



THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

Annual Health Sector Performance Report

FINANCIAL YEAR 2022/23





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ACRONYMS

AHSPR	Annual Health Sector Performance Report
ALOS	Average Length of Stay
ANC	Ante Natal Care
APG	Ambulatory Patient Group
ART	Anti-retroviral Therapy
ARVs	Antiretroviral Drugs
BOR	Bed Occupancy Rate
CEmNOC	Comprehensive Emergency Neonatal and Obstetric Care
COVID-19	Corona Virus Disease 2019
CSO	Civil Society Organization
CHEW	Community Health Extension Worker
DHIS	District Health Information System
DPTHibHeb	Diphtheria, Pertussis, Tetanus, Haemophilus Influenza and Hepatitis B
DRG	Diagnostic Related Group
EMHS	Essential Medicines and Health Supplies
FP	Family Planning
FY	Financial Year
GAVI	Global Alliance for vaccines and Immunization
GBV	Gender Based Violence
GFTAM	Global Fund to fight TB, Aids and Malaria
GH	General Hospital
GoU	Government of Uganda
HC	Health Centre
HDP	Health Development Partners
HMIS	Health Management Information System
HPAC	Health Policy Advisory Committee
HPV	Human Papilloma Virus
HRH	Human Resources for Health
IDSR	Integrated Disease Surveillance and Response
iCCM	Integrated Community Case Management
iHRIS	Integrated Human Resource Information System
IMMR	Institutional Maternal Mortality Rate
IP	Implementing Partner
IPMR	Institutional Perinatal Mortality Rate
IPT	Intermittent Preventive Treatment for malaria
IRS	Indoor Residual Spraying
JICA	Japan International Cooperation Agency
JMS	Joint Medical Stores

JRM	Joint Review Mission
KCCA	Kampala City Council Authority
KRA	Key Result Area
LG	Local Government
LT	League Table
MoFPED	Ministry of Finance, Planning and Economic Development
MoH	Ministry of Health
MoPS	Ministry of Public Service
MPDSR	Maternal Perinatal Death Surveillance & Review
MTEF	Medium Term Expenditure Framework
NCD	Non-Communicable Diseases
NMS	National Medical Stores
NRH	National Referral Hospital
NSDS	National Service Delivery Survey
NTDs	Neglected Tropical Diseases
OPD	Out Patients Department
PHC	Primary Health Care
PHP	Private Health Providers
PNFP	Private Not for Profit
PPH	Post-Partum Haemorrhage
RMNCAH	Reproductive Maternal Neonatal Child and Adolescent Health
RRH	Regional Referral Hospital
RTI	Road Traffic Injury
SMC	Senior Management Committee
SQIS+	Self-regulatory Quality Improvement System Plus (SQIS+)
TB	Tuberculosis
THE	Total Health Expenditure
TWG	Technical Working Group
UBOS	Uganda Bureau of Statistics
UBTS	Uganda Blood Transfusion Services
UDHS	Uganda Demographic Health Survey
UHC	Universal Health Coverage
UNICEF	United Nations Children's Fund
URMCHIP	Uganda Reproductive Maternal Child Health Improvement Project
USAID	United States Agency for International Development
UVRI	Uganda Virus Research Institute
VHT	Village Health Team
VL	Viral Load
WHO	World Health Organization

FOREWORD

Dear All, the Ministry of Health has prepared the third report of the NDP III period covering the Financial Year 2022/23. During this period the health sector was responsible for ensuring delivery of quality health services to approximately 46 million people in Uganda including an estimated 1.57 million refugees.

Annual Health Sector Performance Reports are compiled in line with the national and health sub-programme M&E frameworks which promote joint program monitoring and evaluation and reviews. The Annual Health Sector Performance Report for FY 2022/23 shall be presented for discussion at the 29th Joint Review Mission in November 2023 thereafter widely disseminated as a form of accountability to our stakeholders. The Annual Joint Reviews will enable us to jointly agree on strategies and recommendations to improve health care service delivery as we aspire for Universal Health Coverage by 20230.

I take this opportunity to appreciate the contributions of the relevant Ministries, Departments and Agencies, Health Development Partners, the Civil Society Organizations, the Private Sector and the Community in the achievements the year under review. I would therefore, like to commend the strong partnership, collaboration and supported extended to the health sector during the year.

All the achievements and progress registered in the health sector are a result of the commitment of all health workers in the public and private sector. This was further exemplified during the Ebola virus Disease Outbreak in September 2023. I therefore commend you for the resilience and ethical code of conduct amidst all the health system challenges as elaborated in this report.

I would also like to appreciate the Ministry of Health Planning, Financing and Policy Department under the leadership of the Permanent Secretary and Director General Health Services for taking lead in the data analysis, synthesis and compilation of this report as well as preparation for the 29th Joint Review Mission. I appreciate all the other departments of the Ministry working together with the Development Partners, CSOs and Private sector for input into the report and preparatory for the JRM.

I urge all readers to utilize this report for evidence-based policy dialogue, advocacy, planning, resource mobilization and allocation to the health sector.

For God and My Country



Hon. Dr. Jane Ruth Aceng Otero
MINISTER OF HEALTH



“ Annual Health Sector Performance Reports are compiled in line with the national and health sub-programme M&E frameworks which promote joint program monitoring and evaluation and reviews.



ACKNOWLEDGEMENT

I am highly grateful to all of those who have participated in one way or another in compiling the Annual Health Sector Performance Report for the just ended Financial Year 2022/23. Special thanks go to the Ministry of Health Planning, Financing and Policy Department for the technical leadership, USAID- Uganda Health Systems Strengthening Project for supporting the report writing retreat and UNICEF for printing the report.

The report would not have been put together with no results to show and therefore I am also equally grateful to all stakeholders who have played various roles and responsibilities in ensuring that the health sub-programme, Local Governments and Private Health Providers implement and deliver results as per the workplans under review.

I look forward to continued commitment and collaboration towards achieving the health sector goal and targets for the current year.

I thank you and enjoy reading the report.



Dr. Diana Atwiine
PERMANENT SECRETARY



“ I am highly grateful to all of those who have participated in one way or another in compiling the Annual Health Sector Performance Report for the just ended Financial Year 2022/23.



EXECUTIVE SUMMARY

This Annual Health Sector Performance Report for Financial Year 2022/23, is the third during the National Development Plan (NDP) III period and it mainly focuses on the progress in implementation of the health subprogram annual workplans FY 2022/23 based on the respective institutional 5 year Strategic Plans. The report will be presented and discussed during the 29th Health Sector Joint Review Mission (JRM) 1st to 2nd November 2023 and the recommendations will guide planning, programming and budget allocation for the next FY 2024/25.

The report has 6 sections namely; 1) Introduction giving the background and strategic direction; 2) Overall sector performance and progress based on the NDP KRAs; 3) Local Government and Health Facility Performance; 4) Progress in implementation of the MoH Strategic Plan Outputs; and 5) Annex.

The Human Capital Development Plan goal is to improve productivity of labour for increased competitiveness and better quality of life for all. The health sector contributes mainly to Objective 4 of the HCDP which is to "Improve population health, safety and management". The projected population for the year under review was 45,791,461 including 1,578,611 known refugees.



OVERALL SECTOR PERFORMANCE

The health sector contributes directly to 6 KRAs under the NDP III. Out of the 32 indicators, there was no current data for 1 and assessment was based on 31, of which the sector achieved targets for 15 (48.3%), made some progress for 6 (19.4%), did not achieve 10 (32.3%). Overall, the sector has made good progress towards achieving the sector targets. According to UDHS 2022 findings, Maternal mortality ratio reduced by 44% from 336/100,000 live births in 2016 to 189/100,000 live births. Under-five mortality rate reduced by 18.5% from 64/1,000 in 2016 to 52/1,000 live births in 2022; and infant mortality rate reduced by 16.3% from 43/1,000 in 2016 to 36/1,000 live births in 2022, and neonatal mortality rate also reduced by 18.5% from 27/1,000 to 22/1,000 live births.

The target for physicians, nurses and midwives in the country was achieved though staffing levels in the public sector are still low (74%). The TB incidence rate has continued to increase from 192/100,000 in 2021/22 to 199/100,000 and this is attributed to the raising notification due to intensified case finding during the accelerated TB Community Awareness Screening and Testing (CAST) campaigns and improved diagnostics. Malaria incidence has also continued to rise to 375/1,000 population far above reduction target of 200/1,000.

There is reduction in the nutrition indicators as follows; wasting among children under five from 4% in 2016 to 2.9% in 2022; prevalence of obesity in women from 24% to 8.4%, for men from 9% to 1.5% and children under five from 7.5% to 3.4%; and stunting in children under 5 years from 29% to 26% though did not achieve the target of 23%.

There is minimal reduction in the prevalence of teenage pregnancy from 25% in 2016 to 24% in 2022 (urban 21% and rural 25%). The adolescent birth rate has increased from 111/1,000 women aged 15 – 19 years in 2020 to 128/1,000 in 2022.

Total fertility rate (TFR) reduced minimally by 5.5% from 5.4 births per woman in 2016 to 5.2. The percentage of women 15 – 49 years who are currently using any modern contraceptive method increased by only 5.7% from 35% to 37% far below the target of 50% by 2025. The demand for family planning is 64% with an unmet need of 22% in 2022 compared to 24% in 2016. Up to 60% of the demand was satisfied by modern contraceptive methods.

Under sanitation, 44% use improved toilet facilities up from 19% in 2017, 50% use unimproved toilet facility, while 5% of households in Uganda had no toilet facility. Nationally only 14% of the household had a hand washing facility with water and soap while only 12% had a functional hand washing facility with water only. (NSDS 2021)

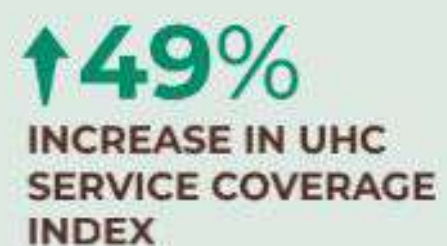
The current alcohol abuse rate was not determined due to lack of data. However, according to the World Health Statistics Report 2023, Uganda ranks first in alcohol consumption on the African continent with an average Ugandan aged 15+ consuming 12.21 litres of pure alcohol annually (2019) compared to 5.5 litres globally.

There was a 29% reduction in out-of-pocket expenditure for the total health expenditure (THE) from 41% in 2018/19 FY to 29% in 2020/21 FY; and the proportion of the population accessing health insurance reduced by 46% from 3.9% in 2018/19 FY to 2.1% in 2020/21. Readiness capacity of health facilities to provide general services is 59% compared to the 70% target. The level of readiness was moderate at 66% in urban, 60% in peri-urban and 55% in rural settings.

According to Tracking UHC 2023 Global Monitoring Report, the UHC service coverage index for Uganda has increased by 6.5% from 46% in 2017 to 49% in 2021. The estimates were based on UDHS 2016 for the service coverage indicators therefore the performance should be better based on the UDHS 2022 findings.

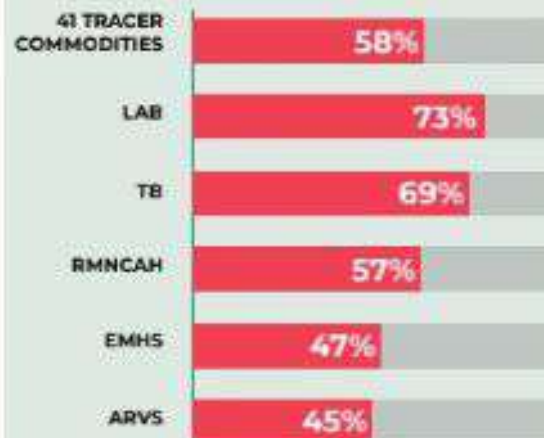
DISEASE BURDEN

Neonatal conditions are now the leading cause of health facility deaths among all ages accounting for 10.3%; followed by malaria (7.4%); pneumonia (5.3%), anaemia (3.9%); RTIs due to motorcycles and vehicles (2.3%); and septicemia. Despite the increase malaria incidence from 302/1000 to 317/1000 population, and increase in malaria admissions by 16.6%, the number of malaria deaths reported reduced by 15% from 5,017 to 4,245. This may be attributed to early detection and improved case management as well as Integrated Community Case Management (ICCM) for children under 5 years.



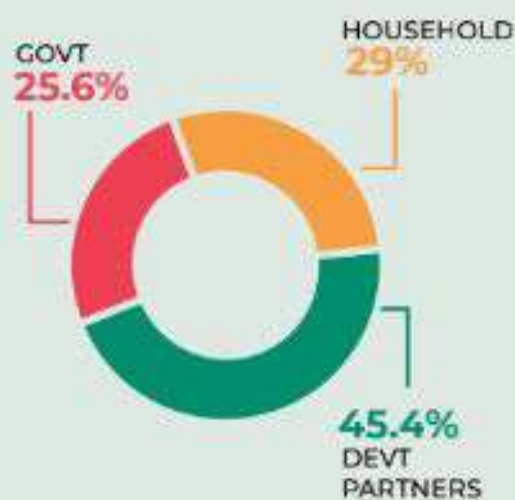
ESSENTIAL MEDICINES AND HEALTH SUPPLIES

*Target 90%



The proportion of facilities having over 95% availability of a basket of commodities in the last quarter of the FY dropped to 15% from 37% in 2021/22 far below the annual target of 75%.

TOTAL HEALTH EXPENDITURE



HEALTH SUBSYSTEM APPROVED BUDGET

↑ UGX 3.685 TRILLION
UP FROM 3.331 TRILLION

OUTCOME INDICATORS

Out of the 26 assessed, the sector achieved 42% (11/26) compared to 63% (17) in FY 2021/22; made some progress though did not achieve the annual target for 4% (1) compared to 22% (6); minimal, no progress or decline in 54% (14) compared to 15% (4). This shows a general decline in performance over the last year and can be attributed to the low uptake of some public health intervention like, routine childhood immunization, Covid-19 and Hepatitis B vaccine despite the availability of the vaccines; significant reduction in availability of medicines and health supplies to only 58% by quarter 4 FY 2022/23 and inadequate support to improve functionality of HC IVs for provision of CeMNOC services. EPI services were greatly affected by the LG and health workers involvement in the Covid-19 vaccination campaigns and in addition, the Integrated Child Health Days activities were not conducted in April 2023 due to lack of funds in the LGs. The active case finding efforts through TB CAST and improved diagnostics has also led to an increase in the TB Case Notification thus the need to review the targets.

ESSENTIAL MEDICINES AND HEALTH SUPPLIES

The average availability of a basket of 41 tracer commodities has continued declining to 58% in the last quarter of FY 2022/23. The Lab basket had the highest average availability of 73%, followed by TB (69%), RMNCAH (57%), then EMHS and ARVs baskets at 47% & 45% respectively. The proportion of facilities having over 95% availability of a basket of commodities in the last quarter of the FY dropped to 15% from 37% in 2021/22 far below the annual target of 75%. On the other hand, overall availability of supplies for a basket of 41 Commodities and health supplies at Central Level Warehouses (NMS and JMS) was 82% above the target of 80% and this was largely attributed to distribution challenges. HMIS 105-6 (stock status) completeness of reporting continued to improve across facilities from 22% in June 2022 reaching 87% in June 2023, due to the intensive mobilization of Biostatisticians and district leadership.

HEALTH FINANCING

According to the latest NHA the contribution to the Total Health Expenditure is: Government 25.6%, private sector (mainly household out-of-pocket (OOP) expenditure 29% and development partners 45.4%. The trends indicate there is still heavy reliance on external resources which calls for more commitment by the Government towards a target of spending 5% of GDP on health to achieve UHC and reduce catastrophic expenditure on households.

In FY 2022/23, the approved budget for the health sub-program was UGX 3.685 trillion up from UGX 3.331 trillion in the previous year. This translates into 7.6% as a share of the national budget which is a 2.7% increase from last year. Both the growth rate and growth per capita of the health budget continued to increase reflecting government's continued commitment to improving the health needs of the population. The per capita allocation to health in the last seven years has

risen to over 62% from UGX 49,910 in FY2016/17 to UGX 80,879 in FY 2022/23. Nevertheless, an increase in the government health budget per capita by 6% from UGX 76,224 (USD 21) to UGX 80,879 (USD22) in FY2022/23, discounting for inflationary factors results into a very low per capita allocation to health. This therefore remains inadequate to achieve UHC and calls for more government funding to achieve UHC by 2030.

LOCAL GOVERNMENTS PERFORMANCE

145 LGs and Kampala City Council Authority (KCCA) were assessed using the National League Table. 34% (50/146) of the LGs scored above the national average of 71.4% as detailed in the report. The Regional League Table compiled based on the 15 UBOS sub-regions shows improvement in performance in all regions. Bugisu Region ranked first with 76.9% followed by Kigezi (76.5%) and Kampala which has improved from 44.4% in 2021/22 to 75.6%. Busoga (58.6%), Bunyoro (58.4%) and South Central (57.7%) were the low performing regions in FY 2022/23.

HEALTH FACILITY PERFORMANCE

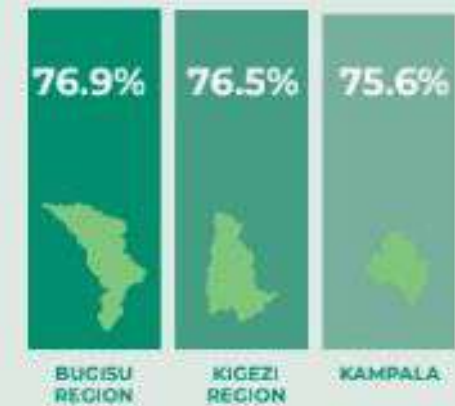
The Ambulatory Patient Groups (APGs) and Diagnostic Related Groups (DRGs) are a new methodology that has been used to assess performance of health facilities. APGs and DRGs give a more accurate/detailed estimation of the volume or quantity of outputs produced by each health facility when compared to the SUO previously used.

89% of outpatient and 43% of Inpatient services were provided by the lower-level health facilities (HCs). Generally pointing to a health system that is skewed towards increased access to PHC services which the majority of the population need. Public facilities contributed 79% of Outpatient Services and 67% of in-patient services, while PNFP facilities contributed 14% of Outpatient services and 27% of inpatient services. PHP facilities on the other hand contributed 7% of outpatient and 6% of in-patient services. It should however be noted that there is generally limited reporting by PHP facilities. Performance for each of the levels of care is detailed in the report.

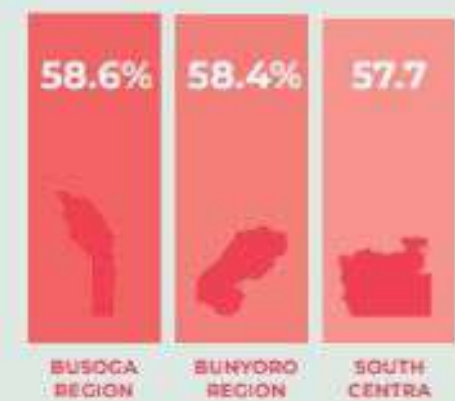
The average Bed Occupancy Rate (BOR) for National Referral and Specialised hospitals was 83% (Butabika NMRH has the highest BOR (194%), 70% for RRHs and large PNFPs (Lira RRH (102%), Soroti RRH (101%) and St. Kizito Matany Hospital (92%)); and 47% for general hospitals with Lyantonde (441%), Iganga (135%), Apac (135%) and Kiryandongo (108%). Among the HC IVs BOR was 48% on average with Awach (289%), Mukuju (248%), Kibuku (192%), Nabiganda (160%) and Apapai (156%) having the highest. The factor contributing to very high BOR at these HC IVs is the low bed capacity ranging from 21 to 38 beds against the minimum of 45 beds. The high BOR has implications on the quality of services provided as well as the need for operational costs including utilities and human resource thus the urgent need to expand the infrastructure.

LG PERFORMANCE

HIGH PERFORMING REGIONS IN FY 2022/23



LOW PERFORMING REGIONS IN FY 2022/23



HEALTH FACILITY PERFORMANCE:

PUBLIC FACILITIES:



PNFP FACILITIES:



PHP FACILITIES:



COMMUNITY HEALTH

A total of 334 CHEWs (166 in Lira and 168 in Mayuge) completed the 6 months training. The Training Manual for the CHEWs/VHTs was developed and approved for implementation. This manual is to be used to train VHTs Nationwide.

The community dashboard shows average access for recommended environmental health, good progress on access to care through VHTs for iCCM, shortage of commodities used at community level and noted gaps for access of immunization services in selected LGs..

MOH STRATEGIC PLAN IMPLEMENTATION

The total number of output indicators assessed this FY is 191 compared to 188 in the previous FY. The MoH achieved 59% (113) of the planned output targets compared to 51% (96) in FY 2021/22; made some progress though did not achieve the annual target for 11.5% (22) indicators compared to 22% (41) in the previous FY; made very minimal or no progress for 29% (55) compared to 25% (47) indicators; and 0.5% (1) compared to 2% (4) indicators were not assessed due to lack of data.

The objective areas with highest achievements for the planned outputs were 1) to improve functionality and adequacy of health infrastructure and logistics (79%), and to strengthen health sector governance, management and coordination for UHC (64%). Low achievement of the output targets was observed for Accelerating health research, innovation and technology development (50%), and ensuring availability of quality and safe medicines, vaccines and technologies (42%). Key reasons for not achieving the planned targets include, no/inadequate funding and delayed implementation due to multiple stakeholder consultative processes for example in development of regulations and strategic plans..

CONCLUSION

Overall, the sector has made good progress towards achieving the sector targets for the FY. The sector achieved 50% and made some progress in 20% of the KRA indicators; and achieved 46% and made progress in 8% of the outcome indicators. The major factors leading to non-achievement of the outcome indicators were lack/inadequate funding, challenges in distribution of EMHS leading to reduced availability at health facilities, low uptake of some public health interventions due to low-risk perception by the community, and ambitious targets which were set for some indicators.



INTRODUCTION

1.1 BACKGROUND

The Annual Health Sector Performance Report (AHSPR) for Financial Year (FY) 2022/23 has been compiled by the Ministry of Health (MoH) as an institutional Monitoring and Evaluation (M&E) requirement. It documents the sector progress, challenges, lessons learnt and propose ways of moving the health sector forward in relation to the National Development Plan (NDP). This report is the second health sector annual report during the NDP III (2020/21 – 2024/25) period. The report mainly focuses on the progress in implementation of the health subprogram interventions and actions under the Human Capital Development Program (HCDP) Program Implementation Action Plan for the FY 2022/23. It also includes assessment of the LG health sector performance as per the District League Table, Regional League Table and Health Facility performance for Regional Referral Hospitals (RRH), General Hospitals (GHs) and Health Center (HC) IVs using the Standard Unit of Outputs (SUO).

This report will be presented and discussed during the 29th Health Sector Joint Review Mission (JRM) in November 2023 and the recommendations will guide planning, programming and budget allocation for the next FY 2024/25.

1.2 VISION, MISSION, GOAL AND STRATEGIC OBJECTIVES OF THE HEALTH SECTOR

1.2.1 Vision

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

1.2.2 Mission

Our Mission is "To provide high quality and accessible health services to all people in Uganda, including addressing broader determinants of health to attain socio-economic development and prosperous life"

1.2.3 Goal

The HCDP primarily contributes to the NDP III objective four which is to: *enhance the productivity and social wellbeing of the population*. Nonetheless, the programme as well contributes to objectives (1), which is to: Enhance value addition in Key Growth Opportunities and (2) which is to: Strengthen private sector capacity to drive growth and create jobs.

The HCDP goal is to improve productivity of labour for increased competitiveness and better quality of life for all. The health sector contributes mainly to Objective 4 of the HCDP which is to **"Improve population health, safety and management"**.

The health sector is responsible for the following NDP III key results;

- i. Increased life expectancy
- ii. Reduced neonatal, infant, under 5 and maternal mortality rates
- iii. Reduced fertility rate

1.3 MINISTERIAL POLICY STATEMENT SUB-PROGRAMME PRIORITIES FOR THE FY 2022/23

The key Priorities for the Health Sub-programme in FY 2022/23 were:

- i. Country-wide vaccination against **Covid-19 targeting 22 million** people.
- ii. Maintaining resources in the budget to fund **Communicable and Non-communicable Diseases**.
- iii. Fast-tracking the National Health **Insurance Scheme Bill**.
- iv. Establishment of the **National Ambulance system**.
- v. Scale up Community disease surveillance mechanisms through strengthening the **Village Health Teams (VHTs)**.
- vi. Functionalization of **existing public health** facilities (National Referral Hospital, Regional Referral Hospital, General Hospitals, HC IVs & IIIs) based on agreed service delivery standards.
- vii. Invest in efforts for eradication of **Malaria** (Indoor Residual Spraying, Larviciding, Chemoprevention, Surveillance and Treatment of Malaria cases).

1.3.1 The Projected Demographics for FY 2022/23

The population estimates are derived from the Uganda Bureau of Statistics (UBOS) projections. The key demographic variables used to assess coverage for outcome indicators for the different age groups and interventions are shown in Table 1.

TABLE 1: POPULATION PROJECTIONS FOR FY 2022/23

Demographic Variables	Proportion	Population
Total population	100%	45,791,461
Males	49.1%	22,483,607
Females	50.9%	23,307,854
Children under 1 year	4.3%	1,694,033
Children under 5 years	17.3%	7,921,923
Children below 18 years	53.1%	24,315,266
Adolescents and youth (young people) (10 –24 years)	35.1%	16,072,803
Expected pregnancies	5%	2,289,573
Expected deliveries	4.8%	2,197,990
Women of reproductive age (15 - 49 years)	24.6%	11,264,699

UBOS Mid-year population projections 2022. The population used includes the 1,578,661 refugees recorded.

1.4 THE PROCESS OF COMPILING THE REPORT

The process of compiling the AHSPR was highly participatory involving all departments and the Technical Working Groups (TWGs) composed of MoH, Health Development Partners (HDP), Private Sector, Medical Bureaus and Civil Society Organisations (CSOs) representatives. The MoH Planning, Financing and Policy Department, constituted the secretariat and held a 5-day retreat for data synthesis and report writing with support from USAID-UHSS Activity. The draft report was shared with all Heads of Departments and TWGs for validation. The final draft was presented to the Senior Management Committee (SMC) and the Health Policy Advisory Committee (HPAC) for endorsement and final approval by Top Management.

The compilation of the report was based largely on quantitative data derived from the MoH Health Management Information System (HMIS) - District Health Information Software Version 2.37 (DHIS 2.37). Other quantitative and qualitative data was obtained from the following data sources;

- i. Uganda Demographic Health Survey 2022 Preliminary Findings
- ii. Integrated Financial Management Information System (IFMIS)
- iii. Quarterly Program Budgeting System Reports 2022/23
- iv. Annual Health Sector Performance Report 2022/23
- v. Program and project reports and assessments
- vi. Harmonized Health Facility Assessment Report, 2022
- vii. Local Government Performance Assessment Report, 2022
- viii. Supervision Performance Assessment and Recognition Reports
- ix. Human Resource Audit Report 2022
- x. Maternal and Perinatal Death Review Report 2022/23



CHAPTER 2

OVERALL SECTOR PERFORMANCE AND PROGRESS

Chapter two provides an overview of the health sector performance for FY 2022/23 covering analysis of the; i) health sector against NDP III HCDP Key Results Areas (KRAs), ii) Diseases Burden, iii) Intermediate outcome indicators, and key inputs including medicines and health supplies, and financing.

2.1 PERFORMANCE AGAINST THE NDP III KEY RESULT AREAS (KRAS)

The health sector contributes directly to 6 KRAs under the NDP III. Out of the 32 indicators, there was no current data for 1 and assessment was based on 31, of which the sector achieved targets for 15 (48.3%), made some progress for 6 (19.4%), did not achieve 10 (32.3%). In FY 2021/22 a total of 11 (34.4%) indicators were not assessed due to lack of data however, the UDHS 2022 preliminary findings have been released and used to assess progress. **Overall, the sector has made good progress towards achieving the sector targets.**

TABLE 2: SUMMARY OF PERFORMANCE AGAINST THE NDP III KEY RESULT AREAS IN FY 2022/23

No.	Key Result Area	Achieved	Progress	Not Achieved	Indicators Not Assessed
1	Improved Skills Mix	2 (100%)	-	-	-
2	Reduced morbidity and mortality of the population	8 (57%)	2 (14%)	4 (23%)	1
3	Improvement in the social determinants of health and safety	4 (50%)	2 (25%)	2 (25%)	-
4	Reduced fertility and dependence ratio	0	1 (33.3%)	2 (66.7%)	-
5	Universal Health Coverage	1 (33.3%)	0	2 (66.7%)	-
6	All key forms of inequalities reduced	-	1 (100%)	0	-
2022/23	Score (n= 31)	15 (48.3%)	6 (19.4%)	10 (32.3%)	1 (3.1%)
2021/22	% score (n = 21)	57.20%	4.80%	38%	11 (34.4%)
2020/21	% score (n = 20)	54.50%	18.20%	27.30%	12 (37.5%)

KRA 1: IMPROVED SKILLS MIX

There was an increase in the available health workers per population evidenced by an increase from 8,000 to 9,121 doctors and from 97,326 to 108,208 nurses and midwives registered with the respective Health Professional Councils. The annual target of number of health workers (doctors, midwives, nurses) per 10,000 population was met however, we are not able to determine the population access. Staffing level in the public health facilities was 74% based on the old structure.

The health workforce tracking mechanism is not fully functional. The iHRIS can only track health workers in the public and PNFP sectors excluding the private sector. There is need to institutionalize the National Health Workforce Accounts to track the entire health workforce in the country. Despite availability of trained health workers in the country, staffing levels have remained low (74% based on old structure) coupled with suboptimal performance.

KRA 2: REDUCE MORBIDITY AND MORTALITY OF THE POPULATION

The sector achieved 53.3% of the targets under this KRA including reduction in the number of new HIV infections from 1.3/1,000 to 1.21/1,000 population. Although there was an increase in hepatitis B incidence from 27% in 2021/22 to 33.4% in 2022/23, this was below the annual target of 40%. There was also reduction in the annual cardiovascular incident cases reported and incidence of road traffic accidents however there is need to improve on the sources of data to capture more holistic information. Mortality rate attributed to unsafe water, unsafe sanitation, and lack of hygiene (per 100,000) reduced by 48% from 54/100,000 to 28.1/100,000.

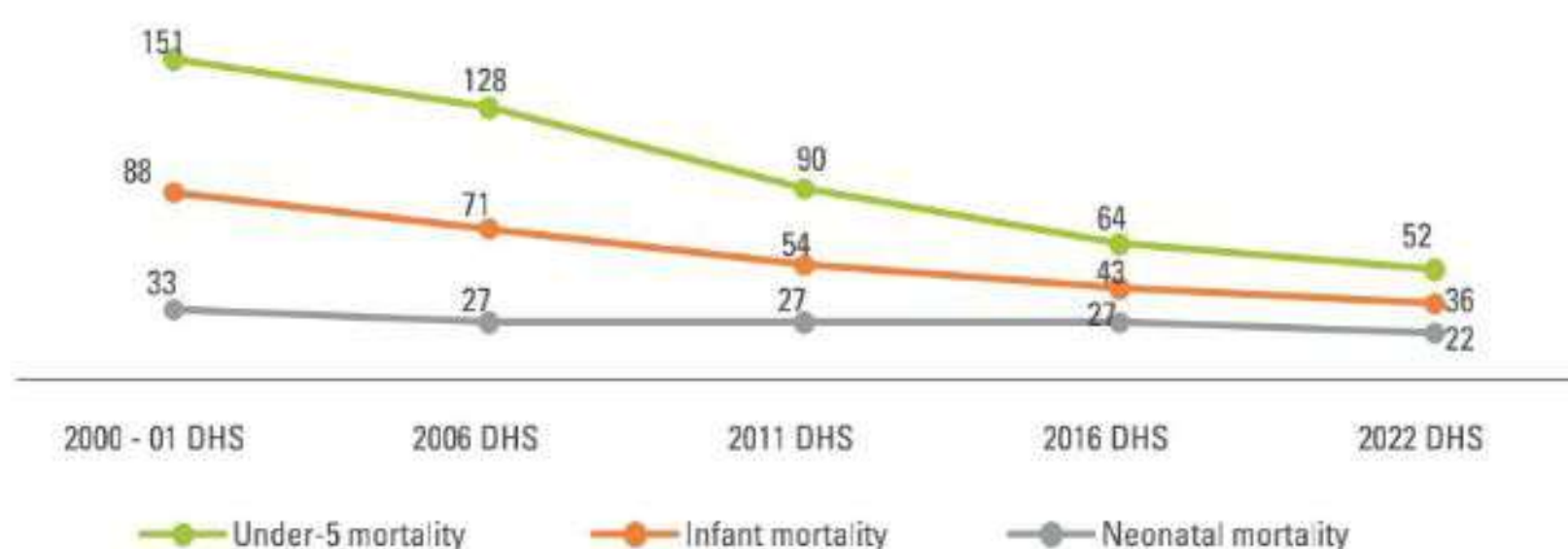
According to the UDHS 2022 findings, maternal mortality ratio reduced by 44% from 336/100,000 live births in 2016 to 189/100,000 live births. This has been a result of prioritization and increased focus on improving maternal health services specifically by increasing access through upgrading Health Centre (HC) IIs to HC IIIs, functionalization of HC IVs, RBF implementation with focus on RMNCAH, intensified Maternal Perinatal Death surveillance and weekly reviews, mentorship and continuous training of health workers.

FIGURE 1: MATERNAL MORTALITY RATIO PER 100,000 LIVE BIRTHS



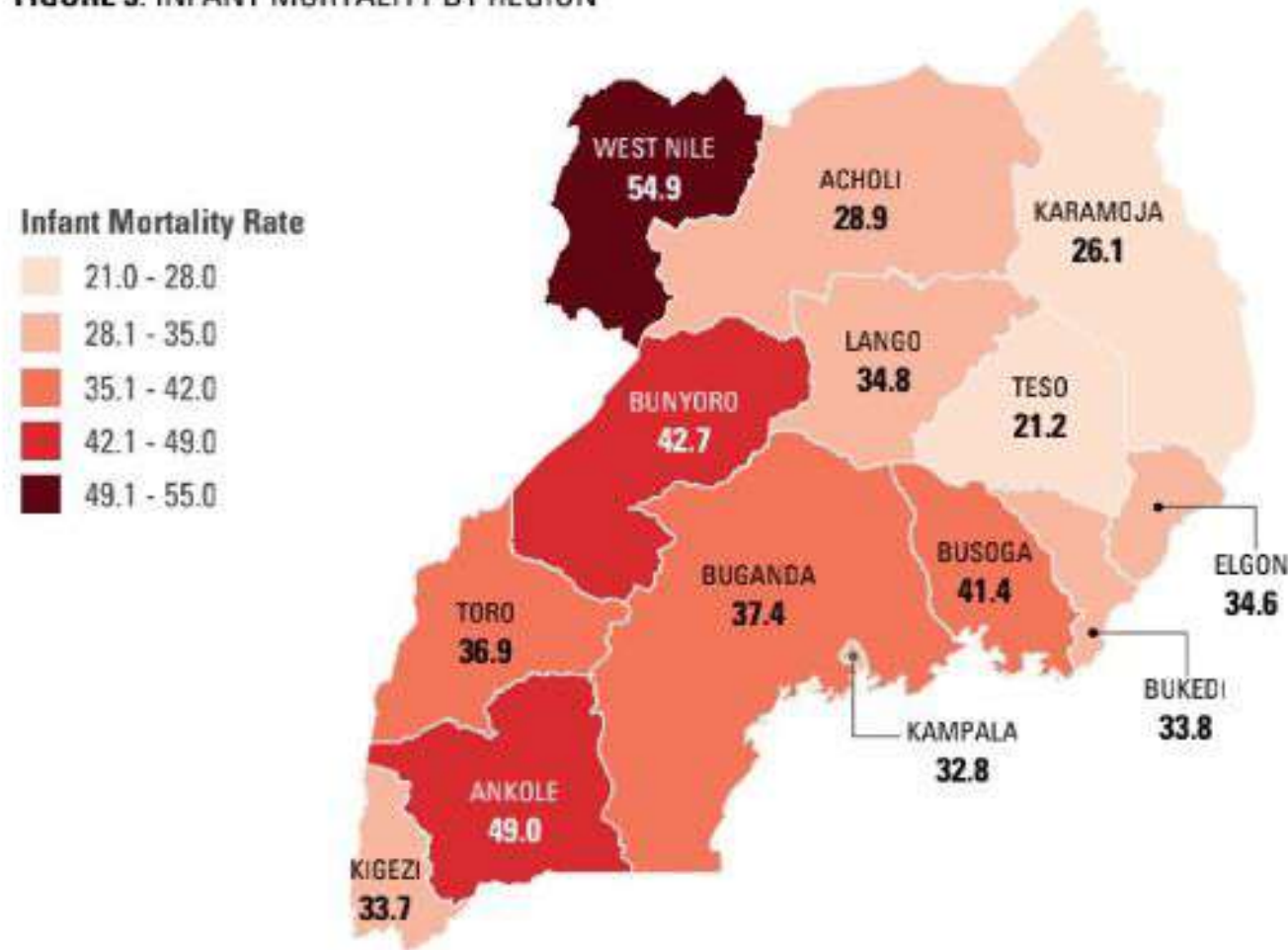
Under-five mortality rate reduced by 18.5% from 64/1,000 in 2016 to 52/1,000 live births in 2022; and infant mortality rate reduced by 16.3% from 43/1,000 in 2016 to 36/1,000 live births in 2022, and neonatal mortality rate also reduced by 18.5% from 27/1,000 to 22/1,000 live births (Figure 2).

FIGURE 2: TRENDS IN CHILDHOOD MORTALITY PER 1,000 LIVE BIRTHS



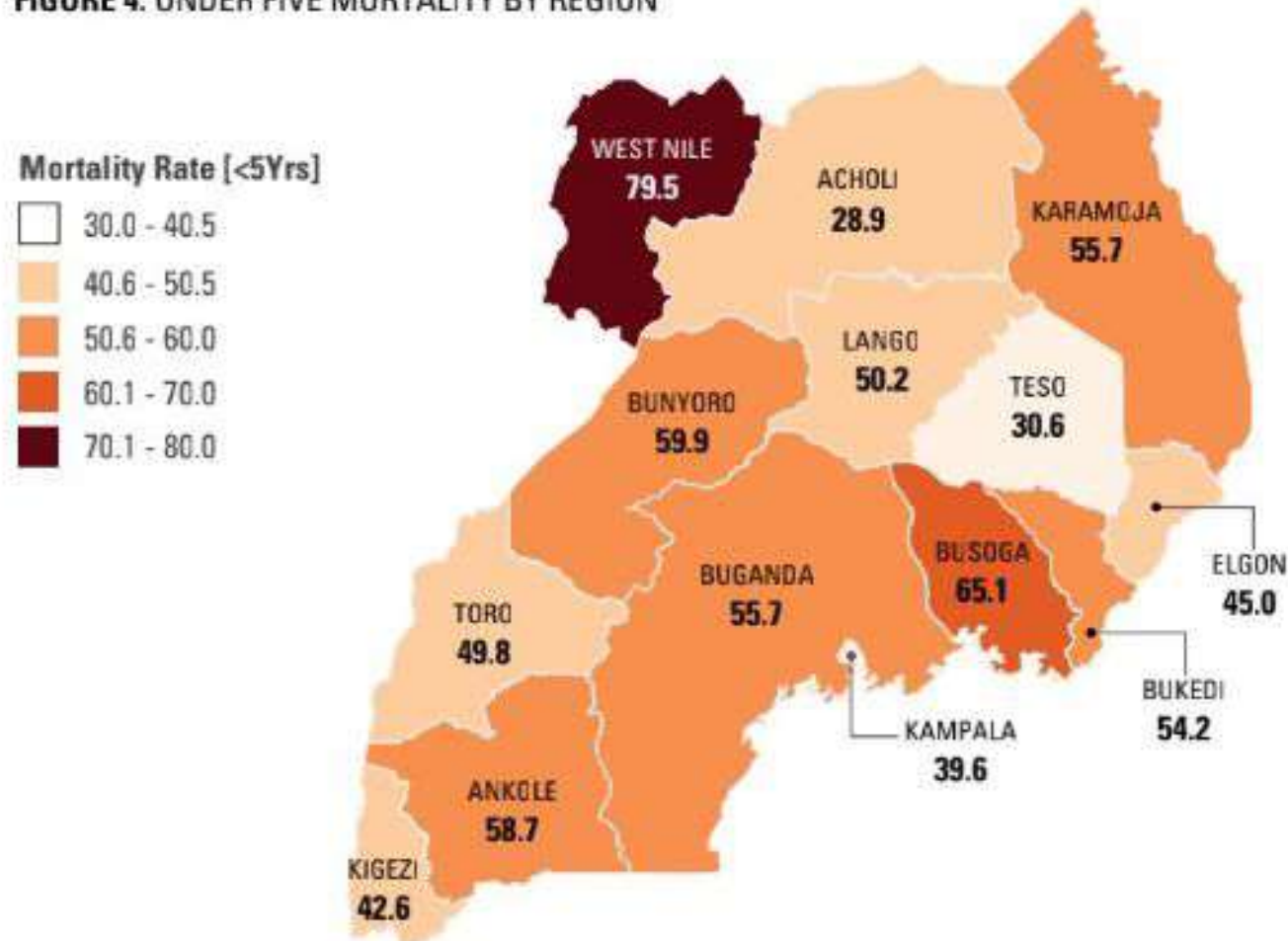
Infant mortality is highest in West Nile Region at 54.9/1,000 followed by Ankole at 49/1,000, and Bunyoro 42.7/1,000. Teso region has the lowest infant mortality rate at 21.1/1,000, followed by Karamoja at 26.1/1,000 and Acholi region at 28.9/1,000 live births. (Figure 3)

FIGURE 3: INFANT MORTALITY BY REGION



Under 5 mortality is highest in West Nile Region at 79.5/1,000 followed by Busoga at 65.1/1,000, and Bunyoro 59.9/1,000. Teso region has the lowest under five mortality rate at 30.6/1,000, followed by Kampala at 39.6/1,000 and Kigezi region at 42.6/1,000 live births. (Figure 4).

FIGURE 4: UNDER FIVE MORTALITY BY REGION



The TB incidence rate has continued to increase from 192/100,000 in 2021/22 to 199/100,000 which is higher than the target of 144/100,000 for FY 2022/23. This is attributed to the raising notification due to intensified case finding during the accelerated TB Community Awareness Screening and Testing (CAST) campaigns and improved diagnostics. Malaria incidence has also continued to rise to 375/1,000 population and is far above the set target of 200/1,000. Up to 42 districts in the regions of Bukedi, Teso, Busoga, Bunyoro, Tooro, Lango and Acholi were most affected by the malaria epidemic. There was minimal reduction in the proportion of under 5 illnesses attributed to diarrheal diseases from 7.7% to 7.1%. Annual cancer incident cases were not accessed due to lack of current data.

KRA 3: SOCIAL DETERMINANTS OF HEALTH

Only 37.5% (3 out of 8) of the indicator targets were met. According to UDHS 2022 finding, there was reduction in wasting among children under five from 4% in 2016 to 2.9% in 2022; mortality attributed to injuries from 16% to 4.5% of all deaths reported in the HMIS; prevalence of obesity in women from 24% to 8.4%, for men from 9% to 1.5% and children under five from 7.5% to 3.4%; Stunting in children under 5 years reduced by 10% from 29% to 26% though did not achieve the target of 23%. This could be attributed to climatic changes drought and food insecurity in many parts of the country.

FIGURE 5: TRENDS IN NUTRITIONAL STATUS OF CHILDREN (6 – 59 MONTHS)

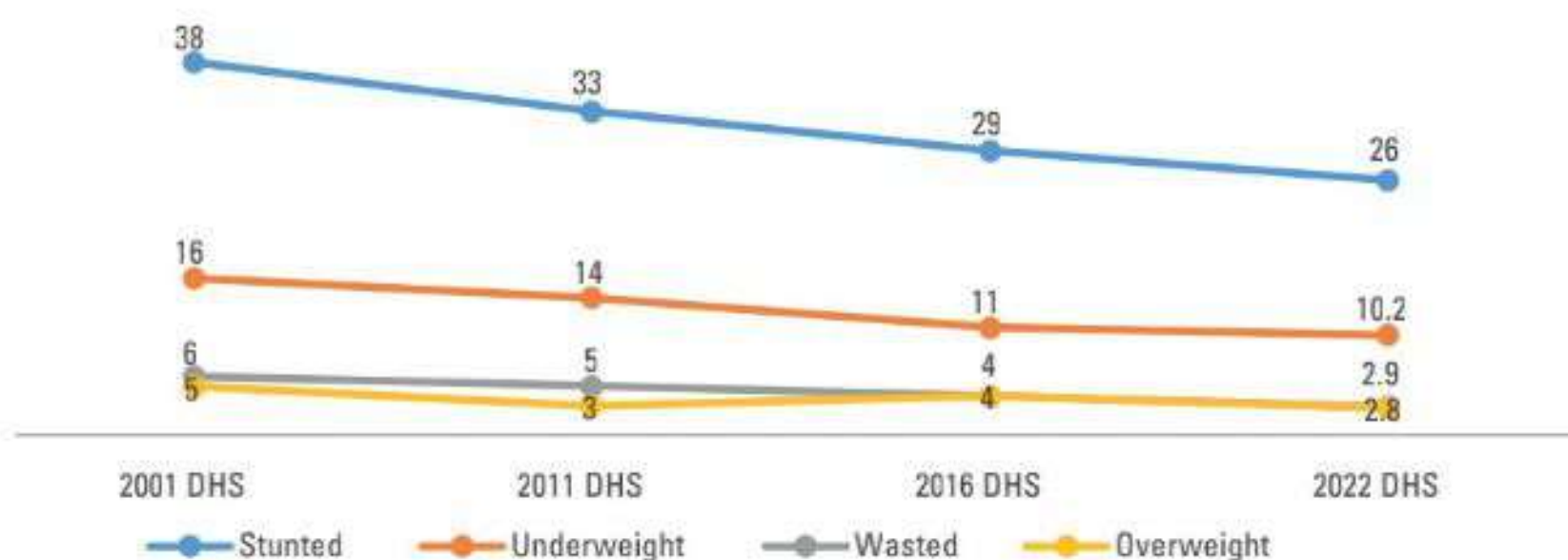
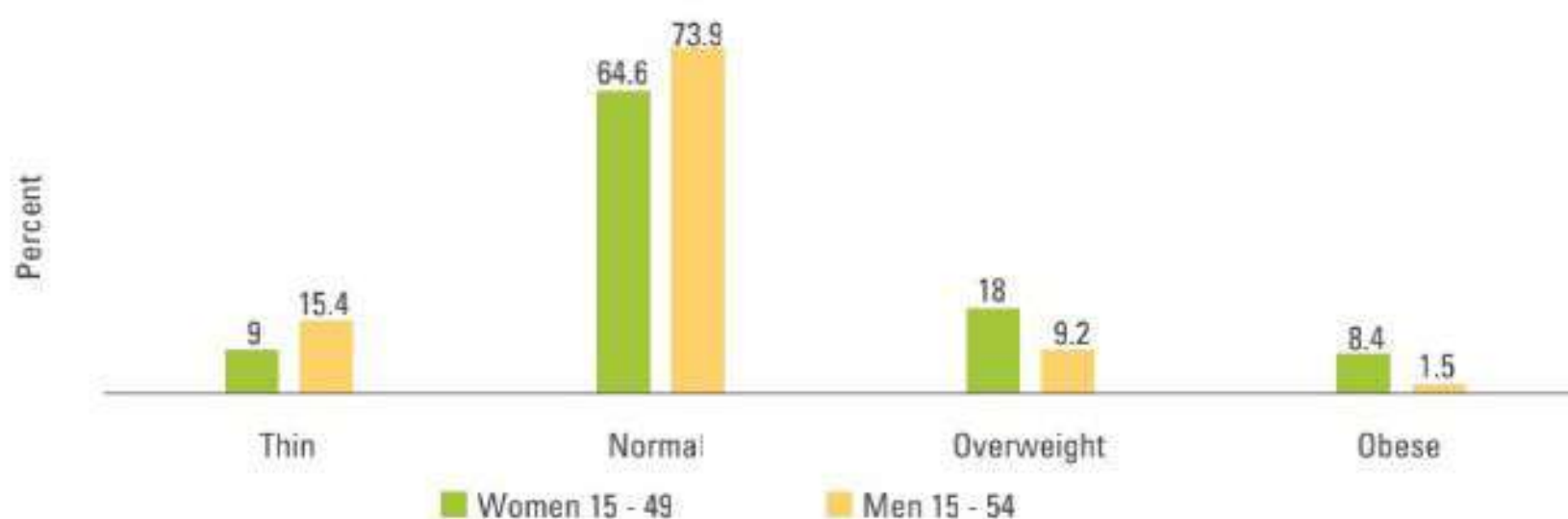


FIGURE 6: TRENDS IN NUTRITIONAL STATUS OF WOMEN AND MEN



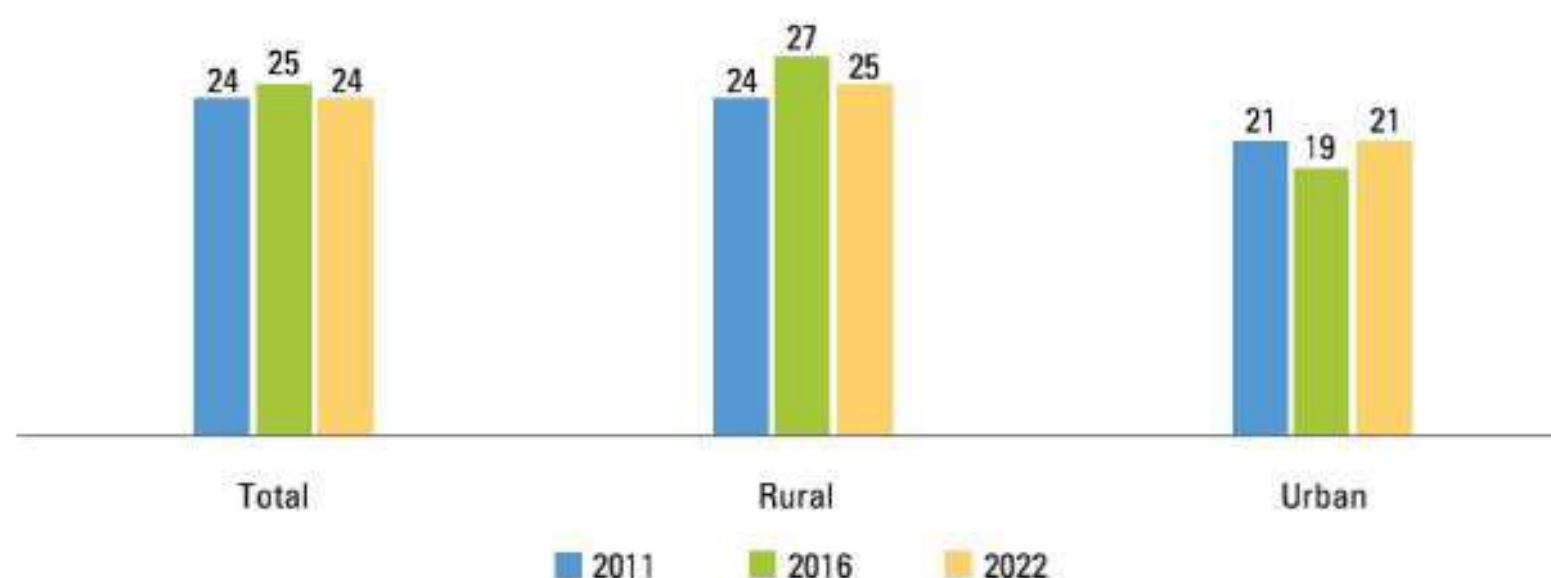
Source: UDHS 2022



Commemoration of the World Breastfeeding Week in Rupa Subcounty, Moroto District, 9th August 2022

There is minimal reduction in the prevalence of teenage pregnancy from 25% in 2016 to 24% in 2022 (urban 21% and rural 25%).

FIGURE 7: PERCENTAGE OF WOMEN 15 – 19 YEARS WHO ARE MOTHERS OR PREGNANT WITH THEIR FIRST CHILD



Source: UDHS 2022

The National Service Delivery Survey (NSDS) 2021 showed that 44% use improved toilet facilities up from 19% in 2017, 50% use unimproved toilet facility, while 5% of households in Uganda had no toilet facility. By subregion Karamoja (62%) has the highest proportion of households with no toilet facility followed by Acholi with 16%. High cost of construction (29%) and ignorance (26%) were cited as the major factors limiting toilet construction.

TABLE 3: HOUSEHOLD BY TYPE OF TOILET FACILITY USED (%)

Background Characteristics	Flush Toilet	VIP Latrine	Covered pit latrine with a slab	Covered pit latrine without a slab	Uncovered pit latrine with a slab	Uncovered pit latrine without a slab	Ecosan (compost toilet)	No facility / bush / polythene bag / bucket	Other
Residence									
Urban	9.5	18.0	39.8	20.1	4.4	6.0	0.4	1.7	0.2
Rural	0.4	8.5	24.3	34.6	6.0	18.2	0.3	7.1	0.7
Sub-regions									
Kampala	15.3	19.6	51.5	10.6	1.0	0.2	0.4	0.9	0.4
Buganda South	7.2	14.1	48.3	12.6	4.0	9.9	1.3	2.5	0.1
Buganda North	1.4	22.6	34.7	13.9	9.0	16.2	0.2	1.2	0.9
Busoga	1.5	5.0	33.9	43.2	2.6	10.6	0.0	2.9	0.3
Bukedi	1.8	6.8	22.7	48.9	5.5	7.2	0.0	6.9	0.2
Elgon	2.4	5.9	10.2	29.4	14.6	33.1	0.1	4.4	0.0
Teso	0.7	4.0	12.7	26.8	10.1	41.1	0.0	4.5	0.2
Karamoja	0.7	10.9	8.4	8.0	2.0	7.2	0.1	61.6	1.2
Lango	0.7	6.8	7.2	33.9	5.8	30.6	0.2	13.9	0.8
Acholi	2.0	6.4	13.2	38.2	4.3	19.7	0.0	16.1	0.1
West Nile	1.1	2.7	11.4	44.4	2.9	31.3	0.0	5.6	0.7
Bunyoro	0.1	9.8	43.8	23.3	7.3	10.7	0.0	3.8	1.2
Tooro	1.3	11.6	15.8	55.8	1.5	8.0	0.0	4.5	1.5
Ankole	2.2	18.4	24.0	45.1	7.8	1.6	0.0	0.5	0.3
Kigezi	1.3	12.9	26.5	45.6	9.0	2.7	0.4	0.7	0.8
National	3.3	11.5	29.1	30.0	5.5	14.3	0.3	5.4	0.5

Source: NSDS Report 2021

Hand hygiene is important to prevent the spread of diseases and this could be the major factor leading contributing to very slow reduction in the proportion of under 5 illnesses attributed to diarrheal diseases from 7.7% to 7.1%. The NSDS 2021 findings in Table 4 indicate that about seven in every ten households in Uganda had no hand washing facility at the time of the survey. The ideal hand washing facility is one with water and soap and results show that nationally only 14% of the household had a hand washing facility with water and soap while only 12% had a functional hand washing facility with water only. Busoga had the lowest percentage of households with an ideal hand washing facility of 3% followed by Bukedi with 5%.

TABLE 4: HOUSEHOLDS BY AVAILABILITY OF HANDWASHING FACILITIES (%)

Background Characteristics	Yes, with water only	Yes, with water and soap	Yes, with no water	No
Residence				
Urban	12.9	25.7	7.6	53.8
Rural	10.8	8.2	4.7	76.3
Sub-regions				
Kampala	15.8	27.5	10.4	46.4
Buganda South	17.2	24.3	8.3	50.2
Buganda North	13.0	25.9	5.9	55.3
Busoga	17.0	2.5	2.7	77.7
Bukedi	3.0	5.0	0.4	91.5
Elgon	10.8	17.0	4.9	67.3
Teso	13.8	6.1	2.4	77.6
Karamoja	7.7	8.7	5.1	78.5
Lango	6.6	6.7	2.8	83.9
Acholi	4.6	5.3	2.3	87.8
West Nile	12.6	6.3	4.7	76.4
Bunyoro	6.4	7.2	2.8	83.6
Tooro	7.8	4.7	1.2	86.3
Ankole	4.9	15.0	11.8	68.3
Kigezi	6.3	11.1	8.5	74.1
National	11.5	14.0	5.7	68.8

Source: NSDS Report 2021

The current alcohol abuse rate was not determined due to lack of data. However, according to the World Health Statistics Report 2023, Uganda ranks first in alcohol consumption on the African continent with an average Ugandan aged 15+ consuming 12.21 litres of pure alcohol annually (2019) compared to 5.5 litres globally. The report attributes 5.1% of the global diseases and injury to alcohol. There is need to increase awareness of the health and social problems for individuals and society at large caused by harmful use of alcohol as well as regulating and restricting the availability of alcohol.

High teenage pregnancy rate (24%), low access to basic sanitation (improved sanitation & hand washing facilities) and high alcohol consumption are the current critical problems causing significant negative impact on the health outcomes.

KRA 4: REDUCED FERTILITY AND DEPENDENCE RATE

According to UDHS 2022 findings total fertility rate (TFR) reduced minimally by 5.5% from 5.4 births per woman in 2016 to 5.2. This is very slow progress to achieve the 4.5 target by 2025. TFR is highest in Karamoja region (6.7) followed by Bukedi (6.5) and Busoga (5.7).

FIGURE 8: TRENDS IN TOTAL FERTILITY RATE

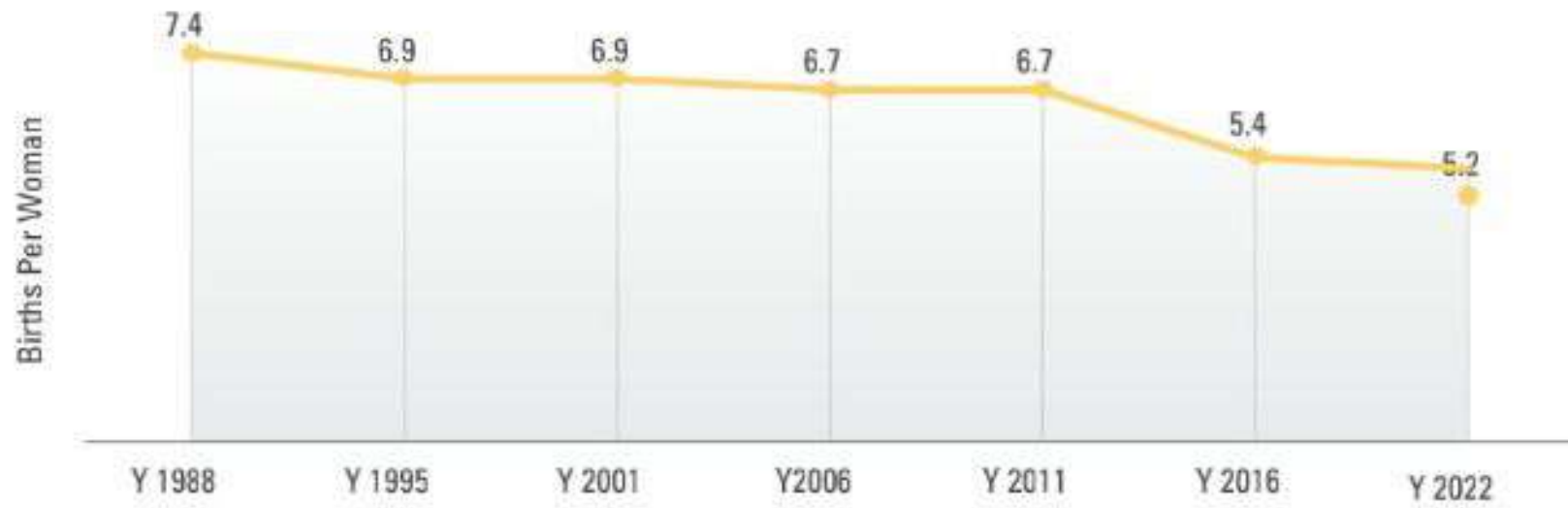
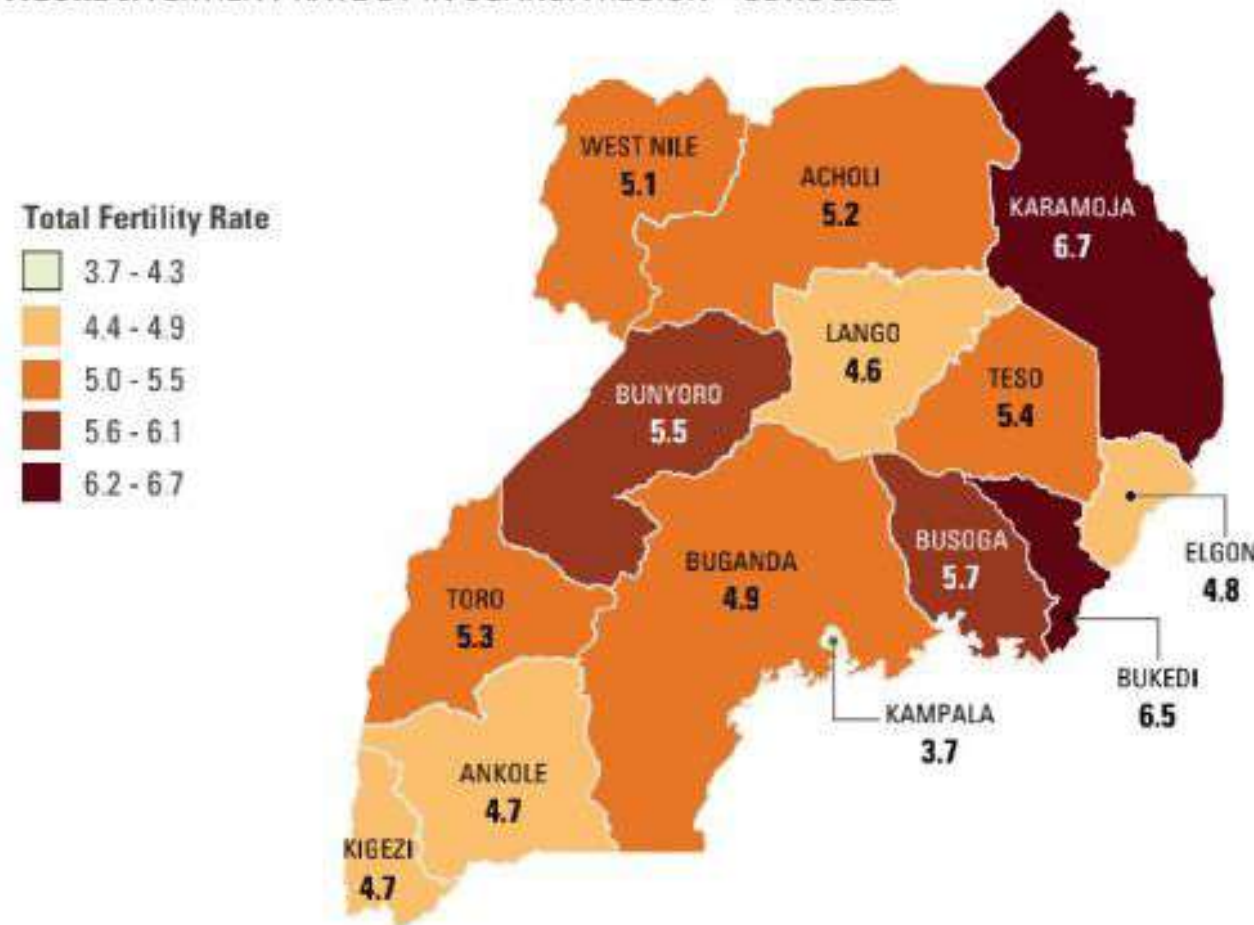


FIGURE 9: FERTILITY RATE BY IN UGANDA REGION – UDHS 2022



The percentage of women 15 – 49 years who are currently using any modern contraceptive method increased by 5.7% from 35% to 37% (Figure 10). This is far below the 50% target by 2025. Injectables and implants are the most commonly used methods.

FIGURE 10: PERCENTAGE OF WOMEN 15 – 49 YEARS WHO ARE CURRENTLY USING ANY MODERN CONTRACEPTIVE METHOD

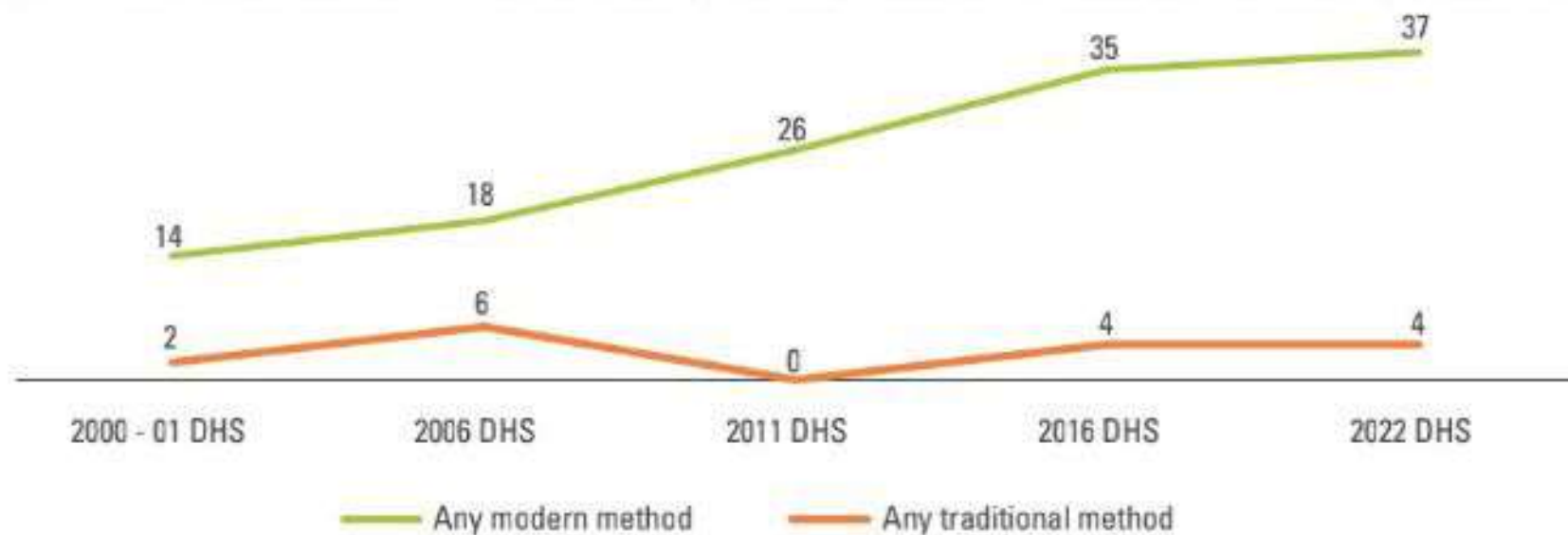
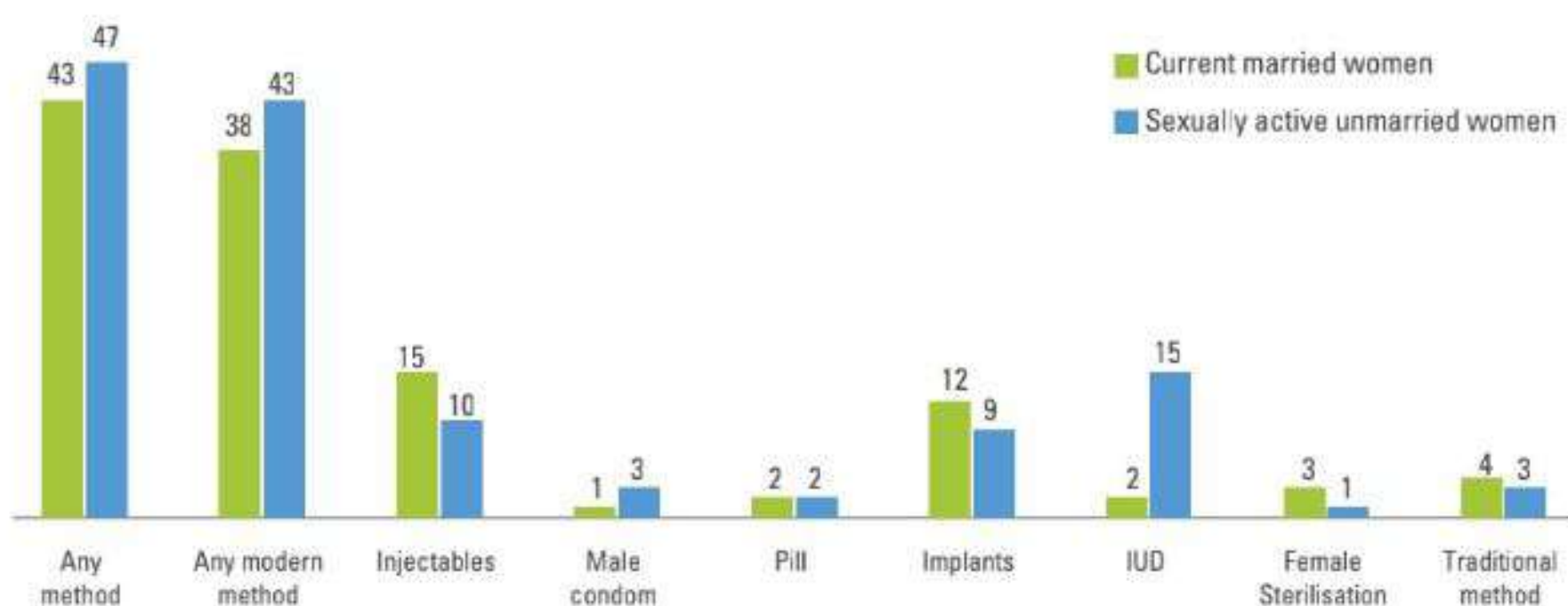


FIGURE 11: PERCENTAGE OF WOMEN 15-49 YEARS CURRENTLY USING A CONTRACEPTIVE METHOD



Source: UDHS 2022

The demand for family planning is 64% with an unmet need of 22% in 2022 compared to 24% in 2016. Up to 60% of the demand was satisfied by modern contraceptive methods.

FIGURE 12: DEMAND FOR FAMILY PLANNING AMONG CURRENTLY MARRIED WOMEN 15 – 49 YEARS



The adolescent birth rate has increased from 111/1,000 women aged 15 – 19 years in 2020 to 128/1,000 in 2022. Uganda is among the countries with the highest adolescent birth rate in the African region and globally. Early childbearing poses increased health risks to adolescent mothers, as well as hampering their access to education.

TABLE 5: COMPARISON OF ADOLESCENT BIRTH RATE IN EAST AFRICAN COUNTRIES & WHO AFRICA REGION AND GLOBALLY

Country	Adolescent Birth Rate per 1,000 women 15 – 19 years
Kenya	73.0
Rwanda	31.3
South Sudan	NA
Tanzania	138.9
Uganda	127.9
African Region	97.0
Global	41.9

Source: World Health Statistics Report 2023

The Total Fertility Rate in Uganda is very high and this is couple with a high adolescent birth rate with a resultant high dependance ratio and poor health outcomes.

KRA 5: UNIVERSAL HEALTH COVERAGE

According to the National Health Accounts 2020/21, there was a 29% reduction in out-of-pocket expenditure for the total health expenditure (THE) from 41% in 2018/19 FY to 29% in 2020/21 FY; and the proportion of the population accessing health insurance reduced by 46% from 3.9% in 2018/19 FY to 2.1% in 2020/21.

External financing remains the major source of financing for the health sector contributing 45.4% of the THE; followed by private funds at 29%; and public funds 25.6%. Under private funds there is very low coverage by prepayment mechanisms like health insurance at only 2.1% and this exposed households to catastrophic health expenditure.

According to the Harmonized Health Facility Assessment 2022, there was only 1% increase to **59% score for readiness capacity of health facilities to provide general services below the annual target of 70%**. Regions with higher readiness included Kampala 66% and West Nile 66%, and lowest in the Lango region at 54%. Facility level readiness was generally high, at 84% at National Referral Hospitals (NRHs), 86% at Regional Referral Hospitals (RRHs), 79% at General Hospitals (GHs), 85% at HC IV, 68% at HC III and 50% at HC II respectively. By managing authority, Private Not-For Profit (PNFP) health facilities had a higher readiness capacity followed by Private Health Providers (PHP) and lower in government facilities. The level of readiness was moderate at 66% in urban, 60% in peri-urban and 55% in rural settings.

TABLE 6: GENERAL SERVICE READINESS INDEX

	General Service Readiness Index	N
National	0.59	636
Region		
Acholi	0.60	28
Ankole	0.57	50
Bugisu	0.55	27
Bukedi	0.57	27
Bunyoro	0.58	27
Busiga	0.60	47
Kampala	0.66	99
Karamoja	0.56	16
Kigezi	0.56	33
Lango	0.54	23
North Central	0.57	64
South Central	0.60	84
Teso	0.56	29
Tooro	0.60	42
West Nile	0.66	40
Facility Level		
Facility Level		
National Referral Hospital	0.84	4
Regional Referral Hospital	0.86	17
General Hospital	0.85	153
Specialised Hospital	0.82	13
HC IV	0.79	67
HC III	0.68	186
HC II	0.50	196

	General Service Readiness Index	N
Managing Authority		
Government	0.55	361
PNFP	0.68	137
Private Health Providers	0.63	138
Location		
Urban	0.66	264
Rural	0.55	267
Peri-urban	0.60	105

MoH: HHFA 2022

Recommendations for improving service readiness are;

- The MoH should provide health facilities with guidelines and build the capacity of health workers through training to maintain high standards of care.
- Equip health facilities with communication equipment including mobile phones, landlines and radio calls with internet connectivity.
- Provision of reliable supply of safe water at all levels of care with special attention to Lango region.
- Review the supply chain management system to increase availability of essential medicines and health commodities nationwide..

The table below highlights the sector readiness against some selected indicators.

TABLE 7: SCORES FOR SELECTED SERVICE READINESS INDICATORS

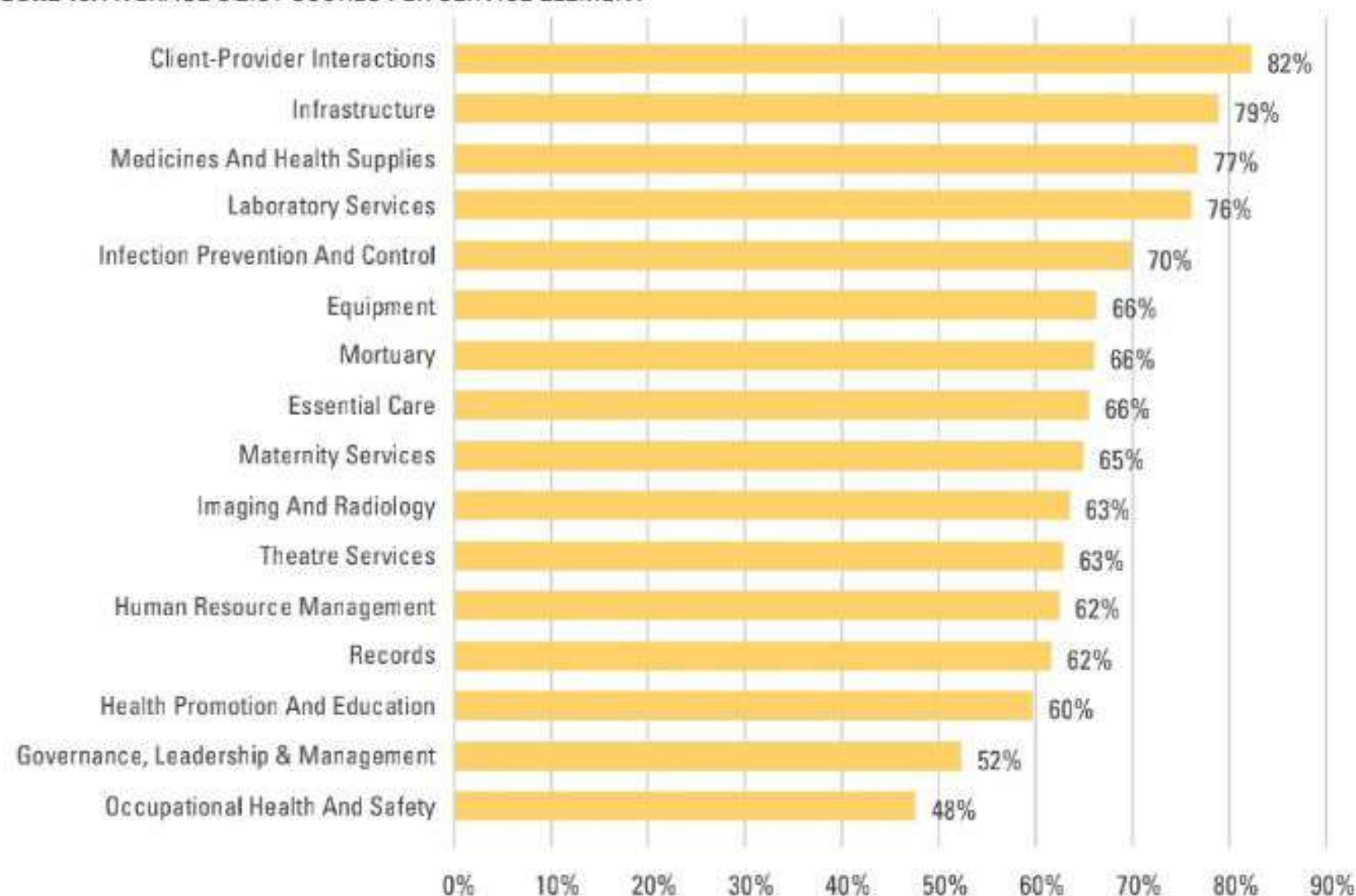
Indicator	Mean % of all items at facilities	% of facilities with all items	Remarks
Percentage of facilities with basic amenities for main service area (N= 636)	58%	8%	Across regions Lango and North Central had the least available power supply at 34%, and 49% respectively. Generally, emergency transportations, communication systems, and computers with internet were the least available.
Percentage of facilities with basic equipment in main service area (N= 636)	54%	2%	Equipment for special examinations e.g., pulse oximeters (34%), otoscopes (19%) and ophthalmoscope (12%) were very low nationally.
Percentage of facilities with standard precautions for infection prevention and control (N= 636)	52%	1%	Standard precautions for IPC were low. Nearly all facilities had environmental disinfectants (99%), and single use disposal syringes (98%). Lango region reported the lowest items at 39%
Percentage of facilities with Personal Protective Equipment (N= 636)	82%	37%	Generally, PPEs were available at all levels except hair covers which were available in less than half of all facilities (47%)
Percentage of health facilities with basic diagnostic capacity onsite (N = 636)	61%	23%	Capacity was high for malaria diagnostic testing at 99% and 82% for HIV. However, hemoglobin testing was extremely low at 25%
Percentage of health facilities with IPC in the laboratory (N = 589)	82%	36%	There is high availability of IPC equipment at 82% with exception of hand hygiene items at only 50%
Proportion of health facilities with essential medicines (N = 636)	77%	7%	The most widely available medicines were paracetamol tablets (88%), Amoxicillin tab/cap (95%), ACTs (93%), ORS (91%), Zinc sulfate tab or syrup 90%, and folic acid 94%.
Percentage of health facilities offering oxygen in OPD (N = 212)	74%	38%	Scarcity of oxygen at OPD was most reported at HC IIIs with only 39% having oxygen.
Percentage of health facilities with a main pharmacy store. (N = 636)	75%	3%	Only 20% of pharmacies had a functional fridge with temperature 2 - 80 C and used only for pharmaceuticals.

QI Initiatives in the Private Sector

The Self-regulatory Quality Improvement System Plus (SQIS+) is a digital quality improvement (QI) self-assessment tool for all private facilities, pharmacies and drug shops, as well as standalone units offering dentistry, ophthalmology, radiology and diagnostic services. The SQIS+ tool evaluates sixteen (16) service elements and generates a unique score, certificate, and QI plan for each participating facility.

In FY 2022/23, 1,406 private facilities from 46 LGs self-assessed using this tool. The **national average score was 65%, which is below the set pass mark of 80%**. While this performance is sub-optimal, it highlights the need for improvement in the quality of care provided, especially in small private facilities.

FIGURE 13: AVERAGE SQIS+ SCORES PER SERVICE ELEMENT



Recommendations:

1. Develop a comprehensive national strategy to ensure that the SQIS+ tool is uniformly cascaded in all LGs to ensure private healthcare facilities have access to the tool.
2. Focus on small and medium-sized private healthcare facilities where the low-income communities go to encourage them to utilize the SQIS+ tool in light of their limited access to QI expertise and resources.
3. Provide support to small and medium-sized private healthcare facilities to implement QI plans to improve quality of care strategies.
4. Leverage public-private partnerships in health desk officers to support SQIS+ uptake and provide guidance on how to use it effectively.
5. Sensitize low-performing LG health teams on how to use the SQIS+ tool to support QI in private healthcare facilities, and for effective use during inspections.

KRA 6: ALL KEY FORMS OF INEQUALITIES REDUCED

According to Tracking UHC 2023 Global Monitoring Report, the UHC service coverage index for Uganda has increased by 6.5% from 46% in 2017 to 49% in 2021. Similar slow trends are observed in the other East African countries.

TABLE 8: UHC SERVICE COVERAGE INDEX BY COUNTRY IN THE EAST AFRICAN REGION

Country	2000	2005	2010	2015	2017	2019	2021
Kenya	28	34	44	50	52	51	53
Rwanda	19	26	39	44	48	47	49
South Sudan	18	19	23	27	30	31	34
Tanzania	20	23	33	38	40	42	43
Uganda	22	28	36	43	46	48	49

Source: Tracking UHC 2023 Global Monitoring report (WHO & WB)

The estimates were based on UDHS 2016 for the service coverage indicators therefore the performance should be better based on the UDHS 2022 findings.

Table 9 provides the detailed performance against the 32 KRAs showing trends for the last 3 FYs.



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TABLE 9: PERFORMANCE AGAINST THE 32 NDP III KEY RESULT AREA INDICATORS FOR THE HEALTH SUB-PROGRAM

KRA	Description	Baseline 2019/20	Performance 2020/21	Performance 2021/22	Target 2022/23	Performance 2022/23	Remarks
KRA 1	Improved Skills Mix						
	1. Number of health workers (doctors, midwives, nurses) per 10,000 population	18/10,000	19/10,000	22.5/10,000	22/10,000	25.8/10,000	9,121 doctors, 108,208 nurses & midwives registered against a population of 45,508,000.
	2. Number of physicians per 10,000 population	1/10,000	1.2/10,000	1.8/10,000	1.4/10,000	2/10,000	(9,121/45,508,000) More physicians have been trained and registered however, the number in actual practice is lower. Only 4,738 (52%) renewed their practicing licenses in 2022.
KRA 2	Reduced Morbidity and Mortality of the population						
	Morbidity						
	3. Number of new HIV infections per 1,000 susceptible population	1.3/1,000	0.95/1,000	1.3/1,000	2.5/1,000	1.21/1,000	Achieved target. Comprehensive awareness about HIV prevention methods is about 80%
	4. Tuberculosis incidence per 100,000 population	234	192	192	144	199	Raising notification due to intensified case finding and improved diagnostics
	5. Malaria incidence per 1,000 population	293	302	317	200	375	The country experienced malaria epidemic. About 42 districts were affected in the regions of Bukedi, Teso, Busoga, Bunyoro, Tooro, Lango and Acholi.
	6. Hepatitis B incidence per 100,000 population	60	NA	27	40	33.4	Pentavalent vaccination (which includes hepatitis B) for infants contributes to the low new infections among the children below 5 years
	7. Annual Cancer Incident Cases	80,000	NA	NA	50,000	NA	Only 34,008 incident cases were captured from the Kampala and Gulu Cancer registries only. Cases from other regions are not captured as scale up of the registries is still ongoing
	8. Annual Cardiovascular Incident cases	NA	NA	NA	5,000	2,539	Reported through the DHIS2. There is need for a survey to get more accurate and reliable data.
	9. Incidence of Road accidents per 100,000	235	28.6	39.2	150	44.5	According to the Annual Crime Report 2022, the country registered 20,394 cases of road accidents in 2022 compared to 17,443 registered the previous year. Out of every 100 crashes, 22 people died while 61 percent of all accidents were as a result of reckless driving
	10. Under 5 illnesses attributed to diarrheal diseases, (%)	6.9	7.9	7.7	4	7.1	Slow reduction, need to address water and sanitation challenges.

KRA	Description	Baseline 2019/20	Performance 2020/21	Performance 2021/22	Target 2022/23	Performance 2022/23	Remarks
	Mortality						
	11. Maternal Mortality ratio (per 100,000)	336	NA	NA	320	189	Increased access to services e.g., upgrading HC IIs to HC IIs, RBF implementation with focus on RMNCAH, intensified MPD surveillance and weekly reviews, mentorship and continuous training of health workers.
	12. Neonatal Mortality Rate (per 1,000)	27	NA	NA	17	22	18.5% reduction
	13. Under Five Mortality Rate (Per 1,000)	64	NA	NA	34	52	18.5% reduction. West Nile (79.5), Busoga (65.1), Bunyoro (59.9) and Ankole (58.7) regions have the highest under 5 mortality rates. Apart from neonatal deaths other causes of under five deaths are malaria, diarrhoeal diseases and respiratory infections
	14. Hypertension rate (%)	3.2	3.5	3.5	2.6	3.5	Based on UNHHS Report 2020
		Male	2.1	2.1	2.1		
		Female	4.8	4.8	4.8		
	15. Diabetes rate (%)	2.5	0.8	0.8	2.2	0.8	Based on UNHHS Report 2020
		Male	0.8	0.8	0.8		
		Female	0.9	0.9	0.9		
	16. Reduce proportion of mortality due to communicable diseases (Malaria, AIDS and TB) from 60 in 2017 to 30 by 2025)	60%	43%	53%	40%	50.8%	The total number of deaths due to Malaria, HIV/AIDS and TB was 15,174
	17. Mortality rate Attributed to unsafe water, unsafe sanitation, and lack of hygiene (per 100,000)	54	NA	NA	48	28.1	Based on WHS Report 2022
KRA 3	Improvement in the social determinants of health and safety						
	18. Prevalence of teenage Pregnancy (%)	25	NA	NA	18	24	Not achieved (Urban 21%, rural 25%)
	19. Stunting U5 (%)	29	25	25	23	26	10% reduction ant Target not achieved. This could be attributed to climatic changes drought, insecurity, food insecurity in many parts of the country.
		Male	30.8	30.8			
		Female	20.2	20.2			
	20. Wasting U5 (%)	4	3.2	3.2	2	2.9	27.5% reduction
		Urban	4.3	4.3			
		Rural	2.8	2.8			

KRA	Description	Baseline 2019/20	Performance 2020/21	Performance 2021/22	Target 2022/23	Performance 2022/23	Remarks	
	21. Mortality attributed to injuries (%)	13	11	16	10	4.5	Based on HMIS reports. Road traffic mortality rate is 29.4/100,000 population (WHS Report)	
	22. Prevalence of obesity, (%)	Women	24	11.8	11.8	16	8.4	Women are more likely to become obese than men
		Men	9	2.3	2.3	6	1.5	
		Children U5	7.5	3.1	3.1	5	3.4	
23. Alcohol abuse Rate (%)	5.8	2.5	2.5	5.2	NA	NA	Uganda ranks first in alcohol consumption on the African continent with an average Ugandan aged 15+ consuming 12.21 litres of pure alcohol annually. Source NSDS Report 2021	
24. Improved sanitation coverage (toilet)	19	24.5	24.5	32	44	44	MoWE, Water & Environment Sector Performance Report 2020	
25. Improved handwashing facility (soap and water at home) (%)	34	44.7	44.7	42	49.5	49.5		
KRA 4	Reduced fertility and dependence ratio							
Indicators	26. Total Fertility Rate (%)	5.4	NA	NA	4.8	5.2	Slow reduction	
	27. Adolescent fertility rate (Birth rate per 1,000 adolescent women)	10 – 14 years	2/1,000	NA	NA			
		15 – 19 years	132/1,000	111/1,000	111/1,000	130	128/1,000	Based on WHS Report 2023
28. Unmet need for Family Planning (%)	28	31	22.7	18	22	22	21.4% reduction. Need to increase access to FP services	
KRA 5	Universal Health Coverage							
	29. Proportion of the population accessing health insurance (%)	All	3.9	3.9	17	2.1	Reducing over the years	
		Urban	6.4	6.4		NA		
		Rural	2	2		NA		
30. Out of pocket health expenditure (financial protection for ill health), (%)	42	41	37.1	30	29	29	NHA 2020/21	
31. Readiness capacity of health facilities to provide general services (%)	52	58	58	70	59	59	Assessment was carried out in 2022	
KRA 6	All key forms of inequalities reduced							
	32. Proportion of the population accessing Universal health care, (Universal Health Coverage Index), (%)	46	NA	NA	53	49	Source: 2023 Global Monitoring report. Service coverage indicators were based on UDHS 2016.	

2.2 DISEASE BURDEN

2.2.1 Out Patients Department (OPD) Attendances

There was an increase in the total OPD attendances (new and revisits) by 3.8% to 46,261,118 attendances compared to 44,577,830 in FY 2021/22. OPD attendances for children under 5 years accounted for 18.9% (Males 9.0% & Females 9.8%) of all attendances whereas females above 5 years accounted for 50.9% of all the OPD attendances.

TABLE 10: TRENDS IN OPD ATTENDANCES BY AGE GROUP

FY	Under 5 years			5 Above years			Total
	Male	Female	All Sexes	Male	Female	All Sexes	
2022/23	4,180,589	4,542,814	8,723,403	13,990,786	23,546,929	37,537,715	46,261,118
	9.0%	9.8%	18.9%	30.2%	50.9%	81.1%	100%
2021/22	4,317,149	4,676,584	8,993,733	13,091,981	22,492,116	35,584,097	44,577,830
	9.7%	10.5%	20.2%	29.4%	50.5%	79.8%	100.0%

Overall, there is an increase in OPD attendances at general hospitals, HC IVs and HC IIIs. There is a significant increase in the number of HC IIIs from 1,635 reporting in 2021/22 to 1,879 in 2022/23. This is largely due to the functionalization of the upgraded HC IIs to IIIs under the Uganda Intergovernmental Fiscal Transfer Reform (UglFT) program.

TABLE 11: NUMBER OF OPD ATTENDANCES BY HEALTH FACILITY LEVEL IN FY 2022/23

Level	FY 2021/22			FY 2022/23			
	No. of Health Facilities reporting	% of OPD Attendances	Average OPD Attendances per Level	No. of Health Facilities reporting	No. of OPD Attendances	% of OPD Attendances	Average OPD Attendances per Level
NRH	5	0.5%	45,280	5	226,536	0.5%	45,307
RRH	16	3.6%	99,451	16	1,559,901	3.4%	91,759
GH	190	11.5%	26,796	183	5,828,061	12.6%	29,140
HC IV	240	9.8%	18,070	245	5,217,574	11.3%	20,145
HC III	1,635	37.8%	10,265	1,879	18,597,519	40.2%	9,252
HC II	3,413	33.8%	4,396	3,303	13,424,934	29.0%	2,803
Clinic	437	3.1%	3,193	394	1,406,593	3.0%	2,236
Total	5,936	100%	7,485	6,025	46,261,118	100%	5,849

2.2.2 Common Conditions in OPD Attendance

Malaria remains the leading condition accounting for 31.1% of all OPD attendances followed by cough or cold (no pneumonia) at 20.2%, urinary tract infections (4.5%) and gastrointestinal disorders (no-infective) at 3.9%. The increase in number of malaria cases reported was by only 0.6% compared to 5% in the previous FY. There was a 29% increase in the number of OPD attendances due to hypertension whereas attendances due to pneumonia and acute diarrhoea reduced by 11.3% and 11.8% respectively.

TABLE 12: CHANGE IN THE NUMBER OF CONDITIONS LEADING TO THE TOP CAUSES OF OPD ATTENDANCE

Diagnosis	FY 2020/21	FY 2021/22	% change	FY 2022/23	% change
Malaria	13,604,703	14,295,199	5%	14,381,183	0.60%
Cough or cold - No Pneumonia	9,113,103	9,113,485	0%	9,347,156	2.56%
Urinary Tract Infections	2,143,089	2,083,578	-3%	2,102,008	0.88%
Gastro-Intestinal Disorders	1,952,200	1,796,554	-8%	1,819,954	1.30%
Intestinal Worms	1,673,886	1,388,914	-17%	1,224,676	-11.82%
Skin Diseases	1,507,755	1,196,614	-21%	1,181,354	-1.28%
Diarrhoea - Acute	1,509,895	1,170,469	-22%	1,088,847	-6.97%
Hypertension	705,380	717,045	1.7%	926,235	29.17%
Pneumonia	912,264	982,509	8%	871,363	-11.31%
Injuries	508,245	625,249	23.0%	629,718	-0.7%

TABLE 13: TOP 20 DISEASE CONDITIONS AMONG OPD ATTENDANCES IN FY 2022/23

Diagnosis	FY 2021/22			FY 2022/23						% Of OPD attendance	
	Total	% Of OPD attendance		Under 5		Above 5		Total	% Of OPD attendance		
		Male	Female	Male	Female	Male	Female				Total
Malaria	14,295,199	32.1%		1,539,809	1,677,528	3,217,337	4,217,151	6,946,695	11,163,846	14,381,183	31.1%
Cough or cold - No Pneumonia	9,113,485	20.4%		1,093,538	1,209,654	2,303,192	2,968,330	4,075,634	7,043,964	9,347,156	20.2%
Urinary Tract Infections	2,083,578	4.7%		28,830	37,939	66,769	543,225	1,492,014	2,035,239	2,102,008	4.5%
Gastro-Intestinal Disorders (non-Infected)	1,796,554	4.0%		55,335	59,023	114,358	524,919	1,180,677	1,705,596	1,819,954	3.9%
Intestinal Worms	1,388,914	3.1%		126,889	144,754	271,643	357,672	595,361	953,033	1,224,676	2.6%
Skin Diseases	1,196,614	2.7%		170,143	184,461	354,604	354,316	472,434	826,750	1,181,354	2.6%
Diarrhoea - Acute	1,170,469	2.6%		288,392	297,389	585,781	229,784	273,282	503,066	1,088,847	2.4%
Hypertension	717,045	1.6%		-	-	-	251,707	674,528	926,235	926,235	2.0%
Pneumonia	982,509	2.2%		214,240	223,869	438,109	174,395	258,859	433,254	871,363	1.9%
Injuries	625,249	1.5%		21,418	21,397	42,815	298,869	288,034	586,903	629,718	1.4%
Tooth extractions	462,521	1.0%		8,682	10,145	18,827	194,661	298,436	493,097	511,924	1.1%
Sexually Transmitted Infection	511,231	1.1%		2,173	3,970	6,143	138,097	360,885	498,982	505,125	1.1%
Pelvic Inflammatory Disease (PID)	503,519	1.1%		-	1,976	1,976	-	476,528	476,528	478,504	1.0%
Tonsillitis	365,188	0.8%		16,673	19,389	36,062	125,374	313,482	438,856	474,918	1.0%
Allergic conjunctivitis	378,711	0.8%		37,122	37,763	74,885	133,140	205,787	338,927	413,812	0.9%
Dental Caries	367,780	0.8%		6,742	8,513	15,255	159,378	229,356	388,734	403,989	0.9%
Bacterial Conjunctivitis	372,520	0.8%		62,376	64,672	127,048	89,129	136,136	225,265	352,313	0.8%
Diabetes mellitus	302,278	0.7%		105	112	217	118,857	211,854	330,711	330,928	0.7%
Epilepsy	251,979	0.6%		8,685	6,917	15,602	120,045	128,196	248,241	263,843	0.6%
Otitis media acute and chronic	228,699	0.5%		32,187	34,983	67,170	57,792	81,716	139,508	206,678	0.4%
All other OPD attendance	7,418,922	16.6%		467,250	498,360	965,610	2,933,945	4,847,035	7,780,980	8,746,590	18.9%
Total	44,577,830	100.0%		4,180,569	4,542,814	8,723,403	13,990,786	23,546,929	37,537,715	46,261,118	100.0%

2.2.3 Injuries among OPD Attendances

OPD attendances due to all injuries reduced by 8.8% from 624,721 to in 2021/22 to 574,186 in 2022/23. **Trauma due to other causes accounted for 60.8% of all injuries, followed by road traffic injuries (RTIs) at 21.9%. Among the RTIs; motorcycles contributed 55.4%, other RTIs 19.9%, motor vehicles 17.8% and bicycles 7%.** Whereas, there was a reduction in RTIs seen at health facilities due to motor vehicles by 8.8%, there was a 2% increase in RTIs due to motorcycles.

There was 10% reduction in the number of injuries reported due to Gender Based Violence (GBV) from 59,296 to 65,269 among all ages. Among these 21,024 (32.2%) children under 19 years.

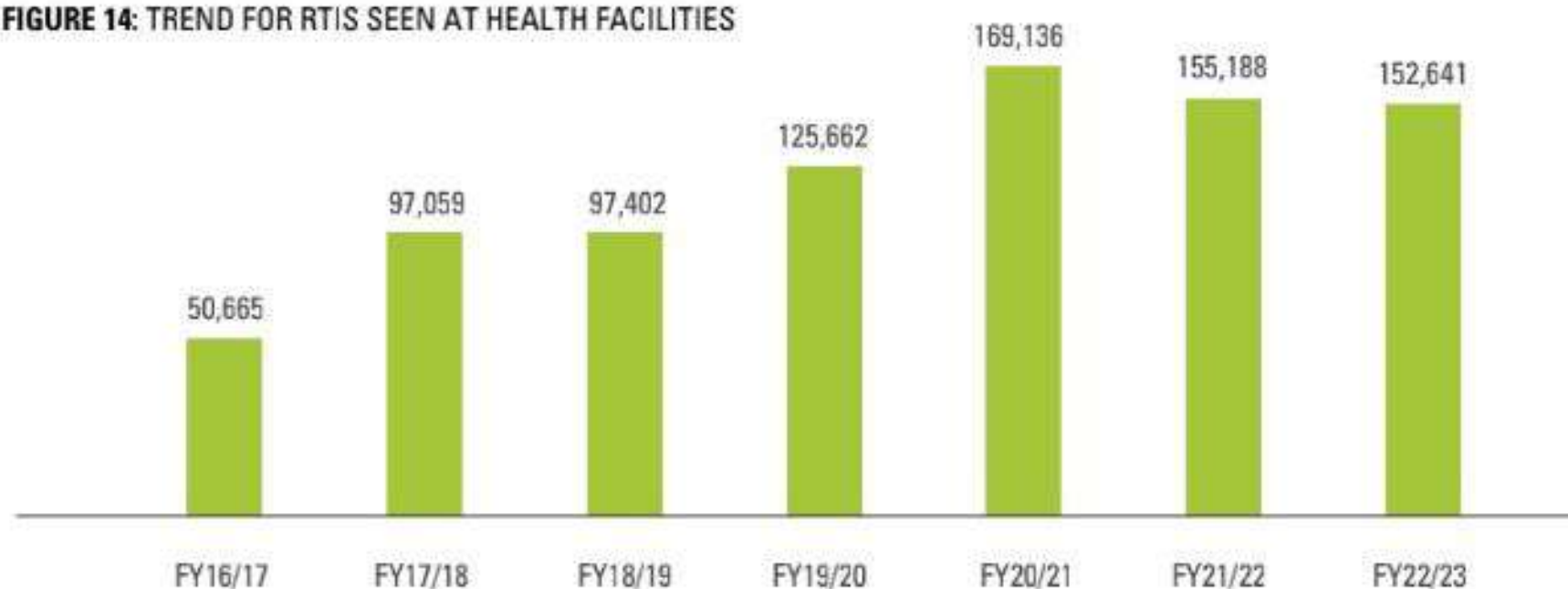
TABLE 14: CAUSES OF INJURIES AMONG OPD ATTENDANCES

Type of injury	FY 2021/22		FY 2022/23				Total	%
	Total	%	0-4 Yrs	5 - 9 Yrs	10 - 19 Yrs	20+		
Jaw injuries	7,446	1%	398	467	1,227	5,126	7,218	1.3%
RTI - Motor Vehicle	29,719	5%	1,110	1,821	5,037	19,137	27,105	4.7%
RTI - Motor Cycle	82,699	13%	3,276	5,351	16,480	59,373	84,480	14.7%
RTI - Bicycles	11,298	2%	811	1,647	2,882	5,332	10,672	1.9%
RTI - Others	31,536	5%	2,557	2,860	5,926	19,023	30,366	5.3%
Injuries due to GBV	59,296	9%	905	1,459	18,660	44,245	65,269	11.4%
Injuries (Trauma other causes)	402,727	64%	29,880	30,093	74,994	214,109	349,076	60.8%
Total	624,721	100%	38,937	43,698	125,206	366,345	574,186	100.00%

Source: MoH, HMIS

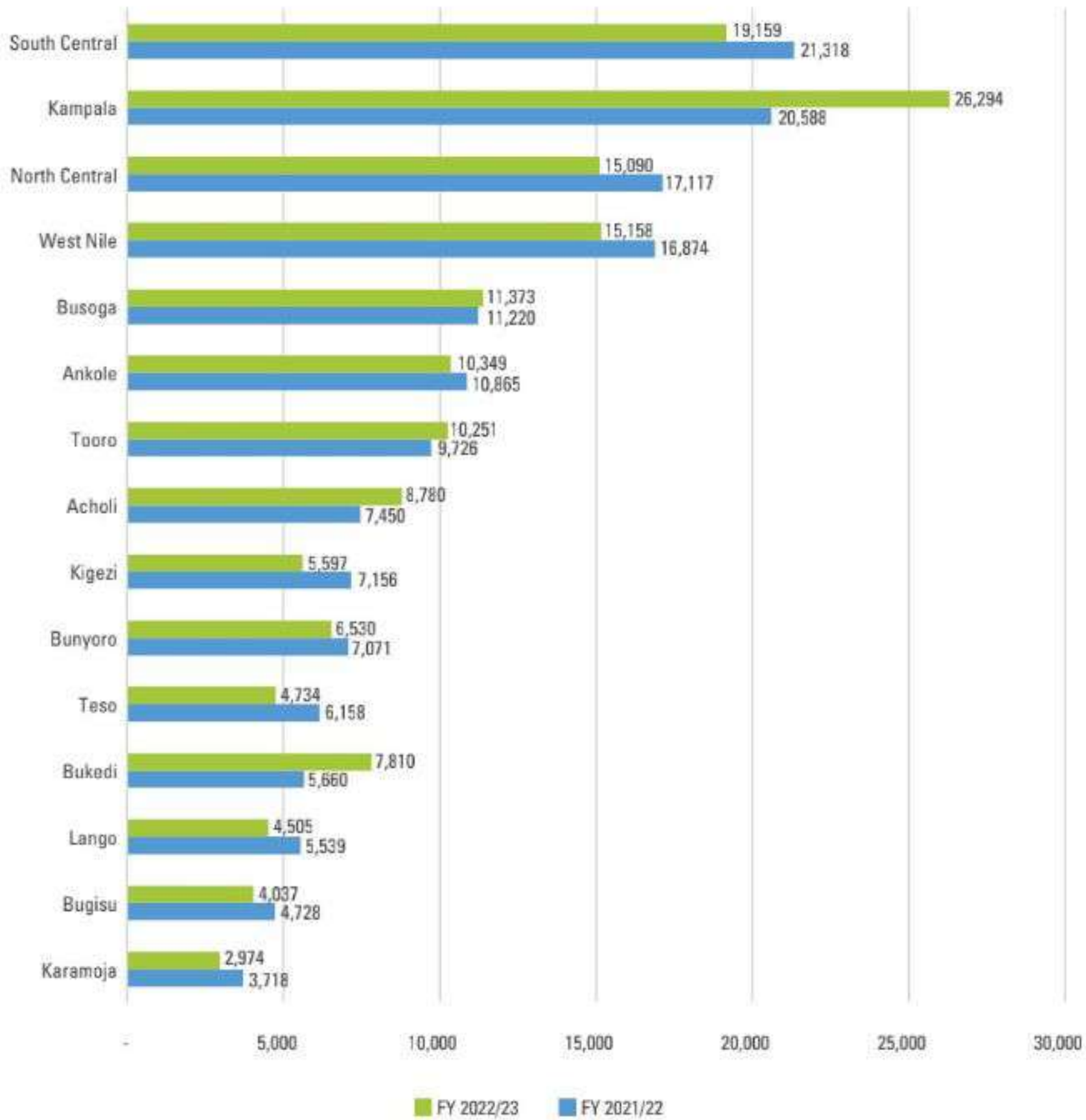
The number of RTIs seen at health facilities has continued to reduce from 169,134 in FY 2020/21 to 155,188 in FY 2021/22 and 152,641 in FY 2022/23. Many RTIs are reported at the Police but not captured in the HMIS.

FIGURE 14: TREND FOR RTIS SEEN AT HEALTH FACILITIES



Kampala region reported the highest number of RTIs (26,294) followed by South Central (19,159), West Nile (15,158) and North Central (15,087). Kampala region also registered the highest increase in RTIs from 20,588 in FY 2021/22 to 26,294 in 2022/23. Bukedi and Acholi regions also registered some increase in the RTIs at managed at the health facilities.

FIGURE 15: TRENDS IN REGIONAL VARIATIONS OF RTIS REPORTED AT HEALTH FACILITIES



Source: MoH, HMIS

2.2.4 Mental Health Conditions among OPD Attendance

Mental health conditions still contributed 1% (520,614/46,261,118) of all OPD attendances. An increase of 14% is observed in the number of outpatient attendances due to mental health conditions in FY 2022/23. **Epilepsy remains the most common mental health condition constituting 50.7% of attendances followed by bipolar disorder at 9.7% and unipolar depressive disorders at 8.6%.** The number of attendances due to unipolar depressive order significantly increased by 144% from 18,378 in FY 2021/22 to 44,824 in 2022/23. Anxiety disorder due to GBV also increased by 47.4%. (Table 15).

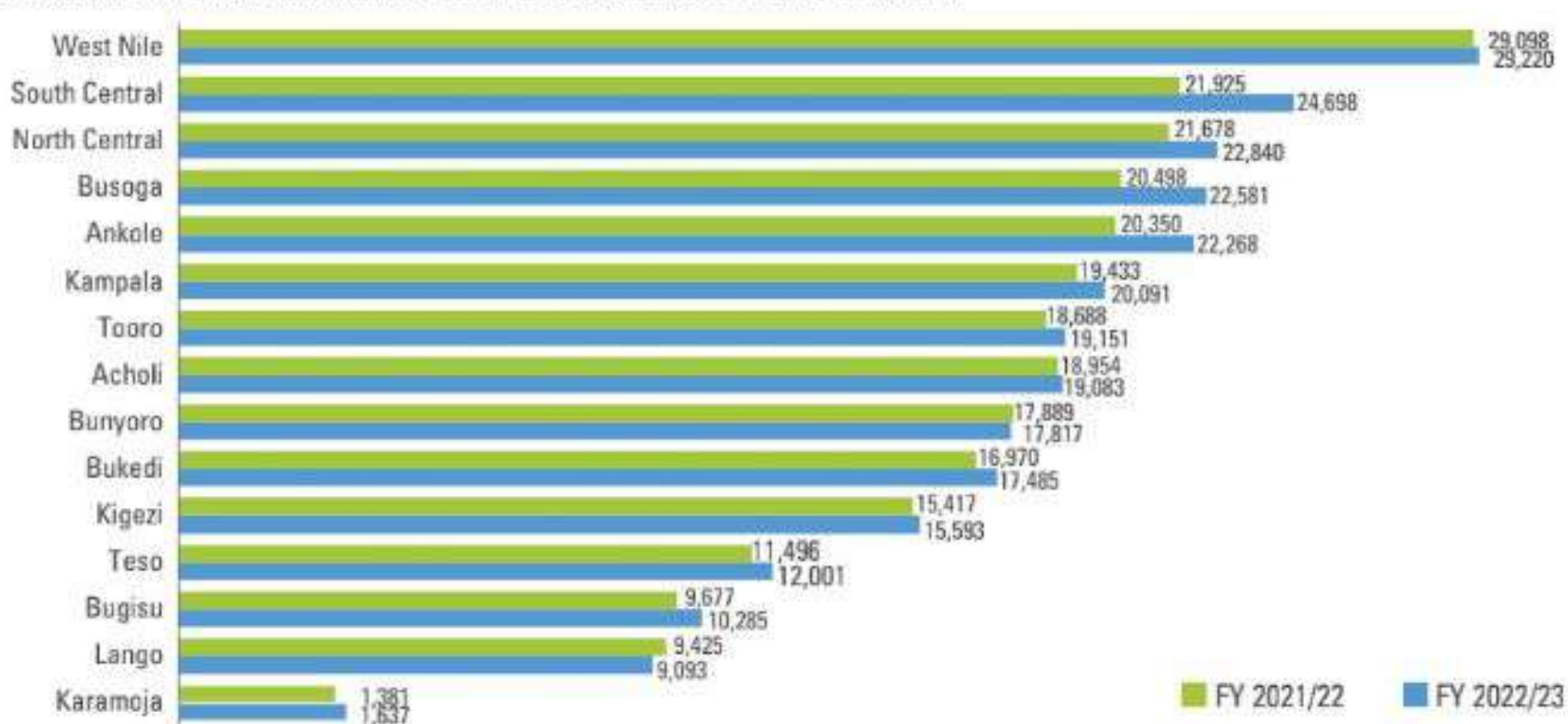
Almost all regions reported an increase in OPD attendances due to epilepsy. West Nile regions still has the highest number of OPD attendances due to epilepsy followed by South and North Central regions (Figure 15).

TABLE 15: MENTAL HEALTH CONDITIONS AMONG OPD ATTENDANCES

No.	Diagnosis	2020/21		2021/22		2022/23	
		Number	%	Number	%	Number	%
1	Epilepsy	340,936	61.9	251,979	55.4	263,843	50.7
2	Bipolar disorder	44,848	8.1	44,234	9.7	50,657	9.7
3	Unipolar Depressive Disorder	18,512	3.4	18,378	4	44,824	8.6
4	Anxiety Disorders	42,346	7.7	40,222	8.8	40,764	7.8
5	Other Adult Mental Health Conditions	19,188	3.5	21,232	4.7	27,744	5.3
6	Schizophrenia	26,374	4.8	23,649	5.2	26,471	5.1
7	Post-Traumatic Stress Disorder	13,646	2.5	13,845	3	13,293	2.6
8	Anxiety Disorder due to GVB	7,198	1.3	7,518	1.7	11,078	2.1
9	Alcohol Use Disorder	11,028	2	10,468	2.3	11,038	2.1
10	HIV related psychosis	9,089	1.7	8,143	1.8	9,150	1.8
11	Substance (Drug) use Disorder	5,943	1.1	6,155	1.4	7,096	1.4
12	Intellectual disability	948	0.2	805	0.2	3,776	0.7
13	Other form of Dementia	3,171	0.6	2,676	0.6	3,355	0.6
14	Internet addiction	1,548	0.3	971	0.2	2,097	0.4
15	Dementia due to stroke (Diabetes, Hypertension)	1,533	0.3	1,283	0.3	1,325	0.3
16	Autism spectrum disorders	716	0.1	950	0.2	1,110	0.2
17	Delirium	873	0.2	684	0.2	1,012	0.2
18	Alcohol related Dementia	1,317	0.2	975	0.2	980	0.2
19	Alzheimer's disease	600	0.1	442	0.1	589	0.1
20	HIV related dementia	559	0.1	544	0.1	412	0.1
Total		550,373	100	455,153	100	520,614	100

Source: MoH, HMIS

FIGURE 16: REGIONAL VARIATIONS FOR OPD ATTENDANCE DUE TO EPILEPSY



Source: MoH, HMIS

OPD attendances due to mental health conditions was highest among females 20 years above (39%), compared to other population groups. OPD attendances due to **alcohol use disorder and substance (drug) use disorders are up to four times more than females. This is comparable to the WHS report which shows that men in Uganda consume an average of 19.93 litres of pure alcohol annually compared to 4.88 litres.**

TABLE 16: MENTAL HEALTH CONDITIONS AMONG OPD ATTENDANCES BY AGE GROUP IN FY 2022/23

Diagnosis	Under 5		5 – 19 years		20 years and above		Total
	M	F	M	F	M	F	
Epilepsy	8,685	6,917	47,314	48,601	72,731	79,595	263,843
Bipolar disorder	142	94	2,246	2,769	20,162	25,244	50,657
Anxiety Disorders	155	173	2,501	5,447	11,075	21,413	40,764
Schizophrenia	-	-	976	1,011	12,493	11,991	26,471
Anxiety Disorder due to gender-based violence	28	130	466	1,919	1,735	6,800	11,078
Unipolar Depressive Disorder	-	-	2,204	4,402	9,927	28,291	44,824
Post-traumatic stress disorder	142	101	1,417	1,716	4,995	4,922	13,293
HIV related psychosis	-	-	596	452	3,575	4,527	9,150
Alzheimer's disease	-	-	20	29	268	272	589
HIV related dementia	-	-	9	10	191	202	412
Alcohol related Dementia	-	-	44	40	622	274	980
Dementia due to stroke (Diabetes, Hypertension)	-	-	27	32	565	701	1,325
Other form of Dementia	-	-	178	128	1,354	1,695	3,355
Other Adult Mental Health Conditions	-	-	1,972	2,488	10,864	12,420	27,744
Internet addiction	-	-	252	164	720	961	2,097
Alcohol Use Disorder	-	-	677	358	7,547	2,456	11,038
Substance (Drug) use Disorder	-	-	692	200	5,482	722	7,096
Delirium	-	-	38	44	521	409	1,012
Intellectual disability	-	-	493	410	313	2,560	3,776
Autism spectrum disorders	239	148	267	197	136	123	1,110
Total	9,391	7,563	62,389	70,417	165,276	205,578	520,614
Percentage	2%	1%	12%	14%	32%	39%	100%

Source: MoH, HMIS

2.2.5 Inpatient Admissions

Inpatient admissions increased by 5.6% from 3,188,508 in FY 2021/22 to 3,385,664 in 2022/23.

FIGURE 17: GRAPH SHOWING THE TOTAL PATIENT ADMISSIONS FY 2017/18 TO 2022/23

Source: MoH, HMIS

Admissions for children under 5 years accounted for 38.7% of all admissions compared to 38% in FY 2021/22. There is no significant variation in admissions for males and females under 5 years of age. **Admissions for females above 5 years accounted for 38.8% of all admissions compared to 22.5% among males above 5 years.** Maternal health conditions like abortions and pregnancy complications lead to the higher admissions for adult women.

TABLE 17: INPATIENT ADMISSION BY AGE GROUP IN FY 2022/23

FY		0-4Yrs, Male	0-4Yrs, Female	5+Yrs, Male	5+Yrs, Female	Total
2022/23	Number	687,850	622,791	760,652	1,314,371	3,385,664
	%	20.3%	18.4%	22.5%	38.8%	100%
2021/22	Number	635,566	567,314	729,573	1,256,018	3,188,471
	%	19.9%	17.8%	22.9%	39.4%	100%

Up to 65% of admissions were at HC IVs (23.8%), General Hospitals (26.5%), RRHs (12.3%) and NRHs (2.6%). RRHs have the highest inpatient workload having an average of 69 new admissions per day.

TABLE 18: NUMBER OF INPATIENT ADMISSIONS BY LEVEL OF CARE IN FY 2022/23

Level of Facility (n)	No of HFs in DHIS2	FY 2022/23	Percent	Average admissions per year	Average New admissions per day
Clinic	394	73,964	2.2%	118	1
HC II	3,303	78,101	2.3%	17	1
HC III	1,879	1,030,744	30.4%	513	2
HC IV	245	804,583	23.8%	3,102	9
General Hospital	183	896,615	26.5%	4,482	13
RRH	16	414,938	12.3%	24,409	69
NRH	5	86,719	2.6%	15,865	45
Total		3,385,664	100.0%	48,506	137

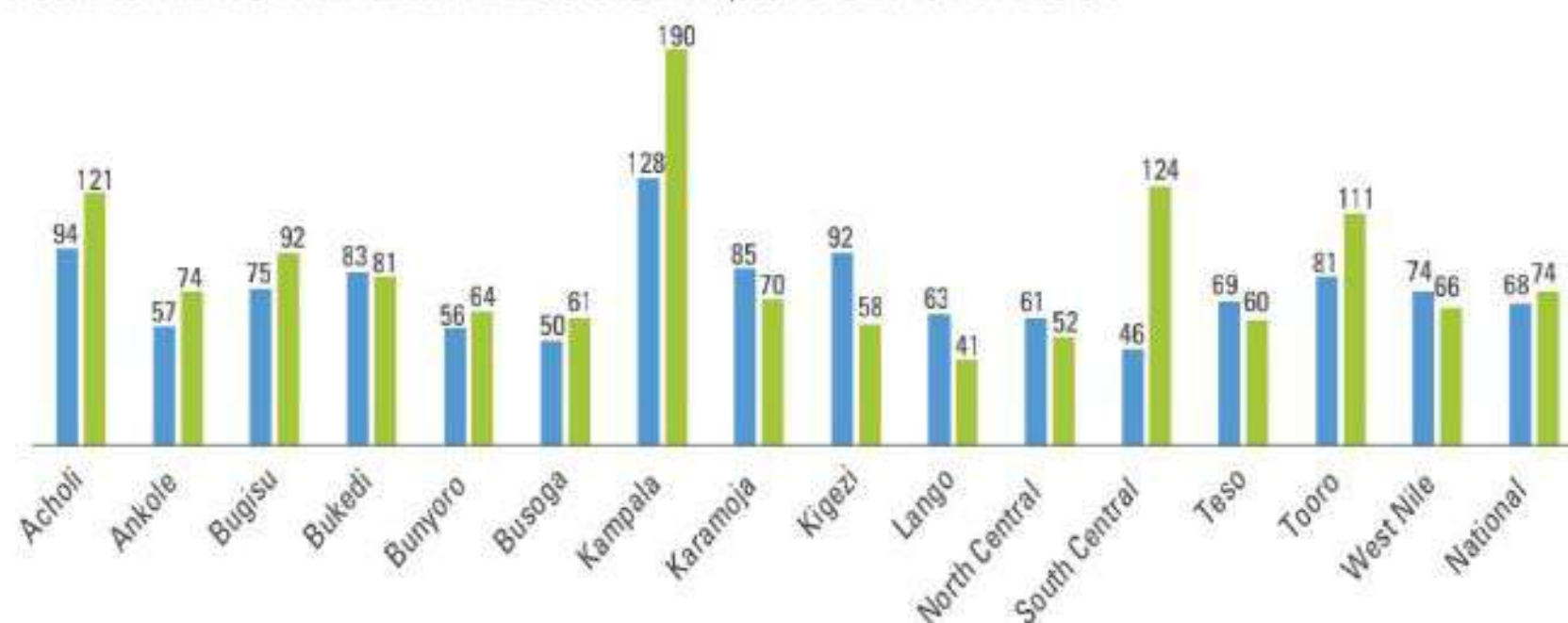
The number of patient admissions increased from 68.2 in 2021/22 to 74 per 1,000 population. Kampala with 190/1,000, South Central 124/1,000 and Acholi 121/1,000 regions registered the highest admission rates. Lango 41/1,000, North Central 52/1,000 and Kigezi 58/1,000 had the lowest admission rates respectively.

TABLE 19: TRENDS IN PATIENT ADMISSION RATES PER 1,000 POPULATION BY REGION

Regions	FY 2022/23			FY 2021/22
	Population	No of Health facilities	No. of admissions	Admissions per 1,000 population
Acholi	1,740,400	312	211,347	121
Ankole	3,284,100	510	243,432	74
Bugisu	1,976,500	269	181,477	92
Bukedi	2,470,600	262	199,751	81
Bunyoro	2,881,000	274	182,960	64
Busoga	4,296,700	525	263,831	61
Kampala	1,285,000	623	244,784	190
Karamoja	1,487,100	148	103,792	70
Kigezi	2,390,200	338	137,615	58
Lango	4,412,800	309	182,697	41
North Central	5,692,300	640	295,894	52
South Central	2,380,100	871	295,685	124
Teso	3,359,100	244	201,946	60
Tooro	2,690,500	411	299,891	111
West Nile	5,161,600	366	340,562	66
National	45,508,000	6,102	3,385,664	74

There is significant increase in admission rate in South Central (170%) and Kampala (48%) regions and this could be attributed to the increase in the number of private health facilities reporting in the DHIS-2.

FIGURE 18: TRENDS IN INPATIENT ADMISSIONS PER 1,000 POPULATION BY REGION



2.2.6 Conditions Leading to Health Facility Admissions

The commonest cause of health facility admissions was malaria (25%) followed by pneumonia (3.8%), anaemia (3.3%) and cough or cold at (3%). The number of admissions due to anaemia increased by 22% from 91,245 in FY 2021/22 to 111,370 in 2022/23. This was demonstrated by the increased demand for blood transfusion during the year.

TABLE 20: LEADING CAUSES OF ADMISSIONS IN FY 2022/23

Cause of Admission	FY 2021/22		FY 2022/23				Total	%
	Total	%	0-4Yrs, Male	0-4Yrs, Female	5+Yrs, Male	5+Yrs, Female		
Malaria	834,329	26.0%	205,510	188,401	180,251	270,803	844,965	25.0%
Pneumonia	124,941	3.9%	49,703	42,563	17,319	20,290	129,875	3.8%
Anaemia	91,245	2.8%	30,296	24,744	27,421	28,909	111,370	3.3%
Cough and cold (No Pneumonia)	92,812	2.9%	30,286	27,234	19,229	25,796	102,545	3.0%
Septicemia	80,053	2.5%	26,724	23,077	16,583	21,812	88,196	2.6%
Neonatal Conditions	82,140	2.6%	45,717	41,651	0	0	87,368	2.6%
Urinary Tract Infections	64,949	2.0%	1,891	2,318	15,595	53,023	72,827	2.2%
Abortions	58,657	1.8%	0	0	0	65,396	65,396	1.9%
Peptic Ulcer Disease	57,259	1.8%	852	970	19,606	40,351	61,779	1.8%
Diarrhea - Acute	57,496	1.8%	23,883	20,813	6,699	9,057	60,452	1.8%
RTA	52,296	1.6%	1,859	1,807	34,268	14,673	52,607	1.6%
Other Complications of pregnancy	43,323	1.4%	0	0	0	47,042	47,042	1.4%
Hypertension	42,474	1.3%	655	135	16,943	28,247	45,980	1.4%
Injuries - (Trauma due to other causes)	45,529	1.4%	2,822	2,390	24,449	14,782	44,443	1.3%
Sickle cell disease	24,041	0.7%	5,741	4,805	10,108	10,232	30,886	0.9%
Diabetes mellitus	26,832	0.8%	93	166	12,239	15,014	27,512	0.8%
Obstructed labour	21,670	0.7%	0	0	0	19,606	19,606	0.6%
Hernias	13,980	0.4%	1,554	542	8,982	4,531	15,609	0.5%
Asthma	12,318	0.4%	2,277	985	3,973	7,721	14,956	0.4%
Abdominal Pain	13,050	0.4%	1,532	1,613	4,217	7,050	14,412	0.4%
All others	1,367,929	42.7%	256,455	238,577	342,770	610,036	1,447,838	43%
Total	3,207,323	100.0%	687,850	622,791	760,652	1,314,371	3,385,664	100.0%

In terms of disease trends, admissions due to sickle cell disease increased by 28.5%, followed by anaemia (22.1%), asthma (21.4%), hernias (11.7%) and abortions (11.5%). There was a 2.4% reduction in admissions due to RTIs.

TABLE 21: THE LEADING CAUSES OF ADMISSIONS FROM FY 2020/21 TO 2022/23

	FY 2020/21	FY 2021/22	FY 2022/23	% Change
Malaria	715,316	834,329	844,965	1.3%
Pneumonia	104,912	124,941	129,875	3.9%
Anaemia	73,941	91,245	111,370	22.1%
Cough and cold (No Pneumonia)	70,537	92,812	102,545	10.5%
Septicemia	68,875	80,053	88,196	10.2%
Neonatal Conditions	79,990	82,140	87,368	6.4%
Urinary Tract Infections	61,843	64,949	72,827	12.1%
Abortions	59,447	58,657	65,396	11.5%
Peptic Ulcer Disease	52,894	57,259	61,779	7.9%
Diarrhea - Acute	56,495	57,496	60,452	5.1%
RTA	23,850	52,296	52,607	0.6%
Other Complications of pregnancy	29,790	43,323	47,042	8.6%
Hypertension	28,209	42,474	45,980	8.3%
Injuries - (Trauma due to other causes)	47,762	45,529	44,443	-2.4%
Sickle cell disease	18,106	24,041	30,886	28.5%
Diabetes mellitus	18,791	26,832	27,512	2.5%
Obstructed labour	27,540	21,670	19,606	-9.5%
Hernias	0	13,980	15,609	11.7%
Asthma	0	12,318	14,956	21.4%
Abdominal Pain	0	13,050	14,412	10.4%
All Others	1424223	1,367,929	1,447,838	5.8%
Total	2,962,521	3,207,323	3,385,664	5.6%



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2.2.7 Inpatient Mortality (Deaths)

The total number of deaths reported from health facilities reduced by 6.4% to 53,222 deaths from 45,990 in FY 2020/21. The GHs registered the highest proportion of inpatient deaths having 30.7% of the total deaths, followed by the RRHs with 26.8%.

TABLE 22: NUMBER OF INPATIENT DEATHS BY LEVEL IN FY 2022/23

	FY 2021/22		FY 2022/23	
	No. of deaths	Percent	No. of deaths	Percent
NRH	3,232	5.7%	3,628	6.8%
RRH	12,662	22.3%	14,269	26.8%
General Hospital	20,575	36.2%	16,330	30.7%
HC IV	9,014	15.8%	6,220	11.7%
HC III	7,791	13.7%	8,783	16.5%
HC II	376	0.7%	527	1.0%
Clinic	3,228	5.7%	3,465	6.5%
Total	56,878	100.0%	53,222	100.0%

It is worth noting that neonatal conditions are now the leading cause of health facility deaths among all ages accounting for 10.3%; followed by malaria (7.4%); pneumonia (5.3%), anaemia (3.9%); RTIs due to motorcycles and vehicles (2.3%); and septicemia (1.9%) (Table 18). Despite the increase in malaria incidence from 302/1000 to 317/1000 population, and increase in malaria admissions by 16.6%, the number of malaria deaths reported reduced by 15% from 5,017 to 4,245. This may be attributed to early detection and improved case management as well as Integrated Community Case Management (ICCM) for children under 5 years.

TABLE 23: LEADING CAUSES OF INPATIENT DEATHS BY AGE GROUP FY 2022/23

Diagnosis	Under 5			Above 5			Total	%
	M	F	T	M	F	T		
Malaria	1,287	1,034	2,321	967	832	1,799	4,120	7.7%
Neonatal Conditions	2,104	1,626	3,730	0	0	0	3,730	7.0%
Pneumonia	797	701	1,498	934	667	1,601	3,099	5.8%
Anaemia	641	493	1,134	784	658	1,442	2,576	4.8%
RTA	136	58	194	1057	325	1,382	1,576	3.0%
Hypertension	99	27	126	592	689	1,281	1,407	2.6%
Diabetes mellitus	87	11	98	503	497	1,000	1,098	2.1%
Septicemia	333	223	556	282	234	516	1,072	2.0%
TB	35	23	58	532	287	819	877	1.6%
Stroke/Cardiovascular Accident	13	3	16	320	344	664	680	1.3%
Respiratory distress	248	208	456	109	95	204	660	1.2%
Peptic Ulcer Disease	194	51	245	191	208	399	644	1.2%
Other Cardiovascular Diseases	29	15	44	248	247	495	539	1.0%
No Pneumonia - Cough and cold	145	115	260	120	146	266	526	1.0%
Urinary Tract Infections	144	64	208	92	221	313	521	1.0%
Heart failure	24	12	36	221	239	460	496	0.9%
Liver Cirrhosis	12	5	17	271	129	400	417	0.8%
Sickle cell disease	93	44	137	128	126	254	391	0.7%
Other Complications of pregnancy	0	0	0	0	368	368	368	0.7%
Acute sepsis	71	29	100	127	122	249	349	0.7%
All Others	6,835	4,056	10,891	8,743	8,442	17,185	28,076	52.8%
Total	13,327	8,798	22,125	16,221	14,876	31,097	53,222	100.0%

There is no significant change in the major causes of institutional deaths over the last three (3) FYs, However, there is notable reduction by 36.8% in deaths due to neonatal conditions from 5,899 in 2021/22 to 3,730 in 2022/23. This is attributed to the focused interventions for reduction of neonatal mortality for example the perinatal death notification and reviews, establishment of NICUs and mentorship program.

TABLE 24: TRENDS IN CAUSE AND NUMBERS OF INSTITUTIONAL DEATHS

Diagnosis	FY 2020/21		FY 2021/22		FY 2022/23	
	Total	%	Total	%	Total	%
Malaria	5,017	10.9	4,245	7.5%	4,120	7.7%
Neonatal Conditions	5,953	12.9	5,899	10.4%	3,730	7.0%
Pneumonia	2,944	6.4	3,058	5.4%	3,099	5.8%
Anaemia	2,064	4.5	2,269	4.0%	2,576	4.8%
RTA	1,302	2.8	1664	2.9%	1,576	3.0%
Hypertension	830	1.8	1458	2.6%	1,407	2.6%
Diabetes mellitus	762	1.7	1093	1.9%	1,098	2.1%
Septicemia	1,407	3.1	1,089	1.9%	1,072	2.0%
TB	882	1.9	883	1.6%	877	1.6%
Stroke/Cardiovascular Accident	591	1.3	678	1.2%	680	1.3%
Respiratory distress	480	1.0	451	0.8%	660	1.2%
Peptic Ulcer Disease	377	0.8	682	1.2%	644	1.2%
Other Cardiovascular Diseases	554	1.2	532	0.9%	539	1.0%
No Pneumonia - Cough and cold	0	0	352	0.6%	526	1.0%
Urinary Tract Infections	713	1.6	748	1.3%	521	1.0%
Heart failure	440	1.0	444	0.8%	496	0.9%
Liver Cirrhosis	427	0.9	446	0.8%	417	0.8%
Sickle cell disease	0	0	260	0.5%	391	0.7%
Other Complications of pregnancy	0	0	241	0.4%	368	0.7%
Acute sepsis	359	0.8	425	0.7%	349	0.7%
All Others	22,205	48.2	29,961	52.7%	28,076	52.8%
Total	45,990	100%	56,878	100.0%	53,222	100.0%

The majority of inpatient deaths were in Kampala region (16%); followed by West Nile Region (12.7%), Ankole (7.5%) and Acholi (7.3%).

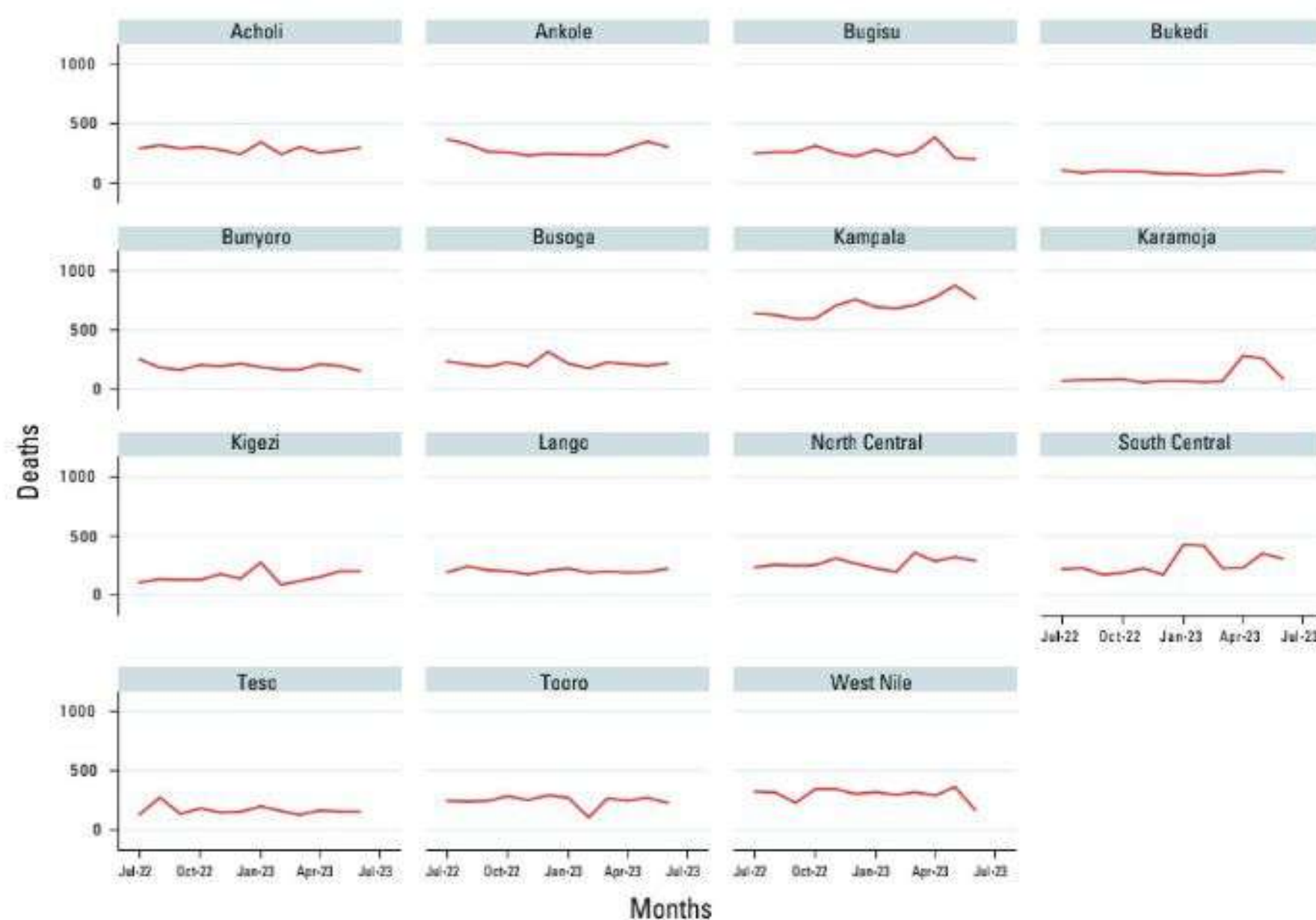


Weekly Physical Activity Days at MoH Headquarters

TABLE 25: INSTITUTIONAL MORTALITY RATE BY REGION IN FY 2022/23

Regions	Population	Admissions	No of deaths	Deaths per 100,000 population	All-cause case fatality rate (%)	% Contribution to total deaths
Acholi	1,740,400	211,347	3,878	222.8	1.8	7.3
Ankole	3,284,100	243,432	3,995	121.6	1.6	7.5
Bugisu	1,976,500	181,477	3,129	158.3	1.7	5.9
Bukedi	2,470,600	199,751	1,433	58.0	0.7	2.7
Bunyoro	2,881,000	182,960	3,621	125.7	2.0	6.8
Busoga	4,296,700	263,831	3,288	76.5	1.2	6.2
Kampala	1,285,000	244,784	8,500	661.5	3.5	16.0
Karamoja	1,487,100	103,792	1,256	84.5	1.2	2.4
Kigezi	2,390,200	137,615	1,867	78.1	1.4	3.5
Lango	4,412,800	182,697	2,515	57.0	1.4	4.7
North Central	5,692,300	295,894	3,258	57.2	1.1	6.1
South Central	2,380,100	295,685	3,178	133.5	1.1	6.0
Teso	3,359,100	201,946	2,691	80.1	1.3	5.1
Tooro	2,690,500	299,891	3,838	142.7	1.3	7.2
West Nile	5,161,600	340,562	6,775	131.3	2.0	12.7
National	45,508,000	3,385,664	53,222	117.0	1.6	100.0

FIGURE 19: QUARTERLY TRENDS OF INPATIENT DEATHS BY REGION IN FY 2022/23



The institutional mortality rate was highest in the private clinics at 47/1,000 admissions; followed by NRHs (42/1,000) and RRHs (34/1,000).

TABLE 26: INSTITUTIONAL MORTALITY RATE BY LEVEL IN FY 2022/23

	FY 2021/22			FY 2022/23		
	No. of admissions	No. of deaths	Institutional mortality rate (per 1,000 admissions)	No. of admissions	No. of deaths	Institutional mortality rate (per 1,000 admissions)
NRH	83,358	3,232	39	86,719	3,628	42
RRH	349,932	12,662	36	414,938	14,269	34
General Hospital	841,939	20,575	24	896,615	16,330	18
HC IV	717,578	9,014	13	804,583	6,220	8
HC III	1,057,580	7,791	7	1,030,744	8,783	9
HC II	72,811	376	5	78,101	527	7
Clinic	65,724	3,228	49	73,964	3,465	47
Total	3,188,922	56,878	18	3,385,664	53,222	16

2.3 PERFORMANCE AGAINST THE KEY HEALTH OUTCOME INDICATORS

For FY 2022/23, 26 out of the 32 (81%) key outcome indicators were assessed and 6 (19%) were not assessed due to lack of data sources. Out of the 26, the sector achieved 42% (11/26) compared to 63% (17) in FY 2021/22; made some progress though did not achieve the annual target for 4% (1) compared to 22% (6); minimal, no progress or decline in 54% (14) compared to 15% (4). This shows a general decline in performance over the last year and can be attributed to the low uptake of some public health intervention like, routine childhood immunization, Covid-19 and Hepatitis B vaccine despite the availability of the vaccines; significant reduction in availability of medicines and health supplies to only 58% by quarter 4 FY 2022/23 and inadequate support to improve functionality of HC IVs for provision of CeMNOC services. EPI services were greatly affected by the LG and health workers involvement in the Covid-19 vaccination campaigns and in addition, the Integrated Child Health Days activities were not conducted in April 2023 due to lack of funds in the LGs. The active case finding efforts through TB CAST and improved diagnostics has also led to an increase in the TB Case Notification thus the need to review the targets.

TABLE 27: SUMMARY OF PERFORMANCE AGAINST THE KEY HEALTH OUTCOME INDICATORS

FY	Achieved		Progress		Not Achieved		Not Assessed	
	Number	%	Number	%	Number	%	Number	%
2022/23	11	42%	1	4%	14	54%	6	18.75%
2021/22	17	63%	6	22%	4	15%	5	15.6%
2020/21	14	50%	6	21%	8	28%	4	12.5%

Table 28 shows the trends in performance for the 32 key outcome indicators in relation to the baseline and annual targets.

TABLE 28: PERFORMANCE AGAINST THE KEY OUTCOME INDICATORS

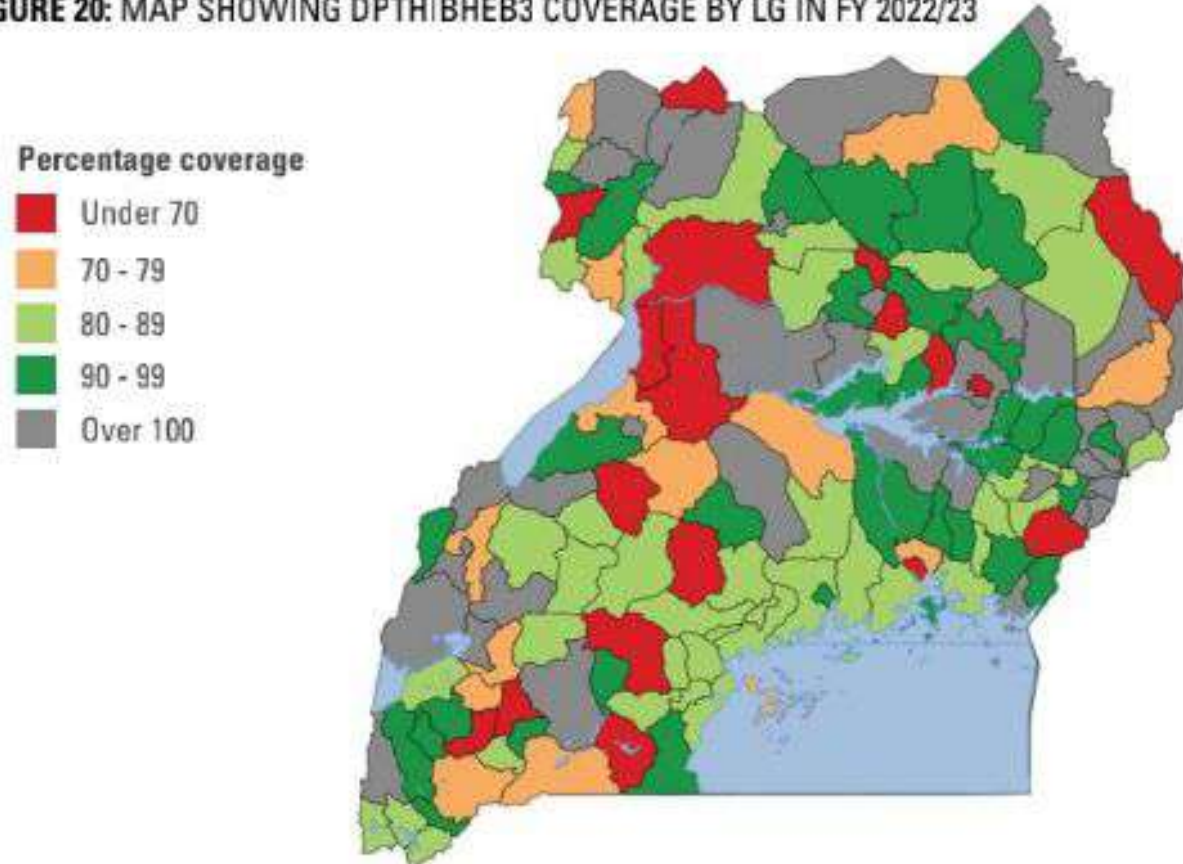
Indicator	Baseline 2019/20	Performance 2020/21	Performance 2021/22	Target 2022/23	Performance 2022/23	Remarks
1. DPT3HibHeb3 coverage	87	87	91	99	87 (1,715,284 / 1,969,033)	Decline in performance attributed to H/W engagements in Covid-19 vaccination campaigns and ICHDs not conducted in April 2023 due to lack of funds in LGs. DPTI coverage was 91% implying high access of services though 9% (199,213) of infants did not access the services against the no zero dose target.
2. Measles immunization coverage under 1 year (%)	88	86	91	90	94	Decline in performance attributed to above factors. MR2 coverage is still low at 16.5% implying many children have not completed their vaccination.
3. Use of insecticide-treated bed nets for malaria prevention (%)	68	NA	NA	78	No data	No recent data available for this indicator. The last Malaria Indicator Survey was carried out in 2018/2019.
4. % of the population with knowledge and practice correct malaria prevention, control and management measures. (%)	NA	NA	NA	75	No data	No data
5. HIV positive pregnant women initiated on ARVs for EMCTCT (%)	92	96	98	94	94	94% (80,284/ 85,327); performance may have been affected by inadequate documentation especially improper application of PMTCT and or ART HMIS codes
6. HIV exposed infants with first DNA/PCR test within 2 months (%)	56	71	81	95	91	There was a 12.3%. 91% (64,108/70,666); this performance reflects steady improvement though still fell marginally short of target.
7. ART Coverage (%)	86	91	95	95	98	98% (1,403,603/1,433,337), likely arising from strengthened patient literacy, improved linkage and retention. However, the numerator is prone to data quality deficits such as double counting of clients that is inherent in aggregate reports
8. ART Retention rate at 12 months (%)	76	78	83	95	77	77% (21,411/27,870) is based on data for all ages for the Apr - Jun 2023: Retention varied from 82% among children ; 73% among adolescents; 82% among adults aged 20+ years. The worst performing regions were Kampaia and Bugisu with 72% and 68% retention rates respectively.
9. ART Viral Load Suppression Rate among PLHAs on treatment (%)	89	93.5	95	93	94	94% (137,9395/147,0691), performance within target. Viral suppression was lower among children 0-9 years (84.3%), adolescents 10-19 years (85.3%); and males (92.4%)

Indicator	Baseline 2019/20	Performance 2020/21	Performance 2021/22	Target 2022/23	Performance 2022/23	Remarks
10. TB Case Notification Rate per 100,000 population	152	161	202	173	212	This increase is attributed to the active case finding efforts through TB CAST.
11. Leprosy patients presenting to health facilities with Grade 2 disability at the time of diagnosis (%)	Na	12.9	21.5	8	19	93 out of 489 reported cases. West Nile region has the highest number of reported cases with 70% (344 out of 489) of cases.
12. Target population fully vaccinated against COVID-19 (%)	Na	11	53	90	58	A total of 12,536,115 out of 21,464,704 were fully vaccinated. Low COVID 19 risk perception, misconceptions and rumours affected the uptake for COVID vaccination.
13. Zoonotic disease detected and managed timely (%)	100	100	100	100	100	EVD outbreak in 9 districts of Mubende, Kassanda, Kyegegwa, Bunyangabu, Kagadi, Kampala, Masaka, Jinja and Wakiso Controlled Anthrax in Kazo Rift valley fever in 5 districts of Isingiro, Mbarara, Mbarara City, Rakai and Kyotera CCHF in 10 districts of Nakaseke, Nakasongola, Kaberamaido, Wakiso, Lwengo, Sembabule, Amuru, Mpigi, Nwoya and Soroti
14. Target districts (51) that achieved elimination of blinding trachoma (%)	NA	90	90	88	90	The remaining 6 districts are still carrying out mass treatments and surveys for Trachoma.
15. % of target population vaccinated against Hepatitis B by dose (%)						Low performance for hepatitis B vaccine uptake is due to low awareness Hepatitis B and benefits of full vaccination.
1st dose	78	77	59	80	76	Cumulative performance since 2015 Tested negative 4,788,179 Dose 1 3,648,029 Dose 2 2,319,315 Dose 3 1,172,469
2nd dose	39.2	51	29	80	48	
3rd dose	15.6	30	23	80	24	
16. Tobacco non-smoking rate (%)	90	97	97	93	84	Based on WHS Report 2023. Decline may be attributed to the growing young population. Over 15% of boys and 13% of girls aged 13-15 years start smoking annually.
17. % of girls immunized against cervical cancer by 10 years (%)	40	58.6	56	60	74	504,271 girls received HPV second dose vaccination
18. Cervical cancer screening in women aged 30-49 years (%)	7	6	25	33	No data	

Indicator	Baseline 2019/20	Performance 2020/21	Performance 2021/22	Target 2022/23	Performance 2022/23	Remarks
19. Breast cancer screening in women aged 30 - 49 years (%)	7	11	NA	33	No data	No reporting system
20. Prostate cancer screening in men above 40 years (%)	2	NA	NA	31	No data	Not reported
21. IPT ³ coverage for pregnant women (%)	30	50	57	66	54	1,037,582 out of 1,919,919 who attended ANC 1. This is attributed to stock out of commodities across the country experienced as a result of delayed distribution by NMS
22. Anaemia screening at first prenatal visit (%)	49	21	23	58	23	434,746 out of 1,890,198 attended ANC 1. There inadequate supply of Hb testing kits and supplies at all health facilities.
23. ANC 4th visit coverage (%)	42	48	51.4	52	46	Declined by 11% (1,057,288 out of 2,357,033 estimated pregnancies)
24. Health facility deliveries (%)	62	64	68	70	64	Declined by 5.8% (1,412,855 out of 2286322 estimated births)
25. HC IVs providing CeMNOc	51 (103/203)	50 (108/218)	54 (131/241)	70	52 (132/254)	Decline in proportion largely resulting from increase in HC IVs as a result of upgrading and improved reporting by private sector. Need to increase blood transfusion services in the 86 not providing CeMNOc. 37 HC IVs not conducting C/S due to lack of infrastructure and HR.
26. Maternal deaths among 100,000 health facility deliveries	92	92	85	70	90	Target not achieved with an increase from previous FY – (1,276 maternal deaths out of 1,412,842 deliveries)
27. Facility based fresh still births (per 1,000 deliveries)	9	8	7	6	6	More Efforts have been dedicated to enhancing the quality of intrapartum care and optimizing the decision-to-incision timeline.
28. % of Maternal deaths reviewed (%)	72	76	89.4	85	89	Weekly surveillance and comprehensive support is offered nationally, focusing of high-volume facilities.
29. % of Perinatal deaths reviewed (%)	9.7	32	42.2	29	43	
30. Under-five Vitamin A second dose coverage (%)	30	48.2	66.3	60	72	6,902,294 out of 4,964,068 children under 5 years received
31. % of pregnant women receiving ferrous sulphate/folate supplement on first visit. (%)	NA	68	67	50	67	1,284,454 out of 1,915,247 of the first ANC visit attendances received supplementation.
32. Young people in school accessing age-appropriate information (%)	Na	NA	NA	90	No data	No reliable source of data.

1. **DPTHIBHEP³ Coverage** - During FY 22/23, DPTHibHeb³ coverage declined by 4% from 91% to 87% (1,715,284/1,969,033). DPT1 coverage was 91% implying high access of services though 9% (177,213) of infants did not access the services against the no zero dose target. LGs with the lowest DPT³ coverage are Kassanda (36%), Soroti City (44%), Masindi (57%), Moroto (57%), Mbarara (62%), Moyo (62%), Tororo (62%), Sembabule (64%), Kalaki (66%) and Sheema (66%). Defaulter tracking should be intensified in LGs with less 80% coverage to reduce the under immunized children.

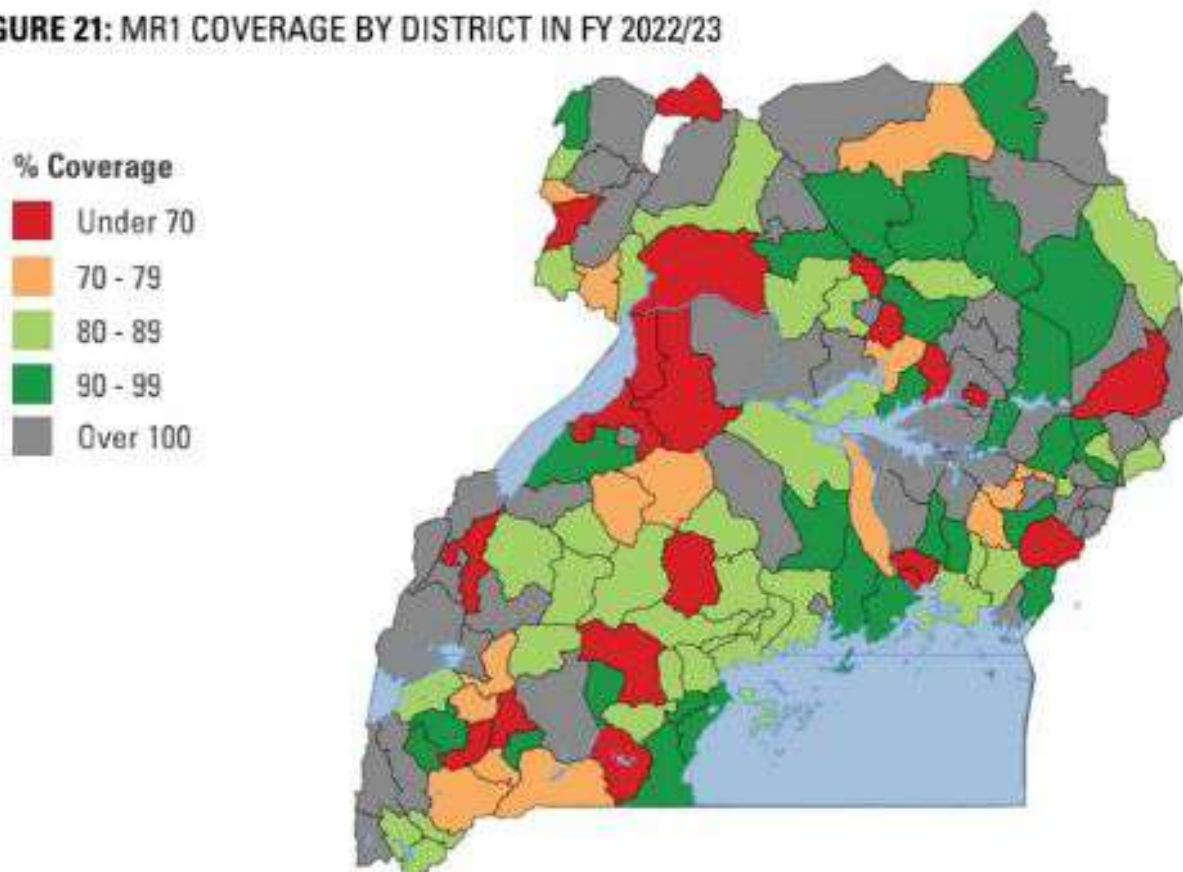
FIGURE 20: MAP SHOWING DPTHIBHEB3 COVERAGE BY LG IN FY 2022/23



2. **Measles/Rubella immunization coverage under one year (MR1)** declined from 91% to 88% (1,722,982/1,969,033) in FY 2022/23. The MoH introduced the second year of life dose (Measles Rubella 2) to give children sufficient protection and immunity in the second year of life at 18 months, however the coverage is still very low at 16.5% implying that many children have not completed their vaccination. The bottom 10 LG contributing to low MR1 coverage are Bulliisa (61%), Lira (60%), Tororo (60%), Moyo (60%), Sembabule (59%), Mbarara (58%), Arua (57%), Masindi (48%), Soroti City (42%), and Kassanda (36%). Mobilization needs to be escalated to improve coverage of both MR1 and MR2 to reduce the risks of measles outbreaks.

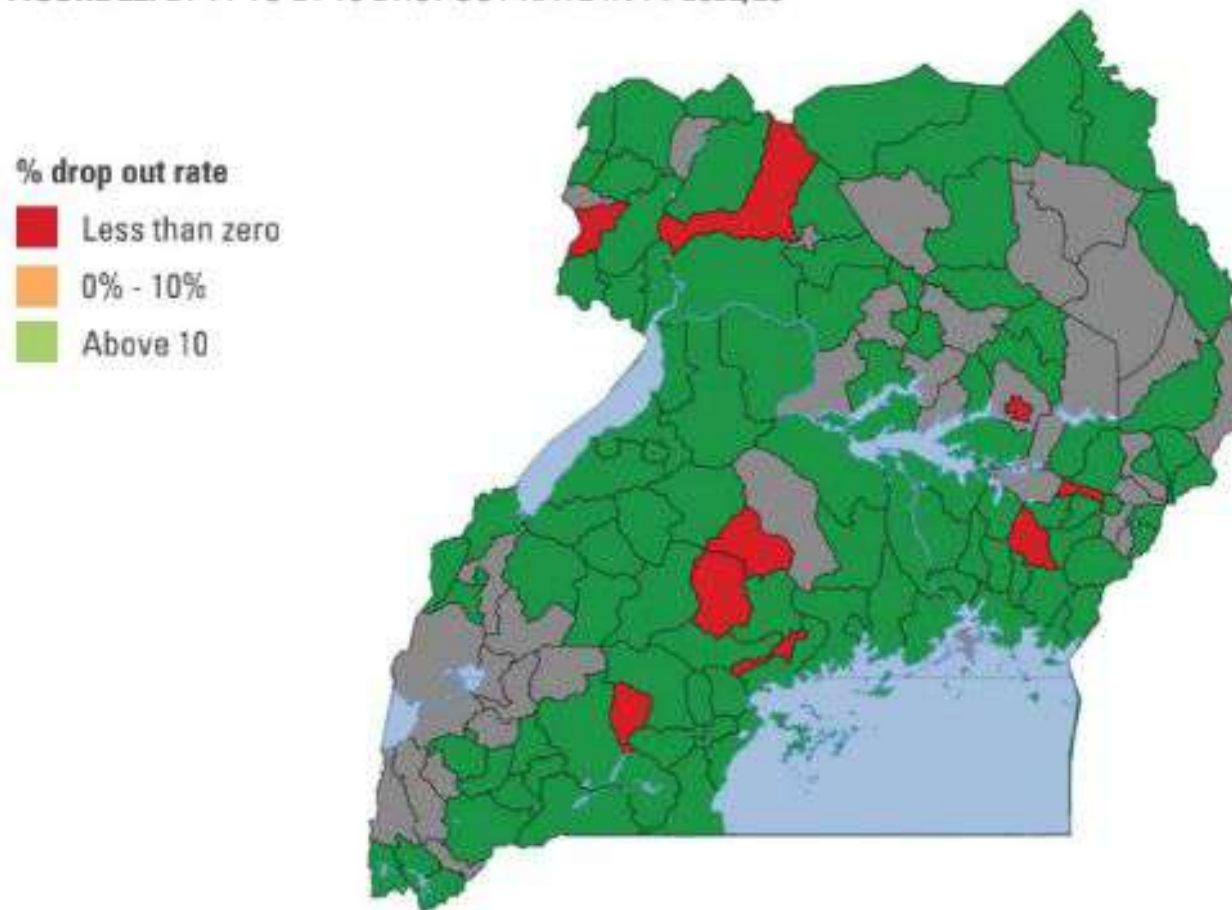
The country registered 5 measles out breaks in Koboko, Lamwo, Kiryandongo, Bundibugyo and Kampala. The measles outbreaks are attributed to imported measles cases through refugees and low measles immunization coverage.

FIGURE 21: MR1 COVERAGE BY DISTRICT IN FY 2022/23



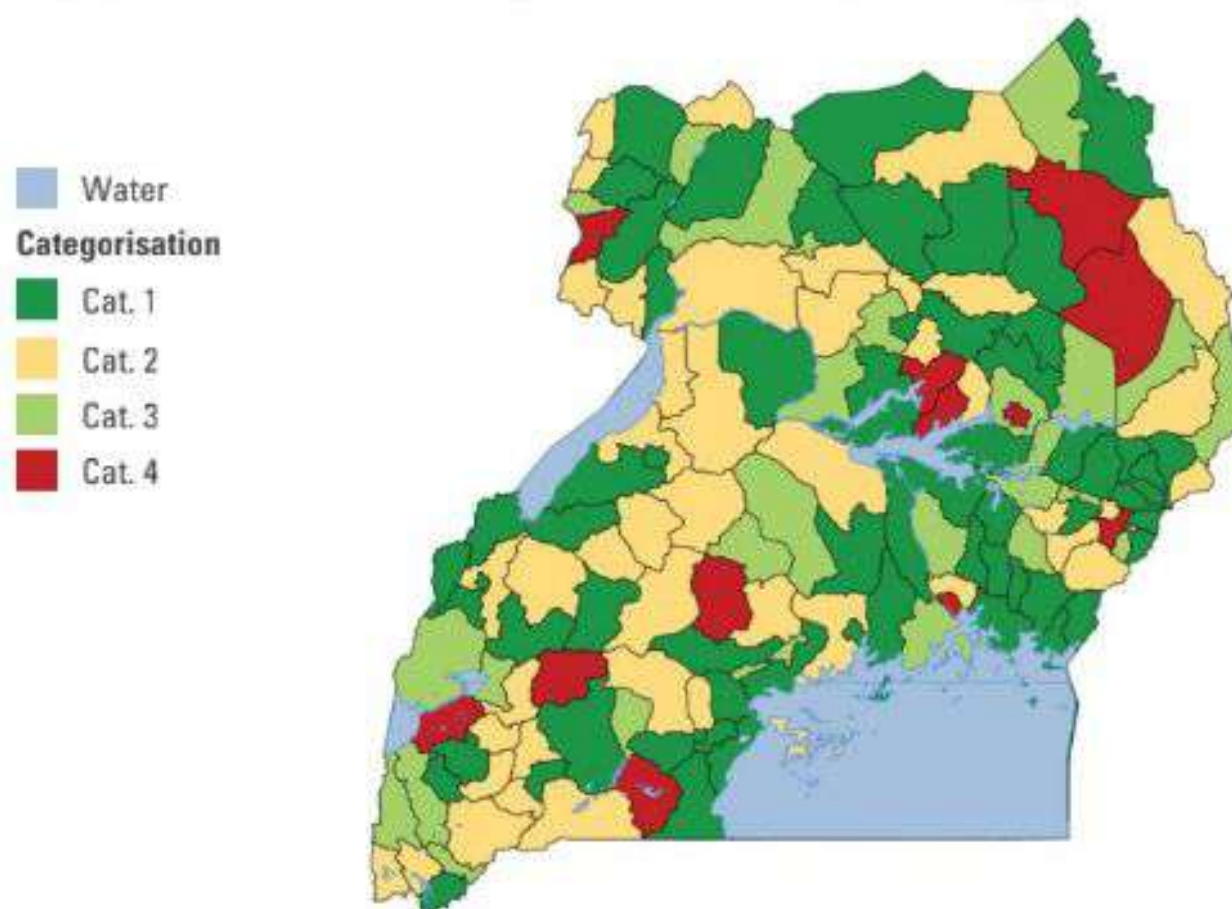
- The **Dropout rate from DPT1 to DPT3** was at 4% which is within the acceptable dropout rates ranges of 0-10% however some LGs had very high dropout rates i.e., Sembabule (16%), Namutumba (14%), Kiboga (13%), Amuru (13%), Arua (13%), Butambala (12%), Butebo (12%), Lyantonde (11%) and Kassanda (11%). There is need to improve defaulter tracking in LG with high dropout rates and employ quality improvement approaches in those with negative dropout rates.

FIGURE 22: DPT1 TO DPT3 DROPOUT RATE IN FY 2022/23



To assess the access and utilization of immunization services, RED/REC categorization analysis was used. 62 LGs were Category 1 (good access and good utilization of immunization services), 28 LGs were in category 2 (Good access but poor utilization of immunization services), 44 LGs were in Category 3 (Poor access but good utilization immunization services) and 12 LGs i.e., Rubirizi, Kaberamaido, Dokolo, Mbale, Kazo, Napak, Kotido, Jinja City, Rakai, Kassanda, Arua and Sembabule has both poor access and poor utilization of immunization services. 56 LGs with poor access have high prevalence of zero dose children. There is need to give priority to LGs in category 3 and 4 to reduce number of zero dose children.

FIGURE 23: MAP SHOWING IMMUNIZATION CATEGORIZATION IN FY 2022/23



4. **94% of HIV+ pregnant women were initiated on ARVs achieving the annual target.** There is high coverage for related indicators for example; all (100%) HIV exposed infants received in prophylactic infant ART in the review period up from 96% in the previous FY 2021/22. Nearly nine in every ten (89%) pregnant women were tested for syphilis for first time during this pregnancy, 82% of those identified syphilis positives were initiated on treatment. However, Women on ART for eMTCT at the first ANC with a suppressed VL and 1st DNA/PCR within 2 Months was all less than 95%.

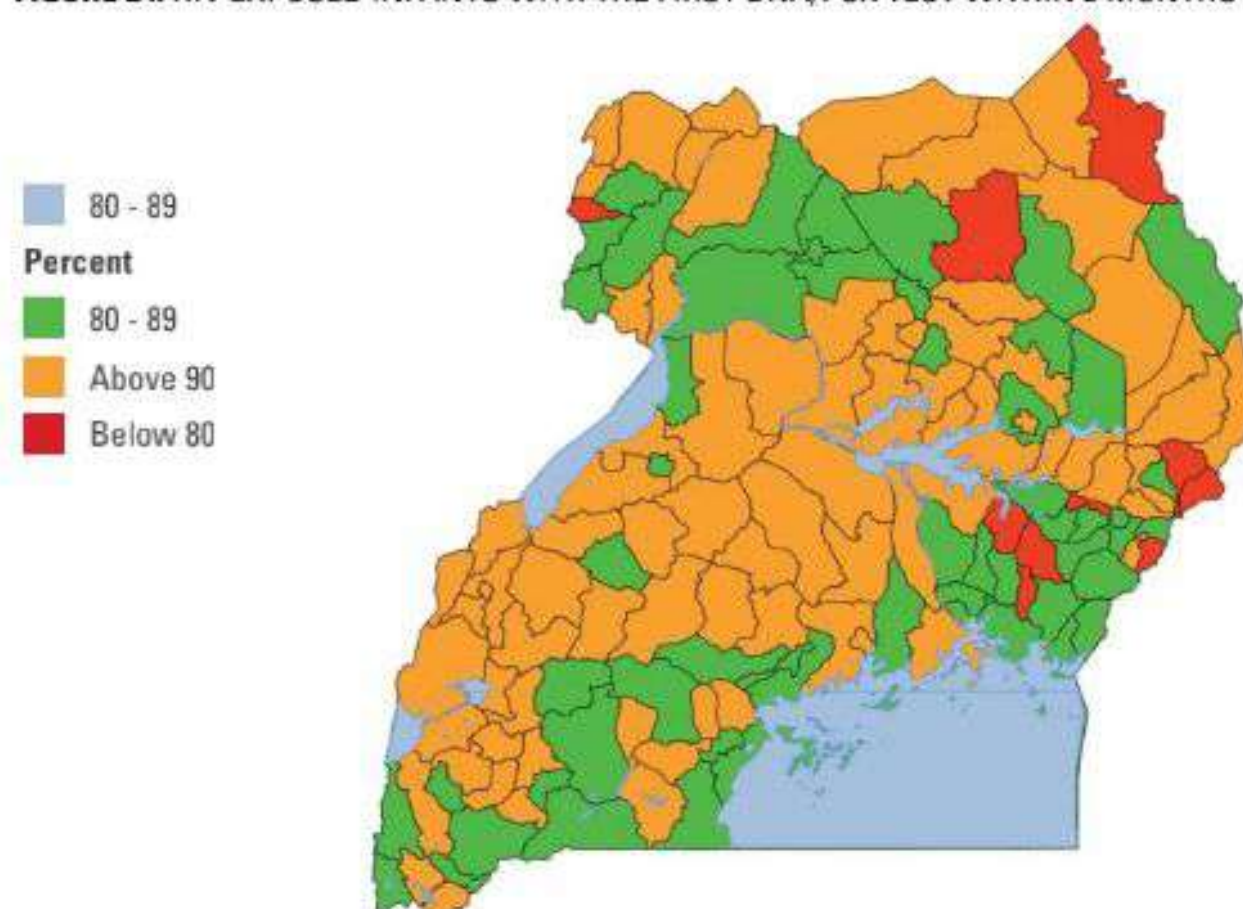
In regards to average performance for the selected maternal indicators less retention at 12 months; the bottom five performing LGs were Kibuku (77%), Iganga (74%), Kassanda (72%), Amuru (72%) and Kibaale (71%). Similarly, the bottom five performing LGs in regards to selected HIV exposed infant included; Amuru (68%), Karenga (64%), Gulu (62%), Omoro (60%) and Kaabong (58%).

TABLE 29: PMTCT PERFORMANCE FOR SELECTED INDICATORS

PMTCT Performance for selected indicators						
Indicator	Jul 2020 - Jun 2021		Jul 2021 - Jun 2022		Jul 2022 - Jun 2023	
	No.	%	No.	%	No.	%
Women attending 1st ANC	1,895,777	88%	1,908,854	86%	1,919,923	84%
Women tested for HIV	1,689,113	89%	1,677,430	88%	1,733,723	90%
Maternal ART Coverage for eMTCT	90,351	93%	86,306	100%	80,284	94%
Women on ART for eMTCT at the first ANC with a suppressed VL	26,815	100%	10,261	91%	16,030	92%
Pregnant Women tested for syphilis for first time during this pregnancy	1,667,662	88%	1,601,439	84%	1,716,609	89%
Pregnant Women tested for syphilis for first time during this pregnancy - Started on Treatment	24,338	78%	21,087	78%	22,560	82%
Infant ART in Maternity	67,860	100%	50,242	84%	46,836	85%
1st DNA/PCR within 2 Months	63,688	86%	66,295	90%	64,108	91%
Prophylactic Infant ART	75,972	95%	76,092	96%	79,508	100%
HEIs Exclusively breastfed for 6 Months	50,977	64%	50,931	64%	52,478	67%
HEIs Breastfed for 12 Months	47,071	59%	42,376	53%	59,457	75%
Mothers Alive & on ART 12 months after starting ART	14,410	65%	13,053	69%	10,936	71%

5. **The proportion of HIV exposed infants with the first DNA/PCR test within 2 months** of age increased by 3.4% from 88% in FY 2021/22 to 91% in FY2022/23. This however remains below the target of 95%. LGs with the highest DNA/PCR for exposed infants were Nakapiripirit (100%), Nabilatuk (100%), Amuria (99%) and Yumbe (98%). Lowest coverage LGs were Bugweri (75%), Bukwo (72%), Namutumba (63%) and Kaabong (56%).

FIGURE 24: HIV EXPOSED INFANTS WITH THE FIRST DNA/PCR TEST WITHIN 2 MONTHS OF AGE FY 2022/23



6. **ART Coverage** for all ages increased from 95% to 98% in FY 2022/23 above the target of 95%. Performance is attributed to the continued implementation of the test and start policy; efficient methods of service delivery like Differentiated Service Delivery models; and availability of ARVs in both the public and private health facilities. There is also strengthened patient literacy, improved linkage and retention. However, the numerator is prone to data quality deficits such as double counting of clients that is inherent in aggregate reports.

TABLE 30: QUARTERLY ART COVERAGE FY 2022/23

Category	Estimated PLHIVs	Current on ART	ART Coverage
Jul to Sep 2022	1,433,337	1,361,225	95%
Oct to Dec 2022	1,433,337	1,368,875	95.5%
Jan to Mar 2023	1,433,337	1,387,284	97%
Apr to Jun 2023	1,433,337	1,403,603	98%

7. **ART retention rate at 12 months** declined by 6% from 83% in FY 2021/22 to 77% by Q4 FY 2022/23. Only 6 out of 146 LGs achieved the target of 95%. These included: Rubirizi (100%), Mitooma (100%), Kaabong (100%) Abim (99%) and Rubanda (97%). The bottom 5 performing LGs included: Karenga (59%), Kibuku (55%), Kween (52%), Kalungu (51%) and Nakapiripirit (48%).

Jul to Sep 2022 review period: Children (75% (820/1,101); Adolescents (57% (1,001/1,744); Adults 20+ years (74% (17,774/23,905); All ages (73% (19,595/26,750)

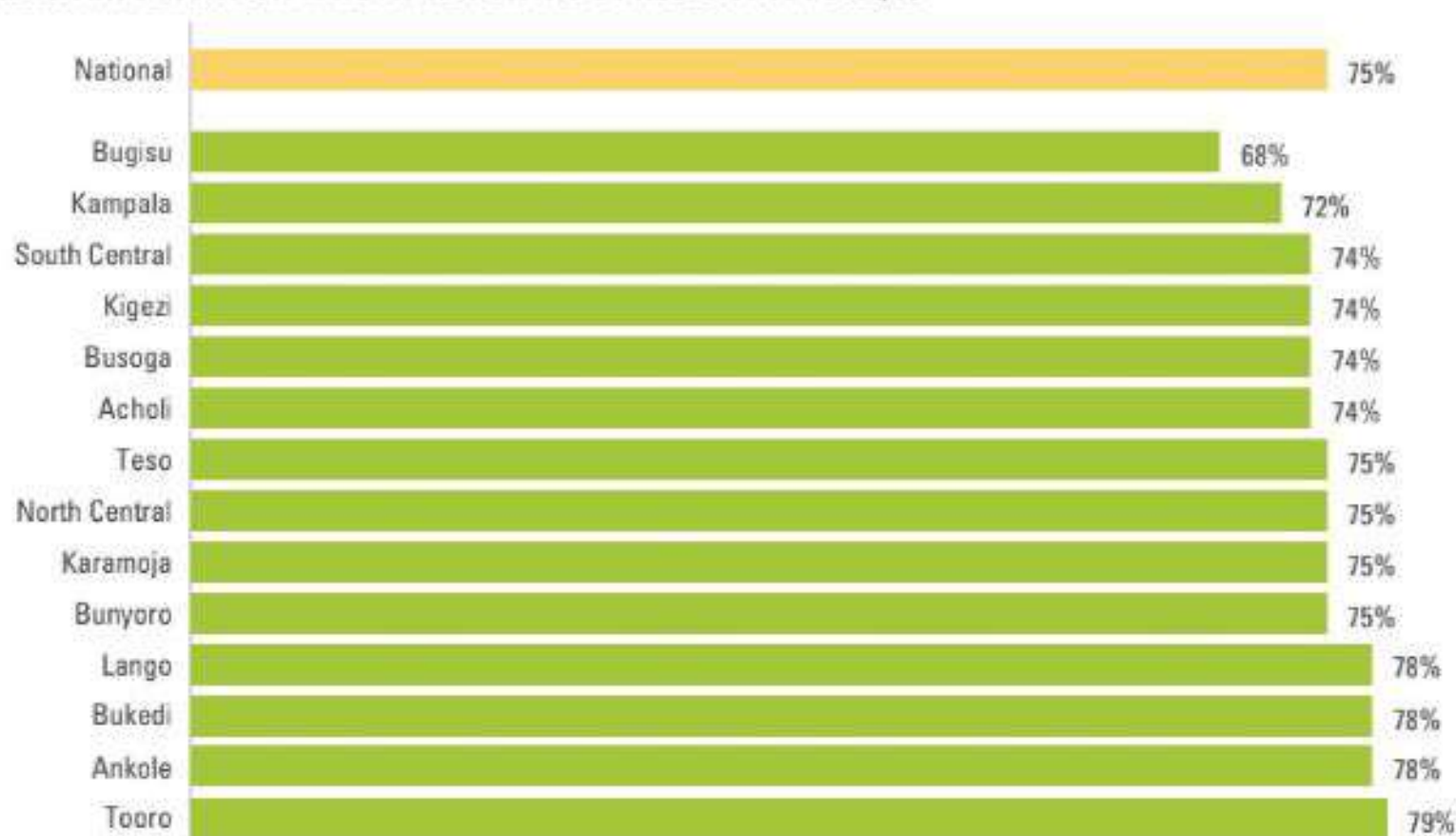
Oct to Dec 2022 review period: Children Children (77% (707/916); Adolescents (70% (934/1332); Adults 20+ years (77% (16846/22404); All ages (75% (18,487/24,652).

Jan to Mar 2023 review period: children (81% (916/1,125); Adolescents (73% (1,101/1,511); Adults 20+ years (81% (19,529/25470); All ages (77% (21,546/28,106).

Apr to Jun 2023 review period: children (82% (812/994); Adolescents (73% (1,114/1,529); Adults 20+ years (82% (19,485/25,347); All ages (77% (21,411/27,870).

The regions with the highest ART retention were West Nile (82%), Tooro (79%), Ankole (78%), Lango (78%) and Bukedi (78%). The worst performing regions were Kampala and Bugisu with 72% and 68% retention rates respectively.

FIGURE 25: ART RETENTION RATE AT 12 MONTHS BY REGION IN FY 2022/23

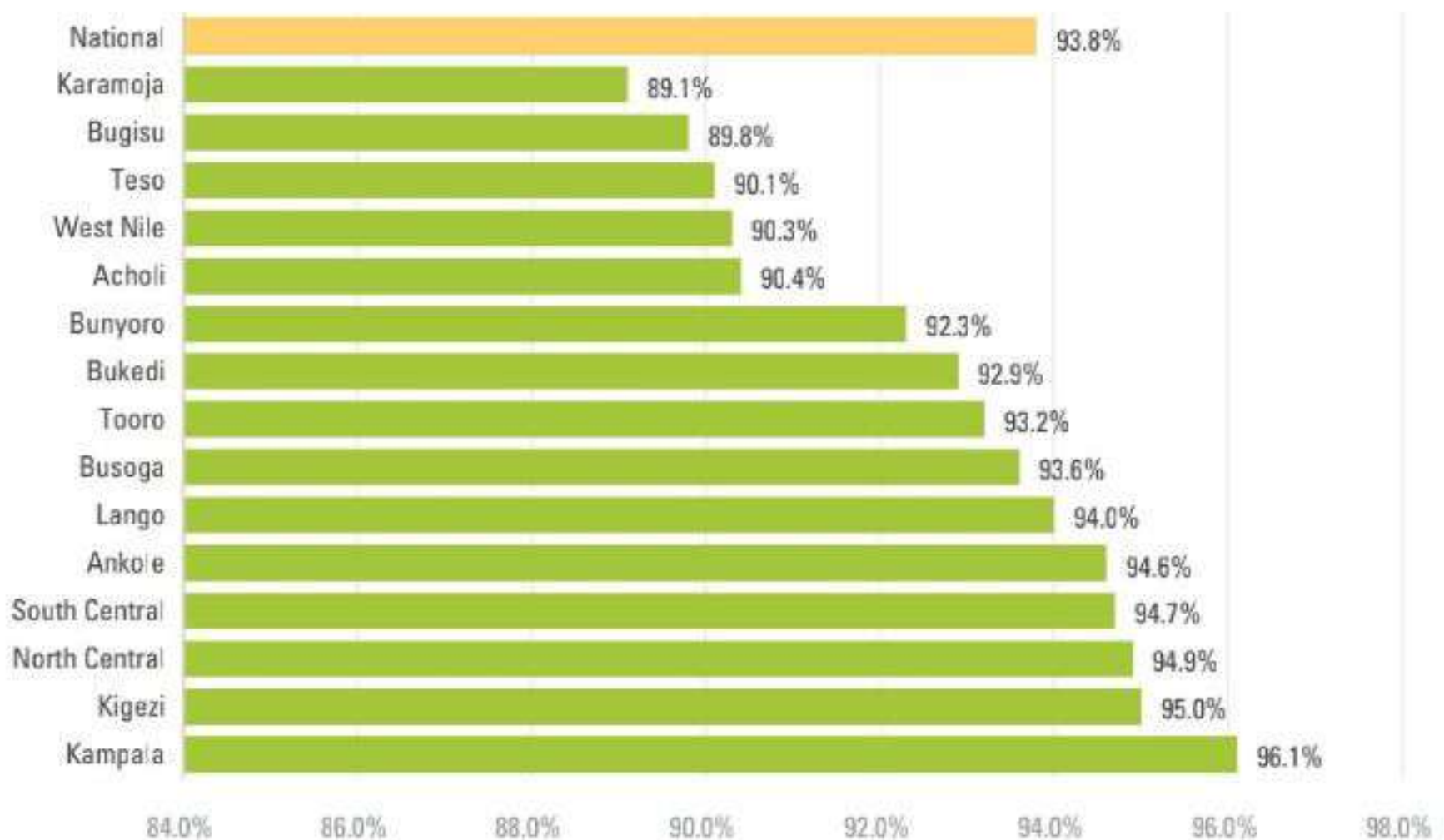


8. **ART Viral Load (VL) Suppression Rate** among all PLHAs on treatment has reduced from 96% in FY 2021/22 to 94.1% in FY 2022/23. The target of 95% viral suppression rate was not achieved in the reporting period. Viral suppression was lower among children 0-9 years (84.3%), adolescents 10-19 years (85.3%); and males (92.4%)

The regions with the highest VL suppression rates were Kampala (96.1%), Kigezi (95%), North Central (94.9%), South Central (94.7%) and Ankole (94.6%). The worst performing regions included: Karamoja (89.1%), Bugisu (89.8%), Teso (90.1%), West Nile (90.3%) and Acholi (90.4%).

The top five LGs are; Kiboga (97.2%), Rukungiri (96.5%), Mubende (96.4%), Mbarara (96.3%), Kampala (96.1%), Masaka (96.1%) and Mityana (96.1%). The bottom five LGs include; Bukwo (82.2%), Kapelebyong (82.9%), Kween, Yumbe (83.5%) and Nabilatuk (84.3%).

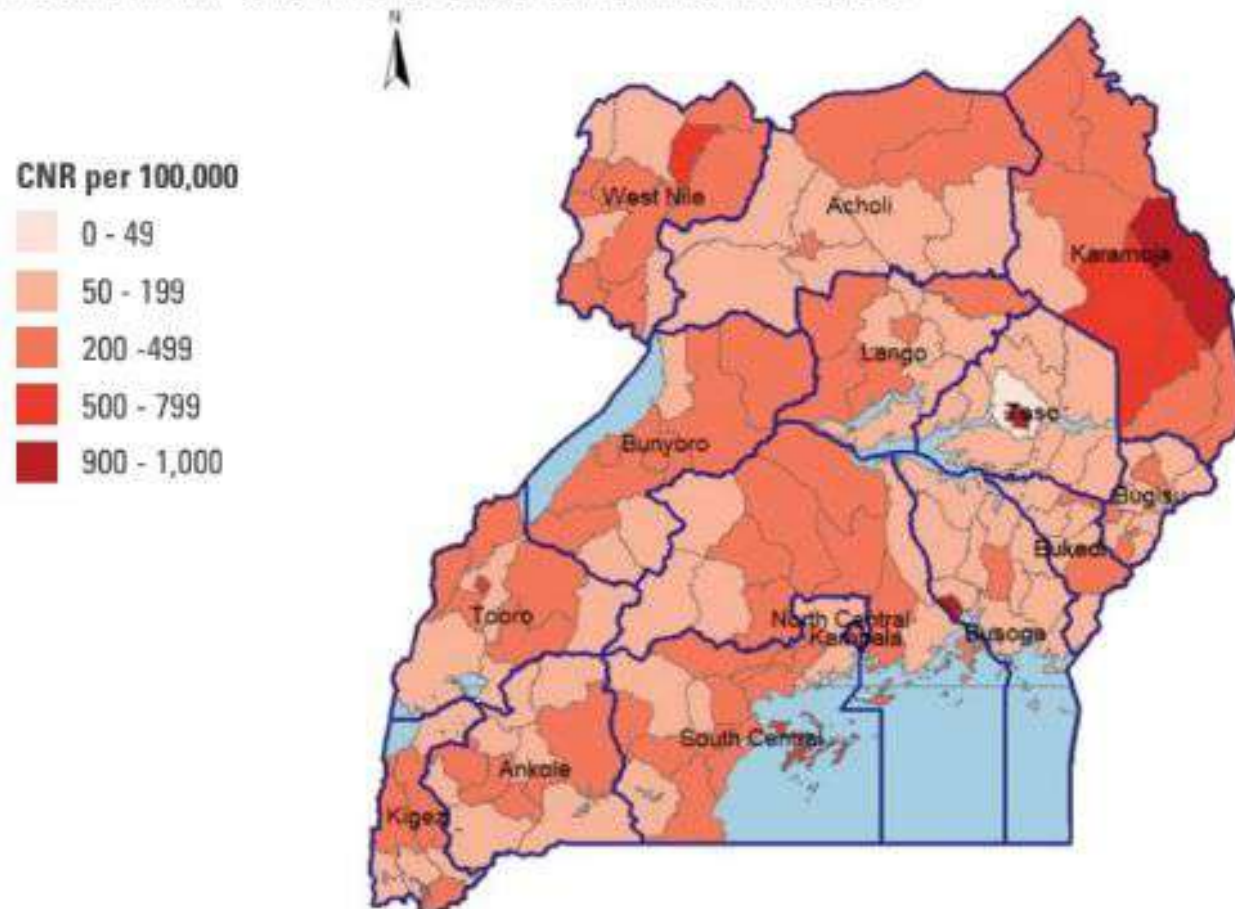
FIGURE 26: REGIONAL VL SUPPRESSION RATES



Dr. Diana Atwiine with MoH Officials engaging Hoima Region Culture Leaders on Stop TB Campaign

9. **TB Case Notification Rate** increased from 202 per 100,000 population to 212 per 100,000 to FY 22/23 above the target of 173/100,000 this is attributed to the active case finding effort through the CAST campaigns.

FIGURE 27: MAP SHOWING TB CASE NOTIFICATION RATE BY LG



MOBILE TB CLINICS

Three Mobile TB Clinics with digital x-rays were procured to increase community access.

10. **Leprosy patients presenting to health facilities with Grade 2 disability at the time of diagnosis** declined slightly to 19% from 22%. There is continued transmission of leprosy as evidenced by the increase in the number of cases reported from 474 in FY 21/22 to 489 in FY 22/23. West Nile region has the highest number of reported cases with 344 out of 489 cases.

TABLE 31: NUMBER OF NEW LEPROSY CASES BY REGION

Region	FY 2020/21	FY 2021/22	FY 2022/23	
	Number	Number	Number	Grade 2
Acholi	4	13	24	8
Ankole	4	0	1	0
Bugisu	8	0	4	4
Bukedi	14	7	7	4
Bunyoro	28	6	28	8
Busoga	10	5	12	2
Kampala	2	2	5	0
Karamoja	8	3	2	2
Kigezi	0	3		0
Lango	46	18	15	8
North Central	4	13	8	5
South Central	12	5	4	1
Teso	4	7	8	3
Tooro	24	21	27	5
West Nile	446	371	344	43
Total	614	474	489	93

11. **Target population fully vaccinated against COVID-19 (18+ years)** was 58% by end of June 2023. Kampala region had the highest full vaccination coverage for the target population at 85% followed by Busoga at 67%. Karamoja (48%), Teso (48%) and North Central (47%) have the lowest coverage.

TABLE 32: UGANDA COVID-19 VACCINATION PROGRESS BY END OF JUNE 2023

	Number	Percent
Target (18+)	21,464,704	
Fully Vaccinated	12,536,115	58%
Received at least 1 dose	17,372,577	81%
Partially vaccinated	6,197,613	29%
Not Vaccinated	4,092,127	19%

TABLE 33: COVID-19 FULL VACCINATION COVERAGE BY REGION (18+YRS) BY END OF JUNE 2023

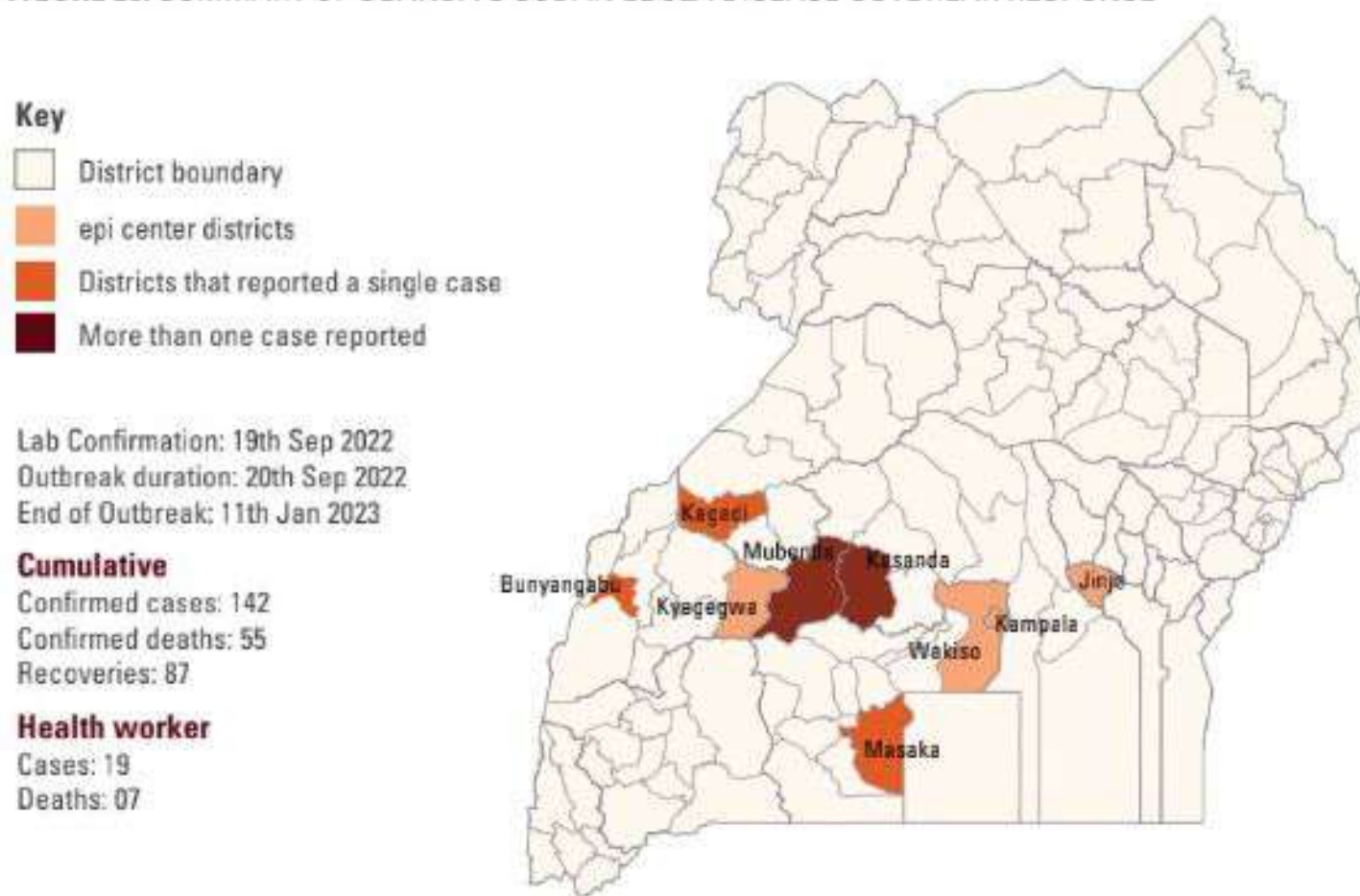
Region	70% (Overall Target)	Target (18+) 48.5%	Target (12-17) 14.8%	Overall	% Overall	18+	%18+	12 to 17	% 12 to 17
Kampala	1,196,930	848,110	251,355	725,938	61%	718,084	85%	7,854	3%
Ankole	2,365,510	1,674,545	496,756	1,120,980	49%	1,069,948	66%	51,032	11%
Busoga	3,040,450	2,154,376	638,494	1,476,960	49%	1,427,235	67%	49,725	6%
South Central	4,023,740	2,851,107	844,987	1,440,653	48%	1,333,760	62%	106,893	22%
Bukedi	1,630,720	1,155,481	342,451	784,333	48%	769,013	66%	15,320	5%
West Nile	2,554,902	1,831,249	536,680	1,256,159	47%	1,245,803	66%	10,356	2%
Bunyoro	1,931,860	1,368,949	405,689	918,450	47%	913,977	66%	4,473	1%
Tooro	2,279,815	1,614,629	478,763	918,298	43%	910,600	60%	7,698	3%
Kigezi	1,054,970	747,522	221,544	426,525	41%	416,077	57%	10,448	5%
Bugisu	1,532,090	1,085,595	321,738	630,382	41%	610,038	56%	20,344	4%
Lango	1,753,850	1,246,796	368,309	714,257	40%	703,452	55%	10,805	3%
Acholi	1,292,830	916,062	271,496	449,424	36%	445,986	50%	3,438	1%
North Central	3,146,150	2,229,271	660,690	1,196,568	36%	1,118,840	47%	77,728	10%
Teso	1,610,439	1,142,287	338,192	551,871	35%	539,239	48%	12,632	3%
Karamoja	892,710	598,725	187,470	293,050	33%	291,344	48%	1,706	1%

12. Zoonotic disease detected and managed timely (%): During FY 2022/23, Uganda responded to 4 zoonotic disease outbreaks which included; **EVD outbreak** in 9 districts of Mubende, Kassanda, Kyegegwa, Bunyangabu, Kagadi, Kampala, Masaka, Jinja and Wakiso; **Anthrax** in Kazo; **Rift valley fever** in 5 districts of Isingiro, Mbarara, Mbarara City, Rakai and Kyotera, and **CCHF** in 10 districts of Nakaseke, Nakasongola, Kaberamaido, Wakiso, Lwengo, Sembabule, Amuru, Mpigi, Nwoya and Soroti. The country was also on high alert for the Marburg disease outbreak in Tanzania.

Uganda’s Sudan Ebola Disease outbreak response

Responded and contained the SUDV outbreak in 9 districts of Mubende, Kassanda, Kyegegwa, Bunyangabu, Kagadi, Kampala, Masaka, Jinja and Wakiso with 142 confirmed cases, 87 recoveries, 55 deaths and 4,793 active contacts followed up.

FIGURE 28: SUMMARY OF UGANDA’S SUDAN EBOLA DISEASE OUTBREAK RESPONSE

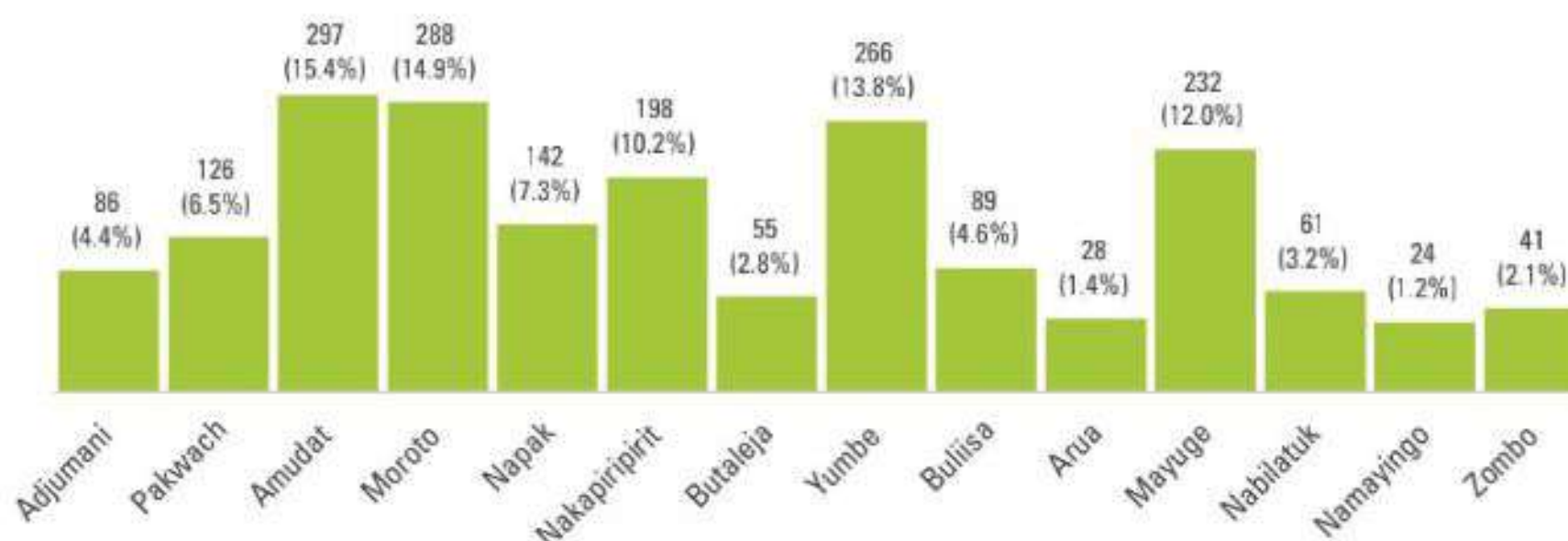


Declaration of End of Ebola in Mubende District, 11th January 2023

13. **Target districts (51) that achieved elimination of blinding trachoma** is still 90% against the target of 88%. Trachoma still active in only 5 districts of Moroto, Amudat, Nabilatuk, Nakapiripirit & Buliisa.

The Neglected Tropical Diseases Control Program (NTDCP) resumed surgeries for blinding Trachoma in 2022; with the estimated backlog of blinding Trachoma at over 10,000 cases, in 48 districts. A total of 1,933 surgeries for blinding Trachoma were conducted in 14 out of the 48 districts reducing the surgeries backlog by about 20%. Amudat, Moroto, Yumbe, Nakapiripirit and Mayuge districts had the highest number of surgeries for blinding Trachoma while Butaleja, Arua, Namayingo had the least. This was because the 14 districts had different caseloads of blinding trachoma.

FIGURE 29: NUMBER OF PEOPLE OPERATED FOR TRACHOMA BY DISTRICT IN FY 2022/23

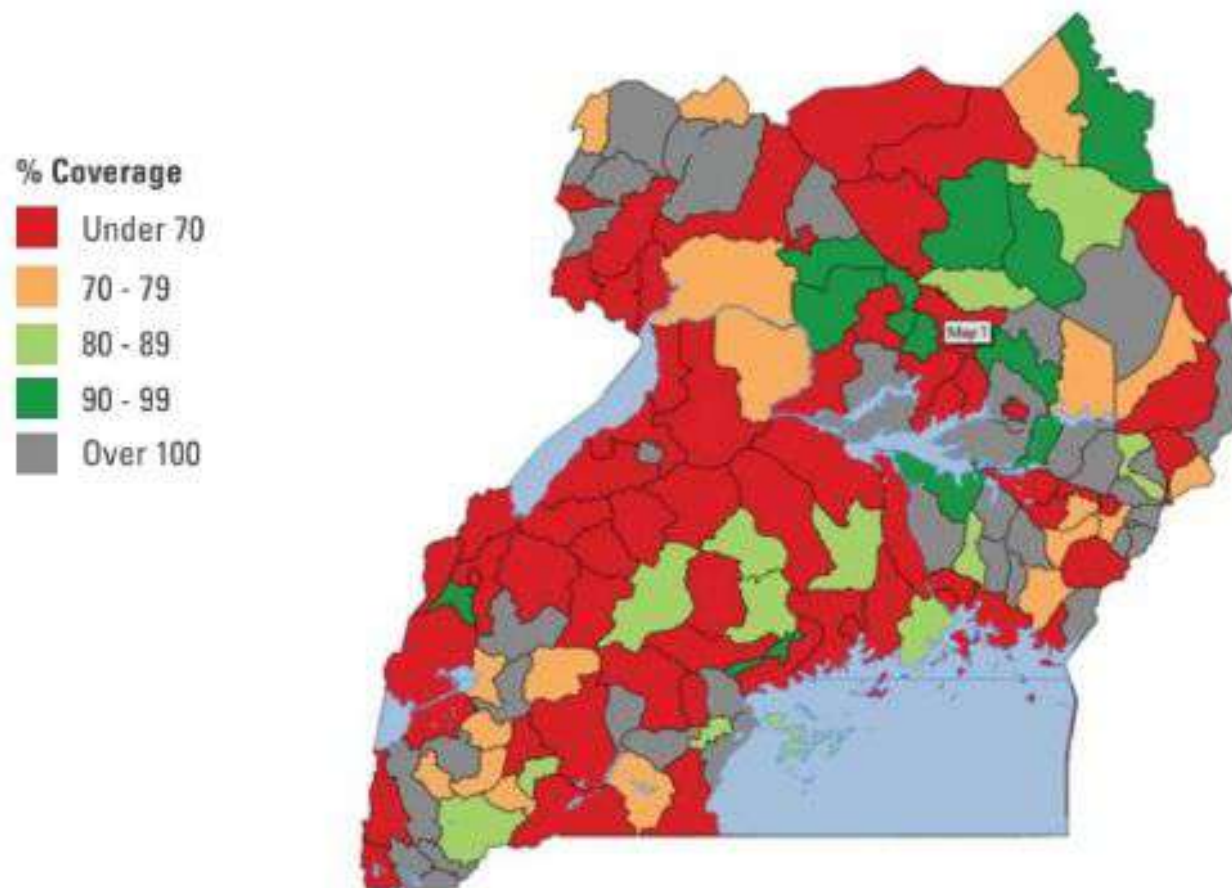


14. **Proportion of target population vaccinated against Hepatitis.** Hepatitis B vaccination targeted all adults above 20 years of age that are Hepatitis B negative. Since 2015, a total of 4,788,179 people tested negative and by June 2023, Hepatitis B vaccination 1st dose coverage was 76%, 2nd dose 48%, and 3rd dose 24%. The poor performance is attributed to Hepatitis B campaigns not being conducted. Districts should improve on screening for Hepatitis B and routinely vaccinate all the adult persons turning negative.

MoH introduced Hepatitis B vaccination at birth on the immunization schedule in October 2022 which should be administered to all infants at birth. 302,391 of 2,144,321 infants have been vaccinated with Hep B birth dose since October 2022.

15. **Tobacco non-smoking rate** - According to the World Health Statistics Report 2023, the age-standardized prevalence of tobacco use among persons 15 years and older is 84% compared to 97% in 2019/20 reported by the Uganda National Household Survey. In Uganda, over 15% of boys and 13% of girls aged 13-15 years start smoking annually. It is estimated that tobacco kills 204 Ugandans weekly, which is more than HIV, tuberculosis, malaria, accidents, and crime put together.
16. **Proportion of 10 years old girls immunized against cervical cancer:** During FY 2022/23, HPV1 coverage was at 156% and HPV2 at 74% compared to 56% in FY 2021/22. HPV vaccination highly leverages on schools during integrated Child Health days which was supported in October 2022. The over performance of HPV1 is attributed to more girls reached from cohorts of girls who had missed HPV during school closure due to COVID 19 pandemic.

FIGURE 30: MAP SHOWING HPV VACCINATION FOR GIRLS BY 10 YEARS IN FY 2022/2023

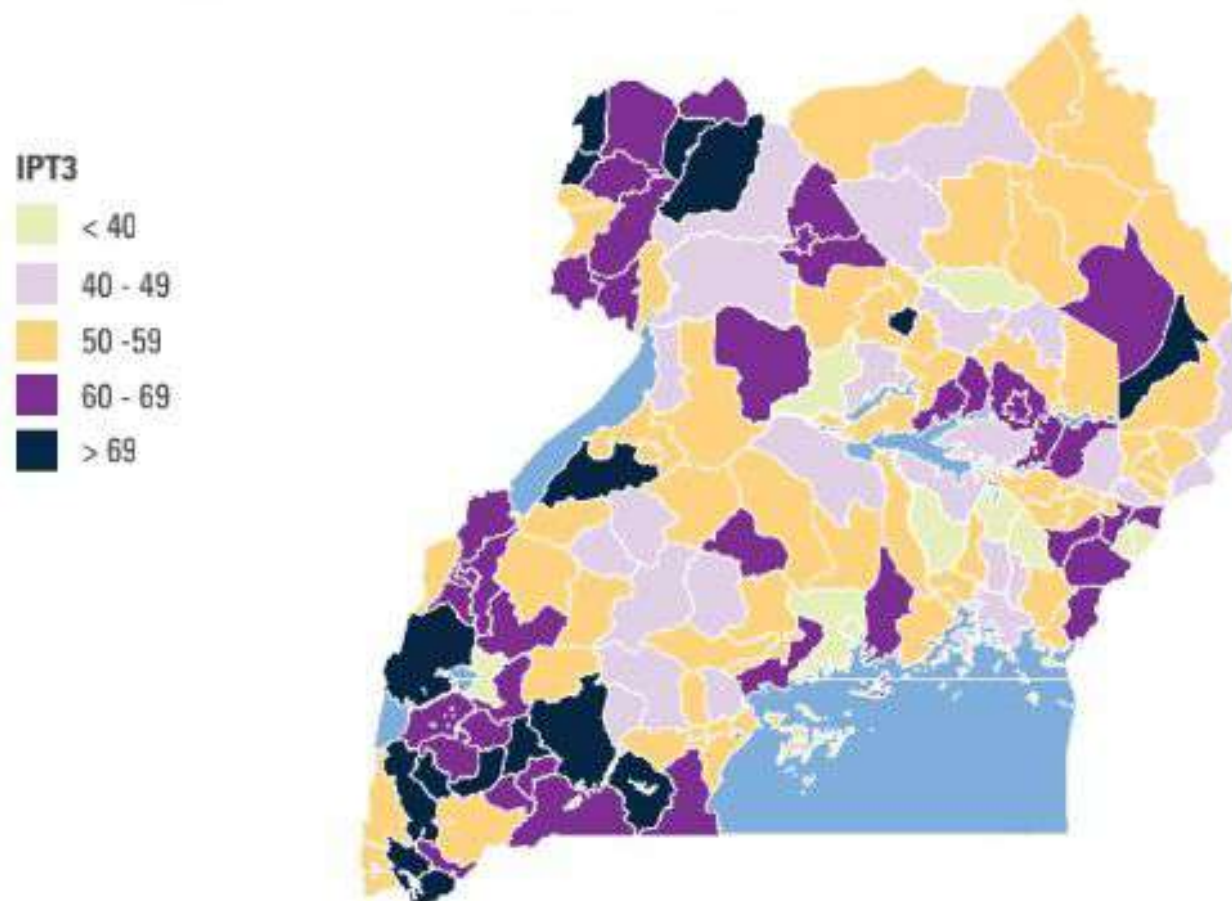


17. **Cervical Cancer Screening in women aged 30-49 years**

No data

18. **IPT³ coverage for pregnant women** declined to 54% (1,037,582 out of 1,919,919 pregnant women who attended ANC 1) from 57% in FY 2021/22, falling below the target of 66%. The LGs with the highest IPT³ coverage were Kiruhura (87%), Kikuube (85%), Lira City (82%), Rubanda (81%) and Sheema (81%). The lowest were Kaliro (33%), Manafwa (34%), Otuke (35%) and Namisindwa (35%).

FIGURE 31: MAP SHOWING IPT3 COVERAGE BY LG IN FY 2022/23

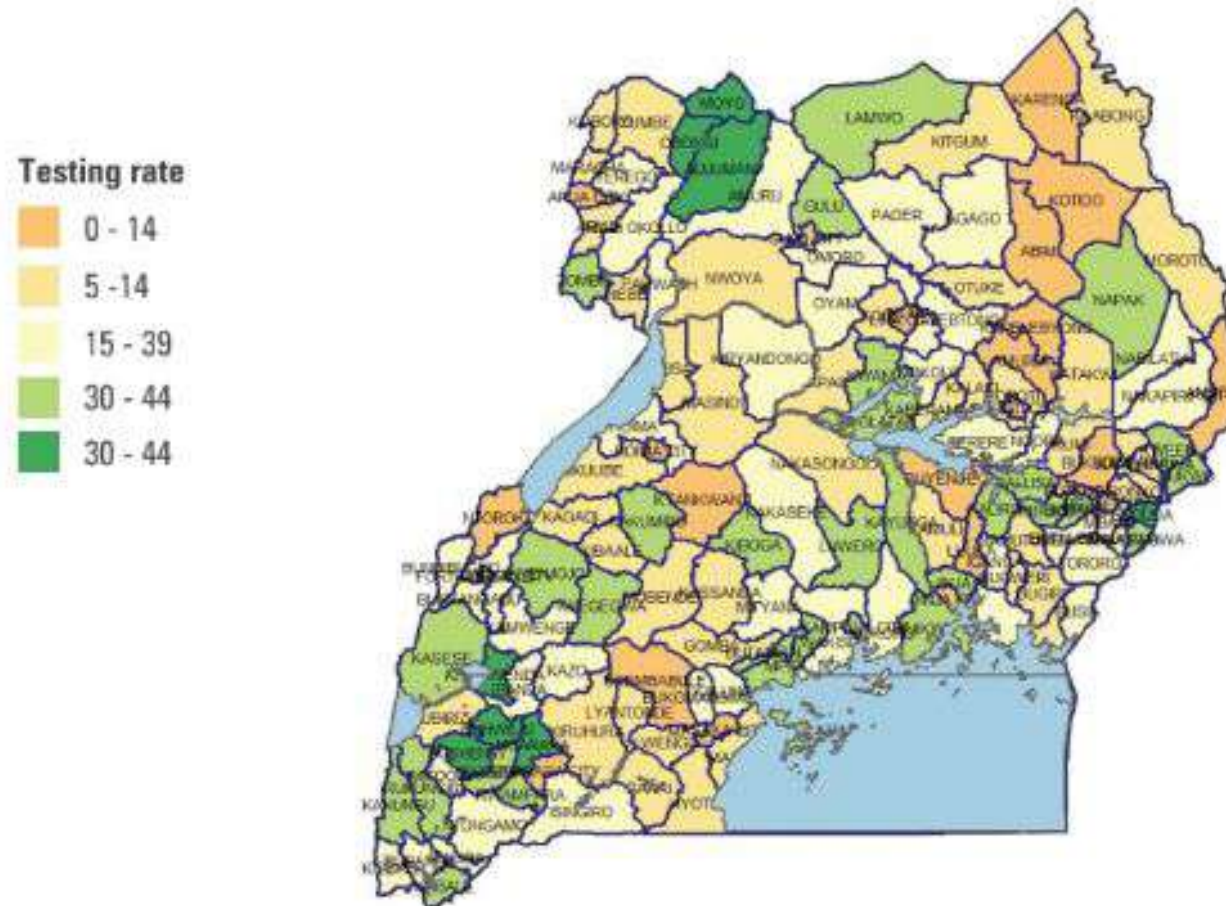


19. **Anaemia screening at the first prenatal visit** stagnated at 23% (434,746 out of 1,890,198) and is significantly below the target of 58% for the year. 31,692 of pregnant women (2%) screened for anaemia at ANC 1 were anaemic. The poor performance is primarily attributed to insufficient laboratory supplies for hemoglobin estimation at all levels.

Anaemia is one of the leading causes of maternal deaths contributing 14% of all deaths reviewed. Anaemia screening and testing is supposed to be done for all pregnant women attending ANC to ensure that any anaemia detected is managed in a timely manner to ensure a safe and satisfying pregnancy and birth outcomes.

Among the LGs, those with the highest proportion of women screened for anemia during the first prenatal visit were Bushenyi (68%), Obongi (63%), Adjumani (55%), Buhweju (55%), and Mbarara City (46%). On the other hand, the lowest proportions were observed in Bukedea (1%), Amuria (1%), Karenga (1%), Amudat (0%), and Kapelebyong (0%).

FIGURE 32: PREGNANT WOMEN SCREENED FOR ANAEMIA IN FY 2022/23



20. **Antenatal Care 4th Visit** coverage declined by 11%, to 46% (1,057,288 out of 2,357,033 estimated pregnancies) in FY 2022/23 from the 51.5%. Among the LGs, those with the highest coverage for ANC 4th visit were Soroti City (144%), Lira City (94.6%), Mbarara City (94.2%), Jinja City (89.4%) and Kiruhura (83.4%). Conversely, the lowest coverage rates were recorded in Namutumba (27.8%), Ma-di-Okollo (27.5%), Soroti District (26.3%), Wakiso (25.1%), and Buvuma (24.2%).

FIGURE 33: TRENDS IN EARLY ANC ATTENDANCE & 4TH ANC VISITS

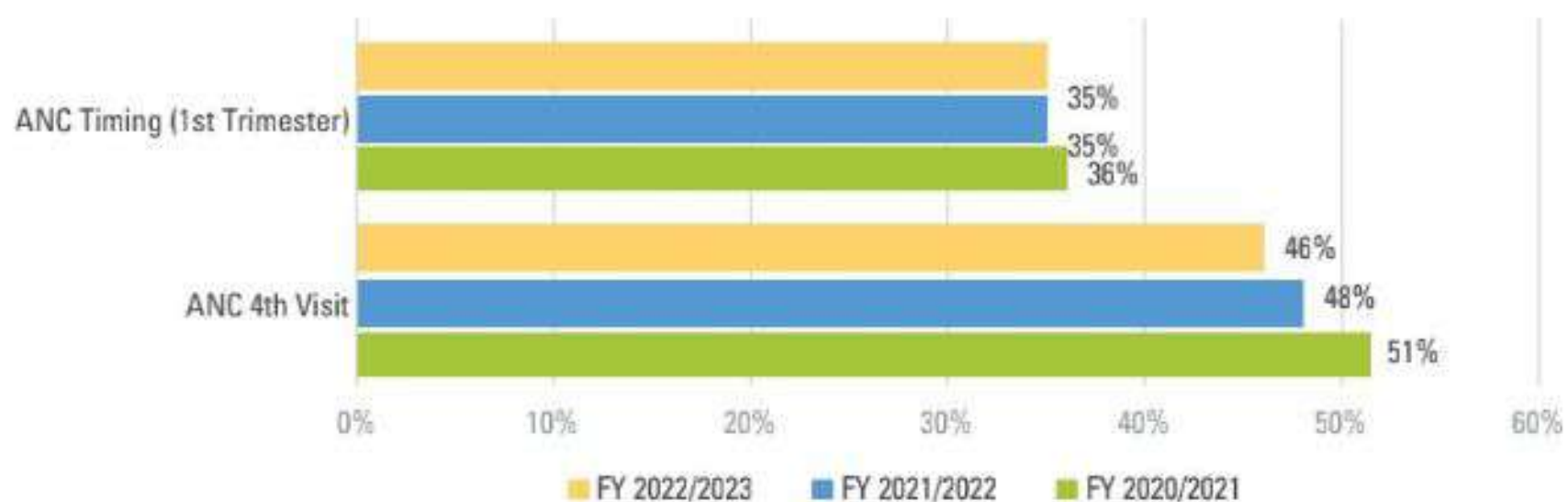
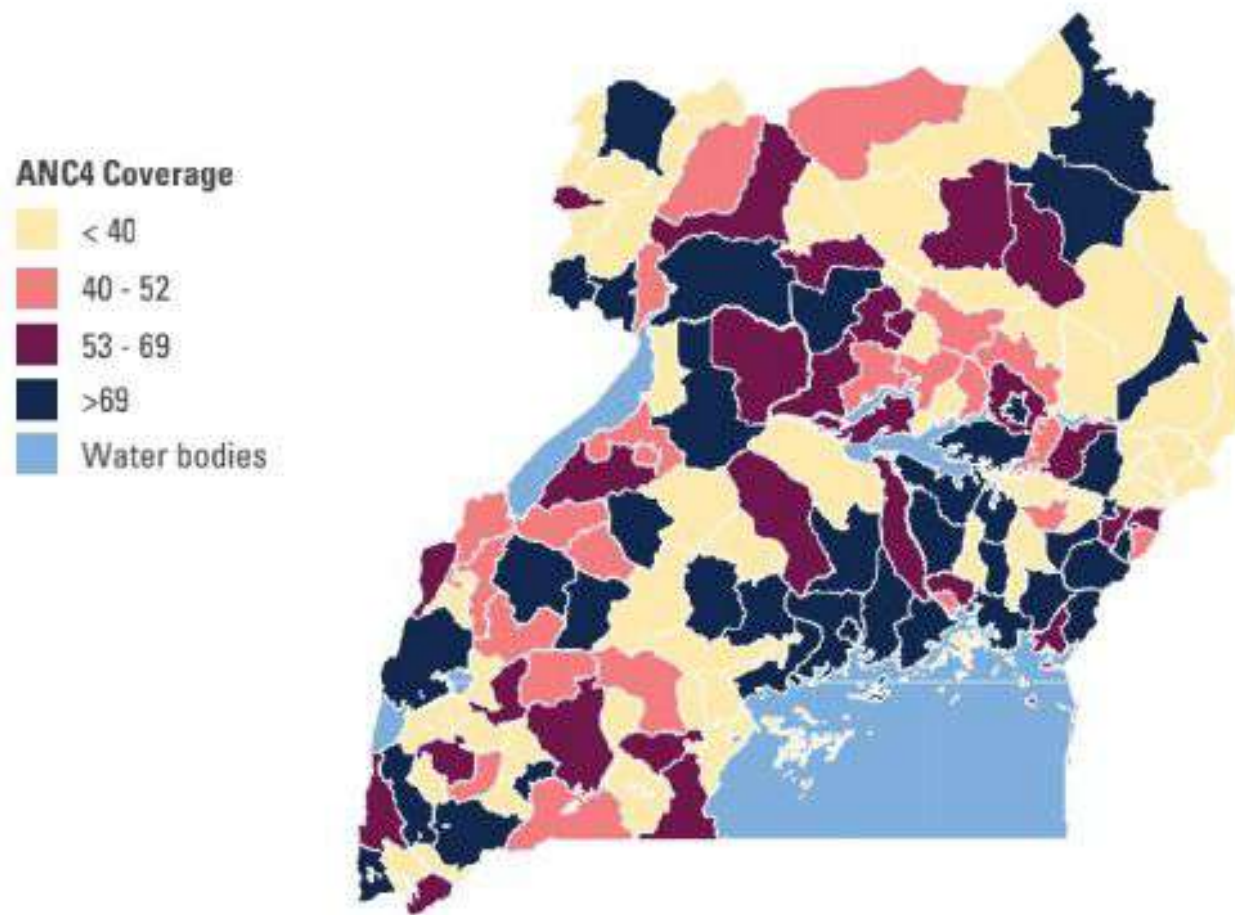
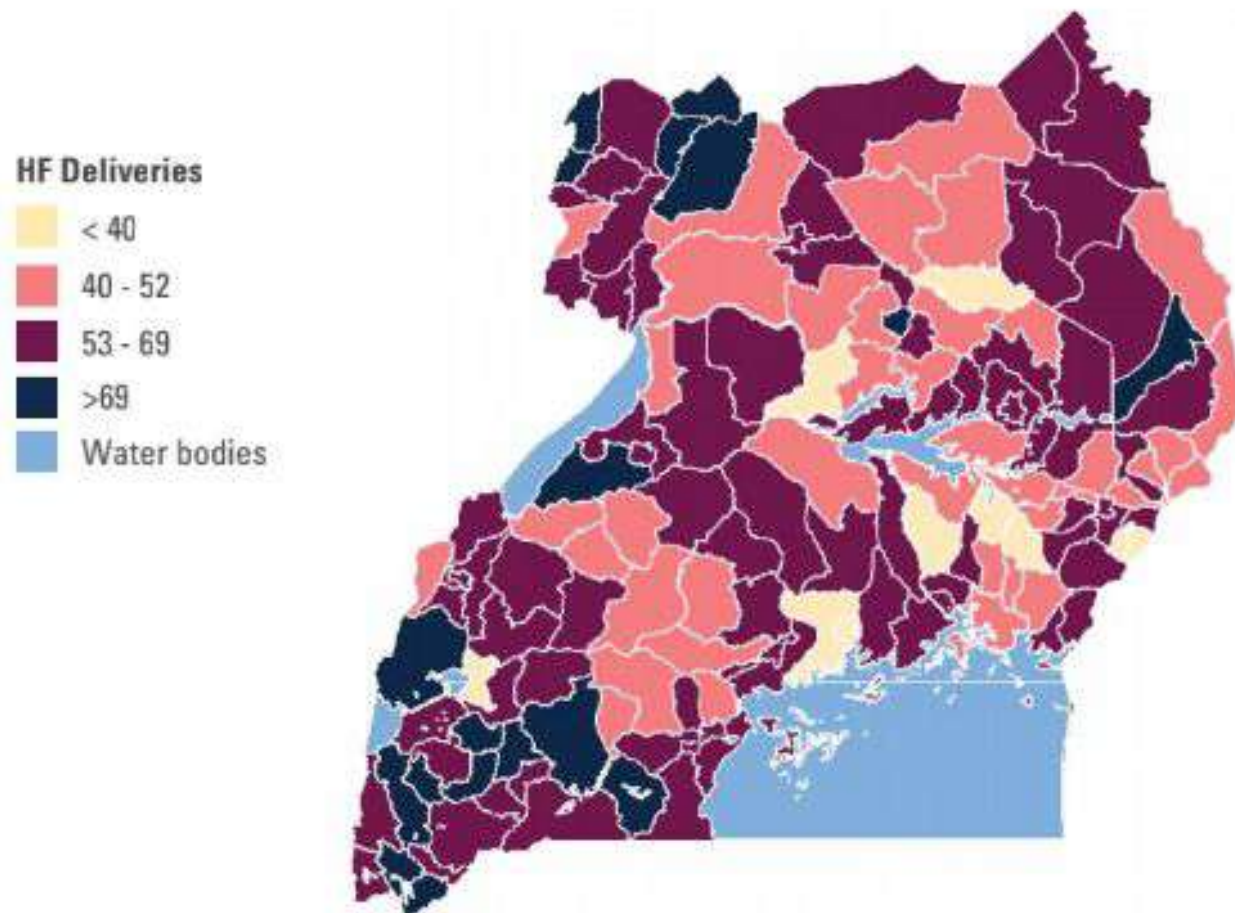


FIGURE 34: MAP SHOWING ANC4 VISIT COVERAGE BY LG IN FY 2022/23



21. **The proportion of pregnant women delivering at health facility deliveries** declined by 5.8%, from 68% to 64% (1,412,855 / 2286322 (FY 22/23). Among the LGs, those with the highest proportion of health facility deliveries included Soroti City (225%), Fort Portal City (170%), Hoima City (146%), Mbarara City (138%) and Butambala (134%). Conversely, the districts with the lowest proportions were Luuka (37.1%), Soroti District (35.7%), Wakiso (34.8%), Madi-Okollo (33.8%), and Masaka District (33.2%).

FIGURE 35: MAP SHOWING THE % OF HEALTH FACILITY DELIVERIES BY LG IN FY 2022/23



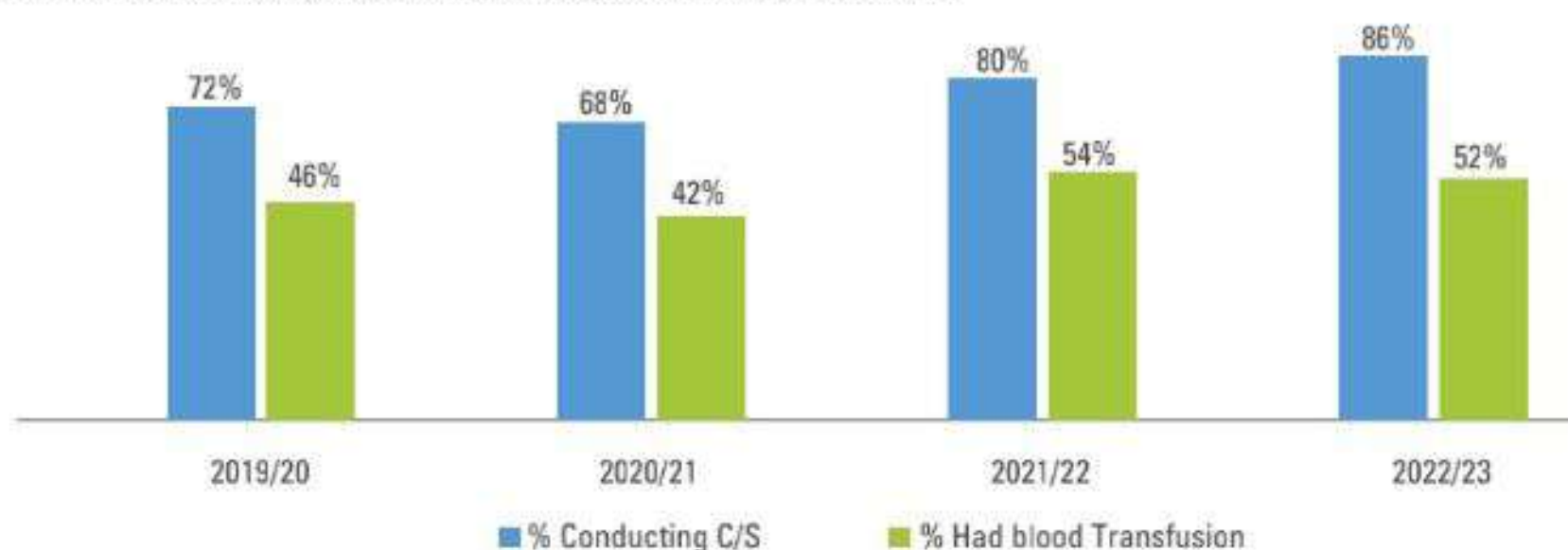
At the health facility level, 54% of deliveries occurred at HC IIIs (46%) and IIs (8%).

FIGURE 36: TRENDS IN HEALTH FACILITY DELIVERIES BY HEALTH FACILITY LEVEL

Level	FY 2021/22		FY 2021/22		FY 2022/23	
	Number	%	Number	%	Number	%
Referral and Large PNFP Hospital	98,740	7.6	127,446	9	115,694	8
General Hospitals	219,386	16.9	217,520	15	234,267	17
HC IVs	243,586	18.7	276,168	19	287,647	20
HC IIIs	595,083	45.7	679,577	47	646,632	46
HC IIs	134,161	10.3	129,085	9	119,081	8
Clinics	17,078	1			9,534	1
Total	1,301,434	100	1,446,874	100	1,412,855	100

22. **The proportion of HC IVs providing CeMNOC (C/S and blood transfusion)** declined to 52% (132/254). However, the % of HC IVs conducting C/S increased from 84% (198/246) to 86% (218/254) largely as a result of increase in number of private HC IVs reporting.

FIGURE 37: TRENDS FOR HC IV'S PERFORMING C/S AND THOSE PROVIDING



A total of 37 out of 254 (15%) HC IVs do not provide C/S services and yet this is the major service to be provided at HC IVs, and 86 (34%) of HC IVs conducted C/S without blood transfusion services at the facility. The PHPs have the highest proportion, 59% of HC IVs conducting C/S without blood transfusion services.

TABLE 34: HC IV'S PERFORMING C/S AND CEMNOC BY SUB-SECTOR FY 2022/23

Service	GOV (n=195)		PFP (n=29)		PNFP (n=30)	
	Number	%	Number	%	Number	%
Perform C/Section	170	87%	20	69%	28	93%
Performing C/S and providing blood transfusion (CEmONC)	112	57%	3	10%	17	57%
C/S with no blood transfusion services	58	30%	17	59%	11	37%
No C/S	25	13%	9	31%	3	10%

Table 35 shows the HC IVs which are not performing C/S and the reasons for not for not providing the service. The major reasons are inadequate infrastructure, lack of theatre equipment and the required staff.

TABLE 35: HC IVS NOT PERFORMING C/S BY OWNERSHIP & NUMBER OF DELIVERIES IN FY 2022/23

No	LG	HC IV	Authority	Number of Deliveries	Reason
1	Amudat	Karita	GOV	588	No staff and equipment
2	Arua	Bondo	GOV	621	
3	Buliisa	Biiso	GOV	578	New HC IV, no Anaesthetic Officer
4	Buliisa	Buliisa	GOV	426	
5	Bukwo	Bukwo (PNFP)	PNFP	202	
6	Butaleja	Nabiganda	GOV	1,364	
7	Buyende	Bugaya	GOV	654	Newly upgraded, no anaesthetic officer, no theatre equipment
8	Fort Portal City	Kataraka	GOV	373	No staff and equipment
9	Hoima	Kigorobya	GOV	1,305	Inadequate infrastructure – no theatre
10	Jinja City	Mpumudde	GOV	1,270	No theatre equipment
11	Kabale	Kakomo	GOV	279	No theatre, no equipment, no staff.
12	Kabarole	Ruteete	GOV	258	
13	Kalaki	Kalaki	GOV	774	No theatre, not equipment and staff
14	Kalangala	Bukasa	GOV	107	Lack of theatre equipment, No MO & Anaesthetic Officer
15	Kampala	Naguru Police	GOV – UPF	0	No infrastructure for HC IV has only OPD, no maternity.
16	Kampala	SAS Clinic	PFP	0	-
17	Kampala	Nsambya Police	GOV – UPF	546	No theatre
18	Kampala	Pearl Medical Centre	PFP	198	-
19	Kamwenge	Bisozi	GOV	525	No theatre
20	Kanungu	Mpungu	GOV	215	
21	Kapchorwa	Kaserem	GOV	562	No staff and equipment
22	Kasese	Hiima UCI	PNFP	1	-
23	Katakwi	Astu	GOV – UPF	0	-
24	Katakwi	Toroma	GOV	536	No theatre, no equipment and no staff.
25	Kisoro	Busanza	GOV	273	No equipment.
26					
27	Lamwo	Paabek-Kal	GOV	293	Newly upgraded, no staff
28	Luwero	Hope HC	PFP	38	-
29	Maracha	Maracha	GOV	494	New theatre under construction
30	Mukono	Kairos Medical Centre	PFP	26	-
31	Ntungamo	Ntungamo	GOV	1,037	No equipment, no anaesthetic officer
32	Rukungiri	Rukungiri	GOV	752	No theatre and equipment. Has 2 MOs, no Anaesthetic Officer.
33	Wakiso	K.T Medical Centre	PFP	42	-
34	Wakiso	Naluvule Medical Centre	PFP	27	-
35	Wakiso	Salaama Memorial Medical	PFP	154	-
36	Wakiso	Spring Medicare	PFP	122	-
37	Wakiso	Victoria Medical Services	PFP	68	-

Kampala City Council Authority has the highest number of C/S conducted at HC IV level that is at Kawaala and Kisenyi HC IVs. This is followed by Kasese district and specifically Kasese Municipality at St. Paul HC IV (PNFP) and Rukoki HC IV. The HC IVs in refugee hosting districts of Isingiro, Kyegegwa, Kamwenge and Kikuube are also among those with the highest number of C/S.

TABLE 36: HC IVS WITH THE HIGHEST NUMBER OF C/S IN FY 2022/23

No.	LG	HC IV	Ownership	Deliveries	No. of C/S	C/S Rate
1	Kampala	Kawaala HC IV	GOV	7,718	1,685	21.8
2	Isingiro	Rwekubo	GOV	3,631	1,502	41.4
3	Kampala	Kisenyi	GOV	8,553	1,379	16.1
4	Kasese	St. Paul (Kasese)	PNFP	2,085	1,303	62.5
5	Kyegegwa	Bujubuli	GOV	4,783	1,218	25.5
6	Serere	Serere	GOV	2,406	977	40.6
7	Kasese	Rukoki	GOV	3,677	882	24.0
8	Kamwenge	Rwamwanja	GOV	3,968	878	22.1
9	Wakiso	Kasangati	GOV	3,600	839	23.3
10	Sironko	Budadiri	GOV	2,999	786	26.2
11	Kikuube	Kyangwali	GOV	2,805	783	27.9
12	Wakiso	Wakiso	GOV	4,027	715	17.8
13	Rubirizi	Rugazi	GOV	1,953	646	33.1
14	Mpigi	Mpigi	GOV	2,565	637	24.8
15	Kassanda	Kassanda	GOV	2,701	630	23.3
16	Sembabule	Ssembabule	GOV	2,010	601	29.9
17	Kakumiro	Kakumiro	GOV	3,065	582	19.0
18	Kassanda	Kiganda	GOV	2,295	579	25.2
19	Mayuge	Mayuge	GOV	2,294	535	23.3
20	Yumbe	Yumbe	GOV	2,486	498	20.0

Overall C/S rate is highest in the private health facilities and a number of them do not provide blood transfusion services as shown below. The lack of the recommended services for CeMNOG could be contributing to the high rate of late referral from the private clinics and the undesirable outcomes for the clients. There is need to support the private facilities in ensuring that services are provided according to the service delivery standards follow up and establish the cause.

TABLE 37: HC IVS WITH THE HIGHEST C/S RATE IN FY 2022/23

S/No.	LG	Health facility	Ownership	Deliveries in unit	No. of Caesarean sections	% C/S	Transfusion Done
1	Kumi	Michoes Medical	PFP	138	102	73.9	NO
2	Mbarara City	Doctors Plaza	PFP	374	263	70.3	NO
3	Kampala	Kitante Medical Centre	PFP	6	4	66.7	YES
4	Kasese	St. Paul (Kasese)	PNFP	2,085	1,303	62.5	YES
5	Bundibugyo	Busaru	PNFP	542	321	59.2	YES
6	Wakiso	Henrob Family Clinic	PFP	474	262	55.3	YES
7	Kagadi	St. Ambrose Charity	PFP	212	105	49.5	NO
8	Mukono	Herona Medical Centre	PFP	476	235	49.4	NO
9	Kasese	Rwesande	PNFP	759	355	46.8	YES
10	Mpigi	Double Cure	PNFP	228	105	46.1	NO
11	Wakiso	Sebbi Medical	PFP	587	264	45.0	NO
12	Kampala	Span Medicare	PFP	97	43	44.3	NO
13	Kyenjojo	Midas Torch	PFP	190	82	43.2	NO
14	Hoima City	City Medicals	PFP	54	23	42.6	NO
15	Masindi	Masindi Kitara Medical Centre	PNFP	452	189	41.8	YES

S/No.	LG	Health facility	Ownership	Deliveries in unit	No. of Caesarean sections	% C/S	Transfusion Done
16	Isingiro	Rwekubo	GOV	3,631	1,502	41.4	YES
17	Serere	Serere	GOV	2,406	977	40.6	YES
18	Wakiso	Senta Medicare	PFP	111	44	39.6	NO
19	Kampala	Kyadondo Medical Centre	PFP	163	64	39.3	NO
20	Kampala	Abii Clinic	PFP	13	5	38.5	NO

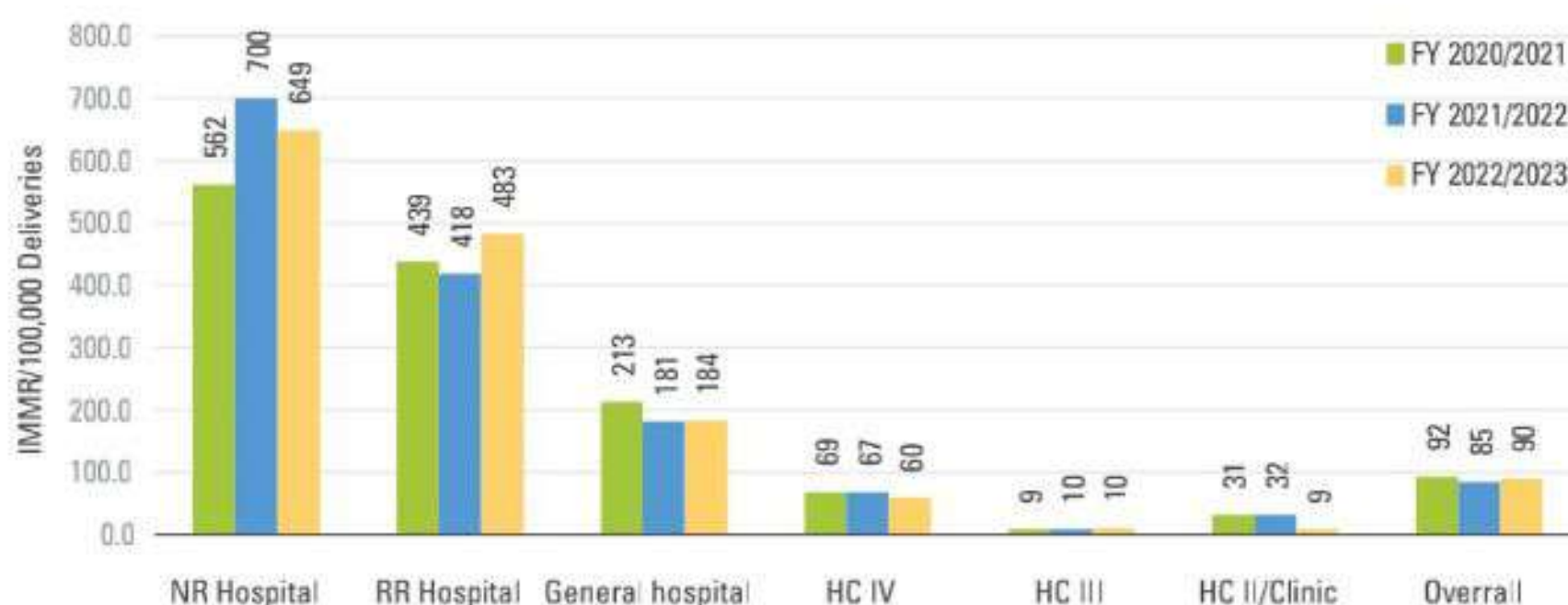
23. **Maternal deaths among 100,000 health facility deliveries** have increased to 90/10,000 in FY 2022/23 from 85/100,000 in 2020/21. The number of maternal deaths and Institutional maternal mortality rate (IMMR) are highest at the referral and large PNFP hospitals.

TABLE 38: NUMBER AND PROPORTION OF MATERNAL DEATHS REPORTED BY LEVEL OF HEALTH FACILITY

Level	2019/20		2020/21		2021/22		2022/23	
	Number	%	Number	%	Number	%	Number	%
Referral and Large PNFP Hospitals	370	34%	521	42%	566	46%	648	51%
GHS	457	41%	471	38%	387	32%	380	30%
HC IVs	178	16%	169	14%	186	15%	172	13%
HC IIIs	67	6%	53	4%	61	5%	64	5%
HC IIs	30	3%	14	1%	26	2%	12	1%
Total	1,102	100%	1,228	100%	1,226	100%	1,276	100%

IMMR at NRHs is still very high compared to the national average though has reduced by 7.3% from 700/100,000 deliveries to 649/100,000 in FY 2022/23 whereas there was an increase at the RRH level to 483/100,000 from 418/100,000.

FIGURE 38: IMMR BY HEALTH FACILITY LEVEL



The IMMR is highest in Kampala region at 205/100,000 deliveries reducing from 223/100,000 in 2021/22, followed by Bunyoro which has increased to 123/100,000 from 114/100,000, and Bugisu which has increased by 82% to 122/100,000 from 67/100,000.

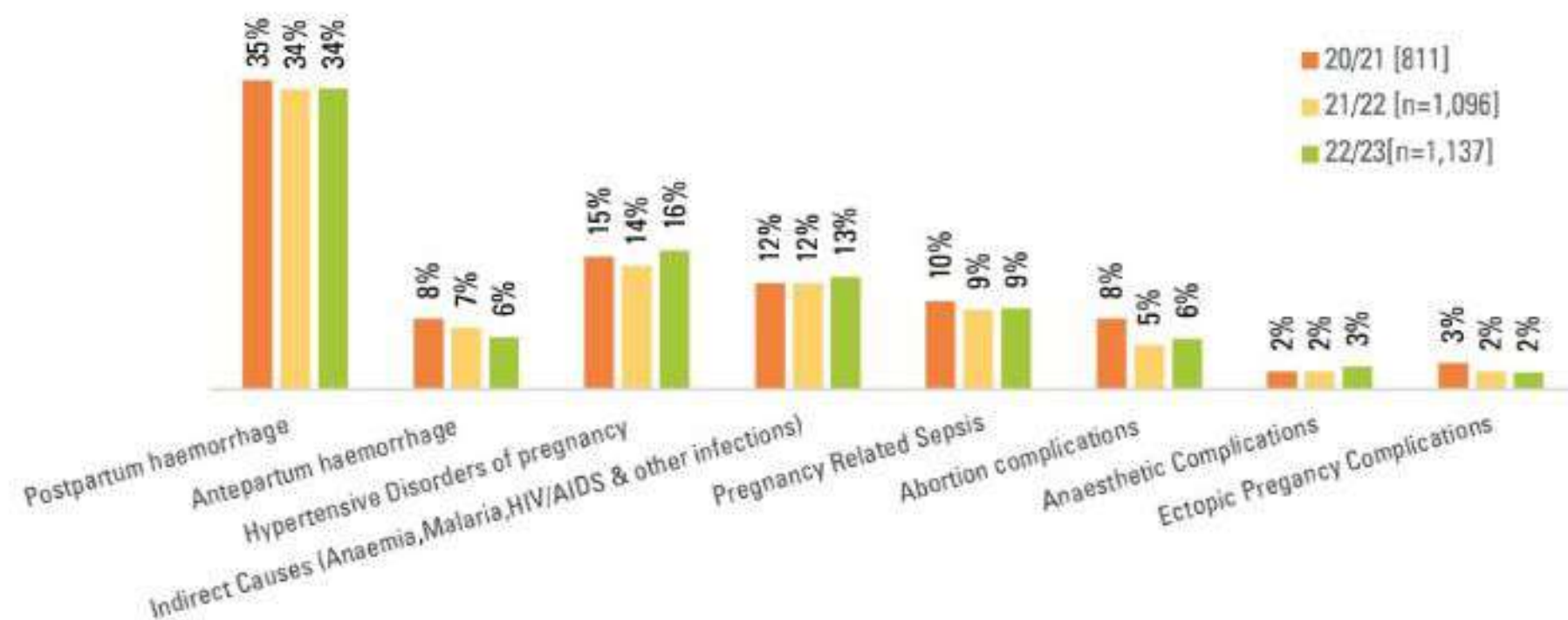
TABLE 39: NO OF DELIVERIES, MATERNAL DEATHS AND IMMR BY REGION

SUB-REGION	No. health facility Deliveries		No. Maternal deaths		Institutional Maternal mortality ratio/ 100,000 deliveries	
	FY21/22	FY22/23	FY21/22	FY22/23	FY21/22	FY22/23
Acholi	65,143	64,142	67	66	103	103
Ankole	111,388	114,028	91	89	82	78
Bugisu	100,244	93,492	67	114	67	122
Bukedi	91,236	85,023	39	46	43	54
Bunyoro	89,770	83,807	102	103	114	123
Busoga	124,806	124,510	93	116	75	93
Kampala	87,966	87,879	196	180	223	205
Karamoja	33,702	35,517	23	12	68	34
Kigezi	55,478	53,464	30	38	54	71
Lango	78,765	74,902	55	45	70	60
North Central	148,430	146,242	122	126	82	86
South Central	145,614	140,932	122	87	834	62
Teso	74,030	74,074	58	63	78	85
Tooro	126,099	122,315	76	96	60	79
West-Nile	114,223	112,515	85	95	74	84
Uganda	1,446,894	1,412,842	1,226	1,276	85	90

Causes of Maternal Deaths

Among the maternal deaths reviewed, post and antepartum haemorrhage remains the leading cause of maternal deaths accounting for 40% of deaths in the FY 2022/23 followed by hypertensive disorders of pregnancy followed at 16% as shown below.

FIGURE 39: CAUSES OF MATERNAL DEATHS – FY 2019/20 TO FY 2022/23



24. **Facility based fresh still births (per 1,000 deliveries)** reduced to 6/1,000 from 7/1,000 in the previous FY 2021/2022 and target of 6/1,000 was achieved. Kigezi, Bukedi and Bugisu regions had the lowest FSBs per 1,000 deliveries. Bunyoro, Kampala, North Central and South Central regions had the highest rate of FSBs per 1,000 deliveries. Over the past two years (FY2021/22 and FY2022/23), the regions of Bugisu, Bukedi, Tooro, Kigezi, Teso, Ankole, and Lango have had their perinatal mortality rates generally below the national average.

TABLE 40: RATE OF PERINATAL DEATHS BY TYPE AND REGION IN FY 2022/23

Region	FY2022 /2023				
	Total Births	MSB/1000 Births	FSB/1000 Births	ENND/1000 Live Births	IPMR/1000 births
Acholi	64,129	7.3	6.1	7.4	20.8
Ankole	114,088	5.4	5.4	2.3	13.1
Bugisu	92,823	5.5	5.0	1.3	11.8
Bukedi	84,427	4.0	4.5	2.5	10.9
Bunyoro	84,253	9.0	10.2	5.7	24.9
Busoga	124,731	7.0	7.0	5.4	19.2
Kampala	89,845	11.2	8.8	18.8	38.2
Karamoja	34,963	3.6	6.5	4.0	14.1
Kigezi	53,911	5.4	4.4	5.2	14.8
Lango	74,782	5.3	5.6	4.1	15.0
North Central	146,767	7.2	7.9	3.4	18.4
South Central	141,233	6.7	6.7	4.3	17.6
Teso	73,733	6.0	5.6	3.4	14.9
Tooro	121,567	5.3	5.1	3.5	13.9
West Nile	112,505	6.8	6.1	5.3	18.1
National	1,413,757	6.5	6.4	4.9	17.8



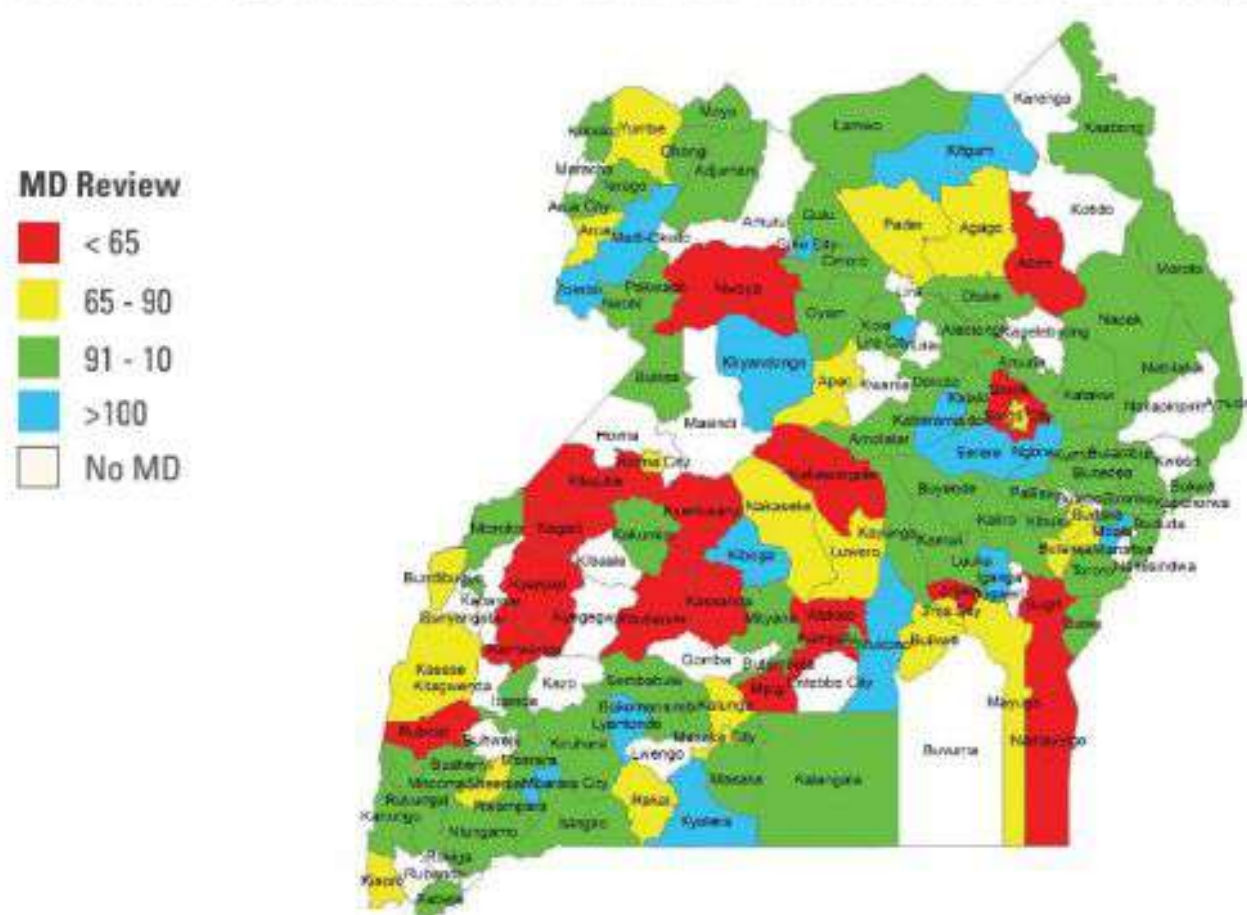
25. **Maternal deaths reviewed:** A total of 1,276 health facility based maternal deaths were reported (HMIS 105) and of these 94% were notified and 89% reviewed in FY 2022/23 compared to 90% in the previous FY. This was above the target of 85%.

FIGURE 40: NATIONAL TRENDS IN INSTITUTIONAL MATERNAL DEATHS REPORTED, NOTIFICATIONS AND REVIEW RATES



It is worth noting that a number of districts had no maternal deaths reported from the health facilities. This is likely to raise from the non reporting or tendency to refer to higher level facilities. There is therefore need to study the cause of no maternal deaths reported in these districts.

FIGURE 41: MAP SHOWING THE % OF MATERNAL DEATHS REVIEWED BY LG IN FY 2022/23



Overall, the intervention of maternal death notification and reviews has been embraced by all regions, though there is a significant reduction in % of maternal deaths reviewed in Tooro region from 99% in FY 2021/22 to 79% in 2022/23.

TABLE 41: IMMR, MATERNAL DEATH NOTIFICATION AND REVIEWS BY REGION

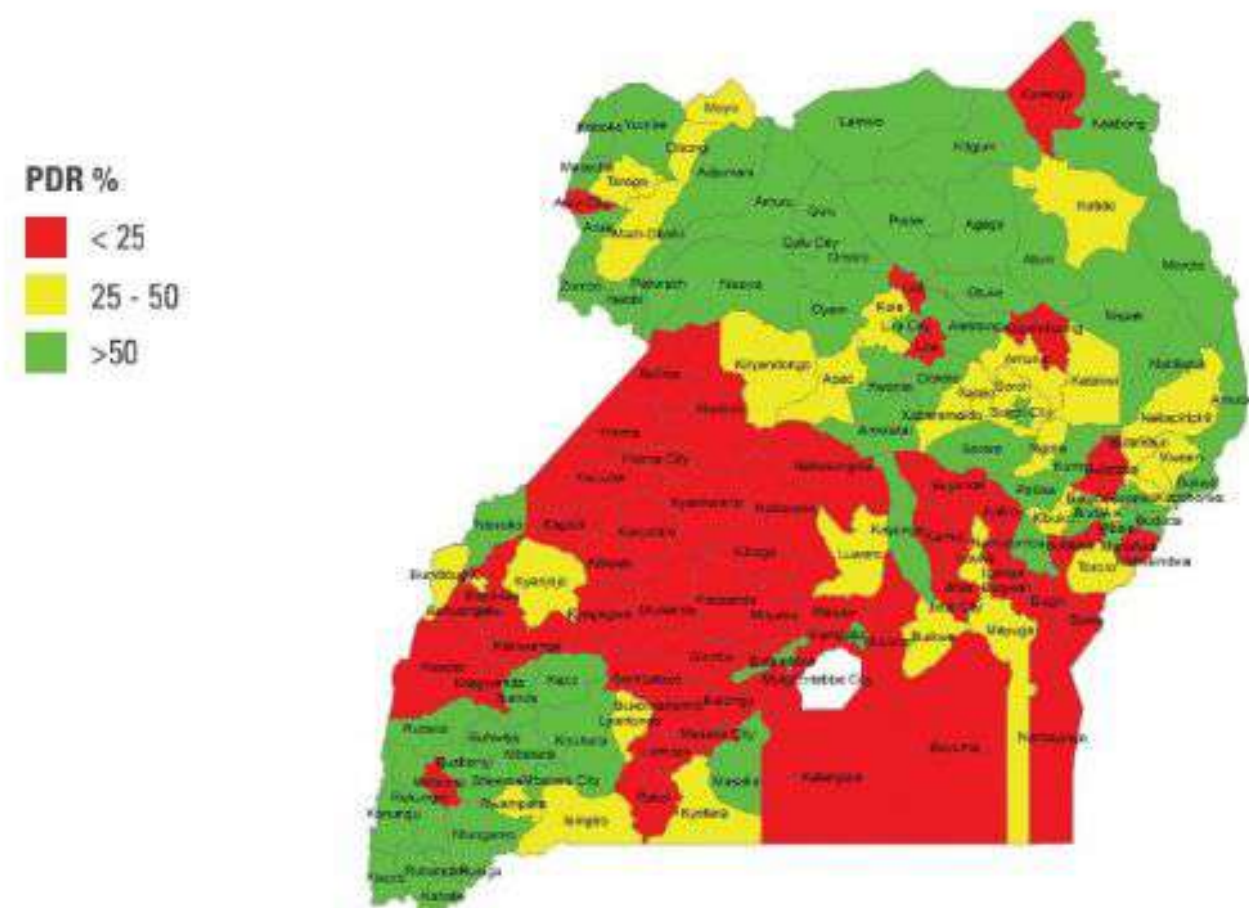
SUB-REGION	No. Maternal deaths		% maternal death notifications		% maternal death reviews	
	FY21/22	FY22/23	FY21/22	FY22/23	FY21/22	FY22/23
Acholi	67	66	105%	99%	97%	102%
Ankole	91	89	126%	78%	113%	98%
Bugisu	67	114	106%	100%	103%	96%
Bukedi	39	46	90%	107%	87%	96%
Bunyoro	102	103	87%	80%	69%	75%
Busoga	93	116	86%	92%	87%	82%
Kampala	196	180	99%	99%	96%	98%
Karamoja	23	12	109%	108%	109%	92%
Kigezi	30	38	108%	84%	100%	95%
Lango	55	45	107%	107%	106%	104%
North Central	122	126	68%	77%	69%	80%
South Central	122	87	89%	91%	65%	77%
Teso	58	63	107%	118%	90%	95%
Tooro	76	96	118%	95%	99%	70%
West-Nile	85	95	98%	107%	98%	97%
Uganda	1,226	1,276	98%	94%	89%	89%

Key Notifications & Reviews



26. **Perinatal death reviews** improved to 43% in FY 2022/23 from 42% in FY 2021/22. However, perinatal death notification declined to 43% from 52% in the same period. All LGs with the exception of Entebbe City reported a perinatal death in the FY 2022/23.

FIGURE 42: PROPORTION OF PERINATAL DEATHS REVIEWED BY LG IN FY 2022/23



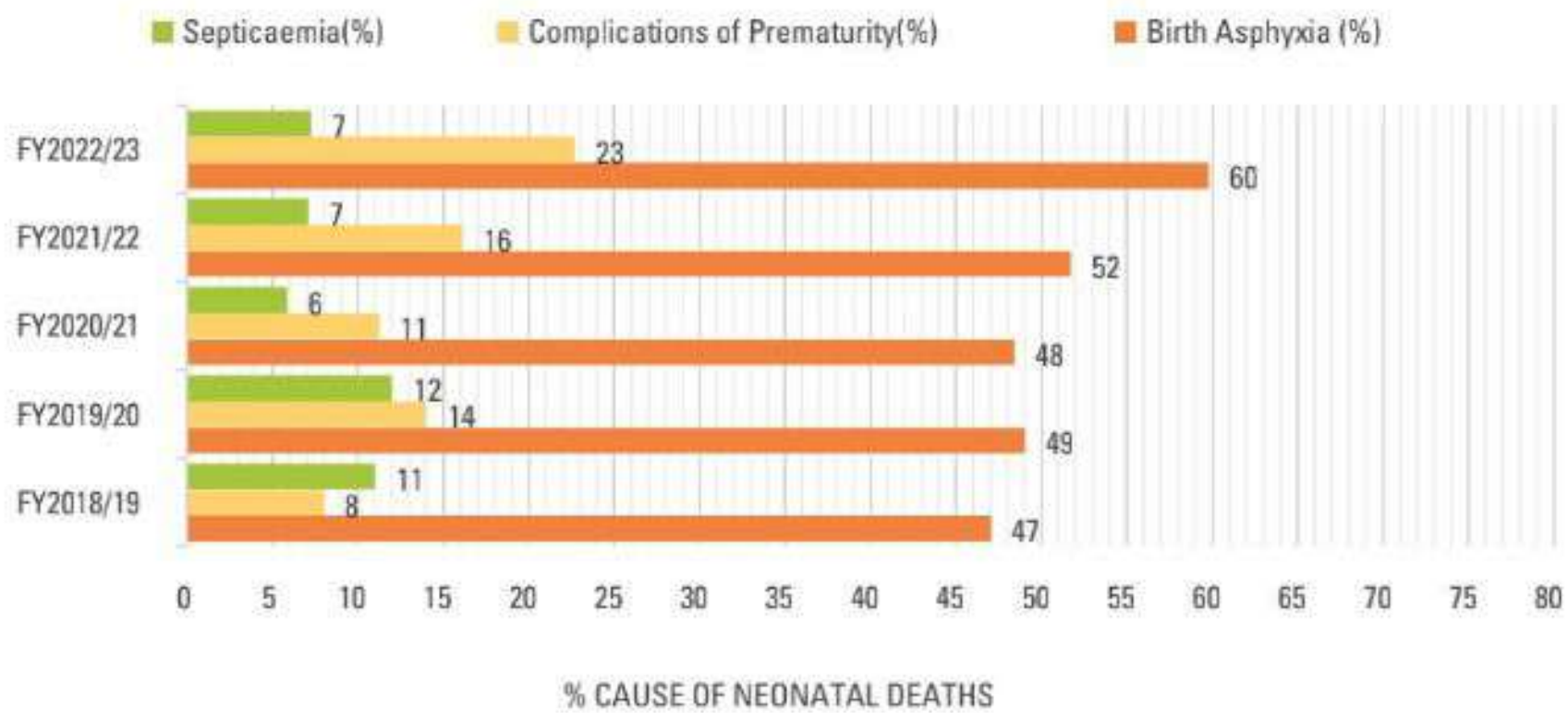
Whereas there is some improvement in the perinatal deaths reviews some regions have declined or are performing very poorly and these include; Bunyoro (13%), South Central (16%), Busoga (17%), North Central (23%), and Tooro (24%).

TABLE 42: PROPORTION OF REVIEWED PERINATAL DEATH NOTIFICATIONS AND REVIEW BY REGION

Region	FY 2022/2023	FY2022/2023	FY2022/2023
	Total Births	Perinatal Death Notification (%)	Perinatal Death Review (%)
Acholi	64,129	79.8	68.8
Ankole	114,088	63.6	67.4
Bugisu	92,823	95.2	47.3
Bukedi	84,427	57.1	36.3
Bunyoro	84,253	29.7	13.1
Busoga	124,731	31.2	17.3
Kampala	89,845	51.3	70.1
Karamoja	34,963	78.5	61.9
Kigezi	53,911	85.0	79.1
Lango	74,782	81.1	72.1
North Central	146,767	37.9	22.6
South Central	141,233	25.0	16.4
Teso	73,733	76.2	55.5
Tooro	121,567	30.7	23.9
West Nile	112,505	70.5	59.1
National	1,413,757	52.1	43.1

Birth asphyxia remains the leading cause of early neonatal death followed by complications of prematurity and septicaemia over the past 5 years.

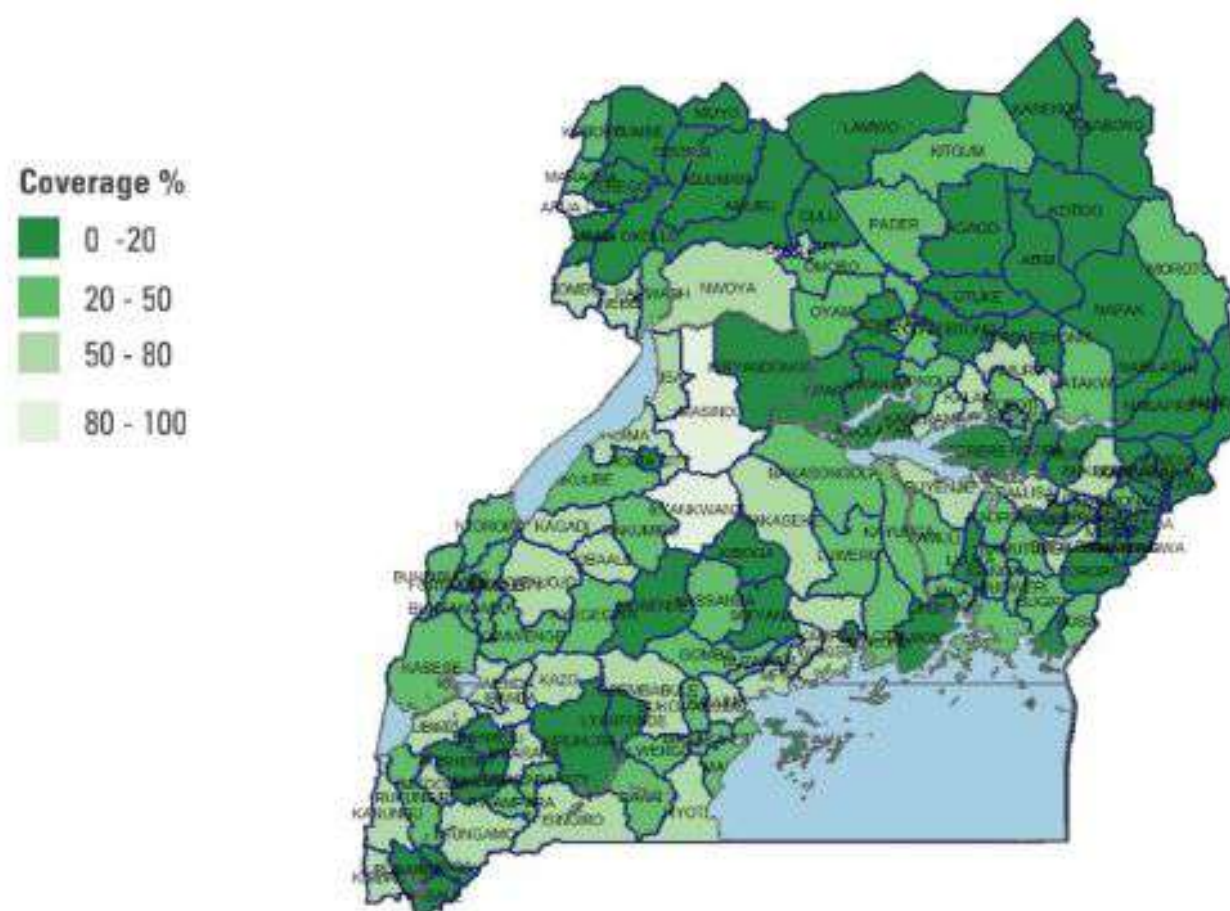
FIGURE 43: TRENDS IN THE LEADING CAUSES OF NEONATAL DEATHS IN UGANDA



27. **Under-five Vitamin A second dose coverage** increased by 5.6% to 72% (6,902,294 out of 4,964,068 children under 5 years) from 66% in FY 2021/2022 above the target of 60%.

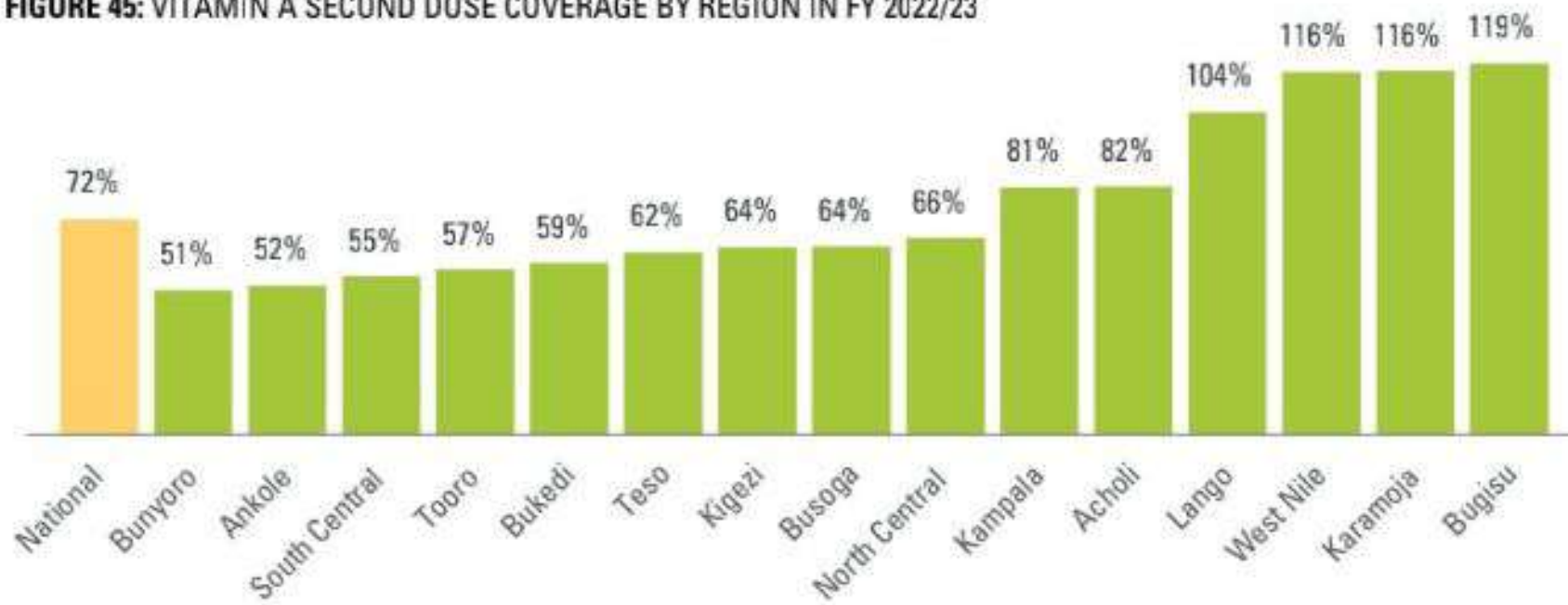
The LGs with highest percentage of children who received VAS were in Obongi (447%), Manafwa (284%), Napak (171%), Arua (281%) and Bukwo (166%). Whereas a very decimal performance was registered in Arua City, Kyankwanzi, Masindi, Kyenjojo, Ssembabule, Isingiro, Kibaale, Hoima, Ntungamo, Kagadi, Kalaki, Bukedea and Gulu City less than 35% respectively. These extreme performances were noted mainly in the boarder and pastoral communities which have unstable populations. The vigorous community mobilization during Integrated Child Days could have also led to the high..

FIGURE 44: MAP SHOWING UNDER 5 VITAMIN A SECOND DOSE COVERAGE IN FY 2022/23



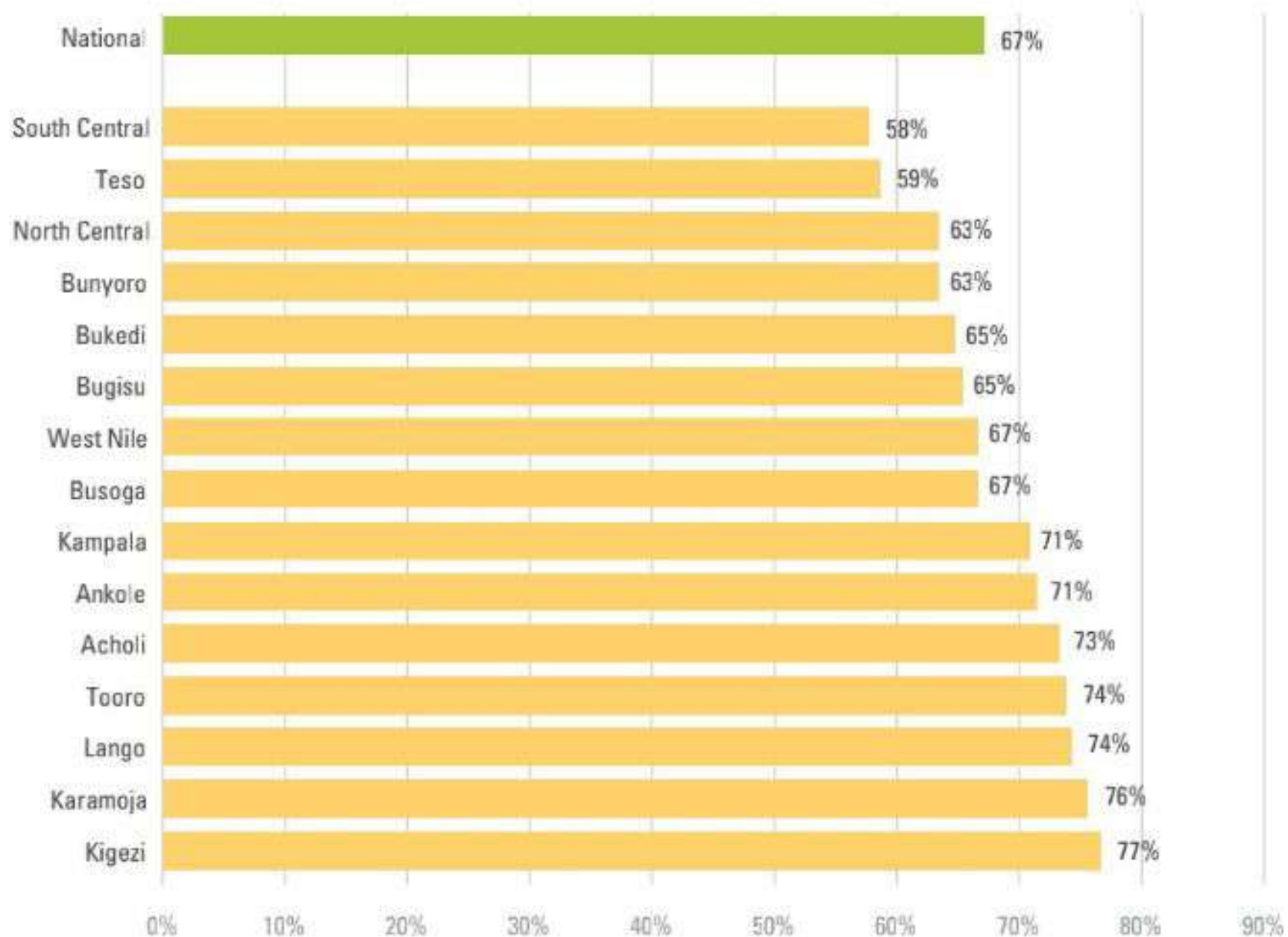
Vitamin A second dose coverage was below the national target of 60% in the following regions; Bukedi (59%), Tooro (57%), South Central (55%), Ankole (52%) and Bunyoro (51%). There is need to support these regions for full integration of Vitamin A supplementation in the ICHDs.

FIGURE 45: VITAMIN A SECOND DOSE COVERAGE BY REGION IN FY 2022/23



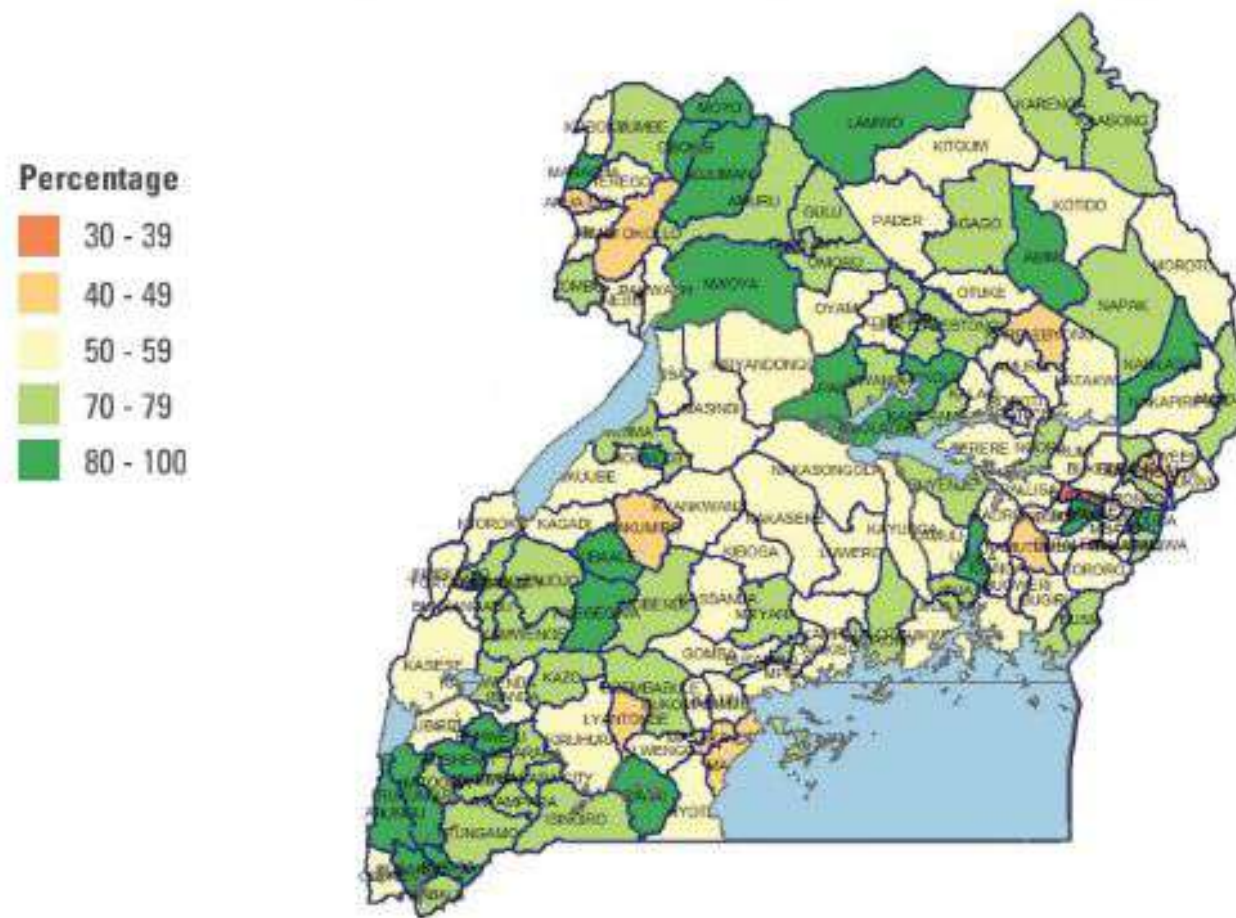
28. **The proportion of pregnant women that received iron/folate supplement (30 tablets) on first visit** was 67% (1,284,454 out of 1,915,247 of the first ANC visit attendances) in FY 2022/23. All regions are above the target of NDP III 40%, Kigezi and Karamoja were the best performing regions, while South and North central regions with below 60% had the lowest performance.

FIGURE 46: % OF WOMEN RECEIVING IRON/FOLATE SUPPLEMENTATION BY REGION IN FY 2022/23



At LG level, the proportion of pregnant women who received iron and folic acid at ANC 1 was above 75% for a quarter (32) of the 146 districts in the country. The highest proportions were reported in Kyegegwa, Abim, Maracha, Nwoya, Nabilatuk, Bushenyi, and, Moyo districts with all reporting above 85% and LGs which reported the lowest proportion were Butebo, Kapchorwa, Masaka, Kakumiro, Lyantonde, Madi-Okollo, Kapelebyong & Namutumba with below 50%.

FIGURE 47: % OF WOMEN RECEIVING IRON/FOLATE SUPPLEMENTATION IN FY 2022/23



Investments made in improving maternal and child health services

2.4 ESSENTIAL MEDICINES AND HEALTH SUPPLIES (EMHS)

2.4.1 Average availability of EMHS

The average availability of a basket of 41 tracer commodities in the last quarter of FY 2022/23 was 58% in 4,246 reporting health facilities (GoU & PNFPs). This was below the annual target of 90% and also a decline from FY 2021/22 which was 78%.

The Lab basket had the highest average availability of 73% in the last quarter of FY 2022/23, followed by TB (69%), RMNCAH (57%), then EMHS and ARVs baskets at 47% & 45% respectively.

The proportion of facilities having over 95% availability of a basket of commodities in the last quarter of the FY dropped to 15% from 37% in 2021/22 far below the annual target of 75%.

On the other hand, overall availability of supplies for a basket of 41 Commodities and health supplies at Central Level Warehouses (NMS and JMS) was 82% above the target of 80% and this was largely attributed to distribution challenges. Non-availability of commodities has a negative impact on quality of services and utilization.

TABLE 43: AVAILABILITY FOR THE 41 COMMODITIES AT HEALTH FACILITIES IN FY 2022/23

Indicator	Disaggregation	Q4 FY2019/20	Q4 FY2020/21	Q4 FY2021/22	Target FY2022/23	Q4 FY2022/23
Average percentage availability of a basket of 41 commodities based on all reporting facilities in the previous quarter	EMHS	82%	81%	72%	90%	47%
	ARVs	70%	79%	81%	90%	45%
	TB	86%	85%	84%	90%	69%
	LAB	80%	78%	72%	90%	73%
	RMNCAH	79%	83%	80%	90%	57%
	Overall	79%	81%	78%	90%	58%
Percentage of facilities that had over 95% availability of a basket of commodities in the previous quarter	EMHS	49%	43%	31%	75%	3%
	ARVs	33%	29%	36%	75%	1%
	TB	67%	63%	57%	75%	35%
	LAB	46%	39%	31%	75%	33%
	RMNCAH	33%	39%	28%	75%	2%
	Overall	46%	43%	37%	75%	15%
Percentage availability of supplies for a basket of 41 Commodities and health supplies at Central Level Warehouses (NMS and JMS)	EMHS	47%	69%	57%	80%	97%
	ARV	57%	63%	61%	80%	75%
	TB	67%	67%	67%	80%	83%
	LAB	56%	52%	63%	80%	78%
	RMNCAH	64%	55%	66%	80%	79%
	Overall	58%	61%	63%	80%	82%

Trends show that availability for all baskets progressively reduced through the 4 quarters with the LAB and TB baskets had the highest availability, whereas EMHS had the lowest availability in all the quarters.

FIGURE 48: AVERAGE AVAILABILITY OF A BASKET OF 41 COMMODITIES PER QUARTER IN FY 2022/23

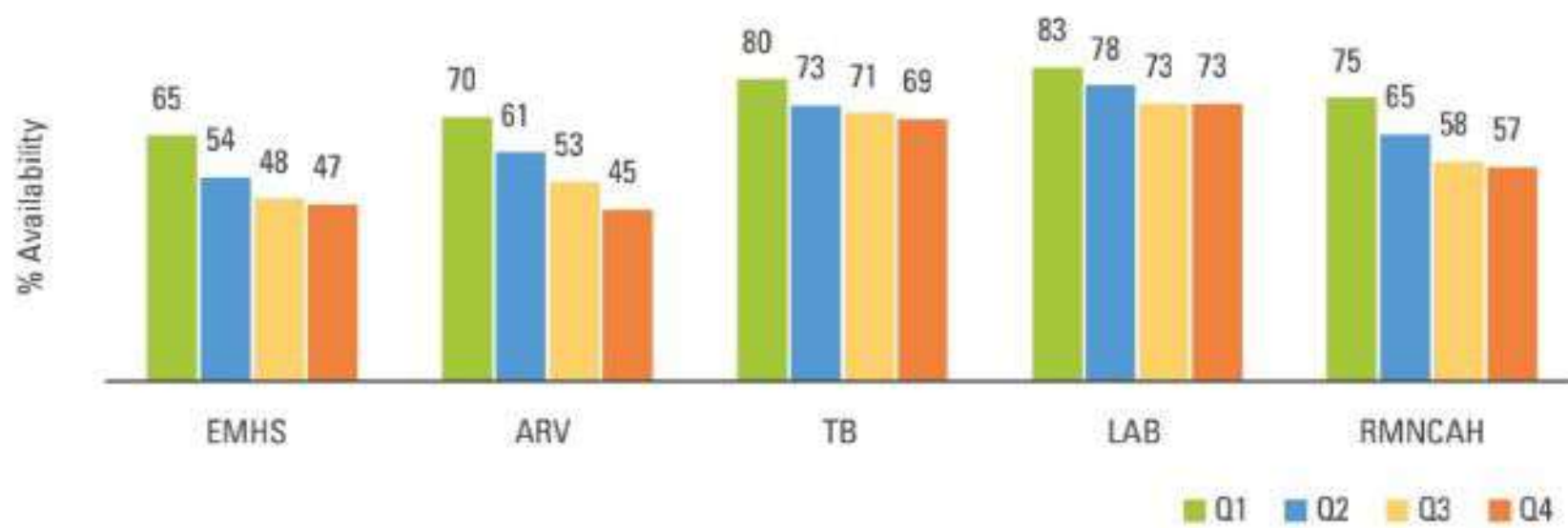


FIGURE 49: % OF FACILITIES THAT HAD OVER 95% AVAILABILITY OF A BASKET OF COMMODITIES IN FY 2022/23



HMIS **105-6** (stock status) completeness reporting continued to improve across facilities from 22% in June 2022 reaching **87%** in **June 2023**, due to the intensive mobilization of Biostatisticians and district leadership. Decentralizing data entry to facilities continued, and daily checks of data entered in DHIS2 alerts Biostatisticians to follow up on reporting.

FIGURE 50: MONTHLY MEDICINE STOCK STATUS REPORTING RATES AND COMPLETENESS OF REPORTING IN FY 2022/23



2.4.2 EMHS Credit Line at National Medical Stores (NMS)

There was a reduction in the budget for EMHS by NMS from UGX 543.9 billion in FY 2021/22 to UGX 464 billion in FY 2022/23. In FY 2021/22 the additional funding was for the supply of COVID-19 vaccines and consumables.

TABLE 44: HEALTH FACILITY CREDIT LINE BUDGET ALLOCATIONS

Level of care	Budget Holder	No. of health facilities	FY2021/22	FY2022/23	% Change
HC II	Credit Line	1,772	11,163,236,942	11,163,236,942	0%
HC III	Credit Line	1,350	35,684,761,813	35,684,761,813	0%
HC IV	Credit Line	204	21,432,000,000	21,432,000,000	0%
GH	Credit Line	52	22,531,010,130	22,531,010,130	0%
RRH	Credit Line	18	22,184,228,057	22,184,228,057	0%
UHI	Credit Line	1	2,181,400,000	2,181,400,000	0%
UBTS	Credit Line	1	39,888,909,000	39,888,909,000	0%
Mulago NRH	Credit Line	1	8,866,755,612	8,866,755,612	0%
Butabika NRH	Credit Line	1	2,000,041,612	2,000,041,612	0%
MSWNH**	Credit Line	1	2,500,000,000	2,500,000,000	0%
Kawempe NRH	Credit Line	1	5,500,000,000	5,500,000,000	0%
Kiruddu NRH	Credit Line	1	5,500,000,000	5,500,000,000	0%
Supply of Emergency and Donated Medicines	program		2,500,000,000	2,500,000,000	0%
Supply of Nutrition Supplements	program		5,000,000,000	5,000,000,000	0%
Reproductive Health Supplies	program		22,000,000,000	22,000,000,000	0%
Immunization and Hepatitis B vaccine	program		29,000,000,000	29,000,000,000	0%
Covid-19 Supplies	program		80,000,000,000	0	-
Lab Commodities	program		61,000,000,000	61,000,000,000	0%
ARV's to accredited Facilities	program		150,891,375,000	150,891,375,000	0%
Anti-Malarial Medicines	program		5,108,625,000	5,108,625,000	0%
Anti-TB medicines	program		7,000,000,000	7,000,000,000	0%
Supply of Non-Communicable Diseases medicines	Credit Line		2,032,123,776	2,032,123,776	0%
Total Vote 116		3,403	543,964,466,942	463,964,466,942	-15%

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

An amount of UGX 13,573,429,615 (Thirteen billion, five hundred and seventy -three million, four hundred twenty -nine thousand six hundred and fifteen shillings) was released from MOH for 545 beneficiaries PNFP health facilities for FY 2022/2023.

There was however an additional amount of UGX 107,843,608 (One hundred seven million eight hundred forty-three thousand six hundred eight shillings) that was carried forward from the previous FY.

TABLE 45: EXPENDITURE IN UGX FOR EMHS AT JMS BY LEVEL OF CARE

Expenditure by Level of Care	Opening balance from FY 2021-2022	Funds received for FY 2022-2023	Total funds available for Utilization	Funds Utilized in FY 2022-2023	Bal of Annual Allocation to be spent next FY	JMS % Spent
HC II	5,993,401	1,220,759,789	1,226,753,190	1,226,627,939	125,251	100%
HC III	3,026,744	1,925,338,740	1,928,365,484	1,925,604,175	2,761,310	100%
HC IV	4,706,527	642,533,179	647,239,706	645,835,188	1,404,519	100%
Hospital	94,116,935	9,784,797,907	9,878,914,842	9,840,052,836	38,862,006	100%
Total	107,843,608	13,573,429,615	13,681,273,223	13,638,120,137	43,153,086	99.7%

TABLE 46: ANNUAL EXPENDITURE IN UGX FOR EMHS AT JMS BY AFFILIATION

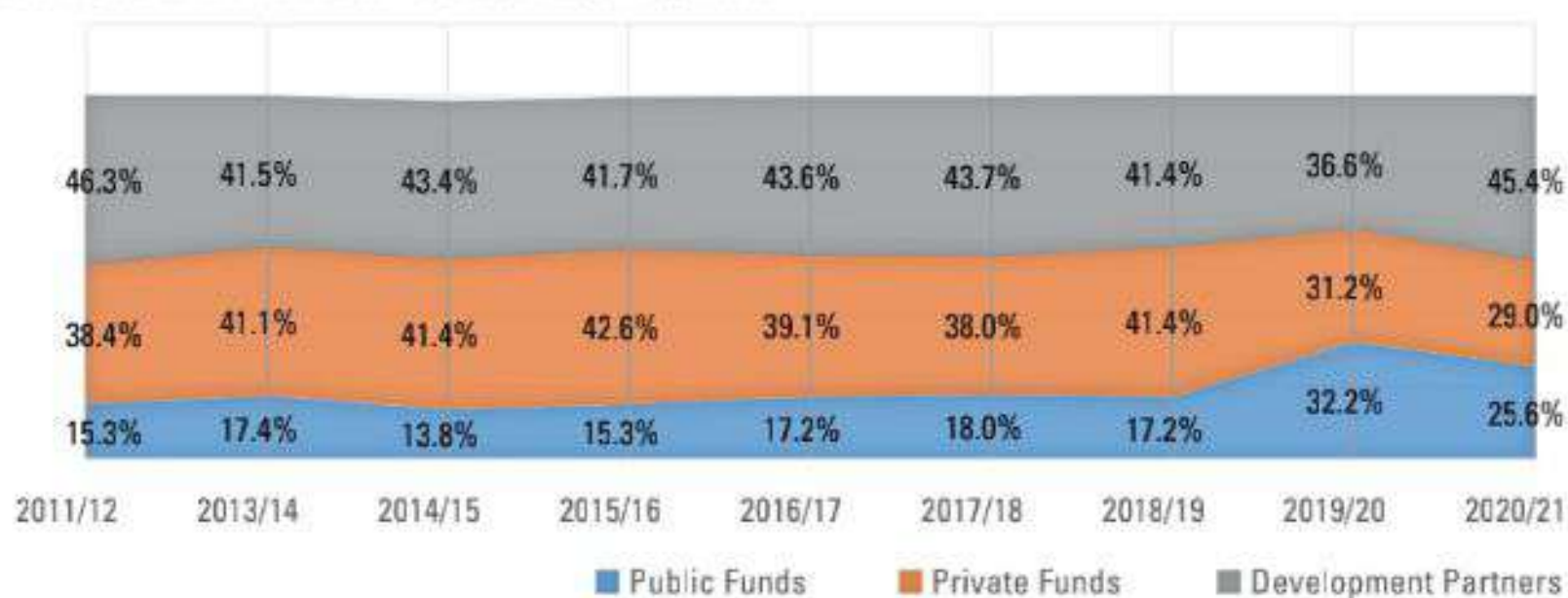
Expenditure by Level of Care	Opening balance from FY 2021-2022	Funds received for FY 2022-2023	Total funds available for Utilization	Funds Utilized in FY 2022-2023	Bal of Annual Allocation to be spent next FY	JMS % Spent
CBO	5,108	33,314,656	33,319,764	33,110,062	209,702	99%
GOU	-	173,048,225	173,048,225	173,047,727	498	100%
Partnership	60,003,838	77,039,648	137,043,486	137,008,894	34,592	100%
PNFP	564,009	330,781,160	331,345,169	331,320,469	24,700	100%
UCMB	24,373,242	8,073,293,465	8,097,666,707	8,064,958,472	32,708,235	100%
UMMB	3,044,130	646,737,168	649,781,298	648,332,433	1,448,865	100%
UOMB	28,027	10,010,855	10,038,882	10,035,211	3,670	100%
UPMB	19,825,255	4,229,204,438	4,249,029,693	4,240,306,870	8,722,823	100%
Total Expenditure	107,843,608	13,573,429,615	13,681,273,223	13,638,120,137	43,153,086	99.68%
Closing Balance C/F		43,153,086				

2.5 HEALTH FINANCING

2.5.1 Total Health Expenditure

Health financing is a key health system building block and how resources are mobilized, allocated and utilized greatly affect performance in service delivery. According to the latest Uganda's National Health Accounts (NHA) of FY 2020/21, the Total Health Expenditure (THE) was UGX 8,708 billion and the sources of this financing include: Government at 25.6%, private sector (mainly household out-of-pocket (OOP) expenditure at 29% and development partners at 45.4%.

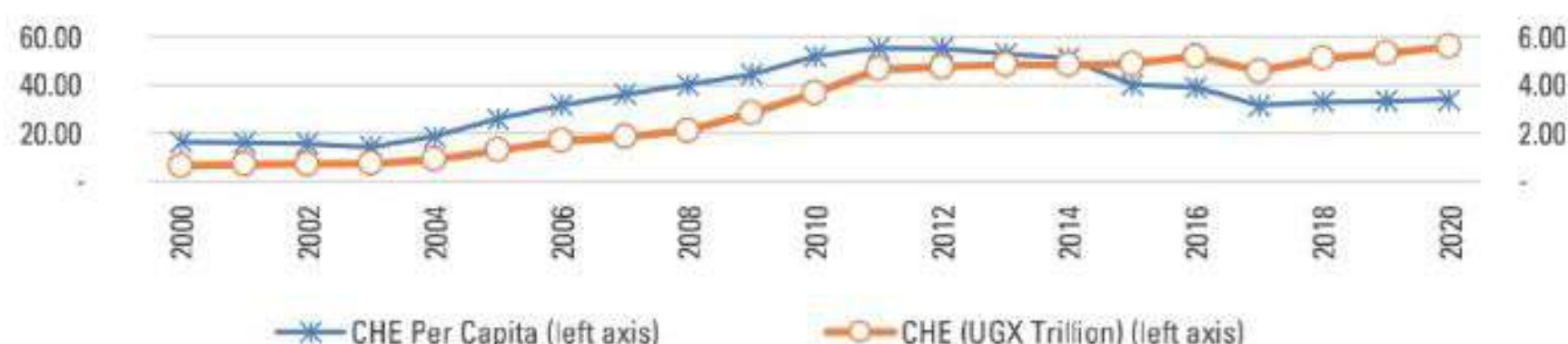
The trends indicate there is still heavy reliance on external resources which calls for more commitment by the Government towards a target of spending 5% of GDP on health to achieve UHC and reduce catastrophic expenditure on households. For the past 7 years, general government expenditure on health as % of GDP has been between 0.8% to 1.7%.

FIGURE 51: TOTAL HEALTH EXPENDITURE SHARES IN UGANDA

2.5.2 Current Health Expenditure (CHE)

Looking at the trends, CHE generally increased from 2000 to 2010 and then stagnated from then up to 2020. The CHE per capita increased from 2003 to 2011 and stagnated up to 2014, since then it has continued to decrease over the years. This means that the population growth has not been matched by the increase in the CHE in the last decade and this has an adverse impact on health and wellbeing of the population.

FIGURE 52: CURRENT HEALTH EXPENDITURE PER CAPITA, YEAR-TO-YEAR REAL GROWTH, 2001–2020



The NHA study shows that direct foreign transfers (off-budget donor funding) were the largest revenue mechanism as it accounted for UGX 2.71 trillion (36.6% of CHE) in 2019/20 which even increased to UGX 3.82 trillion (45.4 % of CHE). This was followed by other domestic revenues (majorly out-of-pocket) which accounted for 30% of CHE in 2019/20 and 27.4% in 2020/21. Government domestic revenue (allocated to health purposes) was the third mechanism which accounted for 22.7% in 2019/20 but the share reduced to 21% in 2020/21.

An increase in government schemes represent an increased potential for healthcare management to align more resources to government priorities. It is also important to note that the study 2019-2021 represents a period which was tense due to COVID-19 pandemic and this could be a good reason for this increase in government schemes.

What remains low, and thus worrying, is the share of CHE that covers Voluntary health insurance schemes (less than 1% for 2020/21). This means that in case of an outbreak, the vulnerable households will either depend on government scarce resources or will risk being impoverished because of catastrophic expenditures on health.

Therefore, there is a need for government and health stakeholders to emphasize the need to improve health insurance schemes in Uganda either through voluntary or compulsory means or mechanisms.

TABLE 47: REVENUES OF HEALTH CARE FINANCING SCHEMES (CHE), 2019/20 – 2020/21

Source	2019/20		2020/21	
	Amount (UGX, Millions)	Share (%)	Amount (UGX, Millions)	Share (%)
Transfers from government domestic revenue (allocated to health purposes) _ GGHE-D	1,681,266.3	22.7%	1,761,576.4	21.0%
Transfers distributed by government from foreign origin _GGHE-EXT	695,953.6	9.4%	388,162.9	4.6%
Voluntary prepayment (Insurance revenues/payments)	91,851.2	1.2%	137,108.2	1.6%
Other domestic revenues (OOP and Private Corporation)	2,219,962.0	30.0%	2,301,845.4	27.4%
Direct foreign transfers (HDP off-budget)	2,705,590.6	36.6%	3,815,975.1	45.4%
TOTAL	7,394,623.7	100.0%	8,404,668.0	100.0%

Factors of provision are all the inputs used in producing health care goods and services in the country by health providers. The NHA findings show that on average the majority of CHE was spent on compensation of employees at UGX 1.85 trillion (23.8%) in 2019/20 and UGX 23 trillion (26.4%) in 2020/21. This was followed by health care goods that include pharmaceuticals that cost 29.3% in 2019/20 and 19.3% in 2020/21. Findings also show that on average majority of capital expenditures on health went purchase of fixed assets (buildings, equipment, etc.) at 0.402 trillion (5.2%) in 2019/2020 and this slightly decrease to 0.304 trillion (3.5%).

TABLE 48: FACTORS OF PROVISION, 2019/20 – 2020/21

Factor	FY 2019/20		FY 2020/21	
	Amount (UGX, Millions)	Share (%)	Amount (UGX, Millions)	Share (%)
Compensation of employees	1,854,220	23.8%	2,299,262	26.4%
Self-employed professional remuneration	-	0.0%	1,730	0.0%
Health care services	310,544	4.0%	441,695	5.1%
Health care goods	2,281,311	29.3%	1,681,474	19.3%
Non-health care services (security, cleaning, utilities)	1,323,535	17.0%	1,619,969	18.6%
Non-health care goods	391,907	5.0%	668,015	7.7%
Other materials and services used	700,831	9.0%	851,292	9.8%
Consumption of fixed capital	5,846	0.1%	1,298	0.0%
Other items of spending on inputs	526,429	6.8%	796,848	9.2%
Unspecified factors of health care provision	-	0.0%	43,085	0.5%
Capital Expenditure (Buildings, Equipment, etc.)	402,961	5.2%	303,800	3.5%
TOTAL	7,797,584	100.0%	8,708,468	100.0%

Source: NHA 2019/20 – 2020/21

2.5.3 Budget Allocations for the Health Sector

The funds allocated from the national GOU have been growing over time although not to at the expected rate compared to targets. In FY 2022/23, the approved budget for the health sub-program was UGX 3.685 trillion up from UGX 3.331 trillion in the previous year. This translates into 7.6% as a share of the national budget which is a 2.7% increase from last year as summarized below.

TABLE 49: BUDGET ALLOCATIONS TO THE HEALTH SECTOR OVER THE LAST 10 YEARS

Year	Health Budget (Billions)	Total National Budget	Health budget allocation as % of total National budget	Annual growth rate Health Budget	Government Health spending as % Gross Domestic Product	Population	Per Capital Health Budget
2016/17	1,827	20,431	8.9%	44%	0.8%	36,605,900	49,910
2017/18	1,950	29,000	6.7%	6.7%	0.8%	37,741,300	51,668
2018/19	2,373	32,700	7.2%	18%	0.7%	39,059,000	60,754
2019/20	2,589	36,113	7.2%	9%	1.65%	41,583,600	62,260
2020/21	2,788	45,494	6.1%	8%	1.43%	43,066,701	64,737
2021/22	3,331	44,779	7.4%	19%	n/a	43,700,000	76,224
2022/23	3,685	48,130	7.6%	10%	n/a	45,562,000	80,879

Source: MoFPED MTEF & UBOS

Both the growth rate and growth per capita of the health budget continued to increase reflecting government's continued commitment to improving the health needs of the population. The per capita allocation to health in the last seven years has risen to over 62% from UGX 49,910 in FY2016/17 to UGX 80,879 in FY 2022/23.

Nevertheless, an increase in the government health budget per capita by 6% from UGX 76,224 (USD 21) to UGX 80,879 (USD22) in FY2022/23, discounting for inflationary factors results into a very low per capita allocation to health. This therefore remains inadequate to achieve UHC and calls for more government funding to achieve UHC by 2030.

2.5.4 Budget Performance

During the period under review, the appropriated health budget of Ugx 3.685 trillion had a contribution of Ugx 2.331 trillion (63%) under GoU up from Ugx 1.988 trillion the previous year, and Ugx 1.354 trillion (37%) under external financing from Ugx 1.343 trillion the previous year. This trend shows a proportional decline in donor funding and a proportional increase in the GoU contribution to 63% from 60% the previous year.

The Government contribution comprised wage Ugx 1,112 (30%) billion up from Ugx 694 billion the previous year, Non-Wage-Recurrent Ugx 970 billion (26%) down from Ugx 979 billion the previous year, GoU Development Ugx 315 billion (7%) down from Ugx 315 billion the previous year. External financing Ugx 1.354 trillion (37%) mainly comprising pharmaceutical supplies, vaccines, and construction of health facilities across the country and benefitted only MoH and UCI.

The health sub-program received a supplementary budget of Ugx 318 billion of which Ugx 206 billion was allocated to MoH largely for procurement of Covid 19 vaccines under the UCREPP project and payment of a court award; and the remaining Ugx 318 billion to RRHs and LGs to meet various needs including wage, operational costs, and counterpart funding for projects. The supplementary budget allocation resulted into the share of the budget being: wage 29%, non-wage recurrent 25%, GoU development 8% and external financing 38%.

TABLE 50: HEALTH SECTOR BUDGET PERFORMANCE FOR FY 2022/23 IN UGX BILLIONS

Vote	Vote Name	Approved Budget	Supplementary Budget	Revised Budget	Percent Share	% Budget Spent	% Budget Released	% Release Spent
A	Wage	1,111.5	34.3	1,145.8	29%	89%	96%	93%
B	Non-Wage Recurrent	970.1	38.0	1,008.9	25%	93%	97%	96%
	Total Recurrent Budget	2,081.6	72.3	2,154.7		91%	97%	94%
C	GoU Development	249.1	68.8	317.3	8%	81%	86%	94%
	GOU Contribution	2,330.7	141.2	2,472.0		90%	95%	94%
D	Donor Contribution	1,353.8	176.9	1,530.8	38%	58%	86%	68%
	Total Budget	3,684.6	318.1	4,002.8	100%	78%	92%	85%

The projects at MoH absorbed only 67% while those at UCI absorbed 100% leading to an overall donor project absorption of 68%. No external funding was provided for Italian support to Karamoja Infrastructure Development Project, Spanish debt swap for rehabilitation and construction of general hospitals and African Development Bank support to UCI.

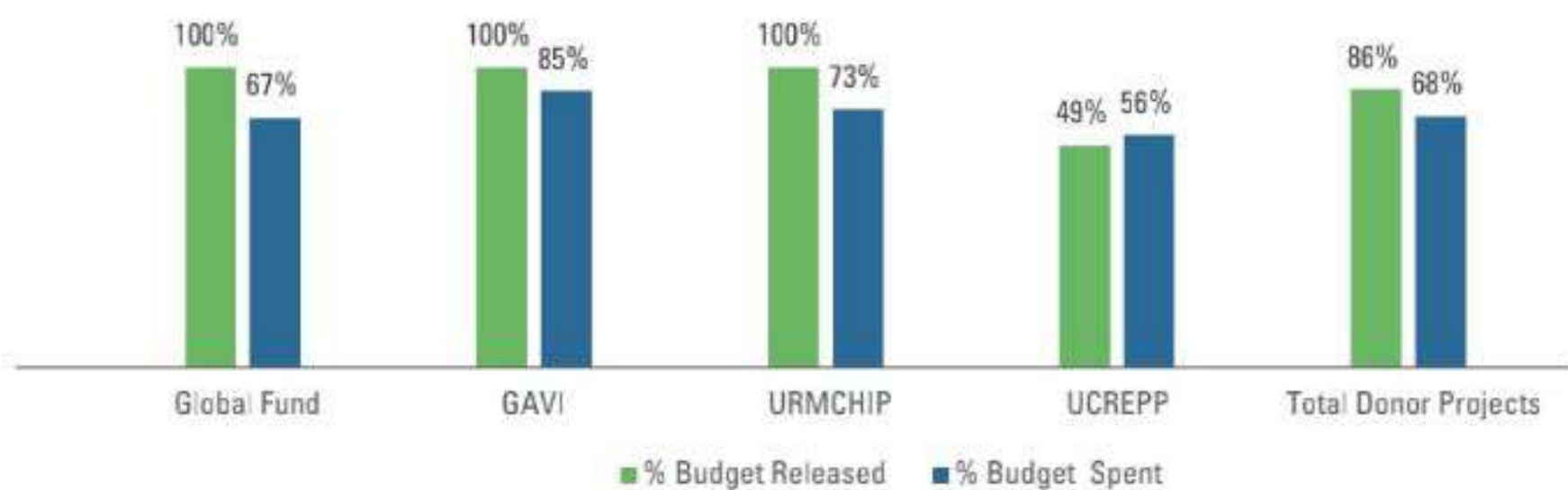
TABLE 51: BUDGET ABSORPTION RATES FOR EXTERNALLY FUNDED PROJECTS

Programme/Project	Revised Budget	Percent Share	Total Releases	Total Expenditure	% Budget Spent	% Budget Released	% Release Spent
Global Fund for TB, AIDS, and Malaria	927.7	61%	927.7	620.5	67%	100%	67%
GAVI	85.2	6%	85.2	72.4	85%	100%	85%
Uganda Reproductive Maternal, Child and Improvement Project (URMCHIP)	124.8	8%	124.8	91.6	73%	100%	73%
Uganda Covid 19 Response and Emergency Preparedness Project (UCREPP)	345.3	23%	168.4	93.9	27%	49%	56%
Karamoja Infrastructure Development Project	19.0	1%	-	-	0%	0%	0%
Rehabilitation and Construction of General Hospitals	8.5	1%	-	-	0%	0%	0%
Total for MoH Donor Projects	1,510.5		1,306.1	878.4	58%	86%	67%
ADB Support to Uganda Cancer Institute (UCI)	9.1	1%	-	-	0%	0%	0%
Establishment of an Oncology Centre in Northern Uganda	11.2	1%	11.2	11.2	100%	100%	100%
Total for UCI Projects	20.3	1%	11.2	11.2	55%	55%	100%
Total Donor Projects	1,530.8	100%	1,317.3	889.6	58%	86%	68%

Out of the Ugx 1,530.8 billion appropriated by Parliament, 86% was released to the donor projects, of which only 68% was absorbed. Low absorption rates were mainly registered by Global Fund at 67% and UCREPP 56%. In addition, the proportion of the budget released was affected by the supplementary budget of Ugx 176 billion meant for vaccines under UCREPP that was never released.

The main reasons provided for the low budget absorption by donor projects is due to late release of funds, project implementation challenges, delayed certification of construction works completed, direct expenditure by Global Fund headquarters not booked into the IFMS and delayed procurements awaiting no objections.

The absorption of the GoU contribution was attributed to delays in verification of pension and gratuity and migration to Human Capital Management System. Wage was returned due to vacancies not filled, late release of funds and for some LGs who returned wage, gratuity, and GoU Development.

FIGURE 53: BUDGET ABSORPTION RATES FOR SELECTED EXTERNALLY FUNDED PROJECTS

2.6 EMERGING ISSUES FOR FURTHER ANALYSIS, DISCUSSION AND PRIORITIZATION DURING THE 29TH JRM

1. **KRA 1: Improved Skills Mix:**

- a) The health workforce tracking mechanism is not fully functional. The iHRIS can only track health workers in the public and PNFP sectors excluding the private sector. There is need to institutionalize the National Health Workforce Accounts to track the entire health workforce in the country.
- b) Low staffing levels and suboptimal performance.

2. **KRA 2: Reduced morbidity and mortality of the population:**

- a) Increase in the Malaria and TB incidence rates
- b) Neonatal conditions are now the leading cause of health facility deaths among all ages accounting for 10.3%; followed by malaria (7.4%); pneumonia (5.3%), anaemia (3.9%); RTIs due to motorcycles and vehicles (2.3%); and septicemia (1.9%).

3. **KRA 3: Improvement in the social determinants of health and safety**

- a) Minimal reduction in the prevalence of teenage pregnancy from 25% in 2016 to 24% in 2022 (urban 21% and rural 25%). The adolescent birth rate has increased from 111/1,000 women aged 15 – 19 years in 2020 to 128/1,000 in 2022.
- b) Low access to basic sanitation (improved sanitation & hand washing facilities), and
- c) High alcohol consumption.

4. **KRA 4: Reduced fertility and dependence ratio**

- a) The Total Fertility Rate in Uganda is very high (5.2) and this is couple with a high adolescent birth rate with a resultant high dependance ratio and poor health outcomes.

5. **KRA 5: Universal Health Coverage**

- a) External financing remains the major source of financing for the health sector contributing 45.4% of the Total Health Expenditure; followed by private funds at 29%; and public funds 25.6%. There is very low coverage by health insurance at only 2.1% and this exposes households to catastrophic health expenditure.
- b) There readiness capacity of health facilities to provide general services is 59% below the annual target of 70%. Lack of basic amenities e.g., power supply, water, emergency transportation, IT equipment, medical equipment, standard precautions for IPC, medical supplies and diagnostics, among others.

6. **KRA 6: All key forms of inequalities reduced**

- a) UHC service coverage index for Uganda has increased by 6.5% from 46% in 2017 to 49% in 2021. Country target for 2030 is 85%.
- b) Poor quality of care at some health facilities leading to low utilization e.g., low bed occupancy rate, and poor health outcomes e.g., maternal and perinatal deaths.



Minister of State for Health, PHC during supervision in Acholi Region CHS RH, Examines the Delivery Register at Kinyogoga HC III



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LOCAL GOVERNMENT AND HEALTH FACILITY PERFORMANCE

3.1 THE LEAGUE TABLES (LT)

The Local Government (LG) performance assessment is based on the LT against a number of selected indicators for the five years of the national health strategy. During FY 2022/23 there were 145 LGs and Kampala City Council Authority (KCCA). This section will show the LT performance for all the 145 LGs and KCCA (National) and at the regional level based on the 15 UBOS sub-regions.

3.1.1 The National League Table

Table 54 shows the total LT scores and ranking by LG. 34% (50/146) of the LGs scored above the national average of 71.4%. The detailed LT scores per indicator can be seen in the Annex 6.1.

TABLE 52: DLT RANKING FOR FY 2022/23

LG	Population FY 2022/23	SCORE (%)	RANK	LG	Population FY 2022/23	SCORE (%)	RANK
Kiruhura	198,700	89.9	1	Kiboga	179,300	68.0	73
Lira City	256,000	82.6	2	Kibuku	268,900	67.6	75
Manafwa	182,700	82.1	3	Kitagwenda	191,200	67.5	76
Soroti City	74,800	80.9	4	Luuka	276,800	67.5	76
Rubanda	211,900	80.9	4	Pallisa	383,700	67.4	78
Bushenyi	252,400	79.8	6	Moroto	123,800	67.4	78
Napak	163,600	79.1	7	Namayingo	244,000	66.9	80
Kaabong	131,600	78.8	8	Kalungu	187,800	66.9	80
Sironko	285,200	78.6	9	Kanungu	285,500	66.9	80
Nabilatuk	98,200	78.5	10	Ntungamo	559,900	66.9	80
Kabale	254,300	78.5	10	Karenga	71,400	66.6	84
Budaka	270,000	78.2	12	Masaka City	233,000	66.5	85
Mbale	282,800	77.7	13	Serere	387,500	66.4	86
Gulu City	219,800	77.2	14	Kisoro	326,700	66.3	87
Sheema	224,500	77.2	14	Nakapiripirit	123,000	66.3	87
Ntoroko	79,200	76.5	16	Arua City	380,100	66.3	87
Maracha	215,800	76.4	17	Ngora	174,300	66.2	90
Kampala	1,887,631	76.2	18	Buhweju	152,600	66.0	91
Rukiga	106,700	75.9	19	Mbarara	176,300	66.0	91
Abim	172,600	75.6	19	Ibanda	286,400	65.9	93
Bundibugyo	277,900	75.6	19	Kazo	232,600	65.8	94
Luwero	546,700	75.5	22	Mityana	373,600	65.6	95
Kwania	228,600	75.3	23	Rubirizi	149,100	65.6	95
Kaberamaido	143,400	75.1	24	Buyende	450,100	65.5	97
Bududa	294,800	74.9	25	Mitooma	197,500	65.4	98
Otuke	144,700	74.9	25	Kakumiro	556,000	64.7	99
Agago	258,800	74.7	27	Mpigi	299,100	64.6	100

LG	Population FY 2022/23	SCORE (%)	RANK
Amolatar	178,000	74.7	27
Kween	115,200	74.6	29
Koboko	283,517	74.6	29
Apac	241,900	73.8	31
Kumi	301,200	73.8	31
Zombo	298,500	73.7	33
Mbale City	339,000	73.6	34
Adjumani	451,448	73.4	35
Oyam	479,000	73.4	35
Nebbi	298,300	73.3	37
Rukungiri	339,400	73.1	38
Fort Portal City	119,900	73.0	39
Gulu	123,700	73.0	39
Kapelebyong	109,500	72.7	41
Moyo	114,100	72.4	42
Katakwi	204,600	72.2	43
Lyantonde	116,500	71.9	44
Namisindwa	242,500	71.8	45
Kitgum	229,800	71.8	45
Alebtong	279,600	71.8	45
Busia	405,800	71.7	48
Bunyangabu	203,800	71.5	49
Kasese	827,200	71.4	50
Obongi	177,358	71.2	51
Pakwach	211,500	71.1	52
Kotido	215,300	70.9	53
Dokolo	227,100	70.7	54
Amuria	240,500	70.6	55
Terego	311,435	70.6	55
Mbarara City	229,800	70.4	57
Amudat	146,100	70.1	58
Kaliro	308,000	70.0	59
Lamwo	225,821	69.7	60
Kiryandongo	396,072	69.7	60
Kole	300,600	69.6	62
Pader	203,700	69.5	63
Iganga	425,400	69.5	63
Kyotera	267,900	69.2	65
Kamwenge	452,066	69.1	66
Kamuli	583,700	69.1	66
Omoro	209,600	69.1	66
Yumbe	930,241	68.9	69
Kapchorwa	130,600	68.8	70
Butambala	110,000	68.2	71
Mukono	738,800	68.1	72
Masaka	125,300	68.0	73
LT Average Score			

LG	Population FY 2022/23	SCORE (%)	RANK
Hoima City	131,000	64.4	101
Amuru	227,300	64.4	101
Bulambuli	252,900	64.4	101
Bukwo	131,000	64.4	101
Kayunga	420,800	64.4	101
Rwampara	150,500	64.0	106
Jinja City	277,500	63.9	107
Butebo	124,300	63.3	108
Bukedea	280,700	63.3	108
Buikwe	491,400	63.1	110
Mayuge	598,400	62.9	111
Bugweri	201,000	62.8	112
Jinja	251,700	62.4	113
Kalaki	149,600	62.3	114
Tororo	625,700	61.7	115
Kalangala	72,000	61.6	116
Sembabule	311,700	61.5	117
Nwoya	285,800	61.4	118
Kyenjojo	564,500	61.3	119
Bukomansimbi	157,900	61.0	120
Gomba	178,200	60.9	121
Kibaale	222,000	60.8	122
Rakai	331,900	60.3	123
Lwengo	295,200	60.2	124
Kyegegwa	634,334	60.1	125
Madi-Okollo	320,873	59.8	126
Mubende	611,900	59.5	127
Namutumba	326,300	59.3	128
Kagadi	459,700	59.2	129
Isingiro	823,565	59.1	130
Buvuma	145,300	58.9	131
Nakaseke	248,200	58.9	131
Bugiri	517,400	58.8	133
Butaleja	321,500	58.6	134
Nakasongola	227,300	58.5	135
Kassanda	327,000	57.2	136
Kabarole	231,100	56.8	137
Kikuube	527,000	56.4	138
Wakiso	3,308,000	55.6	139
Arua	164,400	55.5	140
Kyankwanzi	309,700	55.2	141
Hoima	269,000	55.0	142
Buliisa	163,700	54.5	143
Soroti	313,600	53.8	144
Masindi	358,100	52.7	145
Lira	247,600	51.0	146
LT Average Score		71.8	

3.1.2 The Regional League Table

The Regional League Table has been compiled for the 15 Regions based on the UBOS sub-regions. Overall, the regional LG scores have improved in all regions. Bugisu Region ranked first with 76.9% followed by Kigezi (76.5%) and Kampala which has improved from 44.4% in 2021/22 to 75.6%. Busoga (58.6%), Bunyoro (58.4%) and South Central (57.7%) were the low performing regions in FY 2022/23.

TABLE 53: REGIONAL LEAGUE TABLE RANKING

Region	LGs	Population 2022/23	Scores		
			2022/23	2021/22	2020/21
Bugisu	Bududa, Bukwo, Bulambuli, Kapchorwa, Kween, Mbale, Namisindwa & Sironko	2,256,700	76.9%	66.0%	63.4%
Kigezi	Kabaie, Kanungu, Kisoro, Rubanda, Rukiga & Rukungiri	1,524,500	76.5%	63.4%	66.5%
Kampala	KCCA	1,887,631	75.6%	44.4%	63.6%
Karamoja	Abim, Amudat, Kaabong, Karenga, Kotido, Moroto, Nabilatuk, Napak & Nakapiripirit	1,245,600	73.0%	62.4%	62.4%
Acholi	Agago, Amuru, Gulu, Kitgum, Lamwo, Nwoya, Omoro & Pader	1,984,321	71.7%	60.5%	63.9%
Lango	Aiebong, Amolatar, Apac, Dokolo, Kole, Kwania, Lira, Otuke & Oyam	2,583,100	71.3%	58.9%	64%
Teso	Amuria, Bukedea, Kaberamaido, Kalaki, Kapelebyong, Katakwi, Kumi, Ngora, Serere & Soroti	2,379,700	71.2%	53.7%	63.9%
Tooro	Bundibugyo, Bunyangabu, Kabarole, Kamwenge, Kasese, Kitagwenda, Kyegegwa, Kyenjojo & Ntoroko	3,581,200	69.8%	61.2%	64.3%
West Nile	Adjumani, Arua, Koboko, Madi-Okollo, Maracha, Moyo, Nebbi, Obongi, Pakwach, Terego, Yumbe & Zombo	4,157,572	68.7%	51.6%	62.1%
Ankole	Buhweju, Bushenyi, Ibanda, Isingiro, Kazo, Kiruhura, Mbarara, Mitooma, Ntungamo, Rubirizi, Rwampara & Sheema	3,633,865	68.7%	51.5%	63.3%
Bukedi	Budaka, Busia, Butaleja, Butebo, Kibuku, Pallisa & Tororo	2,399,900	66.7%	54.2%	62.4%
North Central	Buikwe, Buvuma, Kassanda, Kayunga, Kiboga, Kyankwanzi, Luwero, Mityana, Mubende, Mukono, Nakaseke & Nakasongola	4,620,000	63.3%	43.7%	58.9%
Busoga	Bugiri, Bugweri, Buyende, Iganga, Jinja, Kaliro, Kamuli, Luuka, Mayuge, Namayingo & Namutumba	4,460,300	58.6%	44.9%	64.3%
Bunyoro	Buliisa, Hoima, Kagadi, Kakumiro, Kibaale, Kikkube, Kiryandongo & Masindi	3,082,572	58.4%	42.7%	53.5%
South Central	Bukomansimbi, Butambala, Gomba, Kalangala, Kalungu, Kyotera, Lwengo, Lyantonde, Masaka, Mpigi, Rakai, Sembabule & Wakiso	5,994,500	57.7%	42.6%	54.7%

There was varied performance against all the indicators as displayed in the Dashboard below (Table 54).

- a) **DPT3 Coverage:** Bugisu, Lango, Acholi, Tooro and Busoga regions achieved coverage above the national target of 90%.
- b) **TB Case Notification Rate:** The national target for TB case notification rate was 173/100,000 however a number of interventions were implemented and these have resulted in identification of more TB cases across the country. Teso and Bukedi regions were the only two regions with notification rate below 173/100,000.
- c) **IPT3 coverage:** This was below the national target of 66% in all regions and poor performance could be attributed to the stock out of commodities across the country.
- d) **ANC4th visit:** Only 4 regions of Kampala (62.3%), Lango (56%), Acholi (55.2%) and Kigezi (53%), achieved the national target of 52%. South Central region had the lowest visits (32.7%).
- e) **Health Facility Deliveries:** 5 out of the 15 regions achieved the target of 70% with Kampala having 97% of facility deliveries. Busoga (58.2%) Bunyoro (56.6%), West Nile (56.4%) and South Central (49%) had the lowest health facility deliveries.
- f) **Under-five Vitamin A second dose coverage:** Nine regions achieved the target of 60%. Lowest coverage was in Bunyoro (45.5%) and South Central (48.5%).
- g) **The proportion of pregnant women tested for HIV during the current pregnancy:** Only Kampala achieved the target of 100%. Testing was lowest in South Central (60.1%), Ankole (67.6%), West Nile (68.3%) and Kigezi (76.4%).
- h) **ART Viral Load suppression rate:** None of the sub-regions achieved the VL suppression rate target of 93% for the year. Bugisu (80%), Acholi (78.9%), Karamoja (76.7%) and West Nile (75.8) regions had the lowest VL suppression rate.
- i) **DPT1 to Measles Rubella Drop Out Rate:** There was marked improvement with eleven (11) of the regions registering dropout rate of <5. MR Dropout rate was highest in Busoga region at 11%, followed by Bunyoro (8.6%) and North Central (8.2%).
- j) **Maternal Death reviews:** Most of the regions achieved the target of 85% with the exception of Busoga (81.9%), North Central (80.3%), South Central (76.4%), Bunyoro (75%) and Tooro (70.4%).
- k) **Perinatal Death Reviews:** There was also marked improvement in the perinatal death reviews across all regions. The following were below the national target of 29%; Tooro (23.9%), North Central (22.6%), Busoga (17.5), South Central (16.4%) and Bunyoro (13.1%).
- l) **Proportion of under 5 dewormed in the last 6 months:** None of the regions achieved the national target of 70% for the year.

TABLE 54: REGIONAL LEAGUE TABLE DASHBOARD FY 2022/23

Region	DPT 3 (%)	TB Case Notification Rate/100,000	IPT3 Cov (%)	ANC 4 Visit (%)	Deliveries (%)	Under-5 Vitamin A 2nd dose (%)	Pregnant women tested for HIV during the current pregnancy (%)	ART Viral Suppression Rate (%)	DPT1 to MR Drop Out Rate (%)	Maternal deaths reviewed (%)	Perinatal deaths reviewed (%)	Under 5 deformed in the last 6 months (%)
Bugisu	109.1	177.1	43.8	46.7	86.3	108.0	85.0	80.0	-4.0	95.7	47.3	43.1
Kigezi	89.5	165.4	53.5	53.1	73.1	79.5	76.4	88.7	-4.6	95.0	79.1	26.0
Kampala	88.6	375.6	43.4	62.3	97.0	52.0	109.4	88.5	0.7	98.3	70.1	25.3
Karamoja	89.4	429.2	48.5	49.3	59.4	103.6	84.6	76.7	-9.6	93.3	61.9	63.4
Acholi	84.7	196.6	47.8	55.2	67.3	71.3	86.0	78.9	1.5	100.0	68.8	36.9
Lango	93.1	227.4	50.6	56.0	60.4	93.3	94.0	83.1	5.8	104.3	72.4	42.5
Teso	91.8	143.5	50.9	45.1	64.8	63.5	88.5	87.8	0.9	95.3	55.5	15.7
Tooro	90.5	222.1	50.4	48.5	71.2	53.4	80.9	89.6	-4.5	70.4	23.9	20.1
West Nile	79.7	191.1	44.2	43.4	56.4	89.4	68.3	75.8	4.0	96.9	59.1	48.7
Ankole	78.8	180.9	47.2	50.1	65.4	59.4	67.6	87.8	3.8	97.8	63.4	22.4
Bukedi	84.4	135.4	50.6	49.4	73.8	48.9	84.4	84.0	4.8	95.7	37.2	19.3
North Central	88.5	207.2	47.4	44.3	65.9	57.4	82.0	90.1	8.2	80.3	22.6	25.2
Busoga	92.2	178.2	42.8	44.4	58.2	63.6	91.1	88.0	11.0	81.9	17.5	26.1
Bunyoro	78.7	230.2	47.1	43.5	56.6	45.5	81.6	87.5	8.6	75.0	13.1	24.0
South Central	82.2	182.8	32.2	32.7	48.0	48.5	60.1	86.6	4.5	76.4	16.4	21.2
National Target	90.0	173.0	66.0	52.0	70.0	60.0	100.0	93.0	<5	85.0	29.0	72.0
	90 and above	<173	66 and above	52 and above	70 and above	60 and above	96 and above	93 and Above	Below 5	85 and above	29 and above	72 and above
	80 - 89	192 - 173	55 - 65	40 - 51	59 - 69	50 - 59	80 - 95	82 - 92	5 - 10	75 - 84	19 - 28	60 - 71
	<80	>192	<55	<40	<59	<50	<80	<82	>10	<75	<19	<60

3.2 HEALTH FACILITY LEVEL PERFORMANCE

Health Facilities in Uganda are categorized by level of care into Health Centers (Level II, III & IV) and Hospitals (General, Regional Referral, National Referral and Specialized referral Hospitals) and by ownership into Public, PNFP and PHP.

The referral Hospitals provide a range of services that also includes specialist services. Over the years the MoH has assessed the performance of all health facilities using the Standard Unit of Output (SUO) a composite indicator that attaches weights to selected service area outputs depending on their relative cost. This has however been adjudged not to be comprehensive enough to reflect the wide and variable complexity of services delivered in referral hospitals and at the 27th Joint Review Mission held in Kampala in 2021 it was jointly resolved to stop using SUO to assess referral hospitals and tasked the MoH to develop new tools/criteria for assessment of these hospitals. The health sector has now adopted the use Diagnosis Related Groups (DRGs) and Ambulatory Patient Groups (APGs) to assess referral hospital inpatient and outpatient services respectively.

DRGs is a patient classification scheme which provides means of relating the type of inpatients a health facility treats (i.e., its case mix) to the costs incurred by the health facility to treat those patients. They are used to group patients with similar clinical conditions and treatment needs into categories to which relative weights are attached. The DRG is based on the primary and secondary diagnoses, other conditions (comorbidities), age, sex, and necessary medical procedures. The system is intended to make sure that the care patients need is the care they get, while also avoiding unnecessary costs.

APGs is similar to DRGs but relates to the Outpatients managed by the health facility. Each outpatient visit diagnosis is given a relative weight depending on the APG it falls under. Similarly, each inpatient visit diagnosis is given a relative weight depending on the DRG it has been categorized into. A summation of the APGs and DRGs is then obtained. The relative weights for each APG and DRG category were derived based on the average cost of treating patients with a given diagnosis. The costs were obtained using largely secondary data with primary data only filling gaps left by secondary data.

The APGs and DRGs give a more accurate/detailed estimation of the volume or quantity of outputs produced by each health facility when compared to the SUO previously used.

Performance of the health facilities was also assessed by a set of quality indicators which include;

- i. Inpatient Case fatality rate
- ii. Institutional Perinatal Mortality Rate
- iii. Institutional Neonatal Mortality Rate
- iv. Institutional Maternal Mortality Risk
- v. Bed Occupancy Rate (BOR)
- vi. Average Length of Stay (ALOS)

The health facility League Tables have been prepared using an olympic style ranking based on Total DRGs score followed by Total APGs in case of ties.

3.2.1 Contribution of Health Facility Outputs by Level of Care and Ownership

Tables 58 and 59 below show the contribution of DRGs and APGs by level of care and ownership. 89% of outpatient and 43% of Inpatient services were provided by the lower-level health facilities (HCs). Generally pointing to a health system that is skewed towards increased access to PHC services which the majority of the population need.

Public facilities contributed 79% of Outpatient Services and 67% of in-patient services, while PNFP facilities contributed 14% of Outpatient services and 27% of inpatient services. PHP facilities on the other hand contributed 7% of outpatient and 6% of in-patient services. It should however be noted that there is generally limited reporting by PHP facilities.

TABLE 55: APG CONTRIBUTION BY LEVEL OF CARE AND OWNERSHIP FY 2022/23

	NRH	RRH	GH	HC IV	HC III	HC II	Total	%
GoU	964,802	2,326,790	6,088,032	15,439,093	56,260,902	28,562,618	109,642,237	79%
PNFP	-	893,318	3,756,061	506,642	8,889,171	5,786,927	19,832,119	14%
PHP	-	-	1,988,690	2,426,341	1,334,281	4,259,018	10,008,330	7%
Total	964,802	3,220,108	11,832,784	18,372,076	66,484,353	38,608,563	139,482,685	100%
%	1%	2%	9%	13%	48%	28%		

TABLE 56: DRG CONTRIBUTION BY LEVEL OF CARE AND OWNERSHIP FY 2022/23

	NRH	RRH	GH	HC IV	HC III	HC II	Total	%
GoU	280,076	517,435	567,594	664,050	375,762	9,438	2,414,354	67%
PNFP	-	129,551	435,076	70,417	292,247	50,683	977,973	27%
PHP	-	-	90,249	48,003	54,546	31,343	224,140	6%
Total	280,076	646,986	1,092,919	782,469	722,555	91,463	3,616,468	100%
%	8%	18%	31%	21%	20%	2%		

3.2.2 Performance of National Referral and Specialised Hospitals

3.2.2.1 APGs and DRGs for National Referral and Specialised Hospitals

The Total DRGs from NRHs was 280,076 and the Total APG was 964,801. Mulago NRH had the highest DRG (94,271) while Kawempe NRH had the highest APG score of 423,965 largely as a result of the services provided in the area of maternal and child health services.

TABLE 57: APG & DRGS SCORES FOR NATIONAL REFERRAL AND SPECIALISED HOSPITALS FY 2022/23

Hospital Name	No. of admissions	Total OPD	APGs	DRGS
Mulago NRH	50,067	309,277	57,501	94,271
Kawempe NRH	55,258	62,514	423,965	88,441
Kiruddu NRH	16,440	76,781	181,391	61,238
China Uganda Friendship (Naguru) NRH	17,728	88,183	229,188	19,776
Mulago SWNH	5,154	1,538	57,526	8,841
Butabika NRH	7,623	84,633	15,230	7,509
Total	152,270	622,926	964,802	280,076

3.2.2.2 Service Quality Outcomes at NRHs

The overall in-patient case fatality rate for National Referral and Specialised Hospitals was 9%, with a range of 1% to 19%. The low inpatient case fatality rate for Butabika and Mulago SWN Hospital is expected given the nature of cases at these hospitals. The average Institutional Perinatal Mortality Rate at this level is 93/1,000 with a range of 43 – 120 compared to the national average of 178/1,000. The maternal mortality risk is very high at this level at 503/100,000 live births compared to the national average of 90/100,000. Specifically, IMMR was highest at Mulago SWNH at 895/100,000 live births and Kawempe at 610/100,000.

TABLE 58: SERVICE QUALITY ASSESSMENT FOR NATIONAL REFERRAL AND SPECIALISED HOSPITALS FY 2022/23

Hospital	Admissions	Deaths	Inpatient Case Fatality Rate	Deliveries	Live births	Fresh Still Births	Macerated Still Births	Newborn deaths (0-7 days)	Perinatal death/1,000	Neonatal Death (8-28 days)	INMR	Maternal deaths	IMMR/100,000
Mulago NRH	50,067	5,506	11	0	0	0	0	0	0	0	0	0	0
Kawempe NRH	55,258	3,568	6	20,485	20,123	488	615	1,309	120	115	71	125	610
Kiruddu NRH	16,440	3,050	19	0	0	0	0	0	0	0	0	0	0
CUFH (Naguru) NRH	17,728	778	4	8,766	8,329	128	116	114	43	17	16	10	114
Mulago SWNH	5,154	74	1	3,146	3,128	17	65	75	50	23	31	28	895
Butabika NMRH	7,623	111	1	0	0	0	0	0	0	0	0	0	0
Total	152,270	13,087	9	32,397	31,580	633	796	1,498	93	155	52	163	503

3.2.2.3 BOR & ALOS at NRHs

The average BOR and ALOS for National Referral and Specialised hospitals are 83% and 6 days respectively. Butabika NMRH has the highest BOR (194%) and ALOS (51 days). The almost double BOR has implications on the quality of services provided as well as the need for operational costs including utilities and human resource. There is therefore need to increase financing as well as decongest Butabika NMRH to enable provision of quality services. The over 100% BOR for Kawempe and CUFH Naguru also calls for expansion of these hospitals to enable quality service delivery.

TABLE 59: BOR AND ALOS FOR NATIONAL REFERRAL AND SPECIALISED HOSPITALS FY 2022/23

Hospital	No. of Beds	Admissions	BOR	ALOS
Mulago NRH	1,034	50,067	51	4
Kawempe NRH	381	55,258	113	3
Kiruddu NRH	357	16,440	56	4
CUFH (Naguru) NRH	100	17,728	122	3
Mulago SWNH	309	5,154	53	0
Butabika NMRH	550	7,623	194	51
Total	2,731	152,270	83	6

3.2.3 Performance of RRHs and Large PNFP

3.2.3.1 APGs and DRGs for RRHs and Large PNFPs

The performance of RRHs and Large PNFP is shown in Table 62 below. Large PNFP included high volume PNFP Hospitals. The Total DRGs score for RRHs & large PNFP Hospitals was 646,986 and the Total APG was 3,220,108. Mbale RRH had the highest DRG (120,418) while Masaka RRH had the highest APG (251,577). Mbale RRH has almost 3 times more DRGs score than the next highest hospital this can be attributed to Mbale RRH having a higher catchment population serving the regions of Bugisu, Sebei and Bukedi. This calls for the need to decongest Mbale RRHs by establishing another RRHs in the catchment area as well functionalizing the lower-level health facilities.

TABLE 60: APGS AND DRGS SCORES FOR RRHS AND LARGE PNFP FY 2022/23

Hospital	No. of beds	No. of admissions	Total OPD	Total APGs	Total DRGs	Ranking
Mbale	278	61,759	81,479	201,192	120,418	1
Hoima	200	27,854	94,987	106,691	48,345	2
St. Mary's Lacor	406	21,934	70,483	2,669	46,072	3
Masaka	360	31,527	159,288	251,577	43,788	4
Arua	317	22,634	95,861	194,595	42,283	5
Lira	494	25,517	68,539	196,915	41,009	6
Fort Portal	287	25,418	139,370	176,751	37,292	7
Jinja	194	33,541	196,577	170,422	29,500	8
St. Francis Nsambya	400	11,402	123,330	175,491	28,530	9
Mubende	277	23,091	87,594	112,577	26,883	10
St. Kizito Matany	482	12,658	36,847	59,293	25,877	11
Gulu	250	26,033	64,740	157,492	24,796	12
Kabale	296	14,520	83,660	102,633	24,498	13
Kayunga	221	14,075	68,728	122,559	22,189	14
Mbarara	313	37,664	133,812	104,028	20,308	15
Mengo	598	11,131	305,585	368,878	18,345	16
Moroto	518	9,921	65,078	88,024	18,058	17
Lubaga	236	8,492	151,425	286,986	10,727	18
Yumbe	229	9,832	41,979	171,419	6,704	19
Entebbe	282	11,732	39,689	118,074	6,560	20
Soroti	320	22,092	50,337	51,840	4,805	21
Total	6,958	462,827	2,159,388	3,220,108	646,986	

Overall referral hospitals with high DRGs tended to have poorer outcomes which could imply congestion impacting on the quality of services. These hospitals need to be prioritized during resource allocation for wage, non-wage, medicines and health supplies, and development.

3.2.3.2 Service Quality Outcomes at RRHs & Large PNFPs

The overall in-patient case fatality rate for RRHs and large PNFP Hospitals was 7%, with a range of 2% at Entebbe RRH to 13% at St. Mary's Hospital Lacor. The overall Institutional Perinatal Mortality rate for RRHs and Large PNFP Hospitals was 55/1,000 live births with a range of 19 - 102/1,000 compared to the national average of 17.8/1,000. Institutional NMR was 32/1,000 live births with a range of 3 - 59/1,000.

The overall IMMR for RRHs and Large PNFP hospitals was 486/100,000 compared to the national average of 90/100,000 live births. IMMR was in a range of 70 - 1,331/100,000 and particularly high in Mbale, Kayunga, Hoima, and Jinja RRHs. This requires a more detailed assessment before conclusions can be drawn more especially so for RRHs that have a higher IMMR than NRHs.

TABLE 61: SERVICE QUALITY ASSESSMENT FOR RRHS AND LARGE PNFPs FY 2022/23

Hospital	No. of admissions	Deaths	Inpatient Case Fatality Rate	Deliveries	Live births	Fresh still birth	Macerated still birth	Newborn deaths (0-7 days)	Perinatal death/1000	Neonatal Death (8-28 days)	IMMR / 1,000	Maternal deaths	IMMR/100,000
Mbale	61,759	4,146	7	7,060	6,709	231	304	39	86	356	59	94	1,331
Hoima	27,854	2,572	9	7,184	6,830	212	179	196	86	161	52	54	752
St. Mary's Lacor	21,934	2,959	13	5,787	5,748	77	78	154	54	73	39	28	484
Masaka	31,527	2,152	7	9,030	8,758	148	119	237	58	95	38	28	310
Arua	22,634	2,148	9	6,175	5,974	104	98	123	54	142	44	22	356
Lira	25,517	1,789	7	5,541	5,382	109	117	25	47	84	20	11	199
Fort Portal	25,418	1,865	7	6,254	6,569	66	112	81	39	156	36	29	464
Jinja	33,541	1,943	6	6,257	6,049	151	156	312	102	26	56	47	751
St. Francis Nsambya	11,402	675	6	2,803	2,763	11	23	25	21	7	12	4	143
Mubende	23,091	1,314	6	5,183	4,958	205	85	71	73	154	45	31	598
St. Kizito Matany	12,658	794	6	1,417	1,435	23	21	24	47	2	18	2	141
Guu	26,033	828	3	4,962	4,723	60	79	75	45	42	25	7	141
Kabale	14,520	813	6	3,547	3,500	50	37	92	51	88	51	7	197
Kayunga	14,075	884	6	3,719	3,604	86	61	33	50	40	20	28	753
Mbarara	37,664	2,277	6	7,820	7,504	143	173	18	45	37	7	46	588
Mengo	11,131	388	3	3,678	3,698	21	33	15	19	11	7	1	27
Moroto	9,921	324	3	1,124	1,121	28	17	28	65	38	59	4	356
Lubaga	8,492	401	5	3,674	3,706	23	29	38	24	0	10	7	191
Yumbe	9,832	385	4	2,339	2,303	30	33	23	37	0	10	5	214
Entebbe	11,732	262	2	4,287	4,208	69	60	33	38	13	11	3	70
Soroti	22,092	1,743	8	3,637	3,498	67	76	12	44	0	3	23	632
Total	462,827	30,662	7	101,478	99,040	1,914	1,890	1,654	55	1,525	32	481	486

3.2.3.3 BOR and ALOS at RRHs & Large PNFPs

The average BOR at RRHs and Large PNFPs was 70% with Lira RRH (102%), Soroti RRH (101%) and St. Kizito Matany Hospital (92%) have the highest BOR way above the recommended 85% average to ensure efficiency and quality service delivery. On the other hand, Mengo (37%), St. Francis Nsambya (35%), Lubaga (31%) and Yumbe RRH (20%) had BOR below 50%. There is need to understudy the factors leading to very low BOR in these hospitals.

The ALOS at this level was 4 days with the highest at St. Kizito Matany and Moroto RRHs. The low ALOS at Mbale and Yumbe RRHs needs to be studied as there could be service quality issue.

TABLE 62: BOR AND ALOS FOR RRHS AND LARGE PNFPs IN FY 2022/23

Hospital	No. of beds	No. of admissions	BOR	ALOS (Days)
Mbale	250	61,759	70%	2
Hoima	317	27,854	86%	4
St. Mary's Lacor	282	21,934	79%	6
Masaka	482	31,527	70%	3
Arua	278	22,634	88%	4
Lira	400	25,517	102%	6
Fort Portal	406	25,418	58%	3
Jinja	494	33,541	81%	4
St. Francis Nsambya	236	11,402	35%	3
Mubende	598	23,091	70%	3
St. Kizito Matany	229	12,658	92%	7
Gulu	360	26,033	67%	3
Kabale	287	14,520	66%	5
Kayunga	194	14,075	63%	3
Mbarara	296	37,664	83%	4
Mengo	221	11,131	37%	3
Moroto	313	9,921	82%	7
Lubaga	277	8,492	31%	3
Yumbe	320	9,832	20%	2
Entebbe	200	11,732	50%	3
Soroti	518	22,092	101%	5
Total	6,958	462,827	70%	4

3.2.4 Performance of the General Hospitals

3.2.4.1 APGs and DRGs for GHs

The Total DRGs from the 185 GHs captured in the DHIS-2 was 1,095,915 and the Total APGs was 11,911,160. There was wide variation in total DRGs with Kitgum GH producing the highest DRGs score of 28,456 DRGs and Murchison Bay Main Hospital producing 23. Kamuli GH produced the highest APGs score of 383,586 followed by Mukono GHs and this is an indication of very high OPD service utilization. The performance of all the GHs is shown in Annex 73.

34 GHs did not adequately report resulting into no scores for DRGs and/or APGs. These were all private hospitals. It is recommended that regular reporting in the DHIS-2 be made a requirement for licensing.

TABLE 63: RANKING FOR THE TOP 10 AND BOTTOM PUBLIC HOSPITALS BASED ON THE DRGS IN FY 2022/23

Top 10 Public Hospitals				Bottom 10 Public Hospitals			
Name	APGs	DRGs	Ranking	Name	APGs	DRGs	Ranking
Kitgum	94,627	28,456	1	Kyegegwa	103,931	5,403	38
Mukono	330,072	25,793	2	Abim	58,158	5,219	39
Adjumani	133,229	21,339	3	Buwenge	79,000	5,164	40
Kawolo	164,675	20,974	4	Buliisa	50,369	5,151	41
Katakwi	110,531	20,923	5	Kambuga	59,327	4,198	42
Amuria	86,721	20,211	6	Rukunyu	7,644	3,393	43
Iganga	233,258	17,296	7	Kotido	86,303	2,054	44
Kamuli	383,586	16,654	8	Nebbi	12,604	1,220	45
Atatur	131,767	15,941	9	Nakaseke	27,961	867	46
Kiryandongo	118,592	15,588	10	Pallisa	10,847	614	47

Among the public hospitals most of the newly upgraded hospitals (Kyegegwa, Buwenge, Rukunyu, and Kotido) ranked among the bottom ten and therefore need to develop their capacity in terms of infrastructure and human resource to provide hospital level services. Other factors affecting performance was incompleteness of the HMIS reports as is the case with Nakaseke and Pallisa GHs. The MoH Department of Clinical Service should follow up and establish factors leading to poor performance for all the bottom 10 GHs and ensure that there is value for money for the resources allocated.

3.2.4.2 Service Quality Outcomes at GHs

The overall in-patient case fatality rate for GHs was 4%, with a range of 0.3 % to 39%. Performance for all GHs is shown in Annex 7.4. Private hospitals generally reported higher in-patient case fatality rates. A targeted validation of the data will have to be carried out before inferences can be drawn.

The overall IMMR for GH was 184/100,000, with a range of 0 to 188/100,000. Private hospitals generally tended to have higher IMMR and an audit of the services is recommended in order to obtain a deeper understanding of the challenges.

The overall IPMR was 35/1,000 with a range of 0-159/1,000 while the INMR was 17/1,000 with a range of 0-671/1,000. Again, private hospitals tended to have higher IPMR and INMR.

3.2.4.3 BOR and ALOS at GHs

The average BOR at GHs was 47% with Lyantonde (441%), Iganga (135%), Apac (135%) and Kiryandongo (108%) having the highest.

TABLE 64: GHS WITH THE HIGHEST BOR IN FY 2022/23

Hospitals	Ownership	No. of Beds	BOR (%)
Lyantonde	GOV	78	411
Iganga	GOV	104	135
Apac	GOV	100	135
Kiryandongo	GOV	95	108
Kagadi	GOV	119	105
Kaberamaido	GOV	92	100
Bugiri	GOV	104	98
Katakwi	GOV	108	94
Mukono	GOV	75	92
Rukunyu	GOV	120	90
Bundibugyo	GOV	116	89
Bwera	GOV	146	86
Atatur	GOV	153	85
Nebbi	GOV	174	84
Kaabong	GOV	144	81
Buso/we	GOV	109	81
Kitgum	GOV	245	80
Angal	PNFP	220	80
Nakasero	PFP	81	79
Kapchorwa	GOV	126	79

The BOR for all GHs is shown in Annex 7.4

The ALOS at this level was 3 days ranging from 1 to 13 with the highest at Lyantonde GHs at 13. Overall, ALOS is high in PNFP hospitals compared to the government hospitals.

TABLE 65: GHS WITH THE HIGHEST ALOS IN FY 2022/23

Hospitals	Ownership	ALOS	Hospitals	Ownership	ALOS
Lyantonde	GOV	13	Kotido	GOV	5
Kuluva	PNFP	8	Lwala	PNFP	5
Kumi Leprosy	PNFP	7	Amai Community	PNFP	5
Murchison Bay Main	GOV	7	Angal	PNFP	5
Amudat	PNFP	7	Pioneer	PFP	5
St. Josephs Maracha	PNFP	7	Itojo	GOV	5
COU Kisiizi	PNFP	7	Kaabong	GOV	5
Kiwoko	PNFP	6	Aber	PNFP	5
Mutolere	PNFP	5	Dr. Ambrosio Memorial Kalongo	PNFP	5

The ALOS for all GHs is shown in Annex 7.4

3.2.5 Health Centre IV Performance

The Total DRGs score from HC IVs was 782,469 and the Total APGs score was 18,372,076. There was wide variation in total DRGs scores at facility level with Mukuju HC IV producing 15,374 DRGs score and Kataraka HC IV with the lowest score of 14. Similarly, there was a wide variation in total APGs scores with Lalogi HC IV producing 353,987 followed by Mpungu HC IV with 337,446 and Bubulo HC IV with the lowest of 2,204. The performance of all HC IVs is shown in Annex 7.5. 12 HC IVs did adequately report resulting into no scores for DRGs and/or APGs. Most are PHPs and Institutional government HC IVs.

TABLE 66: RANKING FOR THE TOP 15 AND BOTTOM 15 HC IVS BASED ON THE DRGS IN FY 2022/23

Top 10 HC IVs					Bottom 10 HC IVs				
Name	Ownership	LG	APGs	DRGs	Name	Ownership	LG	APGs	DRGs
Mukuju	GoU	Tororo	139,749	15,374	Maracha	GoU	Maracha	144,512	305
Bujubuli	GoU	Kyegegwa	47,807	14,804	St. Luke	PNFP	Kampala	25,997	304
Kabuyanda	GoU	Isingiro	42,746	12,963	Ntungamo	GoU	Ntungamo	99,982	298
Goli	PNFP	Nebbi	39,112	12,631	Sebbi Medical	PHP	Wakiso	88,830	278
St. Paul (Kasese)	PNFP	Kasese	13,941	12,631	St. Joseph of the Good Shepherd	PNFP	Kalungu	19,293	246
Kyangwali	GoU	Kikuube	134,300	11,864	Rugyeyo	GoU	Kanungu	89,683	228
Rwamwanja	GoU	Kamwenge	71,375	11,701	Busanza	GoU	Kisoro	94,289	223
Budaka	GoU	Budaka	39,052	11,630	Bukasa	GoU	Kalangala	45,658	207
Bukuku	GoU	Fort Portal City	130,208	11,605	Mpungu	GoU	Kanungu	337,446	192
Serere	GoU	Serere	43,253	10,789	Padre Pio	PNFP	Kamwenge	13,369	173
Panyadoli	GoU	Kiryandongo	52,339	10,528	Kabubbu	PNFP	Wakiso	5,632	162
Kibuku	GoU	Kibuku	86,719	10,265	Bugamba	GoU	Rwampara	19,054	157
Bugobero	GoU	Manafwa	21,008	10,154	Herona Medical Centre	PHP	Mukono	24,027	156
Lalogi	GoU	Omoror	353,987	9,514	Luzira Staff Clinic	GoU	Kampala	127,507	152
Kidera	GoU	Buyende	72,053	9,350	Kakomo	GoU	Kabale	91,837	135
Tokora	GoU	Nakapiripirit	56,377	9,190	Kaserem	GoU	Kapchorwa	65,619	126
Budadiri	GoU	Sironko	36,456	9,109	Buhunga	GoU	Rukungiri	39,957	113
Kakumiro	GoU	Kakumiro	61,726	8,890	Moyo Mission	PNFP	Moyo	15,028	95
Bukedea	GoU	Bukedea	26,282	8,800	Ruteete	GoU	Kabarole	87,571	73
Bumanya	GoU	Kaliro	98,385	8,748	Kataraka	GoU	Fort Portal City	73,143	14

3.2.5.1 BOR and ALOS at HC IVs

The average BOR at HC IVs was 48% with Awach (289%), Mukuju (248%), Kibuku (192%), Nabiganda (160%) and Apapai (156%) with the highest. The factor contributing to very high BOR at these HC IVs is the low bed capacity ranging from 21 to 38 beds against the minimum of 45 beds.

TABLE 67: HC IVS WITH THE HIGHEST BOR IN FY 2022/23

HC IV	LG	Ownership	No. of Beds	BOR (%)
Awach	Gulu	GoU	18	289
Mukuju	Tororo	GoU	38	248
Kibuku	Kibuku	GoU	36	192
Nabiganda	Butaleja	GoU	21	160
Apapai	Serere	GoU	35	156
Yumbe	Yumbe	GoU	49	152
Bumanya	Kaliro	GoU	40	146
Serere	Serere	GoU	73	143
Lalogi	Omoro	GoU	49	140
Budaka	Budaka	GoU	64	136
Aduku	Kwania	GoU	32	133
Kawaala	Kampala	GoU	21	133
Kakumiro	Kakumiro	GoU	58	124
Wakiso	Wakiso	GoU	31	115
Bugobero	Manafwa	GoU	30	115
Rukoki	Kasese	GoU	32	115
Kasangati	Wakiso	GoU	31	113
Rhino Camp	Madi-Okollo	GoU	31	106
Nabiatuk	Nabiatuk	GoU	39	104
Kidera	Buyende	GoU	44	101
Mayuge	Mayuge	GoU	65	101
Dokolo	Dokolo	GoU	86	99
Nyahuka	Bundibugyo	GoU	63	98
Kityerera	Mayuge	GoU	16	96
Buvuma	Buvuma	GoU	20	94
Rugaaga	Isingiro	GoU	27	92
Tokora	Nakapiripirit	GoU	35	91
Toroma	Katakwi	GoU	44	89
Kassanda	Kassanda	GoU	25	88
Bubulo	Manafwa	GoU	22	87
Tiriri	Soroti	GoU	36	86

The BOR and ALOS for all HC IVs is shown in Annex 7.6 -;

The ALOS at this level was 2 days ranging from 1 to 5 with the highest at Muko HC IV at 5 days.

3.2.6 Health Centre III & II Performance

The overall performance of HC IIIs and IIs is shown in table 70. Generally, the government HC IIIs produced more DRGs scores and APGs. However relatively the contribution of the private HC IIIs and IIs to the DRGs at this level is significant and this can be attributed to the better quality of services by the private providers. There is significant contribution of the public HC IIIs and IIs to the total APGs since they are the majority and they provide free health care.

TABLE 68: HC III & II ASSESSMENT FOR APGS AND DRGS IN FY 2022/23

Level	Number of Health Facilities	Ownership	No. of admissions	Total OPD	Total APG	Total DRG
HC III	1,332	GOV	690,914	15,862,364	56,260,902	375,762
HC III	348	PNFP	310,004	2,261,517	8,889,171	292,247
HC III	198	PFP	31,380	502,661	1,334,281	54,546
HC II	1,749	GOV	13,953	9,526,954	28,562,618	9,438
HC II	452	PNFP	35,536	1,499,852	5,786,927	50,683
HC II	1,102	PFP	27,411	2,370,866	4,259,018	31,343
Total	5,181		1,109,198	32,024,214	105,092,916	814,018

3.3 COMMUNITY HEALTH SERVICES

3.3.1 Community Health Extension Workers (CHEWs)

With support from USAID and GoU, MoH finalized the CHEWs training in the pilot Districts of Mayuge and Lira. The CHEWs commenced training on 1st May 2022 and finalized on 31st October 2022. A total of 334 CHEWs (166 in Lira and 168 in Mayuge) completed the 6 months training. The CHEWs in Mayuge were commissioned on 28th November 2022 by the Permanent Secretary MoH, Dr. Diana Atwiine. The CHEWs in Lira were commissioned on 4th December 2022 by the Minister for Health, Dr. Jane Ruth Aceng Oceru.

The Training Manual for the CHEWs/VHTs was developed and approved for implementation. This manual is to be used to train VHTs Nationwide.

3.3.2 Village Health Teams

With Support from UCREPP District Leaders were oriented on VHT revitalization in the following Districts Lwengo, Gulu, Amuru, Arua, Moroto, Rukungiri, Soroti, Luwero, Bukwo, Nebbi, Kalaki, Kween, Tororo, Kalungu, Jinja, Adjuman, Ngora, Kabale, Kapchorwa and Oyam in Entebbe.

Conducted training for 1,203 VHTs and 368 Technical Officers including District Officials on Ebola outbreak response in Kassanda, Mubende, Mityana, Kyankwanzi and Kiboga Districts, with support from Africa CDC, WHO, UNICEF AND AFINET,

Carried out Capacity Building Training for 65 VHTs in Masuliita Subcounty in Wakiso district in response to the fight against yellow fever outbreak with support from WHO and the MoH Risk Communication Pillar.



Bicycles procured by MoH with support from KOFIH for CHWs in Bukomansimbi District

3.3.3 The Community Dashboard

The community dashboard shows average access for recommended environmental health, good progress on access to care through VHTs for iCCM, shortage of commodities used at community level and noted gaps for access of immunization services in selected LGs. The Community score card below summarises the indicators in 097B as reported by VHTs in the FY 2022/23. (NA is where there were significant data quality issues).

TABLE 69: THE COMMUNITY DASHBOARD FY 2022/23

Region	% of Sick children seen by VHT and treated within 24hrs for pneumonia	% of Sick children seen by VHT and treated within 24hrs for fever	% of Sick children who were managed by VHT who recovered	% of Children seen by VHT and treated within 24hrs for Diarrhoea	% of households that are open defecation free	% of households with hand-washing facilities	% of households with latines	% of children under 5 yrs with up to date immunization	% of Children with Oedema	% of children under 5 yrs who received vitamin A in the last 6 months	% villages with at least one Stock out of Amoxicillin	% villages with at least one Stock out of the ACT	% malaria cases that received ACT	% of under 5 years reported dead in the community
National	84.8	70.1	65.3	72.2	38.4	NA	100	21.3	0.02	21.1	37.7	41.3	91.1	3.2
Acholi	NA	74.9	61.3	76.4	26.3	26.4	83.5	28.7	0.02	28.8	54.1	66.2	85.5	5.3
Ankole	87.1	60.5	73.4	76.3	22.6	29.6	53.4	20.1	0.02	18.5	26	26.4	92.9	0.34
Bugisu	42.3	67.9	30.5	38.6	29.9	31.4	68.8	18.7	0.01	16.4	6.7	6.7	54.5	4.1
Bukedi	79	62.8	59.2	NA	41.8	32.2	84.7	25.9	0.04	26.2	17.9	26.5	91.1	1.7
Bunyoro	74.9	35.3	39.8	81.6	16.3	15.1	63.2	4.6	0	4.7	49.9	49.6	93.7	15.6
Busoga	86.7	64.3	31	43.2	30.5	31.9	64.9	26.4	0.02	32.9	37.7	36.4	78.6	3
Kampala	NA	49.9	NA	47.3	2.3	39.2	7.3	2.2	0	11.5	16.8	16.8	97.8	0.92
Karamoja	83.3	46	50.2	76.6	16.5	18.4	35.3	48	0.17	57.2	28.6	32.6	89.9	0.24
Kigezi	29.9	49.3	4.4	57	NA	36.4	77.2	10.8	0	14.5	58.1	42.2	86.1	1.1
Lango	79.7	74.5	63.2	61.2	32.6	29.8	77.3	42.4	0.02	26.2	44.7	57.2	86.3	4
North Central	46.9	67.2	61.7	49.9	7.2	9.6	16.2	8.9	0	7.9	52.3	52.3	82.9	8.5
South Central	70.9	67.4	79	87.5	19.8	NA	NA	13.6	0	13.8	39.7	40.7	95	3.2
Teso	84.1	76.2	72	78	43.2	32.4	73.8	32.2	0.12	29.2	31.3	34.5	97.6	3.2
Tooro	85.3	70.5	67.7	79.2	19.3	28.3	70.1	13.4	0.01	11.2	69.4	72.3	95.1	6.3
West Nile	NA	80.4	68.8	74.4	35.4	34.1	NA	43.7	0.03	44.4	46.1	51.7	94.4	2.8

PROGRESS IN IMPLEMENTATION OF THE MOH STRATEGIC PLAN OUTPUTS FOR FY 2022/23

Section 4 provides the progress in implementation of the MoH Strategic Plan 2020/21 – 2024/25 outputs for FY 2022/23. The Goal of the MoH SP is to “Strengthen the Health System and its support mechanisms with a focus on Primary Health Care to achieve UHC by 2030”.

4.1 SUMMARY OF PERFORMANCE FOR THE MOH OUTPUTS FOR FY 2022/23

The total number of output indicators assessed this FY is 191 compared to 188 in the previous FY. The MoH achieved 59% (113) of the planned output targets compared to 51% (96) in FY 2021/22; made some progress though did not achieve the annual target for 11.5% (22) indicators compared to 22% (41) in the previous FY; made very minimal or no progress for 29% (55) compared to 25% (47) indicators; and 0.5% (1) compared to 2% (4) indicators were not assessed due to lack of data.

The objective areas with highest achievements for the planned outputs were 1) to improve functionality and adequacy of health infrastructure and logistics (79%), and to strengthen health sector governance, management and coordination for UHC (64%). Low achievement of the output targets was observed for Accelerating health research, innovation and technology development (50%), and ensuring availability of quality and safe medicines, vaccines and technologies (42%).

Key reasons for not achieving the planned targets include, no/inadequate funding and delayed implementation due to multiple stakeholder consultative processes for example in development of regulations and strategic plans.



MoH Top Management Supervision Visit at Nakaseke General Hospital

TABLE 70: SUMMARY OF PERFORMANCE FOR THE MOH OUTPUTS FY 2022/23

Objective	Achieved		Some progress		Not achieved		No Data	
	No. of Indicators	%	No. of Indicators	%	No. of Indicators	%	No. of Indicators	%
To strengthen health sector governance, management and coordination for UHC <i>(42 indicators assessed)</i>	29	69%	3	7%	10	24%	0	-
Strengthen human resources for health management and development. <i>(14 indicators assessed)</i>	8	57.2%	3	21.4%	3	21.4%	0	-
Increase access to nationally coordinated services for communicable and NCD / conditions prevention and control. <i>(76 indicators assessed)</i>	39	51.3%	12	15.8%	24	31.6%	1	1.3%
Strengthen disease surveillance, disaster response and epidemic control at national and sub-national levels. <i>(15 indicators assessed)</i>	9	60%	1	7%	5	33%	0	-
To ensure availability of quality and safe medicines, vaccines and technologies. <i>(12 indicators assessed)</i>	5	42%	2	16%	5	42%	0	
To improve functionality and adequacy of health infrastructure and logistics. <i>(24 indicators assessed)</i>	19	79.1%	1	4.2%	4	16.7%	0	
Accelerate health research, innovation and technology development. <i>(8 indicators assessed)</i>	4	50%	0	0	4	50%	0	
FY 2022/23 (191 indicators)	113	59%	22	11.5%	55	29%	1	0.5%
FY 2021/22 (188 indicators)	96	51%	41	22%	47	25%	4	2%
FY 2020/21 (179 indicators)	91	50%	37	21%	48	26%	5	3%

OBJECTIVE 1: TO STRENGTHEN HEALTH SECTOR GOVERNANCE, MANAGEMENT AND COORDINATION FOR UHC

There are 15 outputs under objective one with 44 performance indicators of which 2 were not planned for assessment this FY. The MoH achieved 67% (28/42) of the performance indicators, made some progress in 7% (3/42) and there was minimal or no progress in 26% (11/42).

TABLE 71: PROGRESS IN IMPLEMENTATION OF STRATEGIC OBJECTIVE 1 OF THE MOH STRATEGIC PLAN

Outputs	Indicators	Achieved FY 2020/21	Achieved FY 2021/22	Target FY 2022/23	Performance FY 2022/23	Remarks
Intervention 1.1 Strengthen governance, management and effectiveness of the health sector at all levels						
Governance and management structures reformed and functional	Top Management meetings held (%)	25	50	100	83	Missed 2 months due to conflicting programs
	HPAC meetings held (%)	50	75	100	100	Policy related and strategic actions forwarded to Top management
	Senior Management meetings held (%)	92	100	100	100	Policy related and strategic actions forwarded to HPAC and Top management
	Technical Working Group meetings held (%)	65 (86/132)	100	100	100	Key policy and strategic actions referred to SMC
	Departmental meetings held (%)	70.4 (152/216)	80	100	80	Interrupted by competing priorities
Intervention 1.2 Development of Strategic Plan and operational plans						
Strategic plans developed	MoH 5-year strategic Plan developed		NA	NA	NA	
Annual MoH Operational plans developed	MoH Annual Workplan compiled timely	Draft	1	1	1	It was compiled and submitted
Comprehensive District Health Plans developed	Districts with evidence based annual health plans (%)	7.4	41	40	60	All districts in West Nile, Acholi, Busoga, South Central, Rwenzori, Kigezi On top of Lira, Amolator, Dokolo, Oyam, Kotido, Moroto, Abim, Bukedea, Kumi, Busia, Kween, Bududa, Mbale, Mbale City, Mubende, Mukono, Kikuube, Hoima, Hoima City, Kibaale, Sheema, Bushenyi, Ibanda and Kiruhura.
Intervention 1.3 Develop / Review laws, regulations, policies, byelaws and ordinances relevant to health, enact new ones and monitor their implementation						
Laws, regulations, policies developed / reviewed	Laws, regulations and policies, reviewed / developed (Number)	9	7 (4 Passed & 3 pending presentation)	5	2	Public Health Amendment Act, Uganda Human Organ Donation and Transplant Act 2022
	Laws	2	5		2	
	Policies	7	2		0	

Outputs	Indicators	Achieved FY 2020/21	Achieved FY 2021/22	Target FY 2022/23	Performance FY 2022/23	Remarks
Integrated Authority to improve quality assurance and regulatory control systems and accreditation across public and private providers established	Joint Health Professionals Authority in place.	0	0	-	0	A regulatory impact assessment is going to be done in respect of this law for onward presentation to Cabinet together with the principles for enactment. Most of the stakeholder consultations were done and hopefully it will be tabled in Parliament and passed into law within this FY.
Intervention 1.4 Development of Standards, guidelines and SOP						
Standards, Guidelines and SOPs reviewed / developed, disseminated	Standards, guidelines and SOPs reviewed / developed and disseminated (Number)	8	10	10	10	Client satisfaction survey report, MOH governance and management structures developed, MOH regional support implementation guidelines, MOH QI training online materials, Budget & Grant Guidelines, Regional Medical Board Committees, g others from different departments
Intervention 1.5 Strengthen Supervision and mentorship						
Regional Technical Supervisory Structures established to support District Health Service delivery	Regional Supervisory Structures (Number)	4	0	8	16	New structure approved for the RRHs Public Health Department with adequate HR to operationalize the Regional Technical Supervisory functions. There is need to wage provision for recruitment of staff.
Effective supervision and mentorship undertaken	Health Sub-programs political Oversight visits undertaken (Number)	6	8	6	12	Support supervision by Top management undertaken in Lira, Ruharo, Lwebitakuli, Butaleja, Ssembabule, Kyangwali, Kyenjojo, Jinja, Kayunga, Rukungiri, Mbarara, Gulu, Isingiro, Kanungu, Kabale and Kisoro.
	Quarterly integrated supervision visits undertaken (Number)	2	0	4	0	Not funded during FY 2021/22
	No. of technical supervision and mentorship visits undertaken	4	4	12	4	Implemented through partner support to regional hospital CHD
Intervention 1.6 Strengthen the National Quality Improvement system						
Improved quality of care	Health providers accreditation mechanism developed	0	0	1	0	Unfunded priority which has been carried over from Year 1
	Laboratories accredited to ISO 15189 standards (Number)	33	48	39	48	Programme has accredited an additional 24 Laboratories from last year. These include 3 National Referral Hospital Labs – Mulago, Kawempe and Kiruddu and 14 Regional Referral Labs, remaining only Arua and Yumbe RRHs
	Districts undertaking HFOA (%)	100	29	100	80	HFOAP undertaken with support from Ug IFT, URMCHIP and Regional IPs (RHITES N. Lango, CUAMM and AVSI-UNICEF)

Outputs	Indicators	Achieved FY 2020/21	Achieved FY 2021/22	Target FY 2022/23	Performance FY 2022/23	Remarks
Intervention 1.7 Enhance sector monitoring and evaluation						
Sector performance monitored and evaluated	MoH, and Programs (EPI, TB, HIV & Malaria) with M&E Plans ()	30	45	100	100	
	Quarterly MoH performance reports compiled (Number)	4	4	4	4	All quarterly reports were compiled
	MoH quarterly review meetings held (Number)	2	2	4	4	All review meetings held
	Quarterly budget performance reports submitted (Number)	4	4	4	4	All quarterly budget performance reports compiled and submitted
	Annual Health Sector Performance Report compiled and disseminated	1	1	1	1	AHSPR compiled and disseminated during the JRM held on the 14th and 15th February 2023
	Annual Joint Performance Review held and aide memoire disseminated	1	1	1	1	JRM held on the 14th and 15th February 2023
	Mid and end term evaluation of MoH and Strategic plan	NA	NA	Mid-term evaluation	Not done	Evaluation to undertaken this FY to inform the next SP
Intervention 1.8 Strengthen Data collection, quality and use						
Reliable and accurate HIS in place	Health Information Strategic Plan developed and disseminated	Draft	1	-	1	Developed and disseminated
	Health workers trained in data analysis and use (Number)	232	66	150	206	128 HMIS managers, health sector managers and other key stakeholders from 32 districts trained on insight-driven health data analysis, information synthesis and data utilization 60 M&E staff and district biostatisticians trained
	Availability of HMIS tools at all health facilities (%)	49	62	70	46	12 MoH staff trained on DGIS and Health data analysis 6 MoH staff trained on qualitative data analysis National stock out of tools for a round 6 months due to funding challenges
	Monthly HMIS reports submitted on time (%)	96	89.2	100	69	The timeliness of HMIS reports continue to be challenging with a significant number of reports submitted after the due date. In the period under review, this was mainly due to none availability of HMIS reporting tools
	Information products developed and shared quarterly	4	4	4	4	The quarterly indicator performance analysis done and shared
	Health Facility Atlas developed	Planned for 2021/22	1	-	1	Finalised and printed

Outputs	Indicators	Achieved FY 2020/21	Achieved FY 2021/22	Target FY 2022/23	Performance FY 2022/23	Remarks
	Functionality of the National Health Data Repository (%)	40	70	100	100	The national health observatory has been developed and its population with indicator data is ongoing. It has been presented to different program.
Intervention 1.9 Resource mobilization and equitable allocation						
Equitable resource allocation and efficient utilization	Annual MPS, BFP developed and submitted timely (%)	100	100	100	100	Annual health sub program budget framework paper and ministerial policy statement developed and approved by MOFPED.
	Annual budget tracking and efficiency report produced and disseminated	0	1	1	1	Annual budget analysis and tracking was done; however, the efficiency study was not done
	Quarterly financial audits undertaken (Number)	4	4	4	4	All quarterly audits undertaken
Intervention 1.10 Establish and operationalize mechanisms for effective collaboration and partnership for UHC at all levels						
Functional multi-sectoral framework, compact and accountability framework developed	Multi-sectoral framework, compact and accountability framework developed	Draft	Draft	-	Draft	Compact not yet signed
	PPPH Strategic Plan 2020 – 2030 developed			-	Draft	To be finalized in FY 2023/24
Partnerships and multi-sectoral networks established and strengthened	Health Sector Integrated Refugee Response Plan developed	Na	Na	-	Na	The existing plan is for period 2019 - 2024, however it was reviewed to incorporate Covid-19 issues
	Refugee Health facilities integrated into the District Health System (Number)	15	0	50	0	No funding
	Reports for monitoring implementation of the Health Sector Integrated Refugee Response plan (Number)	4	4	4	4	4 quarterly reports compiled and submitted
	Annual stakeholder analysis and mapping undertaken	1	1	1	1	An updated stakeholder mapping report exists
	Stakeholder engagement meetings / workshops held (Number)	8	4	4	4	Merged with the working group quarterly meetings
	Regional and international health partnership meetings attended (Number)	10	4	4	11	Health for the people on the move in Egypt, Regional preparatory meeting for the global refugee forum in Djibouti, Cross-border communication strategy in Nairobi, Annual General Assembly in Geneva, etc
	Reports on non-state actor contribution to health system investments (Number)	4	1	1	0	Not done

OBJECTIVE 2: STRENGTHEN HUMAN RESOURCES FOR HEALTH MANAGEMENT AND DEVELOPMENT.

There are 10 key outputs under Objective 2 and 16 performance indicators, however 2 of the output indicators were not for assessment were achieved before leaving 14 indicators. The MoH achieved 57.2% (8/14) of the indicators, made some progress in 21.4% (3/14) and no progress in 21.4% (3/14). The partially implemented outputs include finalization of the National Health Workforce Accounts and development of the E-personnel performance management, monitoring and reporting system Scholarships were not funded and there is non-functionality of the Mbale HMDC as well as no establishment of regional training hubs due to lack of funding.

TABLE 72: PROGRESS IN IMPLEMENTATION OF STRATEGIC OBJECTIVE 2 OF THE MOH STRATEGIC PLAN

Outputs	Indicators	Achieved FY 2020/21	Achieved 2021/22	Target FY 2022/23	Performance FY2022/23	Remarks
Intervention 2.1 Ensure adequate human resources for health at all levels, with special focus on specialized and super specialized HR						
1) HRH Policy and Strategic Plan Developed	1. HRH Policy and Strategic Plan in place	Strategic Plan Developed	Na	-	NA	HR Policy not yet developed ...
2) Medical Interns deployed	2. Medical interns deployed (Number)	1,400	1,795	1,000	1,929	1000 SHO's and 1929 interns deployed
3) Salaries paid	3. Salaries paid on time (%)	100	100	100	100	
4) Pension & Gratuity paid	4. Pension and Gratuity paid (%)	100	100	100	100	Some 2 or 3 bounced and registered as residual
5) iHRIS functional	5. LGs with up-to-date iHRIS (%)	15	25	50	141	All districts and 6 municipalities rollout
6) National Health workforce inventory done	6. National Health Workforce Accounts undertaken	-	-	1	Draft report	Report has not been finalized for dissemination
7) Schemes of service, standards of practice and job descriptions developed for Allied Health Professional cadres	7. Health cadres with Up-to-date schemes of service and standards of practice and job descriptions	50	50	100	100	Affected by change of structure for the health sector
8) Multi-sectoral planning for training of health workforce in appropriate skills and numbers	8. MS Committee meetings attended (%)	100	100	100	70	Monthly meetings were convened but all not attended due staffing gaps within the department.
Intervention 2.2 Improve performance management, monitoring and reporting						
9) Improved health worker performance and attendance to duty	9. E-personnel performance management, monitoring and reporting system developed	Under development	1 (Design phase for scale up)	Capacity building	Concept in place	System development concept in place


Outputs	Indicators	Achieved FY 2020/21	Achieved 2021/22	Target FY 2022/23	Performance FY2022/23	Remarks
Intervention 2.3 Undertake continuous training and capacity building for health workers						
10) Continuous Professional Development and training undertaken	10. Annual Training plans based on the TNA	1	1	1	1	
	11. In-service training curriculum and materials in place	1	1	-	NA	
	12. Staff on in-service training (Number)	622	400	20	5,960	584 trained in mosquito net distribution, 300 trained National Health workforce accounts and National Health Market Analysis, 60 trained in ICT, 45 trained in curriculum development, 3974 trained in iDSR, 200 trained in CEmONC, 172 trained in Post Abortion care and 625 trained on surveillance for Vaccine preventable diseases.
	13. Scholarships awarded (Number)	432	65	100	0	No funding
	14. Health Manpower Development Centre functional	1	1	1	1	Mbale MDC is nonfunctional due to gross understaffing, inadequate funding and lack of equipment
	15. Regional hubs functional	-	-	4	0	No funding
	16. Training database updated	1	1	1	1	iHRIS updates

OBJECTIVE 3: INCREASE ACCESS TO NATIONALLY COORDINATED SERVICES FOR COMMUNICABLE AND NON-COMMUNICABLE DISEASE / CONDITIONS PREVENTION AND CONTROL.

There are 28 key outputs and 85 output performance indicators under objective 3, however 9 of the output indicators were not for assessment in year one leaving 76 indicators. The MoH achieved 51.3% (39/76) of the targets, made some remarkable progress in 15.8% (12/76), no progress or decline 31.6% (24/76), and 1.3% (1/76) was not assessed due to lack of data.

TABLE 73: PROGRESS IN IMPLEMENTATION OF STRATEGIC OBJECTIVE 3 OF THE MOH STRATEGIC PLAN

Outputs	Indicators	Achieved FY 2020/21	Achieved 2021/22	Target FY 2022/23	Performance	Remarks
Intervention 3.1 Revitalize public health inspection in collaboration with other MDAs to accelerate WASH (rural and urban) improvement.						
Environmental Health Sanitation & Hygiene (EHS&H) Strategic Plan developed	EHS&H Strategic Plan disseminated and implemented	Draft	Draft	1	Draft	Awaiting presentation to HPAC and TMC
Functional Sanitation and Hygiene Working Group	Sanitation and Hygiene Working Group meetings held (Number)	9	11	4	5	Convened every 2 months
Intervention 3.2 Increase access to inclusive safe water, sanitation and hygiene (WASH) with emphasis on increasing coverage of improved toilet facilities and hand washing practices						
Increased access to inclusive sanitation and hygiene services in rural areas	LGs engaged on the KDS (%)	48	0	100	100	
	Sanitation week commemorated nationally	1	1	1	1	Commemorated in Mbale on the 16 th March 2023
	SCs holding annual sanitation week (%)	No data	0	20	100	All districts commemorate sanitation week
Intervention 3.3 Improved monitoring of hygiene and sanitation						
Functional Hygiene & Sanitation MIS	MIS for hygiene and sanitation established	Under development	Not planned	MIS roll out	Still under development	Completed integration with eCHIS but pending integration with EMR and DHIS2
Intervention 3.4 Strengthen the Community Health program						
Intersectoral Community Health Programs in place	Community Health Strategy developed and disseminated	Draft	Draft	-	Finalised and launched	Strategy was developed and launched for use
of CHEWs operational	CHEW policy and strategy approved and operationalized	Piloting		Implementation	Piloting in Mayuge and Lira	CHEW Policy and strategy still awaiting further consultations
Functional VHTs	Revised VHT guidelines provide for youth inclusion with emphasis on gender	Not planned	Not planned	1	1	Revised guidelines in place
	Trained and toolled VHTs (Number)	14,177	250	10,000	1,270	Training/re-orientation of VHTs could not continue in the other 16 districts due to delayed payment of facilitation for the trained VHTs 1,020 retooled under KOFH (254 Bukomansimbi, 364 Masaka DLG, & 402 Masaka city)

Outputs	Indicators	Achieved FY 2020/21	Achieved 2021/22	Target FY 2022/23	Performance	Remarks
Intervention 3.5 Intensify advocacy, communication and social mobilization for increased awareness and positive behaviour change for all health interventions						
Integrated Health Education and Promotion program in place	Integrated Health Communication Strategy developed and disseminated	1	Strategy developed and implementation ongoing	0	Already in place	
IEC materials developed and disseminated	IEC materials developed / revised (Number) 	10	504	10	2,345	With support from SBICA, WHO, AMREF Health Africa, PSI Uganda, Global Fund and UNICEF. The IEC Materials were developed to respond to Public Health Emergencies & other disease like Marburg, Ebola, Yellow Fever and Malaria
Increased health literacy and utilization of health services	Community engagement / mobilization activities through various means (mass media, campaigns, social media, etc) (Number)	>48	84	48	>100	Various engagements were held including the Community Health Conference at Speke Resort Munyonyo, 459 radio talk shows and 69 TV shows on disease prevention and control with support from SBICA, UNICEF, WHO, AMREF, PATH, Global Fund, World Vision and MoH; 21 Syndicated Media Breakfast Engagements and Journalists meetings with key stakeholders and influencers to create social mobilization and awareness on TB & Leprosy and Malaria, NCDs, Mental Health, HIV/AIDS and Nutrition with support from Baylor Uganda, PATH and USAID; ICHDs message dissemination via U-Report Platform with support from UNICEF. The U-Report addressed 2,286 questions and concerns pertaining to ICHDs
Intervention 3.6 Improve nutrition and food safety with emphasis on children aged under 5, school children, adolescents, pregnant and lactating women and vulnerable groups						
Standards & guidelines for child care facilities in place	Standards & guidelines for child care facilities developed	1	MIYCAN & Baby Friendly Health Initiative guidelines reviewed		Draft	Developing regulations for breastfeeding at the workplace in collaboration with MoGLSD

Outputs	Indicators	Achieved FY 2020/21	Achieved 2021/22	Target FY 2022/23	Performance	Remarks
Breast Feeding/ baby care corners in health institutions established	Work places with breastfeeding corners (%)	2	3	15	No data	
Breast-feeding week commemorated	Annual BF week commemorated	1	1	1	1	
Code of marketing breast milk substitutes adhered to	Commercial outlets and health facilities monitored conforming to the code of marketing (%)	20	0	40	0	No funds yet
Nutritious meals provided at schools	Schools (primary and secondary) visited and sensitized to ensure provision of safe and fortified foods to children (Number)	10	0	20	0	No funds yet
National food fortification policy and law developed	National food fortification policy and law in place	0	0	1 (Law)	0	Update of the Multisectoral food fortification regulations not complete
Hunger and malnutrition reduced	Regulations on sweetened beverages and alcohol developed	RIA ongoing	1 In final stages	-	Draft	To be finalized FY 2023/23
Intervention 3.7 Increase access to immunization against childhood diseases						
Target population fully immunized	New vaccines introduced (Number)	To be introduced in 2022/23	To be introduced in 2022/23	3	3	Introduced IPV2, Hep B birth dose and MR2
	Yellow Fever Vaccination Campaigns (%)	Scheduled for 2022/23	Scheduled for 2022/23	90	70.5	Conducted Yellow fever campaign in 6 regions
	Measles campaigns and SIAs conducted (%)	Not planned for this year	Due 2022/23	95	98	Mop campaign was done in October 2022 and mop up in February 2023 for Ebola affected districts
Intervention 3.8 Reduce the burden of communicable diseases with focus on high burden diseases (Malaria, HIV/AIDS, TB, NTDs, Hepatitis B, epidemic prone diseases and malnutrition across all age groups emphasizing PHC approach						
Reduced morbidity and mortality due to malaria	Uganda Malaria Reduction and Elimination Strategic Plan 2020 - 25 finalized and disseminated	Draft	Draft	-	Draft	UMRESP 2021 - 2025 was developed but yet to be approved by Top Management and disseminated
	Mass LLIN campaigns held (Number)	1 27.4 million LLINs were distributed covering 98% (11,394,589) households.	Not planned for this year	1	1	The LLINS Mass campaign was launched on 25 th April 2023 in Bugiri district. By end of June, 17 LGs with malaria epidemics were covered in wave 1. So far 48 LGs have been covered with the campaign (wave 3) currently on going in 18 LGs.

Outputs	Indicators	Achieved FY 2020/21	Achieved 2021/22	Target FY 2022/23	Performance	Remarks
Reduced morbidity and mortality due to HIV/AIDS	National Malaria days held with mass IPT for malaria (Number)	1	1 SMC conducted in Kotido and Moroto	2	2	National Malaria Day was commemorated in May 2023, & World Mosquito Day was commemorated in August 2023. SMC conducted in Karamoja region
	Health workers in the public and private sector trained in integrated management of malaria (Number)	2,116	3,843	500	660	A total of 22 IMIM trainings were conducted with each training having 30 participants
Reduced morbidity and mortality due to HIV/AIDS	Develop HIV/AIDS 5-year Strategic plan	Not planned	Not planned	-	Not Planned	Strategic plan 2017 – 2022/23 in place
	HIV prevention interventions including IEC materials developed (Number)	10	9	5	7	Developed; Time up HIV campaign, Content creation and sharing on HIV services, Condom distribution through social marketing approach, Prevention of mother to child transmission services, HIV self-testing services, introducing self-test kits for easy use and access, Pre-exposure prophylaxis to prevent HIV for key populations and post exposure prophylaxis
	Condoms procured and distributed (Number)	345 million	192 million	398 million	141 million	Procured and distributed 141,378,884 condoms
	HIV test kits procured and distributed (Number)	5 732 million	9.1 million	3.9 million	13 million	13,084,343 test kits procured and distributed
	High risk population receiving PrEP and PEP (%)	No data	No data	95	98	
	Priority programs integrating HIV care and treatment (TB, Nutrition, Family Planning, Cancer of the cervix screening, Hepatitis B & C screening, HPV Vaccination for girls, Sexual and Reproductive Health, SGBV) (%)	100	100	100	100	HIV care and treatment is integrated with all programs

Outputs	Indicators	Achieved FY 2020/21	Achieved 2021/22	Target FY 2022/23	Performance	Remarks
Reduced morbidity and mortality due to TB/ Leprosy	Service providers trained to manage SGBV cases, deliver integrated youth-friendly HIV, SRH services (Number)	350	269	250	226	
	TB/L National Strategic Plan in place	1 Approved and disseminated	NA Under implementation	-	Not planned	Mid-Term Review was completed in early 2023
Reduced morbidity and mortality due to NTDs in all affected districts in Uganda to a level where they will no longer be of public health importance by 2025	Advocacy and Community engagement activities on TB	6	14	12	14	14 Regional Advocacy and Communication Meetings targeting Decision Makers amongst them Civil Servants, Political, Cultural and Religious Leaders at Regional & District Levels,
	Facilities (HC IVs and IIs) with diagnostics for TB (%)	83	100	82	688	While all 1,765 TB Diagnostic and Treatment Units have at least Microscope, 688 Hospitals, HC IVs and HC IIs have a Molecular diagnostic equipment such as the GeneXpert Machine
	Health workers trained in TB Preventive therapy for contacts (Number)	9	580	400	580	This came through regional trainings during adoption of 3HP as the new TPT Drug
	MDR-TB initiating Hospitals (Number)	17	17	20	18	Luzira Prisons has opened a MDR-TB ward. Kayunga RRH, Yumbe RRH and Apac GH are yet to meet the standards for MDR-TB management
	NTDs mapped to determine endemicity (%)	0	83	20	9	
	Endemic districts (90) achieving elimination of schistosomiasis (%)	0	0	16	0	Schistosomiasis has not been eliminated in these districts.
	High transmission Districts implementing Indoor Residual Spraying (IRS) (%)	32	0	100	17	21 districts; Arua, Madi-Okollo, Terego, Maracha, Koboko, Yumbe, Obongi, Adjumani, Moyo, Amolator, Dokolo, Kalani, Kaberamaido, Butebo, Tororo, Budaka, Pallisa, Kibuuku, Butaleja, Namutumba, Bugiri
	Local Governments undertaking malaria Larval Source Management (Number)	4 (Kisoro, Kabale, Rubanda and Lira)	4 (Kisoro, Kabale, Rubanda and Lira)	15	11	Rukiga, Rubanda, Kabale, Kisoro, Lira district, Lira city, Otuke, Alebtong, Pallisa, Namutumba and Kibuuku.
	Case management centres active for HAT (sleeping sickness) diagnosis in endemic districts (Number)	43	11	43	14	Reduction in disease incidence is affecting performance of most of the facilities.

Outputs	Indicators	Achieved FY 2020/21	Achieved 2021/22	Target FY 2022/23	Performance	Remarks
Intervention 3.9 Prevent and control NCDs						
Reduced NCDs	Multi-sectoral NCD Strategic plan developed		Draft		Draft not yet approved	
	NCD days commemorated (Sickle cell, Mental health, diabetes) (Number)	5	6	3	6	Mental Health Day, Cancer Day, Healthy heart day, DM day, NO tobacco day, sickle cell day
	Media campaigns (monthly) (Number)	12	0	12	3	1 week campaign during NDPA, 1 day during DM and 1 week during the Cancer conference
	Trainers trained in cervical cancer screening using HPV DNA testing and Pap smears (Number)	32	30	360	30	Trained Midwives 20 and 10 Gynaecologists on VIA, I cervical lesion identification and Use of LEEP and Thermo ablation Technologies
	Health workers trained to risk screen for major NCDs like other cancers, CVDs, DM (Number)	2,022	0	150	72	42 health workers trained in Mbarara, sheema and bushenyi by UNICDA blue print pilot project
	Legislation developed to ban use of trans fats in the food-chain	Not planned this year	Not planned this year	1	0	Another 30 trained by UNICD for Nakaseke and Atutur hospital under the NCD Penplus project No law yet
	Salt consumption monitored through survey e.g UDHS, STEPS	Not planned this year	To be undertaken as part of the UDHS 2022		Awaiting UDHS findings	
	National Physical exercise day in place	0 C-19 restrictions	0	1	1	Commemorated on the 18 th June 2023
	Public workplaces with physical exercise initiatives (Number)	0	105	160	105	They are likely to be more than this but no systematic reporting in place
	Intervention 3.10 Strengthen an emergency medical service and referral system					
Nationally coordinated ambulance service and referral system in place	National Emergency Medical Services Policy and Strategic Plan in place.	Cabinet memo submitted	1 Approved by Cabinet and launched on 18 th November 2021	0	Not Planned	
	Regional Ambulance Hubs established (Number)	2	2	2	2	The 2 functional regional hubs are at Naguru National referral hospital and Masaka regional referral hospital.
	Ambulances procured (Number)	116	12	50	62	62 Type B ambulances road ambulances (Basic Life Support and Type C (Advanced Life Support) with partner support from Global Fund and UCREPP

Outputs	Indicators	Achieved FY 2020/21	Achieved 2021/22	Target FY 2022/23	Performance	Remarks
	EMS cadre trained (in-service) (Number)	460	4,438	400	3,654	The actual number trained exceeded the target due to partner support.
	Referral guidelines disseminated	Finalized	Na	-	Not planned	Guidelines to be reviewed
	RRHs with functional ICUs & HDUs (Number)	14	16	16	16	All RRHs have functional ICUs/HDUs
Intervention 3.11 Improve maternal, neonatal and child health services at all levels of care						
Reduced maternal, neonatal and child mortality	Costed RMNCAH roadmap 2020 - 25 disseminated	Draft	1	-	Not planned	
	RMNCAH Parliamentary Forum Advocacy meetings for increased financing for RMNCAH (Number)	0	1	4	1	MPs were engaged in other national meetings
	Primary Health workers trained in New-born Care (Number)	150	600	300	600	The recruitment of professional bodies by URMCHIP supported more regional trainings of HWs in new-born care
	MCH Guidelines, SOPs/manuals developed	3	3	2	7	EMNCCG, SRHR/HIV/GBV/TB strategy, ICCM, IMNCI, ANC communication strategy, RMNCAH Investment case, & ADH policy
	Districts implementing Integrated Community Case Management (iCCM) strategy (%)	59	53	85	82	Next FY-plan to expand to more 32 districts
Intervention 3.12 Improve adolescent health services						
Reduced teenage pregnancies	Health workers re-oriented in Adolescent and youth friendly Health services (Number)	343	700	400	700	Availability of additional funding from partners facilitated training of more health workers.
	Adolescent Health Policy developed and disseminated	Draft	Draft Stakeholder consultations still ongoing	1	Draft	Harmonization with NHP as per guidance from Cabinet Secretariat
Intervention 3.13 Increase access to Sexual and Reproductive health Services with special focus on Family Planning and age appropriate information						
Improved Sexual and Reproductive Health	FP Implementation Plan developed	Draft	1	-	Not planned	In place
	SRH&R Strategic Plan disseminated	Draft	Dissemination	-	Not planned	In place
	Health workers trained in FP counselling and provision (Number)	240	500	300	652	

Outputs	Indicators	Achieved FY 2020/21	Achieved 2021/22	Target FY 2022/23	Performance	Remarks
	Obstetric fistula camps organized (Number)	22	12	2	12	380 health workers were trained in birth injury repair and 620 women managed (quality of life and dignity restored) IPs also supported LGs in conducting obstetric fistula camps and a total of 1,863 repairs were reported in the DHIS-2
	Districts with District Male Engagement Plans (%)	0	30	100	30	
Intervention 3.14 Improve the National Health Laboratory Services						
Increased access to quality laboratory services	National Laboratory Services Strategic Plan developed	1	1	-	Done	Approved by HPAC and TMC
	Standards, guidelines, manuals and SOPs developed and disseminated (Number)	6	2	3	2	Biosafety and Bio Security Guidelines, and the Equipment Guidelines
	Test Menu reviewed and disseminated	1	0	-	0	To be reviewed and updated in FY 2023/24
	Updated Lab supplies List	1	To be reviewed and updated in the FY22/23	-	0	To be reviewed and updated in FY 2023/24
	Annual quantification done	1	1	1	1	Done for all Lab supplies
	National database of all laboratories in the country showing capacities, location and affiliation.	Not planned	Scheduled for implementation in FY 2022 / 2023	1	0	Scheduled for FY 2023/24
	Lab PPP strategies established (Number)	0	Scheduled for implementation in FY 2022 / 2023	5	2	Two PPP MOUs were signed and are being implemented between NHLDS/MOH and Abbott through Lifecare
	Laboratory infrastructure improved (Number)	4	No data	40	13	6 RRHs (Arua RRH, Mbarara RRH, Lira RRH, Masaka RRH, Jinja RRH, Kabale RRH, Gombe GH, Kalangala HC IV, Kapchorwa GH, Soroti RRH, Kaberamaido GH, Serere HC IV, Kilembe Mines GH, Ntara HC IV, Kakindo HC IV
	Hubs equipped (Biosafety Cabinets, waste treatment autoclaves, cold storage facilities, etc) (Number)	4	No data	30	89	equipped with the following lab equipment; Fridges (12 hubs); Centrifuges (10); and Credo boxes (80 hubs) In addition to the hubs, 60 other health facilities were equipped with the following; Centrifuges (34 facilities), Fridges (32 Facilities), and Credo Boxes (12 facilities)

Outputs	Indicators	Achieved FY 2020/21	Achieved 2021/22	Target FY 2022/23	Performance	Remarks
	ToT for laboratory SPARS done	1	1	-	1	16 health regions, and performed under the regionalization approach by the regional Lab SPARS experts. These experts performed TOT for district assessors. The trained health regions include; West Nile, Acholi, Karamoja, Lango, Bunyoro, Teso, Elgon, Bukedi, Busoga, North Buganda, South Buganda, Ankole, Kigezi, and Toro.
	Annual refresher training on use of Laboratory Web based ordering system (Number)	1	Scheduled for implementation in FY 2022 / 2023.	1	0	Scheduled for implementation in FY 2023 / 2024
	Laboratories mentored on ISO implementation (Number)	10	23	25	25	23 health laboratories from 20 districts were trained and mentored in the implementation of ISO 15189:2012 with particular focus on Corrective Action, Preventive Action (CAPA) and Management Review (MR)
	Mentorships visits to facilities implementing for laboratory SPARS (quarterly) (Number)	2	4	4	4	The coverage included; 181 health facilities from 28 districts in Q1; 158 health facilities from 21 districts in Q2; 194 health facilities from 25 districts in Q2, and 124 health facilities from 16 districts in Q4.
	Regional DOAs for national and sub national databases and information systems (Number)	1	0	4	0	Scheduled for implementation in FY 2023 / 2024, Q1

OBJECTIVE 4: STRENGTHEN DISEASE SURVEILLANCE, EPIDEMIC CONTROL AND DISASTER PREPAREDNESS AND RESPONSE AT NATIONAL AND SUB-NATIONAL.

There are 5 key outputs and 15 performance indicators under objective 4. The MoH achieved 60% (9/15), and little progress or no achievement for 40% (6/15) of the performance indicators for the year. Pending or partially implemented outputs include; finalization and approval of the IES&PHE Strategic Plan, establishment of ISSS in all referral hospitals, and those related to prevention, control and response to zoonotic diseases as well as functionalization of the LG One Health Teams.

TABLE 74: PROGRESS IN IMPLEMENTATION OF STRATEGIC OBJECTIVE 4 OF THE MOH STRATEGIC PLAN

Outputs	Indicators	Achieved FY 2020/21	Achieved FY 2021/22	Target FY 2022/23	Achievement	Remarks
Intervention 4.1 Develop national capacity for integrated disease surveillance and management of national and global health risks.	Epidemic diseases timely detected and controlled					
	IES&PHE Strategic Plan developed	Draft	Draft	1	Draft	Presented to SMC and HPAC, awaiting presentation to Top management
	Revised IDSR Guidelines Version 3 rolled out (Number)	Tot for National trainers conducted	41	110	120	120 districts covered in 12 Health Regions of Lango, Karamoja, Sezibwa, Greater Kampala, Wakiso, Bunyoro & Rwenzori/Tooro, Ankole, Kigezi, Busoga, Teso, West Nile, Bukedi and Bugisu. Implementation in Acholi, and some districts in North and South Central still pending.
	Districts using revised IDSR Guidelines Version 3 to detect early and report Public Health threats within 24 Hours (Number)	0	41	110	120	120 districts covered in 12 Health Regions of Lango, Karamoja, Sezibwa, Greater Kampala, Wakiso, Bunyoro & Rwenzori/Tooro, Ankole, Kigezi, Busoga, Teso, West Nile, Bukedi and Bugisu. Implementation in Acholi, and some districts in North and South Central still pending.
	Integrated sentinel surveillance sites established (Number)	Not planned	23	17 (NRH & RRHs)	8	Arua RRH, Entebbe RRH, Fort Portal RRH, Mbarara RRH, Kiruddu RH, Gulu RRH, Mulago NRH & Jinja RRH
	Districts supported in early reporting of priority diseases (Number)	135	109	32	118	e-IDSR rolled out in 118 districts from 12 region of Ankole, Kigezi, Masaka, Mubende, Karamoja, Kampala, Wakiso, West Nile, Acholi, South central, North central and Lango. Implementation in the 3 regions (28 districts) Acholi, Bunyoro and Toro is still pending
	LGs trained to prepare and respond to PHEs (Number)	135	25	30	64	64 districts from 6 regions were trained and Rapid Response Teams constituted; West Nile, Bugisu, Bunyoro, Tooro, North Central and Kigezi

Outputs	Indicators	Achieved FY 2020/21	Achieved FY 2021/22	Target FY 2022/23	Achievement	Remarks
	LGs affected by major PHEs supported (Number)	135	15	15	25	<ul style="list-style-type: none"> Responded to the EVD outbreak in 9 districts of Mubende, Kassanda, Kyegegwa, Bunyangabu, Kagadi, Kampala, Masaka, Jinja and Wakiso 5 high risk districts bordering Tanzania (Kyotera, Rakai, Masaka, Kalangala and Isingiro) for Marburg outbreak preparedness 5 districts of Mbale, Sironko, Bududa, Bulamuli and Mbale City in Mbale region following a public health event of flooding causing mass mortality and morbidity Control of Anthrax in Kazo Prevention and control of Rift valley fever in 5 districts of Isingiro, Mbarara, Mbarara City, Rakai, Kyotera
Zoonotic diseases prevented, detected, responded and controlled	DHT Trained (%)	4.4	20	75	10	Trained and Formulated OH teams in 10 districts of Kiboga, Koboko, Adjumani, Mpigi, Masaka, Kalangala, Amuru, Kalungu, Lwengo and Sembabule
	Ministries departments and agencies handling zoonotic diseases (%)	75	75	75	19	MoH, MAAIF, MWE, UWA, TDDA, USAID, SBCC, AFROHUN, CSOs, BUILD UGANDA-ILIRI, MoIA, DGAL, WHO, President's Office, FAO, RESOLVE-IDI, IDI-GHS, OPM
Functional National and District One Health teams in place.	Sectors and disciplines participating in One Health issues (%)	42	50	80	19	MoH, MAAIF, MWE, UWA, TDDA, USAID, SBCC, AFROHUN, CSOs, BUILD UGANDA-ILIRI, MoIA, DGAL, WHO, President's Office, FAO, RESOLVE-IDI, IDI-GHS, OPM
	Planning meetings held (Number)	20	20	45	4	These meetings include the routine quarterly meetings

Outputs	Indicators	Achieved FY 2020/21	Achieved FY 2021/22	Target FY 2022/23	Achievement	Remarks
	Strategies developed at the national and district level (Number)	3 One Health Strategy, One Health Communication Strategy, Draft National Strategy for coordinated surveillance of zoonotic diseases	8	5	8	National Level: National Emergency Preparedness plan Contingency plans for Anthrax, Pandemic Influenza, Monkey pox and yellow fever developed The Public Health Act of 1935 was amended and Rules and Regulations for notifiable diseases Multi-Hazard plan for PHEs NAPHS Reviewed PoE specific Public Health Emergency Plan RRT operational manual.
Intervention 4.2 Strengthen the disaster and Public Health Emergency coordination mechanisms at regional to inform disaster response						
Functional coordination mechanisms at regional level to inform pandemic /epidemic response	Global and regional protocols agreed and signed by the governments, to respond to global pandemics (Number). Regional and cross border meetings held (Number)	2	1	2	3	IGAD cross border surveillance, EAC treaty, OSBP Act
Community-level awareness, preparedness and response strengthened	To T and refreshers for capacity building for community-level awareness, preparedness and response (Number)	4	2	4	11	South Sudan- Uganda, IGAD member states meeting, Tanzania – Uganda meetings, DRC – Uganda meetings, meeting with 12 countries supported by the Uganda Red Cross Society 6 Districts for CBS (community Based surveillance), 11 districts on EVD, 5 districts on Marburg outbreak preparedness, 64 districts on DRR, 120 districts on IDSR

OBJECTIVE 5: ENSURE AVAILABILITY OF QUALITY AND SAFE MEDICINES, VACCINES AND TECHNOLOGIES.

There are 12 key outputs and 13 performance indicators assessed under objective 6 and 1 of the indicators was not planned for assessment this year. The MoH achieved 42% (5/12) of the indicators assessed, made some progress in 16% (2/12) and failed to achieve target on 42% (5/12) due to lack of funding.

TABLE 75: PROGRESS IN IMPLEMENTATION OF STRATEGIC OBJECTIVE 6 OF THE MOH STRATEGIC PLAN

Outputs	Indicators	Achieved FY 2020/21	Achieved FY 2021/22	Target FY 2022/23	Performance FY 2022/23	Remarks
Intervention 5.1 Ensure proper forecasting and quantification of the national essential medicines and health supplies requirements						
Medicines and health supplies availed	Health workers trained in Supply Chain Management (Number)	269	2,763	200	1,120	These were conducted through the 4 Quarters of FY2022/23.
	Hospitals and HC IVs with functional Medicines & Therapeutic Committees,	No data	No data	60	143	The targeted Levels of care have documented minutes from the MTCs and there are follow up mechanisms at the 22 RRHs & the 121 General Hospitals.
Integrated supply chain management system	Health commodities integrated in the national supply chain management system (%)	100	85	100	100	All health commodities have been integrated
Operational framework in response to public health emergency threats in place	National Medical Counter Measures Supply Chain Plan developed	Not planned	Plan in place	0	1	The National MCM Plan was developed pending signatures from the line Ministries like MAAIF.
Intervention 5.2 Strengthen the pharmaceutical information management systems to enhance traceability and accountability of EMHS.						
e-LMIS system scaled up to all health facilities	Health facilities utilizing the e-LMIS (%)	36 (715 public facilities)	40	70	90 (1,348/1,500)	
Intervention 5.3 Slow down and control the spread of resistant organisms						
National Antimicrobial Consumption and Use surveillance plan developed	Antimicrobial Consumption and Use surveillance plan developed	Not planned	Not planned	1	0	Lack of funding
Surveillance of antimicrobials use in human health done	Antimicrobial consumption and use surveillance reports (Number)	1	2	1	0	Lack of funding
Intervention 5.4 Develop a reporting platform for monitoring implementation of ADR reporting and management at health facilities.						
Community and consumers sensitized on appropriate medicine use, antimicrobial stewardship and patient reporting of suspected ADR.	Community sensitization activities (Number)	Not planned	0	10	0	Lack of funding

Outputs	Indicators	Achieved FY 2020/21	Achieved FY 2021/22	Target FY 2022/23	Performance FY 2022/23	Remarks
Intervention 5.5 Promote local pharmaceutical manufacturing in Uganda.						
Pharmaceutical Industrial Park established	A PPP investment plan for production of medicines and health supplies in place	Not planned	Concept note developed	1	Presented to WG	
Intervention 5.6 Strengthen pricing mechanism for health commodities						
National Medicines Formulary including indicative prices disseminated	National Medicines Formulary including indicative prices finalized	Not planned	Draft in place	1	0	Lack of funding by NDA
Intervention 5.7 Integration of Traditional and Complementary Medicines in medical practice in Uganda.						
Situational analysis of the Traditional and Complementary Medicines (TCM) conducted	TCMs situation analysis undertaken	Not planned	Not planned	1	0	Lack of funding.
National Formulary for TCM products developed	National Formulary for TCM products in place	Not planned	Not planned	-	Not planned	We need to have the council of TCM. The process is ongoing.
Intervention 5.8 Establish an efficient, safe and environmentally sustainable Healthcare Waste Management System.						
Guidelines on HCWM revised and disseminated.	Guidelines revised and disseminated.			1	Consultant engaged	

OBJECTIVE 6: IMPROVE FUNCTIONALITY AND ADEQUACY OF HEALTH INFRASTRUCTURE AND LOGISTICS.

There are 8 outputs and 24 performance indicators under objective 5. The MoH achieved 79% (19/24), made some progress for 1 indicator and there was minimal or no progress in 4 /24 (16.7%)—which included development of the National Master Plan for establishment, expansion and maintenance of public health infrastructure, establishment of centres of excellence, establishment of 2 new RRHs and procurement of blood storage facilities for the lower-level health facilities.

TABLE 76: PROGRESS IN IMPLEMENTATION OF STRATEGIC OBJECTIVE 6 OF THE MOH STRATEGIC PLAN

Outputs	Indicators	Achieved FY 2020/21	Achieved FY 2021/22	Target FY 2022/23	Performance	Remarks
Intervention 6.1 Develop and upgrade health infrastructure						
Planned expansion of health infrastructure	National Master Plan for establishment, expansion and maintenance of public health infrastructure developed	Not planned	0	1	0	Process ongoing
	Centres of excellence established commissioned and functional (Number)	1	Not planned	1	0	Lubowa International Specialised Hospital construction is still ongoing.
Construction, rehabilitation / expansion and equipping of health facilities	New Regional Referral Hospitals established (Number)	2	Not planned	2	0	No new RRH established
	General Hospitals constructed or upgraded (Number)	2	4	4	2	Buwenge and Koboko General Hospitals under construction
	General Hospitals rehabilitated (Number)	1	2	3	3	Busolwe, Gombe and Kambuga General hospitals rehabilitated
	HC IIs constructed (Number)	2	12	56	56 (under construction)	56 HC IIs constructed and at different levels of completion. (44 upgrades from HCII to HCIII, and 12 new constructions)
	HC IVs constructed / renovated (Number)	2	9 Bugaya, Kumi, Ongicha, Kazo, Apapai, Butebo, Kityerera, Bukuya and Kachumbaia HC IVs	5	16 (under construction)	10 HC IIs allocated funds for upgrade to HC IVs, and 6 HC IVs for renovation
	HC IIs upgraded to HC IIIs (Number)	64	37	0	44	44 upgrades from HC II to HC III and are still under construction
	HC IIIs renovated (Number)	0	43	0	11	11 HC III renovations under GOU
	MoH headquarters rehabilitated and retrofitted.	1	1	1	1	Mechanical and Electrical works were done complete

Outputs	Indicators	Achieved FY 2020/21	Achieved FY 2021/22	Target FY 2022/23	Performance	Remarks
Improved health care waste management	High-capacity regional incinerators constructed, equipped and operationalized (Number)	Not planned	Procurement initiated	3	4	KCCA, Lira RRH, Gulu and Mbarara RRHs. Construction is still ongoing
Increased availability of safe blood	Blood Banks constructed (Number)	Not planned	1 (Soroti RBB)	2	3	Hoima, Soroti and Arua blood banks still under construction
	Blood storage facilities (fridges) procured (Number)	42	15	20	0	No procurements were done
Increased coverage of health workers accommodation	Public health sector staff houses constructed (Number)	100	53	35	53	9 under KIDP1 and 44 HC IIs under the upgrades
Intervention 6.2 Improved capacity for operation and maintenance of medical equipment						
Functional medical equipment	Medical Equipment Policy developed	Not planned	0	1	1	National Medical Equipment Guidelines developed awaiting to be launched
	Medical Equipment list and specifications reviewed	Not planned	Review ongoing at 80%	0	1	Component of the National Medical Equipment guidelines
	Medical equipment inventory maintained and updated	1	1	1	1	In the NOMAD App
	Fully equipped and adequately funded equipment maintenance workshops (%)	12	30	50	80	
	Health workers trained in Medical Equipment Use (Number)	25	200	200	200	Workshop maintenance teams from all regions trained on a quarterly basis
Intervention 6.3 Procure, distribute and maintain appropriate medical equipment at all levels of health service delivery.						
Health facilities at all levels equipped with appropriate and modern medical and diagnostic equipment.	Basic equipment available at lower-level health facilities (%)	No data	70	60	70	
	HC IIs equipped (Number)	0	50	12	232	124 HCIII equipped by URMCHIP and 108 under UGFT
Functional MoH fleet	No. of HC IVs equipped	Not planned	45	5	45	45 HCIII equipped by URMCHIP
	Vehicles procured (Number)	439 72 GAVI, 65 C-19 Donations, 20 URMCHIP, 282 C-19 Fund	55	25	156	GFTAM (39 Ambulances, 3 Mobile Clinics, 32 Trucks, 15 Pickup, 1 station wagon). KOFIH (2), UCREPP (44 Ambulances), UNICEF (3), GOU (1), URMCHIP (6 Ambulances, 10 Pickups)
	No. of motorcycles procured	898 100 URMCHIP, 657 GAVI, 122 GFTAM, 19 C-19 Donations	Not planned	100	325	Motorcycles: 50 GF, 30 KOFIH, 220 UCREPP, 25 URMCHIP.

OBJECTIVE 7: ACCELERATE HEALTH RESEARCH, INNOVATION AND TECHNOLOGY DEVELOPMENT

There are 8 key outputs and 8 performance indicators for objective 7. The sector achieved 50% (4/8) and made no progress in 50% (4/8) of the planned outputs. Lack of funding has affected development of the National Health Research and Innovation Strategy, MoH Research agenda, establishment of the National health research knowledge translation platform and database platform

TABLE 77: PROGRESS IN IMPLEMENTATION OF STRATEGIC OBJECTIVE 7 OF THE MOH STRATEGIC PLAN

Outputs	Indicators	Achieved FY 2020/21	Achieved FY 2021/22	Target FY 2022/23	Performance FY 2022/23	Remarks
Intervention 7.1 Establish the national health innovation cluster						
National Health, Research and Innovation strategy developed and disseminated	National Health, Research and Innovation strategy developed and disseminated	0	0 Concept note developed but no funding	-	0	No funding
Intervention 7.2 Develop a MoH research agenda						
MoH research agenda	MoH research agenda developed annually	0	0	1	0	No funding
Intervention 7.3 Evidence generation						
Health Surveys undertaken	Health surveys conducted (Number)	3	2 NHA 2016/17 – 2017/18, Client Satisfaction Survey	3	3	Client satisfaction for Acholi sub region, HHFA, NHA 2018/19 – 2019/20
Intervention 7.4 Conduct basic epidemiological, applied, interventional and operational research.						
Research conducted and published	Researches / studies conducted (Number)	53	10	10	>10	Dipivirine ring and Truvada in PrEP, New TB drugs study, Bee Venom extract clinical trial,
Intervention 7.5 Establish a national health research knowledge translation platform and data base.						
A National health research knowledge translation platform and data base developed	National health research knowledge translation platform and data base in place	Not planned	0	1	0	No funding
Intervention 7.6 Digitalization of the HIS						
GIS coding of health facilities done	Health facilities coded (%)	100	100	100	100	All health facilities coded
National Health Information Exchange Registries (Client, Health Workers, Health Facilities and Health Product) developed	NHIER operational	TORs developed and consultancy services procured	1	1	1	All registries including Client, Health Workers, Health Facilities and Health Product are functional to be launched in FY 2023/24
Intervention 7.7 Establish the national health innovation cluster						
National health innovation cluster operationalized	Health innovations and technologies developed and supported (Number)	0	0	5	0	Unfunded priority

4.2 PROGRESS IN IMPLEMENTATION OF THE HEALTH SECTOR PROJECTS

Project Title	Start Date	End Date	Forecast Disbursement FY 2022/23	Actual Disbursement FY 2022/23	Progress / Remarks
Rehabilitation of Busoive	1/07/2017	30/06/2023	UGX 9.88 billion	UGX 3.31 billion	Refurbishment and equipping of Busoive General Hospital ongoing percentage of progress 67%
Construction and equipping of the International Specialized Hospital in Uganda	2019/20	30/06/2020	USD 249.9 million	0	Progress is at 24% and MOH has thus far certified works amounting to USD 55,672,241. There is no construction works ongoing.
Uganda Reproductive Maternal and Child Health Services Improvement Project	1/07/2017	30/06/2022	USD 46 million	USD 29,034,405	<ul style="list-style-type: none"> The project is winding up after the expiry date of 31st December 2022; Civil works delayed to start so the forecast was not realized Contracting was delayed in the change of the developer of the NIRA system which delayed the absorption of funds
Uganda COVID-19 Response and Emergency Preparedness Project	3/08/2021	31/12/2024	USD 195,500,000	USD 102,164,554 million	Project became effective in August 2021 but funds were disbursed in October 2021. Implementation is ongoing
Global Fund for AIDS, TB and Malaria (NFM 2, NFM3, NFM 4)	1/07/2010	30/06/2025	UGX 927,703,867	UGX 927,703,867 released Expenditure – UGX 618,751,906	Some especially commodity statements from the Global Fund Wambo procurements for April to June have not been reflected in the system yet
GAVI Vaccines and Health Systems Strengthening Support	1/07/2017	30/06/2023	UGX 85 billion	UGX 85 billion released Expenditure – UGX 72 billion	There was delayed approval from the donor for the funds budgeted for the MOH towers, so funds were not spent. There was no yellow fever vaccine for Karamoja region, so implementation was pushed to FY2023/24
Construction of 138 Health Centre IIIs in sub counties without any health facility	2020/21	2024/25	UGX 276 billion	0	Funding goes directly to district LGs. However, 31 new HC IIIs have been constructed with 107 still remaining.
Italian Support to the Health Sector Development Plan Karamoja Staff Housing Project - Phase I	2017/18	2022/23	UG X 2,461,000,000 (GOU Counterpart funding to finalize works	UG X 2,180,000,000	The scope of work is construction of 68 twin staff houses. 66 staff house so far completed. Project is at 95% left with Kalita HCIII in AMudat and Lemusui HCIII in Nakapiripit still under construction. All staff houses were handed over and in use apart from the facilities in Moroto & Napak that have not been yet handed over.

Project Title	Start Date	End Date	Forecast Disbursement FY 2022/23	Actual Disbursement FY 2022/23	Progress / Remarks
Italian Support to the Health Sector Development Plan Karamoja Infrastructure Development Project - Phase II	2021/22	2024/25	Euros 5 million	0	<p>The scope is:</p> <ul style="list-style-type: none"> 6 new health centre IIs and 29 other health facilities rehabilitated (staff houses, maternity/general ward, OPD, fencing) 6 Ambulances procured 18 motorcycles 9 Public Address systems <p>The Financing agreement was signed in November 2022; however, project is still awaiting advise from the President to commence.</p>
Upgrade of ICUs in all RRHs, HDUs in all RRHs and GHs	2020/21	2024/25	UGX 20 billion	UGX 1.5 billion	20 pieces of ICU beds procured
Improvement of Radiology Services in RRH and General Hospitals	2020/21	2024/25	USD 50.7 millions	0	CT scans were procured and installed in 14 RRHs
Establishment of Electronic integrated and patient management record system	2020/21	2024/25	UGX 109.481 billion	0	<p>National referral Hospitals Kiruddu, Naguru, and Mulago Specialised Women's hospital have been fully digitised. Butabika, and Kawempe are partially digitised awaiting completion of LAN and additional computers.</p> <p>Regional Referral 5 more RRHs (Lira, Jinja, Masaka, Mubende, and Kayunga) have been digitised whereas Entebbe and Yumbe are ready for rollout as well. The remaining RRHs that include Kabale, Fortportal, Mbarara, Mbale, Soroti, Moroto, Gulu, Fort portal, Hoima are awaiting LAN upgrades.</p> <p>General Hospitals Cabled LAN established 31 GHs was. All these 31 GHs were equipped with a basic set of computers and just awaiting system rollout</p> <p>HC IV Procured computers for 100 HC IV supported by the global fund although LAN is yet to be established</p>
Functionalizing neonatal intensive care units (NICUs) in all RRHs and select GHs	2020/21	2024/25	UGX 20 billion	0	For all RRHs and 25 General hospitals

Project Title	Start Date	End Date	Forecast Disbursement FY 2022/23	Actual Disbursement FY 2022/23	Progress / Remarks
Renovation and equipping of 15 General Hospitals (Abim, Apac, Atatur, Bugiri, Bundibugyo, Iganga, Gomba, Kagadi, Kambuga, Kitagata, Kitgum, Kyenjojo, Lyantonde, Pallisa and Masindi).	2020/21	2024/25	UGX 687.6 billion	UGX 6.36 billion	Gombe sites were completed. Funds have been released for other sites; Koboko – 500m Buwenge – 400m Luwero – 1.5b Amuria – 460m Kambuga – 1b Kitgum – 1.5b Masindi - 1b
Establishing 12 regional Ambulance hubs	2020/21	2024/25	UGX 3 billion	0	There were no funds disbursed this FY2022/23
Establishment of a National Medical Equipment Maintenance Service / System	2020/21	2024/25	UGX 10 billion	0	All the National and RRHs have equipment maintenance workshops. A national equipment maintenance workshop is to be set up at MoH Equipment maintenance workshop at Wabigalo. The workshops are not fully functional due to the inadequacy in equipment, staff and skill sets.
Establish permanent Port Health Services at 24 Points of Entry (2 high volume, 11 medium and 11 low volume).	2020/21	2024/25	0	0	Busia at 90%, Elegu at 50%, Cyanika at 95%, Vurra at 95%. Work has not started in Mirama hills because land has just been secured.
Construction and equipping of Regional Blood Bank at Soroti	2020/21	2022/23	UGX 4.5 billion	UGX 4.5 billion	Work commenced and it's at 90%

Infrastructure Development Pictorials



Regional Oncology Centre in Anua



CT Scans installed in 14 RRHs



Malaba Border Port Health Unit



Launch of the NDA Pharmaceutical, Microbiology Laboratory, 22nd November 2022

4.3 PROGRESS IN IMPLEMENTATION OF THE 28TH JRM AIDE MEMOIRE

Performance Issue / Gaps		Priority Actions/ Recommendations	Progress
1. Service Delivery			
1.1	Poor infection prevention and control (IPC) measures and practices across all health facilities leading to wide-spread health facility acquired infections and increasing antimicrobial resistance	<ol style="list-style-type: none"> i. Communicate to all RRH and local governments to functionalise IPC committees at all Health facilities ii. Revision of the IPC Guidelines 2013 and development of the IPC Strategic Plan 	<p>A circular was sent to all RRH Directors and LGs and Clinical Services Department is to follow up on implementation.</p> <ul style="list-style-type: none"> • The National IPC strategic plan has been finalised and is ready for presentation at different level for approval • The National guidelines for IPC of 2013 is currently under review and will be finalised by end of November 2023
1.2	Inadequate funding for health promotion and preventive services at community level	Advocate for increased financing for disease prevention and health promotion at community level. (Implementation of the Community Health Strategy)	<p>Ongoing</p> <p>Developing an Investment case for the Community Health Strategy, and a model of financing for community health interventions that enhances efficiency of resources and multi-program synergy for community health interventions is under development</p> <p>The two documents will guide resource mobilisation as well partner mapping and participation for community level interventions</p>
1.3	Sub-optimal community awareness and engagement on public health challenges	Disseminate and monitor implementation of the National BCC messaging schedule to all LGs and Partners	The National Health Education and Awareness Calendar 2023' was finalized and disseminated to provide guidance to all partners and Local governments on key messages that need to be provided to public at specific time.
1.4	Inadequate supply and access to blood and blood products	<ol style="list-style-type: none"> i. Completion and equipping of RBBs in Arua, Hoima and Soroti ii. Engage Private Sector in blood donation drives iii. Equipping and accreditation of Health Centre IVs to provide blood transfusion services 	<p>The blood banks at Soroti, Arua and Hoima are 90% complete. Equipment to be procured this FY.</p> <p>Many blood donation drives were conducted with partners including the Army, Police, Nabbanja Farmers Activity, Grants Thornton, NSSF, Banks, Faith Based Organisations, Kabaka foundation, etc and the outcome was very good.</p> <p>Pending due to inadequate funding</p>
1.5	Trauma due to other causes accounted for 64% of all injuries followed by RTI at 25%	<ol style="list-style-type: none"> i. Engage Key MDA to develop a Joint Action Plan to reduce RTI ii. Develop the Call and Dispatch Universal Access system 	<p>A multisectoral Coordination Committee meeting was convened and attended by Academia, MoWT, KCCA, MoH and other MDAs, and a Joint action plan developed</p> <p>However, there is need for advocacy for more resources to involve more stakeholders, including MoIA and Transportation sector, Urban Authorities and LGs</p> <p>Funding for One National Ambulance Call and Dispatch centre and 4 regional Ambulance Call and Dispatch centres was secured (Mulago, Arua, Lira, Mbale and Mbarara) and Arua RRH Dispatch center construction contract has been awarded while others are at procurement stage.</p> <p>The ambulance call and dispatch communication system for the functionalization of 912 short code is in advanced stage of procurement.</p>

Performance Issue / Gaps	Priority Actions/ Recommendations	Progress
<p>iii. Popularise the Universal Access Code (992)</p>	<p>iii. Popularise the Universal Access Code (992)</p>	<p>The Universal Access Short code (912) was allocated by Uganda Communication Commission but not yet ready for popularization until the software communication system is procured, installed and above is functional</p>
<p>1.6 Substance abuse disorders increased by 156%</p>	<p>Conduct Public awareness campaigns to prevent substance Abuse (Target Schools, Families, Places of Worship) using a Whole of Society approach</p>	<p>Oriented teachers, student leaders, religious leaders, political leaders and journalists on the harm related to tobacco and other substances in Gulu, Arua, Entebbe and Mbarara Oriented 80 Members of parliament on harm related alcohol use and their legislative role in alcohol and substance use control.</p>
<p>1.7 There is a high dropout rate for HPV 2 vaccination for 10-year-old girls from 105% coverage for HPV 1 to 56% for HPV 2.</p>	<p>i. Community sensitization on the value of HPV vaccination using various channels and segmented audiences</p> <p>ii. Integrate HPV Vaccination into the Child Health Days and School Health Program</p>	<ul style="list-style-type: none"> HPV Revitalisation Plan including Advocacy Communication Social Mobilisation activities developed and due for implementation. HPV public awareness campaigns through radio done during ICHDs campaigns. As of July 2022/23, HPV registered a record high of 157 1% while HPV 2 registered 74% from 56% HPV is now integrated in the ICHDs activities Plan to Digitize the School registration to ease tracking and recording of girls for the second dose, as well as integrating HPV in the school health program
<p>1.8 Malaria is still the leading cause of illness; the country is experiencing a malaria epidemic</p>	<p>i. Effective and efficient SBC for mindset change for community action</p> <p>ii. Implement targeted interventions for high burdened areas (IRS, Larviciding, SMC)</p>	<ul style="list-style-type: none"> An intense Comprehensive Mass Media campaign was conducted in August 2023 as part of the LLIN campaign with a reach of over 70% across the country (IPSOS) to increase net coverage and create a net culture from 57% to 85%. A new Malaria campaign – "Malaria is a thief" was started over 8 radio stations and 2 TV stations to increase the risk perception for Malaria. Integrated Health Provider Communication programs have been conducted in 83 districts covering 996 facilities reaching out to 199,920 Health workers. They have trained Health workers on the importance of public health communication to clients on the benefits of Malaria prevention and control. Production of Information materials; A total 1,000 counselling guides for VHTS and Health were printed and distributed to 72 facilities in each of the districts in the country 10,000 Aprons were printed and distributed to health facilities in high burden districts. IRS using Actellic 300 CS was implemented in 7 districts in Bukedi region including Butaleja, Budaka, Tororo, Butebo, Pallisa, Namutumba and Bugiri. Larviciding conducted in 10 districts across 3 regions in 2023 including Kigezi region, Eastern, Lango region: Rubanda, Kabale, Kisoro, Lira, Lira City Alebtong, Otuke, Pallisa, Namutumba and Kibuuku. Seasonal Malaria Chemoprevention for children under five years was conducted 9 districts in the Karamoja region including Moroto, Kotido, Nakapiripiri, Amudat, Nabilatuk, Abim, Napak, Kaabong, and Karenga
<p>iii. National LLIN distribution campaign</p>	<p>iii. National LLIN distribution campaign</p>	<p>Ongoing and a total of 11.7million out of the 28 million LLINs have been distributed across 62 districts. Plan to cover the whole country by end of November 2023</p>

Performance Issue / Gaps	Priority Actions/ Recommendations	Progress
<p>1.9 Viral Load suppression for PLWHAs on ARVs is 96% (target 95%) however, ART retention at 12 months was 83% below target of 95%.</p>	<p>Identify causes of drop out and develop interventions to address this</p>	<p>ART retention is still below target and varies from 82% among children; 73% among adolescents; 82% among adults aged 20+ years Factors leading to low retention are yet to be identified and addressed</p>
<p>1.10 Prematurity and other neonatal conditions are now the leading cause of health facility deaths among all ages accounting for 10.3% (5,899 / 57,447) of deaths;</p>	<p>i. Regional orientations of nurses and midwives in neonatal care</p> <p>ii. Provision of equipment and supplies for neonatal care</p>	<p>Conducted hands-on mentorships, reaching 626 health workers (349 were nurses, 111 anaesthetic officers and 166 MCOs) in priority skill areas including patient monitoring and quality of care, newborn care, safe anaesthesia, and safe caesarean section. The health workers were drawn from across 10 regions but the had the hands-on mentorship at Gulu, Lira, Soroti, Mbale, Jinja, Mubende, Fort Portal, and Masaka RRHs. Kawempe NRH led the modular newborn care training. Equipment was procured under URMCHIP and distribution is ongoing.</p>
<p>2. Medicines and Health Supplies</p>		
<p>2.1 Inadequate and non-availability of medicines and health supplies at lower-level health facilities which are frequented by majority population.</p>	<p>i. Increase budget allocation of medicines to lower-level health facilities.</p> <p>ii. Roll out the EMRS to all health facilities to improve internal controls and enhance accountability for medicines.</p>	<p>Increased budget for EMHS by 24 billion in FY 2023/24 and 50 billion towards ARVs. Priority is to enhance drugs supply to high volume facilities and recently upgraded HC IIIs. More advocacy is needed to increase funding for EMHS. The rollout of Electronic Medical records system is ongoing: Kiruddu, Kawempe, Naguru, Masaka, Mubende, Jinja, Lira, Kawolo, Kayunga hospitals are using the system fairly Comprehensively. Mbarara, Kabale, Itojo, Iganga, Soroti, Moroto, Gulu, Fort portal, Hoima - where consideration for improvements of the networks and rollout of a reliable system is ongoing Entebbe and Butabika have received training and the LAN is being worked on before rollout is done. The Ministry of health has also started works on LAN for all general hospitals pending rollout of the EMR systems</p>
<p>3. Human Resources for Health</p>		
<p>3.1 Weak performance management system for health workers leading to absenteeism, low outputs, poor client-provider interactions (attitude)</p>	<p>Develop Key Performance Indicators for managers and core cadres</p>	<p>KPI for managers and core cadres have been developed pending Top Management approval before dissemination for use</p>
<p>3.2 Low utilization iHRIS and HR audits due to lack of staff, capacity, equipment to use iHRIS, no clear roles/ ownership when system was rolled out and no demand from managers</p>	<p>Roll out the upgraded iHRIS in all RRH and Local governments Generate and utilize real time information for performance management</p>	<p>iHRIS upgrade in progress with support from the USAID and is on course. We anticipate to present the upgraded version for approval and roll it out by Q4 of FY 2023/24 Trained Senior managers from MoH and RRH on performance management. A circular guiding the Service on the performance management was also issued to that effect</p>
<p>3.4 Issues affecting recruitment Delays in submitting. Political issues; Not enough money for DSCs</p>	<p>Analyze districts without Substantive DHT Members and communicate to the LG leadership to prioritize recruitment</p>	<p>With support from the HSC, trained central level institutions on recruitment planning, wage analysis and timely of recruitment plans to public service Further 60 district local governments have been supported to undertake on wage analysis and recruitment planning despite ban on recruitment by MoPS and MoFPED.</p>

Performance Issue / Gaps	Priority Actions/ Recommendations	Progress
3.5 Sub-optimal community health workforce	Support training of community health work force	A total of 334 CHEWs completed the 6months training. 166 in Lira and 168 in Mayuge districts. 23,538 VHTs across all region in Uganda have been trained on several areas including ICCM, reporting as well as family planning.
4. Policy, Governance and leadership		
4.1 The Public Health Act amendment was passed and should be enforced at all levels	Develop Regulations to operationalize the PH Act 2021	Ongoing
4.2 Optimise the Parish Development Model for strengthening community health programs at the Parish level	Finalise and disseminate the PDM Social Services Implementation Manual	Final draft awaiting presentation to MoH Top Management
4.3 Weak leadership and management capacity for Local Government health managers	<ul style="list-style-type: none"> i. Development of the leadership management and planning manual for subnational health managers. ii. In service training in leadership and management for LG health managers 	All stakeholders were consulted and the draft leadership management and planning manual for subnational health managers is ready for presentation to different levels of approval. Not undertaken due to lack of funds
5. Disease Surveillance and Response		
5.1 Private health sector capacity for disease surveillance is low yet they are usually the first point of contact as evidenced from the recent Ebola outbreak	Train and equip staff in the private sector for IDSR	700 Private for profit facilities were trained and mentored in IDSR between January 2023 and July 2023 in Kampala district. Completeness in Weekly reporting in the private facilities improved from 65% in the quarter of April-June 2022 to 78% in July-Sept 2023 Timeliness in weekly reporting during the same period improved from 31% to 44% for the same reporting period
6. Health information		
6.2 Roll out of the Community Health Workers Registry and e-Community Health Information System is very low affecting follow up and reporting rates for the VHTs.	<ul style="list-style-type: none"> i. Training and equipping the VHTs with work tools 	The eCHIS has been rolled out to 3,672 community health workers across 1,832 villages in nine districts: Koboko (100), Lira (100), Maracha (100), Nebbi (100), Amuru (146), Oyam (209), Lamwo (750), Buikwe (1,066), and Ntungamo (1,101). Extending eCHIS to Mukono and Kamwenge. Furthermore, 2,000 VHTs will receive phones and training in Oyam (260), Lira (240), Amuru (400), Maracha (400), Nebbi (400), and Koboko (300).
	<ul style="list-style-type: none"> i. Support supervision of VHTs 	Conducted by the LGs

Performance Issue / Gaps	Priority Actions/ Recommendations	Progress
<p>7. Health Financing</p> <p>7.1 Inadequate GoU funding for health</p>	<p>i. Develop a health financing transition plan in view of the reducing external financing</p> <p>ii. Introduction of innovative financing mechanisms including:</p> <ul style="list-style-type: none"> - National Health Insurance Scheme - Private sector Medical Credit Scheme <p>iii. Create a basket fund for off-budget resources – it could be a virtual basket</p>	<p>Ongoing</p> <p>Draft NHIS Bill 2023 awaiting submission to Parliament</p> <p>An intervention to support the Private sector through capacity building in accessing credit to expand their services and products included in the GF Grant proposal</p> <p>Not yet</p>
<p>7.3 Poor coordination and tracking of off-budget development partners' support - in-depth analysis of the geographical allocation of the off-budget resources.</p>	<p>Improve coordination and alignment of DPs support through joint partner planning and consolidation meetings</p>	<ul style="list-style-type: none"> • The PS/ST communicated in the first BCC for FY 2024/25 that all MDAs that received off-budget support over and above the direct financing appropriated by Parliament are required to integrate all off-budget funding in the respective budgets on the PBS and the Aid Management Platform. Partners to provide the budget estimates for integration. • Consultant engaged with GFF support to harmonization of Resource Mapping and Tracking tools in the MoH as a way of improving coordination and alignment of DP support • FCDO to provide Technical Assistance for Strengthening Joint Planning, Budgeting and for Harmonizing Annual Workplans towards improved coordination and accountability in the health sector. To develop guidelines and tools for harmonisation
<p>8. Supervision, Monitoring and evaluation</p> <p>8.1 Inadequate technical capacities and accountability at the decentralised level</p>	<p>Capacity building of the regional and LGs supervisory structures</p>	<p>Regional Support supervision is being strengthened through G2G funding. Regional Performance reviews are being conducted as a key linkage between support supervision to QI</p>

Local Government	Approved posts in public health facilities filled (%)	DPT 3 Coverage	TB Case Notification Rate/100,000	IPV3 Coverage (%)	ANC 4 Coverage (%)	Health Facility Deliveries (%)	Under-five Vitamin A 2nd dose cov (%)	% of pregnant women tested for HIV during current pregnancy	ART Viral Load Suppression Rate (%)	DPT1 to MR Drop Out Rate (%)	Maternal deaths reviewed (%)	Perinatal death reviewed (%)	VHT/ICM quarterly reports rate (%)	% of under 5 drowmed in the last 6 months	LG PA Score (%)	Average SPARS Scores (%)	Total Score	Ranking																
	Score (5)	%	Score (5)	Score (10)	Score (5)	Score (10)	%	Score (5)	%	Score (10)	%	Score (5)	%	Score (5)	%	Score (5)	%	%	%															
Lwengo	690	35	858	43	2453	5.0	396	4.0	37.5	1.9	53.8	5.4	51.2	2.6	60.7	3.0	65.6	6.6	6.2	7.9	100.0	5.0	0.0	0.0	54	27	31.8	1.6	56.0	2.8	202	4.0	60.2	124
Kyegegwa	657	33	681	3.4	151.2	5.0	43.1	4.3	44.2	2.2	60.1	6.0	39.8	2.0	78.0	3.9	88.8	8.9	9.7	6.8	0.0	5.0	0.5	0.0	26	1.3	16.2	0.8	58.0	2.9	213	4.3	60.1	125
Madi-Okollo	470	2.4	527	2.6	142.1	5.0	32.0	3.2	27.5	1.4	33.8	3.4	65.5	3.3	50.3	2.5	81.7	8.2	2.4	9.2	200.0	5.0	39.5	2.0	91	4.5	23.1	1.2	40.0	2.0	199	4.0	59.8	126
Mubende	907	4.5	850	4.3	137.8	5.0	30.3	3.0	36.5	1.8	51.2	5.1	70.7	3.5	65.2	3.3	92.3	9.2	6.1	8.0	53.1	2.7	21.5	1.1	1	0.0	34.5	1.7	55.0	2.8	176	3.5	59.5	127
Namutumba	554	2.8	817	4.1	92.9	4.6	25.1	2.5	27.8	1.4	38.2	3.8	44.9	2.2	65.9	3.3	86.6	8.7	18.7	3.8	100.0	5.0	81.5	4.1	100	5.0	32.7	1.6	45.0	2.3	205	4.1	59.3	128
Kagadi	707	3.5	107.9	5.0	298.7	5.0	41.1	4.1	39.4	2.0	56.8	5.7	38.4	1.9	82.3	4.1	94.7	9.5	8.2	7.3	62.5	3.1	9.9	0.5	1	0.0	15.5	0.8	47.0	2.4	215	4.3	59.2	129
Isingiro	609	3.0	56.0	2.8	110.5	5.0	35.1	3.5	36.3	1.8	47.1	4.7	21.4	1.1	52.2	2.6	83.8	8.4	7.0	7.7	100.0	5.0	44.5	2.2	37	1.8	11.8	0.6	95.0	4.8	200	4.0	59.1	130
Buvuma	767	3.8	98.7	4.9	276.7	5.0	27.8	2.8	24.2	1.2	47.6	4.8	76.7	3.8	60.9	3.0	78.7	7.9	6.6	7.8	100.0	5.0	13.3	0.7	6	0.3	32.5	1.6	37.0	1.9	217	4.3	58.9	131
Nakaseke	862	4.3	137.8	5.0	222.4	5.0	50.6	5.1	41.9	2.1	70.8	7.1	53.3	2.7	85.4	4.3	82.3	8.2	19.6	3.5	80.0	4.0	8.5	0.4	0	0.0	15.4	0.8	53.0	2.7	189	3.8	58.9	132
Bugiri	596	3.0	89.8	4.5	105.3	5.0	42.3	4.2	35.6	1.8	48.0	4.8	53.9	2.7	78.8	3.9	82.6	8.3	14.6	5.2	62.5	3.1	15.6	0.8	78	3.9	14.6	0.7	61.0	3.1	196	3.9	58.8	133
Butaleja	609	3.0	84.9	4.2	84.0	4.2	53.0	5.3	51.9	2.6	67.8	6.8	29.3	1.5	81.2	4.1	69.3	6.9	5.7	8.1	80.0	4.0	3.2	0.2	17	0.9	10.9	0.5	42.0	2.1	209	4.2	58.6	134
Nakasongola	898	4.5	74.8	3.7	215.1	5.0	41.3	4.1	43.1	2.2	65.2	6.5	52.0	2.6	72.4	3.6	88.5	8.9	5.0	8.3	50.0	2.5	0.0	0.0	0	0.0	10.1	0.5	38.0	1.9	209	4.2	58.5	135
Kassanda	793	4.0	89.9	4.5	164.5	5.0	38.6	3.9	46.6	2.3	65.4	6.5	50.8	2.5	73.7	3.7	89.4	8.9	12.0	6.0	42.9	2.1	0.0	0.0	5	0.3	22.9	1.1	56.0	2.8	175	3.5	57.2	136
Kabarole	981	4.9	75.5	3.8	155.3	5.0	35.0	3.5	33.8	1.7	38.4	3.8	54.9	2.7	49.8	2.5	92.3	9.2	9.6	6.8	100.0	5.0	0.0	0.0	0	0.0	18.1	0.9	58.0	2.9	203	4.1	56.8	137
Kikuube	570	2.9	72.3	3.6	236.2	5.0	64.7	6.5	41.1	2.1	49.5	5.0	36.1	1.8	77.6	3.9	83.3	8.3	7.9	7.4	33.3	1.7	3.7	0.2	24	1.2	27.5	1.4	29.0	1.5	206	4.1	56.4	138
Wakiso	657	3.3	81.2	4.1	122.7	5.0	21.5	2.2	25.1	1.3	34.8	3.5	32.5	1.6	51.1	2.6	84.2	8.4	-0.9	10.0	56.3	2.8	10.7	0.5	65	3.2	12.1	0.6	59.0	3.0	183	3.7	55.6	139
Arua	887	4.4	68.9	3.4	153.9	5.0	37.2	3.7	37.0	1.9	45.7	4.6	48.5	2.4	72.7	3.6	79.0	7.9	30.1	0.0	75.0	3.8	58.6	2.9	100	5.0	29.2	1.5	31.0	1.6	192	3.8	55.5	140
Kyankwanzi	887	4.4	70.5	3.5	164.0	5.0	39.4	3.9	36.7	1.8	37.3	3.7	38.9	1.9	73.5	3.7	93.2	9.3	3.6	8.8	50.0	2.5	11.9	0.6	4	0.2	4.0	0.2	43.0	2.2	167	3.3	55.2	141
Hoima	603	3.0	70.5	3.5	250.2	5.0	41.2	4.1	39.5	2.0	38.5	3.8	29.9	1.5	76.4	3.8	89.9	9.0	14.5	5.2	100.0	5.0	0.0	0.0	21	1.1	23.9	1.2	55.0	2.8	202	4.0	55.0	142
Buliisa	580	2.9	67.5	3.4	158.8	5.0	39.3	3.9	39.5	2.0	42.8	4.3	53.5	2.7	84.4	4.2	87.3	8.7	15.2	4.9	100.0	5.0	8.1	0.4	0	0.0	14.1	0.7	42.0	2.1	214	4.3	54.5	143
Soroti	725	3.6	63.3	3.2	46.2	2.3	34.0	3.4	26.3	1.3	35.7	3.6	46.9	2.3	54.5	2.7	86.9	8.7	7.1	7.6	25.0	1.3	39.3	2.0	97	4.8	6.6	0.3	43.0	2.2	224	4.5	53.8	144
Masindi	796	4.0	59.5	3.0	220.1	5.0	48.2	4.8	43.7	2.2	58.2	5.8	10.3	0.5	88.5	4.4	90.3	9.0	24.5	1.9	0.0	5.0	0.5	0.0	9	0.5	6.2	0.3	48.0	2.4	196	3.9	52.7	145
Lira	850	4.3	69.4	3.5	176.9	5.0	36.1	3.6	37.2	1.9	41.6	4.2	51.3	2.6	60.4	3.0	83.7	8.4	22.5	2.5	100.0	5.0	5.9	0.3	25	1.3	27.3	1.4	30.0	1.5	137	2.7	51.0	146
NATIONAL	74	3.7	87.1	4.4	204.1	5.0	45.3	4.5	46.2	2.3	64.3	6.4	65.6	3.3	80.0	4.0	86.5	8.7	3.4	8.9	89.1	4.5	43.0	2.1	60	3.0	28.8	5.0	43.7	2.2	19.7	3.9	71.8	

5.2 GENERAL HOSPITAL PERFORMANCE AGAINST APGS & DRGS IN FY 2022/23

No.	Hospitals	Ownership	No. of beds	No. of admissions	Total OPD	Total APGs	Total DRGs
1	Kitgum	GOV	245	18,652	52,513	94,627	28,456
2	Mukono	GOV	75	13,323	39,127	330,072	25,793
3	Aber	PNFP	222	13,017	41,702	98,211	25,179
4	Angal	PNFP	220	12,574	23,557	93,005	23,317
5	Adjumani	GOV	306	11,673	63,596	133,229	21,339
6	Kawolo	GOV	159	18,100	111,201	164,675	20,974
7	Katakwi	GOV	108	12,074	37,795	110,531	20,923
8	Amuria	GOV	94	12,676	45,354	86,721	20,211
9	Dr. Ambrosoli Memorial Kalongo	PNFP	286	11,473	29,444	99,471	19,605
10	Iganga	GOV	104	16,552	73,929	233,258	17,296
11	Nakasero	PFP	81	5,965	88,082	81,569	16,772
12	Kamuli	GOV	185	13,697	56,412	383,586	16,654
13	Atutur	GOV	153	14,472	80,775	131,767	15,941
14	Ibanda	PNFP	178	9,375	18,713	79,084	15,785
15	Kiryandongo	GOV	95	11,326	35,810	118,592	15,588
16	Mityana	GOV	171	13,966	61,019	147,551	15,571
17	Luwero	GOV	100	14,371	65,061	207,599	15,203
18	Kyenjojo	GOV	121	11,424	49,140	151,291	15,121
19	Bombo General Military	GOV	152	9,134	42,737	163,329	15,001
20	Tororo	GOV	224	16,695	77,111	126,971	14,701
21	Busolwe	GOV	109	14,797	110,146	117,201	14,594
22	Gombe	GOV	100	11,438	38,811	262,077	14,577
23	Kitovu	PNFP	180	4,952	18,940	78,366	14,576
24	Kagando	PNFP	208	9,747	12,840	65,412	14,429
25	Mutolere	PNFP	200	6,517	10,515	94,103	14,125
26	Bwera	GOV	146	13,966	35,028	103,633	13,227
27	Kapchorwa	GOV	126	8,120	18,556	85,670	12,779
28	Virika	PNFP	163	3,672	18,276	57,388	12,526
29	Kiwoko	PNFP	204	6,523	22,910	213,723	12,483
30	Kagadi	GOV	119	14,397	16,175	106,736	12,442

No.	Hospitals	Ownership	No. of beds	No. of admissions	Total OPD	Total APGs	Total DRGs
31	Kaberaido	GOV	92	10,909	44,074	101,480	12,335
32	Pag Mission	PNFP	192	7,424	13,356	11,598	11,721
33	Apac	GOV	100	13,861	65,964	137,542	11,444
34	Masafu	GOV	80	8,876	35,436	243,183	11,351
35	Masindi	GOV	137	9,641	48,048	120,031	11,287
36	Bugiri	GOV	104	11,016	40,566	107,490	11,077
37	Koboko	GOV	100	8,917	37,526	184,473	10,650
38	Bududa	GOV	107	10,516	29,248	86,160	10,531
39	Karoli Lwanga (Nyakibale)	PNFP	180	6,129	13,008	46,411	10,380
40	Anaka	GOV	100	10,068	35,481	123,750	10,313
41	Kiboga	GOV	100	9,642	72,335	244,431	10,164
42	St. Josephs Maracha	PNFP	200	4,198	11,033	39,853	10,143
43	COU Kisiizi	PNFP	269	5,806	37,890	72,293	10,062
44	Nyapea	PNFP	139	6,123	10,110	75,107	9,949
45	KIU Teaching	PFP	364	7,343	18,537	44,086	9,741
46	Benedictine Eye	PNFP	136	1,791	27,802	13,316	9,735
47	St. Francis Naggalama	PNFP	100	3,728	71,896	45,291	9,611
48	Ruharo Mission	PNFP	144	3,838	32,368	486	9,529
49	Amai Community	PNFP	90	4,419	10,112	46,923	9,453
50	Ishaka Adventist	PNFP	136	6,017	21,553	148,045	9,403
51	Mt. St. Mary's -DOK	PNFP	247	3,871	8,342	27,031	9,212
52	St. Joseph's Kitgum	PNFP	280	5,187	20,766	5,959	8,928
53	Kalisizo	GOV	93	7,162	51,583	99,533	8,771
54	Kitagata	GOV	154	8,444	25,563	69,400	8,718
55	Bwindi Community	PNFP	155	4,599	28,428	75,014	8,552
56	Bundibugyo	GOV	116	10,534	45,604	147,863	8,384
57	Moyo	GOV	213	5,413	32,448	68,882	8,228
58	Kaabong	GOV	144	9,211	53,760	75,845	8,130
59	Villa Maria	PNFP	126	4,123	28,374	4,879	8,071
60	Itojo	GOV	165	9,038	29,682	57,836	8,026
61	Doctors Seguku	PFP	43	1,886	100,681	51,415	7,643
62	Kuluva	PNFP	210	4,246	10,648	68,655	7,467
63	Rakai	GOV	83	8,765	31,418	28,232	7,416

No.	Hospitals	Ownership	No. of beds	No. of admissions	Total OPD	Total APGs	Total DRGs
64	Lyantonde	GOV	78	9,242	45,518	74,582	7,207
65	Kisoro	GOV	153	8,605	50,580	111,625	7,182
66	Old Kampala	PNFP	46	665	6,888	14,648	7,115
67	Dabani	PNFP	85	4,432	10,781	66,852	6,786
68	Comboni	PNFP	100	4,465	15,541	63,018	6,779
69	St. Francis Nyenga	PNFP	69	2,714	17,459	22,900	6,734
70	Ngora Freda Carr	PNFP	88	4,133	11,588	4,512	6,666
71	Kumi Leprosy	PNFP	210	3,540	22,924	43,203	6,525
72	Lwala	PNFP	100	4,465	8,723	36,068	6,513
73	Kampala	PFP	67	4,750	69,152	81,031	6,449
74	Kamuli Mission	PNFP	156	3,676	20,556	81,160	6,359
75	Mukono COU	PNFP	50	3,429	24,994	95,401	6,298
76	Amudat	PNFP	90	3,520	9,649	41,522	6,045
77	Rubongi Military	GOV	53	3,714	30,290	45,314	5,875
78	Kisubi	PNFP	98	4,856	66,553	139,976	5,787
79	Kibuli	PNFP	129	6,172	72,678	84,425	5,530
80	Kyegegwa	GOV	29	5,073	37,092	103,931	5,403
81	Rugarama	PNFP	196	3,823	25,411	76,364	5,239
82	Abim	GOV	106	5,099	30,784	58,158	5,219
83	Nkozi	PNFP	100	2,604	28,359	15,398	5,181
84	Buwenge	GOV	46	4,640	26,883	79,000	5,164
85	Bulisa	GOV	36	4,603	17,774	50,369	5,151
86	Bishop Ascili	PNFP	100	3,506	20,882	54,985	4,662
87	Rushoroza	PNFP	105	2,185	10,872	4,995	4,524
88	Buluba	PNFP	120	1,997	21,977	42,786	4,519
89	Gulu Military	GOV	67	1,034	16,151	37,699	4,472
90	Kambuga	GOV	100	5,313	26,319	59,327	4,198
91	Kakira Sugar Works	PNFP	76	3,526	42,129	59,157	4,040
92	St. Catherine's	PFP	53	2,457	87,093	31,312	3,724
93	Nakasongola Military	GOV	102	1,599	19,082	86,304	3,653
94	Rushere Community	PNFP	73	2,498	8,403	4,605	3,633

No.	Hospitals	Ownership	No. of beds	No. of admissions	Total OPD	Total APGs	Total DRGs
95	Kanginima (Butebo)	PNFP	45	3,465	3,693	16,948	3,616
96	True Vine	PFP	19	1,064	9,303	164,794	3,524
97	Kabarole COU	PNFP	66	2,316	15,779	36,189	3,457
98	Rukunyu	GOV	120	11,107	35,552	7,644	3,393
99	Kilembe Mines	PNFP	205	2,202	17,951	28,018	3,363
100	Kida	PFP	44	2,750	4,617	25,301	3,310
101	Divine Mercy (Kamukuzi)	PFP	100	1,850	27,039	93,334	3,284
102	Ruth Gaylord	PNFP	54	1,650	35,515	41,834	3,269
103	Lugazi Scoul	PNFP	43	3,578	33,794	80,914	3,085
104	Ggwatiro Nursing Home	PFP	68	2,159	4,935	34,097	3,064
105	Bukwo	GOV	83	3,575	17,959	78,376	2,996
106	Case Medical Centre	PFP	93	2,386	90,750	97,452	2,816
107	St. Anthony's	PNFP	174	1,674	5,332	193,354	2,484
108	Gulu Independent	PFP	80	1,194	6,300	21,828	2,469
109	Lira University	GOV	43	1,382	6,873	25,392	2,450
110	Florence Nightingale	PFP	42	1,402	3,956	14,821	2,444
111	Restoration Gateway	PNFP	66	1,953	4,359	88,403	2,257
112	Nkokonjeru	PNFP	92	1,484	10,908	58,562	2,199
113	Mayanja Memorial	PFP	21	1,268	17,110	29,156	2,185
114	Rhema	PFP	40	1,029	8,429	39,341	2,157
115	St. Joseph	PFP	42	1,603	28,396	1,446	2,130
116	Kotido	GOV	21	1,474	55,072	86,303	2,054
117	Montana	PFP	25	619	1,855	2,610	2,017
118	Norvik	PFP	62	1,270	94,499	82,180	2,015
119	Kasese	PFP	56	1,403	3,886	13,889	2,000
120	Bethesda (Soroti)	PFP	63	1,337	15,555	23,550	1,743
121	Holy Cross Orthodox Mission Namungoona	PNFP	28	1,101	9,833	32,641	1,718
122	St. Stephen's Mpererwe	PNFP	39	968	7,729	3,359	1,690
123	Kihunde	PFP	0	1,100	7,814	7,194	1,631
124	Bamu	PFP	34	1,936	5,235	9,467	1,615
125	Mt. Elgon	PFP	40	948	12,402	12,944	1,592

No.	Hospitals	Ownership	No. of beds	No. of admissions	Total OPD	Total APGs	Total DRGs
126	Orijini	PNFP	0	1,613	4,457	57,651	1,575
127	LifeLink (Kyalwajjala)	PFP	174	1,604	88,123	41,705	1,549
128	Nebbi	GOV	21	13,245	112,345	12,604	1,220
129	Pioneer	PFP	36	416	2,916	46,746	1,045
130	Kabasa Memorial	PNFP	194	854	808	5,062	988
131	Nakaseke	GOV	34	7,868	58,154	27,961	867
132	Mildmay Uganda	PNFP	41	690	62,884	42,374	749
133	Buwenge NGO	PNFP	163	1,022	4,981	33,632	723
134	Palisa	GOV	29	10,882	48,850	10,847	614
135	Jaro	PFP	21	230	5,895	7,720	593
136	Mbarara Community	PFP	34	172	611	2,630	476
137	Ahamadiya	PNFP	22	361	4,236	21,872	439
138	Paragon	PFP	8	325	3,934	55,086	404
139	Victory Women's Medical Care	PFP	22	241	3,016	57,526	404
140	Anbar	PFP	14	220	3,388	6,090	348
141	Kampala Independent	PFP	23	172	7,247	13,721	271
142	Galilee Community	PFP	32	188	2,171	16,634	268
143	Medicare (Mpigi)	PNFP	0	7	62	13,396	220
144	Medi-Pal International	PFP	0	352	14,875	3,406	220
145	Makerere University	GOV	77	132	25,268	10,437	195
146	Al-Shafa	PFP	50	687	13,266	16,929	177
147	Great Lakes	PFP	8	119	2,386	3,885	170
148	Tumu	PNFP	114	83	604	15,393	70
149	Murchison Bay Main	GOV	0	1,032	15,938	45,289	64
150	Victoria	PNFP	0	0	0	176,064	0
151	St. Anne	PNFP	0	0	0	169,171	0
152	Uganda Martyrs	PNFP	0	0	0	116,347	0
153	URO Care	PFP	0	0	12,612	88,399	0
154	International Kampala	PFP	0	0	158,070	87,703	0
155	Nile International	PFP	0	0	8,887	58,245	0
156	UMC Victoria (Kamwokya)	PFP	0	0	0	55,808	0

No.	Hospitals	Ownership	No. of beds	No. of admissions	Total OPD	Total APGs	Total DRGs
157	UMC Victoria (Naguru)	PFP	0	0	82,586	51,861	0
158	Medsafe	PFP	0	0	4,418	48,453	0
159	Roswell Women and Children	PFP	0	0	26,018	41,991	0
160	New Hope	PFP	0	0	0	41,595	0
161	Ntinda	PFP	0	0	2,808	41,472	0
162	St. Andrea Kahwa Kooki Community	PFP	0	0	4,667	39,824	0
163	Lifeline (Ntinda)	PFP	0	0	72,291	38,671	0
164	Mukwaya	PFP	0	0	50,503	37,063	0
165	Peoples Medical Centre	PFP	0	0	9,709	36,455	0
166	Doctors Referral	PFP	0	0	7,790	27,861	0
167	Bai Heath & Medical International Centre	PFP	0	0	14,500	13,113	0
168	Le Memorial Medical Services	PFP	0	0	5,341	9,317	0
169	Wynestone Medical centre	PFP	0	0	3,376	8,510	0
170	Lifeline	PFP	0	0	4,763	7,453	0
171	Master Cares Bethlehem Community	PNFP	0	92	3,774	7,101	0
172	Kitintale	PFP	0	0	3,026	6,392	0
173	Vine	PNFP	0	0	3,742	5,828	0
174	Ark Specialist	PFP	0	0	3,547	5,113	0
175	ASG Eye	PFP	0	0	8,673	3,528	0
176	Addy Memorial	PFP	0	0	780	2,874	0
177	Ankole	PFP	0	0	535	1,343	0
178	Medik	PFP	80	0	0	427	0
179	St. Charles Lwanga	PNFP	0	3,248	22,803	347	0
180	Womens International Hospital & Fertility Centre	PFP	0	0	406	296	0
181	Iran Uganda	PFP	0	0	1,249	23	0
182	Bethesda (Kawempe)	PFP	74	0	0	0	0
183	Family Care	PFP	74	2,497	14,772	0	0
184	Kadic	PFP	0	0	0	0	0
185	Kololo	PFP	0	0	0	0	0
186	Total		15,867	821,343	5,062,491	11,911,160	1,095,915

5.3 GENERAL HOSPITAL PERFORMANCE FOR QUALITY IN FY 2022/23

No.	Hospital Name	Ownership	Admissions	Deaths	Inpatient Case Fatality Rate	Deliveries	Live births	Fresh still birth	Macerated still birth	Newborn deaths (0-7 days)	Perinatal death/1000	Neonatal Death (8-28 days)	Neonatal mortality rate	Maternal deaths	MMR/100,000	BOR	ALOS
1	Kitgum	GOV	18,652	1,191	6	3,251	3,218	28	48	14	28	66	25	6	185	80	4
2	Mukono	GOV	13,323	46	0	8,927	8,813	43	55	31	15	9	5	2	22	92	2
3	Aber	PNFP	13,017	1,056	8	3,195	3,171	51	44	120	68	124	77	9	282	74	5
4	Angal	PNFP	12,574	937	7	2,951	2,957	51	63	13	43	77	30	9	305	80	5
5	Adjumani	GOV	11,673	1,201	10	3,274	3,205	31	23	10	20	7	5	2	61	36	3
6	Kawolo	GOV	18,100	608	3	4,193	4,078	52	71	27	37	1	7	5	119	42	1
7	Katakwi	GOV	12,074	389	3	1,954	1,939	30	22	24	39	5	15	5	256	94	3
8	Amuria	GOV	12,676	79	1	2,124	2,065	37	29	11	37	4	7	0	0	53	1
9	Dr. Ambrosoli Memorial Kalongo	PNFP	11,473	643	6	2,659	2,622	24	43	59	48	39	37	6	226	50	5
10	Iganga	GOV	16,552	780	5	6,487	6,423	118	112	115	54	24	22	17	262	135	3
11	Nakasero	PFP	5,965	340	6	1,295	1,327	1	5	4	8	3	5	1	77	79	4
12	Kamuli	GOV	13,697	323	2	3,283	3,176	68	63	28	50	100	40	14	426	65	3
13	Atutur	GOV	14,472	245	2	2,271	2,265	13	37	17	30	11	12	4	176	85	3
14	Ibanda	PNFP	9,375	403	4	2,147	2,063	30	20	16	32	0	8	3	140	49	3
15	Kiryandongo	GOV	11,326	264	2	2,645	2,578	31	39	41	43	33	29	6	227	108	3
16	Mityana	GOV	13,966	544	4	5,791	5,696	104	68	24	34	53	14	16	276	65	3
17	Luwero	GOV	14,371	274	2	4,650	3,941	15	24	0	10	55	14	1	22	63	2
18	Kyenjojo	GOV	11,424	397	3	3,720	3,682	57	75	16	40	2	5	7	188	55	2
19	Bombo General Military	GOV	9,134	291	3	3,087	3,011	56	59	14	43	2	5	5	162	65	4
20	Tororo	GOV	16,695	824	5	3,879	3,952	59	37	31	32	0	8	13	335	72	4
21	Busolwe	GOV	14,797	289	2	2,124	2,061	27	24	21	35	0	10	4	188	81	2
22	Gombe	GOV	11,438	281	2	4,672	4,517	92	58	63	47	0	14	7	150	77	2
23	Kitovu	PNFP	4,952	450	9	1,102	1,097	24	20	15	54	1	15	11	998	31	4
24	Kagando	PNFP	9,747	694	7	1,823	1,771	32	28	38	55	92	73	7	384	50	4
25	Mutolere	PNFP	6,517	310	5	1,399	1,370	27	24	21	53	4	18	5	357	49	5
26	Bwera	GOV	13,966	572	4	5,104	5,047	28	34	44	21	7	10	4	78	86	3
27	Kapchorwa	GOV	8,120	640	8	2,808	2,734	45	35	22	37	39	22	6	214	79	4

No.	Hospital Name	Ownership	Admissions	Deaths	Inpatient Case Fatality Rate	Deliveries	Live births	Fresh still birth	Macerated still birth	Newborn deaths (0-7 days)	Perinatal death/1000	Neonatal Death (8-28 days)	Neonatal mortality rate	Maternal deaths	MMR/100,000	BOR	ALOS
28	Virika	PNFP	3,672	228	6	858	852	14	11	6	36	0	7	3	350	13	2
29	Kiwoko	PNFP	6,523	417	6	1,884	1,809	40	27	3	39	77	44	3	159	49	6
30	Kagadi	GOV	14,397	376	3	4,368	4,214	86	73	40	47	36	18	9	206	105	3
31	Kaberaimaido	GOV	10,909	210	2	1,505	1,496	17	17	5	26	2	5	4	266	100	3
32	Pag Mission	PNFP	7,424	250	3	976	969	8	6	4	19	0	4	2	205	41	4
33	Apac	GOV	13,861	82	1	2,815	2,791	15	23	30	24	0	11	3	107	135	4
34	Masafu	GOV	8,876	195	2	2,676	2,652	20	28	26	28	0	10	7	262	72	2
35	Masindi	GOV	9,641	396	4	4,346	4,153	49	62	4	28	43	11	4	92	37	2
36	Bugiri	GOV	11,016	504	5	3,206	3,236	74	44	18	42	0	6	7	218	98	3
37	Koboko	GOV	8,917	385	4	3,645	3,518	53	32	70	44	51	34	5	137	65	3
38	Bududa	GOV	10,516	276	3	1,324	1,304	21	10	16	36	4	6	2	151	50	2
39	Karoi Lwanga (Nyakibale)	PNFP	6,129	307	5	1,041	1,041	2	35	39	73	27	63	5	480	35	4
40	Anaka	GOV	10,068	152	2	2,586	2,559	16	29	42	34	24	26	2	77	78	3
41	Kiboga	GOV	9,642	253	3	3,773	3,693	66	46	31	39	0	8	4	106	78	3
42	St. Josephs Maracha	PNFP	4,198	478	11	735	691	23	20	57	145	0	82	0	0	38	7
43	COU Kisizi	PNFP	5,806	217	4	932	940	5	13	13	33	0	14	1	107	39	7
44	Nyapea	PNFP	6,123	311	5	2,252	2,195	36	40	22	45	0	10	6	266	35	3
45	KIU Teaching	PNFP	7,343	378	5	690	664	19	29	42	136	67	164	4	580	16	3
46	Benedictine Eye	PNFP	1,791	2	0	0	0	0	0	0	0	0	0	0	0	9	2
47	St. Francis Naggalama	PNFP	3,728	44	1	804	798	3	11	0	18	0	0	0	0	35	3
48	Ruharo Mission	PNFP	3,838	37	1	572	564	3	8	1	21	0	2	0	0	25	3
49	Amai Community	PNFP	4,419	174	4	613	591	15	6	5	44	0	8	3	489	69	5
50	Ishaka Adventist	PNFP	6,017	254	4	1,459	1,491	1	2	7	7	1	5	3	206	31	3
51	Mt. St. Mary's -DOK	PNFP	3,871	215	6	771	808	6	13	6	31	0	7	4	519	19	4
52	St. Joseph's Kitgum	PNFP	5,187	157	3	748	753	13	14	12	52	0	16	3	401	18	4
53	Kalisizo	GOV	7,162	189	3	2,514	2,485	35	35	16	35	2	7	1	40	48	2
54	Kitagata	GOV	8,444	314	4	3,359	3,337	17	35	13	19	0	4	1	30	0	0
55	Bwindi Community	PNFP	4,599	209	5	994	985	9	11	17	38	34	52	1	101	30	4
56	Bundibugyo	GOV	10,534	133	1	2,320	2,159	20	24	6	23	12	8	3	129	89	4

No.	Hospital Name	Ownership	Admissions	Deaths	Inpatient Case Fatality Rate	Deliveries	Live births	Fresh still birth	Macerated still birth	Newborn deaths (0-7 days)	Perinatal death/1000	Neonatal Death (8-28 days)	Neonatal mortality rate	Maternal deaths	MMR/100,000	BOB	ALOS
57	Moyo	GOV	5,413	287	5	1,957	1,922	17	22	22	32	5	14	3	153	17	2
58	Kaabong	GOV	9,211	291	3	760	774	25	13	18	72	0	23	1	132	81	5
59	Villa Maria	PNFP	4,123	251	6	891	863	21	21	6	56	0	7	2	224	35	4
60	Itojo	GOV	9,038	226	3	2,979	2,942	43	27	25	32	6	11	6	201	72	5
61	Doctors Seguku	PFP	1,886	48	3	493	496	2	4	0	12	8	16	0	0	0	0
62	Kuliwa	PNFP	4,246	357	8	1,177	1,141	23	17	15	48	12	24	7	595	43	8
63	Rakai	GOV	8,765	153	2	1,859	1,860	26	22	1	26	0	1	2	108	72	2
64	Lyantonde	GOV	9,242	128	1	2,433	2,357	58	26	46	55	15	26	6	247	411	13
65	Kisoro	GOV	8,605	308	4	3,322	3,320	26	36	6	20	0	2	6	181	54	4
66	Old Kampala	PNFP	665	148	22	45	44	1	0	1	45	0	23	0	0	13	3
67	Dabani	PNFP	4,432	174	4	867	836	39	10	7	67	16	28	4	461	32	2
68	Comboni	PNFP	4,465	181	4	959	959	11	8	19	40	3	23	4	417	29	2
69	St. Francis Nyenga	PNFP	2,714	66	2	718	714	16	11	17	62	13	42	2	279	43	4
70	Ngora Freda Carr	PNFP	4,133	255	6	446	436	10	12	30	119	0	69	5	1,121	30	2
71	Kumi Leprosy	PNFP	3,540	132	4	604	596	19	6	13	64	2	25	1	166	35	7
72	Lwala	PNFP	4,465	187	4	564	556	8	4	24	65	9	59	3	532	63	5
73	Kampala	PFP	4,750	96	2	1,816	1,821	8	8	0	9	0	0	1	55	51	3
74	Kamuli Mission	PNFP	3,676	215	6	1,104	1,059	57	18	17	87	33	47	1	91	16	2
75	Mukono COU	PNFP	3,429	48	1	1,100	1,082	7	13	1	19	0	1	0	0	45	2
76	Amudat	PNFP	3,520	72	2	560	545	15	11	5	57	10	28	2	357	74	7
77	Rubongi Military	GOV	3,714	23	1	165	163	0	1	0	6	0	0	0	0	35	2
78	Kisubi	PNFP	4,856	66	1	1,209	1,223	4	10	7	17	2	7	0	0	37	3
79	Kibuli	PNFP	6,172	34	1	2,012	2,005	4	2	1	3	0	0	0	0	41	3
80	Kyegegwa	GOV	5,073	125	2	2,290	2,238	53	31	16	45	0	7	7	306	0	0
81	Rugarama	PNFP	3,823	227	6	585	584	9	13	20	72	0	34	1	171	23	4
82	Abim	GOV	5,099	93	2	683	672	18	4	1	34	6	10	1	146	46	3
83	Nkozi	PNFP	2,604	120	5	685	669	11	17	13	61	2	22	6	876	31	4
84	Buwenge	GOV	4,640	135	3	1,266	1,209	17	26	14	47	0	12	3	237	55	2

No.	Hospital Name	Ownership	Admissions	Deaths	Inpatient Case Fatality Rate	Deliveries	Live births	Fresh still birth	Macerated still birth	Newborn deaths (0-7 days)	Perinatal death/1000	Neonatal Death (8-28 days)	Neonatal mortality rate	Maternal deaths	MMR/100,000	BOR	ALOS
85	Buliisa	GOV	4,603	57	1	617	615	17	14	7	62	2	15	2	324	27	1
86	Bishop Ascili	PNFP	3,506	100	3	1,195	1,188	23	15	14	44	0	12	3	251	24	2
87	Rushoroza	PNFP	2,185	81	4	1,024	1,021	8	4	2	14	0	2	1	98	17	3
88	Buluba	PNFP	1,997	135	7	396	360	11	8	19	106	25	122	5	1,263	16	4
89	Gulu Military	GOV	1,034	5	0	58	57	1	0	0	18	0	0	0	0	15	4
90	Kambuga	GOV	5,313	169	3	1,999	1,989	19	24	20	32	1	11	3	150	56	4
91	Kakira Sugar Works	PNFP	3,526	21	1	283	284	1	0	0	4	0	0	0	0	42	3
92	St. Catherine's	PFP	2,457	24	1	418	418	1	2	0	7	0	0	0	0	1	0
93	Nakasongola Military	GOV	1,599	40	3	110	109	0	1	1	18	0	9	0	0	15	4
94	Rushere Community	PNFP	2,498	66	3	414	422	9	2	5	38	0	12	1	242	20	2
95	Kanginima (Butebo)	PNFP	3,465	66	2	170	167	0	0	0	0	0	0	0	0	55	3
96	True Vine	PFP	1,064	58	5	210	198	7	6	2	76	0	10	0	0	33	2
97	Kabarole COU	PNFP	2,316	31	1	419	384	1	4	1	16	0	3	4	955	25	3
98	Rukunyu	GOV	11,107	322	3	3,071	3,108	12	10	23	14	7	10	1	33	90	4
99	Kilembe Mines	PNFP	2,202	51	2	446	443	4	5	1	23	0	2	1	224	12	4
100	Kida	PFP	2,750	28	1	401	402	1	3	3	17	0	7	0	0	35	2
101	Divine Mercy (Kamukuzi)	PFP	1,850	31	2	733	682	12	13	0	37	0	0	0	0	12	2
102	Ruth Gayford	PNFP	1,650	15	1	578	569	4	6	4	25	0	7	1	173	22	3
103	Lugazi Scout	PNFP	3,578	5	0	383	380	2	2	2	16	0	5	0	0	57	2
104	Ggwatiro Nursing Home	PFP	2,159	8	0	742	740	2	5	0	9	0	0	0	0	39	4
105	Bukwo	GOV	3,575	53	1	899	885	6	6	2	16	0	2	1	111	53	2
106	Case Medical Centre	PFP	2,386	52	2	732	807	0	5	3	10	11	17	0	0	13	2
107	St. Anthony's	PNFP	1,674	55	3	280	276	3	5	2	36	0	7	0	0	21	4
108	Gulu Independent	PFP	1,194	29	2	63	64	0	0	0	0	0	0	0	0	5	3
109	Lira University	GOV	1,382	47	3	307	292	2	4	0	21	2	7	0	0	15	3
110	Florence Nightingale	PFP	1,402	64	5	106	100	2	5	3	100	0	30	2	1,887	19	2
111	Restoration Gateway	PNFP	1,953	43	2	324	339	12	10	9	91	1	29	0	0	34	3
112	Nkokonjeru	PNFP	1,484	59	4	441	431	8	6	3	39	0	7	2	454	16	3

No.	Hospital Name	Ownership	Admissions	Deaths	Inpatient Case Fatality Rate	Deliveries	Live births	Fresh still birth	Macerated still birth	Newborn deaths (0-7 days)	Perinatal death/1000	Neonatal Death (8-28 days)	Neonatal mortality rate	Maternal deaths	MMR/100,000	BOR	ALOS
113	Mayanja Memorial	PFP	1,268	28	2	391	393	3	5	2	25	0	5	0	0	1	0
114	Rhema	PFP	1,029	47	5	104	104	1	0	0	10	0	0	0	0	22	2
115	St. Joseph	PFP	1,603	31	2	564	555	11	7	0	32	0	0	0	0	31	3
116	Kotido	GOV	1,474	4	0	775	752	23	4	10	49	0	13	0	0	52	5
117	Montana	PFP	619	12	2	70	79	6	0	0	76	0	0	0	0	7	1
118	Norvik	PFP	1,270	24	2	286	286	0	0	0	0	0	0	0	0	4	0
119	Kasere	PFP	1,403	54	4	555	551	2	1	2	9	3	9	1	180	15	2
120	Bethesda (Soroti)	PFP	1,337	66	5	424	414	2	0	0	5	2	5	0	0	1	0
121	Holy Cross Orthodox Mission Namungoona	PNFP	1,101	34	3	349	315	2	1	2	16	0	6	0	0	10	2
122	St. Stephen's Mpererwe	PNFP	968	6	1	359	350	4	7	1	34	0	3	0	0	19	2
123	Kihunde	PFP	1,100	26	2	65	63	3	1	1	79	0	16	0	0	15	2
124	Bamu	PFP	1,936	25	1	546	544	0	0	0	0	0	0	0	0	0	1
125	Mt. Elgon	PFP	948	27	3	95	79	2	3	0	63	53	671	1	1,053	22	3
126	Orijini	PNFP	1,613	72	4	374	363	4	7	7	50	0	19	2	535	33	3
127	LifeLink (Kyaliwajala)	PFP	1,604	11	1	447	444	4	7	0	25	0	0	1	224	0	1
128	Nebbi	GOV	13,245	471	4	2,784	2,735	29	39	33	37	1	12	9	323	84	4
129	Pioneer	PFP	416	26	6	0	0	0	0	0	0	0	0	0	0	26	5
130	Kabasa Memorial	PNFP	854	5	1	109	99	1	0	0	10	0	0	0	0	15	2
131	Nakaseke	GOV	7,868	268	3	2,643	2,569	32	42	11	33	5	6	1	38	44	4
132	Miiday Uganda	PNFP	690	28	4	347	341	2	8	0	29	0	0	0	0	15	3
133	Buwenge NGO	PNFP	1,022	89	9	715	713	1	1	0	3	21	29	0	0	14	2
134	Pallisa	GOV	10,882	207	2	3,295	3,240	70	72	56	61	4	19	4	121	63	3
135	Jaro	PFP	230	7	3	78	78	0	4	0	51	0	0	0	0	8	4
136	Mbarara Community	PFP	172	54	31	37	35	1	0	0	29	1	29	0	0	6	3
137	Ahamadiya	PNFP	361	9	2	95	94	0	2	0	21	0	0	0	0	1	0
138	Paragon	PFP	325	2	1	278	291	1	0	1	7	0	3	0	0	16	4
139	Victory Women's Medical Care	PFP	241	4	2	107	104	0	3	2	48	0	19	0	0	17	2
140	Anbar	PFP	220	2	1	57	55	2	0	1	55	0	18	0	0	8	3

No.	Hospital Name	Ownership	Admissions	Deaths	Inpatient Case Fatality Rate	Deliveries	Live births	Fresh still birth	Macerated still birth	Newborn deaths (0-7 days)	Perinatal death/1000	Neonatal Death (8-28 days)	Neonatal mortality rate	Maternal deaths	MMR/100,000	BOR	ALOS
141	Kampala Independent	PFP	172	8	5	162	163	0	1	3	25	1	25	0	0	7	2
142	Galilee Community	PFP	188	20	11	84	74	2	0	1	41	0	14	0	0	2	1
143	Medicare (Mpigi)	PNFP	7	0	0	2	2	0	0	0	0	0	0	0	0	0	1
144	Medi-Pal International	PFP	352	3	1	81	81	0	0	0	0	1	12	0	0	0	1
145	Makerere University	GOV	132	52	39	0	0	0	0	0	0	0	0	0	0	0	1
146	AI-Shafa	PFP	687	98	14	82	83	0	0	0	0	0	0	0	0	4	2
147	Great Lakes	PFP	119	8	7	30	32	0	0	0	0	0	0	0	0	1	2
148	Tumu	PNFP	83	0	0	6	6	0	0	0	0	0	0	0	0	6	2
149	Murchison Bay Main	GOV	1,032	117	11	0	0	0	0	0	0	0	0	0	0	18	7
150	Victoria	PNFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
151	St. Anne	PNFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
152	Uganda Martyrs	PNFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
153	URD Care	PFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
154	International Kampala	PFP	0	0	0	1,000	1,012	1	1	0	2	0	0	0	0	0	0
155	Nile International	PFP	0	0	0	138	137	3	1	0	29	0	0	0	0	0	0
156	UMC Victoria (Kamwokya)	PFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
157	UMC Victoria (Naguru)	PFP	0	0	0	364	368	0	1	0	3	0	0	0	0	0	0
158	Medsafe	PFP	0	0	0	124	135	0	0	0	0	0	0	0	0	0	0
159	Roswell Women and Children	PFP	0	0	0	653	654	0	0	0	0	2	3	0	0	0	0
160	New Hope	PFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
161	Ntinda	PFP	0	0	0	19	19	0	0	0	0	0	0	0	0	0	0
162	St. Andrea Kahwa Kooki Community	PFP	0	0	0	75	69	3	5	3	159	0	43	0	0	0	0
163	Lifalink (Ntinda)	PFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
164	Mukwaya	PFP	0	0	0	443	443	1	2	0	7	0	0	0	0	0	0
165	Peoples Medical Centre	PFP	0	0	0	116	114	1	3	0	35	0	0	0	0	0	0
166	Doctors Referral	PFP	0	0	0	807	806	4	3	3	12	0	4	0	0	0	0
167	Bai Heath & Medical International Centre	PFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
168	Le Memorial Medical Services	PFP	0	0	0	41	42	0	0	0	0	15	357	0	0	0	0

No.	Hospital Name	Ownership	Admissions	Deaths	Inpatient Case Fatality Rate	Deliveries	Live births	Fresh still birth	Macerated still birth	Newborn deaths (0-7 days)	Perinatal death/1000	Neonatal Death (8-28 days)	Neonatal mortality rate	Maternal deaths	MMR/100,000	BOR	ALOS
169	Wymestone Medical centre	PFP	0	0	0	60	61	0	1	0	16	0	0	1	1,667	0	0
170	Lifeline	PFP	0	0	0	34	33	0	1	0	30	0	0	0	0	0	0
171	Master Cares Bethlehem Community	PNFP	92	0	0	129	123	0	2	0	16	23	187	0	0	0	3
172	Kitintale	PFP	0	0	0	67	67	0	0	0	0	0	0	0	0	0	0
173	Vine	PNFP	0	0	0	3	6	0	0	0	0	0	0	0	0	0	0
174	Ark Specialist	PFP	0	0	0	33	32	0	1	0	31	0	0	0	0	0	0
175	ASG Eye	PFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
176	Addy Memorial	PFP	0	0	0	15	10	0	0	0	0	0	0	0	0	0	0
177	Ankole	PFP	0	0	0	12	12	0	0	0	0	0	0	0	0	0	0
178	Medik	PFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
179	St. Charles Lwanga	PNFP	3,248	104	3	647	637	13	13	11	58	0	17	2	309	22	2
180	Womens International Hospital & Fertility Centre	PFP	0	0	0	114	136	0	0	0	0	0	0	0	0	0	0
181	Iran Uganda	PFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
182	Bethesda (Kawempe)	PFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
183	Family Care	PFP	2,497	18	1	611	598	6	8	1	25	7	13	0	0	26	3
184	Kadic	PFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
185	Kololo	PFP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total			821,343	29,460	4	216,850	212,944	2,816	2,679	2,012	35	1,468	16	388	182	47	3

5.4 HC IV PERFORMANCE FY 2022/23 AGAINST APGS AND DRGS IN FY 2022/23

No.	HC IV Name	Ownership	LG	No. of admissions	Total OPD	APGs	DRGs
1	Mukuju	GoU	Tororo	9,244	32,664	139,749	15,374
2	Bujubuli	GoU	Kyegegwa	16,077	87,271	47,807	14,804
3	Kabuyanda	GoU	Isingiro	4,672	12,360	42,746	12,963
4	Goli	PNFP	Nebbi	4,133	8,276	39,112	12,631
5	St. Paul (Kasese)	PNFP	Kasese	6,711	6,978	13,941	12,631
6	Kyangwali	GoU	Kikuube	8,922	35,658	134,300	11,864
7	Rwamwanja	GoU	Kamwenge	13,172	52,014	71,375	11,701
8	Budaka	GoU	Budaka	13,942	40,901	39,052	11,630
9	Rukuku	GoU	Fort Portal City	1,699	13,081	130,208	11,605
10	Serere	GoU	Serere	12,729	27,387	43,253	10,789
11	Panyadoji	GoU	Kiryandongo	12,230	71,147	52,339	10,528
12	Kibuku	GoU	Kibuku	12,622	47,583	86,719	10,265
13	Bugobero	GoU	Manafwa	5,865	28,067	21,008	10,154
14	Lalogi	GoU	Omoro	8,286	35,883	353,987	9,514
15	Kidera	GoU	Buyende	8,190	34,588	72,053	9,350
16	Tokora	GoU	Nakapiripirit	4,753	25,517	56,377	9,190
17	Budadiri	GoU	Sironko	6,642	23,170	36,456	9,109
18	Kakumiro	GoU	Kakumiro	8,765	24,862	61,726	8,890
19	Bukedea	GoU	Bukedea	7,187	26,539	26,282	8,800
20	Bumanya	GoU	Kaliro	7,199	21,344	98,385	8,748
21	Dokolo	GoU	Dokolo	7,302	33,561	95,746	8,693
22	Nabiganda	GoU	Butaleja	10,705	43,071	161,988	8,583
23	Pakwach	GoU	Pakwach	6,628	23,979	118,706	8,062
24	Butebo	GoU	Butebo	5,587	31,493	70,919	7,675
25	Kityerera	GoU	Mayuge	3,137	27,729	34,079	7,385
26	Busiu	GoU	Mbale	7,743	27,068	87,268	7,335
27	Yumbe	GoU	Yumbe	8,052	27,619	73,378	7,010
28	Nabiatuk	GoU	Nabiatuk	5,604	23,895	103,340	6,942
29	Awach	GoU	Gulu	7,070	21,195	58,411	6,755
30	Apapai	GoU	Serere	7,257	25,549	15,029	6,429
31	Doctors Plaza	PHP	Mbarara City	1,087	9,889	59,336	6,239

No.	HC IV Name	Ownership	LG	No. of admissions	Total OPD	APGs	DRGs
32	Mayuge	GoU	Mayuge	7,372	31,698	86,233	5,987
33	Kumi	GoU	Kumi	7,747	52,368	56,273	5,720
34	Amolatar	GoU	Amolatar	6,369	24,133	6,297	5,715
35	Nagongera	GoU	Tororo	6,100	38,766	167,606	5,559
36	Mungula	GoU	Adjumani	4,430	29,235	24,526	5,537
37	Muyembe	GoU	Bulambuli	4,354	14,688	106,699	5,413
38	Rukoki	GoU	Kasese	7,737	25,894	57,415	5,406
39	Nsinze	GoU	Namutumba	4,301	23,018	103,652	5,374
40	Namokora	GoU	Kitgum	4,814	23,330	88,470	5,314
41	Nyahuka	GoU	Bundibugyo	5,933	19,060	23,721	5,310
42	Obongi	GoU	Obongi	4,429	22,556	122,710	5,288
43	City Medicals	PHP	Hoima City	112	8,583	34,201	5,279
44	Tiriri	GoU	Soroti	4,397	26,075	71,462	5,167
45	Rhino Camp	GoU	Madi-Okollo	4,833	20,203	94,045	5,130
46	Anyeke	GoU	Oyam	4,801	31,278	57,614	5,077
47	Padibe	GoU	Lamwo	3,611	20,497	94,307	5,064
48	Buyinja	GoU	Namayingo	3,214	21,017	77,240	4,988
49	Kakuto	GoU	Kyotera	5,258	19,281	68,314	4,926
50	Pajule	GoU	Pader	5,773	18,877	39,316	4,913
51	Nankoma	GoU	Bugiri	3,302	21,081	50,611	4,912
52	Rwekubo	GoU	Isingiro	5,492	12,467	114,956	4,868
53	Kapelebyong	GoU	Kapelebyong	5,278	20,229	96,969	4,765
54	Namwendwa	GoU	Kamuli	4,606	18,580	59,124	4,746
55	Kakindo	GoU	Kakumiro	5,086	22,378	110,055	4,738
56	Rugazi	GoU	Rubirizi	5,377	24,567	56,072	4,667
57	Hiima UCI	PNFP	Kasese	130	5,650	2,701	4,628
58	Henrob Family Clinic	PHP	Wakiso	1,727	18,348	78,978	4,593
59	Osepadel Medical Centre	PNFP	Masindi	259	1,167	15,866	4,587
60	Midigo	GoU	Yumbe	4,635	21,951	93,296	4,553
61	Busesa	GoU	Bugweri	3,965	18,456	90,385	4,463
62	Kyarusozi	GoU	Kyarusozi	4,718	24,344	90,310	4,447
63	Omugo	GoU	Terego	3,848	22,160	34,158	4,421

No.	HC IV Name	Ownership	LG	No. of admissions	Total OPD	APGs	DRGs
64	Karugutu	GoU	Ntoroko	4,044	21,837	93,662	4,411
65	Nankandulo	GoU	Kamuli	3,600	23,648	61,879	4,266
66	Busia	GoU	Busia	6,944	37,429	46,353	4,244
67	Bbaale	GoU	Kayunga	3,794	24,412	38,754	4,142
68	Amach	GoU	Lira	3,036	36,695	51,064	3,958
69	Kanungu	GoU	Kanungu	3,515	16,079	132,448	3,897
70	Ssembabule	GoU	Ssembabule	4,253	20,845	77,707	3,873
71	Bufumbo	GoU	Mbale City	4,935	21,544	22,515	3,872
72	Span Medicare	PHP	Kampala	206	26,152	209,946	3,819
73	Kinoni	GoU	Rwampara	2,290	15,530	77,542	3,794
74	Kiyunga	GoU	Luuka	4,832	25,579	64,215	3,763
75	Aboke	GoU	Kole	5,579	21,749	46,815	3,749
76	Alebtong	GoU	Alebtong	4,268	33,817	32,764	3,546
77	Kihihi	GoU	Kanungu	4,862	18,135	30,223	3,425
78	Benedict	PNFP	Kampala	922	19,036	16,301	3,391
79	Mpigi	GoU	Mpigi	5,640	45,707	45,930	3,329
80	Medik	PHP	Kampala	43	1,246	60,077	3,324
81	Bwizibwera	GoU	Mbarara	3,821	16,297	41,698	3,284
82	Buvuma	GoU	Buvuma	3,040	25,016	57,635	3,267
83	Kitwe	GoU	Ntungamo	4,652	16,200	62,443	3,191
84	Orum	GoU	Otuke	2,801	20,095	117,968	3,191
85	Buwenge	GoU	Jinja	2,061	12,307	95,950	3,162
86	Masindi Kitara Medical Centre	PNFP	Masindi	1,823	29,062	4,680	3,128
87	Semuto	GoU	Nakaseke	3,240	19,382	45,763	3,115
88	Mother Francisca Lechner	PNFP	Ntungamo	594	5,039	13,113	3,059
89	Kigorobya	GoU	Hoima	3,750	23,703	128,560	3,053
90	Kiganda	GoU	Kassanda	3,636	14,313	104,206	3,043
91	Bisozi	GoU	Kamwenge	1,868	129,767	21,976	3,021
92	Mitooma	GoU	Mitooma	2,960	19,080	79,182	3,004
93	Magale (UCMB)	PNFP	Namisindwa	2,660	6,654	5,161	2,986
94	Kasangati	GoU	Wakiso	5,346	51,370	53,470	2,984
95	Victoria Medical Services	PHP	Wakiso	8	10,441	147,125	2,924

No.	HC IV Name	Ownership	LG	No. of admissions	Total OPD	APGs	DRGs
96	Kikyoo	GoU	Bundibugyo	2,698	14,735	52,257	2,901
97	Butenga	GoU	Bukomansimbi	3,774	16,437	86,463	2,867
98	Ishongororo	GoU	Ibanda	3,174	21,883	65,339	2,814
99	St. Franciscan	PNFP	Nakasongola	973	6,905	7,670	2,793
100	Buliisa	GoU	Buliisa	2,232	13,481	105,355	2,783
101	Ngora	GoU	Ngora	3,445	23,922	119,480	2,759
102	Wakiso	GoU	Wakiso	6,662	38,203	55,376	2,755
103	Aduku	GoU	Kwania	3,875	27,759	4,683	2,725
104	Midas Torch	PHP	Kyenjojo	951	6,162	51,171	2,706
105	Namayumba	GoU	Wakiso	4,377	18,821	119,275	2,691
106	Platinum Medical Centre	PHP	Kampala	697	27,539	104,297	2,649
107	Rugaaga	GoU	Isingiro	3,158	18,483	168,381	2,632
108	Kibaale	GoU	Kibaale	3,418	12,260	127,926	2,627
109	Karenga	GoU	Karenga	2,722	19,442	56,498	2,619
110	Mparo	GoU	Rukiga	2,632	14,864	48,096	2,581
111	St. Francis Health Care Services	PNFP	Buikwe	1,517	7,724	6,593	2,557
112	Nakasongola	GoU	Nakasongola	4,689	14,685	5,486	2,540
113	Kigandalo	GoU	Mayuge	3,421	27,027	173,451	2,540
114	Kyazanga	GoU	Lwengo	2,701	31,084	45,425	2,537
115	Ntwetwe	GoU	Kyankwanzi	4,079	13,451	86,850	2,501
116	Kikuube	GoU	Kikuube	2,050	13,893	163,975	2,490
117	Kibito	GoU	Bunyangabu	3,953	14,627	45,443	2,482
118	Atiak	GoU	Amuru	1,954	18,283	57,957	2,439
119	Kawaala	GoU	Kampala	9,852	34,746	29,810	2,360
120	Mulanda	GoU	Tororo	3,602	37,043	57,469	2,357
121	Chahafi	GoU	Kisoro	2,747	14,711	61,156	2,357
122	Madi-Opei	GoU	Lamwo	2,207	15,646	85,094	2,351
123	Nsiika	GoU	Buhweju	2,512	13,856	122,630	2,304
124	5th Military Division	GoU	Pader	1,854	9,746	12,120	2,298
125	Michoes Medical	PHP	Kumi	977	1,470	49,163	2,268
126	Kangulumira	GoU	Kayunga	2,944	35,119	74,337	2,232
127	Ntara	GoU	Kitagwenda	3,537	17,735	91,922	2,230

No.	HC IV Name	Ownership	LG	No. of admissions	Total OPD	APGs	DRGs
128	Bubulo	GoU	Manafwa	2,919	22,537	2,042	2,204
129	Walukuba	GoU	Jinja City	2,413	25,793	178,300	2,199
130	Nyamirami	GoU	Kasese	3,059	12,310	52,629	2,163
131	St. Mary's Kasaala	PNFP	Luwero	982	5,747	16,767	2,162
132	Kitante Medical Centre	PHP	Kampala	221	18,562	48,089	2,129
133	Kalagaia	GoU	Luwero	2,765	23,002	28,570	2,125
134	Toroma	GoU	Katakwi	4,039	14,377	85,417	2,113
135	Warr	GoU	Zombo	2,484	28,667	71,672	2,099
136	Rubare	GoU	Ntungamo	2,998	17,527	94,406	2,078
137	Bukomero	GoU	Kiboga	5,132	19,987	120,509	2,060
138	Kamukira	GoU	Kabale	2,276	25,847	24,972	2,041
139	Rwebisengo	GoU	Ntoroko	2,236	13,279	85,650	2,020
140	Bushenyi	GoU	Bushenyi	3,160	32,098	40,650	2,012
141	Kisenyi	GoU	Kampala	8,865	42,230	36,699	2,009
142	Kapרון	GoU	Kween	2,860	12,694	99,678	1,995
143	Rwesande	PNFP	Kasese	3,290	5,563	23,093	1,993
144	Bbosa Medical Centre	PHP	Kiboga	482	10,268	85,425	1,987
145	Bugono	GoU	Iganga	2,013	21,144	16,911	1,917
146	Kassanda	GoU	Kassanda	3,928	17,416	138,561	1,846
147	Arahmah Medical Centre	PNFP	Masaka City	637	6,201	9,558	1,845
148	Senta Medicare	PHP	Wakiso	251	3,811	53,361	1,824
149	Kyabugimbi	GoU	Bushenyi	3,206	14,745	78,108	1,804
150	Masindi Military Barracks	GoU	Masindi	2,951	19,843	141,166	1,798
151	Namatala	GoU	Mbale City	3,131	22,166	4,947	1,790
152	Kazo	GoU	Kazo	2,330	27,308	72,396	1,782
153	Princess Diana	GoU	Soroti City	1,502	20,267	86,204	1,763
154	Buwambo	GoU	Wakiso	3,874	24,859	59,123	1,736
155	Shuuku	GoU	Sheema	2,065	13,132	60,154	1,735
156	Kalangala	GoU	Kalangala	1,163	11,659	105,740	1,689
157	Saidina Abubakar Islamic	PNFP	Wakiso	426	10,187	4,760	1,651
158	Lwengo	GoU	Lwengo	2,005	16,877	56,778	1,606
159	Kyantungo	GoU	Mityana	2,217	15,739	24,408	1,600

No.	HC IV Name	Ownership	LG	No. of admissions	Total OPD	APGs	DRGs
160	Kiruhura	GoU	Kiruhura	1,957	15,288	91,680	1,584
161	Bugembe	GoU	Jinja City	3,210	22,798	15,905	1,573
162	St. Andrews Bkira Maria	PNFP	Kyotera	2,742	11,454	3,249	1,555
163	Buwasa	GoU	Sironko	2,114	18,284	129,483	1,511
164	Bugangari	GoU	Rukungiri	2,148	18,477	39,167	1,499
165	Namuliundu Medical	PHP	Wakiso	558	9,283	45,119	1,487
166	Kabwohe	GoU	Sheema	4,625	18,454	216,149	1,478
167	Wagagai	PHP	Wakiso	628	23,287	21,993	1,469
168	Rwashamaire	GoU	Ntungamo	2,536	16,519	54,638	1,450
169	St. Francis (Mityana)	PNFP	Mityana	1,196	4,650	53,413	1,448
170	Rubaya	GoU	Kabale	968	15,299	158,836	1,386
171	Kamwezi	GoU	Rukiga	1,838	12,578	88,488	1,325
172	Biiso	GoU	Buliisa	1,713	23,232	30,440	1,314
173	Nyimbwa	GoU	Luwero	1,546	17,203	94,853	1,307
174	Maziba	GoU	Kabale	1,394	12,893	85,065	1,257
175	Double Cure	PNFP	Mpigi	1,542	20,513	33,123	1,210
176	Kolonyi	PNFP	Mbale City	1,683	5,615	5,076	1,203
177	State House	GoU	Wakiso	2,279	36,997	104,255	1,200
178	Hamurwa	GoU	Rubanda	2,033	20,564	278,900	1,198
179	Bugolobi Medical Centre	PHP	Kampala	356	242,732	42,613	1,184
180	Ruhoko	GoU	Ibanda	2,528	10,829	77,068	1,179
181	River Oil	GoU	Arua City	3,334	12,988	111,594	1,170
182	Mwera	GoU	Mityana	1,398	9,492	65,942	1,170
183	Bwijanga	GoU	Masindi	2,136	7,417	88,923	1,165
184	Ogur	GoU	Lira	2,766	24,191	116,976	1,160
185	Adumi	GoU	Arua City	2,125	12,652	47,877	1,156
186	Ssekanyonyi	GoU	Mityana	2,099	22,971	67,376	1,087
187	Budondo	GoU	Jinja City	1,604	14,693	42,521	1,080
188	Abii Clinic	PHP	Kampala	101	19,121	180,022	1,023
189	Mpumudde	GoU	Jinja City	1,595	25,261	52,838	1,008
190	UPDF 2nd Div.	GoU	Mbarara City	1,917	11,993	99,623	1,008
191	Rukungiri	GoU	Rukungiri	1,543	18,433	67,587	997
192	Hope	PHP	Luwero	111	1,099	44,891	972

No.	HC IV Name	Ownership	LG	No. of admissions	Total OPD	APGs	DRGs
193	Ntuusi	GoU	Sembabule	1,337	11,296	101,880	959
194	Kojja	GoU	Mukono	662	12,435	37,717	939
195	Lodonga	PNFP	Yumbe	2,320	5,935	23,787	931
196	Muko	GoU	Rubanda	1,437	19,809	87,519	915
197	Nyamuyanja	GoU	Isingiro	1,203	10,420	193,180	832
198	Azur	PNFP	Hoima City	2,398	5,001	32,472	787
199	Bukuliula	GoU	Kalungu	1,942	16,267	86,354	755
200	Rubuguri	GoU	Kisoro	1,127	15,721	99,321	730
201	Maddu	GoU	Gomba	1,425	12,649	82,091	712
202	Kyanamukaaka	GoU	Masaka	1,266	16,288	104,177	706
203	Buyende Bugaya	GoU	Buyende	1,536	20,096	148,350	703
204	Kyadondo Medical Centre	PHP	Kampala	1,301	6,477	230,745	695
205	St. Theresa Lisieux Rwibaale	PNFP	Kyenjojo	4,792	13,219	38,393	694
206	St. Ambrose Charity	PHP	Kagadi	1,531	3,891	95,148	685
207	Kebisoni	GoU	Rukungiri	2,106	16,174	38,769	666
208	North Kigezi	PNFP	Rukungiri	3,024	7,778	2,985	657
209	Kiwangala	GoU	Lwengo	1,324	20,194	94,704	649
210	Nabiswera	GoU	Nakasongola	1,091	9,897	54,617	632
211	Palabek-Kal	GoU	Lamwo	1,148	15,814	69,040	616
212	Ndejje	GoU	Wakiso	2,949	27,620	72,405	577
213	Busaru	PNFP	Bundibugyo	3,169	4,666	13,214	515
214	Kalaki	GoU	Kalaki	1,292	27,589	76,201	513
215	Kiyumba	GoU	Masaka City	346	8,997	54,418	480
216	Bukwo	GoU	Bukwo	811	3,201	116,442	458
217	Bondo	GoU	Arua	1,061	9,894	47,383	430
218	Mbarara Municipal Council	GoU	Mbarara City	3,501	16,554	106,496	415
219	Kyetume CBHC	PNFP	Mukono	763	5,205	42,295	395
220	Ngoma	GoU	Nakaseke	861	22,411	36,033	375
221	Kajjansi	GoU	Wakiso	2,248	42,729	51,272	358
222	NACOL Medical Centre	PHP	Luwero	763	2,443	82,002	313
223	Maracha	GoU	Maracha	870	21,847	144,512	305
224	St. Luke	PNFP	Kampala	541	3,262	25,997	304

No.	HC IV Name	Ownership	LG	No. of admissions	Total OPD	APGs	DRGs
225	Ntungamo	GoU	Ntungamo	1,246	16,365	99,982	298
226	Sebbi Medical	PHP	Wakiso	1,826	43,361	88,830	278
227	St. Joseph Of the Good Shepherd Health Centre	PNFP	Kalungu	3,019	8,601	19,293	246
228	Rugyevo	GoU	Kanungu	343	6,465	89,683	228
229	Busanza	GoU	Kisoro	680	12,142	94,289	223
230	Bukasa	GoU	Kalangaia	221	19,389	45,658	207
231	Mpungu	GoU	Kanungu	521	9,874	337,446	192
232	Padre Pio	PNFP	Kamwenge	2,017	5,711	13,369	173
233	Kabubbu	PNFP	Wakiso	1,361	14,805	5,632	162
234	Bugamba	GoU	Rwampara	928	10,185	19,054	157
235	Herona Medical Centre	PHP	Mukono	1,450	23,727	24,027	156
236	Luzira Staff Clinic	GoU	Kampala	224	32,817	127,507	152
237	Kakomo	GoU	Kabale	474	9,314	91,837	135
238	Kaserem	GoU	Kapchorwa	821	6,895	65,619	126
239	Buhunga	GoU	Rukungiri	1,232	12,092	39,957	113
240	Moyo Mission	PNFP	Moyo	1,677	4,289	15,028	95
241	Ruteete	GoU	Kabarole	145	11,673	87,571	73
242	Kataraka	GoU	Fort Portal City	413	12,461	73,143	14
243	K.T Medical Centre	PHP	Wakiso	0	2,272	103,248	0
244	Naluvule Medical	PHP	Wakiso	0	581	102,253	0
245	Spring Medicare	PHP	Wakiso	0	1,581	85,940	0
246	SAS Clinic	PHP	Kampala	0	3,686	83,636	0
247	Karita	GoU	Amudat	10	18,033	83,173	0
248	Pearl Medical Centre	PHP	Kampala	0	2,519	80,968	0
249	Salaama Memorial Medical Centre	PHP	Wakiso	0	2,289	55,667	0
250	Kairos Medical Centre	PHP	Mukono	0	3,793	51,403	0
251	Nsambya Police	GoU	Kampala	0	35,001	32,909	0
252	Sikyomu Doctors Medical Centre	PHP	Wakiso	0	6,427	26,668	0
253	Astu	GoU	Katakwi	0	28,302	26,587	0
254	Naguru Police	GoU	Kampala	0	20,976	2,424	0
Total				804,583	5,216,686	18,372,076	782,469

5.5 HC IV ASSESSMENT FOR QUALITY FY 2022/23

No.	HC IV Name	Ownership	Admissions	Total OPD	Deaths	Inpatient Case Fatality Rate	Deliveries	Live births	Fresh still birth	Macerated still birth	Newborn deaths (0-7 days)	Perinatal death/1000	Neonatal Death (8-28 days)	Neonatal mortality rate	Maternal deaths	MMR/100,000	Bed Occupancy Rate	ALOS
1	Mukuju	GoU	9,244	32,664	29	0	1,655	1,661	0	3	1	2	0	1	0	0	248	4
2	Bujubuli	GoU	16,077	87,271	160	1	4,783	4,806	8	16	14	8	0	3	2	42	21	1
3	Kabuyanda	GoU	4,672	12,360	4	0	1,656	1,620	26	23	8	35	0	5	1	60	66	2
4	Goli	PNFP	4,133	8,276	193	5	1,115	1,099	6	11	11	25	0	10	0	0	38	3
5	St. Paul (Kasese)	PNFP	6,711	6,978	329	5	2,085	2,024	41	25	33	49	9	21	4	192	46	3
6	Kyangwali	GoU	8,922	35,658	162	2	2,805	2,667	67	39	10	43	0	4	1	36	81	3
7	Rwamwanja	GoU	13,172	52,014	99	1	3,968	3,964	5	5	10	5	1	3	1	25	68	3
8	Budaka	GoU	13,942	40,901	71	1	2,704	2,710	25	21	3	18	0	1	4	148	136	2
9	Bukuku	GoU	1,699	13,081	2	0	832	827	4	7	2	16	0	2	0	0	23	2
10	Serere	GoU	12,729	27,387	117	1	2,406	2,411	16	17	10	18	0	4	4	166	143	3
11	Panyadoli	GoU	12,230	71,147	215	2	2,579	2,549	13	34	11	23	0	4	2	78	39	2
12	Kibuku	GoU	12,622	47,583	81	1	1,867	1,865	12	11	2	13	0	1	1	54	192	2
13	Bugobero	GoU	5,865	28,067	3	0	2,182	2,169	7	14	0	10	0	0	0	0	115	2
14	Lalogi	GoU	8,286	35,883	132	2	1,101	1,070	15	17	7	36	0	7	2	182	140	3
15	Kidera	GoU	8,190	34,588	60	1	1,981	1,988	15	15	5	18	0	3	2	101	101	2
16	Tokora	GoU	4,753	25,517	77	2	560	542	9	2	5	30	0	9	0	0	91	2
17	Budadiri	GoU	6,642	23,170	73	1	2,999	2,974	18	8	2	9	0	1	0	0	78	3
18	Kakumiro	GoU	8,765	24,862	63	1	3,065	3,034	19	12	7	13	0	2	2	65	124	3
19	Bukedea	GoU	7,187	26,539	106	1	1,918	1,915	12	11	4	14	0	2	1	52	84	3
20	Bumanya	GoU	7,199	21,344	111	2	1,719	1,691	23	24	1	28	0	1	1	58	146	3
21	Dokolo	GoU	7,302	33,561	229	3	1,692	1,706	8	5	1	8	0	1	1	59	99	4
22	Nabiganda	GoU	10,705	43,071	24	0	1,364	1,372	1	3	0	3	0	0	0	0	160	1
23	Pakwach	GoU	6,628	23,979	231	3	1,512	1,500	5	14	14	22	1	10	3	198	66	3
24	Butebo	GoU	5,587	31,493	32	1	1,628	1,610	10	7	1	11	0	1	0	0	71	2
25	Kityerera	GoU	3,137	27,729	36	1	1,086	1,087	16	13	6	32	0	6	1	92	96	2

No.	HC IV Name	Ownership	Admissions	Total OPD	Deaths	Inpatient Case Fatality Rate	Deliveries	Live births	Fresh still birth	Macerated still birth	Newborn deaths (0-7 days)	Perinatal death/1000 (8-28 days)	Neonatal mortality rate	Maternal deaths	MMR/100,000	Bed Occupancy Rate	ALOS	
26	Busiu	GoU	7,743	27,068	31	0	1,804	1,780	10	12	10	18	0	6	1	55	0	2
27	Yumbe	GoU	8,052	27,619	63	1	2,486	2,474	15	19	8	17	1	4	3	121	152	3
28	Nabilatuk	GoU	5,604	23,895	112	2	598	625	6	4	4	22	0	6	1	167	104	3
29	Awach	GoU	7,070	21,195	13	0	1,123	1,120	6	4	1	10	0	1	1	89	289	3
30	Apapai	GoU	7,257	25,549	24	0	892	878	6	12	2	23	0	2	0	0	156	3
31	Doctors Plaza	PHP	1,087	9,889	7	1	374	372	0	0	0	0	0	0	0	0	1	0
32	Mayuge	GoU	7,372	31,698	80	1	2,294	2,241	27	24	5	25	0	2	2	87	101	3
33	Kumi	GoU	7,747	52,368	11	0	1,451	1,447	3	4	3	7	0	2	0	0	85	2
34	Amolatar	GoU	6,369	24,133	63	1	1,072	1,110	9	10	12	28	3	14	2	187	80	2
35	Nagongera	GoU	6,100	38,786	49	1	1,494	1,503	7	3	2	8	0	1	3	201	11	0
36	Mungula	GoU	4,430	29,235	44	1	1,020	1,005	6	4	6	16	0	6	0	0	39	3
37	Muyembe	GoU	4,354	14,688	87	2	1,467	1,457	15	12	3	21	0	2	0	0	39	1
38	Rukoki	GoU	7,737	25,894	45	1	3,677	3,635	24	9	1	9	0	0	2	54	115	2
39	Nsinze	GoU	4,301	23,018	60	1	1,025	1,008	15	15	8	38	0	8	1	98	64	3
40	Namokora	GoU	4,814	23,330	125	3	1,173	1,162	11	9	22	36	1	20	1	85	80	4
41	Nyahuka	GoU	5,933	19,060	41	1	1,913	1,880	15	18	1	18	0	1	1	52	98	4
42	Obongi	GoU	4,429	22,556	39	1	744	733	3	8	10	29	1	15	1	134	42	2
43	City Medicals	PHP	112	8,583	5	4	54	59	0	1	0	17	0	0	5	9,259	0	0
44	Tiriri	GoU	4,397	26,075	4	0	1,118	1,111	13	8	6	24	2	7	3	288	86	3
45	Rhino Camp	GoU	4,833	20,203	78	2	1,003	986	7	14	7	28	0	7	2	199	106	2
46	Anyeke	GoU	4,801	31,278	93	2	1,233	1,223	11	11	19	34	0	16	1	81	37	2
47	Padibe	GoU	3,611	20,497	166	5	794	786	12	5	11	36	0	14	1	126	30	3
48	Buyinja	GoU	3,214	21,017	109	3	1,050	1,141	16	13	5	30	4	8	0	0	16	1
49	Kakuuto	GoU	5,258	19,281	52	1	1,576	1,554	21	18	4	28	1	3	0	0	43	2
50	Pajule	GoU	5,773	18,877	68	1	1,074	1,062	17	3	5	24	1	6	2	186	78	2
51	Nankoma	GoU	3,302	21,081	29	1	1,969	1,946	20	16	9	23	0	5	1	51	26	1
52	Rwekubo	GoU	5,492	12,467	38	1	3,631	3,549	91	63	14	47	2	5	3	83	64	3

No.	HC IV Name	Ownership	Admissions	Total OPD	Deaths	Inpatient Case Fatality Rate	Deliveries	Live births	Fresh still birth	Macerated still birth	Newborn deaths (0-7 days)	Perinatal death/1000	Neonatal Death (8-28 days)	Neonatal mortality rate	Maternal deaths	MMR/100,000	Bed Occupancy Rate	ALOS
53	Kapelebyong	GoU	5,278	20,229	36	1	922	926	5	4	2	12	0	2	0	0	26	1
54	Namwendwa	GoU	4,606	18,580	29	1	1,416	1,409	6	15	1	16	0	1	1	71	18	1
55	Kakindo	GoU	5,086	22,378	96	2	1,813	1,787	12	15	4	17	0	2	1	55	52	2
56	Rugazi	GoU	5,377	24,567	25	0	1,953	1,925	29	13	2	23	2	2	2	102	79	3
57	Hiima UCI	PNFP	130	5,650	1	1	1	1	0	0	0	0	0	0	0	0	6	2
58	Henrob Family Clinic	PHP	1,727	18,348	10	1	474	476	1	4	0	11	0	0	0	0	2	0
59	Osepadel Medical Centre	PNFP	259	1,167	14	5	13	13	11	2	0	1,000	1	77	0	0	2	1
60	Midigo	GoU	4,635	21,951	50	1	1,255	1,267	10	12	6	22	0	5	1	80	30	3
61	Busesa	GoU	3,965	18,456	18	0	1,547	1,524	17	9	6	21	0	4	0	0	67	2
62	Kyarusozi	GoU	4,718	24,344	75	2	1,126	1,129	5	4	4	12	0	4	0	0	58	2
63	Omugo	GoU	3,848	22,160	130	3	1,405	1,384	11	10	21	30	0	15	0	0	35	3
64	Karugutu	GoU	4,044	21,837	60	1	1,483	1,488	8	9	11	19	0	7	3	202	26	1
65	Nankandulo	GoU	3,600	23,648	35	1	945	943	2	8	9	20	0	10	0	0	37	2
66	Busia	GoU	6,944	37,429	56	1	2,688	2,649	24	7	5	14	0	2	2	74	54	1
67	Bbaale	GoU	3,794	24,412	69	2	875	871	8	4	0	14	0	0	0	0	74	3
68	Amach	GoU	3,036	36,695	1	0	831	823	0	6	0	7	0	0	0	0	51	3
69	Kanungu	GoU	3,515	16,079	7	0	990	986	6	6	3	15	1	4	0	0	45	3
70	Ssembabule	GoU	4,253	20,845	19	0	2,010	1,991	9	12	1	11	0	1	1	50	16	0
71	Bufumbo	GoU	4,935	21,544	17	0	1,214	1,198	12	11	1	20	1	2	0	0	18	0
72	Span Medicare	PHP	206	26,152	2	1	97	73	1	1	0	27	0	0	0	0	4	1
73	Kinoni	GoU	2,290	15,530	196	9	1,346	1,344	3	5	0	6	0	0	1	74	1	0
74	Kiyunga	GoU	4,832	25,579	52	1	1,468	1,471	9	14	6	20	0	4	1	68	45	1
75	Aboke	GoU	5,579	21,749	10	0	1,751	1,719	17	4	4	15	0	2	1	57	58	2
76	Alebtong	GoU	4,268	33,817	86	2	1,278	1,280	4	12	2	14	0	2	0	0	52	3
77	Kihihi	GoU	4,862	18,135	52	1	1,838	1,829	16	16	16	26	1	9	0	0	49	3
78	Benedict	PNFP	922	19,036	12	1	593	598	4	4	1	15	0	2	2	337	8	2
79	Mpigi	GoU	5,640	45,707	3	0	2,585	2,543	12	18	1	12	0	0	2	78	47	1

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80	Medik	PHP	43	1,246	0	0	180	180	0	0	0	0	27	150	0	0	0	0
81	Bwizibwera	GoU	3,821	16,297	52	1	1,791	1,780	14	13	9	20	0	5	1	56	70	3
82	Buvuma	GoU	3,040	25,016	12	0	1,002	995	2	3	2	7	0	2	0	0	94	2
83	Kitwe	GoU	4,652	16,200	87	2	1,866	1,866	10	11	2	12	0	1	4	214	56	2
84	Orum	GoU	2,801	20,095	133	5	653	584	13	6	6	43	0	10	0	0	70	3
85	Buwenge	GoU	2,061	12,307	16	1	784	781	3	4	1	10	0	1	2	255	24	2
86	Masindi Kitara Medical Centre	PNFP	1,823	29,062	39	2	452	439	8	7	11	59	2	30	2	442	16	2
87	Semuto	GoU	3,240	19,382	23	1	961	945	7	8	4	20	0	4	0	0	55	2
88	Mother Francisca Lechner	PNFP	594	5,039	2	0	310	313	2	3	1	19	0	3	1	323	27	3
89	Kigorobya	GoU	3,750	23,703	8	0	1,305	1,304	8	4	1	10	0	1	0	0	46	1
90	Kiganda	GoU	3,636	14,313	24	1	2,295	2,188	19	28	0	21	0	0	4	174	74	2
91	Bisozi	GoU	1,868	129,767	195	10	525	525	3	0	0	6	0	0	0	0	26	2
92	Mitooma	GoU	2,960	19,080	28	1	1,718	1,722	2	8	2	7	0	1	1	58	81	3
93	Magale (UCMB)	PNFP	2,660	6,654	43	2	1,107	1,081	12	13	4	27	0	4	2	181	24	3
94	Kasangati	GoU	5,346	51,370	1	0	3,600	3,291	12	9	0	6	0	0	0	0	113	2
95	Victoria Medical Services	PHP	8	10,441	0	0	68	68	0	0	0	0	0	0	1	1,471	0	0
96	Kikyo	GoU	2,698	14,735	0	0	496	496	0	1	2	6	0	4	0	0	47	2
97	Butenga	GoU	3,774	16,437	64	2	1,467	1,466	15	12	1	19	0	1	1	68	69	2
98	Ishongororo	GoU	3,174	21,883	11	0	1,310	1,297	11	5	2	14	0	2	0	0	32	1
99	St. Franciscan	PNFP	973	6,905	36	4	314	296	7	11	2	68	0	7	1	318	22	2
100	Buliisa	GoU	2,232	13,481	84	4	426	424	1	1	2	9	0	5	0	0	22	1
101	Ngora	GoU	3,445	23,922	24	1	1,116	1,107	5	7	0	11	0	0	1	90	0	1
102	Wakiso	GoU	6,662	38,203	10	0	4,027	4,019	9	21	0	7	0	0	3	74	115	2
103	Aduku	GoU	3,875	27,759	27	1	1,640	1,718	22	21	7	29	0	4	1	61	133	4
104	Midas Torch	PHP	951	6,162	97	10	190	152	10	5	4	125	3	46	0	0	26	1
105	Namayumba	GoU	4,377	18,821	10	0	2,258	2,205	28	25	2	25	0	1	0	0	72	2
106	Platinum Medical Centre	PHP	697	27,539	33	5	34	34	0	0	0	0	0	0	0	0	0	3

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107	Rugaaga	GoU	3,158	18,483	30	1	812	815	2	0	2	5	0	2	0	0	92	3
108	Kibaale	GoU	3,418	12,260	788	23	1,866	1,825	32	29	26	48	0	14	1	54	37	2
109	Karenga	GoU	2,722	19,442	15	1	719	455	7	4	3	31	0	7	0	0	59	4
110	Mparo	GoU	2,632	14,864	17	1	816	811	6	5	0	14	0	0	0	0	50	2
111	St. Francis Health Care Services	PNFP	1,517	7,724	10	1	709	717	1	3	1	7	0	1	1	141	7	2
112	Nakasongola	GoU	4,689	14,685	66	1	1,342	1,305	18	25	7	38	0	5	1	75	55	2
113	Kigandalo	GoU	3,421	27,027	1	0	1,016	1,003	9	7	6	22	0	6	2	197	38	2
114	Kyazanga	GoU	2,701	31,084	19	1	1,449	1,439	6	12	1	13	0	1	0	0	51	2
115	Ntwebwe	GoU	4,079	13,451	8	0	1,949	1,935	11	6	12	15	0	6	2	103	46	2
116	Kikuube	GoU	2,050	13,893	422	21	1,548	1,528	30	10	5	29	0	3	2	129	31	1
117	Kibiito	GoU	3,953	14,627	40	1	2,273	2,279	11	11	10	14	0	4	1	44	66	3
118	Atiak	GoU	1,954	18,283	72	4	300	300	2	3	2	23	0	7	0	0	56	3
119	Kawaala	GoU	9,852	34,746	42	0	7,718	7,751	24	15	6	6	0	1	2	26	133	1
120	Mulanda	GoU	3,602	37,043	23	1	1,075	1,079	4	2	0	6	0	0	0	0	0	0
121	Chahafi	GoU	2,747	14,711	4	0	925	925	1	6	1	9	0	1	0	0	67	3
122	Madi-Opei	GoU	2,207	15,646	44	2	391	391	3	2	4	23	0	10	0	0	60	3
123	Nsiika	GoU	2,512	13,856	39	2	1,444	1,445	6	1	2	6	1	2	0	0	4	0
124	5th Military Division	GoU	1,854	9,746	10	1	113	110	2	1	0	27	0	0	0	0	45	4
125	Michoes Medical	PHP	977	1,470	19	2	138	138	0	0	0	0	0	0	0	0	36	4
126	Kangulumira	GoU	2,944	35,119	51	2	1,631	1,637	6	4	10	12	0	6	0	0	28	2
127	Ntara	GoU	3,537	17,735	23	1	1,295	1,293	4	9	1	11	0	1	0	0	59	2
128	Bubulo	GoU	2,919	22,537	0	0	1,956	1,943	7	8	0	8	0	0	0	0	87	2
129	Walukuba	GoU	2,413	25,793	2	0	907	912	5	9	13	30	0	14	1	110	69	2
130	Nyamirami	GoU	3,059	12,310	11	0	1,128	1,132	6	6	0	11	0	0	2	177	80	2
131	St. Mary's Kasoola	PNFP	982	5,747	5	1	261	260	3	2	2	27	0	8	0	0	8	2
132	Kitante Medical Centre	PHP	221	18,562	5	2	6	6	1	0	0	167	0	0	0	0	19	3
133	Kalagala	GoU	2,765	23,002	10	0	1,246	1,247	9	4	0	10	0	0	1	80	37	2

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134	Toroma	GoU	4,039	14,377	9	0	536	533	3	2	7	23	0	13	0	0	89	4
135	Warr	GoU	2,484	28,667	57	2	1,058	1,036	8	15	4	26	0	4	3	284	75	3
136	Rubare	GoU	2,998	17,527	24	1	1,665	1,664	5	1	0	4	0	0	1	60	47	2
137	Bukomero	GoU	5,132	19,987	7	0	1,595	1,579	16	6	13	22	0	8	0	0	31	1
138	Kamukira	GoU	2,276	25,847	8	0	767	758	0	0	0	0	0	0	1	130	45	2
139	Rwebisengo	GoU	2,236	13,279	24	1	537	531	4	5	1	19	0	2	1	186	54	2
140	Bushenyi	GoU	3,160	32,098	6	0	1,824	1,815	10	8	1	10	0	1	0	0	54	2
141	Kisenyi	GoU	8,865	42,230	1	0	8,553	8,617	18	24	18	7	0	2	1	12	42	1
142	Kapרון	GoU	2,860	12,694	36	1	780	769	12	6	2	26	0	3	0	0	13	1
143	Rwesande	PNFP	3,290	5,563	94	3	759	737	20	8	14	57	1	20	4	527	44	3
144	Bbosa Medical Centre	PHP	482	10,268	0	0	138	137	0	1	0	7	0	0	0	0	34	2
145	Bugono	GoU	2,013	21,144	2	0	577	936	6	5	5	17	0	5	0	0	29	2
146	Kassanda	GoU	3,928	17,416	36	1	2,701	2,674	23	26	4	20	0	1	2	74	88	2
147	Arahmah Medical Centre	PNFP	637	6,201	6	1	81	68	0	1	0	15	0	0	0	0	6	0
148	Senta Medicare	PHP	251	3,811	2	1	111	191	0	0	0	0	0	0	0	0	3	1
149	Kyabugimbi	GoU	3,206	14,745	3	0	2,301	2,314	0	0	0	0	0	0	0	0	2	0
150	Masindi Military Barracks	GoU	2,951	19,843	17	1	187	152	1	1	1	20	0	7	0	0	50	3
151	Namatala	GoU	3,131	22,166	94	3	1,982	1,968	2	4	1	4	0	1	0	0	31	1
152	Kazo	GoU	2,330	27,306	31	1	1,097	1,098	8	7	0	14	0	0	0	0	2	1
153	Princess Diana	GoU	1,502	20,267	7	0	979	987	7	2	4	13	0	4	0	0	15	0
154	Buwambo	GoU	3,874	24,859	2	0	1,481	1,461	8	13	0	14	1	1	0	0	65	2
155	Shuuku	GoU	2,065	13,132	16	1	968	971	0	2	1	3	0	1	1	103	42	2
156	Kalangala	GoU	1,163	11,659	33	3	593	585	10	11	15	62	0	26	1	169	28	4
157	Saidina Abubakar Islamic	PNFP	426	10,187	6	1	229	227	2	2	0	18	0	0	0	0	4	2
158	Lwengo	GoU	2,005	16,877	25	1	956	957	1	1	1	3	0	1	0	0	40	2
159	Kyantungo	GoU	2,217	15,739	0	0	383	380	3	2	6	29	0	16	0	0	59	3
160	Kiruhura	GoU	1,957	15,288	36	2	1,082	1,083	5	3	0	7	0	0	1	92	37	2
161	Bugembe	GoU	3,210	22,798	2	0	1,778	1,660	4	3	0	4	0	0	0	0	39	2

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162	St. Andrews Bkira Maria	PNFP	2,742	11,454	38	1	712	703	7	5	10	31	1	16	0	0	14	1
163	Buwasa	GoU	2,114	18,284	8	0	911	893	5	4	6	17	0	7	1	110	67	2
164	Bugangari	GoU	2,148	18,477	1	0	1,168	1,181	5	0	0	4	1	1	1	86	68	2
165	Namulundu Medical	PHP	558	9,283	68	12	72	71	1	0	1	28	0	14	0	0	17	3
166	Kabwohe	GoU	4,625	18,454	79	2	2,362	2,253	9	17	6	14	0	3	2	85	52	2
167	Wagagai	PHP	628	23,287	3	0	168	162	2	6	0	49	0	0	0	0	18	2
168	Rwashamaire	GoU	2,536	16,519	8	0	1,341	1,330	5	6	2	10	0	2	0	0	45	2
169	St. Francis (Mityana)	PNFP	1,196	4,650	7	1	150	149	1	0	1	13	0	7	0	0	17	2
170	Rubaya	GoU	968	15,299	17	2	678	678	3	2	0	7	2	3	0	0	10	1
171	Kamwezi	GoU	1,838	12,578	7	0	509	505	2	0	1	6	0	2	0	0	37	3
172	Biiso	GoU	1,713	23,232	19	1	578	557	1	3	2	11	0	4	0	0	50	2
173	Nyimbwa	GoU	1,546	17,203	4	0	826	827	0	2	1	4	0	1	0	0	36	2
174	Maziba	GoU	1,394	12,893	9	1	476	475	2	2	0	8	0	0	0	0	21	2
175	Double Cure	PNFP	1,542	20,513	38	2	228	201	5	8	0	0	0	0	0	0	7	2
176	Kolonyi	PNFP	1,683	5,615	51	3	138	135	1	2	1	30	0	7	1	725	22	3
177	State House	GoU	2,279	36,997	21	1	1,529	1,538	12	8	4	16	2	4	3	196	26	2
178	Hamurwa	GoU	2,033	20,564	42	2	1,068	1,062	2	2	3	7	0	3	0	0	44	3
179	Bugolobi Medical Centre	PHP	356	242,732	12	3	111	112	0	2	0	18	0	0	0	0	1	0
180	Ruhoko	GoU	2,528	10,829	44	2	1,426	1,416	7	5	7	13	0	5	1	70	22	1
181	River Oii	GoU	3,334	12,988	245	7	1,795	1,776	10	9	0	11	0	0	2	111	32	2
182	Mwera	GoU	1,398	9,492	0	0	358	336	1	2	0	9	0	0	0	0	51	3
183	Bwijanga	GoU	2,136	7,417	9	0	1,183	1,169	4	12	1	15	0	1	0	0	34	2
184	Ogur	GoU	2,766	24,191	30	1	1,124	1,118	6	3	2	10	0	2	0	0	52	3
185	Adumi	GoU	2,125	12,652	10	0	807	791	11	8	1	25	0	1	0	0	33	2
186	Ssekanyonyi	GoU	2,099	22,971	1	0	758	751	3	4	1	11	0	1	0	0	60	2
187	Budondo	GoU	1,604	14,693	5	0	843	835	4	3	0	8	0	0	1	119	0	2
188	Abii Clinic	PHP	101	19,121	2	2	13	16	0	0	0	0	0	0	0	0	3	1

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189	Mpumudde	GoU	1,595	25,261	3	0	1,270	1,263	0	4	0	3	0	0	0	0	40	2
190	UPDF 2nd Div.	GoU	1,917	11,993	13	1	214	228	0	0	0	0	0	0	0	0	40	3
191	Rukungiri	GoU	1,543	18,433	3	0	752	752	0	0	0	0	0	0	0	0	47	2
192	Hope	PHP	111	1,099	2	2	38	34	0	0	0	0	0	0	0	0	2	1
193	Ntuusi	GoU	1,337	11,296	6	0	634	628	6	2	6	22	0	10	0	0	25	2
194	Kojja	GoU	662	12,435	3	0	1,341	1,329	5	12	6	17	0	5	0	0	0	0
195	Lodonga	PNFP	2,320	5,935	29	1	708	712	4	3	3	14	1	6	0	0	28	3
196	Muko	GoU	1,437	19,809	19	1	973	979	4	2	2	8	0	2	0	0	59	5
197	Nyamuyanja	GoU	1,203	10,420	0	0	526	528	1	1	0	4	0	0	0	0	31	3
198	Azur	PNFP	2,398	5,001	18	1	791	799	2	11	1	18	0	1	1	126	17	2
199	Bukuliula	GoU	1,942	16,267	5	0	1,518	1,514	7	22	3	21	0	2	0	0	31	1
200	Rubuguni	GoU	1,127	15,721	155	14	618	613	3	4	1	13	0	2	1	162	16	2
201	Maddu	GoU	1,425	12,649	17	1	820	822	3	0	1	5	0	1	0	0	18	2
202	Kyanamukaaka	GoU	1,266	16,288	0	0	553	552	0	2	1	5	0	2	1	181	21	2
203	Buyende Bugaya	GoU	1,536	20,096	1	0	654	655	0	1	0	2	0	0	0	0	49	2
204	Kyadondo Medical Centre	PHP	1,301	6,477	6	0	163	137	0	0	0	0	0	0	0	0	9	2
205	St. Theresa Lisieux Rwibaale	PNFP	4,792	13,219	89	2	978	922	19	17	7	47	0	8	0	0	64	2
206	St. Ambrose Charity	PHP	1,531	3,891	129	8	212	187	17	11	4	171	1	27	3	1,415	12	2
207	Kebisoni	GoU	2,106	16,174	0	0	1,610	1,601	11	10	2	14	0	1	2	124	21	1
208	North Kigezi	PNFP	3,024	7,778	22	1	1,097	1,079	3	15	3	19	0	3	0	0	46	3
209	Kiwangala	GoU	1,324	20,194	11	1	821	803	13	6	1	25	0	1	0	0	22	2
210	Nabiswera	GoU	1,091	9,897	3	0	456	447	0	3	0	7	0	0	0	0	31	1
211	Palabek-Kal	GoU	1,148	15,814	13	1	293	291	2	2	2	21	0	7	0	0	31	2
212	Ndejje	GoU	2,949	27,620	0	0	2,655	2,666	1	9	0	4	0	0	0	0	0	0
213	Busaru	PNFP	3,169	4,666	100	3	542	530	15	2	3	38	0	6	1	185	24	3
214	Kaiaki	GoU	1,292	27,589	0	0	774	773	2	2	0	5	0	0	0	0	36	1
215	Kiyumba	GoU	346	8,997	83	24	518	506	5	2	1	16	1	4	0	0	0	2

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216	Bukwo	GoU	811	3,201	8	1	202	202	0	0	0	0	0	0	0	1	495	15	2
217	Bondo	GoU	1,061	9,894	0	0	621	618	0	4	0	6	0	0	0	0	0	72	1
218	Mbarara Municipal Council	GoU	3,501	16,554	540	15	3,167	3,133	7	13	13	11	0	4	0	0	0	85	2
219	Kyetume CBHC	PNFP	763	5,205	12	2	240	221	2	1	4	32	0	18	0	0	0	4	1
220	Ngoma	GoU	861	22,411	12	1	506	486	4	8	1	27	0	2	1	198	55	2	
221	Kajjansi	GoU	2,248	42,729	0	0	1,743	1,737	0	14	3	10	0	2	0	0	0	43	1
222	NACOL Medical Centre	PHP	763	2,443	21	3	74	74	0	0	0	0	0	0	0	0	0	61	4
223	Maracha	GoU	870	21,847	0	0	494	490	3	3	2	16	0	4	0	0	0	36	2
224	St. Luke	PNFP	541	3,262	11	2	175	176	1	1	0	11	0	0	0	0	0	14	3
225	Ntungamo	GoU	1,246	16,365	0	0	1,037	1,037	1	0	1	2	0	1	0	0	0	25	2
226	Sebbi Medical	PHP	1,826	43,361	12	1	587	578	1	8	1	17	0	2	0	0	0	9	2
St. Joseph Of the Good																			
227	Shepherd Health Centre	PNFP	3,019	8,601	22	1	853	842	13	12	9	40	0	11	1	117	27	2	2
228	Rugyeyo	GoU	343	6,465	0	0	149	149	0	0	0	0	0	0	0	0	0	16	4
229	Busanza	GoU	680	12,142	0	0	273	273	0	0	0	0	0	0	0	0	0	24	2
230	Bukasa	GoU	221	19,389	6	3	107	106	0	1	0	9	0	0	0	0	0	11	3
231	Mpungu	GoU	521	9,874	11	2	215	187	0	1	1	11	0	5	2	930	26	2	
232	Padre Pio	PNFP	2,017	5,711	9	0	434	426	2	6	5	31	0	12	0	0	36	3	
233	Kabubbu	PNFP	1,361	14,805	6	0	750	750	63	5	1	92	0	1	0	0	1	0	
234	Bugamba	GoU	928	10,185	5	1	1,069	1,105	1	3	0	4	0	0	0	0	20	2	
235	Herona Medical Centre	PHP	1,450	23,727	11	1	476	475	6	6	2	29	0	4	0	0	22	3	
236	Luzira Staff Clinic	GoU	224	32,817	0	0	959	959	0	0	1	1	0	1	0	0	15	4	
237	Kakomo	GoU	474	9,314	2	0	279	279	0	0	0	0	0	0	0	0	17	1	
238	Kaserem	GoU	821	6,895	0	0	562	565	2	1	0	5	0	0	0	0	1	0	
239	Buhunga	GoU	1,232	12,092	0	0	1,290	1,290	0	0	1	1	0	1	0	0	0	2	
240	Moyo Mission	PNFP	1,677	4,289	3	0	296	295	1	0	0	3	0	0	0	0	22	2	
241	Ruteete	GoU	145	11,673	2	1	258	233	0	0	0	0	0	0	0	0	0	1	

No.	HC IV Name	Ownership	Admissions	Total OPD	Deaths	Inpatient Case Fatality Rate	Deliveries	Live births	Fresh still birth	Macerated still birth	Newborn deaths (0-7 days)	Perinatal death/1000	Neonatal Death (8-28 days)	Neonatal mortality rate	Maternal deaths	MMR/100,000	Bed Occupancy Rate	ALOS	
242	Kataraka	GoU	413	12,461	1	0	373	343	0	1	0	3	0	0	0	0	14	1	
243	K.T Medical Centre	PHP	0	2,272	0	0	42	41	1	1	1	73	0	24	0	0	0	0	
244	Naluvule Medical	PHP	0	581	0	0	27	27	0	0	0	0	0	0	0	0	0	0	
245	Spring Medicare	PHP	0	1,581	0	0	122	122	1	0	1	16	0	8	0	0	0	0	
246	SAS Clinic	PHP	0	3,686	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
247	Karita	GoU	10	18,033	0	0	588	517	9	2	0	21	0	0	0	0	0	0	
248	Pearl Medical Centre	PHP	0	2,519	0	0	198	195	0	2	1	15	0	5	1	505	0	0	
Salaama Memorial Medical																			
249	Health Centre	PHP	0	2,289	0	0	154	157	0	2	1	19	0	6	0	0	0	0	
250	Kairos Medical Centre	PHP	0	3,793	0	0	26	29	0	0	0	0	0	0	0	0	0	0	
251	Nsambya Police	GoU	0	35,001	0	0	546	541	4	2	0	11	0	0	0	0	0	0	
252	Sikyomu Doctors Medical Centre	PHP	0	6,427	0	0	48	48	0	0	0	0	0	0	0	0	0	0	
253	Astu	GoU	0	28,302	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
254	Naguru Police	GoU	0	20,976	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total			804,583	5,216,686	10,957	1	287,695	285,296	1,978	1,825	875	16	77	3	172	60	48	2	

5.6 HC IV FUNCTIONALITY BASED ON PROVISION OF CEMNOC IN FY 2022/23

S/N	LG	HC IV Name	Ownership	No. of Deliveries	No. of C/S	% C/S	Blood Transfusion Done
1	Kampala	Kawaala	GOV	7,718	1,685	21.8	YES
2	Isingiro	Rwekubo	GOV	3,631	1,502	41.4	YES
3	Kampala	Kisenyi	GOV	8,553	1,379	16.1	NO
4	Kasese	St. Paul (Kasese)	PNFP	2,085	1,303	62.5	YES
5	Kyegegwa	Bujubuli	GOV	4,783	1,218	25.5	NO
6	Serere	Serere	GOV	2,406	977	40.6	YES
7	Kasese	Rukoki	GOV	3,677	882	24.0	YES
8	Kamwenge	Rwamwanja	GOV	3,968	878	22.1	NO
9	Wakiso	Kasangati	GOV	3,600	839	23.3	YES
10	Sironko	Budadiri	GOV	2,999	786	26.2	YES
11	Kikuube	Kyangwali	GOV	2,805	783	27.9	YES
12	Wakiso	Wakiso	GOV	4,027	715	17.8	YES
13	Rubirizi	Rugazi	GOV	1,953	646	33.1	YES
14	Mpigi	Mpigi	GOV	2,565	637	24.8	YES
15	Kassanda	Kassanda	GOV	2,701	630	23.3	YES
16	Sembabule	Ssembabule	GOV	2,010	601	29.9	YES
17	Kakumiro	Kakumiro	GOV	3,065	582	19.0	YES
18	Kassanda	Kiganda	GOV	2,295	579	25.2	YES
19	Mayuge	Mayuge	GOV	2,294	535	23.3	YES
20	Yumbe	Yumbe	GOV	2,486	498	20.0	YES
21	Lwengo	Kyazanga	GOV	1,449	493	34.0	YES
22	Kole	Aboke	GOV	1,751	485	27.7	NO
23	Wakiso	Namayumba	GOV	2,258	468	20.7	YES
24	Terego	Omugo	GOV	1,405	453	32.2	NO
25	Manafwa	Bugobero	GOV	2,182	451	20.7	YES
26	Kiryandongo	Panyadoli	GOV	2,579	447	17.3	YES
27	Budaka	Budaka	GOV	2,704	441	16.3	YES
28	Bugiri	Nankoma	GOV	1,969	439	22.3	YES

S/N	LG	HC IV Name	Ownership	No. of Deliveries	No. of C/S	% C/S	Blood Transfusion Done
29	Bushenyi	Kyabugimbi	GOV	2,301	436	18.9	YES
30	Kibaale	Kibaale	GOV	1,866	432	23.2	YES
31	Bukedea	Bukedea	GOV	1,918	418	21.8	YES
32	Yumbe	Midigo	GOV	1,255	412	32.8	YES
33	Mbarara	Bwizibwera	GOV	1,791	411	22.9	YES
34	Bulambuli	Muyembe	GOV	1,467	409	27.9	YES
35	Kikuube	Kikuube	GOV	1,548	397	25.6	YES
36	Kibuku	Kibuku	GOV	1,867	377	20.2	YES
37	Bushenyi	Bushenyi	GOV	1,824	370	20.3	NO
38	Kalungu	Bukulula	GOV	1,518	356	23.5	NO
39	Kasese	Rwesande	PNFP	759	355	46.8	YES
40	Bunyangabu	Kibito	GOV	2,273	352	15.5	YES
41	Buhweju	Nsiika	GOV	1,444	349	24.2	NO
42	Kanungu	Kihini	GOV	1,838	346	18.8	YES
43	Soroti	Tiriri	GOV	1,118	341	30.5	NO
44	Kyenjojo	St. Theresa Lisieux Rwibaaale	PNFP	978	337	34.5	NO
45	Mitooma	Mitooma	GOV	1,718	334	19.4	YES
46	Kyotera	Kakuuto	GOV	1,576	333	21.1	YES
47	Kanungu	Kanungu	GOV	990	327	33.0	YES
48	Mukono	Kojja	GOV	1,341	325	24.2	YES
49	Kwania	Aduku	GOV	1,640	324	19.8	YES
50	Rukungiri	North Kigezi	PNFP	1,097	322	29.4	NO
51	Bundibugyo	Busaru	PNFP	542	321	59.2	YES
52	Kakumiro	Kakindo	GOV	1,813	321	17.7	YES
53	Sheema	Kabwohe	GOV	2,362	321	13.6	YES
54	Nakasongola	Nakasongola	GOV	1,342	307	22.9	NO
55	Kazo	Kazo	GOV	1,097	297	27.1	YES
56	Mbarara City	Mbarara Municipal Council	GOV	3,167	285	9.0	YES
57	Bukomansimbi	Butenga	GOV	1,467	283	19.3	YES

S/N	LG	HC IV Name	Ownership	No. of Deliveries	No. of C/S	% C/S	Blood Transfusion Done
58	Kasese	Nyamirami	GOV	1,128	282	25.0	NO
59	Namutumba	Nsinze	GOV	1,025	280	27.3	YES
60	Rukungiri	Bugangari	GOV	1,168	274	23.5	NO
61	Nebbi	Goli	PNFP	1,115	269	24.1	YES
62	Wakiso	Sebbi Medical	PPF	587	264	45.0	NO
63	Isingiro	Kabuyanda	GOV	1,656	264	15.9	NO
64	Mbarara City	Doctors Plaza	PPF	374	263	70.3	NO
65	Wakiso	Henrob Family Clinic	PPF	474	262	55.3	YES
66	Wakiso	Ndejje	GOV	2,655	256	9.6	NO
67	Kyotera	St. Andrews Bkira Maria	PNFP	712	251	35.3	NO
68	Rukungiri	Kebisoni	GOV	1,610	246	15.3	NO
69	Mbale City	Bufumbo	GOV	1,214	243	20.0	YES
70	Luwero	Kalagala	GOV	1,246	243	19.5	NO
71	Kitagwenda	Ntara	GOV	12,95	242	18.7	YES
72	Ibanda	Ishongororo	GOV	1,310	241	18.4	YES
73	Kalungu	St. Joseph of the Good Shepherd	PNFP	853	240	28.1	YES
74	Mukono	Herona Medical Centre	PPF	476	235	49.4	NO
75	Dokojo	Dokojo	GOV	1,692	235	13.9	YES
76	Busia	Busia	GOV	2,688	232	8.6	NO
77	Rwampara	Kinoni	GOV	1,012	229	22.6	YES
78	Mayuge	Kigandalo	GOV	1,016	229	22.5	NO
79	Oyam	Anyeke	GOV	1,233	229	18.6	YES
80	Pakwach	Pakwach	GOV	1,512	226	14.9	YES
81	Kaliro	Bumanya	GOV	1,719	225	13.1	YES
82	Rubanda	Muko	GOV	973	219	22.5	NO
83	Namisindwa	Magale (UCMB)	PNFP	1,107	216	19.5	NO
84	Zombo	Warr	GOV	1,058	214	20.2	YES
85	Mayuge	Kityerera	GOV	1,086	212	19.5	NO
86	Jinja City	Bugembe	GOV	1,778	212	11.9	NO

S/N	LG	HC IV Name	Ownership	No. of Deliveries	No. of C/S	% C/S	Blood Transfusion Done
87	Kayunga	Kangulumira	GOV	1,631	206	12.6	YES
88	Lamwo	Padibe	GOV	794	203	25.6	YES
89	Hoima City	Azur	PNFP	791	201	25.4	YES
90	Ntoroko	Karugutu	GOV	1,483	201	13.6	YES
91	Sembabule	Ntuusi	GOV	634	200	31.5	NO
92	Kiruhura	Kiruhura	GOV	1,082	200	18.5	NO
93	Ntungamo	Rwashamaire	GOV	1,341	199	14.8	YES
94	Kyankwanzi	Ntwetwe	GOV	1,949	198	10.2	YES
95	Bukwo	Bukwo	GOV	899	197	21.9	NO
96	Manafwa	Bubulo	GOV	1,956	196	10.0	YES
97	Sironko	Buwasa	GOV	911	193	21.2	YES
98	Masindi	Masindi Kitara Medical Centre	PNFP	452	189	41.8	YES
99	Mbale	Busiu	GOV	1,804	187	10.4	YES
100	Bugweri	Busesa	GOV	1,547	186	12.0	NO
101	Butebo	Butebo	GOV	1,628	186	11.4	YES
102	Bundibugyo	Nyahuka	GOV	1,913	186	9.7	YES
103	Kampala	Benedict	PNFP	593	182	30.7	YES
104	Nakaseke	Semuto	GOV	961	179	18.6	YES
105	Ntungamo	Kitwe	GOV	1,866	177	9.5	YES
106	Madi-Okollo	Rhino Camp	GOV	1,003	175	17.4	YES
107	Buyende	Kidera	GOV	1,981	173	8.7	NO
108	Ntungamo	Rubare	GOV	1,665	170	10.2	YES
109	Kisoro	Chahafi	GOV	925	168	18.2	NO
110	Kalangala	Kalangala	GOV	593	162	27.3	YES
111	Tororo	Mukuju	GOV	1,655	162	9.8	YES
112	Wakiso	Buwambo	GOV	1,481	159	10.7	NO
113	Wakiso	Kajjansi	GOV	1,743	157	9.0	YES
114	Buikwe	St. Francis Health Care Services	PNFP	709	156	22.0	YES
115	Mbale City	Namatala	GOV	1,982	155	7.8	YES
116	Adjumani	Mungula	GOV	1,020	154	15.1	YES

S/N	LG	HC IV Name	Ownership	No. of Deliveries	No. of C/S	% C/S	Blood Transfusion Done
117	Luuka	Kiyunga	GOV	1,468	153	10.4	YES
118	Ibanda	Ruhoko	GOV	1,426	149	10.4	YES
119	Rukiga	Mparo	GOV	816	143	17.5	NO
120	Obongi	Obongi	GOV	744	141	19.0	YES
121	Kamuli	Namwendwa	GOV	1,416	135	9.5	YES
122	Wakiso	Kabubbu	PNFP	750	133	17.7	YES
123	Kisoro	Rubuguri	GOV	618	129	20.9	YES
124	Kyenjojo	Kyarusozi	GOV	1,126	128	11.4	YES
125	Soroti City	Princess Diana	GOV	979	123	12.6	YES
126	Wakiso	State House	GOV	1,529	123	8.0	YES
127	Kiboga	Bukomero	GOV	1,595	123	7.7	YES
128	Serere	Apapai	GOV	892	120	13.5	YES
129	Lwengo	Kiwangala	GOV	821	119	14.5	YES
130	Namayingo	Buyinja	GOV	1050	119	11.3	YES
131	Jinja City	Budondo	GOV	843	113	13.4	NO
132	Fort Portal City	Bukuku	GOV	832	111	13.3	YES
133	Kumi	Kumi	GOV	1,451	110	7.6	YES
134	Arua City	River Oji	GOV	1,795	110	6.1	NO
135	Masaka City	Kiyumba	GOV	518	107	20.7	NO
136	Kabale	Rubaya	GOV	678	107	15.8	NO
137	Kagadi	St. Ambrose Charity	PPF	212	105	49.5	NO
138	Mpigi	Double Cure	PNFP	228	105	46.1	NO
139	Amolatar	Amolatar	GOV	1,072	105	9.8	YES
140	Pader	Pajule	GOV	1,074	104	9.7	YES
141	Ngora	Ngora	GOV	1,116	104	9.3	YES
142	Rubanda	Hamurwa	GOV	1,068	103	9.6	NO
143	Kumi	Michoes Medical	PPF	138	102	73.9	NO
144	Kapelebyong	Kapelebyong	GOV	922	102	11.1	YES
145	Yumbe	Lodonga	PNFP	708	99	14.0	NO

S/N	LG	HC IV Name	Ownership	No. of Deliveries	No. of C/S	% C/S	Blood Transfusion Done
146	Ntungamo	Mother Francisca Lechner	PNFP	310	97	31.3	YES
147	Luwero	Nyimbwa	GOV	826	97	11.7	YES
148	Masindi	Bwijanga	GOV	1,183	97	8.2	NO
149	Isingiro	Rugaaga	GOV	812	95	11.7	YES
150	Omoro	Lalogi	GOV	1,101	95	8.6	YES
151	Kamwenge	Padre Pio	PNFP	434	94	21.7	YES
152	Otuke	Orum	GOV	653	90	13.8	YES
153	Kamuli	Nankandulo	GOV	945	90	9.5	YES
154	Nakasongola	St. Franciscan	PNFP	314	85	27.1	YES
155	Nabiatuk	Nabiatuk	GOV	598	85	14.2	YES
156	Kyenjojo	Midas Torch	PFP	190	82	43.2	NO
157	Lwengo	Lwengo	GOV	956	80	8.4	YES
158	Kabale	Maziba	GOV	476	74	15.5	NO
159	Kayunga	Bbaale	GOV	875	74	8.5	YES
160	Lira	Amach	GOV	831	73	8.8	NO
161	Sheema	Shuuku	GOV	968	70	7.2	NO
162	Alebtong	Alebtong	GOV	1,278	70	5.5	YES
163	Jinja	Buwenge	GOV	784	66	8.4	NO
164	Kitgum	Namokora	GOV	1,173	65	5.5	YES
165	Kampala	Kyadondo Medical Centre	PFP	163	64	39.3	NO
166	Rukiga	Kamwezi	GOV	509	64	12.6	NO
167	Rukungiri	Buhunga	GOV	1,290	63	4.9	YES
168	Kween	Kaproron	GOV	780	61	7.8	NO
169	Kabale	Kamukira	GOV	767	60	7.8	NO
170	Masaka	Kyanamukaaka	GOV	553	59	10.7	NO
171	Tororo	Nagongera	GOV	1,494	58	3.9	YES
172	Wakiso	Saidina Abubakar Islamic	PNFP	229	57	24.9	YES
173	Bundibugyo	Kikyo	GOV	496	55	11.1	NO
174	Nakapiripirit	Tokora	GOV	560	51	9.1	YES
175	Wakiso	Wagagai	PFP	168	50	29.8	YES

S/N	LG	HC IV Name	Ownership	No. of Deliveries	No. of C/S	% C/S	Blood Transfusion Done
176	Wakiso	Senta Medicare	PFP	111	44	39.6	NO
177	Mityana	St. Francis (Mityana)	PNFP	150	44	29.3	NO
178	Kampala	Span Medicare	PFP	97	43	44.3	NO
179	Mityana	Kyantungo	GOV	383	43	11.2	NO
180	Mbaale City	Kolonyi	PNFP	138	42	30.4	YES
181	Arua City	Adumi	GOV	807	42	5.2	NO
182	Rwampara	Bugamba	GOV	560	41	7.3	NO
183	Mityana	Mwera	GOV	358	38	10.6	YES
184	Ntoroko	Rwebisengo	GOV	537	36	6.7	NO
185	Lira	Ogur	GOV	1,124	36	3.2	YES
186	Kampala	St. Luke	PNFP	175	35	20.0	NO
187	Nakaseke	Ngoma	GOV	506	34	6.7	NO
188	Kampala	Bugolobi Medical Centre	PFP	111	33	29.7	NO
189	Mbarara City	UPDF 2nd Div.	GOV	214	32	15.0	YES
190	Iganga	Bugono	GOV	577	32	5.5	YES
191	Nakasongola	Nabiswera	GOV	456	30	6.6	YES
192	Mukono	Kyetume CBHC	PNFP	240	29	12.1	YES
193	Kampala	Medik	PFP	180	28	15.6	NO
194	Karenga	Karenga	GOV	719	26	3.6	NO
195	Luwero	St. Mary's Kasoola	PNFP	261	24	9.2	YES
196	Hoima City	City Medicals	PFP	54	23	42.6	NO
197	Buvuma	Buvuma	GOV	1,002	23	2.3	YES
198	Wakiso	Namulundu Medical	PFP	72	22	30.6	NO
199	Gulu	Awach	GOV	1,123	22	2.0	YES
200	Masindi	Masindi Military Barracks	GOV	187	21	11.2	NO
201	Luwero	NACOL Medical Centre	PFP	74	20	27.0	NO
202	Gomba	Maddu	GOV	820	20	2.4	YES
203	Mityana	Ssekanyonyi	GOV	758	19	2.5	NO
204	Kiboga	Bbosa Medical Centre	PFP	138	17	12.3	NO

S/N	LG	HC IV Name	Ownership	No. of Deliveries	No. of C/S	% C/S	Blood Transfusion Done
205	Lamwo	Madi-Opei	GOV	391	13	3.3	YES
206	Jinja City	Walukuba	GOV	907	13	1.4	NO
207	Amuru	Atiak	GOV	300	12	4.0	YES
208	Tororo	Mulanda	GOV	1,075	12	1.1	NO
209	Kampala	Platinum Medical Centre	PFP	34	8	23.5	NO
210	Kampala	Luzira Staff Clinic	GOV	959	6	0.6	NO
211	Kampala	Abii Clinic HC	PFP	13	5	38.5	NO
212	Masindi	Osepade I Medical Centre	PNFP	13	5	38.5	NO
213	Kampala	Kitante Medical Centre	PFP	6	4	66.7	YES
214	Pader	5th Military Division	GOV	113	4	3.5	NO
215	Kanungu	Rugyeyo	GOV	149	3	2.0	NO
216	Masaka City	Arahmah Medical Centre	PNFP	81	2	2.5	NO
217	Moyo	Moyo Mission	PNFP	296	1	0.3	NO
218	Isingiro	Nyamuyanja	GOV	526	1	0.2	NO
219	Katakwi	Astu	GOV	0	0	0.0	NO
220	Kampala	Naguru Police	GOV	0	0	0.0	NO
221	Kampala	SAS Clinic	PFP	0	0	0.0	NO
222	Buliisa	Bliiso	GOV	578	0	0.0	NO
223	Kamwenge	Bisozi	GOV	525	0	0.0	NO
224	Arua	Bondo	GOV	621	0	0.0	NO
225	Kalangaia	Bukasa	GOV	107	0	0.0	NO
226	Bukwo	Bukwo PNFP	PNFP	202	0	0.0	YES
227	Buliisa	Buliisa	GOV	426	0	0.0	NO
228	Kisoro	Busanza	GOV	273	0	0.0	NO
229	Buyende	BBugaya	GOV	654	0	0.0	NO
230	Kasese	Hiima UCI	PNFP	1	0	0.0	NO
231	Luwero	Hope HC	PFP	38	0	0.0	NO
232	Wakiso	K.T Medical Centre	PFP	42	0	0.0	NO
233	Mukono	Kairos Medical Centre	PFP	26	0	0.0	YES

S/N	LG	HC IV Name	Ownership	No. of Deliveries	No. of C/S	% C/S	Blood Transfusion Done
234	Kabale	Kakomo	GOV	279	0	0.0	YES
235	Kalaki	Kalaki	GOV	774	0	0.0	NO
236	Amudat	Karita	GOV	588	0	0.0	NO
237	Kapchorwa	Kaserem	GOV	562	0	0.0	NO
238	Fort Portal City	Kataraka	GOV	373	0	0.0	NO
239	Hoima	Kigorobya	GOV	1,305	0	0.0	NO
240	Maracha	Maracha	GOV	494	0	0.0	NO
241	Jinja City	Mpumudde	GOV	1,270	0	0.0	NO
242	Kanungu	Mpungu	GOV	215	0	0.0	NO
243	Butaleja	Nabiganda	GOV	1,364	0	0.0	YES
244	Wakiso	Naluvule Medical	PFP	27	0	0.0	NO
245	Kampala	Nsambya Police	GOV	546	0	0.0	NO
246	Ntungamo	Ntungamo	GOV	1,037	0	0.0	NO
247	Lamwo	Palabek-Kai	GOV	293	0	0.0	NO
248	Kampala	Pearl Medical Centre	PFP	198	0	0.0	NO
249	Rukungiri	Rukungiri	GOV	752	0	0.0	NO
250	Kabarole	Ruteete	GOV	258	0	0.0	NO
251	Wakiso	Salaama Memoria Medical	PFP	154	0	0.0	NO
252	Wakiso	Spring Medicare	PFP	122	0	0.0	NO
253	Katakwi	Toroma	GOV	536	0	0.0	NO
254	Wakiso	Victoria Medical Services	PFP	68	0	0.0	YES

5.7 IMPLEMENTING PARTNERS AND INTERVENTION AREAS IN LGS IN FY 2022/23

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
1	Abim	CRS	Nutrition and WASH (Coaching and mentorship)	Whole district
		Straight talk	Adolescent health, HTC Outreaches and drama	Selected Parishes
		TASO	SBCC - Through drama	2 parishes in Alerek S/C
		AMICAALL	HIV - HTC outreaches	
		NAPHOFANO	HIV - Client Assessment	Entire district
		KARUNA	HIV - Rollout of guidelines, EMR	Entire district
		UAC	SBCC - Through dialogue meetings	
		WFP	Nutrition - CBSF, Outreaches	Entire district
		UNICEF	RMNCAH, HIV and Nutrition	Entire district
		Malaria Consortium	Malaria	Entire district
		USAID-RHITES-E	HIV/AIDS	Entire district
		JHPIEGO	MNCH	Abim Hospital
2	Adjumani	Global Fund.	Support to HIV/AIDS screening/support covid 19 in facilitating surveillance	
		WHO	Support to surveillance, Emergency response, Guidelines & Capacity building	District wide
		UNICEF	Support in RMNCAH, Equipment, and nutrition and HIV/AIDS services, WASH	District Wide
		UNHCR	Support to health integration.	District Wide
		UNFPA	Maternal health and HRH	Settlements & Host communities
		Medical Teams International (MTI)	General health services delivery, nutrition	Nyumanzi, Elema, Bira, Alere, Ayiri, Ayilo & Mungula H/C IV, Maaji C, Pagirinya
		IDI	Support to comprehensive HIV/AIDS, TB services. One Health, emergency response, supply chain management	18 H/Cs & DHO
		Plan International	Nutrition & Reproductive Health and immunization, WASH and general infrastructure	District wide
		LWF	SGBV and nutrition, ambulance services and recruitment of midwives in four facilities, infrastructure	Ambulance in Bira and Mungula
		JRS	Emergency response (COVID-19), school health	District wide
		Uganda Red Cross Society	WASH, emergency services etc	
		AVSI	Health System Strengthening	District wide
		JHPIEGO	Health systems strengthening (hospital)	
		Reproductive Health Uganda	RH mainly in settlements as outreaches	Selected Health Facilities

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
3	Agago	Marie Stopes Uganda (MSU)	Provision of Long Term and Permanent Family Planning Services. implementing voucher scheme in teenage pregnancy	15 Health facilities
		ACODEV	Family planning services.	Refugees hosting facilities and hospital
		CARE International	Scaling up MCH services, in women, adolescent and youth services & GBV	District Wide
		RAHU	WAY program	Ukusijoni, Pakele, Dzaipi and Itirikwa
		ACF; Action Against Hunger	Nutrition	Refugee hosting facilities
		Food for the Hungry	Nutrition & Adolescent, Sexual Reproductive Health in Schools & community	Itirikwa & Ukusijoni Sub Counties
		BRAC	TB screening (community; door-to-door)	District wide
		World Vision	WASH, emergency response (COVID-19)	
		Refugee Law Project	Psychosocial Support, hospital-based services	Adjumani Hospital
		AMREF	Community Nutrition & Child Health	Ciforo HC III, Ofua Hc III, Opendzinzi, Dzaipi HC III & Pakele HC III
		EMESCO	RH activities and deployed staff	Elema and Agojo
		Global AIM	HIV/AIDS, RH, emergency response	District Wide
		AFORD	HIV Services (Follow up of cases)	District Wide
		Media	Awareness Creation, Information and community engagement	District Wide
		Peace Hospice - Adjumani	Palliative Care Services	District Wide
		EACAS	Alcohol and Sub Substance abuse Control and prevention	District Wide
		RHITE - North Acholi		
		World Vision-Ug		
		UNFPA		
		GOAL-UGANDA		
		LWF		
		Marie Stopes - Uganda		
		Basic Needs in UK Uganda		
		JHPIEGO		
		ADRA		
		NUWOSO		
		Potongo Community Outreach PCCO		
4	Aiebong	RHITES North Lango	HIV/AIDS interventions, TB services, Malaria interventions, Wash in health facilities, Maternal and child health services	

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
5	Amolatar	CHAI	Malaria intervention in children under 5 years	
		Sight savers International	Neglected Tropical Diseases	
		WHO	Disease surveillance & Epidemic response	
		Global Fund	Malaria, TB and HIV/AIDS	
		GAVI	EPI	
		USAID/RHITES-N-Lango	HIV/AIDS, TB, Malaria, QI, WASH & Reproductive Maternal New-born Child and Adolescent health care.	
		Marie stopes	Family Planning	
		USAID/UHSS	Health system strengthening (Governance & Leadership)	
		Development initiative for Northern Uganda	Nutrition (Food security)	
		UNICEF	RMNCRH	
		ASCEND	NTD (Schistosomiasis)	
		BRAC		Amudata TC and S/C
		Drylands - KIDP	MCH - Health smile delivery	Loroo
		Mercy Corps	MNCH and WASH	Entire district
6	Amudat	Sign of HOPE	Infrastructure - Kosike health facility	Loburim Parish
		Straight talk	Adolescent health	Entire district
		AFI	Nutrition	Entire district
		CUAMM	TB	Entire district
		ANECCA	Hub Operations	Entire district
		AIC	HIV/AIDS	Entire district
		AMICCAL	HIV/AIDS	Amudata TC
		IRC	MCH	
		Intrahealth - UNICEF	RMNCAH, HIV and Nutrition	Entire district
		Malaria Consortium	Malaria	Entire district
		JHPIEGO	MNCH	Amudat Hospital
		UNICEF	Child Health Survival (Extended program on immunization)	10
		WHO	IDSR (Support active case search at facility level and community)	10
7	Apac	RHITES-N, Lango Project	Health system support, HIV/AIDS, TB, MCH, Malaria, WASH, Nutrition (Capacity building, coordination, mentorship, service delivery, outreach program, dialogue etc.)	10

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
8	Budaka	HEP- UGANDA	Family health program (Capacity building, Advocacy for health, dialogue meetings, community mobilization and supporting outreach programs.)	10
		TASO-Uganda	HIV prevention through DREAMS program (Group formation for IGA support), Community Mobilization and capacity building.	10
		Mariestopes	Reproductive Health, Family Planning	10
		Youth Alive Uganda	HTS-Screening and GBV services	10
		SURMa Project -Malaria Consortuim	ICCM and Health system strengthening (Supervision, CQI, mentorship, coordination)	10
		RHU	Family planning and condom distribution	5
		TAAC	Monitoring, supervision, Advocacy and dialogue for health programs	10
		USAID/RHITES E	Integrated Health services	District
		Marie Stopes	Family planning	District
		RHU	Family Planning	District
		Child Fund/MAFOC	Food security and education	Iki-iki and Tademei
		AIC	HIV/AIDS	District
		Kadama widows Association	Education	District
		BRAC	Nutrition, Education and Business	District
		CORSU-Hospital	Cleft rehabilitation	District
		PMI vector link	Indoor Residential Spraying (IRS)	District
		Uganda Sanitation Fund (USF)	Promotion of hygiene and sanitation	Katira, Kakoli, Naboa, Budaka, Kakule, Nansanga, Lyama, Tademei
		Aceeth Uganda Remetation	Deals with OVC	Naboa and Kakule
		Evidence Action	Treatment of water sources and sanitation	Whole district
		Safe Neighborhood Environment Protection	Educate communities on IGAS	District
Budaka Child Development	Education	District		
CS-BAG	Reviews the District Budget across all sectors and advises accordingly.	District		
Naguru Teenage Information Health Center	Youth and Adolescent friendly Health services	District		
Partnership in Population and Development Africa Regional Office	Family Planning	District Wide		
CHAI	Support to Immunization services	District Wide		

No.	District	Name of Partner/JP	Type of core health activities/Services/intervention areas	Area (s) of operation
		CHERISH	HIV and Disabilities	Namengo Parish
		SAFIRA Sanyu	Newborn Care	Budaka HCIV
		AMREF	Sexual Reproductive health and Sexual Gender Based Violence	District Wide
9	Bududa	UNICEF	Social Mobilization, during Immunisation	District
		WHO	Supports implementation of SIAS, Cholera immunisation in the district	District
		RED CROSS	Mobilization	Selected S/Cs
		RHITES - E	Comprehensive package	District
		UNFPA	Family planning ,GBV,SRH	District
		MARISTOPES	Family planning outreaches	District
		REPRODUCTIVE HEALTH UGANDA	Family planning outreaches and capacity building	Bukibokoro, Bufuma Bukalasi, Bulucheke, Bushiye
		CHAI	Immunisation(creating awareness, capacity building).	District
		PONT	Community Motorbike referral ambulances	10 sub counties
		PARTNERS IN DEVELOPMENT REGIONAL AFRICA	Family planning (creating awareness)	District leadership
10	Bugweri			
11	Buhweju	RHITES- South west –EGPAF (AMREF)		
		TASO Uganda		
		Health Child Uganda - MUST		
		UNICEF		
		Buhweju Rural development		
		Health partners Uganda		
		USAID UHSS		
		Bushenyi intergrated rural development		
		Kabwohe clinical Research Centre		
		Family Health International		
		IDRC		
12	Buikwe	Mwrup	HIV	
		Jpiego	Sexual reproductive health	

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
		Mapd	malaria	
		SCI	NTD	
		Baylor	Youth and adolescent services	
		Taso		
		World vision		
		USHA	water/sanitation	
		Uganda cares	HIV contrl	
		Iceland embassy	social development	
		busoga trust	sanitation	
		living goods	Intergrated child case mngnt ICCM	
		Health initiative association HIA		
		All medical beaurals		
		Marie stopes	Family planing	
13	Bukedea	TASO	Comprehensive HIV/AIDS prevention and Management	Entire district
		RHITES-E	Health systems strengthening	Entire district
14	Bukwo	RHITES-E	Helping government of Uganda expand access to and use of high-quality health services across	Entire district
		Marie Stopes-Uganda	Family Planning	Entire district
		GAVI	Child Health (Immunization Services)	Entire district
		Global Fund	Malaria Interventions	Entire District
		UPMB	Primary Health Care at Health Centre IV	Bukwo TC
		AMREF	RBF,RMNCAH in selected Sub counties	Tulel, Kamet, Kortek
		Global Fund	Skilling of Adolescent Girls and Young Women to Prevent HIV/AIDs	Entire District
15	Bulisa	IDI	HCT, eMTCT, EID, SMC, System strengthening	Entire district
		PACE	Starter kits, family planning, Cancer screening, water guard distribution, PLHA forum and condoms supply	Entire district
		World vision	HCT, HIV sensitization, EPI outreaches , MCH	Biiso and Kihungya S/Cs
		METS	M&E, capacity building , NTD	Entire district
		MARIE STOPES	Family planning,	Entire district
		Save the children	RMNCH score card	Entire district

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
16	Bundibugyo	Path Finder	Family Planning Trainings	Entire district
		UNICEF	EPI, IMCI, water and sanitation, and Children's rights, Nutrition	Whole district
		World Vision	EPI Support, Health and Education Infrastructure, and Nutrition, water and sanitation	Greater Kasitu (Kasitu, Ngamba, Burondo, Mabere & Ntotoro)
		Global Health	Malaria	District
		GAVI	EPI	District
		Baylor-Uganda	ACE-Fort Project: Comprehensive HIV/AIDS, TB, eMTCT, HMIS, HRH capacity building.	Whole district
		WONETHA	HIV/Key population	Ntandi, Bundibugyo and Nyahuka TC
		Save the Children	Reproductive, Maternal, Newborn, and Child health (RMNCH) data, Health infrastructure constructions and/or renovations	HCLIs, HCIVs, & Hospital
		World Health Organisation	IDSR, Campaigns against diseases targeted for elimination & eradication, Communicable Diseases control	Whole district
		UNFPA	RMNCAH, Family Planning	Whole district
		METS-CDC	M&E, District Led Programming (DLP), HIV Case-Based Surveillance (CBS), HMIS	Whole district
		Pathfinder	Reproductive Health(Family Planning)	Whole district
		ACODEV	Community based family planning interventions	13 Sub-Countries
		Marie Stopes	Long term Family Planning methods, and	District
		World Harvest Mission	Water and sanitation, Health- support to child and maternal health	Nyahuka TC Bundibugyo GH
		BRAC Uganda	Nutrition and Oral Health	District
Uganda Red Cross Society	Emergencies and Disasters, EVD Surveillance/POE Screening	Whole District/POEs		
CARITAS FORT PORTAL	Water and Sanitation	Entire District		
UNICEF	Child, Immunization and ANC and WASH activities across Health facilities	Entire District		
17	Bunyangabu	METS Program & Perform2Scale program	M&E system strengthening, Leadership and Governance support	Entire district
		UCMB	HIV/AIDS Prevention, care & treatment	Catholic founded health facility
		UPMB	HIV/AIDS Prevention, care & treatment.	SDA founded health facility
		WHO	Technical support for Disease surveillance and Diseases of Public Health Concern	Entire district
		AMREF	Support to WASH activities	Entire district

No.	District	Name of Partner/FP	Type of core health activities/Services/intervention areas	Area (s) of operation
18	Bushenyi	Joint Effort to Save Environment (JESE)	Support to WASH activities in the community & ICCMs	Entire district
		BRAC	ICCM & Family Planning	Entire district
		Bulamu HealthCare International	Health System Strengthening	Entire district
		TASO	Support facility level TB, HIV/AIDS activities	Entire district
		USAID RHITES SW	Provide support on family health	Entire district
		UPMB	Provide facility level TB, HIV/AIDS activities	MC, Ishaka, Comboni and Bitooma HCIII
		RHITES-EC		
		World Vision-Ug		
		RED CROSS		
		Marie Stopes - Uganda		
19	Busia	CHAI		
		PSI		
		MARPI		
		Africa Water Solution AWS		
		Africa Alliance - IPAS		
		AHF		
		GAVI		
		UNICEF		
		WHO		
		Rakai health sciences program		
20	Butambala		HIV/AIDS	
		Uganda family planning program	Family planning	
		Marie stopes	Family planning	
		GAVI	Immunization	
21	Butebo	USAID-RHITES-E	Helping government of Uganda expand access to and use of high-quality health services across	Entire district
		Marie Stopes-Uganda	Family Planning	Entire district
		GAVI	Child Health (Immunization Services)	Entire district
		Global Fund	Malaria Interventions	Entire District
		UPMB	Primary Health Care at Lower Facility Level	Kakoro s/c
		Samasha Medical Foundation	RMNCAH skills update and mentorship	Kakoro S/C, Butebo S/C, Petete S/C

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
22	Buvuma	PMI-VECTOR LINK	Indoor Residual Spraying, Malaria	Entire District
		UNICEF	Immunization, cold chain and surveillance	
		GAVI	Immunization, cold chain and surveillance	
		MUWRP	HIV/AIDS and TB prevention, care and treatment	
		UDHA	HIV testing and linkage to care and economic scale up for Adolescent Girls and Young women (AGYW)	
		Child AIDS Fund Uganda	Support the Family Save the Baby - eMTCT and EID	
		Marie Stopes	Family Planning	
		RHITES EC	HIV/TB	
		RHU	Family planning	
		USHA	Water and sanitation	
23	Buyende	PLAN - INTERNATIONAL	Water and sanitation	
		USAID RHITES NORTH LANGO	Support to HIV/AIDS, TB, HMIS, Maternal and Child Health, HR,	District Wide
		UNICEF	Supporting Child health, Extended Programme for Immunisation	District Wide
		FASBEC	Support to Community mobilisation, outreaches for Maternal and Child Health activities	5 Sub counties
		Marie Stopes	Support to Reproductive health, Family Planning	District Wide
		PACE	Support to Positive Living and livelihood support	5 Sub counties
		Child Fund International (CFI)	SGBV	District wide
		CDFU	Support to Health education activities for IRS Project	District wide
		RHU	Support for Family Planning activities	District wide
		TASO	Support to Condom programming	District wide
24	Dokolo	WHO	Support to HIV, MCH including Immunisation	District wide
		Global Fund	Funding Malaria, TB, MCH, IT, HIV/AIDS and Medicine Management.	District wide
		GAVI	Child health, Immunization	District wide
		PMI Vector Link- Abt Associates	Indoor residual spraying, malaria, HMIS	District wide
		SURMA-Malaria Consortium.	Support to ICCM activities	District wide
		BIDS Foundation	Health Advocacy activities	District wide
		RBF	Maternal and Child health services	5 Health Facilities

No.	District	Name of Partner/FP	Type of core health activities/Services/intervention areas	Area (s) of operation
25	Hoima	BRAC	Integrated Community Case Management (ICCM)	2 Sub county
		Communities	Benefit from health Services and provide feedback on service quality delivery	District Wide
		MARPI Mulago	Key population programming	District Wide
		Youth Alive Project (YAP)	Adolescent HIV and Aids activity, Social economic support	District Wide
		International Community of Women Living with HIV (ICWEA)	HIV advocacy activities	District Wide
		RHU	Family planning	
		Baylor ACE Bunyoro	Comprehensive HIV Care	
		Marie Stopes	Prevention	
		Bunyoro Kitara Diocese	Comprehensive	
		World vision	Baby WASH	
		Hoima Catholic Diocese	Comprehensive health services	
		Bunyoro – Kitara Kingdom	Prevention	
		CEDO	Sexual Reproductive Health and Rights	
26	Ibanda	USAID-RHITES-SW	HIV AND AIDS, TB, nutrition, malaria, MCH	Entire district
		TASO	HIV AND AIDS, TB, nutrition, malaria, MCH	Entire district
		MARIE-STOPES	Permanent and long term FP	Entire district
		KEEPING CHILDREN HEALTHY AND SAFE	Psychosocial , economic support to HIV AND AIDS affected households	Entire district
		UPMB	HIV AND ANDS TO PNFPs	Entire district
		USAID RHITES-EC	HIV/AIDS, TB, HMIS, Maternal and Child Health, Human Resource,	11 LLGs
		UNICEF	Child health, Extended Programme for Immunization, Wash, Birth-Death registration, Child protection and Child Development and Education	11 LLGs
		Baylor Uganda	Maternal Child Health, RMNCAH	11 LLGs
		Marie Stopes	Reproductive health, Family Planning	11 LLGs
		PACE/PSI	Positive Living and livelihood support, Family Planning	11 LLGs
		RHU	SGBV, Family Planning	11 LLGs
		CDFU	Health education	11 LLGs
		UNYPA	HIV among the youths	11 LLGs
TASO	Condom programming	11 LLGs		
27	Iganga			

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
28	Isingiro	WHO	HIV, MCH	11 LLGs
		Global Fund	Funding Malaria, TB, MCH, IT, HIV/AIDS and Medicine Management.	11 LLGs
		GAVI	Child health, Immunization	11 LLGs
		Strong Minds	Mental Health	11 LLGs
		Water Mission. (Closing soon)	Trachoma, Train VHTs, Water	11 LLGs
		BRAC	Integrated Community Case Management (ICCM)	11 LLGs
		Living Goods	ICCM	4 LLGs
		Uganda Village Project	HIV, Malaria, WASH	11 LLGs
		Uganda Red Cross	Mobilization for blood donations and responding to accidents or outbreaks	11 LLGs
		JHPIEGO	Family planning	11 LLGs
		UNICEF	Supports both District and Baylor to do Immunization, HIV, Nutrition, SRH – GBV, Water and Sanitation, Prevention services.	Whole District
		WHO	Supports the district in prevention and management of different diseases especially of epidemic in nature.	Whole District
		UNFPA	Family planning activities.	Whole District
		UNHCR	Supports the NGOs working in the refugee settlement.	Refugee settlement
		WFP	Mainly supports nutrition activities eg supplying food for refugees, Pregnant mothers, children and patients.	Whole District
		USAID RHITES/TASO	HIV, TB/HIV	Whole District
		MTI	Treatment of patients, Health workers, Prevention of diseases, Nutrition.	Refugee settlement
		NSAMIZI	Water and sanitation	Refugee settlement
		OXFARM	EPIDEMIC CONTROL, WASH	Refugee settlement
		Marrie Stopes	Family Planning	Selected facilities
Baylor Uganda	Maternal Child Health, EPI, Nutrition and HIV services	Entire District		
SOCY/IDO	HIV PREVENTION	Rugaaga, Mbaare, Kashumba, Kikagati, Kabuyanda TC, Isingiro TC, Rushasha, Ngarama, Endiizi and Masha		
Brac	Credit and savings, Trained health promoters	Kabingo Isingiro TC, Kikagate and Ngarama		
IDRC	HIV and TB	Nyamuyanja SC		
AIC	HIV screening and testing services	Entire District		
ALIGHT	Epidemic control	Refugee settlement		
MALTESER	GBV and Epidemic control	Refugee settlement		

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
29	Jinja	Danish Refugee Council	Epidemic control	Refugee settlement
		WAR CHILD	Nutrition	Refugee settlement
		Health Partners	GBV	District
		Reach a Hand Uganda	Sexual reproductive health and rights services	Kikagata, Isingiro TC, Rugaaga, Mbaare, Kabuyanda TC, Masha
		Mayanja Memorial	Community linkages	District
		TASO		
		AIDS Information Center		
		Makerere Joint AIDS Program		
		USAID/RHITES-EC		
		Uganda Health Development Associates		
		MARP Initiative Mulago		
		MUCOBADI		
		Restless Development		
		Family Life Education Program		
		POMU		
		JITAGA		
		JIDNET		
		International Community of Women living with HIV		
		Mothers 2 mothers		
		JIACOFE		
Good Neighbours International Uganda				
NACWOLA				
NYPA				
USAID Sanitation for Health Activity				
UNICEF				
BRAC				
Red Cross U				

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
		Living Goods		
		Rays of Hope Hospice		
		PSI/PACE		
		Family Hope Centre Jinja		
		Water Mission Uganda		
		Catholic Diocese Jinja		
		AOET		
		Busoga Trust		
		Ghetto Natives Initiative		
		Busoga Health Forum		
		Mariestopes		
		Global Surgical Initiative-Kyabirwa		
		Women Health Channel Ug		
		IDRC		
		Coop Africa		
30	Kaabong	WFP	Nutrition	Entire district
		RHITES-E	HIV/AIDS- Prevention, care and treatment	Entire district
		UNFPA	Family Planning commodities and supplies and outreaches	Entire district
		WHO	Surveillance	Entire district
		Malaria Consortium	Malaria	Entire district
		TASO	Malaria- Mosquito nets	Entire district
		ADRA-UG	Community engagement	Entire district
		Mercy Corps	SBCC and Governance	Entire district
		Wave	WASH	Entire district
		AWARE-UG	HIV/AIDS-Social support	Kaabong TC
		NAFOPHANU	HIV/AIDS- Social support	Entire district
		UNICEF	Nutrition, HIV/AIDS- Prevention	Entire district
31	Kabale	JCRC	HIV/AIDS in Public Facilities	
		UPMB	HIV/AIDS in PNFP Facilities	

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
32	Kabarole	IDI	IPC	
		RHITES SW	Family health	
		AVSI	Vulnerable populations	
		BAYLOR Children's Foundation-Uganda	HIV/AIDS, IPC mentorships and Global Health Security	Fort-portal
		IRC-Uganda	WASH activities	Fort-portal
		JEMEDDIC	Case Management and research on viral haemorrhagic fevers	FP RRH
		CARITAS - HEWASA	WASH activities	Fort Porta Catholic Diocese
		AMREF Health Africa	WASH	Fort Porta Catholic Diocese
		IDI	Production of Alcohol based hand sanitizer	Fort Portal
		JEMEDDIC	Case Management and Research on viral haemorrhagic fevers	FPRRH
		AAID	WASH (IPC)	Fort Portal
		Kabarole Research Centre	Governance, Research and Nutrition	Fort Portal
		RHU	Sexual Reproductive Health services	FortPortal
		Mariestopes	Sexual Reproductive Health services	Fort portal
		The Challenge Initiative/JHPIEGO	Sexual Reproductive Health services	Kamapaia
		ACODEV	SRH services & Advocacy	Fort portal
		Kyanninga Child Development Centre	Rehabilitation of Children With Cerebral Palsy	Fort Portal
BRAC Uganda	ICCM & Advocacy	Fort Portal		
Knowledge For Change	Health systems Strengthening & Capacity building	Fort Portal		
CHAI	Management of Hypoxia (HDU) and	Fort Porta RRH		
TASO	HIV/AIDS/TB, VMMC	Entire District		
33	Kaberamaido	RHITES-E	Family health and wash	Entire District
		SURMA PROJECT	ICCM, capacity building	Entire District
		RHU	Family Planning	Entire District
		GOSHEN	mobilisation for health programs	Entire District
		AIC	HIV/AIDS(HCT), mobilization	Entire District
		MARIE STOPES	FP, capacity building	Entire District
		PMI-VECTOR LINK	IRS	Entire District
		NGOs/CBOs		Entire District

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation		
34	Kagadi	BRAC	CAPACITY BUILDING	Entire District		
		ACORD	CAPACITY BUILDING	Entire District		
		POPOW	WASH	Entire District		
		USAID SBCA	SOCIAL BEHAVIOR COMMUNICATION	Entire District		
		IDI-Bunyoro HIV project (BHP)	Comprehensive HIV service delivery through capacity building	Entire district		
		World vision	HCT,Nutrition	Kiryanga, Paachwaand Kabambasub counties		
		METS	M&E systems strengthening with special focus to HIV	Entire district		
		IDI-Saving Mothers Giving Life	Maternal and child health programs	Entire District		
		IDI-Safe Male Circumcision	Safe male circumcision programs	Entire District		
		WHO (ANI)	Nutrition	Entire District		
		UNICEF	Immunization and nutrition	Entire District		
		USAID – SURE 11	Supplies Chain Management	Entire District		
		Malaria Consortium	Malaria Management	Entire District		
SNV	Water sanitation and hygiene	Entire District				
35	Kakumiro	METS	HIV Monitoring and Evaluation	Entire District		
		World Vision	HCT, OVC Water & Sanitation	Kisita Kasambya Birembo Nalweyo, Bwanswa TC, Kakumiro TC.		
		SAVE FOUNDATION	Art client follow up	Entire district		
		UNICEF	Nutritional supplements	Entire District		
		PACE	Family planning	Entire District		
		MARIE STOPES	Family planning (Long term)	Entire District		
		UHSC	Medicine management	Entire District		
		IDI	HCT, ART ,VMMC, Maternal and Child Health, EMTCT	Entire District		
		36	Kalaki			
		37	Kalangala	Rakai Health Sciences Program (RHSP)		
				Infectious Diseases Institute		
				Baylor Uganda		
AMREF						
USAID/SBC Activity						

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
38	Kairo	Health Access Connect		
		UGANDA CARES		
		Kalanga Forum of People Living with HIV/AIDS Network		
		Sustainable Development Initiatives		
		Bufumira Islands Development Association		
		Living Goods		
		BRASS For Africa		
		Kalanga District NGO Forum		
		UDHA	Psychosocial support	Namwiwa, Bumanya and Nawaikoke
		FLEP/ADVOCACY FOR BETTER HEALTH	Family life education, Family Planning	Gadumire, Nansololo, Bumanya, Kairo TC
		SIGHT SAVERS	SIGHT SERVICES	District
		WATER MISSION	Sensitization on Trachoma, Hygiene & sanitation	Namwiwa, Bumanya and Nawaikoke
		MARIE STOPES	FP services, STI services	District
		UNICEF	Immunisation and Lab Equipment	District
		LIFE WATER INTERNATIONAL	WASH Services	Kasokwe, Namwiwa and Kisinda
		RHITES EC	HIV services, Malaria, Reproductive Health	District
39	Kamuli	CLINTON HEALTH ACCESS INITIATIVE	Immunisation and Oxygen Services	District
		UNICEF	WASH/RMNCH	District
		GAVI	Immunisation	District
		Baylor Uganda	HSS, WASH, RMNCH and HIV/AIDS	District
		USAID RHITES EC	HIV/AIDS, RMNCH, nutrition, malaria, WASH	District
		PLAN International - Uganda	RMNCH, ICCM, WASH, Menstrual Hygiene management	District
		Population Services International - Uganda	Family Planning	District
		Marie Stopes Uganda	Family Planning	District
		KOICA/WHO	RMNCH	District
		Hospice Jinja	palliative care	District

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
40	Kamwenge	Makerere University School of Public Health	Neonatal health care	Namwendwa HC IV and Kamuli GH
		Action for Health	Family Planning advocacy	District
		Local Service Delivery Activity	HIV/AIDS in PNFP facilities	District
		HEPS Uganda	SRHR	District
		Good Neighbours International-Uganda	RMNCH	Wankole
		International Development Institute-Uganda	WASH	Kagumba, Namwendwa
		Passion Christian Ministries	Nutrition	District
		IOWA State University	Nutrition	Namasagali sub county
		Busoga Health Forum	Quality improvement and capacity building	District
		Clinton Health Access Initiative	Hypoxemia management	District
		Baylor Uganda	Comprehensive HIV care services, Safe Male Circumcision & Capacity building	District wide
		World Vision	Child survival & protection, Nutrition promotion, infrastructural development, Capacity building, supply of buffer stocks	Kahunge, Busiriba, Kabambiro & Kamwenge S/Cs
		Water for people	Safe pumped water extension and distribution	District wide
		TASO	HIV Positive living and implementation of ICCM	District wide
		Lutheran World Federation (LWF)	Protection(GBV) and Child Protection	Rwamwanja Refugee Settlement
		Medical Team International-MTI	Human Resources for Health in the Rwamwanja refugee settlement	Nkoma-Katebyebe
		UNHCR	Provision of Health care package for refugees	Nkoma Rwamwanja settlement
		Marie Stopes Uganda	Reproductive health- Family Planning	District wide
		Global Fund	Malaria TB & HIV	District wide
		WHO	Expanded Program for Immunisation	District wide
UNICEF	Nutrition promotion & capacity building	District wide		
AVASI	Livelihood, Environment, Nutrition, WASH	Rwamwanja Settlement		
Save the children	Child survival & protection, Nutrition promotion	Rwamwanja Settlement		
TASO Uganda	Integrated community case Management, capacity building	District wide		
OXFAM	WASH, Environment/Livelihood,	Rwamwanja Settlement		
UNFPA	Child survival	Rwamwanja Settlement		
ADRA	Livelihood, Community, Environment	Rwamwanja Settlement		

No.	District	Name of Partner/AP	Type of core health activities/Services/intervention areas	Area (s) of operation
41	Kanungu	Care Uganda	COVID-19 Systems strengthening and Emergency supplies,	Rwamwanja Settlement
		RHITES/SSW/EGPAF	HIV/AIDS/HSS/Malaria technical, mentorships, Renovation of Buildings, Minor re-tooling, HMIS, IPC, Nutrition, Malaria	District Wide
		JCRC/UPMB	HIV/TB	District Wide
		SCF	Infection prevention and Controls	8 SCs along the Border
		JPHIEGO	Infection prevention and Control	PNFP Level III Health Facilities and Hospital
		Lions Uganda	Eye Care	Private Not for Profits hfS
		Raising the Villages	Nutrition and malaria control activities	SCs
		UNHCR/MTI	Refugee Health Care services	DTF and POEs
		Uganda Red Cross Society	Emergency Services	During crisis
		Integrated Rural Development Program	Nutrition	District wide
		Uganda Wild Life Authority	Health care	SCs bordering the protected areas
		CAFOMI	Emergency Services	DTF and Points of Entry/Contact
		Nyaka AIDS foundation	HIV Orphans and the elderly/Defilement	4 SCs
		AVSI	HIV Orphans and vulnerable Children	District Wide
		Marie stoppes Uganda	Family Planning	District wide
		UNICEF	IPC, Nutrition, Immunization	District wide
		UNFPA	Family Planning/reproductive Health	District wide
		USAID/ICAN	Agriculture and Nutrition	Mpungu, Kihhi, Nyanga, Katete, Kirima.
		USAID RHITES E Activity	Technical Assistance, MCH, NUTRI, WASH, MALARIA, HIV/AIDS & TB, LAB HUB, HSS, HRH	Entire District
		42	Kapchorwa	Uganda Health Supply Chain
KACSOA	Governance (advocacy for better health services			Entire District
Marie Stopes International Uganda	Family planning outreaches to high volume Health facilities			Entire District
WHO	Immunization campaign, Disease outbreak response			Entire District
Global Fund	Malaria & Tuberculosis			Entire District
GAVI	EPI Activities			Entire District
Reproductive Health Uganda	Family planning, GBV			Entire District
Action Aid Uganda	Advocacy Governance and Accountability issues			Entire District
BRAC	Adolescent Reproductive Health			Entire District

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
43	Kapelebyong	CHAI	Communities Health Services	Entire District
		RHITES-E	Reproductive health, Nutrition, Wash, malaria	All sub counties
		TASO	Scaling up HIV/AIDS and Capacity building, support building and monitoring.	All sub-counties
		Uganda cares	Scaling up of HIV/AIDS	KAPELEBYONG H/C IV
		IDI	Infection prevention and control	All sub counties
		UNICEF	IEC materials	All health facilities
		Marie stopes	Family planning	Acowa, Obalanga
		Rhites E	HIV/TB and HSS	Entire District
		WFP	Nutrition - CBSFP	Entire district
		KARUNA	HIV/AIDS	ART sites
		Community Action for Health (CAH)	Nutrition - CBSFP	Entire district
		Mercy Corps	HSS-Governance, Integrated community level interventions - mother care groups and male change agents. Resource Transfer- Increasing access to food varieties by selected HHs.	Entire district
		44	Karenga	Save the Children
Intrahealth - UNICEF	RMNCAH, HIV and Nutrition			Entire district
Malaria Consortium	Malaria			Entire district
Save the Children	Hygiene and Sanitation improvement			Lobalangit and Karenga
Infectious Disease Institute	TB/Leprosy Prevention			Entire District
AFI/WFP	Nutrition Support			Entire District
World Vision	RMNCAH			Lobalangit and Karenga s
unicef	Health Systems Support			Entire District
Mercy Corps	Health and Nutrition			Entire District
Mildmay Ug.				
CHAI				
Marie Stopes				
Reproductive Health Ug				
45	Kassanda	UNICEF		
		GAVI		

No.	District	Name of Partner/FP	Type of core health activities/Services/intervention areas	Area (s) of operation		
46	Katakwi	TASO	HIV & AIDS, OVC	District		
		Ray of Hope	OVC, GBV, HIV/AIDS	Omodoi, Toroma TC		
		Foundation for Children's Resilience Uganda	OVC, GBV, HIV/AIDS	Katakwi and Ongongoja		
		RHITES E	MCNH, WASH, malaria	District		
		TEWPA (Teso Women Peace Activist)	GBV/SRHH	Ongongoja, Ngariam And Kapujan		
		Children's hope chest	OVC, Health & Education	Ngariam, Usuk, Palam a Ongongoja		
		Partners for children	Health, Sponsorship, Early childhood development, Youth skills development and Basic education & livelihood support	Usuk, Katakwi Palam, Ngariam		
		Katakwi Urban Child Development Center	OVC, Education & Health	Katakwi Town Council		
		Aids Information Center	SRH/GBV/HIV	Health centres		
		SORUDA (soroti rural development agency)	SRH	Palam, Ongongoja, Usuk, Omodoi, Ngariam, Toroma, Magoro		
		Marie stops	Reproductive health	District		
		UNICEF	SRH/HIV/GBV	District		
		Pilgrim	malaria	Kapujan, Toroma, Magoro		
		TEDDO	HUMC Trainings	Ongongoja, Guyaguya, Katakwi		
47	Kayunga	Makerere University Walter Reed Project	HIV/AIDS	8 SC and 1 Town council		
		Clinton Health Access Initiative	EPI	District		
		Mania stopes Uganda	Reproductive health	District		
		Living Goods	Community Health	Kayonza, Kitimbwa, Busaana, Kayunga and Nazigo		
		TASO	Integrated HIV and SRH	District		
		48	Kazo District			
				METS	HIV Monitoring and Evaluation	Entire District
				World Vision	HCT, OVC Water & Sanitation	Entire District
				SAVE FOUNDATION	Art client follow up	Entire district
				UNICEP	Nutritional supplements	Entire District
		49	Kibale	PACE	Family planning	Entire District
MARIE STOPES	Family planning (Long term)			Entire District		

No.	District	Name of Partner/IP	Type of core health activities/Services/Intervention areas	Area (s) of operation
		UHSC	Medicine management	Entire District
		IDI	HCT, ART ,VMMC, Maternal and Child Health, EMTCT	Entire District
50	Kiboga	Mildmay Ug	Comprehensive health services	Entire District
		World Vision	Child Health programming	Kibiga and Nkandwa
		HEPs-Uganda	Family Planning advocacy	Entire District
		MARIESTOPES	Family planning	Entire District
51	Kibuku	RHITES- E	Comprehensive HIV/AIDS care, Treatment and support, Malaria especially among expectant mothers, TB, Leprosy	
		Reproductive Health Uganda	Family Planning	
		Marie Stopes Uganda	Family Planning	
		ANNECCA Uganda	eMTCT	
52	Kikuube District			
53	Kiryandongo	IDI-Bunyoro HIV project (BHP)	Comprehensive HIV service delivery through capacity building	Entire district
		METS	M&E systems strengthening with special focus to HIV	Entire district
		Masindi Child Development Federation	Maternal And Child Health Support	Kigumba , Mutunda Kiryandongo
		Real Medicine Foundation	Health Care Provision	Panyadoli Refugee Settlement
		WHO	Surveillance	Panyadoli Refugee Settlement
		ACF	NUTRITION, Water and sanitation support	Panyadoli and Bweyale TC
		Unicef	Child Survival Intervention & RMNCAH Activities	District
54	Kisoro	EGPAF-USAID RHITES SW PROJECT	Health System strengthening , HRH, logistical support, MCH and Data management	
		JCRC	HIV/AIDS response and TB response	
		MEDICAL TEAMS INTERNATIONAL	Supports Health Systems in refugee hosting communities in term of epidemic and disaster preparedness and response, provides lifesaving medical care for people in health crisis	
		CARE AND ASSISTANCE FORCED MIGRANTS	Supports, infection prevention and control, response to SGBV, Psychosocial counselling, WASH activities, Logistics support, supports risk communication and social mobilization, capacity building for health	
		SAVE THE CHILDREN	Wholistic health care for disadvantaged and vulnerable children	
		FRIENDS OF KISORO	Psychosocial counseling for refugees and host communities	
		REDCROSS	Health emergency response, Screening at the Points of Entry(POEs)	

No.	District	Name of Partner/FP	Type of core health activities/Services/intervention areas	Area (s) of operation
55	Kitagwenda	DOCTORS FOR GLOBAL HEALTH	Support to community structures (VHTs) in Bufumbira South and chronic care (NCDs) management at Kisoro Hospita	
56	Koboko	UNICEF	Maternal and Child Health	District wide
		WHO	Surveillance and immunisation	District wide
		GAVI	Immunization	District wide
		AVSI	RMNACH	District wide
		UNHCR	Health integration activities	District wide
		The Carter Centre/RTI	Support NTD	District wide
		IDI	Integrated HIV/TB Services	District wide
		METS program	District Led Programming for HIV, Capacity building and printing of HMIS	District wide
		MSI-U	Family planning services	District wide
		UHSC	Medicine management, logistical support inform of computer, motorcycles and capacity building.	District wide
		WFP	Nutrition	Lobule
		URCS	Disaster preparedness and response	District Wide
		Alliance Forum for Development	Nutrition, HIV screening and behaviour change communication	Lobule and Kuluba
		Spirit FM Broadcasting Services Radio Station	Communication for health education and promotion	District Wide
57	Kole	GAVI	EPI	Entire District
		Global Fund	HIV, TB and Malaria	Entire District
		WHO	Surveillance, epidemics, EPI etc	Entire District
		UNICEF	Malaria, Nutrition, EPI, Nutrition, Infrastructure development, Livelihood agricultural projects, OVCs welfare, immunization, ECD, GBV	Entire District
		Rhites North Lango.	HIV & TB care and rx, MNCH thematic areas, VMCMC	Entire District
		TASO	HIV & TB care and rx	Entire District
		CDFU	SBCC for HIV services activities	Entire District
		Child Hug	SBCC MNCH, Malaria activities:	Entire District
		Malaria Consortium	Malaria response.	Entire District
		Marie Stopes	FP - the Long Term methods	

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
58	Kotido	World Food Programme	Community supplementary Feeding, Maternal Child Health & Nutrition and School Meals	17 centres and 7 outreaches, 27 Primary and 5 SSS
		UNICEF	Child Protection, WASH, Health & Nutrition, Education	District
		Mercy Corps	Food and Nutrition Security, Governance, MCHN, WASH Services, Livelihoods	Entire District and Kotido Municipality
		World Vision	ABER-Katep: (Education, Health (Karamoja Trachoma project), Livelihood & Child Protection) (4 community schools, 18 Government schools)	Kacheri, Rengen, Panyangara, Nakapelimoru and Kotido Municipality
		Save the Children International	Education-FCCD-14 Centres, NFE -3 centres & Formal Education; Child protection, Child Rights Governance, DRR, Health & Apolou	Rengen, Nakapelimoru, Kotido S/C, Kacheri and Panyangara
		AVSI Foundation	Economic Empowerment, Local Government system strengthening for OVC response and Case Magt	Central Division
		BRAC Uganda	Livelihoods, Ending Child Marriage and Teenage pregnancy	Kotido S/C, Rengen, Kacher
		Straight Talk Foundation	1. Better Life for Girls 2. Raising Hope-UNICEF 3. Bursary Scheme-Irish Aid. 4. PACK-Irish Aid	31 schools, 9 HCs
		Intra Health/RHITES-E	T.B, Comprehensive HIV care, LAB, Malaria & Child Survival, Health System Strengthening	District
		WHAIVE Solutions Limited	Good Governance, Livelihood, Health etc.	Panyangara, Kacheri, Rengen and Kotido
		URCS	Humanitarian & Development	District
		Reach A Hand Uganda	Empowering young people with Knowledge & skills in SRHR, Advocacy, and life skills for youth friendly environment and services (Better life for Girls,)	
		Diocesan Development Services- North Karamoja Diocese	Livelihoods, Education (formal & Informal), Child Protection, Health, Wash, Environmental conservation, CMMF	Kacheri S/C, Kotido S/c and Municipality
		CARITAS Kotido-(Social Services and Development)	Governance, peace and Justice, Health and Nutrition, WASH, Environmental Conservation, Emergency Humanitarian response, Livelihoods, Social protection, women and youth empowerment etc.	District
		Shalom Reconciliation Ministry	1. Education. 2. Child Protection, [Temporary Shelter], 3. Financial sustainability -HOPES YY (SACCO) Programme, 4. Outreach youth camp, sports and exposure visits	Kotido Municipality, and district as a whole
		Trail Blazers Mentoring Foundation	Education, Economic Empowerment, School Health	Whole District
		Integrated Community Agriculture and Nutrition	Nutrition, Livelihood and Governance	Nakapelimor, Rengen, Kacheri and North Division
		Africa Innovations Institute	Nutrition-SBCC	Panyangara, Kotido, Rengen and Nakapelimoru
		Andre Foods International	Nutrition, Livelihood	District
		UWESO	HIV/AIDS/Child Protection, Livelihood, Education and Health	District

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
59	Kumi	Action Aid, Kumi Field Office	Advocacy	Ongino & Mukongoro
		Habitat for Humanity	Provision of Shelter, safe water & Livelihoods	Ongino & Kumi
		RHITES E	Systems strengthening	District Wide
		TASO	HIV/AIDS, OVC care and Support	District Wide
		WHAIVE Solutions	Repair of Bore Holes	Ongino
		Kumi Child Development Centre	Education, Shelter, Food,	Kumi & North Division
		Atutur Child Development Centre	Education, Shelter, Food & Nutrition Support,	Atutur
		Marie Stopes	Family Planning	District Wide
		KUNASO	HIV/AIDS	District Wide
		NACWOLA	HIV/AIDS	District Wide
		PHA Forum	HIV/AIDS	District Wide
		Equal World Dev.	Advocacy	District Wide
60	Kwania	Rhites-North Lango(Regional IP)		
		Malaria Consortium-SURMA		
		TASO		
		Marie stopes-Uganda		
		UPMB		
61	Kween	RHITES E	Comprehensive HIV/AIDS, TB ,WASH, Family health (MNCH, Nutrition Malaria SBCC)	District
		Food for the Hungry International	Nutritional support, infrastructural Development	Moyok, Kwanyiy and Chepsukunya
		FHI		
		RHU	FP and Screening for CA cervix	District
		Marie stopes International	Family Planning	District
		Action AID	GBV	District
62	Kyankwanzi District	World Vision Uganda		4 sub counties of Mulagi, Ntwetwe TC, Kitabona and Kiryanongo.
63	Kyankwanzi	Mildmay Uganda	Support to Comprehensive HIV/AIDS services	District wide
		Baylor	Selected HIV/AIDS services	District
		MUCOBADI		

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
		Back to the Bible Truth Evangelistic Mission inc	Support to Nutrition related activities	Ntwetwe, Butemba and Nsambya.
		Community Efforts for Child Empowerment	support towards Child health, welfare and Education.	Butemba, Wattuba & Gayaza
		Pathfinder International Uganda	support towards family planning services.	District wide
		ARUWE Uganda	support towards Maternal and Child health services.	Wattuba and Gayaza
		Katalemwa Cheshire Home	Support towards rehabilitative services.	2 Sub counties of Ntwetwe and Butemba
		Conforter of the Afflicted Formation Home (CAFH)		
		Kikonda CDC		
		Premier Distiller		
		CHAI	Support to immunization services	District
		PACE	support to Community HIV testing and linkages	District
		Health Entrepreneurs Uganda	Community Drugs Distribution at a cost	
		LIFENET International		
		INPACT	Support towards family planning services.	District
64	Kyegegwa	Baylor – Uganda	Comprehensive HIV/AIDS care	District
		UNICEF	Keeping Child/Mother alive and thriving	District
		Medical Teams International	Comprehensive health care services in refugee and immediate host community	Localized in the refugee settlement and surrounding areas
		TPO	Mental Health and psychosocial support	
		Pathfinder	Family Planning response in Covid 19	Kakabara, Hapuyo and Kyegegwa TC
		Save the Children	Nutrition (MCHN and SFP) in refugee settlement and immediate host community	
		Care International	Strengthening Health Systems by training, supporting and protecting frontline health workers	District
		Uganda Red Cross Society	Disaster and Epidemic Preparedness	
		ADRA - Uganda	Comprehensive Emergency Medical Services	
		Mariestopes	Intermediate and Long term Family Planning services (outreaches)	District
		OXFAM	Water, Sanitation and Hygiene services	Refugee settlement.
		ALIGHT	Mental Health and Psychosocial support	
		UNHCR	Comprehensive support to other implementing partners	Refugee settlement
		UNFPA	Reproductive Health (FP) in the	Refugee settlement

No.	District	Name of Partner/AP	Type of core health activities/Services/Intervention areas	Area (s) of operation		
65	Kyenjojo	WFP	Nutrition in the Refugee settlement			
		UNICEF	Child survival, covid-19 interventions, MNH, HSS, wash	District wide		
		WHO	National campaigns on EPI, District surveillance, covid-19 interventions	district wide		
		GAVI	UNEPI interventions	District wide		
		Global Fund	HIV/AIDS, Malaria and TB interventions	District wide		
		METS	Systems strengthening, M&E and tools	District wide		
		Marie stopes	Family planning services provisions	District wide		
		Pathfinder/Family Planning Activity	Family planning services provisions	District wide		
		Community Health Alliance Uganda TAFU-3	Identification of exposed children 0-14 years	05 sub counties		
		PSI	Family planning services provisions	Selected HFs		
		MAPD	Malaria interventions	District Wide		
		Baylor Uganda (ACE-Fort Project)	HIV/AIDS interventions, Health Systems Strengthening and MCH with support from UNICEF	District wide		
		66	Kyotera District			
67	Lamwo	IRC	General Primary Health Care	Palabek Refugee Settlement		
		Global Fund	Support to HIV/AIDS, TB and Malaria interventions.	District wide		
		UNHCR	Refugee response	Refugee settlement		
		WHO	Support to HMIS and surveillance.	District wide		
		UNICEF	Support to immunization activities, Nutrition, HMIS, mobilization.	District wide		
		UNFPA	Support to SRHR/GBV service, and system strengthening.	District Wide		
		RHITes NORTH Acholi	HIV/AIDS, TB, Malaria, Medicine management, WASH and HMIS	District wide		
		The Carter Centre	Support to elimination of NTDs	District wide		
		Uganda Sanitation for Health Activities	WASH	Lokung and Lamwo TC		
		Aids Information Centre (AIC)	Provision of HIV test kits, Septine and data support to test sites.	District wide		
		Uganda Red Cross Society (URCS)	Disaster preparedness and response.	District Wide		
		Health Rights International	Mental Health	Palabek Zone and Padibe West		
		LWF-Lamwo	GBV, system strengthening, FP-service, WASH, Psycosocial support	Palabek Zone		
		LWF-Kitgum	GBV, system strengthening, FP-service, WASH, Psycosocial support	Palabek		
Reproductive Health Uganda	Family planning services	Agoro and Palabek Kai				

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
68	Lira District	Care International	Adolescent Sexual Reproductive Health	District Wide
		Marie stopes	Family planning services	District Wide
		Reach a Hand Uganda	Integrated Outreach on SRHR/GBV	District Wide
		AVSI	Health system strengthening and MCH services,	District Wide
		DCA (Dan Church Aid)	Disaster preparedness and management	District Wide
		ODDOWOL / NUWOSO	Emergency Response	Madi-Opei, Agoro and Lokung
		CARITAS	Emergency Response	Palabek Zone
		USAID-RHITES-N LANGO	Providing services such as HIV, TB, MNCH, MALARIA, NUTRITION, FAMILY PLANNING AND WASH	Entire district
		PLAN UGANDA (INTERNATIONAL)	MNCH, NUTRITION and GBV, TCI community family planning Services	Entire district
		Jhpiego		
		PSI UGANDA	Promoting uptake of LARCS, IUDS and implants to Local Community cementing PAC FP delivery	Adekokwok, Lira and Aromo
		RHU	Family Planning	Entire District
		Mariestopes-Uganda	Family Planning	Entire District
		Living Goods	ICCM (Malaria)	Ojwina Division, Adyel Division, Lira S/C, Railways Division, Central Division, Ogur and Ngetta
		BRAC-Uganda	ICCM (Malaria) Community Health Monitoring & Evaluation	Ojwina Division, Adyel Division, Lira S/C, Railways Division and Ngetta S/C
		GAVI	Child Health (Immunization Services)	Entire District
		Global Fund	Malaria Interventions	Entire District
		WHO	Immunization and Surveillance	Entire District
		UCMB	HIV/AIDs, Maternal Health, Malaria	HCS
		UPMB	Malaria, HIV/AIDs	Boroboro HC III, PAG Hospital
UOMB	Malaria, HIV/AIDs	Amuca HCII		
ActionAid Uganda	GBV	Entire District		
PMI-VECTOR LINK	Indoor Residual Spraying, Malaria	Entire District		
UGIFT	Infrastructures Development	Entire District		
Transparency international	Community Accountability of services	Entire District		
Sight Savers	NTD (Lymphatic filariasis)	Entire District		
Carta center	NTD (River blindness)	Aromo S / C		

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
69	Luuka	Caritas (CSO)	DREAMES activities	Adyel Division, Lira, Ojwina Division, Central Division, Railways Division, Ngetta, Ogur, Agweng and Bar
		CDFU (CSO)	Community Advocacy on MNCH	Entire District
		LIMFOPHAN (CSO)	HIV, TB	City
		GLOFOD (CSO)	Community Advocacy on RH and SGBV	Entire District
		USAID's RHITES-EC		
		Franciscan Sisters		
		FADA Uganda		
		Lutheran World Federation (LWF)		
		Waluna Foundation		
		Bukanga Child Development Centre		
		UDHA		
		Bukooma AIDS Network		
		RHU		
		Hospice		
		CHAI		
		PSI		
		PACE		
		Marrie Stopes Uganda		
		Perform 2 Scale		
		Water Mission		
Water for People				
70	Madi-Okollo	Enabel	Result Based financing, E-Patient management pilot project, Support for development of HRH	District
		WHO	Support to surveillance and Lab Services	District wide
		UNICEF	Support to immunization activities. VHT, Equipment, nutrition, WASH and HIV/AIDS services.	District Wide
		UNHCR	Support to Health and other sectors	Rhino Camp settlement
		IDI	Support to comprehensive HIV/AIDS services.	10 H/Cs & DHO
		Medical Teams International (MTI)	General health services delivery	Ocea HC2 & Olujobo HC 3

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation		
71	Manafwa	AVSI	Health System Strengthening, RMNACH & HIV/AIDS	10 health facilities		
		MAPD	Technical support to malaria control	Entire District		
		RHITES-E	Main Implementing Partner			
		UMRDA	BCC			
		Evidence Action	WASH			
		Reproductive Health Uganda	Family Planning			
		Marie Stopes Uganda	Family Planning			
		Moving Mountains	BCC			
		Living Goods	Nutrition and other service indicators			
		Mbale CAP	MNCH through motorcycle ambulance			
		UNICEF	Maternal and Child Health	District wide		
		RTI /ENVISION	Neglected Tropical Diseases	District wide		
		GAVI	Immunization	District wide		
		MAPD	Malaria Prevention and Control	District wide		
72	Maracha	Enabel	Strategic Purchasing for Health services Delivery	District wide		
		AVSI	Health systems strengthening in RMNCAH, HIV & Nutrition services	District wide		
		Infectious Diseases Institute	Integrated HIV/TB Services	District wide		
		METS program	District Led Programming for TB, Q HIV and AIDS activities and printing of HMIS	District wide		
		Marie-stopes International Uganda	Family planning services	District wide		
		Uganda Health Supply Chain (UHSC)	Medicine management, logistical support inform of computer, motorcycles and capacity building.	District wide		
		TASO/KADO	Integrated Community Case Management (ICCM)	District Wide		
		PICOT	HIV/AIDS services	District Wide		
		RICE West Nile	Community mobilization for Health Action	District wide		
		RHITES E	HIV/AIDS and TB, Nutrition, MCH, WASH, GBV	Entire District		
		Living Goods	Community Health (IMCI), monitoring and Evaluation	Namanyonyi, Bukende, Industrial Division, Wanale Division, Busiu, Nyondo and Nabumali TC		
		BRAC Uganda	Food security and livelihood, early childhood development, Youth empowerment, M&E	Entire District		
		73	Mbale			

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
		PACODEF	Advocacy, social mobilization and trainings (Sexual violence, child trafficking), Research, M&E	Entire District
		MAFOC/Child Fund	Advocacy and social mobilization	Entire District
		ACET	AIDS care, Education and Trainings	Entire District
		Marie Stopes	Family planning , SRHR	Entire District
		RHU	Family planning , SRHR	Entire District
		JENGA	Community engagement (life skills, IGAs, WASH activities)	Budwale, Wanale and Busano
		Mbale CAP/PONT	Maternal child Health (Ambulance referral services)	Busiu, Lukhonje, Busoba, Busano, Bumbobi, Bungokho, Nakaloke TC, Wanale SC, Namanyonyi, Bukonde, Bubyangu
		PACE	Malaria and child survival, HIV/AIDS care and prevention, MCH, Access to safe water	Entire District
		AIC Mbale	HIV/AIDS prevention and Care	Entire District
		Spotlight on Africa	Developing community health interventions (preventive and curative medicine and referral), developing small scale water solutions, OVC support	Bukasakya
		Salem Brotherhood	Medical care, Nursing training, child care, community health care	Namabasa SC
		Food for the Hungry International (FHI)	WASH, HIV/AIDS prevention, treatment, care and treatment	Busoba, Bukiende, Lukhonje
		Joy Hospice	Palliative Care	Northern Division
		Batwana Better outcomes	Pediatric HIV/AIDS, AGYW (Addressing Gender and power dynamics)	Entire District
		Evidence Action	Dispensers for safe water	Entire District
		UPMB Local service delivery Activity	HIV/AIDS	Entire District
74	Mbarara	UNICEF	Support for EPI programs and outreach programs for immunization.	
		GAVI	Support and strengthen EPI programs and Cold Chain/EPI Equipment maintenance.	
		GLOBAL FUND	Supports and strengthens HIV&AIDS, TB and Malaria key populations	
		RHITES	Health systems strengthening in HIV care and treatment, TB control, malaria control, MNCH, WASH, and SRHR	
		Marie stopes Uganda	Family planning and Maternal health	
		Integrated Community Based Initiatives(ICOBII)	Community based HIV Prevention interventions and Sexually Reproductive Health and Rights (SRHR) services.	
		RHU	RMNCAH and SRHR services	
		Health Child Uganda in collaboration with MUST	Capacity Building and support for Child growth and development Programs.	

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
75	Mitooma	Epicenter	Epidemiologic and Basic Science Research. (Facilitating Ebola & Yellow Fever vaccination)	
		The Aids Support Organization	Providing comprehensive HIV and AIDS care package and support to HIV programming	
		AIC	Community Trias and Community Health Campaigns	
		IDRC		
		TPO		
		SNV		
		ACORD		
		BRAC		
		RHITES-SW	Logistics and data management	District Wide
		TASO	HIV & TB treatment care, Human Resource for Health(Counselors and peer/Educators	District Wide
76	Moroto	Marie Stopes UG	Family planning	District Wide
		Raising the village International	Agriculture, WASH, Health & Community empowerment and development	Kiyanga, Kanyabwang, Rurehe and Mayanga
		Reproductive Health Uganda	Champion, provide and enable universal access to rights based Sexual and Reproductive Health and Rights (SRHR) information and services to vulnerable and underserved communities especially young people.	District Wide
		International Community of Women Living with HIV Eastern Africa	HIV & TB	District
		UPMB	HIV & TB treatment care	PNFPs facilities
		IDRC	Quantify the health, economic and educational impact of early HIV diagnosis and immediate ART treatment using a streamlined care delivery system.	Mitooma TC & sub county
		ACODEV	Promotion of innovative solutions in the areas of Human Rights, HIV and AIDS, RCH and Institutional Capacity Strengthening.	District
		CUAMM Doctors with Africa		Whole District
		Moroto Catholic Diocese	Counselling and testing for HIV/AIDS, HBC, sensitisation on prevention and control by pastoral agents, FGM reduction, alcoholism as a cross cutting issue, support to IGA formation.	Whole District
		Aids Information Center (AIC)	Condom promotion and distribution, BCC, sensitisation through elders, adolescent health, FP (condom provision), community dialogues, community based HIV testing	Whole District

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
		Uganda Aids Commission	HIV/AIDS coordination	Whole District
		Dry Lands Project	HCT, Community outreaches and support to Human Resources for Health	Nadunget Sub County
		KARUNA/Irish Aid	HIV/AIDS coordination, support to the DACs and SACs. HUMCs support	Whole District
		UNICEF	HIV/AIDS supports to other District apart from Moroto and Kotido where RHites E exists, Nutrition, MCH, WASH.	Whole District
		IRC	Cold Chain Maintenance, FP, iccm	District
		UNFPA	Reproductive Health	District
		Straight Talk Foundation	BCC, IEC development, radio talk shows, Health Communication, mobilisation and sensitisation	Whole District
		WFP	Nutrition in HIV/AIDS	District
		C&D	WASH, nutrition, Food Security	District
		Africa Action Health(AAH)	Economic empowerment and Livelihood for PLHIV	Whole District
		Mercy Corps	Food and Nutrition Security, Governance, MCHN, WASH Services, Livelihoods	Whole District
		Choose Life Home based care	Livelihood services of PLHIV	Whole District
		AMICAL, TASO, straight talk foundation	BCC, IEC development, radio talk shows, Health Communication, mobilisation and sensitisation	Whole District
		UNICE	RMNCAH, HIV and Nutrition	Entire district
		Malaria Consortium	Malaria	Entire district
		USAID-RHITES-E	HIV/AIDS	Entire district
		JHPIEGO	MNCH	Moroto RRH
77	Moyo	UNICEF	Maternal and Child Health	District wide
		WHO	Surveillance and immunisation	District wide
		GAVI	Immunization	District wide
		Global fund	HIV/AIDS, TB and Malaria	District wide
		Enable	Strategic Purchasing for Health services Delivery)	District wide
		UNFPA	Coordination, SGBV, HIV response, MNH and integration	District wide
		AVSI	RMNACH	District wide
		UNHCR	Health integration activities	District wide
		The Carter Centre/RTI	Support NTD	District wide
		Infectious Diseases Institute	Integrated HIV/TB Services	District wide
		METS program	District Led Programming for HIV and AIDS activities and printing of HMIS	District wide

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
78	Mpigi	Germany Leprosy Association	Support TB and Leprosy activities	District wide
		Marie Stopes International_ Uganda	Family planning services	District wide
		Uganda Health Supply Chain	Medicine management, logistical support inform of computer, motorcycles and capacity building for staff.	District wide
		Medical Team International	Seconded health workers and supply EHMS	District wide
		Palm Consult	Nutrition	Lefori and Metu
		URCS	Disaster preparedness and response	District Wide
		Global AIM	Social behaviour communication for change	District Wide
		Alliance Forum for Development	Sexual Reproductive health and behaviour change communication	Dufile and Laropi
		Trans Nile Broadcasting Services (TBS) Radio Station	Communication for health education and promotion	District Wide
		MAHA (Moyo Aids Heroes Association)	Advocacy for improved health service delivery targeting HIV/AIDS	District Wide
		Rakai Health Science Program	Comprehensive HIV/AIDS	All LLGs
		Mpigi Forum for Persons Living with HIV and AIDS Network	HIV	Mpigi Town Council
		Children Support Organization Mpigi	OVC HIV & Education	Mpigi Town Council
		Mountains of Hope Children Ministries	OVC HIV+	Mpigi Town Council
		ACCODEV	HIV	Mpigi Town Council
		Muduuma Health Initiative Association	Health- HIV	Muduuma
		79	Mubende	Joint Youth Initiative Uganda
Sunrise Inspiration Counseling Agency	HIV			Nkozi
Abato Foundation	Education & Health			Mpigi TC
Kammengo Community Based Health Volunteers Network	OVC ; Health			Kammengo
Living Goods	Health/ nutrition			Mpigi TC
MILDMAY-UGANDA	HIV/AIDS, MMC, ANC			District
UNICEF	COVID-19, ECD			District
UCOBAC	Economic, Empowerment, Capacity Building to women Groups, Psychosocial Support, Food security and Nutrition, Education			Kibalinga, Kigando, Kiyuni, Madudu, Butloogo and Mubende MC

No.	District	Name of Partner/FP	Type of core health activities/Services/intervention areas	Area (s) of operation
		SORAK Development Agency	Fighting HIV/AIDS, Economic strengthening capacity building, Health, Agriculture, Psychosocial Support & Food security & Nutrition	Kibalinga & Nabingoola, Kigando, Bagezza and Kasambya
		Child Aid Uganda (CHAU)	HIV/AIDS	Mubende District
		YOUTH ALIVE		Nakayima road Main Street – Maudu, Kasambya, Kiyuni
		UYDEL	HIV/AIDS(HCT), Synovia/Stepping stone, Saving, IGAS (Economic c Empowerment, Skills development	Kasaana A Ward, East Division MMC, Mugungulu-Bagezza, Kijjumba-Kiyuni and Lubimbiri
		ARISE KATABALANGA FOUNDATION	Promote food security, Nutrition, Fighting poverty HIV/AIDS	MMC & Kitenga
		Glory land children's home	Fighting poverty,HIV/AIDS, Child health care, Support OVCC, Support child care givers, IGAs (Economic Empowerment, Hygiene and sanitation	District
		ST.THOMAS KASENYI CDE	Fighting poverty,HIV/AIDS, Child health care, Support OVCC, Support child care givers, IGAs (Economic Empowerment, Hygiene and sanitation	Kasenyi Caltex East Division
		Kasaana Child Dev't Centre (KCDC)	Fighting poverty, HIV/AIDS, Child health care, Hygiene and sanitation	MMC
		CHAI	RMNACH	DISTRICT
		UPMB	HIV/AIDS in PNFP	DISTRICT
		Blessed Hope Children's Foundation	Poverty, HIV/AIDS, GBV, Environmental protection.	
80	Mukono	MUWRP	HIV/ AIDS control and medical male circumcision	
		UNICEF	Support scaling up of Child immunisation programs	
		Population services International	Reproductive /Family Planning in govt and private HFs	
		MarieStopes International	Providing a social franchising through Blue health network and FP out reaches	
		POPVAC	A research project covering Koome Sub county.	
		Action 4 Health Project	Advocacy for FP resources and scaling up Youth FP component	
		Naguru teenage and Information centre	Advocacy for FP and SRH in adolescents	
		Japhieghe	Family planning and malaria control in Municipality	
81	Nabilatuk District			
82	Nakapiripirit	CUAMM	TB	Entire district
		WHO		Entire district
		IRC		T/Council and Namalu
		AMICCAL	HIV/AIDS	Entire district

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
		KARUNA	HIV/AIDS	Entire district
		BRAC	WASH, ECD & AYFS	T/C
		RADO	SBCC-HIV	T/C
		NAPHOFANO	HIV/AIDS	Entire district
		Lady Queen of Justice	HIV/AIDS - Psychosocial support	Manita
		C&D	Water	Entire district
		AIC	HIV/AIDS	Entire district
		CARITAS	Nutrition & WASH	Entire district
		CRS-NUYOK	WASH	Entire district
		AFI	Nutrition - CBSFP	Entire district
		Reach a hand - Uganda	SBCC-HIV, mainly on Youth	Entire district
		UNYPA	HIV/AIDS	Entire district
		Straight talk	Education - Scholarships	Entire district
		Obulamu		Entire district
		Mercy Corps		Namalu T/Council
		Good people, Good hope	General health	Namalu T/Council
		Save the Children	WASH, ECD & ABEK	Moruita S/C
		TASO	HIV- Psychosocial support	Entire district
		ANECCA	TB/Leprosy	Entire district
		Fafm Africa	LiveIhood	Moruita S/C and Namalu T/Council
		CDFN-UN Women	GBV	Loregae, Namalu & Kakomomgole
		Intrahealth - UNICEF	RMNCAH, HIV and Nutrition	Entire district
		Malaria Consortium	Malaria	Entire district
		USAID-RHITES-E	Lab services - Hub only	Tokora lab hub
83	Nakasongola	Mild May Uganda	HIV/AIDS, TB, HMIS, Maternal and Child Health, Human Resource,	Entire district
		Uganda Care	HIV/AIDS	3 LLGs
		Baylor	HIV/AIDS prevention and Skilling	
		Marie Stopes	Reproductive health, Family Planning	Entire district
		PACE	Positive Living and liveIhood support	Entire district
		MARPI	Key population programing	4 LLGs
		ADARA Uganda	Follow up of pre-matures in Communities	Entire district

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
		Reproductive Health Uganda	Family Planning	Entire district
		WHO	Immunization	Entire district
		Global Fund	Funding Malaria, TB, MCH, IT, HIV/AIDS and Medicine Management.	Entire district
		GAVI	Child health, Immunization	Entire district
		RBF	Maternal and Child health services	5 LLGs
		Word vision	Sanitation and Hygiene	4 LLGs
		ICWEA	Benefit from health Services and provide feedback on service quality delivery	Entire district
		Kasana - Luwero Dioceses	Primary Health Care activities and HIV/AIDS activities	3 LLGs
		Luwero Dioceses	Primary Health Care activities	2 LLGs
		Buruli CDC	HIV prevention	1 LLG
		Katugo CDC	HIV Prevention	One parish
		Just Like My Child	HIV Prevention	2 LLGs
		Shadows of a child	HIV Prevention	1 LLG
		AFRICAN WATER SOLUTION	WASH Activities	Banda
		GET WATER	WASH activities	Buhemba
		UGANDA DEVELOPMENT AND HEALTH ASSOCIATES	HIV Prevention for AGYW, SRHR	Banda, Buhemba, Mutumba, Lolwe, Sigulu and Bukana
		BAYLOR-UG	Paediatric and Adolescent HIV eMTCT	Entire district
		MUCOBADI	HIV/AIDS, Child Protection	Entire district
		AMREF HEALTH AFRICA	SRH/GBV	Entire district
		UGANDA REPRODUCTIVE HEALTH	Family Planning	Entire district
		KATALEMWA REHABILITATION	Children rehabilitation	Entire district
		MOTHER TO MOTHER	HIV/AIDS, MCH	Entire district
		LOVE BIITI	Sanitary Pads	
		WATER MISSION	WASH activities	Entire district
		ASCEND	Neglected tropical diseases	Entire district
		BRAC UGANDA		Entire district
		ICEADA	WASH in Schools	Entire district
		UPMB	HIV/AIDS	Entire district
		URMUDA	WASH	Mainland Sub counties
		GOMIC	WASH	Lolwe
84	Namayingo			

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
85	Namisindwa	HOSPICE	HIV/AIDS – Palliative Care Cancer screening	Entire district
86	Napak	MARIE STOPES INTERNATIONAL	Family planning	Entire district
		CUAMM	Health Systems Strengthening, MDR and Drug susceptible TB, RMNH	All health facilities (17) across 10 S/Cs
		IDI	TB Control (PACT Project)	Matany Hospital and 6 HC IIIs
		TASO	HIV/AIDS Treatment and Care, Health Systems Strengthening and TB Control	All the 10 S/Cs
		UNICEF	Maternal Child Health, Immunization, Nutrition and WASH in health facilities	All 10 S/Cs
		UNFPA	SRHR/GBV	All 10 S/Cs
		WFP	Nutrition programming	
		VSO	ASRH	3/10 Sub counties
		Marie stopes	Family planning (RISE Project)	All 10 Sub counties
		Catholic Relief Services/CARITAS	Improving access to health services through outreach support	All 10 sub counties
87	Nebbi	UNICEF	RMNCAH	District wide
		Enabel	Result Based Financing	District wide
		AVSI	RMNCAH, NUTRITION AND HIV	District wide
		JHAPIEGO	RMNCAH, NUTRITION AND HIV	Nebbi Hospital
		IDI	Comprehensive HIV care	District wide
		Uganda Red Cross- Nebbi Branch	Disaster response	Kucwiny, Nyaravur
		Plan International	SRH, Family Planning	Parombo, Akworo
		Uganda Society for Disabled Children	Health rehabilitation	Nebbi MC, Nyaravur
		Marie Stopes Uganda	Family Planning	District wide
		PSI	Family Planning	3 Health Units
		TASO-KADO	Malaria control	District wide
		USAID-MAPD	Malaria control	District wide
88	Ngora	TASO		
		RHITES-E		
		MARIE STOPES		
		RHU		

No.	District	Name of Partner/FP	Type of core health activities/Services/intervention areas	Area (s) of operation
89	Ntungamo	VISION TERUDO		
		ACHEST		
		COMPASSION INTERNATIONAL		
		TESO DIOESAN DEVELOPMENT ORGANISATION		
		UNICEF	Child survival, including HIV/AIDS, RMNCAH and WASH interventions	Entire District
		USAID RHITES SW	Integrated package of services with emphasis on RMNCAH and HIV/AIDS services	Entire District
		Uganda Cares	HIV/AIDS control and care	Kitwe HC IV, Rubaare HC IV & Bwongyera HC III
		World Bank [UMFSNP]	Food security and nutrition interventions	100 Primary Schools
		WHO	Surveillance and Child survival interventions	Entire District
		GAVI	Immunization	Entire District
		Ministry of Water and Environment	Sanitation and Hygiene Interventions	Selected villages
		Baylor Uganda	RMNCAH and HIV/AIDS interventions	District
		ICOB I	Sexual, Reproductive and Adolescent Health an Rights including HIV/AIDS	Itojo Hospital, HC IVs and selected HC IIIs
		Medical Bureaus (UCMB and UPMB)	Patient care services	PNFP Health facilities
		MSU	Family planning services	Entire district
		UGANET	Rights and access to justice for women living with HIV/AIDS	Selected sub counties
		NAFOPHANU	Advocacy for services of PLHIV	Rubaare, Nyakyera and Ntungamo SCs
Arise	Parent -led school feeding program (School milk program)	Selected schools		
AIC	HIV/AIDS control in hot spots/key populations [MARPs]			
TASO	RMNCAH and HIV/AIDS services	Entire District		
90	Obongi	UNICEF	Maternal and Child Health	
		UNFPA	Sexual Reproductive Health, GBV, Human Resources for Health (HRH); including a humanitarian component	
		MEDICAL TEAMS INTERNATIONAL	General Health Services Delivery	
		THE HEALING KADI FOUNDATION	General Health Services Delivery	
		WHO	Surveillance and immunisation	
		UNHCR	Health Integration Activities	
		IDI	Support to comprehensive HIV/AIDS and TB services	

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
		Marie Stopes Uganda	Provision of Long Term and Permanent Family Planning Services. Training of H/W in RH services	
		Transcultural Psychosocial Organization (TPO)	Mental Health Services	
		CARE INTERNATIONAL	Scaling up MCH services, Nutrition & GBV	
		Alliance Forum for Development	HIV services & Reproductive Health	
		AVSI	Health System Strengthening in MCH, HIV/AIDS and Nutrition.	
		RHU	Reproductive Health Services	
		Lutheran World Federation (LWF)	MCH services	
		Reach A Hand Uganda (RAHU)	Adolescent Reproductive Health	
		URCS	WASH program	
		BRAC Uganda	Community Based TB Follow up intervention	
		MAPD	Technical support to malaria control	
		SAVE THE CHILDREN		
		GAVI		
		METS		
		Alleviate Poverty Uganda- CBO	HIV/AIDS services	
		ODIPHANET - CBO	HIV/AIDS services	
		Better world	WASH Improvement	
		Global Aim	WASH Improvement	
		JAPHIEGO	MCH services	
91	Omoroto	RHITES NA	HIV,Malaria, MNCH, Nutrition	District
		UNICEF	Nutrition Governance	District
		WORLDVISION	WASH, Nutrition	District
		UNFPA	Sexual & Reproductive Health	District
		YOUTH ALIVE	Child Protection	4 S/Cs
		SNV	WASH	4 S/Cs
		USHA	WASH	2 S/Cs
		ENABEL	Health Financing	District
		UPMB	HIV/AIDS/ Tb	Lacor Opit HC III

No.	District	Name of Partner/AP	Type of core health activities/Services/intervention areas	Area (s) of operation
92	Pakwach	IDI	TB/ HIV care, treatment and social support	Entire district
		SNV	Sanitation and Hygiene in	Pakwach T/C, Wadelai and Alwi
		UNICEF	RHMNCH activities, Capacity building and supplies of nutritional supplements	Entire district
		AVSI	MNCH/RH Services	Entire district
		MAPD/ USAID	Malaria	Entire district
		Africa Water Solution	Sanitation, Hygiene and infrastructure	Panyango, Pakwach TC and Alwi
		Mariestopes	Long term Family planning	Entire district
		TASO-KADO	ICCM, Malaria intervention	Pakwach, Panyimur and Wadelai
		MaKSPH-METS	Monitoring and Evaluation Technical support and Capacity building	District
		PACE/PSUI	Family Planning	Pakwach TC, Wadelai, Panyango, Alwi, Pakwach and Panyimur
		WHO	EPI, Disease Surveillance and Medical Supplies	Entire district
		Intra-Health International	Staff capacity building	
		RHSP /UCMB	Comprehensive IPHIV Care and Treatment, Health Systems Strengthening and Research.	Entire District
		World Vision	MCH and Nutrition.	Lwamaggwa, Kiziba and Kyalulangira HC III
93	Rakai	Uganda Cares	HIV Care and Treatment.	Rakai Hospital, Kacheera and Kimuli HC III
		Pathfinder (Family Planning Activity)	Family Planning Activities, Systems strengthening and Community Engagements.	Entire District
		BAMA (Brick by Brick)	MCH Activities: Neonatal and Adolescent services.	Entire District
		TB Speed	TB Diagnosis in Children and Research.	Rakai Hospital, Lwamaggwa HC III, Buyamba, Lwanda HC III and St. Benards Manyanya HC III.
		Cotton On Foundation	School Health and PNFP Support	Kyalulangira and Kifamba
		METS	Tools Printing and Technical Oversight.	Entire District
		Makerere University	Research.	Entire District
		GLOBAL FUND	Immunization Services and LLINS distribution.	Entire District
		MARIE STOPES	Family Planning Outreaches	Entire District
		USAID RHITES SOUTH WEST	HIV/AIDS, TB, HMIS, Maternal and Child Health, Human Resource for Health, Nutrition, Data tools training and management	District
		UNICEF	Child health, Extended Programme for Immunisation	District
		African Water Solution	Water Sanitation and Hygiene (WASH)	District
		Mayanja Memorial Hospital	Health promotion and Education (Family Health Support groups)	3 LLGs
		94	Rubanda	

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
		Marie Stopes	Reproductive health, Family Planning	3 LLGs
		Reproductive Health Uganda	Family Planning	District
		JCRC	HIV/AIDS, TB and Malaria	District
		WHO	Immunization and disease surveillance, covid-19 IEC materials	District
		Global Fund	Funding Malaria, TB, MCH, IT, HIV/AIDS and Medicine Management	District
		GAVI	Child health, Immunization	District
		We care solar	Solar installations at Health Facilities	District
		The Cater Center	Neglected Tropical diseases (Onchocerciasis)	District
		RBF	Maternal and Child health services	3 LLGs
		Green Label	Hazardous medical wastes collection	District
		Communities	Benefit from health Services and provide feedback to improve quality of service delivery	District
		AICM	Supporting the Batwa community (WASH and nutrition)	District
		IDI	Infection Prevention Control mentorships at health facilities	2 LLGs
		TPO	Psychosocial support trainings of DRRT.	District
		AVSI-Foundation	HIV/AIDS services in orphanage	District
		IDRC-Mbarara	Research in Malaria, HIV/AIDS and TB	District
		USAID SITES	Data tools training and management	District
95	Rubirizi	UNICEF		
		GAVI		
		RCIRA- HSS		
		RHITES SW		
		COVIDIO		
		Marie stopes Ug		
		TASO GMU		
		IORC-SEARCH		
		MSF		
		WHO		
		AC00EV		
		HCU (MUST)		

No.	District	Name of Partner/FP	Type of core health activities/Services/intervention areas	Area (s) of operation
96	Rukiga	GAVI UNICEF Global fund USAID RHITES - EGPAF UPMB JCRC IDI IDRC AVIS Simulation for life project/Mbarara University Marie Stopes Uganda		
97	Rwampara	TASO RHITES-SW Project EGPAF AMREF Mayanja Memorial Hospital Foundation in consortium with EGPAF and AMREF IDRC TPO Mbarara University of Science and Technology Mayanja Memorial Training Institute MSU RHU Reach A Hand Uganda (RAHU) Ankole Diocese ACORD Healthy Child Uganda TASO	implementing the Local Partner Services Program as a transition for the RHITES-SW Project implementing the Implementing the RHITES-SW Project in consortium with EGPAF implementing OVC programming in the District	
98	Serere	TASO	Comprehensinsive HIV/AIDS prevention, care and treatment	District

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
		RHITES- EASTERN UGANDA	RMNCH and family planning services.	District
		HEALTH NEED UGANDA	Promoting male involvement in eMTCT, key and priority populations.	Kateta , Pingire & Labori
		HOPE AFTER RAPE	Advocacy for Family Planning services HIV/AIDS prevention services HIV testing services, and follow up of lost clients & viral load non suppressing clients.	Serere TC
		PACE IN PARTENERSHIP WITH UFFCA	HIV/AIDS prevention services targeting fisher folks in landing sites and islands	Mulondo Landing Site in Labori S/C
		BRAC Uganda	Linking youth to health facilities for HIV counseling and testing services.	Serere Town Council
		CAMPUS LIBERTY	Coordinate issues of key populations especially MSMs	Kasilo Town Council
		MARPI	MOON LIGHT HIV/AIDS testing	District
		COMPASSION UGANDA UNDER PAG	OVC support to children infected and affected by HIV/AIDS income generating activities for vulnerable children	AKOBOI PARISH IN OLIIO S/C
		VILLAGE TO VILLAGE (U)	OVC support to children infected and affected by HIV/AIDS income generating activities for vulnerable children	SERERE TC
		PARTENERS FOR CHILDREN WORLD WIDE (pfcw)	OVC support to children infected and affected by HIV/AIDS income generating activities for vulnerable children	KIDETOK TC
99	Sheema	Bulamu Health Care International		
		RHITES - SW		
		TASO - Uganda		
		Marie stopes - Uganda		
		CHAI		
		GAVI		
		WHO		
100	Sironko	Uganda RHITES-E	Comprehensive	District
		CHAI	Immunization service support and	District
		MAFOC	Advocacy for better Health	District
		Living Goods	Community Management of child hood illnesses by VHTs & social marketing of other health products at subsidized cost	17 Sub counties
		BRAC	Treatment of common illnesses in children under five years	2 Sub counties
		Population Services International-PSI	Supports malaria prevention –Provision LLINs to pregnant women -Provision of Psychosocial support to PHLIV	District
		Marie stopes	Family planning services in both public and private facilities	District

No.	District	Name of Partner/AP	Type of core health activities/Services/intervention areas	Area (s) of operation
101	Terego District			
102	Tororo	USAID RHITES-E	HIV/AIDS services, malaria, TB, GBV, Health system strengthening	District
		Foundation for Open Development	Advocacy on Sexual Reproductive health and Rights	11 Sub counties
		Reproductive Health Uganda	SRHR, counseling, Family planning services	District
		Marie Stopes Uganda	Family Planning services	District
		Plan international	Wash, Malaria (ICCM), SRHR Nutrition, Health system strengthening	9 Sub counties
		Action for Health Uganda	Advocacy for Sexual reproductive Health and Rights	3 Sub counties
		IPAS	Post abortion Care services	11 Sub counties
		Vector Link	Malaria prevention	District
		World vision	Health system strengthening	9 sub counties
		AHF Uganda cares	HIV/AIDS Services	4 Sub counties
		TASO	HIV/AIDS services	District
		Africa water solutions	WASH activities	3 sub counties
103	Wakiso	Miild May Uganda	HIV/AIDS management, Health systems strengthening	
		USAID Defeat TB	HSS/ TB Treatment	
		Save The Children	Adolescent and school health	
		Living Goods	VHT/ICCM	
		Infectious Disease Institute	Health systems strengthening/ HIV management and VMCM	
		Naguru Teenage Centre	Adolescent health	
		Marie Stopes	Family planning	
		UVRI	Research	
		Water Aid	Water and sanitation	
		MaKSPH	Research and VHT	
		Unicef	MCH	
		TASO	OVC, VHT	
		RHU	Family Planning	
		Alive Medical Services	Adolescent health, SRH	
		JPhieigo	Family Planning	
		BRAC	VHT/ICCM	
104	Yumbe	UNFPA	Integration of SRH and GBV, including a humanitarian component implemented through IRC.	Entire district

No.	District	Name of Partner/IP	Type of core health activities/Services/intervention areas	Area (s) of operation
		UNICEF	Maternal and Child Health (MCH), HIV	Entire district
		UNHCR	Funding support for implementing Partners in the humanitarian response	Bidibidi Refugee Settlement
		WHO	Integrated Disease Surveillance and Response (IDSR)	Entire district
		IDI	Comprehensive HIV care, TB including a humanitarian component, HRH.	District
		Calvary Chapel Midigo	Community Based Health Services (CBHS), Health Infrastructure, HRH	Midigo HC IV
		Marie stopes Uganda - MSU	Sexual & reproductive health services including Family Planning outreaches	Entire district
		UCMB – Arua Diocese	Comprehensive Primary Health Care (PHC) support	Lodonga Sub County
		UPMB – Madi & West Nile Diocese	Comprehensive PHC support	Kei Sub County (Kei HC III)
		UMMB	Comprehensive PHC support	Kochi SC
		IRC	Comprehensive PHC	Zones 1, 2, 3, 4 and 5 of Bidibidi Refugee Settlement
		Save the Children International (Comprehensive	Zone 5 of Bidibidi Refugee Settlement
		Lutheran World Federation (LWF)	Maternal Health services with support from UNFPA	Entire District
		Action against Hunger (ACF)	Nutrition services (ITCs and OTCs)	Zones 1, 2, 3, 4 and 5 of Bidibidi Refugee Settlement
		Transcultural Psychosocial Organization (TPO)	Mental health services	Zones 1, 2, 3, 4 and 5 of Bidibidi Refugee Settlement
		Healthy Home Initiative (HHI)	Rehabilitative health services	Zone 1 of Bidibidi Refugee Settlement
		Plan International (PI)	Sexual and Reproductive Health and Family Planning	Zone 2 of Bidibidi Refugee Settlement
		Care International	SRHR, GBV (WAY Project)	District
		Reach A Hand Uganda (RAHU)	SRHR, GBV (WAY Project)	Drajini, TC, Romogi Odravu, Kuru
		MAPD	Malaria control interventions	Entire district
105	Zombo	IDI	Comprehensive HIV care & Treatment.	Entire district
		AVSI	Reproductive Maternal New-born Child & Adolescent Health Services	Entire district
		Marie Stopes Ug	Family planning	Entire district
		UNICEF	Reproductive Maternal New-born Child & Adolescent Health Services	Entire district
		Enabel	Results Based Financing	Entire district
		UVRI/Plague Program	Plague Control	Ora County
		MAPD/Malaria Consortium	Malaria Control	Entire district
		African Water Solutions (AWS)	Water, Hygiene & Sanitation	Nyapea SC, Athuma SC & Jangokoro SC

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