the PV Chairperson as Head of Patient Safety • Advocate for MTC funding • Build capacity of MTC sub-committees • Regular support supervision to strengthen MTC • Create a menu on eAFYA for C&S results reporting or integrate laboratory system with eAFYA • Improve supply of microbiology supplies • Integrate CSSP with eAFYA • Automate HMIS105 Section 6 reporting in eAFYA • Centralise EMHS catalogue per facility in eAFYA
Bugisu	Mbale RRH	MTC has sat 4 times this FY, covering needs analysis, procurement planning, prescription/antibiotic-use audit, antimicrobial resistance, eAFYA use, 5S, intern PV orientation	Performance-report generation/dissemination to specific districts and facilities was done	
Bugisu	Bukwo GH	• 4 general MTC meetings conducted, at least one per quarter • Participated in quarterly integrated support supervision • Trained members/sub-committees (with NMS) on duties and roles • All members hold appointments • Lobbying more funds for MTC activities (PHC vote) • Participated in FY2025/26 procurement plan	• Inadequate funding to MTC activities • Non-adherence to MTC recommendations by some members • Inadequate storage space • Inadequate knowledge on surveys/research • Understaffed supply-chain technical staff	• More funds allocated by DHO office for MTC and related supply-chain activities • Enhance sensitisation and mobilisation of members • Enhance capacity building on supply-chain management • NMS to orient members more on surveys/research

Region	Facility	Achievements	Challenges	Recommendations
		• Developed/reviewed Bukwo GH Institutional Medicines List • Conducted needs analysis	• NMS didn't provide refreshments for some meetings • Inadequate reporting on ADR/ADEs	• Recruit technical supply-chain staff under new structure • Sub-committees to present/submit quarterly reports • NMS to extend refreshments and technical support • Enhance redistribution system
South Buganda	Entebbe RRH	• All meetings held • Establishment of MTC programme at Nsamizi Hospital • ERRH team shadowed by Nsamizi team; ERRH to offer on-ground support at Nsamizi in Q1 FY26/27	Lower facilities struggling with expiries	• Monthly fumigation to control sepsis (positive outcome) • Support facility to obtain EMHS for cataract surgery and neurosurgery • Review antibiotic treatment protocols • Track C&S turnaround times vs treatment timelines • Strengthen and better monitor SPARS programmes
South Buganda	Kalisizo GH	• 1 meeting conducted, emphasis on orienting new members (majority transferred to other facilities) • MTC workplan and budget (UGX 3.7m) incorporated into facility budget		
South Buganda	Masaka RRH	Current draft antibiogram pending review by MTC and AMS committees	• Inadequate coordination between committees • Lack of stationery to print documents for stewardship activities	Provide funding for MTCs
South Buganda	Rakai GH	PPS and audit done	• No antibiograms • No facilitation for MTC activities	• Train/retrain staff on electronic systems to capture patient information • Facilitate the laboratory to perform C&S testing • Ensure procurement plans meet actual facility needs now that budget allocations have increased
Kampala	Kawempe NRH	Quarterly meetings including presentations from AMS, SC, PV & IPC sub-committees		• To Facility Mgt: funds to facilitate MTC activities; full support for SC/PV/AMS/IPC interventions implementation • To MoH: conduct support supervisions and fund MTCs; policy realignment so MTC is considered like any other hospital committee (reward and sanctions, contract committee etc.)
Bunyoro	Kiryandongo GH	• Monitoring of drug administration • Development of IEM List	UCG to be availed; guide on prophylaxis; Lab needs C&S capacity	

Region	Facility	Achievements	Challenges	Recommendations
Bunyoro	Masindi GH		• No antibiogram yet — machine not installed though available • Most facilities in the region lack access to RASS reporting accounts (staff with login details transferred) • eAFYA local area network unstable; generator network doesn't reconnect automatically after power loss, affecting data quality	• Encourage all clinicians to adhere to UCG when prescribing • Fast-track installation of the blood-culture and C&S machine to generate an antibiogram • Ensure clinicians adhere to daily duty roster and ward rounds • Find PHC-fund resources to support MTC sub-committee activities • Request a proper store — current store is small with poor ventilation • Replace old, worn-out cold-chain refrigerators • Provide technical support to install the supplied blood-culture/C&S machine • Appeal to Ministry to fast-track C&S machine installation for antibiogram generation

Table 11: MTC Performance — Full Facility Activity Log, April–June 2026

Across the three quarters, MTC full-compliance among tracked facilities moved from approximately 64% (Jul-Dec 2025) to approximately 50% (Jan-Mar 2026) before recovering to approximately 64% (Apr-Jun 2026) -- broadly consistent with the ~55% recorded in the CY2025 baseline, but with a pronounced mid-year dip. This confirms a pattern already visible in the inaugural report: MTC functionality, once established, is resilient at a majority of facilities but easily disrupted by staff transfers, budget interruptions, or the absence of a dedicated committee secretary.

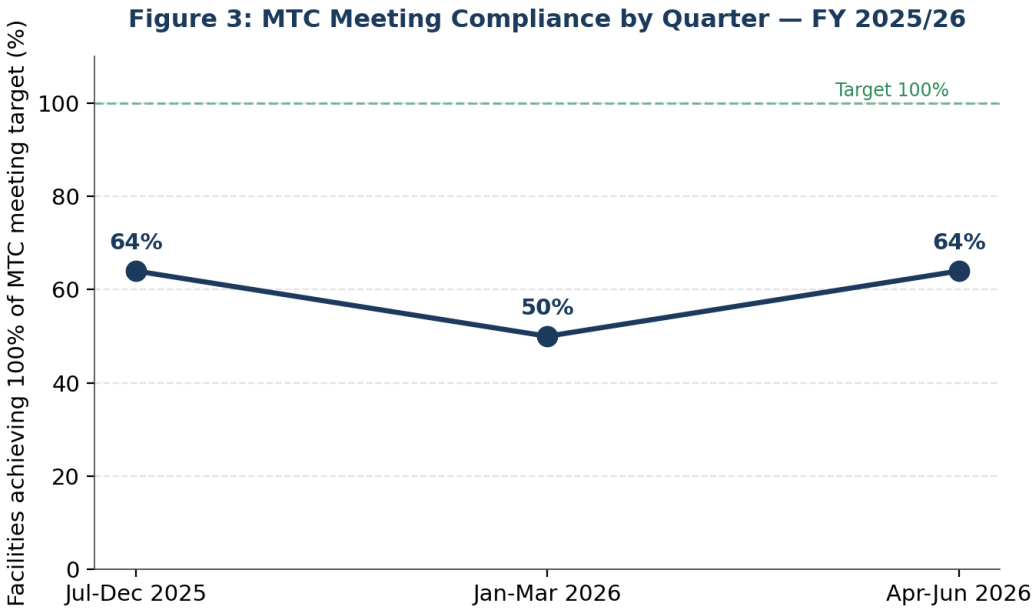

Figure 7: MTC Meeting Compliance by Quarter -- FY 2025/26

3.4 Pharmacovigilance (PV) Performance

Pharmacovigilance activity in FY 2025/26 continued to show improving reporting volumes at leading facilities alongside the persistence of systemic gaps identified in the inaugural report.

July–December 2025

Region	Facility	ADRs / Activities	Key Challenges	Recommendations
Kampala	Mulago NRH	2 staff trainings on ADR reporting; 10 ADR reports to NDA (Jul–Aug 2025)	Bupivacaine 5mg/ml in Dextrose 80mg (Spinesia-D); failed blocks; two patient deaths; no Vigiflow account	NMS to provide a better bupivacaine brand; more medicine-safety awareness campaigns
Kampala	Naguru Hospital	18 ADR/AEFIs (Q1); one PV sub-committee meeting; CME on ADR reporting held	0 causality assessments conducted	Complete causality assessments; train staff on PV documentation
Busoga	Jinja RRH	34 ADRs reported (Q4 carried); active mainly in TB and ART	Some wards not reporting; paper-based reporting persists; fear of incrimination; staff attrition	Appoint ward-level focal persons; obtain Vigiflow/Vigimobile account
Busoga	Buwenge GH	27 ADRs reported; calcium gluconate (Lot KBU24001) withdrawn from ward	Poor documentation of events; attitude of normalising ADRs; fear to report medical errors	Reward best performers; report progress at daily morning meetings; regional Vigiflow update
Bugisu	Mbale RRH	33 ADR/AEFI reports to NDA this quarter; operational research on PV knowledge underway	—	Continue research; scale PV training
Bunyoro	Hoima RRH	>15 ADR events reported	PV committee not consistently active	Reactivate committee; provide dedicated meeting budget
Busoga	Bugiri GH	Two product-quality reports; 5 ADR reports with Naranjo causality assessments	—	Scale causality-assessment practice to all wards
West Nile	Moyo GH	5 ADRs with formal causality; bupivacaine toxicity suspected in obstetric cases	Limited technical awareness among clinical staff; insufficient sensitisation	Mandatory ADR reporting; raise awareness to prevent further fatalities
North Buganda	Luweero GH	1 PV meeting; 55 (Apr) + 105 (May) + 161 (Jun) = 321 ADRs	No causality assessments conducted	Conduct causality assessments; engage NDA for feedback
North Buganda	Kayunga RRH	2 ADRs (malaria vaccine) noted and reported by PV sub-committee	—	Expand PV to blood-transfusion reactions

Region	Facility	ADRs / Activities	Key Challenges	Recommendations
Teso	Katakwi GH	17 ADRs to NDA (Q4 FY24/25)	Irrational antibiotic use (poly-pharmacy) noted	Continue mentorship on ADR reporting and scaling to all wards

Table 12: Pharmacovigilance Performance — July–December 2025

Patient Safety Alert — Bupivacaine Toxicity (Spinesia-D)

Spinesia-D bupivacaine 5mg/ml in dextrose 80mg has remained associated with failed spinal blocks and fatal high-spinal toxicity at Mulago NRH, with suspected cases also at Moyo GH and Mbarara RRH. This signal, first raised in the January–December 2025 report, is unresolved and — as detailed below — resurfaced at Kalisizo GH during Jan–Mar 2026. All facilities should cease use of implicated batches, and NMS/NDA should confirm nationwide replacement of the affected brand as a matter of urgency.

January–March 2026

Jinja RRH reported 29 ADRs in Q3, the majority linked to the R21 malaria vaccine (Malaria Vaccine), alongside TB-drug toxicities: peripheral neuropathy from Linezolid and Levofloxacin, visual impairment linked to Linezolid, and palpitations linked to Bedaquiline/Moxifloxacin requiring ECG monitoring for QT prolongation risk. Masindi GH submitted 26 ADR reports including severe reactions to anti-snake venom and tetanus shots. Kiryandongo GH logged 17 reports using weekly targets and intern data collection. Critically, Kalisizo GH reported 1 failed-anaesthesia ADR involving Spinesia-D injection, prompting NDA mentorship — a direct recurrence of the bupivacaine safety signal at a facility not previously implicated. Atutur GH and Bukwo GH were completely inactive, with zero PV meetings and zero reports.

Region	Facility	ADRs / Activities	Key Challenges	Recommendations
Busoga	Jinja RRH	29 ADRs (Q3); majority linked to R21 malaria vaccine and TB-drug toxicities	Peripheral neuropathy (Linezolid/Levofloxacin); visual impairment; QT-prolongation risk from Bedaquiline/Moxifloxacin	Clinical monitoring protocols for TB regimen toxicities
Acholi	Gulu RRH	0 meetings held; 2 ADRs reported	Causality assessment not conducted	Train PV members on causality assessment
Acholi	Anaka GH	0 meetings held; 6 ADRs (Q1) + 11 ADRs (Q2)	No causality assessment conducted	—
Lango	Lira RRH	2 meetings; PV assessment reports reviewed; departments reawakened on drug issues	Reluctance in ADR/AEFI reporting; EMR does not capture drug-related issues	Incorporate ADR forms into EMR; train HCWs on PV
Bugisu	Busiu HCIV	2 meetings; 1 CME; 15 ADR reports; departments trained on reporting tool	—	Continue health education to patients
Bukedi	Busolwe GH	6 ADR reports submitted in Q2	Reluctance in reporting ADR/ADEs	Refresher trainings on PV/ADR reporting

Region	Facility	ADRs / Activities	Key Challenges	Recommendations
North Buganda	Mubende RRH	1 PV sub-committee meeting; 6 ADRs reported	—	NDA to give regular feedback on submitted reports
Bunyoro	Masindi GH	26 ADR reports including severe reactions to anti-snake venom and tetanus shots	—	—
Bunyoro	Kiryandongo GH	17 reports via weekly targets and intern data collection (2 meetings)	—	—
South Buganda	Rakai GH	6 ADRs across two meetings	—	—
South Buganda	Masaka RRH	1 sensitisation meeting despite declining reporting	Declining ADR reporting trend	Refresher sensitisation campaign
South Buganda	Kalisizo GH	1 critical failed-anaesthesia ADR (Spinesia-D injection)	Bupivacaine safety signal recurrence	NDA mentorship engaged; escalate to national PV alert
Kampala	Kawempe NRH	5 ADRs reported; NDA feedback received on medical equipment	Delayed NDA responses for labetalol, paracetamol, bupivacaine	Expedite NDA feedback turnaround
Teso	Kaberamaido GH	7 ADRs reported after NDA training	—	—
Teso	Soroti RRH	5 ADRs reported; zero sub-committee meetings	No PV sub-committee meetings held	Reactivate PV sub-committee
Teso	Atutur GH / Bukwo GH	0 meetings; 0 reports at both facilities	Complete PV inactivity	Urgent PV committee reconstitution

Table 13: Pharmacovigilance Performance — January–March 2026

ADR/AEFI Causality Assessment — Lira RRH

ADR/AEFI	Suspected Drug	Findings	Recommendation / Action Taken
Amenorrhea	Haloperidol	Certain the patient had drug-induced amenorrhea	Patient changed to Risperidone
Renal dysfunction (2 cases)	Tenofovir (TDF)	Lab results confirmed reduced renal function	Patients changed to ABC-based regimen
Hyperglycaemia and renal dysfunction (1 case)	Dolutegravir (DTG)	Increased blood sugar after regimen change; progressively reduced renal function	Patient changed to ATV/r and ABC regimen
Severe rashes and itching (whole body)	TDF/3TC/DTG	Patient had done well on a previous brand — brand-specific reaction suspected	Medicine withdrawn; continued on alternative brand with monitoring

Table 14: ADR/AEFI Causality Assessment — Lira RRH, FY 2025/26

Other serious ADRs reported at Lira RRH included hepatotoxicity, hyperglycaemia, persistent bad dreams, paralysis, and severe numbness, alongside less severe cases (headache, abnormal dreams, urine discolouration, neuritis, rashes, stomach pain, polyuria, and appetite changes). All AEFI cases assessed at Lira RRH were classified as unserious, comprising raised temperature, localised rash and itching, swelling, and abscesses.

April–June 2026 — Full Facility Detail

Region	Facility	Meetings	Achievements	Challenges	Recommendations
Teso	Atutur GH	0		• 0 ADRs reported • No causality assessment conducted	Train PV members so they can conduct causality assessments
Teso	Kaberamaido GH	1	• Committee conducted a CME with NDA (hospital and lower facilities) on completing ADR/AEFI monitoring forms to strengthen reporting • 7 reports submitted this quarter and counting • 2 members attended causality-assessment training in Namanve, Kampala and cascaded a CME afterward; departmental ADR focal persons identified	Facility yet to conduct its own causality-assessment session	
Teso	Soroti RRH	0	5 ADRs reported this quarter (Q4)	• PV sub-committee held no meeting this quarter • Causality assessments not conducted • MTC noted a decline in PV performance and tasked the new PV committee to formulate improvement strategies	PV committee to formulate and implement strategies to improve PV
Teso	Bukwo GH	0		• Committee of 5 members has not been active • No ADRs reported	Training on pharmacovigilance is needed
South Buganda	Kalisizo GH	1	1 ADR/AFI reported: Spinesia-D injection failed to induce anaesthesia in pregnant mothers undergoing Caesarean section	Knowledge gap in filling ADR forms — mentorships conducted with NDA support	
South Buganda	Masaka RRH	1	1 meeting held to sensitise interns and staff on ADR reporting	Reporting rate reduced	Retraining and sensitisation in the facility
South Buganda	Rakai GH	2	6 ADR/AFI reported	No causality assessment conducted	
Kampala	Kawempe NRH	Quarterly	• 5 ADRs reported • Timely reporting of suspected ADRs • Several NDA feedback reports received (spinal needles, blood-giving sets)	Delayed / no response from NDA on labetalol, paracetamol, bupivacaine	• Need for timely NDA feedback • Funding for PV activities • NDA training of hospital staff to raise awareness
Bunyoro	Kiryandongo GH	2	• Weekly target of 4 ADR reports; interns collect and submit reports • 17 reports since July, from ANC, ART, TB		• Conduct a CME • Assign a ward PV focal person
Bunyoro	Masindi GH	2	26 ADRs reported this quarter, including a 41-year-old male with severe fever, myalgia, hypotension and bronchospasm after anti-snake venom for a snake bite, and a 32-year-old female with severe body rash		

Region	Facility	Meetings	Achievements	Challenges	Recommendations
			after a tetanus shot (both managed with marked improvement)		

Table 15: Pharmacovigilance Performance — Full Facility Activity Log, April–June 2026

Kawempe NRH's April–June 2026 pharmacovigilance record is the most detailed single-facility ADR log in this report, and is reproduced in full below because it documents the confirmed recurrence of the bupivacaine safety signal discussed throughout this report, alongside four other distinct product-quality investigations.

Suspected Product	Findings / Complaint	Action(s) Taken and NDA Feedback
Labetalol injection (Labil 100), Batch LBI2405BC	Suspected low efficacy — no significant reduction in blood pressure until patients were switched to hydralazine injection	Hospital notified NMS and NDA; samples taken; investigation results from NDA awaited
Blood-giving sets (Ginomee Plus)	Some sets had knobs that do not lock, causing blood to drip even after locking	Hospital notified NDA; samples obtained for analysis; NDA lab confirmed the knob/regulator was non-compliant; manufacturer instructed to conduct root-cause analysis and corrective action; imports halted until resolved
Spinal needles, 25G (Sterimed Medical Devices Pvt. Ltd), Batch G24008	Blunt and could easily block	Samples taken by NDA; NMS stopped delivering the brand
Paracetamol 10mg/ml Injection (Brand: ABPARA), Batch 28B02025	Two paediatric patients sustained cardiac arrest within 5 minutes of IV paracetamol administration	Samples taken by NDA; investigation results awaited
Bupivacaine injection for spinal anaesthesia (Manufacturer: Aguettant Laboratory, Lyon, France), Batch F0024-1	• Complaint 1: suspected failed efficacy of the drug • Complaint 2: suspected short duration of action	NDA took samples; investigation results awaited

Table 16: Kawempe National Referral Hospital — Product-Level ADR Investigation Log, April–June 2026

Patient Safety Alert — Bupivacaine Recurrence Confirmed at a Third Facility

The April–June 2026 Kawempe NRH log confirms bupivacaine (Aguettant Laboratory, Batch F0024-1) complaints of suspected failed efficacy and short duration of action — the third facility (after Mulago NRH and Kalisizo GH) to raise a bupivacaine safety concern within eighteen months of reporting. NDA sample results for this batch remain pending. This pattern across three facilities and two brands strongly suggests a systemic bupivacaine quality-assurance issue requiring national-level NDA/NMS investigation, not isolated facility-level fixes.

3.5 Antimicrobial Stewardship (AMS) — Full Facility Activity Log

This section reproduces the complete antimicrobial stewardship activity log for every reporting facility, alongside the harmonised regional Point Prevalence Survey (PPS) results for both halves of the reporting year and the national antibiogram-coverage table.

January–December 2025 — Full Facility Detail

Region	Facility	Achievements	Challenges	Recommendations
Kampala	Mulago NRH	• Conducted 2 Point Prevalence Surveys • Conducted 2 Prescription Use Audits • Conducted AMS training for hospital staff • Research: burden of antibiotic prescription (outpatients); Ceftriaxone access in Surgery • Compiled and disseminated prescriber signatures and prescription components to hospital pharmacies	• Inadequate funding for AMR activities • Inadequate lab-results interpretation by prescribers • Medicine promoters driving antibiotic prescription trends	• Disseminate sample-collection procedure to units • Train staff on lab-results interpretation • Disseminate hospital antibiogram to staff • Emphasise C&S results before watch/reserve antibiotic prescription
Kampala	Naguru Hospital	• Prescription Audit and PPS conducted (September) • Adherence to Clinical Guidelines: 81% • 84.3% of patients on antibiotics • 64.95% prescriptions following treatment guidelines • 63% prescribing by generic names • 1.79 average antibiotics per patient • 1.55 average antibiotic encounter		• Support needed to generate the hospital antibiogram • Continue supporting all AMS activities • NMS/MoH to ensure consumables are always available
Busoga	Jinja RRH	• Antimicrobial use/consumption studies conducted in Iganga, Kamuli and Buwenge GH • Community awareness via radio talk shows, branded t-shirts • Local production of hand sanitizer and Jik, cutting costs • Received Vitek 2 (identification) and FX 200 (blood cultures)	• Staff attrition at facilities • Limited funds for follow-up support to HFs • Insufficient distilled water for sanitizer compounding • Low C&S uptake; significant bacterial growth recovery only 27.4% • Lab lacks viable ATCC standard organisms for IQC • Only one microbiology staff, no clinical pharmacist • Power fluctuation remains a major microbiology lab problem	• Regular staff training • Advocate for more hospital-budget funds • Procure a distillation system • Reserve antibiotics dispensed only on consultant-level prescription with a C&S request • Sensitise clinicians on aseptic sample-collection technique • Work with NMRL to deliver ATCC strains • Recruit a Microbiologist and Clinical Pharmacist • Provide power backup to avoid interruptions
Busoga	Buwenge GH	• Held meetings quarterly • Antimicrobial survey conducted twice (Q3, Q4 FY24/25)	• Facility rarely receives survey results • Printing system for generated prescriptions (paper and skill)	• Engage hospital biostatistician to analyse data locally • Involve the NMS regional office more frequently
Lango	Lira RRH	Conducted Lab-Clinician interface to promote use of lab tests	• Low adherence to treatment guidelines (31.1%)	Share raw MS Excel data with contact persons

Region	Facility	Achievements	Challenges	Recommendations
			• Low prescription by generic name (49.8%) • High prevalence of antibiotic use (67.5%) • Limited supply of microbiology consumables • Limited budget to procure adequate antibiotics	
Bugisu	Bududa GH	Conducted PPS and a Prescription Audit		
Bugisu	Mbale RRH	• Committee held two meetings this quarter • Feedback meetings arranged by AMS sub-committee at departmental level based on prior PPS findings		
Bunyoro	Hoima RRH	• Guiding prescribers to ensure antibiotics are used appropriately and only when necessary • Regularly analysing local antibiogram data to track emerging resistance • Using resistance data to support selection of effective treatment and preserve efficacy of essential medicines	• Need more samples for culture and sensitivity • Inconsistent NMS delivery for AMS commodities and stock-outs (antibiotic discs, culture plates) • AMS efforts constrained by insufficient funding and weak support infrastructure	• Need for more lab requests from prescribers • Address inconsistent NMS delivery leading to stock-outs • Address insufficient funding and weak support infrastructure
Bunyoro	Kiryandongo GH	PPS and prescription audit conducted	• Antibiogram yet to be developed • Facility unable to do culture and sensitivity • Lacks incubator, autoclave, refrigerator for samples/reagents	• MoH should equip labs with necessary supplies • Adherence to UCG guidelines
Bunyoro	Kayunga RRH	• Conducted PPS and prescription audit • IV Piperacillin-tazobactam and IV Meropenem prescribing restricted to specialists • AMS subcommittee still working on developing an antibiogram (more samples being collected)	• Observed injection overuse at OPD (25% of patients vs MoH target of 15%) • Low availability contributing to low prescription fill rate • Environmental swabbing not done due to lack of culture bottles/plates	Prescribers encouraged to practise AMU using available options optimally
North Buganda	Nakaseke GH	Conducted 3 PPS and Prescription Audits	• 220 prescriptions sampled systematically from 3 months of OPD attendance • ~5% had no indicated diagnosis with prescribed drugs • Adherence to STG: 32.6% (target 100%) • Prescription of oral antibiotics: 95.97% (WHO ≤30%) • Prescribing by generic name: 29.67% (WHO 100%) • Prescription of injectable antibiotics: 2.93% (WHO ≤10%) • Average antibiotics per patient: 1.5 (WHO ≤3)	

Region	Facility	Achievements	Challenges	Recommendations
North Buganda	Luweero GH	• Conducted PPS • Conducted Prescription and Medicines Use Audits	• Average 1.2 antibiotics per patient (standard 1.9–2) • ~8% injectable antibiotic prescriptions (expected 13.4–24.1%) • UCG 2023 adherence ~49% (target 100%) • ~89% oral antibiotic prescriptions (standard 20–26.8%) • ~86% generic-name prescribing (target 100%)	MoH to provide timely, analysed PPS reports
Bugisu	Kapchorwa GH	• Conducted PPS • Conducted Prescription and Medicines Use Audits	Limited capacity to run AMS activities effectively	
Bukedi	Busolwe GH	• Mentorship on AMS, PV and Supply Chain • Conducted PPS • Conducted Prescription and Medicines Use Audits		
Busoga	Bugiri GH	Conducted two prescription audits		
Teso	Katakwi GH	Conducted PPS and prescription audits	• Irrational antibiotic use (poly-pharmacy) noted • Concomitant antibiotic use in malaria management with single malaria diagnosis	• Strengthen use of updated UCGs • Conduct CME on rational medicines use
Teso	Kumi Hospital	PPS and prescription audit conducted	• Medicines prescribed per hospital EML: 92.3% • Medicines in line with STGs: 83.3% • Patients receiving >1 antibiotic: 33.3% • 91.6% prevalence of antibiotic use — most common: ceftriaxone injection • Lack of chemical reagents for C&S testing	• Ensure easy access to printed STGs and reinforce prescriber sensitisation/training • Promote C&S testing before initiating broad-spectrum agents • Align procurement/supply systems with EML for consistent, rational prescribing
Teso	Atutur GH	PPS and prescription audit done	No regular committee meetings	
Teso	Amuria GH	PPS and medicines audit conducted	No regular committee meetings	More capacity building for PPS and audits
Kigezi	Kisoro GH	PPS conducted		
West Nile	Yumbe RRH	PPS, prescription audit and medicines audit carried out in May	• Significant reduction in antibiotics prescribed vs the last PPS in September, but still substantial • More abbreviations used instead of generic names • Inadequate use of UCG/guidelines for prescriptions • Prescriptions not guided by C&S results • Continued use of empirical treatment	

Region	Facility	Achievements	Challenges	Recommendations
West Nile	Moyo GH	Point Prevalence Survey, prescription audit and MTC meeting conducted		
West Nile	Kitgum GH	Conducted 1 PPS in the hospital	• Prescription audit not conducted • Low adherence to UCG use (13.0% vs >80%) • Prescription by brand name (46% vs target 100% generic) • Increased HAI cases (7% vs 0%) • No evidence of C&S requests by prescribers	
South Buganda	Entebbe RRH	• 2 meetings held in FY25/26 • One PPS and prescription audit • Antibiogram available and beginning to be used in treatment decisions and procurement	Non-availability of antibiotics needed to swap out underperforming antibiotics	• Review antibiotic list • More active antibiotic-usage surveillance • Revisit first-line use on certain wards where ineffectual • Widen antibiotic range; drop ineffective agents from STG • Enforce C&S protocols before reserve antibiotics
South Buganda	Masaka RRH	PPS and Prescription Audit done	• Most diagnoses based on clinical picture with no lab-based evidence, especially where sepsis suspected • HAI cases not investigated for mitigation • Fully operational microbiology lab, yet majority of reviewed cases had unknown culture results	MTC sittings should prioritise antibiogram dissemination
South Buganda	Lyantonde GH	PPS and Prescription Audit done	• 58.8% adherence to STGs • 2.03 average antibiotic per patient encounter • 0% patients with culture results done • 53.6% prescriptions by generic name • 69 total antibiotics consumed	• MoH should provide updated STGs and clinical guidelines • MoH to lead establishment of a well-equipped C&S laboratory • Targeted CMEs encouraged in hospitals
South Buganda	Kalisizo GH	PPS and prescription audit done		
Ankole	Mbarara RRH	• Adrenaline-use evaluation done at major units • Planned continuous audits for ACTs and Artesunate in relation to malaria cases reported		
Ankole	Kitagata GH	PPS and audit done	• Antimicrobial utilisation at 58%; average 1.6 antimicrobials per patient • Indications: community-acquired infections 36%, hospital-acquired infections 20%, surgical prophylaxis 25%, medical prophylaxis 10%, undocumented 7% • Guideline compliance 55%; appropriate spectrum	• Strengthen AMS implementation • Improve diagnostic and microbiology labs • Update and enforce national treatment guidelines • Provide equipment for sensitivity testing

Region	Facility	Achievements	Challenges	Recommendations
			selection 62%; appropriate dose 74%; appropriate duration 74%; indication documented 60% • No microbiology lab equipment (e.g. C&S machines)	

Table 17: Antimicrobial Stewardship Performance — Full Facility Activity Log, January–December 2025

January–March 2026 — Full Facility Detail

Facilities focused heavily on institutional-framework adjustments and auditing this quarter. Jinja RRH completed its Institutional Medicines List and drafted core policies on medicine promoters and antimicrobial prescribing. Quality tracking via Point Prevalence Surveys was driven by Gulu RRH, which conducted a follow-up Global PPS to evaluate prior quality interventions, and Busolwe GH, which disseminated its November 2025 PPS report during an AMS CME session. Mubende RRH successfully developed an institutional antibiogram and ran prescriber sensitisation drives, while Busiu HCIV's antibiogram was found unrepresentative, forcing the facility to adopt Mbale RRH's framework. Anaka GH eliminated ampicillin-cloxacillin from its FY26/27 procurement plan and sent out 16 culture-and-sensitivity requests.

Region	Facility	Achievements	Challenges	Recommendations
Busoga	Jinja RRH	• Developed IML • Drafted policy on Medicines promoters • Drafted policy on antimicrobial prescribing • Carried out medicine audit for selected drugs		
Acholi	Gulu RRH	Conducted 1 GPPS in September Q1 — a follow-up survey to monitor interventions implemented in Q4 (2024/25) and Q1 (2025/26), and a QI project addressing gaps found in Q1/Q3 (2024/25)	• Not easy to access and analyse C&S data • UCG adherence reduced further: 41.9% (Q1 2024/25), 28.3% (Q3 2024/25), 0.39% (Q1 2025/26)	• Distribute UCGs • Liaise with eAFYA developers for onsite support • Develop strategies to improve microbiology utilisation in hospitals • Build capacity of lab/pharmacy/AMS teams on C&S data systems (e.g. ALIS) for easier navigation and analysis
Acholi	Anaka GH	• Committee to monitor indicators bi-annually; ampicillin-cloxacillin removed from FY26/27 procurement plan • 16 C&S requests sent out (Oct–Dec 2025)	• Hospital lacks an antibiogram • Few samples generated; long turnaround times on referred samples	• Support hospital with an autoclave for Antimicrobial Susceptibility Testing • Finalise online PPS dashboard; distribute UCG 2023 hardcopies
Bugisu	Busiu HCIV	• Prescription and medicine-use audits conducted last quarter • Conducted 1 CME about AMR • Developed an antibiogram which was not representative enough — adopted Mbale RRH's instead		
Bugisu	Busolwe GH	• 1 CME on Antimicrobial Stewardship (Nov 2025) — PPS report disseminated/discussed • Generated an Institutional Medicines List (Feb 2026) • Antibiogram generation scheduled for April 2026	• Antibiotic exposure: 92.6% (75 of 81) • Overuse: 1.88 antibiotics per patient (WHO 1.5) • Non-adherence to clinical guidelines: 30% • C&S-based prescriptions: 15% (5 of 75) • AWaRe: ACCESS-category antibiotics under-utilised	

Region	Facility	Achievements	Challenges	Recommendations
North Central	Mubende RRH	• Antibiogram developed • Sensitisation conducted for prescribers	No PPS and prescription audit conducted this quarter	

Table 18: Antimicrobial Stewardship Performance — Full Facility Activity Log, January–March 2026

April–June 2026 — Full Facility Detail

In Teso and Bugisu, facilities showed varying auditing and guideline-development progress despite severe diagnostic limitations. Atutur GH's C&S testing remained stalled pending laboratory air-conditioning installation. Kaberamaido GH reported the strongest single-facility AMS performance in this report — 94.6% generic prescribing and 95.1% guideline adherence — but recorded 0% C&S-guided prescriptions and adopted Soroti RRH's antibiogram in the absence of local lab capacity. Across South Buganda, Kampala and Bunyoro, structural bottlenecks continued to impede evidence-based prescribing: Entebbe RRH's C&S machine could not test key local antibiotics; Masaka RRH achieved SANAS microbiology accreditation but faces committee funding gaps; Kawempe NRH reported severe resistance (96.5% to ampicillin, 76.5% to ceftriaxone) compounded by staff shortages and reagent stock-outs; Kiryandongo GH and Masindi GH in Bunyoro remain unable to perform C&S testing due to missing or uninstalled equipment.

Region	Facility	Achievements	Challenges	Recommendations
Teso	Atutur GH	PPS and audit report conducted	Lab needs air conditioning to fully operationalise C&S testing	Lab needs air conditioning to fully operationalise C&S testing
Teso	Kaberamaido GH	PPS findings: antibiotic prevalence 83.8%; average antibiotics per prescription 1.4; 94.6% generic-name prescribing; 95.1% guideline adherence; 2.2% injectable antibiotics (4 prescribed); 22.2% based on biomarker; 176 of 185 antibiotics adhering to guidelines; 129 of 154 total visits had an antibiotic prescribed	• Facility still lacks capacity for culture and sensitivity — no antibiogram in place • 0% of patients had a culture sample taken; 0% of antibiotics guided by C&S results	Intend to adopt Soroti RRH's antibiogram given the shared catchment population
Teso	Soroti RRH	• Sensitisation of prescribers on antimicrobial susceptibility patterns ongoing • Plans underway to develop an institutional medicines list and formulary • Prescribers reminded to continuously send eligible C&S samples • Antimicrobial susceptibility testing reports continuously produced	• Relatively high microbiology turnaround time • Dispatch of results from laboratory to requesting physicians is an issue • Stock-outs of some microbiology laboratory supplies	
Bugisu	Busiu HCIV	• Prescription and medicine-use audits conducted last quarter • 1 CME on AMR conducted • Antibiogram developed but not representative — adopted Mbale RRH's		
Bugisu	Busolwe GH	• 1 CME on Antimicrobial Stewardship (Nov 2025) • Generated an Institutional Medicines List (Feb 2026)	• Antibiotic exposure: 92.6% (75 of 81) • Overuse: 1.88 antibiotics per patient (WHO 1.5) • 30% non-adherence to Clinical Guidelines • C&S-based prescriptions: 15% (5 of 75) • AWaRe: ACCESS antibiotics under-utilised	

Region	Facility	Achievements	Challenges	Recommendations
Bugisu	Bukwo GH	• Consists of 5 members • Developed and reviewed the Institutional Medicines List based on the national EMHSLU		
South Buganda	Entebbe RRH	• 3 meetings held • One PPS and prescription audit • Antibiogram for a selection of microorganisms in place	C&S machine doesn't select some common antibiotics used at the facility (e.g. Levofloxacin, Ampiclox)	
South Buganda	Kalisizo GH		• PPS/audit findings: 44 total clients; 68.1% patients on antibiotics; 2.23 average antibiotics per patient encounter; 53.5% adherence to STGs; 96 total antibiotics consumed; 72.9% prescribed by generic name • Facility not able to do culture and sensitivity	MoH should support equipping the laboratory to carry out C&S testing and supply required commodities
South Buganda	Rakai GH	• 2nd PPS and Prescription Audit conducted 23–25 September with NMS support • Findings retrieved from the dashboard for the second Prescription Audit	• 51% of infections were community-acquired, 33% other, 16% surgical prophylaxis, 0% hospital-acquired • 100% of surgical prophylaxis was SP3; SP1/SP2 were 0% • Most common diagnosis: bacterial pneumonia, followed by gastritis, peptic ulcers, malaria • 35% of prescriptions lacked a clear diagnosis warranting antibiotic use • Most common antibiotics: metronidazole IV, ceftriaxone, ampicillin-cloxacillin, gentamicin	• Need technical advice • Facilitation for MTC activities is needed
South Buganda	Masaka RRH	• Microbiology service SANAS-accredited • Current draft antibiogram pending review by MTC/AMS committees • PPS and prescription audit done	• Limited funding to AMS committees • Inadequate coordination between committees • Lack of stationery to print stewardship documents	• Provide funding for stewardship activities • Empower AMS committees to carry out PPS audits more frequently • Improve medicine supplies • More sensitisation on antibiotic use needed • Promote rational antibiotic use
Kampala	Kawempe NRH	• 4 PPS conducted so far (last on 27/10/2025, not yet analysed; second-last in May 2025 presented here) • First antibiogram (2023–2024): 99 isolates; second/current antibiogram (Jan–Dec 2025): 190 isolates • AMR to majority of antibiotics prescribed is well above 50%: ceftriaxone at 87.7% (1st) and 76.5% (2nd); ampicillin resistance at 100% (1st) and 96.5% (2nd)	• Low intake of microbiology samples to the lab • Inadequate microbiology reagents/supplies (blood-culture bottles, antibiotic discs, sterile swabs, yeast cards) • Inadequate HR — only one microbiology technician handling a very high workload	• Follow up blood-culture-bottle supply with NMS • Prioritise microbiology test programmes to mitigate antibiotic misuse • Improve microbiology human resource • Strengthen government/private partnerships where machines (e.g. Vitek) are lacking

Region	Facility	Achievements	Challenges	Recommendations
		• Sensitivity >50% for meropenem, vancomycin, amikacin, piperacillin/tazobactam, imipenem, chloramphenicol, linezolid, tigecycline (chloramphenicol and tigecycline at 100%) • Resistance patterns shift over time: co-amoxiclav 86.2% → 15.4%; cefotaxime 82.6% → 58.3%		
Bunyoro	Kiryandongo GH	PPS and prescription audit conducted	• Antibiogram yet to be developed • Facility unable to do culture and sensitivity • Lacks incubator, autoclave, refrigerator for samples/reagents	• MoH should equip labs with necessary supplies • Adherence to UCG guidelines
Bunyoro	Masindi GH		No antibiogram yet — C&S machine supplied by MoH not installed and testing not possible	Appeal to Ministry to fast-track C&S machine installation to enable antibiogram generation

Table 19: Antimicrobial Stewardship Performance — Full Facility Activity Log, April–June 2026

National Point Prevalence Survey Results — January–June 2026

The table below presents the harmonised, region-level PPS results collected in January–June 2026 — the newest available round, continuing directly from the July–December 2025 round reproduced earlier in this report as the CY2025/FY2025-26 baseline comparison (Table 14b).

No.	Region	Facilities	Antibiotic Encounter %	Injectable Antibiotic %	Generic Rx %	Guideline Adherence %
1	Acholi	2	80.9%	87.73%	57.9% ✗ Inadequate	18.7% ✗ Inadequate
2	Ankole	3	71.8%	87.73%	77.5% ~ Fair	23.9% ✗ Inadequate
3	Bugisu	3	88.7%	87.73%	67.9% ✗ Inadequate	40.6% ✗ Inadequate
4	Bukedi	5	85.5%	87.73%	56.5% ✗ Inadequate	31.3% ✗ Inadequate
5	Bunyoro	5	84%	87.73%	79.3% ~ Fair	36.9% ✗ Inadequate
6	Busoga	5	96.3%	87.73%	58.2% ✗ Inadequate	40.7% ✗ Inadequate
7	Kampala	9	83.3%	87.73%	85.1% ✓ Good	42.2% ✗ Inadequate
8	Karamoja	5	67.4%	87.73%	80.4% ✓ Good	34% ✗ Inadequate
9	Kigezi	3	61.1%	87.73%	91% ✦ Very Good	49.2% ✗ Inadequate
10	Lango	2	85.2%	87.73%	59.9% ✗ Inadequate	36.1% ✗ Inadequate
11	North Buganda	11	90.3%	87.73%	85.7% ✓ Good	37.4% ✗ Inadequate
12	South Buganda	7	76.9%	87.73%	89.4% ✓ Good	21.9% ✗ Inadequate
13	Teso	5	79%	87.73%	72.8% ✗ Inadequate	43% ✗ Inadequate
14	Tooro	8	67.6%	87.73%	70.4% ✗ Inadequate	26.6% ✗ Inadequate
15	West Nile	15	79.3%	87.73%	63.1% ✗ Inadequate	43.2% ✗ Inadequate

Table 20: PPS Results — Antibiotic Prescribing Indicators by Region, January–June 2026

Comparing the two FY2025/26 PPS rounds, generic prescribing improved markedly in the second half of the year at most regions — most strikingly Kigezi (49% to 91%) and North Buganda (53% to 86%) — even though guideline adherence in the second round fell well below the July–December 2025 round in most regions (e.g. Acholi from 33.9% to 18.7%, Bukedi from 46.5% to 31.3%). This divergence between improving generic-prescribing rates and

worsening guideline adherence is a new and important finding: facilities appear to be prescribing more affordably but not necessarily more appropriately, and DPNM should investigate why the two indicators are moving in opposite directions.

AMR Surveillance — Antibiogram Development at Regional Referral Hospitals

No.	Regional Referral Hospital	Antibiogram Developed
1	Arua RRH	Yes ✓
2	Entebbe RRH	Yes ✓
3	Fort Portal RRH	Yes ✓
4	Gulu RRH	Yes ✓
5	Hoima RRH	Yes ✓
6	Jinja RRH	Yes ✓
7	Kabale RRH	Yes ✓
8	Kayunga RRH	Yes ✓
9	Lira RRH	Yes ✓
10	Masaka RRH	Yes ✓
11	Mbale RRH	Yes ✓
12	Mbarara RRH	Yes ✓
13	Moroto RRH	Yes ✓
14	Mubende RRH	Yes ✓
15	Soroti RRH	Yes ✓

Table 21: Regional Referral Hospitals — Antibiogram Development Status, FY 2025/26

This updated FY 2025/26 antibiogram-status submission records all 15 Regional Referral Hospitals as having developed an antibiogram — an improvement on the 14/15 (93%) figure carried forward from CY2025 elsewhere in this report, where Masaka RRH's antibiogram was noted as still in draft form. DPNM should confirm and reconcile this discrepancy in FY 2026/27 reporting, as it likely reflects Masaka RRH's antibiogram progressing from draft to finalised status during the year following its SANAS accreditation.

3.6 Pillar 2 Indicator Summary

Indicator	Target	Achieved	Performance
HMIS 105-6 reporting completeness (monthly average)	≥90%	~67.9% average (48.3–79.2% range)	**68% ✗ Inadequate**
Functional MTCs (100% of meeting target)	100% of facilities	50–64% across quarters (avg ~59%)	**59% ✗ Inadequate**

Indicator	Target	Achieved	Performance
ADR reporting volume	Increasing	Continued strong reporting at leading facilities; uneven elsewhere	70% ✗ Inadequate
Causality assessments conducted	100% of ADRs	Minority of facilities conduct these consistently	25% ✗ Inadequate
AMS guideline/STG adherence (facilities with data)	100%	0.39–95.1% range — extremely wide variation	48% ✗ Inadequate
Generic prescribing (facilities with data)	100%	30–94.6% range	65% ✗ Inadequate
Antibiogram development (RRHs)	15/15 (100%)	14/15 (93.3%) — carried from CY2025	93% ✦ Very Good

Table 22: Pillar 2 — Performance Monitoring & Governance Indicator Summary, FY 2025/26

PILLAR 3: ACCESS TO ESSENTIAL MEDICINES & HEALTH SUPPLIES

Goal: Ensure equitable, sustained access to EMHS through optimised budgets, redistribution, and staffing.

4.1 EMHS Budget Utilisation

Budget utilisation data for FY 2025/26 was available for a sample of six facilities, most of which sustained or slightly improved on their CY2025 performance. The sampled average of 97% reflects continued strong financial management, though Bugiri GH's four-cycle utilisation figure remains pending.

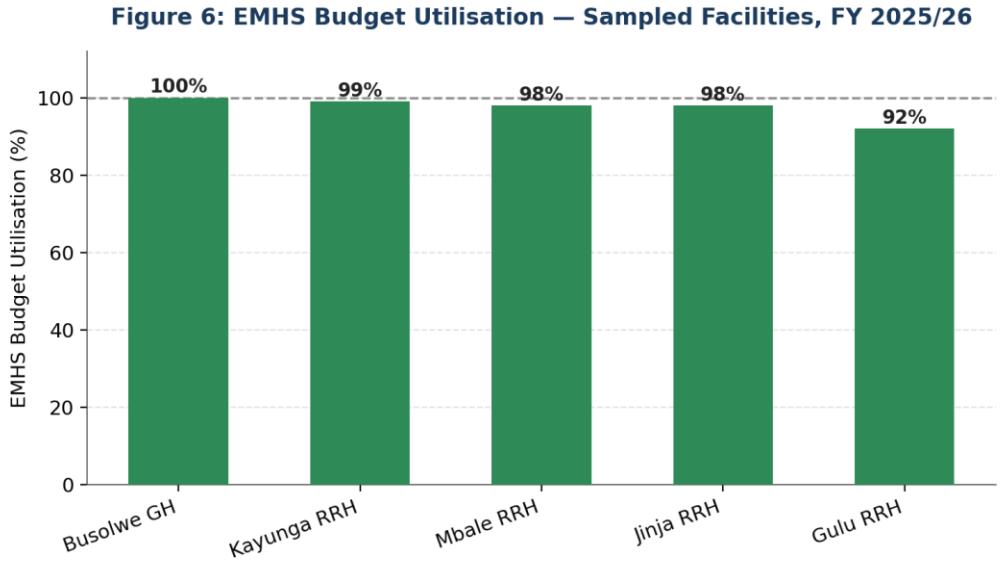

Figure 8: EMHS Budget Utilisation — Sampled Facilities, FY 2025/26

Region	Facility	Budget Allocation (UGX)	Utilisation (4 cycles, UGX)	Utilisation %	Performance
Busoga	Jinja RRH	1,266,917,000	1,210,163,753	98%	98% ✦ Very Good
Busoga	Bugiri GH	642,000,000	Data pending	—	… Data Pending
Bukedi	Busolwe GH	660,000,000	776,287,370	100%	100% ★ Excellent
Acholi	Gulu RRH	1,800,375,499	1,488,101,169	92%	92% ✦ Very Good
Bugisu	Mbale RRH	2,859,375,499	2,793,426,034	98%	98% ✦ Very Good
North Central	Kayunga RRH	2,434,711,750	(4 cycles reported)	99%	99% ✦ Very Good

Table 23: EMHS Budget Utilisation — FY 2025/26

For comparison, the January–December 2025 report recorded a broader 17-facility sample averaging 89% national utilisation, with Tororo GH, Busolwe GH, Kapchorwa GH, and Buliisa GH exceeding 100% through carryforward

balances, and several facilities (Mulago NRH, Kisoro GH, Hoima RRH, Mubende RRH) reporting utilisation as "data pending" — the same data-completeness challenge that persists into FY 2025/26.

Region	Facility	Utilisation %	Notes
Bukedi	Tororo GH	100%+	Carryforward balance FY23/24
Bukedi	Busolwe GH	100%+	Carryforward balance FY23/24
Bugisu	Kapchorwa GH	100%+	Carryforward balance
Bunyoro	Buliisa GH	100%+	Carryforward balance
West Nile	Yumbe RRH	100.69%	Emergency order UGX 217m
West Nile	Kitgum GH	126%	26% upward adjustment via unspent balance
Busoga	Jinja RRH	98%	—
Bugisu	Mbale RRH	98%	—
Teso	Atutur GH	99%	Back-orders: gumboots, bin liners
Acholi	Gulu RRH	92%	—
Bugisu	Bududa GH	99%	—
Kampala / Kigezi / Bunyoro / North Central	Mulago NRH, Kisoro GH, Hoima RRH, Mubende RRH	Data pending	Direct procurement supplements NMS supply

Table 24: EMHS Budget Utilisation — FY 2024/25 (comparator, carried from CY2025 report)

4.2 Pharmacy Staffing Capacity

Pharmacy staffing remained the most unchanged — and most serious — cross-cutting weakness of the year. General hospitals continued to operate at a uniform 43% of establishment, exactly matching the CY2025 finding, with 57% of positions vacant nationally. Mbale Regional Referral Hospital again reported the best staffing level among tracked facilities at 57%, though this was itself constrained by a USAID stop-work order that reduced available personnel.

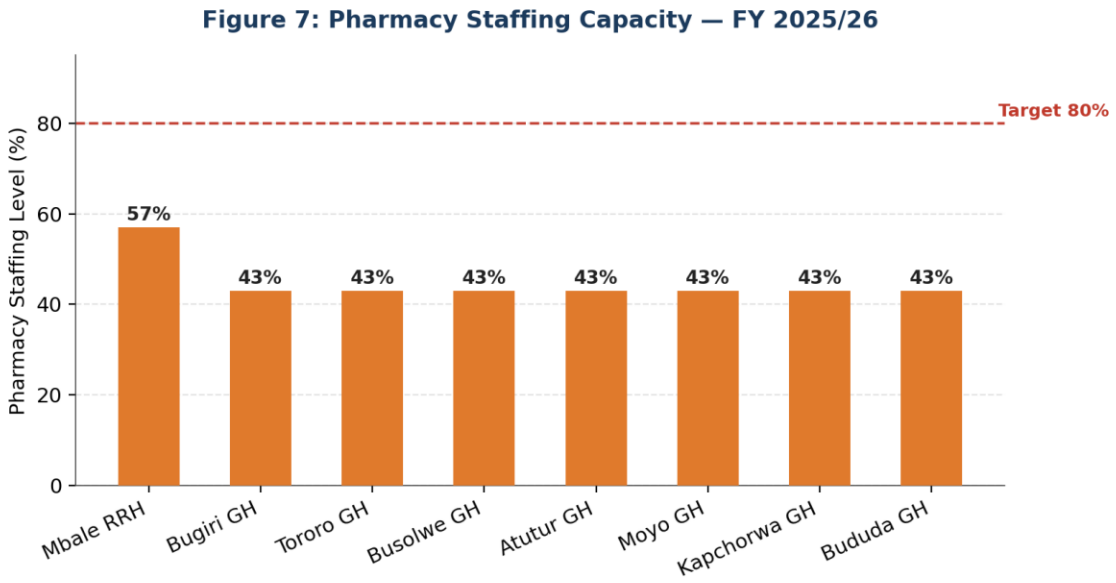

Figure 9: Pharmacy Staffing Capacity — FY 2025/26

Region	Facility	Staff Available	Positions Vacant	Staffing %	Key Challenges
Kampala	Mulago NRH	11	—	<50%	High patient load; delayed promotions
Busoga	Bugiri GH	3	4	43%	Low staffing level
Bukedi	Tororo GH	5	4	43%	Low staffing; expanded regional role
Bukedi	Busolwe GH	3	4	43%	Low staffing level
Teso	Atutur GH	3	4	43%	Urgent recruitment needed
West Nile	Moyo GH	3	4	43%	Low staffing level
Bugisu	Mbale RRH	8	6	57%	USAID stop-work order increased workload
Bugisu	Kapchorwa GH	3	4	43%	Long-serving technician deserves promotion
Bugisu	Bududa GH	3	4	43%	Urgent recruitment needed

Table 25: Pharmacy Department Human Resource Capacity — FY 2025/26

Delayed promotions at Mulago NRH and Kapchorwa GH, and continued donor-funding disruption at Mbale RRH, further strained workforce stability during the year. Urgent recruitment remains outstanding at Bududa GH, Moyo GH, and Busolwe GH — the identical set of facilities flagged in the January–December 2025 report, confirming that no corrective recruitment action has yet reached front-line facilities.

4.3 Commodity Redistribution and Donations

Redistribution and donation networks again served as the primary buffer against NMS delivery shortfalls during FY 2025/26. Kayunga RRH, Jinja RRH, Bugiri GH, and Mulago NRH remained the most active redistribution hubs.

July–December 2025

Region	Facility	Received From	Commodities Received	Redistributed To	Donations Received From
Kampala	Mulago NRH	Kawempe NRH, Kiruddu NRH, Mbarara RRH, Mulago SWH	Various EMHS	—	Kamcare Pharma, Troikaa Pharma, Core Access
Busoga	Jinja RRH	TASO Jinja, Buwenge GH, Buwenge HCIV, Walukuba HCIV	ARVs, Cotrimoxazole 960mg, Halothane, Folic Acid, IV fluids, ORS co-pack	DHO Mayuge, Kamuli DLG, TASO Jinja, Kyankwanzi DLG, Busesa HCIV, Jinja CHO, Children's Chest Hope, COVAB/Nsinze HCIV, Magamaga	Anti-TBs, mosquito nets/IPC supplies, assorted medical, ARVs, Cotrimoxazole 960mg, RH/AL, Vitec 2 ANC, Bupivacaine, Artesunate
Busoga	Bugiri GH	TASO Jinja, Buluguyi HCIII, Kayango HCIII, Iganga Hospital, Jinja RRH, Busesa/Bugweri HCIV, Iwemba HCIII, Bugiri MC HCIII	Assorted STI medicines; NCD commodities; IV fluids; gloves, syringes, Jik; ABC/3TC 120/60mg; 3rd-line ARVs; TLD (90); wheelchairs, paediatric beds; mental-health commodities	Iwemba HCIII, Bugiri MC HCIII, Nankoma HCIV	Injectable oxytocin; assorted medicines for STIs
North Central	Kayunga RRH	Kangulumira, Kiruddu NRH, Mukono GH, Entebbe RRH, Bbale HCIV, IDI, Mulago NRH, Luweero GH	Misoprostol, phenobarbital inj., sutures, magnesium sulphate inj., F100, oxytocin, anti-rabies, IV dexamethasone, furosemide inj., adrenaline, 3HP, MDR-TB medicines, ARVs	Mulago NRH, regional facilities, Kangulumira HCIV, Buvuma HCIV, St Francis Njeru, Noah's Children	ARVs–DTG, 3rd-line ARVs–MUWRP, oxytocin, gentamicin, lidocaine, ACT, isoflurane, ARVs–TLD, RUTF
North Central	Mubende RRH	—	—	Mubende CMRC HCIV, Kasambya HCIII	EMHS (general)
Teso	Kumi Hospital	—	—	Kumi HCIV, Atutur Hospital, Mukongoro HCIII	Artemether + Lumefantrine (short-expiry managed)

Table 26: Commodity Redistributions and Donations Received — July–December 2025

January–March 2026

Region	Facility	Received From	Commodities Received	Redistributed To	Donations Received From
North Central	Kayunga RRH	Nabisweera HCIV, Kayunga district store, Bbaale HCIV	Griseofulvin, diazepam, acyclovir, phenobarbital tab, tramadol caps, carbamazepine, benzhexol, ABC+3TC (paed), TLD, oxytocin/mama kit, ketamine	Mulago NRH, regional facilities, Kangulumira HCIV, Kawempe NRH, JCRC, Arua RRH	Levofloxacin, ethionamide, amphotericin B, TLD, isoniazid, medroxyprogesterone acetate, etonogestrel 68mg implant, raltegravir 100mg, pretomanid 200mg
Busoga	Jinja RRH	TASO Jinja, Buwenge GH, Buwenge HCIV, Walukuba HCIV	ARVs, cotrimoxazole 960mg, halothane liquid, folic acid, IV fluids, ORS co-pack	DHO Mayuge, Mayuge DLG, Kamuli DLG, TASO Jinja, Kyankwanzi DLG, Busesa HCIV, Jinja CHO, Children's Chest Hope, COVAB/Nsinze HCIV, Magamaga	Anti-TBs, mosquito nets/IPC, assorted medical, ARVs, cotrimoxazole 960mg, RH/AL, Vitec 2 ANC, bupivacaine, artesunate

Table 27: Commodity Redistributions and Donations Received — January–March 2026

Kayunga RRH in particular continued to function as a regional model for proactive, data-informed redistribution, extending support to Mulago NRH, Kawempe NRH, JCRC, and Arua RRH during the January–March 2026 quarter, and receiving second-line and MDR-TB medicines (levofloxacin, ethionamide, pretomanid) in return — evidence of a genuinely two-way regional exchange network rather than a one-directional donor relationship.

4.4 Pillar 3 Indicator Summary

Indicator	Target	Achieved	Performance
EMHS budget utilisation (sampled facilities)	100%	97% average; Bugiri GH pending	97% ✦ Very Good
EMHS budget utilisation (FY24/25 comparator, 12 facilities)	100%	89% average (national baseline)	89% ✓ Good
Pharmacy staffing — general hospitals	≥80%	43% uniform — unchanged from CY2025	43% ✗ Inadequate
Pharmacy staffing — best-performing facility (Mbale RRH)	≥80%	57%	57% ✗ Inadequate
Redistribution effectiveness	Timely, systematic	Active and increasingly two-way; Kayunga RRH model expanding	75% ~ Fair

Table 28: Pillar 3 — Access to EMHS Indicator Summary, FY 2025/26

PILLAR 4: HEALTH SUPPLY CHAIN PERFORMANCE

Goal: Enhance efficiency, reliability, and responsiveness of the pharmaceutical supply chain at all care levels.

5.0 Health Supply Chain Performance — Full Facility Activity Log

This section reproduces the complete Supply Chain performance activity log submitted by every reporting facility across the three tracked quarters of FY 2025/26, in full.

July–December 2025 — Full Facility Detail

Region	Facility	Achievements	Challenges	Recommendations
Busoga	Jinja RRH	• 3 bimonthly meetings held • Improved communication between facilities • Supply-chain needs assessment for FY2025/26 (UGX 3.6bn) • Procurement plan of UGX 1.8bn developed • Lobbied for funding/procurement of Isoflurane, Sevoflurane and distilled water • Conducted last-mile distribution of Carbetocin and TB CaST campaign commodities • Managed drug expiries in Bugembe, Walukuba, Mpumudde and Budondo HCIV • Redistributed MDR-TB and 3rd-line ARVs • Quantification of RMNCAH commodities conducted	• USAID funding stopped • Some departments not represented • TLD (90) store issues vs actual dispensing (redistribution occurring in the pharmacy) • Expiry of Ethambutol 100mg, RUTF, ETO, DRV (programme items) • Lack of storage space at some HFs • Difficulty obtaining logistical support	• Redistributions must be done only at the store • Redistribute before expiry, with reverse logistics • Incorporate activity/logistics budget in hospital work plan • Appoint replacements for departed members • Improve shelving to increase storage space • Regular training and support supervision • Create a communication forum among HFs
Busoga	Bugiri GH	• 2 quarterly district meetings held • Conducted redistribution of EMHS	• Stock book not in use • Stock card not fully filled (AMC, Min, Max) • Limited data use — facility supplies are predetermined • Untimely redistribution due to limited sharing on overstocked/short-shelf-life items • Low RASS reporting rate	• Continuous mentorship on stock management • In-charges to review HMIS report before submission • Integrate RASS reporting with mTrac every Monday • Encourage data-driven decision-making • Enlist near-expiry commodities and inform DHO office on time
Busoga	Buwenge GH	• Monthly stock-status review (physical count, expiry report, stock-out reports) • Developed protocol for EMR data entry (enrolment at user points underway) • Order fill rate for Cycle 1 analysed: 80.3%	• Most units not adapting well to the electronic system • Some data elements/key outputs not captured by system • Inadequate storage space • Increasing patient load vs stagnant finance allocation • Stock-out of ABC/3TC/DTG paediatric formulation, Efavirenz 200mg • 18.2% of EMHS ordered not delivered (≈UGX 5,243,450)	• Top management to demand system-generated reports • Regular EMR mentorship • Develop system capability for key reports (AMC, expiry) • Redistribution • Local small-scale liquid-soap production to address stock-outs
Busoga	Kamuli GH	• Timely ordering; eAFYA operationalised • Key role in ordering supplies from NMS • Identified prescription gaps and recommended UCG access for irrational prescribers	• Disturbing order fill rate — NMS supplies only what is available; non-supplied items don't appear as a discrepancy on delivery	

Region	Facility	Achievements	Challenges	Recommendations
		• Strong administrative and MTC support for deliberations and stock assessment; wrote to NMS on excess IV fluids to reduce supply • Strong supply-chain/store team performance on physical counts and quantification	• CSSP orders not easily traceable, complicating supply-vs-order comparison	
Acholi	Gulu RRH	• 4 meetings held • Reported on HF stock • Needs assessment conducted; FY2025/26 procurement plan developed • Reviewed bimonthly orders		
Acholi	Anaka GH	• 2 meetings held • Reported on HF stock • Needs assessment conducted; FY2025/26 procurement plan developed and reviewed	• Unrestricted access to storage areas by unauthorised staff • Frequent stock-outs of detergents and disinfectants • Occasional stock-outs of injectable antibiotics	• Management advised to restrict entry to authorised persons • Requisition of these supplies restricted to specified staff (in-charges, head cleaner) • Restrict injectable supply through patient charts via inpatient pharmacy only
Teso	Katakwi GH	• Support supervision in lower health facilities • Redistribution of EMHS to lower facilities • MTC conducted order-fill-rate analysis • Unspent funds per NMS statement: UGX 54,319,287	Cycle 6 not serviced fully — 8.25% shortfall; other health supplies as low as 86% supply	• Supplementary order placed with NMS for unspent funds • Continue order-fill-rate analysis
Teso	Kumi Hospital	Overstocked, short-expiry Artemether+Lumefantrine (Dec 2025) redistributed to Kumi HCIV, Atutur Hospital and Mukongoro HCIII	Occasional stock-outs of SP tablets, MRDTs despite orders placed	Request continuous training/support for PNFPs
Teso	Atutur GH	• Supply-chain sub-committee conducted one meeting • Reduced overstocked commodities • Letter to NMS General Manager requesting procurement-plan adjustment (effective Cycle 4) • Over 10 redistributions from other facilities conducted • 8 SPARS visits (Atutur GH, Kumi HCIV, Kumi Police, Ongino HCIII etc.) • 5 mentorships on identified gaps	• Olanzapine tabs, Omeprazole inj., Glimepiride not delivered by NMS for last two cycles • Understocked, fast-moving commodities	
Bugisu	Mbale RRH	• eAFYA in use and functional in all units • Benchmarking on eAFYA at Kiruddu NRH • All store transactions channelled through eAFYA • Trained stakeholders in supply-chain public-health-emergency response	• Not all prescriptions come through eAFYA • Quarterly commodity delivery	• Promote eLMIS use hospital-wide • Link eAFYA reports to DHIS2 • Create a WhatsApp platform for regional supply-chain communication • Discourage quarterly deliveries — delays/early deliveries cause disruption
Bugisu	Bududa GH	Conducted a self-audit on 12 tracer medicines		

Region	Facility	Achievements	Challenges	Recommendations
North Buganda	Mubende RRH	Main output: redistribution of EMHS	Meetings less frequent	
North Buganda	Kayunga RRH	• Average availability 67%, slight improvement from 65% in June, still below the 95% national target • TB, ARV and RMNCAH baskets fairly more available than LAB and EMHS • Continued data use to guide stock rotation from overstocked to understocked sites	• 78.4% (210/268) of facilities submitted at least one data point in Section 6 of the monthly OPD report (target 100%) • 68.6% (144/210) of facilities submitted complete Section 6 data (target 100%)	
North Buganda	Nakaseke GH	• AMS workshops (Sept 2023, May 2024, July 2025) • Fully functional inpatient and chronic-care pharmacy outlets • Removed injectable ceftriaxone and Artesunate at OPD except for admission cases • 3 PPS and prescription audits done • Active, focused AMS WhatsApp platform (One Health Approach) • Hosted the NMS Board (headed by Dr Medard Bitekyerezo) • Integration benchmarking visit to Entebbe RRH (Nakaseke Hospital Mgt Board funded) • Digitalisation benchmarking visit to Kayunga RRH (Baylor supported)	• Some vital items undelivered • Staff transfers affect MTC membership (also spread best practice) • MTC budget not yet incorporated into hospital budget (support supervision to lower facilities) • Daily power fluctuations vs 100% digitalisation transition — no power backup in pharmacy • Low facilitation for intra-district redistribution	
North Buganda	Luweero GH	• Held 2 meetings • Support supervision on wards — complete filling of dispensing log, proper emergency-medicine storage • Introduced a patient medicine chart to track dosing time and use on wards	Septrin 960mg/120mg, paracetamol tabs, some lab sundries not delivered by NMS	
West Nile	Yumbe RRH	• Meetings held monthly • TSS carried out to lower HFs in March 2025 (Midigo HCIV, Lodonga HCIV, Yumbe HCIV) • EMHS redistributed to lower HFs based on need • Working to establish stock-oversight for appropriate regional redistribution (EMHS and programme commodities e.g. ARV 3rd line)	• Clinic Master network connectivity issues; system not robust • Difficulty accessing the OFSSR dashboard • Irregular absorbent-gauze supply causing stock-outs (supplemented via PHC fund; delivered in Cycle 6) • Missing anti-snake-bite sera in Cycle 6 and emergency order — 9 confirmed snake-bite cases as of 17/7 • Failure to retrieve confirmed orders on CSSP	
West Nile	Moyo GH		• Severe EMHS shortages in previous FYs due to non-supply • Oversupply from unspent/undelivered EMHS carried forward • Warehouse delivery invoices don't facilitate tracking by	

Region	Facility	Achievements	Challenges	Recommendations
			fund/commodity type (ARVs, TB, Malaria, RH) • Expenditure data for tracking deliveries reaches only Chief Administrative Offices, not pharmacy/stores • Point-of-care teams need support to monitor EMHS deliveries and expenditure	
West Nile	Kitgum GH	• Integrated support supervision and mentorship to lower HFs in the district • Overall availability 58% for the district • Created a supply-chain WhatsApp group to aid redistribution	• Reported plenty of Anti-TB stock by end of last quarter • Failed CSSP order retrieval, complicating cycle analysis • CSSP doesn't permit 10% adjustment/review — needs upgrade • Staff attrition affecting MTC activities	• 20 copies of UCG2023 to be procured — MoH to supplement • MoH to avail expiry register • MoH to support transport of expired medicines from LHFs to district store • Recruitment of dispensers and store assistants
Kampala	Mulago NRH	• Reduced expiries to minimal via stringent FEFO/FIFO monitoring and redistribution — only 3 items expired in store last FY • Computerisation (eAFYA) ongoing	Inadequate storage space, especially with combined cycle deliveries	Renovation is needed
Kampala	Naguru Hospital	• 2 meetings held in Q1 • Oversight committee selected • Last meeting held October 2025 (online) • Needs analysis exercise performed and submitted to NMS • Resolved to disseminate available-medicines lists weekly • Resolved to prepare monthly reports for MTC submission	• Budget overshot for 2 cycles by UGX 200,170,899 • Medicines store lacks sufficient space	• Designate larger/additional storage space • Separate and evacuate expired commodities via NMS upon official request
Bunyoro	Kiryandongo GH	• Injectables to be dispensed via inpatient pharmacy • Inpatient pharmacy to operate 24 hours • Retrieval of unused drugs • Monitoring of drug administration • Development of IEM List	• Recalled bupivacaine was still delivered • Critical items not delivered: insulin-mixtard, epinephrine	
Bunyoro	Hoima RRH	• Strong order performance: 100% submission for NMS+CSSP Cycles 1–2 and vaccines; PNFP Cycles 3–4 at 79% • Strong stock performance: TB 97%, essential medicines 88%, ARVs 84%, lab items 81% • High RASS reporting, especially W23–W26, mid-90s (peaking 96% in W25)	Stock audit revealed overstocked commodities: Diazepam, Atenolol, Nitrofurantoin, Furosemide, Thiopental, Morphine, Hydrocortisone injection, Nystatin, Silver Sulfadiazine cream	• Working to redistribute to other districts • Reducing quantified quantities in procurement plan • Regularly monitoring consumption trends and overstocked commodities to minimise expiries
South Buganda	Entebbe RRH	Meetings held regularly last FY; halted due to withdrawn communication operational support — in touch with the IP to rectify	• Previous reporting challenges attributed to lack of access credentials • Overstock of anti-malarial/ACT commodities; ICCM commodities delivered without matching testing kits, limiting ACT use	• Worked with the IP to ensure facility in-charges acquire login credentials • Redistribute and activate VHT/outreach programmes to consume commodities • Investigate why the consumption drop occurred

Region	Facility	Achievements	Challenges	Recommendations
			• Drop in ART/TB commodity consumption since the integration process began (April 2025) • Challenges with timely ordering at Prisons facilities in the region — DMMS support improving this	
South Buganda	Masaka RRH	• One meeting held this FY • eAFYA extensively used for stock management and stock cards • Expired-item lists generated and entered into NMS CSSP		Increased budget allocation from MoH
South Buganda	Lyantonde GH	• 1 meeting (Jul–Sep) • eAFYA in use and stable, improving stock traceability • Expired items identified, registered and segregated awaiting NMS collection, working with the district stores person	• Stock-out of CTX 960mg — not delivered for last 3 cycles • Stock-out of Metronidazole 500/100ml infusion — non-delivery in the previous cycle • Lyantonde Hospital, Kiyumba HCIV, Lwengo HCIV, Kiwangala HCIV, Ntuusi HCIV, Sembabule HCIV and Kyanamukaka HCIV have no pharmacy cadres	
South Buganda	Kalisizo GH	• 3 pharmacies operating (OPD, Chronic Care, Inpatient) • eAFYA fully operational	• Supply-chain activities majorly reliant on IPs and NMS support • Lack of pharmacy personnel at lower facilities hampers implementation • No substantive pharmacy position at the DHO's office complicates district coordination • Current GH pharmacy structure limits career growth	• MoH to allocate a defined % of PHC funds for pharmacy-related activities • Advocate for recruitment of pharmacy technicians at HCIIIs and pharmacists at HCIVs • Create a district pharmacist/ADHO-Pharmaceuticals post for district oversight • Review the GH pharmacy structure to include clinical pharmacists, supply chain etc.
Ankole	Mbarara RRH	• TB, ARV and RMNCAH baskets more available than LAB and EMHS • Continued use of data to guide stock rotation from overstocked to understocked sites		
Ankole	Kitagata GH		• Stock-outs of medicines • Inconsistent quantification leading to over/understocking • Forecasting not well aligned with consumption/morbidity data • Lack of routine stock-taking schedule • Irrational prescribing contributing to stock pressure • Weak ward-level accountability during stock issuance	• Facility: improve procurement/quantification; strengthen forecasting; strengthen inventory management; update stock cards; enforce monthly physical counts/reconciliation; implement strict FEFO/FIFO • MoH: strengthen national supply-chain systems; increase EMHS funding; capacity-build on quantification/forecasting nationwide; improve staffing to reduce burnout;

Region	Facility	Achievements	Challenges	Recommendations
				raise MTC awareness among facility in-charges

Table 29: Supply Chain Performance — Full Facility Activity Log, July–December 2025

January–March 2026 — Full Facility Detail

Supply-chain improvements and data-capture systems advanced across several focal regions. Mbale RRH fully functionalised eAFYA across all internal units, and Busolwe GH similarly rolled out eAFYA with user-unit refresher training. Jinja RRH achieved near-target order fulfilment — 99.1% in Cycle 3 and 98.3% in Cycle 4 — while training lower-level facilities on entering expired pharmaceuticals into the NMS CSSP portal. Mubende held 5 of 6 TWG sessions, launched an injectable surgical-prophylaxis quality project, and lobbied for dispenser recruitment in Kyankwanzi and Kassanda. Kayunga RRH achieved 99% facility outpatient-report submission and 96% Section 6 completion. Despite these advances, Bugiri facilities held short-shelf-life HIV regimens set to expire May–July 2026 due to continuous NMS pushes, and regional stock-outs affected third-line ARVs (Bugiri), tracer items (Busolwe), and NCD medications (Kayunga).

Region	Facility	Achievements	Challenges	Recommendations
Busoga	Jinja RRH	• 3 bimonthly meetings held • Trained lower facilities on handling/entering expired drugs in NMS CSSP • Improved regional redistribution (e.g. ACTs)	Bureaucracy in the CAO's office delaying urgent regional redistribution	Supply performance improved steadily Cycle 1→3; Cycle 3 near-target at 99.1%; Cycle 4 strong at 98.3%; overall medicine supply approaching expected allocation, indicating improved supplier fulfilment vs earlier cycles
Busoga	Bugiri GH	Engagement with DHO/CAO's office on redistributions — CAO authorises all redistribution per HMU advice; transaction record kept at DHO's office	• HMIS 105 stock-status report component not well configured • 3rd-line ARV stock-outs (Ritonavir 100mg, Etraverine 100mg) • Short-shelf-life TDF/3TC/DTG 90-pack (expiring May/July 2026) across all facilities	Need for urgent redistribution — NMS still supplying stock with 2026 expiry
Acholi	Gulu RRH	• Drafted SOPs on timely order placement • Reviewed bimonthly orders for Cycles 1, 2 and 3 — cycle ordering performed better across all districts • HMIS 105 Section 6 completeness lowest at 52%; Nwoya topped the table at 97% average; Gulu City, Amuru and Pader underperformed	• Reporting rates still low • Incomplete reports • Reporting not timely	
Bugisu	Mbale RRH	• eAFYA in use and functional in all units • Benchmarking on eAFYA at Kiruddu NRH • All store transactions channelled through eAFYA • Trained stakeholders in supply-chain public-health-emergency response	• Not all prescriptions come through eAFYA • Quarterly delivery of commodities	• Promote eLMIS use hospital-wide • Link eAFYA reports to DHIS2 • Create a WhatsApp platform for regional communication • Discourage quarterly deliveries
Bugisu	Bududa GH	Conducted a self-audit on 12 tracer medicines		
Bugisu	Busiu HCIV	• 3 meetings held • Joint placement of bimonthly orders • OFR analysis		

Region	Facility	Achievements	Challenges	Recommendations
		• Medicine stock-management audit / consumption tracking • Reporting • Procurement of emergency medicines • Redistribution		
Bugisu	Busolwe GH	• Institutional Medicines List (Feb 2026) • eAFYA rolled out (Feb 2026) with user-unit refresher training (March 2026)	• RH 150mg/75mg and Ceftriaxone sodium 1g powder for injection not delivered • Significant drop in HMIS105 Section 6 reporting in DHIS2 • Knowledge gaps on eAFYA/OFSSR dashboard utilisation (insufficient contact-time in prior training) • Support supervision not yet done — rescheduled to May 2026	MoH to conduct onsite refresher training on eAFYA and OFSSR utilisation
North Buganda	Mubende RRH	• Held 5 of 6 TWG meetings, missing only December (clashed with festive season) • Regional antibiogram development in final stage • Implemented a CQI project on injectable-antibiotic use (surgical prophylaxis) • Developed a workplan/budget for third-line-drug last-mile delivery • SEC engaged DHOs lacking dispensers in their HCIVs (Kyankwanzi, Kassanda) to prioritise recruitment	• Recruitment budget could not accommodate the needed cadres despite SEC advocacy • Low stock levels for 3rd-line drugs, 3HP and pALD, slightly interrupting treatment • No clear guideline on use of Kwik tests in facilities	Integrate supply-chain systems to enhance stock visibility
North Buganda	Kayunga RRH	• 96% (254/264) of facilities submitted complete Section 6 data (target 100%) • 99% (264/268) of facilities submitted at least one Section 6 data point (target 100%)	• Higher patient numbers with medicine availability — stock-outs of antihypertensives (amlodipine, losartan), insulin • Hydroxyurea for sickle-cell warriors has been available	

Table 30: Supply Chain Performance — Full Facility Activity Log, January–March 2026

April–June 2026 — Full Facility Detail

Kaberamaido GH fully functionalised eAFYA across internal units, enabling digital processing from store receipt to patient dispensing. Masaka RRH and Kalisizo GH similarly rolled out eAFYA, with Kalisizo conducting stock-management mentorships across 20 lower-level facilities. Kawempe NRH paired eAFYA with NMS CSSP+, maintaining strict monthly order submissions, bi-weekly ward distributions, and routine physical audits. Soroti RRH advanced store organisation via 5S principles and pallet storage. Entebbe RRH held four dedicated meetings and curbed expiries through aggressive redistribution. Significant challenges persisted: severe storage-space constraints at Kaberamaido GH and Kawempe NRH; a 12-day average NMS delivery delay at Rakai GH; regional stock-outs of X-ray/CT films and IV Artesunate at Entebbe RRH; and eAFYA operational hurdles including network instability at Masindi GH and non-integration with NMS CSSP+ at Kawempe NRH.

Region	Facility	Achievements	Challenges	Recommendations
Teso	Atutur GH	• 3 meetings held • 2 procurement-planning meetings • 1 meeting on slow-moving commodities • Facility mentorship on reporting conducted	• Overstock of Carbamazepine, Chlorpromazine, Fluoxetine due to absence of mental-health specialists • Underfunding for a growing NCD population • Understaffing at district and hospital level • Poor referral system — patients bypass lower levels of care, overcrowding the district hospital	• Write to districts to implement approved structures (senior pharmacist, senior dispenser, AIMOs at HCIIIs) • Appreciation for FY allocation increase (UGX 862m to 1,116m) • Sensitise population on services available at lower facilities
Teso	Kaberamaido GH	EAFYA used for all supply-chain operations: NMS receipt, requisitioning, issuing, dispensing, redistribution, report generation	• No single bulk store — commodities kept in five segmented clinical rooms not meeting the 20m² storage standard for general hospitals • High staff turnover from transfers/study leave • Understaffing of supply-chain technical staff	No dedicated EMHS store — endangers quality, safety and efficacy of items
Teso	Soroti RRH	• Began organising stores by removing unused equipment/furniture, creating more storage space • Obtained pallets from the main store for ward storage of bulky items	• No stock cards for some items; incomplete filling for others • Incomplete requisition/issue vouchers (previous receipt, balance on hand columns) • Physical counts not conducted in wards • Poor traceability of needed documents	• Clean stores daily; dust shelves/packages regularly • Fully implement 5S principle in all storage areas • Procure thermo-hygrometers for temperature monitoring • Conduct and report monthly physical counts • Properly maintain EMHS accountability documents • Cease stockpiling in wards/user units to ease storage constraints • Eliminate pests and rodents in stores
Bugisu	Bukwo GH	• Consists of 5 members • Joint placement of bimonthly orders • OFR analysis • Medicine stock-management audit/consumption tracking		

Region	Facility	Achievements	Challenges	Recommendations
		• Reporting • Procurement of emergency medicines • Redistribution • All reports submitted to I/C and DHO		
South Buganda	Entebbe RRH	• 4 meetings held • Reduced expiries via aggressive redistribution programme • Constant liaison between RRH store and district stores • Monthly identification/handling of expiries per protocol • Weekly reports on short-dated items	• X-ray films not delivered the entire FY • Intermittent CT film delivery • IV Artesunate not delivered for the past 2 cycles	• Secure supplies for cataract surgery • Secure supplies for neurosurgery
South Buganda	Kalisizo GH	• eAFYA in use, improving stock visibility • Supported 20 lower health facilities on stock management (stock-card use, FIFO/FEFO, routine stock-taking, timely stock-out/expiry reporting)	• Long receipt process; new balance sometimes differs from actual • eAFYA doesn't follow FEFO on issuing • eAFYA doesn't generate short-dated-item or consumption reports, nor stock-card transactions • Stock-out of Artesunate 60mg, urethral catheter, bupivacaine injection for 2 cycles • Overstocked slow-moving items (SP-MOS-6, Diclofenac inj., Amphotericin) — funds rechannelled to fast-moving items • Lack of pharmacy cadres/AIMOs in lower facilities • Inaccurate stock-status reports	Ensure over/understocks at various facilities are promptly communicated for action
South Buganda	Masaka RRH	• eAFYA in use and stable, improving stock traceability (accuracy ~80%) • Expired items identified/registered awaiting NMS collection	• Stock-out of Levofloxacin 250mg — opted for 100mg tablets • Discrepancy in determine strips on Cycle 4	
South Buganda	Rakai GH	• 3 meetings held • Listing all medicines for entry into NMS CSSP under non-viable stock item	• NMS has not delivered plastic bins and some dental supplies • Max/Min stock levels not monitored by eAFYA • NMS delayed order delivery by an average of 12 days	• MoH should compare consignment delivery reports with NMS reports to reconcile data • Ensure procurement plans meet actual facility needs given increased budget allocations
Kampala	Kawempe NRH	• Stock-management systems: NMS CSSP+, eAFYA • EMHS ordered monthly; programme commodities ordered bimonthly • Items distributed to user points via eAFYA requisitions twice weekly • Physical counts done quarterly (main store) and monthly (main pharmacy)	• Delivery irregularities: late, under-, non-, or unreliable deliveries • Only one NMS official accompanies deliveries; no NMS off-loaders • Inadequate storage space causing expiries, incorrect counts and stock damage	• Timely procurement to mitigate delivery irregularities (NMS) • Urgently address inadequate storage space (MoH) • Recruit more inventory management officers (MoH) • Interlink NMS CSSP+ and eAFYA (MoH/NMS)

Region	Facility	Achievements	Challenges	Recommendations
		• Expired/damaged items separated, adjusted in eAFYA, registered, uploaded to NMS CSSP+ non-viable stock account and taken to NMS for disposal • Timely submission of monthly orders; all cycle orders delivered so far	• Understaffing of inventory management officers • NMS CSSP+ and eAFYA not interlinked • Cannot generate stock-take/HMIS105 reports or short-expiry alerts from eAFYA; doesn't issue items by batch/expiry	• Upgrade eAFYA to run HMIS105/stock-take reports, issue by batch and give expiry alerts (MoH)
Bunyoro	Kiryandongo GH	• 3 meetings held • Local redistribution done to minimise stock-outs	Low availability for most commodity baskets	
Bunyoro	Masindi GH	• All expired drugs removed and placed in the expired-drugs store awaiting NMS transport • Overstocked items being redistributed with implementing-partner support	• Low staffing • Poor supply-chain management at lower facilities — overstocking of TB commodities, especially 3HP • Poor record and data keeping • Most facilities lack RASS reporting access — login details left with transferred staff • eAFYA local area network unstable; generator network doesn't auto-reconnect after power outages, affecting data quality	

Table 31: Supply Chain Performance — Full Facility Activity Log, April–June 2026

5.1 Commodity Availability and Order Fill Rates (OFR)

Order Fill Rate performance in FY 2025/26 showed the year's clearest evidence of improvement at the top end, alongside continued critical failure at the bottom end. Jinja RRH achieved 99.1% OFR — just short of the 95% target's upper bound and a marked improvement on facility performance nationally in CY2025 — though it still faced tracer gaps for Losartan, anti-rabies vaccine, and Ritonavir 100mg. Atutur GH sustained 96%, despite a 62-day average lead time in Cycle 6. At the other extreme, Bugiri GH recorded an OFR of just 54%, and Kayunga RRH fell to 75.8% amid non-delivery of paediatric ARVs and furosemide injection.

Figure 5: Order Fill Rate (OFR) by Facility — FY 2025/26

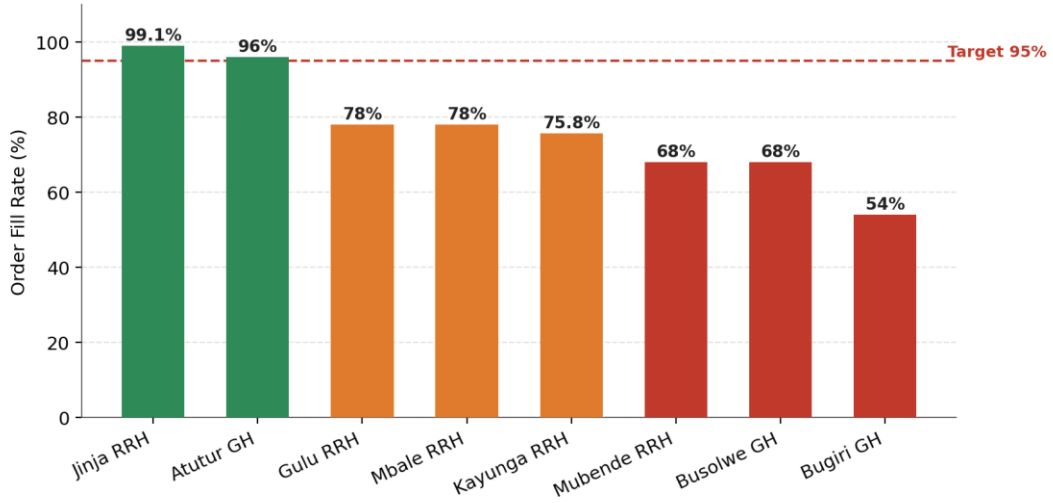

Figure 10: Order Fill Rate (OFR) by Facility — FY 2025/26

Region	Facility	Availability Issues Noted	OFR (%)	Avg. Lead Time	Avg. Delay
Busoga	Jinja RRH	Losartan H, anti-rabies vaccine, Ritonavir 100mg unavailable	99.1% ✦ Very Good	—	—
Busoga	Bugiri GH	—	54% ✗ Inadequate	—	—
Bukedi	Busolwe GH	—	68% ✗ Inadequate	—	—
Teso	Atutur GH	—	96% ✦ Very Good	62 days (Cycle 6)	20 days
Acholi	Gulu RRH	—	78% ~ Fair	—	—
Bugisu	Mbale RRH	—	78% ~ Fair	—	57 days
North Central	Kayunga RRH	Paediatric DTG/ABC/3TC, furosemide inj., paracetamol inj. not delivered	75.8% ~ Fair	8 days	19 days
North Central	Mubende RRH	—	68% ✗ Inadequate	55 days	—

Table 32: Commodity Availability and Order Fill Rates (OFR) — FY 2025/26

For comparison, the January–December 2025 report recorded OFR ranging from 50% (Mulago NRH) to 96% (Atutur GH) across 18 facilities, with a national average around 75% and no facility meeting the 95% target.

Region	Facility	OFR (%)	Avg. Lead Time	Avg. Delay
Kampala	Mulago NRH	50% ✗ Inadequate	25 days (Jan–May)	11 days
Busoga	Jinja RRH	70% ✗ Inadequate	—	—
Busoga	Bugiri GH	54% ✗ Inadequate	—	—
Bukedi	Busolwe GH	68% ✗ Inadequate	—	—
Kigezi	Kisoro GH	90% ✦ Very Good	—	—
Teso	Atutur GH	96% ✦ Very Good	62 days (Cycle 6)	20 days
West Nile	Moyo GH	n/a … Data Pending	—	28 days
Acholi	Gulu RRH	63% ✗ Inadequate	—	—
Lango	Lira RRH	81% ✓ Good	—	—
Bugisu	Mbale RRH	78% ~ Fair	—	57 days
Bugisu	Bududa GH	54% ✗ Inadequate	43 days	20 days
Bunyoro	Hoima RRH	77% ~ Fair	38 days	—
Bunyoro	Masindi GH	93% ✦ Very Good	—	—
North Central	Kayunga RRH	n/a … Data Pending	33 days	19 days
North Central	Mubende RRH	68% ✗ Inadequate	55 days	—

Table 33: Commodity Availability and Order Fill Rates (OFR) — FY 2024/25 (comparator, carried from CY2025 report)

The national average OFR across facilities with FY 2025/26 data was approximately 77% — an improvement over the ~75% recorded in CY2025, driven chiefly by Jinja RRH's exceptional performance — but the underlying inequality between best- and worst-performing facilities (a 45-percentage-point spread) is essentially unchanged. Extended lead times remained a defining constraint, with Mubende RRH (55 days), Mbale RRH (57 days), and Atutur GH (62 days in Cycle 6) all far exceeding the 30-day standard.

5.2 Availability of Tracer Medicines

Tracer medicine availability improved modestly but consistently through FY 2025/26. The monthly national average across the year was approximately 59.4%, against the ≥95% target — an improvement on the roughly 53% average implied by the CY2025 year-end trajectory, though still leaving well over a third of tracer medicines unavailable at any given point.

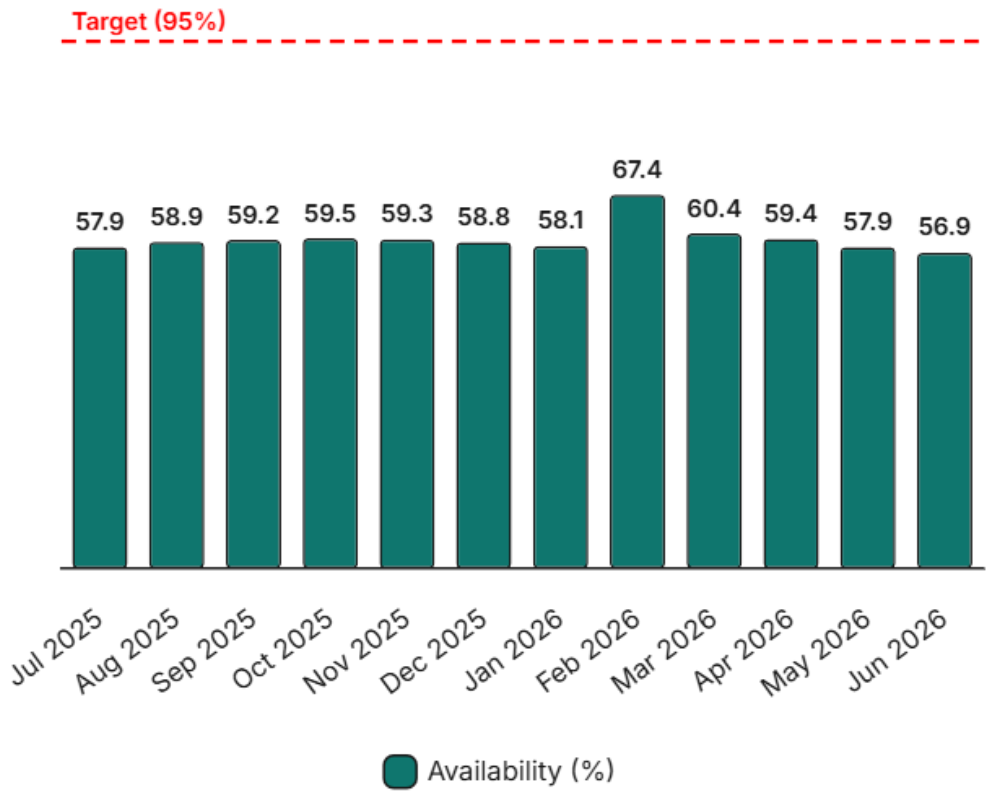

Figure 11: Availability of Tracer Medicines — FY 2025/26 (Monthly)

Figure 11 shows availability moving in a narrow band through most of the year — 56.9% to 59.5% — with a distinct spike to 67.4% in February 2026, the single best month recorded, before settling back toward 57–60% for the remainder of the year. Unlike the CY2025 trend, which showed a clear second-half improvement (rising from 53.1% in July to 56.8% in December), FY 2025/26 shows a flatter, less directional pattern — suggesting that the gains achieved by the end of CY2025 have been sustained rather than extended.

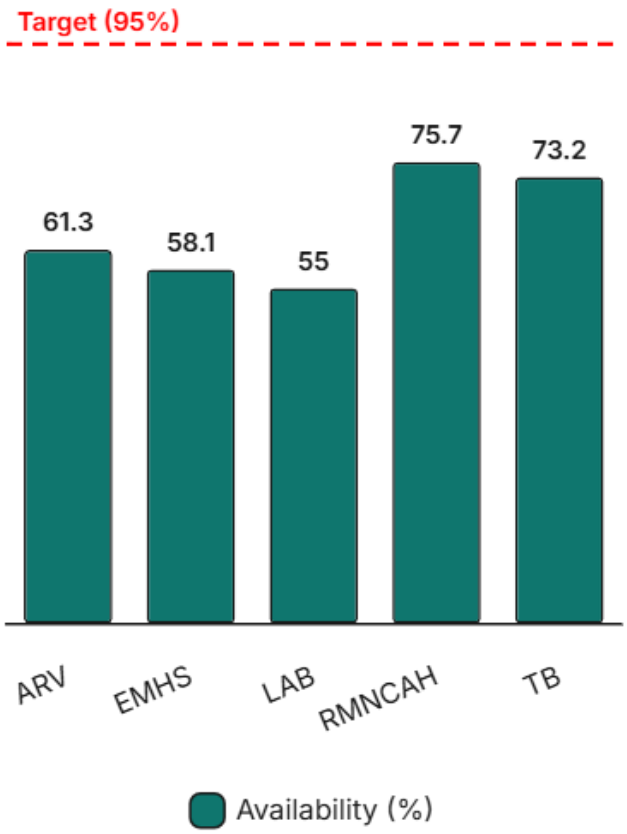

Figure 12: Availability of Tracer Medicines by Commodity Basket — FY 2025/26

Figure 12 disaggregates annual tracer availability by commodity basket: RMNCAH led at 75.7%, followed by TB at 73.2%, ARV at 61.3%, EMHS at 58.1%, and LAB at 55%. Every single basket improved on its CY2025 equivalent — RMNCAH from 67.1% to 75.7%, TB from 47.4% to 73.2% (the largest single-basket improvement in this report), ARV from 39.8% to 61.3%, EMHS from 42.1% to 58.1%, and LAB from 45.3% to 55%. The TB-basket improvement in particular reverses the CY2025 finding that programme-specific baskets funded by Global Fund and other vertical programmes were not meaningfully outperforming general EMHS — in FY 2025/26, TB has become one of the best-performing baskets nationally, likely reflecting renewed programme-specific logistics investment.

5.3 Facility Stock Status

Facility stock status — the distribution of facilities across Out-of-Stock, Under-Stocked, Appropriately-Stocked, and Over-Stocked categories — showed encouraging movement away from the most severe stockout levels recorded in CY2025.

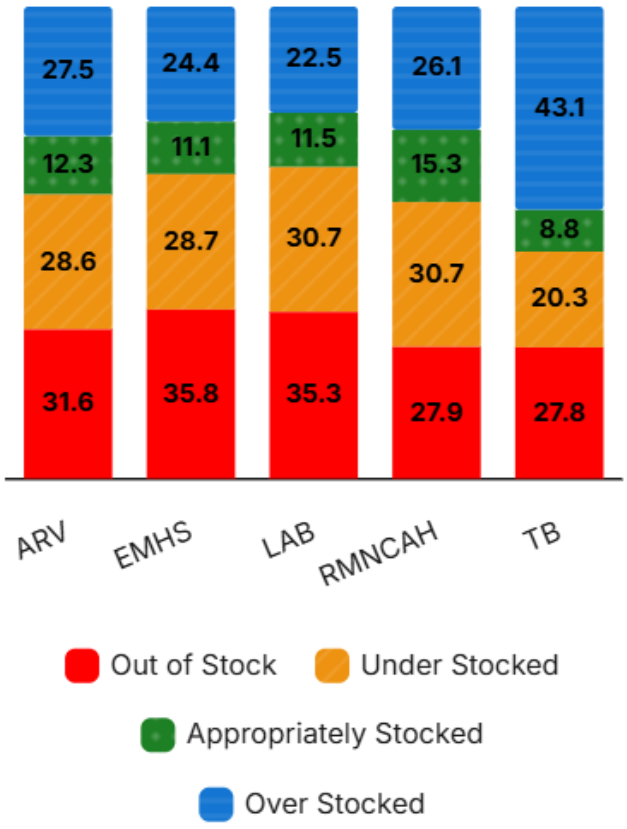

Figure 13: Facility Stock Status by Commodity Basket — FY 2025/26

Figure 13 shows Out-of-Stock rates of 31.6% for ARVs, 35.8% for EMHS, 35.3% for LAB, 27.9% for RMNCAH, and 27.8% for TB. These represent substantial improvements over the CY2025 findings — ARV out-of-stock fell from 56.8% to 31.6%, and TB fell dramatically from 65.2% to 27.8% — consistent with the tracer-availability gains shown in Figure 12. Over-stocking, however, remains a significant maldistribution problem: TB commodities were over-stocked at 43.1% of facilities — the highest over-stock rate of any basket — even as 27.8% of facilities simultaneously reported TB stockouts. This confirms the CY2025 finding that Uganda's core supply-chain problem is as much about distribution as about absolute national supply: some facilities hold excess stock of the very commodities that others lack. Appropriately-stocked rates remain low across all baskets (8.8% to 15.3%), underscoring the continued importance of proactive redistribution networks such as those detailed in Section 4.3.

5.4 Regional Health Supply Chain TWG Performance

Regional Pharmaceutical Services Technical Working Groups (TWGs) are tracked on a rolling basis; the most recent consolidated performance data available covers May–September 2025, at the boundary between the CY2025 and FY2025/26 reporting periods, and is carried forward here because it directly shaped the TWG reforms implemented during FY 2025/26.

Figure 14: Regional TWG Meeting Performance Trend (May–September 2025)

Figure 14 shows TWG meeting performance collapsing from 65% in May 2025 to just 11% in September 2025 — a trend explicitly flagged as "concerning" in the underlying dashboard. This collapse directly prompted the NPECAF-led TWG reforms that carried into FY 2025/26, including standing virtual-meeting infrastructure and dedicated regional coordination focal persons.

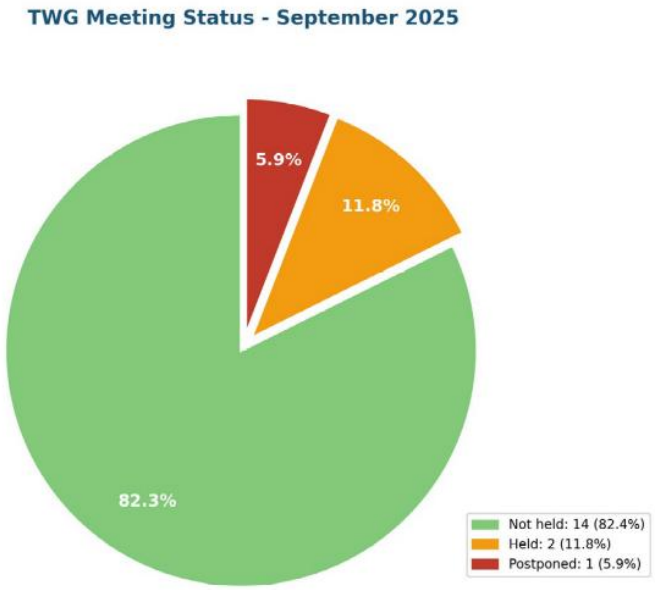

Figure 15: TWG Meeting Status — September 2025

At the September 2025 low point, only 2 of 17 tracked regional TWGs (11.8%) held their meeting as scheduled, 1 (5.9%) was postponed, and 14 (82.4%) did not hold their meeting at all.

Regional TWG Meeting Status — September 2025

Held Postponed Not Held

Region	Status	Reason for Non-Performance/Delay	Additional Notes
Gulu (Acholi)	Not held	Coincided with Pharmacy AGM	Meetings scheduled last Thursday of the month
Lira (Lango)	Not held	Coincided with Regional Performance Review Workshop	Regular schedule maintained
Moroto (Karamoja)	Not held	Lack of quorum	Scheduled 1st Tuesday of every month
Arua (West Nile)	Held	Documents for analysis not yet submitted	Follow-up required
Masaka (S. Buganda)	Not held	Zoom link not created	Links to be created moving forward
Mubende (Bunyoro)	Not held	Coincided with Regional Performance Review	Regular schedule last Tuesday of the month
Mbarara (Ankole)	Not held	Downsizing of active staff	Capacity gaps noted
Mbale (Bugisu)	Not held	Still setting up a comprehensive team	Needs structural support
Jinja (Busoga)	Not held	Conflicting activities	Rescheduling required
Hoima (Bunyoro)	Held	Documents for analysis not yet submitted	Pending follow-up
Entebbe (Wakiso)	Not held	No Zoom link	ICT support required
Fort Portal (Tooro)	Not held	Not scheduled	Strengthen planning
Yumbe (West Nile)	Not held	Meeting link not created in time	Assign responsible focal point
Kabale (Kigezi)	Not held	Downsizing of members & lack of meeting link	Links to be availed moving forward
Kampala	Postponed	Rescheduled to 1st October 2025	To be followed up in October
Kayunga (N. Central)	Not held	Coincided with support supervision	Reschedule to avoid conflicts
Soroti (Teso)	Not held	Conflicting activities	Scheduled for every last Tuesday of the month

Figure 16: Regional TWG Meeting Status Detail — September 2025

Figure 16 details the region-by-region reasons for non-performance: scheduling conflicts with other regional events (Gulu, Lira, Mubende, Kayunga, Soroti), technical failures such as missing Zoom links (Masaka, Entebbe, Yumbe, Kabale), and capacity constraints from staff downsizing (Mbarara, Mbale). Only Arua (West Nile) and Hoima (Bunyoro) held their meetings as planned, while Kampala's session was postponed to October 2025.

Full TWG Action-Point Log — All Sessions, FY 2025/26

The table below reproduces every Regional Pharmaceutical Services Technical Working Group (TWG) session recorded across FY 2025/26, with meeting status and the full set of action points agreed at each session.

Region	Date	Held	Action Points
North Buganda (Mubende RRH)	15 May 2025	Yes	• 15 UCGs procured and distributed • CME conducted on rational medicines use • AMR sub-committee to reassess implementation progress • AMR sub-committee to implement AWaRe classification
Kigezi	15 May 2025	Yes	• Supported ordering process for medicines/supplies from NMS • Support on Good Storage Practices • Ensured redistribution of short expiries; supplied lower facilities running out of stock • Supported lower facilities on proper use of documentation tools
Lango	26 June 2025	Yes	• ADR forms incorporated into EMR • Trained HCWs on pharmacovigilance to raise awareness • Organised regular PV support supervision to lower health facilities
Kampala (Mulago NRH)	12 June 2025	Yes	• Disseminated procedure for proper sample collection to units • Trained staff on laboratory-results interpretation • Disseminated hospital antibiogram to staff • Emphasised C&S results before watch/reserve antibiotic prescription
North Central (Kayunga RRH)	19 June 2025	Yes	• Ceftriaxone/sulbactam proposed for the NMS list • Allocate interns to Mukono GH • Inter-district transfer of pharmacy dispensers between Mukono and Kayunga districts
North Central (Kayunga RRH)	11 September 2025	Yes	• Average availability 67%, slight improvement from 65% in June, still below 95% national target • TB, ARV and RMNCAH baskets fairly more available than LAB and EMHS • Continued data use to guide stock rotation from overstocked to understocked sites • 68.6% (144/210) of facilities submitted complete Section 6 data (target 100%) • 78.4% (210/268) of facilities submitted at least one Section 6 data point (target 100%)
Bunyoro (Hoima RRH)	26 June & 30 October 2025	Yes	• Conduct routine supply-chain and digital-tool training • Set up a medication-error reporting system • Support MTC functionality and expand assessment scope • Construct standard storage facilities; procure storage equipment, cold-chain refrigerators and backup power (MoH) • Working to redistribute to other districts • Reducing quantified quantities in procurement plan • Regular monitoring of consumption trends and overstocked commodities to minimise expiries
Acholi (Lira RRH)	19 June 2025	Yes	• Orient regional, district and facility teams on OFSSR dashboard use • Resume regional Supply Chain TWG meetings • Integrate facility EMRs with NMS CSSP • Reinstate sharing of order status • Enable health facilities to access submitted orders in NMS CSSP
Busoga	3 July 2025	Yes	• Continuous mentorship on supply chain • Integrate with mTrac data reporting every Monday • Encourage data use in decision-making and planning • Enlist near-expiry commodities and communicate timely to DHO office

Region	Date	Held	Action Points
West Nile	6 March 2026	Yes	• Continuous training in computer use and EMR practice • Re-wiring of all units • Change of attitude toward the digital world
Acholi (Anaka GH)	8 January 2026	Yes	• Proper documentation and data-driven quantification • Proper stock management to minimise wastages • More staff allocated for supply-chain activities • MTC members to be transferred only after completion of tour of duty • A proper medicines store to be included in the facility's development plan • Timely redistribution
West Nile (Yumbe)	24 July 2025	Yes	• Clinic Master network connectivity issues; system not robust • Difficulty accessing the OFSSR dashboard • Irregular absorbent-gauze supply causing stock-outs — supplemented via PHC fund, delivered in Cycle 6 • Missing anti-snake-bite sera in Cycle 6 and emergency order — 9 confirmed snake-bite cases as of 17/7 • Failure to retrieve confirmed orders on CSSP
West Nile (Kitgum GH)	7 August 2025	Yes	• 20 copies of UCG2023 to be procured — MoH to supplement • MoH to avail expiry register • MoH to support transport of expired medicines from LHFs to district store • Recruitment of dispensers and store assistants
South Buganda (Entebbe RRH)	30 October 2025	Yes	• Advocate for a budget increase for essential commodities • More training in data capture and causality analysis for PV reports • More staff training on infection prevention and control • Increase IPC commodity budget and encourage redistribution • Engage other stakeholders to boost IPC
Karamoja	4 November 2025	Yes	• Decentralise RASS and HMIS 105-6 reporting at facility level • Strengthen mobilisation to improve attendance at monthly TWG meetings • NMS to continue mentoring facility staff on reporting expired commodities in NMS+ CSSP • Update the Kobo Collect tool with accurate motorcycle functionality data • Facilities to ensure complete/timely reporting on NMS-CSSP, JMS-IOS and OFSS dashboards • RRH and partners to provide targeted mentorship to low-performing districts • Ensure all invited participants attend capacity-building training in Jinja • Conduct DQA meetings at facility level before HMIS data submission • Convene district order-review meetings in selected districts to review order quality
North Buganda	January 2026	Yes	• NMS to procure antibiotic discs for regional antibiogram development • MoH to support the region with funds for targeted supervision and follow-up to lower facilities
Acholi	January 2026	Yes	• Conduct budget-utilisation rates for delivered cycles • Fill the PFM tools every cycle to monitor the budget • Develop an MTC workplan • Update the expired-drugs register to include costs • Introduce a register for redistributed commodities • Support supervision and mentorship to lower facilities
Karamoja	31 March 2026	Yes	• Mobilise participants for the next regional TWG, including warehouses (NMS/JMS) • Generate a tracker of expected participants per district to improve attendance • Mobilise district teams (HIA, Biostats) to attend the HMIS-reporting webinar • Adopt Google Meet or a durable Zoom link for the full TWG session • Add other key supply-chain activities completed during the month • Track expiries of short-dated commodities; validate expiries reported in DHIS2

Region	Date	Held	Action Points
			• Low notification of redistribution via the SC dashboard — encourage HFs to notify stock-out/overstock; support redistribution for TLD-90 stock-outs • For the EMHS basket OFR, include all 50 tracer commodities tracked • Include MTC functionality performance for high-volume HFs (HCIV, GH, RRH) in the next meeting • Work on paediatric ABC/3TC/DTG 60/30/5mg allocation for Karamoja • Update guidance on reporting pALD with different pack sizes (90 & 180) in HMIS 105-6
Bunyoro	22 April 2026	Yes	• Self-pick of TB CaST commodities facilitated with IP support • Emergency orders for Qwik Test processed for Buliisa, Kagadi, Kibaale, Masindi and Kiryandongo districts with IP support • Last-mile delivery of 3rd-line commodities in Bunyoro Region conducted with IP support • Commodity-ordering support provided to Government and PNFP facilities • Coordinated redistribution of short-dated TLD-90 in Hoima, Kikuube, Kagadi with IP support • District Supply Chain Technical Assistance Teams constituted for every district • Expiry management through sharing expiry data with district leadership
Rwenzori	13 May 2026	Yes	• Keep sharing monthly analysis of reported expiries • Facilities/districts to verify shared analysis and conduct root-cause analysis • All districts to submit Cycle 5 NMS delivery order-fill rates • Refresher mentorships for sites with staff transfers, focused on ordering, reporting and storage • Mentor sites to capture correct units of measure (CTX 120 & 960, anti-TBs, male condoms, test kits) • Facility in-charges to ensure timeliness/completeness of reports before DHIS-2 submission • Conduct assessments/mentorships in Fort Portal City, Kasese, Kabarole and Kyegegwa with follow-up report • Share a detailed report on Cycle 5 OFR, overstocks, expiry plans for lower-level sites, and MTC action points
Bugisu	May 2026	Yes	• Discuss power-backup solutions for eAFYA implementation in selected facilities • Ensure all facilities place Cycle 1 orders early enough • Conduct refresher training/mentorship on eAFYA utilisation • Redistribute overstocked commodities and address shortages • Continue lobbying for recruitment into vacant supply-chain positions • Activate Pharmacovigilance and Antimicrobial Stewardship sub-committees
Bugisu	20 May 2026	Yes	• Discuss power-backup solutions for eAFYA implementation • Ensure Cycle 1 orders placed early enough • Conduct refresher training/mentorship on eAFYA utilisation • Redistribute overstocked commodities; address shortages • Continue lobbying for recruitment into vacant supply-chain positions • Activate PV and AMS sub-committees
Karamoja	2 June 2026	Yes	• Complete HMIS 105-6 for Kotido and Amudat • Check for overstock in Bukedi and redistribute to Karamoja • Conduct physical count for all commodities • Form additional members so all districts are represented • Conduct order-fill-rate analysis for Cycle 6

Table 34: Regional Pharmaceutical Services TWG Performance — Full Action-Point Log, FY 2025/26

Regional TWG Meeting Performance — February to June 2026

The table below summarises how many of the five scheduled TWG sessions each region held between February and June 2026 against the standard target of five.

No.	Region	RTWG Meetings Held	Target	Performance
1	Bukedi	5	5	100% ★ Excellent
2	Bugisu	5	5	100% ★ Excellent
3	Tooro	5	5	100% ★ Excellent
4	Acholi	2	5	40% ✗ Inadequate
5	Lango	1	5	20% ✗ Inadequate
6	Karamoja	5	5	100% ★ Excellent
7	West Nile	1	5	20% ✗ Inadequate
8	North Buganda	1	5	20% ✗ Inadequate
9	Teso	5	5	100% ★ Excellent
10	Bunyoro	2	5	40% ✗ Inadequate
11	Busoga	2	5	40% ✗ Inadequate
12	South Buganda	2	5	40% ✗ Inadequate
13	Ankole	0	5	0% ✗ Inadequate
14	Kigezi	5	5	100% ★ Excellent
15	Kampala	1	5	20% ✗ Inadequate

Table 35: Regional TWG Meeting Performance — February to June 2026

This Feb–Jun 2026 snapshot shows a starkly bifurcated picture: five regions (Bukedi, Bugisu, Tooro, Karamoja, Teso, Kigezi — six, in fact) achieved full 100% TWG execution, while Ankole held zero of five scheduled sessions, and Lango, West Nile, North Buganda and Kampala each managed only one of five (20%). This is a materially different — and more concerning — picture than the national-forum-level 95.8% meeting-execution rate reported for NPECAF as a whole in Section 1.3, and confirms that regional TWG functionality is considerably more fragile than national forum attendance alone would suggest. DPNM should treat Ankole, Lango, West Nile, North Buganda and Kampala as priority regions for TWG revival in FY 2026/27.

5.5 Pillar 4 Indicator Summary

Indicator	Target	Achieved	Performance
Order Fill Rate (OFR)	≥95%	54–99.1% range; national average ~77%	77% ~ Fair
Average delivery lead time	≤30 days	Often 55–62 days at affected facilities	30% ✗ Inadequate
Tracer medicine availability (monthly average)	≥95%	~59.4% average (56.9–67.4% range)	59% ✗ Inadequate
Tracer availability — best basket (RMNCAH)	≥95%	75.7%	75.7% ~ Fair
Tracer availability — worst basket (LAB)	≥95%	55%	55% ✗ Inadequate

Indicator	Target	Achieved	Performance
Facility stock — appropriately stocked (all baskets)	High share	8.8–15.3% only	15% ✗ Inadequate
Regional TWG engagement (May–Sep 2025 baseline)	100%	Collapsed to 11% by September 2025; reforms implemented	11% ✗ Inadequate

Table 36: Pillar 4 — Health Supply Chain Performance Indicator Summary, FY 2025/26

6. CROSS-CUTTING CHALLENGES AND ENABLERS

6.1 System-Wide Challenges

No.	Challenge	Detail	Pillar(s)	Severity
1	Pharmacy Staffing Crisis	General hospitals unchanged at 43% staffing; 57% of posts vacant; Mbale RRH's 57% best-in-class figure still impacted by donor stop-work; identical facilities (Bududa, Moyo, Busolwe) flagged for urgent recruitment in both reporting years	2,3,4	Critical
2	Regional Participation Imbalance	Kampala accounted for 21.4% of all NPECAF participants while Lango and Busoga each recorded only 1.7%, despite Busoga hosting major Regional Referral Hospitals	1	High
3	Low & Unequal NMS OFR	54–99.1% range; best (Jinja RRH) near target, worst (Bugiri GH) critically short; 45-point spread persists from CY2025	3,4	Critical
4	Extended Lead Times	55–62 days at Mubende RRH, Mbale RRH, and Atutur GH against a 30-day standard	4	Critical
5	AMS Guideline Adherence Volatility	0.39–95.1% range depending on facility; Gulu RRH's collapse from 41.9% to 0.39% is a sentinel event	2	Critical
6	No Vigiflow Accounts	No facility yet holds an institutional Vigiflow account; digital ADR reporting remains impossible	2	High
7	Unresolved & Recurring Bupivacaine Safety Signal	Spinesia-D toxicity concerns from CY2025 remain unresolved at Mulago NRH, suspected at Moyo GH and Mbarara RRH, and recurred as a new critical case at Kalisizo GH in Jan–Mar 2026	2	Critical
8	MTC Fragility	Facilities that achieved 100% compliance in one quarter (e.g. Atutur GH, Kiryandongo GH) fell to 33% in the next	2	Moderate
9	Over-Stocking Alongside Stockouts	TB commodities simultaneously over-stocked at 43.1% of facilities and out-of-stock at 27.8% — a maldistribution problem, not merely a supply shortfall	3,4	High
10	HMIS Data-Completeness Gap	National monthly completeness averaged ~67.9%, still well short of the ≥90% target, and an updated implementing-partner breakdown was not available this FY	1,2,4	High

6.2 Key Enablers of Progress

- Tracer-medicine availability and stock-status indicators improved across every commodity basket compared with CY2025, most dramatically for TB (47.4% to 73.2%) and ARVs (39.8% to 61.3%).
- Facility-level leadership continuity — Jinja RRH (99.1% OFR), Busolwe GH (100% budget utilisation), and Kayunga RRH (two-way redistribution model) demonstrated that strong local management can approach or meet national targets even amid system-wide constraints.
- Antibiogram coverage carried forward from CY2025 remained high at 93% (14 of 15 RRHs), preserving the AMR-surveillance foundation built in the inaugural year, and Masaka RRH's SANAS accreditation moves it closer to closing the gap.
- NPECAF sustained a 95.8% meeting-execution rate (46 of 48 sessions) even through the transition from calendar-year to financial-year reporting.

- TWG reforms triggered by the September 2025 performance collapse (standing virtual infrastructure, dedicated coordination focal persons) appear to have supported the HMIS completeness gains seen through FY 2025/26.

6.3 Year-on-Year Comparison: CY2025 Baseline vs FY 2025/26

Table 37 places the two reporting cycles side by side across every indicator for which a directly comparable figure exists. The comparison shows genuine, broad-based improvement in supply-chain indicators alongside stagnation or volatility in workforce and stewardship indicators — the central tension this report has traced throughout.

Indicator	CY2025 (Jan–Dec 2025)	FY2025/26 (Jul 2025–Jun 2026)	Direction
NPECAF meetings held	39/41 (95%)	46/48 (95.8%)	▲ Sustained
EMHS budget utilisation (sampled)	89% (national avg, 17 facilities)	97% (6 facilities)	▲ Improved
Pharmacy staffing — general hospitals	43% uniform	43% uniform	— Unchanged
Order Fill Rate (OFR) — national average	~75%	~77%	▲ Slight improvement
Order Fill Rate — best facility	96% (Atutur GH)	99.1% (Jinja RRH)	▲ Improved
Tracer medicine availability — ARV basket	39.8%	61.3%	▲ Major improvement
Tracer medicine availability — TB basket	47.4%	73.2%	▲ Major improvement
Tracer medicine availability — LAB basket	45.3%	55%	▲ Improved
Facility stock — ARV out-of-stock rate	56.8%	31.6%	▲ Major improvement
Facility stock — TB out-of-stock rate	65.2%	27.8%	▲ Major improvement
Antibiogram development (RRHs)	14/15 (93%)	14/15 (93%)	— Unchanged
AMS guideline adherence — best region/facility	66.14% (Kigezi region)	95.1% (Kaberamaido GH)	▲ Improved (best case)
AMS guideline adherence — worst region/facility	30.32% (Acholi region)	0.39% (Gulu RRH)	▼ Worsened (worst case)
Bupivacaine (Spinesia-D) safety signal	Identified at Mulago NRH; suspected at Moyo GH, Mbarara RRH	Unresolved; recurred at Kalisizo GH	▼ Worsened
Vigiflow institutional accounts	0 facilities	0 facilities	— Unchanged

Table 37: Year-on-Year Comparison of Key Indicators — CY2025 Baseline vs FY 2025/26

Of the fifteen indicators compared, nine show clear improvement, three are unchanged, and two have worsened. Encouragingly, none of the nine improved indicators appear to be one-off facility anomalies — the gains in tracer-medicine availability and facility stock status are basket-wide, meaning they reflect genuine national supply-chain

performance rather than a single well-managed hospital skewing the average. Conversely, both worsened indicators (AMS adherence at the worst-performing facility, and the bupivacaine safety signal) are patient-safety-relevant and should be treated as this report's top two priorities for FY 2026/27, alongside the three indicators that have shown no movement at all in eighteen months of accountability reporting: pharmacy staffing, antibiogram completion at Masaka RRH, and Vigiflow adoption.

7. DISCUSSION

The FY 2025/26 findings present a more encouraging picture than the inaugural January–December 2025 report on several fronts, while confirming that the deepest structural problems remain unresolved. Tracer-medicine availability improved in every commodity basket — a genuinely system-wide gain rather than an isolated facility success — and facility stock-status data shows meaningful reductions in outright stockouts for ARVs and TB commodities specifically. Order Fill Rate performance at Jinja RRH (99.1%) and EMHS budget utilisation across the sampled facilities (97% average) both represent the best single-facility and average performances recorded across either reporting year.

At the same time, the year's defining structural weakness — pharmacy staffing frozen at 43% — shows no facility-level counter-example: every general hospital with data reported the identical 43% figure in both reporting years, and the same three facilities (Bududa GH, Moyo GH, Busolwe GH) were flagged for urgent recruitment in both the CY2025 and FY2025/26 reports. This is consistent with prior evidence that low staffing levels in low-resource health systems reflect structural civil-service constraints — recruitment and promotion freezes — rather than facility-level management failure (Nsengiyumva et al., 2023).

Antimicrobial stewardship indicators tell a genuinely two-sided story this year. Kaberamaido GH's 95.1% guideline adherence and 94.6% generic prescribing are the best AMS figures recorded in either report, demonstrating that near-target performance is achievable even at a general hospital lacking culture-and-sensitivity capacity. Yet Gulu RRH's collapse from 41.9% to 0.39% adherence in the same reporting year is the single most alarming data point in this report, and underscores how fragile AMS gains are without dedicated financing — the UGX 1.5 billion financing gap identified at Gulu RRH is a direct, quantified illustration of the funding-adherence relationship long observed in AMR literature (Laxminarayan et al., 2020).

The recurrence of the bupivacaine (Spinesia-D) safety signal — first identified in CY2025 at Mulago NRH, and now confirmed at a new facility, Kalisizo GH, in January–March 2026 — is the most concerning single finding carried across both reporting years. That a serious, fatal adverse-event signal identified eighteen months ago has not only remained unresolved but has spread to an additional facility is a direct indictment of the national pharmacovigilance system's capacity to close the loop between signal detection and corrective regulatory action, consistent with international concerns about weak ADR-to-regulatory-action pathways in resource-constrained settings (Kiguli et al., 2019).

Finally, the sharp regional imbalance in NPECAF participation — Kampala at 21.4% against Lango and Busoga at 1.7% each — is a new finding not visible in the CY2025 regional breakdown (which used a different, Central/Northern/Eastern/Western regional grouping). It suggests that sustaining a high overall meeting-execution rate (95.8%) is not, by itself, sufficient evidence of balanced national accountability; DPNM should track participation equity as a distinct indicator in future reports, not merely infer it from aggregate attendance.

On budget and redistribution, the picture is one of continuity rather than change. The six FY 2025/26 facilities with usable budget-utilisation data averaged 97%, slightly above the 12-facility CY2025 comparator average of 89% —

though the smaller, likely higher-performing FY 2025/26 sample makes a like-for-like comparison difficult, and Bugiri GH's still-pending utilisation figure is a reminder that budget-reporting completeness itself remains incomplete. Redistribution networks, led again by Kayunga RRH, showed a genuinely encouraging development this year: the emergence of two-way exchange relationships, with Kayunga RRH both supplying and receiving second-line and MDR-TB medicines from partner facilities, rather than functioning purely as a one-directional donor. This evolution — from ad hoc donation to structured regional exchange — is precisely the kind of system maturation that repeated NPECAF reporting cycles are designed to encourage.

8. CONCLUSION

NPECAF's second reporting cycle, covering Financial Year 2025/26, confirms that structured, facility-level accountability reporting continues to surface actionable evidence and, in several important respects, continues to drive genuine improvement. Tracer-medicine availability rose across every commodity basket, facility-level ARV and TB stockouts fell substantially, Jinja RRH's Order Fill Rate reached 99.1%, and the forum itself sustained a 95.8% meeting-execution rate despite the transition to financial-year reporting.

However, this report is equally clear that the systemic weaknesses named in the inaugural year did not resolve themselves, and in one respect worsened. Pharmacy staffing remains frozen at 43% at every general hospital with data. Antimicrobial stewardship guideline adherence, while showing pockets of excellence, collapsed catastrophically at Gulu RRH. Most seriously, a fatal medicine-safety signal first identified in CY2025 has now recurred at a second facility rather than being resolved. And the accountability platform itself, while meeting overall, is drawing dramatically uneven participation across Uganda's regions.

The priority for FY 2026/27 is therefore threefold: first, convert the demonstrated tracer-availability and OFR gains into sustained system-wide improvement rather than isolated facility success stories; second, close out the bupivacaine safety signal nationally before it reaches a third facility; and third, actively correct the regional participation imbalance so that NPECAF's accountability reach matches its meeting-attendance statistics. NPECAF has now told Uganda's pharmaceutical system the truth about itself twice. The test for FY 2026/27 is whether the system acts on the specific, named, and now twice-repeated findings in this report.

NPECAF's Core Value Proposition

Two consecutive reporting cycles now confirm that regular, structured accountability forums generate facility-level data, cross-facility learning, and — in FY 2025/26 — measurable system-wide improvement in tracer-medicine availability and select supply-chain indicators. The FY 2026/27 agenda must convert these gains into durable practice while closing out the staffing, AMS-financing, and pharmacovigilance-response gaps that persisted across both years.

9. RECOMMENDATIONS

Building on the recommendations issued in the January–December 2025 report — the majority of which remain only partially implemented — the following recommendations are prioritised for FY 2026/27, organised by responsible actor.

No.	Pillar	Recommendation	Lead Actor	Priority
1	PV	Close out the Spinesia-D bupivacaine safety signal nationally — confirm replacement brand at every affected facility (Mulago NRH, Moyo GH, Mbarara RRH, Kalisizo GH) and report resolution status publicly before it reaches a third facility.	NDA / NMS / DPNM	**Immediate**
2	Staffing	Urgently fill vacant pharmacy positions at general hospitals; the 43% staffing level is unchanged for a second consecutive reporting year, with Bududa GH, Moyo GH, and Busolwe GH named in both reports.	MoH HR / MoPS	**Immediate**
3	AMS	Investigate the Gulu RRH guideline-adherence collapse (41.9% to 0.39%) as a sentinel event and resolve the UGX 1.5 billion financing gap driving it.	MoH / DPNM	**Immediate**
4	Governance	Correct the regional participation imbalance in NPECAF sessions — Kampala's 21.4% share against Lango and Busoga's 1.7% each requires active outreach to under-represented regions.	DPNM / RRHs	**Immediate**
5	Supply Chain	Negotiate binding NMS OFR improvement targets, with the 45-point spread between Jinja RRH (99.1%) and Bugiri GH (54%) investigated as a case study in what corrects poor performance.	MoH / NMS	**Immediate**
6	Supply Chain	Establish a ≤30-day delivery lead-time standard with NMS, prioritising Mubende RRH, Mbale RRH, and Atutur GH.	MoH / NMS	**FY 2026/27**
7	AMS	Equip RRH and GH laboratories with minimum culture-and-sensitivity capacity (incubators, autoclaves, ATCC reference strains, air conditioning) to convert antibiograms into prescribing practice, prioritising Atutur GH and Kaberamaido GH.	MoH / Partners	**FY 2026/27**
8	PV	Establish Vigiflow institutional accounts for all RRHs and Mulago NRH; complete user training.	NDA / DPNM	**FY 2026/27**
9	MTC	Investigate why full-compliance facilities (Atutur GH, Kiryandongo GH) regressed to 33% mid-year, and build a standing-cover mechanism for staff transfers affecting MTC secretariats.	MoH / Facility Mgt	**FY 2026/27**
10	Digital	Conclude the EMR–CSSP integration and enable facility access to submitted CSSP orders — both actions remain open from the CY2025 report.	NMS / DHI	**FY 2026/27**
11	Data	Re-establish an updated implementing-partner breakdown of HMIS 105-6 reporting and completeness for FY 2025/26, mirroring the CY2025 analysis, to target mentorship precisely.	DPNM / DHI	**FY 2026/27**

12	Supply Chain	Address the TB-commodity maldistribution pattern — 43.1% of facilities over-stocked while 27.8% are simultaneously out of stock — through proactive, data-driven redistribution rather than reactive requests.	NMS / DPNM	**FY 2026/27**
13	Governance	Scale the structured NPECAF presentation model to district-level quarterly satellite forums to sustain accountability between national sessions.	DPNM / DHOs	**FY 2026/27**
14	Budget	Complete the EMHS budget-utilisation dataset for FY 2025/26 at Bugiri GH and expand the sampled-facility list for FY 2026/27 reporting.	DPNM / Finance	**FY 2026/27**

Table 38: Prioritised Recommendations — FY 2026/27

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Department of Pharmaceuticals & Natural Medicines

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Commissioner Health Services, Pharmaceuticals and Natural Medicines

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APPENDIX I: PRESENTATION SCHEDULE

The presentation schedule below shows the regional rotation used to plan NPECAF sessions across FY 2025/26 and into the start of FY 2026/27, as maintained in forum planning records.

Schedule of Presentations for the National Pharmaceuticals and Essential Commodities Accountability Forum		
Region	**Presenters**	**Schedule**
Karamoja	Moroto Regional Referral Hospital, Abim GH, Kaabong GH and Kaloong GH	
Kigezi	Kabale Regional Referral Hospital, Kambunga GH and Kisoro GH	10/23/2025
South Central	Entebbe Regional Referral Hospital, Butambala GH and Kalisizo GH	
Bunyoro	Hoima Regional Referral Hospital, Kiryandongo GH, Buliisa GH, Kagadi GH and Masindi GH	10/30/2025
South Central	Masaka Regional Referral Hospital, Kalisizo GH, Lyantonde GH and Rakai GH	
Teso	Soroti Regional Referral Hospital, Amuria GH, Atutur GH, Kaberamaido GH and Katakwi GH	11/6/2025
Kampala	Mulago Women Hospital	11/13/2025
Kampala	China Uganda Friendship (Naguru) NRH	11/27/2025
Ankole	Mbarara Regional Referral Hospital, Itojo GH , Kitagata GH and Rugarama GH.	12/4/2025
Tooro	Fort Portal Regional Referral Hospital, Budibudyo GH, Bwera H,Kyenjojo GH and Virika GH	12/11/2025
Acholi	Gulu Regional Referral Hospital, Anaka GH, Kitgum GH and Lacor GH	1/8/2026
Kampala	Kirudu NRH	1/22/2026
North Central 1	Mubende Regional Referral Hospital, Mityana and Kiboga GHs	1/29/2026
West Nile	Arua Regional Referral Hospital, Koboko GH and Nebbi GH	2/5/2026
Kampala 2	Mulago NRH	2/12/2026
West Nile	Yumbe Hospital, Adjumani GH and Moyo GH	2/19/2026
North Central 2	Kayunga Regional Referral Hospital, Luwero GH, Nakaseke GH and Mukono GH	2/26/2026
Lango	Lira Regional Referral Hospital, Apac GH and Aber GH	3/5/2026
Bugisu	Mbale Regional Referral Hospital, Bududa GH, Bukwo GH and Kapchowra GH	3/12/2026
Busoga	Jinja Regional Referral Hospital, Iganda GH, Bugiri GH and Kamuli GH	3/19/2026
Bukedi	Tororo General Hospital, Pallisa GH, Masafu GH	3/26/2026
Kampala	Kawemepe NRH	4/2/2026

Appendix Figure 1: Presentation Schedule (October 2025 – April 2026)

Schedule of Presentations for the National Pharmaceuticals and Essential Commodities Accountability Forum		
Region	**Presenters**	**Schedule**
Bunyoro	Hoima Regional Referral Hospital, Kiryandongo GH, Buliisa GH, Kagadi GH and Masindi GH	4/23/2026
Kigezi	Kabale Regional Referral Hospital, Rugarama GH, Kambunga GH and Kisoro GH	4/30/2026
Karamoja	Moroto Regional Referral Hospital, Abim GH, Kaabong GH and Kaloong GH	5/7/2026
South Central	Masaka Regional Referral Hospital, Kalisizo GH, Lyantonde GH and Rakai GH	5/14/2026
Teso	Soroti Regional Referral Hospital, Amuria GH, Atutur GH, Kaberamaido GH and Katakwi GH	5/21/2026
South Central	Entebbe Regional Referral Hospital, Butambala GH and Kalisizo GH	5/28/2026
Kampala	Mulago Women Hospital	6/4/2026
Kampala	China Uganda Friendship (Naguru) NRH	6/11/2026
Ankole	Mbarara Regional Referral Hospital, Itojo GH , Kitagata GH and Ruharo Mission GH.	6/18/2026
Tooro	Fort Portal Regional Referral Hospital, Budibudyo GH, Bwera H,Kyenjojo GH and Virika GH	6/25/2026
Acholi	Gulu Regional Referral Hospital, Anaka GH, Kitgum GH and Lacor GH	7/2/2026
West Nile 2	Yumbe Hospital, Adjumani GH and Moyo GH	7/9/2026
North Central 1	Mubende Regional Referral Hospital, Mityana and Kiboga GHs	7/16/2026
West Nile 1	Arua Regional Referral Hospital, Koboko GH and Nebbi GH	7/23/2026
Kampala 2	Mulago NRH	7/30/2026
Kampala	Kirudu NRH	8/6/2026
North Central 2	Kayunga Regional Referral Hospital, Luwero GH, Nakaseke GH and Mukono GH	8/13/2026
Lango	Lira Regional Referral Hospital, Apac GH and Aber GH	8/20/2026
Bugisu & Bukedi	Mbale Regional Referral Hospital, Bududa GH, Bukwo GH and Kapchowra GH	8/27/2026
Busoga	Jinja Regional Referral Hospital, Iganda GH, Bugiri GH and Kamuli GH	9/3/2026
Kampala	Kawemepe NRH	9/10/2026

Appendix Figure 2: Presentation Schedule (April 2026 – September 2026)

APPENDIX II: CONTACT PERSONS FOR THE DIFFERENT REGIONS

The table below lists the lead and deputy lead persons responsible for each region and subregion, serving as the primary contact points for NPECAF coordination.

Region	Subregion	Lead Person	Deputy Lead Person
Central	Kampala	Dr. Martha A.	Fred Tabu
Central	North Central	Dr. Martha A.	Emmanuel Watongola
Central	South Central	Dr. Martha A.	Sarah Taratwebirwe
Eastern	Bugisu	Dr. Martha A.	Michael Isabirye
Eastern	Bukedi	Dr. Martha A.	Tabu Fred
Eastern	Busoga	Dr. Martha A.	Judith Kyokushaba
Eastern	Karamoja	Dr. Daniel A.	Nathan Elilu
Eastern	Teso	Dr. Martha A.	Emiku Joseph
Northern	Acholi	Dr. Akello H.	Prossy Atimango
Northern	Lango	Dr. Daniel A.	Prossy Atimango
Northern	West Nile	Dr. Akello H.	Nathan Elilu
Western	Ankole	Dr. Rodney T.	David Tumusiime
Western	Bunyoro	Dr. Rodney T.	Ian Nyamitoro
Western	Kigezi	Dr. Rodney T.	David Tumusiime
Western	Tooro	Dr. Rodney T.	Ambrose Jakira

APPENDIX III: MTC PERFORMANCE — CY2025 BASELINE (COMPARISON)

The table below reproduces the full January–December 2025 MTC performance dataset in full, to allow direct facility-by-facility comparison against the FY 2025/26 quarterly tables in Section 3.2. Of 38 facilities tracked in CY2025, approximately 55% achieved 100% of their MTC meeting targets.

Region	Facility	Meetings Held	Target	Performance
Kampala	Mulago NRH	3	3	100% ★ Excellent
Kampala	Naguru (China–Uganda) Hospital	3	3	100% ★ Excellent
Busoga	Jinja RRH	2	3	67% ✗ Inadequate
Busoga	Bugiri GH	1	3	33% ✗ Inadequate
Busoga	Buwenge GH	3	3	100% ★ Excellent
Busoga	Kamuli GH	3	3	100% ★ Excellent
Bukedi	Tororo GH	4	3	100% ★ Excellent
Bukedi	Busolwe GH	4	3	100% ★ Excellent
Kigezi	Kisoro GH	1	3	33% ✗ Inadequate
Kigezi	Kambuga GH	1	3	33% ✗ Inadequate
Teso	Atutur GH	3	3	100% ★ Excellent
Teso	Katakwi GH	3	3	100% ★ Excellent
Teso	Kumi Hospital	1	3	33% ✗ Inadequate
Teso	Amuria GH	3	3	100% ★ Excellent
Acholi	Gulu RRH	2	3	67% ✗ Inadequate
Acholi	Anaka GH	2	3	67% ✗ Inadequate
Lango	Lira RRH	3	3	100% ★ Excellent
Bugisu	Mbale RRH	3	3	100% ★ Excellent
Bugisu	Kapchorwa GH	Pending	3	… Data Pending
Bugisu	Bududa GH	3	3	100% ★ Excellent
Bunyoro	Hoima RRH	2	3	67% ✗ Inadequate
Bunyoro	Kiryandongo GH	3	3	100% ★ Excellent
Bunyoro	Buliisa GH	—	3	0% ✗ Inadequate
Bunyoro	Kagadi GH	3	3	100% ★ Excellent
North Central	Kayunga RRH	3	3	100% ★ Excellent
North Central	Mubende RRH	2	3	67% ✗ Inadequate
North Central	Mityana GH	1	3	33% ✗ Inadequate
North Central	Nakaseke GH	3	3	100% ★ Excellent

Region	Facility	Meetings Held	Target	Performance
North Central	Luweero GH	3	3	100% ★ Excellent
North Central	Kalisizo GH	2	3	67% ✗ Inadequate
West Nile	Yumbe RRH	2	3	67% ✗ Inadequate
West Nile	Moyo GH	3	3	100% ★ Excellent
West Nile	Kitgum GH	—	3	0% ✗ Inadequate
South Buganda	Entebbe RRH	3	3	100% ★ Excellent
South Buganda	Masaka RRH	1	3	33% ✗ Inadequate
South Buganda	Lyantonde GH	3	3	100% ★ Excellent
Ankole	Mbarara RRH	3	3	100% ★ Excellent
Ankole	Kitagata GH	6	3	100% ★ Excellent

Table 39: MTC Performance — CY2025 Baseline (January–December 2025), Full Facility List

APPENDIX IV: PHARMACOVIGILANCE PERFORMANCE — CY2025 BASELINE

The table below reproduces the January–December 2025 pharmacovigilance dataset, allowing direct comparison against the FY 2025/26 quarterly PV tables in Section 3.4. The bupivacaine (Spinesia-D) safety signal discussed throughout this report first appears here, at Mulago NRH.

Region	Facility	ADRs Reported	Key Challenges
Kampala	Mulago NRH	50 ADRs (Q3); 10 to NDA Jul–Aug	No Vigiflow account; bupivacaine toxicity (Spinesia-D) causing deaths; inadequate funding for causality assessment
Kampala	Naguru Hospital	18 ADR/AEFIs Q1; 0 causality assessments	—
Busoga	Jinja RRH	2 meetings (Q4); 34 ADRs	Paper-based reporting; fear of incrimination; ward under-reporting; attrition
Busoga	Buwenge GH	27 ADRs; withdrew calcium gluconate (Lot KBU24001)	Inadequate documentation; ADRs normalised; fear to report errors
Acholi	Gulu RRH	39 ADRs reported	Causality assessments not conducted
Acholi	Anaka GH	6 ADRs Q1; 11 ADRs Q2	Causality assessments not conducted
Lango	Lira RRH	PV reports reviewed; AEFI updated; all depts reawakened	Reluctance in ADR/AEFI reporting; EMR does not capture drug events
Bugisu	Bududa GH	ADRs reported	—
Bugisu	Mbale RRH	33 ADR/AFI reports Q4 + 1 CME	—
Bunyoro	Hoima RRH	>15 ADR events reported	PV committee not very active
Busoga	Bugiri GH	5 ADR reports with Naranjo assessments; 2 product-quality reports	—
West Nile	Moyo GH	5 ADRs (formal causality); bupivacaine toxicity suspected	Limited technical awareness; insufficient PV sensitisation
North Buganda	Luweero GH	321 ADRs total (Apr+May+Jun); no causality assessments	—
North Buganda	Kayunga RRH	2 ADRs (malaria vaccine) noted and reported	—
Teso	Katakwi GH	17 ADRs to NDA Q4	—
South Buganda	Entebbe RRH	57 ADRs Q1 FY25/26; causality conducted	Brand-specific ADR: Cardipac — resolved by brand switch
Ankole	Mbarara RRH	>200 PV cases; medication error at Ntungamo managed	—
Ankole	Kitagata GH	5 ADRs; causality done but no discussion meeting held	ADRs reported by specific individuals only — not systemic

Table 40: Pharmacovigilance Performance — CY2025 Baseline (January–December 2025), Full Facility List

APPENDIX V: NPECAF GOVERNANCE STRUCTURE

This appendix summarises the governance roles that underpin NPECAF's weekly forum, regional TWGs, and facility-level MTCs, for reference alongside the performance data presented in this report.

Structure	Chair / Lead	Membership	Meeting Frequency
NPECAF National Forum	Commissioner Health Services, Pharmaceuticals and Natural Medicines (MoH)	RRHs, GHs, District Health Teams, NMS, NDA, implementing and development partners	Weekly (Thursday, 7:30–9:00 am)
Regional Pharmaceutical Services TWG	Regional Referral Hospital-designated lead pharmacist/focal person	Facility pharmacists, district health officers, regional implementing partners	Monthly (regional schedule)
Facility Medicines and Therapeutics Committee (MTC)	Facility Medical Superintendent or designated Chair	Pharmacy, clinical, laboratory, and nursing representatives; AMS, Supply Chain, and PV sub-committees	Quarterly (4 meetings per FY target)
AMS Sub-Committee	MTC-appointed AMS focal person	Pharmacists, laboratory staff, prescribers	As scheduled by MTC
Pharmacovigilance Sub-Committee	MTC-appointed PV focal person	Pharmacists, clinicians, nursing staff	As scheduled by MTC
Supply Chain Sub-Committee	MTC-appointed Supply Chain focal person	Pharmacy, stores, and procurement staff	As scheduled by MTC

Table 41: NPECAF Governance Structure — Roles and Meeting Frequency

This layered governance structure — national forum, regional TWGs, and facility MTCs with their AMS, PV, and Supply Chain sub-committees — is designed so that findings surfaced at facility level can escalate to regional and national attention within weeks rather than years. The persistence of several findings across both the CY2025 and FY2025/26 reporting cycles (pharmacy staffing, the bupivacaine safety signal, Vigiflow adoption) suggests that escalation from facility to regional level is functioning, but that regional and national follow-through on escalated findings requires strengthening in FY 2026/27.

PARTNERS AND SUPPORTING INSTITUTIONS

NPECAF's FY 2025/26 operations were made possible through the continued support of the Ministry of Health's development and implementing partners, whose technical and financial contributions sustained the weekly forum, regional TWGs, and facility-level accountability structures documented throughout this report.